Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-21-000433-PRMT

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

Date Certificate Issued: 06/21/2022
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: Jackie Evans
Address: 2464 SW Glacier Place
Redmond OR 97756
Phone: 5412578513
Email: jevans@simplicity-homes.com

Contractor: Dun-Right Septic
Installer License: 39262
Address: 815 NE Greenfield Rd
Grants Pass OR 97526
Phone: (541) 890-7674
Email: jed97537@gmail.com

Owner: WILD RIVER ORCHARDS INC
Address: ATTN: ROBERT BOGGESS PO BOX 996
ATTN: ROBERT BOGGESS
PO BOX 996
MEDFORD OR 97501

Property Address: 6900 Lower River Rd, Grants Pass, OR 97526

Parcel: 360618D000010000 - Primary

Lot Size:	3.08 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:	N/A	SFR
Number of Bedrooms:	N/A	5

System Specifications

Type:	Standard		
Max Peak Design Flow:	525 gpd.	**Proposed Flow:**	525 gpd.
Min Septic Tank Volume:	1500 gal.	**Min Dosing Tank Volume:**	525 gal.

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Serial
Drainfield Sizing:	100 linear ft.	**Distribution Method:**	Serial
Media Type:	EZ FLOW 1201P	**Media Depth:**	12 in.
Trench Length:	350 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Temporary	**Groundwater Depth:**	N/A
Groundwater Interceptor:	Yes	**Groundwater Interceptor Depth:**	48 in.
Groundwater Interceptor Amt of Drain Media:	36 in.		
Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	Yes

Septic Permit 463-21-000433-PRMT

Date Certificate Issued: 06/21/2022
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:** No **Pre-Cover Inspection Waived Per 340-071:** Yes

Comments: N/A

Gabriel Kasiah Natural Resource Specialist

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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-21-000433-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:**

Name: WILD RIVER ORCHARDS INC **Lot:**

Property Address: 6900 LOWER RIVER RD, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: River Side		Date: 5-25-22	
Tanks(2)	Volume: 1500	Compartments: 1	Manufacturer: River Side		Date: 5-25-22	
Pump(s)	HP: 1/2	Model/Manuf. Liberty 283	Float(s)Type(1): "p"	Model/Manuf. Orenco		
			Float(s)Type(2): "pm"	Model/Manuf. STrombus		

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No X	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes X	No	Diameter: 2"	ASTM#/Other: Sch40	Length: 220'

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

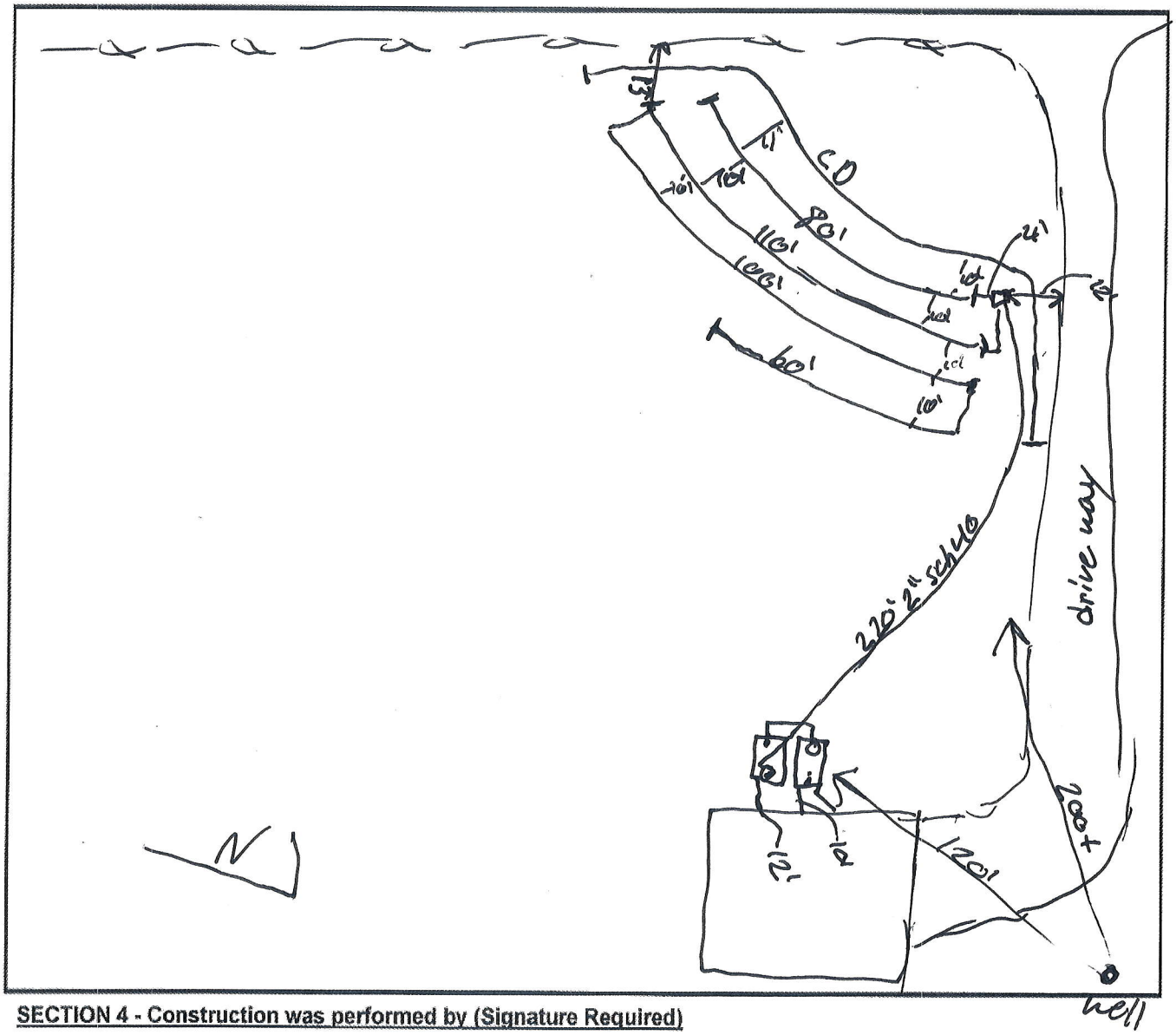
Type	(Gravel, Pipe or alternative?) gravel				
Distribution Box	Yes	No X			
Drop Box	Yes X	No			
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: 2729.	Length: 350'

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: Dun-Right Septic					
Licensed Installer:	Yes X	No	License#: 34262	Certification#: I2424		
Owner/ Certified Installer:	Signature:			Date: 5-31-22	Phone#: 541-890-7674	

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	Installer/Owner (Permittee) Notified:	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____
















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

Septic Permit
Installation Permit - Residential - New
463-21-000433-PRMT

Date issued: 3/28/22 **Expiration date:** 3/28/23

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: Jackie Evans
Address: 2464 SW Glacier Place
Redmond OR 97756
Phone: 5412578513
Email: jevans@simplicity-homes.com

Contractor: Dun-Right Septic
Installer License: 39262
Address: 815 NE Greenfield Rd
Grants Pass OR 97526
Phone: (541) 890-7674
Email: jed97537@gmail.com

Business License: N/A

Owner: WILD RIVER ORCHARDS INC
Address: ATTN: ROBERT BOGGESS PO BOX 996
ATTN: ROBERT BOGGESS
PO BOX 996
MEDFORD OR 97501

Property address: 6900 Lower River Rd, Grants Pass, OR 97526

Parcel: 360618D000010000 - Primary

Lot size:	3.08 ACRES	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
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: N/A

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	5

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	525 gpd.	**Proposed flow:**	525 gpd.
Min septic tank volume:	1500 gal.	**Min dosing tank volume:**	525 gal.

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	100 linear ft.	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	12 in.
Media type description:	EZ FLOW 1201P		
Trench length:	350 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

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Onsite Permit 463-21-000433-PRMT

Date issued: 3/28/22 **Expiration date:** 3/28/23

Work description: STANDARD CONSTRUCTION PERMIT

Special Requirements

Groundwater type:	Temporary	**Groundwater depth:**	N/A
Groundwater interceptor:	Yes	**Groundwater interceptor depth:**	48 in.
Groundwater interceptor drain media amt:	36 in.		
Pump to drainfield reqd:	Yes	**Filter fabric on top of drain media:**	Yes

Conditions of approval

1.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2.The system must be installed by the property owner or a licensed sewage disposal business (installer).
3.Vehicular traffic and livestock must be restricted from the system area.
4.All roof drains must be directed away from the system
5.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.
6.Meet all required setbacks
7.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.
8.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.
9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
10.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.
11.Install the pump and system components in accordance with the approved pump curve and specifications.
12.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.
13.Effluent filter required at tank outlet.
14.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
15.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
16.Maximum length of an individual trench is 150-feet.
17.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
18.Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.
19.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
20.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.
21.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000433-PRMT

Date issued: 3/28/22 **Expiration date:** 3/28/23

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.

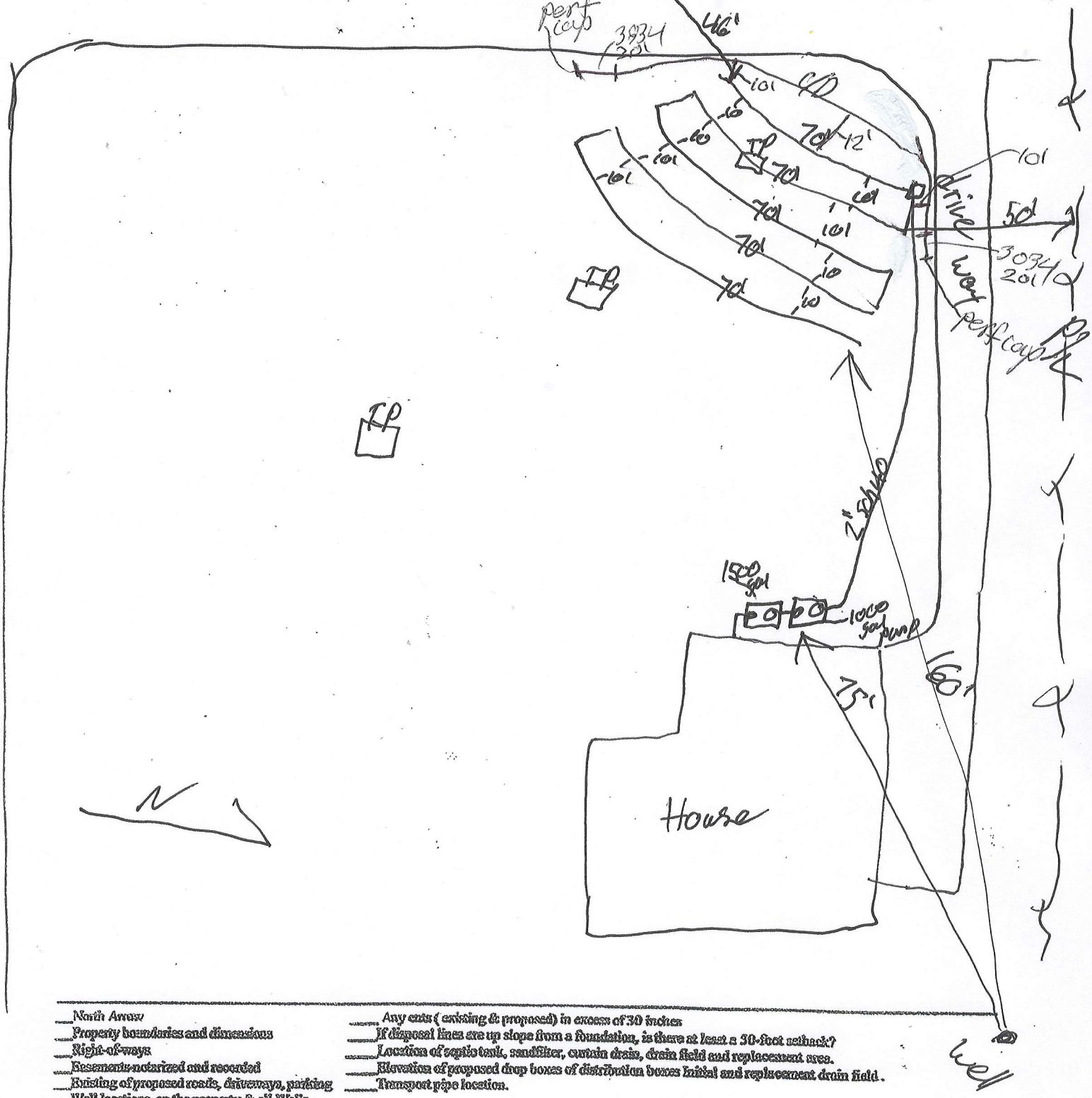
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah Natural Resource Specialist 3/28/22

DUNRIGHT SEPTIC

Family owned and operated since 1984

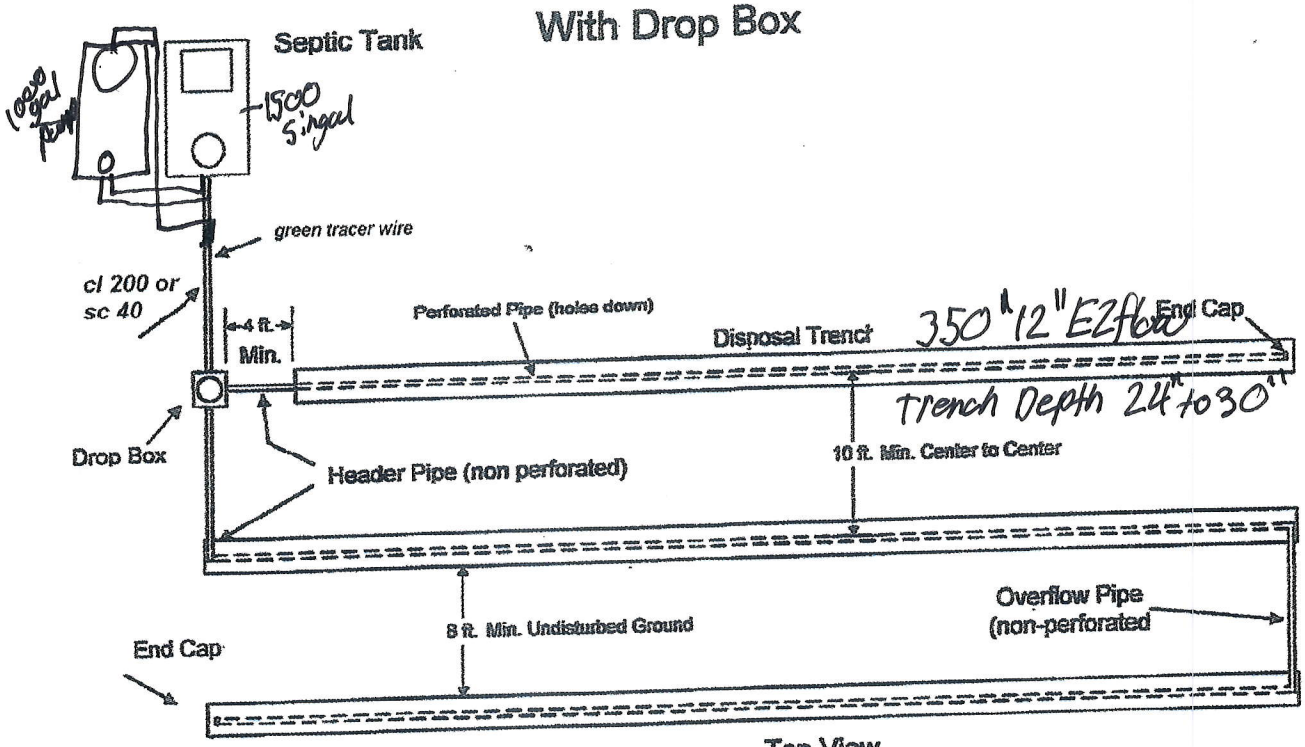
PLOT MAP LEGAL

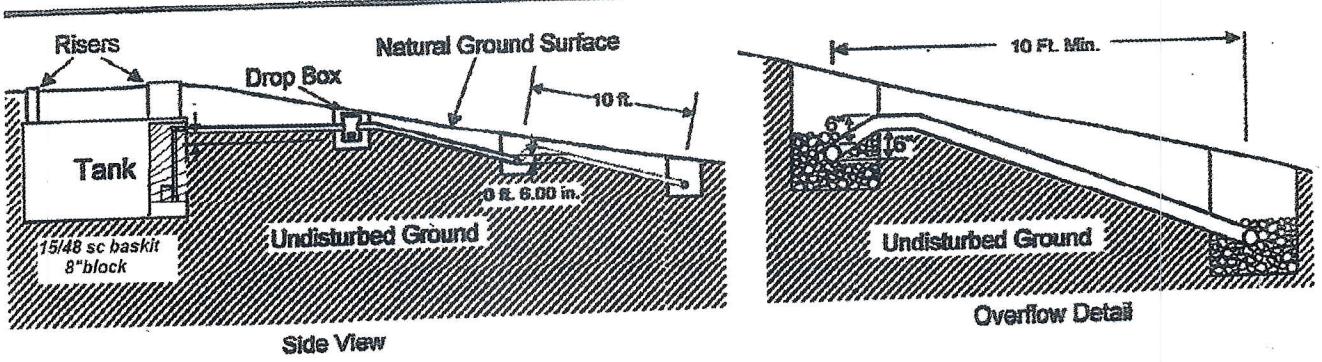


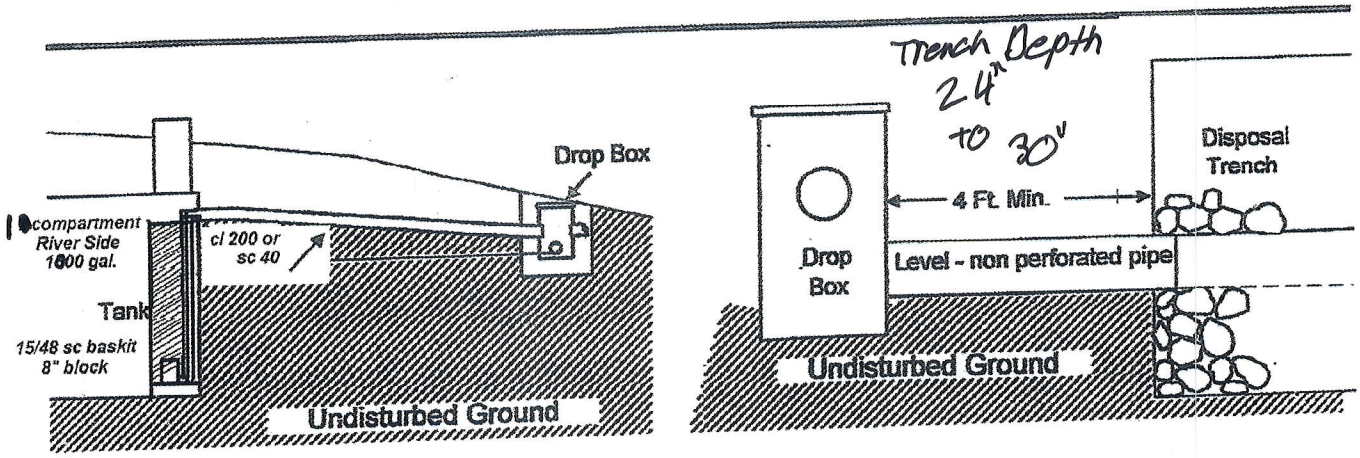
___North Arrow
___Property boundaries and dimensions
___Right-of-ways
___Easements-notarized and recorded
___Existing of proposed roads, driveways, parking
___Well locations, on the property & all Wells Within 200ft. Of the septic
___Test hole locations
___Proposed dwelling location
___Any cuts (existing & proposed) in excess of 30 inches
___If disposal lines are up slope from a foundation, is there at least a 30-foot setback?
___Location of septic tank, sandfilter, curtain drain, drain field and replacement area.
___Elevation of proposed drop boxes of distribution boxes Initial and replacement drain field.
___Transport pipe location.

serial system with pump

With Drop Box







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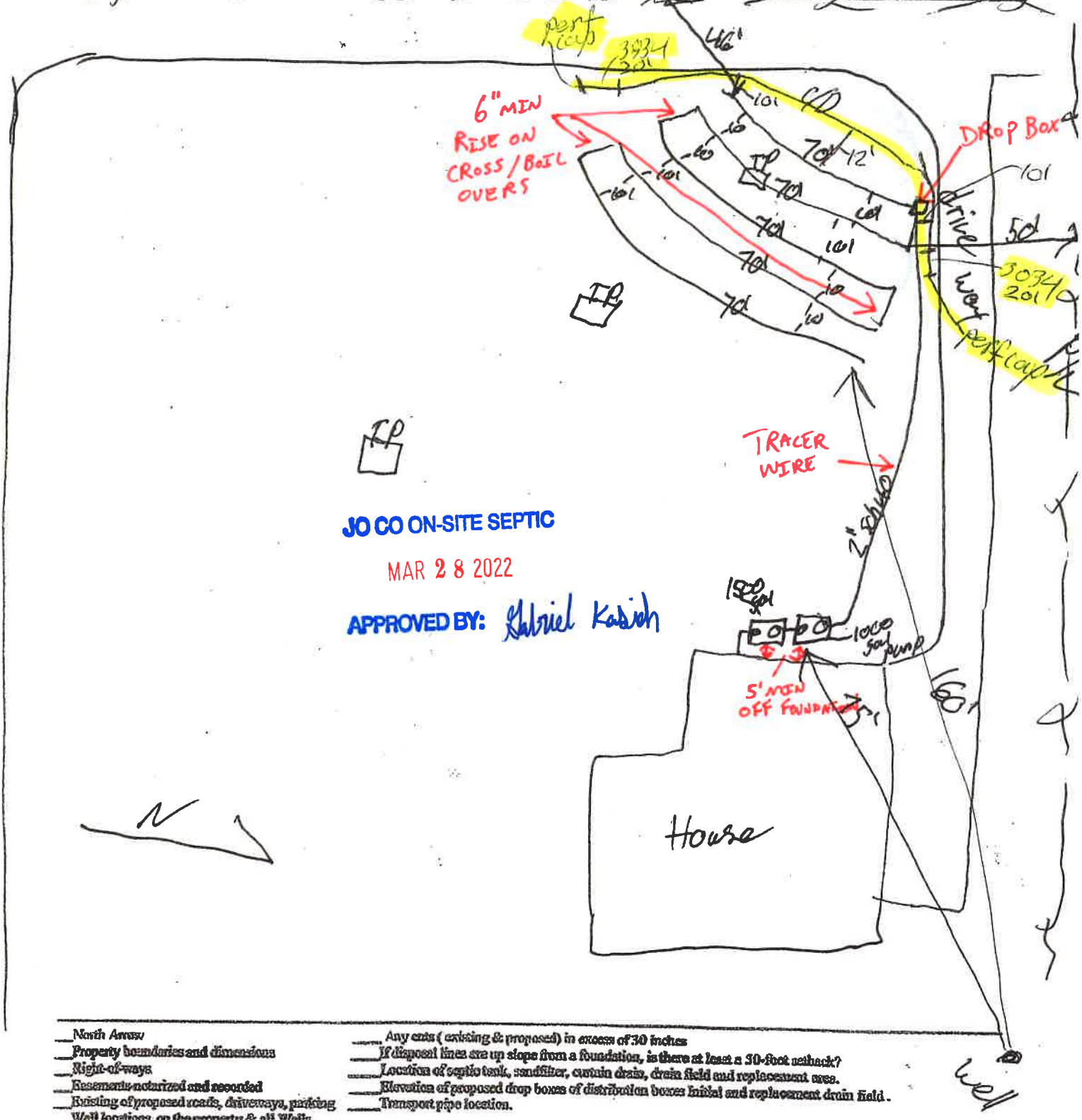
Family owned and operated since 1984

PLOT MAP

LEGAL



JO CO ON-SITE SEPTIC

MAR 2 8 2022

APPROVED BY: Gabriel Kasich

- ___North Arrow
- ___Property boundaries and dimensions
- ___Right-of-ways
- ___Easements notarized and recorded
- ___Existing of proposed roads, driveways, parking
- ___Well locations, on the property & all Wells Within 200ft. Of the septic
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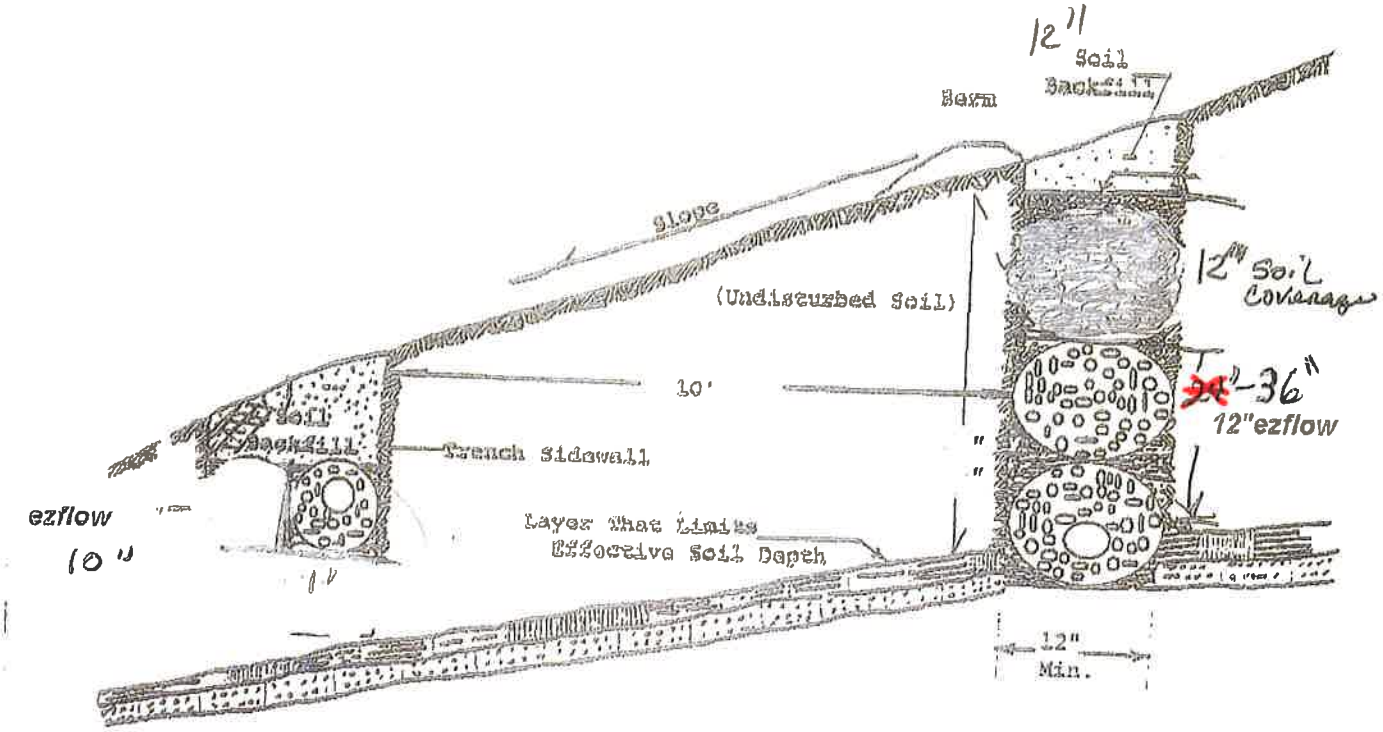
- ____Elevation of proposed drop boxes of distribution boxes Initial and replacement drain field.
- ____Transport pipe location.

EZ Flow Curtain Drain

36"-48"

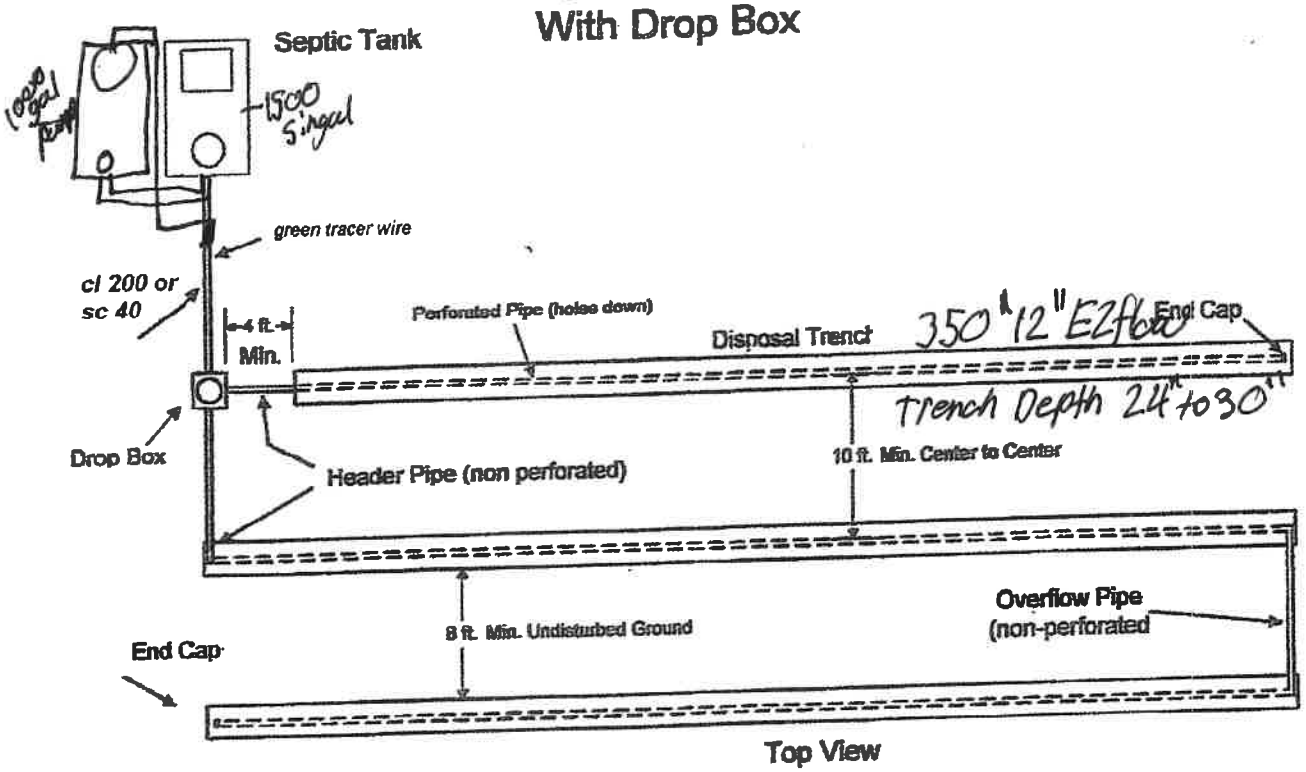
48" DEEP CURTAIN DRAIN

36" OF DRAIN MEDIA

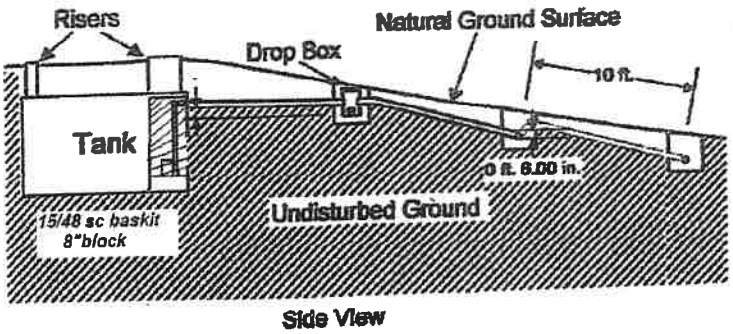


serial system with pump

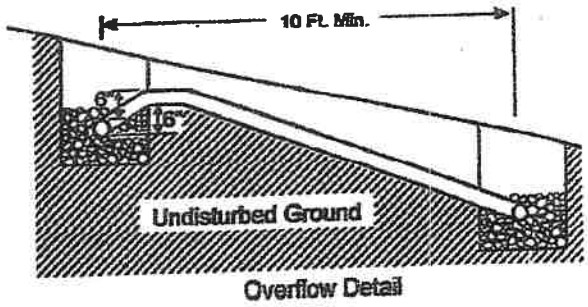
With Drop Box



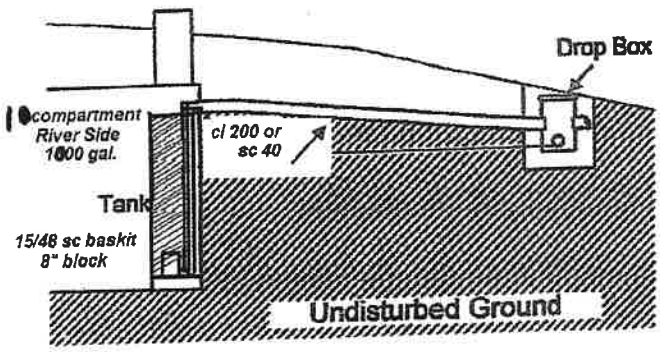
Top View

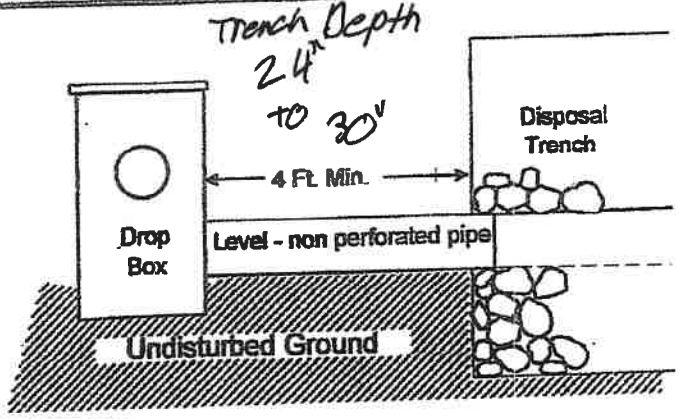


Side View



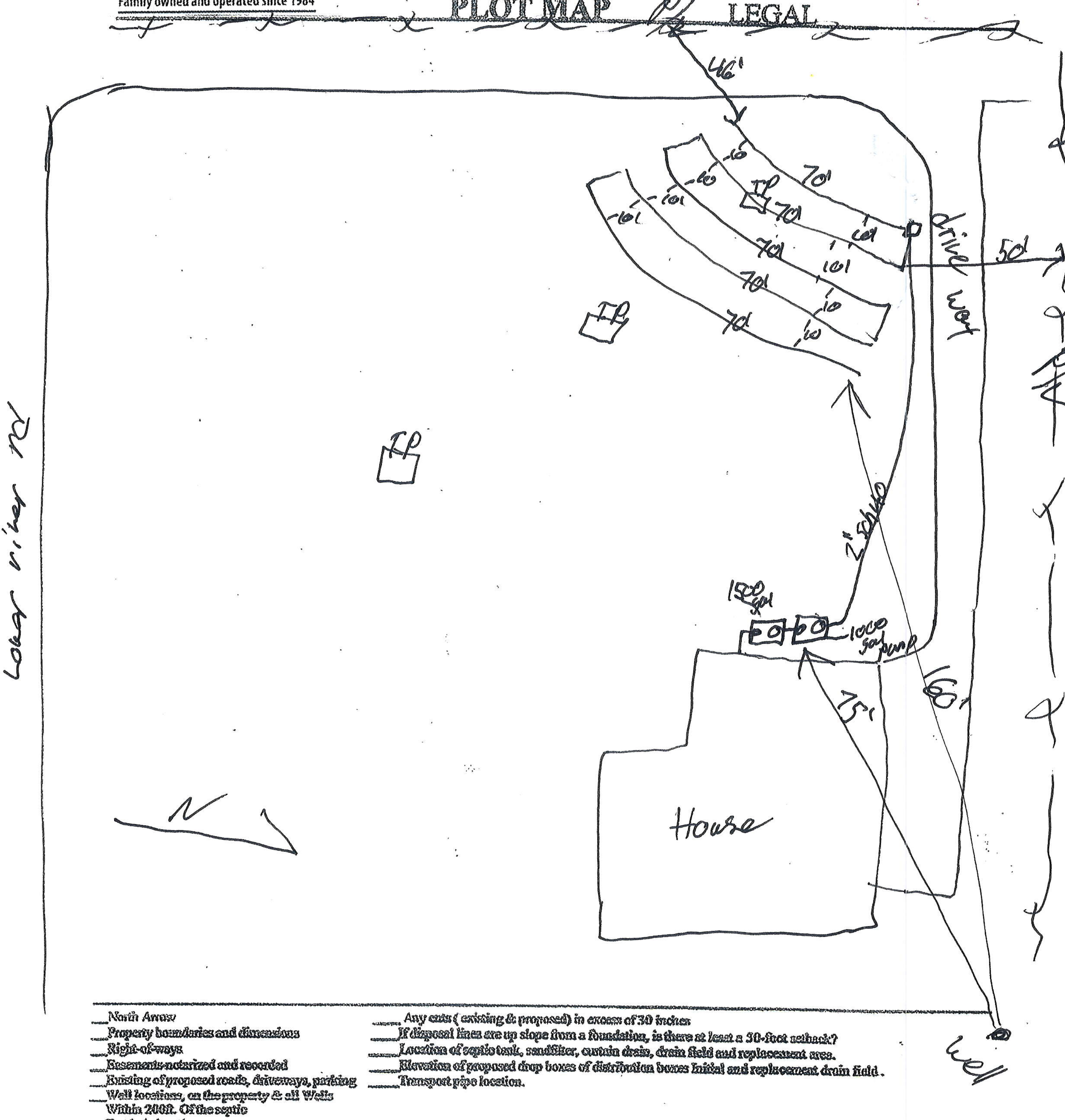
Overflow Detail





DUN✓RIGHT SEPTIC
Family owned and operated since 1984

PLOT MAP LEGAL



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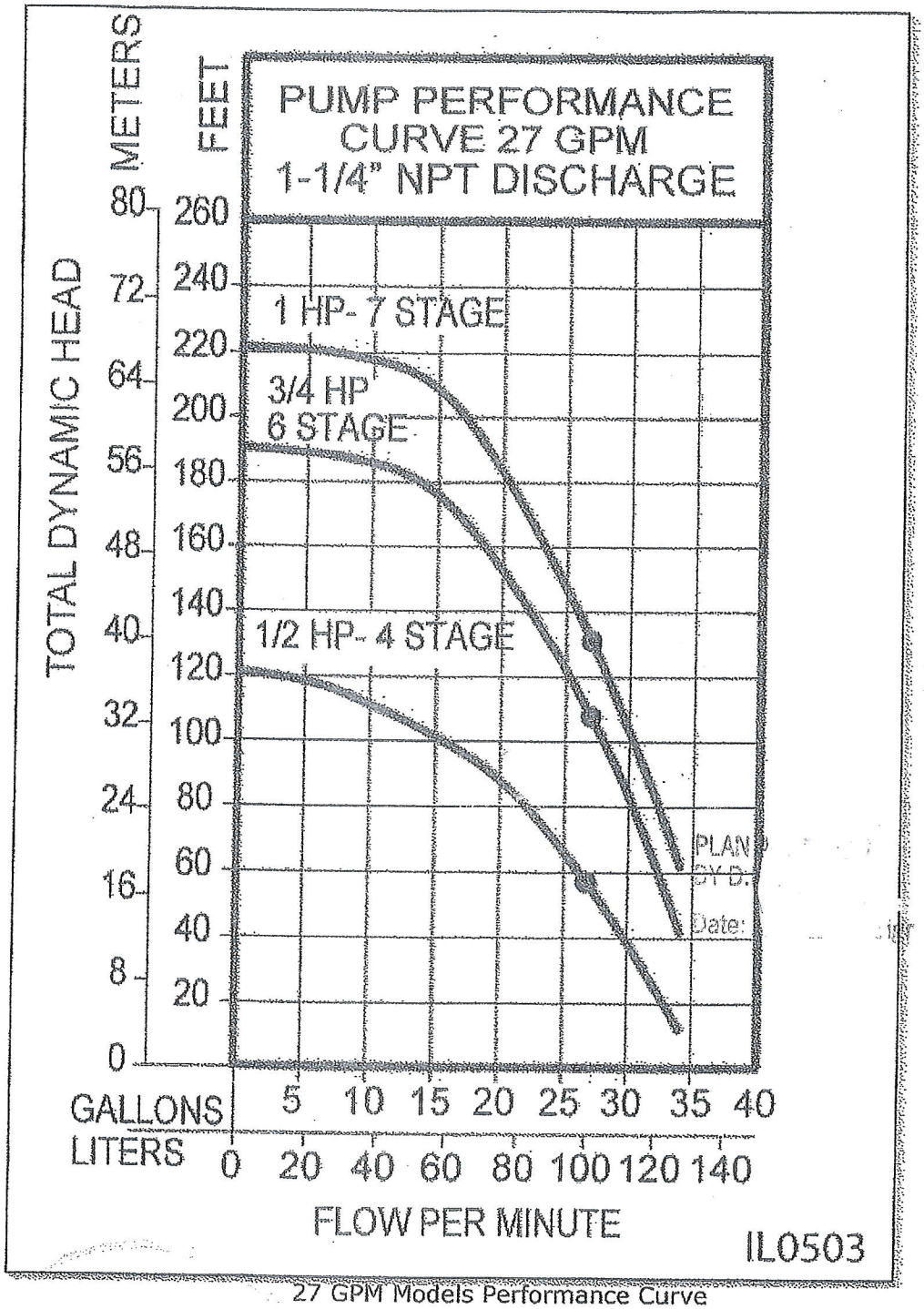
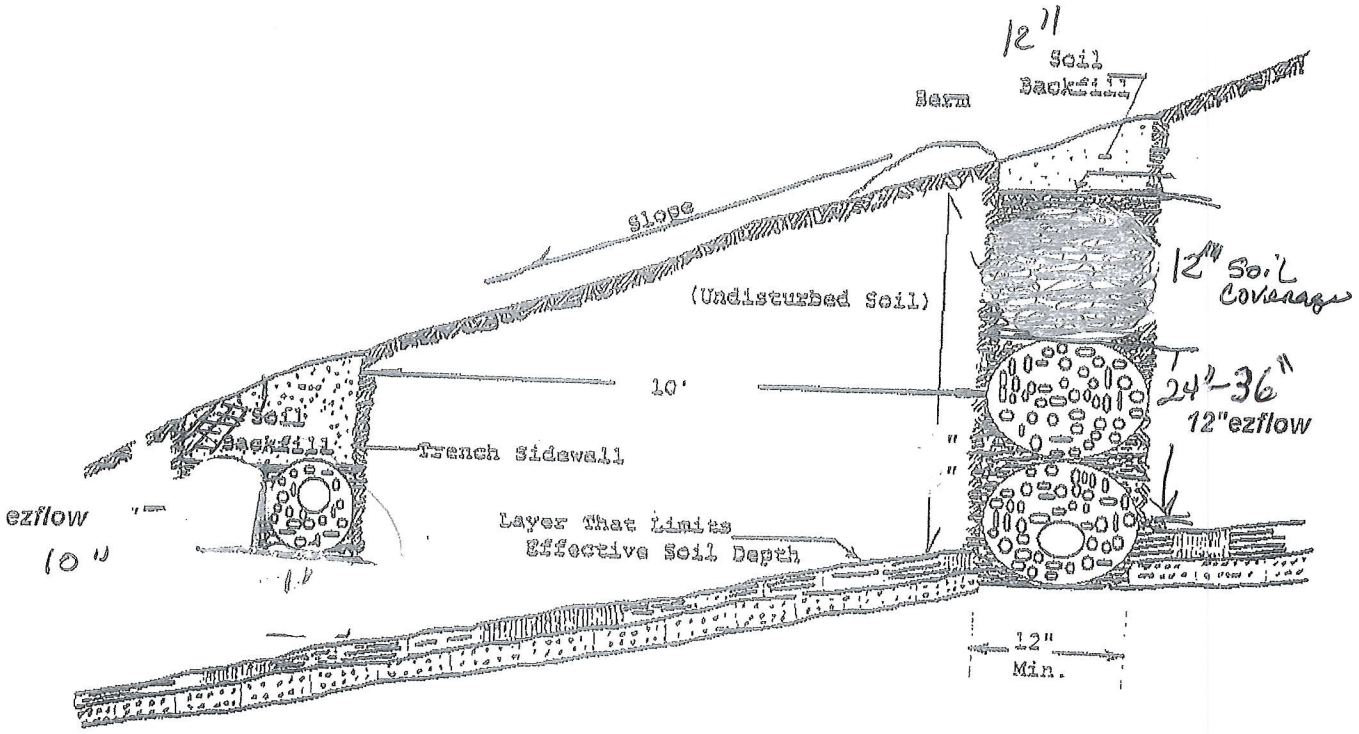


27 GPM Models Performance Curve

EZ Flow Curtain Drain
36"-48"



NOTICE AUTHORIZING REPRESENTATIVE

I, Michael & Sandra Moline (Property Owner/Print Name), have authorized Simplicity Homes, LLC (Authorized Representative/Print Name) to act as my 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:

6900 Lower River Rd; Grants Pass OR 97526
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 18D Map ID 0100 Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Michael & Sandra Moline

Address: 426 NE Royal Drive

City, State, Zip: Grants Pass, OR 97526

Phone: 541-659-1855 Email: molinem@gmail.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Jackie Evans

Address: 2363 SW Glacier Pl

City, State, Zip: Redmond, OR 97756

Phone: 541-257-8513 Email: jevans@simplicity-homes.com

Signature: DocuSigned by: Jackie Evans 7FE2D6EA9F994C3...

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360618D0000100

PERMIT NUMBER: PL-2021-02131

SITUS: 6900 Lower River Rd

ZONE: RR2.5

ACRES: 3.08

SCHOOL DISTRICT: Three Rivers

APPLICANT:	Jackie Evans - Simplicity homes	**APPLICANT PHONE #:**	541-257-8513
APPLICANT ADDRESS:	2464 SW Glacier Pl, #110 Redmond, OR 97756		
OWNER:	WILD RIVER ORCHARDS INC		
OWNER ADDRESS:	PO BOX 996 MEDFORD, OR 97501		

SPECIAL REQUIREMENTS

- Erosion Hazard - Plan in File ___ NA ___ Reason:
- Nesting Site - ODF&W Authorization in File ___ NA ___ Reason:

EXISTING STRUCTURES

Per Assessor Records: Vacant

PROPOSAL

SFD - 3195 sq. ft.; 5 bedroom, 3 bath w/attached garage, covered front porch and back patio

SETBACKS

Front Setback:	30 ft
Side Setback:	10 ft
Rear Setback:	25 ft
Stream Setback:	0 ft
Height:	35 ft

ADDITIONAL TERMS:

- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- Note: Septic System to be connected to authorized structures/uses only.
- Electrical service to be connected to authorized structures/uses only.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

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:	DocuSigned by: Jackie Evans 7FE2D6EA9F994C3	**DATE:**	10/12/2021
CONTRACTOR NAME:	Simplicity Homes, LLC - Hayden Homes	**LICENSE#:**	185357
APPROVED:	[signature]	**DATE:**	10-12-2021

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

Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

PLANNING APPLICATION FORM

Property Address: 6900 ~~TBD~~ LOWER RIVER RD
GRANTS PASS, OR 97526

Assessor's Map & Tax Lot:

36 - 06 - 18D - 000 **Tax Lot(s)** 0100

____ - ____ - ____ - ____ **Tax Lot(s)** ____

Zoning: RR2.5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
3.08 ac

Application/Permit Type: (Please Check All Applicable)

- [X] Address Assignment
  - [X] New Address
  - [ ] Change of Address
  - [ ] Additional Address
- [ ] Annual Compliance Certificate
- [ ] Appeal (See Sec.19.33.040)
- [ ] Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- [ ] Conditional Use Application (Chapter. 19.45)
- [ ] Determination of Nonconforming Use (See Sec.19.13.060)
  - [ ] Marijuana Prod. Site on RR (Attach License and Premise Sketch)
  - [ ] Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- [ ] Final Plat (See Sec.19.56.030)
- [ ] Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- [ ] Partition (See Sec.19.52.040)
- [ ] Planned Unit Development (See Sec.19.55.030)
- [ ] Pre-Application (See Chapter. 19.21)
- [ ] Property Line Adjustment or Vacation (See Sec.19.54.040)
- [ ] Replat (See Sec.19.53.040)
- [ ] Riparian Landscape Plan (Attach Plan or Use Form B)
- [ ] Site Plan Review (See Chapter 19.42)
- [ ] Subdivision (See Sec.19.51.040)
- [ ] Text Amendment (See Sec.19.46.030)
- [ ] Variance (See Chapter.19.44)

- [ ] Conditional Use Permit (Chapter. 19.92)
- [X] Development Permit (See Sec.19.41.020)
- [ ] Temporary Dwelling (See Chapter. 19.43)
  - [ ] Detached Living Space
  - [ ] Medical Hardship
- [ ] Other: ____

Attachments:

- [ ] (2) Folded Maps/Site/Tentative Plan to Scale
- [X] (1) 8 1/2x 11" Site/Tentative/Plot Plan
- [ ] Written Narrative/Response to Criteria
- [ ] Power of Attorney
- [ ] Statement of Intended Water Use
- [ ] Statement of Understanding
- [✓] Floor Plan/Elevations
- [✓] Access Permit
- [✓] Proof of Fire Protection
- [✓] Erosion Control Plan/Fire Safety Plan

Other: proof of water

Description of Request/Reason for Appeal
(Include name of project and proposed uses):

3195sf SFD -5bed; 3bath with attached garage

Property Owner: Michael & Sandra Moline
Address: 426 NE Royal Drive
Grants Pass, OR 97526
Phone: 541-659-1855
Email: molinem@gmail.com

Applicant: Simplicity Homes, LLC - Jackie Evans
Address: 2363 SW Glacier Pl; Redmond, OR 97756
Phone: 541.257.8513
Email: jevans@simplicity-homes.cm
CCB # 185357

Authorized Representative/ Surveyor or Engineer:
(If Different From Applicant) (If Applicable)

Address: SAME AS APPLICANT
Phone: ____
Email: ____

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

DocuSigned by: Jackie Evans 7FE2D6EA9F994C3... (Signature of Owner or Attorney-in-Fact) Date 8/13/2021

(Signature of Owner or Attorney-in-Fact) Date

(For Office Use)

Fees Paid: ____ Initials: ____

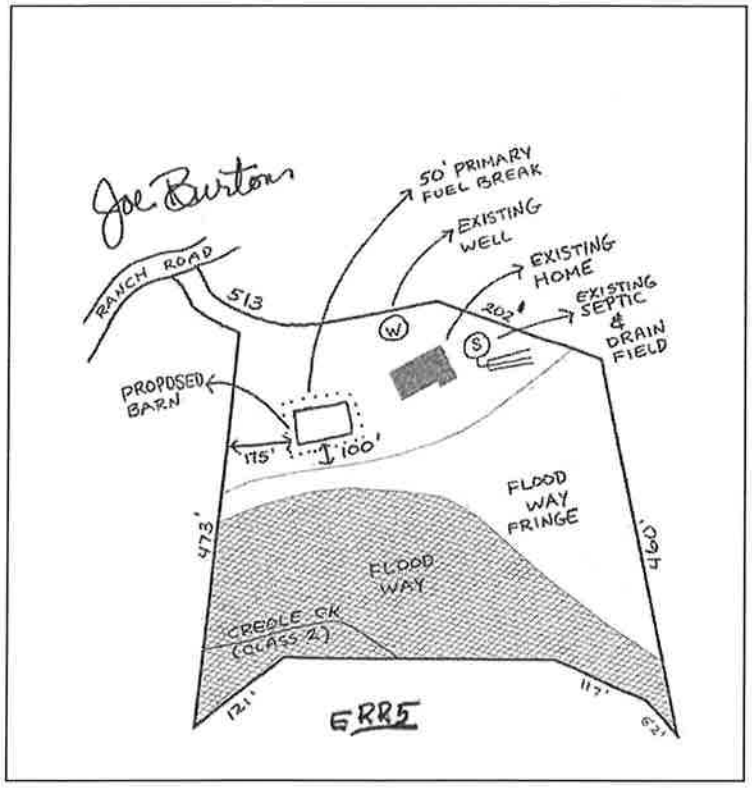
Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

PLANNING APPLICATION FORM

Example of Plot Plan

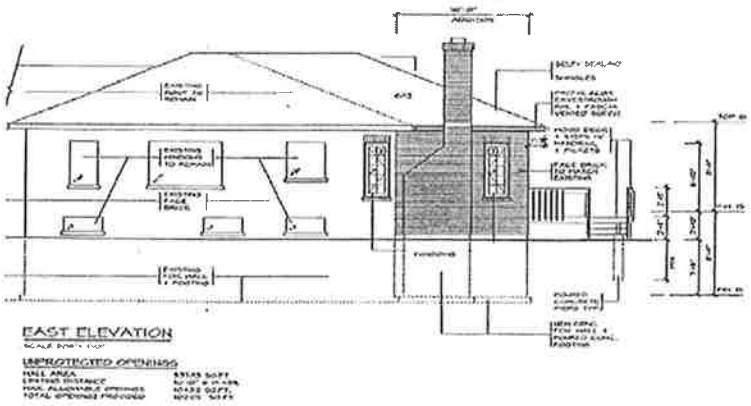
Examples of Floor Plan and Elevation Plan

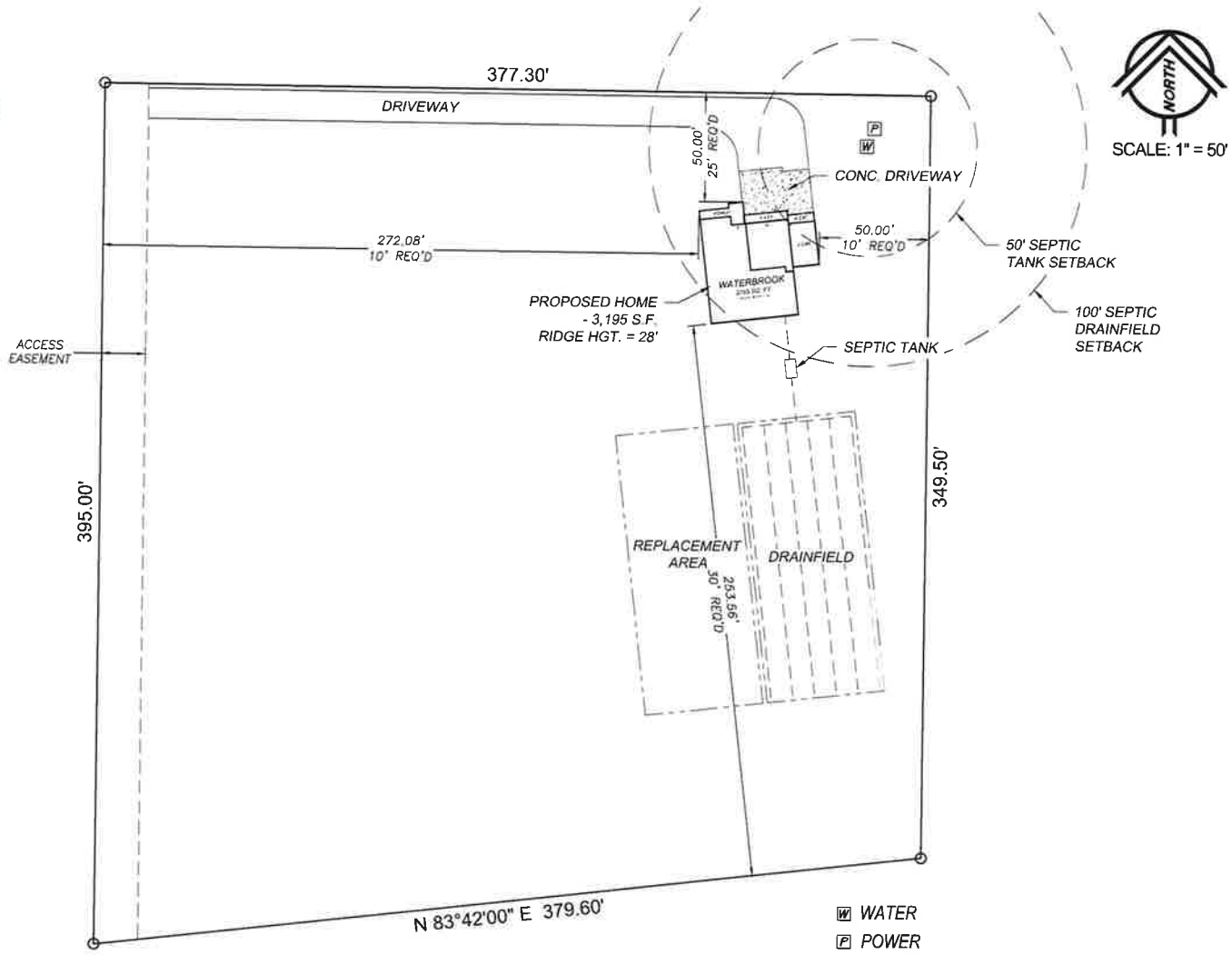


A plot plan must be drawn so the features are in realistic proportion, and must include all of the following information:

- Date, Assessor's legal description (township, range, section, tax lot number) and street address.
- North arrow.
- Shape of property, showing all property lines with approximate lengths in feet.
- Location and names of adjacent roads.
- Location of all existing structures. Also show location of all *proposed* structures, including size, distance from two closest property lines, distance to the ordinary high water mark of any water features (stream, river, etc.) on the property.
- Height and dimensions, in feet, of all proposed structures.
- Location of water supply (well, spring, etc).
- Location of septic tank and field (whether existing or approved for installation).
- Location of all driveways, easements or roads crossing the property.
- Signature of property owner, contractor or legal representative.

SETBACKS FROM PROPERTY LINES			
ZONE	FRONT	SIDES	REAR
AG	30	30	30
EF	30	30	30
FC	30	30	30
FR	30	30	30
LD	30	30	30
RC	10	10	10
RI	10	10	10
RR	30	10	25
S	30	30	30
WR	30	30	30





NORTH

SCALE: 1" = 50'

LOT AREA (SF)	BLDG. FOOTPRINT (SF)	LOT COVERAGE (MAX. 50%)
140,450	2,458	1.8%

MAP & TAX LOT # : 360618D000010000
ACCOUNT # : R318716
LOT AREA : 3.08 ACRES

SIMPLICITY
BY HAYDEN HOMES

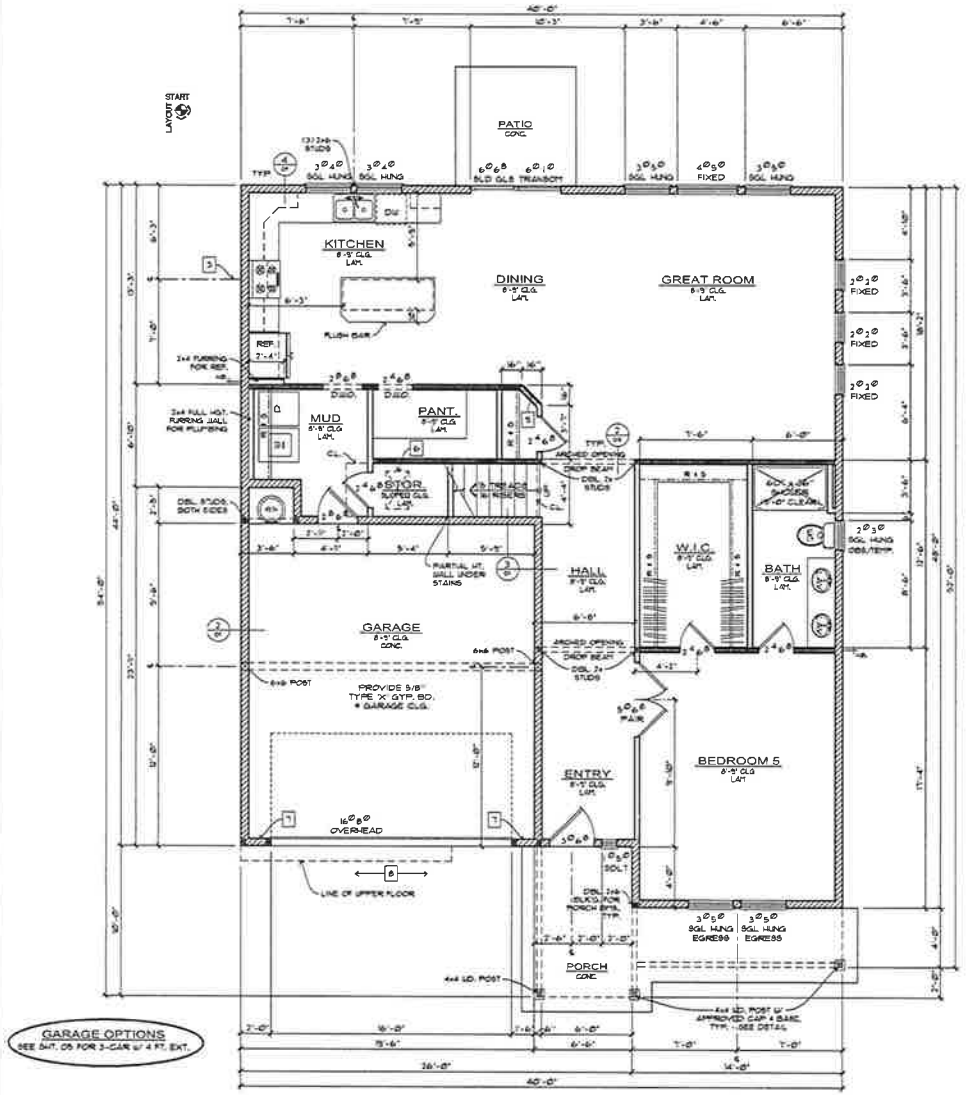
2964 SW GLACIER PLACE
REDMOND, OR 97756
PHONE 541.923.4667 FAX 541.548.0761

THE MOLINE RESIDENCE
LOWER RIVER RD.
GRANTS PASS, OR

REVISIONS

SITE PLAN

SP



GARAGE OPTIONS
SEE SHT. OS FOR 3-CAR W/ 4 FT. EXT.

SEE S SHEETS FOR HOLDOWNS & WALL BRACING INFORMATION

MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0" (24 x 36 SHEET)
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)

RECEIVED
SEP 29 2021
JOCO-PLANNING

KEYNOTES

SYM.	DESCRIPTION
1	RESERVED
2	RESERVED
3	REQUIRES 14-1/2" IN THE CLEAR FROM CENTER OF MICROWAVE
4	RANGE w/ HOOD / MICROWAVE ABOVE
5	SINK w/ DISPOSER
6	CRAWLSPACE ACCESS - SEE FOUNDATION PLAN
7	FURR OUT HEADER w/ FLAT 2x BLKG. TO ENSURE GARAGE DOOR TRACKING HAS ADEQUATE BACKING - VERIFY TRACK LOCATION PRIOR TO INSTALLATION
8	SINGLE TOP PLATE AT FRONT GARAGE WALL TO ACCOMMODATE 8' GARAGE DOOR OPTION
9	RETURN-AIR GRILLE HIGH ON WALL - FURR CEILING DOWN 20" IN CLOSET TO CONCEAL DUCTING **VERIFY w/ PM PER REGION IF REQUIRED**

NOTES:

INTERIOR WALLS w/ CABINETRY TO BE FRAMED @ 16" O.C. TO PROVIDE ADEQUATE BACKING FOR CABINETS.

IF FRAMING DIMENSIONS ARE NOT SHOWN ON OPTIONS, REFER TO STANDARD PLAN FOR LOCATIONS / DIMENSIONS.

HINGED DOORS w/ NO DIMENSIONS TO BE FRAMED APPROX. 4" FROM ADJACENT WALL ON HINGE SIDE OF DOOR AS ALLOWED (NO LESS THAN 3").

DOUBLE DOORS OR OPENINGS w/ NO DIMENSIONS TO BE CENTERED BETWEEN ADJACENT WALLS AS ALLOWED.

SYMBOLS LEGEND

- 2x6 FRAME WALL W/ STUDS AT 16" O.C.
- 2x4 FRAME WALL W/ STUDS AT 24" O.C.
- 2x4 FRAME WALL W/ STUDS AT 16" O.C.
- INTERIOR BEARING WALL INDICATION
- 2x6 BALLOON-FRAMED WALL (STUDS FULL HEIGHT AT 8" O.C.)
- 2x6 RAKE-FRAMED WALL (STUDS FULL HEIGHT TO VAULT AT 16" O.C.)
- BEARING POINT LOCATION - PROVIDE SOLID BLKG. FOR MIN. MEMBER WIDTH U.N.O. (MAY VARY w/ ELEVATION - VERIFY PER PLAN)
- HDR HT — BOTTOM OF HDR. ABOVE FIN. FLOOR
- C.F. — CHANGE IN FLOORING
- C.L. — CHANGE IN CEILING LINE
- R#6 — ROD & SHELF
- HB — HOSE BIBB LOCATION

DESCRIPTION

MAIN LEVEL	1,365 SQ. FT.
UPPER LEVEL	830 SQ. FT.
TOTAL	2,195 SQ. FT.
BEDROOMS	5
BATHS	3
3-CAR W/ 4FT. EXT.	796 SQ. FT.
COVERED PORCH	120 SQ. FT.
COVERED PATIO	144 SQ. FT.

SIMPLICITY
BY HAYDEN HOMES
2484 SW GLACIER PLACE
REDMOND, OR 97756
PHONE 541.923.6857 FAX 541.548.0781

THE MOLINE RESIDENCE
THE WATERBROOK
3195 SQ. FT.

REVISIONS

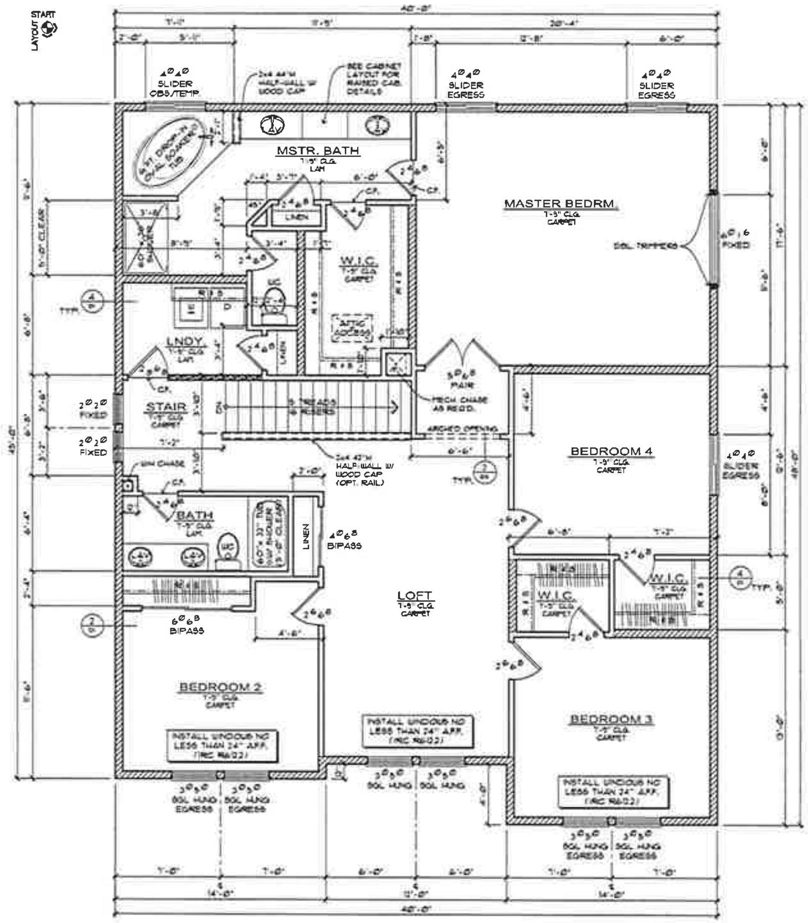
CURRENT AS OF 022616

MAIN FLOOR PLAN

SEE CS

A3

SEE S SHEETS FOR HOLDOWNS & WALL BRACING INFORMATION



UPPER FLOOR PLAN

SCALE: 1/4" = 1'-0" (24 x 36 SHEET)
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)

ROUGH FRAMED OPENINGS:
BI-FOLD: 82" x DOOR SIZE + 1"
BI-PASS: 83 1/4" x DOOR SIZE

NOTES:

INTERIOR WALLS w/ CABINETRY TO BE FRAMED @ 16" O.C. TO PROVIDE ADEQUATE BACKING FOR CABINETS.

IF FRAMING DIMENSIONS ARE NOT SHOWN ON OPTIONS, REFER TO STANDARD PLAN FOR LOCATIONS / DIMENSIONS.

HINGED DOORS w/ NO DIMENSIONS TO BE FRAMED APPROX. 4" FROM ADJACENT WALL ON HINGE SIDE OF DOOR AS ALLOWED (NO LESS THAN 3").

DOUBLE DOORS OR OPENINGS w/ NO DIMENSIONS TO BE CENTERED BETWEEN ADJACENT WALLS AS ALLOWED.

SYMBOLS LEGEND

- 2x6 FRAME WALL w/ STUDS AT 16" O.C.
- 2x4 FRAME WALL W/ STUDS AT 24" O.C.
- 2x4 FRAME WALL W/ STUDS AT 16" O.C.
- INTERIOR BEARING WALL INDICATION
- BEARING POINT LOCATION - PROVIDE SOLID BLK'G. FOR MIN. MEMBER WIDTH, U.N.O. (MAY VARY w/ ELEVATION - VERIFY PER PLAN)
- C.F. CHANGE IN FLOORING
- C.L. CHANGE IN CEILING LINE
- R/S R / S

SIMPLICITY
BY HAYDEN HOMES

[illegible] SW GLACIER PLACE
REDMOND, OR [illegible]
PHONE [illegible] FAX [illegible]

THE MOLINE RESIDENCE

THE WATERBROOK
3195 SQ. FT.

REVISIONS

CURRENT AS OF 022616

UPPER FLOOR PLAN

SEE CS

A4

FRONT ELEVATION

SCALE: 1/4" = 1'-0" (24 x 36 SHEET) 0 2' 4' 8' 16'
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)

REAR ELEVATION

SCALE: 1/4" = 1'-0" (24 x 36 SHEET) 0 2' 4' 8' 16'
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)

RECEIVED
SEP 29 2021
BOLD - PLANNING

SIMPLICITY
BY HAYDEN HOMES

3454 SW GLACIER PLACE
REDMOND, OR 97756
PHONE 541-923-6607 FAX 541-548-0781

THE MOLINE RESIDENCE
THE WATERBROOK "I"
3195 SQ. FT.

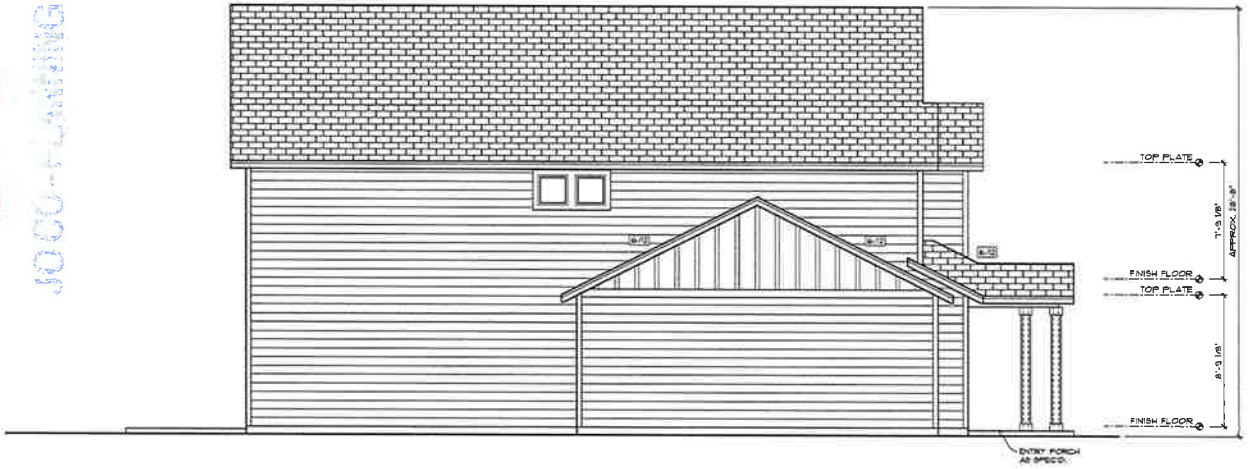
REVISIONS

CURRENT AS OF 022616

ELEVATIONS
W/ 4 FT. GAR.
EXTENSION

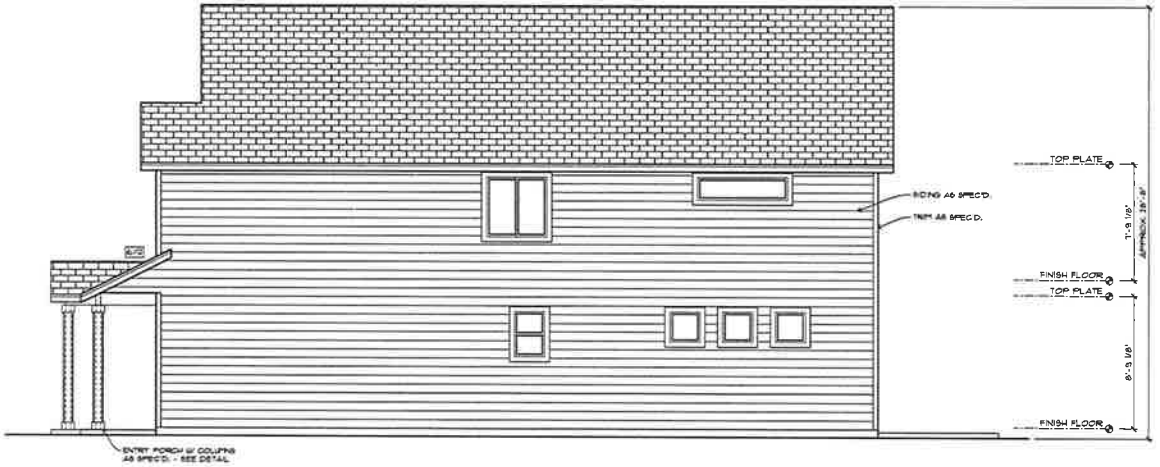
SEE CS

A1



LEFT ELEVATION

SCALE: 1/4" = 1'-0" (24 x 36 SHEET)
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)



RIGHT ELEVATION

SCALE: 1/4" = 1'-0" (24 x 36 SHEET)
SCALE: 1/8" = 1'-0" (11 x 17 SHEET)

SIMPLICITY
BY HAYDEN HOMES

2454 SW GLACIER PLACE
REDMOND, OR 97756
PHONE 541-923-4807 FAX 541-548-0791

THE MOLINE RESIDENCE
THE WATERBROOK "I"
3195 SQ. FT.

REVISIONS

CURRENT AS OF 022616

ELEVATIONS
W/ 4 FT. GAR.
EXTENSION

SEE CS

A2

Hydro-Flow Inc.
P.O. Box 3849, Central Point, OR 97502
(541)772-4453 Fax (541)773-3481
CCB #110565

FLOW TEST REPORT

Job No: 10196

Prepared for:	Wild River Orchards, Inc.								
Address:	PO Box 996 Medford, OR 97501						**Time:**	10:19 AM	
Site Address:	6802 Lower River Rd, Grants Pass, OR 97526						**Date:**	4-28-21	
Technician:	Nate Brooks						**Pump Depth:**	note 1.	**ft**
Pump Type:	Submersible	**HP:** 1/2					**Well Depth:**	note 2.	**ft**
Well Diameter:	6 **in**		**Static Level:**	23	**ft**		6 in		
Draw Down Level:	49 **ft**	6 **in**	**Total Draw Down:**	26	**ft**		0 in		
Recovery Level:	24 **ft**	6 **in**	**Total Recovery:**	25	**ft**		0 in	**within:**	15 **min**
Gallons Flowed:	3430.4 **gallons**		**Average GPM:**	14.3					
Test Type:	4-hour Flow Test		**Meter No:**	1217474					

NOTES:
1. Pump intake: 49 feet 6 inches.
2. Unable to determine well depth.
3. Reached pump intake at 10:24 AM.

TIME	WATER LEVEL	METER READING	GAL/15 min	GPM
10:19 AM	23 ft 6 in	83073.0		
10:34 AM	49 ft 6 in	83300.0	227.0	15.13
10:49 AM	49 ft 6 in	83517.5	217.5	14.50
11:04 AM	49 ft 6 in	83733.5	216.0	14.40
11:19 AM	49 ft 6 in	83948.5	215.0	14.33
11:34 AM	49 ft 6 in	84162.5	214.0	14.27
11:49 AM	49 ft 6 in	84376.0	213.5	14.23
12:04 PM	49 ft 6 in	84589.0	213.0	14.20
12:19 PM	49 ft 6 in	84802.0	213.0	14.20
12:34 PM	49 ft 6 in	85015.0	213.0	14.20
12:49 PM	49 ft 6 in	85228.0	213.0	14.20
1:04 PM	49 ft 6 in	85440.7	212.7	14.18
1:19 PM	49 ft 6 in	85653.4	212.7	14.18
1:34 PM	49 ft 6 in	85865.9	212.5	14.17
1:49 PM	49 ft 6 in	86078.4	212.5	14.17
2:04 PM	49 ft 6 in	86290.9	212.5	14.17
2:19 PM	49 ft 6 in	86503.4	212.5	14.17

RECOVERY LEVEL READING

2:34 PM	24 ft 6 in	

I certify that the above report is true and accurate statement of the results of the flow test of the well at 6802 Lower River Rd, Grants Pass, OR 97526

Conducted on 4-28-21

Authorized Signature

RECEIVED

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

Prepared by:	SK	District No:	2
Zone:	RR2.5	Violations:	
Owner	*Contact*	*Pickup*	*Mail*
Fax:			
Email:			
Land Use Log:	☐ Yes	☐ No	☐ Scanned

Application Date:	9/10/2021					Permit No:	9884
Situs (St Address):	Lower River Rd						
Location of Access:	Lower River Rd						
T 36	R 06	S 18.D0	TL 100	Parcel No:			
Stated Purpose:	New Build/Addressing						
NEW	EXISTING	SHARED	WAIVER				

Contractor _____ Office No. _____
Street Address _____ Cell No. _____
City / St / Zip _____ Fax No. _____

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms and conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

APPROVED

Property Owner **Dennis Moline** Phone **541-660-7136** Contact _____ Phone _____
Mailing Address **426 NE Royal Dr** Mailing Address _____
City **Grants Pass** St **OR** Zip **97526** City _____ St _____ Zip _____

TYPE OF ROAD:

- [X] County-maintained
- [ ] Owner-maintained
- [ ] Local access road
- [ ] Circuit Court Decree

TYPE OF APPROACH:

- [X] Residential
- [ ] Home Occupation*
- [ ] Ag Use
- [ ] Commercial / Industrial*

**Requires Site Plan*

Approach: [X] Existing [ ] New Width: _____

Culvert: [ ] Existing [ ] Required [ ] Material: [ ] CMP / Concrete Diameter: N/A Length: N/A [ ] Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 9/14/2022.

SUBMITTED BY:

Dennis Moline
Applicant

9/10/21
Date

I have received a copy of the General Provisions:
Applicant's initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

Public Works

9/14/2021
Date

INSTALLATION INSPECTION:

Approved By _____
Date 9/15/2021 Time 3:00PM

Denied By _____ Date _____
Reason: _____

LOCATION OF APPROACH:

Address LOWER RIVER RD.
Latitude (N) 42° 26' 21"
Longitude (W) 123° 26' 47"
LEFT RIGHT MILEPOST _____

WAIVER
FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

_____ _____
Public Works Authorized Representative Date

Josephine County, Oregon
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR
97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: Michael, Kathy + Sandra Moline

Assessor Map Number: 36061800 100

Address: 0 Lower River Rd

City Grants Pass **State** OR **Zip code** 97526

Phone Number:

Email:

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 9/27/2021.
Date

Fire Official Signature: MThomas **Date:** 9/27/2021

Title: Customer service

Applied Geotechnical Engineering & Geologic Consulting

5480-21 Lower River Road

September 16, 2021

Michael Moline
426 NE Royal Drive
Grants Pass, OR 97526

SUBJECT: **Erosion Control for New Single-Family Home**
Lower River Road (Map No. 36-06-18-D0 Lot 100)
Josephine County, Oregon

At your request, Applied Geotechnical Engineering and Geologic Consulting LLC (AGEGC) has evaluated the above property for erosion control needs during construction of the new home on the northeastern portion of the property.

A licensed geotechnical engineer completed a site visit to the property on September 16, 2021. The property is gently rolling with relatively gentle slopes (less than 10%). The property is underlain by granitic soils. We understand minor grading will occur, with cuts and fills of up to 4 ft. A retaining wall will be constructed uphill of the home to retain the cut slope.

The grading will primarily to construct a level pad for the new home. At the time of our site visit, the site had been tilled for agricultural reasons. We did not observe any indications of recent erosion in the vicinity of the proposed home site. There are no significant creeks near the home. The Rogue River is over a half mile south of the site.

In our opinion, given the proposed grading, we recommend silt fence be installed downslope of all areas that will be disturbed by construction grading (we anticipate the east and south sides of the graded area). The driveway to the home should be graveled prior to the start of any site work. Areas of disturbed soil that will not be gravel/paved or building must be revegetated and/or covered with loose straw as soon as grading is completed.

Please contact AGEGC if you have any questions or require additional information.

Sincerely,
Applied Geotechnical Engineering and Geologic Consulting LLC

Robin L. Warren, P.E., G.E., R.G.
Principal

Renewal: June 2022

Oregon
Kate Brown, Governor

Department of Fish and Wildlife
Rogue Watershed District
1495 East Gregory Road
Central Point, OR 97502
VOICE (541) 826-8774
FAX (541) 826-8776

October 11, 2021

Tami Smith
Re: Nest site conflict, 36-06-18, TL 100
700 NW Dimmick , Suite C
Grants Pass OR 97526

Dear Mrs. Smith:

There are no known sensitive nesting areas within 300' of 39-08-17, TL 400, and it is the opinion of ODFW that this project will not violate Josephine County's setback requirements.

Sincerely,

Daniel Ethridge
Assistant District Wildlife Biologist

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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

Michael Moline — Name
426 NE Royal Dr. Grants Pass, OR 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-659-1855 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	06	18	0100	R318716	3.08

County: Josephine
Subdivision Name:
Lot:
Block:

Property Address: 6900 Lower River Rd (Address) — Grants Pass (City) — OR (State) — 97527 (Zip Code)

Directions to Property: Lower River Rd, mile post #7

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence
Number of Bedrooms: ____
☐Other ____

Proposed Facility:

☒Single Family Residence
Number of Bedrooms: 5
☐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: 10/15/2021

Michael R. Moline — Applicant's Name – Please Print Legibly
541-659-1855 — Applicant's Phone Number
molinemegmail.com — Applicant's E-mail Address
426 NE Royal Dr. Grants Pass, Oregon 97526 — Applicant's Mailing Address

Applicant is the ☒Owner ☐Authorized Representative ☐Licensed Septic Installer

☐Authorization Attached

David Graves — Installer's Name

Josephine County, Oregon

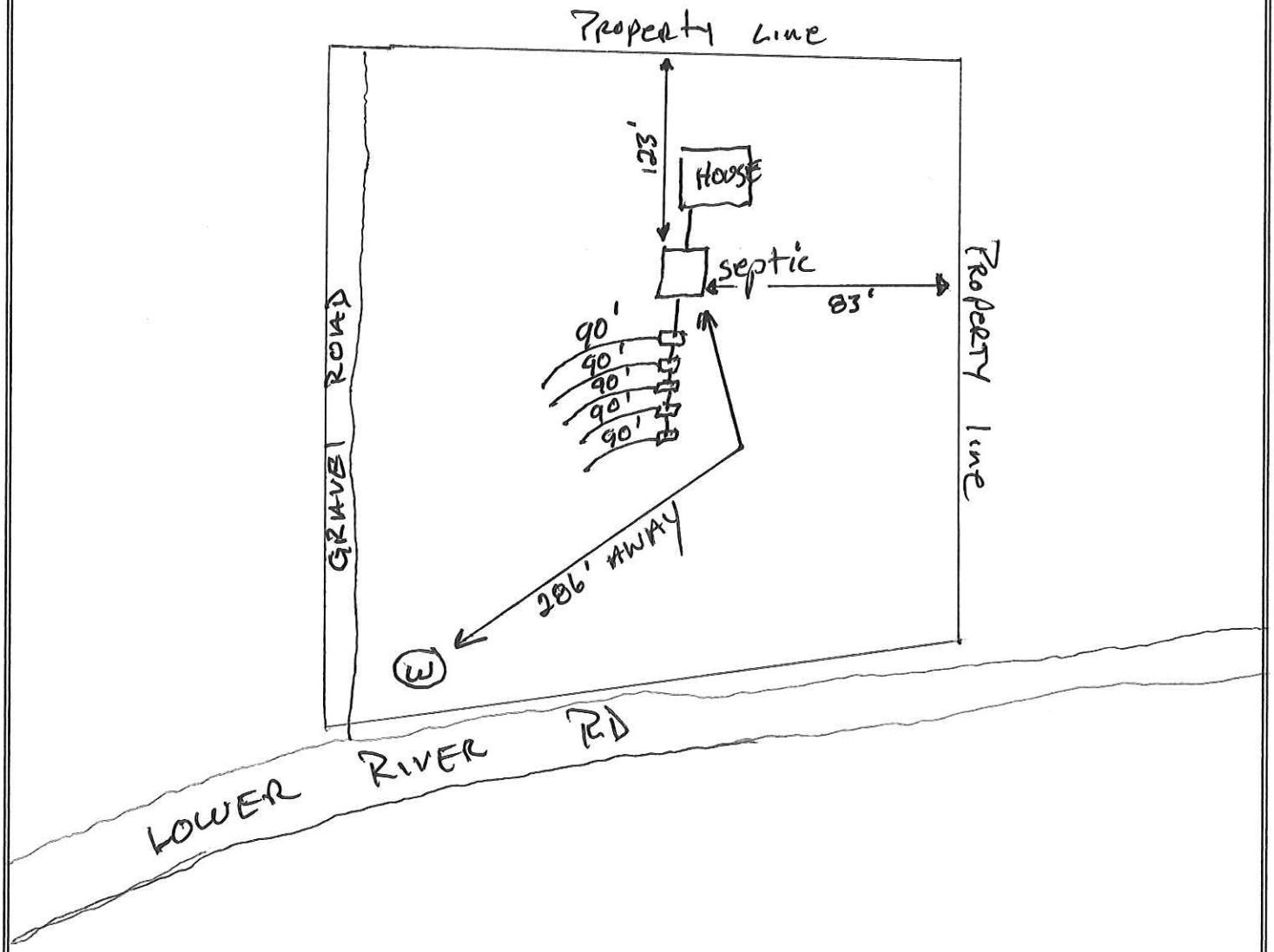
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: 10/13/2021 TWN 36 RNG 06 SEC 18 QQ DO TL 00100

OWNER'S NAME: MICHAEL MOLINE

ADDRESS: 6900 LOWER RIVER RD

PLOT PLAN



SIGNATURE: _____ DATE: _____

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

1. **Applicant Name/Property Owner:** MICHAEL MOLINE
   Mailing Address: 426 NE Royal Dr.
   City, State, Zip: Grants Pass, Oregon 97526
   Telephone: (541) 659-1855

2. **Property Information:**
   County: Josephine **Tax Lot No.:** R318716
   Township: 36 **Range:** 06 **Section:** 18
   Physical Address: 6900 LOWER RIVER RD
   Block: _____ **Lot:** _____
   Subdivision Name (if applicable): _____

3. **This proposed facility is for:**
   - [X] **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:**
   - [X] **Construction-Installation permit for:** [X] 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:** _____ **Zoning Minimum Parcel Size:** _____

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: _____

8. **Planning Official Signature:** _____
   Print Name: _____ **Title:** _____
   Telephone: _____ **Date:** _____

Statement of Site Status

Name: MICHAEL MOLINE

Address: LOWER RIVER RD

City: GRANTS PASS State: OR Zip Code: 97526

Township: 36 Range: 06 Section: 18 Tax Lot: 0100

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: 10/15/2021 Signed: Michael R Moline

Updated 10-30-02 by BJK

Residential Septic Site Evaluation Approval

463-21-000179-EVAL

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

Date issued: 05/28/2021
Application status: Site Evaluation Approved
Work description: new site eval. tax lot 100 next to address 7010 Lower River Rd

Applicant: Dunlap Septic
Address: 1782 Pleasant Crk
ROGUE RIVER Oregon 97537
Phone: 5415823694
Email: dunlapseptic1984@gmail.com

Contractor: Dunlap Septic Excavation
DEQ Installer/Maintenance Provider: RM6
Address: PO Box 532
Rogue River OR 97537
Phone: (541) 660-9543

Contractor: Dunlap Septic Excavation
Installer/Pumper License: 36808
Address: PO Box 532
Rogue River OR 97537
Phone: (541) 770-6744
Email: dunlapseptic1984@gmail.com

Owner: Wild River Orchards Inc.
Address: P.O. Box 996
3040 BIDDLE RD
Medford Or 97501

Property address: 0 Lower River Rd, Grants Pass, OR 97526

Parcel: 360618D000100000 - Primary

Lot size: 3 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County
Directions to Property: Go out lower river rd about 6 miles. property is on the right hand side. use 7010 address.

Proposed use of structure: N/A
Category of construction: Residential

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications

	Initial System	*Replacement Area*
System type:	Saprolite	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications

	Initial System	*Replacement Area*
Trench linear feet:	300 linear ft.	150 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

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: 05/28/2021

Application status: Site Evaluation Approved

Work description: new site eval. tax lot 100 next to address 7010 Lower River Rd

Special Requirements	*Initial System*	*Replacement Area*
Groundwater type:	Temporary	Temporary
Groundwater interceptor:	Yes	Yes
Groundwater interceptor-amount of drain media:	24 in.	24 in.
Groundwater interceptor depth:	36 in.	36 in.
Drainfield type:	Standard	N/A

Conditions of approval:

1.IRRIGATION LINES EAST OF APPROVAL AREA TO BE REMOVED

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 5/28/21

NOTICE AUTHORIZING REPRESENTATIVE

I, Michael Moline (Property Owner/Print Name), have authorized Dun-Right Septic (Authorized Representative/Print Name) to act as my 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:

6900 Lower River rd
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section _____ Map ID 18D Tax Lot #(s) 10000

PROPERTY OWNER:

Printed Name: Michael Moline

Address: 426 NE Royal Dr

City, State, Zip: grants pass OR 97526

Phone: 541-659-1855 Email: Molinem@gmail.com

Signature: Michael N. Moline

AUTHORIZED REPRESENTATIVE:

Printed Name: Dun-Right Septic

Address: 815 NE greenfield rd

City, State, Zip: grants pass OR 97526

Phone: 541-890-7674 Email: dunrightseptic@gmail.com

Signature:

Residential Septic Site Evaluation Approval

463-21-000449-EVAL

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

Date issued: 12/06/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION #2

Applicant: MOLINE, MICHAEL
Address: 426 NE ROYAL DR.
GRANTS PASS OR 97526
Phone: 5416591855
Email: MOLINEM@GMAIL.COM

Primary contractor: Dun-Right Septic
Installer License: 39262
Address: 815 NE Greenfield Rd
Grants Pass OR 97526
Phone: (541) 890-7674
Email: jed97537@gmail.com

Owner: WILD RIVER ORCHARDS INC
Address: ATTN: ROBERT BOGGESS PO BOX 996
ATTN: ROBERT BOGGESS
PO BOX 996
MEDFORD OR 97501

Property address: 6900 Lower River Rd, Grants Pass, OR 97526

Parcel: 360618D000010000 - Primary

Lot size: 3.08 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County

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

General Specifications

Max peak design flow: 525 gpd.
Min septic tank volume: 1500 gal.
Proposed gallons per day: 525 gpd.
Min dosing tank volume: 525 gal.

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	350 linear ft.	175 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary
Groundwater interceptor:	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: 12/06/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION #2

Groundwater interceptor-amount of drain media:	36 in.	36 in.
Groundwater interceptor depth:	48 in.	48 in.
Drainfield type:	Standard	N/A
Pump to drainfield required:	Yes	Yes

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.

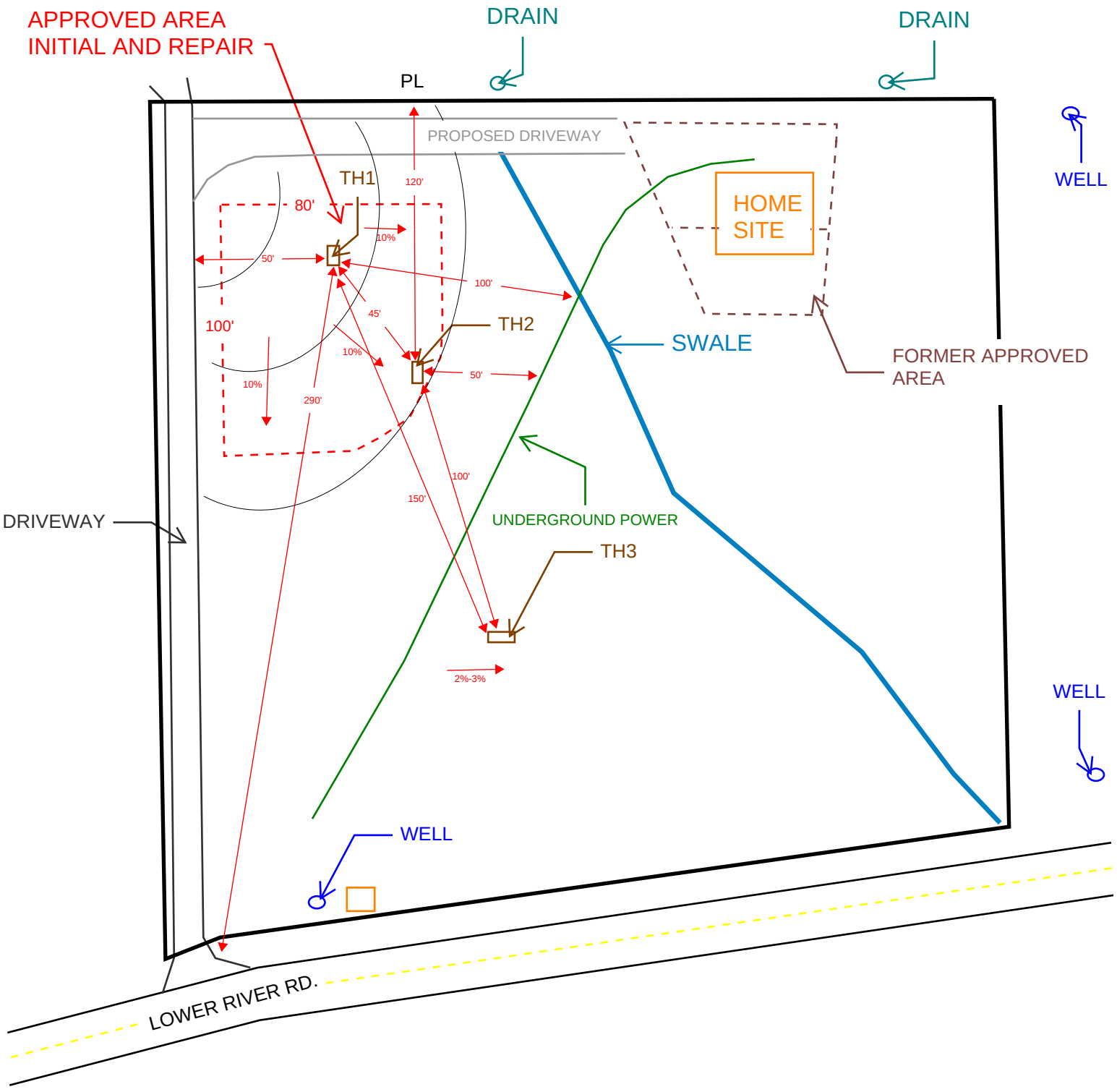
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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 12/6/21

SITE PLAN

ADDRESS 6900 LOWER RIVER RD.

PARCEL 360618D001000



N

*NOT TO SCALE

APPLICATION # 463-21-000179-EVAL

FIELD WORKSHEET

Name: MICHAEL MOLINE **Application No.:** 463-21-000449-EVAL **Date:** 11/18/2021

RE: SITE EVALUATION REPORT for Parcel #: 360618D000100

Commercial Facility: ☐ Yes ☒ No Parcel Size: 3.08 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 525 gpd Max Number of bedrooms: 5 Max Number of Employees: 0

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 TS1
Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 525 DOSING	Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 525 DOSING
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 350 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 175 total linear feet 50 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☒ A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
☒ The curtain drain must be a minimum of 48 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.

* OAR 340-071-0130; 340-071-0220; 340-071-0290; 340-071-0295; 340-071-0360

* AREA OF TH1&2 IS MOST SUITABLE FOR ABSORPTION AREA

* MEET ALL SETBACKS

Inspector: Gabriel Kaluza

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-12	SL	10YR 3/3, wSBK, ROOTS 1VF,F, SOIL MOIST
	12-22	SCL	7.5YR 4/6, wSBK-WEDGE, ROOTS 1VF, SOIL MOIST
	22-55	SAP/CoSCL	5YR 4/6, 5/8, wABK-WEDGE, ROOTS NOT USABLE, CLAY SKINS 5YR 4/6, 5/8
			WATER @ 55", TEXTURES TO CoSCL, DEP IN CRACKS @ 36" 10YR 5/1, 5/2
Test Pit 2	0-7	SL	10YR 3/3, GR, ROOTS 1VF,F 5% ROUNDED CF
	7-17	SL	7.5YR 3/4, wSBK, ROOTS 1VF " "
	17-32	SCL	5YR 4/6, WSBK-WEDGE, ROOTS 1VF
	32-48	CL	5YR 4/6, wSBK-WEDGE, ROOTS NV, MANGANESE NODULES, AREAS SHOWN 7.5YR 5/4
Test Pit 3	0-8	SL	SIM. TO TH1&2
	8-28	SL	SIM. TO TH2
	28-50	SCL	7.5YR 5/8, wSBK-WEDGE, ROOTS NV, CAS DEP 10YR 4/1, CONC. 5YR 4/6
			MN NODULES, WATER @ 50"
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS

Slope: _____ Aspect: SE Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: PREVIOUS APPROVAL AREA TO EAST, ALL SOIL PROFILES MOIST
12" OF MUD/WATER IN BOTTOM OF PIT 1, TH1&2 MOST SUITED FOR ABSORPTION

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 1st response _____	
Date of 2nd response _____	
Date of final response _____	
Date of completion _____	
Scanned Data Entry	

A. Property Owner Information

Michael Moline — Name

426 NE Royal Dr. Grants Pass, OR 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)

541-659-1855 — Phone Number

B. Legal Property Description

36 — Township

06 — Range

18 DB — Section

100 — Tax Lot

R318716 — Tax Account Number

3.08 — Acreage or Lot Size

Josephine — County

_____ — Subdivision Name

_____ — Lot

_____ — Block

Property Address: 6900 Lower River Rd. — Address; Grants Pass — City; OR — State; 97526 — Zip Code

Directions to Property: Just prior to milemarker 7 on lower river road. Right Hand side 3 Holes dug, prefer TH1 as site if possible.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence

5 — Number of Bedrooms

☐ Other _____

Proposed Facility:

☒ Single Family Residence

5 — 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.

Michael R Moline — Signature

11/4/2021 — Date

Michael Moline — Applicant's Name – Please Print Legibly

541-659-1855 — Applicant's Phone Number

molinemc@gmail.com — Applicant's E-mail Address

426 NE Royal Dr. Grants Pass, OR 97526 — Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization Attached

DunRight Septic – Jed Donkap — Installer's Name

541-890-7674

Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@co.josephine.or.us

DATE: 11/4/2021 **TWN** 36 **RNG** 06 **SEC** 18 **QQ** DØ **TL** 100

OWNER'S NAME: Michael, Sandra, Dennis + Kathleen Moline

ADDRESS: 6900 Lower River Rd. Grants Pass, Oregon 97526

PLOT PLAN

SIGNATURE: _____ **DATE:** 11/4/2021

Revised 10/14/19

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.E.1/4 SEC.18 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 06 18D

CANCELLED:
590
201
203
202
290
291
206

SEE MAP 36S 06W 18B

SEE MAP 36S 06W 18A

CEN SEC.

1/4 COR.

1009 2.57 AC
1010 3.55 AC
1011 3.04 AC
1012 3.52 AC
1013 3.56 AC
1014 3.14 AC
1015 3.17 AC
1008 3.18 AC
1006 2.89 AC
1007 2.72 AC
1005 4.07 AC
1004 2.54 AC
1003 2.74 AC
1002 2.90 AC
208 2.50 AC
206 2.54 AC
200 5.98 AC
204 2.57 AC
208 2.94 AC
207 2.72 AC
210 2.51 AC
100 3.35 AC
300 2.00 AC
400 2.80 AC
601 1.20 AC
600 1.30 AC
601 62.79 AC
700 1.30 AC
800 2.00 AC
600 16.44 AC
903 5.99 AC
900 14.81 AC
902 1.20 AC
1001 7.35 AC
1000 17.48 AC
901 5.00 AC

KIMBERLY WAY
KAREN DRIVE
LOWER RIVER ROAD
RIVER VISTA DRIVE
KALEA ESTATES

PARTITION PLAT 1988-57
PARTITION PLAT 1988-34
PARTITION PLAT 1987-15
PLAT

CS 242-74
CS 40-88
CS 157-84
CS 159-80
CS 218-70
CS 19-70
CS 124-76
CS 91-85
CS 61-86
CS 17-86
CS 95-89
CS 82-98
CS 135-93
CS 251-76
CS 108-77

LOT 3 26.82
LOT 6 14.90
LOT 7 9.90
LOT 2 50.67
LOT 1 39.43

5

SEE MAP 36S 06W 18
SEE MAP 36S 06W 17
SEE MAP 36S 06W 19

1/4 COR.

18 17
19 20

36 06 18D

Residential Septic Site Evaluation Approval

463-21-000179-EVAL

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

Date issued: 05/28/2021

Application status: Site Evaluation Approved

Work description: new site eval. tax lot 100 next to address 7010 Lower River Rd

Applicant: Dunlap Septic
Address: 1782 Pleasant Crk
ROGUE RIVER Oregon 97537
Phone: 5415823694
Email: dunlapseptic1984@gmail.com

Contractor: Dunlap Septic Excavation
DEQ Installer/Maintenance Provider: RM6
Address: PO Box 532
Rogue River OR 97537
Phone: (541) 660-9543

Contractor: Dunlap Septic Excavation
Installer/Pumper License: 36808
Address: PO Box 532
Rogue River OR 97537
Phone: (541) 770-6744
Email: dunlapseptic1984@gmail.com

Owner: Wild River Orchards Inc.
Address: P.O. Box 996
3040 BIDDLE RD
Medford Or 97501

Property address: 0 Lower River Rd, Grants Pass, OR 97526

Parcel: 360618D000100000 - Primary

Lot size: 3 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County
Directions to Property: Go out lower river rd about 6 miles. property is on the right hand side. use 7010 address.

