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

11 400 5.00 AC
402 5.00 AC
401 9.93 AC
500 9.97 AC
303 47.85 AC
601 5.01 AC
602 5.00 AC
600 9.24 AC
700 4.03 AC
701 5.95 AC
801 4.93 AC
802 5.00 AC
907 4.93 AC
908 5.00 AC
903 9.77 AC
300 40.39 AC
906 4.77 AC
905 5.15 AC
901 4.77 AC
904 5.00 AC
4
1200 4.79 AC
1201 5.09 AC
7
1300 4.79 AC
1301 5.00 AC
1400 4.79 AC
1401 5.09 AC
1500 4.79 AC
1501 5.09 AC
1600 4.79 AC
1601 5.10 AC
1700 9.77 AC
1800 9.77 AC
301 20.68 AC
302 20.48 AC
1902 39.07 AC
1900 39.08 AC
205 4.97 AC
206 5.00 AC
209 5.02 AC
210 5.14 AC
203 4.50 AC
204 4.50 AC
207 5.00 AC
208 5.05 AC
1000 6.83 AC
1001 7.30 AC
1101 5.00 AC
1105 5.00 AC
1100 5.22 AC
1104 5.22 AC
1102 5.01 AC
1103 5.25 AC
123 5.00 AC
114 4.80 AC
122 5.29 AC
115 4.29 AC
126 9.67 AC
125 5.01 AC
116 5.01 AC
118 1.23 AC
129 5.00 AC
101 3.30 AC
128 16.20 AC
124 2.27 AC
103 2.27 AC
104 2.27 AC
105 2.27 AC
106 4.12 AC
119 10.00 AC
2000 0.82 AC
107 6.39 AC
127 5.31 AC
121 1.00 AC
109 1.27 AC
110 2.27 AC
120 5.31 AC
111 2.27 AC
112 4.12 AC
113 38.96 AC

PARTITION PLAT 1993-60
PARTITION PLAT 2008-42
PARTITION PLAT 2008-43
PARTITION PLAT 2005-45
PARTITION PLAT 1991-38
PARTITION PLAT 1990-33
PARTITION PLAT 1990-69
PARTITION PLAT 1991-54
PARTITION PLAT 2005-03
PARTITION PLAT 2017-36
PARTITION PLAT 2005-22
PARTITION PLAT 2022-43
PARTITION PLAT 1994-16
EROELS SUB.

CS 25-74
CS 166-88
CS 64-05
CS 5-81
CS 152-79
CS 150-89
CS 165-88
CS 70-16
CS 27-75
CS 91-82
CS 95-55
CS 20-71
CS 123-90
CS 245-72
CS 226-79
CS 182-81
CS 65-08
CS 98-98
CS 17-96
CS 50-08
CS 30-10
CS 20-51
CS 3-63

RIVER
ILLINOIS
FORK
EAST
TAKILMA
ROCKYDALE RD
GEORGE
DICK
PUBLIC RD # 382
MICHELS STREET
STREET PLUG
STILL WATER WAY
CO ORDER 96-61
D.V. 226-621

40 08 11

Residential Septic Site Evaluation Approval

463-22-000452-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: 12/14/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION PARCEL 1

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

Owner: GAYNOR, MARY V &
Address: GAYNOR, STEVE 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: 16.20
Zoning: N/A
Water supply: Well
City/County/UGB: County

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	450 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	N/A
Media depth:	12 in.		

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

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

Special Requirements	*Initial System*	*Replacement Area*
Drainfield type:	Standard	Standard
Drainfield sizing:	125 linear ft/150 gal.	125 linear ft/150 gal.

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: 12/14/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION PARCEL 1

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.

Michael Obereigner	Natural Resources Specialist	12/14/22

FIELD WORKSHEET

Name: STEVE & MARY GAYNOR **Application No.:** 463-22-000452 **Date:** 12-13-22
RE: SITE EVALUATION REPORT for Parcel #: _____

Commercial Facility: ☐ Yes ☒ No Parcel Size: 16.2 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: N/A

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 _____
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: 375 total linear feet 125 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.

Inspector: MIKE OBERTHNER

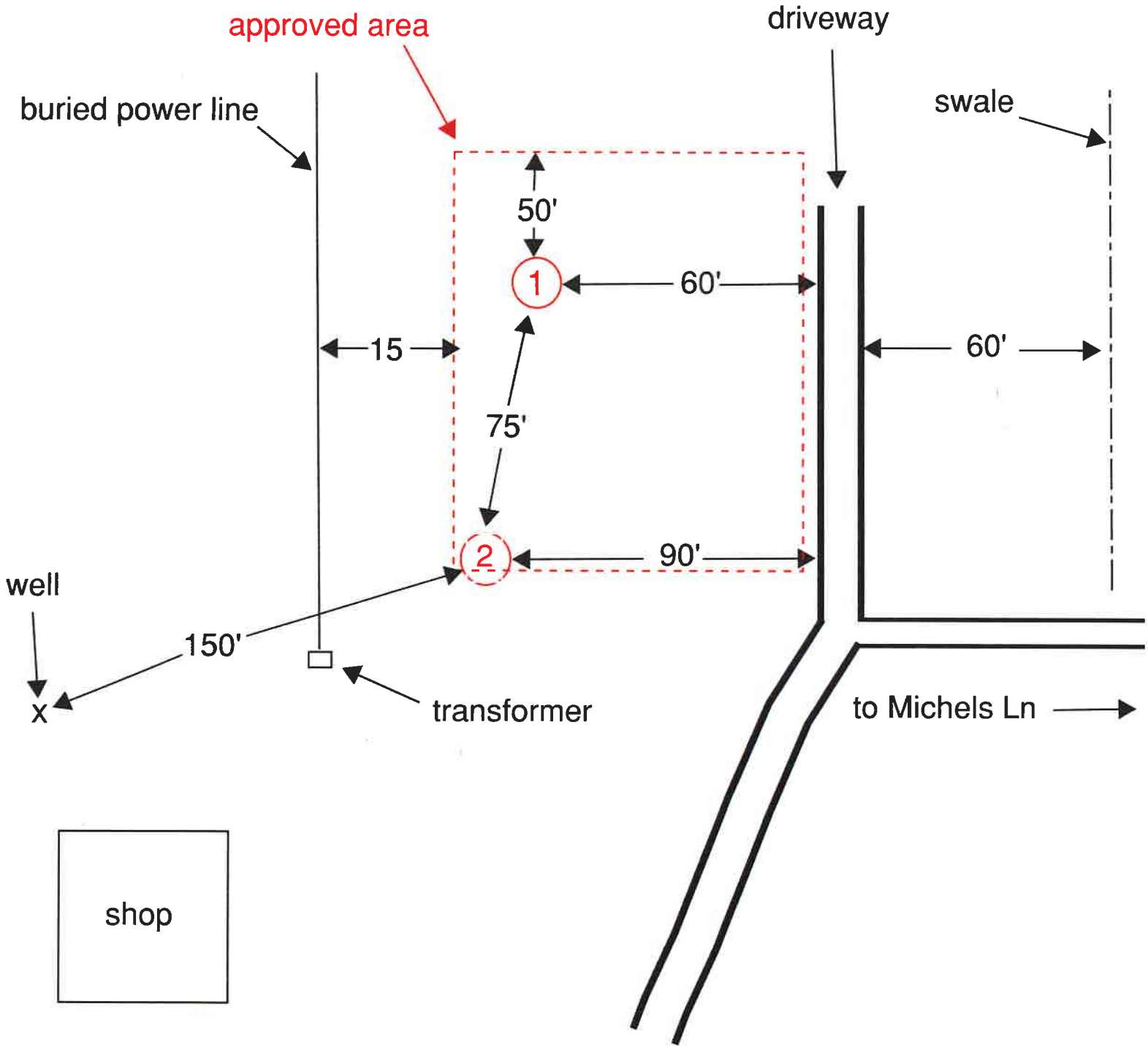
PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10	CL	10YR 3/3; wsbk; c f m roots
	10-17	CL	10YR 3/4; msbk; f f m roots
	17-55	VAC	10YR 4/6; msbk; 50% gravel, cos
Test Pit 2			
			SIMILAR TO PIT ONE
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: CLEARED, GRASSY AREA ADJACENT TO A WOODED AREA (TO THE WEST).

Slope: 0-1% Aspect: _____ Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: _____

SITE PLAN



* NOT TO SCALE

Application #

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 CAVE JUNCTION OR 97523 — 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

16-20 — Acreage or Lot Size

JOSEPHINE — County

Subdivision Name

PARCEL #1 — 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 RIGHT ON MICHELS LANE

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 — Date: 10-14-2022

STEVE GAYNOR — Applicant's Name – Please Print Legibly

541 561 1445 — Applicant's Phone Number

STEVEGAYNOR1445@GMAIL.COM — Applicant's E-mail Address

Applicant's Mailing Address

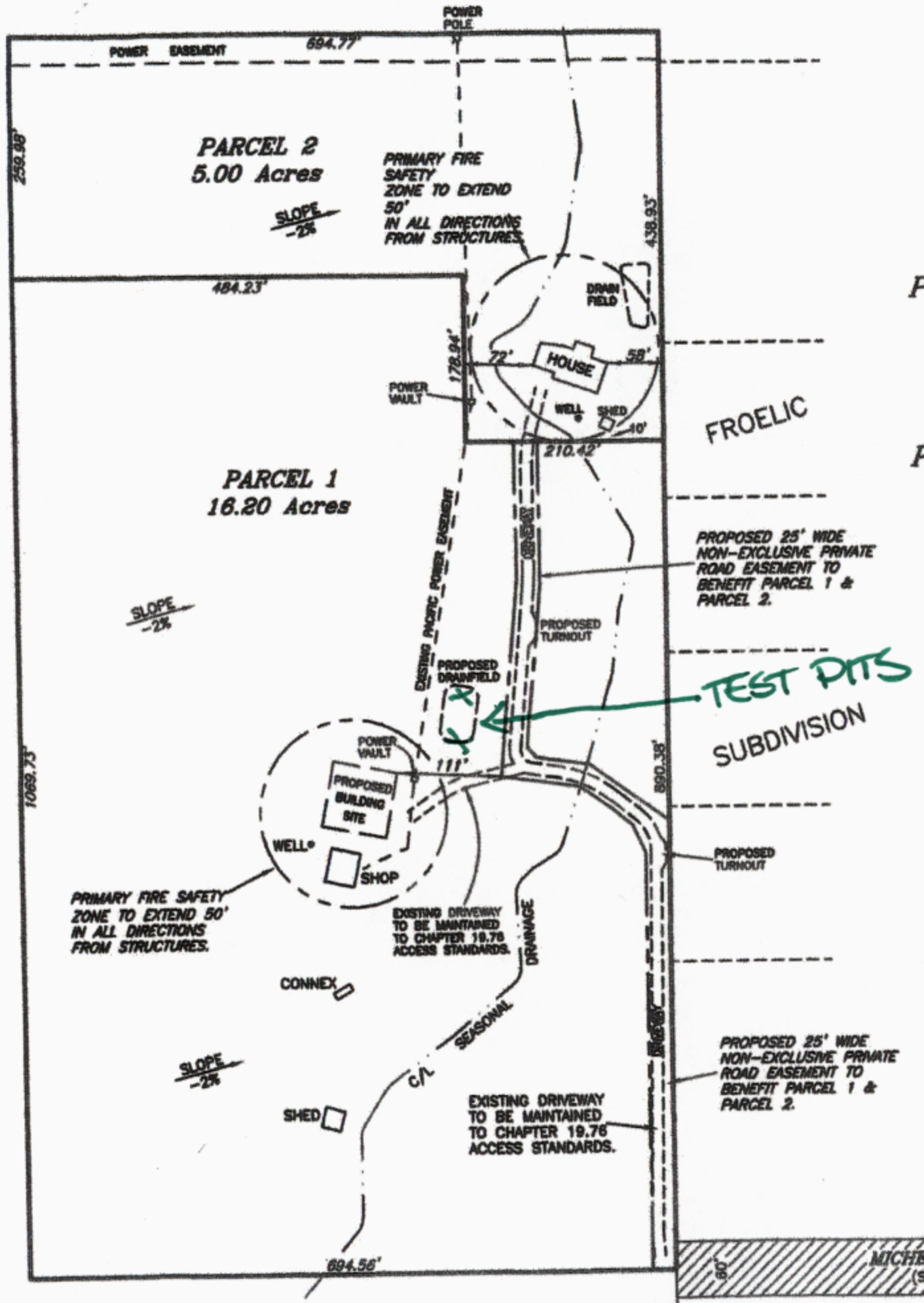
Applicant is the ☒Owner ☐Authorized Representative ☐Licensed Septic Installer

