



State of Oregon Department of Environmental Quality

# Annual Operation and Maintenance Report Form

## General Information (Complete ALL information)

Property Owner: Marsh, Nellie Phone: 541-347-4356  
 Site Address: 48421 Bowman St. Parcel #: 30S15W35C2200  
 City: Langlois County: Curry  
 Permit #: 22-23-000149 Start up date if 1st year in use: 6/12/23  
 System Model #: E50N System Serial #: E50N-02817-IM  
 Report Year: 2024 Date of Service Performed: 7/1/24 & 11/6/24  
 Email Address: nellieguynup@gmail.com

## Onsite wastewater treatment system status: (Do not prefill and photocopy checkboxes)

Yes No

- ☒ ☐ Was maintenance performed as required by septic system rules and the manufacturer?  
☒ ☐ Is the system operating in accordance with the agent-approved design specifications?  
☒ ☐ Is the system currently under a service contract with a certified maintenance provider?  
☐ ☒ Is the system failing?  
☐ ☒ Discharge of sewage to the ground surface?  
☐ ☒ Discharge of sewage to drain tiles or surface waters?  
☐ ☒ Sewage backup into plumbing fixtures?

If you answered "Yes" on the last four questions, was a repair permit obtained? If not, explain: \_\_\_\_\_

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

\*Maintenance Provider Name (please print): Patrick Flynn - Econo Rooter Services, INC.

\*Certification #: M52B \*Certification Expiration: 8/30/2025

(\*This line only can be filled out and photocopied.)

Original Signature: Patrick Flynn Date: 12/20/2024

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agency per OAR 340-071-0130(24).



State of Oregon Department of Environmental Quality

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 Site Address: 48421 Bowman St. Parcel #: 30S15W35C2200  
 City: Langlois County: Curry  
 Permit #: 22-23-000149 Start up date if 1st year in use: 6/12/23  
 System Model #: E50N System Serial #: E50N-02817-IM  
 Report Year: 2023 Date of Service Performed: 12/7/23  
 Email Address: nellieguynup@gmail.com

## Onsite wastewater treatment system status: (Do not prefill and photocopy checkboxes)

Yes No

- ☒ ☐ Was maintenance performed as required by septic system rules and the manufacturer?  
☒ ☐ Is the system operating in accordance with the agent-approved design specifications?  
☒ ☐ Is the system currently under a service contract with a certified maintenance provider?  
☐ ☒ Is the system failing?  
☐ ☒ Discharge of sewage to the ground surface?  
☐ ☒ Discharge of sewage to drain tiles or surface waters?  
☐ ☒ Sewage backup into plumbing fixtures?

If you answered "Yes" on the last four questions, was a repair permit obtained? If not, explain: \_\_\_\_\_

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

\*Maintenance Provider Name (please print): Patrick Flynn - Econo Rooter Services, INC.

\*Certification #: M528 \*Certification Expiration: 8/30/2025

(\*This line only can be filled out and photocopied.)

Original Signature: Patrick Flynn Date: 12/20/2023

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agency per OAR 340-071-0130(24).

Econo Rooter Services, Inc.  
2-Year Septic Service

Transferred Maintenance Contract

Parties:  
(Service Provider)

NAME  
ADDRESS  
CITY, STATE, ZIP CODE  
TELEPHONE  
E-MAIL

ECONO ROOTER SERVICES, INC.  
PO BOX 627  
COQUILLE, OR 97423  
541-396-4804

[info@econorooter.com](mailto:info@econorooter.com)

And:  
(Customer)

NAME  
ADDRESS  
CITY, STATE, ZIP CODE  
TELEPHONE  
RECORDED SALE DATE  
email:

Pacific Meadows, LLC (Nellie Marsh)

PO Box 1

Langlois, OR 97450

541-347-4356 or 541-404-4312

[nellieguyrup@gmail.com](mailto:nellieguyrup@gmail.com)

System Location:

ADDRESS  
CITY, STATE, ZIP CODE  
LEGAL DESCRIPTION

48421 Bowman St

Langlois, OR 97450

30S15W35C2200

Agency Contact Information:

AGENCY  
ADDRESS  
CITY, STATE, ZIP CODE

D.E.Q. Headquarters  
465 Elrod Ave  
Coos Bay, OR 97420

Service Provider Signature:

Name: Econo Rooter Services, Inc.

Signature: 

Title: President

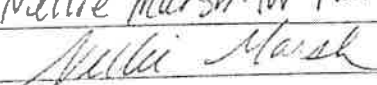
Date: 7-2-24

Customer(s) Signature:

Name:

Nellie Marsh for Pacific Meadows LLC

Signature:



Co-signature:

Date:

8/17/23

NOW, THEREFORE, in consideration of the terms, provisions, and contain herein, the  
agree as follow: here to

**1.0 Performance of Basic Services**

Econo Rooter Services, Inc., shall perform the System Inspection/Service Visits during the 24-month period after installation as marked:

	Visits per year	
XXX EcoPod System	2	
XXX Pressurized Distribution Systems	2	
Sand Filter System		
All Orenco UV and AXUV Units Require Annual Lamp Replacement		\$
XXX Alarm Response \$310/1st Hour \$215/Each Add'l Hour	as needed	additional charge
XXX D.E.Q. Annual Reporting & Fees	1 per year, Filed for owner	(included in price)

**Total 2 year Amount:**

**TOTAL DUE WITH SIGNED CONTRACT**

At each service visit the System shall be inspected and serviced in accordance with the instructions in the System's O & M Manual. Additionally, the pump screen basket will be cleaned, float switches tested, electrical connections checked, drainfield area inspected, squirt height checked, lateral lines flushed, and the septic tank and pump chamber inspected. Sandfilter pump basin also serviced. Some systems may include or not include the above listed components.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as Econo Rooter Services, Inc. deems necessary or advisable.

Econo Rooter Services, Inc. will affix a "For Service, Call Econo Rooter Services, Inc." label near the control panel's alarm signal with the phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or additon of parts used in the system.

Econo Rooter Services, Inc. shall provide emergency service within 48 hours of the service request.

Econo Rooter Services, Inc. shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency, D.E.Q.

Econo Rooter Services, Inc. shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

**2.0 Term of Agreement**

This Agreement shall be for a period of 24 months from the date on maintenance contract signed by the service provider , unless otherwise terminated or canceled by either party as provided herin.

**3.0 Definitions**

For purposes of this Agreement, the following definition(s) shall apply:

3.1 "System Start-up Date" shall mean the date the System begins operating for its intended purpose.

Initials: 



Certificate of Satisfactory Completion  
**Repair (Major) - Residential - New**  
221-23-000149-PRMT

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 Certificate Issued:** 07/11/2023  
**Work Description:** MAJOR REPAIR

**Applicant:** ECONO ROOTER SERVICES INC  
**Address:** PO BOX 627  
COQUILLE OR 97423  
**Phone:** 5413964804  
**Email:** OFFICE@ECONOROOTER.US

**Primary Contractor:** ECONO ROOTER SERVICES INC  
**CCB:** 143577  
**Address:** PO BOX 627  
COQUILLE OR 97423  
**Phone:** 5413964804

**Owner:** WAHL, PETE A TRSTEE

**Property Address:** 48421 Bowman St, Langlois, OR  
97450

**Parcel:** 301535C 0220000 - Primary

**Lot Size:** .35  
**Zoning:** Rural Community Residential (RCR)  
**Land Use Approval:** N/A  
**Water Supply:** Community Water Supply  
**City/County/UGB:** N/A

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Number of Bedrooms:</b>	3	N/A

**System Specifications**

**Type:** Alternative Treatment Technology (ATTs)  
**Max Peak Design Flow:** 450 gpd.  
**Min Septic Tank Volume:** 1500 gal.  
**ATT Description:** .50-NIM INFILTRATOR IM-1060 SEPTIC TANK  
**Proposed Flow:** 375 gpd.  
**Min Dosing Tank Volume:** N/A

**Drain Field Specifications**

<b>Drain Field Type:</b>	Gravelless	<b>System Distribution Type:</b>	Equal
<b>Drainfield Sizing:</b>	N/A	<b>Distribution Method:</b>	Equal
<b>Media Type:</b>	EZ FLOW 1001P	<b>Media Depth:</b>	N/A
<b>Trench Length:</b>	150 linear ft.	<b>Rock Above Pipe:</b>	N/A
<b>Max Depth:</b>	10 in.	<b>Undisturbed Soil Between Trenches:</b>	5 ft.
<b>Min Depth:</b>	10 in.	<b>Capping Fills-Min Depth of Fill Material:</b>	4 in.

**Special Requirements**

**Groundwater Type:** Temporary  
**Pump to Drainfield Required:** Yes  
**Groundwater Depth:** 18 in.  
**Filter Fabric on Top of Drain Media:** Yes

**Date Certificate Issued:** 07/11/2023  
**Work Description:** MAJOR REPAIR

**Conditions of Approval**

1. ATT treatment standard 1 required.
2. This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.
3. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
4. The septic tank must be approved for use with the ATT system to be installed.
5. In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit.
6. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.
7. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
8. A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
9. Photos of the septic system components must be submitted along with the FIRN.
10. The system must be installed by the property owner or a licensed sewage disposal business (installer).
11. Vehicular traffic and livestock must be restricted from the system area.
12. All roof drains must be directed away from the system
13. All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
14. Meet all required setbacks
15. The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
16. All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
17. For product approval information and manufacturer installation requirements see DEQ website at:  
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
18. The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
19. Install the pump and system components in accordance with the approved pump curve and specifications.
20. A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
21. Effluent filter required at tank outlet.
22. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
23. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
24. Maximum length of an individual trench is 150-feet.
25. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
26. Pressurized distribution rules at OAR 340-071-0275. Install sweep elbows at ends of lateral piping with acceptable threaded plugs or caps. Minimum head of 5-ft at remotest orifice, less than 10% variation.
27. Filter fabric required over drain media (rapidly permeable soils).
28. The owner of a pressurized distribution system must maintain a contract with a certified maintenance provider to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

**Date Certificate Issued:** 07/11/2023  
**Work Description:** MAJOR REPAIR

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

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

**Certificate of Satisfactory Completion**

**System Inspection:** No      **Operation of Law - 7 Days Notice:** Yes      **Pre-Cover Inspection Waived Per 340-071:** No  
**Comments:** N/A

Joshua Daley

Environmental Specialist

**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.)

**Final Inspection Request and Notice - Septic ID: 221-23-000149-PRMT**

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

**SECTION 1: Owner/Permittee Information:**

Twntshp:

Range:

Sect:

Name: WAHL, PETE A TRSTEE

Lot:

Property 48421 BOWMAN ST, LANGLOIS, OR 97450

Address:

**SECTION 2: System Component Specifications:****A. Tanks/Pumps**System Type: *ECOPOD PRESSURIZE  
GRAVEL LESS 150'*Water tight  
verification\*

Tanks(1)	Volume: <i>1000</i>	Compartments: <i>1</i>	Manufacturer: <i>INFILTRATOR IM-1060</i>	Date: <i>6/15/23</i>
Tanks(2)	Volume: <i>1000</i>	Compartments: <i>1</i>	Manufacturer: <i>ECOPOD</i>	Date: <i>6/19/23</i>
Pump(s)	HP: <i>1/2</i>	Model/Manuf. <i>VE 30 G-05 P4-21 LITTLE GRANT</i>	Float(s) Type(1): <i>3</i>	Model/Manuf. <i>MECHANICAL</i>
			Float(s) Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <i>1"</i>	ASTM#/Other: <i>D1785</i>	Length: <i>7'</i>

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes <input checked="" type="checkbox"/>	No	Model: <i>INFILTRATOR ECO POD - E50</i>	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?)	<i>100' @ 150'</i>
Distribution Box	Yes	No <input checked="" type="checkbox"/>
Drop Box	Yes	No <input checked="" type="checkbox"/>
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No
	Diameter: <i>1"</i>	ASTM#/Other: <i>D1785</i>
		Length: <i>180'</i>
Comment		

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

\*\*Attach sieve analysis for Underdrain Media and Filter Sand



**SECTION 3 - As Built Plan**

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

see attached drawing

**SECTION 4 - Construction was performed by (Signature Required)**

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

Owner/Permittee or Certified Installer w/Certification#:		Print Name: <u>PATRICK FLYNN - Econo Rooter Services Inc.</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38122</u>	Certification#: <u>13111</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>6-21-2023</u>	Phone#: <u>541-396-4804</u>

**SECTION 5 - Office Use Only:**

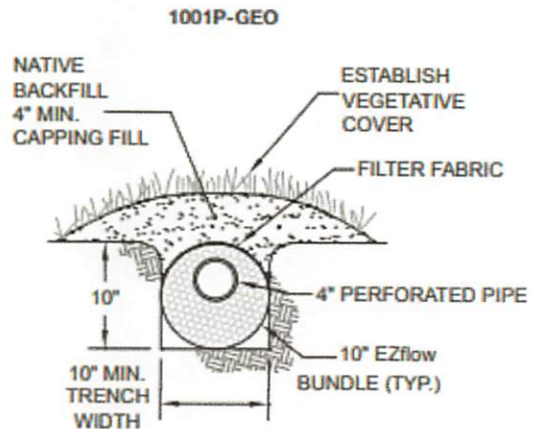
Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: <input type="text"/>
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: <input type="text"/>
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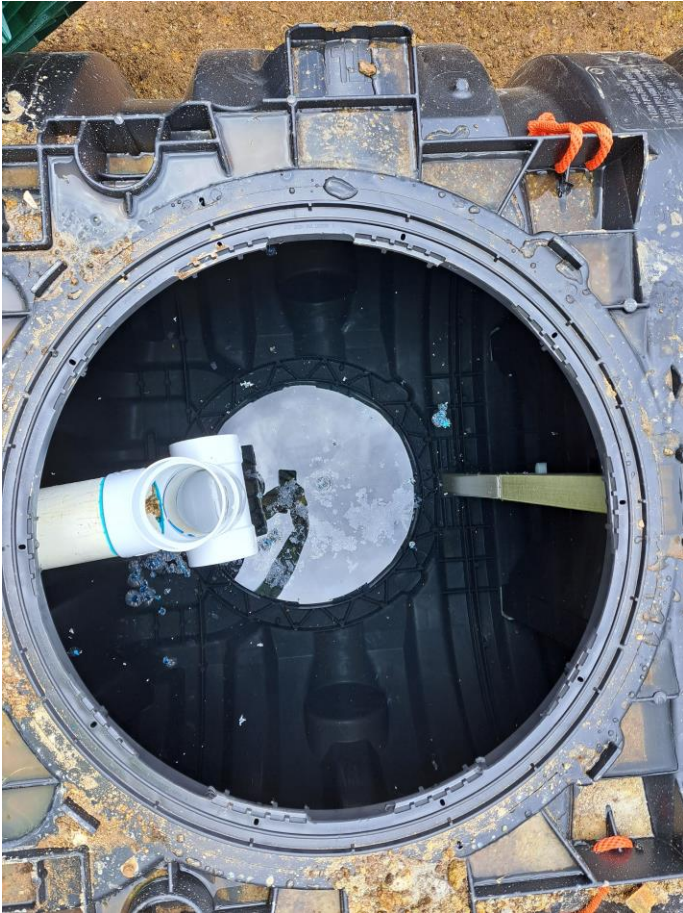
If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

- (A) IM1060 tank
- (B) ECO-POD ATT
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) 40' Transport line – SCH40 1 ¼"
- (E) 160" Gravelless Drain Field – EZ Flow 1001P
- (F) 8" Valve Boxes with flush valves























## Econo Rooter Services, Inc

Pete Wahl  
48421 Bowman St  
Langlois, OR 97450

☎ (541) 290-7018  
✉ marywahl1980@gmail.com

INVOICE	#522222
SERVICE DATE	Jun 15, 2023
INVOICE DATE	Jun 16, 2023
DUE	Upon receipt

AMOUNT DUE	<b>\$0.00</b>
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### CONTACT US

PO Box 627  
Coquille, OR 97423

☎ (541) 396-4804  
✉ office@econorooter.us

## INVOICE

Services	qty	unit price	amount
Pumping - Pump up to 1000-gallons (Z08)	1.0	\$0.00	
Pump tank for decommission. Pumped approximately 400 gallons.			
Subtotal			\$0.00
Total Tax			\$0.00
Cc Fee (3%)			\$0.00
Total			<b>\$0.00</b>

Thanks for doing business with Econo Rooter Services, Inc.  
\*NOT A REAL ESTATE SEPTIC INSPECTION



# Septic Permit

## Repair (Major) - Residential - New

221-23-000149-PRMT

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

Schedule or track inspections at [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221096932893**

Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

**Date issued:** 6/12/23

**Expiration date:** 6/11/24

**Work description:** MAJOR REPAIR

**Applicant:** ECONO ROOTER SERVICES INC  
**Address:** PO BOX 627  
COQUILLE OR 97423  
**Phone:** 5413964804  
**Email:** OFFICE@ECONOROOTER.US  
**Business License:** N/A

**Primary contractor:** ECONO ROOTER SERVICES INC  
**CCB:** 143577  
**Address:** PO BOX 627  
COQUILLE OR 97423  
**Phone:** 5413964804

**Owner:** WAHL, PETE A TRSTEE

**Property address:** 48421 Bowman St, Langlois, OR 97450

**Parcel:** 301535C 0220000 - Primary

**Lot size:** .35  
**Zoning:** Rural Community Residential (RCR)  
**Land use approval:** N/A  
**Action:** New  
**System failing:** N/A  
**Comments:** N/A

**Water supply:** Community Water Supply  
**City/County/UGB:** N/A  
**County:** N/A  
**Type of application:** Repair (Major) - Residential  
**Septic tank last pumped:** N/A

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Number of bedrooms:</b>	3	N/A

### System Specifications

<b>Type:</b> Alternative Treatment Technology (ATTs)	<b>ATT description:</b> E50-NIM INFILTRATOR IM-1060 SEPTIC TANK
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 375 gpd.
<b>Min septic tank volume:</b> 1500 gal.	<b>Min dosing tank volume:</b> N/A

### Drain Field Specifications

<b>Drain field type:</b> Gravelless	<b>System distribution Ttype:</b> Equal
<b>Drainfield sizing:</b> N/A	<b>Distribution method:</b> Equal
<b>Media type:</b> Other - Indicate Product/Manufacturer	<b>Media depth:</b> N/A
<b>Media type description:</b> EZ FLOW 1001P	
<b>Trench length:</b> 150 linear ft.	<b>Rock above pipe:</b> N/A
<b>Max depth:</b> 10 in.	<b>Undisturbed soil between trenches:</b> 5 ft.
<b>Min depth:</b> 10 in.	<b>Capping fills-min depth of fill material:</b> 4 in.

### Special Requirements

<b>Stake out required:</b> Yes	
<b>Groundwater type:</b> Temporary	<b>Groundwater depth:</b> 18 in.

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

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Schedule or track inspections at [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221096932893**

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<b>Date issued:</b> 6/12/23	<b>Expiration date:</b> 6/11/24
<b>Work description:</b> MAJOR REPAIR	

<b>Pump to drainfield reqd:</b>	Yes	<b>Filter fabric on top of drain media:</b>	Yes
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Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221096932893**

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<b>Date issued:</b> 6/12/23	<b>Expiration date:</b> 6/11/24
<b>Work description:</b> MAJOR REPAIR	

Conditions of approval

Schedule or track inspections at [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

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**Date issued:** 6/12/23

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#### Conditions of approval

1. ATT treatment standard 1 required.
2. This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345.
3. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions.
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8. A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
9. Photos of the septic system components must be submitted along with the FIRN.
10. The system must be installed by the property owner or a licensed sewage disposal business (installer).
11. Vehicular traffic and livestock must be restricted from the system area.
12. All roof drains must be directed away from the system
13. All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
14. Meet all required setbacks
15. The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
16. All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
17. For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
18. The pump and alarm must be wired on separate circuits in the control panel. Pump wiring must comply with applicable building, electrical, or other codes. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division, or the municipality with jurisdiction, is required for pump wiring installation.
19. Install the pump and system components in accordance with the approved pump curve and specifications.
20. A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
21. Effluent filter required at tank outlet.
22. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
23. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
24. Maximum length of an individual trench is 150-feet.
25. Equal distribution, all trench bottoms must be at the same elevation. Use Distribution box(es).
26. Pressurized distribution rules at OAR 340-071-0275. Install sweep elbows at ends of lateral piping with acceptable threaded plugs or caps. Minimum head of 5-ft at remotest orifice, less than 10% variation.
27. Filter fabric required over drain media (rapidly permeable soils).
28. The owner of a pressurized distribution system must maintain a contract with a certified maintenance provider

Schedule or track inspections at [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221096932893**

Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

**Date issued:** 6/12/23

**Expiration date:** 6/11/24

**Work description:** MAJOR REPAIR

### Conditions of approval

to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

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

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: \* Only after the permitting agent has approved the construction installation, \* or the inspection has been waived \* or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

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

Schedule or track inspections at [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221096932893**

Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

<b>Date issued:</b> 6/12/23	<b>Expiration date:</b> 6/11/24
<b>Work description:</b> MAJOR REPAIR	

Joshua Daley

Environmental Specialist

6/12/23

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: RCL-1 PC#: 23 000096

PC FEE: CURRY COUNTY - \$250.00



# 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  
*major repair*
- ☐ 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: ECONO ROOFER Reg. #: 113577
- ☐ Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

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

## 2. EXISTING DEVELOPMENT:

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

## 3. WATER SOURCE:

- ☐ Well ☐ Spring ☒ Other: City
- 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 # 30515W 35C Tax Lot# 2200

Acreage .35 Street address or location: 48421 Bowman St. Langlois

## 5. PROPERTY OWNER INFORMATION:

Property Owner: Pete Wahl

Mailing Address: 48421 Bowman St.

