



**Septic Authorization Approval**  
**221-21-000138-AUTH**  
**Residential Authorization**

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:** 10/8/21      **Date Expiring:** 10/8/22  
**Work Description:** AUTHORIZATION

**Applicant:** HARTNELL, ORION  
**Address:** 49103 HWY 101  
 LANGLOIS OR 97450  
**Phone:** 541 253 6309  
**Email:** ohartnell@yahoo.com

**Owner:** SMUCK, JAMES E & KIMBERLY J      **Property Address:** 94561 Elk River Rd, Port Orford, OR  
 TRSTEEES      97465

**Parcel:** 321536BA0040000 - Primary

**Authorization Notice for:** Replacing One Dwelling with Another  
**Comments:** Replacing pre-existing home with new home of similar footprint

**Lot Size:** 5.76      **Water Supply:** Well

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	SFD	SFD
<b>Number of Bedrooms:</b>	4	N/A

**System Specifications:**

**Max Peak Design Flow:** 450 gpd      **Proposed Gallons per Day:** 450 gpd

**Conditions of Approval:**

- 1.This notice establishes that the onsite wastewater treatment system located on the property identified above appears adequate by field inspection/record review to serve a 4 BDRM SFR with a peak sewage flow of 450 gallons per day.
- 2.Type of System: Standard
- 3.Linear feet of drainfield: 225
- 4.Permit #: 08-097-08
- 5.Original CSC Date: 7/16/08
- 6.Tank Size: 1000 gallon septic + 500 gallon dosing
- 7.Original Design Flow: 450 GPD
- 8.Maintain all required setbacks.
- 9.Vehicular traffic and livestock must be restricted from the system area.
- 10.All roof drains must be directed away from the system.

**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:** 10/8/21      **Date Expiring:** 10/8/22  
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Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from County is required.

If you disagree 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 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.

Danielle Morvan

Natural Resource Specialist III

10/8/21

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: RR-5 PC#: 21-000229



PLANNING CLEARANCE FORM

Planning/Building

Curry County Community Development
94235 Moore Street, Suite 113
Gold Beach, OR 97444
Phone 541-247-3304 Fax 541-247-4579

COUNTY

Applicant: read and complete items 1-8.

1. PLANNING CLEARANCE FOR: (check applicable items)

- Sewage Disposal Permit/Authorization Notice (checked)
Manufactured Home Permit Year Bedrooms
Width of Manf. Home at base feet (3/4)
Pre-Fab New PARTIAL REBUILD OF EXISTING HS
Building Permit COMM SFD #Bedrooms 3
Type and Size: Stick built, 2703 sq ft
Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

CONTRACTOR INFORMATION

- Owner Built
Contractor Name: Orion Hartnell Reg. #: 225287
Manf. Home Installer: Reg#

\$200.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS
New Rural Address - Address #
Replacement Plate - \$40.00

2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? 1
Mobile Homes how many?
Other Buildings how many?
DET GAR (1200 SF), CARPORT (440 SF)
CURR-50971

3. WATER SOURCE:

- Well (checked) Spring Other:
If on Well / Spring:
- Attach Well Log or Water Right documentation.
If in a Water District:
- Verification (from an authorized district representative) is required prior to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE

Farmland Special Assessment

Signature of County Assessor

Forestland Special Assessment

Signature of County Assessor

221-21-000221 08NO

3A. SANITARY DISTRICTS: MAJOR REPAIR 7/2008
Septic

SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE. HS BLT 1945

SIGNATURE OF CITY OF BROOKINGS

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION
This form must be signed off and turned in when the Permit Is applied for. See Attachment

4. PROPERTY DESCRIPTION:

Assessor Map # T32S-R15W-36BA Tax Lot# 400
Acreage 5.76 AC Street address or location:
94561 Elk River Road, Port Orford OR 97465

5. PROPERTY OWNER INFORMATION:

Property Owner: Jim Smuck
Mailing Address: 5716 Davis Circle
City Rohnert Park St. CA Zip 94928 Phone# 7074801136

6. ACCESS:

Does property access a county or state road? Yes No (checked)
If YES, do you have an access permit? Yes No (checked) HS BLT 1945
State or County permit # LONG-STANDING
If NO, an access permit from the county or state (contact appropriate agency depending on whether it is a state or county road) will be required before this form can be processed. County Rd. Dept. 541-247-7097

7. PLOT PLAN/EROSION CONTROL PLAN

An accurate plot plan and Erosion control plan is required for processing of this permit clearance. Please draw an accurate plot plan on the reverse side, and fill out and sign the enclosed erosion control plan.

8. APPLICANT SIGNATURE:

By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit on the above referenced property and by my signature I also certify that the information provided by me is correct and hereby grant the staff of the Curry County Dept of Public Services permission to enter this property for purposes of this application.

Name Orion Hartnell

Signature (handwritten)

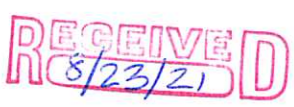
Mailing address PO Box 203

City Langlois ST OR ZIP 97450 PH 5412536309

Date: 8/12/21

Note: This form is intended for county staff use in processing development permits and does NOT constitute a permit. Approval of this form authorizes only WHAT is applied for under NO. 1 at the time it is filed. Building plans MUST be turned in within one year of the Planning Department's approval, or Planning Clearance and fees will need to be re-submitted.

e-mail address: Ohartnell@yahoo.com







# Onsite Authorization Application Verification

221-21-000138-AUTH

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:** 8/31/21  
**Parcel Nbr:** 321536BA0040000  
**Site Address:** 94561 ELK RIVER RD, PORT ORFORD, OR 97465  
**Owner:** SMUCK, JAMES E &  
KIMBERLY J TRSTEES  
SMUCK FAM 2005 TRST AGR  
5716 DAVIS CIRCLE  
NULL  
ROHNERT PARK, CA 94928  
**Applicant:** HARTNELL, ORION  
49103 HWY 101  
LANGLOIS, OR 97450  
**Phone:** (541) 253-6309  
**Email:** ohartnell@yahoo.com

**Licensed Professional(s):**  
No Licensed Professionals Designated

**Category of Construction:** Single Family Dwelling  
**Acreage or Lot Size:**  
**Site Ready for Inspection:**

**County:**  
**Water Supply:** Well

	<u>Existing</u>	<u>Proposed</u>
<b>Number of Bedrooms:</b>	4	<b>Number of Bedrooms:</b>

<b>Attached Documents:</b>	<b>Description</b>
<b>Name</b> FIN_TransactionReceipt_pr_20210901_1 55902.pdf	



# Application for Onsite Sewage Treatment System

Send this application to:  
Curry County Community Development  
94235 Moore Ste, Suite 113  
Gold Beach, OR 97444  
or  
septicpermits@co.curry.or.us

For Curry County Use Only:		Date Stamp
Date received	8/31/21	
Fee paid		
Receipt number		
Application number	771-71-000138-ALTT	
Date of 1 <sup>st</sup> response		
Date of 2 <sup>nd</sup> response		
Date of final response		
Date of completion		
Scanned	Data Entry	

## A. Property Owner Information

Jim Smuck Name      5716 DAVIS CIRCLE, ROHNERT PARK, CA 94928 Mailing Address (Street or PO Box, City, State, Zip Code)      (707) 480-1136 Phone Number

## B. Legal Property Description

32 Township      15 Range      36 BA Section      400 Tax Lot      R13664 Tax Account Number      5.76 Acreage or Lot Size  
Curry County      N/A Subdivision Name      \_\_\_\_\_ Lot      \_\_\_\_\_ Block

Property Address: 94561 ELK RIVER RD. Address      PORT ORFORD City      OR State      97465 Zip Code

Directions to Property: HWY 101 TO ELK RIVER RD, 4.3 MILES ON LEFT HAND (RIVER) SIDE.

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

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
<u>4</u> Number of Bedrooms	_____ Number of Bedrooms	<input checked="" type="checkbox"/> Private <u>Well</u> Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

## D. Type of Application

<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input checked="" type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input checked="" type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Alteration Permit	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Personal Hardship
		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other-please specify _____

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

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

Orion Hartnell Signature      8/24/21 Date  
ORION HARTNELL Applicant's Name - Please Print Legibly      (541) 253-6309 Applicant's Phone Number      ohartnell@yahoo.com Applicant's E-mail Address  
49103 HWY 101, LANGLOIS, OR 97450 Applicant's Mailing Address

Applicant is the  Owner     Authorized Representative     Licensed Septic Installer  
 Authorization Attached    \_\_\_\_\_ Installer's Name

LAND ATTACHED IN DRAWER FORTHCOMING ZONING: R2-5 PC#:



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Planning/Building  
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Phone 541-247-3304 Fax 541-247-4579

COUNTY

**Applicant: read and complete items 1-8.**

**1. PLANNING CLEARANCE FOR:** (check applicable items)

- Sewage Disposal Permit/Authorization Notice
- Manufactured Home Permit Year \_\_\_\_\_ Bedrooms \_\_\_\_\_  
Width of Manf. Home at base \_\_\_\_\_ feet (3/4)
- Pre-Fab New \_\_\_\_\_ PARTIAL REBUILD OF EXISTING HS
- Building Permit COMM  SFD  #Bedrooms 3  
Type and Size: Stick built, 2703 sq ft
- Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

**CONTRACTOR INFORMATION**

- Owner Built
- Contractor Name: Orion Hartnell Reg. #: 225287
- Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

\$200.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS  
New Rural Address - Address # \_\_\_\_\_  
Replacement Plate - \$40.00

**2. EXISTING DEVELOPMENT:**

- Dwellings (stick built) how many? 1
- Mobile Homes how many? \_\_\_\_\_
- Other Buildings how many? \_\_\_\_\_

**3. WATER SOURCE:**

- Well  Spring  Other: \_\_\_\_\_
- If on Well / Spring:
  - Attach Well Log or Water Right documentation.
- If in a Water District:
  - Verification (from an authorized district representative) is required prior to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE \_\_\_\_\_

**Farmland Special Assessment**

Signature of County Assessor \_\_\_\_\_

**Forestland Special Assessment**

Signature of County Assessor \_\_\_\_\_

221-21-00021 RENO

3A. SANITARY DISTRICTS: MAJOR REPAIR 7/2008  
Septic ✓  
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE. HS BLT 1945  
SIGNATURE OF CITY OF BROOKINGS \_\_\_\_\_

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION  
This form must be signed off and turned in when the Permit Is applied for. See Attachment

4. PROPERTY DESCRIPTION:  
Assessor Map # T32S-R15W-36BA Tax Lot# 400  
Acreage 5.76 AC Street address or location: \_\_\_\_\_  
94561 Elk River Road, Port Orford OR 97465

5. PROPERTY OWNER INFORMATION:  
Property Owner: Jim Smuck  
Mailing Address: 5716 Davis Circle  
City Rohnert Park St. CA Zip 94928 Phone# 7074801136

6. ACCESS:  
Does property access a county or state road?  Yes  No  
If YES, do you have an access permit?  Yes  No HS BLT 1945  
State or County permit # LONG-STANDING  
If NO, an access permit from the county or state (contact appropriate agency depending on whether it is a state or county road) will be required before this form can be processed. County Rd. Dept. 541-247-7097

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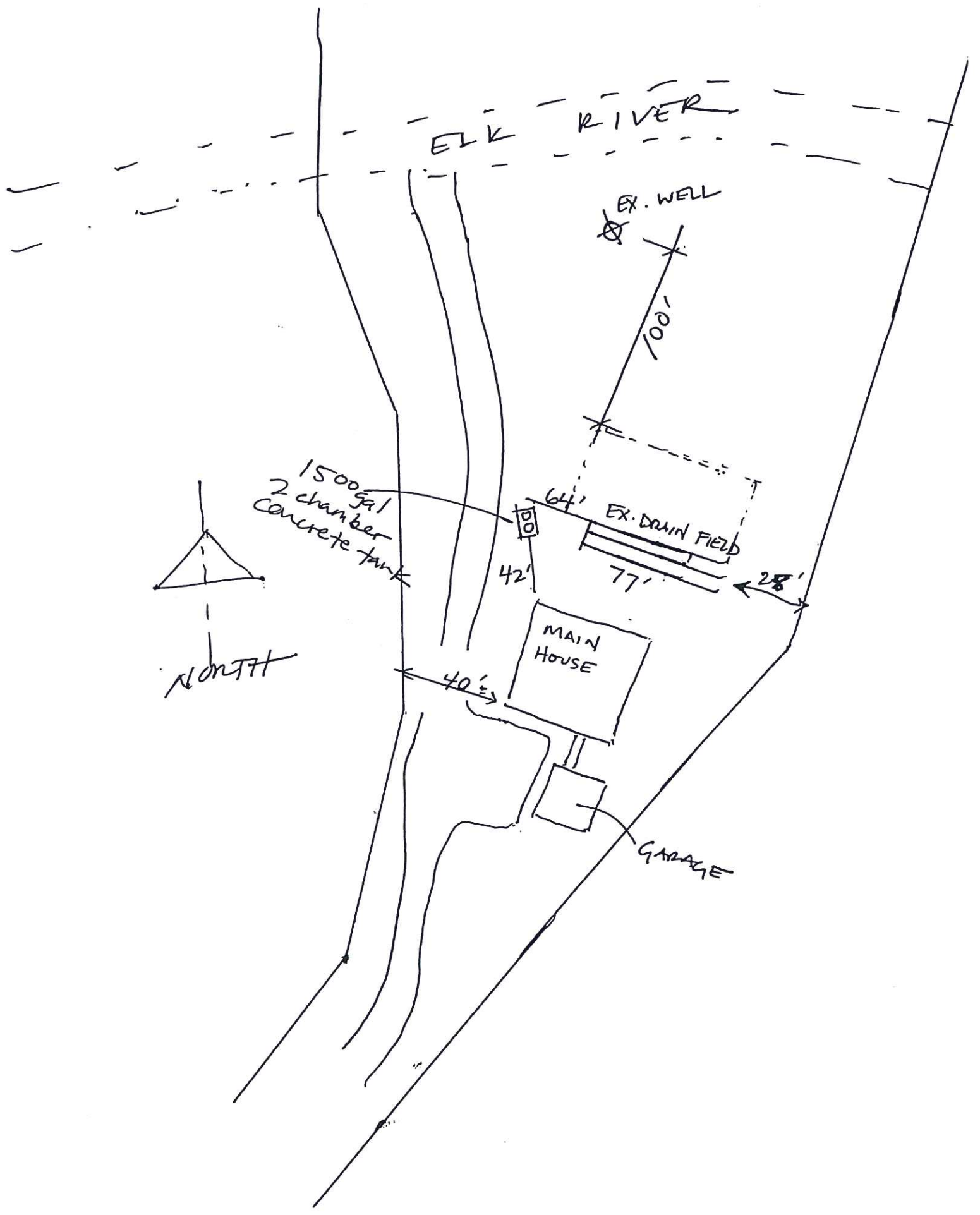
8. APPLICANT SIGNATURE:  
By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit on the above referenced property and by my signature I also certify that the information provided by me is correct and hereby grant the staff of the Curry County Dept of Public Services permission to enter this property for purposes of this application.  
Name Orion Hartnell  
Signature *Orion Hartnell*  
Mailing address PO Box 203  
City Langlois ST OR ZIP 97450 PH 5412536309  
Date: 8/12/21

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e-mail address: Ohartnell@yahoo.com

RECEIVED  
8/23/21







## NOTICE AUTHORIZING REPRESENTATIVE

I, Kimberly Smuck, have authorized Orion Hartnell 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:

94561 ELK RIVER RD. PORT ORFORD, OR 97465  
(Property Situs or Road Address)

And described in the records of CURRY County as:

Township 32 Range 15 Section 36BA Map ID R13664 Tax Lot #(s) 400

### PROPERTY OWNER:

Printed Name: Kimberly Smuck

Address: 94561 Elk River Rd.

City, State, Zip: Port Orford, OR 97465

Phone: 707-480-1136 Email: ksmuck@hotmail.com

Signature: [Handwritten Signature]

### AUTHORIZED REPRESENTATIVE:

Printed Name: ORION HARTNELL

Address: 49103 Hwy 101

City, State, Zip: Langlois, OR 97450

Phone: (541) 253-6309 Email: ohartnell@yahoo.com

Signature: [Handwritten Signature]



# EXISTING SEPTIC SYSTEM DESCRIPTION

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

- Your existing septic system consists of (check all that apply):
  - Septic Tank
  - Disposal Trenches
  - Capping Fill
  - Sandfilter
  - Seepage Bed
  - Cesspool or Pit
  - Unknown
  - Other (Describe) DOSING TANK 500 GAL CONCRETE FILTER CLEAN 1/19/18
- When was your septic system installed? 2008 08-097-08  
(Date) (Permit Number)
- Tank material:  Concrete  Steel  Plastic or Fiberglass  Unknown
- Septic tank volume (in gallons) 1,000
- When was the septic tank last pumped? 2018 Attach receipt if available.
- Number of disposal trenches 3
- Total length of disposal trenches (in feet) 231
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use 05/2021
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 4 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? 4 How many occupants? 2
- If the septic system serves a business:  
How many total employees are there? N/A  
Type of business N/A
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- 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.

8/24/2021 (Date) [Signature] 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: \_\_\_\_\_



# Existing System Evaluation Report for Onsite Wastewater Systems

State of Oregon  
Department of  
Environmental  
Quality

State of Oregon Department of Environmental Quality  
Onsite Program  
165 East Seventh Ave, Suite 100  
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit <http://www.oregon.gov/DEQ/WQ/pages/onsite/septicmart.aspx>.

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Chuck R. CHARLTON Telephone: 541-332-4449

Site Address: 94561 Elk River Rd. City: Port Orford Zip Code: 97577

County: CURRY Lot Size: \_\_\_\_\_ Acres/Square Feet (circle units)

Legal Description: 32-15-36 B/A Tax Lot 400 R 13664

Age of wastewater treatment system 10 (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 2 (please attach receipt if available)

Number of people occupying dwelling 2 If unoccupied, for how long has it been vacant? 0

Was this section completed by the evaluator because own or agent was unavailable? Y<sup>es</sup> OWNED

The above information is true and to the best of my knowledge.

Chuck R. Charlton

Date (MM/DD/YYYY) 1/19/2017

Signature of Owner, or agent if present

Name of person performing evaluation (please print): THOMAS BROWN

### Certification:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Installer <u>RI 190</u>                     | <input type="checkbox"/> Professional Engineer           |
| <input checked="" type="checkbox"/> Maintenance Provider <u>Rm 43</u>           | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians         | <input type="checkbox"/> Waste Water Specialist          |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ |  |

Certification Number: 37353

Business name \_\_\_\_\_ Email \_\_\_\_\_

Business address Brown and Son  
86950 Lower Fourmile Ln  
Randon, OR 97411 Phone 541-297-0480

Date of Evaluation: 1-19-2018 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

1-19-2018

Date (MM/DD/YYYY)

Thomas Brown

Signature of Qualified Septic System Evaluator

1. **General System Information**

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool                                  |
| <input checked="" type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill                              |
| <input type="checkbox"/> Seepage Bed            | <input type="checkbox"/> Sand Filter                               |
| <input type="checkbox"/> Other _____            |  |

**Note:** Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system  Yes  No  Unknown

- Permit Number(s) 08-097-08
- Year original septic system installed: 2008 (YYYY)  No record of installation date
- Dates of subsequent repairs or alterations: \_\_\_\_\_ (YYYY)
- All plumbing fixtures are connected to the septic system  Yes  No  Unknown

If you answered "No" or "unknown," please describe below:

\_\_\_\_\_  
\_\_\_\_\_

- Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface  Yes  No  None observed
- Discharge of sewage to surface waters  Yes  No  None observed
- Sewage backup into plumbing fixtures  Yes  No  Unknown
- Additional Comments:

Very clean system

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation  Yes  No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

Septic Tank doesn't need pumped at this time

Scum Accumulation 3 inches  
Sludge Accumulation 8 inches

- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No

- Septic tank volume in gallons 1000 gal

- Tank volume determined by: Check all that apply, add comments below as needed.

