



# Septic Site Evaluation Approval

463-23-000416-EVAL

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

**Date issued:** 01/31/2024  
**Application status:** Site Evaluation Approved  
**Work description:** SITE EVALUATION

**Applicant:** NOAH JOHNSON  
**Address:** 3571 AMBER LN  
GRANTS PASS OR 97527  
**Phone:** 8315889685  
**Email:** NOJASTEELIENORCAL@GMAIL.COM

**Owner:** DOYLE, LINDSAY  
**Property address:** 4053 Redwood Hwy, Grants Pass, OR 97527

**Address:** 654 TROLLVIEW RD  
GRANTS PASS OR 97527

**Parcel:** 360628D0000100 - Primary      **Township:** 36    **Range:** 06      **Section:** 28

**Lot size:** 1.39      **Water supply:** Well  
**Zoning:** N/A      **City/County/UGB:** N/A  
**Accessory Dwelling Unit:** No

**Proposed use of structure:** SFR  
**Category of construction:** Residential

### General Specifications

**Max peak design flow:** 450 gpd.      **Proposed gallons per day:** 300 gpd.  
**Min septic tank volume:** 1500 gal.      **Min dosing tank volume:** N/A  
**Special tank reqmts:** 1500 gallon two compartment tank

### System Specifications

<b>System type:</b>	Standard	<b>Replacement Area</b>
<b>System distribution type:</b>	Serial	Serial
<b>Distribution method:</b>	Serial	Serial

### Trench Specifications

<b>Trench linear feet:</b>	300 linear ft.	300 linear ft.
<b>Max depth:</b>	30 in.	30 in.
<b>Min depth:</b>	24 in.	24 in.

### Special Requirements

<b>Stakeout required:</b>	Yes	Yes
<b>Groundwater type:</b>	Temporary	Temporary

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.)

<b>Date issued:</b> 01/31/2024		
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<b>Groundwater depth:</b>	16 in.	16 in.
<b>Groundwater interceptor:</b>	Yes	Yes
<b>Groundwater interceptor depth:</b>	48 in.	48 in.
<b>Drainfield type:</b>	Standard	Standard
<b>Drainfield sizing:</b>	100 linear ft/150 gal.	100 linear ft/150 gal.
<b>Pump to drainfield required:</b>	Yes	Yes

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

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

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

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

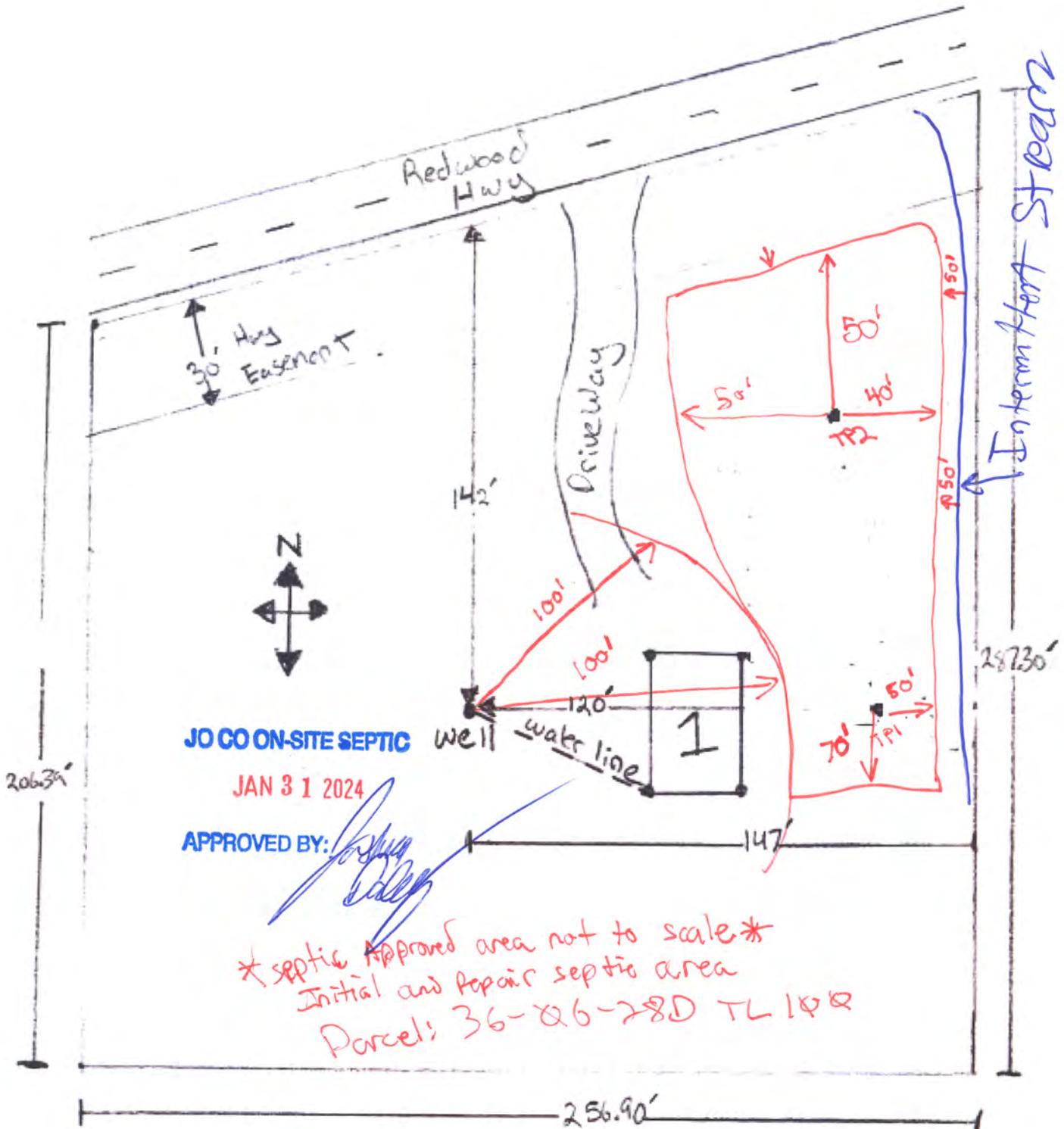
Joshua Daley

Environmental Specialist

1/31/24

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**JO CO ON-SITE SEPTIC**

**JAN 31 2024**

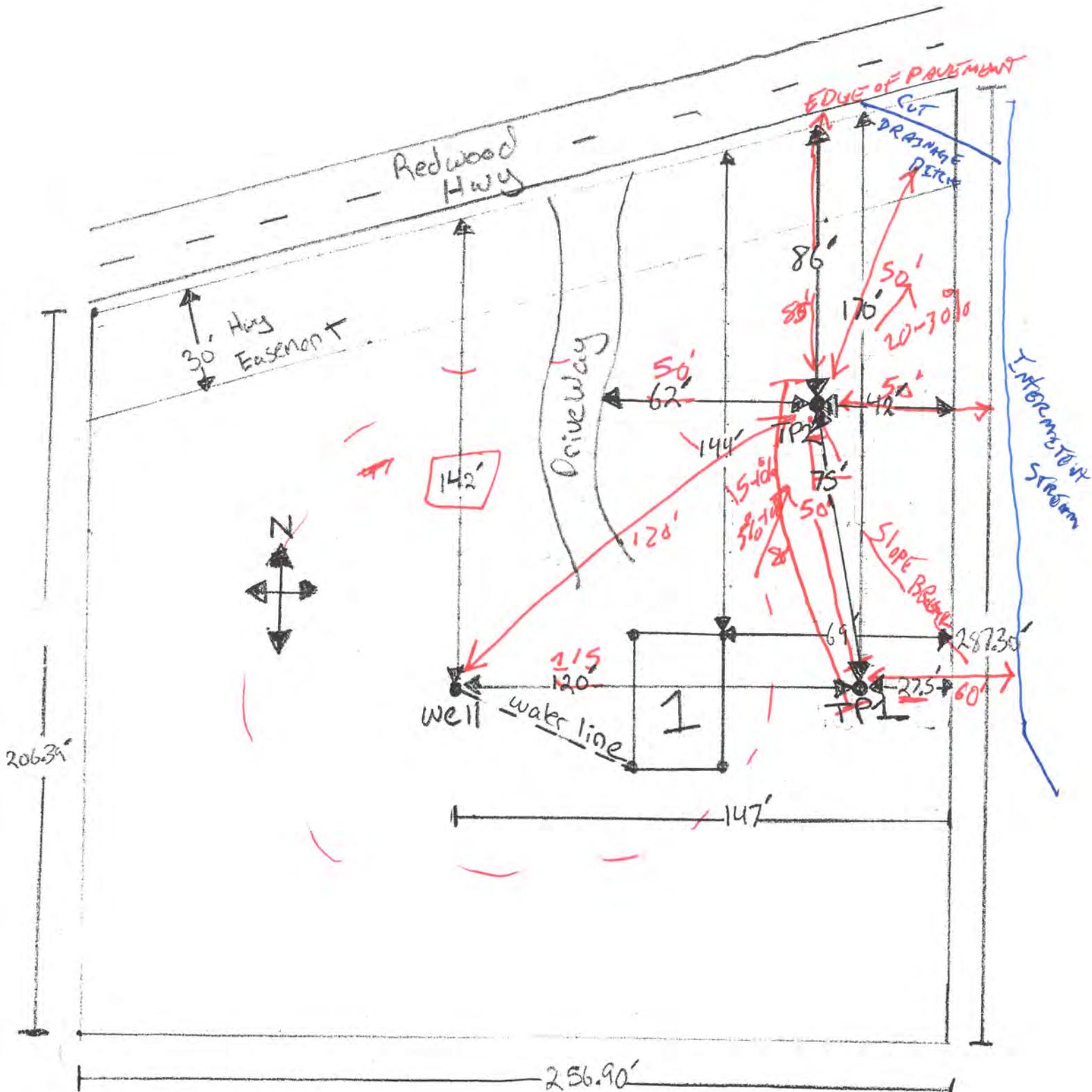
**APPROVED BY:** [Signature]

\* septic Approved area not to scale \*  
 Initial and Repair septic area  
 Parcel: 36-26-28D TL 142