City Langlois St. OR Zip 97450 Phone# 541-290-7018

## 6. ACCESS:

Does property access a county or state road? ☐ Yes ☒ No

If YES, do you have an access permit? ☐ Yes ☐ No

State or County permit # \_\_\_\_\_

If NO, an access permit from the county or state (contact appropriate  
agency depending on whether it is a state or county road) will be required  
before this form can be processed. County Rd. Dept. 541-247-7097

## 7. PLOT PLAN/EROSION CONTROL PLAN

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

## 8. APPLICANT SIGNATURE:

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

Name ECONO ROOFER SERVICES INC.

Signature [Signature]

Mailing address PO Box 1627

City Coquille ST OR ZIP 97423 PH 541-241-4804

Date: 8/3/23

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

e-mail address: admin@econoroofers.us  
office@econoroofers.us

(FOR OFFICIAL USE ONLY)  
PLANNING STANDARDS AND REQUIREMENTS

**Land Use Zone:** RCR-1 (Rural Community Residential, 1 acre minimum)

**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 repair

**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 repair

**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 repair

*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 repair

**Structure Height:**

- ☐ 35' maximum

- ☐ 45' maximum

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

- ☒ No requirement for septic repair

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

- ☐ Pre-existing

- ☐ Land use approved

Previous Land Use Actions: None found

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

- ☒ 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 repair

**Special Requirements or Considerations:**

n/a 100 year flood plain

n/a FIRM or Floodway Panel# \_\_\_\_\_

n/a Geologic Hazard as identified on DOGAMI maps  
Wetland or potential wetland as identified by

n/a Wetland Inventory Maps: Map# \_\_\_\_\_

Scenic Waterway

USFS approval \_\_\_\_\_ ODPR approval \_\_\_\_\_

Historic structure/cultural site/historic-archeological

overlay

**CONDITIONS OF APPROVAL:**

**\*\* Approval to obtain septic repair permit for existing single-family residence.**

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 Erickson*

Signature

*Planning Director*

Title

*April 5, 2023*

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 # *221-23-000149-AMT* Authorization Notice# \_\_\_\_\_

- ☒ System approved ☐ System denied

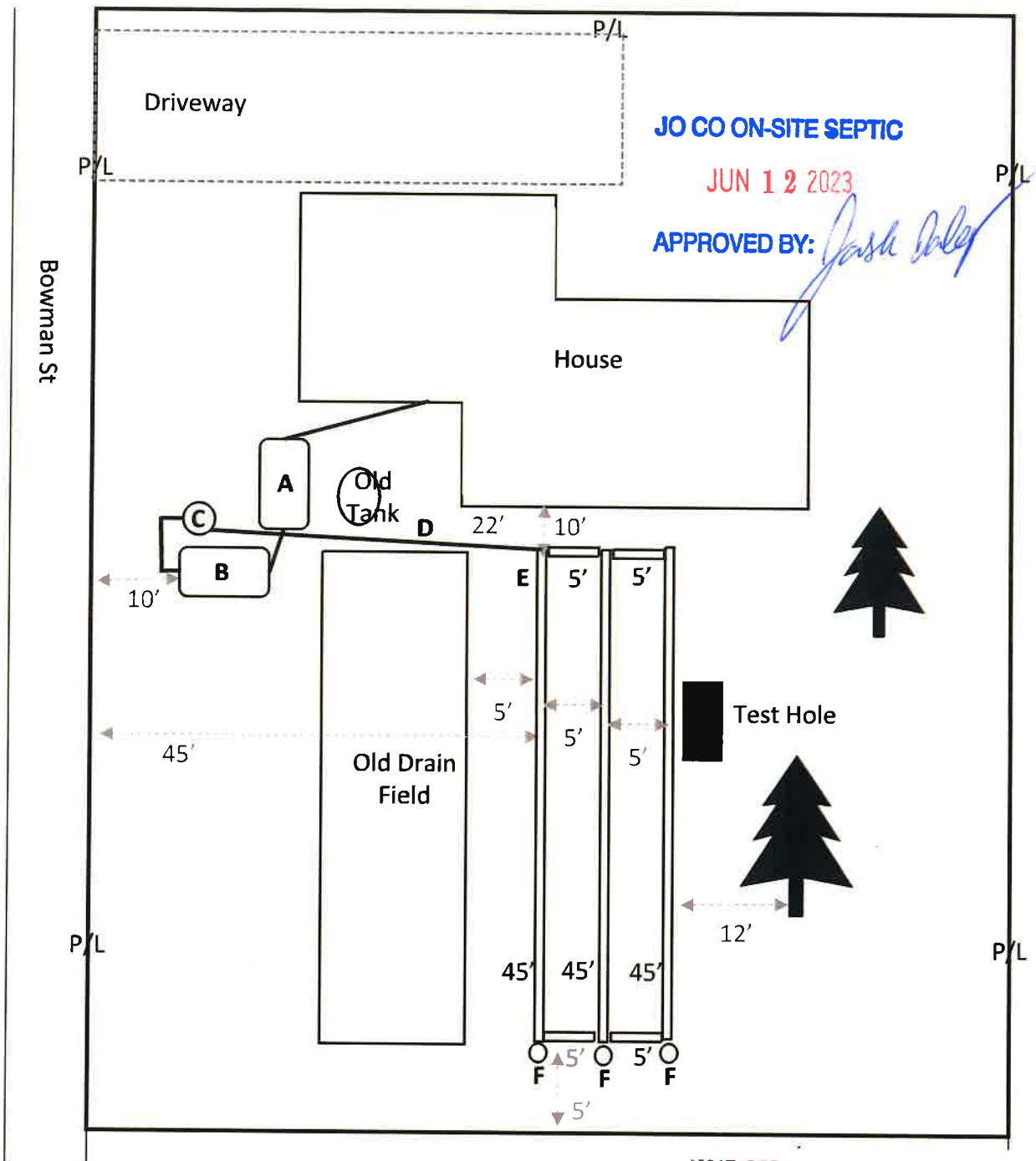
Comments:

*REHS*

Signature

*6-12-23*

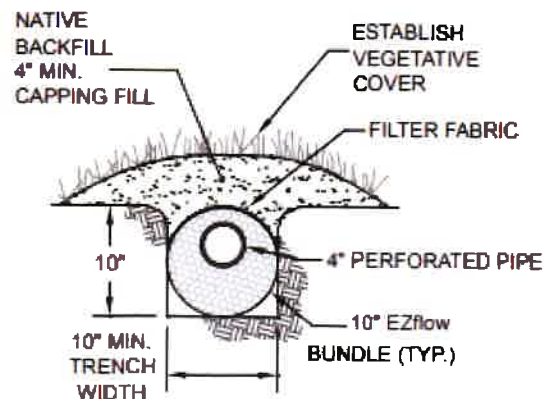
Date



1001P-GEO

**Key System Components:**

- (A) IM1060 tank
- (B) ECO-POD ATT
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) 40' Transport line - SCH40 1 1/4"
- (E) 155' Gravelless Drain Field Loop - EZ Flow 1001P
- (F) 8" Valve Boxes with flush valves





# Pump Selection for a Pressurized System - Single Family Residence Project

Langlois Mtn

## Parameters

Discharge Assembly Size	1.25	inches
Transport Length	50	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	20	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	3	
Lateral Length	55	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

## Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	84	
Total Flow Rate per Zone	36.7	gpm
Number of Laterals per Zone	3	
% Flow Differential 1st/Last Orifice	3.8	%
Transport Velocity	7.9	fps

## Frictional Head Losses

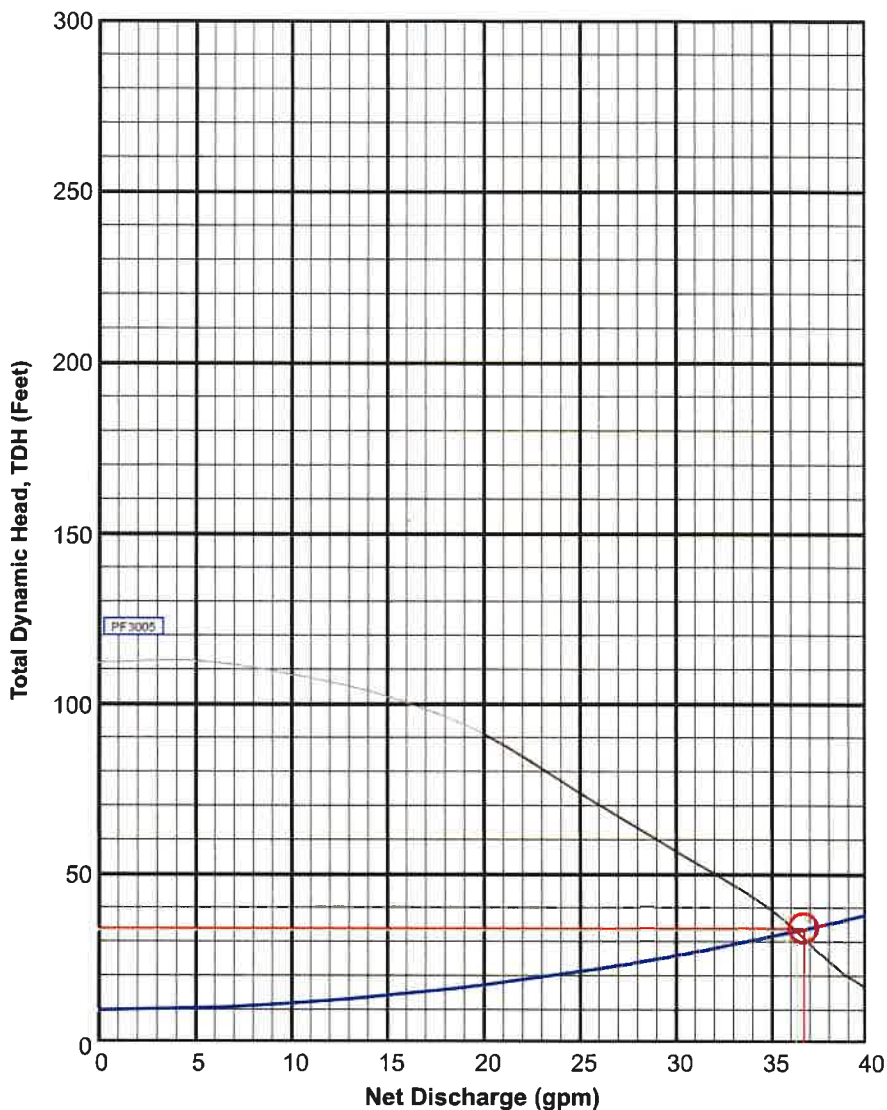
Loss through Discharge	9.4	feet
Loss in Transport	8.1	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.9	feet
Loss in Laterals	0.4	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

