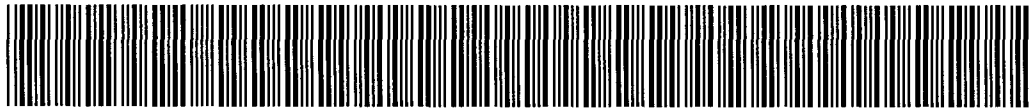


CDD ARCHIVE COVER SHEET FOR LEL
12/11/2000 07:50:49 1 of 1

EH 001 ARCHIVE



FILE ID	1410340001900EH20001211999001
TAXMAP	1410340001900
SERIAL	135675
DIVISION	EH
SITUS	69550 DEER RIDGE RD
HOUSE#	69550
STREET	DEER RIDGE
CONTENT	ARCHIVE

DESCHUTES COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 ADMINISTRATION BUILDING - BEND, OREGON 97701
 (503) 388-6575

PERMIT NO. 31209
 DATE CALLED IN 10/29/91

CERTIFICATE OF SATISFACTORY COMPLETION

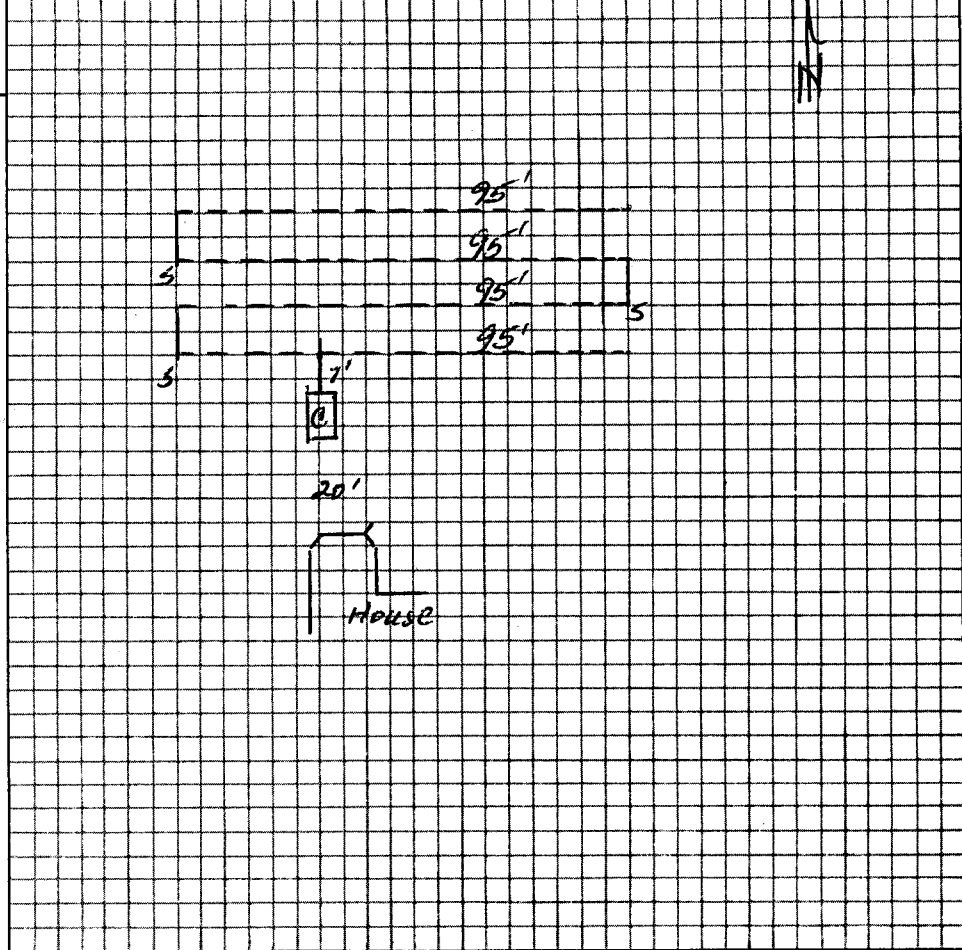
JOB LOCATION - ADDRESS 69530 Deer Ridge Rd. CITY Sisters
 NAME OF OWNER Susan Crofoot
 INSTALLER'S NAME Fred Burke LICENSE NO. 36302

