



Certificate of Satisfactory Completion  
Installation Permit - Residential - New

463-23-000210-PRMT

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

**Date Certificate Issued:** 07/06/2023  
**Work Description:** STANDARD CONSTRUCTION PERMIT

**Applicant:** Druther's Construction, LLC  
**Address:** PO Box 1586  
Grants Pass OR 97528  
**Phone:** 5414412029  
**Email:** andrew.olson2002@gmail.com

**Primary Contractor:** Druther's Construction, LLC  
**Installer License:** 39140  
**Address:** PO Box 1586  
Grants Pass OR 97528  
**Phone:** 5414412029  
**Email:** andrew.olson2002@gmail.com

**Owner:** MCKINNEY, CHRISTOPHER &  
MCKINNEY, CAROLYN  
**Address:** 145 W LINDA VISTA RD  
GRANTS PASS OR 97527

**Property Address:** 149 E Linda Vista Rd, Grants Pass,  
OR 97527

**Parcel:** 360629AC00010200 - Primary      **Township:** 36    **Range:** 06      **Section:** 29

**Lot Size:** 2.24      **Water Supply:** Well  
**Zoning:** N/A      **City/County/UGB:** County  
**Land Use Approval:** N/A

**Category of Construction:** Residential

	Existing	Proposed
<b>Use of Structure:</b>	N/A	SFR
<b>Number of Bedrooms:</b>	N/A	4

**System Specifications**

**Type:** Standard  
**Max Peak Design Flow:** 450 gpd.      **Proposed Flow:** 450 gpd.  
**Min Septic Tank Volume:** 1000 gal.      **Min Dosing Tank Volume:** N/A  
**Special Tank Requirements:** Anti-buoyancy device is required

**Drain Field Specifications**

**Drain Field Type:** Standard      **System Distribution Type:** Equal  
**Drainfield Sizing:** 125 linear ft.      **Distribution Method:** Equal  
**Media Type:** EZ FLOW 1201P      **Media Depth:** 12 in.  
**Trench Length:** 375 linear ft.      **Rock Above Pipe:** N/A  
**Max Depth:** 30 in.      **Undisturbed Soil Between Trenches:** 8 ft.  
**Min Depth:** 18 in.      **Capping Fills-Min Depth of Fill Material:** N/A

**Special Requirements**

**Pump to Drainfield Required:** No      **Filter Fabric on Top of Drain Media:** Yes  
**Rake Trench Sidewalls:** Yes

Date Certificate Issued: 07/06/2023

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

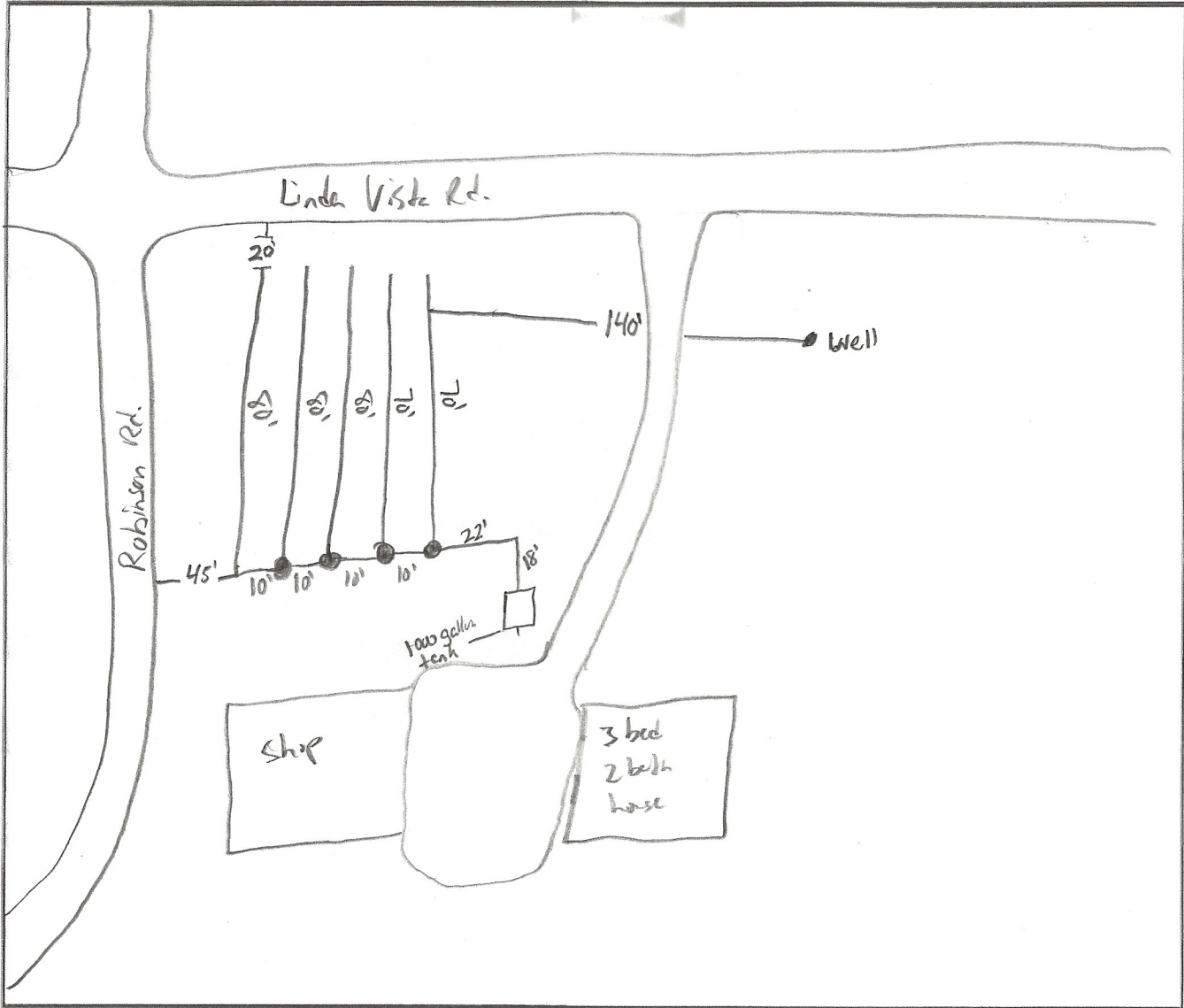
CALL BEFORE YOU DIG...IT'S THE LAW

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.)



**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>Andrew Olson</u>
Licensed Installer: <input checked="" type="radio"/> Yes <input type="radio"/> No	License#: <u>39140</u> Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u> Date: <u>6-28-23</u> Phone#: <u>541-441-2029</u>

**SECTION 5 - Office Use Only:**

Notice Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Installer/Owner (Permittee) Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_







**SITE PLAN FOR CONSTRUCTION / INSTALLATION**

**Site Plan Must Be Current**

Property Owner: \_\_\_\_\_ Site ID: \_\_\_\_\_

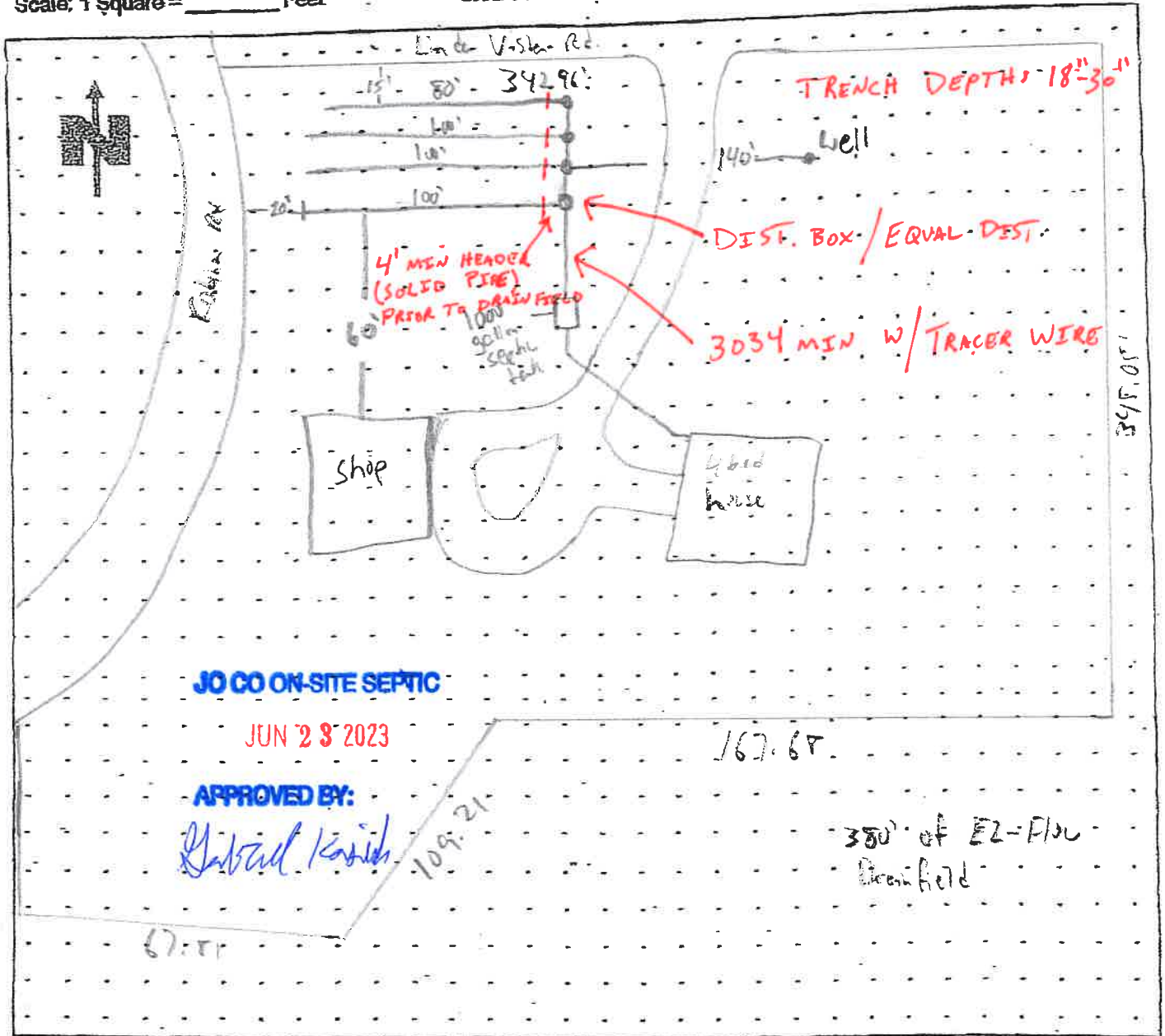
Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

Acres: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Scale: 1 Square = \_\_\_\_\_ Feet

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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, 210-PRMT

A. Property Owner Information

Name: Christopher McKinney, Mailing Address: 145 W Linda Vista Rd, Grants Pass, OR 97527, Phone Number: 541-663-4325

B. Legal Property Description

Township: 36, Range: 06, Section: 29 AC, Tax Lot: 102, Tax Account Number: R347345, Acreage or Lot Size: 2.24, County: Josephine, Subdivision Name: , Lot: , Block:

Property Address: 149 E Linda Vista Rd, Grants Pass, OR 97527

Directions to Property: Take 199 West take a right on Robinson Rd take a right on Linda Vista property is on the corner on your right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, Proposed Facility: Single Family Residence, Water Supply: Private Well

D. Type of Application

- Site Evaluation, Construction, Permit Repair, Alteration Permit, 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: Andrew Olson, Date: 6-16-23, Applicant's Name: Andrew Olson, Applicant's Phone Number: 541-441-2029, Applicant's E-mail Address: andrew.olson2002@gmail.com, Applicant's Mailing Address: P.O. Box 1586 Grants Pass, OR 97528

