Certificate of Satisfactory Completion

Repair (Major) - Residential - New

463-21-000249-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: 10/21/2021
Work Description: Major septic repair

Applicant: Stephen Stark Excavation, LLC
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: 5414761226
Email: starksteve32@yahoo.com

Contractor: Stephen Stark Excavation, LLC
Installer License: 38143
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: (541) 476-1226
Email: starksteve32@yahoo.com

Owner: RIGBY-WHARTON, GARNET (TOD)
Address: PO BOX 363
PO BOX 363
MERLIN OR 97532

Property Address: 220 Highland Ranch Rd, Grants Pass, OR 97526

Parcel: 3506200000243200 - Primary

Lot Size: 5.02
Zoning: N/A
Land Use Approval: N/A
Directions to Property: Robertson Bridge to Highland Ranch

Water Supply: Well
City/County/UGB: N/A

Category of Construction: N/A

	Existing	Proposed
Use of Structure:	3 bdrm	SFD + ADU
Number of Bedrooms:	3	4

System Specifications

Type: Standard
Max Peak Design Flow: 675 gpd.
Min Septic Tank Volume: 1500 gal.
Special Tank Requirements: 1500 gallon tank required

Proposed Flow: 675 gpd.
Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard
Drainfield Sizing: N/A
Media Type: Infiltrator Chambers
Trench Length: 375 linear ft.
Max Depth: 30 in.
Min Depth: 24 in.

System Distribution Type: Serial
Distribution Method: Serial
Media Depth: N/A
Rock Above Pipe: N/A
Undisturbed Soil BetweenTrenches: 8 ft.
Capping Fills-Min Depth of Fill Material: N/A

Septic Permit 463-21-000249-PRMT

Date Certificate Issued: 10/21/2021
Work Description: Major septic repair

Conditions of Approval

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:** Yes **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

Danielle Morvan

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: 463-21-000249-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:**

Name: RIGBY-WHARTON, GARNET (TOD)

Lot:

Property Address: 220 HIGHLAND RANCH RD, GRANTS PASS, OR 97526

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Tanks(1)	Volume: 1500 gal	Compartments: 1	Manufacturer: Riverside Redi-mix			Date: 10-4-21	**Water tight verification***
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 X / No	Diameter: 4"	ASTM#/Other: 3034	Length: 32'	
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

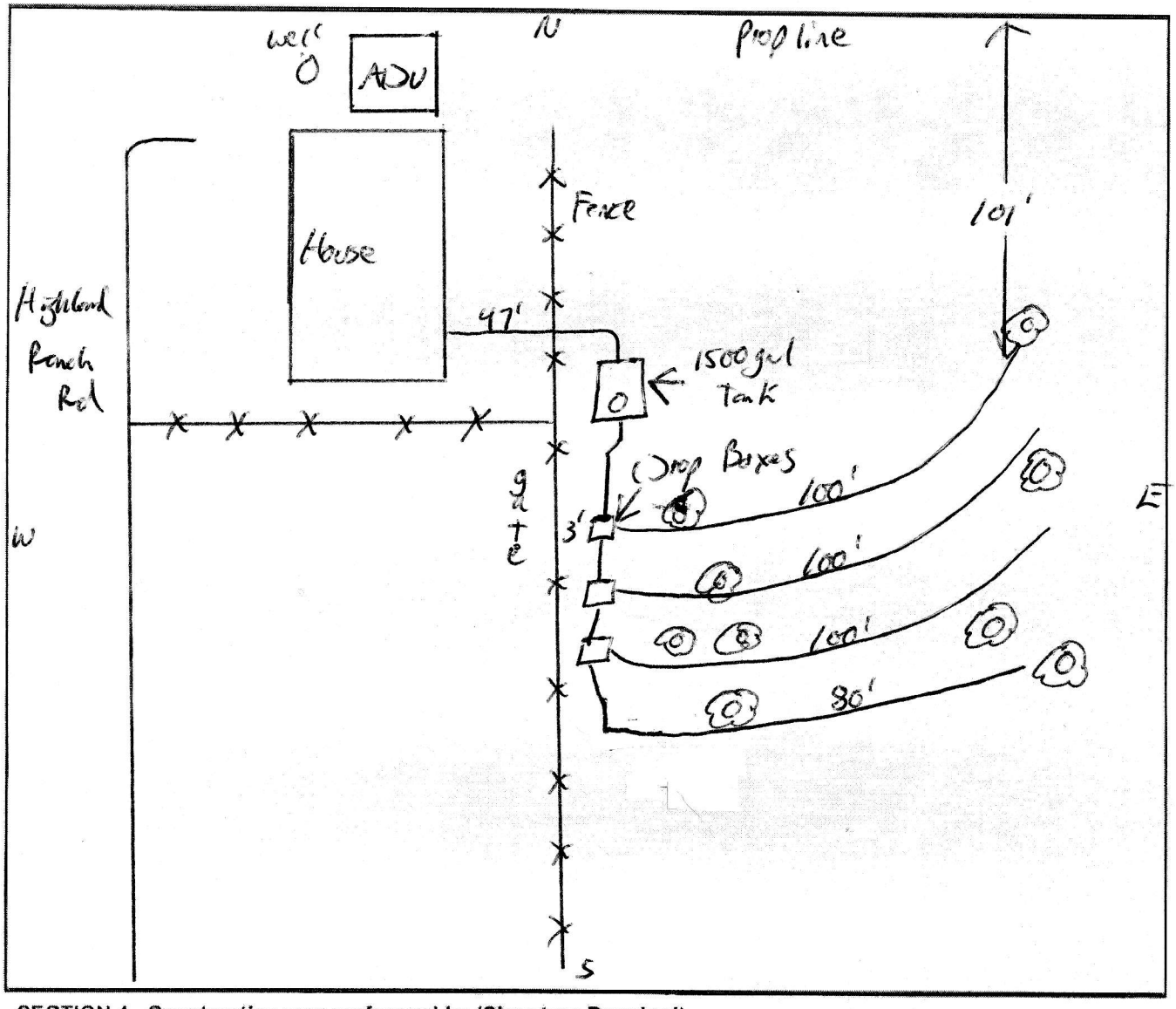
Type	(Gravel, Pipe or alternative?) Infiltrator				
Distribution Box	Yes / No				
Drop Box	Yes X / No				
Distribution Pipe	Yes X / No	Diameter:	ASTM#/Other: Infiltrator	Length:	

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.



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: Stephen Stark Excell LLC					
Licensed Installer:	Yes X	No	License#: 38143		Certification#:	
Owner/ Certified Installer:	Signature: Stephen J Stark			Date: 10-6-21	Phone#: 541-476-1226	

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

DEQ

State of Oregon
Department of
Environmental
Quality

SEPTIC TANK ABANDONMENT FORM

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

Oregon Administrative rule 340-071-0185 **Decommissioning of Systems**

(2) Procedures for decommissioning

a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to removal all septage.

b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner Rigby - Wharton, Garnet (Todd)

Septic Tank location 220 highland ranch RD

Legal Description: Twp: 35 Range 06 Section 200 TL# 2438

Date tank pumped: 10/18/21

By: RMOB Robert O'Brien License # 39340
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after been pumped.

By: Stephen Stark
Excavation, LLC Date: 11-16-2021

Septic Permit
Repair (Major) - Residential - New
463-21-000249-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 issued: 8/4/21 **Expiration date:** 8/4/22

Work description: Major septic repair

Applicant: Stephen Stark Excavation, LLC
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: 5414761226
Email: starksteve32@yahoo.com

Contractor: Stephen Stark Excavation, LLC
Installer License: 38143
Address: 756 Stringer Gap Road
Grants Pass OR 97527
Phone: (541) 476-1226
Email: starksteve32@yahoo.com

Business License: N/A

Owner: RIGBY-WHARTON, GARNET (TOD)
Address: PO BOX 363
PO BOX 363
MERLIN OR 97532

Property address: 220 Highland Ranch Rd, Grants Pass, OR 97526

Parcel: 3506200000243200 - Primary

Lot size:	5.02	**Water supply:**	Well
Zoning:	N/A	**City/County/UGB:**	N/A
Land use approval:	N/A	**County:**	N/A
Action:	New	**Type of application:**	Repair (Major) - Residential
System failing:	N/A	**Septic tank last pumped:**	N/A

Comments: N/A

Directions to property: Robertson Bridge to Highland Ranch

Category of construction: N/A

	Existing	Proposed
Use of structure:	3 bdrm	SFD + ADU
Number of bedrooms:	3	4

System Specifications

Type:	Standard	**ATT description:**	N/A
Max peak design flow:	675 gpd.	**Proposed flow:**	675 gpd.
Min septic tank volume:	1500 gal.	**Min dosing tank volume:**	N/A
Special tank rqmts:	1500 gallon tank required		

Drain Field Specifications

Drain field type:	Standard	**System distribution Ttpe:**	Serial
Drainfield sizing:	N/A	**Distribution method:**	Serial
Media type:	Other - Indicate Product/Manufacturer	**Media depth:**	N/A
Media type description:	Infiltrator Chambers		
Trench length:	375 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 463-21-000249-PRMT

Date issued: 8/4/21 **Expiration date:** 8/4/22

Work description: Major septic repair

Conditions of approval

1.The system must be installed by the property owner or a licensed sewage disposal business (installer).
2.Vehicular traffic and livestock must be restricted from the system area.
3.All roof drains must be directed away from the system
4.All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
5.Meet all required setbacks
6.The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
7.All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
8.For product approval information and manufacturer installation requirements see DEQ website at: http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx
9.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.
10.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.
11.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
12.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
13.Maximum length of an individual trench is 150-feet.
14.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
15.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
16.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.
17.Photos of the septic system components must be submitted along with the FIRN.

Onsite Permit 463-21-000249-PRMT

Date issued: 8/4/21 **Expiration date:** 8/4/22

Work description: Major septic repair

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.

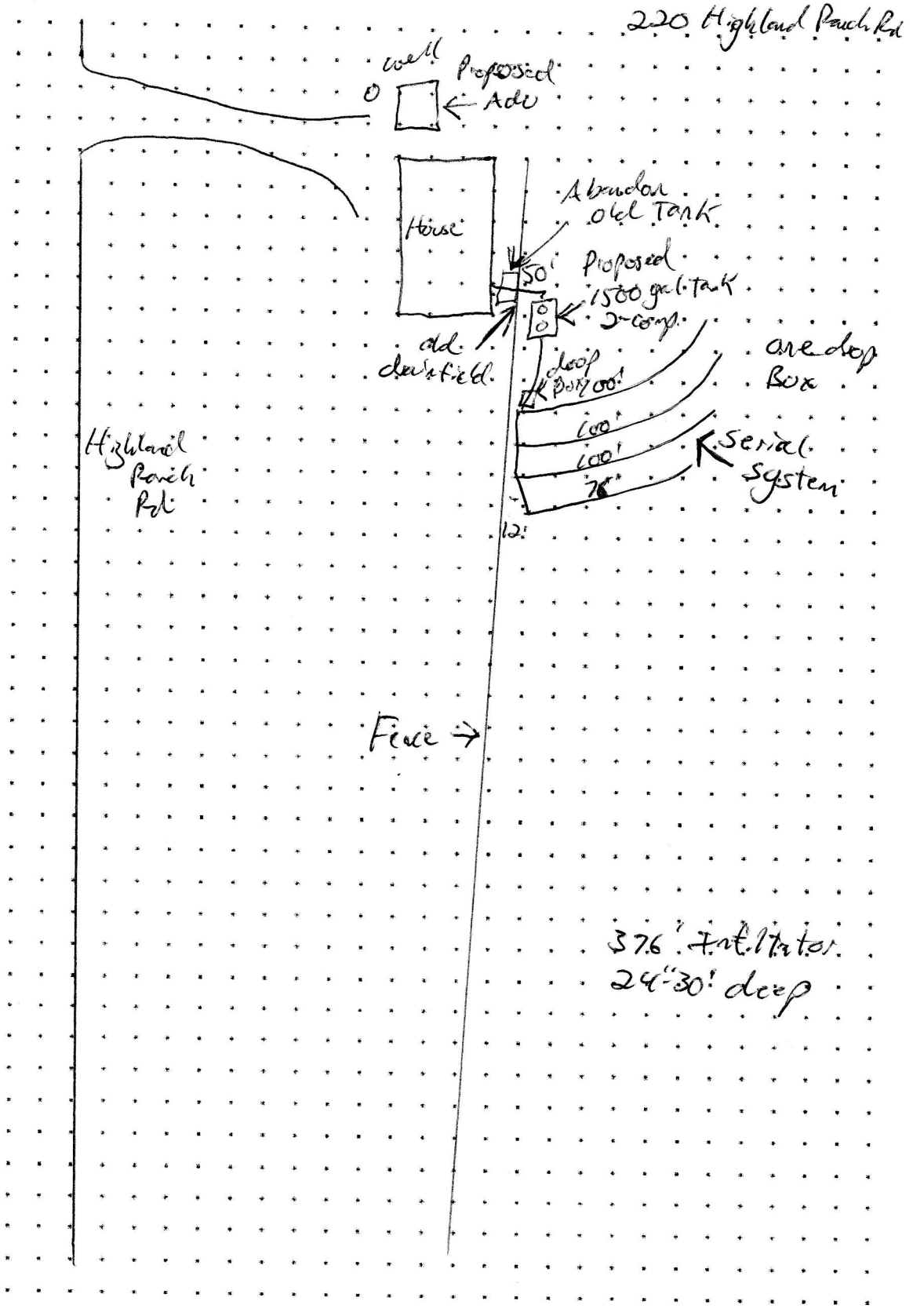
System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection 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.

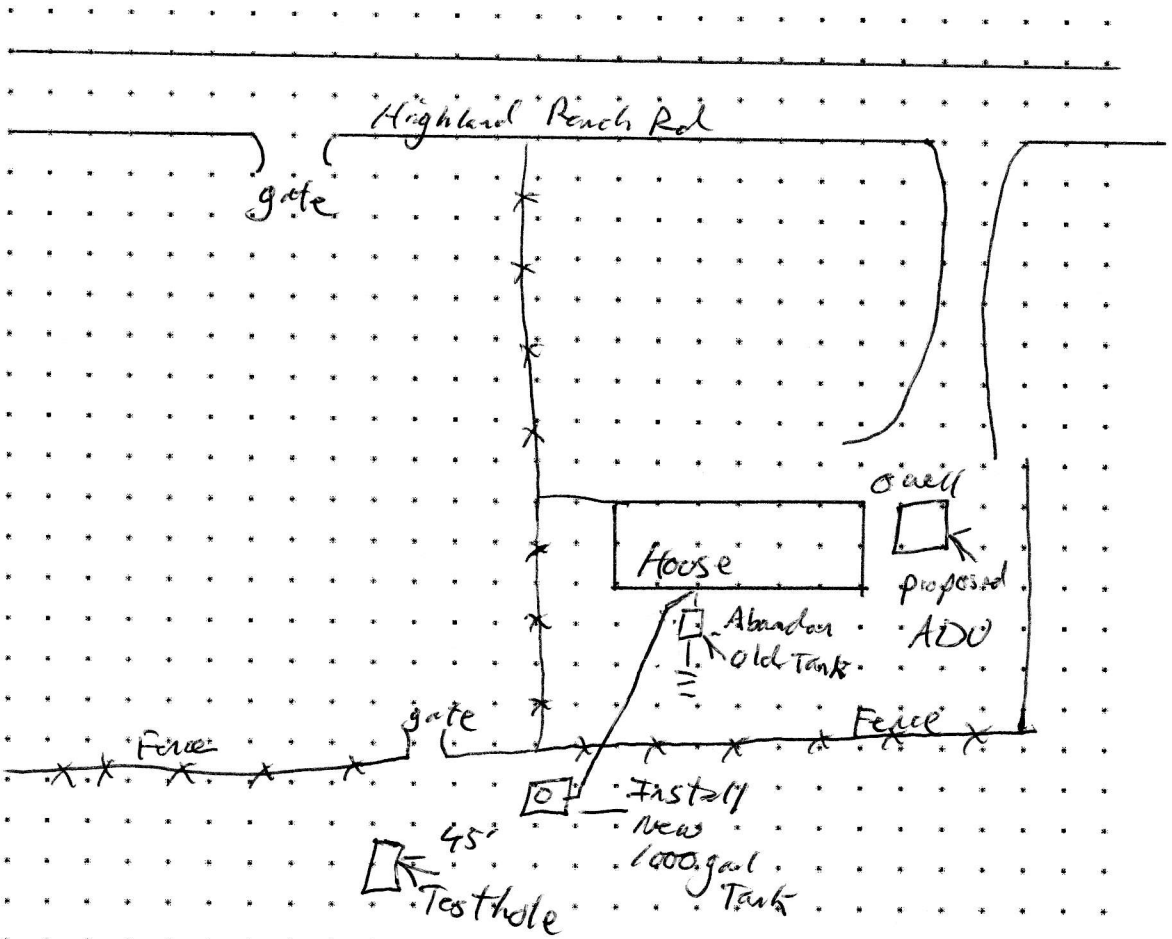
Danielle Morvan 8/4/21

SITE PLAN



Application #_____

SITE PLAN



Application #_____

SITE EVALUATION FIELD WORKSHEET

220 Highland Ranch Rd

Township: 35 Range: 06 Section: 20 Property ID: TL 2432

Owner/Applicant: Garnet Rigby - Wharton Evaluator: Danielle Morvan

Inspection Date(s): 07/19/21 Application Number: 463-21-000249-PRMT

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 0-63"	1-12	SL	Roots: 3-VF, F Color: 10YR 3/2 wsab, coarse rock fragments
	13-25	SL	Roots: 3-VF, F, Med. Color: 10YR 4/3 sbk, coarse fragments
	26-40	SCL	Roots: 1-med/coars Color: 10YR 4/4 sbk
	41-63	SCL	Roots: None Color: 10YR 5/4 sbk, massive, weathered bedrock
Pit 2			
Pit 3			
Pit 4			

Landscape Notes: Slight slope, sloping down from the house

Slope: Aspect: Groundwater Type: N/A

Other Site Notes:

SYSTEM SPECIFICATIONS

Design Flow: 750 gpd

~~**Initial System:**~~

~~Disposal Facility: linear feet/square feet Maximum Depth: inches Minimum Depth: inches~~

Replacement System: Standard Serial

Disposal Facility: 375 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 30 inches

Special Conditions:

Mon, 19 Jul 2021 09:08 AM

Mon, 19 Jul 2021 09:08 AM

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

Garret Rigby-Wharton — Name
220 Highland Ranch Rd GP. 97526 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-476-6347 — Phone Number

B. Legal Property Description

35 — Township
06 — Range
20 — Section
2432 — Tax Lot
Tax Account Number
Acreage or Lot Size
Josephine — County
Subdivision Name
Lot
Block

Property Address: 220 Highland Ranch Rd — Address; Grants Pass — City; OR — State; 97526 — Zip Code

Directions to Property: Robertson Bridge To Highland Ranch

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
3 — Number of Bedrooms
☐ Other

Proposed Facility:

☒ Single Family Residence
1 — Number of Bedrooms
☐ Other

Water Supply:

☐ Public — Name
☒ Private — well — Well, Spring, Shared

D. Type of Application

☐ Site Evaluation
☐ Construction
☒ Permit Repair
  ☒ Major ☐ Minor
☐ Alteration Permit
  ☐ Major ☐ Minor
☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement
☐ Authorization Notice for:
  ☐ Connecting to an Existing System Not in Use
  ☐ Replacing a Mobile Home or House with Another Mobile Home or House
  ☐ The Addition of One or More Bedrooms
  ☐ Personal Hardship
  ☐ Temporary Housing
☐ Other-please specify

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

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

Stephen Stark — Signature
6-16-21 — Date

Stephen Stark Exc. LLC — Applicant's Name – Please Print Legibly
541-476-1226 — Applicant's Phone Number
StarkSteve32@yahoo.com — Applicant's E-mail Address

756 Stringer Gap Rd Grants Pass OR 97527 — Applicant's Mailing Address

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

☐ Authorization Attached

Stephen Stark Exc. Stephen Stark — Installer's Name

NOTICE AUTHORIZING REPRESENTATIVE

DEQ
State of Oregon
Department of
Environmental
Quality

I, Garnet Rigby-Wharton (Property Owner/Print Name), have authorized Stephen Stark Excavation LLC (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:

220 Highland Ranch Rd, Grants Pass, OR 97526
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 35 Range 06 Section 20 Map ID 00 Tax Lot #(s) 2432

PROPERTY OWNER:

Printed Name: Garnet Rigby-Wharton

Address: 220 Highland Ranch Rd.

City, State, Zip: Grants Pass, OR 97526

Phone: 541-476-6347 Email: frogpond1313@yahoo.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Stephen Stark Exc. LLC.

Address: 756 Stringer Gap Rd

City, State, Zip: Grants Pass OR 97527

Phone: 541-476-1226 Email: StarkSteve32@yahoo.com

Signature: [signature]

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL:	35062000002432	**PERMIT NUMBER:**	PL-2021-01236
SITUS:	220 HIGHLAND RANCH RD	**ZONE:**	RR5
ACRES:	5.02	**SCHOOL DISTRICT:**	Three Rivers

APPLICANT:	C WOODRUFF CONSTRUCTION LLC	**APPLICANT PHONE #:**	541-659-2020
APPLICANT ADDRESS:	PO BOX 909 GRANTS PASS, OR 97528		
OWNER:	RIGBY-WHARTON, GARNET (TOD)		
OWNER ADDRESS:	PO BOX 363 MERLIN, OR 97532		

SPECIAL REQUIREMENTS

• Erosion Hazard - Plan in File ____ NA X Reason: Less than 900 ☒

EXISTING STRUCTURES	**PROPOSAL**	**SETBACKS**	
Per Assessor Records: Single Family Dwelling, Attached Garage, Enclosed Porch, Shop, RV Port, Hobby Stable	Detached Living Space, 520 Sq Ft, 1 Bed, 1 Bath with Front & Rear Entry	Front Setback:	30 ft.
		Side Setback:	10 ft.
		Rear Setback:	25 ft.
		Stream Setback:	0 ft.
		Height:	35 ft.

ADDITIONAL TERMS:

• Building Safety Note: Per applicant, property line has been surveyed, pinned, and flagged. Structure shall not be placed closer than 10 feet from surveyed side property line.
• It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
• Section 19.43.030 (BCC Ord#2018-003) – The "Detached Living Space" shall not have dining table or dining room, may have an induction cooking surface, but not installation of a conventional oven. Must be served by a potable water source and by an existing or new private on-site sanitary waste disposal system or public sewer. Portable toilets are not permitted. Detached Living space shall meet Oregon Specialty codes; shall NOT be rented on a transient or short term basis; shall not exceed 900 square feet; shall be located within 150 feet of principal dwelling. When the Detached Living space is no longer utilized for its authorized purpose, it shall be removed from the property or converted into storage; a development permit shall be required for the change of use.
• Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

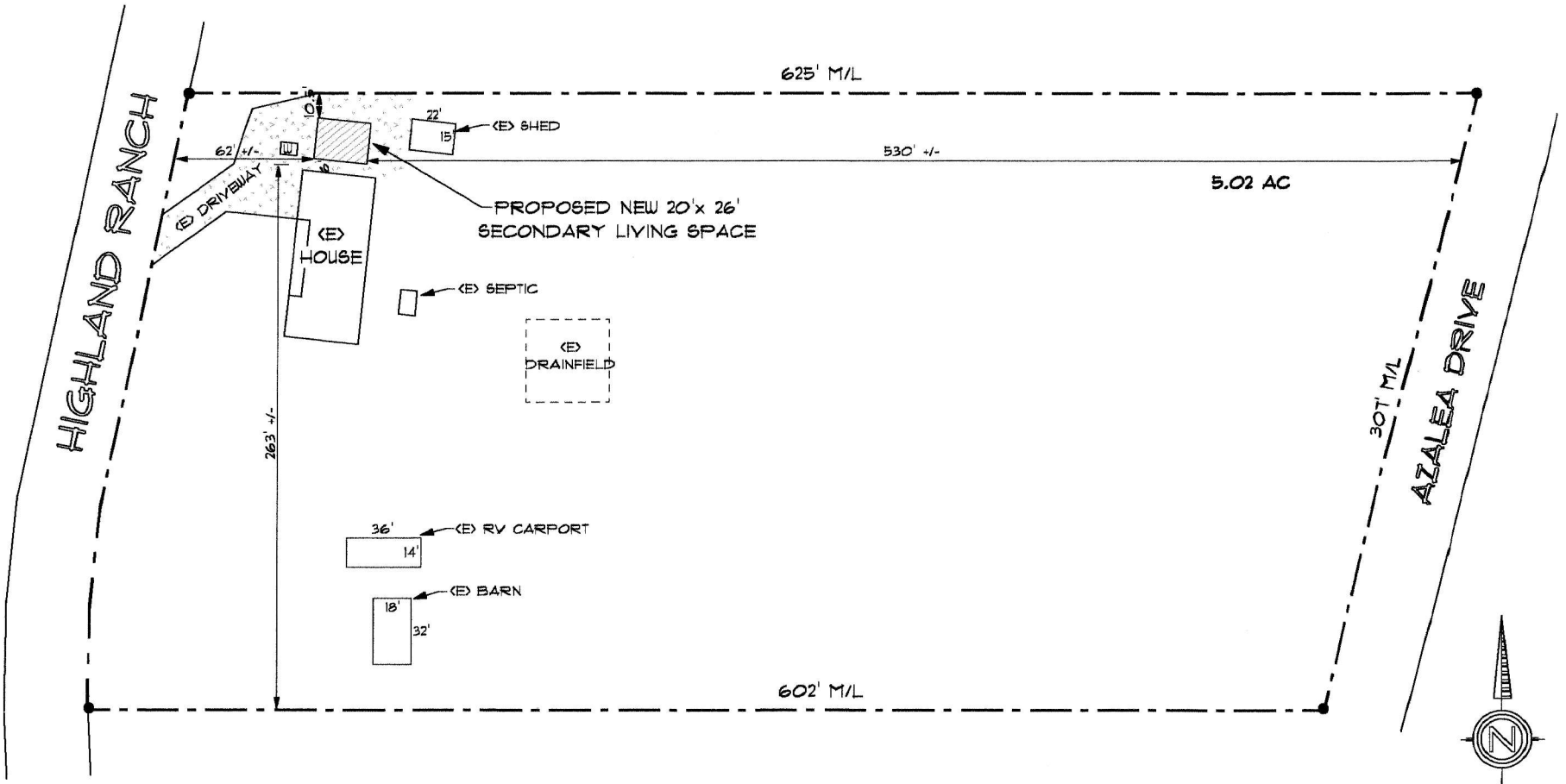
OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT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

SIGNATURE:	[signature]	**DATE:**	5/19/2021
CONTRACTOR NAME:	C WOODRUFF CONSTRUCTION LLC	**LICENSE#:**	195630
APPROVED:	Audra Worrell	**DATE:**	5-19-2021

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

220 HIGHLAND RANCH RD, MERLIN, OR

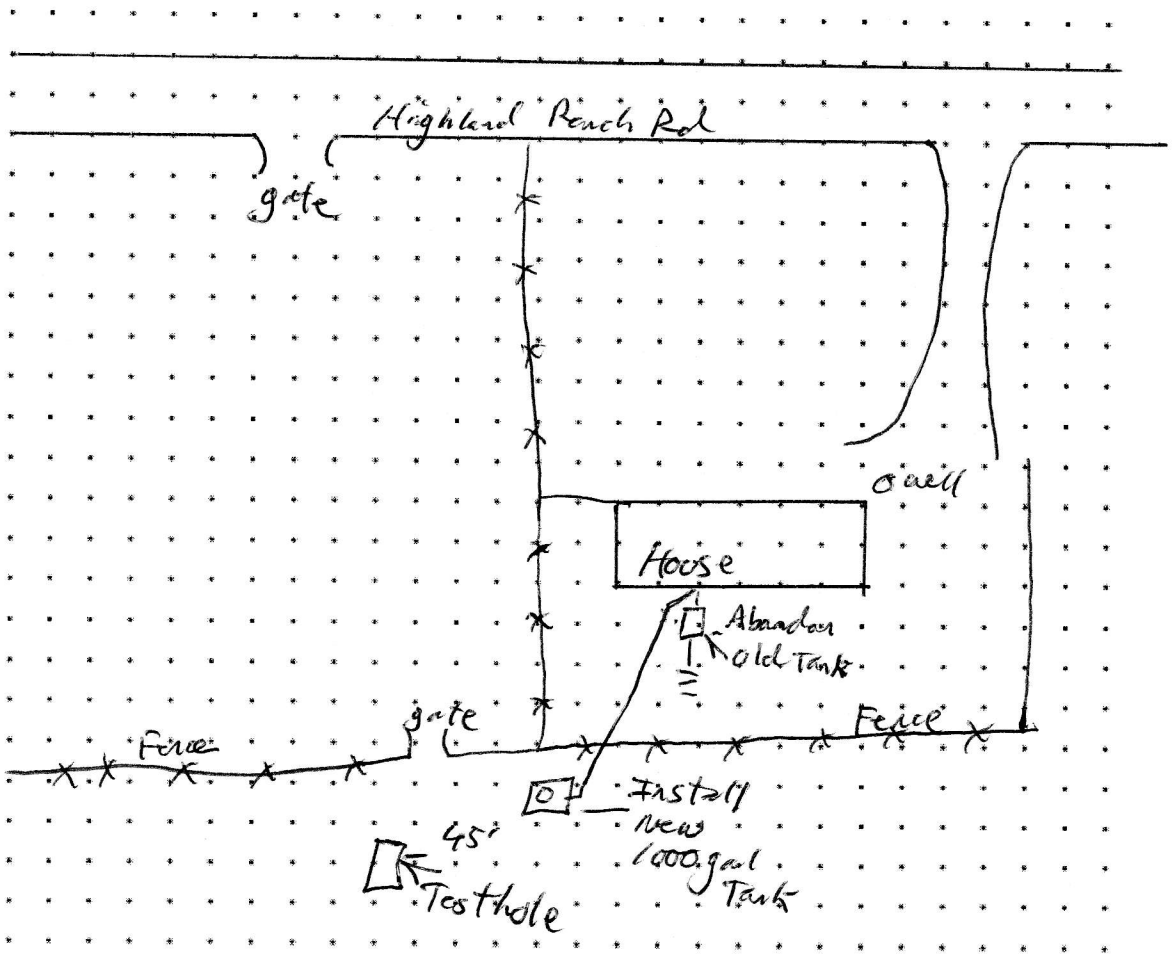
LEGAL: 35-06-20-00 TL #2432



SITE PLAN

SCALE: 1" = 80'

SITE PLAN



Application #_____

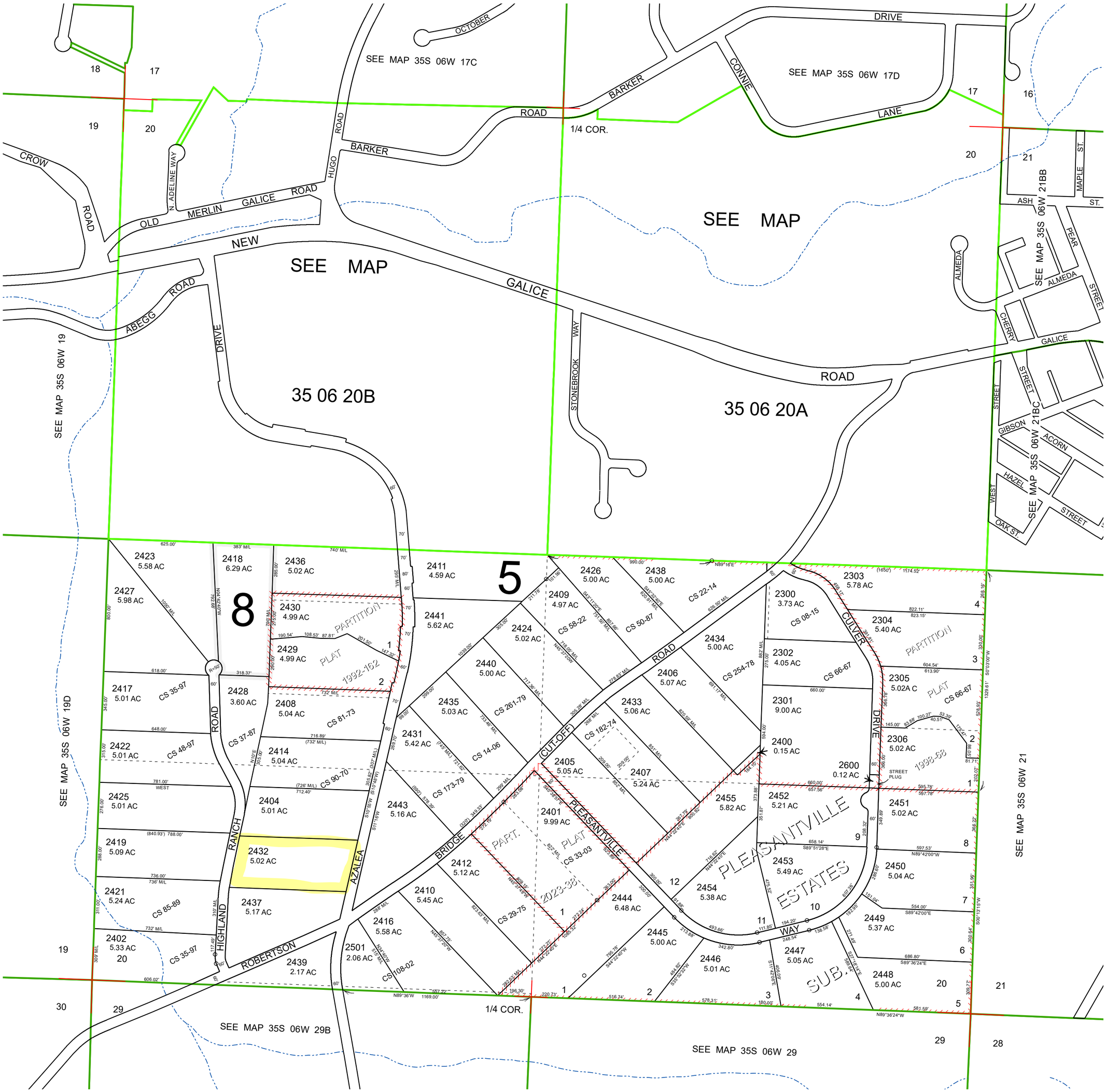
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 400 800 Feet

SECTION 20 T.35S. R.6W. W.M.
JOSEPHINE COUNTY
1 " = 400 '

35 06 20

CANCELLED:
1801
1201
2500
1700
2403
2290
2415
2413
1902
101
104
100
102
103
104
105
200
300
400-94
401
402
403
500
501
600
700
800
900
1000
1100
1101
1102
1103
1104
1105
1106
1107
1200
1202
1203
1204
1300
1400
1401
1500
1501
2420
2390
2391
2442



35 06 20