



# Septic Permit

## Installation Permit - Residential - New

221-25-000148-PRMT

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

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

Call or text the word "schedule" to 1-888-299-2821 use **IVR Number:221032797135**  
Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

Date issued: 4/23/25

Expiration date: 4/23/26

Work description: CONSTRUCTION PERMIT - LOT 4

**Applicant:** Econo Rooter Services, Inc.  
**Address:** PO Box 627  
Coquille OR 97423  
**Phone:** 5413964804  
**Email:** OFFICE@econorooter.us

**Primary contractor:** Econo Rooter Services, Inc.  
**Installer/Pumper License:** 38122  
**Address:** PO Box 627  
Coquille OR 97423  
**Phone:** 5413964804  
**Email:** admin@econorooter.us

**Business License:** N/A

**Owner:** PORT ORFORD QOZB LLC

**Property address:** 0 Cemetery Loop Rd, Port Orford, OR  
97465

**Parcel:** 331504D 0160400 - Primary

<b>Lot size:</b>	1	<b>Water supply:</b>	Well
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	N/A
<b>Land use approval:</b>	N/A	<b>County:</b>	N/A
<b>Accessory Dwelling Unit:</b>	No		
<b>Action:</b>	New	<b>Type of application:</b>	Construction Permit - Residential
<b>System failing:</b>	N/A	<b>Septic tank last pumped:</b>	N/A
<b>Comments:</b>	N/A		

**Directions to property:** AT CEMETERY LOOP AND HUBBARD LN. NEXT TO 93180 CEMETERY LOOP.

**Category of construction:** N/A

	Existing	Proposed
<b>Number of bedrooms:</b>	N/A	4

### System Specifications

<b>Type:</b>	Alternative Treatment Technology (ATTs)	<b>ATT description:</b>	ax20rt
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b>	450 gpd.
<b>Min septic tank volume:</b>	1500 gal.	<b>Min dosing tank volume:</b>	N/A

### Drain Field Specifications

<b>Drain field type:</b>	Standard	<b>System distribution Ttpe:</b>	Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Serial
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	N/A
<b>Media type description:</b>	EZ FLOW 1201-P		
<b>Trench length:</b>	150 linear ft.	<b>Rock above pipe:</b>	N/A
<b>Max depth:</b>	30 in.	<b>Undisturbed soil between trenches:</b>	8 ft.
<b>Min depth:</b>	24 in.	<b>Capping fills-min depth of fill material:</b>	N/A

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.)

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Special Requirements

Stake out required:	No		
Groundwater type:	Not Applicable	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

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<b>Work description:</b> CONSTRUCTION PERMIT - LOT 4	

Conditions of approval:

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**Expiration date:** 4/23/26

**Work description:** CONSTRUCTION PERMIT - LOT 4

#### Conditions of approval:

This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345. ATT treatment standard 1 required. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions. The septic tank must be approved for use with the ATT system to be installed. In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee.

¿ A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

¿Photos of the septic system components must be submitted along with the FIRN.

- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- Meet all required setbacks
- The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- Install the pump and system components in accordance with the approved pump curve and specifications.
- An anti-buoyancy device is required for the septic tank(s) and must be installed as per the manufacturer installation guidelines.
- A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- Effluent filter required at tank outlet.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.



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**Date issued:** 4/23/25

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**Work description:** CONSTRUCTION PERMIT - LOT 4

**Conditions of approval:**

- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

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

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

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

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

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

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

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

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

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

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<b>Work description:</b> CONSTRUCTION PERMIT - LOT 4	

Joshua Daley

Environmental Specialist

4/23/25

PC#: 25-000546  
FORTHCOMING ZONING: 12-  
IN DRAWER  
ATTACHED  
PLANS:

PC FEE: CURRY COUNTY - \$350.00



## PLANNING CLEARANCE FORM

### Planning/Building

Curry County Community Development  
94235 Moore Street, Suite 113  
Gold Beach, OR 97444  
Phone 541-247-3304 Fax 541-247-4579

☐ COUNTY

**Applicant: read and complete items 1-8.**

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

- ☒ Sewage Disposal Permit/Authorization Notice  
**Septic Install**  
☐ Manufactured Home Permit Year \_\_\_\_\_ Bedrooms \_\_\_\_\_  
Width of Manf. Home at base \_\_\_\_\_ feet  
☐ Pre-Fab New \_\_\_\_\_  
☐ Building Permit COMM \_\_\_\_\_ SFD \_\_\_\_\_ #Bedrooms \_\_\_\_\_  
Type and Size: \_\_\_\_\_

#### CONTRACTOR INFORMATION

- ☐ Owner Built  
☒ Contractor Name: **Econo Rooter** Reg. # **143577**  
☐ Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

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

#### 2. EXISTING DEVELOPMENT:

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

#### 3. WATER SOURCE:

- ☒ Well ☐ Spring ☐ Other: \_\_\_\_\_  
If on Well / Spring:  
• Attach **Well Log** or **Water Right** documentation.  
If in a Water District:  
• Verification (from an authorized district representative)  
is required **prior** to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE \_\_\_\_\_

**Farmland Special Assessment**

Signature of County Assessor \_\_\_\_\_

**Forestland Special Assessment**

Signature of County Assessor \_\_\_\_\_

#### 3A. SANITARY DISTRICTS:

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

SIGNATURE OF CITY OF BROOKINGS \_\_\_\_\_

#### 3C. COOS-CURRY / BANDON ELECTRIC COORDINATION

This form must be signed off and turned in when the Permit  
Is applied for. See Attachment

#### 4. PROPERTY DESCRIPTION:

Assessor Map # **33S15W04D** Tax Lot# **1604**  
Acreage **1.00** Street address or location: \_\_\_\_\_  
**0 Cemetery Loop Rd Port Orford**

#### 5. PROPERTY OWNER INFORMATION:

Property Owner: **Port Orford QOZB, LLC**  
Mailing Address: **PO Box 5758**  
City **Bend** St. **OR** Zip **97797** Phone# **541-948-4035**

#### 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 **Patrick Flynn/Econo Rooter**

Signature: *Patrick Flynn*

Mailing address **PO Box 627**

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

Date: **3/7/25**

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.

Office @ econorooter.us

RECEIVED  
3/10/25

(FOR OFFICIAL USE ONLY)

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 (1/2 foot) for every foot over 15' height* TOTAL SETBACK \_\_\_\_\_

- ☐ No requirement

**BACK:**

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

- ☐ No requirement  
*NOTE: Eaves, gutters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet*

Off Street Parking:

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

Structure Height:

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

Lot Origin and Previous Land Use Action:

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

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

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

Fire Break:

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

Special Requirements or Considerations:

100 year flood plain

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

Geologic Hazard as identified on DOGAMI maps

Wetland or potential wetland as identified by

Wetland Inventory Maps: Map# \_\_\_\_\_

Scenic Waterway

USFS approval \_\_\_\_\_ ODP 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: 221-25-000148-PRMT

