Certificate of Satisfactory Completion

Installation Permit - Residential - New

463-23-000075-PRMT

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

Date Certificate Issued: 09/28/2023
Work Description: STANDARD CONSTRUCTION PERMIT W/ PUMP

Applicant: HIEKEL, ROBERT & HIEKEL, SABAIPHRAE
Address: 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Phone: 5414156466
Email: HIEKEL@HOTMAIL.COM

Owner: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Parcel: 390822C000010100 - Primary

Property Address: 847 Caves Hwy, Cave Junction, OR 97523

Lot Size:	4.17	**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	SFR
Number of Bedrooms:	N/A	3

System Specifications

Type:	Standard		
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 Type:**	Serial
Media Type:	EZ FLOW 1201-P	**Media Depth:**	N/A
Trench Length:	225 linear ft.	**Rock Above Pipe:**	N/A
Max Depth:	30 in.	**Undisturbed Soil BetweenTrenches:**	8 ft.
Min Depth:	24 in.	**Capping Fills-Min Depth of Fill Material:**	N/A

Special Requirements

Groundwater Type:	Not Applicable	**Groundwater Depth:**	N/A
Pump to Drainfield Required:	Yes	**Filter Fabric on Top of Drain Media:**	Yes

Date Certificate Issued: 09/28/2023
Work Description: STANDARD CONSTRUCTION PERMIT W/ PUMP

Conditions of Approval

· A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
· 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.
· The system must be installed by the property owner or a licensed sewage disposal business (installer).
· Vehicular traffic and livestock must be restricted from the system area.
· All roof drains must be directed away from the system
· 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.
· Meet all required setbacks
· 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.
· 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.
· For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
· 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.
· 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.
· Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
· Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
· Maximum length of an individual trench is 150-feet.
· Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
· Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Septic Permit 463-23-000075-PRMT

Date Certificate Issued: 09/28/2023
Work Description: STANDARD CONSTRUCTION PERMIT W/ PUMP

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.

Certificate of Satisfactory Completion

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

Comments: N/A

Joshua Daley Environmental Specialist

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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 463-23-000075-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:

Twnshp: **Range:** **Sect:**

Lot:

Name: HIEKEL, ROBERT &

Property Address: 847 CAVES HWY, CAVE JUNCTION, OR 97523

SECTION 2: System Component Specifications:

System Type:

A. Tanks/Pumps

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: Norwesco			Date: 9-19-23	**Water tight verification***
Tanks(2)	Volume:	Compartments:	Manufacturer:			Date:	
Pump(s)	HP: 1/2	Model/Manuf.	Float(s)Type(1): High water	Model/Manuf. SPI/B10			
			Float(s)Type(2):	Model/Manuf.			

B. Piping

Effluent Sewer (tank to drainfield)	Yes ✓ / No	Diameter: 2 "	ASTM#/Other:	Length: 60'	
Pressure Transport Pipe	Yes / No	Diameter:	ASTM#/Other:	Length:	

C. Secondary Treatment Unit:

Sand Filter**	Yes / No	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 / No	Model:	
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received?	Yes	No

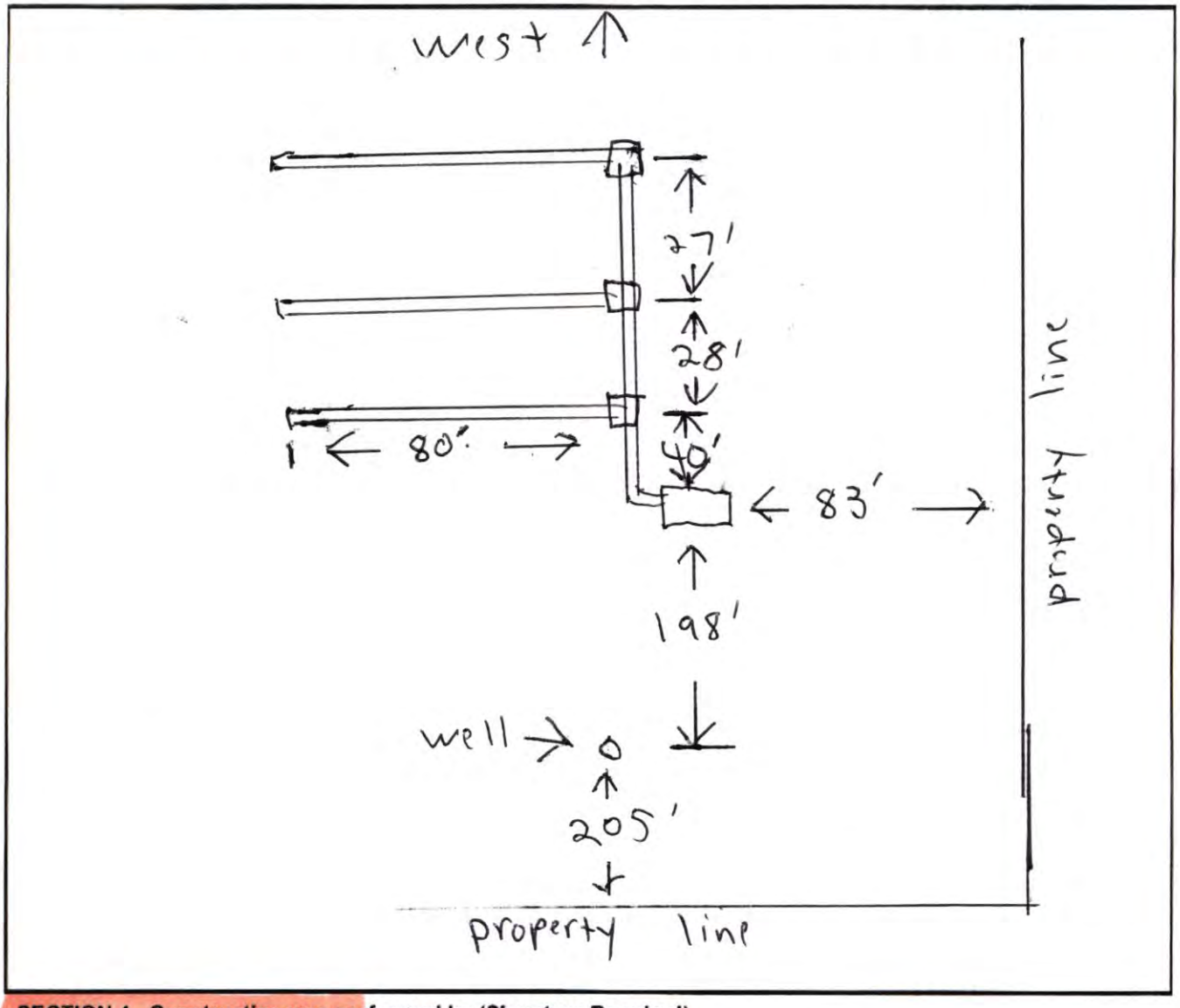
D. Drainfield Media

Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes ✓ / No	Easy Drain piping			
Drop Box	Yes ✓ / No				
Distribution Pipe	Yes / No	Diameter: 4 "	ASTM#/Other:	Length: 240'	
Comment					

