



**Onsite Authorization
Application Verification**

DEQ Medford Office
221 Stewart Avenue
Suite 201
Medford, OR 97501
Phone: 541-776-6010

Commercial Authorization

248-18-000042-AUTH

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

Application created: 1/18/18

Parcel Nbr: 330615DC00400

Site Address: 142 LOWER WOLF CREEK RD, WOLF CREEK, OR 97526

Owner: ROBERT WILSON
(713) 503-9901

Applicant: WILSON, ROBERT
231 WINTERSAGE CIRCLE
TALENT, OR 97540

Phone: (713) 503-9901

Email: rww2116@gmail.com

Licensed Professional:

No Licensed Professionals Designated

Category of Construction: Commercial

County: Josephine

Directions: TAKE A RIGHT ONTO LOWER WOLF CREEK RD. AND PROCEED TO THE GATE ROUGHTLY 100 YEARS. LOCKED GATE CALL SO THEY CAN UNLOCK GATE.

Acreage or Lot Size:

Water Supply: Well

Site Ready for Inspection:

Existing

Use of Structure:

Number of Bedrooms:

Number of Employees:

Number of Seats:

Proposed

Use of Structure: MARIJUAN PRODUCTION FACILITY (INDOOR GROW) W/3 EMPLOYEES, TOILET AND HAND WASHING FACILITIES ONLY, NO SHOWERS

Number of Bedrooms:

Number of Employees: 0

Number of Seats:

Attached Documents:

No Documents have been attached.

Date Issued: 2/1/18	Work Description: AUTHORIZATION NOTICE-
Date Expiring: 2/1/19	-COMMERCIAL FACILITY

Conditions of Approval:

1.This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection to serve a production facility with 3 employees and no showers with a peak sewage flow of 45 gallons per day.

- 2.Type of System: Standard
- 3.Linear feet of drainfield: 220
- 4.Permit #: 15393
- 5.Original CSC Date: 1/14/1988
- 6.Tank Size: 1000

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from DEQ is required.

If you do not agree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

You may also apply for a For Cause Variance. The application must be made in writing on Department forms and accompanied by the required exhibits in OAR 340-071-0415(4) and fee in 340-071-0140(3),Table 9C.

Marty Easter

Onsite Wastewater Specialist

2/1/18

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.)



DEQ Medford Office
 221 Stewart Avenue
 Suite 201
 Medford, OR 97501
 Phone: 541-776-6010

Septic Authorization Approval

Commercial Authorization

248-18-000042-AUTH

www.oregon.gov/deq

OnsiteMedford@deq.state.or.us

Date Issued: 2/1/18	Work Description: AUTHORIZATION NOTICE - COMMERCIAL FACILITY
Date Expiring: 2/1/19	

Applicant: WILSON, ROBERT
Address: 231 WINTERSAGE CIRCLE
 TALENT OR 97540
Phone: 7135039901
Email: rww2116@gmail.com

Owner: ROBERT WILSON
Address: 231 WINTERSAGE CIRCLE
 TALENT OR 97540
Property Address: 142 Lower Wolf Creek Rd, Wolf Creek,
 OR 97526

Parcel: 330615DC00400 - Primary **Township:** 33S **Range:** 6W **Section:** 15

Authorization Notice for: Other

System is Failing? No **Date Septic Tank Last Pumped:** 12/12/2017

Lot Size: Not specified **Water Supply:** Well
Zoning: Not specified **City/County/UGB:** Not specified

County: Josephine

Directions to Property: TAKE A RIGHT ONTO LOWER WOLF CREEK RD. AND PROCEED TO THE GATE ROUGHTLY 100 YEARS.
 LOCKED GATE CALL SO THEY CAN UNLOCK GATE.

Category of Construction: Commercial

	Proposed
Use of Structure:	MARIJUAN PRODUCTION FACILITY (INDOOR GROW) W/3 EMPLOYEES, TOILET AND HAND WASHING FACILITIES, ONLY, NO SHOWERS

Number of Employees: 3

System Specifications

Max Peak Design Flow: 300 gpd **Proposeds Gallons per Day:** 45 gpd

Special Rqmts:

Stake Out Reqd: No **Pump to Drainfield Reqd:** No
Other Special Rqmt: Not specified

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.)



Application for Onsite Sewage Treatment System

Department of Environmental Quality
221 Stewart Ave., Ste. 201
Medford, OR 97501

Phone/TTY: (541) 776-6010
Fax: (541) 776-6262

CALL BEFORE GOING

Robert (713) 503-9901

Requirements:	
Plot Plan	—
Vicinity & TL Map	—
Test pits—5 ft. deep	—
Zoning Clearance	—
INCLUDED:	
Plot Plan	—
Vicinity & TL Map	—
Test pits—5 ft. deep	—
Zoning Clearance	—
For DEQ Use Only:	
Date Received	1-18-18
Fee Paid	743.00
Receipt Number	000042 (A01)
Application Number	_____
Date of 1st Response	_____
Date of 2nd Response	_____
Date of Final Response	_____
Date of Completion	_____
Scanned	Data Entry

A. Property Owner Information

Name: Robert Wilson
 Mailing Address (Street or PO Box, City, State, Zip Code): 231 Wintersage Cir Talent, OR 97540
 Phone Number: (713) 503-9901

B. Legal Property Description

Township: 33 Range: 06 Section: 15 Tax Lot: 400 Tax Account Number: 3.95 Acreage or Lot Size: _____
 County: Josephine Subdivision Name: Creek Lot: _____ Block: _____
 Property Address: 142 Lower Wolf Rd Wolf Creek City: Wolf Creek State: OR Zip Code: 97497

Directions to Property: Take a right on to lower wolf creek Rd and proceed to the gate roughly 100 yds ahead

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence
 Number of Bedrooms: _____
 Other _____

