

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 7th Avenue, Suite 100
Eugene, Oregon 97401

Please answer the following questions as completely as possible. If you are unable to fill out any part of this form indicate in writing why these sections were left blank. Refer to OAR 340-071-0155. For more information, visit www.oregon.gov/DEQ/WQ/pages/onsite/septicmart.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Brent Beetham Telephone: 541 217-9539
Site Address: 40495 Hwy 101 City: Robledo Zip Code: 97465
County: Curry Lot Size: 160 A Acres/Square Feet (circle units)
Legal Description: T.33S R15W S.00 TL 2600
Age of wastewater treatment system 26 (years) Is there a service contract for system components? NO
Date the septic tank was last pumped 2/16/22 (please attach receipt if available)
Number of people occupying dwelling 3 If unoccupied, for how long has it been vacant? ?
The above information is true and to the best of my knowledge.

Date (DD/MM/YYYY)

Signature of Owner

Name of person performing inspection (please print): L. WAYNE MOORE

Certification:

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

Certification Number: R169

Business name WM Logging & Const. Email _____
Business address P.O. Box 298, Sixes, OR Phone _____
Date of Inspection: 1-8-2022 (DD/MM/YYYY)
WM LOGGING & CONSTRUCTION
L. WAYNE MOORE
P.O. BOX 298
SIXES, OR 97476
541-348-9927/541-253-6028
CCB 189370 DEQ38482

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

1-9-22
Date (DD/MM/YYYY)

L. Wayne Moore
Signature of Qualified Septic System Inspector

1. General System Information

The Existing System Evaluation Report form contains 7 pages. Some of the questions on this form may not pertain to the system being inspected, as there are many system designs. If you (the septic system inspector) 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 inspection 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"/> Disposal Trenches/ Leach Lines | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other (please describe) _____ | |

Note: If the system is a seepage bed or cesspool contact your local County or DEQ office for further guidance.

- There is a permit for the septic system ☒ Yes ☐ No

- Permit Number 08-027-96

- Date septic system installed May or June 1996 (YYYY) ☐ No record of installation date

- All plumbing fixtures are connected to the septic system ☒ Yes ☐ No

If you answered "No," please describe below:

Believed to be true from conv. didn't investigate
under home

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface ☐ Yes ☒ No

- Discharge of sewage to surface waters ☐ Yes ☒ No

- Sewage backup into plumbing fixtures ☐ Yes ☒ No

- Additional Comments:

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* inspection.

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

- The septic tank material is:

- ☒ Concrete
- ☐ Steel
- ☐ Plastic
- ☐ Fiberglass
- ☐ Other (explain) _____
- ☐ Unknown

- Is the septic tank accessible? ☒ Yes ☐ No
- Septic tank volume (in gallons) 1500 ?
- Septic tank risers are at ground level ☒ Yes ☐ No
- Tank appears to be watertight and in good condition ☒ Yes ☐ No

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

ST Baffles are 4" ABS

- Septic tank lid(s) is intact ☒ Yes ☐ No
- Septic tank baffles and elbows are intact ☒ Yes ☐ No
- Effluent filter is present ☐ Yes ☒ No
- Effluent filter is free of debris ☐ Yes ☐ No
- Liquid level in tank relative to invert of outlet ☒ At ☐ Above ☐ Below
- Scum layer 3 (inches) Sludge layer 4 (inches)
- Scum and Sludge layer more than 35% of the total tank volume ☐ Yes ☒ No

- Additional Comments:

4" 3034 Inlet from house appears to have settled approx 1" in ferro connection

4" 3034 Outlet of Tank has settled approx 1" in ferro connection

settling due to insufficient compaction under connections
system still working properly

4. Dosing tank / Pump Basin

Dosing tanks, where present, have a pump that sends effluent to the soil absorption field (leach field). Not all septic system designs have a dosing tank.

- The septic system has a dosing tank ☐ Yes ☒ No
(If "No," skip the rest of section 4)
- Dosing tank capacity _____ (gallons)
- Dosing tank material _____
- 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 ☐ N/A
- Type of screen _____
- Screen is clean and free of debris ☐ Yes ☐ No
- Scum/ sludge present in Dosing tank ☐ Yes ☐ No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

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
- Absorption distribution ☐ Equal ☒ Serial ☐ Pressure ☐ Equal via pressure
- Absorption lines construction material:

☐ Gravel and pipe ☒ Chamber ☐ Tile ☐ Polystyrene foam and pipe ☐ Other Turbidators

- Absorption distribution unit(s) (dropbox, hydrosplitter, equal distribution box)

☒ Intact ☐ Damaged ☐ N/A

- Absorption distribution unit(s) are free of debris or solids ☒ Yes ☐ No

- Locate all drain lines in soil absorption system ☒ Yes ☐ No

Total length of drain lines 250 (ft)

- 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:

South Half of drainfield clear / recommend North
part of drainfield be cleared of trees
growing on drainfield to alleviate root impingement
problems in future / recommend handwork & saws VS equipment

- 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 absorption replacement area assigned in the "as-built" drawing appears to be intact

☒ Yes ☐ No

If you answered "No," please explain below:

- Additional Comments:

Absorption system also appears to be in good
shape / minimal small tree removal recommended to
keep roots out of chambers

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 installed 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 inspection form.

- The septic system has a sand filter ☐ Yes ☒ No

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

- Type of sand filter

☐ Intermittent
☐ Re-circulating
☐ Bottomless

- Sand filter container appears to be watertight and in good condition ☐ Yes ☐ No

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

☐ Yes ☐ No

If you answered "No," please describe below:

- 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
- Lateral lines flushed and equal distribution verified ☐ Yes ☐ No
- Monitoring ports are present ☐ Yes ☐ No
- Surface access to manifold and valves ☐ Yes ☐ No
- The sand filter has a pump ☐ Yes ☐ No
(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:

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 inspection form.**

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 is 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:

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

If you answered "No," please explain below:

- Additional Comments:

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

- a. Please attach a copy of the original septic system permit to this form, if available
- b. Please attach a copy of the original as-built drawing to this form, if available
- c. Please attach a copy of the Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. Provide a Plot Plan

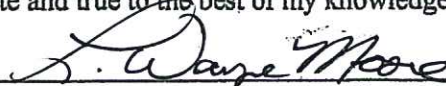
- Please provide a sketch of the complete system on page 7 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 7 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original is 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 on-site system as it exists on the date of inspection 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.

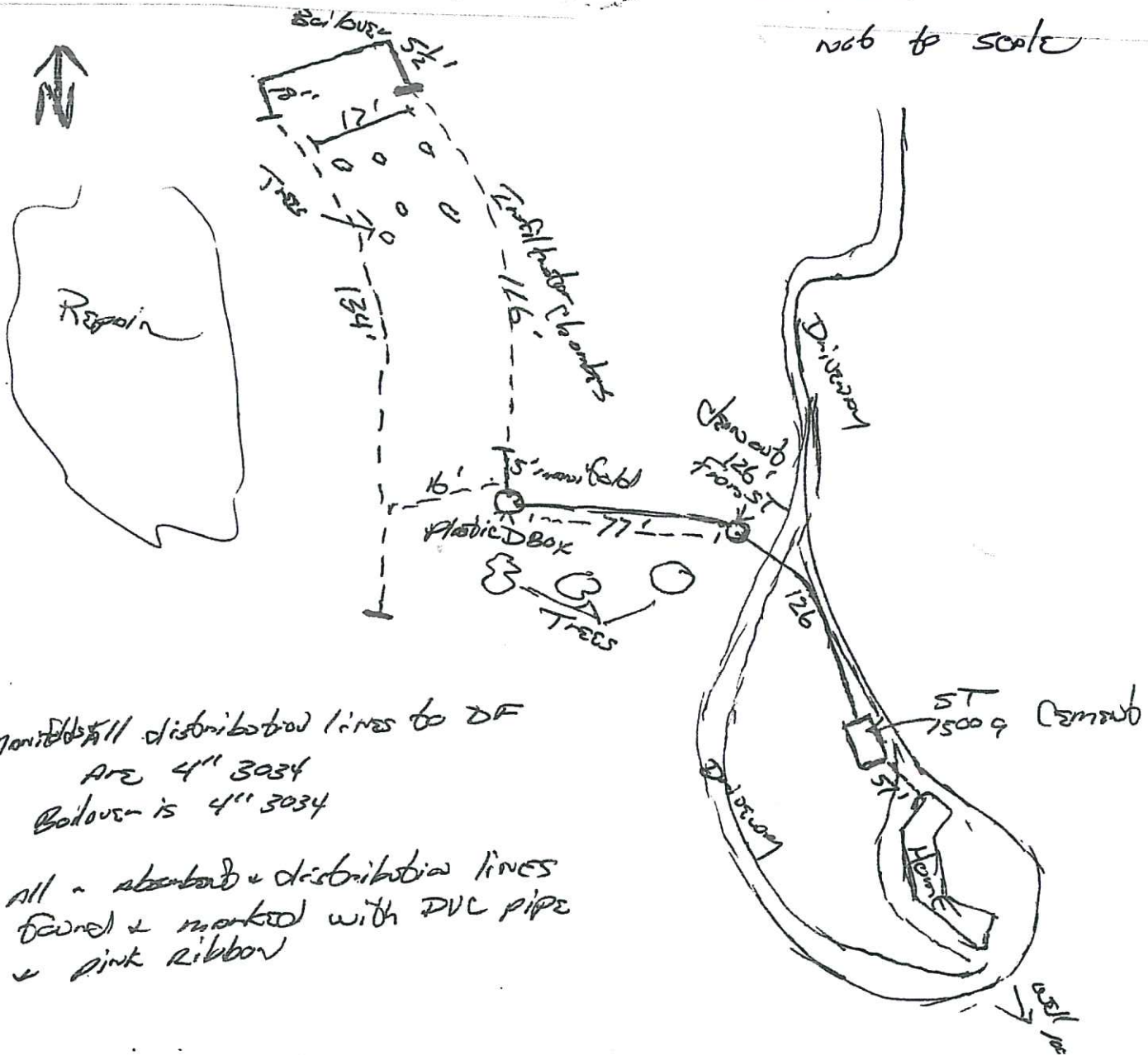
1-9-22
Date



Signature of Qualified Septic System Inspector

WM LOGGING & CONSTRUCTION
L. WAYNE MOORE
P.O. BOX 298
SIXES, OR 97476
541-348-9927/541-253-6028
CCB 189370 DEQ38482

Provide a Plot Plan in the space below: Show the actual or best estimate measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.



