



Certificate of Satisfactory Completion  
Installation Permit - Residential - New

463-22-000130-PRMT

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

Date Certificate Issued: 08/04/2022  
Work Description: New construction

**Applicant:** Doo Doo Bus Septic  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** 5418463071  
**Email:** thedoodoobus@gmail.com

**Contractor:** Doo Doo Bus Septic  
**Installer/Pumper License:** 38974  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** (541) 846-3071  
**Email:** thedoodoobus@gmail.com

**Owner:** WHALEY, LARRY &  
**Address:** WHALEY, EVELYN & WHALEY,  
RUSS ET AL  
WHALEY, EVELYN &  
WHALEY, RUSS ET AL  
GRANTS PASS OR 97526  
**Owner:** WHALEY, LARRY &  
**Parcel:** 360610CC00010000 - Primary

**Property Address:** 557 Azalea Dr, Grants Pass, OR  
97526

Township: 36S Range: 6W Section: 10

**Lot Size:** 2.57 ACRES **Water Supply:** Well  
**Zoning:** N/A **City/County/UGB:** County  
**Land Use Approval:** N/A

**Category of Construction:** Residential

|                            | Existing | Proposed |
|----------------------------|----------|----------|
| <b>Use of Structure:</b>   | N/A      | SFR      |
| <b>Number of Bedrooms:</b> | N/A      | 3        |

**System Specifications**

**Type:** Alternative Treatment Technology (ATTs) **ATT Description:** ECOPOD E-50-N-IM  
**Max Peak Design Flow:** 450 gpd. **Proposed Flow:** N/A

**Drain Field Specifications**

|                           |                |                                                  |        |
|---------------------------|----------------|--------------------------------------------------|--------|
| <b>Drain Field Type:</b>  | Standard       | <b>System Distribution Type:</b>                 | Serial |
| <b>Drainfield Sizing:</b> | 45 linear ft.  | <b>Distribution Method:</b>                      | Serial |
| <b>Media Type:</b>        | EZ FLOW 1201P  | <b>Media Depth:</b>                              | N/A    |
| <b>Trench Length:</b>     | 135 linear ft. | <b>Rock Above Pipe:</b>                          | N/A    |
| <b>Max Depth:</b>         | 30 in.         | <b>Undisturbed Soil Between Trenches:</b>        | 8 ft.  |
| <b>Min Depth:</b>         | 24 in.         | <b>Capping Fills-Min Depth of Fill Material:</b> | N/A    |

**Special Requirements**

**Groundwater Type:** Temporary **Groundwater Depth:** N/A  
**Pump to Drainfield Required:** Yes **Filter Fabric on Top of Drain Media:** Yes

**Date Certificate Issued:** 08/04/2022  
**Work Description:** New construction

**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

Gabriel Kasiah

Natural Resource Specialist

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

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



## Final Inspection Request and Notice - Septic ID: 463-22-000130-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:**
**Name:** WHALEY, LARRY & WHALEY, LARRY &

**Twnshp:**      **Range:**      **Sect:**  
**Lot:**
**Property Address:** 557 AZALEA DR, GRANTS PASS, OR 97526

**SECTION 2: System Component Specifications:**
**A. Tanks/Pumps**
**System Type:**
**Water tight verification\***

|          |              |                      |                           |                     |
|----------|--------------|----------------------|---------------------------|---------------------|
| Tanks(1) | Volume: 1060 | Compartments: 1      | Manufacturer: Infiltrator | Date: 7-21-22       |
| Tanks(2) | Volume:      | Compartments:        | Manufacturer:             | Date:               |
| Pump(s)  | HP: 1/2      | Model/Manuf. Liberty | Float(s)Type(1): B        | Model/Manuf. Orenco |
|          |              |                      | Float(s)Type(2):          | Model/Manuf.        |

**B. Piping**

|                                     |                                         |    |                 |                     |         |
|-------------------------------------|-----------------------------------------|----|-----------------|---------------------|---------|
| Effluent Sewer (tank to drainfield) | Yes                                     | No | Diameter:       | ASTM#/Other:        | Length: |
| Pressure Transport Pipe             | Yes <input checked="" type="checkbox"/> | No | Diameter: 1 1/2 | ASTM#/Other: Sch 40 | Length: |

**C. Secondary Treatment Unit:**

|                      |                                         |                                         |                    |                       |
|----------------------|-----------------------------------------|-----------------------------------------|--------------------|-----------------------|
| Sand Filter**        | Yes                                     | No <input checked="" type="checkbox"/>  | 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 <input checked="" type="checkbox"/> | No                                      | Model: Eco Pod 500 |                       |
| Certified Maint.     | Provider Name:                          | Applied Septic                          |                    |                       |
| Operation and Maint. | Contract Received?                      | Yes <input checked="" type="checkbox"/> | No                 |                       |

**D. Drainfield Media**

|                   |                                         |    |              |                   |
|-------------------|-----------------------------------------|----|--------------|-------------------|
| Type              | (Gravel, Pipe or alternative?) ez flow  |    |              |                   |
| Distribution Box  | Yes                                     | No |              |                   |
| Drop Box          | Yes <input checked="" type="checkbox"/> | No | x 3          |                   |
| Distribution Pipe | Yes <input checked="" type="checkbox"/> | No | Diameter: 4" | ASTM#/Other: 2729 |
|                   |                                         |    |              | Length: 50        |
| Comment           |                                         |    |              |                   |

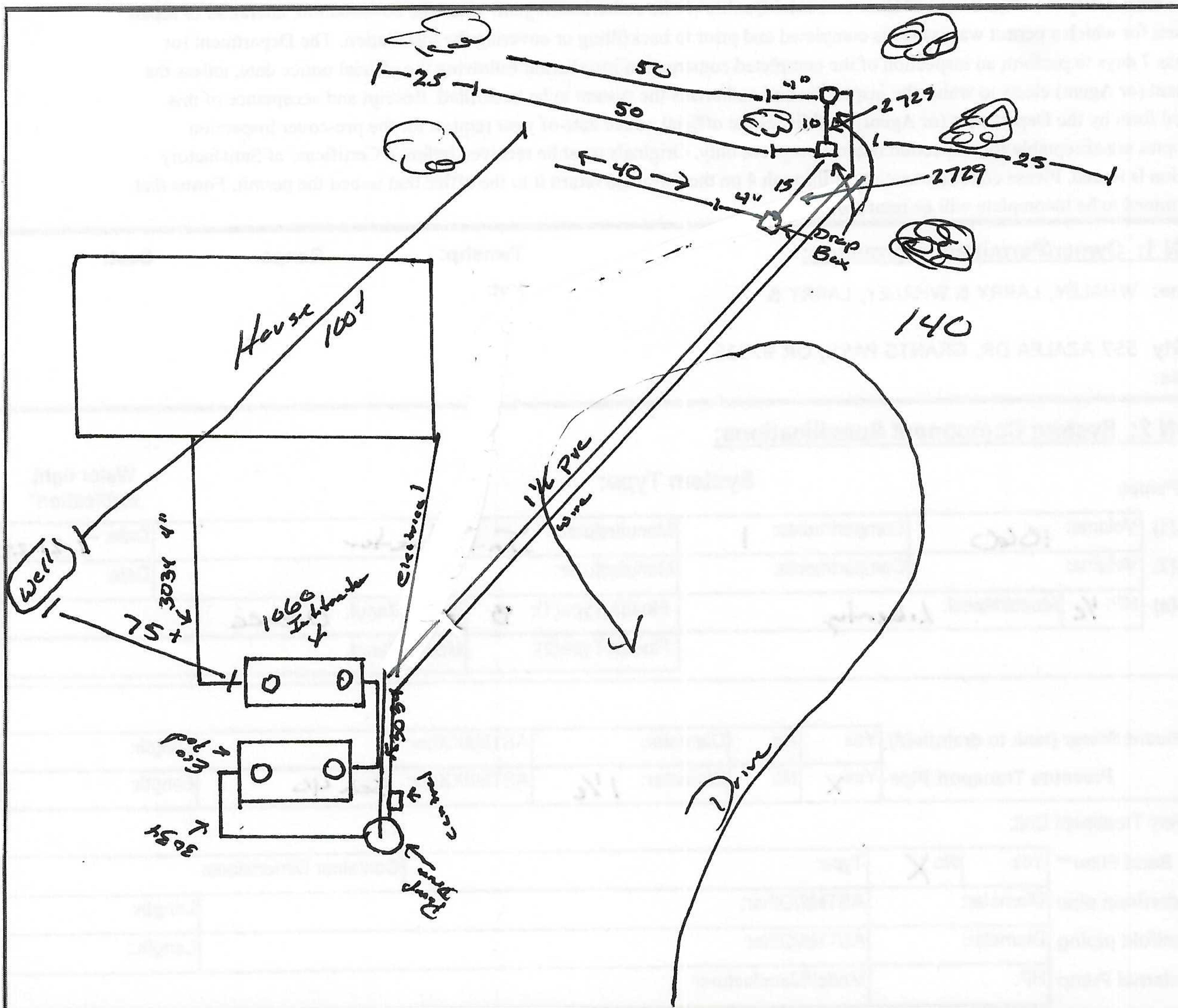
\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

\*\*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: <u>Allied Septic Service</u> |                              |
| Licensed Installer:                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | License#: <u>38974</u>                   | Certification#: <u>RI694</u> |
| Owner/ Certified Installer:                              | Signature: <u>[Signature]</u>                                       | Date: <u>7-23-22</u>                     | Phone#: <u>541-846-3671</u>  |

### SECTION 5 - Office Use Only:

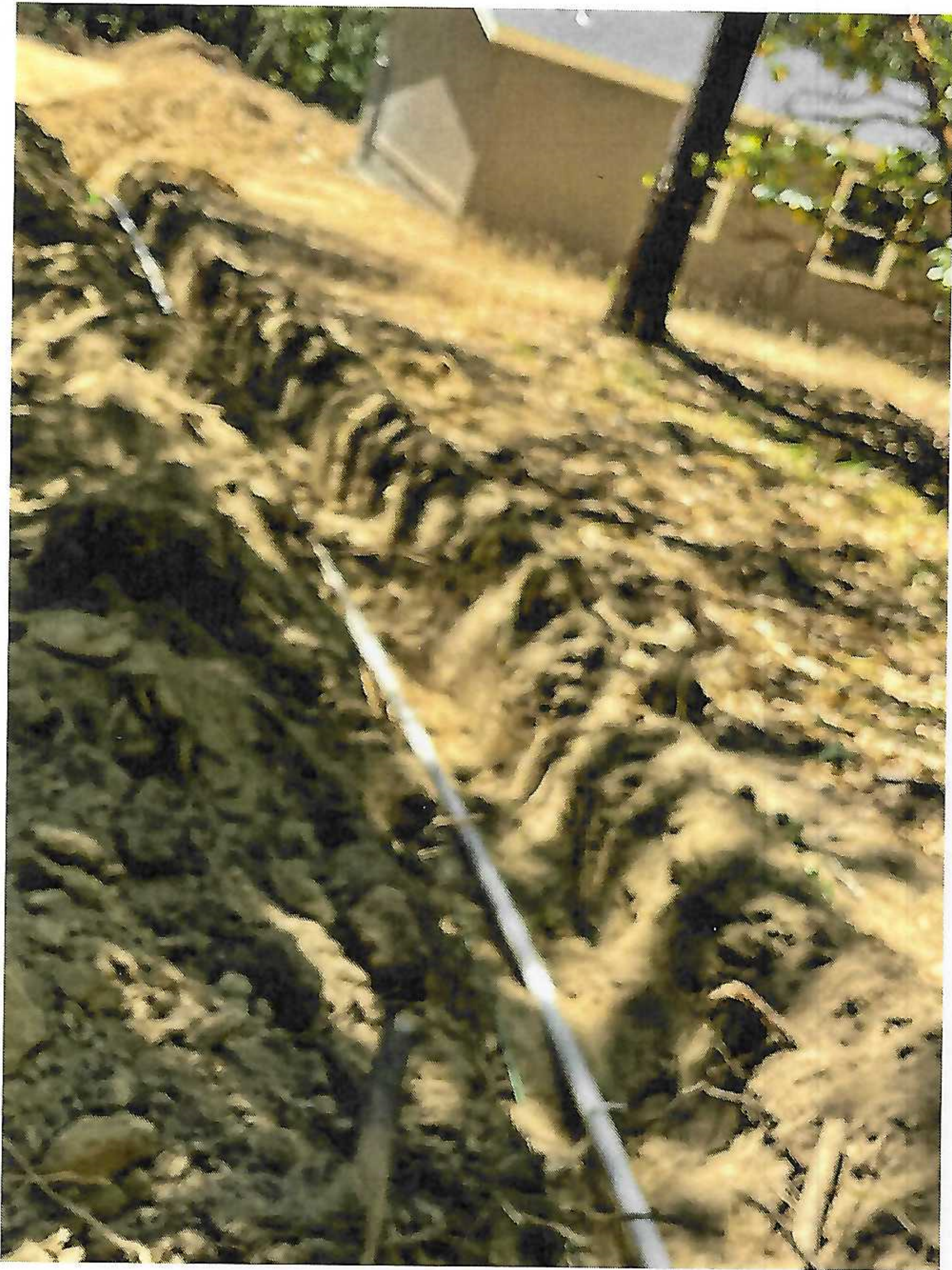
|                 |                                                          |                            |
|-----------------|----------------------------------------------------------|----------------------------|
| Notice Accepted | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: <input type="text"/> |
|-----------------|----------------------------------------------------------|----------------------------|

|                                       |                                                          |                            |
|---------------------------------------|----------------------------------------------------------|----------------------------|
| Installer/Owner (Permittee) Notified: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: <input type="text"/> |
|---------------------------------------|----------------------------------------------------------|----------------------------|

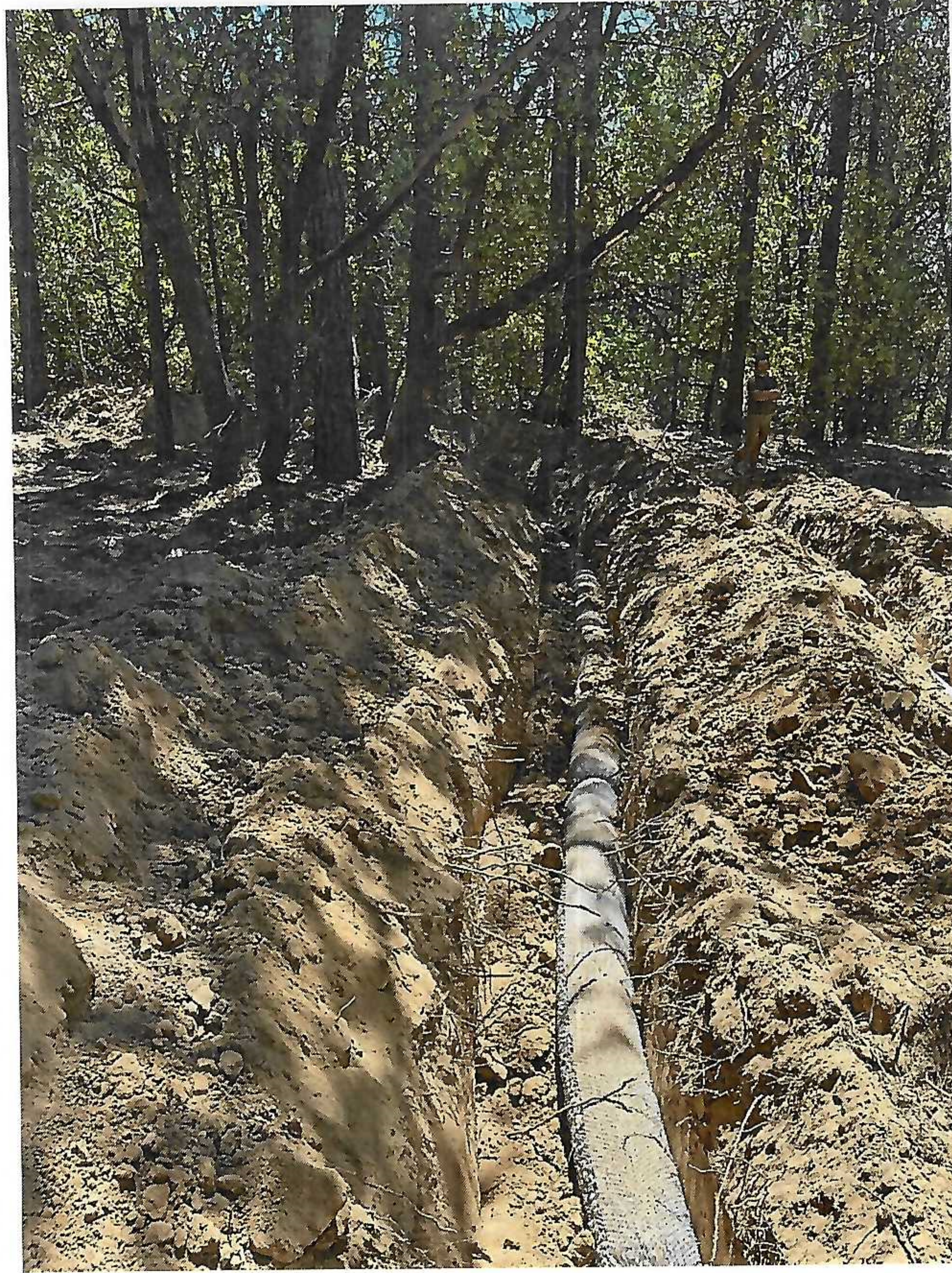
If No, Reason for Non Acceptance: \_\_\_\_\_

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





























**Septic Permit**  
**Installation Permit - Residential - New**  
**463-22-000130-PRMT**

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

**Date issued:** 5/12/22

**Expiration date:** 5/12/23

**Work description:** New construction

**Applicant:** Doo Doo Bus Septic  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** 5418463071  
**Email:** thedoodoobus@gmail.com

**Contractor:** Doo Doo Bus Septic  
**Installer/Pumper License:** 38974  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** (541) 846-3071  
**Email:** thedoodoobus@gmail.com

**Business License:** N/A

**Owner:** WHALEY, LARRY &  
**Address:** WHALEY, EVELYN & WHALEY,  
RUSS ET AL  
WHALEY, EVELYN &  
WHALEY, RUSS ET AL  
GRANTS PASS OR 97526  
**Owner:** WHALEY, LARRY &  
**Parcel:** 360610CC00010000 - Primary

**Property address:** 557 Azalea Dr, Grants Pass, OR 97526

Township: 36S Range: 6W Section: 10

|                               |                                                               |  |
|-------------------------------|---------------------------------------------------------------|--|
| <b>Lot size:</b> 2.57 ACRES   | <b>Water supply:</b> Well                                     |  |
| <b>Zoning:</b> N/A            | <b>City/County/UGB:</b> County                                |  |
| <b>Land use approval:</b> N/A | <b>County:</b> N/A                                            |  |
| <b>Action:</b> New            | <b>Type of application:</b> Construction Permit - Residential |  |
| <b>System failing:</b> N/A    | <b>Septic tank last pumped:</b> N/A                           |  |

**Comments:** DRAINFIELD STAKEOUT AND PUMP CURVE REQUIRED PRIOR TO INSTALLATION.

ONSITE WASTEWATER APPROVED AREA IS ON PARCEL 3606100000800 THROUGH A SAME OWNR  
EASEMENT.  
RECOMMEND CURTAIN DRAIN UPSLOPE(10'MIN.) OF DRAINFIELD LOCATION.

**Category of construction:** Residential

|                            | Existing | Proposed |
|----------------------------|----------|----------|
| <b>Use of structure:</b>   | N/A      | SFR      |
| <b>Number of bedrooms:</b> | N/A      | 3        |

**System Specifications**

|                                                      |                                          |     |
|------------------------------------------------------|------------------------------------------|-----|
| <b>Type:</b> Alternative Treatment Technology (ATTs) | <b>ATT description:</b> ECOPOD E-50-N-IM |     |
| <b>Max peak design flow:</b> 450 gpd.                | <b>Proposed flow:</b>                    | N/A |

**Drain Field Specifications**

|                                                          |                                          |        |
|----------------------------------------------------------|------------------------------------------|--------|
| <b>Drain field type:</b> Standard                        | <b>System distribution Ttype:</b> Serial |        |
| <b>Drainfield sizing:</b> 45 linear ft.                  | <b>Distribution method:</b>              | Serial |
| <b>Media type:</b> Other - Indicate Product/Manufacturer | <b>Media depth:</b>                      | N/A    |

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

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5/12/22:11:55:28AM

ONS\_OnsitePermit\_pr



Date issued: 5/12/22

Expiration date: 5/12/23

Work description: New construction

Media type description: EZ FLOW 1201P

Trench length: 135 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

**Special Requirements**

Stake out required: Yes

Groundwater type: Temporary

Groundwater depth: N/A

Pump to drainfield reqd: Yes

Filter fabric on top of drain media: Yes



**Date issued:** 5/12/22**Expiration date:** 5/12/23**Work description:** New construction**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.Dry soil installation only (June 1 – October 1 unless otherwise authorized by the agent).
- 8.The system must be installed a licensed sewage disposal business (installer).
- 9.Vehicular traffic and livestock must be restricted from the system area.
- 10.All roof drains must be directed away from the system
- 11.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.
- 12.Meet all required setbacks
- 13.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.
- 14.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.
- 15.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.
- 16.Install the pump and system components in accordance with the approved pump curve and specifications.
- 17.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.
- 18.Pump curve must be submitted prior to instillation.
- 19.Effluent filter required at tank outlet.
- 20.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 21.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 22.Maximum length of an individual trench is 150-feet.
- 23.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 24.A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 25.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.
- 26.Photos of the septic system components must be submitted along with the FIRN.



**Date issued:** 5/12/22**Expiration date:** 5/12/23**Work description:** New construction

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.

