



Septic Site Evaluation Approval

248-24-000212-EVAL

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010
OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

Date issued: 11/15/2024

Application status: Site Evaluation Approved

Work description: Rios - Site Evaluation

Applicant: WILFREDO & CAROL RIOS
Address: 468 W Pine ST, Central Point, OR,
97502
Central Point OR 97502
Phone: 5415318107
Email: WRIOS84@LIVE.COM

Owner: WILFREDO & CAROL RIOS
Property address: 0 Reese Creek Rd, Eagle Point, OR
97524

Address: 468 W PINE
CENTRAL POINT OR 97502

Parcel: 351W35311 - Primary **Township:** 35 **Range:** 1W **Section:** 35

Lot size: 5.07 **Water supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Accessory Dwelling Unit: No **County:** Jackson

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

	Existing	Proposed
Number of bedrooms:	0	4

General Specifications

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

System Specifications

	Initial System	Replacement Area
System type:	Alternative Treatment Technology (ATTs)	Alternative Treatment Technology (ATTs)
ATT description:	TBD	TBD
System distribution type:	Equal	Equal
Distribution method:	Equal-Hydrosplitter	Equal-Hydrosplitter

Trench Specifications

	Initial System	Replacement Area
Trench linear feet:	150 linear ft.	150 linear ft.
Max depth:	24 in.	24 in.

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

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

Date issued: 11/15/2024

Application status: Site Evaluation Approved

Work description: Rios - Site Evaluation

Min depth:	18 in.	18 in.
Special Requirements	Initial System	Replacement Area
Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	Standard
Drainfield sizing:	50 linear ft/150 gal.	50 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes
Other special requirement:	Approved with conditions- V-ditch needed to encompass initial/ repair area due to flood irrigation on site. Flood gates from canal need to be decommissioned in the area where the drain field is located prior to receiving CSC.	Approved with conditions- 1. V-ditch needed to encompass initial/ repair area due to flood irrigation on site. 2. Flood gates from canal need to be decommissioned in the area where the drain field is located prior to receiving CSC.

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

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

Andrew Forbes

Onsite Wastewater Specialist

11/15/24

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FIELD WORKSHEET

Name: Rios

Application No.: 218-211-000212

Date: 9/7/24

RE: SITE EVALUATION REPORT for Parcel #: 35,105,35,311

Commercial Facility: ☐ Yes ☒ No

Parcel Size: 5.07

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd

Max Number of bedrooms: 4

Max Number of Employees: 0

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>24</u> " Max Depth <u>18</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- ☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- ☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☒ Rake trench sidewalls.
- ☒ The system must be installed during dry soil conditions only.
- ☒ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

* Approved based on TP#1

Application No.: _____

TD-604

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.	
Test Pit 1	0-4	SC	7.5YR 2.5/3, wsbk, 3UF, 5% CF	
	4-24	C	7.5YR 4/1, wsbk, 2UF, 35% CF	18-20" red on dep
	24-60	FDm	65% CF FDm	7.5YR 5/6 / 7.5YR 4/1
			Cemented layer @ 36"	
Test Pit 2	0-4	SC	7.5YR 3/2, wsbk, 2UF, 5% CF	Redox @ 15" 7.5YR 5/6
	4-18"	C (gr)	7.5YR 4/2, sbk, 1UF, 35% CF	Dep @ 15" 7.5YR 4/1
	18-51	Cobbles	FDm	
			Cemented layer @ 24"	
Test Pit 3			Similar to TP #2	
			Redox & Dep	
			Cemented layer @ 14"	
Test Pit 4			10" canal	
Test Pit 5			<div style="display: flex; align-items: center; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> existing system repair </div> <div>#1</div> <div>#2</div> <div>#3</div> </div>	
Test Pit 6				

Landscape Notes: Meadow, Flood irrigated

Slope: 1-3%

Aspect: _____

Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: _____

Application No.: _____

FIELD WORKSHEET

Name: Rios Application No.: 248-24-000712 Date: 10/30/24
RE: SITE EVALUATION REPORT for Parcel #: 35.10, 35.311

Commercial Facility: ☐ Yes ☒ No Parcel Size: 5.02

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 41 Max Number of Employees: 0

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth

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+ Additional + p's

Application No.: _____

* Additional Test Pits *

TD=49"