Remarks

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.

L. W. Moore
(Signature)

1-9-22
(Date of inspection)



WASTE CONNECTIONS, INC.

CURRY TRANSFER & RECYCLING, INC
DBA ROTO ROOTER
PO BOX 4008
BROOKINGS, OR, 97415-0229
DISTRICT NO. 2040

BEETHAM, BRENT & MELANIE
95234 LARSON LN
NORTH BEND, OR 97459

ACCOUNT NO. 2040-5831888
INVOICE NO. 66219029
STATEMENT DATE 1/1/2022
DUE DATE On Receipt
BILLING PERIOD 1/1/2022-1/31/2022
FOR ASSISTANCE CALL
OFFICE 541-469-2425
TOLL FREE 800-826-9801
ONE TIME PAYMENTS 855-569-2719

INVOICE STATEMENT

| Date | Description | Amount |
|------------|--|-------------------------------------|
| | Previous Balance | \$0.00 |
| 12/17/2021 | ONE-TIME PAYMENT 2040-FFPY-R956-L3XP-X | -\$116.85 |
| 12/14/2021 | ONE-TIME PAYMENT 2040-9NTW-KHBP-3523-X | -\$687.00 |
| 12/14/2021 | ONE-TIME PAYMENT 2040-FGPV-9PVM-L3HS-X | -\$43.00 |
| | Total Payments | -\$846.85 |
| | Service Location | BEETHAM, BRENT & MELANIE |
| | Acct #2040-5831888 | 40495 HIGHWAY 101 |
| 12/16/2021 | SEPTIC PUMP 387351 (1.0000 @ \$730.00) | \$730.00 |
| 12/16/2021 | SEPTIC PUMP 387351 (205.0000 @ \$0.57) | \$116.85 |
| | 2040-5831888 Charges and Taxes | \$846.85 |
| | Current Charges and Fees | \$846.85 |
| | Total Due: | \$0.00 |

Please remit to the address below and return your remit stub with your payment

43394

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 08-027-96

\$ 595.00

Fee

☒ New Construction☐ Repair☐ Other _____Permit Issued To Steven Taylor

(Property Owner's Name)

33

(Township)

15

(Range)

00

(Section)

2600

(Tax Lot / Acct. No.)

Curry

(County)

Off Highway 101

(Road Location)

Port Orford

(City)

ON SITE SEWAGE DISPOSAL SYSTEM

(Issued by - Signature)

3/18/96

(Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONSEXPIRATION DATE 3/18/97TYPE OF SYSTEM StandardTank Volume 1000 (Minimum) GallonsDisposal Trenches ☒Design Sewage Flow 450 Gallons/DaySeepage Bed(s) ☐ 450 Square FeetMaximum Depth 36 inches.Minimum Depth 24 inches.225 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on CenterTotal Rock Depth 12 inches.Below Pipe 6 inches.Above Pipe 2 inches.☐ Rake SidewallSpecial Conditions (Follow Attached Plot Plan) Effluent sewer pipe is to be installed on an even downward grade.PRE-COVER INSPECTION REQUIRED — CONTACT Dept. of Public Services at 247-7011, Ext. 287.**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Phil Heater const.Final Insp. Date 6-7-96☒ Inspected By ja☐ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71See as-built plot plan

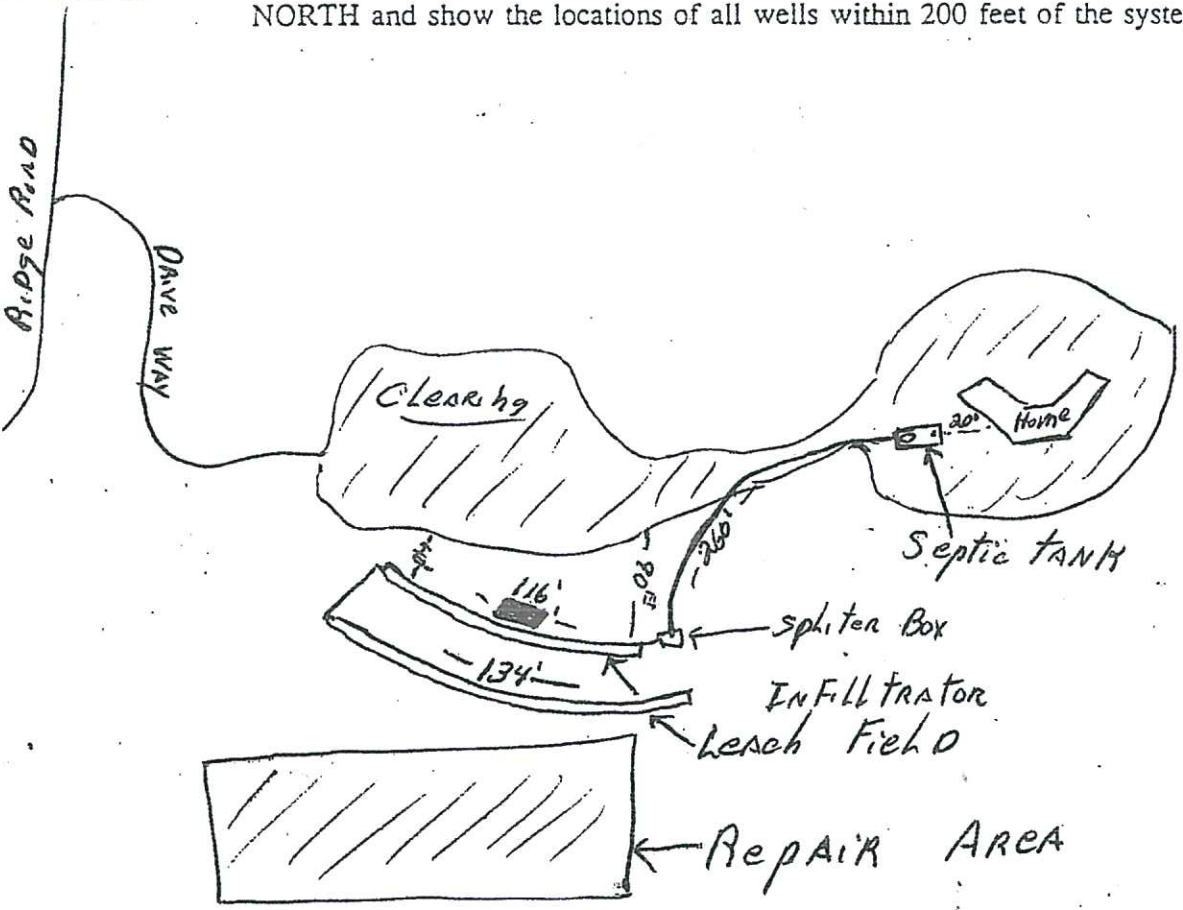
In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

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

Gary Gentry
(Authorized Signature)Env. Spec.
(Title)6-7-96
(Date)Curry
(Office)

Property Owner Steve Mary Taylor Permit Number 08-027-96 County CORRY

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

☐ Property Owner (Permittee)
☒ Sewage Disposal Service Business: Phil Heater Const, 37379
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (N.J.A.C. 7:27, Chapter 340, Divisions 71 and 73).

Philip D Heater, OWNER, 6/7/96
(System Installer's Signature) (Title) (Date)

(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

CEIVED

Property Line Setbacks:
APR 20 2010
Harbor Bench Farm District Setback
FRONT: FC

- ☐ 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: AD-9535

** 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 130' 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 _____ ODPR approval _____
☒ Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL: PLANNING APPROVAL IS FOR 10x24 STORAGE SHED ONLY. THERE IS NO LIVING OR DWELLING SHED APPROVED WITH THIS APPLICATION.

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

County Planning Staff Reviewer:

Landy Cronberger
Signature

Planner
Title

04.20.2010
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 # 08-043-10 Authorization Notice# _____

- ☒ System approved ☐ System denied

Comments: MAINTAIN ALL SETBACKS

Lana Hunter R.T.
Signature

Env. for U
Title

4/21/10
Date

43394

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 08-027-96

\$ 595.00

Fee



New Construction



Repair



Other

Permit Issued To Steven Taylor

(Property Owner's Name)

33

(Township)

15

(Range)

00

(Section)

2600

(Tax Lot / Acct. No.)

Curry

(County)

Off Highway 101

(Road Location)

Port Orford

(City)

(Issued by - Signature)

3/18/96

(Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONSEXPIRATION DATE 3/18/97TYPE OF SYSTEM StandardDesign Sewage Flow 450 Gallons/DayTank Volume 1000 (Minimum) GallonsDisposal Trenches ☒Seepage Bed(s) ☐ 450 Square FeetMaximum Depth 36 inches.Minimum Depth 24 inches.225 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on CenterTotal Rock Depth 12 inches.Below Pipe 6 inches.Above Pipe 2 inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Effluent sewer pipe is to be installed on an even downward grade.

PRE-COVER INSPECTION REQUIRED — CONTACT Dept. of Public Services at 247-7011, Ext. 287.**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference Locations

Installer

Phil Heater cont.

