Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-23-000051-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: 03/07/2023
Work Description: MAJOR REPAIR

Applicant: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Primary Contractor: Precision Pumping and Excavation LLC
Installer/Pumper License: 39119
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Owner: REICH LIV TRUST
Address: %REICH, ROBERT L & REICH, DEBORAH M TRUSTE
%REICH, ROBERT L & REICH, DEBORAH M TRUSTEES
GRANTS PASS OR 97527

Property Address: 3529 Midway Ave, Grants Pass, OR 97527

Parcel: 360634C000140000 - Primary

Lot Size:	2.01 ACRES	**Water Supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SFR	SFR
Number of Bedrooms:	3	3

System Specifications

Type:	Standard		
Max Peak Design Flow:	375 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:**	Serial
Drainfield Sizing:	75 linear ft.	**Distribution Method:**	Serial
Media Type:	EZ FLOW 1201P	**Media Depth:**	N/A
Trench Length:	210 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 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 463-23-000051-PRMT

Date Certificate Issued: 03/07/2023
Work Description: MAJOR REPAIR

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

Comments: N/A

Gabriel Kasiah Natural Resource Specialist

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: 463-23-000051-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: **Range:** **Sect:**

Lot:

Name: REICH LIV TRUST

Property Address: 3529 MIDWAY AVE, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

A. Tanks/Pumps — **System Type:** — **Water tight verification***

Tanks(1)	Volume: 1,000		Compartments: 1	Manufacturer: Existing		Date:
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: 30-34	Length: 138'
Pressure Transport Pipe	Yes	No X	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No X	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 X	Model:
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received?	Yes	No

D. Drainfield Media

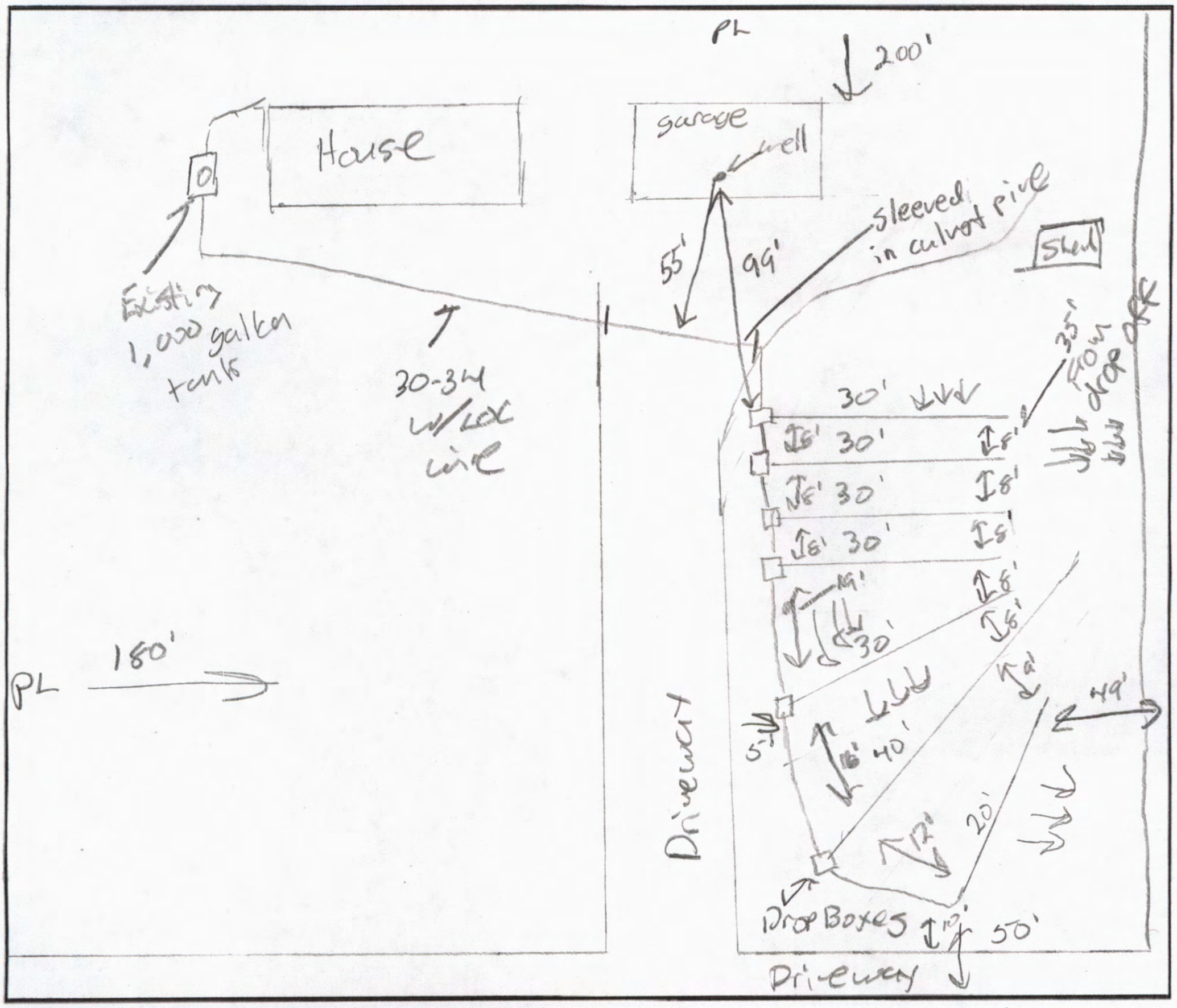
Type	(Gravel, Pipe or alternative?) EZ Flow (1201P) 210'				
Distribution Box	Yes	No X			
Drop Box	Yes X	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other: EZ Flow (1201P)	Length: 210'

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: Josh Lindquist			
Licensed Installer:	Yes X	No	License#: 39119	Certification#: RI 964
Owner/ Certified Installer:	Signature:		Date: 2-27-23	Phone#: 541-654-1442

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

_____

Comment: _____

_____

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541-474-5444
Fax: 541-474-5422
onsiteseptic@josephinecounty.gov
Website: josephine.or.us

Septic Permit
Repair (Major) - Residential - New
463-23-000051-PRMT

Date issued: 2/16/23 **Expiration date:** 2/16/24

Work description: MAJOR REPAIR

Applicant: Precision Pumping and Excavation LLC
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Primary contractor: Precision Pumping and Excavation LLC
Installer/Pumper License: 39119
Address: 3511 Demaray Dr
Grants Pass OR 97527
Phone: (541) 659-1442
Email: gp.precisionexc@gmail.com

Business License: N/A

Owner: REICH LIV TRUST
Address: %REICH, ROBERT L & REICH, DEBORAH M TRUSTE
%REICH, ROBERT L &
REICH, DEBORAH M TRUSTEES
GRANTS PASS OR 97527

Property address: 3529 Midway Ave, Grants Pass, OR 97527

Parcel: 360634C000140000 - Primary

Lot size:	2.01 ACRES	**Water supply:**	N/A
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	Yes	**Septic tank last pumped:**	N/A

Comments: RECOMMEND CURTAIN DRAIN (MINIMUM 10') UPSLOPE OF SYSTEM.

Category of construction: Residential

	Existing	Proposed
Use of structure:	SFR	SFR
Number of bedrooms:	3	3

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	375 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:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201P		
Trench length:	190 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

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

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Onsite Permit 463-23-000051-PRMT

Date issued: 2/16/23 **Expiration date:** 2/16/24

Work description: MAJOR REPAIR

Special Requirements

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

Onsite Permit 463-23-000051-PRMT

Date issued: 2/16/23 **Expiration date:** 2/16/24

Work description: MAJOR REPAIR

Conditions of approval

1.This repair permit is for 3 BDRM SFR.

2.A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent and provide the reasons for delay, and propose a different completion date. Delays may be cause for formal enforcement action, which may result in civil penalty assessments.

3.If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:

4.Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.

5.Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.

6.Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.

7.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).

8.The system must be installed by the property owner or a licensed sewage disposal business (installer).

9.Vehicular traffic and livestock must be restricted from the system area.

10.All roof drains must be directed away from the system

11.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.

12.Meet all required setbacks

13.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.

14.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.

15.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx

16.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.

17.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.

18.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.

19.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

20.Maximum length of an individual trench is 150-feet.

21.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

22.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

23.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.

24.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-23-000051-PRMT

Date issued: 2/16/23 **Expiration date:** 2/16/24

Work description: MAJOR REPAIR

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 Natural Resource Specialist 2/16/23

Josephine County, Oregon

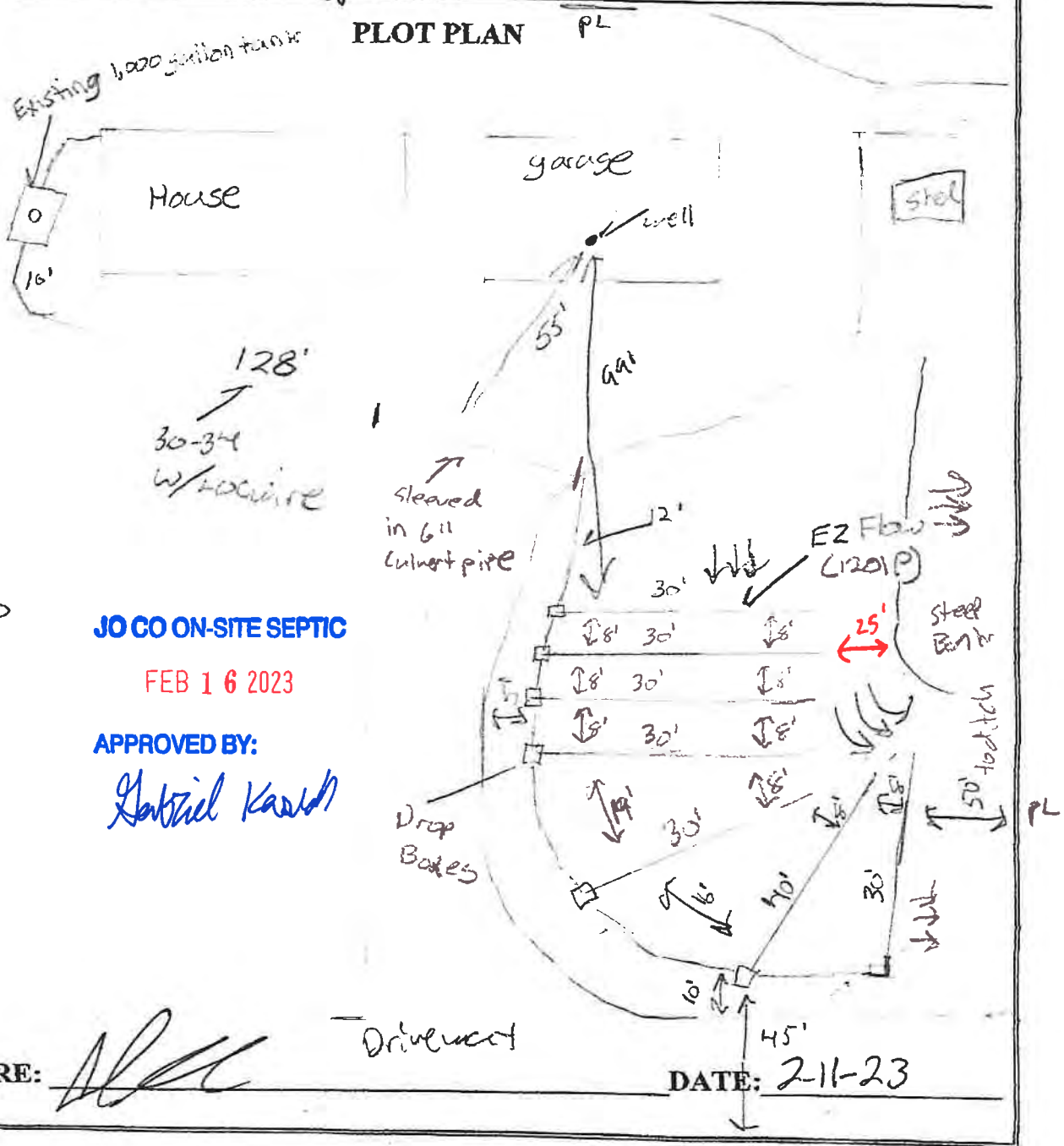
Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: 2-1-23 **TWN** ____ **RNG** ____ **SEC** ____ **QQ** ____ **TL** ____

OWNER'S NAME: Bdo And Deborah Reich

ADDRESS: 3529 Midway Ave

PLOT PLAN



JO CO ON-SITE SEPTIC
FEB 16 2023
APPROVED BY:
Gabriel Kaadt

SIGNATURE: [signature] **DATE:** 2-11-23

Revised 10/14/19

Josephine County, Oregon

Community Development – Planning Division
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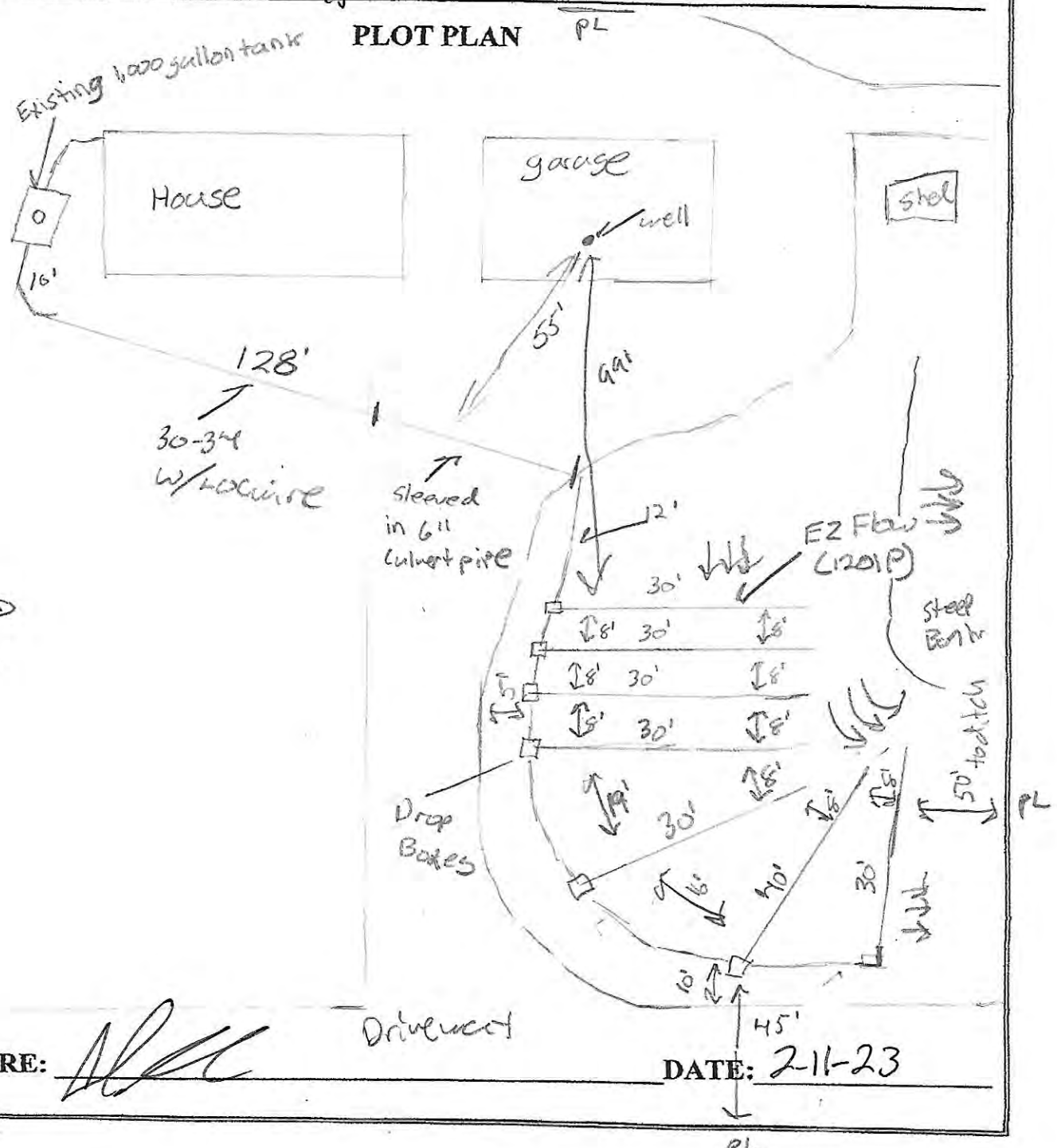
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

DATE: 2-1-23 **TWN**____ **RNG**____ **SEC**____ **QQ**____ **TL**____

OWNER'S NAME: Bob And Deborah Reich

ADDRESS: 3529 Midway Ave

PLOT PLAN



SIGNATURE: _____ **DATE:** 2-11-23

Revised 10/14/19

FIELD WORKSHEET

Name: PRECISION PUMPING & EXC. **Application No.:** 463-23-000051-PRMT **Date:** 2/07/2023
RE: SITE EVALUATION REPORT for Parcel #: 36063 4C 00400

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.01 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 375 gpd Max Number of bedrooms: 3 Max Number of Employees: _____

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: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____" Max Depth _____" Min Depth	Absorption facility: 1875 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30" Max Depth 24" 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.

OAR 340-071-0130; 340-071-0220

CURTAIN DRAIN RECOMMENDED, 48" DEPTH
LIMITED AREA
10' MIN FROM DRIVEWAY - NO EASEMENT BOUNDARIES FOUND
25' SETBACK FROM SLOPE ≥ 45%
50' SETBACK FROM DRAINFIELD INTERMITTENT STREAM
SLEEVE EFFLUENT TRANSPORT PIPE UNDER DRIVEWAY

Inspector: MK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-10	SCL	10YR 3/2, GR, Roots 2VF, 1F, M.
	10-26	SCL	7.5YR 5/4, 4/4, WSBK, Roots 1F, M, C FRAGT CONC. 5YR 3/4
	26-48	SCL	7.5YR 5/4, 4/4, WSBK, Roots 1F, M, Pores 1F, MN, CONC. 5YR 7/4, 7.5YR 5/8
	48-60	SCL	" " , WABK, Roots 1F, CAS DEP 10YR 5/1 CONC. 7.5YR 5/8
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS W/ FE TREES (OAK, PINE, CEDAR)

Slope: 5% 12% Aspect: SW Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: WATER SEEPING IN SIDEWALL OF TEST HOLE @ 55"

EXISTING SYSTEM (2009 INSTALL) TO NORTH OF TEST HOLE ACROSS DRIVEWAY

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

Deborah Reich — Name
3529 Midway Ave. Grants Pass OR — Mailing Address (Street or PO Box, City, State, Zip Code)
541 660 0617 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
36	06	34	1400		

Josephine — County
Subdivision Name
Lot
Block

Property Address: 3529 Midway Ave. — Address; Grants Pass — City; OR. — State; 97527 — Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other _____

Proposed Facility: error

~~☒ 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: 2-1-23

Josh Lindquist — Applicant's Name – Please Print Legibly
541-659-1442 — Applicant's Phone Number
gp.precisionexc@gmail.com — Applicant's E-mail Address
35th Demaray Dr, Grants Pass, OR 97527 — Applicant's Mailing Address

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

☐ Authorization Attached

Precision Pumping And Excavation LLC — Installer's Name

NOTICE AUTHORIZING REPRESENTATIVE

I, Deborah Reich, have authorized Josh Lindquist to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Josephine County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

3529 Midway Ave, Grants Pass, Or 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 06 Section 34 Map ID _____ Tax Lot #(s) 1400

PROPERTY OWNER:

Printed Name: Deborah Reich

Address: 3529 Midway Avenue

City, State, Zip: Grants Pass, OR. 97527

Phone: 541 660 0617 Email: _____

Signature: Deborah Reich

AUTHORIZED REPRESENTATIVE:

Printed Name: Josh Lindquist (Precision Pumping And Excavation LLC)

Address: 3511 Demaray Dr

City, State, Zip: Grants Pass, Or 97527

Phone: 541-659-1442 Email: gp.precisionexc@gmail.com

Signature: [signature]

Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

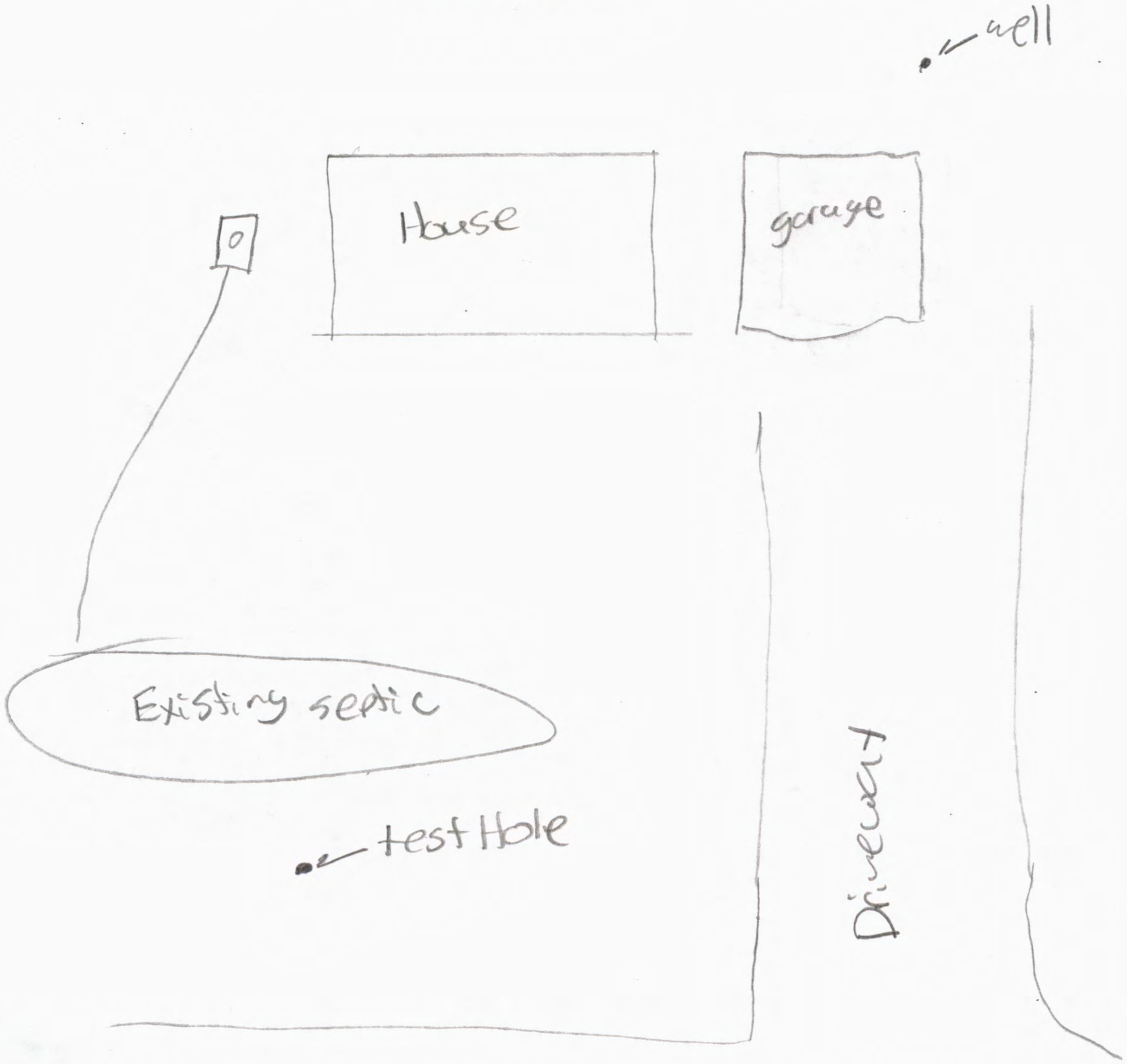
E-mail: planning@co.josephine.or.us

DATE: 1-19-23 **TWN** 36 **RNG** 06 **SEC** 34 **QQ** _____ **TL** 1400

OWNER'S NAME: Bob And Deborah Reich

ADDRESS: 3529 Midway Ave, Grants Pass, 97527

PLOT PLAN



SIGNATURE: _____ **DATE:** 1-19-23

Revised 10/14/19

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. **Applicant Name/Property Owner:** Josh Lindquist
   Mailing Address: 3511 Demarcy Dr
   City, State, Zip: Grants Pass, Or 97527
   Telephone: 541-659-1442

RECEIVED
JAN 20 2023
JO CO - PLANNING

2. **Property Information:**
   County: Josephine **Tax Lot No.:** 1400
   Township: 36 **Range:** 06 **Section:** 34
   Physical Address: 3529 Midway Ave, Grants Pass, Or 97527
   Block: _____ **Lot:** _____
   Subdivision Name (if applicable): _____

3. **This proposed facility is for:**
   ☒ **An individual, single-family dwelling.**
   ☐ **Other. Describe the type of development, business, or facility and the provided services or products:** _____

4. **Permit or approval being requested:**
   ☒ **Construction-Installation permit for:** ☐ New Construction ☒ Repair ☐ Alteration
   ☐ **Non-water –carried facility requests** (for example, pit privy/vault toilet for campgrounds).
   ☐ **Authorization Notice for:** ☐ Replacement of dwelling ☐ Bedroom addition
   ☐ **Other changes in land use involving potential sewage flow increases**

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. **Property Zoning:** RR5 **Zoning Minimum Parcel Size:** 5 acres

6. **The facility is located:** ☐ **inside city limits** ☐ **inside UGB** ☒ **outside UGB**
   If inside UGB, the proposed facility is subject to:
   ☐ **City jurisdiction** ☐ **County jurisdiction** ☐ **Shared City/County jurisdiction**

7. **Does the proposed facility comply with all applicable local land use requirements:** ☒ **Yes** ☐ **No**
   If you answered "Yes" above, was this compliance based on:
   ☒ **Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)**
   ☐ **Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)**

   ☐ **Measure 49 waiver (provide Department of Land Conservation and Development approval number)**

   Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.61.020.J., JCC a single-family or manufactured dwelling is a permitted use. Section 19.13.030.A., JCC a non-conforming structure may be altered or maintained. Note: septic to be connected to authorized uses/structures only.

8. **Planning Official Signature:** Veronica Brown
   Print Name: Veronica Brown, CFM **Title:** Associate Planner
   Telephone: 541-474-5109 ext 2423 **Date:** 01/26/23

Josephine County Planning
700 NW Dimmick Street
Suite C
Grants Pass, OR 97526

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

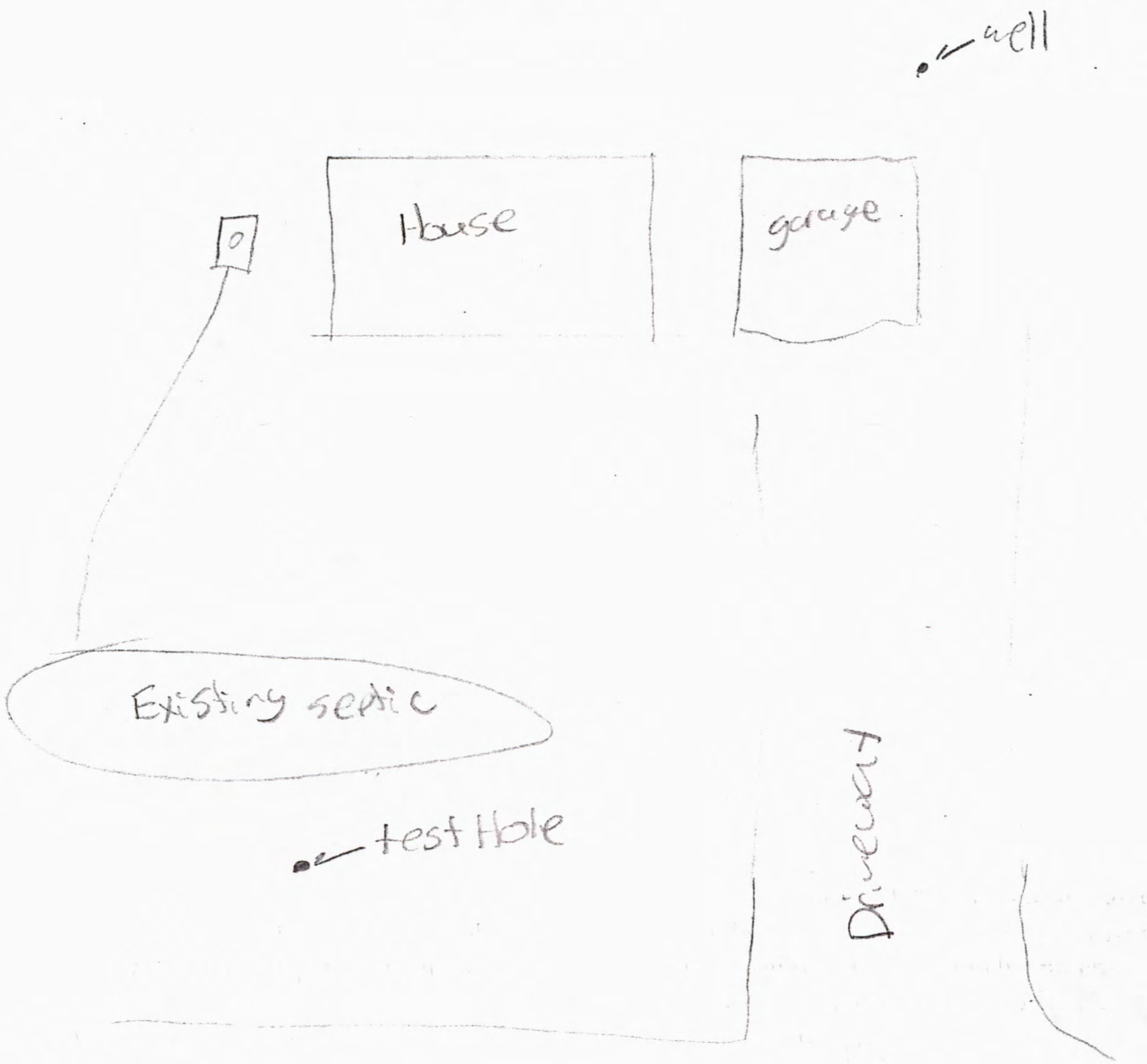
RECEIVED
JAN 20 2023
JO CO - PLANNING

DATE: 1-19-23 **TWN** 36 **RNG** 06 **SEC** 34 **QQ** ____ **TL** 1400

OWNER'S NAME: Bob And Deborah Reich

ADDRESS: 3529 Midway Ave, Grants Pass, 97527

PLOT PLAN



SIGNATURE: _____ **DATE:** 1-19-23

Revised 10/14/19

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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL23-00061

Payer/Payee: PRECISION PUMPING AND EXCAVATION LLC
3511 DEMARAY DRIVE
GRANTS PASS OR 97527

Cashier: Terri Woodruff

Date: 01/20/2023

Primary Parcel: 360634C0001400 **Project Description:** Septic Repair

PL-2023-00060 LAND USE INFORMATION RESPONSE 3529 MIDWAY AVE

Fee Description	Fee Amount	Amount Paid	Fee Balance
Land Use Information Response	$125.00	$125.00	$0.00
	$125.00	**$125.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	2294	$125.00

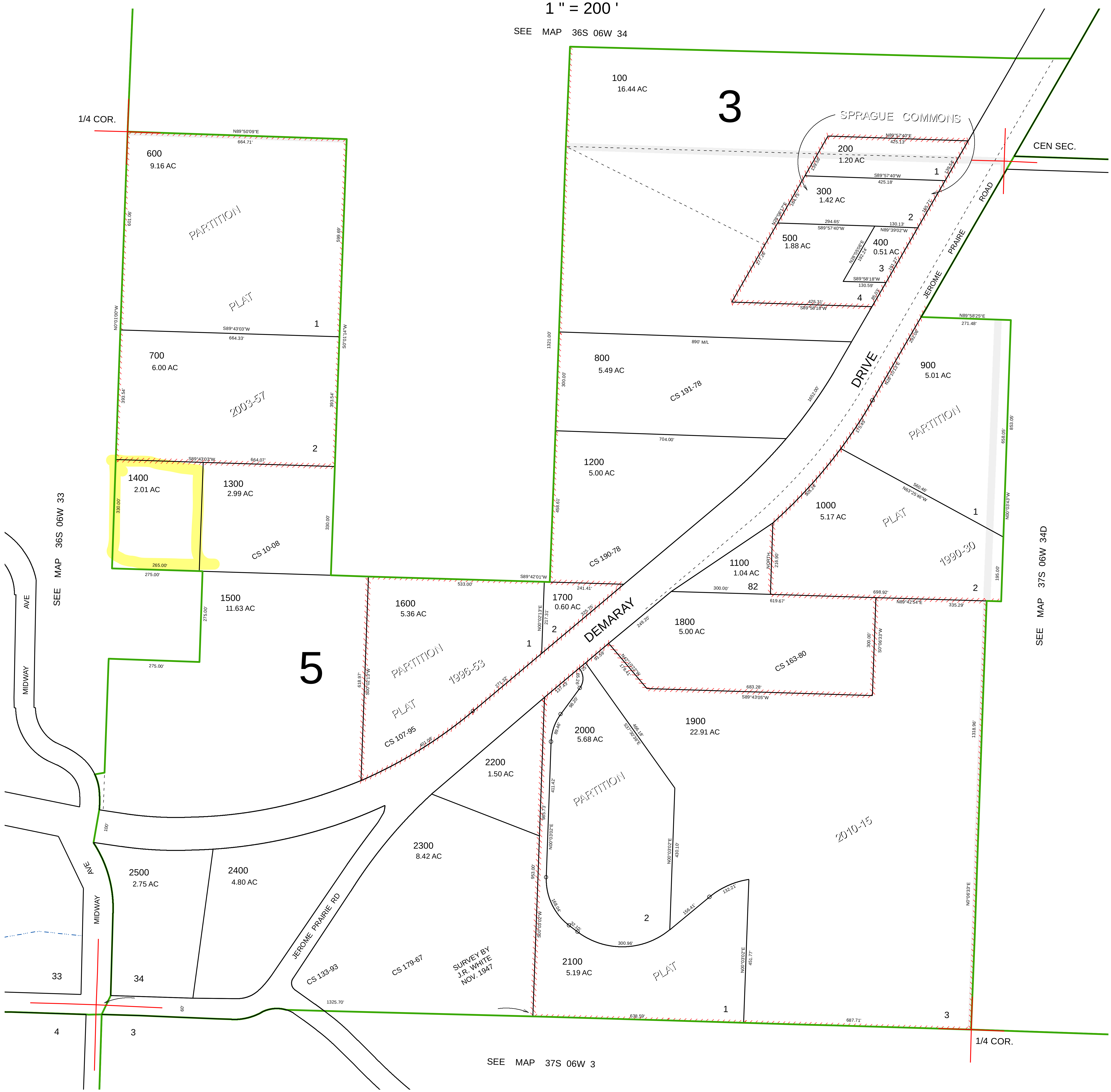
Total Paid: $125.00

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.W.1/4 SEC.34 T.36S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 06 34C



36 06 34C

Onsite Permit
Application Verification

463-23-000070-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

Application created: 2/13/23
Parcel Nbr: 360615C000330000
Site Address: 4649 LOWER RIVER RD, GRANTS PASS, OR 97526
Owner: BRUCKNER, RICHARD L &
Applicant: Rolando Hernandez - Beeler Excavation
109 Cumberland Drive
Grants Pass, OR 97527
Phone: (541) 660-2953
Email: rolando@beelerexcavation.com

Licensed Professional(s):

License Number: Installer License - 37834
Beeler Excavation, LLC
109 Cumberland Dr
Grants Pass, OR 97527
Phone: (541) 660-2953
Email: dominic@beelerexcavation.com
License Number: (PB) Plumbing Contractor - PB2635
BEELER EXCAVATION LLC
109 CUMBERLAND DRIVE
GRANTS PASS, OR 97527
Phone: (541) 660-2953
Email: INFO@BEELEREXCAVATION.COM

Acreage or Lot Size: 5.8
System is Failing: CHECKED
Water Supply: Well
Septic Tank Last Pumped:

Attached Documents:

Name	Description
FIN_TransactionReceipt_pr_20230214_102740.pdf	
Authorizing Representative (9).pdf	auth rep
4649 Lower River Road-Plot Map PT.pdf	plot map
4649 Lower River Road-Site Plan PT.pdf	site plan
20230215101444.pdf	dev permit/ flood zone

State of Oregon
Department of Environmental Quality

Onsite Permit ID: **OS408445**

Certificate of Satisfactory Completion

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 Permit OS408445 as follows:

PROPERTY INFORMATION

Property Owner: **Delton W Reich** — **Township 36S, Range 06W, Section 34**
Property Location: **3529 Midway Ave., Grants Pass** — **Tax Lot 1302**
Facility Type: **Single Family Dwelling** — **Josephine County**
3 Bedrooms — **CountyWorksheet #2009-474**

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow:	**375 gals/day**
Minimum Septic Tank Size:	**1000 gals**
DistributionType:	**Serial**
Total Trench Length:	**230 Linear feet**
Trench Spacing:	**6 feet***
Media Type:	**EZ 1201P**
Maximum Trench Depth:	**24 inches**
Minimum Trench Depth:	**30 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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 must 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.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Don Jossie on 11/2/2009

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

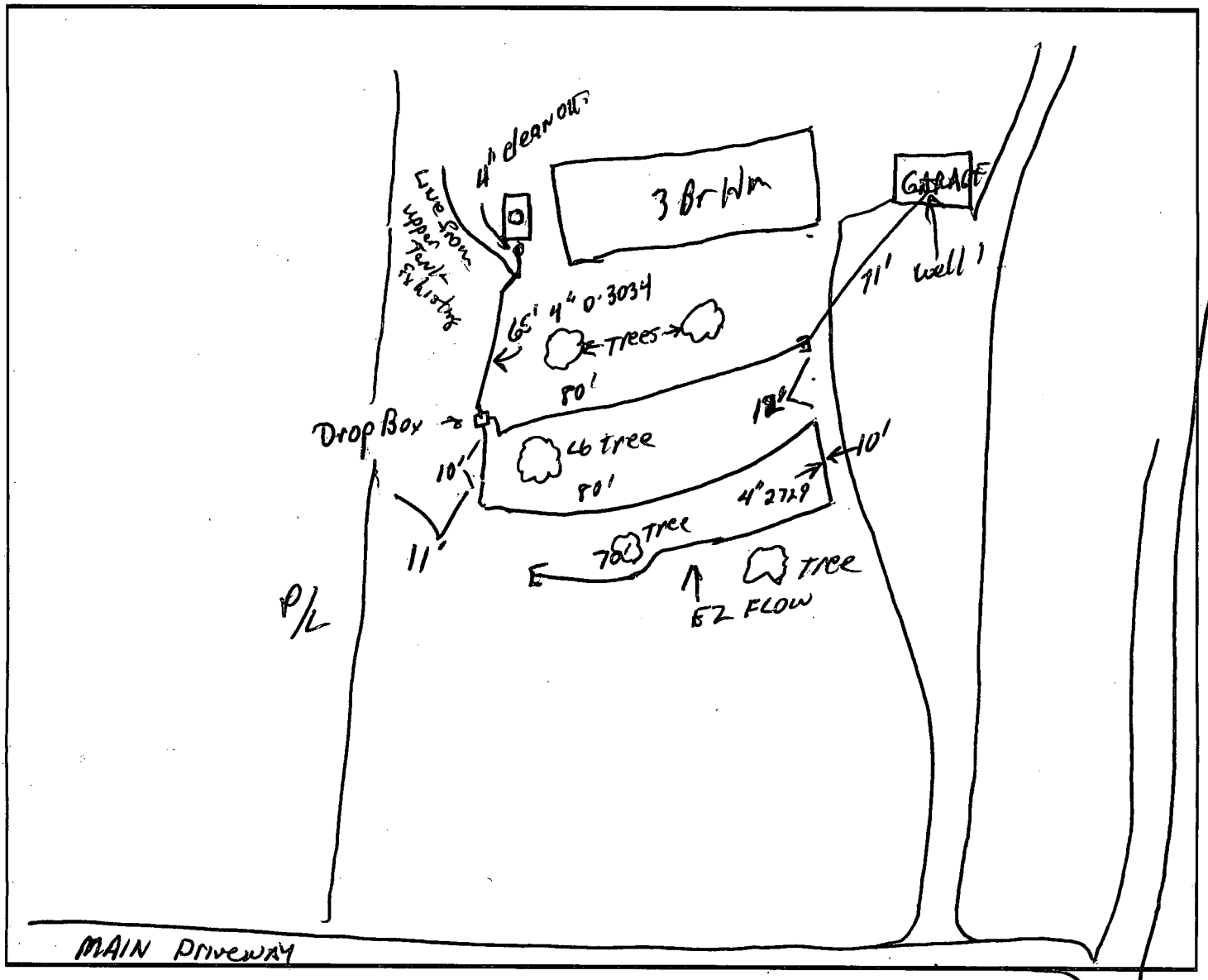
	Onsite Wastewater Specialist	**11/9/2009**
Authorized Agent:	Title	Date CSC Issued

Don Jossie

Department of Environmental Quality
Western Region - Grants Pass Office
302 SE H Street
Grants Pass, OR 97526
Phone: (541) 471-2850 X225
Fax: (541) 479-2764

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: Ray Williams			
Licensed Installer:	Yes ✓	No	License#: 38390	Certification#: R136
Owner/ Certified Installer:	Signature: Ray Williams		Date: 10-30-09	Phone#: 6590852

SECTION 5 - Office Use Only:

Notice Accepted	Yes ✓	No	Date: 11-9-09	**Installer/Owner (Permittee) Notified:**	Yes ✓	No	Date: 11-09-09

If No, Reason for Non Acceptance: _____

Comment: _____

For Official Use Only/Date Received: [redacted]

Final Inspection Request and Notice - Onsite ID: 408445

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:

Name: Delton W Reich

Property Address: 3529 Midway Ave., Grants Pass

Township 36S, Range 06W, Section 34

Josephine County TaxLot#: Tax Lot 1302

County Planning Approval #: 2009-474

SECTION 2: System Component Specifications:

System Type: Standard

A. Tanks/Pumps

						Water tight verification*
Tanks(1)	Volume: Existing	Compartments:		Manufacturer:		Date:
Tanks(2)	Volume:	Compartments:		Manufacturer:		Date:
Pump(s)	HP:	Model/Manuf. N/A		Float(s)Type(1):	Model/Manuf.	
				Float(s)Type(2):	Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes ✓	No	Diameter: 4"	ASTM#/Other: D-3034		Length: 65'
Pressure Transport Pipe	Yes	No	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?) 12" EZ Flow				
Distribution Box	Yes ✓	No			
Drop Box	Yes ✓	No			
Distribution Pipe	Yes ✓	No	Diameter:	ASTM#/Other:	Length: 230'

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*

State of Oregon
Department of Environmental Quality

Onsite ID: **OS408445**
Expiration Date: **10/28/2010**

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-MajorPermit OS408445 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Delton W Reich** — **Josephine County**
Property Location: **3529 Midway Ave., Grants Pass** — **Township 36S, Range 06W, Section 34**
Facility Type: **Single Family Dwelling** — **Tax Lot 1302**
3 Bedrooms — **County Planning Approval #: 2009-474**

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:	**375 gals/day**
Minimum Septic Tank Size:	**1000 gals**
Distribution Type:	**Serial**
Total Trench Length:	**230 Linear feet**
Trench Spacing:	**6 feet***
Media Type:	**EZ 1201P**
Maximum Trench Depth:	**24 inches**
Minimum Trench Depth:	**30 inches**

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.