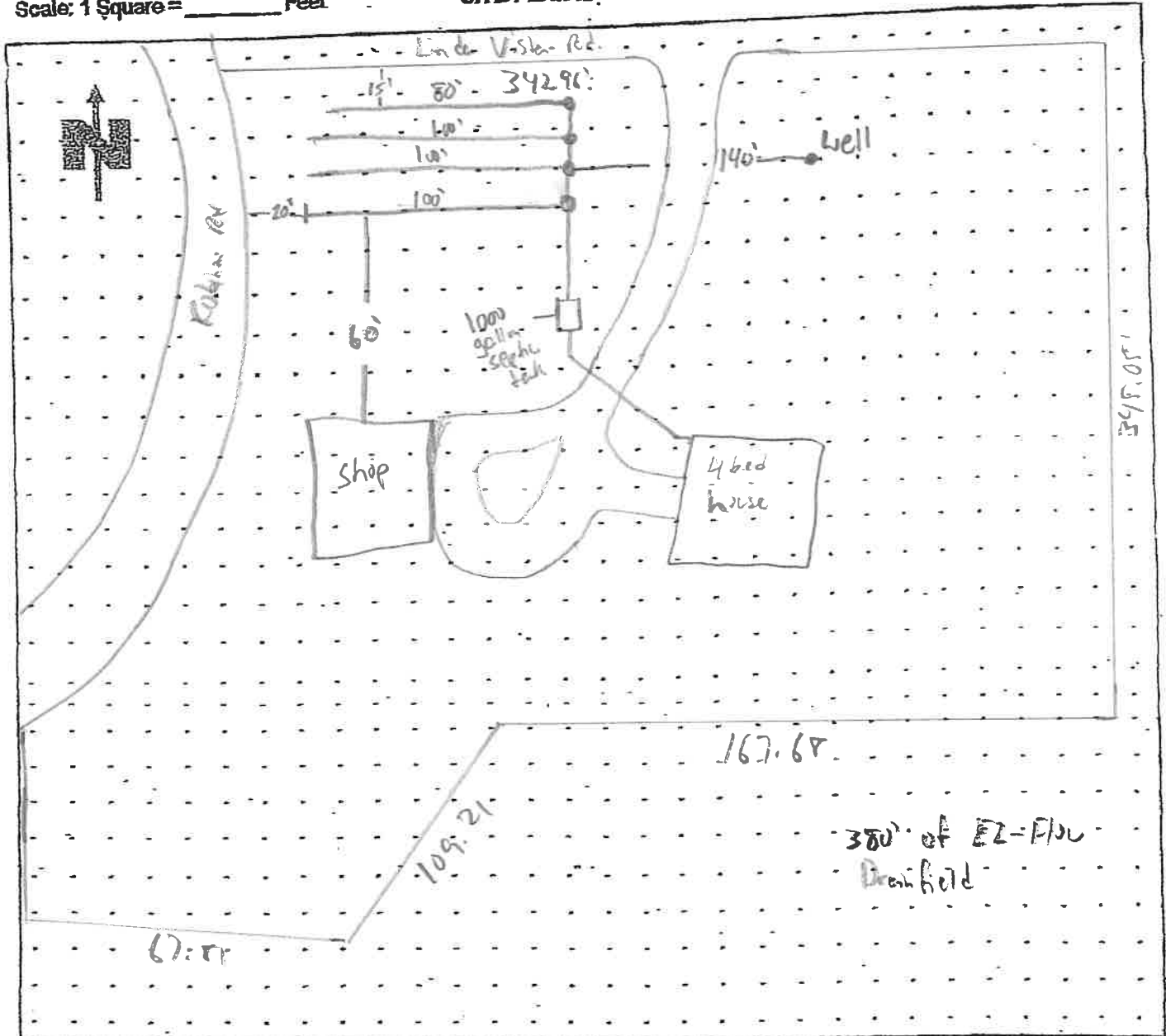
Applicant is the: Owner, Authorized Representative, Licensed Septic Installer, Installer's Name: Dr. H. Construction 39140

**SITE PLAN FOR CONSTRUCTION / INSTALLATION**

**Site Plan Must Be Current** Property Owner: \_\_\_\_\_ Site ID: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_  
 Acres: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Scale: 1 Square = \_\_\_\_\_ Feet

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NOTICE AUTHORIZING REPRESENTATIVE

I, CHRIS MCKINNEY, have authorized Andrew Olson 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:

149 E Linda Vista Rd

(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 29 Map ID - Tax Lot #(s) 102

### PROPERTY OWNER:

Printed Name: CHRISTOPHER LEE MCKINNEY

Address: 145 W. LINDA VISTA Rd.

City, State, Zip: GRANTS PASS, OR 97527

Phone: 541 660 4325 Email: CLMCKINNEY96@CHARTER.NET

Signature: 

### AUTHORIZED REPRESENTATIVE:

Printed Name: Andrew Olson

Address: P.O. Box 1586

City, State, Zip: Grants Pass, OR 97528

Phone: 541-441-2029 Email: andrew.olsm2002@gmail.com

Signature: 



## Statement of Site Status

Name: Andru Olson

Address: 149 E Linda Vista Rd.

City: Grants Pass State: OR Zip Code: 97527

Township: 36 Range: 06 Section: 29 Tax Lot: 102

County: Josephine

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

Date: 6-16-23 Signed: [Signature]

## Tami Smith

---

**From:** Tami Smith  
**Sent:** Wednesday, June 21, 2023 2:48 PM  
**To:** Andrew Olson  
**Subject:** 149 E Linda Vista Rd/LUCS  
**Attachments:** 20230621144519.pdf

Hello,

I have attached the LUCS for 149 E Linda Vista Rd.



Cheers,

**Tami Smith**  
**Associate Planner**  
Community Development  
Planning Division  
700 NW Dimmick St Suite C, Grants Pass, OR 97526  
(541)474-5421 Ext 5424 | [tsmith@josephinecounty.gov](mailto:tsmith@josephinecounty.gov)

***PUBLIC RECORDS LAW DISCLOSURE***

*This email is a public record of Josephine County and is subject to public disclosure unless exempt from disclosure under Oregon Public Records Law. This email is subject to retention.*

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

1. Applicant Name/Property Owner: Christopher McKinney  
Mailing Address: 145 W Linda Vista Rd  
City, State, Zip: Grants Pass, OR 97527  
Telephone: 541-660-4325

RECEIVED  
JUN 16 2023

2. Property Information:  
County: Josephine Tax Lot No.: 102  
Township: 36 Range: 06 Section: 29 AC  
Physical Address: 149 E Linda Vista Rd.  
Block: Lot:  
Subdivision Name (if applicable):

JO CO - PLANNING

3. This proposed facility is for:  
 An individual, single-family dwelling.  
 Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:  
 Construction-Installation permit for:  New Construction  Repair  Alteration  
 Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds).  
 Authorization Notice for:  Replacement of dwelling  Bedroom addition  
 Other changes in land use involving potential sewage flow increases

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

5. Property Zoning: Rb 2.5 Zoning Minimum Parcel Size: 2.5 acres

6. The facility is located:  inside city limits  inside UGB  outside UGB  
If inside UGB, the proposed facility is subject to:  
 City jurisdiction  County jurisdiction  Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements:  Yes  No  
If you answered "Yes" above, was this compliance based on:  
 Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)  
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)  
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.01.020.5  
single family dwelling or manufactured dwelling - outright permitted use

8. Planning Official Signature: Tami Smith  
Print Name: Tami Smith Title: Associate Planner  
Telephone: 541-450-474-5424 Date: 6-21-23

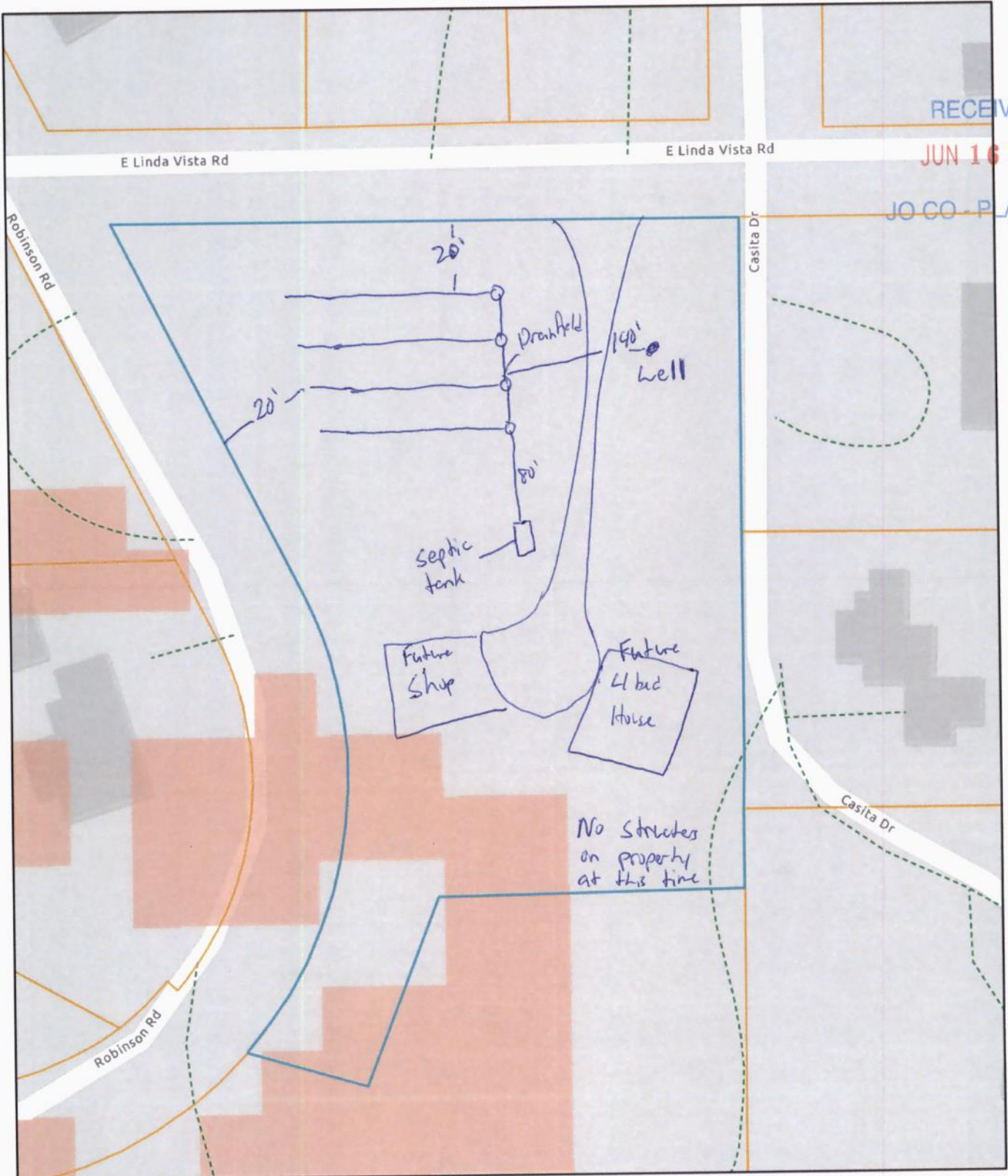
Josephine County Planning  
700 NW Dimmick Street  
Suite C  
Grants Pass, OR 97526

# ArcGIS Web Map

RECEIVED

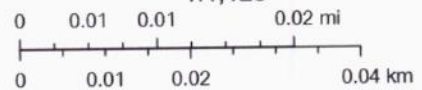
JUN 16 2023

JO CO - PLANNING



6/16/2023, 8:03:21 AM

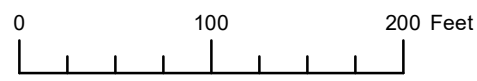
1:1,128



- Taxlots
- Driveway
- Slope - percent grade
  - 0 - 14.9%
  - 15 - 39.9%

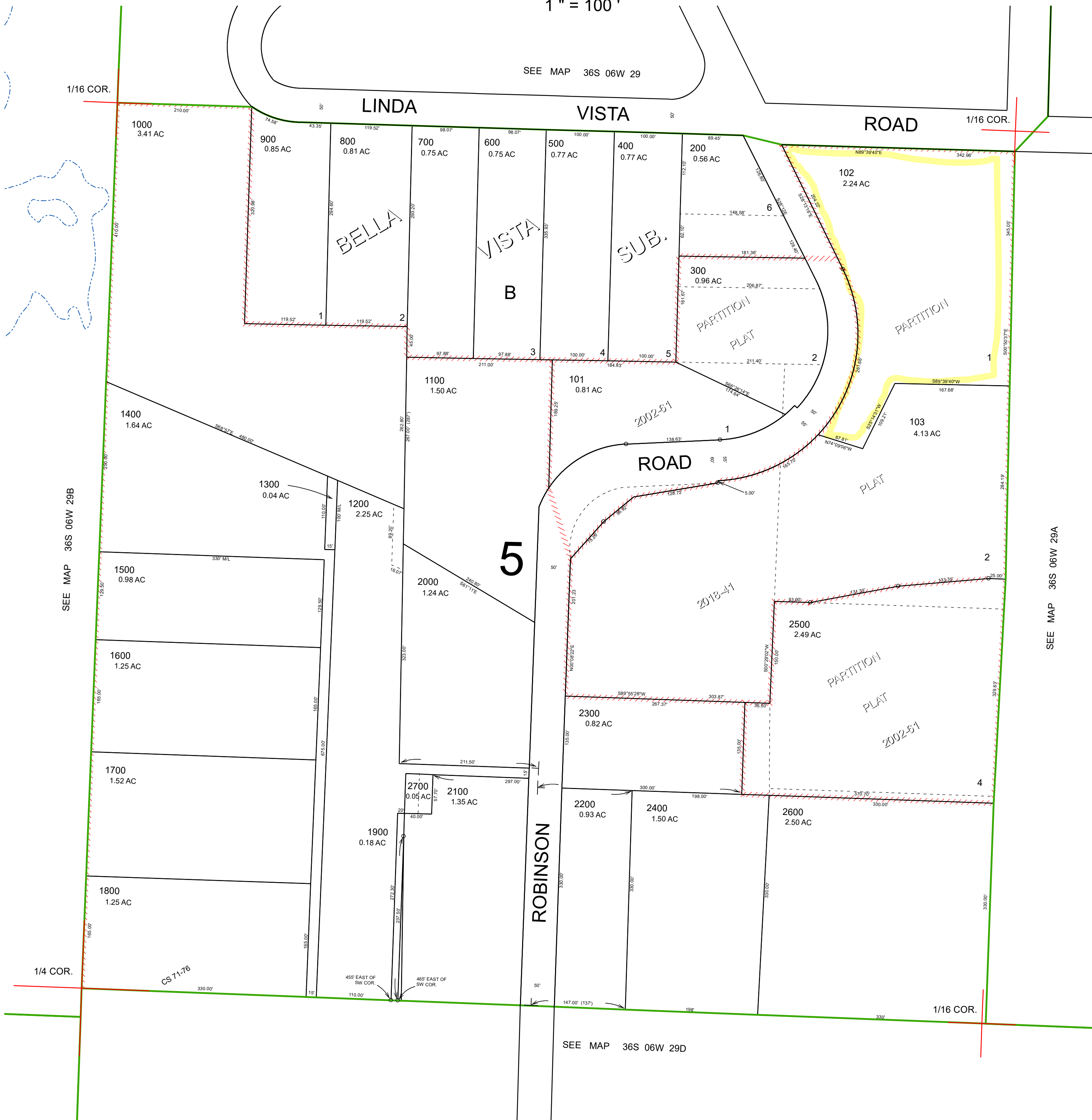
Esri Community Maps Contributors, Josephine County, Oregon State Parks, State of Oregon GEO, © OpenStreetMap, Microsoft, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA

Web AppBuilder for ArcGIS



S.W.1/4 N.E.1/4 SEC.29 T.36S. R.6W. W.M.  
JOSEPHINE COUNTY  
1" = 100'

CANCELLED:  
100



SEE MAP 36S 06W 29B

SEE MAP 36S 06W 29A

SEE MAP 36S 06W 29D



# Septic Permit

## Installation Permit - Residential - New

463-23-000210-PRMT

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

<b>Date issued:</b> 6/26/23	<b>Expiration date:</b> 6/25/24
<b>Work description:</b> STANDARD CONSTRUCTION PERMIT	

<b>Applicant:</b> Druther's Construction, LLC <b>Address:</b> PO Box 1586 Grants Pass OR 97528 <b>Phone:</b> 5414412029 <b>Email:</b> andrew.olson2002@gmail.com  <b>Business License:</b> N/A	<b>Primary contractor:</b> Druther's Construction, LLC <b>Installer License:</b> 39140 <b>Address:</b> PO Box 1586 Grants Pass OR 97528 <b>Phone:</b> 5414412029 <b>Email:</b> andrew.olson2002@gmail.com
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<b>Owner:</b> MCKINNEY, CHRISTOPHER & MCKINNEY, CAROLYN <b>Address:</b> 145 W LINDA VISTA RD GRANTS PASS OR 97527  <b>Parcel:</b> 360629AC00010200 - Primary	<b>Property address:</b> 149 E Linda Vista Rd, Grants Pass, OR 97527  <b>Township:</b> 36 <b>Range:</b> 06 <b>Section:</b> 29
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<b>Lot size:</b> 2.24	<b>Water supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Construction Permit - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A	
<b>Comments:</b> N/A		

**Category of construction:** Residential

	Existing	Proposed
<b>Use of structure:</b>	N/A	SFR
<b>Number of bedrooms:</b>	N/A	4

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A	
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 450 gpd.	
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> N/A	
<b>Special tank rqmts:</b> Anti-buoyancy device is required		

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Ttpe:</b> Equal	
<b>Drainfield sizing:</b> 125 linear ft.	<b>Distribution method:</b> Equal	
<b>Media type:</b> Other - Indicate Product/Manufacturer	<b>Media depth:</b> 12 in.	
<b>Media type description:</b> EZ FLOW 1201P		
<b>Trench length:</b> 375 linear ft.	<b>Rock above pipe:</b> N/A	
<b>Max depth:</b> 30 in.	<b>Undisturbed soil between trenches:</b> 8 ft.	
<b>Min depth:</b> 18 in.	<b>Capping fills-min depth of fill material:</b> N/A	

**Special Requirements**

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:** 6/26/23

**Expiration date:** 6/25/24

**Work description:** STANDARD CONSTRUCTION PERMIT

<b>Pump to drainfield reqd:</b>	N/A	<b>Filter fabric on top of drain media:</b>	Yes
<b>Rake trench sidewalls:</b>	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. 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.
11. An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
12. Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
13. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
14. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
15. Maximum length of an individual trench is 150-feet.
16. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
17. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
18. 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.
19. Photos of the septic system components must be submitted along with the FIRN.

**Date issued:** 6/26/23**Expiration date:** 6/25/24**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

6/26/23



**Onsite Permit**  
**Application Verification**  
463-23-000210-PRMT

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**Parcel Nbr:** 360629AC00010200  
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**Owner:** MCKINNEY,  
CHRISTOPHER &  
MCKINNEY, CAROLYN  
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PO Box 1586  
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**Phone:** (541) 441-2029  
**Email:** andrew.olson2002@gmail.com

**Licensed Professional(s):**  
**License Number:** Installer License - 39140  
Druther's Construction, LLC  
PO Box 1586  
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**Phone:** (541) 441-2029  
**Email:** andrew.olson2002@gmail.com

**Category of Construction:** Residential  
**Acreage or Lot Size:** 2.24

**County:**  
**Water Supply:** Well

**Use of Structure:**  
**Number of Bedrooms:**

Existing

**Use of Structure:**  
**Number of Bedrooms:**

Proposed  
SFR  
4

**Attached Documents:**  
No Documents have been attached.



DEQ Medford Office  
 221 Stewart Avenue  
 Suite 201  
 Medford, OR 97501  
 Phone: 541-776-6010

## Septic Site Evaluation Approval Residential Site Evaluation

**248-17-001128-EVAL**

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Date Issued:** 11/14/17  
**Work Description:** SITE EVALUATION--LOT #1

<b>Applicant:</b> BESLER, ERVIN <b>Address:</b> 2003 CASITA DR. GRANTS PASS OR 97527 <b>Phone:</b> 541-474-6005 <b>Email:</b> ERVINANDKATHY@CHARTER.NET	<b>Primary Contractor:</b> R. T. Littlefield Excavating & Backhoe Service <b>Installer License:</b> 34435 <b>Address:</b> 698 Ewe Creek Road Grants Pass OR 97526 <b>Phone:</b> (541) 479-2802
---	---

<b>Owner:</b> BESLER, ERVIN &  <b>Parcel:</b> 360629AC00100 - Primary	<b>Property Address:</b> 2085 Robinson Rd, Grants Pass, OR 97526  <b>Township:</b> 36S <b>Range:</b> 6W <b>Section:</b> 29
---	---

<b>Lot Size:</b> Not specified <b>Zoning:</b> Not specified	<b>Water Supply:</b> Well <b>City/County/UGB:</b> Not specified <b>County:</b> Josephine
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**Directions to Property:** TAKE REDWOOD HWY. WEST 6 MILES, RIGHT ON ROBINSON ROAD, 1/3 MILE, RIGHT ON LINDA VISTA RD.

**Proposed Use of Structure:** 4 BEDROOM SFR  
**Category of Construction:** Single Family Dwelling

**Proposed**

**Number of Bedrooms:** 4

**General Specifications**

<b>Max Peak Design Flow:</b>	450 gpd	<b>Proposed Gallons per Day:</b>	450 gpd
<b>Min Septic Tank Volume:</b>	1000 gal	<b>Min Dosing Tank Volume:</b>	N/A
<b>Special Tank Reqmts:</b>	N/A		
<b>Media Depth:</b>	N/A		
<b>Seepage Bed Specs:</b>	Not specified		

**System Specifications**

<b>System Type:</b>	Standard	Alternative Treatment Technology (ATTs)
<b>System Distribution Type:</b>	Equal	Equal
<b>Distribution Method:</b>	Equal	Equal

**Trench Specifications**

<b>Trench Linear Feet:</b>	375 linear ft	135 linear ft
<b>Max Depth:</b>	30 in	30 in
<b>Min Depth:</b>	18 in	18 in
<b>Capping Fills-Min Depth of Fill Material:</b>	N/A	N/A

**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:** 11/14/17  
**Work Description:** SITE EVALUATION-LOT #1

<b>Special Requirements</b>	<b>Initial System</b>	<b>Replacement Area</b>
<b>Stakeout Required:</b>	No	No
<b>Groundwater Type:</b>	Temporary	Temporary
<b>Groundwater Depth:</b>	N/A	N/A
<b>Groundwater Interceptor:</b>	N/A	N/A
<b>Groundwater Interceptor-Amount of Drain Media:</b>	N/A	N/A
<b>Groundwater Interceptor Depth:</b>	N/A	N/A
<b>Drainfield Type:</b>	Standard	Standard
<b>Drainfield Sizing:</b>	N/A	N/A
<b>Pump to Drainfield Required:</b>	No	No
<b>Other Special Requirement:</b>	N/A	N/A

**Conditions of Approval:**

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 DEQ 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 believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

Marty Easter

Onsite Wastewater Specialist

11/14/17

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

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FIELD WORKSHEET

Name: Besler Application No.: 17-1128-EVAL Date: 11-13-17

RE: SITE EVALUATION REPORT for Township: 36 Range: 6 Section: 29-13 Tax Lot 100-Lot/Parcel 1

Commercial Facility:  Yes  No Parcel Size: \_\_\_\_\_

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: \_\_\_\_\_

Initial System	Replacement System
<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	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank <input checked="" 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 checked="" 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
Distribution Method: <input checked="" 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: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- 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.

- Conditions Associated w/ saturation - OAR 340-071-0100 (33) (c)

- ATT/SF repair area due to limited repair area.

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-13	SCL	5YR 8/4, WSBkY, roots 2 VF, F, Obedo
	13-37	SCL	5YR 3/4, WSBkY, roots 1VF, Obedo
	37-52	SC	10YR 7/1, MSBkY, Oroots, Depleted Matrix w/o Concentrations @ 37" H2O @ 52"
Test Pit 2	0-14	SCL	Similar to Test Pit 1
	14-36	SCL	
	36-53	SC	10YR 7/1 Depleted Matrix @ 36" H2O @ 53"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Flat - Lightly wooded

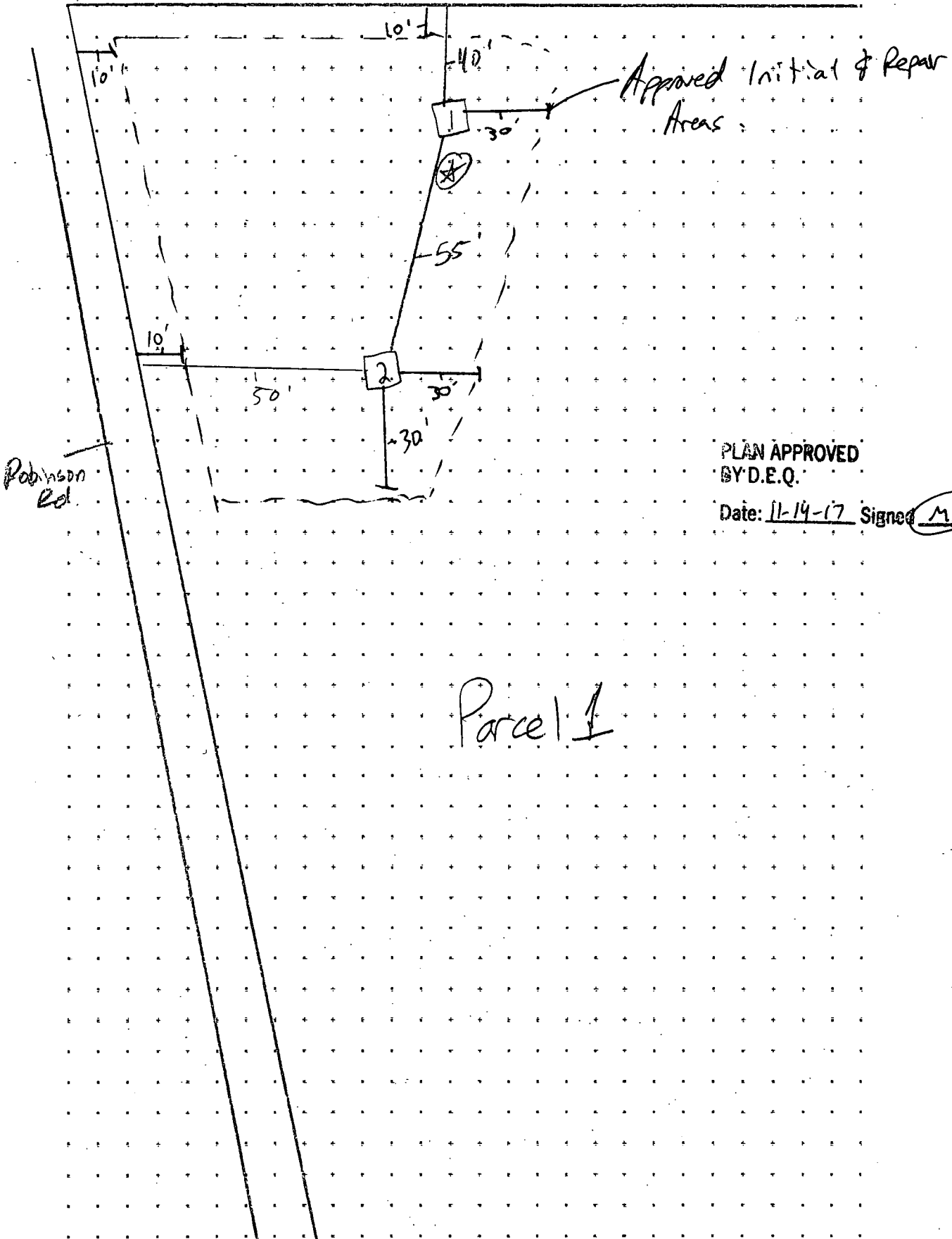
Slope: 0-1 Aspect \_\_\_\_\_ Groundwater Type:  Permanent  Temporary

Other Site Notes: Has been raining past 72 hrs.

SITE PLAN

N ↑

E. Linda Vista Rd.



Robinson Rd.

Approved Initial & Repair Areas

PLAN APPROVED BY D.E.Q.