- Permit Records  Measured  Stamped on Tank  Other

- Septic tank risers are at ground level  Yes  No

- Tank appears to be free from defects, leaking and signs of deterioration  Yes  No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact  Yes  No

- Septic tank baffles are intact: Inlet  Yes  No Outlet  Yes  No

- Baffle material - Inlet  Plastic  Concrete  Metal Outlet  Plastic  Concrete  Metal

- Effluent filter is present  Yes  No

- Effluent filter is free of debris  Yes  No  Not Applicable

- Liquid level in tank relative to invert of outlet  At  Above  Below

If above or below invert outlet, please explain: \_\_\_\_\_

- Scum layer 3 (inches) Sludge layer 8 (inches)

- Scum and Sludge layer more than 35% of the total tank volume  Yes  No

Indicate where sludge measured from:  Inlet  Middle  Outlet

- Additional Comments: \_\_\_\_\_

**4. Dosing tank / Pump Basin**

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank  Yes  No

(If "No," skip the rest of section 4)

- At the time of this evaluation the power was on to test the pump(s):  Yes  No

- Dosing tank capacity 500 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material Concrete
- Dosing tank appears to be watertight and in good condition  Yes  No
- Dosing tank lid is intact  Yes  No
- Electrical components are sealed and watertight  Yes  No
- Pump/ siphon is functional  Yes  No
- Type of Pump  Demand dose  Time dose
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- There is a high water alarm  Yes  No
- The high water alarm (audible and visual) is working  Yes  No  Not Applicable
- Type of screen Biotube filter cartridge
- Screen is clean and free of debris  Yes  No - Screen cleaned for this evaluation:  Yes  No
- Scum/ sludge present in Dosing tank  Yes  No
- Scum layer NONE (inches)      Sludge layer 4 (inches)
- Additional Comments:  
Biotube filter 70% Clogged at time of Evaluation  
filter cleaned 1-19-2018

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system  Yes  No  Unknown
- Was the soil absorption system part of the evaluation?  Yes  No  See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution  Equal  Serial  Pressure  Equal via pressure Pressurized Equal Distribution
- Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other \_\_\_\_\_
- Absorption distribution unit(s):  dropbox  hydrosplitter  equal distribution Pressurized box
- Intact  Damaged  N/A
- Absorption distribution unit(s) are free of debris or solids  Yes  No  N/A

- Locate all drain lines in soil absorption system  Yes  No

Total length of drain lines 231 (ft)

Lengths determined by  Physically uncovering portions of system/probing  Written records

Fish tape  Electronic locator  camera

- Absorption area appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Absorption area appears to be free from surface water runoff and down spouts  Yes  No

- Evidence of ponding in absorption area or distribution unit(s)  Yes  No

- The soil absorption system replacement area assigned in the permit record appears to be intact:

Yes  No  Replacement area not identified in permit record

If you answered "No," please explain below:

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- Additional Comments:

Very clean system

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#### 6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter  Yes  No

(If "No," skip the rest of section 6)

- Type of sand filter

Intermittent  
 Recirculating  
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration:  Yes  No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Sand filter appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No

*n/a*

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No

• Additional Comments:

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**7. Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

*n/a*

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No
- (If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
System ID number \_\_\_\_\_  
Manufacturer name \_\_\_\_\_

- Previous two years of maintenance records are available  Yes  No

If you answered "No," please explain below:

System Installed 2008  
No Maintenance Required at that Time

- Previous two years of maintenance records are attached to this form  Yes  No

If you answered "No," please explain below:

2014 Maintenance on system  
is Required

- Additional Comments:

Brown & Son Have Done maintenance  
on System

8. Please attach a copy of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- Please attach a copy of the original septic system permit to this form, if available
- Please attach a copy of the original as-built drawing to this form, if available
- Please attach a copy of the Certificate of Satisfactory Completion to this form, if available

- Additional Comments:

*(Handwritten scribbles)*

9. Provide a Site Plan

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is not available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is not accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "same as as-built" on page 8 of this form, and do not redraw the system.

- Additional Comments:

10. Disclaimer:

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

Date

1-19-2018

Signature of Qualified Septic System Evaluator

*(Handwritten signature: Thomas W. Brown)*



**VAN TASSEL Linda**

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**From:** Catherine Bryson <brysonappraisal@frontier.com>  
**Sent:** Tuesday, January 30, 2018 2:16 PM  
**To:** VAN TASSEL Linda  
**Subject:** Septic Records - Elk River Rd

Please provide electronic records for

321536BA 400  
94561 Elk River Rd  
Port Orford, OR 97465

The check is in the mail for the previous request.

Thanks!

Sincerely,

Catherine Bryson  
Bryson Appraisal Service, Inc.  
P.O. Box 38  
Gold Beach, OR 97444  
541-247-2303  
Website: [brysonappraisalservice.com](http://brysonappraisalservice.com)

*pr Bryson 7629*

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: R-5 PC#: PL08-0104

PC FEE: County/Gold Beach 121

sets of plans



**PLANNING CLEARANCE FORM**  
 Planning/Sanitation/Building  
 Curry County Dept of Public Services  
 POBox 746 94235 Moore St.  
 Gold Beach, OR 97444  
 Phone 541-247-3304 Fax 541-247-4579

- COUNTY  
  GOLD BEACH  
  PORT ORFORD

**Applicant: read and complete items 1-8.**

- 1. PLANNING CLEARANCE FOR:** (check applicable items)
- Sewage Disposal Permit/Authorization Notice  
 Manufactured Home Permit Year \_\_\_\_\_ Bedrooms \_\_\_\_\_  
 Width of Manf. Home at base \_\_\_\_\_ feet  
 Pre-Fab New \_\_\_\_\_  
 Building Permit COMM \_\_\_\_\_ SFD \_\_\_\_\_ #Bedrooms \_\_\_\_\_  
 Type and Size: Garage stick built  
 Letter of approval signed by Deputy State Fire Marshal  
 (Required for Commercial)

**CONTRACTOR INFORMATION**

- Owner Built  
 Contractor Name: Youngs Construction Reg. #: 180160  
 Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

**\$175 ADDITIONAL FEE FOR NEW RURAL ADDRESS**

This section is only applicable if applying for a permit to site a new dwelling or commercial/industrial structure, or a replacement address plate. Curry County ordinance #80-3 restricts the issuing of rural addresses to improved parcels only. Parcels which have mobile home or building permits in progress have been determined by the Dept of Public Services to meet this improved status.

- Replacement plate (\$28.00) address # \_\_\_\_\_  
 New Address \_\_\_\_\_

**2. EXISTING DEVELOPMENT:**

- Dwellings (stick built) how many? \_\_\_\_\_  
 Mobile Homes how many? \_\_\_\_\_  
 Other Buildings Garage how many? \_\_\_\_\_

Comments: \_\_\_\_\_

**3. WATER SOURCE:**

- Well  
  Spring  
  Other: \_\_\_\_\_

- If on Well / Spring:**
- Attach *Well Log* or *Water Right* documentation.
- If in a Water District:**
- Verification (from an authorized district representative) is required *prior* to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE \_\_\_\_\_

**3A. ON-SITE SEPTIC SYSTEM**

Permit # 08-097-08 Date 7-7-08

**3B. SANITARY DISTRICTS:**

SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD  
 or GOLD BEACH SANITARY REPRESENTATIVE \_\_\_\_\_

SIGNATURE OF CITY OF BROOKINGS \_\_\_\_\_

**3C. COOS-CURRY / BANDON ELECTRIC COORDINATION**  
 Please discuss your proposed development with the utility company to ensure electrical safety.

Janna D. Fraser 8/6/08  
 SIGNATURE OF ELECTRIC REPRESENTATIVE

**3D. FIRE DISTRICT:** Port Orford

Debra L. Wilcox  
 SIGNATURE OF FIRE REPRESENTATIVE

**4. PROPERTY DESCRIPTION:**

Assessor Map # 321536 DA Tax Lot# 400  
 Acreage 5.76 Street address or location: \_\_\_\_\_  
94561 Elk River Rd.

**5. PROPERTY OWNER INFORMATION:**

Property Owner: Chuck & Claudia CHARLTON  
 Mailing Address: 94561 Elk River Rd.  
 City Port Orford St. OR Zip 97465 Phone# 332-4419

**6. ACCESS:**

- Does property access a county or state road?  Yes  No
- If YES, do you have an access permit?  Yes  No
- State or County permit # \_\_\_\_\_
- If NO, an access permit from the county or state (contact appropriate agency depending on whether it is a state or county road) will be required before this form can be processed. County Rd. Dept. 541-247-7097

**7. PLOT PLAN/EROSION CONTROL PLAN**

An accurate plot plan and Erosion control plan is required for processing of this permit clearance. Please draw an accurate plot plan on the reverse side, and fill out and sign the enclosed erosion control plan.

**8. APPLICANT SIGNATURE:**

By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit on the above referenced property and by my signature I also certify that the information provided by me is correct and hereby grant the staff of the Curry County Dept of Public Services permission to enter this property for purposes of this application.

Name Youngs Construction  
 Signature \_\_\_\_\_  
 Mailing address P.O. Box 1236  
 City Bandon ST OR ZIP 97411 PH 541-404-6560  
 Date: 8-6-08

Note: This form is intended for county staff use in processing development permits and does NOT constitute a permit. Approval of this form authorizes only **WHAT** is applied for under NO. 1 at the time it is filed. Building plans **MUST** be turned in within one year of the Planning Department's approval, or Planning Clearance and fees will need to be re-submitted.

RECEIVED

PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: NR

R25

Property Line Setbacks:

- FRONT:**
- Harbor Bench Farm District Setback
  - 35 feet from the center of all roads OR 10 feet from any property line adjacent to a road--which ever is greater
  - Vision clearance
  - No requirement
- SIDE:**
- 5 feet from property line for structures 15' and under  
*For structures exceeding 15'--add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK 6.5*
  - No requirement
- BACK:**
- 5 feet from property line for structures 15' and under  
*For structures exceeding 15'--add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK 6.5*
  - No requirement
- NOTE: Eaves, gutters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet*

Off Street Parking:

- # of 9' x 18' parking spaces required
- parking lot plan required  No requirement

Structure Height:

- 35' maximum  45' maximum
- Airport Overlay Zone requires \_\_\_\_\_ feet
- No requirement

Lot Origin and Previous Land Use Action: RLE #6

- Pre-existing  Land use approved
- Previous Land Use Actions: \_\_\_\_\_

\*\* No REMOVAL OR DISTURBANCE of Riparian Vegetation within:

- 50 feet OR  75 feet
- of any streams, rivers, or lakes per county Riparian Buffer Overlay Zone requirements*

Fire Break:

- A firebreak of \_\_\_\_\_ feet must be maintained around all proposed structures
- No requirement

Special Requirements or Considerations:

- 100 year flood plain
- FIRM or Floodway Panel# \_\_\_\_\_
- Geologic Hazard as identified on DOGAMI maps
- Wetland or potential wetland as identified by Wetland Inventory Maps: Map# \_\_\_\_\_
- Scenic Waterway
- USFS approval \_\_\_\_\_ ODPD approval \_\_\_\_\_
- Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

*Planning approval is for stick built garage only.*

The above proposal has been reviewed and found compatible with the applicable LCDC Acknowledged Plan; provided the above referenced standards are maintained at the time of construction

County Planning Staff Reviewer:

Candy Wait  
Signature

Planner 08.13.08  
Title Date

City Planning Staff Reviewer (if required):

- Outside Urban Growth Boundary
- Inside Urban Growth Boundary, outside city limits
- Inside city limits

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title Date

Sanitarian Reviewer:

Permit # 08-697-08 Authorization Notice# \_\_\_\_\_

- System approved  System denied

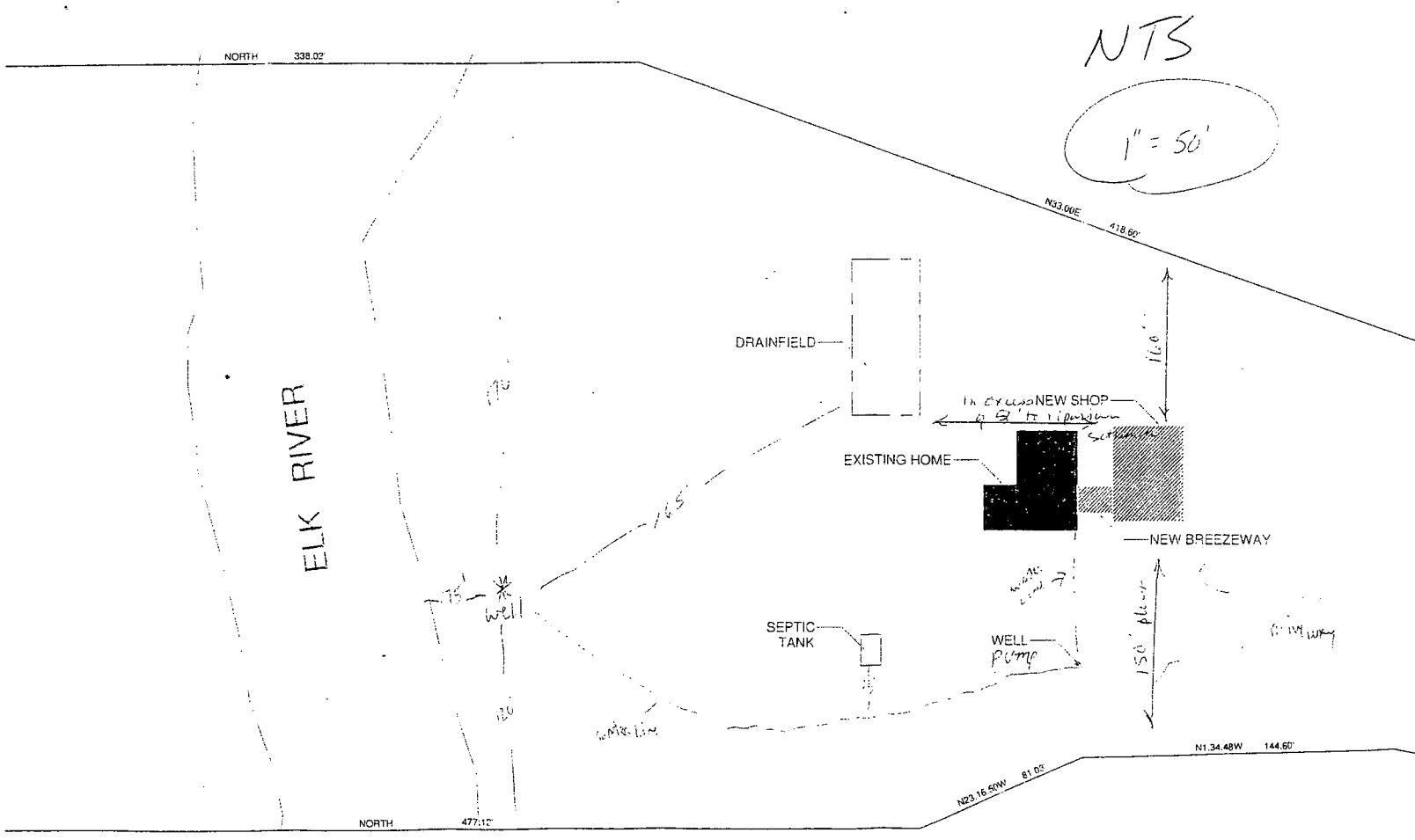
Comm: MAINTAIN ALL REQUIRED SETBACKS FROM SEPTIC TANK, DRAINFIELD AND REPAIR AREA.

Diana DeLong  
Signature

Clerk 8/13/08  
Title Date



# TON SHOP AI



**STATE OF OREGON**  
**Department of Environmental Quality**  
**Onsite Wastewater Treatment System Construction Installation Permit**

**ORIGINAL PERMIT**

08-097-08  
 PERMIT NUMBER

CONTROL NUMBER

S.E. NUMBER

388.00 / 121.00  
 FEE

NEW CONSTRUCTION     REPAIR - Major     ALTERATION     TITLE TRANSFER July 15, 2008

PERMIT ISSUED TO: **Chuck Charlton / Claudia Charlton**

Property Owner's Name

32  
 Township

15  
 Range

36BA  
 Section

400/R13664  
 Tax Lot/Acct.#

94561 Elk River Road  
 Site Address

Port Orford  
 Nearest City or Community

Curry  
 County

Sara Hunter R.S.  
 Issued by - Signature

6/20/2008  
 Date Issued

6/20/2009  
 Expiration Date

Type of Facility Served:  Single Family Res. # Bdrms.: 4     Other - Specify \_\_\_\_\_

**ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY A LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.**

**SYSTEM SPECIFICATIONS**

Standard     Capping Fill     Sand Filter     Seepage Trench     Seepage Bed     Pressurized Distribution  
 Tile Dewatering     ATT - Treatment Level Required:  I or  II     Other: \_\_\_\_\_

Max. Peak Design Flow: 450 Gal/Day    Min. Septic Tank Volume: 1000 Gal    Min. Dosing Tank Volume: 500 Gal

Special Tank Requirements: 1500 gallon 2-compartment

**DRAINFIELD SPECIFICATIONS**

Media Type:     Rock/Pipe     Other (Product/Manufacturer): Infiltrator Quick-4 / HD-24

Trench Spec.: 225 Linear Ft.    2 Trench Width (Ft.)    Undisturbed Soil Between Trenches: 10-ft on center

Max. Depth: 24 inches    Min. Depth: 24 inches    Total Rock Depth: 12 inches

Rock Below Pipe:    in.    Rock Above Pipe:    in.    Capping Fills - Min. Depth of Fill Material:    in.

Seepage Bed Specifications: \_\_\_\_\_

Distribution Method:  Equal     Loop     Equal-Hydrosplitter     Serial     Pressurized     Gravelless Half Pipe

Special Requirements:  Ground water interceptor: Depth: \_\_\_\_\_ inches    Amount of Drain Media \_\_\_\_\_ inches

Rake Trench Sidewalls     Filter Fabric On Top of Drain Media     Other: \_\_\_\_\_

**Inspection Requirements:** For Pressurized, Sand Filters, RGFs, ATTs and Capping Fill systems, there are several inspections required. See inspection requirements specific to each system.

**The attached Final Inspection Request and Notice Form must be completed and submitted at time of system completion.**

For pre-cover inspection information, contact: **CURRY COUNTY PUBLIC SERVICES (888) 811-1520**

**CERTIFICATE OF SATISFACTORY COMPLETION**

System Inspection     Operation of Law - 7 Days Notice     Pre-Cover Inspection Waived Per 340-071

Sara Hunter R.S.  
 Authorized Agent - Signature

ENV SP IV  
 Title

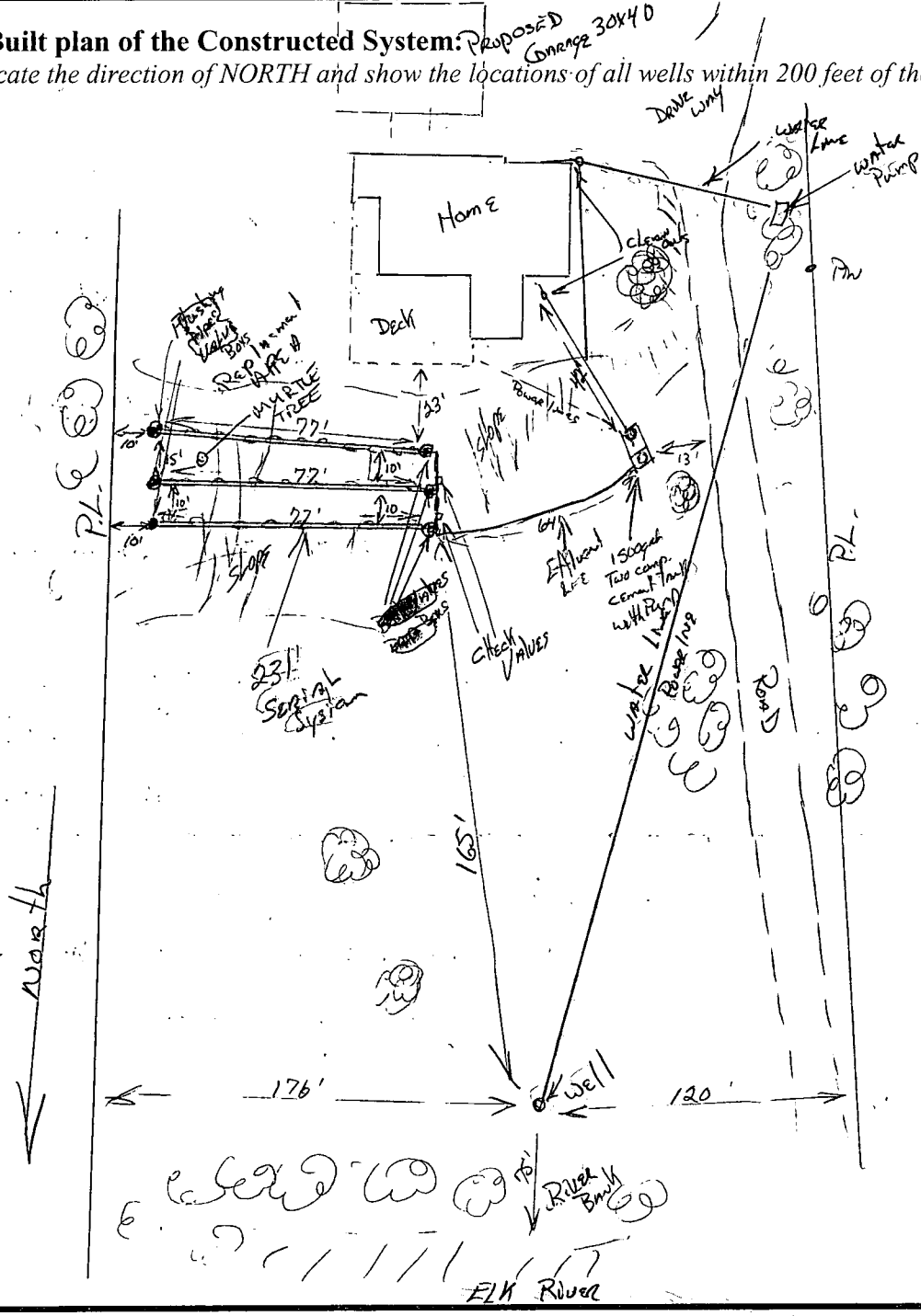
Curry  
 Office

7/16/08  
 Date

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100. Requirements for this Certificate of Satisfactory Completion and additional inspection information are attached to this document.

**As-Built plan of the Constructed System:** Proposed Garage 30x40  
 (Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.)

**DATE RECEIVED**  
 7/7/08



**Construction was performed by:**

- Property Owner (Permit Holder): \_\_\_\_\_
- Sewage Disposal Service Business: Brown & Son
- License Number: 37354 Certification Number: I 185 6-29-09

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

Thomas W Brown (System Installer's Signature) Installer (Title) 7-7-08 (Date)

# Final Inspection Request and Notice

Pursuant to the requirement within ORS 454.665, OAR 340-071-175, the system installer and/or the permit recipient 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 date, unless the department or agents elects to waive the inspection and authorized 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 sections of the form and return it to the office that issued the permit. *Forms that are determined to be incomplete will be returned.*

**Basic Information:**

Property Owner: Chuck Charlton Permit Number: 08-097-08 County: Curry  
 Township-Range-Section: 32-15-36BA Tax Lot: 400 Tax Acct: R13664  
 Job Location: 94561 Elk River Road Port Orford  
 Date system construction completed: 7-4-08 Date submitted to DEQ or Agent: 7-7-08

**Materials List: (Identify and list all materials used in the system's construction.)**

Pump: High HEAD (HP) 1/2 (GPM) P500S11 (TYPE) 4" High Head ORENCO Systems

	Material	Size	Specification	Amount
Distribution Pipe (From D-box & Boil-over)	<u>257' PUC Pressurized</u>	<u>2"</u>	<u>200 PSI</u>	<u>257'</u>
Effluent Sewer Pipe	<u>2" PUC From pump to Drains</u>	<u>2"</u>	<u>2' SCL 40 with TRACER WIRE</u>	<u>64'</u>
Drain Media (gravel or Alternative)	<u>231' Serial System</u>	<u>Quick 4</u>	<u>Equalizer 24 Chambers</u>	<u>231'</u>
Filter Material: (Filter fabric, Kraft paper, etc.)	<u>Filter Fabric Top &amp; Sides of Chambers</u>			
Other:	<u>Three Ball Valves in Plastic Drop Boxes Sealed / Two Check Valves</u>			
	<u>Three lines 77' Long Serial System with Flushing pipes Two inch with Valve Box</u>			

**Sand Filter Materials: (Attach sand and pea gravel sieve analysis)** HEAD Height mt Flushing caps 80" to 84"  
1/8 inch ORIFICES on 30" centers

Complete the following or submit *Parts List*:

Container: \_\_\_\_\_  
 Under Drain: \_\_\_\_\_  
 Under Drain Media: \_\_\_\_\_  
 Manifold Pipe: \_\_\_\_\_  
 Fittings: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Tank Information: (Water-tight tank test)**

Tank Type/Size: Willamette Grangstone  
1500 gal Two compartment cement Tank Date & Time Filled 7-2-08  
 24-Hour Check/Water level: 7-3-08 AS PER OAR 340-71-220 (3)(b) 73-025(3)  
(Date) (Time)

Comments: Water tight Testing Side / Holding side with Riser  
Tank install Date 4-9-08 Mark # 220

# Final Inspection Request and Notice

Pursuant to the requirement within ORS 454.665, OAR 340-071-175, the system installer and/or the permit recipient 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 date, unless the department or agents elects to waive the inspection and authorized 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 sections of the form and return it to the office that issued the permit. *Forms that are determined to be incomplete will be returned.*

**Basic Information:**

Property Owner: Chuck Charlton Permit Number: 08-097-08 County: Curry  
 Township-Range-Section: 32-15-36BA Tax Lot: 400 Tax Acct: R13664  
 Job Location: 94561 Elk River Road Port Orford  
 Date system construction completed: 7-4-08 Date submitted to DEQ or Agent: 7-7-08

**Materials List: (Identify and list all materials used in the system's construction.)**

Pump: High HEAD (HP) 1/2 (GPM) P500S11 (TYPE) 4" High Head ORENCO Systems

	Material	Size	Specification	Amount
Distribution Pipe (From D-box & Boil-over)	257' PUC Pressurized	2"	200 PSI	257'
Effluent Sewer Pipe	2" PUC From pump to Denitrif	2"	2" SCL 40 with TRACER wire	64'
Drain Media (gravel or Alternative)	231' Serial System	Quick 4	Equalizer 24	Chamber 231'
Filter Material: (Filter fabric, Kraft paper, etc.)	Filter Fabric Top & Sides of Chambers			
Other:	THREE Ball Valves in Plastic Drop Boxes Sealed / Two Check Valves			
	THREE lines 77' Long Serial System with Flushing pipes Two inch with Valve Box			

**Sand Filter Materials: (Attach sand and pea gravel sieve analysis)** HEAD Height at Flushing caps 80" to 84"  
1/8 inch ORIFICES on 30" centers

Complete the following or submit *Parts List*:

- Container: \_\_\_\_\_
- Under Drain: \_\_\_\_\_
- Under Drain Media: \_\_\_\_\_
- Manifold Pipe: \_\_\_\_\_
- Fittings: \_\_\_\_\_
- Other: \_\_\_\_\_

**Tank Information: (Water-tight tank test)**

Tank Type/Size: Willamette Graystone 1500 gal Two compartment cement Tank Date & Time Filled 7-2-08  
 24-Hour Check/Water level: 7-3-08 (Date) AS PER OAR 340-71-220 (3)(b) 73-025 (3) (Time)  
 Comments: Water tight Dosing side / Holding side with Riser  
Tank Inert Date 4-9-08 Inert # 220





**STATE OF OREGON**  
**Department of Environmental Quality**  
**Onsite Wastewater Treatment System Construction Installation Permit**

**ORIGINAL PERMIT**

08-097-08  
PERMIT NUMBER

CONTROL NUMBER

S.E. NUMBER

388.00  
FEE

NEW CONSTRUCTION     REPAIR     ALTERATION     RENEWAL     OTHER: Major

PERMIT ISSUED TO: Todd Harrington / Joan Harrington

Property Owner's Name

32  
Township

15  
Range

36BA  
Section

400/R13664  
Tax Lot/Acct.#

94561 Elk River Road  
Site Address

Port Orford  
Nearest City or Community

Curry  
County

Sana Hunter R.O.  
Issued by - Signature

6/20/2008  
Date Issued

6/20/2009  
Expiration Date

HOLD FOR NEW OWNER

Type of Facility Served:  Single Family Res. # Bdrms.: 4     Other - Specify \_\_\_\_\_

**ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY A LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.**

**SYSTEM SPECIFICATIONS**

Standard     Capping Fill     Sand Filter     Seepage Trench     Seepage Bed     Pressurized Distribution  
 Tile Dewatering     ATT - Treatment Level Required:  I or  II     Other: \_\_\_\_\_

Max. Peak Design Flow: 450 Gal/Day    Min. Septic Tank Volume: 1000 Gal    Min. Dosing Tank Volume: 500 Gal

Special Tank Requirements: 1500 gallon 2-compartment

**DRAINFIELD SPECIFICATIONS**

Media Type:     Rock/Pipe     Other (Product/Manufacturer): Infiltrator Quick-4 / HD-24

Trench Spec.: 225 Linear Ft.    2 Trench Width (Ft.)    Undisturbed Soil Between Trenches: 10-ft on center

Max. Depth: 24 inches    Min. Depth: 24 inches    Total Rock Depth: 12 inches

Rock Below Pipe:    in.    Rock Above Pipe:    in.    Capping Fills - Min. Depth of Fill Material:    in.

Seepage Bed Specifications: \_\_\_\_\_

Distribution Method:  Equal     Loop     Equal-Hydrosplitter     Serial     Pressurized     Gravelless Half Pipe

Special Requirements:  Ground water interceptor: Depth: \_\_\_\_\_ inches    Amount of Drain Media \_\_\_\_\_ inches

Rake Trench Sidewalls     Filter Fabric On Top of Drain Media     Other: \_\_\_\_\_

**Inspection Requirements:** For Pressurized, Sand Filters, RGFs, ATTs and Capping Fill systems, there are several inspections required. See inspection requirements specific to each system.

**The attached *Final Inspection Request and Notice Form* must be completed and submitted at time of system completion.**

For pre-cover inspection information, contact: **CURRY COUNTY PUBLIC SERVICES (888) 811-1520**

**CERTIFICATE OF SATISFACTORY COMPLETION**

System Inspection     Operation of Law - 7 Days Notice     Pre-Cover Inspection Waived Per 340-071

\_\_\_\_\_  
Authorized Agent -Signature

ENV SP IV  
Title

Curry  
Office

\_\_\_\_\_  
Date

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100. Requirements for this Certificate of Satisfactory Completion and additional inspection information are attached to this document.

RECEIVED ORIGINAL PERMIT RECEIVED 7/19/08

STATE OF OREGON Department of Environmental Quality Onsite Wastewater Treatment System Construction Installation Permit

08-097-09 PERMIT NUMBER CONTROL NUMBER S.E. NUMBER 388.00 FEE

NEW CONSTRUCTION REPAIR ALTERATION RENEWAL OTHER: Major

PERMIT ISSUED TO: Todd Harrington / Joan Harrington Property Owner's Name 94561 Elk River Road Site Address Issued by: Signature

32 Township 1 Range 358A Section 400/R13564 Tax Lot/Block Nearest City or Community: Port Orford CURRY County Date Issued: 6/20/2008 Expiration Date: 6/20/2009

Type of Facility Served: Single Family Res. # Bdrms.: 4 Other - Specify

ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY A LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.

SYSTEM SPECIFICATIONS

Standard Capping Fill Sand Filter Seepage Trench Seepage Bed Pressurized Distribution Tile Dewatering ATT - Treatment Level Required: 1 or 2 Other: Max Peak Design Flow: 450 Gal/Day Min. Septic Tank Volume: 1000 Gal Min. Dosing Tank Volume: 500 Gal Special Tank Requirements: 1500 gallon 2-compartment

DRAINFIELD SPECIFICATIONS

Media Type: Rock/Pipe Other (Product/Manufacturer): Infiltrator Quick 4 / HD-24 Trench Spec.: 225 Linear Ft. 2 Trench Width (Ft.) Undisturbed Soil Between Trenches: 30 ft on center Max. Depth: 24 inches Min. Depth: 24 inches Total Rock Depth: 12 inches Rock Below Pipe: in. Rock Above Pipe: in. Capping Fills - Min. Depth of Fill Material: in. Seepage Bed Specifications: Distribution Method: Equal Loop Equal-Hydrsplitter Serial Pressurized Gravelless Half Pipe Special Requirements: Ground water Interceptor: Depth: inches Amount of Drain Media: inches Rake Trench Sidewalls Filter Fabric On Top of Drain Media Other:

Inspection Requirements: For Pressurized, Sand Filters, RGFs, ATTs and Capping Fill systems, there are several inspections required. See inspection requirements specific to each system. The attached Final Inspection Request and Notice Form must be completed and submitted at time of system completion. For pre-cover inspection information, contact: CURRY COUNTY PUBLIC SERVICES (888) 811-1520

CERTIFICATE OF SATISFACTORY COMPLETION

System Inspection Operation of Law - 7 Days Notice Pre-Cover Inspection Waived Per 340-071

Authorized Agent - Signature Title ENV SP IV Office Curry Date

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-010. Requirements for this Certificate of Satisfactory Completion and additional inspection information are attached to this document.

KYLE ELECTRIC 20. Box 410 North Bend 756 2723

ELE hookup 7-8-08 Permit ELS # 162462

Permit #08-097-08  
T/R/S/Tx Lot: 32-15-36BA  
Tax Account: Land: R13664  
June 20, 2008

## **CONSTRUCTION DETAIL**

Abandon old septic tank as per OAR 340-071-0185, send pump receipt to this office.  
Set 1500 gallon 2-compartment tank as per OAR 340-071-0220(3)(b) and (6), level and bedded on stable ground and per manufacturers installation guide. Install anti-siphon device in pressure transport line inside of tank or riser. Setback a minimum of 5-ft from any foundation or property line.

Install dosing assembly as per OAR 340-073-0055, dosing no more than 20% of the projected daily sewage flow each cycle (90 gallons), and maintaining 1/3 storage as measured below the invert of the inlet for effluent storage. Install "on-demand" control panel with pump on dedicated circuit breaker and alarm on separate circuit from pump as per OAR 340-071-0275 (4) (a) (B) and inspection from an electrical inspector or certified electrician sign-off. Electrical permit must be applied for to avoid possible \$1000.00 fine, including temp wiring installation. Install pump Orenco PA 3005 per submitted pump curve inside pump vault. Install anti-siphon device on pump transport pressure line inside of riser if pump inside of tank is higher in elevation than the drainfield.

Install 2-in pressure transport piping (sch 40 160 psi) uniformly supported along trench bottom and set on undisturbed earth with a minimum 18-gauge green jacketed tracer wire or green color-coded locate tape placed above all transport and drainfield piping as per OAR 340-071-0275 (4). Install piping so that markings are visible. Incoming pressure transport piping must be lower in elevation than the lowest trench for use with ball valves.

Install pressurized serial D.F. trenches level as per OAR 340-071-0220 (7-8), and 340-071-0275 (4)(a-c) and manufacturer's installation guide. Set 1/8-inch orifices on 30-inch centers using 2-inch 160 psi SCH 40 (minimum) pressure rated piping as per OAR 340-071-0275 (4)(b) and (c). All piping must be solvent welded and lateral ends provided with long sweep elbows or 2-45 degree elbows and centers using 2-inch 160 psi SCH 40 (minimum) pressure rated piping. (Do not use electrical conduit for sweeps.) Ends of pipe must be provided with threaded caps, plugs or valves to allow for flushing and at or above ground surface. (May be placed 2-inch below finished grade using valve boxes set at final grade.)

Install check valve in line on 2-inch manifold below each trench or on each header pipe to distribution pipe except last trench. Install ball valves one on each header to D.F. trenches, each inside a sealed vault or D-box with a 2-ft minimum and 4-ft maximum distance from D.F. trenches.

Setback drainfield 100-ft from any well. 50-ft for septic tank. Setback D.F trenches a minimum of 10-ft from property lines. Setback Tank 5-ft from property line. Keep trenches away from swale area.

*Submit As-Built / Material list for final inspection request.*

**SEE AS-BUILT FOR DETAIL OF INSTALLED ONSITE SEWAGE TREATMENT SYSTEM.**



# SITE PLAN FOR PROPOSED SEPTIC REPAIR

RECEIVED  
10/22/07

### Site Plan Must Be Current

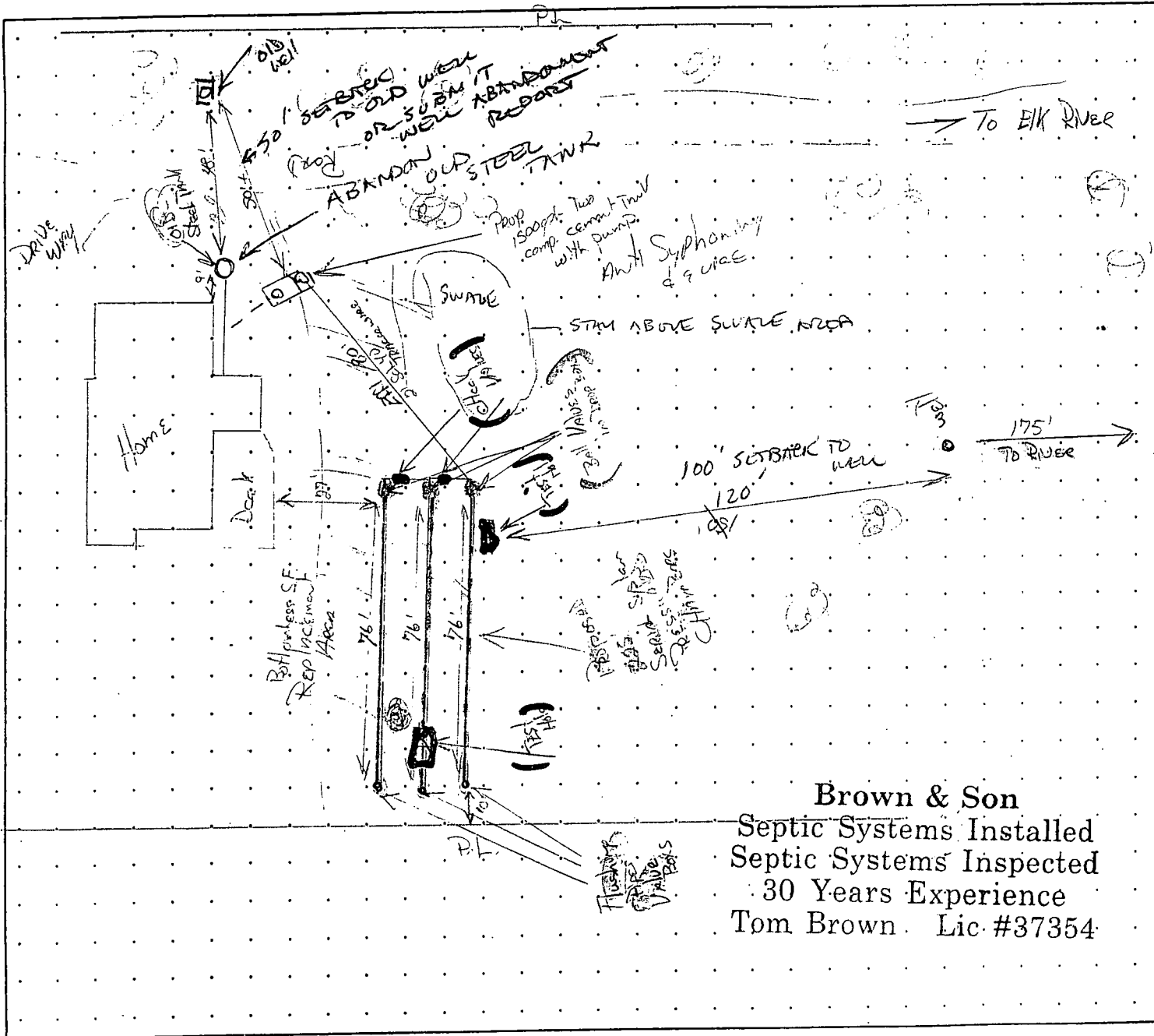
Site Address: 94561 Elk River Road City: Port Deposit

Tax Lot#: 400 Acres: \_\_\_\_\_ Subdivision: Legal Description 32-15-36 BA

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Property Owner: Tom & Joan Harrington

Scale: 1 Square = 10 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



**Brown & Son**  
 Septic Systems Installed  
 Septic Systems Inspected  
 30 Years Experience  
 Tom Brown Lic #37354

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print): Brown & Son

Signature: Thomas W. Brown Date: 10-5-07



STATE OF OREGON  
Department of Environmental Quality  
Onsite Program, Water Quality Division  
811 SW Sixth Avenue  
Portland Oregon 97204-1390

ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION  
PERMIT ATTACHMENT

Property Owner: Todd Harrington / Joan Harrington

Permit No. 08-097-08

**BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344**

**Special Conditions And Requirements For This Permit**

Note: Items are signified with a check mark (☐).

**ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.**

- A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the permit holder must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the permit holder or property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
  1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
  2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning – This Area is Contaminated with Sewage - Please Stay Out" or similar language.
  3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- The approved plans for this system call for septic or dosing tank with a "Limited Approval" in Oregon. They are not to be installed in heavy clay soils or used where a water table would rise above the bottom of the tank. These tanks come with an installation guide from the manufacturer which is to be strictly followed.
- This permit is for the installation of an Alternative Treatment Technology (ATT) system. This system is to be installed only by the property owner that has been certified by the system manufacturer or licensed sewage disposal business (installer) that has been certified in accordance with OAR 340-071-0600 and 0650.
- This system includes pumps and electrical components. Verification that these components have passed all electrical inspections by a certified electrical inspector is required.
- Other conditions or requirements: SEE CONSTRUCTION DETAIL

**BE CAREFUL and BE SAFE –  
CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG!  
(503) 232-1987 or 1-800-332-2344.**

**Rules, Approved Material Listing, and Database of Licensed Installers can be accessed at:  
<http://www.deq.state.or.us/wq/onsite/onsite.htm>**

**General Conditions And Requirements For All Permits**

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal or reinstatement of a permit may be granted to the original permittee if an application for permit renewal or reinstatement is filed within one year after the original permit expiration date. The renewal or reinstatement will be issued an expiration date one year after the previous date of expiration. Transfer of a permit from the original permittee to another person may be granted if an application for a permit transfer is filed prior to the original permit expiration date and no other changes to the permit are necessary. **Note: The fee for renewal, reinstatement, or transfer of a permit is less than that for a new permit.**

**ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.**

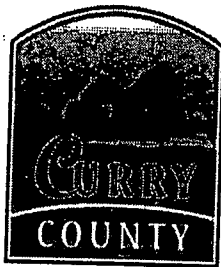
**Installation Requirements:** The drainfield is to be installed in undisturbed native soil. There are to be no alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems unless otherwise authorized by the Agent. System installation is not to occur when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

**Inspection Requirements:** The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). For Pressurized, Sand Filters, RGFs, ATTs, and Capping Fill systems several inspections are required during the construction process (see inspection requirements specific to each system installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed **Final Inspection Request and Notice** form by the permitting agent establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a **Certificate of Satisfactory Completion** can be issued. Please complete all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms determined to be incomplete will be returned.

**System Backfill Requirements:** The system is to be backfilled or covered only after the permitting agent has approved the construction installation, the inspection has been waived, or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law where the inspection has not been conducted within 7 days of notification of completed installation. Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

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

Curry County Department of Public Services  
Environmental Sanitation  
P.O. Box 746  
Gold Beach, OR 97444  
(541) 247-3304  
(541) 247-4579 (fax)



**Application For:**

For Office Use Only	
Required Fee	<u>201.00</u>
Date Rec'd.	<u>7/15/08</u>
Project No.	_____
Control No.	<u>08-097-08</u>

- Site Evaluation
- New Construction Permit
- Repair Permit (major/minor)
- Alteration Permit (major/minor)
- Permit Renewal/Transfer/Reinstatement
- Authorization Notice (file/field)
- Other (Specify) TITLE TRANSFER

**Requirements:**

- Plot Plan
- Assessors Map
- Test Holes
- Permit Clearance Form
- Construction Details/Materials List
- Existing System Description Form
- Additional Items Required \_\_\_\_\_

**For Applicant (PLEASE PRINT)**

Chuck + Candia Charlton 94561 Elk River Rd  
Property Owner's Name Property Address/City  
32-15-36BA 400/R13664 6 acres Curry  
Township Range Section Tax Lot Lot Size County

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_  
PRIVATE - WELL

Water Supply (Public or Private; if Private, specify type) \_\_\_\_\_

**Proposed Use of Property**

Single Family Dwelling 4  Other \_\_\_\_\_  
No. Bedrooms

Directions (please flag entrance to property and test holes):  
4.2 miles east on Elk River Road - on river side

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 agent permission to enter onto the above described property for the purpose of this application.