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

- ☐ System approved ☐ System denied

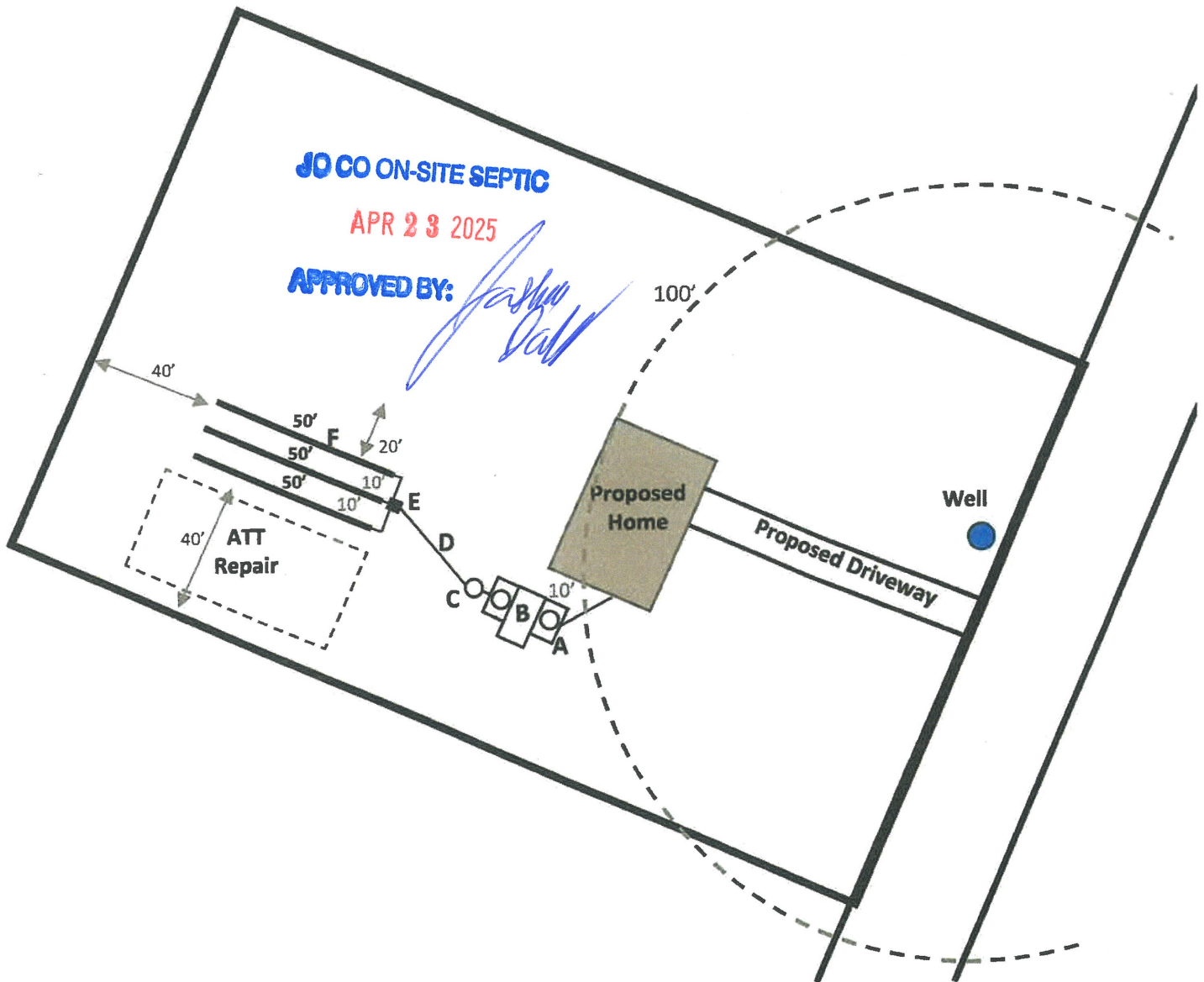
Comments:

**HOLD COO TILL CSC IS ISSUED**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

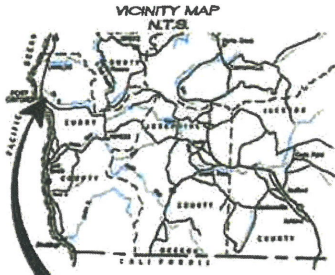


**Materials:**

- (A) Willamette-Graystone TD1502 - Tank Dosing 1500 Gallon Flow-Thru
- (B) ATT - AX20 MODE 1
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) Transport Pipe: 50' - 1 1/4" Sch 40
- (E) Jumbo Valve Box
- (F) Drain Field - 150' 1201P



**TENTATIVE BATTLE ROCK ESTATES SUBDIVISION  
PROPOSED SUBDIVISION LAYOUT  
LOCATED SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 4,  
AND IN A PORTION OF GOVERNMENT LOT 1, SECTION 9,  
ALL IN T.33S., R.15W., W.M.,  
CURRY COUNTY, OREGON**



**PROJECT LOCATION**

NOTES:  
NO EXISTING SEWERS OR WATER MAINS.  
NO EXISTING SEPTIC DRAINFIELD AREAS.  
THERE ARE TWO EXISTING WELLS ON THE PROPERTY AS SHOWN.  
NO EXISTING STRUCTURES.  
NO KNOWN SLOPE OR GEOLOGIC HAZARDS.

CURRY COUNTY ZONE: R-2  
SETBACKS: FRONT 10', SIDE/REAR 5'

**LEGEND**

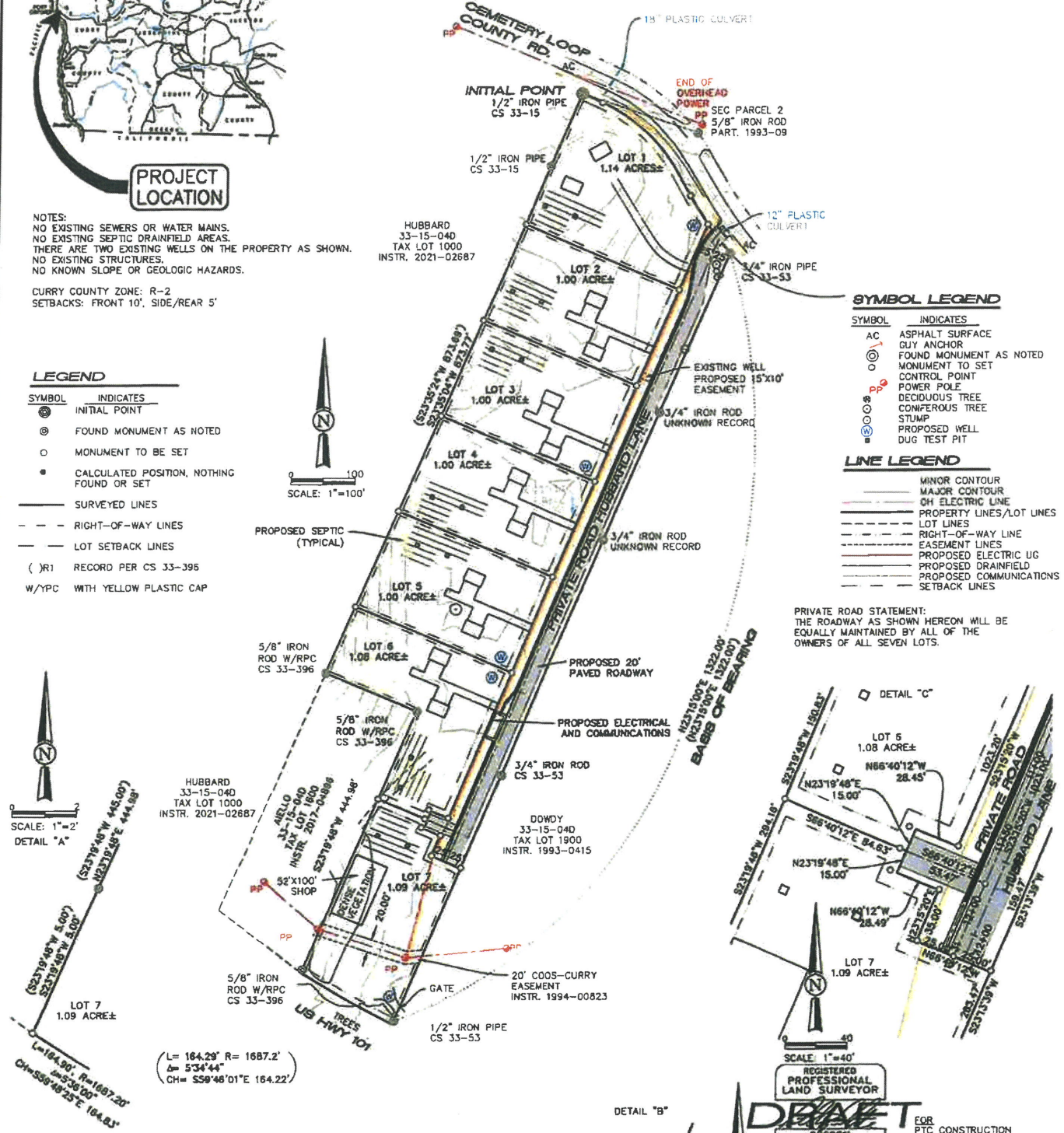
SYMBOL	INDICATES
●	INITIAL POINT
⊙	FOUND MONUMENT AS NOTED
○	MONUMENT TO BE SET
•	CALCULATED POSITION, NOTHING FOUND OR SET
—	SURVEYED LINES
- - -	RIGHT-OF-WAY LINES
- · - · -	LOT SETBACK LINES
( ) R1	RECORD PER CS 33-396
W/YPC	WITH YELLOW PLASTIC CAP