*Minimum undisturbed soil between trenches.

ADDITIONAL CONDITIONS

1 Each trench to be level and on contour.
2 Meet all required setbacks.
3 The system must be installed by the property owner or a licensed sewage disposal business (installer).
4 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
5 Vehicular traffic and livestock must be restricted from the system area.
6 All roof drains must be directed away from the system.
7 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

1 A final inspection request and notice 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.

2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:

	Onsite Wastewater Specialist	**10/28/2009**	**10/28/2010**
Authorized Agent:	Title	Date Issued	Expiration Date

Don Jossie

Department of Environmental Quality
Western Region, Grants Pass Office
302 SE H Street
Grants Pass, OR 97526
Phone: (541) 471-2850 X225
Fax: (541) 479-2764

See the Attachment 1 for additional information about your permit.

State of Oregon
Department of Environmental Quality
DEQ

SITE PLAN FOR CONSTRUCTION / INSTALLATION

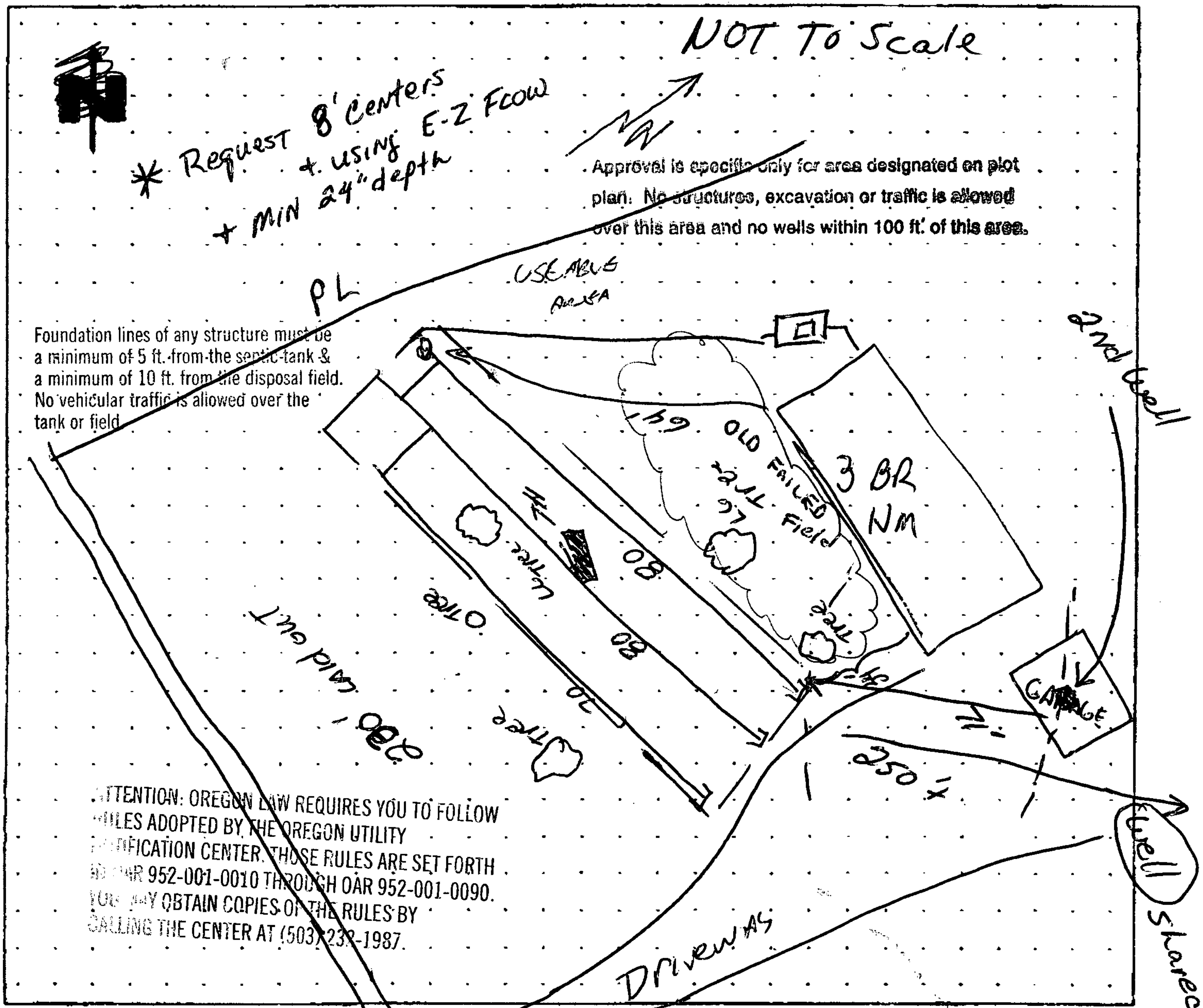
Site Plan Must Be Current Property Owner: DELTON Rich Site ID: ________

Site Address: 3529 Midway City: Grants Pass County: Josaphine

Township: ________ Range: ________ Section: ________ Tax Lot: ________

Acres: ______ Subdivision: ________ Lot: ________ Block: Siskiyou

Scale: 1 Square = ______ Feet **SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Ray Williams

Signature: Ray Williams Date: 10-24-09

SITE EVALUATION FIELD WORKSHEET

Township: 3C Range: 6 Section: 34 Tax Reference: 1302 Parcel Size: _____

Owner/Applicant: REICH Evaluator: JESSIE

Inspection Date(s): 10-28 Application Number: _____

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-14	SL	7.5YR 3/2	3FSBK	3	3
	14-37	SL	7.5YR 4/4	3FSBK	2	2
	37+	SCL	7.5YR 4/4	1FSBK	1	1
Pit 2						
Pit 3						
Pit 4						

Landscape Notes: _____

Slope: 5 Aspect: W Groundwater Type: _____

Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 300 gpd

Initial System: - **ATT Treatment Standard:** _____

Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Replacement System: _____ **ATT Treatment Standard:** _____

Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches

Special Conditions: _____

Township:_____ Range:_____ Section:_____ Tax Reference:_____ Parcel Size:_____.

Owner/Applicant:_____ Evaluator:_____

Inspection Date(s):_____ Application Number:_____

DEQ

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

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 10-26-09
Fee Paid 405.00
Receipt Number 141105
Application Number 409545
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

Name	Mailing Address	City	State	Zip Code	Phone Number
Delton Reich	3529 Midway	Grants Pass	OR	97527	479 2935

B. Legal Property Description

Township	Range	Section	Tax Lot	Acreage or Lot Size	County
36	6	34	1302		Josephine

Property Address: 3529 Midway Ave (Address) Grants Pass (City) OR (State) 97527 (Zip Code)

Directions to Property: Denary Drive to Midway, Right Turn on Midway, approx ¼ mi' "First Driveway Past Nancy's Tax Lot, 500' up Driveway, Driveway Curves to Left - First Home on Right

Look For Pink Ribbon in Tree @ beginning of Driveway

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:
☒ Single Family Residence
3 Number of Bedrooms
☐ Other

2 People

Proposed Facility:
☐ Single Family Residence
Number of Bedrooms
☐ Other

Water Supply:
☐ Public Name
☒ Private 2 wells 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 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.

Ray Williams — Signature
10-24-09 — Date

Ray Williams — Applicant's Name – Please Print Legibly
476 8833 — Applicant's Phone Number
Applicant's E-mail Address

PO Box 835 Grants Pass OR 97528 — Applicant's Mailing Address

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

Ray Williams — Installer's Name

Rev 12-6-02 bjk

DEQ
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? _____

11. How many bedrooms will be in the proposed dwelling? _____ How many occupants ? _____

12. 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 _____

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.

_____ (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: _____

DEQ
State of Oregon
Department of
Environmental
Quality

DEPARTMENT OF ENVIRONMENTAL QUALITY
510 N.W. 4th St., Room 76
Grants Pass, OR 97526
(541) 471-2850

LETTER OF AUTHORIZATION

Let it be known that Ray Williams DBA Attila the Hoc
Has been retained to act as my legally authorized representative to perform all acts for development on my property identified below:

Address or Road: 3529 Midway
City: Grants Pass State: OR Zip Code: 97527

And described in the records of Josephine County as:

Township ____ Range ____ Section ____ Tax Lot(s) ____

PROPERTY OWNER:

Signature: Dalton Reich Date: 10-24-09
Printed Name: DALTON REICH
Address: 3529 Midway Ave Phone: 4792935
City, State, Zip Grants Pass, OR 97527 Fax:
SOR 244-1976

LEGALLY AUTHORIZED REPRESENTATIVE:

Signature: Ray Williams Date: 10-24-09
Printed Name: Ray Williams
Address: P.O. Box 835 Phone: 4768833
City, State, Zip Grants Pass, OR 97528 Fax: 4768833

700 SB

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: $275 CHECK: 1589 CASH: _____
PERMIT NUMBER: 2009-474

TWN: 36 **RNG:** 06 **SEC:** 34 **QQ:** 00 **TAXLOT** 1302
SITUS: 3529 MIDWAY AVE **ACRES:** 2.01 **ZONE:** RR5

Applicant: ATILLA THE HOE **Applicant Phone:** 476-8833
Applicant Address:
Owner: REICH FAM TRUST REICH, DENTON & REICH,
Owner Address: 3529 MIDWAY AVE GRANTS PASS, OR 97527

SPECIAL REQUIREMENTS

YES	NO	
☐	☐	Assigned Situs/Space Number_____ Address Card___
☐	☒	County Road*___ State Highway*___ Other/NA___ Access Permit in File___
☐	☒	Violation - Development Permit to resolve violation(s)_____Comment:
☐	☒	Approximate Flood Hazard Area - Professional Certificate in File___ NA___ Reason:
☐	☒	Floodway Fringe - Base Flood Elevation_____ft. NA___ Reason:
☐	☒	Floodway - Approved Engineer's "No-Rise" Study in File___ NA___ Reason:
☐	☒	LOMA (Letter of Map Amendment) on file
☐	☒	Scenic Waterway - BLM Authorization in File___
☐	☒	Stream - Name_____ Class 1 Stream ___ Class 2 Stream___
☐	☒	Wetland - Division of State Lands Authorization in File___ NA___ Reason:
☐	☒	Nesting Site - ODF&W Authorization in File____NA____Reason:
☐	☒	Erosion Hazard - Plan in File_____NA_____Reason:
☐	☒	Fire Hazard - Plan in File_____NA_____Reason:
☐	☒	Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File___
☐	☒	Airport Overlay - Declaration in File ___ NA ___ Reason:
☐	☒	Enterprise Zone
☐	☒	Historical - Historical Committee Review___ Schools : Three Rivers
☐	☒	Part of Total - map no. : Acres:
☐	☐	Site Review Conditions - Comment:

EXISTING STRUCTURES

DECK FIR
DECK FIR
MOBILE DOUBLE WIDE
MH DBL WIDE SKIRTING
ROOF COVER ROLL ROOFING
MAIN.AREA (3 BEDROOMS)
GARAGE DETACHED

PROPOSAL

Septic Repair Only.

SETBACKS

Front Setback: 30
Side Setback: 10
Rear Setback: 25
Stream Setback: NA
Height: 35 ft.

Additional Terms:

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: _____ **Date:** 10-26-09
Contractor Name: ATILLA THE HOE **License#:** 38390
Approved: _____ **Date:** 10-26-2009

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

State of Oregon
Department of Environmental Quality
DEQ

SITE PLAN FOR CONSTRUCTION / INSTALLATION

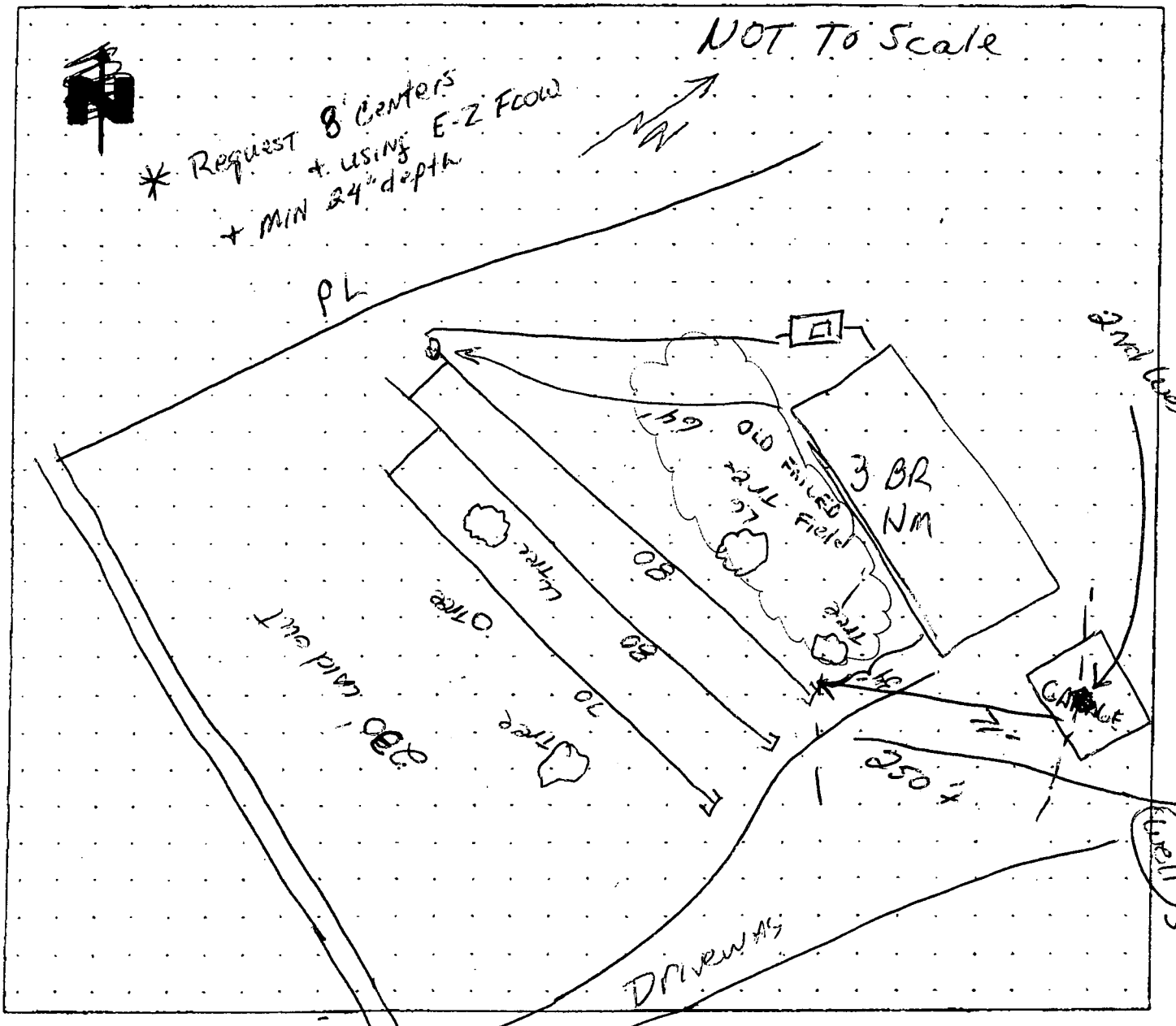
Site Plan Must Be Current Property Owner: DELTON RICK Site ID: _____

Site Address: 3529 Midway City: Grants Pass County: Josephine

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Acres: _____ Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet **SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☒ Authorized Agent. Name (please print): Ray Williams

Signature: Ray Williams Date: 10-24-09

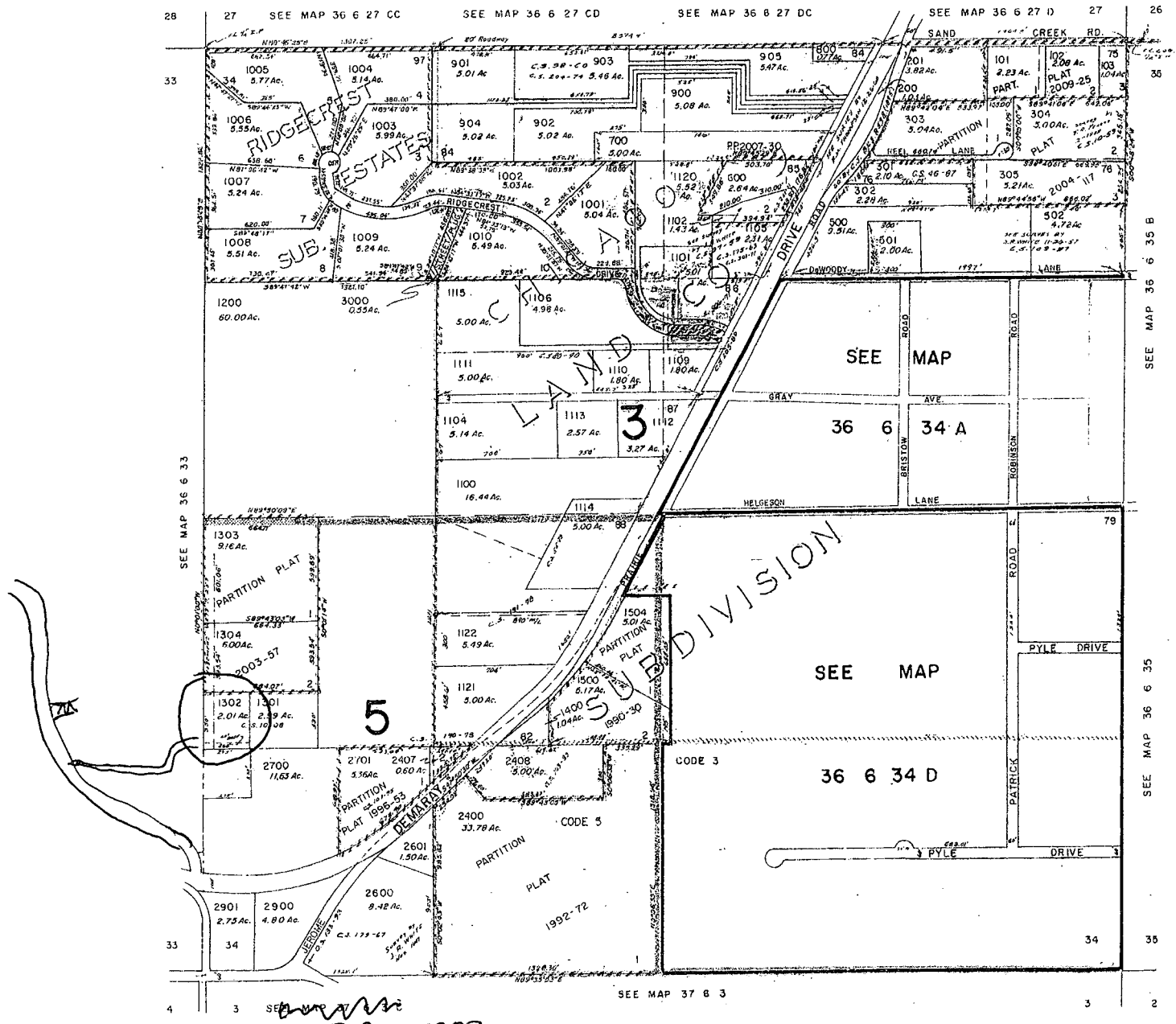
T R S

BOOK 12

SECTION 34 T36S R6W W.M.
JOSEPHINE COUNTY
1" = 400'

T R S TL
36 6 34 1302
& INDEX

This map was prepared for assessment purpose only.



TRS 1302

36 6 34

Josephine County, Oregon

Board of Commissioners: Dave Toler, Dwight F. Ellis, Jim Raffenburg

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

June 1, 2008

Delton Reich
3529 Midway Avenue
Grants Pass OR 97527

Re: Health Condition Renewal: Legal# 36-06-34-00, TL 1302
Site Address: 3529 Midway Avenue

Dear Delton Reich,

Our Records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. **The Rural Land Development Code requires this permit to be renewed annually.**

Enclosed you will find renewal forms which include:

- **Septic approval from DEQ**. The state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. Please contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. This form **must** be signed annually by DEQ unless your medical hardship dwelling has a separate septic system.

- **Revised Physician's Certificate**. This form **must** be signed annually by the attending physician for all care receivers with temporary conditions. Our records indicate that the **care receiver is Delton Reich** and the **medical condition is (need new updated physician's certificate)**.
~~**IF** the condition is permanent, the care receiver is still the same, **AND** we have an updated medical form on file, you do not need to return the physician certificate but you **must** sign the following statement.~~

~~*Care receiver **AND** condition **listed above** are still the same~~ _____
(Property Owner's Signature)

- **Signature Page**. This form **must** be signed by the property owner, the care provider, **and** the care receiver.

Please obtain the appropriate signatures where indicated and return this letter with the completed forms within 30 days from the above date, together with a ***$35.00 renewal fee***. *(Please make checks payable to Josephine County Planning).*

As a reminder, once the medical hardship ends, the second dwelling **must** be removed or converted.

Sincerely,

Debbie Todor
Administrative Secretary
cc: DEQ

Applicant is in compliance with DEQ requirements.

Laura Brierly
Department of Environmental Quality Signature

Date: 6-4-08 Septic Renewal Due 6-30-10

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

Josephine County, Oregon

Board of Commissioners: Jim Raffenburg, Dwight F. Ellis, Dave Toler

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

June 1, 2007

DELTON REICH
3529 MIDWAY AVENUE
GRANTS PASS OR 97527

Re: ***Health Condition Renewal - Legal: 36-06-34, TL 1302***

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by the property owner, the care provider and the care receiver. In addition, a revised *Physician's Certificate* is enclosed. ***This form must be signed annually by the attending physician for all care receivers***.

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. Please contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a ***$35 renewal fee***.

As a reminder, once the medical hardship ends, the second dwelling must be removed or converted.

Sincerely,

Debbie Todor
Administrative Secretary

cc: DEQ

Applicant is in compliance with DEQ requirements.

Terri Easler
Dept. of Environmental Quality
Date: 6-1-07

Josephine County, Oregon

Board of Commissioners: Jim Riddle, Jim Raffenburg, Dwight F. Ellis

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

June 6, 2006

DELTON REICH
3529 MIDWAY AVENUE
GRANTS PASS OR 97527

Re: ***Health Condition Renewal - Legal: 36-06-34, TL 1302***

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner, the care provider and the care receiver (as the case may be). In addition, a revised *Physician's Certificate* is enclosed. ***This form must be signed by the attending physician for all care receivers***.

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. Please contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a ***$35 renewal fee.***

As a reminder, once the medical hardship ends, the second dwelling must be removed or converted.

Sincerely,

Anne Ingalls
Admin Secretary
cc: DEQ

Applicant is in compliance with DEQ requirements.

Terri Easter
Dept. of Environmental Quality
Date: 6-12-06

renewal due 6-30-10

☞ OFFICE HOURS 8-12 & 1-3 (Mon, Tues, Thurs & Fri) 8-12 (Wednesday) ☜

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

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

State of Oregon Department of Environmental Quality

AUTHORIZATION NOTICE/ HARDSHIP CONNECTION/RECORD REVIEW

To Use Existing Sewage Disposal System Authorization Notice #: 1705-322

Date: 6/24/05 T: 36 R: 06 S: 34 TL#: 1302

REICH, DELTON — Property Owner
3529 Midway Avenue — Property Address

Mailing Address: 3529 Midway Avenue, Grants Pass, OR 97527

Purpose of Notice: **HARDSHIP CONNECTION** -- 3 bedroom mobile home.

Type of System: _____ Inspection Date: 7-17-2000

Disposal Trenches: Sq. Ft. 900 Lineal Ft. 200 Date Installed: 3-28-72 Permit#: 1325

Tank Size 900 Gallons System Designed to serve _____ Gals/Day or _____ Bdrms.

+ 1000 GAL. FOR HARDSHIP M.H. - SEE PERMIT #16552; INSTALLED 8-7-89. INCLUDES EASEMENT; AS SYSTEM INSTALLED UNDER PERMIT #1325, LOCATED ON TL 1302.

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 _____ with a peak sewage flow of _____ 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: M.H. FOR HARDSHIP IS LOCATED ON TL 1301 WITH ITS OWN SEPTIC TANK AND CONNECTED TO THE SEPTIC SYSTEM LOCATED ON TL 1302.

NOTE: THIS PERMIT IS REQUIRED TO BE RENEWED IN 5 YEARS. Current fee of $430.00 is subject to change.

Richard E. Blake
DEQ Representative

Date Issued: 6-30-05
Renewal Date 6-30-10

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

HARDSHIP CONNECTION
- RENEWAL -

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Southwest Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526
(503) 471-2850

AUTHORIZATION NOTICE
To Use Existing Sewage Disposal System

Date: 6-28-94 A.N.# 1794-447

T. 36 R. 6 Sec. 34 TL 1302

REICH, DELTON
Property Owner

3529 MIDWAY AVENUE
Property Address

Mailing Address: 3529 Midway Ave., Grants pass, OR 97527

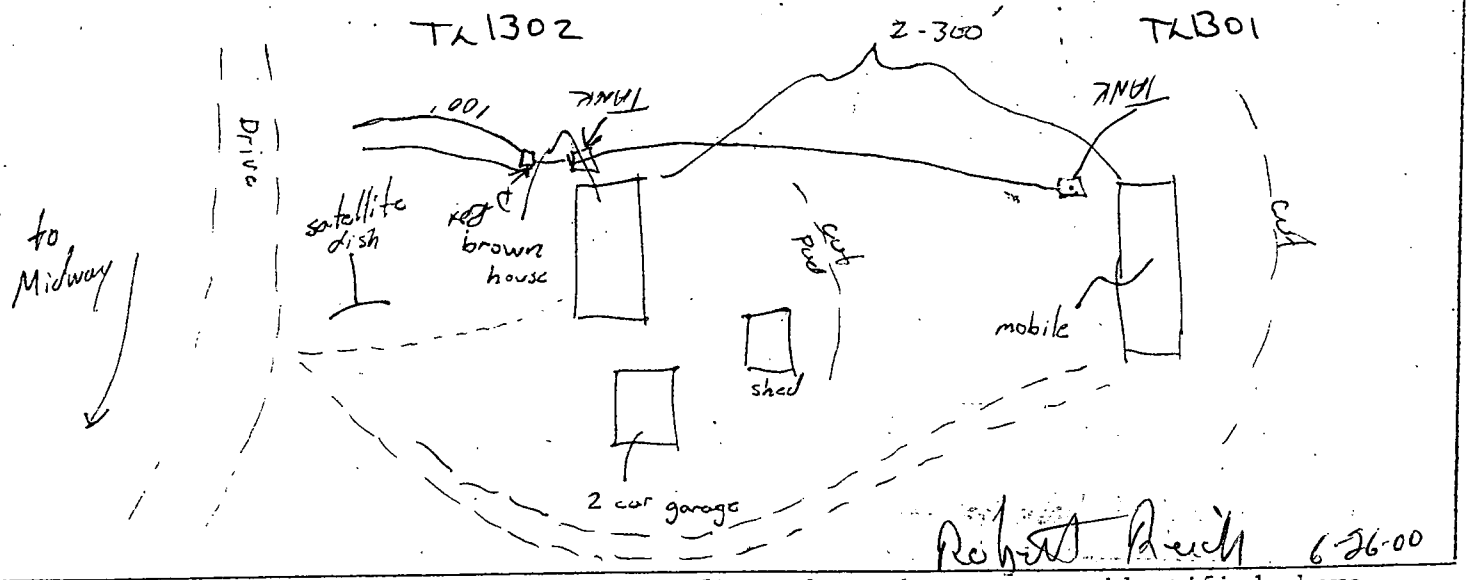
Purpose of Notice: HARDSHIP CONNECTION - RENEWAL

Type of System: Standard Inspection Date: 7/12/94

Disposal Trenches: Sq. Ft. 900 Lineal Ft. 200x4.5' Date Installed 3/28/72

Tank Size 1000+ 900 Gallons. System Designed to serve 450 Gals/Day or 4 Bdrms.

- THIS PERMIT MUST BE RENEWED AT LEAST EVERY TWO (2) YEARS -



[X] This Notice establishes that the sewage system located on the property identified above appears adequate by [X] field inspection [X] record review to serve a one permanent home & one temporary mobile home (type of structure) with a sewage flow of 450 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.

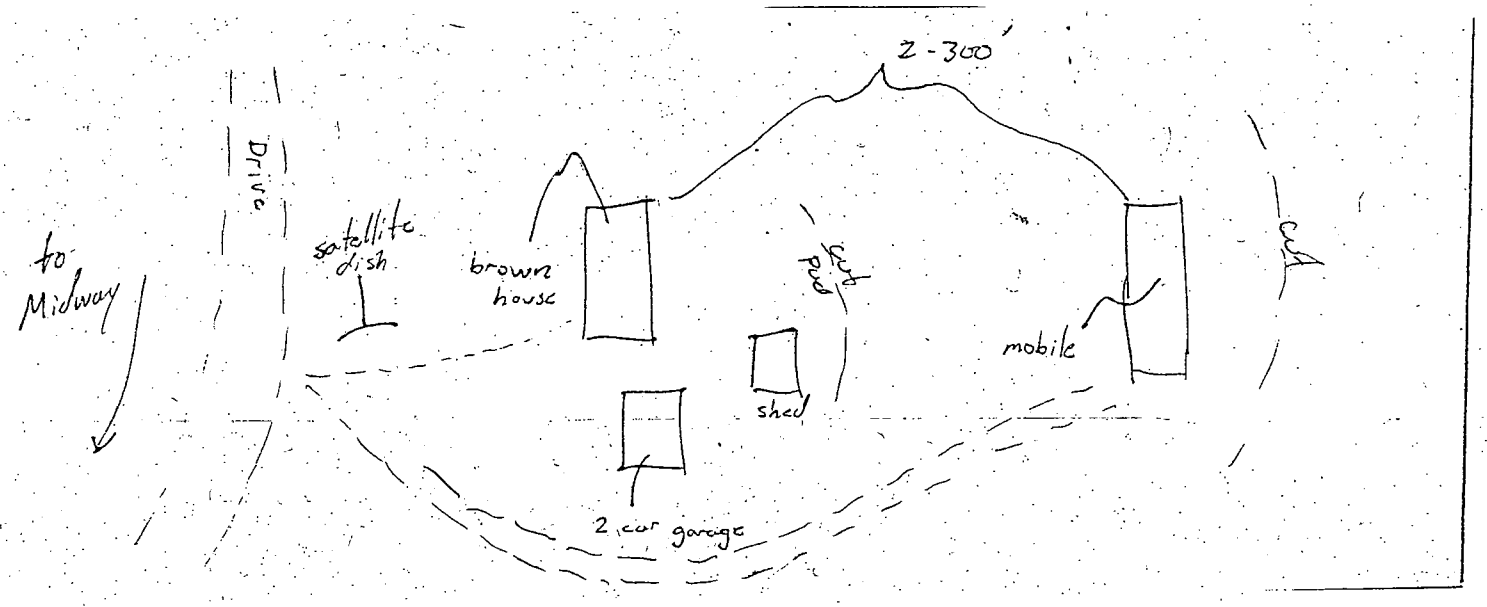
COMMENTS:

C.D. Costantini
DEQ Representative

Date Issued: 7-13-94

Renewal Required by: 7-13-96

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



See Attached Sketch which shows the Septic System.

RB

Deborah M. Reiser

6-24-05

DEQ

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

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 6-24-05
Fee Paid $140.00
Receipt Number 118284
Application Number 105-322
Date of 1st Response 6-30-05 RB
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

Name	Mailing Address	City	State	Zip Code	Phone Number
Delton Reich	3529 Midway Ave	GP	OR	97527	479-2935

B. Legal Property Description

Township	Range	Section	Tax Lot	Acreage or Lot Size	County
36	6	34	1302	2.01	Josephine

Property Address: 3529 Midway Ave. (Address) Grants Pass (City) OR (State) 97527 (Zip Code)

Directions to Property: 1st College exit on to Demary - Right off Demary on to midway 4. driveway on RT

C. Existing Facility / Proposed Facility / Water Information

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

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

Water Supply:
☐ Public Name
☐ Private Shared (2 wells - 3 residence) 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 / KPR
☐ 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 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.

Signature: Deborah M. Reich — Date: 6-24-05

Applicant's Name – Please Print Legibly: Delton Reich — Applicant's Phone Number: 479-2935 — Applicant's E-mail Address:

Applicant's Mailing Address: 3529 Midway Ave GP. OR 97527

Applicant is the ☑ Owner / ☐ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization Attached

Installer's Name

Rev 12-6-02 bjk

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? 1972 (Date) 1325 (Permit Number)

3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons) 1000

5. When was the septic tank last pumped? 8-24-99 Attach receipt if available.

6. Number of disposal trenches 2

7. Total length of disposal trenches (in feet) 450

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? _____

11. How many bedrooms will be in the proposed dwelling? hardship _____ How many occupants ? _____

12. 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 _____

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.

6-24-05 (Date) Rebecca M. Reich 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: _____

Hardship Reauthorizations WORKSHEET

THIS FORM MUST BE COMPLETED WHEN APPLYING FOR A **HARDSHIP** REAUTHORIZATION.

To qualify for a $140 file review fee, the applicant must meet the criteria on the attached policy,

To verify compliance with the policy provide the following information:

Date Hardship was established: 6-89
Name of individual(s) establishing hardship: Delton + Martha Reich
Date hardship authorization or reauthorization from DEQ expired: 7-17-2005

SEPTIC SYSTEM INFORMATION:

Date original septic system was installed: 8-3-89
Type of system (ie standard, capping fill, sand filter, etc)
Date septic system was last pumped (provide receipt): 8-24-99
Date sand filter system was serviced (if applicable): _____

Applicant must:

1. complete this form
2. complete the Authorization Notice application
3. provide a legible site plan
4. pay the appropriate fee
5. sign the following statement:
    a. To the best of my knowledge I have observed no surfacing sewage in the vicinity of the sewage drain fields. I further certify that all plumbing fixtures (sinks, showers, toilets, etc) are connected to the existing septic system and not draining on the ground surface..

Robert Reich 6-24-05
name date

OVER FOR POLICY STATEMENT

NEW POLICY FOR HARDSHIP RENEWAL FEES

Hardship "reauthorizations" must comply with all the relevant requirements of OAR 340-71-160, 205, & 220. Reauthorizations can be issued with a file review (current fee of $140) based on the following criteria:

1. There are no unresolved pollution complaints concerning the septic system on the property where the Hardship dwelling is located.

2. The renewal is for the same occupants (both dwellings) who received the original Authorization Notice authorizing the Hardship.

3. The applicant presents evidence such as a receipt from a licensed sewage disposal service provider showing that the septic tank has been pumped within the last 10 years.

4. The applicant has kept current with all past required permits and inspection requirements.

5. The application for renewal must be made within 90 days of the current renewal date.

6. The applicant signs a statement (over) that the system is functioning properly with no sewage surfacing.

7. A review of the submitted plan must show all Rule required setbacks between the existing system, wells, and structures (driveways etc) are still maintained.

8. Sand Filter systems and pressure distribution systems must have a current maintenance record showing that the system has been properly maintained by annually flushing the laterals, annually cleaning the screen, and checking the tank every 3 years for solids accumulation as required by OAR 340-71-0305.

NEW HARDSHIP AUTHORIZATION NOTICES AND HARSHIP AUTHORIZATION NOTICES THAT DO NOT MEET THE ABOVE CRITERIA MUST PAY FOR A FULL AUTHORIZATION NOTICE FEE (CURRENTLY $430)

6/17/04

Date AUG 24 1999

M DEBBIE REICH

Address 3529 MIDWAY AVE

Reg. No.	Clerk		Account Forward	
1	1000 GALLON		190.00	
2	SEPTIC TANK			
3	CLEANING			
4				
5	TOTAL		190.00	
6				
7				
8				
9	Rogue Valley Pumping			
10	945 West Pickett Cr. Rd			
11	Grants Pass, OR 97527			
12	471-9281			
13				
14				
15	1874-42			

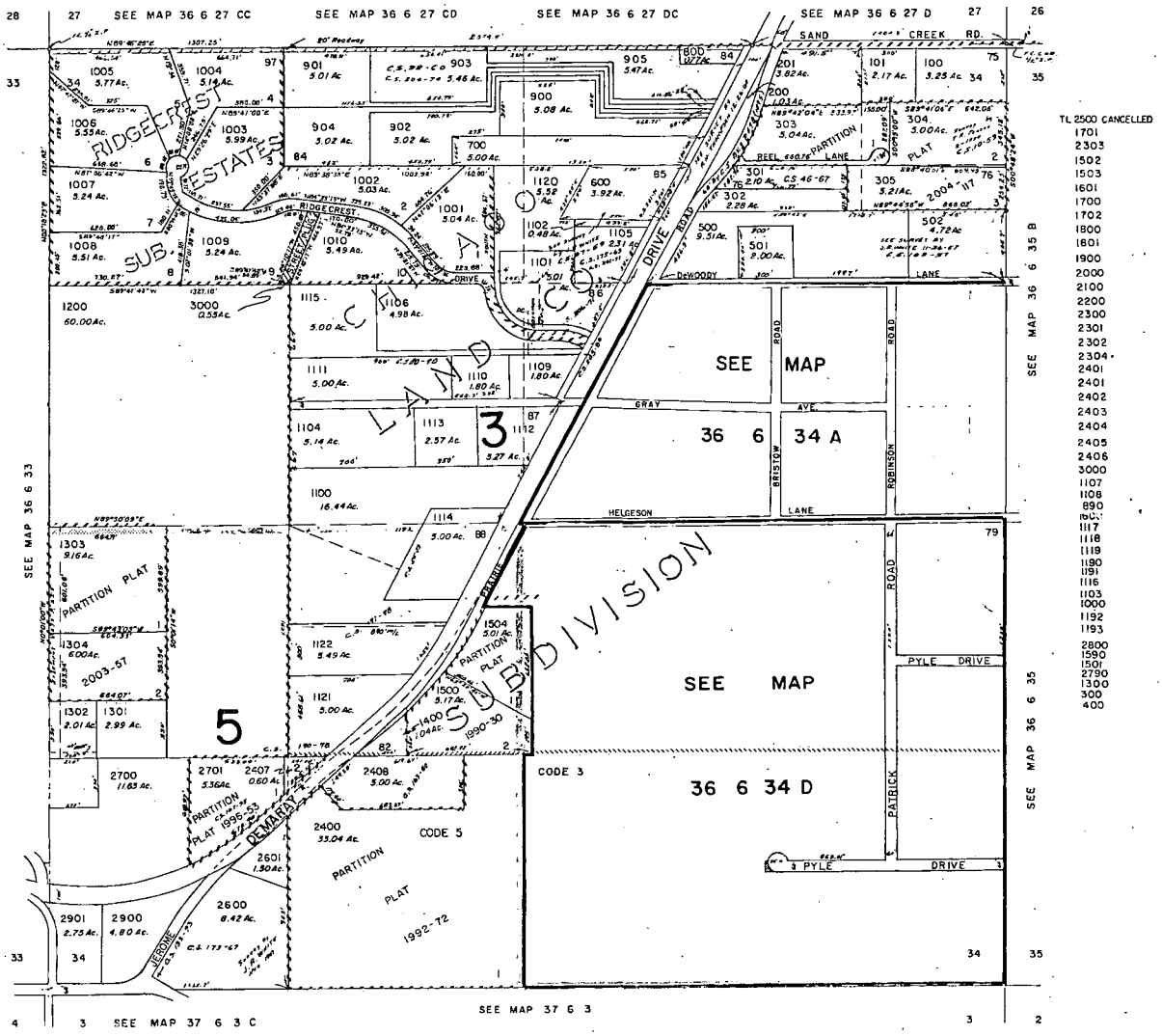
Your Account Stated to Date – If Error Is Found Return at Once

STYLE 1200W

BOOK 12

SECTION 34 T36S R6WW.M.
JOSEPHINE COUNTY
1"= 400'

36 6 34
& INDEX



TL 2500 CANCELLED
1701
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1118
1119
1190
1191
1116
1103
1000
1192
1193
2800
1590
1501
2790
1300
300
400

36 6 34

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

AUTHORIZATION NOTICE/ HARDSHIP CONNECTION

To Use Existing Sewage Disposal System Authorization Notice #: 1700-257

Date: 6/26/00 T: 36 R: 6 S: 34 TL#: 1302

REICH, DELTON 3529 Midway Avenue
Property Owner Property Address

Mailing Address: 3529 Midway Avenue, Grants Pass, OR 97527

Purpose of Notice: **HARDSHIP CONNECTION** - 3 bedroom mobile home.

Type of System: Standard 4" Wide Trench 900 ☐ Inspection Date: 7-17-2000

Disposal Trenches: Sq. Ft. 4.5x200 Lineal Ft. 200 Date Installed: 1972 Permit#: 16552

Tank Size 1000/900 Gallons System Designed to serve 450 Gals/Day or 4 Bdrms.

— See layout in file —

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 permanent & hardship (temp.) dwelling with a peak sewage flow of 450 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: _____

NOTE: THIS PERMIT IS REQUIRED TO BE RENEWED IN _____ YEARS. Current fee of $310.00 is subject to change.

M Johnson
DEQ Representative

Date Issued: 7-17-2000
Renewal Date 7-17-2005

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

DEPARTMENT OF ENVIRONMENTAL QUALITY
510 NW 4TH STREET ROOM: 76
GRANTS PASS, OR. 97526
(541) 471-2850

RECEIVED
JUL 06 2000
State of Oregon - D.E.Q.
Western Region
Grants Pass

FOR OFFICE USE ONLY
Date Received: 6-26-00
Date Completed: 7-6-00
Required Fee: 440 =
Receipt No.: 94276
Control No.: 1700-157

APPLICATION FOR:

- ☐ SITE EVALUATION
- ☐ REPAIR PERMIT
- ☐ ALTERATION PERMIT
- ☐ OTHER- PLEASE SPECIFY
- ☐ NEW CONSTRUCTION PERMIT
- ☑ AUTHORIZATION NOTICE - Hardship renewal
- ☐ HARDSHIP AUTHORIZATION

REQUIREMENTS:			INCLUDED:		
Plot Plan	☑ YES	☐ NO		☑ YES	☐ NO
Vicinity and Tax Lot Map	☑ YES	☐ NO		☑ YES	☐ NO
Test Pits- 5 feet deep	☑ YES	☐ NO		☐ YES	☐ NO
Development Permit	☑ YES	☐ NO		☑ YES	☐ NO

- ☐ **Post a flag and/or sign with name and address at entrance to property and leading to test holes.**
- ☐ **Label all holes with hole number and lot number.**

For Applicant- PLEASE PRINT

Delton Reich — Property Owner's name
3529- Midway Ave G.P — Property Address/ City

36 — Township
6 — Range
34 — Section
1302 — Tax Lot #
Josephine — County

Subdivision Name
Lot #
Block #
2.01 — Acreage

Public Water Supply
shared wells (2 wells - 3 residences — Private Water Supply (Specify Type)

Single Family Residence (Home or Mobile)-
Number of Bedrooms
Other- Specify

Directions to Property:

By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Robert Reich — Signature
6-23-00 — Date

- ☑ Owner Delton Reich
- ☐ Authorized Representative
- ☐ D. S. License No.