Chuck Charlton 7/11/08  
Signature (authorization letter is Required for anyone other than the owner or a licensed installer) Date

- Owner
- Authorized Representative
- S.D.S. License No. \_\_\_\_\_

Owner's Mailing Address  
94561 Elk River Road  
PO Box 1368

Applicant's Mailing Address  
SAME

Phone PORT ORFORD OR 97461  
541-332-4419

Phone \_\_\_\_\_



Curry County Department of Public Services  
P.O. Box 746, 94235 Moore Street, Gold Beach, OR 97444  
Tel: (541) 247-3304/(888) 811-1520 Fax: (541) 247-4579

## STATEMENT OF SITE STATUS

Name: CHUCK + CLAUDIA CHARLTON

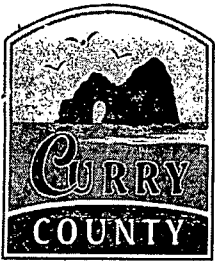
Address: 94561 Elk River Road - PO Box 1368

City: PORT ORFORD State: OR Zip Code: 97465

Township: \_\_\_\_\_ Range: 32-15-36BA Section: \_\_\_\_\_ Tax Lot: 400/R13664 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 Curry County Department of Public Services.

Date: 7/11/08 Signed: Claudia Charlton



Curry County Department of Public Services  
 Environmental Sanitation  
 P.O. Box 746  
 Gold Beach, OR 97444  
 (541) 247-3304  
 (541) 247-4579 (fax)

PC TO COME  
 EMERGENCY  
 6/13/08

**Septic Application**

For Office Use Only	
Required Fee	\$ 385.00
Date Rec'd.	6/20/08
Project No.	
Control No.	08-097-08

**Check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> Site Evaluation                        | <input type="checkbox"/> Permit Renewal/Transfer/Reinstatement |
| <input type="checkbox"/> New Construction Permit                | <input type="checkbox"/> Authorization Notice (file/field)     |
| <input checked="" type="checkbox"/> Repair Permit (major/minor) | <input type="checkbox"/> Other (Specify) _____                 |
| <input type="checkbox"/> Alteration Permit (major/minor)        |  |

**Requirements:**

- |  |  |
|--|--|
| <input type="checkbox"/> Plot Plan             | <input type="checkbox"/> Construction Details/Materials List |
| <input type="checkbox"/> Assessors Map         | <input type="checkbox"/> Existing System Description Form    |
| <input type="checkbox"/> Test Holes            | <input type="checkbox"/> Additional Items Required _____     |
| <input type="checkbox"/> Permit Clearance Form |  |

**Property Information:** For Applicant (please print)

Property Owner's Name: Todd + Joan Harrington  
 Property Address/City: 94561 Elk River Road Port Orford  
 County: Curry Subdivision Name: \_\_\_\_\_  
 Township/Range/Section: 32 - 15 - 368A Tax Lot No. 400/R13664 Lot Size: 6 acres  
 Water Supply (Public, or Private; if Private, specify type): well

**Property Directions** (Please flag entrance to property and test holes):

4.2 miles east on Elk River Road. Driveway is marked with sign "Steelhead Drive." Gate is closed but not locked.

**Proposed Use of Property:**

- Single Family Dwelling \_\_\_\_\_ Other: \_\_\_\_\_  
 No. Bedrooms 4

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, entrance permission to the above described property for the purpose of this application.

Signature: Todd Harrington (Authorization form required for anyone other than the owner)  
 Date: 9/17/07 9/24/07 3:45  
6/16/08 5:00  
 Owner  Authorized Representative  S.D.S License No. \_\_\_\_\_

**Owner Mailing Address:**

Todd Harrington  
286 Riverwood Ln. Oakland, Or 97462  
 Phone: 541-459-2276

**Applicant Mailing Address:**

286 Riverwood Lane  
Oakland, Or 97462  
 Phone: 541-459-2276

Daytime: 541-672-3950 (Call Marilyn Oberbeck 332-8400)



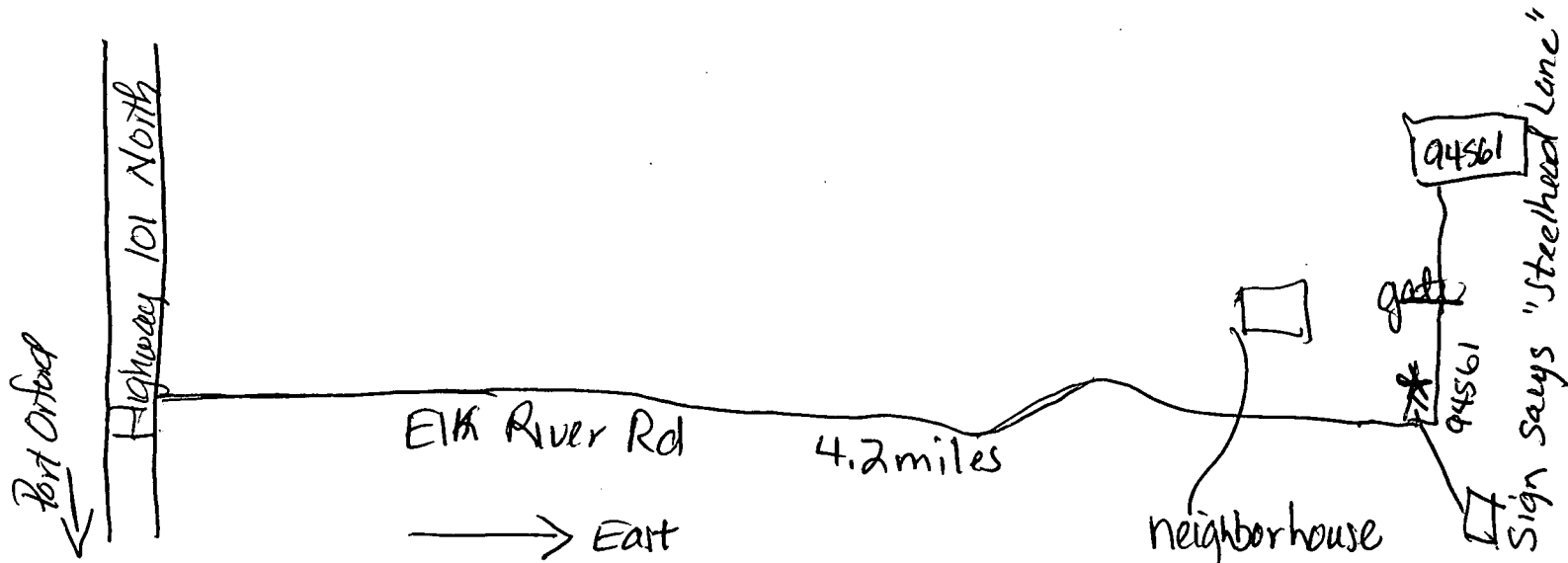
Curry County Department of Public Services  
 PO Box 746, 94235 Moore Street, Gold Beach, OR 97444  
 Tel: (541) 247-3304/(888) 811-1520 Fax: (541) 247-4579

### Vicinity/Locator Map

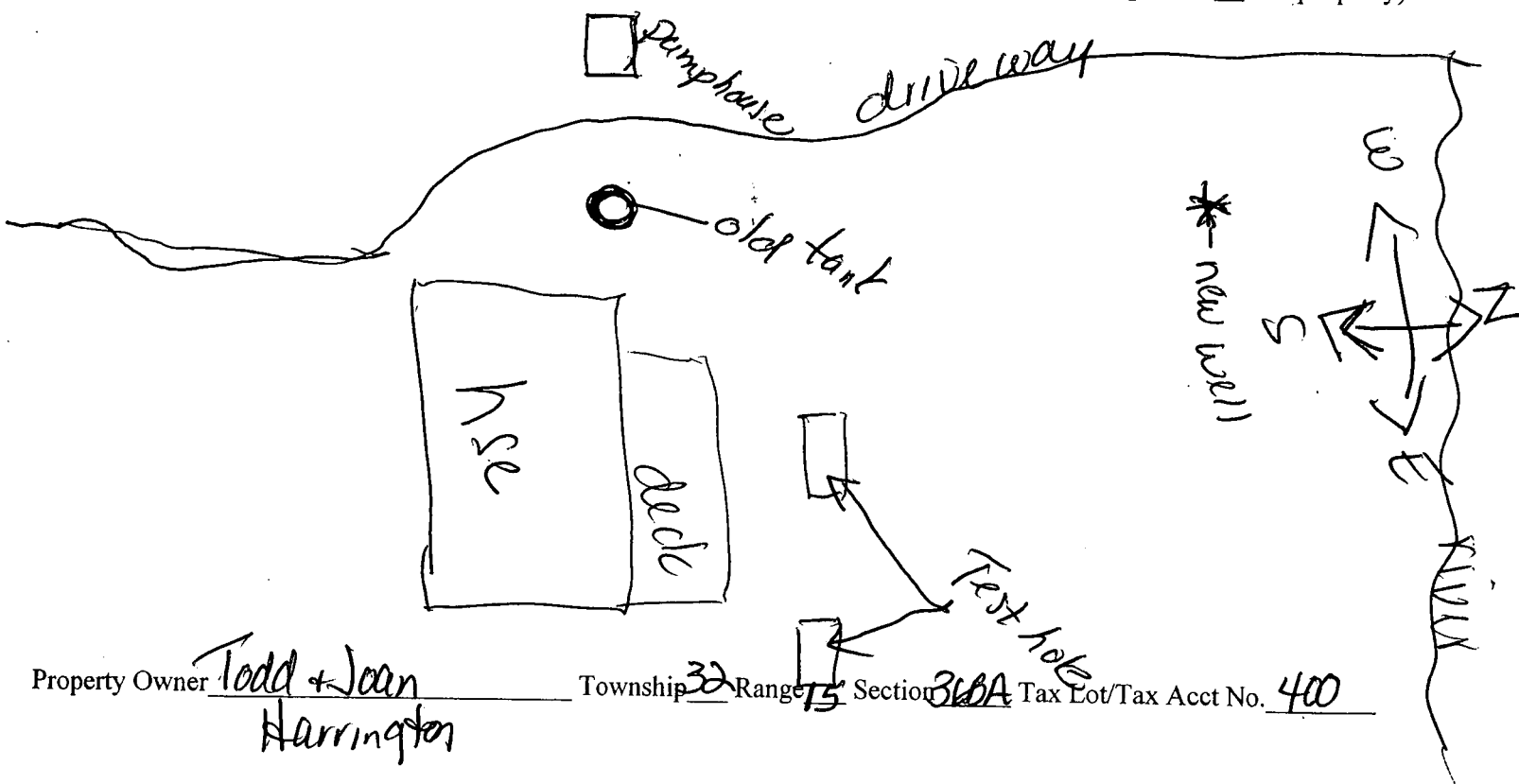
The purpose of this map is to enable field staff to locate the property as easily as possible and, once on the property, to locate the inspection area quickly.

Please start your drawing of the *Vicinity* map from a familiar beginning. Show as many landmarks as possible by indicating road and crossroad names and mileage. On the *Locator* portion of the map show existing or proposed buildings, sewage disposal area and/or test pits in desired area for the system and water (including lakes; streams; rivers; existing or proposed wells) on your property or neighboring properties. Distances are important; staking and/or flagging the inspection area is very helpful.

**Vicinity Map:** (Detail directions on how to get to the property.)



**Locator Map/Preliminary Site Development Plan:** (Details existing or proposed development on the property)



Property Owner Todd + Joan Harrington Township 32 Range 15 Section 360A Tax Lot/Tax Acct No. 400



# SITE PLAN FOR PROPOSED SEPTIC REPAIR

RECEIVED  
10/22/07

### Site Plan Must Be Current

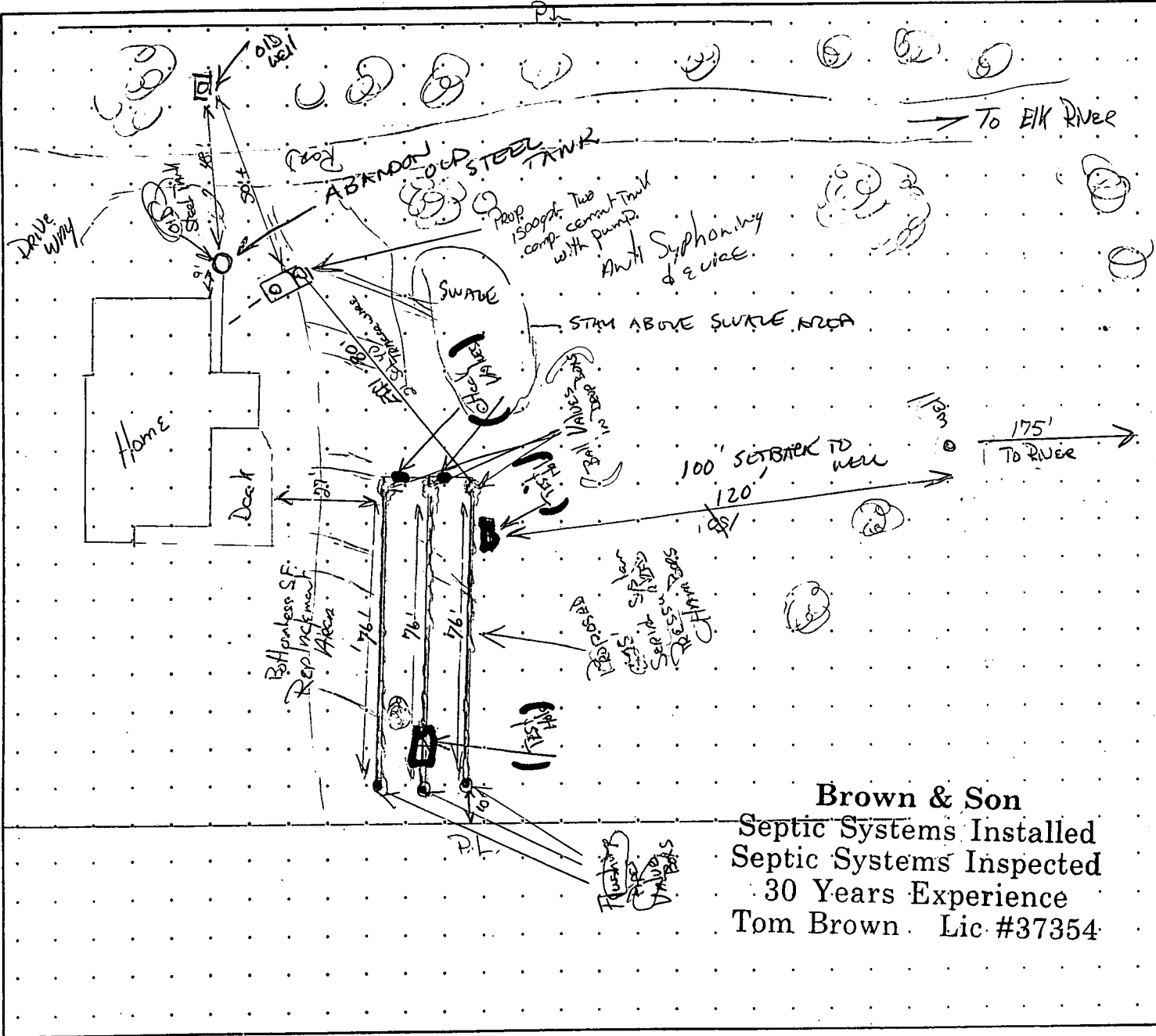
Site Address: 94561 Elk River Road City: Port Deposit

Tax Lot#: 400 Acres: \_\_\_\_\_ Subdivision: Legal Description 32-15-36 BA

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Property Owner: Tom & Joan Harrington

Scale: 1 Square = 10 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



**Brown & Son**  
 Septic Systems Installed  
 Septic Systems Inspected  
 30 Years Experience  
 Tom Brown Lic #37354

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the [ ] Owner or [ ] Authorized Agent. Name (please print): Brown & Son

Signature: Thomas W. Brown Date: 10-5-07

PLANS: ATTACHED IN DRAWER

PC FEE: County/Gold Beach. # 450



PLANNING CLEARANCE FORM
Planning/Sanitation/Building
Curry County Dept of Public Services
POBox 746 94235 Moore St.
Gold Beach, OR 97444
Phone 541-247-3304 Fax 541-247-4579

COUNTY GOLD BEACH PORT ORFORD

Applicant: read and complete items 1-8.

1. PLANNING CLEARANCE FOR: (check applicable items)
Sewage Disposal Permit/Authorization Notice

Manufactured Home Permit Year Bedrooms
Width of Manf. Home at base feet

Pre-Fab New

Building Permit COMM SFD #Bedrooms
Type and Size:
Letter of approval signed by Deputy State Fire Marshal
required for Commercial)

CONTRACTOR INFORMATION
Contractor Name: Reg. #:
Manf. Home Installer: Reg#

\$175 ADDITIONAL FEE FOR NEW RURAL ADDRESS
This section is only applicable if applying for a permit to site a new dwelling
or commercial/industrial structure, or a replacement address plate. Curry
County ordinance #80-3 restricts the issuing of rural addresses to improved
parcels only. Parcels which have mobile home or building permits in
progress have been determined by the Dept of Public Services to meet
this improved status.
Replacement plate (\$28.00) address #
New Address

2. EXISTING DEVELOPMENT:
Dwellings (stick built) how many? 1
Mobile Homes how many?
Other Buildings how many?

Comments:

3. WATER SOURCE:
Well Spring Other:

If on Well / Spring:
Attach Well Log or Water Right documentation.
If in a Water District:
Verification (from an authorized district representative)
is required prior to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE

3A. ON-SITE SEPTIC SYSTEM
Permit # Date

3B. SANITARY DISTRICTS:
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD
OR GOLD BEACH SANITARY REPRESENTATIVE.
SIGNATURE OF CITY OF BROOKINGS

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION
Please discuss your proposed development with the utility
company to ensure electrical safety.
Signature of Electric Representative

3D. FIRE DISTRICT: See attached
letter.
SIGNATURE OF RFD REPRESENTATIVE

4. PROPERTY DESCRIPTION:
Assessor Map # 32-15-36 B A Tax Lot# 400
Acreage 5.76 Street address or location:
94561 Elk River Rd

5. PROPERTY OWNER INFORMATION:
Property Owner: Todd Harrington
Mailing Address: 286 Riverwood
City Oakland St. Or Zip 97462 Phone#

6. ACCESS:
Does property access a county or state road? Yes No
If YES, do you have an access permit? Yes No
State or County permit # grand father See letter
If NO, an access permit from the county or state (contact appropriate
agency depending on whether it is a state or county road) will be required
before this form can be processed. County Rd. Dept. 541-247-7097

7. PLOT PLAN/EROSION CONTROL PLAN
An accurate plot plan and Erosion control plan is required for processing of
this permit clearance. Please draw an accurate plot plan on the reverse side,
and fill out and sign the enclosed erosion control plan.

8. APPLICANT SIGNATURE:
By my signature, I certify that I am the owner, or have the owner's consent
to apply for a permit on the above referenced property and by my signature
I also certify that the information provided by me is correct and hereby
grant the staff of the Curry County Dept of Public Services permission to
enter this property for purposes of this application.
Name Todd Harrington
Signature
Mailing address 286 Riverwood Ln.
City Oakland ST OR ZIP 97462 PH 541-457-2274
Date 6/17/08

Note: This form is intended for county staff use in processing
development permits and does NOT constitute a permit. Approval of
this form authorizes only WHAT is applied for under NO. 1 at the time
it is filed. Building plans MUST be turned in within one year of the
Planning Department's approval, or Planning Clearance and fees will
need to be re-submitted.

RECEIVED PLANNING STANDARDS AND REQUIREMENTS (FOR OFFICIAL USE ONLY)

Land Use Zone: RR-5

Property Line Setbacks:
Harbor Bench Farm District Setback
FRONT:
35 feet from the center of all roads OR 10 feet from
any property line adjacent to a road--which ever is
greater
Vision clearance
No requirement
SIDE:
5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (1/2 foot) for
every foot over 15' height TOTAL SETBACK
No requirement
BACK:
5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (1/2 foot) for
every foot over 15' height TOTAL SETBACK
No requirement
NOTE: Eaves, gutters, sunshades, and other similar
architectural features may not project into required
setbacks more than two (2) feet

Off Street Parking:
# of 9' x 18' parking spaces required
parking lot plan required No requirement

Structure Height:
35' maximum 45' maximum
Airport Overlay Zone requires feet
No requirement

Lot Origin and Previous Land Use Action:
Pre-existing Land use approved
Previous Land Use Actions:

\*\* No REMOVAL OR DISTURBANCE of Riparian
Vegetation within:
50 feet OR 75 feet
of any streams, rivers, or lakes per county Riparian Buffer
Overlay Zone requirements

Fire Break:
A firebreak of feet must be maintained
around all proposed structures
No requirement

Special Requirements or Considerations:
100 year flood plain
FIRM or Floodway Panel# 410052 0115C
Geologic Hazard as identified on DOGAMI maps
Wetland or potential wetland as identified by
Wetland Inventory Maps: Map#
Scenic Waterway
USFS approval ODFPR approval
Historic structure/cultural site/historic-archeological
overlay

CONDITIONS OF APPROVAL:
Planning approval is for
septic authorization only.
Dwelling and septic area
appear to be outside of designated
flood area.