TD=60"

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	SC	10YR 3/3, USBK, 2UF, 5% CF ESD-60"
	8-20	SC	10YR 3/3, USBK, 1UF, 15% CF
	20-49	SPM	Cemented layer, cobbles, 35% CF Deflections
			@ 20" 1st - 7.15YR 4/6 7.5YR 5/1
Test Pit 2	0-8	SC	10YR 3/3, USBK, 2UF, 5% CF x water in bottom of pit
	8-21	(SC)C	10YR 3/3, USBK, 1UF, 15% CF flooding pasture,
	21-60	SPM	cobbles/cemented layer 35% CF
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: _____

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

Other Site Notes: leaf cobbles

Application No.: _____



Septic Site Evaluation

248-24-000212-EVAL

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
541-776-6010
OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

Date evaluation denied: 11/04/2024
Application status: Denied
Work description: Rios - Site Evaluation

Applicant: WILFREDO & CAROL RIOS
Address: 468 W Pine ST, Central Point, OR,
97502
Central Point OR 97502
Phone: 5415318107
Email: WRIOS84@LIVE.COM

Owner: WILFREDO & CAROL RIOS
Property address: 0 Reese Creek Rd, Eagle Point, OR
97524

Address: 468 W PINE
CENTRAL POINT OR 97502

Parcel: 351W35311 - Primary **Township:** 35 **Range:** 1W **Section:** 35

Lot size: 5.07 **Water supply:** Well
Zoning: N/A **City/County/UGB:** N/A
Accessory Dwelling Unit: No
County: Jackson

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

	Existing	Proposed
Number of bedrooms:	0	4

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Date evaluation denied: 11/04/2024

Application status: Denied

Work description: Rios - Site Evaluation

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413 - Savage Creek Ave

36-4W-30-C700

Setback from well #1 goal

* 300 gpd - make clear in Auth.

property owner & local district

* Creating temp H₂O table with flood cor

* Require piping local district.

* Tell de-water / French Drain, reporting w/ depression.

* Need to demonstrate you will stop flood irregularly

* Identify repair area.

* All work to be performed prior to SE Val being issued.

* Need Mayor Atty to connect.

* No site Eval.

- Site eval 1st step to utilize existing system

* - intent is to identify replacement Area

- If Approved Atty to connect to existing alt,

Kathy Swift

(SW)

Paul Kennedy

- Lakeville property →

679 0538

* Call Jaco Planning, Not existing septic Approval.

as Separation of lots w/out Septic Approval?

* New plats / one of plan divisions / Any cracks

or rules you can share w/ me?

Site level \Rightarrow

Decommission through Oregon dip water reserves
Bottomless SF w/in 50' of creek.

* winter monitoring, soils are conclusive

River Creek

* Repair not designed to support U bedrock

AG



Onsite Site Evaluation
Application Verification
248-24-000212-EVAL

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Suite 201
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OnsiteMedford@deq.state.or.us
Website: oregon.gov/deq

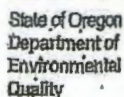
Application created: 6/26/24
Parcel Nbr: 351W35311
Site Address: 0 Reese Creek RD, EAGLE POINT, OR 97524
Owner: WILFREDO & CAROL
RIOS
0 REESE CREEK RD
(541) 531-8107
Applicant: WILFREDO & CAROL RIOS - wilfredo Rios
468 W Pine ST, Central Point, OR, 97502
Central Point, OR 97502
Phone: (541) 531-8107
Email: WRIOS84@LIVE.COM

Licensed Professional(s):
No Licensed Professionals Designated

Category of Construction:	Single Family Dwelling	County:	Jackson
Acreage or Lot Size:	5.07	Water Supply:	Well
Site Ready for Inspection:	No		

	<u>Existing</u>		<u>Proposed</u>
Use of Structure:		Use of Structure:	SFD
Number of Bedrooms:	0	Number of Bedrooms:	4

Attached Documents:	Description
Name	
DEQ site Plan.pdf	Site plan
DEQ site evaluation application.pdf	Paper application, directions, and Jackson County tax map,



Send this application
to the appropriate
DEQ office

<p>For DEQ Use Only:</p> <p>Date received _____</p> <p>Fee paid _____</p> <p>Receipt number _____</p> <p>Application number _____</p> <p>Date of 1st response _____</p> <p>Date of 2nd response _____</p> <p>Date of final response _____</p> <p>Date of completion _____</p> <p>Scanned _____</p> <p>Data Entry _____</p>	<p>Date Stamp</p> <p>RECEIVED</p> <p>JUN 26 2024</p> <p>DEQ MEDFORD</p>
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Name Wilfredo Rios Mailing Address (Street or PO Box, City, State, Zip Code) 468 W Pine St Central Point OR 97502 Phone Number 541 531 8107

35 1 W 35 311 1-101315-3 5.07
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Jackson
County Subdivision Name Lot Block
Property Address: 0 Reese Ct Rd Eagle Point OR 97521
Address City State Zip Code
Directions to Property: Map Attached

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name _____
_____ Number of Bedrooms	<u>3-4</u> Number of Bedrooms	<input checked="" type="checkbox"/> Private <u>well</u> Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Expanding Mobile Home to House with Attached Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other—please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Willfredo Rios
Signature: _____ Date: 6-12-24

Willfredo Rios
Applicant's Name - Please Print Legibly _____ 541 531 8107 Applicant's Phone Number

WR10584@LIVE.COM
Applicant's E-mail Address _____

Applicant's Mailing Address



221 Stewart Ave, Medford, OR 97501 to 1177-903 Old Butte Falls Rd, Eagle Point, OR 97524

Drive 15.8 miles, 27 min

not address yet, lot is between houses 865 Reese ck and 1015 Reese Ck rd

RECEIVED
JUN 26 2024
DEQ MEDFORD



Map data ©2024 Google 2 mi

221 Stewart Ave
Medford, OR 97501

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JUN 26 2024
DEQ MEDFORD

Take W Stewart Ave to Rogue Valley Hwy 99

- ↑ 1. Head east toward W Stewart Ave
2 min (0.3 mi)
- ↩ 2. Turn left toward W Stewart Ave
338 ft
- ↪ 3. Turn right onto W Stewart Ave
167 ft
0.2 mi
- ↪ 4. Turn right onto Rogue Valley Hwy 99
1 min (0.4 mi)

Get on I-5 N

- ↩ 5. Use the left lane to turn left onto Garfield St
3 min (0.8 mi)
- ↗ 6. Use the left 2 lanes to turn slightly left to merge
onto I-5 N
0.5 mi
0.4 mi

Follow I-5 N and OR-62 E to Old Hwy 62 in Eagle Point

- ↗ 7. Merge onto I-5 N
16 min (11.8 mi)
- ↪ 8. Take exit 30 for OR-62 E toward OR-238 W/N
Medford/Crater Lk
2.4 mi
- ↪ 9. Turn right onto OR-62 E
0.4 mi
- 📍 Pass by Taco Bell (on the right in 0.3 mi)
0.6 mi
- ↩ 10. Keep left to continue on OR-62/Rogue Valley
Expy
📍 Continue to follow OR-62
5.9 mi

➤ 11. Keep right to continue on OR-62 E

2.4 mi

Take S Royal Ave to Old Butte Falls Rd/Reese Creek Rd

6 min (2.5 mi)

