

## **Certificate of Satisfactory Completion**

*Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS412934 as follows:*

### **PROPERTY INFORMATION**

Property Owner: **Chaney Family Properties LLC** Township **4**, Range **10**, Section **18 B B**  
Property Location: **81064 Arcadia Rd, Cannon Beach** Tax Lot **01000**  
Facility Type:

### **SPECIFICATIONS AND REQUIREMENTS**

System type: **Standard**  
Design Flow: **300.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type:  
Maximum Trench Depth:  
Minimum Trench Depth:  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### **ADDITIONAL CONDITIONS**

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 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.
- 3 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 the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



Onsite Wastewater Specialist

5/7/2018

Authorized Agent:

Title:

Date Issued:

**Yvonne Van Nostran**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303

**FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500048 RECEIVED**

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

MAY 15 2018  
CLATSOP CO. PUBLIC HEALTH

*plot plan updated 5/8/18*

**Section 1: Owner/Permittee Information:**

Name: Chaney Family Properties  
 Property Address: 81064 Arcadia Road, Cannon Beach  
 Township 4 Range .10 Section .18BB Tax Lot(s) 1000

**Section 2: System Component Specifications: System Type:**

**A. Tanks/Pumps**

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1500gal Compartments 1 Manufacturer WAITE Date 4/27/18  
 Tanks(2) Volume — Compartments — Manufacturer — Date —  
 Pumps: HP — Model/Manuf — Float(s)Type(1) — Model/Manuf —  
 Float(s)Type(2) — Model/Manuf —

**B. Piping:**

Effluent Sewer (tank to drainfield) Yes  No  Diameter 2" φ ASTM#Other 304 ABS Length 90'  
 Pressure Transport Pipe No  Diameter — ASTM#Other — Length —

**C: Secondary Treatment Unit:**

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes  No  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  No  Model —  
 Certified Maintenance Provider: Name —  
 Operation & Maintenance Contract: Received? Yes  No

**D. Drainfield Media**

Type: Gravel, Pipe or Alternative? GRAVEL FILLED SEEPAGE BED  
 Distribution Box Yes  No   
 Drop Box Yes  No   
 Distribution Pipe Yes  No  Diameter — ASTM#Other — Length —

Comment: —

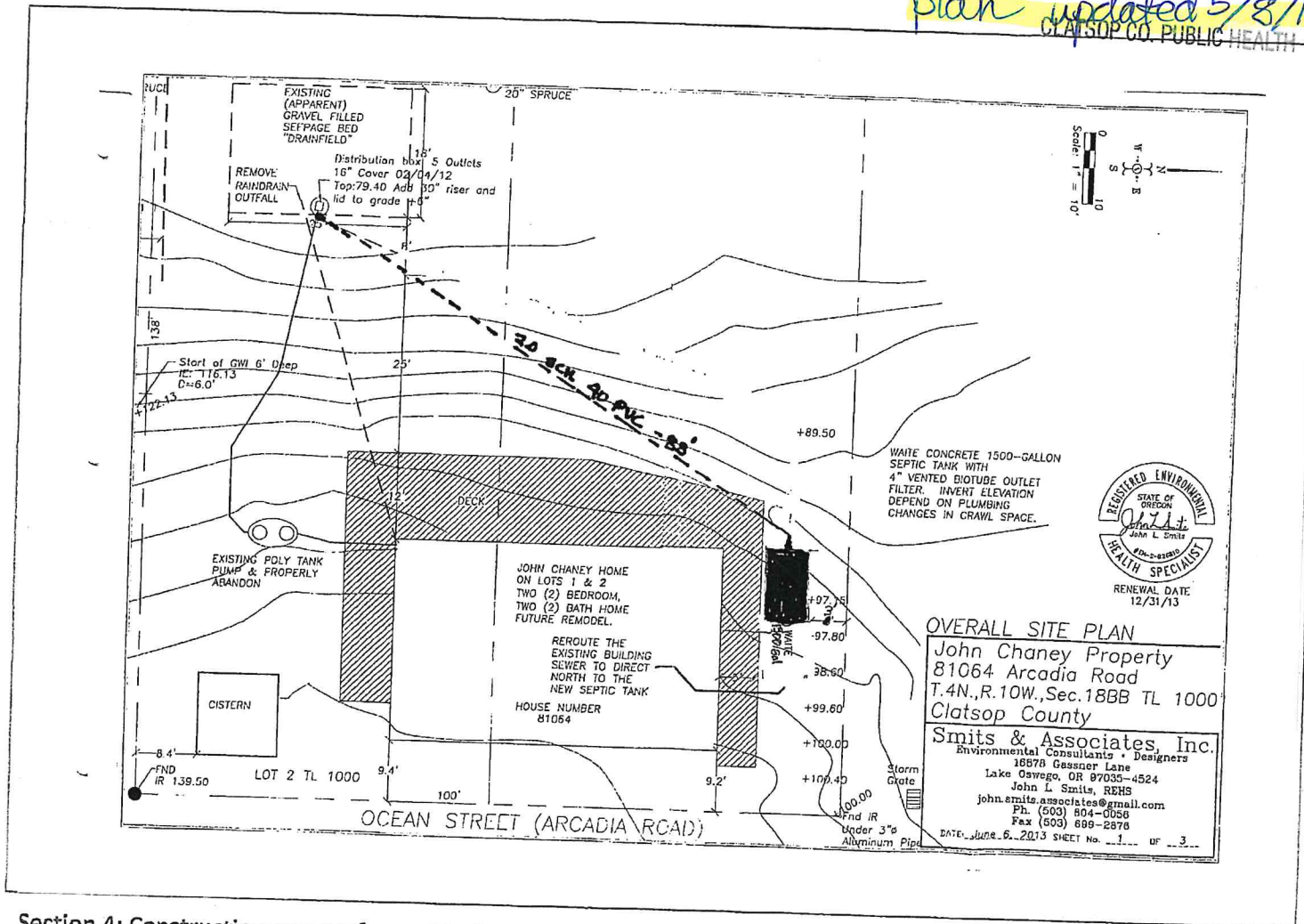
*Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By Y. Van Nostran  
Permit No. 500048 (03418934)  
Date 05/07/2018*

RECEIVED

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

plan updated 5/8/18  
CLATSOP CO. PUBLIC HEALTH



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/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Michael R McEwan

Licensed Installer Yes  No  License # 37079 Certification # RI 83

Owner/Certified Installer Signature Michael R. McEwan Date 5.3.18

Phone 503-440-0223 Phone 503-738-3569 Email mmcewan3569@charter.net

Section 5: Office Use Only

Notice Accepted Yes  No  Date 05/03/18

Installer/Owner/Permittee Notified Yes  No  Date 05/03/18

If no, reason for non-acceptance \_\_\_\_\_

Comment final inspection 05/07/18, requested amended as built update received 05/08/18, original copy received 05/11/18

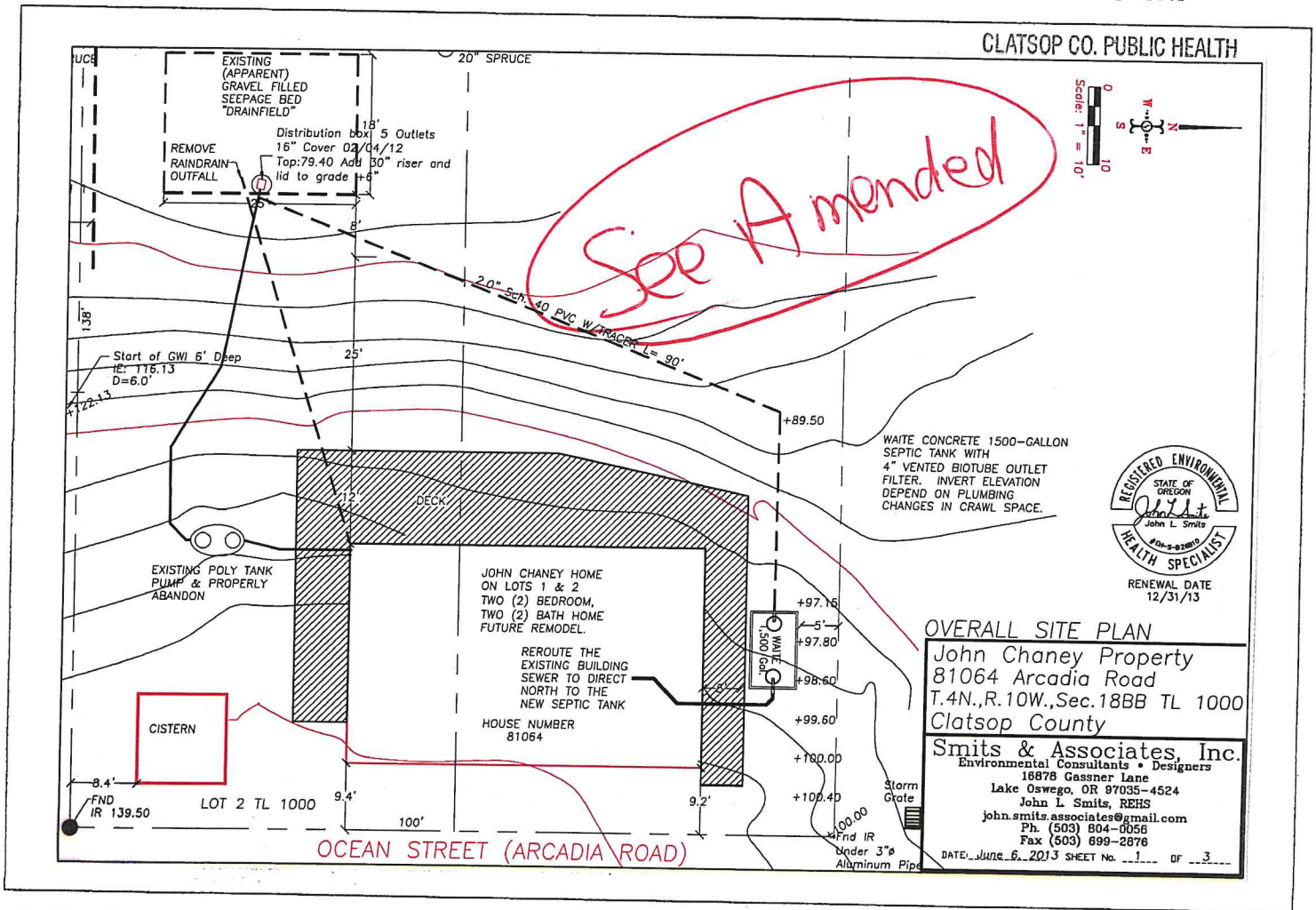
Clatsop County Department of Public Health  
 On-Site Waste Water Program  
 Approved By Y. Ven Nostran  
 Permit No. 500048 (08412934)  
 Date 05/07/2018

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Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

RECEIVED

MAY 03 2018



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 Licensed Installer Yes  No  License # 37079 Certification # RI 83  
 Owner/Certified Installer Signature Michael R. McEwan Date 5.3.18  
 Phone 503-440-0223 Phone 503-738-3569 Email mmcewan3569@charter.net

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Notice Accepted Yes  No  Date 05/03/18  
 Installer /Owner /Permittee Notified Yes  No  Date 05/03/18  
 If no, reason for non-acceptance \_\_\_\_\_

Comment Final inspection 05/07/18, requested amended as-built

*Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By V Van Nostran  
 Permit No. 500048 (03412934)  
 Date 05/07/2018*

## **Alteration Permit - Minor**

*This Alteration Permit - Minor, Permit #OS412934, authorizes the property owner to construct an onsite wastewater system as follows:*

### **PROPERTY INFORMATION**

Property Owner: **Chaney Family Properties LLC** Township 4, Range 10, Section 18 B B  
Property Location: **81064 Arcadia Rd, Cannon Beach** Tax Lot **01000**  
Facility Type:

### **SPECIFICATIONS AND REQUIREMENTS**

System type: **Standard**  
Design Flow: **300.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type:  
Maximum Trench Depth:  
Minimum Trench Depth:  
Drain Media Total Depth:  
Drain Media Below Pipe:  
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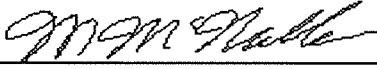
### **ADDITIONAL CONDITIONS**

- 1 Meet all required setbacks.
- 2 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 3 Minor repair to replace septic tank
- 4 Minor repair to replace distribution box(es)
- 5 Future repair may be a sandfilter or ATT
- 6 All roof drains must be directed away from the system.
- 7 Vehicular traffic and livestock must be restricted from the system area.
- 8 If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.  
These steps must include the minimum:
  1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
  2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
  3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 9 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.

**INSPECTION REQUIREMENTS**

- 1 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.

For pre-cover inspection information, contact your agent below:



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**6/27/2013**

Expiration Date:

**5/19/2018**

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



**Clatsop County**  
 On-Site Septic System  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500 Fax 503 325-8678  
 health@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED  
 MAY 18 2017  
 CLATSOP CO. PUBLIC HEALTH  
 (pd) Usa = \$252<sup>ea</sup>

**Reminder Permit Expiring**

#500048

Chaney Family Properties LLC

Permit # OS412934

PO Box 8858

Expiration Date: 5/17/2017

Portland, OR 97207-8858

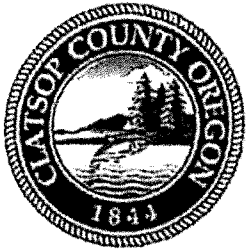
Property Description: 41018BB01000

On 06/27/2013 Clatsop County issued septic permit #OS412934 for the above described property. The permit will expire on 05/17/2017. 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 Community Development.

- 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. A completed application for renewal, an updated Land Use Compatibility Statement (if required) and all other required documents shall be submitted. If no changes to the approved plans will be made and no field visit is necessary, the fee is \$252.00.
- I plan to reinstate this permit within one year of the original permit expiration date. A completed application for reinstatement, an updated Land Use Compatibility Statement (or LUCS - if required) and all other required documents shall be submitted. If no changes to the approved plans will be made and no field visit is necessary, the fee is \$252.00
- 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: Mary J Date: 5/10/17  
 Phone: 503-241-2727 Phone: 503-753-8912  
 Email: mary@valarch.com





Clatsop County

www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED

MAY 18 2017

CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

A. Property Owner Information

CHANNEY FAMILY PROPERTIES P.O. BOX 8858, PORTLAND, OR 97207-8858 503-669-1777
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

4N 10W 18 1000 2442 .35
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP NORRISTOWN PARK BY THE SEA 142 1
County Subdivision Name Lot Block

Property Address: 81064 ARCADIA RD., CANNON BEACH, OR 97016
(Street, City, State, Zip)

Directions to Property 101 TO "GRAND LANE" WESTBOUND TO LEFT ON "ARCADIA".

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[X] Single Family Residence [ ] Single Family Residence [ ] Public
Number of Bedrooms 2 Number of Bedrooms Name
[ ] Other [ ] Other [ ] Private
Well, Spring, Shared

D. Type of Application

[ ] Site Evaluation [X] Renewal Permit [ ] Authorization Notice for:
[ ] Construction [ ] Existing System Evaluation [ ] Connecting to an Existing System Not in Use
[ ] Permit Repair [ ] Permit Transfer [ ] Replacing a Mobile Home or House with Another
[ ] Major [ ] Minor [ ] Mobile Home or House
[ ] Alteration Permit [ ] Permit Reinstatement [ ] The Addition of One or More Bedrooms
[ ] Major [ ] Minor [ ] Personal Hardship
[ ] Temporary Housing
[ ] Other-Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature Date 5/16/17

MARY VALEANT, ARCHITECT 503-241-2727 mary@valarch.com
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

2318 SW MARKET ST. DR.
Applicant's Mailing Address

Applicant is the [ ] Owner [X] Authorized Representative [ ] Licensed Septic Installer

[ ] Authorization Attached

Installers Name



# Septic Application

Clatsop County Public Health Department  
 820 Exchange St Ste 100  
 Astoria, OR 97103  
 Ph. (503) 325-8500

## For Department Use Only

Permit #: **OS412934**  
 Permit Type: **Alteration Permit**  
 Entry Date: **10/14/2014**  
 Issued By: **Mike McNickle**  
 Permit Status: **Issued**

## Permit Timeline

User	Status	Date
Chuck Costanzo	Issued	05/12/2014
Clancie Adams	Entered	10/14/2014
Clancie Adams	Review	03/20/2015
Mike McNickle	Pending	05/05/2015
Mike McNickle	Renewed	05/17/2016

## Work Description

Work Description: **Third Renewal**

Remarks:

## Owner

Name: **Chaney Family Properties LLC** Ph. #: (503) 789-9083 Cell: ( ) -  
 Address: PO Box 8858 E-Mail: Fax: ( ) -  
 City, State, Zip: Portland, OR 97207-8858

## Applicant

Chaney Family Properties LLC Ph. 5037899083 Fax  
 PO Box 8858 Cell E-Mail  
 Portland, OR 97207-8858

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$456.00	\$300.00	\$0.00	\$0.00	\$756.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Chaney Family Properties LLC	Credit Card		05/17/2016	\$252.00
	Credit Card		05/18/2017	\$252.00
Chaney Family Properties LLC	Check	7020	03/20/2015	\$252.00
				<b>\$756.00</b>
			<b>Balance Due:</b>	<b>\$0.00</b>

## Compliance/Permit Requirements

Permit Requirements	Details
Construction Permit	Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
Construction Permit	Meet all required setbacks.
Construction Permit	A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
Construction Permit	Minor repair to replace septic tank
Construction Permit	Minor repair to replace distribution box(es)
Construction Permit	Future repair may be a sandfilter or ATT
Construction Permit	All roof drains must be directed away from the system.
Construction Permit	Vehicular traffic and livestock must be restricted from the system area.

**Permit Requirements**

**Details**

Construction Permit

If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.

These steps must include the minimum:

1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
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Inspection Requirements

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.

**Signatures**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Alteration Permit - Minor

*This Alteration Permit - Minor Permit OS412934, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

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Facility Type:

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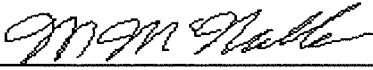
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For pre-cover inspection information, contact your agent below:



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**6/27/2013**

Expiration Date:

**5/17/2017**

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



# Septic Application

Clatsop County Public Health Department  
 820 Exchange St Ste 100  
 Astoria, OR 97103  
 Ph. (503) 325-8500

### For Department Use Only

Permit #: **OS412934**  
 Permit Type: **Alteration Permit**  
 Entry Date: **10/14/2014**  
 Issued By: **Mike McNickle**  
 Permit Status: **Renewed**

### Permit Timeline

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### Work Description

Work Description: **Renewed**

Remarks:

### Owner

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Ph. #: (503) 789-9083  
 E-Mail:  
 Cell: ( ) -  
 Fax: ( ) -

### Applicant

Chaney Family Properties LLC  
 PO Box 8858  
 Portland, OR 97207-8858  
 Ph. 5037899083 Fax  
 Cell E-Mail

### Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$304.00	\$200.00	\$0.00	\$0.00	\$504.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Chaney Family Properties LLC	Credit Card		05/17/2016	\$252.00
Chaney Family Properties LLC	Check	7020	03/20/2015	\$252.00
				<b>\$504.00</b>
<b>Balance Due:</b>				<b>\$0.00</b>

### Compliance/Permit Requirements

#### Permit Requirements

#### Details

Construction Permit	Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
Construction Permit	Meet all required setbacks.
Construction Permit	A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permit Requirements**

**Details**

Construction Permit

If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.

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**Signatures**

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Minimum Trench Depth:  
Drain Media Total Depth:  
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\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

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These steps must include the minimum:
  1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
  2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
  3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 3 Vehicular traffic and livestock must be restricted from the system area.
- 4 Meet all required setbacks.
- 5 All roof drains must be directed away from the system.
- 6 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 Minor repair to replace distribution box(es)
- 8 Minor repair to replace septic tank
- 9 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.



**INSPECTION REQUIREMENTS**

1. 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.

For pre-cover inspection information, contact your agent below:



---

Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**6/27/2013**

Expiration Date:

**1/5/2010**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-338-3606

OS412984  
500048

\$252.00  
#7020



State of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

Department of Environmental Quality  
65 N Highway 101, Suite G  
Warrenton, OR 97146

Phone/TTY: (503) 861-3280

Fax: (503) 861-3259

Date Stamp:	For DEQ Use Only:
	Date Received _____
	Fee Paid _____
	Receipt Number _____
	Application Number _____
	Date of 1st Response _____
	Date of 2nd Response _____
	Date of Final Response _____
	Date of Completion _____
	Scanned _____ Data Entry _____

## A. Property Owner Information

John R. & Patricia K. Chaney  
Name

P. O. Box 8858 Portland, OR 97207  
Mailing Address (Street or PO Box, City, State, Zip Code)

(503) 789-9083  
Phone Number

## B. Legal Property Description

4N Township Clatsop County	10W Range	18BB Section Norrison Park Subdivision Name	1000 Tax Lot	2442 Tax Account Number 1 & 2 Lot	0.35 acres Acreage or Lot Size 1 Block
-------------------------------------	--------------	--	-----------------	--	---

Property Address: 81604 Ocean Street (Arcadia Rd.) Cannon Beach OR  
Address City State Zip Code

Directions to Property: Hwy. 101 South past Arcadia Wayside, Right onto Grand Lane, left at the base of the hill the home is the first on the right.

## C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
2 Number of Bedrooms	2 Number of Bedrooms	<input checked="" type="checkbox"/> Private Spring _____ Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

## D. Type of Application

<input type="checkbox"/> Site Evaluation	<input checked="" type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Alteration Permit	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other - Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature John R. Chaney

Date 3/10/15

John R. Chaney  
Applicant's Name - Please Print Legibly

(503) 789-9083  
Applicant's Phone Number

c/o: Robertaray@aol.com  
Applicant's E-mail Address

P. O. Box 8858 Portland, OR 97207  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached

Installer's Name \_\_\_\_\_

**steve.ackley55@gmail.com**

---

**From:** <robertaray@aol.com>  
**Date:** Friday, May 30, 2014 1:35 PM  
**To:** <steve.ackley55@gmail.com>  
**Subject:** Re: Septic System

Hi Steve,

John is becoming extremely nervous. We have not received anything from DEQ to state that have an extension. What is the possibility of doing the septic work and completing the work by June 27?

Thank you.

Roberta

-----Original Message-----

From: Steve Ackley <steve.ackley55@gmail.com>  
To: robertaray <robertaray@aol.com>  
Sent: Wed, May 7, 2014 11:18 pm  
Subject: Re: Septic System

Thank you, my address is 1570 SW Pine ct Warrenton Or 97146

Let know if there is anything else I can help with. Steve

Sent from my iPad

On May 7, 2014, at 9:33 PM, [robertaray@aol.com](mailto:robertaray@aol.com) wrote:

Hi Steve,

Great news!

I don't need a copy of the check. I've made out a check to you for \$252. What is your address?

Thank you.

Roberta

-----Original Message-----

From: steve.ackley55 <[steve.ackley55@gmail.com](mailto:steve.ackley55@gmail.com)>  
To: robertaray <[robertaray@aol.com](mailto:robertaray@aol.com)>  
Sent: Wed, May 7, 2014 4:40 pm  
Subject: Re: Septic System

Hi Roberta,

I was able to get the extension for the septic. They will send it to the address on the application . She said there shouldn't be any problems, the same sanitarian that issued the original issues the extension. I also talked to Mark and I apologize I forgot but the deck on that side has to be removed to fit the tank in that spot. I feel that we did the correct thing given the circumstances . The cost was \$252.00 ill send a copy up to you of the check for your records.

Have a great evening, Thank you,  
Steve

Scan ID  
414152

State of Oregon  
Department of Environmental Quality

Onsite ID: OS412934  
Expiration Date: 5/12/2015

### Permit Renewal - without Field Visit

*This Permit Renewal - without Field Visit Permit OS412934 authorizes the property owner to construct an onsite wastewater system as follows:*

#### PROPERTY INFORMATION

Property Owner: John Chaney And Patricia Chaney      Clatsop County  
Property Location 81064 Ocean Street, Cannon Beach      Township 04N, Range 10W, Section 18 BB  
Facility Type: Single Family Dwelling      Tax Lot 1000  
2 Bedrooms

#### SPECIFICATIONS AND REQUIREMENTS

System Type: Septic Tank Replacement

Design Flow: 300 gals/day

Minimum Septic Tank Size: 1000 gals

2 BDR Max

#### ADDITIONAL CONDITIONS

- 1 Future repair to be possibly a Sand Filter or Alternative Treatment Technology.
- 2 Limited to 2 bedroom maximum, 300 gallons per day flow. Increase to 3 bedrooms will require Geologic Hazards study, due to slope and area geologic hazards.
- 3 Minor alteration to replace septic tank and distribution box.
- 4 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 5 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 7 Meet all required setbacks.
- 8 All roof drains must be directed away from the system.
- 9 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.



**INSPECTION REQUIREMENTS**

<sup>1</sup> 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.

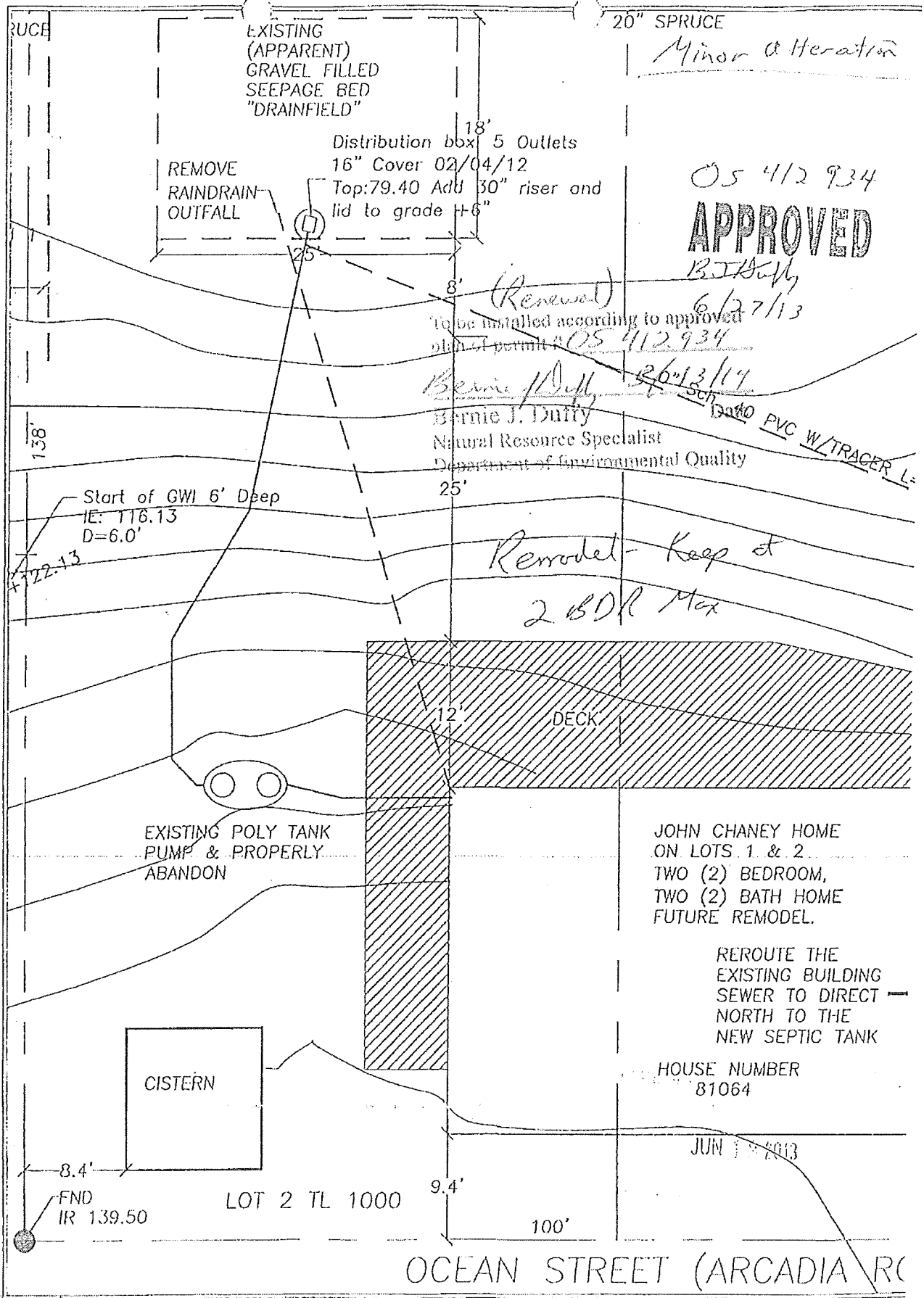
For pre-cover inspection information, contact your agent below:

	<b>Onsite Wastewater Specialist</b>	<b>5/12/2014</b>	<b>5/12/2015</b>
Authorized Agent.	Title	Date Issued	Expiration Date

**Bernie Duffy**

Department of Environmental Quality  
Northwest Region, Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



EXISTING  
(APPARENT)  
GRAVEL FILLED  
SEEPAGE BED  
"DRAINFIELD"

20" SPRUCE

*Minor Alteration*

REMOVE  
RAINDRAIN  
OUTFALL

Distribution box 5 Outlets  
16" Cover 02/04/12  
Top: 79.40 Add 30" riser and  
lid to grade +6"

OS 412 934

**APPROVED**

*B.J. Duffy*

6/27/13

*(Renewal)*

To be installed according to approved  
plan of permit OS 412 934

*Bernie Duffy*

26/13/14

Bernie J. Duffy  
Natural Resource Specialist  
Department of Environmental Quality

3" SCH 40 PVC W/ TRACER L-

138'

Start of GWI 5' Deep  
IE: 116.13  
D=6.0'

22.13

*Remodel - Keep at  
2 BDR Max*

DECK

EXISTING POLY TANK  
PUMP & PROPERLY  
ABANDON

JOHN CHANEY HOME  
ON LOTS 1 & 2  
TWO (2) BEDROOM,  
TWO (2) BATH HOME  
FUTURE REMODEL.

REROUTE THE  
EXISTING BUILDING  
SEWER TO DIRECT  
NORTH TO THE  
NEW SEPTIC TANK

HOUSE NUMBER  
81064

CISTERN

JUN 13 2013

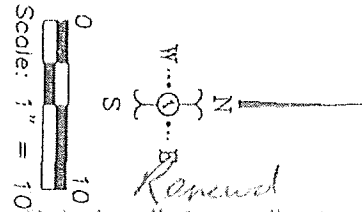
8.4'  
FND  
IR 139.50

LOT 2 TL 1000

9.4'

100'

OCEAN STREET (ARCADIA RD)

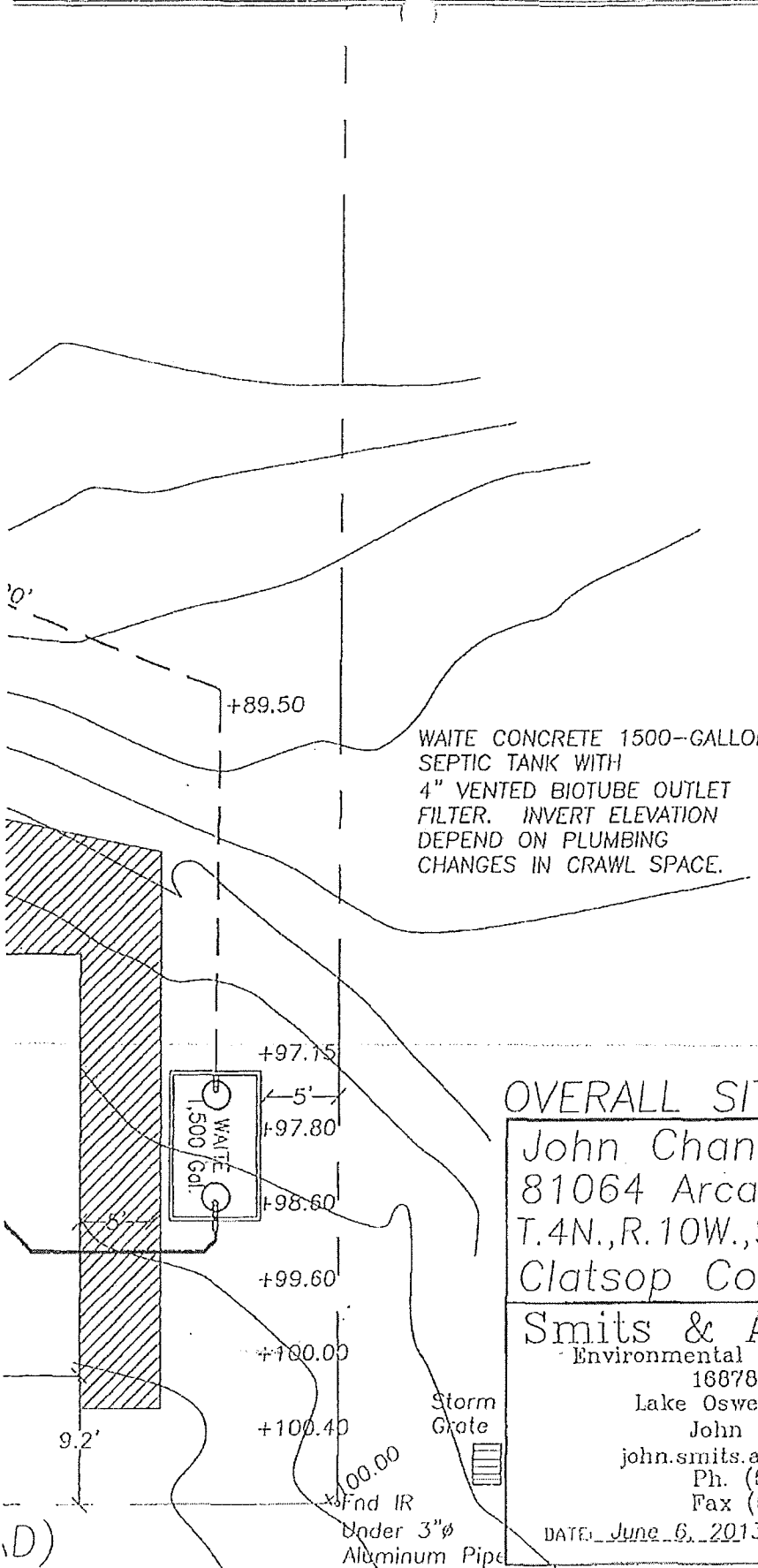


Renewal  
 To be installed according to approved  
 plan of permit # 05412934  
Bernie J. Duffy 5/13/14  
 Bernie J. Duffy Date  
 Natural Resource Specialist  
 Department of Environmental Quality

05412934  
**APPROVED**  
 BJDuffy  
 6/27/13



RENEWAL DATE  
 12/31/13



OVERALL SITE PLAN

John Chaney Property  
 81064 Arcadia Road  
 T.4N., R.10W., Sec.18BB TL 1000  
 Clatsop County

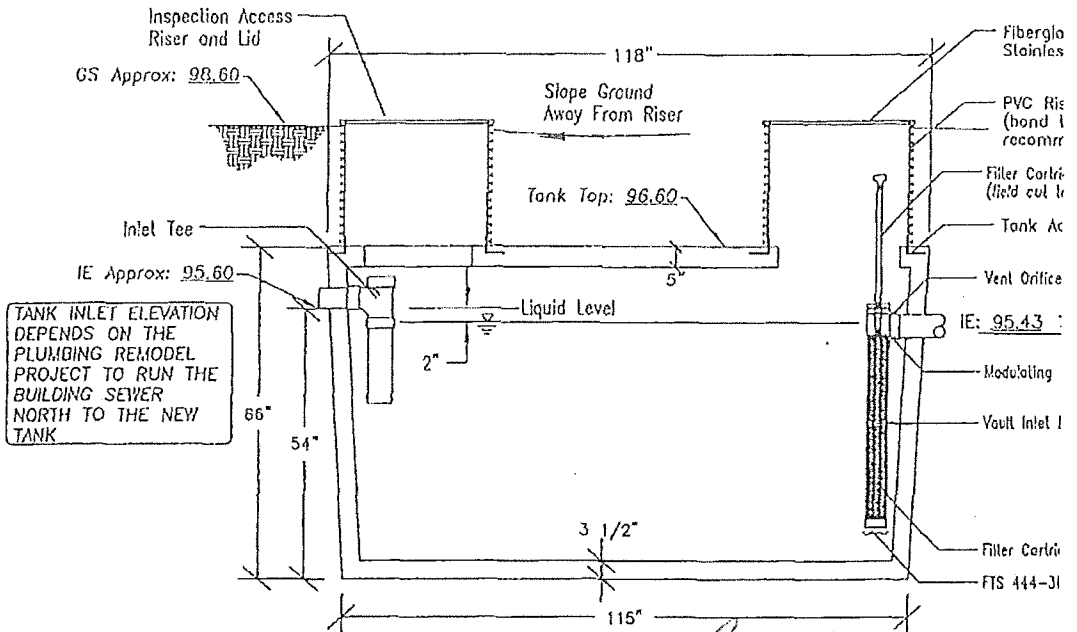
Smits & Associates, Inc.  
 Environmental Consultants • Designers  
 16878 Gassner Lane  
 Lake Oswego, OR 97035-4584 • 2013  
 John L. Smits, REHS  
 john.smits.associates@gmail.com  
 Ph. (503) 804-0056  
 Fax (503) 699-2876

DATE: June 6, 2013 SHEET No. 1 OF 3

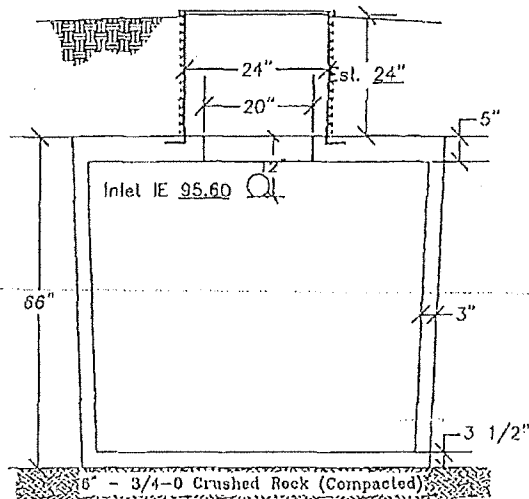
(D)

# Septic Tank with 4" Dia. Biotube® Effluent Filter

Shows Waite Precast Concrete 1,500 Gallon Septic Tank



TANK INLET ELEVATION DEPENDS ON THE PLUMBING REMODEL PROJECT TO RUN THE BUILDING SEWER NORTH TO THE NEW TANK



Renard  
To be installed according to approved plan of permit # 05 412934

Bernie J. Duffy 5/13/14

Bernie J. Duffy  
Natural Resource Specialist  
Department of Environmental Quality

4" Biotube Filter  
20"ø

05 412934  
**APPROVED**

BJD 6/27/13

### Tank Water Test:

1. Test tank inter-lia connections w/min. 18" deep water.
2. Examine flex couplers for leaks. Repair as needed. Backfill in 12" lifts.
3. Fill to not more than 4" above any center joint. Observe, patch, etc.
4. With risers bonded, fill to not more than 2" above tank top.
5. Measure drop over 24 hours. No loss allowed! Repair/refill/retest.
6. Any tank that fails twice, will be rejected.
7. Partitioned tanks require testing of wall for watertightness.
8. Contractor shall certify to DEQ, County and or Designer/Engineer that all tanks have been tested for watertightness and passed.

JUN 9 2013





Orenco Systems<sup>®</sup>  
Incorporated

814 AIRWAY AVENUE  
SUTHERLIN, OREGON  
97479-9012

TELEPHONE:  
(541) 459-4449

FACSIMILE:  
(541) 459-2884

Drawing modified: \_\_\_\_\_  
J. L. Smits, REHS  
Smits & Associates, Inc.

EDW-TD-9  
Rev. 1.0 (2/98)  
Patents # 4,439,323 & 5,492,635  
Foreign Patents Pending  
© 1997, Orenco Systems, Inc.

asketed Lid with  
:ol Bolts

ith Grommet(s)  
k adapter with  
d adhesive)

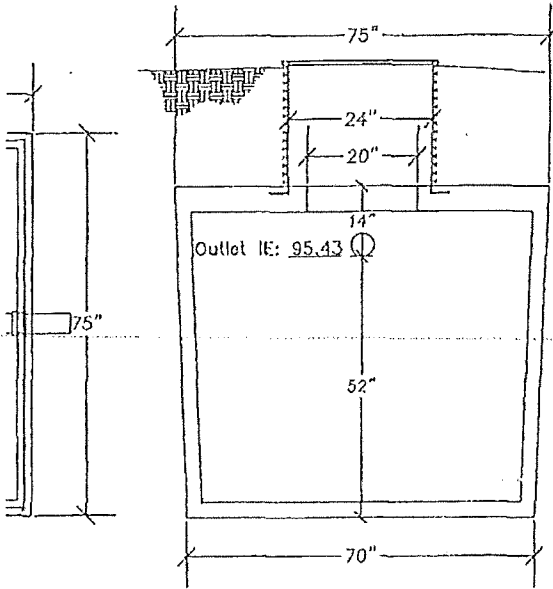
andle  
red height)

(cast or bolted)

il, "0" Box

rge Orifices

ies Diolube Effluent Filter



*Renewal*  
To be installed according to approved  
plan of permit # 05412934  
*Bernie J. Duffy 5/13/14*  
Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

05412934

APPROVED

*BJDuffy 6/27/13*



RENEWAL DATE  
12/31/13

NEW SEPTIC TANK

John Chaney Property  
81064 Arcadia Road  
T.4N., R.10W., Sec.18BB TL 1000  
Clatsop County

Smits & Associates, Inc.

Environmental Consultants • Designers  
16878 Gassner Land UN 10 2013  
Lake Oswego, OR 97035-4524  
John L. Smits, REHS  
john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876

DATE June 6, 2013 SHEET No. 2 OF 3

SEPTIC TANK

1 1,500-Gal. Septic Tank Waite Conc.  
24525 SW  
(503) 266-

Materials supplied by OSI (1-800-348  
Or Authorized Distributors IE: H. D. F

<u>QTY</u>	<u>PRODUCT ID</u>	<u>DESCRIPTION</u>
2	RR2424	PVC ACCESS RISER,
2	FL24G-4BU	FIBERGLASS LID, 24
2	MA320	2-PART ADHESIVE F
2	ADH100	SINGLE COMPONENT
1	FTS0222-36V	4" X 36" LONG BIOTI
100'	PVC PIPE	2" SCH 40 PVC & TR.
1	RR3024	PVC ACCESS RISER,
		INSTALLER TO PUDD
1	FL30G	FIBERGLASS LID, 30

*Renewal*

To be installed according to approved  
plan of permit # OS 412934

*Bernie J. Duffy* 5/13/14

Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

OS 412934

APPROVED

6/27/13

*B. J. Duffy*

JUN 13 2013

Products (Spence Waile)  
fic Hwy., Canby, OR 97013  
O Fax: (503) 266-7466

'43) Fax: (541) 459-2884  
er (503) 783-3490

'A, 24' LONG OR SET TANK THEN ORDER  
SKET, 4 BOLT HOLES  
SER TO ADAPTER  
SIVE, SEAL INSIDE OF RISERS  
V/1/8" MESH AND VENT LOUVERS.  
WIRE TO DISTRIBUTION BOX  
'A, 30' LONG PLACED OVER EXIST. 'D' BOX  
EMIX AROUND BASE OF RISER AROUND 'D' BOX  
SKET, 2 BOLT HOLES

Renewal

To be installed according to approved  
plan of permit # OS 412934

Bernie J. Duffy 5/13/14

Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

OS 412934

APPROVED

BTD

6/27/13



RENEWAL DATE  
12/31/13

### PARTS LIST

John Chaney Property  
81064 Arcadia Road  
T.4N., R.10W., Sec. 18BB TL 1000  
Clatsop County

Smits & Associates, Inc.

Environmental Consultants • Designers  
16878 Gassner Lane JUN 19 2013  
Lake Oswego, OR 97035-4524  
John L. Smits, REHS  
john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876

DATE: June 6, 2013 SHEET No. 3 OF 3

Scan ID  
414152

6/6/13

FOR The John Chaney project  
Minor Alteration to replace  
the septic tank.

Paid for Major \$612.00

Will stay at Two Bedroom  
Two bath.

Future Remodel will add  
space but NO more bedrooms  
within existing foundation

OK -  
BJDuff

Thanks  
John

Renewal

To be installed according to approved  
plan of permit # 05 412934

Bernie J. Duffy 5/13/14

Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

05412934  
**APPROVED**  
BJDuff 6/27/13

JUN 12 2013

SCANNED  
JUN 12 2013

## Attachment 1 to Permit Renewal - without Field Visit

**BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344**

Rules, Approved Material Listing, and Database of Licensed Installers can be accessed at:  
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

### General Conditions And Requirements For All Permits

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

**Installation Requirements:** The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

**Inspection Requirements:** The system installer and/or the permit holder must notify the permitting 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 permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

**System Backfill Requirements:** The system is to be backfilled or covered as follows:

- Only after the permitting agent has approved the construction installation,
- or the inspection has been waived
- or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

**Initial and Replacement Areas – Protection:** The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

## Final Inspection Request and Notice - Onsite ID: 412934

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: John Chaney And Patricia Chaney  
 Property 81064 Ocean Street, Cannon Beach  
 Address:

Township 04N, Range 10W, Section 18 BB  
 Clatsop County TaxLot#: Tax Lot 1000

**SECTION 2: System Component Specifications:**

<b>A. Tanks/Pumps</b>		<b>System Type: Septic Tank Replacement</b>			<b>Water tight verification*</b>
Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.	
			Float(s)Type(2):	Model/Manuf.	

<b>B. Piping</b>					
Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

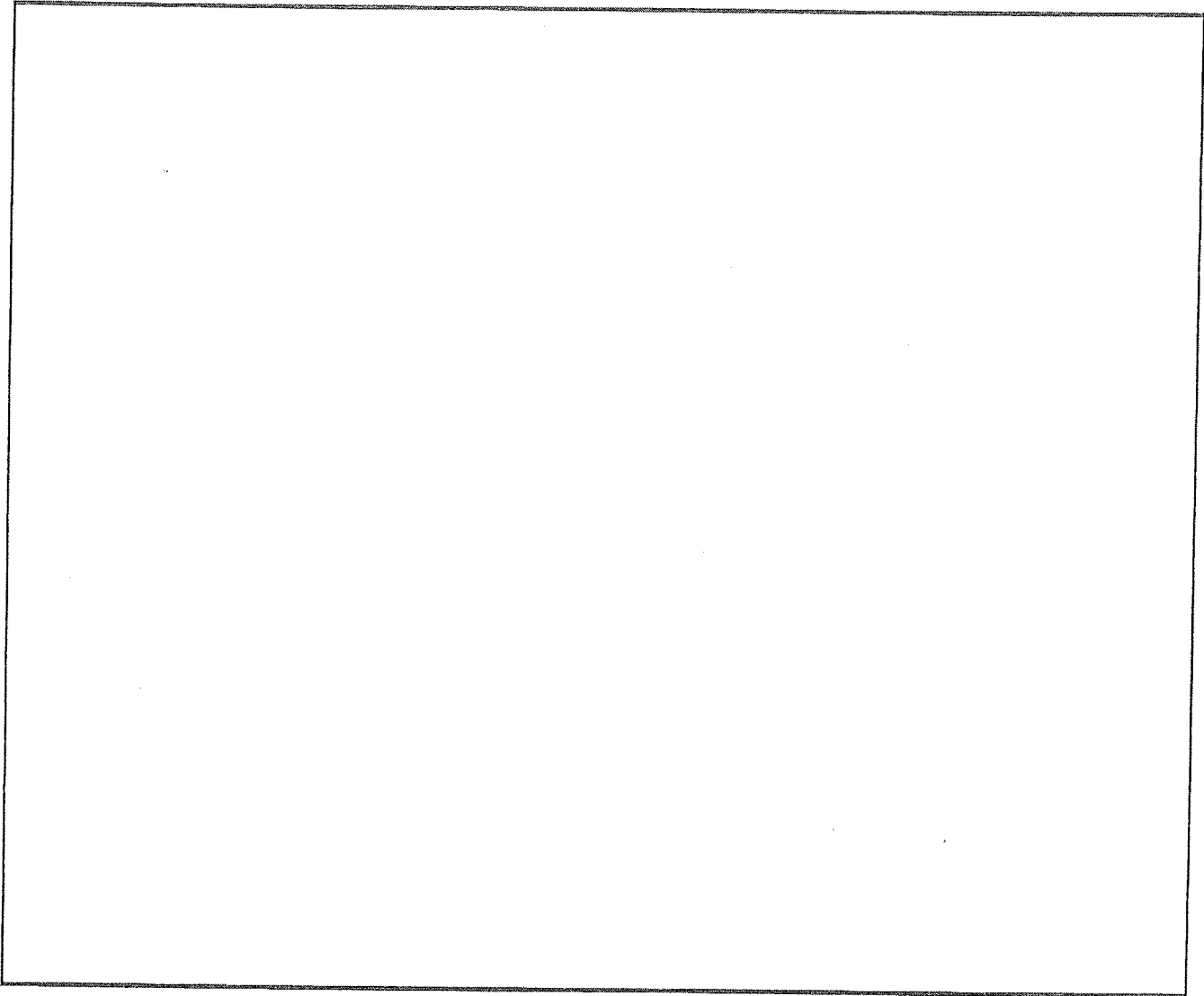
<b>C. Secondary Treatment Unit:</b>					
Sand Filter**	Yes	No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:	
Manifold piping	Diameter:		ASTM#/Other:	Length:	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

<b>D. Drainfield Media</b>					
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment _____					

*\*All Tanks(s) were tested for water-lightness 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:	
Licensed Installer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	License#:	Certification#:
Owner/ Certified Installer:	Signature:	Date:	Phone#:

**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: \_\_\_\_\_

Scan ID  
414152



Slate of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

Department of Environmental Quality  
65 N Highway 101, Suite G  
Warrenton, OR 97146

Phone/TTY: (503) 861-3280

Fax: (503) 861-3259

Date Stamp:  MAY 7 2014	For DEQ Use Only:
	Date Received <u>5/7/14</u>
	Fee Paid <u>252.00</u>
	Receipt Number <u>155613</u>
	Application Number <u>415860</u>
	Date of 1st Response _____
	Date of 2nd Response _____
	Date of Final Response _____
	Date of Completion _____
	Scanned _____ Data Entry _____

## A. Property Owner Information

John R. & Patricia K. Chaney P. O. Box 8858 Portland, OR 97207 (503) 789-9083  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

## B. Legal Property Description

<u>4N</u> Township	<u>10W</u> Range	<u>18BB</u> Section	<u>1000</u> Tax Lot	<u>2442</u> Tax Account Number	<u>0.35 acres</u> Acreage or Lot Size
<u>Clatsop</u> County		<u>Norrington Park</u> Subdivision Name		<u>1 &amp; 2</u> Lot	<u>1</u> Block

Property Address: 81604 Ocean Street (Arcadia Rd.) Cannon Beach OR  
Address City State Zip Code

Directions to Property: Hwy. 101 South past Arcadia Wayside, Right onto Grand Lane, left at the base of the hill the home is the first on the right.

## C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____
<u>2</u> Number of Bedrooms	<u>2</u> Number of Bedrooms	Name _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Private <u>Spring</u>
		Well, Spring, Shared

## D. Type of Application

<input type="checkbox"/> Site Evaluation	<input checked="" type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other - Please Specify _____

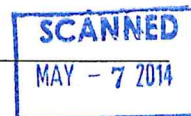
If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

John R. Chaney 5/6/14  
Signature Date  
John R. Chaney (503) 789-9083  
Applicant's Name - Please Print Legibly Applicant's Phone Number  
c/o: Robertaray@aol.com  
Applicant's E-mail Address

P. O. Box 8858 Portland, OR 97207  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached Flint  
Installer's Name





Receipt Number: 155613

Oregon Department of Environmental Quality

Warrenton Office

65 N Highway 101, Suite G

Warrenton, OR 97146



MAY 7 2014  
Date Received 5/7/2014

Received From **Steven B Ackley**  
(Check Name): **Construction, Inc.**  
**Steven Ackley**  
**1570 SW Pine Court**  
**Warrenton, OR 97146**

For **T04N R10W S18 BB**  
Property **TaxLot 1000**  
At: **Clatsop County**  
**81064 Ocean Street**  
**Cannon Beach, OR 97110**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
252.00	Check	6767	98-770	252.00

Total Amount Applied \$252.00

**Onsite Fees**

Base Fee:	<b>152.00</b>
Surcharge Fee:	<b>100.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$252.00</b>
<b>Payments</b>	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>252.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$252.00</b>

**Application Description**

Application ID: **415860**  
 Application Type: **Permit Renewal**  
**without Field Visit**  
 System Type: **Septic Tank Replacement**  
 Pump Evaluation: **No**  
 Flow: **450** gallons/day

Receipt Amount: \$252.00

Received By:

Vicky Schiele

Date of Entry:

5/7/2014

**Alteration Permit - Single Family Dwelling-Minor**

This Alteration Permit - Single Family Dwelling-Minor Permit OS412934 authorizes the property owner to construct an onsite wastewater system as follows:

**PROPERTY INFORMATION**

Property Owner: John Chaney And Patricia Chaney Clatsop County  
Property Location: 81064 Ocean Street, Cannon Beach Township 04N, Range 10W, Section 18 BB  
Facility Type: Single Family Dwelling Tax Lot 1000  
2 Bedrooms

**SPECIFICATIONS AND REQUIREMENTS**

**System Type: Septic Tank Replacement**

Design Flow: 300 gals/day  
Minimum Septic Tank Size: 1000 gals

2 BDR Max

Remodel

**ADDITIONAL CONDITIONS**

- 1 Future repair to be possibly a Sand Filter or Alternative Treatment Technology.
- 2 Limited to 2 bedroom maximum. Increase to 3 bedrooms will require Geologic Hazards study, due to slope and area geologic hazards.
- 3 Minor alteration to replace septic tank and distribution box.
- 4 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 5 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 7 Meet all required setbacks.
- 8 All roof drains must be directed away from the system.
- 9 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.



**INSPECTION REQUIREMENTS**

<sup>1</sup> 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.

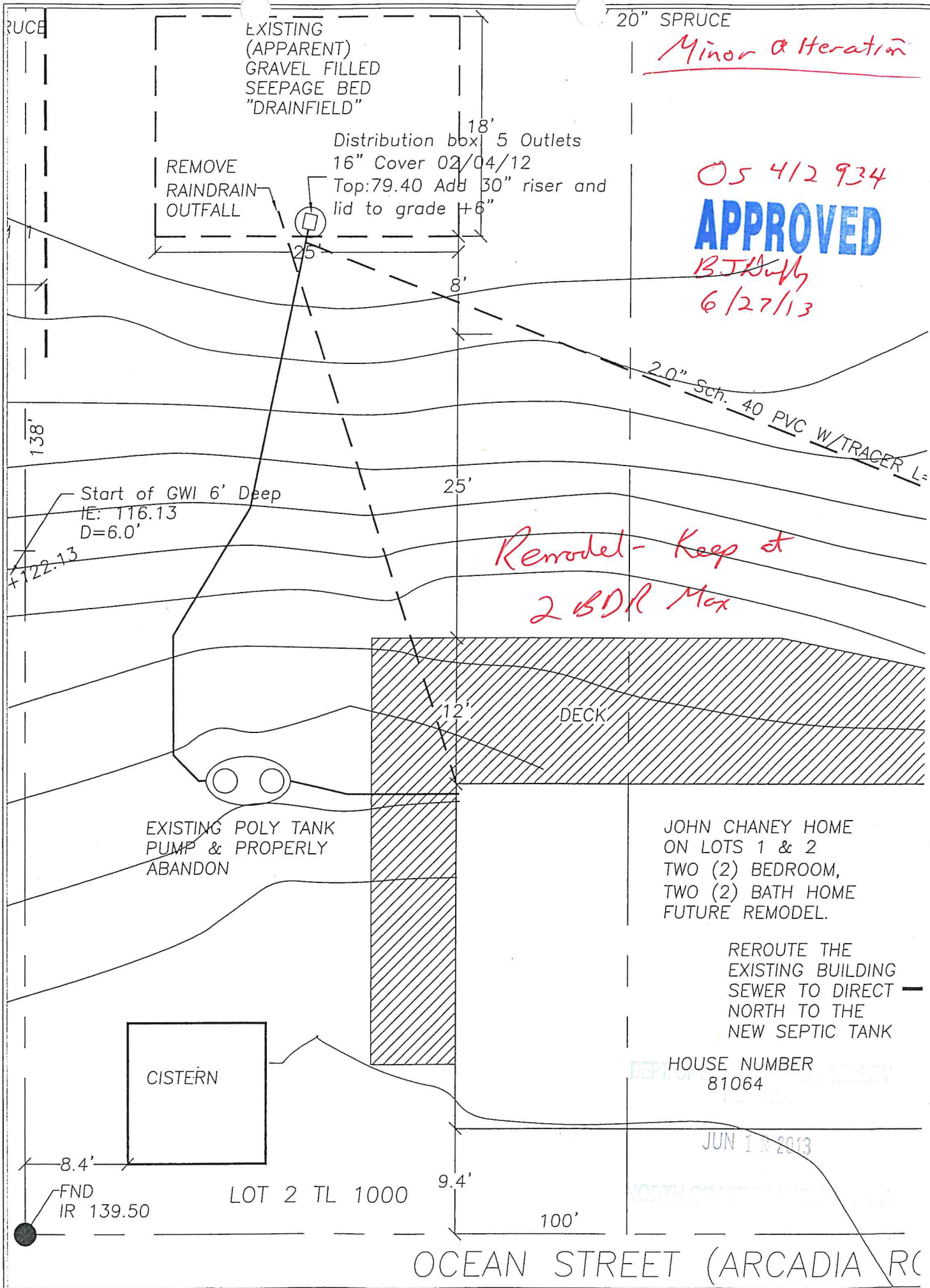
For pre-cover inspection information, contact your agent below:

<u>Bernie Duffy</u>	<u>Onsite Wastewater Specialist</u>	<u>6/27/2013</u>	<u>6/27/2014</u>
Authorized Agent:	Title	Date Issued	Expiration Date

**Bernie Duffy**

Department of Environmental Quality  
Northwest Region, Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



20" SPRUCE

*Minor Alteration*

05 412 934

**APPROVED**

*BJAully  
6/27/13*

*Remodel - Keep at  
2 BDR Max*

JOHN CHANEY HOME  
ON LOTS 1 & 2  
TWO (2) BEDROOM,  
TWO (2) BATH HOME  
FUTURE REMODEL.

REROUTE THE  
EXISTING BUILDING  
SEWER TO DIRECT  
NORTH TO THE  
NEW SEPTIC TANK

HOUSE NUMBER  
81064

JUN 1 2013

OCEAN STREET (ARCADIA RD)

EXISTING  
(APPARENT)  
GRAVEL FILLED  
SEEPAGE BED  
"DRAINFIELD"

REMOVE  
RAINDRAIN  
OUTFALL

Distribution box 5 Outlets  
16" Cover 02/04/12  
Top: 79.40 Add 30" riser and  
lid to grade +6"

Start of GWI 6' Deep  
IE: 116.13  
D=6.0'

EXISTING POLY TANK  
PUMP & PROPERLY  
ABANDON

CISTERN

LOT 2 TL 1000

FND  
IR 139.50

100'

138'

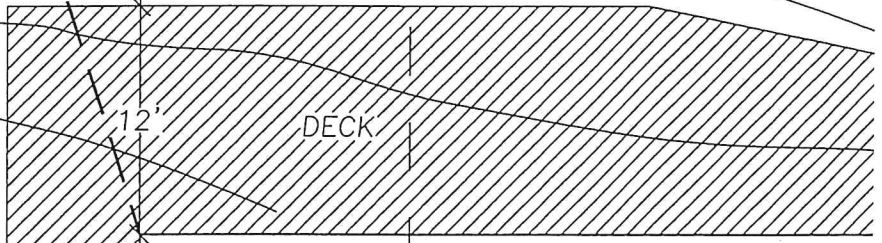
25'

12'

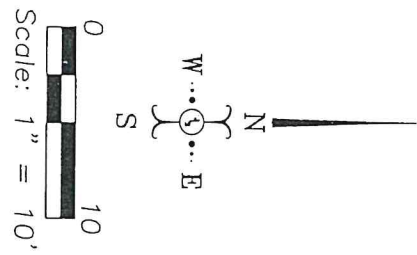
9.4'

8.4'

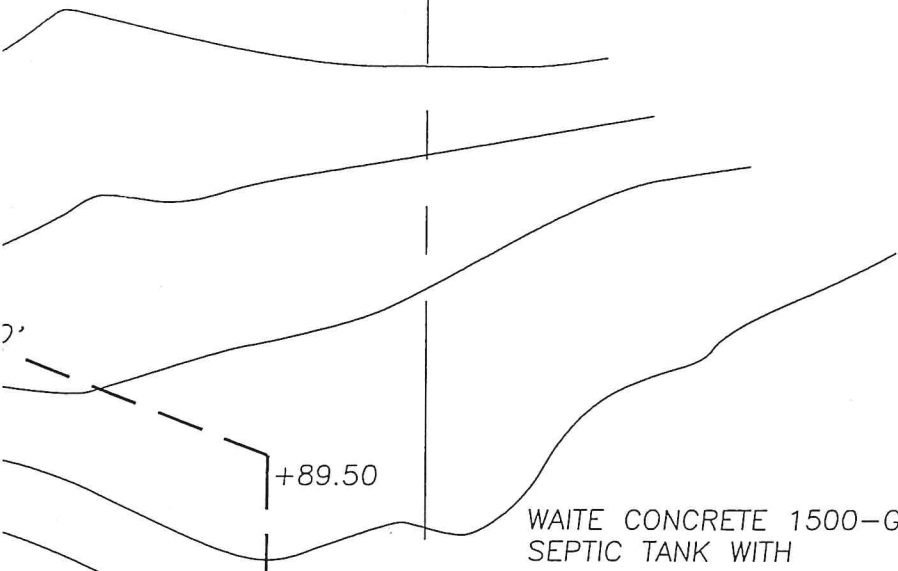
2.0" Sch. 40 PVC W/TRACER L=



DECK



05412934  
**APPROVED**  
 BJDuff  
 6/27/13

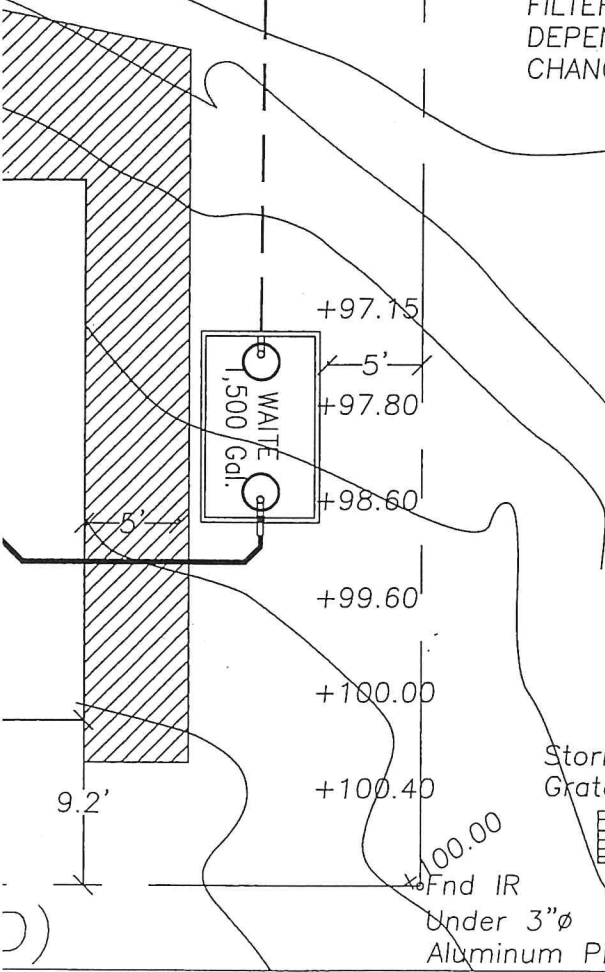


+89.50

WAITE CONCRETE 1500-GALLON SEPTIC TANK WITH 4" VENTED BIOTUBE OUTLET FILTER. INVERT ELEVATION DEPEND ON PLUMBING CHANGES IN CRAWL SPACE.



RENEWAL DATE  
 12/31/13



OVERALL SITE PLAN

John Chaney Property  
 81064 Arcadia Road  
 T.4N.,R.10W.,Sec.18BB TL 1000  
 Clatsop County

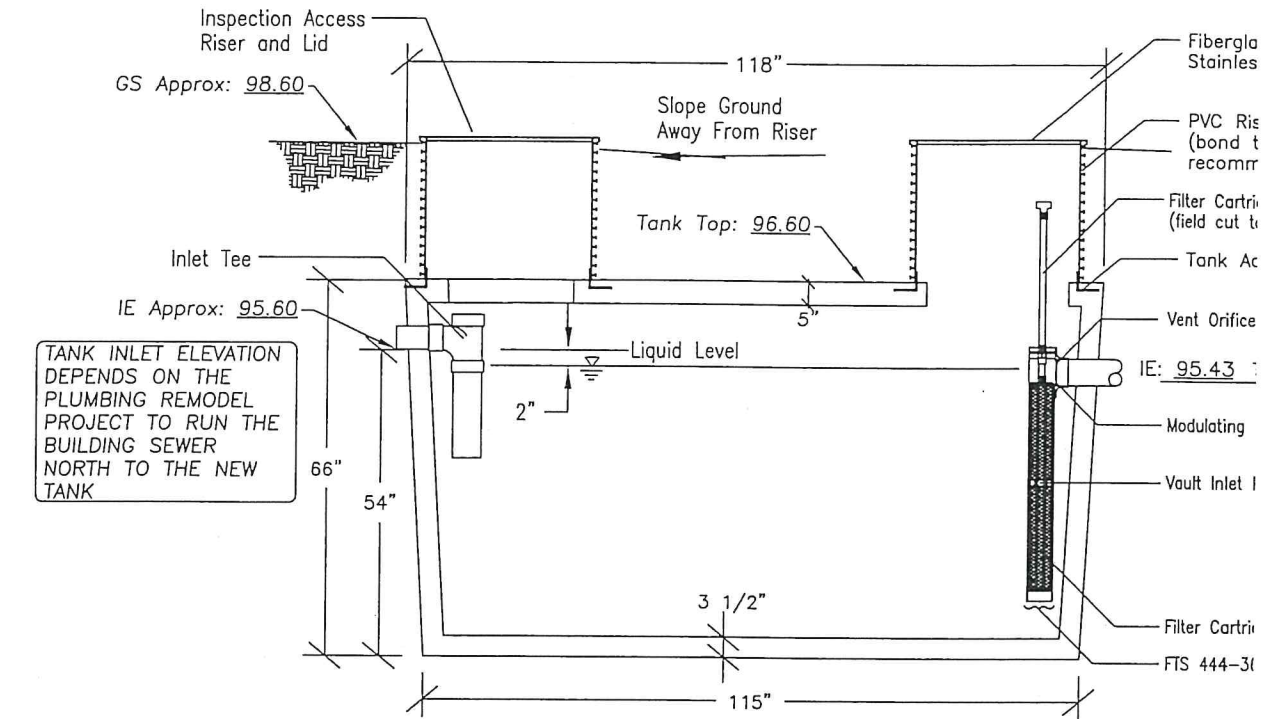
Smits & Associates, Inc.

Environmental Consultants • Designers  
 16878 Gassner Lane  
 Lake Oswego, OR 97035-4524  
 John L. Smits, REHS  
 john.smits.associates@gmail.com  
 Ph. (503) 804-0056  
 Fax (503) 699-2876

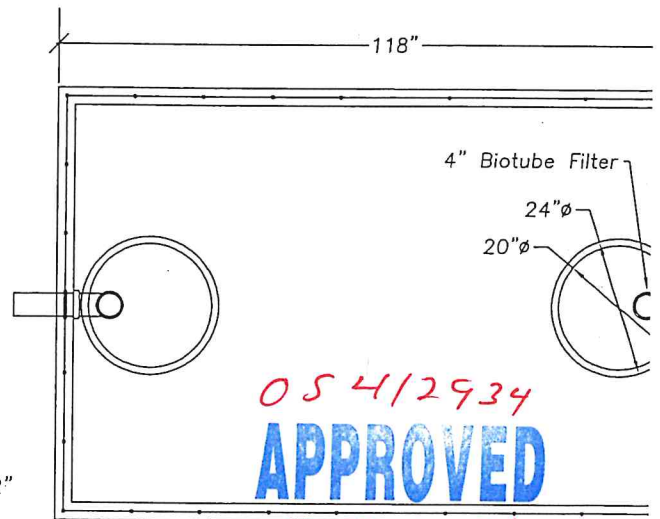
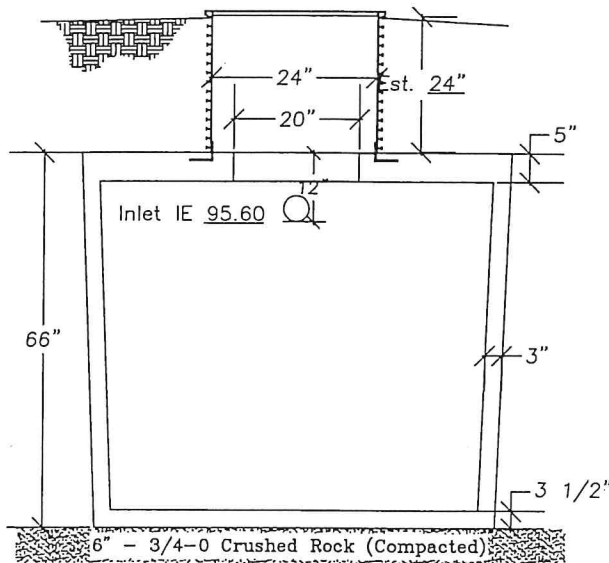
DATE: June 6, 2013 SHEET No. 1 OF 3

# Septic Tank with 4" Dia. Biotube<sup>®</sup> Effluent Filter

Shows Waite Precast Concrete 1,500 Gallon Septic Tank



TANK INLET ELEVATION DEPENDS ON THE PLUMBING REMODEL PROJECT TO RUN THE BUILDING SEWER NORTH TO THE NEW TANK



BSD/wh 6/27/13

DEPT. OF ENVIRONMENTAL QUALITY

JUN 19 2013

### Tank Water Test:

1. Test tank inter-tie connections w/min. 18" deep water.
2. Examine flex couplers for leaks. Repair as needed. Backfill in 12" lifts.
3. Fill to not more than 4" above any center joint. Observe, patch, etc.
4. With risers bonded, fill to not more than 2" above tank top.
5. Measure drop over 24 hours. No loss allowed! Repair/refill/retest.
6. Any tank that fails twice, will be rejected.
7. Partitioned tanks require testing of wall for watertightness.
8. Contractor shall certify to DEQ, County and or Designer/Engineer that all tanks have been tested for watertightness and passed.



Orenco Systems<sup>®</sup>  
Incorporated

814 AIRWAY AVENUE  
SUTHERLIN, OREGON  
97479-9012

TELEPHONE:  
(541) 459-4449

FACSIMILE:  
(541) 459-2884

Drawing modified: \_\_\_\_\_  
J. L. Smits, REHS  
Smits & Associates, Inc.

EDW-TD-9  
Rev. 1.0 (2/98)

Patents # 4,439,323 & 5,492,635  
Foreign Patents Pending  
© 1997, Orenco Systems, Inc.

05412934

APPROVED

BJDw/h 6/27/13

sketed Lid with  
Bolts

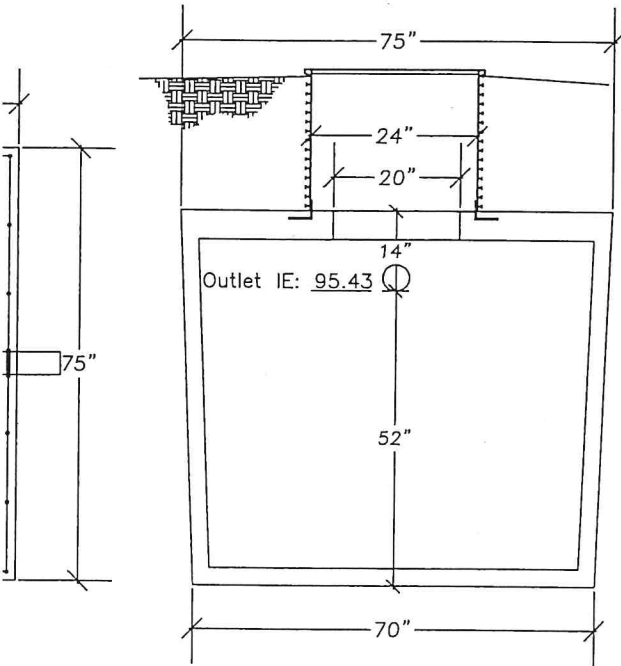
h Grommet(s)  
< adapter with  
adhesive)

ndle  
& height)  
(cast or bolted)

"D" Box

je Orifices

s Biotube Effluent Filter



NEW SEPTIC TANK

John Chaney Property  
81064 Arcadia Road  
T.4N.,R.10W.,Sec.18BB TL 1000  
Clatsop County

Smits & Associates, Inc.  
Environmental Consultants • Designers  
16878 Gassner Lane  
Lake Oswego, OR 97035-4524  
John L. Smits, REHS  
john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876

SEPTIC TANK

1 1,500-Gal. Septic Tank Waite Conc.  
24525 SW  
(503) 266-

Materials supplied by OSI (1-800-348  
Or Authorized Distributors IE: H. D F

<u>QTY</u>	<u>PRODUCT ID</u>	<u>DESCRIPTION</u>
2	RR2424	PVC ACCESS RISER,
2	FL24G-4BU	FIBERGLASS LID, 24
2	MA320	2-PART ADHESIVE F
2	ADH100	SINGLE COMPONENT
1	FTS0222-36V	4" X 36" LONG BIOTI
100'	PVC PIPE	2" SCH 40 PVC & TR.
1	RR3024	PVC ACCESS RISER, INSTALLER TO PUDD
1	FL30G	FIBERGLASS LID, 30

OS 412934

**APPROVED**

6/27/13

BSDuff

DEPT. OF LAND AND WATER RESOURCES  
RECEIVED

JUN 12 2013

NORTH BRANCH OFFICE



Products (Spence Waite)  
ic Hwy., Canby, OR 97013  
Fax: (503) 266-7466

43) Fax: (541) 459-2884  
r (503) 783-3490

1, 24" LONG OR SET TANK THEN ORDER  
KET, 4 BOLT HOLES  
ER TO ADAPTER  
SIVE, SEAL INSIDE OF RISERS  
1/8" MESH AND VENT LOUVERS.  
VIRE TO DISTRIBUTION BOX  
1, 30" LONG PLACED OVER EXIST. "D" BOX  
MIX AROUND BASE OF RISER AROUND "D" BOX  
KET, 2 BOLT HOLES

05412934  
**APPROVED**  
BTJ  
6/27/13



RENEWAL DATE  
12/31/13

PARTS LIST

John Chaney Property  
81064 Arcadia Road  
T.4N.,R.10W.,Sec.18BB TL 1000  
Clatsop County

Smits & Associates, Inc.  
Environmental Consultants • Designers  
16878 Gassner Lane JUN 12 2013  
Lake Oswego, OR 97035-4524  
John L. Smits, REHS  
john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876  
DATE: June 6, 2013 SHEET No. 3 OF 3

6/6/13

FOR The John Chaney project  
Minor Alteration to replace  
the septic tank.

Paid for Major \$612.00

Will stay at Two Bedroom  
Two bath.

Future Remodel will add  
space but NO more bedrooms  
within existing foundation

OK -  
BJD

Thanks  
John

5412 934  
**APPROVED**  
BJD 6/27/13

DEPT. OF ENVIRONMENTAL QUALITY  
VED

JUN 12 2013

NORTH COUNTY  
WAIVER

**SCANNED**  
JUN 12 2013

# Attachment 1 to Alteration Permit - Single Family Dwelling-Minor

**BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344**

**Rules, Approved Material Listing, and Database of Licensed Installers can be accessed at: <http://www.deq.state.or.us/wq/onsite/onsite.htm>**

## **General Conditions And Requirements For All Permits**

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

**Installation Requirements:** The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

**Inspection Requirements:** The system installer and/or the permit holder must notify the permitting 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 permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed **Final Inspection Request and Notice** form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a **Certificate of Satisfactory Completion** can be issued.

**System Backfill Requirements:** The system is to be backfilled or covered as follows:

- Only after the permitting agent has approved the construction installation,
- or the inspection has been waived
- or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

**Initial and Replacement Areas – Protection:** The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

--

## Final Inspection Request and Notice - Onsite ID: 412934

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:** John Chaney And Patricia Chaney  
**Property Address:** 81064 Ocean Street, Cannon Beach

Township 04N, Range 10W, Section 18 BB  
 Clatsop County TaxLot#: Tax Lot 1000

**SECTION 2: System Component Specifications:**

	System Type: Septic Tank Replacement				Water tight verification*
A. Tanks/Pumps					
Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:	
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	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:					
Sand Filter**	Yes	No	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	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media					
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment					

\*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:			
Licensed Installer:	Yes	No	License#:	Certification#:
Owner/ Certified Installer:	Signature:		Date:	Phone#:

**SECTION 5 - Office Use Only:**

Notice Accepted	Yes	No	Date:
-----------------	-----	----	-------

Installer/Owner (Permittee) Notified:	Yes	No	Date:
---------------------------------------	-----	----	-------

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

## SCHIELE Vicky

---

**From:** DUFFY Bernie  
**Sent:** Tuesday, April 23, 2013 5:04 PM  
**To:** John Smits  
**Cc:** SCHIELE Vicky  
**Subject:** RE: John Chaney Property at Arcadia Road

John, We should be able to change to a Minor alteration permit, depending on how our Data Base handles the change. You will need to talk with Vicky, and she may be able to refund part of the fees, from the Major Alteration permit.

Vicky can we do this or does Mike Kucinski need to be involved to change to a Minor alteration.

Thanks,

Bernie

---

**From:** John Smits [<mailto:john.smits.associates@gmail.com>]  
**Sent:** Monday, April 22, 2013 12:32 PM  
**To:** DUFFY Bernie  
**Subject:** John Chaney Property at Arcadia Road

Bernie,

These folks intend to remodel in the next 12 months. Same footprint, 2 bedrooms 2 bathrooms.

The poly tank on the south is not in very good shape. The pipe running to the distribution box is in poor shape. Please let me know what we need to do to convert the alteration permit application to a tank replacement permit application.

Would plan to switch the plumbing to the north and set a 1500 pass through style with biotube outlet filter and 2" sch 40 PVC in ditch with trench down to the existing distribution box.

Thanks!

John

--  
*Smits & Associates, Inc.*  
*John L. Smits, REHS*  
*16878 Gassner Lane*  
*Lake Oswego, OR 97035-4524*  
*[john.smits.associates@gmail.com](mailto:john.smits.associates@gmail.com)*  
*(C) 503-804-0056*

APR 25 2013

# Smits & Associates, Inc.

16878 Gassner Lane  
Lake Oswego, OR 97035-4524  
(503) 804-0056 Fax (503) 699-2876  
email: john.smits.associates@gmail.com


Scan ID  
414152

## Memorandum

To: Bernie Duffy  
Natural Resource Specialist

February 22, 2013

Cc: John Chaney

From:  John L. Smits, REHS  
Smits & Associates, Inc.

Re: On-Site Sewage Disposal  
John Chaney (Owner)  
T.4N.,R.10W.,Sec.18BB Tax Lot 1000  
81000 81604 Arcadia Road  
Clatsop County  
**Major Alteration Permit Application**

Dear Bernie,

Enclosed, please find the following:

1. Major alteration permit application and fee in the amount of \$612.00
2. Site map at a scale of 1" = 10 feet showing the proposed system
3. A tax map of T.4N.,R.10W.,Sec.18BB. Mr. Chaney also owns tax lots 900 & 1100.
4. Clatsop County Webmaps Real Property Map Summary.
5. A color photo of the concrete distribution box associated with the existing seepage bed.

I'm sending this without a favorable land use approval (LUCS). I will forward that as soon as I have it. It slipped my mind as a required exhibit and I just contacted Clatsop County this afternoon to see if a Lot of Record request is required or just the LUCS form as the house is existing.

There is no test pit at this time. If you can give me 3 days notice I can prepare a test pit for your review. The existing concrete distribution box is marked and the lid exposed.

The single site plan is obviously not the entire details necessary for you to issue the permit and as the ATT system is proposed, an O & M contract is also a required exhibit. I think you will want to view the site and if you find the proposed alteration reasonable, send me a quick email and I will complete the final specifications and get an O & M contract prepared and signed.

If you have any questions or wish to discuss this letter, please feel free to contact me at (503) 804-0056.

Thanks!

John





State of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

Department of Environmental Quality  
65 N Highway 101, Suite G  
Warrenton, OR 97146

Phone/TTY: (503) 861-3280

Fax: (503) 861-3259

Date Stamp:  RECEIVED  FEB 25 2013  NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>2/25/13</u> Fee Paid <u>612.00</u> Receipt Number <u>150714</u> Application Number <u>414152</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

Scan ID  
414152

## A. Property Owner Information

John R. & Patricia K. Chaney P. O. Box 8858 Portland, OR 97207 (503) 789-9083  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

## B. Legal Property Description

<u>4N</u> Township <u>Clatsop</u> County	<u>10W</u> Range	<u>18BB</u> Section <u>Norriston Park</u> Subdivision Name	<u>1000</u> Tax Lot	<u>2442</u> Tax Account Number <u>1 &amp; 2</u> Lot	<u>0.35 acres</u> Acreage or Lot Size <u>1</u> Block
---	---------------------	---	------------------------	--	---

Property Address: 81604 Ocean Street (Arcadia Rd.) Cannon Beach OR  
Address City State Zip Code

Directions to Property: Hwy. 101 South past Arcadia Wayside, Right onto Grand Lane, left at the base of the hill the home is the first on the right.

## C. Existing Facility / Proposed Facility / Water Information

<b>Existing Facility:</b> <input type="checkbox"/> Single Family Residence <u>2</u> Number of Bedrooms <input type="checkbox"/> Other _____	<b>Proposed Facility:</b> <input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other _____	<b>Water Supply:</b> <input type="checkbox"/> Public _____ Name <input checked="" type="checkbox"/> Private <u>Spring</u> Well, Spring, Shared
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## D. Type of Application

<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Alteration Permit <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other - Please Specify _____
--	---	---

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

John R. Chaney 11-2-12  
Signature Date  
John R. Chaney (503) 789-9083 c/o: Robertaray@aol.com  
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

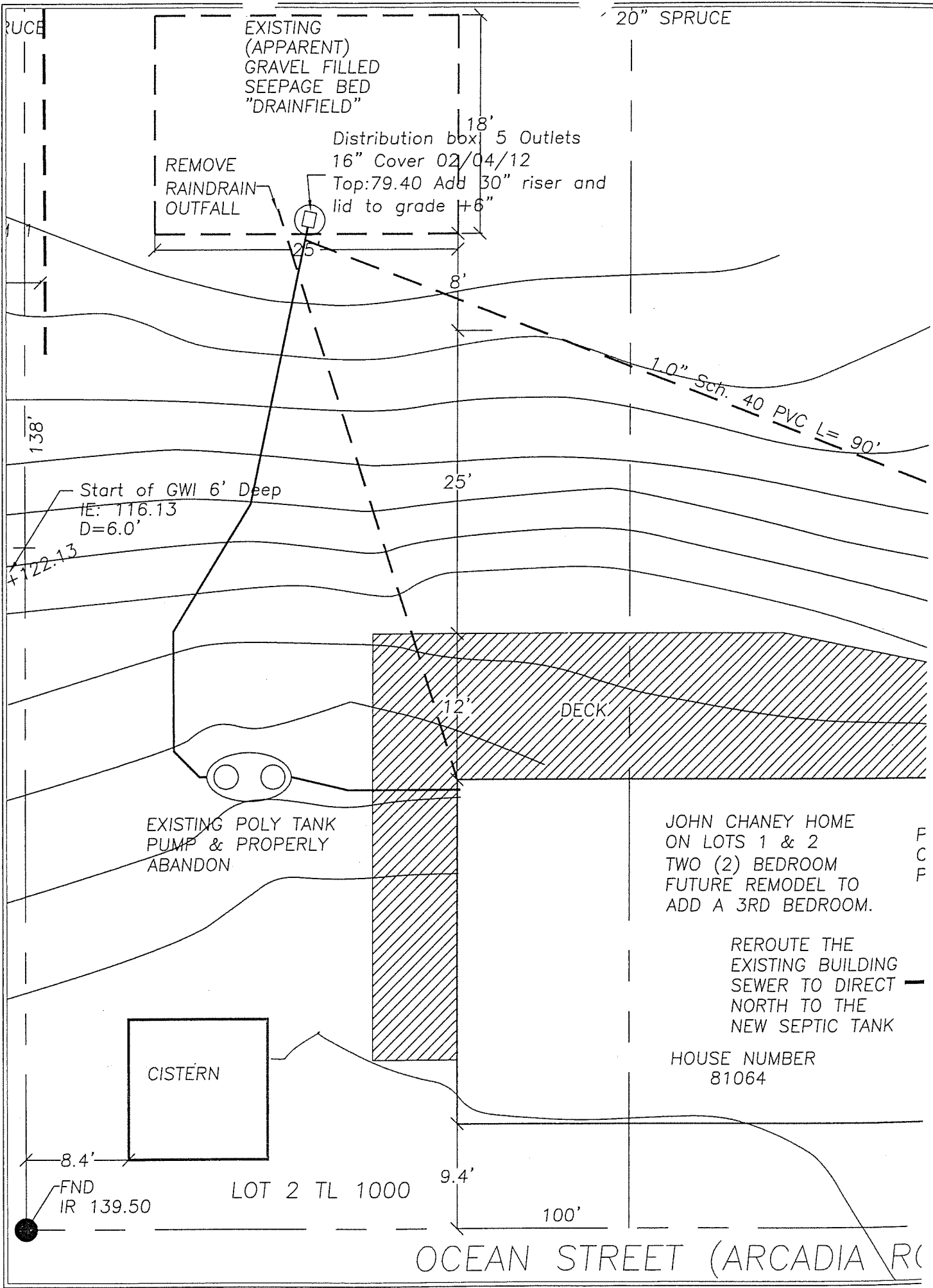
P. O. Box 8858 Portland, OR 97207  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached

Installer's Name \_\_\_\_\_





EXISTING  
(APPARENT)  
GRAVEL FILLED  
SEEPAGE BED  
"DRAINFIELD"

20" SPRUCE

Distribution box 5 Outlets  
16" Cover 02/04/12  
Top: 79.40 Add 30" riser and  
lid to grade +6"

REMOVE  
RAINDRAIN  
OUTFALL

1.0" Sch. 40 PVC L= 90'

Start of GWI 6' Deep  
IE: 116.13  
D=6.0'

EXISTING POLY TANK  
PUMP & PROPERLY  
ABANDON

DECK

JOHN CHANEY HOME  
ON LOTS 1 & 2  
TWO (2) BEDROOM  
FUTURE REMODEL TO  
ADD A 3RD BEDROOM.

REROUTE THE  
EXISTING BUILDING  
SEWER TO DIRECT  
NORTH TO THE  
NEW SEPTIC TANK

CISTERN

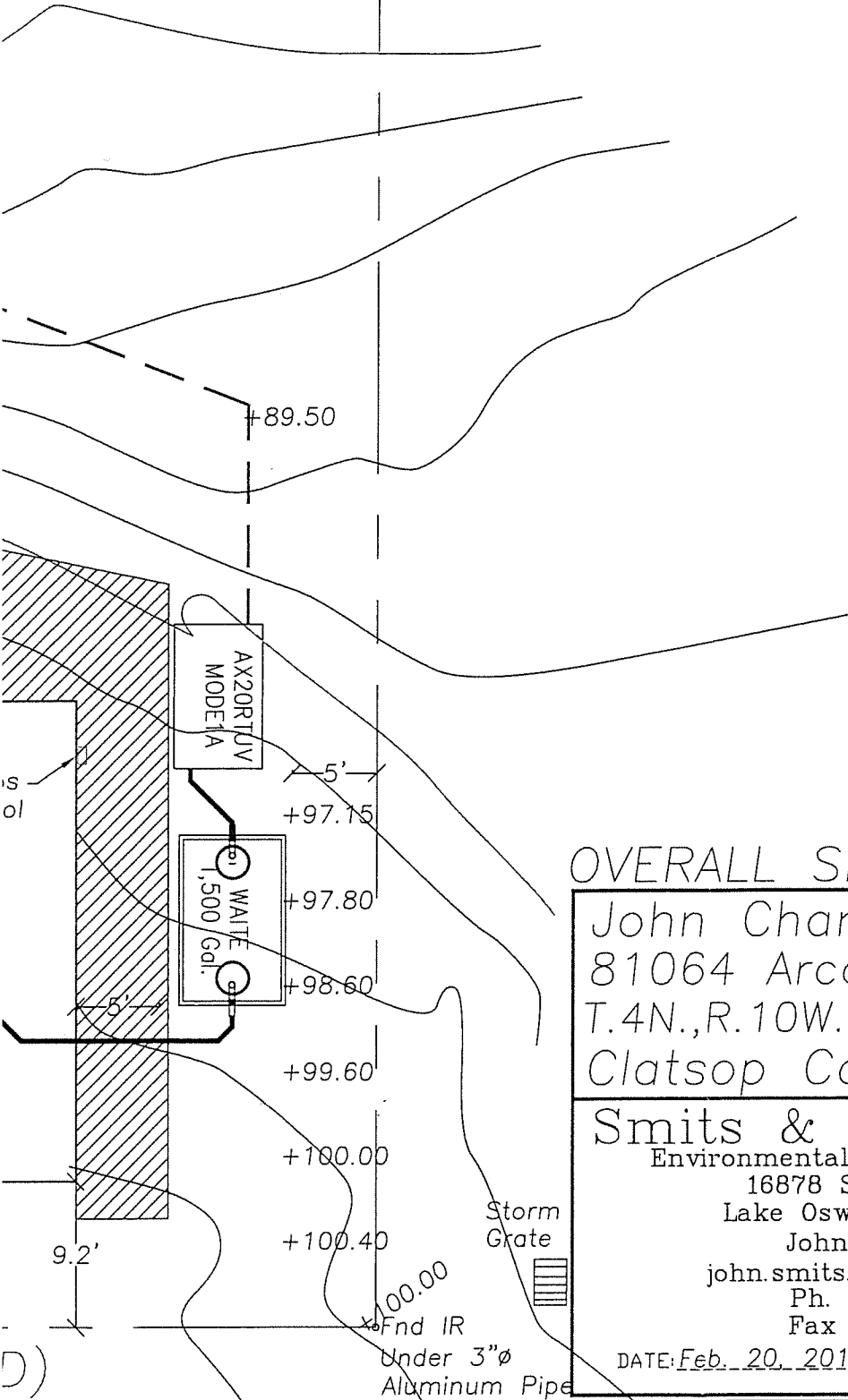
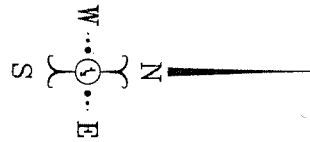
HOUSE NUMBER  
81064

LOT 2 TL 1000

OCEAN STREET (ARCADIA RD)

F  
C  
F

Scale: 1" = 10'



RENEWAL DATE  
12/31/13

### OVERALL SITE PLAN

John Chaney South  
81064 Arcadia Road  
T.4N., R.10W., Sec. 18BB TL 1000  
Clatsop County

### Smits & Associates, Inc.

Environmental Consultants • Designers

16878 S. W. Gassner Lane  
Lake Oswego, OR 97035-4524

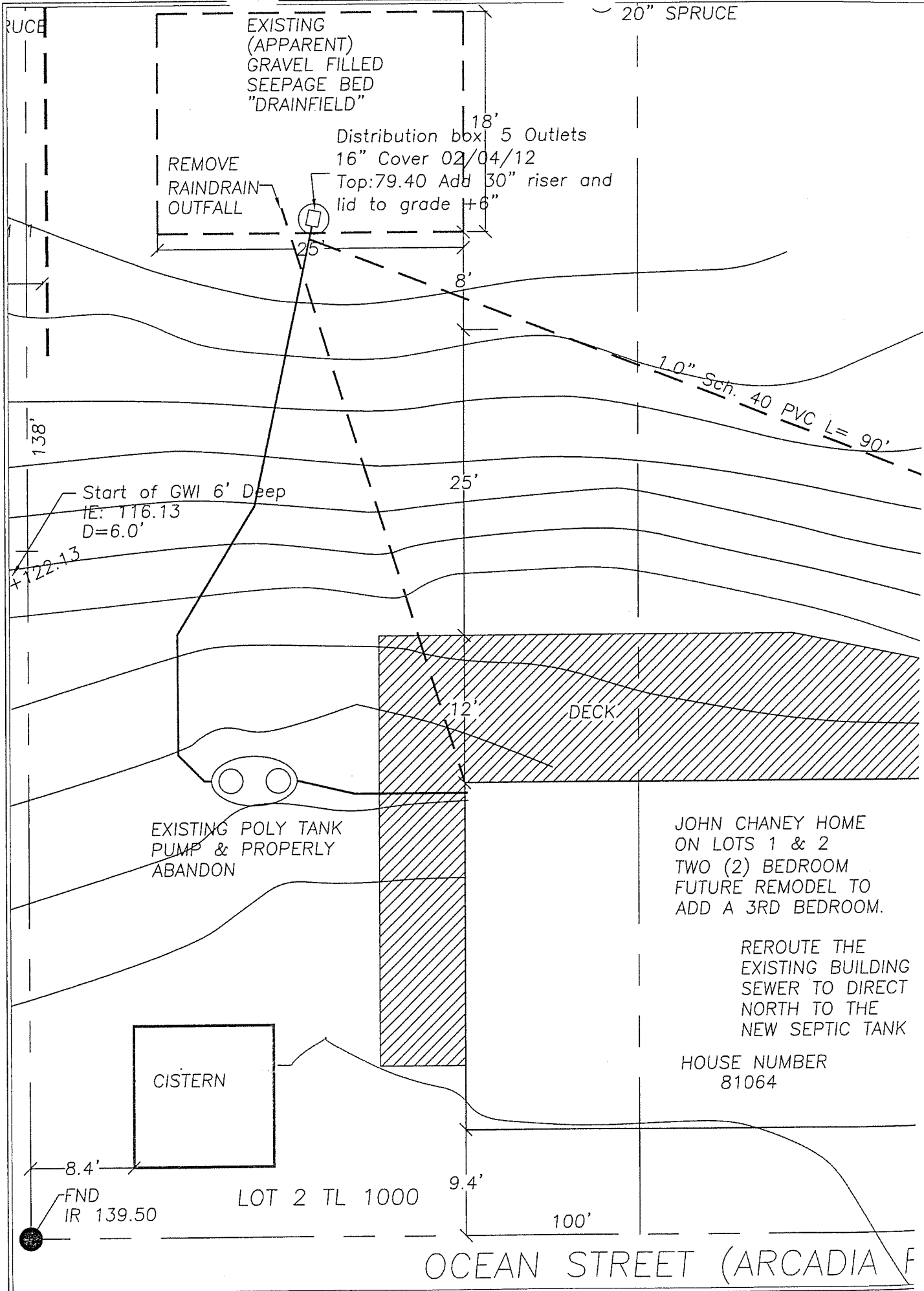
John L. Smits, REHS

john.smits.associates@gmail.com

Ph. (503) 804-0056

Fax (503) 699-2876

DATE: Feb. 20, 2013 SHEET No. 1 OF 1



EXISTING  
(APPARENT)  
GRAVEL FILLED  
SEEPAGE BED  
"DRAINFIELD"

20" SPRUCE

Distribution box 5 Outlets  
16" Cover 02/04/12  
Top: 79.40 Add 30" riser and  
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REMOVE  
RAINDRAIN  
OUTFALL

1.0" Sch. 40 PVC L= 90'

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REROUTE THE  
EXISTING BUILDING  
SEWER TO DIRECT  
NORTH TO THE  
NEW SEPTIC TANK

HOUSE NUMBER  
81064

CISTERN

LOT 2 TL 1000

OCEAN STREET (ARCADIA F

FND  
IR 139.50

8.4'

9.4'

100'

138'

+122.13

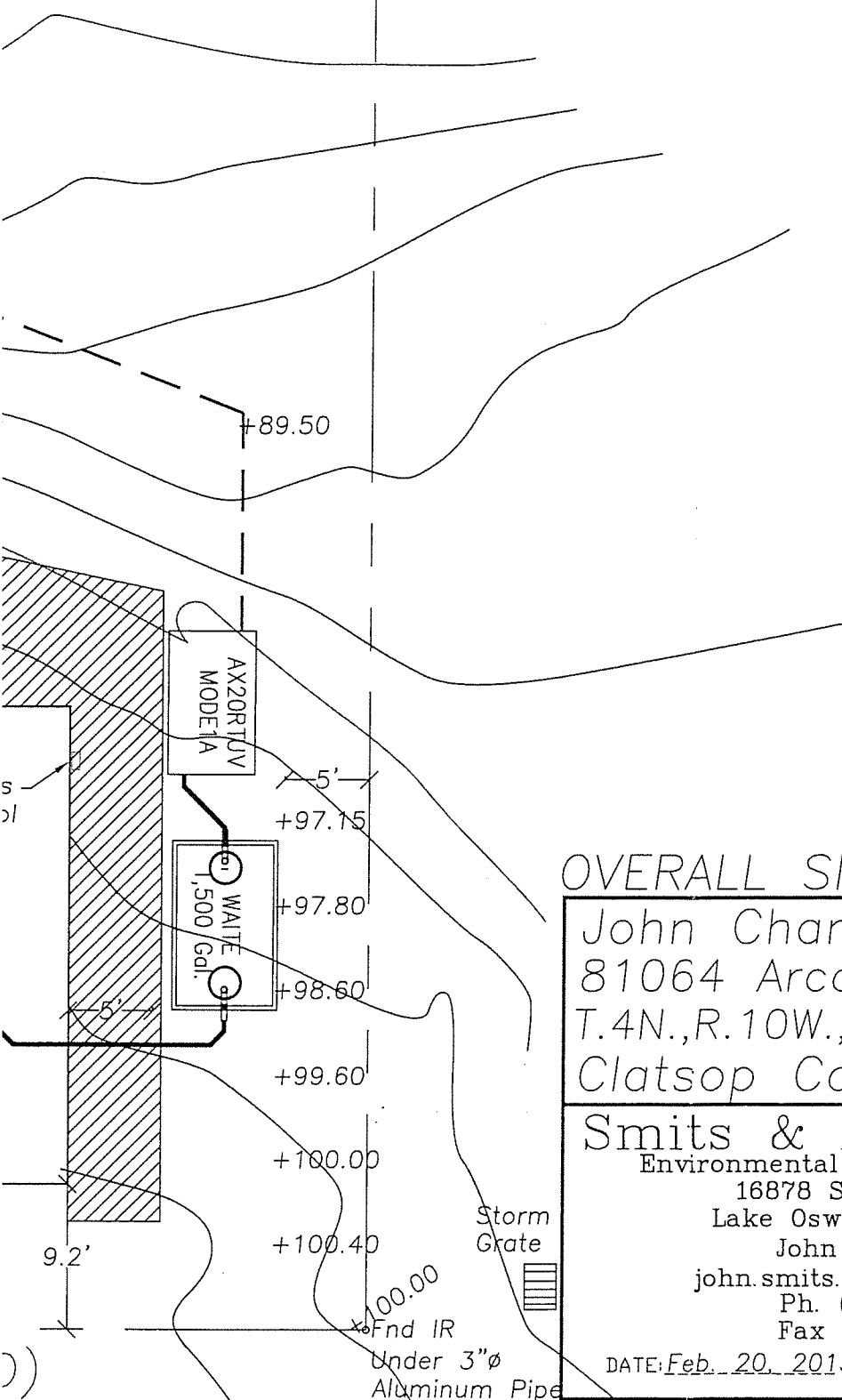
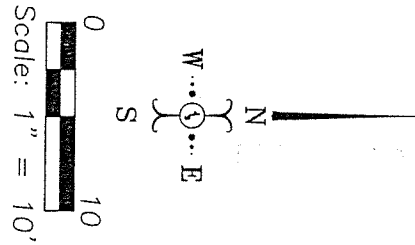
25'

25'

8'

18'

RUCE



RENEWAL DATE  
12/31/13

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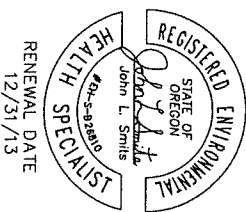
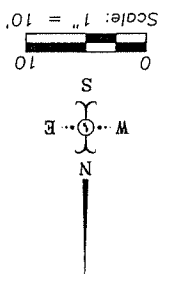
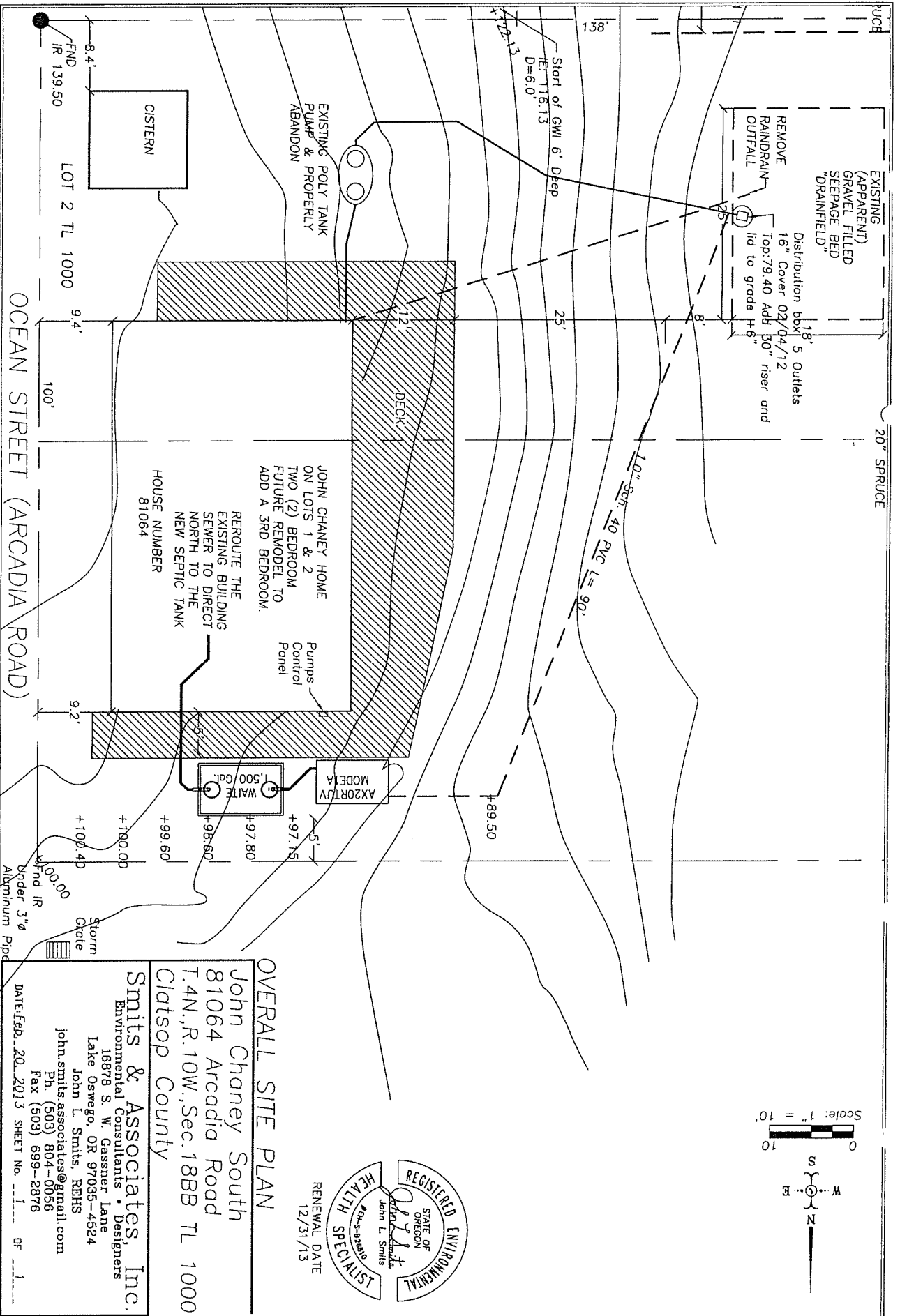
John L. Smits, REHS

john.smits.associates@gmail.com

Ph. (503) 804-0056

Fax (503) 699-2876

DATE: Feb. 20, 2013 SHEET No. 1 OF 1

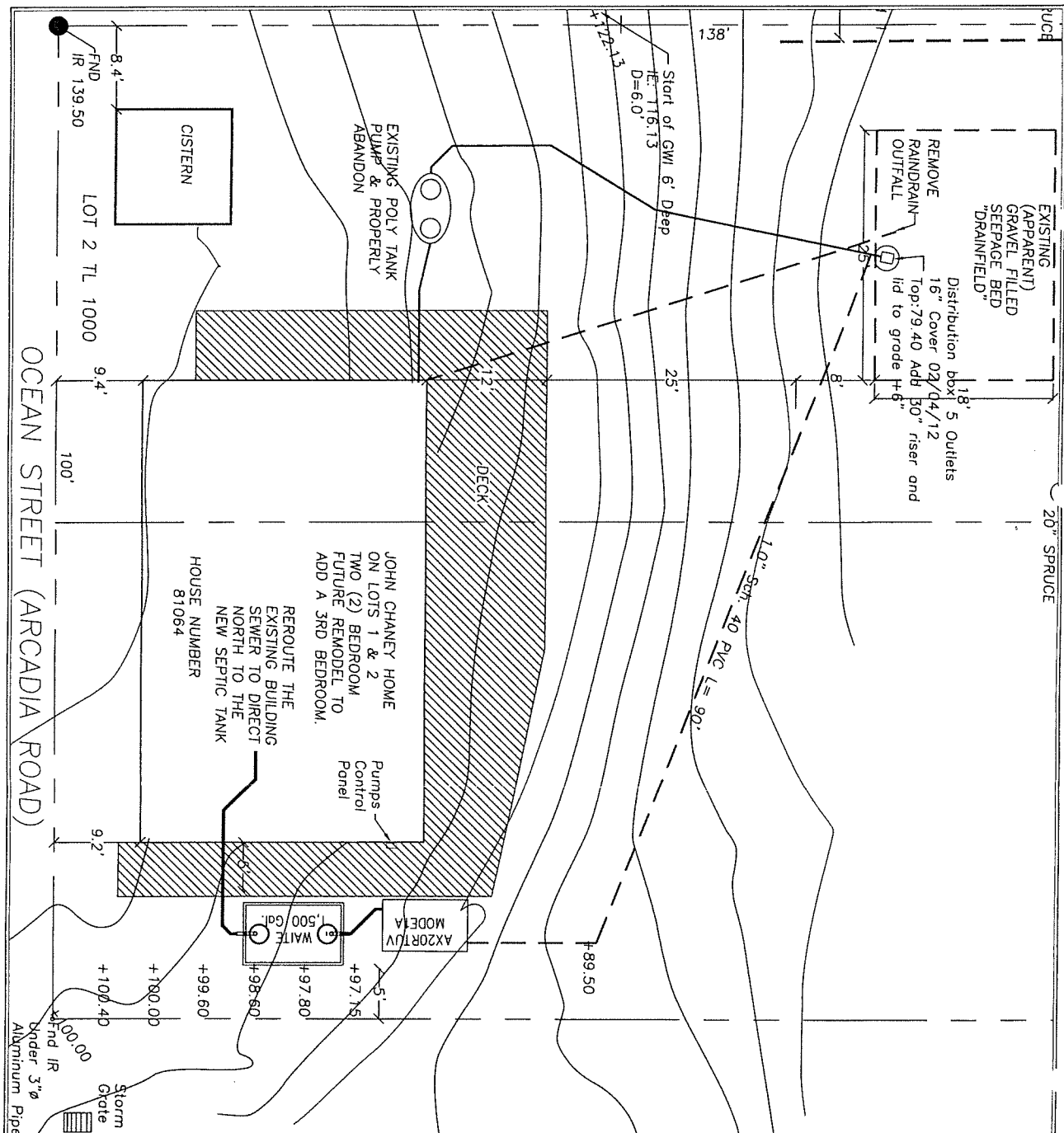


**OVERALL SITE PLAN**

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T.4N., R.10W., Sec.18BB TL 1000  
Clatsop County

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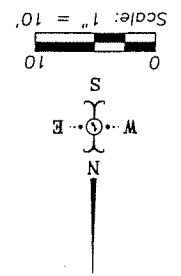
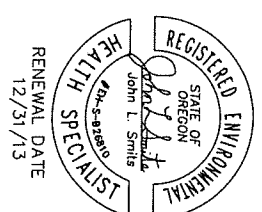
DATE: Feb. 20, 2013 SHEET NO. 1 OF 1

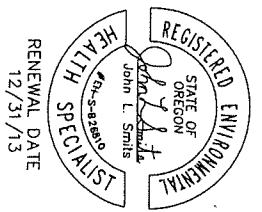
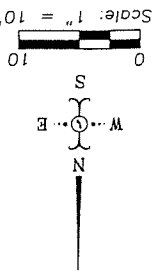
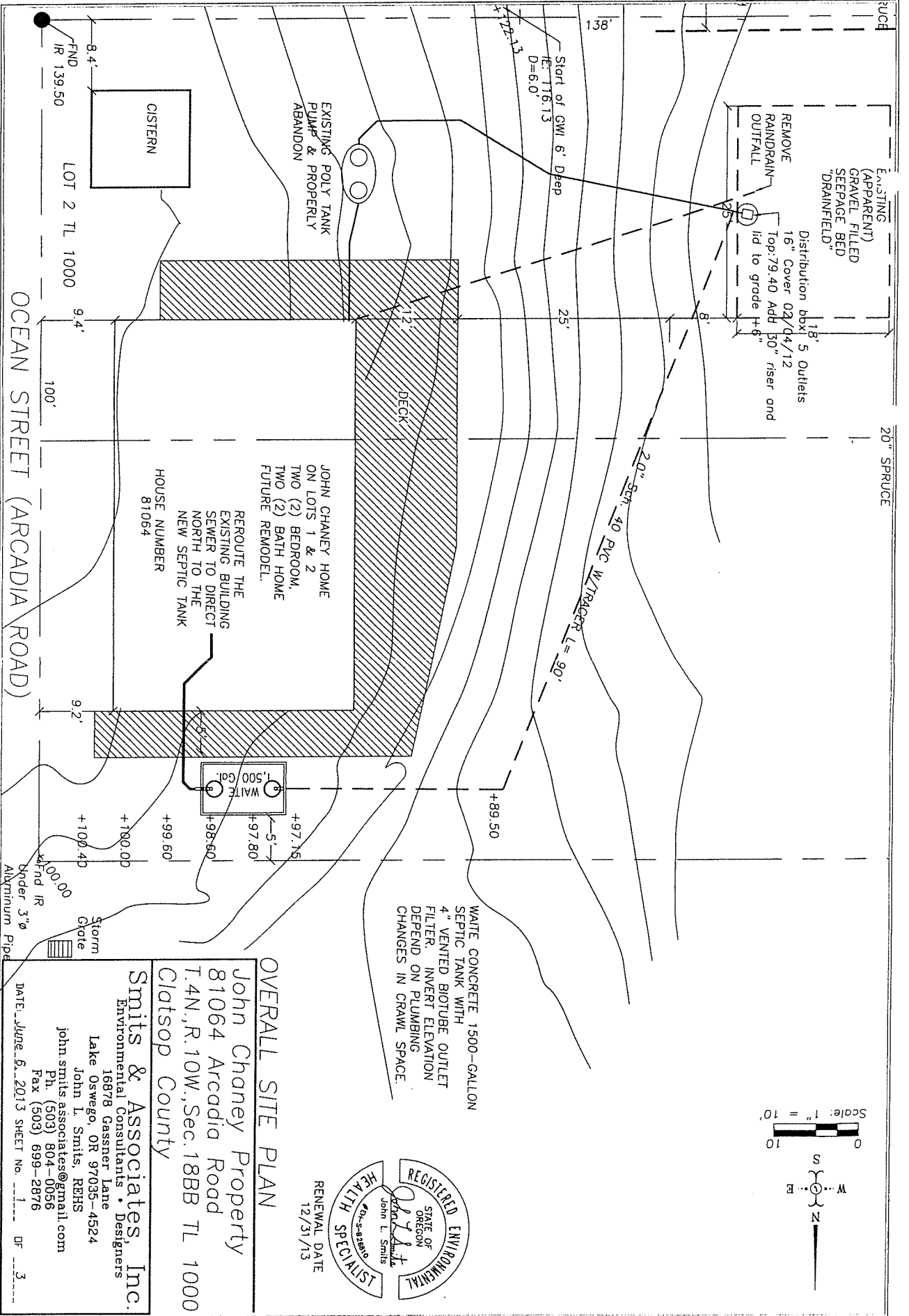


**OVERALL SITE PLAN**  
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 Clatsop County

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 john.smits.associates@gmail.com  
 Ph. (503) 804-0056  
 Fax (503) 699-2876

DATE: Feb. 20, 2013 SHEET No. 1 OF 1





**OVERALL SITE PLAN**  
 John Chaney Property  
 81064 Arcadia Road  
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 Clatsop County

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 john.smits.associates@gmail.com  
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 Fax (503) 699-2876

DATE: June 6, 2013 SHEET NO. 1 OF 3

WAITE CONCRETE 1500-GALLON  
 SEPTIC TANK WITH  
 4" VENTED BIOTUBE OUTLET  
 FILTER. INVERT ELEVATION  
 DEPEND ON PLUMBING  
 CHANGES IN CRAWL SPACE.

JOHN CHANEY HOME  
 ON LOTS 1 & 2  
 TWO (2) BEDROOM,  
 TWO (2) BATH HOME  
 FUTURE REMODEL.

REROUTE THE  
 EXISTING BUILDING  
 SEWER TO DIRECT  
 NORTH TO THE  
 NEW SEPTIC TANK

HOUSE NUMBER  
 81064

EXISTING  
 (APPARENT)  
 GRAVEL FILLED  
 SEEPAGE BED  
 "DRAINFIELD"

Distribution box 18" x 5" Outlets  
 16" Cover 02/04/12  
 Top: 79.40 Add 30" riser and  
 lid to grade +8'

REMOVE  
 RAINDRAIN  
 OUTFALL

EXISTING POLY TANK  
 PUMP & PROPERLY  
 ABANDON

CISTERN

OCEAN STREET (ARCADIA ROAD)

LOT 2 TL 1000

Storm  
 Gully  
 Under 3"ø  
 Aluminum Pipe

+89.50  
 +97.15  
 +97.80  
 +98.60  
 +100.00  
 +100.40  
 +180.00

Start of GWI 6" Deep  
 ELEV. 76.13  
 D=6.0'

2.0" SCH. 40 PVC W/RAFTER L=90'

138'

20" SPRUCE

8.4'

LOT 2 TL 1000

9.4'

100'

9.2'

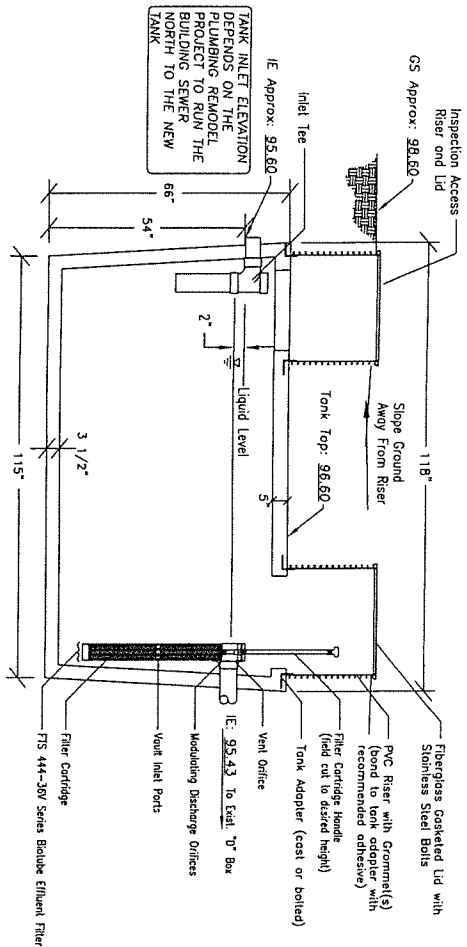
Under IR

Storm Gully

DATE: June 6, 2013 SHEET NO. 1 OF 3

# Septic Tank with 4" Dia. Biotube® Effluent Filter

## Shows Waite Precast Concrete 1,500 Gallon Septic Tank

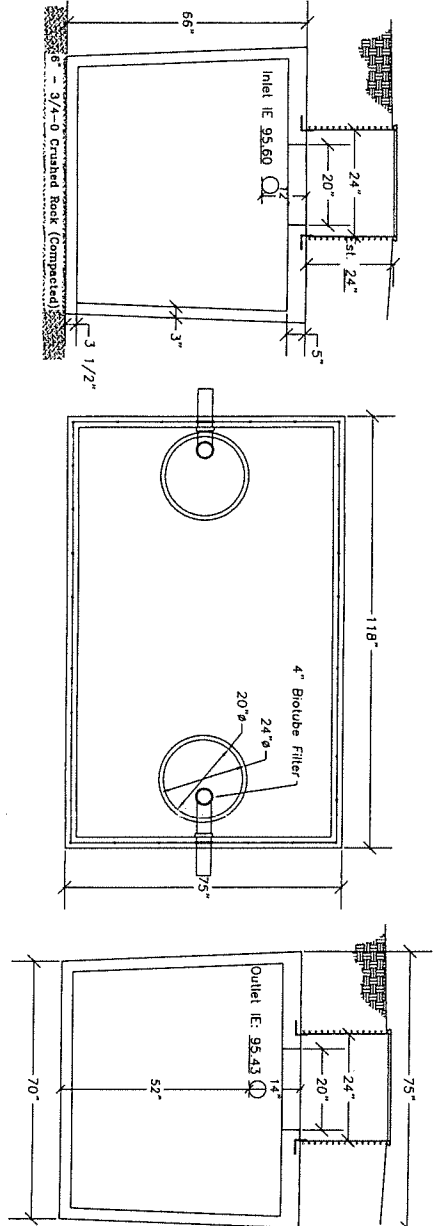


Oranco Systems®  
Incorporated  
814 ARWAY AVENUE  
SUTHERLIN, OREGON  
97479-9012

TELEPHONE:  
(541) 459-4419  
FACSIMILE:  
(541) 459-2884

Drawing modified by:  
J. L. Smits, REHS  
Smits & Associates, Inc.

EDW-10-9  
Rev. 1.0 (2/98)  
Patents # 4,439,323 & 5,492,635  
Foreign Patents Pending  
© 1997, Oranco Systems, Inc.



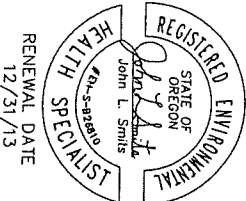
- Tank Water Test:**
1. Test tank inter-tie connections w/min. 18" deep water.
  2. Examine flex couplers for leaks. Repair as needed. Backfill in 12" lifts.
  3. Fill to not more than 4" above any center joint. Observe, patch, etc.
  4. With risers bonded, fill to not more than 2" above tank top.
  5. Measure drop over 24 hours. No loss allowed! Repair/refill/retest.
  6. Any tank that fails twice, will be rejected.
  7. Portioned tanks require testing of wall for watertightness.
  8. Contractor shall certify to DEQ, County and or Designer/Engineer that all tanks have been tested for watertightness and passed.

NEW SEPTIC TANK

John Chaney Property  
81064 Arcadia Road  
T.4N., R.10W., Sec. 18BB TL 1000  
Clatsop County

Smits & Associates, Inc.  
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john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876

DATE: June 6, 2013 SHEET No. 2 OF 3



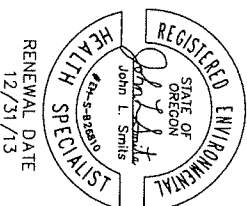


SEPTIC TANK

1 1,500-Gal. Septic Tank Write Concrete Products (Spence Waite)  
24525 SW Pacific Hwy., Canby, OR 97013  
(503) 266-2670 Fax: (503) 266-7466

Materials supplied by OSI (1-800-348-9843) Fax: (541) 459-2884  
Or Authorized Distributors IE: H. D. Fowler (503) 783-3490

QTY	PRODUCT ID	DESCRIPTION
2	RR2424	PVC ACCESS RISER, 24" DIA, 24" LONG OR SET TANK THEN ORDER
2	FL24G-4BU	FIBERGLASS LID, 24"; GASKET, 4 BOLT HOLES
2	MA320	2-PART ADHESIVE FOR RISER TO ADAPTER
2	ADH100	SINGLE COMPONENT ADHESIVE, SEAL INSIDE OF RISERS
1	FTS0222-36V	4" X 36" LONG BIOTUBE, W/1/8" MESH AND VENT LOUVERS.
100'	PVC PIPE	2" SCH 40 PVC & TRACER WIRE TO DISTRIBUTION BOX
1	RR3024	PVC ACCESS RISER, 30" DIA, 30" LONG PLACED OVER EXIST. "D" BOX
1	FL30G	INSTALLER TO PUDDLE PREMIK AROUND BASE OF RISER AROUND "D" BOX FIBERGLASS LID, 30"; GASKET, 2 BOLT HOLES



PARTS LIST

John Chaney Property  
81064 Arcadia Road  
T.4N., R.10W., Sec.18BB TL 1000  
Clatsop County

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john.smits.associates@gmail.com  
Ph. (503) 804-0056  
Fax (503) 699-2876  
DATE: June 6, 2013 SHEET No. 3 OF 3



Concrete Dist. Box  
1 Inlet - 5 Outlets

**SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)**

- 1. Applicant Name/Property Owner: John R. & Patricia K. Chaney  
Mailing Address: P. O. Box 8858  
City, State, Zip: Portland, Oregon 97207-8858  
Telephone: c/o Roberta Day (503) 789-9083
  
- 2. Property Information:  
County: Clatsop Tax Lot No.: 1000  
Township: 4N Range: 10W Section: 18BB  
Physical Address: 81604 Arcadia Road  
Block: 1 Lot: 1 & 2  
Subdivision Name (if applicable): Norrison Park
  
- 3. This proposed facility is for:  
 An individual, single-family dwelling.  
 Other. Describe the type of development, business, or facility and the provided services or products: Apply for a DEQ septic system major alteration permit.
  
- 4. Permit or approval being requested:  
 Construction-Installation permit for:       New Construction       Repair       Alteration  
 Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds).  
 Authorization Notice for:       Replacement of dwelling       Bedroom addition  
 Other changes in land use involving potential sewage flow increases

**SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**

- 5. Property Zoning: CR Zoning Minimum Parcel Size: 20,000 Sq. ft.
  
- 6. The facility is located:     inside city limits     inside UGB     outside UGB  
If inside UGB, the proposed facility is subject to:  
 City jurisdiction     County jurisdiction     Shared City/County jurisdiction
  
- 7. Does the proposed facility comply with all applicable local land use requirements:     Yes     No  
If you answered "Yes" above, was this compliance based on:  
 Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)  
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)  
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)  
Either provide reasons for affirmative compliance decision or attach findings of fact: LWDUO 3.114(1)
  
  
- 8. Planning Official Signature: Jennifer Bunch  
Print Name: JENNIFER BUNCH Title: SENIOR PLANNER  
Telephone: 503 325-8611 Date: 2/25/13

CLATSOP COUNTY WEBMAPS  
Real Property Map Summary for the  
Current Tax Year

Reports:

- [Current Tax Statement for Account 2442](#)
- [Annual Appraisal Report for Account 2442](#)
- [Payment and Appeal Instructions](#)

Account Info:

Taxlot Key:	41018BB01000	Property Class:	<u>101</u>
Account Number:	2442	Structure Class:	<u>131</u>
Real Market Value:	272173	Neighborhood:	I4
Assessed Value:	259586	Maintenance Area:	4
Primary Situs:	81064 Arcadia Rd Cannon Beach		
Tax Map PDF:	<a href="#">Click to View Image</a>		

Owner Info:

Owners: Chaney John R/Patricia K

Agents:

PO Box: 8858

Mailing Address: Portland, OR 97207

Land Size Info:

Account Num:	Taxcode:	Acres:
2442	1012	0.35

Property Info:

Account Num:	Year Built:	Num Stories:	Sq Ft:	Num Bathrooms:	Num Bedrooms:	Property Diagram:
2442	1965	1	784	1	2	<a href="#">Click to View Image</a>

Recent Transactions:

Account Num:	Instrument Num:	Sale Date:	Sale Price:
--------------	-----------------	------------	-------------

Special Interest Info:

Account Num:	Spec Int Type:	Spec Int Num:
2442		

Contact the Clatsop County Assessor's Department for more information or questions about this report.  
503-325-8522  
assessor@co.clatsop.or.us

*Disclaimer: The information and data included on Clatsop County servers have been compiled by County staff from a variety of sources, and are subject to change without notice. Clatsop County makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of such information and data. In any situation where the official printed publications of Clatsop County differ from the text contained in this system, the official printed documents take precedence.*

Receipt Number: 150714



Oregon Department of Environmental Quality  
Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146

Date Received 2/25/2013

Received From **Patricia Chaney**  
(Check Name): **PO Box 8858**  
**Portland, OR 97207**

For **T04N R10W S18 BB**  
Property **TaxLot 1000**  
At: **Clatsop County**  
**81604 Ocean Street**  
**Cannon Beach, OR 97110**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
612.00	Check	11541	24-22	612.00

Total Amount Applied \$612.00

**Onsite Fees**

Base Fee:	<b>552.00</b>
Surcharge Fee:	<b>60.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$612.00</b>

**Application Description**

Application ID: **414152**  
Application Type: **Alteration Permit**  
**Single Family Dwelling-Major**  
  
System Type: **Unknown**  
Pump Evaluation: **No**  
Flow: **450** gallons/day

**Payments**

Previous Payments:	<b>0.00</b>
Current Payment:	<b>612.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$612.00</b>

**Receipt Amount: \$612.00**

**Received By:**

**Vicky Schiele**

**Date of Entry:**

**2/25/2013**

1967

PER

LINE

ARCADIA

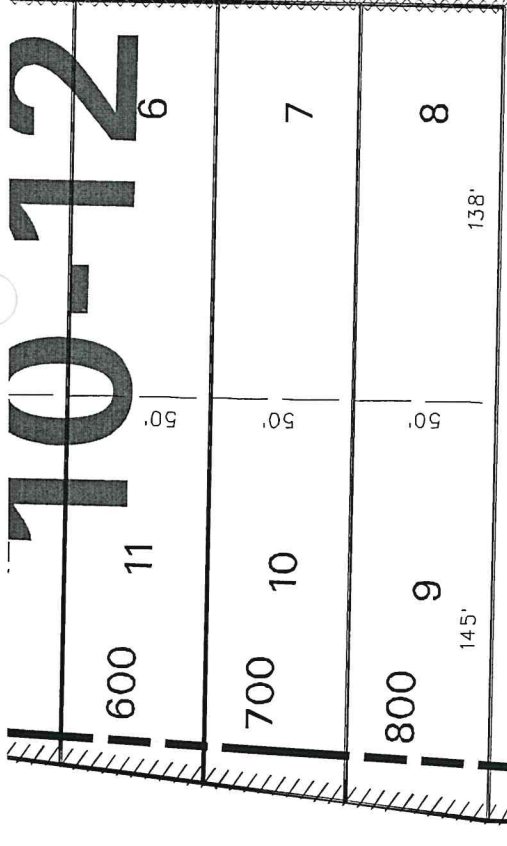
ELEV.

5.7'

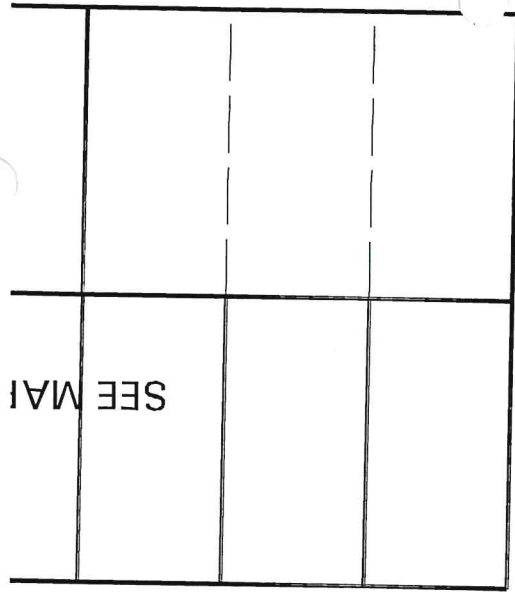
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OCEAN

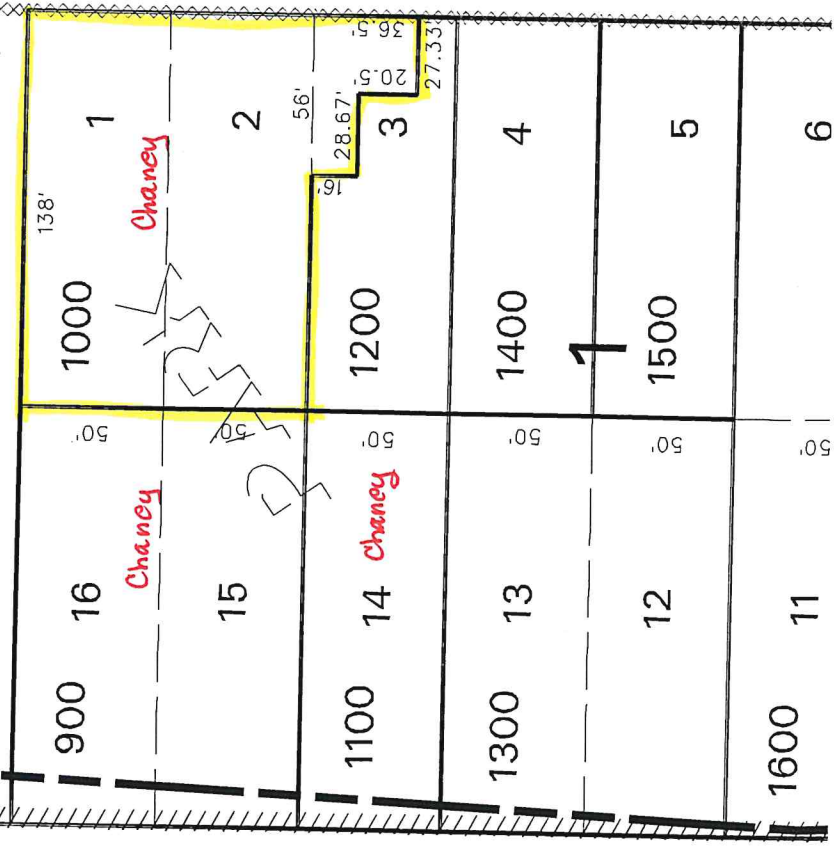
# 10-12



SEE MAI



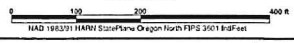
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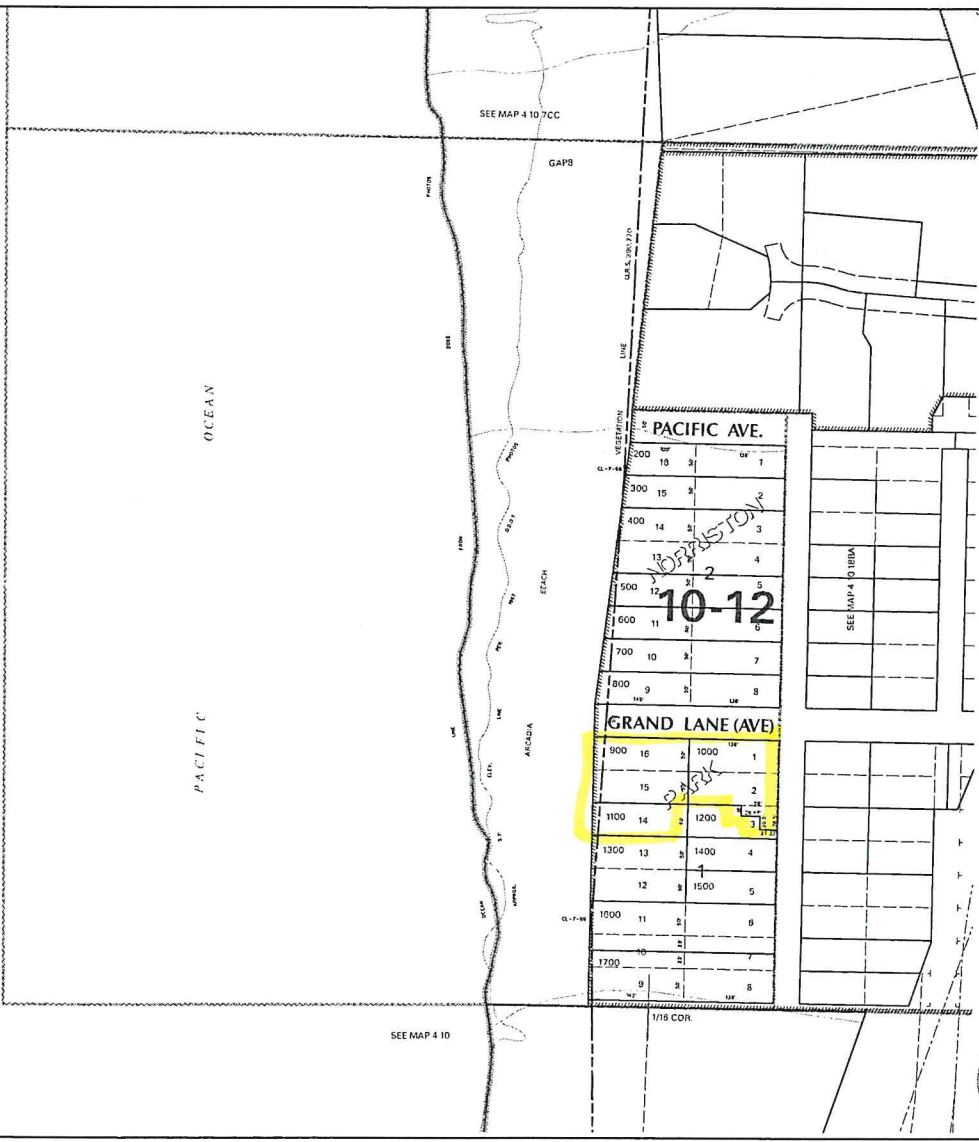
CL-7-99

DEPT. OF LAND AND FORESTRY  
 PLANNING  
 FEB 13 2013  
 NORTH OREGON DISTRICT OFFICE  
 WASHINGTON

T4N R10W SEC 18BB WM  
 CLATSOP COUNTY  
 Scale 1:1200



Cancelled  
 Accounts  
 1/13  
 0/13



1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32



This map was prepared for purposes of...  
 Clatsop County, Oregon  
 February 13, 2013

4.10.18BB

23146

Control No.

STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 89-128

Scan ID

414152

\$ 55.00

Fee

New Construction

Repair

Other \_\_\_\_\_

Permit Issued To Estella Rytsala 4N 10W 18BA 100 Clatsop  
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Ocean St. & Grand Ave. Arch Cape Chuck Hopkins 10-31-89  
(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 October 31, 1990

TYPE OF SYSTEM \_\_\_\_\_

Design of Sewage Flow \_\_\_\_\_ Gallons/Day

Septic Tank Volume 1000 Gallons Disposal Trenches  Seepage Bed(s)  \_\_\_\_\_ Square Feet

Maximum Depth \_\_\_\_\_ inches. Minimum Depth \_\_\_\_\_ inches. \_\_\_\_\_ Linear Feet

Equal  Loop  Serial  Pressurized  Minimum Distance Between Trenches \_\_\_\_\_

Total Rock Depth \_\_\_\_\_ inches. Below Pipe \_\_\_\_\_ inches. Above Pipe \_\_\_\_\_ inches.  Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Replace septic tank only.

PRE-COVER INSPECTION REQUIRED — CONTACT Astoria DEQ - 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Seacost Nursery Constr.

Final Insp. Date \_\_\_\_\_

See As-Built submitted by Installer

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.

Chuck Hopkins  
(Authorized Signature)

Environmental Specialist  
(Title)

11-15-89  
(Date)

Astoria  
(Office)



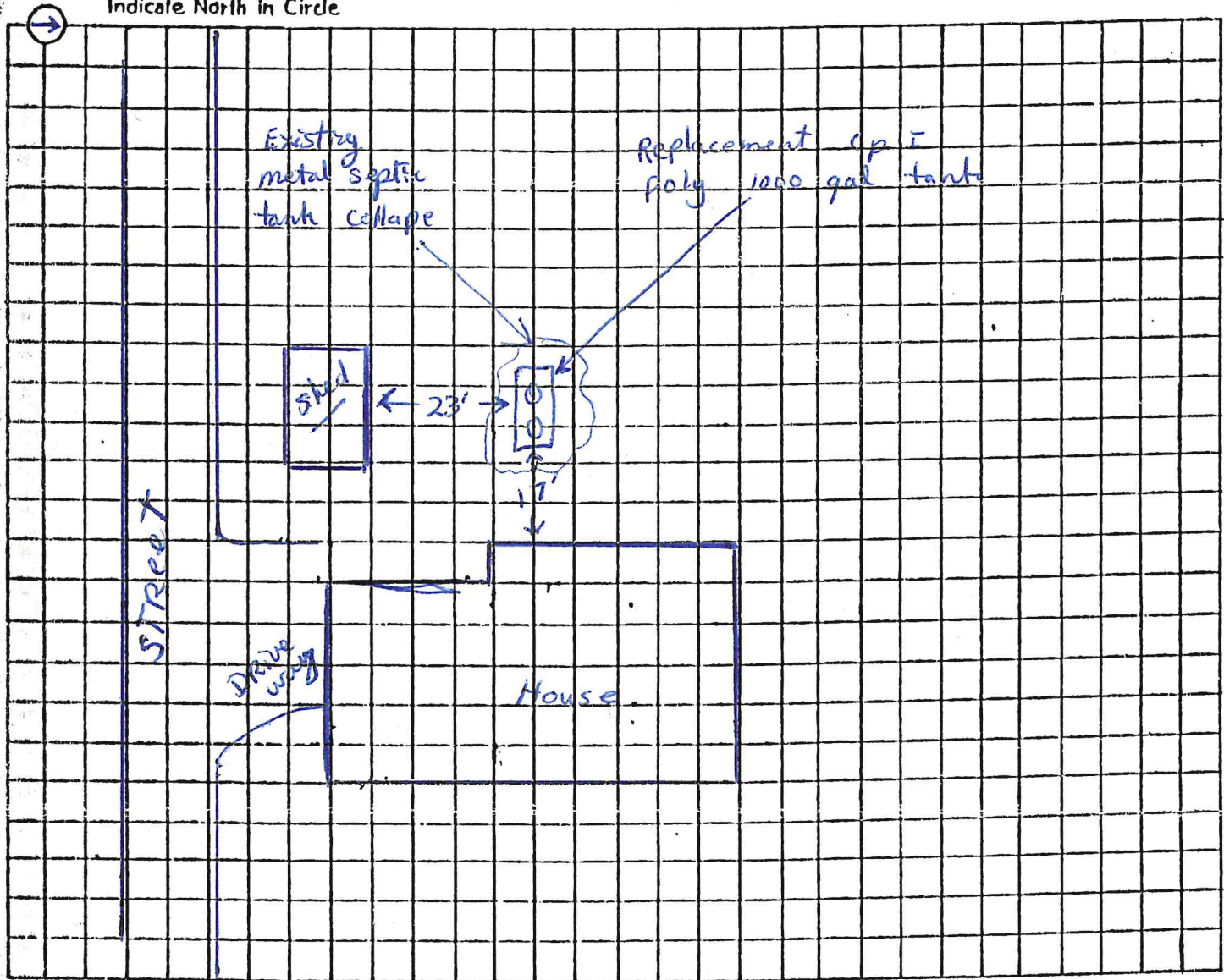
STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
PLOT PLAN

Property Owner Estella Rytasala Date 9-24-89

Location: T. 4 R. 10 Sec. 18 BA Tax Lot/Acct. No. 100

Indicate North in Circle



REMARKS: mile post #33 Hwyway 101

FOR DEQ USE ONLY

- Approved
- Disapproved

Permit Number \_\_\_\_\_  
By: Chuck Hopkins 10-19-89  
(SANITARIAN SIGNATURE) (DATE)

DATE	ENTER VERY	FLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DAT	TRANSCRIPT OF LETTERS	WORK
8-24-65	O.V.	Mr James H. Nichols from Outlook Washington was in regarding sewage disposal for a 1 bedroom basement home he plans to build. He said he had 3 lots were located just south of the Breakers Motel. talked to him regarding sewage disposal, etc. Gave him a bulletin on sewage disposal. He will level area for house + disposal system. Recommended system be installed at rear of house. He is Commissioner of Yakima Co Wash.		BRU
8-25-65		Rec building permit #128. Bldg will be 1072 sq ft. Plans show house with set back only. Letter mailed to Mr Nichols asking for more information regarding area to be leveled & where house will sit. We want 35' in back for the disposal system & plus space for a disposal field. Bldg permit can't be signed until we have this information.		BRU
8-27-65	P.C.	Mr Nichols called from Outlook Washington said he forgot to leave the right property map. But that he had 30' in back of the house also a shelf in front about 40' down - and would grade any area I would suggest for a disposal field. Besides told him O.K. I signed Co bldg permit #128 at Co Court room today.		BRU
4-7-66	P.C.	talked to Mrs Ralt McEwan Reg sewage disposal. It appears that the ground could slide. told Mrs McEwan for her husband to fill the lower <del>part</del> level with sand & put 125' talls in trenches 3' wide. This will be a tough job. I hope it works O.K.		BRU
7-66		System installed by Ralt McEwan		BRU

NAME OF ESTABLISHMENT OR FACILITY	OWNER	OPERATOR	DATE CHANGED
<i>Nichols, James H.</i> E <i>411270</i>		<i>410-18 DA-100,700</i>	

ADDRESS: *NEXT DOOR TO THE BREAKERS MOTEL TALAMONA PARK* FILE CODE:

- TYPE OF ESTABLISHMENT OR FACILITY: (SPECIFY EXACT TYPE; I.E., GROUP CARE - HOSPITAL, DAY NURSERY, ETC.)
- A—DISPOSAL SITE \_\_\_\_\_ I—PROPOSED BLDG. SITE \_\_\_\_\_  
 B—FOSTER HOME \_\_\_\_\_ J—PUBLIC PREMISE \_\_\_\_\_  
 C—GROUP CARE \_\_\_\_\_ K—PUBLIC WATER SYSTEM \_\_\_\_\_  
 D—ICE PLANT \_\_\_\_\_ L—SCHOOL \_\_\_\_\_  
 E—INDUSTRIAL PREMISE \_\_\_\_\_ M—SUMMER CAMP \_\_\_\_\_  
 F—INSTITUTION \_\_\_\_\_ N—SWIMMING POOL \_\_\_\_\_  
 G—LABOR CAMP \_\_\_\_\_ O—MILK ESTABLISHMENT \_\_\_\_\_  
 H—PRIVATE PREMISE *1 B.R. (NEW)* \_\_\_\_\_ P— \_\_\_\_\_

SAMPLES COLLECTED	DATE	RESULT	TESTS PERFORMED	DATE	RESULT

COMPLAINT REGISTERED BY \_\_\_\_\_ ON \_\_\_\_\_  
 COMPLAINANT'S REMARKS \_\_\_\_\_

SANITATION SERVICE RECORD LHS-8 REV. 10-58

FIELD INSPECTION RECORD COMPLETED:

RECORD CODE	TITLE OF FORM
1	ICE FACTORY INSPECTION FORM
2	SCHOOL AND INSPECTION FORM
3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
7	STATE VET LOAN REPORT
8	FHA HOME LOAN REPORT
9	OTHER HOME LOAN REPORT
10	<i>Oldg Prem. #128</i>
11	
12	

RECORD CODE	DATE FORM COMPLETED

SKETCHES, GRAPH, DIAGRAM (SHOW LOCATION)


OWNER

DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKER
-24-65 O.V.	<p>Mr James H. Nichols from Outlook Washington was in regarding sewage disposal for a 1 bedroom bungalow home he plans to build. He said he had 3 lots were located just south of the Breakers Motel. talked to him regarding sewage disposal, etc. Gave him a bulletin on sewage disposal. He will level area for house &amp; disposal system. Recommended system be installed at rear of house. He is Commissioner of Yakima Co Wash.</p> <p>Mr Nichols called &amp; said he would have Carl Kell of Seaside be the general contractor.</p>	BRU
-25-65	<p>Re. building permit #128. Bldg will be 1072 sq ft. Plans show house with set backs only. Letter mailed to Mr Nichols asking for more information regarding area to be leveled &amp; where house will sit. We want 35' in back for the disposal system &amp; plus space for a disposal field. Bldg permit can't be signed until we have this information.</p>	BRU
-27-65 P.C.	<p>Mr Nichols called from Outlook Washington said he forgot to leave the right property map. But that he had 36' in back of the house also a shelf in front about 40' down - and would grade any area I would suggest for a disposal field. Heider told him o.k. I signed Co bldg permit #128 at Co Court room today.</p>	BRU
7-66	<p>P.C. talked to Mrs Robert McEwan Re: sewage disposal. It appears that the ground could slide. told Mrs McEwan for her husband to fill the house <del>with</del> level with sand &amp; put 125' tile in trench 3' wide. This will be a tough job. I hope it works o.k.</p>	BRU
-66	<p>System installed by Robert McEwan</p>	BRU

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 10-16-89
Date Completed 11-15-89
Required Fee 55.00
Receipt No. 42914
Control No. 23146

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
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED ... YES NO ATTACHED ... YES NO
VICINITY OR TAX LOT MAP REQUIRED ... YES NO ATTACHED ... YES NO
TEST HOLES REQUIRED ... YES NO ATTACHED ... YES NO
LAND USE COMPATIBILITY STATEMENT ... YES NO ATTACHED ... YES NO

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

Estella Rytsala
4 10 18BA 100 Clatsop
Single Family Residence Three
Directions to Property: milepost 33 Highway 101 N

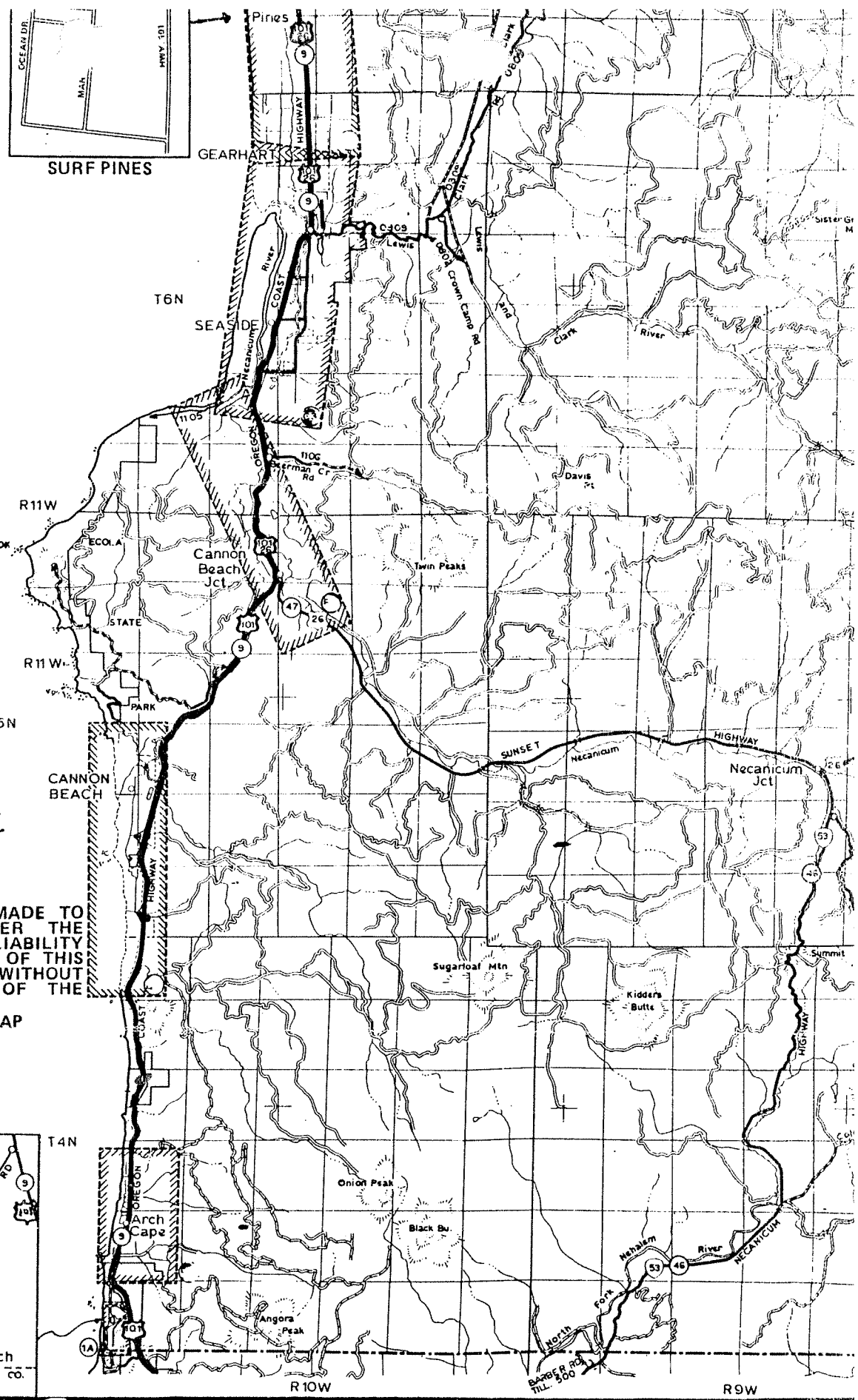
By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

David Daly
8-28-89
Owner
Authorized Representative
S.D.S. License No. 33079P

Owner's Mailing Address
Estella Rytsala
259 Alameda
Astoria, OR 97103
Phone:

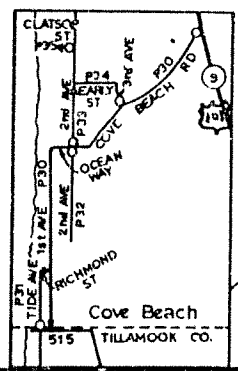
Applicant's Mailing Address (if different)
Seacoast Nursery Construction, Inc.
3111 Highway 101 North
Seaside, Oregon 97138
Phone 738-6401

- KEITH LARSON RD ..... A-3
- KERRY RD ..... E-3
- LABISKE RD ..... B-2
- ..... B-3
- LEMPKE RD ..... B-3
- LEWIS & CLARK RD B-3
- LEWIS & CLARK WAH-
- ANNA RD ..... B-3
- LILLEN RD ..... C-3
- LITTLE WALLUSKI -
- ROAD ..... B-2
- LOGAN RD ..... B-3
- LOUKAS RD ..... A-3
- LOWER NEHALEM RD -
- ..... C-6
- LUUKINEN RD ..... D-1
- MATTSON RD ..... C-6
- McGREGOR RD ..... E-8
- MEEKER RD ..... D-6
- MILITARY CREEK RD -
- ..... E-5
- MIME RD ..... A-3
- MROSE RD ..... C-2
- MUDD RD ..... B-3
- MULLENBACH RD ... D-5
- NEHALEM RD ..... C-3
- NEHALEM RIVER RDC 8
- NICOLAI MTN. RD ... E-3
- NICHOLAI RIDGE RDE-3
- NORDLUND RD ..... C-3
- NORTH FORK RD ..... B-6
- NORTHRUP CREEK -
- ROAD ..... E-4
- OLD RD ..... E-4
- OLNEY CUTOFF RD C-3
- PERRY SMITH RD ..... E-4
- PETER JOHNSON RD B-3
- PIG PEN RD ..... D-3
- POPE RD ..... D-5
- RED BLUFF RD ..... D-5
- RHODES RD ..... E-5
- SADDLE MTN. RD ... D-3
- SARAJARVI RD ..... B-3
- SEPPA RD ..... A-3
- SHINGLE MILL RD ... E-2
- SIMPSON RD ..... E-3
- SLY EXT. RD ..... C-2
- TUCKER CREEK CUT-
- OFF ..... B-3
- TWEEDLE RD ..... D-5
- UNDSWENSK RD ..... B-3
- WADSWORTH RD ..... B-3
- WAGE RD ..... D-5
- WALLUSKI LP RD ... B-2
- WALTON RD ..... C-6
- WANSTROM RD ..... E-4
- WHEELER CAMP SPUR -
- ..... E-6
- WICKUP SPRING RD D-3
- YOUNGS LP RD ..... B-2
- YOUNGS RIVER LOOP-
- ROAD ..... B-3



EVERY EFFORT HAS BEEN MADE TO INSURE ACCURACY HOWEVER THE PUBLISHER ASSUMES NO LIABILITY DUE TO ERRORS. NO PART OF THIS MAP MAY BE REPRODUCED WITHOUT THE WRITTEN PERMISSION OF THE PUBLISHER.

UNIVERSAL LABEL & MAP  
 1745 25th ST. S.E.  
 SALEM, OREGON  
 97302  
 (503) 581-2519



**A**

**B**

# Clatsop County Planning Commission

## BUILDING PERMIT APPLICATION

Astoria, Oregon NICHOLS, Jim H. and Cletus Arch Cape. **FA 5-4221**

Permit No. 128  
 Fee \$5.00  
 Receipt No. 2023  
 Zone \_\_\_\_\_  
 Map Number \_\_\_\_\_  
 Neighborhood No. \_\_\_\_\_  
 Census Tract \_\_\_\_\_  
 Sanitation Dept. Not  
 Approval  applicable   
 By Buckley R. Vaughan R-S  
 Date 8-27-65  
 Building Inspector Approval \_\_\_\_\_

Use: (Check one)  Single Family Res.  
 Multiple No. of Units \_\_\_\_\_  Other \_\_\_\_\_  
 No. of  
 New Construction Bedrooms 1 Sq. Ft. of Bldg. 1072 sq ft  
 Trailer (including garage)  
 Addition  
 Alteration Value \$4,000 00

Address Norrison Park  
 City Zip  
 Between Tolovana and Arch Cape

Legal Description \_\_\_\_\_  
 Lot 1, 2, & 14 Block 1 Addition Norrison Park  
 Owner Jim H. Nichols & Cletus R Nichols

Address Rt # 1 Outlook Washington  
 Builder out on bids

Address Cannon Beach  
 Plans By Self

Architect  Designer  Owner  Builder  None

By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Fire Marshal  
 By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Zoning Approval  
 By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Permit Issued  
 By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Permit Expires \_\_\_\_\_  
 if Construction has not started

Lot Area	Lot Provides	Lot Requires
	<u>14,000 sq ft</u>	
Lot Width	<u>140'</u>	
Lot Depth	<u>100'</u>	
Front Yard	<u>20'</u>	
Side Yard L	<u>60'+</u>	
Side Yard R	<u>10'</u>	
Rear Yard	<u>36'</u>	

Over hang 2'  
 Garage or Carport  
 Attached  Detached  no Prov.  
 Parking Space  
 One  Two  Three or more  
 Sewage Disposal:  septic tank  
 Sewer District \_\_\_\_\_

also lot 14 joining S-W. of lots 1 & 2 - adding 7,200 sq ft.  
 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.

8 - 24 - 65 Jim H. Nichols Sunnyside 837-2720  
 Date Signature Phone

Cletus R. Nichols

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

Aug. 25, 1965

Mr. John W. Nicholas,  
Route 1,  
Guthrie, Oklahoma.

Dear Mr. Nicholas:

The plans you left at the County Court House are not adequate, as we would need to know the amount of ground that will be travelled and the location of the house on your property.

As we discussed in the office last Monday, it is recommended that the sewage disposal system be installed in back of the house, as you know, the ground is clay. You would need to have at least thirty five feet from the house to the property line in back, in order to get in your tile field.

We will be unable to clear the Building Permit until we receive the above information.

Sincerely yours,

CHARLES EARL WEAVER, DEPT.

Darthey R. Vaughan, U.S.,  
Oklahoma County Sanitarian.

BW:v

*Plans been revised  
& adequate room is  
available for sewage  
disposal system.*  
BRU



CLATSOP COUNTY  
NE 1/4 NW 1/4 SEC 18 T 4 N R 10 W N 1

4 10 18BA

PROPERTY  
OF THE  
CLATSOP COUNTY  
ASSESSORS OFFICE

Scale 1" = 33'

See Map 4 10 72D

SEE Map 4 10

OCEAN PACIFIC

Line 5



NOTE: ALL ASSESSED  
PROPERTY MUST BE  
RECORDED WITHIN 90  
DAYS OF THE END OF  
THE YEAR.

4 10 18BA

T4N R10W SEC 18BB WM  
 CLATSOP COUNTY

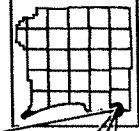
Scale 1:1200



DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED

OCT 21 2004

NORTH COAST BRANCH OF  
 WARRENTON

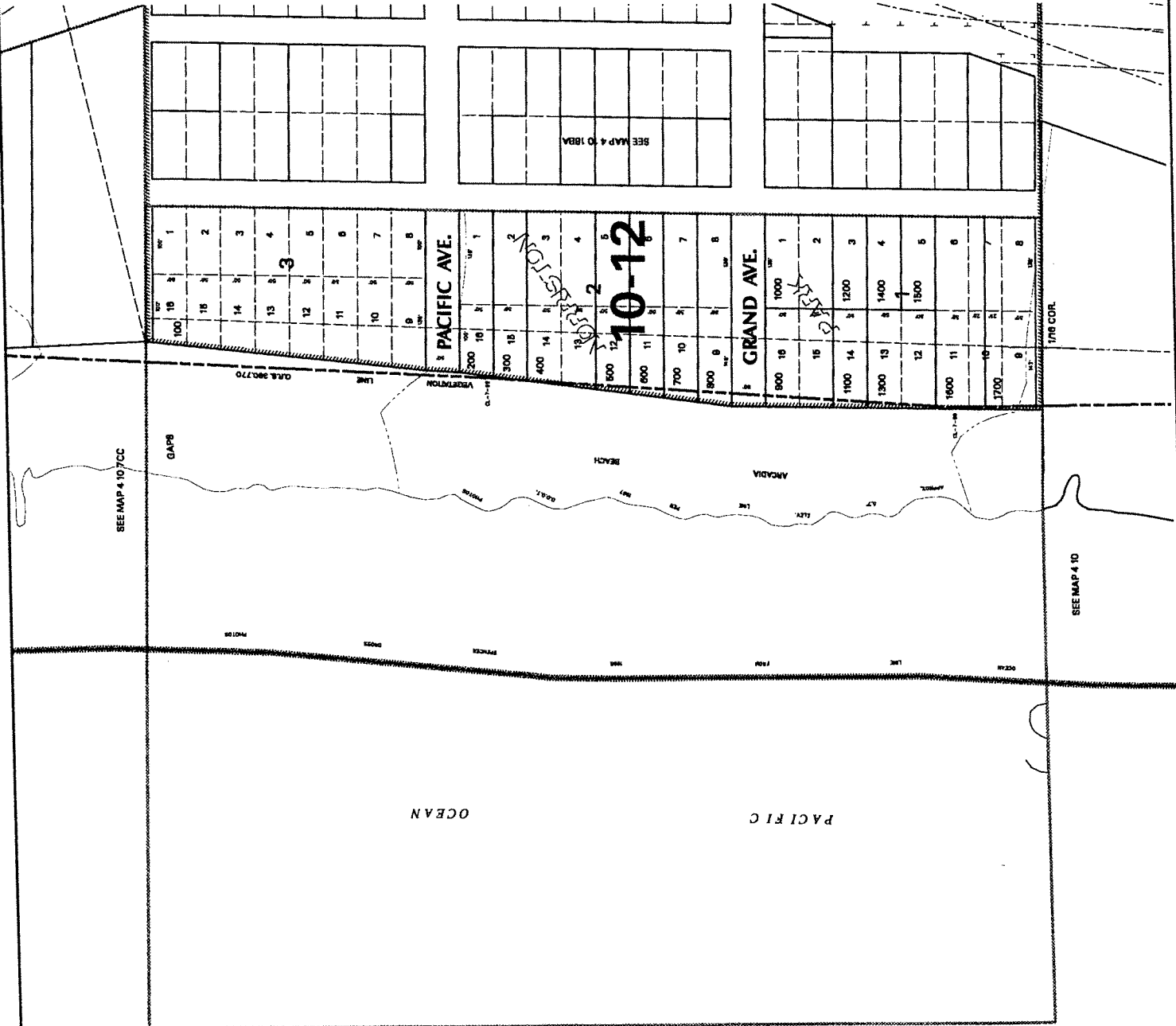


June 04, 2004

4.10.18BB

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
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THIS MAP WAS PREPARED BY THE CLATSOP COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY. THE CLATSOP COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED BY OTHER SOURCES.



SEE MAP 4 10 7CC

SEE MAP 4 10 18BA

SEE MAP 4 10

OCEAN

PACIFIC

PACIFIC AVE.

GRAND AVE.

10-12

NOTED

1/8 COR.