The above proposal has been reviewed and found compatible
with the applicable LCDC Acknowledged Plan; provided the
above referenced standards are maintained at the time of
construction

County Planning Staff Reviewer:
Candy Swait
Signature
Planner 06-20-08
Title Date

City Planning Staff Reviewer (if required):
Outside Urban Growth Boundary
Inside Urban Growth Boundary, outside city limits
Inside city limits

Signature
Title Date

Sanitarian Reviewer:
Permit # 08-097-08 Authorization Notice#

System approved System denied
Comments: SYSTEM APPROVED FOR A 450 gpd
PEAK SEWER FLOW PER DAY (AVERAGE 225 gpd)
AND 4-50 SFD W/ REQUIRED INSTALLATION
AND MEETING SETBACKS.

Signature
Title Date

U:\Assessment\internal share\permit\_clearance\_app 07/07



SITE PLAN FOR PROPOSED SEPTIC REPAIR

RECEIVED 10/22/07

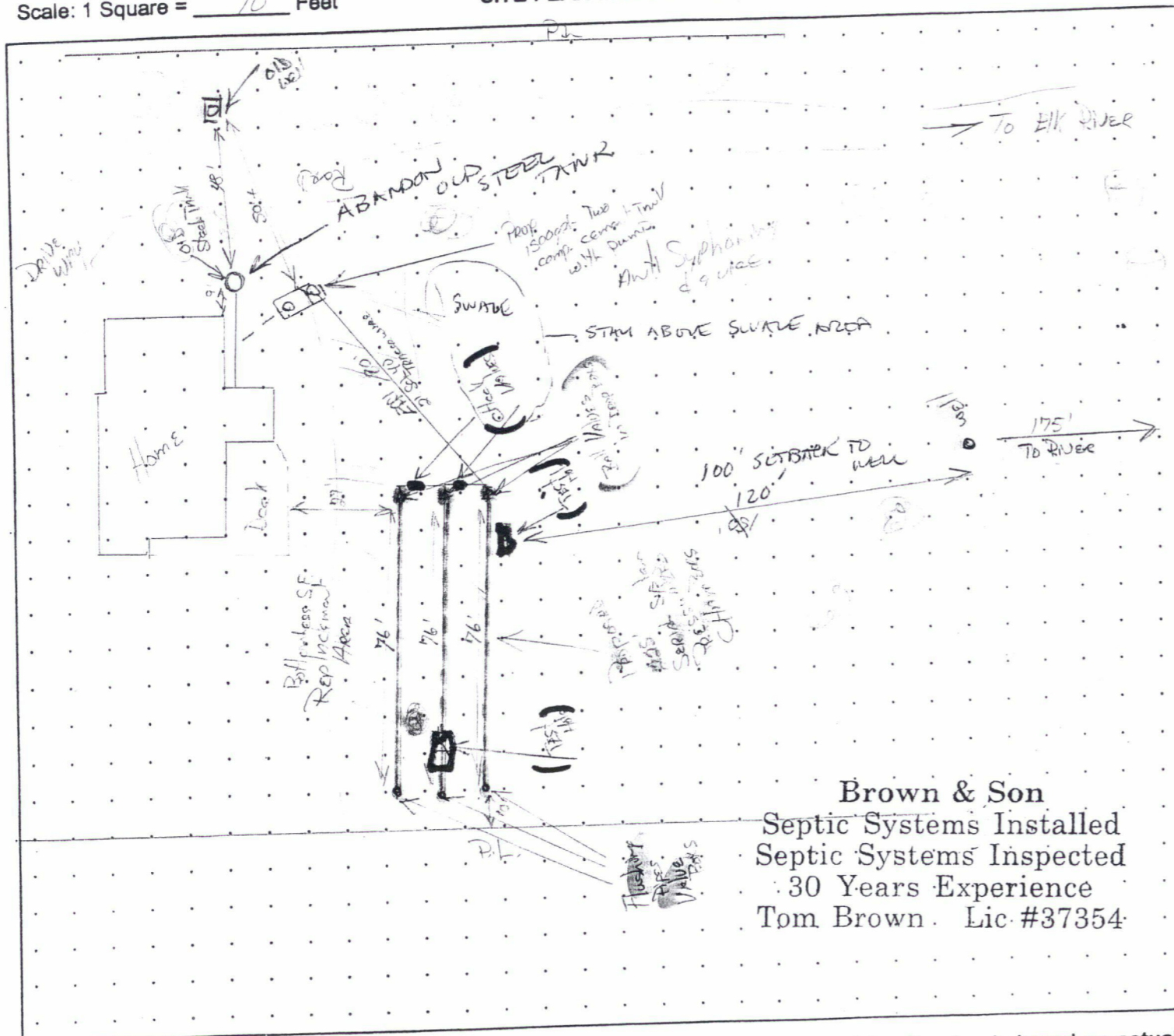
Site Plan Must Be Current

Site Address: 94561 Elk River Road City: Port Orford

Tax Lot#: 400 Acres: Subdivision: Light Use Subdiv 22-10-2000

Lot: Block: Property Owner: Tom & Jean Harrington

Scale: 1 Square = 10 Feet SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



**Brown & Son**  
 Septic Systems Installed  
 Septic Systems Inspected  
 30 Years Experience  
 Tom Brown Lic #37354

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print): Brown & Son

Signature: [Signature] Date: 10-5-07

DRAW PLOT PLAN IN AREA ABOVE



Orenco Systems is owned and managed by engineers who develop wastewater systems that work — systems based on sound science.

Clockwise from left:  
Eric Ball, P.E., Jeff Ball, P.E., Hal Ball, P.E.,  
(front) Terry Bounds, P.E.

## Carefully Engineered by Orenco

Orenco Systems has been researching, designing, manufacturing, and selling leading-edge products for small-scale wastewater treatment systems since 1981. The company has become an industry leader, with about 235 employees and with more than 100 distributors and dealers representing most of the United States, Canada, New Zealand, and parts of Europe and South America. Our systems have been installed all over the world.



Your health is our priority. At Orenco Systems, we are committed to "Changing the Way the World Does Wastewater®."



Orenco has a maintenance division and an environmental lab and employs more than a dozen civil, electrical, mechanical, and manufacturing engineers. Orenco's systems are based on sound scientific principles of chemistry, biology, mechanical structure, and hydraulics. As a result, our research appears in numerous publications, and our engineers are regularly asked to give workshops and offer trainings.

Distributed by:



Orenco Systems  
Incorporated

*Changing the Way the  
World Does Wastewater*

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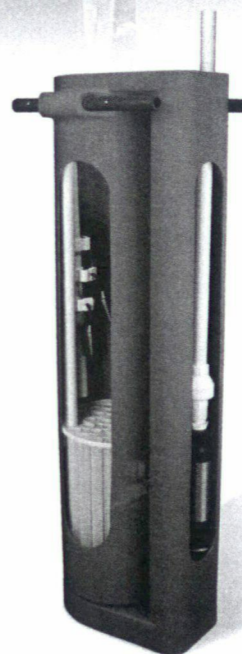
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www.orenco.com  
www.vericomm.net

ABR-STP-1  
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for  
Onsite  
Wastewater  
Collection  
and  
Treatment



Ideal for:

- Effluent sewers
- Drainfields
- Textile filters
- Sand filters
- Peat filters
- Mounds
- Trickling filters
- Aerobic units
- Wetlands
- Lagoons
- Effluent irrigation
- Other applications

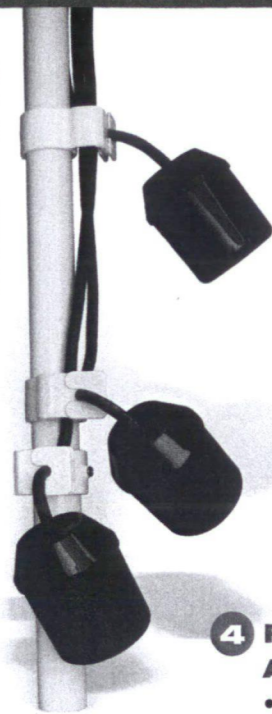
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### 4 Float Switch Assembly

- Provides level control
- Quick-release stem
- Adjustable float collars
- Variety of floats, float arrangements



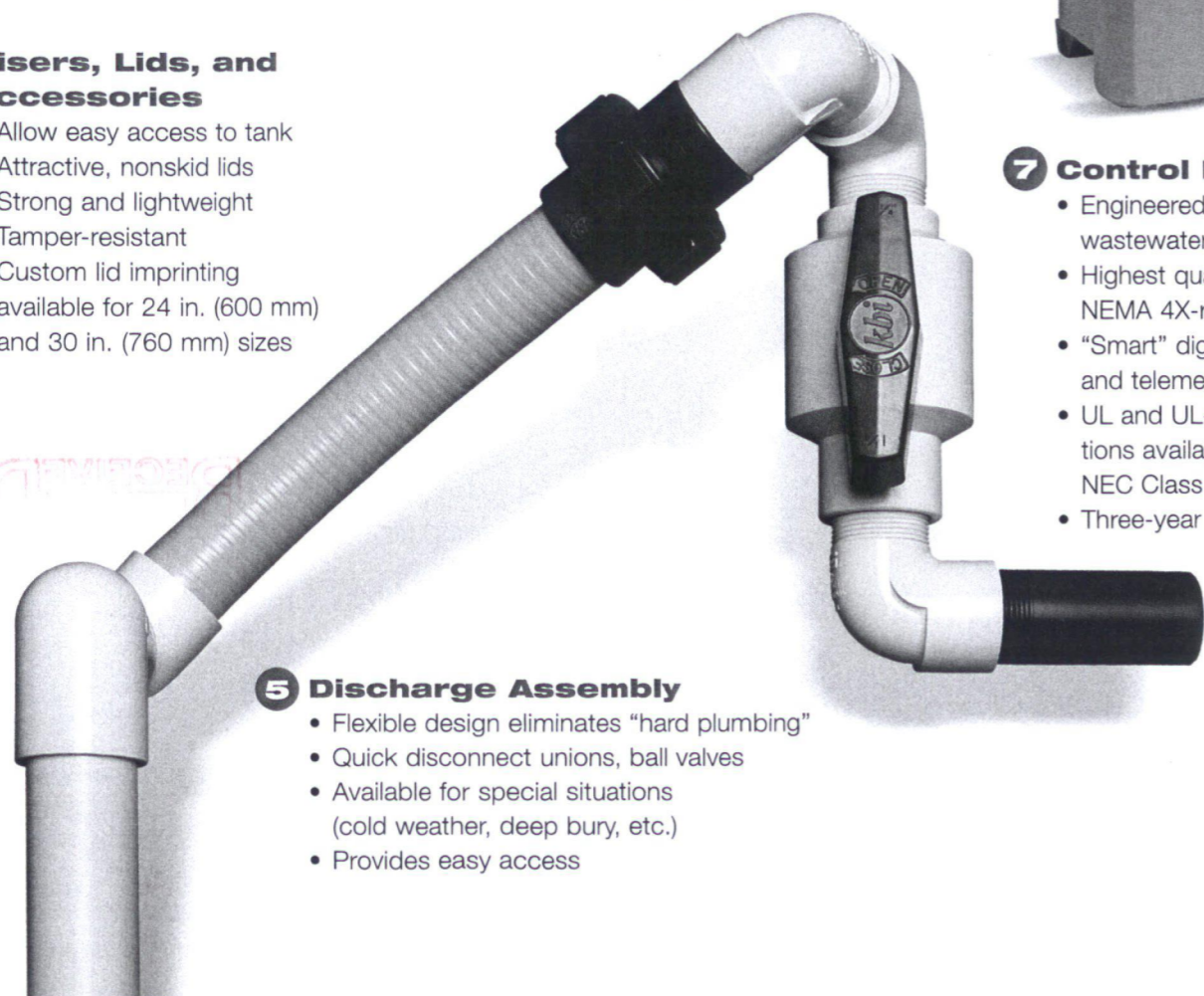
### 6 Effluent Pump

- Life of 25+ years with routine cleaning
- Lasts 3–4 times longer than conventional effluent pumps
- Minimum 24-hour run-dry capability
- Easy to service in the field
- Lightweight — about 25 lb (11 kg)
- Noncorroding stainless steel construction
- UL and CSA listing for wastewater applications
- A variety of pump power/sizes available; low power costs
- Five-year warranty available



### 7 Control Panel

- Engineered specifically for wastewater applications
- Highest quality “touch safe” components, NEMA 4X-rated enclosures
- “Smart” digital programmable panels and telemetry panels available
- UL and UL-C listed; standard configurations available to meet requirements of NEC Class I, Division 1 or 2
- Three-year warranty



### 5 Discharge Assembly

- Flexible design eliminates “hard plumbing”
- Quick disconnect unions, ball valves
- Available for special situations (cold weather, deep bury, etc.)
- Provides easy access

### 3 Risers, Lids, and Accessories

- Allow easy access to tank
- Attractive, nonskid lids
- Strong and lightweight
- Tamper-resistant
- Custom lid imprinting available for 24 in. (600 mm) and 30 in. (760 mm) sizes



## Complete, Lightweight Package

ProSTEP Effluent Pumping Systems are a fully integrated package with seven compatible components. No need to shop for parts and pieces. In-tank equipment is lightweight, comes preassembled, and installs neatly into our tanks and most others, saving time and money.

### Orengo's New Injection-Molded Fiberglass Tanks

are 100% watertight and water-tested, and they're strong enough to resist 4-foot (1.2-meter) burial, empty, with water to grade and a 2500-lb (1134-kg) wheel load. Available in 1000-gal and 1500-gal sizes (3785 L and 5678 L).

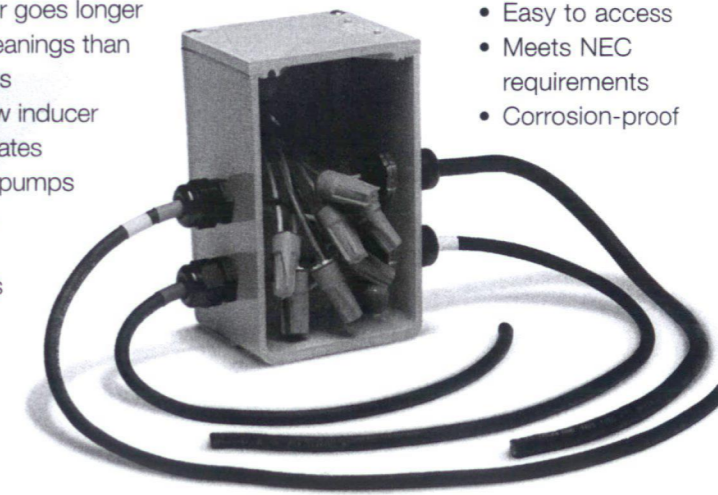


### 1 Biotube® Pump Vault

- Pump vault comes in standard and custom heights
- Handle assembly aids removal of filter cartridge
- Biotube filter goes longer between cleanings than other brands
- External flow inducer accommodates one or two pumps
- Removable float stem keeps floats in proper positions

### 2 Splice Box

- Protects splices
- Easy to access
- Meets NEC requirements
- Corrosion-proof

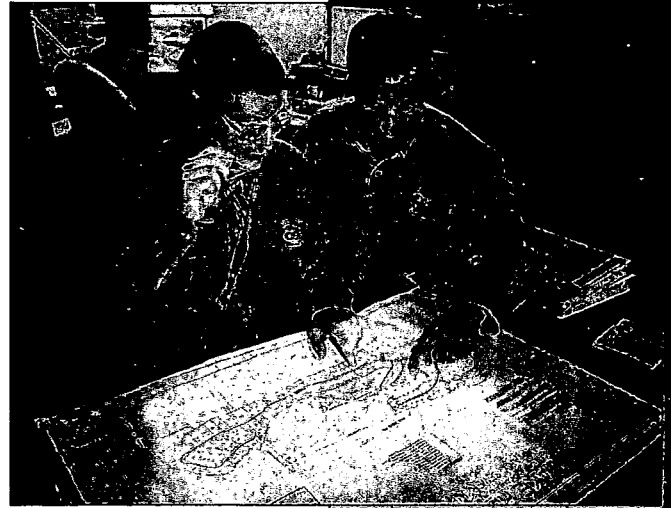


## Unmatched Technical Support

When you specify, purchase, install, or service Orenco products, you tap into a wide range of technical support services.

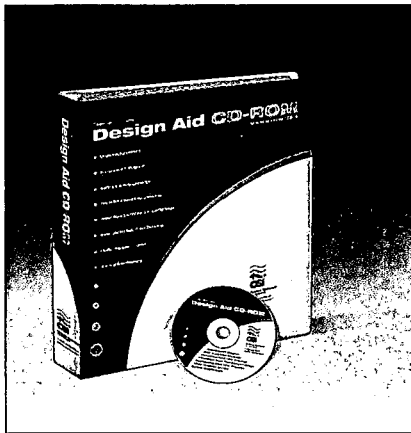
### Distributor Network

Orenco's products are available from about 200 different Distributor locations. Distributors stock products, provide customer service, and help with system design, product takeoffs, ordering, shipping, and more. For a list of stocking Distributors, go to [www.orenco.com](http://www.orenco.com) and click on "Distributor Locator."



### Orenco Technical Sales and Engineering

If there isn't a Distributor in your region, Orenco's Tech Sales and Engineering staff provide professional customer service, including plan reviews. When you call our toll-free number for information and assistance, you'll talk to a wastewater specialist with practical experience in effluent pumping system design, construction, and maintenance.

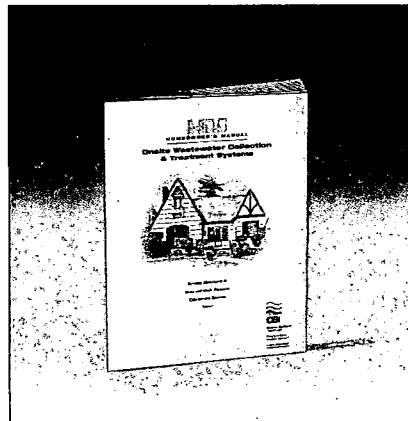


### Design Aid CD-ROM

Our Design Aid CD-ROM saves layout and drafting time. The CD-ROM includes more than 200 scaled AutoCAD® and PDF drawings and our exclusive Pump Select™ software that provides fast, error-free hydraulic calculations for pump sizing. It also includes our General Specifications document, as well as media gradation charts for use when designing sand and gravel filters.

### Supportive Literature

Each ProSTEP™ Effluent Pumping System comes with installation and maintenance instructions. There's also a Homeowner's Manual for the property owner, with Do's and Don'ts for preventive maintenance. Spec sheets, product sheets, and additional color brochures are also available, by request.



## Web Sites Orenco maintains two Web sites

- [www.orenco.com](http://www.orenco.com) includes an extensive document library and lets you e-mail questions and view/print product and system information round-the-clock.
- [www.vericomm.net](http://www.vericomm.net) (coupled with our VeriComm® telemetry control panels), allows password-holders to manage alarms and monitor/control their systems remotely. (See our online demo on the home page; no password required.)

## ProSTEP™ Protects, Transports, Filters

More than twenty years ago, Orenco Systems®, Inc. pioneered and packaged the modern filtering pump vault for onsite wastewater collection and treatment.

Today, more than 100,000 ProSTEP Effluent Pumping Systems are in service all over the world. They transport and filter wastewater from watertight septic tanks and dosing tanks, protecting "downstream" lines, drainfields, and other treatment systems. The pump vault's patented\* Biotube® filter has several times the capacity of other filters and removes about two-thirds of suspended solids, on average.

### "Easy Access" Design Aids Maintenance

The pump vault's "easy access" design allows service providers to remove the Biotube® filter cartridge without pulling the pump or vault. And the float assembly's quick-release float stem and adjustable float collars make it easy to remove and adjust.

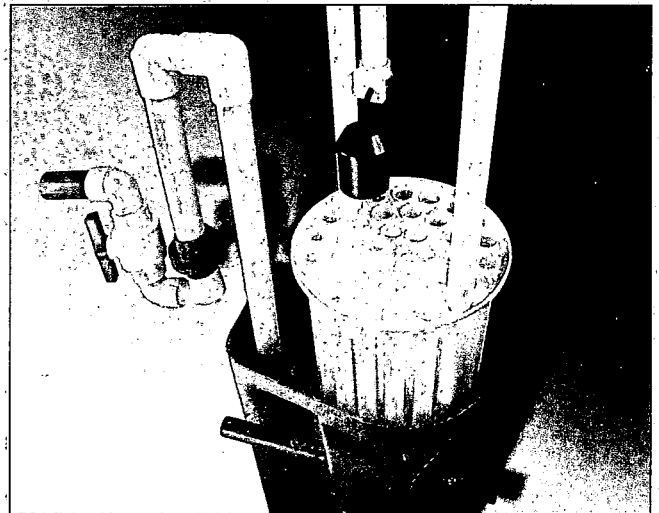
### Quality Components Outlast Others

ProSTEP™ Effluent Pumping Systems are superior in quality and outlast other brands. Constructed of stainless steel, thermoplastic, and fiberglass, they're corrosion-resistant and durable, reducing lifetime system costs.

