



Septic Authorization Approval

248-24-000061-AUTH

Residential Authorization

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: 3/11/24 **Date Expiring:** 3/11/25
Work Description: Eddings - Authorization Notice (Replacement of Mobile Home)

Applicant: Wesley C. Pettegrew
Address: 7220 Crater Lake Highway
White City OR 97503
Phone: 5418300629
Email: crownhomeswes@hotmail.com

Contractor: CROWN HOMES INC
CCB: 111078
Address: 7220 CRATER LAKE HWY
WHITE CITY OR 97503
Phone: 5418300629
Email: crownhomeswes@hotmail.com

Owner: Nicholas Eddings
Address: 920 Rock Creek Road
Gold Hill OR 97525

Property Address: 920 Rock Cr Rd, Gold Hill, OR 97525

Parcel: 352W291800 - Primary **Township:** 35S **Range:** 2W **Section:** 29

Accessory Dwelling Unit: No
Authorization Notice for: Replacing One Dwelling with Another

Lot Size: 4.55 **Water Supply:** Well
County: Jackson
Directions to Property: From OR234 go approximately 2-3 miles and bear right onto Sams Valley Rd then turn right onto Rock Creek Rd.

Category of Construction: Manufactured Dwelling

	Existing	Proposed
Use of Structure:	Residential MH Dwelling	Residential MH Dwelling
Number of Bedrooms:	3	3
System Specifications:		
Max Peak Design Flow:	450 gpd	Proposed Gallons per Day: 375 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 3-bedroom SFR with a peak sewage flow of 450 gallons per day.
2. Type of System: Standard
3. Linear feet of drainfield: 320'
4. Permit #: 15-247-83N
5. Original CSC Date: 1-6-1984
6. Tank Size: 1500 gal
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.
11. A full system replacement area must be maintained and meet all required setbacks.

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: 3/11/24	Date Expiring: 3/11/25
Work Description: Eddings - Authorization Notice (Replacement of Mobile Home)	

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

3/11/24



**Onsite Authorization
Application Verification
248-24-000061-AUTH**

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

Application created: 3/5/24

Parcel Nbr: 352W291800

Site Address: 920 ROCK CR RD, GOLD HILL, OR 97525

Owner: Nicholas Eddings
(541) 944-9678

Applicant: Wesley C. Pettegrew - Crown Homes, Inc.
7220 Crater Lake Highway
White City, OR 97503

Phone: (541) 830-0629

FAX: (541) 830-0634

Email: crownhomeswes@hotmail.com

Licensed Professional(s):

License Number: CCB - 111078
CROWN HOMES INC
7220 CRATER LAKE HWY
WHITE CITY, OR 97503

Phone: (541) 830-0629

Email: crownhomeswes@hotmail.com

Category of Construction: Manufactured Dwelling

County: Jackson

Directions: From OR234 go approximately 2-3 miles and bear right onto Sams Valley Rd then turn right onto Rock Creek Rd.

Acreage or Lot Size: 4.55

Water Supply: Well

Site Ready for Inspection: Yes

Existing

Use of Structure: Residential MH Dwelling
Number of Bedrooms: 3

Proposed

Use of Structure: Residential MH Dwelling
Number of Bedrooms: 3

Attached Documents:

Name	Description
Eddings Assessor Map.pdf	Assessor's Map
Eddings County Authorization.pdf	Jackson County Authorization
Eddings Plot Plan DEQ.pdf	Plot Plan
Eddings DEQ Application.pdf	DEQ Application
Eddings DEQ Agent Authorization.pdf	DEQ Agent Authorization
Eddings Existing System Form.pdf	Existing Septic Form



EXISTING SEPTIC SYSTEM DESCRIPTION

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MAR 06 2024

DEQ MEDFORD

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
☒ Septic Tank ☒ Disposal Trenches ☐ Capping Fill ☐ Sandfilter
☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
☐ Other (Describe) _____
2. When was your septic system installed? _____
(Date) (Permit Number)
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons) 1500
5. When was the septic tank last pumped? _____ Attach receipt if available.
6. Number of disposal trenches 3, I believe
7. Total length of disposal trenches (in feet) 320
8. Do you propose to use the existing septic system? Yes ☒ No ☐
9. Is your septic system currently in use? Yes ☒ No ☐ If no, date of last use _____
10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 2
11. How many bedrooms will be in the proposed dwelling? 3 How many occupants? 2
12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒
If yes, please explain _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

03/06/2024

(Date)

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials _____
Other file information: _____

ZENTGRAF Erica * DEQ

From: DEQ Medford <DEQMedfordNoReply@Accela.com>
Sent: Wednesday, March 6, 2024 8:15 AM
To: crownhomeswes@hotmail.com; ZENTGRAF Erica * DEQ
Subject: Additional Information is required for record # 248-24-000061-AUTH at 920 ROCK CR RD, GOLD HILL, OR

Additional information is required to process your permit application **248-24-000061-AUTH** at job site address **920 ROCK CR RD, GOLD HILL, OR**. Please see the comments below for details.

Workflow Task: Application Intake

Comment: Thank you for submitting application for an Onsite Authorization. Additional information is required. Please submit the following items: 1) Existing Septic System Description: this form can be found here: <https://www.oregon.gov/deq/FilterDocs/os-existingsysdesc.pdf> Once the above items have been received, your application fees will be invoiced, and payment instructions sent to this email address.

If you have questions, please contact **Erica Zentgraf** at 541-776-6010 or onsitemedford@deq.oregon.gov.

Your record is available online for tracking by clicking here:

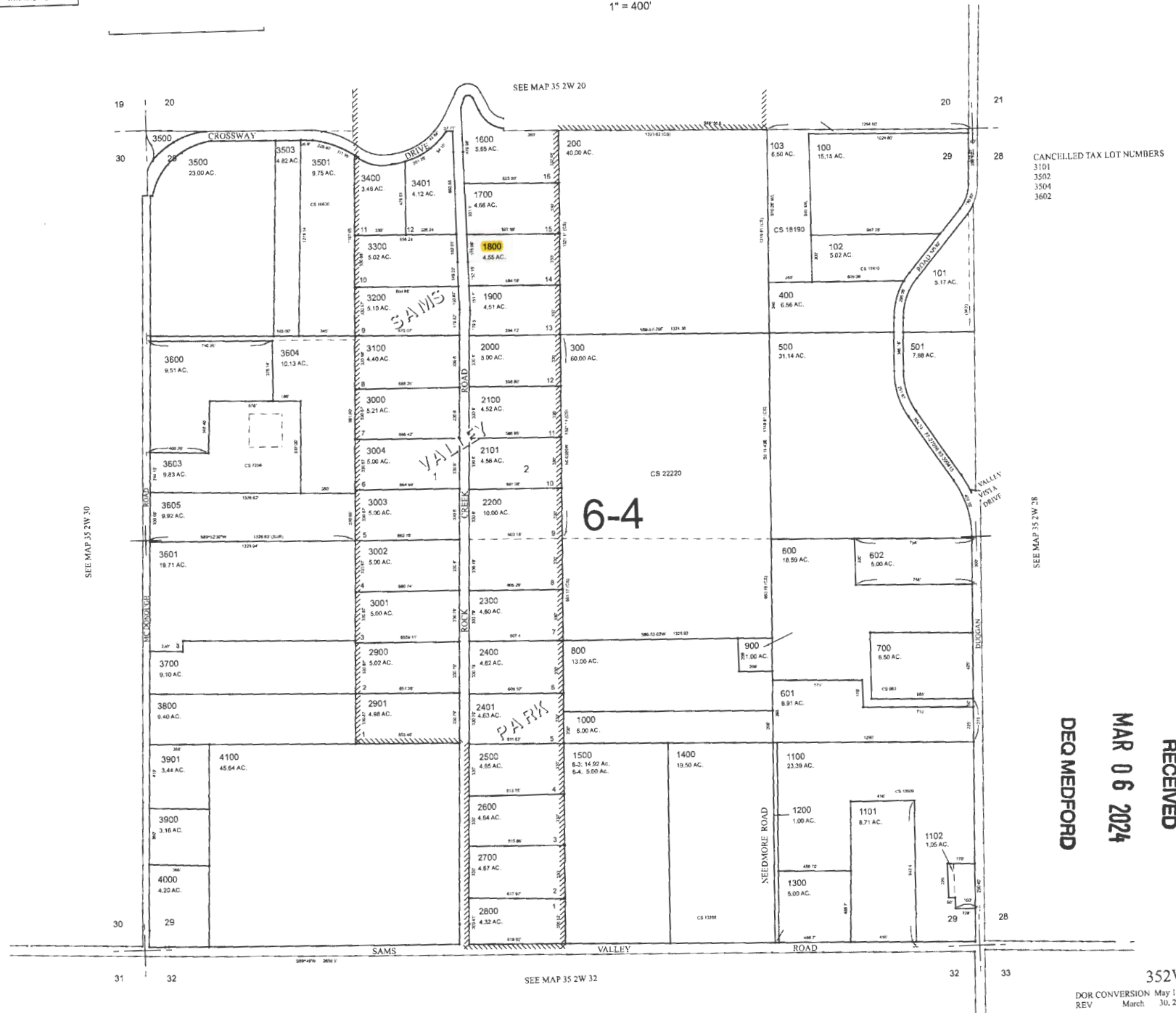
https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Onsite&TabName=Onsite&capID1=24CAP&capID2=00000&capID3=0001P&agencyCode=DEQ_MEDFORD

Thank you.

