



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-21-000177-PRMT

Josephine Onsite Septic Program

700 NW Dimmick Street

Suite A

Grants Pass, OR 97526

541-474-5444

Fax: 541-474-5422

onsitesepctic@josephinecounty.gov

Website: josephine.or.us

Date Certificate Issued: 07/13/2021

Work Description: Septic System Repair (major)

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Owner: WEBSTER, JERI A
Address: 253 CHESLOCK RD
253 CHESLOCK RD
GRANTS PASS GRANTS PASS, OR
97527 97527

Property Address: 253 Cheslock Rd, Grants Pass, OR
97527

Parcel: 370507D000500000 - Primary

Lot Size:	0.86 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	3 BDR SFR	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type:	Standard		
Max Peak Design Flow:	375 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	EZ FLOW 1201P	Media Depth:	N/A
Trench Length:	250 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Temporary	Groundwater Depth:	N/A
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	No
Rake Trench Sidewalls:	Yes		

Date Certificate Issued: 07/13/2021**Work Description:** Septic System Repair (major)**Conditions of Approval**

- 1.This repair permit is for 3 BDR SFR.
- 2.DRAINFIELD LINES MUST BE MINIMUM OF 20 FEET FROM EXISTING CURTAIN DRAIN.
- 3.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.
- 4.Properly decommission the old septic tank and submit appropriate documentation.
- 5.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 - 6.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 - 7.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 - 8.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
 - 9.The system must be installed by the property owner or a licensed sewage disposal business (installer).
 - 10.Vehicular traffic and livestock must be restricted from the system area.
 - 11.All roof drains must be directed away from the system
 - 12.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
 - 13.Meet all required setbacks
 - 14.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
 - 15.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
 - 16.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
 - 17.Install the pump and system components in accordance with the approved pump curve and specifications.
 - 18.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
 - 19.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
 - 20.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
 - 21.Maximum length of an individual trench is 150-feet.
 - 22.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
 - 23.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
 - 24.A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
 - 25.Photos of the septic system components must be submitted along with the FIRN.

Date Certificate Issued: 07/13/2021

Work Description: Septic System Repair (major)

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** Yes **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