Proposed Facility: Single Family Residence
 Number of Bedrooms: _____
 Other marijuana grow inside bldg, 3 employees

Water Supply: Public Name: _____
 Private Well, Spring, Shared

D. Type of Application

Site Evaluation Renewal Permit
 Construction Permit Existing System Evaluation
 Repair Permit Permit Transfer
 Major Minor 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 marijuana production

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

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

Signature: Robert W. Wilson - Jr. Date: 1/18/18
 Applicant's Name - Please Print Legibly: Robert Wilson Applicant's Phone Number: 713-503-9901
 Applicant's Mailing Address: 231 Wintersage Cir, Talent, OR 97540 Applicant's E-mail Address: rwilw2116@gmail.com

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached

Installer's Name _____



EXISTING SEPTIC SYSTEM DESCRIPTION

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

1. Your existing septic system consists of (check all that apply):

- Septic Tank
- Seepage Bed
- Other (Describe) _____
- Disposal Trenches
- Cesspool or Pit
- Capping Fill
- Unknown
- Sandfilter

2. When was your septic system installed? _____ (Date) _____ (Permit Number)

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) 1000 gallons

5. When was the septic tank last pumped? December 2017 Attach receipt if available.

6. Number of disposal trenches 1

7. Total length of disposal trenches (in feet) 250'

8. Do you propose to use the existing septic system? Yes No

9. Is your septic system currently in use? Yes No If no, date of last use 1990's using toilets in bldg.

10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? _____ How many people occupy the dwelling? _____

11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____

12. If the septic system serves a business:
How many total employees are there? 3
Type of business marijuana production (inside grow)

13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

1/18/18
(Date)

T. G. W. W. - Jr
Signature of Property Owner or Legally Authorized Representative

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

JOSEPHINE COUNTY DEVELOPMENT PERMIT

NON-REFUNDABLE FEE: \$300 CHECK: 1251 CASH: _____
PERMIT NUMBER: 2018-036

TWN: 33 RNG: 06 SEC: 15 QQ: DC TAXLOT 400
SITUS: 142 LOWER WOLF CREEK RD

ACRES: 3.95 ZONE: RI

Applicant: RWZH LLC **Applicant Phone:** 713-503-9901
Applicant Address: 231 WINTERSAGE TALENT, OR 97540
Owner: 80 LOWER WOLF CREEK PROPERTY LLC
Owner Address: 231 WINTERSAGE TALENT, OR 97540

SPECIAL REQUIREMENTS

- | | | | |
|-------------------------------------|-------------------------------------|---|---|
| YES | NO | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Assigned Situs/Space Number _____ | Address Card _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | County Road* _____ State Highway* _____ Other/NA _____ | Access Permit in File _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Violation - Development Permit to resolve violation(s) _____ Comment: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approximate Flood Hazard Area - Professional Certificate in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floodway Fringe - Base Flood Elevation _____ ft. NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floodway - Approved Engineer's "No-Rise" Study in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | LOMA (Letter of Map Amendment) on file | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Scenic Waterway - BLM Authorization in File _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stream - Name _____ | Class 1 Stream _____ Class 2 Stream _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wetland - Division of State Lands Authorization in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nesting Site - ODF&W Authorization in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Erosion Hazard - Plan in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fire Hazard - Plan in File _____ NA _____ Reason: _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Aggregate - Restrictive Covenant/Aggregate Impact Area Agreement in File _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Airport Overlay - Declaration in File _____ NA _____ Reason: _____ | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Enterprise Zone | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Historical - Historical Committee Review _____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Part of Total - map no. : | Schools : Three Rivers |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Review Conditions - Comment: | Acres: |

EXISTING STRUCTURES

COMMERCIAL MAIN AREA

PROPOSAL

Placement of a marijuana production facility inside an existing 8,000 sq/ft commercial building. See Director's Decision dated 12/6/17.

SETBACKS

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

Additional Terms:

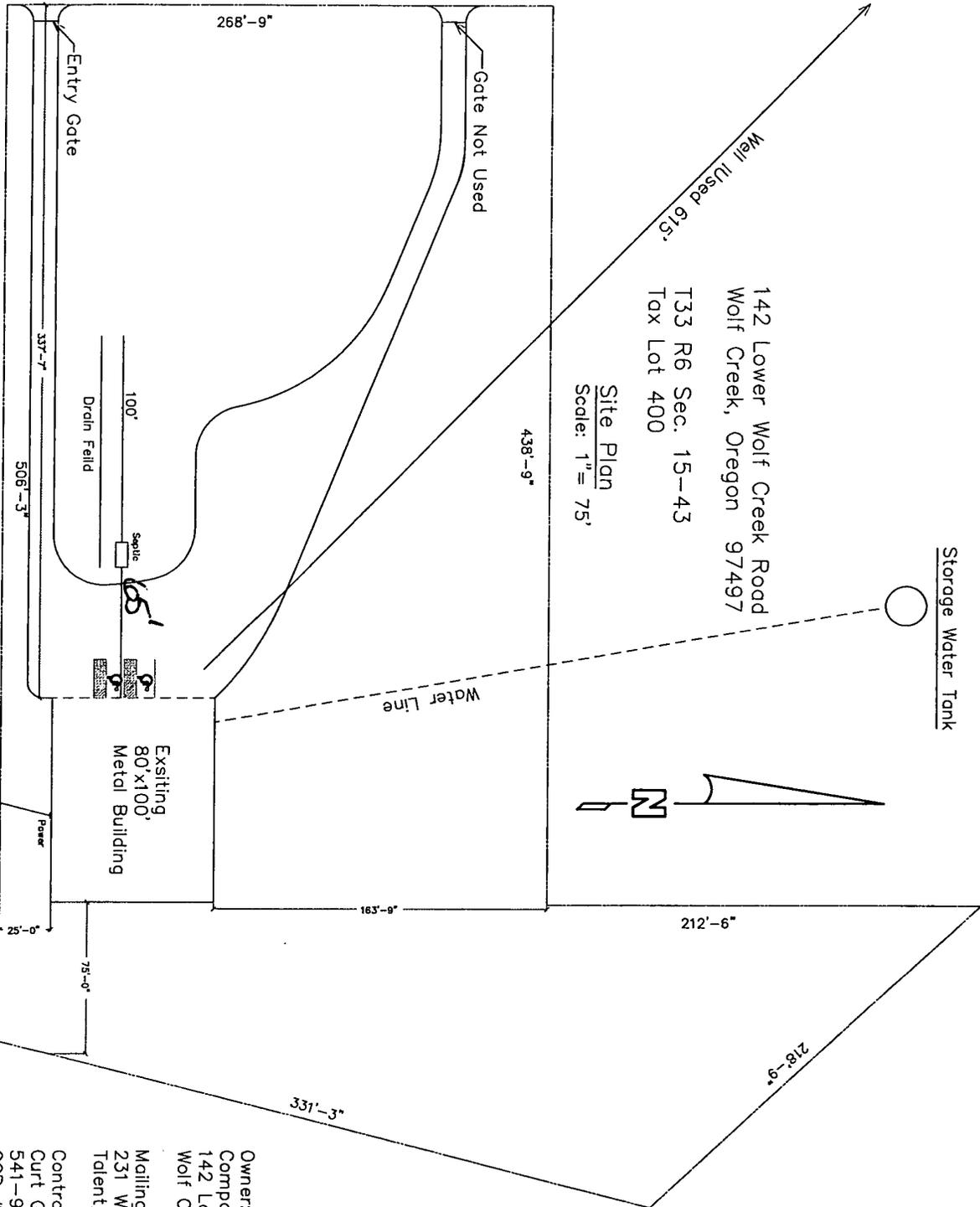
Must have all required licensing and permits from any other applicable agencies and departments prior to producing marijuana. Any alteration or expansion of this project requires additional review through the planning division.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT 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: Kathleen W. Jr. Date: 1/18/18
Contractor Name: _____ License#: _____
Approved: _____ Date: 1/17/18

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

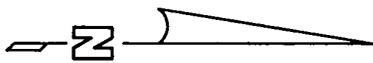
142 Lower Wolf Creek Road



Site Plan
Scale: 1" = 75'

142 Lower Wolf Creek Road
Wolf Creek, Oregon 97497
T33 R6 Sec. 15-43
Tax Lot 400

Storage Water Tank



RECEIVED
JAN 10 2018
JOCO-PLANNING

Robert W. W. - Jr. 1/18/18

Owner:
Company 80 Lower Wolf Creek Property LLC
142 Lower Wolf Creek Road
Wolf Creek, Oregon 97497

Mailing:
231 Wintersage Cir.
Talent, Oregon 97540

Contractor:
Curt Green Construction
541-944-3866
CCB #933320

This map was prepared for
assessment purpose only.

1" = 100'

SEE MAP 33 6 15

CANCELLED T.L.

- 1500
- 500
- 600-41
- 500
- 800-40



SEE MAP 33 6 22 BA

SEE MAP 33 6 15

SEE MAP 33 6 22 A

SEE MAP 33 6 15

33 6 15 DC

F.L. JTS 51464

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL **PERMIT**

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

INSTALLATION LOCATION 142 LOWER WOLF CREEK RD.

DEVELOPMENT PERMIT 85-735

N^o **15393**

May 11, 1987 14765
Date Site Eval. # Old Permit #

PROPERTY OWNER

GATE AUTOMATION PRODUCTS

816-2416
479-1050
TELEPHONE

MAILING ADDRESS

2049 S.E. Portola, Grants Pass, OR 97526

INSTALLATION ADDRESS

142 LOWER WOLF CREEK ROAD

DESCRIPTION OF PROPERTY

33 6 15-43 400
33 R 6 SEC 15-00 TL 1800

P.C. 11-2-87
8:35 B.H.

PERMIT REQUESTED

Acres 6.92 Subd. _____ Lot _____ Blk. _____

BUILDING INFORM.

New Repair _____ Authorization Notice _____ Other _____
Home _____ Mobile Home _____ No. of Bdrms. _____
Commercial SHOP No. Employees 5-10 Other _____

PROPOSED WATER SUPPLY

Private _____ Community _____ Public _____ Other SHARED WELL

DEQ SURCHARGE \$ 5.00
PERMIT FEE 55.00

= \$60.00 (TOTAL FEE REC'D.)

Ben [Signature]

Permit Fee Paid / Clerk / Date (CK) 5/11/87 fa Applicants Signature

SUBSURFACE SEWAGE DISPOSAL PERMIT: **Approved Disapproved _____

MINIMUM SEPTIC TANK CAPACITY IN GALLONS: 1000

TRENCHES: Square Feet 500 Width 24" Length 250' Depth 24-30'
Equal _____ Loop _____ Serial

**SPECIAL INSTRUCTIONS AND CONDITIONS: Divert surface water from paved area away from drainfield area. Maximum sewage flow for this system is 300gpd (upto 20 employees)

Pre-Cover inspection required.
Inspection will be made within 7 days of notification that the system is ready for inspection.