Lindsay Doyle  
 4053 Redwood Hwy  
 Grants Pass, OR 97527

Scale  
 1 cm = 10'  
 TP = Test Pit

1 = proposed  
 24' x 40'  
 2 story  
 2 Bed, 1 Bath  
 single family dwelling  
 w/ shop



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**FIELD WORKSHEET**

Name: Lindsay Doyle Application No.: 463-23-000416-EVAL Date: 1/31/24  
 RE: **SITE EVALUATION REPORT** for Parcel #: 36-06-28D TL 144

Commercial Facility:  Yes  No Parcel Size: 1.39 AC

**APPROVED SYSTEM SPECIFICATIONS**

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

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 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 checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input 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 checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

**Additional Conditions of Approval**

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
- The curtain drain must be a minimum of 48 inches deep, and installed in accordance with OAR 340-071-0220 (12).
- Rake trench sidewalls.
- The system must be installed during dry soil conditions only.
- System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

*\*Soil notes were completed by Gabriel Kasiah REHS*

Inspector: *Joshua Calley*

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	SCL	10YR <sup>3</sup> / <sub>2</sub> , GR-W SBK, Roots 2F, M, 2VF, C
	6-16	SCL	2y <sup>3</sup> / <sub>4</sub> , W SBK, Roots 2VF, F, M, C
	16-92	SAP	Color's vary, weak-massive, CAS @ BOUNDARY OF HORIZONS 2-3 (16"-20" Roots - NO LIVE ROOTS VISIBLE, <sup>TEXTURE'S</sup> TO CSL DEP 10YR <sup>3</sup> / <sub>1</sub> , CONC. 7.5YR <sup>5</sup> / <sub>8</sub> , CLAY SKINS TO 30"
Test Pit 2			CLAY SKINS 30"-92 10YR <sup>4</sup> / <sub>6</sub>
Test Pit 3	0-5	L	10YR <sup>2</sup> / <sub>2</sub> , GR-W SBK, Roots 2F, M, C, 2VF
	5-16	SCL	10YR <sup>5</sup> / <sub>6</sub> , W SBK, Roots 2VF, F, M, C, VC
	16-25	SCL	10YR <sup>3</sup> / <sub>4</sub> , " , Pores 2VF, 10-15% CF
	25-90	SAP/Medium	10YR <sup>5</sup> / <sub>1</sub> , MASSIVE/WBCK, Roots - NO LIVE ROOTS VISIBLE, CONC. 7.5YR <sup>5</sup> / <sub>8</sub> WATER @ 40", 50%-75% ROUNDED CF, INTERTEXTURE SOIL texture to CSL
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (OAK PINE)

Slope: 1 Aspect: N/NE Groundwater Type:  Permanent  Temporary

Other Site Notes: AREA OF TEST PITS CLEARED OF VEGETATION, DEEP 2.10'  
SWALE EAST OF TEST HOLES (POSSIBLE INTERMITTENT STREAM), CUT/DRAINAGE DITCH  
@ NE CORNER OF PROP. | CANAL POSSIBLY ON PROPERTY - CHECK EASEMENT/LOCATION



# 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 <sup>st</sup> response	_____	
Date of 2 <sup>nd</sup> response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

### A. Property Owner Information

Lindsay Doyle 654 Trollview Rd 541-237-9265  
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

### B. Legal Property Description

36 06 28 0 301 100 1.4 ac.<sup>1.39</sup>  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Josephine \_\_\_\_\_  
 County Subdivision Name Lot Block

Property Address: 4053 REDWOOD HWY GRANTS PASS OR 97527  
 Address City State Zip Code

Directions to Property: LEAVE GRANTS PASS 199W ON SOUTH SIDE OF HIGHWAY.

### C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
_____	<u>2</u>	<input checked="" type="checkbox"/> Private <u>Well</u> Well, Spring, Shared
Number of Bedrooms	Number of Bedrooms	
<input checked="" type="checkbox"/> Other <u>NONE</u>	<input type="checkbox"/> Other _____	

### D. Type of Application

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Site Evaluation   | <input type="checkbox"/> Renewal Permit             | <input type="checkbox"/> Authorization Notice for:<br><input type="checkbox"/> Connecting to an Existing System Not in Use<br><input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House<br><input type="checkbox"/> The Addition of One or More Bedrooms<br><input type="checkbox"/> Personal Hardship<br><input type="checkbox"/> Temporary Housing<br><input type="checkbox"/> Other-please specify _____ |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Existing System Evaluation |   |
| <input type="checkbox"/> Permit Repair<br><input type="checkbox"/> Major <input type="checkbox"/> Minor     | <input type="checkbox"/> Permit Transfer            |   |
| <input type="checkbox"/> Alteration Permit<br><input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Reinstatement       |   |

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 [Signature] Date 12-12-23  
 Applicant's Name - Please Print Legibly LINDSAY DOYLE Applicant's Phone Number 541-237-9265 Applicant's E-mail Address MCSE LINDSAYMCSE@gmail.com  
 Applicant's Mailing Address 654 Trollview Rd Grants Pass, OR 97527

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached  
 Installer's Name \_\_\_\_\_



# Notice Authorizing Representative

I, Lindsay Doyle, have authorized Noah Johnson  
(Property Owner/Print Name) (Authorized Representative/Print Name)

to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.

### Property identification:

4053 Redwood Highway  
(Property Situs or Road Address)

And described in the records of: Josephine County as:  
Township 36 Range 06 Section 28D Map ID 00 Tax Lot #(s) 301 <sup>100</sup>

### Property owner:

Printed Name: Lindsay Doyle

Address: 654 Troilview Rd.

City, State, Zip: Grants Pass, OR 97527

Phone: 541-237-9265 Email: lindsayncse@gmail.com

Signature: [Signature]

### Authorized representative:

Printed Name: Noah Johnson

Address: 3571 Amber Ln

City, State, Zip: Grants Pass OR 97527

Phone: (831) 588-9688 Email: nojasteelienorcal@gmail.com

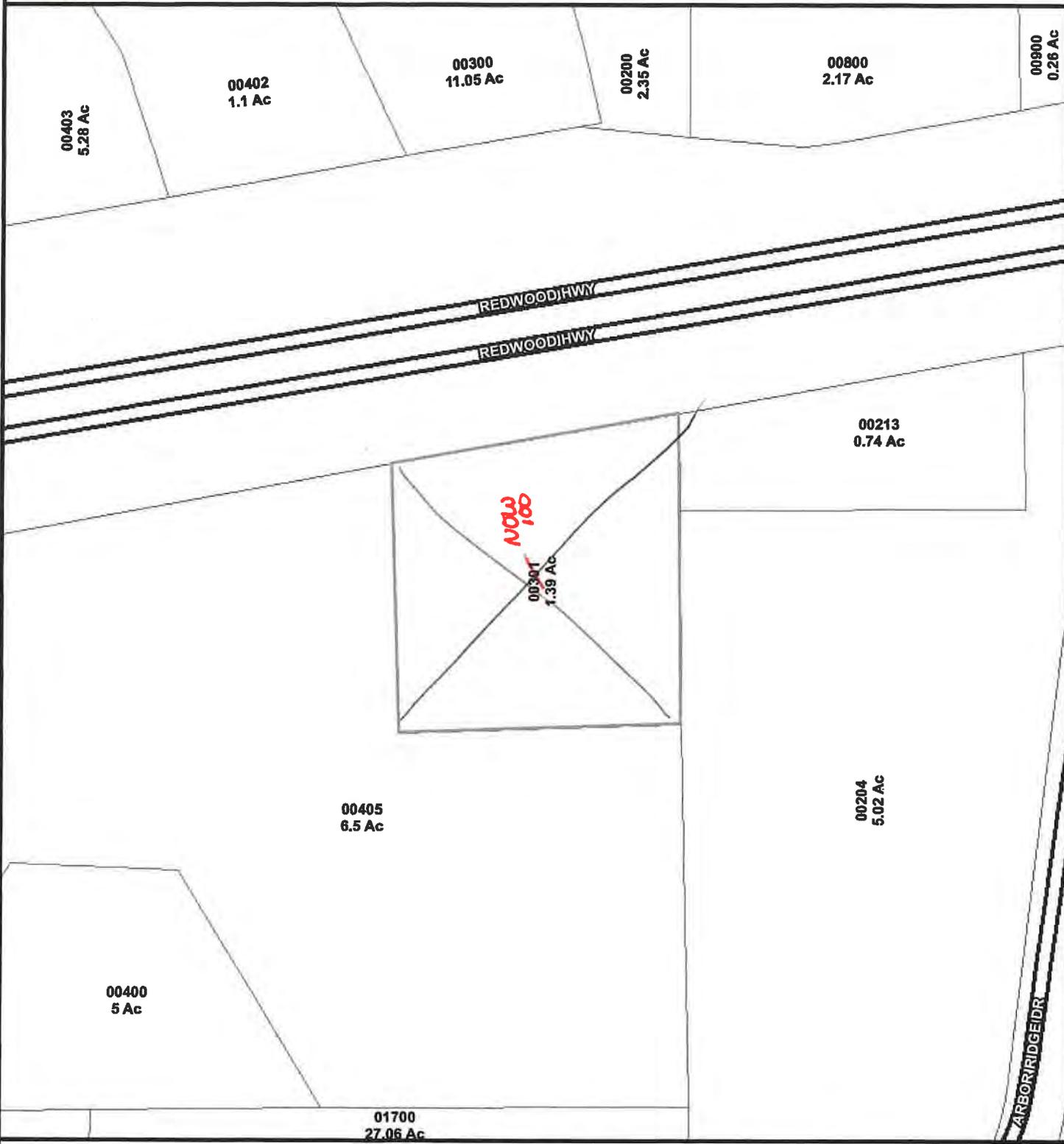
Signature: [Signature]

