



Department of Environmental Quality
 510 NW 4th Street, Room: 76
 Grants Pass, OR. 97526
 (541) 471-2850

app# 408420

Scanned
 Date: 5-21-10

State of Oregon
 Department of
 Environmental
 Quality

AUTHORIZATION NOTICE

To Use Existing Sewage Disposal System

Date: 4/9/09

Application #408420 Onsite # 407450
 T: 37 R: 3W S: 04 TL#: 501

DEWETT, Jack
 Property Owner

3805 Galls Creek Rd., Gold Hill
 Property Address

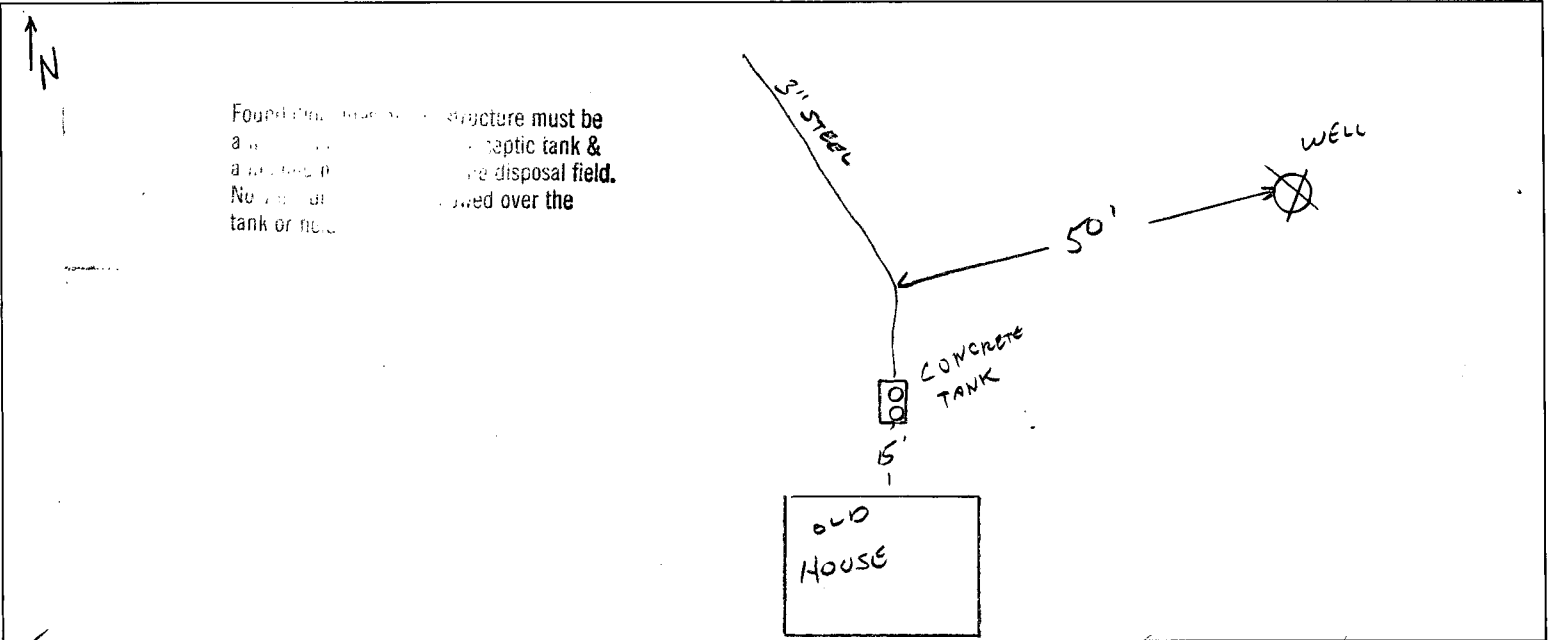
Mailing Address: 3805 Galls Creek Rd., Gold Hill, OR 97525

Purpose of Notice: Hooking up a 3 bedroom mobile home to an existing septic system.

Type of System: STANDARD Inspection Date: 4-13-09

Disposal Trenches: Sq. Ft. _____ Lineal Ft. _____ Date Installed: PRIE 1964 Permit # _____

Tank Size 1000 Gallons System Designed to serve _____ Gals/Day or _____ Bdrms.



Foundation structure must be
 a minimum of 12\"/>

This notice establishes that the sewage system located on the property identified above appears adequate by field inspection record review to serve a 3 BDRM SFD with a peak sewage flow of 375 gallons per day.

- The sewage disposal system appears to be functioning satisfactorily at the date of inspection. However, it is the opinion of this Department that this system has the potential for a winter time malfunction due to inadequate soil conditions and/or high winter water table.
- The sewage disposal system does not appear to be functioning satisfactorily for the following reasons:

COMMENTS: _____

Bar Jassi
 DEQ Representative

Date Issued: 4-13-09
 Expiration Date 4-13-10

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system.
 WR-GP rev.1/96

app#408420 Wes = Call Crown Homes 830-0629



State of Oregon
Department of
Environmental
Quality

Application for On-Site Sewage
Treatment System

Department of Environmental
Quality

510 N.W. 4th St.
Grants Pass, OR 97526

Phone: (541) 471-2850
Fax: (541) 479-2764

Scanned
Date: 5-21-10

- Requirements:
- Plot Plan
 - Vicinity and Tax Lot Map
 - Test Pits—5 feet deep
 - Development Permit

- Included:
- Plot Plan
 - Vicinity and Tax Lot Map
 - Test Pits—5 feet deep
 - Development Permit

For DEQ Use Only:

Date Received 4-9-09
 Fee Paid \$450.00
 Receipt Number 139218
 Application Number 408420

Date of 1st Response _____
 Date of 2nd Response _____
 Date of Final Response _____
 Date of Completion _____

Scanned Data Entry

Underground Utility Locate Number
 1-503-232-1987 or 1-800-332-2344

A. Property Owner Information

JACK DEWETT 3805 GALLS CREEK RD. GOLD HILL, OR 97525 855-5583
 Name Mailing Address City State Zip Code Phone Number

B. Legal Property Description

37 3W 04 501 JACKSON
 Township Range Section Tax Lot Acreage or Lot Size County

Property Address: 3805 GALLS CREEK RD. GOLD HILL OR 97525
 Address City State Zip Code

Directions to Property: ATTACHED

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: <input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other _____	Proposed Facility: <input type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other _____	Water Supply: <input type="checkbox"/> Public _____ Name <input type="checkbox"/> Private _____ Well, Spring, Shared
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D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement	<input checked="" type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input checked="" type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other - Please Specify _____
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If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a sign with your name and address at the entrance to the property. Flag route to site and indicate lot and test hole numbers.

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.

Mike Bellamy 4-9-09
 Signature Date

Mike Bellamy 830-0629 CrownHomesWes@earthlink.net
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached

Installer's Name



State of Oregon
Department of
Environmental
Quality

EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
- Septic Tank
 - Disposal Trenches
 - Capping Fill
 - Sandfilter
 - Seepage Bed
 - Cesspool or Pit
 - Unknown
 - Other (Describe) _____

2. When was your septic system installed? _____ (Date) _____ (Permit Number)

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) ?

5. When was the septic tank last pumped? ? Attach receipt if available.

6. Number of disposal trenches _____

7. Total length of disposal trenches (in feet) _____

8. Do you propose to use the existing septic system? Yes No

9. Is your septic system currently in use? Yes No If no, date of last use ?

10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____

1. How many bedrooms will be in the proposed dwelling? 3 How many occupants? 2

2. If the septic system serves a business:
How many total employees are there? _____ Type _____ (specify as to type of plumbing fixtures i.e. toilet and hand washing, shower, kitchen wastes?)
Type of business _____

3. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____

4. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

4-9-09
(Date)

Mike Bell
Signature of Property Owner or Legally Authorized Representative



**JACKSON
COUNTY**
Oregon

Roads, Parks and Planning Services
10 South Oakdale Ave., Room 100
Medford OR 97501-2902
Phone: (541) 774-8900
Fax: (541) 774-8791

LETTER OF AUTHORIZATION

LET IT BE KNOWN THAT Crown Homes, Inc And/or Mike Bellamy
Has Been Retained to Act as Agent to Perform All Acts for Development on My Property Identified Below. These Acts Include: Pre-application Conference, Filing Applications and/or Other Required Documents Relative to All Zoning Applications, Septic System Feasibility, Sewage Disposal Permits, Assigning an Address, Road Approach Permits, Manufactured Dwelling Permits, Building Permits, and Mechanical Permits (authorization not useable for Plumbing or Electrical Permits per State regulations).

3805 Galls Creek Road, Gold Hill, Oregon 97525
(Address or Road)

AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS:

TOWNSHIP 37, RANGE 3W, SECTION 04, TAX LOT(S) 501
TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____

THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER.

APPLICANT:

SIGNATURE: Michael R. Dewett DATE: 2.9.09
PRINTED NAME: Michael K. Dewett
ADDRESS: 3091 Galls CK Road PHONE: 541-855-5583
CITY/STATE/ZIP: Gold Hill OR 97525 FAX: _____

***PROPERTY OWNER:**

This authorization is valid for 1 year, 2 years; Other 6 MONTHS (Must select one)
SIGNATURE: Jack R. Dewett DATE: 2.9.09
PRINTED NAME: Jack Dewett
ADDRESS: 3805 Galls CK. Road PHONE: 541-855-7683
CITY/STATE/ZIP: Gold Hill OR 97525 FAX: _____

AGENT:

SIGNATURE: Wes Petregrew / Mike Bellamy DATE: 2-9-09
PRINTED NAME: Wes Petregrew / Mike Bellamy
ADDRESS: 7220 CRATER Lake Hwy. PHONE: 830-0629
CITY/STATE/ZIP: White City, Oregon 97503 FAX: 830-0634

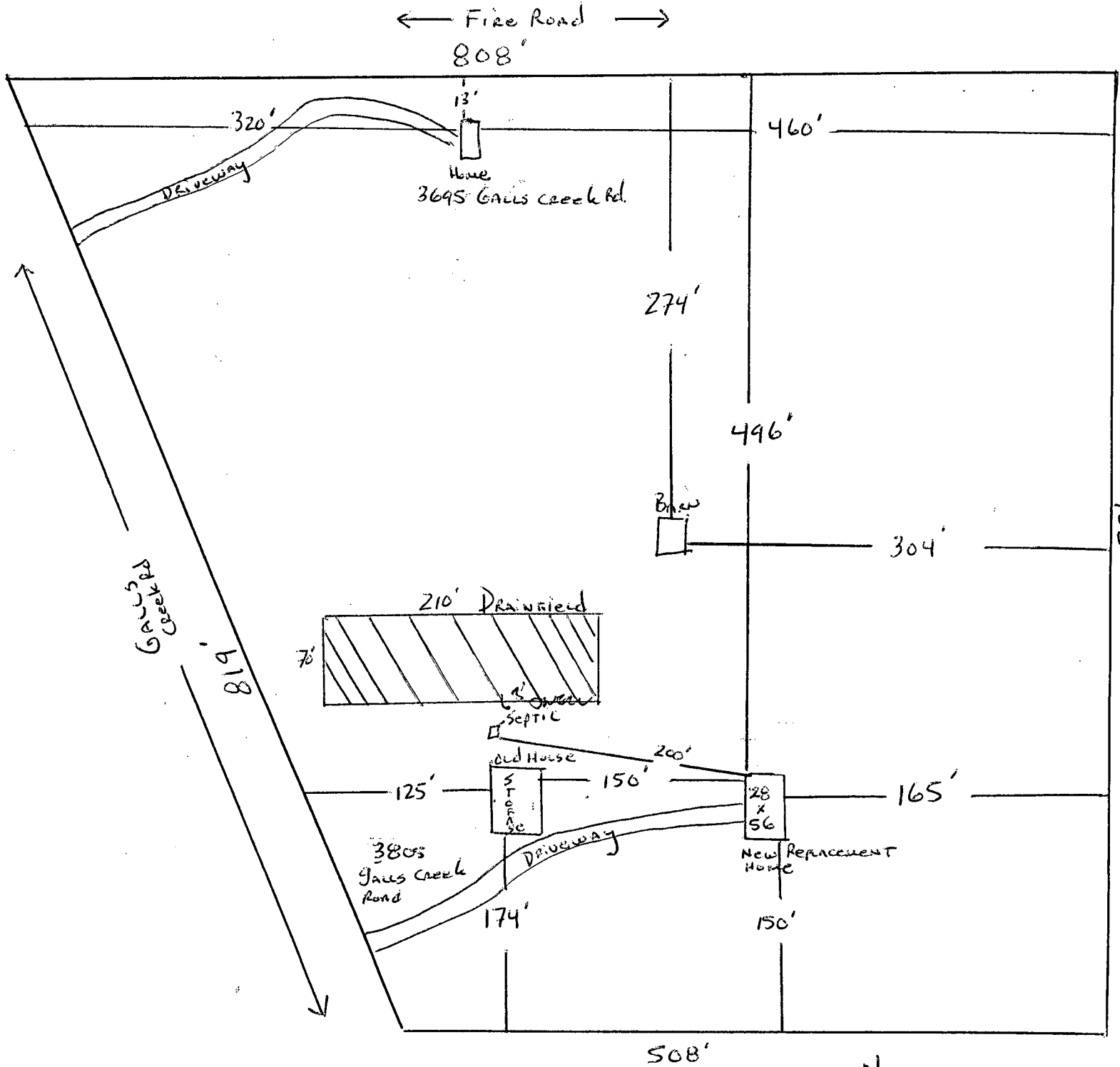
To the best of my knowledge this plot plan contains accurate information as to all existing structures and distances from structures to property lines.

Signature of Property Owner/Agent
Date 2-24-09

SITE PLAN
Revisions Required
Approved
Denied

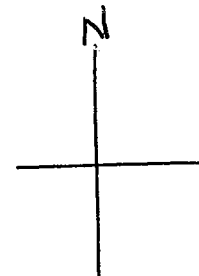
28' x 56' Replaced only

By: [Signature] Date 2-25-2009
Jackson County Planning & Development



1 inch = 100 Feet

JACK AND VERBA DEWERT
3805 GAUS CREEK ROAD
GOLD HILL, OREGON 97525
T-37, R-3W, SEC-4
TAXLOT-501



Crown Homes, Inc.
Property Locator

Customer Name MIKE DEWERT AND SEANEN REICHSTEIN

Mailing Address 3091 GALLS CREEK ROAD

Delivery Address 3805 GALLS CREEK ROAD

City GOLD HILL State OREGON Zip 97525

Phone # 855-5583

Cell # _____

Alternate # _____

Description of Manufactured Home

Year 2008 Manufacturer KARSTEN Model SP-48402

Size 28x56 Serial Number 29047 Building Permit # _____

Comments _____

* See Attached Map For Driving Directions



JACKSON COUNTY ZONING AUTHORIZATION FORM

THE PLANNING DIVISION OF JACKSON COUNTY ROADS PARKS & PLANNING SERVICES HEREBY AUTHORIZES THE FOLLOWING:

CASE TYPE: ZIS (Zoning Information Sheet)

ZONING: EFU

APPLICATION NO: ZON2009-00258

PROCESS: Type 1

MASTER NO: ZON2009-00258

SITE ADDRESS: 3805 GALLS CR RD

PROJECT NO: ZON2009-00258

PRIMARY PARCEL NUMBER: 37-3W-04-501

RECEIVED DATE: 02/24/2009

ASSOCIATED LOTS:

DIRECTIONS TO PROPERTY: GOLD HILL

USE CATEGORY: Residential Uses

Zone Use ID:

People Associated With This Case	Case Description
<p><u>Primary Owner</u> DEWETT JACK R/VERBA D 3695 GALLS CREEK Unit GOLD HILL, OR 97525</p> <p><u>Owner</u> DEWETT JACK R/VERBA D 3695 GALLS CREEK Unit GOLD HILL, OR 97525</p>	<p>Replacement of 1900 dwelling</p>

ZONING AUTHORIZATION

Notes: septic authorization for replacement dwelling/ replaced dwelling to be disconnected from septic system

UPDATED
04/08/2009

TLN

SEP AUTH

Authorization of this Septic Authorization does not mean that any or all Zoning requirements have been or can possibly be met. A separate Zoning review must be requested to verify any potential development can meet all required Land Use Laws.

UPDATED
04/08/2009

COMMENTS:

PURSUANT TO POLICY UNDER LDO 1.7.5 - SPECIAL RESOURCE DWELLING INSPECTION REQUIRED FOR REPLACEMENT STATUS.

REVIEW OF HISTORICAL DOCUMENTATION SUGGESTS THERE ARE TWO LAWFULLY ESTABLISHED DWELLINGS ON THIS PARCEL. THESE WERE ESTABLISHED BY 046-87-MH AND 047-87-MH. ONE OF THESE MANUFACTURED STRUCTURES WAS ESTABLISHED AS A TMH. THE PRE-EXISTING MNF STRCT WAS REPLACED THROUGH 90-0395-MH (ISSUED 10/24/09) AND FINALED 2/20/1992.

IT APPEARS ZONING RECOGNIZED BOTH DWELLINGS IN VARIOUS HISTORICAL DOCUMENTS.

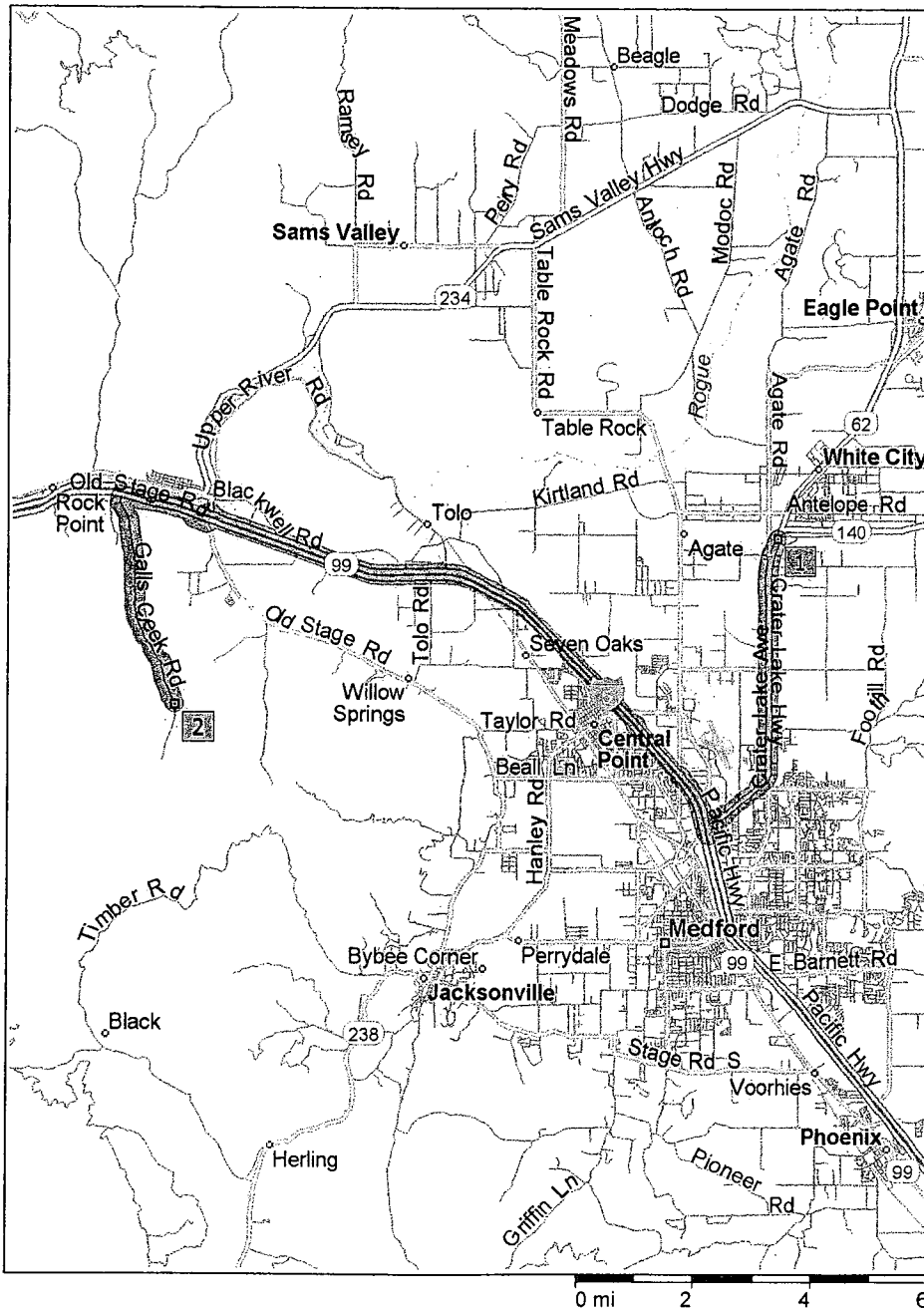
PER PRE-EXISTING MEMO IF AN APPLICANT OR PROPERTY OWNER REQUESTS AN ALTERATION OR EXPANSION OF AN ALLOWABLE PRE-EXISTING USE AND THERE IS A PRIOR LAND USE DECISION (NOT EXPIRED), A BUILDING PERMIT ISSUED TO ESTABLISH THE USE AND HISTORIC DOCUMENTATION RECOGNIZING THE USE, THEN THE APPLICANT MAY PROCEED WITH THE PROJECT.

CONDITIONS FOR THE REPLACEMENT OF THE 1900 DWELLING HAVE BEEN ESTABLISHED IN THIS CASE.

4/8/09...AGENT MOVING FORWARD WITH REPLACEMENT OF 1900 DWELLING, ORDERING FSI, SEPTIC AUTHO, DWELLING INSPECTION. TN

7220 Crater Lake Hwy, White City, OR 97503 to 3805 Galls Creek Rd, Gold Hill, OR 97525

21.7 miles; 30 minutes



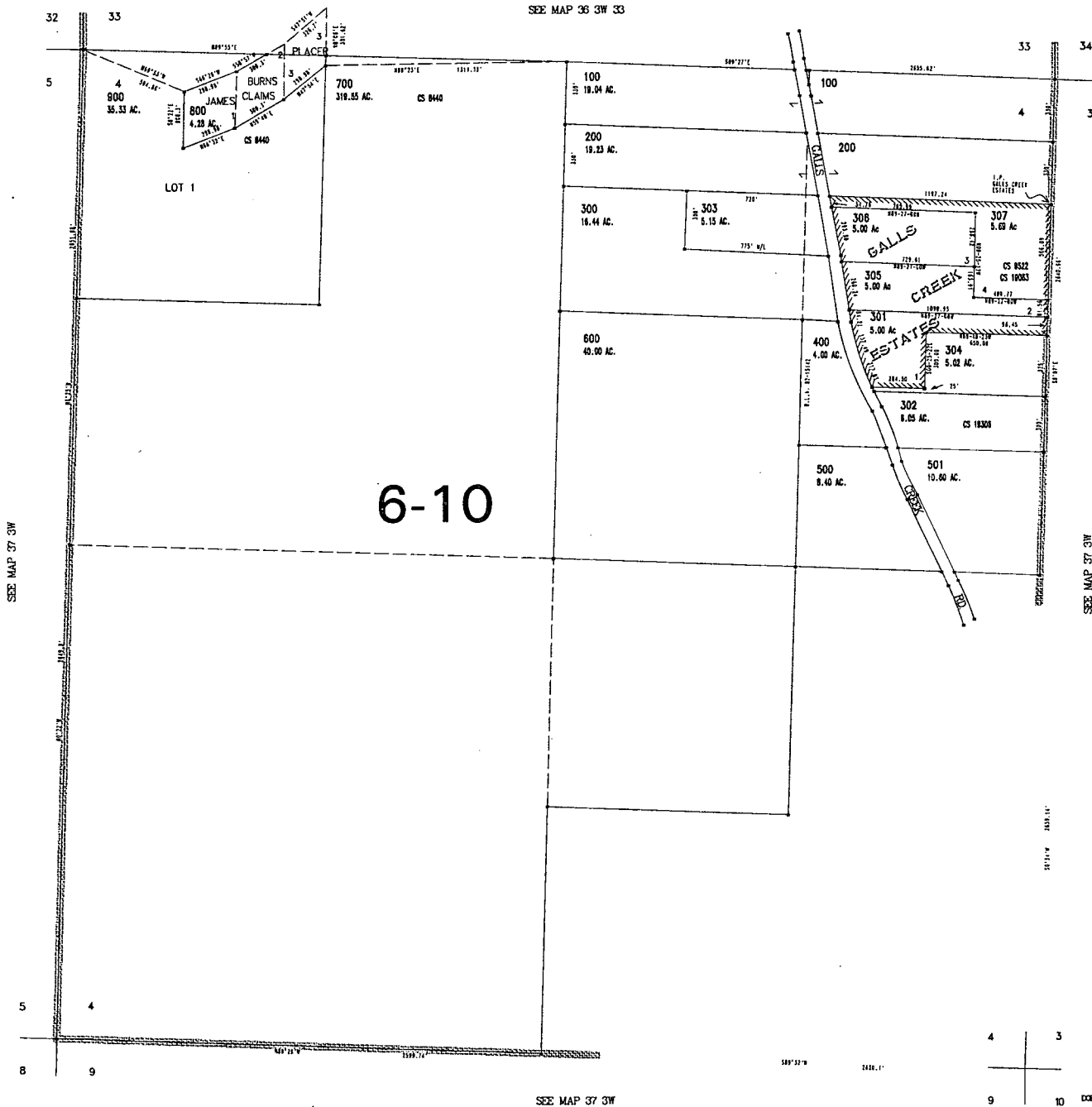
- | | | | |
|---------|---------|---|---|
| 9:00 AM | 0.0 mi | 1 | Depart 7220 Crater Lake Hwy, White City, OR 97503 on SR-62 [Crater Lake Hwy] (South) for 5.1 mi |
| 9:06 AM | 5.1 mi | | Turn RIGHT onto Ramp for 0.1 mi towards I-5 / Biddle Road / Grants Pass |
| 9:06 AM | 5.3 mi | | Keep LEFT to stay on Ramp for 65 yds |
| 9:06 AM | 5.3 mi | | Turn LEFT (South) onto Biddle Rd for 0.2 mi |
| 9:06 AM | 5.5 mi | | Take Ramp (RIGHT) onto I-5 [Pacific Hwy] for 10.6 mi towards I-5 |
| 9:15 AM | 16.1 mi | | At exit 40, turn off onto Ramp for 0.2 mi towards OR-99 / OR-234 / Gold Hill / Scenic Byway |
| 9:16 AM | 16.2 mi | | Turn LEFT (South) onto SR-234 [SR-99] for 0.1 mi |
| 9:16 AM | 16.4 mi | | Road name changes to Access Rd for 109 yds |
| 9:16 AM | 16.4 mi | | Turn RIGHT (West) onto Old Stage Rd for 1.5 mi |
| 9:20 AM | 17.9 mi | | Turn LEFT (South) onto Galls Creek Rd for 3.7 mi |
| 9:30 AM | 21.7 mi | 2 | Arrive 3805 Galls Creek Rd, Gold Hill, OR 97525 |

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 4, T37S, R3W, W.M.
JACKSON COUNTY

37 3W 4

1" = 400'



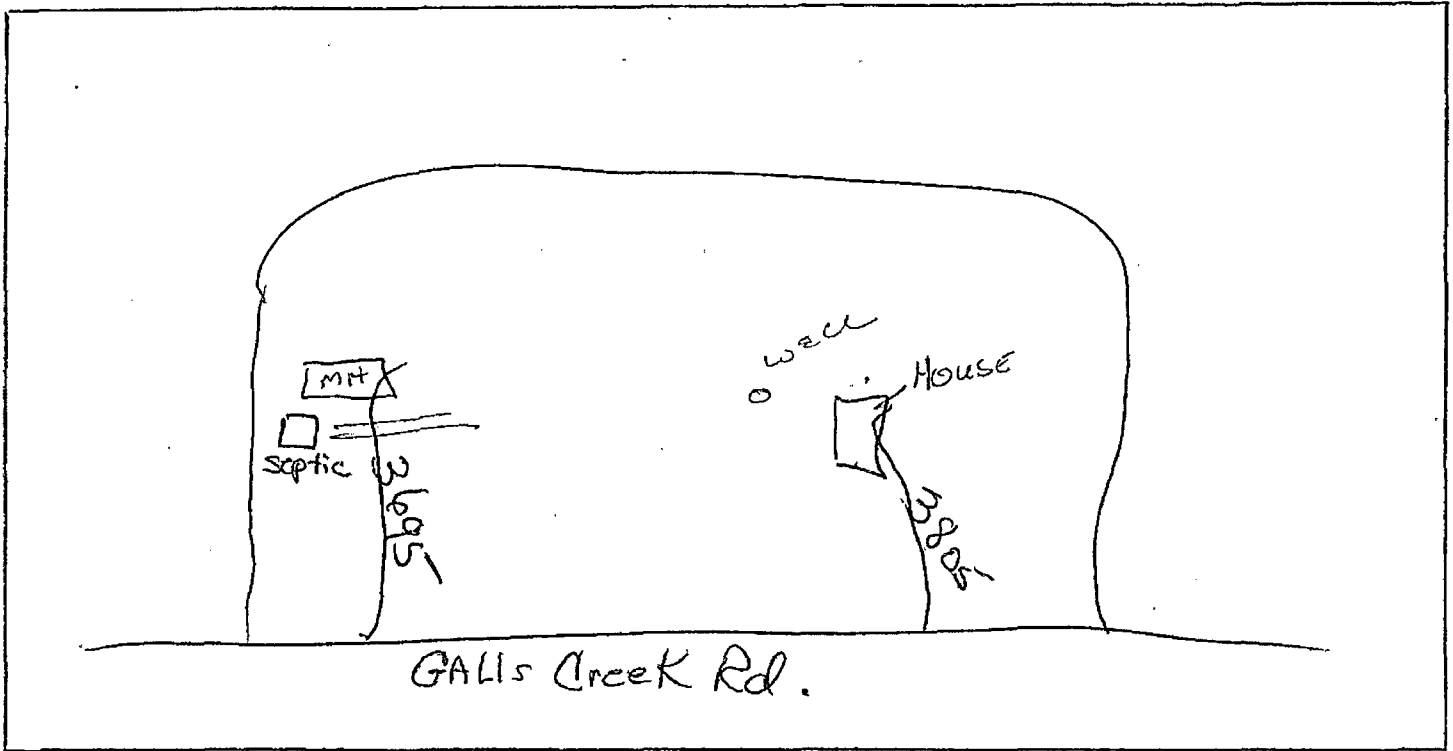
METAFIX K/MAP/373W/04/10/00 PLAT/CRA
CREATED THURSDAY AUGUST 24, 2006 1:31 PM By JOHNSONH

37 3W 4
DOR CONVERSION OCTOBER 24, 2000
REV FEBRUARY 03, 2005

NAME Terry Dewett

TWP 37 RANGE 3W SEC 4 T.L. 501

PROPERTY MAP



VICINITY MAP

