



Septic Authorization Approval
221-21-000165-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: 12/7/21 **Date Expiring:** 12/7/22
Work Description: AUTHORIZATION

Applicant: KESSLER, EDWARD
Phone: 907 841 0114
Email: KESSLER.EDDIE@GMAIL.COM

Owner: KESSLER, EDWARD L & ERIN L **Property Address:** 41862 Green Dolphin Way, Port Orford, OR 97465

Parcel: 331503C 0060200 - Primary

Authorization Notice for: Addition of One or More Bedrooms

Comments: Retroactive permit to allow for the connection of the ADU to the pre-existing septic system.

Drainfield appeared to be functioning properly at the time of visit. Repair area still in tact.

Lot Size: 4.5 **Water Supply:** Well
Zoning: N/A **City/County/UGB:** County

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	SFR + ADU (Studio over Garage)	SFR + ADU (Studio over Garage)
Number of Bedrooms:	4	4
System Specifications:		
Max Peak Design Flow:	450 gpd	Proposed Gallons per Day: 675 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 SFR + DLS with a peak sewage flow of 675 gallons per day.
2. Type of System: Standard
3. Linear feet of drainfield: 375
4. Permit #: OS417184
5. Original CSC Date: 10/17/2016
6. Tank Size: 1000
7. Original Design Flow: 450 GPD
8. Maintain all required setbacks.
9. All roof drains must be directed away from the system.
10. A full system replacement area must be maintained and meet all required setbacks.

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: 12/7/21 **Date Expiring:** 12/7/22
Work Description: AUTHORIZATION

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

12/7/21

PC#: 21-000265 ZONING: R-2 FORTHCOMING IN DRAWER ATTACHED



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)

[X] Sewage Disposal Permit/Authorization Notice

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

[] Pre-Fab New RETROACTIVE APPROVAL OF DETACHED GAR WITH STUDIO ABOVE

[X] Building Permit COMM [] SFD [X] #Bedrooms 1
Type and Size: Garage (28' x 30') + STUDIO (28' x 15')

[] Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

CONTRACTOR INFORMATION

[X] Owner Built

[] Contractor Name: Reg. #:

[] Manf. Home Installer: Reg#

\$212.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS
New Rural Address - Address # 41862 Green
Replacement Plate - \$36.00
BM 59 Dolphin way

2. EXISTING DEVELOPMENT:

[X] Dwellings (stick built) how many? 1

[] Mobile Homes how many?

[] Other Buildings how many?

3. WATER SOURCE: CURR - 52729

[X] 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

3A. SANITARY DISTRICTS:

SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE. Sept 1

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 # 33s15w03C Tax Lot# 602

Acreage 4.5 Street address or location: 41862 Green Dolphin Way, Port Orford, OR

5. PROPERTY OWNER INFORMATION:

Property Owner: Edward and Erin Kessler

Mailing Address: PO BOX 649

City Port Orford St. OR Zip 97465 Phone# 907-841-0114

6. ACCESS: GREEN DOLPHIN = PRIVATELY MAINTAINED

Does property access a county or state road? [] Yes [X] 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 Edward L Kessler

Signature

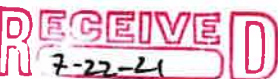
Mailing address PO BOX 649

City Port Orford ST OR ZIP 97465 PH 907-841-0114

Date: 7/21/21

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.

kessler.eddie@gmail.com



(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: Residential-Two (R-2)

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 Bldg Ht = 22ft
Setback = 5ft + 3.5ft
- 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 8.5ft minimum
- 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 8.5ft minimum
- 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
at least one space for each unit
- 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: NONE FOUND

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

- 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
A 100ft defensible fire break around all
- No requirement structures is recommended.

Special Requirements or Considerations:

- no 100 year flood plain
FIRM or Floodway Panel# _____
- no Geologic Hazard as identified on DOGAMI maps
Wetland or potential wetland as identified by
- some Wetland Inventory Maps: Map# _____
Scenic Waterway
- USFS approval _____ O DPR approval _____
Historic structure/cultural site/historic-archeological
- overlay

CONDITIONS OF APPROVAL:

- * Retrospective approval of detached garage (28'x30') with an accessory dwelling unit (ADU, 28'x15') above as an accessory to an existing single-family residential dwelling.
 - * Port Orford RFPD conditions to be completed prior to issuance of Certificate of Occupancy for this structure.
 - * No development to occur in identified wetland areas without prior approval.
- * Approval to obtain septic authorization.*

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:

Betsy Corbett
 Signature

Planning Director 11/2/2021
 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 # _____ Authorization Notice# 221-21-000165-Auth
- System approved System denied

Comments: *retroactive permit to allow for the ADU to connect to existing septic system*

REHS
 Signature 12/7/21
 Title Date



**Onsite Authorization
Application Verification
221-21-000165-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: 11/2/21
Parcel Nbr: 331503C 0060200
Site Address: 41862 GREEN DOLPHIN WAY, PORT ORFORD, OR 97465
Owner: KESSLER, EDWARD L &
ERIN L
1150 S COLONY WAY STE E
PMB 239
NULL
PALMER, AK 99645
Applicant: KESSLER, EDWARD - KESSLER, EDWARD
PO BOX 649
PORT ORFORD, OR
Phone: (907) 841-0114
Email: KESSLER.EDDIE@GMAIL.COM

Licensed Professional(s):
No Licensed Professionals Designated

Category of Construction: Single Family Dwelling
County:
Acreage or Lot Size:
Water Supply: Well
Site Ready for Inspection:

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

Attached Documents:
No Documents have been attached.



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		
Fee paid		
Receipt number		
Application number	221-21-000145-ALTH	
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Edward and Erin Kessler	PO Box 649 Port Orford, OR 97465	907-841-0114
Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number

B. Legal Property Description

33s	15w	03c	602		4.5
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Curry		Hubbard Creek Ranchettes			
County		Subdivision Name	Lot		Block

Property Address: 41862 Green Dolphin Way Port Orford OR 97465
 Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
4 Number of Bedrooms	_____ Number of Bedrooms	<input checked="" type="checkbox"/> Private well _____ Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>PO Box 649 Port Orford, OR 97465</u>	

D. Type of Application

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

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.

Digitally signed by Edward Kessler
 Date: 2021.11.02 14:27:39 -04'00'

Signature _____ Date 11/1/2021

Edward L Kessler	907-841-0114	kessler.eddie@gmail.com
Applicant's Name – Please Print Legibly	Applicant's Phone Number	Applicant's E-mail Address
PO BOX 649 Port Orford, OR 97465		
Applicant's Mailing Address		

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached Installer's Name _____

PC#: 21-000265 ZONING: R-2 FORTHCOMING IN DRAWER ATTACHED



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
Manufactured Home Permit Year Bedrooms
Width of Manf. Home at base feet
Pre-Fab New
Building Permit COMM SFD #Bedrooms 1
Type and Size: Garage (28' x 30') + STUDIO (28' x 15)
Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

RETROACTIVE APPROVAL OF DETACHED GAR WITH STUDIO ABOVE

CONTRACTOR INFORMATION

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

\$212.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS

New Rural Address - Address # 41862 Green
Replacement Plate - \$36.00
DMS9 Dolphin way

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

3A. SANITARY DISTRICTS:

Sigsbee
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE.

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 # 33s15w03C Tax Lot# 602
Acreage 4.5 Street address or location:
41862 Green Dolphin Way, Port Orford, OR

5. PROPERTY OWNER INFORMATION:

Property Owner: Edward and Erin Kessler
Mailing Address: PO BOX 649
City Port Orford St. OR Zip 97465 Phone# 907-841-0114

6. ACCESS: GREEN DOLPHIN = PRIVATELY MAINTAINED

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 Edward L Kessler
Signature
Mailing address PO BOX 649
City Port Orford ST OR ZIP 97465 PH 907-841-0114
Date: 7/21/21

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.

kessler.eddie@gmail.com



(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: Residential-Two (R-2)

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 Bldg Ht = 22ft
Setback = 5ft + 3.5ft
- 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 8.5ft minimum
- 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 8.5ft minimum
- 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
at least one space for each unit
- 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: NONE FOUND

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

- 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
A 100ft defensible fire break around all
- No requirement structures is recommended.

Special Requirements or Considerations:

- no 100 year flood plain
 FIRM or Floodway Panel# _____
- no Geologic Hazard as identified on DOGAMI maps
 Wetland or potential wetland as identified by
 some Wetland Inventory Maps: Map# _____
- USFS approval _____ ODPR approval _____
 Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

- * Retrospective approval of detached garage (28'x30') with an accessory dwelling unit (ADU, 28'x15') above as an accessory to an existing single-family residential dwelling.
- * Port Orford RFPD conditions to be completed prior to issuance of Certificate of Occupancy for this structure.
- * No development to occur in identified wetland areas without prior approval.
- * Approval to obtain septic authorization.