## Pipe Volumes

Vol of Transport Line	3.9	gals
Vol of Manifold	1.6	gals
Vol of Laterals per Zone	12.8	gals
Total Volume	18.3	gals

## Minimum Pump Requirements

Design Flow Rate	36.7	gpm
Total Dynamic Head	33.8	feet



## PumpData

PF3005 High Head Effluent Pump  
30 GPM, 1/2HP  
115/230V 1Ø 60Hz, 200V 3Ø 60Hz

## Legend

System Curve:	—
Pump Curve:	—
Pump Optimal Range:	—
Operating Point:	○
Design Point:	○

JO CO ON-SITE SEPTIC

JUN 12 2023

APPROVED BY:

*Justin Bailey*



# Pump Selection for a Pressurized System - Single Family Residence Project

Langlois Mtn

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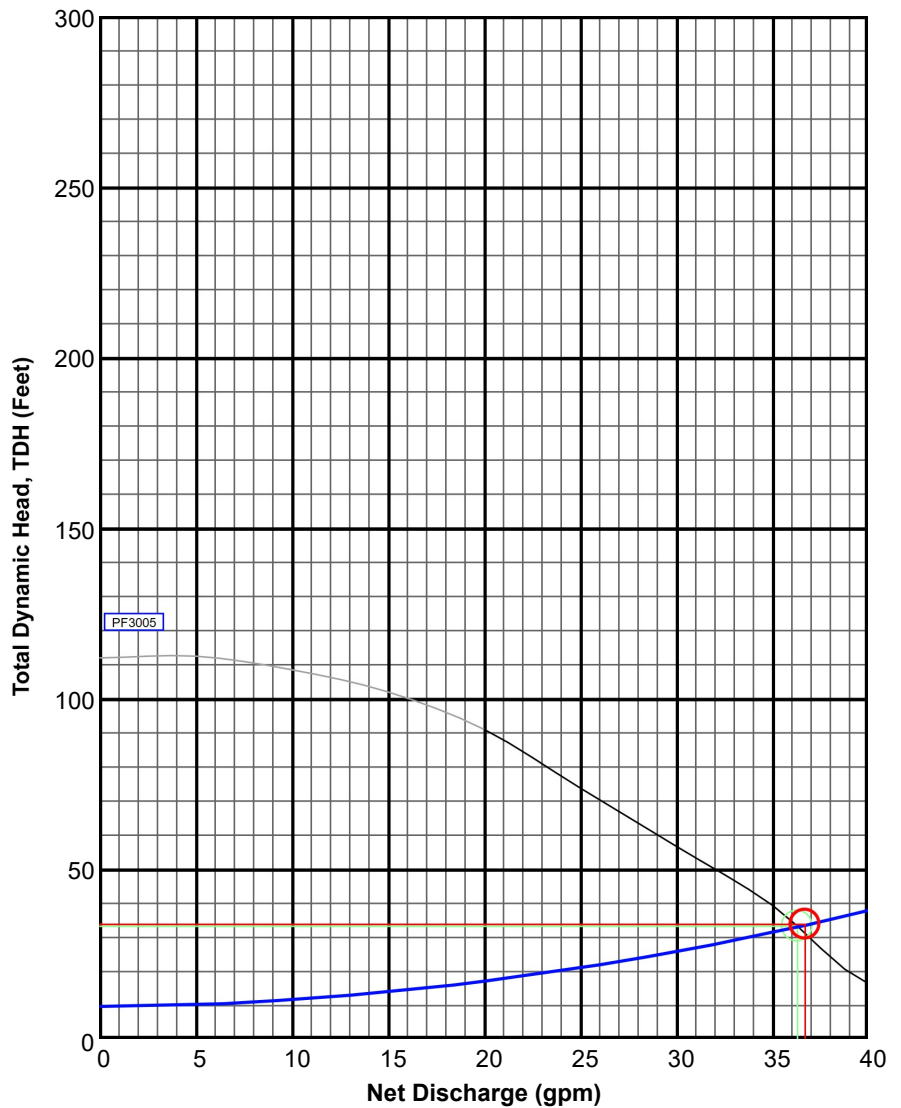
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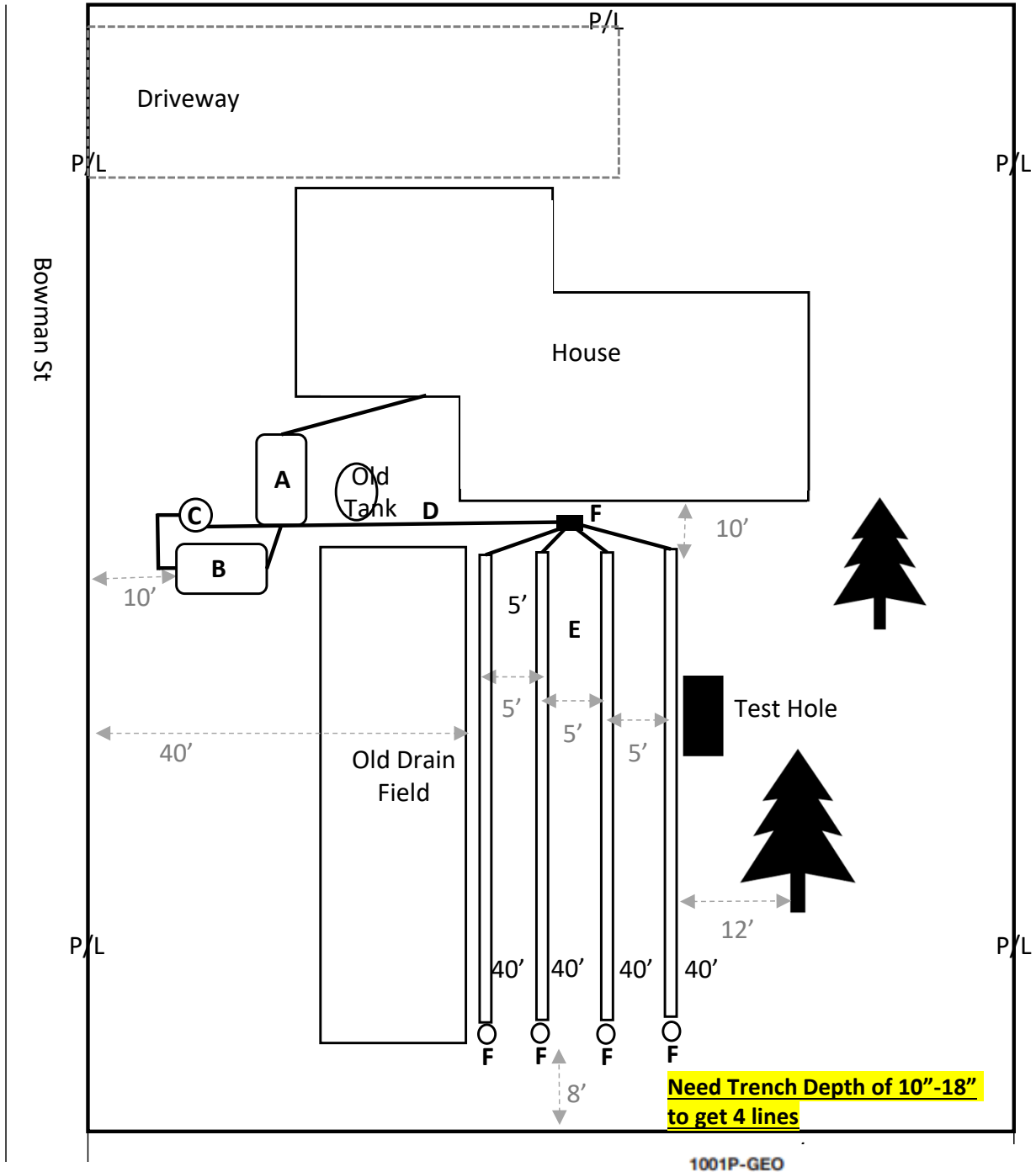
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## Legend

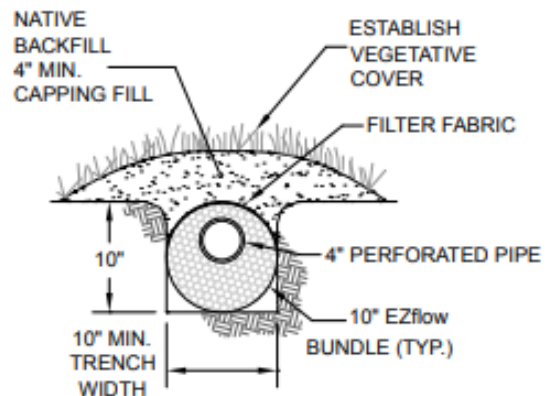
System Curve:	—
Pump Curve:	—
Pump Optimal Range:	—
Operating Point:	○
Design Point:	○

