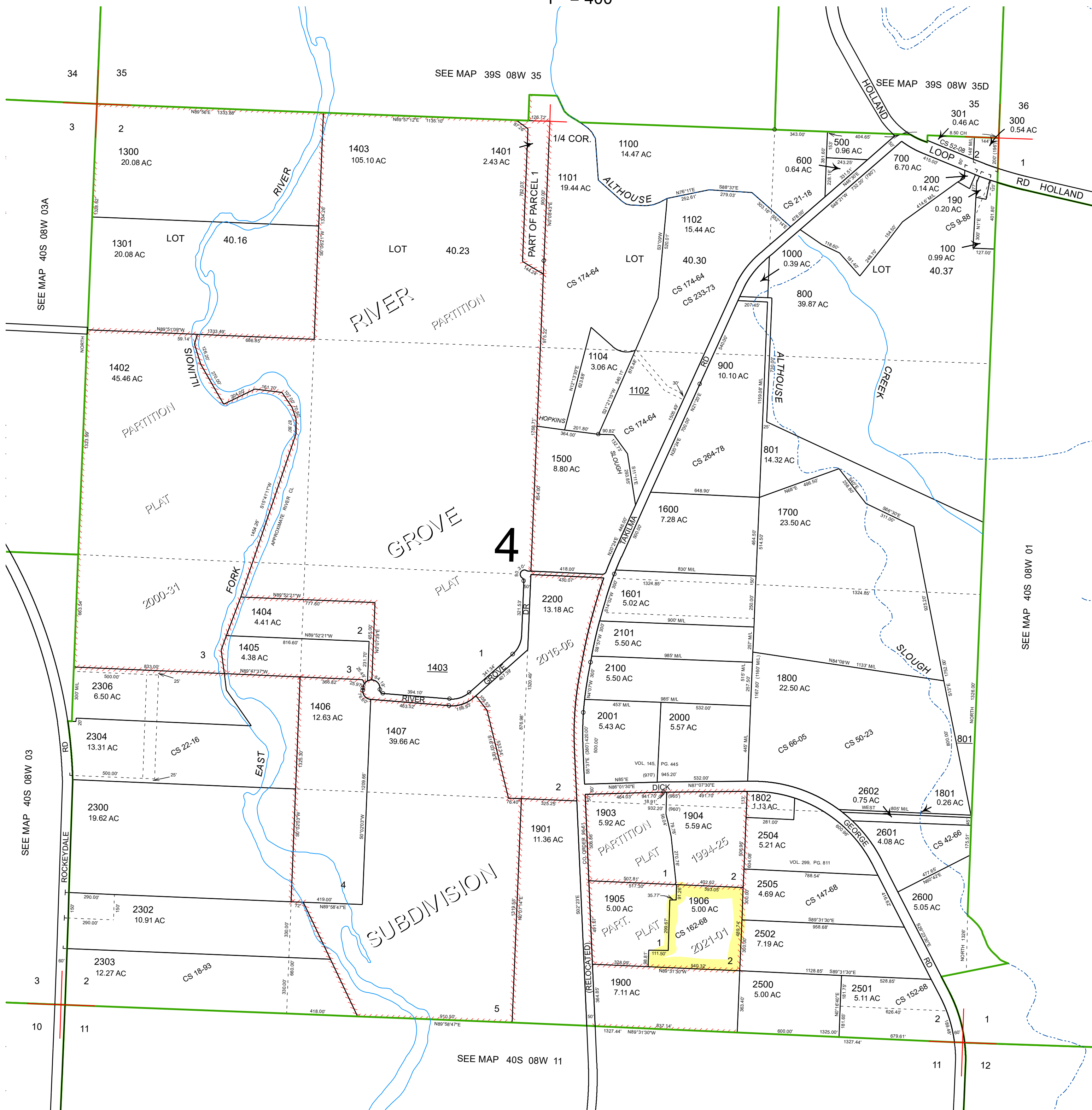


SECTION 2 T.40S. R.8W. W.M. JOSEPHINE COUNTY 1" = 400'



- CANCELLED:
- 2301
 - 2401
 - 2402
 - 2590
 - 1890
 - 2390
 - 2503
 - 1001
 - 191
 - 192-90
 - 193
 - 194-90
 - 195
 - 196-90
 - 197
 - 2305
 - 1300-30
 - 400
 - 1200
 - 890
 - 1400
 - 2400
 - 1103
 - 1501
 - 1902
 - 1105



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

463-21-000034-PRMT

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

Date Certificate Issued: 03/04/2021
Work Description: CONSTRUCTION

Applicant: Clint Eells Excavating Address: 5545 Riverbanks Rd Grants Pass OR 97527 Phone: (541) 659-7325 Email: clint.fcdc@gmail.com	Primary Contractor: Clint Eells Excavating Installer License: 36268 Address: 5545 Riverbanks Rd Grants Pass OR 97527 Phone: (541) 659-7325 Email: clint.fcdc@gmail.com
--	--

Owner: DAVIDSON REV LIV TRUST, GERALDINE F Address: %DAVIDSON, GERALDINE F 4199 TAKILMA RD %DAVIDSON, GERALDINE F TRUSTEE 4199 TAKILMA RD CAVE JUNCTION CAVE JUNCTION, OR 97523 97523 Parcel: 4008020000190200 - Primary	Property Address: 4615 Takilma Rd, Cave Junction, OR 97523
--	--

Lot Size:	5 ACRES	Water Supply:	Well
Zoning:	N/A	City/County/UGB:	N/A
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFD
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard	Proposed Flow:	375 gpd.
Max Peak Design Flow:	450 gpd.	Min Dosing Tank Volume:	N/A
Min Septic Tank Volume:	1000 gal.		

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Loop
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	225 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Date Certificate Issued: 03/04/2021**Work Description:** CONSTRUCTION**Conditions of Approval**

1. The system must be installed by the property owner or a licensed sewage disposal business (installer).
2. Vehicular traffic and livestock must be restricted from the system area.
3. All roof drains must be directed away from the system
4. 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.
5. Meet all required setbacks
6. 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.
7. 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.
8. 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.
9. 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.
10. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
11. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
12. Maximum length of an individual trench is 150-feet.
13. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
14. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
15. 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.
16. Photos of the septic system components must be submitted along with the FIRN.

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.

Date Certificate Issued: 03/04/2021
Work Description: CONSTRUCTION

Certificate of Satisfactory Completion

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

Comments: N/A

Gabriel Kasiah

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.)

Final Inspection Request and Notice - Septic ID: 463-21-000034-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:

Name: DAVIDSON REV LIV TRUST, GERALDINE F

Twnshp:

Range:

Sect:

Lot:

Property 4615 TAKILMA RD, CAVE JUNCTION, OR 97523

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:			Water tight verification*
Tanks(1)	Volume: 1,000	Compartments:	Manufacturer: Riverside		Date: 2-26-2021
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 4"	ASTM#/Other: 3034	Length: 6'
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

D. Drainfield Media

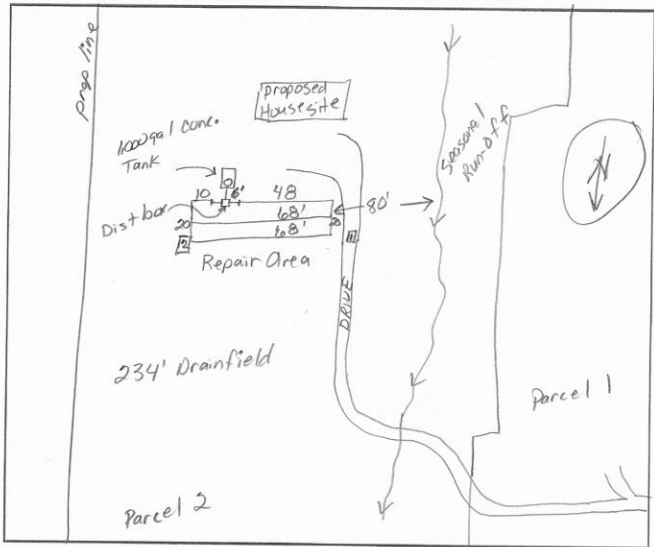
Type	(Gravel, Pipe or alternative?) pipe and rock			
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Drop Box				
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 4"	ASTM#/Other: ADS 3000 Triplewall
				Length: 234
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0026(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certifications:	Print Name: <i>Clint EPPLS</i>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <i>36268</i>	Certification#:
Owner/Certified Installer:	Signature: <i>Clint EPPLS</i>	Date: <i>2-25-2021</i>	Phone#: <i>541-659-7325</i>

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____





Septic Permit

Installation Permit - Residential - New

463-21-000034-PRMT

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

Date issued: 2/18/21	Expiration date: 2/18/22
Work description: CONSTRUCTION	

Applicant: Clint Eells Excavating Address: 5545 Riverbanks Rd Grants Pass OR 97527 Phone: (541) 659-7325 Email: clint.fcdc@gmail.com	Primary contractor: Clint Eells Excavating Installer License: 36268 Address: 5545 Riverbanks Rd Grants Pass OR 97527 Phone: (541) 659-7325 Email: clint.fcdc@gmail.com
Business License: N/A	

Owner: DAVIDSON REV LIV TRUST, GERALDINE F Address: %DAVIDSON, GERALDINE F 4199 TAKILMA RD %DAVIDSON, GERALDINE F TRUSTEE 4199 TAKILMA RD CAVE JUNCTION CAVE JUNCTION, OR 97523 97523 Parcel: 4008020000190200 - Primary	Property address: 4615 Takilma Rd, Cave Junction, OR 97523
--	--

Lot size: 5 ACRES	Water supply: Well	
Zoning: N/A	City/County/UGB: N/A	
Land use approval: N/A	County: N/A	
Action: New	Type of application: Construction Permit - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFD
Number of bedrooms:	N/A	3

System Specifications

Type: Standard	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 375 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: N/A	

Drain Field Specifications

Drain field type: Standard	System distribution Ttpe: Equal	
Drainfield sizing: N/A	Distribution method: Loop	
Media type: Rock/Pipe	Media depth: 12 in.	
Trench length: 225 linear ft.	Rock above pipe: 2 in.	
Total rock depth: 12 in.	Rock below pipe: 6 in.	
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.	