### Advanced Controls Available

For a modest incremental cost, advanced control panels are available . . . control panels that give peace of mind to property owners, system designers, contractors, service providers, and regulators. MVP digital programmable panels allow easy, accurate setting of multiple parameters and the use of one type of float for all functions. VeriComm® remote telemetry panels are coupled with the Web-based VeriComm® Monitoring System, which verifies and communicates system operation round-the-clock, while remaining invisible to the homeowner.

Easy access design.



Covered by U.S. patents  
4,439,323 and 5,492,635.  
Foreign patents pending.

*"We've had more than 500 Orenco ProSTEP Effluent Pumping Systems in operation since 1987. They're simple, dependable, and easy to maintain."*

Larry Garwood  
Diamond Lake Water & Sewer District  
Newport, Washington

# Septic System Installation Instructions

## Quick4® Equalizer® 24 Chambers

### Before You Begin

**Quick4 Equalizer 24 Chambers may only be installed according to State and/or local regulations. If unsure of the installation requirements for a particular site, contact the local health department.**

Like conventional systems, the soil and site conditions must be approved prior to installation. Conduct a thorough site evaluation to determine the proper sizing and siting of the system before installation.

#### Materials and Equipment Needed

- |   |  |
|---|--|
| <input type="checkbox"/> Quick4 Equalizer 24 Chambers | <input type="checkbox"/> 1½-inch Drywall Screws          |
| <input type="checkbox"/> MultiPort End Caps           | <input type="checkbox"/> Screw Gun                       |
| <input type="checkbox"/> PVC Pipe and Couplings       | <input type="checkbox"/> Hole Saw*                       |
| <input type="checkbox"/> Backhoe                      | <input type="checkbox"/> Small Valve-Cover Box*          |
| <input type="checkbox"/> Laser, Transit, or Level     | <input type="checkbox"/> 4-inch Cap for Inspection Port* |
| <input type="checkbox"/> Shovel and Rake              | <input type="checkbox"/> Invert Adapter*                 |
| <input type="checkbox"/> Tape Measure                 |  |
| <input type="checkbox"/> Utility Knife                | * Optional   |

#### These guidelines for construction machinery must be followed during installation:

- Avoid direct contact with chambers when using construction equipment. Chambers require a 12-inch minimum of compacted cover to support a wheel load rating of 16,000 lbs/axle or equivalent to an H-10 AASHTO load rating.
- Only drive across the trenches when necessary. Never drive down the length of the trenches.
- To avoid additional soil compaction, never drive heavy vehicles over the completed system.

### Excavating and Preparing the Site

*Note: As is the case with conventional systems, do not install the systems in wet conditions or in overly moist soils, as this causes machinery to smear the soil.*

1. Stake out the location of all trenches and lines. Set the elevations of the tank, pipe, and trench bottom.
2. Install sedimentation and erosion control measures. Temporary drainage swales/berms may be installed to protect the site during rainfall events.
3. Excavate and level 18" to 24" wide trenches with proper center-to-center separation. Verify that the trenches are level or have the prescribed slope.

*Note: Over excavate the trench width in areas where you are planning to contour.*

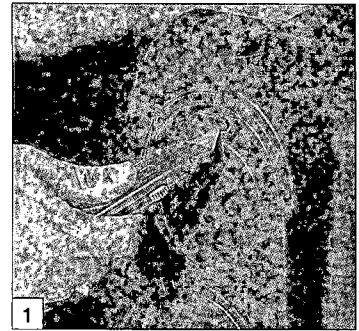
4. Rake the bottom and sides if smearing has occurred while excavating. Remove any large stones and other debris. Do not use the bucket teeth to rake the trench bottom.

*Note: Raking to eliminate smearing is not necessary in sandy soils. In fine textured soils (silts and clays), avoid walking in the trench to prevent compaction and loss of soil structure.*

5. Verify that each trench is level using a level, transit, or laser.

### Preparing the End Cap

1. With a utility knife start the tear-out seal at the appropriate diameter for the inlet pipe. The seal allows for a tight fit for 3-inch, 4-inch SDR35, and 4-inch SCH40 pipe.



1 Start tear-out seal.

2. Pull the tab on the tear-out seal to create an opening on the end cap.



2 Pull tab on tear-out seal.

3. Snap off the molded splash plate located on the bottom front of the end cap.

4. Install splash plate into the appropriate slots below the inlet to prevent trench bottom erosion.

5. Insert the inlet pipe into the end cap at the beginning of the trench. Extend the pipe into the end cap roughly 3 inches before reaching the stop. (Screws optional.)

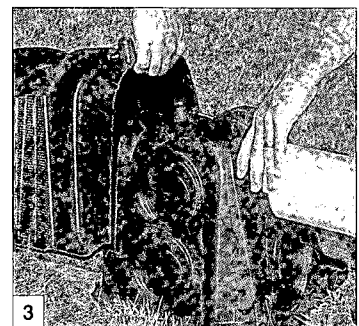
### Installing the System

1. Check the header pipe to be sure it is level or has the prescribed slope.

2. Set the invert height at 6, 9 or 10 inches as specified in the design from the bottom of the inlet.

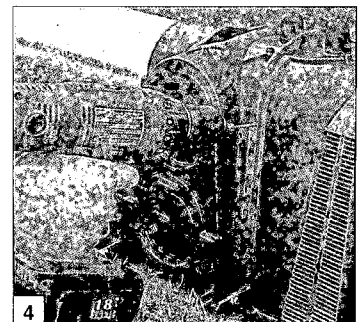
*Note: Use the Invert Adapter to achieve a 9" or 10" invert height.*

3. Place the inlet end of the first chamber over the back edge of the end cap. Line up the notches on the bottom of each side of the end cap with the slots on the bottom edge of the chamber.



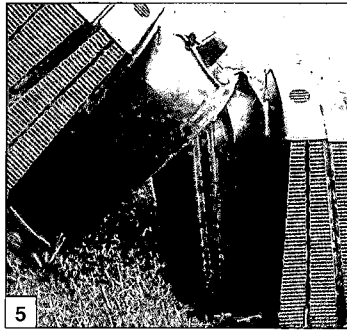
3 Place first chamber onto end cap.

4. Insert two 1½" drywall screws on each side of the chambers. Tighten each screw until the end cap is firmly secured to the chamber.



4 Insert drywall screws.

5. Lift and place the end of the next chamber onto the previous chamber by holding it at a 45-degree angle. Line up the chamber end between the connector hook and locking pin at the top of the first chamber. Lower the chamber to the ground to connect the chambers.



Connect the chambers.

*Note: When the chamber end is placed between the connector hook and locking pin at a 45-degree angle, the pin will be visible from the back side of the chamber.*

*Note: The connector hook serves as a guide to ensure proper connection and does not add structural integrity to the chamber joint. Broken hooks will not affect the structure or void the warranty.*

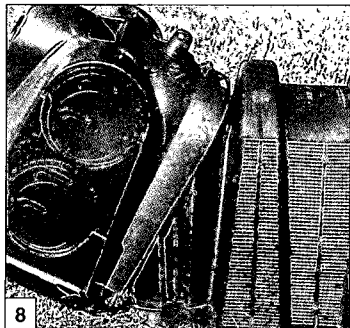
6. Swivel the chamber on the pin to achieve the proper direction for the trench layout.

*Note: The chamber allows up to a 15-degree swivel in either direction at each joint.*

7. Continue connecting the chambers until the trench is completed.

*Note: As chambers are installed, verify they are level or have the prescribed slope.*

8. The last chamber in the trench requires a MultiPort end cap. Lift the end cap at a 45-degree angle and insert the connector hook through the opening on the top of the end cap. Applying firm pressure, lower the end cap to the ground to snap it into place. Do not remove tear-out seal.



Attach end cap to chamber.

*Note: Use straight lengths of pipe with the MultiPort end cap at the trench ends to create fitting-free looped ends.*

9. To ensure structural stability, fill the sidewall area by pulling soil from the sides of the trench with a shovel. Start at the joints where the chambers connect. Continue backfilling the entire sidewall area, making sure the fill covers the louvers.

10. Pack down the fill by walking along the edges of the trench and chambers. This is an important step in assuring structural support.

*Note: In wet or clay soils, do not walk in the sidewalls.*

11. Proceed to the next trench and begin with Step 1.

## Installing Optional Inspection Ports

1. With a hole saw, drill the pre-marked area in the top of the chamber to create a 4-inch opening.

2. Set a cut piece of pipe of the appropriate length into the corresponding chamber's inspection port sleeve.

*Note: The sleeve will accommodate up to a 4-inch SCH40 pipe.*

3. Use two screws to fasten the pipe to the sleeve around the inspection port.

4. Attach a threaded cap or cleanout assembly onto the protruding pipe at the appropriate height.

5. A small valve cover box may be used if inspection port is below the desired grade.

## Covering the System

**Before backfilling, the system must be inspected by a health officer or other official as required by State and local codes. Create an as-built drawing at this time for future records.**

1. Backfill the trench by pushing fill material over the chambers with a backhoe. Keep a minimum of 12 inches of compacted cover over the chambers before driving over the system.

*Note: Do not drive over system while backfilling in sand.*

*Note: For shallow cover applications, you must mound 12 inches of soil over the system before driving over it, and then grade it back to 6 inches upon completion.*

2. It is best to mound several inches of soil over the finish grade to allow for settling. This also ensures that runoff water is diverted away from the system.

3. After the system is covered, the site should be seeded or sodded to prevent erosion.

*Note: If the system is for new home construction, it is important to leave marking stakes along the boundary of the system. This will notify contractors of the site location so they will not cross it with equipment or vehicles.*

**Infiltrator Systems, Inc. Limited Warranty** (a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units. (b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. (c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty. Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by State and local codes; all other applicable laws; and Infiltrator's installation instructions. (d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder. The above represents the standard Limited Warranty offered by Infiltrator. A limited number of States and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.



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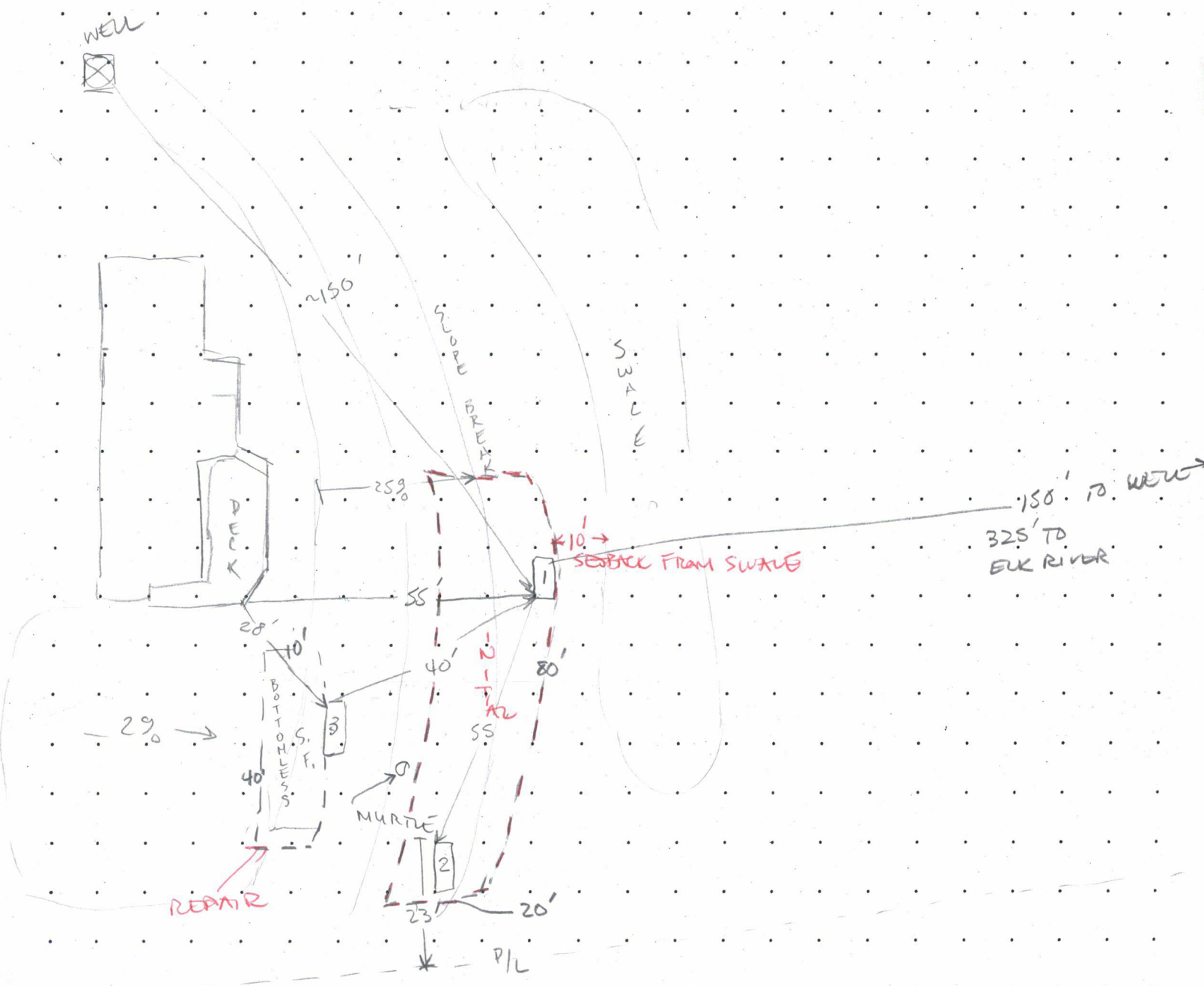
Township: 32 Range: 15 Section: 36BA Tax Reference: 4 Parcel Size: 6.0 AC

Owner/Applicant: HARRINGTON

Evaluator: S. HUNTER

Inspection Date(s): 9/24/07

Application Number: 08-097-08



**SITE EVALUATION FIELD WORKSHEET**

Township: 32 Range: 15 Section: 36 BA Tax Reference: 400/ Parcel Size: 6.0 AC  
 Owner/Applicant: HARRINGTON Evaluator: S. HUNTER  
 Inspection Date(s): 9/24/07 Application Number: \_\_\_\_\_

ESD=60"  
POSSIBLE @ 40"

Pit 1

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
0-12	SILT	FIRM/LOOSE / 2M / PK AT HEAD OF / SECONDARY PED / UNIFORM DIFFUSE / 3 FT / 2 FT VESICULAR PORES
12-40	SILT	10YR 4/2 / PRISMATIC / SWAVE / 3F SILT / BOUNDARY / 2M / M ROOTS
40-60	SILT	SIMILAR TO 12-40" / EXCEPT / 3C / 5% FESTACUMS / 2M / 2F-M ROOTS TO BOTTOM

ESD=59"  
RAPIDLY DRAINABLE = 28"

Pit 2

0-14	SILT	10YR 4/2 / 3F / FIRM / CLEAR SMOOTH / FIRM / S-10% (STONE) / 2M-C / 2M ROOTS
14-28	SILT	10YR 4/2 / 2M-2C / FIRM / BOUNDARY / HARD / ALLUVIAL DEPOSITS / PORES / 2M-C
28-59	VERY COBBLEY SILT	10YR 4/2 / 80% PEBBLES-COBBLES / NO COLOR / 2F ROOTS / PORES

Pit 3

0-12"	VERY PEBBLEY SILT LOAM	ALLUVIAL DEPOSIT / LOOSE / 80% PEBBLES / CLEAR WAVY / 2M PORES / 4 FT ROOTS
12-22"	SILT	10YR 4/2 / LOOSE / 60% / ALLUVIAL / 2 FT / STRUCTURELESS
22-41	ALLUVIAL DEPOSIT	"SILT" / STRUCTURELESS / NO COBBLES ON COBBLES / PEBBLES ~ 20% / 2 FT ROOTS

Pit 4

PIT SLUMPED IN		

Landscape Notes: MURRAY ALDER, SWORD FERN IN SURROUNDING  
 Slope: 25% Aspect: NORTHERLY Groundwater Type: POSSIBLE PIT 1, TEMP @ 40"  
 Other Site Notes: ALLUVIAL TERRACE

**SYSTEM SPECIFICATIONS**

Design Flow: 450 gpd  
 Initial System: PRESSURIZED ATT Treatment Standard: 2  
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 24 inches  
 Replacement System: BOTTOMLESS SAND FILTER ATT Treatment Standard: 2  
 Disposal Facility: 360 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 36 inches  
 Special Conditions: JUNE - OCTOBER INSTALLATION ONLY (DRY SOIL CONDITIONS)  
10-FT SETBACK FROM FOUNDATION, 10-FT SETBACK FROM P/L.



# Existing Sewage Disposal System Description

To be used with *Authorization Notice, Alteration, Existing System Review and Repair Permits*

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

Property Address: 94561 Elk River Road Port Orford

Township/Range/Section: 32 15 36BA Tax Lot: 400

1. The 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 sewage system installed? ? \_\_\_\_\_  
 Date Permit No.

3. Septic Tank Material:  
 Concrete  Steel  Plastic or Fiberglass  Unknown

4. Septic tank volume (in gallons): 500

5. When was your septic tank last pumped? (Attach Receipt if available) ?

6. Number of disposal trenches ?

7. Total length of disposal trenches (in feet) ?

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

9. Is your system currently in use? Yes  No  If no, date of last use \_\_\_\_\_

10. If the septic system currently serves a dwelling:  
 How many bedrooms? 4 How many people occupy the dwelling? Seasonal

11. How many bedrooms will be in the proposed dwelling? 4 How many occupants? Seasonal

12. If the septic system serves a business:  
 How many total employees are there? 0 Type of business 0

13. Is there a proposed change of use of your structure (home or business)? no

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.

Todd Huerkamp

9/17/07

Signature of Property Owner or Legally Authorized Representative

Date

Curry County use only: Record of existing system: Yes  No  Attached  Date Issued: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes  No  Initials: \_\_\_\_\_

EXISTING SYSTEM EVALUATION REPORT

HARRINGTON  
(Property Owner's Name)

94561 Elk River Road  
(Property Address) Port Orland

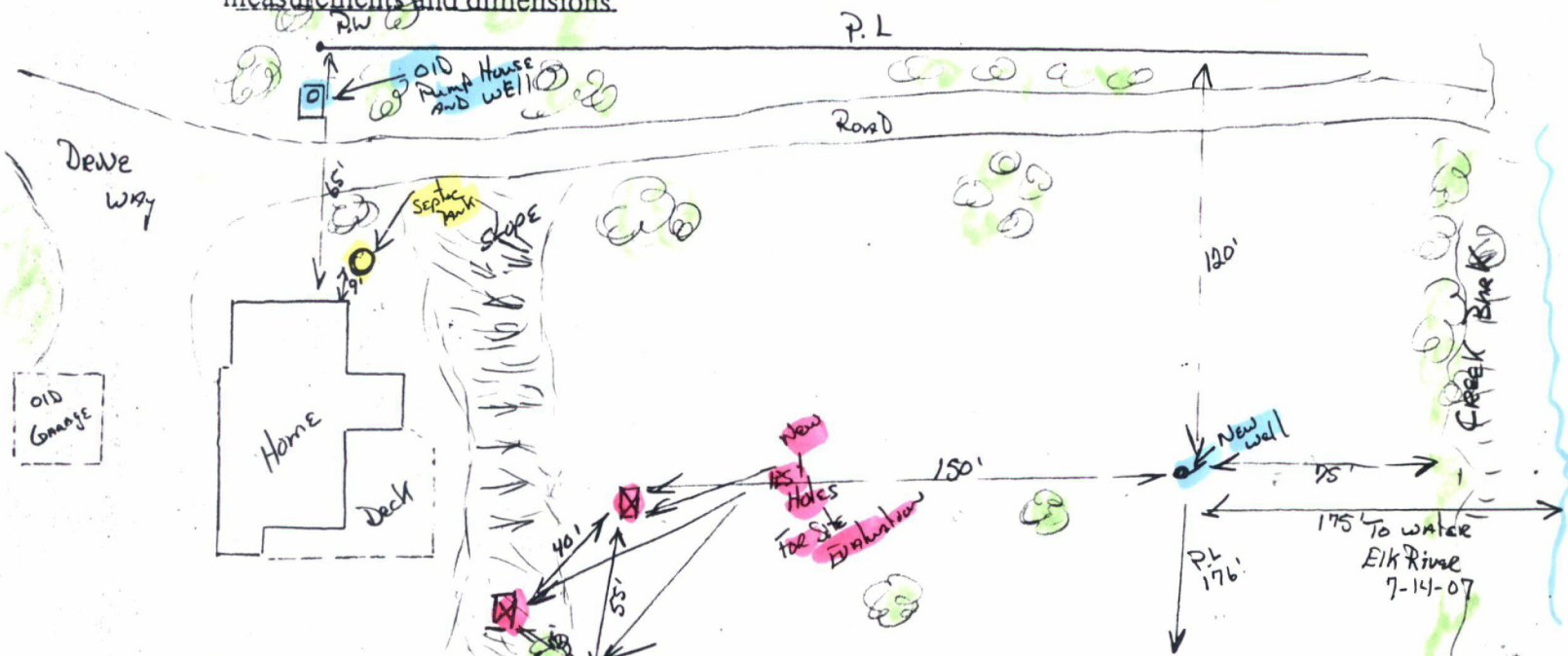
Legal Description of property    32    15    36BA    400    CURRY  
(Township)    (Range)    (Section)    (Tax Lot)    (County)

The Existing sewage disposal system consists of (check one):

- Septic Tank     Disposal Trenches     Seepage Bed     Cesspool or Pit

Other (explain) Septic TANK 500 gal. to STEEL TANK  
Disposal TRENCHES NOT LOCATED

Sketch of on-site sewage disposal system. Show system components (septic tank, treatment facility, distribution system, disposal trenches, seepage bed etc.) and corresponding measurements and dimensions.