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

John W Blanchard
Sanitarian Date 5-13-87

DATE OF ISSUE: 5-13-87

THIS PERMIT EXPIRES ON: 5-13-88

CERTIFICATE OF SATISFACTORY COMPLETION

Installer Owner

Disposal Trenches: 440 Square Ft. 220 Lineal Ft. 16 employees

Tank Size: 1000 Gallons. System Designed to Serve 240 GALS/DAY or _____ Bedrooms

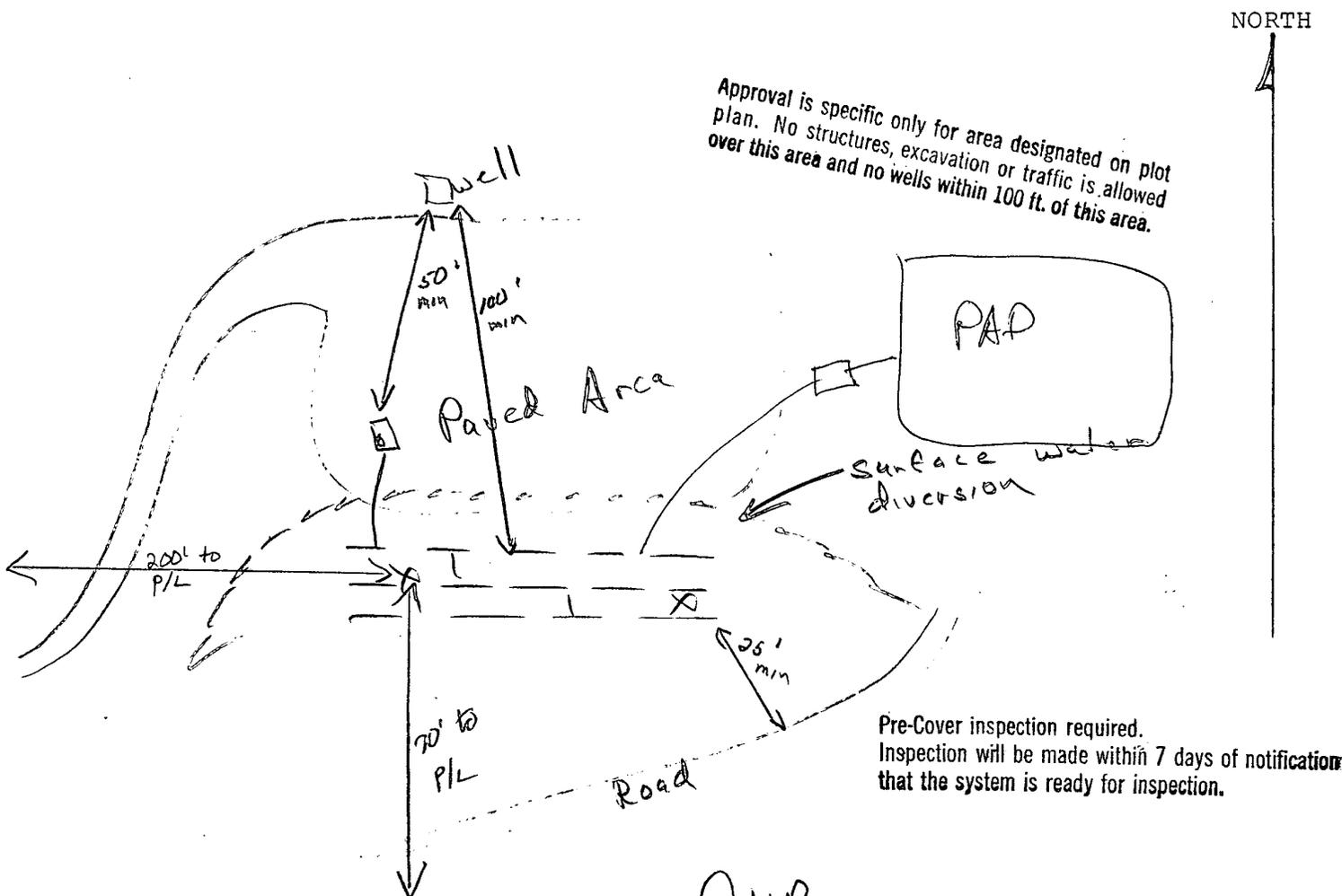
DATE INSTALLATION APPROVED 1-14-88 SIGNED *John W Blanchard*

THIS PERMIT AND THE ENCLOSED RECORD FORM MUST BE POSTED IN A CONSPICUOUS PLACE AT THE BUILDING SITE WHEN THE FINAL INSPECTION IS REQUESTED.

P L O T P L A N

INSTRUCTIONS:

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



Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

Pre-Cover inspection required. Inspection will be made within 7 days of notification that the system is ready for inspection.

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

Applicant's Signature

Date Submitted

Quib
Health Department Representative

1-22-86
Date Evaluated

Site No. 9622 Permit No. _____

© ✓

PERMIT

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL

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

INSTALLATION LOCATION 142 LOWER WOLF CREEK RD.

DEVELOPMENT PERMIT 85-735

Nº **14765**

January 31, 1986 9622
Date Site Eval. # Old Permit #

PROPERTY OWNER DORENE MFG. c/o David Mathis

866-2671
TELEPHONE

MAILING ADDRESS 1183 N. Frontage, Wolf Creek, OR 97497

INSTALLATION ADDRESS 142 LOWER WOLF CREEK ROAD

DESCRIPTION OF PROPERTY T 33 R 6 SEC 15-43 TL 400
T 33 R 6 SEC 15-00 TL 1800

Acres 6.92 Subd. _____ Lot Blk

PERMIT REQUESTED New Repair _____ Authorization Notice _____ Other _____

BUILDING INFORM. Home _____ Mobile Home _____ No. of Bdrms. _____

Commercial SHOP No. Employees 5-10 Other _____

PROPOSED WATER SUPPLY Private _____ Community _____ Public _____ Other Shared well

DEQ SURCHARGE \$ 5.00 = \$60.00 (Total fee rec'd.)
PERMIT FEE 55.00

Timothy N. Meade

Permit Fee Paid / Clerk / Date (CK) 1/31/86 fa Applicants Signature

SUBSURFACE SEWAGE DISPOSAL PERMIT: **Approved Disapproved _____

MINIMUM SEPTIC TANK CAPACITY IN GALLONS: 1000

TRENCHES: Square Feet 500 Width 24" Length 250' Depth 24-30"
Equal _____ Loop _____ Serial X

**SPECIAL INSTRUCTIONS AND CONDITIONS: Divert surface water from paved area away from the drainfield system sized for 20 employees maximum (300 gpd)

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area.