➤ 12. Turn right onto Old Hwy 62

0.3 mi

➤ 13. Turn right onto S Royal Ave

1.1 mi

↑ 14. Continue onto Brownsboro-Eagle Point Hwy

0.2 mi

↶ 15. Turn left onto Old Butte Falls Rd/Reese Creek Rd

0.9 mi

1177-903 Old Butte Falls Rd

Eagle Point, OR 97524

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JUN 26 2024
DEQ MEDFORD

FOR ASSESSMENT AND
TAXATION ONLY

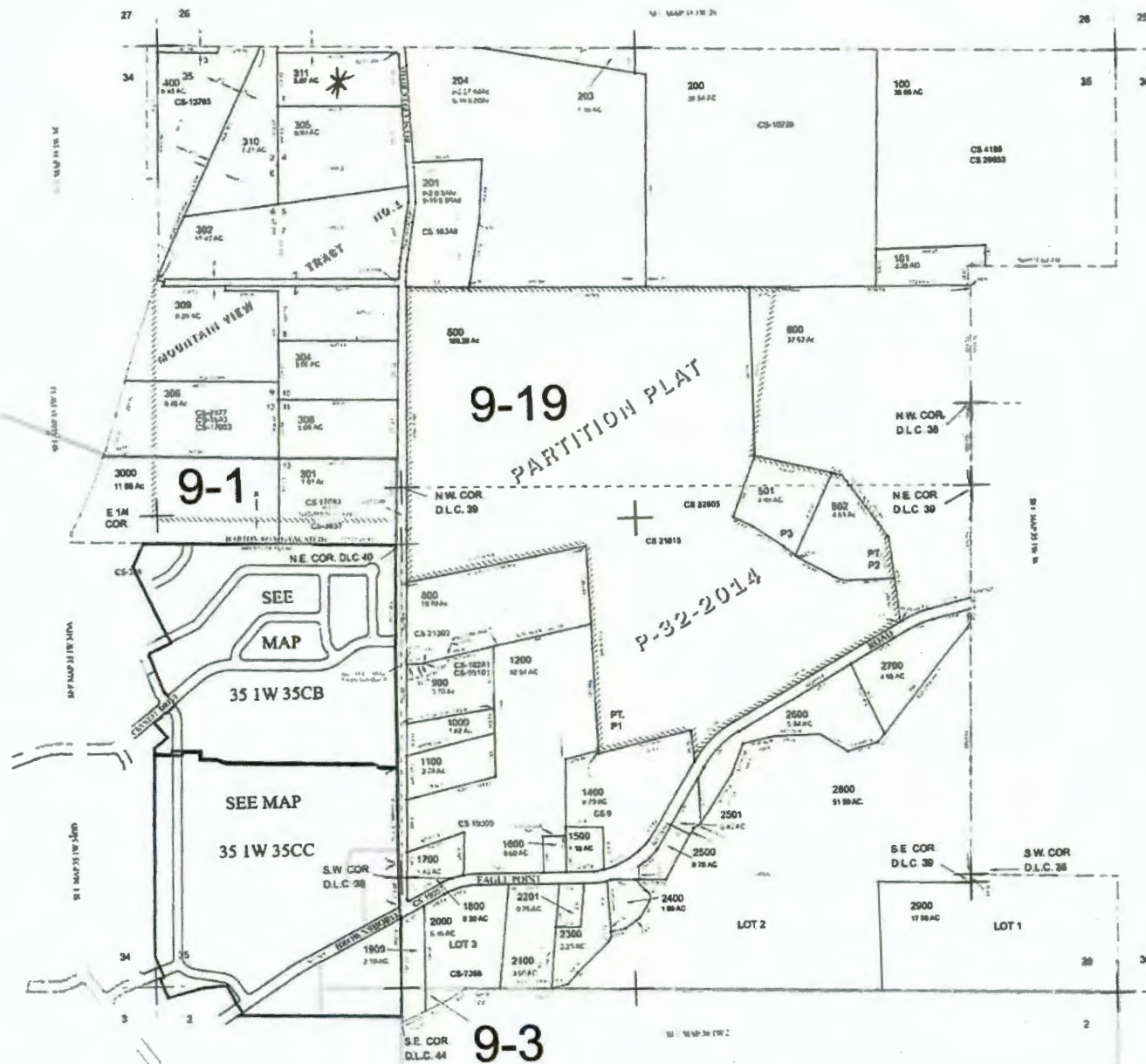
SECTION 35 T.35S. R.1W. W.M.
JACKSON COUNTY
1" = 400'

351W35
EAGLE POINT

RECEIVED

JUN 26 2024

DEQ MEDFORD



CANCELLED TAX LOT NUMBERS
385 ADDED TO 294
700 REMAPPED TO 351W35CB
1401
901 ADDED TO 1000
1001 ADDED TO 900
303 ADDED TO 302
307 ADDED TO 302
2301 ADDED TO 2100
2300 ADDED TO 2300
1300 ADDED TO 1200