**All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(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/Certification#:	Print Name: Robert Hiekel				
Licensed Installer:	Yes	No X	License#: —	Certification#: —	
Owner/ Certified Installer:	Signature: Robert Hiekel		Date: 9-27-23	Phone#: 541-415-6466	

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:	**Installer/Owner (Permittee) Notified:**	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

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

Septic Permit
Installation Permit - Residential - New
463-23-000075-PRMT

Date issued: 2/21/23 **Expiration date:** 2/21/24

Work description: STANDARD CONSTRUCTION PERMIT W/ PUMP

Applicant: HIEKEL, ROBERT & HIEKEL, SABAIPHRAE
Address: 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Phone: 5414156466
Email: HIEKEL@HOTMAIL.COM
Business License: N/A

Owner: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Parcel: 390822C000010100 - Primary

Property address: 847 Caves Hwy, Cave Junction, OR 97523

Lot size:	4.17	**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	SFR
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:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	EZ FLOW 1201-P		
Trench length:	225 linear ft.	**Rock above pipe:**	N/A
Max depth:	30 in.	**Undisturbed soil between trenches:**	8 ft.
Min depth:	24 in.	**Capping fills-min depth of fill material:**	N/A

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

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Onsite Permit 463-23-000075-PRMT

Date issued: 2/21/23 **Expiration date:** 2/21/24

Work description: STANDARD CONSTRUCTION PERMIT W/ PUMP

Special Requirements

Stake out required:	No		
Groundwater type:	Not Applicable	**Groundwater depth:**	N/A
Pump to drainfield reqd:	Yes	**Filter fabric on top of drain media:**	Yes

Conditions of approval

· A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
· 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.
· The system must be installed by the property owner or a licensed sewage disposal business (installer).
· Vehicular traffic and livestock must be restricted from the system area.
· All roof drains must be directed away from the system
· 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.
· Meet all required setbacks
· 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.
· 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.
· For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
· 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.
· 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.
· Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
· Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
· Maximum length of an individual trench is 150-feet.
· Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
· Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).

Onsite Permit 463-23-000075-PRMT

Date issued: 2/21/23 **Expiration date:** 2/21/24

Work description: STANDARD CONSTRUCTION PERMIT W/ PUMP

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).

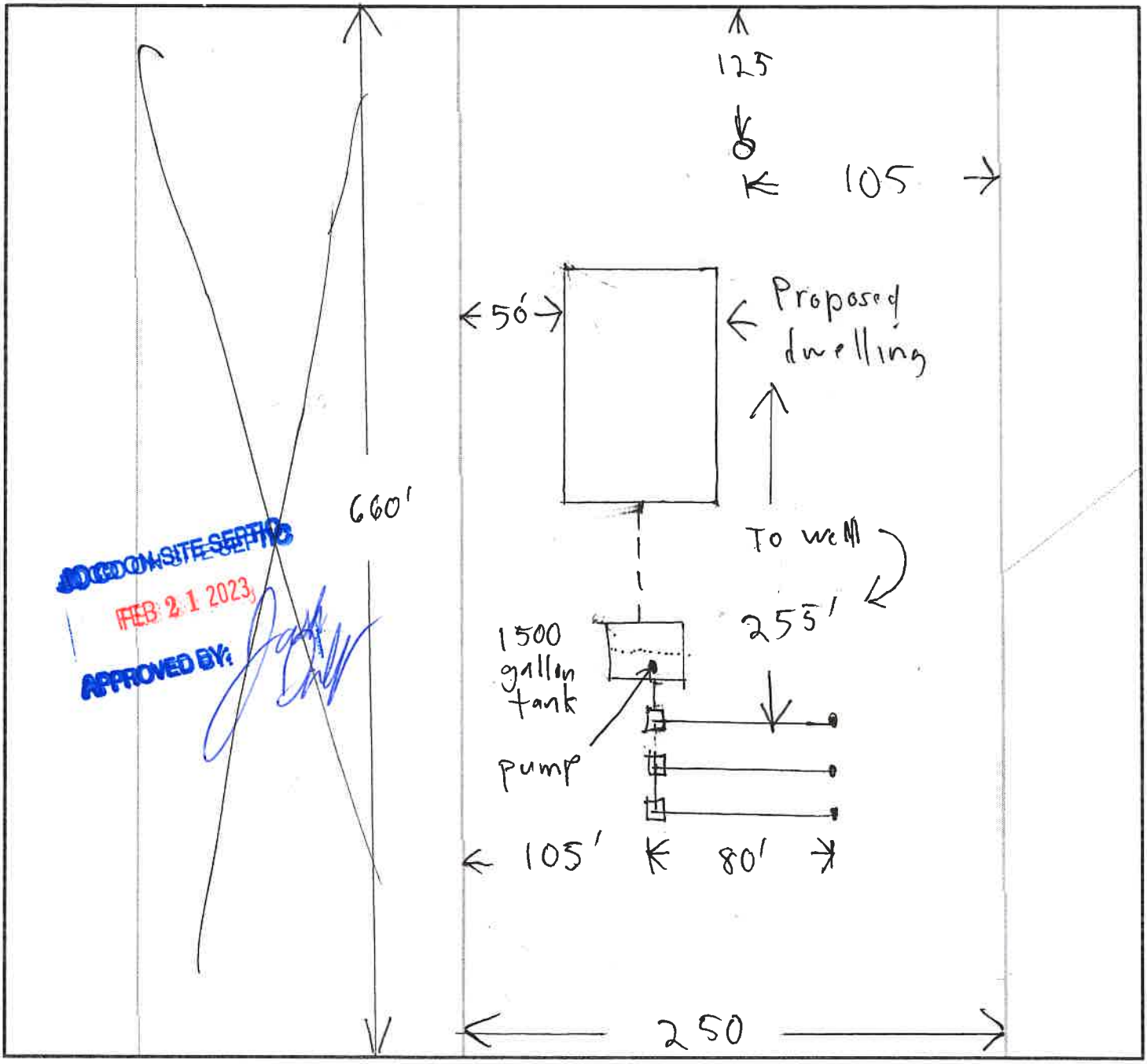
Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, 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.

Joshua Daley Environmental Specialist 2/21/23

847 Caves HWY Cave Junction OR.

Plot Map - Josephine County



Taxlots

N
W E
S

1 inch = 94 feet

0 0.01 0.02 0.04

mi

Josephine County Date: 2/14/2023

Note:
The information on this map is furnished for general interest purposes only. This information is provided without warranties of any kind, express or implied, and it should not be used to support any purchase or other investment. Neither Josephine County, Cave Junction, nor Grants Pass will accept responsibility for any errors or inaccuracies in the depicted information. However, notification of any errors will be appreciated.

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 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

Robert Hiekel — Name
803 Caves HWY Cave Junction OR 97523 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-415-6466 — Phone Number

B. Legal Property Description

— Township
— Range
— Section
39S22C0000101 — Tax Lot
R330395 — Tax Account Number
4.17 — Acreage or Lot Size
Josephine — County
— Subdivision Name
— Lot
— Block

Property Address: 847 Caves HWY — Address; Cave Junction — City; OR — State; 97523 — Zip Code

Directions to Property: turn off Caves HWY down the driveway

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, 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.

Robert Hiekel — Signature
2-16-23 — Date

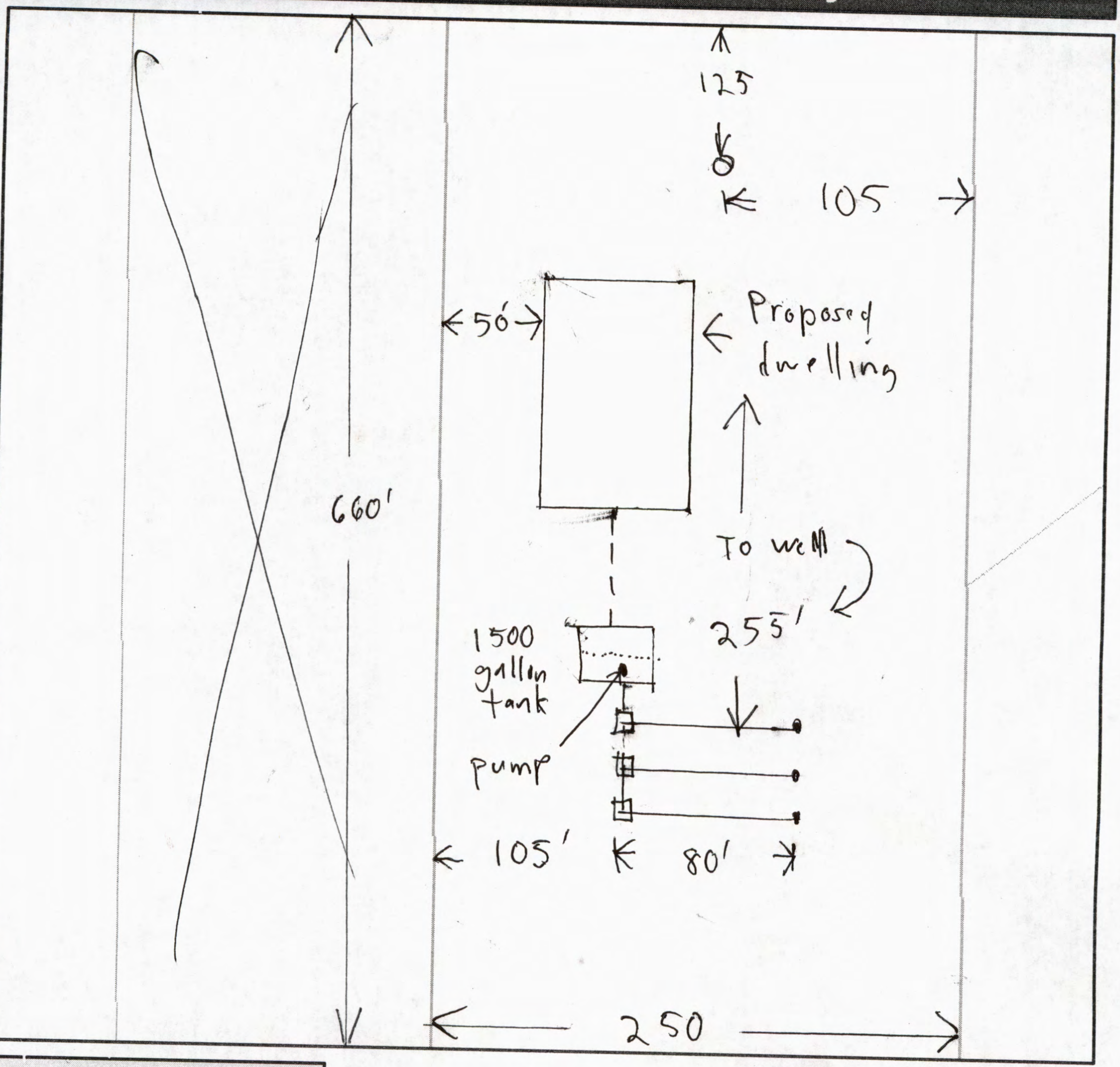
Robert Hiekel — Applicant's Name – Please Print Legibly
541-415-6466 — Applicant's Phone Number
hiekel@hotmail.com — Applicant's E-mail Address
803 Caves HWY Cave Junction OR 97523 — Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization Attached
_____ Installer's Name

847 Caves HWY Cave Junction OR.

Plot Map - Josephine County



Taxlots

N
W E
S

1 inch = 94 feet

0 0.01 0.02 0.04
mi

Josephine County Date: 2/14/2023

Note:
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RECEIVED
FEB 09 2023
JO CO - PLANNING

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

1. **Applicant Name/Property Owner:** Robert Hiekel
   Mailing Address: 803 Caves Highway
   City, State, Zip: Cave Junction OR 97523
   Telephone: 541-415-6466
2. **Property Information:**
   County: Josephine **Tax Lot No.:** 101
   Township: 39 **Range:** 08 **Section:** 22
   Physical Address: 847 Caves Highway
   Block: _____ **Lot:** _____
   Subdivision Name (if applicable): _____
3. **This proposed facility is for:**
   - [X] **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:**
   - [X] **Construction-Installation permit for:** [X] 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:** Rural Residential 5 **Zoning Minimum Parcel Size:** 5.0 acres
6. **The facility is located:** [ ] **inside city limits** [ ] **inside UGB** [X] **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:** [X] **Yes** [ ] **No**
   If you answered "Yes" above, was this compliance based on:
   - [X] **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 19.61.020.J, JCC – Permitted Uses: Single family dwelling or manufactured dwelling. NOTE: Septic system to be connected to authorized uses or structures only.
8. **Planning Official Signature:** Onnie Heater
   Print Name: Onnie Heater **Title:** Assistant Planner
   Telephone: 541 474 5109 x 2412 **Date:** 2-13-23

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

ArcGIS Web Map

2/9/2023, 10:46:39 AM

Taxlots

Driveway

Slope - percent grade

0 - 14.9%

1:2,257

0 0.01 0.03 0.05 mi

0 0.02 0.04 0.09 km

Residential Septic Site Evaluation Approval

463-22-000089-EVAL-01

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

Date issued: 02/07/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Phone: 5414156466
Email: HIEKEL@HOTMAIL.COM

Owner: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523

Property address: 847 Caves Hwy, Cave Junction, OR 97523

Parcel: 390822C000010100 - Primary

Lot size: 4.17 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County

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

General Specifications

Max peak design flow:	450 gpd.	**Proposed gallons per day:**	375 gpd.
Min septic tank volume:	1000 gal.	**Min dosing tank volume:**	500 gal.

System Specifications	*Initial System*	*Replacement Area*
System type:	Standard	Standard
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	225 linear ft.	225 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	*Initial System*	*Replacement Area*
Groundwater type:	Not Applicable	Not Applicable

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

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Date issued: 02/07/2023
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Drainfield type:	Standard	Standard
Drainfield sizing:	75 linear ft/150 gal.	50 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes

Conditions of approval:

1.A final inspection is required after landscaping or other erosion control measures are established.
2.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.
3.Photos of the septic system components must be submitted along with the FIRN.
4.The system must be installed by the property owner or a licensed sewage disposal business (installer).
5.Vehicular traffic and livestock must be restricted from the system area.
6.All roof drains must be directed away from the system
7.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.
8.Meet all required setbacks
9.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.
10.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.
11.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
12.The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
13.Install the pump and system components in accordance with the approved pump curve and specifications.
14.An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
15.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.
16.Effluent filter required at tank outlet.
17.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
18.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
19.Maximum length of an individual trench is 150-feet.
20.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

Date issued: 02/07/2023

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

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 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.

Joshua Daley	Environmental Specialist	2/7/23

Septic Installation Area

* Not to scale *

Approved Initial and Repair Area

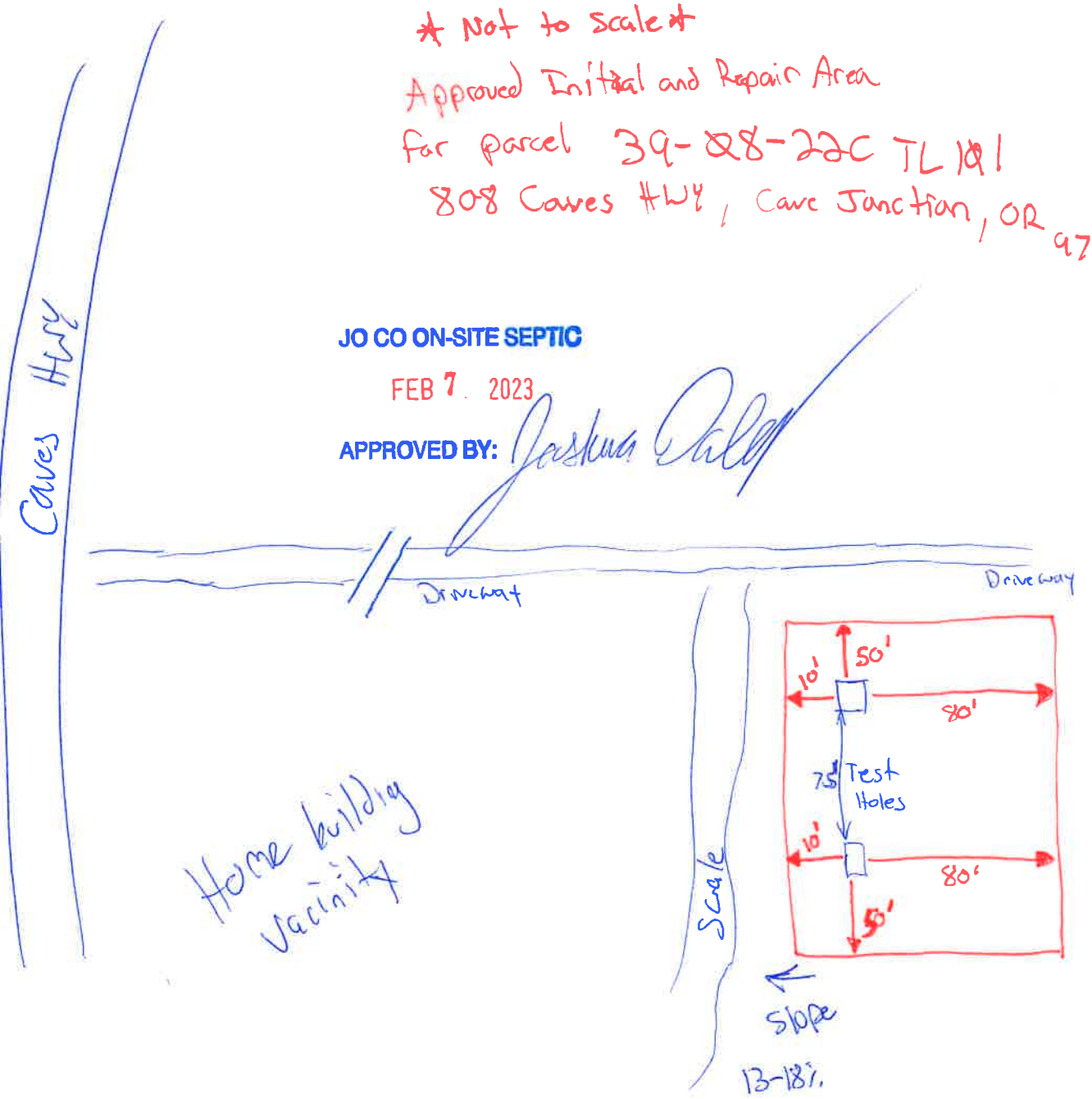
for parcel 39-08-22C TL 191

808 Caves HWY, Cave Junction, OR 97523

JO CO ON-SITE SEPTIC

FEB 7 2023

APPROVED BY:



FIELD WORKSHEET

Name: Robert Hiekel **Application No.:** 463-22-[illegible]-EVAL-01 **Date:** 2/7/23

RE: SITE EVALUATION REPORT for Parcel #: 39-08-22C TL 104

Commercial Facility: ☐ Yes ☒ No Parcel Size: 3.0Ac

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 8

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: 1,000 gal. ☐ 1,500 gal. ☒ 2 compartment ☐ Other ☒ effluent pump required ☒ effluent filter required	Tank: 1000 gal. ☐ 1,500 gal. ☒ 2 compartment ☐ Other ☒ effluent pump required ☒ effluent filter required
Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized	Distribution Method: ☐ Equal ☒ Serial ☐ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

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

Inspector: [signature]

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-7	CL	7.5YR3/3 Root 2vf,f 1c,vc 1SBK 10-20% 1-2" Rocks
	7-18	CL	7.5YR5/4 Root 2vf,f,m 1c,vc 1ABK 10-20% 1-2" Rocks
	18-58	CL	7.5YR5/6 Root 2vf,f,1M 1ABK
			MN Correctives/Depositional 45" Moist soil @ 45"
Test Pit 2			Similar to TP1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Fir, Madrone wooded area

Slope: 13-18%. Aspect: Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes:

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 1st response _____	
Date of 2nd response _____	
Date of final response _____	
Date of completion _____	
Scanned Data Entry	

A. Property Owner Information

Robert Hiekel — Name
803 Caves HWY Cave Junction OR 97523 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-415-6466 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
—	—	—	39S22C0000101	R330395	4.17

County	Subdivision Name	Lot	Block
Josephine	—	—	—

Property Address: 847 Caves HWY (Address) Cave Junction (City) OR (State) 97523 (Zip Code)

Directions to Property: turn off Caves HWY down the driveway

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, 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.

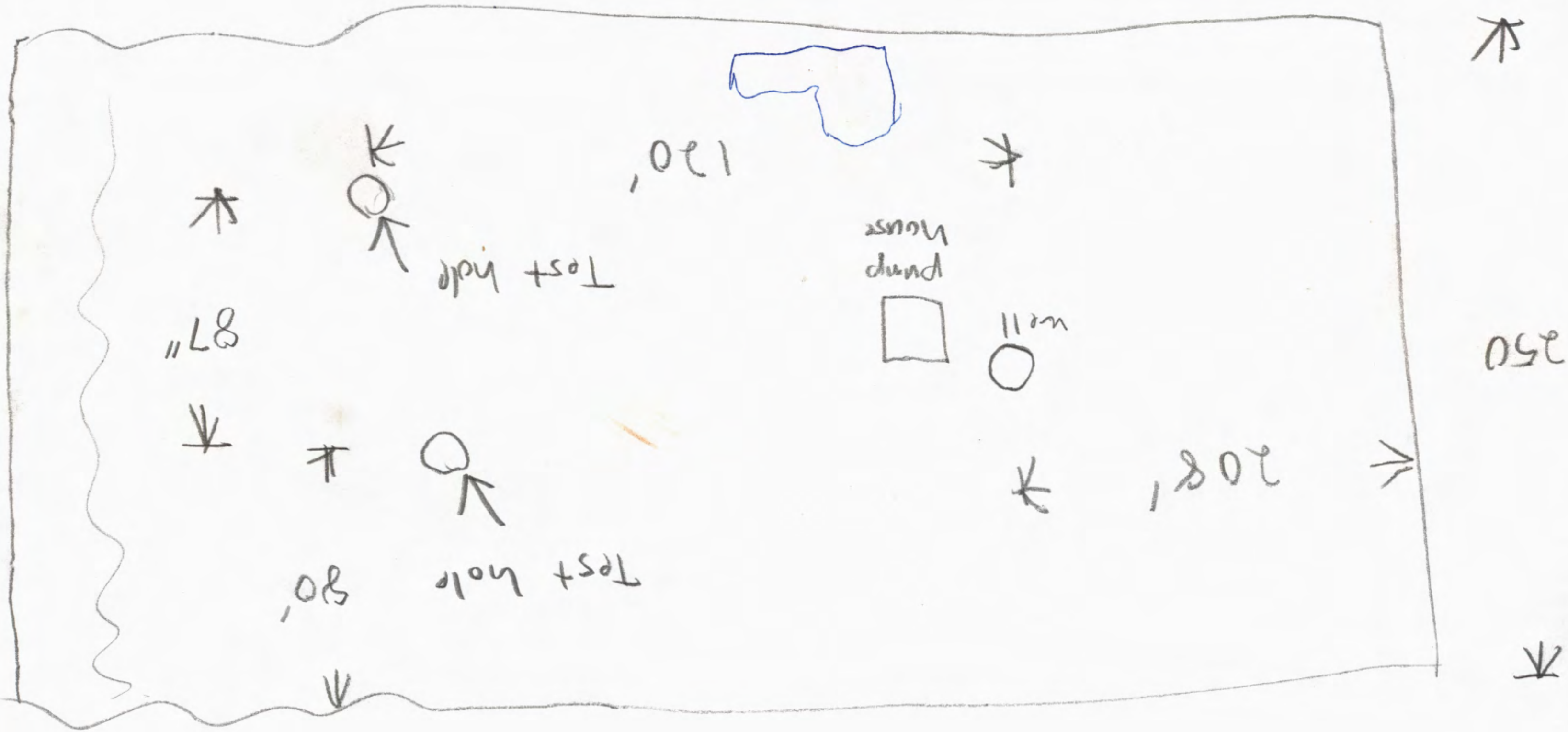
Peter Hiekel — Signature
_____ Date

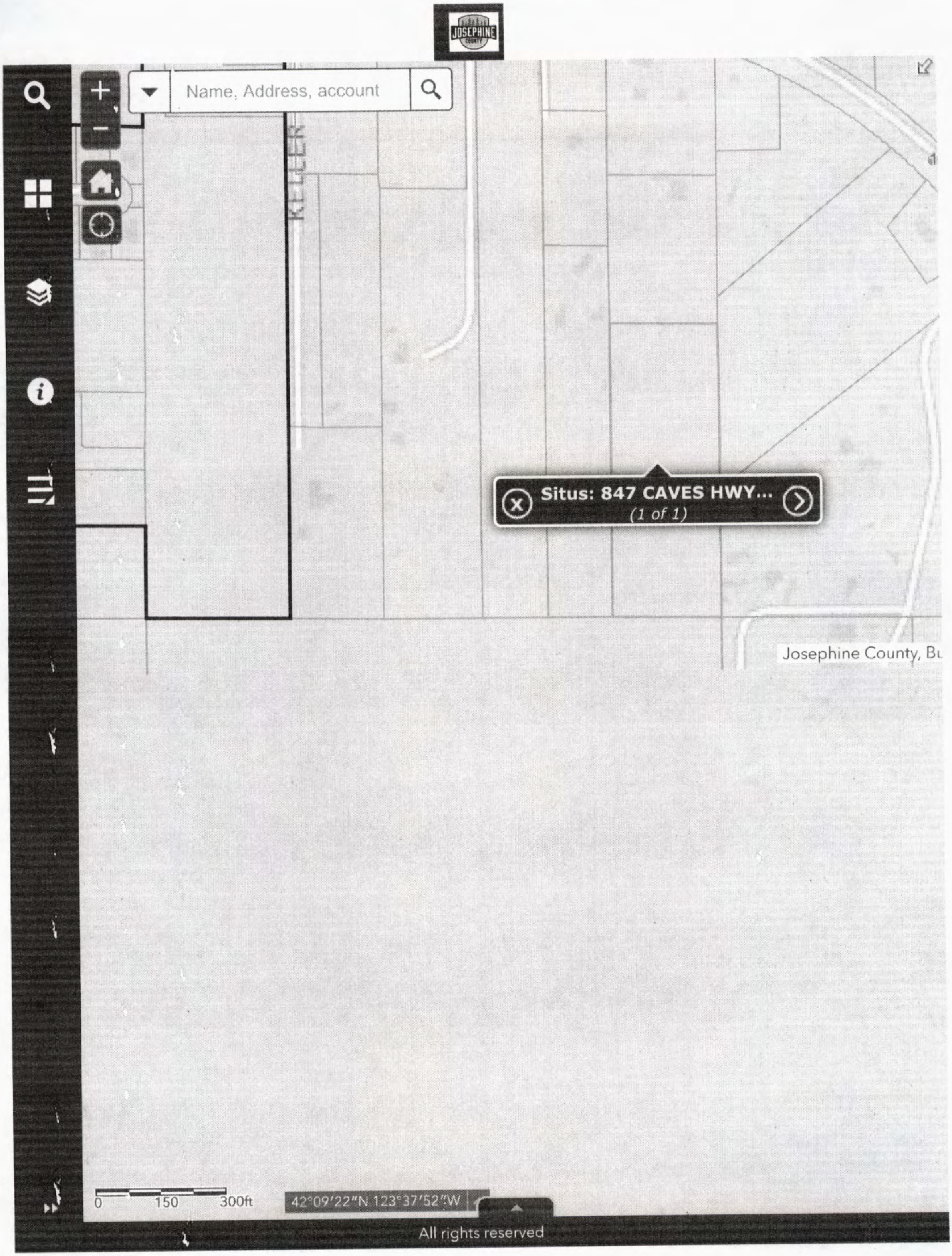
Robert Hiekel — Applicant's Name – Please Print Legibly
541-415-6466 — Applicant's Phone Number
hiekel@hotmail.com — Applicant's E-mail Address
803 Caves HWY Cave Junction OR 97523 — Applicant's Mailing Address

