



# Coos County Land Use Permit Application

SUBMIT TO COOS COUNTY PLANNING DEPT. AT 60 E. SECOND STREET OR MAIL  
TO: COOS COUNTY PLANNING 250 N. BAXTER, COQUILLE OR 97423. EMAIL  
PLANNING@CO.COOS.OR.US PHONE: 541-396-7770

FILE NUMBER: P-24-003

Date Received: 4/4/2024 Receipt #: 248038 Received by: C. Carr

This application shall be filled out electronically. If you need assistance please contact staff.

If the fee is not included the application will not be processed.

(If payment is received on line a file number is required prior to submittal)

## LAND INFORMATION

A. Land Owner(s) Isthmus Heights Rental, LLC

Mailing address: 63321 Isthmus Heights Road, Coos Bay, OR 97420

Phone: 541-297-0018

Email: eric@englesfurniture.com

Township:	Range:	Section:	¼ Section:	1/16 Section:	Tax lots:
25S	13W	36	D	D	1300
Select	Select	Select	Select	Select	

Tax Account Number(s): 4163001

Zone: Select Zone Rural Residential-2 (RR-2)

Tax Account Number(s) \_\_\_\_\_

Please Select

B. Applicant(s) Eric Engles

Mailing address: 63321 Isthmus Heights Road, Coos Bay, OR 97420

Phone: 541-297-0018

eric@englesfurniture.com

C. Consultant or Agent: Troy Rambo

Mailing Address P.O. Box 809, North Bend, OR 97459

Phone #: 541-751-8900

Email: mandrllc@frontier.com

### Type of Application Requested

- Comp Plan Amendment
- Text Amendment
- Map - Rezone

- Administrative Conditional Use Review - ACU
- Hearings Body Conditional Use Review - HBCU
- Variance - V

- Land Division - P, SUB or PUD
- Family/Medical Hardship Dwelling
- Home Occupation/Cottage Industry

### Special Districts and Services

Water Service Type: Coos Bay - North Bend Water Board

Sewage Disposal Type: On-Site Septic

School District: Coos Bay

Fire District: Millington RFPD

Please include the supplement application with request. If you need assistance with the application or supplemental application please contact staff. Staff is not able to provide legal advice. If you need help with findings please contact a land use attorney or consultant.

Any property information may be obtained from a tax statement or can be found on the County Assessor's webpage at the following links: [Map Information](#) Or [Account Information](#)

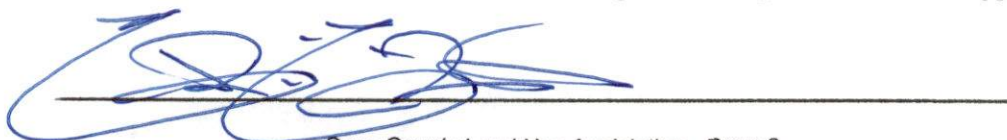
D. ATTACHED WRITTEN STATEMENT. With all land use applications, the “burden of proof” is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Coos County Zoning and Land Development Ordinance (CCZLDO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request. The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request. Please mark the items below to ensure your submittal is complete.

Application Check List: Please make off all steps as you complete them.

- I.  A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
  - 1.  A complete explanation of how the request complies with the applicable provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete.
  - 2.  A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
  - 3.  A complete description of the request, including any new structures proposed.
  - 4.  If applicable, documentation from sewer and water district showing availability for connection.
- II.  A plot plan (map) of the property. Please indicate the following on your plot plan:
  - 1.  Location of all existing and proposed buildings and structures
  - 2.  Existing County Road, public right-of-way or other means of legal access
  - 3.  Location of any existing septic systems and designated repair areas
  - 4.  Limits of 100-year floodplain elevation (if applicable)
  - 5.  Vegetation on the property
  - 6.  Location of any outstanding physical features
  - 7.  Location and description (paved, gravel, etc.) of vehicular access to the dwelling location
- III.  A copy of the current deed, including the legal description, of the subject property. Copies may be obtained at the Coos County Clerk's Office.

I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is an appeal period following the date of the Planning Director’s decision on this land use action. I understand that the signature on this application authorizes representatives of the Coos County Planning Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.

If this application is refereed directly to a hearings officer or hearings body I understand that I am obligated to pay the additional fees incurred as part of the conditions of approval. I understand that I/we are not acting on the county’s behalf and any fee that is a result of complying with any conditions of approval is the applicants/property owner responsibility. I understand that conditions of approval are required to be complied with at all time and an violation of such conditions may result in a revocation of this permit. Signatures required below for application processing.



**ACCESS INFORMATION**

The Coos County Road Department will be reviewing your proposal for safe access, driveway, road, and parking standards. There is a fee for this service. If you have questions about these services please contact the Road Department at 541-396-7660.

Property Address: 63565 & 63587 Isthmus Heights Road

Type of Access: County Road

Name of Access: Isthmus Heights Road

Is this property in the Urban Growth Boundary? No

Is a new road created as part of this request? No

Required parking spaces are based on the use of the property. If this is for a residential use two spaces are required. Any other use will require a separate parking plan submitted that is required to have the following items:

- Current utilities and proposed utilities;
- Roadmaster may require drawings and specs from the Oregon Standards Specification Manual (OSSC) (current edition).
- The location and design of bicycle and pedestrian facilities shall be indicated on the site plan if this is a parking plan;
- Location of existing and proposed access point(s) on both sides of the road where applicable;
- Pedestrian access and circulation will be required if applicable. Internal pedestrian circulation shall be provided in new commercial, office, and multi-family residential developments through the clustering of buildings, construction of walkways, landscaping, accessways, or similar techniques;
- All plans (industrial and commercial) shall clearly show how the internal pedestrian and bicycle facilities of the site connect with external existing or planned facilities or systems;
- Distances to neighboring constructed access points, median openings (where applicable), traffic signals (where applicable), intersections, and other transportation features on both sides of the property;
- Number and direction of lanes to be constructed on the road plus striping plans;
- All planned transportation features (such as sidewalks, bikeways, auxiliary lanes, signals, etc.); and
- Parking and internal circulation plans including walkways and bikeways, in UGB's and UUC's.

Additional requirements that may apply depending on size of proposed development.

- a. Traffic Study completed by a registered traffic engineer.
- b. Access Analysis completed by a registered traffic engineer
- c. Sight Distance Certification from a registered traffic engineer.

Regulations regarding roads, driveways, access and parking standards can be found in Coos County Zoning and Land Development Ordinance (CCZLDO) Article 7.

By signing the application I am authorizing Coos County Roadmaster or designee to enter the property to determine compliance with Access, Parking, driveway and Road Standards. Inspections should be made by calling the Road Department at 541-396-7660

**Coos County Road Department Use Only**

Roadmaster or designee: \_\_\_\_\_

Driveway     Parking     Access     Bonded    Date: \_\_\_\_\_    Receipt # \_\_\_\_\_

File Number: DR-21-

ADDRESS OF DRIVEWAY #1 CLOSEST TO YOUR NEW DRIVEWAY: \_\_\_\_\_

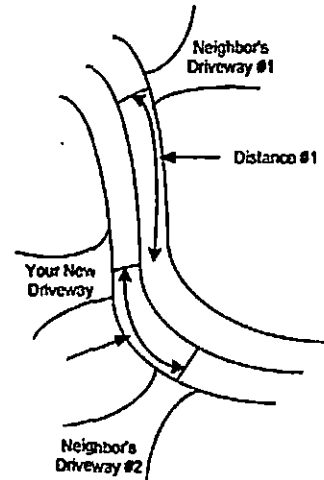
DISTANCE FROM DRIVEWAY #1 TO YOUR NEW DRIVEWAY: \_\_\_\_\_

Is this driveway on the same side of the road as your Driveway: Select

ADDRESS OF DRIVEWAY #2 CLOSEST TO YOUR NEW DRIVEWAY: \_\_\_\_\_

DISTANCE FROM DRIVEWAY #2 TO YOUR NEW DRIVEWAY: \_\_\_\_\_

Is this driveway on the same side of the road as your Driveway: Select



The distance information is important from your new driveway to the closest driveways on either side of you (doesn't matter which side of the road) and what the addresses are to those two driveways. This information is important to include in the formula used to calculate the correct address.

Staff from the County Road Department will place the stake and once the driveway stake has been placed, it must not be moved. If your stake is removed or damaged you may purchase replacements.

Additional Notes or directions:

This application is not required.

**SANITATION INFORMATION**

If this is a request for a recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering Coos Health and Wellness, Environmental Health Staff will be reviewing the proposal to ensure the use meets environmental health standards for sanitation and water requirements to serve the facility. If the proposal indicates that you are using a community water system a review may be required. A fee is charged for this service and shall be submitted with the application \$83.00. If you have questions about regulations regarding environmental health services please call 541-266-6720. This form is required to be signed off for any type of subdivision, recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering.

Water Service Type: Coos Bay-North Bend Water Board      Sewage Disposal Type: On-site septic

Please check  if this request is for industrial, commercial, recreational or home base business use and complete the following questions:

- How many employees/vendors/patrons, total, will be on site?
- Will food be offered as part of the an on-site business?
- Will overnight accommodations be offered as part of an on-site business?
- What will be the hours of operation of the business?

Please check  if the request is for a land division.

**Coos County Environmental Health Use Only:**

Staff Reviewing Application: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

- This application is found to be in compliance and will require no additional inspections
- This application is found to be in compliance but will require future inspections
- This application will require inspection prior to determining initial compliance. The applicant shall contact Coos Health and Wellness, Environmental Heath Division to make an appointment.

Additional Comments:

Coos County Planning  
Land Division Supplemental Application

VI. Additional Information Required –

1. Lien holder(s) name: N/A
  
2. List of Easements and type:  
Book 160 Page 512 - Powerline easement  
Inst.# 2024-01334 - Perpetual Easement for access & utilities
  
3. Covenants or Deed Restrictions that apply: N/A
  
4. Legal Access and maintenance agreements: N/A
  
5. Is the subject property part of an existing plat (partition or subdivision)  Yes, answer the following:
  - a. What year was the plat recorded; and 1903
  - b. Was it part of a  partition or  subdivision? Remember if property that has been partitioned or was part of a partition within the prior three years then the partition shall be reviewed pursuant to subdivision criteria.
  
6. Does the property current have  water,  sewer or on-site septic,  Development?
  
7. Is the applicant requesting the Planning Director to waive the water requirements  yes  no, and if yes please explain why.
  
8. Are there natural hazards that apply to this property?  No
  
9. Is any portion of this property located within the Coastal Shoreland Boundary or Estuary? If so this shall be indicated on the plat. If within a CSB there will be additional site development criteria that apply.  No
  
10. Is this property with the Beaches and Dunes? If so, this feature shall be identified and a noted that additional criteria may apply.  No

VII. General Outline of process – If there is missing information the application will be deemed incomplete. The following is a general outline of the process for the review of land divisions in Coos County:

- a. Application is filed and reviewed for completeness pursuant to §5.0.200;
- b. Technical Review Committee (TRC) reviews tentative plans within 30 days from the date the application has been deemed complete. The Planning Director may extend this timeline if needed;

- c. Planning Director makes a decision unless subject to limited land use notice. If subject to limited land use notice pursuant to Article 5.0 a notice of decision will be mailed out within seven days of the expiration of the limited land use notice;
- d. Applicant submits construction drawings for any new public roads or access easements to the Roadmaster. The County Roadmaster reviews construction drawings and applicable specifications for public roads and access easements;
- e. Applicant constructs or bonds for required improvements;
- f. County Roadmaster inspects construction unless improvements are bonded;
- g. Applicant submits final plat after all conditions of approval have been completed;
- h. Planning Department coordinates review of final plat by affected County Departments;
- i. Board of Commissioners reviews final plats for subdivisions and for partitions proposing public dedications;
- j. Planning Director reviews final plats for partitions not proposing public dedications; and
- k. If the final plat is approved, the applicant shall comply with Section 6.2.825 and file the plat with the County Clerk. (OR 92-07-012PL)

**VIII. SECTION 6.2.350 TENTATIVE PLAT REQUIREMENTS (Tentative Plan):**

**1. Application Requirements**

- a. An application and a tentative plat for approval shall be initiated as provided in Section 5.0.150 of this ordinance.
- b. The applicant shall file with the Director the original and four (4) additional copies of the tentative map on 11" X 17" paper for partitions and 18" x 24" paper for subdivisions.
- c. The tentative plat shall be clearly and legibly drawn. It shall show all required information to scale so that the Approving Authority may have an adequate understanding of what is proposed. Under ordinary circumstances, the scale shall use a typical engineer scale (example 1" = 50').
- d. If the tentative plat requirements have not been met the application will be deemed incomplete until the maps have been correct and at that time the Technical Review Committee meeting will be scheduled.

**2. Information required for tentative plat.**

**a. All Land Divisions**

- North arrow, scale and date of the drawing.
- Appropriate identification clearly stating the map is a tentative plat.
- Names and addresses of the landowners, subdivider/partitioner and the engineer, surveyor, land planner or landscaped architect responsible for designing.
- The tract designation or other description according to the real estate records of Coos County [Township, Range, Section, Tax Lot Number(s), and Assessor's Tax Account Number(s)].
- The boundary line (accurate in scale) of the tract to be divided and approximate acreage of the property.
- Contours with intervals of forty (40) feet or less referred to United States Geological Survey (or mean sea level) datum.
- The names of adjacent subdivisions or the names of recorded owners of adjoining parcels of unsubdivided land.
- The location, widths, and names of existing or platted streets or other public ways (including easements) within or adjacent to the tract, existing permanent buildings, railroad rights-of-way and other important features such as section lines, political subdivision boundary lines and school district boundaries.

- Existing sewers, water mains, culverts, drainage ways or other underground utilities or structures within the tract or immediately adjacent thereto, together with pipe sizes, grades and locations indicated.
- Location, acreage and dimensions of land to be dedicated for public use or reserved in the deeds for the common use of property owners in the proposed land division, together with the purpose of conditions or limitations of such reservations, if any.
- Easements, together with their dimensions, purpose and restrictions on use.
- Zoning classification of the land and Comprehensive Plan map designation.
- Draft of proposed restrictions and covenants affecting the plat if applicable. If not applicable indicate that on the form.
- Predominant natural features such as water courses and their flows, marshes, rock outcropping, and areas subject to flooding, sliding or other natural hazards. Applicable natural hazards may be verified with planning staff.
- A current property report (less than 6 months old) indicating any taxes, assessment or other liens against the property, easements, restrictive covenants and rights-of-way, and ownerships of the property of the proposed development. A title report is acceptable.

b. Subdivisions – Shall include the following additional information:

- The proposed name of the subdivision must be on the plat.
- The proposed street pattern or layout showing the name and widths of proposed streets and alleys.
- Private streets and all restrictions or reservations relating to such private streets.
- Proposed Subdivision proposed lots, approximate dimensions, size and boundaries. Residential lots shall be numbered consecutively. Lots that are to be used for other than residential purposes shall be identified with letter designations.
- Parks, playgrounds, recreation areas, parkways, and open space for public use, clearly identified.
- The location of existing or proposed bicycle and/or pedestrian facilities if required under Article VII of this Ordinance.
- Proposed means and location of sewage disposal and water supply systems.

3. Development Phasing

a. Subdivisions shall:

- i. provide for platting in as many as three (3) phases. The preliminary plan must show each phase and be accompanied by proposed time limitations for approval of the final plat for each phase.
- ii. Time limitations for the various phases must meet the following requirements:
  1. Phase 1 final plat shall be approved within twenty-four (24) months of preliminary approval.
  2. Phase 2 final plat shall be approved within thirty-six (36) months of preliminary approval.
  3. Phase 3 final plat shall be approved within forty-eight (48) months of preliminary approval.

b. Partitions shall:

- i. Provide all phasing for partitions. If phasing is proposed then road standards for subdivisions shall apply.
- ii. If a land division is proposed on a property that has been partitioned in the prior three years then the partition shall be reviewed pursuant to subdivision criteria.

IX. Criteria: The following criteria will need to be addressed:

- a. A decision on the tentative land division plan application shall be made and notices shall be processed as required in Chapter 5.0 of this ordinance.
- b. The preliminary plan shall be approved if the Approving Authority finds the following:
  - i. The information required by this Article has been provided;
  - ii. The design and development standards of Chapter 6 have been met;
  - iii. Applicable transportation standards in chapter VII have been or will be complied with;
  - iv. Minimum parcel/lot sizes and requirements have been complied with for the zoning district.
  - v. If the preliminary plan provides for development in more than one phase, then Approving Authority makes findings and conclusions that such phasing is necessary due to the nature of the development, and that the applicant will be able to comply with the proposed time limitations.
  - vi. In granting tentative approval, the Approving Authority may impose conditions of approval deemed necessary to carry out the Comprehensive Plan and the provisions of this ordinance. Such conditions may include the construction of offsite public improvements, or money equivalent, deemed necessary, either immediately or in the future, as a result of the proposed development and shall be reasonably conceived to fulfill public needs emanating from the proposed development in the following respects:
    - i. Protection of the public from the potentially deleterious effects of the proposed development; or
    - ii. Fulfillment of the need for public service demands created by the proposed development.
- c. Conditional Approval. The Planning Director may impose special conditions upon the approval of a tentative plan when it is established that such conditions are necessary to protect health, safety or welfare. Conditions may include but are not limited to the following:
  - i. roadway and plat design modifications;
  - ii. utility design modifications;
  - iii. conditions deemed necessary to provide safeguards against documented geologic hazards; and/or
  - iv. Other conditions deemed necessary to implement the objectives of the Comprehensive Plan.

**GRANTOR'S NAME:**  
PWBNBFKM, LLC

**GRANTEE'S NAME:**  
Isthmus Heights Rental LLC

**AFTER RECORDING RETURN TO:**  
Order No.: 60222105793-SJ  
Isthmus Heights Rental LLC  
6321 Isthmus Heights Rd  
Coos Bay, OR 97420,

**SEND TAX STATEMENTS TO:**  
Isthmus Heights Rental LLC  
6321 Isthmus Heights Rd  
Coos Bay, OR 97420,

Vacant Lots 25S123C00 0800,1400 26S1206B00 600,200  
25S1336DD0 3100,1300, Coos Bay, OR 97420

Coos County, Oregon **2021-07293**  
**\$101.00 Pgs=4 06/25/2021 01:05 PM**  
eRecorded by: TICOR TITLE COOS BAY  
Debbie Heller, CCC, Coos County Clerk

Ticor 360621030150

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**STATUTORY WARRANTY DEED**

PWBNBFKM, LLC, Grantor, conveys and warrants to Isthmus Heights Rental LLC, Grantee, the following described real property, free and clear of encumbrances except as specifically set forth below, situated in the County of Coos, State of Oregon:

See attached Exhibit "B"

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS FIVE HUNDRED SEVENTY-EIGHT THOUSAND FOUR HUNDRED AND NO/100 DOLLARS (\$578,400.00). (See ORS 93.030).

**Subject to:**

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

**STATUTORY WARRANTY DEED**

(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated: 6/24/2021

PWBNBFKM, LLC

BY: [Signature]  
Elton E. Forbes, Manager

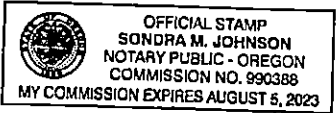
State of OR

County of Lane

This instrument was acknowledged before me on 6/24/2021 by .PWBNBFKM, LLC  
By: Elton E. Forbes, Manager

[Signature]  
Notary Public - State of Oregon

My Commission Expires: 8/05/2023



**EXHIBIT " B "**  
Legal Description

**PARCEL 1:** The W ½ of Lot 9, Plat of Fruitvale, Coos County, Oregon.

SAVING AND EXCEPTING THEREFROM: A parcel of land in Lot 9, Plat of Fruitvale, Coos County, Oregon, more particularly described as follows: Beginning at the Southwest corner of said Lot 9, said Southwest corner being North 87° 33' 42" West 610.88 feet from the Southeast corner of Section 36, Township 25 South, Range 13 West of the Willamette Meridian, Coos County, Oregon; thence North 89° 37' 24" East 190.00 feet along the South line of said Lot 9; thence North 00° 22' 36" East 20.00 feet; thence North 88° 02' 56" West 123.10 feet; thence North 54° 03' 20" West 84.40 feet to the West line of said Lot 9; thence South 01° 08' 41" East 75.00 feet along said West line to the point of beginning.

**PARCEL 2:** The West 300 feet of Lot 10, Plat of Fruitvale, Coos County, Oregon.

SAVING AND EXCEPTING THEREFROM that parcel conveyed to Roy V. Place, etux, in Book 254, Page 485, Deed Records of Coos County, Oregon, described as follows: Beginning at the Northwest corner of Lot 10, Plat of Fruitvale, Coos County, Oregon; thence in an Easterly direction along the North line of said Lot 10 a distance of 200 feet; thence in a Southerly direction 50 feet parallel to the West boundary of said Lot 10; thence in a Westerly direction parallel to the North line of said Lot 10 a distance of 200 feet to a point on the West boundary of said Lot 10; thence in a Northerly direction along the West boundary of said Lot 10 a distance of 50 feet to the point of beginning.

**PARCEL 3:** Government Lot 13 of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon, together with that part of the tidelands fronting said Government Lot 13 of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon, as contained in Deed from the State of Oregon, recorded in Book 22, Page 265, Deed Records of Coos County, Oregon.

SAVING AND EXCEPTING THEREFROM: Beginning at a point which is 1217.00 feet East and 105.0 feet North of the Southwest corner of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon; thence Northwesterly along the Easterly right of way edge of the Ross Slough Road to a point where the right of way and the left bank of the Catching Slough conjoin; thence Southeasterly along the left bank of Catching Slough to an iron pipe on the left bank; thence South 40° 35' West 419.5 feet to the point of beginning.

SAVING AND EXCEPTING THEREFROM: Beginning at a point marked by a 1 ¼ inch diameter iron pipe that is 1217.0 feet East and 105.0 feet North of the Southwest corner of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon; thence North 40° 35' East 419.5 feet to a point on the left bank of Catching Slough marked by a 1 ¼ inch diameter iron pipe; thence Southeasterly along the left bank of Catching Slough to a point on said bank marked by a ¾ inch diameter iron rod in a 2 foot high pile of rocks; thence South 85° 10.8' West 1295.1 feet to a point on the Eastern right of way edge of the Ross Slough Road marked by a ¾ inch diameter iron pipe; thence North 32° 55' West 254.7 feet along said right of way to the point of beginning.

SAVING AND EXCEPTING THEREFROM: Beginning at the Southwest corner of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon; thence 30.0 feet East; thence 208.5 feet North; thence 209.0 feet East; thence 208.5 feet South; thence 209.0 feet West to the true point of beginning.

SAVING AND EXCEPTING THEREFROM: Beginning on the West line of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon at a point 1444.0 feet South of the quarter Section corner; thence South along the Section line 53.7 feet; thence East 810.7 feet, more or less, to the County Road; thence North along the County Road 53.7 feet; thence West 810.7 feet to the point of beginning, located in Government Lot 13 of Section 31, Township 25 South, Range 12 West of the Willamette Meridian, Coos County, Oregon.

SAVING AND EXCEPTING THEREFROM: That property conveyed by Property Line Adjustment Deed recorded October 24, 2008 as microfilm no. 2008-10943, Records of Coos County, Oregon and more particularly described as follows: Beginning at the Southeast section corner of Section 36, Township 25 South, Range 13 West of the Willamette Meridian, Coos County, Oregon; thence North 1° 07' 50" West 322.56 feet to the true point of beginning; thence North 89° 19' 14" East 687.00 feet; thence North 1° 08' 41" West 318.90 feet; thence South 89° 19' 14" West 687.00 feet; thence South 1° 08' 41" East 318.90 feet to the point of beginning.

Beginning 935 feet East of the Northwest corner of Section 6, Township 26 South, Range 12 West of the Willamette Meridian, Coos County, Oregon; thence East 319 feet; thence South 683 feet; thence West 319 feet; thence North 683 feet to the point of beginning.

The East 60 feet of the NW ¼ of the NW ¼ of Section 6, Township 26 South, Range 12 West of the Willamette Meridian, Coos County, Oregon, lying between the boundaries of Ross Slough Inlet County Road.

ALSO: The NE ¼ of the NW ¼ of Section 6, Township 26 South, Range 12 West of the Willamette Meridian, Coos County, Oregon, lying Westerly of the Westerly boundary of the Ross Slough Inlet County Road.

**EXHIBIT "A"**  
Exceptions

**Subject to:**

1. AFFECTS: Parcel 3

The Land has been classified as Forest Land, as disclosed by the tax roll. If the Land becomes disqualified, said Land may be subject to additional taxes and/or penalties.  
Account No.: 294400, 464904 and 46500

2. Regulations, levies, liens, assessments, rights of way and easements of Catching Slough Drainage District.  
AFFECTS: Parcel 3

3. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: James Hamilton  
Recording Date: May 10, 1907  
Recording No: Book 47, Page 191  
Affects: Parcel 3

4. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: Mountain States Power Company  
Recording Date: August 31, 1938  
Recording No: Book 132, Page 217  
Affects: Parcel 3

5. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: Mountain States Power Company  
Recording Date: March 20, 1946  
Recording No: Book 160, Page 512  
Affects: Parcels 1 and 2

6. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: Pacific Power & Light Company  
Recording Date: May 11, 1971  
Recording No: 71-05-58868  
Affects: Parcel 1

7. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: Diana L. Thurman  
Recording Date: February 15, 1978  
Recording No: 78-03-0417  
Affects: Parcel 3

8. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: David R. Harshman, et ux  
Recording Date: January 26, 1981  
Recording No: 81-1-1126  
Affects: Parcel 3



1495 NW Garden Valley Blvd., Roseburg, OR 97471  
PHONE (541) 672-6651 FAX (541) 672-5793

---

## STATUS OF RECORD TITLE

Troy Rambo  
Mulkins & Rambo, LLC  
PO Box 809  
North Bend, OR 97459  
Your Reference No.

March 26, 2024  
Title Number: 628154AM  
Title Officer: Vicki Duncan  
Fee: \$200.00

### **We have searched the status of record title as to the following described property:**

The West 300 feet of Lot 10, Plat of Fruitvale, Coos County, Oregon.

SAVING AND EXCEPTING THEREFROM that parcel conveyed to Roy V. Place, etux, in Book 254, Page 485, Deed Records of Coos County, Oregon, described as follows: Beginning at the Northwest corner of Lot 10, Plat of Fruitvale, Coos County, Oregon; thence in an Easterly direction along the North line of said Lot 10 a distance of 200 feet; thence in a Southerly direction 50 feet parallel to the West boundary of said Lot 10; thence in a Westerly direction parallel to the North line of said Lot 10 a distance of 200 feet to a-point on the West boundary of said Lot 10; thence in a Northerly direction along the West boundary of said Lot 10 a distance of 50 feet to the point of beginning.

### **Vestee:**

**Isthmus Heights Rental LLC**

and dated as of **March 14, 2024** at 7:30 a.m.

### **Said property is subject to the following on record matters: Tax Information:**

Taxes assessed under Code No. 0916 Account No. 4163001 Map No. 25-13W-36DD-01300  
NOTE: The 2023-2024 Taxes: \$1,659.18, are Paid

Taxes assessed under Code No. 0916 Account No. 167724 Map No. 25-13W-36DD-01300  
NOTE: The 2023-2024 Taxes: \$137.64, are Paid

1. Right, title and interest of the public in and to those portions of the Land lying within roads, streets or highways.
2. An easement including the terms and provisions thereof, affecting the portion of said Land and for the purposes stated therein as set forth in instrument:  
Granted To: Mountain States Power Company, a Delaware corporation  
Recorded: March 20, 1946  
Instrument No.: [22534](#)  
Book: 160, Page: 512

3. An easement including the terms and provisions thereof, affecting the portion of said Land and for the purposes stated therein as set forth in instrument:  
Granted To: Eric G. Engles  
Recorded: March 5, 2024  
Instrument No.: [2024-01334](#)
4. The Land, as defined in the policy to be issued, does not include any improvement(s) located on the Land which is described or defined as a mobile home (manufactured housing unit) under the provisions of State Law and is subject to registration.  
ID Number 230799.

NOTE: Any map or sketch enclosed as an attachment herewith is furnished for information purposes only to assist in property location with reference to streets and other parcels. No representation is made as to accuracy and the company assumes no liability for any loss occurring by reason of reliance thereon.

THIS IS NOT A TITLE REPORT, A COMMITMENT TO ISSUE TITLE INSURANCE OR A GUARANTEE OF ANY KIND. No liability is assumed with this report. The fee charged for this service does not include supplemental reports or other services. Further dissemination of the information in this report in a form purporting to insure title to the herein described land is prohibited by law.

*"Superior Service with Commitment and Respect for Customers and Employees"*

pole line with the necessary wires and fixtures thereon, and to remove foliage, tree limbs or trees that may interfere with the construction, maintenance and operation of said electric power, telephone or cable line, across that property belonging to E. D. & S. T. Lidell and situated in the county of Coos State of Ore and described as follows:

S $\frac{1}{2}$  S 3/4 E $\frac{1}{2}$  SEC. 36E, T $\frac{1}{2}$  Sec 1 Map 26 S R 13 W41

It is understood that the employees of the Mountain States Power Company its successors and assigns shall at any time when necessary, have access to said right of way and the equipment thereon, for the purpose of repairs, etc., provided always that said Mountain States Power Company, its successors and assigns, shall be hold responsible for any damage which may be unnecessarily done to the property above described.

Witness our hands and seal this 23th day of Jan 1946.

Done in the presence of:  
A. T. Peterson

Earnest D. Lidell  
Samuel L. Lidell

)Seal(  
)Seal(

STATE OF OREGON  
County of Coos

BE IT REMEMBERED, That on this 23th day of Jan A.D. 1946 before me the undersigned a notary public in and for the said county and state personally appeared the within named Earnest D. Lidell and Samuel L. Lidell who are known to me to be the identical individuals who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal the day and year last above written.

Recorded Mar 20, 1946, 10:45 a.m.  
L. W. Gady, County Clerk

A. T. Peterson  
Notary Public for Oregon  
My commission expires May 10, 1949  
(Notarial Seal)

22554-

EMSEMENT FOR RIGHT OF WAY

For and in consideration of the sum of one dollars (\$1.00), receipt whereof is hereby acknowledged, a right of way is hereby granted to Mountain States Power Company, a Delaware corporation, its successors and assigns, forever, with the right to erect and maintain an electric-power line, telephone or aerial cable line consisting of the following: Distribution pole line with the necessary wires and fixtures thereon, and to remove foliage, tree limbs or trees that may interfere with the construction, maintenance and operation of said electric power, telephone or cable line, across that property belonging to Harold Noah and situated in the county of Coos and State of Ore and described as follows:

Fruitvale Lots #9, 10 and 11

It is understood that the employees of the Mountain States Power Company, its successors and assigns, shall at any time when necessary, have access to said right of way and the equipment thereon, for the purposes of repairs, etc., provided always that said Mountain States Power Company, its successors and assigns shall be hold responsible for any damage which may be unnecessarily done to the property above described.

Witness our hands and seal this 23th day of Jan 1946.

Done in the presence of:  
A. T. Peterson

Harold Noah  
Hora Noah

)Seal(  
)Seal(

STATE OF OREGON  
County of Coos

BE IT REMEMBERED, That on this 23th day of Jan A.D. 1946 before me the undersigned a notary public in and for the said county and state personally appeared the within named Harold Noah and Hora Noah who are known to me to be the identical individuals who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal the

day and year last above written.

Recorded -ar 20, 1946, 10:45 a.m.  
E. W. Oddy, County Clerk

A. T. Peterson  
Notary Public for Oregon  
My commission expires May 10, 1949  
(Notarial Seal)

22535-

## EASEMENT FOR RIGHT OF WAY

For and in consideration of the sum of one dollar (\$1.00) receipt whereof is hereby acknowledged, a right of way is hereby granted to Mountain States Power Company, a Delaware corporation, its successors and assigns forever, with the right to erect and maintain an electric power line, telephone or aerial cable line consisting of the following: Distribution pole line with the necessary wires and fixtures thereon, and to remove foliage, tree limbs or trees that may interfere with the construction, maintenance and operation of said electric power, telephone or cable line, across that property belonging ~~property belonging to~~ Hubert J. Liermann and situated in the county of Coos State of Oregon and described as follows: Lot 3 3/4, E 1/2, S 1/4, NE 1/4, Sec 1 Twp 26 S R 13 W

It is understood that the employees of the Mountain States Power Company, its successors and assigns, shall at any time when necessary, have access to said right of way and the equipment thereon, for the purpose of repairs, etc., provided always that said Mountain States Power Company, its successors and assigns, shall be held responsible for any damage which may be unnecessarily done to the property above described.

Witness our hands and seal this 30th day of Jan 1946.

Done in the presence of:  
A. T. Peterson

Hubert John Liermann  
Elen G. Liermann

)Seal(  
)Seal(

STATE OF OREGON

County of Coos

:ss BE TH HERKBERAD, What on this 30th day of Jan A.D. 1946 before me, the undersigned, a notary public in and for the said county and state, personally appeared the within named Hubert J. Liermann and Helen G. Liermann who are known to me to be the identical individuals who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal the day and year last above written.

Recorded -ar 20, 1946, 10:45 a.m.  
E. W. Oddy, County Clerk

A. T. Peterson  
Notary Public for Oregon  
My commission expires May 10, 1949  
(Notarial Seal)

22536-

For and in consideration of the sum of one dollar (\$1.00), receipt whereof is hereby acknowledged, a right of way is hereby granted to Mountain States Power Company, a Delaware corporation, its successors and assigns forever, with the right to erect and maintain Distribution pole line with the necessary wires and fixtures thereon, and to keep same free from foliage across that property belonging to H. L. Wallace and situated in the county of Coos State of Oregon and described as follows: \_\_\_\_\_

It is understood that the employees of the Mountain States Power Company, its successors and assigns, shall at any time when necessary, have access to said right of way and the equipment thereon, for the purpose of repairs, etc., provided always that said Mountain States Power Company, its successors and assigns, shall be held responsible for any damage which may be unnecessarily done to the property above described.

Witness our hands and seals this 21st day of Jan 1946.

Done in the presence of:  
A. T. Peterson

H. L. Wallace  
Emma E. Wallace

)Seal(  
)Seal(

D-160

After recording return to:  
Eric G. Engles  
63321 Isthmus Heights Road  
Coos Bay, OR 97420

Coos County, Oregon  
\$91.00

2024-01334  
03/05/2024 02:56 PM  
Pgs=2



Julie A. Bracke, Coos County Clerk

Consideration: \$0.00

Tax Statements: No Change

PERPETUAL EASEMENT

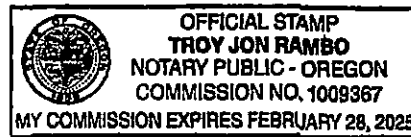
Know all men by these presents that Isthmus Heights Rental, LLC, Grantor, owner of those properties described in Instrument No. 2021 - 7293, Deed Records of Coos County, Oregon, grants to Eric G. Engles, Grantee, his successors, heirs or assigns, owner of those properties described in Instrument No. 2021 - 7294, Deed Records of Coos County, Oregon, a perpetual easement for ingress, egress, and utilities as described on Exhibit "A".

Dated this 4<sup>TH</sup> day of MARCH, 2024.

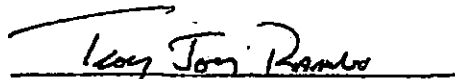
GRANTOR:

  
Eric G. Engles, member of Isthmus  
Heights Rental, LLC

STATE OF OREGON )  
County of COOS ) ss.



The foregoing instrument was acknowledged before me this 4<sup>TH</sup> day of MARCH, 2024 by Eric G. Engles, member of Isthmus Heights Rental, LLC.

  
Notary Public for Oregon

**"Exhibit A"**

Beginning a 1" iron pipe at the common corner of Lots 9 and 10, Plat of Fruitvale, Coos County, Oregon, on the East boundary of Isthmus Heights County Road No. 53; thence S1°08'41"E along the West line of said Lot 9 a distance of 5 feet; thence N89°21'46"E a distance of 305.54 feet, more or less, to the Westerly boundary of the Grantees property; thence N1°02'07"W a distance of 5.00 feet to a 5/8" rebar; thence S89°21'46"W a distance of 5.55 feet to a 5/8" rebar; thence N0°55'22"W a distance of 24.00 feet; thence S88°35'56"W a distance of 300.01 feet to a point on the West line of said Lot 10; thence S0°55'13"E a distance of 20.00 feet to the point of beginning.

The basis of this description is CS# 52A233 recorded in the Coos County Surveyor's Office.



TENTATIVE PARTITION - LOCATED IN THE SE1/4 SE1/4 OF SECTION 36, T.25S., R.13., W.M., COOS CO., OREGON (TL# 1300 - 25S 13W 36DD - ACCT.# 4163001 - 1.99 ACRES)

PREPARED FOR:

ISTHMUS HEIGHTS RENTAL, LLC  
63321 ISTHMUS HEIGHTS RD.  
COOS BAY, OR 97420

PREPARED BY:

MULKINS & RAMBO, LLC  
P.O. BOX 809  
NORTH BEND, OR 97459

REGISTERED  
PROFESSIONAL  
LAND SURVEYOR

*Troy Rambo*  
OREGON  
JULY 14, 1993  
TROY J. RAMBO  
2865

RENEWAL 12-31-2024

N  
SCALE 1" = 40'  
MARCH, 2024

LEGEND

⊙ 5/8" REBAR PER CS# 52A233  
UNLESS OTHERWISE NOTED

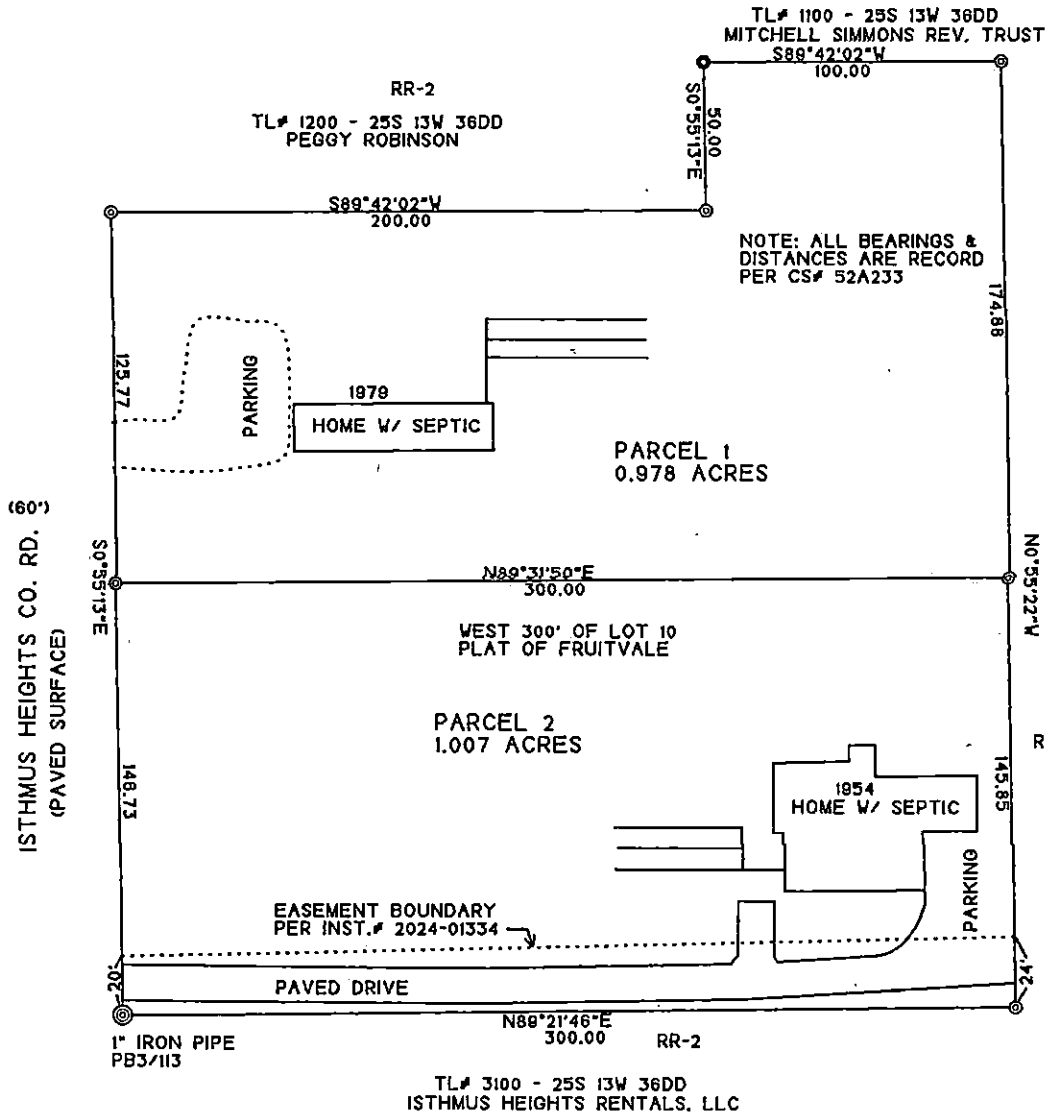
⊙ INITIAL POINT

NOTES

- ZONING - RR-2
- EXISTING LAND USE - RESIDENTIAL
- WATER - CB/NB WATER BOARD
- SEWAGE DISPOSAL - EXISTING SYSTEMS
- POWER / PHONE - LOCATED ON SITE
- TOPOGRAPHY - LESS THAN 10% SLOPES

PROPERTY SUBJECT TO

- SETBACKS - 35 FT. FROM CENTERLINE OR 5 FT. FROM THE RIGHT OF WAY, WHICHEVER IS GREATER
- BK. 160 PG. 512 - UNDESCRIBED UTILITY EASEMENT
- INST.# 2024-01334 - PERPETUAL EASEMENT FOR INGRESS, EGRESS & UTILITIES



PROPOSED PARCEL 2

# Existing System Evaluation Report for Onsite Wastewater Systems



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/WQ/pages/onsite/septicmart.aspx>.

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Elton E. Forbes for PWBNEFKM, LLC Telephone: 541-501-3270

Site Address: 63565 Isthmus Heights City: Coos Bay Zip Code: 97420

County: COOS Lot Size: \_\_\_\_\_ Acres/Square Feet (circle units)

Legal Description: \_\_\_\_\_

Age of wastewater treatment system UNK (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 2/2014 (please attach receipt if available) per Grand Property Management

Number of people occupying dwelling UNK If unoccupied, for how long has it been vacant? NOT vacant

Was this section completed by the evaluator because own or agent was unavailable? N/A

The above information is true and to the best of my knowledge signed by:

5/16/2021 | 7:38 PM PDT

Date (MM/DD/YYYY)

Elton E. Forbes for PWBNEFKM, LLC

76A93E5A7773434

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Joel Klein

### Certification:

- Installer
- Maintenance Provider
- National Association of Wastewater Technicians
- Other: DEQ approved in writing (please describe) National Enviro Health (Advanced Certified)
- Professional Engineer
- Environmental Health Specialist
- Waste Water Specialist

Certification Number: RI-97 RM-27 NAWT 11741 IC NEHA 90004702

Business name Econo Rooter Services, Inc. Email jklein@econorooter.us

Business address P.O. Box 627 Coquille, OR 97423 Phone 541-396-4804

Date of Evaluation: 05-24-2021 (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.

05-24-2021  
Date (MM/DD/YYYY)

Joel Klein  
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):

(2) APPROX 500 GAL  
CONCRETE  
ROUND TANKS  
W/ FLOW THRU  
NEAR BOTTOM

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

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 *NO PERMIT RECORDS OR AS-BUILT DRAWING FOR THIS HOME*

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

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

*Location via probing led to 500 gallon concrete tank. During pumping we discovered a flow thru connection approximately 8" off the bottom of the tank to another 500 gallon round septic tank*

- Additional Comments:

*Both lids were dug by us to pump both sides of 2 compartment tank. MASSIVE GREASE ON SOLIDS SIDE OF TANK 15" TOP SCUM 12" SOLIDS. MASSIVE GREASE. ADDITIONAL GALLONS OF WATER ADDED IN ORDER TO PUMP AS LIQUID*

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:

*TANK overflow (2) compartment approx 500 gallon concrete tanks. MASSIVE GREASE ON SEPTIC SIDE.*

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):

- The septic tank material is:

Concrete  
Steel  
Plastic  
Fiberglass  
Other (explain)  
Unknown

(2) APPROX 500 GALLON ROUND CONCRETE TANKS WITH FLOW THRU APPROX 8" OFF THE BOTTOM OF TANK.

- Is the septic tank accessible?  Yes  No
- Septic tank volume in gallons (2) 500 GALLON ROUND W/FLOW THRU
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other Pumping
- Septic tank risers are at ground level  Yes  No 16" Below Surface
- 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
- 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 (Water Surface during Digging up Lid)  
If above or below invert outlet, please explain: POSSIBLE PLUGGED OUTLET BAFFLE OR DRAINAGE NOT ACCEPTING WATER
- Scum layer 15 (inches) Sludge layer 12 (inches)  
Both Tanks
- Scum and Sludge layer more than 35% of the total tank volume  Yes  No  
Indicate where sludge measured from:  Inlet  Middle  Outlet  
ON BOTH TANKS
- Additional Comments:  
MAIN SEPTIC TANK HAD LOTS OF GREASE SOLIDS. IT MAY HAVE NOT BEEN PUMPED PRIOR WHEN EFFLUENT TANK WAS PUMPED (UNKNOWN)

4. Dosing tank / Pump Basin

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

- 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:

N/A

↓

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):

Single pipe with a total of 40' of Rock pipe trenches located via probing.

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

- Locate all drain lines in soil absorption system  Yes  No

Total length of drain lines 40 (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:

Probed grass area below tanks and could only locate approximately 40' of rock pipe drainfield. Additional grass areas probed and we found no additional gravel trenches.

- 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 Lush grass below tank
- The soil absorption system replacement area assigned in the permit record appears to be intact:  Yes  No  Replacement area not identified in permit record

If you answered "No," please explain below:

Tank area very wet & soft, lush grass present. Possible plugged outlet baffle or drainfield not accepting water at this time. Dug access hole below tank and water tested

- Additional Comments:

Drainfield pipe with 100 metal gallons of water. Pipe continued to accept water but it is believed to not equal distribution in 40' line/trench due to massive lush green grass present

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

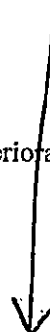
(If "No," skip the rest of section 6)

N/A

- Type of sand filter

Intermittent  
 Recirculating  
 Bottomless

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



- Sand filter unit appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

N/A

If you answered "No," please describe below:

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- Sand filter appears to be free from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No  
(If "No", skip the rest of section 6)
- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No
- Additional Comments:

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7. **Alternative Treatment Technology System**

The owner of an ATT system *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.**

N/A

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
 System ID number \_\_\_\_\_  
 Manufacturer name \_\_\_\_\_



- 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:

\_\_\_\_\_  
\_\_\_\_\_

- Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

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:

NO DEQ RECORDS WERE LOCATED OR NO AS-BUILT DRAWING  
FOR THIS "MAIN HOME"

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:

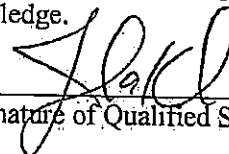
SEE PAGE #8 FOR THIS INSPECTORS DRAWING

10. **Disclaimer:**

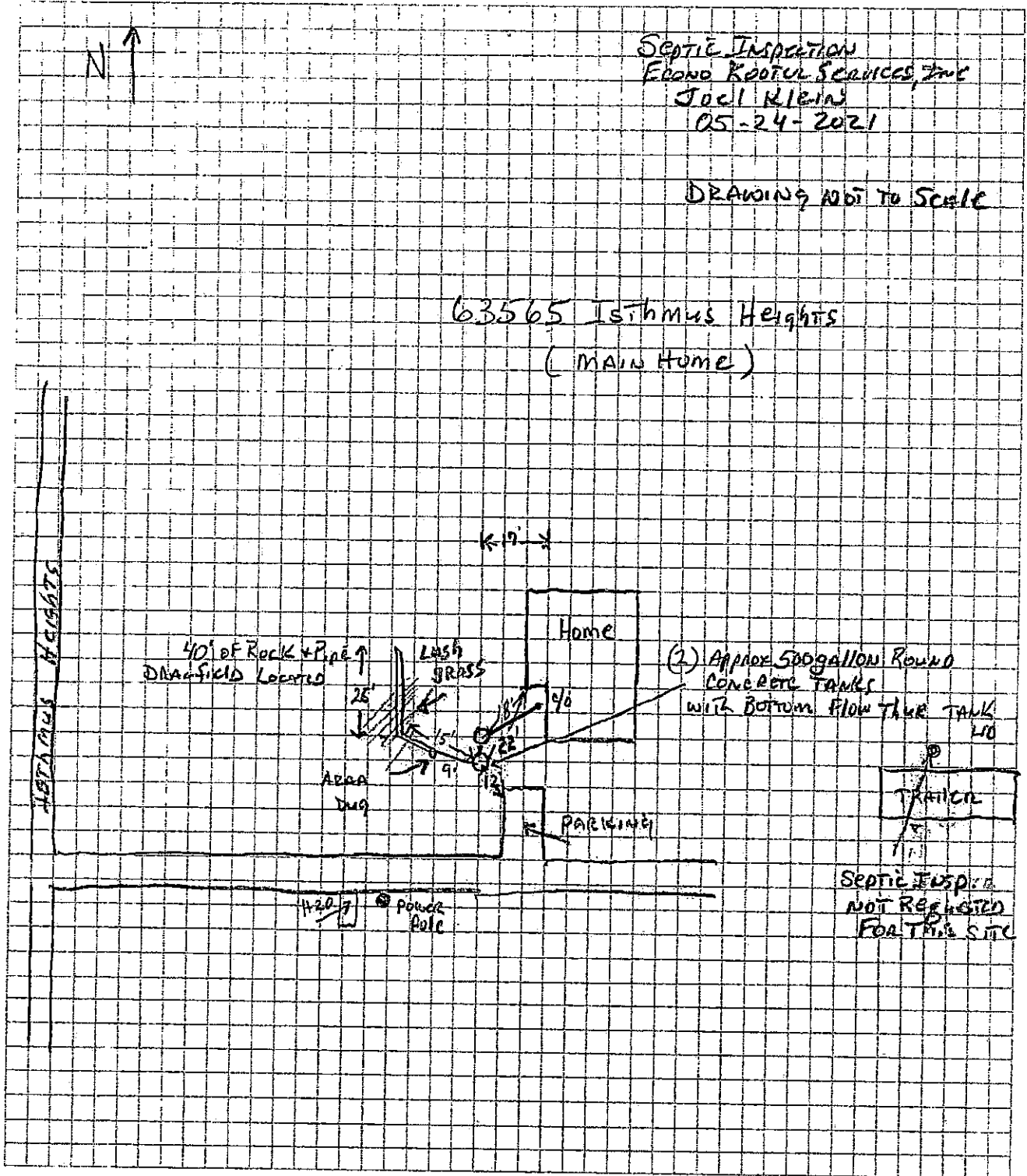
This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly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

05-24-2021  
Date

  
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.

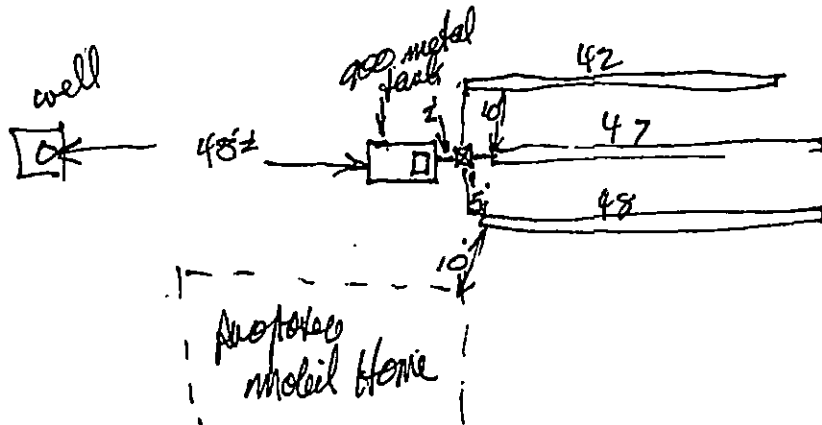


STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
490 North Second Street  
Coos Bay, Oregon 97420 269-2721

AUTHORIZATION NOTICE TO USE  
EXISTING SEWAGE DISPOSAL SYSTEM

OWNER Kenneth & Mary Adams SYSTEM  
TWP 25 R 13 SEC 36 DD# 1300 TA# 463001  Standard ( ) Capping Fill  
Location 440 Isthmus Ht Coos Bay ( ) Sand Filter ( ) Experimental  
Purpose of Notice Mobil Home Refinement ( ) Pressure D. ( ) Other  
Disposal Trenches \_\_\_\_\_ Square Feet \_\_\_\_\_ Lineal Feet 137 Inspection Date 6-22-93  
Tank Size 900 Gallons System designed to serve 2 Bdr

Plot Plan



This Notice acknowledges the sewage system located on property identified above appears adequate by  field inspection ( ) record review to serve a 2 Bdr MH (type of structure) with a maximum sewage flow of 300 gallons per day.

COMMENTS: Reset & level Distribution Box so that all outlet lines are level - call for inspection 7-29-93: 12:15 OK

Neil Shin RS.  
Sanitarian

6-25-93  
Date

- NOTE:
1. The Department of Environmental Quality considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.
  2. A permit and inspection of the building sewer connection to the sewage system may be required by the Commerce Department or its authorized representative.
  3. This Notice does not guarantee satisfactory or continuous operation of the sewage system identified.
  4. If this authorization is not used for the intended purpose within one year from date of issuance, such authorization will become invalid.
  5. This Authorization Notice is NOT transferrable from one owner to another.

STATE OF OREGON  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 COOS BAY OFFICE  
 340 N. Front  
 Coos Bay, Oregon 97420  
 269-2721 or 1-800-452-4011

FOR OFFICE USE ONLY  
 Date Rec'd 6/14/93  
 Date Completed \_\_\_\_\_  
 Required Fee 16000  
 Receipt No. 58211  
 Control No. 693-124

FOR APPLICANT'S USE - (PLEASE PRINT)

6.58 Ac.

Lot Size (Acreage or Dimensions)

Kenneth & Mary Adams  
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 25 12 36DD 1300/41630.01 Coos  
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 2  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

Public (Community System)  
 Private \_\_\_\_\_  
 (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence 2  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

DIRECTIONS TO PROPERTY: 480 Isthmus  
Hts. Rd. Oliver Barber to  
Isthmus Hts. left to  
site.

APPLICATION FOR:

Authorization Notice:  
 Purpose of Authorization Notice  
 Connect to an existing system  
 not currently in use  
 Replace one mobile home with  
 with another or a house  
 Replace or rebuild a house  
 Addition of one or more bedroom  
 Personal hardship  
 Temporary housing  
 Other (Specify) \_\_\_\_\_

Site Evaluation Report  
 Permit to Construct On-Site Sewage Disposal System  
 Permit to Repair On-Site Sewage Disposal System  
 Permit for Alteration of On-Site Sewage Disposal System  
 Permit Renewal  
 Existing System Report  
 Plan Review  
 Other (Specify) \_\_\_\_\_

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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

Kenneth E. Adams  
 (Signature)

6/14/93  
 (Date)

Authorized Representative  
 Licensed Installer  
 License No. \_\_\_\_\_

Owner's Mailing Address  
480 Isthmus Hts. Rd.  
Coos Bay, Oregon  
97420

Applicant's Mailing Address (if different)  
Coldivell Barber  
269-6951

Phone 267-7188

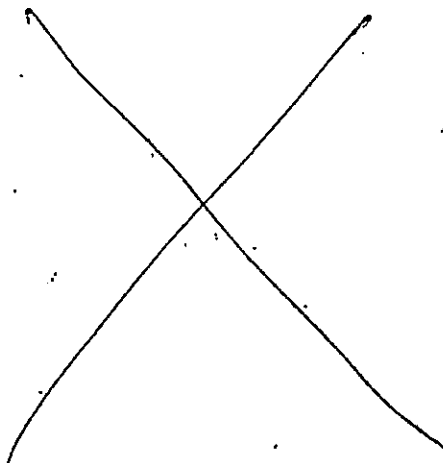
Phone \_\_\_\_\_ IW\WC8\WC8691 (7-19-91)

Property ready for inspection: 6-22-93

3:15

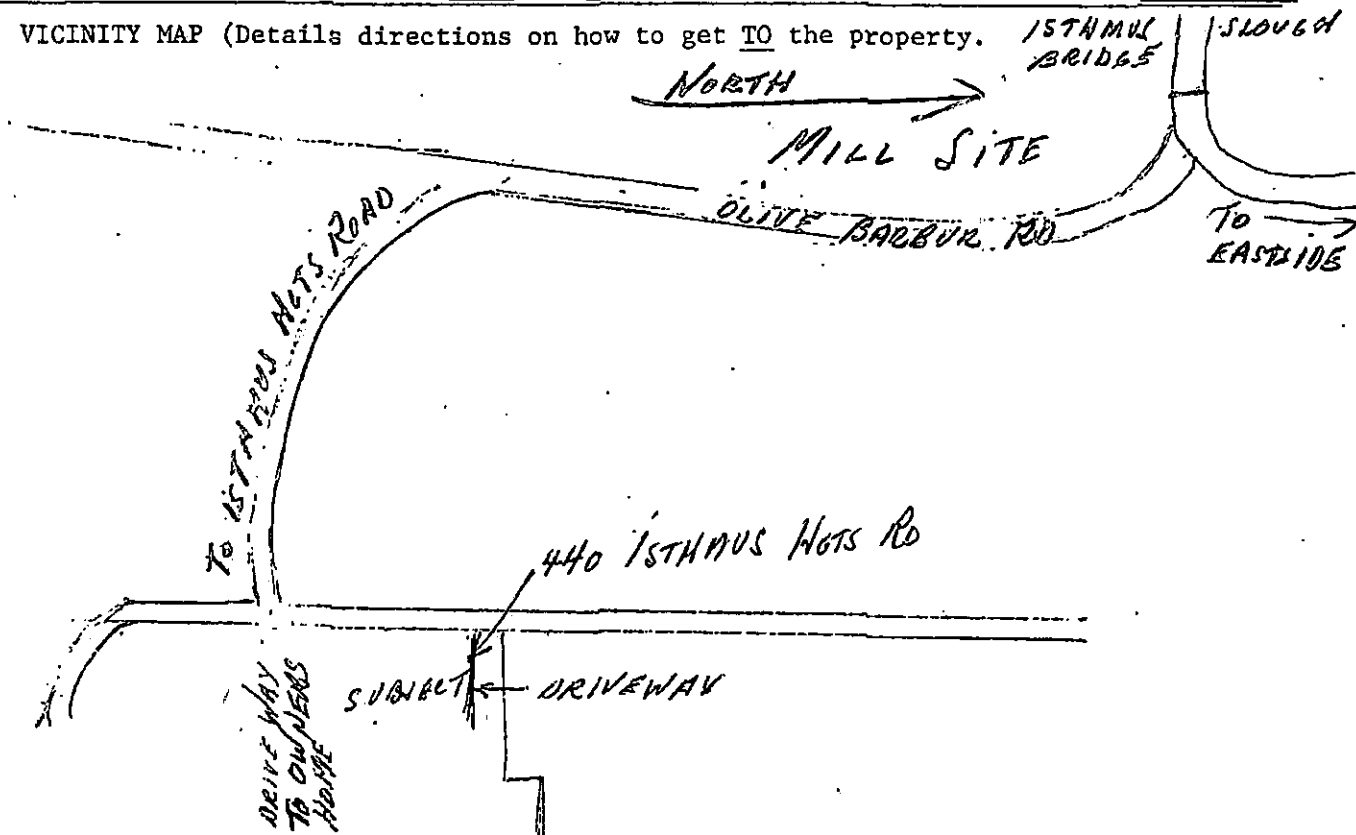
LOCATOR/VICINITY MAP. . . . The purpose of this map is to enable field staff to locate property as easily as possible and, once on the property, to locate the inspection area quickly. Please start your drawing of the VICINITY map from a familiar beginning giving as many landmarks as possible; indicate road and crossroad names and mileage. On the LOCATOR portion of the map show existing or proposed buildings, sewage disposal area or test pits in desired area for the system, and water (including lakes, streams, rivers, existing or proposed wells on your property or neighboring properties.) Distances are important; staking and/or flagging the inspection area is very helpful.

1. LOCATOR MAP (Details existing or proposed development ON the property.



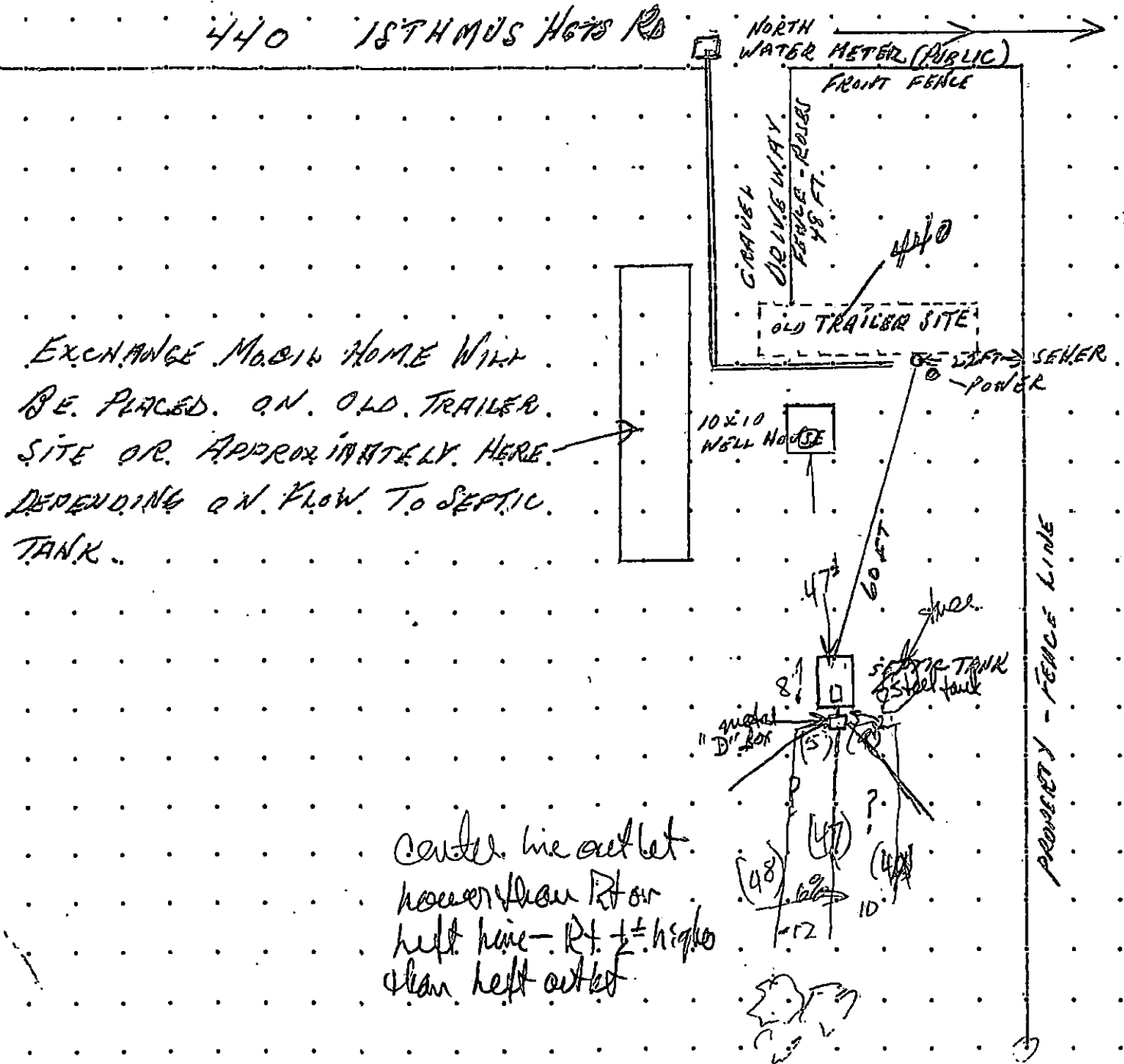
PROPERTY OWNER MARY V. ADAMS TOWNSHIP 25S RANGE 13W SECTION 36 TAX LOT/TAX ACCT NOS. 1300 41630.01

2. VICINITY MAP (Details directions on how to get TO the property.



S I T E      P L A N

DISTANCES ARE CRITICAL. Please provide (as close to scale as possible) location of the sewage disposal system within the approved area (using one-half of the area for a new system or the entire area for a repair system). Also show the existing or proposed home site, accessory buildings, driveways, and all water sources (wells, springs, etc.) including those on neighboring properties. Dot to dot = \_\_\_\_\_ feet.



EXCHANGE MOBILE HOME WILL BE PLACED ON OLD TRAILER SITE OR APPROXIMATELY HERE DEPENDING ON FLOW TO SEPTIC TANK.

center line outlet however than for left line - Rt. 1/2" high than left outlet

BENNETT'S DRAIN SAVERS  
 2140 Primrose Street  
 Eugene, OR 97402

# Invoice

DATE	INVOICE #
6/14/2021	41768,69,70

BILL TO
PRO REALTY P.O. Box 512 Creswell, OR 97426

At TIME OF SALE WE FOUND  
 Econo Rooter Evaluations were  
 Incomplete on 3 Properties so  
 Bennett's Drain did AN EVALUATION  
 FOR ALL 3 Before SALE

- Econo Rooter did Pump All  
 TANKS 1 Month Prior.

DUE DATE	P.O. NUMBER
6/14/2021	

ITEM	DESCRIPTION	HOURS	RATE	AMOUNT
Septic Evaluat ion	At: 63587 Isthmus Heights, Coos Bay			400.00
Loc./Di g	Locate/dig/backfill			50.00
Septic Evaluat ion	At: 63555 Isthmus Heights			200.00
Loc./Di g	Locate/dig/backfill			25.00
Septic Evaluat ion	At: 63565 Isthmus Heights			200.00
Loc./Di g	Locate/dig/backfill			50.00
Work Done	Locate/dig/clear outlet baffle/backfill			75.00

Total	1,000.00
Balance Due	1,000.00



**Bennett's DRAIN SAVERS**  
 Septic & Drain Cleaning  
 2140 Primrose St.  
 EUGENE, OREGON 97402  
 (541) 688-6018 998-1383 726-7732

Mittino Scarpis: Realtor

CUSTOMER'S ORDER NO. 60693 PHONE 541-953-7355 DATE 6/11/2021

NAME PRO Realty  
 ADDRESS 63565 Isthmus Heights  
 Coos Bay, OR

SOLD BY Maurus CASH C.O.D. CHARGE ON ACCT. MDSE. RETD. PAID OUT

QTY. DESCRIPTION PRICE AMOUNT

Existing Septic System Evaluation  
 Locate/dig/Backfill  
 Invoice & sketch (See DEQ-ESER Form For Report)  
 200.00  
 50.00  
 75.00  
 325.00

Work done - dug up, accessed outlet pipe of second tank & cleared outlet waffle - flowing properly now

RECEIVED BY TOTAL 325.00

All claims and returned goods MUST be accompanied by this bill.

41770

Thank You



**Bennett's DRAIN SAVERS**  
 Septic & Drain Cleaning  
 2140 Primrose St.  
 EUGENE, OREGON 97402  
 (541) 688-6018 998-1383 726-7732

Mittino Scarpis: Realtor

CUSTOMER'S ORDER NO. 60693 PHONE 541-953-7355 DATE 6/11/2021

NAME PRO Realty  
 ADDRESS 63587 Isthmus Heights  
 Coos Bay, OR

SOLD BY Maurus CASH C.O.D. CHARGE ON ACCT. MDSE. RETD. PAID OUT 3207

QTY. DESCRIPTION PRICE AMOUNT

Existing Septic System Evaluation  
 locate/rectify/backfill  
 Invoice & sketch (See DEQ-ESER Form For Report)  
 400.00  
 50.00  
 TAX  
 450.00

(Rough sketch of septic system does not particularly indicate exact location or configuration of drain field)

RECEIVED BY TOTAL 450.00

All claims and returned goods MUST be accompanied by this bill.

41700

Thank You



**Bennett's DRAIN SAVERS**  
 Septic & Drain Cleaning  
 2140 Primrose St.  
 EUGENE, OREGON 97402  
 (541) 688-6018 998-1383 726-7732

*Milina Scaife: Reactor*

CUSTOMER'S ORDER NO. <i>6063</i>		PHONE <i>541-953-7365</i>		DATE <i>6/11/2021</i>	
NAME <i>PRO Realty</i>					
ADDRESS <i>63555 Johnmus Heights Cove Bay, OR</i>					
SOLD BY <i>Marcus</i>	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.
PAID OUT					
QTY.	DESCRIPTION			PRICE	AMOUNT
	<i>Existing Septic System Evaluation</i>			<i>200</i>	<i>00</i>
	<i>local dig/backfill</i>			<i>25</i>	<i>00</i>
	<i>Invoice &amp; sketch (See DEQ-ESER FORM FOR REPORT)</i>				
RECEIVED BY				TOTAL	<i>225 00</i>

All claims and returned goods MUST be accompanied by this bill.

41769

*Thank You*

# Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon  
Department of  
Environmental  
Quality

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): \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Address: 63565 ISTHMUS HEIGHTS City: COOS BAY Zip Code: 97420

County: COOS Lot Size: ? Acres/Square Feet (circle units)

Legal Description: ?

Age of wastewater treatment system ? (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 5/24/2021 (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? YES

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): MARCUS M. CARTER

### Certification:

- |  |  |
|--|--|
| <input type="checkbox"/> Installer   | <input type="checkbox"/> Professional Engineer           |
| <input type="checkbox"/> Maintenance Provider                                      | <input type="checkbox"/> Environmental Health Specialist |
| <input checked="" 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: 12487 ITC

Business name BENNETT'S DRAIN SAVERS Email maccarter@aol.com

Business address 2140 PRIMROSE STREET, EUGENE, OR 97402 Phone 541-688-6018

Date of Evaluation: 6/11/2021 (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.

6/14/2021

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 checked="" type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill                              |
| <input type="checkbox"/> Seepage Bed                       | <input type="checkbox"/> Sand Filter                               |
| <input type="checkbox"/> Other _____                       |  |

**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) \_\_\_\_\_
- Year original septic system installed: \_\_\_\_\_ (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: - \_\_\_\_\_ (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

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

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- Additional Comments:

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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:

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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):

NOT NECESSARY TO PUMP SEPTIC TANK TO COMPLETE EVALUATION.  
PUMPONG NOT NEEDED AT THIS TIME, PUMPED RECENTLY.(SEE BELOW)

- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No
- Septic tank volume in gallons 2X500
- 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
- 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 -0-\_\_\_\_\_(inches) Sludge layer-0-\_\_\_\_\_(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.

- 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

- 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:

\_\_\_\_\_  
\_\_\_\_\_

**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):

WATER FLOW AND ABOVE GROUND OBSERVATION ONLY.

- 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

- Locate all drain lines in soil absorption system  Yes  No

Total length of drain lines 40 +/- (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:

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- 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

If you answered "No," please explain below:

NO "AS-BUILT" DRAWING AVAILABLE.

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- Additional Comments:

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## 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

- Sand filter unit appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  
 Yes  No

If you answered "No," please describe below:

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---

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- Sand filter appears to be free from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No  
(If "No", skip the rest of section 6)
- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No

- Additional Comments:

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**7. Alternative Treatment Technology System**

The owner of an ATT system *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.**

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
System ID number \_\_\_\_\_  
Manufacturer name \_\_\_\_\_

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

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- 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:  
NONE AVAILABLE

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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.

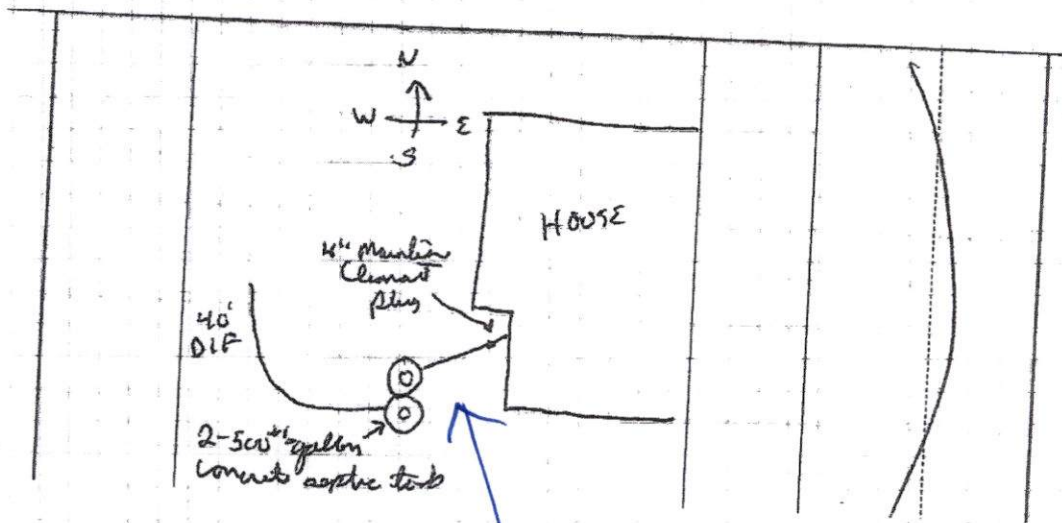
11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

6/14/2021

Date

  
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.**



NOT TO SCALE

Indicates 4" MAINLINE TO HOUSE  
GAS INSPECTION

# Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon  
Department of  
Environmental  
Quality

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): \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Address: 63587 ISTHMUS HEIGHTS City: COOS BAY Zip Code: 97420

County: COOS Lot Size: ? Acres/Square Feet (circle units)

Legal Description: ?

Age of wastewater treatment system ? (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 5/24/2021 (please attach receipt if available)

Number of people occupying dwelling 2 (?) If unoccupied, for how long has it been vacant? -

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

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): MARCUS M. CARTER

### Certification:

- |  |  |
|--|--|
| <input type="checkbox"/> Installer   | <input type="checkbox"/> Professional Engineer           |
| <input type="checkbox"/> Maintenance Provider                                      | <input type="checkbox"/> Environmental Health Specialist |
| <input checked="" 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: 12487 ITC

Business name BENNETT'S DRAIN SAVERS Email maccarter@aol.com

Business address 2140 PRIMROSE STREET, EUGENE, OR 97402 Phone 541-688-6018

Date of Evaluation: 6/11/2021 (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.

6/14/2021  
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.

- o 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 _____            |  |

**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

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

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

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- o Additional Comments:

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2. **Overall Septic System Status**

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

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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.

- o Septic tank was pumped during the course of *this* evaluation Yes No
- o 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):

NOT NECESSARY TO PUMP SEPTIC TANK TO COMPLETE EVALUATION.  
PUMPING NOT NEEDED AT THIS TIME, PUMPED RECENTLY. (SEE BELOW)

- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No

- Septic tank volume in gallons 900

- 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

- 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 -0- (inches) Sludge layer -0- (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.

- 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

- 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:  
\_\_\_\_\_  
\_\_\_\_\_

**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):

WATER FLOW AND ABOVE GROUND OBSERVATION ONLY.

- 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

- Locate all drain lines in soil absorption system  Yes  No

Total length of drain lines 137 (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:

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- 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

If you answered "No," please explain below:  
NO "AS-BUILT" DRAWING AVAILABLE.

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- Additional Comments:

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#### 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

- Sand filter unit appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Sand filter appears to be free from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No  
(If "No", skip the rest of section 6)
- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No
- Additional Comments:

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**7. Alternative Treatment Technology System**

The owner of an ATT system *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.**

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an Alternative Treatment Technology (ATT)  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
System ID number \_\_\_\_\_  
Manufacturer name \_\_\_\_\_

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

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- 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:  
NONE AVAILABLE

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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:

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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.

- 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.

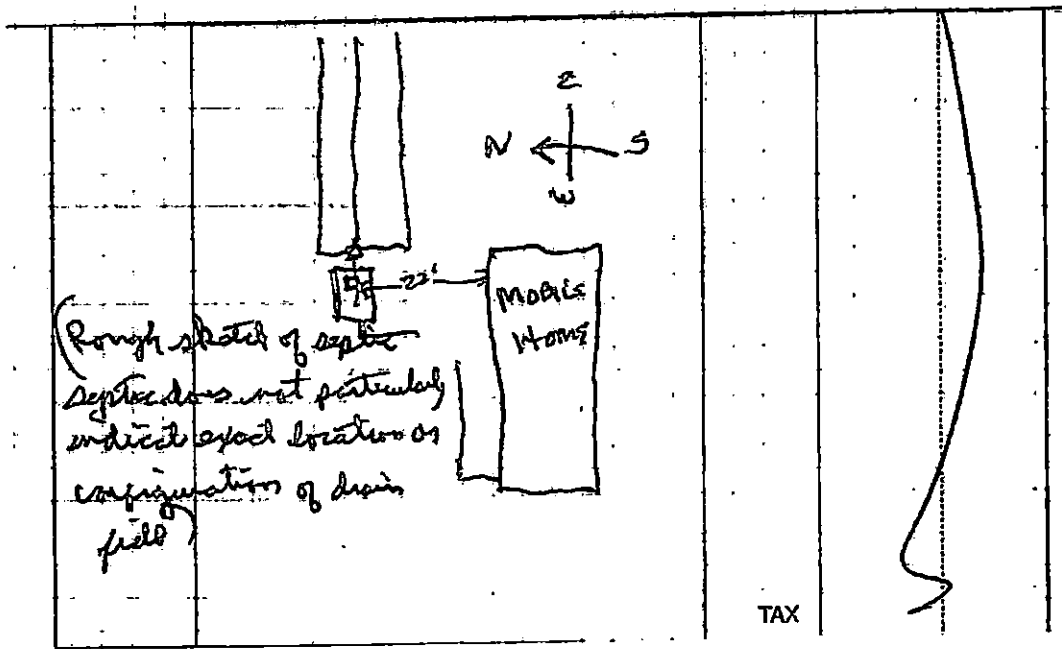
6/14/2021

Date



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.**



NOT TO SCALE

Refresh New Water Meter Modify Remove Device Change Audit Trail Exit Help

Devices

Device Type	Serial Number	Status	Dial Number	Service Point	Model No	Register ID
Water Meter	22355256	Active		1	F-02-6-1	

Meter History Meter Details

Connection Status:	Active	Install Date:	5/ 6/1976
Route-Sequence:	103-273021	Bill Type:	Water
Serial Number:	22355256	Latitude:	
Register ID:		Longitude:	
MXU ID:		Reader Information:	
Number of Digits:	6	Location	
EDU:	1.000000	Pp 368060 @ Cutoff Rd Junction N Side Beginning of Alley	
Size:	02		
Unit Type:	Feet		
Manufacturer:	T		
Model Number:	F-02-6-1		

fresh New Water Meter Modify Remove Device Change Audit Trail Exit Help

Devices: Create a service request to remove the selected device.

Device Type	Serial Number	Status	Dial Number	Service Point	Model No	Register ID
Water Meter	50787454	Active		1	F-02-6-1	
Water Meter	3420354	Removed		1	F-02-5-1	

Meter History **Meter Details**

Connection Status:

Route-Sequence:

Serial Number:

Register ID:

MXU ID:

Number of Digits:

EDU:

Size:

Unit Type:

Manufacturer:

Model Number:

Install Date:

Bill Type:

Latitude:

Longitude:

Reader Information:

**Location**

R of Drive:

sts

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**Corporation Division**

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### Business Entity Data

05-06-2024

11:37

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
1448258-90	DLLC	ACT	OREGON	06-08-2018	06-08-2025	
<b>Entity Name</b>	ISTHMUS HEIGHTS RENTAL LLC					
<b>Foreign Name</b>						

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### Associated Names

<b>Type</b>	PPB	PRINCIPAL PLACE OF BUSINESS			
<b>Addr 1</b>	63321 ISTHMUS HEIGHTS RD				
<b>Addr 2</b>					
<b>CSZ</b>	COOS BAY	OR	97420	<b>Country</b>	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

<b>Type</b>	AGT	REGISTERED AGENT	<b>Start Date</b>	06-08-2018	<b>Resign Date</b>	
<b>Name</b>	ERIC	G	ENGLES			
<b>Addr 1</b>	63321 ISTHMUS HEIGHTS RD					
<b>Addr 2</b>						
<b>CSZ</b>	COOS BAY	OR	97420	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	MAL	MAILING ADDRESS			
<b>Addr 1</b>	63321 ISTHMUS HEIGHTS RD				
<b>Addr 2</b>					
<b>CSZ</b>	COOS BAY	OR	97420	<b>Country</b>	UNITED STATES OF AMERICA

<b>Type</b>	MEM	MEMBER		<b>Resign Date</b>	
<b>Name</b>	ERIC	G	ENGLES		
<b>Addr 1</b>	63321 ISTHMUS HEIGHTS RD				
<b>Addr 2</b>					
<b>CSZ</b>	COOS BAY	OR	97420	<b>Country</b>	UNITED STATES OF AMERICA

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### Name History

Business Entity Name	Name	Name	Start Date	End Date
----------------------	------	------	------------	----------






	<a href="#">Type</a>	<a href="#">Status</a>	
ISTHMUS HEIGHTS RENTAL LLC	EN	CUR	06-08-2018

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### Summary History

<b>Image Available</b>	<b>Action</b>	<b>Transaction Date</b>	<b>Effective Date</b>	<b>Status</b>	<b>Name/Agent Change</b>	<b>Dissolved By</b>
	AMENDED ANNUAL REPORT	04-22-2024		FI		
	AMENDED ANNUAL REPORT	04-30-2023		FI		
	ANNUAL REPORT	05-20-2022		FI		
	AMENDED ANNUAL REPORT	05-13-2021		FI		
	REINSTATEMENT AMENDED	08-21-2020		FI		
	ADMINISTRATIVE DISSOLUTION	08-22-2019		SYS		
	ARTICLES OF ORGANIZATION	06-08-2018		FI	Agent	

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Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
www.filinginoregon.com

**Registry Number:** 1448258-90  
**Type:** DOMESTIC LIMITED LIABILITY COMPANY

**Next Renewal Date:** 06/08/2019

ISTHMUS HEIGHTS RENTAL LLC  
63321 ISTHMUS HEIGHTS RD  
COOS BAY OR 97420

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**Document**

ARTICLES OF ORGANIZATION

**Filed On**

06/08/2018

**Jurisdiction**

OREGON

**Name**

ISTHMUS HEIGHTS RENTAL LLC

**Principal Place of Business**

63321 ISTHMUS HEIGHTS RD  
COOS BAY OR 97420

**Registered Agent**

ERIC G ENGLER  
63321 ISTHMUS HEIGHTS RD  
COOS BAY OR 97420

**Mailing Address**

63321 ISTHMUS HEIGHTS RD  
COOS BAY OR 97420

**Member**

ERIC G ENGLER  
63321 ISTHMUS HEIGHTS RD  
COOS BAY OR 97420

*\* Proof of Signature*



**Fidelity National Title**  
Company of Oregon

800 Willamette Street, Ste 500  
Eugene, OR 97401  
Phone: (541)683-5422 / Fax: (541)683-5437

Eric G. Engles  
Isthmus Heights Rental LLC  
6321 Isthmus Heights Road  
Coos Bay, OR 97420

*Single Member*



**Date:** June 25, 2021  
**Escrow No.:** 60222105793-SJ  
**Buyer(s):** Isthmus Heights Rental LLC ←  
**Seller(s):** PWBNNBFKM, LLC  
**Property:** Vacant Lots 25S123C00 0800,1400  
26S1206B00 600,200 25S1336DD0  
3100,1300  
Coos Bay, OR 97420

Eric G. Engles:

The closing of the sale of the property involved in the above escrow has been completed with the recording of the appropriate documents. We enclose the following:

- Final *\*Please keep this document for tax purposes*

Any policy of title insurance to which you may be entitled will be forwarded to you in the near future.

We appreciate having this opportunity to be of service to you and hope you will again choose Fidelity National Title Company of Oregon as your Escrow Agent and Title Insurer for any future sales or purchases.

Sincerely,

Sondra Johnson  
Escrow Officer  
sondra.johnson@fnf.com

Enclosure(s)

*63565 Water Meter #*  
*63987 Water Meter #*