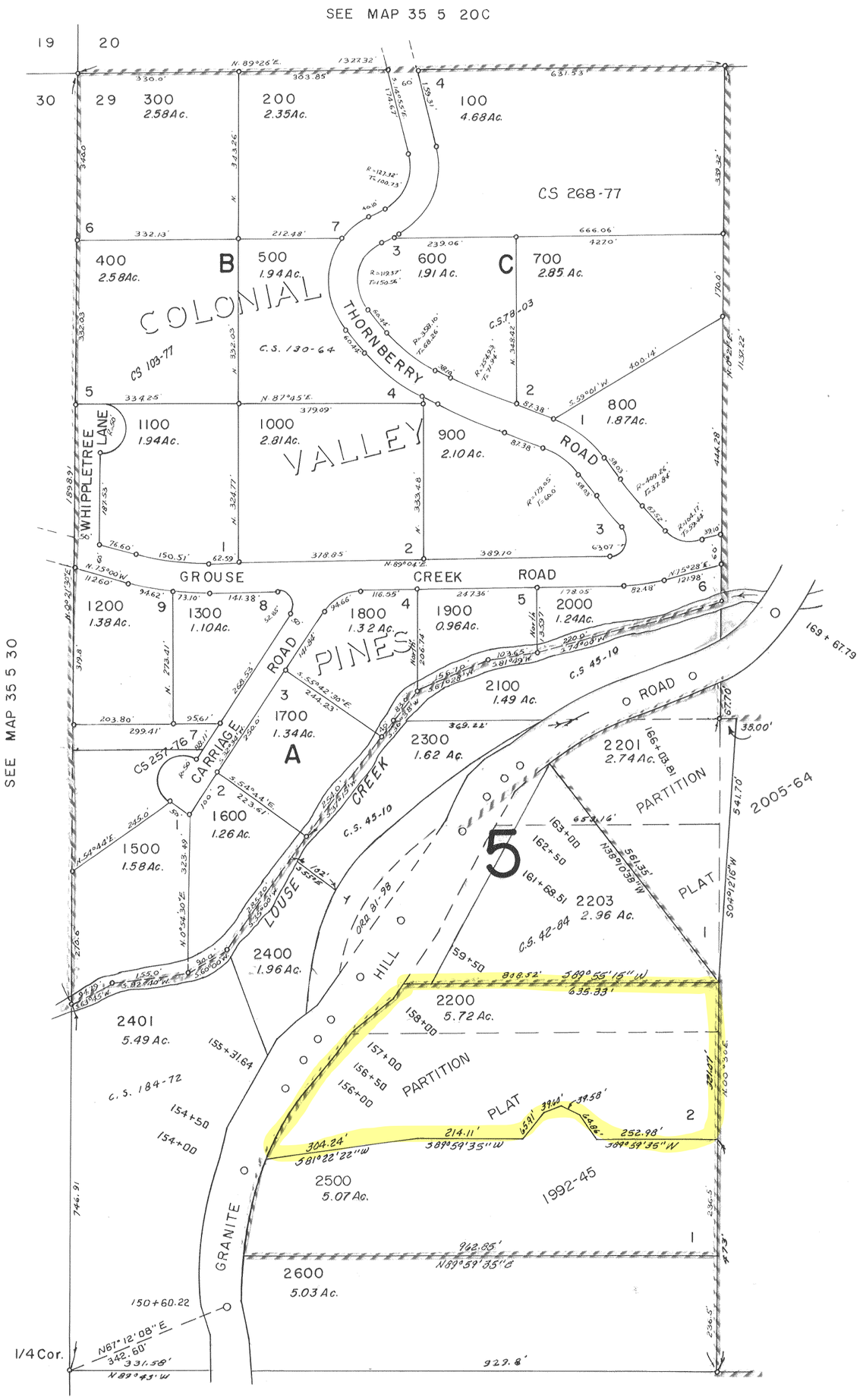
NW 1/4 SEC 29 T.35S. R.5W. W.M.
JOSEPHINE COUNTY

1" = 200'

This map was prepared for assessment purpose only.



1/4 Cor.

CANCELLED TL
1400
1401
2202-90
2290
2590

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE 2167
FEE: $275. CHECK: _____ CASH: _____
PERMIT NUMBER: 08-387

TWN: 35 **RNG:** 05 **SEC:** 29 **QQ:** B0 **TAXLOT** 2200
SITUS: 2575 GRANITE HILL RD **ACRES:** 5.72 **ZONE:** RR5

Applicant: J & L Builders **Applicant Phone:** 659-1235
Applicant Address:
Owner: WALGAMOT FAMILY TRUST WALGAMOT, FRANK U
Owner Address: 2575 GRANITE HILL RD GRANTS PASS, OR 97526-9749

SPECIAL REQUIREMENTS

YES	NO	
☐	☐	Assigned Situs/Space Number_____ Address Card___
☐	☒	County Road*___ State Highway*___ Other/NA___ Access Permit in File___
☐	☒	Violation - Development Permit to resolve violation(s)_____Comment:
☐	☒	Approximate Flood Hazard Area - Professional Certificate in File___ NA___ Reason:
☐	☒	Floodway Fringe - Base Flood Elevation_____ft. NA___ Reason:
☐	☒	Floodway - Approved Engineer's "No-Rise" Study in File___ NA___ Reason:
☐	☒	LOMA (Letter of Map Amendment) on file
☐	☒	Scenic Waterway - BLM Authorization in File___
☐	☒	Stream - Name_____ Class 1 Stream ___ Class 2 Stream___
☐	☒	Wetland - Division of State Lands Authorization in File___ NA___ Reason:
☐	☒	Nesting Site - ODF&W Authorization in File____NA____Reason:
☐	☒	Erosion Hazard - Plan in File_____NA_____Reason:
☐	☒	Fire Hazard - Plan in File_____NA_____Reason:
☐	☒	Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File___
☐	☒	Airport Overlay - Declaration in File ___ NA ___ Reason:
☐	☒	Enterprise Zone
☐	☒	Historical - Historical Committee Review___
☐	☒	Part of Total - map no. : Acres:
☐	☐	Site Review Conditions - Comment:

EXISTING STRUCTURES

ROOF COVER COMP SHINGLE
MAIN.AREA (2 BEDROOMS)
DECK FIR
GARAGE ATTACHED
CONCRETE FLAT WORK

PROPOSAL

Proposed is a 19' x 16' living room addition to the existing dwelling.

SETBACKS

Front Setback: 30
Side Setback: 10
Rear Setback: 25
Stream Setback: NA
Height: 35 ft.

Additional Terms:

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

Signature: _____ **Date:** 6-13-08
Contractor Name: J & L Builders **License#:** 131622
Approved: _____ **Date:** 6-13-08

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

PLOT PLAN

35-05-29-BO TL 2200

MR. & MRS. WALGAMOT
2575 GRANITE HILL RD.

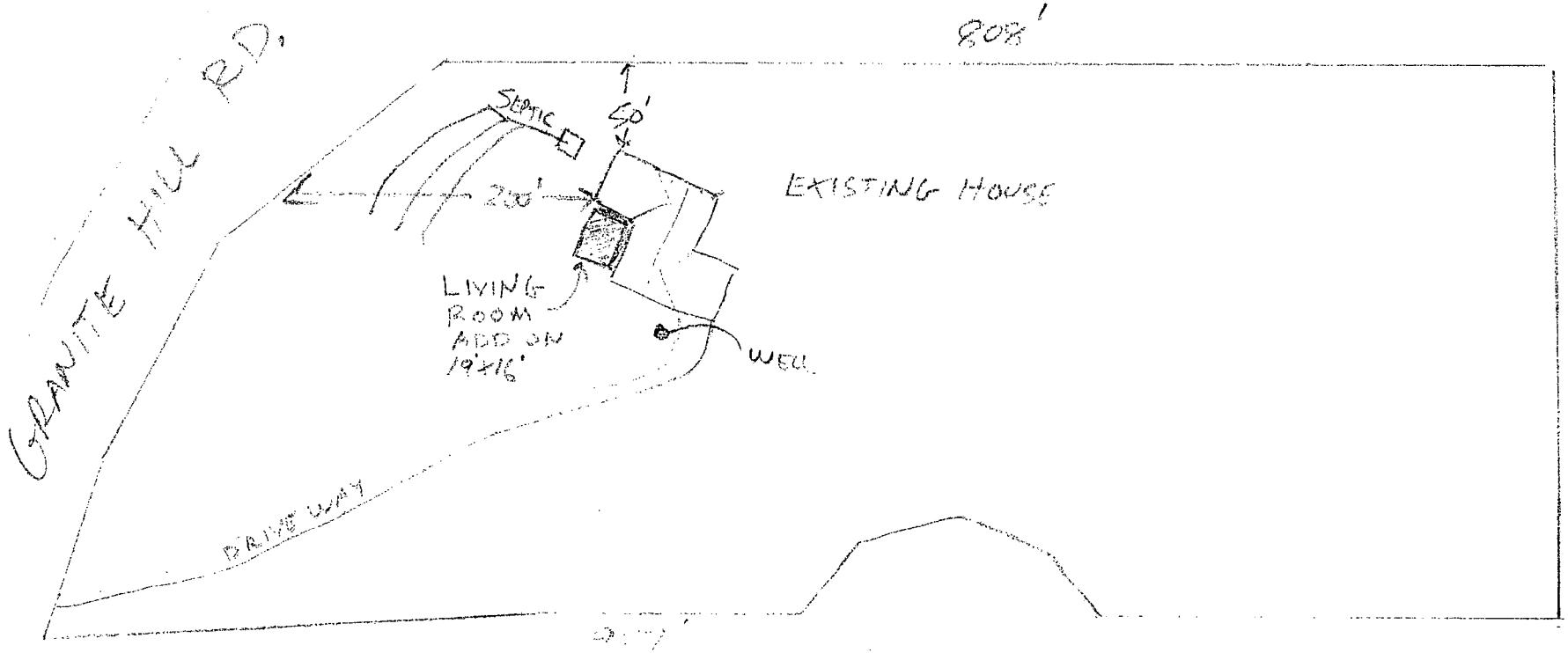
STRUCTURE LOCATION
ZONE RR MINIMUN SETBACKS
FRONT 30 SIDE 10
REAR 25 CENTERLINE
STREAM N/A
PLANNER Rogel

NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

06/13/08
Applicant Signature / Date

DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH



J & L Builders, Inc.
P.O. Box 936
Grants Pass, OR 97528

N

1" = 400' APPROX

6-12-08

JOSEPHINE COUNTY DEVELOPMENT PERMIT

FEE: $25 — CHECK: 0311 CASH: ____

PREVIOUS PERMIT #: ____

T 35 R 5 SEC 29 - 2 TL 2200 ZONE: RR-5

OWNER: Frank + Shigeko Walgamot PHONE: ____

MAILING ADDRESS: 2575 Granite Hill RD GP

SPECIAL REQUIREMENTS

YES	NO	
☐	☑	Identified Wetland. 30 Day Notice to Oregon Division of State Lands Required (____).
☐	☑	Non-Surveyed Flood Hazard (Zone A). Professional Certificate in File (____).
☐	☑	Flood Plain Hazard. Required Homesite Elevation is one foot above _____ feet.
☐	☑	Floodway Hazard. Approved Engineer's "No-Rise" Study is in File (____).
☐	☑	Scenic Waterway Restriction. BLM Authorization in File (____).
☐	☑	Overlay Restrictions: 50' Firebreak (___) 1500' Aggregate Setback (___) Erosion Control Plan (___).
☐	☑	Stream Setback: 50' from Class I Stream Bank (____) 25' from Class II Stream Bank (____).
☑		House Number (2575) Sign Posted at County Right-of-Way.
☐	☑	Surfaced Driveway Required *(Urban Area Only)*.
☐	☐	Site Review Conditions Part of This Permit.

DEVELOPMENT	EXISTING	PROPOSED
Vacant Land: ☐ Yes ☐ No	Parcel Size: 5.72	Bldg. Height: ____
Conventional Residence	☑ ____ BR 3	☐ ____ BR 3
Manufactured Housing	☐ ____ BR ____	☐ ____ BR ____
Garage	☐ ____	☐ ____
Addition to Exist Bldg		☑ converting living room
Home Occupation	☐ ____	☐ to master bedroom
Resource Bldg	☐ ____	☐ + bath
Multi-Family	☐ ____	☐ ____
Commercial	☐ ____	☐ ____
Industrial	☐ ____	☐ ____
Other	☑ deck, shed	☐ ____

SETBACK REQUIREMENTS: Front: ____ Side: ____ Rear: ____ Street Centerline: ____

ADDITIONAL TERMS: * Changing walls around - no added square footage

ACCESS: ☐ Private ☐ Private Maint County Rd ☐ Non-Maint County Rd ☐ Maint County Rd* ☐ State Highway*

**Access permit required from County Public Works Dept or State Highway Division*

OTHER PERMITS REQUIRED: *ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING & SAFETY AND ENVIRONMENTAL QUALITY.*

☞ **FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.**

Signature: ____ ☐ Owner ☒ Contractor (Lic # 131622)

Approved: Terri Dunbar Date: 8-3-00

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

THIS PERMIT EXPIRES ON: 8-3-01 PERMIT #: 00-684 (Rev. 1/99)

COPIES: *WHITE*—Planning ■ *CANARY*—Dept Environmental Quality ■ *PINK*—Bldg & Safety ■ *GOLDENROD*—Applicant

T 35 R 5 SEC 29 - 2 TL 2200 Address 2575 Granite Hill Rd

NON-BEDROOM ADDITION

I / We certify this addition or alteration will not result in additional bedrooms or sewage flow. No structure will be within 5' of the septic tank or 10' of the drainfield. The septic system is not surfacing, failing, or malfunctioning.

Applicant Signature

Date 8-3-00 Attached bedroom only

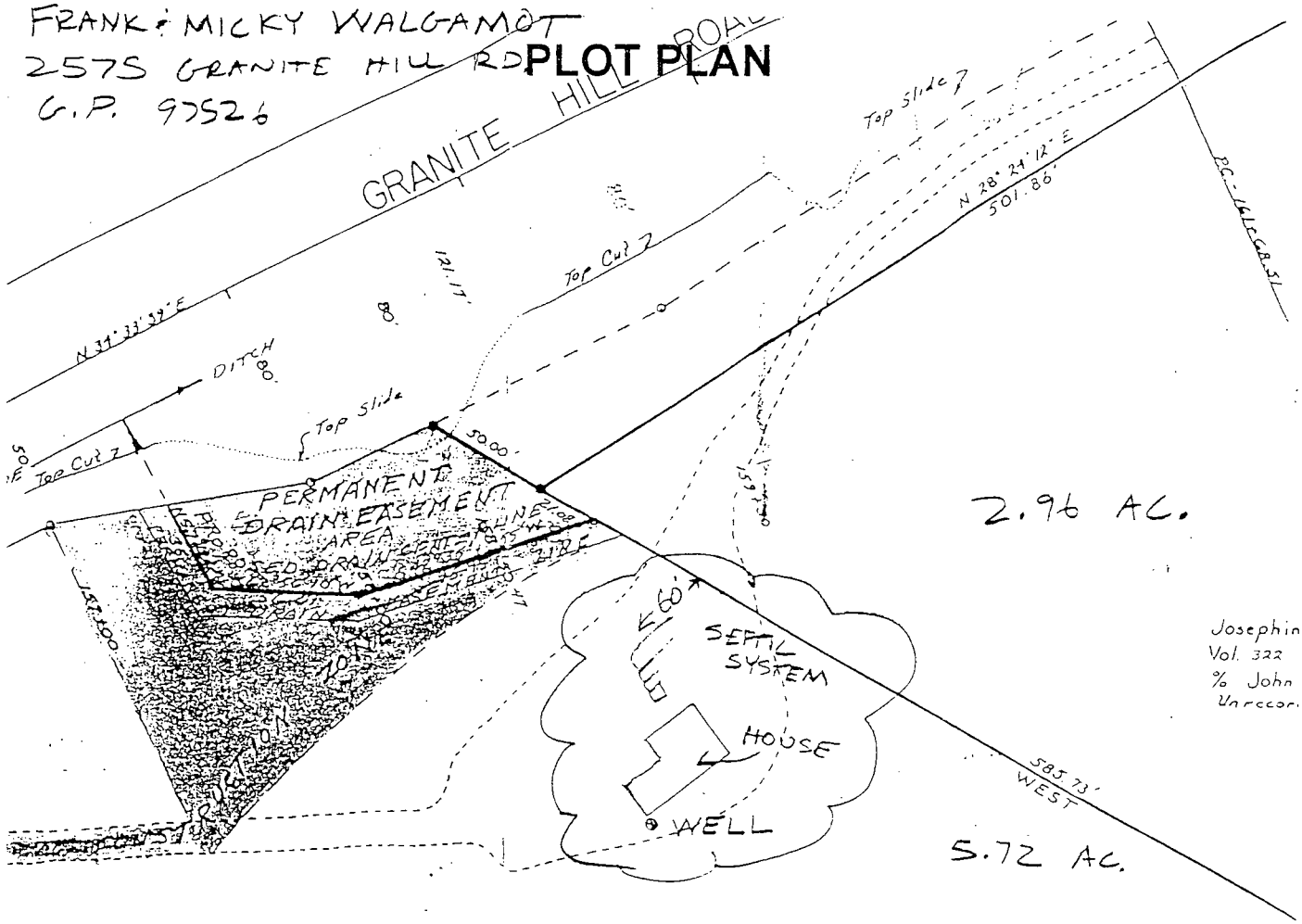
DEPT. OF ENVIRONMENTAL QUALITY
GRANTS PASS BRANCH

DATE: 8-3.00 T 35, R 5, SEC 29-2, TL# 2200

NAME: Walgamot ADDRESS: 25-75 Granite Hill

FRANK & MICKY WALGAMOT
2575 GRANITE HILL RD
G.P. 97526

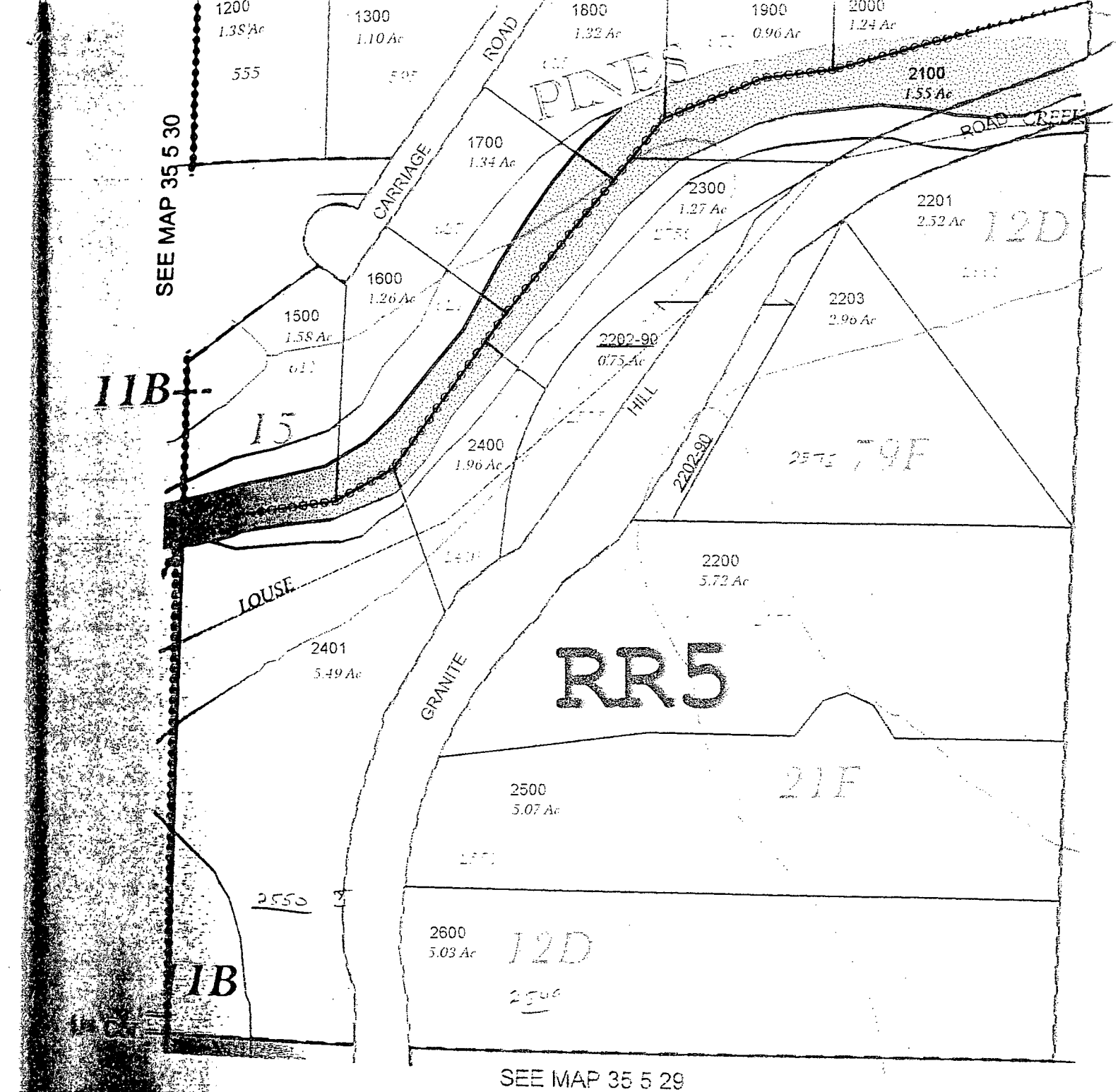
PLOT PLAN



PLAT

STRUCTURE LOCATION:
ZONE R.R.5 MINIMUM SETBACKS:
FRONT 30' SIDE 10'
REAR 25' CENTERLINE 60'
STREAM
PLANNER SIGNATURE:

S:\PLANALL\FORMS\DPDEOMAP.WPD



AIRPORT ZONE(S): NONE
FEMA: 227
TOPO: SEXTON MTN. & GRANTS PASS
CAC: COLONIAL VALLEY
G:\planning\maps\Vcounter\3505\3505292.apr 6/16/97 mds

...ATION FOR SUBSURFACE SEWAGE DISPOSAL PERMIT

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

PERMIT NO.

INSTALLATION LOCATION 2575 GRANITE HILL RD.

ZONE CLEARANCE 79-72 V

(S.E.'s 2644 & 3950)

№ 10378

4/4/79 ~~#7483~~ # 7483
Date Permit # Site Eval. # Old Permit #

PROPERTY OWNER LAAR, John — Disapproved 474-1289

MAILING ADDRESS 2575 Granite Hill Rd., Grants Pass, OR — Issued — TELEPHONE 97526 ZIP

INSTALLATION ADDRESS 2575 GRANITE HILL ROAD — Expires

DESCRIPTION OF PROPERTY T 35 R 5 SEC 29-2 TL ~~2202~~ 2202 (Sew. Syst. on TL 2202)
Acreage ~~3.71~~ 5.61 Subd. ____ Lot ____ Blk ____ Installed

PERMIT REQUESTED New XX Repair ____ Hook-Up ____ Other ____

BUILDING INFORM. Home XX Mobile Home ____ No. of Bdrms. 3
Commercial ____ No. Employees ____ Other ____

PROPOSED WATER SUPPLY Private XX Community ____ Public ____ Other ____

$25.00 Ck. 4/5/79 fa
Permit Fee Paid / Clerk / Date

Applicants Signature

SUBSURFACE SEWAGE DISPOSAL PERMIT: **Approved ✓ Disapproved ____

MINIMUM SEPTIC TANK CAPACITY IN GALLONS: 1000

TRENCHES: Square Feet 480 Width 24" Length 240 Depth 24-30"
Equal ____ Loop ____ Serial ✓

3/5/79
Date of Issue

O.D. Costanzo 3-5-79
Sanitarian Date

THIS PERMIT EXPIRES ON: 3/5/80

**SPECIAL INSTRUCTIONS AND CONDITIONS: Maximum size dwelling allowed is 2 bedroom!

DATE INSTALLATION APPROVED 4-24-79 SIGNED O.D. Costanzo

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.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

SUBSURFACE SEWAGE SYSTEM
CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner John Laar — Permit Number 10378

T. 35 R. 5 Sec. 29-2 Tax Lot/Acct. No. 2202 — Date of Final Insp. 4-24-79

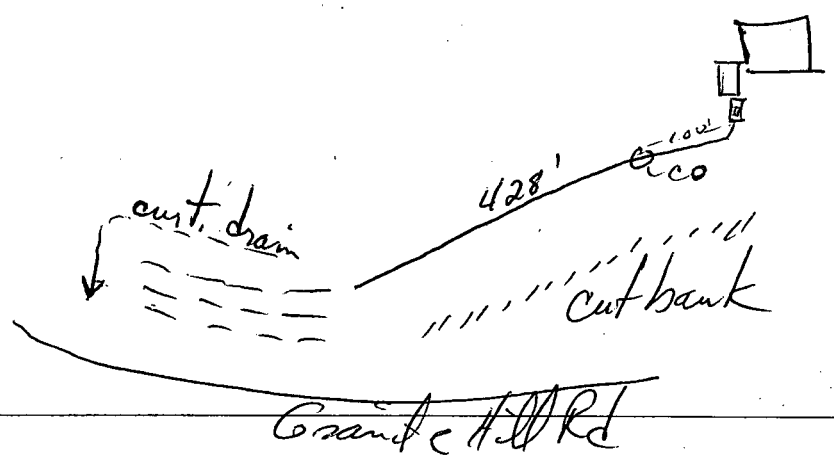
Loc./Road 2575 Granite Hill Rd — Approved By C.D. Costanzo

Installer Dunbey — Title RS

Disposal Trenches: _____ Square Ft. _____ Lineal Ft.

Tank Size: 1000 Gallons. System Designed to Serve 2 bedroom Maximum !!

Plot Plan:



DEQ/WQ-402 1/78

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM INSTALLATION

The Inspection of this Subsurface Sewage System has Produced the Following Violations: ① Need utility easement for sewage system on next lot ② Need gravel to ground surface on cut/drain drain in area of surface drain (see drawing)

Under the provisions of the OREGON ADMINISTRATIVE RULES, all violations listed above must be corrected and a **CERTIFICATE OF SATISFACTORY COMPLETION** must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 10378

INSPECTION:

TIME 2:30

DATE 5-5-79

BY C.D. Costanzo
(SIGNATURE)

CONTACT: Chuck Costanzo
476-8881
Ext 333

DEQ/WQ-402A 1/78

SP*54380-340

JOSEPHINE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH SERVICES

RECORD OF SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer:

Permit Issued to: Name _____ Installer's Name Ed Overbay
Mailing Address _____ Permit Number 10378
_____ Property Address 2575 Granite Hill Rd

Total Number: Living units _____ bedrooms _____ baths _____ basement: yes _____ no _____

Water Supply: Public system _____ individual _____ community _____

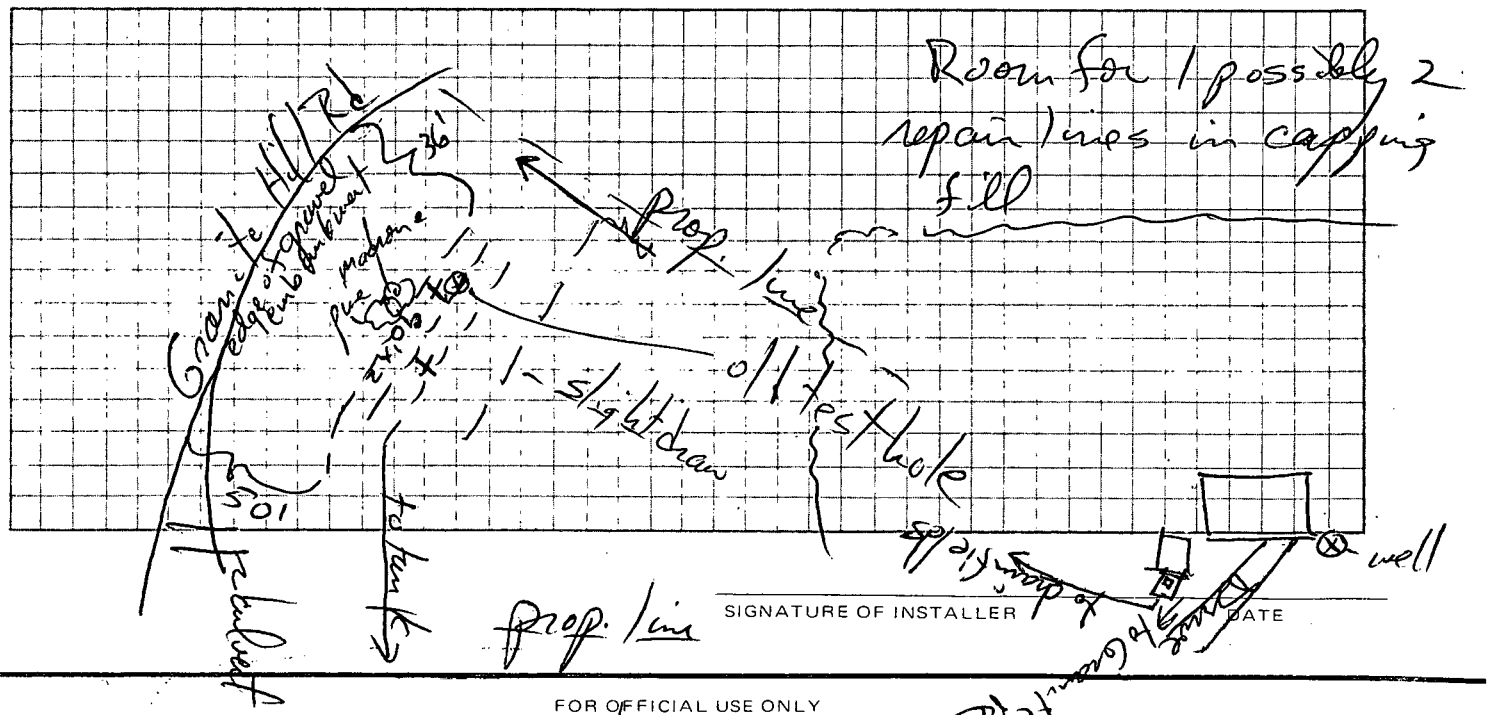
Septic Tank: Distance from well _____ feet Material Conc
Total liquid capacity 1000 gal.

Drainfield: Total linear feet _____ ft.
Total square footage _____ ft.
Width of trench or bed _____ ft.
Distance between drain lines _____ ft.
Type of rock filter material _____
Depth rock over drain line _____ in.
Depth rock beneath drain line _____ in.
Transit used: yes _____ no _____
Distance of well from subsurface disposal unit _____ ft.

Seepage Pit: Depth _____ width _____ length _____
Square feet _____ lined (dry well) _____ or gravel filled (pit) _____

Privy: Ground Excavation: depth _____ width _____ length _____
Cubic feet _____

SKETCH OF ACTUAL SYSTEM AS CONSTRUCTED



SIGNATURE OF INSTALLER DATE

FOR OFFICIAL USE ONLY

System meets all codes and apparently WILL ✓ 4/24/79 WILL NOT _____ function satisfactorily and is therefore APPROVED _____ for occupancy. DISAPPROVED _____

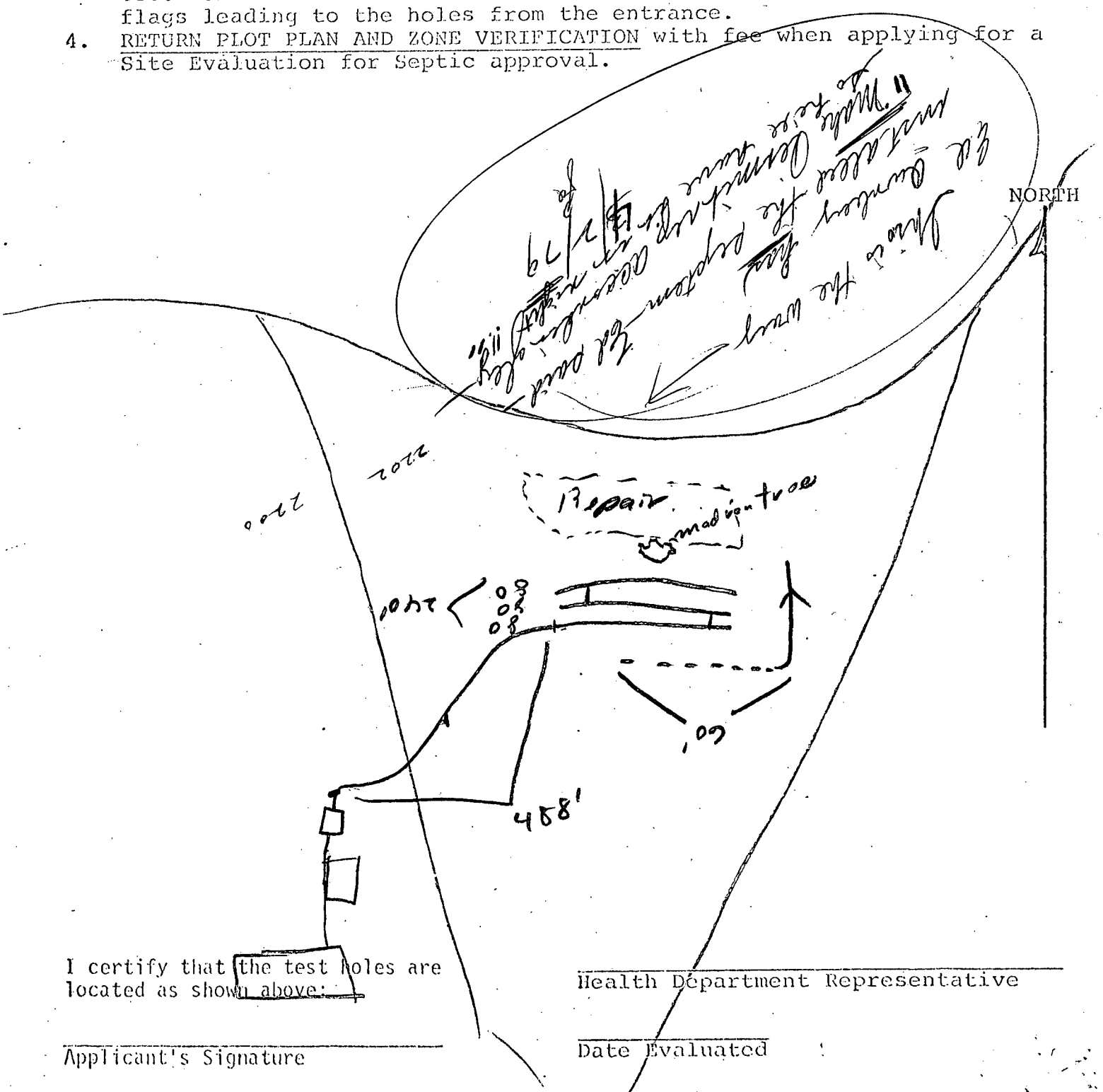
Remarks ① No utility easement ② bring gravel to ground surface on portion drain in area of 5 light drain ③ System was installed before permit was issued ④ 14" + gravel all lines ⑤

date 4-5-79 Sanitarian _____

P L O T P L A N

INSTRUCTIONS:

1. DRAW A DIAGRAM OF YOUR PROPERTY in the space provided below, showing lot shape, keeping it directional; showing the location of the test-holes and any existing or proposed wells, driveways, streams, existing structures, or anything else that would have any bearing on the septic system. (Test holes must be a minimum of 6 ft. deep and within 75 ft. of each other.)
2. SHOW THE DISTANCE from two adjacent property lines to one of the test-holes and the distance between the test-holes.
3. FLAG THE ENTRANCE to the property and all test holes with flagging provided. Put your name on flagging at the property entrance. If test holes are hard to locate because of brush, distance, etc., place flags leading to the holes from the entrance.
4. RETURN PLOT PLAN AND ZONE VERIFICATION with fee when applying for a Site Evaluation for Septic approval.



I certify that the test holes are located as shown above:

Applicant's Signature

Date Submitted

Health Department Representative

Date Evaluated

Site No. _____ Permit No. _____

EASEMENT AGREEMENT

16469

THIS AGREEMENT, made this 3 day of April, 19 79, by and between John Laar & Barbara Ellen Laar, grantors and John Laar & Barbara Ellen Laar grantees;

WHEREAS, grantees are the owners of the following described real property in Josephine County, Oregon, to-wit:

#35-5-sec29-B TL#2200

The grantors, in consideration of ONE DOLLAR ($1.00) and other valuable consideration, receipt of which is hereby acknowledged, do hereby grant and convey to the grantees, their heirs, successors and assigns, a nonexclusive easement, subject to liens and encumbrances of record, in the following described real property in Josephine County, Oregon, to-wit:

35-5-sec 29B TL#2202

for the construction, maintenance, use and repair of an individual water-carried subsurface sewage disposal system (hereinafter called "system") appurtenant to the above-described property of grantees.

Grantors, for themselves and their heirs, successors and assigns, covenant and agree to and with the grantees, their heirs, successors and assigns, that the above-described property

of grantors shall not be used for any purpose detrimental to said system or contrary to laws and rules of governmental agencies applicable or related to said system.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first hereinabove written.

same as Grantee — John Lair

same as Grantees — Barbara Lair

(Grantors) (Grantees)

STATE OF OREGON)
County of Josephine) ss.
April 4, 1979)

Personally appeared the above-named John Lair & Barbara Lair, grantors, and acknowledged the foregoing instrument to be their voluntary act. Before me:

GWENDOLYN A. MOOTZ
NOTARY PUBLIC — OREGON
My Commission Expires 12/6/80

Gwendolyn A. Mootz
Notary Public for Oregon
My commission expires: 12/6/80

STATE OF OREGON)
County of _____) ss.
_____, 19__)

Personally appeared the above-named _____, grantees, and acknowledged the foregoing instrument to be their voluntary act. Before me:

_____
Notary Public for Oregon
My commission expires:

16469

State of Oregon, County of Josephine,) ss. No. .....
I, County Clerk and ex-officio Recorder of Conveyances, in and for said County, do hereby certify that the within instrument was received for record at

APR 5 '79 AM

and Recorded at Page ..... of Vol. DEED Records of Josephine County, Oregon.

COUNTY CLERK
JOSEPHINE COUNTY OREGON

MAXINE FOSTER Co. Clerk

By Lucia Lyga Deputy

Fee $ 4.00

20M

tarian Date _____

m/m Lair
2575 Granite Hill Road
Grants Pass, Oregon

2 CP 1104 S

APPLICATION FOR DOMESTIC SEWAGE DISPOSAL PERMIT

PERMIT № 7483

Josephine County Health Department

Street address of installation (If no street address, describe specific location) Granite Hill Rd

Property Owner: Jack Baker Telephone: 862-2464

Mailing Address: 1025 (street) Board Shanty Crk Rd, (city) G.P. (State)

DESCRIPTION OF PROPERTY: Township 35 Range 5 Section 29 Subsection ____ Code ____
(attach copy of assessor's map)

Tax Lot Number: 2201 Name of Subdivision: ____

Building site area in acres: 5 Dimensions of building site: Width ____ Depth ____

PROPOSED WATER SUPPLY: Individual — Well (drilled ✓ driven ____ dug ____) Surface ____ Spring ____
Public: City ____ Community System (name) ____

BUILDING INFORMATION: Home ✓ Mobile Home ____ Number of Bedrooms 3
FHA or VA insured loan — yes ____ no ____ Commercial (type): ____
Garbage disposal unit — yes ____ no ____ Industrial (type): ____

SITE INFORMATION:	*Acceptable	Unacceptable
1. Free Water Level		
2. Slope		
3. Soil Type		
4. Restrictive Layer		
5. Available Area		
6. Distances		
7. Other		
Other		

Indicate proposed layout using as much detail as possible.

Invalid due to to road widening
CDC

THIS PERMIT MUST BE POSTED ON BUILDING SITE

$50.00 ✓
Fee Schedule: new system ~~$5.00~~ ____ repair $2.00 ____ hook up to existing system $1.00 ____ privy $1.00 ____
Renewal $5.00 ____ $2.00 ____ Original Number ____

Permit Fee Paid $50.00 (RS) ck 1-3-77

X Jack Baker
Signature of Applicant

Checked by: MS $50.00
Clerk

Date issued: 1-11-77

Do Not Write Below This Line

Domestic Sewage Disposal Permit: Approved X Disapproved ____ C D Cox 1/10/77
sanitarian date

Minimum septic tank capacity in gallons: 900 (recommend larger tank)
Trench X square feet 600 width 24" length 300 depth 24"to36" **This PERMIT Expires On:**
Equal ____ Loop ____ Serial ✓
Seepage bed— square feet ____ width ____ length ____ depth ____ 1-11-78
Seepage pit — cubic feet ____ width ____ length ____ depth ____ **READ OTHER SIDE OF THIS PERMIT**

***SPECIAL INSTRUCTIONS and CONDITIONS:** Install drainfields @ test holes 3 & 4 as shown on plot plan

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

Individual Sewage Disposal System Approved ____ C D Cox 1/10/77
sanitarian date

Mobile Home Plumbing Approved ____
sanitarian date

ZONING CLEARANCE PERMIT

Josephine County, Oregon

Date 27 Dec 76 Zoned Area V

Owner Baker, Jack

Mailing Address 1025 Board Shanty Cr Rd

Property Description

Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29-2 Tax Lot 2201

Size or Lot-Width Var Depth Var Total Area 5 Ac

Fronting on Granite Hill Road

Proposed Use

Residential one only If mobile home, state size _____

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.

Jack Baker
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:

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

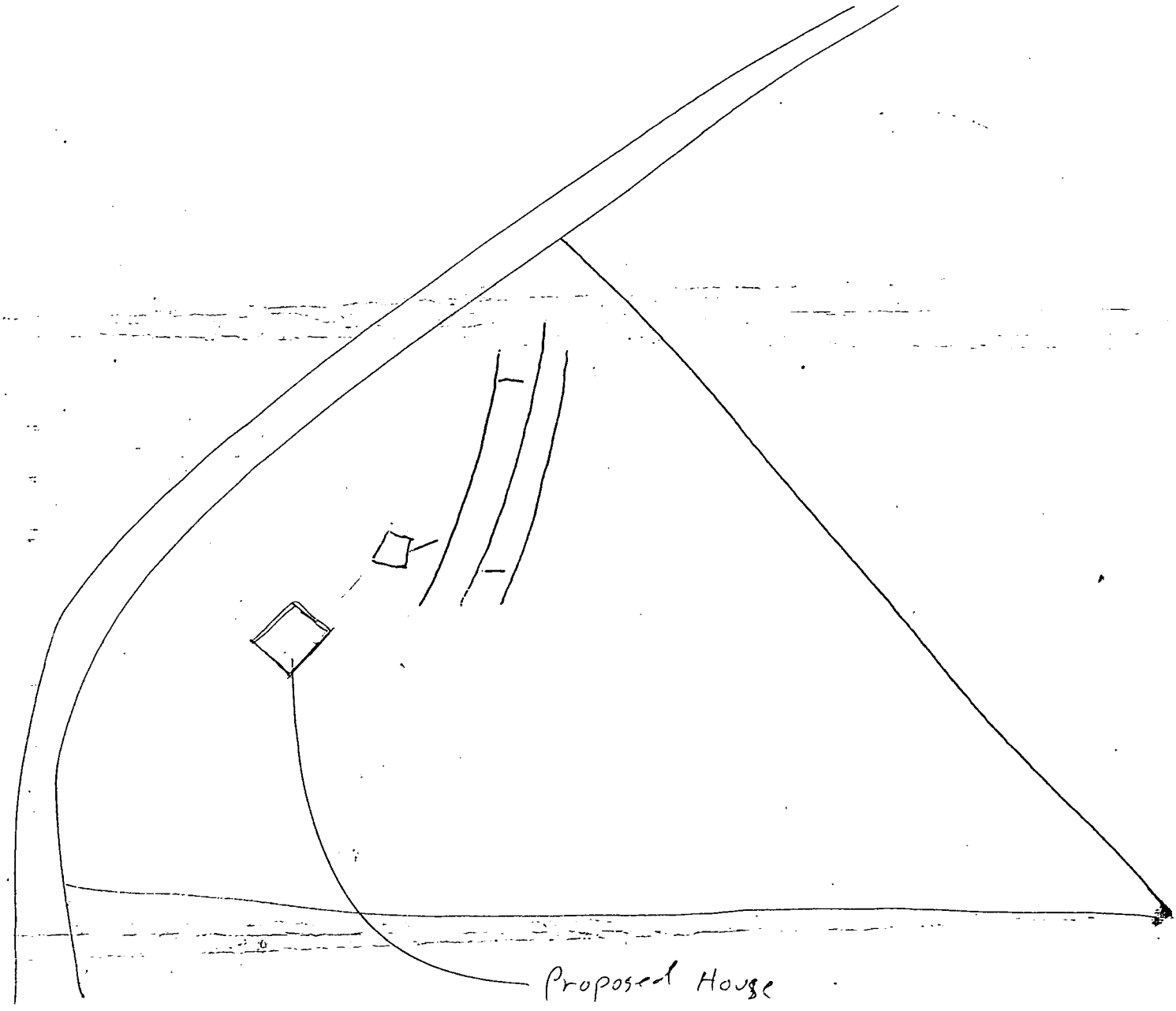
60 From Center Line of Road 20 From Rear Property Line

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

Approved by: Wray A Myers

No. 1104

PLOT PLAN



NORTH *

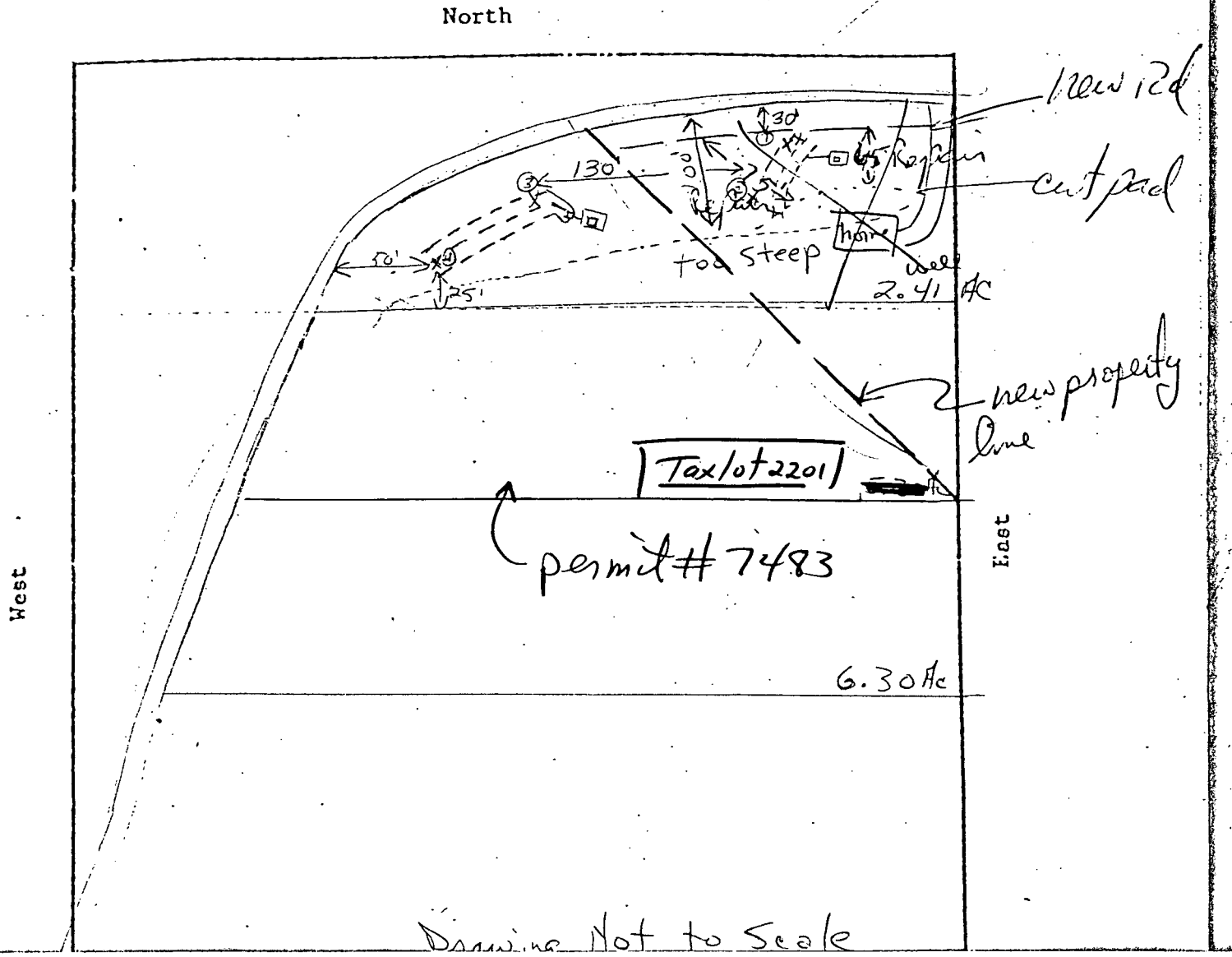
(* SHOW DIRECTION)

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 _____

JOSEPHINE COUNTY HEALTH DEPARTMENT

THE FOLLOWING IS A PLOT PREPARED BY THE HEALTH DEPARTMENT AND SHOWS THE LOCATION OF WHERE YOUR SEPTIC TANK SYSTEM SHOULD BE INSTALLED. IF THERE IS ANY QUESTION, PLEASE CONTACT THE APPROPRIATE REPRESENTATIVE AND HE WILL DISCUSS REASONS FOR THE RECOMMENDED LOCATION. SEE PERMIT FOR SPECIFIC INSTRUCTIONS.



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.

Install drainfields at test holes #3 & 4

CDC 1/10/77

JOSEPHINE COUNTY HEALTH DEPT
714 N.W. 'A' Street
Grants Pass, Oregon 97526

NOV 20 1975

VERIFICATION OF ZONING PROVISIONS*

Josephine County, Oregon

Date 3 Nov 75 Zoned Area V

Owner Withers, W D

Mailing Address c/o 505 NE "M" St. G.P.

Property Description

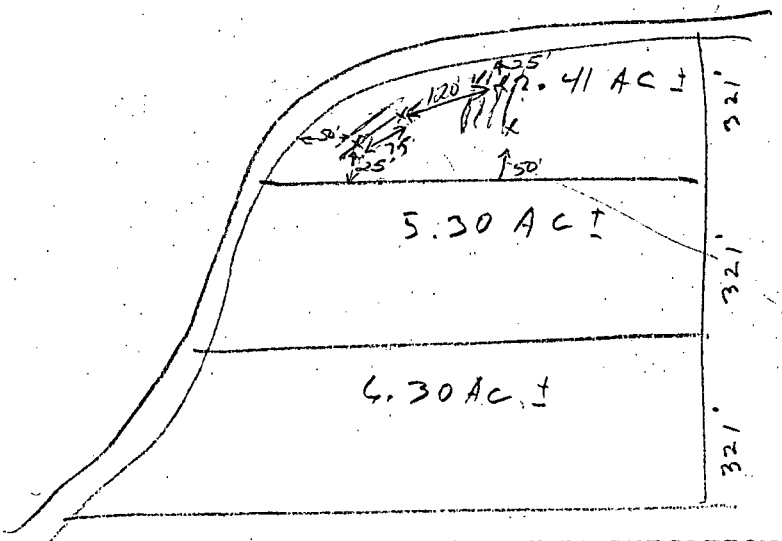
Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29 B Tax Lot 2200

Existing Lot-Width Var Depth Var Total Area 13.76 Ac

Fronting on Granite Hill Rd

Number of Proposed Lots 3 Existing Residence: yes ____ no X



ALL PROPOSED LOTS TO RECEIVE SITE INVESTIGATIONS.

Proposed Lot Plan

W D Withers by W D Withers
Signature of Applicant
W.D Withers

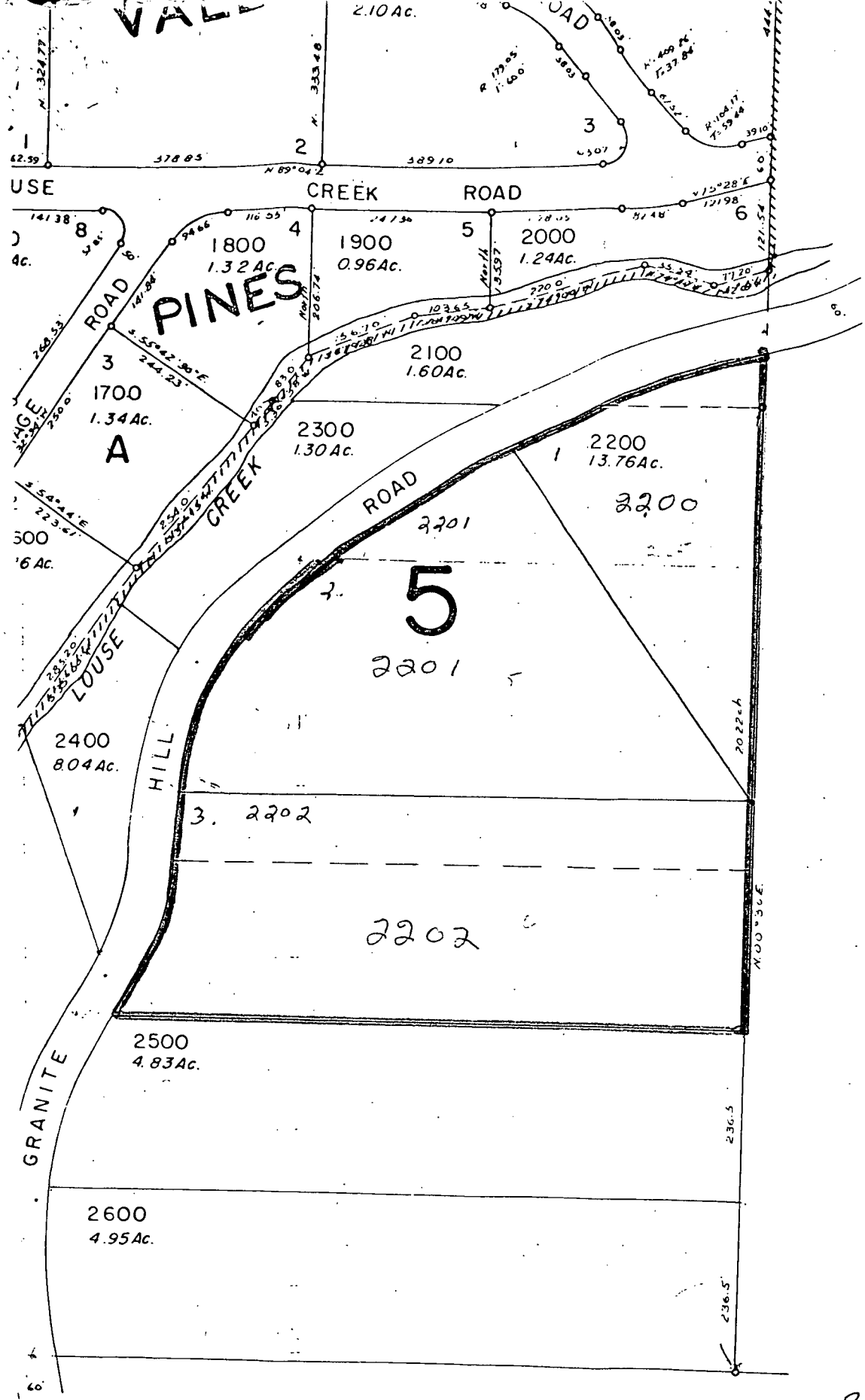
District Classification SR-5 Min. Road Frontage 25 ft

Min. Lot Size 5 Ac Min. Lot Width at Building Line 300 ft

Approved By: Tony A Marshall

* FOR SITE INVESTIGATION ONLY

No. 279



SEE MAP 35 5 29

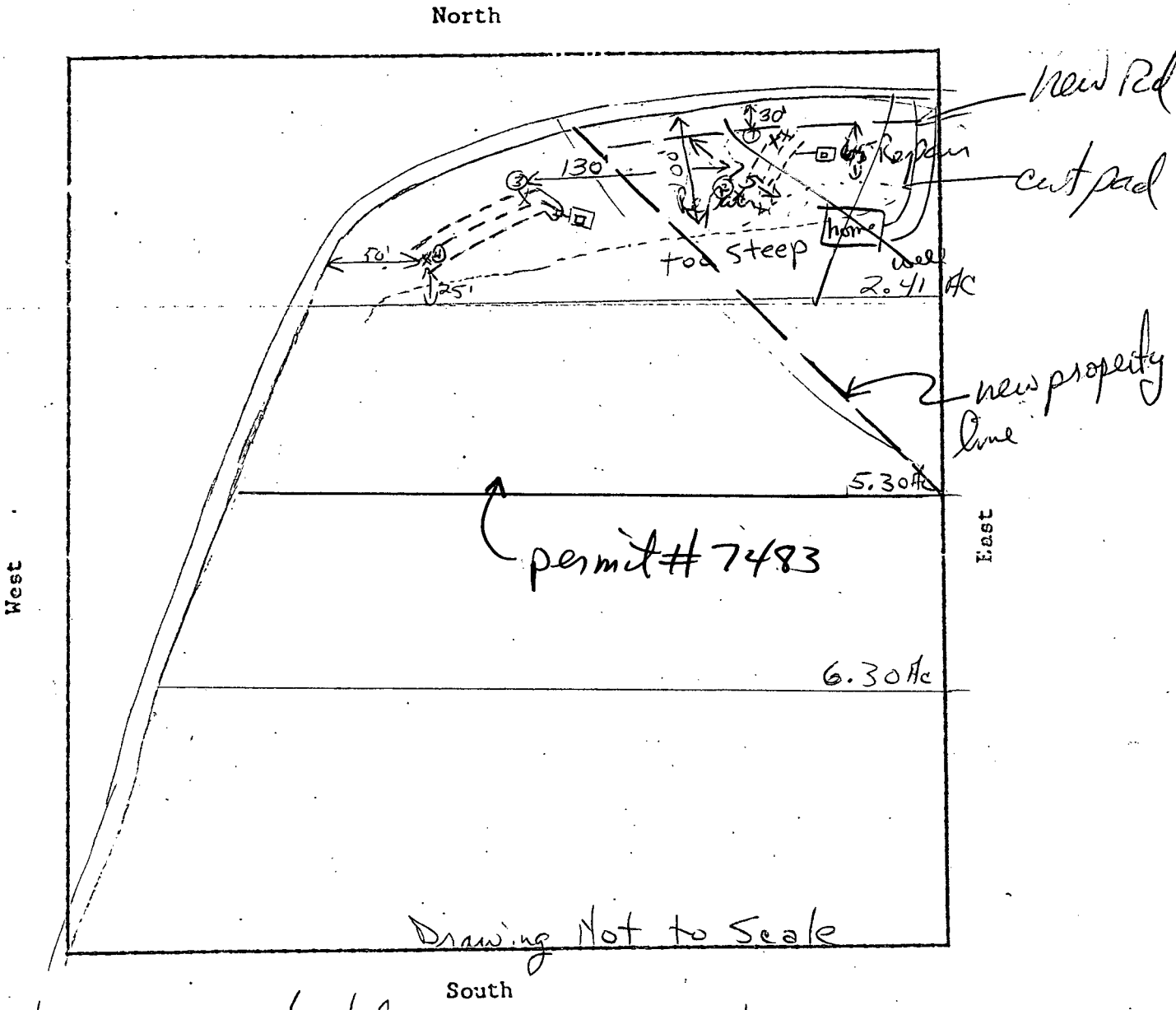
35-5-29 B

THIS SKETCH IS FOR LOCATION PURPOSES ONLY AND NO LIABILITY IS ASSUMED FOR ANY VARIATIONS DETERMINED BY SURVEY

JOSEPHINE COUNTY TITLE CO.

JOSEPHINE COUNTY HEALTH DEPARTMENT

THE FOLLOWING IS A PLOT PREPARED BY THE HEALTH DEPARTMENT AND SHOWS THE LOCATION OF WHERE YOUR SEPTIC TANK SYSTEM SHOULD BE INSTALLED. IF THERE IS ANY QUESTION, PLEASE CONTACT THE APPROPRIATE REPRESENTATIVE AND HE WILL DISCUSS REASONS FOR THE RECOMMENDED LOCATION. SEE PERMIT FOR SPECIFIC INSTRUCTIONS.



Two sites were evaluated but only one was approved with this report. Sewage system can be located one of two places shown above #3 or 4

CD 1/10/77

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.

CD Costanzo
Health Department Representative

Date

PERMIT NO. _____

LWD-20 7-24-73

ZCP II 1105

DO NOT WRITE IN THIS SPACE

NUMBER: HD___ PRIVATE___

Nº 3950

SITE INVESTIGATION

Josephine County Health Dept.

Date 1-5-77

Name of Property Owner Jack Baker Phone 862-2464

Mailing Address of Property Owner 1025 Board Shanty Cr Rd G.P.

Name of Developer ____ Phone ____

Mailing Address of Developer ____

General Directions to Development, Including Landmarks Granite Hill Rd plot on back of ZCP (2,964 sq. ft. Now 2203)

(attach copy of assessor's map) Township 35 Range 5 Section 29-2 Tax Lot Number ~~3502~~ 2203

Metes and Bounds, if Part of a Tax Lot 10/14/87 - per ASSESSORS OFFICE - LOT # CANCELLED AS of MARCH '79 - 2.96 ACRES WENT TO TL 2203, - (BALANCE TO County Road. (As of April '82.)

Total Acreage 6ac Dimensions ____

Number of Building Sites Desired ____ Number of Mobile Home Spaces Desired ____

Source of Water Supply: Individual – Well (drilled___ driven___ dug___) Surface___ Spring___

Public: City___ Community System (name)___

Plot plan required for final approval.

$25 Cash 1-5-77 Fee Received — Jack D. Baker Signature of Developer — A.M. 25.00 Clerk

FIELD INFORMATION REQUIRED

General Topography Site A 21% Site B 23-25%

Relationship to Existing Domestic Water Sources ____

Hydrology: (1) Depth to ground water table (representative) Mottles @ restrictive layers above @ + all test holes

(2) General description of methods to be used for removal of ground or surface water (if applicable) ____

Relationship to Natural Water Courses (rivers, lakes, etc.) ____

Soil Limitations: (If percolation tests are requested, attach results to this form. The percolation test form will be provided by the Health Department)

Site A ① Gray clay loam 0-24"
restrictive clay 24"+
② same rest'n @ 33"+
③ " " " 26"+

Site B ① Gray clay loam 0-20"
Rest'n clay 20"+
② same, rest'n @ 22"
③ " " " 30"

Confirmed 1/10/77 L. Pescador Soil Scientist

Miscellaneous Information ____

1/7/77 Date — DC RS Person Performing Investigation and Title

FOR USE BY HEALTH DEPARTMENT

We have found the above described property: Acceptable___ Conditionally Acceptable___

Not Acceptable X for use with individual sewage disposal systems.

To obtain clearance on a conditionally approved property the following is necessary: ____

Our reason for denial of a septic tank system is as follows: ____

DC Sanitarian — 1/10/77 Date

TELEPHONE 476-8201

ENVIRONMENTAL HEALTH SERVICES

COUNTY HEALTH DEPARTMENT

JOSEPHINE COUNTY OREGON

Location: 101 N.W. 'A' STREET
GRANTS PASS, OREGON 97526

Mailing Address: Josephine County Court House
Grants Pass, Oregon 97526

11 January 1977

Jack Baker
1025 Board Shanty Creek Road
Grants Pass, Oregon 97526

Re: Notice of Denial of a Septic Tank Permit Number _____ or Site Investigation Number 3950

Description: Granite Hill Road
T35-R5-Sec29-2 TL2202

Dear Sir,

On 1/10/77, Charles D. Costanzo, authorized agent of the Department of Environmental Quality, examined your building site for a proposed installation of a subsurface sewage disposal system. On the basis of that examination and inspection, the undersigned sanitarian has determined that approval cannot be given at this time to your request. The proposed installation would be in violation of the following administrative(s) rules and for the reason(s) given:

Reasons	Applicable Rule
1. /_/ An impervious layer is less than 36 inches below the ground surface or less than 12 inches below the bottom of the effective sidewall.	1. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(a)
2. /_/ An impervious soil layer was found ____ inches from the ground surface having a surface slope of ____ percent.	2. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(c),(e)
3. /X/ A restrictive soil layer is less than 30 inches below the ground surface or less than 6 inches below the bottom of the effective sidewall.	3. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(b)
4. /X/ A restrictive soil layer was found 33 inches from the ground surface having a surface slope of 21 percent.	4. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(e)
5. /_/ Surface slope is in excess of 25 percent.	5. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(e)
6. /_/ Temporarily perched watertable will be in contact with the disposal field and is within 24 inches of the ground surface.	6. OAR Chap. 340, Div. 7, Subd. 1, Section 71-030 (1),(d)

Reasons (cont.)	Applicable Rule (cont.)
7. /_/ Insufficient area available for a full subsurface sewage system replacement.	7. OAR Chap. 340, Div. 7, Subd. 1, Section 71-020 (3),(a),(d)
8. /_/ Does not meet the minimum set-back requirements as follows: _____ _____ _____	8. OAR Chap. 340, Div. 7, Subd. 1, Section 71-020 (2)
9. /_/ Permanently perched or regional watertable is within 4 feet of the bottom of the effective sidewall.	9. OAR Chap. 340, Div 7, Subd. 1, Section 71-030 (1),(c)
10. /_/ Other _____ _____ _____	10.

We have regretfully denied your application for a subsurface sewage disposal system. We want to inform you though that this denial is for the specific area we have observed and may not hold true for the total property. We encourage you to make contact with us for purposes of discussing possible alternate sites. You may be able to provide additional soil test holes in different areas of your property that will be acceptable.

If an alternate site on your property is not found one of the following options may offer a possible solution:

1. VARIANCE - $150.00 fee is required and public hearing is held. May be allowed to vary from the standard rules legally.
2. ALTERNATIVE SYSTEM - (Holding tank, lagoon or land irrigation) Requires some engineering detail.
3. EXPERIMENTAL SYSTEMS - Requires a specific proposal to be submitted to the Department of Environmental Quality.
4. RURAL AREAS - Requires 10 acres or more in an area zoned for EF (exclusive farm), FR (forest resource), WR (wild rivers)

If there are any questions please call 476-8201 (Ext. 350) and we will do our best to answer them.

Sincerely yours,

C. WILLIAM OLSON, M.P.H., DIRECTOR,
Environmental Health Services and
Assistant Administrator

Charles D. Costanzo

Charles D. Costanzo, R.S.

CDC:am

ZONING CLEARANCE PERMIT

Josephine County, Oregon

Date 27 Dec 76 Zoned Area V

Owner Baker, Jack

Mailing Address 1025 Board Shanty Cr Rd

Property Description

Subdivision-Name _____ Lot _____ Block _____

Twp 35 Range 5 Section 29-2 Tax Lot 2202

Size or Lot-Width 310 Depth 290 Total Area 1.6 Ac

Fronting on Granite Hill Rd

Proposed Use

Residential one only If mobile home, state size _____

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.

Jack Baker
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:

30 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: Wray A Maxwell

No. 1105