This on-site system [ ] is  is not discharging sewage onto the ground surface on this date and [ ] appears  does not appear to be functioning satisfactorily at the time of inspection.

Remarks Septic TANK RUSTED out <sup>NO</sup> Bottom, LID wood at ground surface.  
NO ~~know~~ Liquid in Tank, Solids 2 inches, Tank Not water tight. VERY old System

Professional Opinion System need Replaced.

Know Records of System at County.

This report does not guarantee continuous satisfactory operation of the on-site sewage system identified herein nor does it certify the exact location of the on-site sewage disposal system.

[Signature]  
(Signature)

7-14-07  
(Date of inspection)



FROM: WILL GRAYSTONE NORTH BEND FAX NO.: 5417563416 Oct. 08 2007 12:03PM P1

**RECEIVED**  
10/22/07

541 744 8953

WILLAMETTE GRAYSTONE

OCT-08-2007 11:27

### Pump Selection for a Pressurized System

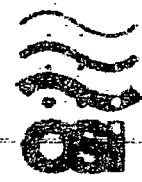
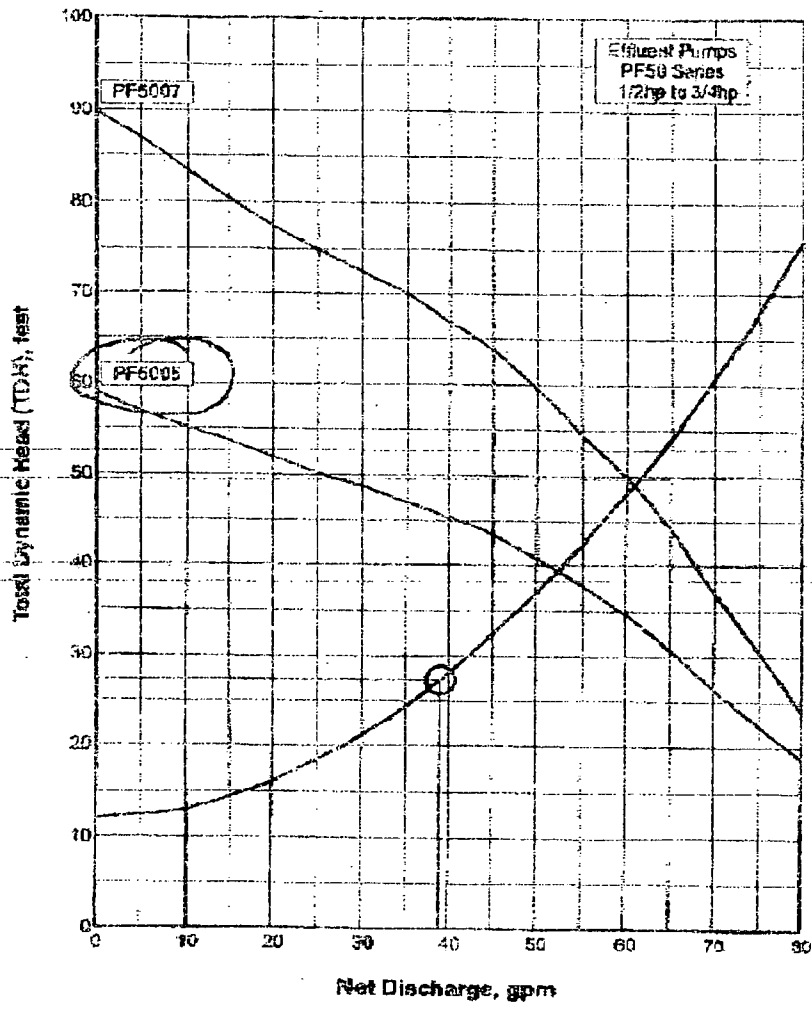
### TOM BROWN HARRINGTON PROJECT PRESSURIZED DISTRIBUTION

**Input Parameters**

Orifice Size	1/8 Inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.5 feet
Number of Laterals per Cell	3
Lateral Length	73.0 feet
Lateral Line Size	2.00 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	20 feet
Manifold Line Size	2.00 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	12.0 feet
Transport Length	66.0 feet
Transport Line Size	2.00 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	2.00 inches
Flow Meter	None inches
Add-on Friction Losses	5.0 feet

**Calculations**

Minimum Flow Rate per Orifice	8.43 gpm
Number of Orifices per Zone	50
Total Actual Flow Rate	39.0 gpm
Number of Lines per Zone	3
% Flow Differential 1st and Last Orifice	0.9 %
Lift to Manifold	12.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.6 feet
Head Loss in Manifold	0.1 feet
Head Loss in Transport Pipe	2.0 feet
Head Loss Through Discharge	3.0 feet
Head Loss Through Flow Meter	0.0 feet
Add-on Friction Losses	5.0 feet
<b>Total Flow Rate</b>	<b>39.0 gpm</b>
<b>TDH</b>	<b>27.3 feet</b>



**Oranco Systems**  
Incorporated

614 ARMY AVENUE  
SUTHERLIN, OREGON  
97477

TOLL FREE  
1(800) 348-0343

TELEPHONE:  
541(455) 4594

FAX/MAIL:  
541(455) 2594

WWW.ORANCO.COM

TOTAL P.01

RECEIVED  
10/22/07

541 744 8953 P. 02/04

# Vault & Float Setting Worksheet



Oranco Systems  
Incorporated

314 ARWAY AVENUE  
SUNNYSIDE, OREGON  
97179-8017

TELEPHONE:  
(503) 458-4418  
FACSIMILE:  
(503) 458-2684

WARRANTY & SERVICE LINE

541 744 8953

P. 02/04

Note: (design limitations)  
Min. Separation between Floats  
Vault Inlet Hole Location  
(H) Above Inlet & ILL

Project Name:

Total (gal) 1500

Dosing Comp. (gal) 500

Dosing Comp. (gal/in) 10.5

Pump(s) model: PS005711

Pump Inlet: 18"

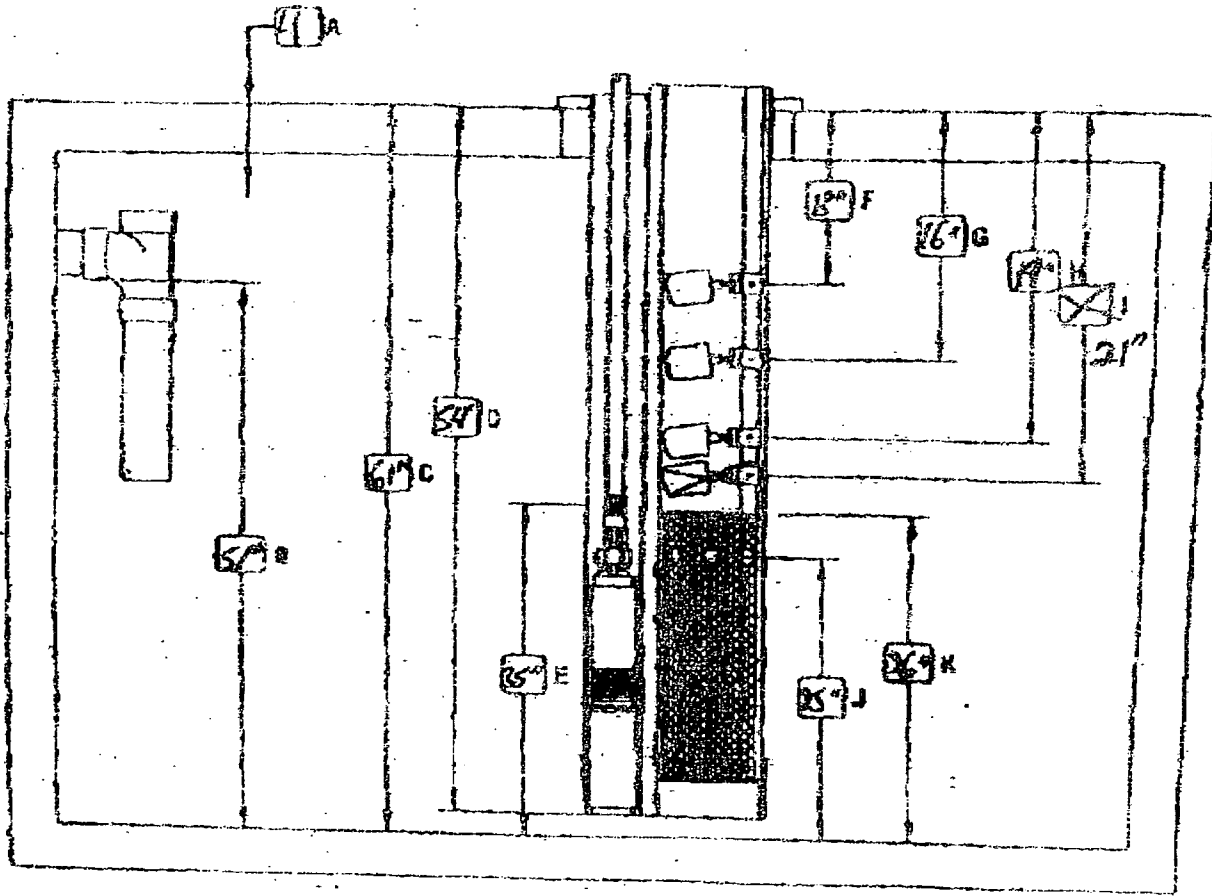
Float Arrangement: MF34

MVP (circle) Yes  No

Plant Functions:

High water  
pump on  
pump off

Pump Valve model: PDU 59-1246



RSU is normally set  
at 2" below top float

RECEIVED  
7/10/07

HARRINGTON  
PROPOSED  
1500 gpl

Two comp.  
cement tank  
with pump

Willamette  
GRAYSTONE

General Notes:

**Tank Volume:** Total Volume: 1800 gals.  
Operating Volume: 1500 gals.  
Average water volume (full depth): 31.3 gal./sq. ft.  
Unit volume at typical operating depth: 35.8 gal./sq. ft.

**Loads:** Top = 400 psf  
Internal Load = 63.4 psf  
Concrete Wood Load = 2500 lb.

The septic tank shall be capable of withstanding long-term hydrostatic loading, in addition to the soil loading due to a water table maintained at ground surface. Soil bearing = 1500 psf (no resistance against base of soil bearing to less or average?)

**Concrete:** The walls and bottom slab shall be poured simultaneously. Reinforcing steel shall be ASTM A-615 Grade 60, fy = 60,000 psi.

The concrete shall achieve a minimum compressive strength of 4,000 psi in 28 days; f' = 4,000 psi. Concrete shall be ready mix with cement conforming to ASTM C-150, Type II. There shall be a minimum of not less than six and not more than 15 (15) cubic yards and maximum aggregate size of 3/4 inch. When concrete sets shall be kept between 50-90°F (10-30°C). All reinforcing agents and finishes shall conform with concrete workability, curing and workability of the field; however, they shall be inspected.

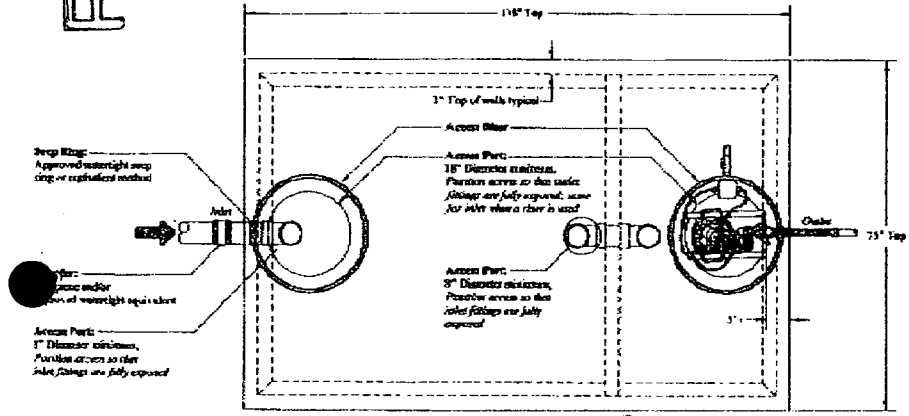
Tanks shall not be moved from the manufacturing site to the job site until the tank has cured for seven (7) days, or has reached two-thirds of the design strength. Proper curing techniques must be used to ensure adequate tanks.

**Installation:** Installation, bedding, respectively, etc., shall be in strict compliance with the manufacturer's standard size of Graystone's rules 140-11 and 13. All tanks shall be set level on a minimum 2 inch bed of compacted sand or approved granular bedding overlying a firm surface in base. The base shall be stable and uniform in order to ensure equal bearing across the tank bottom. Installation with 30 inches or less of ground cover may require additional base preparation as described in the manufacturer's instructions. A minimum cover of 32 inches is required over the tank in areas subject to occasional light wheel loads.

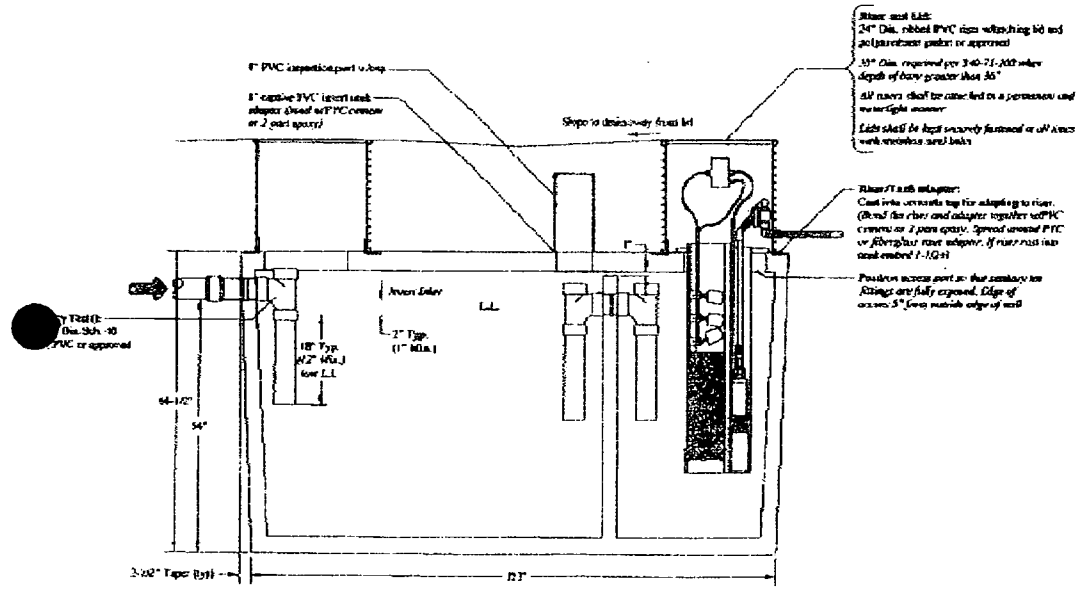
**Test:** Tanks shall be tested and certified in accordance with Graystone's rules 140-71 and 73.

**Disinfection:** Disinfection volume not to exceed maximum limits set by Oregon state rules 340-71 and 73. Maximum percent of produced daily flow: 80% to sand filters or 20% in other applications. Maximum discharge rate from single compartment during septic tank: 30 gpm. Flow and disinfection levels vary with the design of the tank rules.

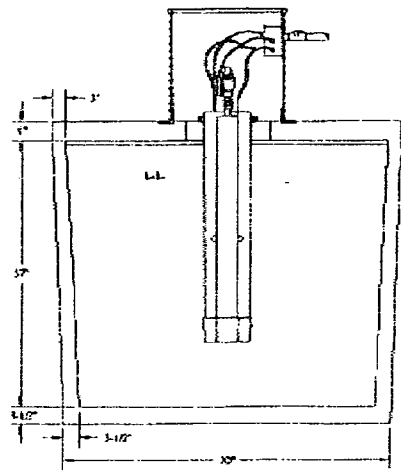
**Tank Markings:** Place markings on the upper most surface over the seal.  
Liquid capacity: 1500 gal.  
Water level depth: 48"  
Max. water level: 2500 lbs.  
Date manufactured:  
Form no.:



Top View



Side View



End View

WILLAMETTE GRAYSTONE, INC.  
P.O. BOX 7818  
EUGENE, OR 97404  
PHONE: 541-726-7665

Willamette Graystone Inc.  
Eugene, OR  
1500 Gallon Two Compartment Septic Tank  
Approved By: \_\_\_\_\_  
Designed By: \_\_\_\_\_  
Drawing #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Project #: \_\_\_\_\_  
Revision #: \_\_\_\_\_  
Scale: 1" = 2'



# CURRY COUNTY DEPARTMENT OF PUBLIC SERVICES

94235 MOORE STREET  
PO BOX 746  
GOLD BEACH, OREGON 97444

David J. Pratt, AICP  
Director

Phone (541) 247-3304  
FAX (541) 247-4579

January 31, 2008

Todd Harrington  
Joan Harrington  
286 Riverwood Lane  
Oakland, OR 97462

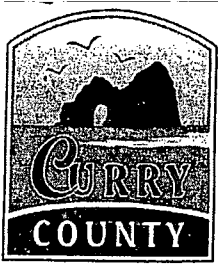
RE: Septic Repair Application

Dear Joan/Todd Harrington,

I am returning the *Septic Application* that we received from you in September, 2007. Unfortunately, we never received the *Planning Clearance Form* needed to process this application. Enclosed is the original septic application, the check that was submitted and a new Planning Clearance form. If you would like to continue with the septic repair, please complete the PC form and return all to our office. If I can be of any assistance, please don't hesitate in calling me.

Sincerely,

Diana DeLong  
Environmental Sanitation/Planning Clerk  
Curry County Public Services  
Tel: 541-247-3285  
Fax: 541-247-4579  
delongd@co.curry.or.us



Curry County Department of Public Services  
 Environmental Sanitation  
 P.O. Box 746  
 Gold Beach, OR 97444  
 (541) 247-3304  
 (541) 247-4579 (fax)

For Office Use Only	
Required Fee	_____
Date Rec'd.	_____
Project No.	_____
Control No.	_____

**Septic Application**

**Check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> Site Evaluation                        | <input type="checkbox"/> Permit Renewal/Transfer/Reinstatement |
| <input type="checkbox"/> New Construction Permit                | <input type="checkbox"/> Authorization Notice (file/field)     |
| <input checked="" type="checkbox"/> Repair Permit (major/minor) | <input type="checkbox"/> Other (Specify) _____                 |
| <input type="checkbox"/> Alteration Permit (major/minor)        |  |

**Requirements:**

- |  |  |
|--|--|
| <input type="checkbox"/> Plot Plan             | <input type="checkbox"/> Construction Details/Materials List |
| <input type="checkbox"/> Assessors Map         | <input type="checkbox"/> Existing System Description Form    |
| <input type="checkbox"/> Test Holes            | <input type="checkbox"/> Additional Items Required _____     |
| <input type="checkbox"/> Permit Clearance Form |  |

**Property Information:** For Applicant (please print)

Property Owner's Name: Todd + Joan Harrington  
 Property Address/City: 94561 Elk River Road Port Orford  
 County: Curry Subdivision Name: \_\_\_\_\_  
 Township/Range/Section: 32 - 15-36BA Tax Lot No. 400 Lot Size: 6 acres  
 Water Supply (Public, or Private; if Private, specify type): well

**Property Directions** (Please flag entrance to property and test holes):

4.2 miles east on Elk River Road. Driveway is marked with sign "Steelhead Drive." Gate is closed but not locked.

**Proposed Use of Property:**

- Single Family Dwelling \_\_\_\_\_ Other: \_\_\_\_\_  
 No. Bedrooms 4

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, entrance permission to the above described property for the purpose of this application.

Todd Harrington  
 Signature (Authorization form required for anyone other than the owner)

9/17/07 9/24/07  
 Date 3:45

- Owner  Authorized Representative  S.D.S License No. \_\_\_\_\_

**Owner Mailing Address:**

Todd Harrington  
286 Riverwood Ln. Oakland, Or 97462  
 Phone: 541-459-2276  
 Daytime: 541-672-3950

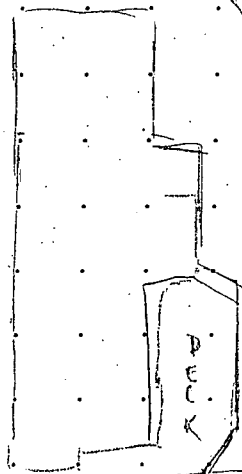
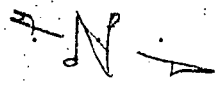
**Applicant Mailing Address:**

286 Riverwood Lane  
Oakland, Or 97462  
 Phone: 541-459-2276

Township: 32 Range: 15 Section: 36 BA Tax Reference: 4 Parcel Size: 6.0 AC

Owner/Applicant: HARRY WATSON Evaluator: E. HUNTER

Inspection Date(s): 9/24/07 Application Number: \_\_\_\_\_



~150'

SLOPE BREAK

S  
W  
A  
L  
E

25' 8"

10' → SERVICE FROM SWALE

150' TO WELL  
325' TO  
EUK RIVER

28'

10'

40'

40'

REPAIR

BOTTOM S.S. F.