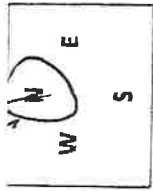
Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Gabriel Kasiah

Natural Resource Specialist

5/12/22





Construction Plan

Address

557 *Alaka*

Tanks *1060*

Other *500/less ped*

Control *Sum*

Leach Field *Hydro Splitter 1BS*

Trench Depth *24-30*

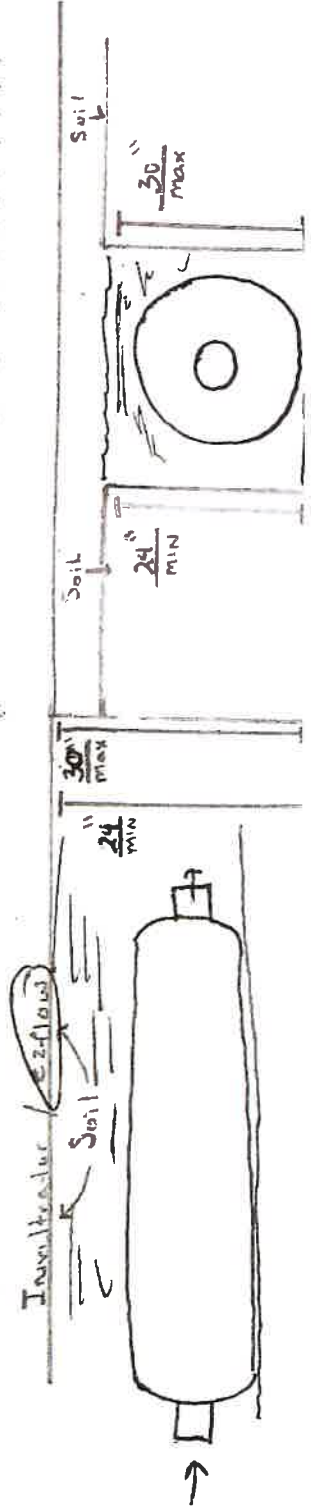
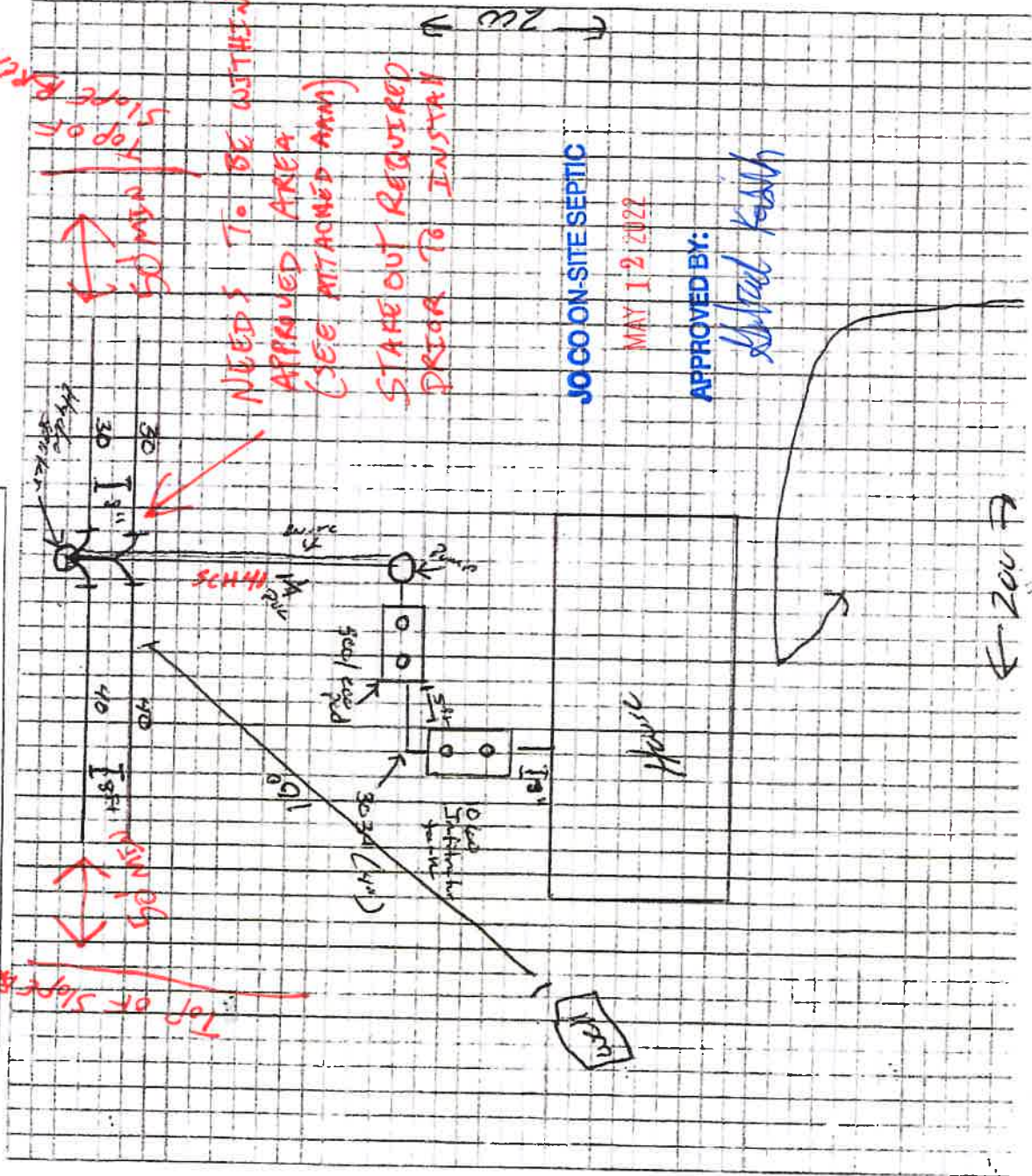
Other

Well *100+*

Sign *[Signature]*

Date *4-4-22*

Wire *14-18*  
 Slope  
 alarm *Sim*  
 Pipe # *1 1/4 pvc*  
 Pipe # *3034 4"*  
 Trench # *10*  
 offset *8ft*  
 offset  
 Slope

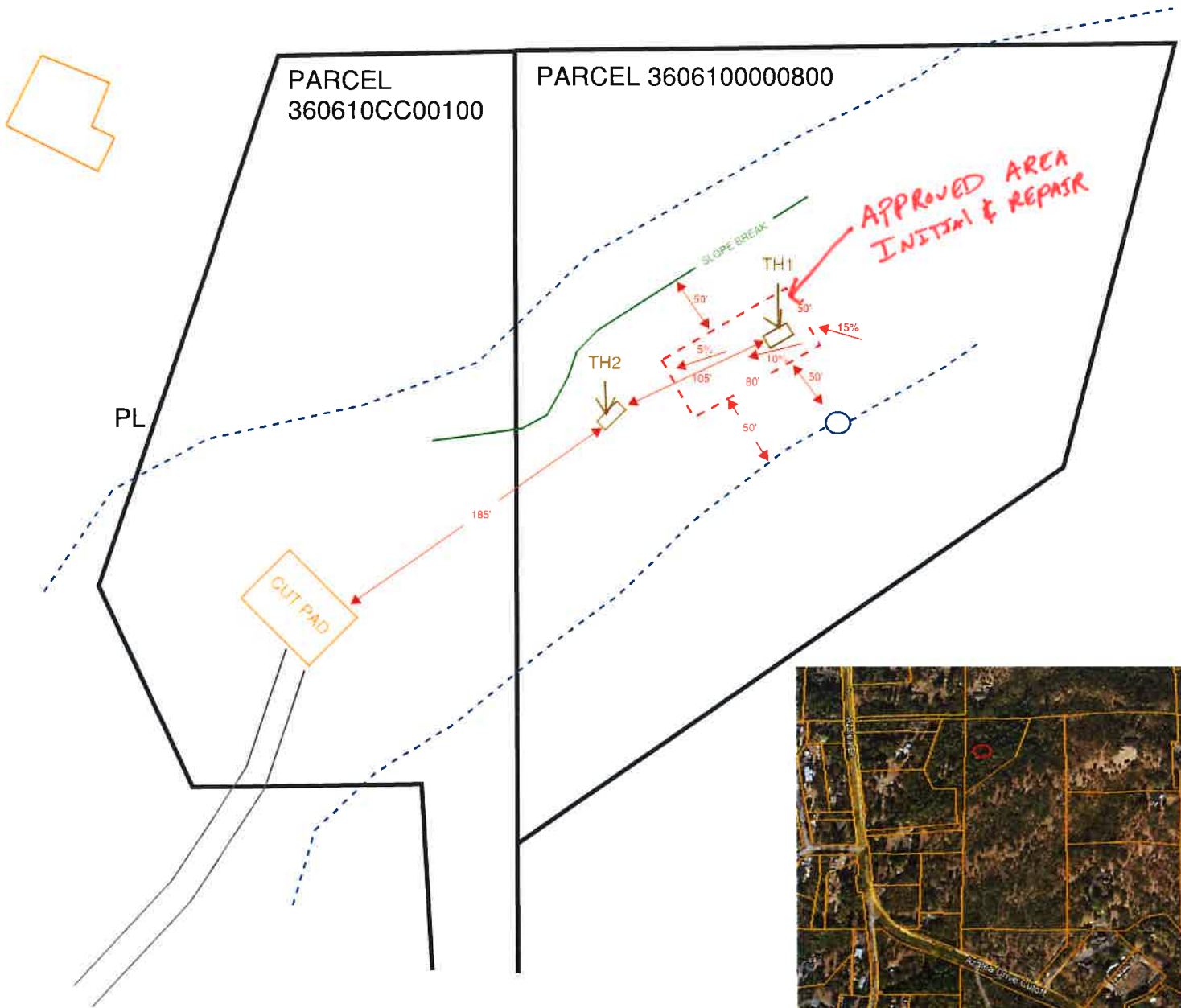




# SITE PLAN

ADDRESS 557 AZALEA DR

PARCEL 360610CC00100

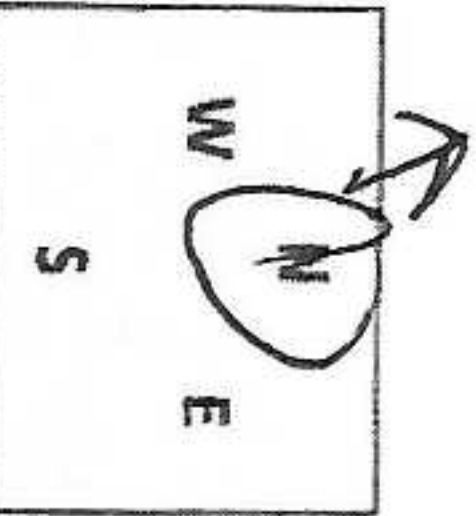


----- INTERMITTENT STREAM

\*NOT TO SCALE

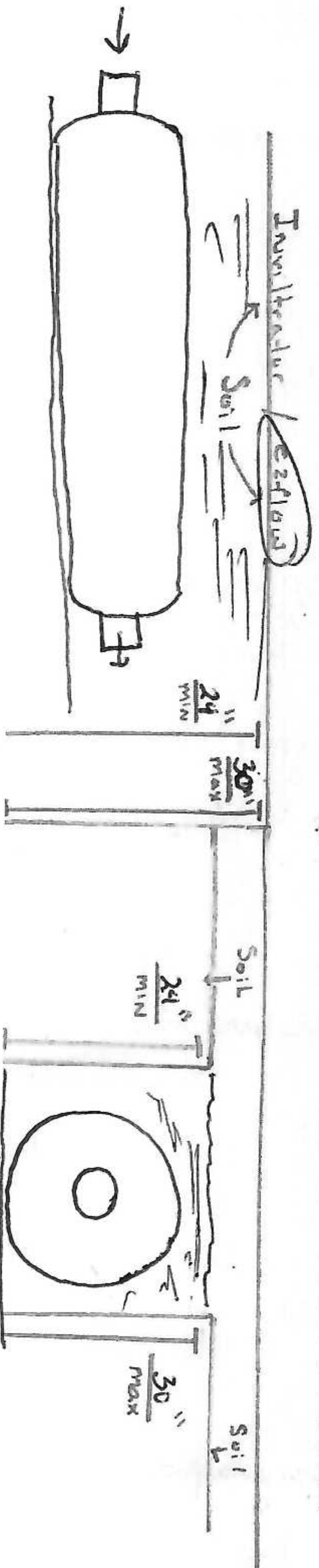
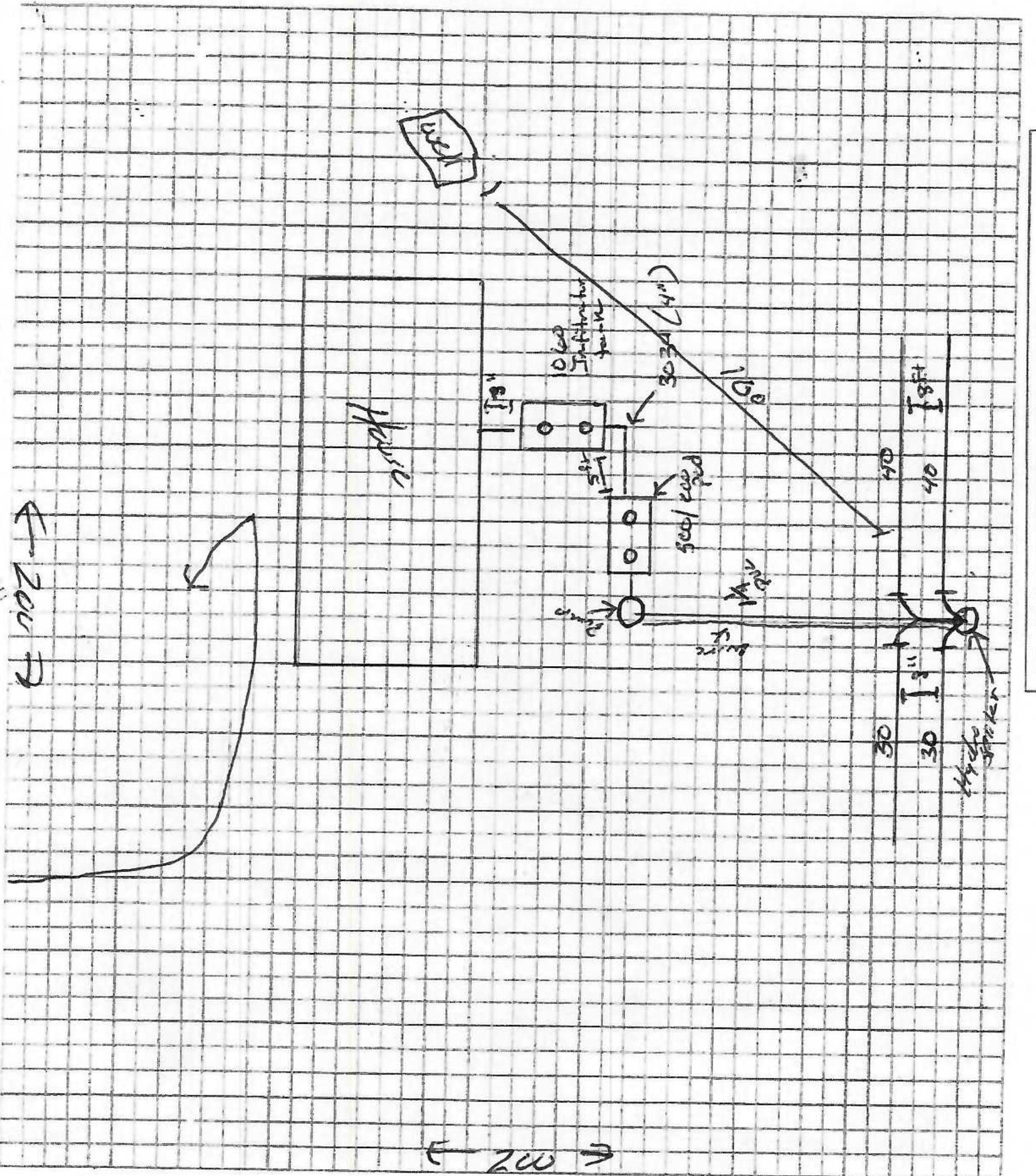
APPLICATION # 463-21-000481-EVAL





Construction Plan  
Address 557 Alameda

Tanks 1060  
Other 500/ess pad  
Control Sim  
Leach Field Hydro Splitter 135  
Trench Depth 24-30  
Other \_\_\_\_\_  
Well 106+  
Sign 211-  
Date 4-4-22



Wire 14-18  
Slope \_\_\_\_\_  
Alarm Sim  
Pipe # 1 1/4 PVC  
Pipe # 3034 (4")  
Transfer # 1  
Offset 8 ft  
Offset \_\_\_\_\_  
Slope \_\_\_\_\_







After recording return to:

4190 Williams Hwy  
GP OR 97527  
Doc Doc Bus Septic Service LLC

JOSEPHINE COUNTY OFFICIAL RECORDS

RHIANNON HENKELS, COUNTY CLERK

2022-005806

DED-EAS

Cnt=1 Pgs=3 Stn=5 SSCHREIBER

04/28/2022 08:32 AM

\$15.00 \$11.00 \$60.00 \$10.00 \$5.00

Total: \$101.00



00507248202200058060030039

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

**EASEMENT, COVENANT AND SERVITUDE**

WHEREAS Russ Whaley ("GRANTOR") is the owner of the following two lots (or parcels) of real property located in Josephine County, Oregon:

Lot I: 3606100000800

Partian - Plat 1996-36 - Parcel Pt of A, Acre 3.21

Lot II: 3606100000100

Partian - Plat 1996-36 - Parcel Pt of A, Acre 2.57

WHEREAS GRANTOR has applied to the State of Oregon through the Department of Environmental Quality ("State" or "GRANTEE") for a permit to construct an individual onsite wastewater treatment system ("permit") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules (OAR) 340-71-130 requires for each lot or parcel different from but under the same ownership as the lot or parcel served, the owner of the property must execute and record in the county land title records, on a form approved by the department, an easement and a covenant in favor of the State of Oregon as a condition precedent to issuance of a permit authorizing the construction of a system on one lot intended to serve another lot;

**EASEMENT**

NOW THEREFORE, in consideration of the issuance of the permit to GRANTOR by the State, GRANTOR hereby conveys to the State, its successors and assigns, a perpetual non-exclusive easement in, upon, and running with Lots I and II allowing the state's officers, agents, employees and representatives to enter and inspect, including by excavation, the onsite wastewater treatment system on Lots I and II. This easement shall be terminated at such time as use of the individual onsite wastewater treatment system has ceased because the structures on Lot II are fully served by an adequate public sanitary sewer system or by another onsite wastewater treatment system located elsewhere. Upon request and a determination that adequate alternative service is available and in use, the State shall execute a recordable document terminating the easement.

**COVENANTS**

GRANTOR covenants and agrees not to convey any interest in either Lot I or Lot II that results in the severance of the common ownership of these Lots unless and until GRANTOR has granted or reserved a utility easement on Lot I benefiting Lot II, in accordance with OAR 340-071-0130. Said easement shall be nonexclusive, perpetual and appurtenant and shall be in a form acceptable to the State. The utility easement shall include the following terms:

1. Owners of Lot II may use Lot I for purposes of installing, operating and maintaining a drainfield and related facilities for an individual onsite wastewater treatment system.



Owner Name: Russ Whaley

2. Lot I shall not be put to any conflicting use which would be detrimental to the permitted system or contrary to any law (including an Oregon Administrative Rule) applicable to the permitted system.

FURTHER, GRANTOR covenants that it shall include these covenants in any conveyance of either lot.

The GRANTOR and the State intend that these covenants shall run with the land and be binding on the GRANTOR'S heirs, successors and assigns.

IN WITNESS WHEREOF, the GRANTOR executed this easement on this the 28<sup>th</sup> day of April, 20 22.

STATE OF OREGON )  
 ) ss.  
County of Josephine )  
 )  
4-28, 20 22 )  
 )

Russ Whaley  
(GRANTOR)

Personally appeared the above-named Russ Whaley and acknowledged the foregoing instrument to be their voluntary act.

Before me:



Ked  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 11-23-24

State of Oregon Acceptance on this the 28<sup>th</sup> day of APRIL, 2022,

by GABRIEL KASIAH, as an Agent for the State of Oregon,

Department of Environmental Quality.

Gabriel Kasiah  
Signature of DEQ Agent

4/28/2022  
Date

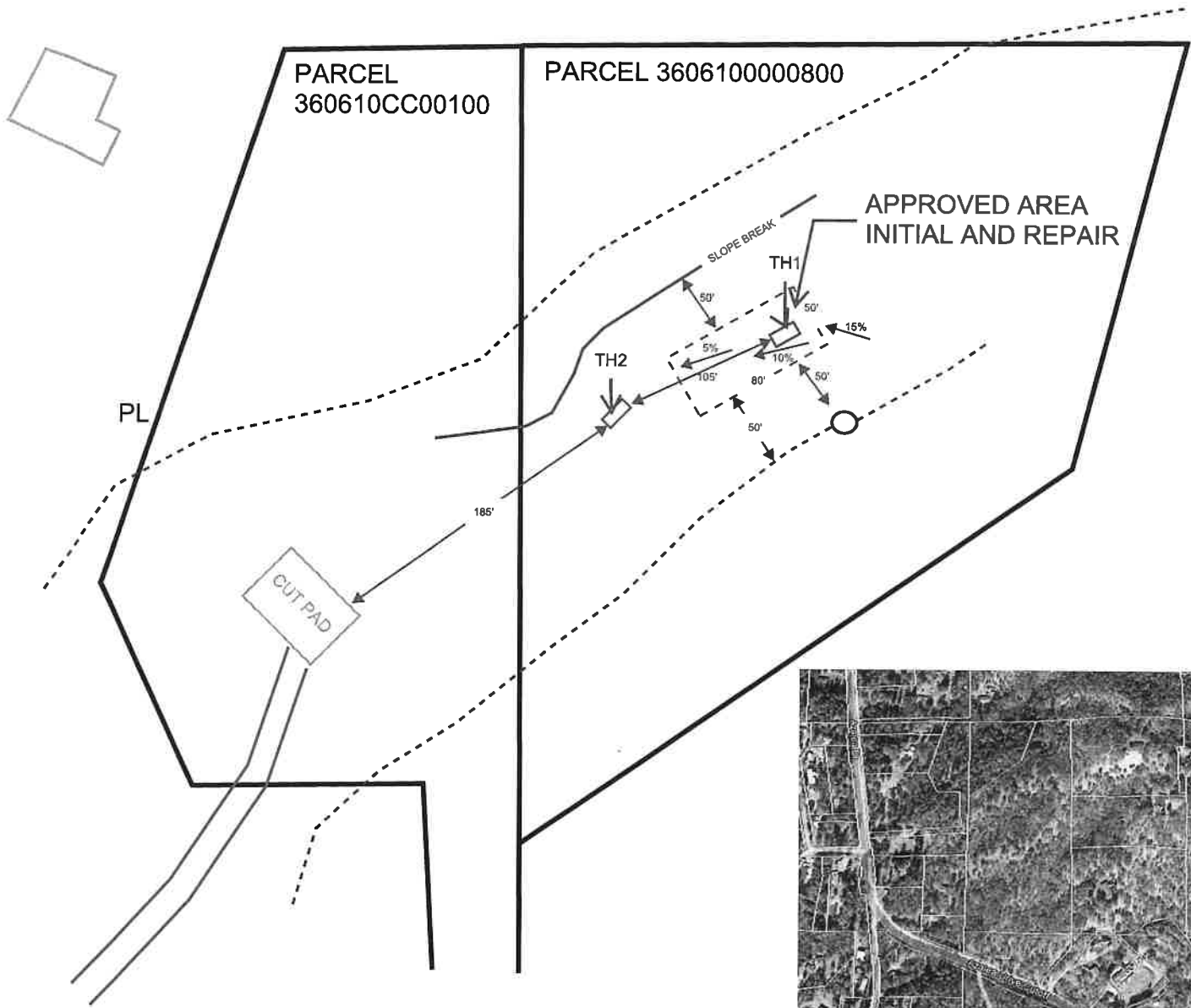


3

# SITE PLAN

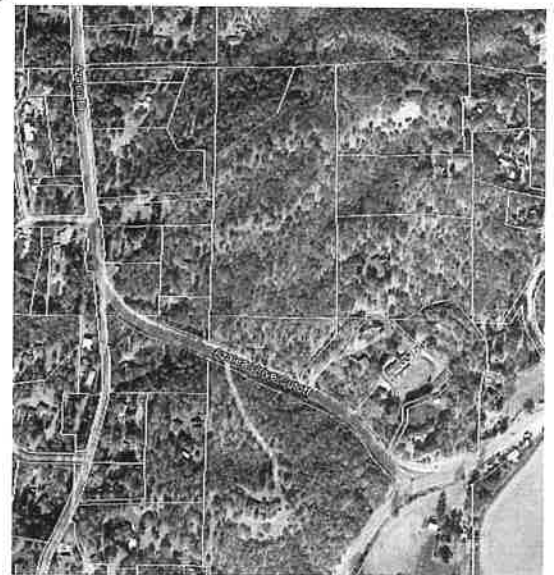
ADDRESS 557 AZALEA DR

PARCEL 360610CC00100



----- INTERMITTENT STREAM

\*NOT TO SCALE



APPLICATION # 463-21-000481-EVAL



# 1 Year Service Contract

For Eco-Pool in the state of Oregon

Parties: NAME Allied Septic Service LLC  
ADDRESS 4190 Williams Hwy  
CITY, STATE, ZIP Grants Pass, OR 97527  
TELEPHONE 541-846-3071  
E-MAIL thedoodoobus@gmail.com

And: (Customer) NAME Ross Whaley  
ADDRESS 557 Azalea dr  
CITY, STATE, ZIP GP OR 97526  
TELEPHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

System Location: ADDRESS 557 Azalea dr  
CITY, STATE, ZIP GP OR 97526  
LEGAL DESCRIPTION 36-06-10-CC-00100

Agency Contact Info: AGENCY Josephine County onsite  
ADDRESS 700 NW Dimmick  
CITY, STATE, ZIP GP OR 97526  
TELEPHONE 541-474-5444  
E-MAIL \_\_\_\_\_

Date: 4-5-22

NOW, THEREFORE, inconsideration of terms, provisions, covenants and conditions contained herein, the parties hereto agree as follows:



## 1.0 Performance of Basic Services

The Service Provider, shall perform the System Inspection/Service Visits during the 24-month period after installation, as marked:

|                           |                         |
|---------------------------|-------------------------|
| Inspection/Service Visits | 3-6 months _____        |
|                           | 6-12 months _____       |
|                           | 12-18 months _____      |
|                           | 18-24 months _____      |
| Alarm Response            | System Monitoring _____ |
| Other services            | Reporting _____         |

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 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 \_\_\_\_\_" card 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 be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

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 12 months from the date of System start-up, unless otherwise terminated or canceled by either party as provided herein.



### **3.0 Definitions**

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.

3.2 "System" shall mean a \_\_\_\_\_ Oregon approved 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 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 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 Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the 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 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.



## 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 Oregon approved Standard 40 certified wastewater treatment system. Homeowner Manual and Oregon approved Standard 40 certified wastewater treatment system. 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.

### Service Provider

Name: Chris Navarre (called Septic)

Signature: [Signature]

Title: Owner/Pre

### Customer Was Perreque

Crown Homes, Inc

[Signature]

Manager

Labor - \$75 per hour (does not include tractor work)

Parts- Contractors pricing

Service Call- \$75 per hour (after hours/Holidays -\$150 per hour)

Annual Fee \$65 (DEQ filing)



## JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360610CC000100

SITUS: 557 AZALEA DR

ACRES: 2.57

PERMIT  
NUMBER: PL-2021-02426

ZONE: RR2.5

SCHOOL  
DISTRICT: Three Rivers

|                    |                                              |                    |              |
|--------------------|----------------------------------------------|--------------------|--------------|
| APPLICANT:         | CROWN HOMES                                  | APPLICANT PHONE #: | 541-830-0629 |
| APPLICANT ADDRESS: | 7220 CRATER LAKE HWY<br>WHITE CITY, OR 97503 |                    |              |
| OWNER:             | WHALEY, RUSS & WHALEY, VINA                  |                    |              |
| OWNER ADDRESS:     | 1220 NE Meier DR<br>Grants Pass, OR 97526    |                    |              |

### SPECIAL REQUIREMENTS

- Stream Name N/A Class 2 Stream 25 ft setback required.
- Erosion Hazard - Plan in File X NA Reason: see attached

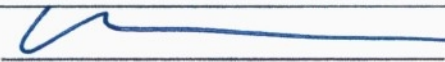
| EXISTING STRUCTURES               | PROPOSAL                                                                                         | SETBACKS                                                                                                          |
|-----------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Per Assessor Records: Vacant land | New Manufactured Dwelling 1404 sq. ft. Three Bedroom,<br>Two Bath 27'x52' with access via stairs | Front Setback: 30 ft.<br>Side Setback: 10 ft.<br>Rear Setback: 25 ft.<br>Stream Setback: 25 ft.<br>Height: 35 ft. |

### ADDITIONAL TERMS:

- Note: Only 1 primary dwelling is allowed between TL 100 and TL 800 as they are 1 legal lot with 2 tax lot numbers.
- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- No connection of utilities or occupancy of mobile home is allowed without obtaining Onsite and Building permits.

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:       |  | DATE:     | 10-26-21 |
| CONTRACTOR NAME: | CROWN HOMES                                                                         | LICENSE#: | 111078   |
| APPROVED:        |  | DATE:     | 10/26/21 |

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





# Josephine County, Oregon

Community Development – Planning Division  
700 NW Dimmick, Suite C / Grants Pass, OR 97526  
(541) 474-5421 / Fax (541) 474-5422  
E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

## PLANNING APPLICATION FORM

**Property Address:** 577 Azalea Drive, Grants Pass, Oregon 97526

### Assessor's Map & Tax Lot:

36 - 06 - 10 - CC **Tax Lot(s)** 100

- - - **Tax Lot(s)** \_\_\_\_\_

**Zoning:** RR-5

### Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

New Home 27'x52' 1404 Sq. Ft.

### Application/Permit Type: (Please Check All Applicable)

- ☒ Address Assignment  
☒ New Address  
☐ Change of Address  
☐ Additional Address  
☐ Annual Compliance Certificate  
☐ Appeal (See Sec.19.33.040)  
☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)  
☐ Conditional Use Application (Chapter. 19.45)  
☐ Determination of Nonconforming Use (See Sec.19.13.060)  
☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)  
☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)  
☐ Final Plat (See Sec.19.56.030)  
☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)  
☐ Partition (See Sec.19.52.040)  
☐ Planned Unit Development (See Sec.19.55.030)  
☐ Pre-Application (See Chapter. 19.21)  
☐ Property Line Adjustment or Vacation (See Sec.19.54.040)  
☐ Replat (See Sec.19.53.040)  
☐ Riparian Landscape Plan (Attach Plan or Use Form B)  
☐ Site Plan Review (See Chapter 19.42)  
☐ Subdivision (See Sec.19.51.040)  
☐ Text Amendment (See Sec.19.46.030)  
☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)  
☒ Development Permit (See Sec.19.41.020)  
☐ Temporary Dwelling (See Chapter. 19.43)  
☐ Detached Living Space  
☐ Medical Hardship  
☐ Other: \_\_\_\_\_

### Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale  
☒ (1) 8 1/2x 11" Site/Tentative/Plot Plan  
☐ Written Narrative/Response to Criteria  
☒ Power of Attorney  
☒ Statement of Intended Water Use

☐ Statement of Understanding

☒ Floor Plan/Elevations

☒ Access Permit

☒ Proof of Fire Protection

☒ Erosion Control Plan/Fire Safety Plan

Other: \_\_\_\_\_

### Description of Request/Reason for Appeal

(Include name of project and proposed uses):

New Home 27'x52' Manufactured Home 1404 sq. ft. Initial Dwelling

**Property Owner:** Russ Whaley

**Address:** 1220 N.E. Meier Drive, Grants Pass, Or. 97526

**Phone:** 541-708-1409

**Email:** \_\_\_\_\_

**Applicant:** Russ Whaley

**Address:** 1220 N.E. Meier Drive, Grants Pass, Or. 97526

**Phone:** 541-708-1409

**Email:** \_\_\_\_\_

### Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Crown Homes, Inc.

**Address:** 7220 Crater Lake Hwy. White City, Oregon 97503

**Phone:** 541-830-0629

**Email:** crownhomeswes@hotmail.com

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

[Signature]  
(Signature of Owner or Attorney-in-Fact)

9-24-21  
Date

(Signature of Owner or Attorney-in-Fact)

Date

(For Office Use)

RECEIVED

OCT 26 2021

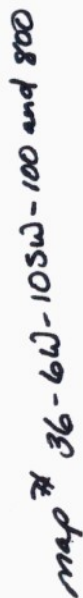
Fees Paid: 300

Initials: VB



OCT 12 2021

Azalea Dr.



Russ and Julie Whaley

00 Azalea Dr.

Grants Pass, OR. 97526

541-708-1409

## Install of New Manufactured Home

25XLT 14045857.



RECEIVED

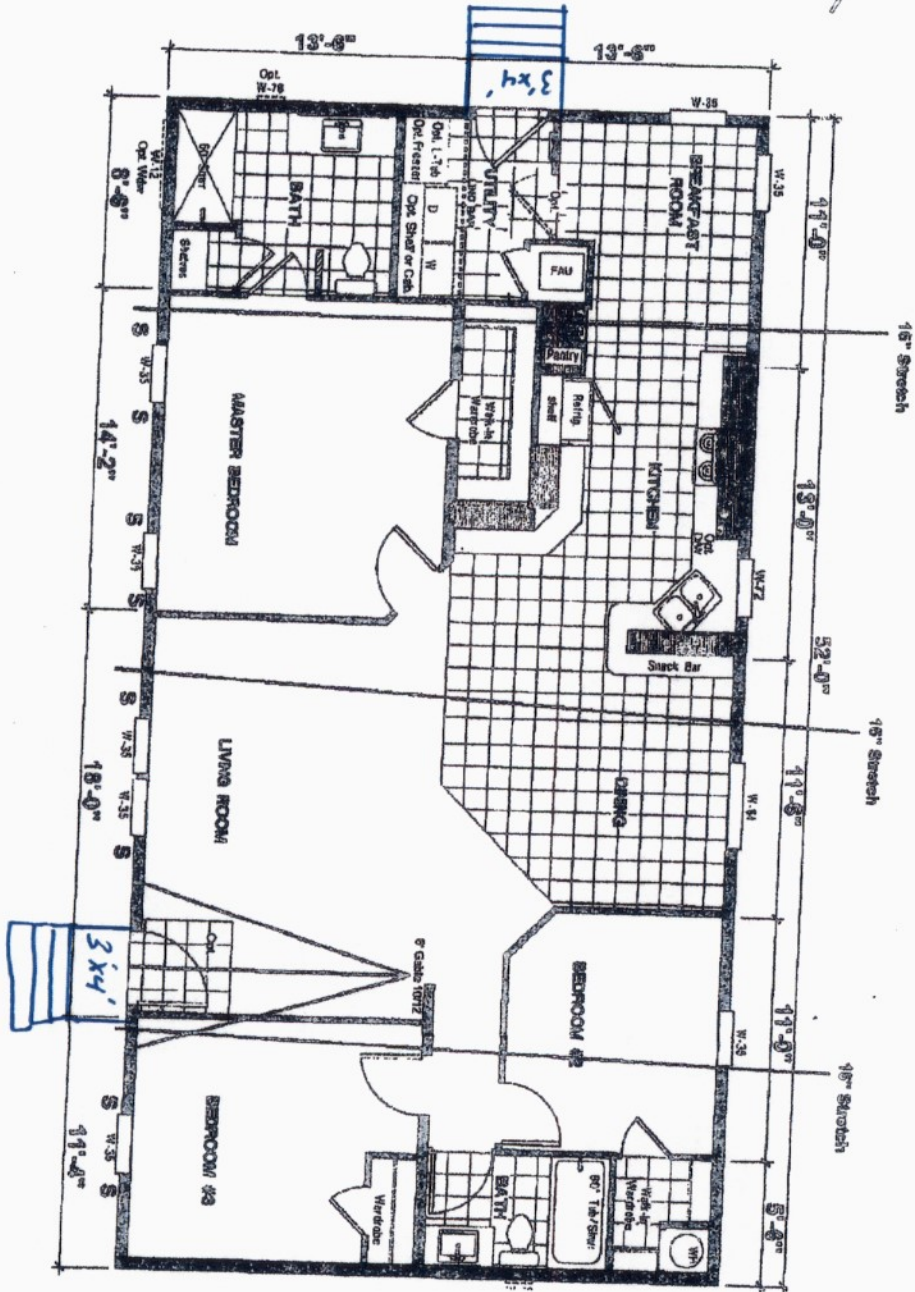
OCT 12 2021

JOCO-PIANNING

CROWN HOMES WHITE CITY  
CUSTOMER: Christie

27 WIDE

1-22-21

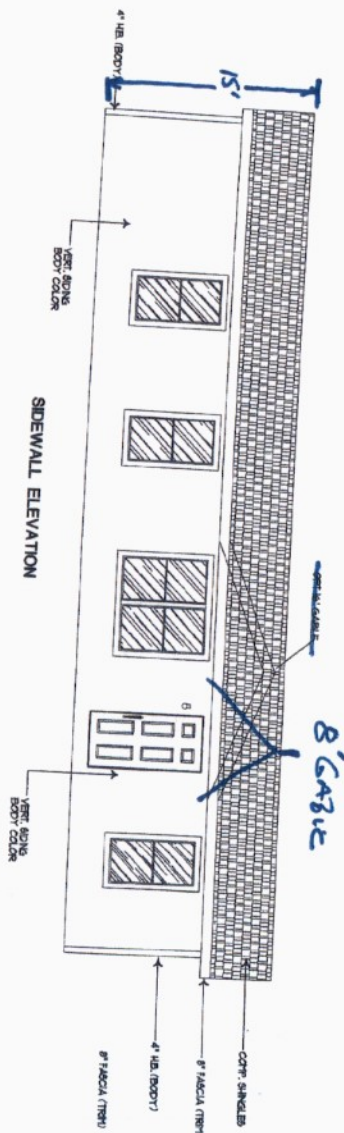
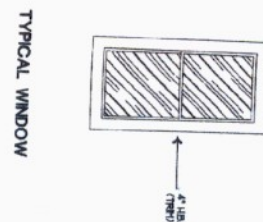
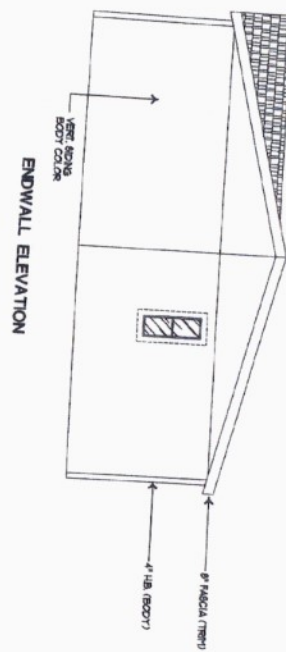


DREAM SERIES 27x52 DRM 483F  
3 BEDROOM, 2 BATH - 1,404 SQ. FT.



RECEIVED  
OCT 12 2021  
JOCO - PLANNING

Whitney 27'x52' DRW-483F







# Josephine County, Oregon

Community Development - Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

RECEIVED

OCT 12 2021

JOCO - PLANNING

## LIMITED POWER OF ATTORNEY FOR LAND-USE AND DEVELOPMENT PERMITS

I (We), Russ Whaley, own real property in Josephine County.  
The address is: 00 Azalea Dr. Grants Pass, OR. 97526, and  
the Assessor's legal description is: TWN 36S, RNG 6W, SEC 10, QQ 5W, Tax Lot (TL)  
# 100 and 800.

This power of attorney authorizes Crown Homes Inc. to act as  
my agent regarding the land use application submitted to the Community Development Division within  
one (1) year from the date of this document or until revoked. As my agent, this person is fully empowered  
to sign all required applications, permits and other documents required or requested, and to appear,  
negotiate and testify on my behalf in any hearing or administrative process, in connection with such  
actions. I agree to be unconditionally bound by the acts of my agent and to perform any and all conditions  
or other requirements resulting from approvals or permits.

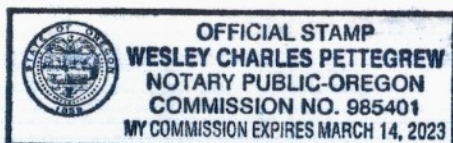
Dated this 21 day of September, 2021.

Signature

Signature

STATE OF OREGON }  
County of Josephine } ss

On this 21 day of September, 2021, the above named Russ Whaley  
personally appeared before me,  
a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and  
voluntarily.



Notary Public, State of Oregon

My Commission Expires: MARCH 14, 2023



# APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS  
201 River Heights Way • Grants Pass OR 97527  
Tel: (541) 474-5460 Fax: (541) 474-5475

JOJO - PLANNING

OCT 12 2021

RECEIVED

|               |                         |              |         |
|---------------|-------------------------|--------------|---------|
| Prepared by:  | bs                      | District No: | 2       |
| Zone:         | RR2.5                   | Violations:  |         |
| Owner         | Contact                 | Pickup       | Mail    |
| Fax:          |                         |              |         |
| Email:        | crownhomesw@hotmail.com |              |         |
| Land Use Log: | Yes                     | No           | Scanned |

|                     |                             |            |        |
|---------------------|-----------------------------|------------|--------|
| Application Date:   | 10/5/2021                   | Permit No: | 9903   |
| Situs (St Address): | Azalea Drive                |            |        |
| Location of Access: | Azalea Drive                |            |        |
| T                   | 36                          | R          | 06     |
| S                   | 10.00                       | TL         | 800    |
| Parcel No:          |                             |            |        |
| Stated Purpose:     | Manufactured Home & Address |            |        |
| NEW                 | EXISTING                    | SHARED     | WAIVER |

Contractor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / St / Zip \_\_\_\_\_

Office No. \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Russ Whaley** Phone \_\_\_\_\_ Contact **Wes Pettegrew-Crown Homes** Phone **541-820-0621**  
Mailing Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

## TYPE OF ROAD:

☒ County-maintained ☐ Local access road  
☐ Owner-maintained ☐ Circuit Court Decree

## TYPE OF APPROACH:

☒ Residential ☐ Commercial / Industrial\*  
☐ Home Occupation\* *\*Requires Site Plan*  
☐ Ag Use

Approach: ☒ Existing ☐ New Width: 12  
Culvert: ☒ Existing ☐ Required ☐ Material: ☒ CMP ☐ Concrete

Diameter: 12" Length: 46 ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before \_\_\_\_\_

## SUBMITTED BY:

Wes Pettegrew

10/5/21

I have received a copy of the General Provisions.

