

*

- - Property Data Selection Menu - -

Prop ID : R470038 (Real Estate) (88981) 5422 BLUE HERON DR
 Map Tax Lot: R-3811-015D0-00400-000 BONANZA, OR 97623
 Legal : KLAMATH FALLS FOREST ESTATES HWY 66
 PLAT #2, BLOCK 49, LOT 33, MULT*

Situs : 5422 BLUE HERON DR Year Built :
 BONANZA, OR 97623 Living Area: 1840
 Name(s) :
 Code Area : 114
 Sale Info : 05/18/90
 Deed Type : 19
 Instrument: M91-6821
 2007 Tax Status * Unpaid Taxes *
 Current Levied Taxes : 160.28
 Special Assessments : 56.00
 2008-09 SB125 Taxes :

2007 Roll Values
 RMV Land \$ 32,650 (+)
 RMV Improvements \$ 8,190 (+)
 RMV Total \$ 40,840 (=)
 Total Exemptions \$ 0
 M5 Net Value \$ 40,840
 M50 Assd Value \$ 16,320

(AD) Alt Disp (G)en Appr	(Y) primary (O)wnership	(SE)condary (H)istorv	(L)and/Impr (.) More
-----------------------------	----------------------------	--------------------------	-------------------------

Enter Option from Above or <RET> to Exit: ___

*

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Current Levied Taxes : 160.28

Special Assessments : 56.00

2008-09 SB125 Taxes :

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Enter Option from Above or <RET> to Exit: __

61184

Control No.
285.00
Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 61184

New Construction

Repair

Other

Permit Issued To Everett Wilson 38 11 15 400 18
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

5422 Blue Heron Dr Bonanza Cindy Foster 11/2/00
(Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE 11/2/01

TYPE OF SYSTEM Standard

Replace w/concrete, if needed

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s) 450 Square Feet

Maximum Depth 24 inches.

Minimum Depth 18 inches.

225 Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches 10'

Total Rock Depth 12 inches.

Below Pipe 6 inches.

Above Pipe 2 inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) 1) Plumb all wastewater into septic system

2) OK to connect to existing connect to existing system; utilize existing dist. box. 3) Prior to connecting to new drainfield ensure all solids are removed from d-box.

PRE-COVER INSPECTION REQUIRED - CONTACT

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Dan Smith

Final Insp. Date _____

Inspected By _____

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340, Division 71

* see as-built plans
* gray water previously not hooked up to septic, but is now.
* tank not replaced.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Angela A Scott
(Authorized Signature)

Reg. Sanitarian
(Title)

5/14/01
(Date)

KCEH
(Office)

Klamath County Department of Health
Environmental Health Division
305 Main Street, Suite 130, Klamath Falls, OR 97601
Telephone: 883-1122 or Toll Free # 1-800-426-9761
Fax # 885-3643

FINAL INSPECTION REQUEST AND NOTICE

Date Received: 4/2/01

7 Days End: 4/9/01

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 349-71-175, 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice due date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

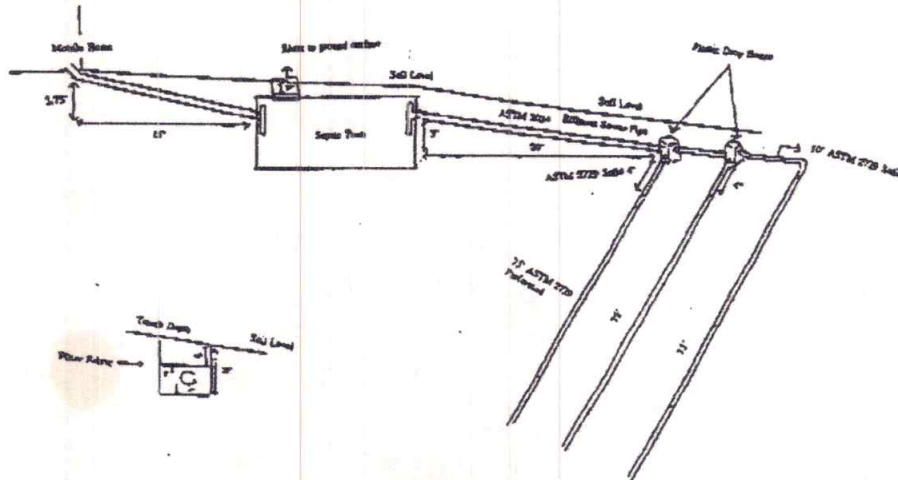
SECTION 1: BASIC INFORMATION

Property Owner EVERT WILSON Permit Number 61184 County KLAMATH
Township 38 Range 11 Section 15 Tax Lot 400 Block _____ Lot _____
Job Location 5422 Blue Heron Dr Bonanza
Date System Construction Completed 4/2/01 Date Submitted to DEQ or Agent _____

SECTION 2: MATERIALS LIST: Identify and list all materials used in the system's construction.

- 27 pcs Infiltration
- 45' Solid 800 series
- 1 EQ Dis Bx
- 2 90° Elbows
- 6 End Caps

Sample of a Construction Plan



Property Owner Evert Wilson Permit No: 61184 County KLAMATH

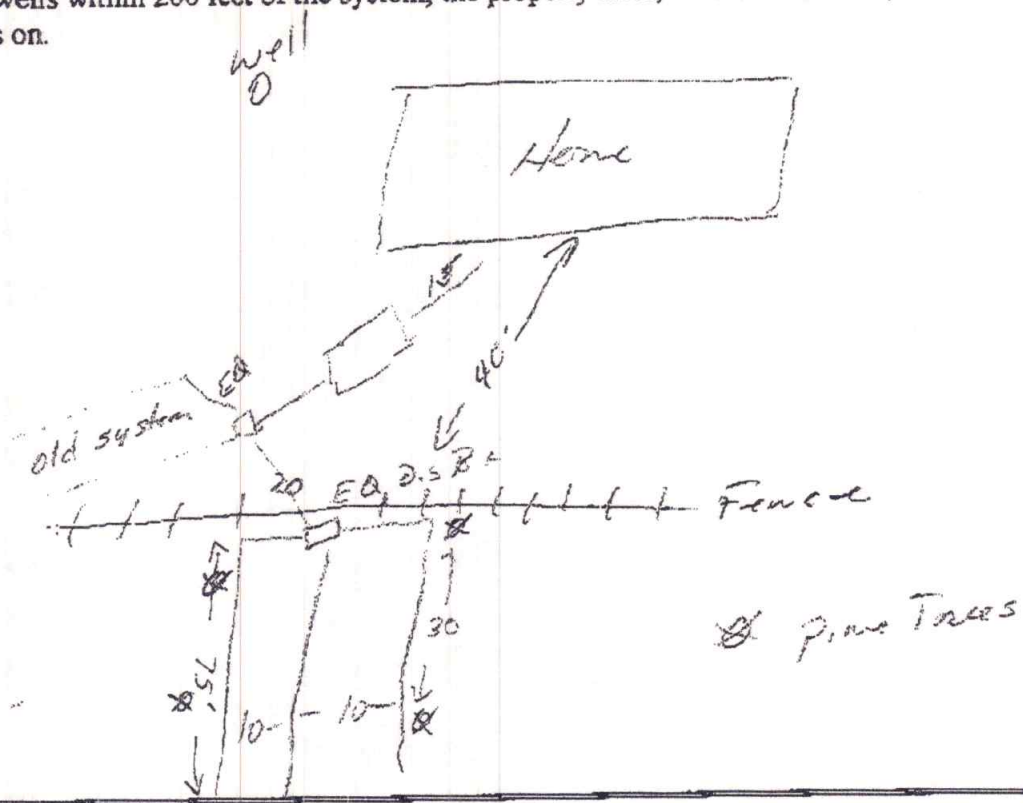
Mailing Address (To send Certificate of Satisfactory Completion)

5922 Blue Heron Dr Bonanza Or 97623

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH, show the locations of all wells within 200 feet of the system, the property lines, setback distances, and draw in street(s) that the lot fronts on.

Trench Depths

- Line 1 24 *N*
- Line 2 24
- Line 3 24
- Line 4 _____
- Line 5 _____
- Line 6 _____
- Line 7 _____
- Line 8 _____



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

____ Sewage Disposal Service Business: DJR Dump Truck 35918
(Print full business Name) (License No)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Dan Smith DJR Dump Truck 35918
(System Installer's Signature) (Print Full Business Name) (License No.)