Gabriel Kasiah

CALL BEFORE YOU DIG...IT'S THE LAW

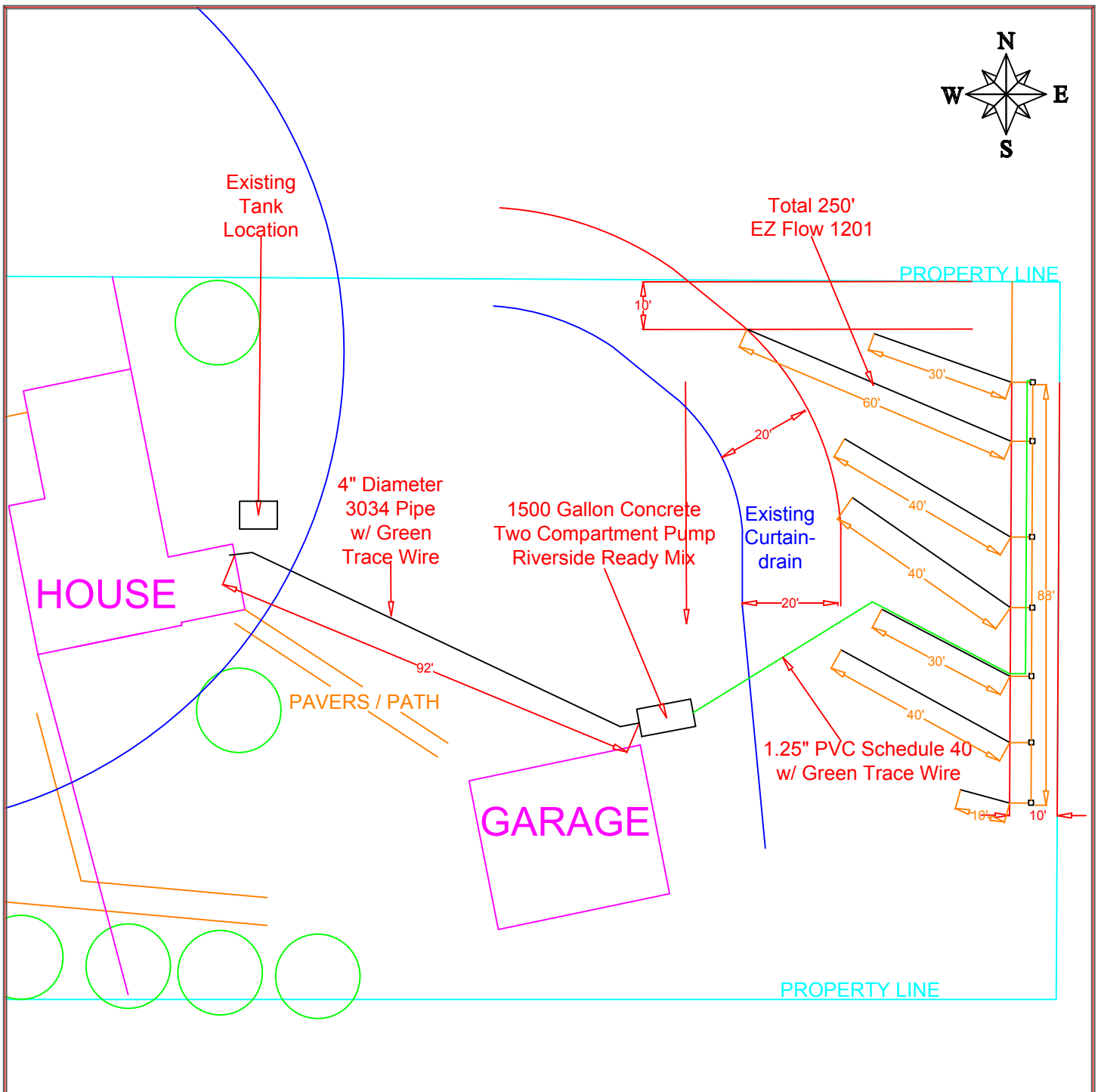
ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)



Worksite Information
253 Cheslock Road
Grants Pass, Oregon

June 28, 2021

AS BUILT



Final Inspection Request and Notice - Septic ID: 463-21-000177-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:
Twnshp: **Range:** **Sect:**
Lot:**Name:** WEBSTER, JERI A
Property Address: 253 CHESLOCK RD, GRANTS PASS, OR 97527
SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*	
Tanks(1)	Volume: 1500 gal	Compartments: 2	Manufacturer: Riverside Ready Mix	Date: 6/25/2021	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP: 1/2	Model/Manuf. 1/2 HP Liberty Pump	Float(s)Type(1): A	Model/Manuf. Orenco A Float	
			Float(s)Type(2): B	Model/Manuf. Orenco B Float	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter: 1.25 inch	ASTM#/Other: PVC Schedule 40	Length: 90'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe			Diameter:	ASTM#/Other: Length:
Manifold piping			Diameter:	ASTM#/Other: Length:
Internal Pump			HP:	Model/Manufacturer
Floats(1)			Type:	Model/Manufacturer
Floats(2)			Type:	Model/Manufacturer
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow 1201 @ 250'			
Distribution Box	Yes	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 3034 Length: 116'

Comment _____

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

See Attached

SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:		Print Name: Dominic Florez of Beeler Excavation	
Licensed Installer:	☒ Yes ☐ No	License#: DEQ 37834	Certification#: I 2698
Owner/ Certified Installer:	Signature: <i>Dominic Florez</i>		Date: 6/28/2021 Phone#: 541-660-2953

SECTION 5 - Office Use Only:

Notice Accepted	Yes ☐ No ☐	Date:
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Installer/Owner (Permittee) Notified:	Yes ☐ No ☐	Date:
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If No, Reason for Non Acceptance: _____

Comment: _____













































Septic Permit
Repair (Major) - Residential - New
463-21-000177-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date issued: 5/18/21

Expiration date: 5/18/22

Work description: Septic System Repair (major)

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: Beeler Excavation, LLC
Installer License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com

Business License: N/A

Owner: WEBSTER, JERI A
Address: 253 CHESLOCK RD
253 CHESLOCK RD
GRANTS PASS GRANTS PASS, OR
97527 97527

Property address: 253 Cheslock Rd, Grants Pass, OR
97527

Parcel: 370507D000500000 - Primary

Lot size:	0.86 ACRES	Water supply:	Well
Zoning:	N/A	City/County/UGB:	County
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	Yes	Septic tank last pumped:	04/26/2021
Comments:	N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	3 BDR SFR	N/A
Number of bedrooms:	3	N/A

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	375 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	250 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

CALL BEFORE YOU DIG...IT'S THE LAW

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Date issued: 5/18/21

Expiration date: 5/18/22

Work description: Septic System Repair (major)

Groundwater type:	Temporary	Groundwater depth:	N/A
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	N/A
Rake trench sidewalls:	Yes		

Conditions of approval

- 1.This repair permit is for 3 BDR SFR.
- 2.DRAINFIELD LINES MUST BE MINIMUM OF 20 FEET FROM EXISTING CURTAIN DRAIN.
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- 5.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 - 6.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
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 - 16.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
 - 17.Install the pump and system components in accordance with the approved pump curve and specifications.
 - 18.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
 - 19.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
 - 20.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
 - 21.Maximum length of an individual trench is 150-feet.
 - 22.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
 - 23.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
 - 24.A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
 - 25.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 5/18/21**Expiration date:** 5/18/22**Work description:** Septic System Repair (major)

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

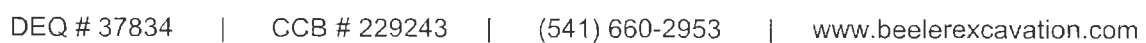
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah

5/18/21



May 7, 2021



FIELD WORKSHEET

Name: JERI WEBSTER Application No.: 468-21-000177-PRMT Date: 5/13/2021
RE: SITE EVALUATION REPORT for Parcel #: 370507D005000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 0.86 Acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 375 gpd Max Number of bedrooms: 3 Max Number of Employees: _____

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☐ 2 compartment ☐ Other ☒ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>250</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- ☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- ☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☒ Rake trench sidewalls.
- ☐ The system must be installed during dry soil conditions only.
- ☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Inspector: gk

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-2	CL	7.5yr ^{2.5/3} , GRAN, ROOTS 2VF, 1F
	2-24	CL	7.5yr ^{2.5/3} , SSBK, ROOTS 1VF, F, M 25% RCF
	24-55	SCL	7.5yr ^{4/6} , SSBK, ROOTS 1VF-30"
Test Pit 2	0-2	CL	SIMILAR TO TEST HOLE 1
	2-30	CL	
	30-55	SCL	CAS @ 36" DEP 10yr ^{4/1} , CONC 7.5yr ^{5/8}
			WATER @ 55" ROOTS 1VF to 44"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS

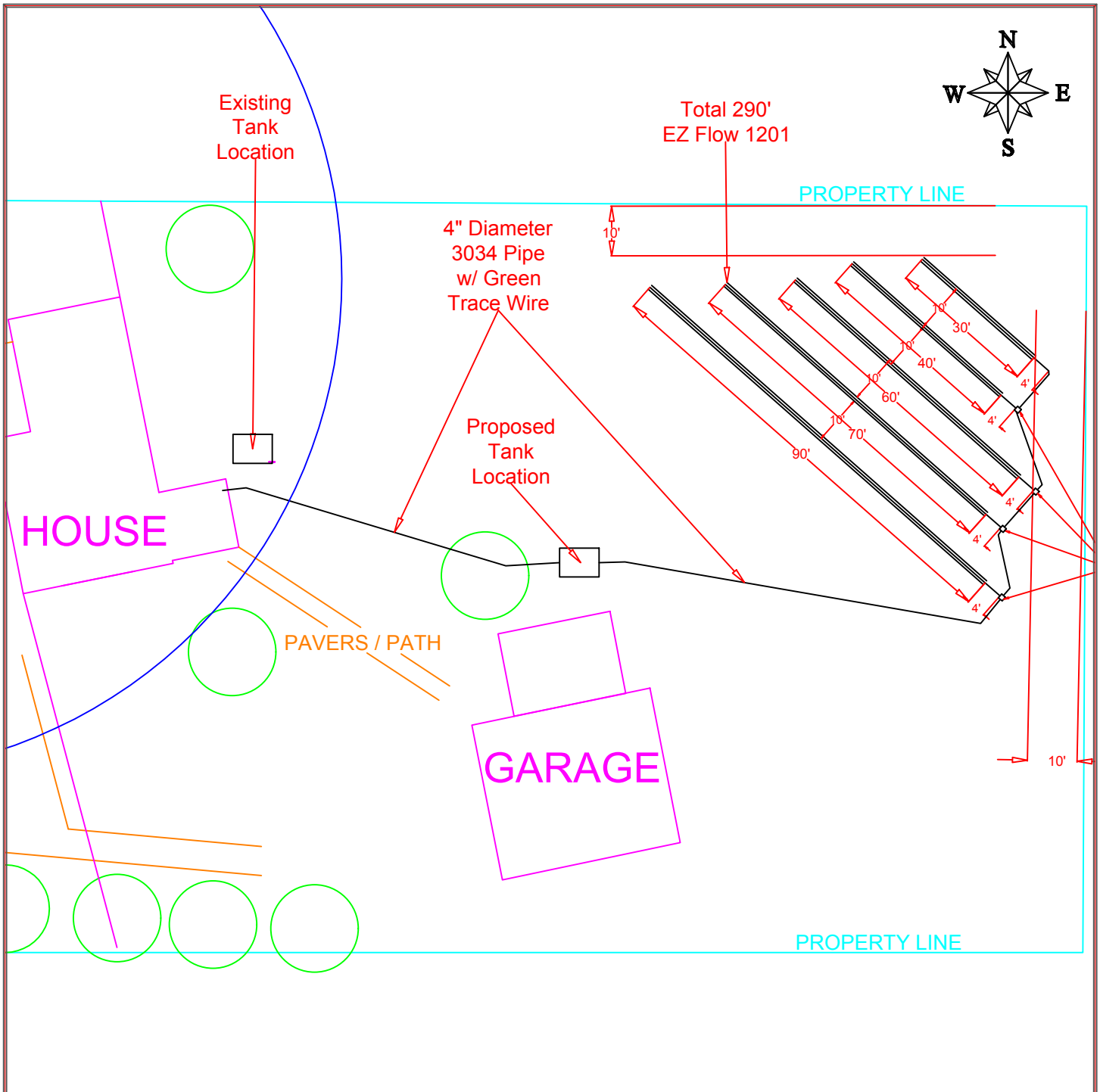
Slope: 5-8% Aspect: SW Groundwater Type: ☐ Permanent ☒ Temporary
 Other Site Notes: CURTAIN DRAIN DOWNSLOPE OF TEST HOLES
NO RAIN FOR WEEKS



Worksite Information
253 Cheslock Road
Grants Pass, Oregon

May 3, 2021

Site Plan

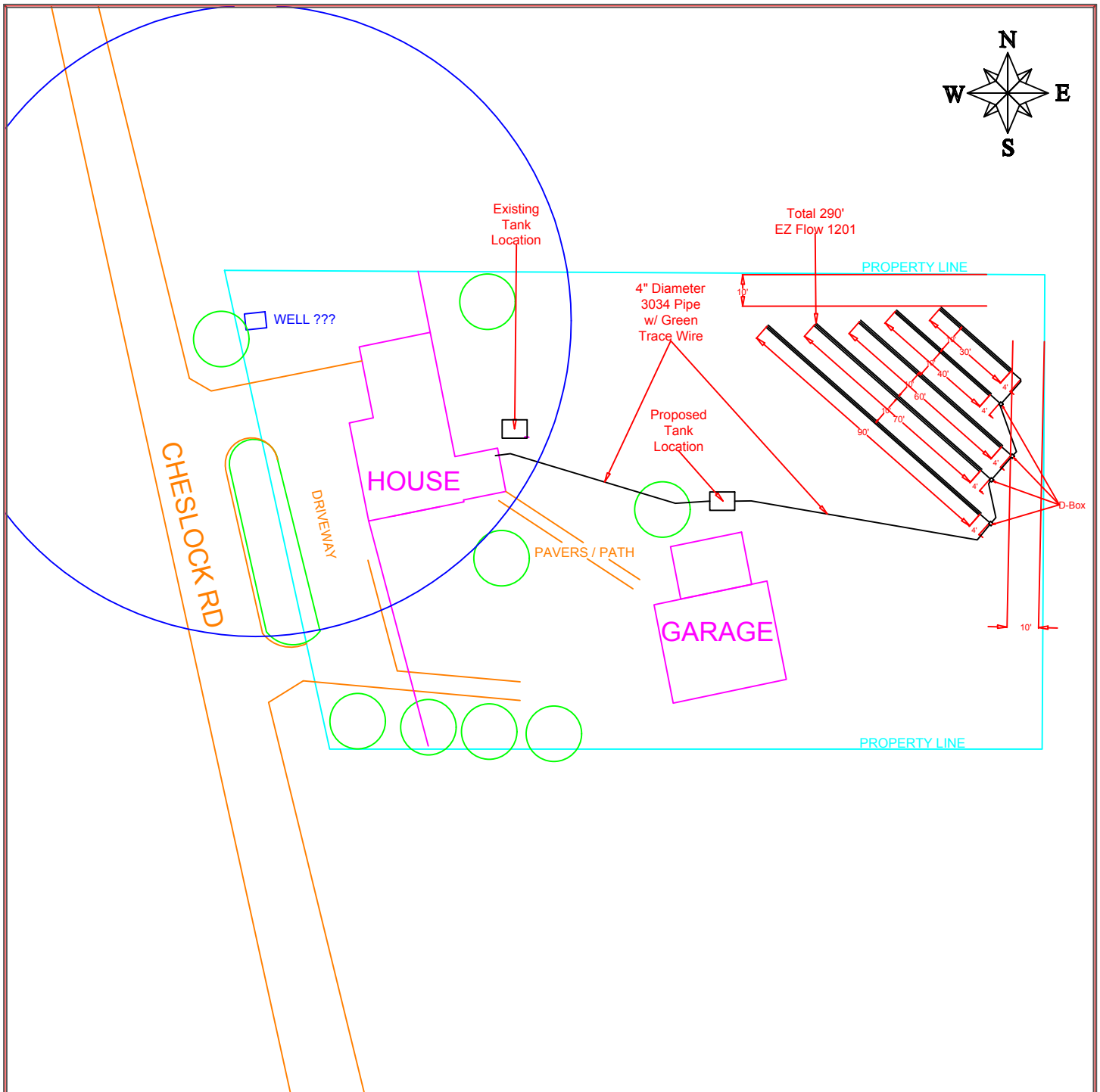




Worksite Information
253 Cheslock Road
Grants Pass, Oregon

May 3, 2021

Plot Map





NOTICE AUTHORIZING REPRESENTATIVE

I, Jeri Webster, have authorized Dominic Florez of Beeler Excavation to act as my
 (Property Owner/Print Name) (Authorized Representative/Print Name)
 agent in performing the activities necessary to obtain all onsite wastewater treatment program
 services provided by the Department of Environmental Quality on the property described below in
 accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized
 Representative are my responsibility and I authorized DEQ agents to conduct required business
 activities on said property.

PROPERTY IDENTIFICATION:

253 Cheslock Road, Grants Pass, Oregon

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 37 Range 05 Section 07 Map ID _____ Tax Lot #(s) 5000

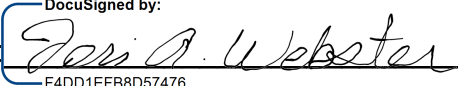
PROPERTY OWNER:

Printed Name: Jeri Webster

Address: 253 Cheslock Road

City, State, Zip: Grants Pass, Oregon 97527

Phone: 541-613-0127 Email: seeyouontheotherside1@gmail.com

Signature: 
DocuSigned by: F4DD1EFB8D57476...

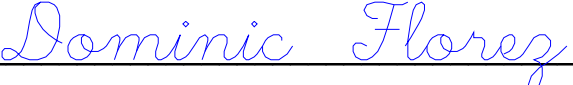
AUTHORIZED REPRESENTATIVE:

Printed Name: Dominic Florez of Beeler Excavation

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: dominic@beelerexcavation.com

Signature: 

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: Dominic Florez of Beeler Excavation

Mailing Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Telephone: 541-660-2953

2. Property Information:

County: Josephine

Tax Lot No.: 5000

Township: 37

Range: 05

Section: 07

Physical Address: 253 Cheslock Rd, Grants Pass, OR

Block: _____

Lot: _____

Subdivision Name (if applicable): _____

3. This proposed facility is for:

☒ An individual, single-family dwelling.

☐ Other. Describe the type of development, business, or facility and the provided services or products: _____

4. Permit or approval being requested:

☒ Construction-Installation permit for: ☐ New Construction ☒ Repair ☐ Alteration

☐ Non-water -carried facility requests (for example, pit privy/vault toilet for campgrounds).

☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition

☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RR-5 Zoning Minimum Parcel Size: 5.0 acres

6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB

If inside UGB, the proposed facility is subject to:

☐ City jurisdiction

☒ County jurisdiction

☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements? ☒ Yes ☐ No

If you answered "Yes" above, was this compliance based on:

☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: A single family dwelling or manufactured dwelling is a permitted use in the Rural Residential zone per Section 19.61.020 JCC. Septic system to be connected to authorized structures/uses only. Note: Detached garage does not have permits for a bathroom and is not permitted as a DLS, cannot be connected to septic without permits.

8. Planning Official Signature: Kayla Wallace

Print Name: Kayla Wallace, COM

Title: Associate Planner

Telephone: 541-474-5427

Date: May 6, 2021



State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

Dominic Florez

I, **Jeri Webster**, have authorized **of Beeler Excavation** to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)

agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

253 Cheslock Road, Grants Pass, Oregon

(Property Situs or Road Address)

And described in the records of **Josephine** County as:

Township **37** Range **05** Section **07** Map ID _____ Tax Lot #(s) **5000**

PROPERTY OWNER:

Printed Name: **Jeri Webster**

Address: **253 Cheslock Road**

City, State, Zip: **Grants Pass, Oregon 97527**

Phone: **541-613-0127** Email: **seeyouontheotherside1@gmail.com**

Signature: 
DocuSigned by:
F4DD1EFB8D57476...

AUTHORIZED REPRESENTATIVE:

Printed Name: **Dominic Florez of Beeler Excavation**

Address: **109 Cumberland Drive**

City, State, Zip: **Grants Pass, OR 97527**

Phone: **541-660-2953** Email: **dominic@beelerexcavation.com**

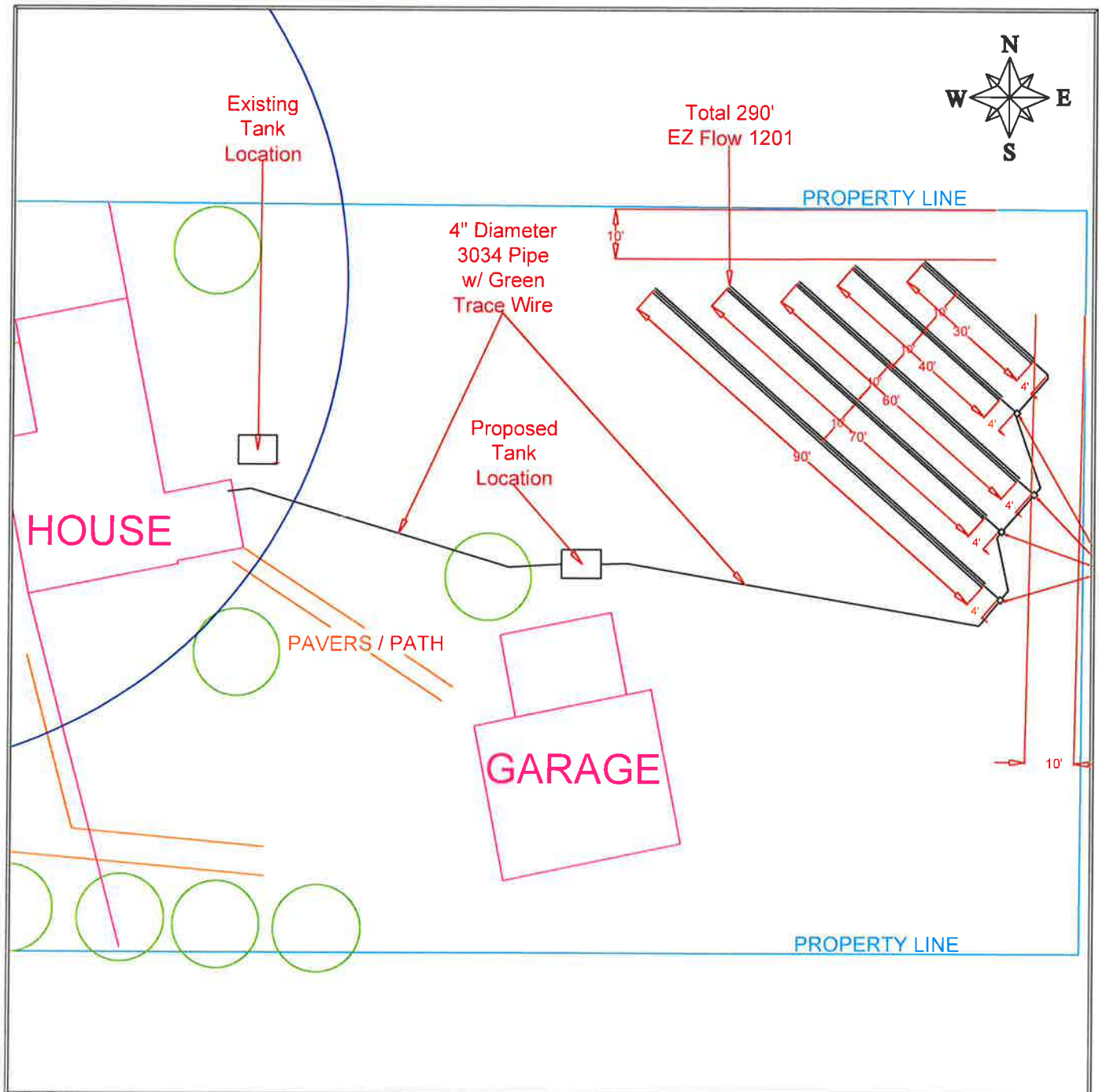
Signature: _____



Worksite Information
253 Cheslock Road
Grants Pass, Oregon

May 3, 2021

Site Plan



Kayla Wallace

From: Rolando Hernandez <rolando@beelerexcavation.com>
Sent: Monday, May 3, 2021 11:21 AM
To: Kayla Wallace
Subject: 253 Cheslock Road, GP
Attachments: 253 Cheslock-Site Plan.pdf; 253 Cheslock-Plot Map.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

EXTERNAL EMAIL: Please verify links by hovering over them!

Hello Kayla,

After speaking with the homeowner, they have decided not to connect the garage to the system at this time. Attached drawings reflect our current plan and will be the layout we intend to file permits for.

House connected to tank connected to drainfield

No other connections.

Rolando Hernandez

Voice & Text (541) 295-6772

Beeler Excavation

A horizontal number line with tick marks at 0, 200, and 400. The label "400 Feet" is at the right end.

$$1'' = 200'$$

CANCELLED:
600 MI
3901
7702
6701
2400
540
6201
3000
6402
6403
1500
6406
6408
7001
7002
7090
4400
3900
4201
8401
9000
10407
3400-30
5000-30
6500-30
8400-30
9690
2690
9100

