

Septic Site Evaluation Approval

DEQ Coos Bay Office 465 Elrod Ave Coos Bay, OR 97420 541-269-2721

Fax: 541-269-7984

OnsiteCoosBay@deq.state.or.us Website: oregon.gov/dea

246-23-000338-EVAL

Date issued: 05/28/2024

Application status: Site Evaluation Approved Work description: Stadelman - Site Evaluation

Applicant:

Johnathen Himmelrick

Address:

50414 HWY 101 Suite C

Bandon OR 97411

Phone: Email:

5413476529

southcoastseptic@gmail.com

Primary contractor: South Coast Septic

DEQ Installer/Maintenance Provider: RI689

Address:

PO Box 1620

Bandon OR 97411

Phone:

(541) 347-6529

Contractor: Ashley

DEQ Installer/Maintenance Provider: RM156

Address:

Ashley Moore PO Box 298 OR OR

Phone:

97476

Owner:

STADELMAN, TOM & SARAH

Property address:

0 North Ave SE, Bandon, OR 97411

Address:

1120 FILMORE AVE. BANDON OR 97411

Parcel: 28S14W30DD5101 - Primary

Township:

28S Range: 14W Section:

30

Lot size: Zoning:

1.38 acres

Water supply:

Community Water Supply

City/County/UGB:

N/A

Accessory Dwelling Unit:

No

County:

Directions to Property:

101 to 42S, Right on Ohio SE, Right on 12th St SE

Coos

Proposed use of structure:

Category of construction:

Single Family Dwelling

Existing 0

Proposed 3

Number of bedrooms:

General Specifications

Max peak design flow:

450 gpd.

Proposed gallons per day:

375 gpd.

Min septic tank volume:

1000 gal.

Min dosing tank volume:

500 gal.

System Specifications

Initial System

Replacement Area

System type:

Bottomless Sand Filter Special Requirements Initial System

Bottomless Sand Filter

Replacement Area

Stakeout required:

Yes

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.)

Septic Site Evaluation 246-23-000338-EVAL

Page 2 of 2

Date issued: 05/28/2024

Application status: Site Evaluation Approved
Work description: Stadelman - Site Evaluation

Bottomless Sand Filter:

360 square ft.

360 square ft.

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

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

David Hurley

Onsite Waste Water Specialist

5/28/24

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.)

SIME EVALUATION FIELD WORKSHEET roperty ID: T.L, 5101 Section: 3000 Township: 285 Range: Evaluator: D. Witte Owner/Applicant: Own & Sarah STADELMON Inspection Date(s): 5/15/24 Application Number: 246 - 23 - 000338 - EUM SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION. TEXTURE DEPTH ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC... loughtful, ISBU, UP COURSE ROOTS Febbuse BROTY SAL 6-10 7.5424/4 13Be, MER- M2 con poot 1 con tus poes CO, JAL 10-29/32 ain 5/4, wassive, 7,54,7/4 Sand films 19/32-55 Pit 1 NO ESD ON ROME OBSERVE 554 0-16 SML Similiar in color textu structure & Rectiry of 10-24/27 Pit 2 27- 51" 51" Pit 3 Pit 4 Landscape Notes: Marine kirace Slope: 2-3' Aspect: West Groundwater Type: Other Site Notes: SYSTEM SPECIFICATIONS Design Flow: 450 gpd Initial System: Bottomks, sand Giter -360 Square Feet linear feet/square feet Maximum Depth: 46 inches Minimum Depth: 42 inches Disposal Facility: Replacement System: Bottomless Sand Siter - 360 Square fut linear feet/square feet Maximum Depth: 42 inches Minimum Depth: 42 inches Disposal Facility:__ Special Conditions: 30 Mil thouble Membrane liver progured on internal side well filter. 381 slepe Backfill Rey for External Support.