nojasteelienorcal@gmail.com



First American Title

36062800000301  
Redwood Hwy  
Grants Pass, OR 97527



# Taxlot

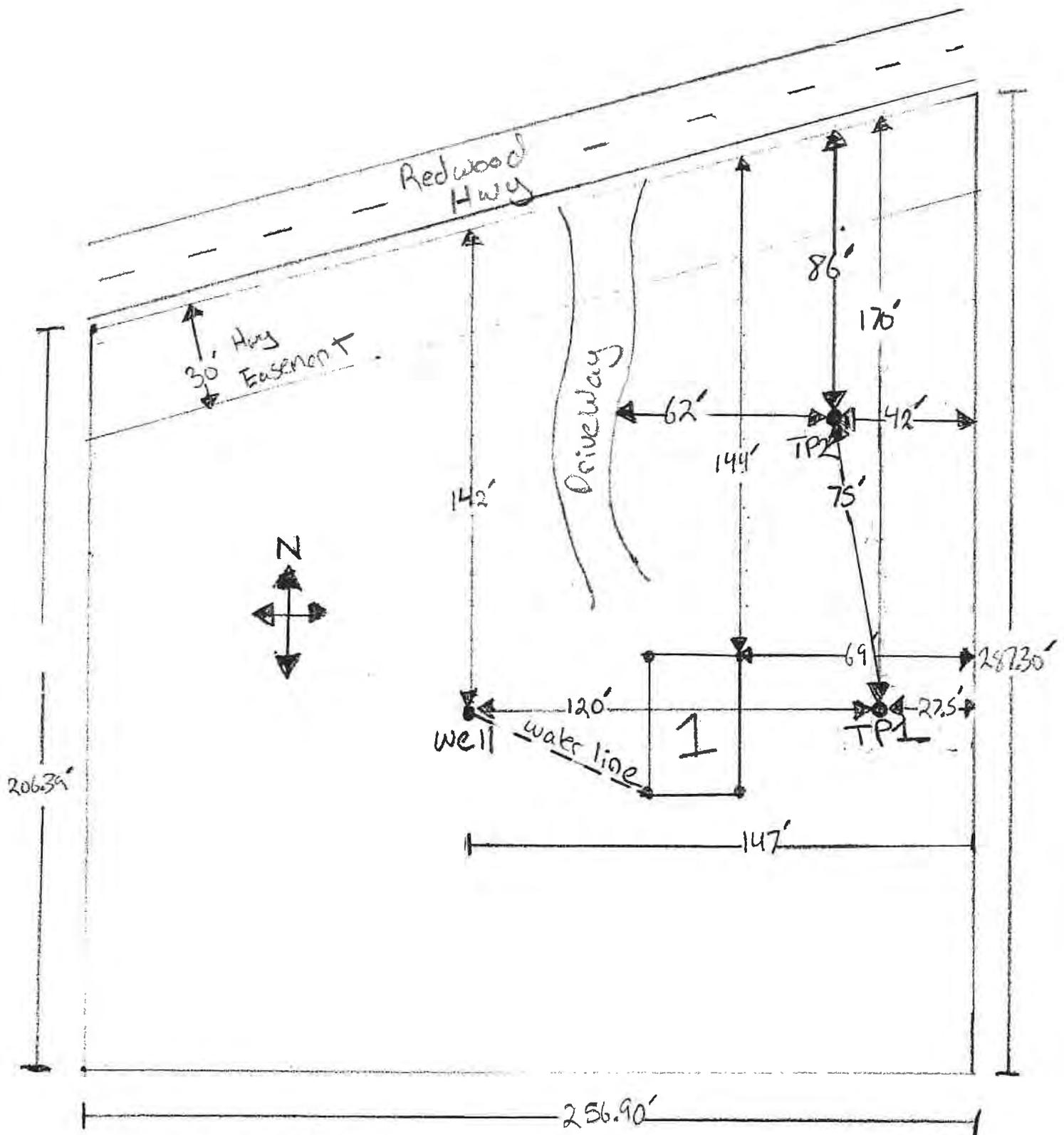


Subject

Taxlot

12/2/2022

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Lindsay Doyle  
 4053 Redwood Hwy  
 Grants Pass, OR 97527

Scale  
 1 cm = 10'  
 TP = Test Pit

1 = proposed  
 24' x 40'  
 2 story  
 2 Bed, 1 Bath  
 single family dwelling  
 w/ shop



# Septic Permit

## Installation Permit - Residential - New

463-24-000058-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> 2/12/24	<b>Expiration date:</b> 2/11/25
<b>Work description:</b> STANDARD CONSTRUCTION PERMIT	

**Applicant:** DOYLE, LINDSAY  
**Address:** 654 TROLLVIEW RD  
 GRANTS PASS OR 97527  
**Phone:** 5412379265  
**Email:** LINDSAYMCSE@GMAIL.COM  
**Business License:** N/A

**Owner:** DOYLE, LINDSAY  
**Address:** 654 TROLLVIEW RD  
 GRANTS PASS OR 97527  
**Property address:** 124 Arbor Ridge Dr, Grants Pass, OR  
 97527

**Parcel:** 360628D0000100 - Primary      **Township:** 36    **Range:** 06      **Section:** 28

<b>Lot size:</b>	1.39	<b>Water supply:</b>	Well
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	N/A
<b>Land use approval:</b>	N/A	<b>County:</b>	N/A
<b>Accessory Dwelling Unit:</b>	No		
<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	3

**System Specifications**

<b>Type:</b>	Standard	<b>ATT description:</b>	N/A
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b>	375 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	N/A

**Drain Field Specifications**

<b>Drain field type:</b>	Standard	<b>System distribution Ttpe:</b>	Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Serial
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	N/A
<b>Media type description:</b>	EZ FLOW 1201-P		
<b>Trench length:</b>	300 linear ft.	<b>Rock above pipe:</b>	N/A
<b>Max depth:</b>	24 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**

<b>Stake out required:</b>	No	<b>Groundwater depth:</b>	16 in.
<b>Groundwater type:</b>	Temporary		

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**Date issued:** 2/12/24

**Expiration date:** 2/11/25

**Work description:** STANDARD CONSTRUCTION PERMIT

<b>Groundwater interceptor:</b>	N/A	<b>Groundwater interceptor depth:</b>	48 in.
<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**

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 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.
- 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.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
- Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

**Date issued:** 2/12/24**Expiration date:** 2/11/25**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.

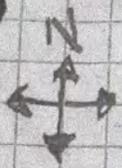
2/12/24

JO CO ON-SITE SEPTIC

FEB 12 2024

APPROVED BY:

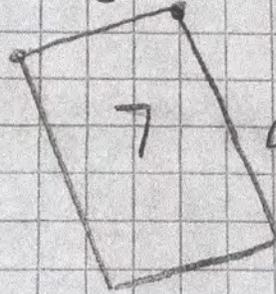
*[Signature]*



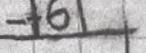
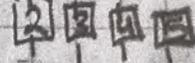
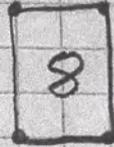
- 1 = 1000 g septic tank
- 2 = 4' deep curtain drain 150'
- 3 = 2' deep leach line 100'
- 4 = 2' deep leach line 100'
- 5 = 2' deep leach line 100'  
(50' setback from stream)  
(10' feet separation between lines)  
(≥ 100' from well)
- 6 = dist. box

7 = single family dwelling

8 = garage



Well



Septic line to tank

Repair Area

Septic Plan  
 Lindsay Boyle  
 124 Amber Ridge  
 Grants Pass, OR 97527

Scale  
 1/4" = 10'

--- = septic or leach line



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

Name: LINDSAY DOYLE, Mailing Address: 654 TROLLVIEW Rd, Phone Number: 541-237-9265

B. Legal Property Description

Township: 36 South, Range: 6, Section: 27, Tax Lot: TL301, Tax Account Number: R320433, Acreage or Lot Size: 1.39, County: JOSEPHINE, Subdivision Name, Lot, Block

Property Address: 124 ARBOR RIDGE, City: GRANTS PASS, State: OR, Zip Code: 97527

Directions to Property: 199 West from Grants Pass

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, Proposed Facility: Single Family Residence, Water Supply: Private, Number of Bedrooms: 3

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: LINDSAY DOYLE, Date: 1-30-24, Applicant's Name: LINDSAY DOYLE, Applicant's Phone Number: 541-237-9265, Applicant's E-mail Address: LINDSAYMCSEB@gmail.com, Applicant's Mailing Address: 654 TROLLVIEW Rd Grants Pass, OR 97527

# JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

**PARCEL:** 360628D0000100  
**SITUS:** 124 Arbor Ridge Dr  
**ACRES:** 1.39

Septic

**PERMIT NUMBER:** PL-2024-00069  
**ZONE:** RR5  
**SCHOOL DISTRICT:** 3 RIVERS SCHOOL DISTRICT

<b>APPLICANT:</b>	DOYLE, LINDSAY	<b>APPLICANT PHONE #:</b>	541-237-9265
<b>APPLICANT ADDRESS:</b>	654 TROLLVIEW RD GRANTS PASS, OR 97527		
<b>OWNER:</b>	DOYLE, LINDSAY		
<b>OWNER ADDRESS:</b>	654 TROLLVIEW RD GRANTS PASS, OR 97527		

<b>SPECIAL REQUIREMENTS</b>	
• Fire Hazard - Plan in File <input checked="" type="checkbox"/> NA	Reason: <i>All additional terms</i>
• Erosion Hazard - Plan in File <input checked="" type="checkbox"/> NA	Reason: <i>Letter in lieu of attached</i>

EXISTING STRUCTURES	PROPOSAL	SETBACKS										
Per Assessor Records: Vacant	2,000 Sq Ft SFD - 3 Bedroom, 2 Bath, with Covered Porches	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Front Setback:</td><td style="border: 1px solid black;">30 ft.</td></tr> <tr><td>Side Setback:</td><td style="border: 1px solid black;">10 ft.</td></tr> <tr><td>Rear Setback:</td><td style="border: 1px solid black;">25 ft.</td></tr> <tr><td>Stream Setback:</td><td style="border: 1px solid black;">0 ft.</td></tr> <tr><td>Height:</td><td style="border: 1px solid black;">35 ft.</td></tr> </table>	Front Setback:	30 ft.	Side Setback:	10 ft.	Rear Setback:	25 ft.	Stream Setback:	0 ft.	Height:	35 ft.
Front Setback:	30 ft.											
Side Setback:	10 ft.											
Rear Setback:	25 ft.											
Stream Setback:	0 ft.											
Height:	35 ft.											