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

SECTION 29 T.35S. R.2W. W.M.
JACKSON COUNTY
1" = 400'

FOR ASSESSMENT AND
TAXATION ONLY



RECEIVED
MAR 06 2024
DEQ MEDFORD

352W29

DOR CONVERSION May 12, 2000
REV March 30, 2004

ZENTGRAF Erica * DEQ

From: DEQ Medford <DEQMedfordNoReply@Accela.com>
Sent: Tuesday, March 5, 2024 3:30 PM
To: crownhomeswes@hotmail.com; ZENTGRAF Erica * DEQ
Subject: Additional Information is required for record # 248-24-000061-AUTH at 920 ROCK CR RD, GOLD HILL, OR

Additional information is required to process your permit application **248-24-000061-AUTH** at job site address **920 ROCK CR RD, GOLD HILL, OR**. Please see the comments below for details.

Workflow Task: Application Intake

Comment: Thank you for submitting application for an Onsite Authorization. Additional information is required. Please submit the following items: 1) Tax Lot Map: This map may be obtained at the local county assessor's office or planning department. Tax lot maps are also online and can be accessed using ORMap at the following address: <https://ormap.net/gis/index.html> 2) Existing Septic System Description: this form can be found here: <https://www.oregon.gov/deq/FilterDocs/os-existingsysdesc.pdf> Once the above items have been received, your application fees will be invoiced, and payment instructions sent to this email address.

If you have questions, please contact **Erica Zentgraf** at 541-776-6010 or onsitemedford@deq.oregon.gov.

Your record is available online for tracking by clicking here:

https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Onsite&TabName=Onsite&capID1=24CAP&capID2=00000&capID3=0001P&agencyCode=DEQ_MEDFORD

Thank you.

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OnsiteMedford@deq.state.or.us
www.oregon.gov/deq



State of Oregon
Department of
Environmental
Quality

Oregon Department of Environmental Quality
**Application for Onsite Sewage
Treatment System**

Send this application to the appropriate
DEQ office

For DEQ Use Only:

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: _____

Date Stamp

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MAR 05 2024

DEQ MEDFORD

Property owner information

Name: Nicholas Eddings
Mailing Address: 920 Rock Creek Road, Gold Hill, Oregon 97525
Phone number: 541-944-9678

Legal property description

Township	Range	Section	Tax Lot	Acreage or Lot Size
35	2W	29	1800	4.55
County	Subdivision Name	Tax Account Number	Block	
Jackson				

Property address: 920 Rock Creek Road, Gold Hill, Oregon 97525

Directions to property:

From OR234 bear right onto Sams Valley Rd after 2 miles turn right onto Rock Creek Rd


Existing facility/Proposed facility/Water information

Existing facility	Proposed facility	Water supply
<input checked="" type="checkbox"/> Single family residence Number of bedrooms: 3	<input checked="" type="checkbox"/> Single family residence Number of bedrooms: 3	<input type="checkbox"/> Public Name:
<input type="checkbox"/> Other Description:	<input type="checkbox"/> Other Description:	<input checked="" type="checkbox"/> Private Well Well, Spring, Shared:

Type of application

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

 Signature	03/05/24 Date
Wes Pettegrew, Mgr. Crown Homes, Inc. Applicant's name -- please print legibly	541-830-0629 Applicant's phone number
7220 Crater Lake Hwy. White City, Or. 97503 Applicant's mailing address	crownhomeswes@hotmail.com Applicant's email address
Applicant is the: <input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Authorized representative
	<input checked="" type="checkbox"/> Authorization attached
	Installer name:



JACKSON COUNTY ZONING AUTHORIZATION

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MAR 05 2024

DEQ MEDFORD

DEVELOPMENT SERVICES

Planning Division

10 South Oakdale Ave., Room 100

Medford, OR 97501-2902

Phone: 541-774-6907

ZONING: Rural Residential-5

RECORD #: 439-24-00316-ZON

ADDRESS: 920 ROCK CR RD

PRINT DATE: 03/05/2024

PRIMARY PARCEL #: 35-2W-29-1800

LAST UPDATED: 03/05/2024

CASE TYPE: Zoning Information Sheet

PROCESS TYPE: Type I Permit

ASSOCIATED LOTS:

Owners

EDDINGS NICHOLAS P
920 ROCK CREEK RD
GOLD HILL, OR 97525

Record Detail Description

ZIS Replacement dwelling

Primary Contact

EDDINGS NICHOLAS P
920 ROCK CREEK RD
GOLD HILL, OR 97525

Contact Type

Applicant

Contact

CROWN HOMES, INC
7220 CRATER LAKE HWY
WHITE CITY, 97503

Contact Type

Agent

GENERAL ZIS INFORMATION:

<u>STAFF</u>	<u>DATE</u>	<u>COMMENTS</u>
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LANIERGC	02/20/2024	02/20/2024: Proposal is for a replacement dwelling. Parcel configuration established on December 28, 1961, via Sams Valley Park lot no. 14 in survey no. 1911. Assessment shows a 1981 1152 SqFt Double wide dwelling. In wildfire hazard area, no other overlays of concern. See conditions.
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Counter consultation fee paid, plot plan submitted. Plot plan does not satisfy the requirements (not to scale, not base-10) so a revised plot plan will need to be submitted. Scanned to file but condition not signed off. GL

02/29/2024: Revised plot plan submitted, FBR ordered. GL

03/04/2024: FBR/FSI approved. Waiting on plan approval. ER

03/05/2024: Proposal is for a manufactured home. Plans review not required. All prior to permit conditions are met. Ok for permits for replacement dwelling.

Ok for authorization for septic inspection and potential repairs to serve the replacement dwelling. Authorization expires 03/05/2026.

IF ANY INFORMATION RELIED UPON FOR THIS PLANNING APPROVAL HAS CHANGED, THIS AUTHORIZATION WILL BE NULL AND VOID.

MAR 05 2024

DEQ MEDFORD

SFB

OVERLAY DETAILS:

<u>Applicable Overlay</u>	<u>Comments</u>
Wildfire Hazard Area	FD #3, 100' Fuelbreaks

STRUCTURE / SIZE DETAILS:

<u>Item</u>	<u>Units</u>	<u>Proposed Size</u>	<u>Approved Size</u>	<u>Comments</u>
Existing Dwelling	Sq Ft	1152	1152	1981 1152 SqFt Double wide
Replacement Dwelling	Sq Ft	1836	1836	Replacement Mobile Home

HEIGHT / LOCATION DETAILS:

<u>Items</u>	<u>Distance</u>	<u>Direction</u>	<u>Approved Height</u>	<u>Comments</u>
Other	30	West	35	RR-5 setbacks, EFU to East
	20	North		
	20	South		
	200	East		
Replacement Dwelling	196	West	35	Replacement dwelling
	212	North		
	50	South		
	367	East		

Condition**Hold Level****Status**

RR Deed Declaration

Met

Prior to issuance of permits, a Deed Declaration which acknowledges and accepts farm and forest activities on adjacent lands shall be recorded. The deed declaration must be signed in the presence of a notary public and taken to the County Clerk's Office for recording. After the Deed Declaration has been recorded, a copy must be returned to Development Services. (LDO Section 8.4.1 A)

Plot Plan

Met

PRIOR TO PERMITS

An accurate plot plan must be submitted for review by Development Services on either standard 8.5" x 11" or legal 8.5" x 14" size paper. The plot plan must accurately depict the boundaries of the parcel. It must be accurately drawn to a base 10-foot scale (e.g. 1" = 60'). All improvements on the property must be shown on the plot plan with labels and distances to the property lines. (LDO Sections 3.4.2A; 6.2.1A; 12.2.3)

Fire Safety Inspection

Met

MAR 05 2024

DEQ MEDFORD

"Prior to issuance of building permits*, the Jackson County Fire Safety Inspector must inspect the property to verify that the Wildfire Safety Standards of Section 8.7.1 are in place. A Fire Safety Inspection must be requested and paid for at Development Services when all requirements have been met. An information sheet with a complete checklist of all requirements is available at Development Service or on-line on the Development Services page under ""Planning Guides.""

The following is a summary of the requirements that must be in place prior to the inspection request:

A) A plot plan indicating the proposed structure(s) must be on record in the Planning Department.

