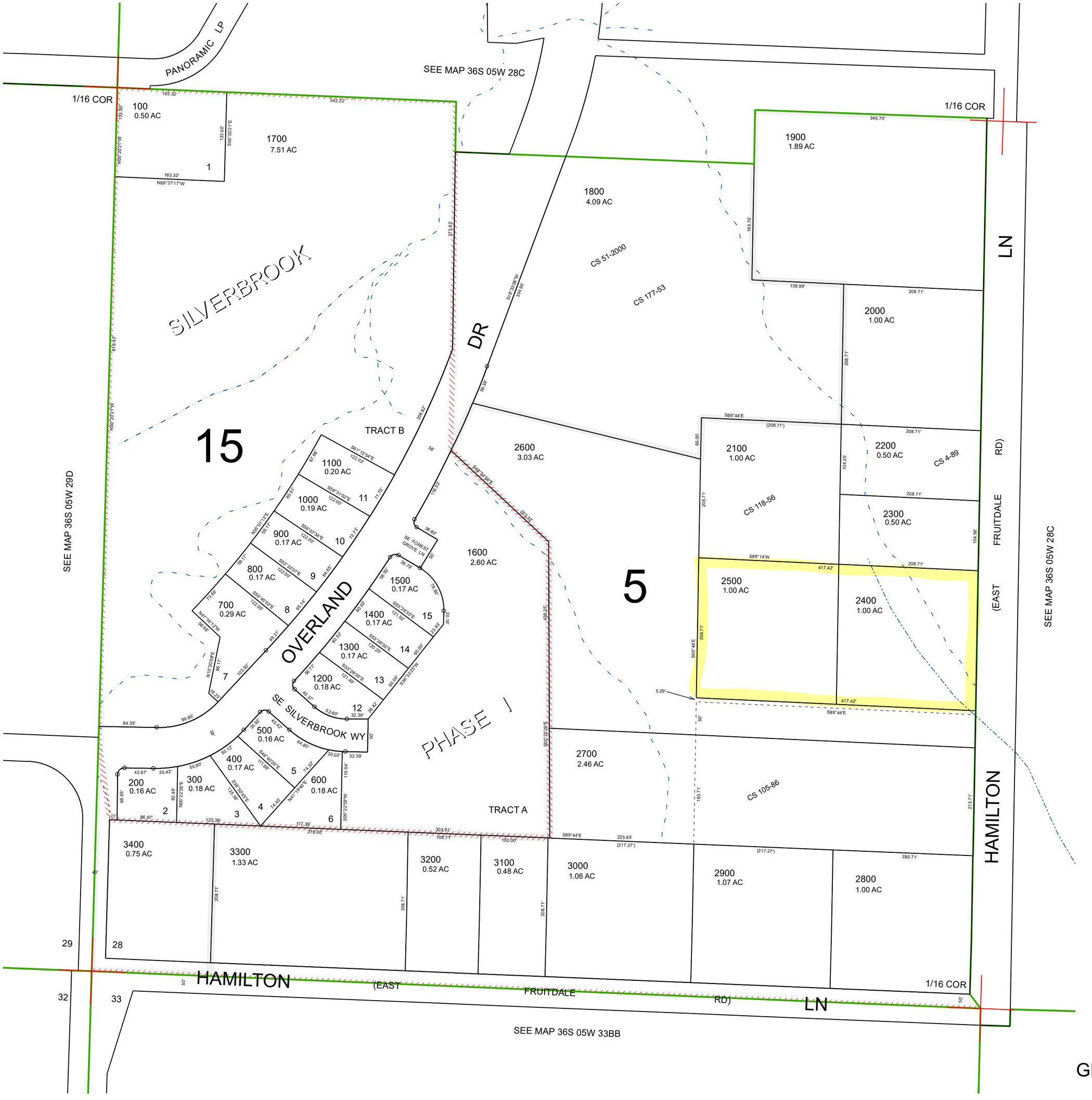
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 100 200 Feet

S.W.1/4 S.W.1/4 SEC.28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY
1 " = 100 '

36 05 28CC
GRANTS PASS



36 05 28CC
GRANTS PASS

Community Development
Planning Division
(541) 474-5421
700 NW Dimmick Street, Suite C
Grants Pass, OR 97526
www.josephinecounty.gov

November 1, 2024

Don Martin
2602 Hamilton Lane
Grants Pass, OR 97527

Re: Medical Hardship Permit Renewal: Legal#: 36-05-28-C0, TL 1200
Site Address: 2602 Hamilton Lane

Mr. Martin:

Our Records show you were issued a Medical Hardship Dwelling permit allowing a temporary placement of a second dwelling on your property. The Josephine County Code requires this permit to be renewed annually. The following renewal forms are:

- **Septic approval from On-Site Septic Program**. Local comprehensive plans and land use regulations requires clearance from the On-Site Septic if the second dwelling is served by a septic system. This form ***must be signed annually*** by On-Site Septic unless your medical hardship dwelling has a separate septic system. Please contact On-Site Septic at 541-474-5444 if they require you to renew their permit or you have questions. They are located at 700 NW Dimmick Street., Ste B, Grants Pass, Oregon.

Applicant complies with On-Site Septic requirements.

* On-Site Septic Signature	Date	Septic Renewal Due
Cinna Mangum	11/14/24	1/24/28

- **Physician's Certificate**. The enclosed Doctor Certification **must** be signed **annually** by the attending medical doctor for all care receivers. Our records indicate that the care receiver is [redacted] DON MARTIN

Care Giver's Name	LISA MARTIN	*Telephone*	541-226-5452
Care Receiver's Name	DON MARTIN	*Telephone*	541-787-9788
Property Owner's Signature	Don Martin	*Telephone*	541-787-9788

(Property Owner Acknowledgment all information is current and complete)

Please obtain all signatures and return this letter, as well as the Doctor Certification form signed, within ***30 days from the above date***, together with your ***$50.00 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. **The medical hardship does not automatically transfer with the property** as specific criteria must be met.

Sincerely,

Planning Division

Septic Authorization Approval

463-23-000310-AUTH-01

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: 1/24/24 **Date Expiring:** 1/23/25
Work Description: AUTHORIZATION NOTICE - HARDSHIP

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: BEELER EXCAVATION LLC
(PB) Plumbing Contractor: PB2635
Address: 109 CUMBERLAND DRIVE
GRANTS PASS OR 97527
Phone: 5416602953
Email: INFO@BEELEREXCAVATION.COM

Contractor: Beeler Excavation, LLC
Installer/Pumper License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: 5416602953
Email: dominic@beelerexcavation.com

Owner: MARTIN, DON E
Address: 2602 HAMILTON LN
GRANTS PASS OR 97527

Property Address: 2602 Hamilton Ln, Grants Pass, OR 97527

Parcel: 360528C000120000 - Primary Township: 36 Range: 05 Section: 28

Accessory Dwelling Unit: No
Authorization Notice for: Personal Hardship

Comments: Addition of 2 BDRM medical hardship.

Lot Size: 2 acres
Water Supply: Well
Zoning: N/A
City/County/UGB: County

Category of Construction: Residential

	Existing	Proposed
Number of Bedrooms:	2	4

System Specifications:

Max Peak Design Flow: 450 gpd
Proposed Gallons per Day: 300 gpd

Conditions of Approval:

1.This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection/record review to serve a 2 BDRM SFR + A 2 BDRM MH with a peak sewage flow of 300 gallons per day.
2.Type of System: STANDARD
3.Linear feet of drainfield: 300
4.Permit #: 463-23-000310-PRMT
5.Original CSC Date: 1/24/2024
6.Tank Size: 1000 ALLONS
7.Original Design Flow: 450 GPD
8.Maintain all required setbacks.
9.Vehicular traffic and livestock must be restricted from the system area.
10.All roof drains must be directed away from the system.

Date Issued: 1/24/24 **Date Expiring:** 1/23/25
Work Description: AUTHORIZATION NOTICE - HARDSHIP

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.