Repair

E EVALUATION FIELD WORKSHEET

T 38 R 11 Sec. 15 TL 400 Lot 33 Blk 49 Subdivision Klamath Falls Forest Estates
 Applicant/owner E. Wilson Date 10/26/00 Evaluator C. Foster
 Mailing Address 5422 Blue Heron Dr, Bonanza, OR Parcel size _____

tole1

Depth	Texture	Color	Notes on mottling roots, structure, layer limiting effective soil depth & loose rock, etc.
0-9"	FSL	10YR ^{3/2}	3f, m, c; 1f, sbk
9-28"	FSL	7.5YR ^{4/3}	2m, c; 2c, sbk
28-48"	FSL	7.5YR ^{4/3}	matrix; 7.5YR ^{3/3} many large prom. mottles; v 1f, m; 2c, sbk
48-56"	LFS	10YR ^{4/2}	matrix; 7.5YR ^{3/1, 2, 3, 4/4} " " " w/ black nodules & roots; 2c, sbk; cemented; unable to dig beyond 56"

tole2

0-12"	FSL	10YR ^{3/2}	3f, m, c; 1f, sbk
12-26"	FSL	7.5YR ^{4/3}	matrix; 7.5YR ^{3/3} mottles; 3f, m, c; 2c, sbk
26-56"	LFS	10YR ^{4/2}	matrix; 7.5YR ^{3/1, 2, 3, 4/4} mottles; 1f, m; 2c, sbk; cemented
56"+	Hard cemented		layer; unable to dig w/ shovel beyond 56"

Landscape Notes Upland
Slope <1% **Aspect** Flat **Groundwater** Temporary
Other site notes Jumpers, ponderosa pines, sagebrush, bitterbrush

System Specifications

Design Flow 450 gpd **Tank Size** 1000-concrete **Number of Bedrooms** 4
Initial Standard **System Sizing** 75 /150g. Max/Min Depth Absorption Facility (in) 24/18
Distribution equal **Disposal Field Size** 225 Linear feet

Replacement Standard **System Sizing** 75 /150g. Max/Min Depth Absorption Facility (in) 24/18
Distribution equal **Disposal Field Size** 225 Linear feet

SPECIAL CONDITIONS (1) Replace tank with concrete 1000-gallon tank, if needed.
 (2) Plumb all wastewater into septic system (3) O.K. to connect to existing system and utilize existing distribution box, at unused port of box. (4) Prior to connecting to new drainfield, ensure all solids are removed from d-box and
 APPROVAL AREA ON REVERSE SIDE
are not present in effluent lines from tank.

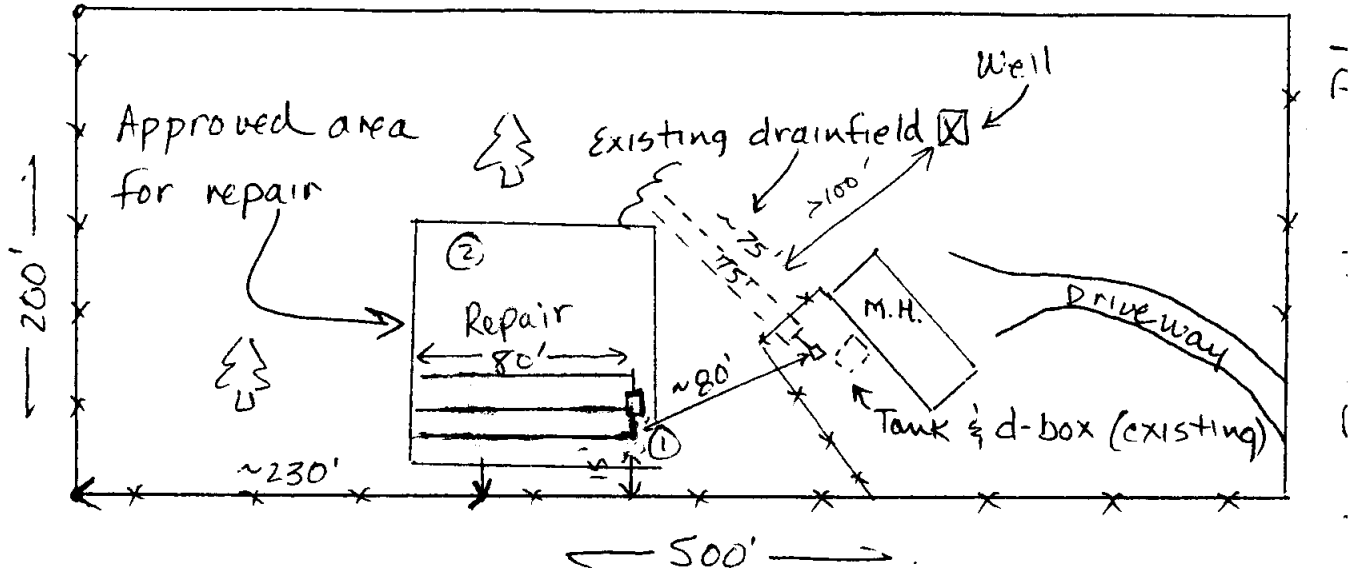
11/2/00

ADS

38-11-15 TL 400

MAJOR REPAIR

EVERETT WILSON





Klamath County Department of Public Health

ENVIRONMENTAL HEALTH DIVISION

Klamath County Government Center

305 Main Street, Ste. 130

Klamath Falls, OR 97601-6332

IMPORTANT DOCUMENT-SITE EVALUATION REPORT FOR A MAJOR REPAIR

-This is not a construction permit-

November 3, 2000

Everett Wilson
5422 Blue Heron Dr.
Bonanza, OR 97623

Re: T-38, R-11, S-15, TL-400
Lot 33, Blk 49
Klamath Falls Forest Estates

This site evaluation was conducted by personnel from the Department of Environmental Quality.

This document is a technical report for the purpose of establishing an on-site sewage treatment and disposal (OSSTD) system on the lot or parcel referenced above. This is not a construction permit but may be converted to a permit once a completed application is submitted and is found to comply with the requirements of Oregon Administrative Rules (OAR) 340-71-160 Permit Application Procedures-General Requirements.

Based on the soil profile in the test holes you provided, this site is approved for on-site sewage disposal. A copy of the Site Evaluation Field Worksheet is attached. The OSSTD system requirements for further development are:

- Standard system with a maximum projected daily flow of 450 gallons per day.
- 75 linear feet of drainfield line per 150 gallons of flow for a total of 225 linear feet.
- 1000-gallon septic tank.
- An equal distribution system, utilizing a distribution box
- Maximum trench depth 24 inches, minimum 18 inches.
- Maintain setbacks: 10 feet from property lines and building foundations, 100 feet from wells to drainlines, 50 feet from wells to septic tank.
- DRAINFIELD MUST BE INSTALLED IN THE AREA SHOWN ON THE BACK OF THE SITE EVALUATION FIELD WORKSHEET.
- Any alteration of the natural conditions (e.g., cutting or filling) in the approval area, or further partitioning on the subject property or adjacent properties may void this approval (ORS 454 and OAR 340).
- The approved areas for both the initial and replacement systems are to be protected from vehicular traffic, farm machinery, livestock or further development.
- Filter fabric shall be used to cover the drain media (drain rock) prior to back filling the disposal trenches if gravel trenches are utilized.
- Specification for the replacement system should the initial system ever fail are noted on the site evaluation field worksheet.
- The area noted for the repair system is to be kept free from any future development or activities that would alter site conditions.
-

- COMMENTS:**
1. Replace tank with concrete 1000-gallon tank, if needed.
 2. Plumb all wastewater into septic system.
 3. Permissible to connect to existing system and utilize existing distribution box at unused port of box.
 4. Prior to connecting to new drainfield, ensure all solids are removed from d-box and are not present in effluent lines from tank.

E. Wilson
T-38, R-11, S-15, TL-400, Lot 33, Blk 49
Klamath Falls Forest Estates
November 3, 2000
Page 2

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission (current rules December 1999). Any such subdivision, partitioning or alteration may void this report.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from the Klamath County Environmental Health Division or the Department of Environmental Quality (DEQ), or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the DEQ or its Agent to the owners according to Department records or county tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Any person other than the property owner must be licensed by the DEQ to install an on-site sewage disposal and treatment system. In addition, a **PERMIT must be obtained from this office prior to installation of the system.** Enclosed is an application, a sample site plan and design guide.

To obtain a construction permit from this office an accurate construction plan showing the system layout including elevation differences and the location of the replacement area must be submitted, along with the location of the test holes and all proposed development .