Date: 11-14-17 Signed MB

Parcel 1

- Not to scale

Application # \_\_\_\_\_

GPS 42.414791  
-123.431541



# Onsite Site Evaluation Application Verification

DEQ Medford Office  
221 Stewart Avenue  
Suite 201  
Medford, OR 97501  
Phone: 541-776-6010

Residential Site Evaluation

248-17-001128-EVAL

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Application created:** 9/28/17

**Parcel Nbr:** 360629AC00100

**Site Address:** 2085 ROBINSON RD, GRANTS PASS, OR 97526

**Owner:** BESLER, ERVIN &

**Applicant:** BESLER, ERVIN

2003 CASITA DR.

GRANTS PASS, OR 97527

**Phone:** (541) 474-6005

**Email:** ERVINANDKATHY@CHARTER.NET

**Licensed Professional:**

**License Nbr:** Installer License - 34435

R. T. Littlefield Excavating & Backhoe Service

698 Ewe Creek Road

Grants Pass, OR 97526

**Phone:** (541) 479-2802

**Category of Construction:** Single Family Dwelling

**County:** Josephine

**Directions:** TAKE REDWOOD HWY. WEST 6 MILES, RIGHT ON  
ROBINSON ROAD, 1/3 MILE, RIGHT ON LINDA VISTA RD.

**Acreage or Lot Size:**

**Water Supply:** Well

**Site Ready for Inspection:** Yes

Existing

**Use of Structure:**

**Number of Bedrooms:**

**Number of Employees:**

**Number of Seats:**

Proposed

**Use of Structure:** 4 BEDROOM SFR

**Number of Bedrooms:** 4

**Number of Employees:**

**Number of Seats:**

**Attached Documents:**

No Documents have been attached.

A. Property Owner Information

Ervin Basler 2003 Casita Dr. Grants Pass Or. 541-474-6005  
Name Mailing Address (Street or PO B. #, City, State, Zip Code) 97527 Phone Number

B. Legal Property Description

36 South 6 West 29 AC 100 R320590 2.5  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Josephine Subdivision Name Parcel 1 Lot Block  
County

Property Address: 2085 Robinson Rd Grants Pass Oct. 97527  
Address City State Zip Code

Directions to Property: Take Redwood Hwy west 6 miles, right on Robinson road, right on Linda Vista Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:  Single Family Residence  Other  
Number of Bedrooms  
Proposed Facility:  Single Family Residence  
4  
Number of Bedrooms  
 Other  
Water Supply:  Public Name  
 Private well  
Well Spring, Shared

D. Type of Application

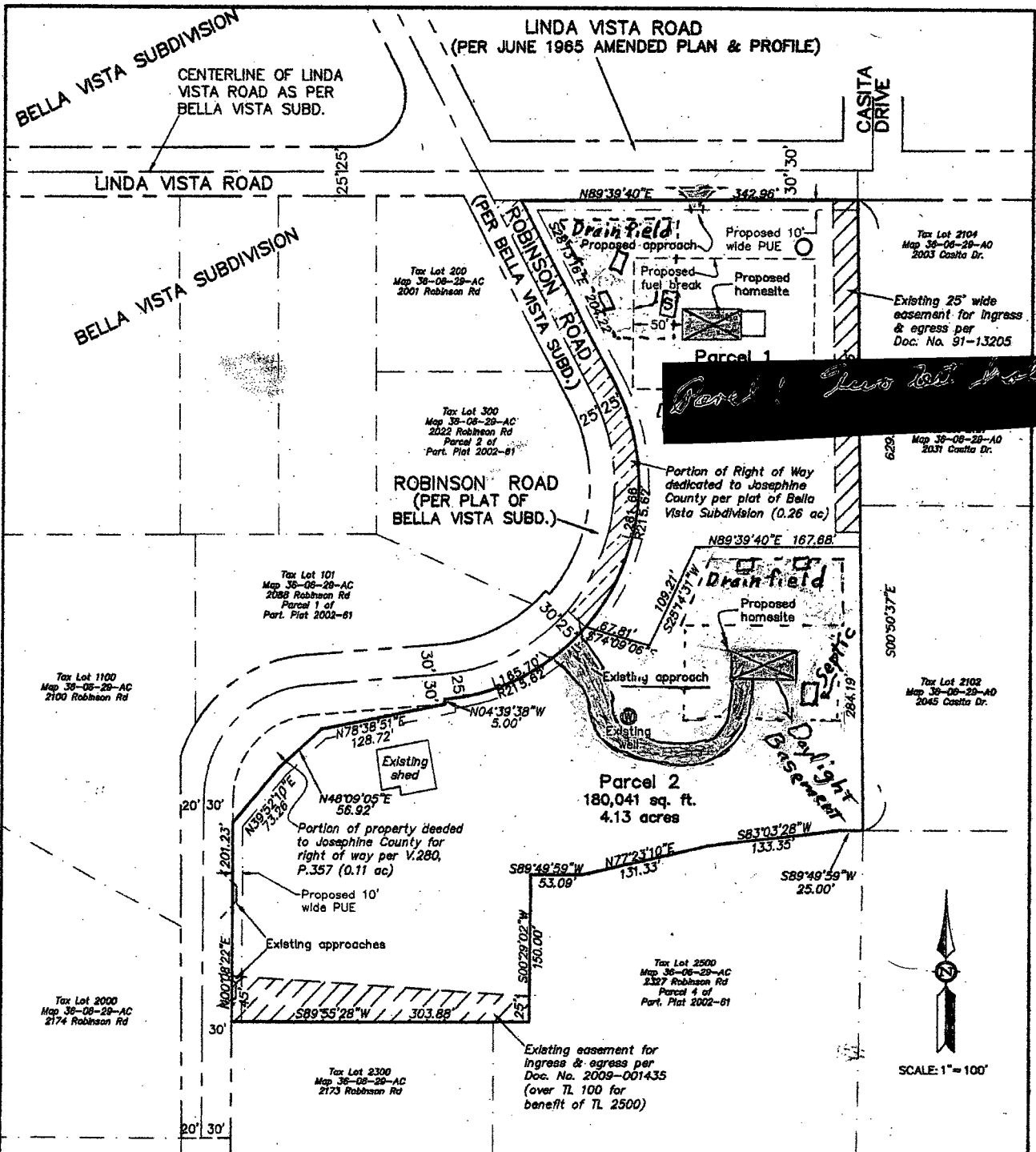
Site Evaluation  Renewal Permit  Authorization Notice for:  
 Construction  Existing System Evaluation  Connecting to an Existing System Not in Use  
 Permit Repair  Permit Transfer  Replacing a Mobile Home or House with Another Mobile Home or House  
 Major  Minor  Permit Reinstatement  The Addition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

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

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

Robert T Littlefield 9-25-17  
Signature Date  
Robert T Littlefield 541-479-2802 Ervin and Kathy@chester  
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

698 Ewe Creek Rd Grants Pass OR 97526  
Applicant's Mailing Address  
Applicant is the  Owner  Authorized Representative  Licensed Septic Installer 34435  
 Authorization Attached  
Robert T Littlefield  
Installer's Name



**OWNER/APPLICANT:**  
 ERVIN & KATHRYN BESLER  
 2003 CASITA DRIVE  
 GRANTS PASS, OR 97527  
 TELEPHONE: 541-474-6005

**PARTITION SIZE:**  
 TOTAL PROJECT AREA:  
 6.37 AC. (BY RECORDED PLAT).  
 DEEDED/DEDICATED RIGHT OF WAY  
 AREA = 0.26 AC.

**SANITARY SEWER:**  
 INDIVIDUAL SEPTIC  
**DOMESTIC WATER:**  
 EXISTING WELL (TO BE SHARED) (10 GPM)

**PROPERTY VESTING:**  
 DOC. NO. 2003-004942,  
 RECORDED FEBRUARY 28, 2003

**TRACT DESIGNATION:**  
 TAX LOT 100  
 MAP NO. 36-06-29-AC  
 PARCEL 3 OF PARTITION  
 PLAT NO. 2002-61

**SITUS:**  
 2085 ROBINSON RD.  
 GRANTS PASS, OR 97527

**ZONING:**  
 RR-2.5

**Peter D. Allen Land Surveying**

321 N.W. "A" Street  
 Grants Pass, Oregon 97526  
 541-476-4502



**REGISTERED PROFESSIONAL LAND SURVEYOR**

**PRELIMINARY**

OREGON  
 JULY 10, 1998  
 PETER D. ALLEN  
 2757

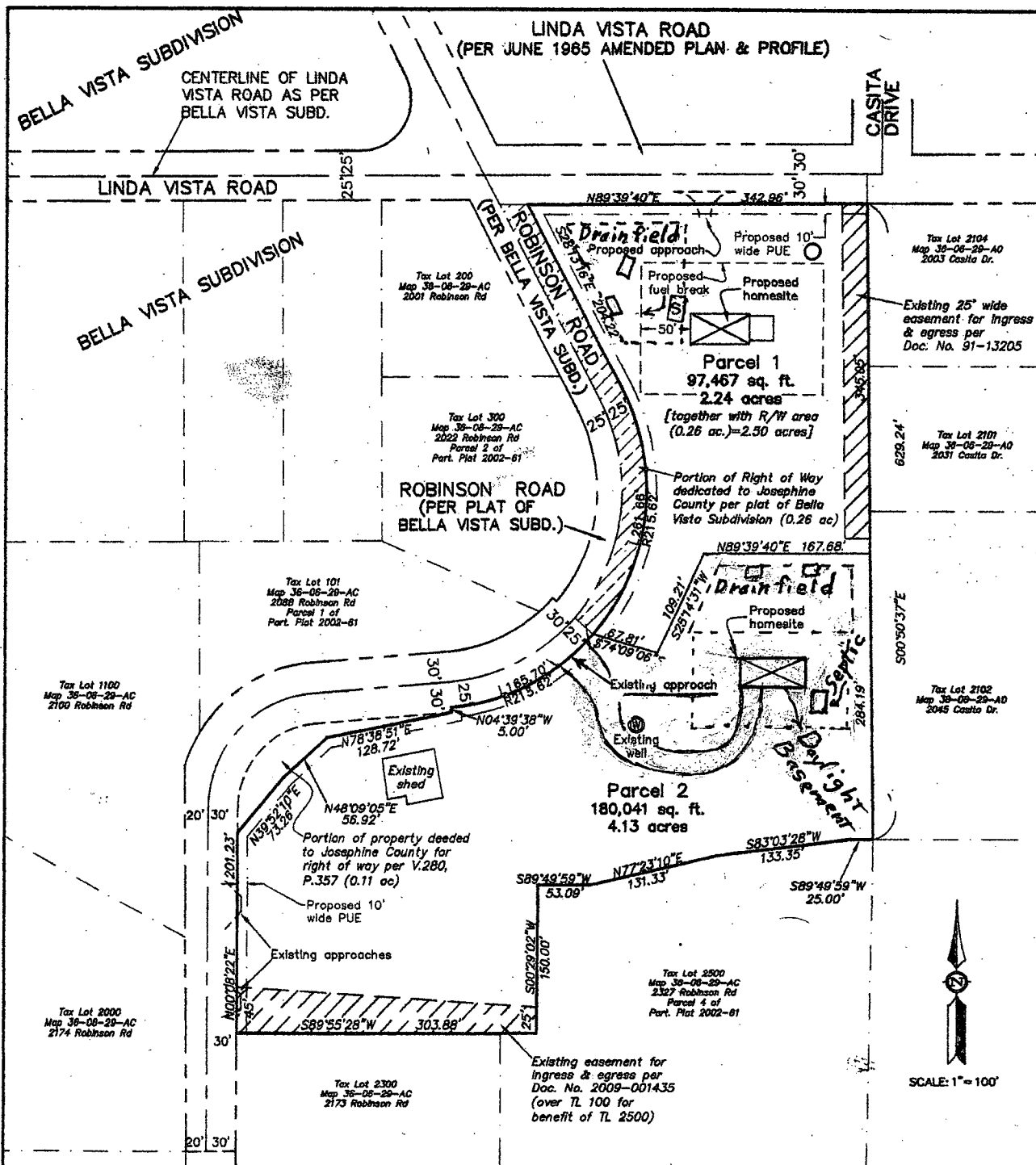
RENEWAL: DECEMBER 31, 2012

**Tentative Plan for a Land Partition**

LOCATED IN  
 Map No. 36-06-29-AC, Tax Lot 100  
 SW 1/4 of the NE 1/4 of Section 29  
 Township 36 South, Range 6 West, W.M.  
 Josephine County, Oregon

SURVEY FOR  
 Ervin & Kathryn Besler  
 Grants Pass, Oregon

<b>PROJECT NUMBER:</b> 2017-023-943
<b>DRAWING FILE:</b> BeslerPartPlat.dwg
<b>DRAWING SCALE:</b> 1" = 100'
<b>DATE:</b> September 25, 2017
<b>SHEET:</b> 1 OF 1 (pa)



**OWNER/APPLICANT:**  
 ERVIN & KATHRYN BESLER  
 2003 CASITA DRIVE  
 GRANTS PASS, OR 97527  
 TELEPHONE: 541-474-6005

**PARTITION SIZE:**  
 TOTAL PROJECT AREA:  
 6.37 AC. (BY RECORDED PLAT).  
 DEEDED/DEDICATED RIGHT OF WAY  
 AREA = 0.26 AC.