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:

Bucky LeBrett
 Signature _____

Planning Director 11/2/2021
 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 # _____ Authorization Notice# _____
- System approved System denied

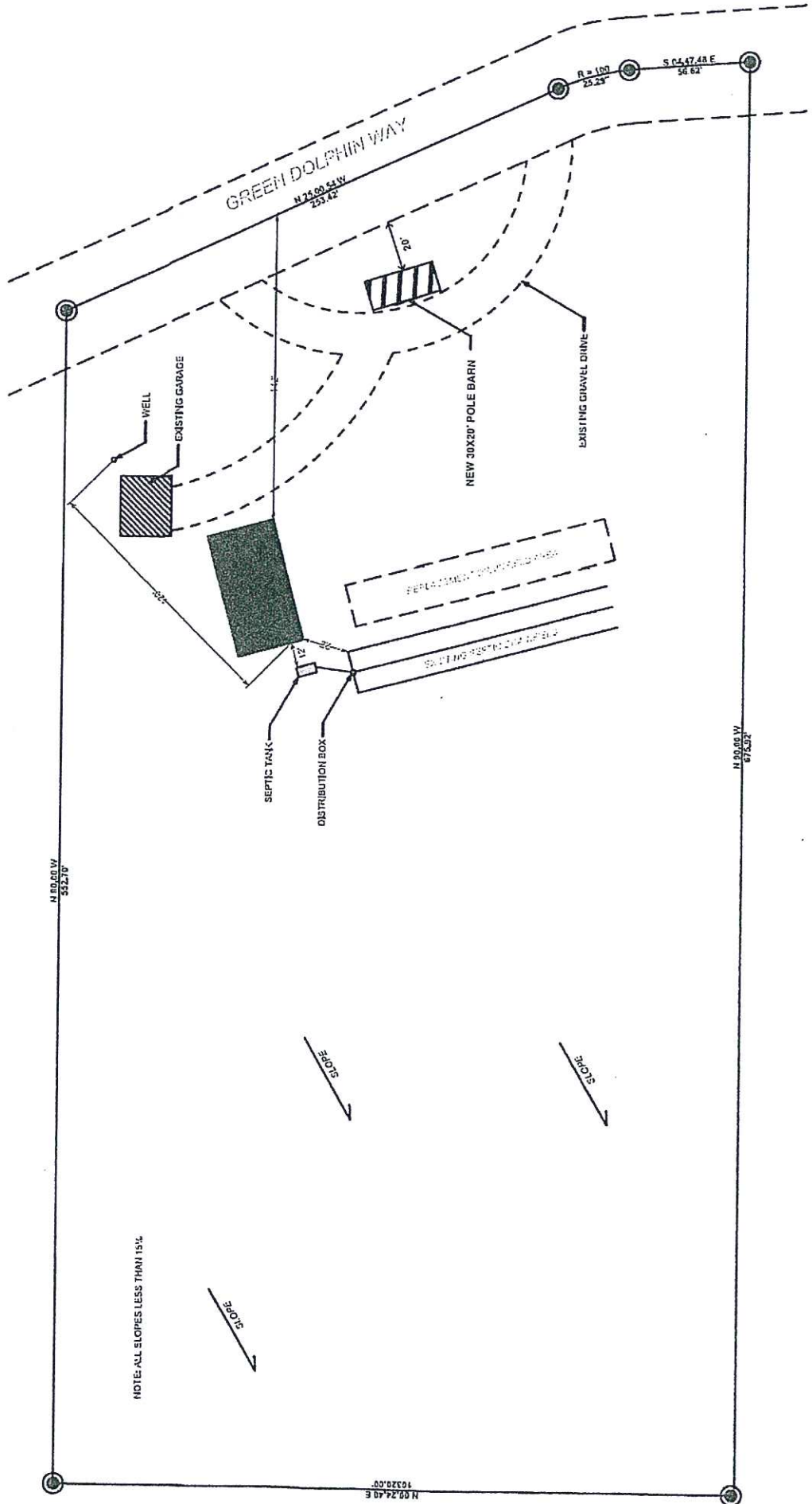
Comments:

Signature

Title _____

Date _____

PLOT PLAN
SCALE: 1" = 50'



ASSESSORS MAP & SITE
LOCATION:
T33S R15W 03C
TAX LOT 602, 4.55 ACRES

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: R-2 PC#: 16-000234

PC FEE: CURRY COUNTY - \$151.00



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
Septic only (9/20/2016)
 - Manufactured Home Permit Year _____ Bedrooms _____
 Width of Manf. Home at base _____ feet
 - Pre-Fab New *SEPTIC 12/5/2016 - SFD*
 - Building Permit COMM *SFD* #Bedrooms *2*
 Type and Size: *STICK FRAME*
 - Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

CONTRACTOR INFORMATION

- Owner Built
- Contractor Name: _____ Reg. #: _____
- Manf. Home Installer: _____ Reg# _____

\$212.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS
 New Rural Address - Address # *41860 Green Dolphin way*
 Replacement Plate - \$36.00
DM-59

2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? _____
- Mobile Homes how many? _____
- Other Buildings how many? _____

3. WATER SOURCE: *None yet*

- 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

3A. SANITARY DISTRICTS:

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

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 # *335-15-03C* Tax Lot# *602*
 Acreage *4.5* Street address or location: _____

5. PROPERTY OWNER INFORMATION:

Property Owner: *Edward Kessler*
 Mailing Address: *P.O Box 649*
 City *Port Orford* St. *OR* Zip *97465* Phone# *907-907 841-0114*

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 # _____

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Name *Edward Kessler*
 Signature *[Signature]*
 Mailing address *P.O Box 649*
 City *PORT ORFORD* ST. *OR* ZIP *97465* PH *907*

Date: *7/6/16* *841-0114*
 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.

kessler.eddie@gmail.com

FOR OFFICIAL USE ONLY
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: R-2

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:** 20'
 - 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** 1.5'
 - No requirement
 - BACK:** 20'
 - 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** 1.5'
 - 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:

- 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 _____ O DPR approval _____
 Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

Septic approval only 9/20/2016
12/6/2016 New SFD approval

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:

Nancy Chester
 Signature _____
Planner 9/20/2016
 Title _____ Date _____
Nancy Chester 12/6/2016

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 # OS 417184 Authorization Notice# _____
 System approved System denied

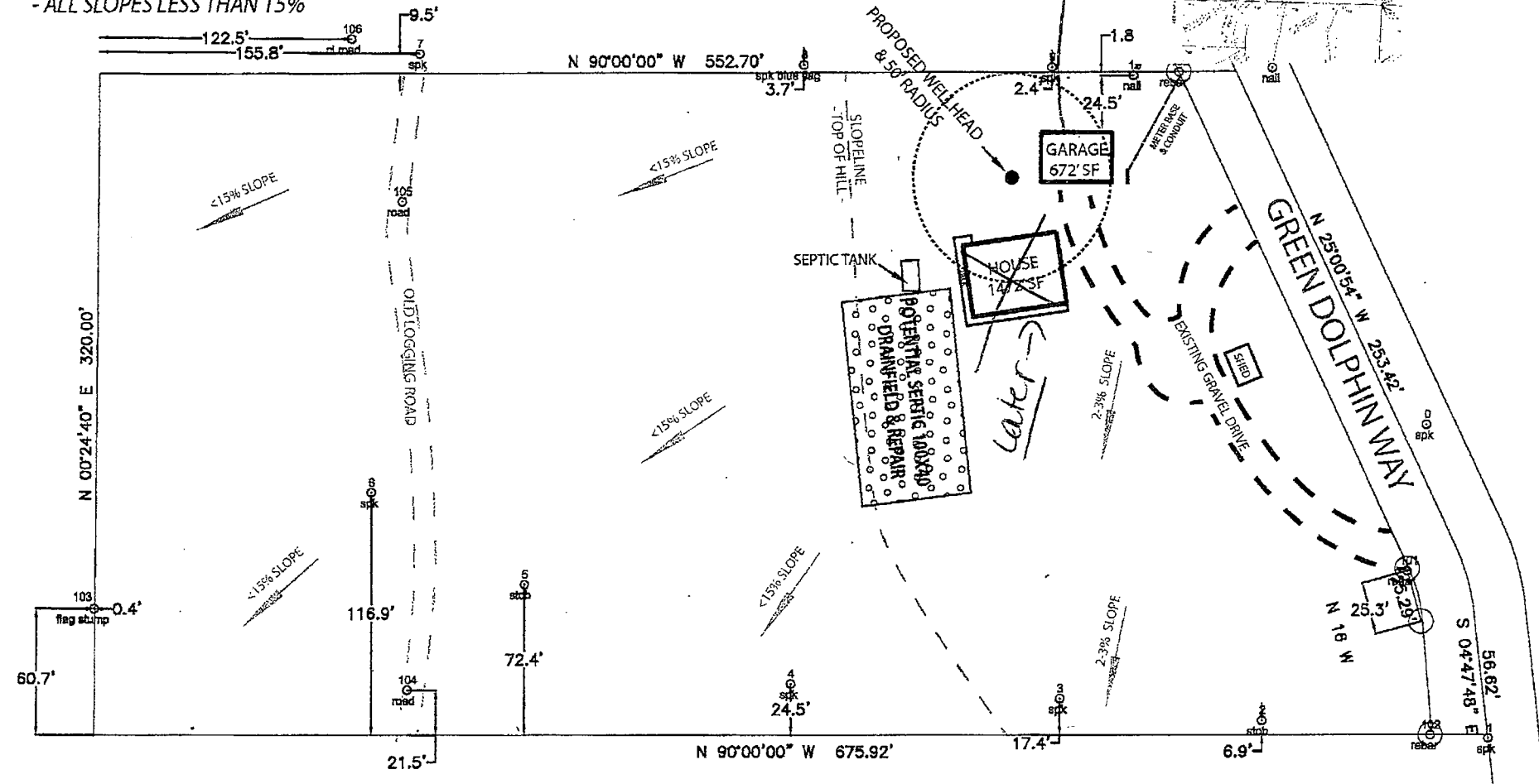
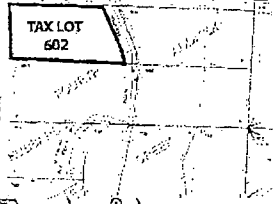
Comments:

Sent to DEG - 9/20/2016 + 12/14/2016
 Signature Linda R Van Tassel
 Title OS 2 Date 12/6/2016

ECSC PLAN AND BMP'S

- SITE PREP COMPLETED, NO ADDITIONAL VEGETATION TO BE REMOVED
- PLASTIC SHEETING TO BE USED AS COVER OVER SOILS DURING HEAVY PRECIP
- NO STEEP SLOPES OR RIPARIAN AREAS PRESENT AT CONSTRUCTION SITE
- EXCAVATION ACTIVITIES AFTER TO 10/15 LIMITED TO DRY WEATHER
- ALL SLOPES LESS THAN 15%

VICINITY MAP



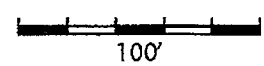
PLOT PLAN

HOUSE, GARAGE, PROPOSED WELL & SEPTIC SYSTEM

OWNERS: EDWARD AND ERIN KESSLER
ADDRESS: PO BOX 649
 PORT ORFORD, OR 97465

TAX MAP & SITE LOCATION:
 33S-15W-03C LOT#602

DATE: 7/6/2016



1" = ~75'



VAN TASSEL Linda

From: Nancy Chester [ChesterN@co.curry.or.us]
Sent: Tuesday, December 06, 2016 11:54 AM
To: VAN TASSEL Linda
Subject: RE: Kessler - 3315-03C -00602

No, you will need to sign off, because this structure will be their "dwelling" until they get their "real" house built. They will be hooking up to the septic in this one... Then later down the line, they will be building their "real" house. Does that make sense????

Nancy Chester - Planner

*It's nice to be important, but it is more important to be nice.
~Author Unknown~*

From: VAN TASSEL Linda [mailto:VanTassel.Linda@deq.state.or.us]
Sent: Tuesday, December 06, 2016 11:11 AM
To: Nancy Chester
Subject: RE: Kessler - 3315-03C -00602

Thanks. No sign-off then until you notify the "real" house is ready to be built, correct?

From: Nancy Chester [mailto:ChesterN@co.curry.or.us]
Sent: Tuesday, December 06, 2016 10:55 AM
To: VAN TASSEL Linda
Subject: Kessler - 3315-03C -00602

Linda,

This was just approved for septic only, but he is now building a garage/shop/sfd (labeled garage on plot plan).

He will be building his "real" house later and we will notify you at that time also.

If you have any questions, let me know.

Nancy Chester - Planner
Curry County Community Development
Planning Division
94235 Moore Street, Suite 113
Gold Beach, Or 97444
541 247-3284

*It's nice to be important, but it is more important to be nice.
~Author Unknown~*

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS417184 as follows:

PROPERTY INFORMATION

Property Owner: **Edward Kessler** Township **33S, Range 15W, Section 03**
Property Location: **Green Dolphin Way, Port Orford** Tax Lot **602**
Facility Type: **Single Family Dwelling** Curry County
2 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Minimum Septic Tank Size:	1000 gals	Drain Media Total Depth:	12 inches
Distribution Type:	Equal	Drain Media Below Pipe:	6 inches
Total Trench Length:	375 Linear feet	Drain Media Above Pipe:	2 inches
Trench Spacing:	8 feet*	Rake Sidewall:	Required
Media Type:	Rock and Pipe		
Maximum Trench Depth:	30 inches		
Minimum Trench Depth:	18 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.


SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover - Correction Notice Issued by Sean Rochette on 10/12/2016

Pre-Cover Inspection by Sean Rochette on 10/12/2016

Pre-Cover Inspection Waived by Sean Rochette on 10/17/2016

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

	Onsite Wastewater Specialist	10/17/2016
Authorized Agent:	Title	Date CSC Issued
Sean Rochette		

Department of Environmental Quality
Western Region - Coos Bay Office
381 N 2nd St.
Coos Bay, OR 97420
Phone: (541) 269-2721 X225
Fax: (541) 269-7984

ROCHETTE Sean

From: Edward Kessler [kessler.eddie@gmail.com]
Sent: Monday, October 17, 2016 9:17 AM
To: ROCHETTE Sean
Subject: Photos from site
Attachments: IMG_6074.jpg; IMG_6075.jpg; IMG_6077.jpg; IMG_6078.jpg; IMG_6084.jpg

Hey Sean,

After our conversation, I made the rush back to Port Orford wednesday night.

- I got Tracer line trenched in from Tank to Distrubtion Box. It's laid in the ground and covered with 6" wide warning flagging so we can follow the line while excavating, in addition to magnetic location.
- Added Rock to trenches and recovered with fabric
- Used excess material to lift end of trench cover in cap and fill style you suggested. Theres still about 5-7 yards of excess material from tank excavation. I will move that when I get a skid steer back on site and provide additional lift to the entire drain field.
 - Needs to be smooth graded once we get a few days of sunny weather

Thanks for coming out so fast last week. Just a little bit of water in that last storm.

-Ed







Final Inspection Request and Notice - Onsite ID: 417184

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. 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. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: Edward Kessler

Township 33S, Range 15W, Section 03

Curry County TaxLot#: Tax Lot 602

Property Green Dolphin Way, Port Orford
Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard		Water tight verification*
Tanks(1)	Volume: 1000 GA	Compartments: 1	Manufacturer: ORENCO - WILLAMETTE - GREYSTONE	Date: 10/7/16
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM#/Other: 3034	Length:
Pressure Transport Pipe	Yes No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes No	Type:	Container Dimensions:
Underdrain pipe		Diameter:	ASTM#/Other: RECEIVED
Manifold piping		Diameter:	ASTM#/Other: RECEIVED
Internal Pump		HP:	Model/Manufacturer
Floats(1)		Type:	Model/Manufacturer
Floats(2)		Type:	Model/Manufacturer
ATT	Yes No	Model:	OCT 13 2016
Certified Maint.		Provider Name:	COOS BAY OFFICE
Operation and Maint.	Contract Received? Yes No		