If you have any questions regarding this report or the permit procedures, please feel free to contact our office at 541-883-1122 or call toll free at 1-800-426-9761.

Sincerely,



Cindy Foster, R.S.
Oregon Department of Environmental Quality
Klamath Falls, Office

Bly Mtn

**KLAMATH COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
305 Main Street, Suite 130, Klamath Falls, OR 97601-6332
Telephone: (541) 883-1122 or 1-800-426-9761
FAX: (541) 885-3643**

Application Date 10/23/00

Property Owner: EVERETT V. BELFI & WILSON
Mailing Address: 5422 BLUE HERON DR
Phone Number: 545-6756 (home)

Agent/Representative:
Mailing Address:
Phone Number:

Address/Directions to site (Draw directions on back of page).

New Springs to Blue Heron left on Blue Heron
1st turn on left.

LEGAL
DESCRIPTION:

Township	Range	Section	Tax Lot	Subdivision
38	11	15	400	Klamath Falls Forest Estates
ZONING			Lot 33	Blk 49 200 x 500 Lot Size

This information provided is correct to the best of my knowledge, and I agree to comply with all laws and regulations governing land use, sanitation and building construction. I hereby grant Klamath County and its authorized agent permission to enter the described property for the purpose of this application.

Everett V. Wilson
Signature - Owner / Agent (Circle One)

**APPLICATION FOR ON-SITE SEWAGE DISPOSAL
MAJOR / MINOR REPAIR**

Date Test Holes Ready: 10/21/00

Structure Type:
 Single Residence / Number of Bedrooms 3
 Other (Please Specify) _____

Water Supply:
 Private / Source _____
 Public / System Name _____

System Installation:
 Licensed Installer
(Name) _____
 Property Owner

NOTES: _____

PROVIDE ITEMS CHECKED BELOW:

- TEST HOLES (If required)
*Flag holes
- TAX LOT MAP
- DETAILED PLOT PLAN
- LAND USE COMPATIBILITY
STATEMENT (Planning Dept.)

FOR OFFICE USE ONLY	
DATE PAID:	<u>10-23-00</u>
AMOUNT PAID:	<u>285-</u>
RECEIPT NUMBER	<u>10471</u>
CHECK NUMBER:	<u>2650</u>

**SEPTIC SYSTEM QUESTIONNAIRE
AUTHORIZATION / EXISTING SYSTEM EVALUATION / REPAIR**

The questions asked on this form will help us in responding to your application. Please answer questions concerning the septic system to the best of your knowledge. Please use a question mark (?) or the word "approximately" if you are not sure of your answer.

Owner Ernest V. Wilson Agent _____

Contact Phone Number 545-6756

Year Septic System Installed 1983 P DEQ Permit # _____

Is Septic System in use? YES NO If No, Date of Last Use _____

Tank Size 1000 (gallons) Tank Material Plastic

Date The Tank Was Last Pumped 10/19/00

Total Footage of Drainlines 150' Number of Drainlines 2

Distance From Septic Tank to Well 100 ft

Distance From Drainlines to Well 100 ft

Are the drainline(s) ends flagged and septic tank uncovered for inspection? YES NO
(Note: Please call (541) 883-1122 or 1-800-426-9761 when system is ready)

Type of Building Served By This System:

Residence

Manufactured Home Year _____

Mobile Home Year 83?

Commercial Building Indicate Present Use _____

Proposed Changes/Use _____

Other _____

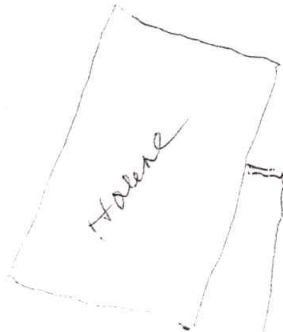
<u>Number of Bedrooms</u> Present: <u>3</u> Adding / Subtracting: _____ New Number Proposed: _____

Owner/Agent Signature Ernest V. Wilson Date _____

When report/sign-off is ready: MAIL CALL Owner / Applicant

Blue Heron Dr

0.25



Driveway
Bay

Septic Tank
12' x 10'
14' x 10'

75'

75'

NO Infiltration
140'

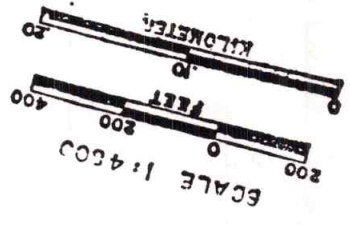
Kennel Springs Rd



THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY.

KLAMATH COUNTY

1:200'



38 11 15D

SEE MAP 38 II 15A

CEN. SEC.

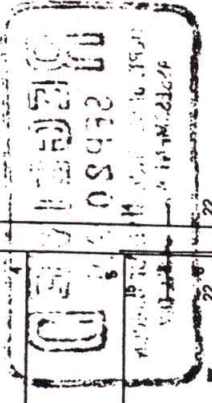
SEE MAP 38 II 15C

SEE MAP 38 II 14C

SEE MAP 38 II 22A



221,000



by Board of Commissioners

TO BE COMPLETED BY PETITIONER:

Name: Hukill's Ready Rooter & Repair Inc. Phone: 882-7813

Address: 3830 Hal Ct. Klamath Falls, OR 97603

I, Deborah J. Maynard Hereby petition the Board of County Commissioners for a refund of fee(s) paid for Repair Permit in the amount of \$ 275.00 and paid to Klamath County Environmental Health (County Department)

Reason for refund: Owner cancelled job at 5044 Heron, Bonanza.

Signature: see attached form Dated this 14 Day of Dec, 19 99

COPY

TO BE COMPLETED BY DEPARTMENT HEAD:

The \$ 275.00 stated in said petition was received by this department on 11-10-99 (date) and is recorded as receipt # 3249 in departmental records. It was deposited into and if approved, should be refunded from Line Item Name/# 920-4443-3240

I recommend this refund be **Approved** in the amount of \$ 275.00 Or **Denied**

Explanation: Owner cancelled job. It was determined that the repair was not necessary.
Rooh

Authorized Representative _____ Department Head _____

FOR THE BOARD OF COUNTY COMMISSIONERS:

Refund is hereby: **Approved** **Denied**

Nancy Bodkin
Nancy Bodkin, Executive Assistant

Date: Jan 14, 2000

TO KLAMATH COUNTY TREASURER:

If Petition is approved as indicated above, you are hereby authorized and instructed to issue your Treasurer's check in payment thereof.

REFERENCE:
Check # _____ Issued _____ By _____

10

RECEIVED
JAN - 7 2000

APPLICATION FOR A REFUND

TO BE COMPLETED BY PETITIONER:

by Board of Commissioners

Name: Hukill's Ready Rooter + Repair INC Phone: (541) 882-7813

Address: 3830 Half Ct., Klamath Falls, OR 97603

I, Deborah J. Maynard Hereby petition the Board of County Commissioners for a refund of fee(s) paid for Repair permit in the amount of \$ 275.00 and paid to Klamath County Environmental Health (County Department)

Reason for refund: Owner cancelled job at 5044 Heron, Bonanza

Signature: Deborah J. Maynard Dated this 14 Day of December, 19 99

TO BE COMPLETED BY DEPARTMENT HEAD:

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I recommend this refund be Approved in the amount of \$ 275.00 Or Denied

Explanation: Owner cancelled job.

L. Cook 12/20/99
Authorized Representative

[Signature] 1-4-00
Department Head

FOR THE BOARD OF COUNTY COMMISSIONERS: Refund is hereby:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied
Chairman	Commissioner	Commissioner	Commissioner	Commissioner	Commissioner
Date:	Date:	Date:	Date:	Date:	Date:

TO KLAMATH COUNTY TREASURER:

If Petition is approved as indicated above, you are hereby authorized and instructed to issue your Treasurer's check in payment thereof.

REFERENCE.
Check # _____ Issued _____ By _____

KLAMATH COUNTY DEPARTMENT OF PUBLIC HEALTH

403 Pine Street, Klamath Falls, Oregon 97601
(541) 883-1122

Application Date 11/10/99

Property Owner

Mailing Address: St Add/P.O. Box #: 5422 BLUE HERON DR
City: BONANZA
Zip Code: 97623

Phone
545-6756

EVERETT WILSON
Agent/Representative

Mailing Address: St. Add./P.O. Box 3830 Hal Ct
City: Klamath Falls
Zip Code: 97603

Phone
882-7813

Hakill's Ready Rooter & Repair Inc.
Address/Directions to site (use back of page if necessary)

5422 BLUE HERON DR
Proposed use or development

LEGAL DESC.:

Township	Range	Section	Tax Lot	Subdivision		
38	11	15	400	KFFE		
ZONING <u>R1</u>				Lot	Blk	Lot Size
				33	49	

This information provided is correct to the best of my knowledge, and I agree to comply with all laws and regulations governing land use, sanitation and building construction. I hereby grant Klamath County and its authorized agent permission to enter the described property for the purpose of this application.

