Residential Septic Site Evaluation Approval

221-21-000058-EVAL

Curry County Onsite Department
94235 Moore Street
Suite 113
Gold Beach, OR 97444
541-247-3304
Fax: 541-247-4579
septicpermits@co.curry.or.us
Website: co.curry.or.us

Date issued: 07/15/2021

Application status: Site Evaluation Approved

Work description: Site evaluation to determine if additional house/septic can be added to property

Applicant: Jeff Knox
Address: 94728 Indian creek rd
Gold beach OR 97444
Phone: 5414251533
Email: jeff_knox@hotmail.com

Primary contractor: AAA Advanced Septic Tank Cleaning
Pumper License: 38879
Address: 3437 Rogue River Hwy
Gold Hill OR 97525
Phone: (541) 660-5464
Email: heb1512@yahoo.com

Owner: KNOX, R SCOTT & KAREN
Address: PO BOX 194
WEDDERBURN OR 97491

Property address: 94765 Indian Creek Rd, Gold Beach, OR 97444

Parcel: 361430 0150000 - Primary

Lot size: 2 acres
Zoning: N/A
Water supply: Community Water Supply
City/County/UGB: N/A
Directions to Property: 94765 Indian Creek Rd, Gold Beach, OR 97444

Proposed use of structure: single family dwelling
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.
Proposed gallons per day: 450 gpd.
Min dosing tank volume: 500 gal.
Comments: TEST HOLES ON PARCELS 36S14W291504 & 36S14W29CB500
LOT LINE ADJUSTMENT OR EASEMENT WILL BE REQUIRED PRIOR TO CONSTRUCTION PERMIT ISSUANCE

System Specifications	*Initial System*	*Replacement Area*
System type:	Pressure Distribution	Sand Filter
System distribution type:	Equal	Equal
Distribution method:	Pressurized	Pressurized
Trench Specifications	***Initial System***	***Replacement Area***
Trench linear feet:	225 linear ft.	135 linear ft.
Max depth:	30 in.	30 in.
Min depth:	24 in.	24 in.
Special Requirements	***Initial System***	***Replacement Area***
Stakeout required:	Yes	Yes
Pump to drainfield required:	Yes	Yes

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

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

Date issued: 07/15/2021

Application status: Site Evaluation Approved

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

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

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

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

Gabriel Kasiah 7/15/21

FIELD WORKSHEET

Name: JEFF KNOX **Application No.:** 221-21-000058-EVAL **Date:** _____
RE: SITE EVALUATION REPORT for Parcel #: 361430 1500

Commercial Facility: ☐ Yes ☒ No Parcel Size: _____

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 8

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☐ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☒ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☐ 1,000 gal. ☒ 1,500 gal. ☒ 2 compartment ☒ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☒ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☐ Equal ☐ Serial ☒ Pressurized	Distribution Method: ☐ Equal ☐ Serial ☒ Pressurized
Absorption facility: 225 total linear feet 75 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth	Absorption facility: 135 total linear feet 45 linear feet per 150 gallons projected daily sewage flow 30 " Max Depth 24 " Min Depth

Additional Conditions of Approval

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. Placement of a well within 100 feet of the approved areas may invalidate this approval.

☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
☐ Rake trench sidewalls.
☒ The system must be installed during dry soil conditions only.
☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

* STAKE OUT REQUIRED PRIOR TO CONSTRUCTION PERMIT
* EASEMENT OR LOT LINE ADJUSTMENT NEEDED PRIOR TO CONSTRUCTION PERMIT
* IF FILL IS NEEDED FOR TRENCH COVER: SCL OR 1 TEXTURAL CLASS FINER - SAMPLE WILL BE NEEDED PRIOR TO CONSTRUCTION PERMIT
* SKID ROAD TO BE ALTERED OR DECOMISSIONED IF DRAINFIELD IS INSTALLED IN ITS LOCATION

Inspector: JK

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	SCL	10yR 3/2, GR, ROOTS 3VF, 1F, @CAS
	5-14	SCL	10yR 2/2, GR-wSBK, ROOTS 3VF, 1F, M, @CAS
	14-48	SCL	10yR 2/2, GR, wSBK, ROOTS 1VF, F, M, @CAS, 75% CF
Test Pit 2	0-5		SIMILAR TO TEST HOLE 1
	5-10		
	10-50		BEDROCK @ SE END OF TEST HOLE
			ROOTS 1VC, C, M, F to 50"
Test Pit 3	0-5		SIMILAR TO TEST HOLE 1
	5-23		
	23-39		
	39-56		UNDULATING BEDROCK LAYER, ROOTS 1VF, F TO 56", Fe CONC. LAYER 3" THICK @ 40" 7.5yR 6/8
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: GRASS w/ TREES SU.