SEPTIC TANK

MATERIAL <u>Concrete</u>	TOTAL LIQUID CAPACITY <u>1000 gal</u>	EQUAL	LOOP	SERIAL <input checked="" type="checkbox"/>	PRES	SAND FILTER	OTHER
TOTAL LENGTH <u>380</u> FEET	WIDTH OF TRENCH <u>2</u> FEET	DEPTH OF TRENCH <u>12</u> INCHES					
TOTAL ROCK DEPTH <u>12</u> INCHES	NEAREST LOT LINE <u>FRONT</u>	SIDE		REAR			

WELL SETBACKS		NEAREST BODY OF WATER	
FEET FROM SEPTIC TANK <u>100'+</u>	FEET FROM DRAINFIELD <u>100'+</u>	FEET FROM SEPTIC TANK <u>N/A</u>	FEET FROM DRAINFIELD <u>N/A</u>

TOWNSHIP 14
 RANGE 10
 SECTION 34 TAX LOT # 1900



As-Built Drawing
with Reference Locations

Installer _____
 Final Insp. Date _____

- Issued by Operation of Law
- Pre-cover inspection waived pursuant to OAR 340-71-170(2)

CORRECTION NOTICE POSTED DATE _____ CORRECTIONS MADE DATE _____

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

AUTHORIZED SIGNATURE M. Debra DATE 6/5/92
 SPECIAL NOTES ON CONSTRUCTION
Capping fill



Community Development Department

117 NW Lafayette Avenue • Bend, Oregon • 97701-1925

(541) 388-6575

FAX 385-1764

Planning Division

Building Safety Division

Environmental Health Division

March 22, 2000

KENNETH F TRUSTEE OF RUETTIGERS FAMILY TRUST RUETTIGERS
69550 DEER RIDGE RD
SISTERS, OR 97759

RE: SITE EVALUATION #F 19495 14-10-3400-1900
69550 DEER RIDGE RD, Sisters

This letter is in response to your on-site sewage disposal system site evaluation application.

The site was evaluated on 03/09/00, and was found suitable to install a "Standard System", as defined in "Oregon Administrative Rules for On-Site Sewage Disposal, Chapter 340, Division 71."

CONDITIONS OF APPROVAL

The system is sized for a maximum sewage flow of 150 gallons per day.

The disposal trenches shall total a minimum of 75 linear feet.

The maximum depth of the disposal trenches is 24 inches.

The minimum depth of the disposal trenches is 18 inches.

Show test holes on plot plan. System sized for a bathroom in poolhouse. Maintain all required setbacks.

The approved site is very specific. The land surface in the vicinity of the approved site shall not be altered. Any alteration of the approved site or placement of a well within 100 feet of the approved site may invalidate this approval. Technical rule changes shall not invalidate a favorable site evaluation, but may require use of a different kind of system.

March 22, 2000
Page 2

A construction permit must be obtained from Deschutes County prior to the installation of the system. Application for a construction permit must be accompanied by an accurately drawn plan showing the layout and components of the system. The plan must also show the replacement area, proposed location of dwelling and other structures, driveways, well, waterlines, property line setbacks and other pertinent information.

Zoning clearance must be obtained from the appropriate planning authority prior to permit issuance.

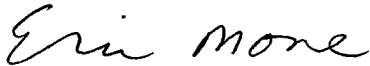
Please present this document at time of permit application.

Pursuant to Oregon Administrative Rules (OAR Chap. 340), if you conclude this report to be in error of these Rules, you may request a review. The report review is through the Department of Environmental Quality. The application is a written request that includes all information you have received from Deschutes County, the reason the report is in error, citing the specific OAR's that conflict with the report, and an application fee. The Department of Environmental Quality will review the county report and visit the site to determine compliance with the appropriate rules.

If you have any questions, please call this office and we will do our best to help you.

Sincerely

ENVIRONMENTAL HEALTH DIVISION
Roger W. Everett, Director



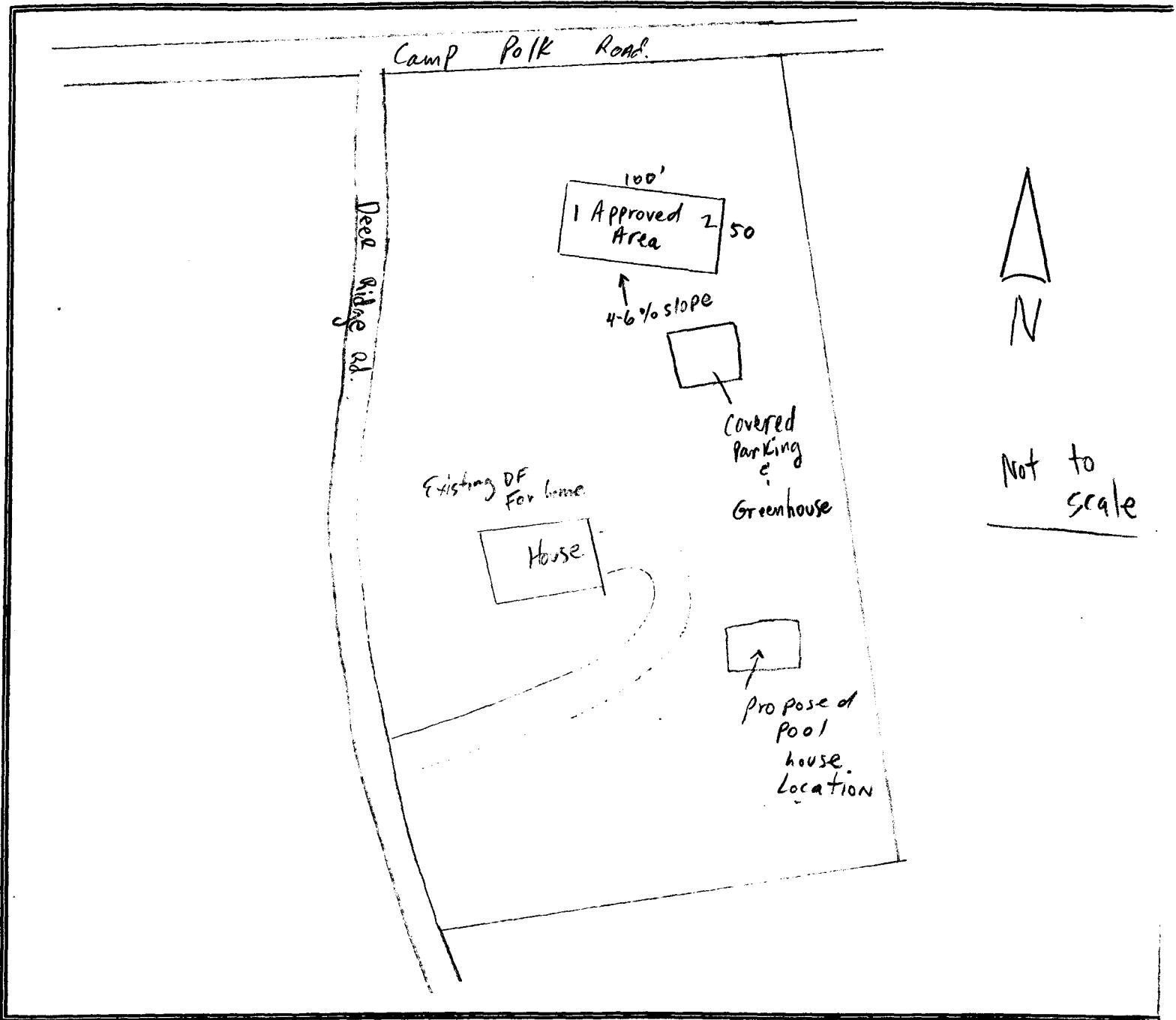
ERIC MONE
Sanitarian

RWE/EAM/JMM

Enclosure

SITE EVALUATION FIELD INSPECTION FORM

Applicant: Kenneth F. Ruettgers Trustee Site Evaluation # F-19495
 Date: 3/9/00 Subdivision: Indian Ford Meadows L 1 B 1 Parcel Size 5.85
 Evaluator: EAM T 14 R 10 S 34 TL 1900
 Suitable Sketch/Not. to Scale Unsuitable



System type approved:

Initial Standard
 Replacement Standard
 Tank Size 1000 gals

Absorption facility:

Min. Size 75' Max. Depth 24 Min. Depth 18
 Min. Size 75' Max. Depth 24 Min. Depth 18
 Sewage Flow 150 GPD

Special Conditions: Show test holes on plot plan. System sized for a bathroom in poolhouse. maintain all required setbacks.

SITE EVALUATION FIELD INSPECTION FORM

Applicant: _____ Site Evaluation # F-19495

Evaluator: _____ Date: _____ Parcel Size: _____

Subdivision: _____ T _____ R _____ S _____ TL _____ L _____ B _____

DEPTH	TEXTURE	COLOR	Notes on mottling, roots, structure, layer limiting effective soil depth, % loose rock, etc.
1	0-30	SL	10 yr 3/3
	30	LLESD	common cgs, med, fine roots ROCK (Cinder, tuFFacious)
2	0-24	SL	common all roots
	24-44	Stony SL	DISCONTINUOUS tuFF (NLF)
3			
4			
5			
6			
7			

Landscape notes _____

Slope _____ Aspect _____ Groundwater None Encountered

Other site notes 150 GPD = MINIMUM SIZING FOR Bathroom in Poolhouse

Comments: _____

Reason for Unsuitability: (Include Rule Reference)

DESCHUTES COUNTY

COMMUNITY DEVELOPMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

117 NW LAFAYETTE AVE., BEND OR (541) 388-6575
737 SW CASCADE AVE, REDMOND OR (541) 385-1713

EVALUATION NUMBER

APPLICATION FOR
INDIVIDUAL SITE EVALUATION

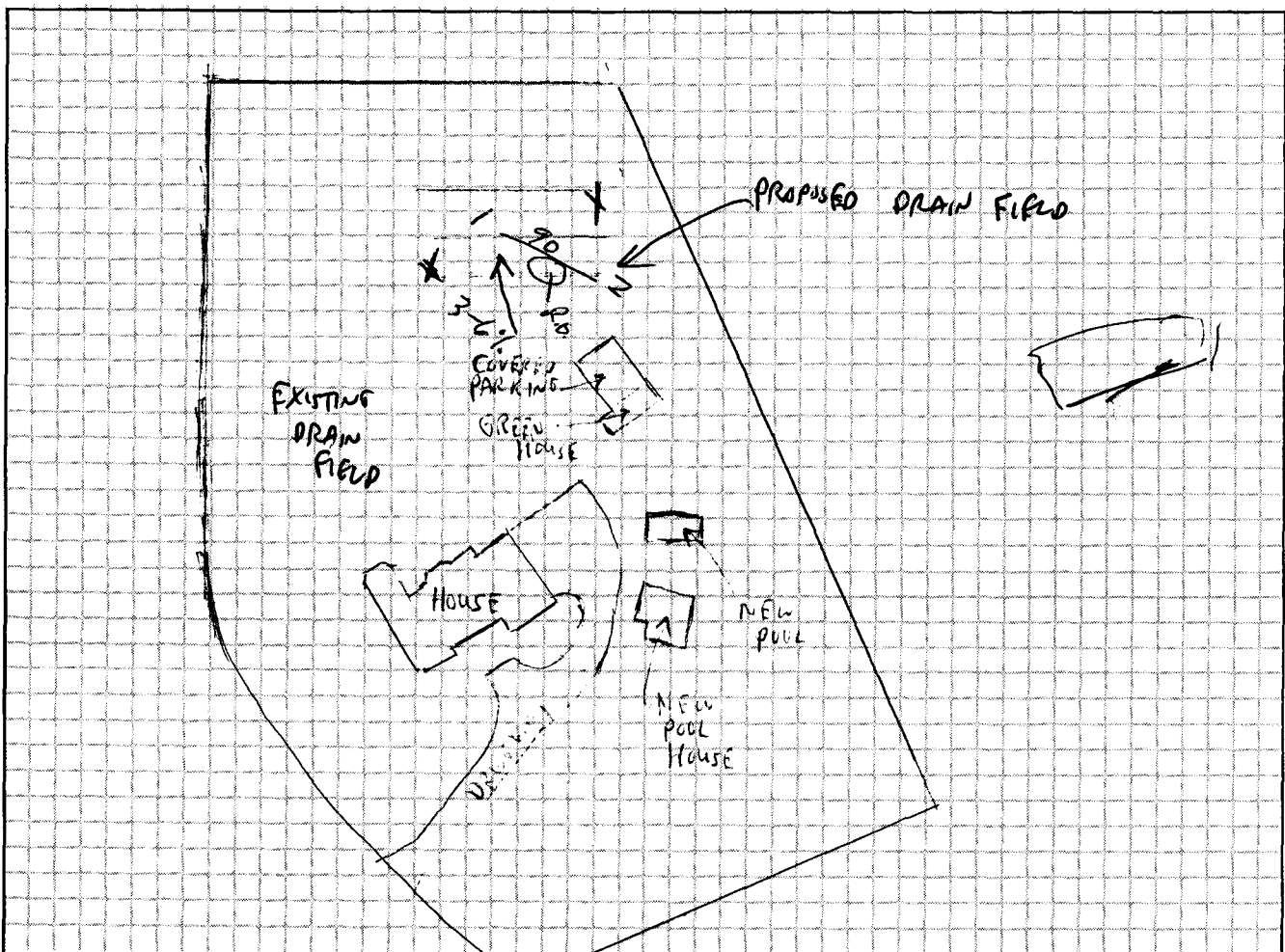
The following information is required to complete an application for a site evaluation. Please be as accurate and complete as possible.

TOWNSHIP	14	RANGE	10	SECTION	34	TAX LOT	1900	LEGAL LOT		ZONING	RR-10
SUBDIVISION	INDIAN FORD MEADOWS					LOT	1	BLOCK	1		
ADDRESS OF PARCEL	69550 DEER RIDGE ROAD										
PARCEL SIZE IN SQ. FT. OR ACRES	5.85 AC.		NUMBER OF BEDROOMS	0		WATER SOURCE	EXISTING WELL				
NAME OF OWNER	KEN RUETTGER				TELEPHONE	LAREDO CONSTRUCTION				TELEPHONE	549-1575
MAILING ADDRESS	69550 DEER RIDGE ROAD					MAILING ADDRESS	PO BOX 758		410-1722		
CITY	SISTERS	STATE	OR	ZIP	97759	CITY	SISTERS	STATE	OR	ZIP	97759
COMMENTS/REMARKS							PLANNING NOTIFICATION				

FOR COMMERCIAL USE ONLY		
TYPE OF USE	DAILY FLOW	FEE
<p>Please answer the following questions:</p>		
1. Are there any bodies of water on or adjacent to this property?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2. Are there existing wells on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are there any proposed wells on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are there existing wells on adjacent property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will this property be served by a community water system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are there any encumbrances which could prevent or effect the installation of a subsurface sewage disposal system? (Liens, easements)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEST HOLES ARE:	READY <input checked="" type="checkbox"/>	

In the area below, sketch the parcel showing the location of:
 Adjoining roads or streets
 Property lines and dimensions
 Location of test pits
 Escarpments (cliffs, banks)

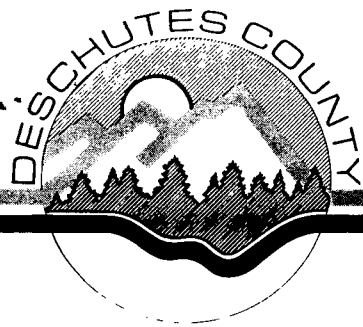
Existing and proposed wells
 All bodies of water (rivers, canals, ponds)
 Wells on adjacent properties
 Reservoirs and/or cisterns
 Water Lines



The Applicant agrees that Deschutes County will not be responsible for any problems or denials resulting from incorrect or incomplete information supplied by the applicant.

READ BEFORE SIGNING

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE	DATE	AMOUNT
X	3-7-00	



69550 1002 Ridge Rd
531009

Community Development Department

Administration Bldg. / 1130 N.W. Harriman / Bend, Oregon 97701

(503) 388-6575

August 29, 1991

Jack and Susan Crofoot
P.O. Box 1236
Sisters, Oregon 97759

Planning Division
Building Safety Division
Environmental Health Division

RE: SITE EVALUATION #F 12935: 14-10-34/1900

This letter is in response to your on-site sewage disposal site evaluation application.

The site was evaluated on August 29, 1991, and was found suitable to install a "Capping Fill System", as defined in "Oregon Administrative Rules for On-Site Sewage Disposal, Chapter 340, Division 71."

CONDITIONS OF APPROVAL

The system is sized for a maximum sewage flow of 450 gallons per day.

The disposal trenches shall total a minimum of 375 linear feet.

The maximum depth of the disposal trenches is 18 inches.

The approved site is very specific. The land surface in the vicinity of the approved site shall not be altered. Any alteration of the approved site or placement of a well within 100 feet of the approved site may invalidate this approval.

A construction permit must be obtained from Deschutes County prior to the installation of the system. Application for a construction permit must be accompanied by an accurately drawn plan showing the layout and components of the system. The plan must also show the replacement area, proposed location of dwelling and other structures, driveways, well, waterlines, property line setbacks and other pertinent information.

August 29, 1991
Page 2

Zoning clearance must be obtained from the appropriate planning authority prior to permit issuance.

Please present this document at time of permit application.

If you have any questions, please call this office and we will do our best to help you.

Sincerely,

ENVIRONMENTAL HEALTH DIVISION
Roger W. Everett, Director

A handwritten signature in cursive script, appearing to read "Hugh Helm".

Hugh Helm, R. S.
Sanitarian

RWE/HH/jlb

Enclosure

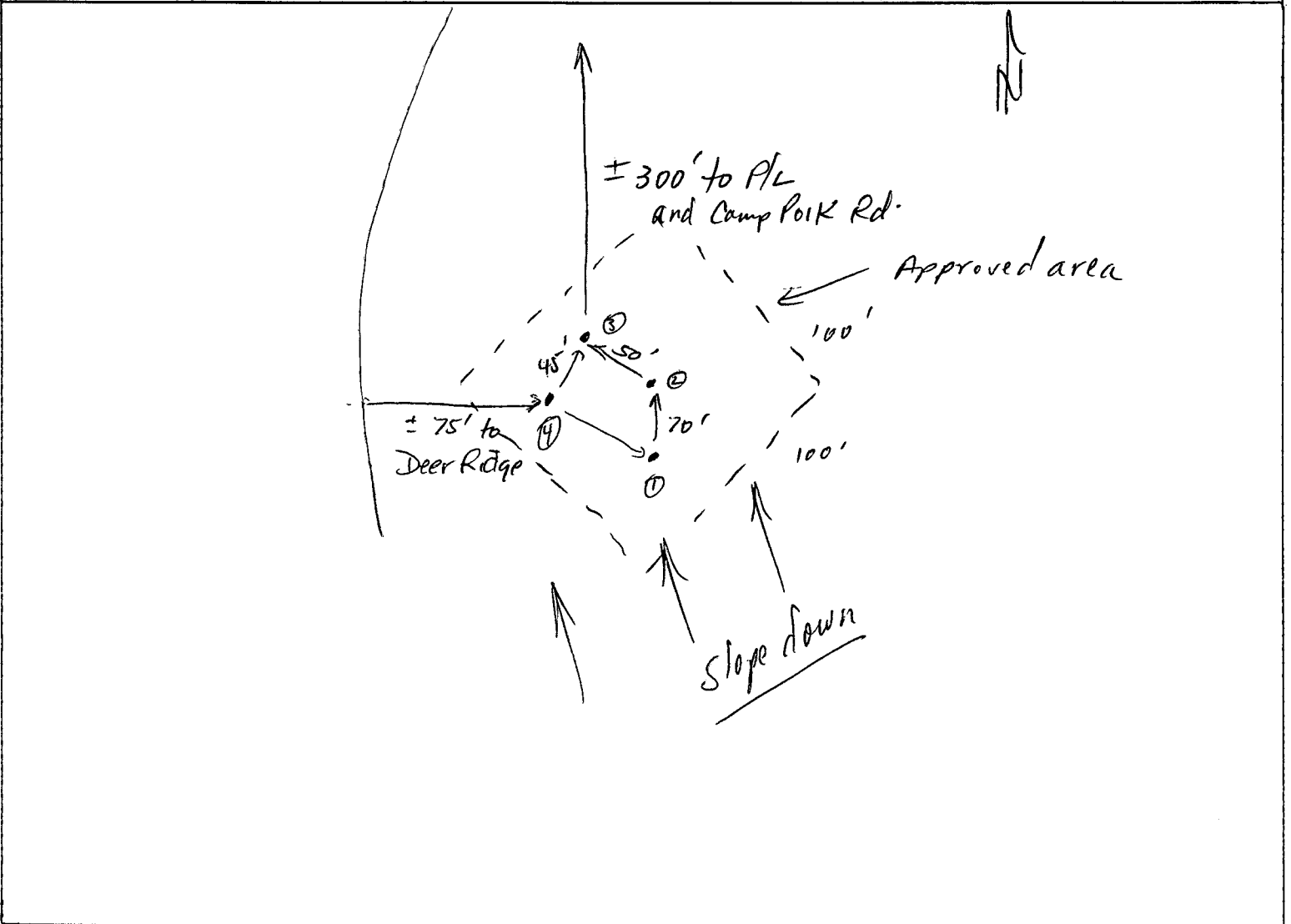
SITE EVALUATION FIELD INSPECTION FORM

APPLICANT Jack Crofoot SITE EVALUATION # 12935
DATE 8/29/91

SUBDIVISION Indian Ford Meadows L 1 B 1 PARCEL SIZE 6 acres.

EVALUATOR: H. Helm T 14 R 10 S 34 TL 1900

SUITABLE SKETCH/NOT TO SCALE UNSUITABLE



System type approved:
Initial Capping fill
Replacement Capping fill
Tank Size 1000 gal

Absorption facility:
Min. Size 325' Max. Depth 18"
Min. Size 375' Max. Depth 18"
Sewage Flow 450 GPD.

Special Conditions: _____

Jack Crofoot SITE EVALUATION FIELD INSPECTION FORM

APPLICANT Valley View Plantation SITE EVALUATION # 12935
 DATE 8/29/91
 SUBDIVISION Indian Ford Meadows L 1 B 1
 EVALUATOR: H. Helm T 14 R 10 S 34 TL 1900

Notes on mottling, roots, structure, layer limiting effective soil depth, % loose rock, etc.

Depth Texture Color

0-20"	Grav S.L. w/ broken rock		com fine/med roots - 15% broken rock
20-33"	Broken rock and cinders w/ 10% S.L.		few fine/med roots.

0-18"	Grav S.L. w/ broken rock		com fine/med roots - 15% broken rock
18-26"	Broken rock and S.L.		few fine/med roots - 30% broken rock
26"	Shale		

0-19"			Similar to T.P. # 2
19-33"			
33"	Shale.		

0-20"			Similar to T.P. # 2
20-27"			
27"	Shale.		

Landscape notes Sloping ground with juniper pine sagebrush bitterbrush
 Slope 3-4% Aspect NW Groundwater and surface rock
 Other site notes _____

Comments: _____

Reason For Unsuitability: (Include Rule Reference)

APPLICATION FOR
INDIVIDUAL SITE EVALUATION

DESCHUTES COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1130 NW Harriman, Bend, OR 97701
(503) 388-6575

EVALUATION NUMBER
12935

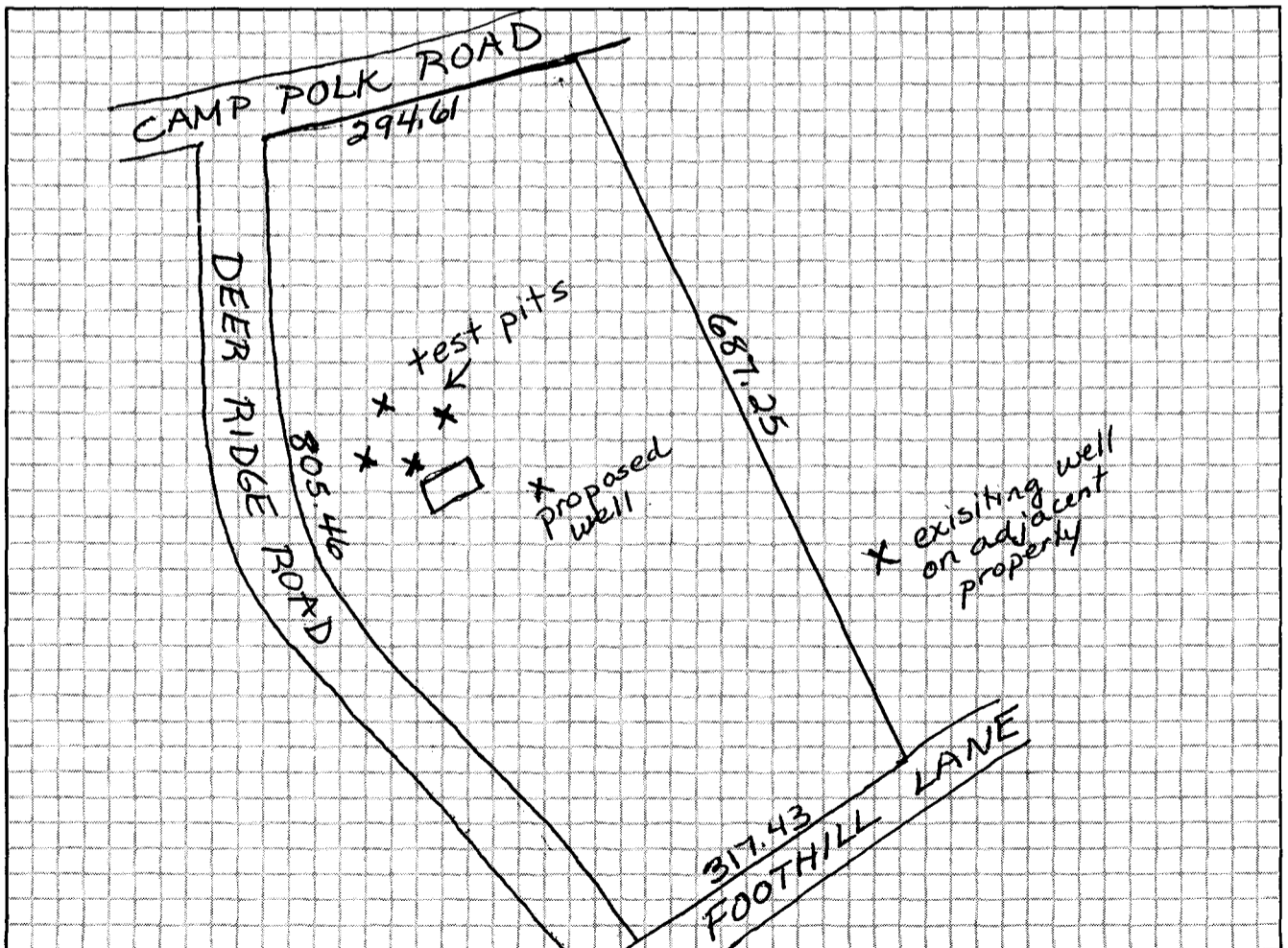
The following information is required to complete an application for a site evaluation. Please be as accurate and complete as possible.

TOWNSHIP 14 RANGE 10 SECTION 34 TAX LOT 1900 LEGAL LOT 4 ZONING RR-10
 SUBDIVISION Indian Ford LOT 1 BLOCK 1
 ADDRESS OF PARCEL 69550 Deer Ridge Rd, Sisters
 PARCEL SIZE approx. 6 acres NUMBER OF BEDROOMS 4 WATER SOURCE well
 NAME OF OWNER: Jack & Susan Crofoot TELEPHONE: 549-8185 AUTHORIZED REPRESENTATIVE _____ TELEPHONE _____
 MAILING ADDRESS P.O. Box 1236 MAILING ADDRESS _____
 CITY Sisters STATE OR ZIP 97759 CITY _____ STATE _____ ZIP _____

COMMENTS/REMARKS F-2 per Tech Book PLANNING NOTIFICATION _____

FOR COMMERCIAL USE ONLY		
TYPE OF USE	DAILY FLOW	FEE
Please answer the following questions:		
1. Are there any bodies of water on or adjacent to this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are there existing wells on the property?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any proposed wells on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there existing wells on adjacent property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will this property be served by a community water system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are there any encumbrances which could prevent or effect the installation of a subsurface sewage disposal system? (Liens, easements)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEST HOLES ARE:	READY <input checked="" type="checkbox"/>	_____

- In the area below, sketch the parcel showing the location of:
- * Adjoining roads or streets
 - * Property lines and dimensions
 - * Location of test pits
 - * Escarpments (cliffs, banks)
 - * Existing and proposed wells
 - All bodies of water (rivers, canals, ponds)
 - * Wells on adjacent properties
 - Reservoirs and/or cisterns
 - Water Lines



The Applicant agrees that Deschutes County will not be responsible for any problems or denials resulting from incorrect or incomplete information supplied by the applicant.

READ BEFORE SIGNING
 SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE: Jack Crofoot DATE: 8-17-91 AMOUNT: 0
 SITE EVALUATION APPLICATION 8-12-91 JKL-

Township 14 Range 10 Section 34 Tax lot 1900 Legal Lot 4
Lot 1 Block 1 Indian Bird Meadows
Deschutes County, Sisters, OR
Jack & Susan Crofoot