351W35
EAGLE POINT
DOR CONVERSION August 15, 2000
REV November 17, 2003



SITE PLAN

RECEIVED

JUN 26 2024

DEQ MEDFORD

Site Plan Must Be Current

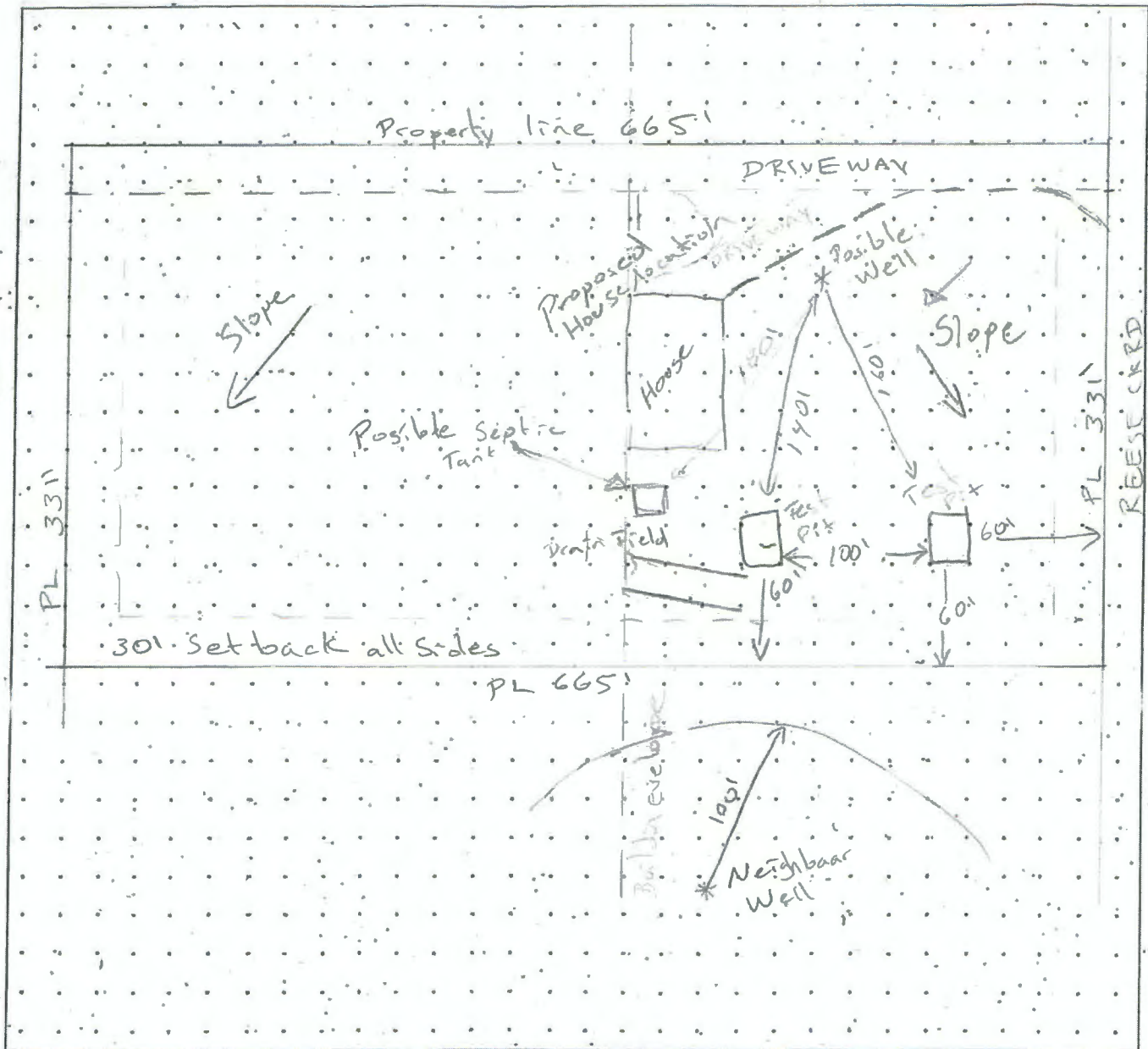
Site Address: 0 Reese Cr Rd City: Engle Point OR

Tax Lot#: 351W 35311 Acres: 5.07 Subdivision: Mountain View tract

Lot: 311 Block: 35 Property Owner: Wilfredo Rios

Scale: 1 Square = 24.5 Feet.

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS.