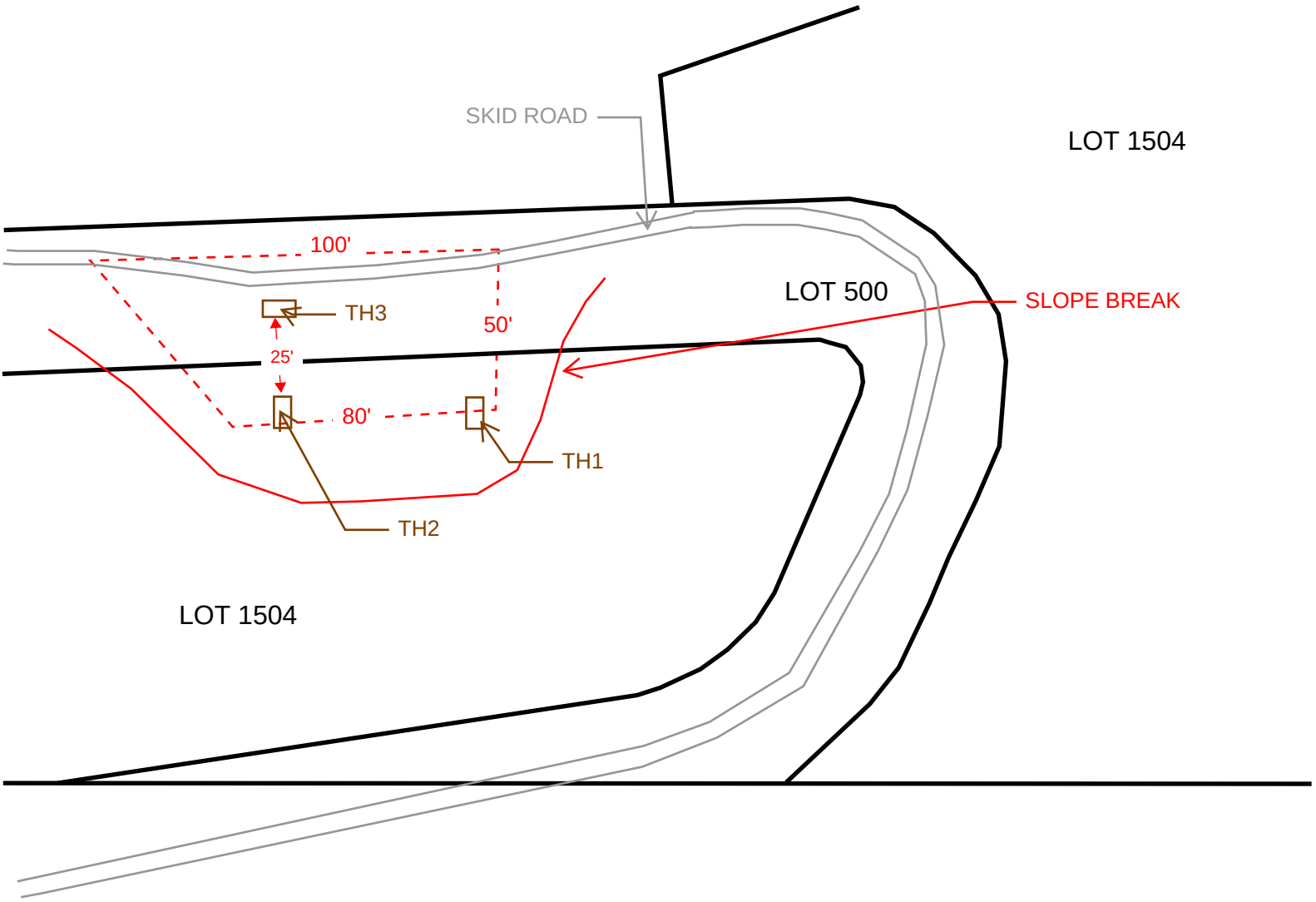
Slope: 3-7% Aspect: W Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: OLD CUT SOUTH OF TEST HOLES, LARGE WEATHERED CF THROUGHOUT (BEDROCK) HORIZONS

