Septic Authorization Approval

221-24-000248-AUTH

Residential Authorization

Curry County Onsite Department
94235 Moore Street
Suite 113
Gold Beach, OR 97444
541-247-3304
Fax: 541-247-4579
septicpermits@currycountyor.gov
Website: currycountyor.gov

Date Issued: 2/25/25 **Date Expiring:** 2/25/26
Work Description: AUTHORIZATION

Applicant: SMITH, MARY M
Address: 92611 AIRPORT RD
SIXES OR 97476
Phone: 541-290-4161
Email: WINSMUIR2@GMAIL.COM

Owner: SMITH, MARY M **Property Address:** 92611 Airport Rd, Sixes, OR 97476

Parcel: 311500 0400100 - Primary

Accessory Dwelling Unit: No
Authorization Notice for: Addition of One or More Bedrooms

Lot Size: 5 **Water Supply:** Well
Directions to Property: MAILBOX W/ ADDRESS ON RIGHT; TURN RIGHT ONTO GRAVEL ROAD AT WINSMUIR SIGN THEN TURN RIGHT AGAIN. CONTINUE THROUGH OPEN GATE TO HOUSE (IT IS 1 MI FROM MAILBOX TO HOUSE).

Category of Construction: Single Family Dwelling

	Existing	Proposed
Number of Bedrooms:	1	2

System Specifications:

Max Peak Design Flow: 375 gpd **Proposed Gallons per Day:** 300 gpd

Conditions of approval:

1.Type of System: ADVANCED TREATMENT
2.Linear feet of drainfield: 150
3.Permit #: 08-081-08
4.Original CSC Date: 07-09-08
5. Tank Size: 1500 GALLONS
6.Original Design Flow: 375 GPD
7.Maintain all required setbacks.
8.Vehicular traffic and livestock must be restricted from the system area.
9.All roof drains must be directed away from the system.

Date Issued: 2/25/25 **Date Expiring:** 2/25/26
Work Description: AUTHORIZATION

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

If you disagree with this report, you have the right to apply for an authorization notice denial review. The application for review must be submitted in writing within 45 days of the report issuance and be accompanied by the review fee in OAR 340-071-0140(3), Table 9C and any additional information DEQ needs to complete the review.

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

Joshua Daley Environmental Specialist 2/25/25

Onsite Authorization
Application Verification

221-24-000248-AUTH

Curry County Onsite Department
94235 Moore Street
Suite 113
Gold Beach, OR 97444
541-247-3304
Fax: 541-247-4579
septicpermits@co.curry.or.us
Website: co.curry.or.us

Application created: 12/3/24
Parcel Nbr: 311500 0400100
Site Address: 92611 AIRPORT RD, SIXES, OR 97476
Owner: SMITH, MARY M
92611 AIRPORT RD
NULL
NULL
SIXES, OR 97476
Applicant: SMITH, MARY M - SMITH, MARY M
92611 AIRPORT RD
SIXES, OR 97476
Phone: (541) 290-4161
Email: WINSMUIR2@GMAIL.COM

Licensed Professional(s):

No Licensed Professionals Designated

Category of Construction: Single Family Dwelling
County:
Directions: MAILBOX W/ ADDRESS ON RIGHT; TURN RIGHT ONTO GRAVEL ROAD AT WINSMUIR SIGN THEN TURN RIGHT AGAIN. CONTINUE THROUGH OPEN GATE TO HOUSE (IT IS 1 MI FROM MAILBOX TO HOUSE).
Acreage or Lot Size: 5
Water Supply: Well
Site Ready for Inspection:

	Existing		Proposed
Number of Bedrooms:	1	**Number of Bedrooms:**	2

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

For Curry County Use Only:	Date Stamp
Date received 12-3-24	
Fee paid 1,051	
Receipt number 35222	
Application number 221-24-000246-Auth	
Date of 1st response	
Date of 2nd response	
Date of final response	
Date of completion	
Scanned Data Entry	

A. Property Owner Information

Mary Margaret Smith — Name
92611 Airport Rd Sixes, OR 97476 — Mailing Address (Street or PO Box, City, State, Zip Code)
541-290-4161 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
T 31S	R 15W	S 29	4001	R24880	5 acres

County: Curry
Subdivision Name: —
Lot: —
Block: —

Property Address: 92611 Airport Rd (Address) Sixes (City) OR (State) 97476 (Zip Code)

Directions to Property: North on Hwy 101 to Pacific High School, turn left, 1½ miles to mailbox w/address on right, turn right onto gravel road, at Winsmuir sign turn right, continue through open gate to house (92611 on Airport Rd) (it is one mile from mailbox to house)

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:
- [X] Single Family Residence
  - 1 — Number of Bedrooms
- [ ] Other

Proposed Facility:
- [ ] Single Family Residence
  - addition of 1 bedroom = 2 — Number of Bedrooms
- [ ] Other

Water Supply:
- [ ] Public — Name
- [ ] Private — (Well, Spring, Shared)

D. Type of Application

- [X] Site Evaluation
- [ ] Construction
- [ ] Permit Repair
  - [ ] Major [ ] Minor
- [ ] Alteration Permit
  - [ ] Major [ ] Minor
- [ ] Renewal Permit
- [ ] Existing System Evaluation
- [ ] Permit Transfer
- [ ] Permit Reinstatement
- [X] Authorization Notice for:
  - [ ] Connecting to an Existing System Not in Use
  - [ ] Replacing a Mobile Home or House with Another Mobile Home or House
  - [X] 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.

Mary Margaret Smith — Signature
11-24-24 — Date

Mary Margaret Smith — Applicant's Name – Please Print Legibly
541-290-4161 — Applicant's Phone Number
winsmuir2@gmail.com — Applicant's E-mail Address

92611 Airport Rd Sixes, OR 97476 — Applicant's Mailing Address

Applicant is the [X] Owner [ ] Authorized Representative [ ] Licensed Septic Installer

[ ] Authorization Attached

Installer's Name

DEQ
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? original - 1982 improved - 2008 - 1 New tank drain fields (Date) 08-01-85AN REC 04315 (Permit Number)

3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons) 1500 gal

5. When was the septic tank last pumped? — Attach receipt if available.

6. Number of disposal trenches 3

7. Total length of disposal trenches (in feet) 150 ft

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? 1 How many people occupy the dwelling? 1

11. How many bedrooms will be in the proposed dwelling? 2 How many occupants ? 1

12. If the septic system serves a business:
    How many total employees are there? _____
    Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒
    If yes, please explain _____

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.

11-24-24 (Date) Mary Margaret Smith (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: _____

Last Updated 10-30-02 by BJK

PC FEE: CURRY COUNTY - $550.00

PC#: 24-000272

PLANS: ___ ATTACHED ___ IN DRAWER ___ FORTHCOMING ZONING:

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

Applicant: read and complete items 1-8.

1. PLANNING CLEARANCE FOR: (check applicable items)

☐ Sewage Disposal Permit/Authorization Notice

☐ Manufactured Home Permit Year_____Bedrooms_____
Width of Manf. Home at base_____feet

☐ Pre-Fab New_____

☒ Building Permit COMM___SFD X___#Bedrooms 1 addition of
Type and Size:_____

CONTRACTOR INFORMATION

☐ Owner Built

☒ Contractor Name: JOHN PIBOTT Reg. #: 164612

☐ Manf. Home Installer:_____Reg#_____

$1,000.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS

New Rural Address – Address #_____

Replacement Place - $40.00

2. EXISTING DEVELOPMENT:

☐Dwellings (stick built) how many? _____

☐Mobile Homes how many? _____

☐Other Buildings how many? _____

3. WATER SOURCE:

(Well) **Spring** **Other:** _____

If on Well / Spring:

- **Attach *Well Log* or *Water Right* documentation.**

If in a Water District:

- **Verification (from an authorized district representative) is required *prior* to submission of this clearance form.**

_____
SIGNATURE OF WATER DISTRICT REPRESENTATIVE

Farmland Special Assessment

_____
Signature of County Assessor

Forestland Special Assessment

RECEIVED 12/3/24

3A. SANITARY DISTRICTS:

_____
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE

_____
SIGNATURE OF CITY OF BROOKINGS

3D. COOS-CURRY / BANDON ELECTRIC COORDINATION

Please discuss your proposed development with the utility company to ensure electrical safety. See Attachment

4. PROPERTY DESCRIPTION:

Assessor Map #3115-00-04001-00 Tax Lot#_____

Acreage 5 Street address or location: 92611 Airport Rd Sixes, OR 97476

5. PROPERTY OWNER INFORMATION:

Property Owner: Mary Margaret Smith

Mailing Address: 92611 Airport Rd

City Sixes St. OR Zip 97476 Phone# 541-290-4161

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

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 Planning Department permission to enter this property for purposes of this application.

Name Mary Margaret Smith

Signature Mary Margaret Smith

Mailing address 92611 Airport Rd

City Sixes ST OR ZIP 97476 PH 541-290-4161

Date 11-23-24

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.

WinSmuir2@gmail.com

PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: _____

Property Line Setbacks:

☐ Harbor Bench Farm District Setback

FRONT:

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

☐ Vision clearance

☒ No requirement

SIDE:

☐ 5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (½ 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 (½ 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:

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:

Signature

Title *Date*

City Planning Staff Reviewer (if required):

Outside Urban Growth Boundary
Inside Urban Growth Boundary, outside city limits
Inside city limits

Signature

Title *Date*

Sanitarian Reviewer:

Permit # Authorization Notice#

☐ System approved ☐ System denied

Comments

Signature

Title *Date*

Penny Hudgens

From: Curry County <CurryCountyNoReply@Accela.com>
Sent: Friday, January 24, 2025 11:02 AM
To: bennettsnbrookings@gmail.com; pacificgeographic@gmail.com; Penny Hudgens; Rabiah L. Lee
Subject: Important communication regarding record # 221-24-000278-PLNG at 95976 N BROOKSIDE DR, BROOKINGS, OR 97415

This is important communication regarding record # **221-24-000278-PLNG** at job site address **95976 N BROOKSIDE DR, BROOKINGS, OR 97415**.

Record Type: Planning Tracking
Record Status: Final Approval
Description of Work: PC for Garage Extension
Workflow Task and Status: Staff Review / Final Staff Approval
Comment: Approval for the extension of the existing garage. Dwelling was built in 2021 under 221-21-000269-DWL. The property is zoned RR5 and allows for additions as an outright permitted use. Cape Ferrelo Rural Fire Protection district conditions from the original dwelling should be verified.

If you have questions, please contact **Zac Moody** at 541-225-8686 or pacificgeographic@gmail.com.

Your record is available online for tracking by clicking here:

https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Planning&TabName=Planning&capID1=24CAP&capID2=00000&capID3=000TA&agencyCode=CURRY_CO

Thank you.

Curry County Planning Department
94235 Moore St., STE 113
Gold Beach, OR 97444
541-247-3284
planning@co.curry.or.us
www.co.curry.or.us

221-24-0... SMITH PC for bedro...

STATUS > Final App... 01/24/20...

LOCATION > 92611 AIR... SIXES, OR...

CONTACT > Mary Mar...

WORKFLOW > 7 total Task ...

221-24-000272-PLNG - SMITH

A notice was added to this record on 2025-01-24.
Condition: Planning Condition of Approval : Prior to Issuance of Permits; Provide septic authorization from DEQ for the additional bedroor
Total conditions: 2 (Notice: 2)

View notice

Menu | New | Mark as Unapplied | Change Priority | Reset | Help

Summary: *Applied(1)* **Sort By:** Status Severity Priority Type to Find

Conditions of Approval - *1 Applied*

Conditions of Approval

Planning Condition of Approval

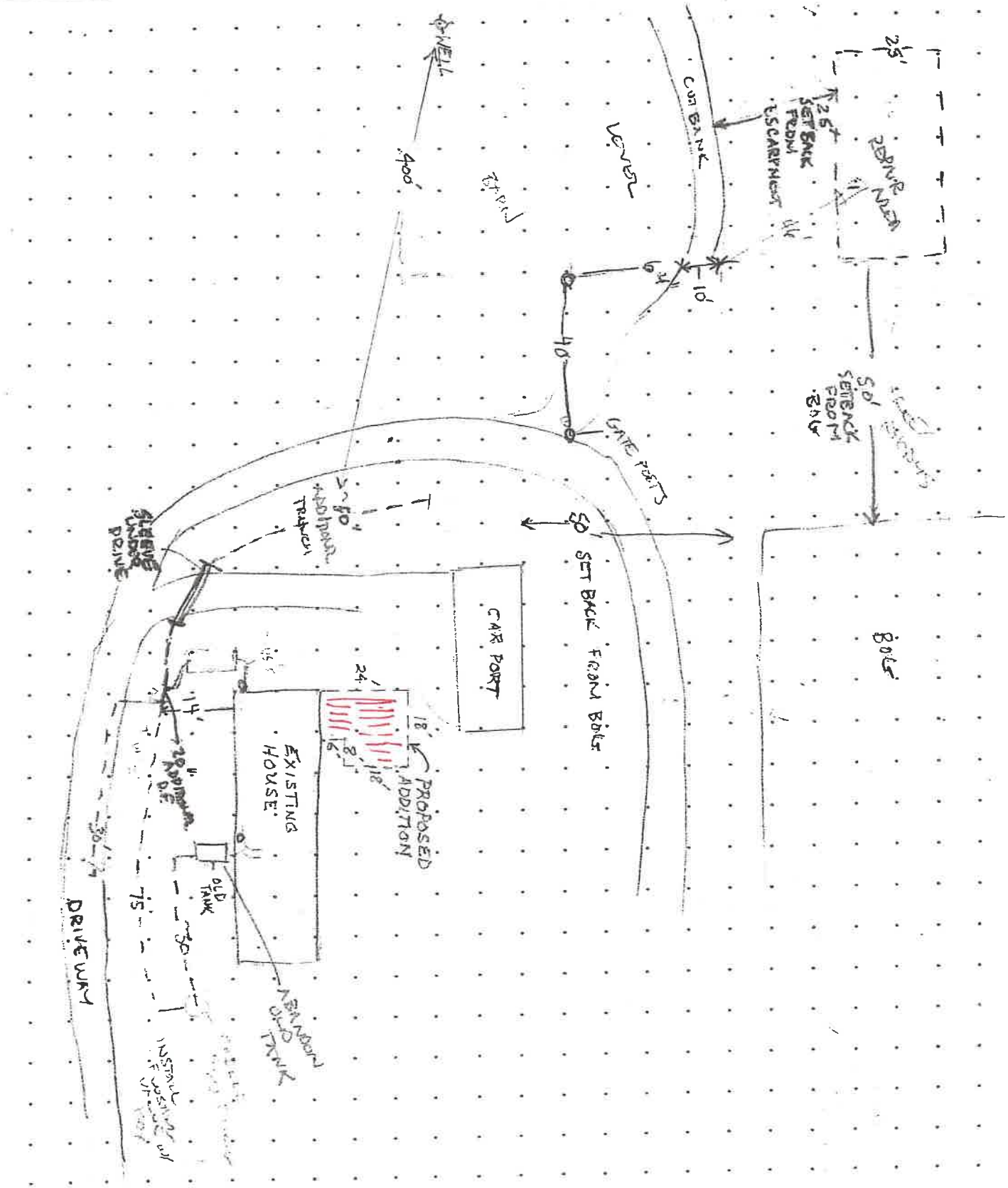
Applied **Notice**

Prior to Issuance of Permits; Provide septic authorization from DEQ for the additional bedroom. Actions

Township: 31 Range: 15 Section: 00 Tax Reference: 4[redacted]/R24880 Parcel Size: 46.0 AC

Owner/Applicant: DAVID & MARY M. SMITH Evaluator: S. HUNTER

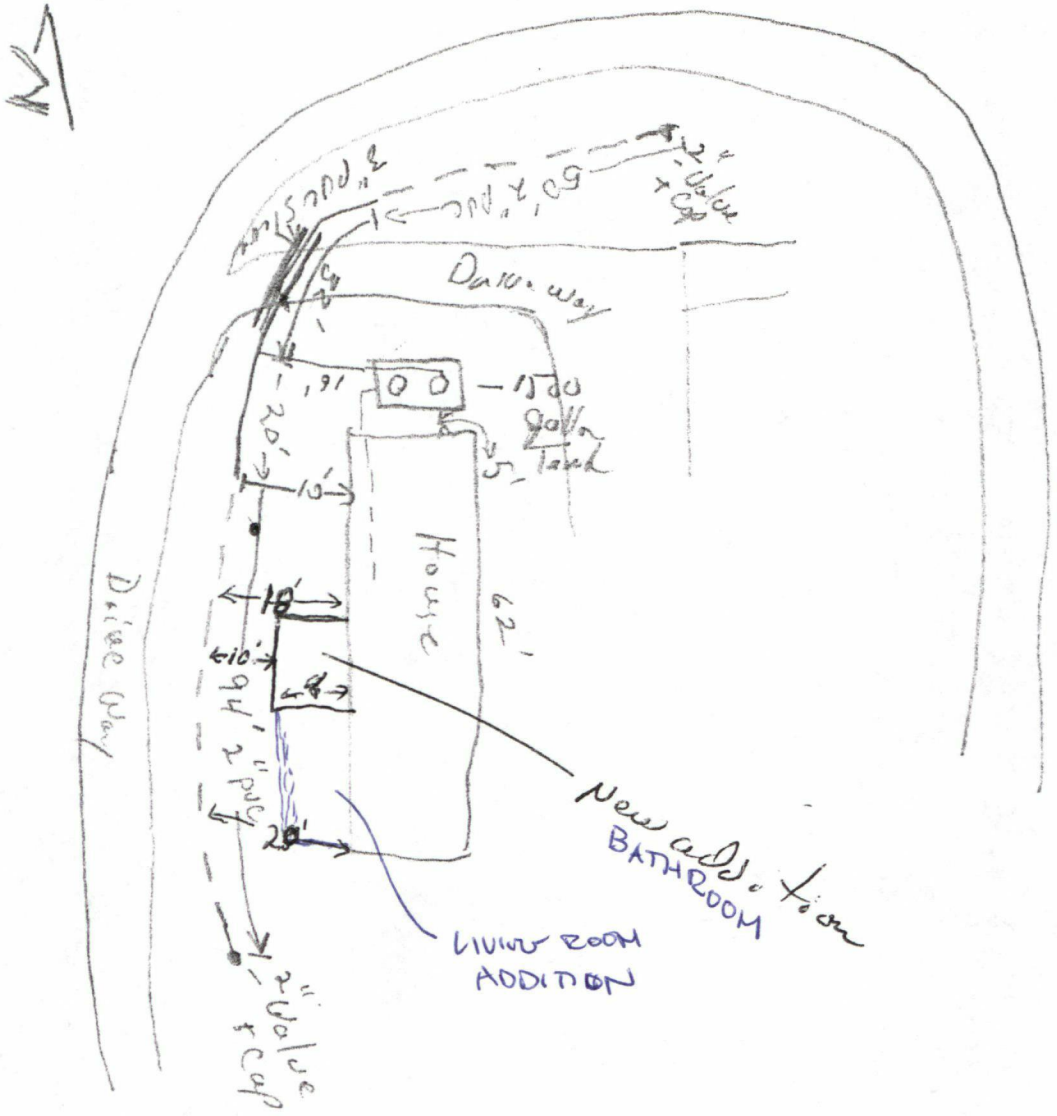
Inspection Date(s): 6/2/08 & 6/9/08 Application Number: 08-081-08



Property Owner: David Smith Permit Number 08-081-08 County: Curry

As-Built plan of the Constructed System:
(Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.)

DATE RECEIVED
7/30/13
FOR PC
BATHROOM
ADDITION



Construction was performed by:

☐ Property Owner (Permit Holder): _____

☒ Sewage Disposal Service Business: Paradise Excavation Construction

License Number: 37680 Certification Number: I190

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

(System Installer's Signature) Owner (Title) 6-23-08 (Date)

final95c/ As-Built07.doc

(FOR OFFICIAL USE ONLY)

PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: AFD

Property Line Setbacks:

☐ Harbor Bench Farm District Setback

FRONT:

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

☐ Vision clearance

☐ No requirement

SIDE:

☑ 5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (½ 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 (½ 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

U:\Assessment\internal share\permit_clearance_app 07/07/08

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:

Approval for bathroom addition only

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

County Planning Staff Reviewer:

Nancy Chester
Signature

Plan Clerk 7/30/13
Title *Date*

City Planning Staff Reviewer (if required):

☐ Outside Urban Growth Boundary

☐ Inside Urban Growth Boundary, outside city limits

☐ Inside city limits

_____
Signature

_____ _____
Title *Date*

Sanitarian Reviewer:

Permit # 08-081-08 Authorization Notice#_____

☑ System approved ☐ System denied

Comments: MAINTAIN 10-FT FROM D.F. TRUNKS TO FOUNDATION OR PADS.

Sara Hyatt RS.
Signature

Env. Sp V 7/30/13
Title *Date*

144.00 + 62.00 206.00

PC FEE: County/Gold Beach ~~$121~~ Port Orford: $91

PLANS: ___ATTACHED ___IN DRAWER ___FORTHCOMING ZONING: AFD PC#: PC 13-0144

PLANNING CLEARANCE FORM

Planning/Sanitation/Building
Curry County Dept of Public Services
POBox 746 94235 Moore St.
Gold Beach, OR 97444
Phone 541-247-3304 Fax 541-247-4579

☒ COUNTY ☐ GOLD BEACH ☐ PORT ORFORD

Applicant: read and complete items 1-8.

1. **PLANNING CLEARANCE FOR:** (check applicable items)

☐ Sewage Disposal Permit/Authorization Notice

☐ Manufactured Home Permit Year____ Bedrooms____
Width of Manf. Home at base____feet

☐ Pre-Fab New____ Bathroom Addition

☒ Building Permit COMM___ SFD ☒ #Bedrooms 2
Type and Size:_____

☐ Letter of approval signed by Deputy State Fire Marshal (Required for Commercial)

CONTRACTOR INFORMATION

☐ Owner Built

☒ Contractor Name: Michael Hewitt Reg. #: 117241

☐ Manf. Home Installer:_____ Reg#_____

$182 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 ($30.00) address #_____

☐ New Address

2. **EXISTING DEVELOPMENT:**

☒ Dwellings (stick built) how many? 1

☐ Mobile Homes how many?_____

☒ Other Buildings how many? 2

Comments:_____

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

3A. SANITARY DISTRICTS:

_____
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE.

_____
SIGNATURE OF CITY OF BROOKINGS

3B. $50.00 ON-SITE SEPTIC SYSTEM CLEARANCE

Septic clearance for building permits not requiring septic permit.

☒ Existing Septic System Permit #_____

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION

Please discuss your proposed development with the utility company to ensure electrical safety.

_____
SIGNATURE OF ELECTRIC REPRESENTATIVE

4. **PROPERTY DESCRIPTION:** 3115-00-4001

Assessor Map # 31S 15W 29 Tax Lot# 4001

Acreage_____ Street address or location:_____

5. **PROPERTY OWNER INFORMATION:**

Property Owner: David + Mary Margaret Smith

Mailing Address: 92611 Airport Rd

City Sixes St. OR Zip 97476 Phone# 541 347 -3282

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 Michael R Hewitt

Signature _____

Mailing address PO Box 1444

City Port Orford ST OR ZIP 97465 PH 5414041593

Date: 2-13-13

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.

FIRE DEPT._____

ORIGINAL PERMIT

STATE OF OREGON
Department of Environmental Quality
Onsite Wastewater Treatment System Construction Installation Permit

08-081-08 PERMIT NUMBER | ____ CONTROL NUMBER | ____ S.E. NUMBER | 804.00 FEE

☐ NEW CONSTRUCTION ☐ REPAIR ☒ ALTERATION ☐ RENEWAL ☒ OTHER: Major

PERMIT ISSUED TO: David and Mary Margret Smith (Property Owner's Name)

31 Township | 15 Range | 00 Section | 4001/R24880 Tax Lot/Acct.#

92611 Airport Road (Site Address)

Sara Hunter R.S. (Issued by - Signature)

Sixes (Nearest City or Community) | Curry County

06/13/2008 Date Issued | 06/13/2009 Expiration Date

Type of Facility Served: ☒ ***Single Family Res. # Bdrms.: 4*** ☐ Other – Specify ____

ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY A LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.

SYSTEM SPECIFICATIONS

☐ Standard ☐ Capping Fill ☐ Sand Filter ☐ Seepage Trench ☐ Seepage Bed ☒ Pressurized Distribution

☐ Tile Dewatering ☐ ATT - Treatment Level Required: ☒ I or ☐ II ☐ Other: ____

Max. Peak Design Flow: 375 Gal/Day Min. Septic Tank Volume: 1000 Gal Min. Dosing Tank Volume: 500 Gal

Special Tank Requirements: Two compartment tank required

DRAINFIELD SPECIFICATIONS

Media Type: ☒ Rock/Pipe ☐ Other (Product/Manufacturer):

Trench Spec.: 150 Linear Ft. 2 Trench Width (Ft.) Undisturbed Soil Between Trenches: 10-ft on center

Max. Depth: match existing inches Min. Depth: match existing inches Total Rock Depth: 12 inches

Rock Below Pipe: 8 in. Rock Above Pipe: 2 in. Capping Fills – Min. Depth of Fill Material : ____ in.

Pressure Specifications: **Set orifaces on 2-ft centers**

Distribution Method: ☐ Equal ☐ Loop ☐ Equal-Hydrosplitter ☒ Serial ☒ Pressurized ☐ Gravelless Half Pipe

Special Requirements: ☐ Ground water interceptor: Depth: inches Amount of Drain Media 12 inches

☐ Rake Trench Sidewalls ☒ Filter Fabric On Top of Drain Media ☐ Other: ____

Inspection Requirements: For Pressurized, Sand Filters, RGFs, ATTs and Capping Fill systems, there are several inspections required. See inspection requirements specific to each system.

The attached *Final Inspection Request* and *Notice Form* must be completed and submitted at time of system completion.

For pre-cover inspection information, contact: **CURRY COUNTY PUBLIC SERVICES (888) 811-1520**

CERTIFICATE OF SATISFACTORY COMPLETION

☒ System Inspection ☐ Operation of Law - 7 Days Notice ☐ Pre-Cover Inspection Waived Per 340-071

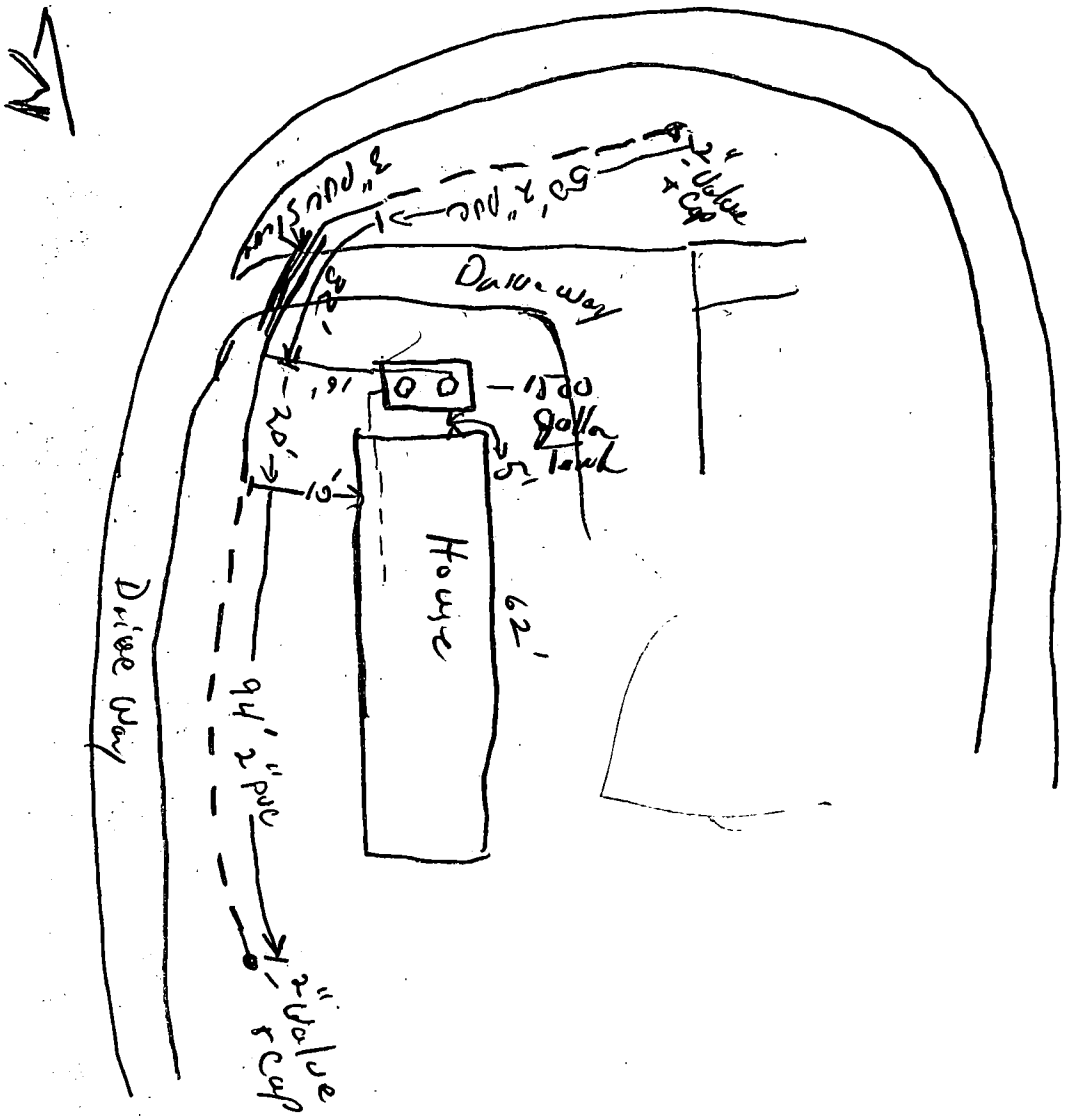
Sara Hunter R.S. (Authorized Agent –Signature) | ENV SP IV (Title) | Curry (Office) | 7/9/08 (Date)

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.
Requirements for this Certificate of Satisfactory Completion and additional inspection information are attached to this document.

Property Owner: David Smith Permit Number 08-[redacted]-1-08 County: Curry

DATE RECEIVED

As-Built plan of the Constructed System:
(Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.)



Construction was performed by:

☐ Property Owner (Permit Holder): _____

☒ Sewage Disposal Service Business: Paradise Excavation & Construction

License Number: 37680 Certification Number: I 190

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

(System Installer's Signature) Owner (Title) 6-23-08 (Date)

final95c/ As-Built07.doc

Final Inspection Request and Notice

Pursuant to the requirement within ORS [redacted].665, OAR 340-071-175, the system installer [redacted]/or the permit recipient must notify the Department of Environmental Quality (or its authorized agent) when the construction, alteration, or repair of a system for which a permit was issued is completed; except for the backfilling or covering of the installation. The department or agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the department or agents elects to waive the inspection and authorized the system to be backfilled earlier. Receipt and acceptance of this completed form by the department or agent establishes the official notice date of your request for the pre-cover inspection. Please complete all sections of the form and return it to the office that issued the permit. *Forms that are determined to be incomplete will be returned.*

Basic Information:

Property Owner: David Smith Permit Number 08-081-08 County: Curry

Township-Range-Section: 31 - 15 - 00 Tax Lot: 4001 Tax Acct: R24880

Job Location: 92611 Airport Road Sixes Ore

Date system construction completed: 8/20/08 Date submitted to DEQ or Agent: 8/23/08

***Materials List:** (Identify and list all materials used in the system's construction.)*

Pump: Oreco (HP) 1/2 (GPM) 50 (TYPE) submersible

	Material	Size	Specification	Amount
Distribution Pipe (From D-box & Boil-over)				
Effluent Sewer Pipe	PVC	2"	Sch 40	240 ft
Drain Media (gravel or Alternative)	Drain Rock	1½"		6 yds
Filter Material: (Filter fabric, Kraft paper, etc.)	Filter Fabric			
Other: Oreco Pump Package with control, Floats and Biotube Filter P50 pump 3" Orifice Shields				

***Sand Filter Materials:** (Attach sand and pea gravel sieve analysis)*

Complete the following or submit *Parts List*:

Container: _____

Under Drain: _____

Under Drain Media: _____

Manifold Pipe: _____

Fittings: _____

Other: _____

***Tank Information:** (Water-tight tank test)* Concrete

Tank Type/Size: 1500 gal 2 compartment Date & Time Filled 8/19/08 9:00 Am

24-Hour Check/Water level: 8/20/08 (Date) 9:10 Am (Time) Tank Ok MAA

Comments: Less Than ¼" In Riser Logs of Water

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

CURRY COUNTY
DEPARTMENT OF PUBLIC SERVICES

247-7011 EXT.287

P.O. BOX 746
GOLD BEACH, OREGON 97444

Permit No. 08-081-08

Received: Date 6/23/08 Time _____ A.M. ___ P.M.

Owner SMITH

Installer PARADISE CONST.

INSPECTION TO BE MADE:

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

Received By: _____

Legal Description Tax Lot 31-15-00 / 4001 Section _____ T _____ S, R _____ W, W, M.

Location 92611 AIRPORT RD.

ITEM	APPROVED	APPROVED WITH CORRECTIONS (see below)	NOT APPROVED (see below)
Septic Tank (Size) 1500 Gal. 2-COMPT.	☒	☐	☐
Effluent Sewer	☐	☐	☐
Watertight Joints (Boil Over Lines)	☐	☐	☐
Leachlines (Total) 70' NEW + Ft. 75 EXISTING	☒	TOTAL 145 lin ft ☒ OK	☐
Capping Fill (Depth) In.	☐	☐	☐
Dosing Tank – Pump P-50.05 1/2 HP	☒	110 V. ☐	☐
Pressure Line and Piping	☐	☐	☐
Sand Filter	☐	☐	☐
Curtain Drain – Drainage Tile	☐	☐	☐
Other: ANTI-SIPHON DEVICE	☒	☐	☐

6/23/08 - TRENCH IS 3 5/8" LIFT LOWER W/ OTHER SIDE
REMOVE PIPING PLACE MORE ROCK & RE-PIPE TO LOWER
REMOVE VERTICAL LIFT FROM PIPING PIPING MUST
BE LEVEL AND TO END USE IF NECESSARY USE
SOIL PILE BEHIND BARN AS CAP
- REDO WATERTIGHTNESS TEST. DOC # CONTROL PANEL: EDW-WD-S-1 REV 6.0

6/30/08 ONE AREA ONLY UNLEVEL - NOW CORRECTED
- 1.25" PRESSURE HEAD AT DISTRIBUTOR FACE
- WATERTIGHTNESS 1/4" LOSS OVER 7 DAYS OK
NOT NECESSARY FOR USE OF CAP OK
(VERTICAL LIFT)
UNUSUAL ELBOWS REPLACED W/ 45° ELBOW HORIZONTAL OK
3-A FLOATS SET AT 12 1/2, 15 1/2, 18 1/2 PER ORDER OK

7/8/08 PUMP & ELEC RECEIPT RECIEVED

CORRECTION NOTICE

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

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

AUTHORIZATION TO COVER

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

Inspector Dana Hunter R.S. Date 6/30/08 Time 1:30 A.M. P.M.

41093

ROTO-ROOTER SEWER-DRAIN SERVICE

ROTO-ROOTER, INC.