John W. Blanchard 2-3-86
Sanitarian Date

DATE OF ISSUE: 2-3-86

THIS PERMIT EXPIRES ON: 2-3-87

CERTIFICATE OF SATISFACTORY COMPLETION

EHP

Installer _____

Disposal Trenches: _____ Square Ft. _____ Lineal Ft.

Tank Size: _____ Gallons. System Designed to Serve _____ GALS/DAY or _____ Bedrooms

DATE INSTALLATION APPROVED _____ SIGNED _____

THIS PERMIT AND THE ENCLOSED RECORD FORM MUST BE POSTED IN A
CONSPICUOUS PLACE AT THE BUILDING SITE WHEN THE FINAL INSPECTION IS REQUESTED.

SUBSURFACE SEWAGE APPLICATION FOR SITE EVALUATION

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

Zone Verification _____
Zone Clearance 85-735

②

No. 9622 Date Applied January 20, 1986

NAME OF PROPERTY OWNER DORENE MFG. c/o David Mathis 866-2671
PHONE

MAILING ADDRESS 1183 N. Frontage, Wolf Creek, OR 97497
ZIP

DIRECTIONS TO PROPERTY 142 LOWER WOLF CREEK ROAD

33 6 15-43 400
T 33 R 6 Sec. 15-00 TL 1800

Acreage 6.92 Total Subdivision _____ Lot _____ Blk _____

DEQ SURCHARGE \$ 15.00
S.E. Fee \$ 135.00 Signature of Applicant David B Mathis
Total fee recd. \$150.00 (CK) 1/20/86 fa

FIELD INFORMATION

General Topography 5-6% below flat paved area

Relationship to Existing Domestic Water Sources well 100' to NW

Hydrology: Depth to Ground Watertable (representative) seasonal perched ~ 48"

Relationship to Surface Waters ∅

Soil Profile Both holes 0-60" clay loam

Approval is specific only for area designated on plot plan. No structures, excavation or traffic is allowed over this area and no wells within 100 ft. of this area. 250 ft
24-30"

Miscellaneous Information _____

Date 1-22-86 Sanitarian John W Blanchard

Evaluation Results: Acceptable _____ Cond. Acc. Not Acc. _____ Re-Eval. Date _____

Special Conditions for Approval Need surface water diversion between paved area & drainfield - Maximum system size in this area is for ~~20~~ employees (300 gal)

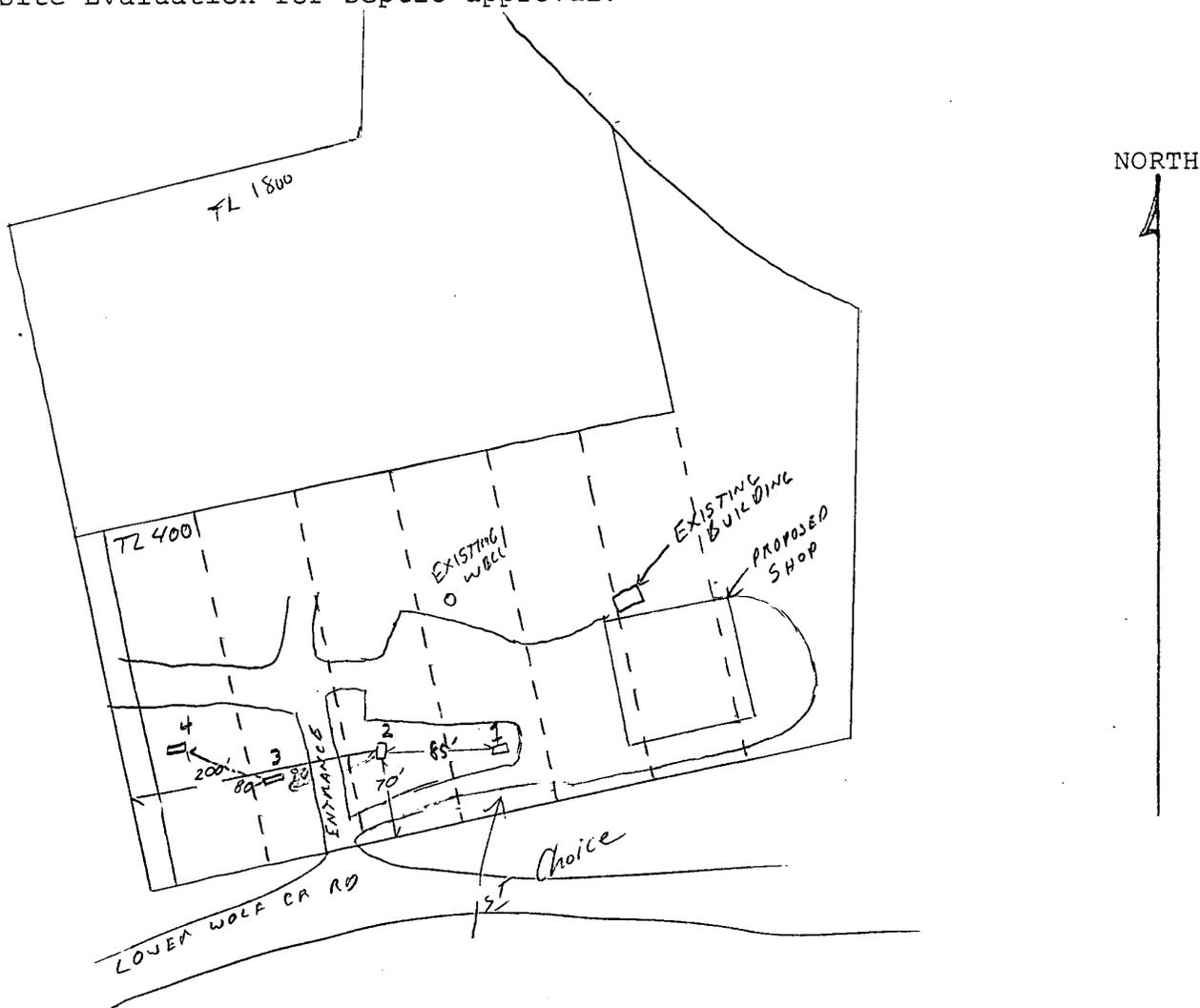
Sanitarian John W Blanchard Date 1-27-86

