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BEFORE THE HEARINGS OFFICER

KLAMATH COUNTY, OREGON

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| In the Matter of Request for Conditional Use Permit No. 80-16 for J. N. S. Excavation Company, Applicant | KLAMATH COUNTY PLANNING FINDINGS OF FACT AND ORDER |

A hearing was held in this matter at Klamath Falls, Oregon, on June 11, 1980, pursuant to notice given in conformity with Ordinance No. 35, Klamath County, before the Klamath County Hearings Officer, Jim Spindor. The applicant was present. The Klamath County Planning Department was represented by Carl Shuck and Jonathan Chudnoff. The Hearings Reporter was Barbara Thomson. Evidence was presented on behalf of the Department and on behalf of the applicant. There were four people present who were in favor of the Conditional Use Permit requested by the applicant. There were six people present who testified in opposition to the Conditional Use Permit requested by the applicant. There were several adjacent property owners present who were in opposition to the Conditional Use Permit requested by the applicant.

The following exhibits were offered, received, and made a part of the record:

Klamath County Exhibit A, Staff Report

Klamath County Exhibit B, Photos

Klamath County Exhibit C, Klamath County Assessor's Map of subject property

Klamath County Exhibit D, Transcript of Conditional Use Permit No. 80-8 Hearing

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Klamath County Exhibit E, Photos submitted by the Health Department

Klamath County Exhibit F, List of opponents and proponents at hearing

Klamath County Exhibit G, Letter from Earl Kessler of the Public Works Department

Klamath County Exhibit H, Letter and article submitted by the Health Department

Applicant's Exhibit No. 1, Map

Applicant's Exhibit No. 2, Photos

Applicant's Exhibit No. 3, Map showing test wells, roads

Applicant's Exhibit No. 4, Letter from Veda Gray

Applicant's Exhibit No. 5, Well log

Applicant's Exhibit No. 6, testimony from John Nichelson

Applicant's Exhibit No. 7, Letter from Mrs. Lawrence Gray

Opponent's Exhibit No. 1, List of questions

Opponent's Exhibit No. 2, L. C. D. C. goal comments

Opponent's Exhibit No. 3, Soil Interpretations

Opponent's Exhibit No. 4, OSU Study-subdivision lots in Klamath County

Opponent's Exhibit No. 5, Photo of Test Hole No. 1

Opponent's Exhibit No. 6, Photo of Test Hole No. 2

Opponent's Exhibit No. 7, Photo of Test Hole No. 3

Opponent's Exhibit No. 8, Photo showing rock layers

Opponent's Exhibit No. 9, Photo of access road

Opponent's Exhibit No. 10, Photo of runoff and standing water

Opponent's Exhibit No. 11, Department of Environmental

Quality law excerpts

Opponent's Exhibit No. 12, Climate information

Opponent's Exhibit No. 13, Evaporation and wind information

Opponent's Exhibit No. 14, Sample of septic tank material

Opponent's Exhibit No. 15, Letter from Thelma Ayres

Opponent's Exhibit No. 16, Testimony from Dan Thornton

Opponent's Exhibit No. 17, Testimony from Midland Area Committee

Opponent's Exhibit No. 18, Testimony from Don Burger

The Hearings Officer closed the hearing and stated that he would accept further testimony and questions for a period of fifteen (15) days from the date of this hearing.

Based upon the evidence submitted, the Hearings Officer made the following Findings of Fact:

FINDINGS OF FACT:

1. The site is adequate in size and shape to house the proposed activity and will fit in with the neighborhood so long as the conditions set forth hereinbelow are followed.

2. The site has adequate access to the streets and highways to carry the traffic flow generated by the proposed use.

3. There will be no adverse effect on the abutting property owners so long as the conditions set forth hereinbelow are followed.

4. The granting of this Conditional Use Permit is consistent with the goals of the L. C. D. C.

5. This Conditional Use Permit is granted subject to the following conditions.

CONDITIONS:

1. This Conditional Use Permit is granted for a period of one year, subject to renewal after a review of applicant's operation at a public hearing.

2. Applicant shall obtain approval from the Department of Environmental Quality for his site prior to said site being put into operation.

3. Applicant shall obtain approval from the Klamath County Health Department for his site prior to said site being put into operation.

4. The site shall be inspected and approved at least once each month by the Department of Environmental Quality and the Klamath County Health Department.

5. There shall be no more than two disposal pits active at any one time.

6. The area of the site shall be fenced sufficiently to keep persons, livestock, and deer off the site. The fence which is built shall at least meet the specifications of the Oregon State Department of Fish and Wildlife with regard to deer.

7. The applicant shall provide written proof of permission to use an adequate access road to the site.

8. The applicant shall follow the direction of the Klamath County Public Works Department with regard to the access road from the private property to Lower Lake Road.

9. The applicant shall obtain liability insurance sufficient to cover all prospective claims.

10. The applicant shall follow the plot plan which he submitted to the Planning Department, Applicant's Exhibit No. 3.

submitted with Conditional Use Permit No. 80-8.

