



Certificate of Satisfactory Completion
Repair (Major) - Residential - New
221-23-000157-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: BJERG, EVELYN G TRSTEE ETAL

Property Address: 94960 Langlois Mtn Rd, Langlois, OR
97450

Parcel: 301536 0020000 - Primary

Lot Size:	5.0	Water Supply:	Well
Zoning:	Forestry Grazing (FG)	City/County/UGB:	N/A
Land Use Approval:	N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Number of Bedrooms:	3	N/A

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume:	N/A
Special Tank Requirements:	1500 GALLON 2 COMPARTMENT TANK WITH PUMP		

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	EX FLOW 1201-P	Media Depth:	N/A
Trench Length:	375 linear ft.	Rock Above Pipe:	N/A
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Temporary	Groundwater Depth:	23 in.
Groundwater Interceptor:	Yes	Groundwater Interceptor Depth:	48 in.
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	Yes
Rake Trench Sidewalls:	Yes		
Other Special Requirements:	MAKE SURE CURTAIN DRAIN IS 10 FEET ABOVE DRAINFIELD AND 48 INCHES DEEP.		

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

Conditions of Approval

1. A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
2. 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.
3. Photos of the septic system components must be submitted along with the FIRN.
4. The system must be installed by the property owner or a licensed sewage disposal business (installer).
5. Vehicular traffic and livestock must be restricted from the system area.
6. All roof drains must be directed away from the system
7. 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.
8. Meet all required setbacks
9. 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.
10. 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.
11. For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
12. 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.
13. Install the pump and system components in accordance with the approved pump curve and specifications.
14. 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.
15. Effluent filter required at tank outlet.
16. Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
17. Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
18. Maximum length of an individual trench is 150-feet.
19. Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
20. Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

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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.)

PC#: 23-000125 ZONING: FG FORTHCOMING IN DRAWER ATTACHED PLANS:

PC FEE: CURRY COUNTY - \$350.00



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 3
Type and Size: _____

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: _____

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: NO SEPTIC RECORDS
1959 HOUSE ✓

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 # 30S15W36 Tax Lot# 200

Acreage 5 Street address or location: _____
94960 Langlois Mountain Rd Langlois

5. PROPERTY OWNER INFORMATION:

Property Owner: Bjerg Trustee Etal

Mailing Address: 94960 Langlois Mtn Rd

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 # long standing per Bob @ road dept.

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 627

City Coquille ST OR ZIP 97423 PH 541-396-4804

Date: 4-25-2023

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.

(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: FG (FORESTRY GRAZING)

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: SEE SECTION 3.055 OF CURRY CO.

- ☒ A firebreak of 130 ft feet must be maintained around all proposed structures **ZONING ORDINANCE**
- ☐ No requirement

Special Requirements or Considerations:

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

CONDITIONS OF APPROVAL:

**** APPROVAL TO OBTAIN SEPTIC REPAIR PERMIT FOR EXISTING SINGLE-FAMILY DWELLING (3 BRS).**

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

County Planning Staff Reviewer:

Bucky Corbett
Signature

Planning Director
Title

May 4, 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 # 221-23-000157. PRMT Authorization Notice# _____

- ☒ System approved ☐ System denied

Comments: _____

Ashtica-Deley
Signature

PEHS
Title

7/10/23
Date

Final Inspection Request and Notice - Septic ID: 221-23-000157-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:

Twnshp: Range: Sect:

Name: BJERG, EVELYN G TRSTEE ETAL

Lot:

Property 94960 LANGLOIS MTN RD, LANGLOIS, OR 97450

Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps**System Type: PRESSURE TO GRAVITY

Water tight verification*

Tanks(1)	Volume: <u>1500</u>	Compartments: <u>2</u>	Manufacturer: <u>INFILTRATOR IM1530</u>	Date: <u>6-7-23</u>
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: <u>1/2</u>	Model/Manuf. <u>WE30G05P4-21</u>	Float(s) Type(1): <u>3</u>	Model/Manuf. <u>MECHANICAL</u>
		<u>LITTLE GIANT</u>	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: <u>1 1/4"</u>	ASTM#/Other: <u>D1785</u>	Length: <u>300'</u>

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	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <u>1201P 380'</u>			
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	<u>TOPT-7ITE DROPBOX</u>	
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other: Length:
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</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38122</u>	Certification#: <u>I3111</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:

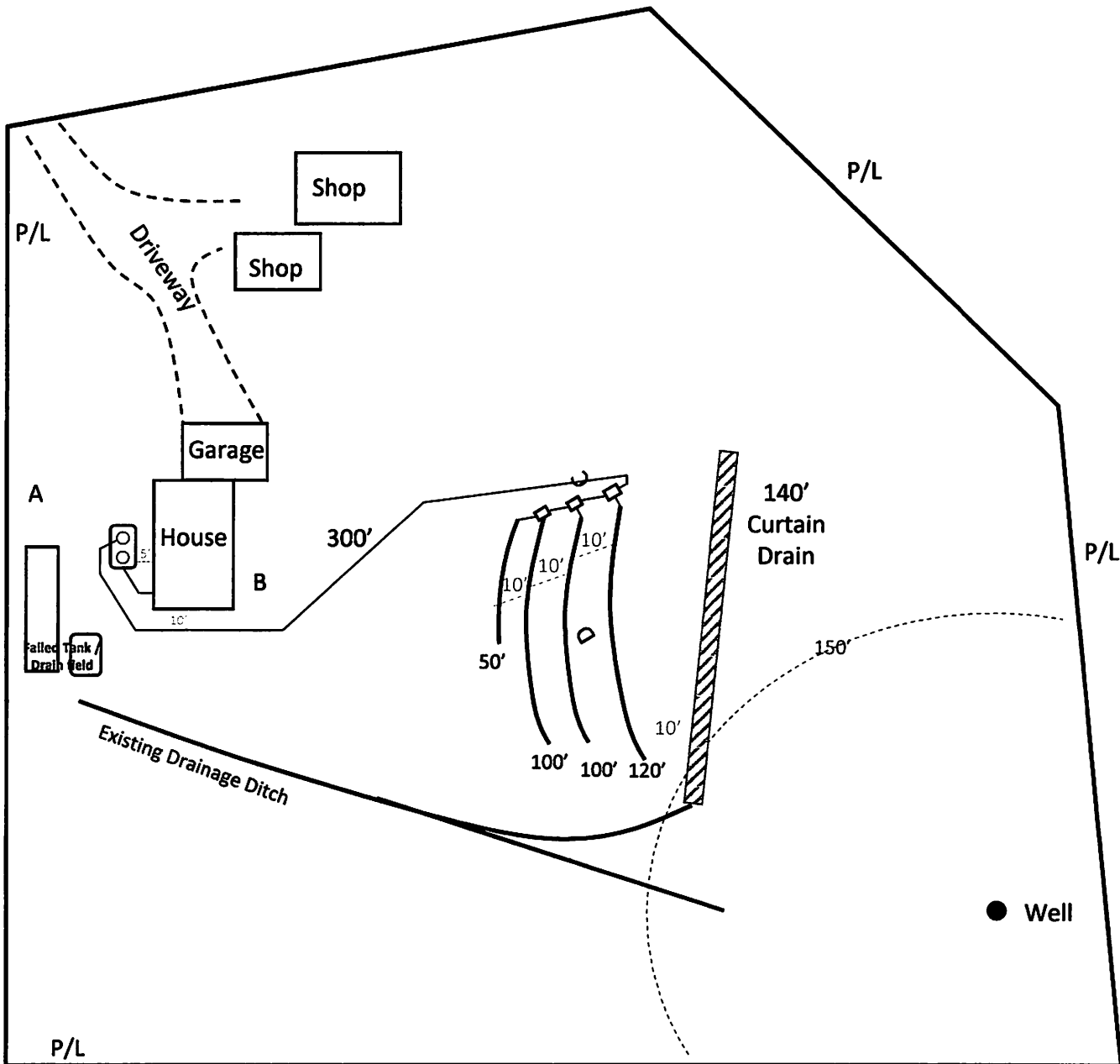
Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: <input type="text"/>
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: <input type="text"/>
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If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

Comment: _____

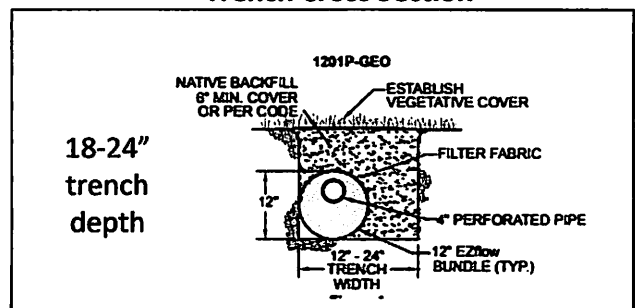
Address of Site: 94960 Langlois Mountain Rd, Langlois



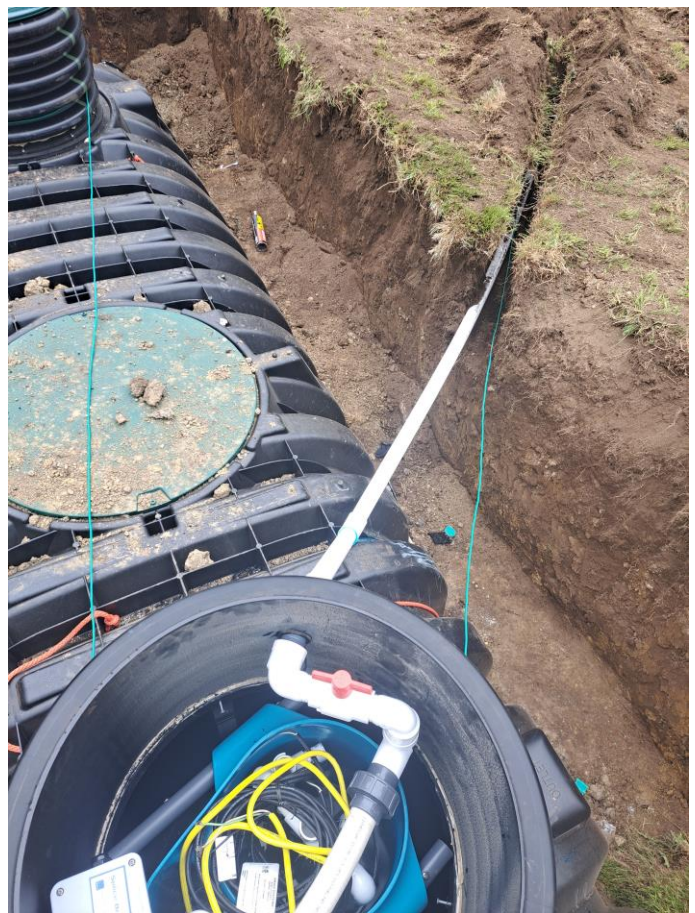
Key System Components:

- (A) IM1530 2-compartment tank with Orenco 30 GPM HH pump (PF3005)
- (B) 300' 1 1/4" SCH40 transport line
- (C) Drop Box: Tuf-Tite Model #DB2
- (D) 380" Drain Field – EZ Flow 1201P

Trench Cross Section













Septic Permit

Repair (Major) - Residential - New

221-23-000157-PRMT

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Fax: 541-247-4579
septicpermits@co.curry.or.us
Website: co.curry.or.us

Schedule or track inspections at www.buildingpermits.oregon.gov

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221095252609**
Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

Date issued: 6/5/23

Expiration date: 6/4/24

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: BJERG, EVELYN G TRSTEE ETAL

Property address: 94960 Langlois Mtn Rd, Langlois, OR
97450

Parcel: 301536 0020000 - Primary

Lot size:	5.0	Water supply:	Well
Zoning:	Forestry Grazing (FG)	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Number of bedrooms:	3	N/A

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	375 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A
Special tank rqmts:	1500 GALLON 2 COMPARTMENT TANK WITH PUMP		

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EX FLOW 1201-P		
Trench length:	375 linear ft.	Rock above pipe:	N/A
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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

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6/5/23: 8:57:05AM

ONS_OnsitePermit_pr

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Work description: MAJOR REPAIR	

Special Requirements

Stake out required:	No		
Groundwater type:	Temporary	Groundwater depth:	23 in.
Groundwater interceptor:	Yes	Groundwater interceptor depth:	48 in.
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	Yes
Rake trench sidewalls:	Yes		
Other special rqmt:	MAKE SURE CURTAIN DRAIN IS 10 FEET ABOVE DRAINFIELD AND 48 INCHES DEEP.		

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- 3.Photos of the septic system components must be submitted along with the FIRN.
- 4.The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 5.Vehicular traffic and livestock must be restricted from the system area.
- 6.All roof drains must be directed away from the system
- 7.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.
- 8.Meet all required setbacks
- 9.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.
- 10.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.
- 11.For product approval information and manufacturer installation requirements see DEQ website at:
<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- 12.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.
- 13.Install the pump and system components in accordance with the approved pump curve and specifications.
- 14.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.
- 15.Effluent filter required at tank outlet.
- 16.Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- 17.Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- 18.Maximum length of an individual trench is 150-feet.
- 19.Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).
- 20.Groundwater Interceptor, Curtain Drain required: Minimum trench width 12-inches. Minimum perf pipe diameter 4-inches; must meet the requirements in OAR 340-073-0060(4); and must be installed at least 2 inches above the bottom and along the full length of the trench with a minimum of 10 inches of drain media cover The curtain drain must be filled with drain media to within 12 inches of the ground surface with filter fabric placed over the media. The outlet pipe(s) must be rigid smooth-wall, solid PVC pipe meeting or exceeding ASTM Standard D-3034 with a minimum diameter of 4 inches. A flap gate or rodent guard must be installed. The curtain drain must extend at least 6 inches into the layer that limits effective soil depth or to a depth adequate to effectively dewater the site.

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Work description: MAJOR REPAIR

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).

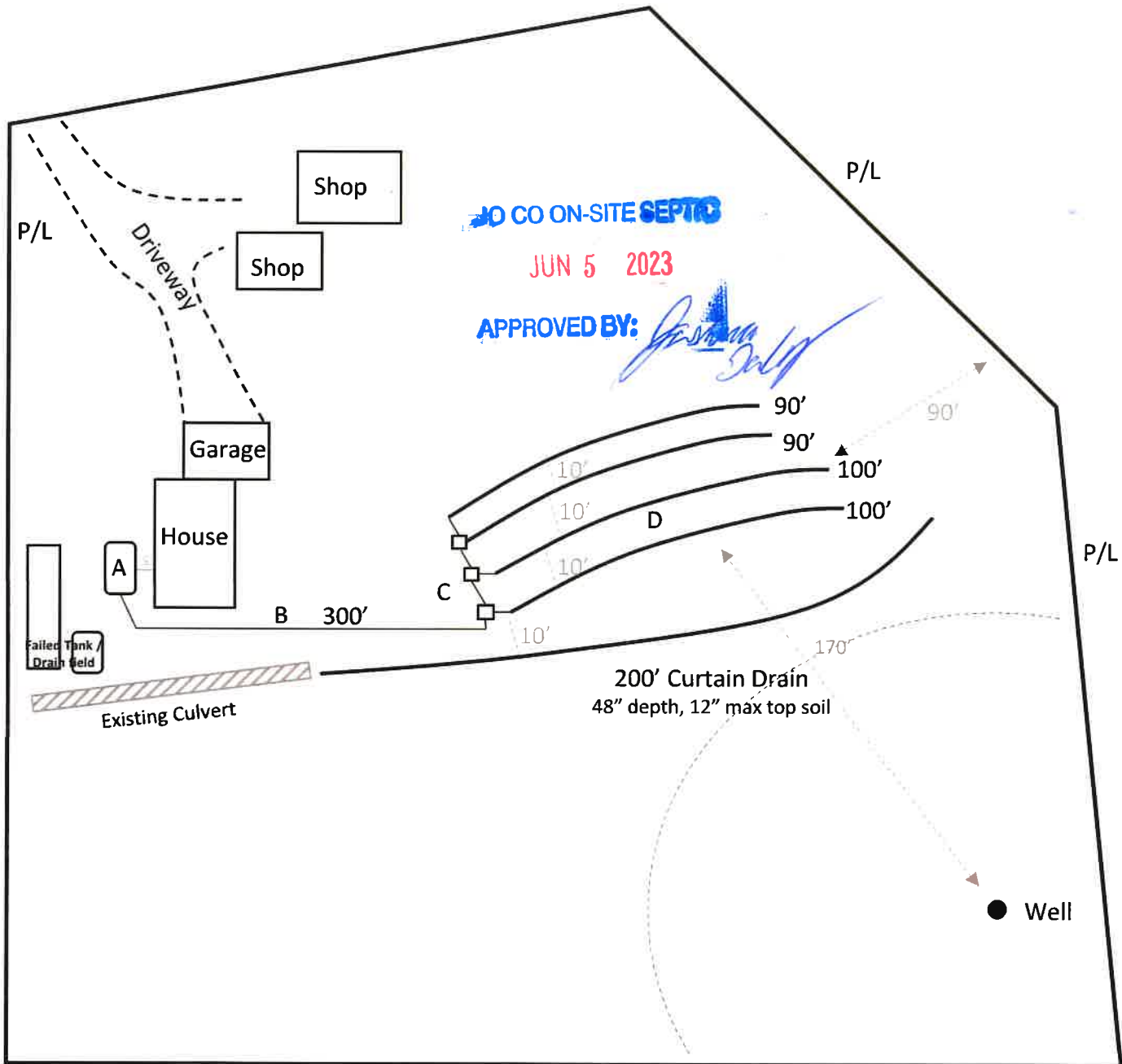
Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, 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.

Joshua Daley

Environmental Specialist

6/5/23

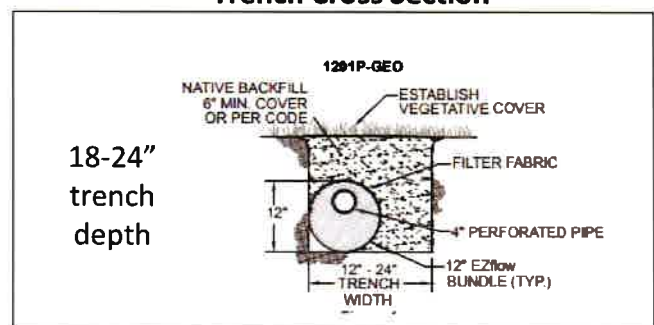


P/L

Key System Components:

- (A) IM1530 2-compartment tank with Orenco 30 GPM HH pump (PF3005)
- (B) 300' 1 1/4" SCH40 transport line
- (C) Drop Box: Tuf-Tite Model #DB2
- (D) 380" Drain Field – EZ Flow 1201P

Trench Cross Section



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

Langlois Mtn

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	300	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	40	feet
Design Flow Rate	10	gpm
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Transport Velocity	2.2	fps
--------------------	-----	-----