**SANITARY SEWER:**  
 INDIVIDUAL SEPTIC  
**DOMESTIC WATER:**  
 EXISTING WELL (TO BE SHARED) (10 GPM)

**PROPERTY VESTING:**  
 DOC. NO. 2003-004942,  
 RECORDED FEBRUARY 28, 2003

**TRACT DESIGNATION:**  
 TAX LOT 100  
 MAP NO. 36-06-29-AC  
 PARCEL 3 OF PARTITION  
 PLAT NO. 2002-61

**SITUS:**  
 2085 ROBINSON RD.  
 GRANTS PASS, OR 97527

**ZONING:**  
 RR-2.5

**Peter D. Allen Land Surveying**  
 321 N.W. "A" Street  
 Grants Pass, Oregon 97526  
 541-476-4502



**REGISTERED PROFESSIONAL LAND SURVEYOR**  
**PRELIMINARY**  
 OREGON  
 JULY 10, 1998  
**PETER D. ALLEN**  
 2757  
 RENEWAL: DECEMBER 31, 2012

**Tentative Plan**  
 for a  
**Land Partition**  
 LOCATED IN  
 Map No. 36-06-29-AC, Tax Lot 100  
 SW 1/4 of the NE 1/4 of Section 29  
 Township 36 South, Range 6 West, W.M.  
 Josephine County, Oregon  
 SURVEY FOR  
 Ervin & Kathryn Besler  
 Grants Pass, Oregon

**PROJECT NUMBER:**  
 2017-023-943  
**DRAWING FILE:**  
 BeslerPartPlat.dwg  
**DRAWING SCALE:**  
 1" = 100'  
**DATE:**  
 September 25, 2017  
**SHEET:**  
 1 OF 1 (pa)





DEQ Medford Office  
 221 Stewart Avenue  
 Suite 201  
 Medford, OR 97501  
 Phone: 541-776-6010

## Septic Site Evaluation Approval Residential Site Evaluation

**248-17-001126-EVAL**

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Date Issued:** 11/14/17  
**Work Description:** SITE EVALUATION--LOT #2

<b>Applicant:</b> BESLER, ERVIN <b>Address:</b> 2003 ROBINSON RD. GRANTS PASS OR 97527 <b>Phone:</b> 541-474-6005 <b>Email:</b> ERVINANDKATHY@CHARTER.NET	<b>Primary Contractor:</b> R. T. Littlefield Excavating & Backhoe Service <b>Installer License:</b> 34435 <b>Address:</b> 698 Ewe Creek Road Grants Pass OR 97526 <b>Phone:</b> (541) 479-2802
---	---

<b>Owner:</b> BESLER, ERVIN &	<b>Property Address:</b> 2085 Robinson Rd, Grants Pass, OR 97526
<b>Parcel:</b> 360629AC00100 - Primary	<b>Township:</b> 36S <b>Range:</b> 6W <b>Section:</b> 29

<b>Lot Size:</b> Not specified	<b>Water Supply:</b> Well
<b>Zoning:</b> Not specified	<b>City/County/UGB:</b> Not specified
	<b>County:</b> Josephine

**Directions to Property:** TAKE REDWOOD HWY. WEST 6 MILES, RIGHT ON ROBINSON RD., 1/3 MILE, RIGHT ON LINDA VISTA RD.

**Proposed Use of Structure:** 4 BEDROOM SFR  
**Category of Construction:** Single Family Dwelling

	<b>Proposed</b>
<b>Number of Bedrooms:</b>	4

**General Specifications**

<b>Max Peak Design Flow:</b>	450 gpd	<b>Proposed Gallons per Day:</b>	450 gpd
<b>Min Septic Tank Volume:</b>	1000 gal	<b>Min Dosing Tank Volume:</b>	N/A
<b>Special Tank Reqmts:</b>	N/A		
<b>Media Depth:</b>	N/A		
<b>Seepage Bed Specs:</b>	Not specified		

**System Specifications**

<b>System Type:</b>	Standard	Alternative Treatment Technology (ATTs)
<b>System Distribution Type:</b>	Equal	Equal
<b>Distribution Method:</b>	Equal	Equal

**Trench Specifications**

	<b>Initial System</b>	<b>Replacement Area</b>
<b>Trench Linear Feet:</b>	375 linear ft	375 linear ft
<b>Max Depth:</b>	30 in	30 in
<b>Min Depth:</b>	18 in	18 in
<b>Capping Fills-Min Depth of Fill Material:</b>	N/A	N/A

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**Date Issued:** 11/14/17  
**Work Description:** SITE EVALUATION--LOT #2

<i>Special Requirements</i>	<i>Initial System</i>	<i>Replacement Area</i>
<b>Stakeout Required:</b>	No	No
<b>Groundwater Type:</b>	Temporary	Temporary
<b>Groundwater Depth:</b>	N/A	N/A
<b>Groundwater Interceptor:</b>	N/A	N/A
<b>Groundwater Interceptor-Amount of Drain Media:</b>	N/A	N/A
<b>Groundwater Interceptor Depth:</b>	N/A	N/A
<b>Drainfield Type:</b>	Standard	Standard
<b>Drainfield Sizing:</b>	N/A	N/A
<b>Pump to Drainfield Required:</b>	No	No
<b>Other Special Requirement:</b>	N/A	N/A

**Conditions of Approval:**

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 DEQ 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 believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

Marty Easter

Onsite Wastewater Specialist

11/14/17

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

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FIELD WORKSHEET

Name: Bester Application No.: 17-1126-EVAL Date: 11-13-17

RE: SITE EVALUATION REPORT for Township: 36 Range: 6 Section: 29-13 Tax Lot: 100 - Parcel 2

Commercial Facility:  Yes  No Parcel Size: 4.13

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<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	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank <input checked="" 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 checked="" 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
Distribution Method: <input checked="" 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: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>135</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- 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.

- Conditions associated with Saturation-Depleted Matrix w/ iron concentrations.  
 - OAR 340-071-0100 (33)(c)

- ATT/SF repair area due to limited repair area.

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-14	SCL	5YR 3/4, WSBkY, Roots 2VF, F, Ø Redox
	14-36	SCL	5YR 3/4, WSBkY, Roots 1VF, Ø Redox
	36-54	SC	10YR 7/1, MSBkY, Ø Roots, - Depleted Matrix w/o iron concentrations @ 36 H <sub>2</sub> O @ 54
Test Pit 2	0-15		Similar to Test Pit 1
	15-37		
	37-52		Depleted Matrix @ 37" H <sub>2</sub> O @ 54
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Flat - Very lightly wooded

Slope: 0-1 Aspect: \_\_\_\_\_ Groundwater Type:  Permanent  Temporary

Other Site Notes: Has been raining for past 72 hours.  
Parcel/Lot 2

SITE PLAN

NA

Robinson Rd

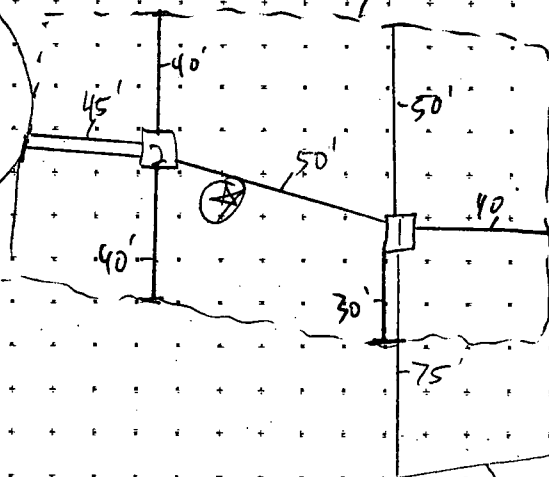
PLAN APPROVED  
BY D.E.Q.

Date: 11-14-17 Signed

MB

Basket

Approved Initial & Repair Area  
Parcel 2



⊛ GPS 42.413866  
-123.431230

Not to Scale

Application # \_\_\_\_\_



**Onsite Site Evaluation  
Application Verification**

DEQ Medford Office  
221 Stewart Avenue  
Suite 201  
Medford, OR 97501  
Phone: 541-776-6010

Residential Site Evaluation

248-17-001126-EVAL

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

**Application created: 9/28/17**

**Parcel Nbr:** 360629AC00100

**Site Address:** 2085 ROBINSON RD, GRANTS PASS, OR 97526

**Owner:** BESLER, ERVIN &

**Applicant:** BESLER, ERVIN  
2003 ROBINSON RD.  
GRANTS PASS, OR 97527

**Phone:** (541) 474-6005

**Email:** ERVINANDKATHY@CHARTER.NET

**Licensed Professional:**

**License Nbr:** Installer License - 34435  
R. T. Littlefield Excavating & Backhoe Service

698 Ewe Creek Road  
Grants Pass, OR 97526

**Phone:** (541) 479-2802

**Category of Construction:** Single Family Dwelling

**County:** Josephine

**Directions:** TAKE REDWOOD HWY. WEST 6 MILES, RIGHT ON  
ROBINSON RD., 1/3 MILE, RIGHT ON LINDA VISTA RD.

**Water Supply:** Well

**Acreage or Lot Size:**

**Site Ready for Inspection:** Yes

**Existing**

**Proposed**

**Use of Structure:**

**Use of Structure:** 4 BEDROOM SFR

**Number of Bedrooms:**

**Number of Bedrooms:** 4

**Number of Employees:**

**Number of Employees:**

**Number of Seats:**

**Number of Seats:**

**Attached Documents:**

No Documents have been attached.

A. Property Owner Information

Ervin Besler 2003 Casita Dr Grants Pass OR 97527 541-474-6005
Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

36 South 6 West 29 AC 100 R320590 4.13
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Josephine Subdivision Name Parcel 2 Lot Block

Property Address: 2085 Robinson Rd Grants Pass OR 97527
Address City State Zip Code

Directions to Property: Take Redwood Hwy. west 6 miles, right on Robinson road, 1/3 mile, right on Linda Vista Road.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [ ] Single Family Residence [ ] Other
Proposed Facility: [x] Single Family Residence 4 Number of Bedrooms [ ] Other
Water Supply: [ ] Public Name [x] Private well Well Spring, Shared

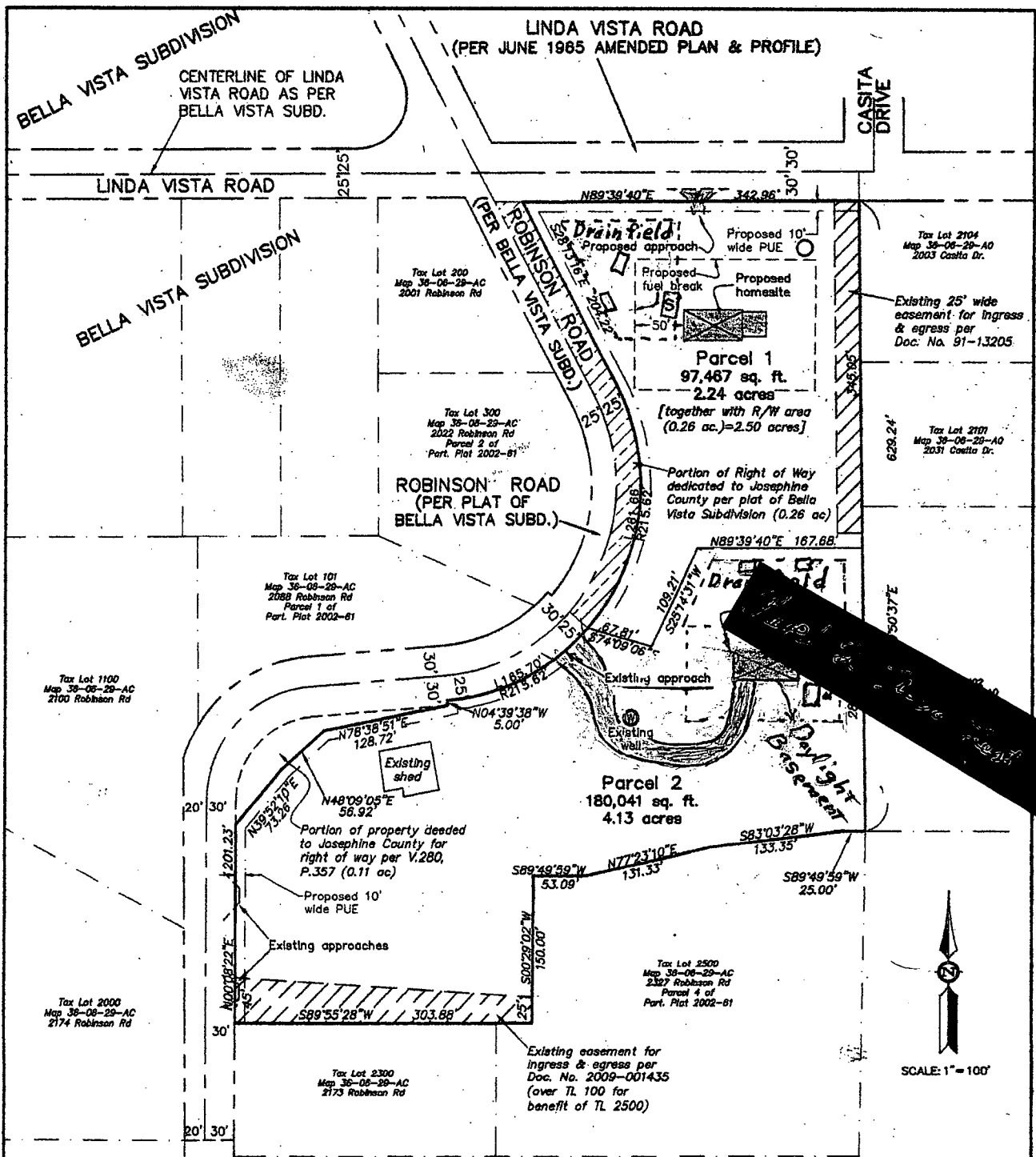
D. Type of Application

[x] 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 [ ] The Addition of One or More Bedrooms
[ ] Alteration Permit [ ] Major [ ] Minor [ ] Personal Fardsala [ ] Temporary Housing
[ ] Other please specify

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

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

Robert T Littlefield 9-25-17
Signature Date
Robert T Littlefield 541-479-2803 erin and Kelly @ Porter
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address .net
698 Ewe Creek Rd Grants Pass OR 97526
Applicant's Mailing Address
Applicant is the [ ] Owner [x] Authorized Representative [x] Licensed Septic Installer 34435
[ ] Authorization Attached
Robert T Littlefield
Installer's Name



**OWNER/APPLICANT:**  
ERVIN & KATHRYN BESLER  
2003 CASITA DRIVE  
GRANTS PASS, OR 97527  
TELEPHONE: 541-474-6005

**PARTITION SIZE:**  
TOTAL PROJECT AREA:  
6.37 AC. (BY RECORDED PLAT).  
DEEDED/DEDICATED RIGHT OF WAY  
AREA = 0.26 AC.