Applicant's initials

## "CONDITIONS FOR APPROVAL" ISSUED BY:

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Public Works \_\_\_\_\_ Date \_\_\_\_\_  
**INSTALLATION INSPECTION:**  
**Approved** By [Signature] **LOCATION OF APPROACH:**  
Address AZALEA PK TC 800  
Date 10/6/2021 Time 9:00AM Latitude (N) 42° 27' 05"  
**Denied** By \_\_\_\_\_ Date \_\_\_\_\_ Longitude (W) 123° 24' 13"  
Reason: \_\_\_\_\_ LEFT RIGHT MILEPOST \_\_\_\_\_

## WAIVER FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative

Date



STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

JOSE 61262

WELL I.D. LABEL# L 143468

START CARD # 1053596

ORIGINAL LOG #

9/1/2021

JOCO - PLANNING

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name RUSS Last Name WHALEY  
Company \_\_\_\_\_  
Address 1220 NE MEIER DR.  
City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion  
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd  
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Material From To Amt sacks/lbs  
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Reverse Rotary ☐ Other \_\_\_\_\_

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community  
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 800.00 ft.

| BORE HOLE |      |     | SEAL            |      |    | sacks/     |       |
|-----------|------|-----|-----------------|------|----|------------|-------|
| Dia       | From | To  | Material        | From | To | Amt        | lbs   |
| 10        | 0    | 60  | Bentonite Chips | 0    | 60 | 34         | S     |
| 6         | 60   | 800 |                 |      |    | Calculated | 27.38 |
|           |      |     |                 |      |    | Calculated |       |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other DRY POURED

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 118

Temp casing ☐ Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/  | Casing/ | Dia | From | To | Scr/slot | Slot   | # of  | Tele/     |
|--------|---------|-----|------|----|----------|--------|-------|-----------|
| Screen | Liner   |     |      |    | width    | length | slots | pipe size |
|        |         |     |      |    |          |        |       |           |
|        |         |     |      |    |          |        |       |           |
|        |         |     |      |    |          |        |       |           |
|        |         |     |      |    |          |        |       |           |

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

|   |  |     |   |
|---|--|-----|---|
| 2 |  | 800 | 1 |
|   |  |     |   |
|   |  |     |   |

Temperature 56 °F Lab analysis ☐ Yes By \_\_\_\_\_

Water quality concerns? ☐ Yes (describe below) TDS amount 131 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM  
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 42.45085000 DMS or DD  
Long \_\_\_\_\_ " or -123.40166000 DMS or DD  
☐ Street address of well ☒ Nearest address  
AZALEA DR. TL 100 GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 8/31/2021 \_\_\_\_\_ 95  
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 151.00

| SWL Date  | From | To  | Est Flow | SWL (psi) | + SWL (ft) |
|-----------|------|-----|----------|-----------|------------|
| 8/31/2021 | 151  | 153 | 0.5      |           | 95         |
| 8/31/2021 | 604  | 605 | 1.5      |           | 95         |
|           |      |     |          |           |            |
|           |      |     |          |           |            |

(11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material                         | From | To  |
|----------------------------------|------|-----|
| BROWN DECOMPOSED GRANITE         | 0    | 53  |
| BROWN/WHITE/GRAY GRANITE MEDIUM  | 53   | 76  |
| GRAY/WHITE/PINK GRANITE MEDIUM   | 76   | 153 |
| GRAY/WHITE GRANITE MED/HARD      | 153  | 166 |
| GRAY/WHITE GRANITE HARD          | 166  | 604 |
| BROKEN GRAY GRANITE              | 604  | 606 |
| GRAY/WHITE GRANITE HARD          | 606  | 704 |
| GRAY/WHITE/PINK GRANITE MED/HARD | 704  | 743 |
| GRAY/WHITE GRANITE HARD          | 743  | 800 |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |

Date Started 8/26/2021 Completed 8/31/2021

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1989 Date 9/1/2021

Signed GREG ELLIS (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1835 Date 9/1/2021

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.



WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JOSE 61262

9/1/2021

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## Map of Hole

JOCO - PLANNING

# STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

## Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)988-0900



### LOCATION OF WELL

Latitude: 42.45085000 Datum: WGS84

Longitude: -123.40166000

Township/Range/Section/Quarter-Quarter Section:  
WM36.00S6.00W10SWSW

Address of Well:

AZALEA DR. TL 800 GRANTS PASS, OR 97526

Well Label: 143468

Printed: September 1, 2021

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor





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**ARTICLE 76 - CERTIFICATION OF FIRE PROTECTION SERVICE**

Name: Russ Whaley

Assessor's Map Number: Twn 36, Rng 6W, Sec 10, Qtr SW, Tax Lot(s) 100 802

Address: 00 Azalea Drive

City Grants Pass State OR Zip code 97526

Phone Number: 541-708-1409

Email: stux.crown.homes@hotmail.com

I certify that the above property is being provided fire protection services by (provide name):

Rural Metro Fire  
Fire district or Fire service provider

Starting Date of Service : 9/21/2021

Fire Official Signature: M Thomas Date: 9/21/2021

Title: Customer service





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JOCO - PLANNING

02-6059-01  
October 21, 2021

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

Subject: **NEW DEVELOPMENT EROSION ASSESSMENT  
AZALEA DRIVE  
T36S, R06W, SEC 10, TL 100  
GRANTS PASS, OREGON**

Planning Staff:

At the request of Steve Burks (Contractor), we are providing this letter in order to document our observations of the existing site soils and drainage conditions and our understanding of the proposed construction at the above site. The purpose of this document is to address the requirements of Section 19.83 (Erosion Control) of the Josephine County Code (JCC), with regards to the granitic soils identified by the county on the subject property, in order to permit the proposed development.

#### **SITE OBSERVATIONS**

On October 19, 2021 we visited the site for reconnaissance. This approximately 2.57-acre flag lot is situated across based and side slopes of the gently rolling hills located on the east side of Azalea Drive. The main portion of this lot is bounded by private properties on all sides. The flag portion of the lot extends south and then west to "connect" to Azalea Drive. Access to the site is provided by an existing crushed rock, shared access driveway with existing drainage ditches on one or both sides of the traveled way. The approach and initial portion of this driveway is also used to provide access to TL 101 (581 Azalea Drive). The majority of the initial portion of this driveway appears to be located on TL 101.

We understand the owner intends to construct an approximately 27' x 52' manufactured home on the main portion of the subject property. This area is currently undeveloped aside from the previously mentioned crushed rock driveway and some preliminary building pad excavations/grading (minor, 1' to 2' tall, cut and fills). The majority of the driveway alignment and project site located on mild to moderate slopes down toward the west. The proposed area of



development is located on the broad crested ridgeline between two gently sloping natural drainage swales (currently dry), which extend west-southwest across the site and continue downslope to Azalea Drive. The vegetation across the parcel consists of moderate to dense tree, understory and ground cover vegetation. See Figure 1, Conceptual Site Plan, for the layout of the site and proposed development.

## **EROSION CONTROL RECOMMENDATIONS**

The exposed soils we observed on the site consist of silty Sand (Decomposed Granite), which are highly susceptible to erosion. During storm events, runoff from open/disturbed areas around the site will travel west and south and be intercepted by the driveway drainage ditches and/or discharge into the drainage swales. Nearly all of the runoff would naturally be absorbed into the surrounding densely vegetated areas, which will act as a natural filter of sediments, before reaching the drainage swales. Runoff from the home site area will travel a minimum of approximately 300' through the vegetated swales before reaching the first driveway cross-culvert or the south property boundary and/or Azalea Drive right-of-way. In addition, we understand that the owner or contractor will install the following items to mitigate erosion potential, in order to minimize the unlikely possibility of sediment laden runoff from migrating offsite:

The contractor understands that at least a 50-foot-long crushed rock construction entrance, consisting of at least 8 inches of 4-inch, clean, crushed rock, shall be maintained at the entrance to the site. We understand that the contractor has rock onsite to serve as a construction entrance, as well as a rocked area to serve as a parking/turn around area. The construction entrance must be cleared of mud and have fresh rock added, as needed, to eliminate tracking of soil onto Azalea Drive (See Figure 1).

The contractor will install a sediment fence (minimum of 3" embedded into the ground) or straw wattles (staked in place) below the existing area of grading (homesite location), in order to effectively cutoff and filter any sediment laden runoff from the project area.

All exposed soils should be seeded and covered with straw or have permanent landscaping installed. Covering with plastic is acceptable as a temporary erosion (short term) control measure.

After heavy rainfall events, the site boundaries should be observed to check for any sediment laden water leaving the site. If these exist, they must be cut off with properly installed sediment fence or filtered with straw bales or bio bags. If there appears to be concentrated flow carrying soil fines, the route shall be blocked with sediment fence backed by a hay bale arc (almost semi-circle) to create a settling pond area.

## **SUMMARY**

The purpose of Article 83 is to minimize the harmful erosion effects of storm water runoff, and to protect right-of-ways and neighboring properties from erosion and sediment impacts. This applies to any construction on slopes greater than 15% or on granitic soils. Based on the property size, existing site topography and site vegetation, in our opinion, the proposed development will not pose any hazard to life, property or the environment and will have no



impact on neighboring properties, provided the items discussed above are followed prior to and during construction. Therefore, a formal Erosion and Sediment Control Plan is not necessary for the development on this site.

We hope this meets your needs at this time. Feel free to contact us if you have any questions.

Respectfully Submitted,

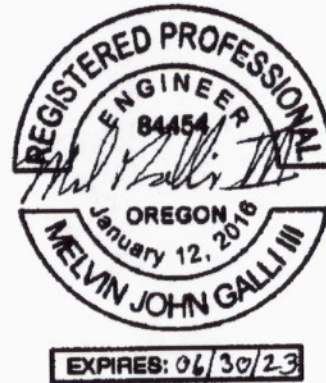
**THE GALLI GROUP**  
GEOTECHNICAL CONSULTING



Benjamin Dean, E.I.T.  
Staff Associate



Melvin J. Galli III, P.E.  
Senior Project Engineer

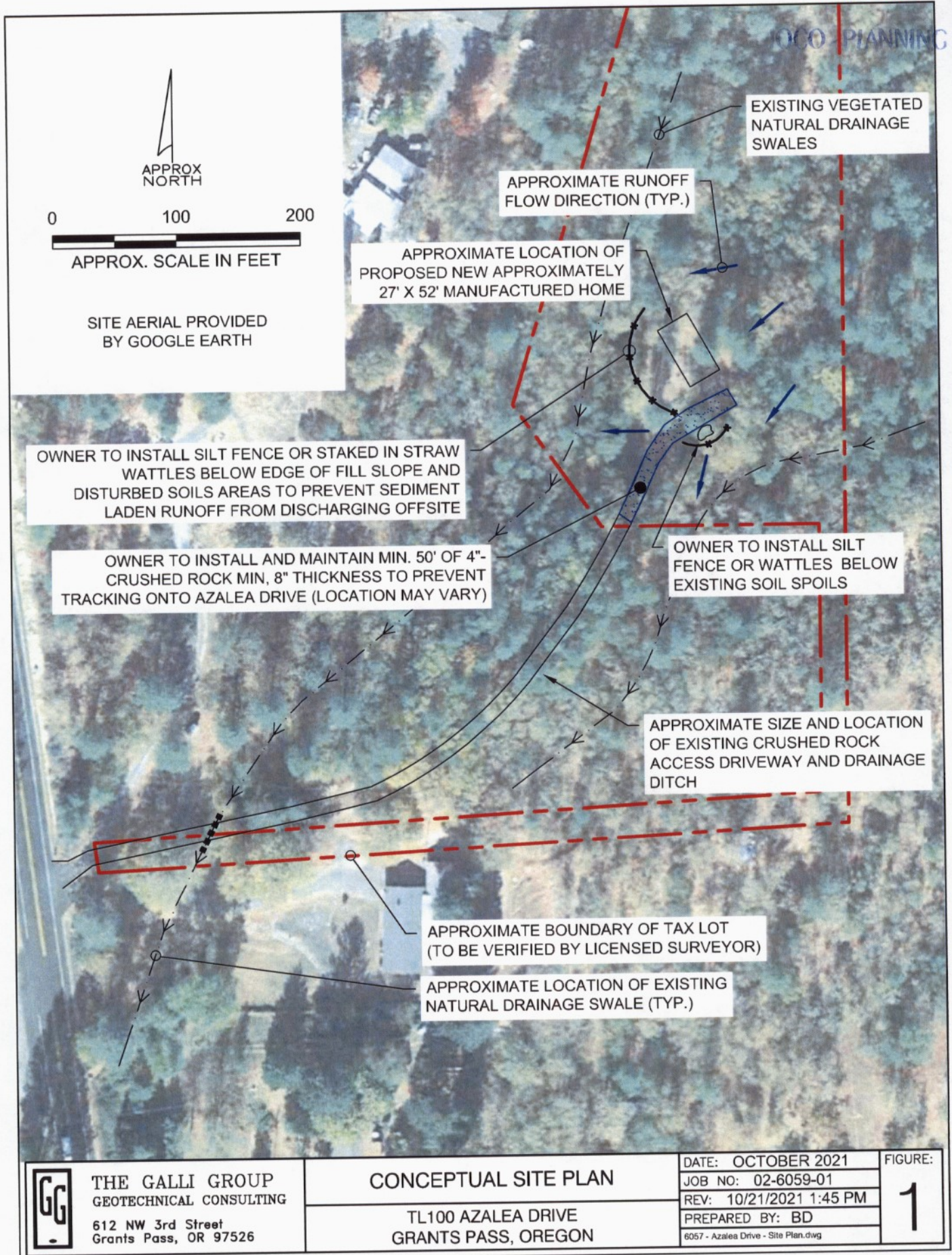


Attachment: Figure 1, Conceptual Site Plan



OCT 25 2021

LOCO PLANNING







Community Development - Planning Division  
700 NW Dimmick, Suite C  
Grants Pass, OR 97526  
(541) 474-5421  
planning@josephinecounty.gov

Receipt Number: PL21-01652

**Payer/Payee:** PATRICK KLINGEL  
353 CRESTLAKE DRIVE  
PALM DESERT CA 92211

**Cashier:** ONLINE PAYMENT

**Date:** 10/26/2021

**Primary Parcel:** 36061000000800 **Project Description:** New Manufactured Dwelling 1404 sq. ft. Three Bedroom, Two Bath 27'x52'

**PL-2021-02426 DEVELOPMENT PERMIT**

**557 Azalea Dr**

**Fee Description**

Development Permit

| <u>Fee Amount</u> | <u>Amount Paid</u> | <u>Fee Balance</u> |
|-------------------|--------------------|--------------------|
| \$300.00          | \$300.00           | \$0.00             |
| <b>\$300.00</b>   | <b>\$300.00</b>    | <b>\$0.00</b>      |

| <u>Payment Method</u> | <u>Reference Number</u> | <u>Payment Amount</u> |
|-----------------------|-------------------------|-----------------------|
| ONLINE PAYMENT        | 102504151               | \$300.00              |
| <b>Total Paid:</b>    |                         | <b>\$300.00</b>       |





# Residential Septic Site Evaluation Approval

463-21-000481-EVAL

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

**Date issued:** 03/10/2022

**Application status:** Site Evaluation Approved

**Work description:** SITE EVAL

**Applicant:** Doo Doo Bus Septic  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
5418433071  
**Phone:**  
**Email:** thedoodoobus@gmail.com

**Primary contractor:** Doo Doo Bus Septic  
**Installer/Pumper License:** 38974  
**Address:** 4190 Williams Hwy  
Grants Pass OR 97527  
**Phone:** (541) 846-3071  
**Email:** thedoodoobus@gmail.com

**Owner:** WHALEY, LARRY &  
**Address:** WHALEY, EVELYN & WHALEY,  
RUSS ET AL  
WHALEY, EVELYN &  
WHALEY, RUSS ET AL  
GRANTS PASS OR 97526  
**Owner:** WHALEY, LARRY &  
**Address:** WHALEY, EVELYN & WHALEY,  
RUSS ET AL  
WHALEY, EVELYN &  
WHALEY, RUSS ET AL  
GRANTS PASS OR 97526

**Property address:** 557 Azalea Dr, Grants Pass, OR  
97526

**Parcel:** 3606100000080000

**Lot size:** 2.57 ACRES  
**Zoning:** N/A

**Water supply:** Well  
**City/County/UGB:** County

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

## General Specifications

|                                |                                                                                                                                                 |                                  |          |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| <b>Max peak design flow:</b>   | 450 gpd.                                                                                                                                        | <b>Proposed gallons per day:</b> | 375 gpd. |
| <b>Min septic tank volume:</b> | 1000 gal.                                                                                                                                       | <b>Min dosing tank volume:</b>   | 500 gal. |
| <b>Media depth:</b>            | 12 in.                                                                                                                                          |                                  |          |
| <b>Comments:</b>               | 1. ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER FOR INITIAL AND REPLACEMENT SYSTEMS.<br>2. APPROVED AREA ON PARCEL 3606100000800 |                                  |          |

## System Specifications

**System type:**  
**System distribution type:**

## Initial System

Sand Filter  
Serial

## Replacement Area

Sand Filter  
Serial

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.)



**Date issued:** 03/10/2022

**Application status:** Site Evaluation Approved

**Work description:** SITE EVAL

|                                     |                       |                         |
|-------------------------------------|-----------------------|-------------------------|
| <b>Distribution method:</b>         | Serial                | Serial                  |
| <b>Trench Specifications</b>        | <b>Initial System</b> | <b>Replacement Area</b> |
| <b>Trench linear feet:</b>          | 135 linear ft.        | 135 linear ft.          |
| <b>Max depth:</b>                   | 30 in.                | 30 in.                  |
| <b>Min depth:</b>                   | 24 in.                | 24 in.                  |
| <b>Special Requirements</b>         | <b>Initial System</b> | <b>Replacement Area</b> |
| <b>Stakeout required:</b>           | Yes                   | Yes                     |
| <b>Groundwater type:</b>            | Temporary             | Temporary               |
| <b>Drainfield type:</b>             | Standard              | Standard                |
| <b>Drainfield sizing:</b>           | 45 linear ft/150 gal. | 45 linear ft/150 gal.   |
| <b>Pump to drainfield required:</b> | Yes                   | Yes                     |

**Conditions of approval:**

1. APPROVED AREA ON PARCEL 3606100000800 , EASEMENT WILL BE REQUIRED PRIOR TO CONSTRUCTION PERMIT ISSUANCE IF RESIDENCE IS LOCATED ON SEPARATE PARCEL.

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

Gabriel Kasiah

Natural Resource Specialist

3/10/22

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

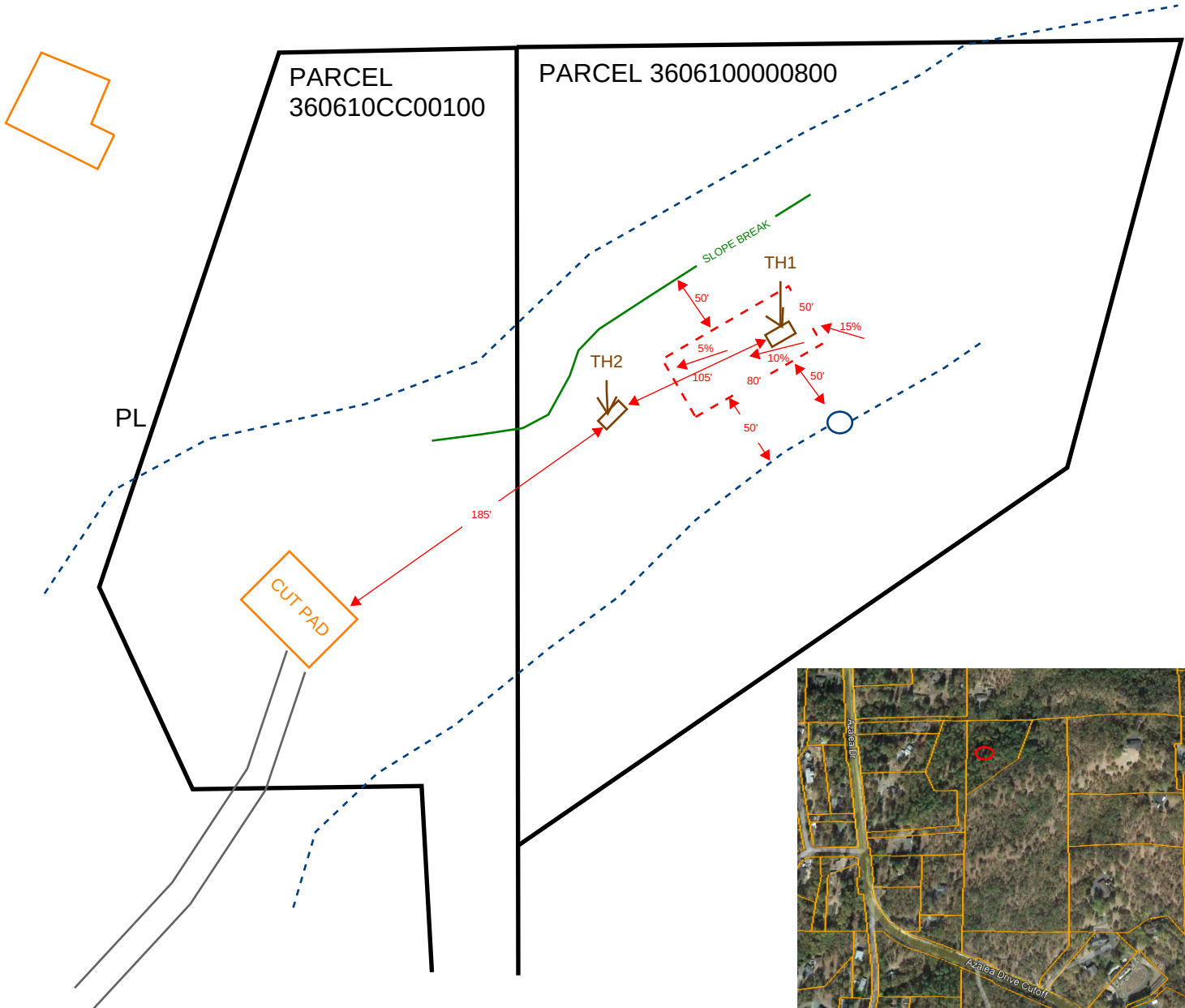
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# SITE PLAN

ADDRESS 557 AZALEA DR

PARCEL 360610CC00100



----- INTERMITTENT STREAM

\*NOT TO SCALE



APPLICATION # 463-21-000481-EVAL



| PIT No.    | DEPTH | TEXTURE | SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC. |
|------------|-------|---------|-----------------------------------------------------------------------------------------------------------|
| Test Pit 1 | 0-6   | Exp SL  | 10YR 3/2, GR, Roots 1UF, F, M                                                                             |
|            | 6-16  | SL      | 10YR 3/7, WSBK, Roots 2M, 1UF, F, C, VC                                                                   |
|            | 16-32 | SCL     | 10YR 5/4, W-MSBK, Roots 1UF, F, M                                                                         |
|            | 32-48 | SCL     | 10YR 5/6, " " , Roots 1UF, F DEP IN Root channels 10YR 6/4, 2                                             |
| Test Pit 2 | 0-7   | SL      | SEMI-LOR TO TH1                                                                                           |
|            | 7-18  | SL      | 10YR 4/3, Fast Fe 5YR 4/6 Roots                                                                           |
|            | 18-36 | SCL     | All                                                                                                       |
|            | 36-92 | SCL     | SMearing on sidewall SAME                                                                                 |
| Test Pit 3 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
| Test Pit 4 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
| Test Pit 5 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
| Test Pit 6 |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |
|            |       |         |                                                                                                           |

Landscape Notes: WOODED (MADROVE & PINE)

Slope: 5-15% Aspect: W/NW Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: INTERMITTENT STREAM to NORTH & SOUTH  
WATER AVAILABLE AREA, Slope steeper

TO NORTHERN STREAM

Pool OF WATER IN STREAM/DRAINAGE to SOUTH



## Onnie Neumann

---

**From:** Onnie Neumann  
**Sent:** Tuesday, October 26, 2021 1:28 PM  
**To:** croach@co.josephine.or.us; gsnodgrass@co.josephine.or.us; Melissa Martin; Eric Heesacker; mhaack@grantspassoregon.gov; kguenther@grantspassoregon.gov; chad.murders@ecso911.com; cameron.dibetta@centurylink.com; omaha.amc@centurylink.com; 97208amsportlandor@usps.gov; engineering@hunterfiber.com; chris.hanner@pacificorp.com; ljohnson@grantspassoregon.gov; jhyatt@grantspassoregon.gov; countyfiredept@gmail.com; richard.holloway@ruralmetrofire.com; Bryan.P.Anderson@usps.gov; mollie.a.foster@usps.gov  
**Subject:** Address Assignment - 557 Azalea Dr - 36-06-10-CC, TL 100 & 36-06-10, TL 800  
**Attachments:** New Address - 557 Azalea Dr - 360610CC, TL 100 & 360610, TL 800.pdf

Good afternoon,

Included in the attachment is the address notification associated with the subject property.

Kind regards,



**Onnie Heater**

**Assistant Planner**

Community Development - Planning Division

700 NW Dimmick St. Ste C, Grants Pass, OR 97526

541-474-5109 ext. 2412 | [oneumann@josephinecounty.gov](mailto:oneumann@josephinecounty.gov)

***PUBLIC RECORDS LAW DISCLOSURE***

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Community Development  
(541) 474-5421  
700 NW Dimmick Street, Suite C  
Grants Pass, OR 97526  
[www.josephinecounty.gov](http://www.josephinecounty.gov)

## ADDRESS ASSIGNMENT

|                                     |                                         |                                            |
|-------------------------------------|-----------------------------------------|--------------------------------------------|
| ● Owner / Applicant (must have POA) | ● PacifiCorp (Hanner)                   | Nicky Smith (BLM)                          |
| ● Assessor (Roach / Snodgrass)      | ● GP Dept of Public Safety (Hyatt)      | USPS Cave Junction (Krueger / Weir)        |
| ● Bldg Safety (Martin)              | ● GP Dept of Public Safety (Johnson)    | ● USPS Grants Pass (Anderson / Foster)     |
| ● ECSO (Murders / Harris)           | ● County Fire & Security (Trader)       | USPS Merlin (Ross)                         |
| ● Public Works (Heesacker)          | ODOT (Scruggs)                          | USPS Murphy (Deneau)                       |
| City of Grants Pass GIS (Brandt)    | ● Rural / Metro Fire Dept (Holloway)    | USPS O'Brien (Horton / Weir)               |
| ● USPS District Address Mgmt Sys    | Applegate Fire District (Jackson)       | USPS Rogue River (Loop)                    |
| ● CenturyLink (DiBetta)             | Illinois Valley Fire District (Ismaili) | USPS Selma / Kerby / Wilderville (Willard) |
| ● CenturyLink (Omaha office)        | Williams Fire & Rescue (Kuntz)          | USPS Williams (Rains)                      |
| ● 911 (Haack)                       | Wolf Creek Fire District (Scruggs)      | USPS Wolf Creek (Henry)                    |
| ● Hunter Communications (Sinclair)  |                                         |                                            |

**DATE:** October 26, 2021

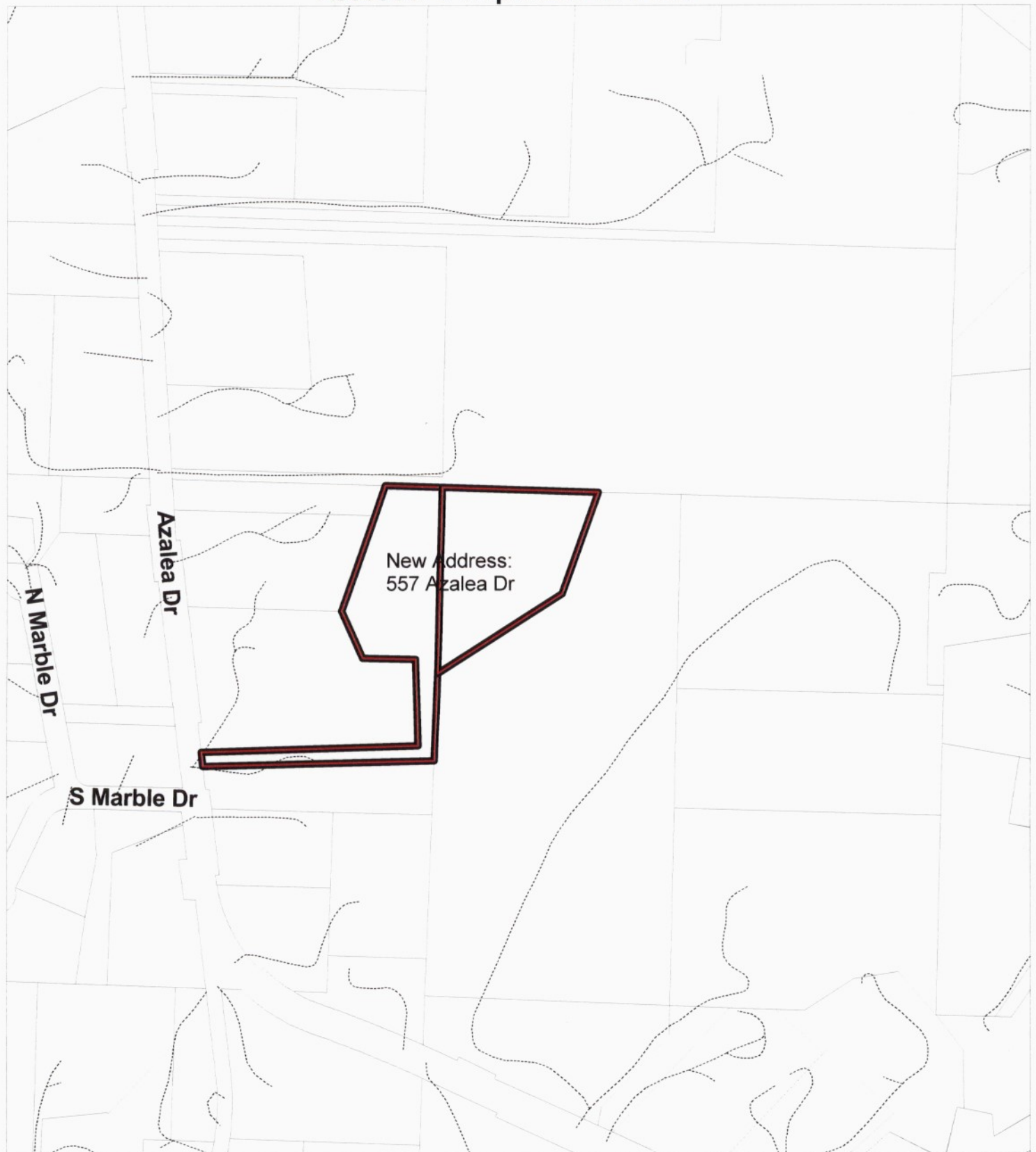
**FROM:** Onnie Heater (541) 474-5109 ext. 2412 [oneumann@josephinecounty.gov](mailto:oneumann@josephinecounty.gov)

|                  |                                        |
|------------------|----------------------------------------|
| Legal            | 36-06-10-CC, TL 100 & 36-06-10, TL 800 |
| Existing Address | None                                   |
| New Address      | 557 Azalea Dr, Grants Pass, Or 97526   |
| NOTES            | TL 100 & 800 are POT per PP No.1996-36 |





# Assessor's Map 36-06-10 tl 800



## Legend



400 0 400 800 Feet

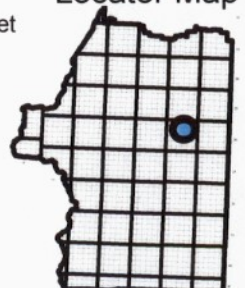
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Scale  
1:4200

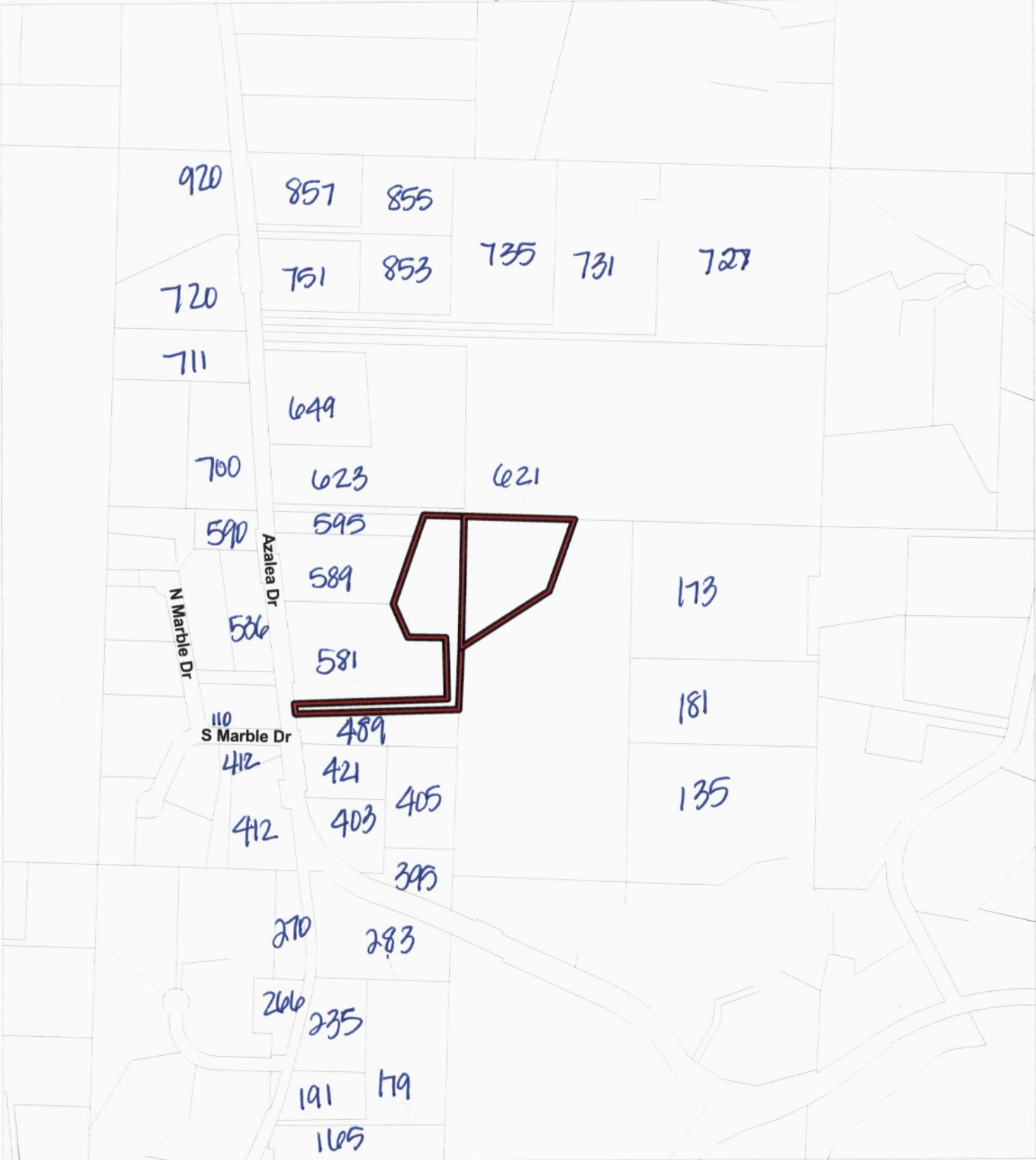


## Locator Map

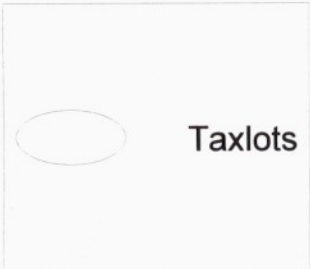




Assessor's Map 36-06-10 tl 800



Legend



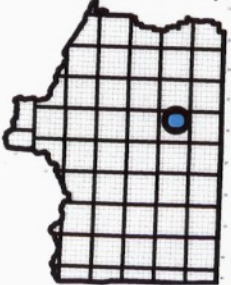
500 0 500 1000 Feet



Scale  
1:6000



Locator Map

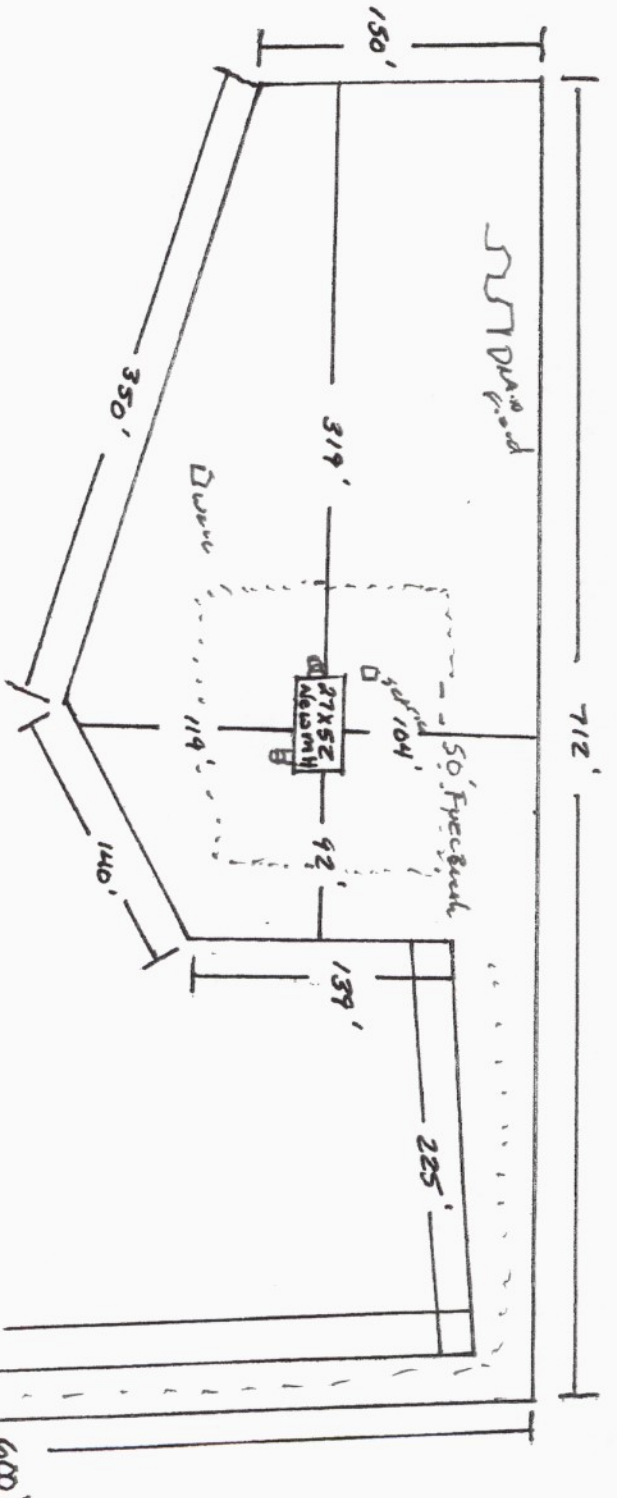


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N ————— S

1" equal 100'  
Scale



map # 36-613-10513-100 and 800

Russ and Julie Whaley  
00 Azalea Dr.  
Grants Pass, OR. 97526  
541-708-1409

Install of New Manufactured Home  
27x52 1404 sq ft.

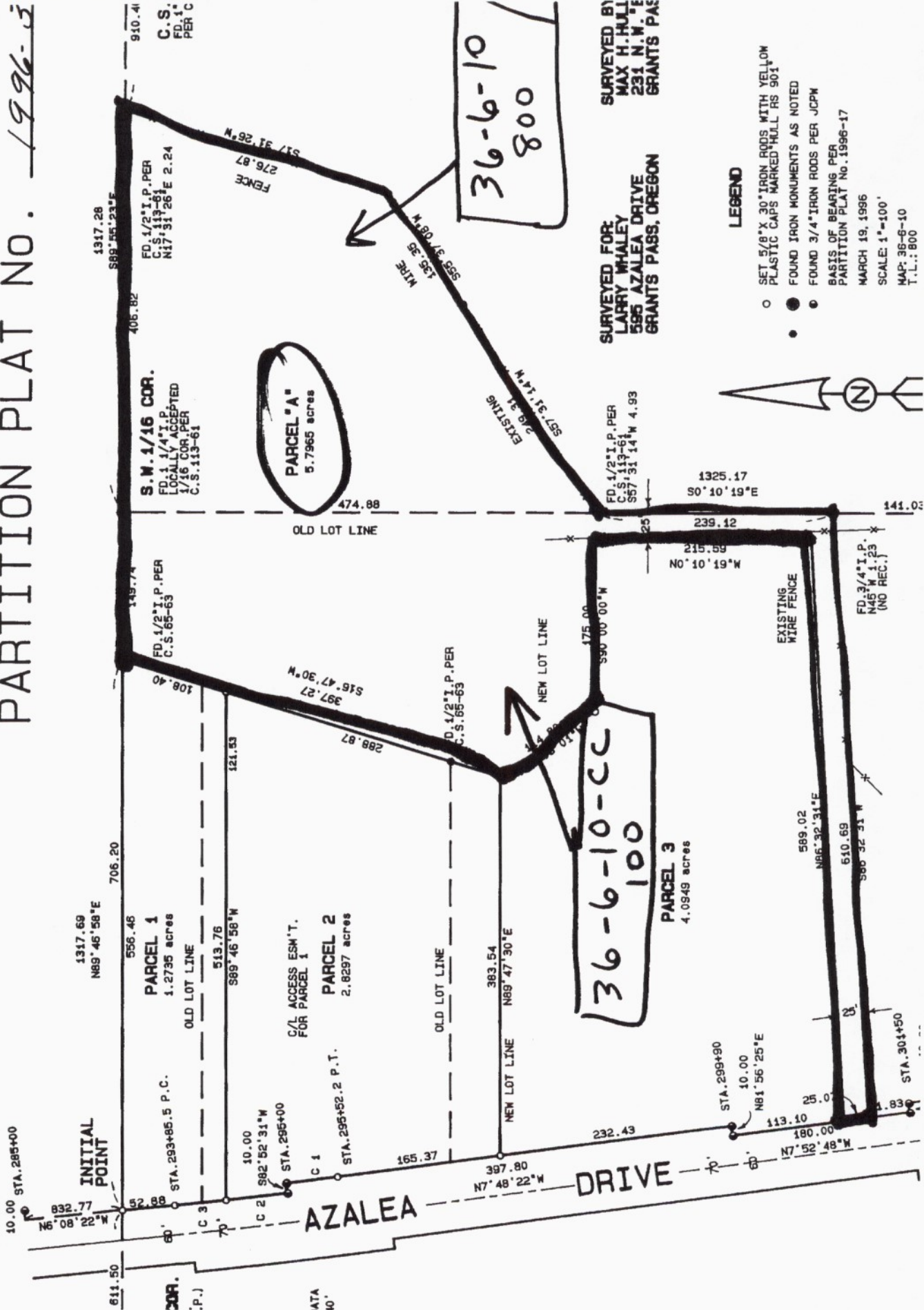
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1996-5



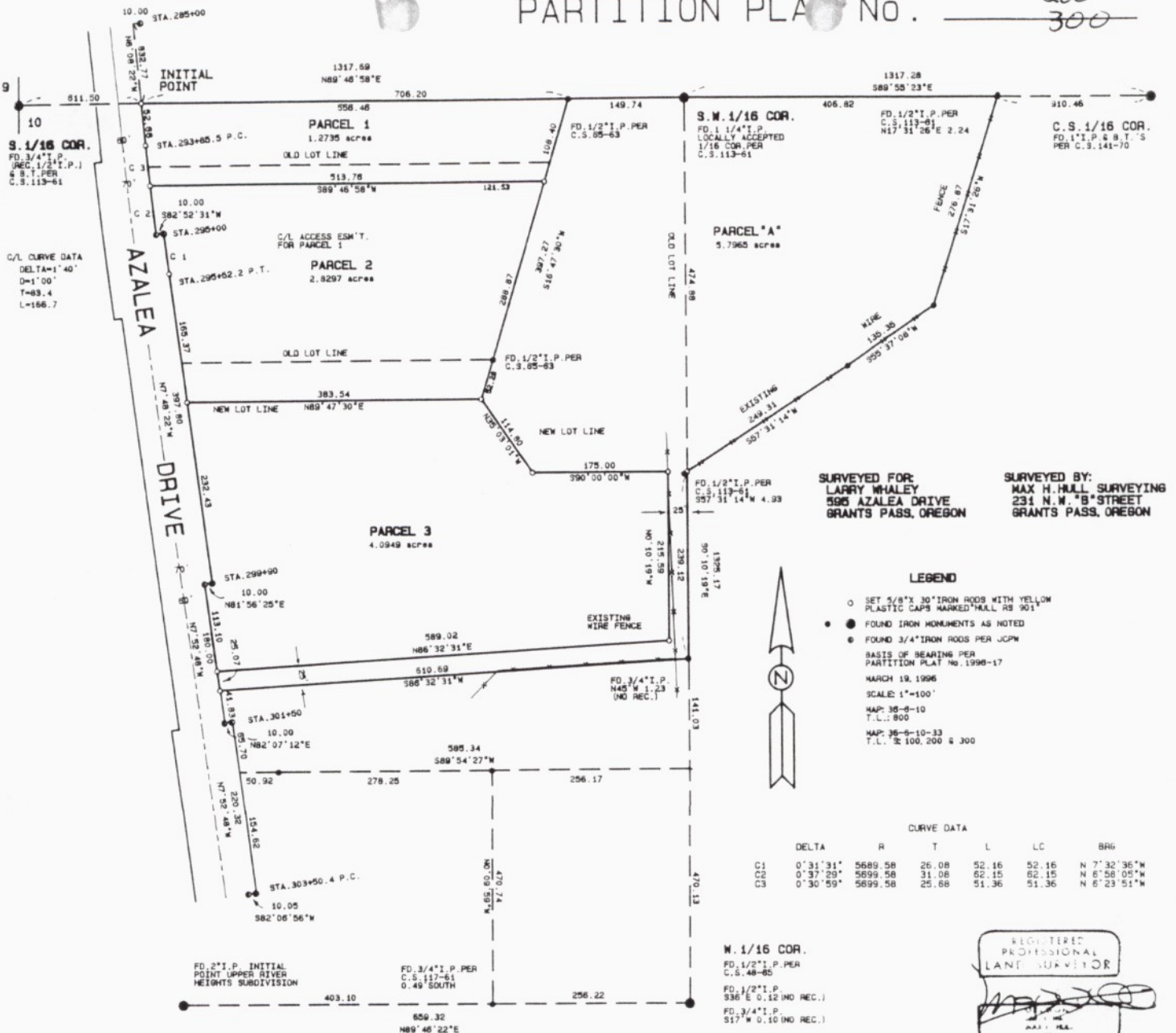


# PARTITION PLAT No.

36.6.10.33, 100

200

300



## SURVEYOR'S CERTIFICATE

I, MAX H. HULL, PROFESSIONAL LAND SURVEYOR NO. 901, CERTIFY THAT I HAVE ACCURATELY SURVEYED AND MARKED WITH PROPER MONUMENTS THE LAND REPRESENTED ON THE ATTACHED PROPERTY LINE ADJUSTMENT, THE BOUNDARIES BEING DESCRIBED AS FOLLOWS:

BEGINNING AT THE INITIAL POINT WHICH IS AT THE INTERSECTION OF THE EAST RIGHT OF WAY LINE OF AZALEA DRIVE WITH THE NORTH LINE OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 36 SOUTH, RANGE 6 WEST, OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON; THENCE ALONG SAID NORTH LINE NORTH 89°48'58" EAST 706.20 FEET TO A 1-1/4" IRON PIPE AT THE NORTHEAST CORNER OF SAID SOUTHWEST 1/4 OF THE SOUTHWEST 1/4; THENCE ALONG THE NORTH LINE OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 SOUTH 89°55'23" EAST 406.82 FEET TO THE EAST LINE OF PARCEL 2 OF DEED VOLUME 155, PAGE 118 JOSEPHINE COUNTY DEED RECORDS; THENCE ALONG THE EAST LINE OF SAID PARCEL 2 SOUTH 17°31'26" WEST 276.87 FEET TO A 1/2" IRON PIPE; THENCE CONTINUE ALONG SAID EAST LINE SOUTH 85°37'08" WEST 135.35 FEET TO A 1/2" IRON PIPE; THENCE CONTINUE ALONG SAID EAST LINE SOUTH 57°31'14" WEST 249.31 FEET TO THE EAST LINE OF SAID SOUTHWEST 1/4 OF THE SOUTHWEST 1/4; THENCE ALONG SAID EAST LINE SOUTH 0°10'19" EAST 239.12 FEET TO THE NORTHEAST CORNER OF THAT PARCEL OF LAND DESCRIBED IN VOLUME 247, PAGE 621 JOSEPHINE COUNTY DEED RECORDS; THENCE ALONG THE NORTH LINE OF SAID PARCEL SOUTH 86°32'31" WEST 510.89 FEET TO THE EAST RIGHT OF WAY OF AZALEA DRIVE; THENCE ALONG SAID RIGHT OF WAY LINE THE FOLLOWING COURSES AND DISTANCES: NORTH 7°52'48" WEST 138.17 FEET; NORTH 81°56'25" EAST 10.00 FEET; NORTH 7°48'22" WEST 397.80 FEET; NORTH 5889.58 FOOT RADIUS CURVE TO THE RIGHT THE LONG CHORD WHICH BEARS NORTH 7°32'36" WEST 52.16 FEET; SOUTH 82°52'31" WEST 10.00 FEET; SOUTH 5699.58 FOOT RADIUS CURVE TO THE RIGHT THE LONG CHORD WHICH BEARS NORTH 6°58'05" WEST 32.15 FEET; SOUTH 82°52'31" WEST 10.00 FEET; SOUTH 5699.58 FOOT RADIUS CURVE TO THE RIGHT THE LONG CHORD WHICH BEARS NORTH 6°23'51" WEST 51.36 FEET; NORTH 6°08'22" WEST 52.88 FEET BACK TO THE INITIAL POINT.

MAX H. HULL, PROFESSIONAL LAND SURVEYOR NO. 901

## DECLARATION

KNOW ALL PEOPLE BY THESE PRESENTS, THAT LARRY A. WHALEY AND EVELYN R. WHALEY ARE THE OWNERS OF THE LAND REPRESENTED ON THE ANNEXED MAP, AND MORE PARTICULARLY DESCRIBED IN THE ACCOMPANYING SURVEYOR'S CERTIFICATE, AND HAVE CAUSED THE SAME TO BE ADJUSTED AND SURVEYED INTO PARCELS AS SHOWN ON THE ANNEXED MAP.

LARRY A. WHALEY

EVELYN R. WHALEY

## NARRATIVE

THE PURPOSE OF THIS PROPERTY LINE ADJUSTMENT IS TO CHANGE THE LINES BETWEEN TAX LOTS 100, 200, 300 AND 800, LOCATED IN THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 36 SOUTH, RANGE 6 WEST, WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON, USING MONUMENTS AS SHOWN FOUND ON THE MAP AND THE RECORD DEED DESCRIPTIONS FOUND IN DOCUMENTS NO. 86-11064, 93-03911 AND DEED VOLUME 310, PAGE 910, JOSEPHINE COUNTY DEED RECORDS. I SURVEYED AND MONUMENTED THE NEW LOT LINES, AS INDICATED. THIS SURVEY WAS PERFORMED WITH A NIKON DTM-410LG TOTAL STATION.

APPROVED THIS 5<sup>th</sup> DAY OF April, 1996.

Josephine County Surveyor

APPROVED THIS 15<sup>th</sup> DAY OF April, 1996.

Josephine County Planning Department

ALL TAXES, FEES, ASSESSMENTS OR OTHER CHARGES AS PROVIDED BY ORS 92-095 HAVE BEEN PAID THIS DAY OF April, 1996.

JOSEPHINE COUNTY ASSESSOR OR DEPUTY

STATE OF OREGON }  
COUNTY OF JOSEPHINE } SS.

I DO HEREBY CERTIFY THAT THE ATTACHED PROPERTY LINE ADJUSTMENT WAS RECEIVED FOR RECORDING ON THE DAY OF April, 1996, AT 0<sup>00</sup> O'CLOCK AND RECORDED AS PARTITION PLAT NO. 1998-17.

JOSEPHINE COUNTY CLERK



# APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS

201 River Heights Way • Grants Pass OR 97527

Tel: (541) 474-5460 Fax: (541) 474-5475

|              |                            |              |         |
|--------------|----------------------------|--------------|---------|
| Prepared by: | bs                         | District No: | 2       |
| Zone:        | RR2.5                      | Violations:  |         |
| Owner:       | Contract                   | Pickup:      | Mail    |
| Fax:         |                            |              |         |
| Email:       | crownhomeswens@hotmail.com |              |         |
| Land Use Log | Yes                        | No           | Scanned |

|                     |                             |            |        |
|---------------------|-----------------------------|------------|--------|
| Application Date:   | 10/5/2021                   | Permit No: | 9903   |
| Site (S) Address:   | Azalea Drive                |            |        |
| Location of Access: | Azalea Drive                |            |        |
| T                   | 36                          | R          | 06     |
| S                   | 10.00                       | TL         | 800    |
| Parcel No:          |                             |            |        |
| Stated Purpose:     | Manufactured Home & Address |            |        |
| NEW                 | EXISTING                    | SHARED     | WAIVER |

Contractor

Street Address \_\_\_\_\_

City / St / Zip \_\_\_\_\_

Office No. \_\_\_\_\_

Cell No. \_\_\_\_\_

Fax No. \_\_\_\_\_

This permit is granted subject to the terms and conditions stated below and in the GENERAL PROVISIONS: violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner: Russ Whaley

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

TYPE OF ROAD:

☒ County-maintained

☐ Owner-maintained

☐ Local access road

☐ Circuit Court Decree

Approach: ☒ Existing ☐ New

Width: 12

Material: ☒ CMP (concrete)

Curbs: ☒ Existing ☐ Required

Diameter: 12" Length: 46' Beveled: ☐

This permit shall be void unless work herein described shall have been completed, inspected and approved before

SUBMITTED BY:

I have received a copy of the General Provisions

Applicant's initials \_\_\_\_\_

Applicant: Wes Pettigrew

Date: 10/5/21

INSTALLATION INSPECTION:

Approved by: \_\_\_\_\_

Date: 10/6/2021

Time: 9:00 AM

Latitude (N): 42° 27' 05"

Longitude (W): 123° 24' 13"

Denied by: \_\_\_\_\_

Reason: \_\_\_\_\_

LEFT RIGHT MILEPOST

**WAIVER**

**FOR ROAD APPROACH PERMIT**

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_





# Josephine County, Oregon

Community Development - Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

## LIMITED POWER OF ATTORNEY FOR LAND-USE AND DEVELOPMENT PERMITS

I (We), Russ Whaley, own real property in Josephine County.  
The address is: 00 Azalea Dr. Grants Pass, OR. 97526, and  
the Assessor's legal description is: TWN 36S, RNG 6W, SEC 10, QQ 5W, Tax Lot (TL)  
# 100 and 800 Don

This power of attorney authorizes Crown Homes Inc. to act as  
my agent regarding the land use application submitted to the Community Development Division within  
one (1) year from the date of this document or until revoked. As my agent, this person is fully empowered  
to sign all required applications, permits and other documents required or requested, and to appear,  
negotiate and testify on my behalf in any hearing or administrative process, in connection with such  
actions. I agree to be unconditionally bound by the acts of my agent and to perform any and all conditions  
or other requirements resulting from approvals or permits.

Dated this 21 day of September, 2021.

Signature

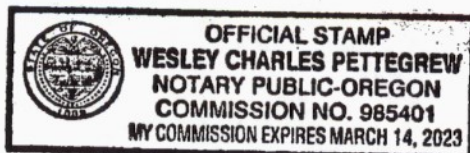
Signature

STATE OF OREGON

County of Josephine

}  
}  
} ss  
}

On this 21 day of September, 2021, the above named Russ Whaley  
personally appeared before me,  
a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and  
voluntarily.



Notary Public, State of Oregon

My Commission Expires: MARCH 14, 2023



TWP. S. RG  
MAP

36 06 10 33 100 00

30179176 4 53  
ACCOUNT MA CON

OF REAL PROPERTY  
JOSEPHINE COUNTY ASSESSOR'S OFFICE 41

FORMERLY PART OF T.L. NO. 800

| LINE NO. | TITLE OWNER'S NAME                   | TYPE OF INSTRUMENT | DATE OF ENTRY ON THIS CARD | DEED RECORD |             | ACRES REMAINING |
|----------|--------------------------------------|--------------------|----------------------------|-------------|-------------|-----------------|
|          |                                      |                    |                            | VOL.        | PAGE        |                 |
| 1        | Neuman, Emil O. & Angie J.           | New Map            | JV-6692<br>1-30-65         |             |             | 6.45            |
| 2        | Rice, Chester & Marie                | WD                 | JV 7666<br>4-11-66         | 249         | 201         |                 |
| 3        | Go Tumey, Barney H. III & Sandra J.  | Cont               | JV 12815<br>8-31-67        |             |             |                 |
| 4        | ← NO CHAIN                           |                    | ---13937---                |             |             |                 |
| 5        | -Bertagnolli, Darlene-A- Record Only | WD                 | 12-26-73<br>16471          | 295         | 323         |                 |
| 6        | Tumey, Barney H. III and Sandra J.   | WD                 | 5/21/74<br>42516           | 295         | 323         |                 |
| 7        | Tumey, Barney H III                  | OC<br>QC           | 11-18-83                   | 41<br>43    | 2649<br>734 |                 |
| 8        | 30179176                             | WD                 |                            |             |             |                 |
| 9        | WHALEY, LARRY & EVELYN R             |                    | 04-08-93                   | 155         | 116         |                 |
| 10       | Exc. T.L. 190 -0.46 Ac.              | PP                 | 70520<br>6-21-96           | 1996        | -36         | 5.99            |
| 11       | Exc. T.L. 101 (303-804-53) -4.09 Ac. | PP                 | 70522<br>6-21-96           | 1996        | -36         | 1.90            |
| 12       | Acreage Change +0.67 Ac              | PP                 | 70523<br>6-21-96           | 1996        | -36         | 2.57            |
| 13       |                                      |                    |                            |             |             |                 |
| 14       |                                      |                    |                            |             |             |                 |
| 15       |                                      |                    |                            |             |             |                 |
| 16       |                                      |                    |                            |             |             |                 |
| 17       |                                      |                    |                            |             |             |                 |
| 18       |                                      |                    |                            |             |             |                 |
| 19       |                                      |                    |                            |             |             |                 |
| 20       |                                      |                    |                            |             |             |                 |
| 21       |                                      |                    |                            |             |             |                 |
| 22       |                                      |                    |                            |             |             |                 |
| 23       |                                      |                    |                            |             |             |                 |
| 24       |                                      |                    |                            |             |             |                 |
| 25       |                                      |                    |                            |             |             |                 |
| 26       |                                      |                    |                            |             |             |                 |
| 27       |                                      |                    |                            |             |             |                 |
| 28       |                                      |                    |                            |             |             |                 |
| 29       |                                      |                    |                            |             |             |                 |
| 30       |                                      |                    |                            |             |             |                 |

SCANNED

NOV 29 2005



## DESCRIPTION OF PROPERTY

LINE

INDENT EACH NEW  
COURSE TO THIS POINT

1

\* Bat NE cor of SW $\frac{1}{4}$  SW $\frac{1}{4}$  of Sec 10 T36S R6 W WM:  
th W 150';  
th S 170w 345.08';  
th W 406.26' m/l to the E r/w li of Azalea Dr;  
th Sly alg E r/w li 305' m/l;  
th Wly 10';  
th Sly 117' m/l;  
th N 86 $\frac{1}{2}$  E 601.49' m/l; to E li of sd sub;  
th N 00 $\frac{1}{2}$  04' W to pob.

*Part of Parcel "A" Partition Plat 1996-36, Sec 10 T36S  
R6 W W. M. Josephine, Co. Or.*



36 36 06 10 00 800 00

OF REAL PROPERTY 3248  
3249-3  
JOSEPHINE COUNTY ASSESSOR'S OFFICE 41

30178713 4 53  
ACCOUNT MA CON

FORMERLY PART OF T.L. NO.

| LINE NO. | TITLE OWNER'S NAME                            | TYPE OF INSTRUMENT | DATE OF ENTRY ON THIS CARD   | DEED RECORD      |         | ACRES REMAINING |
|----------|-----------------------------------------------|--------------------|------------------------------|------------------|---------|-----------------|
|          |                                               |                    |                              | VOL.             | PAGE    |                 |
| 1        | Neumann, Emil O. & Angie J.                   | W.D.               |                              | 217              | 49      |                 |
| 2        |                                               |                    |                              | 217              | 530     | 43.07           |
| 3        | Exc. Azalea Drive 2.68 Ac                     |                    |                              |                  |         | 40.39           |
| 4        | Exc. TL 900, 2.00 Ac                          |                    |                              |                  |         | 38.39           |
| 5        | Exc. TL 1000, 1.30 Ac                         |                    |                              |                  |         | 31.09           |
| 6        | Exc. TL 1090, 0.03 Ac                         |                    |                              |                  |         | 31.06           |
| 7        | Exc. T.L. 801 2.64 Ac                         | Cont.              | JV-624<br>4-22-64            | AF.# 1368        |         | 28.42           |
| 8        | Exc. 802                                      | AE 1443            | JV 1196                      |                  |         | 27.42           |
| 9        | Exc. T.L. 803 16.71 Ac                        | Plat               | JV-3779<br>6-21-65           | Azalea Hts. Sub. |         | 10.71           |
| 10       | Exc. T.L. 818 1.03 Ac                         | Isolated Parcel    | JV-3781<br>6-21-65           | Isolated By Plat |         | 9.68            |
| 11       | <del>Cancel TL Number Becomes TL 100</del>    |                    | <del>JV 5825</del>           |                  |         |                 |
| 12       | Exc. T.L. 100 (36 & 1000) 6.45 Ac             | New Map            | JV-6692<br>1-30-65           |                  |         | 3.23            |
| 13       | Rice, Chester & Marie                         | WD                 | JV 7666<br>4-11-66           | 249              | 201     |                 |
| 14       | Go Tumey, Barney H III & Sandra               | cont               | JV 12814<br>8-31-67          |                  |         |                 |
| 15       | <del>NO Chain</del>                           |                    |                              |                  |         |                 |
| 16       | <del>Bertagnolli, Darlene A</del> Record Only | WD                 | <del>13937</del><br>12-26-73 | 295              | 323     |                 |
| 17       | Tumey, Barney H III and Sandra J.             | WD                 | 16471<br>5/21/71             | 295              | 323     |                 |
| 18       | Tumey, Barney H III                           | OC                 | 42516<br>11-18-83            | 41               | 2649    |                 |
| 19       | 30178713                                      | WD                 |                              |                  |         |                 |
| 20       | WHALEY, LARRY & EVELYN R                      |                    | 04-08-93                     | 155              | 116     |                 |
| 21       | Record Only                                   | SCANNED            | PP                           | 6-21-96          | 1996-36 |                 |
| 22       |                                               | NOV 29 2005        |                              |                  |         |                 |
| 23       |                                               |                    |                              |                  |         |                 |
| 24       |                                               |                    |                              |                  |         |                 |
| 25       |                                               |                    |                              |                  |         |                 |
| 26       |                                               |                    |                              |                  |         |                 |
| 27       |                                               |                    |                              |                  |         |                 |
| 28       |                                               |                    |                              |                  |         |                 |
| 29       |                                               |                    |                              |                  |         |                 |
| 30       |                                               |                    |                              |                  |         |                 |



## DESCRIPTION OF PROPERTY

LINE

INDENT EACH NEW  
COURSE TO THIS POINT1      Sec 10  $SW\frac{1}{4}SW\frac{1}{4}$ ~~Also:~~

2      Bg at the NW cor of the  $SW\frac{1}{4}SW\frac{1}{4}$  of Sec 10, T36S R6W WM; th E a dist  
of 1381.5 ft to the true POB;  
th E a dist of 408.3 ft to a wire fence;  
th S  $17^{\circ}44'$  W alg sd fence a dist of 279.2 ft;  
th continue alg sd fence S  $55^{\circ}52'$  W a dist of 134.3 ft;  
th alg sd fence S  $56^{\circ}07'$  W a dist of 254.8 ft;  
th N  $00^{\circ}04'$  W a dist of 483.3 ft to the true POB.

Subject to:

a 20 ft easement in  $SW\frac{1}{4}SW\frac{1}{4}$ 

All in T36S R6W WM

9      Excluding TL 803

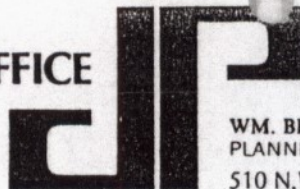
10      Excluding TL 818

12      EXC: T.L. # 100 C C

*Part of Parcel "A" Partition Plat 1996-36, Sec 10 T36W  
R6W W.M. Josephine, Co. Or.*



JOSEPHINE COUNTY PLANNING OFFICE



WM. BRUCE BARTOW  
PLANNING DIRECTOR

510 N.W. 4th ST., GRANTS PASS, OR 97526

January 19, 1993

Lot History

36-6-10, tax lot 800  
36-6-10-33 tax lot 100

The above tax lots are two separate legal buildable parcels.  
Both tax lots were created by a Warranty Deed in 1966; Vol 249,  
Page 201, as parcel I and parcel II. Therefore, Planning  
recognizes them as two separate legal parcels.

A handwritten signature in cursive script, appearing to read 'Terri'.

Terri L. Dickerson  
Planning Assistant





# Josephine County, Oregon

Community Development – Planning Division  
700 NW Dimmick, Suite C / Grants Pass, OR 97526  
(541) 474-5421 / Fax (541) 474-5422  
E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

## PLANNING APPLICATION FORM

Property Address: Azalea Drive, Grants Pass, Oregon 97526

### Assessor's Map & Tax Lot:

36 - 06 - 10 - CC Tax Lot(s) 100  
36-06-10- Tax Lot(s) 800  
Zoning: RR-5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

New Address to Property for 27'x52' MH

### Application/Permit Type: (Please Check All Applicable)

☒ Address Assignment

☒ New Address

☐ Change of Address

☐ Additional Address

☐ Annual Compliance Certificate

☐ Appeal (See Sec. 19.33.040)

☐ Comp Plan/Zone Map Amendment (See Sec. 19.46.030)

☐ Conditional Use Application (Chapter. 19.45)

☐ Determination of Nonconforming Use (See Sec. 19.13.060)

☐ Marijuana Prod. Site on RR (Attach License and

Premise Sketch)

☐ Alteration/Expansion of Nonconforming Use/Structure

(See Div. 19.13.050)

☐ Final Plat (See Sec. 19.56.030)

☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)

☐ Partition (See Sec. 19.52.040)

☐ Planned Unit Development (See Sec. 19.55.030)

☐ Pre-Application (See Chapter. 19.21)

☐ Property Line Adjustment or Vacation (See Sec. 19.54.040)

☐ Replat (See Sec. 19.53.040)

☐ Riparian Landscape Plan (Attach Plan or Use Form B)

☐ Site Plan Review (See Chapter 19.42)

☐ Subdivision (See Sec. 19.51.040)

☐ Text Amendment (See Sec. 19.46.030)

☐ Variance (See Chapter. 19.44)

☐ Conditional Use Permit (Chapter. 19.92)

☐ Development Permit (See Sec. 19.41.020)

☐ Temporary Dwelling (See Chapter. 19.43)

☐ Detached Living Space

☐ Medical Hardship

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Statement of Understanding

☐ Floor Plan/Elevations

☐ Access Permit

☐ Proof of Fire Protection

☐ Erosion Control Plan/Fire Safety Plan

Other: \_\_\_\_\_

### Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Need an Address for this property

Property Owner: Russ Whaley

Address: 1220 N.E. Meier Drive, Grants Pass, Oregon 97526

Phone: 541-708-1408

Email: \_\_\_\_\_

Applicant: Russ Whaley

Address: 1220 N.E. Meier Drive, Grants Pass, Oregon 97526

Phone: 541-708-1408

Email: \_\_\_\_\_

### Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Crown Homes, Inc.

Address: 7220 Crater Lake Hwy. White City, Oregon 97503

Phone: 541-830-0629

Email: crownhomeswes@hotmail.com

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

Signature of Owner or Attorney-in-Fact: 10-14-21

Date

(Signature of Owner or Attorney-in-Fact)

Date

### (For Office Use)

Fees Paid: \_\_\_\_\_

Initials: \_\_\_\_\_





Community Development - Planning Division  
700 NW Dimmick, Suite C  
Grants Pass, OR 97526

Receipt Number: PL21-01650

(541) 474-5421  
planning@josephinecounty.gov

**Payer/Payee:** PATRICK KLINGEL  
353 CRESTLAKE DRIVE  
PALM DESERT CA 92211

**Cashier:** ONLINE PAYMENT

**Date:** 10/26/2021

**Primary Parcel:** 36061000000800 **Project Description:** Whaley New Address-Get an Address for Property. Doing a 27'x52' Manufactured Home

**PL-2021-02444 ADDRESSING**

**AZALEA DR**

| <u>Fee Description</u> | <u>Fee Amount</u> | <u>Amount Paid</u> | <u>Fee Balance</u> |
|------------------------|-------------------|--------------------|--------------------|
| Addressing             | \$150.00          | \$150.00           | \$0.00             |
|                        | <b>\$150.00</b>   | <b>\$150.00</b>    | <b>\$0.00</b>      |

| <u>Payment Method</u> | <u>Reference Number</u> | <u>Payment Amount</u> |
|-----------------------|-------------------------|-----------------------|
| ONLINE PAYMENT        | 102492083               | \$150.00              |
| <b>Total Paid:</b>    |                         | <b>\$150.00</b>       |



## JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360610CC000100

SITUS: 557 AZALEA DR

ACRES: 2.57

PERMIT  
NUMBER: PL-2021-02426

ZONE: RR2.5

SCHOOL  
DISTRICT: Three Rivers

|                    |                                              |                    |              |
|--------------------|----------------------------------------------|--------------------|--------------|
| APPLICANT:         | CROWN HOMES                                  | APPLICANT PHONE #: | 541-830-0629 |
| APPLICANT ADDRESS: | 7220 CRATER LAKE HWY<br>WHITE CITY, OR 97503 |                    |              |
| OWNER:             | WHALEY, RUSS & WHALEY, VINA                  |                    |              |
| OWNER ADDRESS:     | 1220 NE Meier DR<br>Grants Pass, OR 97526    |                    |              |

### SPECIAL REQUIREMENTS

- Stream Name N/A Class 2 Stream 25 ft setback required.
- Erosion Hazard - Plan in File X NA Reason: see attached

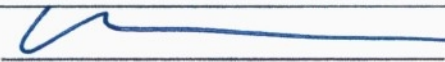
| EXISTING STRUCTURES               | PROPOSAL                                                                                         | SETBACKS                                                                                                          |
|-----------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Per Assessor Records: Vacant land | New Manufactured Dwelling 1404 sq. ft. Three Bedroom,<br>Two Bath 27'x52' with access via stairs | Front Setback: 30 ft.<br>Side Setback: 10 ft.<br>Rear Setback: 25 ft.<br>Stream Setback: 25 ft.<br>Height: 35 ft. |

### ADDITIONAL TERMS:

- Note: Only 1 primary dwelling is allowed between TL 100 and TL 800 as they are 1 legal lot with 2 tax lot numbers.
- Building Safety Note: Fire Safety Plan and Erosion Control Plan must be implemented prior to issuing the Certificate of Occupancy.
- No connection of utilities or occupancy of mobile home is allowed without obtaining Onsite and Building permits.

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:       |  | DATE:     | 10-26-21 |
| CONTRACTOR NAME: | CROWN HOMES                                                                         | LICENSE#: | 111078   |
| APPROVED:        |  | DATE:     | 10/26/21 |

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





# Josephine County, Oregon

Community Development – Planning Division  
700 NW Dimmick, Suite C / Grants Pass, OR 97526  
(541) 474-5421 / Fax (541) 474-5422  
E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

## PLANNING APPLICATION FORM

**Property Address:** 577 Azalea Drive, Grants Pass, Oregon 97526

### Assessor's Map & Tax Lot:

36 - 06 - 10 - CC **Tax Lot(s)** 100

- - - **Tax Lot(s)** \_\_\_\_\_

**Zoning:** RR-5

**Size of Project:** (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

New Home 27'x52' 1404 Sq. Ft.

**Application/Permit Type:** (Please Check All Applicable)

- ☒ Address Assignment
  - ☒ New Address
  - ☐ Change of Address
  - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
  - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
  - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☒ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
  - ☐ Detached Living Space
  - ☐ Medical Hardship
- ☐ Other: \_\_\_\_\_

### Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☒ (1) 8 1/2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☒ Power of Attorney
- ☒ Statement of Intended Water Use

Revised 10/14/19

- ☐ Statement of Understanding
- ☒ Floor Plan/Elevations
- ☒ Access Permit
- ☒ Proof of Fire Protection
- ☒ Erosion Control Plan/Fire Safety Plan
- Other: \_\_\_\_\_

### Description of Request/Reason for Appeal

(Include name of project and proposed uses):

New Home 27'x52' Manufactured Home 1404 sq. ft. Initial Dwelling

**Property Owner:** Russ Whaley

**Address:** 1220 N.E. Meier Drive, Grants Pass, Or. 97526

**Phone:** 541-708-1409

**Email:** \_\_\_\_\_

**Applicant:** Russ Whaley

**Address:** 1220 N.E. Meier Drive, Grants Pass, Or. 97526

**Phone:** 541-708-1409

**Email:** \_\_\_\_\_

### Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Crown Homes, Inc.

**Address:** 7220 Crater Lake Hwy. White City, Oregon 97503

**Phone:** 541-830-0629

**Email:** crownhomeswes@hotmail.com

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

[Signature]  
(Signature of Owner or Attorney-in-Fact)

9-24-21  
Date

(Signature of Owner or Attorney-in-Fact)

Date

(For Office Use)

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**OCT 26 2021**

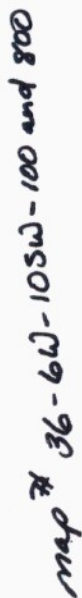
Fees Paid: 300

Initials: VB



OCT 12 2021

Azalea Dr.



Russ and Julie Whaley

00 Azalea Dr.

Grants Pass, OR. 97526

541-708-1409

## Install of New Manufactured Home

25x22 14045857.



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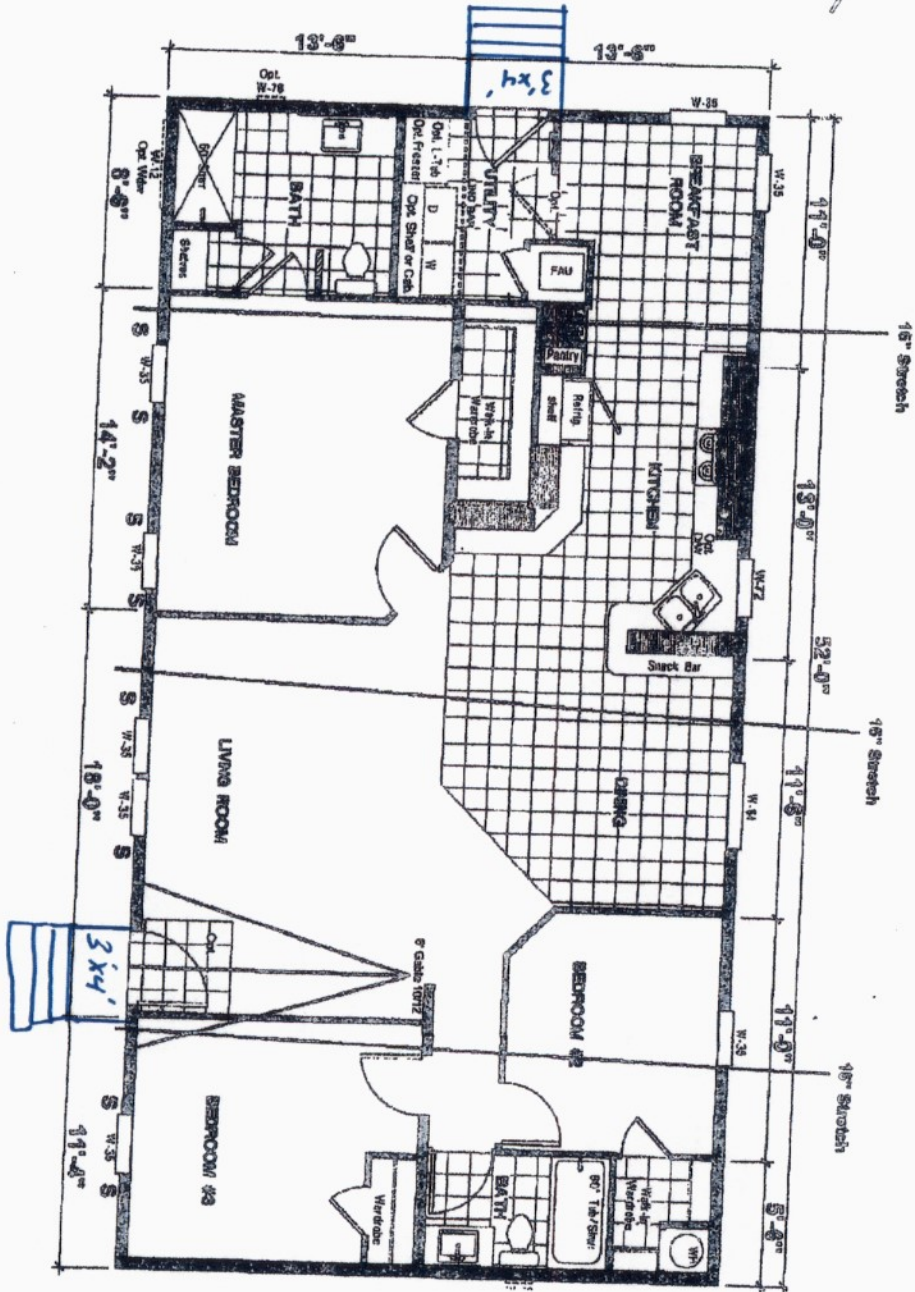
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CROWN HOMES WHITE CITY  
CUSTOMER: Christie

27 WIDE

1-22-21

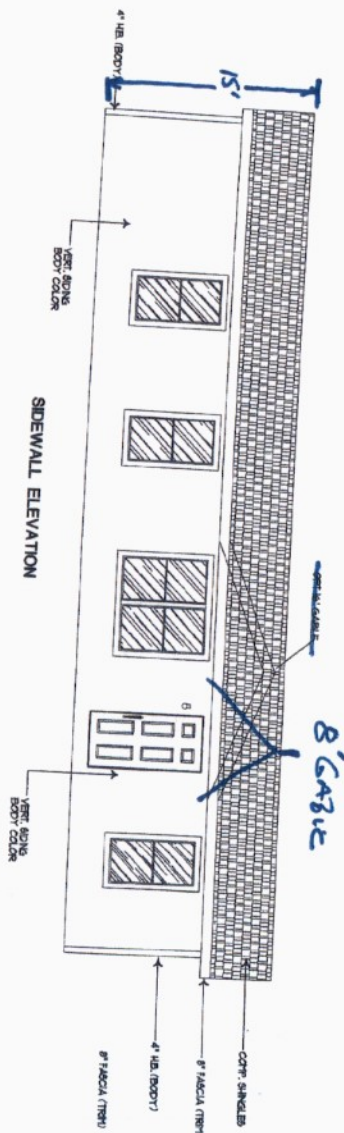
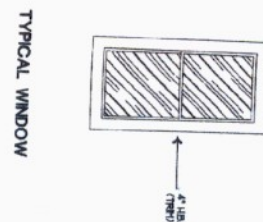
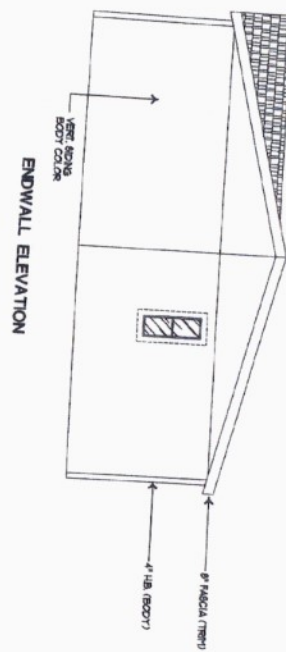


DREAM SERIES 27x52 DRM 483F  
3 BEDROOM, 2 BATH - 1,404 SQ. FT.



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Whitney 27'x52' DRW-483F







# Josephine County, Oregon

Community Development - Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: [planning@co.josephine.or.us](mailto:planning@co.josephine.or.us)

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## LIMITED POWER OF ATTORNEY FOR LAND-USE AND DEVELOPMENT PERMITS

I (We), Russ Whaley, own real property in Josephine County.  
The address is: 00 Azalea Dr. Grants Pass, OR. 97526, and  
the Assessor's legal description is: TWN 36S, RNG 6W, SEC 10, QQ 5W, Tax Lot (TL)  
# 100 and 800.

This power of attorney authorizes Crown Homes Inc. to act as  
my agent regarding the land use application submitted to the Community Development Division within  
one (1) year from the date of this document or until revoked. As my agent, this person is fully empowered  
to sign all required applications, permits and other documents required or requested, and to appear,  
negotiate and testify on my behalf in any hearing or administrative process, in connection with such  
actions. I agree to be unconditionally bound by the acts of my agent and to perform any and all conditions  
or other requirements resulting from approvals or permits.

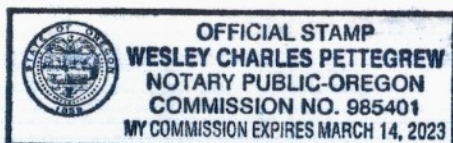
Dated this 21 day of September, 2021.

Signature

Signature

STATE OF OREGON }  
County of Josephine } ss

On this 21 day of September, 2021, the above named Russ Whaley  
personally appeared before me,  
a Notary Public for the State of Oregon, and executed the foregoing *Power of Attorney* freely and  
voluntarily.



Notary Public, State of Oregon

My Commission Expires: MARCH 14, 2023



# APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS  
201 River Heights Way • Grants Pass OR 97527  
Tel: (541) 474-5460 Fax: (541) 474-5475

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|               |                         |              |         |
|---------------|-------------------------|--------------|---------|
| Prepared by:  | bs                      | District No: | 2       |
| Zone:         | RR2.5                   | Violations:  |         |
| Owner         | Contact                 | Pickup       | Mail    |
| Fax:          |                         |              |         |
| Email:        | crownhomesw@hotmail.com |              |         |
| Land Use Log: | Yes                     | No           | Scanned |

|                     |                             |            |        |
|---------------------|-----------------------------|------------|--------|
| Application Date:   | 10/5/2021                   | Permit No: | 9903   |
| Situs (St Address): | Azalea Drive                |            |        |
| Location of Access: | Azalea Drive                |            |        |
| T                   | 36                          | R          | 06     |
| S                   | 10.00                       | TL         | 800    |
| Parcel No:          |                             |            |        |
| Stated Purpose:     | Manufactured Home & Address |            |        |
| NEW                 | EXISTING                    | SHARED     | WAIVER |

Contractor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / St / Zip \_\_\_\_\_

Office No. \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Russ Whaley** Phone \_\_\_\_\_ Contact **Wes Pettegrew-Crown Homes** Phone **541-820-0621**  
Mailing Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

## TYPE OF ROAD:

☒ County-maintained ☐ Local access road  
☐ Owner-maintained ☐ Circuit Court Decree

## TYPE OF APPROACH:

☒ Residential ☐ Commercial / Industrial\*  
☐ Home Occupation\* *\*Requires Site Plan*  
☐ Ag Use

Approach: ☒ Existing ☐ New Width: 12  
Culvert: ☒ Existing ☐ Required ☐ Material: ☒ CMP ☐ Concrete

Diameter: 12" Length: 46 ☐ Beveled

*This permit shall be void unless work herein described shall have been completed, inspected and approved before* \_\_\_\_\_

## SUBMITTED BY:

Wes Pettegrew

10/5/21

I have received a copy of the General Provisions.  
Applicant's initials

## "CONDITIONS FOR APPROVAL" ISSUED BY:

## INSTALLATION INSPECTION:

Approved By [Signature]  
Date 10/6/2021 Time 9:00AM  
Denied By \_\_\_\_\_ Date \_\_\_\_\_

## LOCATION OF APPROACH:

Address AZALEA PK. TC 800  
Latitude (N) 42° 27' 05"  
Longitude (W) 123° 24' 13"

Reason: \_\_\_\_\_ LEFT RIGHT MILEPOST \_\_\_\_\_

## WAIVER FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative

Date



STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

JOSE 61262

WELL I.D. LABEL# L 143468

START CARD # 1053596

ORIGINAL LOG #

9/1/2021

JOCO - PLANNING

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name RUSS Last Name WHALEY  
Company \_\_\_\_\_  
Address 1220 NE MEIER DR.  
City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion  
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd  
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Material From To Amt sacks/lbs  
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Reverse Rotary ☐ Other \_\_\_\_\_

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community  
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 800.00 ft.

| BORE HOLE |      |     | SEAL            |      |    | sacks/lbs  |       |
|-----------|------|-----|-----------------|------|----|------------|-------|
| Dia       | From | To  | Material        | From | To | Amt        | lbs   |
| 10        | 0    | 60  | Bentonite Chips | 0    | 60 | 34         | S     |
| 6         | 60   | 800 |                 |      |    | Calculated | 27.38 |
|           |      |     |                 |      |    | Calculated |       |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other DRY POURED

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 118

Temp casing ☐ Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/ Screen | Casing/ Liner | Dia | From | To | Scr/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|-----|------|----|----------------|-------------|------------|-----------------|
|              |               |     |      |    |                |             |            |                 |
|              |               |     |      |    |                |             |            |                 |
|              |               |     |      |    |                |             |            |                 |
|              |               |     |      |    |                |             |            |                 |

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

|   |  |     |   |
|---|--|-----|---|
| 2 |  | 800 | 1 |
|   |  |     |   |
|   |  |     |   |

Temperature 56 °F Lab analysis ☐ Yes By \_\_\_\_\_

Water quality concerns? ☐ Yes (describe below) TDS amount 131 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM  
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 42.45085000 DMS or DD  
Long \_\_\_\_\_ " or -123.40166000 DMS or DD  
☐ Street address of well ☒ Nearest address  
AZALEA DR. TL 100 GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 8/31/2021 \_\_\_\_\_ 95  
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 151.00

| SWL Date  | From | To  | Est Flow | SWL (psi) | + SWL (ft) |
|-----------|------|-----|----------|-----------|------------|
| 8/31/2021 | 151  | 153 | 0.5      |           | 95         |
| 8/31/2021 | 604  | 605 | 1.5      |           | 95         |
|           |      |     |          |           |            |
|           |      |     |          |           |            |

(11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material                         | From | To  |
|----------------------------------|------|-----|
| BROWN DECOMPOSED GRANITE         | 0    | 53  |
| BROWN/WHITE/GRAY GRANITE MEDIUM  | 53   | 76  |
| GRAY/WHITE/PINK GRANITE MEDIUM   | 76   | 153 |
| GRAY/WHITE GRANITE MED/HARD      | 153  | 166 |
| GRAY/WHITE GRANITE HARD          | 166  | 604 |
| BROKEN GRAY GRANITE              | 604  | 606 |
| GRAY/WHITE GRANITE HARD          | 606  | 704 |
| GRAY/WHITE/PINK GRANITE MED/HARD | 704  | 743 |
| GRAY/WHITE GRANITE HARD          | 743  | 800 |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |
|                                  |      |     |

Date Started 8/26/2021 Completed 8/31/2021

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1989 Date 9/1/2021

Signed GREG ELLIS (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1835 Date 9/1/2021

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.



WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JOSE 61262

9/1/2021

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## Map of Hole

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# STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

## Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)988-0900



### LOCATION OF WELL

Latitude: 42.45085000 Datum: WGS84

Longitude: -123.40166000

Township/Range/Section/Quarter-Quarter Section:  
WM36.00S6.00W10SWSW

Address of Well:

AZALEA DR. TL 800 GRANTS PASS, OR 97526

Well Label: 143468

Printed: September 1, 2021

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor





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**ARTICLE 76 - CERTIFICATION OF FIRE PROTECTION SERVICE**

Name: Russ Whaley

Assessor's Map Number: Twn 36, Rng 6W, Sec 10, Qtr SW, Tax Lot(s) 100 802

Address: 00 Azalea Drive

City Grants Pass State OR Zip code 97526

Phone Number: 541-708-1409

Email: stux.crown.homes@hotmail.com

I certify that the above property is being provided fire protection services by (provide name):

Rural Metro Fire  
Fire district or Fire service provider

Starting Date of Service : 9/21/2021

Fire Official Signature: M Thomas Date: 9/21/2021

Title: Customer service





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JOCO - PLANNING

02-6059-01  
October 21, 2021

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

Subject: **NEW DEVELOPMENT EROSION ASSESSMENT  
AZALEA DRIVE  
T36S, R06W, SEC 10, TL 100  
GRANTS PASS, OREGON**

Planning Staff:

At the request of Steve Burks (Contractor), we are providing this letter in order to document our observations of the existing site soils and drainage conditions and our understanding of the proposed construction at the above site. The purpose of this document is to address the requirements of Section 19.83 (Erosion Control) of the Josephine County Code (JCC), with regards to the granitic soils identified by the county on the subject property, in order to permit the proposed development.

#### **SITE OBSERVATIONS**

On October 19, 2021 we visited the site for reconnaissance. This approximately 2.57-acre flag lot is situated across based and side slopes of the gently rolling hills located on the east side of Azalea Drive. The main portion of this lot is bounded by private properties on all sides. The flag portion of the lot extends south and then west to "connect" to Azalea Drive. Access to the site is provided by an existing crushed rock, shared access driveway with existing drainage ditches on one or both sides of the traveled way. The approach and initial portion of this driveway is also used to provide access to TL 101 (581 Azalea Drive). The majority of the initial portion of this driveway appears to be located on TL 101.

We understand the owner intends to construct an approximately 27' x 52' manufactured home on the main portion of the subject property. This area is currently undeveloped aside from the previously mentioned crushed rock driveway and some preliminary building pad excavations/grading (minor, 1' to 2' tall, cut and fills). The majority of the driveway alignment and project site located on mild to moderate slopes down toward the west. The proposed area of



development is located on the broad crested ridgeline between two gently sloping natural drainage swales (currently dry), which extend west-southwest across the site and continue downslope to Azalea Drive. The vegetation across the parcel consists of moderate to dense tree, understory and ground cover vegetation. See Figure 1, Conceptual Site Plan, for the layout of the site and proposed development.

## **EROSION CONTROL RECOMMENDATIONS**

The exposed soils we observed on the site consist of silty Sand (Decomposed Granite), which are highly susceptible to erosion. During storm events, runoff from open/disturbed areas around the site will travel west and south and be intercepted by the driveway drainage ditches and/or discharge into the drainage swales. Nearly all of the runoff would naturally be absorbed into the surrounding densely vegetated areas, which will act as a natural filter of sediments, before reaching the drainage swales. Runoff from the home site area will travel a minimum of approximately 300' through the vegetated swales before reaching the first driveway cross-culvert or the south property boundary and/or Azalea Drive right-of-way. In addition, we understand that the owner or contractor will install the following items to mitigate erosion potential, in order to minimize the unlikely possibility of sediment laden runoff from migrating offsite:

The contractor understands that at least a 50-foot-long crushed rock construction entrance, consisting of at least 8 inches of 4-inch, clean, crushed rock, shall be maintained at the entrance to the site. We understand that the contractor has rock onsite to serve as a construction entrance, as well as a rocked area to serve as a parking/turn around area. The construction entrance must be cleared of mud and have fresh rock added, as needed, to eliminate tracking of soil onto Azalea Drive (See Figure 1).

The contractor will install a sediment fence (minimum of 3" embedded into the ground) or straw wattles (staked in place) below the existing area of grading (homesite location), in order to effectively cutoff and filter any sediment laden runoff from the project area.

All exposed soils should be seeded and covered with straw or have permanent landscaping installed. Covering with plastic is acceptable as a temporary erosion (short term) control measure.

After heavy rainfall events, the site boundaries should be observed to check for any sediment laden water leaving the site. If these exist, they must be cut off with properly installed sediment fence or filtered with straw bales or bio bags. If there appears to be concentrated flow carrying soil fines, the route shall be blocked with sediment fence backed by a hay bale arc (almost semi-circle) to create a settling pond area.

## **SUMMARY**

The purpose of Article 83 is to minimize the harmful erosion effects of storm water runoff, and to protect right-of-ways and neighboring properties from erosion and sediment impacts. This applies to any construction on slopes greater than 15% or on granitic soils. Based on the property size, existing site topography and site vegetation, in our opinion, the proposed development will not pose any hazard to life, property or the environment and will have no



impact on neighboring properties, provided the items discussed above are followed prior to and during construction. Therefore, a formal Erosion and Sediment Control Plan is not necessary for the development on this site.

We hope this meets your needs at this time. Feel free to contact us if you have any questions.

Respectfully Submitted,

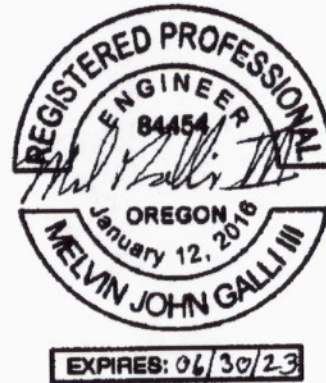
**THE GALLI GROUP**  
GEOTECHNICAL CONSULTING



Benjamin Dean, E.I.T.  
Staff Associate



Melvin J. Galli III, P.E.  
Senior Project Engineer

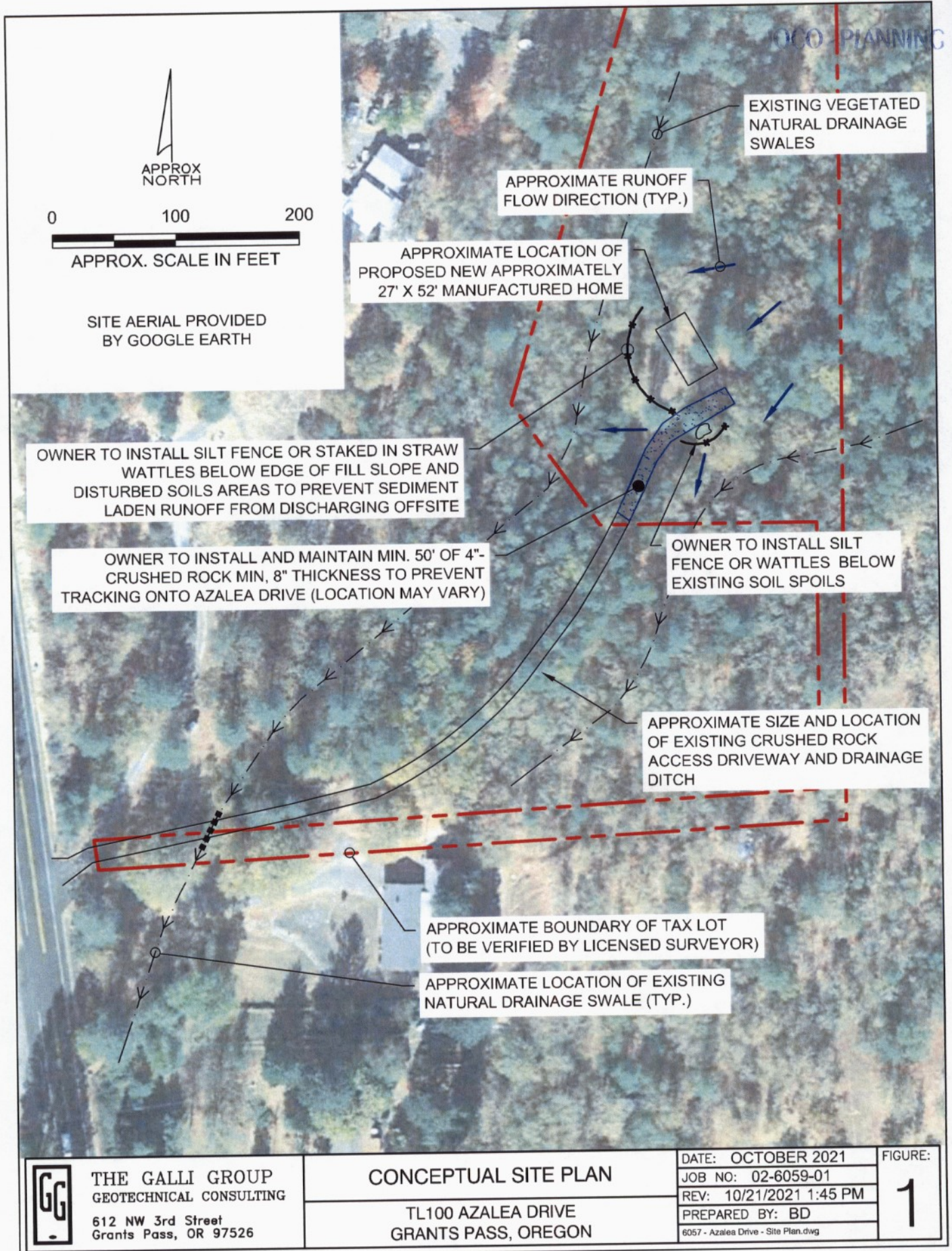


Attachment: Figure 1, Conceptual Site Plan



OCT 25 2021

LOCO PLANNING







Community Development - Planning Division  
700 NW Dimmick, Suite C  
Grants Pass, OR 97526  
(541) 474-5421  
planning@josephinecounty.gov

Receipt Number: PL21-01652

Payer/Payee: PATRICK KLINGEL  
353 CRESTLAKE DRIVE  
PALM DESERT CA 92211

Cashier: ONLINE PAYMENT

Date: 10/26/2021

Primary Parcel: 36061000000800 Project Description: New Manufactured Dwelling 1404 sq. ft. Three Bedroom, Two Bath 27'x52'

PL-2021-02426 DEVELOPMENT PERMIT

557 Azalea Dr

Fee Description

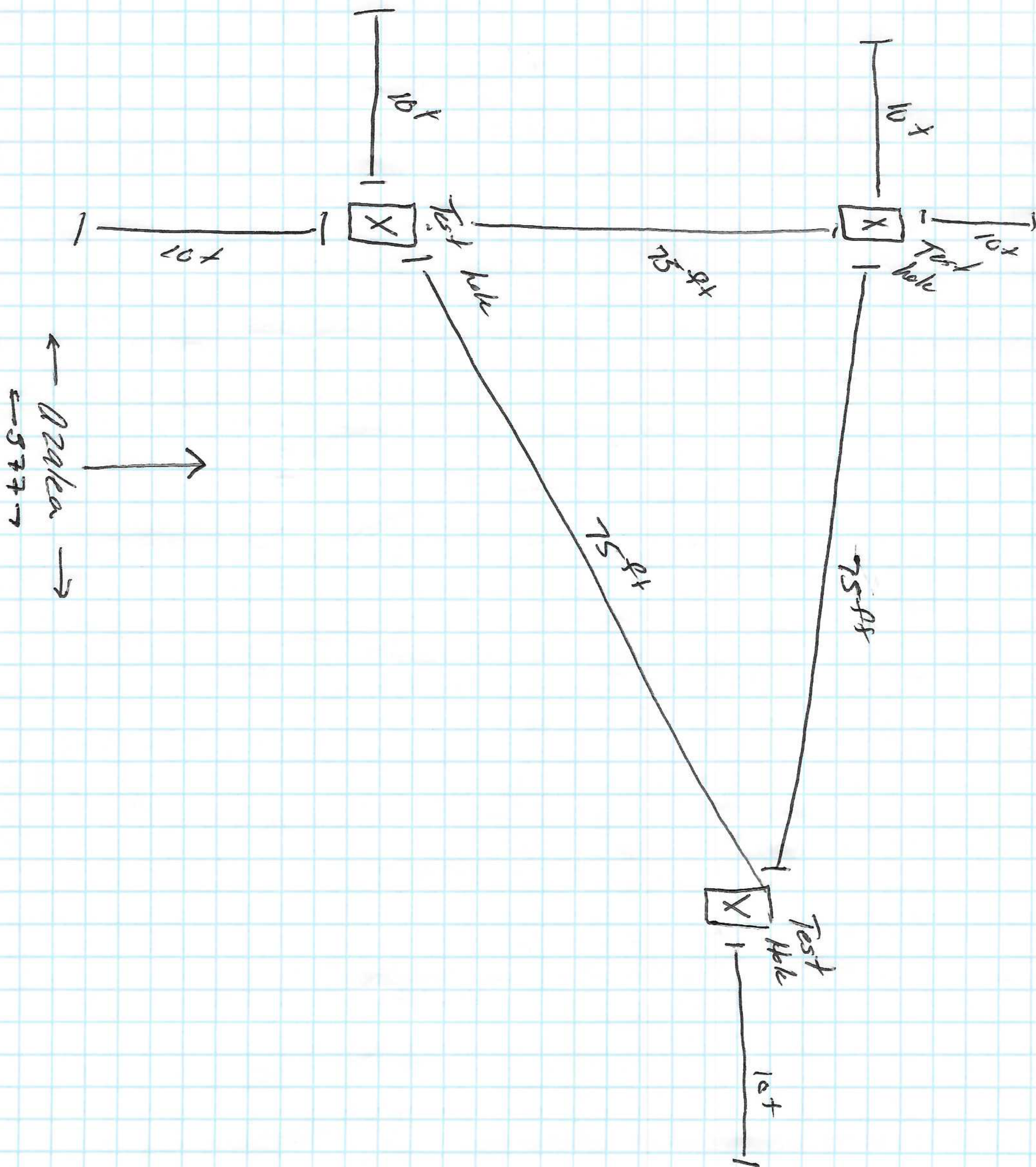
Development Permit

| <u>Fee Amount</u> | <u>Amount Paid</u> | <u>Fee Balance</u> |
|-------------------|--------------------|--------------------|
| \$300.00          | \$300.00           | \$0.00             |
| <b>\$300.00</b>   | <b>\$300.00</b>    | <b>\$0.00</b>      |

| <u>Payment Method</u> | <u>Reference Number</u> | <u>Payment Amount</u> |
|-----------------------|-------------------------|-----------------------|
| ONLINE PAYMENT        | 102504151               | \$300.00              |
| <b>Total Paid:</b>    |                         | <b>\$300.00</b>       |



← 200' →







## NOTICE AUTHORIZING REPRESENTATIVE

I, Russ Whaley, have authorized Allied Septic Service LLC to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)  
agent in performing the activities necessary to obtain all onsite wastewater treatment program  
services provided by the Josephine County 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 Josephine County Onsite Septic agents to conduct required  
business activities on said property.

### PROPERTY IDENTIFICATION:

577 Azalea dr GP OR  
557 (Property Situs or Road Address)

And described in the records of JC County as:

Township 36 Range 06 Section 10 Map ID CC Tax Lot #(s) 00300  
100

### PROPERTY OWNER:

Printed Name: Russ Whaley "Steve Crown Homes"

Address: 589 Azalea dr

City, State, Zip: GP OR

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: Steve Crown Homes "Steve"

### AUTHORIZED REPRESENTATIVE:

Printed Name: Allied Septic Service LLC "Chris Navarro"

Address: 4190 Williams Hwy

City, State, Zip: GP OR 97527

Phone: 541-846-3071 Email: Thecdoxibus@gmail.com

Signature: [Signature]





# 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 received \_\_\_\_\_  
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 \_\_\_\_\_

Date Stamp

Scanned

Data Entry

## A. Property Owner Information

Name Russ Whaley Mailing Address (Street or PO Box, City, State, Zip Code) 589-Azalea dr GP OR 97526 Phone Number 541-660-8184

## B. Legal Property Description

Township 36 Range 06 Section 10 Tax Lot ~~00300~~ 100 Tax Account Number CC Acreage or Lot Size \_\_\_\_\_  
County IL Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Property Address: 577 Azalea dr GP OR 97526  
Address City State Zip Code

Directions to Property: Azalea to RT at Property

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

### Existing Facility:

☐ Single Family Residence

2-3  
Number of Bedrooms

☐ Other \_\_\_\_\_

### Proposed Facility:

☐ Single Family Residence

\_\_\_\_\_  
Number of Bedrooms

☐ Other \_\_\_\_\_

### Water Supply:

☐ Public \_\_\_\_\_  
Name

☐ Private Well Spring, Shared

## D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System  
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use  
☐ Replacing a Mobile Home or House with Another  
Mobile Home or House  
☐ The Addition of One or More Bedrooms  
☐ Personal Hardship  
☐ Temporary Housing

☐ Other-please specify \_\_\_\_\_

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

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

Steve Crown Homes  
Signature

11-17-21  
Date

Doc Doc Bus Septic  
Applicant's Name - Please Print Legibly

541-846-3071  
Applicant's Phone Number

TheDocDocBus@gmail.com  
Applicant's E-mail Address

4690 Williams Hwy GP OR 97527  
Applicant's Mailing Address

Applicant is the

☐ Owner

☒ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization  
Attached

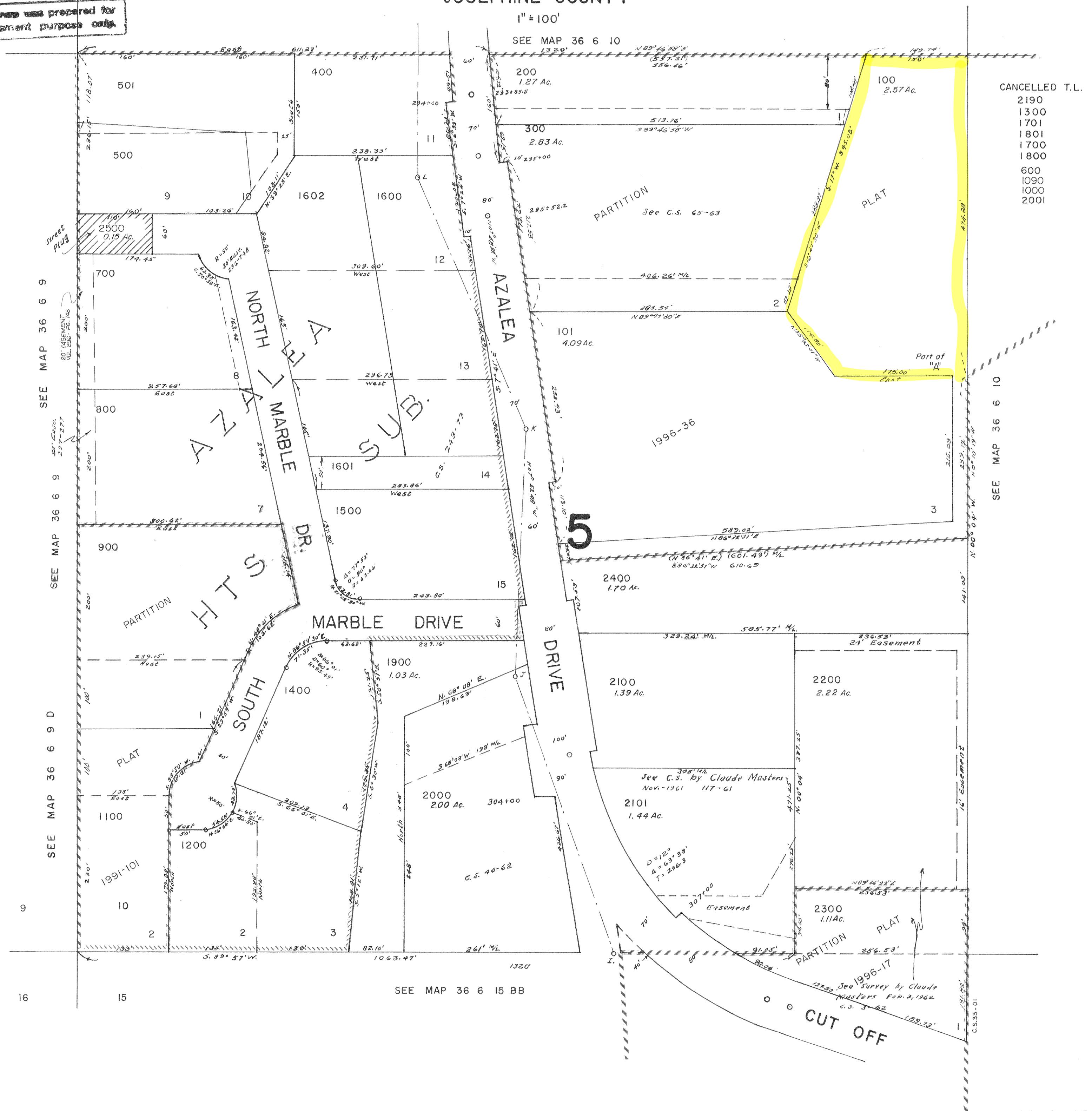
[Signature]  
Installer's Name



## JOSEPHINE COUNTY

1"=100'

SEE MAP 36 6 10

This map was prepared for  
assessment purposes only.



$$l'' = 400'$$