B) The proposed structure(s) must be staked out on the site.

C) Address signs must be installed at the driveway entrance (visible from both directions) and at all forks in the drive, with directional arrows as needed.

D) Driveway access to within 150' of all exterior first story walls of all buildings must be constructed to support a gross vehicle weight of 50,000 pounds and an occasional 60,000 pound load to accommodate heavy firefighting equipment. The driveway must terminate in an approved turnaround arrangement that meets the same load carrying capacity. A 22' fuelbreak including the driving surface is required along private accessways, driveways, private roads, and private access easements in accordance with Section 8.7.1(B)(1).

E) A 100-foot/150-foot fuelbreak must be developed and maintained around all new construction. If the 100-foot/150-foot fuelbreak extends onto an adjoining parcel(s), then either a fuelbreak easement(s) must be recorded and submitted or a fuelbreak reduction application must be approved by the County.

Warning: No understory vegetation or tree

canopy may be removed in order to comply with the fuelbreak requirements of Section 8.7.1(B), which are superseded by the requirements of this Section within the area in which the riparian setback applies.

Under circumstances where the approved use and or structure is found to be exempt from building permits, the conditions stated above must be met prior to initiating the approved use and/or prior to initiating construction of said structure.

FSI Fee Due

Met

FIRE SAFETY INSPECTION fee must be paid at time of Fire Safety Inspection Request.

Removal/Demo/Converted

Notice

Not Met

If the dwelling is being replaced, the original dwelling must be removed, demolished, or converted to an allowable nonresidential use within three months of the completion of the replacement dwelling. (LDO Sections 6.5.3Gd; 4.3.6A2)

Plan Approval

Met

All plans must be reviewed and approved by planning staff prior to authorization of permits.

Special Setback

Notice

Not Met

THERE IS A SPECIAL SETBACK OF 200 FEET FROM THE EFU ZONED PARCEL TO THE EAST.

(LDO Sections 3.12.1; 8.5.2A; 8.5.3)

Counter Consultation Fee Due

Met

ZIS fee must be paid prior to issuance of any permits applicable to this case.

* Under circumstances where the approved use and/or structure is found to be exempt from building permits, all outstanding ZIS fees must be paid prior to initiating the approved use and/or prior to initiating construction of said structure.

FuelBreak

Met

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MAR 05 2024

DEQ MEDFORD

Owner/Applicant must apply for and receive approval of a Fuelbreak Reduction, OR provide copies of recorded fuelbreak easements to meet the required 100'/150' fuelbreak around the proposed structure.

Riparian corridor protection measures of 50' from the high bank of Class 1 or 2 streams and 75' from the high bank of the Rogue River supersede the fuelbreak requirement. If any portion of the fuelbreak lies within the riparian corridor a fuelbreak reduction is required for the encroachment. No understory vegetation or tree canopy in the riparian corridor along the streams may be removed in order to comply with the fuelbreak requirements of Section 8.7.1(B)

Fire Safety (at Time of Permits)

Met

At the time of application for building permits, evidence must be provided to Planning demonstrating the proposed improvement will meet the following Fire Safety Standards as required by JCLDO Section 8.7.1:

1. Roof Coverings: All structures shall have Class A or B roofing according to Section 1504 of the State of Oregon Structural Specialty Code. This prohibits wood roofing of any type, including pressure treated wood shingle or shakes.

2. Slope: All new dwellings shall be sited on a slope less than 40 percent.

3. Chimneys: All chimneys for new dwellings, or other significant outbuildings, shall have a spark arrester.

(LDO Section 8.7.1)

Assigned Staff:



State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

RECEIVED

MAR 05 2024

DEQ MEDFORD

I, Nicholas Eddings, have authorized Crown Homes, Inc. to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Department of Environmental Quality 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 DEQ agents to conduct required business
activities on said property.

PROPERTY IDENTIFICATION:

920 Rock Creek Road, Gold Hill, Oregon 97525

(Property Situs or Road Address)

And described in the records of Jackson County as:

Township 35 Range 2W Section 29 Map ID _____ Tax Lot #(s) 1800

PROPERTY OWNER:

Printed Name: Nicholas Eddings

Address: 920 Rock Creek Road

City, State, Zip: Gold Hill, Oregon 97525

Phone: 541-944-9678

Email: _____

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Wes Pettegrew, Mgr. Crown Homes, Inc.

Address: 7220 Crater Lake Hwy.

City, State, Zip: White City, Oregon 97503

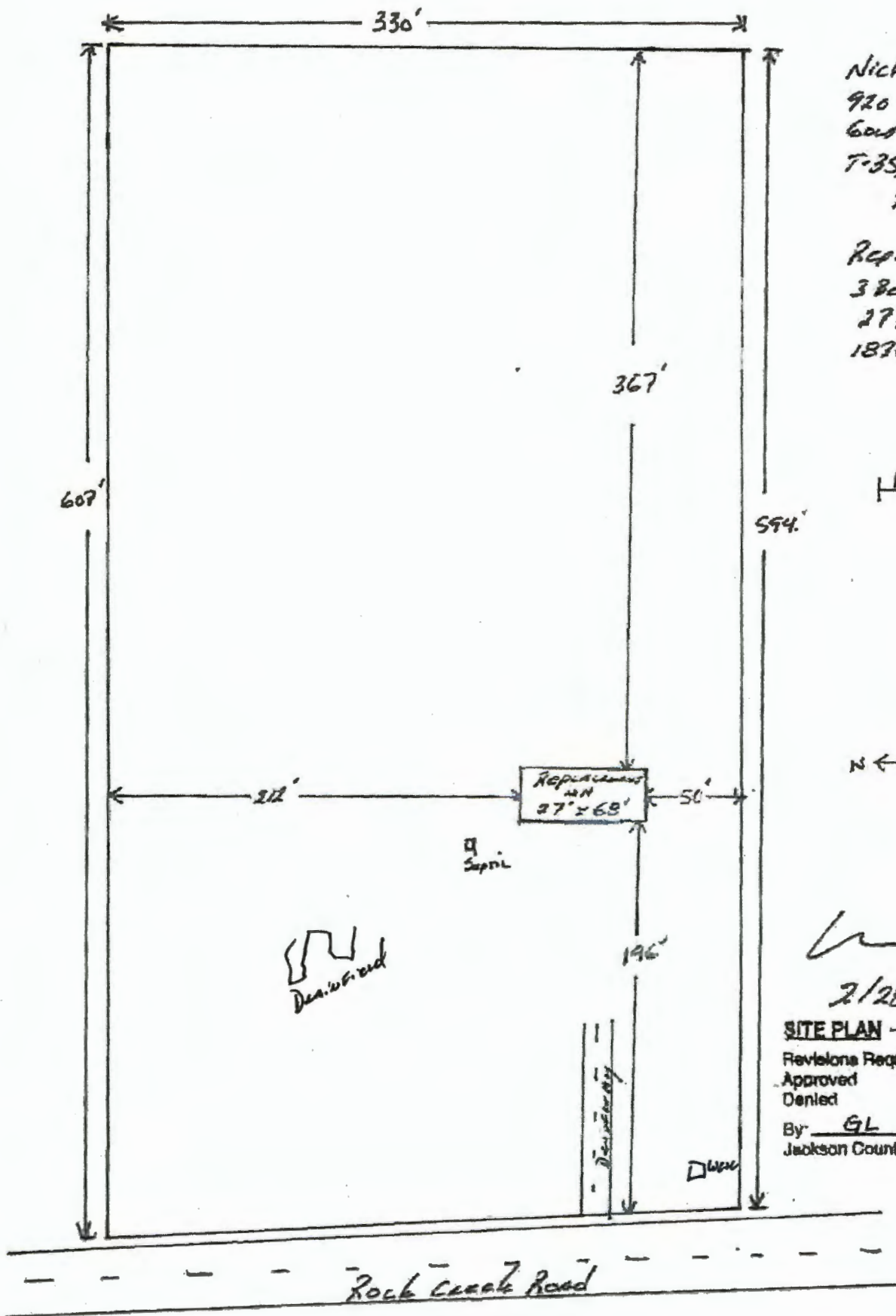
Phone: 541-830-0629

Email: crownhomeswes@hotmail.com

Signature: _____

MAR 05 2024

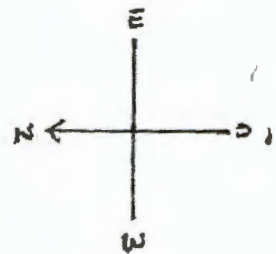
DEQ MEDFORD



Nicholas Edelings
920 Rock Creek Rd.
Gold Hill, OR 97525
T-35, R-2M, SEC-29
TAX Lot #1800

Replacement M.H.
3 Bed, 2 Bath
27' x 68'
1836 sq. Ft.

