



Residential Septic Site Evaluation Approval

463-21-000275-EVAL-01

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: 08/10/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION LOT# 3

Applicant: PHILLIPS TRUST, CLIFFORD E
III%PHILLIPS, CLIFFORD E I
Phone: 5417607238
Email: CLIFFPHILIPS320@ICLOUD.COM

Owner:	PHILLIPS TRUST, CLIFFORD E III	Property address:	102 Cambridge Dr, Grants Pass, OR
Address:	%PHILLIPS, CLIFFORD E I102 CAMBRIDGE DR %PHILLIPS, CLIFFORD E III TRUSTEE 102 CAMBRIDGE DR GRANTS PASS OR 97526		97526

Parcel: 3606160000070800 - Primary

Lot size:	20.84 ACRES	Water supply:	Well
Zoning:	N/A	City/County/UGB:	County

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

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
Comments: SITE EVALUATION FOR PROPOSED PARCEL 3 ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER			

System Specifications

System type:
System distribution type:
Distribution method:

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Special Requirements

Stakeout required:
Pump to drainfield required:

Initial System

Sand Filter
Serial
Serial

Initial System

135 linear ft.
30 in.
24 in.

Initial System

Yes
Yes

Replacement Area

Sand Filter
Serial
Serial

Replacement Area

135 linear ft.
30 in.
24 in.

Replacement Area

Yes
Yes

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.)

Date issued: 08/10/2021**Application status:** Site Evaluation Approved**Work description:** SITE EVALUATION LOT# 3

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.

Gabriel Kasiah

8/10/21

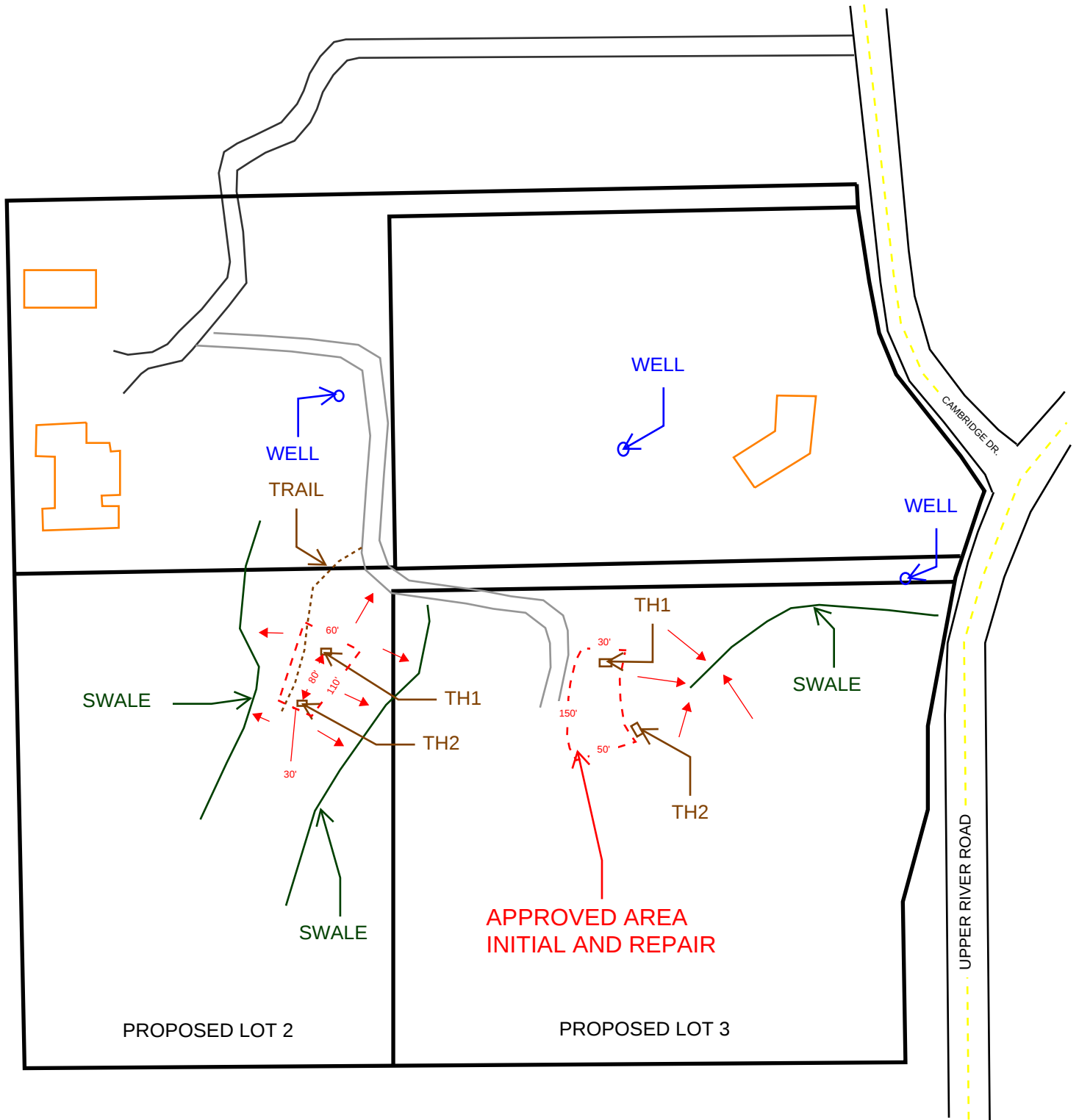
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SITE PLAN

