

File Number: ACU-24-013



### COOS COUNTY CONDITIONAL USE LAND USE 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](mailto:PLANNING@CO.COOS.OR.US) PHONE: 541-396-7770

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)*

Date Received: 5/28/24 Receipt #: 248086 Amount: \$1680.00 Received by: C. Carr

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

Applications shall be submitted by the property owner or a purchaser under a recorded land sale contract. "Property owner" means the owner of record, including a contract purchaser.

The application shall include the signature of all owners of the property.

A legal representative may sign on behalf of an owner upon providing evidence of formal legal authority to sign.

### LAND INFORMATION

A. Property Owner(s) Blaine Messerle

Mailing address: 63098 N. Barry Rd Coos Bay, OR 97420

Phone: 1-541-404-6310

Email: AlleganyWD@gmail.com

Township:	Range:	Section:	¼ Section:	1/16 Section:	Tax lots:
25S <input type="checkbox"/>	11W <input type="checkbox"/>	5 <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	80000
Select	Select	Select	Select	Select	

Tax Account Number(s): \_\_\_\_\_ Zone: Select Zone Rural Residential-2 (RR-2)

Tax Account Number(s): \_\_\_\_\_ Please Select

### B. Special Districts and Services

Water Community Water System <input checked="" type="checkbox"/>	Sewage Disposal On-Site Septic <input checked="" type="checkbox"/>
School Coos Bay	Fire District Coos Bay RFPD <input checked="" type="checkbox"/>

### C. Type of Application (s) please consult with staff to determine prior to submittal

Administrative Conditional Use for Vacation Rental

Hearings Body Conditional Use for \_\_\_\_\_

Historical, Cultural and Archaeological Resources, Natural Areas of Wilderness

Beaches and Dunes

Non-Estuarine Shoreland Boundary

Significant Wildlife Habitat

Natural Hazards  Flood  Landslide  Liquefaction  Erosion  Wildfires

Airport Surfaces Overlay

Variance to which standard \_\_\_\_\_

Include the supplemental application with all criteria addressed. If you require assistance with the criteria please contact a land use attorney or professional consultant. Property information may be obtained from a tax statement or can be found on the County Assessor's web page 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. PROPOSAL AND CRITERIA: A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
1. Project summary and details including timelines.
  2. 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. This shall be addressed on the supplemental criteria page (see staff for criteria).
- II. PLOT PLAN OR SKETCH PLAN: A detailed drawing delineating the following:
- Owner's name, address, and phone number, map and Tax lot number
  - North Arrow and Scale - using standard engineering scale.
  - Accurate shape and dimensions of parcel, development site, including the lengths of the all property lines.
  - Any adjacent public or private roads, all easements and/or driveway locations. Include road names. Driveway location and parking areas, including the distance from at least one property line to the intersection of the driveway and the road (apron area);
  - All natural features, which may include, but are not limited to water features, wetlands, ravines, slope and distances from features to structures.
  - Existing and proposed structures, water sources, sewage disposal system and distances from these items to each other and the property boundaries.
- III. DEED: A copy of the current deed, including the legal description, of the subject property.
- IV. CERTIFICATION: 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 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. If the property owner would like staff to contact a legal representative or consultant please provide the contact information using a consent form.

**PROPERTY OWNER SIGNATURES REQUIRED FOR PROCESSING**

*Robert Messerle 5-22-24*

**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: 66151 Church Rd, Coos Bay OR

Type of Access: Public Road  Name of Access: Church Rd

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-

**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: Shared/Community Sytem  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:

Blaine Rocco Messerle  
66151 Church Road  
Coos Bay OR

**SUPPLEMENTAL APPLICATION REQUIREMENTS FOR VACATION/SHORT  
TERM RENTALS.**

- proposal for a short term/vacation rental shall include:
  - Number of occupants at one time; up to 6 people.
  - Number of vehicles; up to 6 vehicles
  - Large gatherings; No large gathering or events will be allowed
  - Property manager including contact details; AJ Hoover 541-361-0617
  - Security; gate and security cameras
  - The layout of the property
  - There is plenty of additional parking for a service worker, in front of the shop.

Section 4.3.210 Categories and Review Standards (87) Vacation rental/short term rental:

(a) Shall be found to be compatible with the surrounding area. .

**Applicants Response:**

The House is on a 0.56 acre lot. Property sits on the side of a hill, with the driveway (Church road) below, and a neighboring driveway above. View of the property is sight obscured from all sides with hills and landscaping to the north and south, mature trees to the east, and a shop and other trees to the west. All immediate neighboring residences (except Church and vacant church residency) are also owned and rented to monthly tenants by Blaine Messerle. The closest house is the church residency which is not occupied. The church, is typically only occupied on Sundays. Given its distance of 195 feet from the church, the Airbnb is well-positioned to ensure minimal disturbance to church activities, thereby making it a suitable vacation rental option. There are no neighbors that can be seen from the house. There is easy access to the house with a long driveway and huge off-street parking within the premises. There are a lot of trees that will help as a sound barrier.

There are 4 neighbors in the area. I will keep the property' upkeep and keep the grass mowed, all neighbors know me or rent their house from me and have my cell number for any complaints or concerns and I live less than a mile up the road and can pertain to any issues immediately. I will instill vacation rules for vacationers to follow. This will include parking procedures, noise curfews in the morning and at night (10pm-7am) and respect for the environment and neighbors. I know the neighbors personally and would like to maintain the quiet country living we have all become accustomed to.

(b) Shall be licensed by the Coos Health & Wellness (CHW) in accordance with ORS 446.310-350;

**Applicants Response:**

I will obtain a license and inspections, I have all paper work filled out for Coos Health & wellness for the vacation rental application, I will submit to them as soon as the zoning application is completed from Coos county for the Vacation Rental.