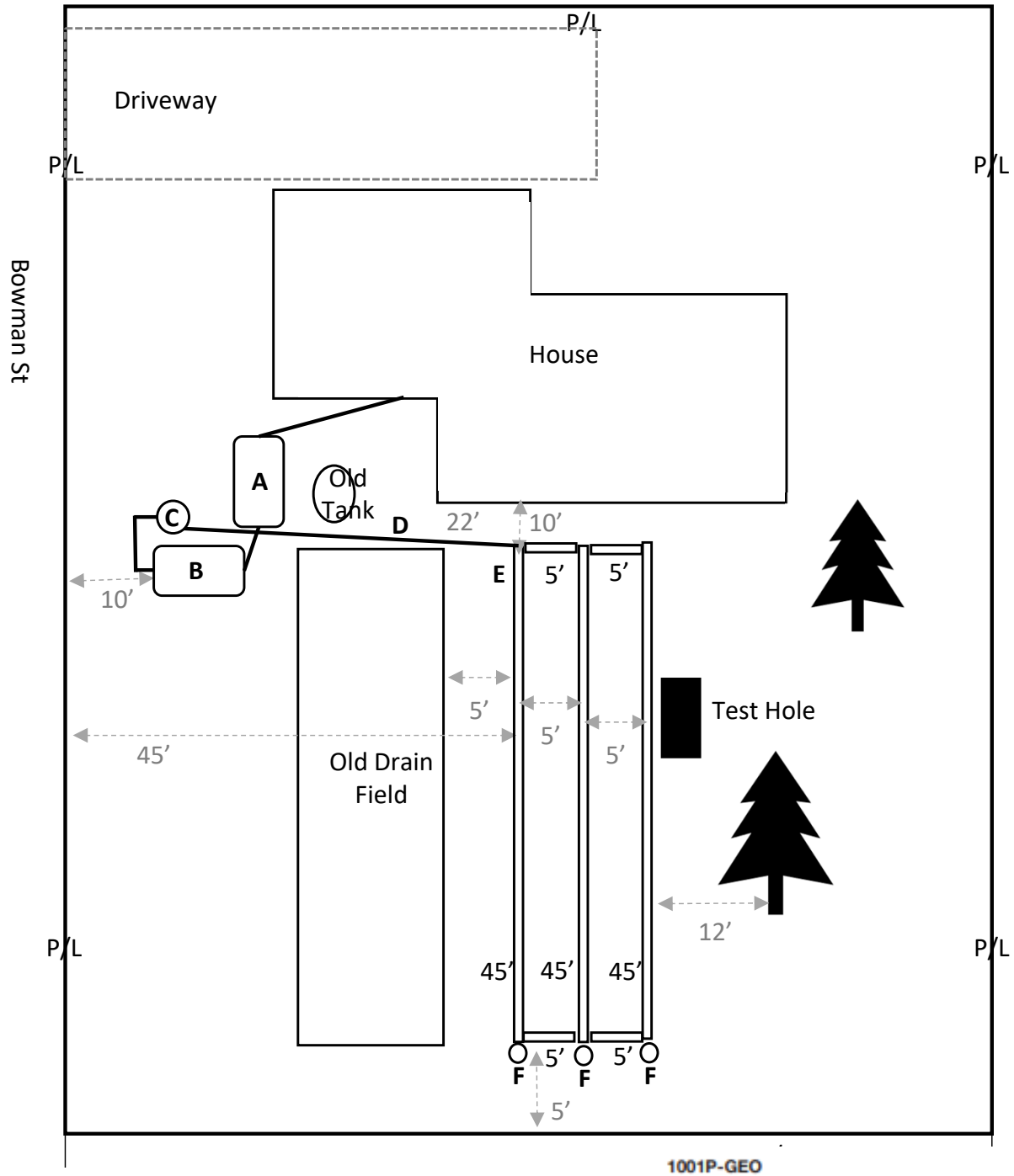




**Key System Components:**

- (A) IM1060 tank
- (B) ECO-POD ATT
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) 40' Transport line – SCH40 1 1/4"
- (E) 160" Gravelless Drain Field – EZ Flow 1001P
- (F) 8" Valve Boxes with flush valves

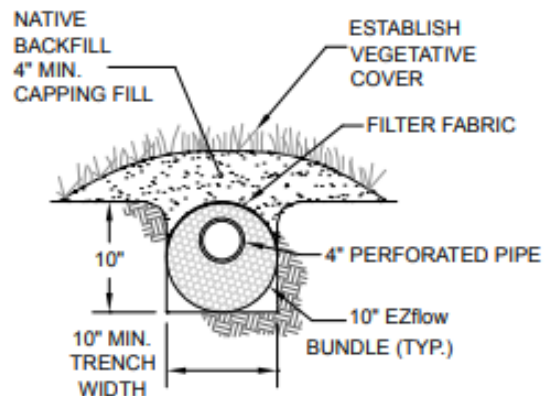




1001P-GEO

**Key System Components:**

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- (B) ECO-POD ATT
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) 40' Transport line - SCH40 1 1/4"
- (E) 155" Gravelless Drain Field Loop - EZ Flow 1001P
- (F) 8" Valve Boxes with flush valves



# FIELD WORKSHEET

Name: Pete Wahl Application No.: 221-23-060149-PRMT Date: 5-25-23  
 RE: SITE EVALUATION REPORT for Parcel #: 305-154-350 TL 2200

Commercial Facility: ☐ Yes ☒ No Parcel Size: 0.35 AC

## APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TSL</u>
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>18</u> " Max Depth <u>18</u> " Min Depth

## Additional Conditions of Approval

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

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

Due to the high water table and an inability to  
dewater the septic installation area, alternative treatment  
is necessary.

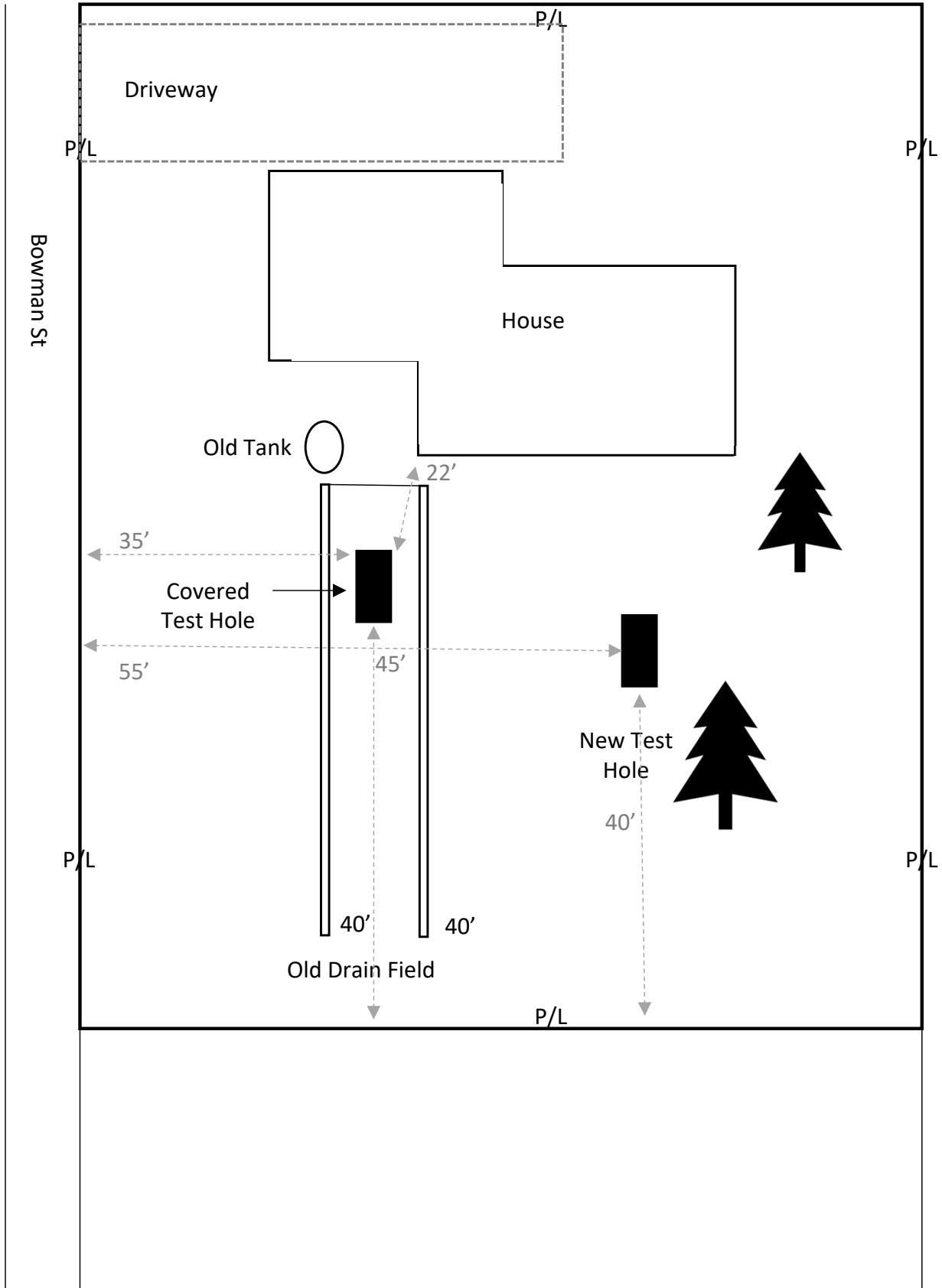
Inspector: [Signature]

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-7"	CL	10YR 4/3 Dark 3uf, f 2m, <del>10M</del> 1SBK
	7-18"	CL	10YR 4/4 Dark 2uf, f, m, c 1SBK
	18-80"	S <sub>ic</sub> C	10YR 7/1 post 1vf 2m, <del>10M</del> Heavy Depletion & concretions @ 18" to bottom
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: yard w/ 2 large cedar trees

Slope: 0-3% Aspect: \_\_\_\_\_ Groundwater Type: ☐ Permanent ☒ Temporary

Other Site Notes: \_\_\_\_\_







**Onsite Permit**  
**Application Verification**  
**221-23-000149-PRMT**

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:** 4/11/23

**Parcel Nbr:** 301535C 0220000

**Site Address:** 48421 BOWMAN ST, LANGLOIS, OR 97450

**Owner:** WAHL, PETE A TRSTEE  
WAHL, PETE LIV TRST 02-  
PO BOX 249  
NULL  
LANGLOIS, OR 97450

**Applicant:** ECONO ROOTER SERVICES INC - ECONO ROOTER SERVICES INC  
PO BOX 627  
COQUILLE, OR 97423

**Phone:** (541) 396-4804

**FAX:** (541) 396-6529

**Email:** OFFICE@ECONOROOTER.US

**Licensed Professional(s):**

**License Number:** CCB - 143577  
ECONO ROOTER SERVICES INC  
PO BOX 627  
COQUILLE, OR 97423

**Phone:** (541) 396-4804

**Category of Construction:** Single Family Dwelling

**Acreage or Lot Size:** .35

**County:**

**Water Supply:** Community Water Supply

**Number of Bedrooms:** Existing  
3

**Number of Bedrooms:** Proposed

**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	221-23-00049-PRNT	
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

Name: Pete Wahl Mailing Address (Street or PO Box, City, State, Zip Code): 48421 Bowman St. Langlois OR 97420 Phone Number: 541-290-7018

### B. Legal Property Description

Township: 30S Range: 15W Section: 35C Tax Lot: 2200 Tax Account Number: .35 Acreage or Lot Size: .35  
County: Curry Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Property Address: 48421 Bowman St. Langlois OR 97420  
Address City State Zip Code