P.O. BOX 4008
BROOKINGS, OREGON 97415
(541) 469-7557 (707) 464-3314
1-800-274-7557

Jim

51526

DATE 7-7-08

NAME Paradise excavating	ACCOUNT #
ADDRESS PO BOX 444	[illegible]
CITY / STATE Port orford, OR PHONE [illegible]	DESCRIPTION OF WORK
ZIP CODE 97465	Pumping septic tank
JOB LOCATION 92611 [illegible]	

TIME	TYPE	GALLONS	pH READING	LIME
9:30	D	934	6.9	0

Tank: #1 2nd pH: ____

Septage pH Reading: ____ Time: ____

Field Application Section: ____ pH Reading: ____

Time: ____

QTY	MATERIAL	PRICE	AMOUNT
1	Septic Pump		385.00

SIGNATURE DATE COMPLETED 7-7-08

Thank You PAY THIS AMOUNT ⇨ 385.00

RECEIVED
JUL 08 2008
BY: D. DeLong

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

ELECTRICAL Permit No. [illegible]

BUILDING CODES DIVISION
P.O. BOX 398
Coquille, Oregon 97423
Phone 396-2148 FAX 396-3974

Jun 26, 2008 15:2[illegible]

Status: ISSUED
Applied: Jun [illegible], 2008
Issued: Jun 26, 2008

Owner: SMITH DAVID
Job Location: 92611 AIRPORT RD1085[illegible]
City: SIXES County: CURRY
Desc of Work: PUMP
Directions: FROM PACIFIC HIGH 0P WEST 1/4 MILES TURN NORTH GO 1 1 4 MILE FIRST RIGHT NEXT.

Owner:
SMITH DAVID

348-2282

Applicant:

Contractor:

LCB#:
BCD#:

SUF#:

NOTE: All permit items may have up to 2 inspections without an additional cost, EXCEPT "1000 Sq. or Less" which may have up to 4 and "Limited Res Energy" which may have only 1.

DETAIL ON FEE ITEMS PURCHASED:

	EACH	QTY	COST
MISC (SVC OR FEEDER NOT INCL) Signal Circuit or Limited Energy Panel/Alt/Ext. @ 63		1	$63.00

Calculated Fees:	$63.00
12% Surcharge:	$7.56
Plan Review Fees:	$.00
Total Permit Fee:	$70.56
Total All Payments:	$70.56
Balance Due:	$.00

Applicant must hold an Oregon registration to conduct a contractor's business or be exempt from this requirement. Applicant certifies the above information is true and correct. All work to be performed shall be in accordance with the governing laws and rules.

[ ] Signature of Applicant

[ ] See Attached Application

Permit expires if work is not started within 180 days of issuance or if work is suspended for 180 days. It is the responsibility of the permit holder to request inspections.

BE CAREFUL and BE SAFE –
CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG!
(503) 232-1987 or 1-800-332-2344.

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 or reinstatement of a permit may be granted to the original permittee if an application for permit renewal or reinstatement is filed within one year after the original permit expiration date. The renewal or reinstatement will be issued an expiration date one year after the previous date of expiration. Transfer of a permit from the original permittee to another person may be granted if an application for a permit transfer is filed prior to the original permit expiration date and no other changes to the permit are necessary. **Note: The fee for renewal, reinstatement, or transfer of a permit is less than that for a new permit.**

ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.

Installation Requirements: The drainfield is to be installed in undisturbed native soil. There are to be 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 unless otherwise authorized by the Agent. System installation is not to occur 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). For Pressurized, Sand Filters, RGFs, ATTs, and Capping Fill systems several inspections are required during the construction process (see inspection requirements specific to each system 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 pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a **Certificate of Satisfactory Completion** can be issued. Please complete all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms determined to be incomplete will be returned.

System Backfill Requirements: The system is to be backfilled or covered only after the permitting agent has approved the construction installation, 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.

STATE OF OREGON
Department of Environmental Quality
Onsite Program, Water Quality Division
811 SW Sixth Avenue
Portland Oregon 97204-1390

ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT ATTACHMENT

Property Owner: David and Mary Margret Smith **Permit No.:** 08-081-08

BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344

Special Conditions And Requirements For This Permit
Note: Items are signified with a check mark (✓).

ALL WORK IS TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340, DIVISIONS 71 & 73. WORK MUST BE DONE BY THE PERMITTEE OR BY LICENSED SEWAGE DISPOSAL SERVICE BUSINESS. MAKE NO CHANGES IN SYSTEM LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL FROM THE PERMIT ISSUING AGENT.

☐ A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the permit holder must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.

☐ If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the permit holder or property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:

1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.

2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning – This Area is Contaminated with Sewage - Please Stay Out" or similar language.

3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.

☐ The approved plans for this system call for septic or dosing tank with a "Limited Approval" in Oregon. They are not to be installed in heavy clay soils or used where a water table would rise above the bottom of the tank. These tanks come with an installation guide from the manufacturer which is to be strictly followed.

☐ This permit is for the installation of an Alternative Treatment Technology (ATT) system. This system is to be installed only by the property owner that has been certified by the system manufacturer or licensed sewage disposal business (installer) that has been certified in accordance with OAR 340-071-0600 and 0650.

☒ This system includes pumps and electrical components. Verification that these components have passed all electrical inspections by a certified electrical inspector is required.

☒ Other conditions or requirements: SEE CONSTRUCTION DETAIL

Permit # 08-081-08

T/R/S/Tx Lot: 31-15-00 / 4001

June 13, 2008

CONSTRUCTION DETAIL

Set 1500 gallon dosing tank as per OAR 340-071-0220(3)(b) and (6), level and bedded on stable ground and per manufacturers installation guide; setback a minimum of 5-ft from any foundation or property line, and fall from the primary dosing tank. Install anti-siphon device inside pump chamber on pressure transport piping.

Abandon existing 1000 gallon concrete tank as per OAR 340-071-0185. Submit Pump receipt to this office.

Install dosing assembly as per OAR 340-073-0055, dosing no more than 20% of the projected daily sewage flow each cycle (90 gallons), and maintaining 1/3 storage as measured below the invert of the inlet for effluent storage. Install "on-demand' control panel with pump on dedicated circuit breaker and alarm on separate circuit from pump as per OAR 340-071-0275 (4) (a) (B) and inspection from an electrical inspector or certified electrician sign-off. Submit electrical permit to this office. Install pump Orenco PA 3005 per submitted pump curve inside pump vault.

Install 2-in pressure transport piping (sch 40 160 psi) uniformly supported along trench bottom and set on undisturbed earth with a minimum 18-gauge green jacketed tracer wire or green color-coded locate tape placed above all transport and drainfield piping as per OAR 340-071-0275 (4). Install piping so that markings are visible. Sleeve with sch 40 under all driveways to avoid vehicular traffic. Pressure transport piping must be placed at lower elevation approaching drainfield trenches.

Install pressure piping inside of existing drainfield trenches as per 340-071-0275 (4)(a-c). Install 70-ft of new drainfield pressuriazed trench per site plan Set all 1/8-inch orifices on 24-inch centers using 2-inch 160 psi SCH 40 (minimum) pressure rated piping as per OAR 340-073-00060(3). All piping must be solvent welded and lateral ends provided with long sweep elbows or 2-45 degree elbows and centers using 2-inch 160 psi SCH 40 (minimum) pressure rated piping . (Do not use electrical conduit for sweeps.) Ends of pipe must be provided with threaded caps, plugs or valves to allow for flushing and at or above ground surface. (May be placed 2-inch below finished grade using valve boxes set at final grade.)

Cap off or remove header pipe connecting trench two with trench three (Trench three is under driveway.) Do not utilize existing trench one.

Do not subject repair area to any activity that is likely to adversely affect the area such as vehicular traffic, livestock, covering the area with asphalt, concrete or other soil modification.

Setback drainfield 100-ft from any well and 50-ft setback for septic tank. Drainfield setback from bog is 50-ft. Setback tank 5-ft from foundation and 10-ft for d.f. trenches. Setback a minimum of 5-ft from d.f.trenches to driveway.

Submit As-Built / Material list for final inspection request.

SEE AS-BUILT FOR DETAIL OF INSTALLED ONSITE SEWAGE TREATMENT SYSTEM.

Curry County Department of Public Services
PO Box 746, 94235 Moore Street, Gold Beach, OR 97444
Tel: (541) 247-3304/(888) 81[redacted]0 Fax: (541) 247-4579

Att: Sara

DETAILED SITE PLAN

Repairs • Construction • Installation • Major Alterations • Preliminary Development Plans

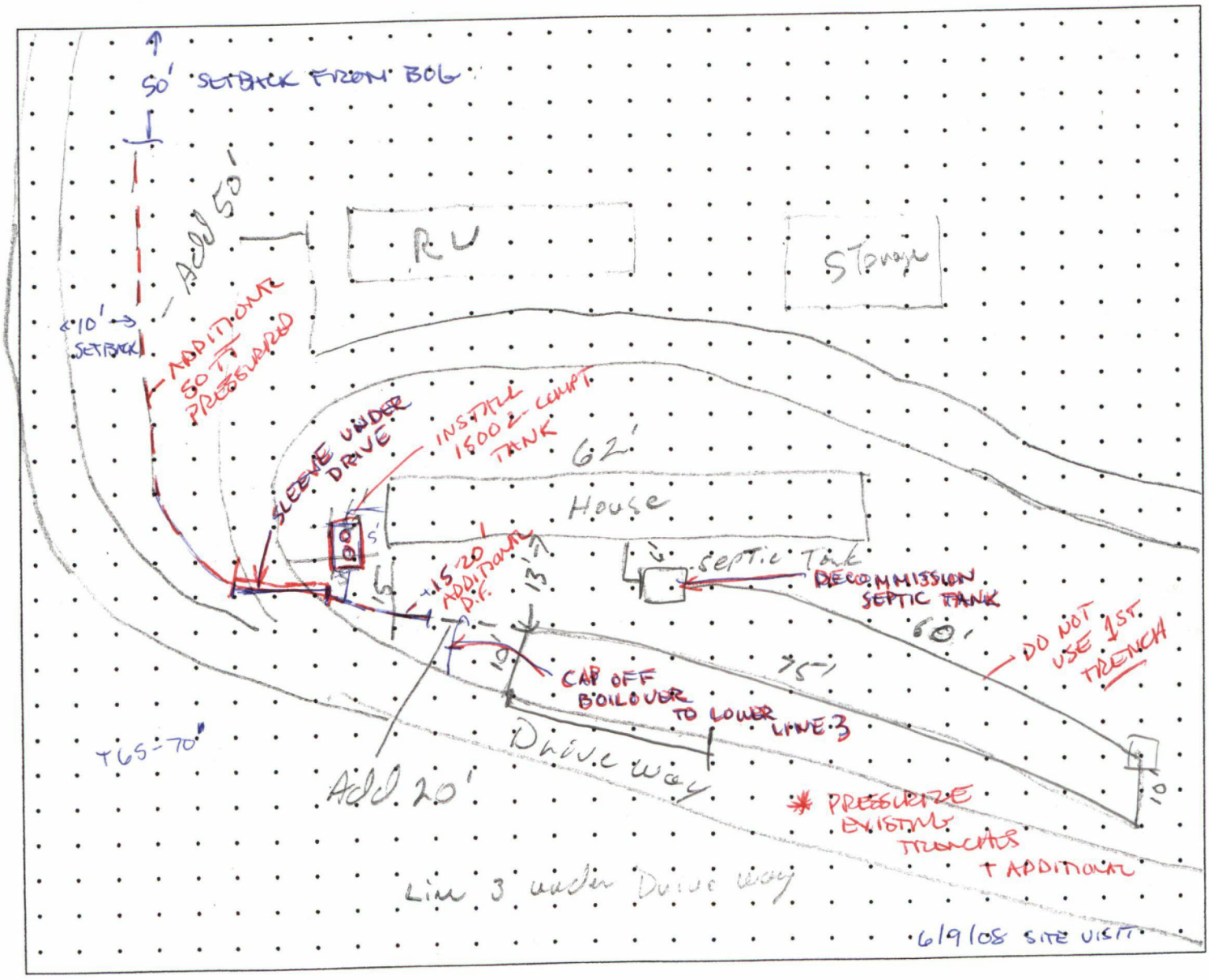
Site Plan Must Be Current

Property Owner: David Smith Acres: _____

Address: 92611 Airport Rd City: Sixes

Township/Range/Section: 33-15-29 Tax Lot #: 4001 Lot: _____ Subdivision: _____

Scale: 1 Square = 5 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.

