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MAR 09 2021

CLATSOP CO. PUBLIC HEALTH

2-Year AdvanTex® Service Contract

#186-21-000083

Parties: (AdvanTex® Service Provider)

NAME _____ PAUL MCDONALD _____
ADDRESS _____ 808 GLASGOW AVE _____
CITY, STATE, ZIP CODE _____ ASTORIA, OREGON 97103 _____
TELEPHONE _____ 503-458-6521 OFFICE 503-741-6484 CELL _____
E-MAIL _____ eds_septic@yahoo.com _____

And: (Customer)

NAME _____ Linda Morse & Stefanie Aschmann _____
ADDRESS _____ 8702 NE 42nd Court _____
CITY, STATE, ZIP CODE _____ Vancouver, Washington 98665 _____
TELEPHONE _____ 360-326-8490 _____
E-MAIL _____ oldbatlinda@aol.com _____

System Location:

ADDRESS _____ 81093 Arcadia Road _____
CITY, STATE, ZIP CODE _____ Cannon Beach, Oregon 97110 _____
LEGAL DESCRIPTION _____ Taxlot Key 41018BA01901 Account 2474 _____

PERMIT #

_____ TBD _____

Agency Contact Information:

AGENCY NAME _____ CLATSOP COUNTY _____
ADDRESS, CITY, STATE, ZIP _____ 820 EXCHANGE ST SUITE #100 _____
TELEPHONE _____ 503-338-3685 Office 503-440-4713 Mike McNickle _____
E-MAIL _____ mmcnicke@co.clatsop.or.us _____

Date:

_____ March 1, 2021 _____

NOW, THEREFORE, in consideration of the terms, provisions, covenants and conditions contained herein, the Parties hereto agree as follows:

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CLATSOP CO. PUBLIC HEALTH

#186-21-000083

***Performance of Basic Services:**

The AdvanTex Service Provider, shall perform the System Inspection/Service Visits during the 24-month period after installation, as marked:

Inspection/Service Visits	3-6 months	<u> X </u>
	6-12 months	<u> X </u>
	12-18 months	<u> X </u>
	18-24 months	<u> X </u>

Alarm Response Other Services

System Monitoring	<u> X </u>
Reporting	<u> X </u>

** As required, these services will be included as part of the initial purchase of the system.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the AdvanTex Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow and an olfactory assessment for odor shall be performed.

The Service Provider will affix a "For Service, Call _____" label near the control panel's alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service Provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

***Term of Agreement**

This Agreement shall be for the period of 24 months from the date of System start-up, unless otherwise terminated or canceled by either party as provided herein. **\$600. per Year**

Annual County Report: \$60.00

First year to be paid prior to start of Services.

***Definitions**

For purposes of this Agreement, the following definitions shall apply:

"System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.

"System" shall mean an AdvanTex AXN or AXRT NSF/ANSI Standard 40 certified wastewater treatment system.

"System Start-up Date" shall mean the date the System begins operating for its intended purpose.

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#18-21-00083

*** Charges**

The basic services, including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the System. Optional, additional services shall be provided at the agreed upon contract price and terms.

Optional Services: \$90. per hour

All Laboratory Fees: Responsibility of Owner/Re-invoiced to you

Any necessary Repairs and/or Pumping : Will be done by Ed's Septic Tank Cleaning Service LLC

The Annual Report / Evaluation fee charged by DEQ: Invoiced to Owner at rate charged by DEQ

The annual report and annual evaluation fee required by DEQ is not optional, and may or may not be included in the cost of basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional services shall be due and payable within thirty (30) days of the Customer's receipt of Service Provider's invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Service Provider is in arrears.

***Warranty**

The AdvanTex Service Provider warrants that all Services shall be performed in a good and workmanlike manner and that Service Provider will correct any System errors, malfunctions, or defects directly caused by Service Provider's failure to perform the Services and Additional Services in such manner.

***Limitation of Liability**

The sole liability of the AdvanTex Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the AdvanTex Service Provider's failure to perform any services in a good and workmanlike manner pursuant to Section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the AdvanTex Service Provider be liable to the Customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

"The Customer agrees to hold Orenco Systems", Inc. and the AdvanTex® Dealer or Supplier that sold the residential system harmless from any and all actions, claims, suits, or damages arising from the Authorized AdvanTex® Service Provider's performance of services under the Agreement, or any other services it performs or has performed for the Customer."

***Termination/Cancellation**

This Agreement may be terminated or canceled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

***Miscellaneous Provisions**

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern this Agreement.

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GLATSOP CO. PUBLIC HEALTH

#186.21-00083

The homeowner shall be responsible for complying with the AdvanTex Homeowner Manual and AXN Homeowner's Manual Supplement provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

AdvanTex Service Provider

Name: Paul McDonald

Signature: X *Paul McDonald*

Title: Owner Ed's Septic
Certified AdvanTex Service Provider

Customer(s) Either can Sign

Linda Morse or Stefanie Aschmann

X *Stefanie Aschmann*

System Owner



Certificate of Satisfactory Completion

Repair (Major) - Residential - Renewal

186-21-000083-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 12/07/2022
Work Description: Major Repair; ATT; Tank & drainfield

Applicant: Bob McEwan Construction, Inc Address: P.O. Box 2845 Gearhart OR 97138 Phone: 5034400223 Email: mmcewan3569@gmail.com	Contractor: Bob McEwan Construction, Inc. Installer License: 37079 Address: 34154 Hwy 26 Seaside OR 97138-3611 Phone: (503) 738-3569 Email: mmcewan3569@charter.net
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Owner: LINDA MORSE Address: 8702 NE 42ND CT VANCOUVER WA 98665	Property Address: 81093 Arcadia Rd, Cannon Beach, OR 97110
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Parcel: 41018BA01901 - Primary **Township:** 4 **Range:** 10 **Section:** 18BA

Lot Size: 0.24 acres	Water Supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land Use Approval: N/A	

Directions to Property: South on US101, West on Grand Lane, Right at Arcadia Road, House is third one on the right.

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	1 bedroom	N/A
Number of Bedrooms:	1	N/A

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT Description: AXRT20
Max Peak Design Flow: 450 gpd.	Proposed Flow: 300 gpd.
Min Septic Tank Volume: 1000 gal.	Min Dosing Tank Volume: 500 gal.
Special Tank Requirements: 500 gal dosing tank = ATT unit	

Drain Field Specifications

Drain Field Type: Seepage Trench	System Distribution Type: Equal
Drainfield Sizing: N/A	Distribution Method: Pressurized
Media Type: EZ FLO	Media Depth: 24 in.
Trench Length: 86 linear ft.	Rock Above Pipe: N/A
Max Depth: 36 in.	Undisturbed Soil Between Trenches: 8 ft.
Min Depth: 30 in.	Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Temporary	Groundwater Depth: N/A
Pump to Drainfield Required: Yes	Filter Fabric on Top of Drain Media: Yes

Date Certificate Issued: 12/07/2022
Work Description: Major Repair; ATT; Tank & drainfield

Conditions of Approval

This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345. ATT treatment standard 2 required. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions. The septic tank must be approved for use with the ATT system to be installed. In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee. A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection. Install system in area shown on approved site plan Vehicular traffic and livestock must be restricted from the system area All roof drains must be directed away from the system All tanks must be tested for watertightness. Meet all required setbacks The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval For product approval information and manufacturer installation requirements see DEQ website at: <http://www.deq.state.or.us/wq/onsite/onsite.htm> An electrical permit and inspection is required for all pump wiring installations Maintain access to septic tank for pumping and service Green 18-gauge tracer wire required from tank to drainfield. Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Filter fabric is required over the drain media (sandy loam or coarser) Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

Lucas Marshall

Environmental Health Specialist I

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION:Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-21-000083-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, 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 and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. 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. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: LINDA MORSE

Twshp: 4

Range: 10

Sect: 18BA

Lot: 01901

Property 81093 ARCADIA RD, CANNON BEACH, OR 97110

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1060 gal Compartments: 1 Manufacturer: Infiltrator Poly	Date: 10/21/22
Tanks(2)	Volume: Compartments: Manufacturer:	Date:
Pump(s)	HP: Model/Manuf. Float(s)Type(1): Model/Manuf.	
	Float(s)Type(2): Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25 "	ASTM#/Other: 2241	Length: 11'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:	
Manifold piping	Diameter:		ASTM#/Other:	Length:	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes <input checked="" type="checkbox"/>	No	Model: Orenco AX20-RT		
Certified Maint.	Provider Name: Ed's Septic Tank Cleaning Service				
Operation and Maint.	Contract Received?		Yes <input checked="" type="checkbox"/>	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow Alternative Seepage Trench				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25"	ASTM#/Other: 2241	Length: 90'