[Signature]
Signature - (owner/agent) circle one

KLAMATH COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH DIVISION APPLICATION FOR ON-SITE SEWAGE DISPOSAL

Date test holes ready: well

Date septic tank uncovered: _____

Structure type: (Existing or proposed)
 Single residence/No. bedrooms 3
____ Other (specify) _____

Water Supply: (existing or proposed)
 Private/source WELL
____ Public/system name _____

System Installation:
____ Licensed Installer
(Name) Hakill's
____ Property Owner

PROVIDE ITEMS CHECKED BELOW:
 Test Holes Detailed Plot Plan
 Tax Lot Map Uncover Septic Tank
____ Land Use Compatibility Statement

NOTES: _____

APPLICATION TYPE, please check one:

- Site Evaluation with report
- ____ Permit to Construct
- ____ Permit Renewal
- Permit to Repair
- ____ Existing System Evaluation
- ____ Authorization Notice
- ____ Permit for Alteration
- ____ Other

*Site visit
new pits*

FOR OFFICE USE ONLY

Date paid 11-10-99 Fee 275.00
Receipt No. _____

PERMIT

Date paid _____ Fee _____
Receipt No. _____ Permit No. _____
System Type _____ GPD _____

13850

CASH TRANSMITTAL

Department Name: EH

Date: 11/12/99

Account #	Name	Amount
<u>920-3443-3240</u>	<u>subsurface</u>	<u>\$ 1075.00</u>
<u>920-3443-4349</u>	<u>food handler</u>	<u>250.00</u>

TOPS FORM 4880B ©

RECEIVED FROM Herb's INC. Wilson DATE 11-10 19 99 NO. 3249

ADDRESS 3830 HALA KF

two hundred seventy five DOLLARS \$ 275

FOR repair pits 38-11-15-400

633 B49

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT	<u>275</u>	CASH	
AMT. PAID		CHECK	<u>163.76</u>
BALANCE DUE		MONEY ORDER	

BY J. Henry

Cash \$ 145.00

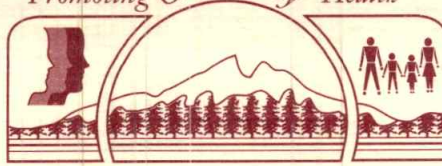
Checks \$ 1180.00

Total \$ 1325.00

Prepared By: Linda Mann

Carrier Rec: _____

Promoting Community Health



Klamath County Department of Public Health

ENVIRONMENTAL HEALTH DIVISION

Klamath County Government Center
305 Main Street, Ste. 130
Klamath Falls, OR 97601-6332

December 13, 1999

Everett Wilson
5422 Blue Heron Drive
Bonanza, OR 97623

Dear Mr. Wilson:

On November 10, 1999 you or your agent, Hukill's Ready Rooter and Repair Inc., applied for a repair permit from this office and paid the \$275.00 fee. However, a permit was never issued. A site evaluation, which requires test pits be dug, must be done to determine the soil type at your property before a permit can be issued.

By law, tank replacement and/or drainfield installation may not take place ~~by law~~ without a permit. If you still plan on repairing your system, test pits must be dug and evaluated and a permit must be obtained from this office. You may apply for a refund if you no longer intend to repair your system.

If you have any further questions please feel free to call our office at (541) 883-1122 or toll free at 1-800-426-9761.

Sincerely,

Susan R. Burch, R.S.
Environment Health Department.

*Susan -
Do we still go out with
this letter? Mr. Wilson
came by - no permit needs
to be issued. Hukill's
will need a refund
when they request
one.
Spunk*

KLAMATH COUNTY DEPARTMENT OF PUBLIC HEALTH

400 Pine Street, Klamath Falls, Oregon 97601
(541) 883-1122

Application Date 11/10/99

Property Owner

Mailing Address: St Add/P.O. Box #: 5422 Blue Heron Dr
City: BONANZA
Zip Code: 97623

Phone
545-6756

Everett Wilson

Agent/Representative

Mailing Address: St. Add./P.O. Box 3830 Hal Ct
City: Klamath Falls
Zip Code: 97603

Phone
882-7813

Hakill's Ready Rooter & Repair Inc.

Address/Directions to site (use back of page if necessary)

5422 Blue Heron Dr

Proposed use or development

LEGAL DESC.:

Township	Range	Section	Tax Lot	Subdivision		
<u>38</u>	<u>11</u>	<u>15</u>	<u>400</u>	<u>KFFE</u>		
ZONING <u>R1</u>				Lot	Blk	Lot Size
				<u>33</u>	<u>49</u>	<u> </u>

This information provided is correct to the best of my knowledge, and I agree to comply with all laws and regulations governing land use, sanitation and building construction. I hereby grant Klamath County and its authorized agent permission to enter the described property for the purpose of this application.

Deborah G. Hayward
Signature - (owner/agent) circle one

KLAMATH COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH DIVISION APPLICATION FOR ON-SITE SEWAGE DISPOSAL

Date test holes ready: well call

Date septic tank uncovered: _____

Structure type: (Existing or proposed)
 Single residence/No. bedrooms 3
____ Other (specify) _____

Water Supply: (existing or proposed)
 Private/source well
____ Public/system name _____

System Installation:
____ Licensed Installer
(Name) Hakill's
____ Property Owner

PROVIDE ITEMS CHECKED BELOW:

- Test Holes Detailed Plot Plan
- Tax Lot Map Uncover Septic Tank
- Land Use Compatibility Statement

NOTES: _____

APPLICATION TYPE, please check one:

- Site Evaluation with report
- ____ Permit to Construct
- ____ Permit Renewal
- Permit to Repair
- ____ Existing System Evaluation
- ____ Authorization Notice
- ____ Permit for Alteration
- ____ Other

*sell cistern
new pits*

FOR OFFICE USE ONLY

Date paid 11-10-99 Fee ~~300~~ 275.00
Receipt No. _____

PERMIT
Date paid _____ Fee _____
Receipt No. _____ Permit No. _____
System Type _____ GPD _____

13850

SEPTIC SYSTEM QUESTIONNAIRE
(AUTH/ESE/REPAIR)

The questions asked on this form will help us in responding to your application.
Please answer questions concerning the septic system to the best of your knowledge.

Owner _____

Applicant _____

Phone _____

YEAR SEPTIC INSTALLED _____

DEQ PERMIT # _____

SEPTIC CURRENTLY IN USE yes

IF NOT, DATE OF LAST USE _____

TANK SIZE (gallons) 1000

TANK MATERIAL fiberglass

DATE LAST PUMPED 99

NUMBER OF DRAINLINES 2

TOTAL FOOTAGE OF DRAINLINES 150-175

DISTANCES: TANK TO WELL 100ft

DRAINFIELD TO WELL 100ft

IS SYSTEM READY FOR INSPECTION NOW?

YES

NO

- Call 883-1122 when system is ready.

WHEN REPORT/SIGN-OFF IS READY:

Mail

Call Owner/Applicant

TYPE OF BUILDING SERVED BY THIS SYSTEM:

Residence No. of Bedrooms: Present 3 Proposed _____

Manufactured Home No. of Bedrooms: Present 3 Proposed _____

Commercial Building Indicate Present Use _____
Proposed Changes/Use _____

Other _____

Owner/Applicant Signature

11-12-99
Date

Klamath County Department of Health Services

3300 VANDENBERG ROAD
KLAMATH FALLS, OREGON 97603

PUBLIC HEALTH

503 / 882-8846
Administration
Nursing Services
Vital Statistics
WIC - Nutritional

ENVIRONMENTAL HEALTH

503 / 883-1122
Food Service
DEQ
Tourist & Travelers
Water Programs

October 12, 1987

Everett Wilson
Rt.2 Box 70
Bonanza, OR 97623

re: T38S, R11E, S15; L33, B49
Klamath Falls Forest Estates
Authorization Notice

This notice authorizes connection of a 3 bedroom residence to the existing on-site sewage disposal system located on the property identified above.

An inspection of this system conducted on October 6, 1987 revealed a plastic septic tank that appeared to be in acceptable condition. It is recommended that the septic tank be pumped approximately every (4) years.

