



Department of Environmental Quality
221 Stewart Ave., Suite 201
Medford, OR 97501
(541) 776-6214

AUTHORIZATION NOTICE

Use Existing Sewage Disposal System

Application #418234 Onsite # OS 416099

Date: 12/28/2015

T:36 R: 1W S: 14 Tax Lot #1013

Property Owner: KIRBY, Marcus

Property address: 901 Riley Rd., Eagle Point

Mailing Address: 910 Riley Road, Eagle Point, OR 97524

Purpose of Notice: Hooking up a 2 bedroom manufactured dwelling to an existing septic system.

Type of System: Standard

Inspection Date: 1/8/2016

Disposal Trenches: Sq. Ft. 410 Lineal Ft. 205 Date Installed: 8/21/1987 Permit # 15-33-872

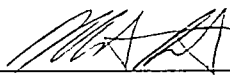
Tank Size 1250 Gallons System Designed to serve ? Gals/Day or ? Bdrms.

See Attached Sketch

Foundation lines of any structure must be
a minimum of 5 ft. from the septic tank &
a minimum of 10 ft. from the disposal field.
No vehicular traffic is allowed over the
tank or field.

- This notice establishes that the sewage system located on the property identified above appears adequate by ☒ field inspection () record review to serve a 2 BDRM SFR with a peak sewage flow of 300 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: _____


DEQ Representative

Date Issued: 1/8/2016
Expiration Date 1/8/2017

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system.

WR-GP rev.1/06



SYSTEM CONSTRUCTION REPORT

SANITATION DIVISION

PERMIT # 15-33-84R

DEPARTMENT OF PLANNING & DEVELOPMENT • COUNTY COURTHOUSE • MEDFORD, OREGON 97501 • (503) 776-7554

Name DAVE McFall Twp. 36 R. 1W S. 14 T.L. 1013 System Type Repair ^{Low} Pressure
Address (Location) 901 Riley Road

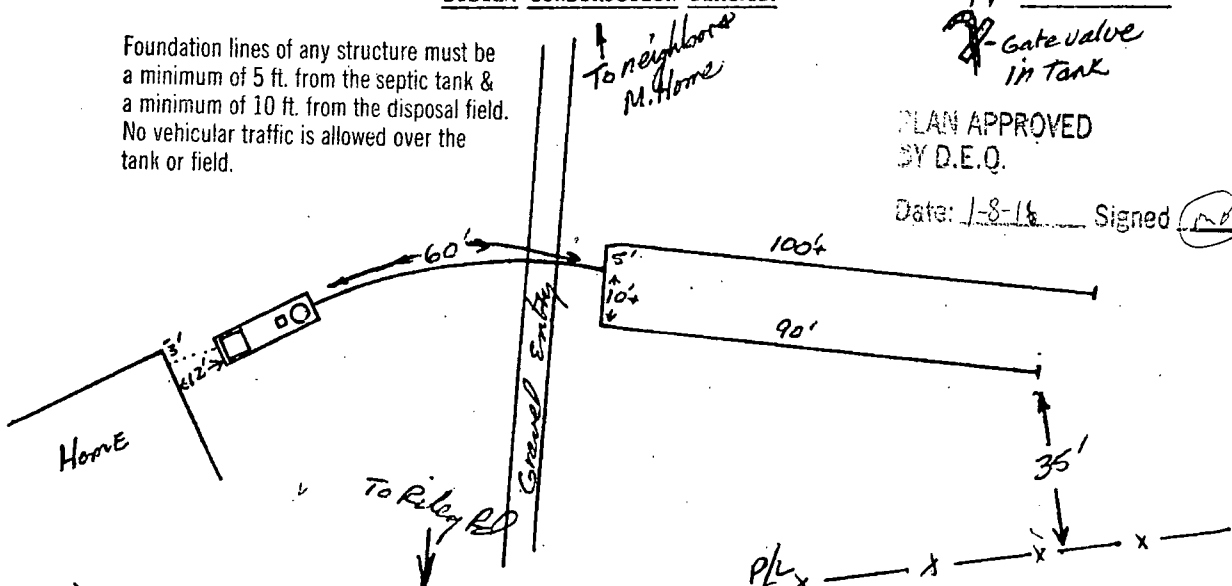
Tanks and Sewer Lines		Drainfield		Curtain Drain/V-Ditch	
Effluent Sewer	<u>N/A</u>	Trench Width	<u>24</u>	Staking	<u>No</u>
Pressure Transport Pipe	<u>200 PSE</u>	Trench Depth	<u>24-30"</u>		
Septic Tank Size	<u>1250</u>	Gravel Depth	<u>12"</u>		
Material & Manuf.	<u>Concrete - Yates</u>	Distance Between Lines	<u>15'</u>		
Dosing Tank Size	<u></u>	Line level	<u>4 feet</u>	End Caps	<u>Yes</u>
Material & Manuf.	<u></u>	Overflows	<u>N/A</u>	Undisturbed Earth	<u>N/A</u>
Fittings, Materials & Connections	<u>OK</u>	Total Lineal Feet	<u>206</u>		
Tank to House	<u>12'</u>	Distance to Well	<u></u>		
Riser(s)	<u>Yes</u>				