Comment

Clatsop County Department
of Public Health
On-Site Waste Water Program

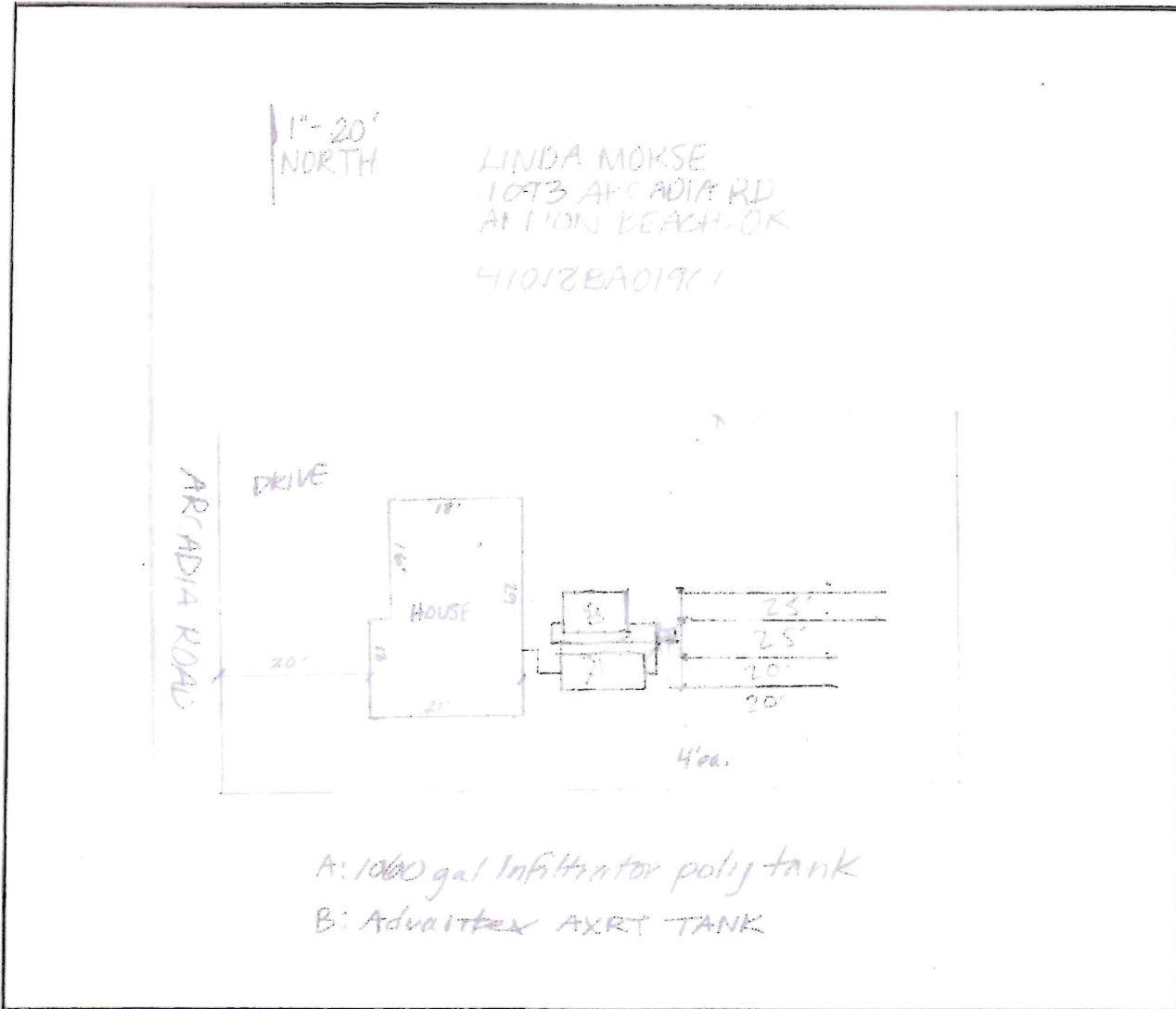
Approved By: YJM
Permit No. 186-21-000083
Date 11/28/22

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: Michael R McEwan		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079	Certification#: RI 83
Owner/ Certified Installer:	Signature: <i>Michael R. McEwan</i>	Date: 11/3/22	Phone#: 503-440-0223

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By: *[Signature]*
Permit No. 186-21-000093
Date 11/27/22



Clatsop County
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-8611 Fax 503-338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Community Development Department.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: Linda Morse & Stefanie Aschmann

Septic Tank Location: 81093 Arcadia Road Cannon Beach, Oregon 97110

Legal Description: T 4 N R 10 W S 18 BA Lot 01901

Date Tank Pumped: September 28, 2022

By:  License #: 34259
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By:  Date: 9.28.22
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: _____ Date: _____
(signature of operator/owner)



Septic Permit

Repair (Major) - Residential - Renewal

186-21-000083-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 4/6/21	Expiration date: 4/6/23
Work description: Major Repair; ATT; Tank & drainfield	

Applicant: Bob McEwan Construction, Inc
Address: P.O. Box 2845
Gearhart OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: LINDA MORSE
Address: 8702 NE 42ND CT
VANCOUVER WA 98665

Property address: 81093 Arcadia Rd, Cannon Beach, OR
97110

Parcel: 41018BA01901 - Primary **Township:** **4 Range:** 10 **Section:** 18BA

Lot size: 0.24 acres	Water supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land use approval: N/A	County: N/A
Action: Renewal	Type of application: Repair (Major) - Residential
System failing: N/A	Septic tank last pumped: N/A
Comments: N/A	

Directions to property: South on US101, West on Grand Lane, Right at Arcadia Road, House is third one on the right.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	1 bedroom	N/A
Number of bedrooms:	1	N/A

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT description: AXRT20
Max peak design flow: 450 gpd.	Proposed flow: 300 gpd.
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.
Special tank rqmts: 500 gal dosing tank = ATT unit	

Drain Field Specifications

Drain field type: Seepage Trench	System distribution Ttpe: Equal
Drainfield sizing: N/A	Distribution method: Pressurized
Media type: Other - Indicate Product/Manufacturer	Media depth: 24 in.
Media type description: EZ FLO	
Trench length: 86 linear ft.	Rock above pipe: N/A
Max depth: 36 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 30 in.	Capping fills-min depth of fill material: N/A

CALL BEFORE YOU DIG...IT'S THE LAW

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Date issued: 4/6/21	Expiration date: 4/6/23
Work description: Major Repair; ATT; Tank & drainfield	

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Temporary	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	Yes		

Conditions of approval

This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345. ATT treatment standard 2 required. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions. The septic tank must be approved for use with the ATT system to be installed. In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee. A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection. Install system in area shown on approved site plan Vehicular traffic and livestock must be restricted from the system area All roof drains must be directed away from the system All tanks must be tested for watertightness. Meet all required setbacks The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval For product approval information and manufacturer installation requirements see DEQ website at: <http://www.deq.state.or.us/wq/onsite/onsite.htm> An electrical permit and inspection is required for all pump wiring installations Maintain access to septic tank for pumping and service Green 18-gauge tracer wire required from tank to drainfield. Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Filter fabric is required over the drain media (sandy loam or coarser) Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Date issued: 4/6/21