**SANITARY SEWER:**  
INDIVIDUAL SEPTIC  
**DOMESTIC WATER:**  
EXISTING WELL (TO BE SHARED) (10 GPM)

**PROPERTY VESTING:**  
DOC. NO. 2003-004942,  
RECORDED FEBRUARY 28, 2003

**TRACT DESIGNATION:**  
TAX LOT 100  
MAP NO. 36-06-29-AC  
PARCEL 3 OF PARTITION  
PLAT NO. 2002-61

**SITUS:**  
2085 ROBINSON RD.  
GRANTS PASS, OR 97527

**ZONING:**  
RR-2.5

**Peter D. Allen Land Surveying**

321 N.W. "A" Street  
Grants Pass, Oregon 97526  
541-476-4502



**REGISTERED  
PROFESSIONAL  
LAND SURVEYOR**

**PRELIMINARY**

**OREGON**  
JULY 10, 1998  
**PETER D. ALLEN**  
2757

RENEWAL: DECEMBER 31, 2012

**Tentative Plan  
for a  
Land Partition**

LOCATED IN  
Map No. 36-06-29-AC, Tax Lot 100  
SW 1/4 of the NE 1/4 of Section 29  
Township 36 South, Range 6 West, W.M.  
Josephine County, Oregon  
SURVEY FOR

Ervin & Kathryn Besler

Grants Pass, Oregon

**PROJECT NUMBER:**  
2017-023-943

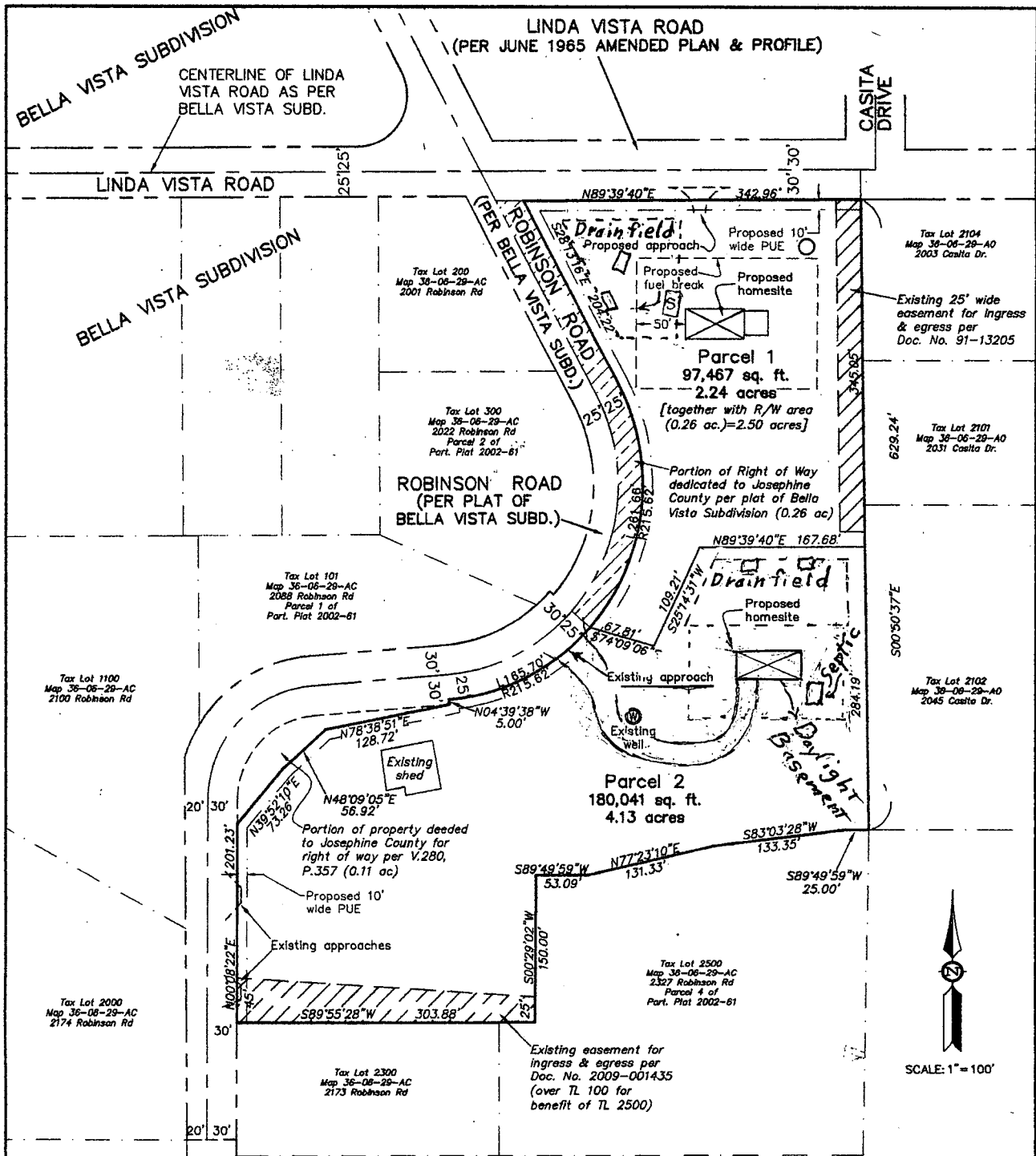
**DRAWING FILE:**  
BeslerPartPlat.dwg

**DRAWING SCALE:**  
1" = 100'

**DATE:**  
September 25, 2017

**SHEET:**  
1 OF 1

(pa)



**OWNER/APPLICANT:**  
 ERVIN & KATHRYN BESLER  
 2003 CASITA DRIVE  
 GRANTS PASS, OR 97527  
 TELEPHONE: 541-474-6005

**PARTITION SIZE:**  
 TOTAL PROJECT AREA:  
 6.37 AC. (BY RECORDED PLAT).  
 DEEDED/DEDICATED RIGHT OF WAY  
 AREA = 0.26 AC.

**SANITARY SEWER:**  
 INDIVIDUAL SEPTIC  
**DOMESTIC WATER:**  
 EXISTING WELL (TO BE SHARED) (10 GPM)

**PROPERTY VESTING:**  
 DOC. NO. 2003-004942,  
 RECORDED FEBRUARY 28, 2003

**TRACT DESIGNATION:**  
 TAX LOT 100  
 MAP NO. 36-06-29-AC  
 PARCEL 3 OF PARTITION  
 PLAT NO. 2002-61

**SITUS:**  
 2085 ROBINSON RD.  
 GRANTS PASS, OR 97527

**ZONING:**  
 RR-2.5

**Peter D. Allen Land Surveying**  
 321 N.W. "A" Street  
 Grants Pass, Oregon 97526  
 541-476-4502



REGISTERED  
 PROFESSIONAL  
 LAND SURVEYOR

**PRELIMINARY**

OREGON  
 JULY 10, 1996  
 PETER D. ALLEN  
 2757

RENEWAL: DECEMBER 31, 2012

**Tentative Plan**  
 for a  
**Land Partition**

LOCATED IN  
 Map No. 36-06-29-AC, Tax Lot 100  
 SW 1/4 of the NE 1/4 of Section 29  
 Township 36 South, Range 6 West, W.M.  
 Josephine County, Oregon

Ervin & Kathryn Besler

Grants Pass, Oregon

**PROJECT NUMBER:**

2017-023-943

**DRAWING FILE:**

BeslerPartPlat.dwg

**DRAWING SCALE:**

1" = 100'

**DATE:**

September 25, 2017

**SHEET:**

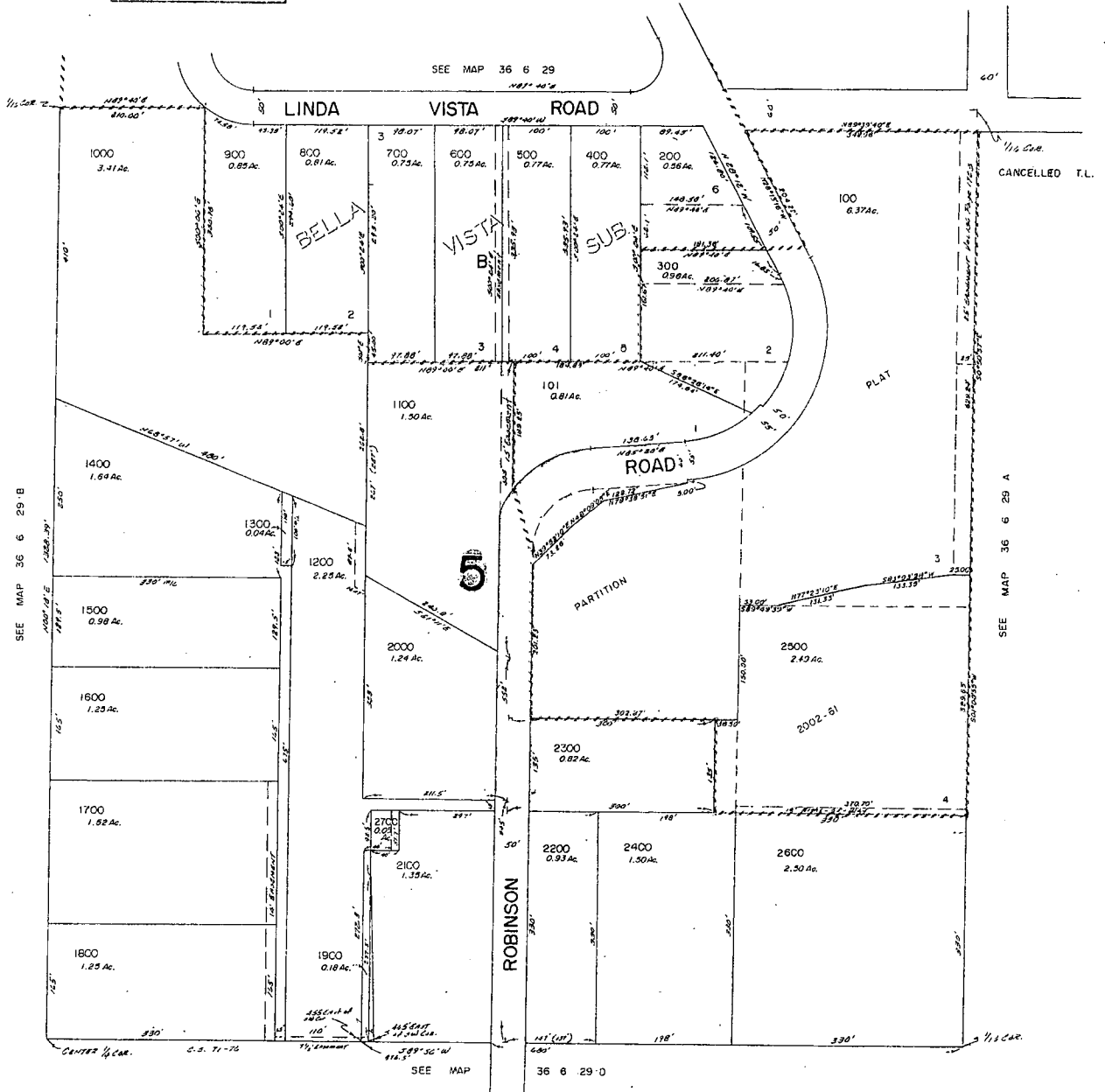
1 OF 1

(pa)

This map was prepared for assessment purpose only.

JOSEPHINE COUNTY

1" = 100'



APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

PERMIT No 6995

Josephine County Health Department

P 809  
Sta 3432

Street address of installation (If no street address, describe specific location) Robinson Rd

Property Owner: Art Schneider Telephone: 6-2948

Mailing Address: 125 W. Linda Vista Rd, S.P.  
street city State

DESCRIPTION OF PROPERTY: Township 36 Range 6 Section 29 AC Subsection \_\_\_\_\_ Code \_\_\_\_\_  
(attach copy of assessor's map)

Tax Lot Number: 100 Name of Subdivision: \_\_\_\_\_

Building site area in acres: pt. 31.88 Dimensions of building site: Width \_\_\_\_\_ Depth \_\_\_\_\_

PROPOSED WATER SUPPLY: Individual — Well (drilled  driven \_\_\_\_\_ dug \_\_\_\_\_) Surface \_\_\_\_\_ Spring \_\_\_\_\_  
Public: City \_\_\_\_\_ Community System (name) \_\_\_\_\_

BUILDING INFORMATION: Home \_\_\_\_\_ Mobile Home \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

FHA or VA insured loan — yes \_\_\_\_\_ no \_\_\_\_\_ Commercial (type): Shop

Garbage disposal unit — yes \_\_\_\_\_ no \_\_\_\_\_ Industrial (type): \_\_\_\_\_

SITE INFORMATION:		
	*Acceptable	Unacceptable
1. Free Water Level		
2. Slope		
3. Soil Type		
4. Restrictive Layer		
5. Available Area		
6. Distances		
7. Other		
Other		

Indicate proposed layout using as much detail as possible.  
  