**SYMBOL LEGEND**

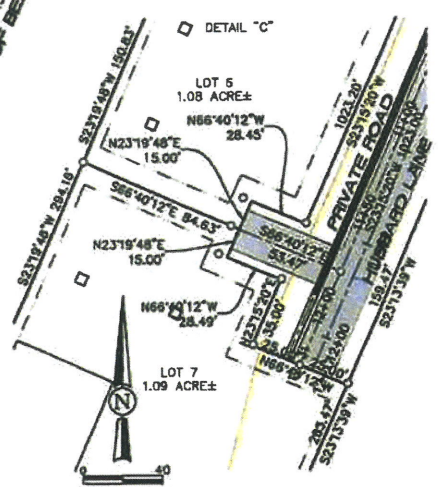
SYMBOL	INDICATES
AC	ASPHALT SURFACE
⊙	GUY ANCHOR
⊙	FOUND MONUMENT AS NOTED
○	MONUMENT TO BE SET
⊙	CONTROL POINT
⊙	POWER POLE
⊙	DECIDUOUS TREE
⊙	CONIFEROUS TREE
⊙	STUMP
⊙	PROPOSED WELL
⊙	DUG TEST PIT

**LINE LEGEND**

LINE	INDICATES
—	MINOR CONTOUR
—	MAJOR CONTOUR
—	OH ELECTRIC LINE
—	PROPERTY LINES/LOT LINES
—	LOT LINES
—	RIGHT-OF-WAY LINE
—	EASEMENT LINES
—	PROPOSED ELECTRIC UG
—	PROPOSED DRAINFIELD
—	PROPOSED COMMUNICATIONS
—	SETBACK LINES



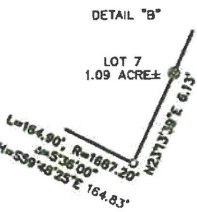
PRIVATE ROAD STATEMENT:  
THE ROADWAY AS SHOWN HEREON WILL BE  
EQUALLY MAINTAINED BY ALL OF THE  
OWNERS OF ALL SEVEN LOTS.



**REGISTERED PROFESSIONAL LAND SURVEYOR**  
**DRIFT**  
FOR  
PTC CONSTRUCTION  
PO BOX 5758  
BEND, OREGON 97708  
EXPIRES 6/30/22 Date: April 25, 2022 Scale: Varies

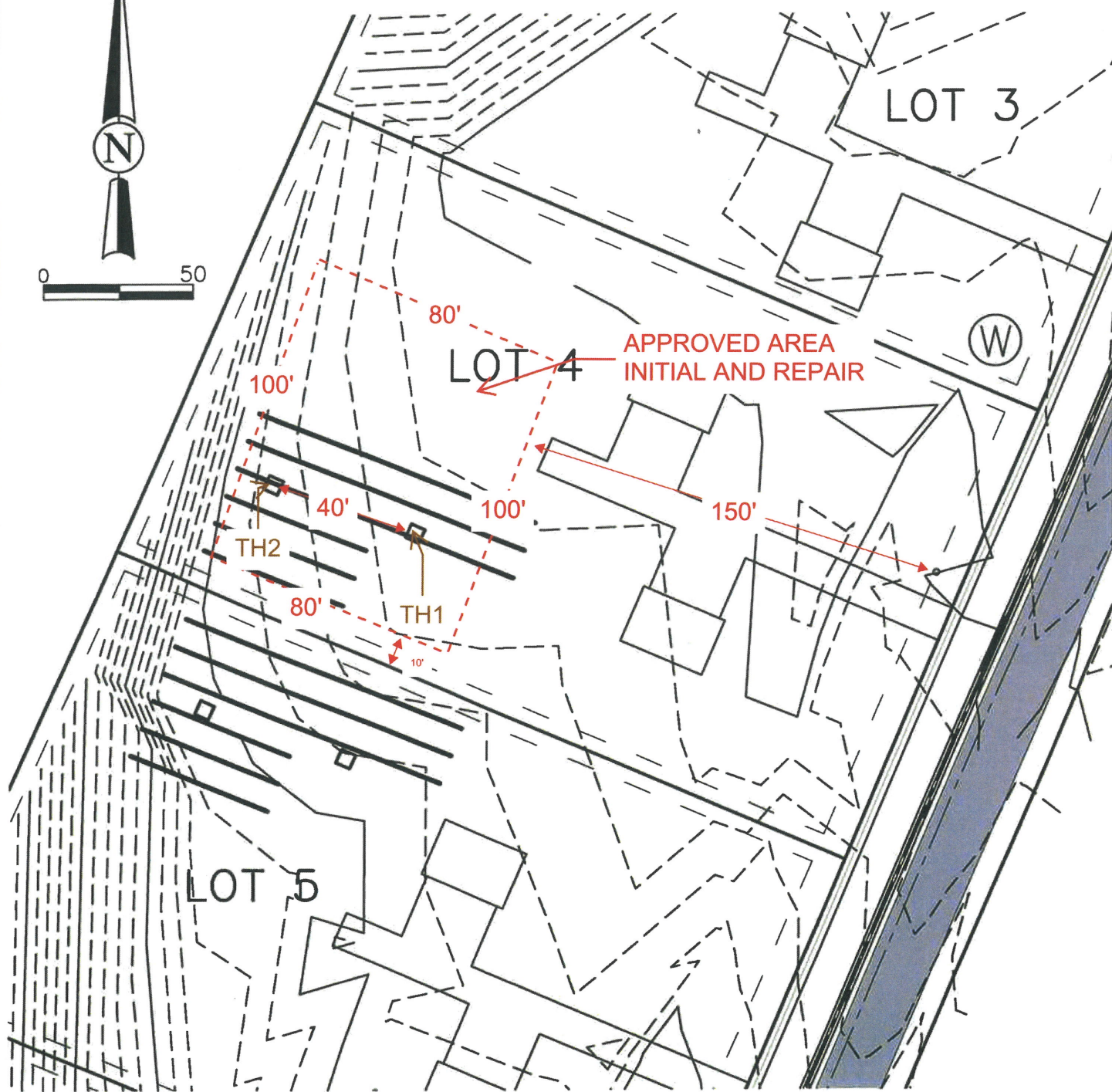
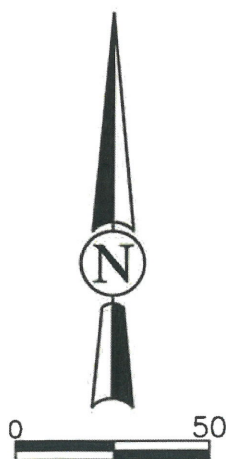
**SH**  
275 MARKET AVENUE  
COOS BAY, OR, 97420  
WWW.SH-ENGR.COM  
541-266-9880

**NARRATIVE**  
THE PURPOSE OF THIS SURVEY WAS TO PREPARE A SUBDIVISION APPLICATION. THE BASIS OF BEARING FOR IS APPARENTLY ASSUMED PURSUANT TO CURRY COUNTY SURVEY 33-396 (RAMBO). I FOUND AND HELO ALL MONUMENTS SHOWN FROM 33-396 (RAMBO) AND 33-53. LOTS AS SHOWN HEREON WERE CALCULATED PURSUANT TO MY CLIENTS REQUEST AND NEW MONUMENTS SET AS SHOWN HEREON.  
A TRIMBLE RIO RECEIVERS AND S7 ROBOTIC TOTAL STATION WITH TSC5 DATA COLLECTOR WERE USED FOR THIS SURVEY.