3

40'

MURTE

23'

20'

PL

SS

40'

10'

SS

40'

80'

20'

20'

20'

20'

20'

20'

29' →

PL



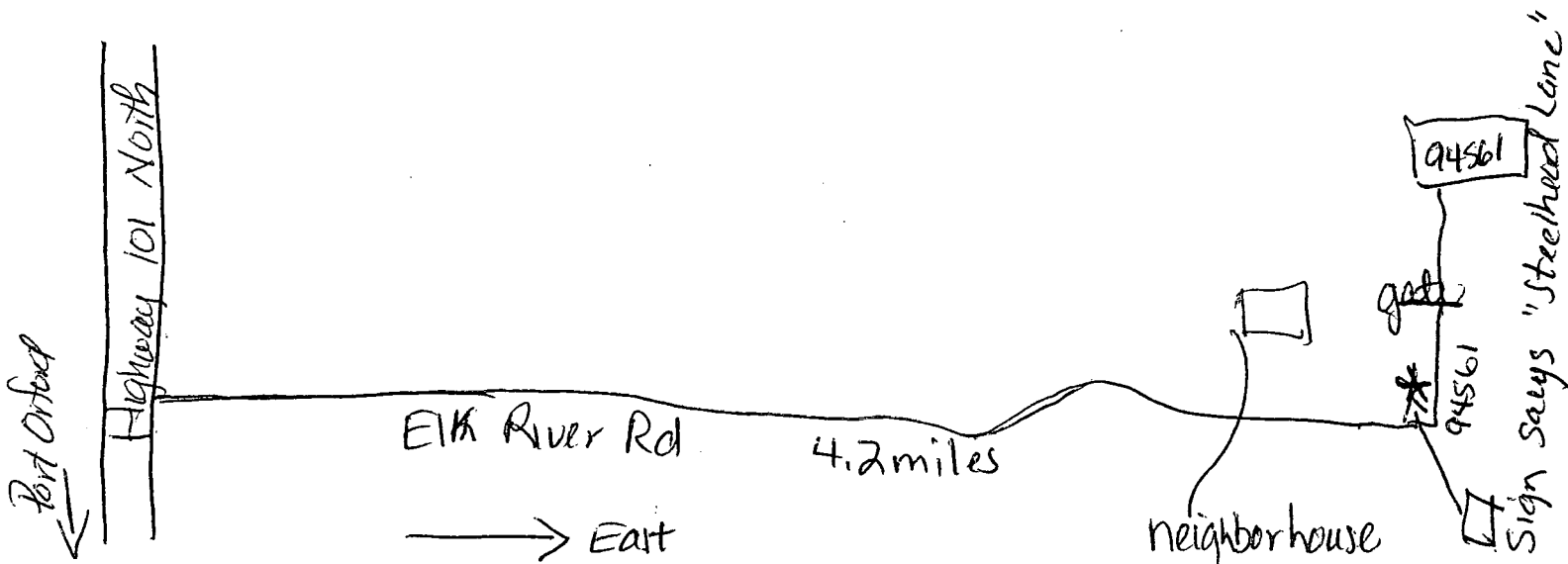
Curry County Department of Services  
 PO Box 746, 94235 Moore Street, Gold Beach, OR 97444  
 Tel: (541) 247-3304/(888) 811-1520 Fax: (541) 247-4579

## Vicinity/Locator Map

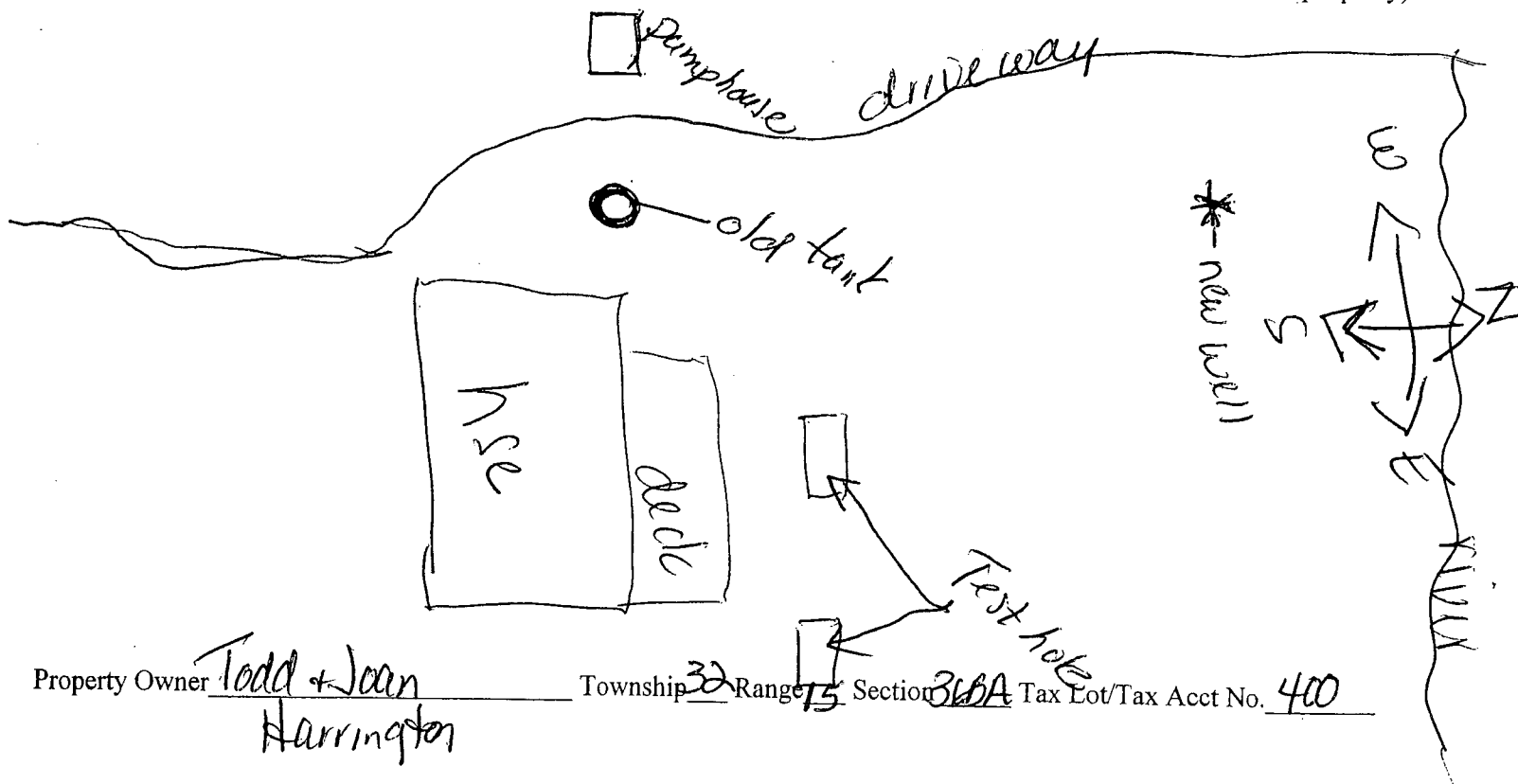
The purpose of this map is to enable field staff to locate the property as easily as possible and, once on the property, to locate the inspection area quickly.

Please start your drawing of the *Vicinity* map from a familiar beginning. Show as many landmarks as possible by indicating road and crossroad names and mileage. On the *Locator* portion of the map show existing or proposed buildings, sewage disposal area and/or test pits in desired area for the system and water (including lakes; streams; rivers; existing or proposed wells) on your property or neighboring properties. Distances are important; staking and/or flagging the inspection area is very helpful.

### Vicinity Map: (Detail directions on how to get to the property.)



### Locator Map/Preliminary Site Development Plan: (Details existing or proposed development on the property)





# Existing Sewage Disposal System Description

To be used with *Authorization Notice, Alteration, Existing System Review and Repair Permits*

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

Property Address: 94561 Elk River Road Port Orford

Township/Range/Section: 32 15 36BA Tax Lot: 400

1. The 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 sewage system installed? ? \_\_\_\_\_  
Date Permit No.

3. Septic Tank Material:  
 Concrete  Steel  Plastic or Fiberglass  Unknown

4. Septic tank volume (in gallons): 500

5. When was your septic tank last pumped? (Attach Receipt if available) ?

6. Number of disposal trenches ?

7. Total length of disposal trenches (in feet) ?

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

9. Is your system currently in use? Yes  No  If no, date of last use \_\_\_\_\_

10. If the septic system currently serves a dwelling:  
How many bedrooms? 4 How many people occupy the dwelling? Seasonal

11. How many bedrooms will be in the proposed dwelling? 4 How many occupants Seasonal

12. If the septic system serves a business:  
How many total employees are there? 0 Type of business 0

13. Is there a proposed change of use of your structure (home or business)? no

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.

Jared Huerfano 9/17/07  
Signature of Property Owner or Legally Authorized Representative Date

Curry County use only: Record of existing system: Yes  No  Attached  Date Issued: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes  No  Initials: \_\_\_\_\_

EXISTING SYSTEM EVALUATION REPORT

HARRINGTON  
(Property Owner's Name)

94561 Elk River Road  
(Property Address) Port Orford

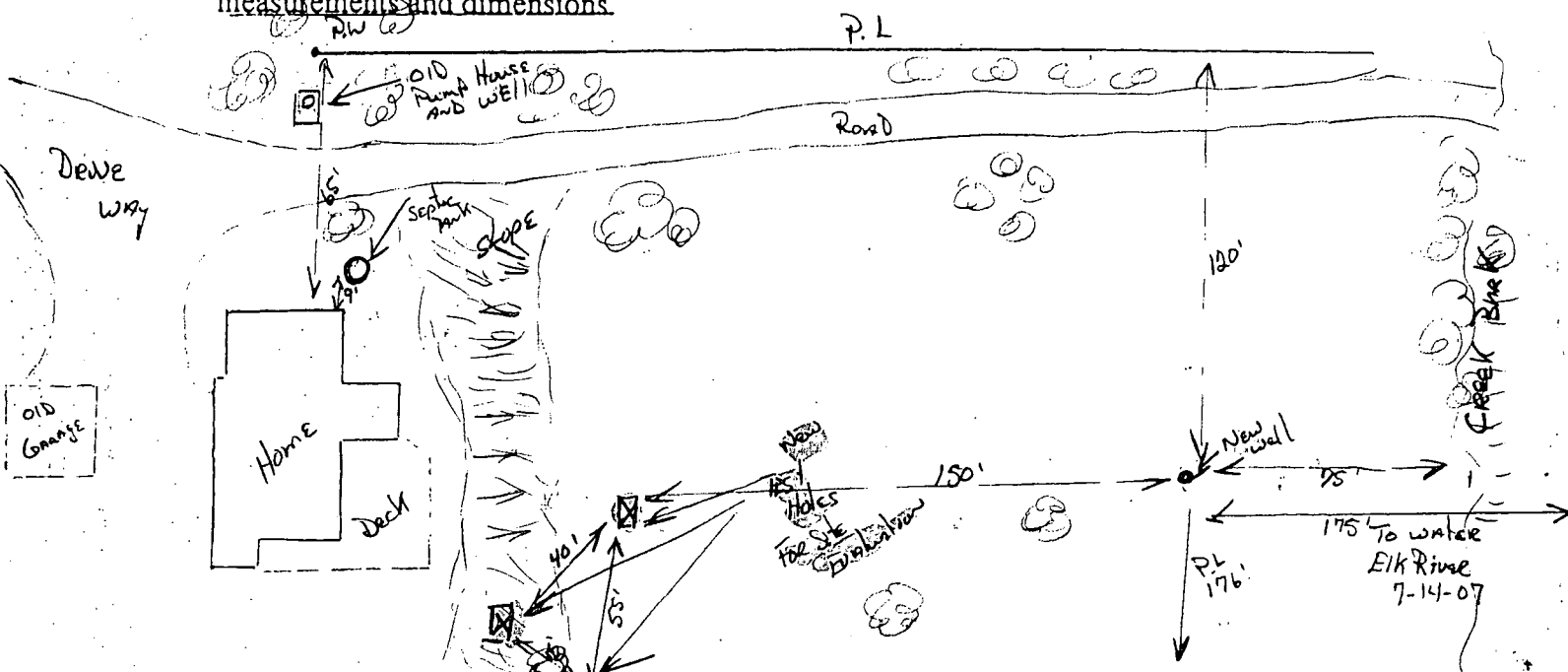
Legal Description of property 32 15 36 BA 400 Curry  
(Township) (Range) (Section) (Tax Lot) (County)

The Existing sewage disposal system consists of (check one):

- Septic Tank     Disposal Trenches     Seepage Bed     Cesspool or Pit

Other (explain) Septic Tank 500 gal. to STEEL TANK  
Disposal TRENCHES NOT LOCATED

Sketch of on-site sewage disposal system. Show system components (septic tank, treatment facility, distribution system, disposal trenches, seepage bed etc.) and corresponding measurements and dimensions.



This on-site system [ ] is [ ] is not discharging sewage onto the ground surface on this date and [ ] appears [ ] does not appear to be functioning satisfactorily at the time of inspection.

Remarks Septic Tank Rusted out NO Bottom, LID wood at ground surface.  
NO Liquid in Tank, Solids 2 inches, Tank not water tight. VERY old System

Professional Opinion System need Replaced.

Know Records of System at County.

This report does not guarantee continuous satisfactory operation of the on-site sewage system identified herein nor does it certify the exact location of the on-site sewage disposal system.

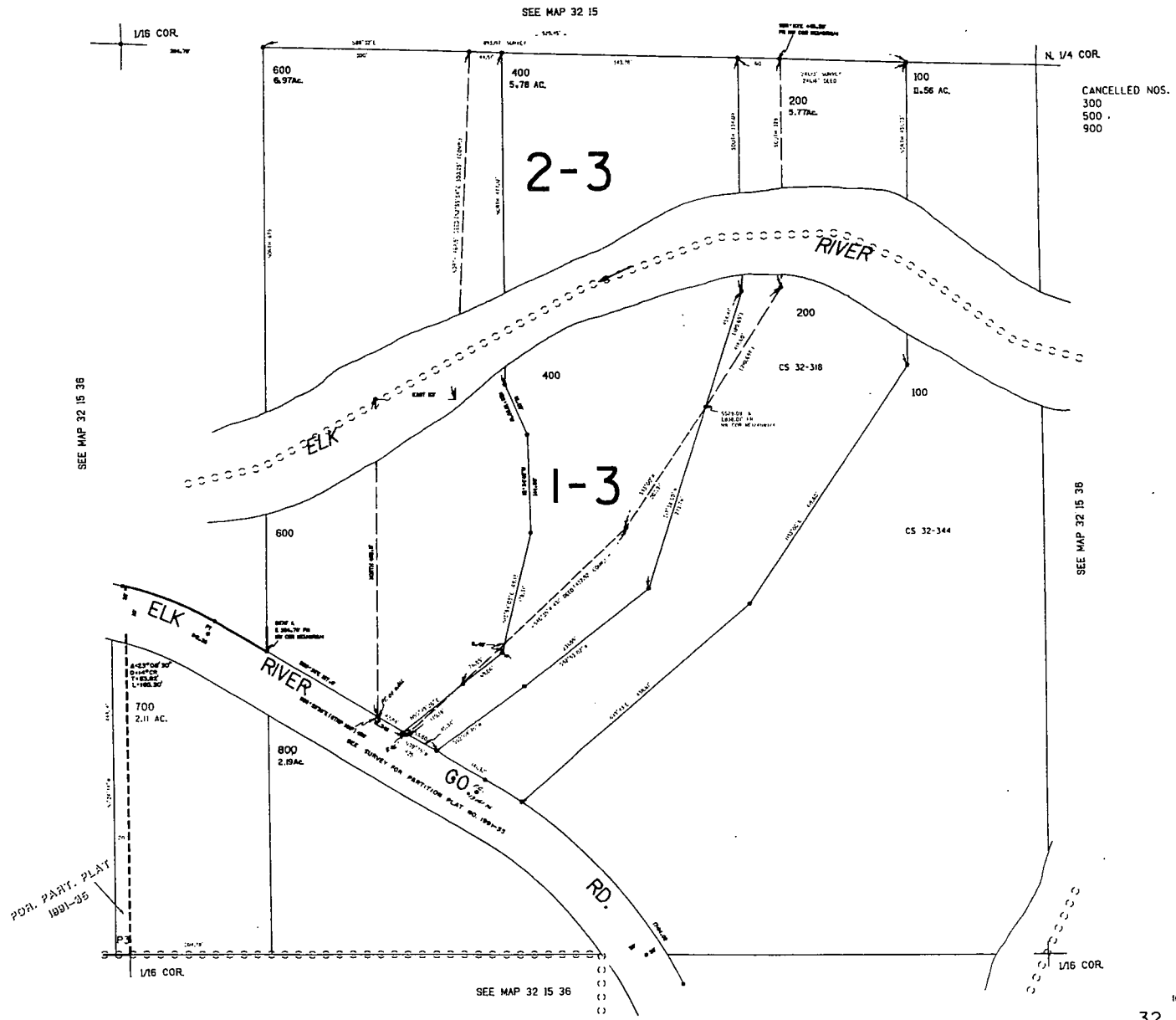
[Signature]  
(Signature)

7-14-07  
(Date of inspection)

THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY

NE 1/4 NW 1/4 SEC. 36 T. 12S. R. 13W. W.M.  
CURRY COUNTY  
1" = 100'

32 15 36BA



Revised  
10/14/2002. DBJ  
32 15 36BA

Oct. 06 2007 12:33PM P1

FAX NO. : 5417563416

FROM : HILL GRAYSTONE NORTH BEND

RECEIVED  
10/22/07

541 744 8953

WILLAMETTE GRAYSTONE

OCT-06-2007 11:27

# Pump Selection for a Pressurized System

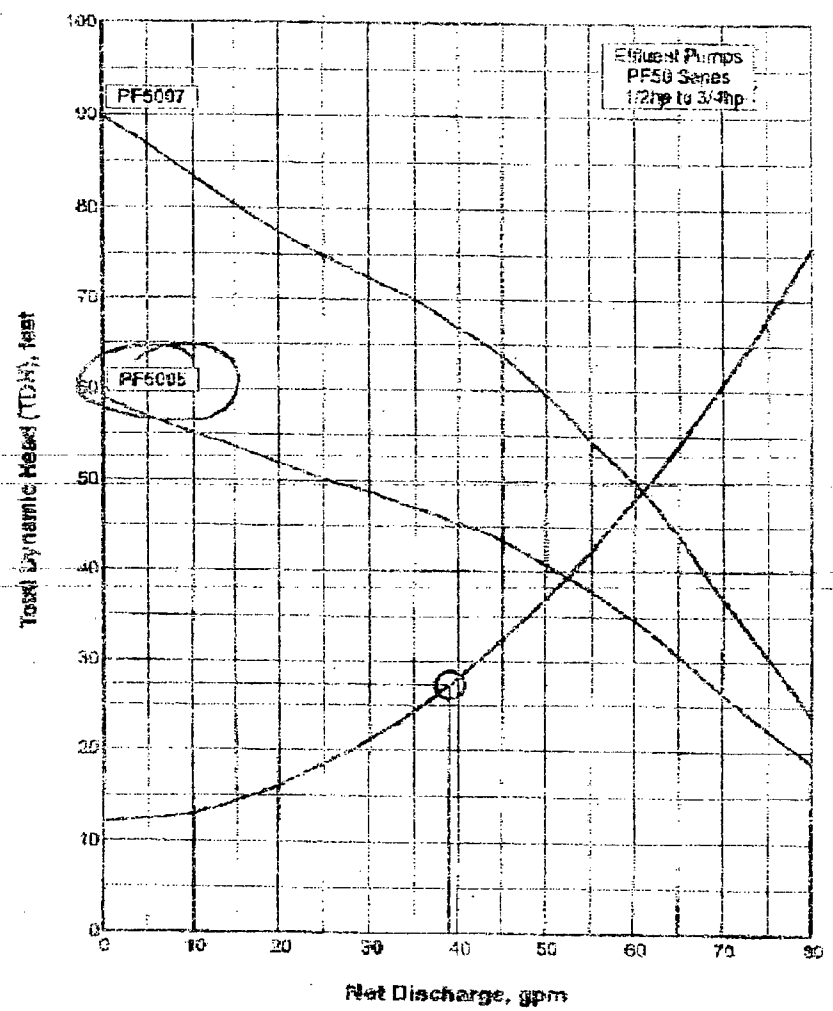
## TOM BROWN HARRINGTON PROJECT PRESSURIZED DISTRIBUTION

**Input Parameters**

Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.5 feet
Number of Laterals per Cell	3
Lateral Length	73.9 feet
Lateral Line Size	2.00 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	20 feet
Manifold Line Size	2.00 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	12.0 feet
Transport Length	68.0 feet
Transport Line Size	2.00 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	2.00 inches
Flow Meter	None inches
Add-on Friction Losses	5.0 feet

**Calculations**

Minimum Flow Rate per Orifice	8.43 gpm
Number of Orifices per Zone	50
Total Actual Flow Rate	39.0 gpm
Number of Lines per Zone	3
% Flow Differential 1st and Last Orifice	1.5 %
Lift to Manifold	12.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.8 feet
Head Loss in Manifold	0.1 feet
Head Loss in Transport Pipe	2.0 feet
Head Loss Through Discharge	3.0 feet
Head Loss Through Flow Meter	0.0 feet
Add-on Friction Losses	5.0 feet
<b>Total Flow Rate</b>	<b>39.0 gpm</b>
<b>TDH</b>	<b>27.3 feet</b>



**Oranco Systems**  
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814 ARWAY AVENUE  
SOUTH BEND, INDIANA  
47405

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(800) 398-6643

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FACSIMILE  
(541) 455-2894

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TOTAL P. 01