Directions to Property: \_\_\_\_\_

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

#### Existing Facility:

☒ Single Family Residence  
Number of Bedrooms: 5  
☐ Other \_\_\_\_\_

#### Proposed Facility:

☐ Single Family Residence  
Number of Bedrooms: \_\_\_\_\_  
☐ Other \_\_\_\_\_

#### Water Supply:

☒ Public \_\_\_\_\_ Name: \_\_\_\_\_  
☐ Private \_\_\_\_\_  
Well, Spring, Shared \_\_\_\_\_

### D. Type of Application

☐ Site Evaluation

☐ Construction

☒ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use  
☐ Replacing a Mobile Home or House with Another Mobile Home or House  
☐ The Addition of One or More Bedrooms  
☐ Personal Hardship  
☐ Temporary Housing  
☐ 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: [Signature]  
Applicant's Name - Please Print Legibly: Gloria Morris - Econo Rooter  
Applicant's Mailing Address: PO Box 627 Coquille OR

Date: 3/28/23  
Applicant's Phone Number: 541-396-4804  
97423

Applicant's E-mail Address: office@econorooter.us

Applicant is the ☐ Owner ☒ Authorized Representative

☐ Authorization Attached

☒ Licensed Septic Installer

Installer's Name: Patrick Flynn Econo Rooter

PLANS: ATTACHED IN DRAWER FORTHCOMING ZONING: RCR-1 PC#: 23 000096

PC FEE: CURRY COUNTY - \$250.00



# 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  
*major repair*
- ☐ 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: *ECONO ROOTER* Reg. #: *143577*
- ☐ Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

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

## 2. EXISTING DEVELOPMENT:

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

## 3. WATER SOURCE:

- ☐ Well ☐ Spring ☒ Other: *City*
- 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]*  
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 # *30515W 35C* Tax Lot# *2200*

Acreage *.35* Street address or location:  
*48421 Bowman St. Langlois*

## 5. PROPERTY OWNER INFORMATION:

Property Owner: *Pete Wahl*

Mailing Address: *48421 Bowman St.*

City *Langlois* St *OR* Zip *97450* Phone# *541.240.7018*

## 6. ACCESS:

Does property access a county or state road? ☐ Yes ☒ No

IF YES, do you have an access permit? ☐ Yes ☐ No

State or County permit # \_\_\_\_\_

IF NO, an access permit from the county or state (contact appropriate  
agency depending on whether it is a state or county road) will be required  
before this form can be processed. County Rd. Dept. 541-247-7097

## 7. PLOT PLAN/EROSION CONTROL PLAN

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

## 8. APPLICANT SIGNATURE:

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

Name *ECONO ROOTER SERVICES INC.*

Signature *[Signature]*

Mailing address *PO Box 1627*

City *Coquille* ST *OR* ZIP *97423* PH *541.240.4304*

Date: *8/28/23*

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

e-mail address: *admin@econorooter.us*  
*office@econorooter.us*

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

**Land Use Zone:** RCR-1 (Rural Community Residential, 1 acre minimum)

**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 repair

**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 repair

**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 repair

*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 repair

**Structure Height:**

☐ 35' maximum

☐ 45' maximum

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

☒ No requirement for septic repair

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

☐ Pre-existing

☐ Land use approved

Previous Land Use Actions: None found

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

☒ 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 repair

**Special Requirements or Considerations:**

n/a 100 year flood plain

FIRM or Floodway Panel# \_\_\_\_\_

n/a Geologic Hazard as identified on DOGAMI maps

Wetland or potential wetland as identified by

n/a Wetland Inventory Maps: Map# \_\_\_\_\_

Scenic Waterway

USFS approval \_\_\_\_\_ ODPR approval \_\_\_\_\_

Historic structure/cultural site/historic-archeological overlay

**CONDITIONS OF APPROVAL:**

\*\* Approval to obtain septic repair permit for existing single-family residence.

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 Erickson*  
Signature

*Planning Director*  
Title

*April 5, 2023*  
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

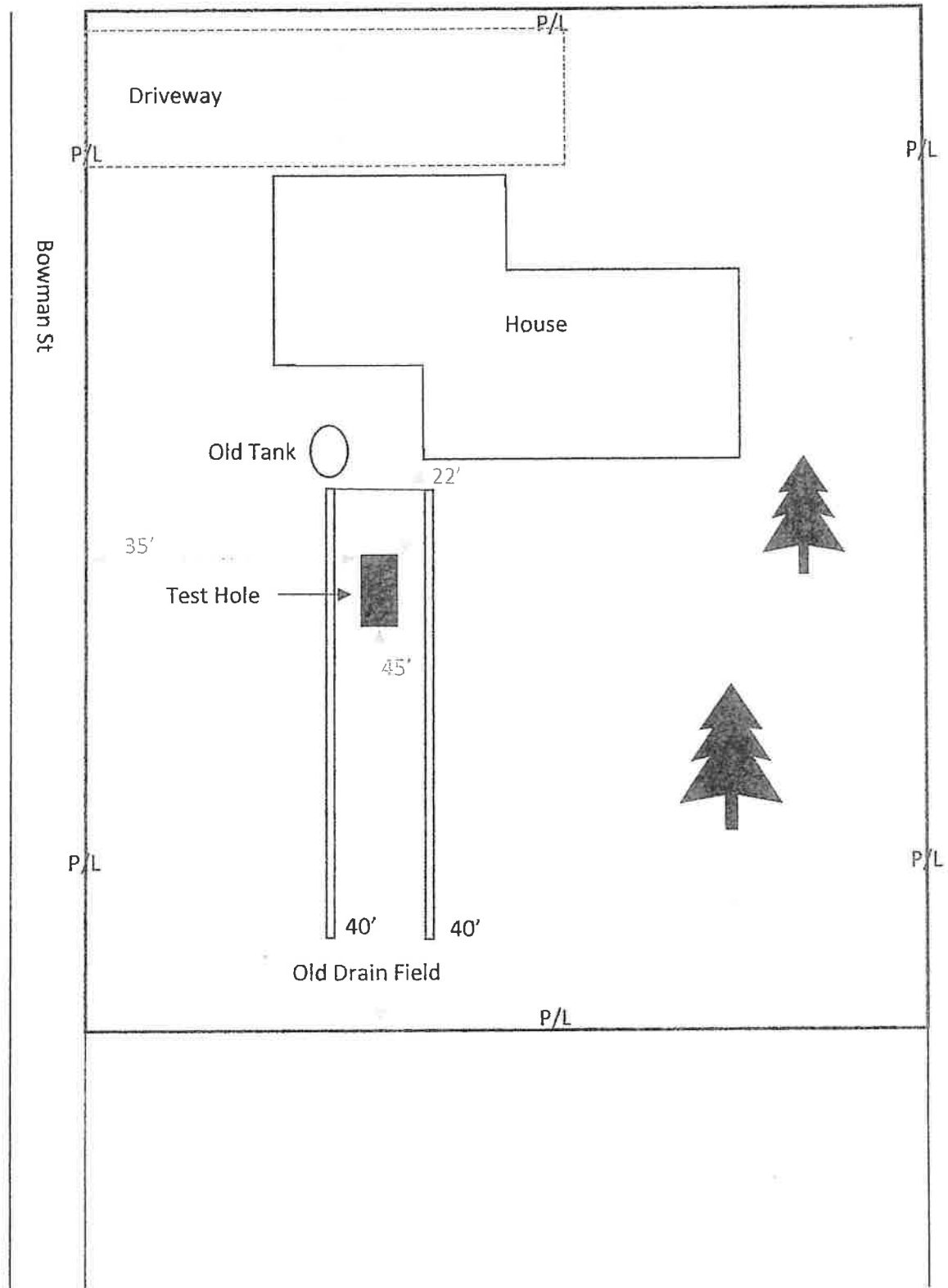
Comments:

Signature

Title

Date

Address of Site: 48421 Bowman Ln





## NOTICE AUTHORIZING REPRESENTATIVE

I, Pete Wahl, have authorized Patrick Pynn 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:

48421 Bowman St. Langlois  
(Property Situs or Road Address)

And described in the records of Curry County as:

Township 3DS Range 15N Section 35E Map ID \_\_\_\_\_ Tax Lot #(s) 2200

### PROPERTY OWNER:

Printed Name: Pete Wahl

Address: 48421 Bowman

City, State, Zip: Langlois, OR 97450

Phone: 541-290-7018 Email: \_\_\_\_\_

Signature: Pete Wahl

### AUTHORIZED REPRESENTATIVE:

Printed Name: Patrick Pynn / Econo Rooter

Address: PO Box 627

City, State, Zip: Coquille OR 97423

Phone: 541-396-6150 Email: admin@econorooter.us

Signature: [Signature] office@econorooter.us





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? unknown \_\_\_\_\_  
(Date) (Permit Number)
3. Tank material: ☒ Concrete    ☐ Steel    ☐ Plastic or Fiberglass    ☐ Unknown
4. Septic tank volume (in gallons) 750
5. When was the septic tank last pumped? 3-15-23 Attach receipt if available.
6. Number of disposal trenches \_\_\_\_\_
7. Total length of disposal trenches (in feet) \_\_\_\_\_
8. Do you propose to use the existing septic system? Yes ☐ No ☒
9. Is your septic system currently in use? Yes ☐ No ☒ If no, date of last use October 22
10. If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 0
11. How many bedrooms will be in the proposed dwelling? 3 How many occupants? \_\_\_\_\_
12. If the septic system serves a business:  
How many total employees are there? 0  
Type of business \_\_\_\_\_
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒  
If yes, please explain \_\_\_\_\_
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.