1 inch = 70'
SCALE



[Signature]

2/28/24

SITE PLAN - replacement MH

Revisions Required

Approved

Denied



pending
FBR

By: GL

Date 2/29/24

Jackson County Development Services

STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE OF SATISFACTORY COMPLETION

SUBSURFACE OR ALTERNATIVE SEWAGE SYSTEM

OWNER SAM MASON PERMIT NO. 15-247-83N
LOCATION NEXT TO 824 ROCK CR. RD. 35.2W-29-1802

In accordance with Oregon Revised Statute 454.665 this certificate is issued as evidence of satisfactory completion of a subsurface or alternative sewage disposal system at the above location.

RECOMMEND INSTALLATION OF 36" DEEP CURTAIN DRAIN WITH 30" OF ROCK.

JAN 9, 1984
Date

Kenneth B. Jackson
Sanitarian
Jackson County

FINAL INSPECTION

NAME: SAM MASON

DATE: JAN 6, 1984

ADDRESS: NEXT TO 824 ROCK CR. RD.

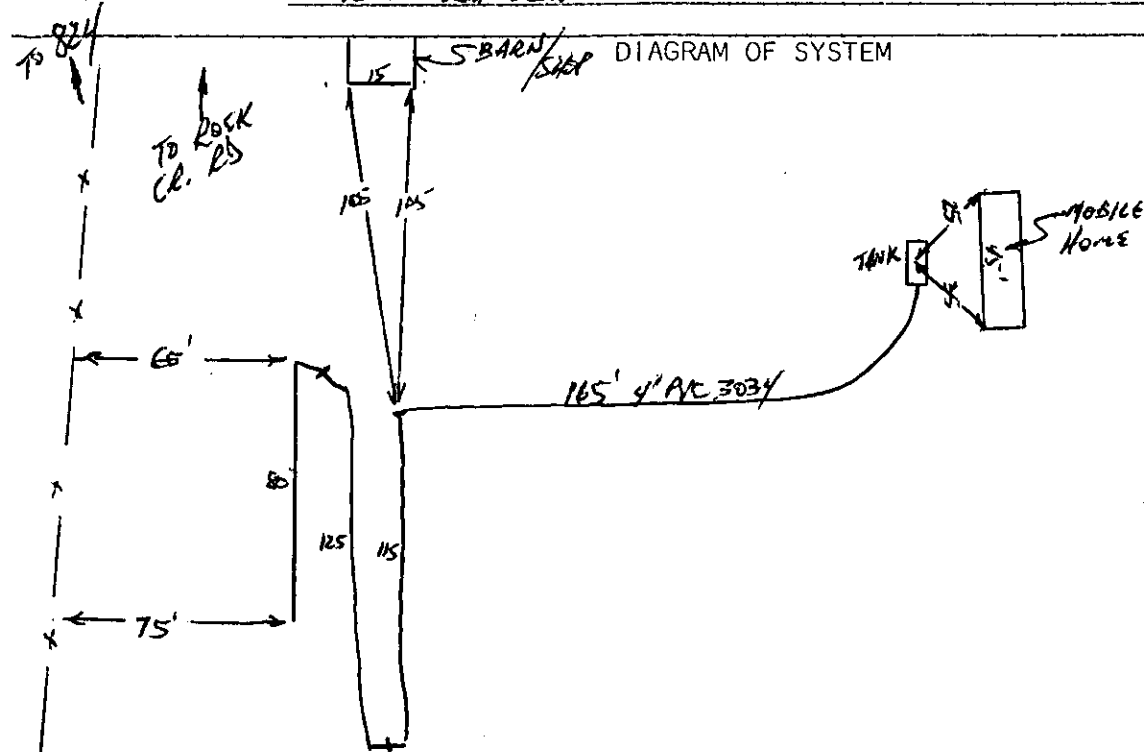
PERMIT #: 15-247-83 N

T. 35 R. 2W S. 29 T.L. 1800

CHECK LIST

- | | |
|--|--|
| 1. Tightlines tight <u>OK</u> | 7. Grade of Drains <u>OK</u> |
| 2. Size of Tank <u>1500 TWO COMP. JOHNSON</u> | 8. Depth of Trenches <u>24" ±</u> |
| 3. Use of approved materials <u>OK</u> | 9. Width of Trenches <u>24" ±</u> |
| 4. Use of approved fittings <u>* SEE BELOW</u> | 10. Total length of lines <u>320</u> |
| 5. Gravel Depth <u>12" ±</u> | 11. Approved Sq. Footage <u>1240</u> |
| 6. Distance between lines <u>10-15'</u> | 12. Distance from tank to house <u>20'</u> |

Diversion Ditch Required: Yes No * SEE BELOW Distance from Well OVER 100'
 Installer's Name: R.E. JOHNSON



REMARKS

* NEED A SANITARY TEE IN ORBIT OF TANK - INSTALLER STATED HE WOULD INSTALL IT IMMEDIATELY.

STRONGLY RECOMMENDED TO BOTH THE OWNER AND THE INSTALLER THAT A CURTAIN DRAIN AT LEAST 36" DEEP WITH 30" OF ROCK BE INSTALLED ON THREE SIDES OF THIS SYSTEM - THEY STATED THEY PLAN TO DO THIS IN THE SPRING.

Sanitarian: [Signature]

THE 1ST TRENCH HAD 6" ± OF H₂O IN IT
 THE 2ND TRENCH HAD 12" OF H₂O IN IT
 THE 3RD TRENCH HAD 4" ± OF H₂O IN IT.
 Jackson County Department of Planning & Development
 Environmental Sanitation Section
 32 West Sixth Street
 Medford, OR. 97501
 776-7556

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INTEROFFICE MEMORANDUM - JACKSON COUNTY

TO: File: 35-2W-29-1800

FROM: Ken Cote *KC*

DATE: December 20, 1983

SUBJECT: Consultation

I met Mr. Mason on-site on December 20, 1983, to see if soil moisture was low enough to allow installation of the system. I augered a hole in the system area and found saturated conditions at 31 inches. The soil above this was in satisfactory condition for installation. I told Mr. Mason a 48 inch deep curtain drain with 24 inches of rock would be required due to the temporary perched water table if he planned to install the trenches at 24-36 inch depth. The curtain drain would not be needed if the trenches are installed at 24 inch depth only. He does not want the curtain drain and will instruct Mr. Johnson, the installer, to hold the trench depth at 24 inches. Approved for installation provided it can be installed within the next two days and no more rain occurs before or during the installation.

REQUEST FOR INSPECTION

<u> </u> Date Requested	<u>1-6-84</u> Date Reported
<u>15-247-83N</u> Permit Number	<u>MASON</u> Owner
<u>RE Johnson</u> Contractor	<u>824 Rock Creek</u> Job Site
<u>Final</u> Inspection Site	

TWP 35 R 24 S 29 TL 1800

Note: _____

"SAGE"
MELION WALKER

35 2W 29-1800

can put in?

Rock Creek Road

DUANE FRANKLIN
SHERIFF

JACKSON COUNTY SH
MEDFORD,

COMPLA

CR#
WA#

REPT.

ADD.

CLR. REPT.

DET. DIV.

ADD.

Rock Creek Rd.

West.

35983-MH



180'