ADDRESS 102 CAMBRIDGE DRIVE

PARCEL 3606160000708 LOT 3



*NOT TO SCALE

APPLICATION # 463-21-000275-EVAL-01

FIELD WORKSHEET

Name: CLIFFORD PHILLIPS Application No.: 463-21-000275-EWM-01 Date: 7/22/2021
RE: SITE EVALUATION REPORT for Parcel #: 3606160000708 PROPOSED LOT 3

Commercial Facility: ☐ Yes ☒ No Parcel Size: 20.84

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other <u>TS1</u>	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other <u>TS1</u>
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: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</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.

* INITIAL & REPAIR SYSTEMS TO BE INSTALLED IN APPROVED AREAS ≤ 30% SLOPE.

Inspector: gk

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	L	10yr ^{3/2} , GR, ROOTS 2VF, F, 1m 20% CF/PEBBLES
	4-20	SCL	7.5yr ^{3/4} , WSBK, ROOTS 1VF, F, M PORES 1m
	20-36	CL	7.5yr ^{4/6} , SSBK, ROOTS 1VF, F PORES 1VF, F
	36-48	CL/SAP	7.5yr ^{5/8} , SSBK, ROOTS 1VF, F FE STAINS 5yr ^{3/4}
Test Pit 2	0-14	SCL	SIMILAR TO TEST HOLE 1, (HORIZONS 2-4)
	14-25	CL	
	25-43	CL/SAP	
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (MAORONE, OAK)

Slope: 25% , 43% Aspect: E , N/NE Groundwater Type: ☐ Permanent ☐ Temporary
TH2 TH2 TH2 TH2

Other Site Notes: TOP OF DRAINAGE / RIDGE FINGERS



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Send this application
to the appropriate
DEQ office

For DEQ 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 Clifford E Phillips III Mailing Address (Street or PO Box, City, State, Zip Code) 102 Cambridge DR Grants Pass, OR 97526 Phone Number 541-760-7238

B. Legal Property Description

Township 36 Range 06 Section 16 Tax Lot 000708 Tax Account Number R347078 Acreage or Lot Size 20.84
County Josephine Subdivision Name LOT 3 Lot 108 Block _____
Property Address: 102 Cambridge DR Grants Pass OR 97526
Address City State Zip Code

Directions to Property: Upper river RD to Cambridge DR, second driveway on the left side of Cambridge.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence

4
Number of Bedrooms

☐ Other _____

Proposed Facility:

☒ Single Family Residence

4
Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public _____
Name

☐ Private _____
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 Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Clifford E Phillips III
Signature

