



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 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

Lisa Matriaco 3755 New Hope Road Grants Pass OR 97527 541 761 7414

B. Legal Property Description

37 6 Q1-A0 800 4.85
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine Subdivision Name Lot Block
Property Address: 3755 New Hope Road Grants Pass OR 97527

Directions to Property:

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [X] Single Family Residence 2 Number of Bedrooms
Proposed Facility: [X] Single Family Residence 1 Number of Bedrooms
Water Supply: [X] Private well Well, Spring, Shared

D. Type of Application

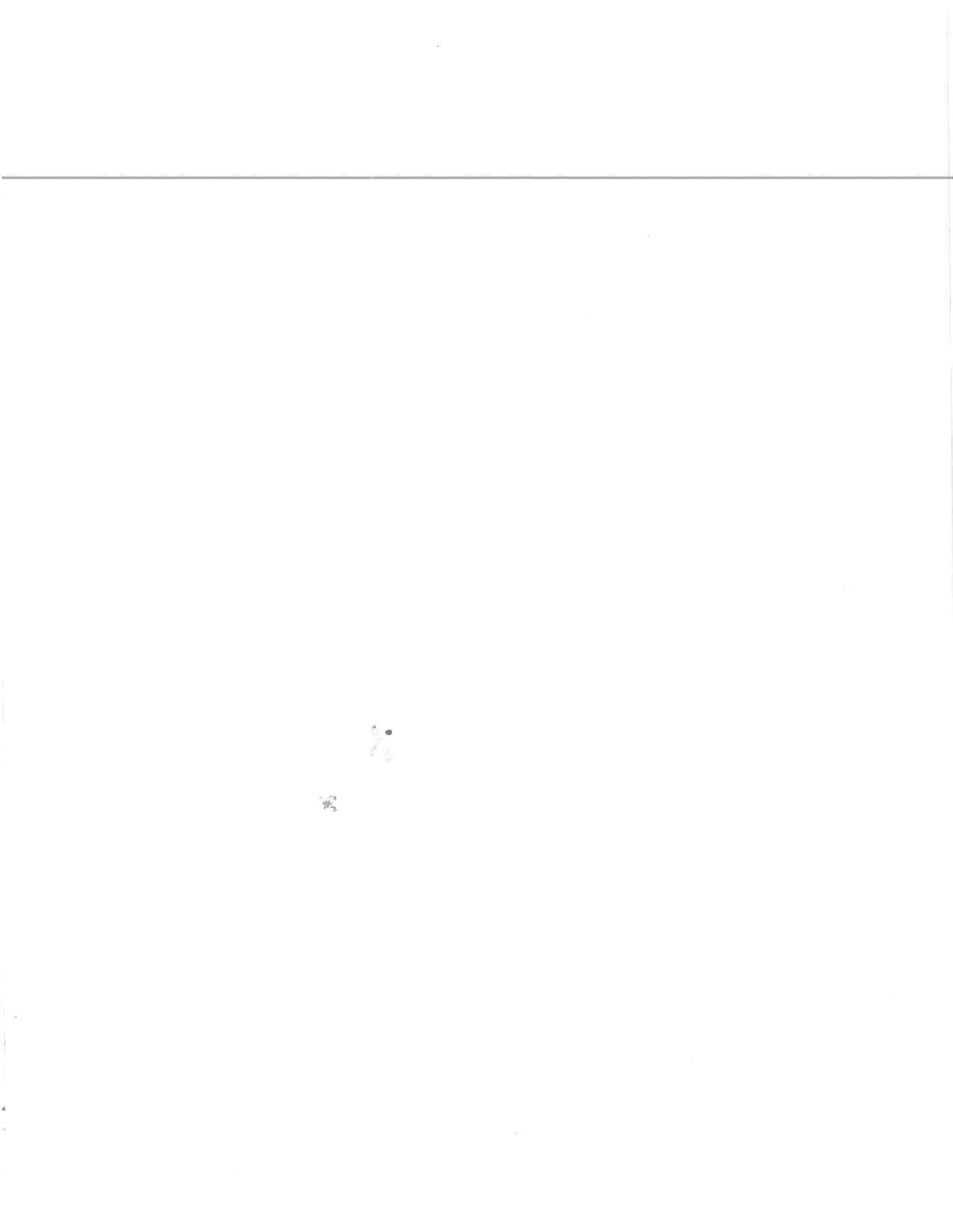
- [] Site Evaluation [] Renewal Permit [X] Authorization Notice for: [] Connecting to an Existing System Not in Use [] Replacing a Mobile Home or House with Another Mobile Home or House [X] The Addition of One or More Bedrooms [] Personal Hardship [] Temporary Housing [] Other-please specify

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: Lisa Matriaco Date: 9/29/2023
Applicant's Name - Please Print Legibly: Lisa Matriaco Applicant's Phone Number: 541 761 7414 Applicant's E-mail Address: lisajabby@yahoo.com
Applicant's Mailing Address: 3755 New Hope Road Grants Pass OR 97527

Applicant is the [X] Owner [] Authorized Representative [] Licensed Septic Installer
[] Authorization Attached Installer's Name



JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 370601A0000800
SITUS: 3755 NEW HOPE RD
ACRES: 4.85

PERMIT NUMBER: PL-2023-01216
ZONE: RR5
SCHOOL DISTRICT:

APPLICANT:	MATIACO, LISA M & CASTILLO, NORMAN C	APPLICANT PHONE #: 541-660-9832
APPLICANT ADDRESS:	3755 NEW HOPE RD GRANTS PASS, OR 97527	
OWNER:	MATIACO, LISA M & CASTILLO, NORMAN C	
OWNER ADDRESS:	3755 NEW HOPE RD GRANTS PASS, OR 97527	

SPECIAL REQUIREMENTS

- Stream Name - Carl Creek - Class 2 Stream 25 ft setback required.
- Wetland - Division of State Lands Authorization in File NA Reason: **WLU N ATTACHED**
- Erosion Hazard - Plan in File NA Reason: **EXISTING**

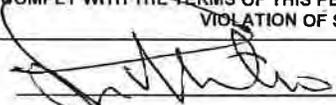
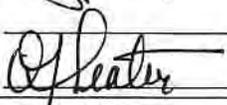
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Residence, Detached Garage, (2) General Purpose Sheds	Conver Existing 860 Sq Ft Detached Garage to a Detached Living Space - 1 Bedroom, 1 Bath with Utility Space, Office & Covered Porch	Front Setback: 30 ft.
		Side Setback: 10 ft.
		Rear Setback: 25 ft.
		Stream Setback: 25 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 must be implemented prior to issuing the Certificate of Occupancy.
- The landowner shall ensure that Oregon Department of Environmental Quality construction best management practices are in place to minimize runoff onto adjacent properties and waterways.
- Section 19.43.030 (BCC Ord#2018-003) – The "Detached Living Space" shall not have dining table or dining room, may have an induction cooking surface, but not installation of a conventional oven. Must be served by a potable water source and by an existing or new private on-site sanitary waste disposal system or public sewer. Portable toilets are not permitted. Detached Living space shall meet Oregon Specialty codes; shall NOT be rented on a transient or short term basis; shall not exceed 900 square feet; shall be located within 150 feet of principal dwelling. When the Detached Living space is no longer utilized for its authorized purpose, it shall be removed from the property or converted into storage; a development permit shall be required for the change of use.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.

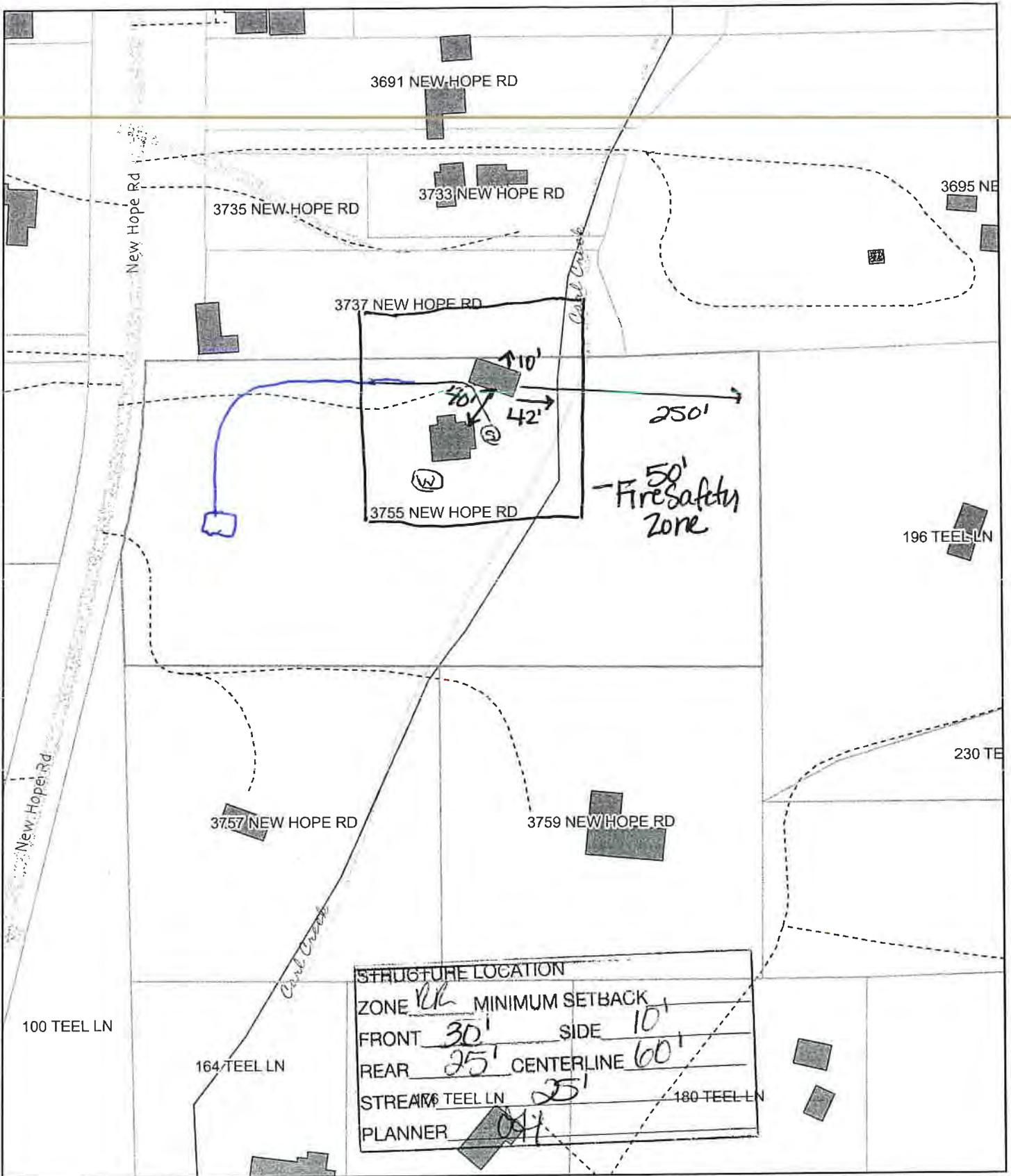
ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS 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: 	DATE: 9/29/23
CONTRACTOR NAME: _____	LICENSE#: _____
APPROVED: 	DATE: 9.27.23

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

ArcGIS Web Map



9/18/2023, 11:51:43 AM

- Building Footprints
- Taxlots
- Driveway
- Waterline: Rivers & Streams
- Class 2

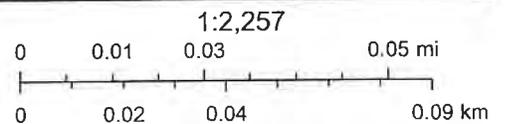
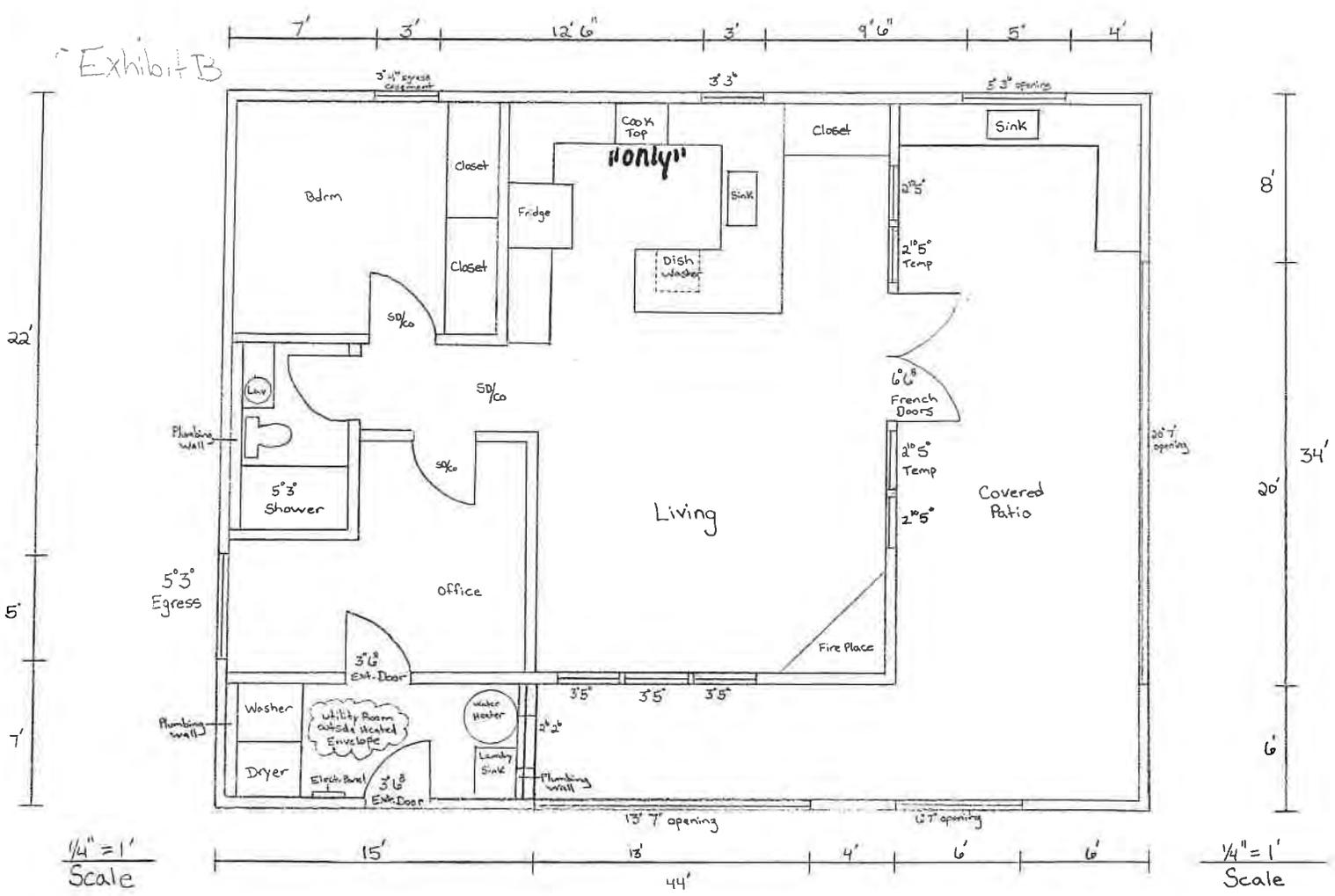


Exhibit B



Wall-Height 8'
 Peak-Roof 19'