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: 2/18/21**Expiration date:** 2/18/22**Work description:** CONSTRUCTION**Min depth:**

18 in.

Capping fills-min depth of fill material:

N/A

Conditions of approval

- 1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2.Vehicular traffic and livestock must be restricted from the system area.
- 3.All roof drains must be directed away from the system
- 4.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.
- 5.Meet all required setbacks
- 6.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.
- 7.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.
- 8.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.
- 9.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.
- 10.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 11.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 12.Maximum length of an individual trench is 150-feet.
- 13.Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
- 14.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 15.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.
- 16.Photos of the septic system components must be submitted along with the FIRN.

Date issued: 2/18/21**Expiration date:** 2/18/22**Work description:** CONSTRUCTION

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

2/18/21

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

1. Applicant Name/Property Owner: Geraldine F Davidson
Mailing Address: 4199 Takilma RD CJ OR 97523
City, State, Zip: _____
Telephone: (541) 218-5781 ← Email holderhomes@Budget.net

2. Property Information:
County: _____ Tax Lot No.: 1906 1902
Township: 40 Range: 08 Section: 02-00
Physical Address: 4619 Takilma RD CJ 97523
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: Josephine County Zoning Minimum Parcel Size: 5 acres
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction
7. Does the proposed facility comply with all applicable local land use requirements: Yes No
If you answered "Yes" above, was this compliance based on:
 Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

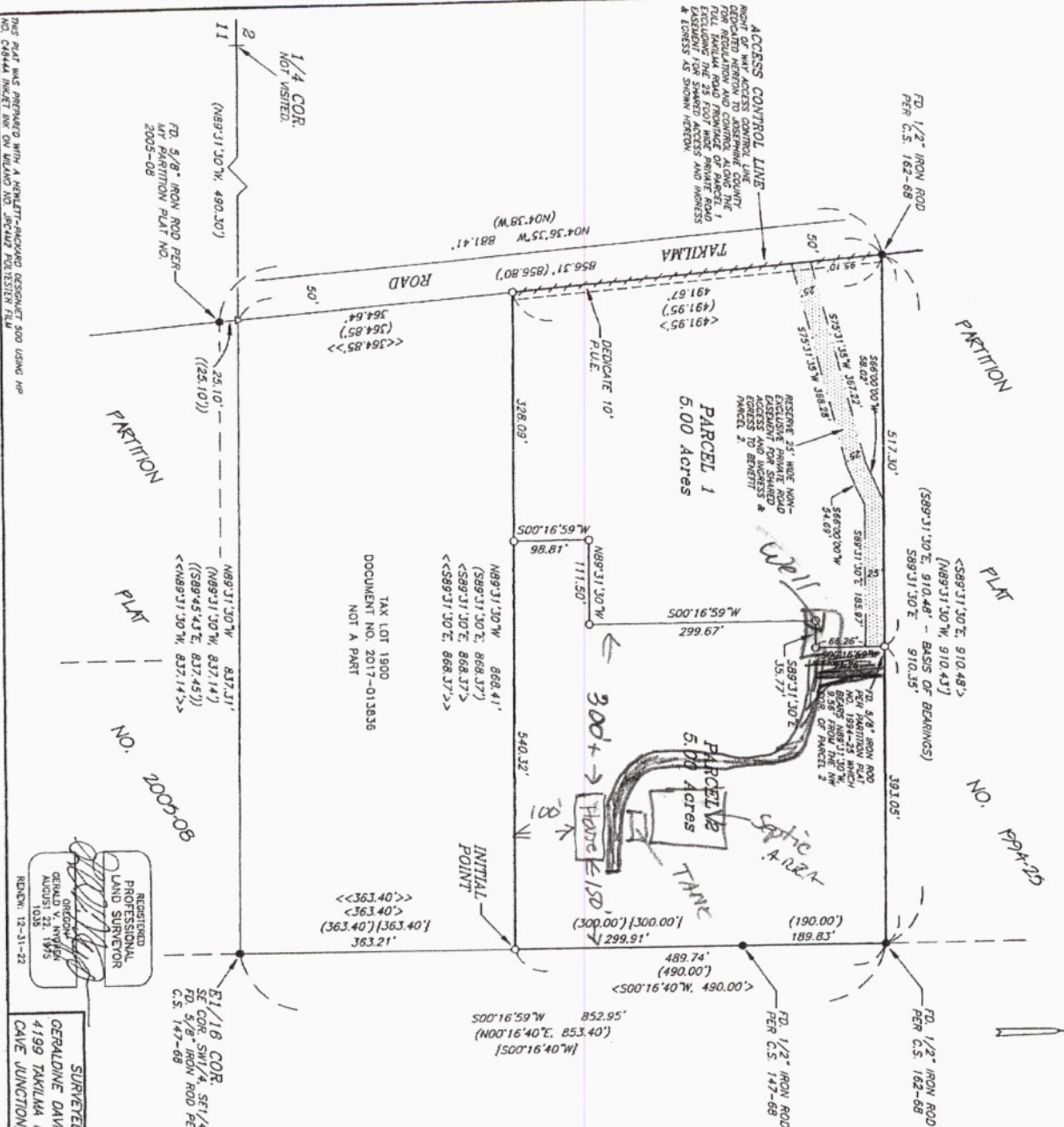
Either provide reasons for affirmative compliance decision or attach findings of fact:
Section 19.01.020-JCC of the SCC. Permitted uses - single family dwelling or manufactured structure

8. Planning Official Signature: Jami Smith
Print Name: Jami Smith Title: Assistant Planner
Telephone: 541-474-5424 Date: 2-9-2021

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

LAND PARTITION
 SITUATED IN THE SW1/4 OF THE SE1/4 OF SEC. 2,
 T.40S., R.8W., W.M., JOSEPHINE COUNTY, OREGON.
 (ASSESSOR'S MAP 40-8-2, TL 1902)

PARTITION PLAT NO. 2021-1



LEGEND

- SET 3/8" X 30" IRON ROD WITH YELLOW PLASTIC CAP MARKED N109N P131035.
- FOUND MONUMENT AS NOTED
- () RECORD PER C.S. 162-68
- [] RECORD PER PARTITION PLAT NO. 1994-25
- | | RECORD PER C.S. 147-68
- (() RECORD PER MY PARTITION PLAT NO. 2005-08
- < < DEED RECORD PER DOCUMENT NO. 2018-008280 JOSEPHINE COUNTY OFFICIAL RECORDS.
- > > DEED RECORD PER DOCUMENT NO. 2017-013836 JOSEPHINE COUNTY OFFICIAL RECORDS.
- △ COMPUTED POSITION
- ACCESS CONTROL LINE
- PUBLIC UTILITY EASEMENT
- RESERVE NON-EXCLUSIVE PRIVATE ROAD EASEMENT FOR SHARED ACCESS AND INGRESS & EGRESS OVER AND ACROSS PARCEL 1 FOR THE BENEFIT OF PARCEL 2. SEE PRIVATE ROAD MAINTENANCE AGREEMENT ON PAGE 1.
- BEARINGS BASED ON C.S. 162-68

SURVEY NARRATIVE

THE PURPOSE IS TO PARTITION THAT PARCEL OF LAND DESCRIBED AS PARCEL 2 IN DOCUMENT NO. 2018-008280, JOSEPHINE COUNTY OFFICIAL RECORDS, INTO PARCELS AS SHOWN ON THE ANNEXED PLAT.

I RECOVERED AND HELD TO MONUMENTS SET PER C.S. 162-68, C.S. 147-68, PARTITION PLAT NO. 1994-25 AND PARTITION PLAT NO. 2005-08, WHICH WERE FOUND AS SHOWN ON THE ANNEXED PLAT. I SET MONUMENTS AS SHOWN ON ANNEXED PLAT.

THE SOUTHEAST AND SOUTHWEST CORNERS OF THE SUBJECT PROPERTY WAS SET BY PROPORTION BETWEEN MY MEASUREMENT THIS SURVEY AND RECORD DATA PER C.S. 162-68.

A NIKON NPL-322 TOTAL STATION WAS USED TO EXECUTE THIS SURVEY.