Applicant is the ☒Owner ☐Authorized Representative ☐Licensed Septic Installer

☐Authorization Attached

_____ Installer's Name


Test hole
130'
pump house
well
350'
87'
Test hole
80'
208'


JOSEPHINE COUNTY
Name, Address, account
KLUGER
Situs: 847 CAVES HWY...
(1 of 1)
Josephine County, Bu
0
150
300ft
42°09'22"N 123°37'52"W
All rights reserved

BOOK 20

SW1/4 SEC 22 T. 39S. R. 8W. W.M.
JOSEPHINE COUNTY
1" = 200'

39 8 22 C
8 INDEX

This map was prepared for assessment purpose only.

SEE MAP 39 8 22 BC

SEE MAP 39 8 22 BD

1/4 COR.

SEE MAP 39 8 21 AD

SEE MAP 39 8 21 DA

SEE MAP 39 8 21 DD

SEE MAP 39 8 22 D

SEE MAP 39 8 27

OREGON CAVES 80' STATE HIGHWAY No 46

FREDERICK COURT

ROAD

STAGE

OLD

ADDISON

LANE

DOGWOOD

STREET PLUG

STOP DRIVE

Street Plug

39 8 22-CB

39 8 22 CA

39 8 22 CC

SEE MAP

SEE MAP

SEE MAP

PARTITION PLAT 1997-66

PARTITION 2 PLAT 2008-18

4

906 2.48 Ac.

905 9.58 Ac.

800 1.83 Ac.

602 2.48 Ac.

501 2.73 Ac.

400 5.25 Ac.

200 0.95 Ac.

100 213.18'

1.83 Ac.

300 1.08 Ac.

102 1.98 Ac.

301 3.00 Ac.

101 4.17 Ac.

700 1.23 Ac.

600 2.18 Ac.

500 5.38 Ac.

601 2.15 Ac.

CANCELLED T.L.
790
791
701
901
902
903
904
900

S.E. Cor. V-179 P. 97

S.E. Cor. Parcel II V. 208 - P. 527

21 22 28 27

1/4 COR.

39 8 22 C

Blank 2/14/64

Residential Septic Site Evaluation Approval

463-22-000089-EVAL

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

Date issued: 04/18/2022
Application status: Site Evaluation Approved
Work description: SITE EVALUATION

Applicant: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523
Phone: 5414156466
Email: HIEKEL@HOTMAIL.COM

Owner: HIEKEL, ROBERT &
Address: HIEKEL, SABAIPHRAE 803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION OR 97523

Property address: 847 Caves Hwy, Cave Junction, OR 97523

Parcel: 390822C000010100 - Primary

Lot size: 4.17 ACRES
Zoning: N/A
Water supply: Well
City/County/UGB: County

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

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 375 gpd.
Min dosing tank volume: 500 gal.
Comments: ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SAND FILTER.

System Specifications	*Initial System*	*Replacement Area*
System type:	Sand Filter	Sand Filter
System distribution type:	Equal	Equal
Distribution method:	Equal	Equal

Trench Specifications	*Initial System*	*Replacement Area*
Trench linear feet:	150 linear ft.	150 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.

Special Requirements	*Initial System*	*Replacement Area*

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.)

Septic Site Evaluation 463-22-000089-EVAL

Date issued: 04/18/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Stakeout required:	Yes	Yes
Groundwater type:	Temporary	Temporary
Drainfield type:	Standard	Standard
Drainfield sizing:	50 linear ft/150 gal.	50 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes

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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.

Gabriel Kasiah — Natural Resource Specialist — 4/18/22

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.)

Onsite Permit
Application Verification

463-23-000075-PRMT

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

Application created: 2/16/23
Parcel Nbr: 390822C000010100
Site Address: 847 CAVES HWY, CAVE JUNCTION, OR 97523
Owner: HIEKEL, ROBERT &
Applicant: HIEKEL, ROBERT & HIEKEL, SABAIPHRAE - HIEKEL, ROBERT & HIEKEL, SABAIPHRAE
803 CAVES HWY
HIEKEL, SABAIPHRAE
803 CAVES HWY
CAVE JUNCTION, OR 97523
Phone: (541) 415-6466
Email: HIEKEL@HOTMAIL.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Residential
Acreage or Lot Size:
County:
Water Supply: Well

Existing		Proposed	
Use of Structure:		**Use of Structure:**	SFR
Number of Bedrooms:		**Number of Bedrooms:**	3

Attached Documents:

No Documents have been attached.

SITE PLAN

ADDRESS 847 CAVES HWY

PARCEL 390822C000101

PL

PL

DRIVEWAY

WELL

INTERMITTENT STREAM

80'

APPROVED AREA
INITIAL AND REPAIR

BLADED/ CUT AREA

150'

115'

100'
MIN.

20'

50'

DEEPER CUT
AREA
APPROX. 12"

20' MIN.

TH1

20'

75'

75'

75'

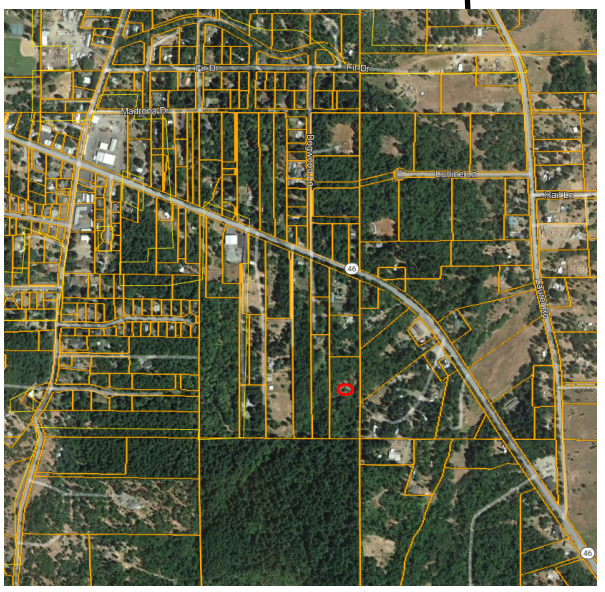
100'

TH2

20' MIN.

APPROX. FILL AREA

SWALE



N

*NOT TO SCALE

APPLICATION # 463-22-000089-EVAL

FIELD WORKSHEET

Name: ROBERT HIEKEL **Application No.:** 463-22-000089-EVAL **Date:** 4/11/2022

RE: SITE EVALUATION REPORT for Parcel #: 3908220000101

Commercial Facility: ☐ Yes ☒ No Parcel Size: 4.71 ACRES

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 2

Initial System	Replacement System
☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☒ Other TS1
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☒ effluent pump required ☒ effluent filter required 500 DOSING
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility: 150 total linear feet 50 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 150 total linear feet 50 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.

☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).

☒ Rake trench sidewalls.

☒ The system must be installed during dry soil conditions only.

☒ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

OAR 340-071-0130; 340-071-0220; 340-071-0290; 340-071-0295; 340-071-0345

* MEET ALL SETBACKS
* STAKE OUT REQUIRED
* SEE APPROVED AREA MAP
* LIMITED AVAILABLE SPACE
* AREA HAS BEEN DISTURBED

Inspector: YK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8	CL	7.5YR 2.5/3, GR, ROOTS 2M, 2VF, F, C, VC 20% CF
	8-20	CL	5YR 3/4, 4/6, WSBK, ROOTS 2VF, F, M, C, VC 10% CF
	20-60	SiC	10YR 5/4, WABK-WEDGE, ROOTS 1VF, F, M, CLAY SKINS, CRACKING, MN NODULES
			CAS @ 60" DEP 10YR 5/1, CONC 7.5YR 5/8, ALL SOIL PROFILES MOIST
Test Pit 2	0-6		[redacted] SIMILAR TO TEST HOLE 1
	6-32		
	32-60		CF 35-40% 48"-60" [redacted]"
			NORTH SIDE OF TH 10YR 4/2 32-45" WEDGE-SABK, RTH CRACKS
Test Pit 3			(DRY) 10YR 5/4 (MOIST)
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: BARE / BLADED, SOME SAMROC GRASS

Slope: 0-2% Aspect: S Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: INTERMITTENT STREAM to NORTH, SWALE/INTERMITTENT STREAM to SOUTH, WELL TO NORTH

4/11/2022, OVERCAST/SNOWING, 35°,

BLADED FILL TO NORTH

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 1st response _____	
Date of 2nd response _____	
Date of final response _____	
Date of completion _____	
Scanned Data Entry	

A. Property Owner Information

Robert Hiekel — Name
803 Caves HWY Cave Junction OR 97523 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-415-6466 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
—	—	—	39S22C0000101	R330395	4.17

County	Subdivision Name	Lot	Block
Josephine	—	—	—

Property Address: 847 Caves HWY (Address) Cave Junction (City) OR (State) 97523 (Zip Code)

Directions to Property: turn off Caves HWY down the driveway

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, Spring, Shared

D. Type of Application

☒Site Evaluation
☐Construction
☐Permit Repair
☐Major ☐Minor
☐Alteration Permit
☐Major ☐Minor
☐Renewal Permit
☐Existing System Evaluation
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☐ 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.

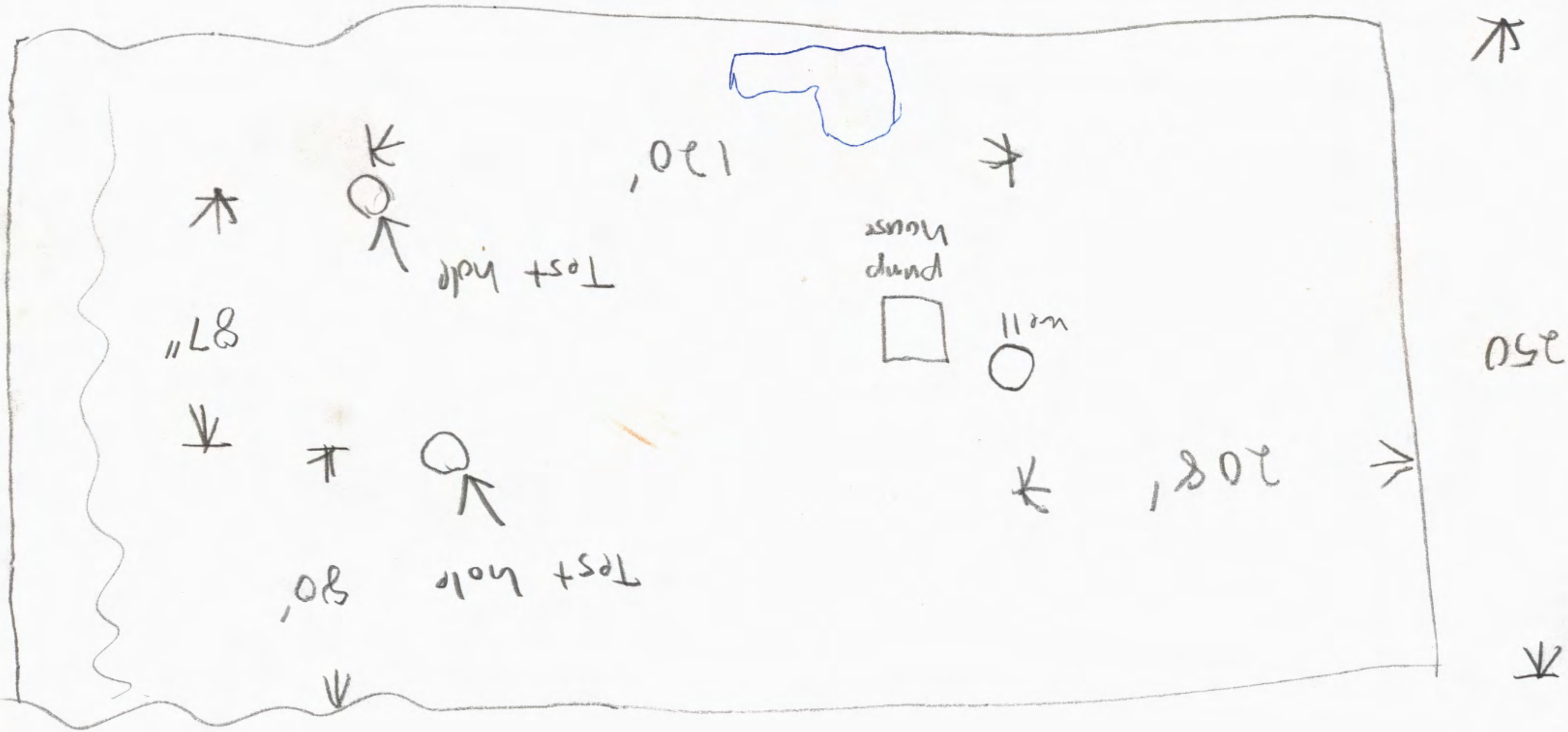
Peter Hiekel — Signature
_____ Date

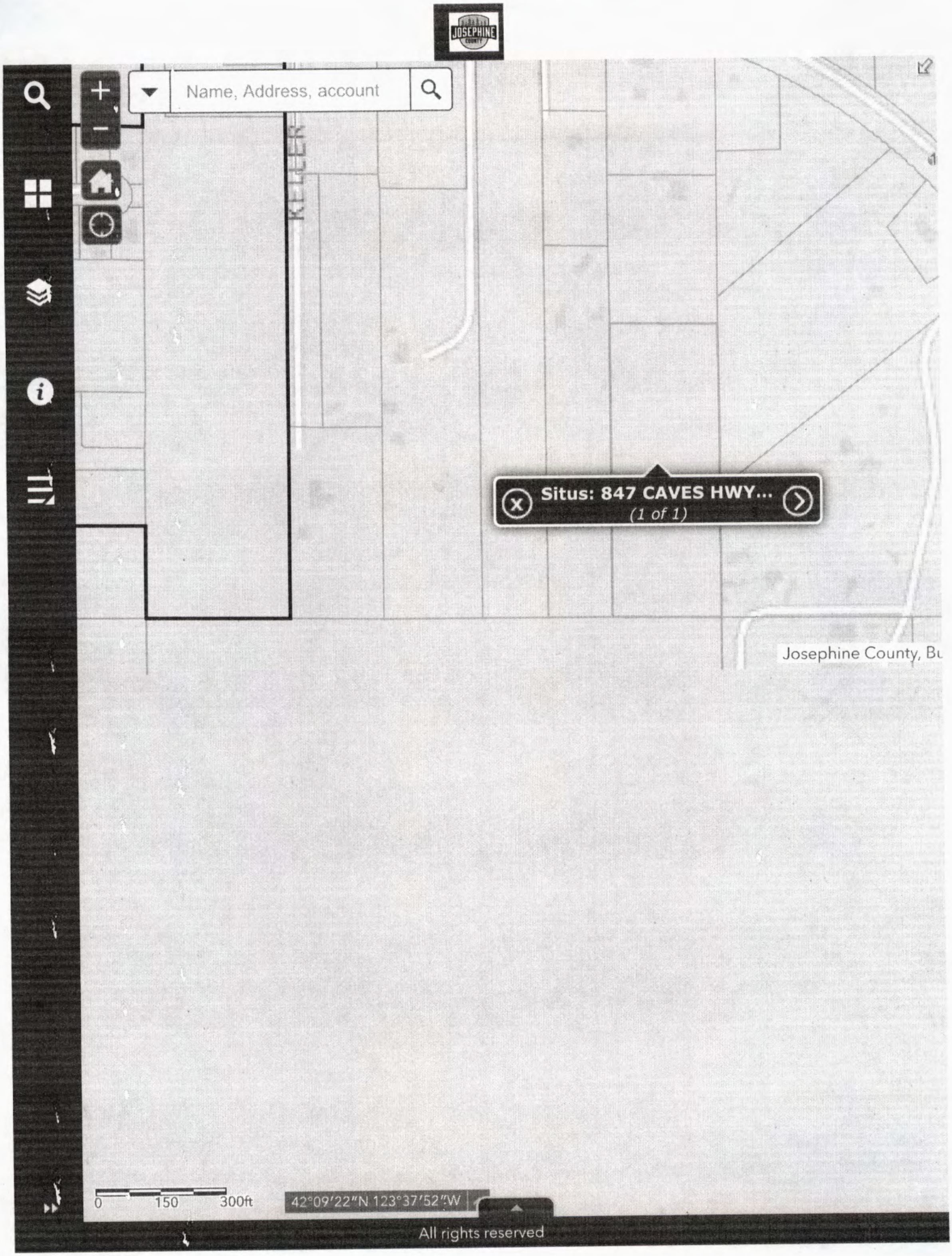
Robert Hiekel — Applicant's Name – Please Print Legibly
541-415-6466 — Applicant's Phone Number
hiekel@hotmail.com — Applicant's E-mail Address
803 Caves HWY Cave Junction OR 97523 — Applicant's Mailing Address

Applicant is the ☒Owner ☐Authorized Representative ☐Licensed Septic Installer

☐Authorization Attached

_____ Installer's Name


Test hole
130'
pump house
well
350'
87'
Test hole
80'
208'


JOSEPHINE COUNTY
Name, Address, account
KLUGER
Situs: 847 CAVES HWY...
(1 of 1)
Josephine County, Bu
0
150
300ft
42°09'22"N 123°37'52"W
All rights reserved

BOOK 20

SW1/4 SEC 22 T. 39S. R. 8W. W.M.
JOSEPHINE COUNTY
1" = 200'

39 8 22 C
8 INDEX

This map was prepared for assessment purpose only.

SEE MAP 39 8 22 BC

SEE MAP 39 8 22 BD

1/4 COR.

SEE MAP 39 8 21 AD

SEE MAP 39 8 21 DA

SEE MAP 39 8 21 DD

SEE MAP 39 8 22 D

SEE MAP 39 8 27

OREGON CAVES 80' STATE HIGHWAY No 46

FREDERICK COURT

ROAD

STAGE

OLD

ADDISON

LANE

DOGWOOD

STREET PLUG

STOP DRIVE

Street Plug

39 8 22-CB

39 8 22 CA

39 8 22 CC

SEE MAP

SEE MAP

SEE MAP

PARTITION PLAT 1997-66

PARTITION 2 PLAT 2008-18

4

906 2.48 Ac.

905 9.58 Ac.

800 1.83 Ac.

602 2.48 Ac.

501 2.73 Ac.

400 5.25 Ac.

200 0.95 Ac.

100 213.18'

1.83 Ac.

300 1.08 Ac.

102 1.98 Ac.

301 3.00 Ac.

101 4.17 Ac.

700 1.23 Ac.

600 2.18 Ac.

500 5.38 Ac.

601 2.15 Ac.

CANCELLED T.L.
790
791
701
901
902
903
904
900

S.E. Cor. V-179 P. 97

S.E. Cor. Parcel II V. 208 - P. 527

21 22 28 27

1/4 COR.

39 8 22 C

Blank 2/14/64