TANK

mobile home

50' →

P/C

North

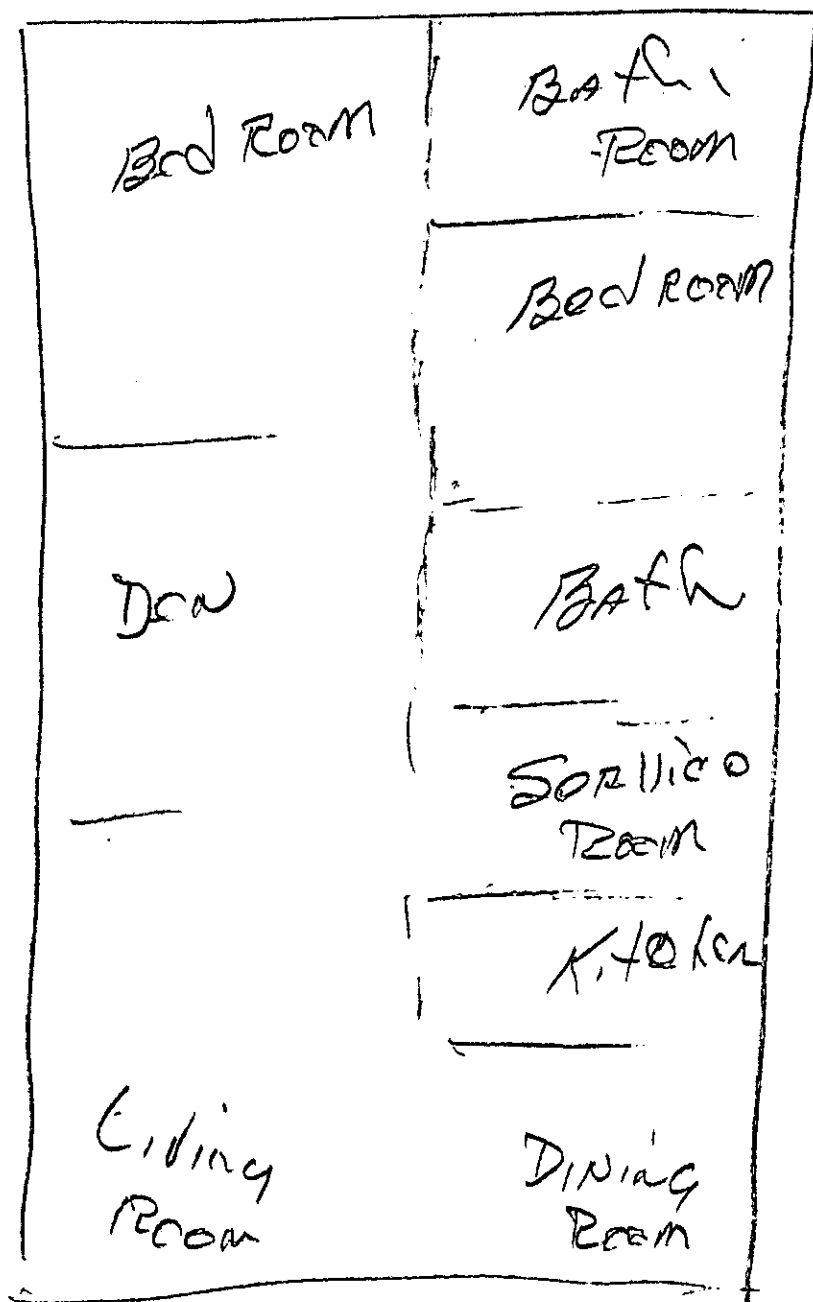
410'



overfield

P/C

24'



45'

INTEROFFICE MEMORANDUM - JACKSON COUNTY

TO: File: 35-2W-29-1800
FROM: Dick Florey *Dick*
DATE: December 15, 1983
SUBJECT: Soil check for septic installation

Met on site with Sam Mason and the new property owner, Sarge Wilke, on December 14, 1983. Site is too wet to install system at this time.

Owner has purchased a double wide and wishes to set it up for storage. He guarantees nobody will live in the mobile home until all permit conditions are satisfied. He does not want electricity at this time.

O.K. to issue Mobile home set up for storage

Electric authorization can NOT be issued at this time.

REQUEST FOR INSPECTION

12-14-83
Date Requested Date Reported

15-047-83N MASON
Permit Number Owner

8-12-83 JOHNSON 824 ROCK CRK
Contractor

check Soil wants to start
Inspection Site Drainfield Job Site

855-1485
TWP 35 R2WS29 TL 1800 SAM MASON

Note: BOB JOHNSON
Someone maybe at site
or call

JACKSON COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT

Medford, Oregon 97501 - 776-7551

Owner SAMUEL MASON Twp. 35 Range 26 Section 29
 Address/Directions to Property 824 ROCK CREEK ROAD
Cold Mill 97525

(ALL FEES ARE NON-REFUNDABLE)

Site Evaluation Fee _____ Receipt # _____ No. of Sites _____ Date: _____
☒ Permit Application Fee 85.00 Receipt # 3441 Date: 8-4-83
☒ New Installation STD Repair/Alteration _____ Sewage Connection _____
 Well Permit Fee _____ Receipt # _____ Date: _____
 Proposed Use of Property M/H Test Holes Ready _____
 Zoning Cleared OK Pending Number of Bedrooms 3
 Comments: _____

I certify that the information given is true and correct to the best of my knowledge.

Date: Aug 4 - 83 Signature: SAMUEL MASON
Same As Above Phone 8557485
 Mailing Address (#, Street, City, State, Zip Code) _____
 * * * * * DO NOT WRITE BELOW THIS LINE * * * * *

Site Evaluation: _____

By: _____ Date: _____
 WELL PERMIT: Approved _____ Not Approved _____ Date _____ By: _____
 Comments: _____ WELL PERMIT # _____

SEPTIC PERMIT INSTALLATION SPECIFICATIONS: 1000 Gallon Septic Tank (1250 gallon recommended)
600 Square Feet of Drainfield: Install standard septic system with serial design drainfield as specified in attached "Installation Narrative."

Keep drainfield and approved repair area free of all development, compaction, soil modification, traffic, heavy cultivation and fenced from livestock.
 PERMIT: Approved ☒ Not Approved _____ By: BUTHPrior, R.S. # 15-247-83N
 Date: 12 AUG 83 EXPIRES 12 AUG 84 Final Inspection On: _____
 Certificate of Satisfactory Completion Issued: _____ By: _____
 Installer: self

STANDARD SYSTEM

INSTALLATION NARRATIVE

Applicant: Samuel Mason

Permit #15-247-83N

Twp. 35 Range 2W Section 29 Tax Lot 1800

IMPORTANT NOTE: If problems are anticipated during system layout or are encountered at any stage of installation, please call Jackson County Planning Department, Sanitation Division (776-7554) for assistance on how to proceed.

For persons unfamiliar with the installation of septic systems, installation handouts are available from the Jackson County Planning Department to help you.

If this system, or any part thereof, is installed by any person other than the property owner or a regular employee of the property owner, that person must be licensed to do such work by the state Department of Environmental Quality. Be sure to use approved materials in all construction. A list is available at this office.

I. GENERAL PERMIT CONDITIONS:

A) This sewage disposal system is designed to service no more than one single family dwelling with a maximum of four (4) bedrooms. Daily sewage flow must not exceed 450 gallons.

B) During construction of this system, the upper thirty-six (36) inches of soil must be relatively dry. Between the months of November through May, check with this office before starting construction.

II. SEPTIC TANK SPECIFICATIONS:

A) The liquid capacity of the septic tank shall be at least one thousand (1,000) gallons; a twelve hundred fifty (1,250) gallon septic tank is recommended. The tank must be placed level on a solid base (not fill).

B) The minimum separation distance between the septic tank and the building foundation is five (5) feet. The septic tank should be installed as close to this minimum separation distance as possible in order to minimize opportunity for clogging of the building sewer.

C) The septic tank must be located outside of the approved "Usable Area". If the septic tank must be located deeper than 18 inches below the ground surface, an access riser to the ground surface is required. A manhole riser to the ground's surface is required on the septic tank and dosing tank if pumping is required.

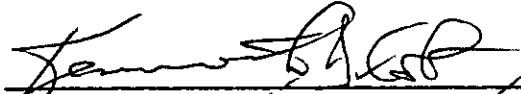
III. DRAINFIELD SPECIFICATIONS:

A) The drainfield portion of this septic system must be installed using a serial distribution design and be located only in the "Usable Area" designated on the site evaluation worksheet dated October 30, 1979. Reserve at least one-half of the "Usable Area" for future repair drainfield installation.

B) Install 300 lineal feet of twenty-four (24) inch wide disposal trench. Trench depth shall be held to 24-36 inches. Trenches must be installed uniformly level and spaced at ten (10) feet minimum on centers. It is very important to keep the trenches level end to end and not to exceed the maximum trench depth. Contouring the disposal trenches with the contour of the slopes may be necessary to maintain uniform depths. Trench sidewalls must be scarified before proceeding. Place six (6) inches of clean, washed crushed rock OR gravel (3/4" to 2 1/4" in diameter) in each trench, lay perforated distribution pipe (holes down) on level and centered in each trench, and cover pipe with at least two (2) inches of crushed rock or washed gravel. Pipe ends must be capped. Total depth of rock or gravel must be twelve (12) inches. Cover rock or gravel with one layer of untreated building paper or six inches of straw.

