Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-21-000366-PRMT

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 Certificate Issued: 09/20/2021
Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: GAYNOR, MARY V &
Address: GAYNOR, STEVE 32798
THORNY GROVE
GAYNOR, STEVE
32798 THORNY GROVE
HERMISTON OR 97838
Phone: 541-561-1445
Email: STEVEGAYNOR1445@GMAIL.COM

Owner: GAYNOR, MARY V &
Address: GAYNOR, STEVE 32798
THORNY GROVE
GAYNOR, STEVE
32798 THORNY GROVE
HERMISTON OR 97838
Parcel: 4008110000011700 - Primary

Property Address: 251 Michels St, Cave Junction, OR 97523

Lot Size:	21.79ACRES	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	375 gpd.
Min Septic Tank Volume:	1000 gal.	**Min Dosing Tank Volume:**	N/A

Drain Field Specifications

Drain Field Type:	Standard	**System Distribution Type:**	Equal
Drainfield Sizing:	N/A	**Distribution Method:**	Loop
Media Type:	EZ FLOW 1201P	**Media Depth:**	N/A
Trench Length:	375 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	24 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	18 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Temporary	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes

Septic Permit 463-21-000366-PRMT

Date Certificate Issued: 09/20/2021
Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454,665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.

2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.

4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.

5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: Yes **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

Gabriel Kasiah

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

ATTENTION:Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-21-000366-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Twnshp: 40 **Range:** 08 **Sect:** 1100

Name: GAYNOR, MARY V & **Lot:** 117

Property Address: 251 MICHELS ST, CAVE JUNCTION, OR 97523

SECTION 2: System Component Specifications:

System Type: RIVERSIDE

A. Tanks/Pumps

Tanks(1)	Volume: 1000 GAL	Compartments: 1	Manufacturer: READY MIX			Date: 9/9/2021	**Water tight verification***
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes X	No	Diameter: 4"	ASTM#/Other: 3034	Length: 56'	
Pressure Transport Pipe	Yes	No X	Diameter:	ASTM#/Other:	Length:	

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:		Length:
Manifold piping	Diameter:		ASTM#/Other:		Length::
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		

ATT	Yes	No	Model:
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received?	Yes	No

D. Drainfield Media

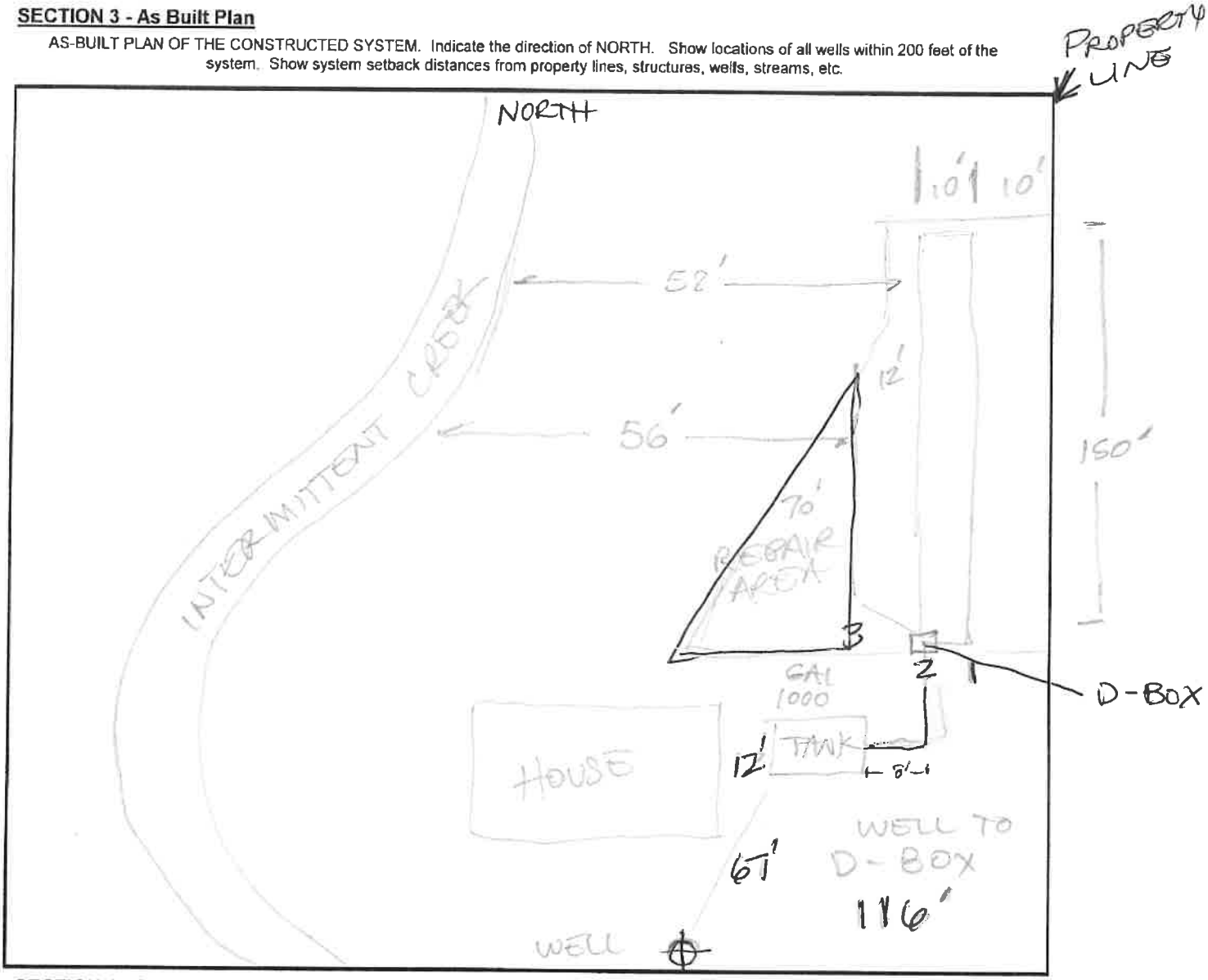
Type	(Gravel, Pipe or alternative?) EZ FLOW 380' / GRAVEL PIPE 20'				
Distribution Box	Yes X	No			
Drop Box	Yes X	No			
Distribution Pipe	Yes X	No	Diameter: 4"	ASTM#/Other: 3034	Length: 56

Comment _____

**All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)*
***Attach sieve analysis for Underdrain Media and Filter Sand*

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: STEVE GAYNOR			
Licensed Installer:	Yes	No X	License#:	Certification#:
Owner/ Certified Installer:	Signature: Steve Gaynor		Date: 9-16-2021	Phone#: 541 561 1445

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	**Installer/Owner (Permittee) Notified:**	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

Septic Permit
Installation Permit - Residential - New
463-21-000366-PRMT

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: 9/8/21 **Expiration date:** 9/8/22

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: GAYNOR, MARY V &
Address: GAYNOR, STEVE 32798
THORNY GROVE
GAYNOR, STEVE
32798 THORNY GROVE
HERMISTON OR 97838
Phone: 541-561-1445
Email: STEVEGAYNOR1445@GMAIL.COM
Business License: N/A

Owner: GAYNOR, MARY V &
Address: GAYNOR, STEVE 32798
THORNY GROVE
GAYNOR, STEVE
32798 THORNY GROVE
HERMISTON OR 97838
Parcel: 4008110000011700 - Primary

Property address: 251 Michels St, Cave Junction, OR 97523

Lot size:	21.79ACRES	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Construction Permit - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	3

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Equal
Drainfield sizing:	N/A	**Distribution method:**	Loop
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	375 linear ft.	**Rock above pipe:**	N/A
Max depth:	24 in.	**Undisturbed soil between trenches:**	8 ft.

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.)

Onsite Permit 463-21-000366-PRMT

Date issued: 9/8/21 **Expiration date:** 9/8/22

Work description: STANDARD CONSTRUCTION PERMIT

Min depth:	18 in.	**Capping fills-min depth of fill material:**	N/A

Special Requirements

Groundwater type:	Temporary	**Groundwater depth:**	N/A
Pump to drainfield reqd:	N/A	**Filter fabric on top of drain media:**	Yes

Conditions of approval

1.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
2.The system must be installed by the property owner or a licensed sewage disposal business (installer).
3.Vehicular traffic and livestock must be restricted from the system area.
4.All roof drains must be directed away from the system
5.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
6.Meet all required setbacks
7.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
8.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
9.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
10.A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
11.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.
12.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
13.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
14.Maximum length of an individual trench is 150-feet.
15.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
16.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
17.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.
18.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000366-PRMT

Date issued: 9/8/21 **Expiration date:** 9/8/22

Work description: STANDARD CONSTRUCTION PERMIT

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at: http://www.deq.state.or.us/wq/onsite/onsite.htm

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement Is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

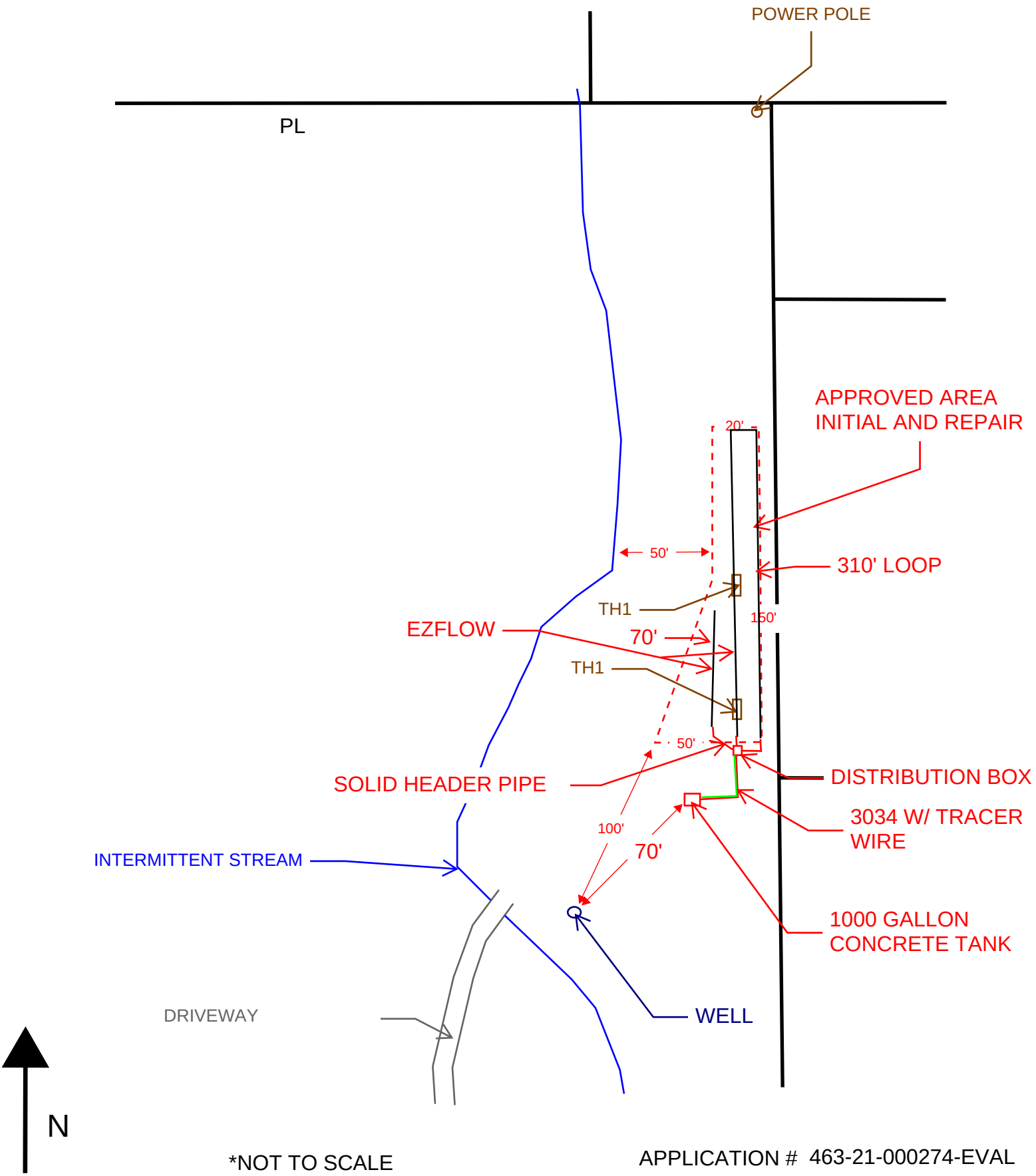
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah 9/8/21

SITE PLAN

ADDRESS 251 MICHELS LANE

PARCEL 4008110000117



*NOT TO SCALE

APPLICATION # 463-21-000274-EVAL

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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

STEVE GAYNOR — Name
251 MICHELS CJ. 97523 — Mailing Address (Street or PO Box, City, State, Zip Code)
541 561 1445 — Phone Number

B. Legal Property Description

40 — Township
08 — Range
1100 — Section
117 — Tax Lot
Tax Account Number
21.79 — Acreage or Lot Size
JOSEPHINE — County
Subdivision Name
Lot
Block

Property Address: 251 MICHELS — Address
CAVE JUNCTION — City
OR — State
97523 — Zip Code

Directions to Property: HOLLAND LOOP TO TAKILMA TO DICK GEORGE

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other

Water Supply:

☐ Public — Name
☐ Private WELL — Well, Spring, Shared

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
9-2-2021 — Date
STEVE GAYNOR 1445 @ GMAIL.COM — Applicant's E-mail Address

STEVE GAYNOR — Applicant's Name – Please Print Legibly
541 561 1445 — Applicant's Phone Number

251 MICHELS CAVE JUNCTION 97523 — Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization Attached
Installer's Name

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

DATE: 9-2-2021 **TWN** 40 **RNG** 08 **SEC** 1100 **QQ** _____ **TL** 117

OWNER'S NAME: STEVE GAYNOR

ADDRESS: 251 MICHELS

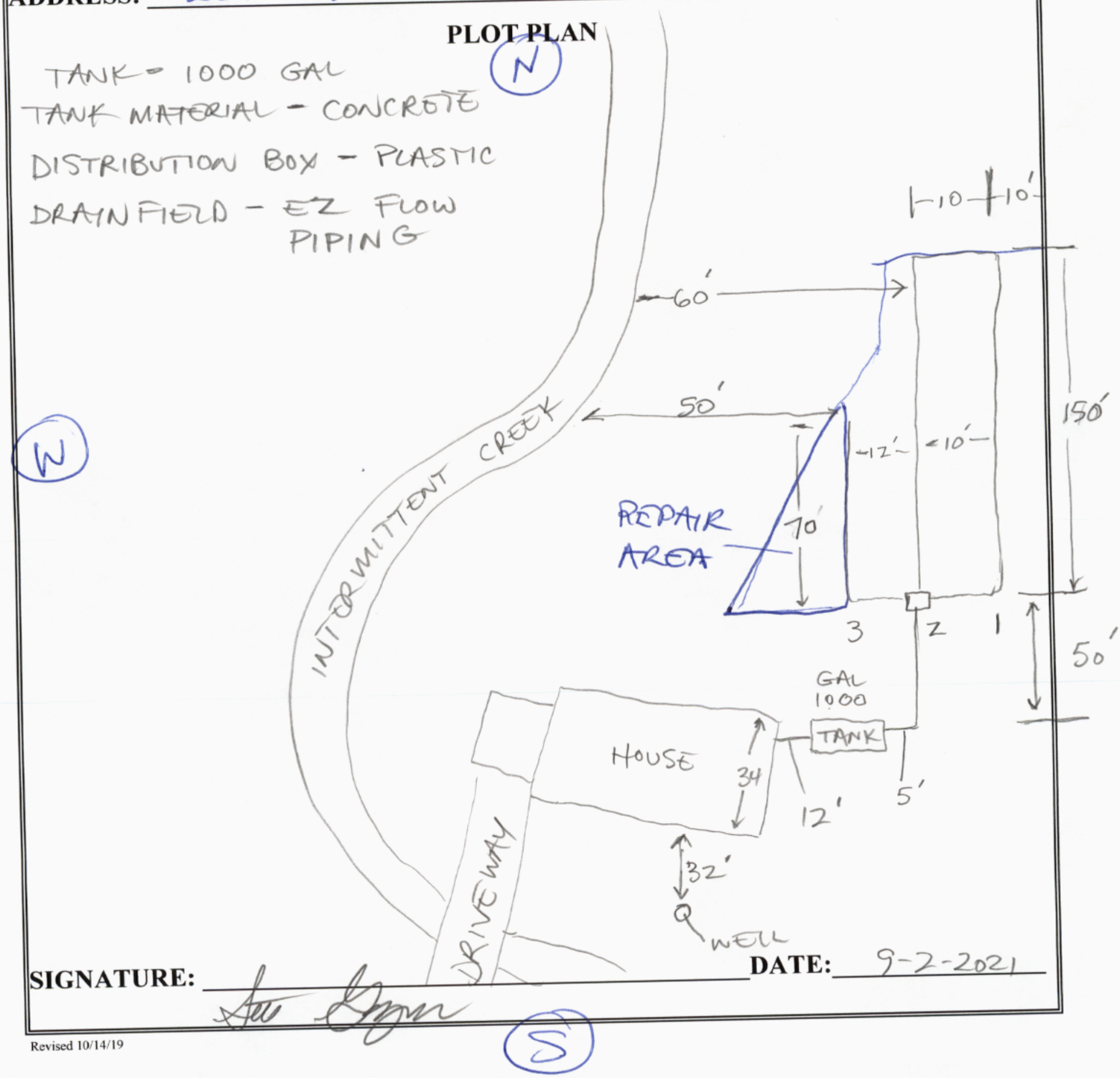
PLOT PLAN

TANK - 1000 GAL

TANK MATERIAL - CONCRETE

DISTRIBUTION BOX - PLASTIC

DRAINFIELD - EZ FLOW PIPING



SIGNATURE: Steve Gaynor **DATE:** 9-2-2021

Revised 10/14/19

Statement of Site Status

Name: Steve STOVE GAYNOR

Address: 251 MICHELS

City: CAVE JUNCTION State: OR Zip Code: 97523

Township: 40 Range: 08 Section: 1100 Tax Lot: 117

County: JOSEPHINE

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

Date: 9/2/2021 Signed: Steve Gaynor

Updated 10-30-02 by BJK

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	40081100000117	**PERMIT NUMBER:**	PL-2021-01461
SITUS:	251 Michels St	**ZONE:**	RR5
ACRES:	21.79	**SCHOOL DISTRICT:**	Three Rivers

APPLICANT:	GAYNOR, MARY V &	**APPLICANT PHONE #:**	541-561-1445
APPLICANT ADDRESS:	32798 THORNY GROVE HERMISTON, OR 97838		
OWNER:	GAYNOR, MARY V &		
OWNER ADDRESS:	32798 THORNY GROVE HERMISTON, OR 97838		

SPECIAL REQUIREMENTS

- Enterprise Zone
- Wetland - Division of State Lands Authorization in File ___ NA X Reason: See additional terms below

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Vacant	SFD - 1722 sq. ft.; 3 bedroom, 2 bath w/attached garage and covered back patio	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

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

- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:	X Steve Gaynor	**DATE:**	X 5/6/2021
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	Janis Smith	**DATE:**	5-10-21

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

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 11 T.40S. R.8W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

40 08 11

CANCELLED:
501
102
190
191
108
100-90
790
1901
192
201
200
900
800
902
202
117

SEE MAP 40S 08W 02

SEE MAP 40S 08W 10

SEE MAP 40S 08W 12

SEE MAP 40S 08W 14

RIVER

ILLINOIS

FORK

EAST

TAKILMA

ROCKYDALE RD

DICK GEORGE RD

PUBLIC RD # 382

MICHELS STREET

STREET PLUG

SOUTH

NORTH

CO ORDER 96-61

EROELIS SUB.

3 2 1 10 11 12 15 14 13

4 7

11 400 5.00 AC
401 9.93 AC
402 5.00 AC
CS 25-74
CS 166-88
500 9.97 AC
303 47.85 AC
600 9.24 AC
601 5.01 AC
602 5.00 AC
1993-60
700 4.03 AC
701 5.95 AC
CS 64-05
801 4.93 AC
802 5.00 AC
2008-42
907 4.93 AC
908 5.00 AC
2008-43
CS 5-81
903 9.77 AC
CS 25-74
300 40.39 AC
CS 152-79
906 4.77 AC
905 5.15 AC
2005-45
CS 165-88
901 4.77 AC
CS 150-89
904 5.00 AC
1200 4.79 AC
1201 5.09 AC
1991-38
1300 4.79 AC
CS 70-16
1301 5.00 AC
1400 4.79 AC
1401 5.09 AC
1990-33
1500 4.79 AC
1501 5.09 AC
1990-69
1600 4.79 AC
1601 5.10 AC
CS 91-82
1991-54
1700 9.77 AC
1800 9.77 AC
301 20.68 AC
CS 20-71
302 20.48 AC
CS 27-75
1902 39.07 AC
1900 39.08 AC
CS 95-55
205 4.97 AC
206 5.00 AC
2005-08
209 5.02 AC
210 5.14 AC
2017-36
203 4.50 AC
204 4.50 AC
CS 245-72
CS 226-79
207 5.00 AC
208 5.05 AC
2005-22
1000 6.83 AC
1001 7.30 AC
CS 245-72
1101 5.00 AC
1105 5.00 AC
1100 5.22 AC
1104 5.22 AC
CS 65-08
1102 5.01 AC
CS 17-96
1103 5.25 AC
CS 98-98
1902
1900
123 5.00 AC
CS 182-81
114 4.80 AC
122 5.29 AC
115 4.29 AC
126 9.67 AC
125 5.01 AC
116 5.01 AC
1993-73
118 1.23 AC
129 5.00 AC
128 16.20 AC
PARTITION PLAT 2022-43
119 10.00 AC
2000 0.82 AC
CS 30-10
127 5.31 AC
120 5.31 AC
1994-16
113 38.96 AC
CS 20-51
CS 3-63
101 3.30 AC
124 2.27 AC
103 2.27 AC
104 2.27 AC
105 2.27 AC
106 4.12 AC
107 6.39 AC
121 1.00 AC
109 1.27 AC
110 2.27 AC
111 2.27 AC
CS 50-08
112 4.12 AC

40 08 11

Residential Septic Site Evaluation Approval

463-21-000274-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: 08/13/2021
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: GAYNOR, MARY V & GAYNOR, STEVE
Phone: 5415611445
Email: STEVEGAYNOR1445@GMAIL.COM

Owner: GAYNOR, MARY V & GAYNOR, STEVE
Address: 32798 THORNY GROVE
GAYNOR, STEVE
32798 THORNY GROVE
HERMISTON OR 97838

Property address: 251 Michels St, Cave Junction, OR 97523

Parcel: 4008110000011700 - Primary

Lot size: 21.79 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County

Proposed use of structure: SFR
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	375 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Sand Filter
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	375 linear ft.	135 linear ft.
Max depth:	24 in.	24 in.
Min depth:	18 in.	18 in.

Special Requirements	*Initial System*	*Replacement Area*
Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	Standard

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: 08/13/2021

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

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.

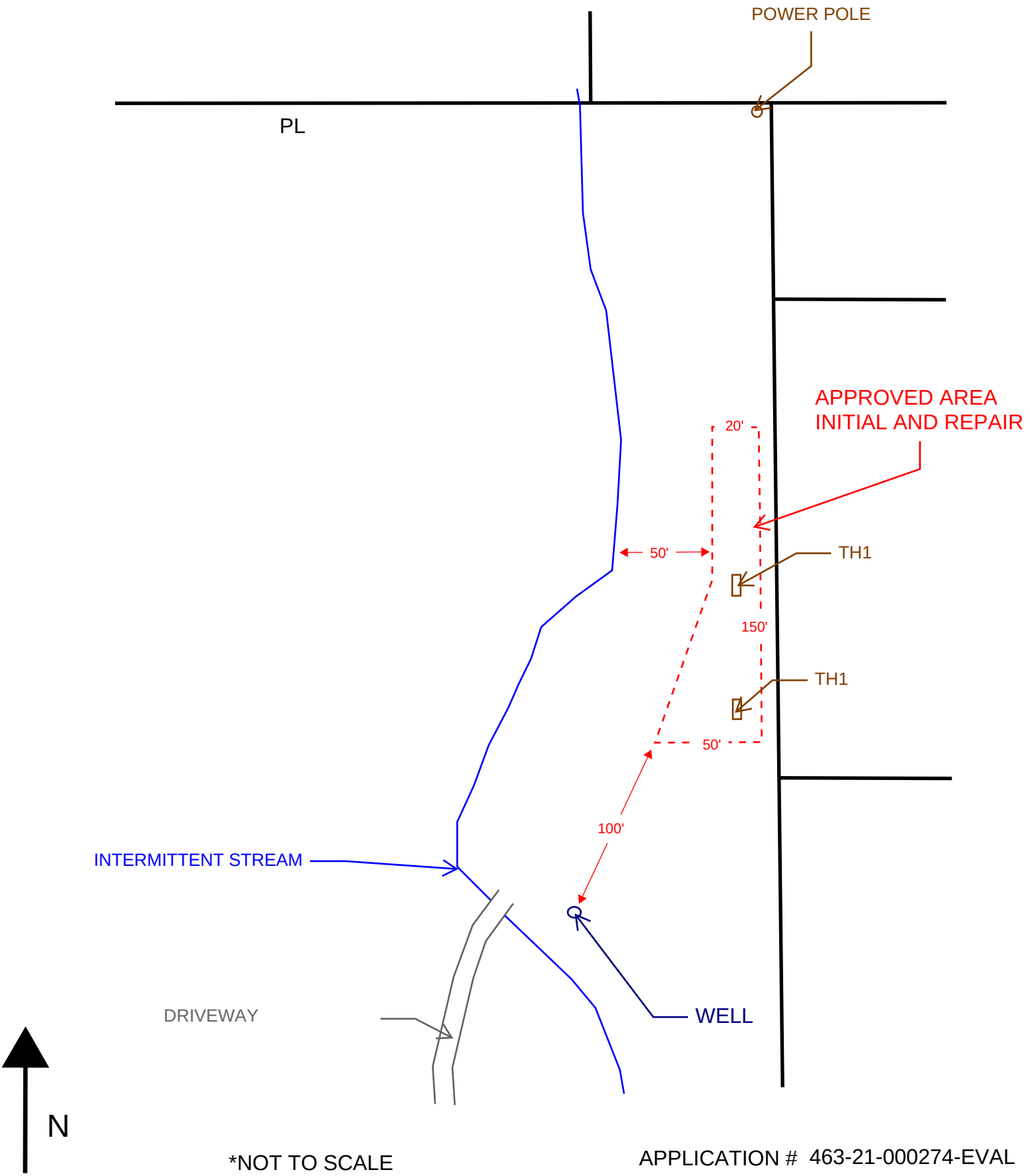
You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, 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.

Gabriel Kasiah 8/13/21

SITE PLAN

ADDRESS 251 MICHELS LANE

PARCEL 4008110000117



*NOT TO SCALE

APPLICATION # 463-21-000274-EVAL

FIELD WORKSHEET

Name: STEVE GAYNOR **Application No.:** 463-21-000274-EVAL **Date:** 8/3/2021

RE: SITE EVALUATION REPORT for Parcel #: 400811000117

Commercial Facility: ☐ Yes ☒ No Parcel Size: 21.79 ACRES / PROPOSED 5 ACRE PARTITION

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 10

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☐ effluent filter required
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: 375 total linear feet 125 linear feet per 150 gallons projected daily sewage flow 24 " Max Depth 18 " Min Depth	Absorption facility: 135 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 24 " Max Depth 18 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.

☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).

☐ Rake trench sidewalls.

☒ The system must be installed during dry soil conditions only.

☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

* STAKE-OUT REQUIRED
* IF UNABLE TO FIT INITIAL & REPAIRS, PRE-TREATMENT WILL BE REQUIRED TO REDUCE LINEAR FEET OF DRAINFIELD
* POSSIBILITY TO REDUCE SETBACK TO INTERMITTENT STREAM BY PIPING IT IN AREA OF DRAINFIELD
* OWNER WILL NEED TO CHECK FOR UTILITY EASMENTS IN AREA OF DRAINFIELD

Inspector: MK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-4	L	7.5yR 3/3, wSBK, ROOTS 2VF,F,1m,c &CAS
	4-36	grCL	5yR 3/4, mSBK, ROOTS 1VF,F,M,C PORES 1VF,F,M, 20% ROUNDED CF
	36-60	grSCL	7.5yR 4/6, mSBK, ROOTS 1VF,F, FEW CAS IN ROOT CHANNELS DEP 10yR 5/1, 5/2
			SAND GRAINS BECOME FINER W/DEPTH / 50%+RCF, Fe CONC 2.5yR 5/8
Test Pit 2			SIMILAR TO TEST PIT 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS & TREES (OAK & PINE PREDOMINATE)

Slope: 0-2% Aspect: UNDULATING Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: INTERMITTENT STREAM TO WEST, WELL SW OF TEST HOLES, PROPOSED HOMESITE SW OF TESTHOLES

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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

STEVE GAYNOR — Name
251 MICHELS — Mailing Address (Street or PO Box, City, State, Zip Code)
541 561 - 1445 — Phone Number

B. Legal Property Description

40 — Township
08 — Range
11 — Section
117 — Tax Lot
Tax Account Number
5 Ac. AFTER PARTITION — Acreage or Lot Size
JOSEPHINE — County
FROLIC — Subdivision Name
Lot
Block

Property Address: 251 MICHELS — Address; C.J. — City; OR — State; 97523 — Zip Code

Directions to Property:

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:
- ☐ Single Family Residence
  - Number of Bedrooms
- ☐ Other

Proposed Facility:
- ☒ Single Family Residence
  - 3 — Number of Bedrooms
- ☐ Other

Water Supply:
- ☐ Public — Name
- ☐ Private WELL — Well, Spring, Shared

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 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
7-02-2024 — Date

STEVE GAYNOR — Applicant's Name – Please Print Legibly
541 561 1445 — 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

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 40081100000117

SITUS: 251 Michels St

ACRES: 21.79

PERMIT NUMBER: PL-2021-01461

ZONE: RR5

SCHOOL DISTRICT: Three Rivers

APPLICANT:	GAYNOR, MARY V &	**APPLICANT PHONE #:**	541-561-1445
APPLICANT ADDRESS:	32798 THORNY GROVE HERMISTON, OR 97838		
OWNER:	GAYNOR, MARY V &		
OWNER ADDRESS:	32798 THORNY GROVE HERMISTON, OR 97838		

SPECIAL REQUIREMENTS

- Enterprise Zone
- Wetland - Division of State Lands Authorization in File ___ NA X Reason: See additional terms below

EXISTING STRUCTURES	PROPOSAL	SETBACKS	
Per Assessor Records: Vacant	SFD - 1722 sq. ft.; 3 bedroom, 2 bath w/attached garage and covered back patio	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

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

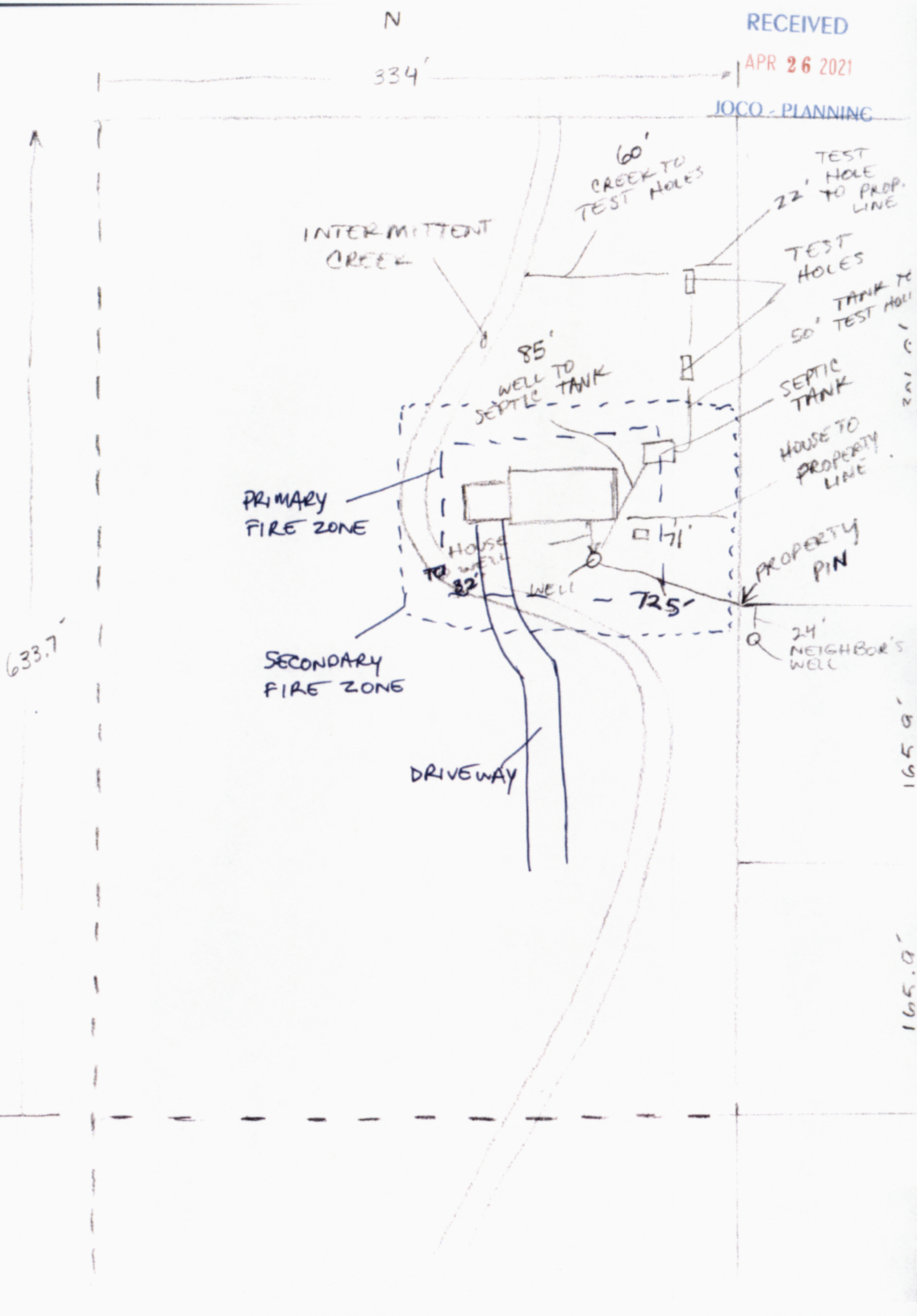
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:	X Steve Gaynor	**DATE:**	X 5/6/2021
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	Janis Smith	**DATE:**	5-10-21

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



First American Title

40081100000117
Dick George Rd
Cave Junction, OR 97523

00203
00204
00126
00116
00118
00207
00208
00101
00124
00103
00117
00104
00105
01001
00106
02000
MICHELS ST
01105
00119
00107

30
Partition
HOUSE
WELL
301.9
165.9
1268
Partition
634'
INTERMITTENT CREEK
694.49
130

3/26/2020

Taxlot

Subject Taxlot

209' x 209' APPROX

43,560 SQ FT = ACRE

217,800 SQ FT = 5 ACRE

HOUSE TO WELL 32'

S — HOUSE TO FENCE 71'

N — HOUSE TO FENCE 60'

NEIGHBORS
WELL TO PIN 24'

PIN TO WELL 125'

WELL TO SEPTIC TANK 85

END — TANK 130'

CREEK TO END 60'

FENCE TO END 22'

N

334'

633.7'

301.6'

165.9'

165.9'

INTERMITTENT CREEK

60' CREEK TO TEST HOLES

22' TEST HOLE TO PROP. LINE

TEST HOLES

50' TANK TO TEST HOLE

85' WELL TO SEPTIC TANK

SEPTIC TANK

HOUSE TO PROPERTY LINE

71'

HOUSE WELL TO 32'

WELL

125'

PROPERTY PIN

24' NEIGHBOR'S WELL

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 11 T.40S. R.8W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

40 08 11

CANCELLED:
501
102
190
191
108
100-90
790
1901
192
201
200
900
800
902
202

SEE MAP 40S 08W 02

SEE MAP 40S 08W 10

SEE MAP 40S 08W 12

SEE MAP 40S 08W 14

SEE MAP 40S 08W 12C

RIVER

ILLINOIS

EAST FORK

TAKILMA

ROCKYDALE RD

DICK GEORGE RD

PUBLIC RD # 382

4

11 400 5.00 AC
402 5.00 AC CS 25-74 CS 166-88
401 9.93 AC
303 47.85 AC CS 25-74
500 9.97 AC
STILL WATER WAY
601 5.01 AC PARTITION PLAT 1
602 5.00 AC PARTITION PLAT 2
600 9.24 AC 1993-50
700 4.03 AC
701 5.95 AC CS 64-05
801 4.93 AC PARTITION PLAT 1
802 5.00 AC PARTITION PLAT 2 2008-42
907 4.93 AC PARTITION PLAT 1
908 5.00 AC PARTITION PLAT 2 2008-43 CS 5-81
903 9.77 AC CS 25-74
906 4.77 AC PARTITION PLAT 1
905 5.15 AC CS 165-88 2005-13
901 4.77 AC CS 150-89
904 5.00 AC
300 40.39 AC CS 152-79
1200 4.79 AC PARTITION PLAT 1
1201 5.09 AC 1991-38 2
1300 4.79 AC CS 70-16
1301 5.00 AC
301 20.68 AC CS 20-71
1400 4.79 AC PARTITION PLAT 1
1401 5.09 AC 1990-53 2
1500 4.79 AC PARTITION PLAT 1
1501 5.09 AC 1990-53 2
302 20.48 AC CS 27-75
1600 4.79 AC PARTITION PLAT 1
1601 5.10 AC CS 91-82 1991-54 2
1902 39.07 AC CS 123-90
1700 9.77 AC
1900 39.08 AC CS 95-55
1800 9.77 AC
205 4.97 AC PARTITION PLAT 1
206 5.00 AC 2005-13 2
209 5.02 AC PARTITION PLAT 1
210 5.14 AC 2017-35 2
203 4.50 AC CS 245-72
204 4.50 AC CS 226-79
207 5.00 AC PARTITION PLAT 1
208 5.05 AC 2005-22 2
1000 6.83 AC
1001 7.30 AC CS 245-72
1101 5.00 AC
1105 5.00 AC
1100 5.22 AC
1104 5.22 AC CS 65-08
1102 5.01 AC CS 17-96
1103 5.25 AC CS 98-96
1902
1900
123 5.00 AC CS 182-81
114 4.80 AC
122 5.29 AC
115 4.29 AC
126 9.67 AC PARTITION PLAT 2
125 5.01 AC 1993-75 1
116 5.01 AC
118 1.23 AC 3
117 21.79 AC
2000 0.82 AC
101 3.30 AC 1
124 2.27 AC 2
103 2.27 AC 3
104 2.27 AC 4
105 2.27 AC 5
106 4.12 AC 6 PROELIC
119 10.00 AC CS 30-10
107 6.39 AC 7
121 1.00 AC 8
109 1.27 AC 9
127 5.31 AC PARTITION PLAT 1
110 2.27 AC 10
111 2.27 AC CS 50-08 11
120 5.31 AC 1994-15 2
112 4.12 AC SUB. 12
113 38.96 AC CS 20-51 CS 3-83

40 08 11

Josephine County, Oregon
Board of Commissioners: Jim Brock ▪ Harold Haugen ▪ Jim Riddle

THE PLANNING OFFICE
Michael Snider, Director
510 NW 4th Street / Grants Pass, OR 97526
(541) 474-5421 / FAX (541) 474-5422
E-MAIL - planning@co.josephine.or.us

AGENCY TRANSMITTAL

TO:
- Rolf Pitts, Public Works
- Norm Daft, State Water Resources
- Dan Dorrell, ODOT
- Charlie Chase, State Fire Marshal
- DEQ

RECEIVED
APR 17 2003
State of Oregon - D.E.Q.
Western Region - Grants Pass

DATE: 4-17-03

CONTENT: PRE-APPLICATION: Sub. w/Road
40-8-11, 117

IF YOU HAVE COMMENTS OR CONCERNS, PLEASE CONTACT Lora

BY: 4-28-03

~~SE #8~~

4 lots

SE #9326 - 9-14-84

PLANNING DEPARTMENT
510 NW 4TH STREET
GRANTS PASS, OR 97526
PHONE: 474-5421
FAX: 474-5422

OFFICE HOURS: 8-12 & 1-3 (Mon & Fri) 8-12 (Tue, Wed & Thur)

SUBSURFACE SEWAGE APPLICATION FOR SITE EVALUATION

Josephine County Environmental Health Services
Josephine County Courthouse, Grants Pass, OR 97526

Zone Verification 84-134
Zone Clearance

Nº 9326 Date Applied 9/11/84

NAME OF PROPERTY OWNER: CHERRY, ROBERT c/o Sam Michel Excavating — PHONE: 592-2771

MAILING ADDRESS: P.O. Box 343, Cave Junction, Oregon — ZIP: 97523

DIRECTIONS TO PROPERTY: Dick George Rd. to Michels St.

T 40 R 8 Sec. 11 TL 117

Acreage 5.0 Subdivision _____ Lot ___ Blk ___

TEST PITS PROVIDED X PROPERTY FLAGGED X PLOT PLAN SUBMITTED X NO. SITES 1

DEQ Surcharge $15.00
SE Fee $ 125.00
Total fee $140.00 (ck)dw 9/11/84

Signature of Applicant Robert Cherry by dw
(See attached)

FIELD INFORMATION

General Topography 0-1% slope - rolling / cleared

Relationship to Existing Domestic Water Sources Neighbors well approx. 150 ft. from test holes

Hydrology: Depth to Ground Watertable (representative) 0

Relationship to Surface Waters 0

Soil Profile Both test holes
gravelly clay loam 0-63"
roots to 53"

Miscellaneous Information 75 lin. ft. / 150 sq. f. sewage flow

Date 9/14/84 Sanitarian [signature]

Evaluation Results: Acceptable ✓ Cond. Acc. ___ Not Acc. ___ Re-Eval. Date ___

Special Conditions for Approval

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

Sanitarian [signature] Date 9/14/84

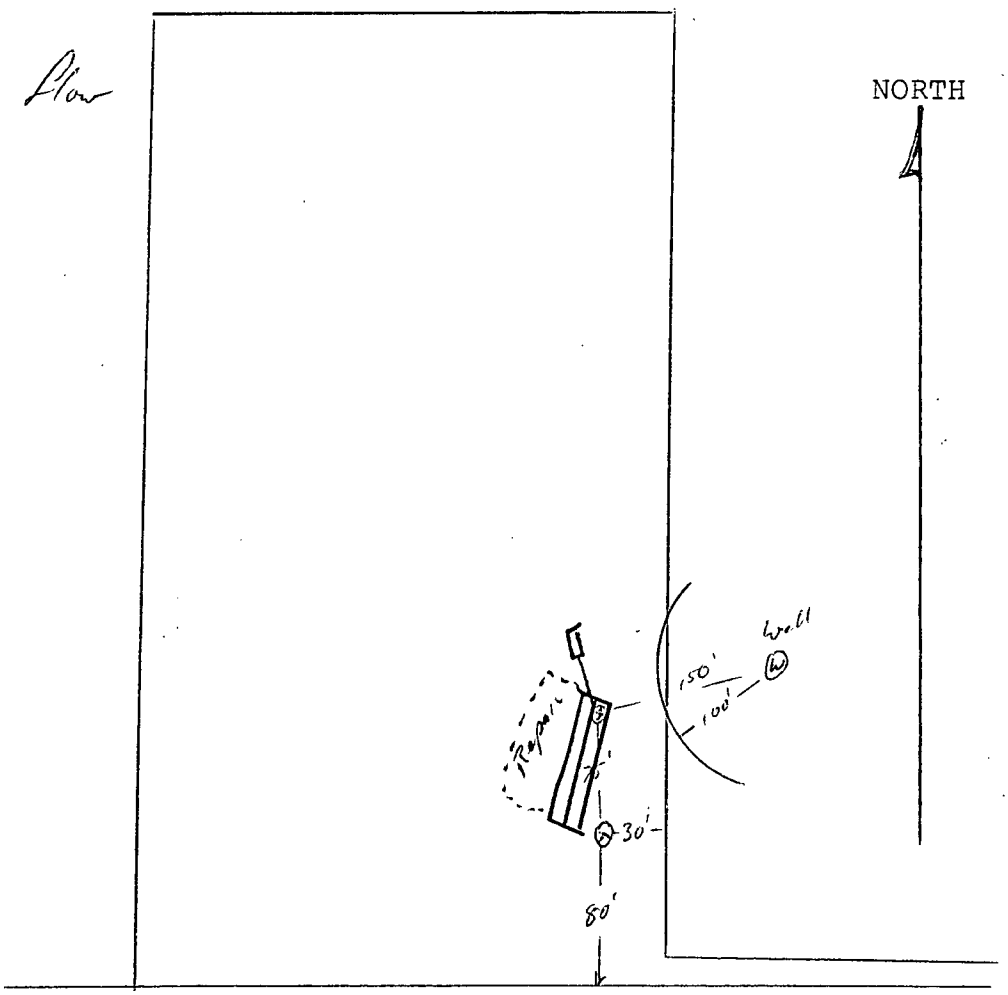
****THIS IS NOT A PERMIT FOR CONSTRUCTION****

PLOT PLAN

INSTRUCTIONS:

1. DRAW A DIAGRAM OF YOUR PROPERTY in the space provided below, showing lot shape, keeping it directional; showing the location of the test-holes and any existing or proposed wells, driveways, streams, existing structures, or anything else that would have any bearing on the septic system. (Test holes must be a minimum of 6 ft. deep and 75 ft. apart).
2. SHOW THE DISTANCE from two adjacent property lines to one of the test-holes and the distance between the test-holes.
3. FLAG THE ENTRANCE to the property and all test holes with flagging provided. Put your name on flagging at the property entrance. If test holes are hard to locate because of brush, distance, etc., place flags leading to the holes from the entrance.
4. RETURN PLOT PLAN AND ZONE VERIFICATION with fee when applying for a Site Evaluation for Septic approval.

① 75 Lin. Ft. /150 gal. sewage flow



Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

I certify that the test holes are located as shown above:

Applicant's Signature

Date Submitted

Health Department Representative

9/14/84
Date Evaluated

Site No. 9326 Permit No. _____

Rev.8/22/78

50

Zone Verification RR5 Date 9/11/84

No.

SUBSURFACE SEWAGE APPLICATION FOR SITE EVALUATION

Josephine County Environmental Health Services
Josephine County Courthouse, Grants Pass, OR 97526

Name of Property Owner R. D. Cheney Phone Sam Michl
Mailing Address of Property Owner ~~1115 E. River St~~ PO Box 343 C.J.
Directions to Property Dietz George Rd To Michels St

Twp 40 Range 8 Sec. 11 Tax Lot No. 117 Total Acreage 5 ac
No. of Building Sites 1
TEST PITS HAVE BEEN PROVIDED ✓ PROPERTY FLAGGED ✓ PLOT PLAN SUBMITTED ✓

$ 140.00
Fee Received

Sam Michl
Signature of Applicant

FIELD INFORMATION

General Topography 0-15 rolling / clear

Relationship to Existing Domestic Water Sources

Hydrology: Depth to Ground Watertable (representative)

Zone Verification are to arrive from Planning ASP

Relationship to Surface Waters

Soil Profile #1 TL 0-6½
Sandy clay 6-CB"
Loam 18.53"

Miscellaneous Information

Date Sanitarian

Evaluation Results: Acceptable ____ Not Acceptable ____ Conditionally Acceptable ____

Special Conditions for Approval

P L O T P L A N

INSTRUCTIONS:

1. DRAW A DIAGRAM OF YOUR PROPERTY in the space provided below, showing lot shape, keeping it directional; showing the location of the test-holes and any existing or proposed wells, driveways, streams, existing structures, or anything else that would have any bearing on the septic system. (Test holes must be a minimum of 6 ft. deep and 75 ft. apart).
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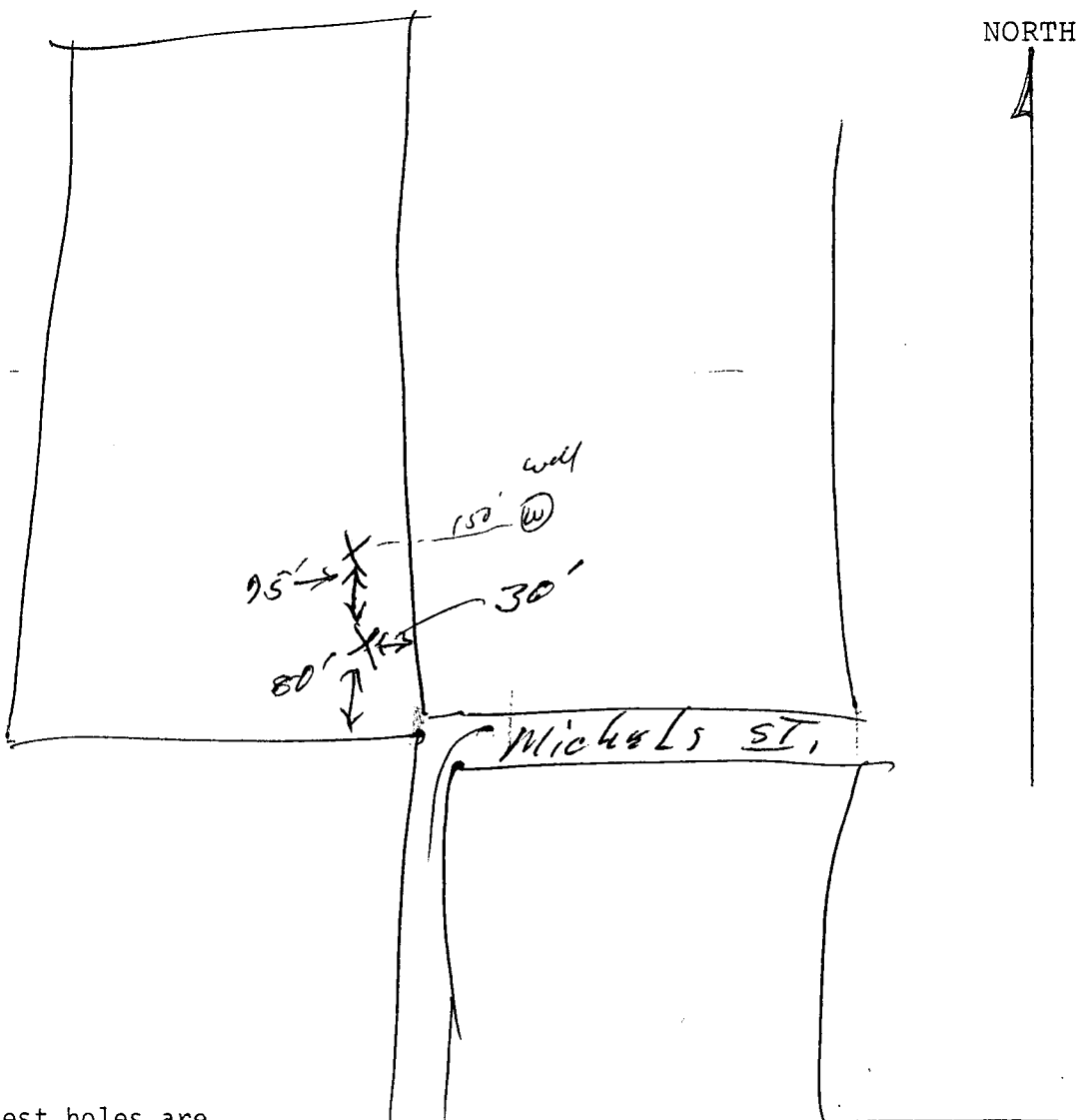


I certify that the test holes are located as shown above:

Tom Michels
Applicant's Signature

9/11/84
Date Submitted

Health Department Representative

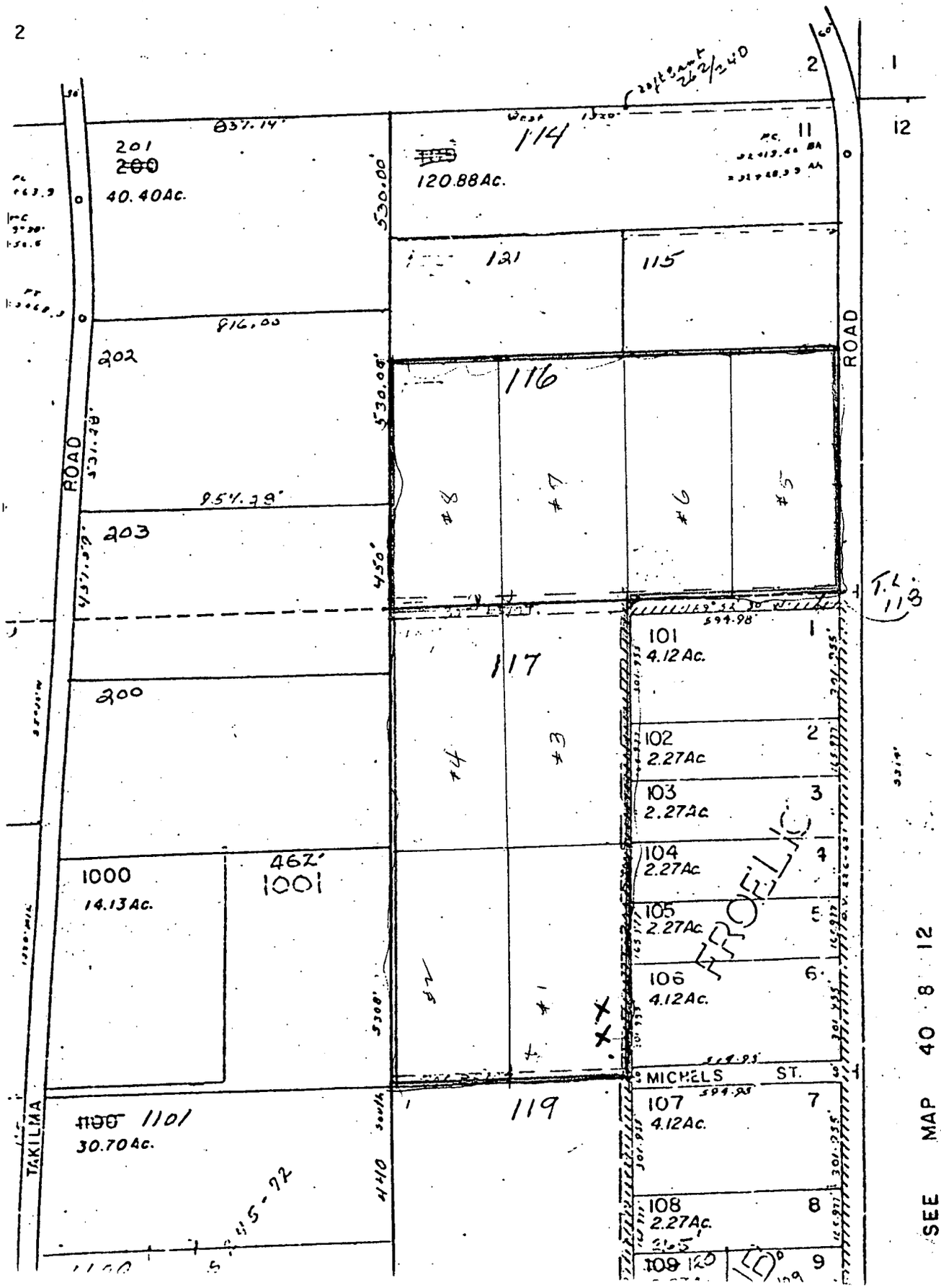
Date Evaluated

Site No._____ Permit No._____

Rev.8/22/78

W. M.
OUNTY

THIS SKETCH IS FOR LOCATION PURPOSES ONLY AND NO LIABILITY IS ASSUMED FOR ANY VARIATIONS DETERMINED BY SURVEY
JOSEPHINE COUNTY TITLE CO



ZONING INFORMATION SHEET

LEGAL: TOWNSHIP 40 RANGE 8 SECTION 11 TAX LOT 112

PROPERTY LOCATION -- ADDRESS: 4569 Dick George Rd

SUBDIVISION: _____ LOT _____ BLOCK _____

SIZE OF PARCEL: ACRES 21.79 DEMEN: WIDTH 1345 DEPTH 685

OWNER: Robert Cherry TELE: _____

MAILING ADDRESS: PO Box 87 Cave Junction

APPLICANT: _____ TELE: _____

MAILING ADDRESS: _____

PARCEL WAS CREATED: ☑ PRIOR TO ☐ AFTER ZONING.

COMPREHENSIVE PLAN MAP DESIGNATION: Rural Residential

CURRENT ZONING: RR-5

BASED ON THE ZONING OF THE PROPERTY, IT MAY BE POSSIBLE, SUBJECT TO COMPLIANCE WITH ALL APPROPRIATE ORDINANCE STANDARDS CURRENTLY IN EFFECT, TO SUBDIVIDE OR PARTITION THIS PROPERTY INTO 5 LOT OR PARCELS.

To partition a property, each lot must have ACCESS to a public road. A road approach permit may be required. MINIMUM LOT SIZE will be 5Ac acres. AVERAGE LOT WIDTH will be 300 feet. MINIMUM ACCESS per lot will be 25 feet.

ANY CONSTRUCTION ON THE PROPERTY MUST OBSERVE THE FOLLOWING SETBACKS

FROM FRONT LOT LINE 30 * FROM CENTERLINE OF STREET 60 *

FROM SIDE LOT LINES 10 * FROM REAR LOT LINE 25 *

*IN REGARD TO THE SETBACK FROM THE FRONT PROPERTY LINE AND THE SETBACK FROM THE CENTERLINE OF A STREET, THE GREATER SETBACK SHALL GOVERN.

PARTITIONING STANDARDS, AS IDENTIFIED IN THE SUBDIVISION ORDINANCE, ARE APPLICABLE TO THE CREATION OF ANY LOT. A LOT OR PARCEL MAY NOT BE MORE THAN FOUR TIME DEEPER THAN IT IS WIDE, EXCLUSIVE OF A "FLAGPOLE". A FLAGPOLE SHALL NOT BE LONGER THAN TWICE THE WIDTH OR LENGTH OF THE LOT, WHICHEVER IS LESSER.

PROPOSED LAND USE: SFR

THIS USE IS A ☐ PERMITTED USE ☐ CONDITIONAL USE WITHIN THE ZONE. A CONDITIONAL USE MAY BE ESTABLISHED, SUBJECT TO APPROVAL BY THE PLANNING COMMISSION OR HEARINGS OFFICER.

THE PROPERTY ☐ IS ☑ IS NOT SUBJECT TO FLOOD HAZARDS AS IDENTIFIED ON THE FLOOD HAZARD BASE MAPS. LANDS SUBJECT TO FLOOD HAZARDS MAY NECESSITATE COMPLIANCE WITH THE STANDARDS OF THE COUNTY FLOOD HAZARD ORDINANCE. IF THE LAND IS WITHIN THE FLOOD HAZARD AREA, ☐ CONTACT JOSEPHINE COUNTY PLANNING DEPARTMENT IN DETERMING THE BASE FLOOD (100 YEAR) MEAN ELEVATION AT THAT LOCATION. THIS MUST BE DETERMINED PRIOR TO ISSUANCE OF A DEVELOPMENT PERMIT.

COMMENTS: ☐ URBAN GROWTH BOUNDARY ☑ JOSEPHINE COUNTY _____

DATE: 9-11-84 ISSUED BY: Dick Converse

NOTE: SUBMISSION OF THIS FORM DOES NOT CONSTITUTE APPROVAL OF ANY LOT, PARTITION, OR SUBDIVISION. TAX LOTS DO NOT REPRESENT LEGAL LOTS. TAX LOTS ARE PARCEL DESIGNATIONS USED FOR TAXATION PURPOSES ONLY.

NUMBER 84-134

1"=400'

SEE MAP 40 8 2