Township: 285 Range: 14W Section: 3001) Property ID: 7.4, 5701 Owner/Applicant: Tond Saah 140eman Evaluator: 2 1 Application Number: 246 - 23 - 000338 - ενωί Inspection Date(s): 5/15/24 N 160-> O 70% 00000



Onsite Site Evaluation Application Verification

246-23-000338-EVAL

DEQ Coos Bay Office

465 Elrod Ave Coos Bay, OR 97420

541-269-2721 Fax: 541-269-7984

OnsiteCoosBay@deq.state.or.us Website: oregon.gov/deq

Fees pd Application created: 12/26/23

Parcel Nbr:

28S14W30DD5101

Site Address:

0 North AVE SE, Bandon, OR 97411

Owner:

STADELMAN, TOM &

SARAH

Applicant:

Johnathen Himmelrick - South Coast Septic

50414 HWY 101 Suite C

Bandon, OR 97411

Phone:

(541) 347-6529 (541) 347-6531

FAX: Email:

southcoastseptic@gmail.com

Licensed Professional(s):

License Number:

DEQ Installer/Maintenance Provider - RI689

South Coast Septic

Johnathen Himmelrick

Yes

PO Box 1620 Bandon, OR 97411

Phone:

Directions:

(541) 347-6529

Category of Construction:

Single Family Dwelling

101 to 42S, Right on Ohio SE, Right on 12th St SE

Acreage or Lot Size:

1.38 acres

Site Ready for Inspection:

County:

Water Supply:

Community Water Supply

Existing N/A

Use of Structure:

Proposed SFD

Use of Structure: Number of Bedrooms:

0

Number of Bedrooms:

Coos

3

Attached Documents:

Name

Description

Stadelman Evaluation Permit Docs.pdf

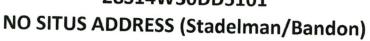
Application Materials for Evaluation Permit

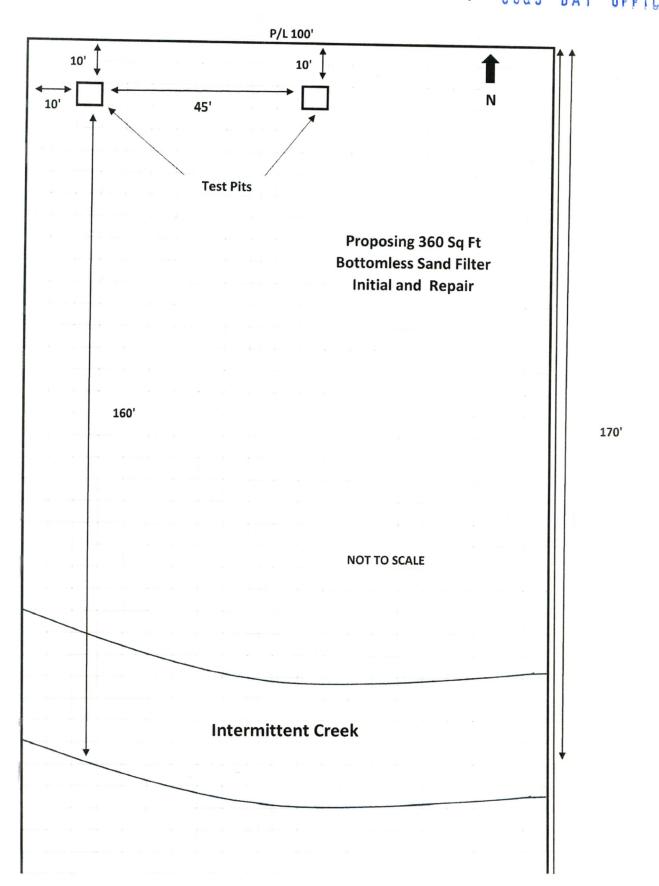
PLOT PLAN 28S14W30DD5101

RECEIVED

DEC 2 6 2023

COOS BAY OFFICE





State of Oregon Department of Environmental Quality

Oregon Department of Environmental Quality Application for Onsite Sewage Treatment System

Send this application to the appropriate DEQ office

For DEQ Use Only:	D. G.
Date received:	Date Stamp
Fee paid: RFCF	VFN
Receipt number:	1 - 0
Application number:	
Date of 1" response:	C 2 6 2023
Date of 2nd response.	202
Date of final response:	
Date of completion:	BAY OFFICE
Scanned: Data Entry:	BLLIET
Data Chiry.	1