Prison Approval

Fee Schedule: new system \$25.00 repair \$5.00 hook up to existing system \$1.00 privy \$1.00  
Renewal \$5.00 \$2.00 Original Number \_\_\_\_\_

Permit Fee Paid \$25.00 cash  
Art Schneider Signature of Applicant  
7-22-76

Checked by: M. J. 25.00  
Clerk

Date issued: 7-28-76

Do Not Write Below This Line

Domestic Sewage Disposal Permit: Approved  Disapproved \_\_\_\_\_  
sanitarian [Signature] date 7/27/76

Minimum septic tank capacity in gallons: 750  
Trench  square feet 150 width 36" length 50' depth 18-30" This PERMIT Expires On: 7/1/80  
Equal \_\_\_\_\_ Loop  Serial \_\_\_\_\_  
Seepage bed — square feet \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ depth \_\_\_\_\_  
Seepage pit — cubic feet \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ depth \_\_\_\_\_ READ OTHER SIDE OF THIS PERMIT

\*SPECIAL INSTRUCTIONS and CONDITIONS: To serve Shop with not more than (2) Tis employees.

HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Local Sewage Disposal System Approved \_\_\_\_\_  
sanitarian \_\_\_\_\_ date [Signature]

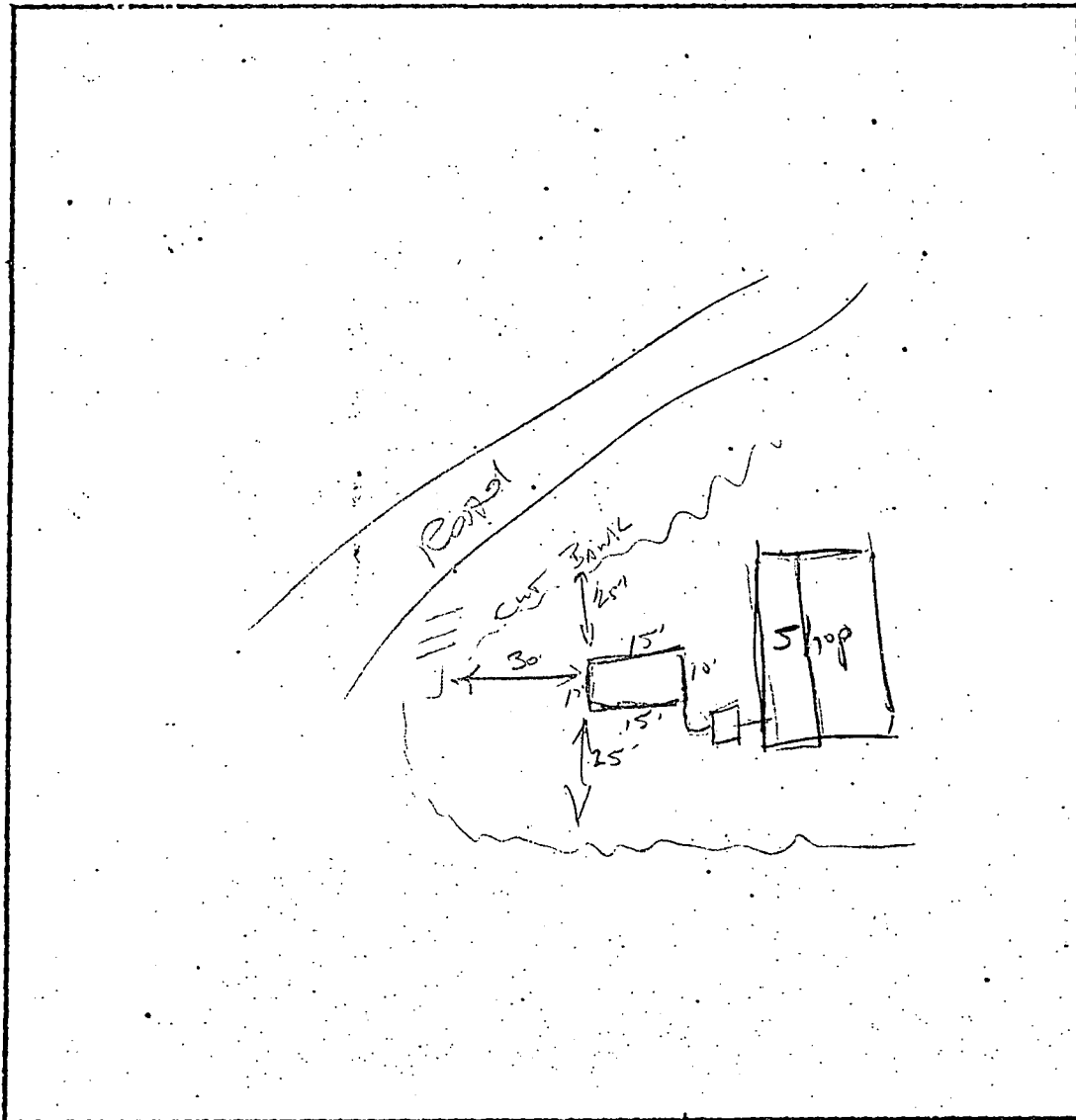
Home Plumbing Approved \_\_\_\_\_  
sanitarian \_\_\_\_\_ date \_\_\_\_\_

JOSEPHINE COUNTY HEALTH DEPARTMENT

THE FOLLOWING IS A PLOT PREPARED BY THE HEALTH DEPARTMENT AND SHOWS THE LOCATION OF WHERE YOUR SEPTIC TANK SYSTEM SHOULD BE INSTALLED. IF THERE IS ANY QUESTION, PLEASE CONTACT THE APPROPRIATE REPRESENTATIVE AND HE WILL DISCUSS REASONS FOR THE RECOMMENDED LOCATION. SEE PERMIT FOR SPECIFIC INSTRUCTIONS.

North

West



South

*[Signature]*  
Health Department Representative

7/25/76  
Date

## NOTICE

Your Site Investigation has indicated your site does not meet present standards required for septic tank system installation. Therefore it is necessary to approve your proposed site under the "Prior Approval" regulations. These require a permit be applied for prior to July 1, 1976. Due to the number of permits we are currently processing a delay in processing your Site Investigation has taken place. We will extend the July 1, 1976 deadline the length of this delay. Our records indicate you applied on 6-29-76 and your processed application was issued on 7/21/76. Therefore, your deadline for application for a septic permit under "Prior Approval" standards will be 7-31-76. Failure to meet this deadline will require your site to meet all current standards.

# Memorandum

JOSEPHINE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
714 N.W. "A" St. • Grants Pass, Oregon • Ph. 476-8201

TO : Art Schneider  
FROM : Hollis Gunter  
SUBJECT: Site Investigation #3432

DATE: 7/21/76

I have taken the liberty of sketching a plot plan for you. If this is not acceptable to you contact this office immediately.

You must apply for the permit within ten (10) days of this correspondence. Failure to do so will void your approval.

A handwritten signature in cursive script, likely belonging to Hollis Gunter, is located in the bottom right corner of the page.

DO NOT WRITE IN THIS SPACE

old permit 3365  
VZPII 289

NUMBER: HD PRIVATE

SITE INVESTIGATION

Date 6-29-76

No 3432

Josephine County Health Dept.

Name of Property Owner Art Schneider Phone 6-2948

Mailing Address of Property Owner 125 W. Linda Vista Rd SP 97526

Name of Developer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of Developer \_\_\_\_\_

General Directions to Development, Including Landmarks 1/2 mile No. of Redwood Exp. on

right side Robinson Rd. pt of

(attach copy of assessor's map) Township 36 Range 6 Section 29 Tax Lot Number 2000

Metes and Bounds, if Part of a Tax Lot \_\_\_\_\_

Total Acreage 31.88 part of ~~2000~~ Dimensions \_\_\_\_\_

Number of Building Sites Desired 1 Number of Mobile Home Spaces Desired \_\_\_\_\_

Source of Water Supply: Individual - Well (drilled  driven \_\_\_\_\_ dug \_\_\_\_\_) Surface \_\_\_\_\_ Spring \_\_\_\_\_

Public: City \_\_\_\_\_ Community System (name) \_\_\_\_\_

Plot plan required for final approval \_\_\_\_\_

\$25.00 cash Fee Received: by 6-29-76 Signature of Developer Art Schneider Clerk 25<sup>00</sup> AM 29 June 76

FIELD INFORMATION REQUIRED

General Topography Hills are on modified bench above 35-50 road cut

Relationship to Existing Domestic Water Sources

None in vicinity at this time

Hydrology: (1) Depth to ground water table (representative)

Very shallow < 12 seasonally

(2) General description of methods to be used for removal of ground or surface water (if applicable)

NONE

Relationship to Natural Water Courses (rivers, lakes, etc.)

NONE

Soil Limitations: (If percolation tests are requested/attach results to this form. The percolation test form will be provided by the Health Department)

WEST HOLE 0-56" Cobby clay fill  
56" - 58" R. RESTRICTIVE S. CLAY  
EAST HOLE a fill over cemented rock no pores  
Below 12"

Miscellaneous Information

WEST TEST HOLE 18ft from 35ft C.G. SPARK  
CSCAMPMENT 75 ft south of EAST HOLE  
P.L.G. Plan Required prior to permit issuance

Date 7/20/76 Person Performing Investigation and Title

FOR USE BY HEALTH DEPARTMENT

We have found the above described property: Acceptable \_\_\_\_\_ Conditionally Acceptable

Not Acceptable \_\_\_\_\_ for use with individual sewage disposal systems.

To obtain clearance on a conditionally approved property the following is necessary: For Shop with no more

than 2 employees permit must be applied for within 10 days of the approval.

Our reason for denial of a septic tank system is as follows:

Sanitarian

Date 7/21/76

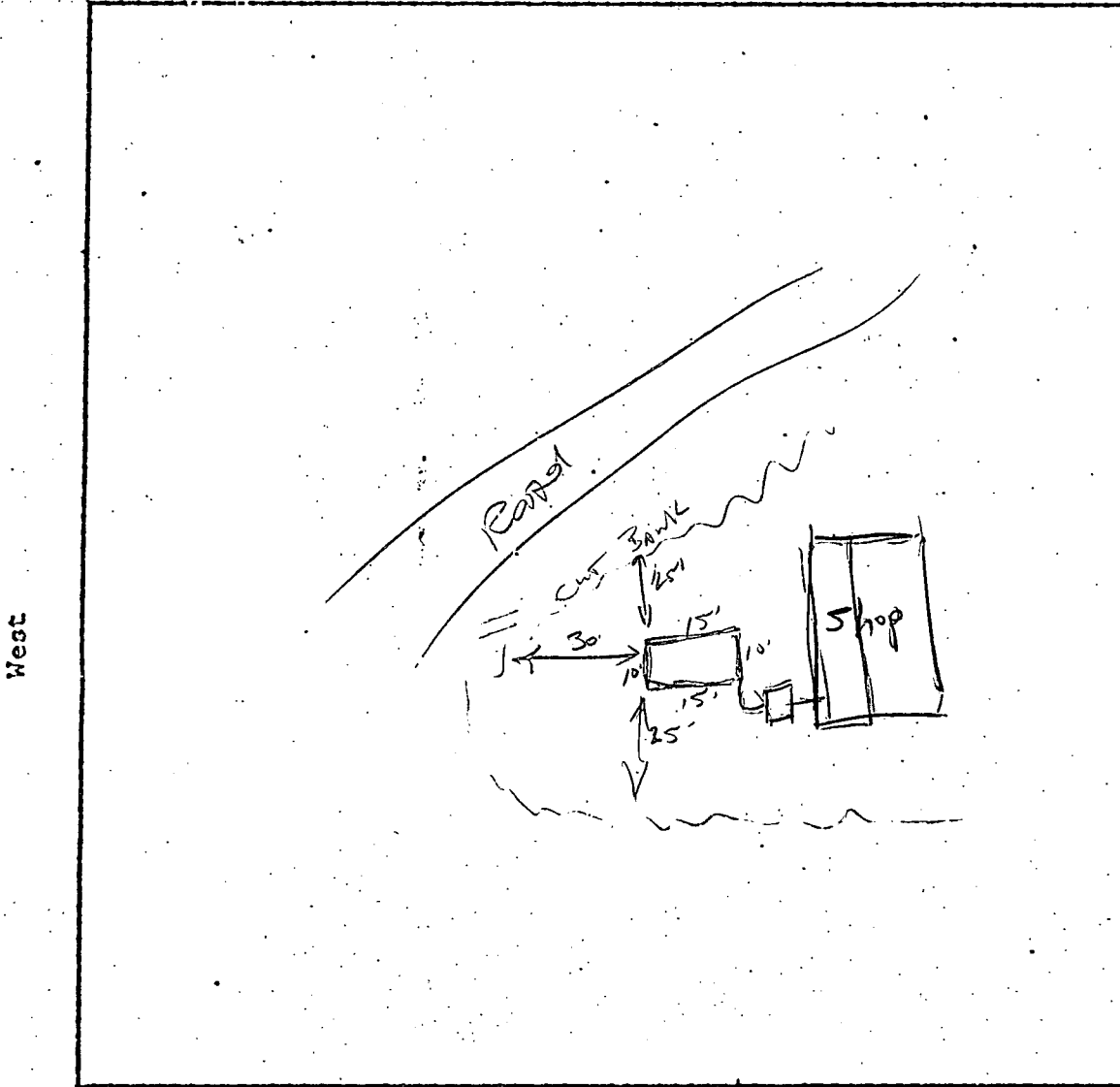
Preion Approval

To serve Shop of no more than 2 employees

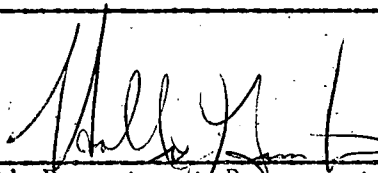
JOSEPHINE COUNTY HEALTH DEPARTMENT

THE FOLLOWING IS A PLOT PREPARED BY THE HEALTH DEPARTMENT AND SHOWS THE LOCATION OF WHERE YOUR SEPTIC TANK SYSTEM SHOULD BE INSTALLED. IF THERE IS ANY QUESTION, PLEASE CONTACT THE APPROPRIATE REPRESENTATIVE AND HE WILL DISCUSS REASONS FOR THE RECOMMENDED LOCATION. SEE PERMIT FOR SPECIFIC INSTRUCTIONS.

