

26039

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 91-07

\$280.00

Fee

New Construction Repair Other

Permit Issued To Tevis E. Dooley III & Jude Lally 4N 9W 31D 2701 Clatsop

Hwy. 53 Nehalem (Road Location) (City) Chuck Hopkins (Issued by - Signature) 01-22-91 (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 January 22, 1992

Alternative-Non-water Carried Composting Toilet with Capping Fill TYPE OF SYSTEM

Average Daily Sewage Flow 113 Gallons/Day

Design Peak Sewage Flow 225 Gallons/Day

Dosing/Septic Concrete

Tank Volume 1000 Gallons Disposal Trenches XX

Seepage Bed(s) Square Feet

Maximum Depth 12 inches. Minimum Depth 12 inches. 220 Linear Feet

Equal XX Loop OR *if necessary Pressurized XX Minimum Distance Between Trenches 10' or centers

Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Cap with 16" min. loam. Use 2" pressure effluent sewer line to 4' X 4" dia. manifold into D-box. Install in approved area only. Dosing/Septic tank must have screened pump vault and alarms. See plot plan detail added. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer

Final Insp. Date

Inspected By

Issued by Operation of Law

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

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)

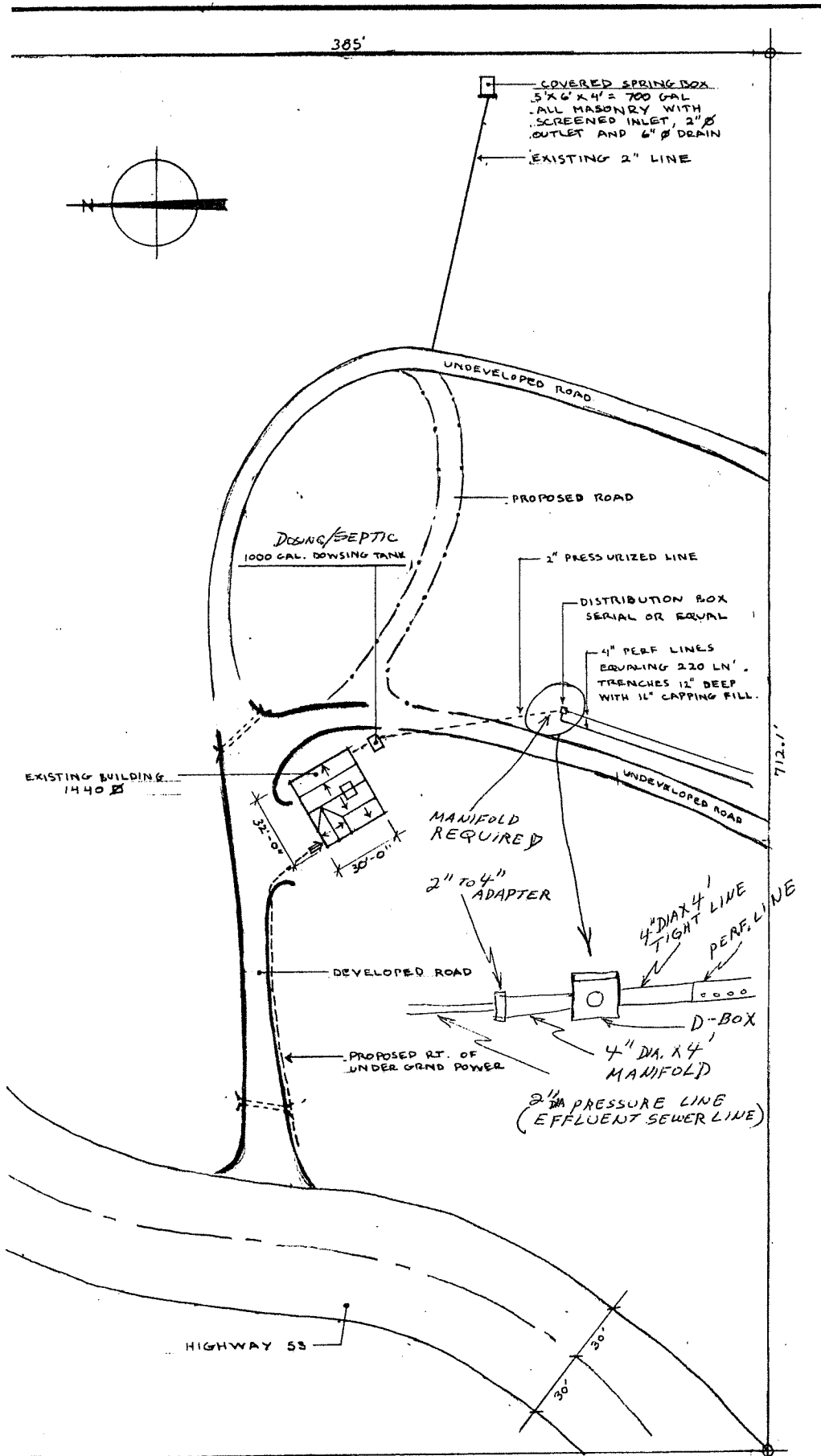
(Title)

(Date)

(Office)

A ROOF PLAN

SCALE - 3/32" = 1' - 0"



SITE PLAN

SCALE - 2" = 100'



BUILDING CODES AGENCY
 1535 EDGEWATER NW
 SALEM, OREGON 97310

BUILDING PERMIT APPLICATION

RESIDENTIAL

Rt 1 Box 269 D
 JOB LOCATION/ADDRESS

Nehalem Clatsop
 CITY COUNTY

Tevis Dooley
 OWNER

Same as above
 ADDRESS

DESCRIBE WORK

| | | |
|--|---------|--------------|
| <input type="checkbox"/> NEW CONSTRUCTION | CODE | 379.05 SFD |
| <input type="checkbox"/> ADDITION | | - 80.50 Barn |
| <input checked="" type="checkbox"/> REMODEL Barn + SFD | | 298.55 |
| <input type="checkbox"/> MOBILE HOME | | 234.65 PR |
| <input type="checkbox"/> PRE FAB | | 533.20 |
| <input type="checkbox"/> ACCESS. BLDG. | | |
| <input checked="" type="checkbox"/> OTHER <u>Mech IF/H/O</u> | specify | 21.52 |

1492 TOTAL SQUARE FT. 75,853.28 CONSTRUCTION VALUE

Astoria PERMIT / JOB #
 OFFICE

CITY _____ COUNTY _____ ZIP CODE _____ HOME: 436-1779 WORK: _____ TELEPHONE _____

ZONING

USE ZONE _____
 FLOOD ZONE YES NO

TWNSHP _____ RG _____ TL _____
 PERMIT # _____

BY: _____ TITLE _____
 PHONE _____ DATE _____

LOCAL GOVERNMENT APPROVALS

PUBLIC _____ PRIVATE

DEQ PERMIT # 91-07

BY: Betty Hoffmann Sec
 TITLE _____
 PHONE 325-8660 DATE 3-21-91

DESIGNATED CONTRACTORS

| GENERAL CONTRACTOR | ADDRESS | PHONE | REG # | EXP |
|--------------------|---------|-------|-------|-----|
| | | | | |
| ELECTRICAL | ADDRESS | PHONE | REG # | EXP |
| | | | | |
| CUMBERLAND | ADDRESS | PHONE | REG # | EXP |
| | | | | |
| MOBILE HOME | ADDRESS | PHONE | REG # | EXP |
| | | | | |

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
 ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
 I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

Judith Leley
 SIGNATURE OF PERMIT APPLICANT

3-21-91
 DATE

FIELD OFFICE COPY

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY **DEQ**
 749 Commercial P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY

Date Rec'd. 1-8-91
 Date Completed _____
 Required Fee ~~\$750.00~~
 Receipt No. 41380
 Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

5 ACRES
 Lot Size (Acreage or Dimensions)

TEVIS E DOOLEY - Jude Lally
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 409 31 D 64527B+2701 Clatsop
 (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)

Existing Facility

Single Family Residence _____
 (Number of Bedrooms)
 Other _____
 (Specify)

Private Well, Spring Box
 (Indicate: Well, Spring, Etc.)

APPLICATION FOR:

- 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) _____

Authorization Notice

Purpose of Authorization Notice

- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedrooms
- Personal hardship
- Temporary housing
- 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.

Jude Lally / Tevis E. Dooley
 (Signature) (Date) 7-17-90

- Owner
- Authorized Representative
- Licensed Installer
 License No. _____

Owner's Mailing Address
Jude LALLY
P.O. Box 79
Arch Cape, Ore
 Phone 436-1779 97102

Applicant's Mailing Address (if different)

 Phone _____

D-248

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

| | | |
|---|--|----------------------------------|
| APPLICANT'S NAME <i>Teris E Dodey Jude Lally</i> | MAILING ADDRESS <i>P.O. Box 79 Arch Cape, ORE 97102</i> | PHONE <i>503 436-1779</i> |
| | CITY STATE ZIP | |

| | | | | |
|-------------------|------------------------|--------------------|---------------------|---|
| PROPERTY LOCATION | TOWNSHIP <i>409</i> | RANGE <i>31</i> | SECTION <i>D</i> | TAX LOT OR ACCT NO <i>645278 2701</i> |
| | SUBDIVISION/PROJECT | LOT | BLOCK | COUNTY |

PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.

PROPOSED LAND USE
Single family residence

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY
(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION
RA-5

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN OR NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY
permitted use on property (there are no other dwellings or M.H. on property)

PROPERTY IS LOCATED (CHECK ONE)

INSIDE CITY INSIDE URBAN GROWTH BOUNDARY OUTSIDE URBAN GROWTH BOUNDARY

OUTSIDE CITY LIMITS

LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

| | | |
|----------------------------------|-----------------------------------|-----------------------------|
| SIGNED <i>Artis Schneider</i> | TITLE <i>PLANNING DIRECTOR</i> | DATE <i>17 JULY 1990</i> |
|----------------------------------|-----------------------------------|-----------------------------|

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

| | | |
|--------|-------|------|
| SIGNED | TITLE | DATE |
|--------|-------|------|



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch - 857 Commercial, Astoria, Oregon 97103 (503) 325-8660

September 4, 1981

THIS REPORT REFERS TO TEST HOLES
2 AND #3 ON ATTACHED PLOT PLAN.

Mr. Samuel E. Stanford
Route 1, Box 270
Nehalem, Oregon 97131

310 2701
Re: 409-82-700
Clatsop County

Dear Mr. Stanford,

On August 17, 1981, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and non-water-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

CHUCK HOPKINS

Sincerely,

210 LIN 1

1000 GAL DOWSING TANK

Gerald R. Campbell
Waste Management Specialist

RESTRICTIONS:

- 1) Provide an absorption area of 550 linear feet with a minimum septic tank capacity of 1500 gallons for the proposed 6 bedroom house or 320 linear feet with a 1000 gallon septic tank for a 1-4 bedroom house.
- 2) Place the drainfield in the approved area.
- 3) Maximum trench depth is NOT to exceed 18" inches.
- 4) A 12 inch capping fill is required over the drainfield.
- 5) The area originally approved may be the alternate drainfield area.
- 6) The drainfield must be setback 100 feet from all wells.

DEQ PORTLAND

1-800-452-7813

SUB SURFACE SCIENCE



Contains
Recycled
Materials

Mr. Samuel E. Stanford

Page 2

September 4, 1981

- 7) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 8) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application, plot plan form enclosed).
- 9) This approval void if in conflict with any local planning or building regulations.

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

STERNAN OLSON

229-6443

TERRY SWISHER

1315#

378 - 358

**CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**
(Not a permit for construction)

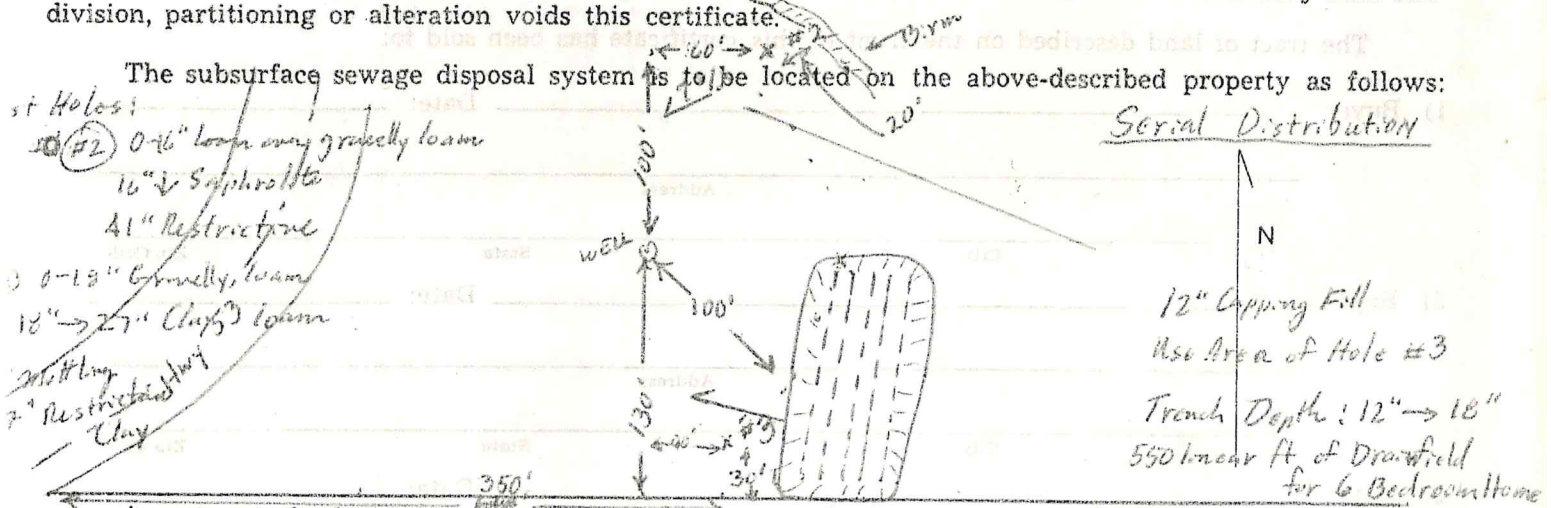
SPLIT WASTE
BLACK WASTE - COTD

This is to certify that the following described property
409-32-700 Clatsop County

THIS REPORT REFERS TO TEST
HOLES #2 AND #3 ON ATTACHED
PLOT PLAN

has been evaluated on August 17, 1981 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: September 4, 1981
Date
To: Samuel E. Stanford
Landowner
Route 1, Box 270
Address
Nehalem, Oregon 97131
City State Zip

By Donald R. Campbell
DEQ or Contract Agent

PLOT PLAN

PROP OWNER TEVIS E. DOOLEY III

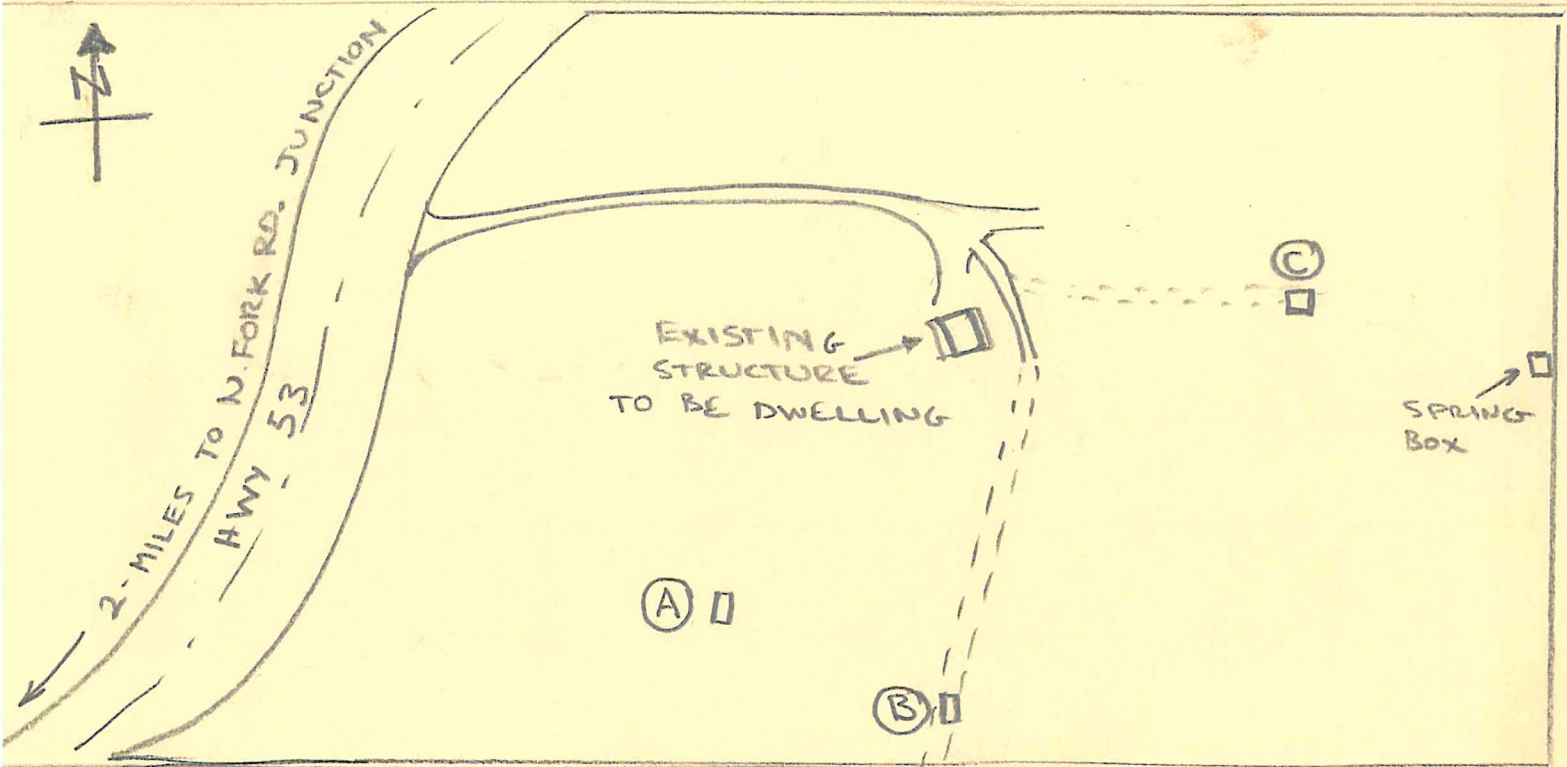
DATE 8-8-1990

LOCATION: T 4 R. 9 WEST

SEC. 310
32

TAX LOT. NO. 2701

PHONE - 436-1779



MR. HOPKINS : THIS IS FOR THE PURPOSE OF LOCATING NEW TEST HOLES , (A) (B) AND (C) , SINCE THOSE DONE IN 1981 ARE GONE. MY UNDERSTANDING IS THAT YOU WILL MAKE AN ON SITE STUDY AT NO ADDITIONAL COST SINCE WE ARE AN APPROVED PROPERTY. IT WILL BE A SPLIT WATER SYSTEM. BLACK WATER HANDLED BY STATE APPROVED COMPOSTING TOILET, MODEL XL, OF THE "SUN MAR" CORP. WITH OVERFLOW CONNECTED TO GREY WATER LINE. I'M AWARE OF THE NECESSITY FOR FULL SIZED AREAS FOR FIELD AND ALTERNATE REPAIR FIELD. IF YOU COULD CALL WHEN YOU RECEIVE THIS I'D APPRECIATE IT.



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR AND INDUSTRIES BUILDING
SALEM, OREGON 97310

APPLICATION FOR BUILDING PERMIT

4-9-31D TL 2701

JURISDICTION _____
STATE OFFICE _____
ADDRESS _____
TELEPHONE _____

Applicant to complete numbered spaces only.

| | | | |
|--|--------------------------------|--|---|
| JOB ADDRESS 1 | | is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| IDENTIFYING NAME OF BUILDING 2 | | COUNTY CLATSOP | |
| LEGAL DESCR. 3 | LOT NO. TAX LOT NO. 2701 | BLOCK | TRACT (<input type="checkbox"/> See Attached Sheet) |
| OWNER 4 Tevis Dooley | | MAIL ADDRESS P.O. Box 79 Arch Cape | ZIP 97102 |
| CONTRACTOR 5 | | MAIL ADDRESS | PHONE 436-1779 |
| ARCHITECT OR DESIGNER 6 | | MAIL ADDRESS | PHONE LICENSE NO. |
| ENGINEER 7 | | MAIL ADDRESS | PHONE LICENSE NO. |
| USE OF BUILDING 8 Personal storage -- no commercial storage | | | |
| 9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. _____ | | | |
| 10 Describe work: | | | |
| 11 Change of use from _____ to _____ | | | |
| 12 Total area of building 960 Sq. Ft. | | No. of stories 1 | No. of bedrooms 0 |
| | | No. of living units or apts. 0 | Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13 Declaration of Valuation of work \$ _____ | | 14 LOCAL GOVERNMENT APPROVALS | |
| 15 Signature Required to Become Valid | | SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED | |
| I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. | | ZONING Use Zone RAS Fire Zone _____ Zoning Permit No. _____ Date 8 April 84 Signature Mark Barnes | |
| | | SANITATION Public _____ Private X DEQ Permit No. None required - Build away from septic approved Date April 9, 1984 Signature Wm. L. Smith | |
| | | DEPT. OF HUMAN RESOURCES - HEALTH DIVISION Public Swimming Pool No. _____ Date _____ Signature _____ | |
| Signature of Contractor (Date) | | | |
| Signature of Owner (If Owner Builder) (Date) | | | |
| 16 Directions to job-site. Draw map if necessary. | | | |

OFFICE USE ONLY

| | | | |
|--|--------------------------|-----------------------|-------------------------------|
| Plans reviewed for: | | | Plan Review No. |
| Plan Review - Structural and F&LS. | <input type="checkbox"/> | Name _____ Date _____ | Permit No. |
| Plan Review - Structural Only. | <input type="checkbox"/> | Name _____ Date _____ | Application Accepted By _____ |
| Plan Review - Fire & Life Safety Only. | <input type="checkbox"/> | Name _____ Date _____ | |

CLATSOP COUNTY LAND and WATER DEVELOPMENT PERMIT

Name: LEWIS E. DOOLEY III FILE NUMBER (for office use only)
 Address: P.O. 79 ARCH CAPE T 4 R 9 Sec 31D TL 2701 No. _____
 Telephone: 436-1772
 Signature: Lewis E. Dooley III

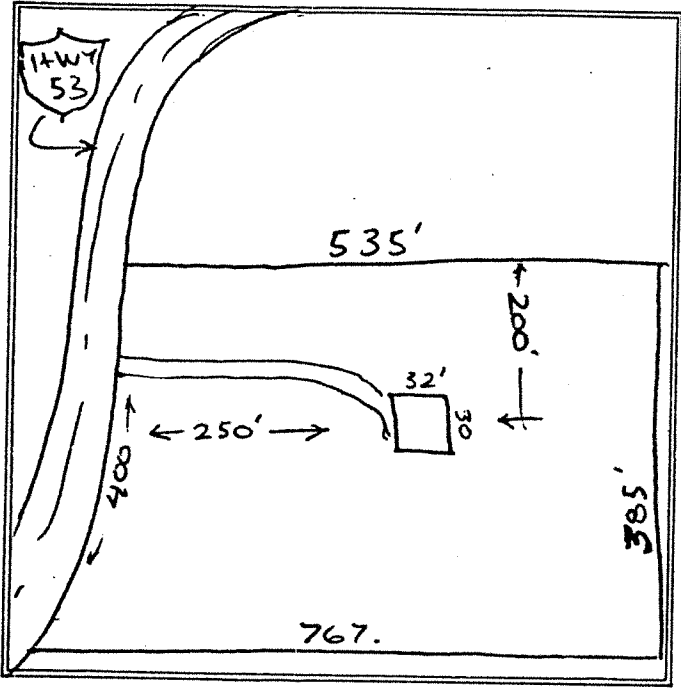
Proposed Use or Activity:
pole Barn 1000 ft²

Department of Planning and Development
 Clatsop County Courthouse
 P.O. Box 179
 Astoria, Oregon 97103. Phone: 325-8611

FINDINGS

Plot Plan

Please show location of all property boundaries, water courses, wetlands, buildings, septic systems, driveways, roads, etc. Include setbacks from property lines.



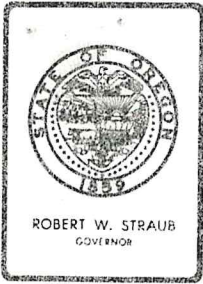
1. Zoning: RA-5
2. Area of Lot: 5.28
3. Water Source: NA
4. Building Height (max): 21'
5. Septic Approval (Y/N): Y
6. Minimum Setbacks from Property Lines:
 Front: 50'
 Side: 3'
 Rear: 50'
7. Other Setbacks (Resource Zones, (Rip. Veg, etc.) _____
8. Access to Property:
State Highway 53
9. Other: _____

APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS X
 CONDITIONS OF DEVELOPMENT: ATTACHED

(Any Additional Conditions Attached)
 Approval of Development Permit based on information submitted by the applicant as outlined above. Any change of plans or incorrect information submitted may result in revocation of permit.

NOTE: Permit Void if Conditions of Development Detached

Signed: Mark Barnes
 Date: 9 April 84



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch - 857 Commercial, Astoria, Oregon 97103 (503) 325-8660

409-32-700
Now 4-9-31D T.L. 2701
owned by Tevis Dooley III

September 4, 1981

Mr. Samuel E. Stanford
Route 1, Box 270
Nehalem, Oregon 97131

Re: 409-32-700
Clatsop County

Dear Mr. Stanford,

On August 17, 1981, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and non-water-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

Gerald R. Campbell
Waste Management Specialist

RESTRICTIONS:

- 1) Provide an absorption area of 550 linear feet with a minimum septic tank capacity of 1500 gallons for the proposed 6 bedroom house or 320 linear feet with a 1000 gallon septic tank for a 1-4 bedroom house.
- 2) Place the drainfield in the approved area.
- 3) Maximum trench depth is NOT to exceed 18" inches.
- 4) A 12 inch capping fill is required over the drainfield.
- 5) The area originally approved may be the alternate drainfield area.
- 6) The drainfield must be setback 100 feet from all wells.



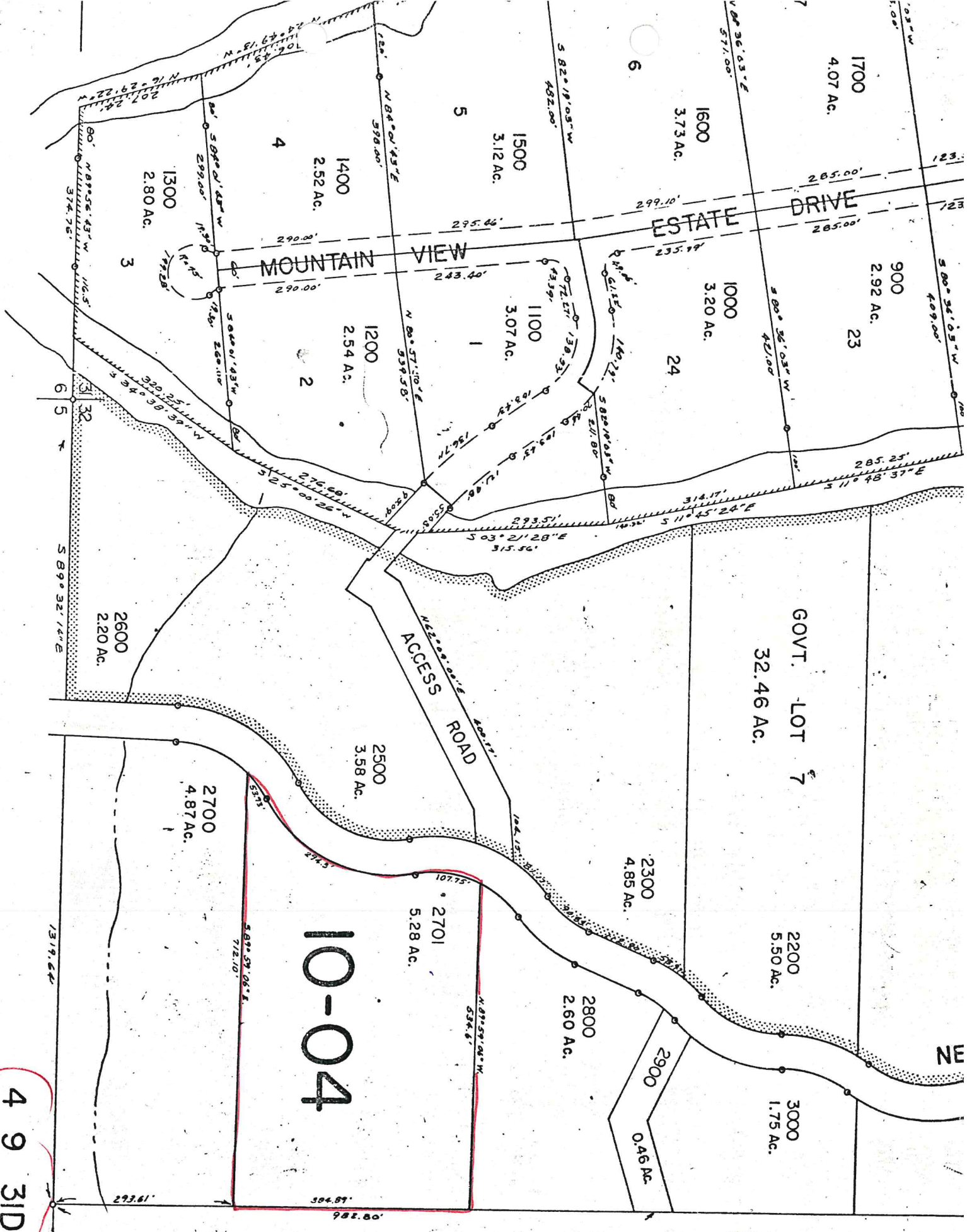
Contains
Recycled
Materials

Mr. Samuel E. Stanford

Page 2

September 4, 1981

- 7) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 8) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application, plot plan form enclosed).
- 9) This approval void if in conflict with any local planning or building regulations.



4 9 31D
2-27-84
0.02

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

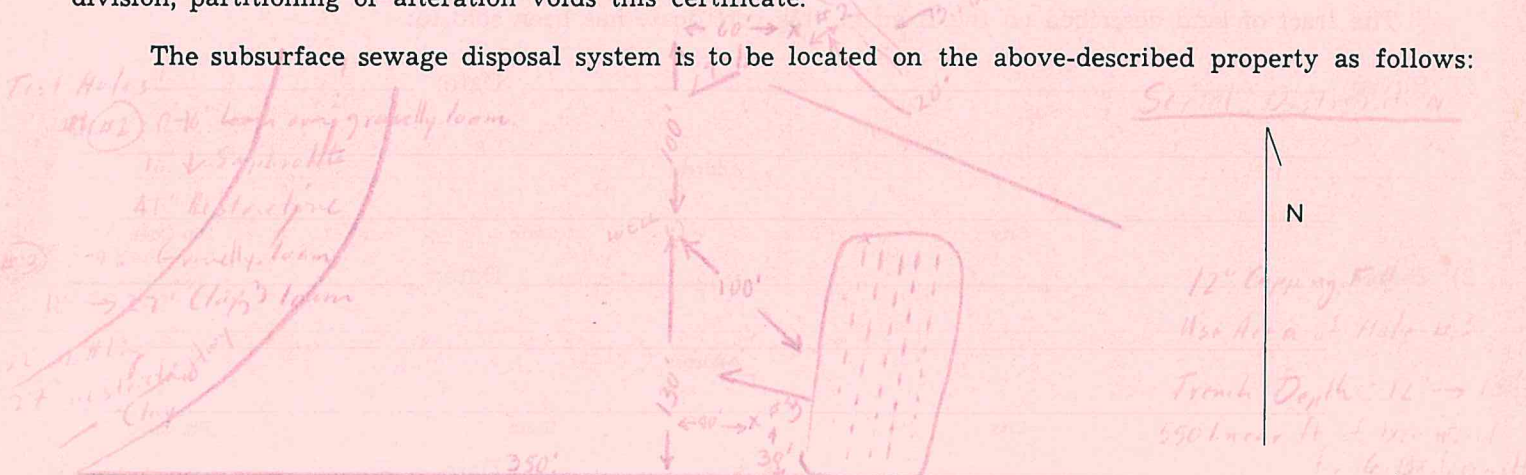
This is to certify that the following described property

409-32-700 Clatsop County

has been evaluated on August 17, 1981 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: September 4, 1981
Date

To: Samuel B. Stanford
Landowner

Route 1, Box 270
Address

Nehalem, Oregon 97131
City State Zip

By David R. Campbell
DEQ or Contract Agent



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch, 857 Commercial, Astoria, Oregon 97103 (503) 325-8660

July 23, 1981

Mr. Samuel E. Stanford
Route 1, Box 270
Nehalem, Oregon 97131

Re: SS - 409-32-700
Clatsop County

Dear Mr. Stanford,

On July 21, 1981, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and non-water-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

Gerald R. Campbell
Waste Management Specialist

RESTRICTIONS:

1. Provide an absorption area of 600 square feet with a minimum septic tank capacity of 1000 gallons for a proposed 1-4 bedroom house.
2. Place the drainfield in the approved area.
3. Maximum trench depth is NOT to exceed 30 inches
4. A low pressure distribution design must be used.
5. Do not locate the drainfield on slopes steeper than 30%.



Mr. Samuel E. Stanford
Page 2
July 23, 1981

Restrictions Continued

6. The alternate septic system must be a sand filter.
7. Any extreme alteration of the natural soil profile in the approved area could void this approval.
8. Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application, plot plan form enclosed).
9. This approval void if in conflict with any local planning or building regulations.

GRC/jm

Enclosures

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

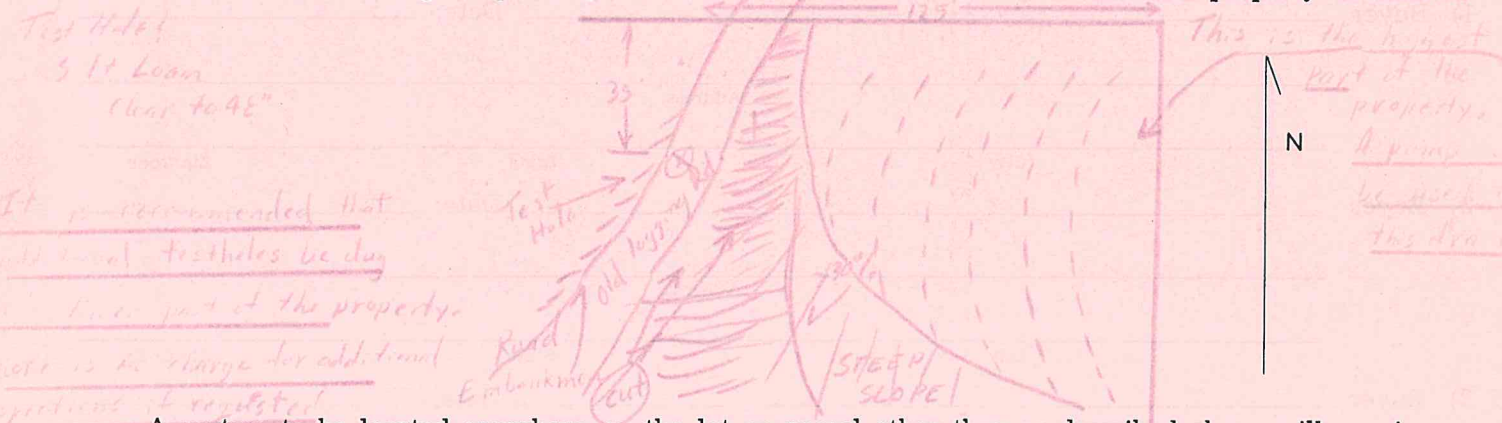
This is to certify that the following described property

409-32-700 Clatsop County

has been evaluated on July 21, 1981 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

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Issued: July 23, 1981
Date

To: Samuel F. & Marjorie J. Stanford
Landowner

Route 1, box 270
Address

Nehalem Oregon 97131
City State Zip

By [Signature]
DEQ or Contract Agent

Date Rec'd 7-1-81 Amt. Rec'd \$ 420.00
 Receipt No. 20571 Permit No. _____
 Date Appl. Completed _____
 Site Inspection Date July 21, 1981
 Approved X Disapproved _____
 Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

- 1. Site Evaluation Report for New System (~~\$75.00~~) \$120.00
- 2. Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) \$40.00
- 3. Permit to Repair Malfunctioning System (\$25.00)
- 4. Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~) \$40.00
- 5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
- 6. Permit Renewal (\$25.00)
- 7. Existing System Evaluation \$40.00
- 8. Other (Specify) _____

ASSESSORS MAP 25c

REFERENCE INFORMATION (Please Print)

NAME OF APPLICANT _____
 ADDRESS _____
 CITY _____ ZIP CODE _____
 PHONE _____

SAMUEL E. + MARJORIE J. STANFORD
 NAME OF PROPERTY OWNER
Route 1, Box 270
 ADDRESS
Nehalem, Oregon 97131
 CITY ZIP CODE
368-6485
 PHONE

PROPERTY DESCRIPTION

| | | | | |
|------------------|------------|-----------|---------------------------------------|-------------------|
| <u>T4N</u> | <u>RNW</u> | <u>32</u> | <u>N 1/2 of the E. portion of 700</u> | <u>Clatsop</u> |
| Township | Range | Section | Tax Lot/Account Number | County |
| Subdivision/Area | Tract | Block | Lot | Lot Size |
| | | | | <u>5.10 Acres</u> |

PROPOSAL DESCRIPTION

PLANNED USE: House X Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
 No. of Bedrooms _____ Water Supply _____ (Describe)

APPLICANT MUST PROVIDE

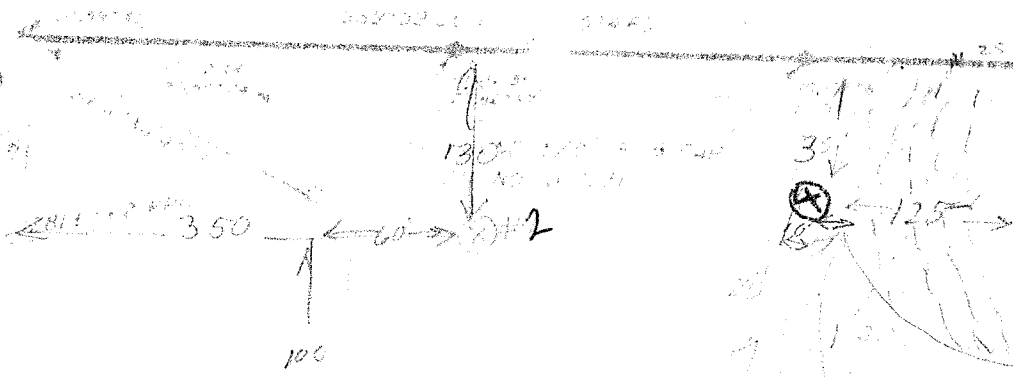
- 1. Test Holes (For 1, _____). Date Ready _____
- 2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency RA 5 zone Curtis Schneider Clatsop County Dept of Planning & Dev't
- 3. Plot Plan. _____
- 4. Other _____

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (3'x3'x4' deep)

SIGNATURE Stephen Tuchman as agent for Mr. + Mrs. Samuel E. Stanford DATE July 17, 1981
 (Contract Purchaser/Owner/Installer)

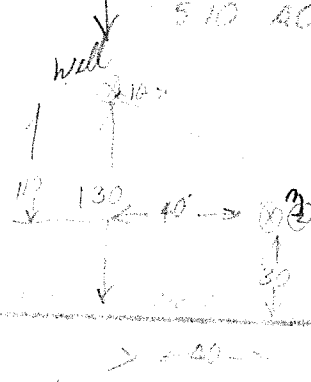
Hwy 53

July 31st



PARCEL NO 3
 510 ACRES

Pump required



PARCEL NO 4
 510 ACRES

1/4 Sec 34 T4N R9W
 510 Acres

CLATSOP COUNTY T4N R9W
 TILAMOOK COUNTY T3N

(1" = 100')

SHEET 2 OF 2

2

17' 0"

14' 0"

33' 0" (100')

16' 0" Centerline

48' 0" 100'

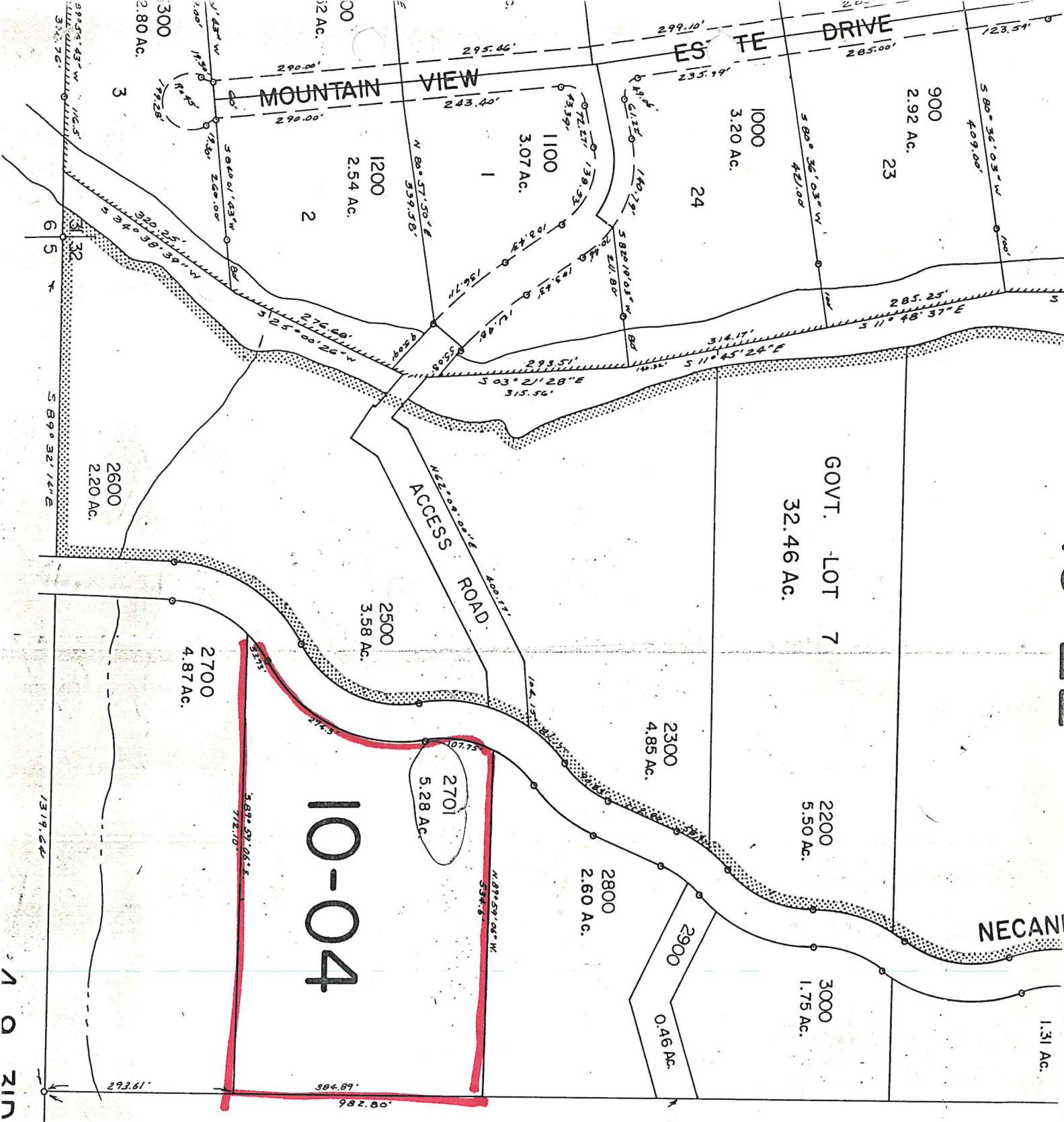


5

11' 0" 100'

27' 0" Rest Clay

18' 0" 27' 0" (100')



See Map 4 9 32

409-31D-2701

1319.64'

1319.64'