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

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

Signature:

Date: 6-12-2024



SITE PLAN

RECEIVED

JUN 26 2024

Site Plan Must Be Current

Site Address: 1 Reese Cr Rd City: Eagle Point OR

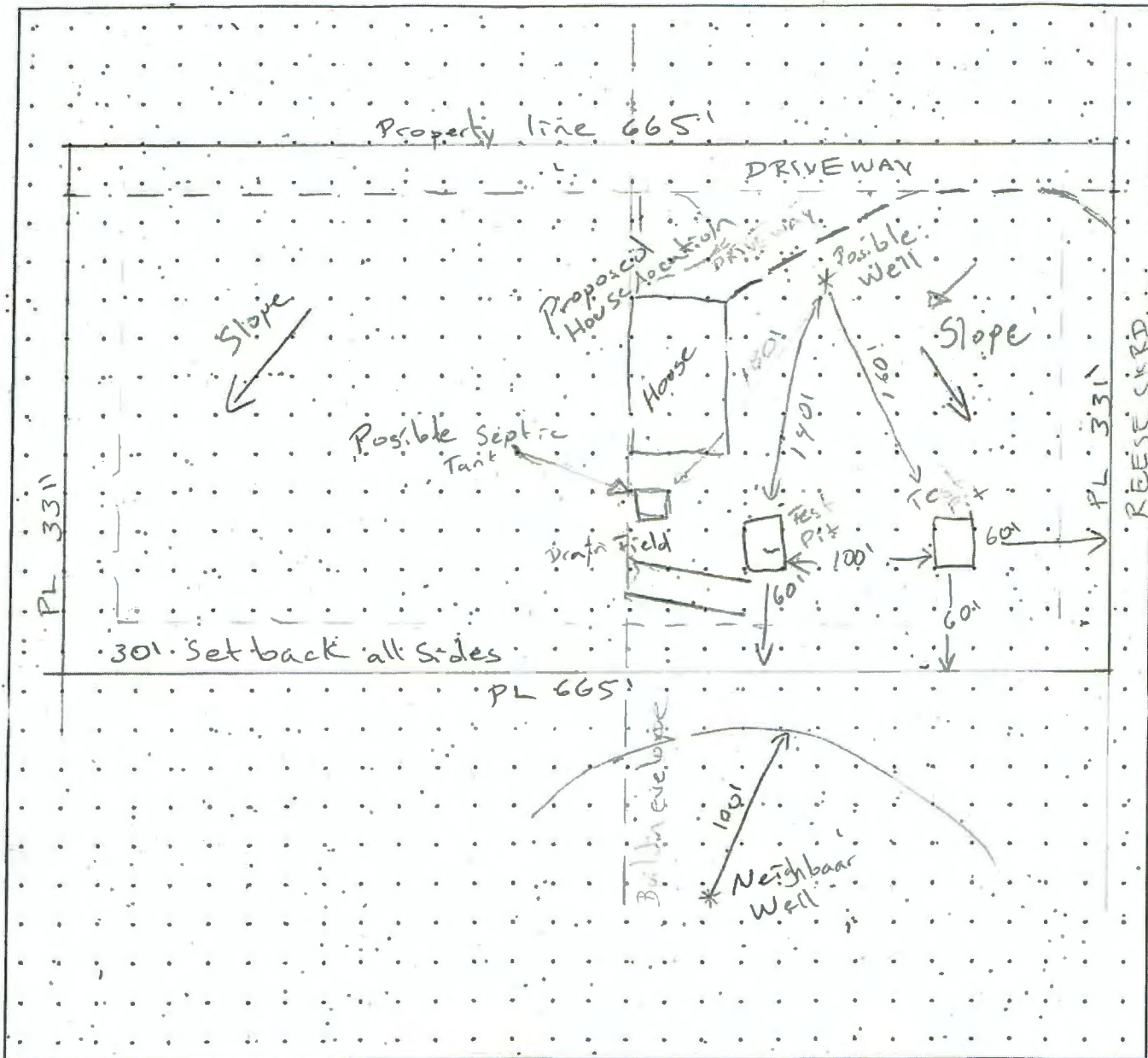
DEQ MEDFORD

Tax Lot#: 351W 35311 Acres: 5.07 Subdivision: Mountain View tract

Lot: 311 Block: 35 Property Owner: Wilfredo Rios

Scale: 1 Square = .245 Feet.

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS.



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

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

Signature:

Date: 6-12-2024