North



South

  
\_\_\_\_\_  
Health Department Representative

7/20/76  
\_\_\_\_\_  
Date

DO NOT WRITE IN THIS SPACE

old permit 3365  
VZPII 289

NUMBER: HD \_\_\_\_\_ PRIVATE \_\_\_\_\_

SITE INVESTIGATION

Date 6-29-76

No 3432

Josephine County Health Dept.

Name of Property Owner Art Schneider Phone 6-2948

Mailing Address of Property Owner 125 W. Linda Vista Rd AP 97526

Name of Developer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of Developer \_\_\_\_\_

General Directions to Development, Including Landmarks 1/4 mile No. of Redwood Exp. on right side Robinson Rd. pt of

(attach copy of assessor's map) Township 36 Range 6 Section 29 Tax Lot Number 2000

Metes and Bounds, if Part of a Tax Lot \_\_\_\_\_

Total Acreage 31.88 part of ~~5.0000~~ Dimensions \_\_\_\_\_

Number of Building Sites Desired 1 Number of Mobile Home Spaces Desired \_\_\_\_\_

Source of Water Supply: Individual - Well (drilled  driven \_\_\_\_\_ dug \_\_\_\_\_) Surface \_\_\_\_\_ Spring \_\_\_\_\_  
Public: City \_\_\_\_\_ Community System (name) \_\_\_\_\_

Plot plan required for final approval. \$25.00 cash Fee Received by 6-29-76 Signature of Developer Art Schneider Clerk 2500 AM 29 June 76

FIELD INFORMATION REQUIRED

General Topography Hills are on modified bench above 35 ft. road cut.

Relationship to Existing Domestic Water Sources NONE IN VICINITY AT THIS TIME.

Hydrology: (1) Depth to ground water table (representative) Very shallow < 12" seasonally  
(2) General description of methods to be used for removal of ground or surface water (if applicable) NONE

Relationship to Natural Water Courses (rivers, lakes, etc.) NONE

Soil Limitations: (If percolation tests are requested/attach results to this form. The percolation test form will be provided by the Health Department) west hole 6-56" cobbly elkan fill 56" - 58" + ROUGHNESS S. CL. ELKAN EAST HOLE a fill over cemented rock no pores below 12"

Miscellaneous Information west hole 2 18ft from 35ft cut bank Escarpment 25ft south of east hole Also Plan Required prior to permit issuance

Date 7/20/76 Person Performing Investigation and Title \_\_\_\_\_

FOR USE BY HEALTH DEPARTMENT

We have found the above described property: Acceptable \_\_\_\_\_ Conditionally Acceptable  Not Acceptable \_\_\_\_\_ for use with individual sewage disposal systems.

To obtain clearance on a conditionally approved property the following is necessary: For Shop with no more than 2 employees permit must be applied for within 10 days of this approval.

Our reason for denial of a septic tank system is as follows: \_\_\_\_\_  
Sanitarian [Signature] Date 7/21/76

Person responsible

To some shop of not more than 2 employees

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept.

Permit No. 3365  
Expiration Date 11-4-73

Street address of installation (If no street address, describe specific location) 1/4 mile up Robinson Rd. Shop is there now (North from Exp. Redwood Hwy) <sup>RIGHT SIDE</sup>

Property Owner: Curt Schneider Telephone: 6-2948

Mailing Address: 125 W. Linda Vista street city state

DESCRIPTION OF PROPERTY: Township 36 Range 6 Section 29 Subsection Code (attach copy of assessor's map)

Building site area in acres: 5.00 Name of Subdivision:

Tax Lot Number: Pt. 200 38.00 total Dimensions of building site: Width Depth

PROPOSED WATER SUPPLY: Individual - Well (drilled  driven  dug ) Surface  Spring  Public: City Community System(name)

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM: new  repair  privy  Installed by owner  yes  no If no, give name of person installing system

Have you any objection to having your application for a permit being made public? yes  no

BUILDING INFORMATION: Home  Mobile home  Number of bedrooms Shop FHA or VA insured loan - yes  no  Commercial(type): Garbage disposal unit - yes  no  Industrial(type):

SEPTIC TANK SYSTEM REPAIR INFORMATION:

Septic tank material: Steel  Concrete

Date installed:

Distribution box: Yes  No

Linear feet  Square Feet

Miscellaneous:

Depth to ground water:

Topography(slope %):

Distance from water source:

Date last pumped:

Probable reason for failure:

Indicate proposed layout using as much detail as possible.

Fee Schedule: new system \$5.00  repair \$2.00  hook up to existing system \$1.00  privy \$1.00

Permit Fee Paid \$5.00 Cash of x Curt Schneider Signature of property owner 3-26-73

Checked by: NC 3-26-73 Clerk

Date Issued: 5-4-73

DO NOT WRITE BELOW THIS LINE

Domestic Sewage Disposal Permit: Approved  Disapproved  John L. Smith 5-4-73 date  
sanitarian

Minimum septic tank capacity in gallons: 750

Trench  square feet 150 width 36" length 50ft depth 36"

Seepage bed square feet width length depth

Seepage pit square feet width length depth

Dry Well square feet width length depth

Privy:

SPECIAL INSTRUCTIONS: 2-25ft lines from "D" 60x - Drainfield 100ft from well.

MOBILE HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Individual Sewage Disposal System Approved Exp date  
sanitarian

VERIFICATION OF ZONING PROVISIONS\*

Josephine County, Oregon

JUN 29 1976

Date 6-29-76

Zoned Area II

Owner SCHNEIDER, ARTHUR

Mailing Address 125 W. LINDA VISTA - GP.

Property Description

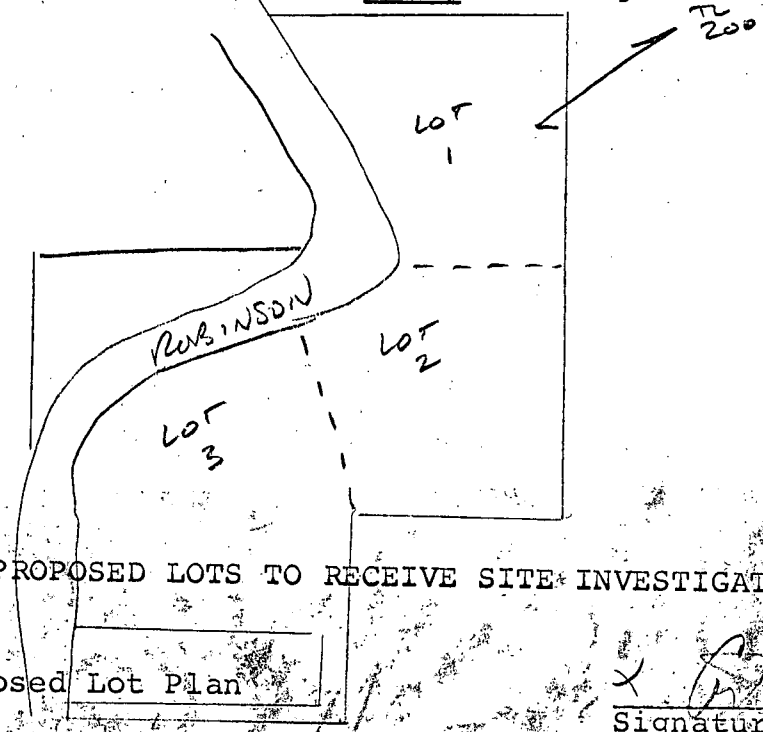
Subdivision-Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Twp 36 Range 6 Section 29A Tax Lot 200

Existing Lot-Width VAR Depth VAR Total Area 31.88 AC

Fronting on 2085 ROBINSON RD

Number of Proposed Lots THREE Existing Residence: yes  no



ALL PROPOSED LOTS TO RECEIVE SITE INVESTIGATIONS.

Proposed Lot Plan

Arthur Schneider  
Signature of Applicant

District Classification SR 2.5 Min. Road Frontage 25'

Min. Lot Size 2.5 AC Min. Lot Width at Building Line 250'

Approved By: [Signature]

\* FOR SITE INVESTIGATION ONLY

No. 289

## NOTICE

Your Site Investigation has indicated your site does not meet present standards required for septic tank system installation. Therefore it is necessary to approve your proposed site under the "Prior Approval" regulations. These require a permit be applied for prior to July 1, 1976. Due to the number of permits we are currently processing a delay in processing your Site Investigation has taken place. We will extend the July 1, 1976 deadline the length of this delay. Our records indicate you applied on 6-29-76 and your processed application was issued on 7-21-76. Therefore, your deadline for application for a septic permit under "Prior Approval" standards will be 7/31/76. Failure to meet this deadline will require your site to meet all current standards.

# Memorandum

JOSEPHINE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
714 N.W. "A" St. • Grants Pass, Oregon • Ph. 476-8201

TO : Art Schneider  
FROM : Hollis Gunter  
SUBJECT: Site Investigation #3432

DATE: 7/21/76

I have taken the liberty of sketching a plot plan for you. If this is not acceptable to you contact this office immediately.

You must apply for the permit within ten (10) days of this correspondence. Failure to do so will void your approval.

ZONING CLEARANCE PERMIT  
Josephine County, Oregon

Date 27 July 76

Zoned Area IV

Owner Schneider Arthur

Mailing Address 125 W Linda Vista, G.P.

Property Description

Subdivision-Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Twp 36 Range 6 Section 29 A Tax Lot 200

Size or Lot-Width var Depth var Total Area \_\_\_\_\_

Fronting on Robinson Rd

Proposed Use

Residential \_\_\_\_\_ If mobile home, state size \_\_\_\_\_

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \* Non Conforming use

Does a residence presently exist on this parcel: Yes \_\_\_\_\_ No \_\_\_\_\_

Subsurface Sewage Disposal System on this Parcel? Yes \_\_\_\_\_ No \_\_\_\_\_

Provisions: \* Septic for existing shop build only

NOTE: PLEASE RETAIN THIS DOCUMENT & BRING IT WITH YOU WHEN APPLYING FOR SEPTIC, SEWER, ELECTRICAL & BUILDING PERMITS.

Arthur Schneider  
Signature of Applicant

District Classification SR-2.5 Minimum Lot Size 2.5 Ac

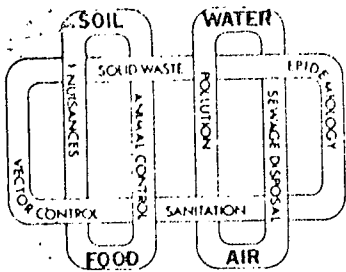
Any structure to be placed on the above mentioned lot must observe the following setbacks:

30 From Front Property Line (Note: Corner lots have 2 front yards)

60 From Center Line of Road 20 From Rear Property Line

10 From Left Side Property Line 10 From Right Side Property Line

Approved by: Way A Maxwell



JOSEPHINE COUNTY HEALTH DEPARTMENT  
**ENVIRONMENTAL HEALTH SERVICES**

Mailing: Josephine County Court House  
Address: Grants Pass, Oregon 97526

Telephone: 474-5431 or 474-5432

Location: 317 N.W. "B" Street

April 3, 1980

C. William Olson, M.P.H.  
Health Department Administrator

TO: Art Schneider  
125 W. Linda Vista Rd.  
Grants Pass, OR 97526

*Robinson Rd. (Installed)*

FROM: Charles D. Costanzo, R.S., Director  
Environmental Health Services

RE: PRIOR APPROVAL PERMIT # 6995, 36-6-29, TL pt of 200

A review of our files has indicated that a subsurface sewage disposal permit in your name was issued under the "Prior Approval" rule adopted by the Department of Environmental Quality. This rule allowed for the issuance of permits using soil and topographical criteria in effect before January 1974 when more stringent soil and watertable standards were adopted. These permits were evaluated under the 1974 standards and found not acceptable under these standards.

One of the conditions of all these permits was that the sewage system must be installed prior to July 1, 1980. After that date new septic permits will be required on these lots and can be issued only under the current, more stringent, soil and watertable standards for septic approval.

Our files indicate that your prior approval permit has not yet been used for the installation of a septic system. This letter is just a reminder that this permit is NOT RENEWABLE after July 1, 1980. If there is any question, please contact our office prior to that date.

Sincerely,

Charles D. Costanzo, R.S.  
Director  
Environmental Health Services

CDC:bh