**ADDITIONAL TERMS:**

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

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

<b>SIGNATURE:</b>		<b>DATE:</b>	2-1-24
<b>CONTRACTOR NAME:</b>		<b>LICENSE#:</b>	
<b>APPROVED:</b>		<b>DATE:</b>	2-7-24

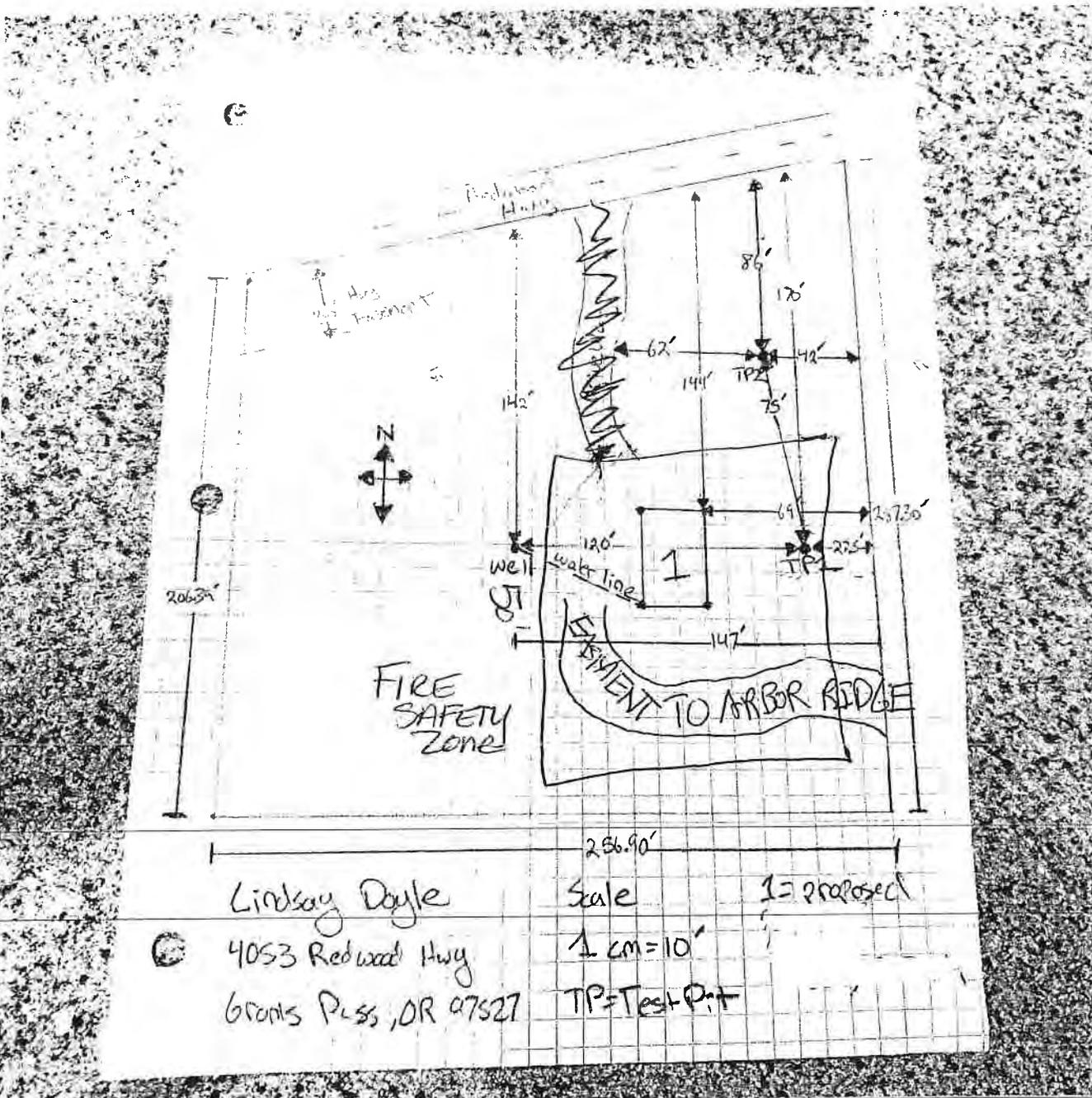
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

From: Chrome King <nojasteelienorcal@gmail.com>

Date: 1/9/24, 1:11 PM

To: info@junecompany.com

20231212\_092316.jpg



Lindsay Doyle

4053 Redwood Hwy  
Grants Pass, OR 97527

Scale 1 = proposed  
1 cm = 10'  
TP = Test Pit

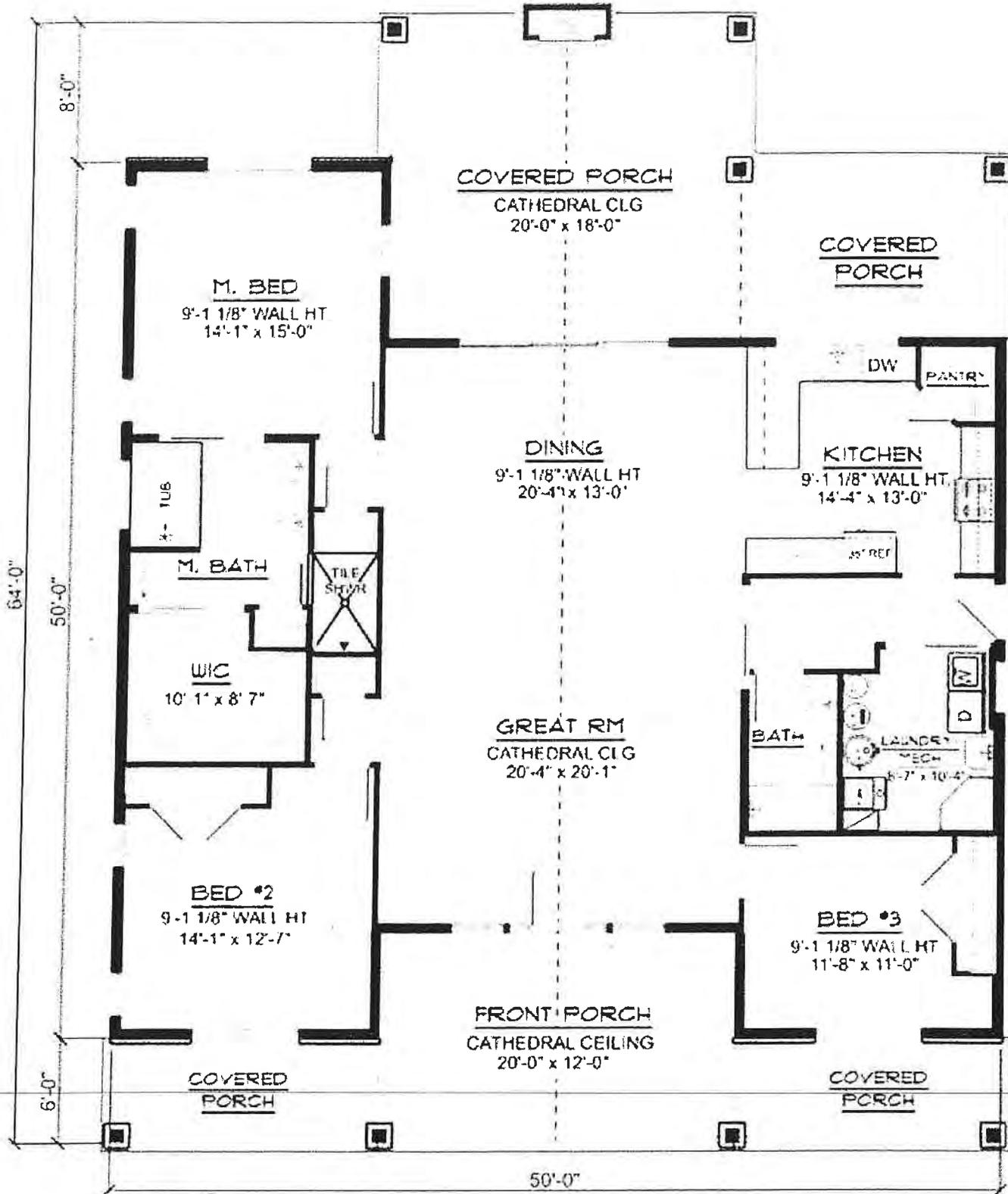
Attachments:

20231212\_092316.jpg

STRUCTURE LOCATION	
ZONE R205	MINIMUM SETBACK
FRONT 30'	SIDE 10'
REAR 25'	CENTERLINE 100'
STREAM 0	
PLANNER	BJP

3.1 MB

1/9/24, 1:13 PM



Elevation: 9' walls  
15' Top of Roof (3:12 pitch)

# APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

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

Prepared by: SK	District No: 3
Zone: RR5	Violations:
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contact <input type="checkbox"/> Pickup <input type="checkbox"/> Mail
Fax:	
Email: lindsaymcse@gmail.com	
Land Use Log:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scanned

Application Date: 01/18/24	Permit No: 24008			
Situs (St Address): 4053 Redwood Hwy				
Location of Access: Arbor Ridge Dr				
T 36	R 06	S 28.D0	TL 100	Parcel No:
Stated Purpose:				
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> EXISTING	<input type="checkbox"/> SHARED		

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

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

Property Owner Lindsay Doyle Phone 541-237-9265 Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address 654 Trollview Rd Mailing Address \_\_\_\_\_  
 City Grants Pass St OR Zip 97527 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**TYPE OF ROAD:**

County-maintained  Local access road  
 Owner-maintained  Circuit Court Decree

Approach:  Existing  New Width: 14  
 Culvert:  Existing  Required  Material:  CMP / Concrete

**TYPE OF APPROACH:**

Residential  Commercial / Industrial\*  
 Home Occupation\* *\*Requires Site Plan*  
 Ag Use  
 Surface:  Paved  Unpaved  
 Diameter: 15 Length: 37  Beveled

*This permit shall be void unless work herein described shall have been completed, inspected and approved before 1/19/25.*

**SUBMITTED BY:**

[Signature] 1-18-24  
 Applicant Date

I have received a copy of the General Provisions  
[Signature]  
 Applicant's initials

**"CONDITIONS FOR APPROVAL" ISSUED BY:**

Public Works \_\_\_\_\_ Date \_\_\_\_\_

**INSTALLATION INSPECTION:**

[Signature] 1/19/24  
 Inspector Signature Date

**LOCATION OF APPROACH:**

Address 122 ARBOR RIDGE DR

**PERMIT VALID THROUGH**

DATE: 1/19/2031

Latitude (N) 42° 24' 44.96"  
 Longitude (W) 123° 24' 17.36"

Comments: \_\_\_\_\_ LEFT  RIGHT  MILEPOST \_\_\_\_\_



Josephine County, Oregon

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

Chapter 19.76 Certification of Fire Protection Service

Name: Lindsay Doyle

Assessor Map Number: 36062800 301

Address: 4050 Redwood Hwy

City Grants Pass State OR Zip code 97527

Phone Number: 541-237-9265

Email: lindsaymuse@gmail.com

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

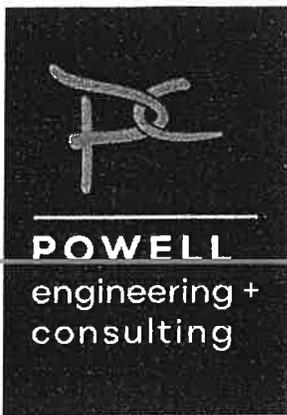
Rural Metro Fire

Fire district or Fire service provider

starting: 12-8-23
Date

Fire Official Signature: M Thomas Date: 12/8/2023

Title: Customer service



100 East Main Street, Suite O  
Medford, OR 97501

(t) 541.613.0723

[powellengineeringconsulting.com](http://powellengineeringconsulting.com)

STRONG RELATIONSHIPS • INFINITE POSSIBILITIES

December 26, 2023

Noah Johnson  
4053 Redwood Hwy  
Grants Pass, Oregon

**Re: Erosion Control Letter  
4053 Redwood Highway  
Grants Pass, Oregon**

Dear Noah,

Thank you for the opportunity to visit your 1.39-acre property at 4053 Redwood Highway in Grants Pass to assess the erosion control impacts to your planned new single-family residence.

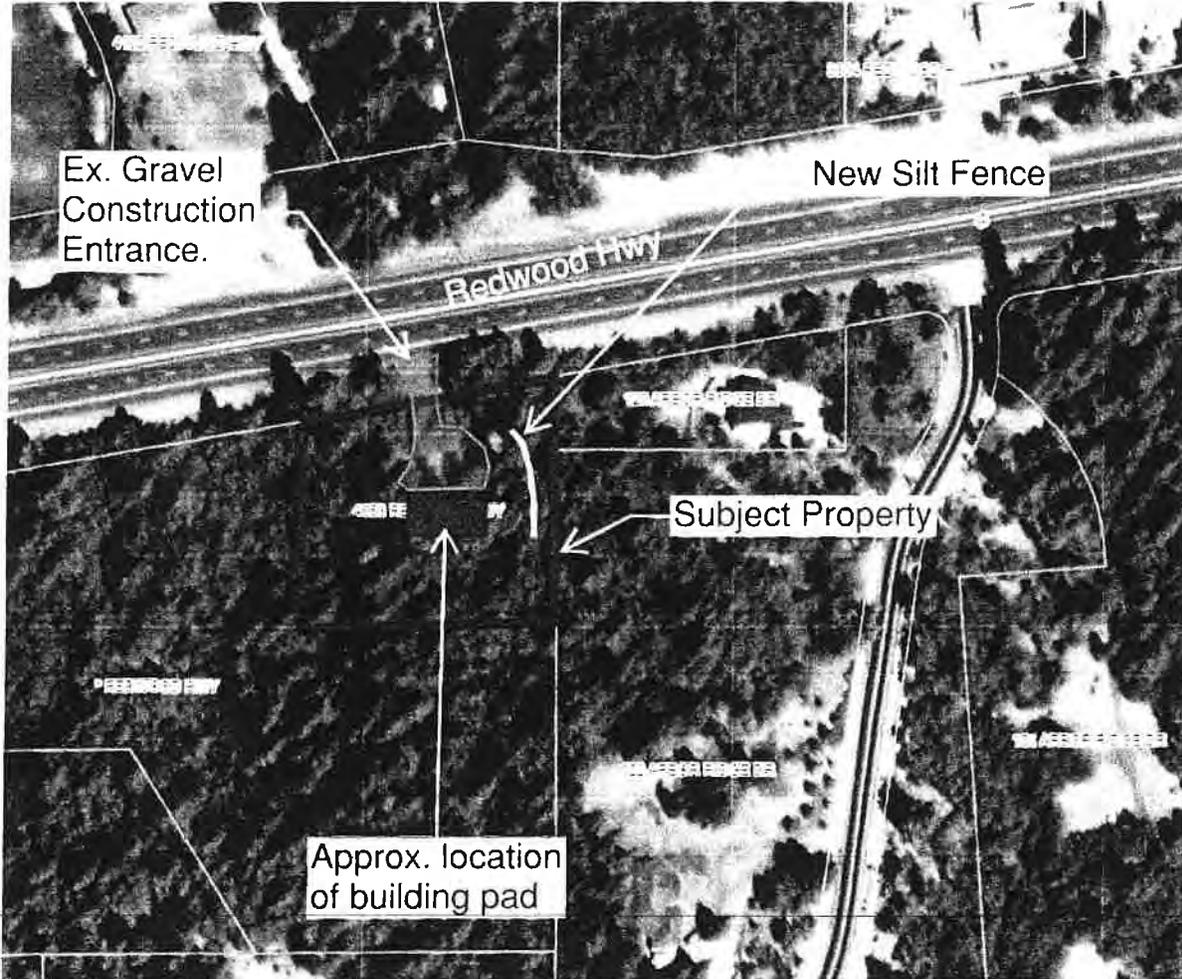
A little background. Josephine County Code identifies two land features that trigger the need for an erosion control plan. One is slope over 15 percent, and the other is granitic soils. Unfortunately, your property has slopes over 15% and is completely composed of granitic soils and that is the reason for my visit and Planning's requirement under Article 83 (Erosion Control and Storm Drain Facilities) to condition an EC/SD plan prepared by a registered civil engineer. However, Josephine County Planning has previously accepted, in lieu of a full plan, a stamped statement/letter from the engineer indicating that an erosion control plan is not required for the particular project.

In your case, following my inspection of the site, this letter in lieu of a full plan will suffice. The following describes my findings and recommendations. Additionally, I have attached a simple plot plan of your site for reference (shown on Page 2).

- I visited the subject property on December 20, 2023 at around 8am.
- The proposed location of the new structure is on a relatively flat area and located near the center of the subject tax lot.
- An existing gravel construction entrance has already been installed with access off Redwood Highway.
- One area, along the eastern property line, was identified as needing a Silt Fence to prevent sediment from leaving the subject property and flowing onto the adjacent tax lots to the east and northeast. This area is shown via the "yellow" line on the plot plan and further identified with the photos attached to the back of this letter.
  - *This Silt Fence has subsequently been installed on Friday December 22, 2023.*
- The Silt Fence shall remain in place until the area of soil disturbance has been revegetated and/or the risk of erosion onto adjacent properties has been eliminated.

- The Contractor and Owner shall keep the gravel construction entrance in good condition to avoid track out onto Redwood Highway. Additionally, the Silt Fence shall be inspected following heavy rainfall events to ensure its continued effectiveness in erosion protection of adjacent downstream properties.

**Plot Plan**



Thank you for reaching out to us and please let me know if you have any questions or concerns.

Sincerely,

Todd D. Powell, P.E.  
Principal Engineer



STATE OF OREGON  
WATER SUPPLY WELL REPORT

JOSE 61766

WELL I.D. LABEL# L 152047  
START CARD # 1071921  
ORIGINAL LOG #

11/14/2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
First Name LINDSAY Last Name DOYLE  
Company \_\_\_\_\_  
Address 654 TROLLVIEW RD  
City GRANTS PASS State OR Zip 97527

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

**(2a) PRE-ALTERATION**

Casing:	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material From To Amt sacks/lbs

Seal: \_\_\_\_\_

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
Depth of Completed Well 400.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	40	Bentonite Chips	0	40	22	S
6	40	400			Calculated	18.26	
					Calculated		

Seal placement method  A  B  C  D  E Other: POURED BENTONITE  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Type \_\_\_\_\_ Amount \_\_\_\_\_  
Seal Placement Begin Date 11/7/2023 Begin Time 11 45

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount	Actual Amount

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	2	400	sch40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 78  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method saw  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/Screen	Casing/Liner	Dia	From	To	Scrnm/slot width	Slot length	# of slots	Tele/pipe size
		4	380	400	.25	6	12	4

**(8) WELL TESTS: Minimum testing time is 1 hour**

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
6		399	1

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 173 ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**  
County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM  
Sec 28 SE 1/4 of the NE 1/4 Tax Lot 301  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 42.41243068 DMS or DD  
Long \_\_\_\_\_ " or -123.40673114 DMS or DD  
 Street address of well  Nearest address  
**NO ASSIGNED ADDRESS. REDWOOD HWY, GRANTS PASS, OR 97527**

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11/8/2023		77

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 360.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/8/2023	360	365	6		77

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Brown clay	0	8
Brown granite med hard	8	70
Gray granite hard	70	360
Gray granite hard w/ fractures	360	400

Construction Begin Date 11/7/2023 Begin Time 09 30 End Date 11/8/2023

**(unbonded) Water Well Constructor Certification**  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

**(bonded) Water Well Constructor Certification**  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1648 Date 11/14/2023  
Signed BARRY PELKEY (E-filed)  
Contact Info (optional) Barry Pelkey

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JOSE 61766

11/14/2023

## Map of Hole

### STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)886-3800

OREGON



#### LOCATION OF WELL

Latitude: 42.41243068 Datum: WGS84

Longitude: -123.40673114

Township/Range/Section/Quarter-Quarter Section:

WM36.00S6.00W28SENE

Address of Well:

NO ASSIGNED ADDRESS REDWOOD HWY, GRANTS PASS, OR 97527

Well Label: 152047

Printed: November 14, 2023

DISCLAIMER: This map is intended to represent the approximate location of the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



## Onnie Heater

---

**From:** Terri Woodruff  
**Sent:** Friday, January 26, 2024 1:54 PM  
**To:** Onnie Heater  
**Subject:** FW: New Address Assignment  
**Attachments:** 20240126134249.pdf

Hello,

Lindsay Doyle, 4053 Redwood Hwy, has a new address of 124 Arbor Ridge Drive, Grants Pass, OR 97527.

Kind regards,

Terri



**Terri Woodruff**  
**Assistant Planner**  
Community Development  
700 NW Dimmick, Suite C, Grants Pass, OR 97526  
(541) 474-5109 Ext 2613 [twoodruff@josephinecounty.gov](mailto:twoodruff@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.*



# 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](mailto:planning@josephinecounty.gov)

380

## PLANNING APPLICATION FORM

Property Address: 4053 Redwood Hwy

Assessor's Map & Tax Lot:  
36-00-20-00 Tax Lot(s) 301 100  
Tax Lot(s)

Zoning: RHS

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)  
2,891 SF

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)
  - 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 Public Works
- Proof of Fire Protection
- Erosion Control Plan/Fire Safety Plan
- Other: \_\_\_\_\_

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

2,891 SFD

Property Owner: Lindsay Doyle  
Address: 654 Trollview Rd  
Grants Pass, OR 97527  
Phone: 541-237  
Email: lindsaymose@gmail.com

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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).

(Signature of Owner or Attorney-in-Fact) \_\_\_\_\_ Date 12-10-23

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

(For Office Use)

DATE STAMP

Fees Paid: \$380 Initials: Online



Community Development - Planning Division  
 700 NW Dimmick, Suite C  
 Grants Pass, OR 97526

Receipt Number: PL24-00078

(541) 474-5421  
 planning@josephinecounty.gov

**Payer/Payee:** LINDSAY DOYLE  
 654 TROLLVIEW RD  
 GRANTS PASS OR 97527

**Cashier:** ONLINE PAYMENT

**Date:** 01/24/2024

**Primary Parcel:** 360628D0000100 **Project Description:** 2,891 Sq Ft 3 BDRM 2 BATH

**PL-2024-00069 DEVELOPMENT PERMIT 4053 REDWOOD HWY**

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
PL-Development Permit (SFD, to include remodels & addition)	\$380.00	\$380.00	\$0.00
	<b>\$380.00</b>	<b>\$380.00</b>	<b>\$0.00</b>

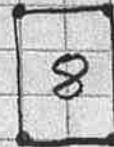
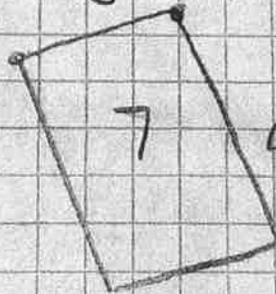
<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
ONLINE PAYMENT	149933820	\$380.00
<b>Total Paid:</b>		<b>\$380.00</b>



- 1 = 1000g septic tank
- 2 = 4' deep curtain drain 150'
- 3 = 2' deep leach line 100'
- 4 = 2' deep leach line 100'
- 5 = 2' deep leach line 100'  
(50' setback from stream)  
(10' feet separation between lines)  
(≥ 100' from well)
- 6 = dist. box

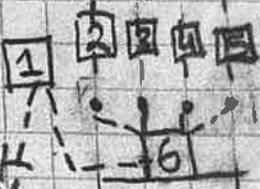
7 = single family dwelling

8 = garage



Well

Septic line to tank



Repair Area

Septic Plan  
Lindsay Boyle

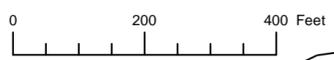
124 Arbor Ridge

Grants Pass, OR 97527

Scale  
1/4" = 10'

--- = septic or leach line

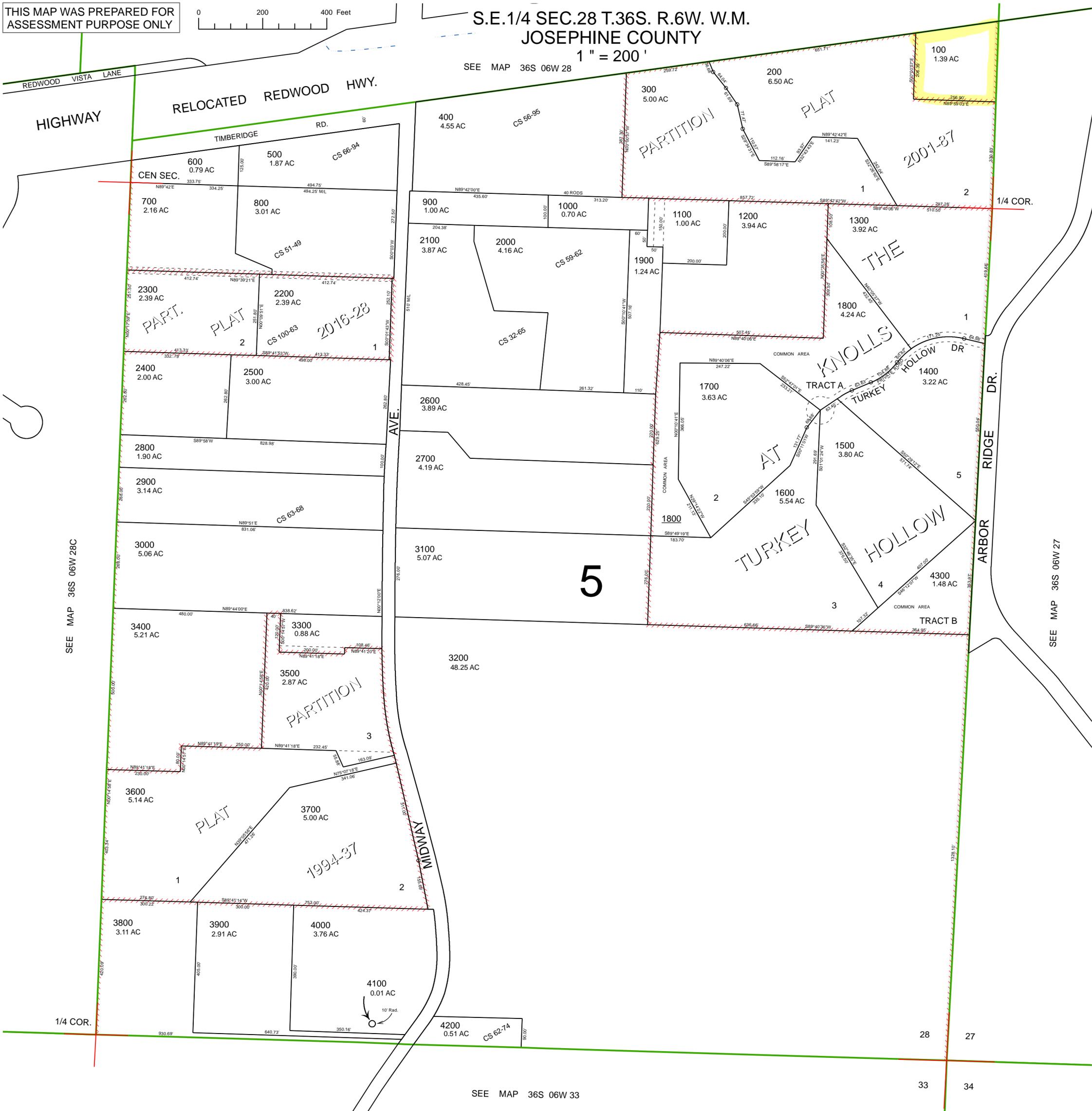
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY



S.E. 1/4 SEC. 28 T.36S. R.6W. W.M. JOSEPHINE COUNTY

1" = 200'

36 06 28D



SEE MAP 36S 06W 28C

SEE MAP 36S 06W 27

SEE MAP 36S 06W 33

36 06 28D



# Septic Permit

## Installation Permit - Residential - New

463-24-000058-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> 2/12/24	<b>Expiration date:</b> 2/11/25
<b>Work description:</b> STANDARD CONSTRUCTION PERMIT	

**Applicant:** DOYLE, LINDSAY  
**Address:** 654 TROLLVIEW RD  
 GRANTS PASS OR 97527  
**Phone:** 5412379265  
**Email:** LINDSAYMCSE@GMAIL.COM  
**Business License:** N/A

**Owner:** DOYLE, LINDSAY  
**Address:** 654 TROLLVIEW RD  
 GRANTS PASS OR 97527  
**Property address:** 124 Arbor Ridge Dr, Grants Pass, OR  
 97527

**Parcel:** 360628D0000100 - Primary      **Township:** 36    **Range:** 06      **Section:** 28

<b>Lot size:</b>	1.39	<b>Water supply:</b>	Well
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	N/A
<b>Land use approval:</b>	N/A	<b>County:</b>	N/A
<b>Accessory Dwelling Unit:</b>	No		
<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	3

**System Specifications**

<b>Type:</b>	Standard	<b>ATT description:</b>	N/A
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b>	375 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	N/A

**Drain Field Specifications**

<b>Drain field type:</b>	Standard	<b>System distribution Ttpe:</b>	Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Serial
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	N/A
<b>Media type description:</b>	EZ FLOW 1201-P		
<b>Trench length:</b>	300 linear ft.	<b>Rock above pipe:</b>	N/A
<b>Max depth:</b>	24 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**

<b>Stake out required:</b>	No	<b>Groundwater depth:</b>	16 in.
<b>Groundwater type:</b>	Temporary		

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:** 2/12/24

**Expiration date:** 2/11/25

**Work description:** STANDARD CONSTRUCTION PERMIT

<b>Groundwater interceptor:</b>	N/A	<b>Groundwater interceptor depth:</b>	48 in.
<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**

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 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.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- 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.
- Meet all required setbacks
- 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.
- 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.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 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.
- 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.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
- Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

**Date issued:** 2/12/24**Expiration date:** 2/11/25**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.

2/12/24



# Septic Site Evaluation Approval

463-23-000416-EVAL

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

**Date issued:** 01/31/2024  
**Application status:** Site Evaluation Approved  
**Work description:** SITE EVALUATION

**Applicant:** NOAH JOHNSON  
**Address:** 3571 AMBER LN  
GRANTS PASS OR 97527  
**Phone:** 8315889685  
**Email:** NOJASTEELIENORCAL@GMAIL.COM

**Owner:** DOYLE, LINDSAY  
**Property address:** 4053 Redwood Hwy, Grants Pass, OR 97527

**Address:** 654 TROLLVIEW RD  
GRANTS PASS OR 97527

**Parcel:** 360628D0000100 - Primary      **Township:** 36    **Range:** 06      **Section:** 28

**Lot size:** 1.39      **Water supply:** Well  
**Zoning:** N/A      **City/County/UGB:** N/A  
**Accessory Dwelling Unit:** No

**Proposed use of structure:** SFR  
**Category of construction:** Residential

### General Specifications

**Max peak design flow:** 450 gpd.      **Proposed gallons per day:** 300 gpd.  
**Min septic tank volume:** 1500 gal.      **Min dosing tank volume:** N/A  
**Special tank reqmts:** 1500 gallon two compartment tank

### System Specifications

<b>System type:</b>	Standard	<b>Replacement Area</b>
<b>System distribution type:</b>	Serial	Serial
<b>Distribution method:</b>	Serial	Serial

### Trench Specifications

<b>Trench linear feet:</b>	300 linear ft.	300 linear ft.
<b>Max depth:</b>	30 in.	30 in.
<b>Min depth:</b>	24 in.	24 in.