**** THIS IS NOT A PERMIT FOR CONSTRUCTION ****

P L O T P L A N

INSTRUCTIONS:

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



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

Dan Bern
Applicant's Signature

1/20/86
Date Submitted

Health Department Representative

Date Evaluated

Site No. _____ Permit No. _____

SW1/4SE1/4 SEC 15 T.33S. R.6W. W.M.

33-6-15-43

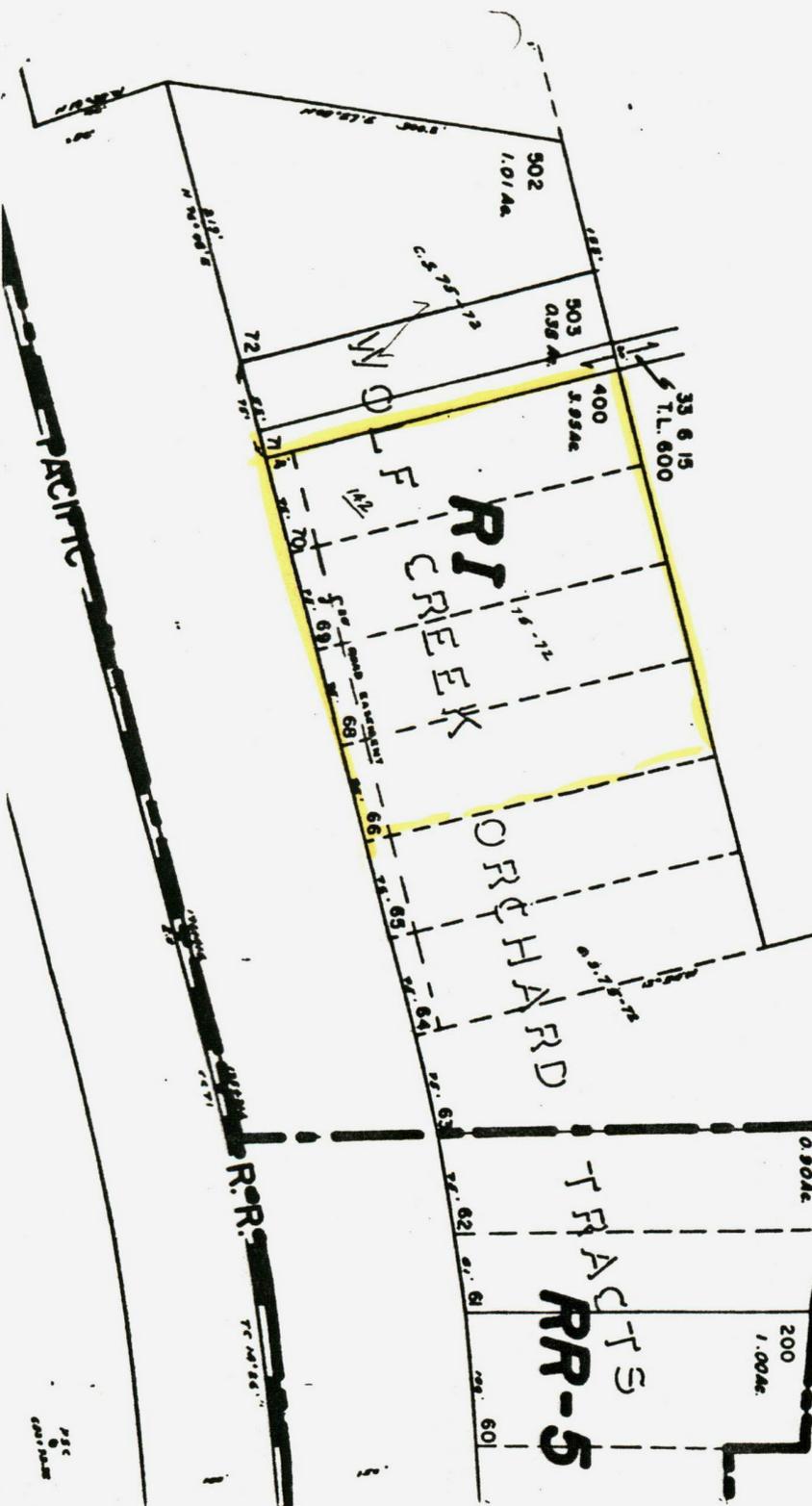
JOSEPHINE COUNTY

1"=100'

SEE MAP 33 6 15

IL 1800

STRUCTURE LOCATION
ZONE RI MINIMUM SETBACK
FY 00 SY 10 FY 10
APPROVED BY [Signature]
JOSEPHINE CO. PLANNING



NC
Fee: \$10.00

33 6 15-43 400
33 - 6 - 15-00 TL 1800

JOSEPHINE COUNTY DEVELOPMENT PERMIT

TOWNSHIP 33
RANGE 6

Urban Growth Boundary County Previous Permit No. _____

Subdivision Major Partition _____ Block _____ Lot _____
Minor Partition: Date _____
Tax Lot in Isolated Ownership Qualifying as a Developable Parcel _____
Tax Lot in Contiguous Ownership T _____ R _____ S _____ TL _____. Additional development subject to minor land partition or Commission approval.