Owner's Mailing Address
SAME
Phone:

Applicant's Mailing Address (if different)
SAME
Phone:

rev.4/96 WR-GPtb

DEPARTMENT OF ENVIRONMENTAL QUALITY
510 NW 4TH STREET ROOM: 76
GRANTS PASS, OR. 97526
(541) 471-2850

FOR OFFICE USE ONLY
Date Received: 6-26-00
Date Completed: /
Required Fee: 440 =
Receipt No.: 94276
Control No.: 1700-157

APPLICATION FOR:

- ☐ SITE EVALUATION
- ☐ REPAIR PERMIT
- ☐ ALTERATION PERMIT
- ☐ OTHER- PLEASE SPECIFY
- ☐ NEW CONSTRUCTION PERMIT
- ☑ AUTHORIZATION NOTICE — Hardship renewal
- ☐ HARDSHIP AUTHORIZATION

REQUIREMENTS:			INCLUDED:		
Plot Plan	☑ YES	☐ NO		☑ YES	☐ NO
Vicinity and Tax Lot Map	☑ YES	☐ NO		☑ YES	☐ NO
Test Pits- 5 feet deep	☑ YES	☐ NO		☐ YES	☐ NO
Development Permit	☑ YES	☐ NO		☑ YES	☐ NO

- ☐ **Post a flag and/or sign with name and address at entrance to property and leading to test holes.**
- ☐ **Label all holes with hole number and lot number.**

For Applicant- PLEASE PRINT

Delton Reich — Property Owner's name
3529- Midway Ave G.P — Property Address/ City

36 — Township
6 — Range
34 — Section
1302 — Tax Lot #
Josephine — County

Subdivision Name
Lot #
Block #
2.01 — Acreage

Public Water Supply
Shared wells (2 wells - 3 residences — Private Water Supply (Specify Type)

Single Family Residence (Home or Mobile)-
Number of Bedrooms
Other- Specify

Directions to Property:

By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Robert Reich — Signature
6-28-00 — Date

- ☐ Owner
- ☐ Authorized Representative
- ☐ D. S. License No.

Owner's Mailing Address
SAME
Phone:

Applicant's Mailing Address (if different)
SAME
Phone:

rev.4/96 WR-GPtb

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Western Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526-2019
(541) 471-2850

June 27, 2000

Robert Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Hardship renewal
3529 Midway Avenue
36-6-34 TL 1302

Dear Mr. Reich:

When you were in the other day, this office neglected to notice that you were not the property owner and therefore the property owner needs to sign the Application (a copy of which is enclosed) or else sign the enclosed Letter of Authorization. The Letter of Authorization can be used for this and any future septic matters.

Please have Delton Reich sign either the Letter of Authorization or the Application, both of which are enclosed, and return it to this office in the enclosed self-addressed, stamped envelope. If you have any questions, please contact this office at 471-2850x22.

Sincerely,

Terri Easter

TERRI EASTER
Office Specialist

Enc.

Contains Recycled Materials

HARDSHIP CONNECTION
- RENEWAL -

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Southwest Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526
(503) 471-2850

AUTHORIZATION NOTICE
To Use Existing Sewage Disposal System

Date: 6-28-94 A.N.# 1794-447

T. 36 R. 6 Sec. 34 TL 1302

REICH, DELTON
Property Owner

3529 MIDWAY AVENUE
Property Address

Mailing Address: 3529 Midway Ave., Grants pass, OR 97527

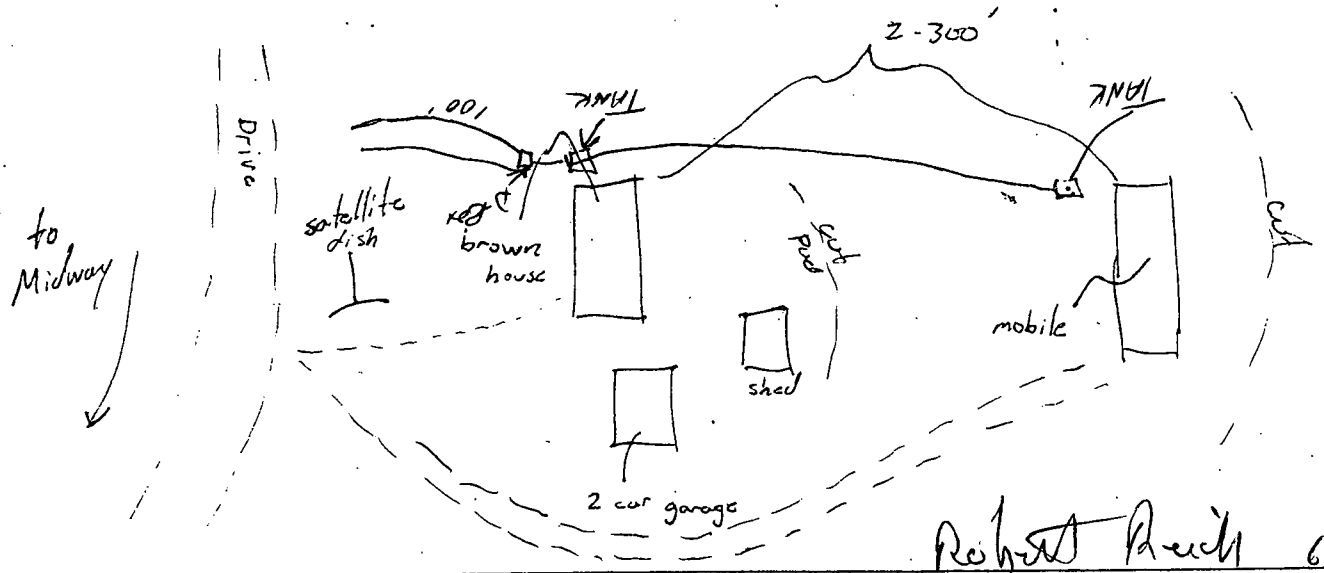
Purpose of Notice: HARDSHIP CONNECTION - RENEWAL

Type of System: Standard Inspection Date: 7/12/94

Disposal Trenches: Sq. Ft. 900 Lineal Ft. 200x4.5' Date Installed 3/28/72

Tank Size 900 1000+ Gallons. System Designed to serve 450 Gals/Day or 4 Bdrms.

- THIS PERMIT MUST BE RENEWED AT LEAST EVERY TWO (2) YEARS -



[X] This Notice establishes that the sewage system located on the property identified above appears adequate by [X] field inspection [X] record review to serve a one permanent home & one temporary mobile home (type of structure) with a sewage flow of 450 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.

COMMENTS:

C.O. Costantino
DEQ Representative

Date Issued: 7-13-94

Renewal Required by: 7-13-96

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

Date AUG 24 1999

M DEBBIE REICH

Address 3529 MIDWAY AVE

Reg. No.	Clerk		Account Forward	
1	1000 GALLON		$70.00	
2	SEPTIC TANK			
3	CLEANING			
4				
5	TOTAL		$90.00	
6				
7				
8				
9	Rogue Valley Pumping			
10	~~945 West Pickett Cr. Rd.~~			
11	~~Grants Pass, OR 97527~~			
12	~~471-9281~~			
13				
14				
15	1874-42			

Your Account Stated to Date – If Error Is Found Return at Once

STYLE 1200W

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

TO BE USED WITH AUTHORIZATION NOTICE, ALTERATION, AND REPAIR PERMITS.

Answer the following questions to the best of your ability.

1. The existing sewage disposal system consists of (check all that apply):

- ☑ Septic Tank
- ☑ Disposal Trenches
- ☐ Unknown
- ☐ Seepage Bed
- ☐ Cesspool or Pit
- ☐ other - Describe _____

2. When was your sewage disposal system installed? _____ _____ ?

Year Permit #

3. Tank Material:

- ☐ Steel
- ☑ Concrete
- ☐ Other _____

Volume in gallons: _____

4. When was the septic tank last pumped? (attach receipt) 3/97

5. Total length of disposal trenches in feet: 200

6. Is your sewage disposal system currently in use: yes

If no, how long has it been out of use? _____

7. Repair Permit: Is your sewage system surfacing _____, backing up inside the dwelling? NO

	EXISTING: (what is there now)	PROPOSED: (what you want to add)
Residence	# of bedrooms: 2 # of occupants: 2	# of bedrooms: _____ # of occupants: _____
Hardship Residence	# of bedrooms: _____ # of occupants: _____	# of bedrooms: 2 # of occupants: 1
Multifamily (Duplex, triplex, foster home, etc.)	# of bedrooms: _____ # of occupants: _____	# of bedrooms: _____ # of occupants: _____
Commercial facility: type of business: _____	estimated daily occupancy employees/clients # _____	estimated daily occupancy employees/clients # _____
Other: Explain _____ _____ _____	# of bedrooms: _____ # of occupants: _____ and/or employees/clients # _____	# of bedrooms: _____ # of occupants: _____ and/or employees/clients # _____

Note other waste streams (i.e., industrial wastes): _____

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

Signature of Property Owner or Legally Authorized Representative.

Date 6-11-97

rev. 4/96 WR-GPtb

HARDSHIP CONNECTION
- RENEWAL -

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Southwest Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526
(503) 471-2850

AUTHORIZATION NOTICE
To Use Existing Sewage Disposal System

Date: 6-28-94 A.N.# 1794-447

T. 36 R. 6 Sec. 34 TL 1302

REICH, DELTON
Property Owner

3529 MIDWAY AVENUE
Property Address

Mailing Address: 3529 Midway Ave., Grants pass, OR 97527

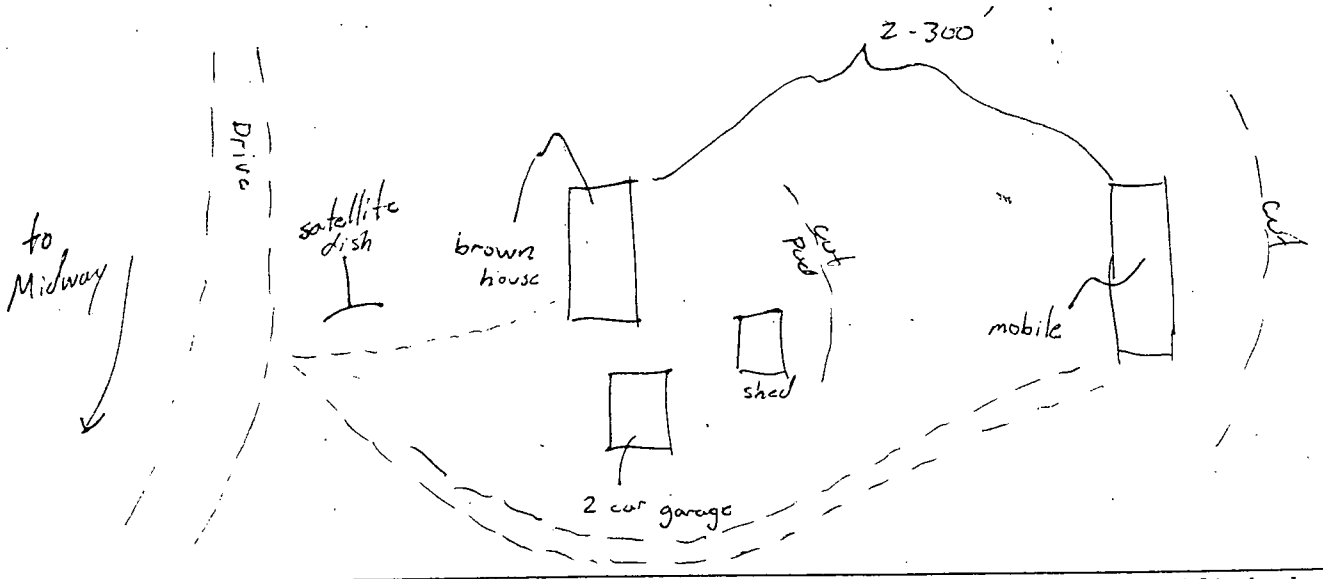
Purpose of Notice: HARDSHIP CONNECTION - RENEWAL

Type of System: standard Inspection Date: 7/12/94

Disposal Trenches: Sq. Ft. 900 Lineal Ft. 200x4.5' Date Installed 3/28/72

Tank Size 1000+ 900 Gallons. System Designed to serve 450 Gals/Day or 4 Bdrms.

- THIS PERMIT MUST BE RENEWED AT LEAST EVERY TWO (2) YEARS -



[X] This Notice establishes that the sewage system located on the property identified above appears adequate by [X] field inspection [X] record review to serve a one permanent home & one temporary mobile home (type of structure) with a sewage flow of 450 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.

COMMENTS:

CO Costantz
DEQ Representative

Date Issued: 7-13-94

Renewal Required by: 7-13-96

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

DEPT. OF ENVIRONMENTAL QUALITY
Southwest Region
Grants Pass Branch
510 N.W. 4th St.
Grants Pass, OR. 97526
(503) 471-2850

FOR OFFICE USE ONLY

Date Rec'd: 6-28-93
Date Completed: 6-28-93
Required Fee: 160
Receipt No.: 63200
Control No.: 1794-447

APPLICATION FOR:

- ☐ SITE EVALUATION
- ☐ CONSTRUCTION PERMIT
- ☐ REPAIR PERMIT
- ☒ AUTHORIZATION NOTICE
- ☐ ALTERATION PERMIT
- ☐ PERMIT RENEWAL
- ☐ OTHER (Specify) _____

Re Hardship Renewal

REQUIREMENTS:

Plot Plan	☒ yes	☐ no	Attached	☒ yes	☐ no
Vicinity or Tax Lot Map	☒ yes	☐ no	Attached	☒ yes	☐ no
Test Holes	☐ yes	☐ no	Attached	☐ yes	☐ no
Development Permit	☒ yes	☐ no	Attached	☐ yes	☐ no

FLAG OR SIGN AT ENTRANCE TO PROPERTY AND LEADING TO HOLES ☐ yes ☐ no

For Applicant - Please Print

DeHon Reich — Property Owner's Name
3529 Midway Ave. G.P. — Property Address

36 — Township
6 — Range
34 — Section
1302 — Tax Lot No.
Josephine — County

_____ — Subdivision Name
_____ — Lot #
_____ — Block #
2.01 — Acreage

_____ — Public Water Supply
Shared Wells (2 wells shared by 3 Residences) — Private Water Supply, Specify Type)

3 Bdrm House + 3 Bdrm MH - Hardship Connection
Single Family Residence - No. of Bedrooms — Other - Specify

Directions To Property: See attached

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this applciation.

Deborah M. Reich — Signature
6/28/94 — Date
[X] Owner
[ ] Authorized Representative
[ ] S.D.S. License No _____

Owner's Mailing Address
DeHon Reich
3529 Midway Ave.
Grants Pass, OR 97527
Phone: 479-2935
~~474-1609~~

Applicant's Mailing Address (if different)
Robert Reich
3535 Midway Ave.
Grants Pass, OR 97527
Phone: 474-1609

TO BE USED WITH AUTHORIZATION NOTICE, ALTERATION AND REPAIR PERMITS.

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

   [X] Septic Tank [X] Disposal Trenches [] Unknown
   [] Seepage Bed [] Cespool or Pit
   [] Other - Describe _____

2. When was your sewage disposal system installed? 72 (Year) 1792-604 (Permit #)

3. Tank Material: added New tank in "89" for Hardship mobil.

   [] Steel [X] Concrete [] Other _____

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 90 ? (attach receipt)

6. Total length of disposal trenches (feet) 200 Lft

7. Is your sewage disposal system currently in use? [X] yes [] no

   If no, how long has it been out of use _____

8. What do you propose to connect or add to the septic system, (i.e., additional bedroom(s), another dwelling, etc.)? Hardship? _____ Medical? _____

   _____

9. Repair Permit: Is your sewage system surfacing NO, backing up inside the dwelling NO ?

   Is the problem year around _____ or seasonal _____?

10. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 3+3 = 6 How many people occupy the dwelling? 4 + V = 6

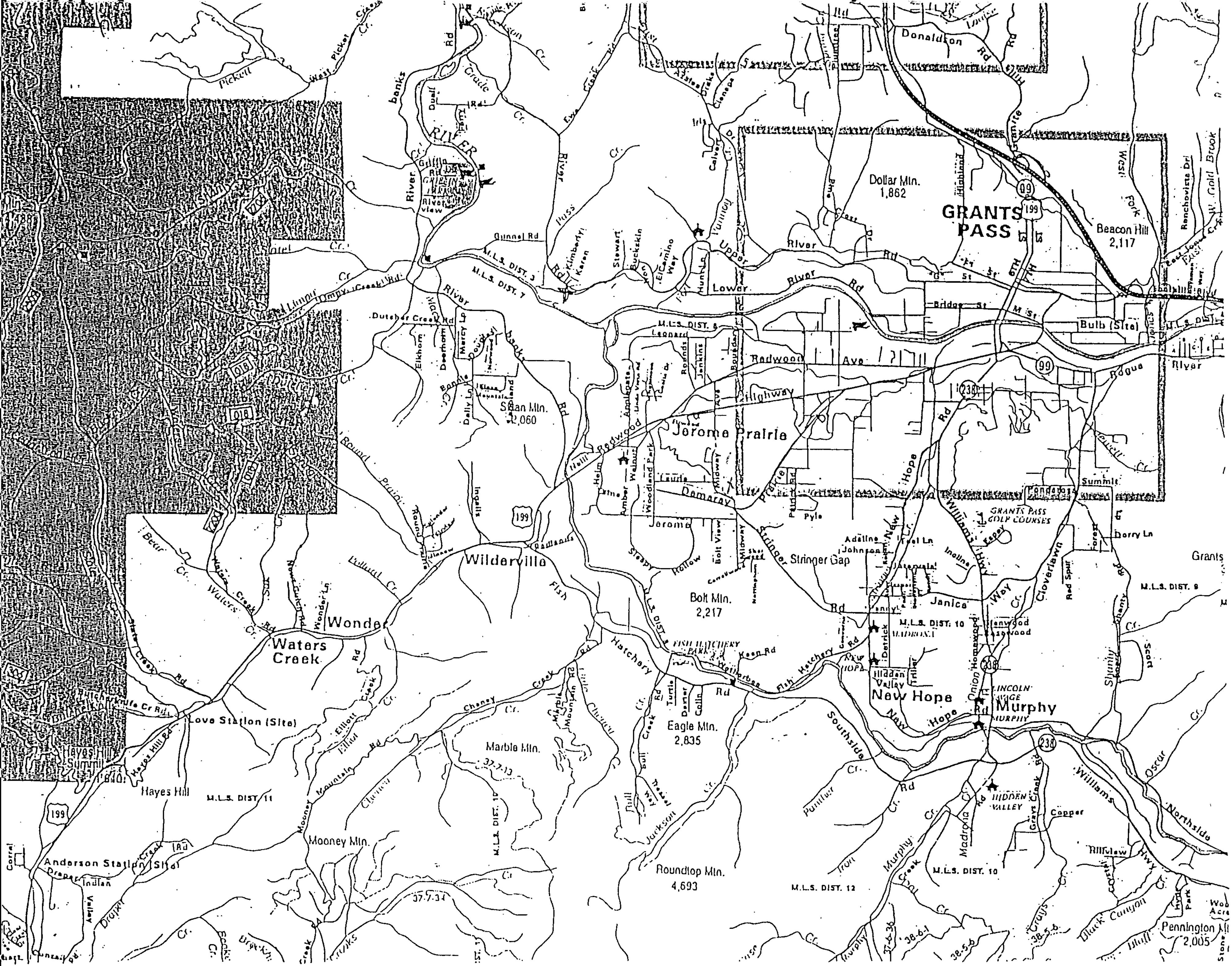
11. If the sewage disposal system serves a business, how many employees do you employ? NO Type of business _____

12. Provide a plot plan on the reverse side of this form showing actual measurements that locate the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. If applicable, show where the system is failing. Indicate North direction.

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

_____ _____

Signature of Property Owner or Date



GRANTS PASS
Dollar Mtn.
1,862
Beacon Hill
2,117
Jerome Prairie
Wilderville
Wonder
Waters Creek
Love Station (Site)
Hayes Hill
Anderson Station (Site)
Mooney Mtn.
Marble Mtn.
Eagle Mtn.
2,835
Bolt Mtn.
2,217
Stringer Gap
New Hope
Murphy
Roundtop Mtn.
4,693
Pennington Mtn.
2,005
Bulb (Site)
Redwood Ave
Highway
Lower River Rd
Upper River Rd
Rogue River
Fish Hatchery Rd
Southside Rd
Williams Hwy
Northside
M.L.S. DIST. 3
M.L.S. DIST. 7
M.L.S. DIST. 8
M.L.S. DIST. 9
M.L.S. DIST. 10
M.L.S. DIST. 11
M.L.S. DIST. 12
GRANTS PASS GOLF COURSES
HIDDEN VALLEY
199
99
238

Call when ready

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL PERMIT

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

INSTALLATION LOCATION 3529 MIDWAY AVE

DEVELOPMENT PERMIT [redacted] 89-470 (NOTE: This Permit is for 22-K Mobile placed on TL 1301 & tied into system on 1302. [redacted] (See Permit #14305 for Syst. on TL 1301 for original MH.)

6-26-89 (Date) | 1325 (Site Eval. #) | Nº 16552 (Old Permit #)

PROPERTY OWNER: REICH, Delton — 476-2935 TELEPHONE

MAILING ADDRESS: 3529 Midway Ave G.P. — 97527

INSTALLATION ADDRESS: 3529 MIDWAY AVE. (With Easement from 3531 Midway hook up on 3529 Midway)

DESCRIPTION OF PROPERTY: T 36 R 6 SEC 34 TL 1302
Acres 2.01 Subd. ____ Lot ____ Blk ____

P.C 8/4/89 8:15 (approval)

PERMIT REQUESTED: New ____ Repair ____ Authorization Notice XX (22K) Other ____

BUILDING INFORM.: Home ____ Mobile Home XX No. of Bdrms. 3
Commercial ____ No. Employees ____ Other ____

PROPOSED WATER SUPPLY: Private X Community ____ Public ____ Other ____

DEQ $5.00 Permit $45.00
$ TOTAL PERMIT $50.00
Permit Fee Paid / Clerk / Date ck dk 6-26-89

Dalton Reich
Applicants Signature

SUBSURFACE SEWAGE DISPOSAL PERMIT: **Approved ✓ Disapproved ____

MINIMUM SEPTIC TANK CAPACITY IN GALLONS: 1000

TRENCHES: Square Feet ____ Width N/A Length ____ Depth ____
Equal ____ Loop ____ Serial ____

**SPECIAL INSTRUCTIONS AND CONDITIONS:

Note: Authorization approved - Inspection required if new septic tank is installed.

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.

Pre-Cover inspection required. Inspection will be made within 7 days of notification. System connection must be made within 1 yr. following installation to avoid further fees.

Sanitarian

DATE ISSUED: 6/28/89 THIS PERMIT EXPIRES ON: 6-28-90

CERTIFICATE OF SATISFACTORY COMPLETION

Installer Ed Oamby
Disposal Trenches Existing Sq.Ft. ____ Lineal Ft.
Tank Size: 1000 Gallons
System Designed to Serve 375 GALS/DAY or 3 Bdrms

AUTHORIZATION NOTICE

Existing System Approved to Serve:
____ GALS/DAY or ____ Bdrms

DATE APPROVED: 8/7/89 SIGNED:

THIS PERMIT AND THE ENCLOSED RECORD FORM MUST BE POSTED IN A CONSPICUOUS PLACE AT THE BUILDING SITE WHEN THE FINAL INSPECTION IS REQUESTED.

CHANGE IN USEAGE STATEMENT

- For Structures connected to an existing On-Site Sewage System -

(FOR ALTERATION PERMITS AND AUTHORIZATION NOTICES)

PROPERTY ADDRESS: 3529 Midway ave

LEGAL DESCRIPTION: T 36 R 6 S 34 T.L. 1302

1. SEWAGE SYSTEM INSTALLATION INFORMATION:

   Septic System records found? NO ____ YES ✓ PERMIT # 1325

   . Septic Tank Size: 900 gals. Drainfield Size: _____ ft.

   . Original system was designed to serve: (#) 3 Bedrooms (residential)

   or (#) _____ Individuals (Commercial)

2. THE LAST ESTABLISHMENT SERVED BY THIS SYSTEM WAS:

   A. RESIDENTIAL USEAGE:

   (#)_____Bedroom MOBILE HOME or (#) 3 Bedroom HOUSE

   If residential - include all rooms built for use as bedrooms though actually used for other purposes, i.e., den/sewing room, or rooms easily converted to bedrooms.

   B. NON-RESIDENTIAL USEAGE:

   Type and number of plumbing fixtures _____

   Misc. Info. _____

   _____

   Date system was last in use: _____

3. I PROPOSE TO CONNECT:

   A. NEW RESIDENCE WILL BE A: (#) 3 Bedroom MOBILE HOME

   or (#) _____ Bedroom HOUSE

   If residential - include all rooms built for use as bedrooms though actually used for other purposes, i.e., den/sewing room, or rooms easily converted to bedrooms.

   B. NON-RESIDENTIAL:

   USEAGE: _____ To serve (#) _____ Individuals

   Type and number of plumbing fixtures _____

   _____

   Misc. Info. _____

   _____

4. THIS PROPOSAL IS FOR CONNECTION OF A SPECIAL (22K) HARDSHIP USEAGE:

   NO ____ YES ✓ To Serve (#) _____ Individuals.

PERMIT # 16552

DATE 6-26-89

89 JUN 26 AM 9:12 V110 P2265

EASEMENT

89-08779

WHEREAS Delton W. Reich ("GRANTOR")is the owner of the following two lots (or parcels) of real property located in Josephine County, Oregon, to wit:

Lot I: The West 265 feet of the following described property: The South 330 feet of the West Half of the Northwest Quarter of the Southwest Quarter of Section 34, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon.

TL 1302

Lot II: The East 390 feet of the following described property: The South 330 feet of the West Half of the Northwest Quarter of the Southwest Quarter of Section 34, Township 36 South, Range 6 West of the Willamette Meridian, Josephine County, Oregon.

TL 1301

WHEREAS GRANTOR has applied to the State of Oregon through its Department of Environmental Quality ("State" or "GRANTEE") for a report of site evaluation for the proposed construction of an individual on-site sewage disposal system ("Report") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules, 340-71-130(11)(b) and 340-71-150(4)(a) require GRANTOR to execute an easement and covenant in favor of the State as a condition precedent to issuance of a favorable report concerning the construction of a system on one lot intended to serve another lot;

NOW THEREFORE, in consideration of the issuance of the report to GRANTOR by the State, and other good and valuable consideration, receipt of which is hereby acknowledged, GRANTOR hereby conveys to the State ("GRANTEE"), its successors and assigns, a perpetual, non-exclusive, appurtenant easement in, upon, and running with Lot I allowing the GRANTEE'S officers, agents, employees and representatives to enter and inspect, including by excavation, the on-site sewage disposal system on Lot I serving Lot II.

GRANTORS, for themselves and their heirs, successors and assigns, covenant and agree:

1. To grant or reserve, and record a utility easement, in a form approved by the GRANTEE, in favor of the owner of Lot II upon severance of the above described lots; and

XL3443
(For same ownership)

2. That Lot I shall not be put to any use which would be detrimental to the permitted system or contrary to any law (including an administrative rule) applicable to the permitted system.

IN WITNESS WHEREOF, the GRANTOR executed this easement on this 26 day of June, 19 89 .

Delton Reich

(Grantors)

STATE OF OREGON)
) ss
County of Josephine)
)
June 26, 19 89)

Personally appeared the above-named Delton Reich and acknowledged the foregoing instrument to be their voluntary act.

Before me:

Rhonda M Whitmore

NOTARY PUBLIC FOR OREGON
My Commission Expires: 9-18-90

XL3443
(For same ownership)

89-08779

State of Oregon, County of Josephine, ss.
I, County Clerk and ex-officio Recorder of Conveyances, in and for said County, do hereby certify that the within instrument was received for record and Recorded
At Page 2265-2266 of Vol. 110
Book of Records, Josephine County, Oregon.
GEORGE E. BROWN, COUNTY CLERK
By [illegible] Deputy
Fee $ 10.00
Hand Returned ☒ Mailed ☐ Hold ☐

FEE $ _____

36 - 6 - 34 TL 1301

JOSEPHINE COUNTY DEVELOPMENT PERMIT

☐ Urban Growth Boundary ____ ☑ County ☐ Previous Permit No. _____

☐ Subdivision ☐ Major Partition _____ Block ___ Lot ___
☐ Minor Partition: Date _____

YES	NO	
☐	☑	Flood Hazard Flood Elevation _____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
☐	☑	Is proposed structure within the Flood Hazard Area.
☐	☑	Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
☐	☑	Requires Watermaster review or approval.
☑	☐	Other: X 50' fuel required __ Airport Overlay __ Erosion Control
☐	☑	UGB surfaced driveway required.
☐		House No. _____ to be clearly visible from a dedicated right-of-way.
☐	☑	Stream Setback: 50 ft. from Class I banks and 25 ft. from Class II banks.

PROPERTY OWNER: Delton Reich PHONE: 476-2935

MAILING ADDRESS: 3529 Midway Ave, Gp 97527

	DEVELOPMENT (1302) EXISTING	PROPOSED
Vacant Land:	☐ Yes ☐ No	
Conventional Residence	☑ ~~Trailer~~ 3 Br	☐ Br
Manufactured Housing	☑ Double 3 Br *	☑ Double 3 Br
Multi-Family	☐ Units	☐ Units
Commercial	☐	☐
Industrial	☐	☐
Agriculture Bldg.	☑	☐
Addition to Existing Bldg.		☐
Home Occupation	☐ ~~Shop~~	☐
Garage	☑	☐
Other	☑ Shop	☐
Proposed Building Height:		

SITE REVIEW REQUIREMENTS MADE A PART OF THIS DEVELOPMENT PERMIT. _____

NOTES: * Health Condition only - 2nd residence to be removed at duration of H.C.

Zoning Classification RR-2 Property Acreage 2.01 0

SETBACKS FROM PROPERTY AND STREET:

Front: 30' Ft.; Center Line 60' Ft.; Sides 10' Ft.; Rear 25' Ft.

Additional Setback Notes _____

ACCESS: ☐ Easement, Private Road, or Court Declared Public Road
☐ Non-maintained County Road
☐ Maintained County Road. Obtain road approach permit from County Public Works Department.
☐ State Highway. Obtain road approach permit from State Highway Department.

ADDITIONAL PERMITS: ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE CLEARED WITH THE ENVIRONMENTAL HEALTH AND BUILDING/SAFETY DEPARTMENTS.

INCORRECT INFORMATION PROVIDED BY THE APPLICANT MAY INVALIDATE THIS PERMIT.

Robert S. Reich ☒ Owner ☐ Contractor License # _____
Signature

APPROVED BY Jim Dickerson DATE 6-22-89 PERMIT # 89-470

THIS PERMIT VALID FOR ONE YEAR. THE USES AUTHORIZED BY THIS PERMIT SHOULD BE ESTABLISHED OR UNDER CONSTRUCTION WITHIN ONE YEAR.

THIS PERMIT EXPIRES 6/22/90

REV 6/1/88

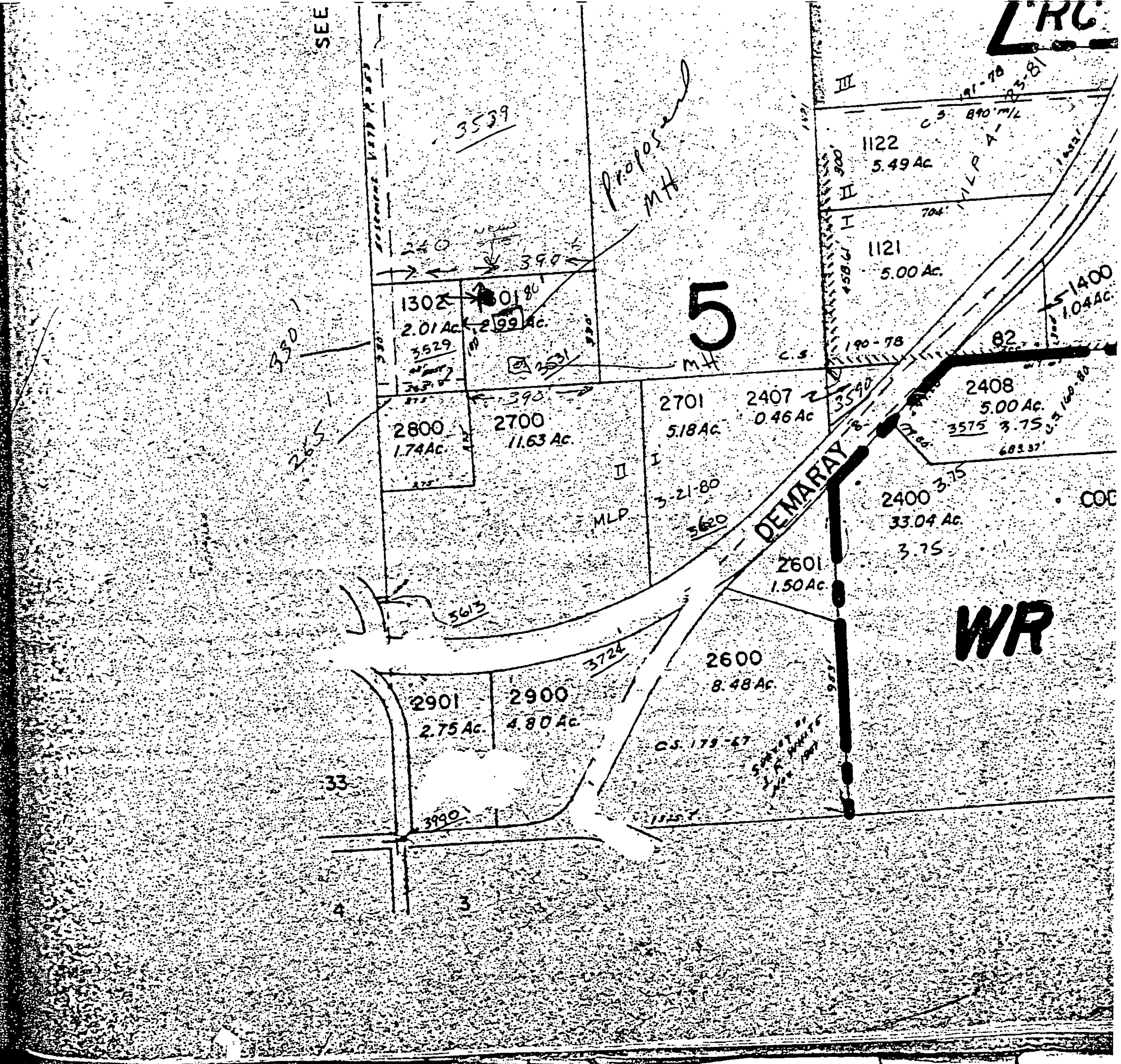
Original-Planning Dept. Canary-Environmental Health Dept. Pink-Building/Safety Dept. Goldenrod-Applicant

(For 2nd MH per system 1302)

TOWNSHIP 36 RANGE 6 SECTION 34 TAX LOT 1301 ADDRESS 3529 Midway Ave

3529 Midway
3531 "
36-6-34
TL 1301
TL 1302

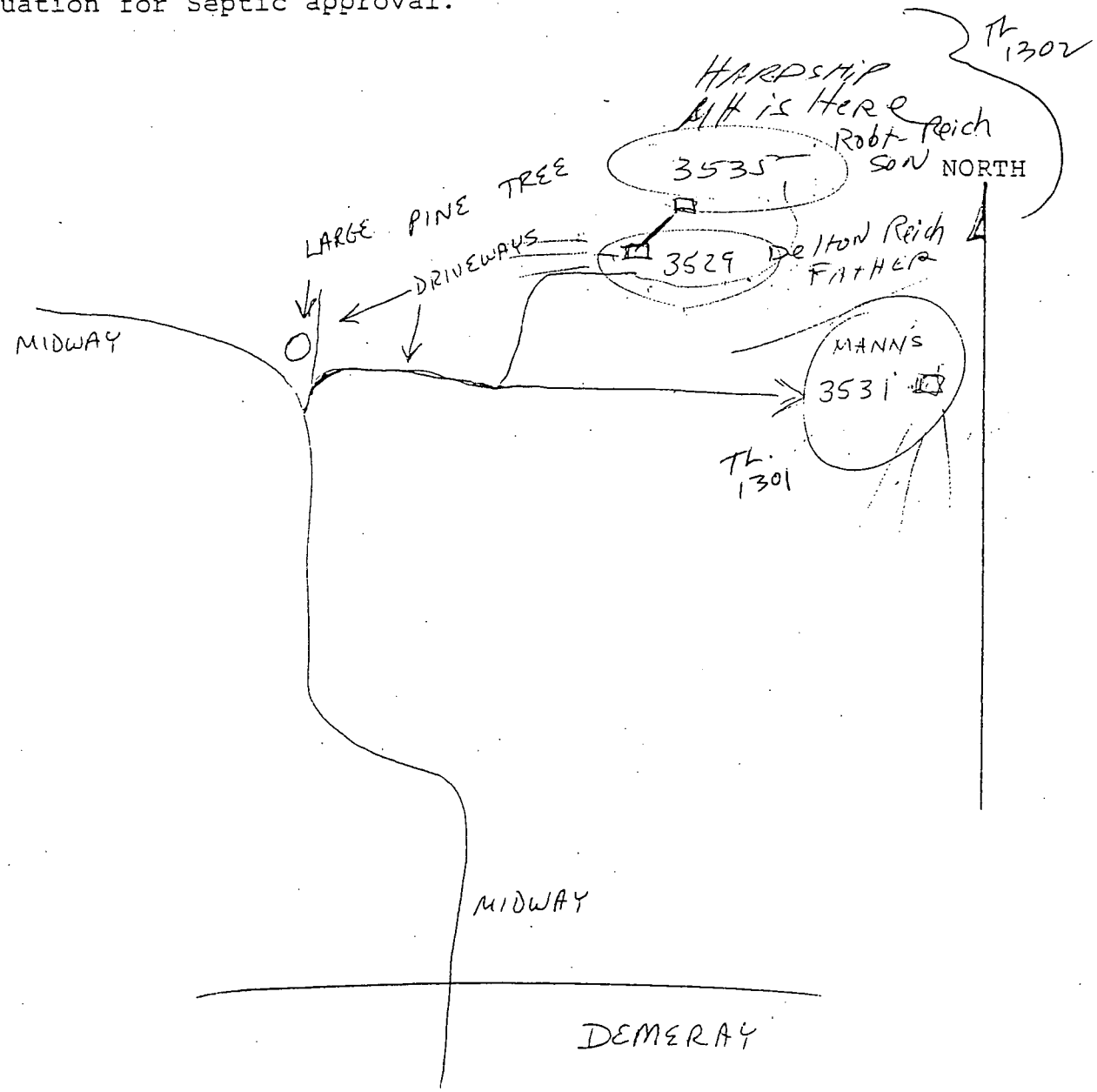
STRUCTURE LOCATION
ZONE RR5 MINIMUM SETBACK
FY 30, SY 60, RY 25
APPROVED BY
JOSEPHINE CO. PLANNING



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.

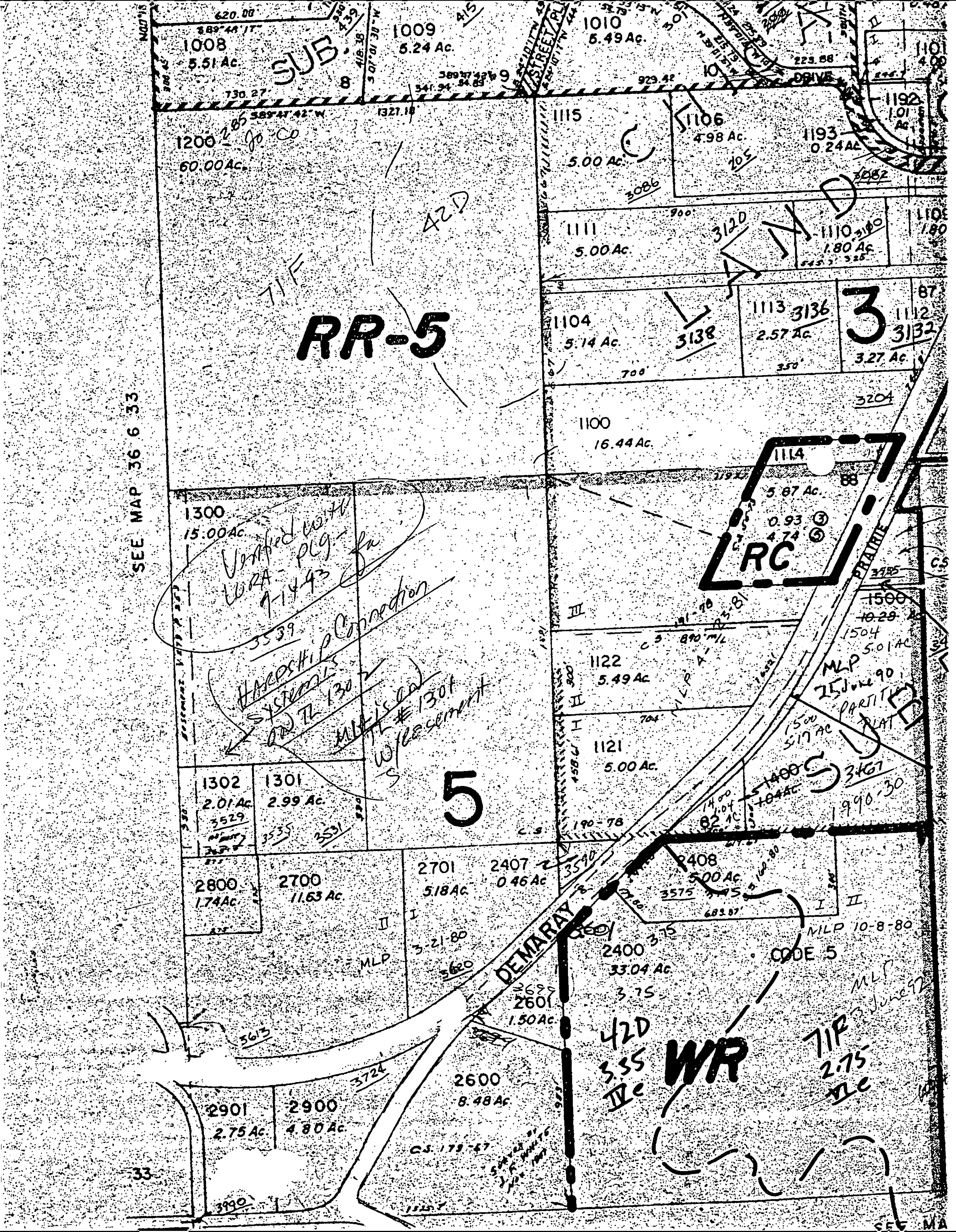


I certify that the test holes are located as shown above:

Health Department Representative

Applicant's Signature

Date Evaluated



SEE MAP 36 6 33
1008
5.51 Ac.
1009
5.24 Ac.
1010
5.49 Ac.
SUB
STREET PL
DRIVE
1200
60.00 Ac.
Jo Co
RR-5
42D
71F
1115
5.00 Ac.
1106
4.98 Ac.
1193
0.24 Ac.
1192
1.01 Ac.
1111
5.00 Ac.
1110
1.80 Ac.
1104
5.14 Ac.
1113
2.57 Ac.
3.27 Ac.
3
1100
16.44 Ac.
1114
5.87 Ac.
0.93 ③
4.74 ⑤
RC
PRAIRIE
1300
15.00 Ac.
Verified with LURA - PLG - fa 7-14-93
Hardship Connection
systems on TL 1302
MH #1301 w/easement
1122
5.49 Ac.
1121
5.00 Ac.
1500
1504
5.01 AC
MLP 25 June 90
PARTITION PLAT
1302
2.01 Ac.
1301
2.99 Ac.
5
2800
1.74 Ac.
2700
11.63 Ac.
2701
5.18 Ac.
2407
0.46 Ac.
2408
5.00 Ac.
MLP 3-21-80
MLP 10-8-80
CODE 5
DEMARAY
2400
33.04 Ac.
2601
1.50 Ac.
42D
3.55
IVe
WR
71F
2.75
IVe
2600
8.48 Ac.
2901
2.75 Ac.
2900
4.80 Ac.
C.S. 179-57
33

JOSEPHINE COUNTY HEALTH DEPT.
Environmental Health Services

RECORD OF SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer

PERMIT # 16552

PERMIT ISSUED TO: Reich Delton

INSTALLER'S NAME: Ed Ormbey

MAILING ADDRESS: 3529 Midway

PROPERTY ADDRESS: "

Total Number of Dwellings: 1 Total Number of Bedrooms: 3

SEPTIC TANK INFO.

Total liquid capacity 1000 gallons Material Cement

Distance of Water Source from Septic Tank 100# feet

DRAINFIELD INFO.

Total Linear Feet _____ ft. Total Square Feet _____ ft.

Width of trench or bed _____ ft. Type of rock filter material _____

Depth of rock OVER drainline _____ Depth of rock UNDER drainline Existing lower drainfeild

Transit used - YES ____ NO ____

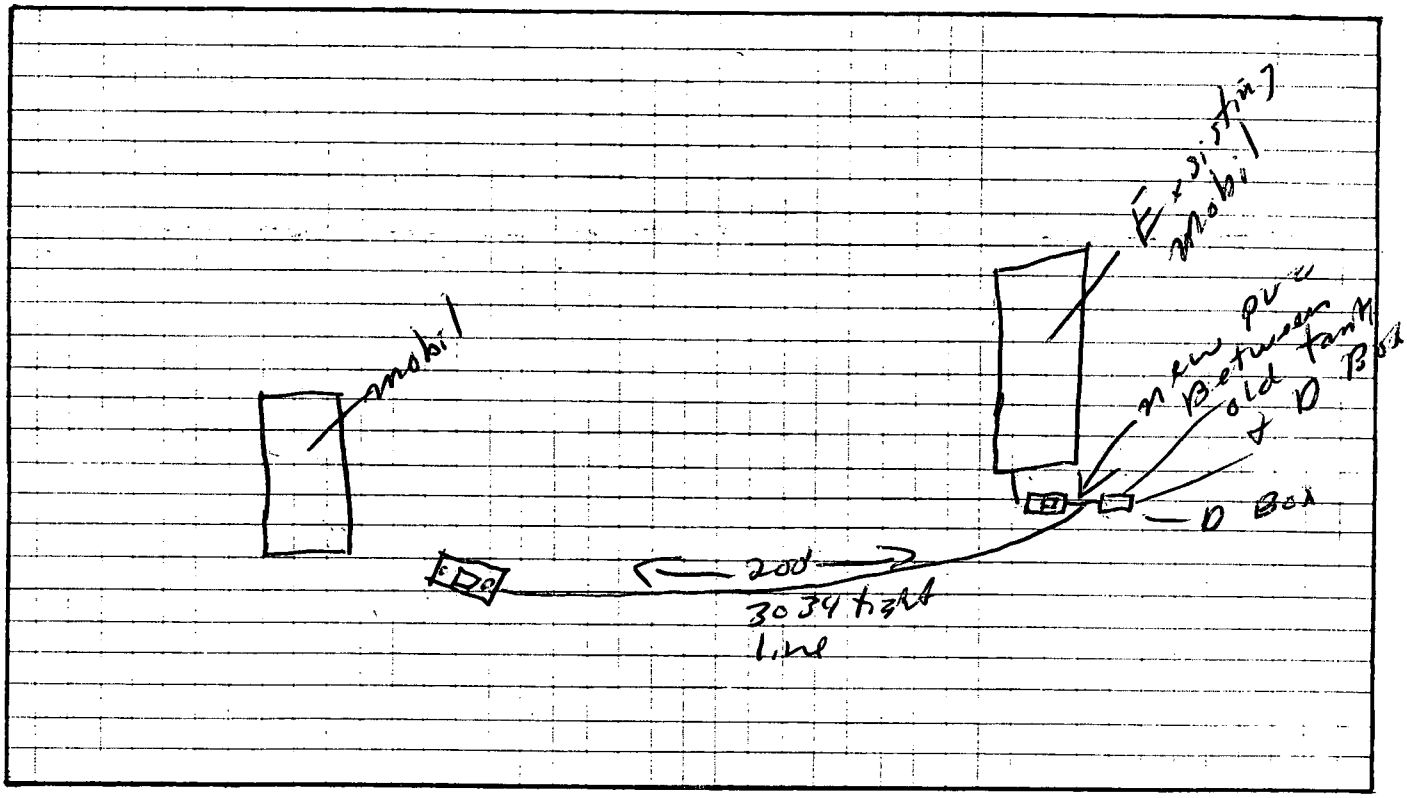
DISTANCE OF WATER SOURCE FROM DRAINFIELD _____ feet

SKETCH OF ACTUAL SYSTEM AS CONSTRUCTED

Please prepare an accurate, detailed drawing of the constructed subsurface sewage system that includes the following **required information**:

1. Location of "North".
2. Location of roads/driveways.
3. Specific description of the installed subsurface sewage system (tank(s) and drainfield), including all dimensions together with distances from water sources, streams, buildings, etc.
4. Specifically identify the septic tank lid location.

(Please use permanent/stationary landmarks as reference points when identifying distances.)



INSTALLER'S SIGNATURE Ed Ormbey DATE 8-3-89

For Health Dept. Use Only:

REMARKS: _____

DATE 8/7/89 SANITARIAN _____

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept. 3529

Permit No. № 1325
Expiration Date 8-14-72

Street address of installation (If no street address, describe specific location) Midway Clue
Demaray to right on Midway, 1st drive past second house on right

Property Owner: David Watts Telephone: 9-2553

Mailing Address: 1878 (street) Narbeck Road (city) (state)

DESCRIPTION OF PROPERTY: Township 36 Range 6 Section 34 Subsection NW 1/4 of SW1/4 Code 5
(attach copy of assessor's map)
Building site area in acres: ~~about~~ 5 Name of Subdivision:
Tax Lot Number: ~~Pt TL 1300~~ Now T.L. 1302 Dimensions of building site: Width Depth

PROPOSED WATER SUPPLY: Individual – Well (drilled no driven dug) Surface Spring
Public: City Community System(name)

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM: new ✓ repair privy
Installed by owner – yes (no) If no, give name of person installing system

Have you any objection to having your application for a permit being made public? yes no ✓

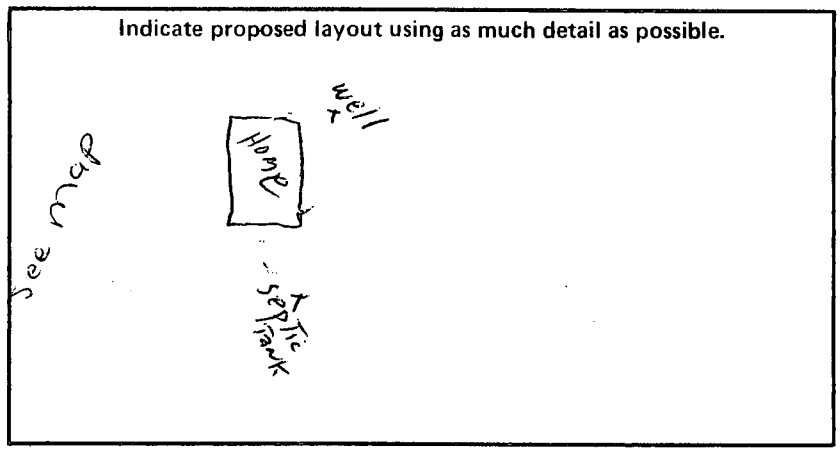
BUILDING INFORMATION: Home ✓ Mobile home Number of bedrooms 3
FHA or VA insured loan – yes no ✓ Commercial(type):
Garbage disposal unit – yes no ✓ Industrial(type):

SEPTIC TANK SYSTEM REPAIR INFORMATION:
Septic tank material:
Steel Concrete
Date installed:
Distribution box: Yes No

Linear feet Square Feet

Miscellaneous:
Depth to ground water
Topography(slope %)
Distance from water source
Date last pumped
Probable reason for failure

Indicate proposed layout using as much detail as possible.



Fee Schedule: new system $5.00 ✓ repair $2.00 hook up to existing system $1.00 privy $1.00

Permit Fee Paid $5.00 Cash of 12-6-71

X David J. Watts
Signature of property owner

Checked by: DC 12-6-71
Clerk

Date Issued: 2-14-72

DO NOT WRITE BELOW THIS LINE

Domestic Sewage Disposal Permit: Approved ✓ Disapproved I. D. Cortanza 2-10-72
sanitarian date

Minimum septic tank capacity in gallons: 900
Trench ✓ square feet 900 width 36" length 200 depth 24"
Seepage bed square feet 1350 width length depth
Seepage pit square feet width length depth
Dry Well square feet width length depth
Privy

SPECIAL INSTRUCTIONS: Keep drainfield in the area of the north percolation test hole. Keep trenches shallow as possible

MOBILE HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Individual Sewage Disposal System Approved John L. Smits 3-28-72
sanitarian date

Mobile Home Plumbing Approved John L. Smits 3-28-72
sanitarian date

Memorandum

JOSEPHINE COUNTY HEALTH DEPARTMENT
714 N. W. "A" St., Grants Pass, Oregon, Ph. 476-4264

DATE: December 13, 1971

TO : Mr. David Watts

FROM : D. Costanzo, R.S.

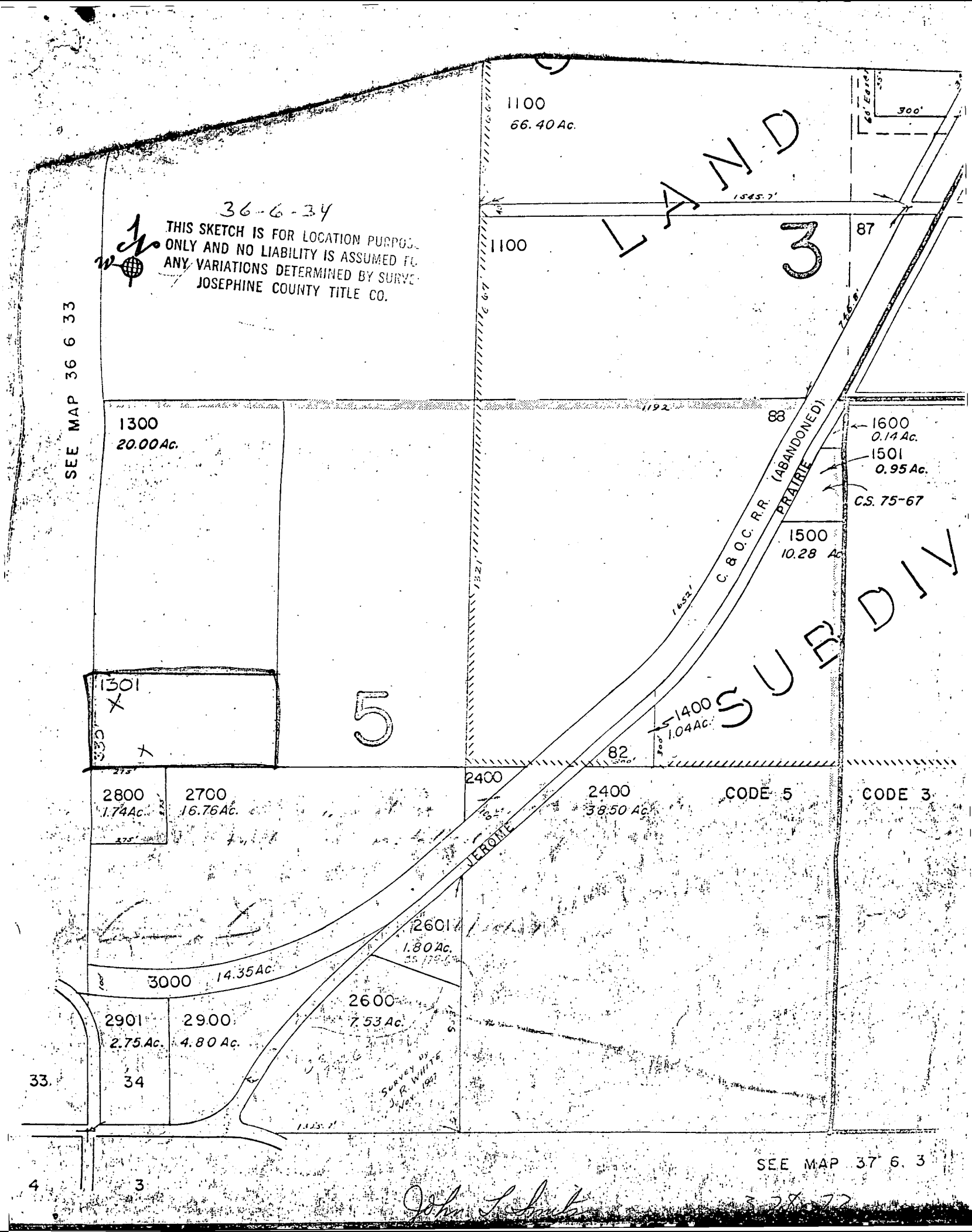
SUBJECT: Permit Application #1325

The location of the building site which was investigated by our department for a subsurface disposal system, was completely saturated with water. The test hole was full to ground level with water. We would like to observe the test hole for a few days so we can determine how permanent the high water table is. The present ground water situation could have a detrimental effect on the adequate functioning of a subsurface sewage disposal system.

If you have any further questions, please contact this office.

Charles D. Costanzo, R.S.

LITHOGRAPHED BY
HARRIOTT'S GRAPHIC-ARTS
GRANTS PASS OREGON


36-6-34
THIS SKETCH IS FOR LOCATION PURPOS
ONLY AND NO LIABILITY IS ASSUMED FO
ANY VARIATIONS DETERMINED BY SURVE
JOSEPHINE COUNTY TITLE CO.
SEE MAP 36 6 33
1100
66.40 Ac.
1100
LAND
3
87
1545.7'
60' Easement
300'
1192
88
1600
0.14 Ac.
1501
0.95 Ac.
C.S. 75-67
1500
10.28 Ac
1652'
C. & O. C. R.R. (ABANDONED)
PRAIRIE
1300
20.00 Ac.
1321'
1301
5
1400
1.04 Ac.
SUBDIV
82
2400
2800
1.74 Ac.
2700
16.76 Ac.
2400
38.50 Ac.
CODE 5
CODE 3
JEROME
2601
1.80 Ac.
3000
14.35 Ac.
2600
7.53 Ac.
2901
2.75 Ac.
2900
4.80 Ac.
SURVEY BY
J. R. WHITE
NOV. 1967
33
34
4
3
SEE MAP 37 6 3
John L. Smith
3-28-72

SOIL PERCOLATION TEST RECORD

NAME David Watts DATE Test performed Feb 9, 1972

ADDRESS OF PROPERTY Midway Ave SUB-DIVISION —

TOWNSHIP ____ RANGE ____ SECTION ____ SUB-SECTION ____ TAX LOT NO. ____ ACREAGE 5.00

Hole No.	P S	S W	H D	T G'	I TW	T 30'	I TW	T 1 hr.	I TW	T 1 hr30'	I TW	T 2 hr.	I TW	T 2hr30'	I TW	T 3 hr	I TW	T 3hr30'	I TW	T 4hr	I TW	I F	M P
1 North hole																		1:30	24¼	2:00	24¼		
NWL																		1:30	31½	2:00	31¾		
2 South hole																							
NWL																							
3																							
NWL																							
4																							
NWL																							
5																							
NWL																							
6																							
NWL																							
7																							
NWL																							

GENERAL WEATHER CONDITIONS JUST BEFORE AND DURING THE TEST

Sunny

GENERAL SOIL CHARACTERISTICS

PS-Pre-soaked (yes or no)
SW-Standing water day following pre-soak. (yes or no)
T-Time HD-Hole depth
If-Inches fall
MPI-Minutes per inch
ITW-Inches to water
NWL-New water level (used when water is added to hole)

C. D. Conklin
PERSON PERFORMING TEST

North hole		South hole	
9:30	= 12"	9:30	12"
10:00	= 9½"	10:00	11½"
10:30	= 8¾	10:30	11½"
11:00	= 8¼	11:00	11½"
11:30	= 7⅞"	11:30	11¼"
12:00	= 7½	12:00	11¼"
12:30	7¼	12:30	11¼"
1:00	7"		

Josephine County Health Dept.

RECORD OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name David Watts — Installer's Name Fred Galloway
Mailing Address 1878 Herbert Rd. — Permit Number 1325
Property Address Midway ave 3529

Total Number: Living units 3 bedrooms ____ baths ____ basement: yes ____ no ✓

Water Supply: public system ____ individual ✓ community ____

Septic Tank: distance from well 100 feet — Material Concrete
total liquid capacity 900 gal. — Inside length ____ ft.
inside width ____ ft. — Inside depth ____ ft.
liquid depth ____ ft.

Tile Disposal Field (trench ✓ or bed ____) Distribution Box? yes ✓ no ____ other ____

Length of trench or bed 100' ft.
Total linear feet 200' ft.
Width of trench or bed 4.5 ft.
Total square footage 900 ft.
Distance between tile lines 12' ft.
Type of rock filler material 1½" O
Depth rock over tile 2" ft.
Depth rock beneath tile 6" ft.
Grade boards used: yes ____ no ✓

Seepage Pit: depth ____ width ____ length ____
square feet ____ lined(dry well) ____ or gravel filled(pit) ____

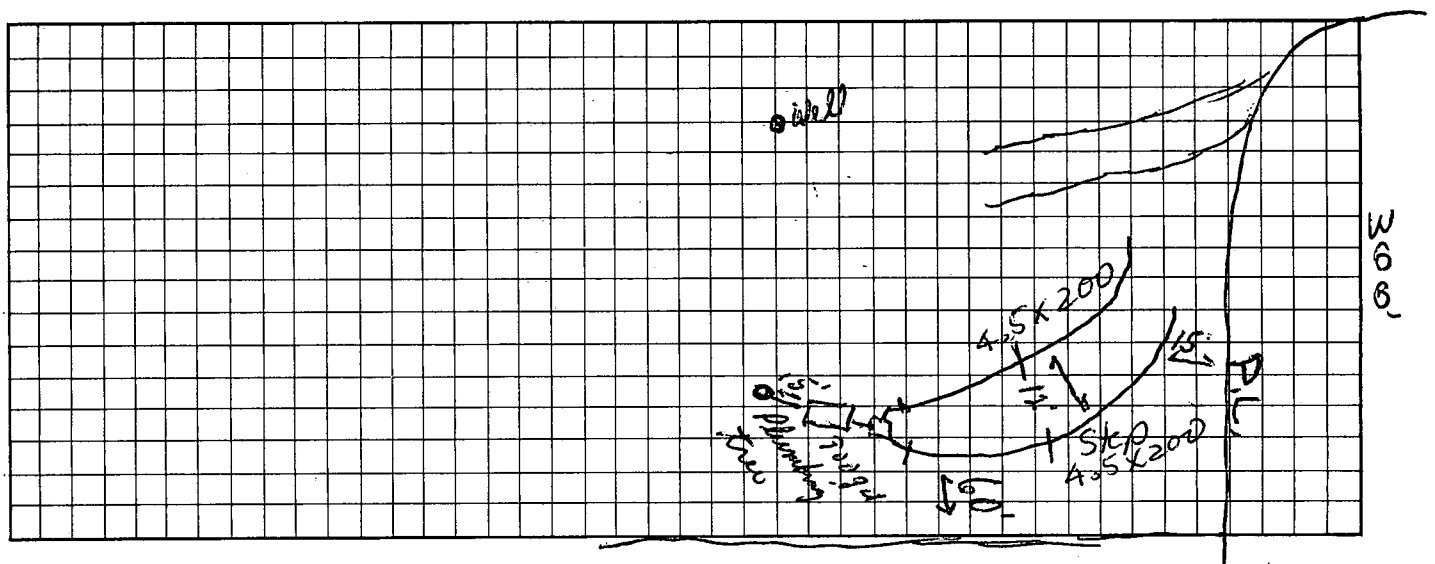
Privy: ground excavation: depth ____ width ____ length ____
cubic feet ____

Distance of well from subsurface disposal unit 100 ft.

Fred Galloway 3-28-72
SIGNATURE OF INSTALLER DATE

DO NOT WRITE BELOW THIS LINE

SKETCH OF ACTUAL SYSTEM (Show cross section of dry well or seepage pit)



System meets all codes and apparently **WILL** X **WILL NOT** ____ function satisfactorily and is therefore **APPROVED** X for occupancy. **DISAPPROVED** ____

Remarks ____

3-28-72
Date

JOSEPHINE COUNTY HEALTH DEPARTMENT
John L. Smith
Sanitarian

HARDSHIP CONNECTION

AUTHORIZATION NOTICE
To Use Existing Sewage Disposal System

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Southwest Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526
(503) 471-2850

Date: 10/12/92 A.N.# 1792-604

T. 36 R. 6 Sec. 34 TL ~~1302~~ 1301

REICH, DELTON — Property Owner

3529 Midway Ave. — Property Address

Mailing Address: same - Grants Pass, OR. 97527

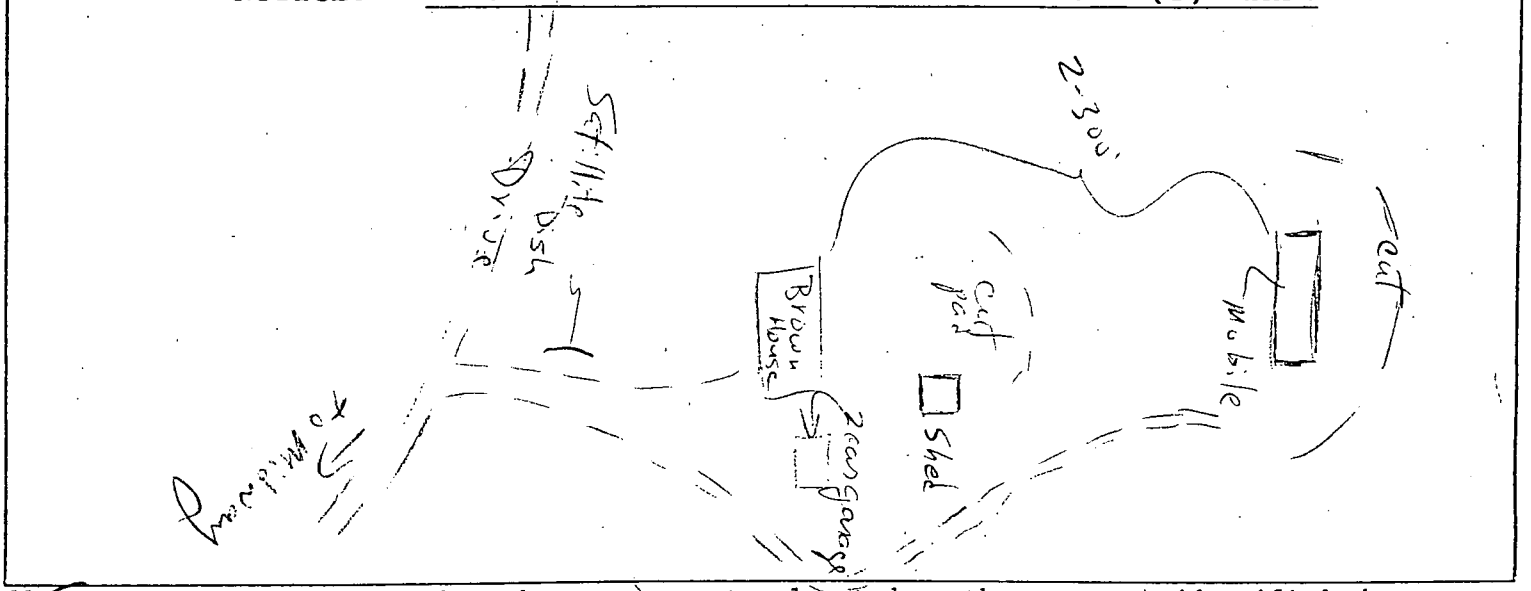
Purpose of Notice: HARDSHIP CONNECTION

Type of System: Standard Inspection Date: 10/19/92

Disposal Trenches: Sq. Ft. 900 Lineal Ft. 200'x4.5' Date Installed 3/28/72

Tank Size 1000 ~~1900~~ Gallons. System Designed to serve 450 Gals/Day or 4 Bdrms.

NOTICE: THIS PERMIT MUST BE RENEWED EVERY TWO (2) YEARS



[X] This Notice establishes that the sewage system located on the property identified above appears adequate by ~~X~~field inspection ()record review to serve a one permanent home + one (type of structure) Temporary mobile home with a sewage flow of 450 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.

COMMENTS:

DEQ Representative

Date Issued: 10/20/92

Expiration Date: ~~10/20/93~~ Needs renewal before 10-20-94

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

NOTE - MH is on TL 1301 Tied into Septic System on TL 1302 w/ Easement

DEQ/SWR-104

DEPT. OF ENVIRONMENTAL QUALITY
Southwest Region
Grants Pass Branch
510 N.W. 4th St.
Grants Pass, OR. 97526
(503) 471-2850

FOR OFFICE USE ONLY
Date Rec'd: 10/12/92
Date Completed: 10/12/92
Required Fee: 160-
Receipt No.: 55699
Control No.: 1792-604

APPLICATION FOR

[ ] Site Evaluation Report
[ ] Permit to Construct On-Site Sewage Disposal System
[ ] Permit to Repair On-Site Sewage Disposal System
[ ] Permit for Alteration of On-Site Sewage Disposal System
[ ] Permit Renewal
[X] Authorization Notice
[ ] Other (Specify)

Plot Plan Required	[ ] yes	[ ] no	Attached	[ ] yes [ ] no
Vicinity or Tax Lot Map Required..	[ ] yes	[ ] no	Attached	[ ] yes [ ] no
Test Holes Required.....	[ ] yes	[ ] no		
Planning Dept. Approval.....	[ ] yes	[ ] no	Attached	[ ] yes [ ] no

Additional Items Required:

****

For Applicant - Please Print

Delton Reich — Property Owner's Name
3529 midway Ave G.P. — Property Address

36 — Township
6 — Range
34 — Section
1302 — Tax Lot No.
JO — County

Subdivision Name
Lot #
Block #
2.01 — Lot Size

Public Water Supply
Shared Wells (2 wells Shared by 3 Residences) — Private Water Supply, Specify (Type)

Single Family Residence - No. of Bedrooms
Other - Specify

Directions To Property: go towards College, Right on Demary go 3-4 miles Right on midway 4th driveway on Right Brown House with mobile directly behind

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this applciation.

Robert Reich — Signature
10-12-92 — Date
[ ] Owner
[ ] Authorized Representative
[ ] S.D.S. License No

Owner's Mailing Address
Delton Reich
3529 midway Ave
Grants Pass, OR 97527
Phone: 479-2935
474-1609

Applicant's Mailing Address (if different)
~~Robert~~
Phone:

TO BE USED WITH AUTHORIZATION NOTICE, ALTERATION AND REPAIR PERMITS.

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

   [] Septic Tank [] Disposal Trenches [] Unknown
   [] Seepage Bed [] Cespool or Pit
   [] Other - Describe_____

2. When was your sewage disposal system installed?_____ _____
   Year Permit #

3. Tank Material:

   [] Steel [] Concrete [] Other_____

4. Volume of the septic tank in gallons:_____

5. When was the septic tank last pumped?_____ (attach receipt)

6. Total length of disposal trenches (feet) _____

7. Is your sewage disposal system currently in use? [] yes [] no

   If no, how long has it been out of use_____

8. What do you propose to connect or add to the septic system, (i.e., additional bedroom(s), another dwelling, etc.)? Hardship?_____ Medical?_____

   _____

9. Repair Permit: Is your sewage system surfacing _____, backing up inside the dwelling _____?

   Is the problem year around _____ or seasonal _____?

10. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling?_____ How many people occupy the dwelling?_____

11. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business _____

12. Provide a plot plan on the reverse side of this form showing actual measurements that locate the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. If applicable, show where the system is failing. Indicate North direction.

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

_____ _____

Signature of Property Owner or Legally Authorized Representative

Date

Josephine County, Oregon

Board of Commissioners: Jim Riddle, Jim Raffenburg, Dwight Ellis

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

June 6, 2005

Delton Reich
3529 Midway Avenue
Grants Pass OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner, the care provider and the care receiver (as the case may be). In addition, a revised *Physician's Certificate* is enclosed. This form must be signed by the attending physician for all care receivers.

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. Please contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a $25 renewal fee.

As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner

Applicant is in compliance with DEQ requirements.

Richard E. Blake

Dept. of Environmental Quality

Date: 6-9-05

RENEWAL DUE 7-17-05 - REC. REVIEW IF CRITERIA ARE MET.

Josephine County, Oregon

Board of Commissioners: Jim Riddle, Jim Raffenburg, Dwight Ellis

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Sincerely,

Lora Glover

Lora Glover
Planner

Applicant is in compliance with DEQ requirements.

Terri Easter

Dept. of Environmental Quality
Date: 6-24-05

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. 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

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

June 4, 2004

Delton Reich
3529 Midway Avenue
Grants Pass OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

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As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner
Ext. #5420

Applicant is in compliance with DEQ requirements.

Terri Easly
Dept. of Environmental Quality
Date: 6-19-04
Septic renewal due 7-17-05

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. 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

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

June 6, 2003

Delton Reich
3529 Midway Avenue
Grants Pass OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

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As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner
Ext. #5420

Applicant is in compliance with DEQ requirements.

Richard E. Blake
Dept. of Environmental Quality
Date: 6-9-03
Septic Renewal Due 7-17-05

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. Haugen, Frank Iverson

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

OFFICE HOURS
8-12 & 1-3 (Mon & Fri)
8-12 (Tues, Wed & Thurs)

June 6, 2002

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

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As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner I
Extension #3611

Applicant is in compliance with DEQ requirements.

Dept. of Environmental Quality
Date: 6-14-02

Renewal due 7-17-05

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. Haugen, Frank Iverson

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

OFFICE HOURS
8-12 & 1-3 (Mon & Fri)
8-12 (Tues & Thurs)
Closed Wenesday

June 5, 2001

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

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As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner I
Extension #3611

Applicant is in compliance with DEQ requirements.

Richard E. Blake
Dept. of Environmental Quality
Date: 6-7-01

Septic Renewal Due 7-17-05

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. Haugen, Frank Iverson

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

OFFICE HOURS
8-12 & 1-3 (M, T, Th & Fri)
8-12 (Wed Only)

June 5, 2000

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner and the care provider or receiver (as the case may be). In addition, the medical statement must be completed and signed by the attending physician (an examination is not required).

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. You should contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a $25 renewal fee.

As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner I
Extension #3611

Applicant is in compliance with DEQ requirements.

_____
Dept. of Environmental Quality
Date:_____

SEPTIC RENEWAL DUE AS OF 7-13-99 RB 6-12-00

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

Josephine County, Oregon

Board of Commissioners: Jim Brock, Harold L. Haugen, Frank Iverson

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

OFFICE HOURS
8-12 & 1-3 (M, T, Th & Fri)
8-12 (Wed Only)

June 1, 1999

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1302

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner and the care provider or receiver (as the case may be). In addition, the medical statement must be completed and signed by the attending physician (an examination is not required).

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. You should contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a $50 renewal fee.

As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Planner I
Extension #3611

Applicant is in compliance with DEQ requirements.

Richard E. Blake
Dept. of Environmental Quality
Date: 6-9-99

SEPTIC RENEWAL DUE 7-13-99

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

The Office of
Josephine County Planning
510 N.W. 4th Street ▪ Grants Pass, Oregon 97526-2020
Tel (541) 474-5421 ▪ Fax (541) 474-5422 ▪ TDD 1-800/735-2900

July 15, 1998

Wm. Bruce Bartow
Planning Director

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1301, 1302

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner and the care provider or receiver (as the case may be). In addition, the medical statement must be completed and signed by the attending physician (an examination is not required).

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. You should contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a $35 renewal fee.

As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Lora Glover
Planner I
Extension #3611

Good through 7-13-99 per RB

Applicant is in compliance with DEQ requirements.

Dept. of Environmental Quality
Date: 8-13-98

Josephine County is an Affirmative Action & Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973

The Office of
Josephine County Planning
510 N.W. 4th Street ■ Grants Pass, Oregon 97526-2020
Tel (541) 474-5421 ■ Fax (541) 474-5422 ■ TDD 1-800/735-2900

May 22, 1997

Wm. Bruce Bartow
Planning Director

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1301

Dear Mr. Reich:

Our records show you were issued a Medical Hardship permit to allow temporary placement of a second dwelling on your property. The Rural Land Development Code requires this permit to be renewed annually.

Enclosed you will find a renewal form. The form must be signed by both the property owner and the care provider or receiver (as the case may be). In addition, the medical statement must be completed and signed by the attending physician (an examination is not required).

Finally, state law requires clearance from the Department of Environmental Quality (DEQ) if the second dwelling is served by a septic system. You should contact DEQ directly at 471-2850. There is a place at the bottom of this letter for DEQ to sign-off on the septic system. Please have the appropriate official sign where indicated and return this letter with the completed forms within 30 days from the date shown above, together with a $10 renewal fee.

As a reminder, once the medical hardship ends, the second dwelling must be removed.

Sincerely,

Lora Glover
Lora Glover
Planner I
Extension #3611

Applicant is in compliance with DEQ requirements.

Richard E. Blake
Dept. of Environmental Quality
Date: 5-27-97

DEQ Renewal Due 7-13-99
RB

Josephine County is an Affirmative Action & Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973

The Office of
Josephine County Planning

510 N.W. 4th Street - Grants Pass, Oregon 97526-2020
Tel (503) 474-5421 - Fax (503) 474-5422 - TDD 1-800/735-2900

Wm. Bruce Bartow
Planning Director

June 10, 1996

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal - Legal: 36-06-34, TL 1301

Dear Mr. Reich:

Please find enclosed a renewal form and medical statement for the Medical Hardship - Health Condition Permit which was previously issued to you. The renewal form needs to be signed by the property owner and the "care receiver". The medical statement must be completed by the patient's physician (an examination is not required - just verification of the patient's condition). The renewal fee is $10.00.

State law requires a septic inspection by the Department of Environmental Quality (DEQ). Prior to your returning the enclosed documents, you will need to receive clearance from DEQ. You may contact them directly at 471-2850. If you are on Redwood Sewer, this requirement does not apply to you.

Please return the completed renewal form, medical statement and fee, along with DEQ's clearance to our office within 30 days from the date of this letter. Our office hours are Mon, Tues, Thurs & Fri 8:00 am - 12:00 pm and 1:00 pm - 3:00 pm. Wed from 8:00 am to 12:00 pm only. *As a reminder, once the conditions necessitating the second dwelling no longer exist, the permit shall be revoked and the second dwelling will have to be removed.*

Sincerely,

Lora Glover

Lora Glover
Senior Dept. Specialist
Extension #3611

Applicant is in compliance with DEQ requirements.

Dept. of Environmental Quality
Date: 6/13/96

Josephine County is an Affirmative Action & Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973

The Office of
Josephine County Planning

510 N.W. 4th Street - Grants Pass, Oregon 97526-2020
Tel (503) 474-5421 - Fax (503) 474-5422 - TDD 1-800/735-2900

Wm. Bruce Bartow
Planning Director

May 30, 1995

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal
Legal: 36-06-34, TL 1301

Dear Mr. Reich:

Please find enclosed a renewal form and medical statement for the Medical Hardship - Health Condition Permit which was previously issued to you. The renewal form needs to be signed by the property owner and the "care receiver". The medical statement must be completed by the patient's physician (an examination is not required - just verification of the patient's condition). The renewal application fee is $10.00.

State law requires biennial septic inspection by the Department of Environmental Quality (DEQ). Prior to your returning the enclosed documents, you will need to receive clearance from DEQ. You may contact them directly at 471-2850.

Please return the completed renewal form, medical statement and fee, along with DEQ's clearance to our office within 30 days from the date of this letter. *As a reminder, once the conditions necessitating the second dwelling no longer exist, the permit shall be revoked and the second dwelling will have to be removed.*

Sincerely,

Lora Glover

Lora Glover
Senior Dept. Specialist

/lg
Enclosures

cc: Dept. of Environmental Quality

Applicant is in compliance with DEQ standards.

Dept. of Environmental Quality
Date: 6-27-95

Josephine County is an Affirmative Action & Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973

(503) 474-5421
TDD 1-800/735-2900

JOSEPHINE COUNTY PLANNING OFFICE

WM. BRUCE BARTOW
PLANNING DIRECTOR
510 N.W. 4th St., GRANTS PASS, OR 97526

June 14, 1994

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

Re: Health Condition Renewal
Legal: 36-06-34, TL 1301

Dear Mr. Reich:

Please find enclosed a renewal form and medical statement for the Medical Hardship - Health Condition Permit which was previously issued to you. The renewal form needs to be signed by the property owner and the "care receiver". The medical statement must be completed by the patient's physician (an examination is not required - just verification of the patient's condition). The renewal application fee is $10.00.

State law requires biennial septic inspection by the Department of Environmental Quality (DEQ). Prior to your returning the enclosed documents, you will need to receive clearance from DEQ. You may contact them directly at 471-2850.

Please return the completed renewal form, medical statement and fee, along with DEQ's clearance to our office within 30 days from the date of this letter. *As a reminder, once the conditions necessitating the second dwelling no longer exist, the permit shall be revoked and the second dwelling will have to be removed.*

Sincerely,

Lora Glover

Lora Glover
Senior Dept. Specialist

/lg
Enclosures

cc: Dept. of Environmental Quality

Applicant is in compliance with DEQ standards.

James L Cox (DEQ)
Dept. of Environmental Quality
Date: 6-28-94

Josephine County is an Affirmative Action/Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973.

JOSEPHINE COUNTY PLANNING OFFICE

(503) 474-5421
TDD 1-800/735-2900

WM. BRUCE BARTOW
PLANNING DIRECTOR
510 N.W. 4th St., GRANTS PASS, OR 97526

June 21, 1993

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

NOTE
System is on TL 1307
MH is on TL 1301

Re: Health Condition Renewal
Legal: 36-06-34, TL 1301

Dear Mr. Reich:

Please find enclosed a renewal form and medical statement for the Medical Hardship - Health Condition Permit which was previously issued to you. The renewal form needs to be signed by the property owner, the "care receiver" and/or the "care provider". The renewal application fee is $10.00.

State law requires biennial septic inspection by the Department of Environmental Quality (DEQ). Prior to your returning the enclosed documents, you will need to receive clearance from DEQ.

Please return the completed renewal form, medical statement and fee, along with DEQ's clearance to our office within 30 days from the date of this letter.

As a reminder, once the conditions necessitating the second dwelling no longer exist, the permit shall be revoked and the second dwelling will have to be removed.

Sincerely,

Lora Glover
Lora Glover
Senior Dept. Specialist

/lg
Enclosures

cc: Dept. of Environmental Quality

Applicant is in compliance with DEQ standards.

Frances L Clay DEQ
Dept. of Environmental Quality
Date: 7-14-93

Josephine County is an Affirmative Action/Equal Opportunity Employer
and complies with Section 504 of the Rehabilitation Act of 1973.

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

Southwest Region
Grants Pass Branch Office
510 NW 4th St., Rm #76
Grants Pass, OR 97526
(503) 471-2850

July 16, 1992

Delton Reich
3529 Midway Avenue
Grants Pass, OR 97527

RE: WQ-SS-JOSEPHINE- REICH
3529 Midway Ave.
36-6-34 TL 1301/1302

Dear Mr. Reich:

Our records indicate your approval for hardship connection of an additional mobile home to your sewage disposal system is due for renewal. This approval is renewable on an annual or biennial basis for the duration of the hardship.

If the hardship condition no longer exists and you have removed the mobile, please let us know so that we may update our records.

If the condition still exists, a re-evaluation of the septic system is required. You will need to apply for a hardship connection renewal. Enclosed is the necessary application. A $160.00 fee must be remitted with the completed application. The fee covers the cost of an on-site visit to inspect and certify that the system is operating satisfactorily under the extra sewage load.

Please note that septic tanks used in conjunction with hardship connection should be pumped every four (4) years.

Thank you for your prompt attention to this matter.

Sincerely,

Charles D. Costanzo, R.S.
Environmental Specialist

CDC:fa

DEVELOPMENT PERMIT
JOSEPHINE COUNTY PLANNING

LEGAL DESCRIPTION:

TOWNSHIP 36 S, RANGE 6 W, WM, Section 34 INDEX TAX LOT 1302
SUBDIVISION NAME _____ LOT _____ BLOCK _____
MINOR/MAJOR PARTITION APPROVAL [ ] DATE: _____
LOT WIDTH 260 LOT DEPTH 330 TOTAL ACREAGE 2.01 ac
CREATED PRIOR TO ZONING DATE [ ] PREVIOUS ZCP NUMBER _____

ACCESS:

ROAD FRONTAGE ON MIDWAY AVE ADDRESS: 3589
[ ] MAINTAINED COUNTY ROAD/STATE HIGHWAY (See STANDARDS below)*

PROPERTY OWNER: REICH, DELTON & ORTHA
MAILING ADDRESS: 3529 MIDWAY AVE

EXISTING PROPERTY DEVELOPMENT(S)/USES(S):

[✓] RESIDENCE NUMBER OF RESIDENCES 1
[✓] SUBSURFACE SEWAGE SYSTEM [ ] SEWER
[ ] OTHER: WELL

PROPOSED STRUCTURE OR USE:

[ ] Conventional Residence _____
[ ] Mobile Home, size _____ NUMBER OF BEDROOMS: _____
[ ] Guest House _____
[ ] Commercial _____
[ ] Industrial _____
[ ] Agricultural Building _____
[ ] Addition to Existing Structure** _____
[ ] Other CARPORT & PATIO 24 x 26

STANDARDS:

ZONING CLASSIFICATION: SR 5 MINIMUM LOT SIZE: 5 Ac
MINIMUM LOT WIDTH AT THE BUILDING LINE: 300' WITHIN FLOOD HAZARD AREA: [ ]
COMMENTS: _____

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 20'

*In regard to the setback from the front property line and the setback from the centerline of a street, the greater setback shall govern.

ACCESSORY STRUCTURES IN R-1, R-2, and R-3 ZONES MAY BE PLACED 6 FEET FROM THE REAR LINE.

* A road approach permit (for County maintained roads or State highways only) from the County Road Department or State Highway Division must be acquired prior to issuance of a Building Permit.

**Additions to existing structures must be placed at least 5 feet from septic tank, and 10 feet from drainlines.

APPROVED BY: Tony Z. Hall SIGNATURE OF OWNER: Ortha Reich

DATE ISSUED: 1-21-80 ZONED AREA IV NUMBER 80-11

Original – Planning Department Retains
Canary – Environmental Health Department
Pink – Building Safety Department
Goldenrod – Applicant Retains

I/We certify this addition will not be used as a bedroom and that no structure will be within 5' of the septic tank and 10' of the drainfield. The septic system is not failing or malfunctioning.

Martha Beech Jan 21, 1980