ETA	Sand Filter/Trench	Tile Dewatering	Pump/Siphon Systems
Bed Depth	Staking	Staking Check	<u>1/2 H.P. S 50 A</u>
Bed Dimensions	Trench Width	TDW. (Trench) Check	Type & H.P. <u>STA RITE</u>
Bed Check	Trench Depth	Rx. & Pipe in Drn Trench	Floats: ☒ Single ☐ Double
Gravel & Pipe	Box Size	Silt Trap Dia.	Chk Valve ☒ Antisiphon <u>N/A</u>
Cap Depth	Bldg. Inspected	Flapgate	Safety Line ☒
Low Pressure Distribution	Pressure Test	Sch 80 Outlet Pipe	Quick Disconnect ☒
Staking <u>NO</u>	Discharge Height	Backfill	Pump off Floor ☒
Pressure Test <u>OK</u>	Filter Fabric	Capping Fill	Alarm ☒
Discharge Height <u>36"</u>	Sand Depth	Scarified Surface	Electrical Permit ☒
Filter Fabric	Backfill	Staking	Gate Valve ☒
		Cap	Screened Enclosure ☒ <u>+ Vault</u>
		Depth	Siphon Manuf. <u></u>
			Siphon Model # <u></u>
			Gate open to 2 O'clock

INSTALLER: owner/BernhardtINSPECTION DATES: 8/19/87
8/21/87

SYSTEM CONSTRUCTION DIAGRAM

Foundation lines of any structure must be a minimum of 5 ft. from the septic tank & a minimum of 10 ft. from the disposal field. No vehicular traffic is allowed over the tank or field.

PLAN APPROVED
BY D.E.Q.Date: 1-8-16 Signed (Signature)

Corrections Notice Issued

Pending backfill - need to check top Gravel & discharge after fabric,
SOK 8/21/87 Owner is filling 9' deep old septic tank
hole in ground.

CERTIFICATE OF SATISFACTORY COMPLETION

In accordance with Oregon Revised Statute 454.665, this certificate is issued as evidence of satisfactory completion of a subsurface or alternative sewage disposal system at the above location.