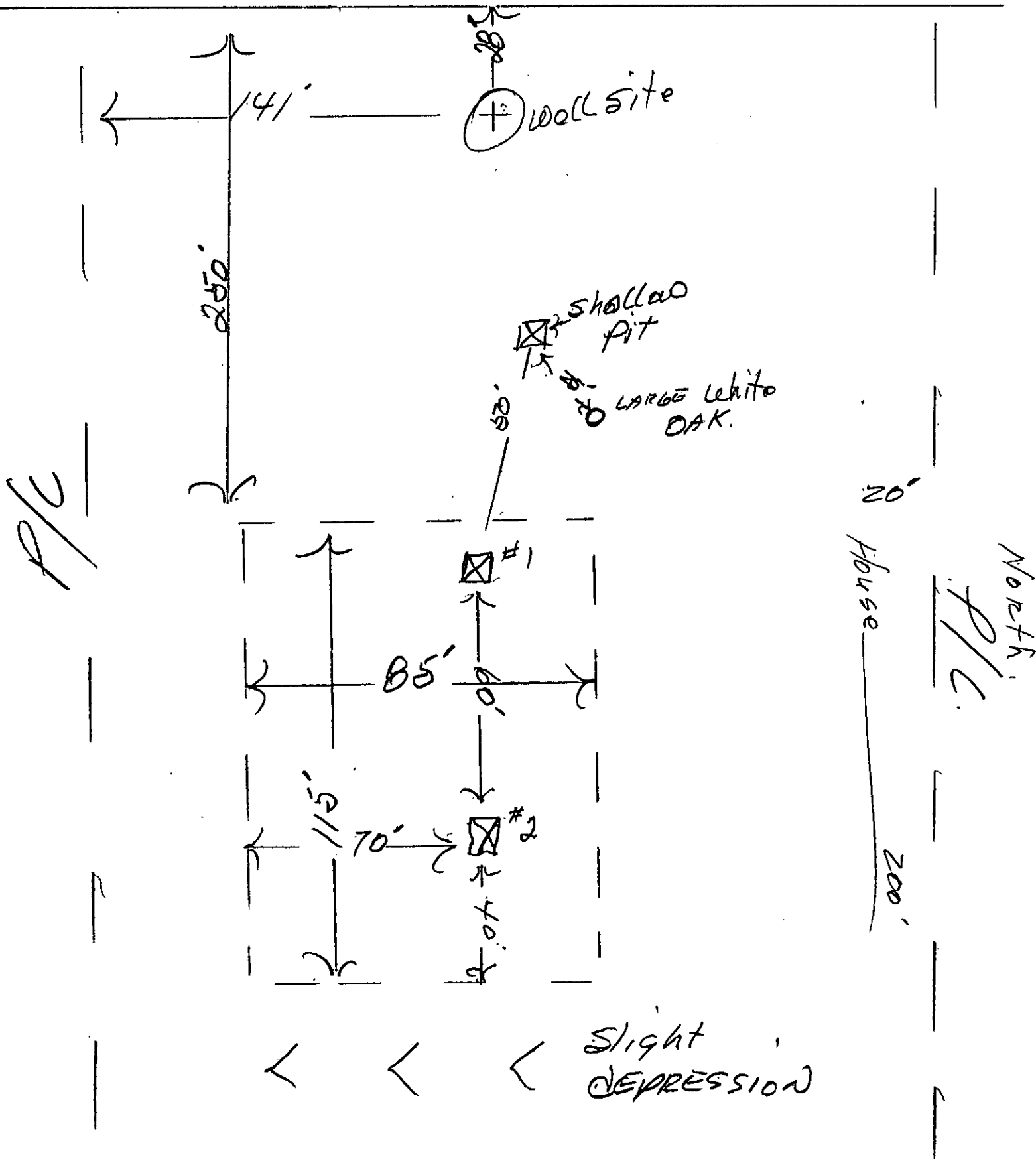
C) "Up-and-overs" from one trench to another consist of unperforated pipe placed on undisturbed earth. This will ensure full use of the trench sidewall and minimize settling of the overflow pipe. Do not dig a connecting trench and then recompact the excavated soil to obtain the desired rise. A six (6) inch rise is required for proper overflow. This is measured from the top of the disposal trench pipe to the top of the overflow pipe at its highest point. If a connection of two (2) pipes must occur in this "up-and-over", be sure the male end at the joint points downhill. Call for an inspection at this point.

The site must be landscaped with grass and protected from livestock, automotive traffic, heavy cultivation, or any other activity which would damage the system.


Bradley W. H. Prior, R. S. for BWP Prior
Sanitarian Supervisor
August 16, 1983

West

Rock Creek Rd.



8/5
5/81

● ZONING CLEARANCE SHEET ●
JACKSON COUNTY, OREGON

This clearance sheet is supplied for informational purposes and indicates a staff opinion or interpretation with regard to uses permitted within county zoning districts. Any disagreement with such opinion or interpretation is appealable through the process set forth in the zoning ordinance Chapter 285.020. Furthermore, zoning requirements are subject to change. When a change does occur it may invalidate the zoning clearance or alter conditions of the clearance.

PROPERTY LEGAL DESCRIPTION: Township 35, Range 26, Section 29, Tax Lot 1800, Code _____

PROPERTY ADDRESS: 824 ROCK CRK RD ACREAGE: 4.51 DATE RECORDED: Pre-Existing

APPLICANT: SAMUEL MASON, ADDRESS: Same, Gold Hill

Proposed use: ☒ First dwelling ☐ Additional dwelling ☐ Commercial (explain)

☐ Other (explain) Septic Permit

This property is zoned: RR-5 Minimum parcel size and density requirements: 5 AC

☒ This zone permits your proposed use. ☐ Your use requires a site plan review.

☐ This zone requires a conditional use permit for your proposed use.

☐ This zone does NOT provide for your proposed use. Alternate zone would be: _____

SETBACKS: Minimum setbacks for structures not requiring site plan review are:

Front yard: 30 Side yard: 20 Rear yard: 200

☒ This property lies in a NONRESOURCE zoning district and abuts a RESOURCE zoning district. Special setbacks are required unless a variance is approved. See "comments" below.

Before clearance can be granted for the issuance of permits, evidence must be presented indicating compliance with the following:

- | | |
|--|--|
| <input type="checkbox"/> New tax lot number must be assigned. | <input type="checkbox"/> County recognized access requirements. |
| <input type="checkbox"/> Major partition approval. | <input type="checkbox"/> Minor partition approval. |
| <input type="checkbox"/> Subdivision approval. | |
| <input type="checkbox"/> Parcel dimension requirement. | <input type="checkbox"/> Parcel size requirement. |
| <input type="checkbox"/> Setback requirements. | |
| <input type="checkbox"/> Site plan review requirements - special permit issued by Planning Department. | |
| <input type="checkbox"/> Variance requirements. | <input type="checkbox"/> Floodplain regulations. |
| <input type="checkbox"/> Conditional use permit approval. | <input type="checkbox"/> Alteration of nonconforming use approval. |

Comments by Staff: _____

☒ NO CONFLICTS EXIST. The proposed use or development as presented herein is in conformance with the zoning ordinance. Falsification of information renders this zoning clearance null and void.

CERTIFICATION: The statements and information herein contained and supplied by myself are, in all respects, true and accurate to the best of my knowledge and belief. I am aware that the above information supplied by Staff is subject to change from legislative or judicial acts of the county governing body, and realize the necessity to verify its accuracy should I refer to it at a later date.

Signature of Applicant: Richard H. Jamieson Date: _____

Signature of Staff member: Richard H. Jamieson Date: 8-11-83

Copy of this zoning clearance ☐ handgiven ☐ mailed to applicant on: _____

White copy - Central File Pink copy - Applicant

JACKSON COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT

53 West Sixth Street
Medford, Oregon 97501 - 776-7551

Owner SAMUEL S MASON Twp. 35 Range 2W Section 29
Tax Lot 1800 Code _____ Acreage _____
Address/Directions to Property Rock Creek Rd Lot #14

(ALL FEES ARE NON - REFUNDABLE)

Site Evaluation Fee _____ Receipt # _____ No. of Sites _____ Date: _____
Permit Application Fee _____ Receipt # _____ Date: _____
New Installation _____ Repair/Alteration _____ Sewage Connection _____
☒ Well Permit Fee 10.00 Receipt # 3376 Date: 7-21-83

Proposed Use of Property Home Test Holes Ready _____
Zoning Cleared _____ Number of Bedrooms _____

Comments: _____

I certify that the information given is true and correct to the best of my knowledge.

Date: July 21st 83 Signature: Samuel S. Mason

824 Rock Creek Road Gold Hill Oregon 97525
Mailing Address (#, Street, City, State, Zip Code) Phone _____

***** DO NOT WRITE BELOW THIS LINE *****

Site Evaluation: _____

By: _____ Date: _____

WELL PERMIT: Approved YES Not Approved _____ Date 7-28-83 By [Signature]

Comments: To be installed so as to meet all state and county codes WELL PERMIT # 204-83W

EXPIRES 7-28-84

SEPTIC PERMIT INSTALLATION SPECIFICATIONS: _____ Gallon Septic Tank (1250 gallon recommended)

_____ Square Feet of Drainfield: _____

Keep drainfield and approved repair area free of all development, compaction, soil modification, traffic, heavy cultivation and fenced from livestock.

PERMIT: Approved _____ Not Approved _____ By: _____ # _____

Date: _____ EXPIRES _____ Final Inspection On: _____

Certificate of Satisfactory Completion Issued: _____ By: _____

Installer: _____

[Faint handwritten notes at the bottom of the page]

[illegible]

2000

[Handwritten signature]

NOTES ON THE CONTRIBUTORS

West

Rock Creek Road.