D. Drainfield Media

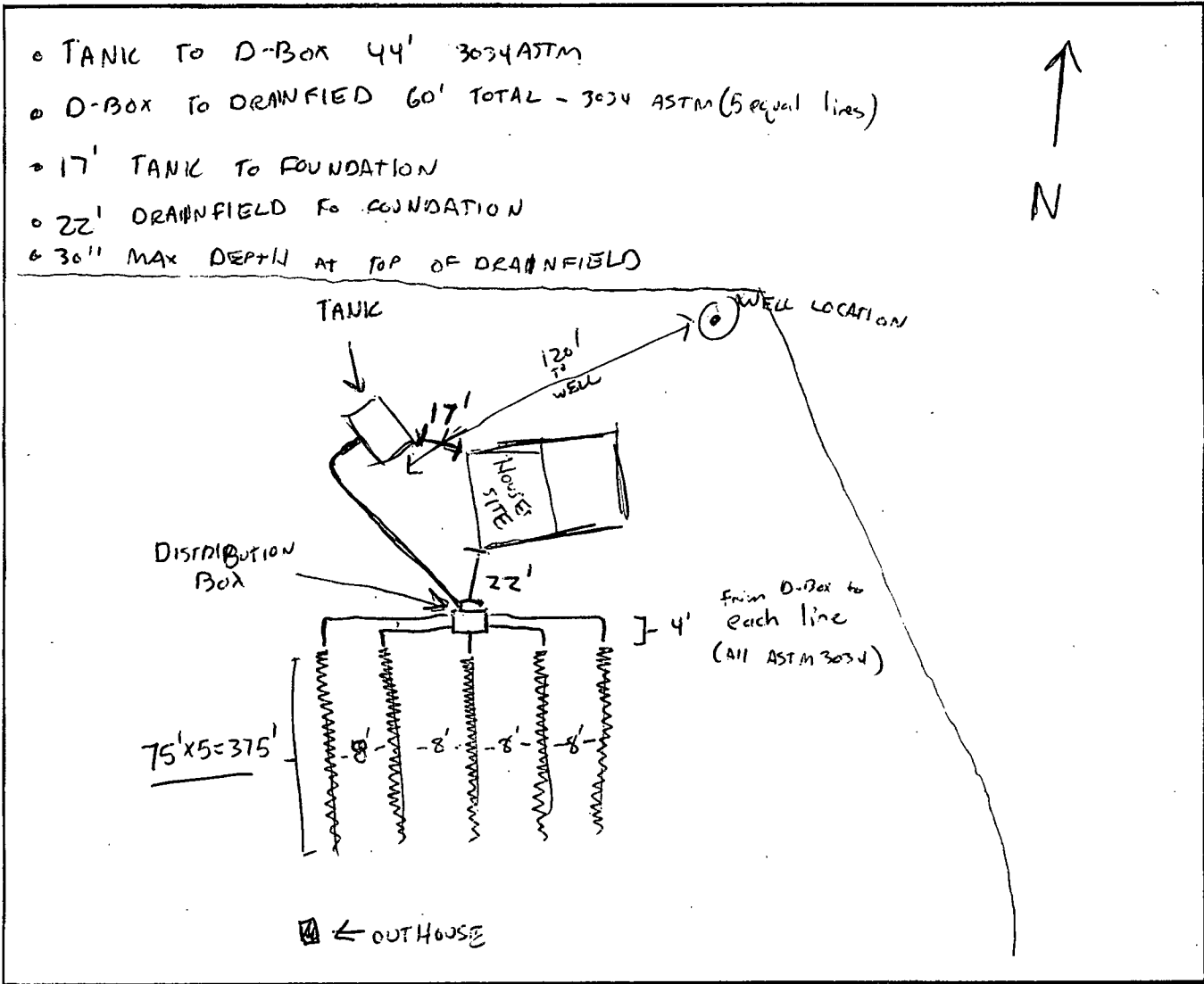
Type	(Gravel, Pipe or alternative?) 2" minus washed rock surrounding 4" perf pip		
Distribution Box	Yes <input checked="" type="checkbox"/> No		
Drop Box	Yes No		
Distribution Pipe	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM#/Other: 3034 Length: 60' total
Comment	5 equal distribution lines at 75' each		

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Edward Kessler</u>		
Licensed Installer:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>10/4/16</u>	Phone#: <u>907-841-0114</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date: <u>10/17/16</u>	Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date: <u>10/17/16</u>

If No, Reason for Non Acceptance: _____

Comment: 10/17/16: Pre-cover waived w/ pictures / description of corrections made. OK for CSC. Jn

Construction-Installation Permit

This Construction-Installation Permit OS417184 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Edward Kessler** **Curry County**
Property Location **Green Dolphin Way, Port Orford** **Township 33S, Range 15W, Section 03**
Facility Type: **Single Family Dwelling** **Tax Lot 602**
2 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Dry soil installation required between: Jun 1 2017 And Oct 1 2017.

Minimum Septic Tank Size: **1000 gals** Drain Media Total Depth: **12 inches**
Distribution Type: **Equal** Drain Media Below Pipe: **6 inches**
Total Trench Length: **375 Linear feet** Drain Media Above Pipe: **2 inches**
Trench Spacing: **8 feet*** Rake Sidewall: **Required**
Media Type: **Unknown**
Maximum Trench Depth: **30 inches**
Minimum Trench Depth: **18 inches**

*Minimum undisturbed soil between trenches

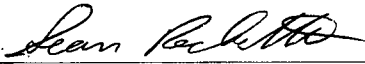
ADDITIONAL CONDITIONS

- ¹ Tank(s) must be watertight tested in accordance with OAR 340-073-0025(3).
- ² Dry soil install only. Must be installed during the timeframe shown on permit unless otherwise approved by the DEQ agent.
- ³ Install minimum 18 gauge green tracer wire or green metallic tape above the effluent sewer pipe from the septic tank to the distribution unit.
- ⁴ Meet all required setbacks.
- ⁵ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁶ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- ⁷ Vehicular traffic and livestock must be restricted from the system area.
- ⁸ All roof drains must be directed away from the system.
- ⁹ All trenches must be at the same elevation.
- ¹⁰ All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

- ¹ A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- ² A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:

	Onsite Wastewater Specialist	10/5/2016	10/5/2017
Authorized Agent:	Title	Date Issued	Expiration Date

Sean Rochette

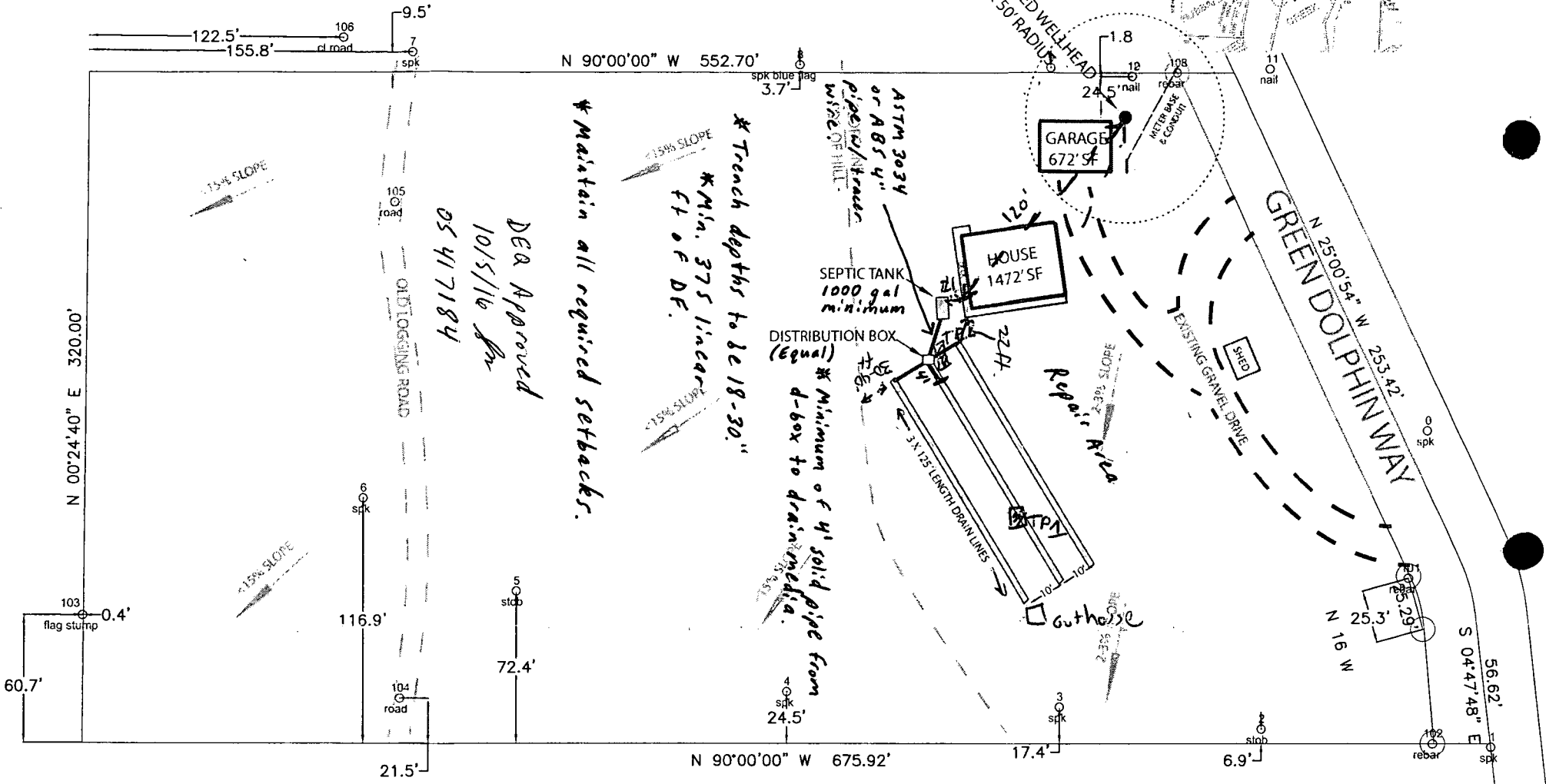
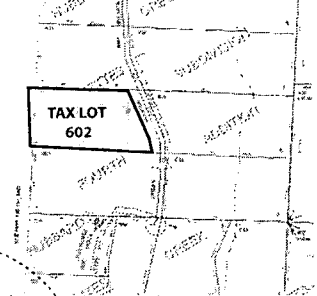
Department of Environmental Quality
Western Region, Coos Bay Office
381 N 2nd St.
Coos Bay, OR 97420
Phone: (541) 269-2721 X225
Fax: (541) 269-7984

See the Attachment 1 for additional information about your permit.