8/21/87
Date(Signature)
Jackson County Sanitarian



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality

302 SE "H" Street
Grants Pass, OR 97526

Phone/TTY: (541) 471-2850

Fax: (541) 479-2764

Date Stamp:

For DEQ Use Only:

Date Received 12-28-2015
Fee Paid \$124.00
Receipt Number 164920
Application Number 418234
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Marcus Kirby

Name

910 Riley Road, Eagle Point, Oregon 97524

Mailing Address (Street or PO Box, City, State, Zip Code)

775-385-5321

Phone Number

B. Legal Property Description

36

Township

Jackson

County

1W

Range

14

Section

1013

Tax Lot

1-054782-5

Tax Account Number

4.46

Acreage or Lot Size

Subdivision Name

Lot

Block

Property Address: 901 Riley Road

Address

Eagle Point

City

Or

State

97524

Zip Code

Directions to Property: Turn right at Or-140 then left onto Riley Road for .9 miles.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

2

Number of Bedrooms

☐ Other

Proposed Facility:

☒ Single Family Residence

2

Number of Bedrooms

☐ Other

Water Supply:

☐ Public

Name

☒ Private

Well

Well, Spring, Shared

D. Type of Application

☐ Site Evaluation

☐ Construction Permit

☐ Repair Permit

☐ 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 Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

12-28-15

Date

Wes Pettegrew (Crown Homes, Inc.)

Applicant's Name - Please Print Legibly

541-830-0629

Applicant's Phone Number

wes@crownhomesinc.com

Applicant's E-mail Address

7220 Crater Lake Highway, White City, Oregon 97503

Applicant's Mailing Address

Applicant is the ☐ Owner ☒ Authorized Representative

☐ Licensed Septic Installer

☒ Authorization Attached

Installer's Name



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? 2015 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? 2 How many people occupy the dwelling? 1
11. How many bedrooms will be in the proposed dwelling? 2 How many occupants? 1
12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒
If yes, please explain _____
14. 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.

12-28-15

(Date)

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials _____
Other file information: _____



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 Wes Pettegrew

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).

925 Riley Road And 925 Riley Road Eagle Point, OR 97524
(Address or Road)

AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS:

TOWNSHIP 36, RANGE 1W, SECTION 14, TAX LOT(S) 1013
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: _____ DATE: _____
PRINTED NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ FAX: _____

PROPERTY OWNER:

This authorization is valid for ☒ 1 year; ☐ 2 years; ☐ Other _____ (Must select one)

SIGNATURE: Marcus R. Kirby DATE: 12-22-15
PRINTED NAME: MARCUS R. Kirby
ADDRESS: 910 Riley Road PHONE: 775-385-5321
CITY/STATE/ZIP: Eagle Point, OR 97524 FAX: _____

AGENT:

SIGNATURE: Wesley Pettegrew DATE: 12-22-15
PRINTED NAME: Wesley Pettegrew
ADDRESS: 7220 Crater Lake Highway PHONE: 541-830-0629
CITY/STATE/ZIP: White City, Oregon 97503 FAX: 541-8300634



JACKSON COUNTY ZONING AUTHORIZATION

DEVELOPMENT SERVICES
Planning Division
10 South Oakdale Ave., Room 100
Medford, OR 97501-2902
Phone: 541-774-6907
Fax: 541-774-6791

ZONING: Rural Residential-5

RECORD #: 439-15-01664-ZON

ADDRESS: 901 RILEY RD

PRINT DATE: 12/28/2015

PRIMARY PARCEL #: 36-1W-14-1013

LAST UPDATED: 12/23/2015

CASE TYPE: Zoning Information Sheet

PROCESS TYPE: Type I Permit

ASSOCIATED LOTS:

Owners

KIRBY MARCUS REID
910 RILEY RD
EAGLE POINT, OR 97524

Record Detail Description

ZIS Replacement Dwelling (#925)

Primary Contact

WESLEY PETTEGREW
7220 CRATER LAKE HWY
WHITE CITY, 97503

Contact Type

Applicant

GENERAL ZIS INFORMATION:

<u>STAFF</u>	<u>DATE</u>	<u>COMMENTS</u>
RIPPERJA	12/23/2015	Proposal is to replace one of three dwellings on this parcel. Parcel found to be legal by 439-14-00266-ZON. Three dwellings (2 manufactured dwellings & 1 stick built) have been previously recognized by planning (ZCS dated 1/13/87, ZON2006-01349 & ZON2010-00953). Proposed replacement dwelling is outside of mapped floodplain. EFU zoning to North, West and South. Plot plan scanned and attached. Non-conforming location can be approved by use of LDO section 11.4.1 per senior staff. See conditions.
KIMYS	12/28/2015	Zoning authorization for replacement in address 925 Riley Rd. All building permits and septic authorization notice is authorized by zoning depart. Valid until 12/28/2017