Gabriel Kasiah Natural Resource Specialist 1/24/24

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	360528C0001200	**PERMIT NUMBER:**	PL-2023-01402
SITUS:	2602 HAMILTON LN	**ZONE:**	RR5
ACRES:	2	**SCHOOL DISTRICT:**	3 RIVERS SCHOOL DISTRICT

APPLICANT:	MARTIN, DON E	**APPLICANT PHONE #:**	541-476-0370
APPLICANT ADDRESS:	2602 HAMILTON LN GRANTS PASS, OR 97527		
OWNER:	MARTIN, DON E		
OWNER ADDRESS:	2602 HAMILTON LN GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS
• Fire Hazard - Plan in File X NA ___ Reason: see additional Terms

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Residential, (3) General Purpose Sheds, Detached Garage, Park Model, Deck	Medical Hardship Dwelling (Recreational Vehicle) - 2 Bedroom, 1 Bath with Office	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	25 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

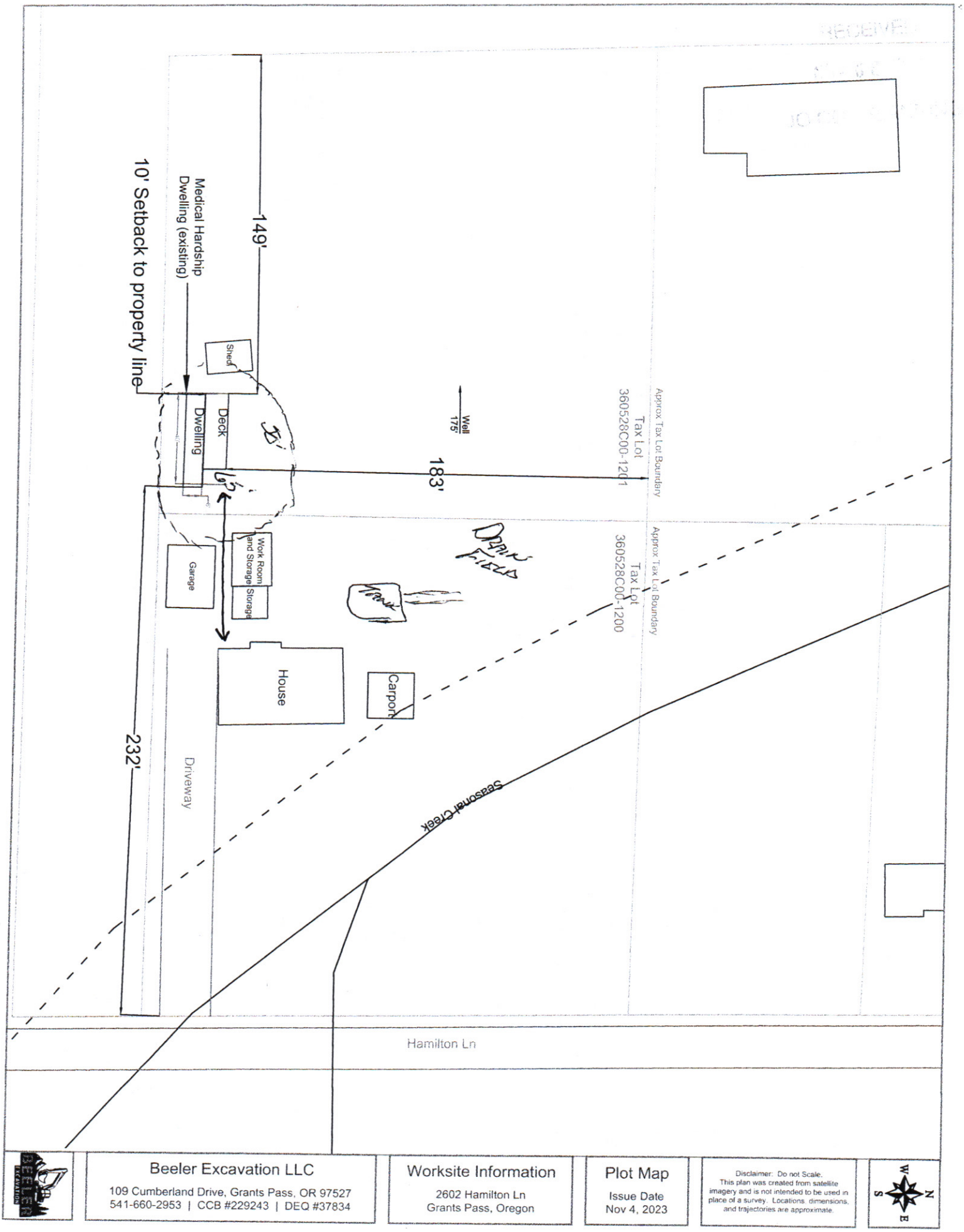
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- No connection of utilities or occupancy of mobile home is allowed without obtaining Onsite and Building permits.
- Medical Hardship structure must be removed or converted to an accessory structure within 90 days of termination of medical hardship.

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:	Don E Martin	**DATE:**	11-21-23
CONTRACTOR NAME:		**LICENSE#:**	
APPROVED:	[illegible]	**DATE:**	11-2023

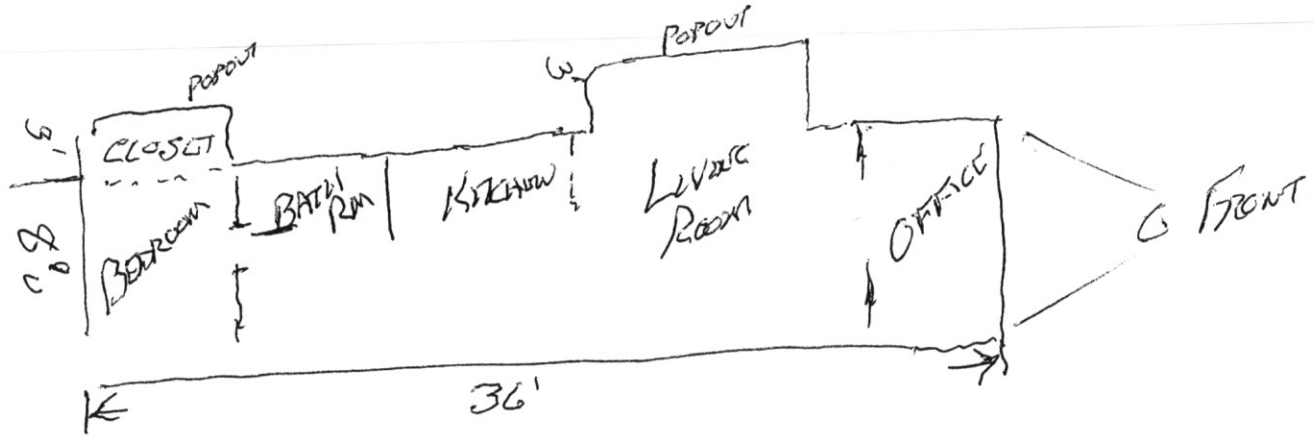
NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.

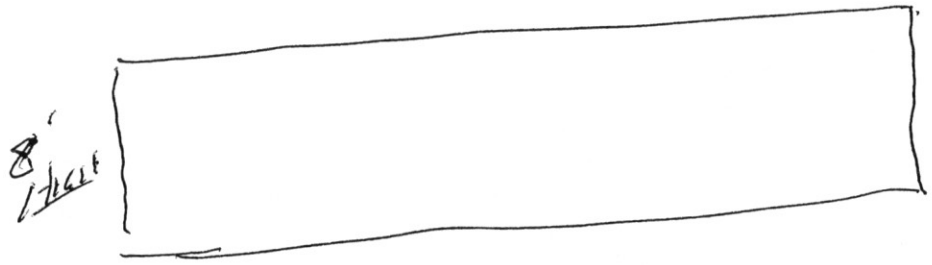


Beeler Excavation LLC
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834

Worksite Information
2602 Hamilton Ln
Grants Pass, Oregon

Plot Map
Issue Date
Nov 4, 2023


Popout
Popout
CLOSET
BEDROOM
BATH RM
KITCHEN
LIVING ROOM
OFFICE
FRONT
36'


8'
HEIGHT

RECORDER'S USE

Grantor's Name and Address

Grantee's Name and Address

DEE-DCR
Cnt=1 Pgs=2 Stn=3 JJOHNSON
$10.00 $11.00 $60.00 $10.00 $5.00

2023-016256
11/06/2023 10:16 AM
Total:$96.00

00533390202300102960020020

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

GRANT OF DEED RESTRICTION - RESTRICTION OF USES

Grantor(s), Don E Martin, and Josephine County, a political subdivision of the State of Oregon, by and through its Community Development Director, on this 6th day of November, 2023, do hereby covenant and restrict for good and valuable consideration, including consideration other than money valued at $1.00, regarding the use of certain real property described in the Assessor's records as T 36, R 05, Sec. 28 -- CO, Tax Lots 1200 & 1201 and as more particularly described in Exhibit A. The following declarations, restrictions and conditions are given and received in exchange for a permit to place a TEMPORARY second dwelling on the described property for the temporary duration of a medical hardship:

1. The second dwelling located on the real property is authorized as a medical hardship dwelling pursuant to Chapter 19.43 of the Josephine County Code (JCC). The second residence is TEMPORARY in duration and the permit must be renewed annually.
2. Section 19.43.030.A.2.h of the JCC provides that the permit for the second dwelling shall terminate 90 days after the condition or occasion giving rise to the hardship ceases to exist, or the owner fails to renew the permit as required by Section 19.43.040 of the JCC. Therefore, pursuant to Section 19.43.030.A.2.i of the JCC, Grantor(s) covenant that within 90 days from the termination of the medical hardship permit the second dwelling shall be removed from the property, or, if a stick built structure or manufactured home either removed from the property, or, converted to an approved accessory structure. Conversion to an accessory structure is determined to be the removal of all kitchen appliances, fixtures, counters and cupboards; the removal of all bath tubs and showers, including fixtures, inserts, units, and tile surround; the removal of all beds or accommodations for sleeping purposes; and if a manufactured home, it also requires the removal of the HUD tag. Be advised both state and federal law prohibit occupancy of a manufactured home once the HUD tag has been removed. *Occupancy without a HUD tag is considered a serious offense.* A permit is required for the conversion to an accessory structure.
3. Pursuant to Section 19.43.030.A.2.g of the JCC, Grantor(s) hereby grant the Community Development Director, or agents under the authority of the Community Development Director, permission to inspect the property and hardship structure to determine compliance with the covenants and restrictions contained in this agreement. Inspections shall only occur after the Planning Office provides advance telephone or written notice to the owner or tenant, whoever is in possession. Telephone notice shall be accomplished by personal telephone contact with the owner or tenant, whoever is in possession, at least 48 hours prior to the inspection. Written notice shall be accomplished by mailing to the owner or tenant, whoever is in possession, at least 7 days prior to the inspection. Written notices shall be mailed to the last known address in the Community Development Director's file, or if an address is not known, to the address shown in the Assessor's records.
4. Within 90 days from the termination of the hardship permit, Grantor(s) agree to apply for and obtain a Verification of Compliance as described in Section 19.43.030.A.2.i and j of the JCC. In exchange, the Community Development Director covenants to promptly verify compliance and issue a Verification of Compliance to Grantor(s). The Verification of Compliance shall reconvey and terminate any and all rights granted to Josephine County under this instrument.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE COUNTY PLANNING DIVISION TO VERIFY APPROVED USES.

Don E. Martin
Grantor(s)

pp Josephine County
Community Development Director

STATE OF OREGON, County of Josephine } ss.
On this 6th day of November, 2023,

Don E Martin, personally came before me, a Notary Public for the State of Oregon and the County of Josephine, and executed the above ~~Grant of Deed Restriction~~ – Restriction of Uses and acknowledged to me that it was freely and voluntarily done.

OFFICIAL STAMP
ONNIE TASHANNE HEATER
NOTARY PUBLIC-OREGON
COMMISSION NO. 1016499
MY COMMISSION EXPIRES OCTOBER 06, 2025

NOTARY SEAL

Notary Public of Oregon
My commission expires 10-6-25

EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Josephine, State of Oregon, described as follows:

A PARCEL OF LAND LYING WITHIN THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 36 SOUTH, RANGE 5 WEST OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 28; THENCE NORTH 656.42 FEET; THENCE WEST 20 FEET TO THE WEST RIGHT OF WAY LINE OF EAST FRUITDALE ROAD, SAID POINT BEING THE SOUTHEAST CORNER OF THAT TRACT OF LAND CONVEYED TO CARL GOFFIC AND WIFE, IN VOLUME 171, PAGE 37, JOSEPHINE COUNTY DEED RECORDS; THENCE SOUTH 89° 14' WEST, 417.42 FEET; THENCE SOUTH 00° 46' EAST, 208.71 FEET TO A POINT ON THE NORTH LINE OF A 5.29 FOOT STRIP OF LAND CONVEYED TO L. L. WILSON AND WIFE, IN VOLUME 171, PAGE 409, JOSEPHINE COUNTY DEED RECORDS; THENCE SOUTH 89° 44' EAST, 417.42 FEET TO A POINT ON THE WEST LINE OF EAST FRUITDALE ROAD; THENCE NORTH 208.71 FEET TO THE POINT OF BEGINNING.

NOTE: This legal description was created prior to January 1, 2008.

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

PLANNING APPLICATION FORM

Property Address: 2602 Hamilton Lane

Assessor's Map & Tax Lot:
36-05-28-CO **Tax Lot(s)** 1200 & 1201
__-__-__-__ **Tax Lot(s)** ____
Zoning: RRS

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

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
- ☐ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan

Other: ____

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

RV (Park model)
Medical Hardship

Property Owner: DON MARTIN
Address: 2602 HAMILTON LN
GRANTS PASS, OR 97527
Phone: 541-476-0370
Email: DONM2602@GMAIL.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).

Don E. Martin 11-6-2023
(Signature of Owner or Attorney-in-Fact) Date

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

(For Office Use)
RECEIVED
NOV 06 2023
JO CO - PLANNING
Fees Paid: $300 Initials: AH

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

(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL23-01363

Payer/Payee: MARTIN, DON E
2602 HAMILTON LN
GRANTS PASS OR 97527

Cashier: Onnie Heater

Date: 11/06/2023

Primary Parcel: 360528C0001201 **Project Description:** Medical Hardship

PL-2023-01402 DEVELOPMENT PERMIT 2602 HAMILTON LN

Fee Description	Fee Amount	Amount Paid	Fee Balance
Development Permit	$300.00	$300.00	$0.00
	$300.00	**$300.00**	**$0.00**

Payment Method	Reference Number	Payment Amount
CHECK	1417	$300.00
Total Paid:		**$300.00**

Community Development
Planning Division
(541) 474-5421
700 NW Dimmick Street, Suite C
Grants Pass, OR 97526
www.josephinecounty.gov

November 20, 2023

Don Martin
2602 Hamilton Lane
Grants Pass, OR 97527

Subject: Medical Hardship Application (Recreational Vehicle)
2602 Hamilton Lane
36-05-28-C0 TL 1200

This letter is to confirm that your materials in support of a medical hardship application, have been reviewed by staff and deemed complete. The approved Development Permit, which is the final approval of the proposed use, is attached for your records.

Please note, additional approvals and permits are required by the Josephine County On-Site Septic Program and Building Safety Division. Prior to applying for permits with the Building Safety Division, you must obtain an Authorization Notice from the On-Site Septic Program.

Please include a copy of the Development Permit with the Application for Onsite Sewage Treatment System. The On-Site Septic Program office is located at 700 NW Dimmick St. Suite B, Grants Pass, OR 97526. For questions about the application, or other technical matters, please contact them at: (541) 474-5444 or onsiteseptic@josephinecounty.gov.

Thank you for this opportunity to be of service.

Sincerely,

for Onnie Heater.

Onnie Heater
Associate Planner
oheater@josephinecounty.gov
541-474-5109 ext. 2412

Encl: Approved Development Permit

Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-23-000310-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: 01/24/2024
Work Description: Major Repair

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: BEELER EXCAVATION LLC
(PB) Plumbing Contractor: PB2635
Address: 109 CUMBERLAND DRIVE
GRANTS PASS OR 97527
Phone: 5416602953
Email: INFO@BEELEREXCAVATION.COM

Contractor: Beeler Excavation, LLC
Installer/Pumper License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: 5416602953
Email: dominic@beelerexcavation.com

Owner: MARTIN, DON E
Address: 2602 HAMILTON LN
GRANTS PASS OR 97527

Property Address: 2602 Hamilton Ln, Grants Pass, OR 97527

Parcel: 360528C000120000 - Primary Township: 36 Range: 05 Section: 28

Lot Size:	2 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	N/A
Number of Bedrooms:	2	N/A

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	**Proposed Flow:**	300 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:	100 linear ft.	**Distribution Method:**	Serial
Media Type:	EZ FLOW 1201P	**Media Depth:**	N/A
Trench Length:	300 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

Pump to Drainfield Required:	No	**Filter Fabric on Top of Drain Media:**	Yes
Rake Trench Sidewalls:	Yes		

Septic Permit 463-23-000310-PRMT

Date Certificate Issued: 01/24/2024
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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No

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: 463-23-000310-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: 36 **Range:** 05 **Sect:** 28

Name: MARTIN, DON E **Lot:**

Property Address: 2602 HAMILTON LN, GRANTS PASS, OR 97527

SECTION 2: System Component Specifications:

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

Tanks(1)	Volume:	Compartments:	Manufacturer:			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	No	Diameter: 4"	ASTM#/Other: 3034	Length: 35'
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?) EZ Flow 1201				
Distribution Box	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 3034	Length: 300'

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.