Yes No
 Flood Hazard Flood Elevation _____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
 Requires Watermaster review or approval.
 Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
 Other: Fire Hazard Airport Hazard _____

Property Owner: GATE AUTOMATION PRODUCTS
TRUFIX LUMBER Phone: 474-1050
Mailing Address: 2049 S.E. PORTOLA, CP. 97526

DEVELOPMENT	EXISTING	PROPOSED
Conventional Residence	<input type="checkbox"/> _____ 3r	<input type="checkbox"/> _____ 3r
Mobile Home	<input type="checkbox"/> Size _____ 3r	<input type="checkbox"/> Size _____ 3r
Multi-Family	<input type="checkbox"/> _____ Units	<input type="checkbox"/> _____ Units
Commercial	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>80x100 Shop</u>
Industrial	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Agriculture Bldg.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Addition to Existing Bldg.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Home Occupation	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vacant	<input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____

NOTES: * Manufacturing Gate operators
See Site Review Requirements PUBLIC WORKS SATISFIED 12-3-85

Zoning Classification RT Property Acreage _____
Minimum Lot Size _____

Setbacks From Property and Street Center Line:
Front 10 Ft. _____ C.P. Street Center Line _____ Ft. _____ C.P.
Sides 10 Ft. _____ C.P. Rear 10 Ft. _____ C.P.

Additional Setback Notes
 Class 1 or 2 stream setback of 15' from high water line or 25' from low water line (when setback conflicts occur, the greater setback shall govern)

Access: Easement, Private Road, Public Usage Road
 Non-maintained County Road or Court-Declared Public Road
 Maintained County Road (See County Road Dept. to obtain road approach permit)
 State Highway (See State Highway Dept. to obtain road approach permit)

ADDITIONAL PERMITS: ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE CLEARED WITH THE ENVIRONMENTAL HEALTH AND BUILDING SAFETY DEPARTMENTS.
** Incorrect information provided by the applicant may invalidate this permit.

Signature Wayne Mayfield _____ = Owner Contractor License # _____

APPROVED BY Wayne Mayfield DATE 5 NOV 85 PERMIT # 85-735

SECTION 15-00 TAX 101 1800 400
ADDRESS 142 Lower Wolf Cr Rd

Original - Planning Dept
Copy - Environmental Health Dept
Pink - Building Safety Dept
Goldend - Applicant

Fee: NC
~~\$10.00~~

33-6-15-43-400
23-6-15-00 TL 1800

JOSEPHINE COUNTY DEVELOPMENT PERMIT

TOWNSHIP 33
RANGE 6
SECTION 15-06
TAX LOT 400
ADDRESS 1442 Lower Wall Cr R

Urban Growth Boundary County Previous Permit No. _____

<input type="checkbox"/> Subdivision	<input type="checkbox"/> Major Partition	Block _____	Lot _____
<input type="checkbox"/> Minor Partition: Date _____			
<input type="checkbox"/> Tax Lot in Isolated Ownership Qualifying as a Developable Parcel _____			
<input type="checkbox"/> Tax Lot in Contiguous Ownership T _____ R _____ S _____ TL _____ Additional development subject to minor land partition or Commission approval.			

Yes No
 Flood Hazard Flood Elevation _____ feet. (If yes, building site elevation may be required prior to issuance of Building Permit.)
 Requires Watermaster review or approval.
 Scenic Waterway (If yes, requires permit from Dept. of Transportation.)
 Other: Fire Hazard Airport Hazard _____

Property Owner: Dorene Mfg. c/o DAVID MATHIS
Truitt Lumber Phone: 866-2671
Mailing Address: 1183 N. Frontage Walk Cr. 97497

DEVELOPMENT	EXISTING	PROPOSED
Conventional Residence	<input type="checkbox"/> _____ 3r	<input type="checkbox"/> _____ 3r
Mobile Home	<input type="checkbox"/> Size _____ 3r	<input type="checkbox"/> Size _____ 3r
Multi-Family	<input type="checkbox"/> _____ Units	<input type="checkbox"/> _____ Units
Commercial	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Industrial	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>80x100 Shop</u>
Agriculture Bldg.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Addition to Existing Bldg.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Home Occupation	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vacant	<input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____

NOTES: * Manufacturing Gate operations
See Site Review Requirements. PUBLIC WORKS SATISFIED 12-3-85

Zoning Classification RI Property Acreage 6.92 TOT
Minimum Lot Size _____

Setbacks From Property and Street Center Line:
Front 10 Ft. _____ C.P. Street Center Line _____ Ft. _____ C.P.
Sides 10 Ft. _____ C.P. Rear 10 Ft. _____ C.P.

Additional Setback Notes _____
 Class 1 or 2 stream setback of 15' from high water line or 25' from low water line (When setback conflicts occur, the greater setback shall govern)

Access: Easement, Private Road, Public Usage Road
 Non-maintained County Road or Court-Declared Public Road
 Maintained County Road (See County Road Dept. to obtain road approach permit)
 State Highway (See State Highway Dept. to obtain road approach permit)

ADDITIONAL PERMITS: ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE CLEARED WITH THE ENVIRONMENTAL HEALTH AND BUILDING SAFETY DEPARTMENTS.
** Incorrect information provided by the applicant may invalidate this permit.