+0300

141' 12583

To be installed so as to meet all state and county codes

JACKSON COUNTY INDIVIDUAL WATER SYSTEM ORDINANCE

Well Setback Requirements:

100 feet from any drainfield

50 feet from any septic tank

20 feet from any property lines

(if adjoining parcel is currently undeveloped)

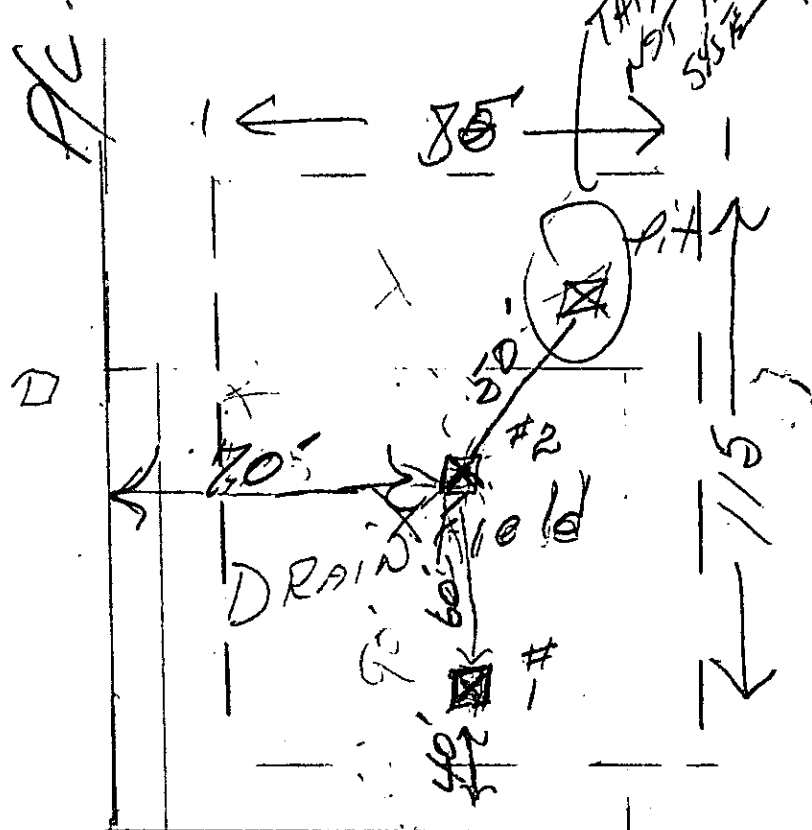
40 feet from any existing well on an adjoining property

Approximate
boundary
line
about 1951
from
adjoining
property

THIS P.C.F.
NOT IN
SYSTEM
APPROX
AREA

607.89'

North



P.C.F.

JACKSON COUNTY, DEPARTMENT OF PLANNING & DEVELOPMENT
32 West Sixth Street
Medford, Oregon 97501 - 776-7551

10/9

Owner Samuel S. Mason Twp. 35S Range 12W Section 29
Tax Lot 1800 Code _____ Acreage 4.51
Address/Directions to Property 824 Rock Creek Rd.
off Sam's Valley Road -

(ALL FEES ARE NON-REFUNDABLE)

✓ Site Evaluation Fee 75.00 Receipt # 8578 No. of Sites 1 Date: 10-8-79
Permit Application Fee _____ Receipt # _____ Date: _____
New Installation _____ Repair/Alteration _____ Sewage Connection _____
Well Permit Fee _____ Receipt # _____ Date: _____

Proposed Use of Property _____ Test Holes Ready yes
Zoning Cleared _____ Number of Bedrooms (3) Probably
Comments: Lot # 14 - in Block 2 - in Sam's Valley Subdivision
Park located in section 20 & 29 T. 11N-35.5-R2W-WM
No Fee

I certify that the information given is true and correct to the best of my knowledge.

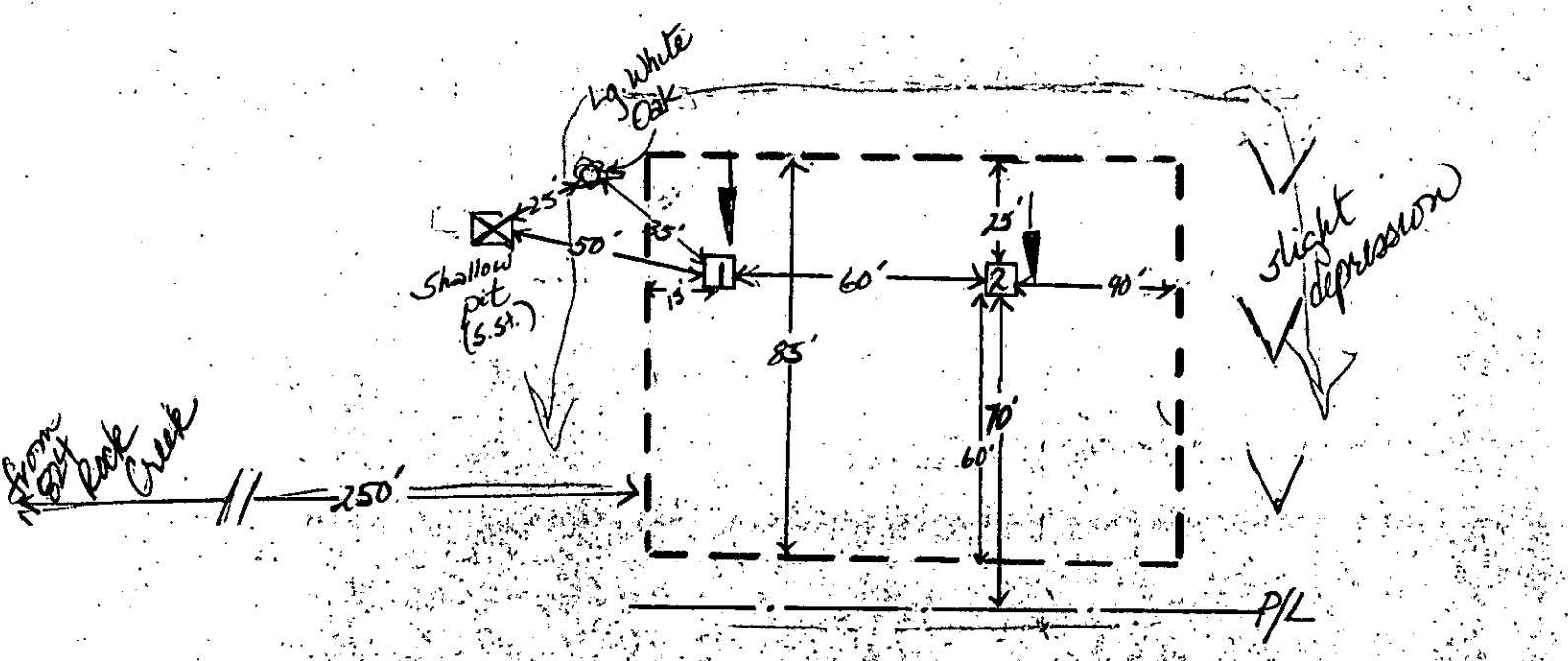
Date: _____ Signature: Samuel S. Mason
824 Rock Creek Rd - Gold Hill, Oreg. 97525 -
Mailing Address (#, Street, City, State, Zip Code) Phone _____
***** DO NOT WRITE BELOW THIS LINE ***** 855-1485

Site Evaluation: Based upon information provided us including a soils and topo-graphic report made by P. Acklin and D. Florey on 10/30/79, we have found your drainfield site to conform with minimum standards for the issuance of a permit to install a subsurface sewage disposal system. A permit can be issued providing no conflicts exist with zoning requirements. This approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on this or adjacent properties have been altered in any manner which would prohibit issuance of a permit, in which case, this evaluation report shall be considered null and void. Technical rule changes will not invalidate this report.

By: Pat Acklin Date: 11-6-79
WELL PERMIT: Approved _____ Not Approved _____ Date _____ By: _____
Comments: _____ WELL PERMIT # _____

SEPTIC PERMIT INSTALLATION SPECIFICATIONS: _____ Gallon Septic Tank (1250 gallon recommended)
_____ Square Feet of Drainfield: _____

Keep drainfield and approved repair area free of all development, compaction, soil modification, traffic, heavy cultivation and fenced from livestock.
PERMIT: Approved _____ Not Approved _____ By: _____ # _____
Date: _____ EXPIRES _____ Final Inspection On: _____
Certificate of Satisfactory Completion Issued: _____ By: _____
Installer: _____



Any Special Conditions for Permit: 1"=40'

Position

Relief

250'

Ft. Slope

Side Slope

Top

Fan

Hi Terrace

Lo Terrace

Btm

Other

Smooth

Concave

Convex

Undlt

Hmky.

Depth	Texture	Structure	Pores	Mottling	Notes: (% Co Frags., Rooting, Depth, R or I, etc.)	Water Table
P 0-6	FSCL	Wk Mod St SG	Few Com Mny dis	Faint		Depth
6-43	CL	Wk Mod St SG	Few Com Mny dis	Faint	slightly heavy Hi FS	Type- P TP
43-51	HCL	Wk Mod St SG	Few Com Mny dis	Faint	Hi FS	Slope %
		Wk Mod St SG	Few Com Mny dis	Faint		Up 12-13%
		Wk Mod St SG	Few Com Mny dis	Faint		Down
P 0-34	CL	Wk Mod St SG	Few Com Mny dis	Faint	slim	Water Table
34-42	HCL	Wk Mod St SG	Few Com Mny dis	Faint		Depth
		Wk Mod St SG	Few Com Mny dis	Faint		Type- P TP
		Wk Mod St SG	Few Com Mny dis	Faint		Slope % (R) 34%
		Wk Mod St SG	Few Com Mny dis	Faint		Up 10%
		Wk Mod St SG	Few Com Mny dis	Faint		Down
P		Wk Mod St SG	Few Com Mny dis	Faint		Water Table
		Wk Mod St SG	Few Com Mny dis	Faint		Depth
		Wk Mod St SG	Few Com Mny dis	Faint		Type- P TP
		Wk Mod St SG	Few Com Mny dis	Faint		Slope %
		Wk Mod St SG	Few Com Mny dis	Faint		Up
3		Wk Mod St SG	Few Com Mny dis	Faint		Down
P		Wk Mod St SG	Few Com Mny dis	Faint		Water Table
		Wk Mod St SG	Few Com Mny dis	Faint		Depth
		Wk Mod St SG	Few Com Mny dis	Faint		Type- P TP
		Wk Mod St SG	Few Com Mny dis	Faint		Slope %
		Wk Mod St SG	Few Com Mny dis	Faint		Up
4		Wk Mod St SG	Few Com Mny dis	Faint		Down

Additional Notes:

SITE SUITABILITY: Suitable for Standard System

USABLE AREA: 115' X 85'

Site Evaluation By: Dicklin & Flory Date: 10-30-79

Abbreviations

Lt. - light	C - clay
H - heavy	L - loam
F - fine	P - pebbles (2mm.-3")
Co. - coarse	K - cobbles (3"-10")
S - sand(y)	St. - stones (+10")
Si. - silt(y)	V - very

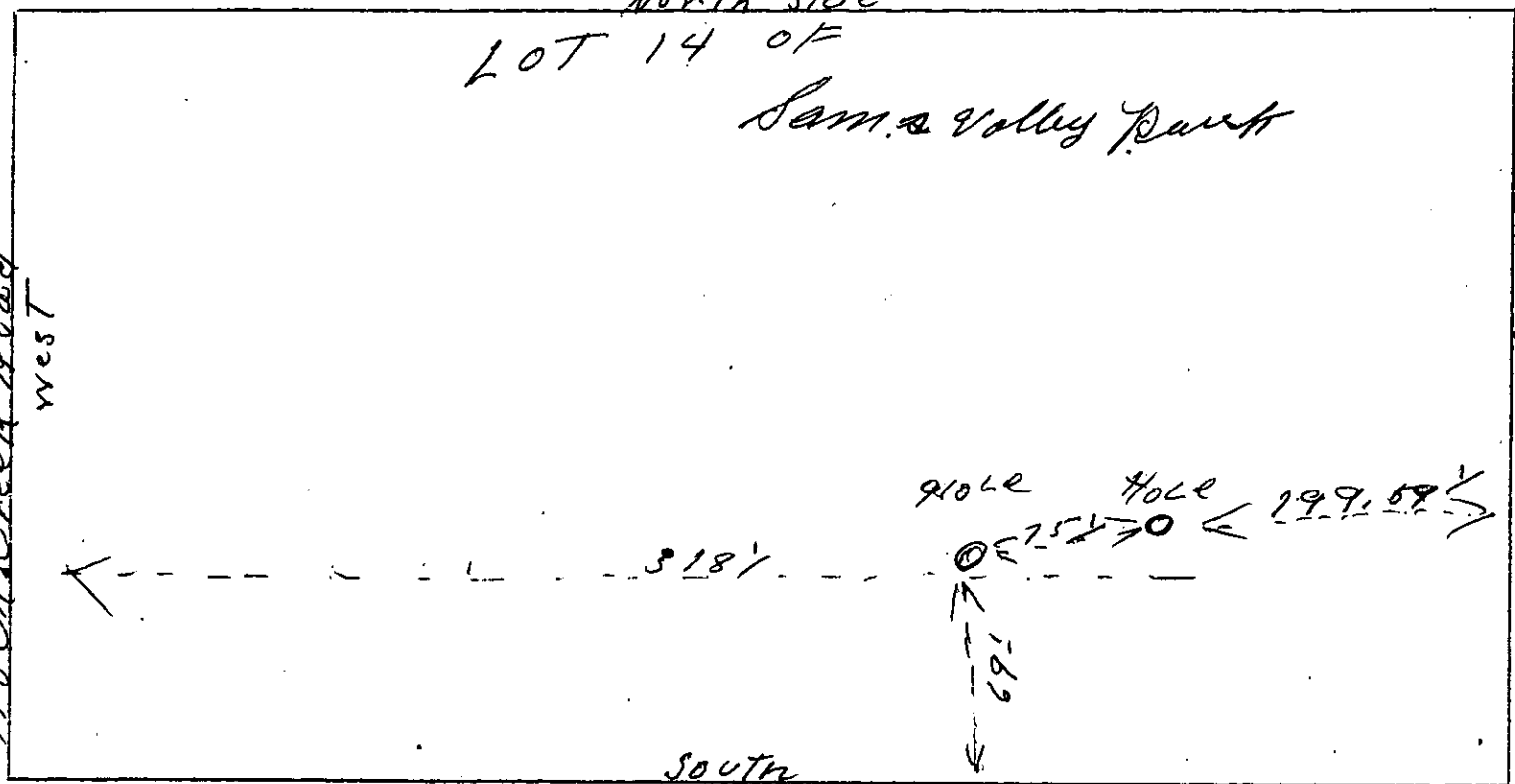
Copies: Yes No

PROPERTY MAP

North side
LOT 14 OF
Sams Valley Park

Pactolus Creek Road
West

East



VICINITY MAP



Left Holes ↑
Proceed at North Line - of Lot 13 - Go east
Approx 318' - White ribbon Markers
on trees -
Can drive all way back - if dry enough.

1 mile
Enter
824

1/8 mile

Sams Valley Rd APPROX 1 mile to Rock Creek Rd

Hwy 234

ZONING CLEARANCE SHEET

10/9

This information is supplied for informational purposes, and indicates a staff opinion or interpretation with regard to uses permitted within zoning districts as provided by County Ordinance. Any disagreement with such opinion or interpretation is appealable through the process set forth in the Zoning Ordinance.

PROPERTY OWNER: SAMUEL MASON PHONE NO. 855-1485

PROPERTY LEGAL DESCRIPTION: Township: 35 Range: 2W Section: 29 Tax Lot: 1800

DATE PARCEL RECORDED: Re-existing PARCEL AREA: 4.51 CODE: _____

Proposed use(s) of property at this date: ☒ First Dwelling ☐ Second Dwelling

☐ Temporary Dwelling ☐ Commercial (Explain) ☐ Other (Explain)

Comments: S/E

This property is zoned: RR-5

The minimum parcel size for each new permanent dwelling is: 5 acres

- ☒ This zone does permit your proposed use.
- ☐ This zone requires a conditional use permit for your proposed use.
- ☐ This zone does NOT permit your proposed use. Alternate zone for your proposed use would be: _____

Setbacks for buildings in this zone are: Front Yard 30'; Side Yard 20';

Rear Yard 20'. Minimum average parcel width is: 300'.

Before clearance can be granted for the issuance of any permit, documented evidence must be presented indicating compliance with the following:

- ☐ New Tax Lot number must be assigned. ☐ Parcel size requirement must be met.
- ☐ Parcel dimension requirement must be met. ☐ Legal access must be clarified.
- ☐ Conditional use permit must be approved by the Hearings Council.
- ☐ Other (Explained below)

Comments by Staff: Complies with B of C
Order of 2/15/1979

☒ NO CONFLICTS EXIST. The proposed use or development as presented herein is in conformance with the Zoning Ordinance. Falsification of information by the property owner renders this zoning clearance null and void.

CERTIFICATION OF PROPERTY OWNER: The statements and information herein contained and supplied by myself are, in all respects, true and correct to the best of my knowledge and belief. I am aware that the above information supplied by Staff is subject to change from legislative or judicial acts of the County governing body, and realize the necessity to verify its accuracy should I refer to it at a later date.

Signature of Property Owner: _____ Date: _____

Signature of Staff Member: A. Scott Clay Date: 10-10-1979

☐ Copy handgiven to property owner on: _____ Date: _____

☐ Copy mailed to property owner on: _____ Date: _____