Final Insp. Date

6-7-96☒ Inspected Byja☐ Issued by Operation of Law
☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71
See as-built plot plan

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

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

(Authorized Signature)

(Title)

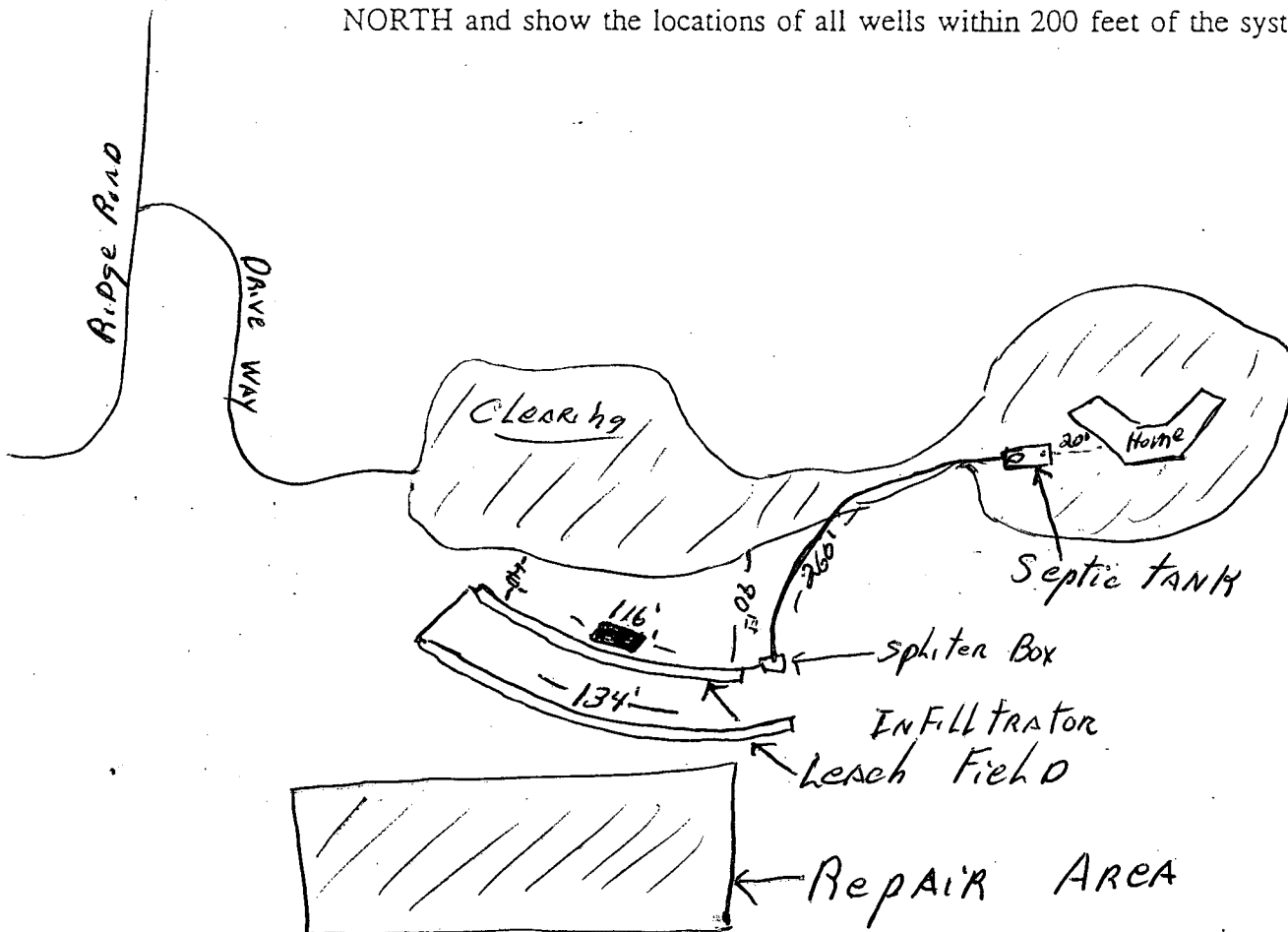
(Date)

(Office)

Property Owner Steve Mary Taylor Permit Number 08-027-76 County Corn

SECTION 3:

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



SECTION 4:

CONSTRUCTION WAS PERFORMED BY:

☐ Property Owner (Permittee)

☒ Sewage Disposal Service Business: Phil Heater Const, 37379
(Print Full Business Name) (License Number)

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

Philip D Heater
(System Installer's Signature)

OWNER
(Title)

6/7/96
(Date)

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner Steve Mary Taylor Permit Number 08-027-96 County CURRY
Township 33; Range 15; Section 00; Tax Lot 2600; Tax Acct. # 08-027-96
Job Location Ridge ROAD 40495 Hwy 101 Port ORFORD OR.
Date System Construction Completed 6/7/96; Date Submitted to DEQ or Agent 6/7/96

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

1-1500gal septic tank concrete

1-24" Riser & lid

1-8" Riser & lid

2-4" clean-outs complete

280^{FT} 4" 3430 pipe

1- splitter Box

250^{FT} INFILL TRATORS

4- INFILL TRATOR ENDS

2- 2" inspection ports

4- steel Fence posts

2- 4" 90° Elbow

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

CURRY COUNTY
DEPARTMENT OF PUBLIC SERVICES

247-7011 (from Gold Beach)
1-800-634-1147

P.O. BOX 746
GOLD BEACH, OREGON 97444

Permit No. 08-027-96

Received: Date 6-7-86 Time _____ A.M. ____ P.M.

Owner Steve Taylor

Installer Phil Heister

Legal Description Tax Lot off Hwy 101 Section _____ T _____ S, R _____ W, W, M.

Location Port Orford

INSPECTION TO BE MADE:

Mon. Tue. Wed. Thur. Fri. A.M. P.M.

Received By: _____

| ITEM | APPROVED | APPROVED WITH CORRECTIONS (see below) | NOT APPROVED (see below) |
|---|-------------------------------------|---|-----------------------------|
| Septic Tank (Size) <u>1500</u> Gal. <u>concrete</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effluent Sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watertight Joints (Boil Over Lines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leachlines (Total) _____ Ft. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capping Fill (Depth) _____ In. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dosing Tank - Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure Line and Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand Filter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Curtain Drain - Drainage Tile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: <u>Rusts</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CORRECTION NOTICE

- ☐ The construction of the On-Site Sewage Disposal System DOES NOT meet current minimum State standards. See comments above for the corrections necessary. A reinspection is required. All corrections must be complete and a reinspection requested within _____ days of the date of this notice.

Inspector _____ Date _____ Time _____ A.M. P.M.

AUTHORIZATION TO COVER

- ☒ This On-Site Sewage Disposal System has been inspected and found to meet current minimum State construction standards. You are authorized to cover system. A certificate of Satisfactory completion will be issued by this Agency.

Inspector Larry Anthony Date 6-7-86 Time 1030 A.M. P.M.

re-inspect 6/7

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

CURRY COUNTY
DEPARTMENT OF PUBLIC SERVICES

247-7011 (from Gold Beach)
1-800-634-1147

P.O. BOX 746
GOLD BEACH, OREGON 97444

Permit No. 08-027-96

Received: Date _____ Time _____ A.M. ____ P.M.

Owner Steven Taylor

Installer Phil Heater

Legal Description Tax Lot 33-15-23424 Section TL 2600

Location _____

INSPECTION TO BE MADE:

Mon. Tue. Wed. Thur. Fri. A.M. P.M.

Received By: _____

T _____ S, R _____ W, W, M.

| ITEM | APPROVED | APPROVED WITH CORRECTIONS (see below) | NOT APPROVED (see below) |
|---|---|---|---|
| Septic Tank (Size) <u>1500</u> Gal. <u>Concrete</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> (1) |
| Effluent Sewer <u>270</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watertight Joints (Boil Over Lines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leachlines (Total) _____ Ft. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capping Fill (Depth) _____ In. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dosing Tank - Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure Line and Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand Filter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Curtain Drain - Drainage Tile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: <u>infiltrator 248'</u> | <input checked="" type="checkbox"/> (2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(1) need water tightness test, risers fastened in ~~air~~
water tight manner
Submit final inspection request

(2) fasten end plates with screws

CORRECTION NOTICE

☒ The construction of the On-Site Sewage Disposal System DOES NOT meet current minimum State standards. See comments above for the corrections necessary. A reinspection is required. All corrections must be complete and a reinspection requested within 10 days of the date of this notice. (see note above)

Inspector Gary Carter Date 6-5-86 Time 220 A.M. P.M.

AUTHORIZATION TO COVER

☐ This On-Site Sewage Disposal System has been inspected and found to meet current minimum State construction standards. You are authorized to cover system. A certificate of Satisfactory completion will be issued by this Agency.

Inspector _____ Date _____ Time _____ A.M. P.M.

- 0.9 mi s. of Frankfort Va. Road

- .1 mi left to gate dirt

- 0.45 beam rt

- .7 beam rt to house

FOR OFFICE USE ONLY

Date Test Holes Ready

6/1/95

CURRY COUNTY
Public Services
Environmental Sanitation
P.O. Box 746
Gold Beach, Oregon 97444
Phone 247-7011; ext.227

FOR OFFICE USE ONLY

Date Rec'd 6/26/95

Date Completed

X Required Fee 415.00

Receipt No. 11296

Control No. 08-40-9558

APPLICATION FOR:

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

REQUIRED FEE MUST ACCOMPANY APPLICATION

FOR OFFICE USE ONLY:

| | | | | | |
|--|---|-----------------------------|---------------|------------------------------|-----------------------------|
| PLOT PLAN REQUIRED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| VICINITY OR TAX LOT MAP REQUIRED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TEST HOLES REQUIRED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| PERMIT CLEARANCE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ADDITIONAL ITEM(S) REQUIRED

Proposed Use of Property: F & G

GEOLOGICAL HAZ; Zone:

FOR APPLICANT'S USE — (Please Print)

RICHARD & DOLORES PURDY

(Property Owner's Name)

Urban Growth Boundary

City Planner

33S

(Township)

15W

(Range)

23 & 24

(Section)

2600

(Tax Lot/Acct. No.)

ASSESSORS MAP 33-15-00

CURRY

(County)

160 ACRES

(Lot Area)

(Subdivision Name)

(Lot No.)

(Block No.)

WELL

(Private Water Supply, Specify Type)

NONE (WELL)

(Public Water Supply)

☒ Single Family Residence

3

(Number of Bedrooms)

☐ Other

(Specify)

Directions and address to property

101 to China Mt. Rd.

EAST ON China Mt. Rd to RIDGE Rd then turn RIGHT Appx 1 mi
to homestead CONTACT DALE DEARING 332-4132 or 332-6802

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

alternate route (over)

Steven R Taylor

(Signature)

6/20/95

(Date)

☐ Owner

☒ Authorized Representative

☐ S.D.S. License No. _____

Owner's Mailing Address

RICHARD & DOLORES PURDY

P.O. Box 1374

PORT ORFORD, OR 97465

Phone _____

Applicant's Mailing Address (if different)

STEVEN R. TAYLOR

529 SW 294th St.

FEDERAL WAY, WA 98023-3540

Phone (206) 839-2059

6-23-95

To: Curry County Sanitation Dept.
Attn: Gary Artman
RE: Septic feasibility permit on 33-15-00 TL 2600

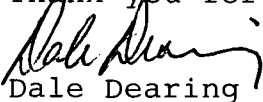
Gary,

I am including this letter along with the application in order to clarify a couple of points that I thought might be of question to you. First of all you will notice from the map and plot plan that the building site and drainfield area are very close to the northern boundary of the property. one of the proposed drainfields actually encroaches onto the neighboring property. We have verbal assurances from the owners that an easement will be signed by them in order to allow for this encroachment. We have contracted out with the surveyor to get a legal description of this easement and will have an attorney write it up.