The Hearings Officer, based on the foregoing Findings of Fact, accordingly orders as follows:

That real property described as the

"parcel of land approximately 10 acres in size zoned AF (Agricultural Forestry) and generally located east of Lower Lake Road approximately two miles south of Crossroad, and more particularly described as being in the E½ of the NE¼ of the SE¼, and that portion of the NW¼ of the SE¼ lying east of Lower Lake Road of Section 17, Township 40, Range 9, being Tax Lot 117-1, Klamath County, Oregon"

is hereby granted a Conditional Use Permit in accordance with the terms of the Klamath County Zoning Ordinance No. 35, and, henceforth will be allowed a solid waste disposal facility in the AF (Agricultural Forestry) zone on the above subject property.

Entered at Klamath Falls, Oregon, this 4th day of August, 1980.

KLAMATH COUNTY HEARINGS DIVISION

BY: _____
Hearings Officer

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath County Planning this 6th day of August A.D. 1980 at 4:20 o'clock P M., and duly recorded in Vol. M80, of Deeds on Page 14632

Wm D. MILNE, County Clerk

By _____

Commissioners Journal No Fee

DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

# CERTIFICATE OF DEATH

Local File Number: 345 — State File Number: 1007

**1 DECEASED—NAME** (First) ELMER (Middle) MONROE (Last) HARNDEN

**2 DATE OF DEATH** (month, day, year): July 22, 1980

**3 RACE** (White, Black/American Indian, etc. (specify)): White

**4 SEX**: Male

**5a AGE**—Last Birthday (years): 73

**5b** Under 1 year: mos. / days

**5c** Under 1 day: hours / min.

**6 DATE OF BIRTH** (month, day, year): December 10, 1906

**7a CITY, TOWN OR LOCATION OF DEATH**: Klamath Falls

**7b HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number): West Medical Center

**7c** If Hosp. or Inst., indicate DOA, OP, Emer., Ret., Inpatient (Specify): Inpatient

**7d COUNTY OF DEATH**: Klamath

**8 STATE OF BIRTH** (If not in U.S.A., name country): Idaho

**9 CITIZEN OF WHAT COUNTRY**: U.S.A.

**10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify): Married

**11 SPOUSE** (If married, widowed): Rhoda Harnden

**12 WAS DECEDENT EVER IN U.S. ARMED FORCES?** (Specify Yes or No): No

**13 SOCIAL SECURITY NUMBER**: 540-05-1770

**14a USUAL OCCUPATION** (give kind of work done during most of working life, even if retired): Druggist - Retired

**14b KIND OF BUSINESS OR INDUSTRY**: Star Drug Store

**15a RESIDENCE—STATE**: Oregon

**15b COUNTY**: Klamath

**15c CITY, TOWN, OR LOCATION**: Klamath Falls

**15d STREET AND NUMBER OR R.F.D.**: 836 Pacific Terrace

**15e ZIP**: 97601

**Inside City Limits** (specify yes or no): Yes

**16 FATHER—NAME** (first, middle, last): Giles Harnden

**17 MOTHER—Maiden Name** (first, middle, last): Idella Amos

**18 INFORMANT—NAME** and relationship to deceased: Rhoda Harnden - Wife

**19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM** (specify): Mausoleum

**19b CEMETERY OR CREMATORY—NAME**: Riverview Abbey

**19c LOCATION** (city or town, state): Portland, Oregon

**20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH** (Signature): [signature]

**20b NAME AND ADDRESS OF FACILITY**: WARD'S - 1945 Main - Klamath Falls, Oregon

**20c** To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

**21b DATE SIGNED** (Mo., Day, Yr.): 7-23-80

**21c HOUR OF DEATH**: 10:45 P M

**21a** (Signature): [signature]

**21c NAME AND ADDRESS OF CERTIFIER** (Type or Print): David D. Reeder, M.D. / 1900 Main / Klamath Falls, Oregon 97601

**21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** (Type or Print):

**22a DATE RECEIVED BY REGISTRAR** (Mo., Day, Yr.): JUL 24 1980

**22b REGISTRAR** (Signature): [signature]

**PART I** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

**23 IMMEDIATE CAUSE** (a): Sepsis — Interval between onset and death: Days

**DUE TO, OR AS A CONSEQUENCE OF** (b): Urinary Infection — Interval between onset and death: 1

**DUE TO, OR AS A CONSEQUENCE OF** (c): — Interval between onset and death:

**PART II OTHER SIGNIFICANT CONDITIONS**—Conditions contributing to death but not related to cause given in PART I (a): Diabetes Mellitus, ASCVD

**24 AUTOPSY** (Specify Yes or No): No

**25 WAS MEDICAL EXAMINER NOTIFIED** (Specify Yes or No): No

**26a ACCIDENT** (Specify Yes or No): No

**26b DATE OF INJURY** (Mo., Day, Yr.):

**26c HOUR OF INJURY**:

**26d DESCRIBE HOW INJURY OCCURRED**:

**26e INJURY AT WORK** (Specify Yes or No):

**26f PLACE OF INJURY**—At home, farm, street, factory, office building, etc. (Specify):

**26g LOCATION**: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

**27 RESERVED FOR REGISTRAR'S USE**:

HS-2 Rev.) 80

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By [signature] Deputy Registrar

Date JUL 24 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss:

I hereby certify that the within instrument was received and filed for record on the 6th day of August A.D., 19 80 at 4:20 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 14637.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Mutsch Deputy