Mailing Address: James Stace Mare Apt A Bavidon OR 97H11	Property owner info	ormation							
Phone number: 541 + 404 - 9070 Legal property description Township Range Section Tax Lot Acreage or Lot Siz County Subdivision Name Tax Account Number Block Property address: No 51705 ADDRESS Directions to property: 101 te +125, Right on 0 k/2 57, Right on 12 th 54 58 Existing facility/Proposed facility/Water information Existing facility/Proposed facility/Water information Existing facility Proposed facility Propo	Name:		0					THE PARTY OF	
Phone number: St1-tot-907D	Mailing Address:	James Stadelman							
Legal property description Township Range Section Tax Lot Acreage or Lot Siz		Gill Hay	L anzo	ve.	APTA, B	avidon, e	R 974	11	
Township Range Section Tax Lot Acreage or Lot Siz County	Legal property desc	ription	759010						
County Subdivision Name Tax Account Number Block			e						
County Subdivision Name Tax Account Number Block	285		. 1 /					Acreage or Lot Size	
Property address: No SITUS ADDRESS Directions to property: 101 to 125, Right on Ohio SE, Right on Ohi									
Directions to property: 101 to 125, Right on Okio St., Right on Okio S	0009		045414131011	INdille	,	Tax Accoun	Account Number Block		
Directions to property: 10 to 125, Right on Ohio SE, Right on 12th St SE	Property address:	No SIT	JG ADE) D CC	5				
Existing facility/Proposed facility/Water information Existing facility Proposed facility Public Water supply Public Name: 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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application. It - 24 - 23 Applicant's name – please print legibly Applicant's name – please print legibly Applicant's name – please print legibly	Directions to proper	ty: 101 to 425	Righton	Ohio	SE DI ht	17th c			
Single family residence Number of bedrooms: Number					Je , Eight	on ILL	+ SE		
Single family residence Number of bedrooms: Number	Existing facility/Prop	osed facility/Wat	er informati	on					
Single family residence Number of bedrooms: Private	Existing	facility			sed facility		101	超過過過	
Other			/			Пр			
Other	Number of bedr	ooms:	Numb	er of I	pedrooms:				
Description: Description: Well, Spring, Shared:									
Site Evaluation				iption:					
□ Construction □ Permit Repair □ Major □ Minor □ Alteration Permit □ Major □ Minor □ Major □ Minor □ Permit Transfer □ Permit Reinstatement □ Major □ Minor □ 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. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole To hnathen Humffrick □ 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. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of environmental Quality and it's authorized agents permission to enter onto the above described property for the sole To hnathen Humffrick Applicant's name – please print legibly Applicant's phone number	Type of application			Parolli		vveii,	Spring, S	hared:	
If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application. 12-26-23	☐ Construction ☐ Permit Repair ☐ Major ☐ Mino ☐ Alteration Permit	Existing System Evaluation Permit Transfer Permit Reinstatement T			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				
Signature To hathen Himmelrick Applicant's name – please print legibly Applicant's phone number	By my signature, I cer Environmental Quality purpose of this applic	tify that the inform	ation I have	with the	is application, i	it will be return berty. Flag an nd hereby gra the above des	d number int the Dep scribed pro	the test holes.	
Applicant's name – please print legibly Applicant's phone number	Signature	-1.	,		Date	, ,			
Applicant's phone number		n Himmel	rick			54	1-347-	-6529	
LID KENY HERE WILL A. C. L. L. L.	The same of the sa		1 .			Applica	nt's phone	number	
SOUTHER SOUTH SOUTH SOUTH AME IT COM			am, or	37411	southe	oastsepti	c @ gm	ail.com	
Applicant's mailing address Applicant's email address	A - 1 - 1 11 11 11 11 11 11 11 11 11 11 1								
Applicant is the:	Applicant is the:	Owner							
PO Box 1620 Authorization attached Installer name: Bandon, OA 97411 Johnsthen Himmelrick	PO BOX 1620						Insta	ller name:	