# TENTATIVE BATTLE ROCK ESTATES SUBDIVISION PROPOSED LOT 4 LAYOUT



\*NOT TO SCALE

\\CoosBay-FS\Projects\2021\621131-PTC-Const\Drawgs, SAVED: 5/5/2022 11:57 AM WWHITE, PLOTTED: 5/6/2022 9:19 AM, WHITE, WALTER



PTC Construction  
Proposed Battle Rock Subd.  
Curry County, Oregon

Septic Feasibility  
Lot 4  
SHN 621131

May 6, 2020

621131SubdRev2

Figure 4

PC#: 25-000546  
 FORTHCOMING ZONING: 12-  
 IN DRAWER  
 ATTACHED  
 PLANS:

PC FEE: CURRY COUNTY - \$350.00



# PLANNING CLEARANCE FORM

## Planning/Building

Curry County Community Development  
 94235 Moore Street, Suite 113  
 Gold Beach, OR 97444  
 Phone 541-247-3304 Fax 541-247-4579

☐ COUNTY

**Applicant: read and complete items 1-8.**

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

- ☒ Sewage Disposal Permit/Authorization Notice  
**Septic Install**
- ☐ Manufactured Home Permit Year \_\_\_\_\_ Bedrooms \_\_\_\_\_  
 Width of Manf. Home at base \_\_\_\_\_ feet
- ☐ Pre-Fab New \_\_\_\_\_
- ☐ Building Permit COMM \_\_\_\_\_ SFD \_\_\_\_\_ #Bedrooms \_\_\_\_\_  
 Type and Size: \_\_\_\_\_

### CONTRACTOR INFORMATION

- ☐ Owner Built
- ☒ Contractor Name: **Econo Rooter** Reg. # **143577**
- ☐ Manf. Home Installer: \_\_\_\_\_ Reg# \_\_\_\_\_

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

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- ☒ Well ☐ Spring ☐ Other: \_\_\_\_\_
- If on Well / Spring:
  - Attach **Well Log** or **Water Right** documentation.
- If in a Water District:
  - Verification (from an authorized district representative) is required **prior** to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE \_\_\_\_\_

**Farmland Special Assessment**

Signature of County Assessor \_\_\_\_\_

**Forestland Special Assessment**

Signature of County Assessor \_\_\_\_\_

### 3A. SANITARY DISTRICTS:

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

SIGNATURE OF CITY OF BROOKINGS \_\_\_\_\_

### 3C. COOS-CURRY / BANDON ELECTRIC COORDINATION

This form must be signed off and turned in when the Permit  
 is applied for. See Attachment

### 4. PROPERTY DESCRIPTION:

Assessor Map # **33S15W04D** Tax Lot# **1604**  
 Acreage **1.00** Street address or location: \_\_\_\_\_  
**0 Cemetery Loop Rd Port Orford**

### 5. PROPERTY OWNER INFORMATION:

Property Owner: **Port Orford QOZB, LLC**  
 Mailing Address: **PO Box 5758**  
 City **Bend** St. **OR** Zip **97797** Phone# **541-948-4035**

### 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 **Patrick Flynn/Econo Rooter**

Signature: *Patrick Flynn*

Mailing address **PO Box 627**

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

Date: **3/7/25**

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.

Office @ econorooter.us

RECEIVED  
 3/10/25



(FOR OFFICIAL USE ONLY)

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 (1/2 foot) for every foot over 15' height* TOTAL SETBACK \_\_\_\_\_

- ☐ No requirement

**BACK:**

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

- ☐ No requirement  
*NOTE: Eaves, gutters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet*

Off Street Parking:

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

Structure Height:

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

Lot Origin and Previous Land Use Action:

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

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

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

Fire Break:

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

Special Requirements or Considerations:

100 year flood plain  
FIRM or Floodway Panel# \_\_\_\_\_  
Geologic Hazard as identified on DOGAMI maps  
Wetland or potential wetland as identified by  
Wetland Inventory Maps: Map# \_\_\_\_\_  
Scenic Waterway  
USFS approval \_\_\_\_\_ ODPB 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:** Wednesday, April 16, 2025 4:09 PM  
**To:** office@econoroooter.us; pacificgeographic@gmail.com; Penny Hudgens; Rabiah L. Lee  
**Subject:** Important communication regarding record # 221-25-000046-PLNG at (No Address on Record)

This is important communication regarding record # **221-25-000046-PLNG** at job site address (**No Address on Record**).

Record Type: Planning Tracking  
Record Status: Final Approval  
Description of Work: PC for Septic Install  
Workflow Task and Status: Staff Review / Final Staff Approval  
Comment: Approval for septic installation only. No geologic hazards or floodplain. Approval for future dwelling shall be through a Planning Clearance and in compliance with approved subdivision.

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=25CAP&capID2=00000&capID3=000A6&agencyCode=CURRY\\_CO](https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Planning&TabName=Planning&capID1=25CAP&capID2=00000&capID3=000A6&agencyCode=CURRY_CO)

Thank you.

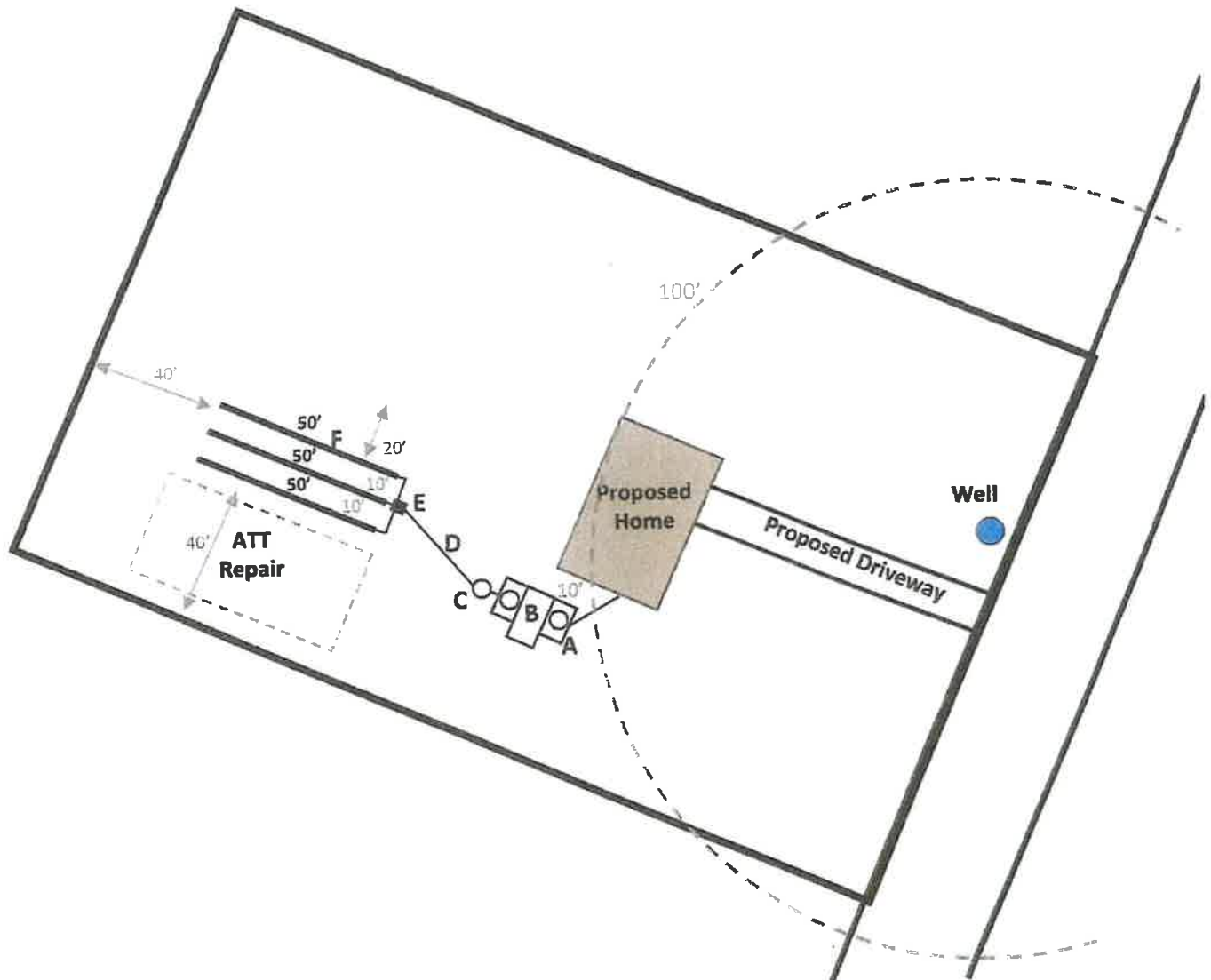
Curry County Planning Department  
94235 Moore St., STE 113  
Gold Beach, OR 97444  
541-247-3284  
planning@currycountyor.gov  
currycountyor.gov



Conditionally Approved ☐  
Approved ☒  
Denied ☐  
By: ZM Date: 4/16/25  
Curry County Community Development



Address of Site: Cemetery Loop  
LOT 4



**Materials:**

- (A) Willamette-Graystone TD1502 - Tank Dosing 1500 Gallon Flow-Thru
- (B) ATT - AX20 MODE 1
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) Transport Pipe: 50' - 1 1/4" Sch 40
- (E) Jumbo Valve Box
- (F) Drain Field - 150' 1201P



# Application for Onsite Sewage Treatment System

Send this application to:  
Curry County Community Development  
94235 Moore Ste, Suite 113  
Gold Beach, OR 97444  
or  
[septicpermits@co.curry.or.us](mailto:septicpermits@co.curry.or.us)

For Curry County Use Only:		Date Stamp
Date received		
Fee paid		
Receipt number		
Application number	21-75-000148-PRM	
Date of 1 <sup>st</sup> response		
Date of 2 <sup>nd</sup> response		
Date of final response		
Date of completion		
Scanned	Data Entry	

## A. Property Owner Information

Patrick Todd	PO Box 5758 Bend, OR 97797	541-948-4035
Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number

## B. Legal Property Description

33S	15W	04D	1604	R38678	1.00
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Curry					
County	Subdivision Name	Lot	Block		
Property Address:	0 Cemetery Loop Rd	Port Orford	OR	97465	
Address		City	State	Zip Code	
Directions to Property:	At Cemetery Loop and Hubbard Ln. Next to 93180 Cemetery Loop.				

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

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public
	4	Name
Number of Bedrooms	Number of Bedrooms	Well
		Well, Spring, Shared
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

## D. Type of Application

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

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

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

*Gloria Morris*  
Signature

3/7/25

Date

Econo Rooter Services

541-396-4804

office@econoroooter.us

Applicant's Name - Please Print Legibly

Applicant's Phone Number

Applicant's E-mail Address

PO Box 627 Coquille, OR 97423

Applicant's Mailing Address

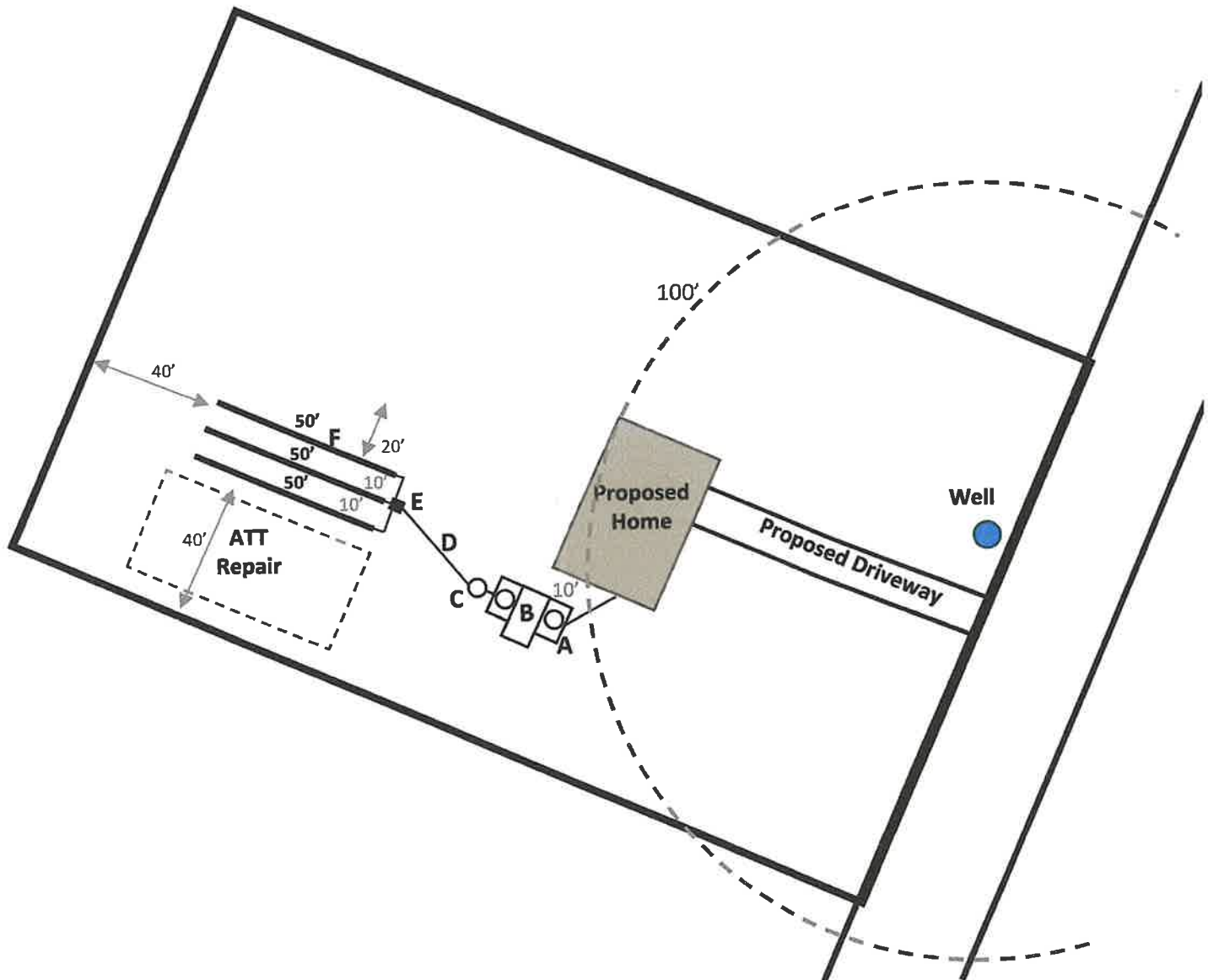
Applicant is the ☒ Owner ☒ Authorized Representative

☒ Licensed Septic Installer

☒ Authorization Attached

Patrick Flynn

Installer's Name

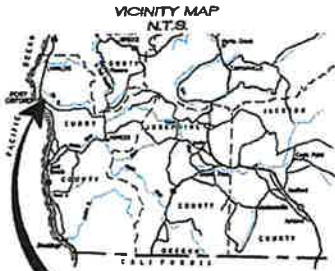


**Materials:**

- (A) Willamette-Graystone TD1502 - Tank Dosing 1500 Gallon Flow-Thru
- (B) ATT - AX20 MODE 1
- (C) Pump Vault - Orenco 30 GPM HH pump (PF3005)
- (D) Transport Pipe: 50' - 1 1/4" Sch 40
- (E) Jumbo Valve Box
- (F) Drain Field - 150' 1201P



**TENTATIVE BATTLE ROCK ESTATES SUBDIVISION  
PROPOSED SUBDIVISION LAYOUT  
LOCATED SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 4,  
AND IN A PORTION OF GOVERNMENT LOT 1, SECTION 9,  
ALL IN T.33S., R.15W., W.M.,  
CURRY COUNTY, OREGON**



**PROJECT LOCATION**

NOTES:  
NO EXISTING SEWERS OR WATER MAINS.  
NO EXISTING SEPTIC DRAINFIELD AREAS.  
THERE ARE TWO EXISTING WELLS ON THE PROPERTY AS SHOWN.  
NO EXISTING STRUCTURES.  
NO KNOWN SLOPE OR GEOLOGIC HAZARDS.

CURRY COUNTY ZONE: R-2  
SETBACKS: FRONT 10', SIDE/REAR 5'

HUBBARD  
33-15-040  
TAX LOT 1000  
INSTR. 2021-02687

**LEGEND**

SYMBOL	INDICATES
⊙	INITIAL POINT
⊙	FOUND MONUMENT AS NOTED
○	MONUMENT TO BE SET
•	CALCULATED POSITION, NOTHING FOUND OR SET
—	SURVEYED LINES
- - -	RIGHT-OF-WAY LINES
- - -	LOT SETBACK LINES
( ) R1	RECORD PER CS 33-395
W/YPC	WITH YELLOW PLASTIC CAP

**SYMBOL LEGEND**

SYMBOL	INDICATES
AC	ASPHALT SURFACE
⊙	GUY ANCHOR
⊙	FOUND MONUMENT AS NOTED
○	MONUMENT TO BE SET
⊙	CONTROL POINT
⊙	POWER POLE
⊙	DECIDUOUS TREE
⊙	CONIFEROUS TREE
⊙	STUMP
⊙	PROPOSED WELL
⊙	DUG TEST PIT

**LINE LEGEND**

—	MINOR CONTOUR
—	MAJOR CONTOUR
—	OH ELECTRIC LINE
—	PROPERTY LINES/LOT LINES
—	LOT LINES
—	RIGHT-OF-WAY LINE
—	EASEMENT LINES
—	PROPOSED ELECTRIC UG
—	PROPOSED DRAINFIELD
—	PROPOSED COMMUNICATIONS
—	SETBACK LINES

PRIVATE ROAD STATEMENT:  
THE ROADWAY AS SHOWN HEREON WILL BE  
EQUALLY MAINTAINED BY ALL OF THE  
OWNERS OF ALL SEVEN LOTS.

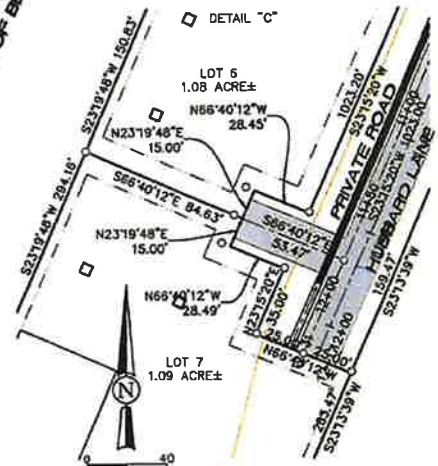


SCALE: 1"=2'  
DETAIL "A"

HUBBARD  
33-15-040  
TAX LOT 1000  
INSTR. 2021-02687

DOWDY  
33-15-040  
TAX LOT 1900  
INSTR. 1993-0415

PRIVATE ROAD STATEMENT:  
THE ROADWAY AS SHOWN HEREON WILL BE  
EQUALLY MAINTAINED BY ALL OF THE  
OWNERS OF ALL SEVEN LOTS.



REGISTERED  
PROFESSIONAL  
LAND SURVEYOR

**DRAFT**

FOR  
PTC CONSTRUCTION  
PO BOX 5758  
BEND, OREGON 97708

EXPIRES 6/30/22 Date: April 25, 2022 Scale: Varies



275 MARKET AVENUE  
COOS BAY, OR. 97420  
WWW.SHN-ENGR.COM  
541-266-9880

**NARRATIVE:**  
THE PURPOSE OF THIS SURVEY WAS TO PREPARE A SUBDIVISION APPLICATION. THE BASIS OF BEARING FOR IS APPARENTLY ASSUMED PURSUANT TO CURRY COUNTY SURVEY 33-396 (RAMBO). I FOUND AND HELED ALL MONUMENTS SHOWN FROM 33-396 (RAMBO) AND 33-53. LOTS AS SHOWN HEREON WERE CALCULATED PURSUANT TO MY CLIENTS REQUEST AND NEW MONUMENTS SET AS SHOWN HEREON.  
A TRIMBLE R10 RECEIVERS AND S7 ROBOTIC TOTAL STATION WITH TSCS DATA COLLECTOR WERE USED FOR THIS SURVEY.



Statement of Site Status

Name: Patrick Todd (Port Orford QOZB, LLC)

Address: PO Box 5758

City: Port Orford State: OR Zip Code: 97465

Township: 33S Range: 15W Section: 04D Tax Lot: 1604

County: Curry

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

Date: 02/17/25 Signed:   
Patrick Todd (Feb 17, 2025 14:02 PST)



## NOTICE AUTHORIZING REPRESENTATIVE

I, Patrick Todd, have authorized Patrick Flynn to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)

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

### PROPERTY IDENTIFICATION:

0 Cemetery Loop Rd Port Orford

(Property Situs or Road Address)

And described in the records of Curry County as:

Township 33S Range 15W Section 04D Map ID \_\_\_\_\_ Tax Lot #(s) 1604

### PROPERTY OWNER:

Printed Name: Patrick Todd

Address: PO Box 5758

City, State, Zip: Bend, OR 97797

Phone: 541-948-4035 Email: ptcconstruction@bendbroadband.com

Signature: *Patrick Todd*  
Patrick Todd (Feb 17, 2025 14:02 PST)

### AUTHORIZED REPRESENTATIVE:

Printed Name: Patrick Flynn (Econo Rooter Services, Inc)

Address: PO Box 627

City, State, Zip: Coquille, OR 97423

Phone: 541-396-4804 Email: admin@econorooter.us; office@econorooter.us

Signature: *Patrick Flynn*



# Econo Rooter Services, Inc.

## 2-Year Septic Service Maintenance Contract

---

Parties:

(Service Provider)

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

**ECONO ROOTER SERVICES, INC.**  
**PO BOX 627**  
**COQUILLE, OR 97423**  
**541-396-4804**  
[admin@econorooter.us](mailto:admin@econorooter.us)

And:

(Customer)

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

Port Orford QOZB, LLC

PO Box 5758

Bend, OR 97797

541-948-4035

[ptcconstruction@bendbroadband.com](mailto:ptcconstruction@bendbroadband.com)

System Location:

ADDRESS  
CITY, STATE, ZIP CODE  
LEGAL DESCRIPTION

0 Cemetery Loop

Port Orford, OR 97465

33S15W04D1604

Agency Contact Information:

AGENCY  
ADDRESS  
CITY, STATE, ZIP CODE

**D.E.Q. Headquarters**  
**465 Elrod Ave, Ste 201**  
**Coos Bay, OR 97420**

**Service Provider Signature:**

Name: **Econo Rooter Services, Inc.**

Signature: Patrick Flynn

Title: **President**

Date: **03/10/25**

**Customer(s) Signature:**

Name: **Patrick Todd**

Signature: Patrick Todd  
Patrick Todd (Mar 10, 2025 08:41 PDT)

Co-signature:

Date: **03/10/25**

NOW, THEREFORE, in consideration of the terms, provisions, covenants and conditions contain herein, the Parties hereto agree as follow:

### 1.0 Performance of Basic Services

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

		<u>Visits per year</u>	
XXX	AdvanTex System	2	<u>included in estimate</u>
XXX	Pressurized Distribution Systems	2	<u>included in estimate</u>
	Sand Filter System		
	All Orenco UV and AXUV Units Require Annual Lamp Replacement		<u>\$</u>
XXX	Alarm Response \$405/1st Hour \$215/Each Add'l Hour	as needed	additional charge
XXX	D.E.Q. Annual Reporting & Fees	1 per year, Filed for owner	(included in price)

**Contract Period: 2/18/25 - 2/28/27**

**Total 2 year Amount: Included in estimate**

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

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

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

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

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

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

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

### 2.0 Term of Agreement

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

### 3.0 Definitions

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

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

Initials: PT

3.2 "System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. Owner is responsible to install/maintain an active phone line, wifi or other connection to the control panel. Without active telemetry monitoring, the service provider is unable to track the system's functions or status.

3.3 "System" shall mean an AdvanTex AXN or AXRT NSF/ANSI Standard 40 certified wastewater treatment system.

#### 4.0 Charges

The basic services, including service, inspection, effluent quality evaluation and service, shall be included. Optional additional services shall be provided at the agreed upon contract price and terms. The annual report and annual evaluation fee required by D.E.Q. is not optional and may or may not be included in the cost of basic services. Refer to Econo Rooter Services, Inc.'s fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional or additional services shall be due and payable upon the customer's receipt of Econo Rooter Services, Inc.'s invoice. The customer shall pay Econo Rooter Services, Inc. a late payment charge of 1.5% per month and a \$20.00 rebilling fee, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Econo Rooter Services, Inc. is in arrears.

#### 5.0 Limitation of Liability

The sole liability of Econo Rooter Services, Inc. under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by Econo Rooter Services, Inc.'s failure to perform any services in a good and workmanlike manner. In no event shall Econo Rooter Services, Inc.'s liability to customer hereunder exceed the total of the amounts paid to Econo Rooter Services Inc. hereunder by the customer. In no event shall Econo Rooter Services, Inc. be liable to the customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if Econo Rooter Services, Inc. has been advised of the possibility of such damages.

#### 6.0 Termination/Cancellation

This Agreement may be terminated or canceled by:

- Either Party providing written 30-day notice.
- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

#### 7.0 Miscellaneous Provisions

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern this Agreement.

The homeowner shall be responsible for complying with the AdvanTex Home Owner's Manual and normal usage of the septic system as designed.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

Initials: PT PT

LOT 4



# Residential Septic Site Evaluation Approval 221-22-000185-EVAL

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

**Date issued:** 01/13/2023  
**Application status:** Site Evaluation Approved  
**Work description:** SITE EVALUATION - LOT 4

**Applicant:** WHITNEY, SARA  
**Address:** PO BOX 5758  
BEND OR 97701  
**Phone:** 541 948 4035  
**Email:** PREMIERESANITATION@OUTLOOK.COM

**Owner:** WHITNEY, SARA

**Parcel:** 331504D 0160100 - Primary

**Lot size:** 1 ACRE  
**Zoning:** N/A  
**Directions to Property:** FROM THE INTERSECTION OF CEMETERY LOOP ROAD AND DEADY STREET, TRAVEL ON CEMETERY LOOP RD FOR 1.2 MILES TO EXISTING DRIVEWAY ON RIGHT SIDE OF ROAD.

**Water supply:** Well  
**City/County/UGB:** UGB

**Proposed use of structure:** N/A  
**Category of construction:** Single Family Dwelling

## General Specifications

<b>Max peak design flow:</b>	450 gpd.	<b>Proposed gallons per day:</b>	450 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	500 gal.
<b>Comments:</b> ATT TREATMENT STANDARD 1 CAN BE USED IN PLACE OF SANDFILTER FOR REPAIR AREA.			

## System Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
<b>System type:</b>	Standard	Sand Filter
<b>System distribution type:</b>	Serial	Serial
<b>Distribution method:</b>	Serial	Serial

## Trench Specifications

	<i>Initial System</i>	<i>Replacement Area</i>
<b>Trench linear feet:</b>	450 linear ft.	150 linear ft.
<b>Max depth:</b>	28 in.	28 in.
<b>Min depth:</b>	24 in.	24 in.

## Special Requirements

	<i>Initial System</i>	<i>Replacement Area</i>
<b>Stakeout required:</b>	Yes	Yes
<b>Groundwater type:</b>	Temporary	Temporary
<b>Drainfield type:</b>	Standard	Standard
<b>Drainfield sizing:</b>	150 linear ft/150 gal.	50 linear ft/150 gal.

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

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

<b>Date issued:</b> 01/13/2023
<b>Application status:</b> Site Evaluation Approved
<b>Work description:</b> SITE EVALUATION - LOT 4

<b>Pump to drainfield required:</b>	Yes	Yes
-------------------------------------	-----	-----

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 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.

Gabriel Kasiah	Natural Resource Specialist	1/13/23
----------------	-----------------------------	---------





Lot 4

# FIELD WORKSHEET

Name: WHITNEY Application No.: 221-22-000185 EVAL Date: 8/11/2022  
 RE: SITE EVALUATION REPORT for Parcel #: 331504D1604

Commercial Facility: ☐ Yes ☒ No Parcel Size: 1 Acre

## APPROVED SYSTEM SPECIFICATIONS

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

Initial System	Replacement System
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other <u>TSA</u>
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input checked="" type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other _____ <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required <u>500 GPD DRAIN</u>
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: <u>450</u> total linear feet <u>150</u> linear feet per 150 gallons projected daily sewage flow <u>28</u> " Max Depth <u>24</u> " Min Depth	Absorption facility: <u>150</u> total linear feet <u>90</u> linear feet per 150 gallons projected daily sewage flow <u>28</u> " Max Depth <u>24</u> " Min Depth

## Additional Conditions of Approval

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

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

OAR 340-071-0130; 340-071-0220  
 340-071-0290; 340-071-0295

\* ~~REQUIRED~~ \* ONLY 1000 GALLON TANK REQUIRED  
 IF PUMP IS NOT NEEDED

\* MEET ALL SETBACKS

Inspector: [Signature]



Lot 4

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-5	sil	10yr 7.5yr <sup>2.5</sup> / <sub>4</sub> , GR-WBK, Roots 2 F, M, 1 VF, C
	5-24	CL	7.5yr <sup>3</sup> / <sub>4</sub> , mSBK Roots 1 VF, F, M Pores 1 F, M
	24-40	SiCL	10yr <sup>5</sup> / <sub>4</sub> , w-mSBK, Roots 1 VF, F Conc. 7.5yr <sup>1</sup> / <sub>4</sub> RTH CRACKS
	40-50	fSCL	10yr <sup>3</sup> / <sub>6</sub> WBK-WBK, Roots NV Conc. 7.5yr <sup>1</sup> / <sub>6</sub> AS DEP 10yr <sup>5</sup> / <sub>1</sub>
Test Pit 2			SIMILAR TO TH1
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: WOODED / BRUSHED & MULCHED

Slope: 1-2% Aspect: S Groundwater Type: ☐ Permanent ☒ Temporary

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



# Onsite Site Evaluation Application Verification 221-22-000185-EVAL

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

**Application created:** 5/16/22

**Parcel Nbr:** 331504D 0160100

**Owner:** WHITNEY, SARA  
P O BOX 5758  
NULL  
NULL  
BEND, OR 97708

**Applicant:** WHITNEY, SARA - WHITNEY, SARA  
PO BOX 5758  
BEND, OR 97701

**Phone:** (541) 948-4035

**Email:** PREMIERESANITATION@OUTLOOK.COM

**Licensed Professional(s):**

No Licensed Professionals Designated

**Category of Construction:** Single Family Dwelling

**County:**

**Directions:** FROM THE INTERSECTION OF CEMETERY LOOP ROAD AND DEADY STREET, TRAVEL ON CEMETERY LOOP RD FOR 1.2 MILES TO EXISTING DRIVEWAY ON RIGHT SIDE OF ROAD.

**Acreage or Lot Size:**

**Water Supply:** Well

**Site Ready for Inspection:** Yes

	<u>Existing</u>		<u>Proposed</u>
<b>Number of Bedrooms:</b>		<b>Number of Bedrooms:</b>	4

**Attached Documents:**

No Documents have been attached.



# Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B  
Grants Pass, OR 97526  
541-474-5444

For ONSITE SEPTIC Use Only:		Date Stamp
Date received	5/12/22	
Fee paid		
Receipt number		
Application number	22-22-000185 EVAL	
Date of 1 <sup>st</sup> response		
Date of 2 <sup>nd</sup> response		
Date of final response		
Date of completion		
Scanned	Data Entry	

## A. Property Owner Information

Name Sara Whitney Mailing Address (Street or PO Box, City, State, Zip Code) PO Box 5758, Bend, OR 97707 Phone Number 541-948-4035

## B. Legal Property Description

Township 33s Range 15w Section 04D Tax Lot 1601 Tax Account Number 38678 Acreage or Lot Size 8.6 acres  
County Curry Subdivision Name Proposed Battle Rock Lot Lot 4 Block

Property Address: 33-15-04d TL 1601 Address City Port Orford State OR Zip Code 97465

Directions to Property: from the intersection of Cemetery Loop Road and Deady Street, travel on Cemetery Loop Rd. for 1.2 miles to existing driveway on right side of road.

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

### Existing Facility:

☐ Single Family Residence

Number of Bedrooms

☒ Other vacant land

### Proposed Facility:

☒ Single Family Residence

4  
Number of Bedrooms

☒ Other 2-2 bedroom rentals

### Water Supply:

☐ Public   
Name

☒ Private Individual wells  
Well, Spring, Shared

## D. Type of Application

☒ Site Evaluation

☐ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System  
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

- ☐ Connecting to an Existing System Not in Use
- ☐ Replacing a Mobile Home or House with Another Mobile Home or House
- ☐ The Addition of One or More Bedrooms
- ☐ Personal Hardship
- ☐ Temporary Housing

☐ Other-please specify

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

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

Signature

Date

Sara Whitney

Applicant's Name - Please Print Legibly

541-948-4035

Applicant's Phone Number

ptcconstruction@bendbroadband.com  
Applicant's E-mail Address

PO Box 5758, Bend, OR 97707

Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

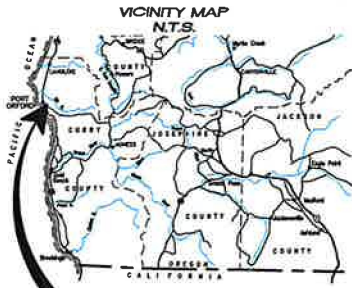
☒ Licensed Septic Installer

☐ Authorization  
Attached

PTC Construction  
Installer's Name



**TENTATIVE BATTLE ROCK ESTATES SUBDIVISION  
PROPOSED SUBDIVISION LAYOUT  
LOCATED SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 4,  
AND IN A PORTION OF GOVERNMENT LOT 1, SECTION 9,  
ALL IN T.33S., R.15W., W.M.,  
CURRY COUNTY, OREGON**



**PROJECT  
LOCATION**

NOTES:  
NO EXISTING SEWERS OR WATER MAINS.  
NO EXISTING SEPTIC DRAINFIELD AREAS.  
THERE ARE TWO EXISTING WELLS ON THE PROPERTY AS SHOWN.  
NO EXISTING STRUCTURES.  
NO KNOWN SLOPE OR GEOLOGIC HAZARDS.

CURRY COUNTY ZONE: R-2  
SETBACKS: FRONT 10', SIDE/REAR 5'

**LEGEND**

SYMBOL	INDICATES
⊙	INITIAL POINT
⊗	FOUND MONUMENT AS NOTED
○	MONUMENT TO BE SET
•	CALCULATED POSITION, NOTHING FOUND OR SET
—	SURVEYED LINES
- - -	RIGHT-OF-WAY LINES
- - -	LOT SETBACK LINES
(JR)	RECORD PER CS 33-396
W/YPC	WITH YELLOW PLASTIC CAP



PROPOSED SEPTIC (TYPICAL)

5/8" IRON ROD W/RPC CS 33-396

5/8" IRON ROD W/RPC CS 33-396

HUBBARD  
33-15-04D  
TAX LOT 1000  
INSTR. 2021-02687

DOWDY  
33-15-04D  
TAX LOT 1900  
INSTR. 1993-0415

5/8" IRON ROD W/RPC CS 33-396

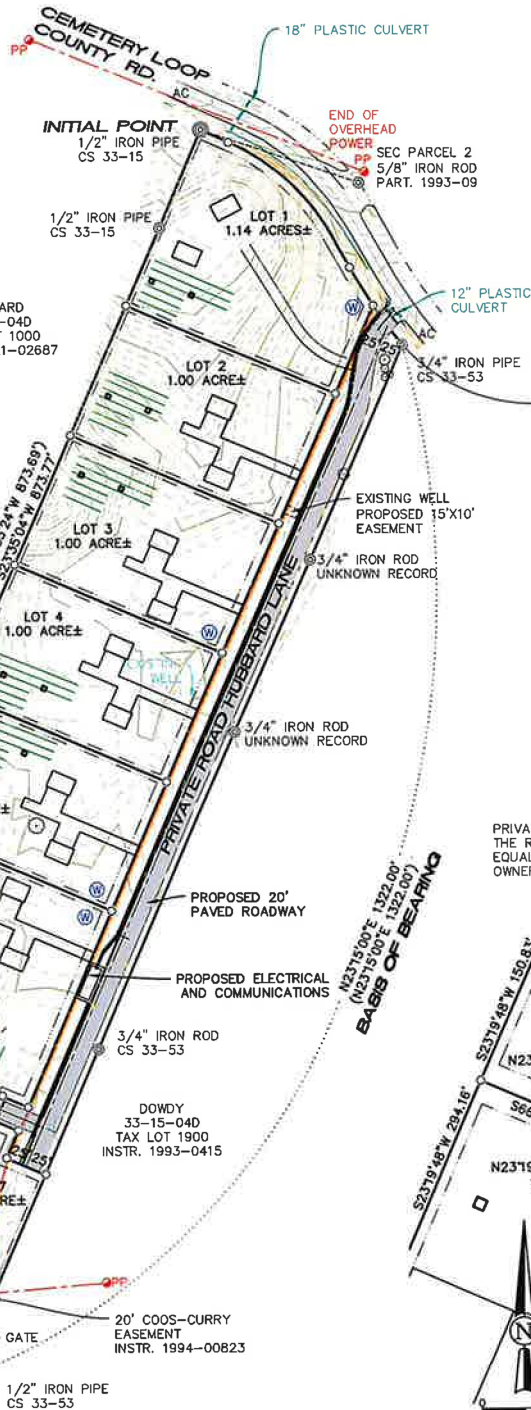
1/2" IRON PIPE CS 33-53

(L=164.29' R=1687.2'  
Δ=5°34'44"  
CH=S59°46'01"E 164.22')

SCALE: 1"=2'  
DETAIL "A"

(S23°19'48"W 445.00')  
(S23°19'48"W 5.00')  
L=164.90' R=1687.20'  
Δ=5°36'00"  
CH=S59°46'25"E 164.83'

**NARRATIVE**  
THE PURPOSE OF THIS SURVEY WAS TO PREPARE A SUBDIVISION APPLICATION. THE BASIS OF BEARING FOR IS APPARENTLY ASSUMED PURSUANT TO CURRY COUNTY SURVEY 33-396(RAMBO). I FOUND AND HELD ALL MONUMENTS SHOWN FROM 33-396(RAMBO) AND 33-53. LOTS AS SHOWN HEREON WERE CALCULATED PURSUANT TO MY CLIENTS REQUEST AND NEW MONUMENTS SET AS SHOWN HEREON.  
A TRIMBLE R10 RECEIVERS AND S7 ROBOTIC TOTAL STATION WITH TSC5 DATA COLLECTOR WERE USED FOR THIS SURVEY.



**SYMBOL LEGEND**

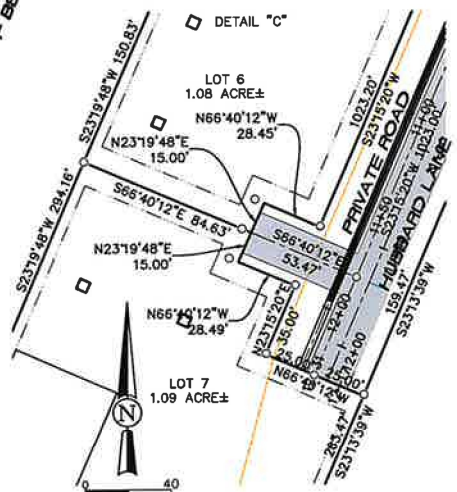
SYMBOL	INDICATES
AC	ASPHALT SURFACE
⊙	GUY ANCHOR
⊗	FOUND MONUMENT AS NOTED
○	MONUMENT TO SET
⊙	CONTROL POINT
PP	POWER POLE
⊙	DECIDUOUS TREE
⊙	CONIFEROUS TREE
⊙	PROPOSED WELL
⊙	DUG TEST PIT

**LINE LEGEND**

—	MINOR CONTOUR
—	MAJOR CONTOUR
—	OH ELECTRIC LINE
—	PROPERTY LINES/LOT LINES
—	RIGHT-OF-WAY LINE
—	EASEMENT LINES
—	PROPOSED ELECTRIC UG
—	PROPOSED DRAINFIELD
—	PROPOSED COMMUNICATIONS
—	SETBACK LINES

PRIVATE ROAD STATEMENT:  
THE ROADWAY AS SHOWN HEREON WILL BE EQUALLY MAINTAINED BY ALL OF THE OWNERS OF ALL SEVEN LOTS.

N23°15'00"E 1322.00'  
(N23°15'00"E 1322.00')  
BASIS OF BEARING



SCALE: 1"=40'  
REGISTERED  
PROFESSIONAL  
LAND SURVEYOR

**DRAFT**

FOR  
PTC CONSTRUCTION  
PO BOX 5758  
BEND, OREGON 97708

EXPIRES 6/30/22 Date: April 25, 2022 Scale: Varies



275 MARKET AVENUE  
COOS BAY, OR. 97420  
WWW.SHN-ENGR.COM  
541-266-9890

