Septic Authorization Approval

463-24-000129-AUTH

Residential Authorization

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsiteseptic@josephinecounty.gov
Website: josephine.or.us

Date Issued: 4/30/24 **Date Expiring:** 4/30/25
Work Description: AUTHORIZATION NOTICE

Applicant: CROOKSTON FAMILY TRUST, DAN & PAULETTE
Address: 1025 CROWN RIDGE RD
SEDONA AZ 86351
Phone: 415-424-7154
Email: HALOBEAN@GMAIL.COM

Owner: CROOKSTON FAMILY TRUST, DAN & PAULETTE
Address: 1025 CROWN RIDGE RD
SEDONA AZ 86351
Property Address: 785 Mossy Oak Dr, Grants Pass, OR 97526

Parcel: 3406350000050300 - Primary Township: 34 Range: 06 Section: 35

Accessory Dwelling Unit: No
Authorization Notice for: Addition of One or More Bedrooms

Comments: Existing system is sized for 450 GPD. Replacement area is downslope of existing system: do not build on or modify the replacement area.

Lot Size: 5.52 **Water Supply:** Well

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SHOP	SFR
Number of Bedrooms:	N/A	2

System Specifications:

Max Peak Design Flow: 450 gpd **Proposed Gallons per Day:** N/A

Conditions of Approval:

1.This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection and record review to serve the proposed three bedroom. The system is sized for 450 GPD.
2.Maintain all required setbacks.
3.A full system replacement area must be maintained without modification (cut/fill/etc.) and meet all required setbacks.
4.Vehicular traffic and livestock must be restricted from the system area.

Date Issued: 4/30/24 **Date Expiring:** 4/30/25
Work Description: AUTHORIZATION NOTICE

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from County is required.

If you disagree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

Michael Obereigner Natural Resources Specialist 4/30/24

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

Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number
CROOKSTON	785 MOSSY OAK DR.	415 424 7154

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
34	06	35	503		5.52

County	Subdivision Name	Lot	Block

Property Address: 785 MOSSY OAK DR (Address) G.P. (City) OR (State) 97526 (Zip Code)

Directions to Property: 3 pines (R) Montecito (L) El Canejo (R) Mossy OAK

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐Single Family Residence

Number of Bedrooms

☒Other Shop

Proposed Facility:

☒Single Family Residence

2
Number of Bedrooms

☐Other

Water Supply:

☐Public
Name

☒Private well
Well, Spring, Shared

D. Type of Application

☒Site Evaluation
☐Construction
☐Permit Repair
☐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 4/23/24

Dan CROOKSTON (Applicant's Name – Please Print Legibly) 415 424 7154 (Applicant's Phone Number) halobeand@gmail.com (Applicant's E-mail Address)

785 M.O.D. G.P. OR 97526
Applicant's Mailing Address

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

☐Authorization Attached

Installer's Name

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	34063500000503	**PERMIT NUMBER:**	PL-2024-00460
SITUS:	785 MOSSY OAK DR	**ZONE:**	RR5
ACRES:	5.52	**SCHOOL DISTRICT:**	3 RIVERS SCHOOL DISTRICT

APPLICANT:	CROOKSTON FAMILY TRUST, DAN & PAULETTE	**APPLICANT PHONE #:**	415-424-7154
APPLICANT ADDRESS:	1025 CROWN RIDGE RD SEDONA, AZ 86351		
OWNER:	CROOKSTON FAMILY TRUST, DAN & PAULETTE		
OWNER ADDRESS:	1025 CROWN RIDGE RD SEDONA, AZ 86351		

SPECIAL REQUIREMENTS

- Stream Name Azalea Creek Class 2 Stream 25 ft setback required.
- Erosion Hazard - Plan in File _____ NA X Reason: outside (see pictures)

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Garage detached (shop), GPB, GPS, Lean-to sheds	SFD - 1160 sq. ft.; 3 bedroom, 2 bath addition to existing 1200 sq. ft. Shop.	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

- Note: Septic System to be connected to authorized structures/uses only.
- Electrical service to be connected to authorized structures/uses only.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

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

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

SIGNATURE:		**DATE:**	4/23/24
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:		**DATE:**	4-22-24

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

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@josephinecounty.gov

#380

PLANNING APPLICATION FORM

Property Address: 785 Mossy Oak Dr

Assessor's Map & Tax Lot:
34-06-35-___ **Tax Lot(s)** 503
___-___-___ **Tax Lot(s)** _____
Zoning: RR5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)
1200 sqft existing shop adding 29' x 40'

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
  - ☐ New Address
  - ☐ Change of Address
  - ☐ Additional Address
- ☐ Annual Compliance Certificate (See Form A)
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
  - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
  - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☐ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
  - ☐ Detached Living Space
  - ☐ Medical Hardship
- ☐ Other: _____

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☐ (1) 8 1/2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☐ Power of Attorney
- ☐ Statement of Intended Water Use
- ☐ Statement of Understanding
- ☐ Floor Plan/Elevations
- ☐ Access Permit – PUBLIC WORKS
- ☐ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan

Other: proof of water

Description of Request/Reason for Appeal
(Include name of project and proposed uses):

Convert shop to SFR

Property Owner: CROOKSTON
Address: 785 MOSSY OAK DR

Phone: 415 424 7154
Email: jameshalo@me.com

Applicant: _____
Address: _____
Phone: _____
Email: _____

Authorized Representative/ Surveyor or Engineer:
(If Different From Applicant) (If Applicable)

Address: _____
Phone: _____
Email: _____

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

(Signature of Owner or Attorney-in-Fact) Date

(Signature of Owner or Attorney-in-Fact) Date

(For Office Use)

DATE STAMP

Fees Paid: 360 Initials: OH

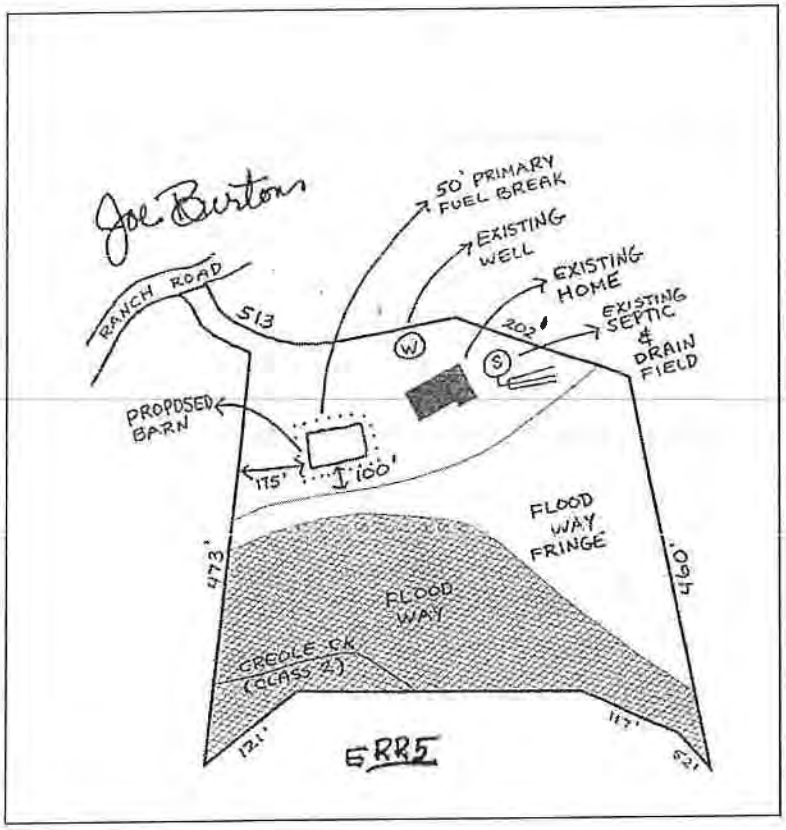
Josephine County, Oregon

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

PLANNING APPLICATION FORM

Example of Plot Plan

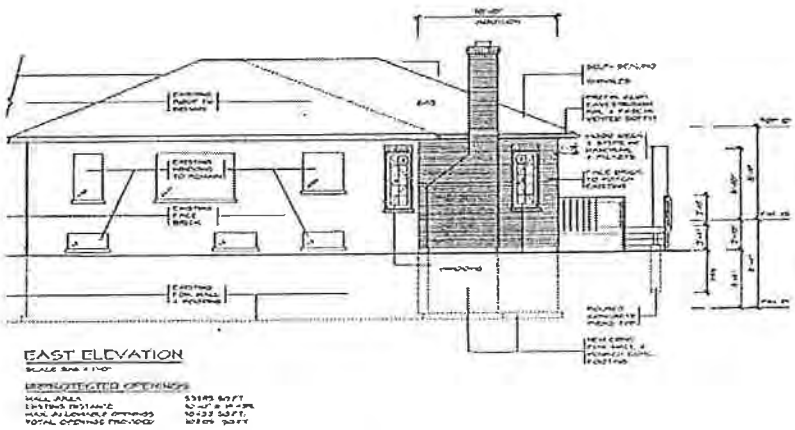
Examples of Floor Plan and Elevation Plan



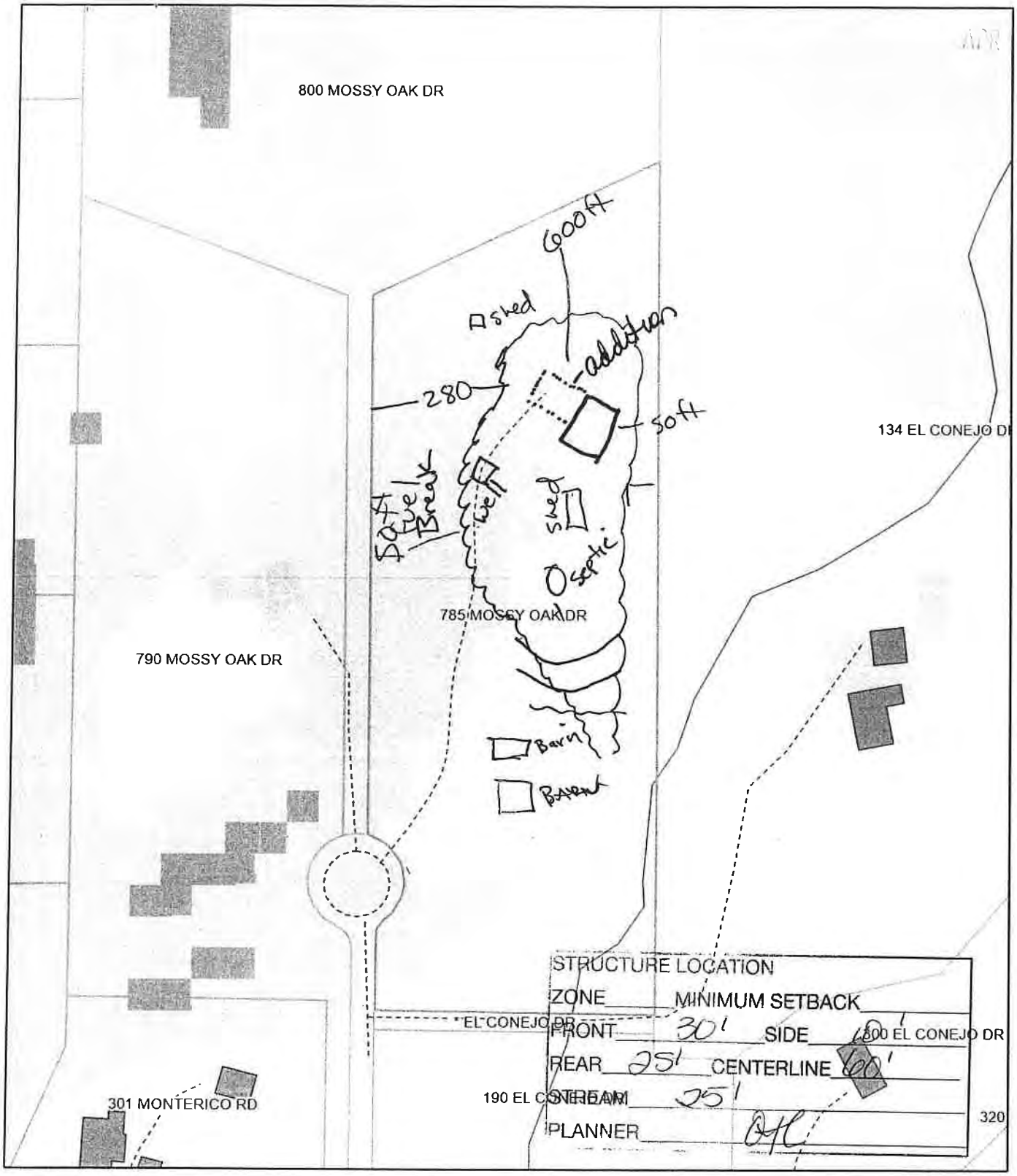
A plot plan must be drawn so the features are in realistic proportion, and must include all of the following information:

- Date, Assessor's legal description (township, range, section, tax lot number) and street address.
- North arrow.
- Shape of property, showing all property lines with approximate lengths in feet.
- Location and names of adjacent roads.
- Location of all existing structures. Also show location of all *proposed* structures, including size, distance from two closest property lines, distance to the ordinary high water mark of any water features (stream, river, etc.) on the property.
- Height and dimensions, in feet, of all proposed structures.
- Location of water supply (well, spring, etc)
- Location of septic tank and field (whether existing or approved for installation).
- Location of all driveways, easements or roads crossing the property.
- Signature of property owner, contractor or legal representative.