State of Oregon Department of Environmental Quality

NOTICE AUTHORIZING REPRESENTATIVE

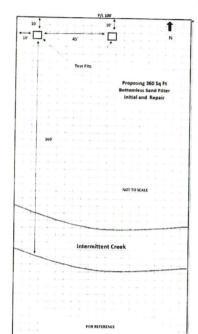
DEC 2 6 2023

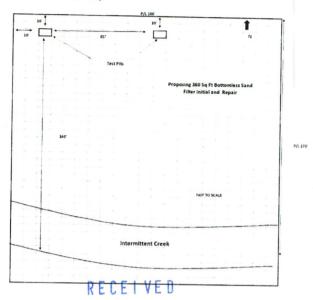
ccas BAY OFFICE

(Property Owner/Print Name) (Authorized Representative/Print Name) (Authorized Representative Are at a my costs and satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.
PROPERTY IDENTIFICATION:
No SITUS ADDRESS (Property Situs or Road Address)
And described in the records of County as:
Township <u>L85</u> Range 14W Section <u>3000</u> Map ID Tax Lot #(s) <u>5101</u>
PROPERTY OWNER:
Printed Name: Tom & Savah Stadelman
Address: 1120 Filmore Aver
City, State, Zip: Bandon, OR 97411
Phone: 54-347-2662 Email: tom@bandonsupply.com
Signature: Tan Solfun
AUTHORIZED REPRESENTATIVE:
Printed Name: James Stadelman.
Address: 1120 Filmore Ave Apt A
City, State, Zip: Bandon, DR 97411
Phone: 541-464-9070 Email: james@bandonsupply:com
Signature: Jamy Stadd may

PLOT PLAN 28\$14W30DD\$101 NO SITUS ADDRESS (Stadelman/Bandon)

P/L 600





DEC 2 6 2023

COOS BAY OFFICE

FORFERENCE

NOTICE AUTHORIZING REPRESENTATIVE ECEIVED



DEC 26 2023

COOS BAY CAFICE

I,James Stadelman, have authorizedJohnathen Himmelrick to act as my agen
(Property Owner/Print Name) (Authorized Representative/Print Name)
performing the activities necessary to obtain all on site wastewater treatment program services provided by the
Department of Environmental Quality on the property described below in accordance with OAR chapter 340
division U/1. Tagree that any costs not satisfied by the Authorized Representative are my responsibility and
authorized DEQ agents to conduct required business activities on said property.
PROPERTY IDENTIFICATION:
No Situs Address Corner of 12 th and North Ave
(Property Situs or Road Address)
And described in the records of County as:
Township 28S Range 14W Section 30DD Map ID Tax Lot # 5101
PROPERTY OWNER:
Printed Name: Jame Stadelman
Address: 1120 Filmore Ave Apt A
City, State, Zip: Bandon, OR 97411
Phone: 541-404-9070
Signature: Date: 8/11/2023
AUTHORIZED REPRESENTATIVE:
Printed Name:Johnathen Himmelrick/South Coast Septic
Address: 50414 Hwy 101 Suite C / PO Box 1620
City, State, Zip: Bandon, OR, 97411
Phone: 541-347-6529 Email: southcoastseptic@gmail.com
Signature:



City of Bandon Bandon, Oregon 97411 Phone: 541-347-7922

www.cityofbandon.org

December 11th, 2023

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South Coast Septic

COOS BAY OFFICE

Re: 28S-14W-30DD TL 5101

This letter is the acknowledgment that this situs address has no city sewer available, only city water is available.

Sincerely,

CITY OF BANDON

Nicolette Cline Planning Assistant

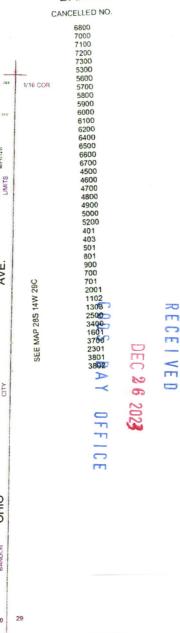
avai

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

SE1/4 SE1/4 SEC.30 T28S R14W W.M. COOS COUNTY

1" = 100"

28S 14W 30DD BANDON



SEE MAP 28S 14W 30DA GRANT ST. (NINTH ST.) 13 400 200 100 111 12 AVE.) GARFIELD ST. (TENTH ST.) 13 12 (MICHIC AVE.) 1101 6300 13 (NORTH 1100 6300 1200 1301 1304 1300 1302 SEE MAP 28S 14W 30DC WALKER ST. (ELEVENTH ST.) 15 14 13 5500 1900 1800 1501 1400 15 16 2101 1901 2300 2400 S ERN SWEENEY ST. (TWELFTH ST.) 2800 2700 2701 2702 2601 2600 0.28 AC 2501 ST 18 17 OHO BUSH 3200 3100 3300 5100 2900 21 22 23 241 25 26 27 28 CLARKE ST. (TWELFTH COURT) 4400 4100 3500 3501 3502 3503 20

SEE MAP 28S 14W 31A

LIMITS

CITY

BANDON

1/16 COR.

07-05-2023

32 31

28S 14W 30DD BANDON

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COOS BAY OFFICE