No DEQ file information pertaining to this system was located.

This Notice does not guarantee satisfactory or continuous operation of the on-site system identified. Please be advised that should the system ever fail, prior to any repair work, a permit from this department is required.

A permit and inspection of the building sewer connected to the on-site system may be required by the Klamath County Building Department.

Sincerely,

Claudia Hill

Claudia Hill
Environmental Health Sanitarian

Robert Baggett

Robert Baggett, R.S.
Environmental Health Director

CF

EQUAL OPPORTUNITY EMPLOYER

send to baldwin

SEPTIC SYSTEM QUESTIONNAIRE

System located at: T 38 R 11 S 15 TL 400; L 33 B 49

Subdivision KFFE

Location _____ City _____

Owner Everett Wilson Address 545-6756

Applicant _____ Address _____

To whom report is to be mailed: Rt 2 Box 70, Bonanza
Address: _____ 97623

Tank Size (gallons) 1000 Made of fiberglass

Well/water well yes Footage of septic tank from well 150'
closer to 100' CRH 4/6/87

Footage of drainlines from well 150-175'

Number of drainlines 2 Total footage of drainlines 150 ea 2 lines

Type of building previously or presently served MA

Number of bedrooms of previous or present dwelling 2

Number of bedrooms of new dwelling 3

Is System currently in service yes Last date of use _____

When was tank last pumped Never

Year system was put in 1970's - repaired 1982 - new tank + drainfield

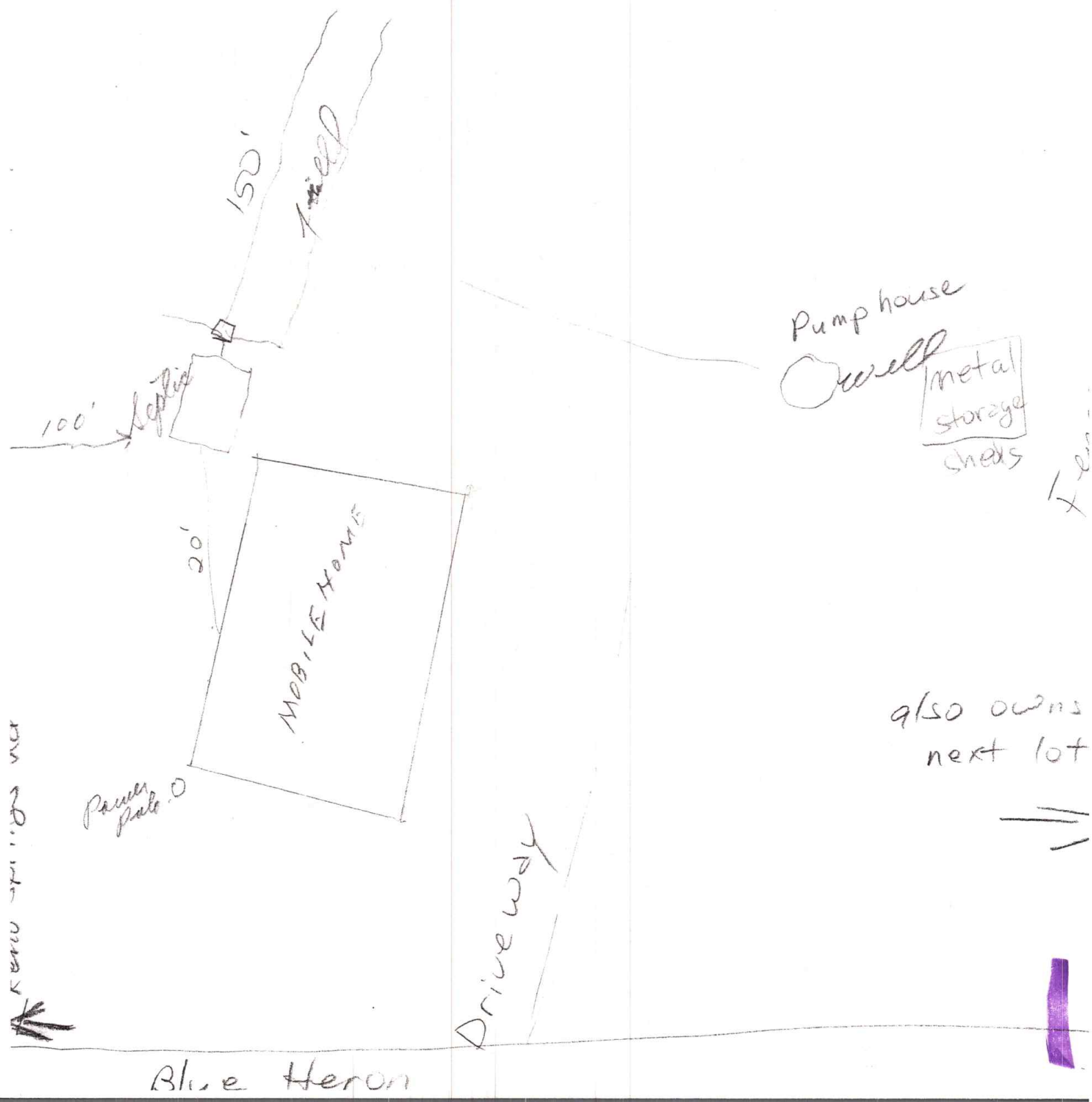
State if the system is surfacing to the ground, failing, or polluting ground or surface water no self installed

Everett Wilson
Signature _____ Date _____

SKETCH PRE-EXISTING SYSTEM ON BACK

Dly m'n cutoff to Keno Springs then left on 2nd rd (Blue Heron) approx 100 yds off Keno Springs. Only house on left.

Approx distances



Kerru ...
↑

also owns
next lot
⇨

Blue Heron

Drive way

Pump house

Well

metal
storage
sheds

MOBILE HOME

20'

150'

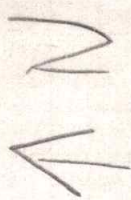
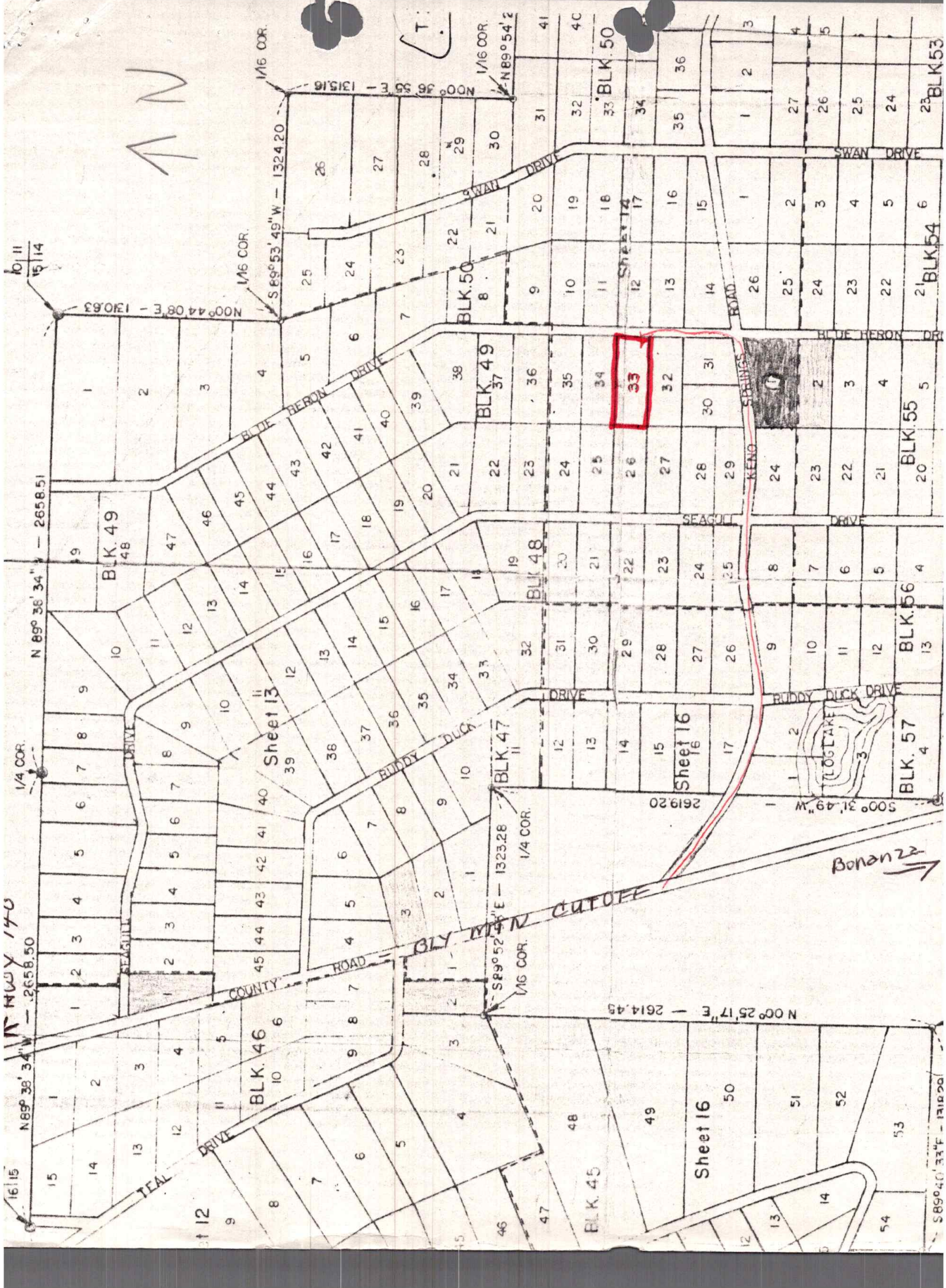
100'

