



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-21-000240-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: 09/03/2021

Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: MILLER, MARTIN
Address: 237 DEBRA LN
GRANTS PASS OR 97527
Phone: 9496168449
Email: MARTY@MARTYEMAIL.COM

Primary Contractor: L & L Construction, LLC
Installer License: 39035
Address: PO Box 1367
Trail OR 97541
Phone: (541) 890-7080
Email: llconstruction4@gmail.com

Owner: MARTIN MILLER
Address: 237 DEBRA LN
GRANTS PASS OR 97527

Property Address: 237 Debra Ln, Grants Pass, OR 97527

Parcel: 370516DC00216 - Primary **Township:** 37 **Range:** 05 **Section:** 16

Lot Size: .54 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Land Use Approval: N/A
Directions to Property: Hwy 238, N applegate rd, Board Shanty Creek Rd, Tracy dr., Debra Ln

Category of Construction: Single Family Dwelling

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

System Specifications

Type: Standard
Max Peak Design Flow: 300 gpd. **Proposed Flow:** 300 gpd.
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** N/A

Drain Field Specifications

Drain Field Type: Standard **System Distribution Type:** Equal
Drainfield Sizing: N/A **Distribution Method:** Equal
Media Type: EZ flow **Media Depth:** N/A
Trench Length: 300 linear ft. **Rock Above Pipe:** N/A
Max Depth: 24 in. **Undisturbed Soil Between Trenches:** 8 ft.
Min Depth: 18 in. **Capping Fills-Min Depth of Fill Material:** N/A

Special Requirements

Groundwater Type: Temporary **Groundwater Depth:** N/A

Date Certificate Issued: 09/03/2021

Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

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

Danielle Morvan

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.)

Final Inspection Request and Notice - Septic ID: 463-21-000240-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: 37

Range: 05

Sect: 16

Name: MARTIN MILLER

Lot:

Property 237 DEBRA LN, GRANTS PASS, OR 97527
Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 10/60	Compartments: 1	Manufacturer: In-fert-rator	Date: 8-25-21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	☒ Yes	☐ No	Diameter: 4"	ASTM#/Other:	Length: 30'
Pressure Transport Pipe	☐ Yes	☐ No	Diameter:	ASTM#/Other:	Length:

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

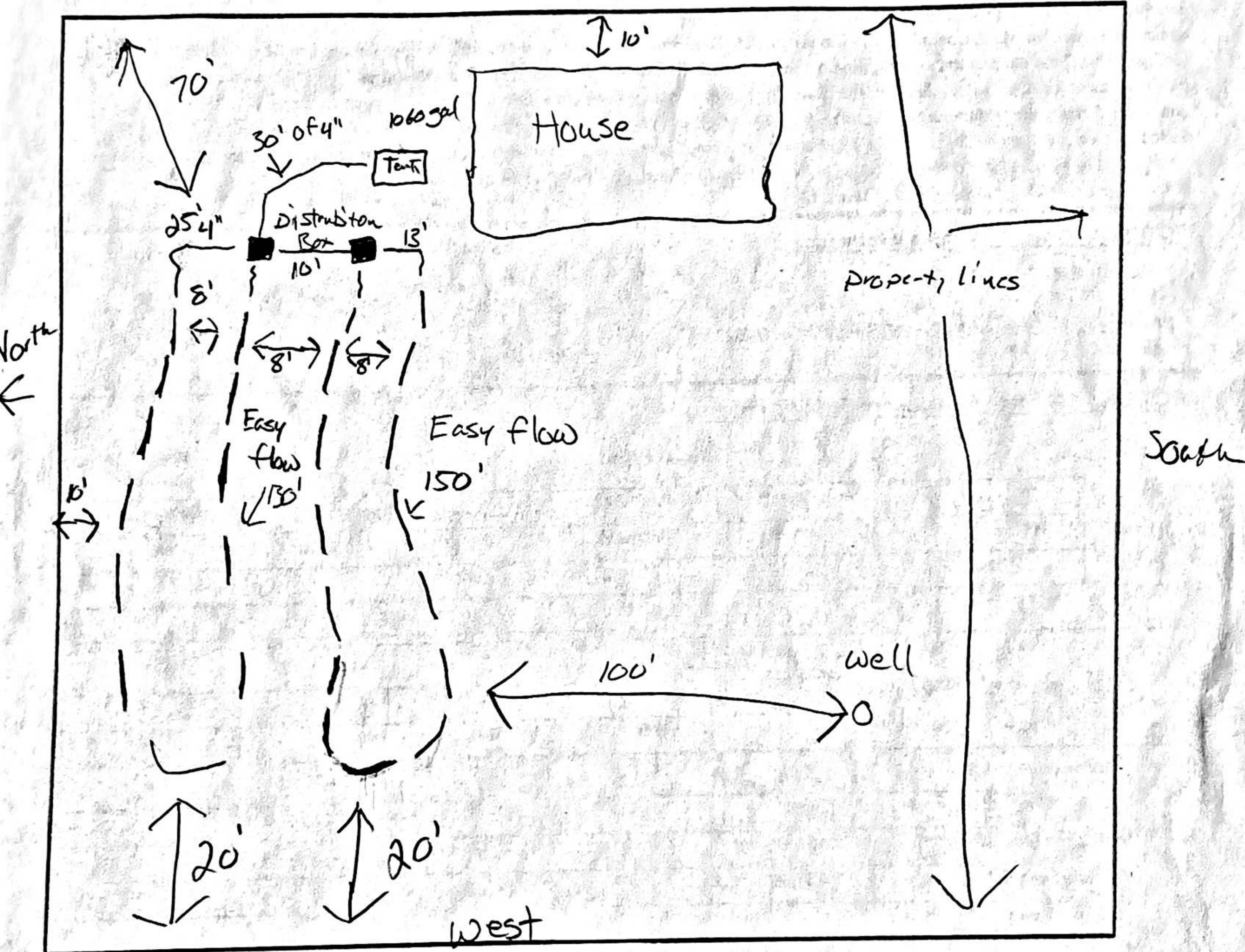
Type	(Gravel, Pipe or alternative?)			
Distribution Box	☒ Yes	☐ No		
Drop Box	☐ Yes	☐ No		
Distribution Pipe	☒ Yes	☐ No	Diameter: 4"	ASTM#/Other: Length:
Comment				

*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.



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: <u>L & L Construction</u>	
Licensed Installer:	☒ Yes ☐ No	License#: <u>39035</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8-29-21</u>	Phone#: <u>541-890-7080</u>

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
Installation Permit - Residential - New
463-21-000240-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: 6/16/21

Expiration date: 6/16/22

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: MILLER, MARTIN
Address: 237 DEBRA LN
GRANTS PASS OR 97527
Phone: 9496168449
Email: MARTY@MARTYEMAIL.COM

Primary contractor: L & L Construction, LLC
Installer License: 39035
Address: PO Box 1367
Trail OR 97541
Phone: (541) 890-7080
Email: llconstruction4@gmail.com

Business License: N/A

Owner: MARTIN MILLER
Address: 237 DEBRA LN
GRANTS PASS OR 97527

Property address: 237 Debra Ln, Grants Pass, OR 97527

Parcel: 370516DC00216 - Primary

Township:

37 Range: 05

Section:

16

Lot size:	N/A	Water supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A

Comments: This system is designed to accommodate a 2 bedroom home - 300 GPD

Directions to property: Hwy 238, N applegate rd, Board Shanty Creek Rd, Tracy dr., Debra Ln

Category of construction: Single Family Dwelling

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

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	300 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Equal
Drainfield sizing:	N/A	Distribution method:	Equal
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ flow		
Trench length:	300 linear ft.	Rock above pipe:	N/A
Max depth:	24 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Groundwater type:	Temporary	Groundwater depth:	N/A
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Date issued: 6/16/21**Expiration date:** 6/16/22**Work description:** STANDARD CONSTRUCTION PERMIT**Conditions of approval**

- 1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2.Vehicular traffic and livestock must be restricted from the system area.
- 3.All roof drains must be directed away from the system
- 4.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.
- 5.Meet all required setbacks
- 6.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.
- 7.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.
- 8.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 9.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.
- 10.Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- 11.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 12.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 13.Maximum length of an individual trench is 150-feet.
- 14.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
- 15.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 16.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 the construction of the system must be completed and submitted prior to requesting a final inspection.
- 17.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 6/16/21**Expiration date:** 6/16/22**Work description:** STANDARD CONSTRUCTION PERMIT

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.

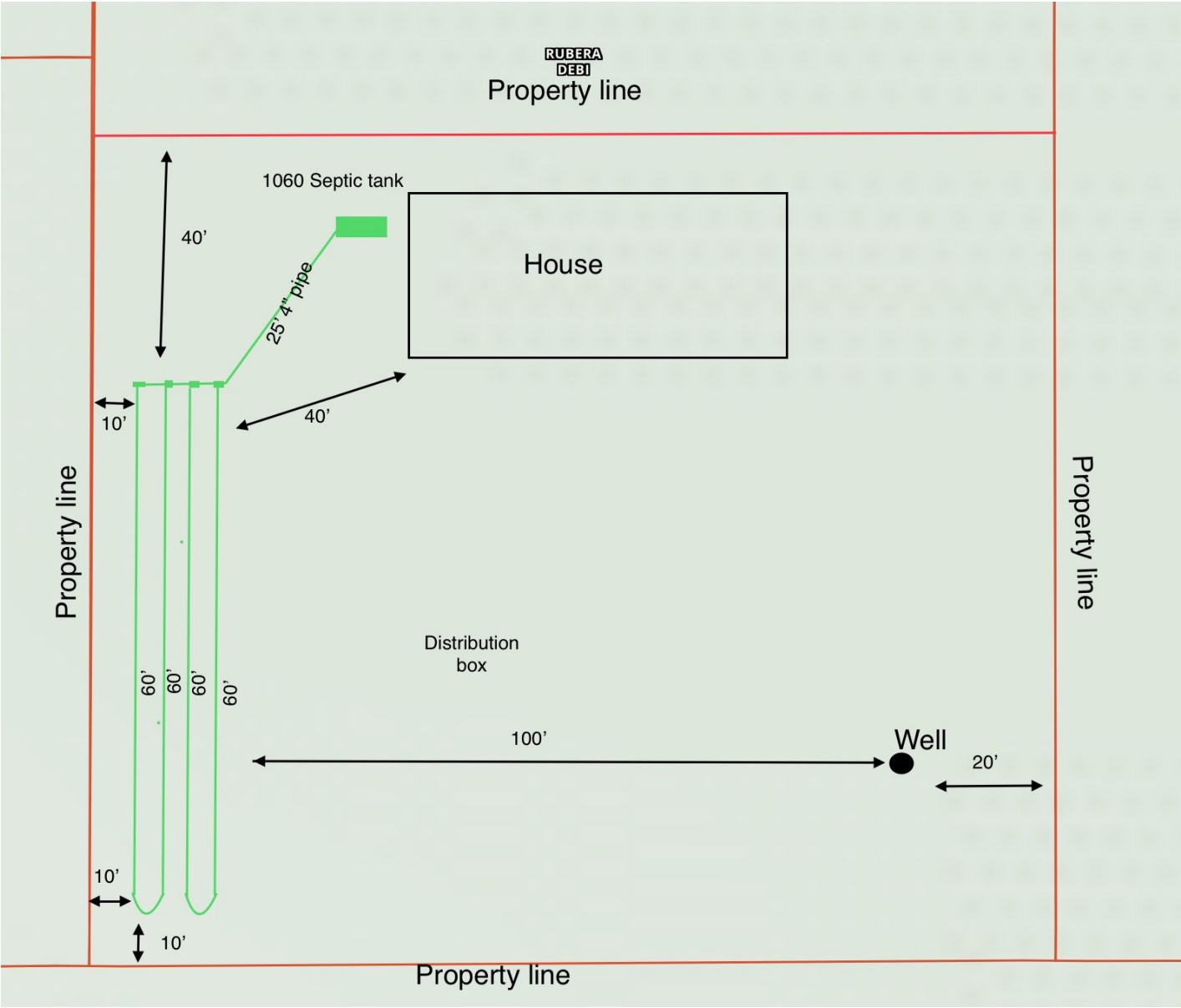
System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection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

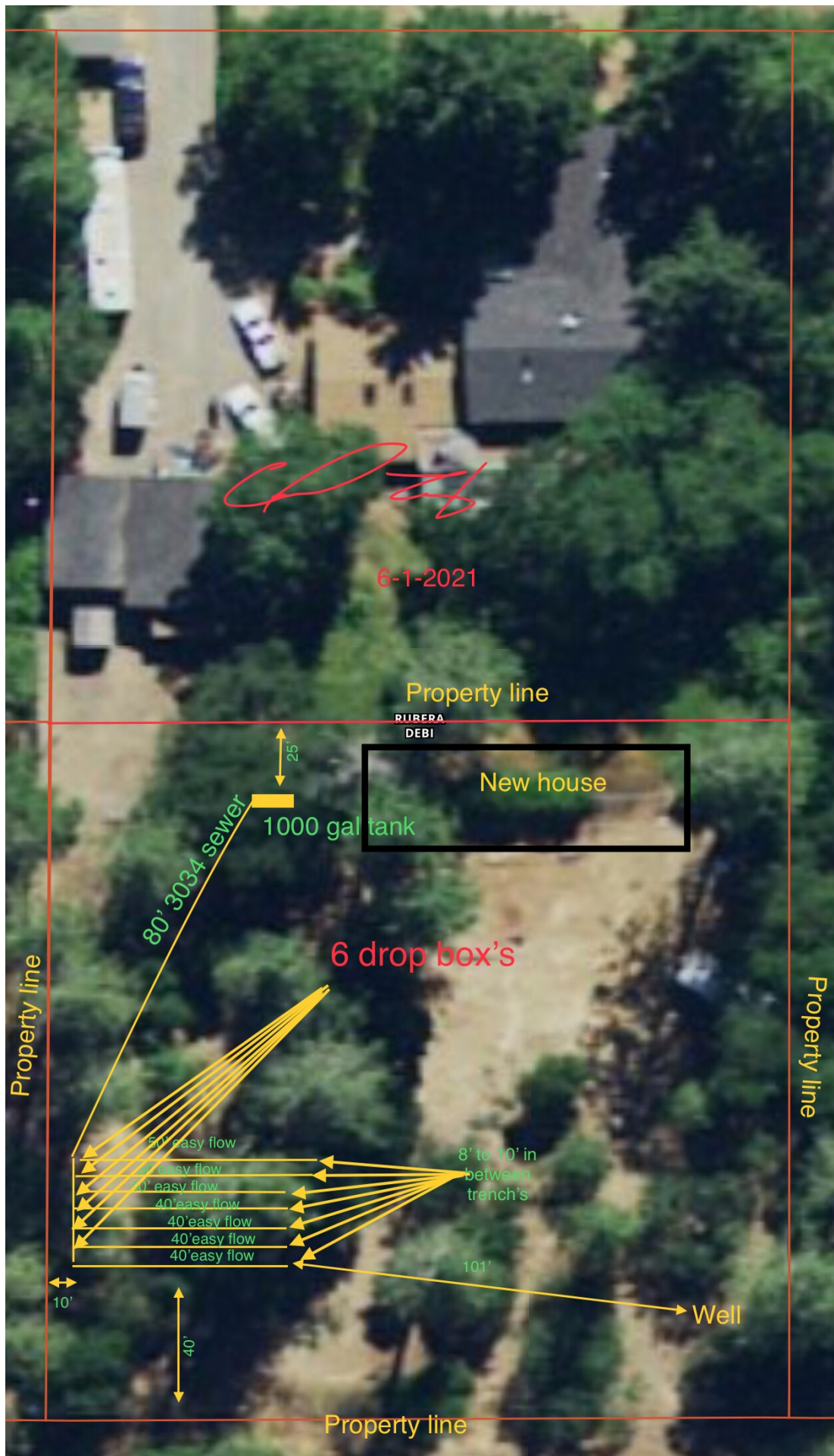
Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, 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.