See Attached

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).

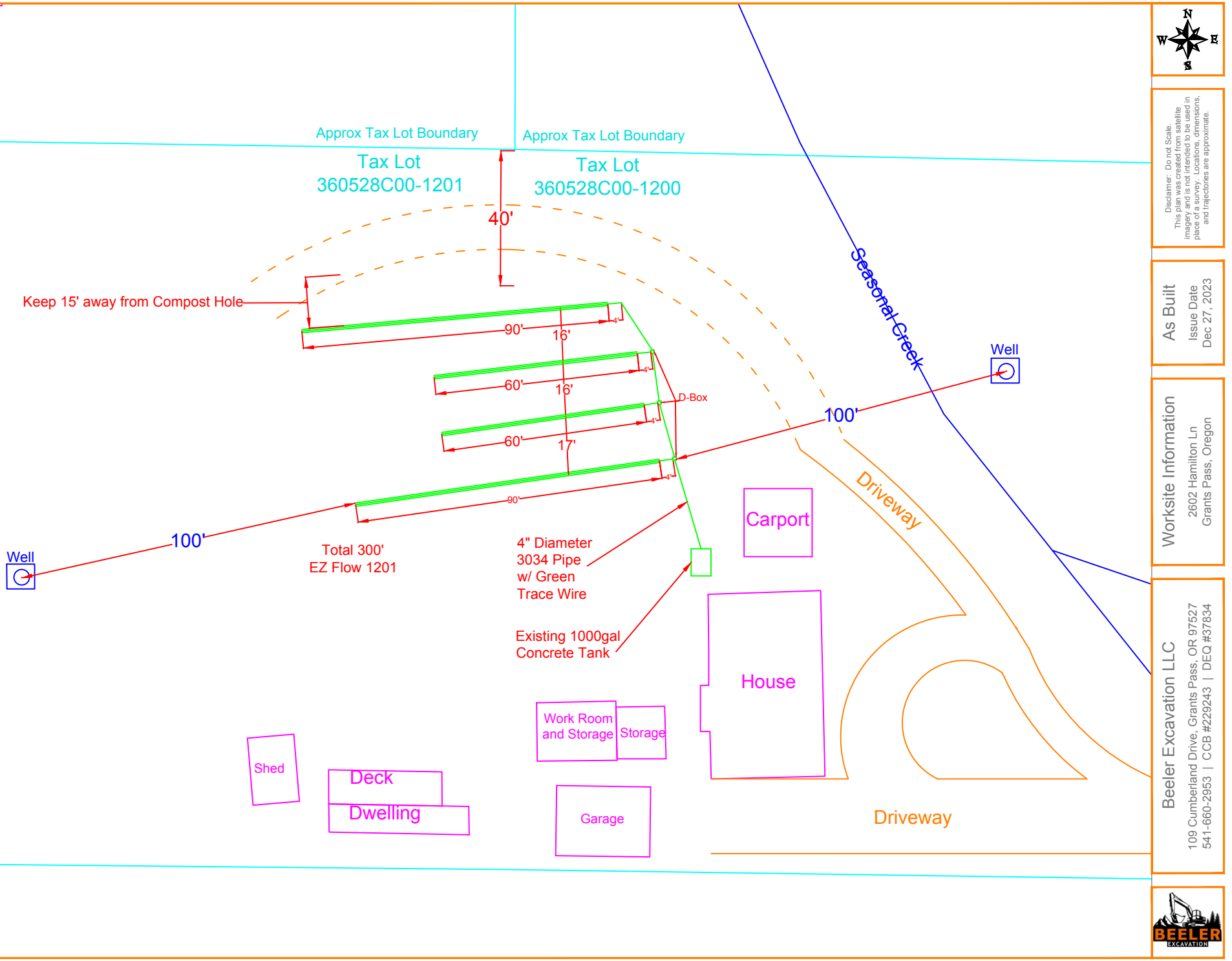
Owner/Permittee or Certified Installer w/Certification#:	Print Name: Dominic Florez of Beeler Excavation LLC				
Licensed Installer:	Yes	No	License#: DEQ 37834	Certification#: I 2698	
Owner/ Certified Installer:	Signature: Dominic Florez		Date: 12/27/2023	Phone#: 541-660-2953	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____


Approx Tax Lot Boundary
Approx Tax Lot Boundary
Tax Lot
360528C00-1201
Tax Lot
360528C00-1200
40'
Keep 15' away from Compost Hole
90'
16'
60'
16'
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D-Box
100'
100'
Well
Well
Total 300'
EZ Flow 1201
4" Diameter
3034 Pipe
w/ Green
Trace Wire
Existing 1000gal
Concrete Tank
Seasonal Creek
Carport
Driveway
House
Work Room
and Storage
Storage
Shed
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Dwelling
Garage
Driveway
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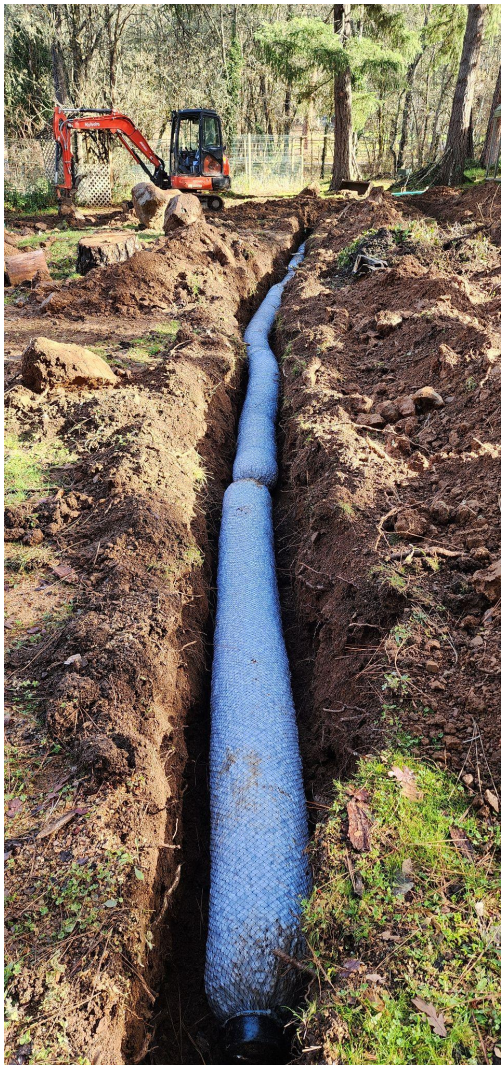
S
Disclaimer: Do not Scale.
This plan was created from satellite imagery and is not intended to be used in place of a survey. Locations, dimensions, and trajectories are approximate.
As Built
Issue Date
Dec 27, 2023
Worksite Information
2602 Hamilton Ln
Grants Pass, Oregon
Beeler Excavation LLC
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834
BEELER
EXCAVATION





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

Septic Permit
Repair (Major) - Residential - New
463-23-000310-PRMT

Date issued: 12/13/23 **Expiration date:** 12/12/24

Work description: Major Repair

Applicant: Rolando Hernandez
Address: 109 Cumberland Drive
Grants Pass OR 97527
Phone: 5416602953
Email: rolando@beelerexcavation.com

Contractor: BEELER EXCAVATION LLC
(PB) Plumbing Contractor: PB2635
Address: 109 CUMBERLAND DRIVE
GRANTS PASS OR 97527
Phone: 5416602953
Email: INFO@BEELEREXCAVATION.COM

Contractor: Beeler Excavation, LLC
Installer/Pumper License: 37834
Address: 109 Cumberland Dr
Grants Pass OR 97527
Phone: 5416602953
Email: dominic@beelerexcavation.com

Business License: N/A

Owner: MARTIN, DON E
Address: 2602 HAMILTON LN
GRANTS PASS OR 97527

Property address: 2602 Hamilton Ln, Grants Pass, OR 97527

Parcel: 360528C000120000 - Primary Township: 36 Range: 05 Section: 28

Lot size:	2 ACRES	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	County
Land use approval:	N/A	**County:**	N/A
Accessory Dwelling Unit:	No		
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	Yes	**Septic tank last pumped:**	N/A

Comments: MEDICAL HARDSHIP TO BE ADDED THROUGH AUTHORIZATION NOTICE AFTER REPAIR IS COMPLETE.

Category of construction: Residential

	Existing	Proposed
Use of structure:	SFR	N/A
Number of bedrooms:	2	N/A

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	450 gpd.	**Proposed flow:**	300 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:	100 linear ft.	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201P		

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

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

Onsite Permit 463-23-000310-PRMT

Date issued: 12/13/23 **Expiration date:** 12/12/24

Work description: Major Repair

Trench length:	300 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

Special Requirements

Stake out required:	Yes		
Pump to drainfield reqd:	N/A	**Filter fabric on top of drain media:**	Yes
Rake trench sidewalls:	Yes		

Onsite Permit 463-23-000310-PRMT

Date issued: 12/13/23 **Expiration date:** 12/12/24

Work description: Major Repair

Conditions of approval

1.This repair permit is for 2 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 463-23-000310-PRMT

Date issued: 12/13/23 **Expiration date:** 12/12/24

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).

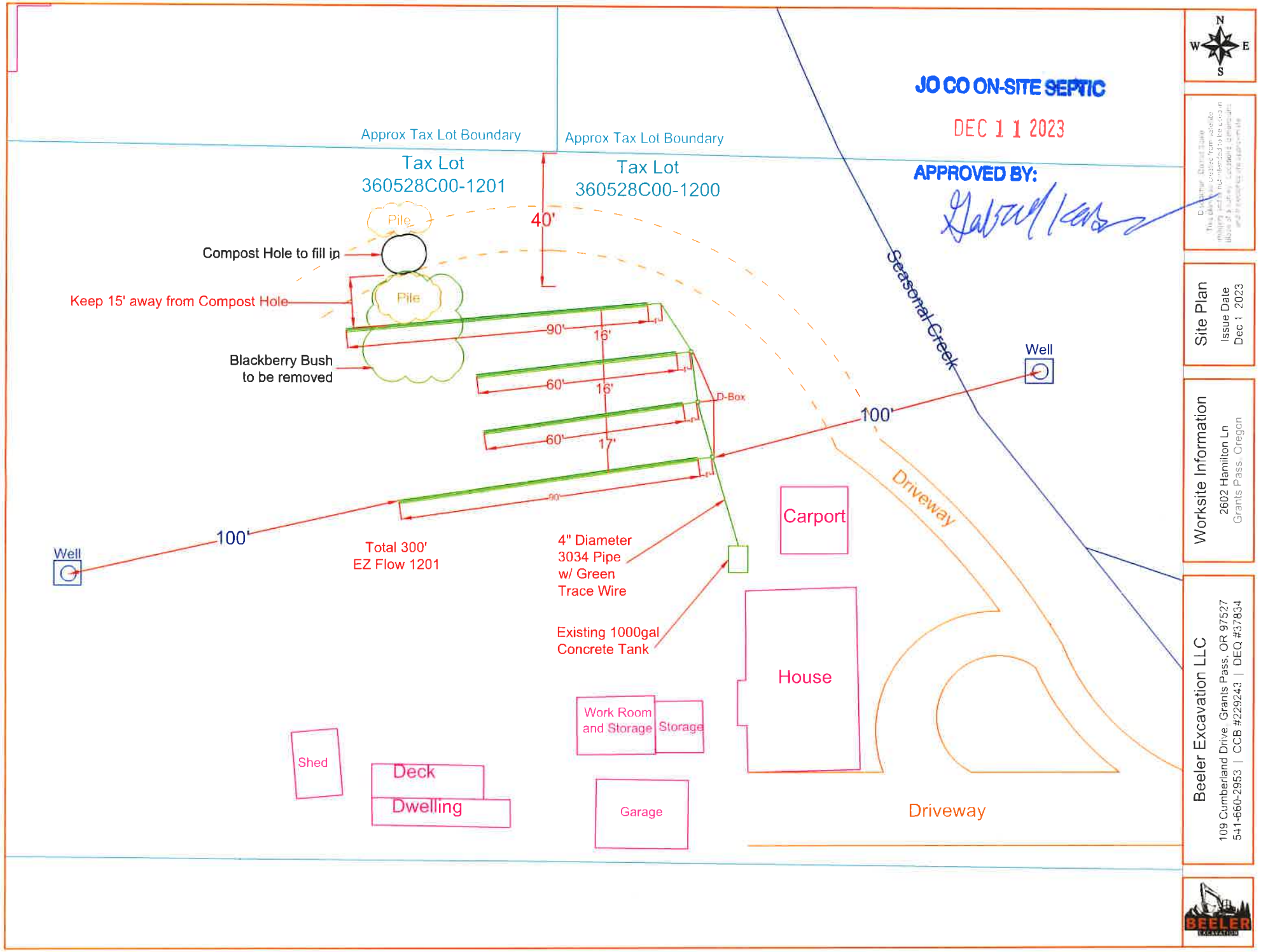
Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to 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 12/13/23


JO CO ON-SITE SEPTIC
DEC 1 1 2023
APPROVED BY:
Approx Tax Lot Boundary
Approx Tax Lot Boundary
Tax Lot
360528C00-1201
Tax Lot
360528C00-1200
40'
Pile
Pile
Compost Hole to fill in
Keep 15' away from Compost Hole
Blackberry Bush
to be removed
90'
16'
60'
16'
60'
17'
90'
D-Box
Seasonal Creek
Well
100'
100'
Well
Total 300'
EZ Flow 1201
4" Diameter
3034 Pipe
w/ Green
Trace Wire
Existing 1000gal
Concrete Tank
Carport
Driveway
House
Work Room
and Storage
Storage
Shed
Deck
Dwelling
Garage
Driveway
N
W
E
S
Site Plan
Issue Date
Dec 1 2023
Worksite Information
2602 Hamilton Ln
Grants Pass, Oregon
Beeler Excavation LLC
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834
BEELER
EXCAVATION

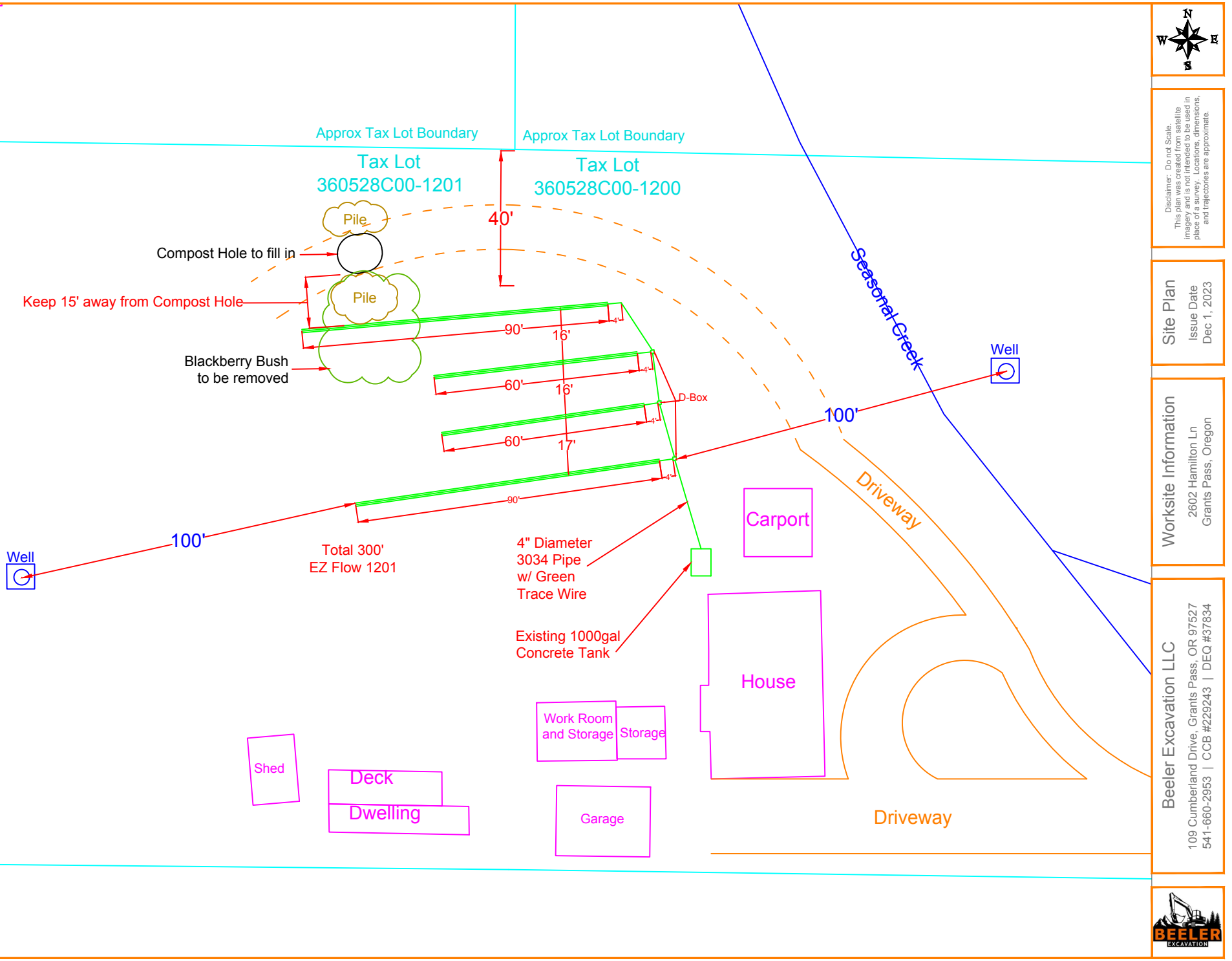
PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	6	CL	10YR 3/3; wsbk; com vf f m roots
	32	CL	5YR 3/3; wsbk; com VF f m roots; 25% 9" cob
	48	CL/SiCL	V[redacted]; wsbk; f f m 75% gr cob
			5YR 4/6 / Variegated
Test Pit 2			SIM
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

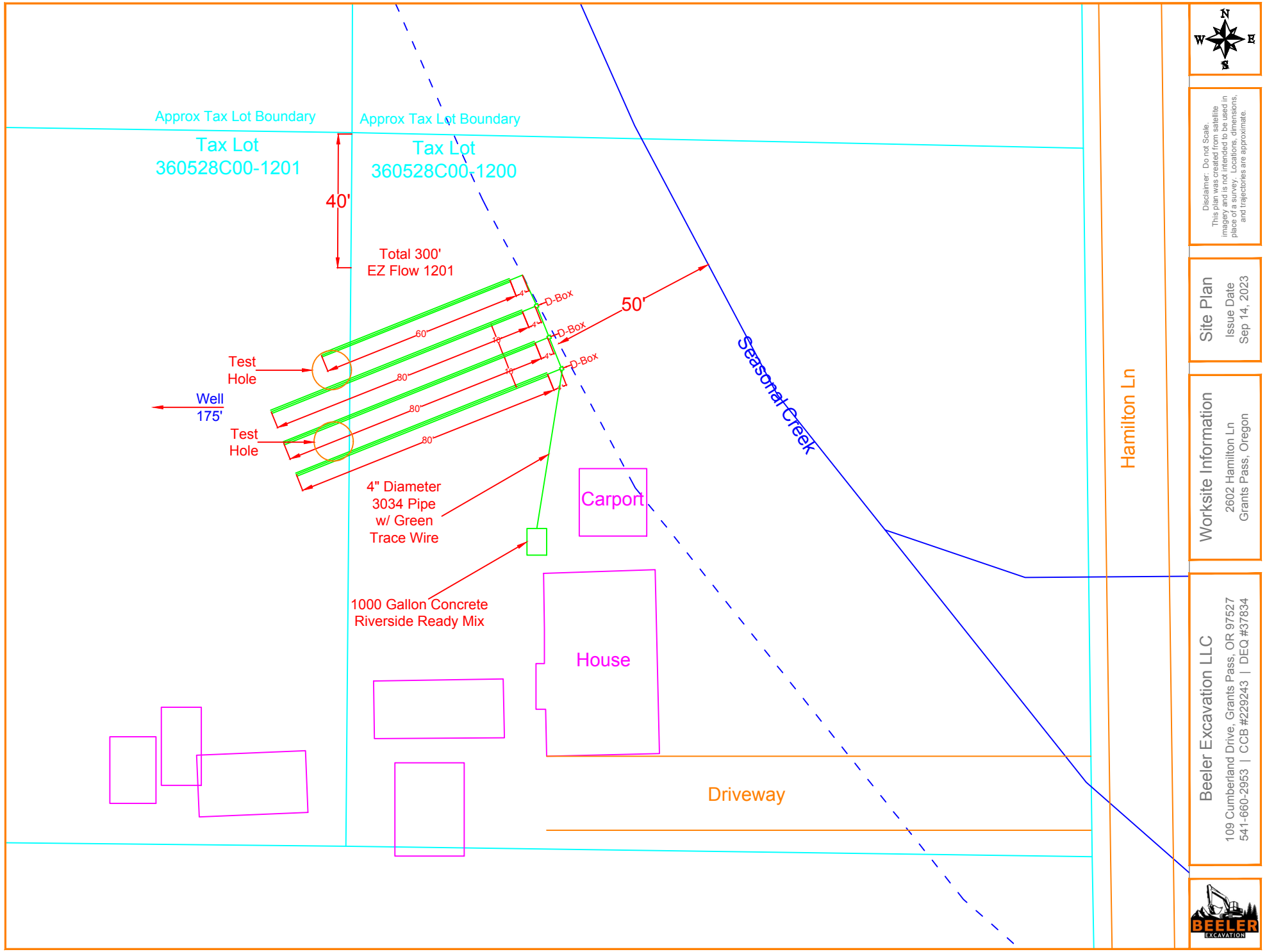
Landscape Notes: Turf grass; pines;

Slope: 6-8% Aspect: 6-8 N Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: MULTIPLE STRUCTURES / TAX LOTS on comm. lot

Subj house - 4 -


Approx Tax Lot Boundary
Approx Tax Lot Boundary
Tax Lot
360528C00-1201
Tax Lot
360528C00-1200
Pile
Compost Hole to fill in
Keep 15' away from Compost Hole
Pile
Blackberry Bush
to be removed
40'
90'
16'
60'
16'
60'
17'
90'
4"
D-Box
Seasonal Creek
Well
100'
Well
100'
Total 300'
EZ Flow 1201
4" Diameter
3034 Pipe
w/ Green
Trace Wire
Existing 1000gal
Concrete Tank
Carport
Driveway
House
Work Room
and Storage
Storage
Shed
Deck
Dwelling
Garage
Driveway
N
W
E
S
Disclaimer: Do not Scale.
This plan was created from satellite imagery and is not intended to be used in place of a survey. Locations, dimensions, and trajectories are approximate.
Site Plan
Issue Date
Dec 1, 2023
Worksite Information
2602 Hamilton Ln
Grants Pass, Oregon
Beeler Excavation LLC
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834
BEELER
EXCAVATION


Approx Tax Lot Boundary
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Tax Lot
360528C00-1201
Tax Lot
360528C00-1200
40'
Total 300'
EZ Flow 1201
D-Box
D-Box
D-Box
50'
Test
Hole
Test
Hole
Well
175'
60'
80'
80'
80'
Seasonal Creek
Hamilton Ln
4" Diameter
3034 Pipe
w/ Green
Trace Wire
Carport
1000 Gallon Concrete
Riverside Ready Mix
House
Driveway
N
W
E
S
Disclaimer: Do not Scale.
This plan was created from satellite imagery and is not intended to be used in place of a survey. Locations, dimensions, and trajectories are approximate.
Site Plan
Issue Date
Sep 14, 2023
Worksite Information
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541-660-2953 | CCB #229243 | DEQ #37834
BEELER
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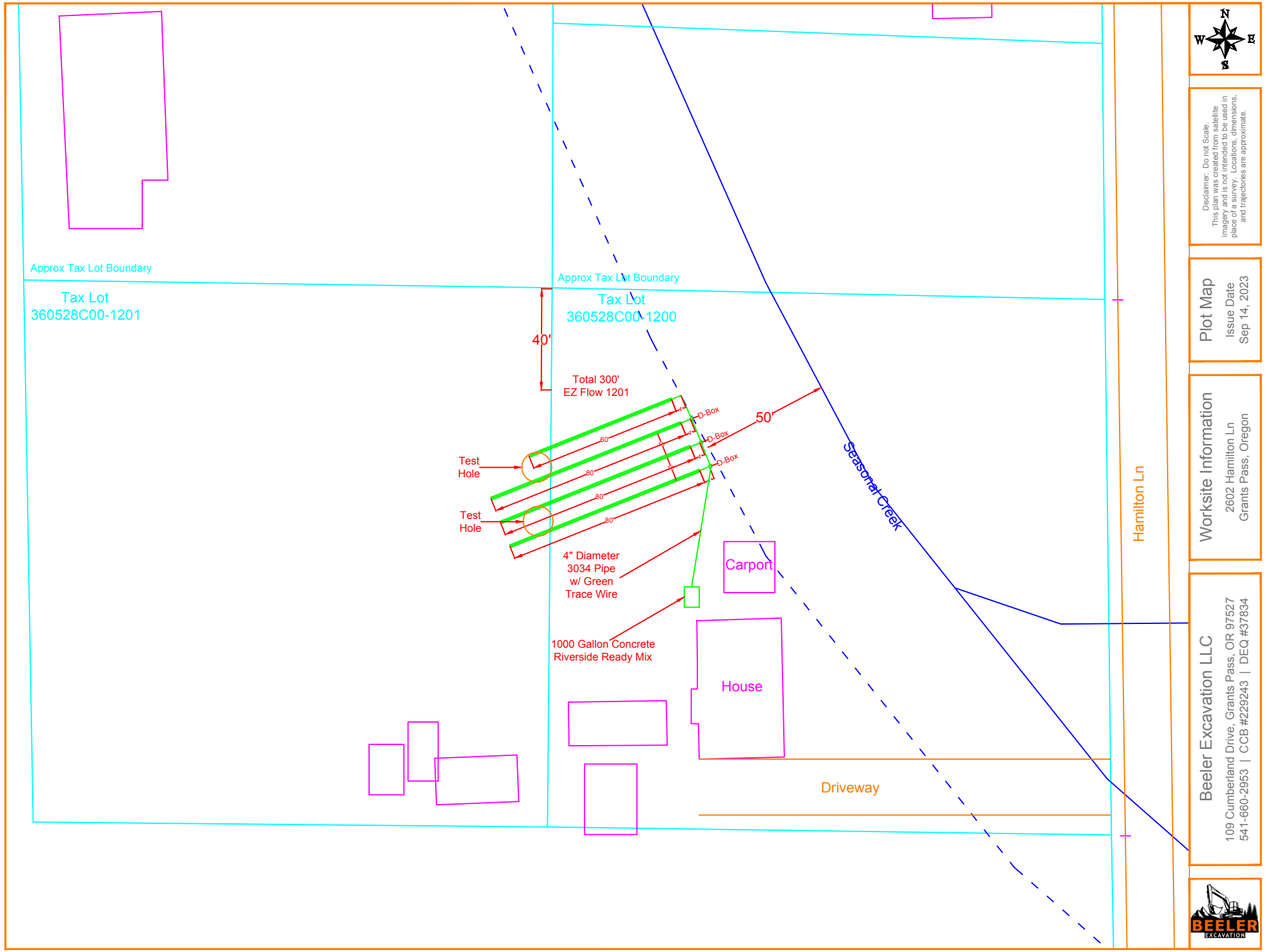

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This plan was created from satellite imagery and is not intended to be used in place of a survey. Locations, dimensions, and trajectories are approximate.

Plot Map
Issue Date
Sep 14, 2023

Worksite Information
2602 Hamilton Ln
Grants Pass, Oregon

Beeler Excavation LLC
109 Cumberland Drive, Grants Pass, OR 97527
541-660-2953 | CCB #229243 | DEQ #37834

BEELER EXCAVATION

RECEIVED

SEP 2 2023

PLANNING

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

1. **Applicant Name/Property Owner:** Beeler Excavation

   Mailing Address: 109 Cumberland Drive

   City, State, Zip: Grants Pass, Or 97527

   Telephone: 541.660.2953

2. **Property Information:**

   County: Josephine **Tax Lot No.:** 1200 and 1201

   Township: 36 **Range:** 05 **Section:** 28C

   Physical Address: 2602 Hamilton Ln

   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:** Rural Residential (RR-5) **Zoning Minimum Parcel Size:** 5.0 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)**

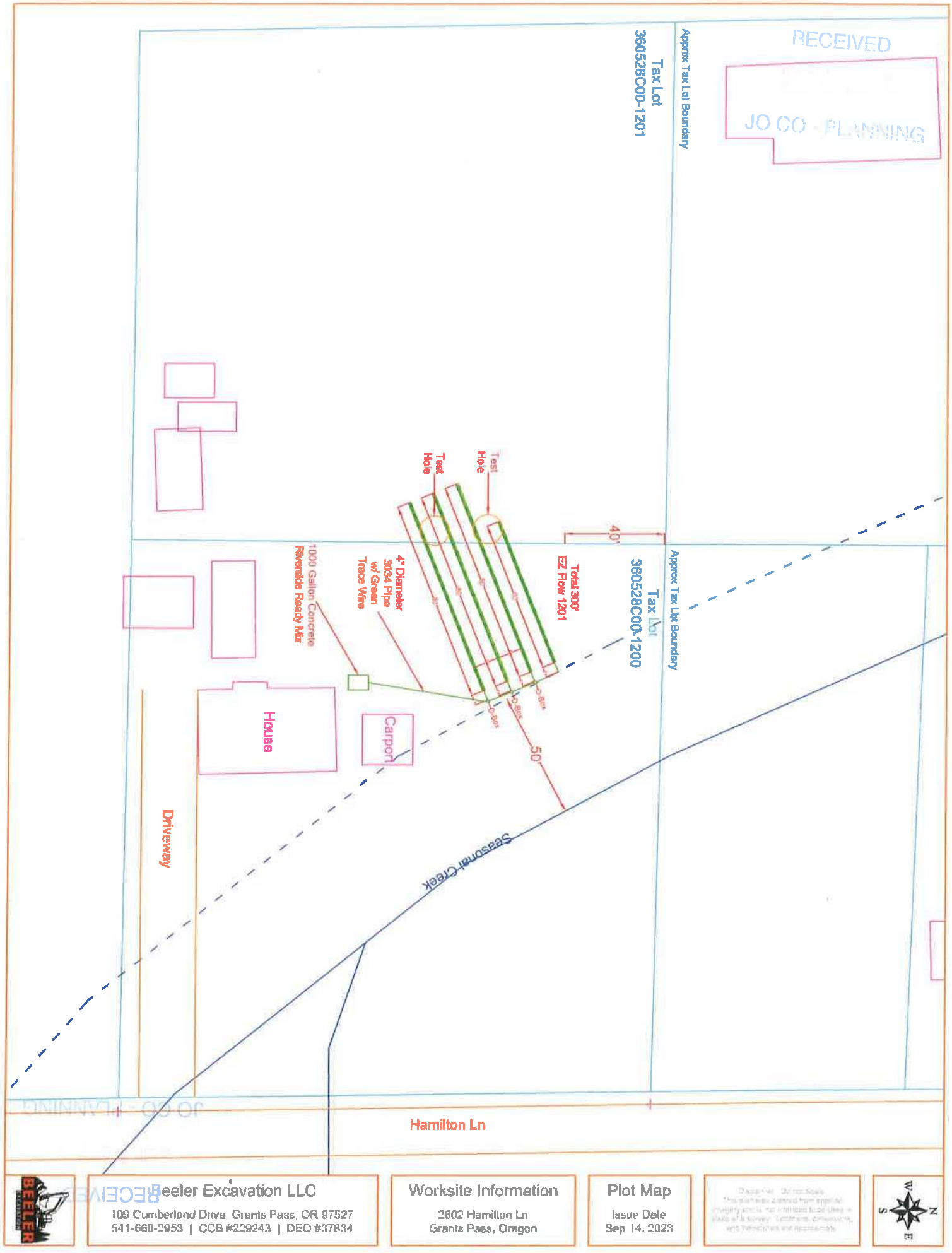
   Either provide reasons for affirmative compliance decision or attach findings of fact: Section 19.61.020.J, JCC – Single family dwelling or manufactured dwelling. Note: Septic System to be connected to authorized uses or structures onsite.