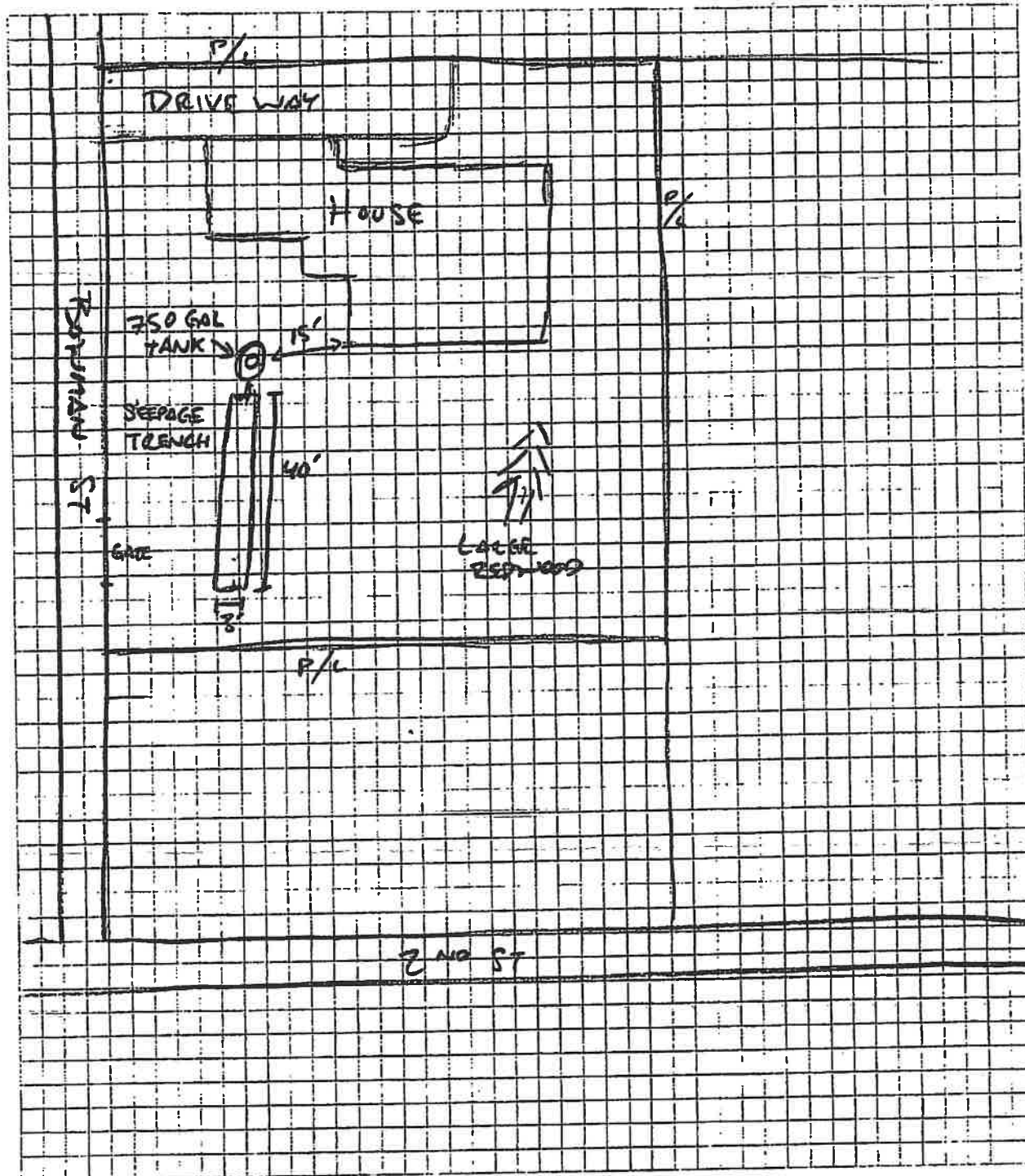
By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

3-24-23  
(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: \_\_\_\_\_

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.





Mack Arch on the Curry Coast

COUNTY OF CURRY

## DEPARTMENT OF PUBLIC SERVICES

PLANNING • ENVIRONMENTAL SERVICES • BUILDING

P.O. BOX 746

GOLD BEACH, OREGON 97444

PHONE 247-7011 EXT 285

Pete Wahl  
P.O. Box 128  
Langlois, OR 97450

August 5, 1999

### Authorization Notice

Subject: Map: 30-15-35C      Tax Lot: 2200      Lot Size: 150 x 100  
Control: 08-230-99

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

As far as can be determined, the disposal system is composed of a 750 gallon concrete septic tank and 3 feet by 50 feet seepage bed, installed without a permit. There is adequate replacement area available if needed in the future.

The system is not in current use. Before placing into service please place a layer of newspaper over the exposed drainfield gravel and then replace the soil over it.

This notice acknowledges that the sewage disposal system located on the property described above has been determined adequate to allow connection by a single family dwelling with a projected peak sewage flow of 375 GPD (3 bedrooms). All structures should maintain a setback of 5 feet from the septic tank and 10 feet from the drainfield.

As per Oregon Administrative Rules governing on-site sewage disposal, this Authorization is valid for a period of one year from the date of this notice.

As per OAR 340-71-205 (10), you have the option of submitting this Authorization Notice to the Department of Environmental Quality for an Authorization Notice Review. The application for review shall be submitted to DEQ within 45 days of this notice and must be accompanied by the denial review fee. You may also apply for a variance. The application must be made in writing to the Department of Environmental Quality on forms approved by the Department and must be accompanied by the required exhibits.

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

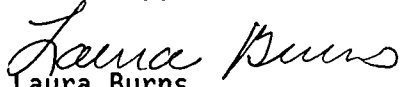
This authorization does not release the applicant from requirements of the Curry



This authorization does not release the applicant from requirements of the Curry County Planning Department, or other local, state or federal agencies.

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

Sincerely,

  
Laura Burns  
Environmental Specialist

Curry County Department of Public Services  
Environmental Sanitation  
P.O. Box 746  
Gold Beach, OR. 97444  
(541) 247-7011 ext. 285



For office use only

Required Fee \$230.00  
Date Rec'd. 7/15/99  
Project No. 99-0225  
Control No. 08-141-99

**Application For:**

- ☐ Site Evaluation  
☐ New Construction Permit  
☐ Repair Permit (major / minor)  
☐ Alteration Permit

- ☐ Permit Renewal *Sec site notes on form*  
☐ Authorization Notice (file / field) *Called 7/13/99 & system is exposed per KB.*  
☐ Other (Specify) *Still LB*

**Requirements:**

- ☐ Plot Plan  
☐ Assessors Map *Assr. off. \$1.50*  
☐ Test Holes  
☐ Permit Clearance Form

- ☐ Construction Details/Materials List  
☐ Existing System Description Form  
☐ Additional Items Required *Working on exposure wait to hear from Pete Again*

**For Applicant (PLEASE PRINT)**

Pete Wahl 48421 Bowman  
Property Owner's Name Property Address/City  
30 15 350 2200 150x100 Curry  
Township Range Section Tax Lot Lot Size County  
Sorensen  
Subdivision Name Lot No.

Public  
Water Supply (Public or Private; if Private Specify Type)

**Proposed Use of Property:**

- ☒ Single Family Dwelling 3 ☐ Other Submit Specific Proposal  
No. Bedrooms

Directions (please flag entrance to property and test holes):

up Langh's mtn rd to Bowman rite then first left

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

Pete Wahl  
Signature (authorization letter is required for anyone other than the owner or a licensed installer)

7-12-99  
Date

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

**Owner's Mailing Address**

PO Box 128  
Langh's, OR

Phone 541-348-2294 97450

Cell 541 953-0707

**Applicant's Mailing Address**

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Curry County Department of Public Services  
Environmental Sanitation  
P.O. Box 746  
Gold Beach, OR. 97444  
(541) 247-7011 ext. 287

Attach to Application



### EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

TO BE USED WITH AUTHORIZATION NOTICE, ALTERATION, EXISTING SYSTEM REVIEW AND REPAIR PERMITS  
Answer the following questions to the best of your ability.

1. The existing sewage disposal system consists of (check all that apply):

- ☒ Septic Tank ☒ Disposal Trenches-total length in feet: ?  
☐ Seepage Bed ☐ Unknown  
☐ Cesspool or Pit ☐ Other-Describe \_\_\_\_\_

2. When was your sewage system installed? 7 Year

0 Permit No.

3. Septic Tank Material:

- ☒ Concrete ☐ Steel  
☐ Polyethylene ☐ Other \_\_\_\_\_

4. Septic Tank Volume in Gallons: ?

5. When was your septic tank last pumped? (attach receipt): Not in last 11 years

6. Is your sewage disposal system currently in use? yes  
If no, how long has it been out of use? \_\_\_\_\_

7. If applying for a repair permit: Is sewage surfacing? \_\_\_\_\_, backing up inside the dwelling? 0

8. Complete the following chart:

	EXISTING: (what is there now)	PROPOSED: (what you want to add)
Residence	# of bedrooms: <u>3+1</u> # of occupants: <u>2</u>	# of bedrooms: <u>1</u> # of occupants: <u>0</u>
Multifamily (Duplex, triplex, foster home, etc.)	# of bedrooms: _____ # of occupants: _____	# of bedrooms: _____ # of occupants: _____
Commercial facility: type of business: _____	estimated daily # of employees, clients, and guests _____	estimated daily # of employees, clients, and guests _____
Other: Explain _____	# of bedrooms: _____ # of occupants: _____ # of employees/clients/ guests _____	# of bedrooms: _____ # of occupants: _____ # of employees/clients/ guests _____

9. List any other waste streams (i.e., industrial waste): None

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

[Signature]  
Signature of Property Owner or  
Legally Authorized Representative

Date

7-12-99

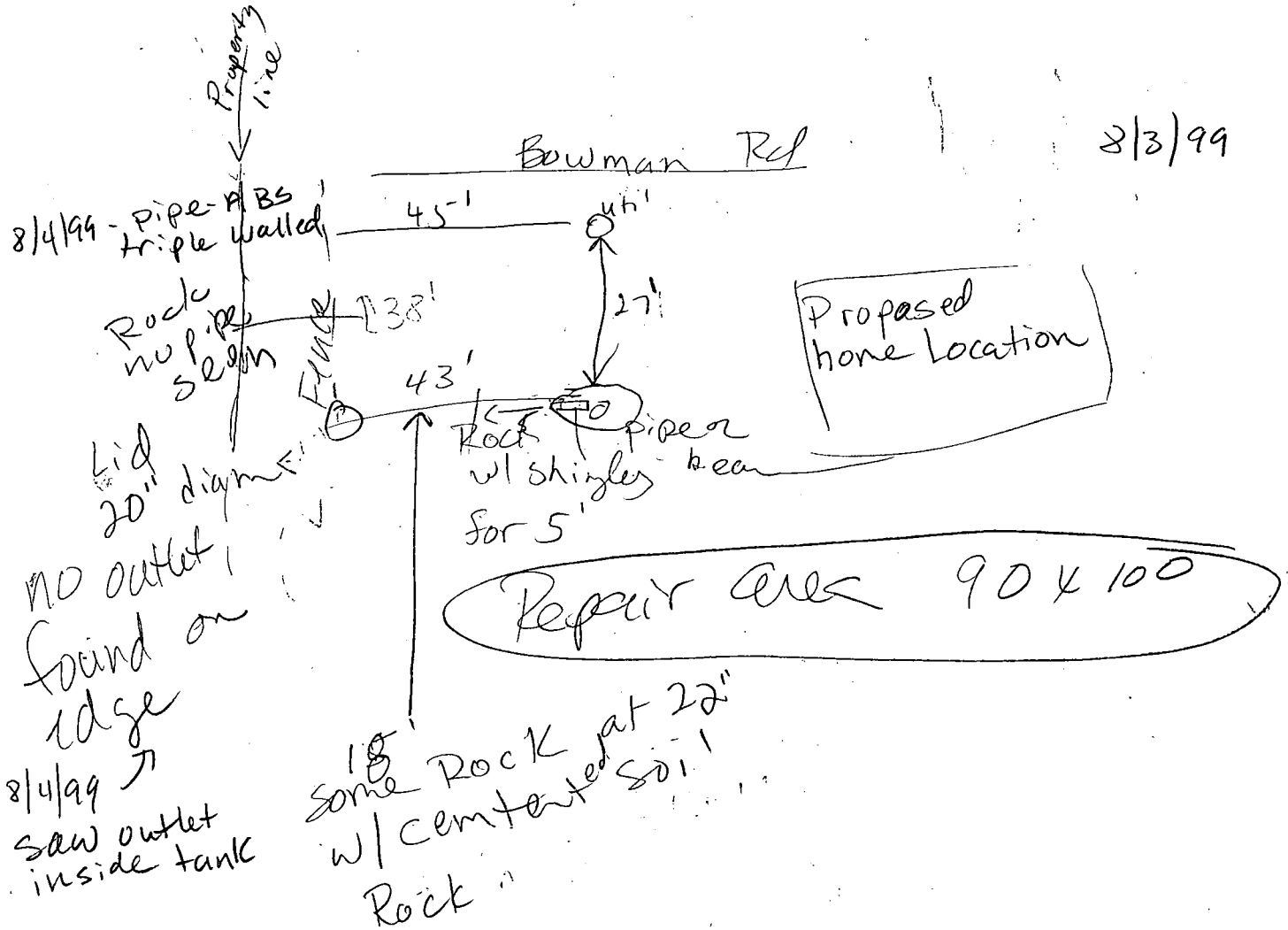
Proposing 3 Bdr  
2 Bath 8-4-99  
P.W.