SITE PLAN

ADDRESS 94765 INDIAN CREEK

PARCEL 36S14W301500



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*NOT TO SCALE

APPLICATION # 221-21-000058-EVAL

Onsite Site Evaluation
Application Verification

221-21-000058-EVAL

Curry County Onsite Department
94235 Moore Street
Suite 113
Gold Beach, OR 97444
541-247-3304
Fax: 541-247-4579
septicpermits@co.curry.or.us
Website: co.curry.or.us

Application created: 4/8/21
Parcel Nbr: 361430 0150000
Site Address: 94765 INDIAN CREEK RD, GOLD BEACH, OR 97444
Owner: KNOX, R SCOTT &
KAREN
(541) 425-1786
Applicant: Jeff Knox - Jeff knox ranching
94728 Indian creek rd
Gold beach, OR 97444
Phone: (541) 425-1533
Email: jeff_knox@hotmail.com

Licensed Professional(s):

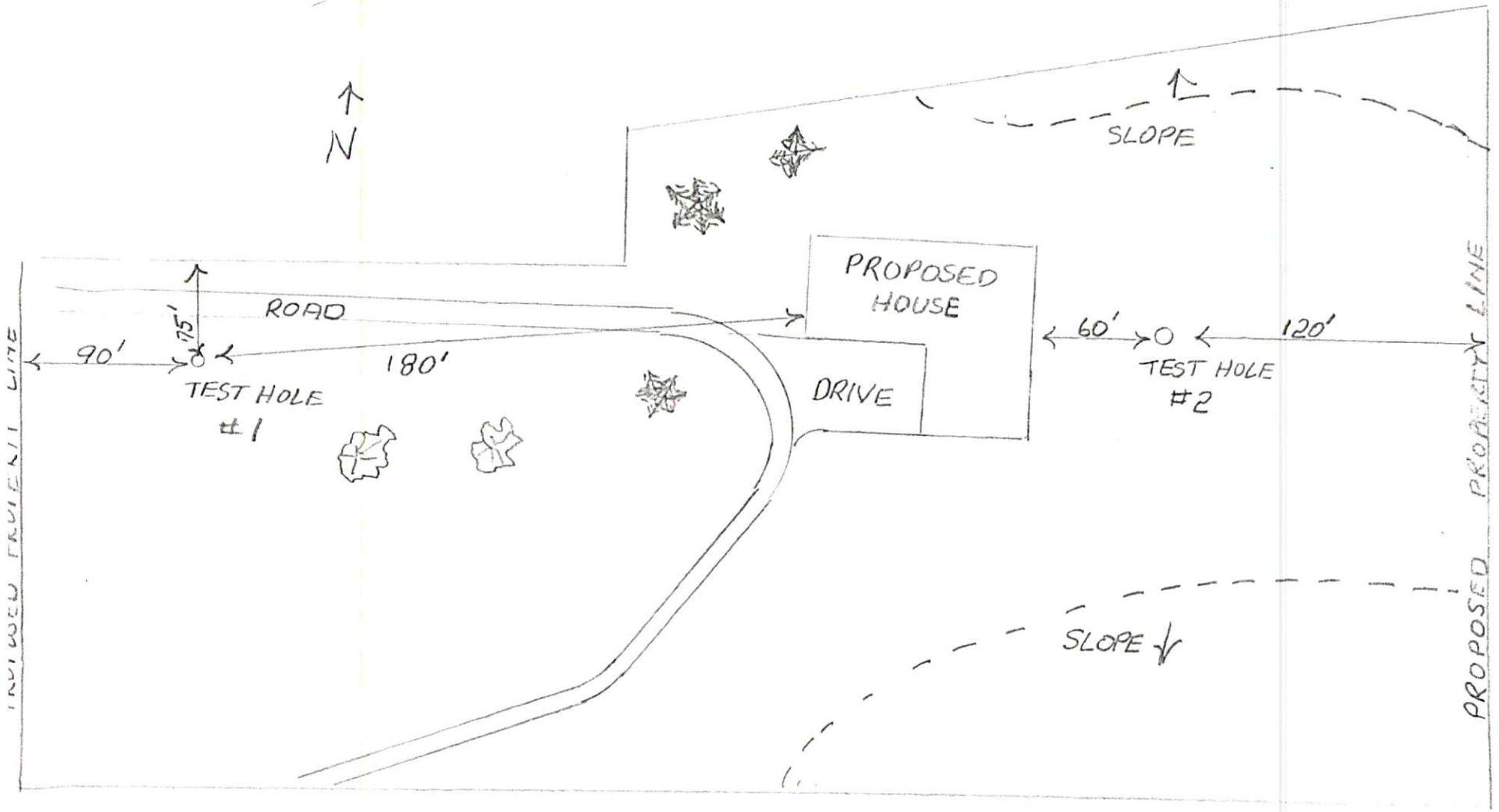
License Number: Pumper License - 38879
AAA Advanced Septic Tank Cleaning
3437 Rogue River Hwy
Gold Hill, OR 97525
Phone: (541) 660-5464
Email: heb1512@yahoo.com