(c) Shall meet parking access, driveway and parking standards as identified in Chapter VII;

The Coos County Road Department will evaluate you parking and access. This requires that an applicant submitted a traffic plan that addresses the access, driveway and parking.

The driveway and access shall meet the minimum standards. The parking standards shall be drawn to show 1 space per guest accommodation plus, 1 space per employee. The guest accommodations are viewed by the number of bedrooms in the dwelling.

**Applicants Response:**

There is a large parking area at the house(72'x30'), and a two car garage, as well as parking in front of the shop and next to the garage (9.5'x27'). Its a gravel Base paved parking area. The access to the property is a paved road (Church Creek Road) off of E fork road. The community driveway is gated and is 4" Gravel Base.

- (d) Shall not be conveyed or otherwise transferred to a subsequent landowner without a the new property owner submitting a Compliance Determination Application showing compliance with this section; and
- (e) A deed restriction shall be recorded with the Coos County Clerk's Office acknowledging that this is an accessory use to the approved residential use. If located within Urban Growth Boundary further restrictions may be required based on comments from the City.

This criterion just required acknowledgment that an applicant/property that in the event of sale of the property a review is required to continue the approved short term/vacation real use. A deed restriction will be required to be recorded as a condition of approval.

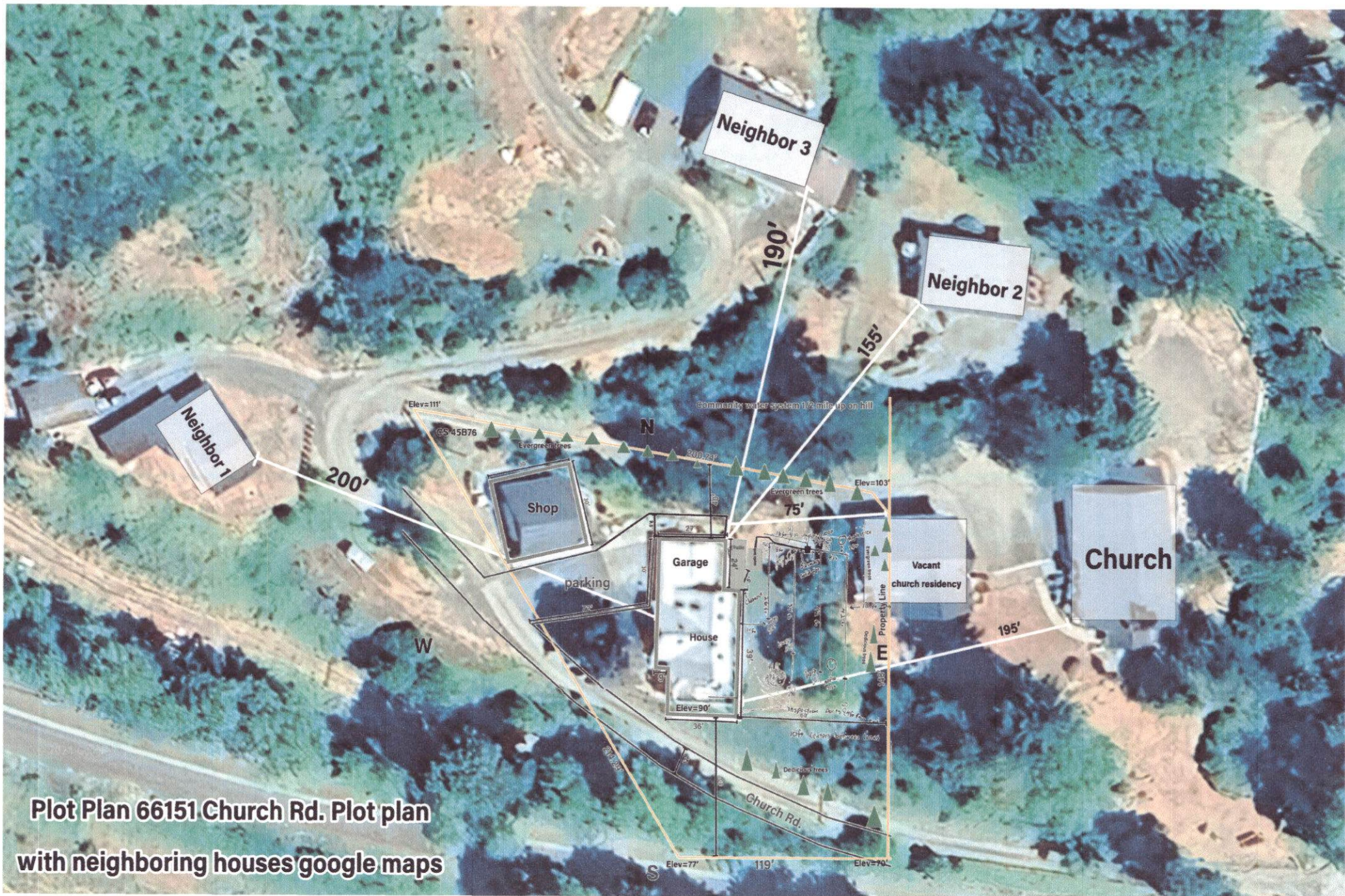
**Applicants Response:**

I acknowledge and agree not to convey or otherwise transfer to a subsequent landowner without a the new property owner submitting a Compliance Determination Application showing compliance with this section, and agree and will comply with the deed restriction recording.



Plot plan 66151 church rd

Google Maps



**Plot Plan 66151 Church Rd. Plot plan with neighboring houses google maps**

AFTER RECORDING, RETURN TO  
and until a change is requested,  
SEND ALL TAX STATEMENTS TO:  
Blaine R. Messerle  
66151 Church Rd  
Coos Bay, OR 97420

Recorded by Titor Title Company as an  
accommodation only. NO liability is accepted  
for the condition of title or for the validity,  
sufficiency, or effect of this document.

AFTER RECORDING  
RETURN TO  
Titor Title Company  
300 West Anderson Ave. - Box 1075  
Coos Bay, OR 97420-0233

Rerecorded at the request of Blaine Messerle to  
correct the legal description previously recorded as  
Instrument # 2011-9776

**BARGAIN AND SALE DEED.**

\*\* Cammi Messerle, Grantor, conveys to Blaine Messerle, Grantee, all right title and interest in and to the  
following real property situated in Coos County, State of Oregon, described as:

Beginning at the Northeast corner of Lot 1 of Block 9, in the PLAT OF THE TOWN OF  
ALLEGANY, Coos County, Oregon, which corner is also the Southeast corner of the one and one-  
half acres, more or less, sold to school District No. 45, as shown in the records of Deeds of Coos  
County, Oregon; thence West along the North line of said lot 1 and the said North line extended 158  
feet to the Southwest corner of said school tract, the true point of beginning, thence North along the  
West line of said School tract 128 feet; thence West 90 feet; thence South 128 feet; thence East 90  
feet to the true point of beginning, formerly known as Lots 3 and 4 and the South 30 feet of Lot 5  
in Block 9 of that portion of the PLAT OF THE TOWN OF ALLEGANY, now vacated, Coos  
County, Oregon, Tax Acct. No. R221401.

*\* See attached legal description*

IN ACCORDANCE WITH ORS 93.040 (1), THE FOLLOWING DISCLOSURE IS PROVIDED: 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. 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.

The true and actual consideration for this transfer is to comply with a General Judgment of Dissolution of  
Marriage.

The foregoing recital of consideration is true as I verily believe.

DATED this 15<sup>th</sup> day of December, 2011.

*Cammi Messerle*  
Cammi Messerle

STATE OF OREGON )  
  ) ss.  
County of Coos                    ) u.

Personally appeared before me on the 15<sup>th</sup> day of Dec., 2011, the above named Cammi Messerle  
and acknowledged the foregoing instrument to be her voluntary act and deed.

OFFICIAL SEAL  
ROBERTA J GRANBY  
NOTARY PUBLIC-OREGON  
COMMISSION NO. 440937  
MY COMMISSION EXPIRES AUGUST 26, 2013

*Roberta J. Granby*  
Notary Public for Oregon

66151 Church Rd  
Coos Bay, OR 97420

COOS COUNTY CLERK, OREGON  
TERRI L. FLURI, COO, COUNTY CLERK  
TOTAL \$48.00  
RE-RECORD 01/10/2012 03:22:28PM  
PAGE 1 OF 2  
2012 130

2/87/2011 11 54 18AM  
2011 9776

*2006-15728 per land city deed*

## LEGAL DESCRIPTION

PARCEL 1: Beginning at the Northeast corner of Lot 1 of Block 9, in the Plat of the Town of Allegany, Coos County, which corner is also the Southeast corner of the one and one-half acres, more or less, sold to School District No. 45, as shown in the records of Deed of Coos County, Oregon; thence West along the North line of said Lot 1 and the said North line extended 158 feet to the Southwest corner of said School Tract, the true point of beginning; thence North along the West line of said School Tract 128 feet; thence West 90 feet; thence South 128 feet; thence East 90 feet to the true point of beginning; formerly known as Lots 3 and 4 and the South 30' feet of Lot 5, in Block 9 of that portion of the Plat of the Town of Allegany, now vacated; Coos County, Oregon.

Also: Beginning at a 5/8 inch iron rod set per CS 45B76 on the East line of Lot 5, Block 9, Amended Plat of Allegany, Coos County, Oregon, said point lying South 20.00 feet from a 5/8 inch iron rod set per CS45B76 marking the Northeast corner of said Lot 5; thence along the East line of said Lot 5, North 20.00 feet to a 5/8 inch iron rod set per CS45B76; thence North  $37^{\circ} 04' 12''$  West 12.62 feet to a 5/8 inch iron rod set per CS45B76; thence North  $80^{\circ} 10' 30''$  West 200.74 feet to a 5/8 inch iron rod set per CS45B76; thence South  $30^{\circ} 57' 54''$  East 214.29 feet to a 5/8 inch iron rod set per CS45B76; thence continuing South  $30^{\circ} 57' 54''$  East 10.00 feet to the Southwest corner of said Block 9; thence along the West line of said Block 9, North 128.00 feet to a point lying South 20.00 feet from the Northwest corner of said Block 9; thence East to the point of beginning.

PARCEL 2: Together with right of way, including the terms and provisions thereof, as set forth in instrument recorded March 23, 1995 bearing Microfilm Reel No. 95-03-0816, Records Coos County, Oregon.

...with benefit of any of the covenants hereof and for such payments.

# Land Use Documentation & Licensing Questionnaire for Travelers' Accommodations

Complete a separate document for each property used for vacation rental purposes.

I. To VERIFY THE ZONING DISTRICT this section must be completed by your local County or City Planning Department. If you are located outside of an unincorporated city then please have Coos County Planning complete this form. There may be a fee required by the Planning Department.

Township 25S Range 11W Section 5 Tax Lot 80000  
Account # \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

- The vacation rental is permitted in the zoning district.
- This requires a land use review permit to be completed.
- This is not an allowed use for the property.

\_\_\_\_\_  
Planning Official Signature and Title

\_\_\_\_\_  
Phone or email contact

\_\_\_\_\_  
Applicants/Owners Signature

\_\_\_\_\_  
Applicants/Owners Signature

## II. REFERENCE TO APPLICATION

Owner Blaine Messerle Name of facility Allegany inn

Address of facility 66151 Church Rd. Coos Bay OR

Who would you like public health to coordinate an inspection with? Blaine Messerle  
Provide at least 1 phone number for this person & best time to call. 541-404-6310

III. It is common for a Travelers' Accommodation to obtain ADDITIONAL LICENSES contingent upon guests' services provided.

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you provide lodging on more than one property lot?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Do you provide any food that is not commercially sealed?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Do you provide guests access to a pool or spa?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you provide water, sewer or electrical service for an RV? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

IV. What best describes the WATER SUPPLY to the lodging:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Water is from a municipal water system? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Water is from a private well or spring? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

***If the lodging does not have a physical water connection to a municipal system, be advised to call Coos County Public Health now to initiate the process to have the potable water system reviewed at (541)751-2431. Per OAR 333-029-0075(3) surface water use may preclude license from being issued.***

V. What best describes SEWAGE DISPOSAL for the lodging:

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1. The lodging is connected to a municipal sewer? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. There is an on-site septic system?             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

***If the vacation rental uses an on-site system, be prepared to provide a copy of the DEQ approval paperwork along with an as-built drawing of the system.***

For your reference, Traveler's Accommodations Laws regulated by Coos County Public Health include: Oregon Revised Statutes 446.310 – 425 and Oregon Administrative Rules Chapter 333, Division 029.

Submit this questionnaire with your tourist facility application and the correct fee as per the enclosed schedule to: Coos County Environmental Health, 1975 McPherson #1, North Bend, OR 97459

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Oregon Department of Earthquake Engineering

DATE RECEIVED:

RECEIVED

MAY 10 1999

COOS BAY OFFICE

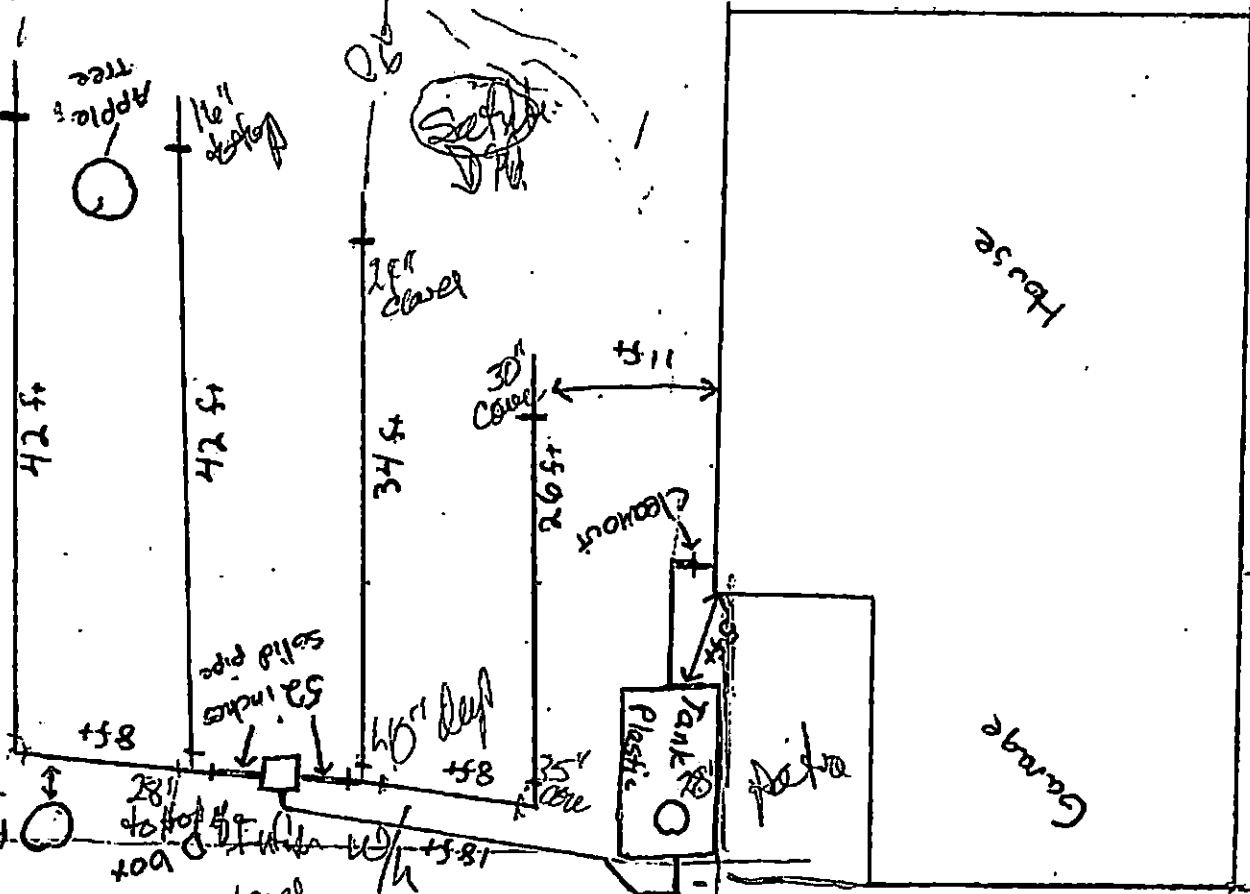
S

10ft Centers between lines

Inspection ports 0.45ft from end

Property line

10ft



House

Garage

Drive

community water system  
1/2 mile up hill  
Drop Ben  
level

Infiltration

5-10-99 4:30

N

56233

Control No.

\$ 275.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 699-047

New Construction

Repair

Other

Permit Issued To Blaine Messerle 25 11 5CD 800/2214.01 Coos
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
Albermarly SITE SEWAGE DISPOSAL SYSTEM
(Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE 9-13-99 TYPE OF SYSTEM Equal Dist
Design Sewage Flow 375 Gallons/Day
Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) Square Feet
Maximum Depth 36 inches. Minimum Depth 18 inches. 160 Linear Feet
Equal Loop Serial Pressurized Minimum Distance Between Trenches 10'
Total Rock Depth 12" or equiv. Below Pipe Above Pipe Rake Sidewall

Special Conditions (Follow Attached Plot Plan) INFILTRATOR - REQUIRE "D"BOX. Set tank as per OAR
340-71-220(3)b & 73-025(3). (Water Test) 2" fall from tank to distribution box outlets
Install "D" box 4' from and level w all drainfield trenches. Install drainfield trenches
level. Set back at least 10' to any structure or property line with drainfield trench setback
to structures with septic tank. Install inspection ports on each long line of drainfield.
PRE-COVER INSPECTION REQUIRED - CONTACT DEQ 269-2721

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Rob Reeder

Final Insp. Date 5-10-99

Inspected By Del Clive AS

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340, Division 71

Grid area containing handwritten notes: system installed, to repair old system and as per submitted as built diagram and inspection notes & materials list

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.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Authorized Signature: [Signature] Title: On-Site Specialist Date: 5-12-99 Office: CB-UP



Neilson Research Corporation  
245 S Grape St  
Medford, OR 97501  
TEL: (541) 770-5678 FAX: (541) 770-2901  
Website: www.nrclabs.com

May 16, 2024

Leandra Pannell  
McCowan Clinical Laboratory  
178 W Commercial  
Coos Bay, OR 97420  
TEL: (541) 267-7853  
FAX (541) 267-4025

RE: 66151 Church Rd

Order No.: 24050486

Dear Leandra Pannell:

Neilson Research Corporation received 1 sample(s) on 5/10/2024 for the analyses presented in the following report.

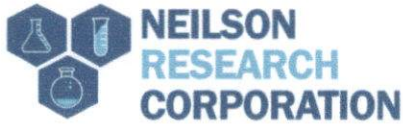
The results relate only to the parameters tested or to the sample as received by the laboratory. This report shall not be reproduced except in full, without the written approval of Neilson Research Corporation. If you have any questions regarding these test results, please feel free to call.

Sincerely,  
Neilson Research Corporation

Tamra Schmedemann  
Senior Project Manager  
245 S Grape St  
Medford, OR 97501



Original



Neilson Research Corporation  
245 S Grape St  
Medford, OR 97501  
TEL: (541) 770-5678 FAX: (541) 770-2901  
Website: www.nrclabs.com

## Case Narrative

WO#: 24050486

Date: 5/16/2024

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**CLIENT:** McCowan Clinical Laboratory

**Project:** 66151 Church Rd

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The analyses were performed according to the guidelines in the Neilson Research Corporation Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

Neilson Research Corporation certifies that this report is in compliance with the requirements of NELAP. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

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Original



State of Oregon - Drinking Water Program - Version: # 2021-01  
 Microbiological Analysis (Coliform) Reporting Form for VACATION RENTAL Water Supplies

Vacation Rental Facility Name (as Listed with the County): Allegany Inn  
 City, County: Coos Bay - Coos

Name: Blaine Messerle  
 Mailing: 6298 ALI  
 Email: alleganywd@gmail.com  
 Phone: 541-484-6310 Fax:

ORELAP#: OR100026  
 Lab Name: MCCOWAN CLINICAL LABORATORY, INC  
 Address: 178 W COMMERCIAL  
COOS BAY, OR 97420  
 Phone/Fax: 541-267-7853 / 541-267-4025  
 Email: mccowanlab@gmail.com  
 IDEXX Bottle Lot#: KW 013V  
 Lab Sample ID#: 20240691

Sample Collected Date/Time: 5/8/24 7:AM  
 Collected By: Blaine Messerle Chlorinated:  No  Yes

DISTRIBUTION Sample Type:  Routine  \*Repeat  Special  
 \*Date of Initial Positive: 04/25/2024 \*Original Positive ID#: 20240612  
 Address: 66151 Church Rd Coos Bay Sampled Point: Hose bib

SOURCE Sample Type:  Assessment  Special  
 \*Date of Initial Positive: 1/1/1 \*Original Positive ID#: \_\_\_\_\_  
 Source name (ex. Well Tag #): \_\_\_\_\_

SAMPLE NOTES:  
 LAB USE ONLY

Sample Received Date/Time: 05/08/2024 18:06 Initials: SE Temp: 2 °C  
 Analysis Start Date/Time: 05/09/2024 18:00 Initials: UT  
 Evidence of cooling?  Yes  No

ORELAP Method(s):  Coliert®  Coliert-18®  SM 9223  SM 20th Ed.  
 Samples Results do not meet NELAC Standards because (check all that apply):  
 Not received in lab-supplied bottle  
 Not incubated at proper temperature  
 Not received at proper temperature (below 10°C)  
 Other reason:  
 Sample Invalidation:  
 Over 30 hours  
 Leak  
 Heavy Non-Coliform growth

Test Results:  
 Total Coliforms:  Present  Absent  
 E. Coli:  Present  Absent  
 Analysis Complete Date/Time: 05/10/2024 7:12  
 Analyst: Royal Troyer

Reviewed by:  Quality Assurance Officer  Technical Director Royal Troyer  
05/10/2024

Positive Results called to: Diane  
 OHA USE ONLY  
05/10/2024

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send tests to: NELAP P.O. Box 14350, Portland, OR 97233-0350 Phone 503-573-0416

Reported By: <i>W</i>	MM / DD / YYYY <i>05/09/2024</i>	<input type="checkbox"/> Google Drive	<input type="checkbox"/> Fax	<input checked="" type="checkbox"/> email	<input type="checkbox"/> Post
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Notes and documentation:

Payment Method

Cash \$

Check # *2218*

\$ *100*

Account

Microbiological Analysis (Coliform) Helpful Links

<https://www.oregon.gov/oha/PH/HealthyEnvironments/DrinkingWater/Monitoring/Documents/labFormCOLL-Guidance.pdf>

<https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/DRINKINGWATER/SOURCEWATER/DOESTICWELLSAFETY/Pages/Regulations.aspx>

<https://www.oregon.gov/oha/PH/HealthyEnvironments/DrinkingWater/Monitoring/Documents/health/collback.pdf>



Neilson Research Corporation  
 245 S Grape St  
 Medford, OR 97501  
 TEL: (541) 770-5678 FAX: (541) 770-2901  
 Website: www.nrclabs.com

# Analytical Report

WO#: 24050486  
 Date Reported: 5/16/2024

<b>CLIENT:</b> McCowan Clinical Laboratory	<b>Collection Date:</b> 5/9/2024 7:00:00 AM
<b>Lab ID:</b> 24050486-01	<b>Received Date:</b> 5/10/2024 11:50:00 AM
<b>Client Sample ID:</b> Allegany Inn	<b>Matrix:</b> DRINKING WATER
<b>Project:</b> 66151 Church Rd	<b>PWS #:</b>
<b>Sample Location:</b> Hose Bib	<b>Source ID:</b> SPRING-RAW
<b>Sample Address:</b> 66151 Church Rd Coos Bay, OR 97420	<b>Sample Collector:</b>
	<b>Residual Chlorine</b>

Analyses	Method	NELAP Status	Result	DF	RL Units	EPA Date Limit Analyzed	Analyst
Nitrogen, Nitrate	E300.0	A	1.13	1	0.200 mg/L	10.0 05/10/24 17:37	SMB
Arsenic	E200.8	A	ND	1	0.00100 mg/L	0.0100 05/14/24 12:48	CBB

**QUALIFIERS**

C1 Sample container temperature is out of limit as specified at testcode	E Value above quantitation range
H Holding times for preparation or analysis exceeded	MI Recovery outside control limits due to Matrix Interference
ND Not Detected at the Reporting Limit	PL Permit Limit

Original

**NELAP** NELAP A Accredited in accordance with NELAP ORELAP 100016, OR-028



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# Sample Log-In Check List

Client Name: **MCCOWANCLINICALLA**

Work Order Number: **24050486**

RcptNo: **1**

Logged by: **Ashley Spiegelberg** **5/10/2024 11:50:00 AM**

Completed By: **Erin Hernandez** **5/13/2024 10:37:00 AM**

Reviewed By: **Ashley Spiegelberg** **5/16/2024 9:50:04 AM**

*[Handwritten signatures]*

**Chain of Custody**

- 1. Is Chain of Custody complete? Yes  No  Not Present
- 2. How was the sample delivered? UPS

**Log In**

- 3. Coolers are present? Yes  No  NA
- 4. Shipping container/cooler in good condition? Yes  No
- Custody seals intact on shipping container/cooler? Yes  No  Not Present
- No. Seal Date: Signed By:
- 5. Was an attempt made to cool the samples? Yes  No  NA
- 6. Were all samples received at a temperature of >0° C to 6.0°C Yes  No  NA
- 7. Sample(s) in proper container(s)? Yes  No
- 8. Sufficient sample volume for indicated test(s)? Yes  No
- 9. Are samples (except VOA and ONG) properly preserved? Yes  No
- 10. Was preservative added to bottles? Yes  No  NA
- 11. Is the headspace in the VOA vials less than 1/4 inch or 6 mm? Yes  No  HNO3 pH<2  
No VOA Vials
- 12. Were any sample containers received broken? Yes  No
- 13. Does paperwork match bottle labels? Yes  No   
(Note discrepancies on chain of custody)
- 14. Are matrices correctly identified on Chain of Custody? Yes  No
- 15. Is it clear what analyses were requested? Yes  No
- 16. Were all holding times able to be met? Yes  No   
(If no, notify customer for authorization.)

**Special Handling (if applicable)**

- 17. Was client notified of all discrepancies with this order? Yes  No  NA

Person Notified: _____	Date: _____
By Whom: _____	Via: <input type="checkbox"/> eMail <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> In Person
Regarding: _____	
Client Instructions: _____	

18. Additional remarks:  
 The sample submitted was tan in color.

**Cooler Information**

Cooler No	Temp °C	Condition	Seal Intact	Seal No	Seal Date	Signed By
1	4.9	Good				EH

QTY.	PRICE	AMOUNT
Allegory		
State of Oregon Department of Environmental Quality, <b>RECEIVED</b> MAY 10 1999 COOS BAY OFFICE		
Paid in full		
SIGNATURE		
DATE COMPLETED 5-5-99		



**ROTO-ROOTER**

196 Carlisle Avenue  
COOS BAY, OREGON 97420  
(541) 269-5050

DATE 5-5 1999

NAME Blaine Messate

ADDRESS Hc 52 Box 498

CITY Coos Bay OR

JOB LOCATION

JOB PHONE

TECHNICIAN Jim/Tony

STARTING DATE 5-5-99

DESCRIPTION OF WORK

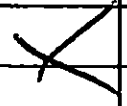
Septic tank pump out  
and decommission 5-5-99

750 GAL  
Septic pumped

34142

PHONE

253.50



Thank You

PAY THIS AMOUNT

253.50



**FINAL INSPECTION REQUEST AND NOTICE**

Pursuant to the requirement within ORS 454.665, OAR 340-71-170, and OAR 340-71-175 the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorized the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**BASIC INFORMATION.**

Property Owner Blaine Messerle Permit Number 6.99-047 County COOS  
 Township 25 ; Range 11 ; Section 5CD ; Tax Lot 800 Tax Acct 2214.01  
 Job Location \_\_\_\_\_  
 Date System Construction Completed 5-6-99 ; Date submitted to DEQ or Agent 5-10-99

**MATERIALS LIST.** Identify and list all materials used in the system's construction.

MATERIAL	SIZE	SPECIFICATION	AMOUNT
Pump	(HP)	(GPM)	(TYPE)
Distribution Pipe(From "D" box & Boilovers)	10ft	F 810	
Effluent Sewer Pipe	3034 4"	PUC	18ft
Drain Media(Gravel or Alternative)	160 ft	infiltrator	24 Chambers
SUPPLIER:	4- 2" pvc inspection parts		
Filter Material(Filter Fabric, Kraft Paper, etc.)	tuff tight drop box		
Other	_____		

**SAND FILTER MATERIALS:** (attach sand certificate and sieve analysis)

Container \_\_\_\_\_  
 Under Drain \_\_\_\_\_  
 Under Drain Media \_\_\_\_\_  
 Manifold Pipe \_\_\_\_\_  
 Fittings \_\_\_\_\_  
 Other \_\_\_\_\_

**WATER TIGHT TANK TEST.**

**TANK INFORMATION**

Norwesco plastic with riser Date & Time Filled 5-5-99 1:00 pm  
 24-Hour Check - Water Level(Date & Time) 2" above riser seal 8:00 AM RDR.

**COMMENTS**

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

CONSTRUCTION / REPAIR PERMIT WORKSHEET

Applicant Blaine Messorle Township 25 Range 11 Section 05 TA# 89/221410

Site Plan Checked \_\_\_\_\_ Date 8-6-99 Comments Hold tank shall be installed in foundation require "D" box

Type of Permit: New Construction \_\_\_\_\_ Repair X Alteration \_\_\_\_\_ AN Repair \_\_\_\_\_

Type of System Equal DF Tank Volume 1000 gallons

Design Sewage Flow 3.75 Gals/Day Maximum Depth 36 Minimum Depth 18

~~Infiltration~~ Requested Linear Feet 100 Minimum Distance Between Trenches 10 feet Rock Depth 12" on Equip.

Special Conditions Setback at no. 01A 390-71-220(3) & 73-0233  
(water test) 2" fall from tank to Distribution Box  
outlets install "D" Box 4' from  $\pm$  level  $\pm$  all DF  
trenches install DF trenches level - setback at  
least 10' to any structure on property line  $\pm$  DF trench  
setback 5' to structures  $\pm$  Septic tank install  
insulation boards on each long side of DF

No. of Inspections Required 1 at What Stages of Construction pre-con

Date Issued 8-13-99 Date of Expiration 9-13-99

[Signature]  
Signature of Sanitarian

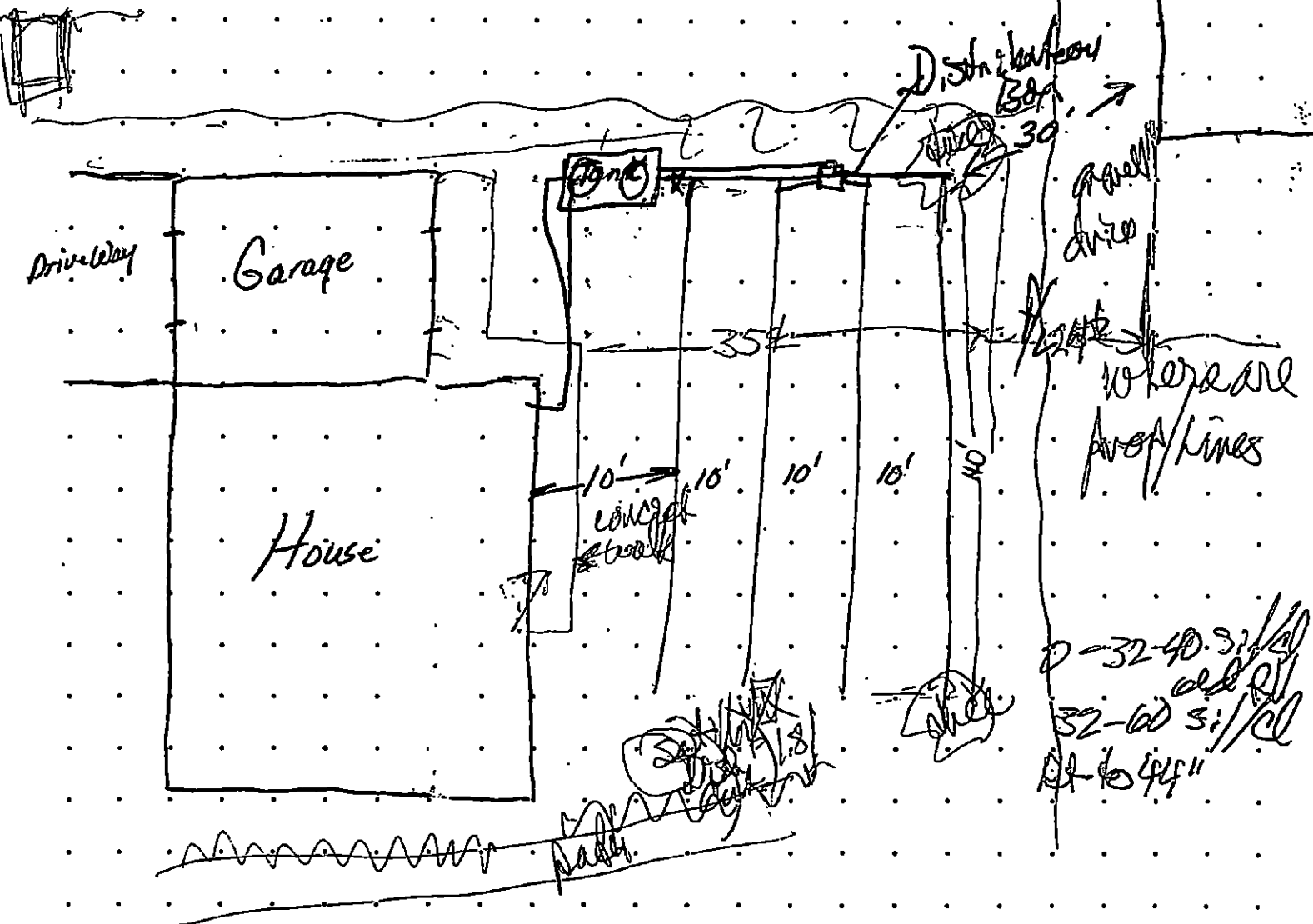
S I T E      P L A N

DISTANCES ARE CRITICAL. Please provide (as close to scale as possible) location of the initial 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 = 2 feet.

Community Water System 1/2 mile up on hill

Church  
Parsonage

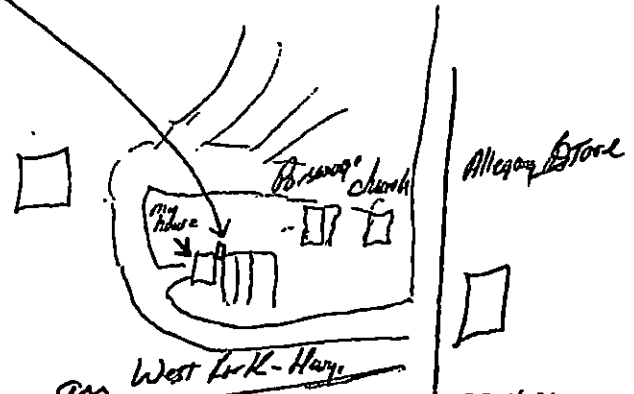


Name Messede      Township 25 Range 11 Section 500 Tax Lot # \_\_\_\_\_ Tax Acct # \_\_\_\_\_

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.)

*my Back yard + Proposed site  
just walk through garage to access back yard.*



PROPERTY OWNER 25 TOWNSHIP 11 RANGE 500 SECTION 800 TAX LOT/TAX ACCT NOS. 2014.01

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

*Next To Church - above Allegheny Store,*

### COOS COUNTY ZONING COMPLIANCE LETTER

(Valid For One Year From Date Of Issue)

COOS COUNTY PLANNING DEPARTMENT

COURTHOUSE ANNEX

COQUILLE, OR. 97423

PHONE (541) 388-3121

FAX (541) 388-2890

DATE 4-2-99

ZCL NO. 99-114

APPLICANT Blaine Messerie

PHONE 269-1963

OWNER Blaine and Cami Messerie

PHONE \_\_\_\_\_

ADDRESS HC 52/Box 498/2273 N. Bayshore Drive, Suite A

CITY Coos Bay STATE: OR ZIP 97420

#### LEGAL DESCRIPTION:

TWNSHP	RANGE	SECTION	TAX LOT	ACCOUNT#	SIZE	ZONING
25	11	500	800	2214.01	26	RC

COMMENTS \_\_\_\_\_

#### EXISTING STRUCTURES / IMPROVEMENTS

Allegany Water District-spring

DWELLING	<u>1*</u>	FARM	_____	WELL	_____	PUBLIC WATER	<u>*</u>
MOBILE HOME	_____	OTHER	_____	SPRING	_____	PUBLIC SEWER	_____
COMMERCIAL	_____	NONE	_____	LAKE	_____	SEPTIC	<u>I</u>
INDUSTRIAL	_____						

COMMENTS One single family dwelling with attached garage

#### ZONING DISTRICT REQUIREMENTS

SETBACKS FRONT: -0- SIDE / CORNER -0- REAR: -0-

ALL BUILDINGS OR STRUCTURES WITH THE EXCEPTION OF FENCES SHALL BE SETBACK A MINIMUM OF 35R. FROM ANY ROAD RIGHT-OF-WAY CENTERLINE OR A MINIMUM OF 5R. FROM ANY ROAD RIGHT-OF-WAY LINE, WHICHEVER IS GREATER.

STRUCTURE HEIGHT: --- AIRPORT OVERLAY ZONE: --- UGB: ---

#### RIPARIAN VEGETATION:

ALL BUILDINGS SHALL MAINTAIN A 50R. MINIMUM SETBACK FROM ALL STREAMS, LAKES, WETLANDS AND RIVERS IDENTIFIED ON THE DEPARTMENT OF REVENUE MAPS.

#### FIREBREAK:

CONSTRUCT AND MAINTAIN A PRIMARY FIREBREAK OF AT LEAST 30 FT RADIUS AROUND ALL PROPOSED STRUCTURES ( INCLUDING DECKS ).

A SECONDARY FIREBREAK OF AT LEAST 100R. AROUND THE PRIMARY FIREBREAK.

#### DRIVEWAYS:

DRIVEWAY CONFIRMATION FORM SIGNED-OFF BY ROAD DEPARTMENT, ATTACHED.

#### RURAL RESIDENTIAL COMPATIBILITY WITH FARM / FOREST MANAGEMENT PRACTICES

I HEREBY ACKNOWLEDGE THAT THE NORMAL INTENSIVE MANAGEMENT PRACTICES OCCURRING ON ADJACENT RESOURCE LAND WILL NOT CONFLICT WITH THE RURAL RESIDENTIAL USE OR ENJOYMENT OF THE ABOVE DESCRIBED PROPERTY.

APPLICANTS SIGNATURE Blaine Messerie