Proposed use of structure: N/A
Category of construction: Residential

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications	***Initial System***	***Replacement Area***
System type:	Saprolite	Sand Filter
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	300 linear ft.	150 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

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

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Septic Site Evaluation 463-21-000179-EVAL

Date issued: 05/28/2021

Application status: Site Evaluation Approved

Work description: new site eval. tax lot 100 next to address 7010 Lower River Rd

Special Requirements	*Initial System*	*Replacement Area*
Groundwater type:	Temporary	Temporary
Groundwater interceptor:	Yes	Yes
Groundwater interceptor-amount of drain media:	24 in.	24 in.
Groundwater interceptor depth:	36 in.	36 in.
Drainfield type:	Standard	N/A

Conditions of approval:

1.IRRIGATION LINES EAST OF APPROVAL AREA TO BE REMOVED

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.

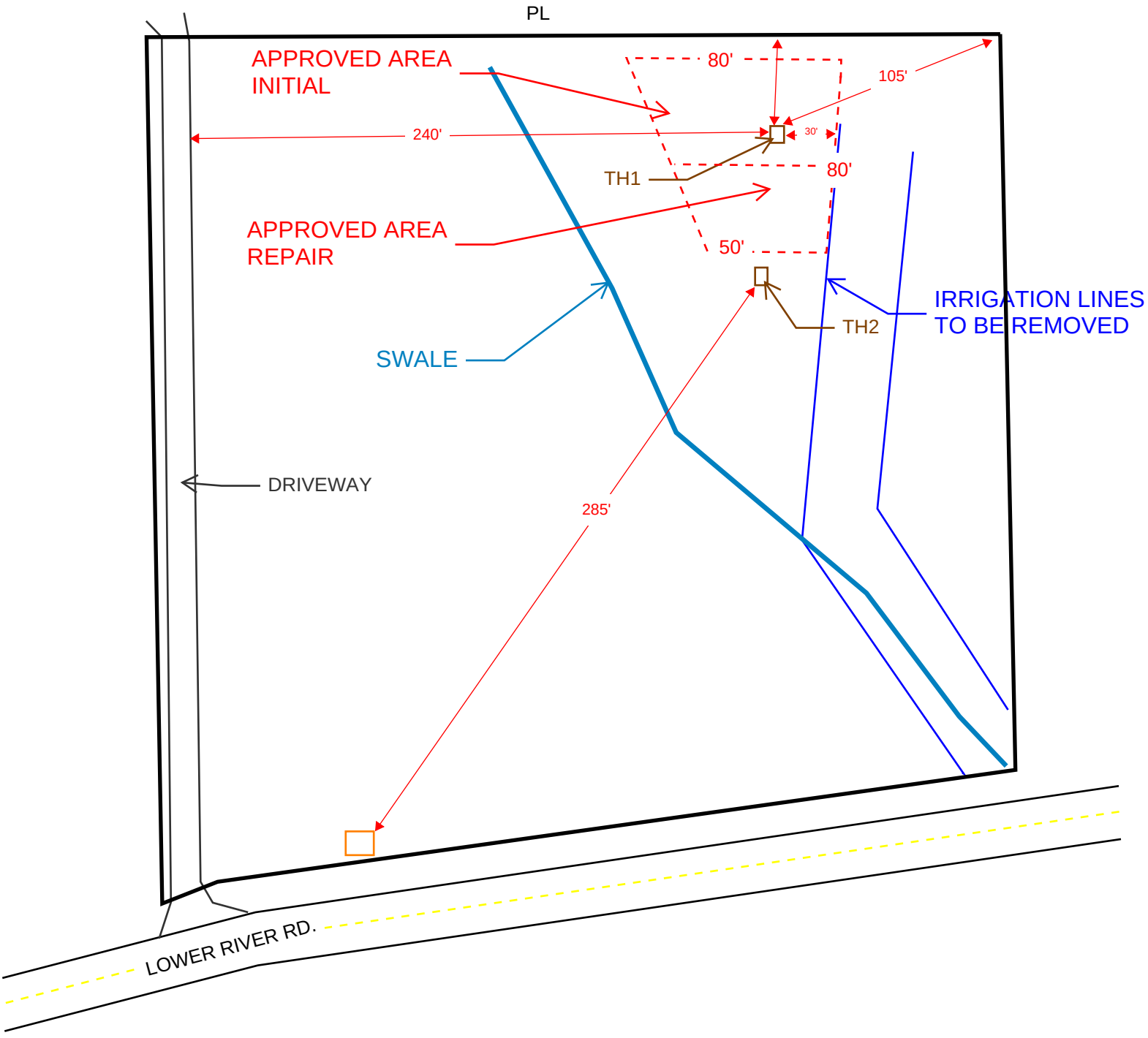
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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 5/28/21

SITE PLAN

ADDRESS "0" LOWER RIVER RD.

PARCEL 360618D001000



N

*NOT TO SCALE

APPLICATION # 463-21-000179-EVAL

FIELD WORKSHEET

Name: WILD RIVER ORCHARDS INC. **Application No.:** 463-21-000179-EVAL **Date:** _____
RE: SITE EVALUATION REPORT for Parcel #: 360618 D01000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 3 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 8

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: 300 total linear feet 100 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 150 total linear feet 50 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☒ A curtain drain is required, a minimum of 10' feet above the highest disposal trench.
☒ The curtain drain must be a minimum of 36" 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.

* SIZING BASED ON OAR 340-071-0360 FOR INITIAL & OAR 340-071-0290 FOR REPAIR

* IRRIGATION LINES WILL NEED TO BE REMOVED

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	SL	7.5YR 3/4, GRAN, ROOTS 2VF, 1F, M ⊠ CAS
	4-16		7.5YR, mSBK, ROOTS 1VF, F, M ⊠ CAS
	16-65	SAP/HW BEDROCK	(5YR 4/6, 5/8) MAIN COLORS, sABK-MASSIVE, Mn STAINS, HIGHLY WEATHERED GRANODIORITE
			TEXTURES TO SCL W/ 50-80% CF 1F, VF VISIBLE TO 42"
Test Pit 2	0-2	SL	7.5YR 3/4, GRAN, ROOTS 2VF, 1F ⊠ CAS
	2-20	SCL	7.5YR 4/4, sSBK, ROOTS 1VF. FAINT MOTTLES NOT VISABLE WHEN MOIST, 20% CF
	20-36	SCL	7.5YR 4/6, w-mABK, ROOTS ⊠, SOIL MOIST @ 25", CAS Fe 7.5YR 5/8 DEP 10YR 5/1 @ 35".
	36-64	SAP/WEATH BEDROCK	7.5YR 4/6, SAP/WEATHERED BEDROCK, MASSIVE ROOTS ⊠ | Mn STAINS, MOTTLES
Test Pit 3			BEDROCK LESS WEATHERED IN TEST HOLE 2
			SOUTH SECTION OF TEST HOLE HAS HIGHER DEGREE OF CAS
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: BARE/TILLED W/ SOME SECTIONS OF GRASS & BLACKBERRIES
WOODED NORTH (UPSLOPE) OF TEST HOLES (PINE, OAK, MADRONE, FEW FIR)

Slope: 10% Aspect: SOUTH Groundwater Type: ☐ Permanent ☒ Temporary

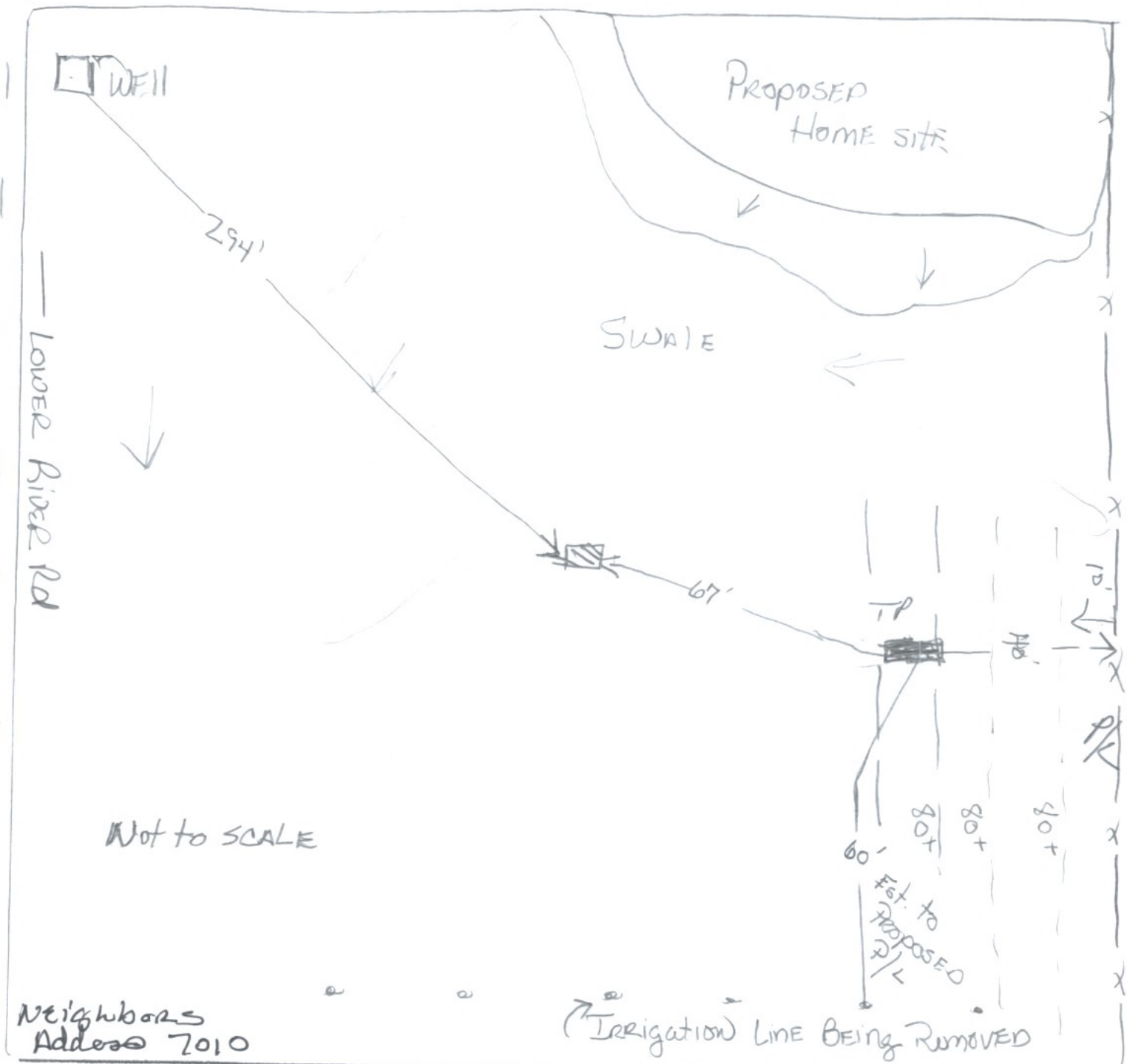
Other Site Notes: IRRIGATION EAST OF TEST HOLES TO BE REMOVED
SWALE WEST OF TEST HOLES

Dunlap Septic Excavation

Lower River Rd.

36-06-180-100

PLOT MAP **LEGAL**



- ___ North Arrow
- ___ Property boundaries and dimensions
- ___ Right-of-ways
- ___ Easements-notarized and recorded
- ___ Existing of proposed roads, driveways, parking
- ___ Well locations, on the property & all Wells Within 200ft. Of the septic
- ___ Test hole locations
- ___ Proposed dwelling location
- ___ Any cuts (existing & proposed) in excess of 30 inches
- ___ If disposal lines are up slope from a foundation, is there at least a 50-foot setback?
- ___ Location of septic tank, sandfilter, curtain drain, drain field and replacement area.
- ___ Elevation of proposed drop boxes of distribution boxes Initial and replacement drain field.
- ___ Transport pipe location.

Josephine County Property Data Map

NOTICE AUTHORIZING REPRESENTATIVE

I, Wild River Orchards, Inc. By: Michael D. Naumes, Pres. (Property Owner/Print Name), have authorized Penny @ Dunlap Septic (Authorized Representative/Print Name) to act as my 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: Tax Lot 1200 is being split

Lower River Rd Tax Lot 100/1200 (Parcel N 1# - S 2#)
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 18 D Map ID Tax Lot #(s) 100 1200

PROPERTY OWNER:

Printed Name: Wild River Orchards, Inc.

Address: PO Box 996

City, State, Zip: Medford, OR, 97501

Phone: 541.608.1732 (Robert) Email: rboggess@naumes.com (Robert)

Signature: Michael D. Naumes President

AUTHORIZED REPRESENTATIVE:

Printed Name: Penny @ Dunlap Septic

Address: PO Box 532

City, State, Zip: Rogue River, 97537

Phone: 541-660-9543 Email: dunlapSeptic1984@gmail.com

Signature:

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.E.1/4 SEC.18 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 06 18D

CANCELLED:
590
201
203
202
290
291
205

SEE MAP 36S 06W 18B

SEE MAP 36S 06W 18A

CEN SEC.

1/4 COR.

1009 2.57 AC

1010 3.33 AC

1011 3.04 AC

1012 3.52 AC

1008 3.16 AC

1006 2.89 AC

1007 2.72 AC

1005 4.07 AC

208 2.50 AC

206 2.54 AC

209 2.94 AC

207 2.72 AC

100 3.03 AC

210 2.51 AC

1004 2.54 AC

200 5.96 AC

204 2.57 AC

1003 2.74 AC

1013 3.38 AC

1014 3.14 AC

1015 3.17 AC

1002 2.90 AC

300 2.00 AC

400 2.80 AC

501 1.20 AC

500 1.20 AC

901 5.00 AC

LOT 2 50.57

601 52.79 AC

LOT 3 26.82

700 1.30 AC

800 2.00 AC

903 5.99 AC

900 14.81 AC

600 15.44 AC

902 1.20 AC

1001 7.35 AC

1000 17.48 AC

LOT 6 14.90

LOT 7 9.90

LOT 1 38.43

5

KIMBERLY WAY

LOWER KAREN DRIVE

KALEA ESTATES

RIVER VISTA DRIVE

RIVER ROAD

PARTITION PLAT 1996-97

PARTITION PLAT 1996-2

PARTITION PLAT 1997-19

PARTITION PLAT 2017-15

CS 308-77

CS 125-83

CS 251-75

CS 62-48

CS 17-58

CS 61-85

CS 85-69

CS 91-65

CS 242-74

CS 40-88

CS 137-84

CS 159-80

CS 218-70

CS 19-70

CS 124-76

NE COR T. FRIZELLE D.L.C. NO 40

977.3' W 275' S 1/4 COR

SEE MAP 36S 06W 18

SEE MAP 36S 06W 17

SEE MAP 36S 06W 19

1/4 COR.

18 17 19 20

36 06 18D