06-23-2021
Date

Clifford E Phillips III
Applicant's Name - Please Print Legibly

541-760-7238
Applicant's Phone Number

CliffPhillips320@icloud.com
Applicant's E-mail Address

102 Cambridge DR, Grants Pass, OR 97526
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name _____

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

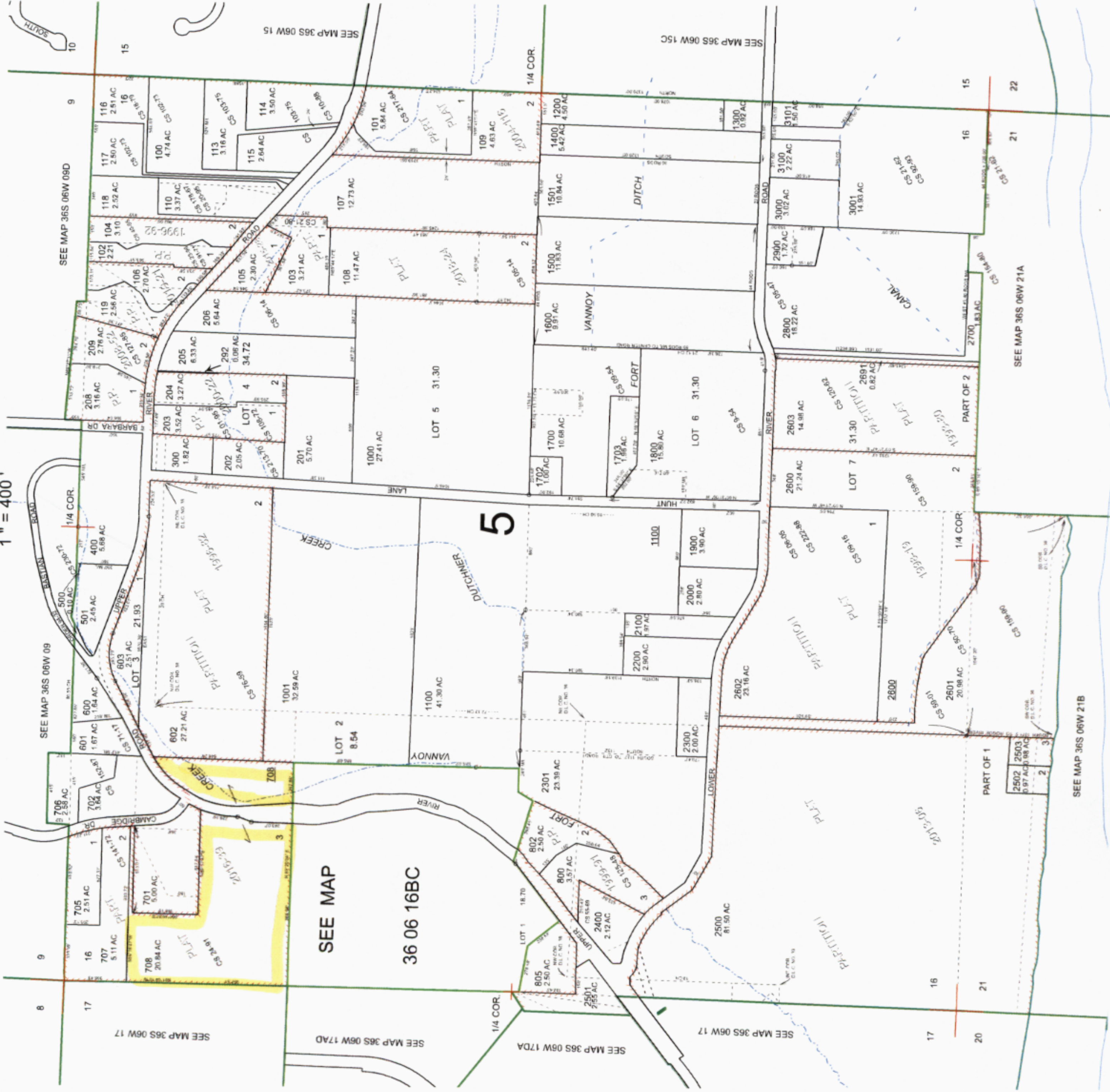
0 4000 8000 Feet

SECTION 16 T.36S. R.6W. W.M.
JOSEPHINE COUNTY

1" = 400'

36 06 16

CANCELLED:
2801
1701
112
790
301
290
190
2802
791
792
1801
704
2701
111
302
2590
207
291
703
3190
2690
191
192
2692
293
294
295
296
200
700



SEE MAP 36S 06W 21B

SEE MAP 36S 06W 21A

SEE MAP 36S 06W 15C

36 06 16