8. **Planning Official Signature:** _____

   Print Name: Onnie Heater **Title:** Associate Planner

   Telephone: 541-474-5109 x2412 **Date:** 09.22.23

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


RECEIVED
JO CO - PLANNING
Tax Lot
360528C00-1201
Approx Tax Lot Boundary
Test Hole
Test Hole
40'
1000 Gallon Concrete
Riverside Ready Mix
4" Diameter
3034 Pipe
w/ Green
Trace Wire
Total 300'
EZ Flow 1201
Tax Lot
360528C00-1200
Approx Tax Lot Boundary
House
Carport
50'
Driveway
Seasonal Creek
Hamilton Ln
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Grants Pass, Oregon
Plot Map
Issue Date
Sep 14, 2023
N
S
E

Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526
(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL23-00632

Payer/Payee: ROLANDO HERNANDEZ
109 CUMBERLAND DR
GRANTS PASS OR 97527

Cashier: ONLINE PAYMENT **Date:** 05/09/2023

Primary Parcel: 360528C0001200 **Project Description:** On-Site Septic

PL-2023-00674 LAND USE INFORMATION RESPONSE 2602 Hamilton Ln

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
ONLINE PAYMENT	135303669	$125.00
Total Paid:		**$125.00**

NOTICE AUTHORIZING REPRESENTATIVE

I, Don Martin (Property Owner/Print Name), have authorized Beeler Excavation LLC (Authorized Representative/Print Name) to act as my 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:

2602 Hamilton Lane, Grants Pass, OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 05 Section 28 Map ID C0 Tax Lot #(s) 1200

PROPERTY OWNER:

Printed Name: Don Martin

Address: 2602 Hamilton Lane

City, State, Zip: Grants Pass, OR 97527

Phone: (541) 787-9788 Email: donm2602@gmail.com

Signature: DocuSigned by: Don Martin 7730715A04F94F1...

AUTHORIZED REPRESENTATIVE:

Printed Name: Dominic Florez, Managing Member

Address: 109 Cumberland Drive

City, State, Zip: Grants Pass, OR 97527

Phone: 541-660-2953 Email: info@beelerexcavation.com

Signature: DocuSigned by: 284FE1F344324FC...

JOSEPHINE COUNTY PLANNING OFFICE

(503) 474-5421

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

DETERMINATION OF LEGAL PARCEL

Twn 36 Rng 5 Sec 28 Qtr 3 Tax Lot(s) 1200, 1201, _____.

Twn ____ Rng ____ Sec ____ Qtr ____ Tax Lot(s) _____, _____, _____.

I. PARCEL INFORMATION:

	LOT # 1200 ac 1.00	LOT # 1201 ac 1.00	LOT # _____ ac _____	LOT # _____ ac _____
INST:	/	Request		
VOL/PG:				
DATE:		8-8-74		
ACCESS:		N		

II. PARCEL(S) ARE LEGAL BECAUSE: _____

III. PARCEL(S) ARE NOT LEGAL BECAUSE: Parcel - (TAX LOT) 1201 was created 8-8-74 by request + without access therefore is not a ~~~~ legal lot. Tax lot 1201 is a part of 1200.

DATE: 10-28-91.

BY: Terri Anderson

TITLE: Planning Assistant

cc: ___ OWNER
✓ ASSESSOR'S OFFICE

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 200 400 Feet

S.W.1/4 SEC.28 T.36S. R.5W. W.M.
JOSEPHINE COUNTY
1 " = 200 '

36 05 28C
GRANTS PASS

CANCELLED:
1601
1101
1803
190
191
1901
107
106
109
110
2001
390
391
300
204
113
205
201
202
207
210
2100
301

SEE MAP 36S 05W 28BC
SEE MAP 36S 05W 28BD
SEE MAP 36S 05W 29DA
SEE MAP 36S 05W 29D
SEE MAP 36S 05W 28D
SEE MAP 36S 05W 33BB
SEE MAP 36S 05W 33BA

SMARTHOUT CIR
PANORAMIC LP
ROBERTSON CREST
1/4 COR.
PANORAMIC VIEW SUB
PANORAMIC VIEW
PANORAMIC LP
PANORAMIC SUB PHASE 2
PANORAMIC SUB PHASE 3
CITY VAC. ORD. #22-583-2
PART. PLAT 1998-9
CREEK
DR
ESTATES
GRACE GARDEN
HARPAZO LN
LELITH LN
TROLLVIEW RD
PARTITION PLAT 1998-9
PARTITION PLAT 1995-89
PARTITION PLAT 1992-138
PARTITION PLAT 2004-09
CEN SEC.
(FRUITDALE) LN
HARPAZO LN
(RD)
OVERLAND DR
HAMILTON (EAST)
FRUITDALE
FOX HILL
CLOVERLAWN DR
COUNTY RD
DEARING WY
60' EASEMENT
1/16 COR
1/4 COR.

302 1.02 AC
304 0.88 AC
209 1.97 AC
303 0.28 AC
305 0.63 AC
307 0.30 AC
308 0.36 AC
309 0.29 AC
310 0.26 AC
317 0.72 AC
311 0.26 AC
306 0.57 AC
318 0.75 AC
312 0.29 AC
313 0.32 AC
319 0.78 AC
314 0.35 AC
315 0.37 AC
320 0.94 AC
316 0.37 AC
213 0.44 AC
211 0.94 AC
214 0.66 AC
212 1.17 AC
208 1.19 AC
215 0.40 AC
400 1.49 AC
500 12.59 AC
200 3.53 AC
206 0.41 AC
203 2.24 AC
112 5.00 AC
114 5.39 AC
115 5.81 AC
116 6.29 AC
100 5.16 AC
224 0.30 AC
225 0.34 AC
226 0.26 AC
227 0.25 AC
228 0.23 AC
229 0.23 AC
230 0.23 AC
223 0.23 AC
235 0.25 AC
222 0.24 AC
236 0.24 AC
221 0.24 AC
237 0.24 AC
220 0.24 AC
238 0.23 AC
219 0.23 AC
239 0.25 AC
234 0.24 AC
233 0.23 AC
232 0.23 AC
231 0.23 AC
251 0.23 AC
250 0.23 AC
249 0.23 AC
248 0.29 AC
247 0.58 AC
244 0.23 AC
245 0.26 AC
243 0.24 AC
246 0.24 AC
218 0.23 AC
217 0.23 AC
216 0.45 AC
242 0.29 AC
241 0.31 AC
240 0.34 AC
111 0.95 AC
103 0.98 AC
101 1.10 AC
105 1.10 AC
108 1.00 AC
102 1.82 AC
104 1.02 AC
1900 1.06 AC
401 1.53 AC
1602 1.89 AC
1603 4.09 AC
1500 1.00 AC
1600 3.03 AC
1300 1.00 AC
1400 0.50 AC
1301 0.50 AC
1201 1.00 AC
1200 1.00 AC
1100 2.46 AC
600 0.75 AC
601 1.33 AC
700 0.52 AC
701 0.48 AC
800 1.06 AC
900 1.07 AC
1000 1.00 AC
1700 4.81 AC
VOL 295 P 603
1802 0.91 AC
1801 1.59 AC
1800 1.04 AC
1804 1.00 AC
2006 1.11 AC
2000 1.90 AC
2005 1.84 AC
2004 1.97 AC
2002 1.00 AC
2003 2.03 AC
2102 4.85 AC
2103 4.85 AC
2101 4.85 AC
2104 4.93 AC

CS 72-88
CS 51-87
CS 205-73
CS 51-2000
CS 177-53
CS 118-56
CS 4-89
CS 105-86
CS 74-68
CS 159-63
CS 97-75
CS 57-64
CS 145-81
CS 97-73
CS 117-78
CS 70-05

15
5

36 05 28C
GRANTS PASS