

Alteration Permit - Single Family Dwelling-Major #50053

This Alteration Permit - Single Family Dwelling-Major Permit OS413539 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Marc Felisky** Clatsop County
Property Location **79532 Ray Brown Road, Arch Cape** Township 04N, Range 10W, Section 31 BB
Facility Type: **Single Family Dwelling** Tax Lot 203
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

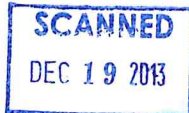
System Type: Pressure Distribution

Design Flow:	450 gals/day	Drain Media Total Depth:	18 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	12 inches
Minimum Dosing Tank Size:	500 gals	Drain Media Above Pipe:	2 inches
Distribution Type:	Pressurized	Rake Sidewall:	Required
Total Trench Length:	185 Linear feet		
Trench Spacing:	8 feet*		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	30 inches		
Minimum Trench Depth:	30 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Keep all fill from driveway and garage excavation off the drainfield area. A barrier is suggested to keep all traffic and construction equipment off drainfield area. Filling or grading of the drainfield area may void this approval and permit.
- 2 Ok to use serial distribution instead of pressurized distribution. Contact DEQ for further information.
- 3 The existing driveway shall be eliminated, scarified and seeded to grass and shall be available for the future replacement area.
- 4 The flow controller valves shall be at an elevation above the top disposal trench, to prevent backflow from the upper line to the lower lines.
- 5 Tracer wire required.
- 6 Vehicular traffic and livestock must be restricted from the system area.
- 7 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 8 The alarm and pump must be on separate circuits in the control panel.
- 9 Meet all required setbacks.
- 10 All roof drains must be directed away from the system.



- 11. An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- 12 Each trench to be level and on contour.
- 13 Filter fabric is required over the drain media.
- 14 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

- 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.
- 2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 3 A squirt test inspection of the pressurized piping system is required.

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

<i>Bernie Duffy</i>	Onsite Wastewater Specialist	12/19/2013	12/19/2014
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.

Attachment 1 to Alteration Permit - Single Family Dwelling-Major

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.

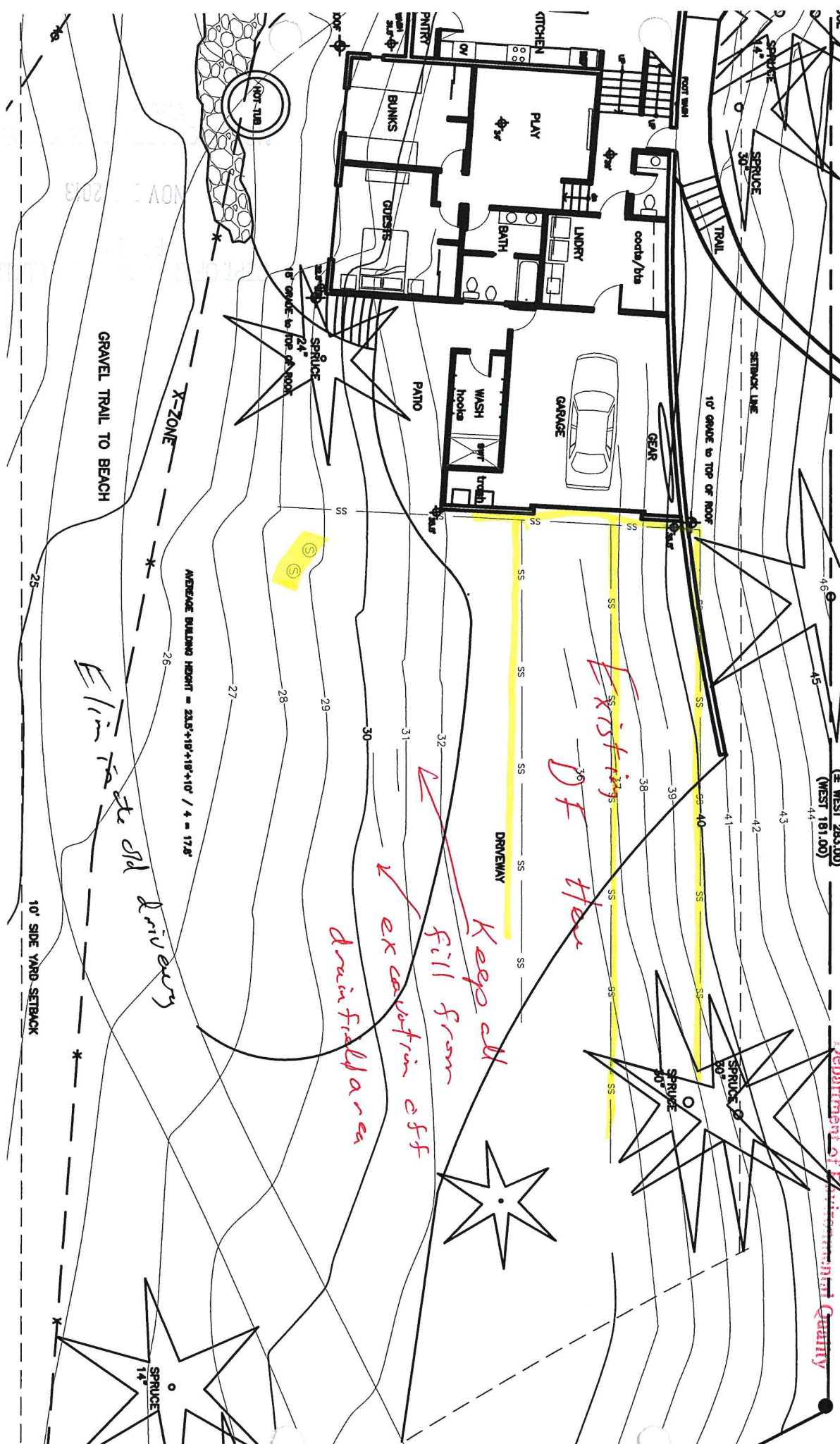
Initial and Replacement Areas – Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

TAX LOT 202
(ANGEL LYNNE I TRUST)

SPRUCE
24"

(E WEST 283.00)
(WEST 181.00)

To be installed according to approved
plan of permit # 05413539
Bernie J. Duff 12/19/13
Bernie J. Duff
Natural Resource Specialist
Department of Environmental Quality
Date



GRAVEL TRAIL TO BEACH

X-ZONE

AVERAGE BUILDING HEIGHT = $23.5' + 19' + 19' + 10' / 4 = 17.8'$

Elm to the old driveway

10' SIDE YARD SETBACK

Keep all fill from off drain field area

Existing DF floor

NOV 2002

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

November 14, 2013

Installer: Bob McEwan Const., Inc.
PO Box 2845
Gearhart, OR 97138-2845
OR CC 48302
DEQ Installer #37079

Prepared For: Marc Felisky
14311 Nevers Rd.
Snohomish, WA 98290

Job Site: T4N, R10W, SEC. 31BB, T.L. 203; 79532 Ray Brown Rd., Cove Beach, OR

Plans Drawn By: Mike McEwan

Elevations:

Top of ground at dosing tank	29.0'
Top of dosing tank	27.0'
Pump inlet in dosing tank	23.0'
Top of ground at bldg	32.0'
Top of bldg. sewer at building	30.5'
Top of dosing tank inlet	26.5'
Top of pipe at upper seepage trench	29.0'

Materials List:

1500 gal Waite Conc. dosing tank 2 compart. Tank	1
1-1/4" dia sch 40 PVC	210'
1-1/4" dia sch 40 PVC 90 deg ells	3
1-1/4" dia sch 40 PVC 45 deg ells	14
1-1/4" dia sch 40 PVC slip x MIPT adapters	3
1-1/4" dia sch 40 PVC threaded caps	3
6" dia PE valve boxes	3
Orenco Panel	1
PL 50 OSI 05 HHF effluent pump - 1/2 hp	1
24" dia PVC tank risers w/ lids	2
PVC splice box w/ 4 chord grips	1
15" dia screen vault w/ biotube	1
1-1/4" dia PVC check valve and 1-1/4 flex hose	1
Pipe holders	21
1/8" orifice shields	63
Bayview 1-1/2" drain rock	22 cu yd
4" 2729 pvc solid pipe	45'
4" 2729 pvc perf. Pipe	150'
2' dia flow valve pvc vault w/ lid	1
Typar 3201 nonwoven filter fabric	150'

To be installed according to approved
plan of permit # 05 413539

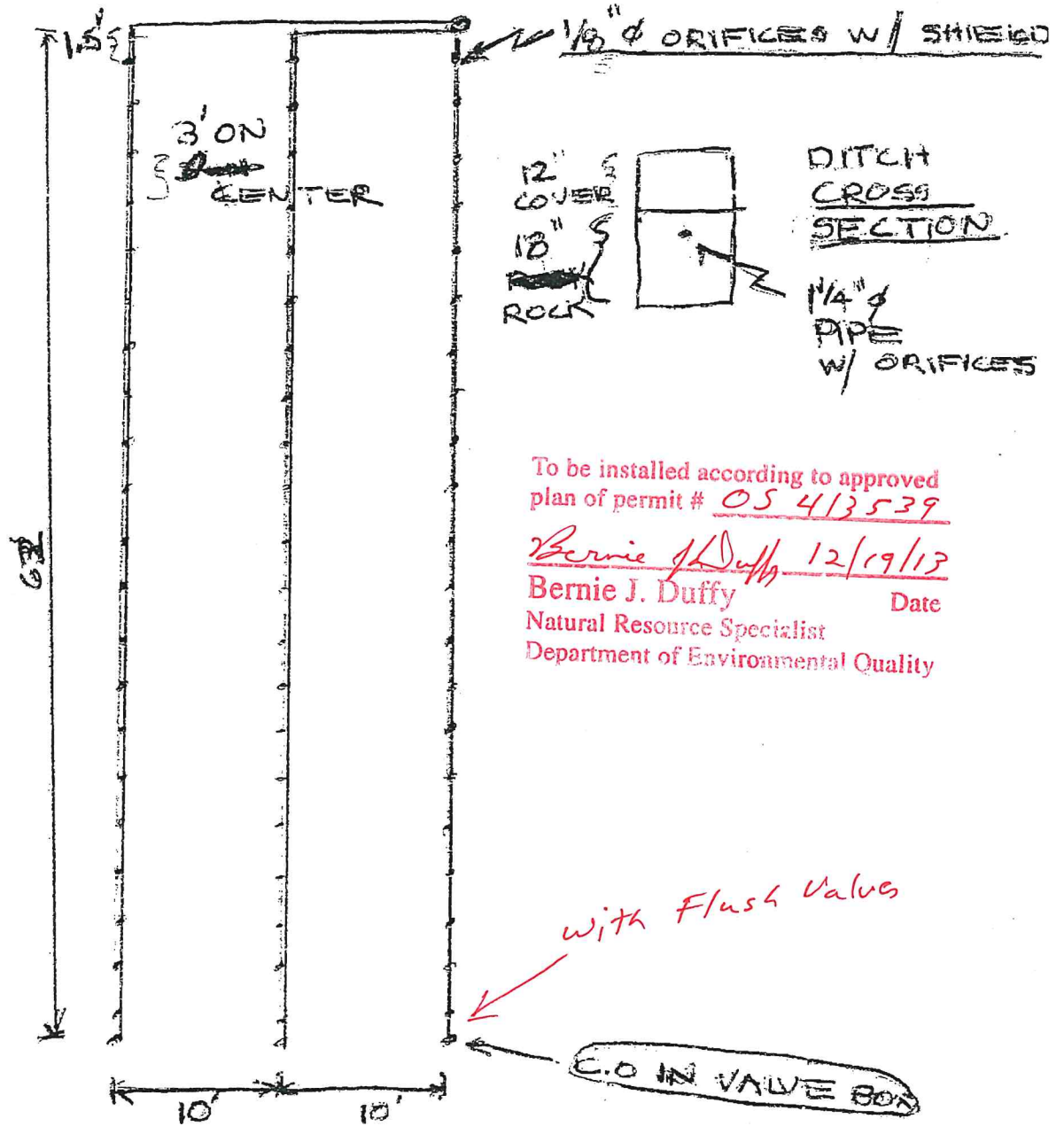
Bernie J. Duffy 12/19/13
Bernie J. Duffy Date

Natural Resource Specialist
Department of Environmental Quality

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 19 2013

NORTH COAST BRANCH OFFICE
WARRENTON



To be installed according to approved plan of permit # OS 413539

Bernie J. Duffy 12/19/13

Bernie J. Duffy Date

Natural Resource Specialist

Department of Environmental Quality

With Flush Valves

C.O. IN VALVE BOX

SEEPAGE TRENCH
DETAIL & PLAN

MARC FELISKY
A-10-31BB-203

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 19 2013

NORTH COAST BRANCH OFFICE
WARRENTON

Pump Selection for a Pressurized System - Single Family Residential Project

Felisky

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	18	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	6	feet
Manifold Length	20	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	3	
Lateral Length	61	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	4	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	48 63	
Total Flow Rate per Zone	20.9 27 GPM	gpm
Number of Laterals per Zone	3	
% Flow Differential 1st/Last Orifice	1.5	%
Transport Velocity	4.5	fps

Frictional Head Losses

Loss through Discharge	3.0	feet
Loss in Transport	1.0	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.3	feet
Loss in Laterals	0.2	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.4	gals
Vol of Manifold	1.6	gals
Vol of Laterals per Zone	14.2	gals
Total Volume	17.2	gals

Minimum Pump Requirements

Design Flow Rate	20.9	gpm
Total Dynamic Head	15.6	feet

To be installed according to approved
plan of permit # OS 413539

Bernie J. Duffy 12/19/13

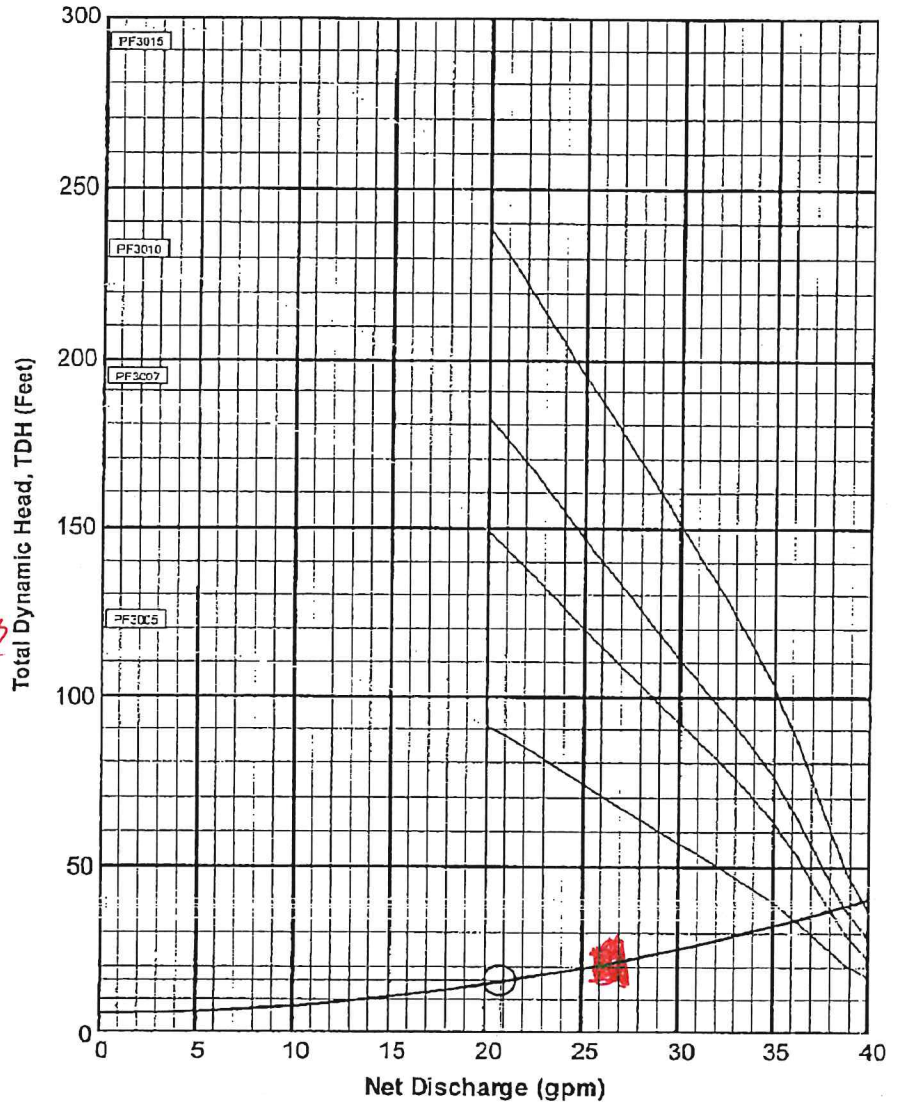
Bernie J. Duffy Date

Natural Resource Specialist
Department of Environmental Quality



Oreco Systems*
Incorporated

Changing the Way the
World Does Wastewater



Pump Data

PF3005 High Head Effluent Pump
30 GPM, 1/2HP
115/230V 1Ø 60Hz, 200V 3Ø 60Hz

PF3007 High Head Effluent Pump
30 GPM, 3/4HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3010 High Head Effluent Pump
30 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3015 High Head Effluent Pump
30 GPM, 1-1/2HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz

Legend

System Curve:	—
Pump Curve:	---
Pump Optimal Range:	—
Operating Point:	○
Design Point:	○

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 20 2013

NORTH COAST BRANCH OFFICE
WARRINGTON



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite 202
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp: NOV 19 2013 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>11/19/13</u> Fee Paid <u>612.00</u> Receipt Number <u>153140</u> Application Number <u>415299</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

A. Property Owner Information

MARC FELISKY 14311 NEVERS RD. 360-
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number
CLATSOP SNODHOMISH, WA 98290 862-0404
County Subdivision Name Lot Block

B. Legal Property Description

4N 10W 31 B13 203 --- .75
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP --- --- --- ---
County Subdivision Name Lot Block
Property Address: 79532 RAY BROWN RD. ARCH CAPE OR 97102
Address City State Zip Code

Directions to Property: SOUTH 101, WEST ON COVE BEACH RD., NORTH
ON RAY BROWN RD., 1ST HOUSE NORTH OF LAKE ON WEST
SIDE

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

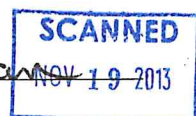
<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Alteration Permit <input checked="" type="checkbox"/> Major <input type="checkbox"/> 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.

Michael R. McEwan 11/5/13 mmeewan3569
Signature Date Applicant's E-mail Address
MICHAEL R. MCEWAN 503-738-3569
Applicant's Name - Please Print Legibly Applicant's Phone Number
PO Box 2845, GEARHART, OR 97138
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
Installer's Name Michael R. McEwan





Department of Environmental Quality
 Warrenton Office
 65 N. Highway 101, Ste. G, Warrenton OR 97146
 (503) 861-3280 Connie Schrandt

State of Oregon
 Department of
 Environmental
 Quality

NOTICE AUTHORIZING REPRESENTATIVE

I, Ⓚ Marc Felisky, have authorized
 (Property Owner/Print Name)

MICHAEL R. MCEWAN to act as my agent in performing
 (Authorized Representative/ Print Name)

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

PROPERTY IDENTIFICATION:

Ⓚ 79532 Ray Brown Road Arch Cape 97102
 / Property Situs or Road Address

And described in the records of CLATSOP County as:

Township 4 Range 10 Section 31 Map ID BB Tax Lot #(s) 203

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

Ⓚ **PROPERTY OWNER:**

Printed Name: Marc Felisky

Signature: [Signature] Date: 10/21/13

Address: 14311 Nevers Rd Phone: 360-862-0404

City, State, Zip Snobomish WA 98290 Fax: _____

E-mail Address mfelisky@surfbest.net

AUTHORIZED REPRESENTATIVE:

Printed Name: MICHAEL R. MCEWAN

Signature: [Signature] Date: _____

Address: P.O. Box 2845 Phone: 503-440-0223

City, State, Zip GEARHART OR 97138 Fax: 503-738-4198

E-mail Address mmcewan3569@charter.net

X:\FORMS\Letter of Authorization.doc (bend. 4/2004)

NOV 2013

Oct. 17. 2013 9:52AM DEQ WARRENTON

No. 8426 P. 1

SECTION 1 TO BE COMPLETED BY APPLICANT (Please print in black ink. Use a separate sheet for each field)

1. Applicant Name/Property Owner: Marc Felisky
Mailing Address: 14311 Nevers Rd.
City, State Zip Code: Snohomish, WA 98290
Telephone: 360-862-0404

2. Property Information:

County: Clatsop Tax Lot No.: 203
Township: 4 Range: 10 Section: 31 BB
Physical Address: 79532 Ray Brown Rd, Arch Cape, OR 97102
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:

- An individual, single-family dwelling
- Describe the type of development, business, or facility and the provided services or products: _____

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: Coastal Residential 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:
 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:
LWPUO #80-14, Sec. 3.140

8. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Date: 11/6/13
Title: PLANNER Telephone: 503-325-8611

On-site UCS 2/28/2008

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

NOV - C 2013



State of Oregon
Department of
Environmental
Quality

EXISTING SEPTIC SYSTEM DESCRIPTION

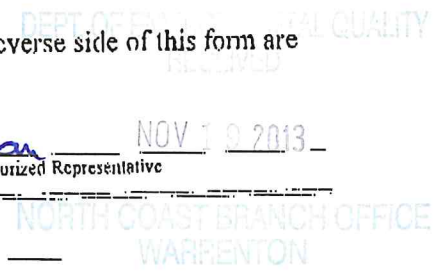
Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sandfilter
 Seepage Bed Cesspool or Pit Unknown
 Other (Describe) _____
- When was your septic system installed? 1992 (Date) 92-117 (Permit Number)
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons) 1000 gal
- When was the septic tank last pumped? ? Attach receipt if available.
- Number of disposal trenches 3
- Total length of disposal trenches (in feet) 225
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No If no, date of last use _____
- If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling?
- How many bedrooms will be in the proposed dwelling? How many occupants?
- If the septic system serves a business:
How many total employees are there?
Type of business
- Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

11/11/13 (Date) Michael R. McEwen Signature of Property Owner or Legally Authorized Representative NOV 19 2013

DEQ use only: Record of existing system: Yes No Attached Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials _____
Other file information: _____

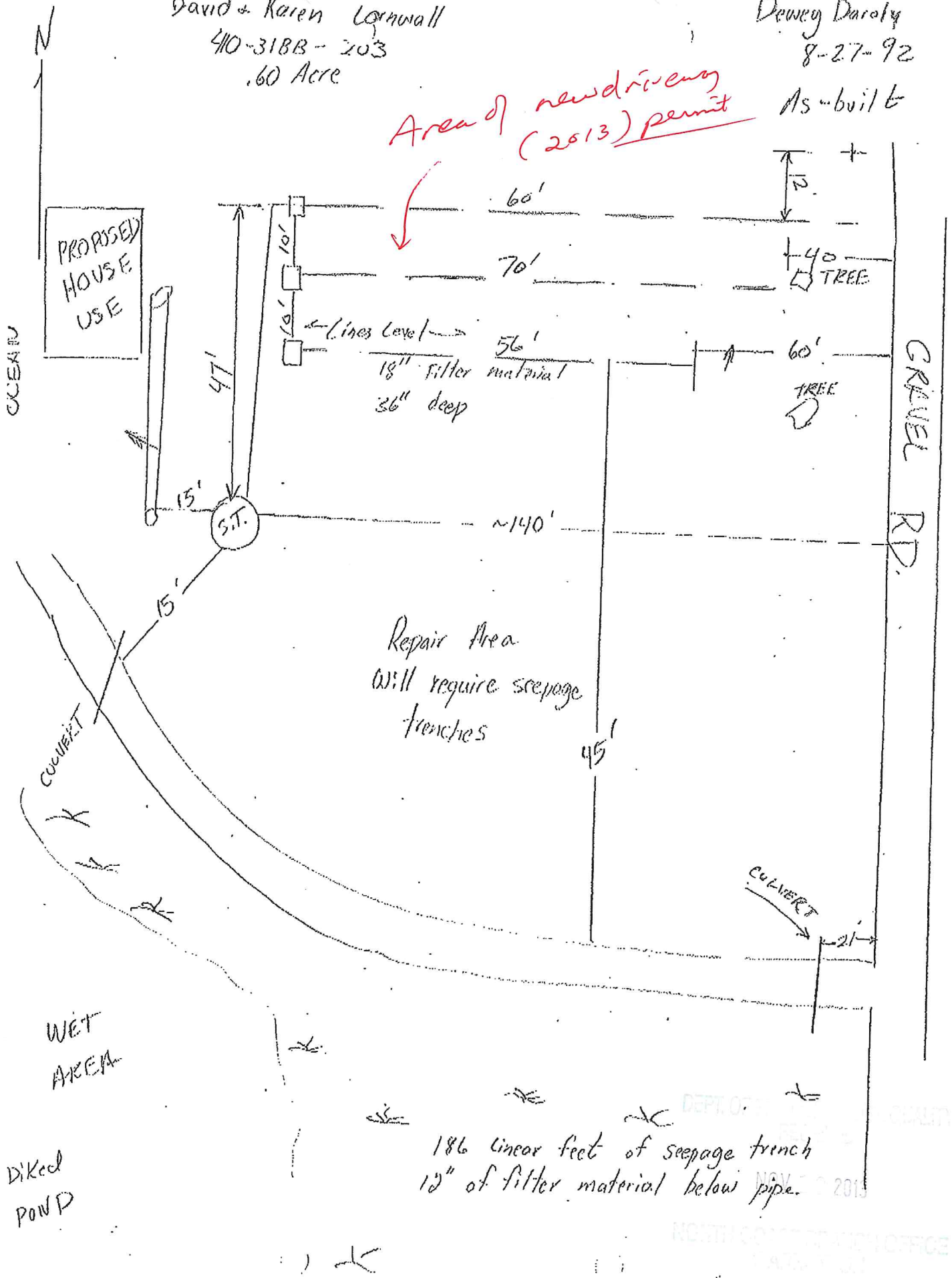


David & Karen Cornwall
410-3188-203
.60 Acre

Dewey Daroty
8-27-92

As-built

Area of new driveway
(2013) permit



Repair Area
Will require seepage
trenches

186 linear feet of seepage trench
12" of filter material below pipe.

Receipt Number: 153140

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



Date Received 11/19/2013

Received From **Bob McEwan Construction, Inc.**
(Check Name): **Celine McEwan**
PO Box 2845
Gearhart, OR 97138

For **T04N R10W S31 BB**
Property **TaxLot 203**
At: **Clatsop County**
79532 Ray Brown Road
Arch Cape, OR 97102

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
612.00	Check	5056	24-22	612.00

Total Amount Applied \$612.00

Onsite Fees	
Base Fee:	552.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$612.00
Payments	
Previous Payments:	0.00
Current Payment:	612.00
Over Payment:	0.00
Total Payments:	\$612.00

Application Description
Application ID: 415299
Application Type: Alteration Permit
Single Family Dwelling-Major
System Type: Unknown
Pump Evaluation: No
Flow: 450 gallons/day

Receipt Amount: \$612.00

Received By:

Vicky Schiele

Date of Entry:

11/19/2013



325-4265
BUILDING CODES AGENCY
PO BOX 951
ASTORIA OR 97103
FAX (503) 325-0374

BUILDING PERMIT APPLICATION

RESIDENTIAL

Parcel 1 Plat # 1992 N.W. Stat. 31,
 JOB LOCATION/ADDRESS
 + 4 N R10W Wm
 Cove Beach Clatsop Co, Or,
 CITY COUNTY

Cove Beach turnoff, opp 101, Takz
 DIRECTIONS TO JOB SITE
 N. fork, continue N. on 2nd st
 thru gate and then to gravel driveway on
 OWNER
 12ft. Eleanor Milne
 Eleanor E. Milne
 ADDRESS
 01685 SW Radcliffe Rd.
 Portland Mult 97219
 CITY COUNTY ZIP CODE

DESCRIBE WORK	CODE
<input checked="" type="checkbox"/> NEW CONSTRUCTION	SFD 404.25
<input type="checkbox"/> ADDITION	Log Cabin 250.25
<input type="checkbox"/> REMODEL	
<input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> PRE FAB	
<input type="checkbox"/> ACCESS. BLDG.	Deck 2F/H/D 24.67
<input checked="" type="checkbox"/> OTHER <u>Log Cabin Kit.</u>	specify
520 Carport	
416 Stor	
13684	83,861
TOTAL SQUARE FT.	CONSTRUCTION VALUE
Astoria	PERMIT / JOB # 42774
OFFICE	

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE CR/BDO 4 10 313B 203 FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TWNSHP RG TL PERMIT # 93-203	Parcel 1 PUBLIC _____ PRIVATE <input checked="" type="checkbox"/> DEQ PERMIT # 92-117	
BY: <u>Diane Nelson</u> Asst. Planner TITLE 325-8611 DATE 6/4/93	BY: <u>Betty Hoffman</u> OC TITLE 325-8660 DATE 6-7-93	

DESIGNATED CONTRACTORS				
Greg Justice/ Justice Construction	30005 Tide Creek Pkwy, OR	556-4107	# 52751	3/94
GENERAL CONTRACTOR	ADDRESS 97048	PHONE	REG #	EXP

ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

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

- I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
- ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
- I AM REGISTERED WITH THE BUILDERS BOARD REG # 521054 EXP 3/94

Eleanor E. Milne 3-31-92

31379

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 92-117

\$ 280.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To David D. & Karen K. Cornwall (Property Owner's Name) 4N (Township) 10W (Range) 31BB (Section) 203 (Tax Lot / Acct. No.) Clatsop (County)

Tillamook Street (Road Location) Cove Beach (City) Dewey Donald (Issued by - Signature) 08-19-92 (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 August 19, 1993

TYPE OF SYSTEM seepage trenches Standard with effluent lift pump

Average Daily Sewage Flow 225 Gallons/Day

Design Peak Sewage Flow 450 Gallons/Day

Septic/dose

Tank Volume 1000 Gallons

Disposal Trenches [X]

Seepage Bed(s) [] 450 Square Feet

Maximum Depth 30 inches.

Minimum Depth 24 inches.

225 Linear Feet

Equal [] Loop [] Serial [X]

Pressurized [] Minimum Distance Between Trenches 10' on centers

Total Rock Depth 12 inches.

Below Pipe 6 inches.

Above Pipe 2 inches.

[] Rake Sidewall

Special Conditions (Follow Attached Plot Plan) To be installed as per approved plan dated 08-18-92.

100' setback to all wells and surface waters.

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Ron Johnson

Final Insp. Date 8-28-92

[X] Inspected By Dewey Donald

See As-Built plot plan in file.

[] 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.

Dewey Donald (Authorized Signature)

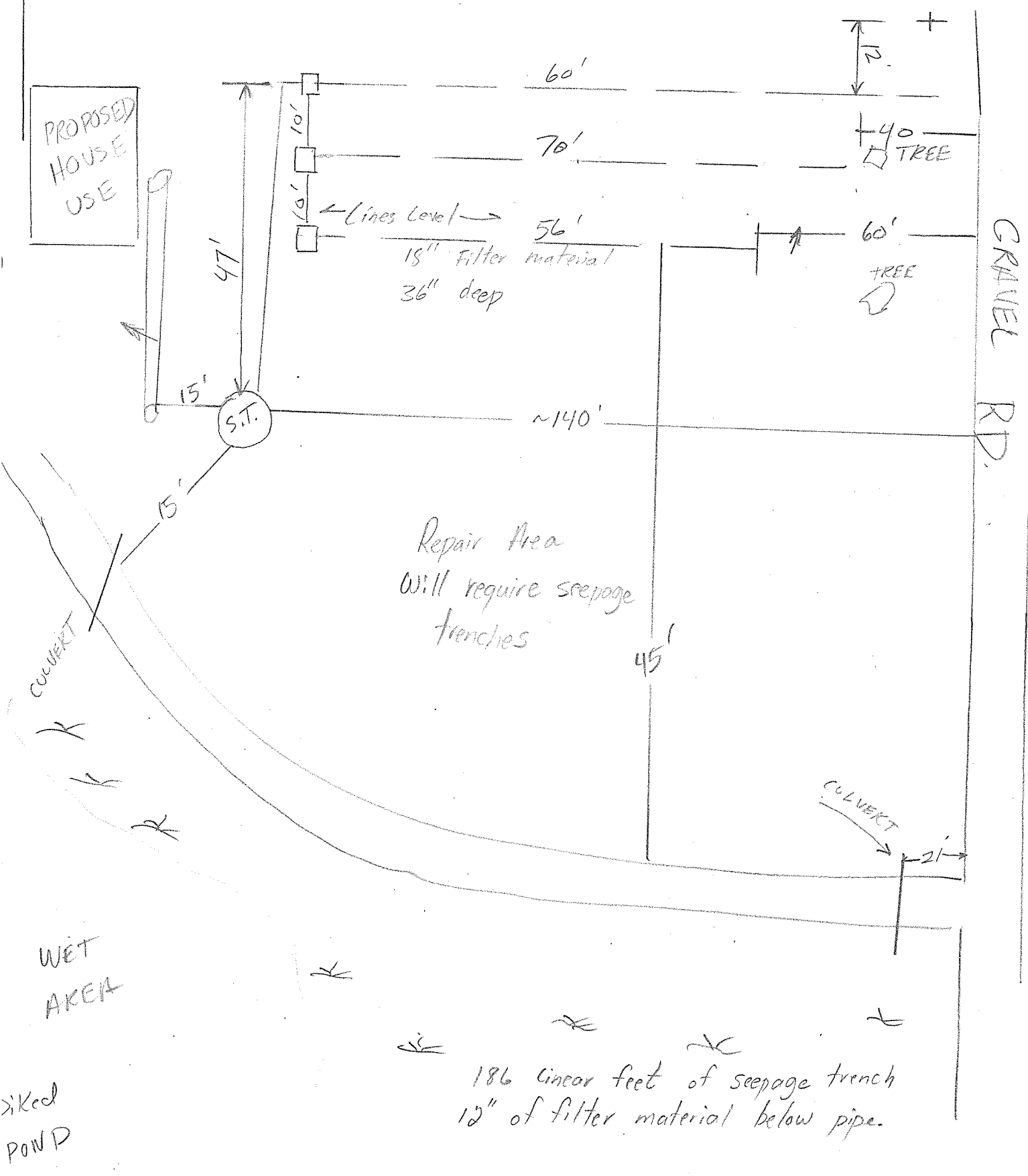
E.S. II (Title)

8-28-92 (Date)

Astoria Branch Office (Office)

David & Karen Fornwall
410-3188-203
.60 Acre

Dewey Darold
8-27-92
As-built



OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

4	10	31	B	B	203			10-11	
TWP.	RGE.	SEC.	1/4	1/16	PARCEL NUMBER	Type	Spec. Int. In	10-15	
MAP NUMBER					REAL PROP.	CODE AREA NUMBER			
TAX LOT NUMBER									

FORMERLY PART OF 410 31BB 200

Indent each new course to this point	DESCRIPTION AND RECORD OF CHANGE	Date of entry on this card	Deed Record		Acres Remaining
			Vol.	PG.	
	Parcel #1 Partition Plat 1992-006 CORNWALL, David D. M.D./Karen Kay	04-14-92	001	065	.75 ac.

4	10	31	B	B	200			10-15	OFFICIAL RECORD OF DESCRIPTIONS OF REAL PROPERTY COUNTY ASSESSOR'S OFFICE		
TWP.	RGE.	SEC.	1/4	1/16	PARCEL NUMBER	Type	Spec. Int. In	CODE AREA NUMBER	FORMERLY PART OF _____		
MAP NUMBER					PARCEL NUMBER	REAL PROP.					
TAX LOT NUMBER											

Indent each new course to this point	DESCRIPTION AND RECORD OF CHANGE	Date of entry on this card	Deed Record		Acres Remaining
			Vol.	PG.	
		'62	161	395	
	Inc Vacation of Street		262	659	
			261	120	
DAVIS, Joe B.	Less T.L. 201 BSD	05-20-83	596	043	04-01-8
<u>NEW DESCRIPTION:</u>					
The W 1/2 of vac 2nd Ave lying N of Tillamook Ave & the N 1/2 of vac Tillamook St lying W of 2nd Ave and E of the W 1/2 of 1st Ave.					
DAVIS, Ross G. Trustee for the use and benefit of DAVIS, Joe B.		06-03-83	AC#83-58		06-01-8:
DAVIS, Ross G.	BSD	08-03-87	652	376	02-27-86
MEYER, Klaus/Sandra F. Leighton	WD	08-03-87	679	668	07-14-8:
ABOVE POSTINGS IN ERROR SHOULD HAVE NEVER BEEN TRANSFERRED					
ARCH CAPE LAND COMPANY		03-13-89	161	395	
CORNWALL, David Douglas M.D./Karen Kay (KEY TITLE INSURED)	WD	04-19-89	715	081	04-10-8:
'92 NOW INCLUDES TL 410 31B 300 Part Plat 1992-001		04-14-92	161	395	
			268	506	
			374	027	
			AC#83-54		
			001-065		
'92 NOW INCLUDES TL 410 31B 200 Part Plat 1992-001		04-14-92	140	574	
			268	535	
'92 NOW INCLUDES TL 410 31BB 201 Part Plat 1992-001		04-14-92			
'92 NOW INCLUDES TL 410 31BB 300 Part Plat 1992-001		04-14-92			
'92 NOW INCLUDES TL 410 31BB 301 Part Plat 1992-001		04-14-92			

-OVER_

4	10	31	B	B	200			10-11	OFFICIAL RECORD OF DESCRIPTIONS OF REAL PROPERTY COUNTY ASSESSOR'S OFFICE
								10-15	
TWP.	RGE.	SEC.	1/4	1/16	PARCEL NUMBER	Type	Spec. Int. In	CODE AREA NUMBER	FORMERLY PART OF _____
MAP NUMBER					REAL PROP.				
TAX LOT NUMBER									

Indent each new course to this point	DESCRIPTION AND RECORD OF CHANGE	Date of entry on this card	Deed Record		Acres Remaining
			Vol.	PG.	
	'92 LESS T.L. 410 31BB 202	04-14-92			
	'92 LESS T. L. 410 31BB 203	04-14-92			
	NEW DESCRIPTION: Parcel #3 Partition Plat 1992-006				3.23 ac

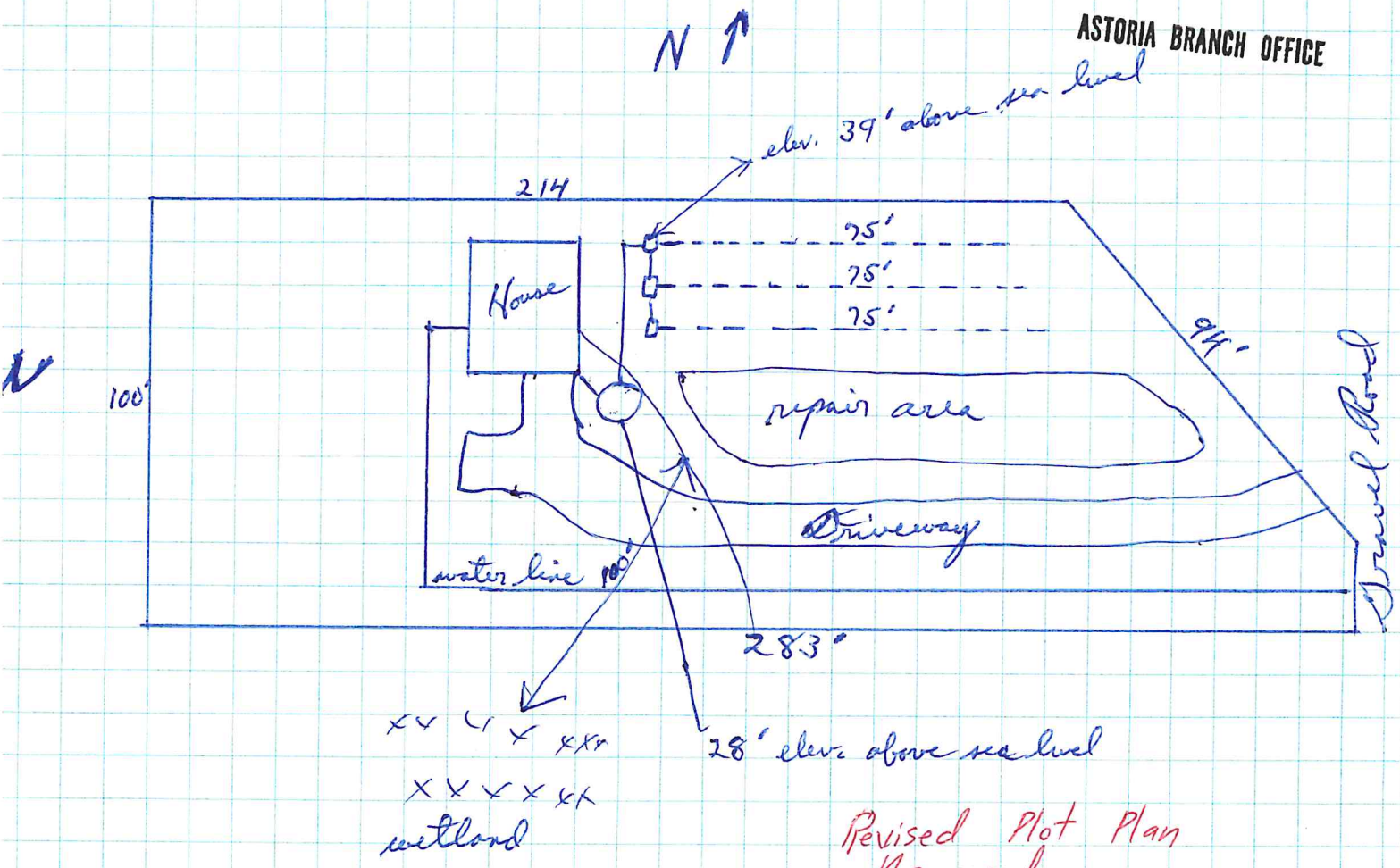
Plot Plan for
David D. Cornwall
by Ron Johnson

1 square = 10'

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 18 1992

ASTORIA BRANCH OFFICE



Revised Plot Plan
Approved
Dewey Darold 8-19-92

- Michaels 1000 gal concrete septic-dose tank
- 3 drop boxes CPI - serial system
- 225' drainline F-810 (24" ^{mini.} 30" in depth)
- approx. 15' from pump ^{elev.} to drop box ^{elev.}
- 180' seepage trench (12" under pipe) alternative choice

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97701
325-8660 or 1-800-452-4011

std with pump

3

FOR OFFICE USE ONLY

Date Rec'd 8-6-92
Date Completed 8-31-92
Required Fee 280.00
Receipt No. 54621
Control No. 31379

\$280

OR APPLICANT'S USE - (PLEASE PRINT)

David D Cornwall
(Property Owner's Name)

60
Lot Size (Acreage or Dimensions)
Eleanor E. Milne
(Applicant's Name if Different from Owner)

Legal Description of Property NW 1/4 31 BB T4N R1203 W1 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
For Parcels in Platted Subdivisions, Indicate Parcel #1 Partition Plat # 1992
(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 3
(Number of Bedrooms)
 Other _____
(Specify)

Public (Community System)
 Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

Site Evaluation Report
 Permit to Construct On-Site Sewage Disposal System
 Permit to Repair On-Site Sewage Disposal System
 Permit for Alteration of On-Site Sewage Disposal System
 Permit Renewal
 Existing System Report
 Plan Review
 Other (Specify) _____

Authorization Notice
Purpose of Authorization Notice
 Connect to an existing system not currently in use
 Replace one mobile home with another or a house
 Replace or rebuild a house
 Addition of one or more bedroom
 Personal hardship
 Temporary housing
 Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

David D Cornwall MD
(Signature)

31 July 92
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
PO Box 879
Cannon Beach, ORE
97110

Applicant's Mailing Address (if different)
ELEANOR MILNE
01685 SW Radcliffe Rd
Portland ORE 97219

Phone 435-1142

Phone 636-7986 IW\WCB\WCB690 (7-19-91)

30mm = 100
1mm

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Dr. David Cornwall</i>		MAILING ADDRESS _____ _____ _____ CITY _____ STATE _____ ZIP _____		PHONE _____
---	--	--	--	----------------

P L O C A L J U R I S D I C T I O N	TOWNSHIP <i>4</i>	RANGE <i>10</i>	SECTION <i>31 BB</i>	TAX LOT OR ACCT NO <i>203</i> <i>(Parcel #)</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY

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

PROPOSED LAND USE
Single Family Dwelling

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

PROPERTY'S ZONING DESIGNATION
CR (Coastal Residential)

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

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

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

OR

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
use is permissible

PROPERTY IS LOCATED: (check one)

INSIDE CITY INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY
CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

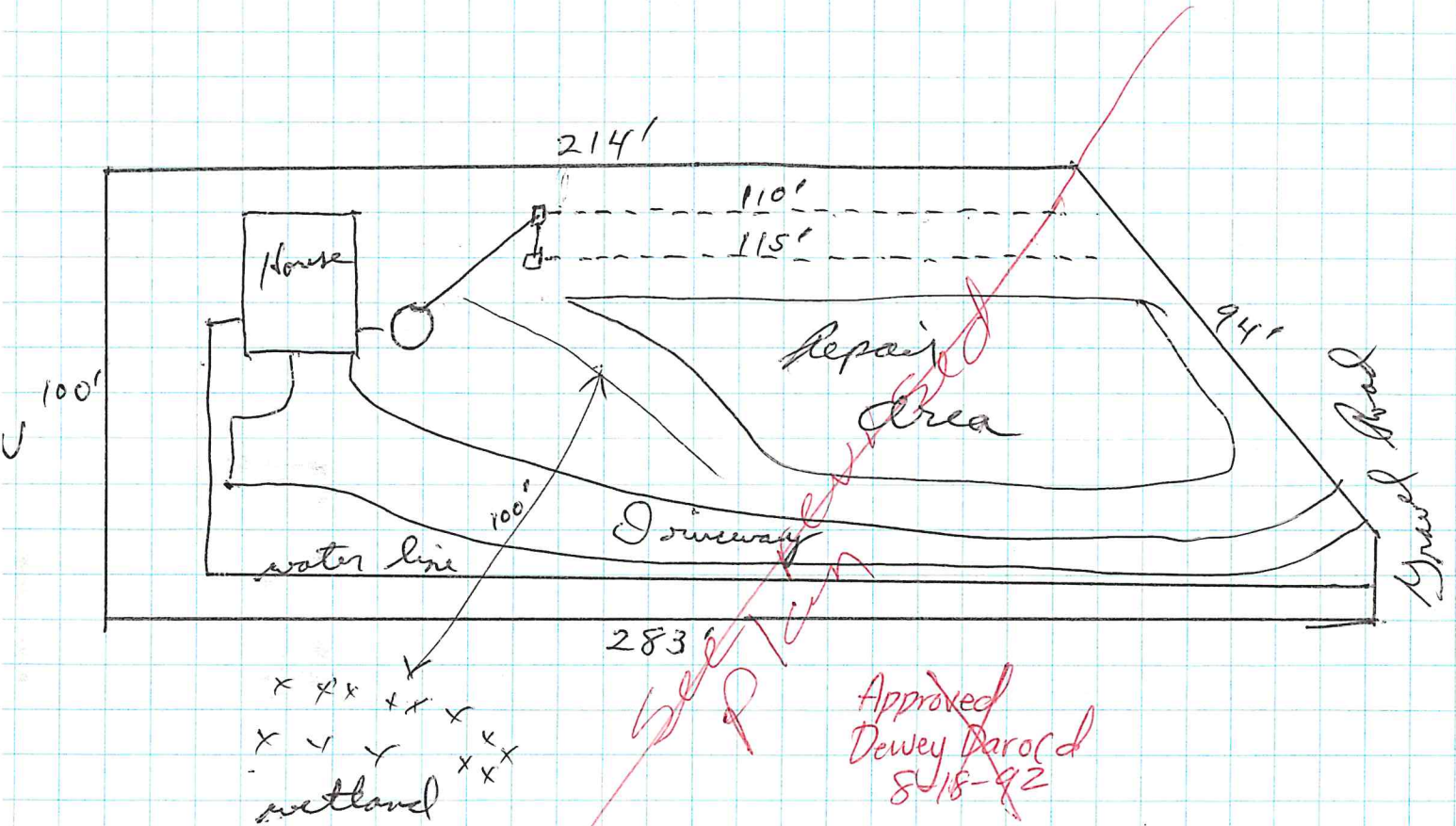
SIGNED <i>mtj Schneek</i>	TITLE <i>PLANNING DIRECTOR</i>	DATE <i>6 AUGUST 1992</i>
------------------------------	-----------------------------------	------------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

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

Plot Plan for
David D. Cornwall
by Ron Johnson

N ↑



- Michael's concrete septic-dose tank
- 2 drop boxes - septic system
- 225 ft. drainline (24" to 30")
- 15'-20' ft of lift elevation from tank to drop box

Astoria Branch
P. O. Box 869
Astoria, OR 97103
Phone (503) 325-8660

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

November 01, 1991

David D. & Karen K. Cornwall
PO Box 879
Cannon Beach, OR 97110

Re: OSS-Clatsop County
Site Evaluation, Approved
T4N, R10W, Sec 31BB, TL 200, 201,
300 & 301 Parcel #1

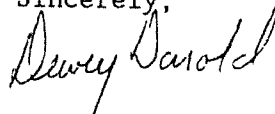
In response to your completed application of Sept. 20, 1991, a field inspection was made on October 9, 1991. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in a manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,



Dewey Darold R.S.
Environmental Specialist
Astoria Branch



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696

BH:
Enclosures



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

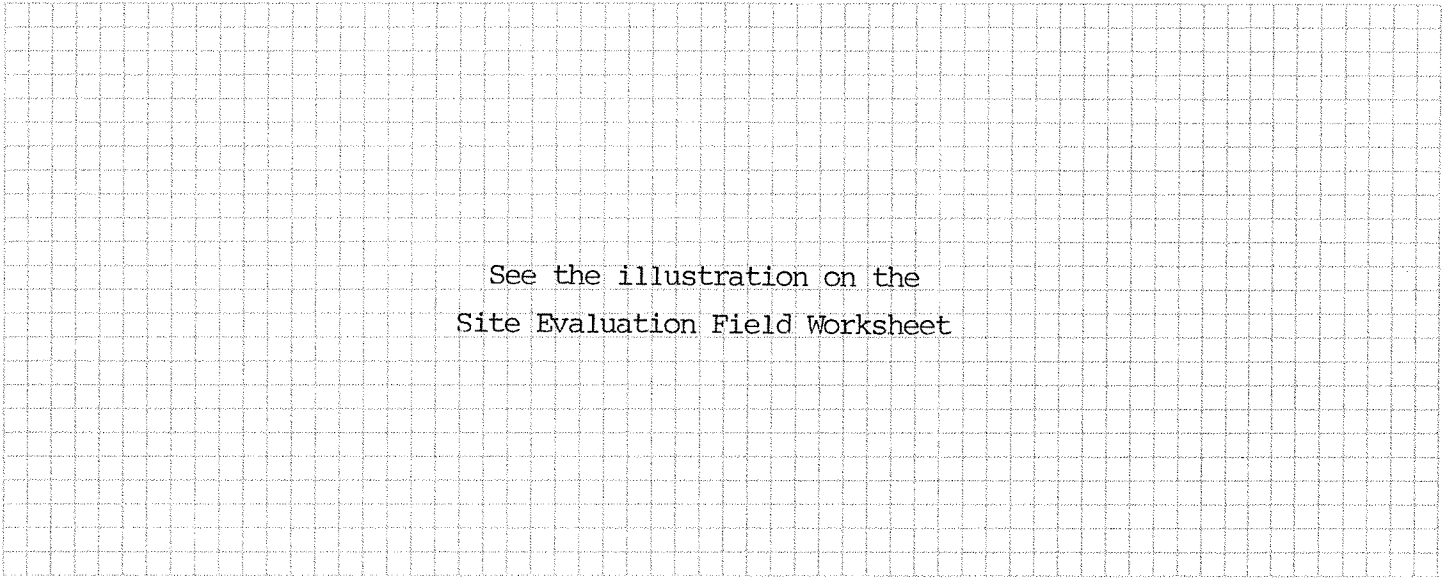
For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

4N (Township) 10W (Range) 31BB (Section) 200, 201, 300 & 301 (Tax Lot/Acct. No.) Clatsop (County) Parcel #1 2.84 Acres both (Lot Size) Parcels
(Subdivision Name) (Lot No.) (Block No.)

The Entire Property Has Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:



See the illustration on the
Site Evaluation Field Worksheet

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Standard Serial Distribution system with design flow of 450 gpd and installed disposal field of 225 linear feet of disposal trench (75'/150 gpd). Equally sized designated disposal field replacement area to also be serial distribution with 225 linear feet of disposal trench. 100' setback from all wells. Detailed and to-scale site development plan required for permit issuance.

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from The DEQ - Astoria, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Dewey Donald
(Signature of Authorized Agent)

Environmental Specialist (Title) Nov. 1, 1991 (Date) Astoria (Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T4N, R10W, SEC 37 BB, T.L. 200, 201, 300, 301 Evaluator DWD
 Applicant Karen K. + David D. Cornwall Date 10, OCT. 1991 Parcel Size 2.84 Ac.

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

	Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0"-5"	-	Duff; needles, twigs, leaves, moss (Litter layer)
	5"-21"	CL	5YR 3/2 dk. reddish brn. sbk. Firm, many Fn. to V. coarse roots 30% ^{grvll} cobbles
	21"-47"	SiCL	10YR 4/4 dk. yellowish brn. sbk. Firm, few med. roots, gravelly, cobbles, stones ^{20%}
	47"-56"	SiCL	10YR 4/4 dk. yellowish brn. w/10YR 6/1 grey mottles, sbk. Firm, 30% grvlls, cobbles #1 to #2 N30W
Pit 2	0"-3"	-	Duff (O" horizon) needles, twigs, leaves, moss, humus fibers
	3"-14"	CL	5YR 3/2 dk. reddish brn. sbk. firm, common fine to V. coarse roots 20% ^{grvlls}
	14"-58"	SiCL	10YR 4/6 dk. yellowish brn. sbk. firm, coarse fragments 20-30% #2 to #3 N70E
Pit 3	0"-4"	-	Similar to test pit #2, horizon 0
	4"-14"	CL	Similar to test pit #2, horizon 1
	14"-58"	SiCL	Similar to test pit #2, horizon 2
Pit 4	0"-4"	-	Similar to test pit #3, horizon 0
	4"-18"	CL	10YR 4/3 dk. brn. sbk. firm, common fine to V. coarse roots
	18"-38"	CL	10YR 4/3 dk. brn. sbk. firm, 5% coarse fragments, grvlls, cobbles, stones
	38"-52"	SiCL	10YR 4/4 dk. yellowish brn. sbk. firm, 5% coarse fragments, gravelly, cobbles

Landscape Notes Marine Terrace
 Slope 20-28% Aspect South Groundwater Type Temporary
 Other Site Notes Woodsy salal, conifers, heavily vegetated, brush. Use care in laying disposal pipe so as to avoid damaged from large cobbles + stones.

SYSTEM SPECIFICATIONS

Type System: Design Flow 450 gpd Disposal Field Size 225 Linear Feet
 Initial Std. Serial System Sizing 75 / 150 g. Max. Depth Absorption Facility (in) 24" min / 30" max.
 Replacement same System Sizing 75 / 150 g. Max. Depth Absorption Facility (in) 24" min / 30" max.

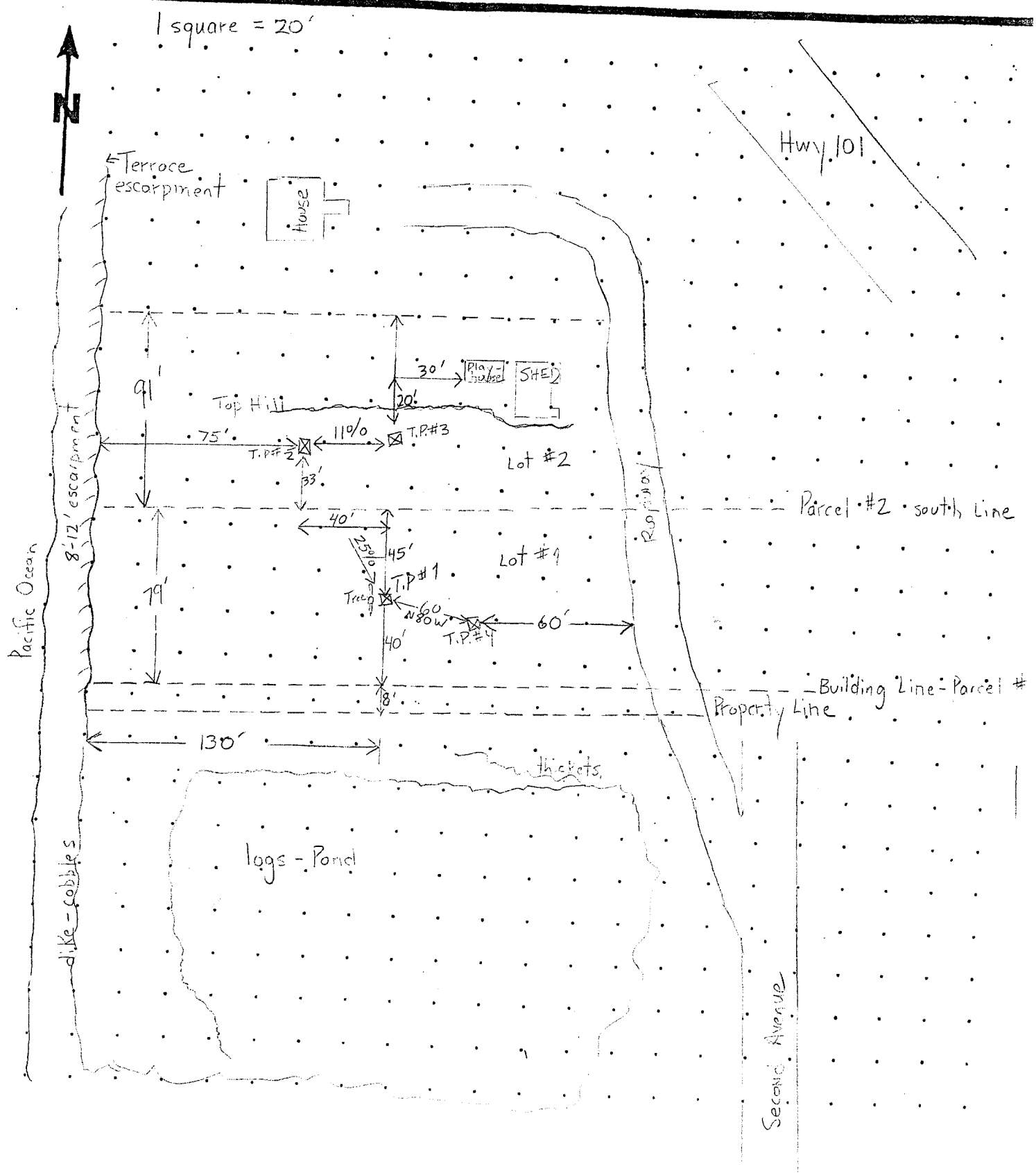
Special Conditions Need common ownership easement, 25' setback from far west marine escarpment, 100' from log pond to the south. Easement not needed because platted lot lines have been adjusted.

Tax Reference T4N, R10W, SEC-31 BB T.L. 200, 201, 300, 301

Evaluator: DWD

Applicant David D. + Karen K. Cornwall

Date: 9 OCT, 1991



STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4611

FOR OFFICE USE ONLY
 Date Rec'd. 9-20-91
 Date Completed 11-1-91
 Required Fee 490.00
 Receipt No. 49284
 Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

4 1/2 Acres
 Lot Size (Acreage or Dimensions)

David Douglas & Karen Kay Cornwall
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 4 N 10 W 31 BB 200, 201, 300, 301 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate _____
 (Subdivision Name) (Lot Number) (Block Number)

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

Water Supply
 Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc.)

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

APPLICATION FOR:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Site Evaluation Report <u>for creating 2 new homesites - see attached</u> | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedrooms |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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

Karen Kay Cornwall
David D Cornwall MD
 (Signature)

17 Sept. 1991
14 Sept 91
 (Date)

- Owner
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
PO Box 879
Cannon Beach, OR 97110

Applicant's Mailing Address (if different)

Phone Day 436-1142 Eves: 436-1975

Phone _____

P.O. Box 879
Cannon Beach, OR 97110
17 September 1991

State of Oregon
Department of Environmental Quality
P.O. Box 869
Astoria, OR 97103

Dear Madam:

Enclosed you will find our application for a site evaluation application for two new homesites in Cove Beach of Clatsop County. There are two holes dug on each lot for evaluation.

We've also enclosed:

Fee (Check #0834) \$490.00
Tax lot map
Site development plan ^{]-combined}
Map to property

If there is any way in which these lots could be evaluated sooner than the usual 3-4 week time period, we would certainly appreciate it.

Thanks for your consideration.

Sincerely,



David D. Cornwall, M.D.

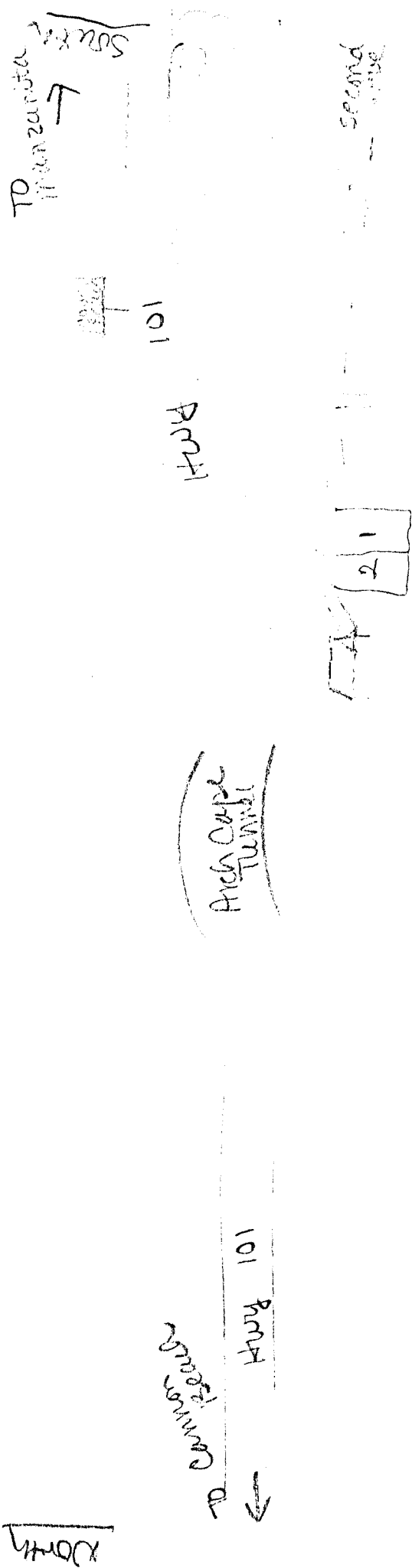
Enclosures

Phone #'s 436-1142 (or)
436-1975

East

Directions:

Drive South on Hwy 101 (from Astoria is about 30 miles) past Cannon Beach and through the Arch Cape tunnel. Take the first dirt road past the tunnel (Cove Beach sign on left side of the Hwy). Once on the road, stay to the right, and you will meet Second Street. Take a right into Second Street, and continue North. The road will end at our NOV 22. The two lot sites are marked accordingly to the map enclosed.



CLATSOP COUNTY

6-7-155

1" = 100'

Section Line

COASTAL ZONE LINE

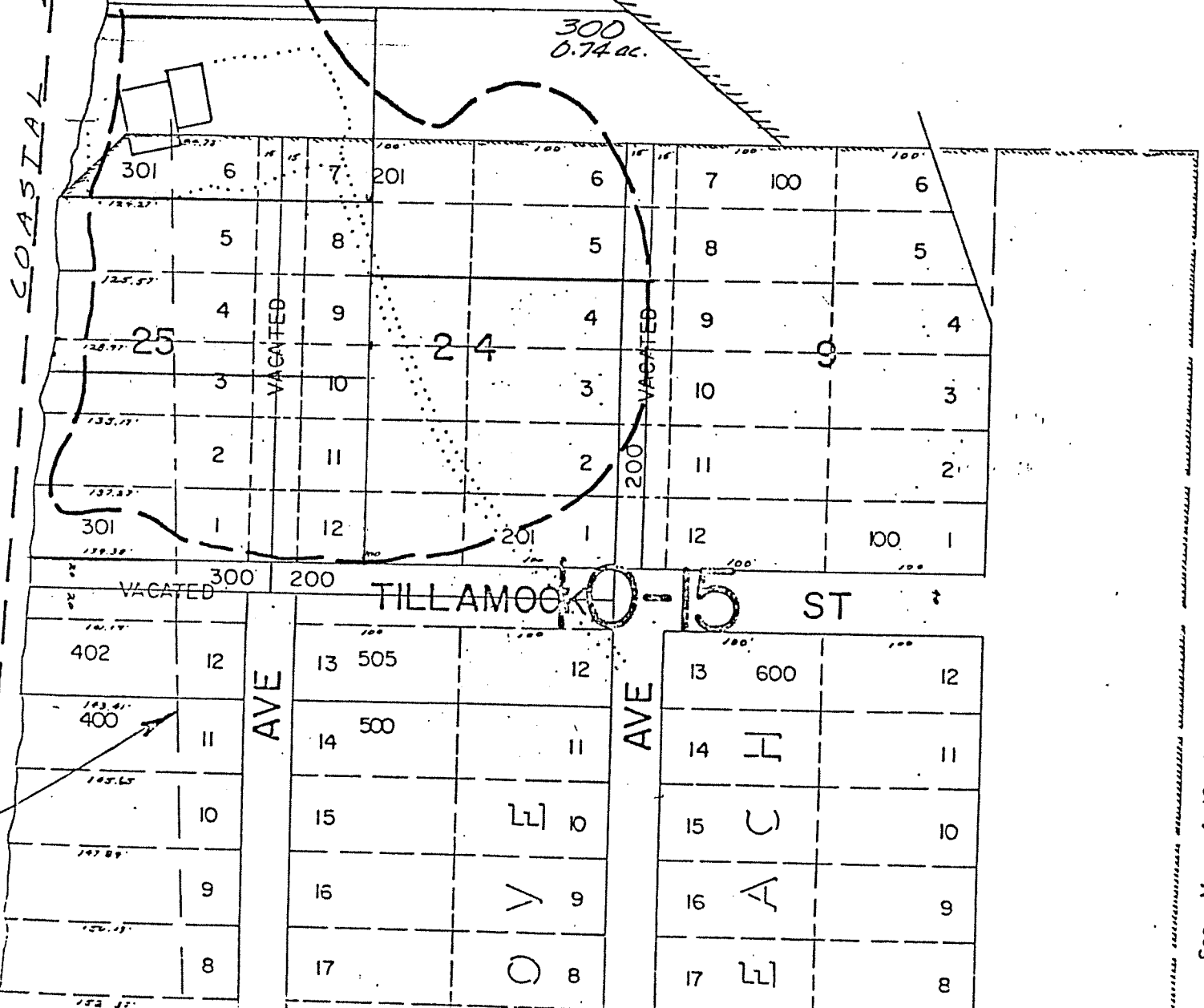
200
1.40 ac.

TY 4
10

FIG.#1 VICINITY MAP, DAVIS
PROP, COVE BEACH, INCORP-
ORATING ASSESSORS MAPS
4/10/31 B AND 4/10/31 BB.
BUILDABLE AREA OUTLINED.
P. SEE 3/86 1"=100' #4016

Buildable Area

300
0.74 ac.



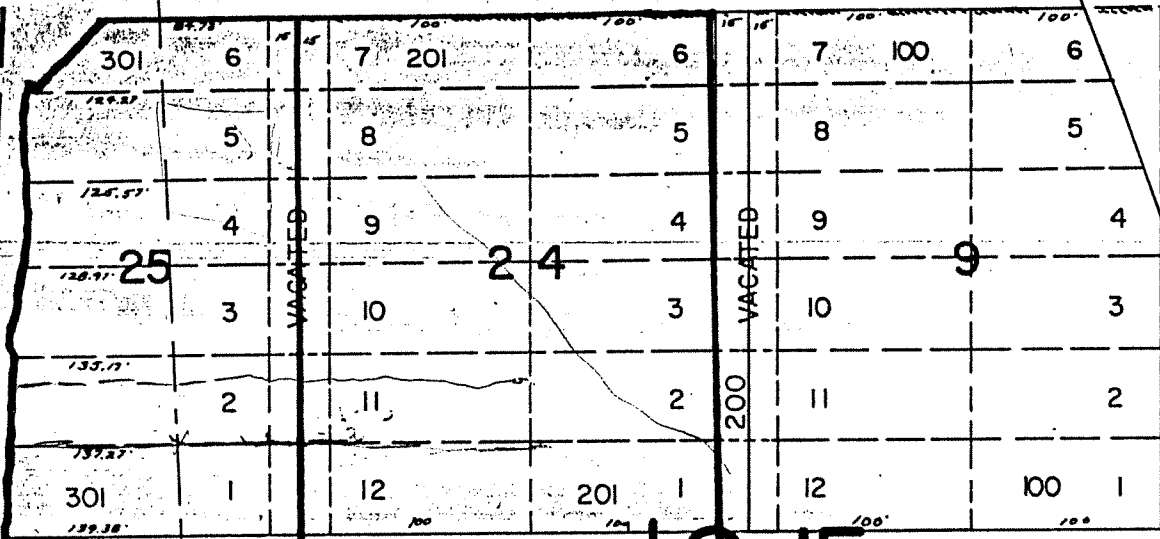
See Map 4 10 31B

See Map 4 31B

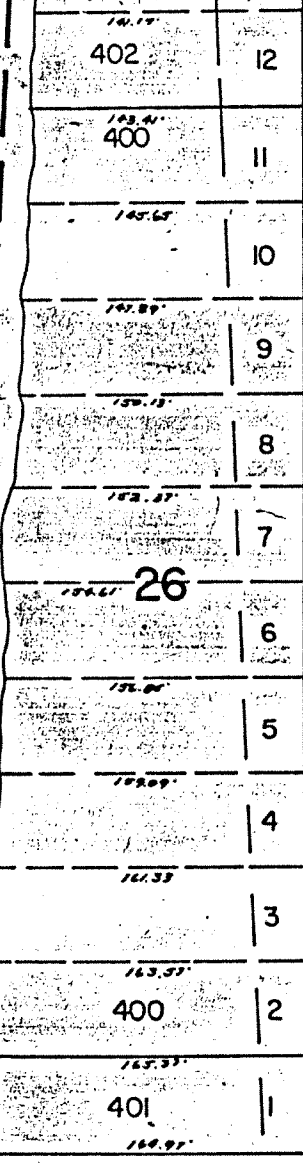
Meander Line N 2° 10' W 27.09 chs

LINE

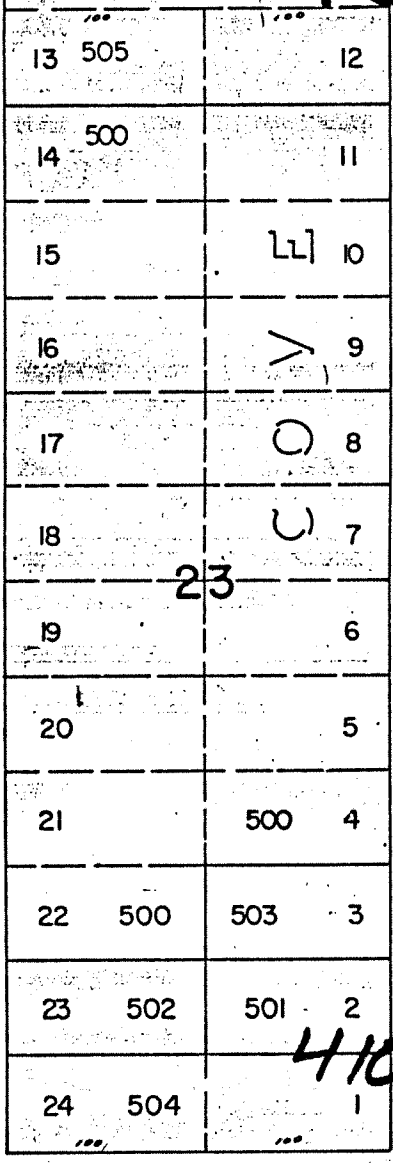
ZONE



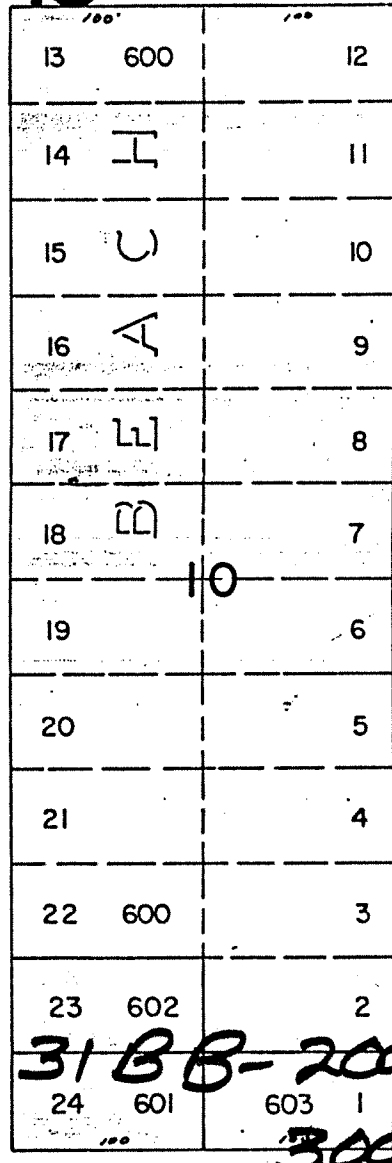
VACATED 300' 200' TILLAMOOK 10-15 ST



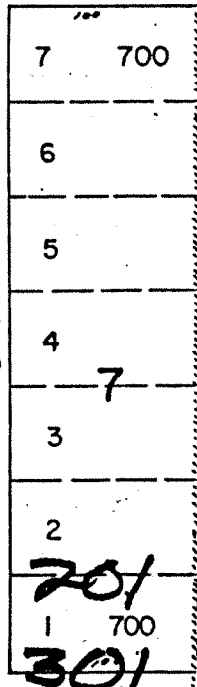
1 ST AVE



2 ND AVE



3 RD AVE



CLATSOP

ST

410-31BB-200, 201, 300, 301

9-23-91

OCEAN

PACIFIC

200
3.23 Ac.

10-11

PARCEL NO. 3

PARTITION

PLAT

1992-006

202
0.59 Ac.

PARCEL NO. 2

203
0.75 Ac.

PARCEL NO. 1

Meander Line N02°10'W 27.09 Chs.

APPROX

Line - 5.7'
Elv. -

ZONE LINE

26

5

20

VACATED	
402	12
400	11
	10
	9
	8
	7
26	6
	5

TILLAMOOK STREET	
13 505	12
14 500	11
15	10
16	9
17	8
18	7
19	6
20	5

10-15

ST

23

AVE

2 ND

P.O.S. 496+20
89.86
50.43

7
8
9
10
11
12

410-31BB-203
8-6-92