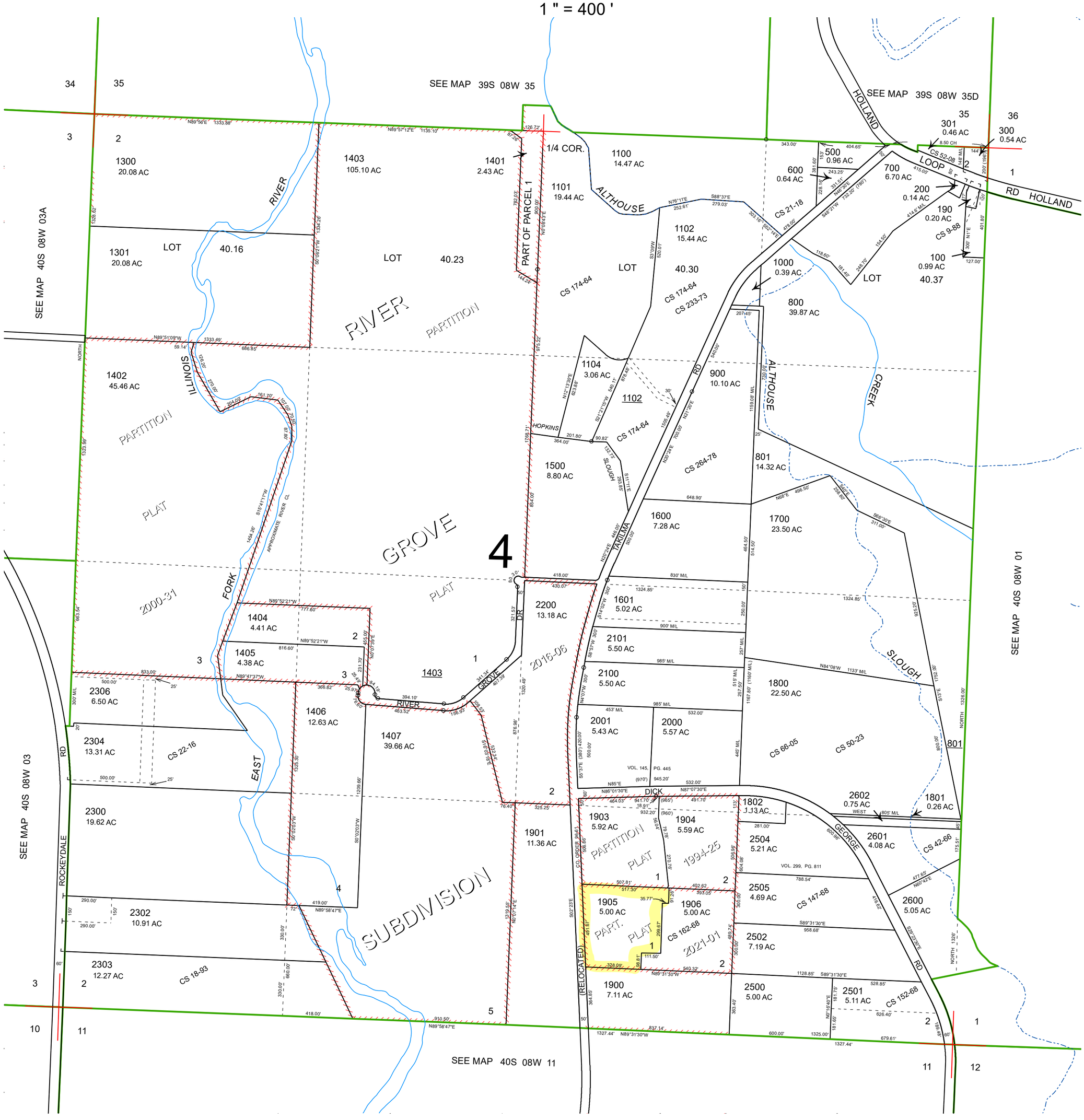
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

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

40 08 02

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

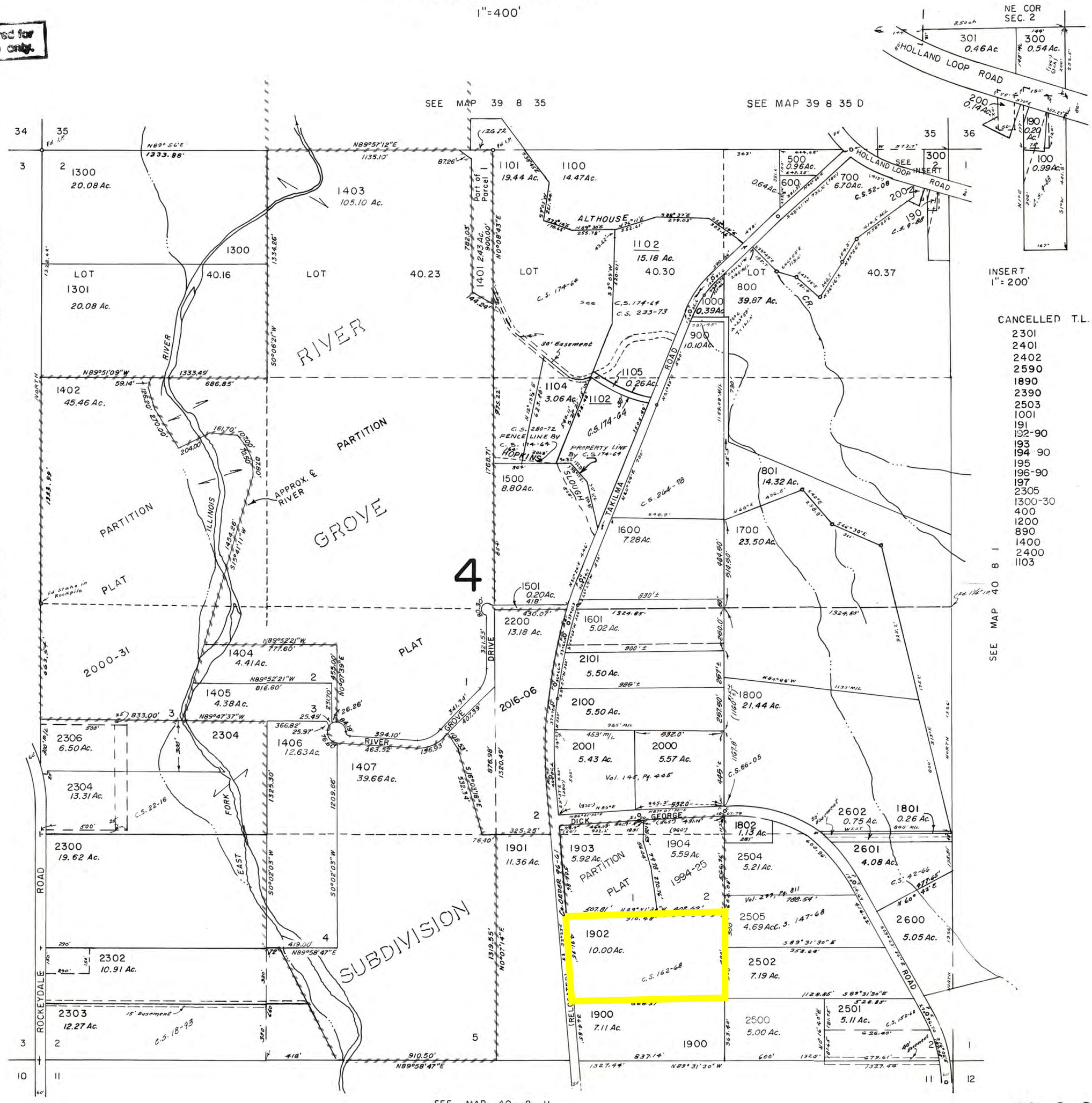


40 08 02

BOOK 22

SECTION 2 T.40S. R.8W. W. M.
JOSEPHINE COUNTY

1"=400'



DATE 2/22/78 PERMIT NO. № 9020

ZONE CLEARANCE 1162 III

PREVIOUS APPROVAL Permit 1880 INSTALLATION LOCATION 4615 Takilma Rd.

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL PERMIT

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

Street Address of installation (If no street address, describe specific location):
4615 Takilma Road

PROPERTY OWNER: Robyn Hormel PHONE

MAILING ADDRESS: 4615 Takilma Road, Cave Junction, OR ZIP 97523

DESCRIPTION OF PROPERTY: Twsp 40 Ran 8 Sec 2 Tax Lot 1902

Acreage 10.00 Name of Subdivision

PROPOSED WATER SUPPLY: Private well Community Public Other

BUILDING INFORMATION: Home Mobile Home x No. of Bedrooms 3

Commercial No. Employees Other

PERMIT REQUESTED: New Repair Hook-up x Other

$ 15.00 cash 2/22/78 ms
Permit Fee Paid / Clerk / Date

Robyn Hormel by MS
Applicants Signature

SUBSURFACE SEWAGE DISPOSAL PERMIT: **Approved ✓ Disapproved

MINIMUM SEPTIC TANK CAPACITY IN GALLONS:

TRENCHES: Square Feet Width Existing Length Depth

Equal Loop Serial

2-23-78
Date of Issue

W B Cunningham 2/23/78
Sanitarian Date

THIS PERMIT EXPIRES ON: 2-23-79

**SPECIAL INSTRUCTIONS AND CONDITIONS: Hook-up is approved for maximum of Three (3) bedrooms.

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

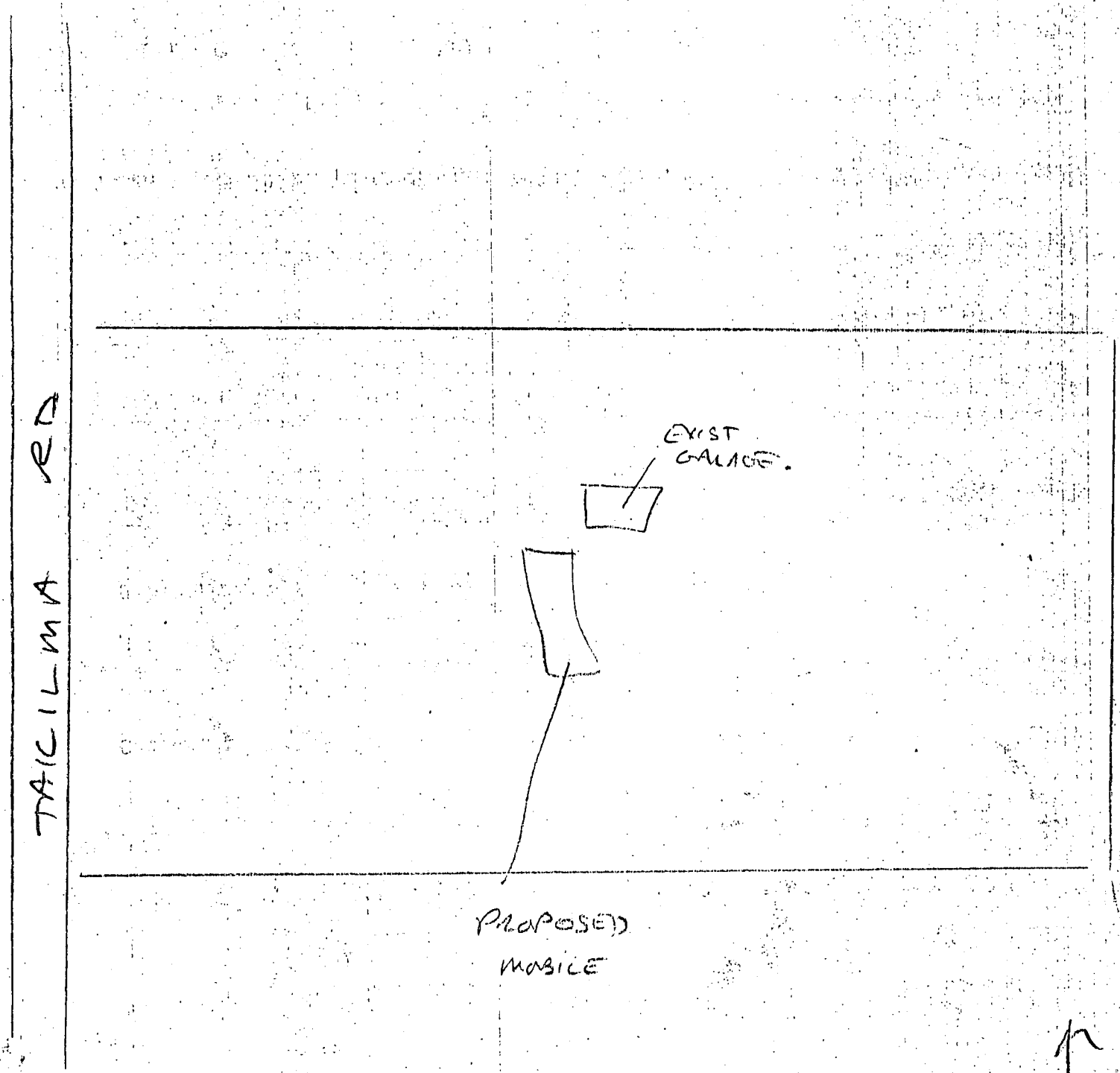
Hook-up

DATE INSTALLATION APPROVED 2/23/78 SIGNED W B Cunningham

CERTIFICATE ISSUED

THIS PERMIT AND THE ENCLOSED RECORD FORM MUST BE POSTED IN A CONSPICUOUS PLACE AT THE BUILDING SITE WHEN THE FINAL INSPECTION IS REQUESTED.

PLOT PLAN



I/We certify that the proposed construction will conform to the dimensions and uses shown above and that no changes will be made without first obtaining approval.

Signature _____

ZONING CLEARANCE PERMIT

Josephine County, Oregon

Date 2/21/78 Zoned Area III

Owner PINO EUGENE

Mailing Address 4615 TAKILMA RD - CT

Property Description

Subdivision-Name ——— Lot ____ Block ____

Twp 40 Range 8 Section 2 Tax Lot 1902

Size or Lot-Width 490' Depth 910' Total Area 10.00 AC

Fronting on 4615 TAKILMA RD.

Proposed Use

Residential ONE ONLY If mobile home, state size 24 x 57

Commercial ____ Industrial ____ Other ____

Does a residence presently exist on this parcel: Yes ____ No X

Subsurface Sewage Disposal System on this Parcel? Yes ____ No X

Provisions: ____

NOTE: PLEASE RETAIN THIS DOCUMENT & BRING IT WITH YOU WHEN APPLYING FOR SEPTIC, SEWER, ELECTRICAL & BUILDING PERMITS.

X Robyn Hormel
Signature of Applicant

District Classification SR-5 Minimum Lot Size 5 AC

Any structure to be placed on the above mentioned lot must observe the following setbacks:

35' From Front Property Line (Note: Corner lots have 2 front yards)

60' From Center Line of Road 20' From Rear Property Line

10' From Left Side Property Line 10' From Right Side Property Line

Approved by: [signature]

No. 1162

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

Josephine County Health Dept.

Permit No. № 1880
Expiration Date 11-22-72

Street address of installation (If no street address, describe specific location) 4615 Takilma Rd.

Property Owner: John E. Lewis Telephone: ~~3344~~ C.J.

Mailing Address: Same (street) Cave Junction (city) (state)

DESCRIPTION OF PROPERTY: Township 40 Range 8 Section 2 Subsection ____ Code ____
(attach copy of assessor's map)
Building site area in acres: 10.00 Name of Subdivision: ____

Tax Lot Number: 1902 Dimensions of building site: Width ____ Depth ____

PROPOSED WATER SUPPLY: Individual – Well (drilled no driven ___ dug ___) Surface ___ Spring ___
Public: City ____ Community System(name) ____

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM: new ✓ repair ___ privy ___
Installed by owner – yes (no) If no, give name of person installing system ____

Have you any objection to having your application for a permit being made public? yes ___ no ✓

BUILDING INFORMATION: Home ___ Mobile home ✓ Number of bedrooms 3 units
FHA or VA insured loan – yes ___ no ✓ Commercial(type): 1000 gal Tank
Garbage disposal unit – yes ___ no ✓ Industrial(type): ____

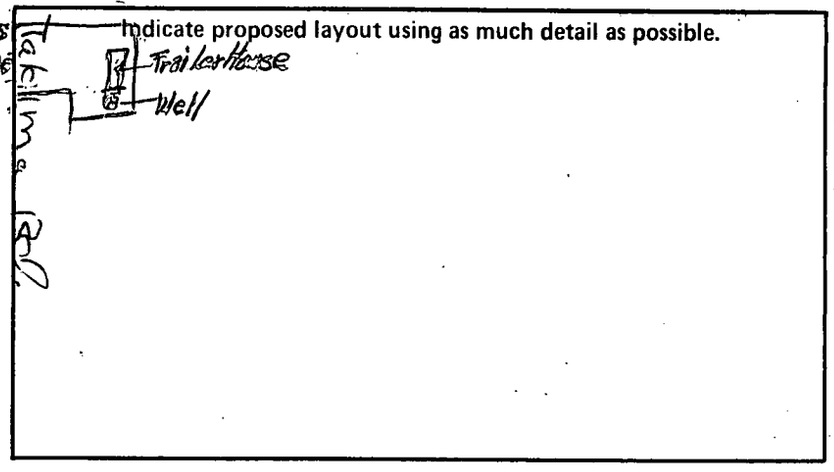
SEPTIC TANK SYSTEM REPAIR INFORMATION:

Septic tank material:
Steel ____ Concrete ____
Date installed: ____
Distribution box: Yes ____ No ____

Linear feet ____ Square Feet ____

Miscellaneous:
Depth to ground water ____
Topography(slope %) ____
Distance from water source ____
Date last pumped ____
Probable reason for failure ____

Indicate proposed layout using as much detail as possible.



Fee Schedule: new system $5.00 ✓ repair $2.00 ___ hook up to existing system $1.00 ___ privy $1.00 ___

Permit Fee Paid
$5.00 Cash
5-11-72

John C. Lewis
Signature of property owner

Checked by: NC 5-11-72
Clerk

Date Issued: 5-22-72

DO NOT WRITE BELOW THIS LINE

Domestic Sewage Disposal Permit: Approved ✓ Disapproved ___

C.D. Carlson 5-22-72
sanitarian date

Minimum septic tank capacity in gallons: 900
Trench ✓ square feet 570 width 36" length 190 depth 18" to 36"
Seepage bed ___ square feet 850 width ___ length ___ depth ___
Seepage pit ___ square feet ___ width ___ length ___ depth ___
Dry Well ___ square feet ___ width ___ length ___ depth ___
Privy

SPECIAL INSTRUCTIONS: ____

MOBILE HOME EXTERIOR PLUMBING SHALL COMPLY WITH ORS 446.125 and OAR 44.490

Individual Sewage Disposal System Approved NDC 5-30-72
sanitarian date

Mobile Home Plumbing Approved ____ ____
sanitarian date

Josephine County Health Dept.

RECORD OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name JOHN LEWIS Installer's Name LLOYD'S PLUMBING
Mailing Address 4615 TAKILMA RD Permit Number 1880
Property Address 4615 TAKILMA RD

Total Number: Living units ____ bedrooms 2 baths 1 basement: yes ____ no ____

Water Supply: public system ____ individual ✓ community ____

Septic Tank: distance from well NO WELL feet
total liquid capacity 900 gal.
inside width ____ ft.
liquid depth ____ ft.
Material CEMENT
Inside length ____ ft.
Inside depth ____ ft.

Tile Disposal Field (trench 1 ✓ or bed ____) Distribution Box? yes ____ no ____ other ____

Length of trench or bed 190 ft.
Total linear feet 190 ft.
Width of trench or bed 3 ft.
Total square footage 570 ft.
Distance between tile lines 9 ft.
Type of rock filler material CRUSHED ROCK
Depth rock over tile 2 ft.
Depth rock beneath tile 6 ft.
Grade boards used: yes ____ no ____

Seepage Pit: depth ____ width ____ length ____
square feet ____ lined(dry well) ____ or gravel filled(pit) ____

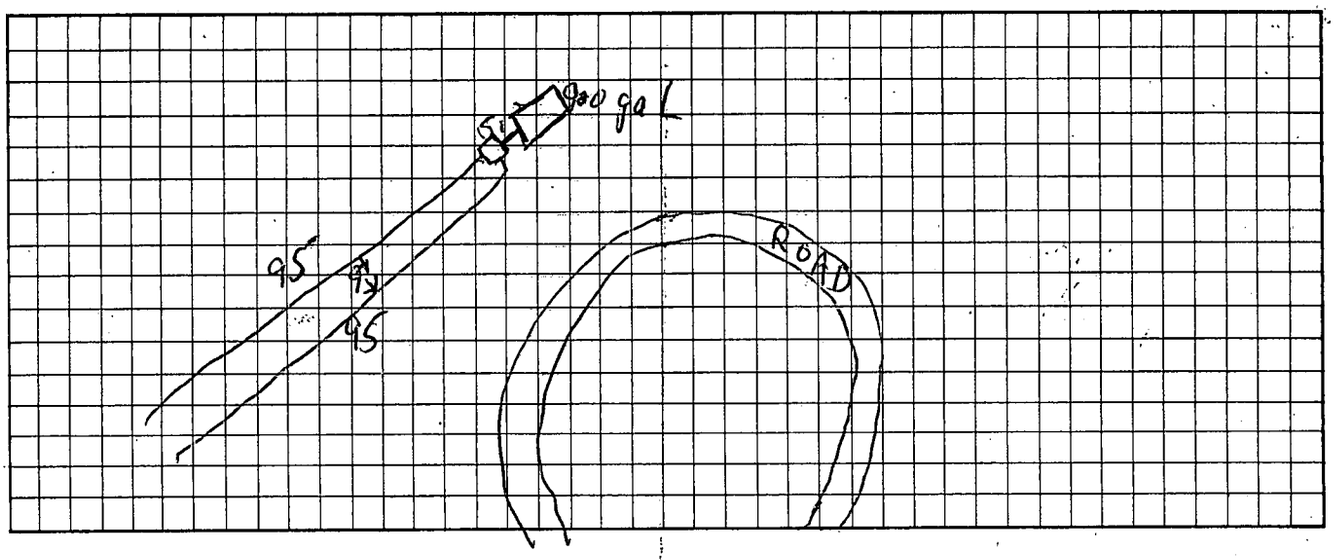
Privy: ground excavation: depth ____ width ____ length ____
cubic feet ____

Distance of well from subsurface disposal unit NO WELL ft.

Lloyd J Ingwalf 5-26-72
SIGNATURE OF INSTALLER DATE

DO NOT WRITE BELOW THIS LINE

SKETCH OF ACTUAL SYSTEM (Show cross section of dry well or seepage pit)



System meets all codes and apparently WILL ✓ WILL NOT ____ function satisfactorily and is therefore
APPROVED ✓ for occupancy. DISAPPROVED ____

Remarks: Covered without inspection [redacted]

5-30-72
Date

JOSEPHINE COUNTY HEALTH DEPARTMENT
C. D. Gonzales
Sanitarian

RECEIPT Date 2-21 1978 **4310**

Received From Robyn Formel

Address 4615 Yakima Rd.

Thirty-five and no/100 Dollars $35 00

For 1-Water/Sew. Test 20 00

1-Hook-Up 15 00

Co Health Dept.

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH	35	00
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

By

Redifprm

APPLICATION FOR HOOK-UP AND EXTENSION
OF EXISTING SUBSURFACE SEWAGE SYSTEM

Josephine County Health Department
Environmental Health Services
714 N.W. "A" Street
Grants Pass, Oregon 97526

4615 Takilma Rd. / C.J.

Legal Description: Township 40 Range 8 Sec. 2
Tax Lot 1902

The existing subsurface sewage disposal system was installed on 3-4yrs. (Date) under authority of the Josephine County Health Department, Permit Number _____, to serve a 3 bed (Number) bedroom dwelling or _____ (Number) individuals if a commercial establishment.

1. The current subsurface sewage disposal system consists of disposal trenches with a total length of ? feet and a septic tank with a 900 gallon capacity determined by _____ (measurement, pumping, records, etc.).

2. The last establishment served by the sewage disposal system was a:

   a) unknown bedroom dwelling (include all rooms built for use as bedrooms though actually used for other purposes such as for a den or sewing room).

   b) Other (please specify) _____ serving _____ individuals.

3. I propose to connect a:

   a) 3 Bedroom dwelling (include all rooms built for use as bedrooms through actually used for other purposes such as for a den or sewing room.

   b) Other (Please specify) _____ Serving _____ individuals.

I have no information that the existing subsurface sewage disposal system located on the property described above has failed by discharging sewage (including sink or laundry wastes) upon the ground surface or into any public water, by clogging or backing up, or in any other manner. Further, if it has ever failed, it was completely repaired, and it has operated continuously since the repair without another failure.

Applicants Signature Robyn Horner

Date 2/21/78

Applicants for Septic System Repair Permits

Name Eugene Pino / Robyn Hormel

Address (of system) 4615 Takilma Rd. Cave Jct.

To help our personnel better determine the reasons for the failure of your septic system, we request you answer as many of the following questions as you can.

1. How old is the existing system? 3 yrs
2. Is the septic tank: Concrete X Steel____ Other____.
3. Is there a drainfield? (Underground trenches containing rock.) Yes X No___.
4. Is there a dry well? (Hole lined with blocks, wood, ect. used following a septic tank) Yes____ No____.
5. Is there a cesspool? (A septic tank which has perforations to allow sewage to seep directly into the soil without use of a dry well or drainfield) Yes____ No____.
6. How many bedrooms are in the House? ____.
7. How many people live in the house? ____.
8. Does the system back up into the house? Yes____ No____.
9. Is sewage coming out onto the ground surface? Yes____ No____.
10. What time of year does the problem exist: Winter____ Summer____ Both____.
11. Have you had the septic tank pumped? Yes___ No___ If so when?_____
12. Have you had this system repaired in the past? Yes___ No X If so what was done. _____
13. Please use space below for any comments you feel might be helpful.