SETBACKS FROM PROPERTY LINES			
ZONE	FRONT	SIDES	REAR
AG	30	30	30
EF	30	30	30
FC	30	30	30
FR	30	30	30
LD	30	30	30
RC	10	10	10
RI	10	10	10
RR	30	10	25
S	30	30	30
WR	30	30	30



ArcGIS Web Map



2/12/2024, 11:22:16 AM

1:2,257

0 0.01 0.03 0.05 mi

0 0.02 0.04 0.09 km

Building Footprints

Taxlots

Driveway

Waterline: Rivers & Streams

Class 2

Slope - percent grade

0 - 14.9%

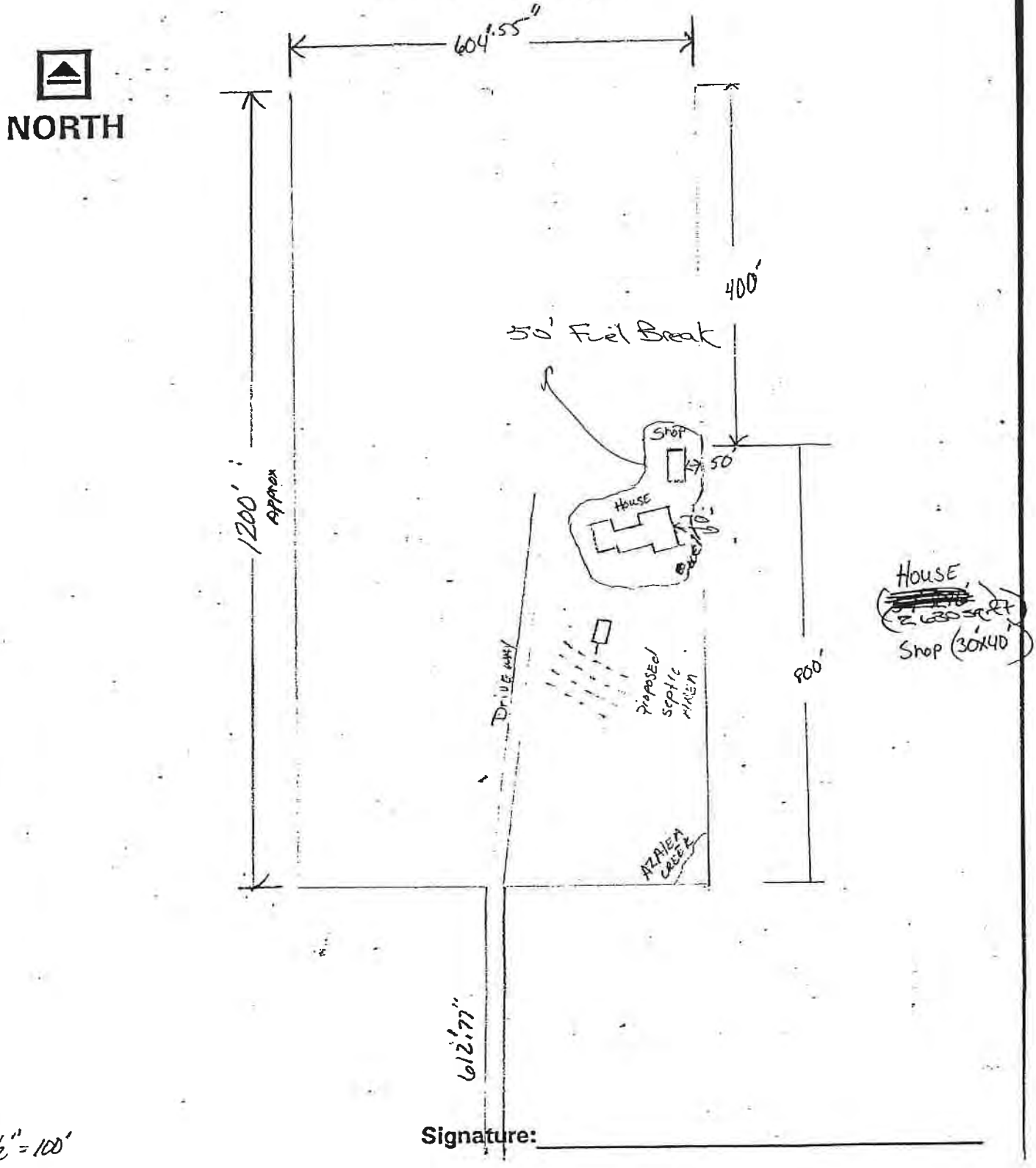
15 - 39.9%

40 - 1000%

Date: 4-14-06, 2006 T 34, R 06, S 35-00, TL# 000500

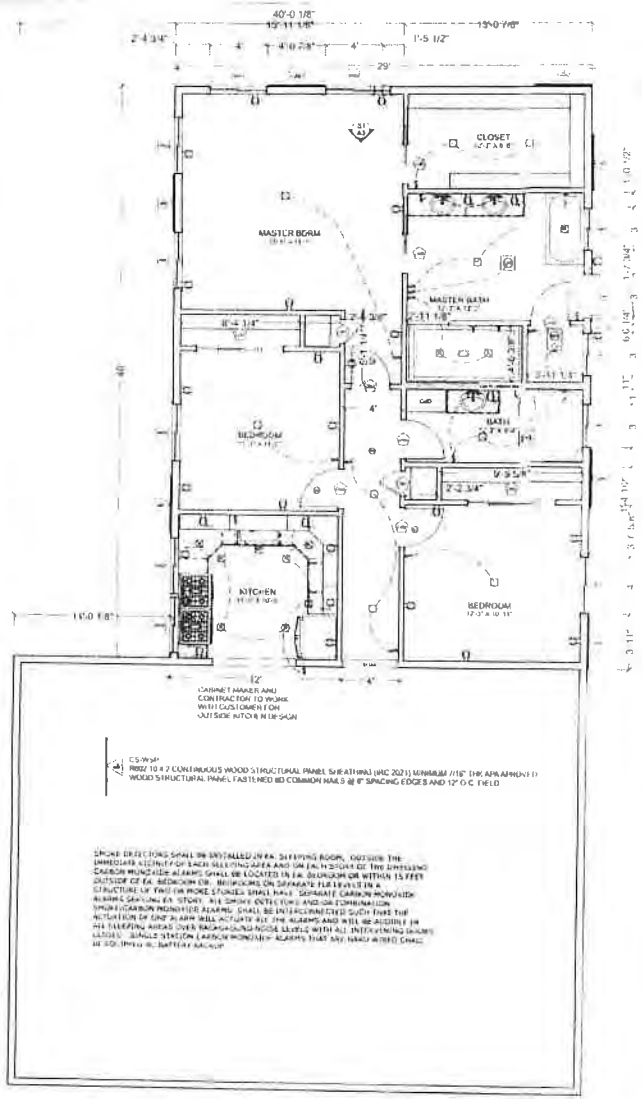
Name: Mat Tibbits Address: 180 El Conejo

PLOT PLAN

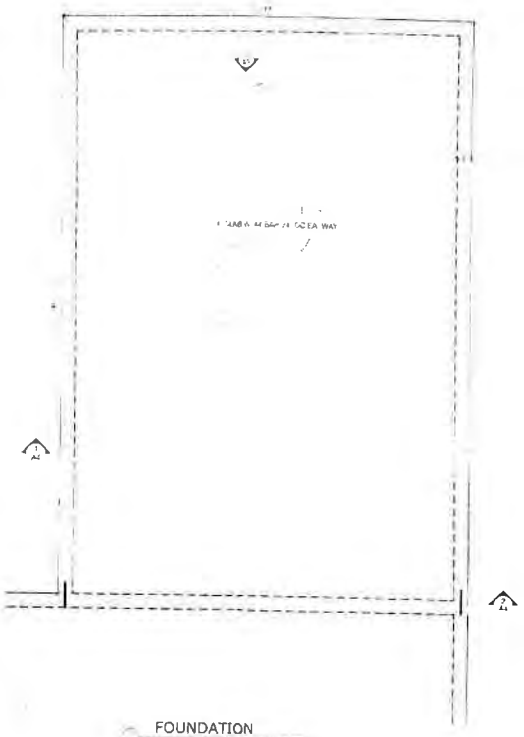


1/2" = 100'

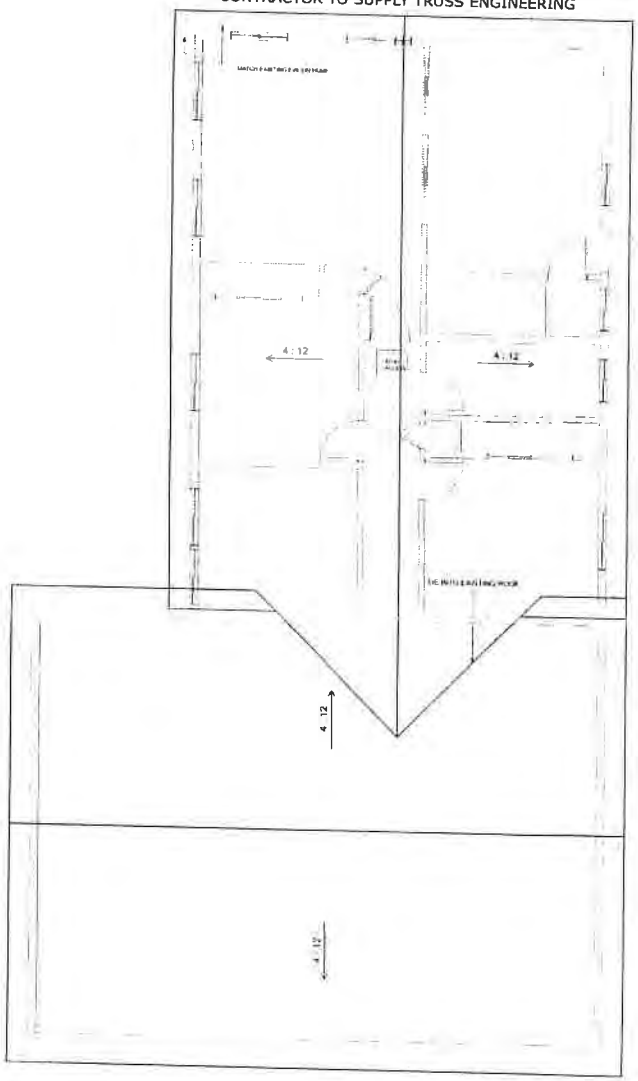
Signature: _____



LAYOUT PLAN
SCALE 1/4" = 1'-0"

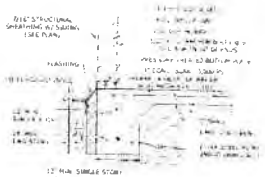


FOUNDATION
SCALE 1/4" = 1'-0"

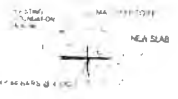


ROOF PLAN
SCALE 1/4" = 1'-0"

ENGINEERED TRUSSES BY OTHERS.
CONTRACTOR TO SUPPLY TRUSS ENGINEERING



1 DETAIL
NO SCALE



2 DETAIL
NO SCALE

PRINT @ 36 X 24

James crookston 785 Mossy Oak Dr, Grants Pass, OR

DESIGNER: BUILDING PLANS
Building Plans By, Steve Rempel
2548 E. Barnett Rd. Ste E-210, Medford, OR 97504
541-621-5735