Grantor's Name and Address

Grantee's Name and Address



I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

**GRANT OF DEED RESTRICTION - RESTRICTION OF USES
LIMITED LIVING SPACE - NON-RESOURCE ZONED LAND**

Grantor(s) Lisa M. Matiaco and Norman C. Castillo, and Josephine County, a political subdivision of the State of Oregon, by and through its Community Development Director, on this 15th day of September, 20 23, do hereby covenant and restrict for good and valuable consideration, including consideration other than money valued at \$1.00, regarding the use of certain real property described in the Assessor's records as T 37, R 6, Sec. 01 - A0, Tax Lot 800, and as more particularly described in **Exhibit A**. The following declarations, restrictions and conditions are given and received in exchange for a permit to place a TEMPORARY second living area on the described property for the TEMPORARY duration of a medical hardship, OR, TEMPORARY need for additional living space as shown on the building floor plans herein identified as **Exhibit B**:

1. The second living area located on the real property is authorized pursuant to (Ordinance No.2018-003) & Chapter 19.43 of the Josephine County Code (JCC).
2. The secondary living area is TEMPORARY in duration.
3. The second living area is allowed, by permit, provided: besides the primary home, it is the only other area equipped for living quarter purposes on the property; no dining room, dining table, or conventional oven has been installed until such time as Oregon law has been revised to allow for Accessory Dwelling Units; the living area does not exceed the size or setback locations as prescribed and the JCC; the living area cannot be leased on a short term basis, meaning it cannot be rented for a period of less than thirty (30) days; the living area is serviced by a legal, approved sanitary waste disposal system not to exceed 300 gallons per day and potable water.
4. When no longer needed, the living area shall be converted to storage or other accessory use allowed by the JCC. Conversion to an accessory use requires the authorization of permits, and, shall be deemed the removal of all kitchen appliances, and the removal of all beds or accommodations for sleeping purposes.
5. Pursuant to the (Ordinance No.2018-003) & JCC, Grantor(s) hereby grant the Community Development Director, or agents under the authority of the Community Development Director, permission to inspect the property and second living area to determine compliance with the covenants and restrictions contained in this agreement. Inspections shall only occur after the Planning Division provides advance telephone or written notice to the owner or tenant, whoever is in possession. Telephone notice shall be accomplished by personal telephone contact with the owner or tenant, whoever is in possession, at least 48 hours prior to the inspection. Written notice shall be accomplished by mailing to the owner or tenant, whoever is in possession, at least 7 days prior to the inspection. Written notices shall be mailed to the last known address in the Community Development Director's file, or if an address is not known, to the address shown in the Assessor's records.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE COUNTY PLANNING DIVISION TO VERIFY APPROVED USES.

Grantor(s) N. Carlos Castillo

For Josephine County Jim Woodruff
Community Development Director - Date

STATE OF OREGON, County of Josephine ss.
On this 15th day of September, 2023, Lisa Matiaco and Norman Castillo, personally came before me, a Notary Public for the State of Oregon and the County of Josephine, and executed the above Grant of Deed Restriction - Restriction of Uses and acknowledged to me that it was freely and voluntarily done.

NOTARY SEAL.

Brandon James Bradley
Notary Public of Oregon
My commission expires 09/11/2027



Exhibit A

2



After recording return to:
Lisa M. Matlaco and Norman C. Castillo
3755 New Hope Road
Grants Pass, OR 97527

Until a change is requested all tax statements shall be sent to the following address:
Lisa M. Matlaco and Norman C. Castillo
3755 New Hope Road
Grants Pass, OR 97527

File No.: 7161-3633980 (SL)
Date: February 09, 2021

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS
RHIANNON HENKELS, COUNTY CLERK **2021-003936**

DED-WRD 03/02/2021 01:11 PM
Cnt=1 Pgs=4 Stn=9 JCOX
\$20.00 \$11.00 \$10.00 \$60.00 \$5.00 \$106.00

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

20

STATUTORY WARRANTY DEED

Peter R. Holt, Trustee of the Peter R. Holt Trust dated May 24, 2019, Grantor, conveys and warrants to **Lisa M. Matlaco and Norman C. Castillo, as tenants in common**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Josephine, State of Oregon, described as follows:

PARCEL I:
THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 1, TOWNSHIP 37 SOUTH, RANGE 6 WEST OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON. LESS AND EXCEPT ANY PORTION LYING WITHIN THE COUNTY ROAD. ALSO LESS AND EXCEPT THE SOUTH 330.17 FEET THEREOF. ALSO LESS AND EXCEPT THAT PORTION CONVEYED TO JOSEPHINE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF OREGON IN DOCUMENT RECORDED FEBRUARY 26, 1996 AS INSTRUMENT NO. 96-03397, OFFICIAL RECORDS OF JOSEPHINE COUNTY, OREGON.

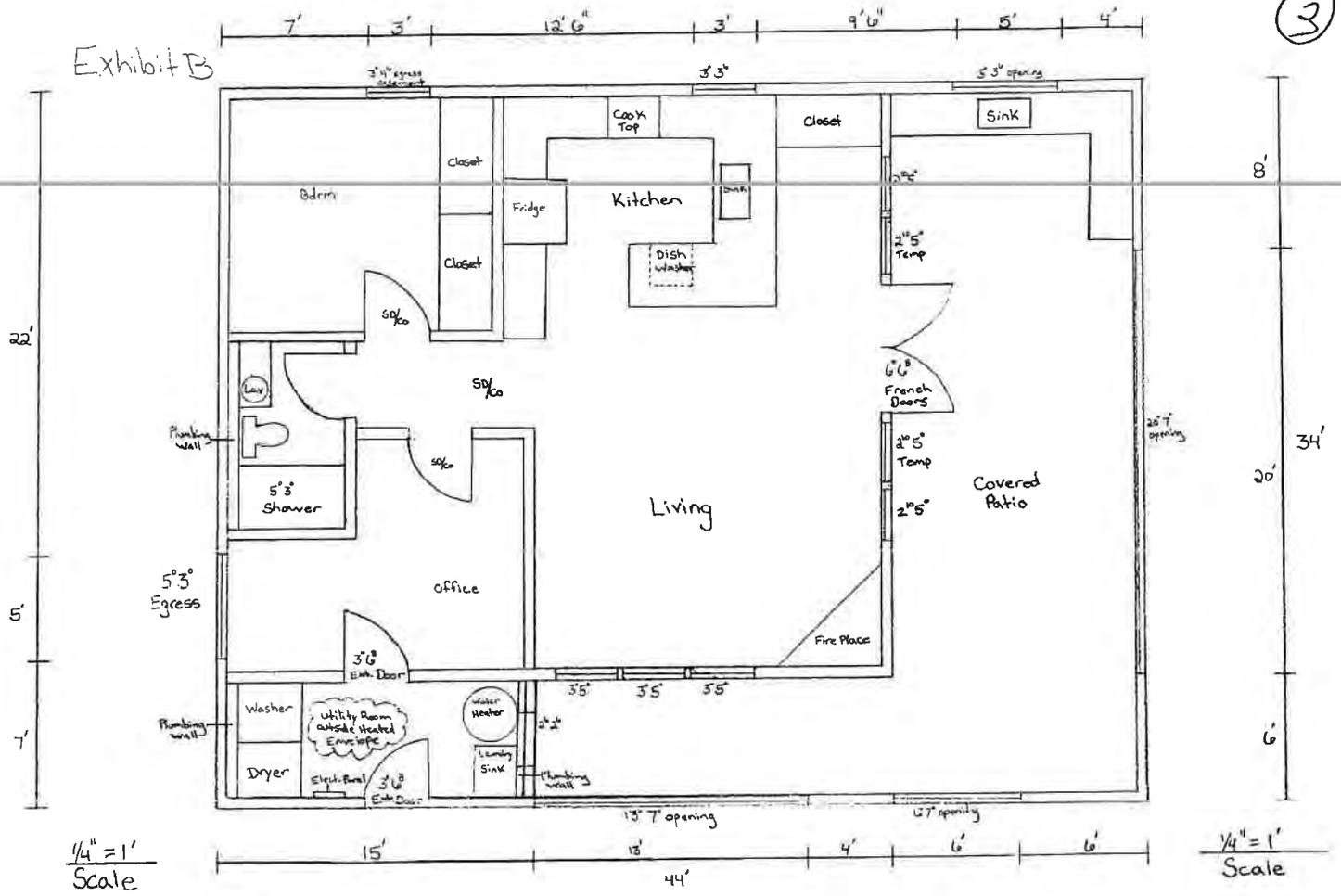
PARCEL II:
ALL THAT PORTION OF THE NORTH 200 FEET OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 1, TOWNSHIP 37 SOUTH, RANGE 6 WEST OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON, LYING EASTERLY OF NEW HOPE ROAD. ALSO LESS AND EXCEPT THAT PORTION CONVEYED TO JOSEPHINE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF OREGON IN DOCUMENT RECORDED FEBRUARY 26, 1996 AS INSTRUMENT NO. 96-03397, OFFICIAL RECORDS OF JOSEPHINE COUNTY, OREGON.

NOTE: THIS LEGAL DESCRIPTION WAS CREATED PRIOR TO JANUARY 01, 2008.

CONSIDERATION: \$419,000.00

(3)

Exhibit B



Wetland Land Use Notification

OREGON DEPARTMENT OF STATE LANDS

775 Summer Street NE, Suite 100, Salem, OR 97301-1279

Phone: (503) 986-5200

This form is to be completed by planning department staff for mapped wetlands and waterways.

* Required Field (?) Tool Tips

Responsible Jurisdiction

*		Municipality*	Date*
	City of	Josephine	9/27/2023
	County of		

Staff Contact

First Name*

Onnie

Last Name*

Heater

Phone* (?)

541-474-5109

Email*

oheater@josephinecounty.gov

Applicant

First Name*

Carlos

Last Name*

Castillo

Applicant Organization Name

(if applicable)

Mailing Address *

Street Address

3755 New Hope Rd

Address Line 2

City

Grants Pass

Postal / Zip Code

97527

State

OR

Country

US

Phone (?)

541-660-9832

Email (?)

castlecrown24@gmail.com

Is the Property Owner name and address the same as the Applicant? *

No : Yes

Activity Location

Township* (?)

37S

Range* (?)

06W

Section* (?)

01

Quarter-quarter Section (?)

A0

Tax Lot(s)*

800

You can enter multiple tax lot numbers within this field. i.e. 100, 200, 300, etc.

To add additional tax map and lot information, please click the "add" button below.

Address

Street Address

Address Line 2

City

Postal / Zip Code

State

Country

County*

Josephine

Adjacent Waterbody

Proposed Activity

Prior to submitting, please ensure proposed activity will involve physical alterations to the land and/or new construction or expansion of footprint of existing structures.

Local Case File #* (?)

PL-2023-01216

Zoning

Proposed

Building Permit (new structures)

Grading Permit

Site Plan Approval

Other (please describe)

Conditional use Permit

Planned Unit Development

Subdivision

Applicant's Project Description and Planner's Comments: *

Conver Existing 860 Sq Ft Detached Garage to a Detached Living Space - 1 Bedroom, 1 Bath with Utility Space, Office & Covered Porch

Required attachments with site marked: Tax map and legible, scaled site plan map. (?)

20230927150747.pdf

90.08KB

Additional Attachments

Date

9/27/2023

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@josephinecounty.gov

\$380

PLANNING APPLICATION FORM

Property Address: 3755 New Hope Rd

Assessor's Map & Tax Lot:

37-06-01-A0 Tax Lot(s) 800

Tax Lot(s) _____

Zoning: RR5

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

Application/Permit Type: (Please Check All Applicable)

- Address Assignment
 - New Address
 - Change of Address
 - Additional Address
- Annual Compliance Certificate (See Form A)
- 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)
- 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
- (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 * GRANITIC Soils
- Other: _____

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

DL S:
Convert Existing (1935) Detached Garage to a 1 Bed, 1 Bath DL S w/ OFFICE & covered porch.

Property Owner: LISA & CARLOS CASTILLO
Address: 3755 New Hope Rd

Phone: (541) 660-9832
Email: Castlecrown24@gmail.com

Applicant: Carlos Castillo
Address: 3755 New Hope Rd
Phone: 541-660-9832
Email: Castlecrown24@gmail.com

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

Address: _____
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).

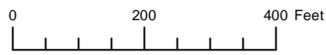
N. Carlos Castillo 9-18-23
(Signature of Owner or Attorney-in-Fact) Date

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

(For Office Use)

Fees Paid: \$380 Initials: TW

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY



N.E.1/4 SEC.1 T.37S. R.6W. W.M.
JOSEPHINE COUNTY
1" = 200'

37 06 01A

CANCELLED:
2390
100
200
104



SEE MAP 37S 06W 01

37 06 01A



Certificate of Satisfactory Completion
Repair (Major) - Residential - New
 463-21-000002-PRMT

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

Date Certificate Issued: 02/26/2021
Work Description: MAJOR REPAIR PERMIT

Applicant: Robert A. Conley Construction Address: 711 Medford Center, #316 Medford OR 97504-6772 Phone: (541) 840-1670 Email: Robertc1959@msn.com	Primary Contractor: Robert A. Conley Construction Installer License: 38563 Address: 711 Medford Center, #316 Medford OR 97504-6772 Phone: (541) 840-1670 Email: Robertc1959@msn.com
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Owner: HOLT TRUST, PETER R Address: %HOLT, PETER R TRUSTEE 3755 NEW HOPE RD %HOLT, PETER R TRUSTEE 3755 NEW HOPE RD GRANTS PASS GRANTS PASS, OR 97527 97527	Property Address: 3755 New Hope Rd, Grants Pass, OR 97527
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Parcel: 370601A000080000 - Primary

Lot Size:	4.85 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land Use Approval:	N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	SFR	N/A
Number of Bedrooms:	2	N/A

System Specifications

Type:	Tile Dewatering		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	300 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.
Special Tank Requirements:	anti-buoyancy		

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Equal
Media Type:	EZ FLOW 1201P	Media Depth:	12 in.
Trench Length:	150 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
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:	No

<p>Date Certificate Issued: 02/26/2021</p> <p>Work Description: MAJOR REPAIR PERMIT</p>

Conditions of Approval

1. This repair permit is for A SFR.
2. Properly decommission the old septic tank and submit appropriate documentation.
3. If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 4. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 5. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
6. The system must be installed by the property owner or a licensed sewage disposal business (installer).
7. Vehicular traffic and livestock must be restricted from the system area.
8. All roof drains must be directed away from the system
9. 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.
10. Meet all required setbacks
11. 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.
12. 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.
13. 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.
14. Install the pump and system components in accordance with the approved pump curve and specifications.
15. An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
16. 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.
17. Effluent filter required at tank outlet.
18. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
19. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
20. Groundwater Interceptor, Tile Dewatering system required: Tile Dewatering rules at: OAR 340-071-0315. Minimum grade of perf pipe 0.2-ft to .4 feet of fall per 100-ft. Field collection drainage tile must be constructed at least 12 inches wide. The maximum drainage tile spacing must be 70 feet center to center. The minimum horizontal separation distance between the drainage tile and absorption facility must be 20 feet. Field collection drainage tile must be rigid, smooth-wall, perforated pipe or other pipe material approved by the agent with a minimum diameter of 4 inches. Field collection drainage tile must be enveloped in clean drain media or underdrain media to within 30 inches of the soil surface in soils with a permanent groundwater or to within 12 inches of the soil surface in soils with temporary groundwater. Drain media must be covered with filter fabric, un-treated building paper, or other nondegradable material approved by the agent. The outlet tile must be rigid, smooth-wall solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. The agent may require a flap gate or rodent guard. Unless otherwise authorized by the agent, a silt trap with a 12-inch minimum diameter must be installed between the field collection drainage tile and the outlet pipe. The bottom of the silt trap must be at least 12 inches below the invert of the drainage pipe outlet.
21. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
22. 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.
23. Photos of the septic system components must be submitted along with the FIRN.

Date Certificate Issued: 02/26/2021

Work Description: MAJOR REPAIR PERMIT

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

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: 463-21-000002-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:

Name: HOLT TRUST, PETER R

Twnshp: Range: Sect:

Lot:

Property Address: 3755 NEW HOPE RD, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Riverside Tank	Date: 2/13/21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Liberty	Float(s) Type(1): A	Model/Manuf. ORNCO
			Float(s) Type(2): B	Model/Manuf. ORNCO

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/2	ASTM#/Other: SCH 40	Length: 340'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?		Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 150' of eazy flow				
Distribution Box	Yes <input checked="" type="checkbox"/>	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

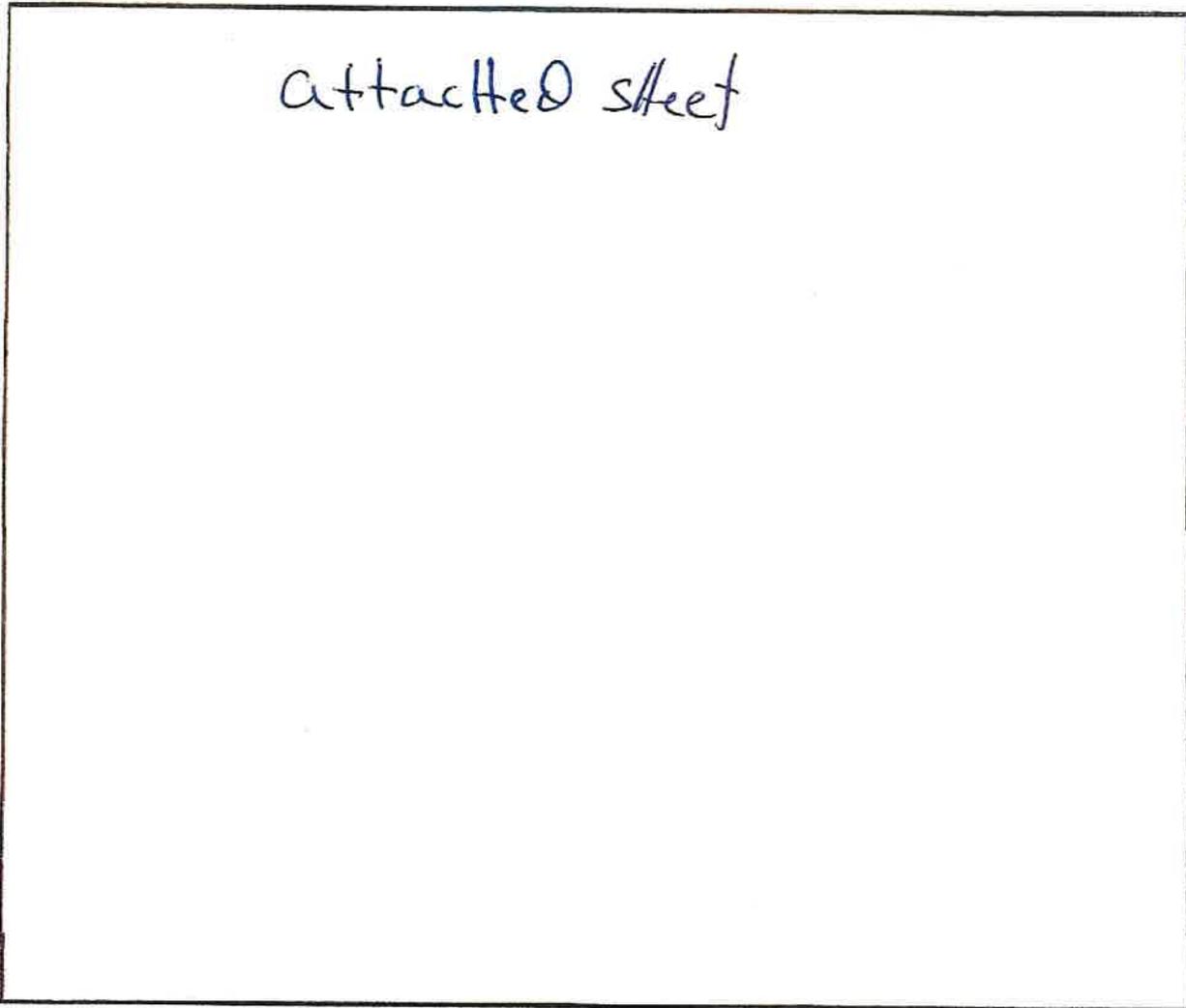
Comment

*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>Robert Conley</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38563</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>2/14/2021</u>	Phone#: <u>541-840-1670</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: <u>2/16/2021</u>
-----------------	---	------------------------

Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
---------------------------------------	---	-------

If No, Reason for Non Acceptance: [Signature]

Comment: _____

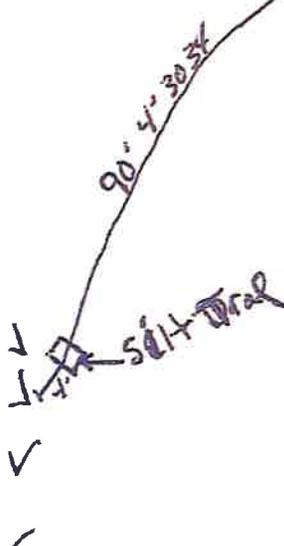
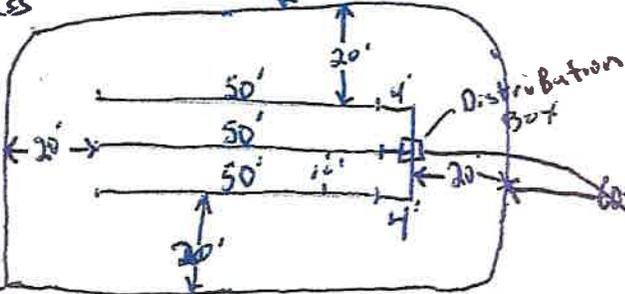
NEW Hope Road

GP →

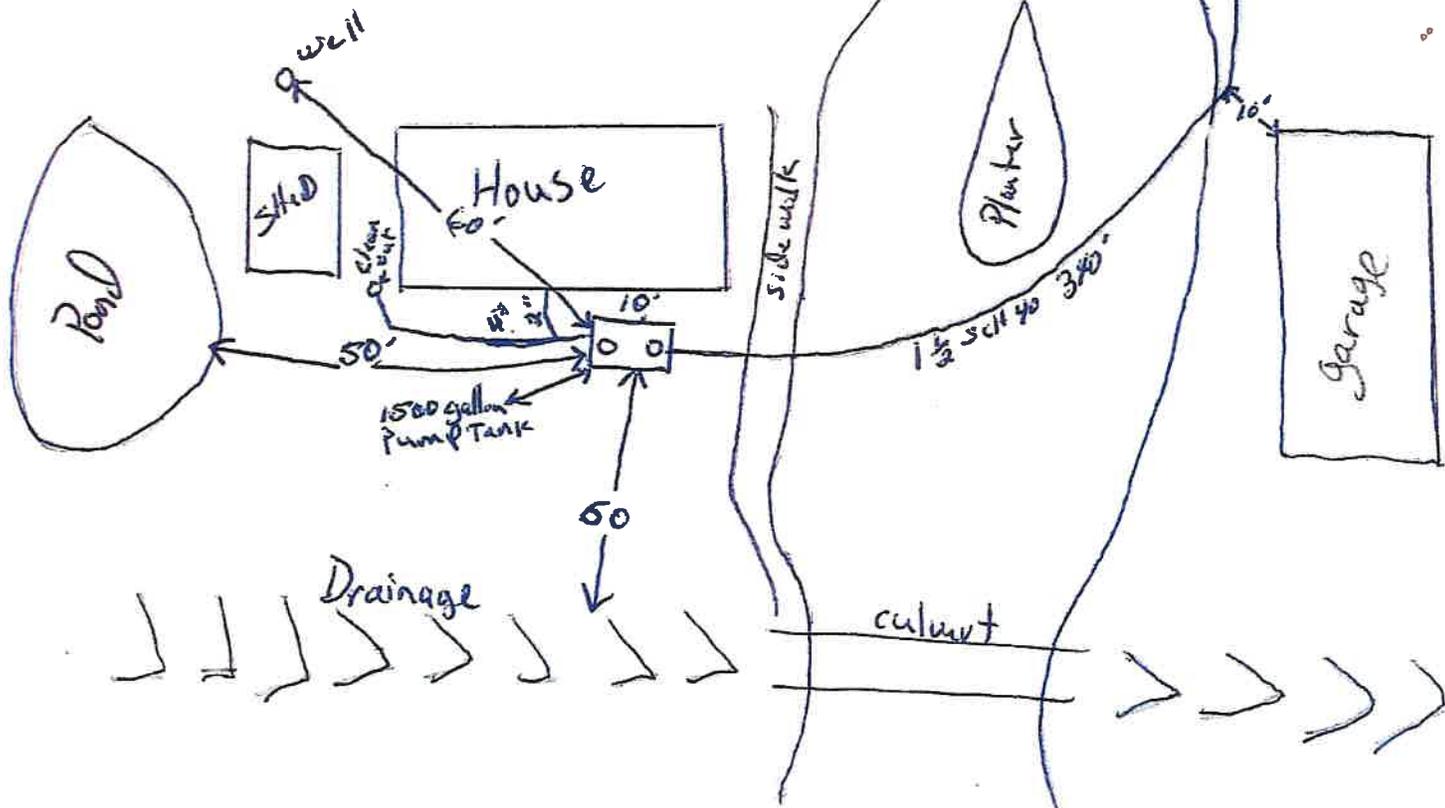
Owner John, Holt Trust Peter R
address 3755 new Hope Road
grants Pass

contractor, Robert
Conley

N ↗



Driveway





Septic Permit

Repair (Major) - Residential - New

463-21-000002-PRMT

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

Date issued: 2/2/21	Expiration date: 2/2/22
Work description: MAJOR REPAIR PERMIT	

Applicant: Robert A. Conley Construction
Address: 711 Medford Center, #316
 Medford OR 97504-6772
Phone: (541) 840-1670
Email: Robertc1959@msn.com

Primary contractor: Robert A. Conley Construction
Installer License: 38563
Address: 711 Medford Center, #316
 Medford OR 97504-6772
Phone: (541) 840-1670
Email: Robertc1959@msn.com

Business License: N/A

Owner: HOLT TRUST, PETER R
Address: %HOLT, PETER R TRUSTEE 3755
 NEW HOPE RD
 %HOLT, PETER R TRUSTEE
 3755 NEW HOPE RD
 GRANTS PASS GRANTS PASS, OR
 97527 97527

Property address: 3755 New Hope Rd, Grants Pass, OR
 97527

Parcel: 370601A000080000 - Primary

Lot size: 4.85 ACRES	Water supply: Well	
Zoning: N/A	City/County/UGB: N/A	
Land use approval: N/A	County: N/A	
Action: New	Type of application: Repair (Major) - Residential	
System failing: Yes	Septic tank last pumped: N/A	
Comments: N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	SFR	N/A
Number of bedrooms:	2	N/A

System Specifications

Type: Tile Dewatering	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 300 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.	
Special tank rqmts: anti-buoyancy		

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: 12 in.	
Media type description: EZ FLOW 1201P		
Trench length: 150 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	

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Date issued: 2/2/21

Expiration date: 2/2/22

Work description: MAJOR REPAIR 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.	Filter fabric on top of drain media:	N/A
Pump to drainfield reqd:	Yes		

Date issued: 2/2/21**Expiration date:** 2/2/22**Work description:** MAJOR REPAIR PERMIT**Conditions of approval**

- 1.This repair permit is for A SFR.
- 2.Properly decommission the old septic tank and submit appropriate documentation.
- 3.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 - 4.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 - 5.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
 - 6.The system must be installed by the property owner or a licensed sewage disposal business (installer).
 - 7.Vehicular traffic and livestock must be restricted from the system area.
 - 8.All roof drains must be directed away from the system
 - 9.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.
 - 10.Meet all required setbacks
 - 11.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.
 - 12.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.
 - 13.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.
 - 14.Install the pump and system components in accordance with the approved pump curve and specifications.
 - 15.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
 - 16.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.
 - 17.Effluent filter required at tank outlet.
 - 18.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
 - 19.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
 - 20.Groundwater Interceptor, Tile Dewatering system required: Tile Dewatering rules at: OAR 340-071-0315. Minimum grade of perf pipe 0.2-ft to .4 feet of fall per 100-ft. Field collection drainage tile must be constructed at least 12 inches wide. The maximum drainage tile spacing must be 70 feet center to center. The minimum horizontal separation distance between the drainage tile and absorption facility must be 20 feet. Field collection drainage tile must be rigid, smooth-wall, perforated pipe or other pipe material approved by the agent with a minimum diameter of 4 inches. Field collection drainage tile must be enveloped in clean drain media or underdrain media to within 30 inches of the soil surface in soils with a permanent groundwater or to within 12 inches of the soil surface in soils with temporary groundwater. Drain media must be covered with filter fabric, un-treated building paper, or other nondegradable material approved by the agent. The outlet tile must be rigid, smooth-wall solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. The agent may require a flap gate or rodent guard. Unless otherwise authorized by the agent, a silt trap with a 12-inch minimum diameter must be installed between the field collection drainage tile and the outlet pipe. The bottom of the silt trap must be at least 12 inches below the invert of the drainage pipe outlet.
 - 21.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
 - 22.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.
 - 23.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 2/2/21**Expiration date:** 2/2/22**Work description:** MAJOR REPAIR 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.

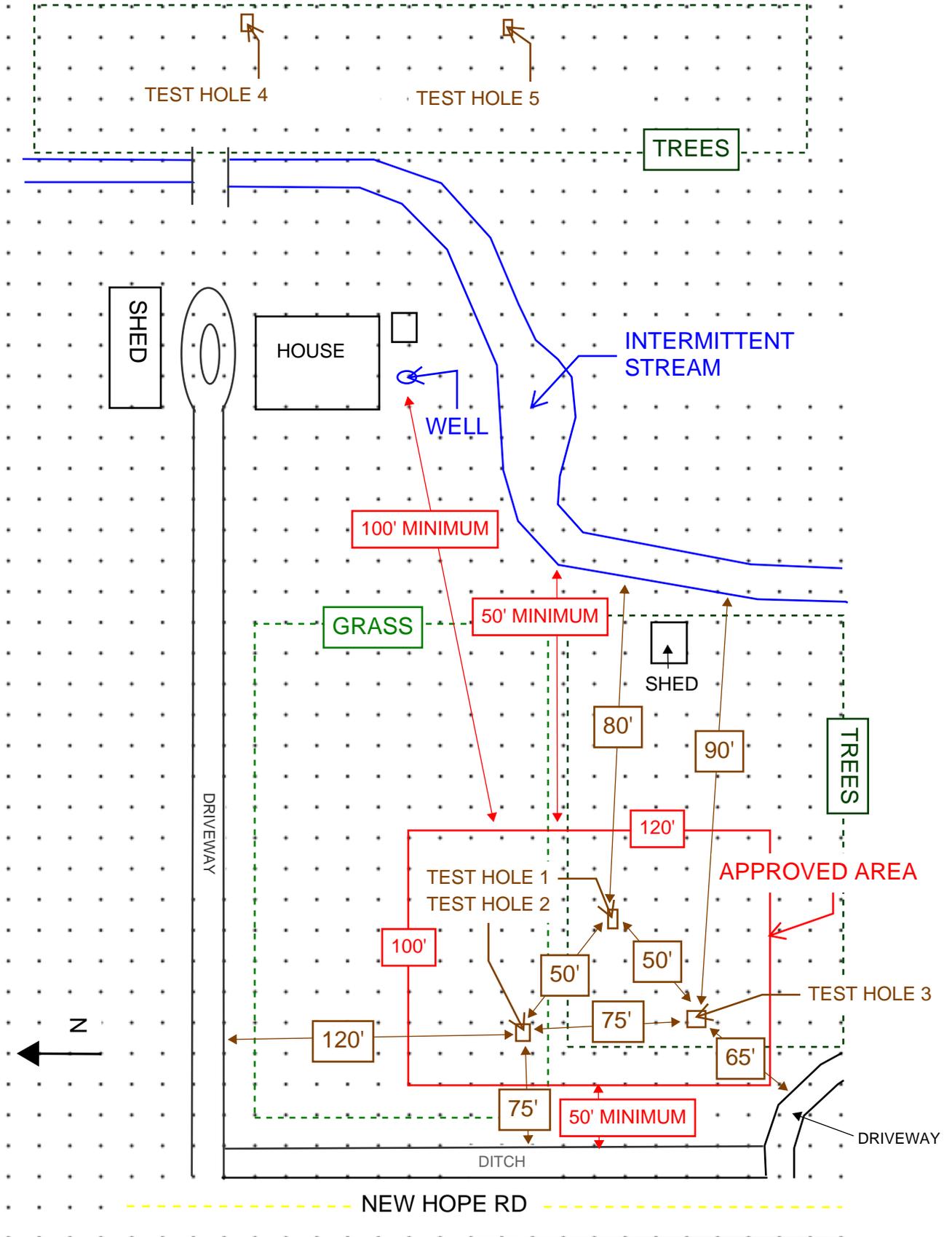
System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection 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

2/2/21



FIELD WORKSHEET

Name: JOHN & MARISA HOLT Application No.: 463-21-000002-PRMT Date: 1/21/2020
 RE: SITE EVALUATION REPORT for Parcel #: 370601A000800

Commercial Facility: Yes No Parcel Size: 4.85 ACRES

APPROVED SYSTEM SPECIFICATIONS

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

<u>Initial System</u>	<u>Replacement System</u>
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</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.

TILE DEWATERING REQUIRED 48" DEPTH

LOCATION OF TEST HOLES 1-3

PUMP MAY BE REQUIRED

Inspector: Abdul Kadiri

2% NORTH | Slope 1-2% E/NE

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	SL	10YR 3/2, GRAN, ROOTS 2UF, F, M, 2C, & CAS
	4-20	SL	10YR 5/2, WSBK, ROOTS 2F, M, C, 2UC, VF, dep 10YR 4/1
	20-51	SL	10YR 5/4, WSBK, ROOTS 2F, M, C, CAS @ 20" CONC 7.5YR 4/6 DEP 10YR 5/1
Test Pit 2			SIMILAR TO TEST PIT 1 42" DEEP, 6" OF WATER IN PIT CAS @ 12"
Test Pit 3			SIMILAR TO TEST PIT 3 48" DEEP, 20" OF WATER, SALT LINE @ 16"
Test Pit 4			SIMILAR TO TEST PIT 1 48" DEEP, 9" OF WATER CAS @ 12"
Test Pit 5			SIMILAR TO TEST PIT 1 53" DEEP, CAS @ 12"
Test Pit 6			

Landscape Notes: WOODED

Slope: 0-2% Aspect: E/NE, N Groundwater Type: Permanent Temporary

Other Site Notes: BIG DRAINAGE / INTERMITTENT STREAM THROUGH PROPERTY



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: John & Marcia Holt Mailing Address (Street or PO Box, City, State, Zip Code): 5604 SE 46th Portland, OR 97206 Phone Number: 970-422-2087

B. Legal Property Description

Township: 37 Range: 06 Section: 01 Tax Lot: 800 Tax Account Number: R323927 Acreage or Lot Size: 4.85
 County: JOSEPHINE Subdivision Name: UNKNOWN Lot: 6 Block: 6
 Property Address: 3755 NEW HOPE ROAD City: GRANTS PASS State: OR Zip Code: 97527

Directions to Property: WILLIAMS HIGHWAY, RIGHT

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms: _____	Number of Bedrooms: _____	<input checked="" type="checkbox"/> Private <u>Well</u> <u>UGROR</u> Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

D. Type of Application

Site Evaluation Renewal Permit Authorization Notice for:
 Construction Existing System Evaluation Connecting to an Existing System Not in Use
 Permit Repair Permit Transfer Replacing a Mobile Home or House with Another Mobile Home or House
 Major Minor Permit Reinstatement The Addition of One or More Bedrooms
 Alteration Permit Other-please specify NEW SYSTEM Personal Hardship
 Major Minor Holes are dug for inspection Temporary Housing

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: John Holt Marcia Holt Date: 12-22-2020 5:03 PM PST

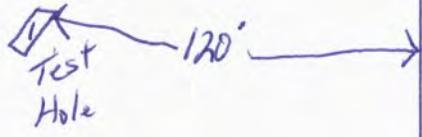
Applicant's Name - Please Print Legibly: Marcia Holt Applicant's Phone Number: 970-422-2087 Applicant's E-mail Address: marciaholt@gmail.com

Applicant's Mailing Address: 5604 SE 46th Avenue Portland, Or 97206

Applicant is the Owner Authorized Representative Licensed Septic Installer

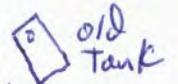
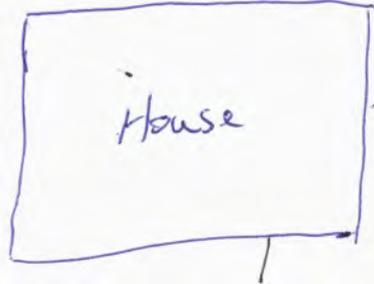
Authorization Attached Installer's Name: Robert Conley

3755 New Hope Road GP →



Driveway

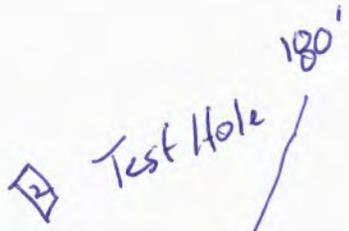
O well



culvert



40'





NOTICE AUTHORIZING REPRESENTATIVE

I, John & Marcia Holt, have authorized Robert Conley 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:

3755 New Hope Road, Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 37 Range 06 Section 01 Map ID _____ Tax Lot #(s) 800

PROPERTY OWNER:

Printed Name: John & Marcia Holt

Address: 5604 SE 46th Avenue

City, State, Zip: Portland, OR 97206

Phone: 970-422-2087 Email: MARCIAHOLT@gmail.com

Signature: John Holt Marcia Holt

AUTHORIZED REPRESENTATIVE:

Printed Name: Robert Conley Marcia Holt

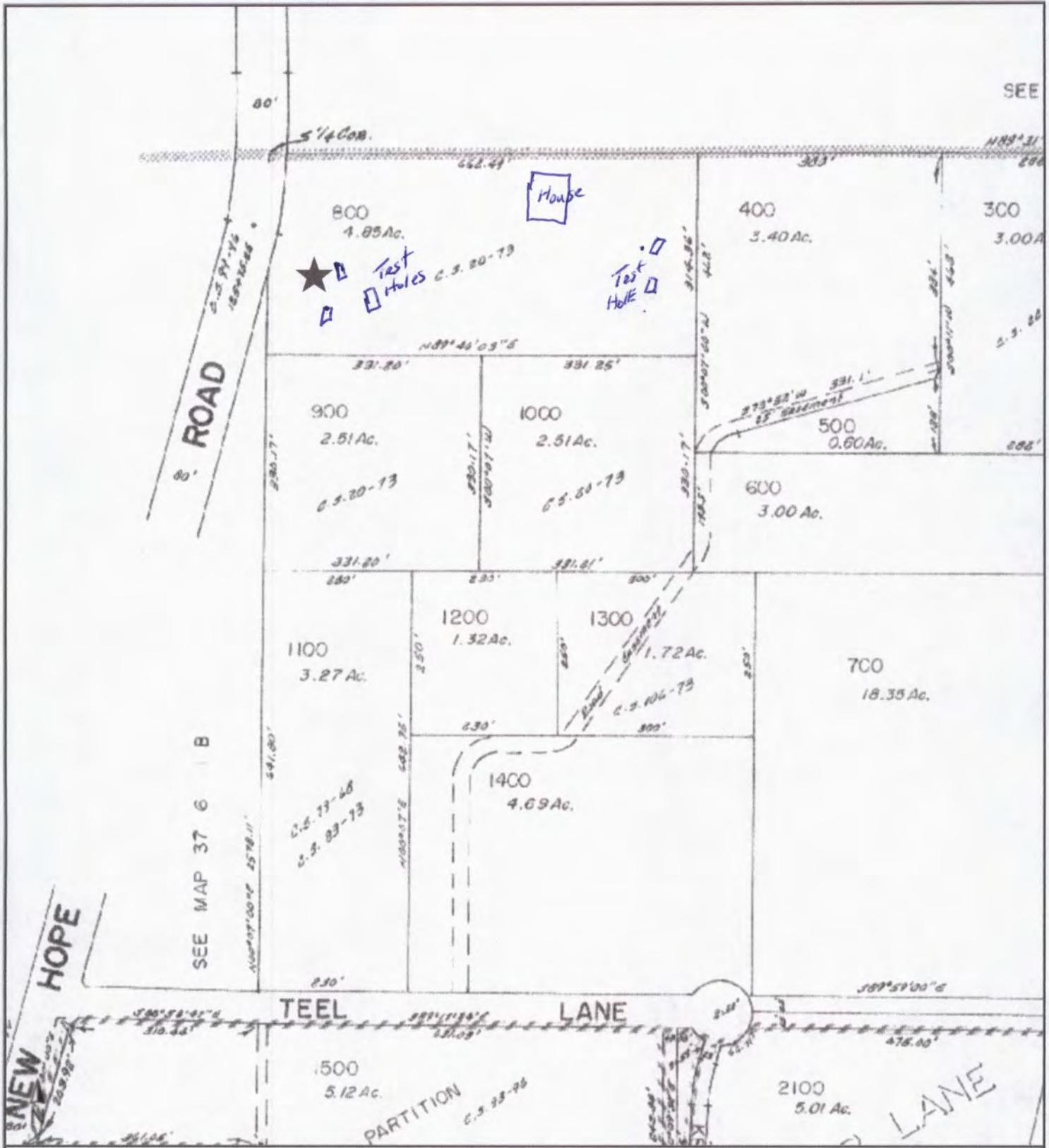
Address: _____

City, State, Zip: JACKSONVILLE, OREGON 97530

Phone: 541-840-1670 Email: ROBERTRC.EXCAVATING@gmail.com

HOME EVENINGS 541-8998621

Signature: _____



First American Title™

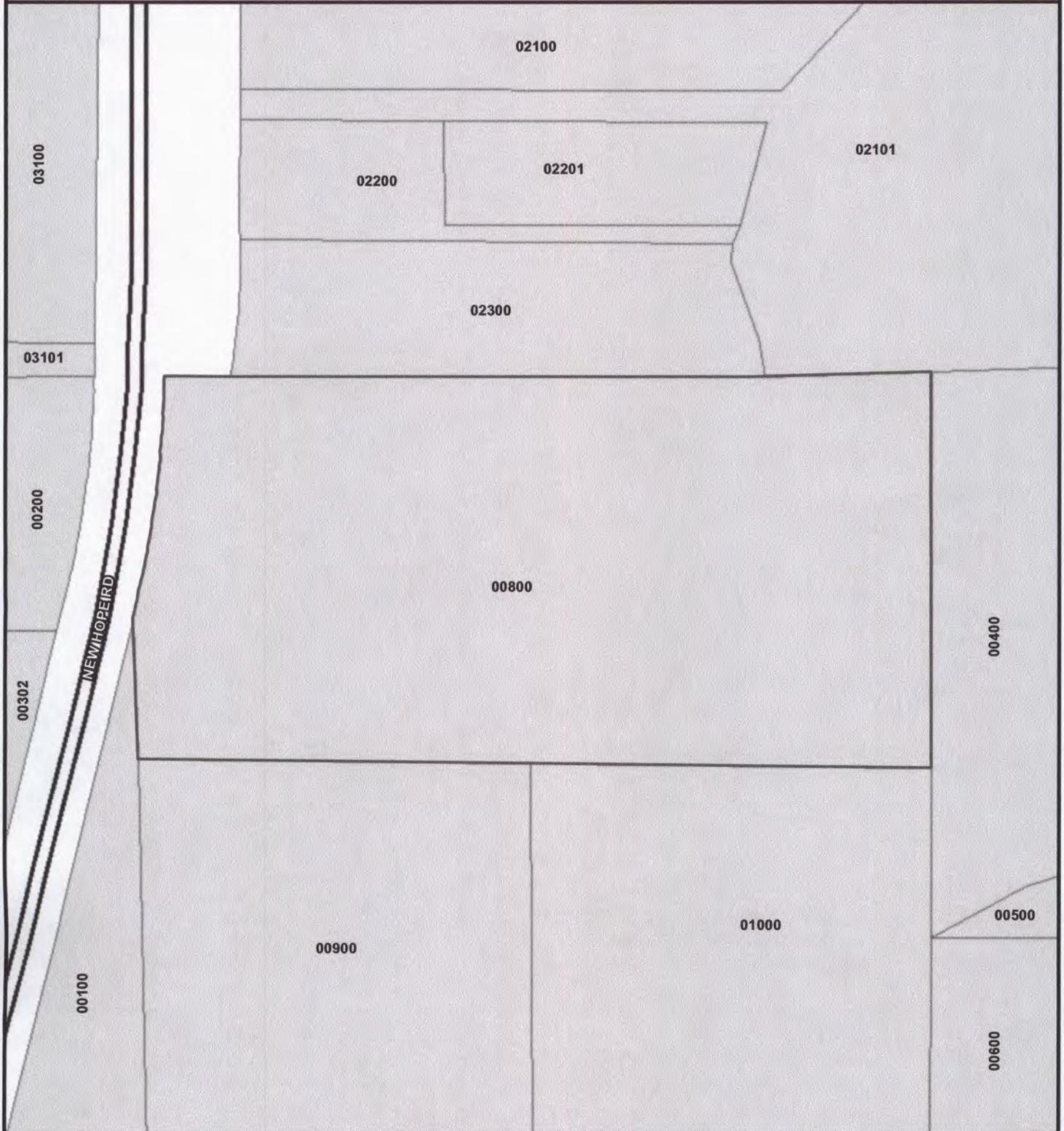
ParcelID: R323927
3755 New Hope Rd
Grants Pass, OR 97527

This map/plat is being furnished as an aid in locating the herein described land in relation to adjoining streets, natural boundaries and other land, and is not a survey of the land depicted. Except to the extent a policy of title insurance is expressly modified by endorsement, if any, the company does not insure dimensions, distances, location of easements, acreage or other matters shown thereon.



First American Title

370601A0000800
3755 New Hope Rd
Grants Pass, OR 97527



Taxlot

8/26/2020



Subject



Taxlot

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**Onsite Authorization
Application Verification**
463-23-000337-AUTH

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

Application created: 9/29/23

Parcel Nbr: 370601A000080000

Site Address: 3755 NEW HOPE RD, GRANTS PASS, OR 97527

Owner: MATIACO, LISA M &
CASTILLO, NORMAN C
3755 NEW HOPE RD
GRANTS PASS, OR 97527

Applicant: MATIACO, LISA M & CASTILLO, NORMAN C - MATIACO, LISA M & CASTILLO, NORMAN C
3755 NEW HOPE RD
GRANTS PASS, OR 97527

Phone: (541) 761-7414

Email: LISAJABBY@YAHOO.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Residential

County:

Acreage or Lot Size:

Water Supply: Well

Site Ready for Inspection: Yes

Use of Structure: Existing
SFR
Number of Bedrooms: 2

Use of Structure: Proposed
SFR = DLS
Number of Bedrooms: 4

Attached Documents:

No Documents have been attached.