Frictional Head Losses

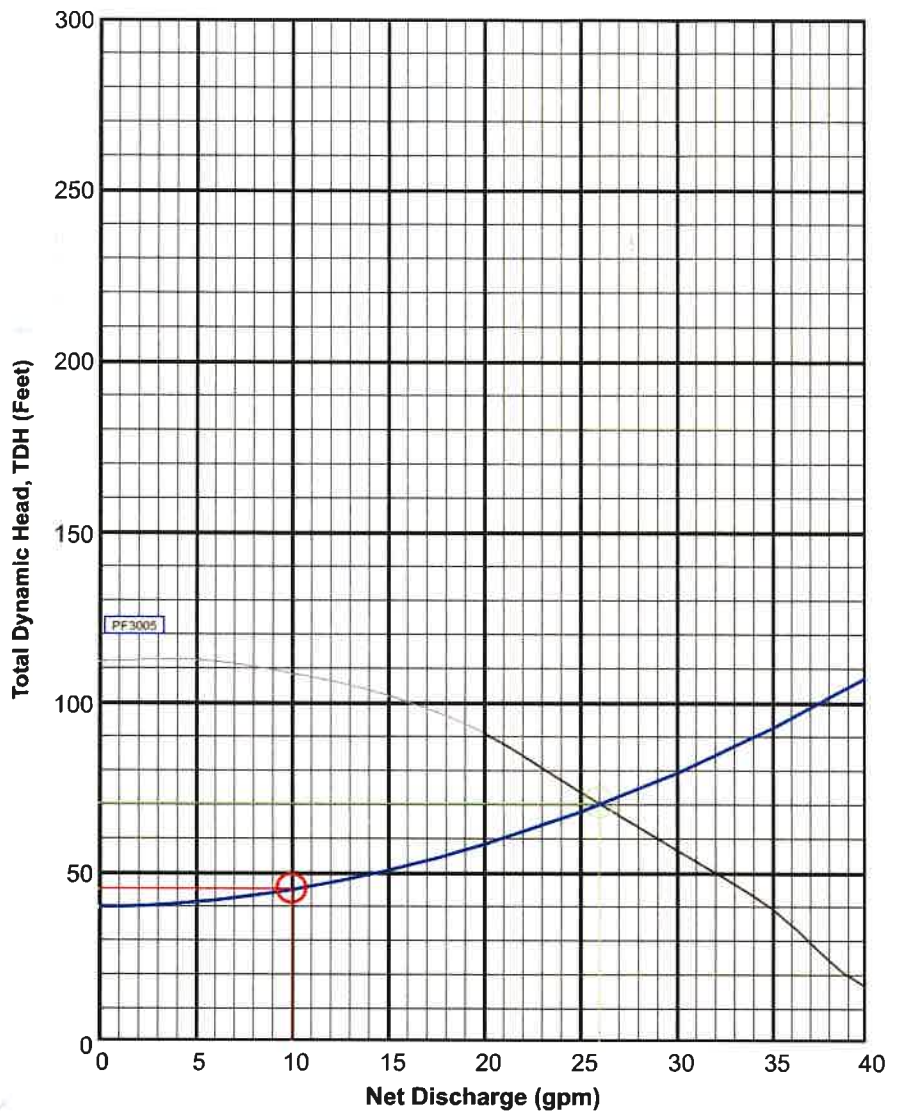
Loss through Discharge	0.7	feet
Loss in Transport	4.4	feet
Loss through Valve	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	23.3	gals
-----------------------	------	------

Minimum Pump Requirements

Design Flow Rate	10.0	gpm
Total Dynamic Head	45.1	feet



JO CO ON-SITE SEPTIC

Jul 6 2023

APPROVED BY:

Justin Kelly

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:	○



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

Langlois Mtn

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	300	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	40	feet
Design Flow Rate	10	gpm
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Transport Velocity	2.2	fps
--------------------	-----	-----

Frictional Head Losses

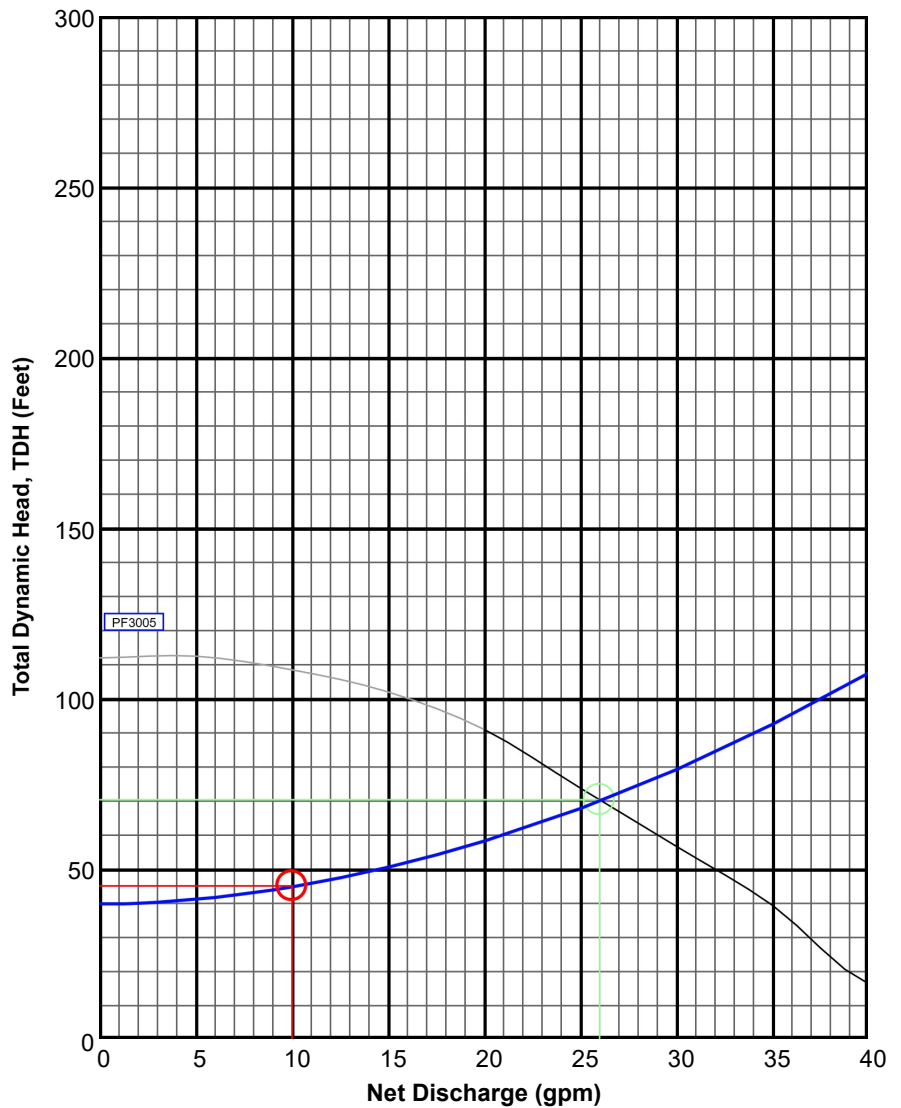
Loss through Discharge	0.7	feet
Loss in Transport	4.4	feet
Loss through Valve	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	23.3	gals
-----------------------	------	------

Minimum Pump Requirements

Design Flow Rate	10.0	gpm
Total Dynamic Head	45.1	feet



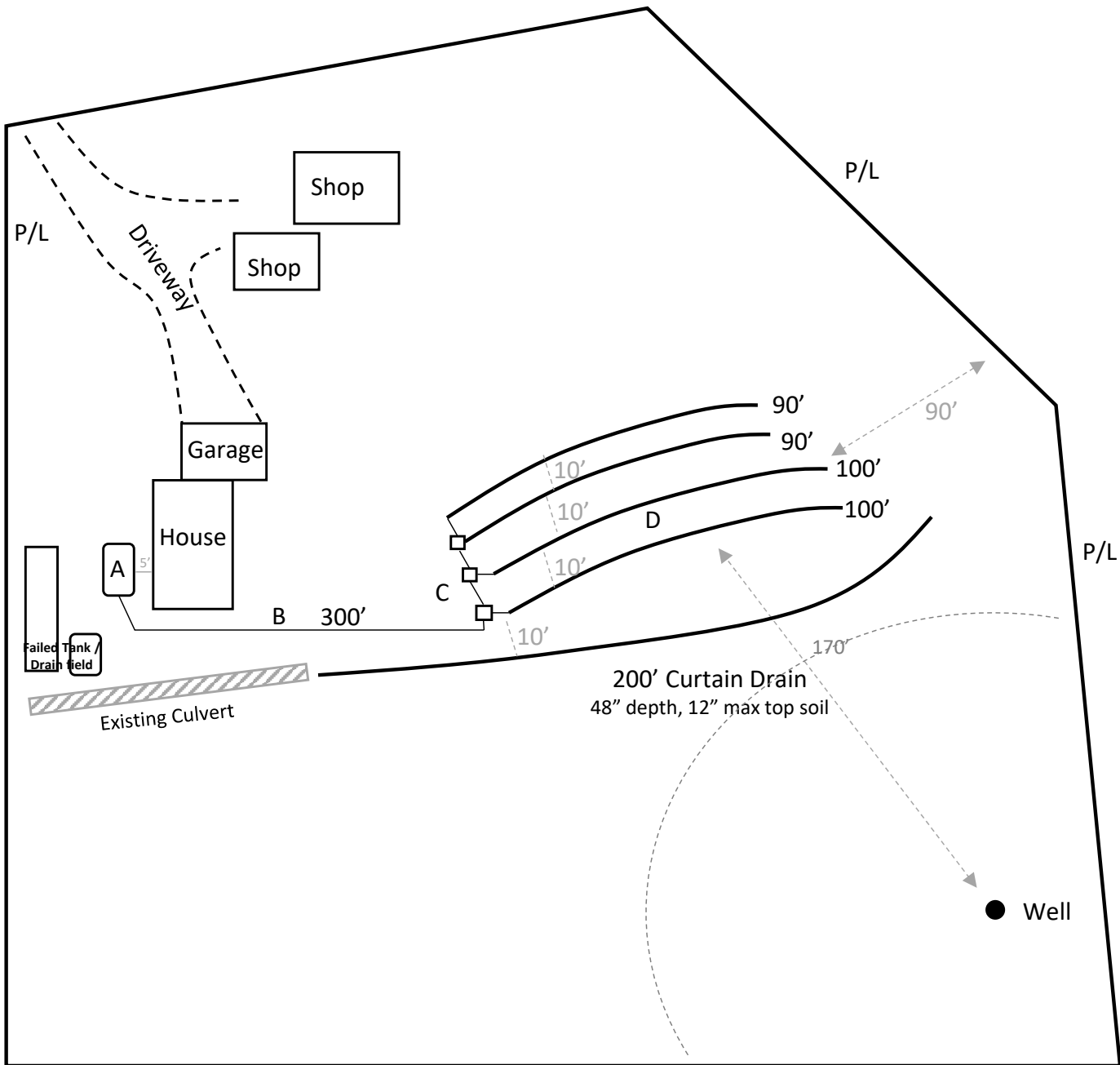
PumpData

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:	○



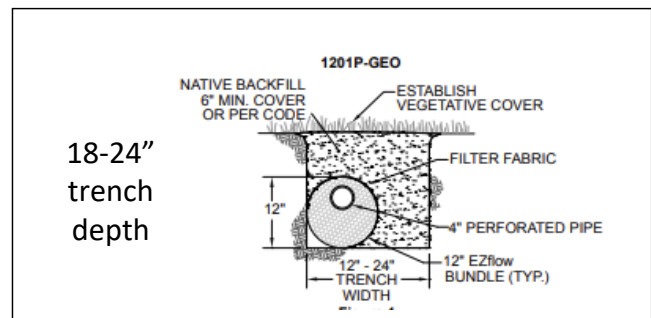


P/L

Key System Components:

- (A) IM1530 2-compartment tank with Orenco 30 GPM HH pump (PF3005)
- (B) 300' 1 1/4" SCH40 transport line
- (C) Drop Box: Tuf-Tite Model #DB2
- (D) 380" Drain Field – EZ Flow 1201P

Trench Cross Section



FIELD WORKSHEET

94960 Lang 1015 ATW

Name: Evelyn Bjerg

Application No.: 221-23-000157-PRMT

Date: 5-25-23

RE: **SITE EVALUATION REPORT** for Parcel #:

305-15w-36 TL 2 & 2
5.00 AC

Commercial Facility: ☐ Yes ☐ No

Parcel Size: 5.00 AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd

Max Number of bedrooms: 4

Max Number of Employees: 2

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 checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input 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	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>24</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 10 feet above the highest disposal trench.
- ☒ The curtain drain must be a minimum of 48 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.

Inspector: *Joshua Dally*

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-12	CL	10YR 3/3 Red 2uf, f. Granular 5-10% 1/2-2" Root
	12-23	2icL	10YR 3/3 Red 1uf, f. 1SBK
	23-50	Sic	10YR 6/1 Root 1uf 2ABK Solid depletion w/ corrosion throughout layer
			standing H ₂ O @ 28"
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: open field

Slope: 8-13% Aspect: _____ Groundwater Type: ☒ Permanent ☐ Temporary

Other Site Notes: _____



Onsite Permit
Application Verification
221-23-000157-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: 5/8/23

Parcel Nbr: 301536 0020000

Site Address: 94960 LANGLOIS MTN RD, LANGLOIS, OR 97450

Owner: BJERG, EVELYN G
TRSTEE ETAL
BJERG, EVELYN G TRUST 1
PO BOX 155
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:

County:

Water Supply: Well

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

For Curry County Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number	21-23-000151-PRMT	
Date of 1 st response		
Date of 2 nd response		
Date of final response		
Date of completion		
Scanned	Data Entry	

A. Property Owner Information

Rod & Sandra Sabin (Bjerg Trustee Etal) PO Box 155 Langlois, OR 97450 541-348-2282
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

30S 15W 36 200
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Curry
County Subdivision Name Lot Block
Property Address: 94960 Langlois Mountain Rd Langlois OR 97450
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____
3	_____	Name
Number of Bedrooms	Number of Bedrooms	<input checked="" type="checkbox"/> Private Well
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other PO Box 627 Coquille, OR 97423	Well, Spring, Shared

D. Type of Application

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

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

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

Signature: [Signature] Date: 4/27/23
Gloria Morris - Econo Rooter Services, Inc 541-396-4804 office@econorooter.us
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
PO Box 627 Coquille, OR 97423
Applicant's Mailing Address

Applicant is the ☐ Owner ☒ Authorized Representative ☒ Licensed Septic Installer
☐ Authorization Attached Patrick Flynn - Econo Rooter Services, Inc
Installer's Name

PC#: 23-000125 ZONING: FG FORTHCOMING IN DRAWER ATTACHED PLANS:

PC FEE: CURRY COUNTY - \$350.00



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 3
Type and Size: _____

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: _____

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: NO SEPTIC RECORDS
1959 HOUSE ✓

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 # 30S15W36 Tax Lot# 200

Acreage 5 Street address or location: _____
94960 Langlois Mountain Rd Langlois

5. PROPERTY OWNER INFORMATION:

Property Owner: Bjerg Trustee Etal

Mailing Address: 94960 Langlois Mtn Rd

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 # long standing per Bob @ road dept.

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 627

City Coquille ST OR ZIP 97423 PH 541-396-4804

Date: 4-25-2023

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.

(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: FG (FORESTRY GRAZING)

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: SEE SECTION 3.055 OF CURRY CO.

- ☒ A firebreak of 130 ft feet must be maintained around all proposed structures **ZONING ORDINANCE**
- ☐ No requirement

Special Requirements or Considerations:

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

CONDITIONS OF APPROVAL:

**** APPROVAL TO OBTAIN SEPTIC REPAIR PERMIT FOR EXISTING SINGLE-FAMILY DWELLING (3 BRS).**

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:

Barby Corbett
Signature

Planning Director
Title

May 4, 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 _____



SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: Bjerg Trust

Site ID: _____

Site Address: 94940 Langlois Mtn.

City: Langlois

County: Curry

Township: 30S

Range: 15W

Section: 36

Tax Lot: 2000

Acres: 5

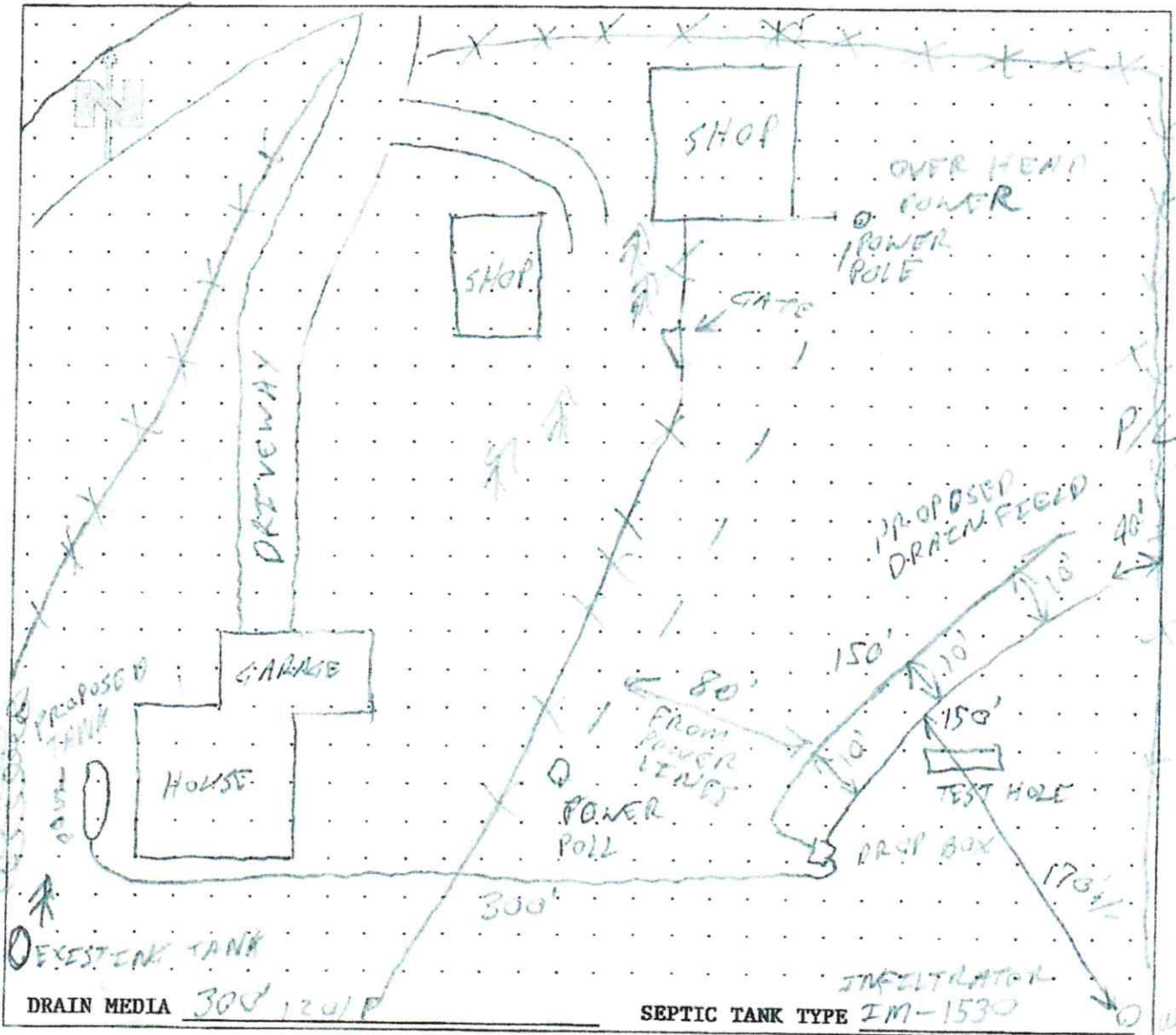
Subdivision: _____

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): Patricia Flynn

Signature: [Signature]

Date: 4-25-2005



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) 1000
5. When was the septic tank last pumped? UNKNOWN Attach receipt if available.
Tank full of solids, was unable to pump on 4/19/23.
6. Number of disposal trenches UNKNOWN
7. Total length of disposal trenches (in feet) UNKNOWN
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:
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 1
11. How many bedrooms will be in the proposed dwelling? N/A How many occupants? _____
12. If the septic system serves a business:
How many total employees are there? N/A
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☐
If yes, please explain N/A
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.

4-25-2023

(Date)

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, Sandra Sabin, have authorized Patrick Flynn 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 Department of Environmental Quality 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 DEQ agents to conduct required business
activities on said property.

PROPERTY IDENTIFICATION:

94960 Langlois Mtn Rd Langlois
(Property Situs or Road Address)

And described in the records of Curry County as:
Township 30S Range 15W Section 38 Map ID _____ Tax Lot #(s) 200

PROPERTY OWNER:

Printed Name: Evelyn Bjerg Trust
Address: P.O. Box 155
City, State, Zip: Langlois, Or. 97450
Phone: 541-348-2282 Email: _____
Signature: Sandra Sabin

AUTHORIZED REPRESENTATIVE:

Printed Name: Patrick Flynn with Econo Rooter Services, Inc
Address: P.O. Box 627
City, State, Zip: Coquille, OR 97423
Phone: 541-396-4804 Email: admin@econorooter.us, office@econorooter.us
Signature: [Signature]