The well on the property was just recently drilled and is south of the homesite about 700-800 ft. Due to the topograpghy of the property we cannot get an exact measurement, however it is certainly much more than the required 100 ft. setback.

This property is under contract for sale contingent upon the buyer being able to acquire a conditional use permit. The buyers name is Steve and Mary Taylor and I am acting as their agent in this purchase as well as assisting them in acquiring the permits. If there is any further information needed for this permit, please contact me at C.A. Smith Real Estate during business hours at 332-4132 or in the evenings at 332-6802. Please contact me a day in advance of the inspection day because the access to this property is closed off by locked gates. I have the key or if you can't get a hold of me, call Richard Purdy at 332-7405.

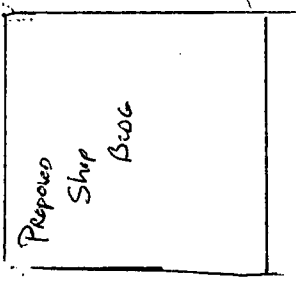
Thank you for your cooperation,



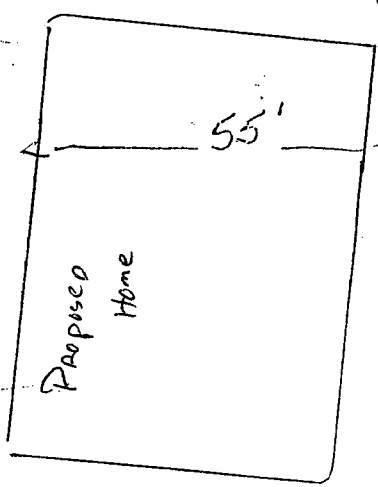
Dale Dearing
P.O. Box 910
Port Orford, OR. 97465

LOT
PLAN

Well is
121'
Approx. 7-800
ft. South



SLOPE



REPAIR?

TEST HOLE
SLOPE 30%
REPAIR?
TEST HOLE

TEST

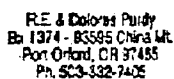
STOMP
60'

7110'
100'
90'

TEST HOLE
SLOPE
STABILIZED 15-20 YRS

N
↓

TEST HOLE

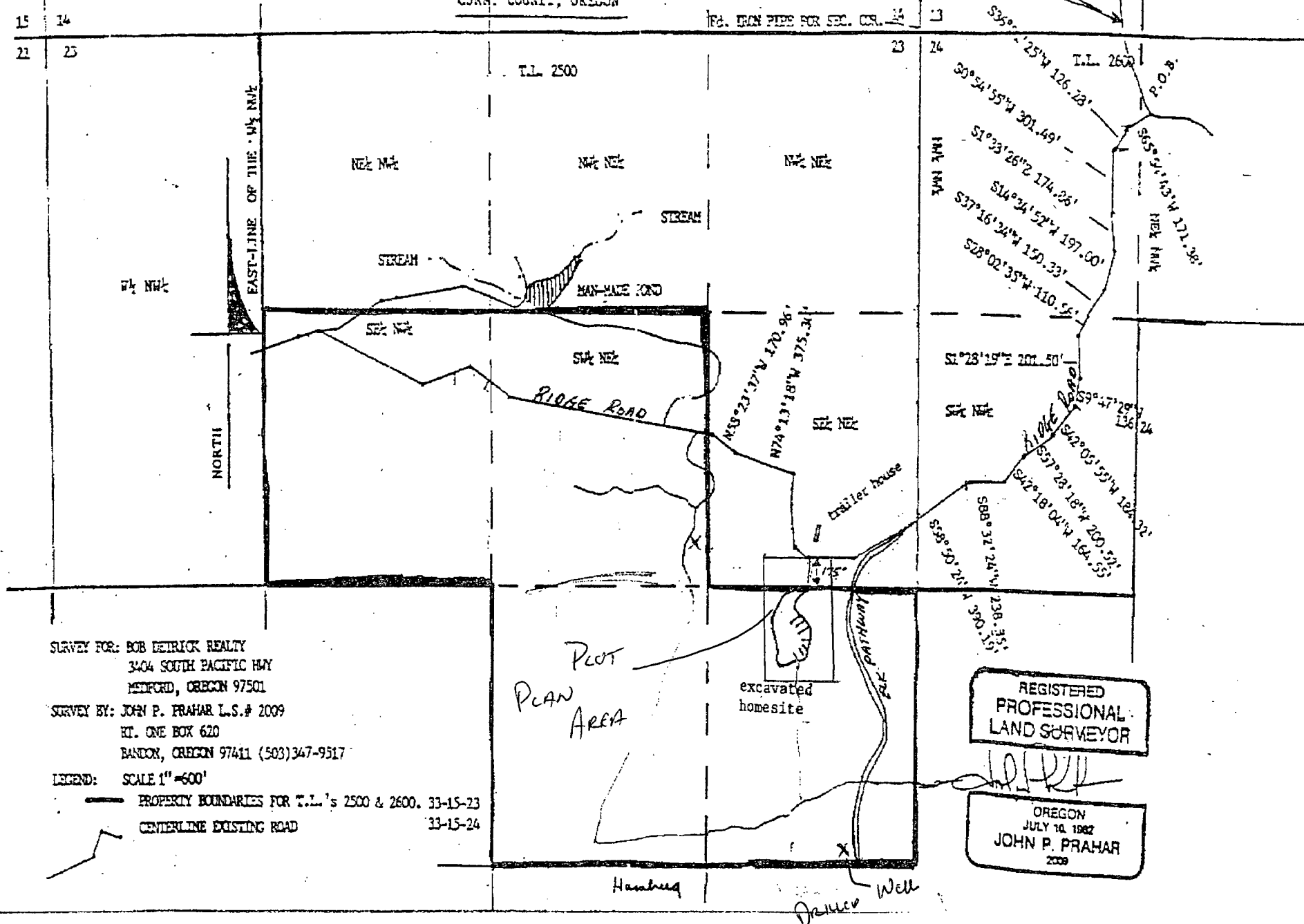


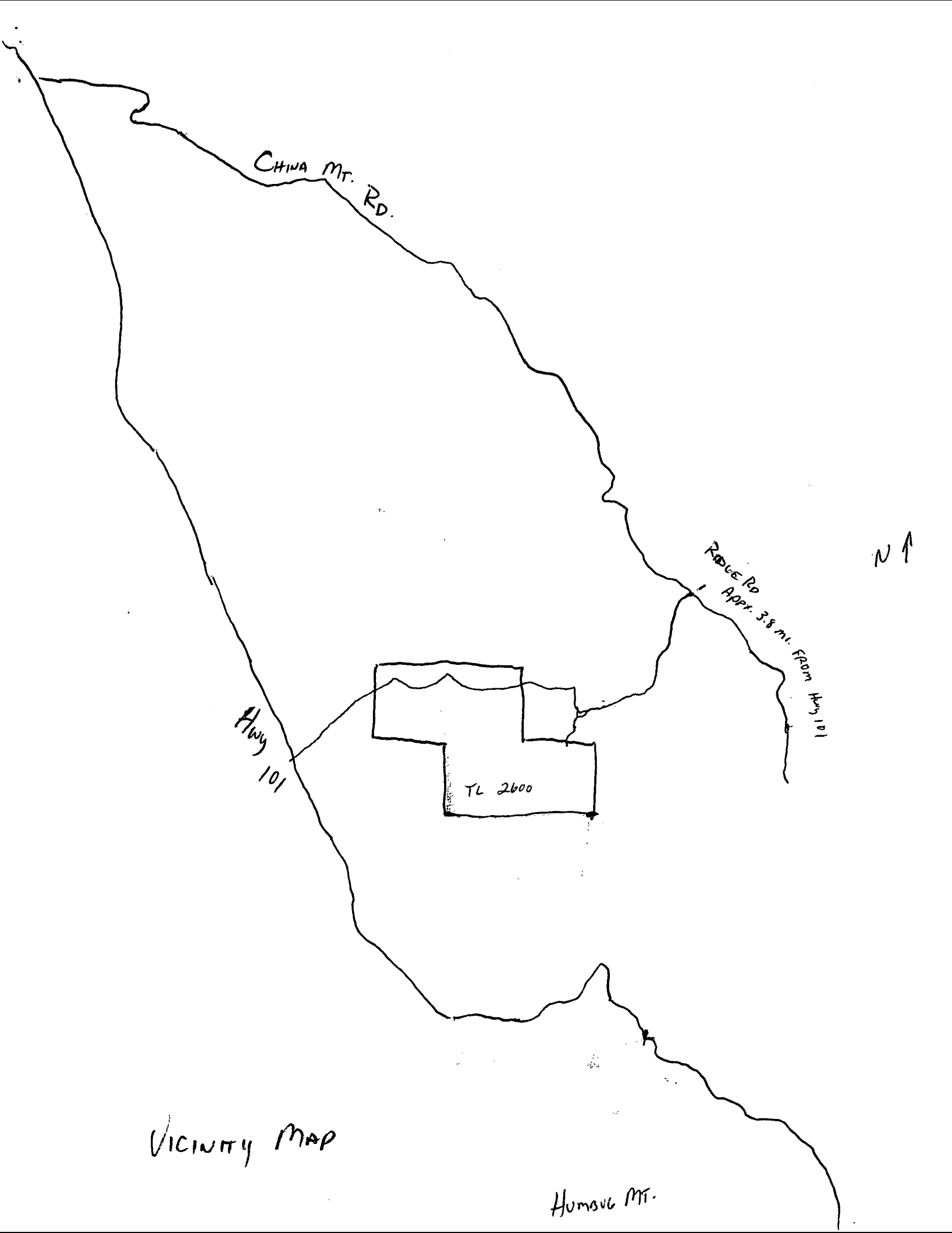
LOCATED IN SECTIONS 23 & 24, TWP. 33S., RGE 15W., 4.M.