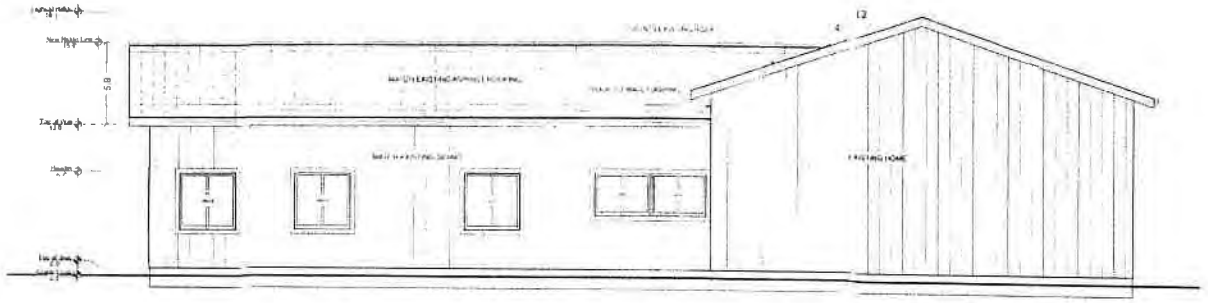
CUSTOMER: James crookston

LOCATION: 785 Mossy Oak Dr, Grants Pass, OR

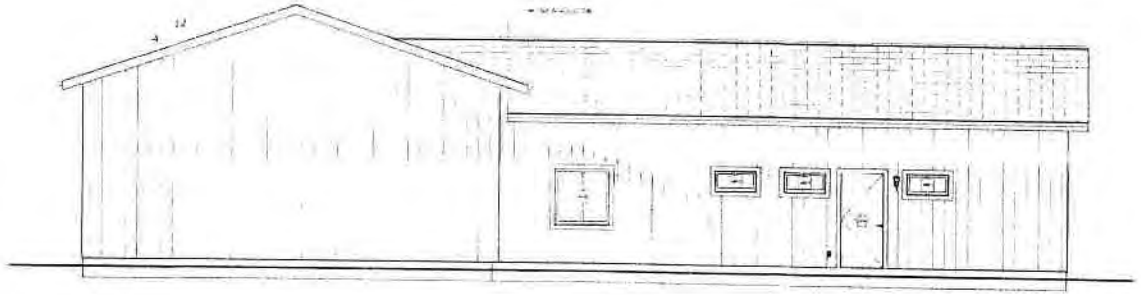
DRAWN: K.H. | DATE: 4/5/2024

DESCRIPTION: Layout, Elec, Foundation, Roof

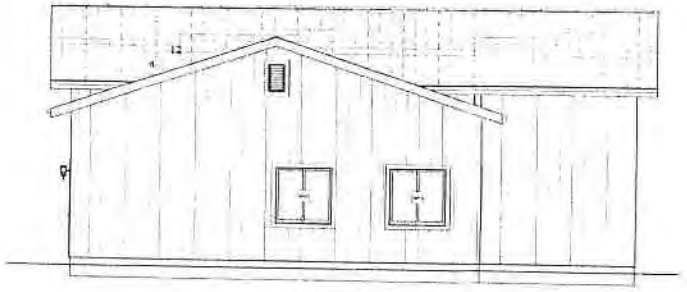
A4



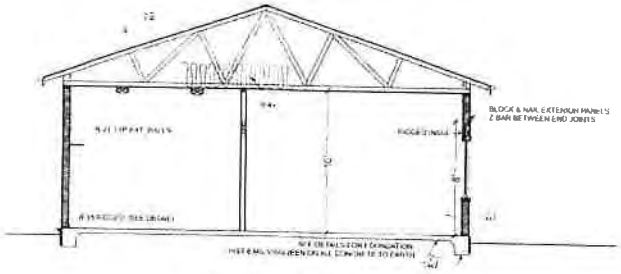
WEST ELEVATION



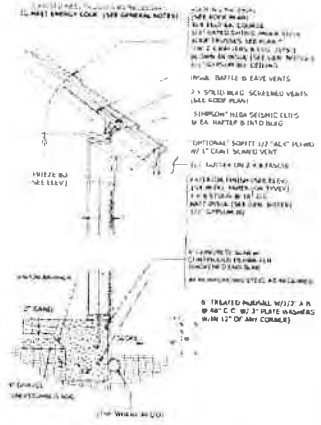
EAST ELEVATION



NORTH ELEVATION



CUT VIEW ELEVATION



TYP. WALL DETAIL

CONTRACTOR ASSUMES SOLE RESPONSIBILITY FOR THE CORRECT INSTALLATION OF ALL EXTERIOR WINDOWS, DOORS, FRAMING AND WEATHERPROOFING

PRINT @ 36 X 24

SR BUILDING PLANS HAS PREPARED THESE PLANS BASED ON THE INFORMATION PROVIDED TO IT IS TO DEPICT THE PROJECT AS PROPOSED IT WILL BE THE OWNER OR CONTRACTORS RESPONSIBILITY TO HAVE THESE PLANS REVIEWED BY A LICENSED STRUCTURAL ENGINEER TO ENSURE THAT THE DETAILS PROVIDED HEREIN MEET OR EXCEED THE APPLICABLE NATIONAL STATE OR LOCAL BUILDING CODES AND STRUCTURAL REQUIREMENTS THIS INCLUDES

DESIGNER: SR BUILDING PLANS

Building Plans By: Sonia Reham
29418 Barnfield Rd Ste E-210, Madras, OR 97741
541-424-0715

CUSTOMER: James Crookston

LOCATION: 785 Mossy Oak Dr, Grants Pass, OR

Date: 4/5/2024

DESCRIPTION: Elevations

A3

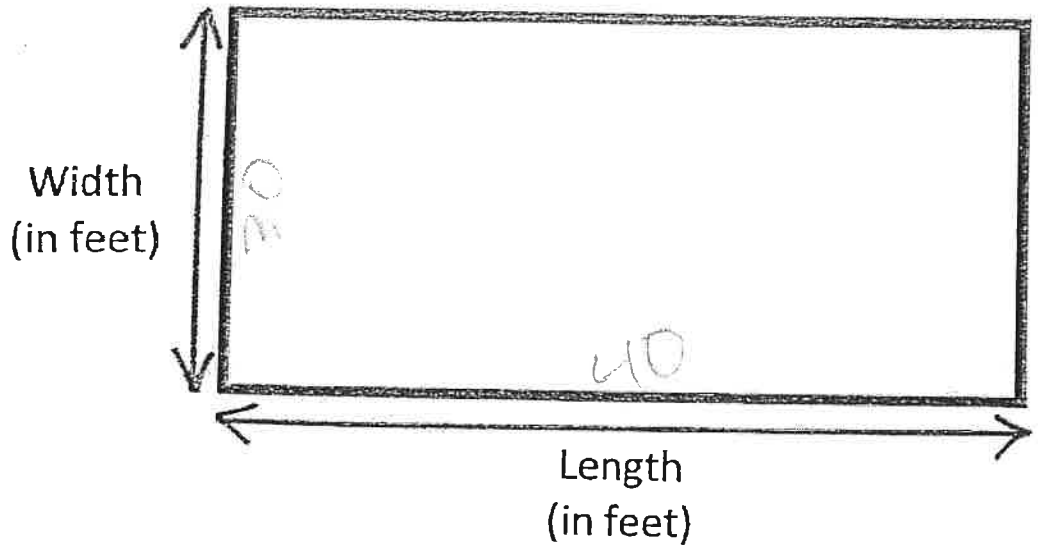
785 Mossy Oak Dr, Grants Pass, OR

James crookston 785 Mossy Oak Dr, Grants Pass, OR

SHED
UTILITY ROOM
SHIPPING CONTAINER
OTHER SIMILARLY SHAPED STRUCTURES

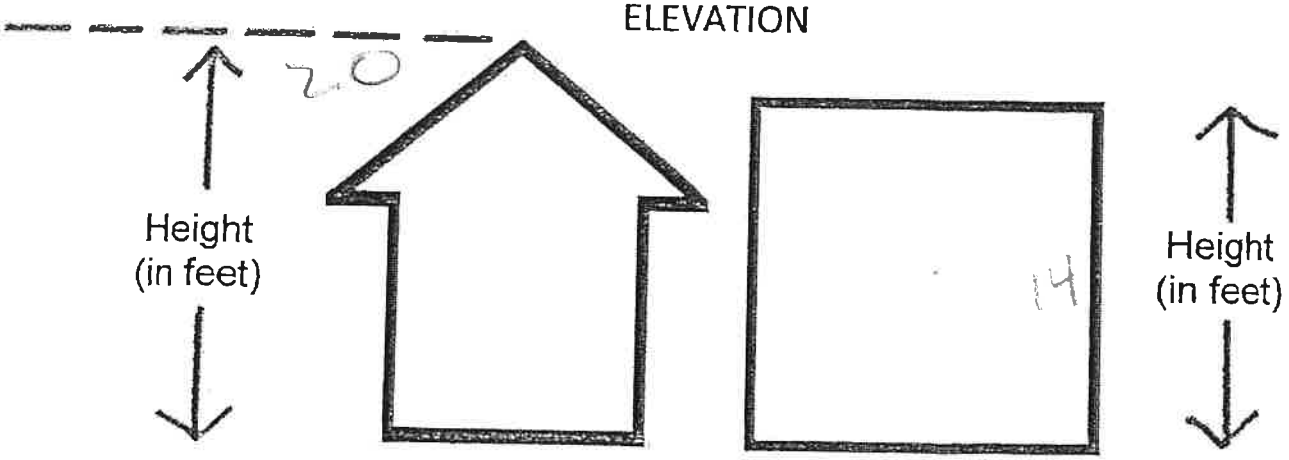
FLOOR PLAN

Label any interior components such as fans, heat source, plumbing, walls, lights, etc.
If there are NO interior components, please write "OPEN" inside the rectangle.



Write in dimensions on this sheet.

ELEVATION



OR

Onnie Heater

From: Eric Heesacker
Sent: Thursday, April 11, 2024 11:09 AM
To: Onnie Heater
Subject: 785 Mossy Oak Dr: 34-06-35.00/503

Hi Onnie,

Mossy Oak Drive is an owner-maintained road over which Public Works exercises no jurisdiction and will not issue approach permits thereto.

Get back to me with any questions.

Eric Heesacker
Transportation Planner
Public Works Department
201 River Heights Way, Grants Pass, OR 97527
Phone: (541) 474-5460 ext. 4407
Email: eheesacker@josephinecounty.gov

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

Chapter 19.76 Certification of Fire Protection Service

Name: Dan Crookston

Assessor Map Number: 3406 3500 503

Address: 785 Mossy Oak Ln

City Grants Pass **State** OR **Zip code** 97526

Phone Number:

Email:

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 2/16/2024
Date

Fire Official Signature: MThomas **Date:** 2/16/2024

Title: Customer service

ACCURATE WELL TESTING
106 NW 'F' St. #357
Grants Pass, OR 97526
G.P. 541-479-7272 - MED. 541-772-9878
OWNER: EON FRIESEN
E-mail: eon@accuratewell.com

WELL FLOW REPORT

CCB#204240 LIC#CPI115

TEST ORDERED BY

DATE 10/11/2016

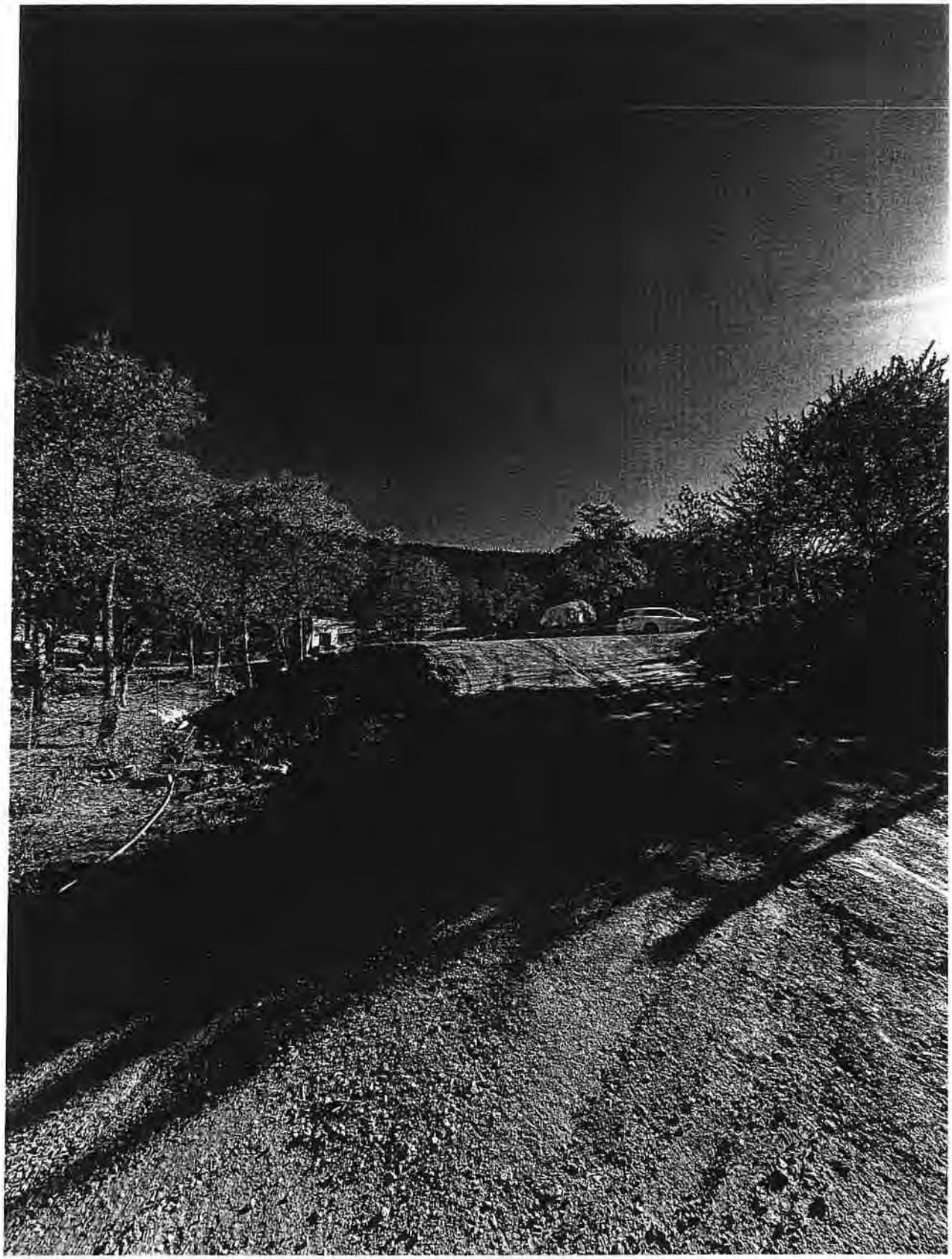
MACELLA ARANA
C-21 JC JONES REALTY
858 NW 6TH ST.
GRANTS PASS, OR 97526
541-660-1850
MarcellaArana@gmail.com