Signature [Signature] _____ Owner Contractor License # _____

APPROVED BY [Signature] DATE 5 NOV 85 PERMIT # 85-735

Original - Planning Dept
Copy - Environmental Health Dept
Pink - Building Safety Dept
Goldend - Applicant

RECORD OF SEWAGE DISPOSAL SYSTEM

To Be Completed By Installer

PERMIT # 15393

PERMIT ISSUED TO: GATE AUTOMATION PRODUCTS
MAILING ADDRESS: PO BOX 37 WOLF CREEK OR 97497
PROPERTY ADDRESS: 80 LWR WOLF CR RD, WOLF CREEK OR 97497
INSTALLER'S NAME: TIM MATTHE

Total Number of Dwellings: _____ Total Number of Bedrooms: _____

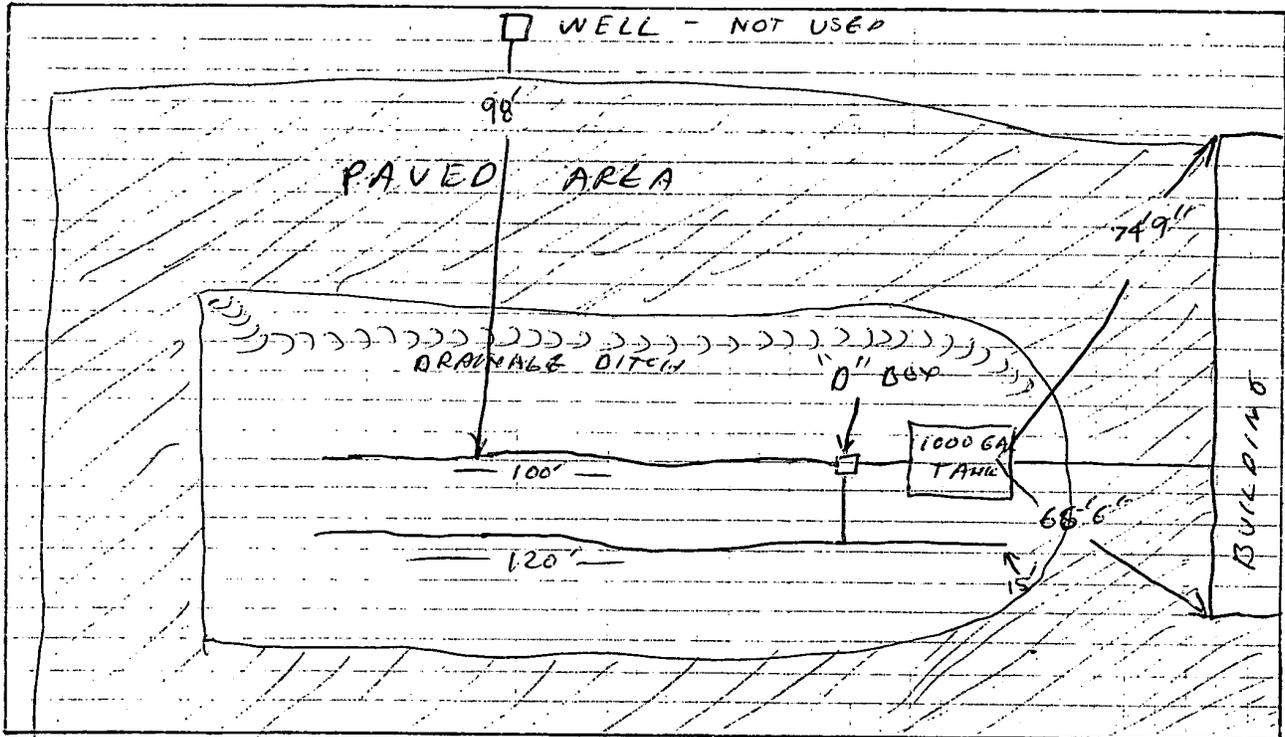
SEPTIC TANK INFO.	Total liquid capacity <u>1000</u> gallons	Material <u>CONCRETE</u>
	Distance of Water Source from Septic Tank <u>≈ 1000 FEET</u> feet	
DRAINFIELD INFO.	Total Linear Feet <u>220</u> ft.	Total Square Feet <u>440</u> ft.
	Width of trench or bed <u>2</u> ft.	Type of rock filter material <u>2" ROUND</u>
	Depth of rock OVER drainline <u>3"</u>	Depth of rock UNDER drainline <u>6"</u>
	Transit used - YES _____ NO <u>X</u>	
DISTANCE OF WATER SOURCE FROM DRAINFIELD <u>≈ 1000</u> feet		

SKETCH OF ACTUAL SYSTEM AS CONSTRUCTED

Please prepare an accurate, detailed drawing of the constructed subsurface sewage system that includes the following required information:

1. Location of "North".
2. Location of roads/driveways.
3. Specific description of the installed subsurface sewage system (tank(s) and drainfield), including all dimensions together with distances from water sources, streams, buildings, etc.
4. Specifically identify the septic tank lid location.

(Please use permanent/stationary landmarks as reference points when identifying distances.)



INSTALLER'S SIGNATURE Jim Matthe DATE 1-13-88

For Health Dept. Use Only:

REMARKS: _____

DATE 1-14-88

SANITARIAN John W Blanchard

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM INSTALLATION

CORRECTION NOTICE

The Inspection of this Subsurface Sewage System has Produced the Following Violations: 1- Frostall
distribution in wellbore line as indicated. 2- Have well abandoned
& get approval thru watermaster. 3- Complete work & log

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

PERMIT NO. 15393

CONTACT:

INSPECTION: TIME 2:30

DATE 11-5-87

BY John R. Lawrence
(SIGNATURE)

DO NOT REMOVE THIS NOTICE FROM SITE

OTD ✓

JOSEPHINE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

ACTIVITY REPORT

DATE: 9-11-89 PROGRAM SS

FACILITY: _____

SITE/PERMIT NUMBER: permit 15393

LEGAL DESCRIPTION: 33-6-15-43 TL 400

ADDRESS/LOCATION: 142 Lower Wolf Creek

CONTACT WITH: David Mathis

ACTIONS TAKEN: Consultation re possible expansion of existing system or new SE for additional system

FOLLOW-UP NEEDED: _____

SANITARIAN JWB