TAX LOT 1800
 DOCUMENT NO. 2017-013836
 NOT A PART

REGISTERS PROFESSIONAL LAND SURVEYOR
 GERALD V. NYGREN
 ALGONIA, OREGON
 LICENSE NO. 12-31-92

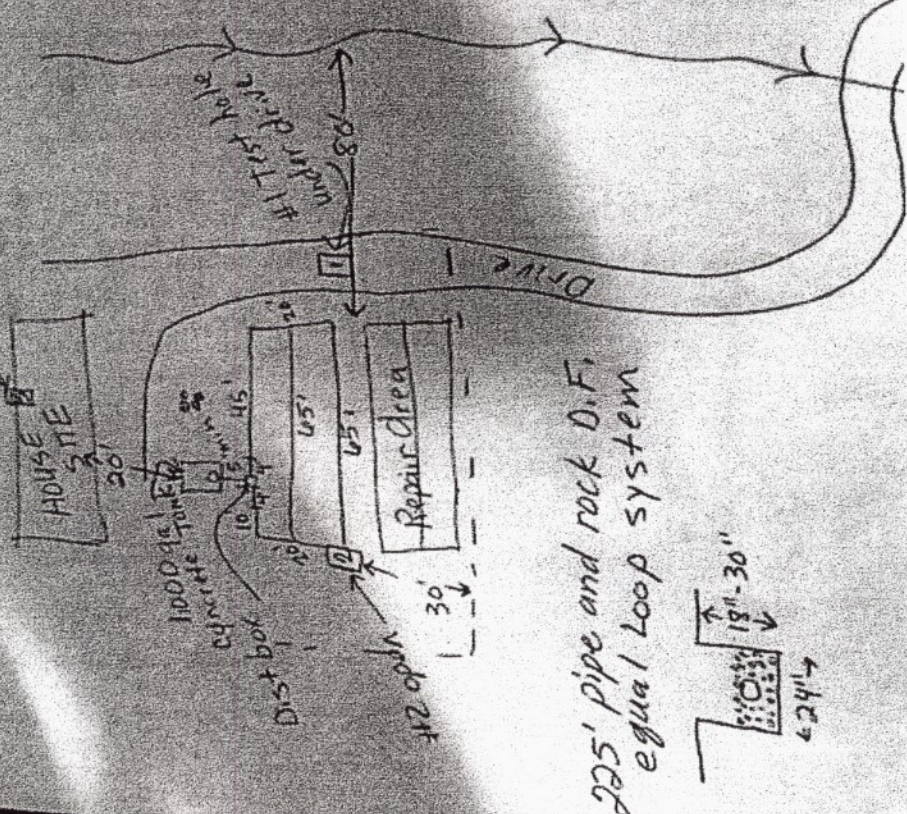
SURVEYED FOR:
 GERALDINE DAVIDSON
 4199 TAKILMA ROAD
 CAVE JUNCTION, OR 97523

DATE: NOV. 4, 2020
 SCALE: 1" = 100'
 JOB NO. 17-100



4615 Takilma Rd C.S.
Cindy Ely's
1-5-2021

#3 Test Hole
under house



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

1. Applicant Name/Property Owner: Geraldine F Davidson
Mailing Address: 4199 Talcilma RD CJ OR 97523
City, State, Zip: _____
Telephone: (541) 218-5781 < Email holderhomes@Budget.net

2. Property Information:
County: _____ Tax Lot No.: 1906
Township: 40 Range: 08 Section: 22
Physical Address: 4619 Talcilma RD CJ 97523
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: Josephine County Zoning Minimum Parcel Size: 5 acres
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction
7. Does the proposed facility comply with all applicable local land use requirements: Yes No
If you answered "Yes" above, was this compliance based on:
 Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

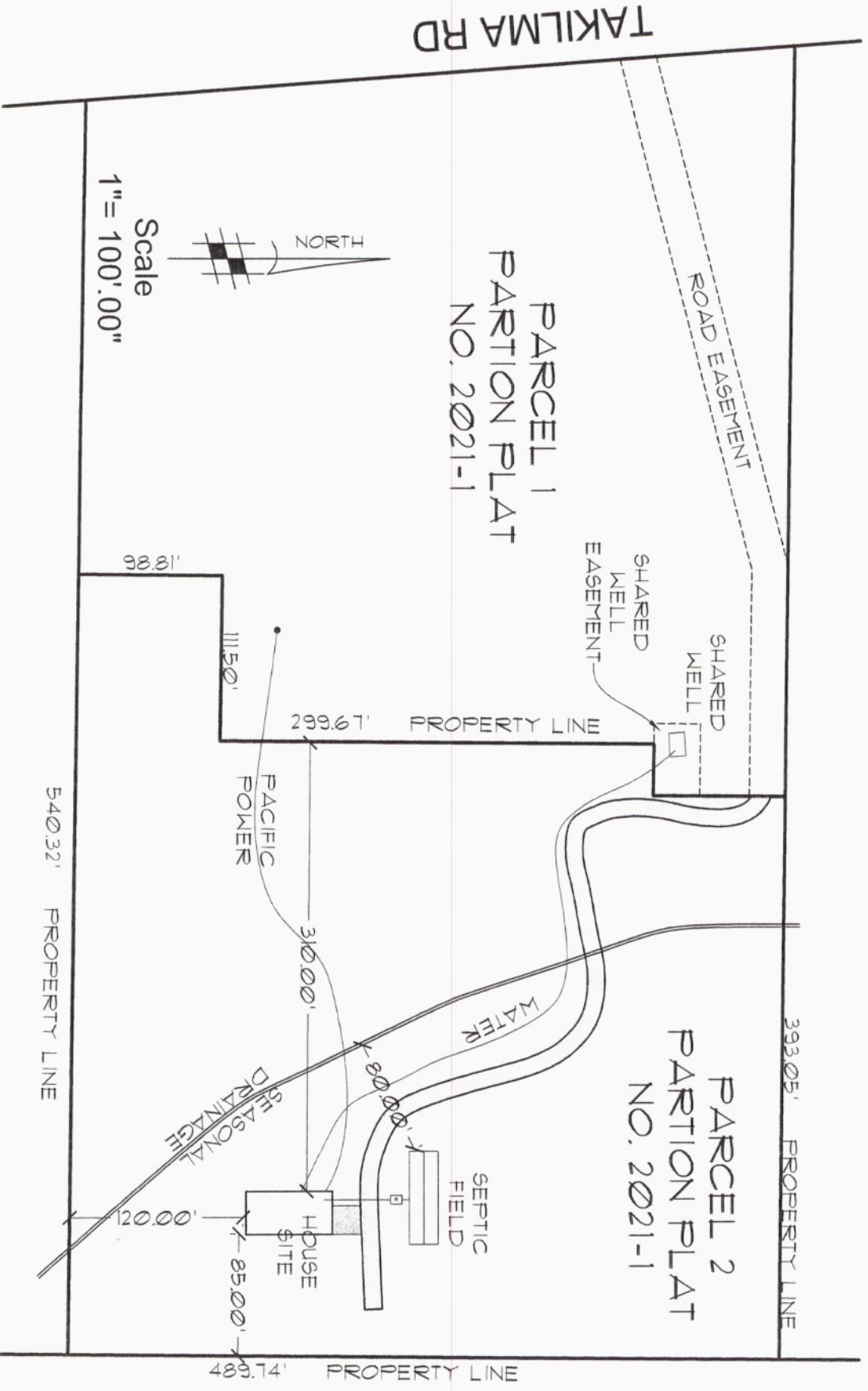
Either provide reasons for affirmative compliance decision or attach findings of fact:
Section 19.01.020-JOC the SCC. Permitted uses - single family dwelling or manufactured structure

8. Planning Official Signature: Jami Smith
Print Name: Jami Smith Title: Assistant Planner
Telephone: 541-474-5424 Date: 2-9-2021

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

4619 Takilma Rd

Jan 23, 2021



TAKILMA RD

PARCEL 1
PARTION PLAT
NO. 2021-1

PARCEL 2
PARTION PLAT
NO. 2021-1

Scale
1" = 100'.00"



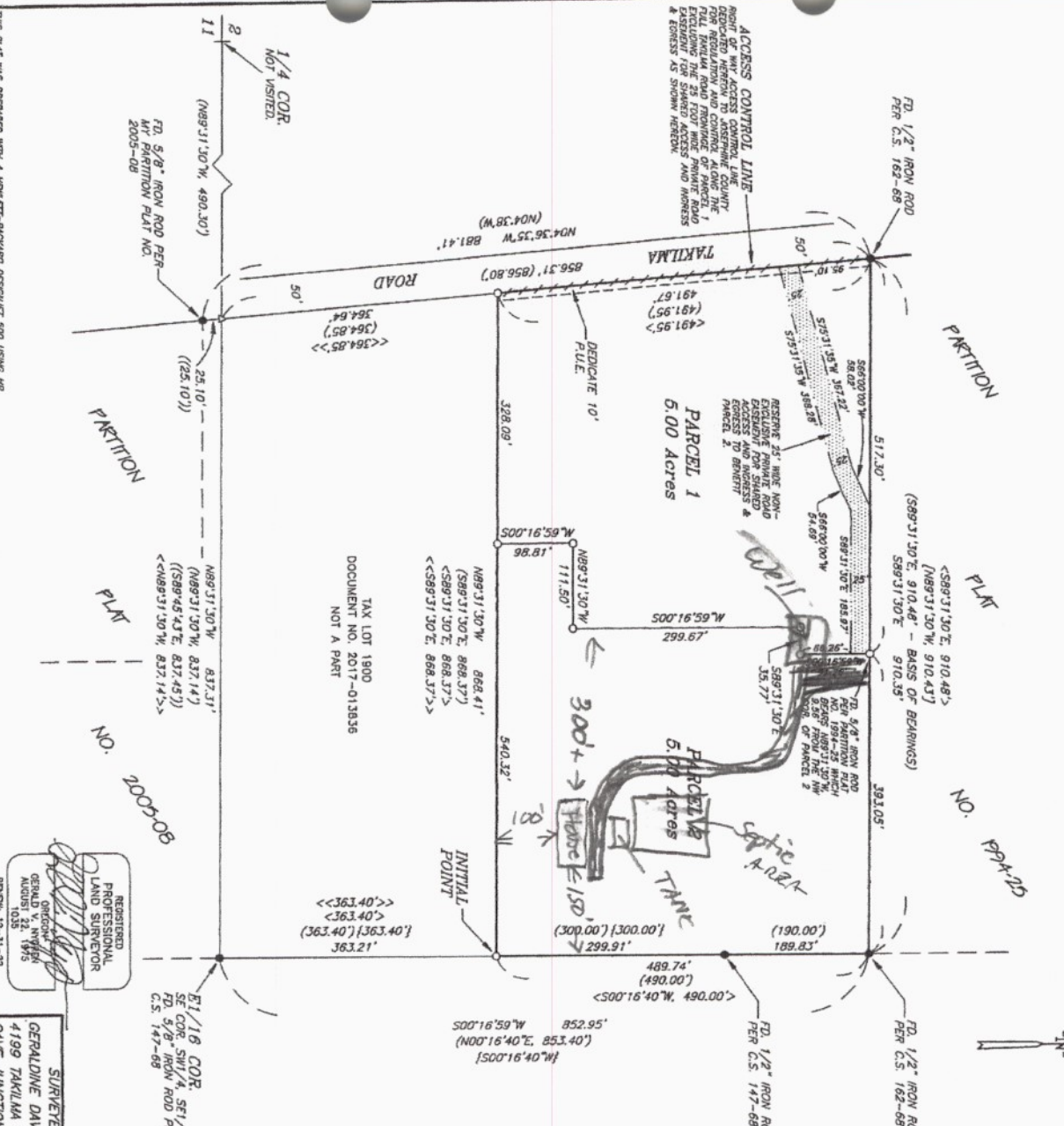
540.32' PROPERTY LINE

393.05' PROPERTY LINE

489.14' PROPERTY LINE

LAND PARTITION
 SITUATED IN THE SW 1/4 OF THE SE 1/4 OF SEC. 2,
 T. 40S, R. 8W, W.M., JOSEPHINE COUNTY, OREGON.
 (ASSESSOR'S MAP 40-8-2, TL 1902)

PARTITION PLAT NO. 2021-1



LEGEND

- SET 5/8" X 30" IRON ROD WITH YELLOW PLASTIC CAP MARKED NYNREN PL10355
- FOUND MONUMENT AS NOTED
- () RECORD PER C.S. 162-68
- [] RECORD PER C.S. 162-68
- { } RECORD PER C.S. 147-68
- (()) RECORD PER MY PARTITION PLAT NO. 2005-08
- < > DEED RECORD PER DOCUMENT NO. 2018-006280, JOSEPHINE COUNTY OFFICIAL RECORDS.
- << >> DEED RECORD PER DOCUMENT NO. 2017-013836, JOSEPHINE COUNTY OFFICIAL RECORDS.
- △ COMPUTED POSITION
- ACCESS CONTROL LINE
- PUBLIC UTILITY EASEMENT
- RESERVE NON-EXCLUSIVE PRIVATE ROAD EASEMENT OVER AND ACROSS PARCEL 1 FOR THE BENEFIT OF PARCEL 2, SEE PRIVATE ROAD MAINTENANCE AGREEMENT ON PAGE 1.
- BEARINGS BASED ON C.S. 162-68

SURVEY NARRATIVE

THE PURPOSE IS TO PARTITION THAT PARCEL OF LAND DESCRIBED AS PARCEL 2 IN DOCUMENT NO. 2018-006280, JOSEPHINE COUNTY OFFICIAL RECORDS, INTO PARCELS AS SHOWN ON THE ANNEXED PLAT.

I RECOVERED AND HELD TO MONUMENTS SET PER C.S. 162-68, C.S. 147-68, PARTITION PLAT NO. 1994-23 AND MY PARTITION PLAT NO. 2005-08, WHICH WERE FOUND AS SHOWN ON THE ANNEXED PLAT. THEREIN I SET MONUMENTS AS SHOWN ON ANNEXED PLAT.

THE SOUTHWEST AND SOUTHWEST CORNERS OF THE SUBJECT PROPERTY WAS SET BY PROPORTION BETWEEN MY MEASUREMENT THIS SURVEY AND RECORD DATA PER C.S. 162-68.

A NIKON NPL-322 TOTAL STATION WAS USED TO EXECUTE THIS SURVEY.

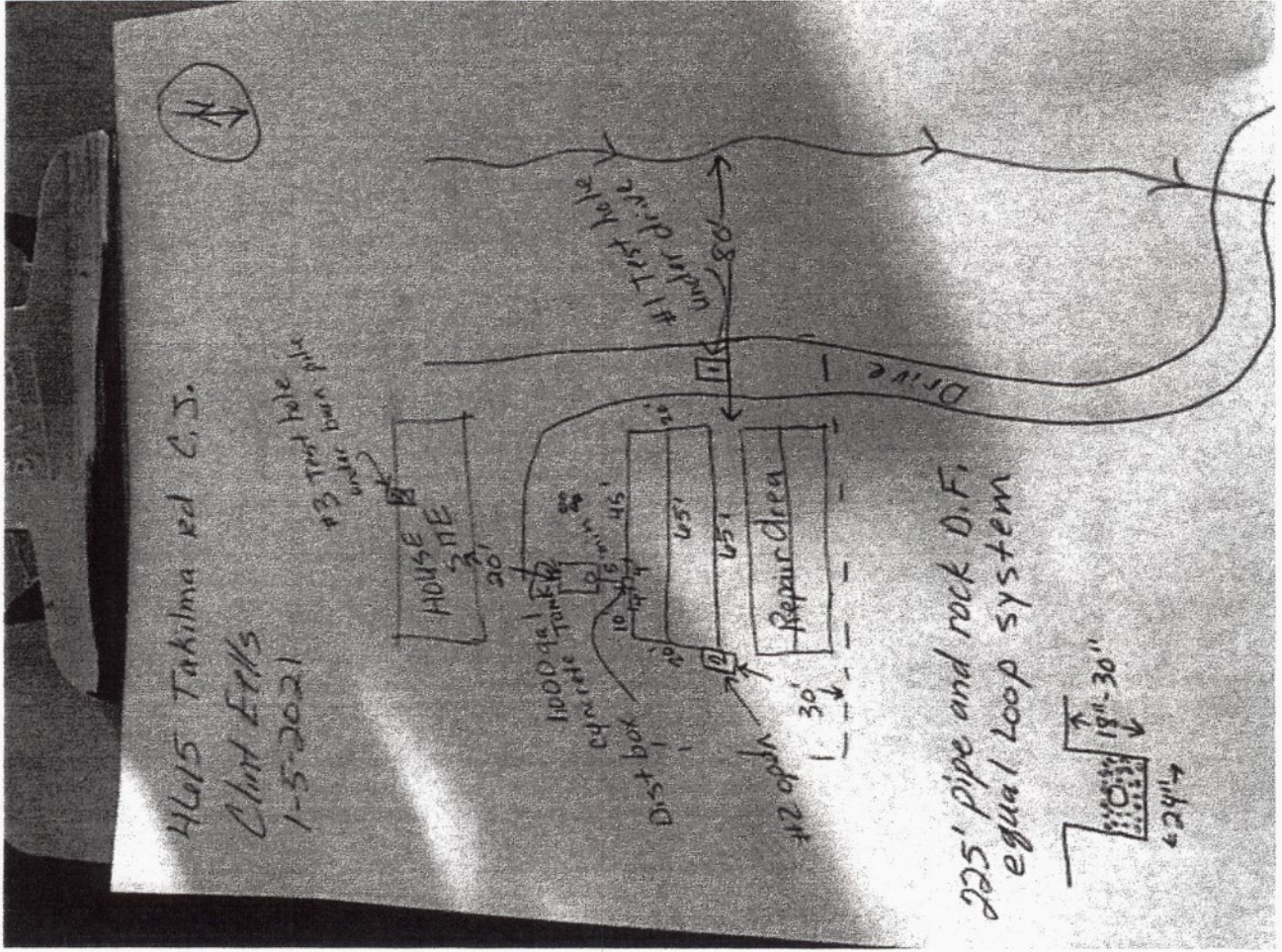
REGISTERED PROFESSIONAL LAND SURVEYOR
 GERALD V. NYGREN
 LICENSE NO. 12-31-82

SURVEYED FOR:
 GERALDINE DAVIDSON
 4199 TAKILMA ROAD
 CAVE JUNCTION, OR 97523

GERALD V. NYGREN
 522 BARKER DRIVE
 MERLIN, OREGON 97532

DATE: NOV. 4, 2020
 SCALE: 1" = 100'
 JOB NO. 17-100

THIS PLAT WAS PREPARED BY A REGISTERED-PROFESSIONAL SURVEYOR AND USING AN APPROVED INSTRUMENT IN ACCORDANCE WITH THE OREGON POLYMERIZATION ACT.



4615 Takilma rd C.S.
 Clint Erks
 1-5-2021

225' pipe and rock D.F.
 equal loop system



Planning Office
700 NW Dimmick St Suite C
Grants Pass, Oregon 97526
541-474-5421
Fax: 541-474-5422
Email: planning@co.joseph.



Article 76 Certification of Fire Protection Service

Name: Davidson, Geraldine F

Assessor Map Number: 40-08-22 TL 1906 new address 4619 Takilma Rd

Address: 4199 Takilma Rd

City Cave Junction State OR Zip code 97523

Phone Number: _____

Email: _____

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

Illinois Valley Fire District
Fire district or Fire service provider

starting: 02/09/2021
Date

Fire Official Signature: *William J. Jamil* Date: 01/20/2021

Title: Division Chief Operations and Prevention



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

Receipt Number: PL21-00089

Payer/Payee: HOLDER HOMES LLC
 P O BOX 2409
 GRANTS PASS OR 97528

Cashier: Onnie Neumann

Date: 01/26/2021

Primary Parcel: 40080200001902 **Project Description:** Onsite Septic

PL-2021-00152 LAND USE INFORMATION RESPONSE 4615 TAKILMA RD

Fee Description

Land Use Information Response

<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
\$125.00	\$125.00	\$0.00
\$125.00	\$125.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	11366	\$125.00
Total Paid:		\$125.00



**Onsite Septic System Program
LAND USE COMPATIBILITY STATEMENT (LUCS)
for Onsite Wastewater Treatment System Permits**

Lance Holder m
1-22-2021
RECEIVED

JAN 22 2021

IOCO - PLANNING

WHAT IS A LUCS? The Land Use Compatibility Statement is the process used by the Onsite Septic System to determine whether Onsite Septic permits and other approvals affecting land use are consistent with local government comprehensive plans. The LUCS form is included in the onsite permit application approval packet.

WHY IS A LUCS REQUIRED? requires activities that impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules (OAR) Chapter 340, Division 18 identifies agency activities or programs that significantly affect land use and the process for ensuring consistency.

WHEN IS A LUCS REQUIRED? A LUCS is required for nearly all Onsite Septic permits, registrations under general permits, and certain other approvals and certifications that affect land use. **This form only applies to onsite wastewater treatment system permits and activities.**

HOW TO COMPLETE A LUCS:

Step	Who Does It	What Happens
1	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.
2	City or County Planning Office	Completes Section 2 of the LUCS by determining if the activity or use meets all local planning requirements, and returns to the applicant the signed and dated LUCS <u>form with applicable findings of fact for any local reviews or necessary planning approvals.</u>
3	Applicant	Includes the completed LUCS with <u>findings of fact</u> with the Onsite Septic permit or approval submittal application and fee of \$125.00 to the County.

A permit cannot be issued if the proposed facility does not comply with all applicable local land use requirements. The applicant is responsible for working with the local planning office to comply with land use requirements.

WHERE TO GET HELP: Questions about the LUCS process can be directed to the region staff responsible for processing the onsite permits. Josephine County Onsite Septic System Program 700 NW Dimmick Street, Suite B, Grants Pass, OR 97526. 541-474-5444 or onsitesepic@josephinecounty.gov

CULTURAL RESOURCES PROTECTION LAWS: Applicants involved in ground-disturbing activities should be aware of federal and state cultural resources protection laws. ORS 358.920 prohibits the excavation, injury, destruction, or alteration of an archeological site or object, or removal of archeological objects from public and private lands without an archeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking, to take into account the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at 503-378-4168, extension 232.



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:		Date Stamp
Date received	_____	
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 st response	_____	
Date of 2 nd response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

A. Property Owner Information

Geraldine Davidson 4199 Takilma rd C.S.OR. 97523 541-415-0053
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

40 08 02 1902 5
Township Range Section Tax Lot Acreage or Lot Size
Josephine Josephine Lot Block
County Subdivision Name

Property Address: 4615 Takilma rd. Cave Junction OR 97523
Address City State Zip Code

Directions to Property: Hwy 199 to caves hwy, go East to Horkard Loop, right on Takilma, 2nd drive on left past Dick George rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

- Single Family Residence
- Number of Bedrooms _____
- Other _____

Proposed Facility:

- Single Family Residence
- 3
Number of Bedrooms
- Other _____

Water Supply:

- Public _____
Name
- Private Well
Well/Spring, Shared

D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
 - Major Minor
- Alteration Permit
 - Major Minor

- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement

Authorization Notice for:

- Connecting to an Existing System Not in Use
- Replacing a Mobile Home or House with Another Mobile Home or House
- The Addition of One or More Bedrooms
- Personal Hardship
- Temporary Housing
- Other-please specify _____

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

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

Clint Eells 1-26-2021
Signature Date
Clint Eells 541-659-7325 Clint.fcdc@gmail
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
5545 Riverbanks rd. Grants Pass, OR. 97527
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer

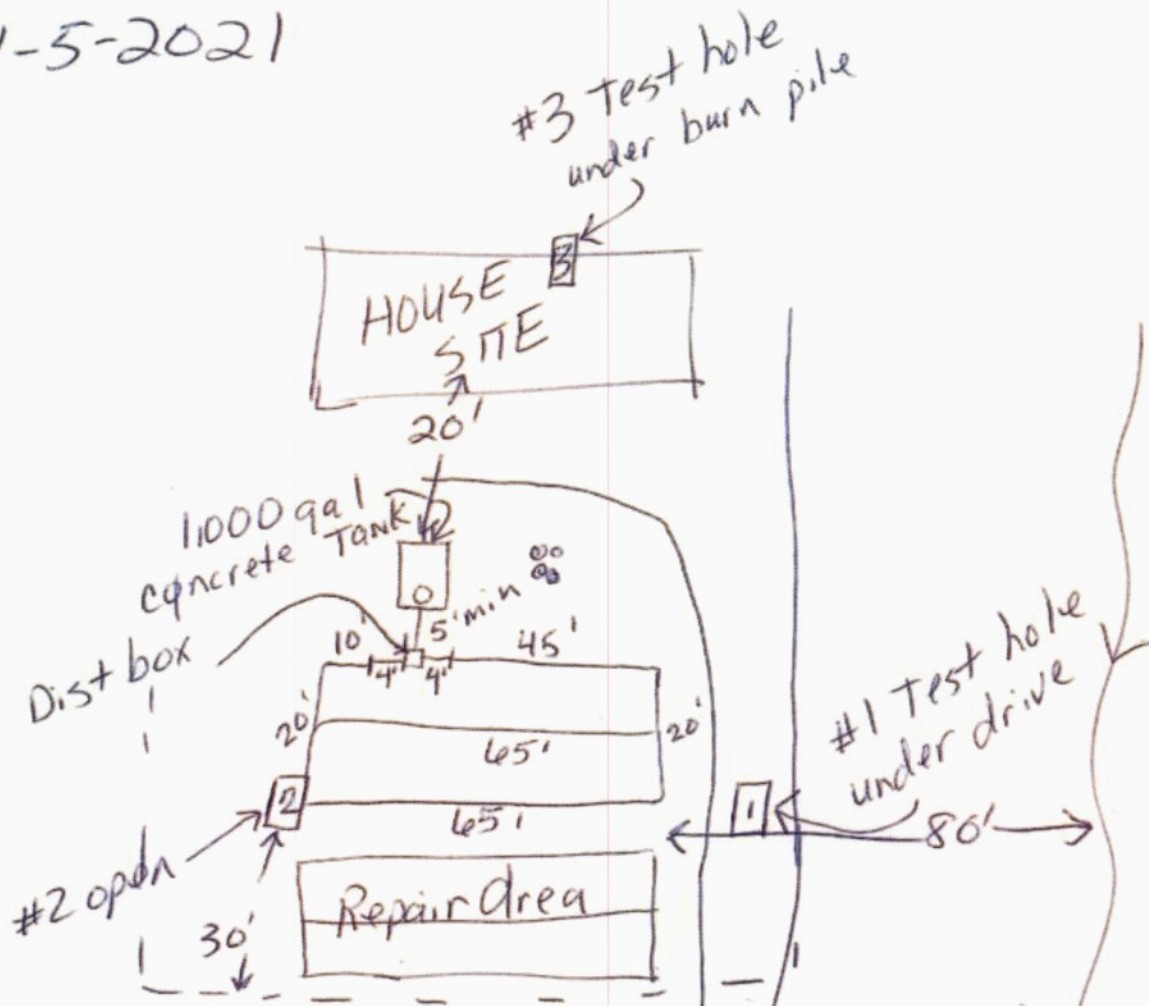
Authorization Attached

Clint Eells
Installer's Name

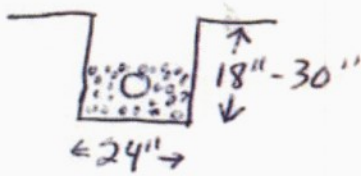
4615 Takilma rd C.J.

Clint Ellis

1-5-2021



225' pipe and rock D.F. equal loop system



To Takilma Rd →



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

Receipt Number: PL21-00089

(541) 474-5421
 planning@josephinecounty.gov

Payer/Payee: HOLDER HOMES LLC
 P O BOX 2409
 GRANTS PASS OR 97528

Cashier: Onnie Neumann

Date: 01/26/2021

Primary Parcel: 40080200001902 **Project Description:** Onsite Septic

PL-2021-00152 LAND USE INFORMATION RESPONSE 4615 TAKILMA RD

Fee Description

Land Use Information Response

<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
\$125.00	\$125.00	\$0.00
\$125.00	\$125.00	\$0.00

Payment Method	Reference Number	Payment Amount
CHECK	11366	\$125.00
Total Paid:		\$125.00

From: Lance Holder holderhomes@budget.net
Subject: Fwd: permission
Date: Jan 26, 2021 at 11:10:39 AM
To: Clint Eells clint.fcdc@gmail.com

In regards to 4619 Takilma Rd. this letter is to give Clint eells permission to pull any permits necessary to install the septic system. Lance Holder Holder homes LLC [541-218-5781](tel:541-218-5781)

Sent from my iPhone

Begin forwarded message:

From: Geraldine <hohm@wildrivernetworks.com>
Date: January 26, 2021 at 10:35:33 AM PST
To: Lance Holder <holderhomes@budget.net>
Subject: permission

I hereby give Lance Holder holder homes permission to acquire any permits necessary for himself and his subcontractors Geraldine Davidson 4199 Takilma Road Cave Junction Oregon [541-415-0053](tel:541-415-0053)

Sent from my Galaxy



Statement of Site Status

Name: Geraldine Davidson

Address: 4615 Takilma road

City: Cave Junction State: OR Zip Code: 97523

Township: 40 Range: 08 Section: 02 Tax Lot: 1902

County: Josephine

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: 1-26-2021 Signed: Geraldine Davidson

Updated 10-30-02 by BJK



NOTICE AUTHORIZING REPRESENTATIVE

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

PROPERTY IDENTIFICATION:

4605 Takilma road Care Junction OR. 97523
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 40 Range 08 Section 02 Map ID _____ Tax Lot #(s) 1902

PROPERTY OWNER:

Printed Name: Geraldine Davidson

Address: 4199 Takilma rd

City, State, Zip: Care Junction OR. 97523

Phone: 541-415-0053

Email: HOHM @ WILDRIVER NETWORKS

Signature: Geraldine Davidson

AUTHORIZED REPRESENTATIVE:

Printed Name: Clint Ellis

Address: 5545 Riverbanks road

City, State, Zip: Grants Pass OR. 97527

Phone: 541-659-7325

Email: Clint.fcdc@gmail

Signature: Clint Ellis



Residential Septic Site Evaluation Approval

248-20-000868-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: 10/19/2020
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: DAVIDSON, GERALDINE
Address: 4199 TAKILMA RD
 CAVE JUNCTION OR 97523
Phone: 5414150053
Email: HOHM@WILDRIVERNETWORKS.COM

Owner: GERALDINE DAVIDSON	Property address: 4615 Takilma Rd, Cave Junction,
Address: 4199 TAKILMA RD CAVE JUNCTION OR 97523	OR 97526

Parcel: 4008020001902 - Primary **Township:** 40S **Range:** 8W **Section:** 2

Lot size: N/A	Water supply: Well
Zoning: N/A	City/County/UGB: N/A
	County: Josephine
Directions to Property: HWY 199 TO CAVES HWY GO E TO HOLLARD LOOP R TURN TO TAKILMA, R TURN, 2ND DRIVEWAY ON LEFT PAST DICK GEORGE RD.	

Proposed use of structure: N/A
Category of construction: Single Family Dwelling

General Specifications

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

System Specifications

System type:	Standard	Replacement Area	Standard
System distribution type:	Equal		Equal
Distribution method:	Equal		Equal

Trench Specifications

Trench linear feet:	225 linear ft.	Replacement Area	225 linear ft.
Max depth:	30 in.		30 in.
Min depth:	18 in.		18 in.

Special Requirements

Drainfield type:	Standard	Replacement Area	Standard
-------------------------	----------	-------------------------	----------

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.)

<p>Date issued: 10/19/2020</p> <p>Application status: Site Evaluation Approved</p> <p>Work description: SITE EVALUATION</p>
--

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.

Marty Easter

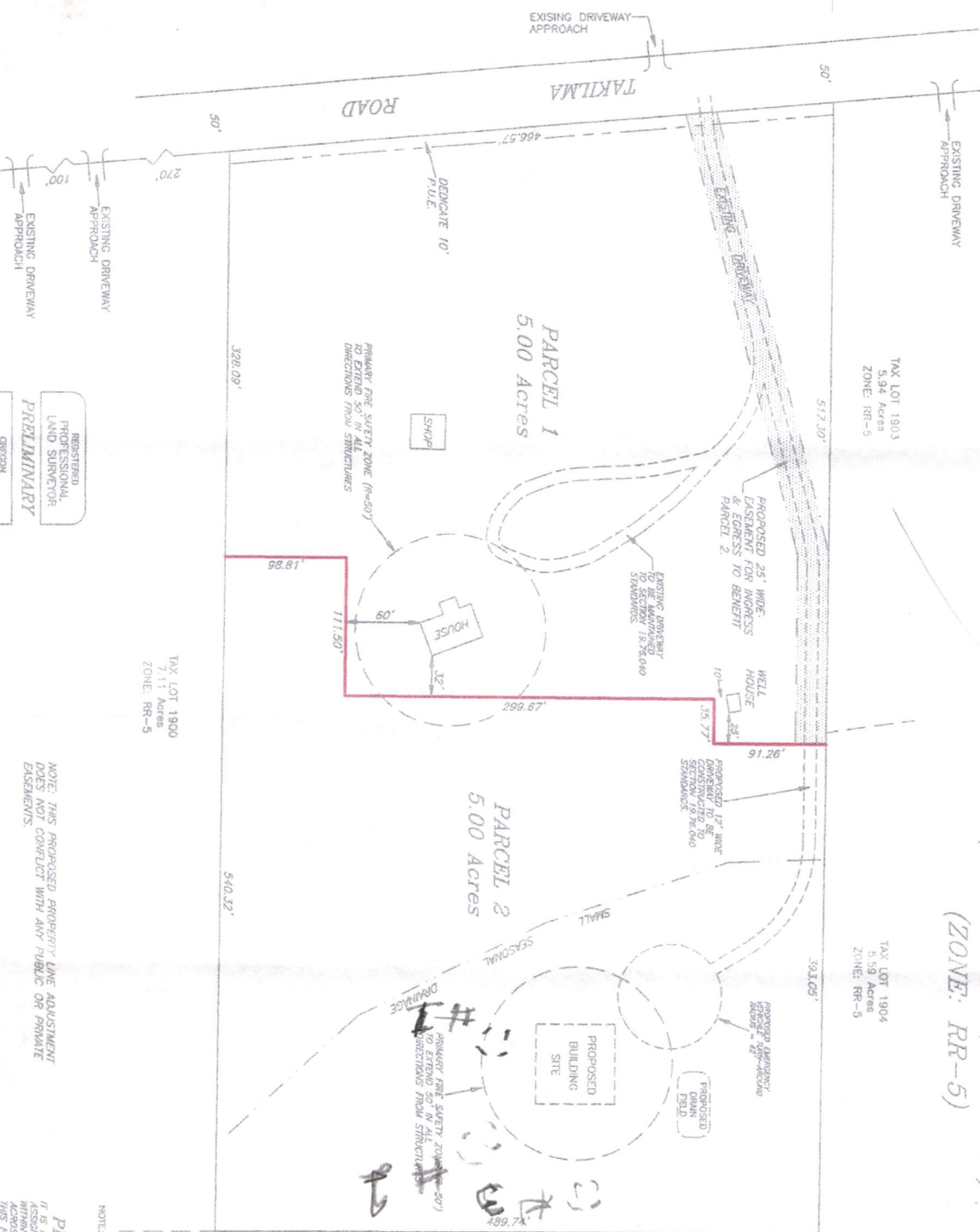
Onsite Wastewater Specialist

10/19/20

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.)

TENTATIVE PLAN
SHOWING A PROPOSED LAND PARTITION SITUATED IN THE
SW1/4 OF THE SE1/4 OF SEC. 2, T.40S, R8W, W.M.,
JOSEPHINE COUNTY, OREGON. (MAP 40-B-2, TL 1902)
(ZONE: RR-5)



TAX LOT 1903
5.94 Acres
ZONE: RR-5

TAX LOT 1904
5.39 Acres
ZONE: RR-5

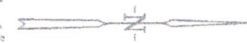
TAX LOT 1900
7.11 Acres
ZONE: RR-5

REGISTERED
PROFESSIONAL
LAND SURVEYOR
PRELIMINARY

GERALD V. NYGREN
LAND SURVEYOR
NOVEMBER 1978
NOVEMBER 1979
NOVEMBER 1985
NOVEMBER 1993
NOVEMBER 2000
NOVEMBER 2005
NOVEMBER 2010
NOVEMBER 2015
NOVEMBER 2020

NOTE: THIS PROPOSED PROPERTY LINE ADJUSTMENT
 DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE
 EASEMENTS.

SCALE: 1" = 60'



TOPOGRAPHIC INFORMATION
 THE PROPOSED LAND PARTITION LIES ON A
 SLOPE OF APPROX. -2% FROM SOUTHWEST
 TO NORTHEAST.

FLOOD ZONE
 THE PROPOSED LAND PARTITION IS NOT LOCATED
 WITHIN A FLOOD ZONE.

PREPARED BY:
 GERALD V. NYGREN, PLS
 622 BARKER DRIVE
 MERLIN, OR 97532
 PH: 541-476-7034

PREPARED FOR:
 GERALDINE DAVIDSON
 4199 TAKILMA ROAD
 CAVE JUNCTION, OR 97523
 PH: 541-415-0053

DATE: NOVEMBER 7, 2019
REVISED: JANUARY 13, 2020

PRIVATE ROAD MAINTENANCE AGREEMENT

IT IS HEREBY AGREED BY THE PROPERTY OWNERS, THEIR HEIRS, SUCCESSORS AND
 ASSIGNEES THAT THE MAINTENANCE RESPONSIBILITY FOR THE PRIVATE ROAD AND
 CROSSING PARCELS 1 AND 2 SHALL BE DIVIDED EQUALLY BY EACH PARCEL. THIS PLAN
 SHALL BE SIGNED EQUALLY BY EACH PARCEL. THE PRIVATE ROADWAY
 SHALL BE MAINTAINED TO A STANDARD OF AT LEAST THE SAFETY ZONE (R-50)
 SECTION 12-31-20. THE MAINTENANCE RESPONSIBILITY SHALL BE
 ENFORCEABLE BY EITHER OF THE PARCEL OWNERS OR THE COUNTY ON ITS OWN
 ACTION AND SHALL BE BINDING ON THE HEIRS, SUCCESSORS AND ASSIGNS OF
 EACH PARTY IN AND TO THE REAL PROPERTY HEREBY PRESENTLY OWNED BY EACH AND
 EACH PARTY HERETO.

NOTE: THE PRIVATE ROAD MAINTENANCE AGREEMENT SHOWN BELOW WILL BE
 SIGNED ON THE FULL PLAN. THE FULL PLAN WILL ALSO SHOW THE
 EXACT LOCATION AND DIMENSIONS OF THE PRIVATE ROAD EASEMENT.