ECSC PLAN AND BMP'S

- SITE PREP COMPLETED, NO ADDITIONAL VEGETATION TO BE REMOVED
- PLASTIC SHEETING TO BE USED AS COVER OVER SOILS DURING HEAVY PRECIP
- NO STEEP SLOPES OR RIPARIAN AREAS PRESENT AT CONSTRUCTION SITE
- EXCAVATION ACTIVITIES AFTER TO 10/15 LIMITED TO DRY WEATHER
- ALL SLOPES LESS THAN 15%

VICINITY MAP



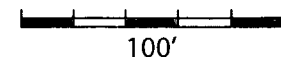
PLOT PLAN

HOUSE, GARAGE, PROPOSED WELL & SEPTIC SYSTEM

OWNERS: EDWARD AND ERIN KESSLER
ADDRESS: PO BOX 649
 PORT ORFORD, OR 97465

TAX MAP & SITE LOCATION:
 33S-15W-03C LOT#602

DATE: 7/6/2016



1" = ~75'





State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

05 417184

For DEQ Use Only:		Date Stamp
Date received	9-23-14	
Fee paid	1108.00	
Receipt number	168464	
Application number	419444	
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion	9-23-14	
Scanned	Data Entry	

A. Property Owner Information

Edward L Kessler PO Box 649, Port Orford, OR 97465 907-841-0114
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

33S 15W 03C 602 4.51
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Curry Hubbard Creek Ranchettes
County Subdivision Name Lot Block

Property Address: _____
Address City State Zip Code

Directions to Property: 1 Mile South of Port Orford on H101. Turn Left on Fir Road, Cross Bridge, stay left on N. Fork Hubbard Crk. Turn Right on Green Dolphin Way. 4th Drive on Right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms _____	2 Number of Bedrooms	<input checked="" type="checkbox"/> Private Well 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 type="checkbox"/> Authorization Notice for: |
| <input checked="" type="checkbox"/> Construction | <input 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 type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House |
| <input type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Major | | <input type="checkbox"/> Other-please specify _____ |
| <input type="checkbox"/> Minor | | |

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

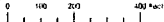
By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature _____ Date 9/19/2016
Edward L Kessler Applicant's Name - Please Print Legibly 907-841-0113 Applicant's Phone Number kessler.eddie@gmail.com Applicant's E-mail Address

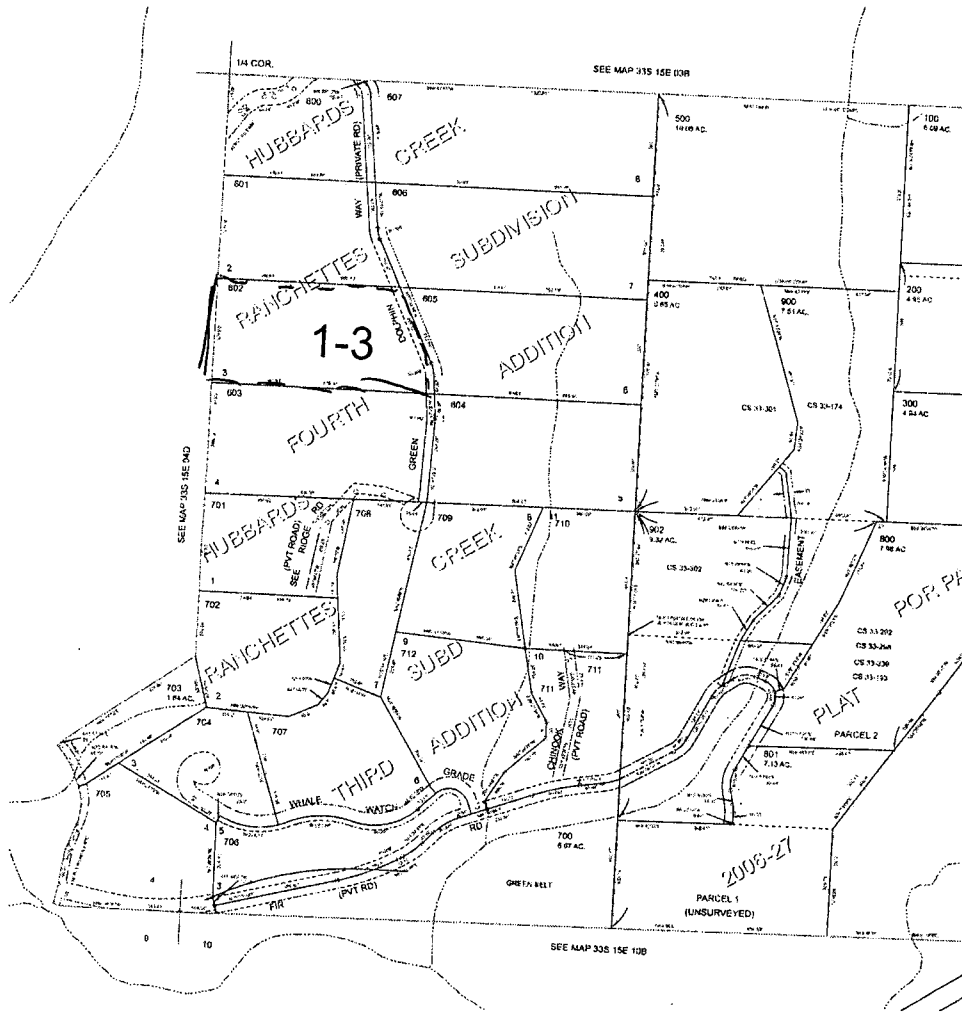
PO Box 649, Port Orford, OR 97465
Applicant's Mailing Address

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

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY



S.W. 1/4 SEC. 3 T. 33S. R. 15W.
CURRY COUNTY
1" = 200'





State of Oregon
Department of
Environmental
Quality

Statement of Site Status

Name: EDWARD L KESSLER

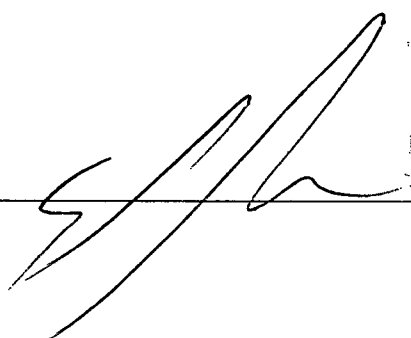
Address: PO BOX 649

City: PORT ORFORD State: OR Zip Code: 97465

Township: 33S Range: 15W Section: 03C Tax Lot: 602

County: CURRY

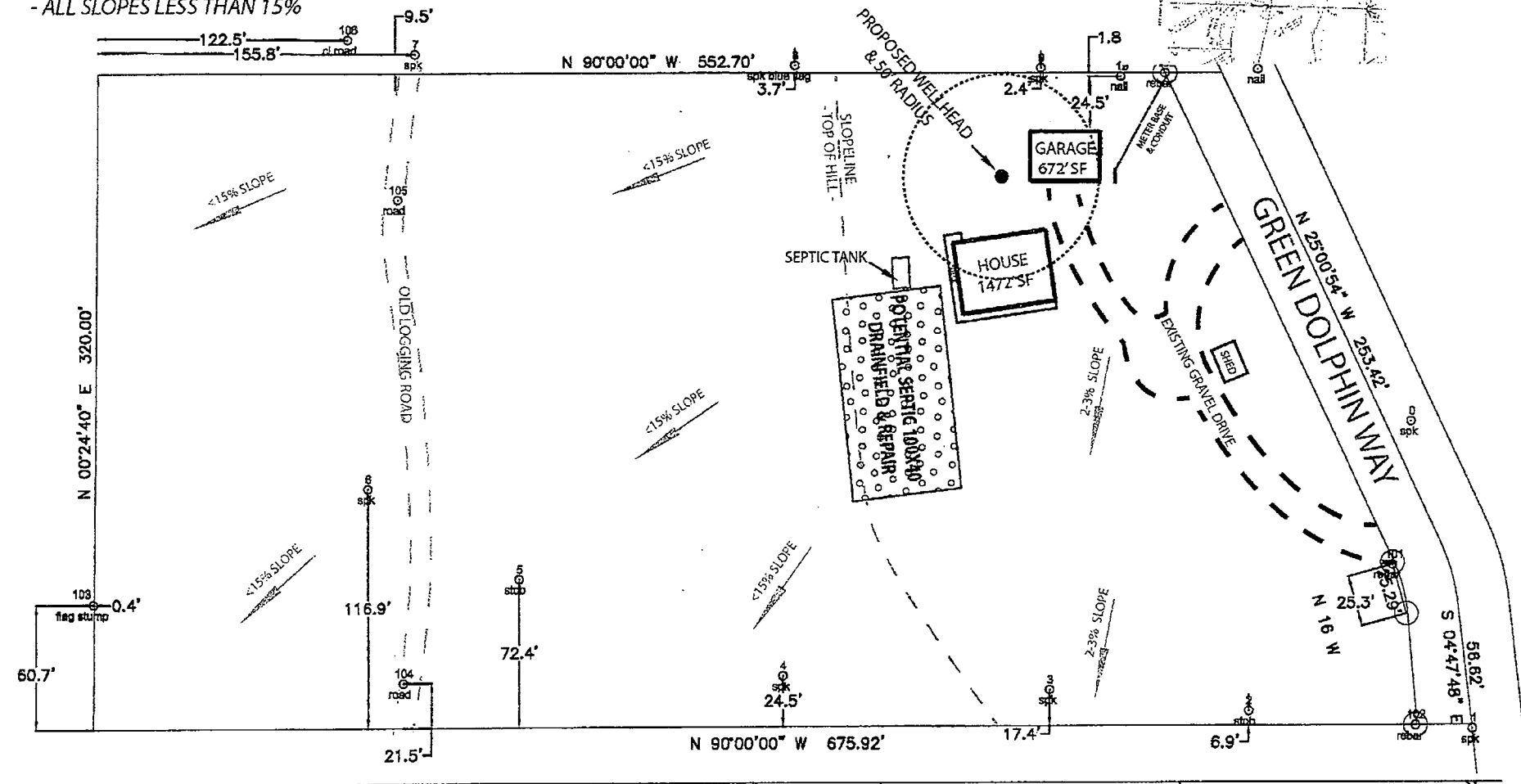
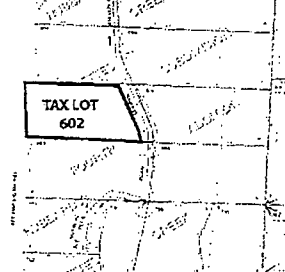
I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

Date: 9/21/10 Signed: 

ECSC PLAN AND BMP'S

- SITE PREP COMPLETED, NO ADDITIONAL VEGETATION TO BE REMOVED
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- NO STEEP SLOPES OR RIPARIAN AREAS PRESENT AT CONSTRUCTION SITE
- EXCAVATION ACTIVITIES AFTER TO 10/15 LIMITED TO DRY WEATHER
- ALL SLOPES LESS THAN 15%

VICINITY MAP



PLOT PLAN

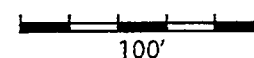
HOUSE, GARAGE, PROPOSED WELL & SEPTIC SYSTEM

OWNERS: EDWARD AND ERIN KESSLER
ADDRESS:

PO BOX 649
PORT ORFORD, OR 97465

TAX MAP & SITE LOCATION:
33S-15W-03C LOT#602

DATE: 7/6/2016



1" = ~75'



PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: R-2 PC#: 16-00234

PC FEE: CURRY COUNTY - \$151.00



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
Septic only
 - Manufactured Home Permit Year _____ Bedrooms _____
 Width of Manf. Home at base _____ feet
 - Pre-Fab New *SEPTIC*
 - Building Permit COMM *SFD* #Bedrooms *2*
 Type and Size: *STICK FRAME*
 - Letter of approval signed by Deputy State Fire
 Marshal (Required for Commercial)

CONTRACTOR INFORMATION

- Owner Built
- Contractor Name: _____ Reg. #: _____
- Manf. Home Installer: _____ Reg# _____

\$212.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS
 New Rural Address - Address # _____
 Replacement Plate - \$36.00

2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? _____
- Mobile Homes how many? _____
- Other Buildings how many? _____

3. WATER SOURCE: *None yet*

- 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 _____

3A. SANITARY DISTRICTS:

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

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 # *335-15-03C* Tax Lot# *602*
 Acreage *4.5* Street address or location: _____

5. PROPERTY OWNER INFORMATION:

Property Owner: *Edward Kessler*
 Mailing Address: *P.O Box 649*
 City *Port Orford* St. *OR* Zip *97465* Phone# *907-841-0114*

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 *Edward Kessler*

Signature *[Signature]*

Mailing address *P.O Box 649*

City *PORT ORFORD* ST *OR* ZIP *97465* PH *907*

Date: *7/6/16* *841-0114*

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.

Kessler.eddie@gmail.com

FOR OFFICIAL USE ONLY
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: R-2

Property Line Setbacks:

- Harbor Bench Farm Distriot 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# _____
 Geologic Hazard as identified on DOGAMI maps
 Wetland or potential wetland as identified by
 Wetland Inventory Maps: Map# _____
 Scenic Waterway
 USFS approval _____ O DPR approval _____
 Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

Septic approval 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:

Manay Chester
 Signature _____
Planner Title _____ *9/20/2016* 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 # 417184 Authorization Notice# _____

- System approved System denied

Comments:

Sean Rockwell
 Signature _____
NRS3 Title _____ 10/5/16 Date _____



Oregon

Kate Brown, Governor

Scan ID
419141

Department of Environmental Quality
Western Region Coos Bay Office
381 N Second Street
Coos Bay, OR 97420
(541) 269-2721
FAX (541) 269-7984
TTY 711

8/29/2016

SITE EVALUATION REPORT

Edward Kessler
PO Box 649
Port Orford, OR ~~99645~~ 97465

SCANNED

SEP 02 2016

COOS BAY OFFICE

Dear Mr. Kessler:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** the site for the system described in the "Approved System Specifications" section of the Field worksheet. This site approval runs with the land and will automatically benefit subsequent owners. The site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**


Applicant Name: <u>Edward Kessler</u>	Application Number: <u>419141</u>
Township: <u>33</u> Range: <u>15</u> Section: <u>03C</u> Tax Lot: <u>602</u>	County: <u>Curry</u>

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

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

If you have any questions regarding this report, please contact DEQ at 541-269-2721 x225.

Sincerely,


Sean Rochette
Onsite Wastewater Specialist

Attachments: Field Worksheet, Additional Conditions of Approval, Approved Area Site Plan

FIELD WORKSHEET 05 417002

Name: Edward Kessler Application No.: 419141 Date: 8/23/2016

RE: **SITE EVALUATION REPORT** for Township: 33 Range: 15 Section: 03C Tax Lot: 602

Commercial Facility: Yes No Parcel Size: 4.5

APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

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

Initial & Replacement systems sized @ 450 GPD in soil group C w/ESD > 48" and Temp. WT @ 55." Both systems in same general area with plenty of space available provided setbacks are maintained. Well must be 100'+ from approved DF areas. 375 linear ft each system in equal configuration (or loop). Maintain all required setbacks.

Sean Kessler

55"
Temp WT
depletions
w/ redox.

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-12	S:CL	7.5YR 3/3 2.6 Gran. many v.f. - coarse roots
	12-26	S:CL	7.5YR 4/4 2.5BK / 2.6 Gran. com. relic redox. conc. com. v.f. - med roots
	26-45	S:CL	7.5YR 4/4+ 2.5BK few v.f. / f roots
	45-62	S:CL	10YR 4/4 2.5BK (poor structure) few f roots, com. dist. redox. conc.
Test Pit 2	0-57		Similar to TP 1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: cleared area previously forested

Slope: 1-390 Aspect: S Groundwater Type: Permanent Temporary

Other Site Notes: TP1: 55" depletions w/ redox. conc. = temp. WT, slight sand fraction increase towards bottom of pit

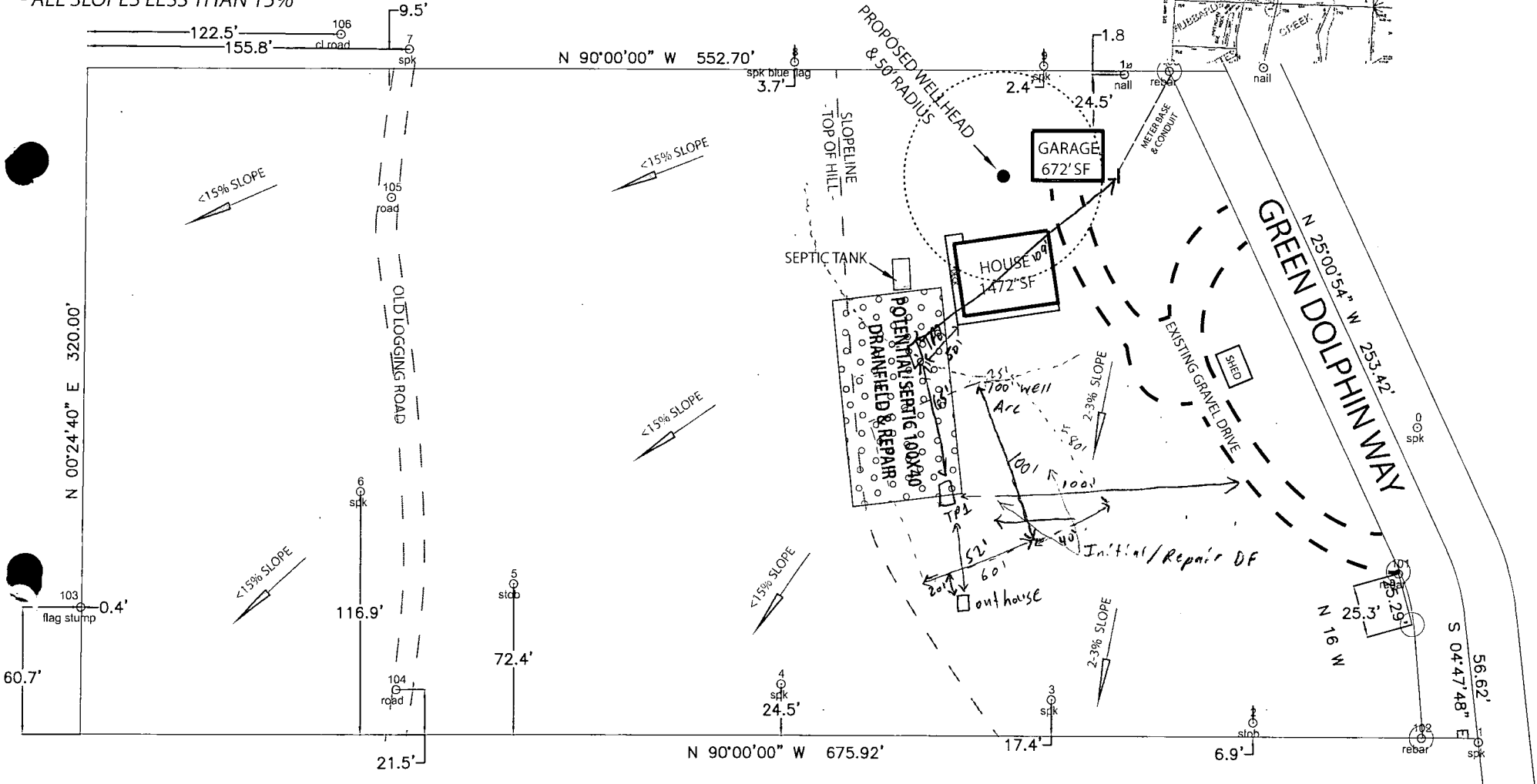
outhouse on site Proposed well less than 100' to a portion of proposed DF
Must keep 100' from well to DF

Application No.: 0

ECSC PLAN AND BMP'S

- SITE PREP COMPLETED, NO ADDITIONAL VEGETATION TO BE REMOVED
- PLASTIC SHEETING TO BE USED AS COVER OVER SOILS DURING HEAVY PRECIP
- NO STEEP SLOPES OR RIPARIAN AREAS PRESENT AT CONSTRUCTION SITE
- EXCAVATION ACTIVITIES AFTER TO 10/15 LIMITED TO DRY WEATHER
- ALL SLOPES LESS THAN 15%

*DEQ Site Eval
8/23/16 for*



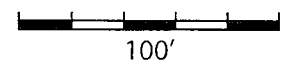
PLOT PLAN

HOUSE, GARAGE, PROPOSED WELL & SEPTIC SYSTEM

OWNERS: EDWARD AND ERIN KESSLER
ADDRESS: PO BOX 649
 PORT ORFORD, OR 97465

TAX MAP & SITE LOCATION:
 33S-15W-03C LOT#602

DATE: 7/6/2016



1" = ~75'





State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Send this application
to the appropriate
DEQ office

05 417002

Scan ID
419141

For DEQ Use Only:		Date Stamp
Date received	7-25-16	<div style="border: 1px solid black; padding: 5px; text-align: center;"> SCANNED SEP 02 2016 </div>
Fec paid	780.00	
Receipt number	167700	
Application number	419141	
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion	7-25-16	
Scanned	Data Entry	

A. Property Owner Information

Edward L Kessler PO Box 649, Port Orford, OR ~~99645~~ 97465 907-841-0114
 Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

33S 15W 03C 602 4.5
 Township Range Section Tax Lot Acreage or Lot Size
 Curry Hubbard Creek Ranchettes #4 3
 County Subdivision Name Lot Block

Property Address: NO ADDRESS
 Address City State Zip Code

Directions to Property: S. 1.5 miles From Port orford on Hwy101. Turn right on Fir Road. Follow Fir past bridge and stay left on North Fork Hubbard Creek Rd. Follow uphill until Green Dolphin Way. Turn R. on Green Dolphin Way. 4th Drive on Right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: <input type="checkbox"/> Single Family Residence Number of Bedrooms _____ <input type="checkbox"/> Other _____	Proposed Facility: <input checked="" type="checkbox"/> Single Family Residence 2 Number of Bedrooms _____ <input type="checkbox"/> Other _____	Water Supply: <input type="checkbox"/> Public _____ Name _____ <input checked="" type="checkbox"/> Private Well Well, Spring, Shared _____
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D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction <input type="checkbox"/> Permit Repair <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other-please specify _____
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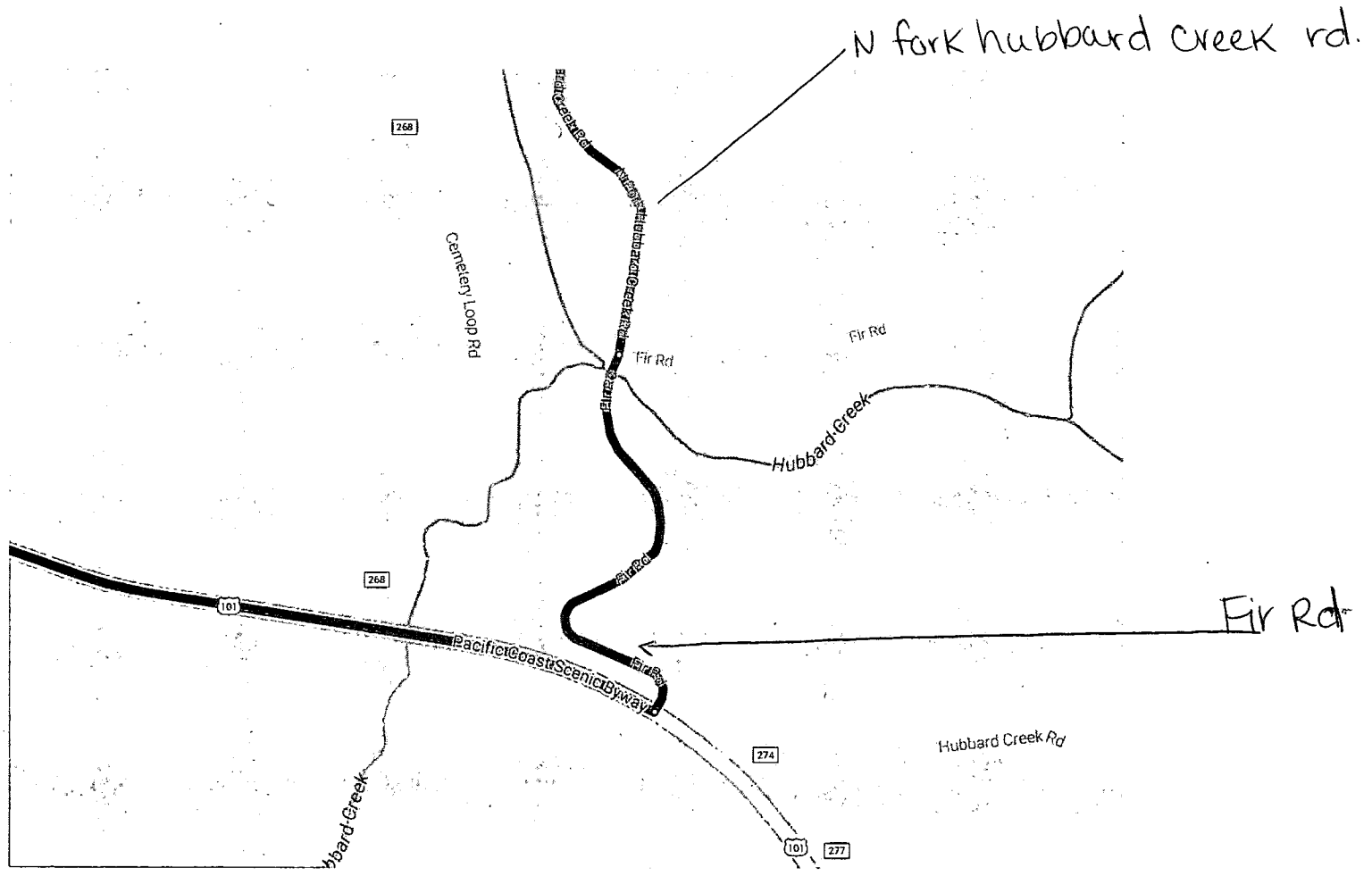
If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