CORRY COUNTY, OREGON

1st. IRON PIPE FOR SEC. OR. 24

CHINA MOUNTAIN ROAD







Mack Arch on the Curry Coast

COUNTY OF CURRY

DEPARTMENT OF PUBLIC SERVICES

PLANNING • ENVIRONMENTAL SERVICES • BUILDING

P.O. BOX 746

GOLD BEACH, OREGON 97444

PHONE 247-7011 EXT 285

Richard Purdy
P.O. Box 1374
Port Orford OR. 97465

August 3, 1995

Evaluation Report For An On-Site Sewage Disposal System

Subject: Map: 33-15-00
Control: 08-40-95SE

Tax Lot: 2600 Acreage: 160
(part)

I have made an evaluation for an on-site sewage disposal system construction site to support a single family dwelling on the property described above.

Based on the results of this evaluation, on-site sewage disposal is feasible through the construction of a Standard Sewage Disposal System, as described in the attached construction detail sheet.

This approval is limited to a dwelling with four bedrooms maximum. The definition of bedroom means any room within the dwelling that is accepted as such by the local authorized building official.

This approval is site specific and does not address the feasibility of locating the system elsewhere on the property.

Before construction of an on-site sewage disposal system can proceed, a permit must be obtained from the Curry County Department of Public Services. Only the property owner or a licensed installer can construct an on-site sewage disposal system or any part thereof. A detailed, to-scale plot plan, system construction plan and materials list must be submitted with the permit application.

This approval will remain valid until the system is installed and approved. Conditions on this property or adjacent properties are not to be changed in any manner conflicting with applicable State rules which would prohibit issuance of a permit. Partitioning or subdivision of this property, alteration of conditions existing during the evaluation, and/or water well development on this or

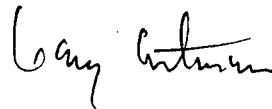
adjacent properties may void this approval.

Technical rule changes which take place after this letter will not invalidate this approval, except that construction standards may be changed to meet current codes applicable at the time of the permit issuance.

The approval of this property in no way waive the requirements that may be in effect regarding the zoning of this property. A permit to construct a system on this property will be subject to the review and approval of the Curry County Planning Department.

Technical information pertaining to this evaluation is available upon request. There may be a fee charged to cover processing. To prevent accidental injuries, this office recommends filling the test holes with soil.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary Artman".

Gary Artman
Curry County Department of Public Services

cc. Steven Taylor

Standard System Construction Detail Sheet

(This is not a Construction Permit)

Date: August 3, 1995

Control# 08-40-95SE

Applicant: Richard Purdy

Subject: 33-15-00

Tax Lot: 2600

Acreage: 160

Your site has been found suitable for a STANDARD ON-SITE SEWAGE DISPOSAL SYSTEM. The following construction specifications shall apply:

Prior to the construction of the septic system, a Sewage Disposal Construction Permit must be obtained from the Curry County Department of Public Services.

The septic tank shall have minimum liquid capacity of 1000 gallons. A 1500 gallon tank is recommended. The use of garbage disposal grinders are not recommended.

The drainfield shall be constructed in serial distribution with a maximum trench depth of 36 inches and a minimum trench depth of 24 inches. There must be at least 12 inches of backfill over the top of the gravel, measured from the natural ground surface.

For your proposed development, a minimum of 225 linear feet of disposal trench is required. Disposal trenches shall be constructed 2 feet wide and placed on 10 foot minimum centers. The trenches and disposal pipe shall be installed within one inch of level and shall follow the natural contour of the land.

For the above described system, adequate area must be available for the original system and a complete replacement system. The replacement system is to be installed in the future if the original system fails for some non-repairable reason.

The conditions of approval are as follows:

Sewage disposal will not be permitted on slopes greater than 30 percent.

A minimum separation distance of 100 linear feet is to be maintained between the disposal area and any wells and/or any surface waters such as lakes, ponds, creeks, or bogs.

Test holes located in the fill areas are not approved.

Land clearing is to be carefully done during dry soil conditions.

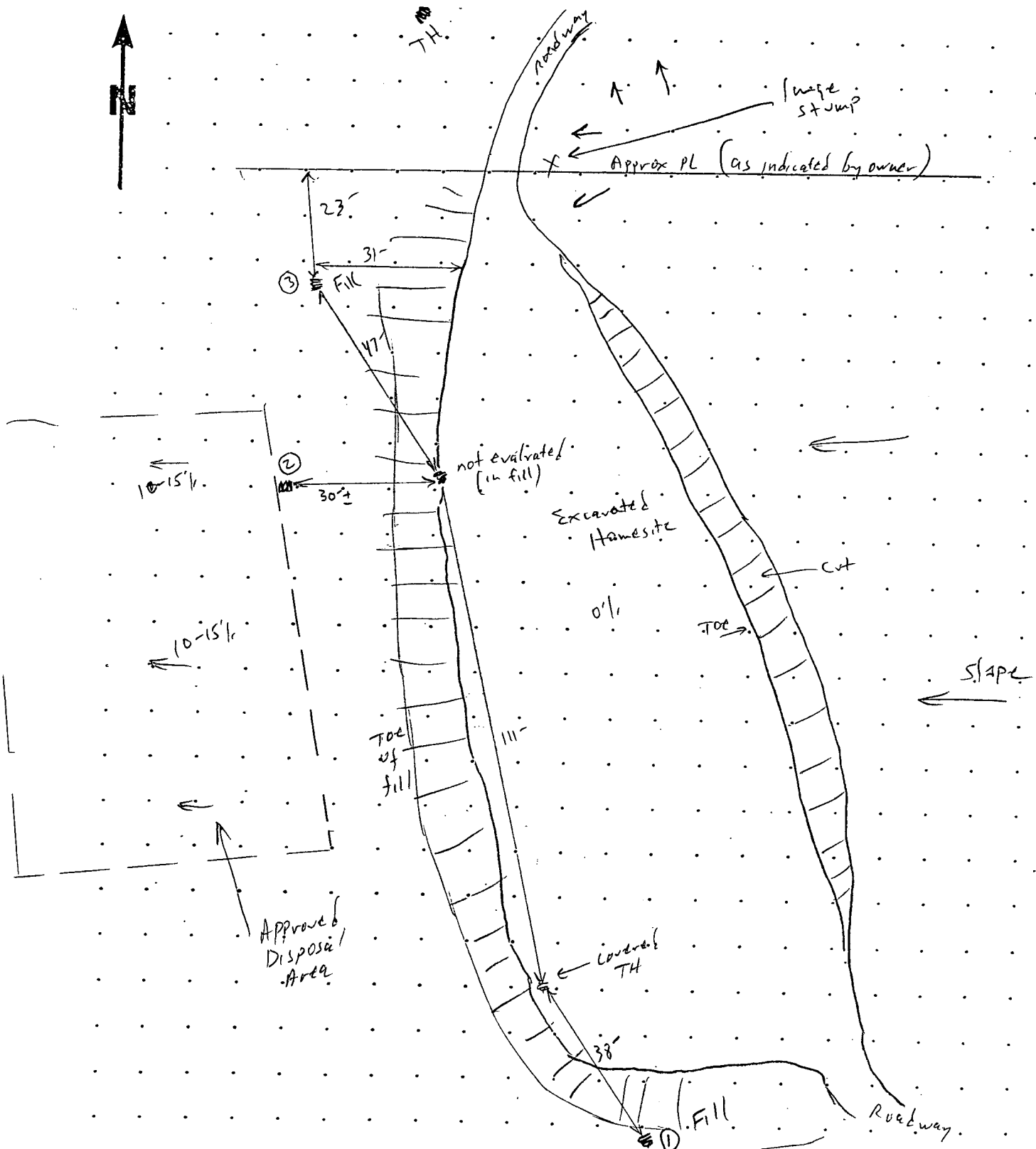
Tax Reference 33-15-00; 2600

Evaluator: gn

Applicant Taylor / Purdy

Date: 8-2-95

160 AC (pmt)



DATE 8-2-95

Signature of Evaluator Gary Anderson

SITE EVALUATION FIELD WORKSHEET

Tax Reference 33-15-00; 2600 Evaluator JA
 Applicant Taylor / Purdy Date 8-2-95 Parcel Size 1.60 AC (pmt)

| Abrupt way 13 | | Depth | Texture | Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc. |
|------------------|--|-------|----------------------|--|
| Pit 1 | | 0-15 | CL fill | 7.5YR 5/6 1-MSBK ^{break} 1-fgr friable fTub pores compacted m f roots |
| | | 15-53 | Sil + rock frag fill | 7.5YR 3/3 (varicolored fill + sandstone frags) 2-MSBK m f tub pores " CL " |
| | | | | 15-25% CL frags compacted in soil |

| Abrupt way grad way natural soil | | Depth | Texture | Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc. |
|---|--|-------|---------------------|--|
| Pit 2 | | 0-8 | CL fill | Similar to pit 1 7-15" |
| | | 8-32 | CL + rock frag fill | " " " 15-53" |
| | | 32-55 | S.L | 7.5YR 3/2 2-MSBK friable m f tub pores CL + m roots |

| | | | | |
|-------|--|--|--|--|
| Pit 3 | | | | |
| | | | | |
| | | | | |

| | | | | |
|-------|--|--|--|--|
| Pit 4 | | | | |
| | | | | |
| | | | | |

Landscape Notes 1 in 4 - 1 in 4 side slope
 Slope 10-15% Aspect W Groundwater Type none indicated
 Other Site Notes stay in natural soil down slope of road

SYSTEM SPECIFICATIONS

Type System: _____ Design Flow 450 gpd Disposal Field Size 225 Linear Feet
 Initial Strain System Sizing 75 /150 g. Max. Depth Absorption Facility (in) 36
 Replacement " System Sizing 75 /150 g. Max. Depth Absorption Facility (in) 36

Special Conditions - Avoid fill areas
- land clearing to be carefully done during dry soil conditions.

CURRY COUNTY DEPARTMENT OF PUBLIC SERVICES

145 EAST MOORE STREET
PO BOX 746
GOLD BEACH, OREGON 97444

Charles E. Nordstrom
Director

MAC K ARCH ON THE CURRY COAST

Phone (503) 247-7011
FAX (503) 247-4579

February 27, 1996

Mr. Steven R. Taylor
529 S.W. 294th Street
Federal Way, Washington 98023

RE: AD-9535; Assessor Map 33-15-00; TL 2600

Dear Mr. Taylor:

This letter is in response to your letter of February 19, 1996 regarding a modification to the Order approving the above referenced Administrative Decision for a dwelling in a Forestry-Grazing (FG) zone. Your letter requests a change to allow the construction of the dwelling approximately 375 feet south of the location shown on the application which would move the dwelling site further from the adjacent forest land.

