

EDEN Corby * DEQ

From: DEQ Coos <DEQCoosNoReply@Accela.com>
Sent: Wednesday, March 26, 2025 10:12 AM
To: jrempelos@gmail.com; jrempelos@gmail.com; rotorootercoosbay@gmail.com; EDEN Corby * DEQ
Subject: Important communication regarding record # 246-24-000159-PRMT at 94506 GOLF COURSE LN, NORTH BEND, OR 97459

This is important communication regarding record # **246-24-000159-PRMT** at job site address **94506 GOLF COURSE LN, NORTH BEND, OR 97459**.

Record Type: Onsite Permit
Record Status: Withdrawn
Description of Work: Taylor - Major Repair (Full System Repair)
Workflow Task and Status: Septic Review / Withdrawn
Comment: This application is being administratively withdrawn due to non-responsiveness. Additional information was requested on 8/1/24 and a response was never received. Onsite program administration is being transferred from the DEQ to Coos County effective April 1, 2025. Please reapply with Coos County Onsite when you are ready to proceed.

If you have questions, please contact **Corby Eden** at 541-972-5530 or OnsiteCoosBay@deq.oregon.gov.

Your record is available online for tracking by clicking here:

https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Onsite&TabName=Onsite&capID1=24CAP&capID2=00000&capID3=0004F&agencyCode=DEQ_COOS

Thank you.

DEQ Coos Bay Office
465 Elrod Ave
Coos Bay, OR 97420
541-269-2721
OnsiteCoosBay@deq.state.or.us
www.oregon.gov/deq

EDEN Corby * DEQ

From: NoReply@Accela.com
Sent: Thursday, August 1, 2024 10:25 AM
To: EDEN Corby * DEQ
Subject: Additional Information is required for record # 246-24-000159-PRMT at 94506 GOLF COURSE LN, NORTH BEND, OR 97459

Additional information is required to process your permit application **246-24-000159-PRMT** at job site address **94506 GOLF COURSE LN, NORTH BEND, OR 97459**. Please see the comments below for details.

Workflow Task: Septic Review

Comment: The site visit is complete. Due to the lack of soil and the amount of fractured bedrock in the proposed drainfield area the system is required to be an ATT - Treatment Standard 1 followed by 150 lineal feet of drainfield trench with a min/max trench depth of 30/36". In order to complete the major repair application review, please submit the following application materials: 1) ATT spec sheet, 2) A signed O&M 2-Year Contract with a certified service provider, and 3) Updated site plan showing new proposed layout with serial distribution boxes.

If you have questions, please contact **Kiley Clamons** at 541-241-0120 or kiley.clamons@deq.oregon.gov.

Your record is available online for tracking by clicking here:

https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Onsite&TabName=Onsite&capID1=24CAP&capID2=00000&capID3=0004F&agencyCode=DEQ_COOS

Thank you.

DEQ Coos Bay Office
465 Elrod Ave
Coos Bay, OR 97420
541-269-2721
OnsiteCoosBay@deq.state.or.us
www.oregon.gov/deq

FIELD WORKSHEET

Name: Faith Taylor Application No.: 24-000159 Date: 7/22/24

RE: SITE EVALUATION REPORT for Township: 255 Range: 12W Section: 06C Tax Lot: 900

Commercial Facility: Yes No Parcel Size: 0.78 Acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: N/A

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized
Absorption facility: _____ total linear feet _____ linear feet per 150 gallons projected daily sewage flow _____ " Max Depth _____ " Min Depth	Absorption facility: <u>150</u> total linear feet <u>50</u> linear feet per 150 gallons projected daily sewage flow <u>36</u> " Max Depth <u>30</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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- 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.

- ATT - Treatment Standard \pm required due to fractured bedrock (OAR 340-071-0290 (2) (f)).

- min/max trench depths must be measured on the down hill side of the trench.

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
Test Pit 1	0-16"	weathered	sandstone; 3vf 2f 2m; fractured
	16-34"	weathered	sandstone; 1vf 1f; fractured
	34-54"	SICL	1f; 2+3 f mshk; EF→SR; 10 yr 4/6
Test Pit 2			
Test Pit 3			
Test Pit 4			
Test Pit 5			
Test Pit 6			

Landscape Notes: side slope, black berry

Slope: 35% Aspect: W Groundwater Type: Permanent Temporary

Other Site Notes: _____

Application No.: 0



Onsite Permit Application Verification 246-24-000159-PRMT

DEQ Coos Bay Office
465 Elrod Ave
Coos Bay, OR 97420
541-269-2721
Fax: 541-269-7984
OnsiteCoosBay@deq.state.or.us
Website: oregon.gov/deq

Application created: 7/3/24
Parcel Nbr: 25S12W06C900
Site Address: 94506 GOLF COURSE LN, NORTH BEND, OR 97459
Owner: FAITH TAYLOR
94506 GOLF COURSE LN
(541) 260-2475
Applicant: John Rempelos - Roto-Rooter Coos Bay
93788 Carlisle Ln
Coos Bay, OR 97420
Phone: (541) 269-5050
FAX: (541) 267-4848
Email: jrempelos@gmail.com

*App Complete
07/10/24*

Licensed Professional(s):

License Number: Installer/Pumper License - 37991
Roto Rooter Plumbing Services
93788 Carlisle Lane
Coos Bay, OR 97420
Email: rotorootercoosbay@gmail.com
License Number: DEQ Installer/Maintenance Provider - RM140
Roto-Rooter Coos Bay
John Rempelos
93788 Carlisle Ln
Coos Bay, OR 97420
Phone: (541) 269-5050

Category of Construction: Single Family Dwelling **County:** Coos
Directions: East Bay Road to Golf Course lane, go appx 1/4 mile, driveway is on Right
Acreage or Lot Size: .78 Acres **Water Supply:** Community Water Supply
System is Failing: **Septic Tank Last Pumped:** 01/19/2024

	<u>Existing</u>		<u>Proposed</u>
Use of Structure:	SFD	Use of Structure:	SFD
Number of Bedrooms:	3	Number of Bedrooms:	3

Attached Documents:

Name	Description
Taylor ESER.pdf	ESER
Taylor App.pdf	App Materials

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Site Plan Must Be Current

Property Owner: Huffman, John ET AL

Site ID: _____

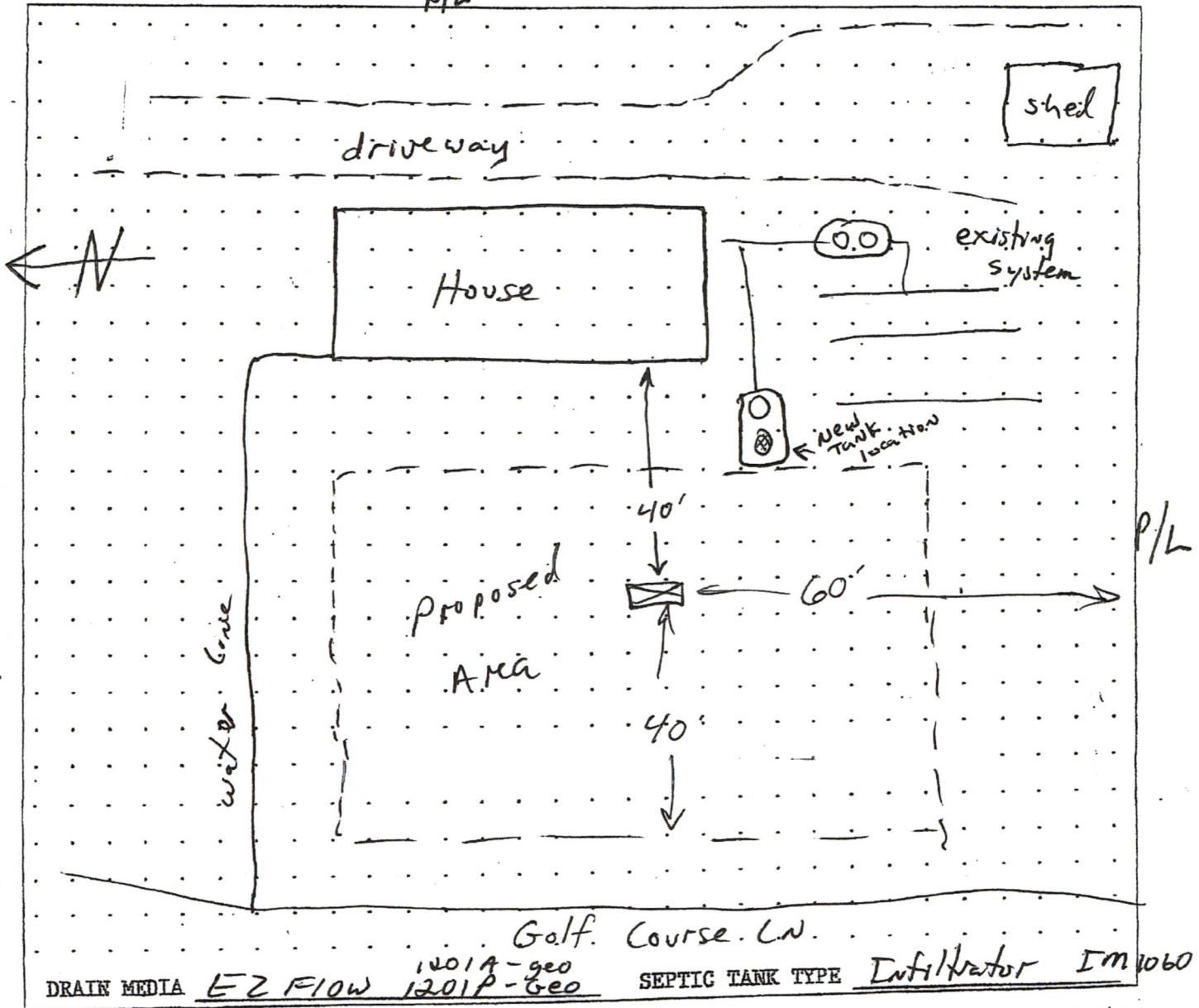
Site Address: 94506 Golf Course Ln City: NORTH Bend County: COOS

Township: 25 S Range: 12 W Section: 06 C Tax Lot: 900

Acres: 0.78 Subdivision: _____ Lot: _____ Block: _____

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 Authorized Agent.

Name (please print): John Rempelos

Signature: [Signature]

Date: 7-3-24

June 14, 2004



State of Oregon
Department of
Environmental
Quality

Application for On-Site Sewage Treatment System

Department of Environmental Quality
381 N. 2nd St.
Coos Bay, OR 97420

Phone: (541) 269-2721 Fax: (541) 269-7984

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For DEQ Use Only:

Date Received	Date of Completion
Fee	Receipt Number
Application Number	Permit Number
1-503-232-1987 or 1-800-332-2344	
Underground Utility Locate Number-Call BEFORE You Dig	

A. Property Owner Information

Name: Taylor, Faith Mailing Address: 94506 Golf Course Ln, NB Phone Number: _____

B. Legal Property Description

Township: 25S Range: 12W Section: 06C Tax Lot: 900 Tax Account Number: 258702 Acreage or Lot Size: .78
 County: Coos Subdivision Name: _____ Lot: _____ Block: _____

Property Address: (911 #) 94506 Golf Course Ln Address: North Bend City: OR State: 97409 Zip Code

Directions to Property: East Bay Rd to Golf Course Ln go approx 1/4 mi. driveway is on Rt

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

Single Family Residence
3
 Number of Bedrooms
 Other _____

Proposed Facility:

Single Family Residence
 Number of Bedrooms _____
 Other _____

Water Supply:

Public _____ Name _____
 Private shared
 Well, Spring, Shared

D. Type of Application

Site Evaluation Renewal Permit Authorization Notice for:
 Construction Permit Existing System Evaluation Connecting to an Existing System Not in Use
 Repair Permit Permit Transfer Replacing a Mobile Home or House with Another Mobile Home or House
 Major Minor Permit Reinstatement The Addition of One or More Bedrooms
 Alteration Permit Major Minor Personal Hardship
 Temporary Housing
 Other - Please Specify _____

Test Holes Ready Zoning Compliance Letter Letter of Authorization Tax Lot Map
 System Construction Plans Drain Media E 2 Flow 1201A-500 Tank Type 4060 gal Infiltrator

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's permission to enter onto the above described property for the sole purpose of this application.

Signature: John Rempelos - Roto Rooter Date: 7-3-24

Applicant's Name - Please Print Legibly: John Rempelos Applicant's Phone Number: 541-269-5070 Applicant's E-mail Address: _____

Applicant's Mailing Address: 93288 Carlisle Ln, Coos Bay, OR, 97420

Applicant is the:

Owner Licensed Septic Installer
 Authorized Representative Installer's Name: Roto Rooter
 Authorization Attached

(Required if Applicant is NOT Owner)

Site Plan Must Be Current Property Owner: Huffman, John ET AL Site ID: _____
 Site Address: 94506 Golf Course Ln City: North Bend County: Coos
 Township: 25 S Range: 12 W Section: 06 C Tax Lot: 900
 Acres: 0.78 Subdivision: _____ Lot: _____ Block: _____

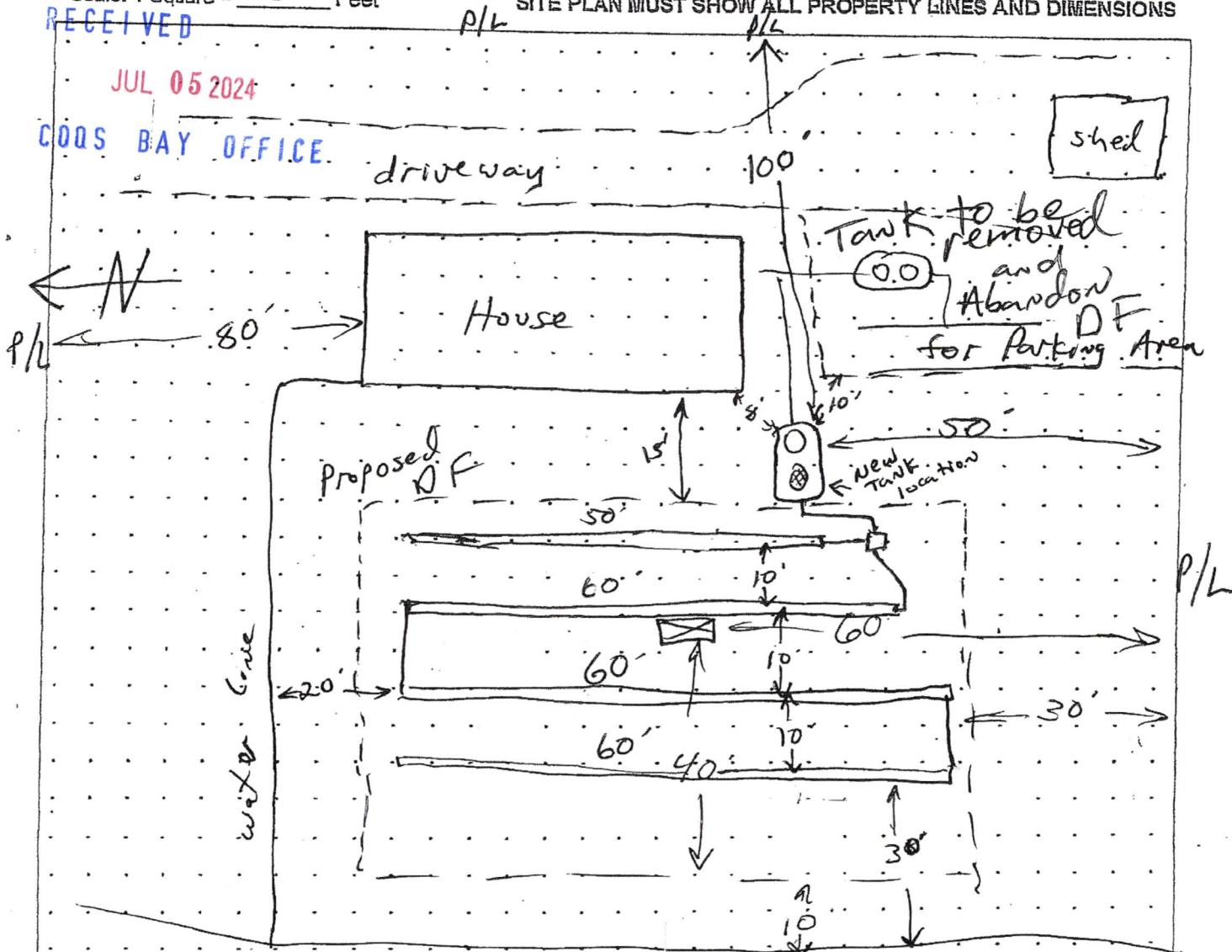
Scale: 1 Square = 5 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

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DRAIN MEDIA EZ Flow 1201A-Geo SEPTIC TANK TYPE Infiltrator IM1060

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): John Rempelos

Signature: [Signature] Date: 7-3-24

Faith Taylor



COOS COUNTY PLANNING DEPARTMENT
60 E. Second, Coquille, Oregon 97423
Mailing Address: 225 N. Adams, Coquille, Oregon 97423
(541) 396-7770/ TDD (800) 735-2900

ZCL-24-122
Approval Date: 5/8/2024
Expiration Date: 5/8/2026

COOS COUNTY ZONING COMPLIANCE LETTER FOR SEPTIC REPAIR/REPLACE OR EVALUATION ONLY

APPLICANT: HUFFMAN, JOHN JR ET AL RECEIVED
APPLICANT ADDRESS: 94506 GOLF COURSE LN
CITY/STATE/ZIP: NORTH BEND, OR 97459-8304 JUN 03 2024
PHONE NUMBER OF APPLICANT: 541-260-2475
EMAIL: rotorootercoosbay@gmail.com COOS COUNTY OFFICE

REQUESTED DEVELOPMENT APPROVED: Clearance to replace or repair existing septic only. This does not authorize any type of development or second septic system. This letter does not guarantee compliance with any land use standards but allows existing septic systems to be maintained in compliance with DEQ requirements.

ACCOUNT #'S: 258702
MAP DESCRIPTION: 25S1206C0-00900
TOWNSHIP RANGE SECTION TAX LOT
PROPERTY OWNER(S): HUFFMAN, JOHN JR ET AL (Faith Taylor)
94506 GOLF COURSE LN
NORTH BEND, OR 97459-8304
SITUS ADDRESS: 94506 GOLF COURSE LN NORTH BEND, OR 97459
ACREAGE: 0.78 Acres
PROPERTY ZONING: RURAL RESIDENTIAL - 5 (RR-5)
SPECIAL CONSIDERATIONS

SET BACK AND SPECIAL SITING REQUIREMENTS
MANDATORY SETBACK REQUIREMENTS

- 50 FT RIPARIAN VEGETATION - All structures and development shall maintain a 50 FT. Minimum setback from all estuarine wetlands, streams, lakes or rivers.
35 FT Road Setback - All Development shall be set back a minimum of 35 ft. from any road right-of-way centerline or a minimum of 5 FT from any road-right-of-way line whichever is the greater distance.
35 FT Height Restrictions for all development in the Urban Growth Boundary and Urban Unincorporated Communities
20 FT Front Setback (unless exception is marked in the next section) The front of the property is determined by the side the driveway meets the road.
5 FT Side and Rear Setback

ACKNOWLEDGEMENT STATEMENT: PERTAINING TO THE SUBJECT PROPERTY DESCRIBED ABOVE, I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF RECORD OR AN AGENT HAVING CONSENT OF THE LEGAL OWNER OF RECORD AND I AM AUTHORIZED TO OBTAIN THIS LETTER AND PERMITS FROM THE DEPARTMENT OF ENVIRONMENTAL QUALITY. THE STATEMENTS WITHIN THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THIS ZONING COMPLIANCE LETTER THE UNDERSIGNED HEREBY AGREES TO HOLD COOS COUNTY HARMLESS FROM AND INDEMNIFY THE COUNTY FOR ANY LIABILITY FOR DAMAGE WHICH MAY OCCUR.

DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) OR SANITATION DISTRICTS
[] SITE EVALUATION ONLY [X] INSTALL NEW /REPLACE /REPAIR SEPTIC
[] CONNECT TO CHARLESTON SANITATION [] CONNECT TO BUNKER HILL SANITATION
[] AS NEEDED FOR MEDICAL HARDSHIP * [] OTHER:

OTHER AGENCY REQUIREMENTS:

All applicable federal, state, and local permits shall be obtained prior to the commencement of any development activity. If comments were provided they are attached. There may be additional permits required this section only provides guidance to applicants.

- Wetland delineation or additional requirements - Department of State Lands
- Coos County Environmental Health Permit
- DEQ Permits for Stormwater discharge or 1200-C applications for projects that disturb 5 acres or more of land
- State of Oregon Historical Preservation Office
- Local Indian Tribes

AUTHORIZED SIGNATURE: Cassidy Carr Digitally signed by Cassidy Carr
Date: 2024.05.08 16:08:27 -0700
Title: Planner I Date: May 8, 2024

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State of Oregon
Department of
Environmental
Quality

NOTICE AUTHORIZING REPRESENTATIVE

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I, Faith Taylor, have authorized John Rempelos to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Department of Environmental Quality on the property described below in
accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized
Representative are my responsibility and I authorized DEQ agents to conduct required business
activities on said property.

PROPERTY IDENTIFICATION:

94500 Golf Course Ln North Bend OR
(Property Situs or Road Address)

And described in the records of Coos County as:
Township 25S Range 12W Section 06C Map ID _____ Tax Lot #(s) 900

PROPERTY OWNER:

Printed Name: Faith Taylor / John Huffman (deceased)
Address: 94500 Golf Course Ln
City, State, Zip: North Bend OR 97459
Phone: _____ Email: _____
Signature: [Handwritten Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: John Rempelos
Address: 93788 Carlisle Ln
City, State, Zip: Coos Bay, OR, 97420
Phone: 541-269-5050 Email: jrempeles@gmail.com
Signature: [Handwritten Signature]

Shana JO

Existing System Evaluation Report for Onsite Wastewater Systems

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COOS BAY OFFICE



State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Tiffany Stephens Telephone: _____

Site Address: 94506 Golf Course Lane City: North Bend Zip Code: 97459

County: Coos Lot Size: _____ Acres/Square Feet (circle units)

Legal Description: 25S 12W 06C 900

Age of wastewater treatment system _____ (years) Is there a service contract for system components? _____

Date the septic tank was last pumped _____ (please attach receipt if available)

Number of people occupying dwelling _____ If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? _____

The above information is true and to the best of my knowledge.

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Marc Simpson

Certification:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: RI 1021

Business name Roto Rooter Email rotorootercoosbay@gmail.com

Business address 93788 Carlisle Lane Coos Bay, OR 97420 Phone 541-269-5050

Date of Evaluation: 01/19/2024 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

01/19/2024

Date (MM/DD/YYYY)

Signature of Qualified Septic System Evaluator

1. **General System Information**

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

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Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) N/A
- Year original septic system installed: N/A (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: N/A (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown
- Additional Comments:

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

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• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

• Is the septic tank accessible? Yes No

• Septic tank volume in gallons 1000

• Tank volume determined by: Check all that apply, add comments below as needed

- Permit Records Measured Stamped on Tank Other

• Septic tank risers are at ground level Yes No

• Tank appears to be free from defects, leaking and signs of deterioration Yes No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

• Septic tank lid(s) is intact Yes No 3 covers

• Septic tank baffles are intact: Inlet Yes No Outlet Yes No

• Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal
Effluent filter is present Yes No

• Effluent filter is free of debris Yes No Not Applicable

• Liquid level in tank relative to invert of outlet At Above Below

If above or below invert outlet, please explain: _____

• Scum layer 12 (inches) Sludge layer 10 (inches)

• Scum and Sludge layer more than 35% of the total tank volume Yes No

Indicate where sludge measured from: Inlet Middle Outlet

• Additional Comments:

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field. N/A

• The septic system has a dosing tank Yes No

(If "No," skip the rest of section 4)

• At the time of this evaluation the power was on to test the pump(s): Yes No

N/A

- Dosing tank capacity _____ (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- Dosing tank material _____
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen _____
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

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5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No See note below
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

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- Locate all drain lines in soil absorption system Yes No

Total length of drain lines 114 (ft)

Lengths determined by Physically uncovering portions of system/probing Written records

Fish tape Electronic locator camera

- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts Yes No

Evidence of ponding in absorption area or distribution unit(s) Yes No

- The soil absorption system replacement area assigned in the permit record appears to be intact Yes No

Replacement area not identified in permit record Yes No

If you answered "No," please explain below:

No Records found

- Additional Comments:

Found sections from left two legs of drainfield dug out and cut off. Unable to run camera to drainfield due to infiltrator media. Ran 100 gallon flow test tank did not rise but after pumping tank water began to flow back into tank

6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter Yes No

(If "No," skip the rest of section 6)

- Type of sand filter

Intermittent
 Recirculating
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

n/a
↓

N/A

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

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- Additional Comments:

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8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

- 11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

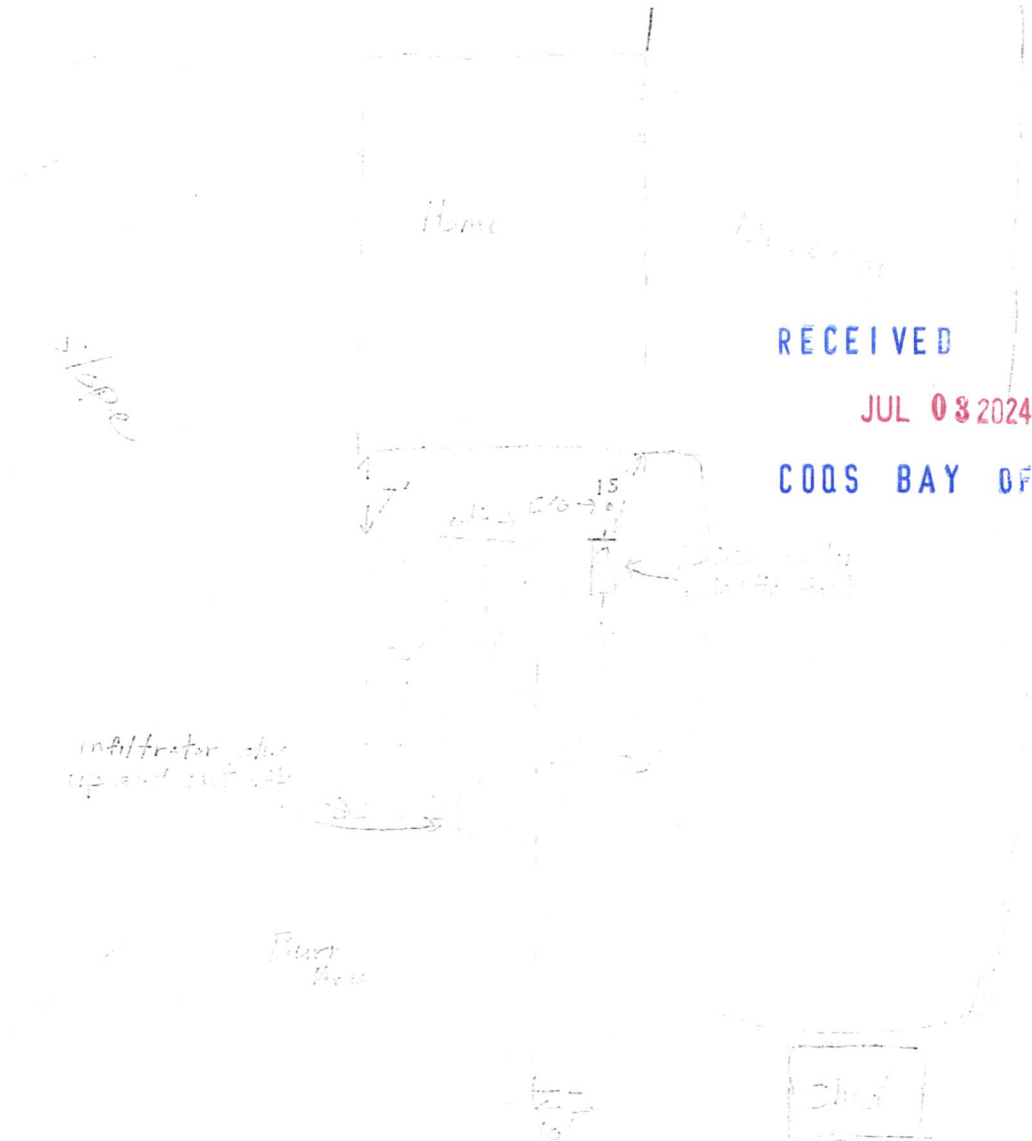
07/18/2024

 Date

M. J.

 Signature of Qualified Septic System Evaluator

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



SW1/4 SEC.06 T25S R12W W.M.
COOS COUNTY

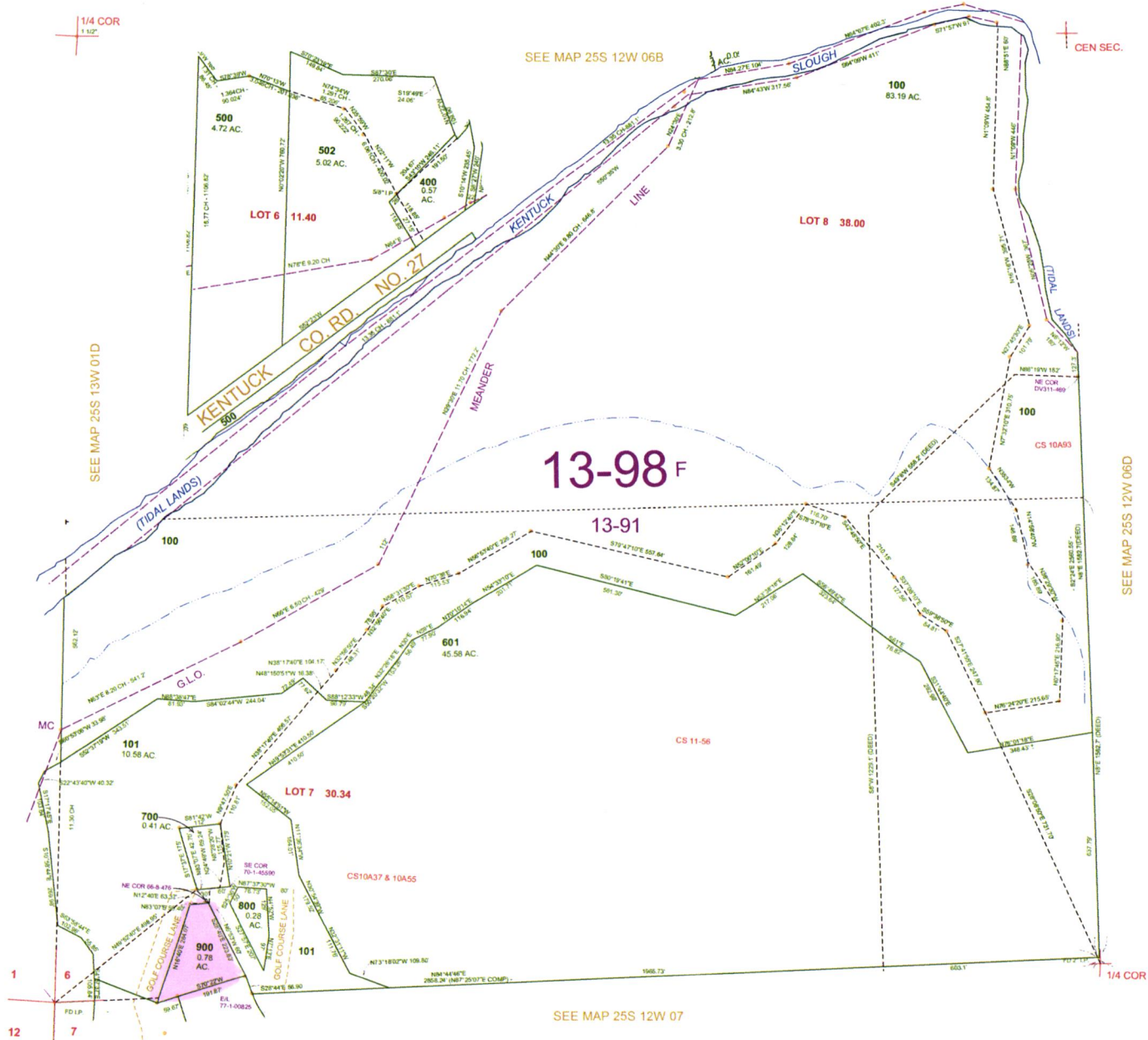
25S 12W 06C

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

1" = 200'

CANCELLED NO.

- 501
- 201
- 600
- 200
- 300
- 102
- 103
- 104
- 105



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07-22-2020

25S 12W 06C

Account 258702

[Assessment Summary](#)

✓ Account Paid

[Account](#) [Taxes](#) [Sales History](#) [Value History](#) [Reports](#)

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Real Property

Situs Address

94506 GOLF COURSE LN NORTH BEND OR 97459

Mailing Address

HUFFMAN, JOHN JR ET AL
94506 GOLF COURSE LN
NORTH BEND OR 97459-8304

Map and Taxlot

25S1206-C0-00900

Owner

HUFFMAN, JOHN JR ET AL

[Related Accounts](#)

[Name Ledger](#) [Names](#)

← see attached, page 5 lists FATH TAYOR as OWNER

Assessment

Assessment Year 2024

[Assessment Summary](#)

	RMV	MAV	AV
Land	\$118,200		
Improvements	\$205,930		
Total	\$324,130	\$218,970	\$218,970

Account Status	Active
Size	0.78 Acre(s)
Property Class	101 - RESIDENTIAL - IMPROVED
Legal Description	See Record

Improvements

Bldg #	Year Built	Description	Livable Size	Stat Class	Code Area
1	1963	One story-Class 3	1458	131	1398

**COOS COUNTY ASSESSOR'S
NAME LEDGER**

Account ID 258702 **Township** 25S **Range** 12 **Section 1/4** 06 **1/16** C **1/16** 0 **Taxlot** 00900 **Special Interest**

Effective Date 01-Oct-1989 12:00 AM **Transaction ID** -187921 **Entry Date** 01-Oct-1989 **Recorded Date** 01-Oct-1989 **Sale Date** 01-Oct-1989

Seq Voucher ID **Tax Year** **Document Source** **Type** **ID #1** **ID #2** **PID** **Source ID** **PT** **Operation** **To/From Map**

1 -168450 1991 HISTORICAL - BOR U 1991 120151 1 891001428 NAME CHANGE

Name Changes Status Name **Name Type** **Ownership Type** **Ownership %**

A WICKETT, WALLACE L & G.;& OWNER

Size Totals **Code** **Acres** **Sqft** **Alternate Size**

See pg 5

Effective Date 01-Oct-1990 12:00 AM **Transaction ID** -191965 **Entry Date** 01-Oct-1990 **Recorded Date** 01-Oct-1990 **Sale Date** 01-Oct-1990

Seq Voucher ID **Tax Year** **Document Source** **Type** **ID #1** **ID #2** **PID** **Source ID** **PT** **Operation** **To/From Map**

1 -168451 1991 HISTORICAL - BOR U 1991 116291 1 901001230 NAME CHANGE

Name Changes Status Name **Name Type** **Ownership Type** **Ownership %**

A WALSH, A.C., JR., OWNER

Size Totals **Code** **Acres** **Sqft** **Alternate Size**

Effective Date 01-Jan-1997 12:00 AM **Transaction ID** -129743 **Entry Date** 01-Jan-1997 **Recorded Date** 01-Jan-1997 **Sale Date** 01-Jan-1997

Seq Voucher ID **Tax Year** **Document Source** **Type** **ID #1** **ID #2** **PID** **Source ID** **PT** **Operation** **To/From Map**

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11

22

33

**COOS COUNTY ASSESSOR'S
NAME LEDGER**

Account ID 258702 **Township** 25S **Range** 12 **Section 1/4** 06 **1/16** C **Taxlot** 00900
 1 -129743 1997 HISTORICAL - BOR U 1997 80575 1 89-10-1428

NAME CHANGE

Name Changes	Status	Name	Name Type	Ownership Type	Ownership %
A		CULP, J.	OWNER		
A		WICKETT, GERTRUDE E.; ETAL	OWNER		

Size Totals **Code** **Acres** **Sqft** **Alternate Size**

Effective Date 05-Feb-2001 12:00 AM **Transaction ID** -106808 **Entry Date** 05-Feb-2001 **Recorded Date** 05-Feb-2001 **Sale Price** \$0
Sale Date 05-Feb-2001

Seq Voucher ID 1 -106808 **Tax Year** 2001 **Document Source** HISTORICAL - BOR **Type** DEED **ID #1** 2001 **ID #2** 57640 **PID** 1 **Source ID** 2001-1204 **PT** **Operation** NAME CHANGE **To/From Map**

Name Changes	Status	Name	Name Type	Ownership Type	Ownership %
A		WICKETT, GERTRUDE E., TRUSTEE; ETAL	AGENT		
A		CULP, JOANNE E., TRUSTEE	OWNER		
A		GERTRUDE E. WICKETT TRUST	OWNER		
D		CULP, J.	OWNER		
D		CULP, J.	OWNER		
D		WICKETT, GERTRUDE E.; ETAL	OWNER		
D		WICKETT, GERTRUDE E.; ETAL	OWNER		

Size Totals **Code** **Acres** **Sqft** **Alternate Size**

Effective Date 13-Sep-2010 12:00 AM **Transaction ID** -45048 **Entry Date** 13-Sep-2010 **Recorded Date** 13-Sep-2010 **Sale Date** 13-Sep-2010

Seq Voucher ID **Tax Year** **Document Source** **Type** **ID #1** **ID #2** **PID** **Source ID** **PT** **Operation** **To/From Map**

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**COOS COUNTY ASSESSOR'S
NAME LEDGER**

Account ID	Township	Range	Section	1/4	1/16	Taxlot	Special Interest	
258702	25S	12	06	C	0	00900		
1 -45048	2010	ASSESSOR'S FILE			2010	-258702 1	CONVERSION	CONVERSION

Size Changes	Code	+/- Size	Alternate Size	Code Area Deleted	Move to Acct	Move to Code
	1398	0.78 Acres				
Size Totals	Code	Acres	Sqft	Alternate Size		
	1398	0.78				

Effective Date	28-Mar-2011 02:20 PM	Transaction ID	51268	Entry Date	28-Mar-2011	Recorded Date	28-Mar-2011	Sale Date	
DELETING OLD SITUS OF 671 GOLF COURSE LN									

Seq Voucher ID	Tax Year	Document Source	Type	ID #1	ID #2	PID	Source ID	PT	Operation	To/From Map
1	65251	2011	ASSESSOR	CORR	2011	1604	1		SITUS CHANGE	

Size Totals	Code	Acres	Sqft	Alternate Size
	1398	0.78		

Effective Date	28-Jan-2014 08:10 AM	Transaction ID	540854	Entry Date	21-Jan-2014	Recorded Date	15-Jan-2014	Sale Date	
DEATH CERTIFICATE OF GERTRUDE WICKETT									

Seq Voucher ID	Tax Year	Document Source	Type	ID #1	ID #2	PID	Source ID	PT	Operation	To/From Map
3	616739	2014	CLERK	DC	2014	00296	1		NOTATION	

Size Totals	Code	Acres	Sqft	Alternate Size
	1398	0.78		

Effective Date	09-Jul-2014 04:33 PM	Transaction ID	572033	Entry Date	03-Jul-2014	Recorded Date	02-Jun-2014	Sale Price	\$0
ESTATE OF JOANNE E. CULP 12PB0191									
Sale Date	29-May-2014								

Seq Voucher ID	Tax Year	Document Source	Type	ID #1	ID #2	PID	Source ID	Operation	To/From Map
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**COOS COUNTY ASSESSOR'S
NAME LEDGER**

Account ID 258702 **Township** 25S **Range** 12 **Section** 06 **1/4** C **1/16** 0 **Taxlot** 00900
 2 666162 2014 CLERK B&S 2014 04015 1

NAME CHANGE

Name Changes	Status	Name	Name Type	Ownership Type	Ownership %
D		WICKETT, GERTRUDE E., TRUSTEE; ETAL	AGENT		100
D		GERTRUDE E. WICKETT TRUST	OWNER	OWNER	100
D		CULP, JOANNE E., TRUSTEE	OWNER	OWNER	
A		ESTATE OF JOANNE E. CULP	OWNER	ESTATE	
A		ORTON, RICK	REPRESENTATIVE	ESTATE	
		OWNER ESTATE OF JOANNE E. CULP PERSONAL REPRESENTATIVE ORTON, RICK			

Size Totals	Code	Acres	Sqft	Alternate Size
	1398	0.78		

Effective Date 02-Mar-2016 02:01 PM **Transaction ID** 859408 **Entry Date** 23-Feb-2016 **Recorded Date** 22-Feb-2016 **Sale Price** \$199,000
Sale Date 17-Feb-2016

Seq Voucher ID 1 **Tax Year** 2016 **Document Source** CLERK **Type** P/R **ID #1** 2016 **ID #2** 1574 **PID** 1 **Source ID** **PT** **Operation** NAME CHANGE **To/From Map**

Name Changes	Status	Name	Name Type	Ownership Type	Ownership %
D		ESTATE OF JOANNE E. CULP	OWNER	ESTATE	
D		ORTON, RICK	REPRESENTATIVE	ESTATE	
A		STEPHENS, TIFFANY E	OWNER	OWNER	
		OWNER STEPHENS, TIFFANY E			

Size Totals	Code	Acres	Sqft	Alternate Size
	1398	0.78		

Effective Date 27-Feb-2024 11:20 AM **Transaction ID** 3118397 **Entry Date** 22-Feb-2024 **Recorded Date** 13-Feb-2024 **Sale Price** \$335,000
Sale Date 12-Feb-2024

Seq Voucher ID **Tax Year** **Document Source** **Type** **ID #1** **ID #2** **PID** **Source ID** **PT** **Operation** **To/From Map**

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**COOS COUNTY ASSESSOR'S
NAME LEDGER**

Account ID	Township	Range	Section	1/4	1/16	Taxlot	Special Interest
258702	25S	12	06	C	0	00900	
1 3559881	2024	CLERK		WD	2024	902	1

NAME CHANGE

Name Changes	Status	Name	Name Type	Ownership Type	Ownership %
D		STEPHENS, TIFFANY E	OWNER	OWNER	
A		HUFFMAN, JOHN JR	OWNER	OWNER	
A		HUFFMAN, DARIEN	OWNER	OWNER	
A		TAYLOR, FAITH	OWNER	OWNER	
		OWNER			
		NOT AS TENANTS IN COMMON/RIGHT OF SURVIVORSHIP			
		OWNER			
		HUFFMAN, JOHN JR			
		HUFFMAN, DARIEN			
		TAYLOR, FAITH			

Size Totals	Code	Acres	Sqft	Alternate Size
	1398	0.78		

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METTEER Sherilee * DEQ

From: DEQ Coos <DEQCoosNoReply@Accela.com>
Sent: Wednesday, July 3, 2024 2:15 PM
To: jrempelos@gmail.com; jrempelos@gmail.com; rotorootercoosbay@gmail.com; METTEER Sherilee * DEQ
Subject: Additional Information is required for record # 246-24-000159-PRMT at 94506 GOLF COURSE LN, NORTH BEND, OR 97459

Additional information is required to process your permit application **246-24-000159-PRMT** at job site address **94506 GOLF COURSE LN, NORTH BEND, OR 97459**. Please see the comments below for details.

Workflow Task: Application Intake

Comment: Thank you for submitting an application for a Major Repair. = = = = = Additional information is needed. = = = = = Please submit the following information: = = = = = An updated site plan to include the following: = = = = = 1) Distances of existing and proposed tank to foundation, driveway, shed, physical features (slopes, etc.) = = = = = 2) Existing and proposed drain field to nearest two property lines; = = = = = 3) Existing and proposed drain field to development features (driveway, etc.), physical features, & all foundations = = = = = 4) Please show clearly on the map both tanks, with sizing and material = = = = = 5) Existing and proposed drain field line lengths, spacing & material = = = = = Once we have received the above items, we will invoice fees, and send a payment instruction guide to this email address.

If you have questions, please contact **Sherilee Metteer** at 541-269-2721 or onsitecoosbay@deq.oregon.gov.

Your record is available online for tracking by clicking here:

https://aca-oregon.accela.com/oregon/Cap/CapDetail.aspx?Module=Onsite&TabName=Onsite&capID1=24CAP&capID2=00000&capID3=0004F&agencyCode=DEQ_COOS

Thank you.

DEQ Coos Bay Office
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Coos Bay, OR 97420
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OnsiteCoosBay@deq.state.or.us
www.oregon.gov/deq