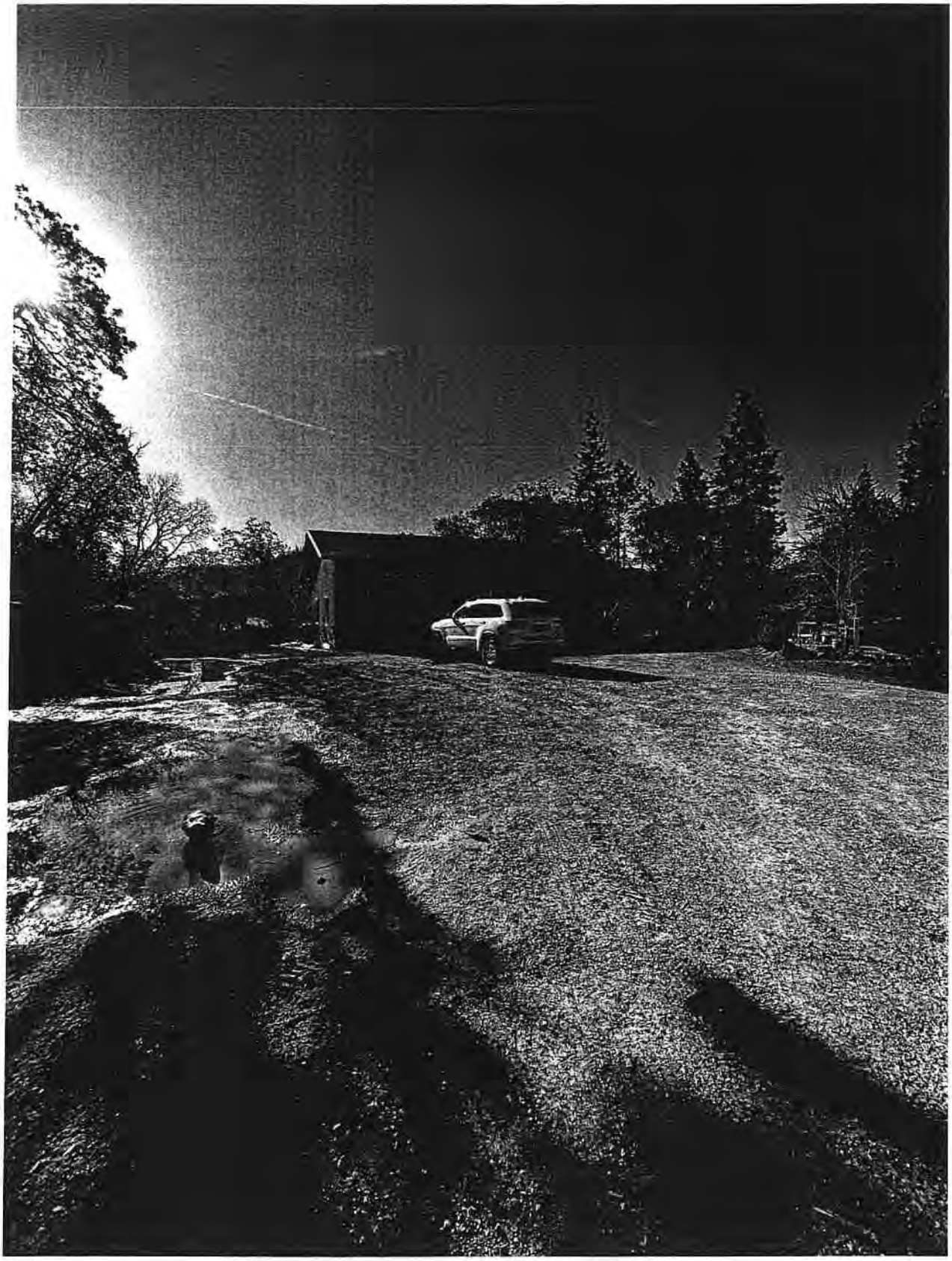
AVERAGE G.P.M.	26.4
TOTAL GALLONS FLOWED	6351
G.P.M. AT END OF TEST	26.3
WELL DEPTH	Unknown
STATIC WATER LEVEL	18'
TOTAL DRAWDOWN	18'
TECHNICIAN	RH

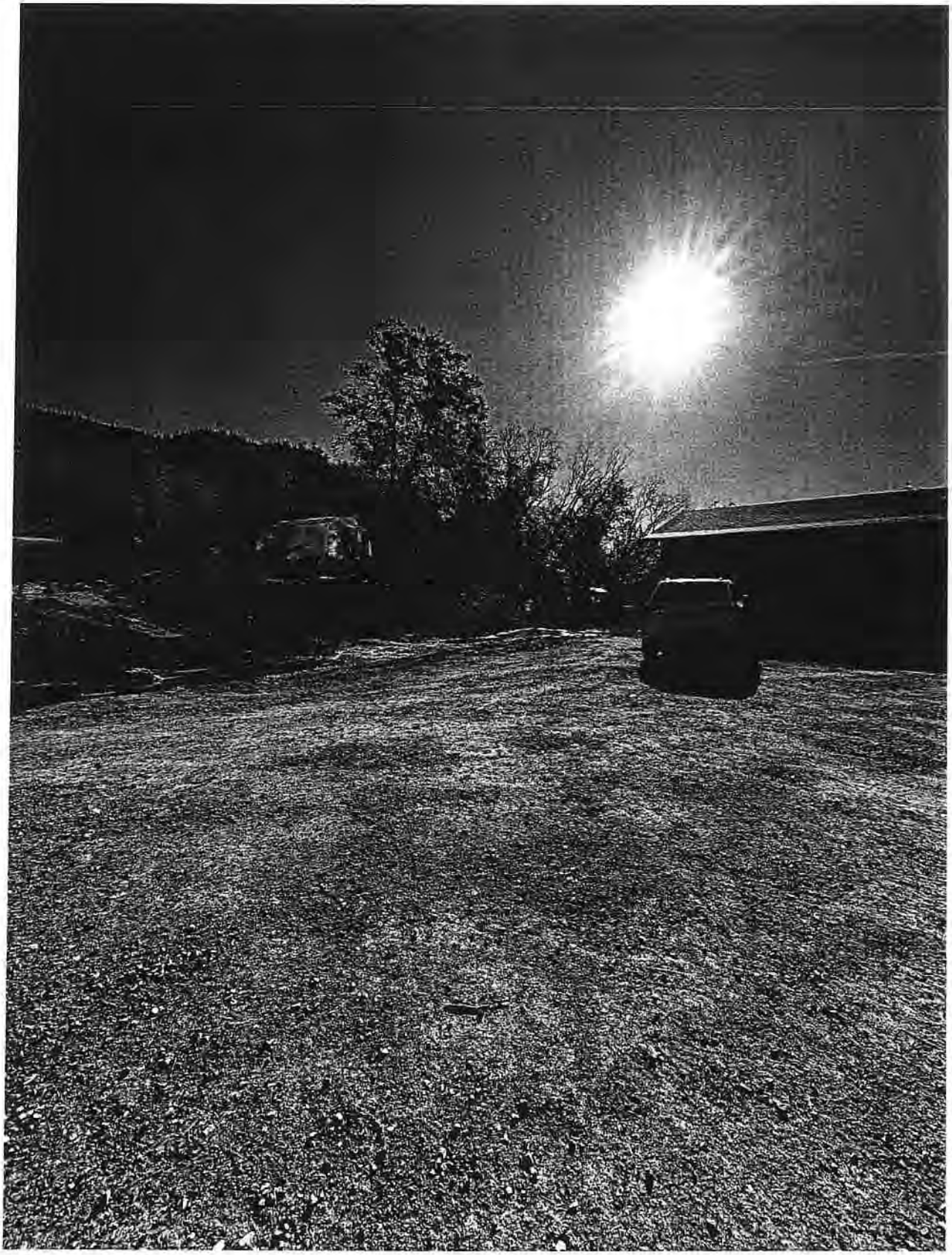
TEST LOCATION 795 MOSSY OAK

NO WELL ID # TAG
PRESSURE GAUGE IS BROKEN
PUMP DID NOT CAVITATE DURING TEST

TIME	G.P.M.	WATER LEVEL	TIME	G.P.M.	WATER LEVEL
0:00		18'			
0:15	26.5	29'	2:15	26.4	36'
0:30	26.5	31'	2:30	26.4	36'
0:45	26.5	33'	2:45	26.3	36'
1:00	26.5	34'	3:00	26.3	36'
1:15	26.5	35'	3:15	26.3	36'
1:30	26.4	35'	3:30	26.3	36'
1:45	26.4	36'	3:45	26.3	36'
2:00	26.4	36'	4:00	26.3	36'







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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL24-00430

Payer/Payee: CROOKSTON FAMILY TRUST, DAN & PAULETTE
1025 CROWN RIDGE RD
SEDONA AZ 86351

Cashier: Onnie Heater

Date: 04/11/2024

Primary Parcel: 34063500000503 **Project Description:** Convert Shop to SFR

PL-2024-00460 DEVELOPMENT PERMIT 785 MOSSY OAK DR

Fee Description	Fee Amount	Amount Paid	Fee Balance
PL-Development Permit (SFD, to include remodels & addition)	$380.00	$380.00	$0.00
	$380.00	**$380.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CREDIT CARD	154306351	$380.00
Total Paid:		**$380.00**

dlinebaugh@josephinecounty.gov

BOOK 2

SECTION 35 T.34S. R.6W. W.M.

JOSEPHINE COUNTY

1" = 400'

34 6 35

This map was prepared for assessment purpose only.

SEE MAP 34 6 26

NW COR DLC No 40

NNE COR H. NIDAY DLC No 40

ENE COR DLC No 40

SW Cor. DLC No 40

SE Cor. DLC No 40

INT. ELL. DLC No 40

SEE MAP 34 6 34

SEE MAP 34 6 34D

SEE MAP 35 6 2

SEE MAP 34 6 35C

SEE MAP

OROAD

OXYOKE

PARTITION PLAT 2001-53

C.S.18-91

WAY

KEETA

MONTERICO ROAD

PACIFIC HIGHWAY (OLD)

OXYOKE

PART. PLAT 2009-31

C.S.53-95

C.S.69-91

C.S. 96-63

EL CONEJO DRIVE

OAK

MOSSY

MONTEFLORA TERRACE

DRIVE

MONUMENT

HIGHWAY

INTERSTATE

JOE JUMP OFF ROAD

CANYON (PLACER) CREEK

SEXTON MEADOWS SUB.

CRUME DRIVE

618 5.15 Ac.
617 5.22 Ac.
616 5.28 Ac.
635 5.04 Ac.
605 5.15 Ac.
600 5.58 Ac.
619 5.28 Ac.
612 5.30 Ac.
607 5.22 Ac.
606 5.00 Ac.
608 5.44 Ac.
609 5.00 Ac.
602 5.19 Ac.
620 5.00 Ac.
621 5.05 Ac.
626 3.76 Ac.
1500 1.00 Ac.
1400 1.42 Ac.
601 5.00 Ac.
627 5.00 Ac.
502 5.52 Ac.
501 5.35 Ac.
503 5.52 Ac.
LOT 1 PLAT 2 3
591 0.16 Ac.
604 5.14 Ac.
610 5.04 Ac.
633 2.64 Ac.
622 2.52A
611 5.00 Ac.
400 14.00 Ac.
37.02
300 14.35 Ac.
700 45.71 Ac.
625 LOT 2 5.00 Ac.
624 5.00 Ac.
30.23
623 5.09 Ac.
LOT 3
38.02
LOT 4 28.22
LOT 5 28.22
200 11.78 Ac.
101 40.00 Ac.
106 5.00Ac.
107 5.00Ac.
105 5.00Ac.
108 5.00Ac.
104 5.00Ac.
109 5.00Ac.
103 4.56Ac.
110 4.56Ac.
804 3.52 Ac.
102 1.67Ac.
900 3.69Ac.
801 1.51Ac.
1000 4.53Ac.
1001 1.67 AC.
800 7.00 Ac.
802 31.60 Ac.
1007 1.00 Ac.
1003 1.29 Ac.
1004 1.33 AC.
1006 5.19Ac.
3200 1.52 Ac.
3201 5.02 Ac.
3202 5.33 Ac.
3203 5.55 Ac.
3205 7.40 Ac.
3300 6.60 Ac.
3400-90 0.26 Ac.

CANCELLED T. L.

2201	1200
2401	1201
613	1203
3301	1204
2202	1290
2490	1300
2390	1301
2391	1301-40
2392	1302
631	1303
590	1304
3001	1601
3002	1800
3290	1900
1103	2000
1190	2001
3291	2100
3204	2200
1202	2300
3292	2301
2200	2302
603	2400
614	2402
615	2403
628	2404
629	2491
630	2500
634	2600
1100	2700
1101	2800
1102	2900
1104	3000
1105	3003
	3004
	3100
	190
	1002
	592
	690
	1005
	100
	632
	500

34 6 35

BOOK 2

SECTION 35 T.34S. R.6W. W.M.

JOSEPHINE COUNTY

1" = 400'

34 6 35

This map was prepared for assessment purpose only.