I have reviewed your request and revised plot plan showing the modification to the location to the proposed dwelling and have approved the request. This approval is based on the finding that the new location is further from the adjacent forest land so the proposed dwelling would have less impact on the forest resource use of the adjacent property. This letter will modify the original Order approving the request to require siting of the dwelling in accordance with your revised plot plan as attached to this letter. All other conditions of the original approval shall remain in effect with this modification.

If you have any questions regarding this matter please do not hesitate to contact me at your earliest convenience.

Sincerely,

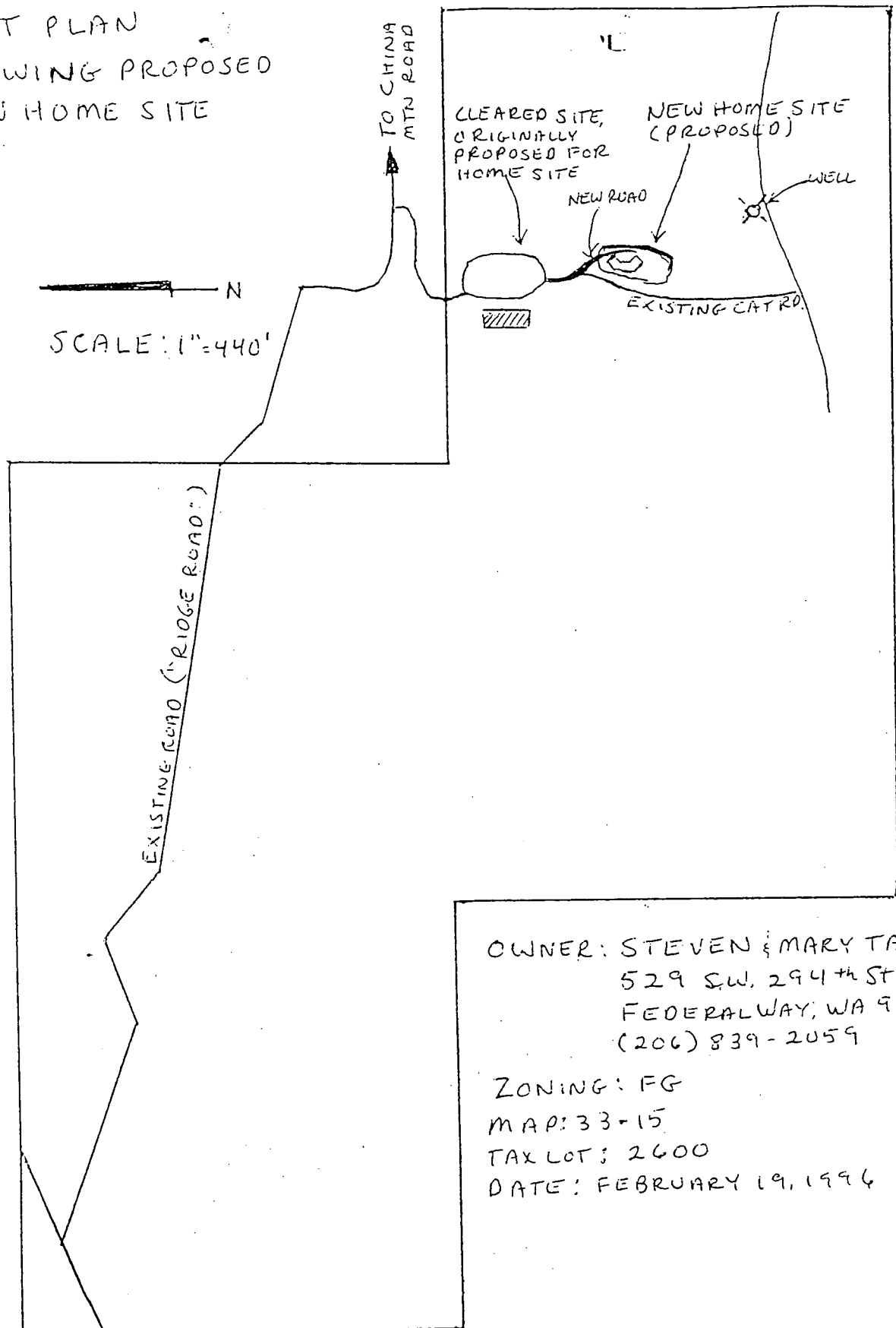


Charles E. Nordstrom
Planning Director

enclosure

cc: File AD-9535

PLOT PLAN
SHOWING PROPOSED
NEW HOME SITE



OWNER: STEVEN & MARY TAYLOR
529 S.W. 294th ST.
FEDERALWAY, WA 98023
(206) 839-2059

ZONING: FG
MAP: 33-15
TAX LOT: 2600
DATE: FEBRUARY 19, 1996

FOR OFFICE USE ONLY

Date Test Holes Ready

CURRY COUNTY
Public Services
Environmental Sanitation
P.O. Box 746
Gold Beach, Oregon 97444
Phone 247-7011; ext.227

08-027-96

FOR OFFICE USE ONLY

Date Rec'd 2/29/96
Date Completed 3/13/96
Required Fee 585.00
Receipt No. _____
Control No. _____

APPLICATION FOR:

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

3-1-96 make arrangements to have gate unlocked or
3-13-96
3-13-96 gate locked. can not get to site.
330-1007 for

REQUIRED FEE MUST ACCOMPANY APPLICATION

FOR OFFICE USE ONLY:

| | | | | | |
|--|---|-----------------------------|---------------|------------------------------|-----------------------------|
| PLOT PLAN REQUIRED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| VICINITY OR TAX LOT MAP REQUIRED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TEST HOLES REQUIRED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| PERMIT CLEARANCE | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | ATTACHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ADDITIONAL ITEM(S) REQUIRED

Proposed Use of Property: SFD GEOLOGICAL HAZ: _____ Zone: FG

FOR APPLICANT'S USE — (Please Print)

STEVEN & MARY TAYLOR
(Property Owner's Name)

33 15 00
(Township) (Range) (Section)

(Subdivision Name) (Lot No.)

(Public Water Supply)

☐ Single Family Residence 4
(Number of Bedrooms)

Urban Growth Boundary _____

City Planner _____

2600 CURRY
(Tax Lot/Acct. No.) (County)

(Block No.) (Lot Block)

WELL
(Private Water Supply, Specify Type)

☐ Other _____
(Specify)

Directions and address to property

(KEY TO LOCKED GATE AVAILABLE FROM C.A. SMITH REAL ESTATE, 332-4132)

(A) on old Hwy 101 - just After Humburg State Park -

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

Steven R Taylor
(Signature)

2/29/96
(Date)

☒ Owner
☐ Authorized Representative
☐ S.D.S. License No. _____

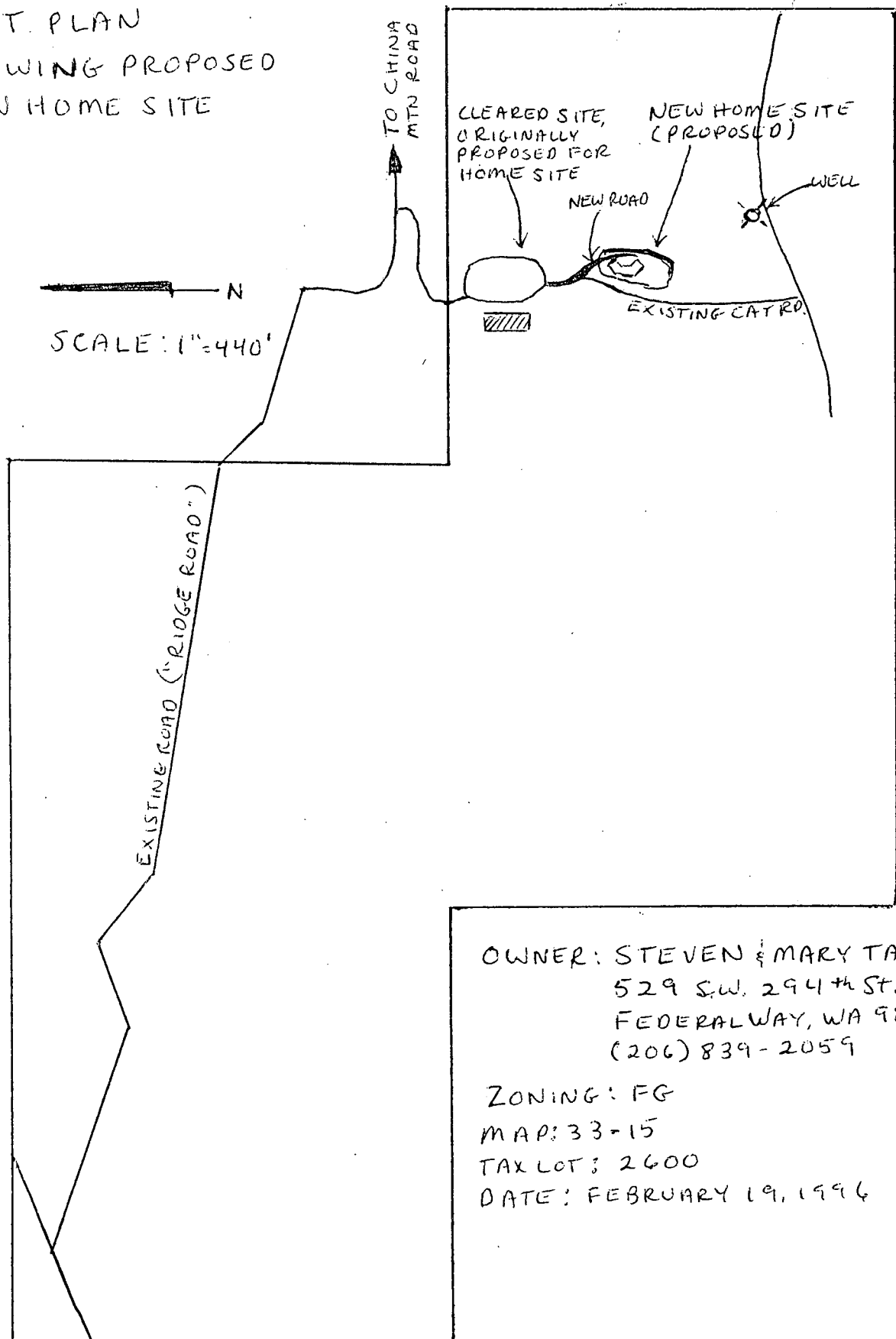
Owner's Mailing Address STEVEN & MARY TAYLOR
529 S.W. 294th St.
FEDERAL WAY, WA 98023

Applicant's Mailing Address (if different) _____

Phone (206) 839-2059

Phone _____

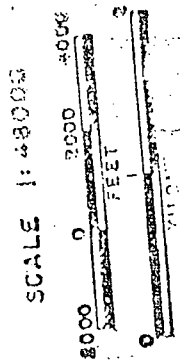
PLOT PLAN
SHOWING PROPOSED
NEW HOME SITE



OWNER: STEVEN & MARY TAYLOR
529 S.W. 294th ST.
FEDERALWAY, WA 98023
(206) 839-2059

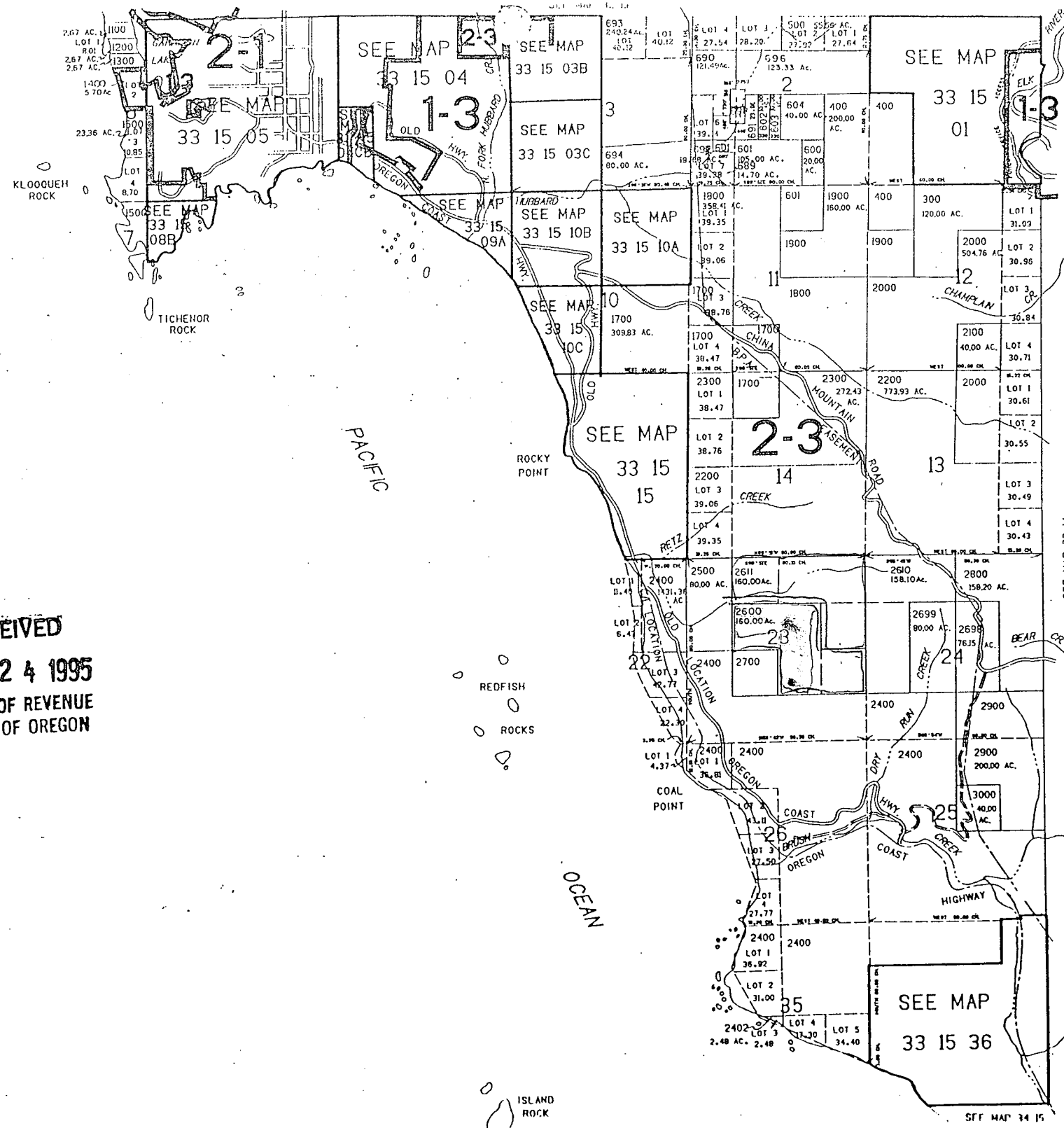
ZONING: FG
MAP: 33-15
TAX LOT: 2600
DATE: FEBRUARY 19, 1996

CURRY



RECEIVED
OCT 24 1995
DEPT. OF REVENUE
STATE OF OREGON

3 15 & INDEX



15
INDEX

CANCELLED NO'S.
100 THRU 106
200
695
695T1
697
700 THRU 1000
1600 THRU 1607
2602
2604 THRU 2609
2696
2697
2601
2603
2401
605
699

SEE MAP 33 14

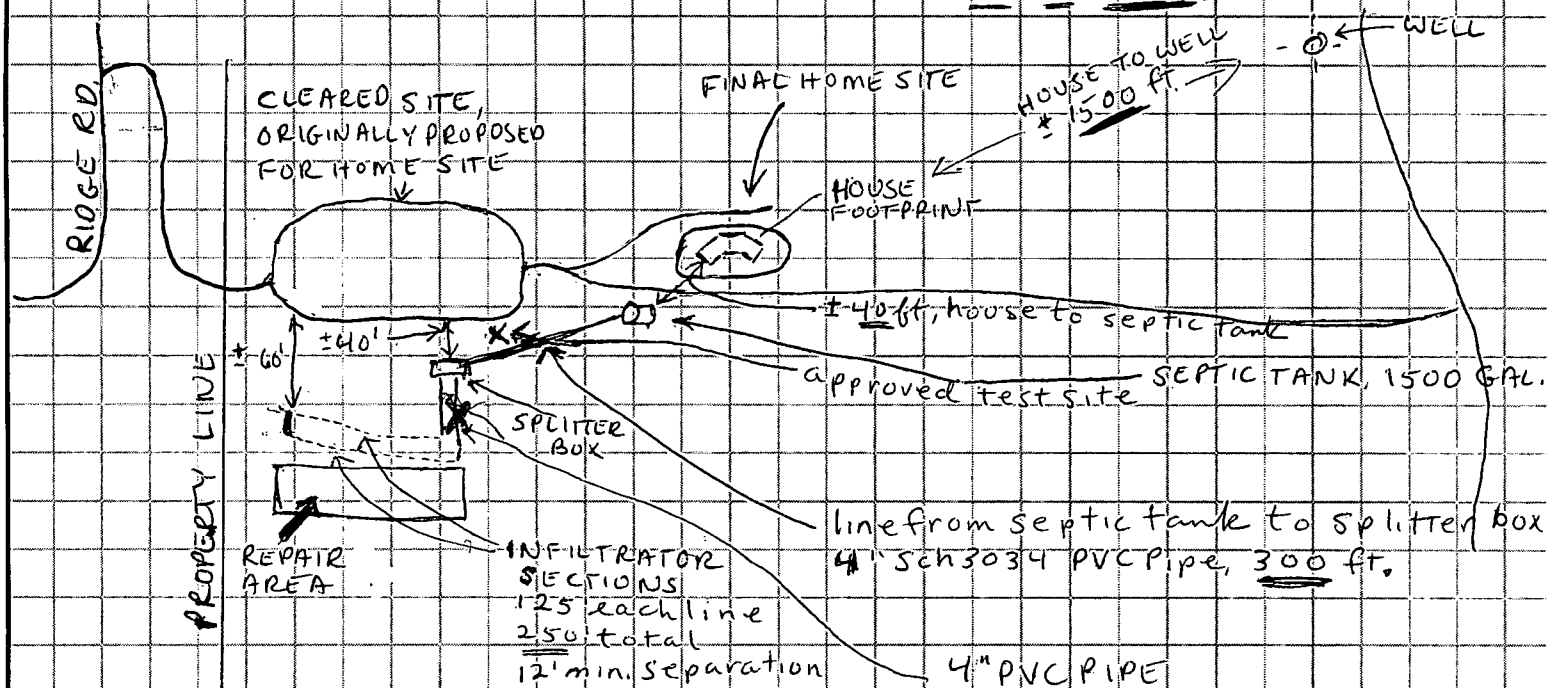
33 15
& INDEX

SEE MAP 34 15

DATE: 2/21/96

JOB: STEVEN & MARY TAYLOR PROPERTY

33-15 TL 2600

SEWAGE DISPOSAL SYSTEM (PROPOSED) - SITE PLAN (SEE ALSO PLOT PLAN)
(NOT TO SCALE)

INSTALLATION CONTRACTOR: PHIL HEATER, 332-6920

BILL OF MATERIALS:

- 1- 1500 GALLON SEPTIC TANK ✓
- 340'- 4" SCH 3034 PVC PIPE ✓
- 100'- 4" PVC PIPE
- 1- SPLITTER BOX ✓
- 2- 4" 90° PVC ELBS ✓
- 250'- "INFILTRATOR" SECTIONS ✓

CURRY COUNTY

SEWER & WATER DIVISION

REVIEWED

DENIED

BY 6. G. G. G.

DATE 3-18-96

NOTES

- Tanks must be equipped with manhole risers
- System must be designed in serial dist. Do not use distribution box to split flow.
- Fasten end plates and pipe with screws
- Effluent sewer to be installed on an even, downward grade

82

PC No. 96-0113
ZONE: FG

Plans to come later -

PERMIT CLEARANCE
GOLD BEACH CURRY COUNTY PORT ORFORD
Department of Public Services
145 E. Moore Street — P.O. Box 746
Gold Beach, Oregon 97444
Phone: (541) 247-7011

Planning • Sanitation • Building
Filing Date: 2/23/96

INSTRUCTIONS:

Applicant must read and complete items 1 - 9.

1. APPLICATION IS FOR:
(Please check all applicable items)

- ☒ Sewage Disposal Permit/Authorization Notice
☐ Manufactured Home Permit Year _____ Bedrooms _____
☐ Pre-Fab New _____
☒ Building Permit Comm. _____ SFD ☒ Bedrooms 4
Type and Size: _____

- ☐ Plumbing? Yes _____ No _____
☐ Other _____

Contractor information:

- ☒ Owner Built
☐ Contractor
Name: _____
Registration No. _____

- ☐ Manufactured Home Installer:
Name: _____ Reg. # _____

1A. RURAL ADDRESS RA 96-010

This section is only applicable if applying for a permit to site a new dwelling or commercial/industrial structure (or replacement plate)

- ☐ manuf. home ☒ SFD ☐ Comm./ind.
☐ Replacement plate (\$15.00) Plate # _____

—Plot Plan (see reverse side for plot plan requirements)

2. EXISTING DEVELOPMENT:

- ☐ Dwellings how many? _____
☐ Mobile Homes how many? _____
☐ Other Buildings how many? _____

Comments: NONE

3. EXISTING FACILITIES:

- Water Source:
☒ Well ☐ Spring ☐ Other _____
Explain: _____
☐ Water District: _____
Connection Verification: _____ Signature _____

Sewage Disposal:

- ☐ Septic System: Permit No. Applying 08-40-95SE Date _____
☐ Sewer District: _____
Connection Verification: 08-027-96 Signature _____

4. PROPERTY DESCRIPTION:

Assessor Map No.: 33-15-00 Tax Lot: 2600
Acreage: 160
Street Address or Location: NONE

5. PROPERTY OWNER INFORMATION:

Property Owner: STEVEN & MARY TAYLOR
Mailing Address: 529 SW 294th St.
FEDERAL WAY, WA 98023
Phone No. (206) 839-2059

6. ACCESS:

- Does proposed driveway access a County or State Road?
☐ No ☒ Yes (to China Mountain Rd.)
If yes, Do you have an access permit?
☐ Yes State or County Permit No. _____
If No, a Facility Permit from the County Road Department for a county road or a Road Approach Permit from the Oregon Highway Division for a state road is required before this permit clearance can be processed.

7. OTHER PERMITS:

Separate State of Oregon permits are required for electrical work and water rights. The property owner is responsible for obtaining these permits.

8. PLOT PLAN:

The applicant must provide an accurate Plot Plan (see reverse side)

9. APPLICANT SIGNATURE:

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

Name: STEVEN & MARY TAYLOR
Signature: Steven Taylor
Date: 2/22/96

Mailing Address: 529 SW 294th St.
FEDERAL WAY, WA 98023
Phone: (206) 839-2059

PLANNING STANDARDS AND REQUIREMENTS

Land use zone: FG

Property Line Setbacks:

- Front:
☒ 35 feet from the center of all roads or 10 feet from any property line adjacent to a road (whichever is greater)

- ☐ Vision clearance
☐ No requirement

Side:

- ☒ 5 feet from property line with an additional 1/2 foot setback for every 1 foot height exceeds 15 feet
☐ No requirement

Back:

- ☒ 5 feet from property line with an additional 1/2 foot setback for every 1 foot height exceeds 15 feet
☐ No requirement

Note: Eaves, gutters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet.

Offstreet Parking:

- ☐ No. of 9' x 18' parking spaces required
☐ requires parking lot plan ☐ No requirement

Structure Height:

- ☒ 35' maximum ☐ 45' maximum
☐ Airport overlay zone requires _____ feet
☐ No requirement

Conditions of Approval:

PLANNING CLEARANCE IS FOR SEPTIC SYSTEM ONLY UNTIL ATTACHED
CONDITION 4(c) IS MET.

We have reviewed the above proposal and find it compatible with (check one):

- ☐ Its LCDC Acknowledged Plan, or
Providing the above referenced standards are maintained at the time of construction.

County Planning Staff Reviewer:

Signature

PLANNER

2/23/96

City Planning Staff Reviewer (if required):
Facility Located

- ☐ Outside urban growth boundary ☐ Inside urban growth boundary, outside city limits ☐ Inside city limits City _____

Signature

Title

Date

Sanitarian Reviewer:

Permit No. 08-027-96 Authorization Notice No. _____

- ☒ System approved
☐ Denied

Comments:

New Const. - 4 BR SFD

Signature

Env. spec.

3-18-96

Title

Date

NOTE: This form is intended for county staff use in processing development permits and does not constitute a development permit or guarantee issuance of any such permit.

Time Limit: If Substantial Construction has not taken place within one year of the filing date of this permit clearance form, any authorization for development shall become null and void.

CURR

Charles E. Nordstrom
Director

February 27, 1996

Mr. Steven R. Taylor
529 S.W. 294th Street
Federal Way, Washi

Dear Mr. Taylor:

This letter is
the Order approving
the Grazing (FG) zone
approximately 375
dwelling site further

I have reviewed
the location to the pro
finding that the ne
would have less in
the original Order
revised plot plan
remain in effect

If you have
your earliest cor

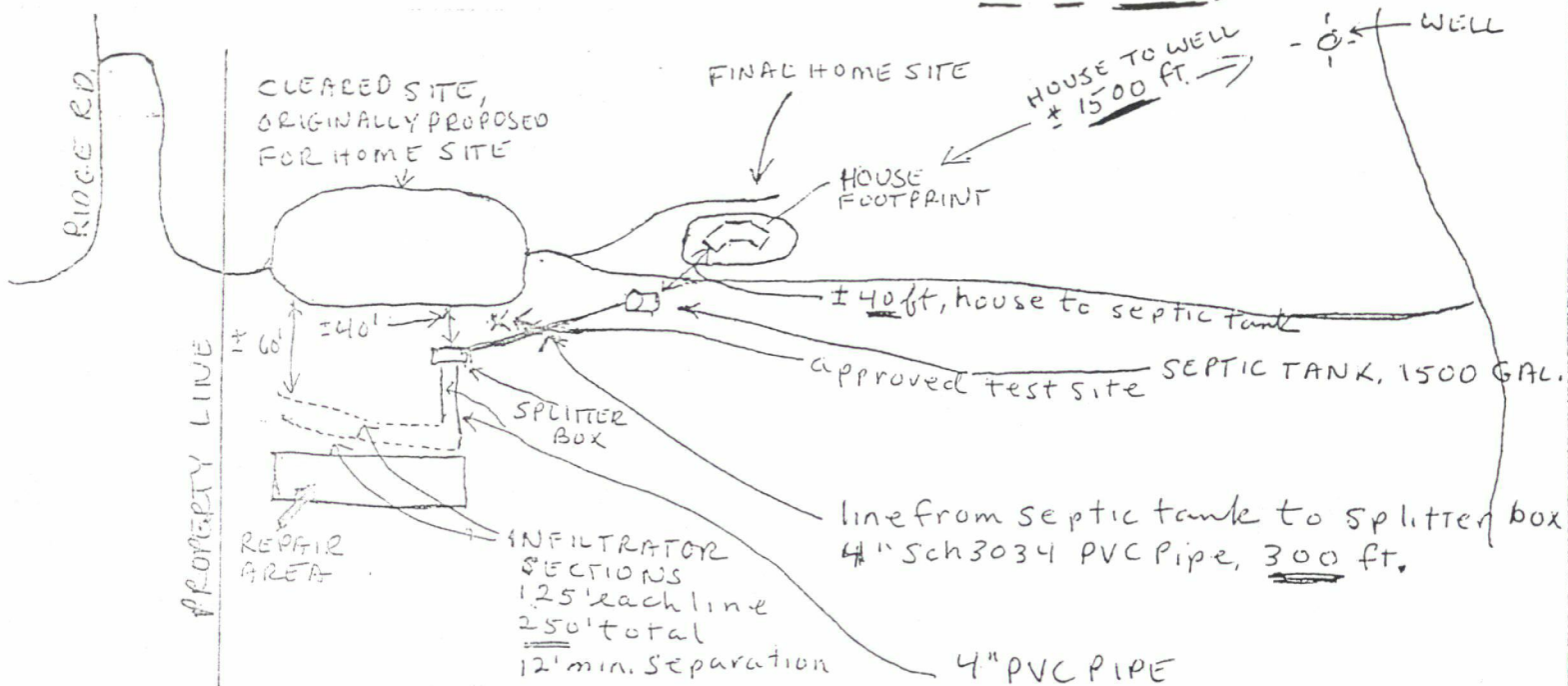
Sincerely,

Charles E. Nordstrom
Charles E. Nordstrom
Planning Director

enclosure

cc: File AD-96

SEWAGE DISPOSAL SYSTEM (PROPOSED) - SITE PLAN (SEE ALSO PLOT PLAN) (NOT TO SCALE)



INSTALLATION CONTRACTOR: PHIL HEATER, 332-6920

BILL OF MATERIALS:

- 1- 1500 GALLON SEPTIC TANK
- 340'- 4" SCH 3034 PVC PIPE
- 100'- 4" PVC PIPE
- 1- SPLITTER BOX
- 2- 4" 90° PVC ELBS
- 250'- "INFILTRATOR" SECTIONS

SCALE 1:48000

RECEIVED
OCT 24 1995
DEPT. OF REVENUE
STATE OF OREGON

3 15 & INDEX

3 15
8 INDEX

CANCELLED NOS.
100 THRU 105
200
695
69511
697
700 THRU 1000
1600 THRU 1607
2602
2604 THRU 2609
2696
2697
2601
2603
2401
605
699

33 15
& INDEX

Date Range 1 03/01/98 Thru 03/11/98 Date Type:

```
Types (Select ):septic    septic1
```

| A/P/D Type | Occupancy | Count | Sq Feet | Valuation | Fees Paid |
|------------|-----------|-------|---------|-----------|-----------|
|------------|-----------|-------|---------|-----------|-----------|

| | | | |
|----------|---|-----|--------|
| 0 | 0 | .00 | .00 |
| * | 0 | 0 | .00 * |
| TOTAL ** | 0 | 0 | .00 ** |