Notes - 40 8/1/99

# Tank volume

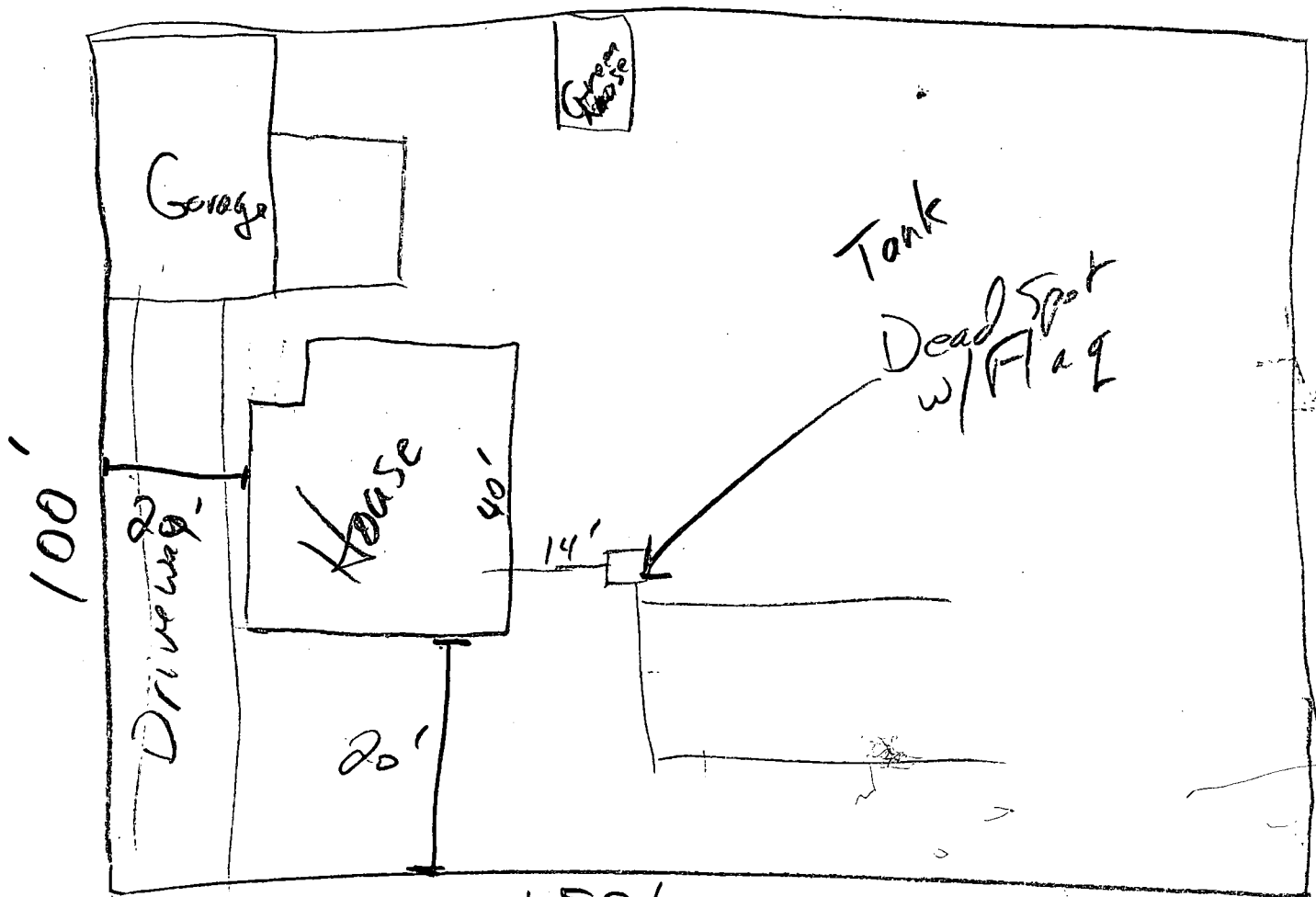
$$\begin{aligned} & (\pi (60)^2 \times 60 \text{ inches} \times 0.0034 \frac{\text{gal}}{\text{in}^3}) \\ & \quad \text{deep} \\ & \quad 106516 \text{ cu}'' \\ & \quad = 734 \\ & \quad \approx 750 \end{aligned}$$

Concrete tank  
~ 5 x 8' Rain (cylinder)  
poured in Place ??



If Repair - then dig 2 testholes, no other fee

\* 8/4/99 trench / pipe found 3 feet wide  
PK on other side of (fence) Rose bushes - 15'  
Trench ends - probably ~ 50 feet of trench, Rock "clean"  
5 1/2' deep Holding H<sub>2</sub>O to outlet, must be pumped



Leach lines are guessed will have to locate.  
 + get # + length

99-0432

EFFECTIVE JUNE 1, 1999 PC FEE-\$50

## PERMIT CLEARANCE FORM

Planning/Sanitation/Building

Curry County Dept of Public Services



PO Box 746  
94235 Moore St  
Gold Beach, OR 97444  
Phone-541 247 7011 x285  
fax 247 4579

☐ COUNTY ☐ PORT ORFORD ☐ GOLD BEACH

Applicant: read and complete items 1-9

### 1. APPLICATION IS FOR:

(please check all applicable items)

- ☒ Sewage Disposal Permit/Authorization Notice  
☐ Manufactured Home Permit Year \_\_\_\_\_ Bedrooms \_\_\_\_\_  
WIDTH OF MOBILE HOME AT BASE \_\_\_\_\_ FEET  
☐ Pre-Fab New \_\_\_\_\_  
☒ Building Permit COMM \_\_\_\_\_ SFD \_\_\_\_\_ # bedrooms \_\_\_\_\_  
Type and size: \_\_\_\_\_

☐ PLANS ATTACHED ☒ FORTHCOMING

☐ Plumbing? Yes \_\_\_\_\_ No \_\_\_\_\_

☐ Other \_\_\_\_\_

### CONTRACTOR INFORMATION

- ☒ Owner built  
☐ Contractor  
Name: \_\_\_\_\_  
Registration No. \_\_\_\_\_  
☐ Manufactured Home Installer:  
Name \_\_\_\_\_ Reg # \_\_\_\_\_

### \$50 ADDITIONAL FEE FOR NEW RURAL ADDRESS

This section is only applicable if applying for a permit to site a new dwelling or commercial/industrial structure, or a replacement address plate. Curry County ordinance # 80-3 restricts the issuing of rural addresses to improved parcels only. Parcels which have mobile home or building permits in progress have been determined by the Dept of Public Services to meet this improved status.  
☐ Replacement plate (\$15.00) address # \_\_\_\_\_  
☐ New address

### 2. EXISTING DEVELOPMENT:

- ☒ Dwellings how many? 1  
☐ Mobile Homes how many? \_\_\_\_\_  
☐ Other buildings how many? \_\_\_\_\_  
Comments: \_\_\_\_\_

### 3A. WATER SOURCE: ☐ Well ☐ Spring ☒ Other

If in a water district-verification by authorized district representative must be obtained **PRIOR** to submission of this clearance form

SIGNATURE OF AUTHORIZED WATER DISTRICT REPRESENTATIVE

### 3B. SEWAGE DISPOSAL: ☒ On-site Septic System

Permit # \_\_\_\_\_ Date \_\_\_\_\_

If in a sanitary district-verification by authorized district representative must be obtained **PRIOR** to submission of this clearance form

SIGNATURE OF AUTHORIZED SANITARY DISTRICT REPRESENTATIVE

### 4. PROPERTY DESCRIPTION:

Assessor Map/Taxlot 30 15 35C 12200

Acreage \_\_\_\_\_ Street address or location: 48421 Bowman

### 5. PROPERTY OWNER INFORMATION:

Property Owner: Peter Wahl  
Mailing Address: PO Box 128  
Phone # 541-248-2294 97450

### 6. ACCESS:

Does property access a county or state road?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, do you have an access permit?  
Yes \_\_\_\_\_ State or County permit # \_\_\_\_\_

If NO, a facility permit from the county or state Road Dept (contact appropriate agency depending on whether it is a state or county road) will be required before this permit clearance can be processed.

### 7. OTHER PERMITS:

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

### 8. PLOT PLAN:

An accurate plot plan is required for processing of this permit clearance—please see reverse side.

### 9. 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 Peter Wahl

Signature Peter Wahl

Submission Date 7-12-99

Mailing address PO Box 128

Phone 541-248-2294 97450

541-953-0707

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

TIME LIMIT: If development authorization is granted and substantial construction has NOT taken place within one (1) year of the filing of this permit clearance, any authorization granted shall become null and void.

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

Land Use Zone: RCR1

### Property Line Setbacks:

- 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:

Planning clearance is for replacement remodel of existing single family dwelling. Subject property is located in area of historic/cultural significance if artifacts are found stop work and contact this office.

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

99-0225  
County Planning Staff Reviewer:

signature J. H. H. H.  
title Planner date 7-14-99

### 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 # 08-141-99

- ☐ System approved ☐ System denied

Comments: Approved for 3 bdm  
SFD

signature L. Bruno  
title Env. Spec. date 8/1/99

updated 05/99

