

MARION COUNTY BUILDING INSPECTION DIVISION

5155 Silverton Rd NE Salem OR 97305 (503) 588-5147 Fax: (503) 588-7948

LAND USE COMPATIBILITY STATEMENT (LUCS) FOR ON-SITE SEWAGE SYSTEMS

DATE	TE: 4/11/2027 MCBI File	#:
SECTI	CTION 1 – APPLICANT INFORMATION	•
1.) #:
	Section: Township: Range: Tax Lot #: C3 \	1-13DB-1600
2.	Name of Applicant: Garo Wright Telephone	#: <u>503 · 347 · 801</u> 8
	Mailing Address: 3126 Balter CRET SE Salem, ORG 97317	
3.	Describe type of facility the on-site sewage system will serve (business, resid	lence or other):
	Single Family Residence	
	☐ Business	
	Other:	
4.	Type of on-site sewage system permit application being proposed for this pro	pperty:
	☐ New Installation Permit	
	☐ Repair Permit	
	Alteration Permit for:	(s) addition
	Other changes in land use involving potential sewage flow increase:	

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5.	The facility proposal is located: □Inside City limits □Outside UGB □Outside UGB			
6.	If inside the UGB, the proposed facility is subject to: City jurisdiction County jurisdiction Shared city/county jurisdiction			
7.	Does the business or facility comply with local land use requirements? ? ▼YES □NO Comments:			
8.	Is a public notice and hearing required? DYES DATE:			
SANI	TARY SEWER AVAILABILITY			
DEQ which	OAR 340-071-0160 requires a permit application for onsite sewage disposal be denied if: A sewerage system a can serve the proposed sewage flow is both legally and physically available.			
	osical Availability: A sewerage system shall be deemed physically available if its nearest connection point the property to be served is:			
	 For a single family dwelling, or other establishment with a maximum projected daily sewage flow of not more than 899 gallons, within 300 feet; For a proposed subdivision or group of two to five single family dwellings, or equivalent projected daily sewage flow, not further than 200 feet multiplied by the number of dwellings or dwelling equivalents; For proposed subdivisions or other developments with more than five single family dwellings, or equivalents, the county agent shall make a case-by-case determination of sewerage availability. 			
	EPTION: A sewerage system shall not be considered available if topographic or man-made features make ection physically impractical.			
* Leg	ral Availability: A sewerage system shall be deemed legally available if the system is not under a DEQ action permit moratorium, and the sewerage system owner is willing or obligated to provide sewer service.			
9a.	Is a sewerage system physically available and legally available to serve this property? Physically available: Legally available: YES YNO Legally available: YES			
9b.	If service is not available, please explain why and when service may become available:			
	NO Sewer or Storm Utilities wour AREA			

SIGNATURES

CITY OF		PLANNING OFFICIAL:	
•			
(Print Name)		PLANNING OFFICIAL (Signature)	
DATE	ADDRESS	TELEPHONE #	
* COUNTY PLA	NNING OFFICIAL		
(Print Name)	·	PLANNING OFFICIAL (Signature)	
DATE	ADDRESS	TELEPHONE #	

^{*} If necessary, depending upon city/county agreement on jurisdiction outside city limits but within UGB.



MARION COUNTY PUBLIC WORKS **BUILDING INSPECTION DIVISION** 5155 Silverton Rd NE

Salem OR 97305

(503) 588-5147 Fax (503) 588-7948 http://www.co.marion.or.us/PW/BuildingInspection

NOTICE AUTHORIZING REPRESENTATIV	Œ
I. GARO WRIGHT	have authorized
(Property Owner / Print Name)	
TESS RISENMAY to act as my agent	t in performing the
(Authorized Representative / Print Name)	
activities necessary to obtain site evaluations, permits, and other onsite wastewater services provided by the Department of Environmental Quality or County Age described below in accordance with OAR chapter 340, division 071.	
PROPERTY IDENTIFICATION:	
3126 BaBER Court	SE
Property Situs or Street Address	•
Described in the records of MARION County as:	
Legal Description Tanglewood bot #13 Black Fax Lot #(s) #A	
Subdivision, Lot and Block	•
PROPERTY OWNER:	
Printed Name: Calno Wrught	
Signature: Date:	
Address: 3126 Baker Clot SE Phone: 503	-347-8028
City, State, Zip Salem, OR 97317 Fax: -	
E-mail Address GAROWRIGHT & GMail, Gm	
AUTHORIZED REPRESENTATIVE:	
Printed Name: SESS TUSENMAY	
Company Name: ACTION DRAIN & ROOTER SER	Nice
Signature: Date: 4/7	16/22
Address: 3690 Kashmir Way Phone: 503.	370.7321
City, State, Zip Salem OREGON 97317 Fax:	
E-mail Address W. action drain @ gmail - com	\
DEO License # 3(0323 CCB # 5017)	

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