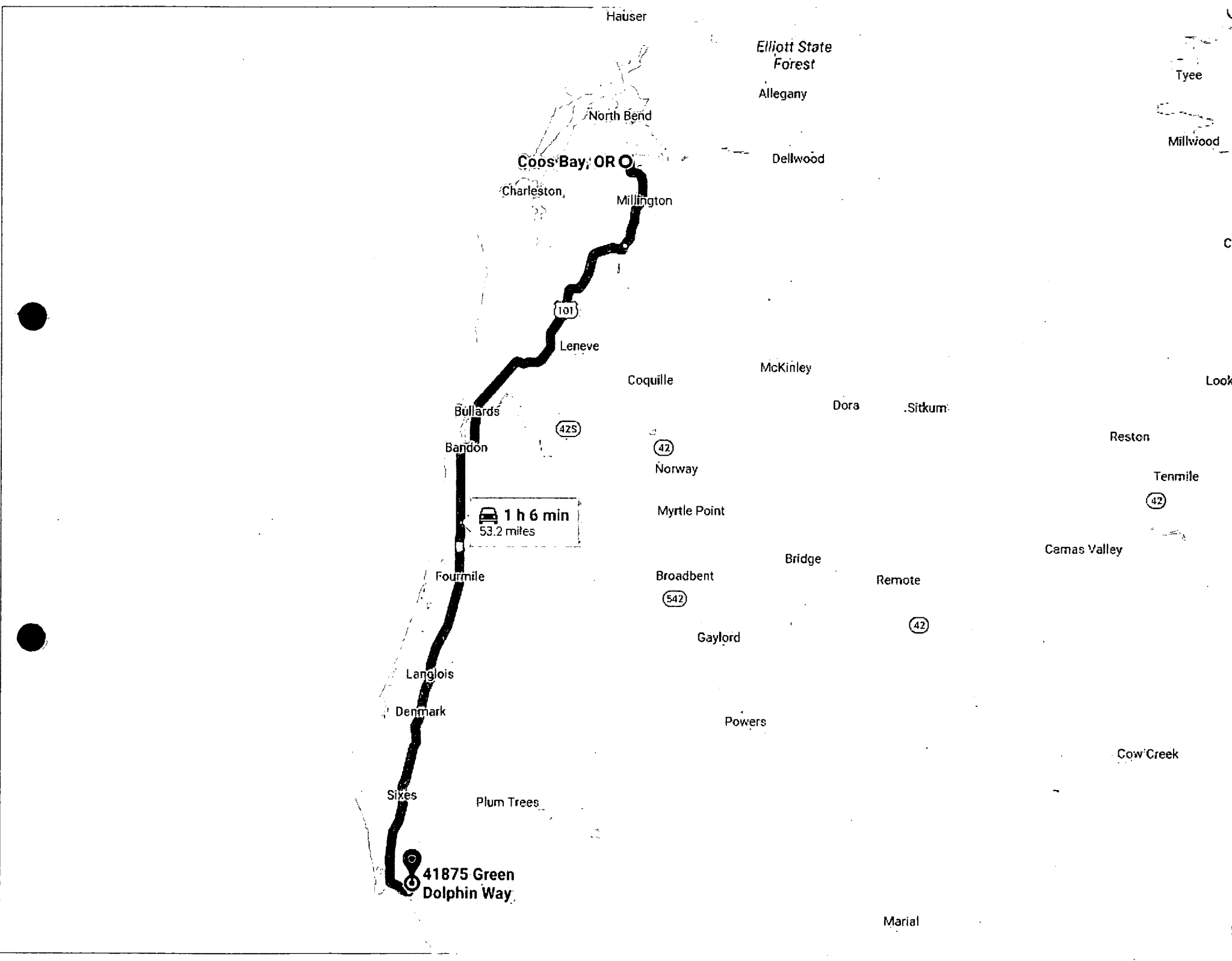
By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

[Signature] 7/22/2016
 Signature Date
 Edward L Kessler 907-841-0114 kessler.eddie@gmail.com
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

PO Box 649, Port Orford, OR ~~99645~~ 97465
 Applicant's Mailing Address

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





Hauser

Elliott State Forest

Tyee

Allegany

North Bend

Millwood

Coos Bay, OR

Dellwood

Charleston

Millington

101

Leneve

Coquille

McKinley

Look

Bullards

Dora

Sitkum

42S

Barjon

42

Norway

Reston

Tenmile

42

1 h 6 min
53.2 miles

Myrtle Point

Camas Valley

Fourmile

Broadbent

Bridge

Remote

542

42

Langlois

Gaylord

Denmark

Powers

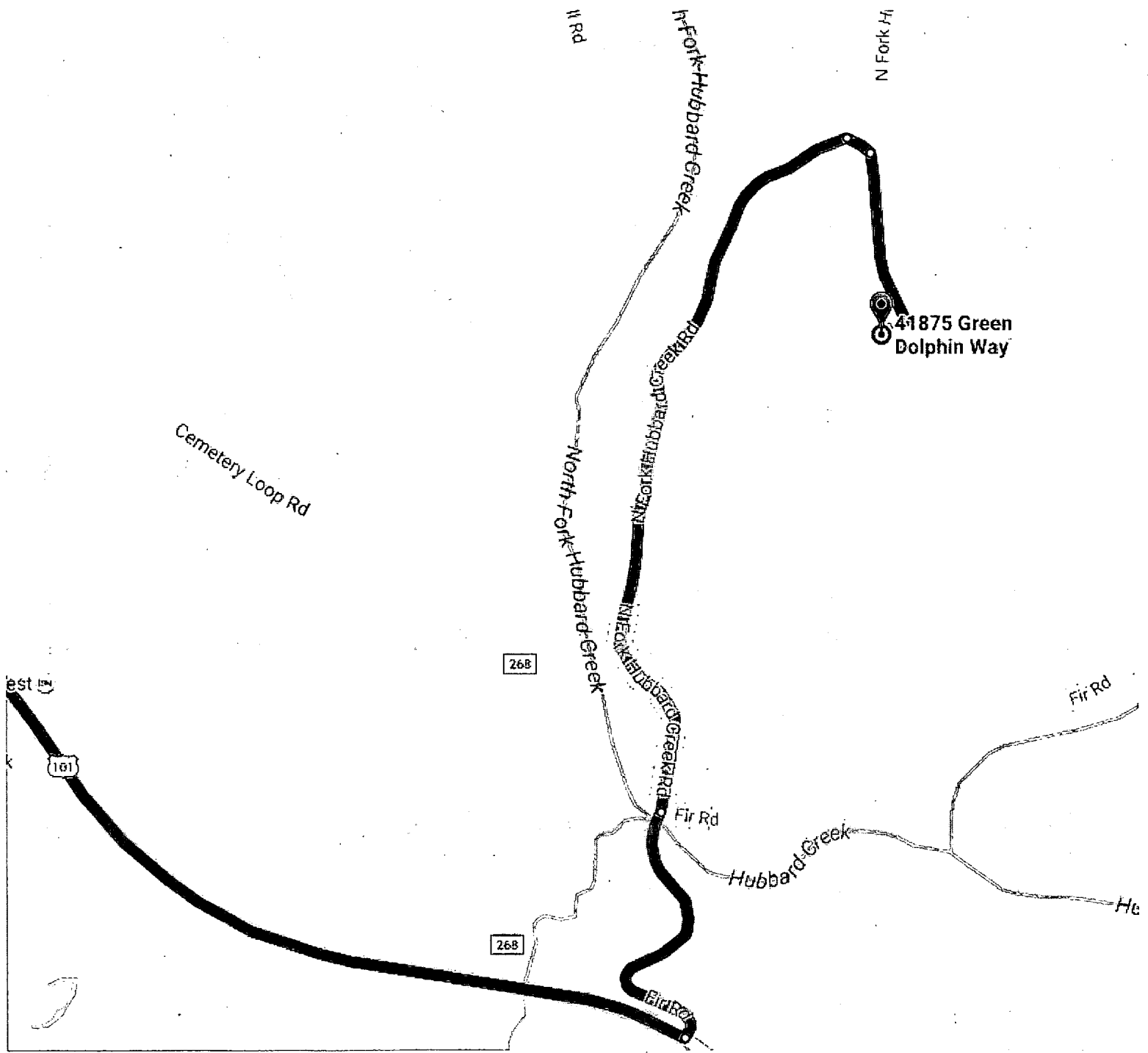
Cow Creek

Sixes

Plum Trees

41875 Green Dolphin Way

Marial



W Rd

N Fork Hi

Cemetery Loop Rd

268

268

est

181

N Fork Hubbard Creek

North Fork Hubbard Creek

Hubbard Creek Rd

Fir Rd

Hubbard Creek

Fir Rd

He

41875 Green Dolphin Way