OROAD

OXYOKE

SEE MAP 34 6 26

NW COR DLC No 40

NNE COR H. NIDAY DLC No 40

PARTITION PLAT 2 — C.S.18-91

2001-53

WAY

KEETA

PART. PLAT 2

LOT 1 PLAT 2009-31

C.S.53-95

C.S.69-91

C.S.96-63

MONTERICO

ROAD

EL CONEJO DRIVE

OAK

MOSSY

PACIFIC HIGHWAY

OLD

INT. ELL. DLC No 40

ENE COR DLC No 40

MONTEFLORA TERRACE

SEE MAP 34 6 34

SEE MAP 34 6 34D

SEE MAP 35 6 2

34 6 35C

LOT 1 — 37.02

LOT 2 — 30.23

LOT 3 — 38.02

LOT 4 — 28.22

LOT 5 — 28.22

No 5

618 5.15 Ac.	617 5.22 Ac.	616 5.28 Ac.		
635 5.04 Ac.				
605 5.15 Ac.				
600 5.58 Ac.	502 5.52 Ac.	400 14.00 Ac.	200 11.78 Ac.	101 40.00 Ac.
612 5.30 Ac.	501 5.35 Ac.	503 5.52 Ac.	300 14.35 Ac.	
619 5.28 Ac.				
607 5.22 Ac.				
606 5.00 Ac.				
608 5.44 Ac.	591 0.16 Ac.			
602 5.19 Ac.	633 2.64 Ac.			
609 5.00 Ac.	604 5.14 Ac.	610 5.04 Ac.	622 2.52A	611 5.00 Ac.
621 5.05 Ac.				700 45.71 Ac.
620 5.00 Ac.				
601 5.00 Ac.				
626 3.76 Ac.	625 5.00 Ac.	624 5.00 Ac.	623 5.09 Ac.	
1500 1.00 Ac.				
1400 1.42 Ac.	627 5.00 Ac.			

SEXTON MEADOWS SUB.

106 5.00 Ac.	107 5.00 Ac.	
105 5.00 Ac.	108 5.00 Ac.	
104 5.00 Ac.	109 5.00 Ac.	
103 4.56 Ac.	110 4.56 Ac.	
804 3.52 Ac.	102 1.67 Ac.	900 3.69 Ac.
801 1.51 Ac.	800 7.00 Ac.	1000 4.53 Ac.
802 31.60 Ac.	1007 1.00 Ac.	1001 1.67 AC.
	1003 1.29 Ac.	1006 5.19 Ac.
	1004 1.33 AC.	
3200 1.52 Ac.	3201 5.02 Ac.	3202 5.33 Ac.
3203 5.55 Ac.	3205 7.40 Ac.	
3300 6.60 Ac.		

SEXTON MEADOWS — S89°48'17"E 646.11 — 678.96'

SUB. — 107 5.00 Ac.

106 5.00 Ac. — 105 5.00 Ac. — 108 5.00 Ac.

104 5.00 Ac. — 109 5.00 Ac.

103 4.56 Ac. — 110 4.56 Ac.

804 3.52 Ac. — 102 1.67 Ac. — 900 3.69 Ac.

801 1.51 Ac. — 800 7.00 Ac. — 1000 4.53 Ac. — 1001 1.67 AC.

802 31.60 Ac. — 1007 1.00 Ac. — 1006 5.19 Ac.

1003 1.29 Ac.

1004 1.33 AC.

3200 1.52 Ac. — 3201 5.02 Ac. — 3202 5.33 Ac.

3203 5.55 Ac. — 3205 7.40 Ac.

3300 6.60 Ac.

DRIVE — CRUME — JOE — JUMP OFF — (ROAD) — OAK — (PLACER) — CANYON — CREEK — HIGHWAY — INTERSTATE

3400-90 0.26 Ac.

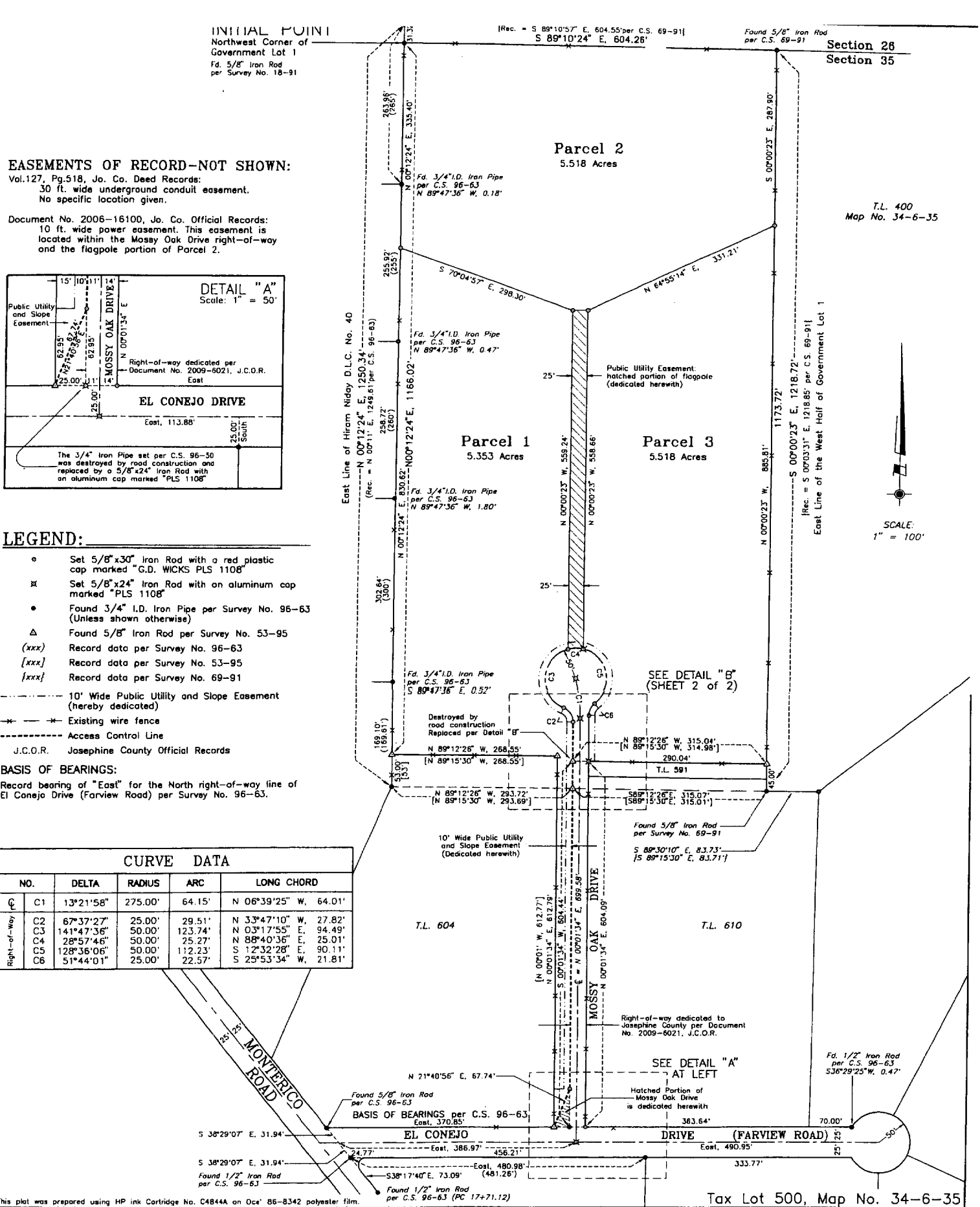
SW Cor. DLC No40 — SE Cor. DLC No40 — MONUMENT — N. 89°43'W. 80.00 ch (GLO)

79.60 ch (GLO)

CANCELLED T. L.

2201	1200
2401	1201
613	1203
3301	1204
2202	1290
2490	1300
2390	1301
2391	1301-40
2392	1302
631	1303
590	1304
3001	1601
3002	1800
3290	1900
1103	2000
1190	2001
3291	2100
3204	2200
1202	2300
3292	2301
2200	2302
603	2400
614	2402
615	2403
628	2404
629	2491
630	2500
634	2600
1100	2700
1101	2800
1102	2900
1104	3000
1105	3003
	3004
	3100
	190
	1002
	592
	690
	1005
	100
	632
	500

34 6 35



EASEMENTS OF RECORD-NOT SHOWN:

Vol.127, Pg.518, Jo. Co. Deed Records:
30 ft. wide underground conduit easement.
No specific location given.

Document No. 2006-16100, Jo. Co. Official Records:
10 ft. wide power easement. This easement is located within the Mossy Oak Drive right-of-way and the flagpole portion of Parcel 2.

LEGEND:

- ⊙ Set 5/8"x30" Iron Rod with a red plastic cap marked "G.D. WICKS PLS 1108"
- ⊠ Set 5/8"x24" Iron Rod with an aluminum cap marked "PLS 1108"
- • Found 3/4" I.D. Iron Pipe per Survey No. 96-63 (Unless shown otherwise)
- △ Found 5/8" Iron Rod per Survey No. 53-95
- (xxx) Record data per Survey No. 96-63
- [xxx] Record data per Survey No. 53-95
- {xxx} Record data per Survey No. 69-91
- 10' Wide Public Utility and Slope Easement (hereby dedicated)
- Existing wire fence
- Access Control Line
- J.C.O.R. Josephine County Official Records

BASIS OF BEARINGS:

Record bearing of "East" for the North right-of-way line of El Conejo Drive (Farview Road) per Survey No. 96-63.

CURVE DATA

	NO.	DELTA	RADIUS	ARC	LONG CHORD
℄	C1	13°21'58"	275.00'	64.15'	N 06°39'25" W, 64.01'
Right-of-Way	C2	67°37'27"	25.00'	29.51'	N 33°47'10" W, 27.82'
	C3	141°47'36"	50.00'	123.74'	N 03°17'55" E, 94.49'
	C4	28°57'46"	50.00'	25.27'	N 88°40'36" E, 25.01'
	C5	128°36'06"	50.00'	112.23'	S 12°32'28" E, 90.11'
	C6	51°44'01"	25.00'	22.57'	S 25°53'34" W, 21.81'

This plat was prepared using HP ink Cartridge No. C4844A on Oce' 86-8342 polyester film.

PROJECT NO. 968-06-465	REGISTERED PROFESSIONAL LAND SURVEYOR	3754	FINAL PLAT
DRAWING NO. 679-18.24 P:\G.holman\holman0p.dwg jr	Gary D. Wicks		PARTITION PLAT
DATE July 15, 2009	OREGON JULY 29, 1977 GARY D. WICKS 1108 Renewal Date: 6-30-10	SURVEYED FOR: David Holman, 437 Cumberland Drive, Grants Pass, Oregon 97527, Tel. (541) 476-9306	LOCATED IN Government Lots 1 & 2 of Section 35, Township 34 South, Range 6 West, W.M., Josephine County, Oregon
SCALE 1" = 100'			SURVEYED BY: WICKS ENGINEERING & SURVEYING, 311 N.E. "D" Street, Grants Pass, Oregon 97526, Tel: 541-479-3436 Fax: 541-479-1014

SHEET 1 OF 2

PARTITION PLAT NO. _____

SURVEYOR'S CERTIFICATE

I, Gory D. Wicks, Oregon Professionol Land Surveyor No. 1108, hereby certify that I have accurately surveyed ond marked with proper monuments the lond represented on this partition plot. I hove designated a 5/8 inch diameter iron rod monumenting the Northwest Corner of Government Lot 1 as the Initial Point of this Partition Plat. Said parcel of land is located in Government Lots 1 and 2 within the Northwest Quorter of Section 35, Township 34 South, Range 6 West af the Willamette Meridion, Josephine County, Oregon ond is more particularly described as follows:

Beginning at the Northwest Corner of Gavernment Lot 1 af said Section 35, the INITIAL POINT of this Partition Plat; thence South 89°10'24" East along the North Line of said Section 35, 604.26 feet to the Northeast Corner of the West Half of said Government Lot 1; thence South 00°00'23" East along the East Line of the West Half of said Govemment Lot 1, 1173.72 feet to the Northeost Corner af Parcel 3 of Dacument No. 2004-25611, Josephine County Official Records; thence North 89°12'26" West along the North Line of soid Parcel 3, 315.04 feet to the Northwest Comer of the twenty-five foot wide public right-af-way dedicated to Josephine County in Document No. 2009-6021, Josephine County Officiol Records; thence South 00°01'34" West, along the West Line of said public right-of-way, 604.44 feet to the North right-of-way line of El Conejo Drive (formerly Forview Road) at the Southeast Corner of the tract of land described in Volume 325, Page 511 of the Josephine County Deed Records; thence West along soid North right-of-way line, 25.00 feet; thence, leaving said North right-of-way line, North 00°01'34" East, porallel with the East Line of soid tract, 612.79 feet to a point 53.00 feet North of the North Line of the tract of land described in Volume 325, Page 511 of the Josephine County Deed Records; thence North 89°12'26" West, parallel with said North Line, 268.55 feet to the West Line af said Government Lot 1; thence North 00°12'24" West along said West Line, 1166.02 feet to the point of beginning, contoining 16.64 acres, more-or-less.

Gory D. Wicks
Gory D. Wicks, P.L.S. 1108

DECLARATION

KNOW ALL PERSONS BY THESE PRESENTS that Mathew D. Tibbits ond Nicole J. Tibbits, husband and wife as tenants by the entirety, as to an undivided 50% interest, and David J. Holmon, as to an undivided 50% interest, oll as tenonts in common are the owners of the lond described in the "Surveyor's Certificate." Beneficiory interest in soid parcel is held by Dorothy McClung, Trustee of the McClung Marital Trust by virtue of a Deed of Trust recorded os Document No. 2006-905 of the Josephine County Official Records. We have coused the some to be surveyed and partitioned into the parcels gs shown on Sheet No. 1 of 2. Mossy Oak Drive, the public utility easement and the road slope easement are hereby dedicated to the public forever.

Mathew D. Tibbits

Nicole J. Tibbits

David J. Holman

OFFICIAL SEAL
LINDA M GAY
NOTARY PUBLIC - OREGON
COMMISSION NO. 440600
MY COMMISSION EXPIRES JUNE 28, 2013

STATE OF OREGON, County of Josephine } ss.
This is to certify that on the above dates beginning the 24 day of August, 2009 ond ending on the 24 day of August, 2009 before me personally appeared the obove nomed people, known to me to be the identical persons described in and who executed the above declaration. They acknowledge the foregoing instrument to be their voluntory oct and deed. In testimony whereof I hereby affix my signoture this 24 day of August, 2009.

LINDA M. GAY
Notary Public - Oregon (Printed)

Notary Public - Oregon (Signature)

Commission No. 440600

My Commission Expires June 28, 2013

PARTITION PLAT CONSENT AFFIDAVIT

From Dorothy McClung, Trustee of the McClung Morital Trust, recorded as Document No. 2006-905, Josephine County Officiol Records.

Recorded os Document No. _____

ROAD MAINTENANCE AGREEMENT

Mossy Oak Drive is o privately maintained county road. The property owners, their heirs, successors and assigns of the parcels created by this plot shall be responsible for the maintenance of said Mossy Oak Drive. This responsibility shall be shared equally among soid parcels. In the event any property owner foils or refuses to pay his/her equal share of the maintenance costs, the party or parties who have paid their share shall make written demand upon the property owner who failed to pay his/her share. In the event the property owner has not paid within ten days after receipt of said written demand, the property owners who have paid their share may institute suit ar action to enforce this condition and covenant which shall run with the land. In addition to the costs and disbursements allowed by law, the owner or owners seeking reimbursement shall be entitled to recover from the defrauding defendants such sums as the Court may judge reasonable as attorney fees in said suit or action. Additionally, the future owners of Tax Lots 400 and 591, Map No. 34-6-35 shall be included in this maintenance agreement and shall have an equal (25%) share in this responsibility as set forth in the terms and conditions of the Agreement recorded os Document No. 2009-012194, Josephine County Official Records.

NARRATIVE

PURPOSE: To partition and create Mossy Oak Drive from Tax Lot 500, Map No. 34-6-35 as shown.

PROCEDURE:
A closed loop traverse was surveyed around the perimeter of Tax Lot 500 with side shot ties to found monuments as shown on Sheet No. 1 of 2. The traverse was then extended East and West along El Conejo Drive with side shot ties to found monuments. The right-of-way of El Conejo Drive was determined by the line of best fit of the found monuments per Survey No. 96-63. Monuments found per Surveys No. 96-63, 69-91 and 53-95 were accepted to estoblish the perimeter of Tax Lot 500. The parcels and Mossy Oak Drive were then surveyed as shown on Sheet No. 1 of 2.

DOCUMENTS USED:
Josephine County Deed Records: Vol. 184, Pg. 287; Vol. 188, Pg. 454; Vol. 291, Pg. 388; Vol. 325, Pg. 511; Vol. 327, Pg. 706; Vol. 327, Pg. 1967

Josephine County Book of Records: Documents 90-19845 and 91-6333

Josephine County Official Records:
Documents No. 2004-25611, 2006-903 and 2009-6021

INSTRUMENTS USED:
Wild T-1600 Theomat and a Distomat DI-1600 E.D.M.I. with o combined accuracy of 1 second and 3mm ± 2 ppm.

BASIS OF BEARINGS:
North Right-of-Way line of El Conejo Drive (Farview Road) per Survey No. 96-63

APPROVALS

We, the undersigned, do hereby approve this plat and declaration for true and legal form:

_____ this _____ day of _____, 2009
County Surveyor

_____ this 26th day of August, 2009
County Planner

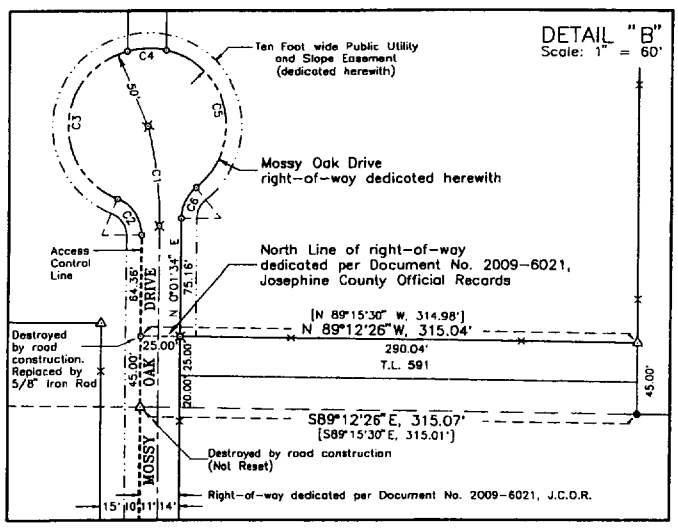
All taxes, fees, assessments, or other charges as provided by O.R.S. 92.095 have been paid this _____ day of _____, 2009.

_____
Josephine County Assessor or Deputy

STATE OF OREGON }
County of Josephine } ss.

I hereby certify that this Partition Plat was filed for record on this _____ day of _____, 2009 at _____ O'Clock _____ M and recorded os Portion Plat No. _____ of the Official Records of Josephine County, Oregon.

_____
Josephine County Clerk or Deputy



This plat was prepared using HP ink Cartridge No. C4844A on Oce' 86-8342 polyester film.

SHEET NO. 2 of 2

PROJECT NO. 968-06-465

DRAWING NO. 680-18.24
P:\D:\holman3\holman1p.dwg jw

DATE July 15, 2009

REGISTERED PROFESSIONAL LAND SURVEYOR
Gary D. Wicks
OREGON JULY 08, 1977 GARY D WICKS 1108

3754

FINAL PLAT

PARTITION PLAT

SURVEYED FOR:
David Holman
437 Cumberland Drive
Grants Pass, Oregon 97527

LOCATED IN
Government Lots 1 & 2 of Section 35
Township 34 South, Range 6 West, W.M.

SURVEYED BY:
WICKS ENGINEERING & SURVEYING
311 N.E. "D" Street
Grants Pass, Oregon 97526

Scan ID
400871

State of Oregon
Department of Environmental Quality

Onsite Permit ID: **OS400785**

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 OS400785 as follows:

PROPERTY INFORMATION

Property Owner:	**Mathew D Tibbits**	**Township 34S, Range 06W, Section 35**	
Property Location:	**180 El Conejo, Grants Pass**	**Tax Lot 500**	
Facility Type:	**Single Family Dwelling**	**Josephine County**	
	3 Bedrooms	**CountyWorksheet #06-280**	

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow:	**450 gals/day**	Drain Media Total Depth:	**12 inches**
Minimum Septic Tank Size:	**1000 gals**	Drain Media Below Pipe:	**6 inches**
DistributionType:	**Serial**	Drain Media Above Pipe:	**2 inches**
Total Trench Length:	**375 Linear feet**		
Trench Spacing:	**8 feet***		
Media Type:	**Rock and Pipe**		
Maximum Trench Depth:	**30 inches**		
Minimum Trench Depth:	**24 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 Rick Blake on 6/14/2006

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

Richard E. Blake	**Onsite Wastewater Specialist**	**6/19/2006**
Authorized Agent:	Title	Date CSC Issued

Rick Blake

Department of Environmental Quality
Western Region - Grants Pass Office
510 NW 4th, Room 76
Grants Pass, OR 97526
Phone: (541) 471-2850 X223
Fax: (541) 479-2764

GRANTS PASS OFFICE
DEPARTMENT OF ENVIRONMENTAL QUALITY

RECORD OF SEWAGE DISPOSAL SYSTEM

Property Owner: Mat Tibbits Permit # 400785

Installation Address: 180 El Cerrajo

Twp. 34 R 06 Sec. 35 TL 500

Septic Tank Information: Liquid Capacity 1000 gal Material Concrete

Manufacturer Riverside

Distance from well:

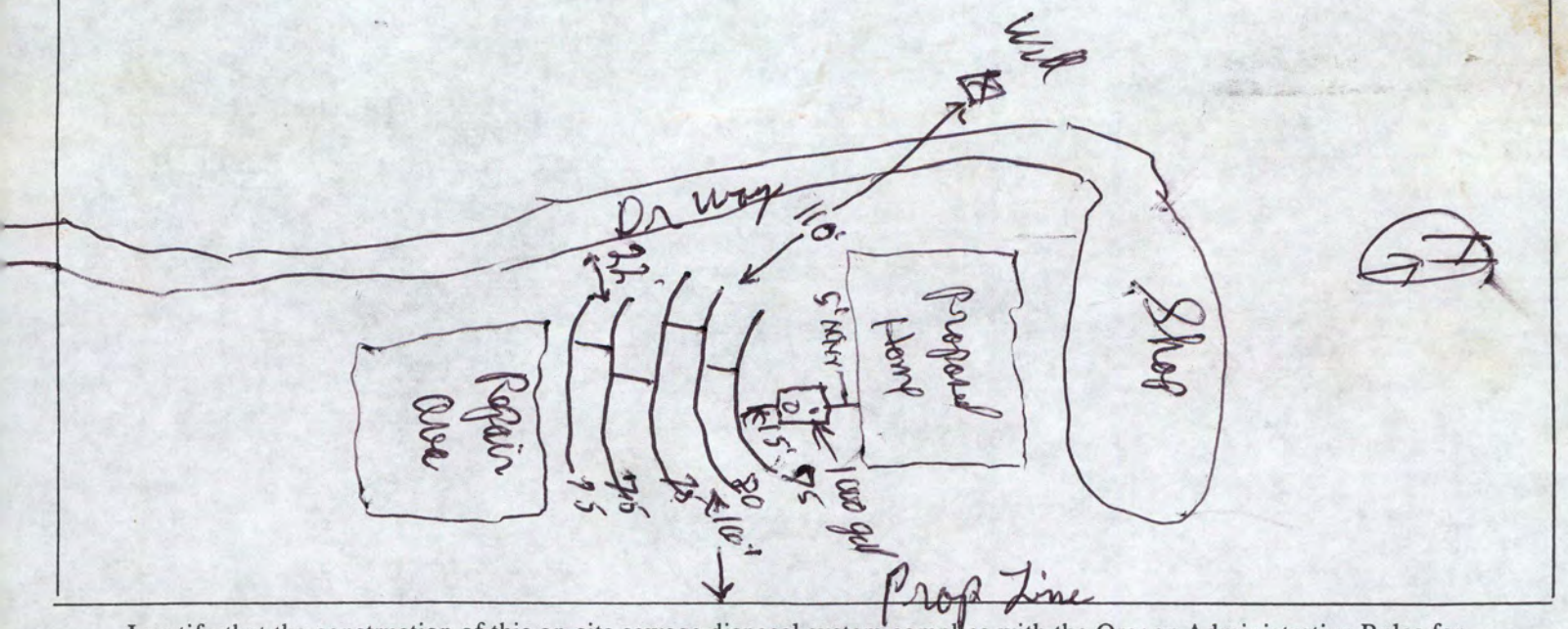
Drainfield Information: Total Linear Ft. 375' Depth of Rock Under Pipe 6"

Total Rock Depth 12"

Distance from well:

As-Built Sketch - Show all wells, roads, structures, and landscape features.

IDENTIFY THE SEPTIC TANK LID IN RELATION TO SOME FIXED FEATURE OR STRUCTURE



I certify that the construction of this on-site sewage disposal system complies with the Oregon Administrative Rules for On-Site Sewage Disposal, Chapter 340, Division 71, 72, and 73.

Installer's Name: RT Littlefield Date: 6-7-06

DEQ License #: 34435

For Office Use Only: Date of Final Inspection: 6-14-2006

Remarks:

Installation Inspected + Approved to Cover.

R Blake

WR-GP 7/26/94

Date Received 6-14-2006 RB

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirement within ORS 454.665, OAR 340-71-170, and OAR 340-71-175 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorized the system to be backfilled earlier. 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. Please complete all sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner Mat Tibbits Permit Number 400-785 County Josephine

Township 34 ; Range 06 ; Section 35 ; Tax Lot 500 Tax Acct.#

Job Location 180 El Consejo

Date System Construction Completed 6-7-06 ; Date submitted to DEQ or Agent 6-12-06

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

MATERIAL	SIZE	SPECIFICATION	AMOUNT
~~Pump~~			
Distribution Pipe	4"	2729	375'
Effluent Sewer Pipe	4"	3034	20'
Drain Media	1 1/2"	Round	30 cf
Filter Material		Straw	
Other			

Sand Filter Materials: (attach sand certificate and sieve analysis)

Container

Under Drain

Under Drain Media

Filter Fabric

Manifold Pipe

Fittings

Pump

Other

SECTION 3: WATER TIGHT TANK TEST. Fill tank to a point at least 2" into riser. Record level after 24 hours.

TANK	DATE	WATER LEVEL	COMMENTS
Date Filled	6-7-06	2" in Riser	ok
Date Checked	6-8-06	" "	ok
Date Recheck	6-12-06	" "	

Test Results are true and accurate:

R T Tibbits

Signature of person performing test

Rev 8-03 WR-GPsb

Scan ID 400871

State of Oregon
Department of Environmental Quality

Onsite ID: **OS400785**
Expiration Date: **5/15/2007**

Construction-Installation Permit

This Construction-Installation Permit OS400785 issued in accordance with Site Evaluation #8571 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner:	**Mathew D Tibbits**	**Josephine County**
Property Location	**180 El Conejo, Grants Pass**	**Township 34S, Range 06W, Section 35**
Facility Type:	**Single Family Dwelling**	**Tax Lot 500**
	3 Bedrooms	**CountyWorksheet #06-280**

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:	**450 gals/day**	Drain Media Total Depth:	**12 inches**
Minimum Septic Tank Size:	**1000 gals**	Drain Media Below Pipe:	**6 inches**
DistributionType:	**Serial**	Drain Media Above Pipe:	**2 inches**
Total Trench Length:	**375 Linear feet**		
Trench Spacing:	**8 feet***		
Media Type:	**Rock and Pipe**		
Maximum Trench Depth:	**30 inches**		
Minimum Trench Depth:	**24 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 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.

SCANNED
SEP 23 2013

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.

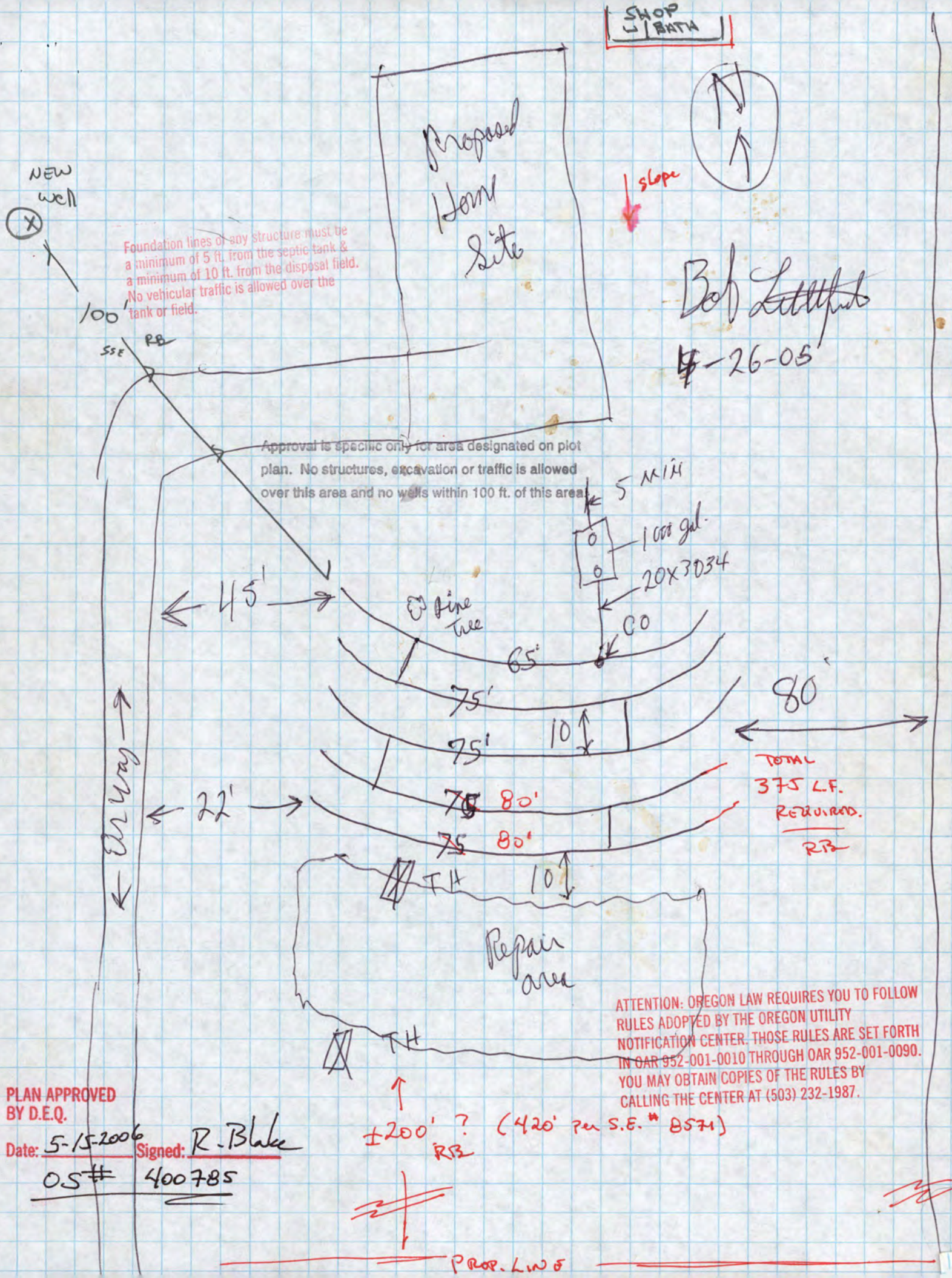
For pre-cover inspection information, contact your agent below:

Richard E. Blake	**Onsite Wastewater Specialist**	**5/15/2006**	**5/15/2007**
Authorized Agent:	Title	Date Issued	Expiration Date

Rick Blake

Department of Environmental Quality
Western Region, Grants Pass Office
510 NW 4th, Room 76
Grants Pass, OR 97526
Phone: (541) 471-2850 X23
Fax: (541) 479-2764

See the Attachment 1 for additional information about your permit.


SHOP
BATH
Proposed
Home
Site
slope
NEW
well
100'
SSE
RB
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.
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.
5 MIN
1000 gal.
20X3034
CO
45'
Fire
Tree
65'
75'
75'
10'
80'
TOTAL
375 L.F.
REQUIRED.
RB
Driveway
22'
75
80'
75
80'
TH
10'
Repair
area
TH
±200' ? (420' per S.E. # 8571)
RB
PROP. LINE
ATTENTION: OREGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED BY THE OREGON UTILITY NOTIFICATION CENTER. THOSE RULES ARE SET FORTH IN OAR 952-001-0010 THROUGH OAR 952-001-0090. YOU MAY OBTAIN COPIES OF THE RULES BY CALLING THE CENTER AT (503) 232-1987.
PLAN APPROVED
BY D.E.Q.
Date: 5-15-2006 Signed: R. Blake
O.S.# 400785

CWR 1660-2293 Scan ID 400871

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 4-27-06
Fee Paid $670.00
Receipt Number 123038
Application Number 400871
Date of 1st Response 5-9-2006
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

Mathew D Tibbits | 1221 SW I Street | GP | OR | 97526 | 474-7177
Name | Mailing Address | City | State | Zip Code | Phone Number

B. Legal Property Description

34 | 06 | 35 | 500 | 16.68 | Josephine
Township | Range | Section | Tax Lot | Acreage or Lot Size | County

Property Address: 180 El Conejo | Grants Pass | OR | 97526
Address | City | State | Zip Code

Directions to Property: Monument to S Three Pines Rd, Right on Oxyoke, Right on Monterico, Left on El Conejo (North on) Left on First Driveway and Straight up. (Left)

C. Existing Facility / Proposed Facility / Water Information

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

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

Water Supply:
☐ Public
Name
☒ Private Well
Well, Spring, Shared

D. Type of Application

- ☐ Site Evaluation
- ☒ Construction Permit
- ☐ Repair 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.

Mathew D Tibbits | 4-27-06
Signature | Date

Applicant's Name – Please Print Legibly | Applicant's Phone Number | Applicant's E-mail Address

1221 SW I Street Grants Pass, OR 97526
Applicant's Mailing Address

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

☐ Authorization Attached

Installer's Name

Rev 12-6-02 bjk

SCANNED SEP 23 2013

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: $150 CHECK: 688 CASH: _____
PERMIT NUMBER: 06-280

TWN: 34 **RNG:** 06 **SEC:** 35 **QQ:** 00 **TAXLOT** 500
SITUS: 180 EL CONEJO DR **ACRES:** 16.68 **ZONE:** RR5

Applicant: TIBBITS, MATTHEW D & TIBBITS, NICOLE J & **Applicant Phone:** 474-7177
Applicant Address: 437 CUMBERLAND DR GRANTS PASS, OR 97527
Owner: TIBBITS, MATTHEW D & TIBBITS, NICOLE J &
Owner Address: 437 CUMBERLAND DR 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 Azalea Creek Class 1 Stream ___ Class 2 Stream X
☐	☒	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___
☐	☒	Part of Total - map no. : Acres:
☐	☐	Site Review Conditions - Comment:

EXISTING STRUCTURES

PROPOSAL

Conventional Residence- 2630 sq.ft., 3 bedrms, 2 bath
Attached garage- 26'x24'
Detached shop- 30'x40'
w/ bathroom
5/11/06

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

Additional Terms:
Building and Safety note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

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

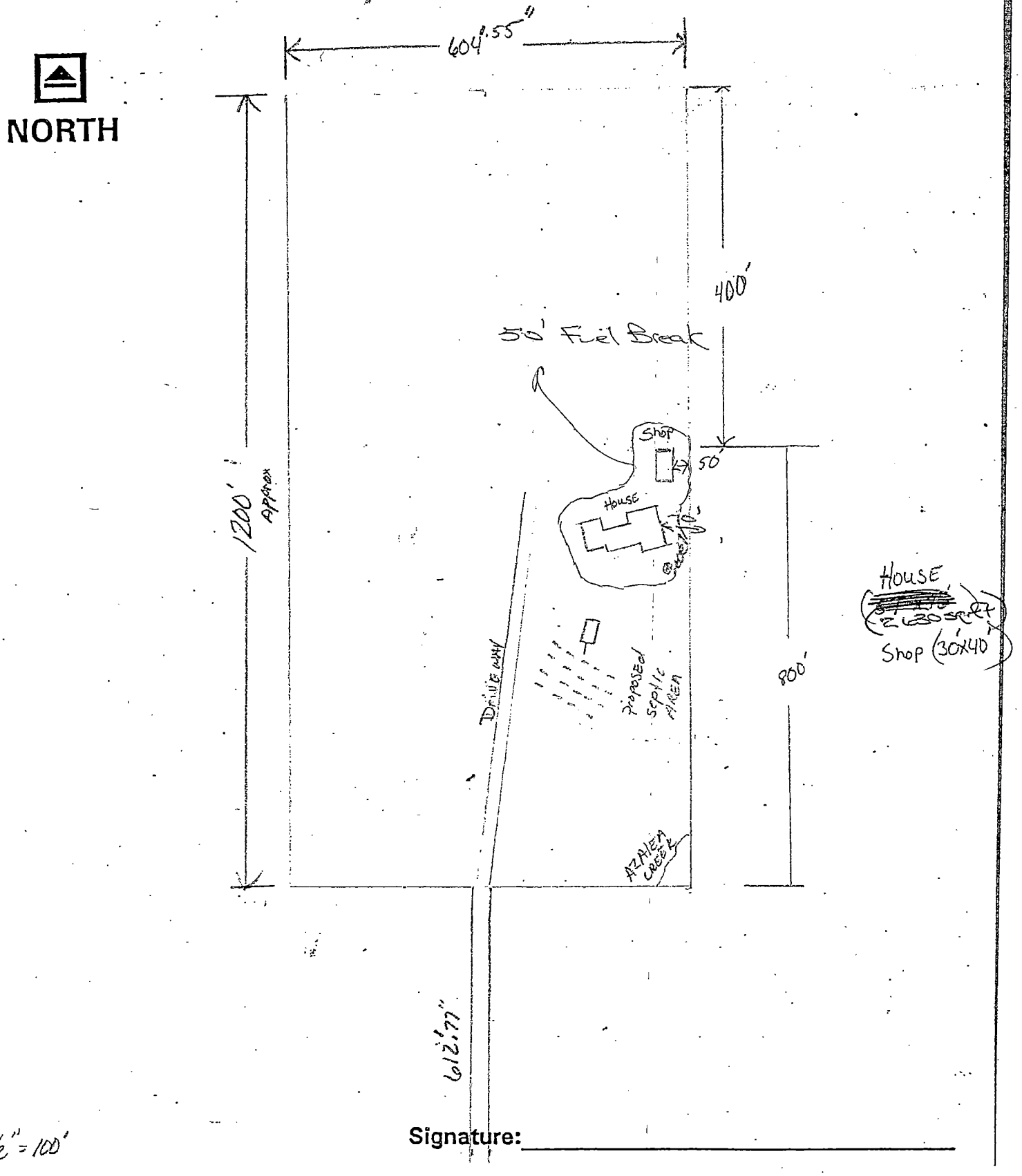
Signature: X _____ **Date:** X 4-14-06
Contractor Name: _____ **License#:** _____
Approved: _____ **Date:** 4/14/06

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

Date: 4-14-06, 2006 T 34, R 06, S 35-00, TL# 000500

Name: Mat Tibbits Address: 180 El Conejo

PLOT PLAN



1/2" = 100'

Signature: _____

See S.E. 8009 also

Scan ID 40087 C

SUBSURFACE SEWAGE APPLICATION FOR SITE EVALUATION

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

Zone Verification _____
Zone Clearance 82-175

№ 8571 Date Applied April 23, 1982

NAME OF PROPERTY OWNER: Rogers, John & Margaret c/o Cliff Woodruff — 479-3621 PHONE

MAILING ADDRESS: 229 Barbara Drive, Grants Pass, OR — 97526 ZIP

DIRECTIONS TO PROPERTY: 180 El Canejo Drive

T 34 R 6 Sec. 35 TL 500

Acreage 16.68 Subdivision _____ Lot ___ Blk ___

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

n SE-$100; DEQ Surcharge-$15
Fee $ Total fee--$115.00 4/23/82 ms

Signature of Applicant Clifford S Woodruff

FIELD INFORMATION

General Topography 8-10% ridge

Relationship to Existing Domestic Water Sources Ø

Hydrology: Depth to Ground Watertable (representative) seasonal perched 32"

Relationship to Surface Waters seasonal drainageway + pond to west

Soil Profile South hole scL/DG
DG range 30-42"

North hole
0-47" scL
47+ DL

250ft
24-30"

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.

Miscellaneous Information New site is appox 350' North of large pine at old site # 8009

Date 4-26-82 Sanitarian John W Blanchard

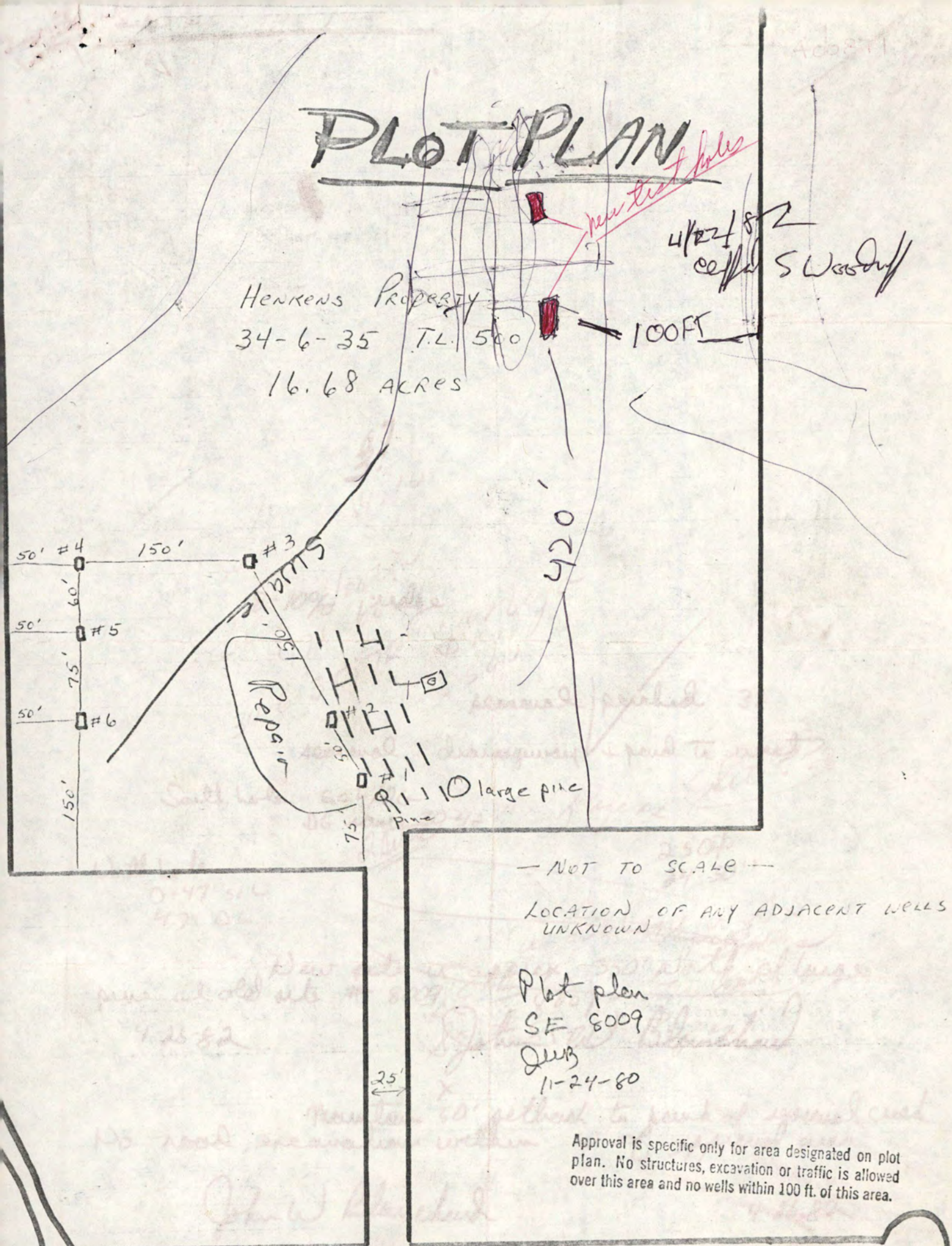
Evaluation Results: Acceptable ___ Cond. Acc. X Not Acc. ___ Re-Eval. Date ___

Special Conditions for Approval Maintain 50' setback to bank of seasonal creek
No road excavation within 50' of approved area

SCANNED SEP 23 2013

Sanitarian John W Blanchard Date 4-26-82

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



— NOT TO SCALE —

LOCATION OF ANY ADJACENT WELLS UNKNOWN

Plot plan
SE 8009
JWB
11-24-80

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.

JOSEPHINE COUNTY DEVELOPMENT PERMIT

34 - 6 - 35 TL 500

☐ Urban Growth Boundary ____ ☒ County ☐ Previous Permit No. ____

☐ Subdivision ☐ Major Partition ____ Block ____ Lot ____
☐ Minor Partition: Date ____
☐ Tax Lot in Isolated Ownership Qualifying as a Developable Parcel ____
☐ Tax Lot in Contiguous Ownership T____ R____ S____ TL ____. Additional development subject to minor land partition or Commission approval.

Yes	No	
☐	☒	Flood Hazard Flood Elevation ____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
☐	☒	Requires Watermaster review or approval.
☐	☒	Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
☐	☒	Other: ☐ Fire Hazard ☐ Airport Hazard ☐ Erosion

Property Owner: ROGERS JOHN & MARGARET Phone: 479-3621
Mailing Address: 32805 SHEILA LANE CRESCENT CITY
Cliff Woodruff c/o 229 Barbara Dr. G.P. 97330

DEVELOPMENT	EXISTING	PROPOSED
Conventional Residence	☐ ____ ____Br	☒ ____ 3 Br
Mobile Home	☐ Size ____ ____Br	☐ Size ____ ____Br
Multi-Family	☐ ____ Units	☐ ____ Units
Commercial	☐ ____	☐ ____
Industrial	☐ ____	☐ ____
Agriculture Bldg.	☐ ____	☒ 28 x 44
Addition to Existing Bldg.	☐ ____	☐ ____
Home Occupation	☐ ____	☐ ____
Other	☐ ____	☐ ____
Vacant	☐ ____	

NOTES: ____

Property Acreage 16.68
Zoning Classification FR Minimum Lot Size 10 AC

Setbacks From Property and Street Center Line:
Front 30 Ft. South C.P. Street Center Line 60' Ft. South C.P.
Sides 25' Ft. East & West C.P. Rear 25 Ft. North C.P.
Additional Setback Notes ____

☐ Class 1 or 2 stream setback of 15' from high water line or 25' from low water line (When setback conflicts occur, the greater setback shall govern)

Access: ☐ Easement, Private Road, Public Usage Road
☐ Non-maintained County Road or Court-Declared Public Road
☐ Maintained County Road (See County Road Dept. to obtain road approach permit)
☐ State Highway (See State Highway Dept. to obtain road approach permit)

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.

x ____ ☐ Owner ☐ Contractor License # ____
Signature

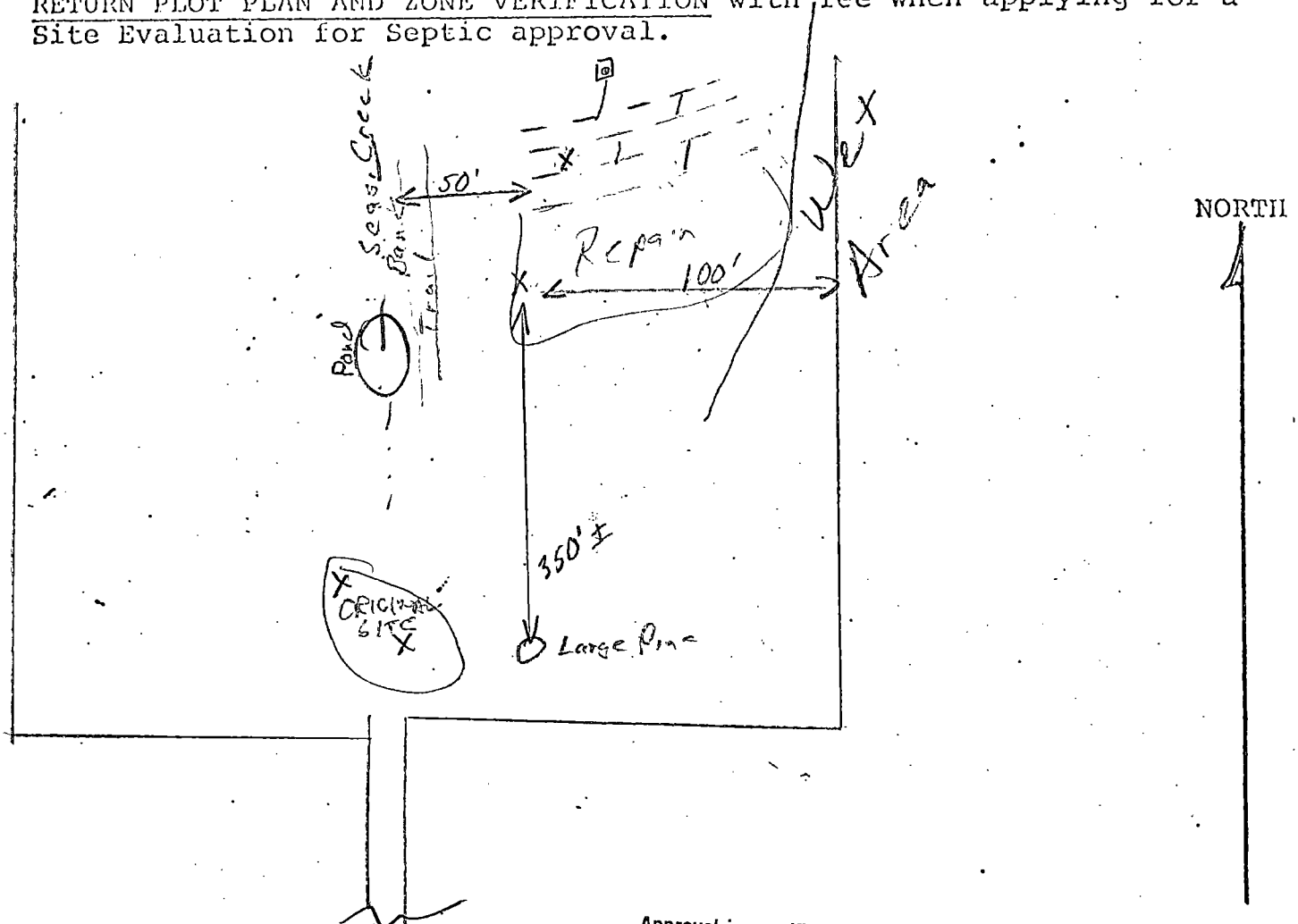
APPROVED BY ____ DATE 1-9-82 PERMIT # 82-175

TOWNSHIP 34 RANGE 6 SECTION 35 TAX LOT 500 ADDRESS 32805 Sheila Lane

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

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.



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

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

Fill could

Applicant's Signature

Date Submitted

Health Department Representative

4-26-82
Date Evaluated

Site No. 8571 Permit No. _____

JOSEPHINE COUNTY DEVELOPMENT PERMIT

FEE $ _____

34 - 6 - 35 TL 500

TOWNSHIP 34 RANGE 6 SECTION 35 TAX LOT 500 ADDRESS 180 E Q Conejo Rd.

☐ 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. 180 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: Berton Burks PHONE: _____

MAILING ADDRESS: _____

DEVELOPMENT	EXISTING	PROPOSED
Vacant Land: ☑ Yes ☐ No		
Conventional Residence	☐ ____ Br	☑ 2000'± 3 Br
Manufactured Housing	☐ ____ Br	☐ ____ Br
Multi-Family	☐ ____ Units	☐ ____ Units
Commercial	☐	☐
Industrial	☐	☐
Agriculture Bldg.	☐	☐
Addition to Existing Bldg.		☐
Home Occupation	☐	☐
Garage	☐	☑ shop 40x60
Other	☐	☐

Proposed Building Height: _____

SITE REVIEW REQUIREMENTS MADE A PART OF THIS DEVELOPMENT PERMIT _____

NOTES: Building house w/in 1yr

Zoning Classification RR-5 Property Acreage 16.68

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.

Berton Burks ☒ Owner ☐ Contractor License # _____
Signature

APPROVED BY _____ DATE 8-16-93 PERMIT # 93-736

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

THIS PERMIT EXPIRES 8-16-93

REV 6/1/88

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

FOR SHOP ONLY

NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

Applicant Signature

Date Aug 16, -93

Reviewed by

DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH