



# Septic Authorization Approval

## 221-22-000151-AUTH

### Commercial 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:** 6/3/22 **Date Expiring:** 6/3/23  
**Work Description:** AUTHORIZATION

**Applicant:** CIVIL WEST ENGINEERING  
**Phone:** 541 290 7974  
**Email:** CKINNEY@CIVILWEST.NET

**Owner:** OREGON RV PARK, LLC **Property Address:** 48288 Hazel St, Langlois, OR 97450

**Parcel:** 311502BA0130000 - Primary

**Authorization Notice for:** Connecting to an Existing System Not in Use

**Lot Size:** 1.52 **Water Supply:** Community Water Supply  
**Directions to Property:** FROM HWY 101 GO WEST EITHER TO MAIN ST OR HAZEL ST. IF TAKING MAINST, TURN THE NEXT RIGHT SOUTH ONTO HAZEL ST, WHICH WILL LEAD TO THE PROPERTY LOCATED ON THE SOUTH SIDE OF THE EAST-WEST PORTION OF HAZEL ST.

**Category of Construction:** Commercial

	Existing	Proposed
<b>Use of Structure:</b>	N/A	RV PARK WITH 7 SPOTS

**System Specifications:**

**Max Peak Design Flow:** 500 gpd **Proposed Gallons per Day:** 700 gpd

**Conditions of Approval:**

There are conditions of approval on this record which must be met. 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 7 SPOT RV PARK with a peak sewage flow of 700 gallons per day.

1. Type of System: STANDARD
2. Linear feet of drainfield: 335
3. Permit #: 08-87-86N
4. Original CSC Date: 9/5/86
5. Tank Size: 1500 GAL
6. Original Design Flow: 500 GPD
7. Maintain all required setbacks.
8. Vehicular traffic and livestock must be restricted from the system area.
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.)

<b>Date Issued:</b> 6/3/22	<b>Date Expiring:</b> 6/3/23
<b>Work Description:</b> 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.

Cienna Magness

Department Specialist

6/3/22

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: PC#:


# 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 \_\_\_\_\_  
Type and Size: \_\_\_\_\_
- ☐ Letter of approval signed by Deputy State Fire  
Marshal (Required for Commercial)

### CONTRACTOR INFORMATION

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

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

### 2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? \_\_\_\_\_
- ☐ 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.

SEE ATTACHED 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 # 31515W023A Tax Lot# 1306

Acreage 1.52ac Street address or location: 48288

Hazel St. Lgth 3

### 5. PROPERTY OWNER INFORMATION:

Property Owner: Oregon RV Park, LLC

Mailing Address: 10040 Crystal Creek Dr.

City Sacramento St. CA Zip 95829 Phone# 916-955-8812

### 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 # APPLIED W/ CURRY CO. ROAD

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 Christopher Kiny

Signature [Signature]

Mailing address 486 E St.

City Coos Bay ST OR ZIP 97420 PH 541-982-4867

Date: 3/17/2022

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

RECEIVED  
3/29/22

**(FOR OFFICIAL USE ONLY)**  
**PLANNING STANDARDS AND REQUIREMENTS**

Land Use Zone: RC (Rural Commercial)

**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 for septic authorization
- 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 for septic authorization
- 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 for septic authorization
- 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 for septic authorization

**Structure Height:**

- ☐ 35' maximum ☐ 45' maximum
- ☐ Airport Overlay Zone requires \_\_\_\_\_ feet
- ☒ No requirement for septic authorization

**Lot Origin and Previous Land Use Action:**

- ☐ Pre-existing ☒ Land use approved
- Previous Land Use Actions: AD-2122

**\*\* 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 for septic authorization

**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 \_\_\_\_\_ ODPH approval \_\_\_\_\_
- Historic structure/cultural site/historic-archeological overlay

**CONDITIONS OF APPROVAL:**

- \*\* Approval to obtain septic authorization for RV park (7 spaces)**
- \*\* No development to occur in identified wetland areas without prior 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:**

Berby Corbett  
Signature \_\_\_\_\_

Planning Director 3/30/2022  
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# **221-22-000151-AUTH**

☒ System approved ☐ System denied

**Comments:**

**Cienna Magness**

Digitally signed by Cienna Magness  
DN: C=US,  
E=cmagness@josephinecounty.gov,  
O=Josephine County Community  
Development, OU=Onsite, CN=Cienna  
Magness  
Date: 2022.05.18 10:23:17-07'00'

Signature \_\_\_\_\_

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





# Onsite Authorization Application Verification

## 221-22-000151-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:** 4/5/22

**Parcel Nbr:** 311502BA0130000

**Site Address:** 48288 HAZEL ST, LANGLOIS, OR 97450

**Owner:** OREGON RV PARK, LLC  
10040 CRYSTAL CREEK DRI  
NULL  
NULL  
SACRAMENTO, CA 95829

**Applicant:** CIVIL WEST ENGINEERING - CIVIL WEST ENGINEERING  
486 E STREET  
COOS BAY, OR 97420

**Phone:** (541) 290-7974

**Email:** CKINNEY@CIVILWEST.NET

**Licensed Professional(s):**

No Licensed Professionals Designated

**Category of Construction:** Commercial

**County:**

**Directions:** FROM HWY 101 GO WEST EITHER TO MAIN ST OR HAZEL ST. IF TAKING MAINST, TURN THE NEXT RIGHT SOUTH ONTO HAZEL ST, WHICH WILL LEAD TO THE PROPERTY LOCATED ON THE SOUTH SIDE OF THE EAST-WEST PORTION OF HAZEL ST.

**Acreage or Lot Size:** 1.52

**Water Supply:** Community Water Supply

**Site Ready for Inspection:**

**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](mailto:septicpermits@co.curry.or.us)

For Curry County Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number	221-22-000151-AUTH	
Date of 1 <sup>st</sup> response		
Date of 2 <sup>nd</sup> response		
Date of final response		
Date of completion		
Scanned	Data Entry	

### A. Property Owner Information

Oregon RV Park, LLC	10040 Crystal Creek Drive, Sacramento, CA, 95829	9169558892
Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number

### B. Legal Property Description

31S	15W	02BA	1300	0831 OCS15 00W02BA-000001300	1.52
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Curry					
County	Subdivision Name	Lot	Block		
Property Address: 48288 Hazel Street	Langlois	OR	97450		
Address	City	State	Zip Code		

**Directions to Property:** From Hwy 101, go west either to Main St. or Hazel St. If taking Main St., turn the next right south onto Hazel St. which will lead you to the property located on the south side of the east-west portion of Hazel St.

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

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public Langlois Water District
Number of Bedrooms	Number of Bedrooms	Name
<input checked="" type="checkbox"/> Other Multi Family	<input checked="" type="checkbox"/> Other RV Park for 7 RVs	<input type="checkbox"/> Private
		Well, Spring, Shared

### D. Type of Application

<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input checked="" type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input 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"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other-please specify

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

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

Signature	Date	
	7/28/2021	
Christopher Kinney, EIT	541-290-7974 (cell)	ckinney@civilwest.net
Applicant's Name - Please Print Legibly	Applicant's Phone Number	Applicant's E-mail Address
486 E Street Coos Bay, OR 97420		
Applicant's Mailing Address		

Applicant is the ☐ Owner ☒ Authorized Representative ☐ Licensed Septic Installer

☒ Authorization Attached ☐ Installer's Name



# PLANNING CLEARANCE FORM

## Planning/Building

Curry County Community Development  
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Phone 541-247-3304 Fax 541-247-4579

☐ COUNTY

Applicant: read and complete items 1-8.

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Width of Manf. Home at base \_\_\_\_\_ feet
- ☐ Pre-Fab New \_\_\_\_\_
- ☐ Building Permit COMM \_\_\_\_\_ SFD \_\_\_\_\_ #Bedrooms \_\_\_\_\_  
Type and Size: \_\_\_\_\_
- ☐ Letter of approval signed by Deputy State Fire  
Marshal (Required for Commercial)

### CONTRACTOR INFORMATION

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

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

### 2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? \_\_\_\_\_
- ☐ 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.
- SEE ATTACHED 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 # 31S1S0023A Tax Lot# 1306  
Acreage 1.52ac Street address or location: 48288  
Harold St. Lgls 3

### 5. PROPERTY OWNER INFORMATION:

Property Owner: Oregon RV Park, LLC  
Mailing Address: 10040 Crystal Creek Dr.  
City Sacramento St. CA Zip 95829 Phone# 916-955-8812

### 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 # APPLIED W/ CURRY CO. ROAD

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 Christopher Kiny

Signature [Signature]

Mailing address 486 E St.

City Coos Bay ST OR ZIP 97420 PH 541-982-4867

Date: 3/17/2022

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

RECEIVED  
3/29/22

PC#: \_\_\_\_\_ ZONING: \_\_\_\_\_ FORTHCOMING \_\_\_\_\_ IN DRAWER \_\_\_\_\_ ATTACHED \_\_\_\_\_ PLANS: \_\_\_\_\_

**(FOR OFFICIAL USE ONLY)**  
**PLANNING STANDARDS AND REQUIREMENTS**

Land Use Zone: RC (Rural Commercial)

**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 for septic authorization
- 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 \_\_\_\_\_
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- ☒ No requirement for septic authorization
- 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 for septic authorization

**Structure Height:**

- ☐ 35' maximum ☐ 45' maximum
- ☐ Airport Overlay Zone requires \_\_\_\_\_ feet
- ☒ No requirement for septic authorization

**Lot Origin and Previous Land Use Action:**

- ☐ Pre-existing ☒ Land use approved
- Previous Land Use Actions: AD-2122

**\*\* 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 for septic authorization

**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 \_\_\_\_\_ ODP approval \_\_\_\_\_
- Historic structure/cultural site/historic-archeological overlay \_\_\_\_\_

**CONDITIONS OF APPROVAL:**

- \*\* Approval to obtain septic authorization for RV park (7 spaces)**
- \*\* No development to occur in identified wetland areas without prior 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:**

Berby Corbett  
Signature \_\_\_\_\_

Planning Director 3/30/2022  
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 \_\_\_\_\_





State of Oregon  
Department of  
Environmental  
Quality

## EXISTING SEPTIC SYSTEM DESCRIPTION

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

1. Your existing septic system consists of (check all that apply):  
☒ Septic Tank      ☒ Disposal Trenches      ☐ Capping Fill      ☐ Sandfilter  
☐ Seepage Bed      ☐ Cesspool or Pit      ☐ Unknown  
☐ Other (Describe) \_\_\_\_\_
2. When was your septic system installed? 1992 08-08-92AW  
(Date) (Permit Number)
3. Tank material: ☒ Concrete    ☐ Steel    ☐ Plastic or Fiberglass    ☐ Unknown
4. Septic tank volume (in gallons) 1500
5. When was the septic tank last pumped? 1/13/2017 Attach receipt if available.
6. Number of disposal trenches 4
7. Total length of disposal trenches (in feet) 335
8. Do you propose to use the existing septic system? Yes ☒ No ☐
9. Is your septic system currently in use? Yes ☐ No ☒ If no, date of last use \_\_\_\_\_
10. If the septic system currently serves a dwelling: N/A  
How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
11. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
12. If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
13. Is there a proposed change of use of your structure (home or business)? Yes ☒ No ☐  
If yes, please explain The proposed change will include 4 RV spots. There is no longer any residential building
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

7/28/2021  
(Date)

[Signature]  
Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued \_\_\_\_\_  
Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials \_\_\_\_\_  
Other file information: \_\_\_\_\_





## NOTICE AUTHORIZING REPRESENTATIVE

I, Robert Salazar have authorized Christopher Kinney to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)

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

### PROPERTY IDENTIFICATION:

48288 Hazel Street, Longlois, OR 97450  
(Property Situs or Road Address)

And described in the records of Curry County as:

Township 31S Range 15W Section 07BA Map ID 31S15.W22A Tax Lot #(s) 1300

### PROPERTY OWNER:

Printed Name: Robert Salazar

Address: 1123 OCUE DR.

City, State, Zip: Davis CA 95616

Phone: 916-955-8852 Email: rob2tc++59ccc.com

Signature: [Signature]

### AUTHORIZED REPRESENTATIVE:

Printed Name: Christopher Kinney

Address: 486 E Street, Coos Bay, OR 97420

City, State, Zip: Coos Bay, OR, 97420

Phone: 541-952-2780 (office) Email: ckinney@civilwest.net

Signature: [Signature]

PRELIMINARY

## GENERAL NOTES

- ATTENTION: OREGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED BY THE OREGON UTILITY NOTIFICATION CENTER. THESE RULES ARE SET FORTH IN OAR 850-00500 THROUGH 850-00506. YOU MAY OBTAIN A COPY OF THE RULES BY CALLING THE CENTER, 800-547-5471, OR 503-241-7400. THE OREGON UTILITY NOTIFICATION CENTER IS (503) 233-1887.
- THE CONTRACTOR SHALL CONTRACT ONE CALL FOR UTILITY LOCATES PRIOR TO EXCAVATION. (1-800-333-2344)
- THE EXISTING UTILITY CROSSINGS OF THE PIPELINES ARE SHOWN ACCORDING TO AVAILABLE INFORMATION. THE CONTRACTOR SHALL GUARANTEE THE LOCATION AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO EXCAVATION. THE CONTRACTOR SHALL EXERCISE CAUTION WHEN EXCAVATING AND PROTECT ALL EXISTING UTILITIES FROM DAMAGE DURING HIS OPERATIONS.
- OVERHEAD ELECTRICAL DISTRIBUTION SYSTEMS MAY NOT BE SPECIFICALLY INDICATED ON THE DRAWINGS BUT DO EXIST ALONG THE PIPELINE ROUTES.
- EXISTING WATER METER BOXES AND VALVES MAY NOT BE SPECIFICALLY INDICATED ON THE DRAWINGS BUT DO EXIST ALONG THE PIPELINE ROUTES. CONTRACTOR SHALL LOCATE PRIOR TO THE START OF CONSTRUCTION.
- WHEN NO RECORD WAS AVAILABLE TO INDICATE THE ELEVATION OF AN EXISTING UTILITY, A MINIMUM COVER OF 30-INCHES WAS ASSUMED. THE CONTRACTOR SHALL EXERCISE CAUTION WHILE EXCAVATING NEAR THESE ESTIMATED UTILITY LOCATIONS WHICH ARE INDICATED ON THE PROFILE DRAWINGS.
- CONTRACTOR SHALL INSTALL NEW WATERLINES WITH A MINIMUM CLEARANCE OF 18-INCHES AT ALL CROSSINGS WITH SANITARY WATERLINES EXCEPT UNDERGROUND TELEPHONE, ELECTRICAL, AND GAS LINES. A MINIMUM CLEARANCE OF 6-FOOT SHALL BE MAINTAINED AT ALL CROSSINGS WITH OTHER EXISTING UTILITIES.
- ALL MATERIALS AND WORKMANSHIP SHALL CONFORM TO THE PROJECT DESIGN SPECIFICATIONS AND DRAWINGS. THESE DRAWINGS SHALL BE COORDINATED AND USED IN CONJUNCTION WITH THE TECHNICAL SPECIFICATIONS AND APPROVED SUBMITTALS CONSTRUCTION PERMITS AS REQUIRED FROM CLATSOP COUNTY ROAD DEPARTMENT TO WORK WITHIN THE RIGHT-OF-WAY SHALL BE OBTAINED BY THE OWNER PRIOR TO THE START OF CONSTRUCTION.
- PROPERTY AND RIGHT OF WAY LINES SHOWN IN THIS PLAN SET ARE APPROXIMATE AND BASED ON BEST AVAILABLE INFORMATION. CONTRACTOR SHALL OBTAIN TEMPORARY CONSTRUCTION ACCESS OR PERMISSION FROM PRIVATE LAND OWNERS PRIOR TO ENTERING PRIVATE PROPERTY.
- PERMITS ASSOCIATED WITH THE TRENCH DEWATERING SYSTEM SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
- IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO OBTAIN ALL EXISTING UTILITIES TO DETERMINE THEIR EXACT LOCATION AND DEPTH. (NOTICE OF CONSTRUCTION SHALL COVER A MINIMUM OF SEVEN (7) DAYS PRIOR TO THE COMMENCEMENT OF WORK IN ANY AREA.
- 10-PC SEWER PIPE SHALL BE CLASS BSR-35 UNLESS OTHERWISE NOTED.

## GENERAL ABBREVIATIONS

AC	PAVEMENT	HDD	HORIZONTAL DIRECTIONAL	SD	STORM DRAIN
BC	BECON CURVE	HD	HIGH DENSITY POLYETHYLENE	SE	SPOT ELEVATION
BRV	BUTTERFLY VALVE	HP	HYPHOCORRE	SPW	SPILLWAY
BUD	BUILDING	HPC	HANDRAILED STUCCO	SS	SANITARY SEWER
BM	BENCH MARK	HS	HIGH PRESSURE STUCCO GAS	SW	SIDEWALK
BOW	BACK OF WALL	HSO	HIGH PRESSURE STUCCO GAS	SW	SIDEWALK
CB	CATCH BASIN	IE	INVERT ELEVATION	TBC	TOP BACK OF CURB
CGA	CITY WATER (PORTABLE)	IP	IRON PIPE	TO	TOP OF DRIVE
CM	CITY WATER (NONPORTABLE)	LT	LEFT	TOE	TOP OF BANK
CNW	CITY WATER (NONPORTABLE)	MU	MECHANICAL JOINT	TOE	TOP OF BANK
D	DITCH	MU	MECHANICAL JOINT	TRANS	TRANSITION
DI	DITCH	NG	NATURAL GAS	TYP	TYPICAL
EC	EDGE OF PAVEMENT	NG	NATURAL GAS	UNO	UNLESS NOTED OTHERWISE
ED	EDGE OF GRAVEL	OF	OVERFLOW	V	VENT
EDP	EDGE OF PAVEMENT	PED	PEDESTAL	VAC	VACUUM
EX	EXISTING	PVC	POLY VINYL CHLORIDE PIPE	VENT	VENT (CHIMNEY)
FL	FLOWLINE	ROW	RIGHT OF WAY	WM	WATER METER
FM	FORCE MAIN	RS	RAW WATER	WM	WATER METER
FM	FORCE MAIN	RW	RAW WATER	WM	WATER METER
GV	GATE VALVE	RWR	RECLAIMED WATER	WM	WATER METER

## EXISTING FEATURE LEGEND

SYMBOL	LEGEND
	SANITARY SEWER MANHOLE
	STORM DRAIN MANHOLE
	CATCH BASIN
	WATER VALVE
	WATER METER
	FIRE HYDRANT
	CLEANOUT
	POWER POLE
	CITY ANCHOR
	POWER PEDESTAL
	TELEPHONE PEDESTAL
	SURVEY MARKER
	MAL BOX
	AIR RELEASE VALVE
	BLOW OFF VALVE
	PROFILE SERVICE
	PROFILE TELEPHONE
	PROFILE WATERLINE
	PROFILE ELECTRICAL
	PROFILE SANITARY SEWER CROSSING
	PROFILE STORM DRAIN CROSSING
	TREE/ROAD
	WATER LINE
	SANITARY SEWER
	STORM DRAIN
	ELECTRICAL
	OVERHEAD LINE
	GAS LINE
	TELEPHONE LINE
	TREE LINE
	EDGE OF PAVEMENT
	RIGHT OF WAY
	CONTOURS

## NEW FEATURE LEGEND

SYMBOL	LEGEND
	SANITARY SEWER MANHOLE
	STORM DRAIN MANHOLE
	CATCH BASIN
	WATER VALVE
	WATER METER
	FIRE HYDRANT
	CLEANOUT
	TEE/ELBOW FITTING
	REDUCER FITTING
	MECHANICAL JOINT
	ADAPTER
	AIR RELEASE VALVE
	BLOW OFF VALVE
	MAL BOX
	WATER LINE
	SANITARY SEWER
	STORM DRAIN
	ELECTRICAL
	OVERHEAD LINE
	GAS LINE
	TELEPHONE LINE
	CONTOURS

### LINE TYPE LEGEND

W	W	W
SD	SD	SD
SS	SS	SS
EL	EL	EL
OH	OH	OH
GA	GA	GA
TL	TL	TL

### HATCH LEGEND

	CONCRETE
	PAVEMENT
	GRANULAR MATERIALS SUCH AS CRUSHED ROCK OR GRAVEL
	LANDSCAPING

### GRADING LEGEND

	CUT ON FILL SLOPE ARROWS
	POINT DOWN SLOPE
	GRADING SLOPE
	2 HORIZONTAL VERTICAL
	EXISTING GRADE SPOT
	FINISH GRADE SPOT
	ELEVATION

OREGON RV PARK, LLC  
48268 HAZEL ST, LANGLOIS, OR, 97450

LANGLOIS RV PARK PROJECT

GENERAL NOTES, ABBREVIATIONS, LEGEND

REV. DATE DESCRIPTION BY


Designed By: CSK Drawn By: CSK Checked By: MG

Project No: 2204-146

**Civil West**  
Engineering Services, Inc.

486 E Street  
Coos Bay, Oregon 97420

541-266-8601  
www.civilwest.com

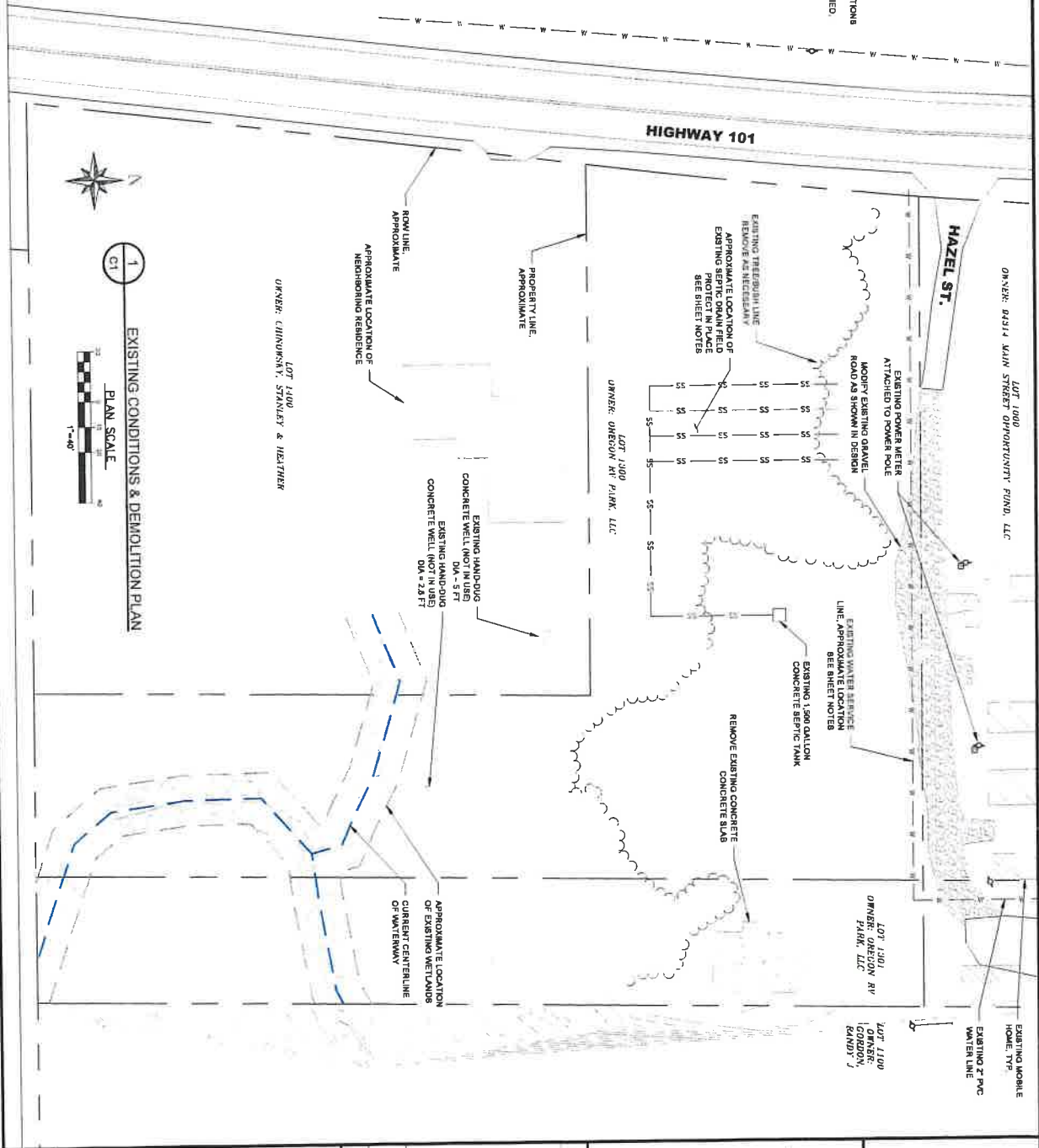
**PRELIMINARY**


DATE: 8/24/21

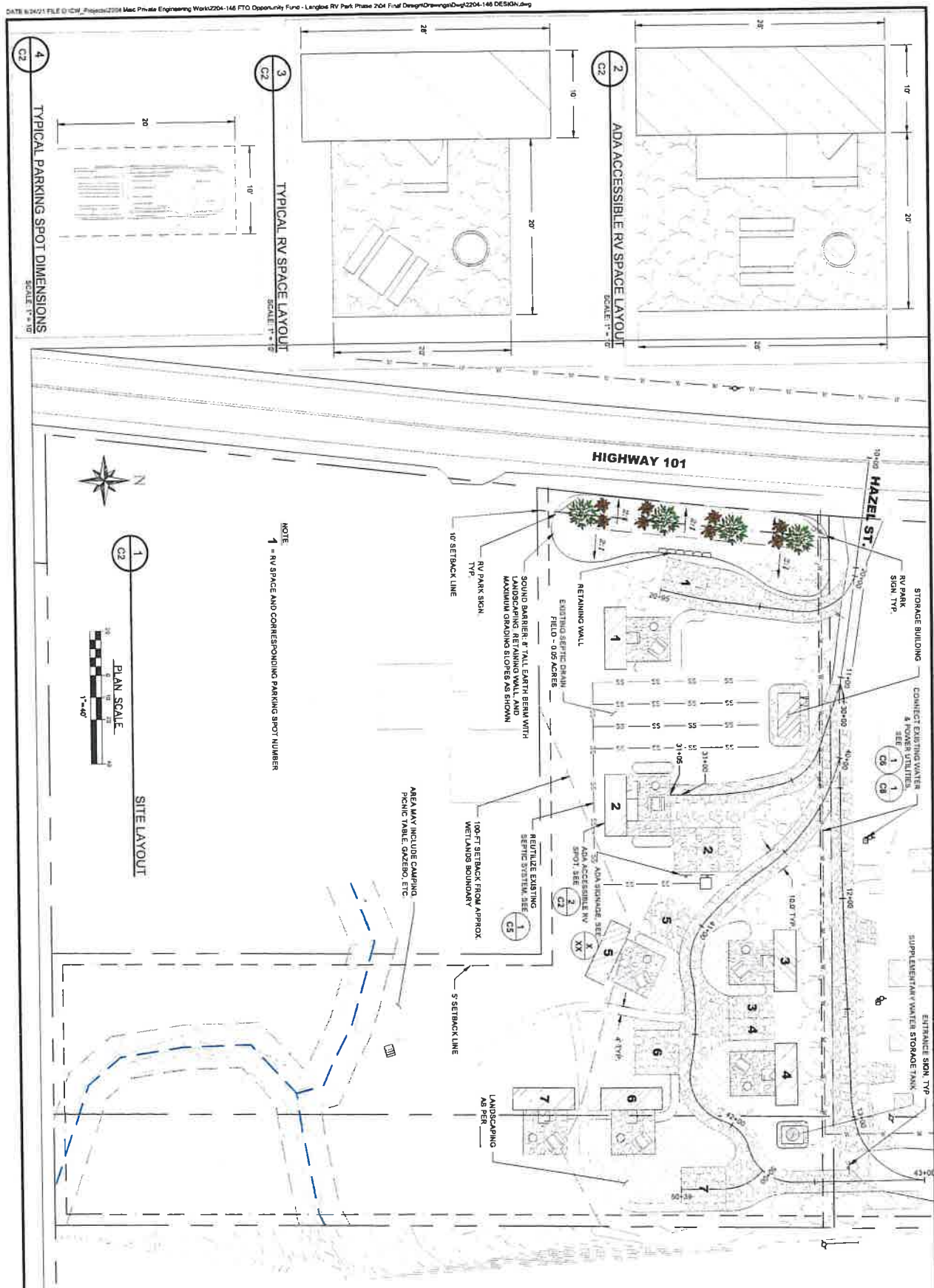
FILE: D:\CW\_Projects\2204-Mac Private Engineering\Working\2204-146-FTD Opportunity Fund - Langlois RV Park Phase 2-04 Final Design\Drawings\DWG\2204-146-BESG.dwg


AUGUST 2021

**SHEET NOTES:**  
1. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING UTILITY LOCATIONS AS SHOWN ON THIS PLAN PRIOR TO CONSTRUCTION. IF ANY DISCREPANCY EXISTS, THE DESIGN ENGINEER SHALL BE NOTIFIED.



DATE: 8/24/21	G1	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450		<table><tr><td>REV</td><td>DATE</td><td>DESCRIPTION</td><td>BY</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>		REV	DATE	DESCRIPTION	BY													<div><div>Civil West</div><div>Engineering Services, Inc</div><div></div></div> <div>486 E Street Coos Bay, Oregon 97420</div> <div>541-266-8601 www.civilwest.com</div>	PRELIMINARY
		REV	DATE	DESCRIPTION	BY																		
LANGLOIS RV PARK PROJECT		<div>Designed By: CSM</div> <div>Drawn By: CSM</div> <div>Checked By: MC</div>																					
EXISTING CONDITIONS + DEMOLITION PLAN		Project No: 2204-148																					



Date AUGUST 2021	Sheet No. 02	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450	REV.	DATE	DESCRIPTION	BY	<div>Civil West Engineering Services, Inc.</div> 	PRELIMINARY		
		LANGLOIS RV PARK PROJECT	Designed By:	CSE	Drawn By:	CSE			Checked By:	MG
		SITE LAYOUT	Project No	2204-148					486 E Street Coos Bay, Oregon 97420	541-266-8601 www.civilwest.com



### SOIL STOCKPILES

1. SOIL STOCKPILES DURING WET WEATHER SEASON (OCT. 15TH - APR. 30TH) SHALL BE COVERED WITH POLYETHYLENE PLASTIC SHEETING (6 MIL OR THICKER).
2. COVERING SHALL BE INSTALLED AND MAINTAINED AS NEAR AS POSSIBLE TO THE FULL LENGTH.
3. SOIL MAY NOT BE STOCKPILED WITHIN TREE CRITICAL ZONES, IN DRAINAGE WAVES, STREETS, STREET RIGHT-OF-WAY, OR DRIVEWAYS THAT DRAIN TO THE STREET.

### WET WEATHER REQUIREMENTS (OCT. 15TH - APR. 30TH)

1. PROTECT ALL STORMWATER FACILITIES, WATER FEATURES, AND NATURAL AREAS.
2. SECONDARY CONTAINMENT SHALL BE INSTALLED AND MAINTAINED AS NEAR AS POSSIBLE TO THE FULL LENGTH.
3. SECONDARY CONTAINMENT SHALL BE INSTALLED WITH SEDIMENT, MUD, OR POLY BARRIER TIE-ROPS OR ANCHORS.
4. SECONDARY CONTAINMENT SHALL BE INSTALLED WITH SEDIMENT, MUD, OR POLY BARRIER TIE-ROPS OR ANCHORS.

### SPILL PREVENTION PROCEDURES

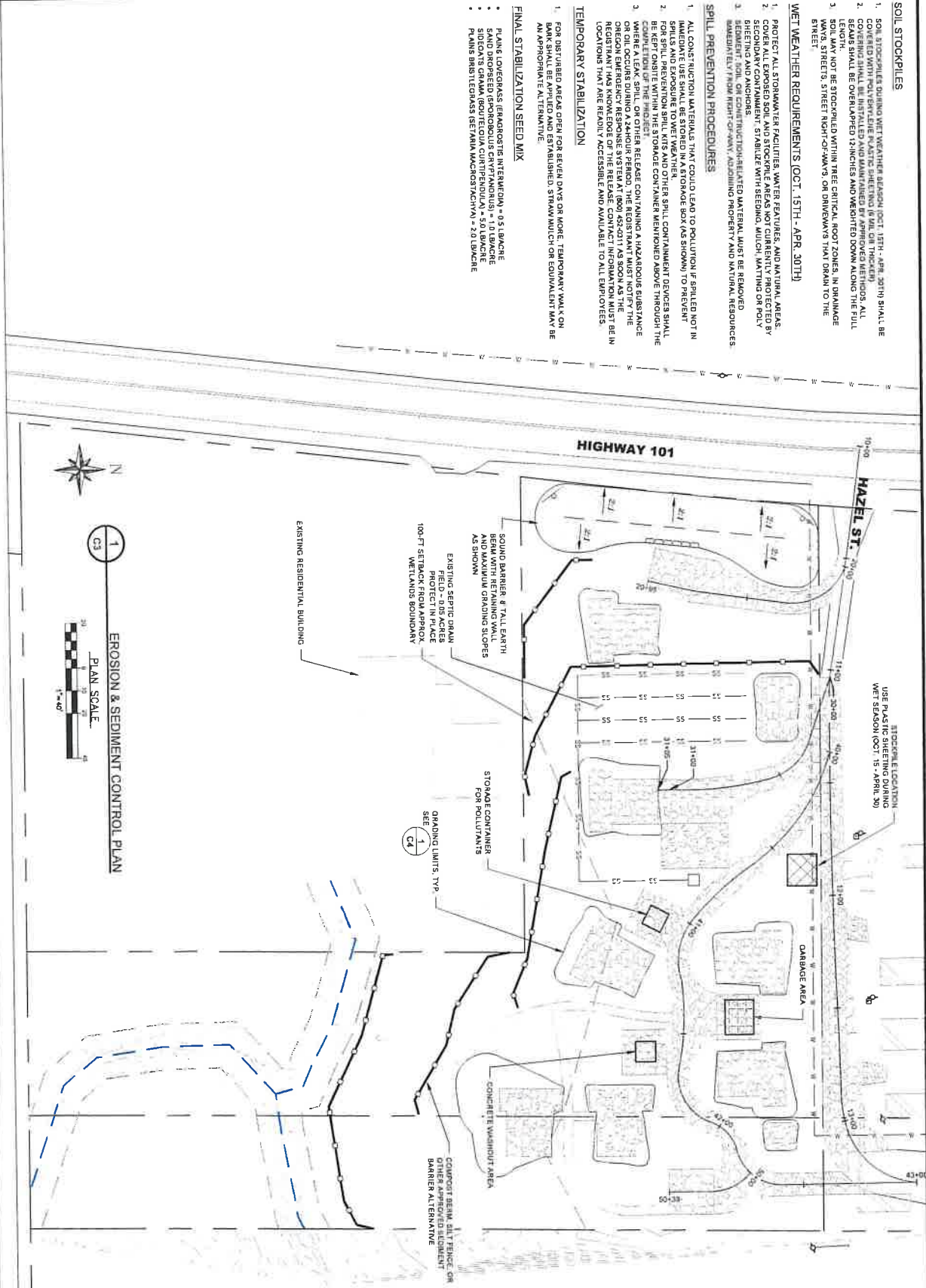
1. ALL CONSTRUCTION MATERIALS THAT COULD LEAD TO POLLUTION SHALL NOT BE LEFT UNATTENDED OR EXPOSED TO WET WEATHER.
2. FOR SPILL PREVENTION, SPILL KITS AND OTHER SPILL CONTAINMENT DEVICES SHALL BE KEPT ON SITE WITHIN THE STORAGE CONTAINER MENTIONED ABOVE THROUGHOUT THE CONSTRUCTION PERIOD.
3. WHERE A LEAK, SPILL, OR OTHER RELEASE CONTAINING A HAZARDOUS SUBSTANCE OR OIL OCCURS DURING A 24-HOUR PERIOD, THE RESPONDENT MUST NOTIFY THE REGIONAL EMERGENCY RESPONSE SYSTEM AT (800) 452-6211 AS SOON AS THE REGIONAL EMERGENCY RESPONSE SYSTEM IS NOTIFIED.
4. RESPONSES MUST BE READY TO BE CALLED AT ANY TIME AND MUST BE IN LOCATIONS THAT ARE EASILY ACCESSIBLE AND AVAILABLE TO ALL EMPLOYEES.


### TEMPORARY STABILIZATION

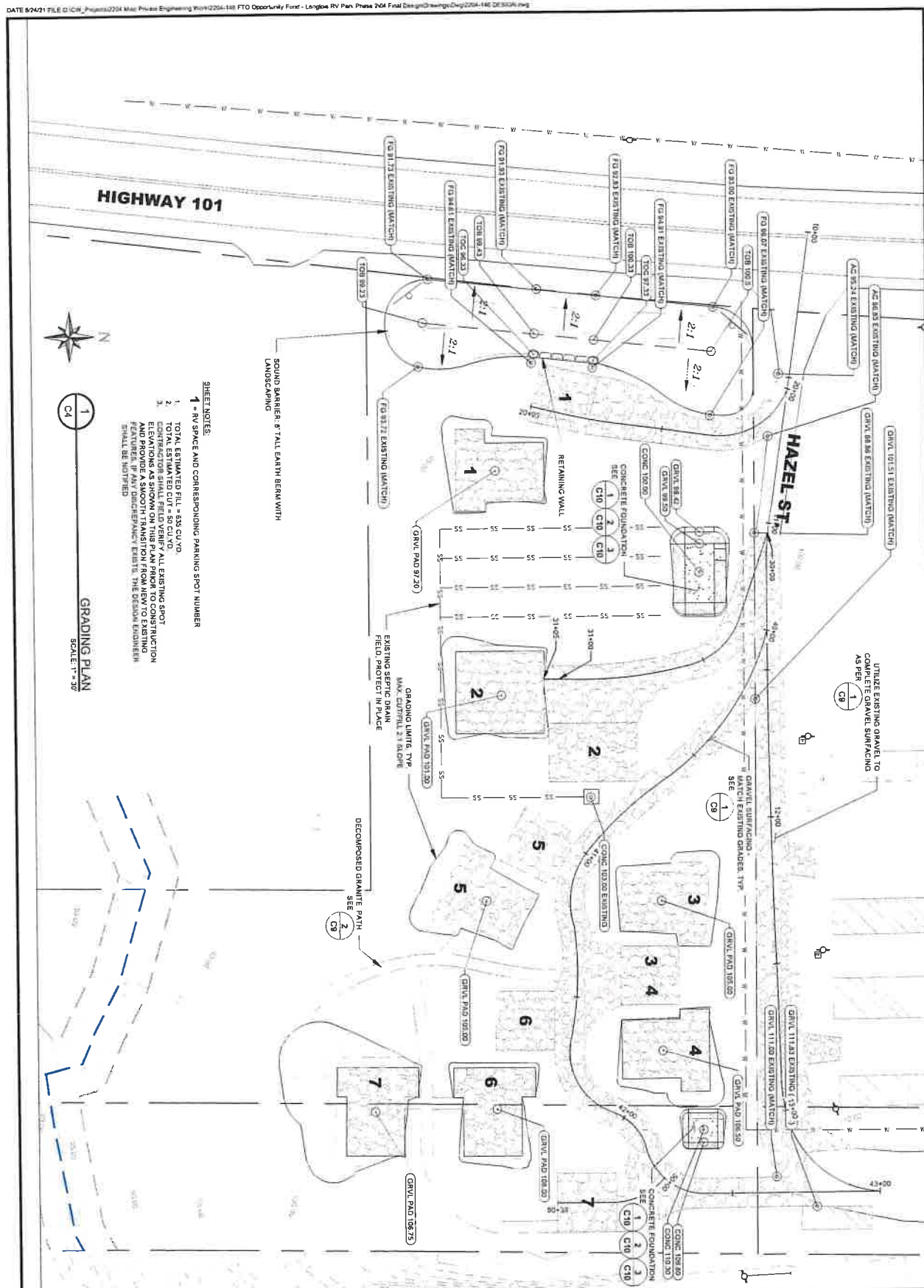
1. FOR DISTURBED AREAS OPEN FOR SEVERAL DAYS OR MORE, TEMPORARY WALLS ON SHILLS AND EXPOSURE TO WET WEATHER SHALL BE INSTALLED. STABILIZATION SHALL BE INSTALLED ON EQUIVALENT MAY BE AN APPROPRIATE ALTERNATIVE.



### FINAL STABILIZATION SEED MIX

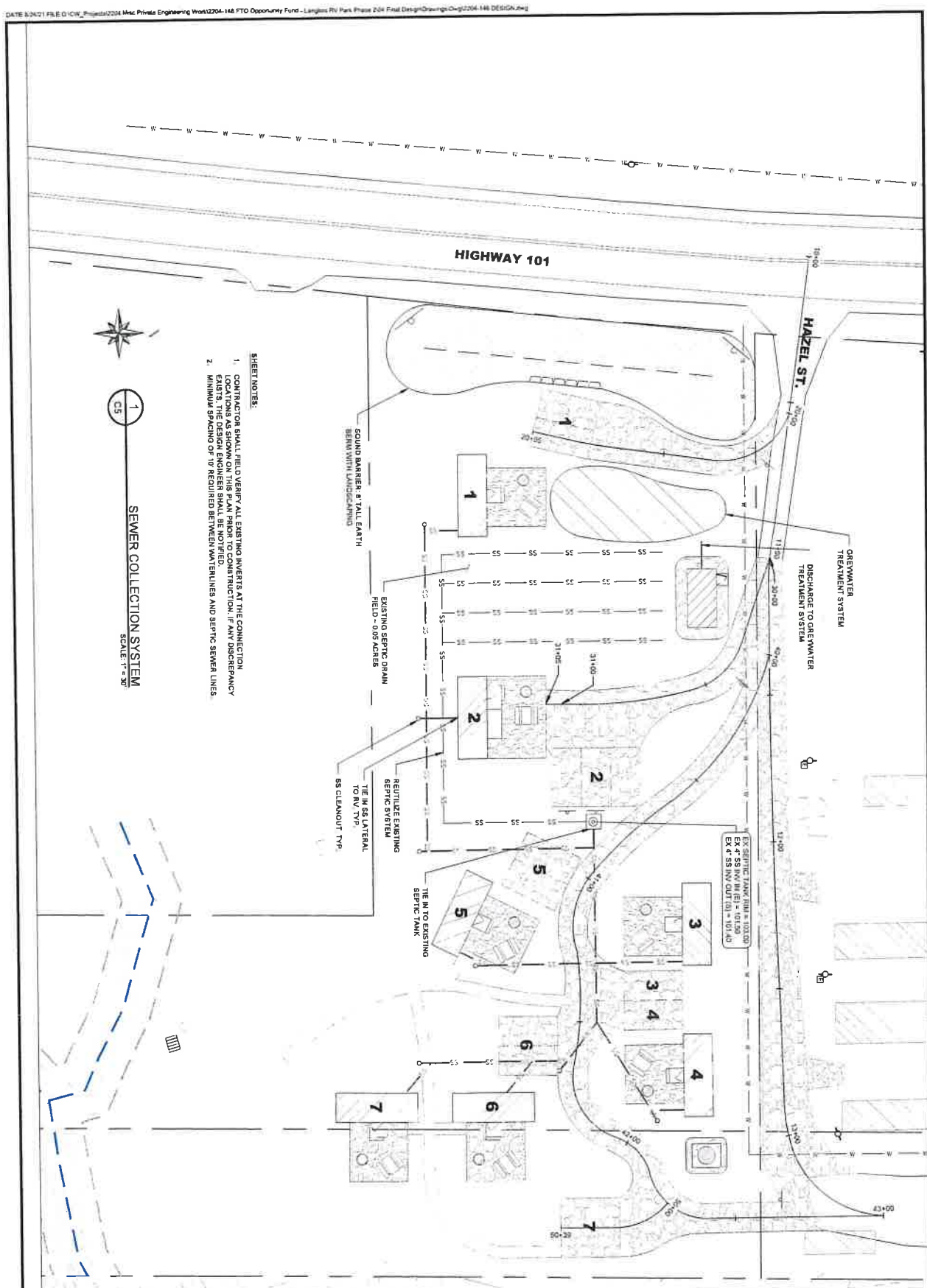
- PLAINS LONGGRASS (PERMANENT) INTERMEDIATE - 0.5 LB/MC
- INTERMEDIATE PERMANENT (PERMANENT) - 1.0 LB/MC
- SLOPES GRASS (PERMANENT) INTERMEDIATE - 5.0 LB/MC
- PLAINS BRISTLEGRASS (PERMANENT) INTERMEDIATE - 2.0 LB/MC




Date: <b>AUGUST 2021</b>	Sheet No: <b>C3</b>	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450	REV	DATE	DESCRIPTION	BY	 <b>Civil West</b> Engineering Services, Inc.	486 E Street Coos Bay, Oregon 97420	541-266-8601 www.civilwest.com	<b>PRELIMINARY</b>
		LANGLOIS RV PARK PROJECT	Designed By:	CSK	Drawn By:	CSK	Checked By:	MAC		
		EROSION + SEDIMENT CONTROL PLAN	Project No:	2204-146						

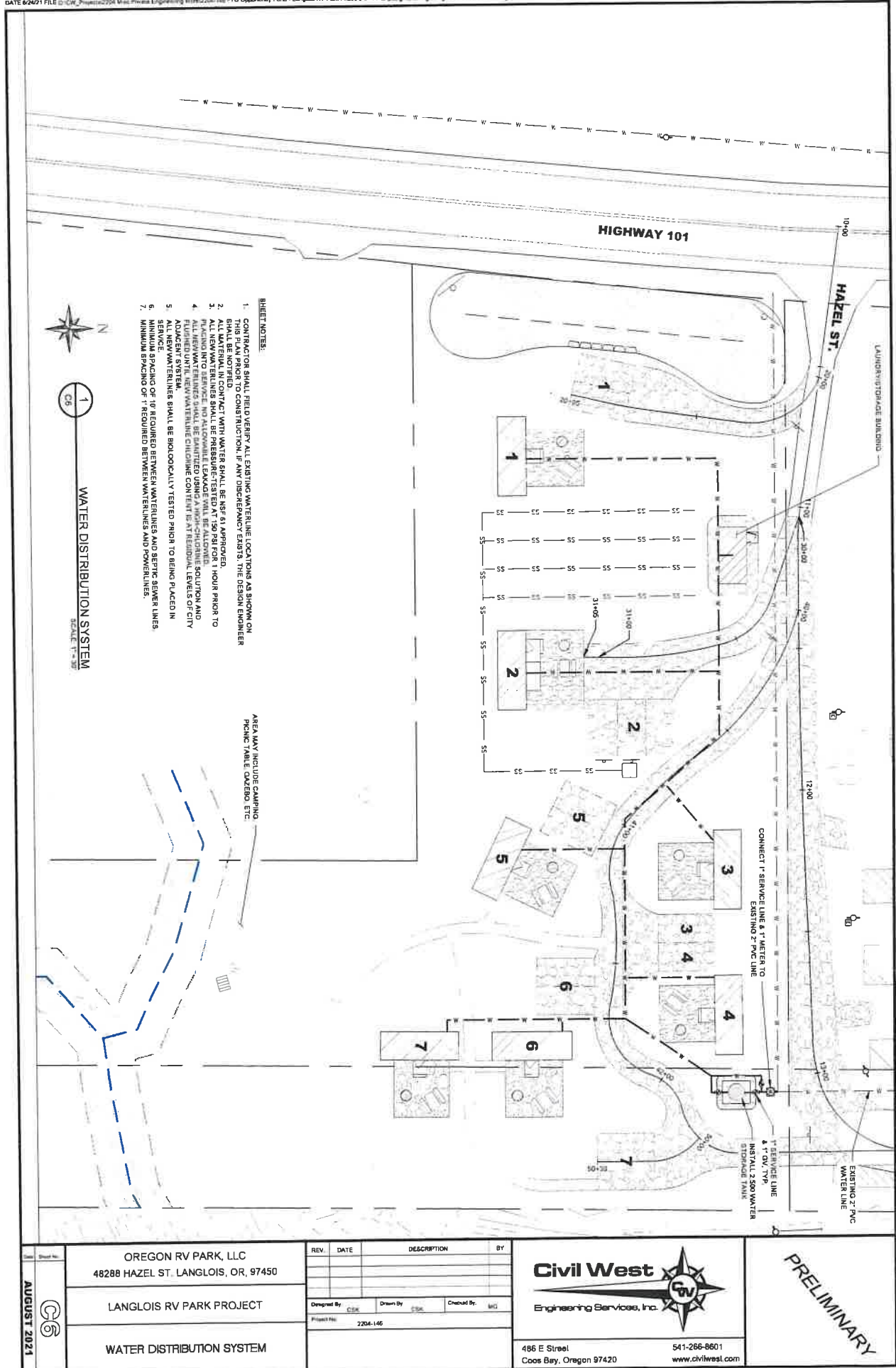


Date: _____ Sheet No.: _____ <b>AUGUST 2021</b> <b>C4</b>	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450	<table><tr><th>REV.</th><th>DATE</th><th>DESCRIPTION</th><th>BY</th></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	REV.	DATE	DESCRIPTION	BY																	<div><p><b>Civil West</b> Engineering Services, Inc.</p></div>	<div></div>
	REV.	DATE	DESCRIPTION	BY																				
LANGLOIS RV PARK PROJECT	Designed By: <u>CSE</u> Drawn By: <u>CSE</u> Checked By: <u>MJG</u> Project No: 2204-148	486 E Street Coos Bay, Oregon 97420	541-266-8601 <a href="http://www.civilwest.com">www.civilwest.com</a>																					
GRADING PLAN																								



Sheet No.  AUGUST 2021  05	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450	<table><tr><th>REV</th><th>DATE</th><th>DESCRIPTION</th><th>BY</th></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	REV	DATE	DESCRIPTION	BY													<div></div> <div>Civil West Engineering Services, Inc.</div> <div>486 E Street Coos Bay, Oregon 97420 541-266-8601 www.civilwest.com</div>	PRELIMINARY
	REV	DATE	DESCRIPTION	BY																
LANGLOIS RV PARK PROJECT	Drawn By: <u>CSK</u> Checkered By: <u>MG</u> Project No: <u>2204-146</u>																			
SEWER COLLECTION SYSTEM																				





- SHEET NOTES:**
1. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING WATERLINE LOCATIONS AS SHOWN ON THIS PLAN PRIOR TO CONSTRUCTION. IF ANY DISCREPANCY EXISTS, THE DESIGN ENGINEER SHALL BE NOTIFIED.
  2. ALL WATERLINES SHALL BE 1\"/>

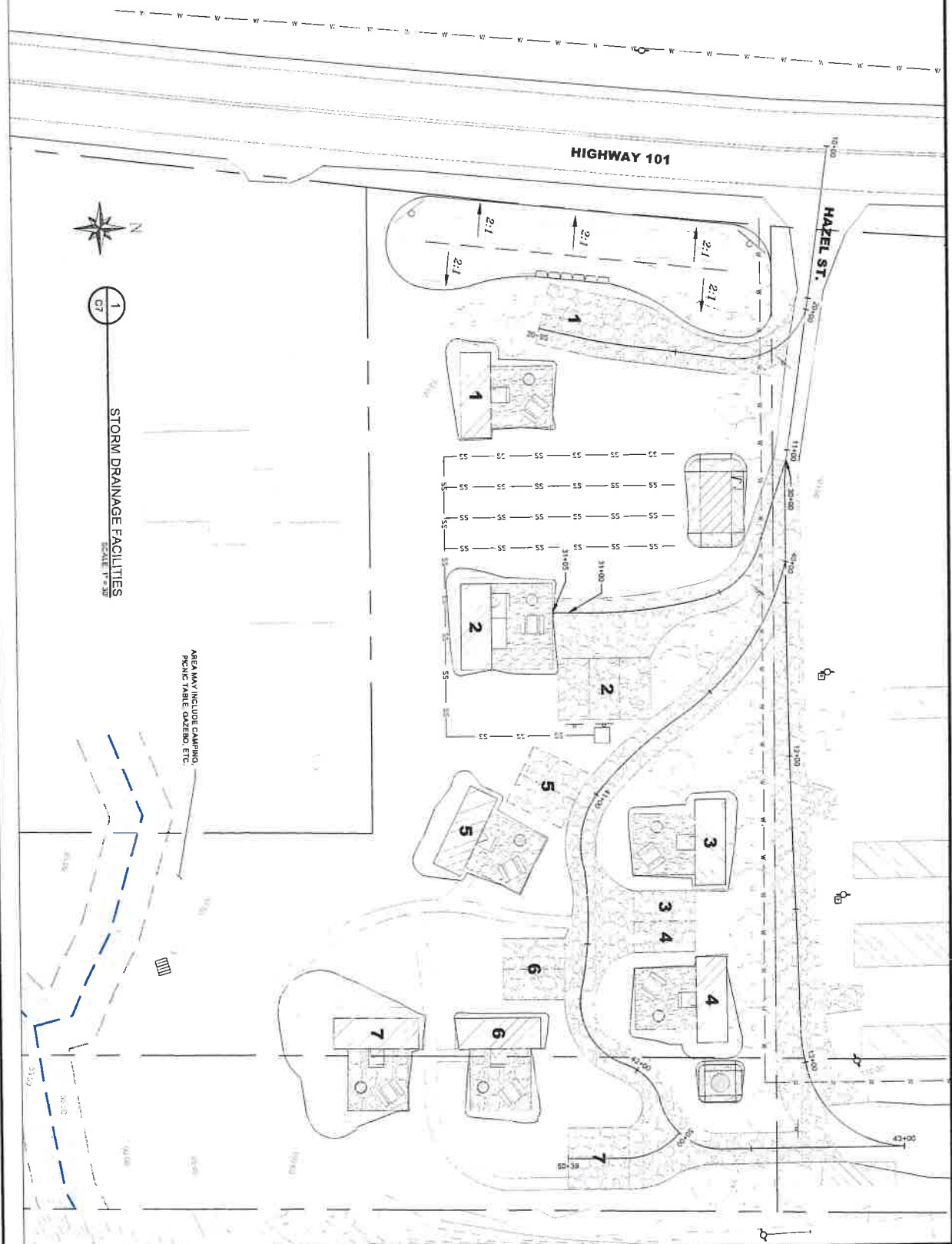



WATER DISTRIBUTION SYSTEM  
SCALE: 1" = 50'

AREA MAY INCLUDE CAMPING  
FRONT TABLE, GRASS, ETC.

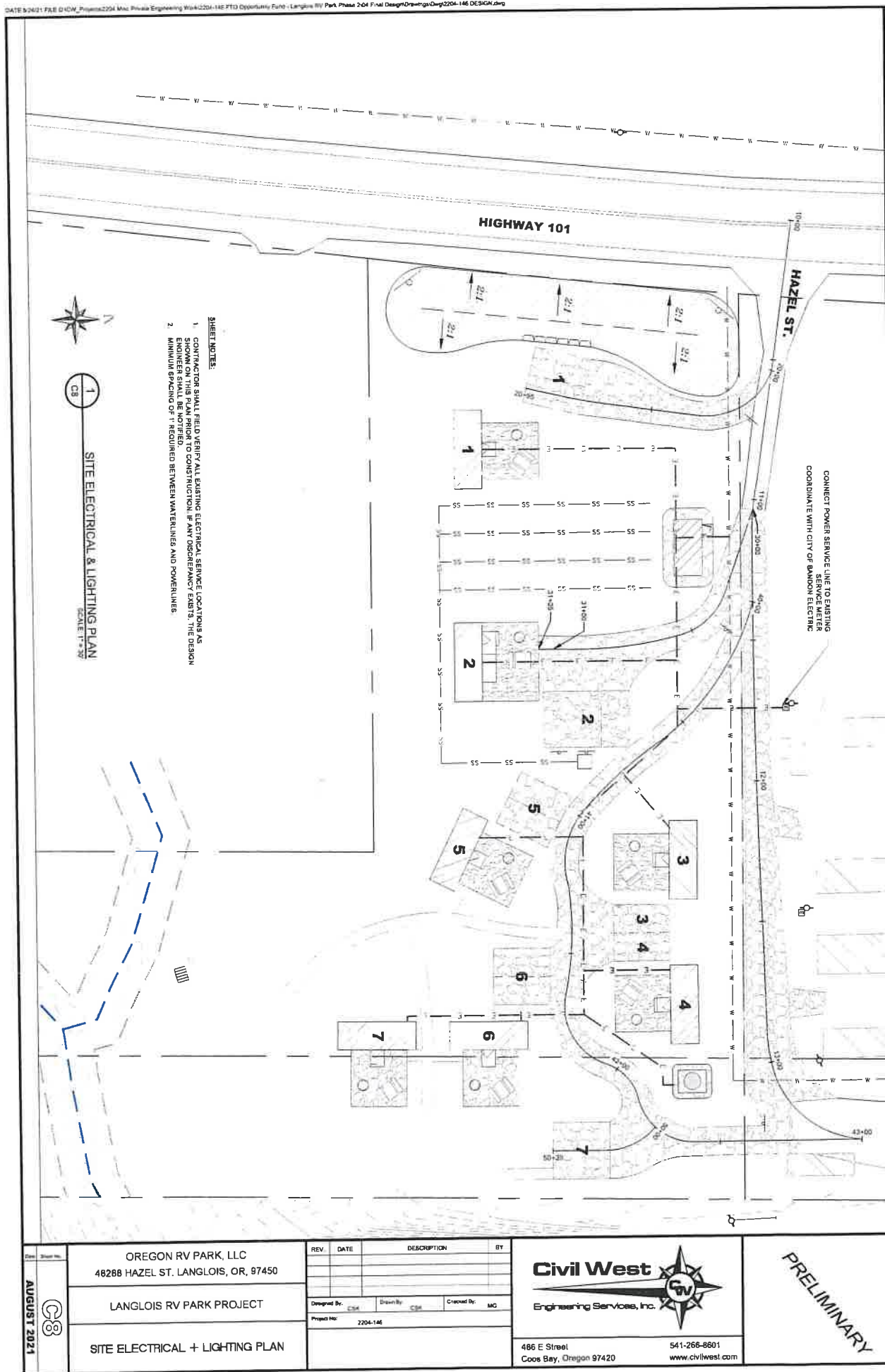
Sheet No.  <b>AUGUST 2021</b>	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450		REV. DATE DESCRIPTION BY	<div style="text-align: center;"> <p><b>Civil West</b> Engineering Services, Inc.</p> </div>	<div style="text-align: center;"> </div>	<p><b>PRELIMINARY</b></p>
	LANGLOIS RV PARK PROJECT		Designed By: CWS Drawn By: CWS Checked By: MJD			
	WATER DISTRIBUTION SYSTEM		Project No.: 2204-146			
			486 E Street Coos Bay, Oregon 97420			

541-266-8601  
[www.civilwest.com](http://www.civilwest.com)

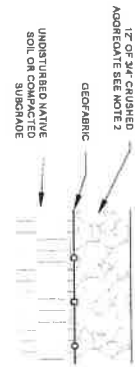


DATE: 8/24/21  FILE: C:\CW_Projects\2204-146 Final Design Drawings\2204-146 DESIGN.dwg	C7	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450		REV. DATE DESCRIPTION BY			<div>PRELIMINARY</div>		
		LANGLOIS RV PARK PROJECT							
		STORM DRAINAGE FACILITIES							
		Designed By: CSK Drawn By: CSK Checked By: MG		Project No: 2204-146		486 E Street Coos Bay, Oregon 97420		541-256-8601 www.civilwest.com	





PRELIMINARY



- NOTES:
1. CONTRACTOR TO PROVIDE SMOOTH TRANSITION FROM NEW GRAVEL SURFACING TO EXISTING GRAVEL SURFACING.
  2. SALVAGE EXISTING AGGREGATE BASE LAYER FROM EXISTING GRAVEL ROAD AND INSTALL ADDITIONAL AGGREGATE AS NECESSARY TO COMPLETE 12" DEPTH.

1  
C9

GRAVEL SURFACING TYP. SECTION

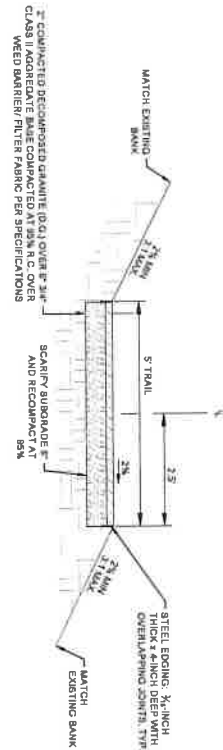
SCALE: NTS



3  
C9

JOINT TRENCH DETAIL

SCALE: NTS



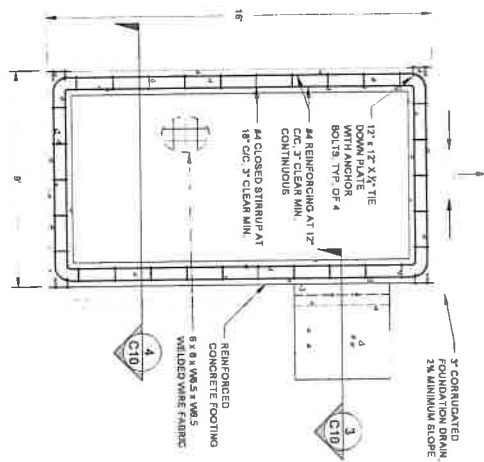
- NOTES:
1. PROVIDE HIGH QUALITY MATERIALS CONSISTING OF SOUND, ANGULAR, DURABLE STONE PARTICLES, FREE FROM CLAY LUMPS, ORGANIC MATERIALS OR OTHER DELETERIOUS SUBSTANCES.
  2. INSTALL STEEL EDGING FLUSH WITH THE TOP OF THE DECOMPOSED GRANITE SURFACING. PROVIDE SUFFICIENT STAKES TO SECURE EDGING IN PLACE DURING AND AFTER DECOMPOSED GRANITE SURFACING MATERIAL INSTALLATION.

2  
C9

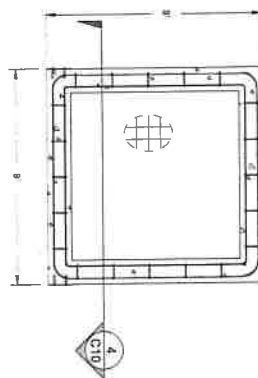
DECOMPOSED GRANITE PATH TYP. SECTION

SCALE: NTS

<p>DATE: 8/24/21</p> <p>PROJECT NO: 2204-148</p> <p>PROJECT NAME: LANGLOIS RV PARK PROJECT</p> <p>SITE DETAILS</p>	<p>REV. DATE DESCRIPTION BY</p> <p> </p> <p> </p> <p> </p>	<p><b>Civil West</b></p> <p>Engineering Services, Inc.</p> <p>486 E Street Coos Bay, Oregon 97420</p> <p>541-266-8601 www.civilwest.com</p>	<p>PRELIMINARY</p>
	<p>DESIGNED BY: C9K</p> <p>DRAWN BY: C9K</p> <p>CHECKED BY: MG</p>		
	<p>PROJECT NO: 2204-148</p>		
	<p>PROJECT NAME: LANGLOIS RV PARK PROJECT</p>		



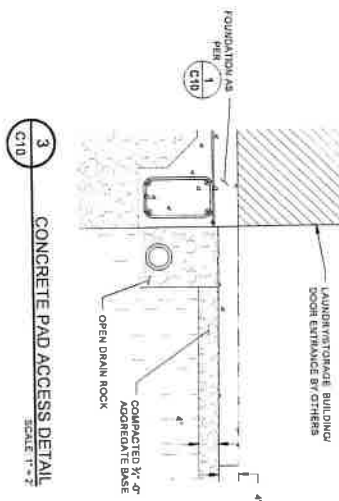
1 LAUNDRY STORAGE BUILDING FOUNDATION PLAN  
SCALE: 1" = 5'  
C10



1  
C10

WATER TANK FOUNDATION PLAN

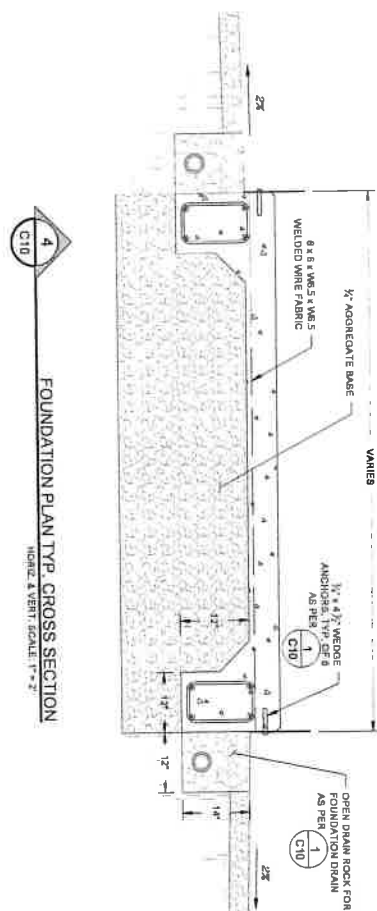
SCALE 1" = 5'



3  
C10

CONCRETE PAD ACCESS DETAIL

SCALE 1" = 2'



4  
C10

FOUNDATION PLAN TYP. CROSS SECTION

HORIZ. & VERT. SCALE: 1" = 2'

Client Ref: AUGUST 2021 <div>C10</div>	OREGON RV PARK, LLC 48288 HAZEL ST. LANGLOIS, OR, 97450	REV.	DATE	DESCRIPTION		BY
	LANGLOIS RV PARK PROJECT	Designed By: CJK		Drawn By: CJK	Checked By: MC	
	CONCRETE FOUNDATION	Project No: 2204-046				



486 E Street  
Coos Bay, Oregon 97420

541-285-8601  
www.civilwest.com

PRELIMINARY

# ON-SITE FILE FOLDER INFORMATION SHEET

TOWNSHIP 31

RANGE 15

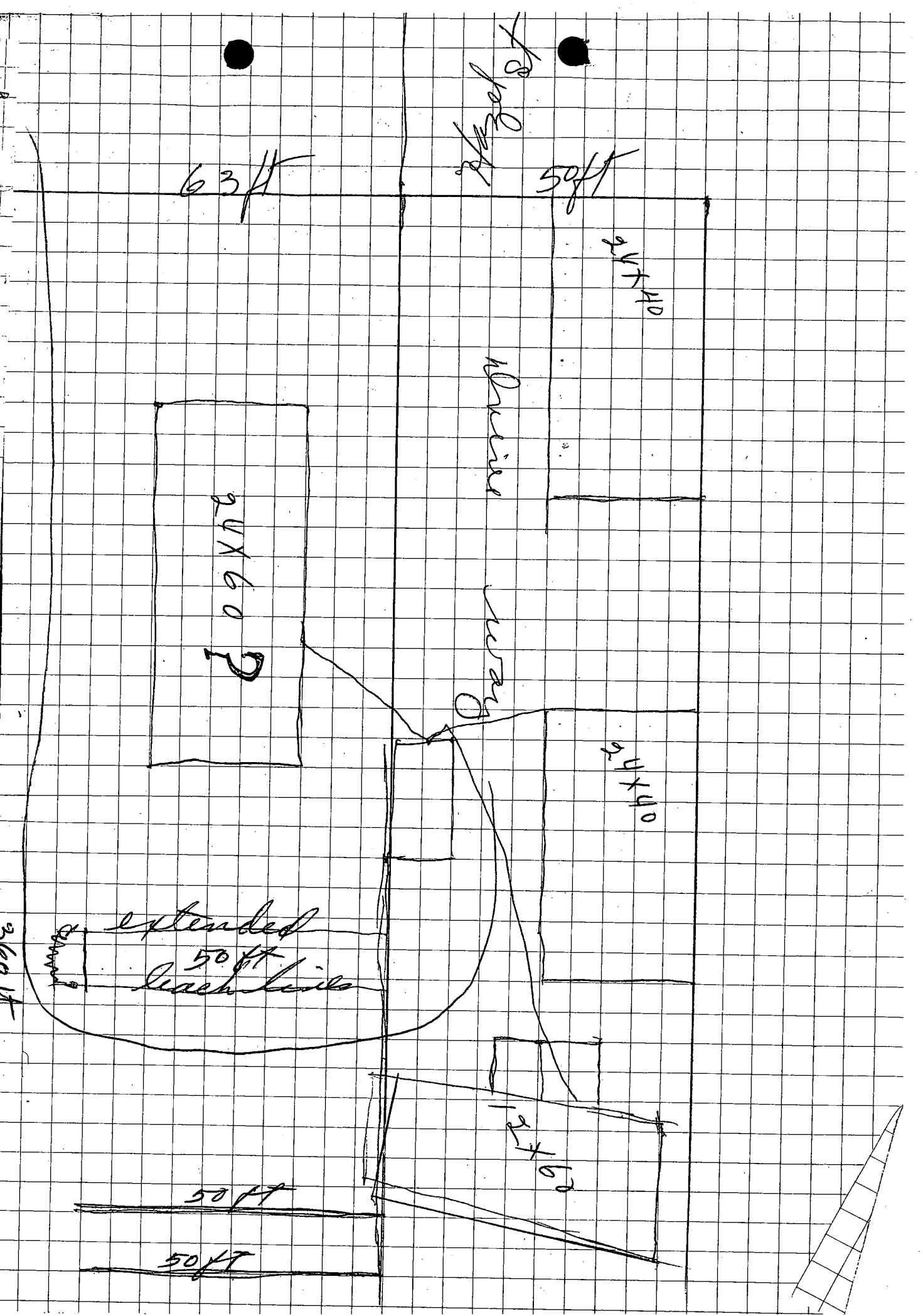
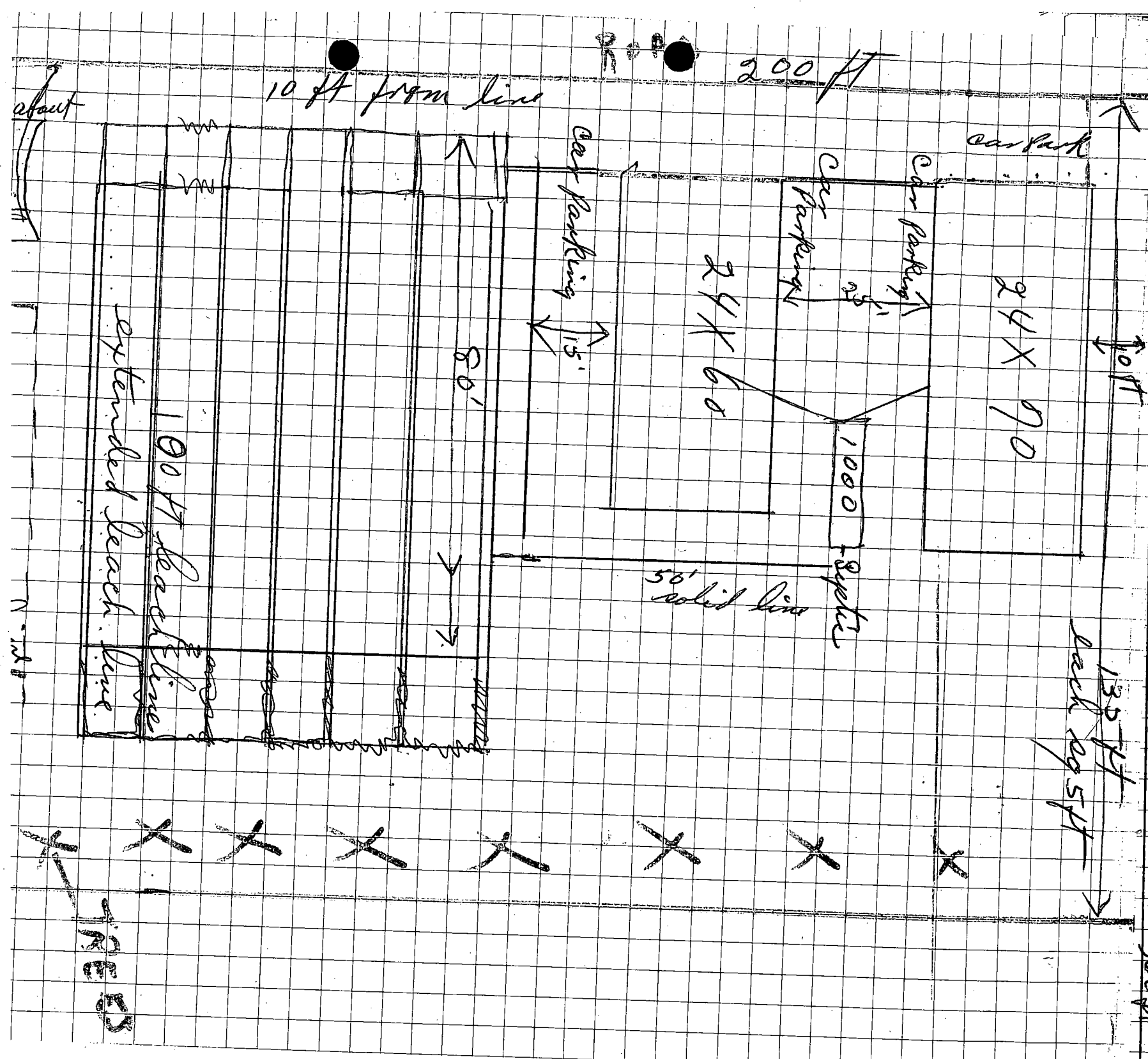
SECTION 2BA

TAX LOT 1000 + 1300

ADDRESS \_\_\_\_\_

ACREAGE \_\_\_\_\_

ACTIVITIES	DATE	COMMENTS
Site Evaluation Application Received		
Site Evaluation Conducted		
Site Evaluation Report Prepared		
On-Site Permit Application Filed		
On-Site Permit Issued	<u>11/7/74</u>	<u>SCE - Repair</u>
First Inspection		
Second Inspection		
Third Inspection		
Fourth Inspection		
Final Inspection	<u>1?</u>	<u>EAF + SCE</u>
First Correction Notice		
Second Correction Notice		
Certificate of Satisfactory Completion Issued		
Authorization Notice Granted		
Other		







DEQ Coos Bay Office

381 North 2nd Street

Coos Bay, OR 97420

Phone: 541-269-2721

FAX: 541-269-7984

## Septic Authorization Approval

### Commercial Authorization

246-16-000052-AUTH

www.oregon.gov/deq

OnsiteCoosBay@deq.state.or.us

**Date Issued:** 3/30/17  
**Date Expiring:** 3/30/18

**Work Description:**

DEQ site visit and authorization of existing septic system to approve septic system to service 1 duplex (each unit has two bedrooms) near/in-place of existing manufactured home. System has been evaluated by Tom Brown and found to be in working order, with recommendation to clear brush from drain field, pump tank, and install riser. Existing system includes 1500 gal tank and 300 ft drain line.

Septic authorization has been requested for adjoining Tax Lot 1301, as well.

**Applicant:** Hilary Johnson  
**Address:** 47541 Leeward St  
Langlois OR 97450  
**Phone:** 5034108649  
**Email:** rejoycealways1998@yahoo.com

**Owner:** Chris & Hilary Johnson  
**Address:** 47541 Leeward St  
Langlois OR 97450  
**Property Address:** 48288 Hazel St, Langlois, OR 97450

**Parcel:** 31S15W02BA1300 - Primary      **Township:**      **31S Range:**      **15W Section:**      **2**

**Authorization Notice for:** Connecting to an Existing System Not in Use

**System is Failing?** No      **Date Septic Tank Last Pumped:** 01/13/2017

**Lot Size:** 1.52 ac      **Water Supply:** Community Water Supply  
**Zoning:** Not specified      **City/County/UGB:** County

**County:** Curry  
**Directions to Property:** East of Hwy 101,  
directly across  
from Piercy Suites in  
Langlois proper,  
Curry County

**Category of Construction:** Multi-family - duplex

**Existing**

**Proposed**

**Use of Structure:** multi-family

One duplex.  
The duplex will have  
2 bedrooms in each unit.

**Number of Bedrooms:** 4

**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.)

3/30/17:12:07:38PM

Page 1 of 2

C:\myReports\reports\production\01 STANDARD  
REPORTS\std\_OnsiteAuthorization\_pr.rpt

**Date Issued:** 3/30/17  
**Date Expiring:** 3/30/18

**Work Description:**

DEQ site visit and authorization of existing septic system to approve septic system to service 1 duplex (each unit has two bedrooms) near/in-place of existing manufactured home. System has been evaluated by Tom Brown and found to be in working order, with recommendation to clear brush from drain field, pump tank, and install riser. Existing system includes 1500 gal tank and 300 ft drain line.

Septic authorization has been requested for adjoining Tax Lot 1301, as well.

**System Specifications**

<b>Max Peak Design Flow:</b>	500 gpd	<b>Proposeds Gallons per Day:</b>	600 gpd
------------------------------	---------	-----------------------------------	---------

**Special Rqmts:**

<b>Stake Out Req'd:</b>	No	<b>Pump to Drainfield Req'd:</b>	No
-------------------------	----	----------------------------------	----

**Other Special Rqmt:** Duplex with 2 bedrooms per unit.

**Conditions of Approval:**

Duplex up to 2 bedrooms per unit.

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 duplex with 2 bedrooms per unit with a peak sewage flow of 600 gallons per day.

Type of System: Standard serial loop; Linear feet of drainfield: 335; Permit #: 08-87-86N; Original CSC Date: 9/5/1986; Tank Size: 1500 gal; Original design flow: 500 GPD

Must maintain all required setbacks to septic system. Future repair area must remain unobstructed.

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from DEQ is required.

If you do not agree 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 also apply for a For Cause Variance. The application must be made in writing on Department forms and accompanied by the required exhibits in OAR 340-071-0415(4) and fee in 340-071-0140(3), Table 9C.

Sean Rochette

Onsite Wastewater Specialist

3/30/17

**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.)

3/30/17:12:07:38PM

Page 2 of 2

C:\myReports\reports\production\01 STANDARD  
 REPORTS/std\_OnsiteAuthorization\_pr.rpt

**Date Issued:** 3/30/17  
**Date Expiring:** 3/30/18

**Work Description:**

DEQ site visit and authorization of existing septic system to approve septic system to service 1 duplex (each unit has two bedrooms) near/in-place of existing manufactured home. System has been evaluated by Tom Brown and found to be in working order, with recommendation to clear brush from drain field, pump tank, and install riser. Existing system includes 1500 gal tank and 300 ft drain line.

Septic authorization has been requested for adjoining Tax Lot 1301, as well.

**System Specifications**

<b>Max Peak Design Flow:</b>	500 gpd	<b>Proposed Gallons per Day:</b>	600 gpd
------------------------------	---------	----------------------------------	---------

**Special Rqmts:**

<b>Stake Out Req'd:</b>	No	<b>Pump to Drainfield Req'd:</b>	No
<b>Other Special Rqmt:</b>	Duplex with 2 bedrooms per unit.		

**Conditions of Approval:**

Duplex up to 2 bedrooms per unit.

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 duplex with 2 bedrooms per unit with a peak sewage flow of 600 gallons per day.

Type of System: Standard serial loop; Linear feet of drainfield: 335; Permit #: 08-87-86N; Original CSC Date: 9/5/1986; Tank Size: 1500 gal; Original design flow: 500 GPD

Must maintain all required setbacks to septic system. Future repair area must remain unobstructed.

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system. Should the system fail, a repair permit from DEQ is required.

If you do not agree 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.

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Sean Rochette

Onsite Wastewater Specialist

3/30/17

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3/30/17:12:07:38PM



## SITE PLAN FOR CONSTRUCTION / INSTALLATION

Chris & Hilary  
Johnson

**Site Plan Must Be Current**

**Property Owner:**

**Site ID:**

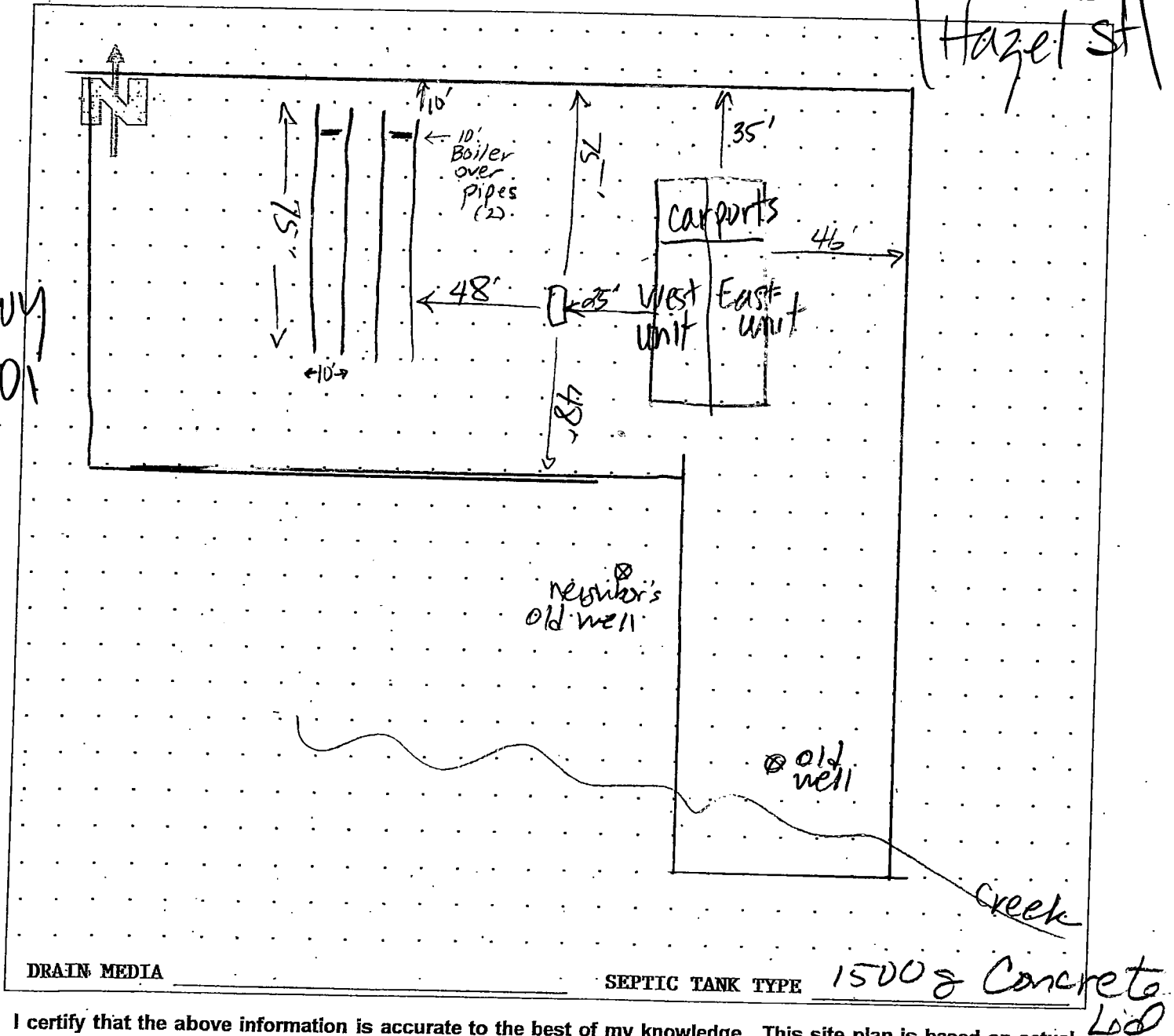
Site Address: 48288 Hazel St City: Longview County: Curry

Township: 31 Range: 15 Section: 02 BA Tax Lot: 1300

Acres: 1.52 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Scale: 1 Square = \_\_\_\_\_ Feet

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**



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

I am the ☒ Owner or ☐ Authorized Agent.

Name (please print):

**Signature:**

Date \_\_\_\_\_



(FOR OFFICIAL USE ONLY)  
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: RC

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--whichever is greater

☐ Vision clearance

☐ No requirement

SIDE:

☐ 5 feet from property line for structures 15' and under  
For structures exceeding 15'-add 6 inches (1/4 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 (1/4 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

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

PTRM 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 \_\_\_\_\_ ODFR approval \_\_\_\_\_

Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

2/4/17 - Septic approval only

3/20/2017 - approval for Duplex

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 Christen

Signature \_\_\_\_\_

2/4/17 / 3/20/2017 Planner \_\_\_\_\_

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: 246-16-000052-AUTH

Permit # \_\_\_\_\_ Authorization Notice# \_\_\_\_\_

☐ System approved ☐ System denied

Comments:

Linda R Van Tassal

Sent to DFR 2/4/17

Signature \_\_\_\_\_

OSS 2 4/2/17

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

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

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

☐ Pre-Fab New \_\_\_\_\_

☐ Building Permit COMM SFD #Bedrooms \_\_\_\_\_  
Type and Size: \_\_\_\_\_  
☐ Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

CONTRACTOR INFORMATION

☐ 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:

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. BOOS-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 # 3115-02BA Tax Lot# 1300

Acreage 1.92 Street address or location: 48288 Hazel St Langlois OR

5. PROPERTY OWNER INFORMATION:

Property Owner: Chris & Hilary Johnson

Mailing Address: 47541 Leonard St

City Langlois St OR Zip 97450 Phone# 503-410-8649

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 # 3018

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 Hilary Johnson

Signature Hilary Johnson

Mailing address 47541 Leonard St

City Langlois ST OR ZIP 97450 PH 503-410-8649

Date: \_\_\_\_\_

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.

DEQ\_COOS | Civic Platform

Record ID: 246-16-000052-AUTH

3/22/17: site visit. Tank has been pumped - need receipt.  
Riser installed. DF area has been cleared of brush.  
No signs of failure observed. *sn*

Linda Van Tassel ()

Menu

Help

Application Status: [App Submitted/Addl Info Needed](#)Opened Date: [12/30/2016](#)IVR Tracking #: [246072511762](#)

Condition Status: Name Short Comments Status Apply Date Severity Action By

Conditions of Approval: Group Type Condition Name Short Comments Status Status Date Severity

Project Name: [Hazel TL1300](#)Description of Work: [DEQ site visit and authorization of existing septic system to approve septic system to service 1 duplex \(each unit has two bedrooms\) near/in-place of existing manufactured home. System has been evaluated by Tom order, with recommendation to clear brush from drain field, pump tank, and install riser. Existing system includes 1500 gal tank and 300 ft drain line. Septic authorization has been requested for adjoining Tax Lot 1301](#)Application Detail: [Detail](#)Application Type: [Onsite Authorization](#)

Assigned To:

Address: [48288 Hazel ST, Langlois, OR 97450](#)Owner Name: [Chris & Hilary Johnson](#)Owner Address: [47541 Leeward St, Langlois, OR 97450](#)Parcel No: [31S15W02BA1300](#)Custom Fields: **Onsite Authorization**

Type of Application

[Commercial Authorization](#)

Authorization Notice for

System is Failing

Site Ready for Inspection

[Yes](#)

Other Authorization Description

Category of Construction

[Multi-family](#)

Authorization Resulted in

Business License

Expiration Letter Sent

Other - Description

[duplex](#)

Septic Tank Last Pumped

[01/13/2017](#)

Acreage or Lot Size

[1.52 ac](#)

City/County/UGB

County

[Curry](#)

Existing Use of Structure

[multi-family](#)

Proposed Use of Structure

[One duplex](#)[The duplex will have](#)[2 bedrooms in each unit](#)

Water Supply

[Community Water Supply](#)

Water Supply - Other Description

Directions to Property

[East of Hwy 101](#)[Directions to Property](#)

Comments

Previous Permit Number

Previous Permit Issued Date

P.O. BOX 627 • COQUILLE, OR 97423 • 541-396-4804 • LICENSED, BONDED & INSURED • CCB #143577

TIME IN 9 : 10 TIME OUT 9 : 50 HOURS: RATE/HOUR: :

DESCRIPTION OF WORK: Turned out approx 1500 Form

Scum Layer was approx 14 inches thick Solids on Bottom was approx 24 inches thick inlet and outlet Baffles app. 4 inch ABS and in Fair shape. Tank was at normal operating Level.

CAUSE OF BLOCKAGE: ☐ ROOT ☐ GREASE pH

REMARKS:

Past due accounts are subject to a 1 1/2% per month charge and a \$10.00 billing charge

Envalois or

TELEPHONE: 503-410-5649

BILL TO:

Authorized by / PO # \_\_\_\_\_

[illegible]

VISA/MC  Thank You!

EXPIRATION DATE. 7-8-88 22284

AUTH.#

If it is necessary to refer this account for collection buyer agrees to pay seller reasonable attorney fees and collection costs including any collection fees charged by a collection agency. Even though no suit or action is filed. If a suit or an action is filed the amount of such reasonable attorneys fees or collection charges shall be fixed by the court or courts in which the suit or action including any appeal therein, is tried, heard or decided.

SIGNATURE ABOVE AUTHORIZES ECONO ROOTER SERVICES, INC. TO PERFORM WORK AS REQUESTED.

ECONOROOTER SERVICES, INC. IS NOT RESPONSIBLE FOR DAMAGES

DUE TO ANY PRE-EXISTING CONDITIONS OR GROUND WATER TABLE.

TANKS PUMPED SHOULD BE IMMEDIATELY FILLED WITH WATER TO PREVENT LIFTING.

**ROCHETTE Sean**

---

**From:** H G <rejoicealways1998@yahoo.com>  
**Sent:** Thursday, March 23, 2017 2:52 PM  
**To:** ROCHETTE Sean  
**Subject:** 48288 Hazel, Langlois  
**Attachments:** IMG\_20170323\_0002\_1300septicpump.pdf

Hi Sean,

Attached is the septic report for tax lot #1300 from Econo Rooter.

-Hilary Johnson



HAZEL ST.

TAX LOT 1301

TAX LOT 1300

SHARED  
DRIVEWAY

PROPOSED DUPLEX LOCATED AT  
THE SITE OF AN EXISTING MANU. HOME  
WHICH WILL BE REMOVED

TANK

EXISTING  
DRAIN FIELD

SITE PLAN  
SCALE: 1'-40'

SITE ADDRESS: 48288 HAZEL ST.  
LANGLOIS, OR

N

HIWAY 101

DATE OF SHEET NO  
2/15/17 131513.1

JOHNSON DUPLEX 103440

DRAWN BY  
R. WARDMAN

(FOR OFFICIAL USE ONLY)  
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: RC

Property Line Setbacks:

☐ Harbor Bench Farm District Setback

FRONT:

☐ 35 feet from the center of all roads OR 10 feet from any property line adjacent to a road—which ever is greater

Vision clearance

No requirement

SIDE:

☐ 5 feet from property line for structures 15' and under For structures exceeding 15'—add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK

No requirement

BACK:

☐ 5 feet from property line for structures 15' and under For structures exceeding 15'—add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK

No requirement

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

Off Street Parking:

☐ # of 9' x 18' parking spaces required

☐ parking lot plan required ☐ No requirement

Structure Height:

☐ 35' maximum ☐ 45' maximum

☐ Airport Overlay Zone requires \_\_\_\_\_ feet

No requirement

Lot Origin and Previous Land Use Action:

☐ Pre-existing ☐ Land use approved

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 \_\_\_\_\_ ODFR approval \_\_\_\_\_

Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

2/14/17 - Septic approval only

3/20/2017 - approval for Duplex

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 Christen

Signature \_\_\_\_\_ 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:

Sent to DEC 2/14/17

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

U:\Assessment\Internal share\permit\_clearance\_app 07/01/2014

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

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

☐ Pro-Fab New \_\_\_\_\_

☐ Building Permit COMM SFD #Bedrooms \_\_\_\_\_  
Type and Size: \_\_\_\_\_  
☐ 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:

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 # 3115-02BA Tax Lot # 1300  
Acreage 1.92 Street address or location: 48288 Hazel St Langlois OR

5. PROPERTY OWNER INFORMATION:

Property Owner: Chris & Hilary Johnson  
Mailing Address: 47541 Leonard St  
City Langlois St. OR Zip 97456 Phone# 503-410-8649

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 # 3018

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 Hilary Johnson  
Signature Hilary Johnson

Mailing address 47541 Leonard St  
City Langlois St. OR Zip 97456 Ph 503-410-8649

Date: \_\_\_\_\_  
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.

## VAN TASSEL Linda

---

**From:** Nancy Chester <ChesterN@co.curry.or.us>  
**Sent:** Monday, March 20, 2017 10:42 AM  
**To:** VAN TASSEL Linda  
**Subject:** Johnson  
**Attachments:** 3115-02BA -01300 Johnson.pdf

Hi Linda,

I sent this to you February 14, 2017 for septic only. They have just submitted their plans for a duplex that is going to replace an existing home.

The plans for the duplex show a total of 4 bedrooms.

*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~*

HAZEL ST.

TAX LOT 1301

TAX LOT 1300

SHARED  
DRIVEWAY

PROPOSED DUPLEX LOCATED AT  
THE SITE OF AN EXISTING MANU. HOME  
WHICH WILL BE REMOVED

TANK

EXISTING  
DRAIN FIELD

SITE PLAN  
SCALE: 1'-40'

SITE ADDRESS: 48288 HAZEL ST.  
LANGLOIS, OR

N

HIWAY 101

DATE 2/15/17

2/15/17

JOHNSON DUPLEX 103410

DRAWN BY  
R. WARDMAN



# 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 7<sup>th</sup> 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](http://www.oregon.gov/DEQ/WQ/pages/onsite/septicmart).

## Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Diane Lindsay Telephone: \_\_\_\_\_

Site Address: 48288 Hazel Street City: Langlois Zip Code: 97450

County: Curry Lot Size: 1.03 +/- Acres/Square Feet (circle units)

Legal Description: 31-15-02BA Tax Lot 1300

Age of wastewater treatment system 24 (years) Is there a service contract for system components? \_\_\_\_\_

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

Number of people occupying dwelling unknown If unoccupied, for how long has it been vacant? 16 years

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

11/2/16 [Signature]  
Date (MM/DD/YYYY) Signature of Owner, or agent if present

Name of person performing evaluation (please print): Thomas Brown

## Certification:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Installer RI-190                            | <input type="checkbox"/> Professional Engineer           |
| <input checked="" type="checkbox"/> Maintenance Provider RM-43                  | <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: 37354

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

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

Date of Evaluation: 11-2-2016 (MM/DD/YYYY)

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

11-2-2016 [Signature]  
Date (MM/DD/YYYY) Signature of Qualified Septic System Evaluator

1. General System Information

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

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

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Septic Tank                    | <input type="checkbox"/> Cesspool     |
| <input checked="" type="checkbox"/> 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 pit or cesspool contact your local County or DEQ office for further guidance.

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

- Permit Number 08-08-92AW

- Date septic system installed: 1992 (YYYY) ☐ No record of installation date

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

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

Home Vacant 16 years + or -

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface ☐ Yes ☐ No ☒ None observed

- Discharge of sewage to surface waters ☐ Yes ☐ No ☒ None observed

- Sewage backup into plumbing fixtures ☐ Yes ☐ No ☒ Unknown

- Additional Comments:

Home Vacant

1. **General System Information**

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

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

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Septic Tank                    | <input type="checkbox"/> Cesspool     |
| <input checked="" type="checkbox"/> 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 pit or cesspool contact your local County or DEQ office for further guidance.

- There is a permit for the septic system ☒ Yes ☐ No ☐ Unknown
- Permit Number 08-08-924W
- Date septic system installed: 1992 (YYYY) ☐ No record of installation date
- All plumbing fixtures are connected to the septic system ☐ Yes ☐ No ☒ Unknown

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

Home Vacant 16 years + or -

- Additional Comments:

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

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface ☐ Yes ☐ No ☒ None observed
- Discharge of sewage to surface waters ☐ Yes ☐ No ☒ None observed
- Sewage backup into plumbing fixtures ☐ Yes ☐ No ☒ Unknown

- Additional Comments:

Home Vacant

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

### 3. Septic tank

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

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

Home VACANT - Recommend Septic tank be pumped

- The septic tank material is:

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

Scum Accumulation None  
Sludge Accumulation 24"  
Inlet Side of Tank  
Outlet Side of Tank  
Scum Accumulation 2 inch  
Sludge Accumulation 18 inches

- Is the septic tank accessible? ☒ Yes ☐ No Concrete Lid outlet Side of Tank 10 inch under ground surface.
  - 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.

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

- Septic tank lid(s) is intact ☒ Yes ☐ No cement Lids Inlet and outlet
- Septic tank baffles are intact ☒ Yes ☐ No Baffle material ☒ Plastic ☐ Concrete ☐ Metal
- Effluent filter is present ☐ Yes ☒ No
- Effluent filter is free of debris ☐ Yes ☒ No ☐ Not Applicable
- Liquid level in tank relative to invert of outlet ☒ At ☐ Above ☐ Below
- Scum layer None (inches) Sludge layer 24 (inches) Inlet Side of Tank
- Scum and Sludge layer more than 35% of the total tank volume ☒ Yes ☐ No

- Additional Comments:

Home unoccupied off and on for 16 years

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



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 ☐ Not Applicable
- Type of screen \_\_\_\_\_
- Screen is clean and free of debris ☐ Yes ☒ No - Screen cleaned for this evaluation ☐ Yes ☒ No
- Scum/ sludge present in Dosing tank ☐ Yes ☒ No
- Scum layer \_\_\_\_\_ (inches)      Sludge layer \_\_\_\_\_ (inches)
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N/A

5. **Soil absorption system**

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

- The septic system has a soil absorption system ☒ Yes ☐ No ☐ Unknown
- Was the soil absorption system part of the evaluation? ☒ Yes ☐ No  
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):  
\_\_\_\_\_  
\_\_\_\_\_

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

☒ Gravel and pipe ☐ Chamber ☐ Tile ☐ Polystyrene foam and pipe ☐ Other \_\_\_\_\_

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

☐ Intact ☐ Damaged ☒ N/A

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 ☐ Not Applicable
- Type of screen \_\_\_\_\_
- Screen is clean and free of debris ☐ Yes ☒ No - Screen cleaned for this evaluation ☐ Yes ☒ No
- Scum/ sludge present in Dosing tank ☐ Yes ☒ No
- Scum layer \_\_\_\_\_ (inches)      Sludge layer \_\_\_\_\_ (inches)
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N/A

5. **Soil absorption system**

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

- The septic system has a soil absorption system ☒ Yes ☐ No ☐ Unknown
- Was the soil absorption system part of the evaluation? ☒ Yes ☐ No  
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):  
\_\_\_\_\_  
\_\_\_\_\_

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

☒ Gravel and pipe ☐ Chamber ☐ Tile ☐ Polystyrene foam and pipe ☐ Other \_\_\_\_\_

- Absorption distribution unit(s) (drop box, 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 300 (ft) + or -

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

- 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:

Absorption area covered with Brush and Black Berry vines  
Recommend Removing all Brush and Black Berry  
from Drains and Area

- 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:

See AS-Built Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 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 evaluation form.

- The septic system has a sand filter ☐ Yes ☐ No  
(If "No," skip the rest of section 6)

N/A

- 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:

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- Sand filter appears to be free from surface water runoff and down spouts ☐ Yes ☐ No
- Evidence of ponding in/ on sand filter media surface ☐ Yes ☐ No
- 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:

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#### 7. Alternative Treatment Technology System

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

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

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

Product name

System ID number

Manufacturer name

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- 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:

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- Sand filter appears to be free from surface water runoff and down spouts ☐ Yes ☐ No
- Evidence of ponding in/ on sand filter media surface ☐ Yes ☐ No
- 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

N/A

- Additional Comments:

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**7. Alternative Treatment Technology System**

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

**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.

N/A

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

Product name

System ID number

Manufacturer name

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- Previous two years of maintenance records are available ☐ Yes ☒ No *w/m*  
If you answered "No," please explain below:

*Installed 1992*  
*county Permit* 08-08-92 *HW*

- Previous two years of maintenance records are attached to this form ☐ Yes ☐ No *w/m*  
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.
- Please attach a copy of the original septic system permit to this form, if available
- Please attach a copy of the original as-built drawing to this form, if available
- Please attach a copy of the Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. Provide a Site Plan

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

10. Disclaimer:

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

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

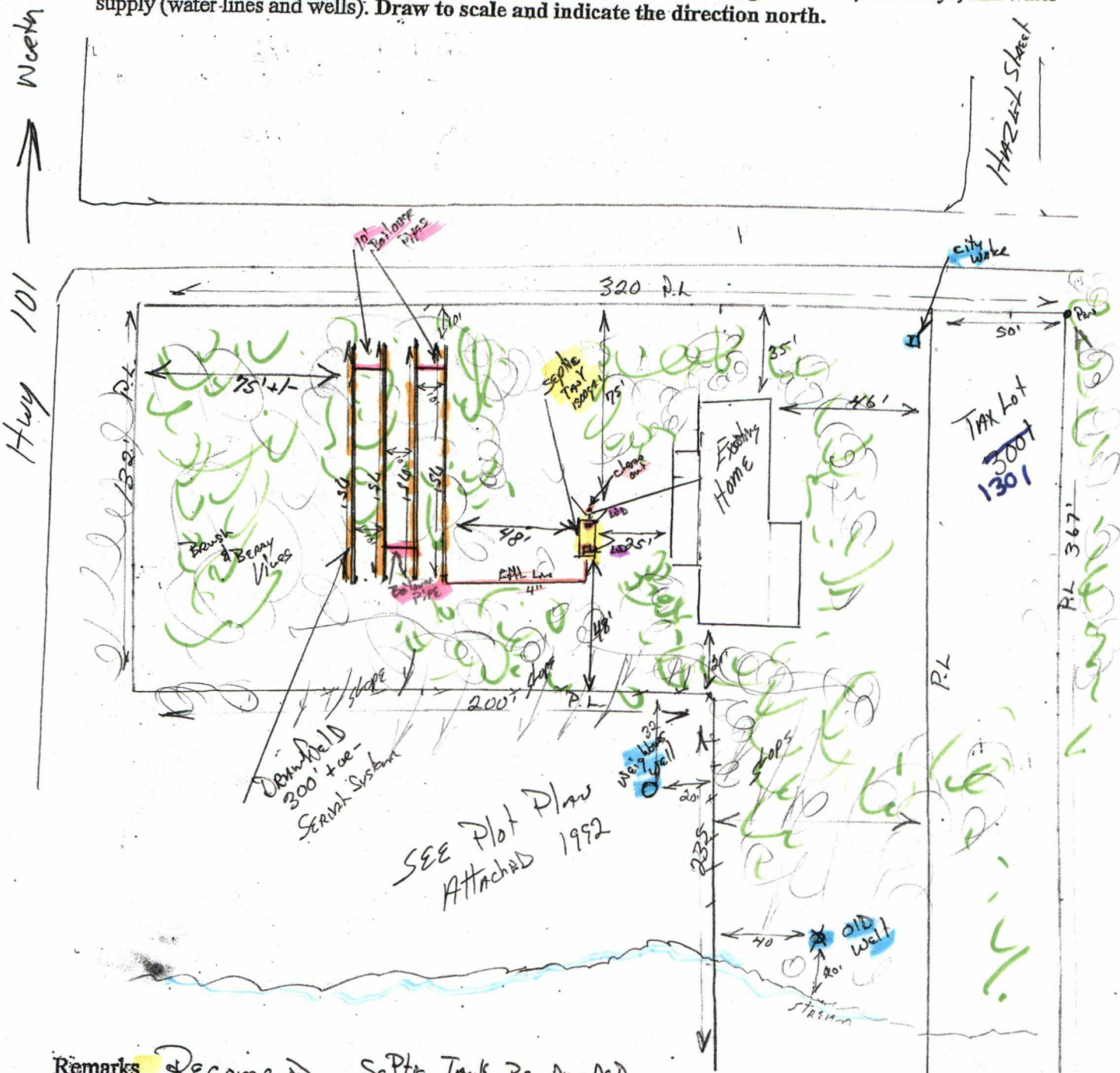
Date

*11-2-2016*

*Thomas W. Brown*  
Signature of Qualified Septic System Evaluator



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 Recommend Septic Tank Be Pumped

Septic Tank in good condition - Drainfield appears to be functioning Satisfactorily

Recommend Removing all Brush and Berry Vines off of Drainfield AREA

Septic Tank Cement Lid 10 inches under ground surface - Recommend Adjusting Rise to Existing Tank

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.

Thomas A. Brown  
(Signature)

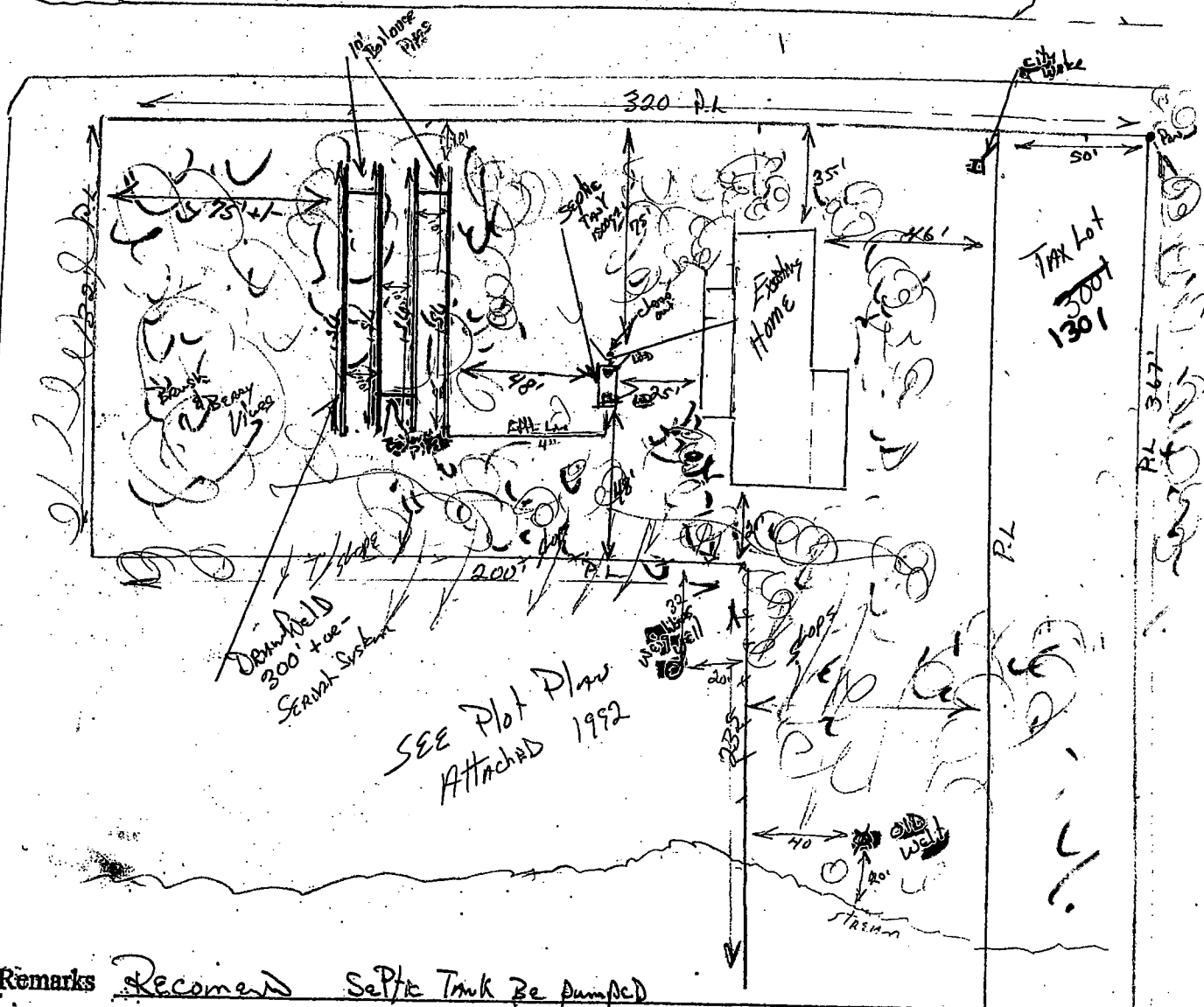
11-2-2016  
(Date of inspection)

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.

North  
↑

Hwy 101

Hwy 101 Street



Remarks

Recommend Septic Tank Be Pumped

Septic Tank in good condition - Densfield appears to be functioning Satisfactorily

Recommend Removal of all Brush and Berry Vines off of Densfield AREA

Septic Tank cement LID 10 inches under ground Surface - Recommend Adjusting Rise to Existing Tank

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.

Thomas A. Brown  
(Signature)

11-2-2016  
(Date of inspection)

THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY

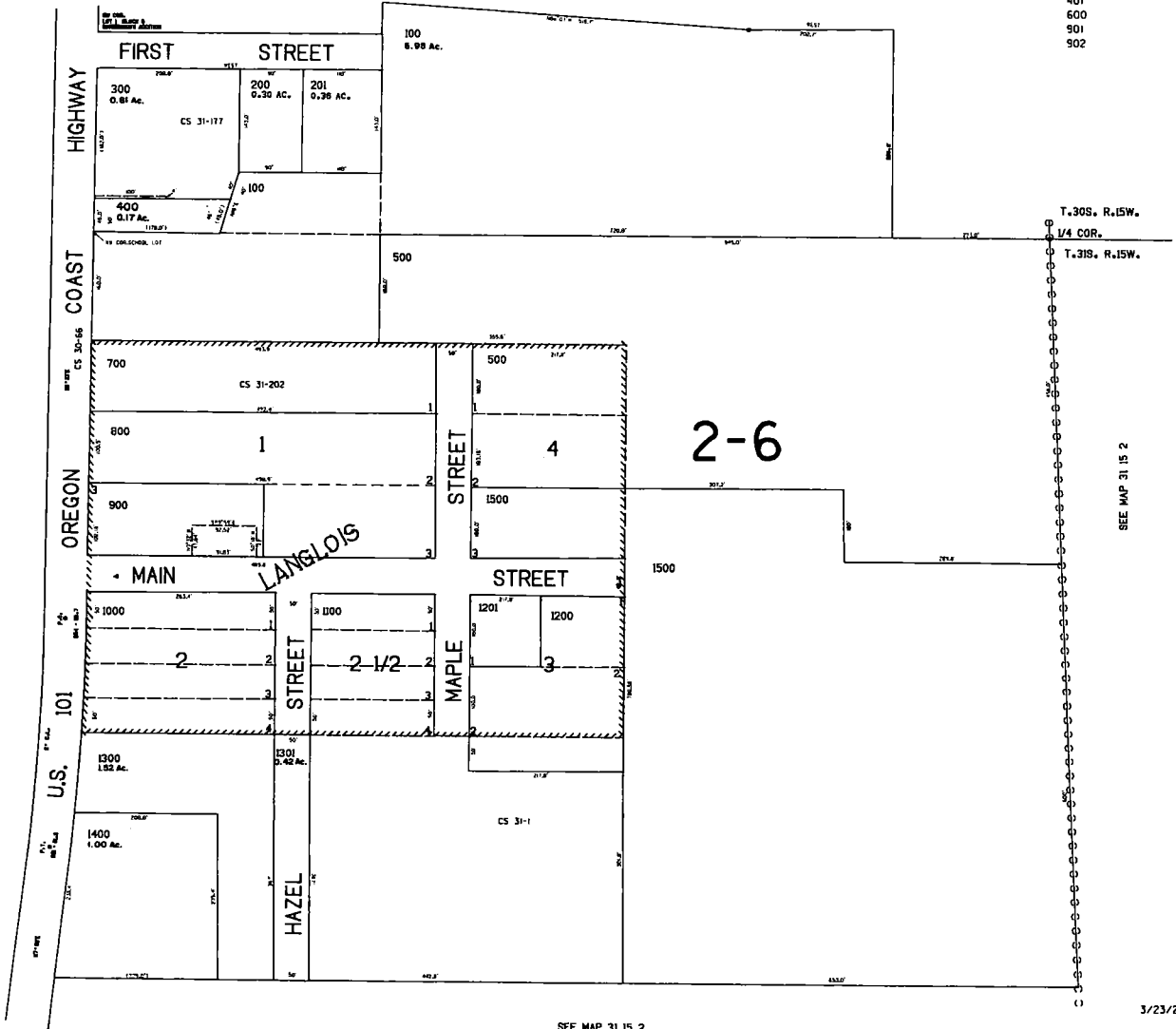
NE1/4 NW1/4 SEC. 2 T.31S. R.15W. W.M.  
CURRY COUNTY  
1" = 100'

31 15 2BA

SEE MAP 30 15 35C

CANCELLED NO.  
401  
600  
901  
902

SEE MAP 31 15 2BB



SEE MAP 31 15 2

SEE MAP 31 15 2

Revised  
3/23/2004, DBJ

31 15 2BA

**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 \_\_\_\_\_  
 Type and Size: \_\_\_\_\_
- ☐ 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:**

- 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 # 3115-02BA Tax Lot# 1300

 Acreage 1.52 Street address or location:  
48288 Hazel St. Langlois OR
**5. PROPERTY OWNER INFORMATION:**
 Property Owner: Chris & Hilary Johnson

 Mailing Address: 47541 Leeward St

 City Langlois St. OR Zip 97450 Phone#  
503-410-8649
**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 # 3018

 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 Hilary Johnson

 Signature H Johnson

 Mailing address 47541 Leeward St

 City Langlois ST OR ZIP 97450 PH 503-410-
8649

Date:

 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. Department of Environmental Quality

**RECEIVED**

FEB 14 2017

**COOS BAY OFFICE**

PLANS: ATTACHED IN DRAWER X FORTHCOMING ZONING: R0 PC#: 17-000030

**(FOR OFFICIAL USE ONLY)**  
**PLANNING STANDARDS AND REQUIREMENTS**

Land Use Zone: RC

**Property Line Setbacks:**

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

**Off Street Parking:**

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

**Structure Height:**

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

**Lot Origin and Previous Land Use Action:**

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

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

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

**Fire Break:**

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

**Special Requirements or Considerations:**

100 year flood plain  
FIRM or Floodway Panel# \_\_\_\_\_  
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:**

2/14/17 - 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:**

Nancy Chiles

Signature

2/14/17

Title

Planner

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

## VAN TASSEL Linda

---

**From:** Fred Gernandt [fred@bandonhomes.com]  
**Sent:** Thursday, May 05, 2016 8:54 AM  
**To:** VAN TASSEL Linda  
**Subject:** papers  
*FRE Gernandt 15894*

Dear Linda:

I asked Geri for this yesterday, she said she was out till the ninth. Can you help?

I am looking for septic information for a small trailer park that I sold in Langlois a few years ago.

31 15 02BA TI 1300 and TI 1301 R 12443 and R12502 respectively, aka 48288 Hazel Street Langlois owned by Lindsay Family Trust.

Let me know if you got lucky.

I will be in Coos Bay today to hand over the bucks.

Fred Gernandt  
Broker

541 290 9444  
800 835 9444  
541 610 1519 FAX

[Our Website-Click to Open](#)

[Agency Disclosure for Buyers and Sellers. Please Read](#)


[Live Bandon Jetty Cam](#)

[Click here to install our Bandon Homes App for your smart phone.](#)

**Fred Gernandt**  
*Broker*

**David L. Davis**  
**Real Estate**  
*Established 1970*

P.O. Box 1313 • 1110 Alabama Ave.  
Bandon, Oregon 97411  
1-800-835-9444  
[www.bandonhomes.com](http://www.bandonhomes.com)  
[fred@bandonhomes.com](mailto:fred@bandonhomes.com)  
BUS: (541) 347-9444 • CELL: (541) 290-9444







Mack Arch on the Curry Coast

COUNTY OF CURRY

# DEPARTMENT OF PUBLIC SERVICES

PLANNING • ENVIRONMENTAL SANITATION • BUILDING

P.O. BOX 746

GOLD BEACH, OREGON 97444

PHONE 247-7011 EXT 285

March 4, 1992  
Control# 08-08-92AN

Ruth Hilterbrand  
P.O. Box 22  
Langlois, Oregon 97450

## AUTHORIZATION NOTICE

Map: 31-15-02BA Tax Lot:1300 Acreage: 1.03 +/-  
Location: 48288 Hazel St., Langlois

I have completed an on-site inspection and record review of the Septic System on the above described property and have the following comments regarding its use.

Our records indicate this Septic System was installed in 1986 under County approval.

As far as can be determined, the disposal system is composed of a 1500 gallon concrete septic tank and 333 linear feet of drainfield.

The system is in current use and appears to be functioning in a normal manner.

This notice acknowledges that the sewage disposal system located on the above described property has been determined adequate by field inspection and/or record review to allow connection by an additional one (1) bedroom mobile home with a projected daily sewage flow of 150 gallons per day.

The total daily flow shall be limited to 650 gallons per day. The area below the current drainfield shall be kept free of any development and is to be used for a repair area should it be needed in the future.

The repair system will consist of a 10' x 60' sand filter and 225 linear feet of drainfield. The quonset hut would have to be removed in the event that the repair system would have to be constructed.

All structures shall be set back 5 feet from the septic tank and 10 feet from the drainfield. NO RV CONNECTION WILL BE ALLOWED.

As per Oregon state rules, an Authorization to place this septic system into use is limited to a period not to exceed (1) one year.

This notice does not guarantee continuous satisfactory operation of this system.

If you have any questions regarding this report, please feel welcome to contact our office.

Sincerely,

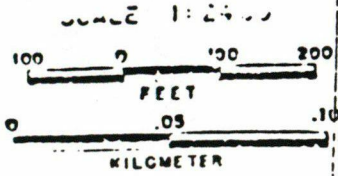


Gary Artman  
Environmental Services

GA/ma

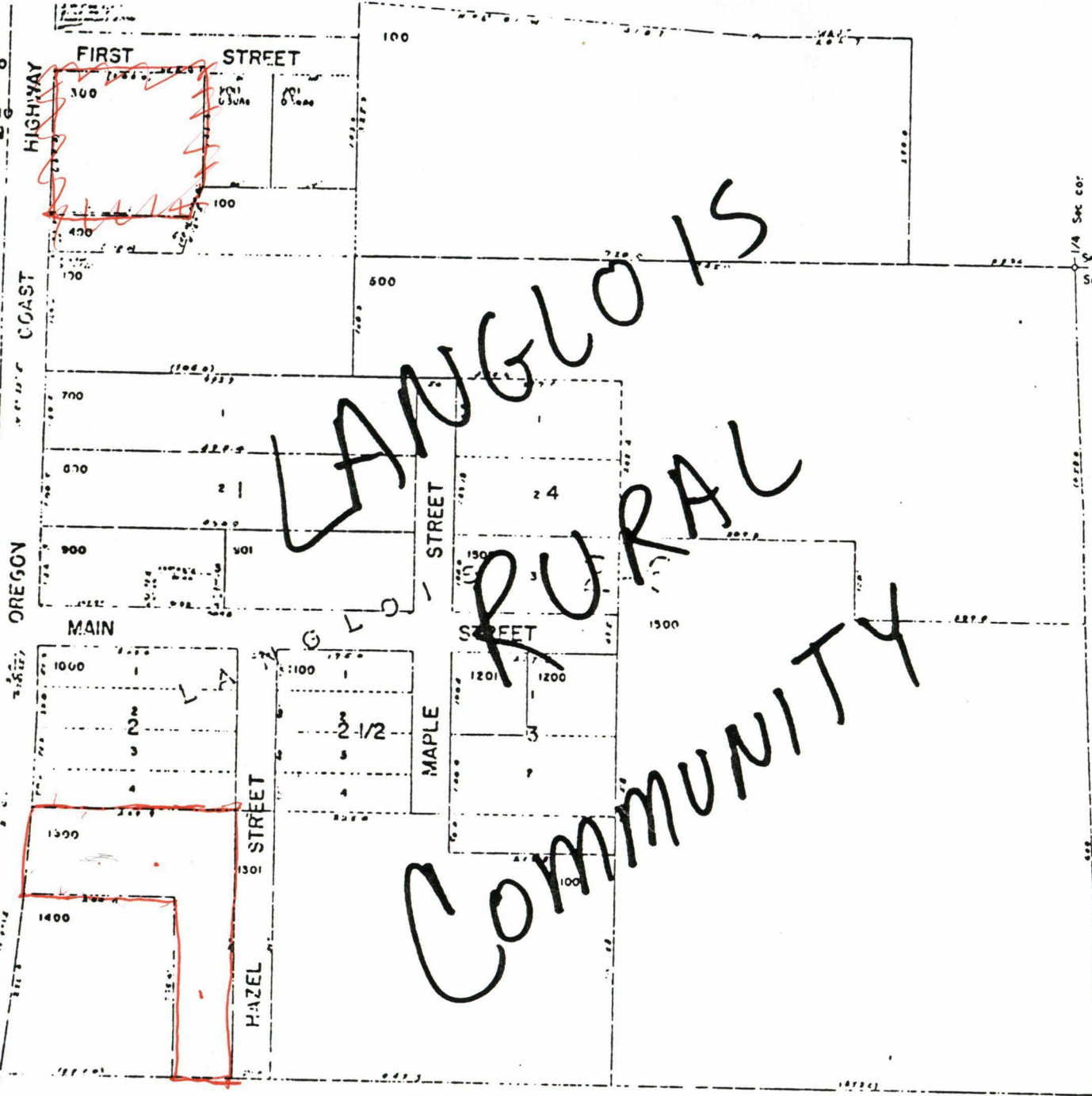
cc: Dennis Kilishek, Building Official  
Chuck Nordstrom, Planning Director

See map 30 15 35 G



DEAD NO  
401  
600  
907

See map 31 15 2 C2



Sec 35 T30S R1W  
Sec 2 T4S R1W

See map 31 15 2

Ruth Hiltbrand  
348-2255  
48288 Hazel St

31-15-2B4  
T.H. 1300

HAZEL ST

Central Water meter

STONE

RV

EXISTING

EXISTING

Stream

Septic \* 08-11-188

Former DBL. Wide  
Now  
VACANT SITE

Wants to replace  
with two single  
RV sites

Mobile  
Home Park

EXISTING  
24' DBL WPA  
100' long

RV dump

60' DBL WPA  
100' long

10' DBL WPA  
100' long

10' DBL WPA  
100' long

333 linear ft  
Sand filter  
Repair

115' (w) setbacks

Shed  
QUADSET  
TUT

1500  
Septic  
Tank  
Minimum

Found  
1-15-92  
SF

10'x60' Sand filter  
3'x75' drainfield  
(Repair)

neighbors  
well

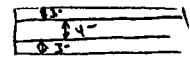
$$\begin{aligned} \text{St. L. } \left\{ \begin{array}{l} 2 \text{ MH} @ 250 \text{ gal/day} = 500 \text{ gal/day} \rightarrow \frac{500}{150} \times 100 = 333' \\ 3 \text{ MH} @ 250 \text{ gal/day} = 750 \text{ gal/day} \rightarrow \frac{750}{150} \times 100 = 500' \end{array} \right. \end{aligned}$$

$$\text{SF. } \left\{ \begin{array}{l} 2 \text{ MH} = 400 \text{ ft}^2 + \frac{500}{150} \times 45 = 150' \\ 3 \text{ MH} = \left( \frac{750 \text{ gal/day}}{1.25} \right) = 600 \text{ ft}^2 \text{ SF} + \left( \frac{750}{150} \times 45 = 225' \right) \end{array} \right.$$

1500 gallon Tank OIL

Can fit  $\rightarrow$  333 ft of DF  
+ 100 ft<sup>2</sup> SF (10'x60')  
+ 225' of DF repair

2 pressure lines  $\rightarrow$



Plot Plan -

Hwy 101

TO be removed in the  
event that a repair system  
is constructed

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT  
ON-SITE SEWAGE SYSTEMS  
(Technical Report — Not a Permit)

*H. Herbrand*

31

(Township)

15

(Range)

2 BA

(Section)

1300

(Tax Lot/Acct. No.)

Curry

(County)

(Subdivision Name)

(Lot No.)

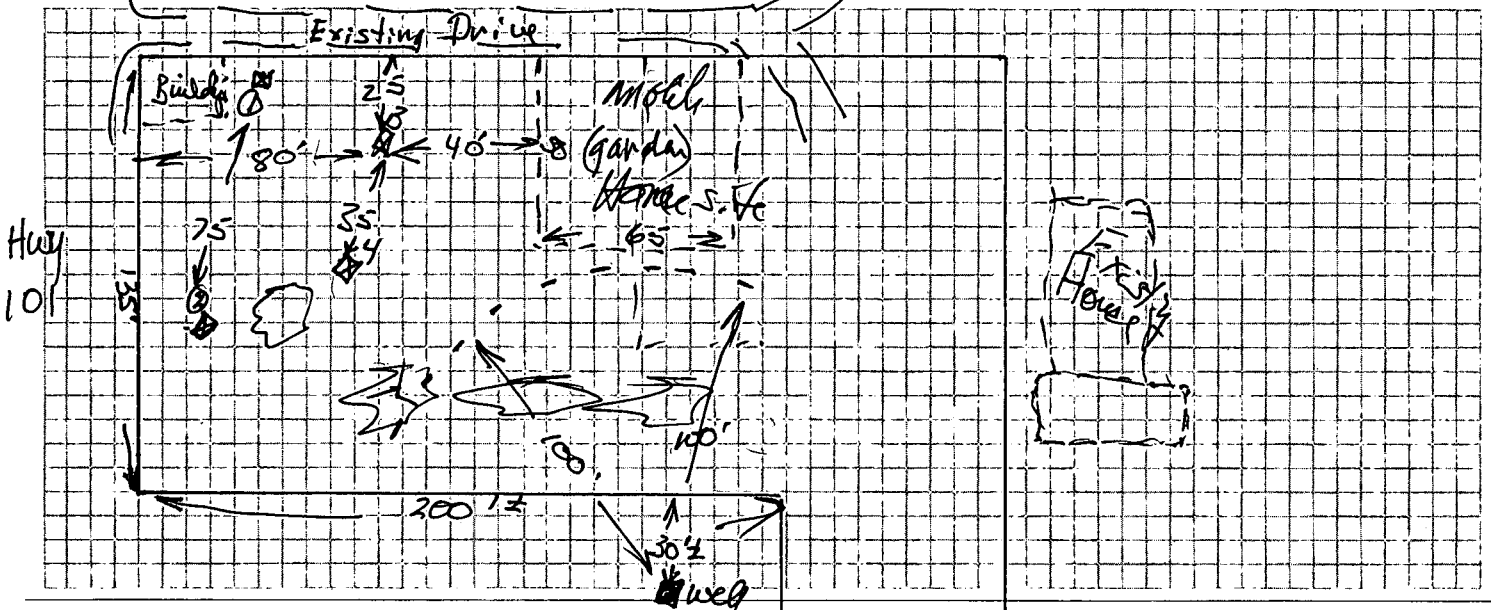
(Block No.)

1 ± ac

(Lot Size)

The Entire Property ☒ Has  
☐ Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:



Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Site is acceptable for two mobile homes to be placed in the existing garden area the initial system will be serial-333 lines at 100' from driveway 10' to property lines and located in the area of test hole 3 & 4 Repair will need a sand filter with 150 lines of trench in area 1 & 2

**WARNING:** This document is a technical report for on-site sewage disposal only. It may be converted to a permit only if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from Environmental Sanitarian, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

*Wilbert Oline R.S.*  
(Signature of Authorized Agent)

*Sanitarian III*  
(Title)

8-11-86  
(Date)

*Curry*  
(Office)



Tax Reference 31-15 2 BA

300

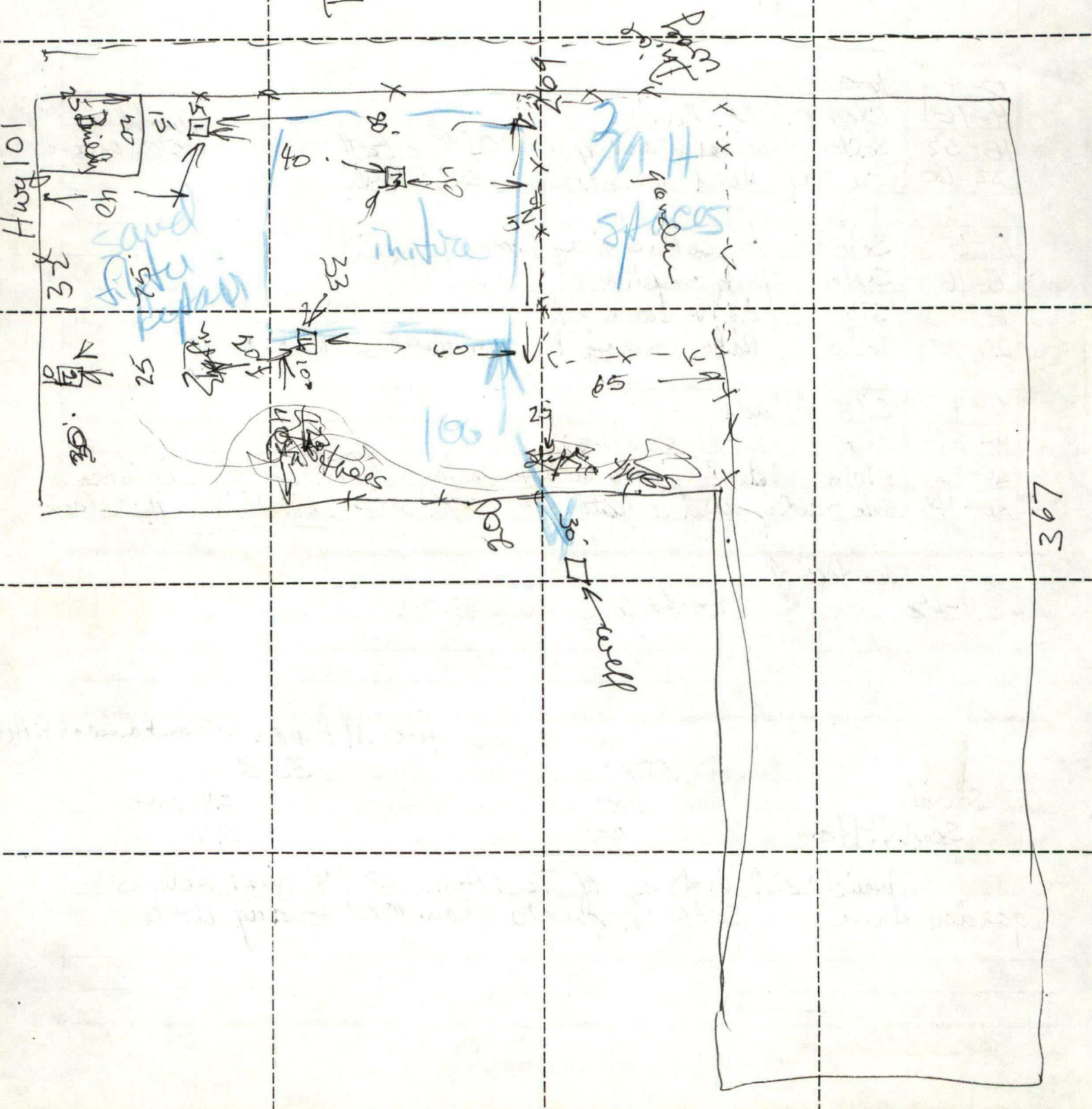
Evalue J. C. She RS

Applicant Hilfer brand

Date: 7-2-  
7-9-86



T.L. 100





# SITE EVALUATION FIELD WORKSHEET

Tax Reference 31-15-2BA 1300 Evaluator J. Cline RS  
 Applicant H. Henshaw Date 7-2-86 Parcel Size 1 plus

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

Depth	Texture	
Pit 1	0-12 gravel	
	12-16 Clay lo	Rd Br sub ang. Bl
	16-60 Cl	Rd Br " " " fine roots to 50"

Pit 2	0-4 loam	
	4-16 $\frac{1}{2}$ Clay lo	Rd Br.
	16-32 Silt	increased density 6/10 PR = Fe stain no bigger water above
	32-60 Sa Clay	Hard compacted soil limy

Pit 3	0-6 Silt	Br sub ang many roots 7' old fill
	6-16 Silt	plate compacted
	16-20 Silt	dk Br sub ang
	20-60 Silt	Rd Br sub ang b. no nodules fr Rts to 40"

Pit 4	0-4 Silt	dk Br
	4-30 Silt	Rd Br sub ang Bl.
	30-36 Silt	dense platy limit to distance 6/10 PR med. & Fe stain
	36-48 Silt	hard & distance 6/10 PR etc soil limy no stain

Landscape Notes open field  
 Slope 4-6% Aspect west Groundwater 30-32" ±  
 Other Site Notes \_\_\_\_\_

## SYSTEM SPECIFICATIONS two M H max without a sand filter

Type System: \_\_\_\_\_ Design Flow 500 gpd Disposal Field Size 333 Linear Feet  
 Initial Serial System Sizing 100 /150 g. Max. Depth Absorption Facility (in) 24 max  
 Replacement Sand filter System Sizing 45 /150 g. Max. Depth Absorption Facility (in) 24

Special Conditions Drain field in Areas of Test Holes 3 & 4 just below garden Area  
Setback greater than 100' to any well

SITE EVALUATION FIELD WORKSHEET

Tax Reference 31-15-2BA 1300 Evaluator J. Cline RS  
 Applicant H. Hernandez Date 7-2-86 Parcel Size 1 plus

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots,  
 Structure, Layer Limiting Effective Soil Depth, etc.

Depth	Texture	
Pit 1	0-12 gravel	
	12-16 clay lo.	Rd Br sub ang. bl
	16-60 cl	Rd Br. " " " fine Roots to 50"

Pit 2	0-4 loam	
	4-16± clay lo.	Rd Br.
	16-32 silt lo	medium density 6/10 PR = Fe stain
	32-60 sa clay	Hard compacted soil limy

Pit 3	0-6 Silt	Br sub ang many Roots } old fill
	6-16 Silt	slightly compacted
	16-20 Silt	Rd Br sub ang bl
	20-60 Silt	Rd Br sub ang b no mottles fr Rts to 40"

Pit 4	0-4 Silt	Rd Br
	4-30 Silt	Rd Br sub ang bl
	30-36 Silt	dense, pretty faint to distinct 6/10 PR med, 5 Fe stain
	36-48 Silt	hard & distinct 4/10 PR etc soil limy H <sub>2</sub> O stain

Landscape Notes open field  
 Slope 4-6% Aspect west Groundwater 30-32"±  
 Other Site Notes \_\_\_\_\_

SYSTEM SPECIFICATIONS

two M H max without a sand filter

Type System: \_\_\_\_\_ Design Flow 500 gpd Disposal Field Size 333 Linear Feet  
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Special Conditions Drain field in Areas of Test Holes 3 & 4 just below garden Area  
Setback greater than 100' to any well

See map 30 15 35 C

40!  
600  
902

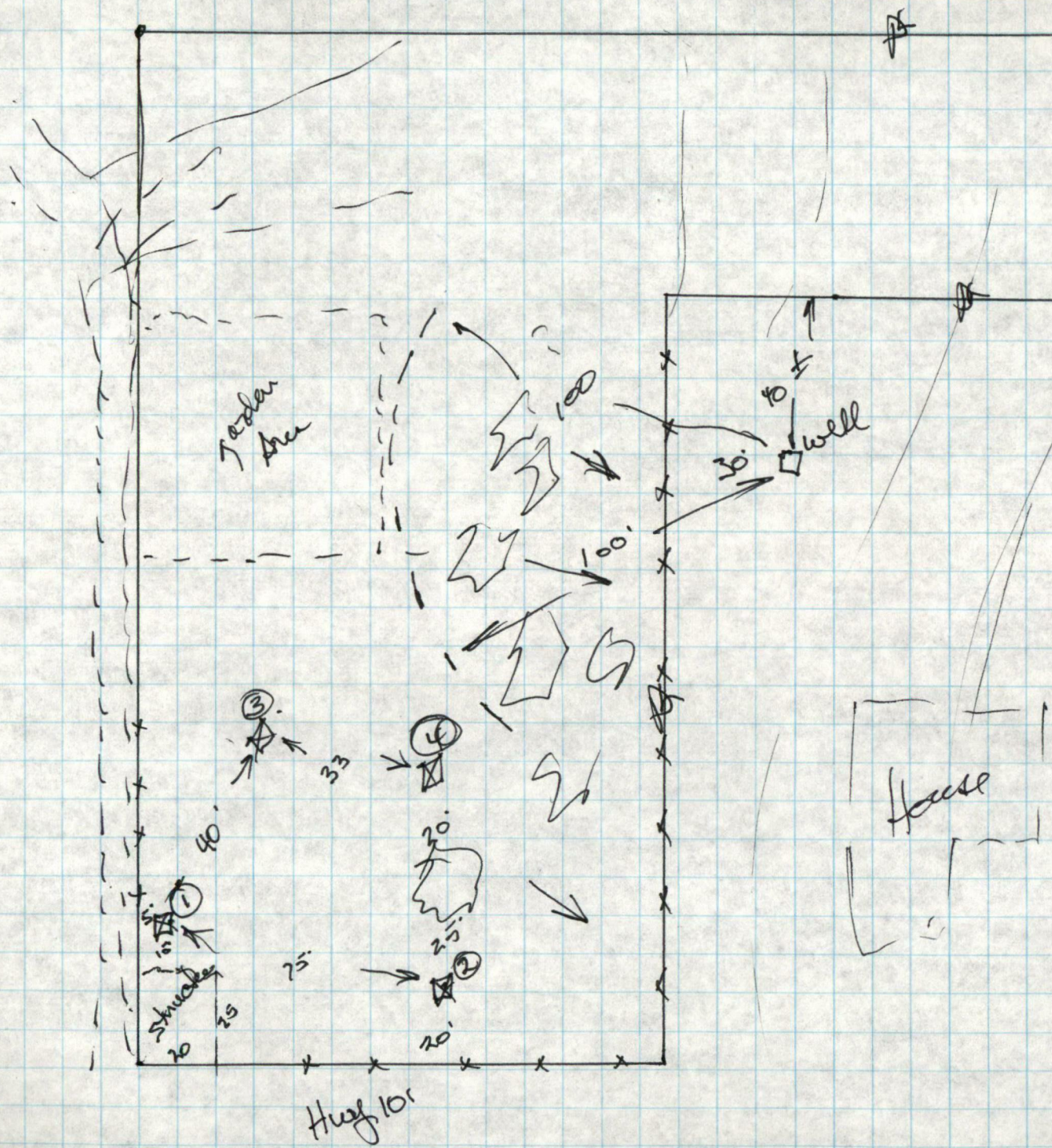
Sec. 35 T30S R15W  
Sec. 2 T31S R15W

310 map 31 15 2

31152BA  
LANGLOIS

See map 31 15 2







## FOR OFFICE USE ONLY

STATE OF OREGON  
Department of Environmental Quality

## FOR OFFICE USE ONLY

Date Test Holes Ready

26 JUN 86

Date Rec'd

6/27/86

Date Completed

Required Fee

\$150.00

Receipt No.

3934

Control No.

0846-865E

## 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 and land use compatibility statement 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
LAND USE COMPATIBILITY STATEMENT .....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED ....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## ADDITIONAL ITEM(S) REQUIRED

## FOR APPLICANT'S USE — (Please Print)

Ruth HILTERBRAND  
(Property Owner's Name)3145  
(Township)15  
(Range)2 B A  
(Section)1300  
(Tax Lot/Acct. No.)CURRY  
(County)

(Subdivision Name)

(Lot No.)

(Block No.)

(Lot Size)

LANGLOIS WATER DEPT  
(Public Water Supply)

(Private Water Supply, Specify Type)

4 units

☐ Single Family Residence

(Number of Bedrooms)

☒ Other

(Specify)

EXPANSION OF MOBILE HOME PARK

Directions to Property: 1 BLOCK SOUTH OF MAIN ST. ON THE EAST SIDE OF HWY 101

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.

(Signature)

(Date)

☐ Owner☒ Authorized Representative☐ S.D.S. License No. \_\_\_\_\_

Owner's Mailing Address

Applicant's Mailing Address (if different)

Ruth HILTERBRAND

M. H. BEECHER, JR.

P.O. Box 22

P.O. Box 28

LANGLOIS, OR 97450

LANGLOIS, OR 97450

Phone 348-2255

Phone 348-2520

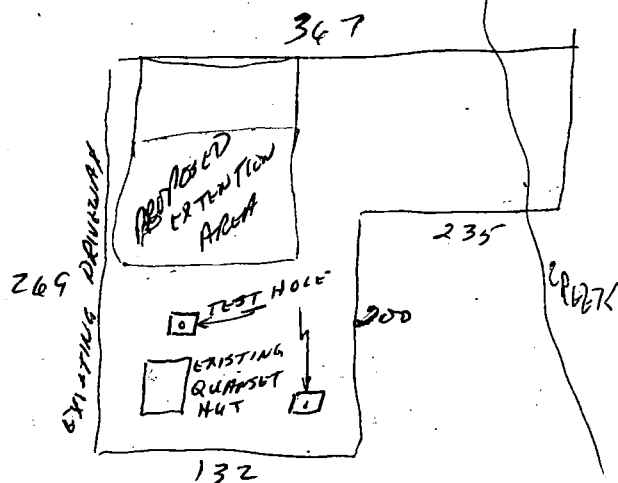
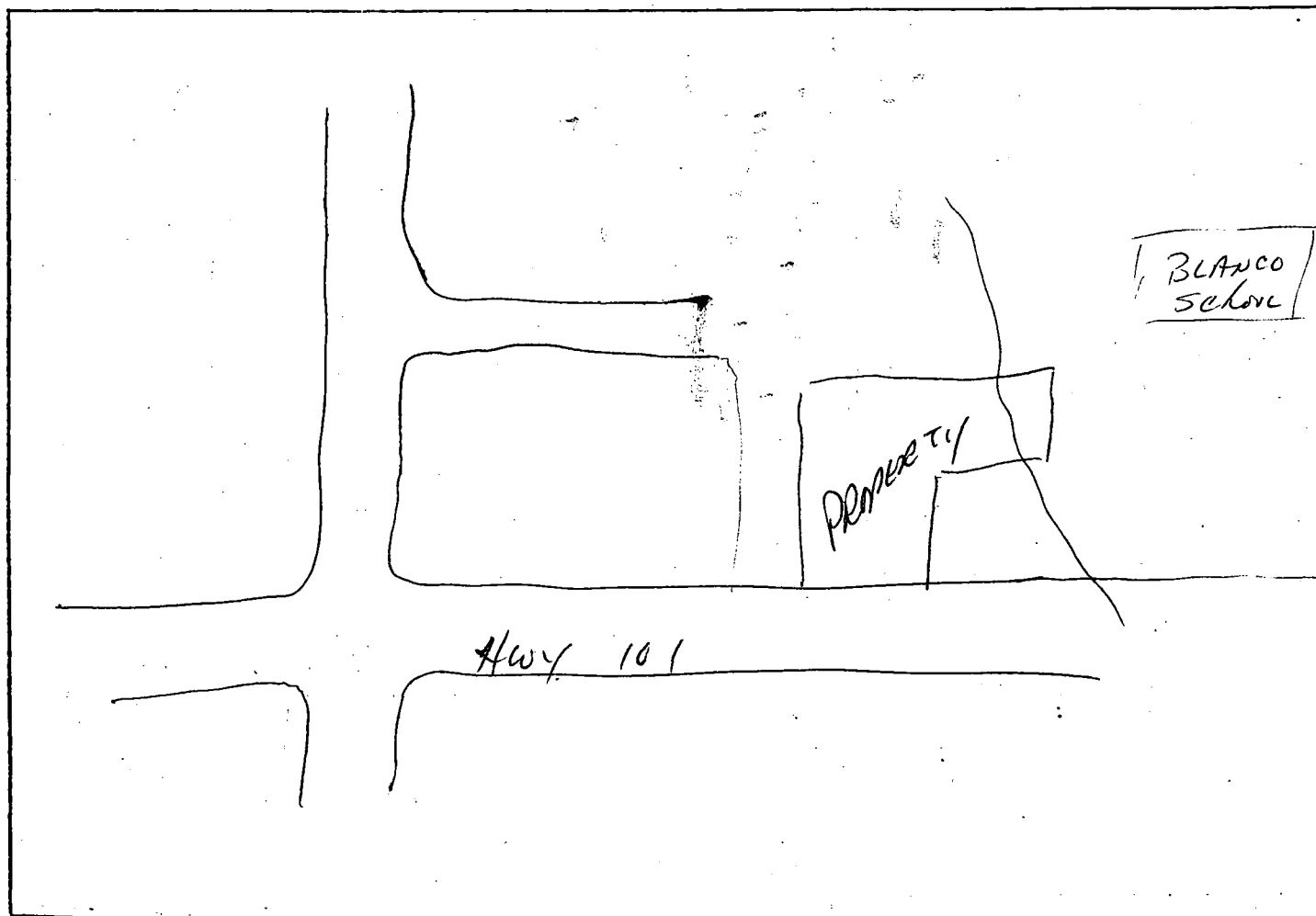
NAME \_\_\_\_\_

TWP \_\_\_\_\_

RANGE \_\_\_\_\_

SEC \_\_\_\_\_

T.L. \_\_\_\_\_

PROPERTY MAPVICINITY MAP

## Preparing the Site for Evaluation For Standard Subsurface System.

Look for a logical spot on the property that can be fed by gravity flow from a desired or proposed location of the structure. Note that the test hole site is for the drainfield, NOT the septic tank NOR the structure.

Explore the desired area for the individual sewage disposal location, EXCLUDING the following:

1. Where there is a steep slope over 30% (30 ft. drop in 100 linear ft.).
2. In swale areas or where surface water is likely to collect. Wire grass is an indicator.
3. Within 100 feet of lakes, streams, irrigation ditches, springs, proposed or existing wells and other bodies of water. 50 feet from intermittent (winter time only) streams and roadside ditches.
4. Within 10 feet of property line; within 10 feet of a public road right-of-way.
5. Where a layer of clay or rock is encountered within 30 inches of the surface (on less than 12% slope) that limits the effective soil depth.
6. Where open gravels are encountered within three (3) feet of the ground surface.
7. Sharp slope changes.
8. In area to be covered by the proposed home, asphalt, concrete, or where vehicular traffic will be allowed to drive over the field after installation.
9. Where water is encountered within 24 inches of the ground surface during the winter.
10. Where water is encountered within 66 to 72 inches of ground surface in the river basin areas, depending on slope.
11. Within an area that has been filled or the soil modified.
12. On unstable landforms or areas influenced by unstable landforms.

Once the area is located, without the limitations described above, two holes are to be dug in the proposed area for individual sewage disposal installation.

The above listed limitations describe a standard subsurface sewage disposal system. There are alternative systems approved for use which overcome some of these limitations. Generally, the alternative systems are more expensive than the standard subsurface system. If your site does not meet all of the limitations described above, it is possible one of the alternatives may be approved on your site.



### Preparing the Site for Evaluation For Standard Subsurface System.

Look for a logical spot on the property that can be fed by gravity flow from a desired or proposed location of the structure. Note that the test hole site is for the drainfield, NOT the septic tank NOR the structure.

Explore the desired area for the individual sewage disposal location, EXCLUDING the following:

1. Where there is a steep slope over 30%(30 ft. drop in 100 linear ft.).
2. In swale areas or where surface water is likely to collect. Wire grass is an indicator.
3. Within 100 feet of lakes, streams, irrigation ditches, springs, proposed or existing wells and other bodies of water. 50 feet from intermittent (winter time only) streams and roadside ditches.
4. Within 10 feet of property line; within 10 feet of a public road right-of-way.
5. Where a layer of clay or rock is encountered within 30 inches of the surface (on less than 12% slope) that limits the effective soil depth.
6. Where open gravels are encountered within three (3) feet of the ground surface.
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8. In area to be covered by the proposed home, asphalt, concrete, or where vehicular traffic will be allowed to drive over the field after installation.
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# GUIDELINES TO SITE EVALUATION PROCESS

## PREPARING THE SITE EVALUATION APPLICATION (FEASIBILITY)

NO APPLICATION IS COMPLETE AND WILL NOT BE ACCEPTED UNTIL THE FOLLOWING REQUIREMENTS HAVE BEEN MET:

### 1. COMPLETED APPLICATION FORM (DEQ FORM WQ XL 120) - WITH CURRENT OWNER'S

NAME, LEGAL DESCRIPTION, TOTAL ACREAGE, SIGNATURE, FEE PAID, POTENTIAL BUYER NOT ACCEPTED UNLESS AUTHORIZATION FROM OWNER RECEIVED BY THIS OFFICE

### 2. FEASIBILITY FORM (LONG COUNTY FORM) - SAME INFORMATION AS ABOVE

### 3. PROPERTY AND VICINITY MAP - SHOWING PROPOSED DEVELOPMENT LOCATION IN RELATION TO PROPERTY LINES, SPRINGS, STREAMS, LAKES, AREAS WHICH FLOOD, ROAD UTILITY EASEMENTS, PUBLIC ACCESS EASEMENTS, HIGH TIDE MARKS, ETC. SEE EXAMPLE

### 4. TEST HOLES- SITE EVALUATION APPLICATIONS WILL BE CONSIDERED PENDING UNTIL

THE DEPARTMENT HAS BEEN NOTIFIED THAT THE TEST HOLES (2) HAVE BEEN PROVIDED; LOT LINES ESTABLISHED, IF WITHIN 200 FEET OF PROPOSED DEVELOPMENT, BY MEANS OF STAKES, FLAGS; LOCATION OF WATER SUPPLY, OTHER THAN CITY, IF WITHIN 200 FEET OF DEVELOPMENT.

NOTIFICATION: MUST BE MADE BY TELEPHONE, MAIL OR IN PERSON FROM THE OWNER OR AGENT OF RECORD.

PREPARING THE TEST HOLES- TEST HOLE ARE TO BE DUG IN THE AREA PROPOSED FOR INDIVIDUAL SEWAGE DISPOSAL INSTALLATION.

- HOLES SHALL BE SEPARATED BY A MINIMUM OF 50 FEET WITH A PREFERRED DISTANCE OF 75 FEET.
- EACH HOLE SHALL BE 2 FEET BY 4 FEET WIDE AND 5 FEET DEEP. ONE END OF THE TEST HOLE SHOULD BE GENTLY SLOPING OR HAVE STEPS DUG INTO IT.

IMPROPERLY MARKED HOLES, INCOMPLETE OR ERRONEOUS INFORMATION OR PROPERTY AND VICINITY MAPS WILL CAUSE UNNECESSARY DELAYS FOR THE APPLICANT.

THE APPLICANT HAS THE RESPONSIBILITY FOR PREVENTION OF PERSONAL INJURY OR PROPERTY DAMAGE RESULTING FROM THESE HOLES.

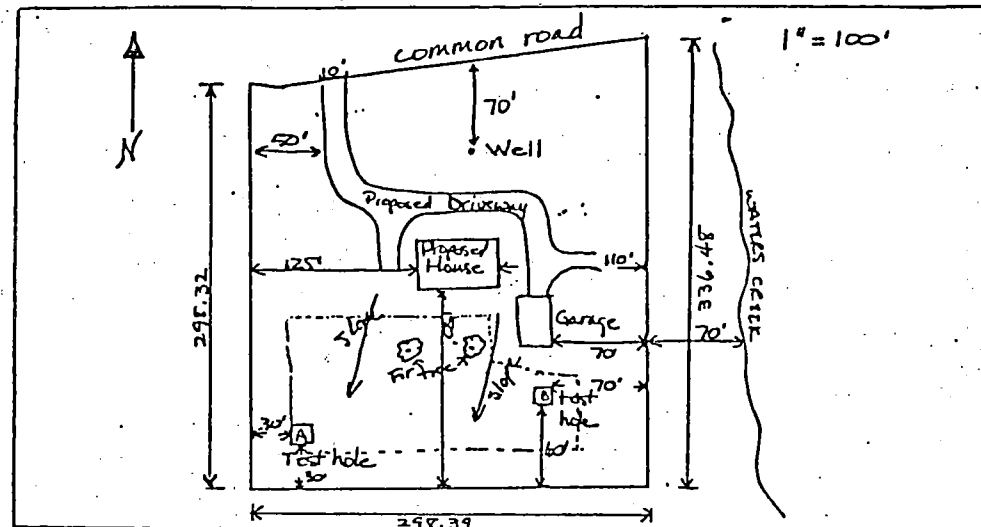
CURRY COUNTY ENVIRONMENTAL SANITATION DEPARTMENT  
P.O. BOX 746 GOLD BEACH, OR 97444

247-3291; 469-4600, EXT. 291, 332-6171, EXT. 291

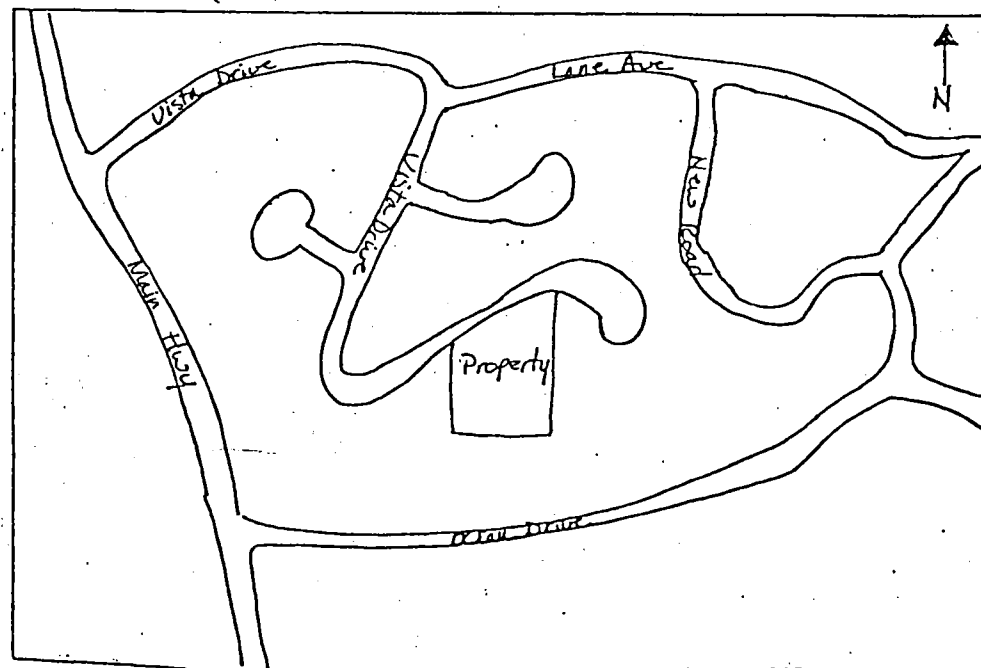
SMITH, J.

TWP 40 RANGE 14 SEC 16A T.L. 43C

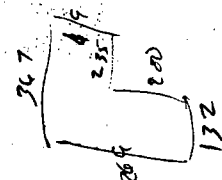
PROPERTY MAP



VICINITY MAP



130' 2-C  
1300  
3115-02 BA 1000



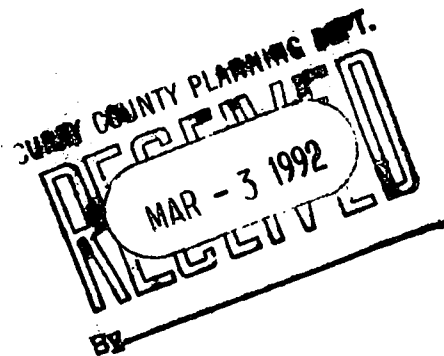
267  
235  
132



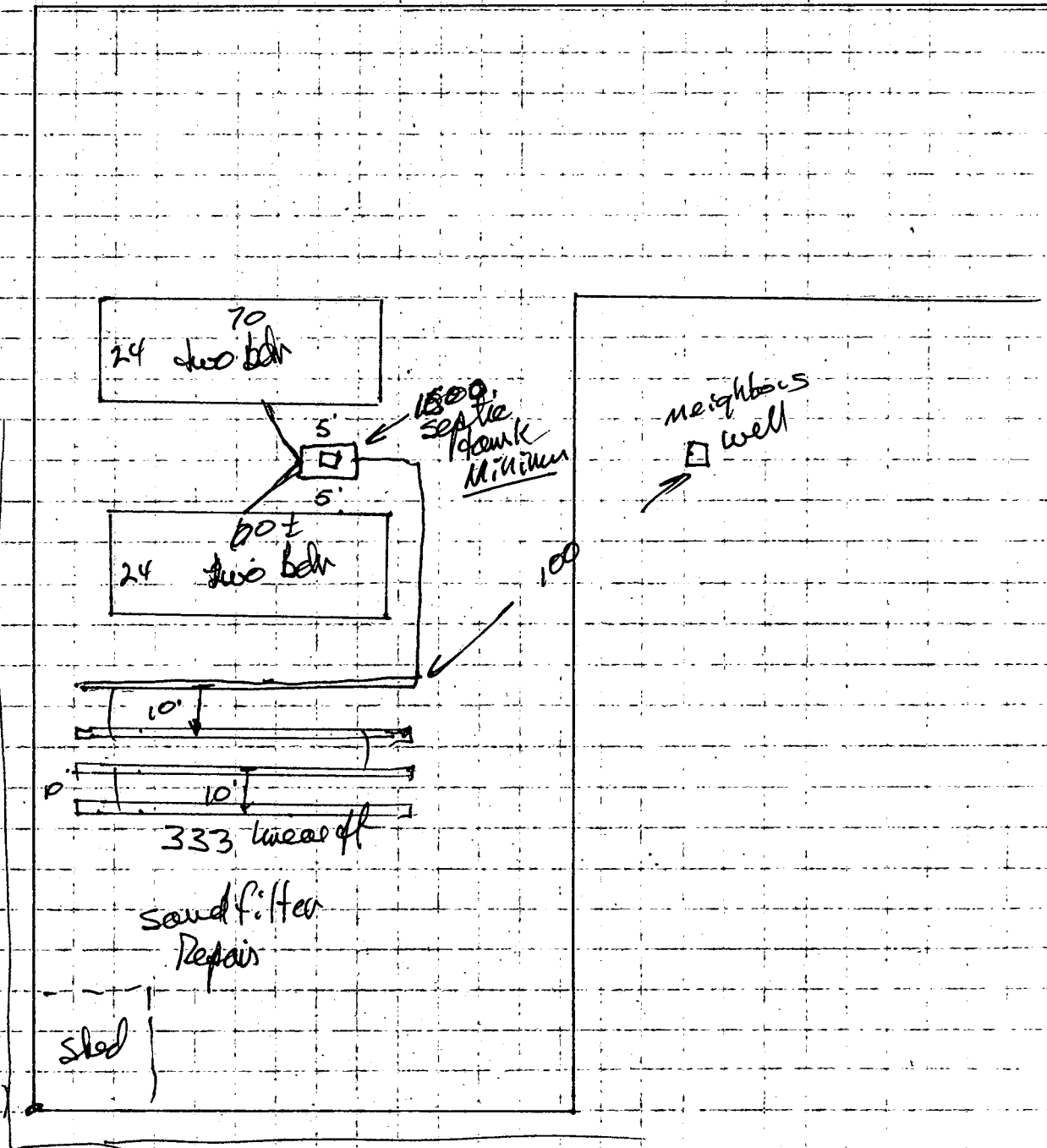
From my Porch  
to Septic - 5 ft is 27 ft

from Septic to the  
existing mobile 8x50  
is 28 ft - 5 ft

From mobile to  
leach line is 10 ft  
parking lots are 26 ft  
long - 40 ft wide



31-15-2B4  
T.H. 1300



Aug 101



16309

Control No.

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

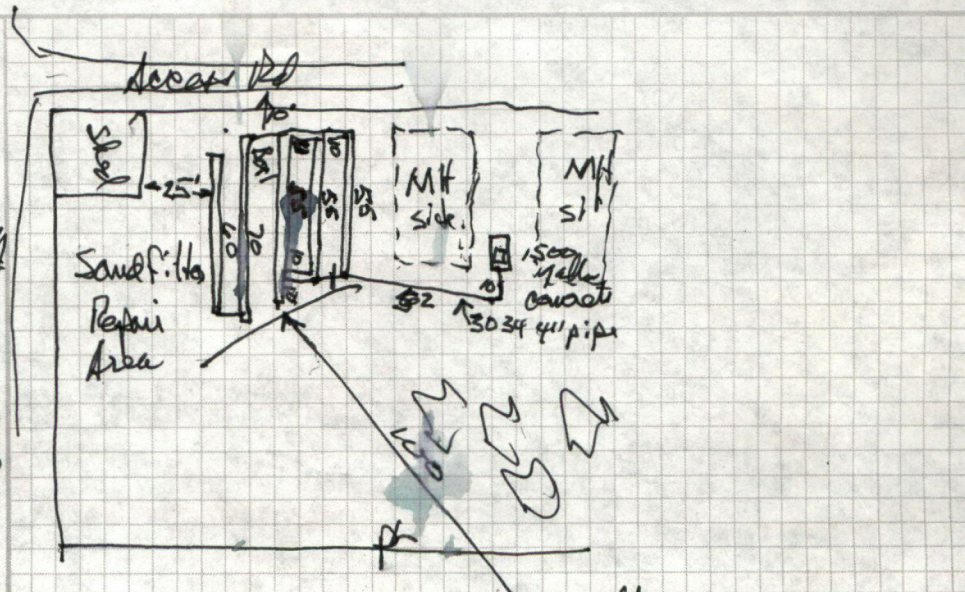
PERMIT NO. 08-87-86N

\$ 75.00  
Fee☒ New Construction☐ Repair☐ Other \_\_\_\_\_Permit Issued To Ruth Hiltebrand  
(Property Owner's Name)31  
(Township)15  
(Range)2BA  
(Section)1300  
(Tax Lot / Acct. No.)Curry  
(County)Hwy 101  
(Road Location)Langlois  
(City)D. P. Cline, R.S.  
(Issued by - Signature)8/29/86  
(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)

**SPECIFICATIONS**EXPIRATION DATE 8/29/87TYPE OF SYSTEM Serial-serial loopDesign Sewage Flow 500 Gal's/DayTank Volume 1500 GallonsDisposal Trenches ☐Seepage Bed(s) ☐666 Square FeetMaximum Depth 30 inches.Minimum Depth 24 inches.333 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on centersTotal Rock Depth 12 Inches.Below Pipe 6 Inches.Above Pipe 2 Inches.☐ Rake SidewallSpecial Conditions (Follow Attached Plot Plan) 100' from well(s) As per plan.PRE-COVER INSPECTION REQUIRED - CONTACT Del Cline, R.S. 247-7011; ext 227**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing  
with Reference LocationsInstaller Willie SmithFinal Insp. Date 9-5-866:30☐ Issued by Operation of Law☐ Pre-cover inspection waived

pursuant to OAR 340, Division 71

1500 gal concrete tank  
335 linear ft closed loop  
with the host two line  
in series  
24-30" deep

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.

Del Cline, R.S.  
(Authorized Signature)San Adrian III  
(Title)9-5-86  
(Date)Curry  
(Office)



## FOR OFFICE USE ONLY

STATE OF OREGON  
Department of Environmental Quality

## FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 8/15/86  
Date Completed \_\_\_\_\_  
Required Fee 75.00  
Receipt No. 4101  
Control No. 08-87-86N

## 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 and land use compatibility statement must accompany application)

## FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED .....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED ....	<input checked="" 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 checked="" type="checkbox"/> NO	ATTACHED ....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
LAND USE COMPATIBILITY STATEMENT .....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			

## ADDITIONAL ITEM(S) REQUIRED

## FOR APPLICANT'S USE — (Please Print)

Ruth Hiltbrand  
 (Property Owner's Name)

<u>31</u> (Township)	<u>15</u> (Range)	<u>2 BA</u> (Section)	<u>1300</u> (Tax Lot/Acct. No.)	<u>Cunny</u> (County)
_____ (Subdivision Name)	_____ (Lot No.)	_____ (Block No.)	_____ (Lot Size)	_____ (Private Water Supply, Specify Type)

hanglois  
 (Public Water Supply)

☐ Single Family Residence \_\_\_\_\_  
 (Number of Bedrooms)

☒ Other 2 Mobile Homes  
 (Specify)

Directions to Property: one block south of Main St. on East Side of 101

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.

Ruth Hiltbrand  
 (Signature)

8-15-86  
 (Date)

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

Owner's Mailing Address  
P.O. Box 22  
hanglois OR 97450

Applicant's Mailing Address (if different)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone 398-2255

Phone \_\_\_\_\_



15680

Control No.

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. \_\_\_\_\_

\$ \_\_\_\_\_  
Fee

☒ New Construction

☐ Repair

☐ Other \_\_\_\_\_

Permit Issued To

Ruth H. Hebrard  
(Property Owner's Name)

31  
(Township)

15  
(Range)

2BA  
(Section)

1300  
(Tax Lot / Acct. No.)

(County)

Hwy 101  
(Road Location)

Laurel  
(City)

SEWAGE DISPOSAL SYSTEM  
(Issued by - Signature)

(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)

SPECIFICATIONS

EXPIRATION DATE \_\_\_\_\_

TYPE OF SYSTEM Serial - Serial loop

Design Sewage Flow 500 Gal's/Day

Tank Volume 1500 Gallons

Disposal Trenches ☐

Seepage Bed(s) ☐

666 Square Feet

Maximum Depth 30 inches.

Minimum Depth 24 inches.

333 Linear Feet

Equal ☐ Loop ☐ Serial ☒

Pressurized ☐

Minimum Distance Between Trenches 10' on centers

Total Rock Depth 12 Inches.

Below Pipe 6 Inches.

Above Pipe 2 Inches.

☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) 100' from wells As per plan

PRE-COVER INSPECTION REQUIRED - CONTACT \_\_\_\_\_

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing  
with Reference Locations

Installer \_\_\_\_\_

Final Insp. Date \_\_\_\_\_

☐ Issued by Operation of Law

☐ Pre-cover inspection waived  
pursuant to OAR 340-71-170(2)

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.

(Authorized Signature)

(Title)

(Date)

(Office)

For Office Use Only

Planning 71 Date 8/15/86

Zoning C-1 \*

Sanitation OK Date 8/29/86

Bldg. \_\_\_\_\_ Date \_\_\_\_\_

CURRY COUNTY  
DEPARTMENT OF PUBLIC SERVICES  
PERMIT CLEARANCE FORM

CLEARANCE IS VALID FOR 180 DAYS

Application for:

*MH Park is permitted  
centrally in C-1 zone*

- ☒ Septic System Permit  
☒ Mobile Home Permit 2  
☐ Building Permit:  
☐ Single Family Dwelling ☐ Multiple Dwelling  
☐ Commercial/Industrial type  
☐ Other type

*Expansion of Mobile Home Park*

EXISTING DEVELOPMENT ON THIS TAX LOT:

- ☐ Conventional Dwelling \_\_\_\_\_ How many?  
☐ Mobile Home \_\_\_\_\_ How many?

Sewage Disposal:

- ☒ On Site  
☐ Community

Water:

- ☐ On Site  
☒ Community

☒ Other buildings \_\_\_\_\_ How many Storage Type

☐ Vacant

FOR APPLICANTS USE:

PLEASE PRINT

Property Owner's Name Ruth H. Herbrand

Property Description:

Township 31 Range 15 Section 2 B4 Tax Lot # 1300 Acres 100 mi/6

Name and lot if in a subdivision Mobile Home ← 1000 1301  
Park

Do you (or the owner) own tax lots adjacent to the above tax lot? X Yes \_\_\_\_\_ No  
If so, list numbers \_\_\_\_\_

Please show plot plan on reverse side required by Sanitation and Building Div.

By my signature, I certify that the information I have furnished is correct and hereby grant the Department of Public Services and its divisions permission to enter the above described property for the purpose of this application.

Signature Ruth Herbrand Date 8-15-86

Owner's Mailing Address:

Applicants Mailing Address:

P.O. Box 22

Langlois Or 97450

Phone # 348-2255

Phone # \_\_\_\_\_

Please note: Completion of this form initiates the development permit process with this department & does not constitute approval of the request permit. You will be contacted in regards to permits, fees and approval.

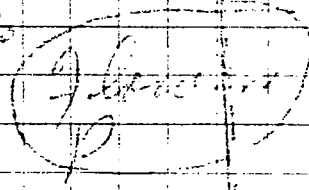
24 X 60

26 ft

Power

Supplemental provided by

R.O. West



12 X 25

26 ft

80 X 5



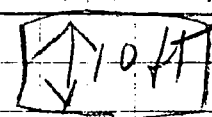
Proposed

West



Project

26 ft



10 ft

Permit line

# SUBSURFACE DISPOSAL APPLICATION & PERMIT

Curry County Environmental Sanitation Dept.  
P.O. Box 1277, Gold Beach, Oregon 97444  
Phone - 247-7011 Ext. 311 or 321

Permit # 08-11-188  
Receipt # 0010  
Amt. Pd. 15.00  
Permit Expires 11/9/75

## TO BE FILLED OUT BY APPLICANT:

Property Owner Ruth Hillenbrand Mailing Address Box 22  
City, State Langlois, Ore Phone No. 348-2255  
Township 31 Range 15 Section 2 BH Tax Lot 10009 1300  
Job Location \_\_\_\_\_ Size of Property: Width 200 Length 263 Sq. Ft.  
If approved Subdivision, Name None Lot & Blk. # \_\_\_\_\_  
New system \_\_\_\_\_ Alteration \_\_\_\_\_ Repair ☒  
Installation will serve: House \_\_\_\_\_ Mobile Home \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_  
Commercial ☒ No. of Employees Mobile Home  
Water Supply: Public ☒ Private \_\_\_\_\_ Drilled Well \_\_\_\_\_ Spring \_\_\_\_\_  
Garbage Disposal in Sink: Yes \_\_\_\_\_ No no  
Installation by: Owner \_\_\_\_\_  
Licensed Installer(Name) Willis Smith & Vern Magnusen  
Date Nov 4  
Applicant's Signature Ruth Hillenbrand

## PERMIT NOT VALID UNLESS A PERMIT NUMBER IS ASSIGNED.

1. Request is made for an inspection by a sanitarian for approval of location, size & type of system.
2. Test hole required if no site report made (test hole 6' deep, 2' wide).
3. Inspection is required after completion but prior to covering by County Sanitarian.

## TO BE FILLED OUT BY COUNTY SANITARIAN:

Soil type SL Type of Distribution System: Equal ☒  
Serial \_\_\_\_\_  
Other \_\_\_\_\_

Tank Size(Gallons) existing No. of Distribution Boxes existing  
Trench Area Drainfield add 400 sq ft Square Feet \_\_\_\_\_

REMARKS: Work into existing & add 2-100' lines parallel to present lines.

Permit:  
Approved: Yes ☒ No \_\_\_\_\_ Reasons: Slope \_\_\_\_\_  
Lot size \_\_\_\_\_  
Soil \_\_\_\_\_  
Water table \_\_\_\_\_  
Date issued 2 Nov 1974  
Sanitarian [Signature]  
Final Approval:  
Sanitarian [Signature]  
Date 9/4/75

1st line O.K'd for cover 11/12/74 SCB  
2nd line O.K. 9/4/75 by all

Fee Schedule:  
1. New construction permit \$50.00  
2. Alteration, repair or extension to existing system. \$15.00  
3. Feasibility Study- \$25.00  
A preliminary site report or feasibility statement will be \$25.00 and will be good for twelve months only. If a subsurface disposal permit is applied for within the 12 month period, the fee paid for the feasibility statement would be deducted from the subsurface disposal installation permit making its cost \$25.00.

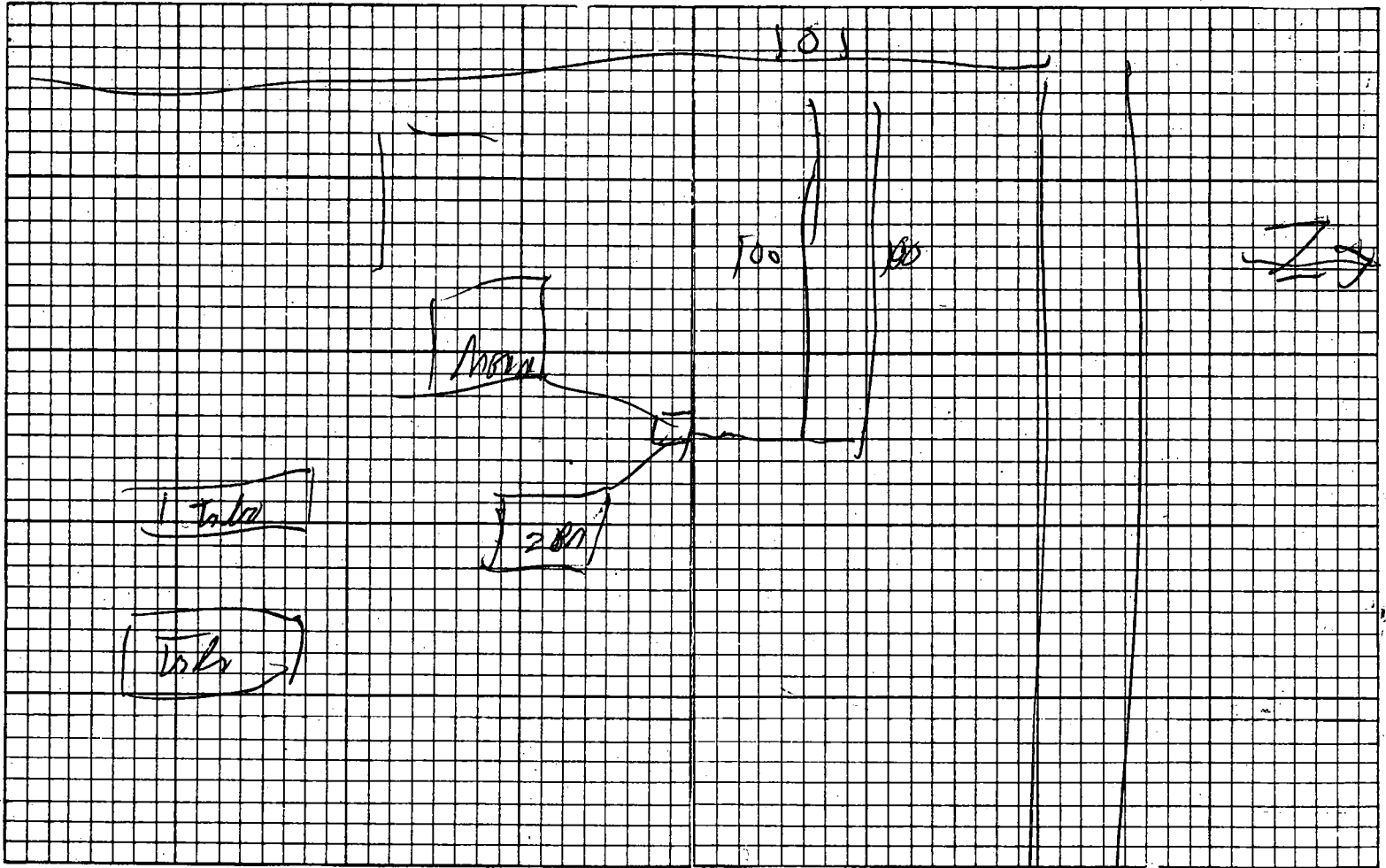
Make checks payable to:

Environmental Sanitation Department  
P.O. Box 1277, Gold Beach, Oregon 97444

PLOT PLAN FORM:

Plot plan must show:

1. Property dimensions.
2. Scale and north arrow.
3. Existing & proposed roads & driveways.
4. Existing & proposed buildings.
5. Water source & all pipelines.
6. Slope.
7. Trees & major natural features.
8. Proposed septic tank & drainfield & replacement area.
9. Distance - Septic tank to well \_\_\_\_\_ ft.
10. Location of test holes.
11. Location of wells on adjacent lot.
12. Show all easements.



NO DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL.

CERTIFICATION

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and Resolutions of the County of Curry and Statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

Owner or Agent

Do not write below this line - Use additional sheet for added information.

REVIEW REMARKS:

Date: 2 Nov 74

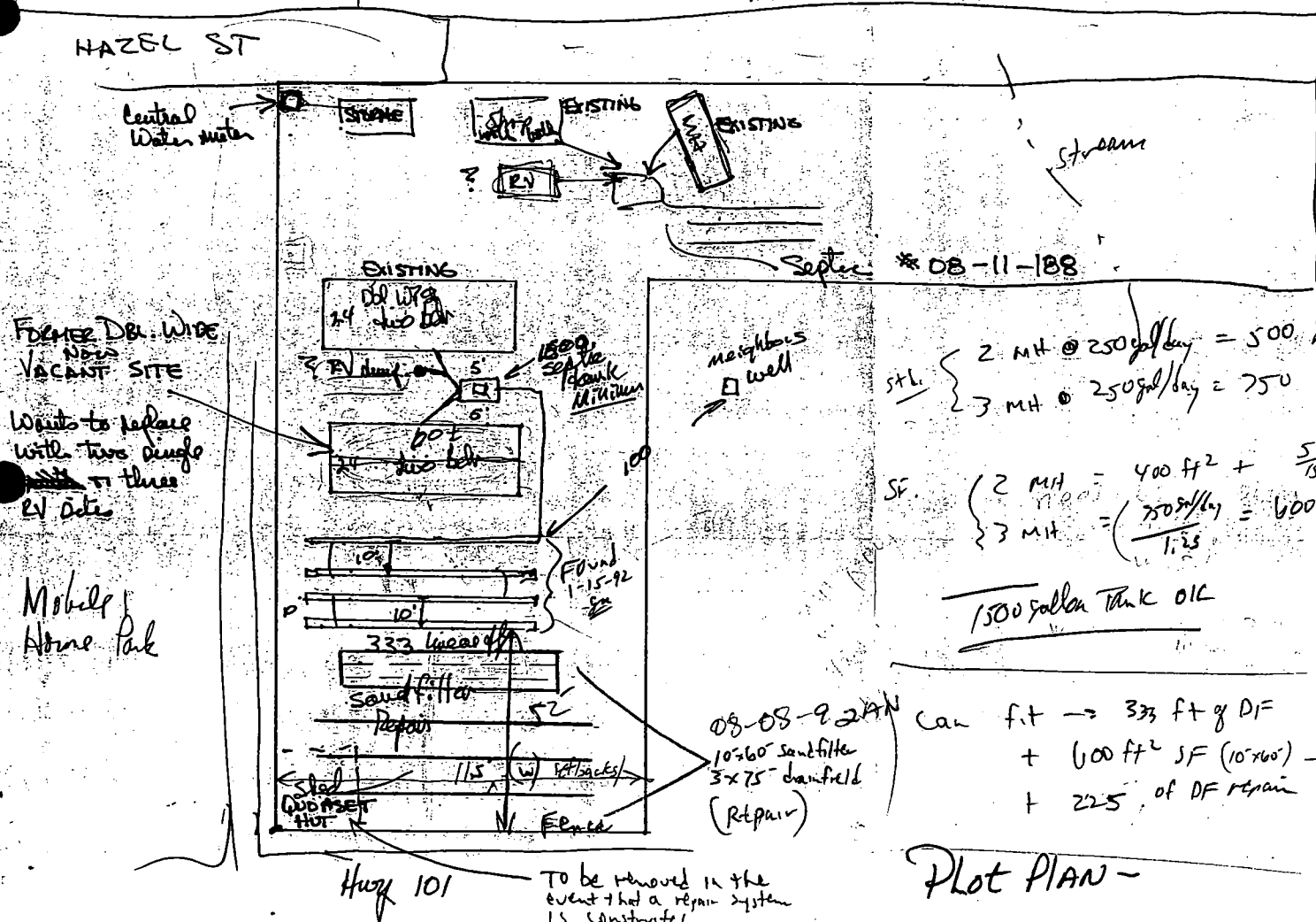
Plans reviewed by:

[Signature]

County Sanitarian

Ruth Hiltbranz  
348-2255  
48288 Hazel St

31-15-2B4  
T.H. 1300



Former DBL Wide  
Now  
VACANT SITE

Wants to replace  
with two single  
RV sites

Mobile  
Home Park

STL

$$\begin{cases} 2 \text{ MH} @ 250 \text{ gal/day} = 500 \text{ gal/day} \rightarrow \frac{500}{150} \times 100 = 333 \\ 3 \text{ MH} @ 250 \text{ gal/day} = 750 \text{ gal/day} \rightarrow \frac{750}{150} \times 100 = 500 \end{cases}$$

SF

$$\begin{cases} 2 \text{ MH} = 400 \text{ ft}^2 + \frac{500}{150} \times 45 = 150 \\ 3 \text{ MH} = \left( \frac{750 \text{ gal/day}}{1.25} = 600 \text{ ft}^2 \text{ SF} \right) + \left( \frac{750}{150} \times 45 = 225 \right) \end{cases}$$

1500 gallon tank OIL

Can fit → 333 ft of DF + 600 ft<sup>2</sup> SF (10'x60') + 225' of DF repair

Plot Plan -

**PERMIT CLEARANCE**GOLD BEACH ~~SURRY COUNTY~~ PORT ORFORD

Department of Public Services

145 E. Moore Street P.O. Box 746

Gold Beach, Oregon 97444

Phone: (503) 247-7011

Brookings Satellite Office - Phone: (503) 469-7274

Planning • Sanitation • Building

Filing Date: 2-10-92**INSTRUCTIONS:**

Applicant must read and complete items 1 - 9.

**1. APPLICATION IS FOR:**

(Please check all applicable items)

☒ ~~Sewage Disposal Permit~~ Authorization Notice☒ Mobile home permit Year \_\_\_\_\_☐ Pre-Fab New \_\_\_\_\_ Old \_\_\_\_\_☐ Building Permit SFD \_\_\_\_\_ Comm. \_\_\_\_\_

Type and Size: \_\_\_\_\_

☐ Accessory Building → Plumbing? Yes☐ Other \_\_\_\_\_

Contractor information

☐ Owner Built☐ Contractor

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

☐ Mobile Home Installer

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

Building, Plumbing, Mechanical Permit No.'s Issued

Bul'

'o.'s

's

's

T:

how many? \_\_\_\_\_

how many? 1

how many? \_\_\_\_\_

Comme.

**3. EXISTING**

Water Sou

☐ Well ☐ g ☐ Other \_\_\_\_\_

Explain: \_\_\_\_\_

☒ Water District: Langlois Water DistConnection Verification: By the owner

Signature

**Sewage Disposal:**☒ Septic System:

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

☐ Sewer District: \_\_\_\_\_

Connection Verification: \_\_\_\_\_

Signature \_\_\_\_\_

**4. PROPERTY DESCRIPTION:**Assessor Map No.: 502731 R15Tax Lot: 1300Acreage: 1.52 AStreet Address or Location: 48288 Hazel**5. PROPERTY OWNER INFORMATION:**Property Owner: RUTH HILTEBRANDMailing Address: P.O. Box 22Phone No. 348-2255 LANGLOIS 97450 OR**6. ACCESS:**

Does proposed driveway access a County or State Road?

☐ No☐ Yes

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: RUTH HILTEBRANDSignature: Ruth HilterbrandDate: Jan 20, 92Mailing Address: P.O. Box 22Langlois or 97450Phone: 348-2255**PLANNING STANDARDS AND REQUIREMENTS**Land use zone: RC

Property Line Setbacks:

Front:

☒ 35 feet from the center line of all RoadsStreet: 0☒ 10 feet from property line adjacent to road☐ No requirement

Side:

☒ 5 feet from property line☐ No requirement

Back:

☒ 5 feet from property line☐ No requirement

Note: Eaves, gutters, sunshades, &amp; other similar architectural features may not project into required setbacks.

Offstreet Parking:

☒ No. of 9' x 18' parking spaces required per dwelling☐ requires parking lot plan☐ No requirement

Structure Height:

☒ 35' maximum☐ 45' maximum☐ Airport overlay zone requires \_\_\_\_\_ feet☐ No requirement

Conditions of Approval:

Planning Clearance approval is for an authorization for septic and replacement of a mobile home only.

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

☒ Its LCDC Acknowledged Plan, or☐ Statewide Planning Goals

Providing the above referenced standards are maintained at the time of construction.

County Planning Staff Reviewed:

Charles E. Hilterbrand

Signature

Title

Date

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. \_\_\_\_\_

Authorization Notice No. 08-08-92☒ System approved☐ Denied

Comments:

System approved for the addition of one, one bedroom MHBarry LintonEnvironmental Specialist3-4-92

Signature

Title

Date

Time Limit: If Substantial Construction has not taken place within 180 days of the filing date of this permit clearance form, any authorization for development shall become null and void.

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

PC No. 043

ZONE: RC







## 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: (503) 247-7011  
Brookings Satellite Office - Phone: (503) 469-7274

Planning • Sanitation • Building  
Filing Date: 7-29-93

## INSTRUCTIONS:

Applicant must read and complete items 1 - 9.

## 1. APPLICATION IS FOR:

(Please check all applicable items)

- ☐ Sewage Disposal Permit/Authorization Notice  
☒ Mobile home permit Year 1991  
☐ Pre-Fab New Old  
☐ Building Permit SFD Comm.

Type and Size:

- ☐ Accessory Building → Plumbing? Yes No  
☐ Other

## Contractor information:

- ☐ Owner Built  
☐ Contractor

Name:

Registration No.

- ☒ Mobile Home Installer

Name: Mike Rupert

Registration No.

Building, Plumbing, Mechanical Permit No.'s Issued

Building Permit No.'s

Plumbing Permit No.'s

Mechanical Permit No.'s

Comments:

## 2. EXISTING DEVELOPMENT:

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

Comments:

## 3. EXISTING FACILITIES:

Water Source:

- ☒ Well ☐ Spring ☐ Other

Explain:

☒ Water District: Langlois City Water

Connection Verification:

Signature

## Sewage Disposal:

☒ Septic System:

Permit No.

08-87-86N 8/29/86  
08-08-92AN Date 3/4/92

☐ Sewer District:

Connection Verification:

Signature

## 4. PROPERTY DESCRIPTION:

Assessor Map No.: 31-15-02BA Tax Lot: 1301  
Acreage: 1.03 +/- Mobile Home park  
Street Address or Location: 48288 HAZEL ST  
Langlois

## 5. PROPERTY OWNER INFORMATION:

Property Owner: Ruth HILTEBRAND  
Mailing Address: P.O. Box 22  
Langlois, Or  
Phone No.

## 6. ACCESS:

Does proposed driveway access a County or State Road?

- ☐ No ☐ Yes

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: Barbara Joyner

Signature: Barbara Joyner

Date: 7/28/93

Mailing Address: P.O. Box 58

Langlois, Or - 97450

Phone: 548-2271

(For Office Use Only)

## PLANNING STANDARDS AND REQUIREMENTS

Land use zone:

Property Line Setbacks:

Front:

- ☐ 35 feet from the center line of Street; or  
☐ 10 feet from property line adjacent to road  
☐ No requirement

Side:

- ☐ 5 feet from property line  
☐ No requirement

Back:

- ☐ 5 feet from property line  
☐ No requirement

Note: Eaves, gutters, sunshades, & other similar architectural features may not project into required setbacks.

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:

Lot Origin:

- ☐ Pre-existing ☐ Land use approved  
☐ Other

Land Use Action:

- Partition no. Subdivision no.  
Conditional use no. Variance no.  
Zone change no. Other

Riparian Vegetation:

- ☐ All buildings shall be setback 50 feet from any perennial streams, rivers, or lakes  
☐ No requirement

Fire Break:

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

Special Requirements:

- ☐ 100 Year Flood Plain  
Flood height above mean sea level:  
☐ Geologic hazard area  
☐ Review by Building Official  
☐ Geologic hazard study required  
☐ Scenic waterway area  
☐ State/ Fed. application required  
☐ Historic structure/cultural site  
Historic/ archeological overlay

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.  
☐ Statewide Planning Goals

County Planning Staff Reviewer:

Signature

Title

Date

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.

Authorization Notice No.

☐ System approved

☐ Denied

Comments:

Signature

Title

Date

Time Limit: If Substantial Construction has not taken place within 180 days of the filing date of this permit clearance form, any authorization for development shall become null and void.

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.



## 8. PLOT PLAN:

Please draw a plot plan to a suitable scale in the space provided. Please include such items as listed below:

- Property lines
- Existing & proposed structures
- Driveways (label existing or proposed)
- All easements
- Show any proposed water and sewer lines, together with their lengths, from structures to property lines.
- Wells, Springs and streams (existing or proposed)
- Septic systems (label existing or proposed- include tank & drainfield)
- Any distinctive topographic features
- Clearly label and show distances between all items on the plan

**NOTE:** Failure to draw an accurate plot plan of the proposed structural development will result in a delay of the review of your requested permit so that we can contact you regarding the details of your proposal.

If site is not on main thoroughfare give written or graphic directions and distances from main thoroughfare.



Scale

1" = \_\_\_\_\_



Ruth Hiltbrand  
 348-2255  
 48288 Hazel St

31-15-2 B4  
 T.H. 1300

HAZEL ST

Central Water meter

STORM

Septic well

EXISTING

EXISTING

Stream

? RV

Septic \* DB-11-188

EXISTING

24" dia. w/ 9" dia. bar

? RV dump

1500' Septic drain Minimum

neighbors well

24" dia. bar

FORMER DBL. WIDE  
 NOW  
 VACANT SITE

Wants to replace  
 with two single  
 or three  
 RV sites

Mobile  
 Home Park

10' 10'

Found 1-15-92

333 linear ft

sand filter  
 Repair

shed  
 QUONSET  
 HUT

Hwy 101

To be removed in the  
 event that a repair system  
 is constructed

10'x60' sand filter  
 3x75' drainfield  
 (Repair)

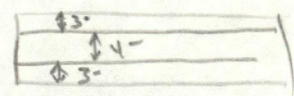
stb.  $\left\{ \begin{array}{l} 2 \text{ MH} @ 250 \text{ gal/day} = 500 \text{ gal/day} \rightarrow \frac{500}{150} \times 100 = 333' \\ 3 \text{ MH} @ 250 \text{ gal/day} = 750 \text{ gal/day} \rightarrow \frac{750}{150} \times 100 = 500' \end{array} \right.$

SF.  $\left\{ \begin{array}{l} 2 \text{ MH} = 400 \text{ ft}^2 + \frac{500}{150} \times 45 = 150' \\ 3 \text{ MH} = \left( \frac{750 \text{ gal/day}}{1.25} = 600 \text{ ft}^2 \text{ SF} \right) + \left( \frac{750}{150} \times 45 = 225' \right) \end{array} \right.$

1500 gallon Tank OIC

Can fit  $\rightarrow$  333 ft of DF  
 + 600 ft<sup>2</sup> SF (10'x60')  
 + 225' of DF repair

$\rightarrow$  2 pressure lines  $\rightarrow$



Plot Plan -



Ruth Hiltbranz  
348-2255  
48288 Hazel St

31-15-2 B4  
TH. 1300

HAZEL ST

Central Water meter

STORM

Shr. with hole

EXISTING

EXISTING

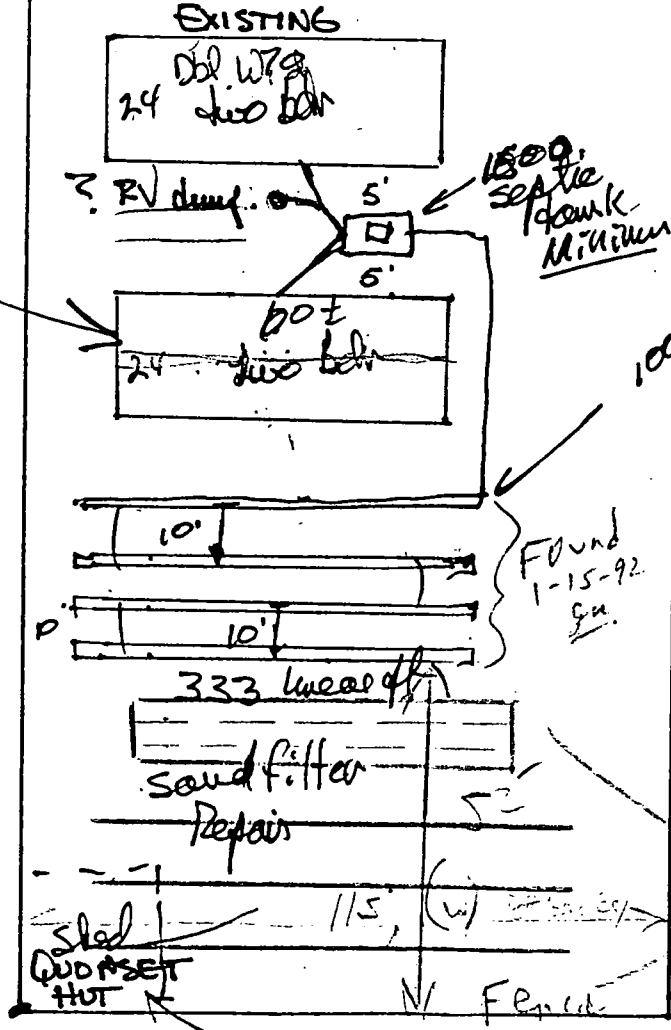
? RV

Septic \* 08-11-188

FORMER DBL. WIDE  
Now  
VACANT SITE

Wants to replace  
with two single  
RV sites

Mobile  
Home Park



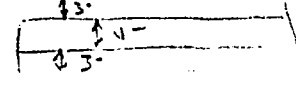
neighbors  
well

$$\begin{aligned} \text{Stbl. } \left\{ \begin{array}{l} 2 \text{ MH @ } 250 \text{ gal/day} = 500 \text{ gal/day} \rightarrow \frac{500}{150} \times 100 = 333' \\ 3 \text{ MH @ } 250 \text{ gal/day} = 750 \text{ gal/day} \rightarrow \frac{750}{150} \times 100 = 500' \end{array} \right. \end{aligned}$$

$$\text{SF. } \left\{ \begin{array}{l} 2 \text{ MH} = 400 \text{ ft}^2 + \frac{500}{150} \times 45 = 150' \\ 3 \text{ MH} = \left( \frac{750 \text{ gal/day}}{1.25} = 600 \text{ ft}^2 \text{ SF} \right) + \left( \frac{750}{150} \times 45 = 225' \right) \end{array} \right.$$

1500 gal/day TRUCK OIL

Can fit - 2x 2x 7 ft  
+ 100 ft<sup>2</sup> SF (10' x 60') → 2 Pressure lines  
22.5' of EF



Hwy 101

To be removed in the  
future that a repair system  
is constructed