Expiration date: 4/6/23

Work description: Major Repair; ATT; Tank & drainfield

Lucas Marshall

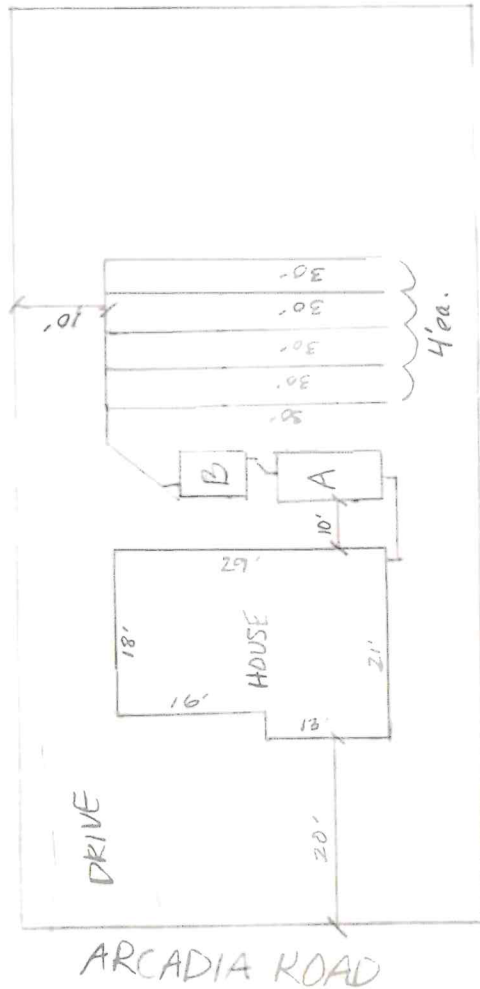
Environmental Health Specialist I

4/6/21

Bob McEwan Construction, Inc
PO BOX 2845
Gearhart, OR 97138
CCB#48302 Installer #37079

Revised Plot
Plan. Changed
from seepage bed
to drain field

1" = 20'
NORTH
LINDA MORSE
81073 ARCADIA RD
CANYON BEACH, OK
41012BA019C1



A: 1060 gal Infiltrator poly tank
B: Advantex AXRT TANK

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: September 27, 2022

Installer: Bob McEwan Construction, Inc
 P.O. Box 2845
 Gearhart, OR 97138-2845
 CCB #48302
 DEQ Installer #37079

Prepared for: Linda Morse
 8702 NE 42nd Ct
 Vancouver, WA 98665

Job Site: T4N, R10W, SEC. 18BA, T.L. 1901; 81093 Arcadia Road, Cannon Beach, OR 97110

Plans Drawn By: Mike McEwan

Materials:

1,060 gallon Infiltrator Poly Tank	1
24" dia pvc riser for pump tank	2
AX RT ATT Orenco Tank	1
4" abs pipe	5'
4" flex coupling	2
Green tracer wire	80'
Orenco MVP panel with timed dose	1
PL 50 OSI 05 HHF 1/2 hp effluent pump	1
PVC - SBEX4 - (Splice Box)	1
3A float tree with 3 floats	1
1 1/4" PVC check valve and 1 1/4" flex hose	1
15" dia. Screen vault with biotube	1
1 1/4" dia. sch. 40 PVC pipe	200'
1 1/4" dia. sch. 40 PVC 45° elbows	3
1 1/4" dia. sch. 40 PVC 90° elbows	1
1 1/4" dia. sch. 40 PVC tees	3
1 1/4" dia. sch. 40 PVC thread x slip adapt.	3
1 1/4" dia. sch. 40 PVC threaded end caps	6
6" dia pe valve boxes	3
4" dia. 3034 PVC pipe	40'
EZ Flow without Pipe	150'
EZ Flow with Pipe	150'
ADS Couplers	12
1 1/4" dia. ball valves	5
1 1/4" dia. sch. 40 PVC tees	2

*Revised
 parts list*



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 Phone
(503) 325-9303 Fax

RECEIVED
MAR 23 2022
CLATSOP CO. PUBLIC HEALTH
PK # 5982
\$ 275.00

March 4, 2022

Reminder Permit Expiring

Linda Morse
81093 Arcadia Rd
Cannon Beach, OR 97110

Permit # 186-21-000083
Expiration Date: 4/6/2022
Property Description: 41018BA01901

On 4/6/2021 Clatsop County issued septic permit #186-21-000083 for the above described property. The permit will expire on 4/6/2022. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to renew this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to reinstate this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for renewal or reinstate, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (NOTE: this option does not apply to repair permits). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a new permit must be obtained at the current permit fee price.

Signature: Michael R. McEwan Date: 3/14/2022

Phone: 503-440-0223 Email: mmcewan3569@gmail.com



Transaction Receipt
Record ID: 186-21-000083-PRMT
IVR Number: 186013646304

Clatsop County Onsite

820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 458995

Receipt Date: 3/23/22

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Worksite address: 81093 ARCADIA RD, CANNON BEACH, OR 97110

Parcel: 41018BA01901

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
3/23/22	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
3/23/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
3/23/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 5982 Payer: Michael McEwan Payment Amount: \$275.00

Cashier: Annette Brodigan

Receipt Total: \$275.00



Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 health@co.clatsop.or.us
 Website:

Septic Permit

Repair (Major) - Residential - New

186-21-000083-PRMT

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 4/6/21	Expiration date: 4/6/22
Work description: Major Repair; ATT; Tank & Seepage Bed	

Applicant: Bob McEwan Construction, Inc
Address: P.O. Box 2845
 Gearhart OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
 Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: LINDA MORSE
Address: 8702 NE 42ND CT
 VANCOUVER WA 98665

Property address: 81093 Arcadia Rd, Cannon Beach, OR
 97110

Parcel: 41018BA01901 - Primary **Township:** 4 **Range:** 10 **Section:** 18BA

Lot size: 0.24 acres	Water supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land use approval: N/A	County: N/A
Action: New	Type of application: Repair (Major) - Residential
System failing: N/A	Septic tank last pumped: N/A

Comments: drainfield on lot #1901 with replacement area on lot #1900. Owner to combine lots.

Directions to property: South on US101, West on Grand Lane, Right at Arcadia Road, House is third one on the right.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	1 bedroom, tearing down and replacing with	new 3 bedroom
Number of bedrooms:	1	3

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT description: Advantex
Max peak design flow: 375 gpd.	Proposed flow: 375 gpd.
Min septic tank volume: 1000 gal.	Min dosing tank volume: 1000 gal.

Drain Field Specifications

Drain field type: Seepage Trench	System distribution Ttpe: Equal
Drainfield sizing: 600 linear ft.	Distribution method: Pressurized
Seepage bed specs: 20x30	Bottomless sand filter sqft: N/A
Media type: Rock/Pipe	Media depth: 12 in.
Max depth: 18 in.	Undisturbed soil between trenches: N/A
Min depth: 12 in.	Capping fills-min depth of fill material: N/A

Special Requirements

Stake out required: No	Groundwater depth: N/A
Groundwater type: Not Applicable	

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 4/6/21**Expiration date:** 4/6/22**Work description:** Major Repair; ATT; Tank & Seepage Bed**Conditions of approval**

This permit is for the installation of an Alternative Treatment Technology (ATT) system and is to be installed by a person certified by the system manufacturer in accordance with OAR 340-071-0600 and 0650. See Alternative Treatment Technology rules at OAR 340-071-0345. ATT treatment standard 2 required. The ATT system must be designed to prevent untreated waste from passing into the absorption field if the treatment system malfunctions. The septic tank must be approved for use with the ATT system to be installed. In addition to the As-Built and Materials List, a Start-Up checklist from the ATT maintenance provider is required to Final this permit. The owner of an ATT system must maintain a contract with a maintenance provider certified by the manufacturer to inspect, adjust and maintain the onsite system. The maintenance provider must submit an annual report and annual evaluation fee. A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection. Install system in area shown on approved site plan Vehicular traffic and livestock must be restricted from the system area All roof drains must be directed away from the system All tanks must be tested for watertightness. Meet all required setbacks The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval For product approval information and manufacturer installation requirements see DEQ website at: <http://www.deq.state.or.us/wq/onsite/onsite.htm> An electrical permit and inspection is required for all pump wiring installations Maintain access to septic tank for pumping and service Green 18-gauge tracer wire required from tank to drainfield. Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Filter fabric is required over the drain media (sandy loam or coarser) Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

4/6/21

REPAIR EVALUATION REPORT

Date: April 6th, 2021

Dear Linda Morse:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Morse

Application: # 186-21-000083

County: Clatsop

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 4N/ R 10W/ S 18BA Tax Lot#: 1900/1901

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

If you have any questions regarding this report, please contact me at 503-338-3687.

Yours truly,

Nancy Mendoza, REHS
Lucas Marshall, REHST
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Morse**

Application #: **186-21-000083**

County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: T 4N/ R 10W / S 18BA Tax Lot#: 1900/1901

Commercial Facility: Yes No Parcel Size: 0.24 acre

APPROVED SYSTEM SPECIFICATIONS

Design flow: 375 gpd Max # of bdrms: 3

Initial System		Replacement System	
<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> ATT	<input type="checkbox"/> Standard
<input type="checkbox"/> Bottomless Sand Filter			<input type="checkbox"/> Capping Fill
			<input type="checkbox"/> Bottomless Sand Filter
Tank: <input type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.		<input checked="" type="checkbox"/> ATT
<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other		<input type="checkbox"/> Other
			Tank: <input checked="" type="checkbox"/> 1,000 gal.
			<input type="checkbox"/> 1,500 gal.
			<input type="checkbox"/> 2 compartment
			<input type="checkbox"/> effluent pump required
			<input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal	<input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal
			<input type="checkbox"/> Serial
Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.		Absorption Facility: _____ linear. ft
			Disposal Facility: <u>600</u> sq. ft.
			<u>30</u> " Max Depth
			<u>12</u> " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-24" 24-48" 48-60"	SiL SiCl SiCl	Silty loam, topsoil, 10 YR 2/1 Silty Clay Loam, 5 YR 5/5 Silty Clay, 7.5 YR 4/4

Landscape Notes:

Slope: 10-¹²~~20~~%

Aspect: East to West

Groundwater Type: N/A

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

***Required prior to issuance of construction permit.**

SITE EVALUATION FIELD WORKSHEET

Township: 4 Range: 18 Section: 18BA Tax Reference: 1901/1900 Parcel Size: 0.24
 Owner/Applicant: Linda Morse Evaluator: Mendoza / Marshall U
 Inspection Date(s): 4/2/21 Application Number: 186-21-000083

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 0-24"	Silt Loam	10 Y/R 2/1 Roots - Mod → Coarse 0-24"
24"-48"	Silty Clay Loam	5 Y/R 5/5
48"-60"	Silty Clay	7.5 Y/R 4/4
		EFS = 0-60"
Pit 2		
Pit 3		
Pit 4		

Landscape Notes: Skipanon gravelly medial silt loam
 Slope: 10-20% Aspect: East West Groundwater Type: _____
 Other Site Notes: _____

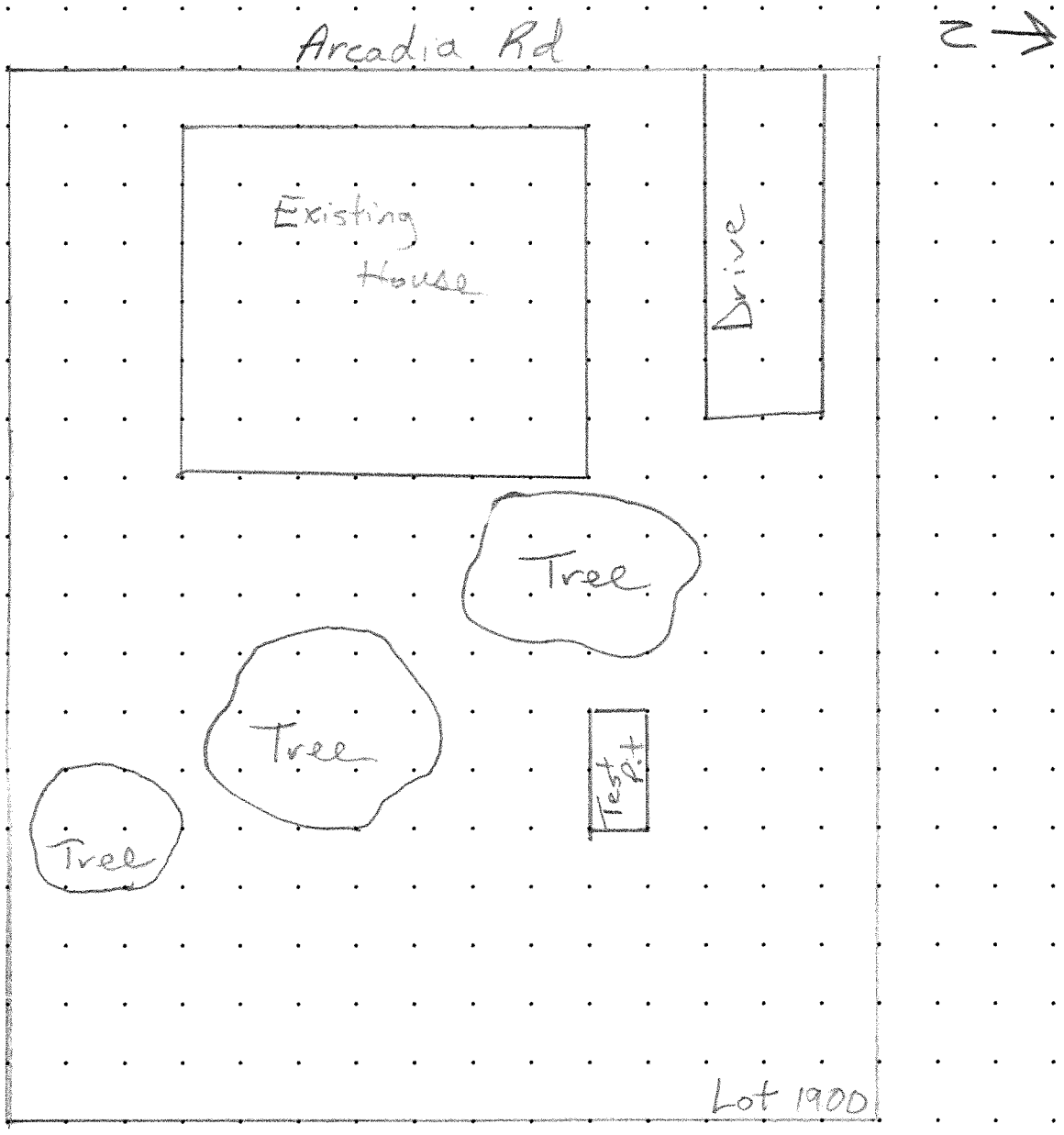
SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: ATT system with 20' x 30' seepage ATT Treatment Standard: _____
 Disposal Facility: 600 linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: _____

Township: 4 Range: 10 Section: 18 BA Tax Reference: 17-21/1900 Parcel Size: 0.24

Owner/Applicant: Linda Morse Evaluator: Mendoza / Marshall

Inspection Date(s): 4/2/21 Application Number: 186-21-000083



10' setbacks
required from property lines.

Not to Scale

Online Application

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MAR 09 2021

Record ID: 186-21-000083-PRMT

CLATSOP CO PUBLIC HEALTH

PD Visa

#690

Processed 3/11/21

Menu Reports Help

Application Status: [App Submitted](#)

Opened Date: [03/09/2021](#)

() IVR Tracking #: [186013646304](#)

Condition Status: Name Short Comments Status Apj

Conditions of Approval: Group Type Condition Name

Record

() Project Name: [Morse, Linda](#)
Description of Work: [Major Repair; ATT; Tank & Seepage Bed](#)

Application Detail: [Detail](#)

Application Type: [Onsite Permit](#)

Assigned To:

Address: [81093 ARCADIA RD, CANNON BEACH, OR 97110](#)

Owner Name: [LINDA MORSE](#)

Owner Address: [8702 NE 42ND CT, VANCOUVER, WA 98665](#)

Parcel No: [41018BA01901](#)

Custom Fields: **Onsite Permit**

GENERAL INFORMATION

Type of Application Action
[Repair \(Major\) - Residential](#) [New](#)

Category of Construction
[Single Family Dwelling](#)

Septic Tank Last Pumped Acreage or Lot Size
- [0.24 acres](#)

Existing Use of Structure P
[1 bedroom](#) - *tearing down & replacing with new 3 bdrm* a

From: Bob McEwan
37079

Directions to Property C
[South on US101, West on Grand Lane, Right at Arcadia Road, House is third one on the right.](#) -



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

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MAR 09 2021

CLATSOP CO. PUBLIC HEALTH
 # 186-21-00083

Notice Authorizing Representative

I, Linda Morse, have authorized
 (Property Owner – Please Print)

Bob McEwan Construction, Inc To act as my agent in performing
 (Authorized Representative – Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

81093 Arcadia Road, Cannon Beach, OR 97110

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 4 Range 18 Section BBA Tax Lot 1901 Map ID 41018BA01901
 Township 4 Range 18 Section BA Tax Lot 1900 Map ID 41018BA01900

PROPERTY OWNER:

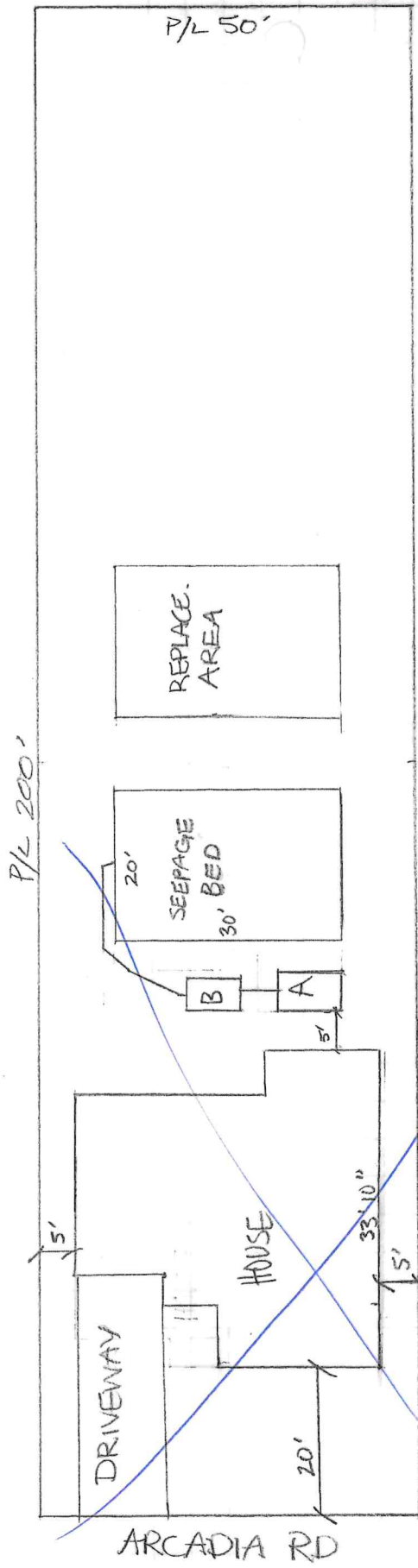
Name: Linda Morse Email: oldbatlinda@aol.com
 Mail Address: 8702 NE 42ND cT City/State/Zip 98665
 Phone: 3603268490 FAX: _____
 Signature: Linda Morse Date: Feb 25, 2021
Linda Morse (Feb 25, 2021 12:42 PST)

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138
 Phone: 503.738.3569 FAX: 503-738-4198
 Signature: Michael R. McEwan Date: 2.25.2021

LINDA MORSE
81093 Arcadia Rd.
Cannon Beach, OR

See update



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MAR 09 2021
CLATSOP CO. PUBLIC HEALTH
#186-21-000083
4-10-18BA-190L/19C

- (A) 1000 gallon septic tank
- (B) 1000 gallon AX RT-TANK

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: March 9, 2021

Installer: Bob McEwan Construction, Inc
P.O. Box 2845
Gearhart, OR 97138-2845
CCB #48302
DEQ Installer #37079

Prepared for: Linda Morse & Stefanie Aschmann
8702 NE 42nd Ct.
Vancouver, WA 98665

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MAR 09 2021
CLATSOP CO. PUBLIC HEALTH

Job Site: T4N, R10W, SEC. 18BA TL. 1900 & 1901, 81093 Arcadia Road, Cannon Beach, OR 97110

Plans By: Mike McEwan

#186-21-000083

Materials:

1000 gallon Waite Concrete Tank	1
AX RT ATT Orenco Tank	1
24" dia pvc riser with lid	4
4" abs pipe	5'
Orenco MVP panel with timed dosing	1
1/4" dia. sch. 40 PVC pipe	280'
1/4" dia. sch. 40 PVC 45° elbows	6
1/4" dia. sch. 40 PVC 90° elbows	2
1/4" dia. sch. 40 PVC tees	3
1/4" dia. sch. 40 PVC thread x slip adapt.	4
1/4" dia. sch. 40 PVC threaded end caps	4
6" dia pe valve boxes	4
1/8" orifice shields	56
Knife River DEQ drain rock	20yd ³
Typar 3201 Filter Fabric	1 roll
Stakes	16
Green tracer wire	100'

Refer Revised
See updated

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CLATSOP CO. PUBLIC HEALTH

#186-21-000083

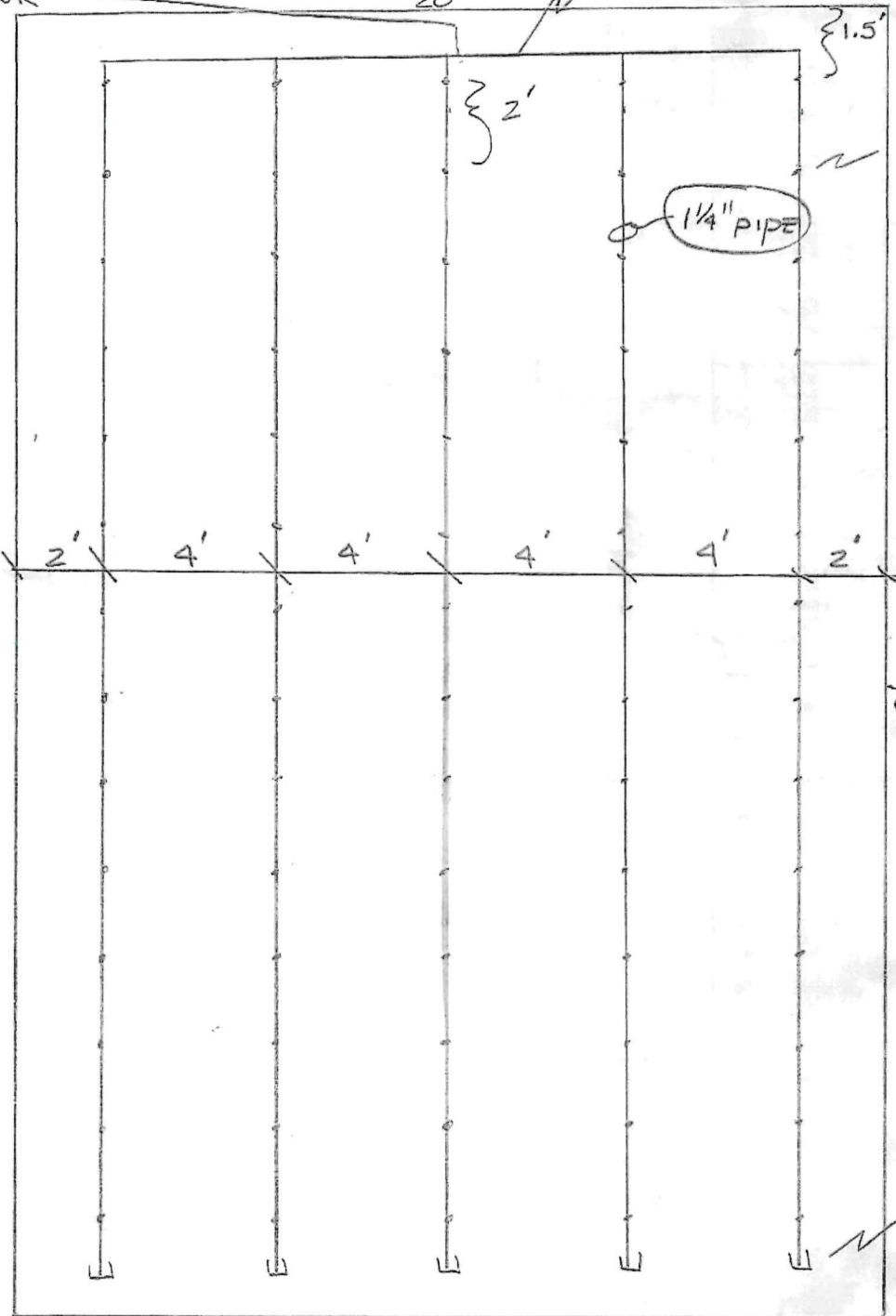
4-10-188A-1901/1902

LOW PRESSURE BED
PLAN

20' x 30' SEEPAGE

SCALE 1" = 4'

FROM
DOSING
TANK



1/4" SCH
40 PVC PIPE

1/4" PIPE

1/8" Ø ORIFICES
W/ SHIELDS

30'

THREADED
END CAPS
3' W/ SWEEPERS

BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302



Clatsop County



0.06 mi

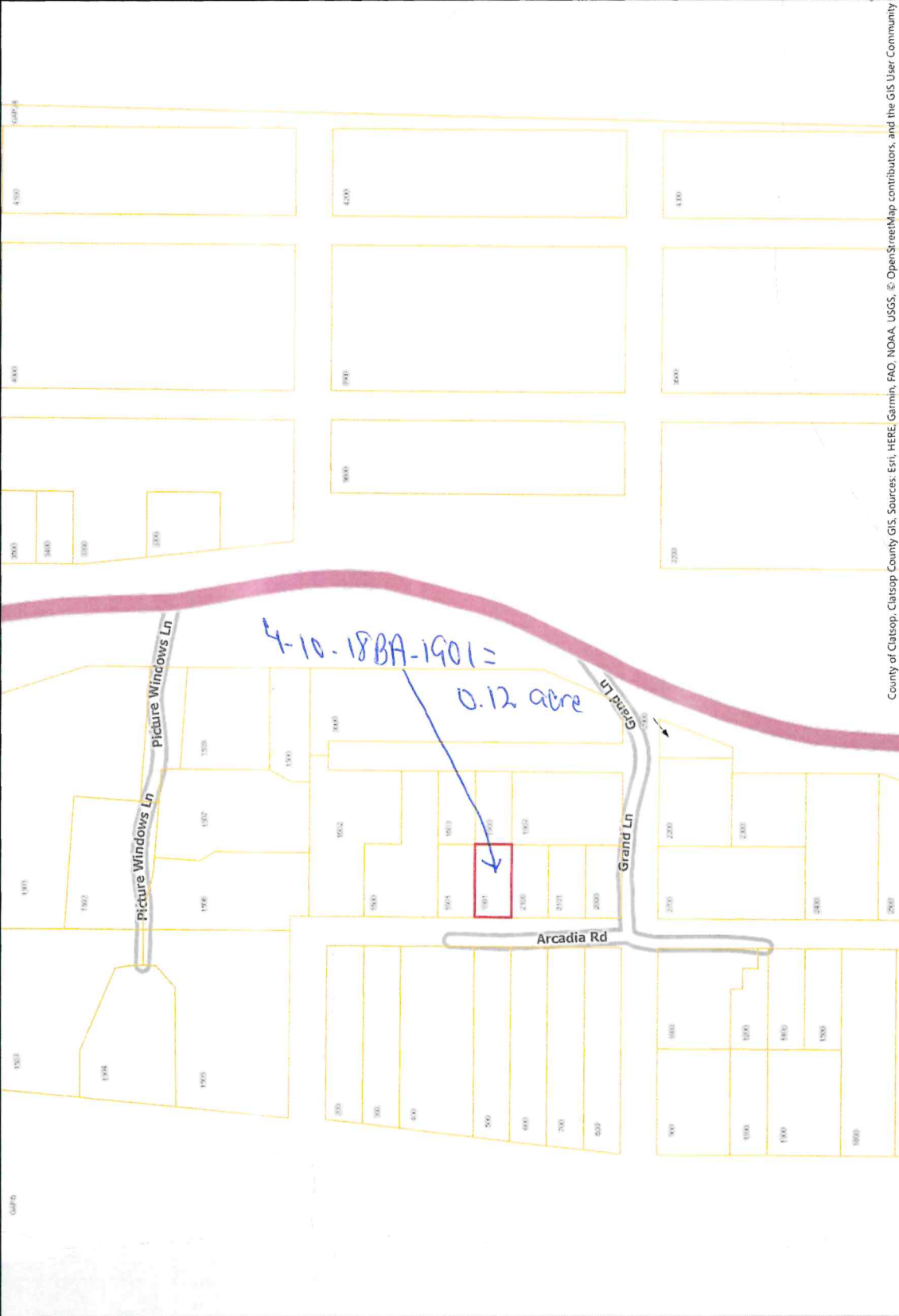
This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

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MAR 09 2021
3:17:20 PM

CLATSOP CO. PUBLIC HEALTH

#186-21-00083

Clatsop County, OR



County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community



Transaction Receipt
Record ID: 186-21-00083-PRMT
IVR Number: 186013646304

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 455640

Receipt Date: 3/11/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Worksite address: 81093 ARCADIA RD, CANNON BEACH, OR 97110

Parcel: 41018BA01901

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
3/11/21	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
3/11/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
3/11/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 90359944	Payer: Bob McEwan Construction, Inc.	Payment Amount:	\$690.00
-----------------	-------------------------------------	--------------------------------------	-----------------	----------

Cashier: Annette Brodigan

Receipt Total: \$690.00

Clatsop County Planning Commission

BUILDING PERMIT APPLICATION

Astoria, Oregon

KENT, R. G.
Cannon Beach, Ore.

325-7236
FA 5-4221

410-18BA-1900
1901 Vaughan

Permit No. 271

Fee \$5.00

Receipt No. 2291

Zone

Map Number

Neighborhood No.

Census Tract

Sanitation Dept. Not

Approval applicable

By *Buckley R. Vaughan R.S.*

Date 7-19-66

Building Inspector Approval

By

Date

Fire Marshal

By

Date

Zoning Approval

By

Date

Permit Issued

By

Date

Permit Expires

if Construction has not started

Use: (Check one) Single Family Res.

Multiple No. of Units Other

New Construction Bedrooms 1 No. of Sq. Ft. of Bldg. 388
(including garage)

Trailer

Addition

Alteration Value \$1,500.00

Address M.P. 33 Hwy 101 Cannon Beach
City Zip

Between 1/4 miles south of Cannon Beach

(Facing Ocean St. - turn right on Grand at M.P. 33)
Legal Description

Lot 5 & 13 Block 5 Addition Norriston Park

Owner **R. G. Kent**

Address 1235 S. W. Market St., Portland

Builder Same

Address 410 18BA #1900

Plans By Same #1901

Architect Designer Owner Builder None

Lot Area	Lot Provides	Lot Requires
	10,000 sq. ft.	
Lot Width	50'	
Lot Depth	200'	
Front Yard	20'	
Side Yard L	12'	
Side Yard R	14'	
Rear Yard	16 1/2'	

Over hang 0

Garage or Carport

Attached Detached no Prov.

Parking Space

One Two Three or more

Sewage Disposal: septic tank

Sewer District

Description

I hereby acknowledge that I have read this application and state that the information given is correct. I agree to build in a workman-like manner and in accordance with the above description, approved plans, specifications and all applicable codes and orders of Clatsop County.

7/18/66

/s/ Russell G. Kent

Date

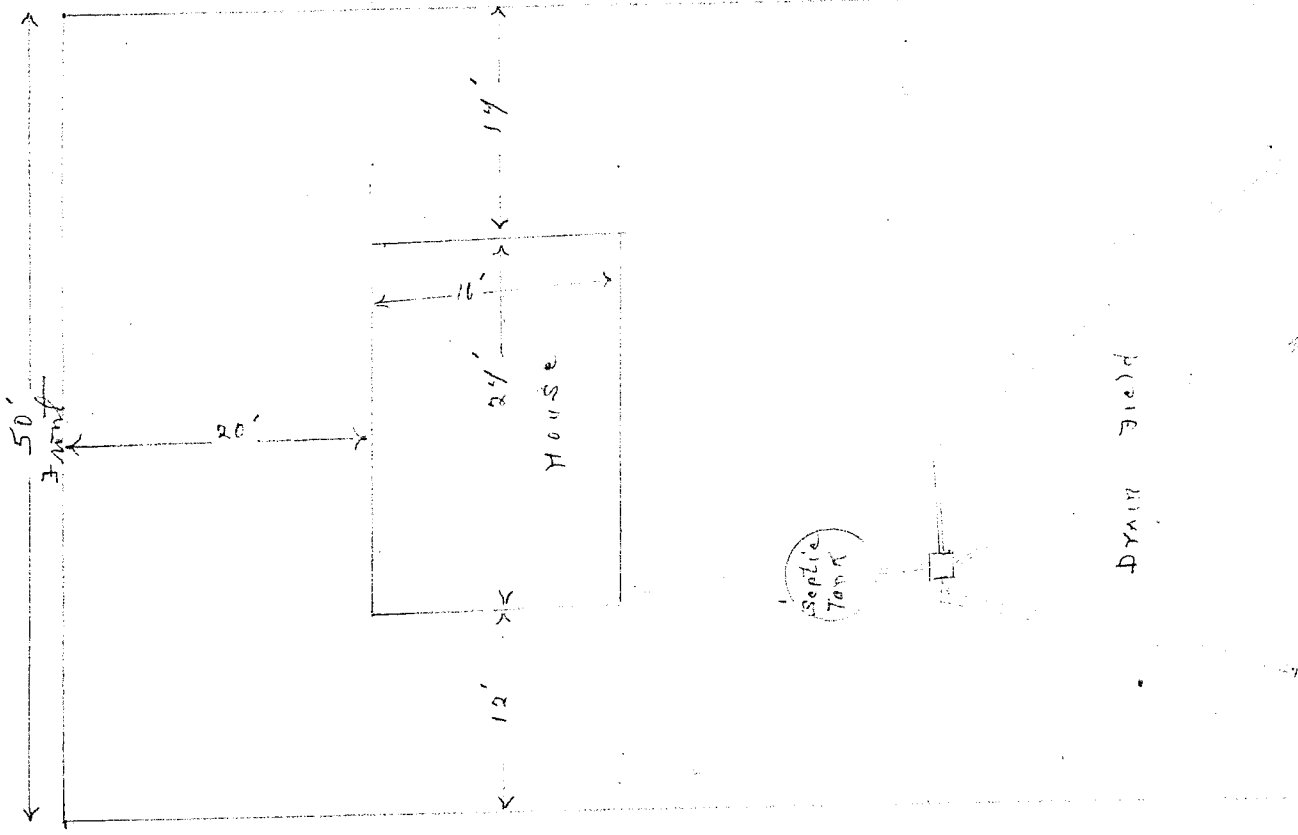
Signature

CA 2-7236 (Portland)

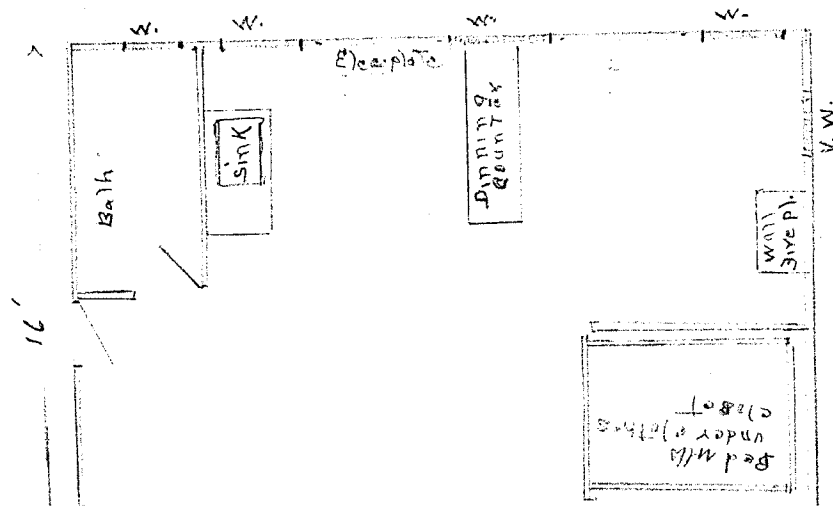
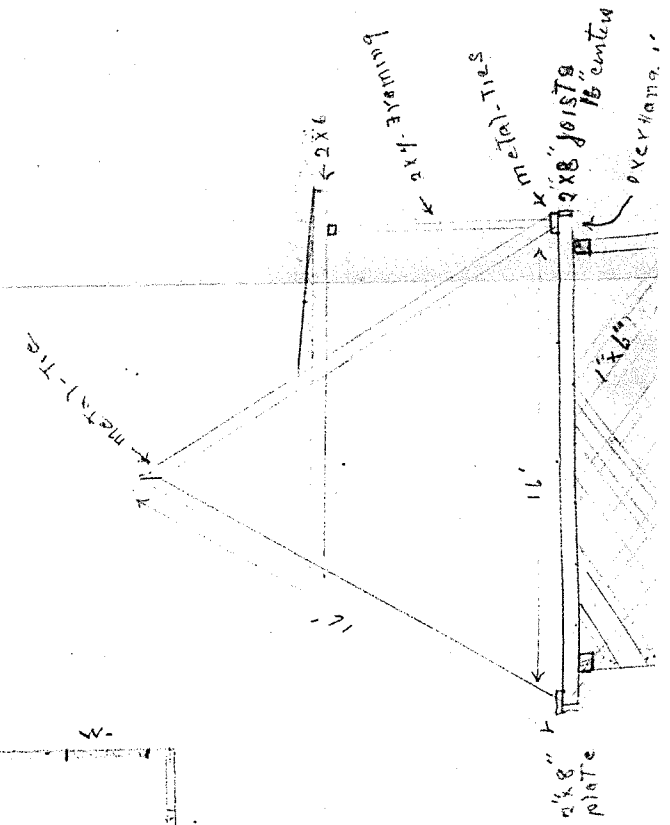
Phone

NOTE: The Building Inspector and Sanitarian are allowed five days from date of application to check this permit.

*on record
B.R.W.*



NORVISTON PARK ADD.
 LOTS-13-5-15700K5
 MILE POST 33 HWY 101
 OWNER P.F. KENT
 1985 - S.W. MARYE T. ST.



KENT, RUSSELL BUILDING DEPARTMENT
 33 CLATSOP COUNTY, OREGON

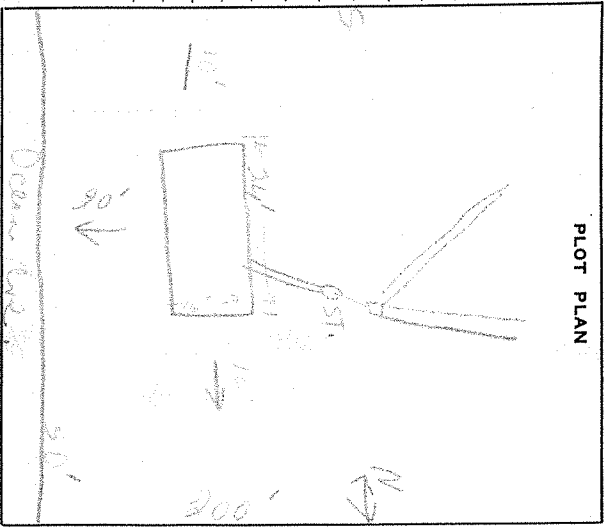
710-18 BT-1700
1901

APPLICATION FOR BUILDING PERMIT

BUILDING ADDRESS <i>own in on</i>		CLASS OF WORK	
LOCALITY	Alteration	Demolish	Repair
CROSS STREET	Addition	Move	
NEAREST CROSS STREET	Use of Building	Height	
Name	No. of Rooms	No. of Families	
Address	No. of Floors	Size of Lot	
City	No. of Bldgs.	Use of Bldg.	
State Lic. No.	Now on Lot	Now on Lot	
Name	SPECIFICATIONS		
Address	FOUNDATION		
City	Material	Exterior	Piers
State Lic. No.	Width of Top		
Name	Width of Bottom		
Address	Depth in Ground		
City	R. W. Plate	Size	Spacing
State Lic. No.	Girders	2x10	
Name	Joist—1st Floor	2x8	16"
Address	Joist—2nd Floor	2x8	16"
City	Joist—Ceiling	2x8	16"
State Lic. No.	Exterior Studs		
Name	Interior Studs		
Address	Roof Rafter	2x8	16"
City	Bearing Walls		
State Lic. No.	COVERING		
Name	Exterior Walls	Roof	
Address	Interior Walls	Reeroofing	
City	FLUES		
State Lic. No.	Firerplace	F.I. Furnace	
Name	Kitchen	Water Heater	
Address	Furnace	Gas	Oil
City	I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.		
State Lic. No.	Signature of Permittee <i>[Signature]</i>		
Name	By <i>[Signature]</i>		

Bldg Permit No. <i>71-190</i>	Date Issued
Valuation \$ <i>2,200</i>	Basic Fee <i>2100</i>
Area—1st Floor <i>2840</i>	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL <i>2700</i>
CALLED INSPECTIONS	
BUILDING PLUMBING	ELECTRIC
Foundation	Rough
Frame	Septic Tank
Plaster	Sewer
Flues	Gas
Final	Finish
SPECIAL INFORMATION	
If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.	

APPROVED: COUNTY SANITARIAN By <i>[Signature]</i>	APPROVED: COUNTY PLANNING COMM. By <i>[Signature]</i>
APPROVED: BUILDING OFFICIAL By <i>[Signature]</i>	
Map No. St. No. Assigned Field Check by Date	
Type of Occupancy <i>[Handwritten]</i> Total Floor Area No. Stories Area of Lot <i>50 x 200 = 10,000</i> Front Yard Setback Side Yard Setback Rear Yard Setback New Const. Alter. Change of Occupancy From To	



RUSSELL G. KENT
7239 S.W. 3rd Avenue
Portland, Oregon 97219

July 7, 1971

Buckley R. Vaughan, R.S.
Clatsop County Sanitarian
857 Commercial Street
Astoria, Oregon 97103

Dear Sir:

We have today retained the services of Mr. Bud Darling who will install the Septic Tank System, at Lots 5 & 12, Clatsop County, Norriston Park.

As soon as the work is ready for inspection, we will notify your office.

Respectfully,

R.G.Kent

R. G. Kent

RGK:ak

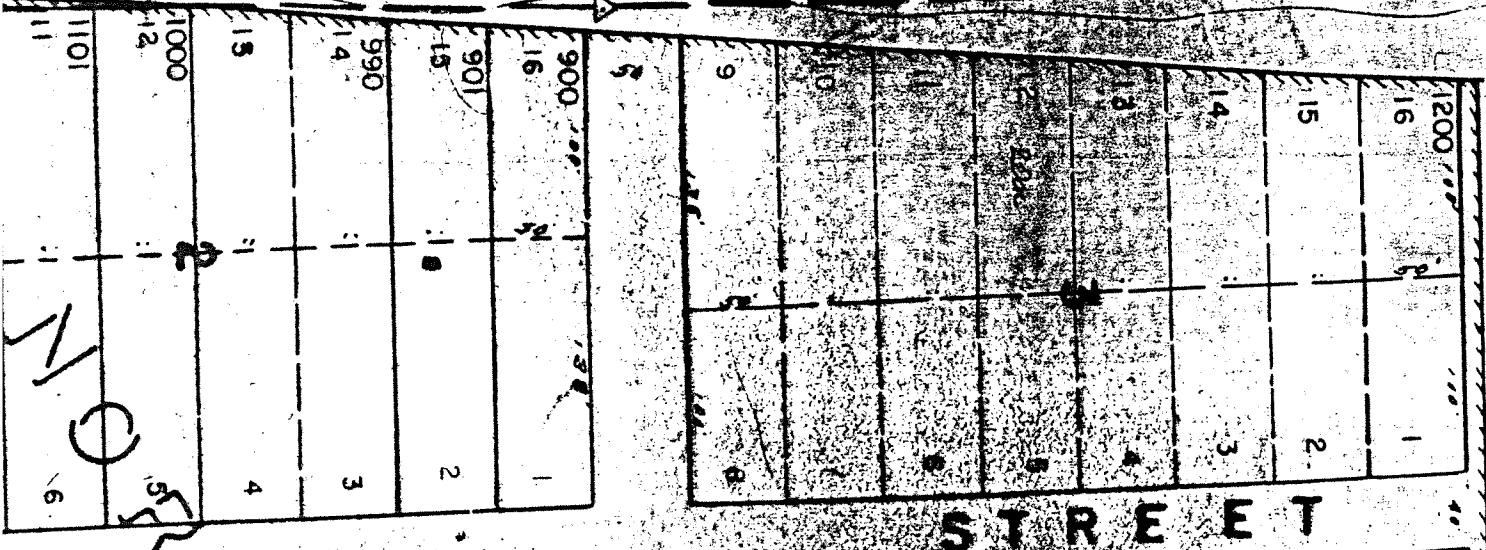
RECEIVED
JUL 12 1971
CLATSOP COUNTY HEALTH DEPT.

on record

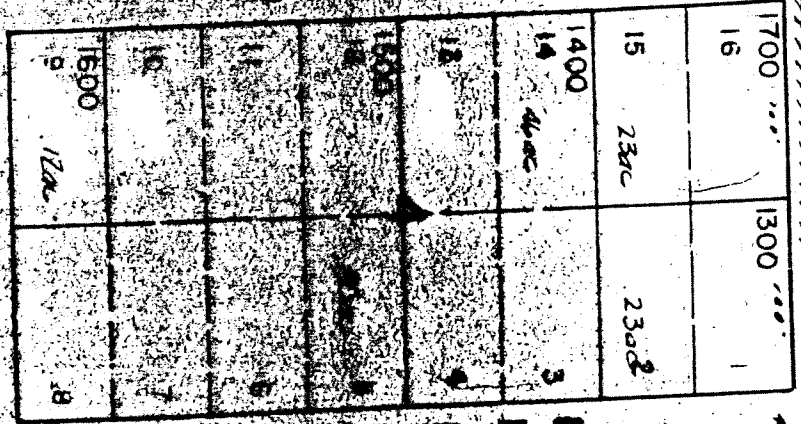
DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKER
-2-71	F. V. Jump for Co Bldg permit # 21-190 Recommended 550 gal Septic Tank, distribution Box 100' tile Trenches 3' wide, 7' apart. Call for maps before back filling. Let me know who will install system. Location of system approved. Mailed bulletin & diagram. Signed Co Bldg Permit.	BRV
12-71	Letter from Mr Kent said Bud Darling would put system in. He will call for inspection.	BRV
16-71	F. V. System installed good top soil 750 gal metal Septic Tank used.	BRV

ZONE LINE

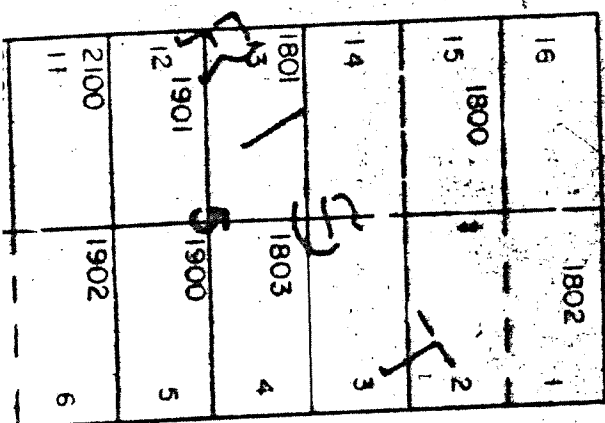
C1-1-98



PACIFIC STREET



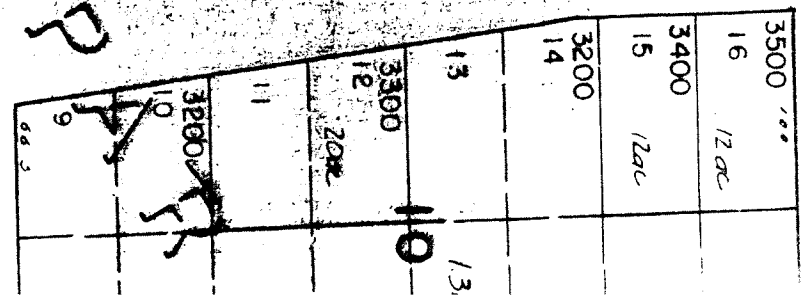
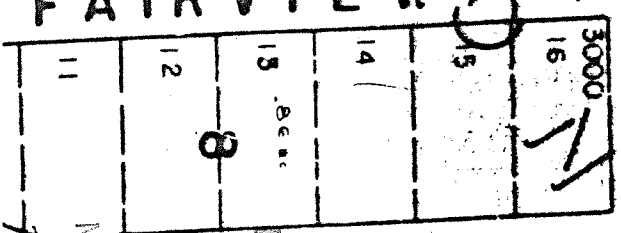
PACIFIC STREET



FAIRVIEW STREET



HIGHWAY 10



10-12

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED T LOT 1
 42.6
 JUN 14 1995

NORTH COAST BRANCH OFFICE
 WARRENTON