Well

Pump house

↑





1615 N HWY 170

1011
1514

T:

Bonanz

BLK. 45
BLK. 46
BLK. 47
BLK. 48
BLK. 49
BLK. 50
BLK. 51
BLK. 52
BLK. 53
BLK. 54
BLK. 55
BLK. 56
BLK. 57

Sheet 12
Sheet 13
Sheet 16

SEAGULL DRIVE
RUDDY DUCK DRIVE
BLY MAIN CUTOFF
SWAN DRIVE
BLIDE HERON DRIVE
KENDO SPRINGS ROAD

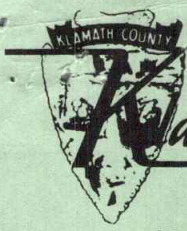
N 89° 36' 34" - 2658.51
N 89° 52' 49" W - 1323.28
S 89° 53' 49" W - 1324.20
N 00° 44' 08" E - 1306.3
N 00° 25' 17" E - 2614.45
S 89° 40' 33" E - 1319.0

1/4 COR.
1/16 COR.
1/8 COR.

1615
1514
1011

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54

LOG LAKE
WELL



3300 VANDENBERG ROAD • 503/882-6666 KLAMATH FALLS, OREGON 97601

Klamath County Department of Health Services

Environmental Health Division

Application Date _____ Building Permit No. _____

Owner Elliott V Wilson Mail Address _____ Phone _____
Contractor (Prime) Self Phone _____ License _____ Architect or Engineer _____

Job Address/Directions N OF KENO SPRINGS ON BLUE HERON (WEST SIDE - 3 LOTS UP)

SITE LEGAL DESCR.	T. <u>33</u>	R. <u>11</u>	S. <u>150</u>	Tax Lot <u>400</u>	Lot No. <u>33</u>	Block No. <u>49</u>	Planning <u>J.K.Z. RE</u>
LOT SIZE <u>500 x 200</u>	Subdivision <u>KFFE # 2</u>			Deed Record <u>V. P.</u>		Health Dept. Sub Surface Sewage <u>CR Hill 3 bdrm M.H.</u>	
Zone <u>R-1</u>	Flood Hazard Yes () No ()			Req. Parking Sp. _____		Public Works _____	
Min. Building Setbacks							
Front	Frontside	Side	Rear				

By my signature, I certify that I am the Owner or Authorized Representative and that the information I have furnished is correct, and hereby grant Klamath County and its authorized agent permission to enter into the above described property for the purpose of this application.

Signature (Applicant/Authorized Rep.) circle one
Elliott V Wilson
(If different than Owner) Address _____ Phone _____

A. PLANNING DEPARTMENT

Plan Designation RURAL Zone R-1

Other PLACEMENT OF 2x M11

The above proposal has been reviewed and found to be:
 Compatible with the LCDDC acknowledged Comprehensive Plan **OR** Consistent with the Statewide Planning Goals
 Not Compatible with the LCDDC acknowledged Comprehensive Plan Not consistent with the Statewide Planning Goals

USE ALLOWED BY ZONE
Reason for finding of Compatibility/Incompatibility _____

Property is Located (Check One):
 Inside City Inside Urban Growth Boundary Outside Urban Growth Boundary
 Outside City Limits

Land Use Authority J.K.Z. RE Date 9-30-87
Signature/Title _____

City/County Concurrence if Inside Urban Growth Boundary _____

Signature/Title _____ Date _____

B. KLAMATH COUNTY HEALTH DEPARTMENT

For Office Use Only
Date Test Holes Ready: ready 10/1 will call when tank uncovered
For Office Use Only
Date Received 9/30/87
Date Completed _____
Required Fee \$65
Receipt No. 3266
Control No. _____

Site Evaluation Report Permit for Alteration of On-Site Sewage Disposal System
 Permit to Construct On-Site Sewage Disposal System Permit Renewal
 Permit to Repair On-Site Sewage Disposal System Authorization Notice
 Other (Specify) _____

(Required fee and land use compatibility statement must accompany application.)

Public Water Supply: _____ Private Water Supply: well
Single Family Residence/Number of Bedrooms: 3

For Office Use Only
Plot Plan Required Yes No Attached Yes No
Vicinity or Tax Lot Map Required Yes No Attached Yes No
Test Holes Required Yes No Attached Yes No
Land Use Compatibility Statement Yes No Attached Yes No

Klamath County Department of Health Services

3300 VANDENBERG ROAD
KLAMATH FALLS, OREGON 97601

Telephone: (503) 882-8846

Nov. 16, 1983

Mrs. Eldon Wooten
c/o C. Sue Loveland, Realtor
832 Klamath Avenue
Klamath Falls, OR 97601

Re: T38S, R11E, S¹⁵25, TL4401
Existing System Evaluation

Dear Mrs. Wooten:

On November 10, 1983, a field inspection was performed on the property identified above and no evidence of surfacing sewage was observed.

It is recommended that the septic tank be pumped at this time, and approximately every four (4) years thereafter.

This Notice does not guarantee satisfactory or continuous operation of the on-site system identified. Please be advised that should the system ever fail, prior to any repair work, a permit from this department is required.

If you have any questions regarding this Notice, please feel free to contact our office.

Sincerely,

Robert Baggett

Robert Baggett, R.S.
Sanitarian
Environmental Health Division

RB:cf

EQUAL OPPORTUNITY EMPLOYER

RS

Exist System Eval.
AUTHORIZATION NOTICE

Property Owner Eldon Wooten

T. 38 R. 11 S. 15 TL. 4401

Loc./Road Blg - Bonanza Catoff

Purpose Existing System Eval. - Property to be sold

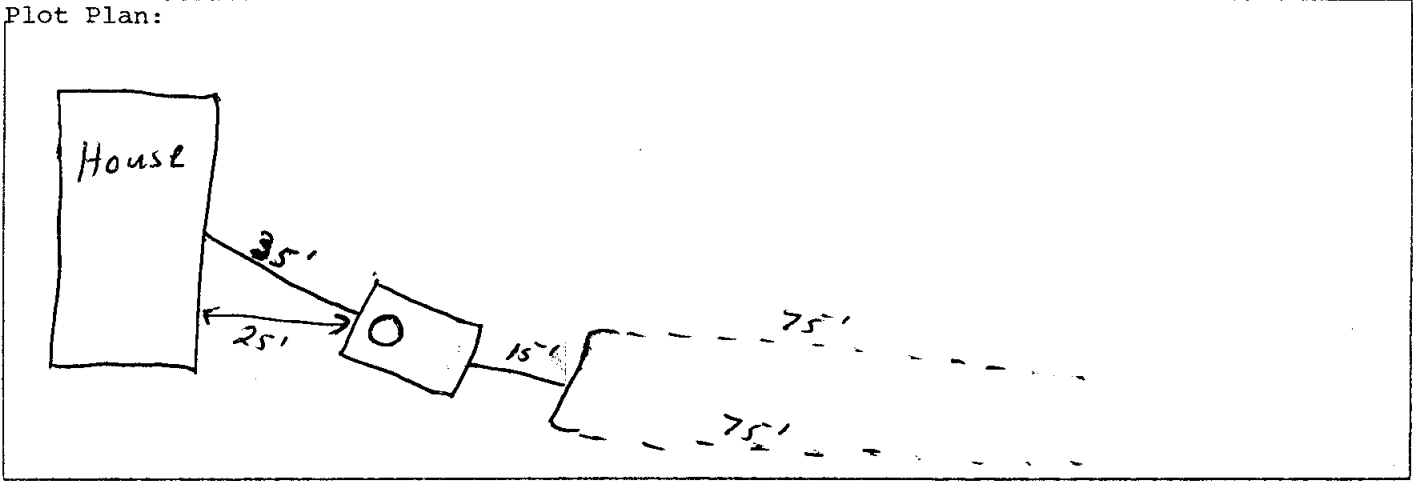
Lineal Ft. 150 Tank Size 1000 gal Concrete

Inspection/File Review Date 11/10/83

- Approved
- Existing
- Pre-existing
- Standard
- Alternative
- Experimental

System designed to serve ?