☐Authorization Attached

Installer's Name

TENTATIVE PLAN

SHOWING A PROPOSED LAND PARTITION SITUATED IN THE NE1/4 OF SECTION 11, T.40S, R.8W., W.M., JOSEPHINE COUNTY, OREGON. (MAP 40-8-11, TAX LOT 117)



A STREET PLUG CROSSING PERMIT ISSUED BY THE JOSEPHINE COUNTY PUBLIC WORKS DEPT. IS BEING OBTAINED BY THE APPLICANT.

PREPARED BY: GERALD V. NYGREN, PLS
522 BARKER DRIVE
MERLIN, OR 97532
PH: 541-476-7034

PREPARED BY: STEVE GAYNOR
251 MICHELS STREET
CAVE JUNCTION, OR 97523
PH: 541-561-1445

DATE: MAY 24, 2022

N

SCALE: 1" = 100'

NOTES:

THE PROPOSED LAND PARTITION DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE EASEMENTS

ALL IMPROVEMENTS SHOWN ARE EXISTING UNLESS LABELED PROPOSED.

DRIVEWAYS TO BE MAINTAINED TO CHAPTER 19.76 STANDARDS.

DRIVEWAY TURNOUTS AT A MAXIMUM SPACING OF 400'

NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE STATED ON THE FINAL PLAT. THE FINAL PLAT WILL ALSO SHOW THE EXACT LOCATION AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

PRIVATE ROAD MAINTENANCE AGREEMENT

IT IS HEREBY AGREED BY THE PROPERTY OWNERS, THEIR HEIRS, SUCCESSORS AND ASSIGNEES THAT THE MAINTENANCE EXPENSE FOR THE PRIVATE ROADWAY LOCATED WITHIN THE NON-EXCLUSIVE PRIVATE ROAD EASEMENT HEREBY RESERVED OVER AND ACROSS PARCEL 1 FOR THE BENEFIT OF PARCEL 1 AND PARCEL 2 AS SHOWN ON PAGE 2 OF THIS PLAT, SHALL BE SHARED EQUALLY BY EACH PARCEL. THE PRIVATE ROADWAY SHALL BE MAINTAINED TO MEET FIRE SAFETY ACCESS STANDARDS LISTED UNDER SECTION 19.76.040 OF THE JOSEPHINE COUNTY CODE. THIS AGREEMENT SHALL BE ENFORCEABLE BY EITHER OF THE PARCEL OWNERS OR THE COUNTY ON ITS OWN MOTION AND SHALL BE BINDING ON THE HEIRS, SUCCESSORS AND ASSIGNS OF EACH PARTY IN AND TO THE REAL PROPERTY PRESENTLY OWNED BY EACH AND EACH PARTY THEREOF.

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
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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

3 2 1 10 11 12 15 14 13

4

RIVER

ILLINOIS

EAST FORK

TAKILMA

ROCKYDALE RD

DICK GEORGE RD

PUBLIC RD # 382

FROELIG SUB.

MICHELS STREET

STREET PLUG

STILL WATER WAY

CO. ORDER 96-61

11 400 5.00 AC
401 9.93 AC
402 5.00 AC
CS 25-74
CS 166-88
303 47.85 AC
500 9.97 AC
600 9.24 AC
601 5.01 AC
602 5.00 AC
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CS 25-74
700 4.03 AC
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2008-43
CS 5-81
903 9.77 AC
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300 40.39 AC
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905 5.15 AC
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1900 39.08 AC
CS 95-55
205 4.97 AC
206 5.00 AC
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123 5.00 AC
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210 5.14 AC
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CS 98-98
111 2.27 AC
CS 50-08
120 5.31 AC
1994-16
112 4.12 AC
113 38.96 AC
CS 20-51
CS 3-63
CS 123-90
1902
1900

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

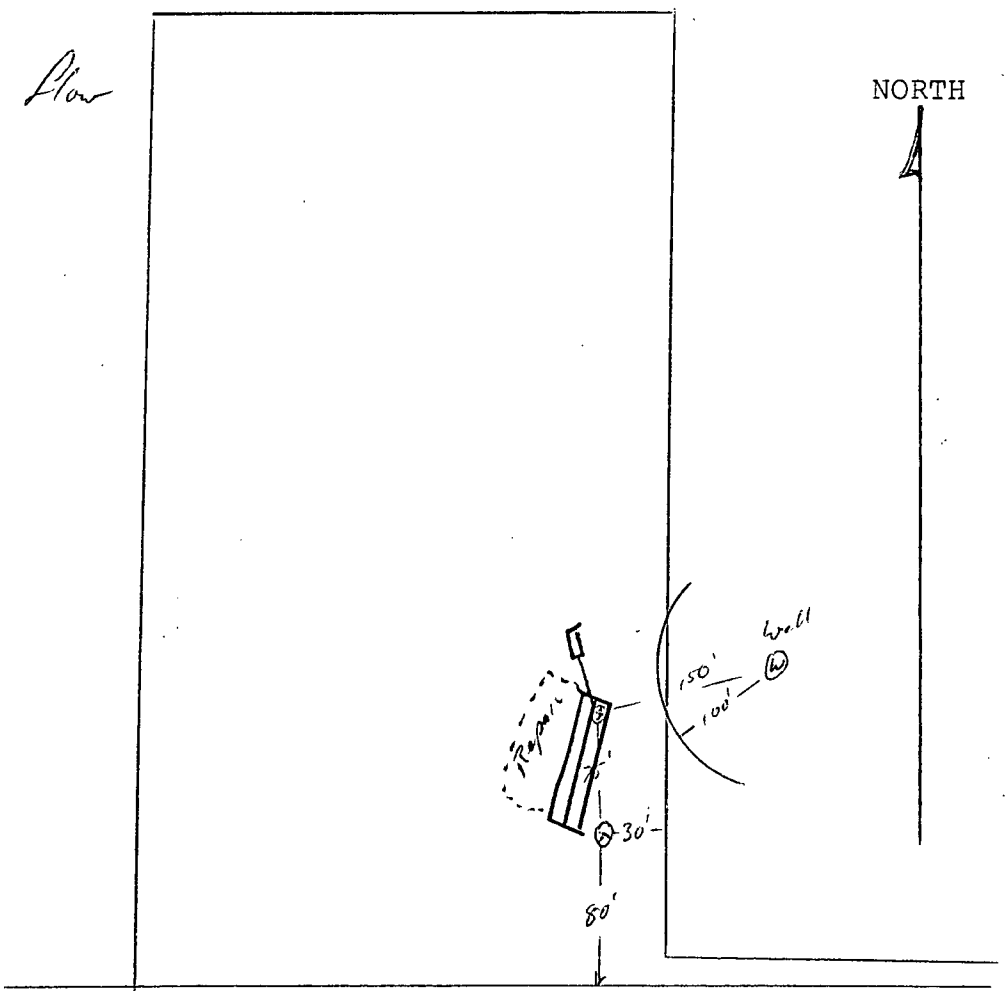
****THIS IS NOT A PERMIT FOR CONSTRUCTION****

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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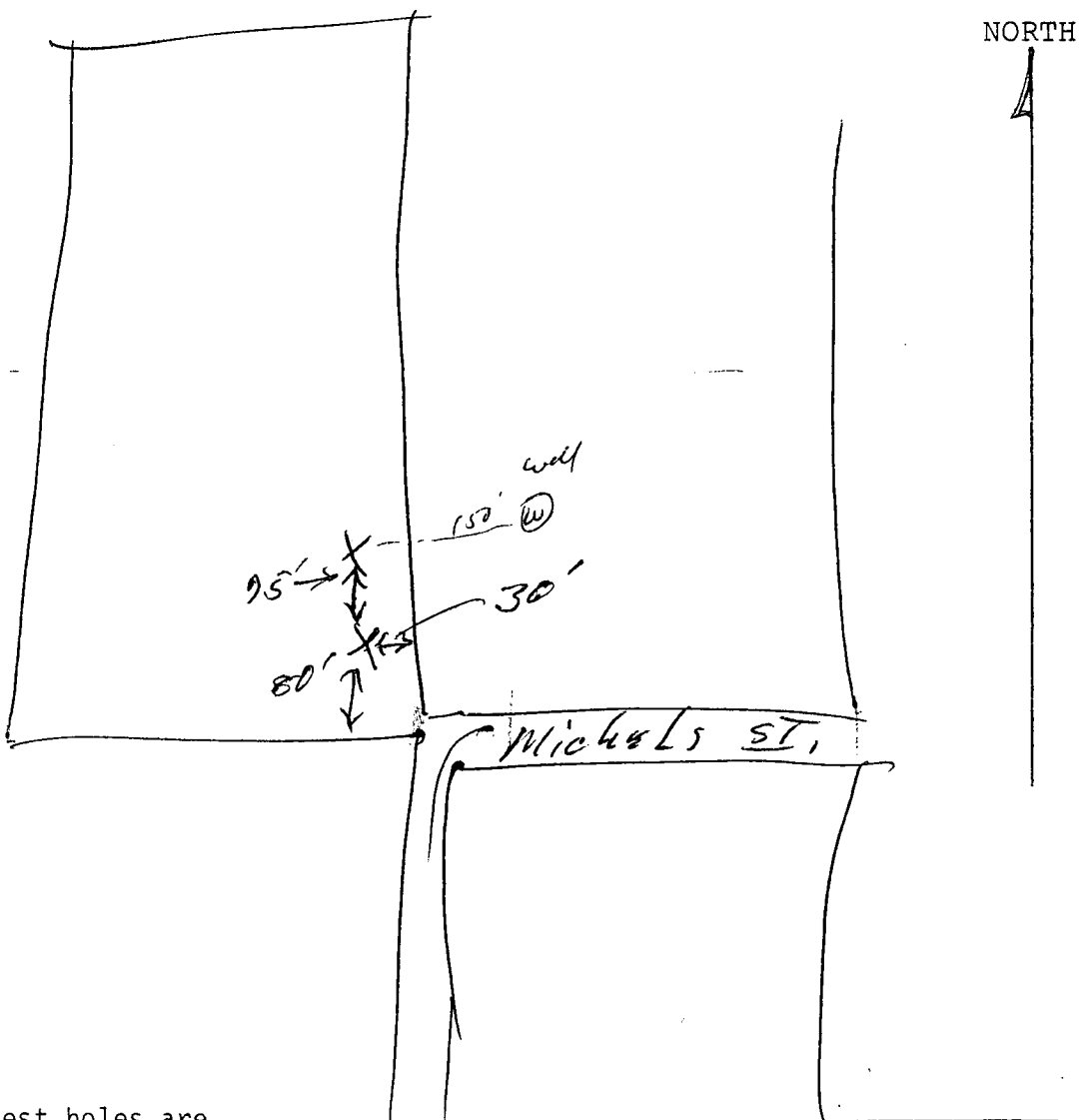


I certify that the test holes are located as shown above:

Tom Michels
Applicant's Signature

9/11/84
Date Submitted

Health Department Representative

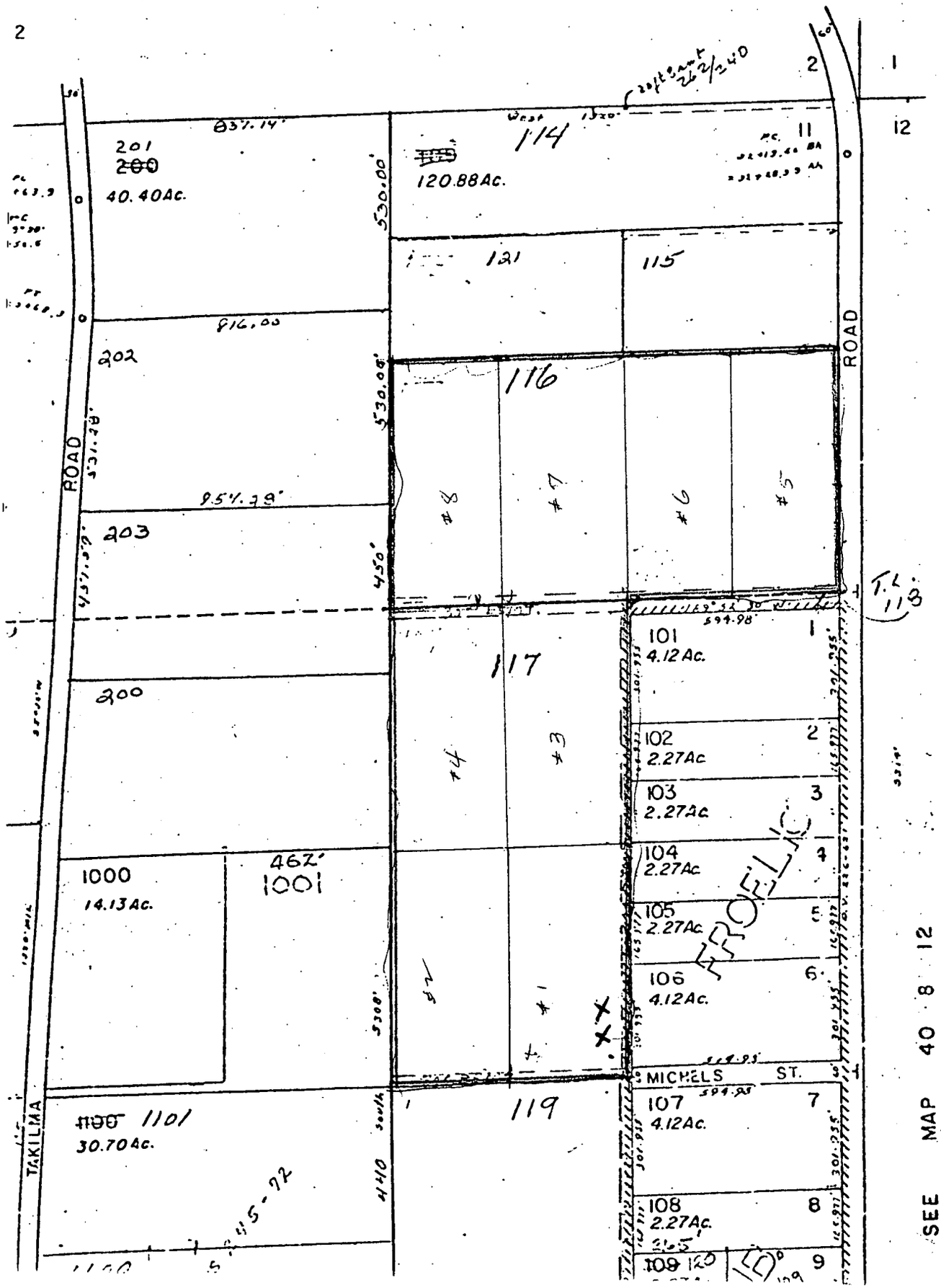
Date Evaluated

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