Danielle Morvan

6/16/21







Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number		
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Name: Martin Miller Mailing Address (Street or PO Box, City, State, Zip Code): 237 Debra Lane Grants Pass 97527 Phone Number: 949-616-8449

B. Legal Property Description

Township: 37 Range: 05 Section: 16-00 Tax Lot: 216 Tax Account Number: R323049 Acreage or Lot Size: 0.54
County: Josephine Subdivision Name: Airpark Estates Lot: 216 Block: B

Property Address: 237 Debra Lane City: Grants Pass State: OR Zip Code: 97527

Directions to Property: Board Shanty Creek Rd & Scott Dr & Debra Lane

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms: _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms: 3

☐ Other _____

Water Supply:

☐ Public _____
Name

☒ Private WELL
Well, Spring, Shared

D. Type of Application

☐ Site Evaluation

☒ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

Authorization Notice for:

☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another
Mobile Home or House

☐ The Addition of One or More Bedrooms

☐ Personal Hardship

☐ Temporary Housing

☐ Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

Date

Martin Miller

Applicant's Name - Please Print Legibly

6-1-21

Applicant's Phone Number

marty@martyemail.com

Applicant's E-mail Address

237 Debra Lane, Grants Pass, OR 97527

Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

L3L
Installer's Name



Statement of Site Status

Name: Martin Miller

Address: 237 Debra Lane

City: Grant Pass State: OR Zip Code: 97527

Township: 37 Range: 05 Section: 16-DC Tax Lot: 000216

County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 6-1-21 Signed: [Signature]



237 Debrg Lane
Grants Pass, 97527

Tax lot 000216

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 370516DC000216

SITUS: 237 Debra Ln

ACRES: 0.54

PERMIT
NUMBER: PL-2021-00155

ZONE: RR5

SCHOOL
DISTRICT: Three Rivers

APPLICANT:	Miller, Martin	APPLICANT PHONE #:	949-616-8449
APPLICANT ADDRESS:	181 NW Bunnell #6 GRANTS PASS, OR 97526		
OWNER:	RUBERA, PAUL SABASTIAN JR		
OWNER ADDRESS:	APT 311 SEATTLE, WA 98119		

SPECIAL REQUIREMENTS
• Fire Hazard - Plan in File ☒ NA ☐ Reason: *attached*

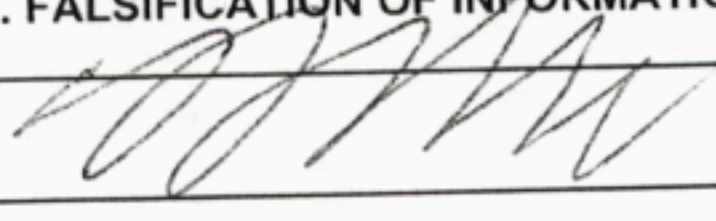
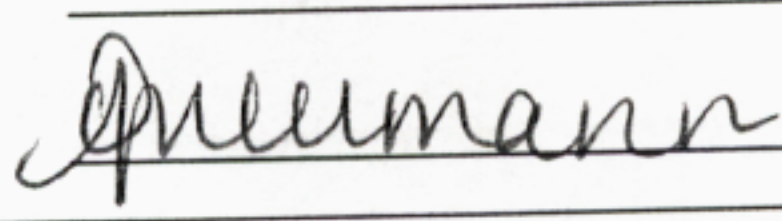
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor's Records: Unimproved	1680 SQ FT MFD - 3 bedroom, 2 bathroom with a deck and steps.	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 0 ft. Height: 35 ft.

ADDITIONAL TERMS:

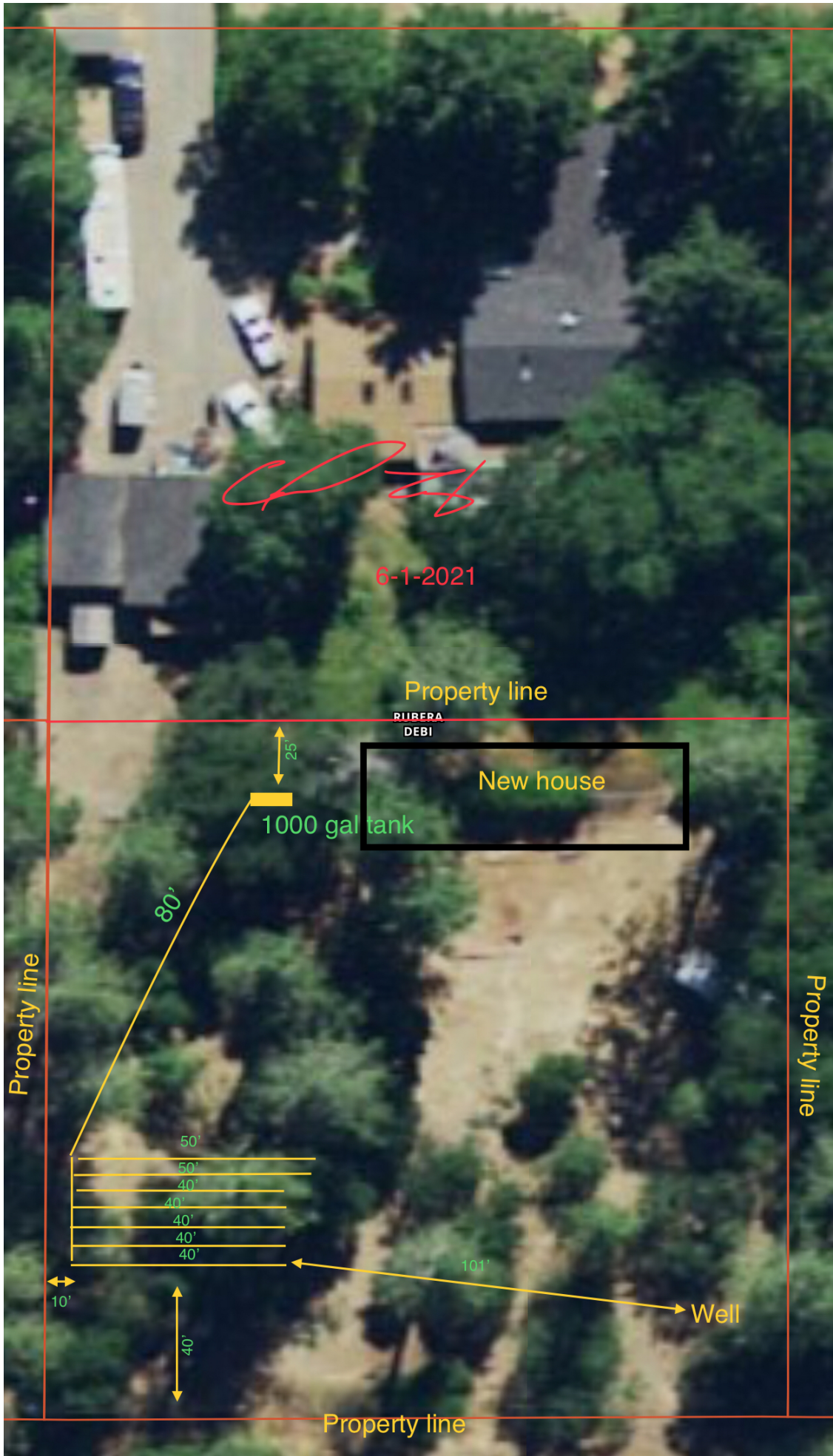
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		DATE:	3/15/21
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	2-25-21

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.





Residential Septic Site Evaluation Approval

463-21-000107-EVAL

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: 05/28/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: L & L CONSTRUCTION
Address: PO BOX 1367
SHADY COVE OR 97539
Phone: 5418907080
Email: llconstruction4@gmail.com

Owner: MARTIN MILLER
Address: 237 DEBRA LN
GRANTS PASS OR 97527
Property address: 237 Debra Ln, Grants Pass, OR
97527

Parcel: 370516DC00216 - Primary **Township:** 37 **Range:** 05 **Section:** 16

Lot size: N/A **Water supply:** Well
Zoning: N/A **City/County/UGB:** N/A

Proposed use of structure: 2 BDRM SFR
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow: 300 gpd. **Proposed gallons per day:** 300 gpd.
Min septic tank volume: 600 gal. **Min dosing tank volume:** N/A
Comments: System designed for a 2 bedroom home and 300 GPD expected flow.

System Specifications

	Initial System	Replacement Area
System type:	Standard	Alternative Treatment Technology (ATTs)
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

Trench Specifications

	Initial System	Replacement Area
Trench linear feet:	300 linear ft.	150 linear ft.
Max depth:	24 in.	24 in.
Min depth:	18 in.	24 in.

Special Requirements

	Initial System	Replacement Area
Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	Standard

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Date issued: 05/28/2021**Application status:** Site Evaluation Approved**Work description:** SITE EVALUATION

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

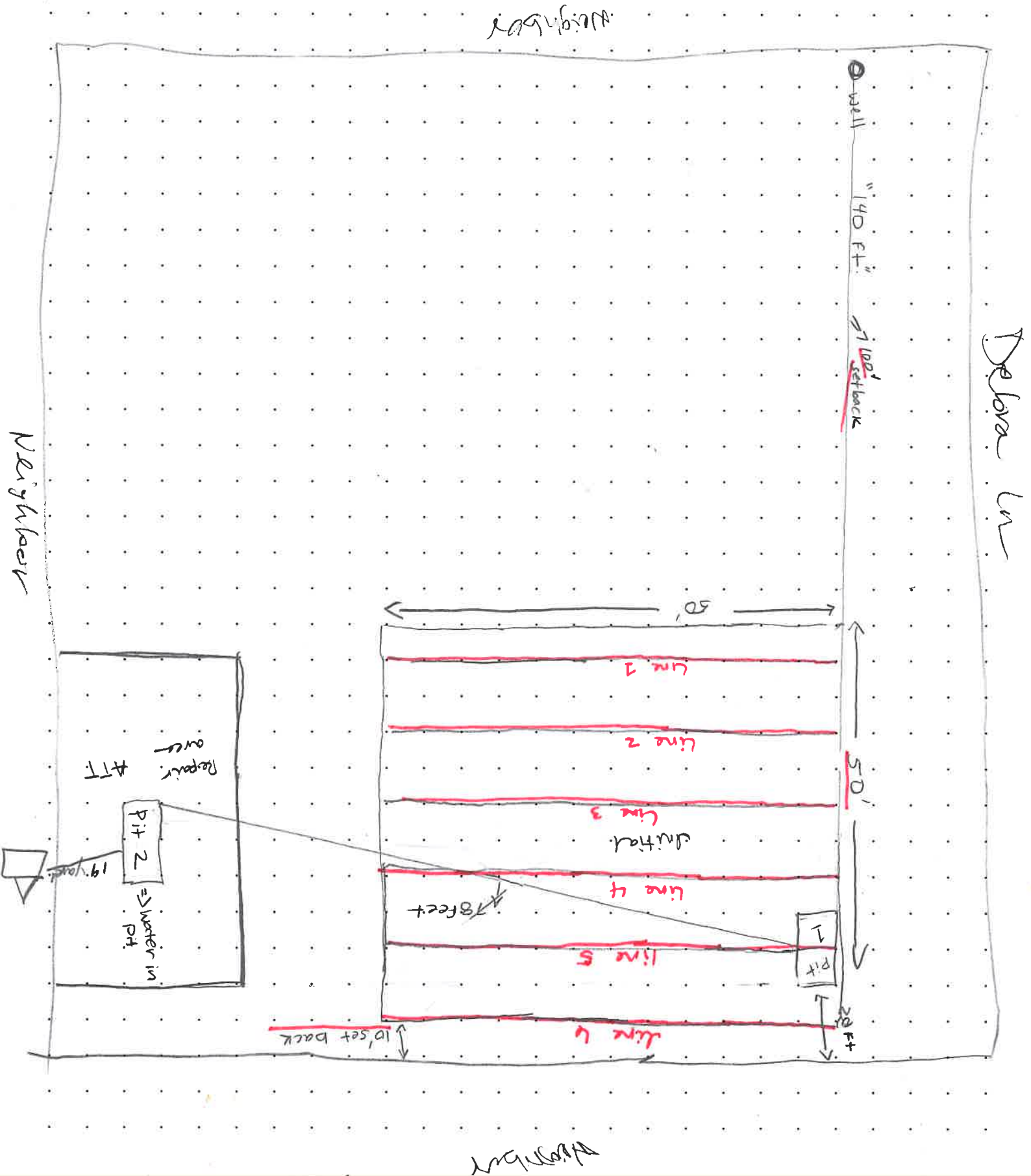
Danielle Morvan

5/28/21

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Township: _____ Range: _____ Section: _____ Property ID: _____
Owner/Applicant: _____ Evaluator: _____
Inspection Date(s): _____ Application Number: _____



SITE EVALUATION FIELD WORKSHEET

Township: 37 Range: 05 Section: 16 DC Property ID: _____
 Owner/Applicant: Martin Miller Evaluator: Danielle Morvan
 Inspection Date(s): _____ Application Number: 463-21-000107-EVAL

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 51"	0-1	OM	<u>granular</u> <u>color</u>
	2-7	clay loam	<u>roots</u> <u>color</u> Many - Fine, medium, coarse, many, <u>5YR 3/4</u> ; soft, w/ sub, some fragments
	8-24	clay	<u>roots</u> <u>color</u> Few - medium, fine; some cracks, <u>5YR 4/6</u> , <u>7.5YR 3/3</u> ; large rock / cobble
	25-37	clay	<u>roots</u> <u>color</u> Very few - fine; hard, massive, <u>5YR 4/6</u> (AS)
	38-51	clay	<u>color</u> <u>5YR 4/6</u> , <u>10YR 3/1</u> , <u>2.5Y 4/2</u> ; (AS)
Pit 2 holding water after light rain			
			Standing Water in Pit
Pit 3			
Pit 4			

Landscape Notes: _____
 Slope: 2% Aspect: _____ Groundwater Type: temporary
 Other Site Notes: cobbles and gravel found throughout horizon

SYSTEM SPECIFICATIONS

Design Flow: 300 gpd
 Initial System: _____
 Disposal Facility: 300 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches
 Replacement System: ATT
 Disposal Facility: 150 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches
 Special Conditions: _____



NOTICE AUTHORIZING REPRESENTATIVE

I, Martin Miller, have authorized L&L Construction LLC 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 Josephine County 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 Josephine County Onsite Septic agents to conduct required
 business activities on said property.

PROPERTY IDENTIFICATION:

237 Debra Lane,
 Grants Pass, OR 97527

(Property Situs or Road Address)

And described in the records of Josephine Co. County as:

Township 37 Range 05 Section 16 Map ID _____ Tax Lot #(s) 216

PROPERTY OWNER:

Printed Name: Martin Miller

Address: 237 Debra Lane

City, State, Zip: Grants Pass, OR 97527

Phone: 949 616 8449 Email: Marty@Martyemail.com

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

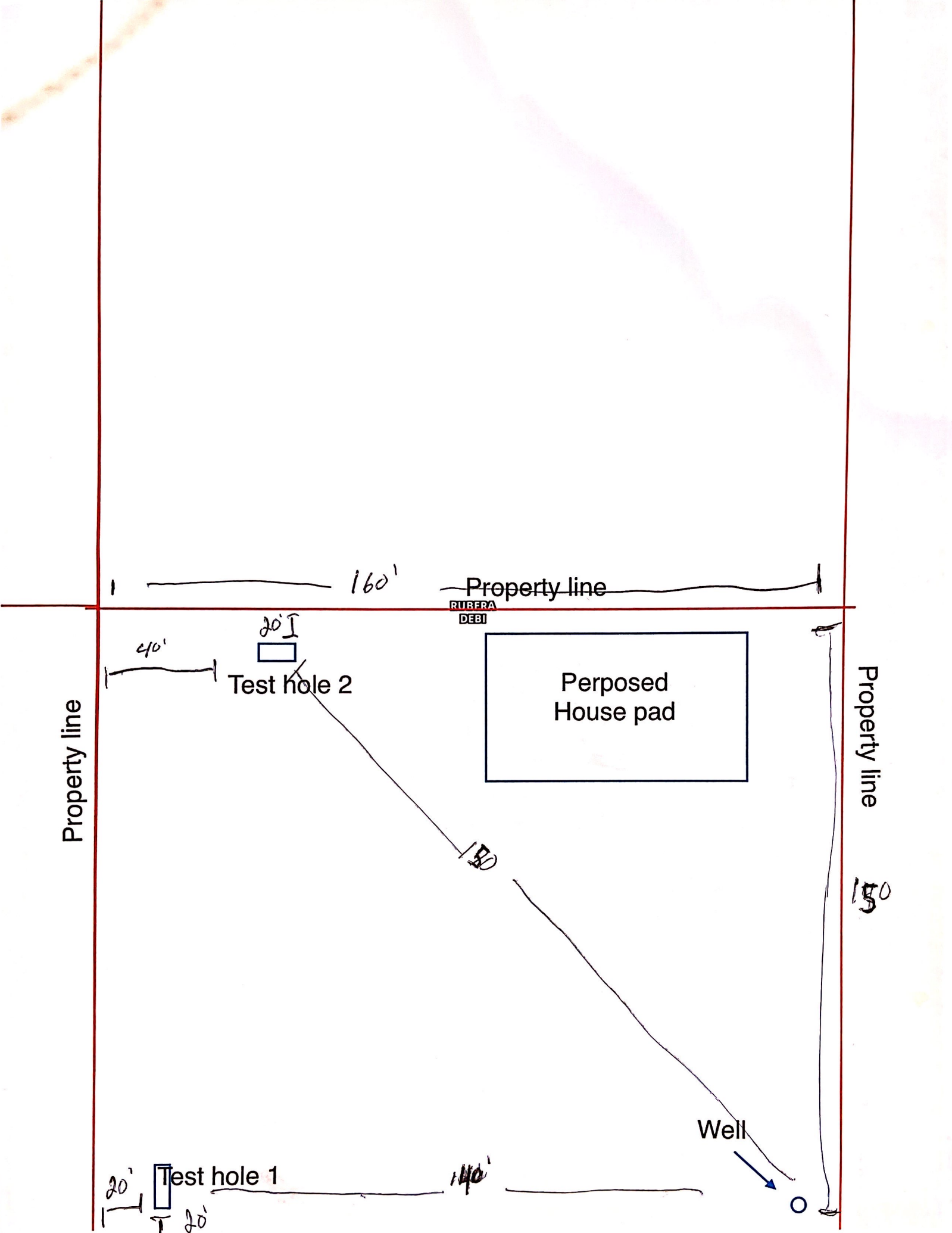
Printed Name: L&L Construction LLC

Address: PO BOX 13107

City, State, Zip: Shady Cove OR 97539

Phone: 541 890 7080 Email: LLconstruction4@gmail.com

Signature: [Signature]





Application for Onsite Sewage Treatment System

700 NW Dimmick
Street, Suite B
Grants Pass, OR 97626
541-474-5444

For ONSITE SEPTIC Use Only:

Date received _____
Fee paid _____
Receipt number _____
Application number _____
Date of 1st response _____
Date of 2nd response _____
Date of final response _____
Date of completion _____
Scanned _____ Data Entry _____

Date Stamp

A. Property Owner Information

Name Martin Miller Mailing Address (Street or PO Box, City, State, Zip Code) 237 Debra Lane Grants Pass OR 97527 Phone Number 949 616 8449

B. Legal Property Description

Township 37 Range 05 Section 16 Tax Lot 216 Tax Account Number _____ Acreage or Lot Size _____
County Josephine Subdivision Name _____ Lot _____ Block _____
Property Address: 237 Debra Lane Grants Pass OR 97527
Address City State Zip Code

Directions to Property: Hwy 238, N Applegate rd, Boardman Creek Rd, Tracy dr, Debra Ln

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

2
Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public

Name _____

☒ Private

Well

Well, Spring, Shared

D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing

☐ Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature _____

Date 03.23.2021

Applicant's Name - Please Print Legibly L & L Construction LLC

Applicant's Phone Number 541-890-7080

Applicant's E-mail Address LLconstruction4@gmail.com

Applicant's Mailing Address PO Box 1367 Shady Cove OR 97539

Applicant is the

☐ Owner

☒ Authorized Representative

☐ Licensed Septic Installer

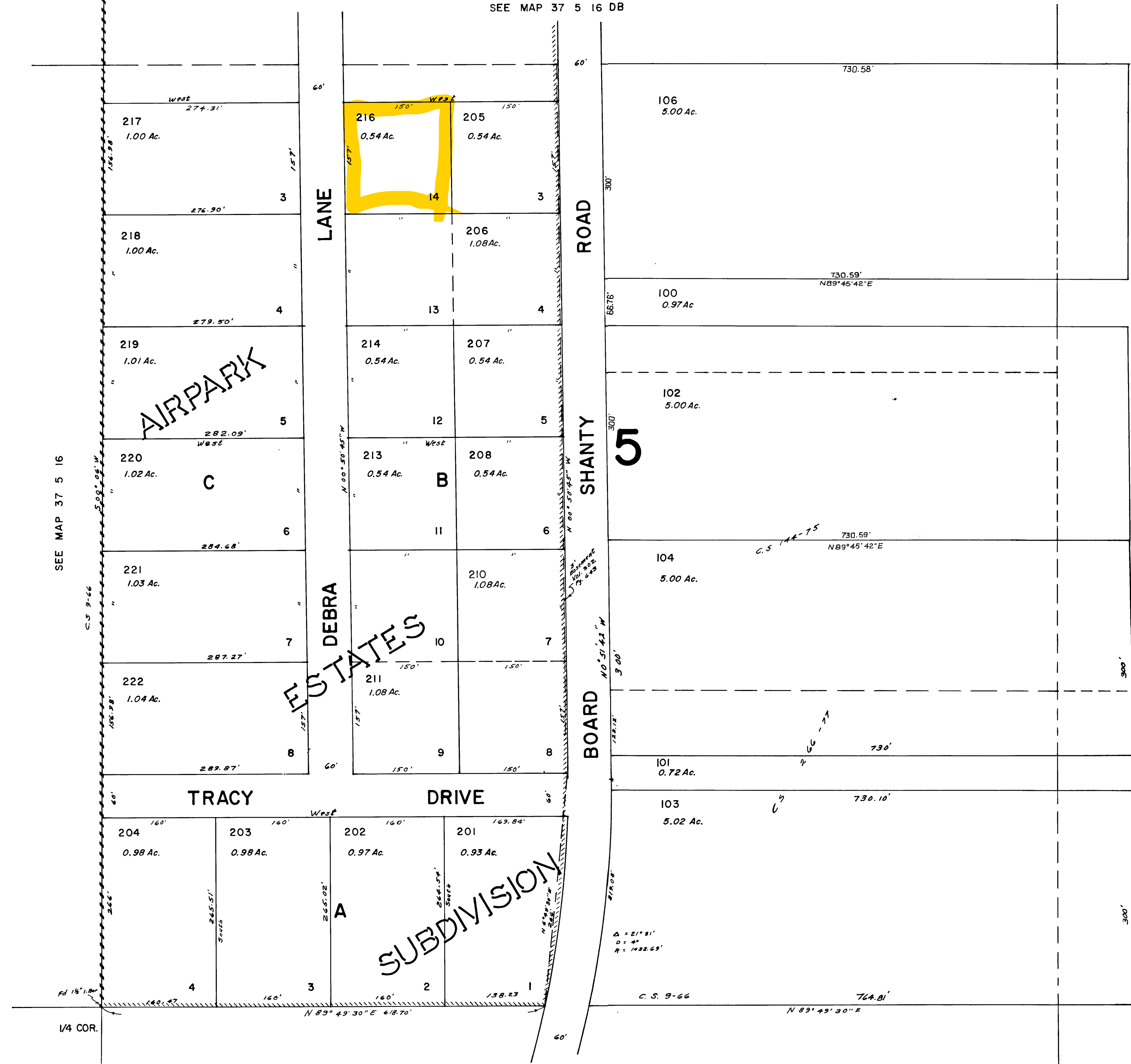
☐ Authorization
Attached

Installer's Name L & L construction LLC

This map was prepared for
assessment purpose only.

1"=100'

SEE MAP 37 5 16 DB



CANCELLED T.L.
105
190
212
215
209