Category of Construction: Residential
County:
Directions: 94765 Indian Creek Rd, Gold Beach, OR 97444
Acreage or Lot Size: 2 acres
Water Supply: Community Water Supply
Site Ready for Inspection: Yes

	Existing		Proposed
Use of Structure:		**Use of Structure:**	single family dwelling
Number of Bedrooms:		**Number of Bedrooms:**	4

Attached Documents:

Name	Description
FIN_TransactionReceipt_pr_20210423_094616.pdf	



PUBLIC WATER (GOLD BEACH)

Knox, Scott

using public water Services

221-21-000058-EVAL

NOTICE AUTHORIZING REPRESENTATIVE

I, Scott Knox, have authorized Brian Downing to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Curry/Josephine County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized Curry/Josephine County Onsite Septic agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

94765 Indian Creek Rd, Gold Beach, OR 97444
(Property Situs or Road Address)

And described in the records of Curry County as:

Township _____ Range_____ Section_____ Map ID _____ Tax Lot #(s)_____

PROPERTY OWNER:

Printed Name: Scott & Karen Knox

Address: PO Box 194

City, State, Zip: Wedderburn OR 97491

Phone: 541-425-1786 Email: Indiancreekrv@gmail.com

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

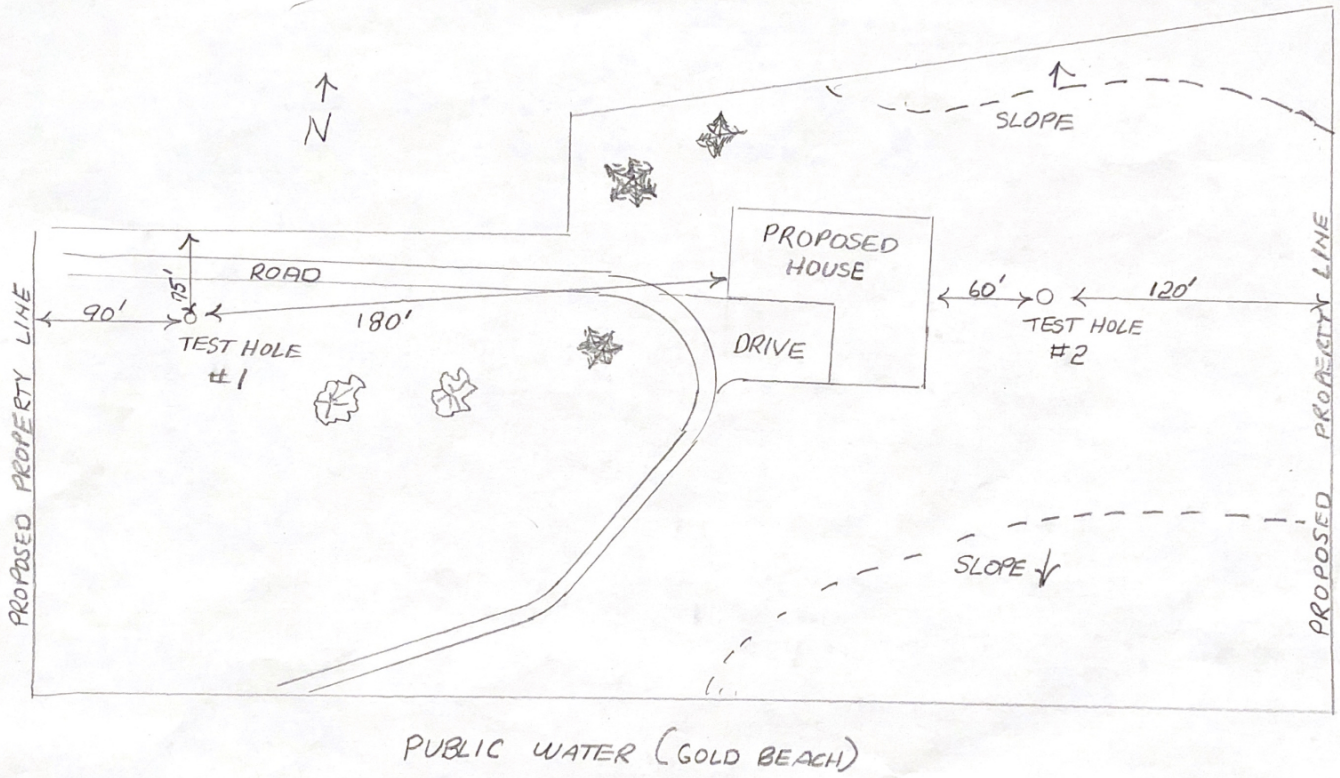
Printed Name: Brian Downing

Address: PO BOX 1811

City, State, Zip: Gold Beach, OR 97444

Phone: 541 373 0384 Email: brianthomasdowning@gmail.com

Signature: [signature]


N
SLOPE
PROPOSED HOUSE
ROAD
75'
90'
180'
TEST HOLE #1
DRIVE
60'
120'
TEST HOLE #2
PROPOSED PROPERTY LINE
PROPOSED PROPERTY LINE
SLOPE
PUBLIC WATER (GOLD BEACH)

#4

DEQ
State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

I, SCOTT KNOX, have authorized JEFF KNOX to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

94765 INDIAN CREEK RD
(Property Situs or Road Address)

And described in the records of _____ County as:

Township 36 Range 14 Section 30 Map ID ~~4500~~ Tax Lot #(s) 1500

PROPERTY OWNER:

Printed Name: SCOTT & KAREN KNOX