#1 105 E 55 N

315 - ~~165~~

2 51 E 31 N

153 - 93

3 93E-24 N

279 - 72

11

Attention :Cinenna Magness

Partition at 4615 Takilma Rd Cave junction Or 97523

From:

Geraldine Davidson

4199 Takilma Rd

Cave junction Ore 97523

541 4150053

I have labeled the test holes #1 #2 #3

I will call the 489 foot line North

I will call the 517 foot line East

Test Hole #1 is 315 feet from East line and 165 feet from the North

Test Hole #2 is 153 feet from the East line and 93 Feet from the North

Test Hole #3 is 279 feet from the East lien and 72 feet from the North

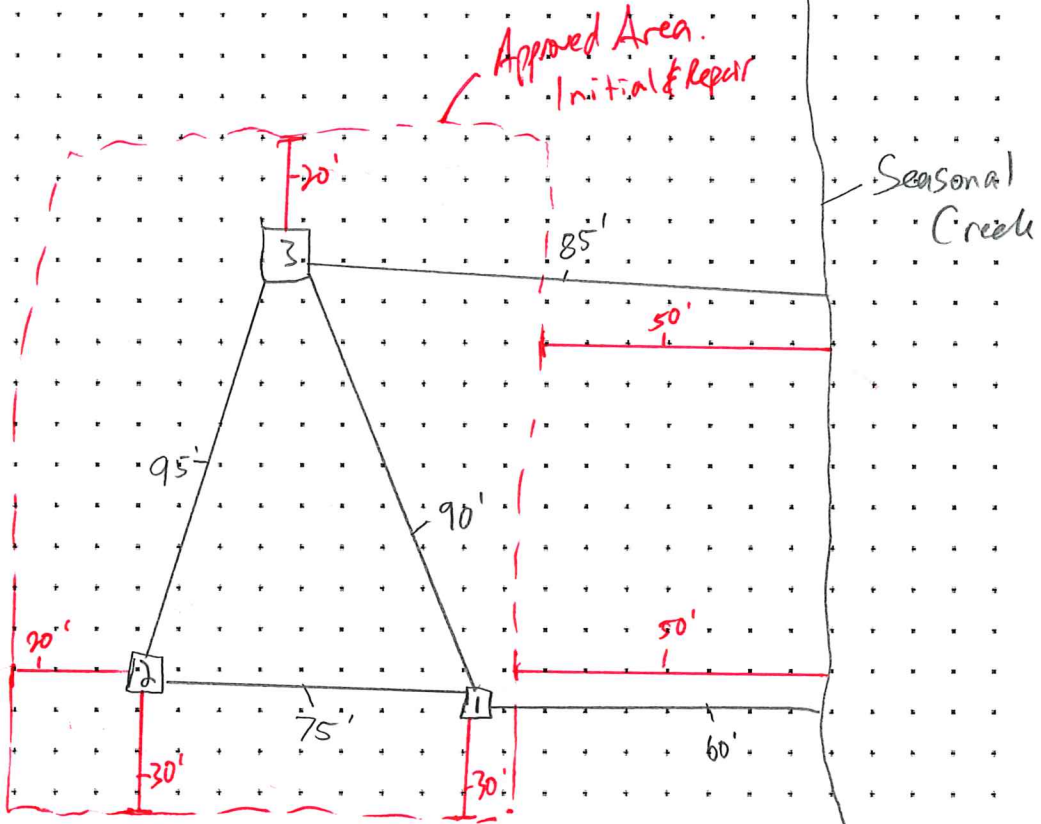
I'm sure this is clear as mud but it's the best I can do. Thank you so much for your patience.

I know you requested that I scan and Email I am unable to do so. My apologies

Geraldine Davidson

SITE PLAN

N ↓



PLAN APPROVED
BY D.E.Q.

Date: 10/14/20 Signed:

† Not to scale

Application # _____



Application for Onsite Sewage Treatment System

Department of Environmental Quality
221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone: (541) 776-6214
FAX: (541) 776-6262

Requirements:	<input type="checkbox"/>	For DEQ Use Only:	
Plot plan	<input type="checkbox"/>	Date Received	_____
Vicinity & TL map	<input type="checkbox"/>	Fee Paid	_____
Test pits -- 5 feet deep	<input type="checkbox"/>	Receipt Number	_____
Zoning clearance	<input type="checkbox"/>	Application Number	_____
Included:		Date of 1st Response	_____
Plot Plan	<input type="checkbox"/>	Date of 2nd Response	_____
Vicinity TL map	<input type="checkbox"/>	Date of Final Response	_____
Test pits -- 5 feet deep	<input type="checkbox"/>	Date of Completion	_____
Zoning clearance	<input type="checkbox"/>	Scanned	Data Entry

A. Property Owner Information

Geraldine Davidson Name 4199 Takilma Rd, Cave Junction, OR, 97523 Mailing Address (Street or PO Box, City, State, Zip Code) 541-415-0053 Phone Number

B. Legal Property Description

Township 40 Range 08 Section 02 Tax Lot 40.08.02 Tax Account Number 1902 Acreage or Lot Size 10
County Josephine Subdivision Name N/A Lot N/A Block N/A

Property Address: 4615 Takilma Rd Address Cave Junction City OR State 97523 Zip Code

Directions to Property: Hwy 199 to Caves Hwy go east to Holland Loop Rd right turn to Takilma Rd right turn, 2nd driveway on left past Dick George Rd

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another 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.

* Geraldine Davidson Signature 8/3/2020 Date

Geraldine Davidson Applicant's Name - Please Print Legibly 541-415-0053 Applicant's Phone Number Holm@wildriver Applicant's E-mail Address

4199 Takilma Rd, Cave Junction, OR, 97523 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached



Application for Onsite Sewer Treatment System

Property Address	_____
City	_____
State	_____
Zip	_____
Phone	_____
Applicant Name	_____
Applicant Address	_____
City	_____
State	_____
Zip	_____
Phone	_____

Property Address: _____
 City: _____
 State: _____
 Zip: _____

Applicant Name: _____
 Applicant Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

Property Address: _____
 City: _____
 State: _____
 Zip: _____

Applicant Name: _____
 Applicant Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that this application is subject to review and approval by the Department of Environmental Health. I understand that the Department of Environmental Health may require additional information or documents to complete the review process. I understand that the Department of Environmental Health may require a permit to install and operate the onsite sewer treatment system. I understand that the Department of Environmental Health may require a fee for the permit and the review process. I understand that the Department of Environmental Health may require a site visit to inspect the property and the proposed onsite sewer treatment system. I understand that the Department of Environmental Health may require a final inspection and approval before the onsite sewer treatment system can be installed and operated. I understand that the Department of Environmental Health may require a final inspection and approval before the onsite sewer treatment system can be installed and operated.

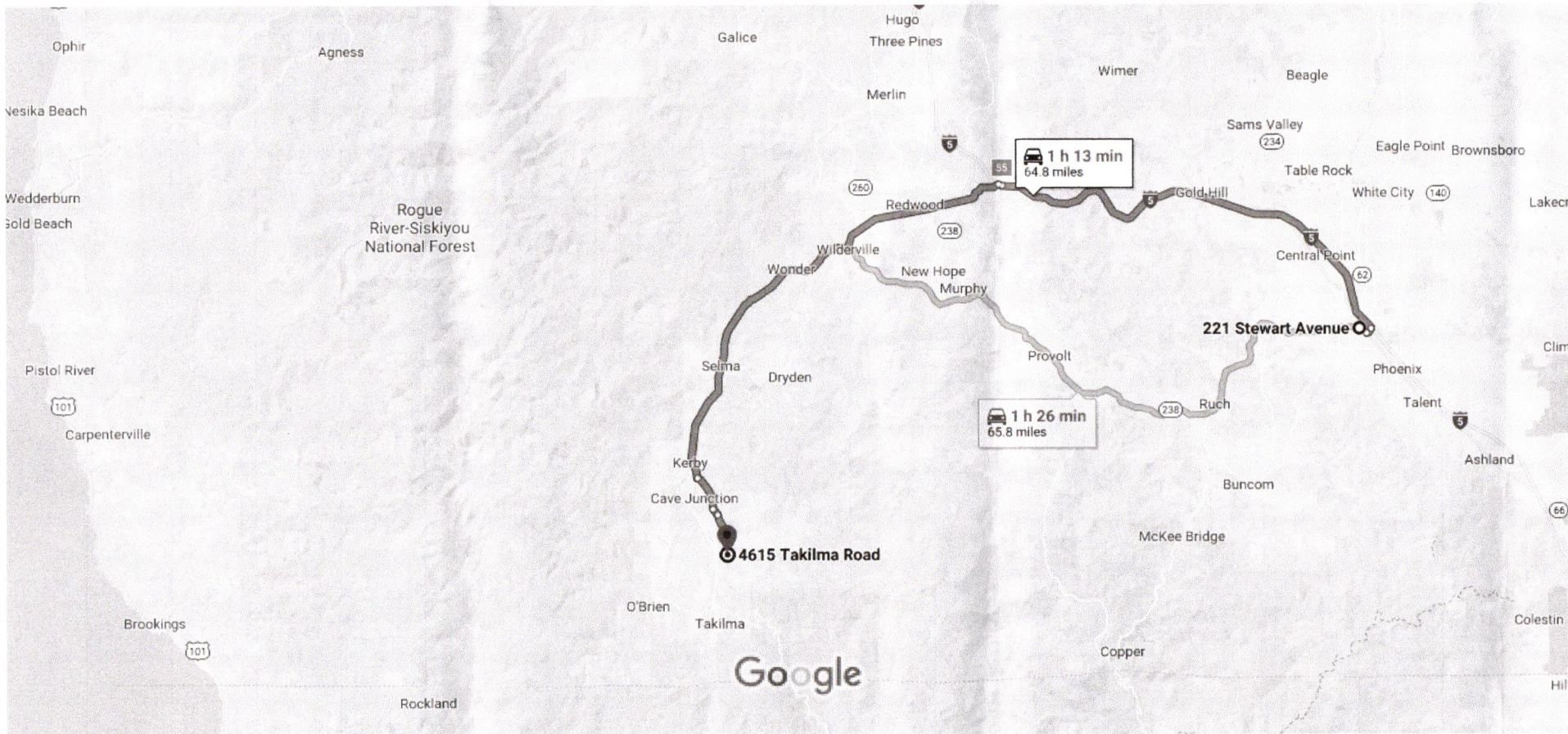
Signature: _____
 Date: _____

Applicant Name: _____
 Applicant Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

Google Maps

221 Stewart Ave, Medford, OR 97501 to 4615 Takilma Rd, Cave Junction, OR 97523

Drive 64.8 miles, 1 h 13 min



Map data ©2020 Google 5 mi

221 Stewart Ave

Medford, OR 97501

- ↑ 1. Head east on W Stewart Ave toward Myers Ln

37 s (0.2 mi)

65.8 miles

Explore 4615 Takilma Rd



Groceries



Hotels



Gas stations



Parking Lots



More

↑ 11. Continue onto Takilma Rd

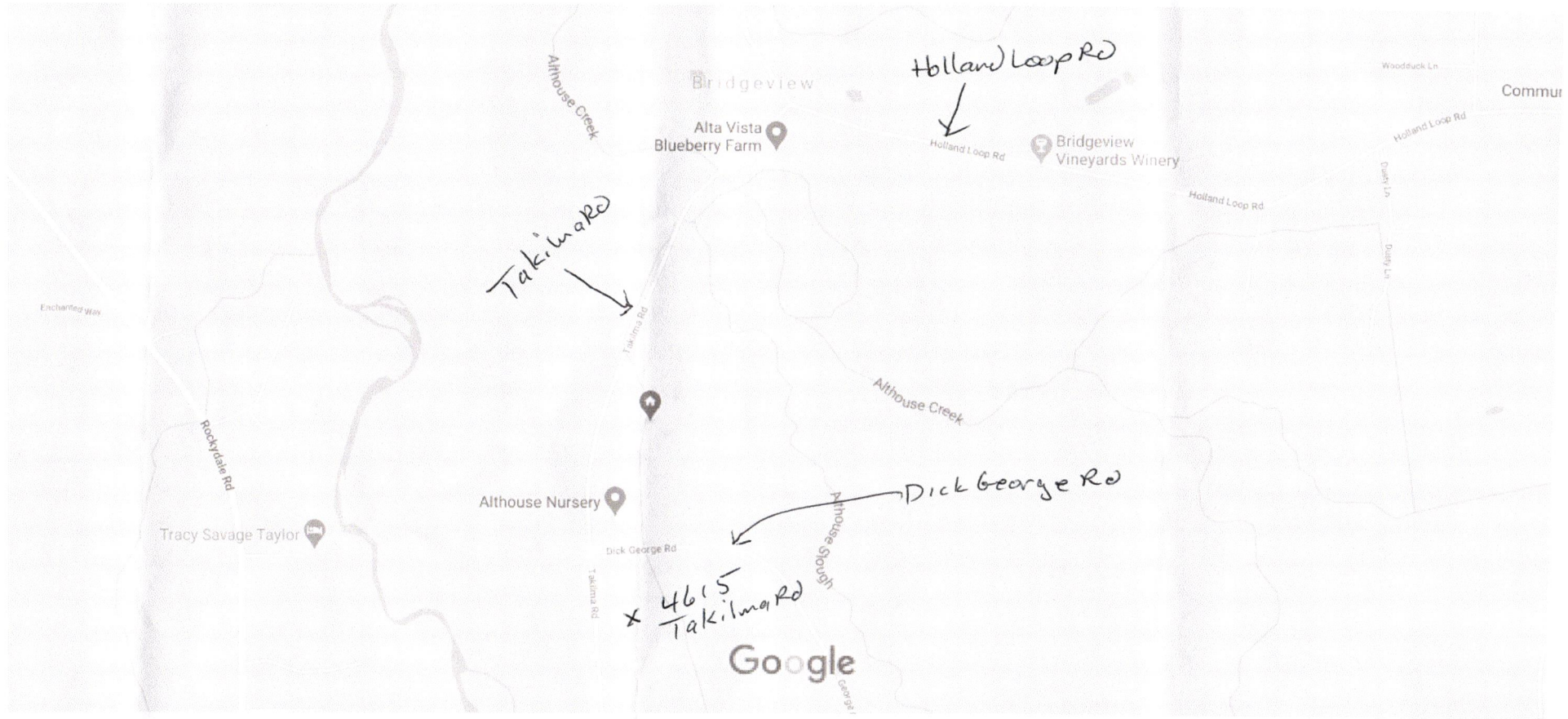
0.9 mi

4615 Takilma Rd

Cave Junction, OR 97523

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

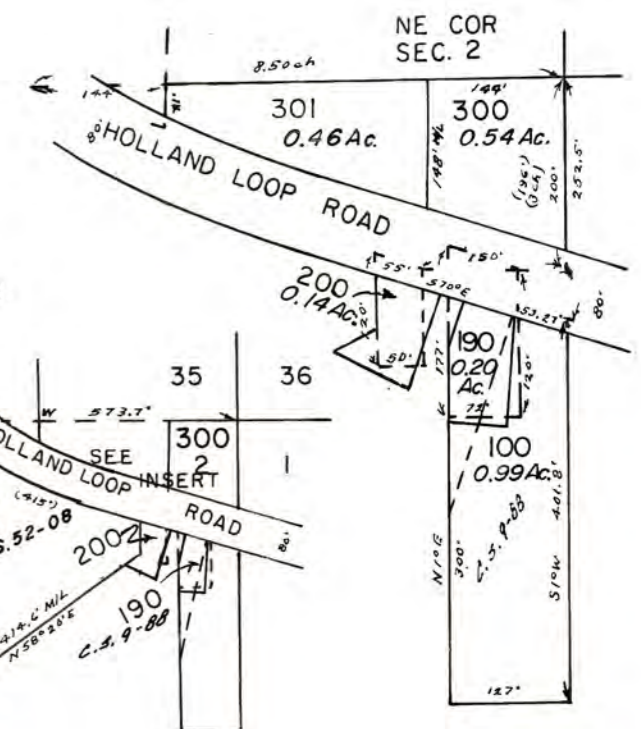
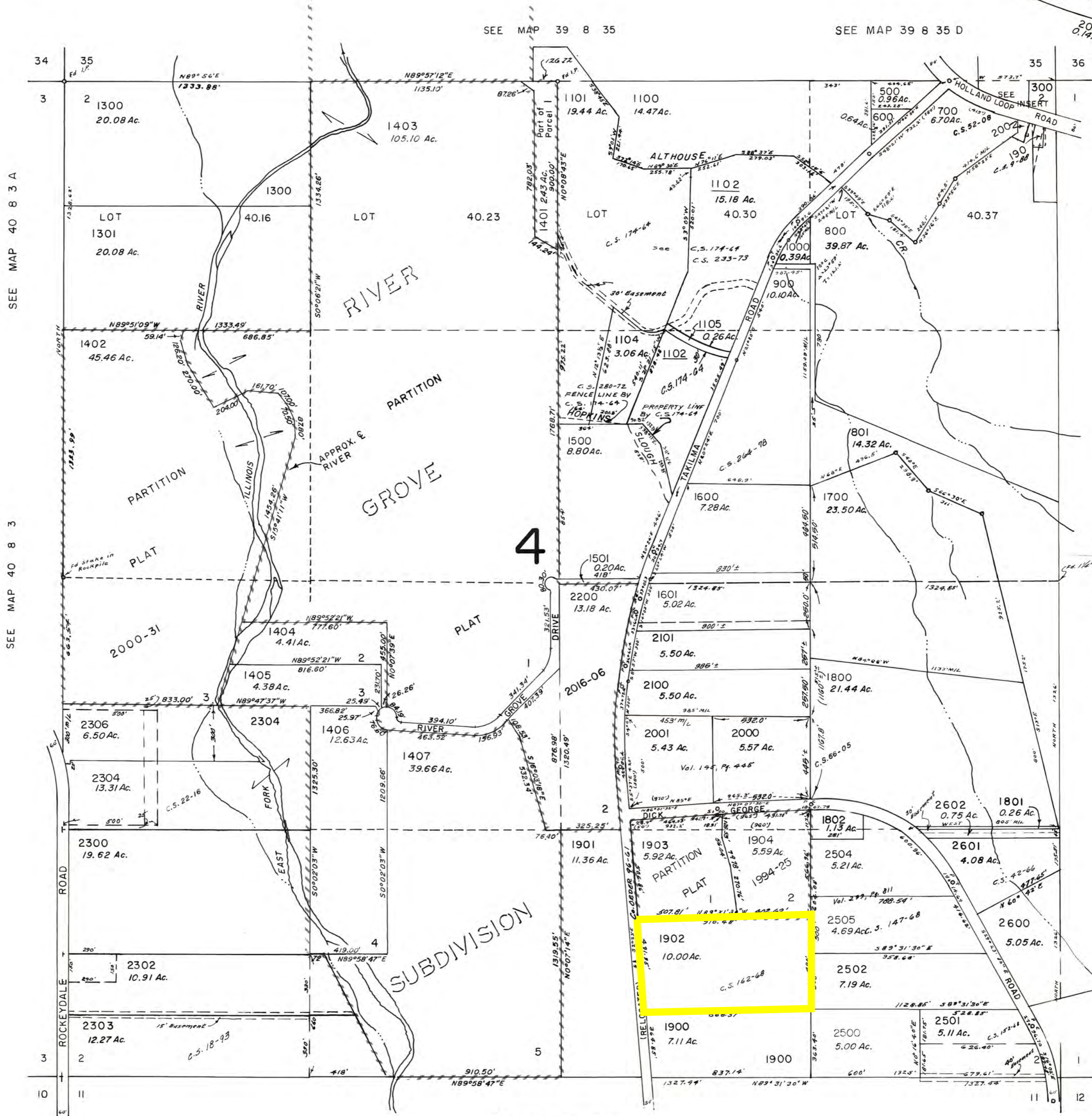
Google Maps



Map data ©2020 1000 ft 

This map was prepared for assessment purposes only.

1"=400'



INSERT
1"=200'

- CANCELLED T.L.
- 2301
 - 2401
 - 2402
 - 2590
 - 1890
 - 2390
 - 2503
 - 1001
 - 191
 - 192-90
 - 193
 - 194-90
 - 195
 - 196-90
 - 197
 - 2305
 - 1300-30
 - 400
 - 1200
 - 890
 - 1400
 - 2400
 - 1103

March 4/84

SEE MAP 40 8 11