OVERLAY DETAILS:

<u>Applicable Overlay</u>	<u>Comments</u>
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STRUCTURE / SIZE DETAILS:

<u>Item</u>	<u>Units</u>	<u>Proposed Size</u>	<u>Approved Size</u>	<u>Comments</u>
Replacement Dwelling	Sq Ft	840	840	

IF ANY INFORMATION RELIED UPON FOR THIS PLANNING APPROVAL HAS CHANGED, THIS AUTHORIZATION WILL BE NULL AND VOID.
ALL CHANGES TO THE PROPOSED USE MUST BE APPROVED BY THE PLANNING DIVISION PRIOR TO ISSUANCE OF PERMITS.

HEIGHT / LOCATION DETAILS:

<u>Items</u>	<u>Distance</u>	<u>Direction</u>	<u>Approved Height</u>	<u>Comments</u>
Replacement Dwelling	405	East	35	#925
	95	North		
	79	South		
	35	West		

<u>Condition</u>	<u>Hold Level</u>	<u>Status</u>
Sports Park Deed Declaration Prior to issuance of development permits, a Sports Park Deed Declaration must be recorded in the Official Records of Jackson County on a form approved by County Counsel which will include the following declaration: "Owner acknowledges that facilities and activities at the Jackson County Sports Park may generate noise, traffic, dust, lights and glare that periodically may affect surrounding lands. Those facilities and activities include but are not limited to drag strip and other auto racing, go-cart racing track, baseball and softball fields, and rifle, pistol and skeet shooting ranges. These activities also include participants and spectators, playgrounds, vehicle parking, and related facilities and activities. These facilities and activities may be altered or enlarged in the future." Deed Declaration forms can be obtained from Development Services		Met
Removal/Demo/Converted If the dwelling is being replaced, the original dwelling must be removed, demolished, or converted to an allowable nonresidential use within three months of the completion of the replacement dwelling. (LDO Sections 6.5.3Gd; 4.3.6A2)	Notice	Not Met
Forest or RR Deed Declaration Prior to issuance of permits, a Deed Declaration which acknowledges and accepts farm and forest activities on adjacent lands shall be recorded. The metes and bounds description (can be found on the deed or contract) for the subject property must be attached to the covenant. The covenant must be signed in the presence of a notary public and taken to the County Clerk's Office for recording. After the covenant has been recorded, a copy must be returned to Planning Services. (LDO Section 8.4.1 A)		Met
Plot Plan PRIOR TO PERMITS An accurate plot plan must be submitted for review by Development Services on either standard 8.5" x 11" or legal 8.5" x 14" size paper. The plot plan must accurately depict the boundaries of the parcel. It must be accurately drawn to a base 10-foot scale (e.g. 1" = 60'). All improvements on the property must be shown on the plot plan with labels and distances to the property lines. (LDO Sections 3.4.2A; 6.2.1A; 12.2.3)		Met
Counter Consultation Fee Due ZIS fee must be paid prior to issuance of any permits applicable to this case. * Under circumstances where the approved use and/or structure is found to be exempt from building permits, all outstanding ZIS fees must be paid prior to initiating the approved use and/or prior to initiating construction of said structure.		Met

Assigned Staff: RIPPERJA

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SECTION 14 T36S. R1W. W.M.
JACKSON COUNTY

SCALE 1 INCH = 400 FEET

36 1W 14

IMPORTANT
THIS MAP FOR ASSESSMENT
AND TAXATION PURPOSES
ONLY

SEE MAP 36 1W 13C

SEE MAP 36 1W 11