Plot Plan:



This Notice acknowledges that the on-site sewage disposal system located on the property identified above has been found adequate by Field Inspection Record Review on Date: 11/10/83 to serve a Single Family Res. with a sewage flow of ? gallons per day.

- It is recommended that the septic tank be pumped approximately every four (4) years.
- This Notice does not guarantee satisfactory or continuous operation of the on-site system identified. Please be advised that should the system ever fail, prior to any repair work, a permit from this department is required.
- A permit and inspection of the building sewer connected to the on-site system may be required by the Klamath County Building Department.
- Other _____

Robert Bassett, R.S.
Sanitarian

11/10/83
Date

HATFIELD

FOR OFFICE USE ONLY

STATE OF OREGON

FOR OFFICE USE ONLY

Department of Environmental Quality

Date Test Holes Ready

KLAMATH CO. DEPT. OF HEALTH SERVICES
3300 VANDENBERG ROAD
KLAMATH FALLS, OREGON 97603

Date Rec'd 11-10-83
Date Completed
Required Fee 60-
Receipt No. 46, 47, + 48
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify) Existing System Evaluation \$60-

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES NO ATTACHED YES NO
VICINITY OR TAX LOT MAP REQUIRED X YES NO ATTACHED YES NO
TEST HOLES REQUIRED YES NO ATTACHED YES NO
LAND USE COMPATIBILITY STATEMENT YES NO ATTACHED YES NO

ADDITIONAL ITEM(S) REQUIRED

For Applicant's Use - (Please Print)

Eldon WOOTEN
38 11 15 114-3811-1500-4401 Klamath
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
N/A N/A 7 ACRES (Approx.)
(Subdivision Name) (Lot No.) (Block No.) (Lot Size)
Well
(Public Water Supply) (Private Water Supply, Specify Type)

Directions to Property: To Bly-Bonanza Cut-off Junction - go south for approximately 2 miles - green tree on left. Rollie Luter sign on property entrance gate. Call Realtor @ 882-5531 or 882-3959 Sue

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

Sue Loveland
(Signature) 11-10-83
(Date) [X] Authorized Representative

Owner's Mailing Address Mrs Eldon Wooton
Star Route Box
Bonanza, Ore.
Applicant's Mailing Address (if different)
C. SUE LOVELAND - REALTOR
832 KIAMATH AVE.
KIAMATH FALLS, ORE 97601

Phone 545- Phone 882-3959

corner of Parcel described in Partial Release of Mortgage recorded August 16, 1971, in Volume N71, Page 8560, Microfilm Records of Klamath County, Oregon; thence North 78°28'56" East a distance of 641.20 feet along the Southerly line of said parcel, to the East line of the NE¼SW¼ of said Section 15; thence South along the East line of said NE¼SE¼ to the point of beginning.

SUBJECT TO: Easements, restrictions, reservations and rights of way of record and those apparent on the land.

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record ~~xxxxxxx~~ 1:18 o'clock P.M., and

this 5 day of March A.D. 1982 of _____

duly recorded in Vol. M 82 of Deeds _____ in Page 2807.

Fee \$8.00

By Eleanor Edmonds EVANBLETH, County Clerk

3811-1500-4401

WARRANTY DEED
ELEANOR EDMONDS
ELDON WOOTEN
1111
11/1/82
Page 2807

KNOW ALL MEN BY THESE PRESENTS, That ELEANOR EDMONDS, hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by ELDON WOOTEN and FAYE M. WOOTEN, husband and wife hereinafter called the grantees, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances therunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

A parcel of land situated in the E½SW¼ of Section 15, Township 38 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a point on the North-South centerline of said Section 15, said point being situated South 00°31'49" West a distance of 903.74 feet from the Northeast corner of the NE¼SW¼ of said Section 15; thence West a distance of 100 feet; thence South 00°31'49" West parallel with the North-South centerline of said Section, a distance of 405.51 feet; more or less, to the Northerly right of way line of the Reno Springs Road; thence North 56°52'28" West along said Northerly right of way line a distance of 499.72 feet, more or less to an intersection with the Easterly right of way line of the County Road; thence North 15°06'55" West along said County Road a distance of 393.38 feet, more or less to the Southwest corner of the County Road; thence South 00°31'49" West a distance of 903.74 feet, more or less to the point of beginning.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns, that said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$38,000.00

In constraining this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and individuals.

In Witness Whereof, the grantor has executed this instrument this 5 day of March, 1982, if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Eleanor Edmonds

If executed by a corporation, this seal is to be placed here.

STATE OF OREGON, County of Klamath, Personally appeared _____, 19 82, Eleanor Edmonds

Personally appeared the above named Eleanor Edmonds

and acknowledged the foregoing instrument to be her voluntary act and deed.

(OFFICIAL SEAL) Notary Public for Oregon My commission expires: 7/13/85

STATE OF OREGON, County of _____, Personally appeared _____, 19 _____, who, being duly sworn, each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of _____, a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in full faith of said corporation by authority of its board of directors, and that they then acknowledged said instrument to be its voluntary act and deed.

GRANTOR'S NAME AND ADDRESS
Mr. & Mrs. Eldon Wooten
Star Route
Daily OR 97625

GRANTEE'S NAME AND ADDRESS
Mr. & Mrs. Eldon Wooten
Star Route
Daily OR 97625

After recording return to:
Mr. & Mrs. Eldon Wooten
Star Route
Daily OR 97625

SPACE RESERVED FOR RECORDER'S USE
in book/roll/volume No. _____ of _____ or as document, fee/file/ _____ on _____ instrument/microfilm No. _____ Record of Deeds of said county. Witness my hand and seal of County aforesaid.

Until a change is requested all tax statements shall be sent to the following address:
Mr. & Mrs. Eldon Wooten
Star Route
Daily OR 97625
NAME, ADDRESS, ZIP

By _____ Deputy

December 11, 1975

Mr. James C. Bolta
Post Office Box 13
Bonanza OR 97623

RE: Tax Lots 33 & 34, Section 14
Township 38S, Range 11E WM

Dear Mr. Bolta:

On December 4, 1975, a soil study was completed on the above property for a building site in the area that you indicated. On the basis of this study, subsurface sewage disposal is suitable on this site. The results of the study are as follows:

The apparent textural class is loamy sand.

A minimum setback of one hundred (100) feet from all wells is required for the drainfield area.

Drainfield trench depths are not to exceed twenty-four (24) to thirty (30) inches of the ground surface.

With these soil conditions one hundred (100) lineal feet of drainfield line will be required per bedroom. Drainfield trenches are to be two (2) feet wide, of equal length, and not to exceed one hundred twenty-five (125) feet in length. These trenches are to be placed on the natural ground contours with a maximum fall of two (2) inches per one hundred twenty-five (125) feet of line. At least eight (8) feet of undisturbed earth must be maintained between disposal trenches. Drainfield installation is not permitted on ground that has been altered by cutting or filling.

The requirements or conditions as set forth in this letter in no way waive requirements as may be set by the zoning of the area. This letter of approval is based on Rules Pertaining to Standards for Subsurface Sewage and Nonwater-carried Waste Disposal, State of Oregon, April, 1974.

Sincerely,

LOREN KRAMER
Director

REB:kf
cc: Central Region Office
Real Estate Division

Bill Adams, Sanitarian
Klamath County Branch Office
Post Office Box 1930
Klamath Falls OR 97601
884-2747

(1)

KLAMATH COUNTY BRANCH OFFICE
POST OFFICE BOX 1930
KLAMATH FALLS OREGON 97601
884-2747

FEES: (Nonrefundable)

- 1. Total Permit Fee - \$100.00
 - a. Site evaluation \$75.00
 - b. Construction permit \$25.00
- 2. Repair Permit - \$25.00

INSTRUCTIONS:

1. Complete the application in full including a PLOT PLAN. See the PLOT PLAN GUIDE on the reverse side of this page.
2. Test holes required. Two test holes must be dug before the site can be evaluated. The test holes are to be placed so as to characterize soil conditions in the proposed drainfield area and the future replacement area. The test holes must be at least two (2) feet wide, three (3) feet long and six (6) feet deep to allow for examination of the soil profile. Please mark the holes with a pole and flag so they will be easy to find. Barricade the holes for safety, but leave them accessible for inspection.

Owner James C. Botta Telephone NONE

Address P.O. Box 13 City Bonanza State Ore Zip 97123

Send Report to: SAME AS ABOVE

Street or P. O. Box _____ City _____ State _____ Zip _____

Sewage Contractor _____ Lot or Parcel Size 4 1/2 ACRES

Source of Domestic Water WELL Intended use of Building home No. of Bedrooms 1

Directions to Property (be specific and include landmarks which will help in locating the property and test holes. Sketch a map on back of plot plan.) Go To BONANZA TAKE RLY MOUNTAIN CUTOFF TOWARDS BEATTY APPROX 5 MILES TO KENO SPRINGS RD THEN TO BLUE HERON DR. TO PINK MOBIL HOME. ON LEFT SIDE OF ROAD

Legal Description of Property: Section ~~14~~ 14, T 38, R 11

Tax Lot or Account No. 337 34

Applicant's Signature James C Botta Date DEC 3, 1975

OFFICIAL USE ONLY:

Date & Am't Rec'd:
 Site Suit \$75 12.3.75
 Con. Permit \$25 12.3.75
 Date Permit Iss'd/Denied 12.8.75

Permit Number 638
 Tank Capacity 750
 Drainfield size 100
 Final Inspection _____

RON BAKER
CHUCK HOPKINS

1. -75 TIME:

JAMES C. BOLTA SITE

SOIL PROFILE

NOTES

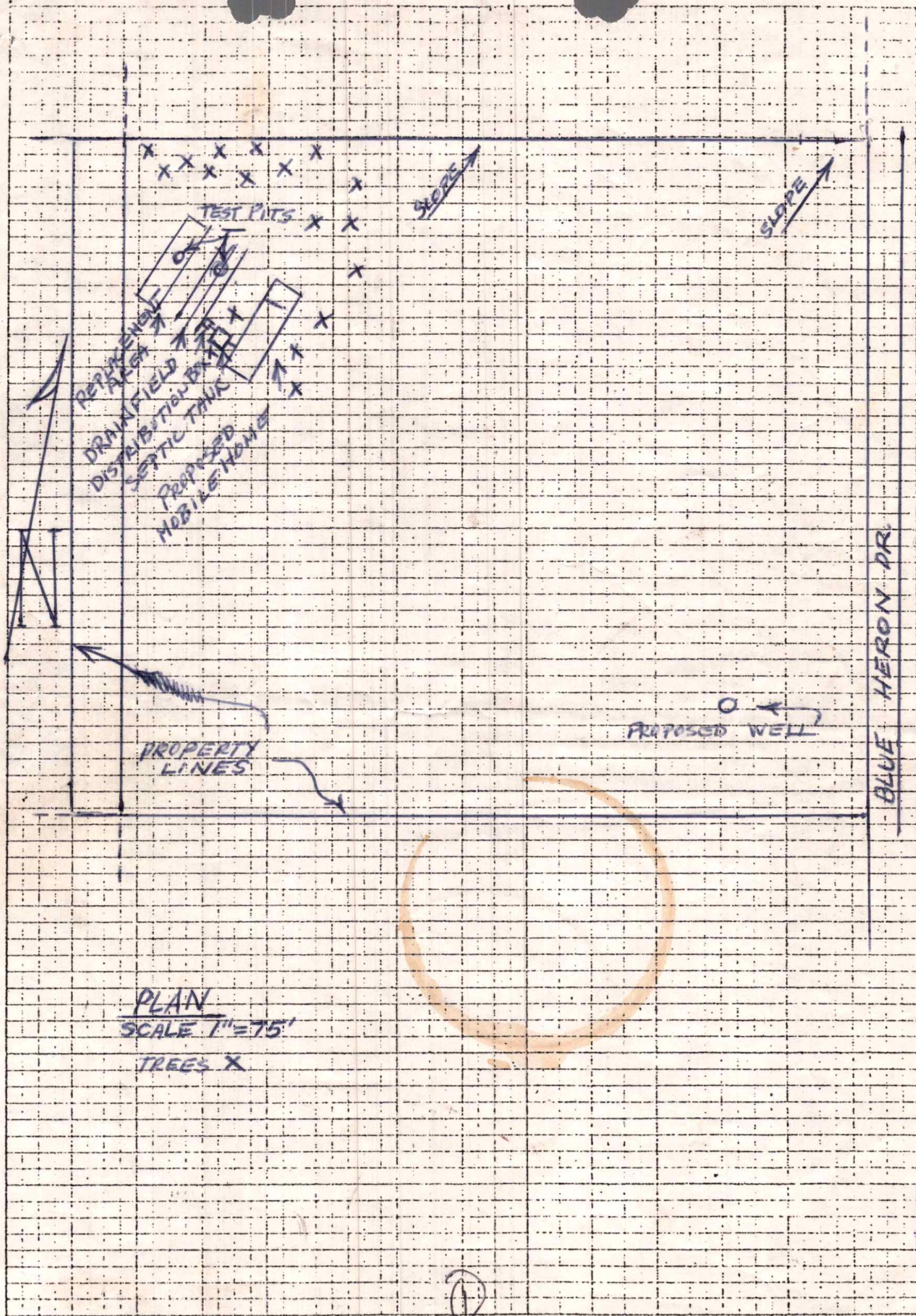
pit Number 1

0-45" loamy sand

45"-56" loamy sand compacted &
ROOTS TO 45"

pit number 2

Similar to pit no. 1



PLAN
SCALE 1" = 75'
TREES X

1

Align the document to the top of the sheet, and the folded portion to the top-right corner.
Calez le document dans la partie supérieure du transparent, la partie pliée, orientée vers le coin droit.
Richten Sie das Dokument am oberen Ende des Trägerlattes, und das gefaltete Ende an der Ecke rechts-oben aus.
Allineare il documento alla parte superiore del trasportatore fogli, e la parte piegata del documento all'angolo in alto a destra.
Allínee el documento pegándolo al borde superior y el doblez del documento al borde derecho del portador de hojas.
把文件对齐装订的上端，并把折叠的部分对齐右上角。

·PET < PA03360-Y260-01

December 11, 1975

Mr. James C. Bolta
Post Office Box 13
Bonanza OR 97623

RE: Tax Lots 33 & 34, Section 14
Township 38S, Range 11E WM

Dear Mr. Bolta:

On December 4, 1975, a soil study was completed on the above property for a building site in the area that you indicated. On the basis of this study, subsurface sewage disposal is suitable on this site. The results of the study are as follows:

The apparent textural class is loamy sand.

A minimum setback of one hundred (100) feet from all wells is required for the drainfield area.

Drainfield trench depths are not to exceed twenty-four (24) to thirty (30) inches of the ground surface.

With these soil conditions one hundred (100) lineal feet of drainfield line will be required per bedroom. Drainfield trenches are to be two (2) feet wide, of equal length, and not to exceed one hundred twenty-five (125) feet in length. These trenches are to be placed on the natural ground contours with a maximum fall of two (2) inches per one hundred twenty-five (125) feet of line. At least eight (8) feet of undisturbed earth must be maintained between disposal trenches. Drainfield installation is not permitted on ground that has been altered by cutting or filling.

The requirements or conditions as set forth in this letter in no way waive requirements as may be set by the zoning of the area. This letter of approval is based on Rules Pertaining to Standards for Subsurface Sewage and Nonwater-carried Waste Disposal, State of Oregon, April, 1974.

Sincerely,

LOREN KRAMER
Director

Bill Adams, Sanitarian
Klamath County Branch Office
Post Office Box 1930
Klamath Falls OR 97601
884-2747

REB:kf
cc: Central Region Office
Real Estate Division

①

N BAKER
JACK HOPKINS

12 -75 TIME:
JAMES C. BOLTA SITE

SOIL PROFILE

NOTES

Pit Number 1
- 45" loamy sand
"- 56" loamy sand compacted
roots to 45"

Pit Number 2
similar to pit no. 1