### Special Requirements

<b>Stakeout required:</b>	Yes	Yes
<b>Groundwater type:</b>	Temporary	Temporary

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.)

<b>Date issued:</b> 01/31/2024		
<b>Application status:</b> Site Evaluation Approved		
<b>Work description:</b> SITE EVALUATION		

<b>Groundwater depth:</b>	16 in.	16 in.
<b>Groundwater interceptor:</b>	Yes	Yes
<b>Groundwater interceptor depth:</b>	48 in.	48 in.
<b>Drainfield type:</b>	Standard	Standard
<b>Drainfield sizing:</b>	100 linear ft/150 gal.	100 linear ft/150 gal.
<b>Pump to drainfield required:</b>	Yes	Yes

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

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

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

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

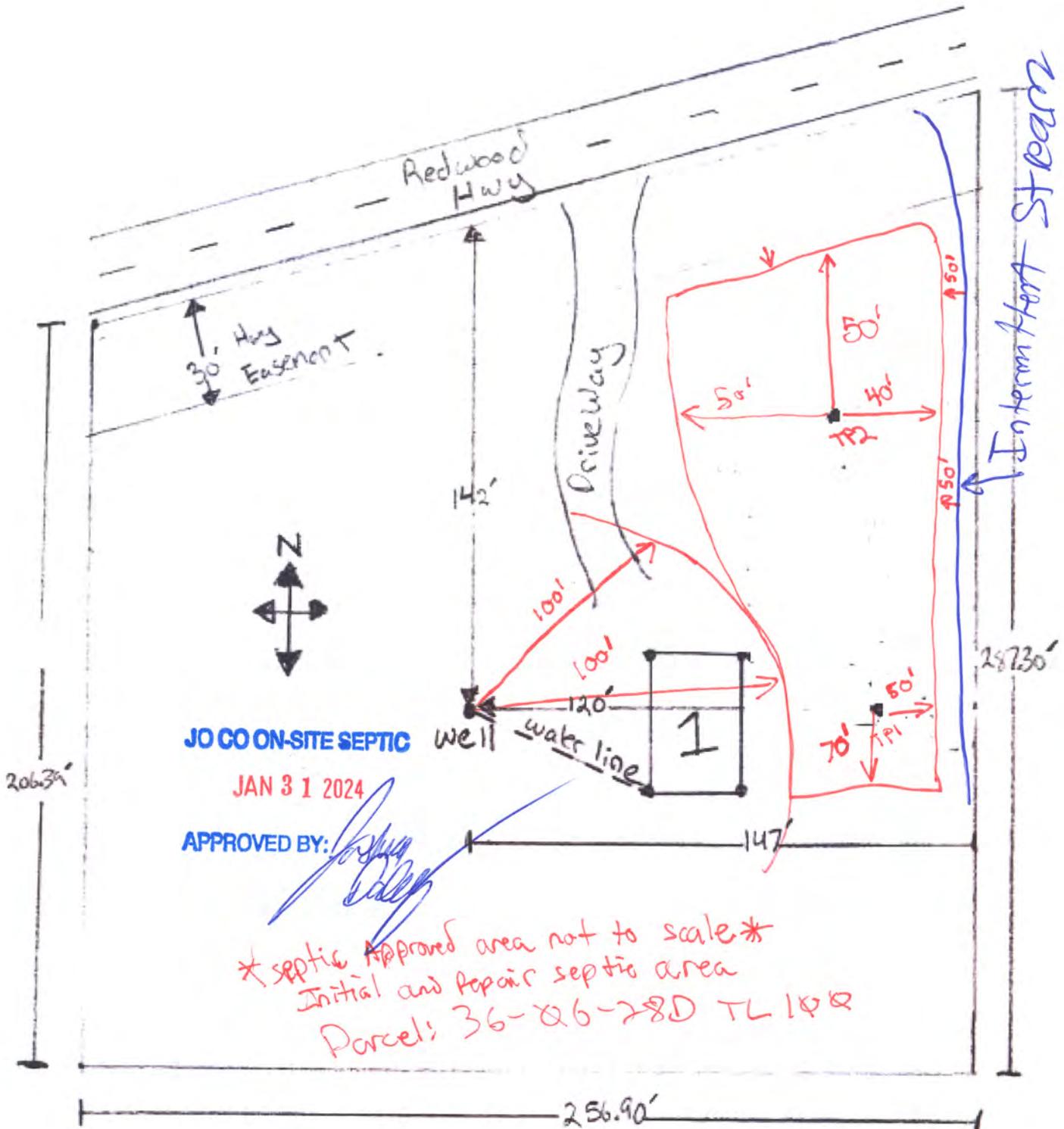
Joshua Daley

Environmental Specialist

1/31/24

**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.)



\* septic Approved area not to scale \*  
 Initial and Repair septic area  
 Parcel: 36-26-28D TL 142

Lindsay Doyle  
 4053 Redwood Hwy  
 Grants Pass, OR 97527

Scale  
 1 cm = 10'  
 TP = Test Pit

1 = proposed  
 24' x 40'  
 2 story  
 2 Bed, 1 Bath  
 single family dwelling  
 w/ shop



**FIELD WORKSHEET**

Name: Lindsay Doyle Application No.: 463-23-000416-EVAL Date: 1/31/24  
 RE: **SITE EVALUATION REPORT** for Parcel #: 36-06-28D TL 144

Commercial Facility:  Yes  No Parcel Size: 1.39 AC

**APPROVED SYSTEM SPECIFICATIONS**

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

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 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 checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input 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 checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>300</u> total linear feet <u>100</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</u> " Min Depth

**Additional Conditions of Approval**

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- A curtain drain is required, a minimum of 10 feet above the highest disposal trench.
- The curtain drain must be a minimum of 48 inches deep, and installed in accordance with OAR 340-071-0220 (12).
- Rake trench sidewalls.
- The system must be installed during dry soil conditions only.
- System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

\*Soil notes were completed by Gabriel Kasiah REHS

Inspector: Joshua Calley

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-6	SCL	10YR <sup>3</sup> / <sub>2</sub> , GR-W SBK, Roots 2F, M, 2VF, C
	6-16	SCL	2y <sup>3</sup> / <sub>4</sub> , W SBK, Roots 2VF, F, M, C
	16-92	SAP	Color's vary, weak-massive, CAS @ BOUNDARY OF HORIZONS 2-3 (16"-20" Roots - NO LIVE ROOTS VISIBLE, <sup>TEXTURE'S</sup> TO CSL DEP 10YR <sup>3</sup> / <sub>1</sub> , CONC. 7.5YR <sup>5</sup> / <sub>8</sub> , CLAY SKINS TO 30"
Test Pit 2			CLAY SKINS 30"-92 10YR <sup>4</sup> / <sub>6</sub>
Test Pit 3	0-5	L	10YR <sup>2</sup> / <sub>2</sub> , GR-W SBK, Roots 2F, M, C, 2VF
	5-16	SCL	10YR <sup>5</sup> / <sub>6</sub> , W SBK, Roots 2VF, F, M, C, VC
	16-25	SCL	10YR <sup>3</sup> / <sub>4</sub> , " , Pores 2VF, 10-15% CF
	25-90	SAP/Medium	10YR <sup>5</sup> / <sub>1</sub> , MASSIVE/WBCK, Roots - NO LIVE ROOTS VISIBLE, CONC. 7.5YR <sup>5</sup> / <sub>8</sub>
Test Pit 4			WATER @ 40", 50%-75% ROUNDED CF,
			INTERTEXTURE SOIL texture to CSL
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED (OAK PINE)

Slope: 1 Aspect: N/NE Groundwater Type:  Permanent  Temporary

Other Site Notes: AREA OF TEST PITS CLEARED OF VEGETATION, DEEP 2.10'  
SWAIG EAST OF TEST HOLES (POSSIBLE INTERMITTENT STREAM), CUT/DRAINAGE DITCH  
@ NE CORNER OF PROP. | CANAL POSSIBLY ON PROPERTY - CHECK EASEMENT/LOCATION



# 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 <sup>st</sup> response	_____	
Date of 2 <sup>nd</sup> response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

### A. Property Owner Information

Lindsay Doyle 654 Trollview Rd 541-237-9265  
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

### B. Legal Property Description

36 06 28 0 301 100 1.4 ac.<sup>1.39</sup>  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Josephine \_\_\_\_\_  
 County Subdivision Name Lot Block

Property Address: 4053 REDWOOD HWY GRANTS PASS OR 97527  
 Address City State Zip Code

Directions to Property: LEAVE GRANTS PASS 199W ON SOUTH SIDE OF HIGHWAY.

### C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms _____	<u>2</u> Number of Bedrooms	<input checked="" type="checkbox"/> Private <u>Well</u> Well, Spring, Shared
<input checked="" type="checkbox"/> Other <u>NONE</u>	<input type="checkbox"/> Other _____	

### D. Type of Application

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

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

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

Signature [Signature] Date 12-12-23  
 Applicant's Name - Please Print Legibly LINDSAY DOYLE Applicant's Phone Number 541-237-9265 Applicant's E-mail Address MCSE LINDSAYMCSE@gmail.com  
 Applicant's Mailing Address 654 Trollview Rd Grants Pass, OR 97527

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached  
 Installer's Name \_\_\_\_\_



# Notice Authorizing Representative

I, Lindsay Doyle, have authorized Noah Johnson  
(Property Owner/Print Name) (Authorized Representative/Print Name)

to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business activities on said property.

### Property identification:

4053 Redwood Highway  
(Property Situs or Road Address)

And described in the records of: Josephine County as:  
Township 36 Range 06 Section 28D Map ID 00 Tax Lot #(s) 301 <sup>100</sup>

### Property owner:

Printed Name: Lindsay Doyle

Address: 654 Troilview Rd.

City, State, Zip: Grants Pass, OR 97527

Phone: 541-237-9265 Email: lindsayncse@gmail.com

Signature: [Signature]

### Authorized representative:

Printed Name: Noah Johnson

Address: 3571 Amber Ln

City, State, Zip: Grants Pass OR 97527

Phone: (831) 588-9688 Email: nojasteelienorcal@gmail.com

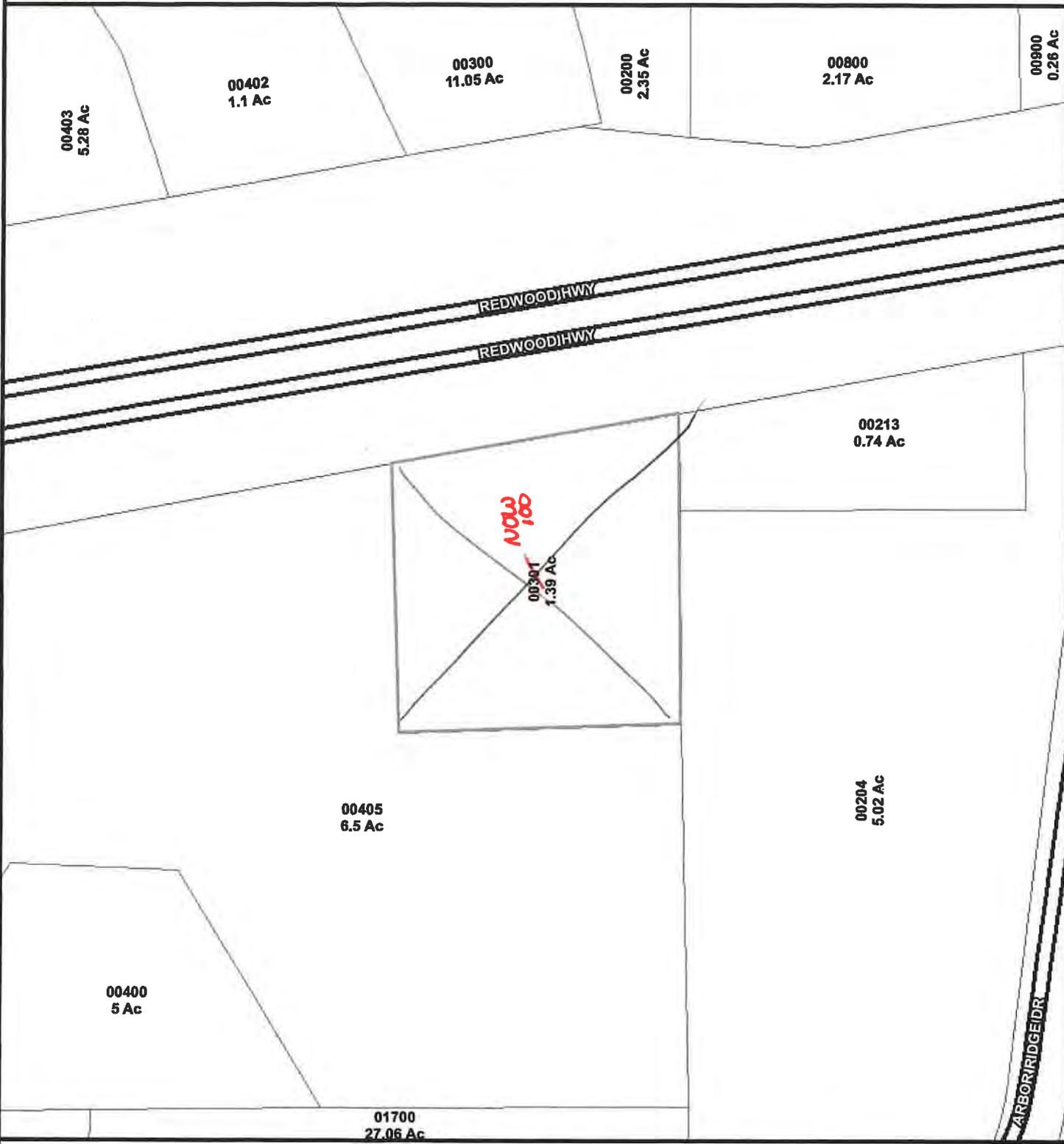
Signature: [Signature]

nojasteelienorcal@gmail.com



First American Title

36062800000301  
Redwood Hwy  
Grants Pass, OR 97527



# Taxlot

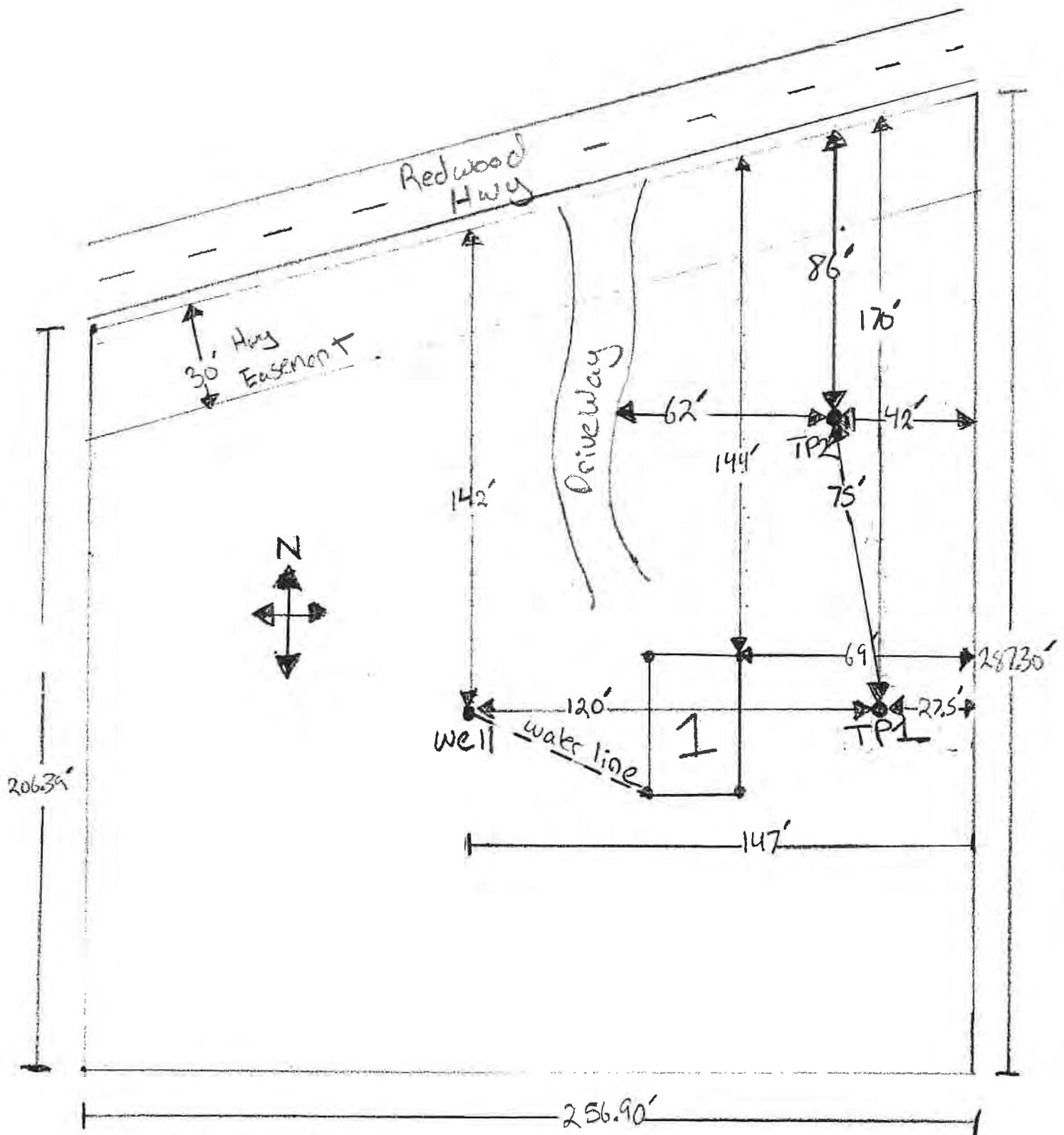


Subject

Taxlot

12/2/2022

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Lindsay Doyle  
 4053 Redwood Hwy  
 Grants Pass, OR 97527

Scale  
 1 cm = 10'  
 TP = Test Pit

1 = proposed  
 24' x 40'  
 2 story  
 2 Bed, 1 Bath  
 single family dwelling  
 w/ shop



**Onsite Permit  
Application Verification  
463-24-000058-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

**Application created:** 2/8/24  
**Parcel Nbr:** 360628D0000100  
**Site Address:** 124 ARBOR RIDGE DR, GRANTS PASS, OR 97527  
**Owner:** DOYLE, LINDSAY  
(541) 237-9265  
**Applicant:** DOYLE, LINDSAY - DOYLE, LINDSAY  
654 TROLLVIEW RD  
GRANTS PASS, OR 97527  
**Phone:** (541) 237-9265  
**Email:** LINDSAYMCSE@GMAIL.COM

**Licensed Professional(s):**  
No Licensed Professionals Designated

**Category of Construction:** Residential  
**Acreage or Lot Size:** 1.39

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

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

Existing

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

Proposed  
SFR  
3

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