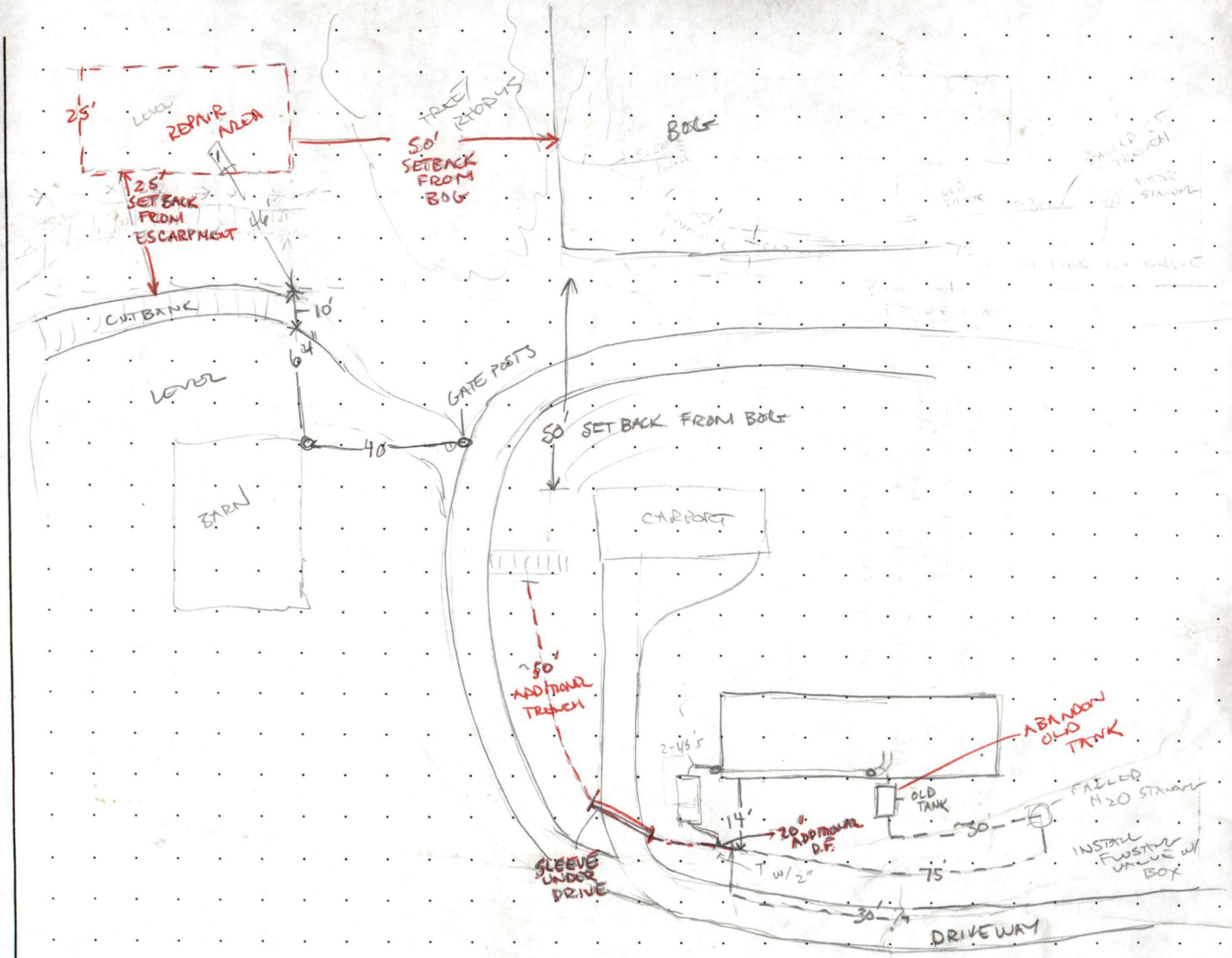
I am the [ ] Owner or [X] Authorized Agent. Name (Please Print): Michael Hewitt

Signature: _____ Date: 6-7-08

Township: 21 Range: 15 Section: 00 Tax Reference: 40 / R 24880 Parcel Size: 46.0 AC

Owner/Applicant: DAVID & MARY M. SMITH Evaluator: S. HUNTER

Inspection Date(s): 6/2/08 , 6/9/08 Application Number: 08-081-08



SITE EVALUATION FIELD WORKSHEET

Townshp:_____ Range:_____ Section:_____ Tax Reference:_____ Parcel Size:_____

Owner/Applicant:_____ Evaluator:_____

Inspection Date(s):_____ Application Number:_____

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Pit 1	0-8	SANDY LOAM	10YR 3/2 / 2M SBK / CLEAR WAVY BOUNDARY / FIRM FRIABLE / 2VF ROOTS / 2C POROS
	8-25	SANDY LOAM	10YR 4/4 / 2M SBK BLOCKS 5,9 / GRADUAL DIFFUSE BOUNDARY / 3% FeST INCLUSIONS / 1 VF ROOTS
	25-34	LOAMY SAND	10YR 4/6 / SINGLE GRAIN / GRADUAL DIFFUSE BOUNDARY / 1 VF ROOTS / 1 VF POROS / 10% FeST INCLUSIONS
	34-55	FINE SAND	10YR 5/3 / W/ VERTICAL FeST VEININGS 30% / SINGLE GRAIN / NO ROOTS / NO PORES
			SEMI-CEMENTED
Pit 2			
Pit 3			
Pit 4			

Landscape Notes:_____

Slope:_____ Aspect:_____ Groundwater Type:_____

Other Site Notes:_____

SYSTEM SPECIFICATIONS

Design Flow:_____ gpd

Initial System: PRESSURIZED **ATT Treatment Standard:** _____

Disposal Facility:_____ linear feet/square feet Maximum Depth:_____ inches Minimum Depth:_____ inches

Replacement System: PRESSURIZED **ATT Treatment Standard:** _____

Disposal Facility:_____ linear feet/square feet Maximum Depth:_____ inches Minimum Depth:_____ inches

Special Conditions:_____

Curry County Department of Public Services
Environmental Sanitation
P.O. Box 746
Gold Beach, OR 97444
(541) 247-3304
(541)247-4579 (fax)

Application For:

For Office Use Only
Required Fee 804.00
Date Rec'd. 5/29/08
Project No.
Control No. 08-081-08

- ☐ Site Evaluation
- ☐ New Construction Permit
- ☐ Repair Permit (major/minor)
- ☒ Alteration Permit (major/minor)
- ☐ Permit Renewal/Transfer/Reinstatement
- ☐ Authorization Notice (file/field)
- ☐ Other (Specify)

Requirements:

- ☐ Plot Plan
- ☐ Assessors Map
- ☐ Test Holes
- ☐ Permit Clearance Form
- ☐ Construction Details/Materials List
- ☐ Existing System Description Form
- ☐ Additional Items Required

For Applicant (PLEASE PRINT)

David + Mary Margaret Smith — Property Owner's Name
92611 Airport Road — Property Address/City

31S	15W	00	4001/R24880	4/6 Acres	Curry
Township	Range	Section	Tax Lot	Lot Size	County

Subdivision Name — Lot No.

Private Well
Water Supply (Public or Private; if Private, specify type)

Proposed Use of Property

- ☒ Single Family Dwelling 1 No. Bedrooms
- ☐ Other

Directions (please flag entrance to property and test holes): Hwy 101 To Airport Road 1.6 Miles To Driveway on Right (across from Cranberry Lane) North on Driveway 1.2 miles To Y Take right Hand Drive To Residence GO AROUND GREEN HOUSE & BOGS (BACK AT BARN)

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.

Signature (authorization letter is Required for anyone other than the owner or a licensed installer) — Date 5/13/08

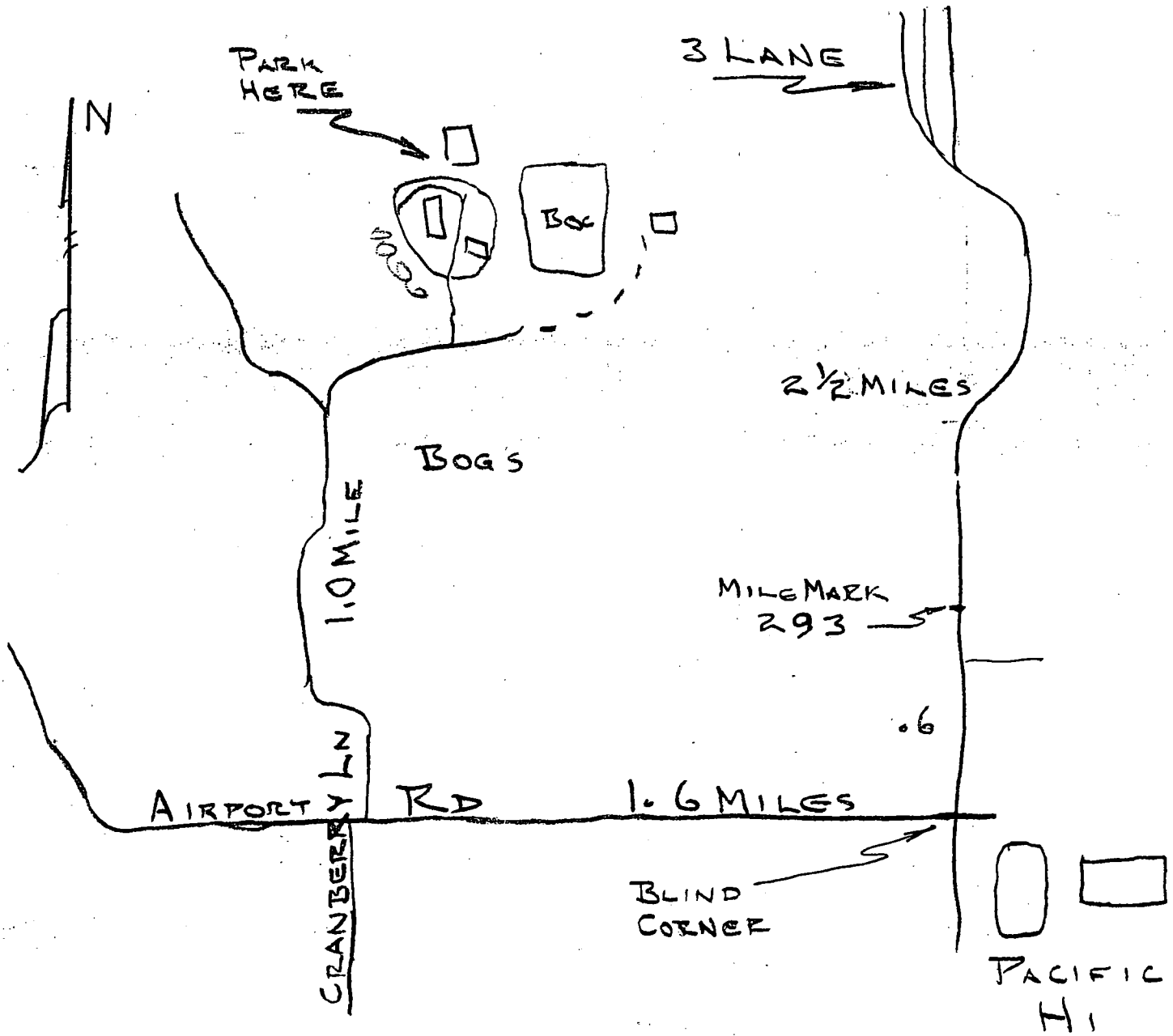
- ☐ Owner
- ☐ Authorized Representative
- ☒ S.D.S. License No. 37680

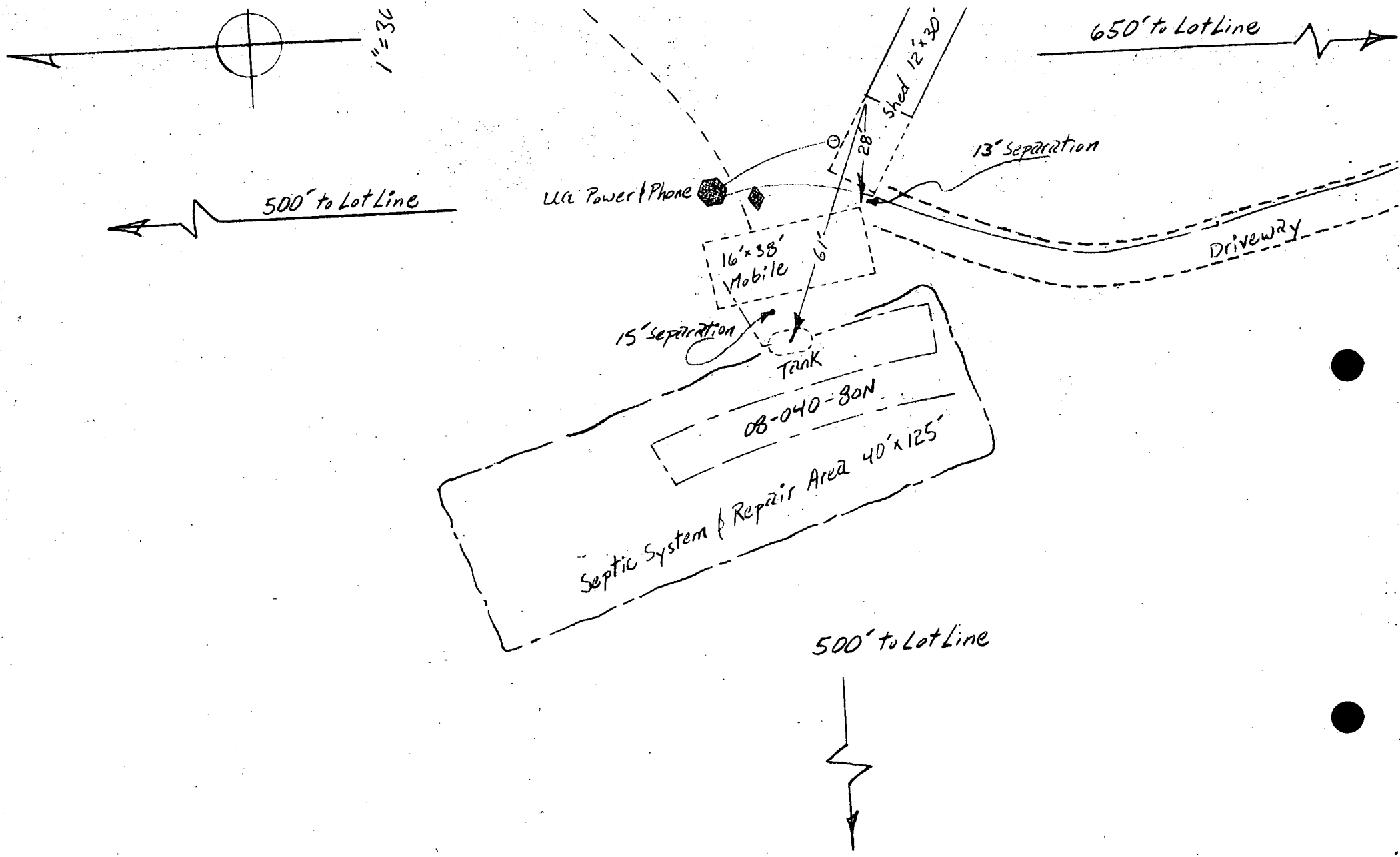
6/2/05 - UNCOVER EXISTING SYSTEM STAKE-OUT ADDITION D.F., TANK ETC. SUBMIT SITE PLAN, CALL FOR INSPT. SITE VISIT 6/16/08

Owner's Mailing Address
David Smith
92611 Airport RD
Sixes, Oreg 97476
Phone 541 348 2382

Applicant's Mailing Address
Michael Hewitt
PO Box 1444
Port Orford OR 97465
Phone 541 332 2750
(541) 464-1593 cell

DIRECTIONS TO MARY MARGARET & DAVID SMITH'S FARM: FROM BANDON GO SOUTH TO PACIFIC HI & AIRPORT ROAD @ (MILE MARKER 293.6) TURN RIGHT (WEST) AND GO 1.6 MILES TO CRANBERRY LANE (92611) TURN RIGHT AGAIN (NORTH) GO 1.0 MILES ACROSS LOTS OF CHUCK HOLES AND TAKE THE RIGHT FORK AND GO 1/4 MILE.

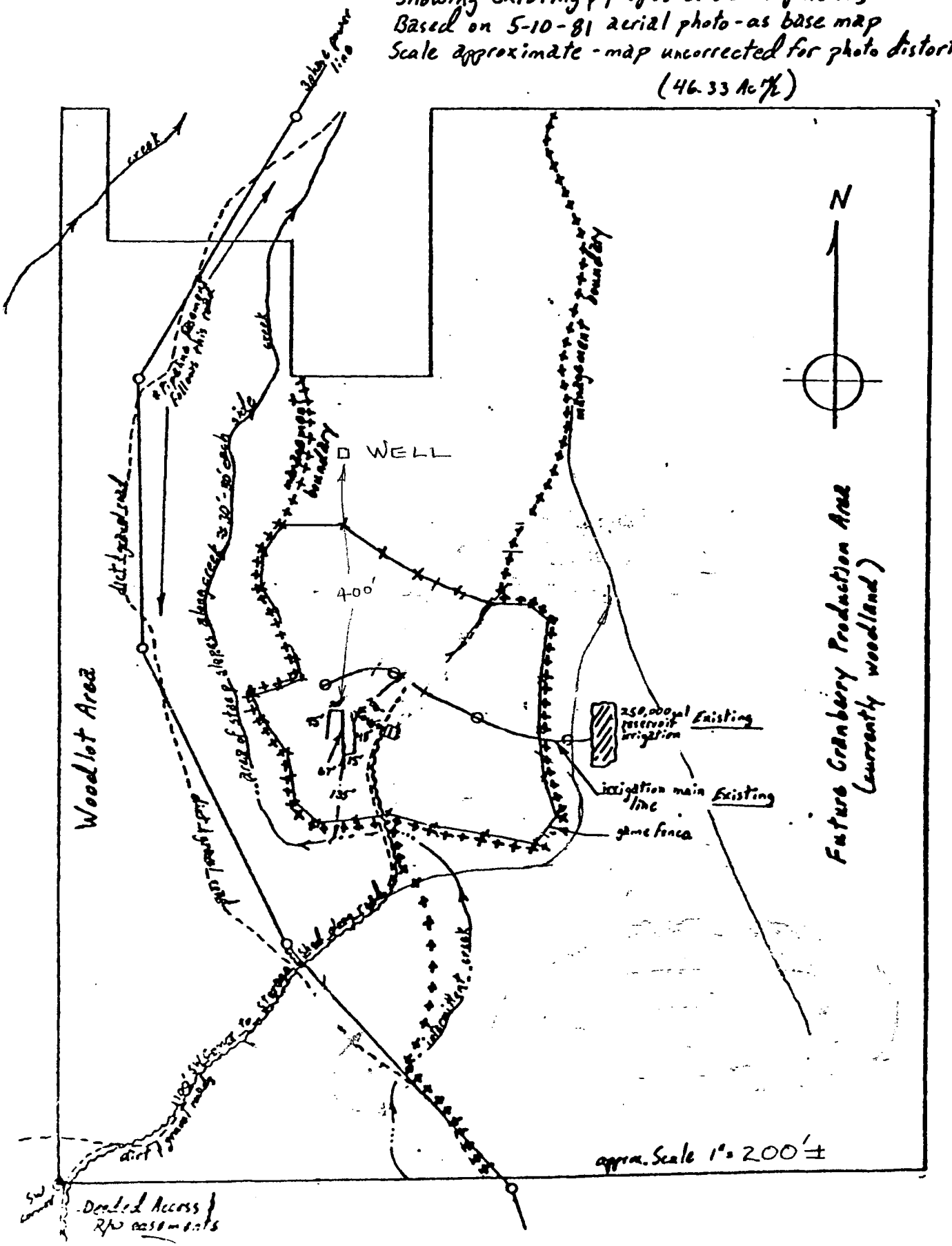



1"=36'
650' to Lot Line
Shed 12'x20'
28'
13' separation
500' to Lot Line
UG Power/Phone
16'x38'
Mobile
61'
Driveway
15' separation
Tank
08-040-80N
Septic System & Repair Area 40'x125'
500' to Lot Line

Map of Parcel T31SR15WWM529 Tax Lot 4001

Showing existing & proposed developments
Based on 5-10-81 aerial photo - as base map
Scale approximate - map uncorrected for photo distortion

(46.33 Ac ±)



Curry County Department of Public Services
P.O. Box 746, 94235 Moore Street, Gold Beach, OR 97444
Tel: (541) 247-3304/ (888) 8[redacted]520 Fax: (541) 247-4579

Existing Sewage Disposal System Description

To be used with *Authorization Notice, Alteration, Existing System Review and Repair Permits*

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

Property Address: 92611 Airport Road Sixes Or 97476

Township/Range/Section: 31 - 15 - 24 Tax Lot: 4001

1. The 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 sewage system installed? 1980 (Date) 08-040 - 90N - ? (Permit No.)

3. Septic Tank Material:

   ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons): 1000

5. When was your septic tank last pumped? (Attach Receipt if available) Fall - 07

6. Number of disposal trenches 3

7. Total length of disposal trenches (in feet) 150'

8. Do you propose to use the existing septic system? Yes ☐ No ☒

9. Is your system currently in use? Yes ☒ No ☐ If no, date of last use_____

10. If the septic system currently serves a dwelling:
    How many bedrooms? 1 How many people occupy the dwelling? 3

11. How many bedrooms will be in the proposed dwelling? 2 How many occupants? 3

12. If the septic system serves a business: NO
    How many total employees are there? _____ Type of business _____

13. Is there a proposed change of use of your structure (home or business)? No

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.

[signature] 5/13/08

Signature of Property Owner or Legally Authorized Representative Date

Curry County use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued: _____

Permit Number: _____ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials: _____

Curry County Department of Public Services
P.O. Box 746, 94235 Moore Street, Gold Beach, OR 97444
Tel: (541) 247-3304/(888) 811-1520 Fax: (541) 247-4579

LETTER OF AUTHORIZATION

Let it be known that Michael Hewitt has been retained to act as agent to perform all acts for development on my property identified below. These acts include: pre-application conference; filing applications and/or other required documents relative to all zoning applications; septic system feasibility; sewage disposal and well permits; assigning an address; mobile home and building permits.

Property Location: 92611 Airport Road Sixes Or 97476
Address or Road

This property is described in the records of Curry County as:

Township 31 Range 15 Section 29 Tax Lot/Tax Account 4001

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

Applicant:

Signature: _____ Date: 5/13/08

Printed Name: Michael R Hewitt Phone: 541 332 2750

Address: Po Box 1444 Fax: 541 332-4949

City/State/Zip: Port Orford Oregon 97465

Property Owner:

Signature: _____ Date: 5/13/08

Printed Name: David Smith Phone: 541 348 2382

Address: 92611 Airport Road Fax: _____

City/State/Zip: Sixes, Oregon 97476

Agent:

Signature: _____ Date: 5/13/08

Printed Name: Michael R Hewitt Phone: 541 332 2750

Address: Po Box 1444 Fax: 541 332 4949

City/State/Zip: Port Orford Ore 97465

PC FEE: County/Gold Beach: $116

PLANS: ___ATTACHED ___IN DRAWER X FORTHCOMING ZONING: AFD PC#: 08-0188

PLANNING CLEARANCE FORM

Planning/Sanitation/Building
Curry County Dept of Public Services
POBox 746 94235 Moore St.
Gold Beach, OR 97444
Phone 541-247-3304 Fax 541-247-4579

☒ COUNTY ☐ GOLD BEACH ☐ PORT ORFORD

Applicant: read and complete items 1-8.

1. **PLANNING CLEARANCE FOR:** (check applicable items)

☒ Sewage Disposal Permit/Authorization Notice Mike & Alteration

☐ Manufactured Home Permit Year_____ Bedrooms____
Width of Manf. Home at base_____feet

☐ Pre-Fab New_____

☒ Building Permit COMM___ SFD X #Bedrooms____
Type and Size: Home Addition Approximate 250 sqft

☐ Letter of approval signed by Deputy State Fire Marshal
(Required for Commercial) Plans to Follow

CONTRACTOR INFORMATION

☐ Owner Built

☒ Contractor Name: Michael Hewitt Reg. #: 117241

☐ Manf. Home Installer:_____Reg#_____

$175 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 ($28.00) address #_____

☐ New Address

2. EXISTING DEVELOPMENT:

☒ Dwellings (stick built) how many? 1

☐ Mobile Homes how many? _____

☒ Other Buildings how many? 3

Comments: _____

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

3A. ON-SITE SEPTIC SYSTEM ☒

Permit #_____ Date_____

3B. SANITARY DISTRICTS:

_____
SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or GOLD BEACH SANITARY REPRESENTATIVE.

_____
SIGNATURE OF CITY OF BROOKINGS

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION

Please discuss your proposed development with the utility company to ensure electrical safety.

Dana A. Fraser 5/15/08
SIGNATURE OF ELECTRIC REPRESENTATIVE

3D. FIRE DISTRICT: Sixes River Fire RFD

Dave Moore (Chief)
SIGNATURE OF RFD REPRESENTATIVE

4. PROPERTY DESCRIPTION:

Assessor Map # 33-15-29 Tax Lot# 4001

Acreage 4.6 Street address or location: _____

92611 Airport Rd Sixes, Or 97476

5. PROPERTY OWNER INFORMATION:

Property Owner: David Smith

Mailing Address: 92611 Airport Rd

City Sixes St. OR Zip 97476 Phone# 348 2382

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 David Smith

Signature _____

Mailing address 92611 Airport Rd

City Sixes ST OR ZIP 97476 PH 348 2382

Date: 5/13/08

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

RECEIVED MAY 15 2008

(FOR OFFICIAL USE ONLY)

PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: 2006 AFD

Property Line Setbacks:

☐ Harbor Bench Farm District Setback

FRONT:

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

☐ Vision clearance

☐ No requirement

SIDE:

☑ 5 feet from property line for structures 15' and under
For structures exceeding 15'—add 6 inches (½ 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 (½ 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

U:\Assessment\internal share\permit_clearance_app 07/07

Special Requirements or Considerations:

☐ 100 year flood plain
☐ FIRM or Floodway Panel#_____
☐ Geologic Hazard as identified on DOGAMI maps
☐ Wetland or potential wetland as identified by Wetland Inventory Maps: Map#_____
☐ Scenic Waterway
☐ USFS approval_____ODPR approval_____
☐ Historic structure/cultural site/historic-archeological overlay

CONDITIONS OF APPROVAL:

Planning approval is for major septic alteration only.

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

County Planning Staff Reviewer:

Wendy Ewalt
Signature

Planner 05-20-08
Title *Date*

City Planning Staff Reviewer (if required):

☑ Outside Urban Growth Boundary
☐ Inside Urban Growth Boundary, outside city limits
☐ Inside city limits

_____
Signature

_____ _____
Title *Date*

Sanitarian Reviewer:

Permit # 08-081-08 Authorization Notice#_____

☒ System approved ☐ System denied

Comments: SYSTEM APPROVED FOR A 3-BD SFD AND 375 gpd PEAK SEWAGE FLOW W/ REQUIRED INSTALLATION & MINIMUM SETBACKS.

Sara Hunter R.S.
Signature

Env Sp IV 6/13/08
Title *Date*

D.SMITH	WINSMURE FARM	1/6/01	

PARCEL MAP, TAX LOT 4001,T31S,R15W,S29
SCALE 1"=200' BASED ON UNCORRECTED AGRIAL
PHOTO SUMMMER 1999.

DRAW PLOT PLAN IN AREA ABOVE

CURRY COUNTY

DEPARTMENT OF PUBLIC SERVICES

ENVIRONMENTAL SANITATION DIVISION

AUTHORIZATION NOTICE PERMIT NO. 08-01-85AN
Rec. 04315

Property Owner Christopher Miller Phone 332-3931

Address P.O. Box 267 Sixes Or 97476
Street City State

T 31 R 15 S 29 (index) Tax Lot 4001

Existing System:- Installed 1-18-82 (Date) by Self (Installer) Permit# 08-010-80

Inspected 1-18-82 (Date)

Existing System consists of 1000 (gallon) septic tank 150 lineal ft of drainfield trench

Originally designed to serve 3 bdr

This Certificate acknowledges the sewage disposal system located on the property identified above has been determined adequate by (X) Field Inspection, (X) Record Review to allow connection by One Bdr Dwelling (type of structure) with a projected sewage flow of 300 g/d.

Comments regarding connection as per plan Sewer line from House to tank must be inspected by Plumbing Inspector

Please Note a permit and inspection of the building sewer line and physical connection to this existing system is required by the Curry County Building Office (Public Services Department).

Please Note. This Notice of Authorization does not guarantee satisfactory or continuous operation of this system.

Wilbert P. Cline R.S
Sanitarian

1-14-85
Date

FOR OFFICE USE ONLY

Date Test Holes Ready

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY
Date Rec'd 11/11/85
Date Completed
Required Fee 55.00
Receipt No. 04315
Control No. 08-01-85 AN

APPLICATION FOR:

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

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED	☑ YES	☐ NO	ATTACHED	☐ YES ☐ NO
VICINITY OR TAX LOT MAP REQUIRED	☐ YES	☑ NO	ATTACHED	☐ YES ☐ NO
TEST HOLES REQUIRED	☐ YES	☑ NO		
LAND USE COMPATIBILITY STATEMENT	☑ YES	☐ NO	ATTACHED	☐ YES ☐ NO

ADDITIONAL ITEM(S) REQUIRED

****

For Applicant's Use — (Please Print)

(Property Owner's Name)

31 (Township)	15 (Range)	index (Section) (29)	4001 (Tax Lot/Acct. No.)	Curry (County)
(Subdivision Name)		(Lot No.)	(Block No.)	46.33 m/l (Lot Size)

(Public Water Supply) | (Private Water Supply, Specify Type)

1 Bdrm
(Single Family Residence — Number of Bedrooms) | (Other — Specify)

Directions to Property: 92611 Airport Rd. Ag.

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

Christopher S Mills
(Signature)

10/12/84
(Date)

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

Owner's Mailing Address

PO Box 267
Sixes, Or 97476

Phone 332 3931 (work)

Applicant's Mailing Address (if different)

Phone _____

DEQ-WQ-XL 120
3/81

For Office Use Only
Planning ~~JT~~ Date 10/16/84
Zoning AFD
Sanitation MC Date 1/14/85
Bldg. _____ Date _____

CURRY COUNTY
DEPARTMENT OF PUBLIC SERVICES
PERMIT CLEARANCE FORM

Date 10/16/84

CLEARANCE IS VALID FOR 180 DAYS

Application for:

- [x] Septic System Permit Authorization Notice
- [ ] Mobile Home Permit
- [x] Building Permit:
  - [ ] Single Family Dwelling
  - [ ] Multiple Dwelling
  - [ ] Commercial/Industrial _____ type
  - [ ] Other _____ type

1/4"/1'

EXISTING DEVELOPMENT ON THIS TAX LOT:

- [ ] Conventional Dwelling _____ How many?
- [ ] Mobile Home _____ How many?

Sewage Disposal:
- [x] On Site
- [ ] Community

Water:
- [x] On Site
- [ ] Community

- [x] Other buildings 1 How many Storage Type
- [ ] Vacant _____

****

FOR APPLICANTS USE: PLEASE PRINT

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

Property Owner's Name Christopher S Miller

Property Description:

Township 31 Range 15 Section Index (29) Tax Lot # 4001 Acres 96.83

Name and lot if in a subdivision _____

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

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

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

Signature Christopher S Miller Date 10/12/84

Owner's Mailing Address:

PO Box 267
Sixes, Ore 97476

Phone # 332 3931 (work)

Applicants Mailing Address:

Phone # _____

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

SUBSURFACE SEWAGE SYSTEM
CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner Christopher Miller
Permit Number 08-040-80N
T. 31 R. 15 Sec. index Tax Lot/Acct. No. 4001
Date of Final Insp. 1/18/82
Loc./Road airport Rd Sisters
Approved By R. Lyon
Installer Self
Title Sanitarian
Disposal Trenches: 300 Square Ft. ~~300~~ 150 Lineal Ft.
Tank Size: 1000 Gallons. System Designed to Serve Single family Dwelling

Plot Plan:

See permit

revised from 300 lineal ft.
to 150 lineal ft. Sa lo

DEQ/WQ-402 1/78

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

08-040-80N

Property Owner Christopher Miller
T. 31 R. 15 Sec. ~~Index~~ Tax Lot/Acct. No. 4001
Loc./Road Sykes

Permit Number ~~3166~~
Expiration Date ~~6/30/81~~ 3/27/82
Issued By ~~E Hoffman~~ RL

PERMIT

[NOT TRANSFERABLE]

New Construction of ☒ **Repair of** ☐ **Connection of** ☐ **Alteration of** ☐

A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches ~~600~~ 300 Square ft. ~~300~~ 150 Lineal ft.
Maximum trench depth 36. Minimum trench depth 24.
☐ Loop ☐ Equal ☒ Serial Distance between lines on center 10' lines
Total rock depth 12" Below pipe 6" Above pipe 6" ☐ Rake sidewalls
Special Conditions. **[Follow Attached Plot Plan]**. None

PRE-COVER INSPECTION REQUIRED – CONTACT:

POST ON SITE

DEQ/WQ-404 Rev. 1/78 (REGION COPY)

SP*54377-340

SUBSURFACE DISPOSAL APPLICATION & PERMIT

Curry County Environmental Sanitation Dept.
P.O. Box 1277, Gold Beach, Oregon 97444
Phone - 247-7011 Ext. 291

Permit #: 08-040-80N
Receipt #: ~~01962~~ 02597
Amt. Pd.: $25 cash
Permit Expires: ~~6/26/81~~ 3/22/82

TO BE FILLED OUT BY APPLICANT:

PROPERTY ZONED FG 40

Property Owner Christopher S Miller
Mailing Address PO B 267, Sixes 97476
City, State Sixes, Ore
Phone Number FG
Township 31S Range 15WWM Section ~~29~~ index Tax Lot 4001
Job Location
Size of Lot: Width 1320 Length x1740
If approved subdivision: Name Lot & Blk
New System X Alteration Repair
Installation will serve: House Mobile Home X No. of Bedrooms
Commercial No. of Employees
Water Supply: Public
Private Drilled Well Spring X
Garbage Disposal in Sink: Yes No X
Installation by:
Owner X
Licensed Installer (Name)
Date Mar/20/80
Applicant's Signature Christopher S Miller

PERMIT IS NOT VALID UNLESS A PERMIT NUMBER IS ASSIGNED & SIGNED BY A SANITARIAN.

1. Feasibility required prior to permit issuance.
2. Request is made for an inspection by a sanitarian for approval of location, size & type of system.
3. Inspection is required after completion but prior to covering by a sanitarian.

TO BE FILLED OUT BY COUNTY SANITARIAN:

Soil type SaLO Type of Distribution System: Equal
Serial ✓
Other
Tank Size (Gallons) 1000 No. of Distribution Boxes 0
Trench Area Drainfield ~~600~~ 300 Square Feet.

REMARKS: 1000 gal Tank, serial D.F. System with 300 Lineal ft effective Drainfield Trench installed to code. 150 lineal ft of drainfield 8/28/82 [illegible]
Tar paper required

Permit:

Approved: Yes ✓ No Reasons: Slope
Lot Size
Soil
Water table

FEES:

Feasibility	$50.00
New Construction	(25.00)
Repair, Alteration	25.00
Extension	25.00

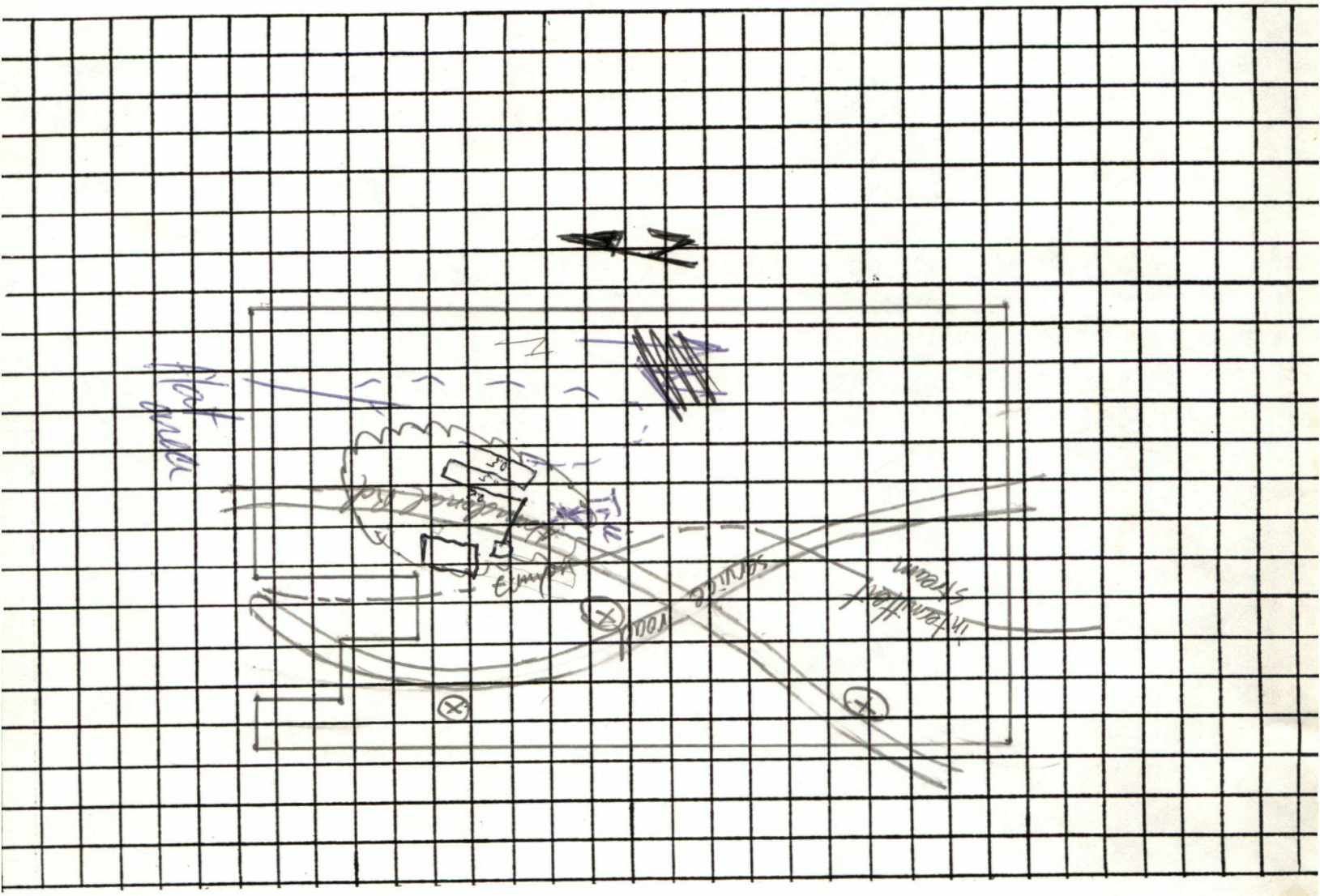
Date Issued 6/26/80
Sanitarian [signature]

FINAL APPROVAL:
Date 1/18/82
Sanitarian Richard E. [illegible]

MAKE CHECKS PAYABLE TO: ENVIRONMENTAL SANITATION DEPT., P.O. BOX 1277, Gold Beach, OR 97444

PLOT PLAN

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



NO DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL.

CERTIFICATION

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

_____
Owner/Agent

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

REVIEW REMARKS:

Date: _____

Plans Reviewed By:

_____
Sanitarian

DEPT. OF ENVIRONMENTAL SANITATION

P.O. Box 1277, Gold Beach, Oregon 97444

Feasibility Report

Date: PG

T 31 S; R 15 W; Sec. ~~29~~ Index; TL 4001 Subdiv. _____ Lot _____ Blk. _____ Zoning PG

Street _____

Report To: KEN DENNISON REAL ESTATE, INC.
P.O. Box 22
Port Orford, Ore. 97465

Phone: 332-3521

Size of lot or tract (dimensions) 46 acres m/l

Usage: ☒ Single Dwelling ☐ Duplex ☐ Trailer ☐ Commercial ☐ Other _____

Type of Water Supply: ☒ Private ☐ Public

☒ **APPROVED.** This location is acceptable for individual subsurface disposal system. Drainfield must follow contour of land.
BRING REPORT WHEN APPLYING FOR DRAINFIELD PERMIT.

8/26/80 – New owner
0-36, Sa C/L.O
36-68 Si Sa
68→ Sand. winter H.O

☒ **Drainfield must be at least 100 feet from water source.**

☒ **Sq. Ft./BR** ~~250~~ sq. ft. (unit)

300/150

☐ **DISAPPROVED**

☒ **COMMENTS** A horizon sandy loam to 18"; B horizon is mixed coarse and fine loamy sand. 30" maximum depth on trenches.

Date 1/5/79 By _____ Public Health Sanitarian

Fee of $25.00 Rec. No. 00932

587 — Hank's Print Shop — Gold Beach, Oregon

Sanitarian

PLANNING DEPARTMENT

396-3118

Mack Arch on the Curry Coast

COUNTY OF CURRY P.O. Box 1123 • Gold Beach, Oregon 97444 • Phone 247-7011

June 20, 1980

Christopher Miller
Box 267
Sixes, Oregon 97476

Dear Mr. Miller:

Re: ST80-099
Map 31-15; tax lot 4001

This is to inform you that your application has been approved based on the following findings of fact:

1. The proposed site is on SCS Class VI soil which does not have agricultural capabilities.

2. The soil type involved, Blacklock fine sandy loam, does not indicate forest land capabilities.

3. The large parcel size, 46 acres, precludes the necessity of proving water for domestic use.

4. The parcel is zoned F-G, limiting development to one homesite.

You should now contact the County Sanitarian to obtain the necessary permits.

If you have any questions, please contact me.

Sincerely,

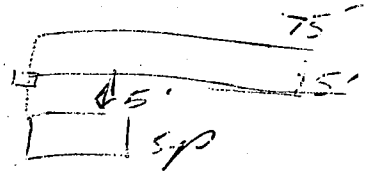
Robert J. Higbie
Planning Director

RJH:JC:bh

o - heavy compacted soil -

high chroma mottles - rapid d.

90' from old site



Chris Miller
1/3/85

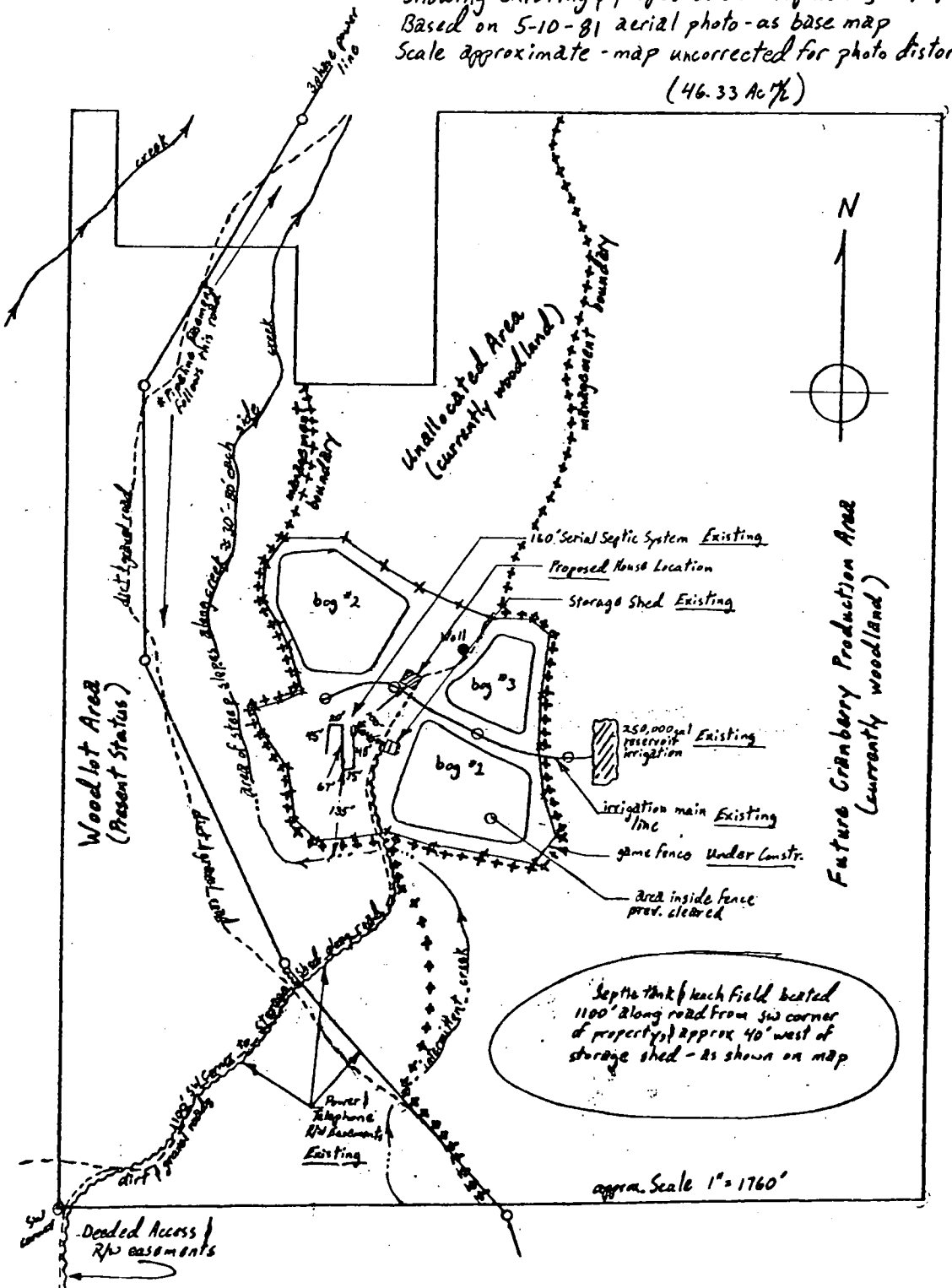
Curry Co Planning Dept.

Please check with sanitarian Del Cline regarding the #55 check. He has already been out & has inspected the septic system & approved its use for a new house

CM

Map of Parcel T31S R15 WWM S29 Tax Lot 4001

Showing existing & proposed developments 1/2/85
Based on 5-10-81 aerial photo - as base map
Scale approximate - map uncorrected for photo distortion
(46.33 Ac ±)



ON-SITE FILE FOLDER INFORMATION SHEET

TOWNSHIP 31 RANGE 15 SECTION Indef TAX LOT 4001

ADDRESS Airport Rd ACREAGE ____

ACTIVITIES	DATE	COMMENTS
Site Evaluation Application Received	✓	
Site Evaluation Conducted		
Site Evaluation Report Prepared	1/5/79	SCE
On-Site Permit Application Filed	6/26/80	EAH
On-Site Permit Issued		
First Inspection		
Second Inspection		
Third Inspection		
Fourth Inspection		
Final Inspection	1/18/82	REL
First Correction Notice		
Second Correction Notice		
Certificate of Satisfactory Completion Issued		
Authorization Notice Granted		
Other		