Address: PO BOX 194

City, State, Zip: WILDERBURN OR 97491

Phone: 541-425-1786 Email: INDIANCREEKRV@GMAIL.COM

Signature: [signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____

DEQ
State of Oregon
Department of
Environmental
Quality

Statement of Site Status

Name: SCOTT & KAREN KNOX

Address: PO BOX 194

City: WEDDERBURN State: OR Zip Code: 97491

Township: ~~31T~~ 36 Range: ~~30~~ 14 Section: 30 Tax Lot: 1502

County: CURRY

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

Date: 10/12/20 Signed: R Scott Knox

#5

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: SCOTT & KAREN KNOX
   Mailing Address: PO BOX 194
   City, State, Zip: WEDDERBURN OR 97491
   Telephone: 541-425-1786

2. Property Information:
   County: CURRY Tax Lot No.:
   Township: 36 Range: 14 Section: 30
   Physical Address: 94765 INDIAN CREEK RD GOLD BEACH
   Block: Lot: 1500
   Subdivision Name (if applicable):

3. This proposed facility is for:
   ☒ An individual, single-family dwelling.
   ☐ Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:
   ☒ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration
   ☐ Non-water–carried facility requests (for example, pit privy/vault toilet for campgrounds).
   ☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition
   ☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: Zoning Minimum Parcel Size:

6. The facility is located: ☐ inside city limits ☒ inside UGB ☐ outside UGB
   If inside UGB, the proposed facility is subject to:
   ☐ City jurisdiction ☒ County jurisdiction ☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
   If you answered "Yes" above, was this compliance based on:
   ☒ Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
   ☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
   ☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

   Either provide reasons for affirmative compliance decision or attach findings of fact:

8. Planning Official Signature:
   Print Name: Title:
   Telephone: Date: