



# Certificate of Satisfactory Completion

## Repair (Major) - Residential - New

248-25-000077-PRMT

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

**Date Certificate Issued:** 07/11/2025  
**Work Description:** Burgess - Major Repair

<b>Applicant:</b> Eli Heusser <b>Address:</b> 1003 Comet Ave Central Point OR 97502 <b>Phone:</b> 5419739153 <b>Email:</b> excavation.em@gmail.com	<b>Contractor:</b> E & M EXCAVATION LLC <b>CCB:</b> 226555 <b>Address:</b> 1003 COMET AVE CENTRAL POINT OR 97502 <b>Phone:</b> 5419739153 <b>Email:</b> excavation.em@gmail.com  <b>Contractor:</b> E & M Excavation, LLC <b>Installer License:</b> 39267 <b>Address:</b> 1003 Comet Ave Central Point OR 97502 <b>Phone:</b> 5419739153 <b>Email:</b> excavation.em@gmail.com
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<b>Owner:</b> Steve and Kimblerly Burgess <b>Address:</b> 3119 Old Military Rd Central Point OR 97502	<b>Property Address:</b> 3119 Old Military Rd, Central Point, OR 97502
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**Parcel:** 372W083303 - Primary      **Township:** 37S    **Range:** 2W      **Section:** 8

<b>Lot Size:</b> 0.76	<b>Water Supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> N/A	
<b>Land Use Approval:</b> N/A		

**Directions to Property:** Stewart Ave torn right onto Oak Grove Rd. Left on W Main St. Turn right towards OR-238/Hanley Rd. Right at 1st cross street onto OR238 E. Left onto Ross Ln. Right onto Old Military Rd, Left at address.

**Category of Construction:** Residential

	Existing	Proposed
<b>Use of Structure:</b>	SFD	SFD
<b>Number of Bedrooms:</b>	3	3

**System Specifications**

<b>Type:</b> Alternative Treatment Technology (ATTs)	<b>ATT Description:</b> Orenco AX 20 RT	
<b>Max Peak Design Flow:</b> 375 gpd.	<b>Proposed Flow:</b> 375 gpd.	
<b>Min Septic Tank Volume:</b> 1000 gal.	<b>Min Dosing Tank Volume:</b> N/A	

**Drain Field Specifications**

<b>Drain Field Type:</b> Gravelless	<b>System Distribution Type:</b> Equal	
<b>Drainfield Sizing:</b> 45 linear ft.	<b>Distribution Method:</b> Equal	
<b>Seepage Bed Specs:</b> Id sized for 3br sfr under reasonable repair.	<b>Bottomless sand filter sqft:</b> N/A	
<b>Media Type:</b> Gravelless	<b>Media Depth:</b> N/A	
<b>Trench Length:</b> 120 linear ft.	<b>Rock Above Pipe:</b> N/A	
<b>Max Depth:</b> 10 in.	<b>Undisturbed Soil Between Trenches:</b> 3 ft.	
<b>Min Depth:</b> 10 in.	<b>Capping Fills-Min Depth of Fill Material:</b> 12 in.	

**Special Requirements**

<b>Pump to Drainfield Required:</b> Yes	<b>Filter Fabric on Top of Drain Media:</b> No	
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Date Certificate Issued: 07/11/2025  
Work Description: Burgess - Major Repair

Conditions of Approval

The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

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: No      Operation of Law - 7 Days Notice: No      Pre-Cover Inspection Waived Per 340-071: No  
Comments: N/A

Issued By: Andrew Forbes, Onsite Wastewater Specialist

Effective Date: 07/11/2025

*Andrew Forbes*

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

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

## Final Inspection Request and Notice - Septic ID: 248-25-000077-PRMT

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Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: Owner/Permittee Information:**

Name: Steve and Kimblerly Burgess

TwNShp: 37S      Range: 2W      Sect: 8  
 Lot: 3303

Property 3119 OLD MILITARY RD, CENTRAL POINT, OR  
 Address: 97502

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: <u>1060</u>	Compartments: <u>1</u>	Manufacturer: <u>INFITRACTOR</u>	Date: <u>7/8/25</u>
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter: <u>1 1/4</u>	ASTM#/Other: <u>sch 40</u>	Length: <u>7'</u>

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: <u>AX20 RT</u>	
Certified Maint.	Provider Name: <u>granite ridge property maint.</u>			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

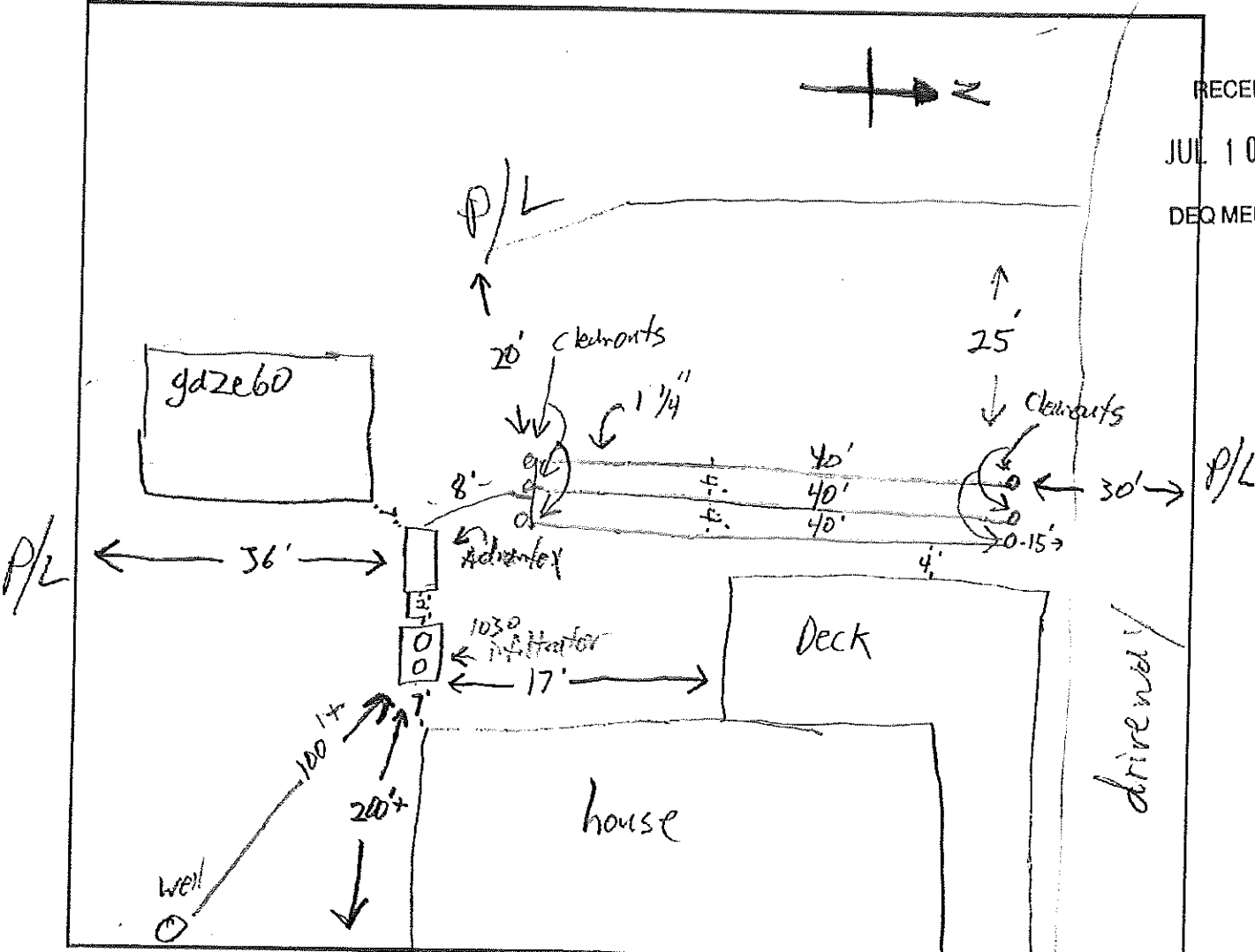
Type	(Gravel, Pipe or alternative?) <u>1 1/4 sch 40 / 1/8" orifice holes 24" apart (60 total)</u>			
Distribution Box	Yes	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:      Length:
Comment				

\*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.

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**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).

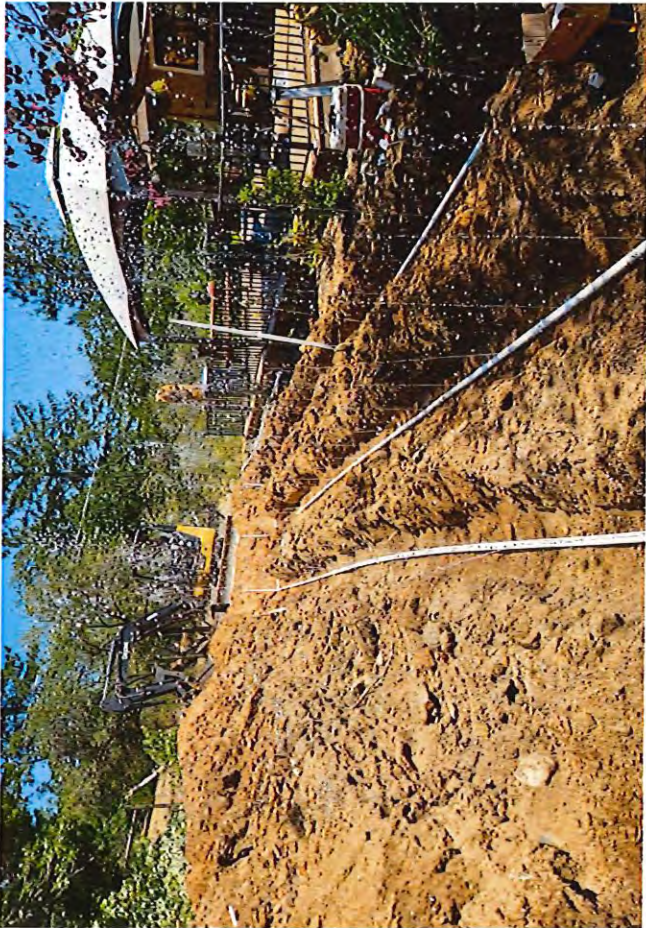
Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>EL Heusser</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>226555</u>	Certification#: <u>39267</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>7/10/25</u>	Phone#: <u>541-975-9155</u>

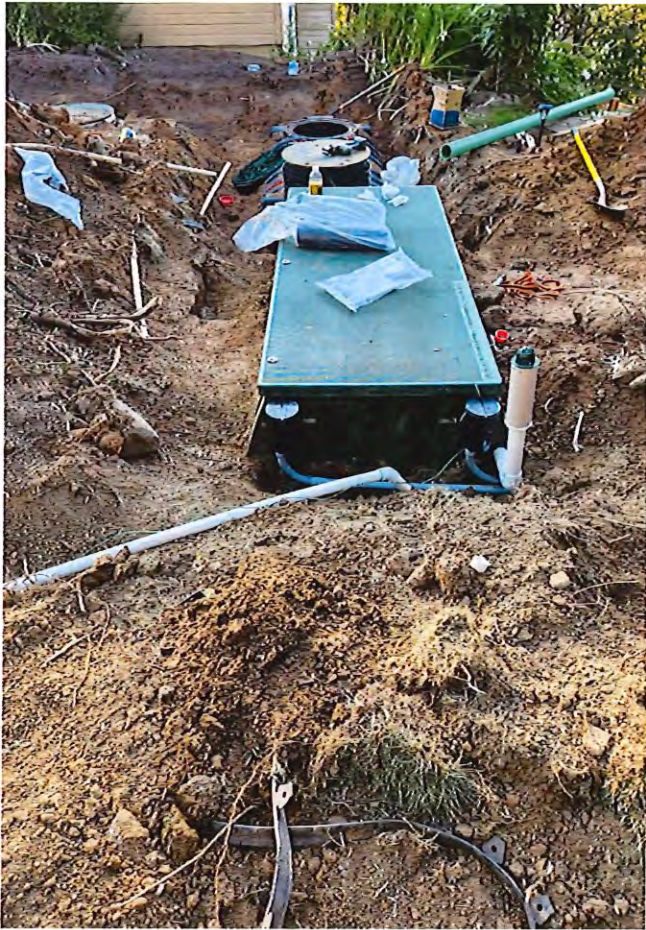
**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_







# Septic Permit

## Repair (Major) - Residential - New

248-25-000077-PRMT

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 221 Stewart Avenue  
 Suite 201  
 Medford, OR 97501  
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 Website: oregon.gov/deq

<b>Date issued:</b> 5/30/25	<b>Expiration date:</b> 5/30/26
<b>Work description:</b> Burgess - Major Repair	

**Applicant:** Eli Heusser  
**Address:** 1003 Comet Ave  
 Central Point OR 97502  
**Phone:** 5419739153  
**Email:** excavation.em@gmail.com

**Contractor:** E & M EXCAVATION LLC  
**CCB:** 226555  
**Address:** 1003 COMET AVE  
 CENTRAL POINT OR 97502  
**Phone:** 5419739153  
**Email:** excavation.em@gmail.com

**Contractor:** E & M Excavation, LLC  
**Installer License:** 39267  
**Address:** 1003 Comet Ave  
 Central Point OR 97502  
**Phone:** 5419739153  
**Email:** excavation.em@gmail.com

**Business License:** N/A

**Owner:** Steve and Kimblerly Burgess  
**Address:** 3119 Old Military Rd  
 Central Point OR 97502

**Property address:** 3119 Old Military Rd, Central Point, OR  
 97502

**Parcel:** 372W083303 - Primary      **Township:** 37S    **Range:** 2W      **Section:** 8

<b>Lot size:</b> 0.76	<b>Water supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> N/A	
<b>Land use approval:</b> N/A	<b>County:</b> Jackson	
<b>Accessory Dwelling Unit:</b> No		
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> Yes	<b>Septic tank last pumped:</b> N/A	

**Comments:** Limited room for repair, sizing repair due to pre 1978 tax lot for 3br sfr, not to exceed bedroom count.

**Directions to property:** Stewart Ave torn right onto Oak Grove Rd. Left on W Main St. Turn right towards OR-238/Hanley Rd. Right at 1st cross street onto OR238 E. Left onto Ross Ln. Right onto Old Military Rd, Left at address.

**Category of construction:** Residential

	Existing	Proposed
<b>Use of structure:</b>	SFD	SFD
<b>Number of bedrooms:</b>	3	3

**System Specifications**

<b>Type:</b> Alternative Treatment Technology (ATTs)	<b>ATT description:</b> Orenco AX 20 RT	
<b>Max peak design flow:</b> 375 gpd.	<b>Proposed flow:</b> 375 gpd.	
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> N/A	

**Drain Field Specifications**

<b>Drain field type:</b> Gravelless	<b>System distribution Ttpe:</b> Equal	
<b>Drainfield sizing:</b> 45 linear ft.	<b>Distribution method:</b> Equal	

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<b>Date issued:</b> 5/30/25	<b>Expiration date:</b> 5/30/26
<b>Work description:</b> Burgess - Major Repair	

<b>Seepage bed specs:</b>	Drain field sized for 3br sfr under reasonable repair.	<b>Bottomless sand filter sqft:</b>	N/A
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	N/A
<b>Media type description:</b>	Gravelless	<b>Rock above pipe:</b>	N/A
<b>Trench length:</b>	120 linear ft.	<b>Undisturbed soil between trenches:</b>	3 ft.
<b>Max depth:</b>	10 in.	<b>Capping fills-min depth of fill material:</b>	12 in.
<b>Min depth:</b>	10 in.		

**Special Requirements**

<b>Pump to drainfield reqd:</b>	Yes	<b>Filter fabric on top of drain media:</b>	N/A
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**Date issued:** 5/30/25

**Expiration date:** 5/30/26

**Work description:** Burgess - Major Repair

**Conditions of approval:**

**Date issued: 5/30/25****Expiration date: 5/30/26****Work description: Burgess - Major Repair****Conditions of approval:**

- 1.This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.
- 2.ATT treatment standard 1 required.
- 3.The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
- 4.The septic tank must be approved for use with the ATT system to be installed.
- 5.In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
- 6.The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
- 7.Gravelless absorption method rules at OAR 340-071-0290 (6). Pressurized distribution required w/ distribution piping perforated with 1/8 inch diameter orifices on maximum 2-foot centers at the 12 o'clock position and at least a 2-foot residual head at the distal orifice.
- 8.Pressurized distribution rules at OAR 340-071-0275. Install sweep elbows at ends of lateral piping with acceptable threaded plugs or caps. Minimum head of 5-ft at remotest orifice, less than 10% variation.
- 9.The owner of a pressurized distribution system must maintain a contract with a certified maintenance provider to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
- 10.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 11.Vehicular traffic and livestock must be restricted from the system area.
- 12.All roof drains must be directed away from the system
- 13.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.
- 14.Meet all required setbacks
- 15.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.
- 16.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.
- 17.For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 18.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.
- 19.Install the pump and system components in accordance with the approved pump curve and specifications.
- 20.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.
- 21.Effluent filter required at tank outlet.
- 22.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.
- 23.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 24.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.

**Date issued:** 5/30/25**Expiration date:** 5/30/26**Work description:** Burgess - Major Repair**Conditions of approval:**

25. Maximum length of an individual trench is 150-feet.
26. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
27. An inspection of the constructed cap is required.
28. A squirt test inspection of the pressurized piping system is required.
29. 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.
30. Photos of the septic system components must be submitted along with the FIRN.

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.

**Date issued:** 5/30/25

**Expiration date:** 5/30/26

**Work description:** Burgess - Major Repair

Andrew Forbes

Onsite Wastewater Specialist

5/30/25





**Alternative Treatment Technology Systems**

For the State of Oregon

Specify system

**Service Provider**

Granite Ridge Property Maintenance LLC  
PO BOX 1431, Rogue River OR 97537  
541-973-5082 OR 541-660-5082  
[graniterpm@gmail.com](mailto:graniterpm@gmail.com)

**DAVID PAULSEN**

*David Paulsen*  
LIC # M425

**Customer Information**

NAME:

Kimberly Burgess

ADDRESS:

3119 Old Military Road

CITY, STATE, ZIP:

Central Point, OR 97502

E-MAIL:

Kimmy@streetsmartlocal.com

PHONE NUMBER:

949-295-439

**System Location**

ADDRESS:

3119 Old Military Rd

CITY, STATE, ZIP:

Central Point, OR 97502

PERMIT:

\_\_\_\_\_

PARCEL NUMBER:

\_\_\_\_\_

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MAY 29 2025

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**2 year Acknowledgment**  
**Maintenance and Servicing for Alternative Treatment Technology**

2 year service contract cost \$800. Includes 4 servicing's in a 2 year period. Start-ups are not included in this price and is an extra \$105.00. Any extra visits will be charged as an "Alarm Call" and will be priced accordingly. State fee is to be paid by owner (check with county for price). State fee may be subject to increase. Granite Ridge Property Maintenance will provide an Annual Maintenance report after annual service. The State fee is not included in the contract price.

Invoicing is sent out after each servicing, if not prepaid.

Oregon Administrative Rule 340-071-0130(17)(b) requires that owners of these septic system must submit an annual report and pay the report evaluation fee to the DEQ department.

Owners must pay the annual report evaluation fee in OAR 340-071-0140(3) by the date DEQ specifies for each year the system is in operation. A system is placed in operation when it first receives wastewater and remains in operation until DEQ receives notice the system has been decommissioned.

Installation and manufacture defect repairs are not included in service price.

Supplemental testing that may be required is not included in service price

Manufacturer requires UV lights to be replaced Annually. After the first year UV lights do not function according to Specs. This replacement fee is \$120 and is not included in our 2 year servicing fee.

Owner will be notified when septic tank is in need of pumping, pumping is not part of the service contract.

Site Address 3119 Old N. Island Rd. CR, OR 97502  
Customer Signature and Date [Signature] 5-29-2005

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## 1.0 Performance of Basic Services

The ATT Service Provider, shall perform the System Inspection/Service Visits during the 24-month period after installation.

### Inspection/Service Visits

Alarm Response

Other Services

*1 As required by NSF, these services will be included as part of the initial purchase of the system.*

*2 These services may be paid for during purchase or at a later date, when the work is performed.*

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the ATT Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow and an olfactory assessment for odor shall be performed.

The Service Provider will affix a "For Service, Call \_\_\_\_\_" label near the control panel's alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

2.0 Term of Agreement This Agreement shall be for the period of 24 months from the date of System start-up, unless otherwise terminated or canceled by either party as provided herein.

## 2.0 Definitions

3.0 For purposes of this Agreement, the following definitions shall apply:

3.1 "System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.

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3.2 "System" shall mean an Alternative Treatment Technology system NSF/ANSI Standard 40 certified wastewater treatment system.

3.3 "System Start-up Date" shall mean the date the System begins operating for its intended purpose.

#### **4.0 Charges**

The basic services, including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the System. Optional, additional services shall be provided at the agreed upon contract price and terms. The annual report and annual evaluation fee required by DEQ is not optional, and may or may not be included in the cost of SLD-OM-OR-1 Rev. 4.0, © 9/09 Orenco Systems®, Inc. basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional services shall be due and payable within thirty (30) days of the Customer's receipt of Service Provider's invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Service Provider is in arrears.

#### **5.0 Warranty**

The ATT Service Provider warrants that all Services shall be performed in a good and workmanlike manner and that Service Provider will correct any System errors, malfunctions, or defects directly caused by Service Provider's failure to perform the Services and Additional Services in such manner.

#### **6.0 Limitation of Liability**

The sole liability of the ATT Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the ATT Service Provider's failure to perform any services in a good and workmanlike manner pursuant to Section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the ATT Service Provider be liable to the Customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

#### **7.0 Termination/Cancellation**

This Agreement may be terminated or canceled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

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MAY 29 2025

DEQ MEDFORD



### **8.0 Miscellaneous Provisions**

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern this Agreement.

The homeowner shall be responsible for complying with the ATT Homeowner Manual and ATT Homeowner's Manual Supplement provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

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Acknowledgement of Understanding

Owner Responsibilities to maintain/convey Advantex Service contracts

I/we, as owners of an Orenco Systems, inc, Advantex treatment systems understand that I/we have purchased from Orenco Dealer of Dealers' agent as onsite wastewater treatment system that uses proprietary advanced wastewater treatment technology. I/we agree to purchase and maintain a service contract for this system from our Advantex dealer or from Dealers' agent for the entire period of the warranty.

I/we also understand that this service contract must be maintained. Failure to pay any renewal fee within 30 days of the due date shall result in termination of all Maintenance of our Advantex treatment systems.

I/we also understand that failure to pay and renewal fee within 30 days of the due date will void the Advantex treatment system warranty and all Orenco warranties on any components of the Advantex treatment System.

I/we also understand that I / we are obligated to disclose this information and this Service contract requirement to subsequent property buyers. I/we also acknowledge that I /we have received a homeowners's manual (for preventative maintenance) and that I/we are obligated to pass this homeowners manual on to subsequent property owners.

Site address: 3119 Old Military Road, Central Point OR  
97502

OWNERS:

Name: Kimberla & Stephen Burgess

Signature: [Handwritten Signature]  
Stephen Burgess

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MAY 29 2025  
DEQ MEDFORD

**FIELD WORKSHEET**

Name: Steve/Kim Burgess Application No.: 248-25-660077 Date: 5/16/25  
 RE: SITE EVALUATION REPORT for Parcel #: 37, 2w, 08, 3303

Commercial Facility:  Yes  No Parcel Size: .76

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 375 gpd Max Number of bedrooms: 3 Max Number of Employees: 0

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>120</u> total linear feet <u>45</u> linear feet per 150 gallons projected daily sewage flow <u>10</u> " Max Depth <u>10</u> " Min Depth

**Additional Conditions of Approval**

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
  - Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
  - 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.
  - This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
  - 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.

Reasonable Repair - Limited repair area:

\* Gravelless absorption - 340-290-0290(6)

\* ATT/SF required,

\* Pressurized Distribution - 340-071-0275

3BR SFR = 375 gpd / 150 gpd = 2.5 x 45 = 112.5 ≈ 120 in Pt of  
drain line.

Application No.: \_\_\_\_\_

70410

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-8"	SCL	5YR 4/4, Compacted w/SSK, 2UF, 3FM, 1C, 15% CF
	8-30"	SCL	5YR 4/4, Compacted w/SSK, 2F, 20% CF
	30-46"	SCL	5YR 4/4, w/SSK, Roots, 20% CF A-dex @ 7.5YR 4/6 21" Dep - 7.5YR 5/1 - 24" Correlated @ 30"
Test Pit 2	0-6"	Gravel	Downy 3/4 -
	6-13"	SCL	5YR 4/4, w/SSK comp, 2E/m, 1C, 15% CF
	13-44"	SC	5YR 4/4, w/SSK, Roots, 30% CF A-dex @ 7.5YR 4/6 18" Dep 15YR 5/1 Correlated to per 5' @ 13"
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: Trees, Gravel, Deck in Back of Lot.

Slope: Backyard 0-2% Aspect: Hillside Groundwater Type:  Permanent  Temporary  
 Other Site Notes: Slope on site = 18-20%, Backyard is flat w/a slope of 0-2%

Application No.: \_\_\_\_\_



State of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

For DEQ Use Only:		Date Stamp
Date received	_____	RECEIVED MAR 25 2025 DEQ MEDFORD
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 <sup>st</sup> response	_____	
Date of 2 <sup>nd</sup> response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

## A. Property Owner Information

Name: Steve & Kimberly Burgess Mailing Address (Street or PO Box, City, State, Zip Code): 2119 Old Military Rd Central Point OR 97502 Phone Number: 949-295-4139

## B. Legal Property Description

Township: 37 Range: 2W Section: 08 Tax Lot: 3303 Tax Account Number: 1-046180-1 Acreage or Lot Size: .76  
 County: Jackson Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Property Address: 3119 Old Military Rd Central Point OR 97502  
 Address City State Zip Code  
 Directions to Property: Please see attached

## C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input checked="" type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____
<u>3</u>	<u>3</u>	Name
Number of Bedrooms	Number of Bedrooms	<input checked="" type="checkbox"/> Private <u>well</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Well, Spring, Shared

## D. Type of Application

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

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

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

Signature: [Signature] Date: 3/26/25  
 Applicant's Name - Please Print Legibly: Eli Heusser Applicant's Phone Number: 949-295-4139  
 Applicant's Mailing Address: 1663 Comet Ave Central Point OR 97502 Applicant's E-mail Address: accuation\_email@gmail

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Eli Heusser



221 Stewart Ave, Medford, OR 97501 to 3119 Old Military Rd, Medford, OR 97502 Drive 9.2 miles, 18 min

221 Stewart Ave  
Medford, OR 97501

Continue to W Stewart Ave

- ↑ 1. Head east toward W Stewart Ave 46 sec (0.1 mi)  
338 ft
- ↶ 2. Turn left toward W Stewart Ave 167 ft
- ↶ 3. Turn left onto W Stewart Ave 5 min (2.3 mi)
- ↷ 4. Turn right onto Oak Grove Rd 2 min (0.8 mi)

Follow W Main St, Hanley Rd and Ross Ln to Old Military Rd

- ↶ 5. Turn left onto W Main St 9 min (5.2 mi)
- ↷ 6. Turn right toward OR-238 E/Hanley Rd 1.8 mi
- ↷ 7. Turn right at the 1st cross street onto OR-238 E/Hanley Rd 154 ft
- Continue to follow Hanley Rd 1.6 mi
- ↶ 8. Turn left onto Ross Ln 1.7 mi

Follow Old Military Rd to your destination

- ↷ 9. Turn right onto Old Military Rd 2 min (0.9 mi)
- ↶ 10. Turn left 0.9 mi
- ↶ 11. Turn left 95 ft
- Destination will be on the left 135 ft

3119 Old Military Rd  
Medford, OR 97502

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MAR 25 2025  
DEQ MEDFORD

SECTION 8 T.37S. R.2W. W.M.  
JACKSON COUNTY

372W8

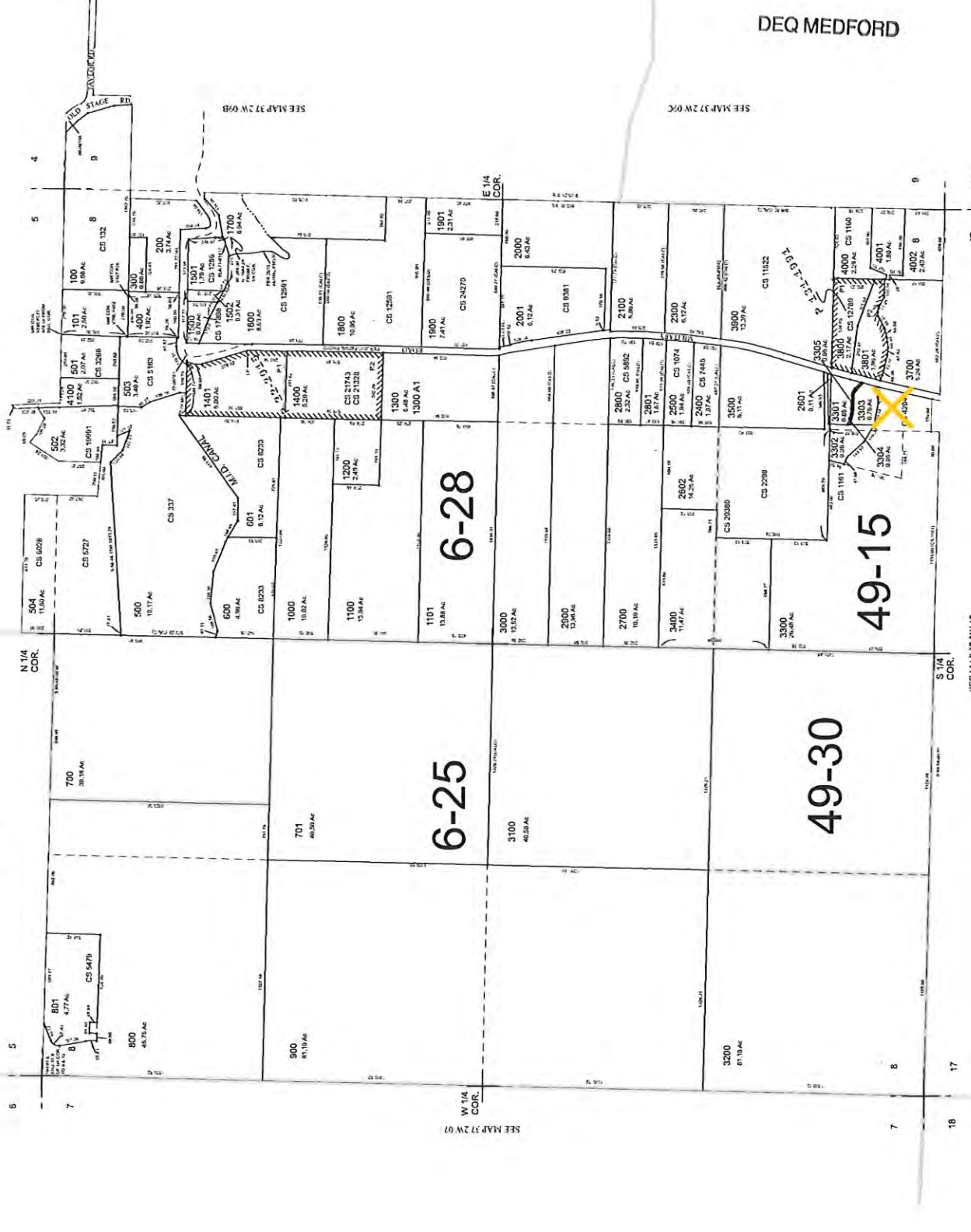
CANCELLED TAX LOT NUMBERS  
2400 ADDED TO 1500  
2200 ADDED TO 2100  
3600 ADDED TO 372W17 100  
3011 ADDED TO 400

SEE MAP 37 2W 05

SEE MAP 37 2W 09B

SEE MAP 37 2W 09C

SEE MAP 37 2W 17



RECEIVED  
MAR 25 2025  
DEQ MEDFORD

372W8  
NEW MAP October 31, 2011  
REV March 8, 2018



State of Oregon  
Department of  
Environmental  
Quality

State of Oregon Department of Environmental Quality

# Notice Authorizing Representative

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MAR 25 2025

DEQ MEDFORD

I, Kimberly Burgess, have authorized E&M Excavation LLC  
(Property Owner/Print Name) (Authorized Representative/Print Name)

to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

### Property identification:

3119 Old Military Rd

(Property Situs or Road Address)

And described in the records of: Jackson County as:  
Township 37 Range 2W Section 08 Map ID 372W083303 Tax Lot #(s) 3303

### Property owner:

Printed Name: Steve + Kimberly Burgess

Address: 3119 Old Military Rd.

City, State, Zip: Central Point, OR 97502

Phone: 949-295-4139 Email: kimmy@streetsmartlocal.com

Signature: [Handwritten Signature]

### Authorized representative:

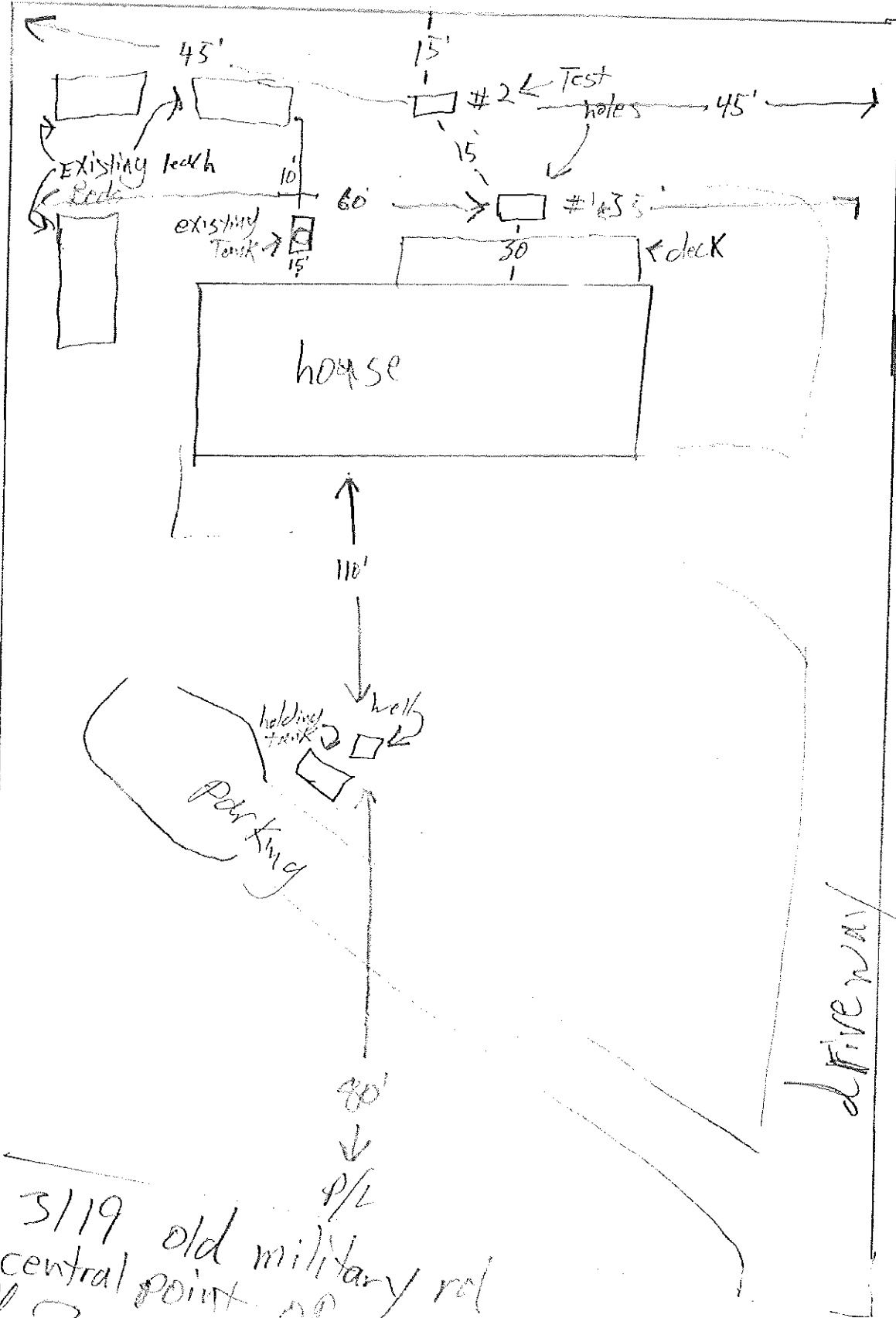
Printed Name: Eli Heusser

Address: 1003 Comet Ave

City, State, Zip: Central Point OR 97502

Phone: 5419739153 Email: excavation.em@gmail.com

Signature: [Handwritten Signature]



3119 old military rd  
central point of  
Dr. Zenger ERM excavation 11r

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MAY 13 2025

DEQ MEDFORD



# JACKSON COUNTY ZONING AUTHORIZATION

DEVELOPMENT SERVICES

Planning Division

10 South Oakdale Ave., Room 100

Medford, OR 97501-2902

Phone: 541-774-6907

ZONING: Rural Residential-5

RECORD #: 439-25-00475-ZON

ADDRESS: 3119 OLD MILITARY RD

PRINT DATE: 04/10/2025

PRIMARY PARCEL #: 37-2W-08-3303

LAST UPDATED: 04/10/2025

CASE TYPE: Zoning Information Sheet

PROCESS TYPE: Type I Permit

ASSOCIATED LOTS:

Owners

BURGESS STEPHEN A/KIMBERLY M  
3119 OLD MILITARY RD  
CENTRAL POINT, OR 97502-1115

Record Detail Description

ZIS septic repair authorization

Primary Contact

Eli Heusser  
1003 Comet Ave  
Central Point, OR 97502

Contact Type

General Contractor

**GENERAL ZIS INFORMATION:**

<u>STAFF</u>	<u>DATE</u>	<u>COMMENTS</u>
CREPEARE	03/28/2025	03/28/2025: Proposal is for a septic repair to serve the existing dwelling. Assessment shows a 1966 2204 square foot one story with basement. Parcel configuration matches 1973 map book, confirmed with Survey No 4202, zoned RR-5 then and zoned RR-5 now. In the Wildfire Hazard Area, the Air Quality Maintenance Area and possibly within the Deer and Elk Winter Range Overlay with no other overlays of concern. Number of bedrooms needed and type of septic repair needed. See conditions. RC
	04/02/25:	Fee paid.
	04/08/2025:	RR Deed Declaration signed off. RC
	04/10/2025:	Plot Plan submitted. No PTP conditions remain. OK for permits necessary for major septic repair to serve the existing 3-bedroom dwelling. Authorization expires 04/10/2027. KW

**OVERLAY DETAILS:**

Applicable Overlay

Wildfire Hazard Area  
Deer and Elk Winter Range Habitat  
Wetlands  
Air Quality Maintenance Area

Comments

FD #3

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

MAY 13 2025

**STRUCTURE / SIZE DETAILS:**

DEQ MEDFORD

<u>Item</u>	<u>Units</u>	<u>Proposed Size</u>	<u>Approved Size</u>	<u>Comments</u>
Initial Dwelling	Sq Ft	2204	2204	2204 sq ft 1966 one story

**HEIGHT / LOCATION DETAILS:**

<u>Items</u>	<u>Distance</u>	<u>Direction</u>	<u>Approved Height</u>	<u>Comments</u>
--------------	-----------------	------------------	------------------------	-----------------

**Condition**

**Hold Level**

**Status**

Counter Consultation Fee Due

Met

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

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

RR Deed Declaration

Met

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

Plot Plan

Met

**PRIOR TO PERMITS**

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

**Assigned Staff:**

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



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APR 02 2025

DEQ MEDFORD

# EXISTING SEPTIC SYSTEM DESCRIPTION

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

- Your existing septic system consists of (check all that apply):  
 Septic Tank       Disposal Trenches       Capping Fill       Sandfilter  
 Seepage Bed       Cesspool or Pit       Unknown  
 Other (Describe) \_\_\_\_\_
- When was your septic system installed? 1972 \_\_\_\_\_  
(Date) (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) 900 \_\_\_\_\_
- When was the septic tank last pumped? aprox. 1 year      Attach receipt if available.
- Number of disposal trenches 3 (beds) \_\_\_\_\_
- Total length of disposal trenches (in feet) 900sqft \_\_\_\_\_
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use \_\_\_\_\_
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 3      How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
- If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

3/26/25

(Date)

Signature of Property Owner or Legally Authorized Representative

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



# Onsite Permit Application Verification 248-25-000077-PRMT

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

**Application created:** 3/26/25

**Parcel Nbr:** 372W083303

**Site Address:** 3119 OLD MILITARY RD, CENTRAL POINT, OR 97502

**Owner:** Steve and Kimblerly  
Burgess  
(949) 295-4139

**Applicant:** Eli Heusser - E&M Excavation LLC  
1003 Comet Ave  
Central Point, OR 97502

**Phone:** (541) 973-9153

**Email:** excavation.em@gmail.com

**Licensed Professional(s):**

**License Number:** CCB - 226555  
E & M EXCAVATION LLC  
1003 COMET AVE  
CENTRAL POINT, OR 97502

**Phone:** (541) 973-9153

**Email:** excavation.em@gmail.com

**License Number:** Installer License - 39267  
E & M Excavation, LLC  
1003 Comet Ave  
Central Point, OR 97502

**Phone:** (541) 973-9153

**Email:** excavation.em@gmail.com

**Category of Construction:** Residential

**County:** Jackson

**Directions:** Stewart Ave turn right onto Oak Grove Rd. Left on W Main St. Turn right towards OR-238/Hanley Rd. Right at 1st cross street onto OR238 E. Left onto Ross Ln. Right onto Old Military Rd, Left at address.

**Acreage or Lot Size:** 0.76

**Water Supply:** Well

**System is Failing:** CHECKED

**Septic Tank Last Pumped:**

	<u>Existing</u>		<u>Proposed</u>
<b>Use of Structure:</b>	SFD	<b>Use of Structure:</b>	SFD
<b>Number of Bedrooms:</b>	3	<b>Number of Bedrooms:</b>	3

**Attached Documents:**

<b>Name</b>	<b>Description</b>
Existing septic description 3119 Old Military.pdf	Existing septic system description
3119 Old Military notice auth rep form.pdf	Notice Auth Rep form
directions to property 3119 old military rd.pdf	directions to property
372w08taxlotmap 3119 Old Military.pdf	map image
Deed Declaration 3119 Old Military.pdf	Deed declaration
3119 Old Military Rd Zoning Authorization 439-25-00475-ZON.pdf	Zoning Authorization
sitemap 3119 Old Military.pdf	site map drawing
3119 Old Military App.pdf	application
3119 Old Military Rd Zoning Authorization 439-25-00475-ZON.pdf	Zoning Authorization



ZONING CLEARANCE SHEET

DEPARTMENT OF PLANNING & DEVELOPMENT • COUNTY COURTHOUSE • MEDFORD, OREGON 97501 • (503) 776-7554

12/01/93 9:19:23

PLZN200R

Current Owner: GUTCHER DENNIS/IDA

Map Id: 372W08 Tax Lot: 3303 Acreage: .76
Property Address: 3119 OLD MILITARY RD Acres: .76

Applicant Name: FALLON, ERIC L
Mailing Address:
City/St: Phone:
Zoning Clearance Date: 12/01/93 Creation Date: 0/00/00

Proposal:

To Serve: Existing Dwelling
ELECTRICAL PERMIT

Property is Zoned: RR-5 Minimum Parcel Area:
MINIMUM STRUCTURAL SETBACK FROM PROPERTY LINES: Front: 30 Side: 20 Rear: 20

Development on this land is subject to Mandatory Fire Safety Requirements as described in Chapter 280.100 of the Jackson County Land Development Ordinance. A 100 foot fuelbreak is required and may affect setbacks.

This property lies in a NONRESOURCE zoning district and abuts a RESOURCE zoning district. Special setbacks of 200 feet from the resource lands to the SOUTH are required for dwellings unless an exception is approved by staff.

Owner/Applicant must apply for and receive approval of:

- Minor Partition
- Forest Site Plan Review
- Nonforest Site Plan Review
- Open Space Site Plan Review
- Commercial Site Plan Review
- Alteration of Nonconforming Use
- Subdivision
- Conditional Use Permit
- Areas of Special Concern. Specify:
- Other - See Below
- Major Partition
- Farm/Nonfarm Dwelling
- County Recognized Access
- Administrative Review for Structures in a Floodplain
- Administrative Review for Airport Approach/Concern Area
- Temporary Mobile Home

Comments: COMPUTER SHOWS 1966 DWELLING, 3 BEDROOMS, 2 BATHS, 1628 SQ FT, FINISHED BASEMENT 576 SQ FT, UNFINISHED BASEMENT 480 SQ FT, ATT CARPORT 520 SQ FT. OK TO ISSUE ELECTRICAL PERMIT FOR 2 CIRCUITS FOR HEAT PUMP TO SERVICE THE DWELLING.

NO CONFLICTS EXIST. The proposed use or development AS PRESENTED HEREIN is in conformance with the Land Development Ordinance. Falsification of information renders this zoning clearance null and void.

CERTIFICATION: The information I have provided for this zoning clearance is, to the best of my knowledge, true, accurate and complete. I also understand that any changes in my plans or county regulations may render this clearance sheet invalid.

Signature of owner/applicant: Date:
Signature of staff member [Signature] Date: 12-1-93

Copy of the zoning clearance HANDGIVEN to applicant on: 12/01/93

JACKSON COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
 REPORT ON INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

RECEIVED  
 DEC 04 1992

Township 37 Range 2W Section 08 Tax Lot# 5303 Appl# 193-72

Jackson Co. Planning

Owner's Name Fallon

Property located at: 3119 Old Military Road Madras, Oregon

The following findings are based on representations by the applicant and the field investigations(s), research, and/or samples collected by Environmental Health Division staff.

RECEIVED  
 DEC 03 1992

----- WATER SUPPLY -----

- (1.) Bacteriological Sample
- Collected \_\_\_\_\_
- Passed, coliform bacteria absent
- Failed; coliform bacteria present
- Additional tests (results on Page-2)

- (2.) Nitrate Sample
- Collected \_\_\_\_\_
- Results \_\_\_\_\_
- (U.S. EPA maximum contaminant level for nitrate in drinking water is 10.0 mg/l)

Jackson Co. Planning

sewer disposal only

- (3.) Surface inspection indicates that construction appears to:
- Conform with Jackson County Health Department water system guidelines as revised in 1992.
- Items which do not conform to the Jackson County Health Department water system guidelines as revised in 1992 are outlined on page 2.
- Most hand dug wells and springs are not engineered to meet the above construction standards. (Water system guideline compliance not certified.)
- Other \_\_\_\_\_

----- SEWAGE DISPOSAL -----

- (4.) Surface inspection indicates that the identified sewage disposal system appears to be :
- Functioning satisfactorily at the time of our field investigation \_\_\_\_\_ DATE
- Malfunctioning at the time of our field investigation.
- Discharges wastes: into open ditch, creek, or stream; or onto surface of ground.
- (5.) There are indications that:
- System design and/or installation may be at variance with Oregon on-site Sewage Disposal Rules, Division 71 through 73 of Chapter 340 Oregon Administrative Rules.
- The system may not function satisfactorily during the winter and/or irrigation season.
- The dwelling appeared to be vacant and/or the system was not receiving normal usage at the time of our field evaluation. 11-30-92
- Other \_\_\_\_\_

Unless otherwise specified, we recommend that septic tanks be checked and/or pumped every 2 to 5 years as a maintenance procedure. (Ask pumper to document gallonage and condition)

- SEE ATTACHED DISCLAIMER AND ADDENDUM SHEET -  
 Action on this report was completed on 12-1-92 by John Manning  
 -Please turn to Page 2 -

Application # 143-92

DISCLAIMER AND ADDENDUM  
JACKSON COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT  
REPORT ON INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Unless otherwise specifically stated, conditions and findings stipulated in this report are based on conditions existing at the time of the evaluation and those specific tests identified within the report. We cannot guarantee that these conditions will not change.

Results and recommendations made in this report are partially based on the information provided on the application. If that information is false or misleading it may affect the results of the evaluation.

The house was vacant at the time of the 11-30-92 inspection.

There were no obvious signs of recent drainfield failure or illegal discharge pipes noted during the inspection.

Enclosed are copies of the following documents:

1. Original 1969 permit with schematic drawing.
2. March 27, 1986 Jackson County Health Department Sewage Disposal Evaluation.

*John Manning*  
12-1-92

JACKSON COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
1005 E. MAIN STREET, MEDFORD, OR 97504  
RURAL PROPERTY EVALUATION APPLICATION  
INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

FHA \_\_\_\_\_ Township 37 Range 2W Section 08 Tax Lot# 3303  
State VA \_\_\_\_\_ Application No. 112792 14392  
Other \_\_\_\_\_ Fee Received 160.00 (Ect. Water Nitrate \_\_\_\_\_ Chem. \_\_\_\_\_) (Sewage)

**I** PROPERTY INFORMATION:

Property Address 3119 Old Military Rd Medford  
Street City Zip

Directions to Property Rossanley TO Old Military -  
UP Driveway - 1st house on left -

Are there guard dogs? no Are there locked gates? no  
Is the pumphouse or pressure tank room locked? no  
Other special circumstance? no



Owner of Record FALLAN

Current Occupants Name(s) not occupied

Number of living Units 1 (Homes, Mobile Homes, Guest Houses, Apartments)  
Number of septic systems 1, Separate gray waste disposal systems? unk-  
Lot or Acreage Size 150 x 220

**II. WATER SUPPLY INFORMATION:**

Source: Drilled Well \_\_\_\_\_, Dug Well \_\_\_\_\_, Other \_\_\_\_\_  
Date of System Construction \_\_\_\_\_ (Specify Other Source)  
Depth of Well \_\_\_\_\_, Depth of Casing \_\_\_\_\_, Type of Casing \_\_\_\_\_  
Casing extends above ground level \_\_\_\_\_ inches  
(Attach a copy of well log, if available)  
Is there a storage tank or reservoir? \_\_\_\_\_ If yes, please give gallonage \_\_\_\_\_  
Date when flow rate was last tested? \_\_\_\_\_  
Date when last bacteriological test was done? \_\_\_\_\_ (Did it pass \_\_\_ -or- fail \_\_\_?)

**III. SEWAGE DISPOSAL INFORMATION:**

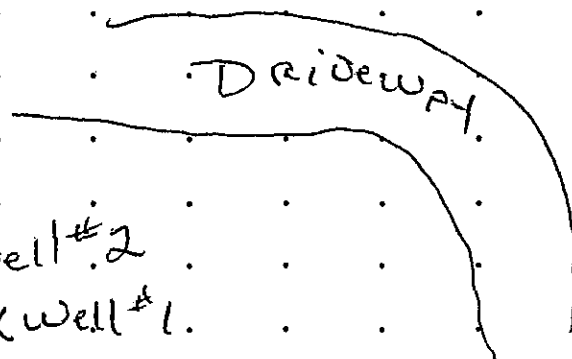
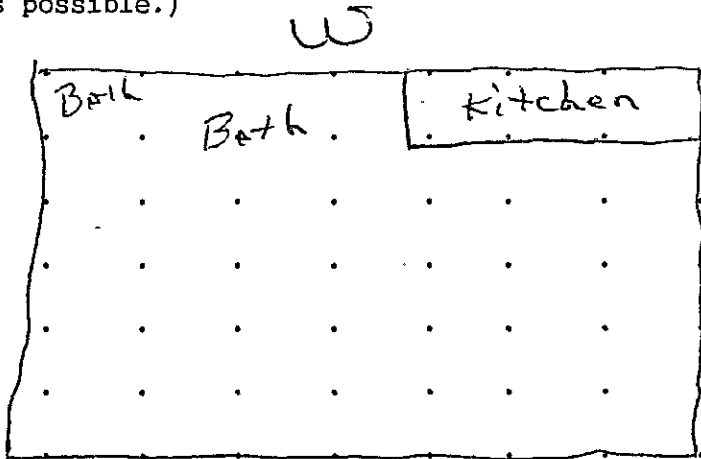
Type of system installed (standard) (ETA) (sandfilter) (other)? \_\_\_\_\_  
Date of installation \_\_\_\_\_ Septic tank gallonage \_\_\_\_\_  
Drainfield length \_\_\_\_\_ Number of lines \_\_\_\_\_  
Do all plumbing drains from sinks, showers, baths, kitchens and clothes washers  
connect to drain into the inlet side of the septic tank? \_\_\_\_\_ (If not, please explain)  
Does the system drain slowly or "back-up" during the winter months? \_\_\_\_\_  
Has liquid been observed on the ground surface in the drainfield area? \_\_\_\_\_  
Does the system discharge liquids into an open ditch, creek or onto the surface of  
the ground? \_\_\_\_\_  
Date sewage disposal system was last repaired or changed \_\_\_\_\_  
Date septic tank was last pumped \_\_\_\_\_  
Is there a swimming or spa pool or hot tub? \_\_\_\_\_ Where does the pool backwash water  
drain? \_\_\_\_\_

JACKSON COUNTY HEALTH DEPARTMENT & HUMAN SERVICES DEPARTMENT  
 RURAL PROPERTY EVALUATION APPLICATION  
 INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Page 2

Application No. 14392

PLOT PLAN: Show Well, Septic Tank, and Drainfield locations and where they are located from dwellings and other structures, driveways and property lines. (Please try to be as precise as possible.)



IV. REPORT DISPOSITION:

Mail Report to -or- call: Richard Martin  
 Phone # 779 4626 PO Box 8324 Medford  
779 4626 97504

I certify the above information to be true at the time of this application

Applicant is the Owner Buyer Agent

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 Street City Zip

Phone Number \_\_\_\_\_





5/22/90 2:00-57 PLSK200R

OWNER: FALLON ERIC L MAP ID: 37-2W-08 TAX LOT: 2303  
PROPERTY ADDRESS: 3119 OLD MILITARY RD ACRES: .76

DIRECTIONS TO PROPERTY:

FEE: 12.50 RECEIPT#: 4465 DATE: 5/21/90

PROPOSED RESIDENCE DRILLERS NAME: UNKNOWN  
ANY RESIDENCE/BUSINESS ON LOT NOW? YES

COMMENTS: PLOT PLAN IN FILE

APPLICANT NAME: FALLON EDWARD  
MAILING ADDRESS: 766 ROCA ST TELEPHONE: 482-3774  
CITY/ST: ASHLAND OR 97520

Completed Application Date: 5/21/90

WELL PERMIT-APPROVED DATE: 5/23/90 BY: BWH PRIOR,RS  
EXPIRES: 5/23/91 WELL PERMIT#: 000198-90W  
To be installed so as to meet state and county codes

JACKSON COUNTY INDIVIDUAL WATER SYSTEM ORDINANCE  
WELL SETBACK REQUIREMENTS:

- 100 FEET FROM ANY SEPTIC SYSTEM DRAINFIELD
- 50 FEET FROM ANY SEPTIC TANK
- 20 FEET FROM ANY PROPERTY LINE IF ADJOINING PARCEL IS CURRENTLY UNDEVELOPED
- 40 FEET FROM ANY EXISTING WELL ON AN ADJOINING PROPERTY

BWH Prior, R.S.  
INSPECTOR SIGNATURE

NOTICE  
This permit does not include  
plumbing and electrical permits.

JACKSON COUNTY HEALTH DEPARTMENT  
REPORT ON INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

T 375 R 2W SEC 8 TL# 3303 APPL # 27-86

Owner's Name Umpqua Valley Bank

Property located at: 3119 Old Military Road, Central Point, OR

The following findings are based on representations by the applicant and the field investigation(s), research, and/or samples by Health Department staff.

- WATER SUPPLY -

- Bacteriological sample collected: \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.
- \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.
- \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.

The most recent water sample, as indicated above, appears to conform with the minimum purity standards established by the American Public Health Association.

Sample(s) collected to date appear to indicate a water contamination problem.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Construction appears to comply with accepted public health standards.

Construction at variance with Jackson County Health Department water system guidelines as revised 11-3-77 (see comments)

Comments: \_\_\_\_\_  
\_\_\_\_\_

- SEWAGE DISPOSAL -

The sewage disposal system appears to be functioning satisfactorily at the time of field investigation. Home has been vacant until "last few weeks" 3-26-86

The system was malfunctioning at the time of the field investigation. (see comments.)

There are indications that the system may not function satisfactorily during the winter and/or irrigation season. (see comments.)

The house was vacant and the system was not in operation at the time of the field investigation.

Other files indicate Dwelling/Well/Disposal system developed over 3 or 4 year period with septic permit issued in 1969 and installation 1-7-70.

Comments: 1000 gallon septic tank and over 980<sup>sq</sup> ft drain field in bed type design  
We recommend that this septic tank be pumped, then rechecked in 24 months  
to establish a 2 to 5 year maintenance cycle based on use of system.

Action on this report was completed on 3-27-86 by Wm R. Dierker, P.E.

CLACKSON COUNTY HEALTH DEPARTMENT  
RURAL PROPERTY EVALUATION APPLICATION  
INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

PAID  
3-20-86

FHA \_\_\_\_\_

T. 37 R. 2 W. Sec. 8 TL# 33C3

State VA \_\_\_\_\_

Application No. 27-86

Other Conventional bank

Fee Received \$ 50.00 for W \_\_\_\_\_ S

I APPLICANT: \_\_\_\_\_ Owner  Buyer \_\_\_\_\_ Agent \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Name Union Valley Bank Phone # \_\_\_\_\_

Address 3119 Old Military Rd Central Point  
Street City Zip

II PROPERTY INFORMATION: (Draw sketch on back of white sheet)

Number of dwellings on system: 1 Septic System \_\_\_\_\_ Water System \_\_\_\_\_

Number of Bedrooms 3 Lot or Acreage Size .77 Acres

Property Address 3119 Old Military Rd Central Point  
Street City Zip

Directions to Property \_\_\_\_\_

Name of Occupants Faie Fallon - Valer - Trustman

III WATER SUPPLY INFORMATION:

Drilled Well \_\_\_\_\_ Dug or Bored Well \_\_\_\_\_ Other Source \_\_\_\_\_

Date of System Construction \_\_\_\_\_

Depth of Well \_\_\_\_\_ Depth of Casing \_\_\_\_\_

(Please attach a copy of well log, if available.)

IV SEWAGE DISPOSAL INFORMATION:

Date of Installation 3-66 Drainfield Length 298 ft

Septic Tank Size \_\_\_\_\_ Number of Lines 7

Does the system drain slowly or back up during the winter months? No

Has water been observed on the ground surface in the drainfield area? No

Does the system discharge liquids to a ditch, creek or onto the surface of the ground? No

Sewage disposal permit # \_\_\_\_\_

V I CERTIFY THE ABOVE INFORMATION TO BE TRUE AT THE TIME OF THIS APPLICATION.

Applicant's Signature Edward Fallon Date 3-20-86

VI REPORT DISPOSITION:

Mail report to or call: Edward Fallon  
482-3774 716 Rowast

White-Env. Health  
Yellow-Accounting

1-7-76

WR

Elevation \_\_\_\_\_ ft.  
 Elevation \_\_\_\_\_ ft.  
 Area \_\_\_\_\_ acres  
 Diameter \_\_\_\_\_ ft.  
 Distance to property \_\_\_\_\_ ft.  
 Sp. ft. per acre \_\_\_\_\_

A.E. Mowry

2-10-66 Proposed 3 bedroom Home = Minimum of 900 gallon septic tank and 630 total sq ft of drain field WR

See 3121 for more info

1-17-58 Info that C.P. F.N. Bank called to ask we approved septic system? - No Record of application for permit - installation or request for inspection WR

2-2-76 Per 50 min. ...

MARVIN GRAHAM





WELL PERMIT APPLICATION

FIELD COPY

DEPARTMENT OF PLANNING & DEVELOPMENT • COUNTY COURTHOUSE • MEDFORD, OREGON 97501 • (503) 776-7554

5/23/90 8:09:57 PLSW200R

OWNER: FALLON ERIC L MAP ID: 37-2W-08 TAX LOT: 3303

PROPERTY ADDRESS: 3119 OLD MILITARY RD ACRES: .76

DIRECTIONS TO PROPERTY:

FEE: 12.50 RECEIPT#: 4465 DATE: 5/21/90

PROPOSED RESIDENCE DRILLERS NAME: UNKNOWN  
ANY RESIDENCE/BUSINESS ON LOT NOW? YES

COMMENTS: PLOT PLAN IN FILE

APPLICANT NAME: FALLON EDWARD  
MAILING ADDRESS: 766 ROCA ST  
CITY/ST: ASHLAND OR 97520 TELEPHONE: 482-3774

Completed Application Date: 5/21/90

WELL PERMIT-APPROVED DATE: 5/23/90 BY: BWH PRIOR, RS  
EXPIRES: 5/23/91 WELL PERMIT#: 000198-90W  
To be installed so as to meet state and county codes

JACKSON COUNTY INDIVIDUAL WATER SYSTEM ORDINANCE  
WELL SETBACK REQUIREMENTS:

- 100 FEET FROM ANY SEPTIC SYSTEM DRAINFIELD
- 50 FEET FROM ANY SEPTIC TANK
- 20 FEET FROM ANY PROPERTY LINE IF ADJOINING PARCEL IS CURRENTLY UNDEVELOPED
- 40 FEET FROM ANY EXISTING WELL ON AN ADJOINING PROPERTY

*BWH Prior, R.S.*

INSPECTOR SIGNATURE

NOTICE  
This permit does not include  
plumbing and electrical permits.

*Buy 1st*  
*Walter Dick*

ADDRESS: 3119 Old Military Rd. CITY: Midford FILE CODE: 581-69

TYPE OF ESTABLISHMENT OR FACILITY: (SPECIFY EXACT TYPE: I.E., GROUP CARE, HOSPITAL, DAY NURSERY, ETC.)

- A—DISPOSAL SITE \_\_\_\_\_
- B—FOSTER HOME \_\_\_\_\_
- C—GROUP CARE \_\_\_\_\_
- D—ICE PLANT \_\_\_\_\_
- E—INDUSTRIAL PREMISE \_\_\_\_\_
- F—INSTITUTION \_\_\_\_\_
- G—LABOR CAMP \_\_\_\_\_
- H—PRIVATE PREMISE 3 BR House
- I—PROPOSED BLDG. SITE \_\_\_\_\_
- J—PUBLIC PREMISE \_\_\_\_\_
- K—PUBLIC WATER SYSTEM \_\_\_\_\_
- L—SCHOOL \_\_\_\_\_
- M—SUMMER CAMP \_\_\_\_\_
- N—SWIMMING POOL \_\_\_\_\_
- O—MILK ESTABLISHMENT \_\_\_\_\_
- P— \_\_\_\_\_

SAMPLES COLLECTED	DATE	RESULT	TESTS PERFORMED	DATE	RESULT

COMPLAINT REGISTERED BY \_\_\_\_\_ ON \_\_\_\_\_  
 COMPLAINANT'S REMARKS \_\_\_\_\_

SANITATION SERVICE RECORD LHS-6 REV. 10-58

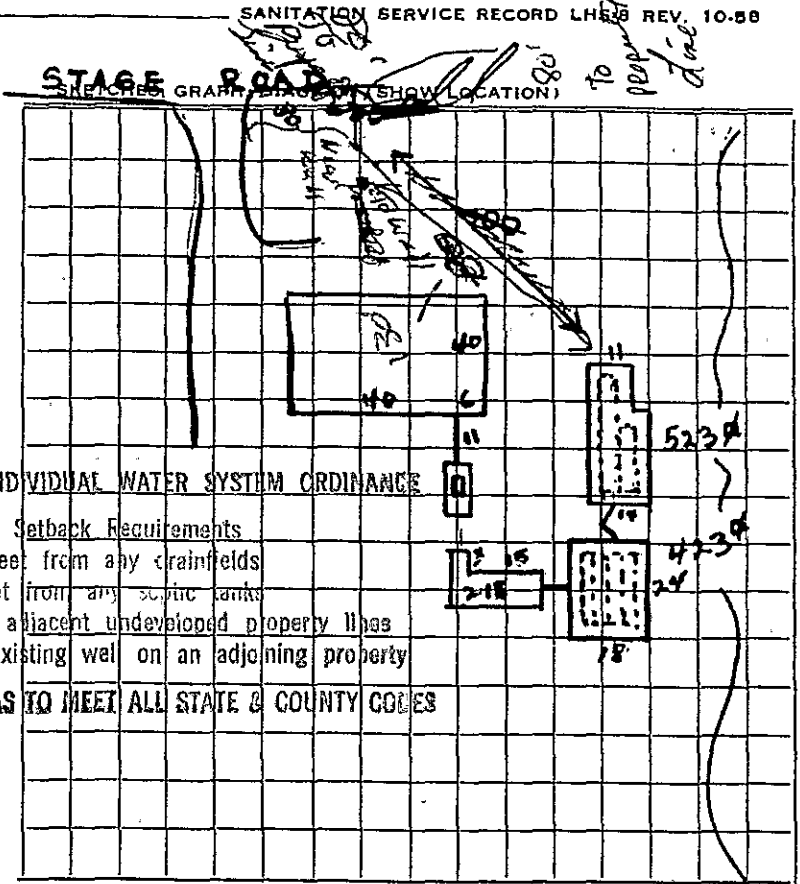
FIELD INSPECTION RECORD COMPLETED:

RECORD CODE	TITLE OF FORM
1	ICE FACTORY INSPECTION FORM
2	SCHOOL AND INSPECTION FORM
3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
7	STATE VET LOAN REPORT
8	FHA HOME LOAN REPORT
9	OTHER HOME LOAN REPORT
10	
11	
12	

**JACKSON COUNTY INDIVIDUAL WATER SYSTEM ORDINANCE**

- Well Setback Requirements
- 100 feet from any drainfields
  - 50 feet from any septic tanks
  - 20 feet from any adjacent undeveloped property lines
  - 10 feet from any existing well on an adjoining property

**TO BE INSTALLED SO AS TO MEET ALL STATE & COUNTY CODES**



JACKSON COUNTY HEALTH DEPARTMENT  
REPORT ON INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

T 375 R 2W SEC 8 TL# 3303 APPL # 27-86

Owner's Name Umpqua Valley Bank

Property located at: 3119 Old Military Road, Central Point, OR

The following findings are based on representations by the applicant and the field investigation(s), research, and/or samples by Health Department staff.

- WATER SUPPLY -

- Bacteriological sample collected: \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.
- \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.
- \_\_\_\_\_ (Does) (Does Not) conform to APHA standards.

The most recent water sample, as indicated above, appears to conform with the minimum purity standards established by the American Public Health Association.

Sample(s) collected to date appear to indicate a water contamination problem.

Comments: \_\_\_\_\_

*Report SEWAGE*

RECEIVED

MAR 31 1986

- Construction appears to comply with accepted public health standards.
- Construction at variance with Jackson County Health Department water system guidelines as revised 11-3-77 (see comments)

Comments: \_\_\_\_\_

JACKSON COUNTY PLANNING

*DISPOSED 1/25/86*

- SEWAGE DISPOSAL -

- The sewage disposal system appears to be functioning satisfactorily at the time of field investigation. *Home has been vacant until "last few weeks" 3-26-86*
- The system was malfunctioning at the time of the field investigation. (see comments.)
- There are indications that the system may not function satisfactorily during the winter and/or irrigation season. (see comments.)

The house was vacant and the system was not in operation at the time of the field investigation.

Other files indicate Dwelling/Well/disposal system developed over 3 or 4 year period with septic permit issued in 1969 and installation 1-7-70.

Comments: 1000 gallon septic tank and over 990' drain field in bed type design  
We recommend that this septic tank be pumped, then rechecked in 24 months  
To establish a 2 to 5 year maintenance cycle based on use of system.

Action on this report was completed on 3-27-86 by Zorn R. Dierckx, R.S.

ROCKSON COUNTY HEALTH DEPARTMENT  
RURAL PROPERTY EVALUATION APPLICATION  
INDIVIDUAL WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

**PAID**  
3-20-86  
1130

FHA \_\_\_\_\_ T 37 R 2 W Sec. 8 TL# 3303  
State VA \_\_\_\_\_ Application No. 27-86  
Other Conventional bank Fee Received \$ 50.00 for W \_\_\_\_\_ S

I **APPLICANT:** \_\_\_\_\_ Owner  Buyer \_\_\_\_\_ Agent \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner's Name Union Valley Bank Phone # \_\_\_\_\_  
Address 3119 Old Military Rd Central Point  
Street City Zip

II **PROPERTY INFORMATION:** (Draw sketch on back of white sheet)  
Number of dwellings on system: 1 Septic System \_\_\_\_\_ Water System \_\_\_\_\_  
Number of Bedrooms 3 Lot or Acreage Size .77 Acres  
Property Address 3119 Old Military Rd Central Point  
Street City Zip

Directions to Property \_\_\_\_\_  
Name of Occupants Eric Fallon - Valerie - Troutman

III **WATER SUPPLY INFORMATION:**  
 Drilled Well \_\_\_\_\_ Dug or Bored Well \_\_\_\_\_ Other Source \_\_\_\_\_  
Date of System Construction \_\_\_\_\_  
Depth of Well \_\_\_\_\_ Depth of Casing \_\_\_\_\_  
(Please attach a copy of well log, if available.)

IV **SEWAGE DISPOSAL INFORMATION:**  
Date of Installation 3-66 Drainfield Length 298 ft  
Septic Tank Size \_\_\_\_\_ Number of Lines 7  
Does the system drain slowly or back up during the winter months? No  
Has water been observed on the ground surface in the drainfield area? No  
Does the system discharge liquids to a ditch, creek or onto the surface of the ground? No  
Sewage disposal permit # \_\_\_\_\_

V I CERTIFY THE ABOVE INFORMATION TO BE TRUE AT THE TIME OF THIS APPLICATION.  
Applicant's Signature Edmund P. Allen 3-20-86  
Date

VI **REPORT DISPOSITION:**  
Mail report to or call: Edmund Fallon White-Env. Health  
482-3774 766 Row ST Yellow-Accounting  
Ashland or 97520 Pink-Applicant

DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

1-7-70

W.D.

Total sq ft 1000 sq ft

Depth of tank 11 ft.

No. beds 990 A + in Beds

Width of tank \_\_\_\_\_ ft.

Volume of tank 20 to 48 ches

Distance to \_\_\_\_\_ ft.

Distance to property line 10 ft.

Sp. ft. per bed/cu m 330 f

A. E. Mowry

2-10-66 Proposed 3 bedroom home = Minimum of 900 gallon septic tank and 630 total sq ft of drain field

WRD

See 3121 file for more info

1-11-68 Dals that - C.P. F.N. Bank called re: Has we approved septic system? - No record of application for permit - installation or request for inspection

WRD

2-10-68 Proposed 50 min. ... 110

MARVIN GRAHAM

*7500 212*  
*W. W. Dicker* *Dicker* *Dicker*

ADDRESS: *3119 Old Military Rd.* CITY: *Milford* FILE CODE: *581-69*

TYPE OF ESTABLISHMENT OR FACILITY: (SPECIFY EXACT TYPE: I.E., GROUP CARE - HOSPITAL, DAY NURSERY, ETC.)

- A—DISPOSAL SITE \_\_\_\_\_
- B—FOSTER HOME \_\_\_\_\_
- C—GROUP CARE \_\_\_\_\_
- D—ICE PLANT \_\_\_\_\_
- E—INDUSTRIAL PREMISE \_\_\_\_\_
- F—INSTITUTION \_\_\_\_\_
- G—LABOR CAMP \_\_\_\_\_
- H—PRIVATE PREMISE *3 BR House*
- I—PROPOSED BLDG. SITE \_\_\_\_\_
- J—PUBLIC PREMISE \_\_\_\_\_
- K—PUBLIC WATER SYSTEM \_\_\_\_\_
- L—SCHOOL \_\_\_\_\_
- M—SUMMER CAMP \_\_\_\_\_
- N—SWIMMING POOL \_\_\_\_\_
- O—MILK ESTABLISHMENT \_\_\_\_\_
- P— \_\_\_\_\_

SAMPLES COLLECTED	DATE	RESULT	TESTS PERFORMED	DATE	RESULT

COMPLAINT REGISTERED BY \_\_\_\_\_ ON \_\_\_\_\_  
 COMPLAINANT'S REMARKS \_\_\_\_\_

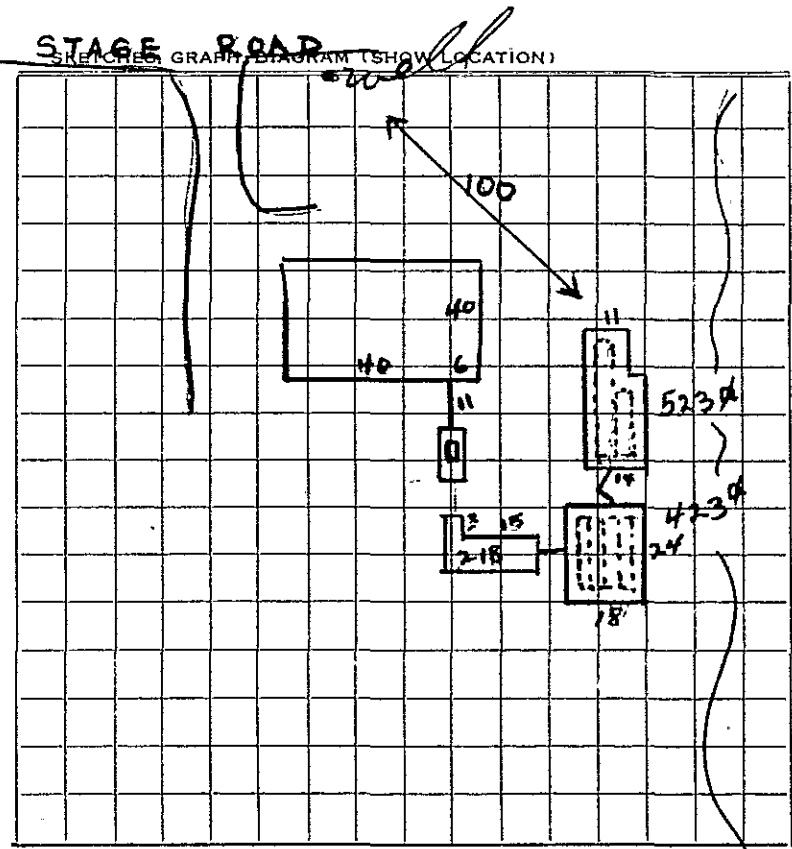
SANITATION SERVICE RECORD LHS-8 REV. 10-58

FIELD INSPECTION RECORD COMPLETED:

RECORD CODE	TITLE OF FORM
1	ICE FACTORY INSPECTION FORM
2	SCHOOL AND INSPECTION FORM
3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
7	STATE VET LOAN REPORT
8	FHA HOME LOAN REPORT
9	OTHER HOME LOAN REPORT
10	
11	
12	

RECORD CODE	DATE FORM COMPLETED





DEPARTMENT OF PLANNING & DEVELOPMENT

# ZONING CLEARANCE SHEET

This clearance sheet provides a Planning staff analysis of your property and development plans, and their relationship to the Jackson County Land Development Ordinance. Land development regulations and your property development plans are both subject to change. When such change does occur, it may invalidate this zoning clearance or otherwise alter conditions of approval.

PROPERTY DESCRIPTION: Township 37, Range 2W, Section 8, Tax Lot 3303, Acres \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ DATE TAX LOT CREATED: pre zoning

OWNER OR APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PROPOSAL:  First Dwelling  Additional Dwelling  Other - Explain well

PROPERTY IS ZONED: RR-5 MINIMUM PARCEL AREA: \_\_\_\_\_

N/A  Development on this land is subject to Mandatory Fire Safety Requirements as described in Chapter 280.100 of the Jackson County Land Development Ordinance. Fuelbreak requirements may affect setbacks.

MINIMUM STRUCTURAL SETBACK FROM PROPERTY LINES: Front 30', Side 20', Rear 20'

This property lies in a NONRESOURCE zoning district and abuts a RESOURCE zoning district. Special setbacks are required unless an exception is approved by staff.

BEFORE ZONING CLEARANCE CAN BE GIVEN FOR THE ABOVE PROPOSAL, THE OWNER/APPLICANT MUST APPLY FOR AND RECEIVE APPROVAL OF:

- Minor Partition
- Forest Site Plan Review
- Nonforest Site Plan Review
- Commercial Site Plan Review
- Variance
- Alteration of Nonconforming Use
- Major Partition
- Farm/Nonfarm Dwelling
- County Recognized Access
- Administrative Review for Structures in a Floodplain
- Administrative Review for Airport Approach/Concern Area
- Subdivision
- Conditional Use Permit
- Temporary Mobile Home
- Areas of Special Concern Specify \_\_\_\_\_
- Other - See Below

COMMENTS BY STAFF: Assessment shows 1966 house, attached carport 520sq

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

CERTIFICATION: The information I have provided for this zoning clearance is, to the best of my knowledge, true, accurate and complete. I also understand that any changes in my plans or county regulations may render this clearance sheet invalid.

Signature of owner/applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff member: Dorothy Talbott Date: 5-21-90

Copy of this zoning clearance  handgiven  mailed to applicant on: \_\_\_\_\_



# JACKSON COUNTY OREGON

COUNTY COURTHOUSE • MEDFORD, OREGON 97501

DEPARTMENT OF PLANNING  
AND DEVELOPMENT  
Kerry L. Lay, Director  
(503) 776-7554

## LETTER OF AUTHORIZATION

Date: May 21-90

Let it be known that Edward A. Jallo is a duly authorized representative to perform all acts in conjunction with filing applications and/or other required documents relative to septic system feasibility, sewage disposal permits and well permits on my property located at:

Address or Road: 3119 Old Military Rd Central Pt.

Township: 39 Range: 2 W Section: 8 Tax Lot: 3303

Ric L. Jallo  
Signature of Owner

Edward A. Jallo  
Signature of Representative

3119 Old Military Rd.  
Owner's Address

766 Rock St Oakland 07875  
Representative's Address

664-4967  
Telephone Number

482-3774  
Telephone Number



WELL PERMIT APPLICATION

APPLICATION

DEPARTMENT OF PLANNING & DEVELOPMENT • COUNTY COURTHOUSE • MEDFORD, OREGON 97501 • (503) 776-7554

5/21/90 13:02:32

PLSW200R

OWNER: FALLON ERIC L

MAP ID: 37-2W-08

TAX LOT: 3303

PROPERTY ADDRESS: 3119 OLD MILITARY RD

ACRES: .76

DIRECTIONS TO PROPERTY:

FEE: 12.50 RECEIPT#: 4465 DATE: 5/21/90

PROPOSED RESIDENCE

DRILLERS NAME: UNKNOWN

ANY RESIDENCE/BUSINESS ON LOT NOW? YES

COMMENTS: PLOT PLAN IN FILE

APPLICANT NAME: FALLON EDWARD

MAILING ADDRESS: 766 ROCA ST

CITY/ST: ASHLAND OR 97520

TELEPHONE: 482-3774

SIGNATURE:

*Edward R. Fallon*

DATE: *May 21 90*

*ocw*



DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

The Murray seemed to imply that this system will already have installed on day Foundation but was made at 3119 site - just before this house.

Permit is covered for this installation - Dunham working on this this well at 3119 site. Mr. Murray agreed to re drill well at 3119 (33-35 ft deep -) in order to provide opening for well and apply tank apparatus.

Checked system tank installation - Mr. Murray agreed to extend cost more 5 ft per foundation

1000 gal tank - 67' from wall - 26 ft from foundation  
 298 ft 3 ft Soring Drain Line 24 to 36" deep  
 102 ft from well & 12 ft off property line

3-31-66

2-23-66

WRD

WRD

WRD

NAME OF ESTABLISHMENT OR FACILITY	OWNER	OPERATOR	DATE CHANGED
		<i>Builder Installer</i>	<i>Dicks Disposal</i>
ADDRESS: <i>3119 Old Military Rd.</i>		CITY: <i>Midford</i>	FILE CODE: <i>581-69</i>

TYPE OF ESTABLISHMENT OR FACILITY: (SPECIFY EXACT TYPE; I.E., GROUP CARE - HOSPITAL, DAY NURSERY, ETC.)

A—DISPOSAL SITE *37-2W-8-23023* I—PROPOSED BLDG. SITE \_\_\_\_\_

B—FOSTER HOME \_\_\_\_\_ J—PUBLIC PREMISE \_\_\_\_\_

C—GROUP CARE \_\_\_\_\_ K—PUBLIC WATER SYSTEM \_\_\_\_\_

D—ICE PLANT \_\_\_\_\_ L—SCHOOL \_\_\_\_\_

E—INDUSTRIAL PREMISE \_\_\_\_\_ M—SUMMER CAMP \_\_\_\_\_

F—INSTITUTION \_\_\_\_\_ N—SWIMMING POOL \_\_\_\_\_

G—LABOR CAMP \_\_\_\_\_ O—MILK ESTABLISHMENT \_\_\_\_\_

H—PRIVATE PREMISE *3 BR House* P— \_\_\_\_\_

SAMPLES COLLECTED	DATE	RESULT	TESTS PERFORMED	DATE	RESULT

COMPLAINT REGISTERED BY \_\_\_\_\_ ON \_\_\_\_\_

COMPLAINANT'S REMARKS \_\_\_\_\_

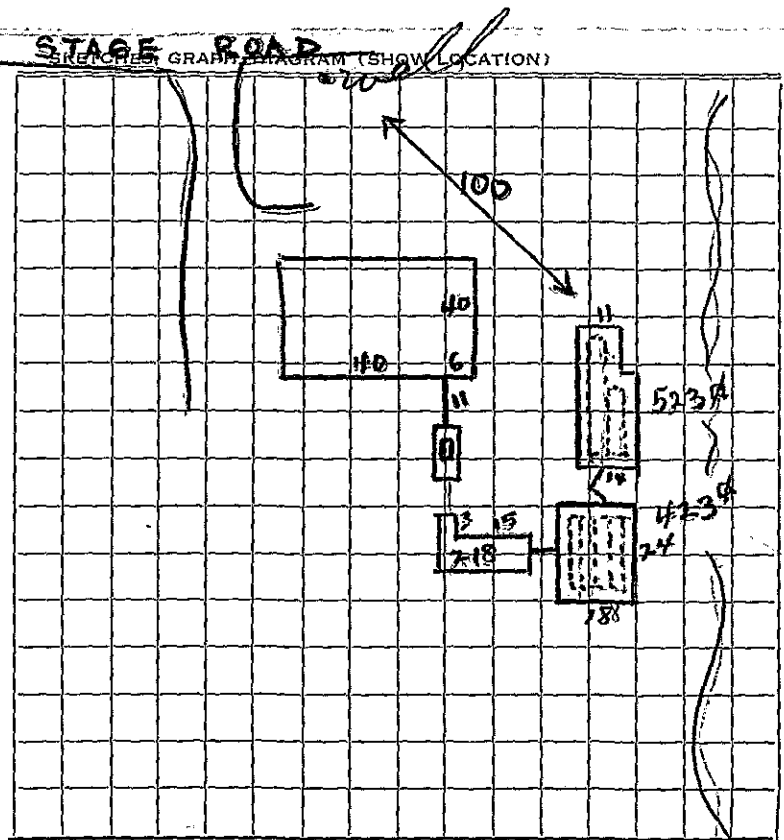
SANITATION SERVICE RECORD LHS-8 REV. 10-58

FIELD INSPECTION RECORD COMPLETED:

RECORD CODE	TITLE OF FORM
1	ICE FACTORY INSPECTION FORM
2	SCHOOL AND INSPECTION FORM
3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
7	STATE VET LOAN REPORT
8	FHA HOME LOAN REPORT
9	OTHER HOME LOAN REPORT
10	
11	
12	

RECORD CODE	DATE FORM COMPLETED



DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKER
1-7-70	Tank Size <u>1000</u> gal. Distance from foundation <u>11</u> ft. Number of tile lines <u>990' + in Beds</u> Length _____ ft. Width _____ Depth <u>20 to 48</u> inches Distance to well <u>100</u> ft. Distance to property line <u>10</u> ft. Sp. ft. per bedroom <u>330'</u>	WRD
	<u>A. E. Mowry</u>	

2-10-66	Proposed 3 bedroom home = Minimum of 900 gallon septic tank and 630 total sq ft of drain field See 3121 file for more info	WRD
1-1-68	Dab. Det - C.P. F.M. Bank called Re: Had we approved septic system? - No Record of application for permit - Installation or request for inspection.	WRD
2-10-66	Per Test - 50 min. in ch. 3121	

JACKSON COUNTY HEALTH DEPARTMENT

1313 MAPLE GROVE DRIVE

MEDFORD, OREGON - 97501

February 10, 1966

This is to certify that I have inspected the property of

Mr. A. E. Mowry located at

3119 Old Military Road, Medford, Oregon

Inspection of this property indicates that the disposal of sewage by means of septic tank and drain field will be practical provided that the installation is in accordance with the Oregon State Regulations, and the following recommendations.

Drain field must be installed at the rate of 310 sq. ft. per bedroom.  
The Jackson County Sanitation Ordinance requires that a permit must be obtained before building is started. See Section 6. of the ordinance.

Very truly yours,

A. Erin Merkel, M.D., Director  
Jackson County Health Department

*William R. Dierick*  
County Sanitarian