

Certificate of Compliance

PROPERTY INFORMATION

Property Owner: **MEYER JOHN**
Property Location: **31865 Clatsop Ln, Arch Cape**
Facility Type:

Township **4**, Range **10**, Section **31 B B**
Tax Lot **00601**

SPECIFICATIONS AND REQUIREMENTS

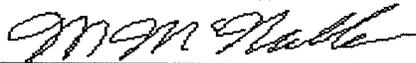
System type: **Standard**
Design Flow: **375.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal** seepage trench
Total Trench Length: **135.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **42.00 inches**
Minimum Trench Depth: **36.00 inches**
Drain Media Total Depth: **24.00 inches**
Drain Media Below Pipe: **18.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 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.
- 2 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 3 In accordance with Oregon Revised Statute 454.665, this Certificate of Compliance is issued as evidence that this septic system is operating within design parameters.
- 4 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.
- 5 This system is designed to accommodate a maximum of 3 bedrooms and a peak sewage flow of 375 gallons per day.

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



Authorized Agent:
Mike McNickle

Onsite Wastewater Specialist

Title:

7/18/2018

Date Issued:

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



CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION

Clatsop County Assessment and Taxation
820 Exchange Street, Suite 210, Astoria, Oregon 97103
Phone: (503) 325-8522 Fax: (503) 338-3638
assessor@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED

JUL 17 2018

FEE: \$450

CLATSOP CO. PUBLIC HEALTH

#501073

(Pd) 000035
\$1000

Effective July 1, 2018, Clatsop County requires approval of a revocable permit for short term (up to 30 consecutive days) rental of residential property in unincorporated areas of Clatsop County, including within urban growth boundaries. In Arch Cape, these rentals are limited to either a minimum period of seven nights or, if fewer than seven nights, then to no more than one rental within a seven (7) night period. These permits are processed and reviewed similar to a Type 1 Development Permit.

INSTRUCTIONS TO APPLICANT - COMPLETE THIS FORM - PLEASE PRINT CLEARLY

REQUIRED ATTACHMENTS:

- Certificate of Compliance from Clatsop County Public Health Department → issued 7/18/18
- Certification from the Clatsop County Building Official approving the home inspection
- Certification from the Clatsop County Planning Division that the proposed use is permitted in the zone
- Scaled drawing showing property lines and, including all buildings, garage spaces, driveways and off street parking.
- Map to be displayed depicting the tsunami evacuation route (if applicable)
- Proof of liability coverage on the short term rental
- Information on how renters will be informed of regulations and location of parking, quiet hours, garbage removal and recycling.
- Completed Transient Room Tax Registration form. Attach a list, with signatures, of all owners if more than two.
- Instructions regarding delivery of permit if it is to be mailed to someone other than the first owner listed in our records.
- Signed Applicant Statement

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION
INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED

Property Address 31865 Clatsop Lane, Arch Cape, 97102
 Township 4 Range 10 Section 31BB Tax Lot 601
 Applicant Name John Meyer Email jk@caretrust.us
 Mailing Address 1130 Filbert St. #1 City State Zip San Francisco CA 94109
 Phone: Daytime 415-673-2204 Evening 415-673-2204 Cell 415-407-1100

Use additional sheets of paper for more than two property owners.

¹ Owner Name Cove Beach Cottage LLC Email _____
 Mailing Address same City State Zip _____
 Phone: Daytime _____ Evening _____ Cell _____
 Signature: [Signature] Date: 4-4-2018
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

² Owner Name _____ Email _____
 Mailing Address _____ City State Zip _____
 Phone: Daytime _____ Evening _____ Cell _____
 Signature: _____ Date: _____
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

PARTY RESPONSIBLE AND AUTHORIZED TO ACT TO PROMPTLY REMEDY ANY COMPLAINTS:

Agent/Manager Name Carol Johnson Email carolj@pacifiert.com
 Mailing Address 31945 Markham Lane City State Zip Arch Cape, OR 97102
 Phone: Daytime 503-436-9673 Evening 503-436-9673 Cell 503-717-3641

7/18/18 - emailed to Alicia

Department Use Only - Permit No. _____ Date Issued: _____ Authorization: _____ FEE \$450.00

Spreadsheet

RECEIVED

JUL 17 2018

CLATSOP CO. PUBLIC HEALTH

#501073

Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon Department of Environmental Quality
Onsite Program
165 East 7th Avenue, Suite 100
Eugene, Oregon 97401

Please answer the following questions as completely as possible. If you are unable to fill out any part of this form indicate in writing why these sections were left blank. Refer to OAR 340-071-0155. For more information, visit www.oregon.gov/DEQ/WQ/pages/onsite/septicmart.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Cove Cottage OR LLC Telephone: unknown

Site Address: 31865 Clatsop Ln City: Astoria Zip Code: 97102

County: Clatsop Lot Size: 0.11 (Acres/Square Feet (circle units))

Legal Description: 41031 BB 006 01

Age of wastewater treatment system 4 (years) Is there a service contract for system components? NO

Date the septic tank was last pumped 11/4/17 (please attach receipt if available)

Number of people occupying dwelling _____ If unoccupied, for how long has it been vacant? unknown

The above information is true and to the best of my knowledge.

11/4/17

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Paul McDonald

Certification:

- | | |
|---|--|
| <input type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input checked="" type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Wastewater Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: M 216

Business name McDonald K+B Email eds_septic@yahoo.com

Business address 808 Glasgow Ave Phone (503) 458-6521

Date of Evaluation: 11/4/17 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

11/4/17
Date (MM/DD/YYYY)

Paul McDonald
Signature of Qualified Septic System Evaluator

JUL 17 2018

CLATSOP CO. PUBLIC HEALTH

#501073

Oregon Department of Environmental Quality

1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- Septic Tank
- Disposal Trenches/ Leach Lines
- Seepage Bed
- Other (please describe) _____
- Cesspool
- Capping Fill
- Sand Filter

Note: If the system is a seepage pit or cesspool contact your local County or DEQ office for further guidance.

- There is a permit for the septic system Yes No Unknown

Permit Number: 05412630

- Date septic system installed: 4/18/13 (YYYY) No record of installation date

- All plumbing fixtures are connected to the septic system. Yes No Unknown

If you answered "No" or "unknown," please describe below:

Power out could not test washer

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface Yes No None observed

- Discharge of sewage to surface waters. Yes No None observed

- Sewage backup into plumbing fixtures Yes No Unknown

- Additional Comments:

#501023

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this evaluation.

- Septic tank was pumped during the course of this evaluation Yes No
- If the septic tank was NOT pumped during the course of this evaluation, please explain below, e.g. septic system owner declined to have the tank pumped etc:

The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain)
- Unknown

- Is the septic tank accessible? Yes No
- Septic tank volume (in gallons) / 000
- Septic tank risers are at ground level Yes No
- Tank appears to be watertight and in good condition Yes No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact Yes No
- Septic tank baffles are intact Yes No Baffle material Plastic Concrete Metal
- Effluent filter is present Yes No

Effluent

licable

not necessary

Liquid

Above Below

not req'd as of yet

Scum

*save drain fields but, 1st thing that gets plugged.

inches)

Scum

volume Yes No

good idea helps -

Additi

highly recommend it, or one of few shots that doesn't require

100-300

#501073

4. Dosing tank / Pump Basin

Dosing tanks, where present, have a pump that sends effluent to the soil absorption field (leach field). Not all septic system designs have a dosing tank.

- The septic system has a dosing tank Yes No
(If "No," skip the rest of section 4)
- Dosing tank capacity _____ (gallons)
- Dosing tank material _____
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen _____
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- Absorption distribution unit(s) (drop box, hydrosplitter, equal distribution box)
- Intact Damaged N/A

RECEIVED

JUL 17 2018

Oregon Department of Environmental Quality

CLATSOP CO. PUBLIC HEALTH

#501093

- Absorption distribution unit(s) are free of debris or solids Yes No
- Locate all drain lines in soil absorption system Yes No
Total length of drain lines 145 (ft)
Lengths determined by Physically uncovering portions of system/probing Written records
- Absorption area appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.
 Yes No

If you answered "No," please describe below:

- Absorption area appears to be free from surface water runoff and down spouts Yes No
- Evidence of ponding in absorption area or distribution unit(s) Yes No
- The absorption replacement area assigned in the "as-built" drawing appears to be intact
 Yes No

If you answered "No," please explain below:

NONE ON RECORD

- Additional Comments:

6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system installed on or after January 2, 2014 must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form.

- The septic system has a sand filter Yes No
(If "No," skip the rest of section 6)
- Type of sand filter
 Intermittent
 Re-circulating
 Bottomless
- Sand filter container appears to be watertight and in good condition Yes No

Oregon Department of Environmental Quality

#501093

- Sand filter appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Sand filter appears to be free from surface water runoff and down spouts Yes No
- Evidence of ponding in/ on sand filter media surface Yes No
- Lateral lines flushed and equal distribution verified Yes No
- Monitoring ports are present Yes No
- Surface access to manifold and valves Yes No
- The sand filter has a pump Yes No
(If "No", skip the rest of section 6)
- Pump vault appears to be watertight and in good condition Yes No N/A
- Pump is functional Yes No
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- High water alarm in pump vault (audible and visual) is working Yes No
- Pump electrical components are sealed and watertight Yes No
- Additional Comments:

7. **Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form.

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an Alternative Treatment Technology (ATT) Yes No
(If "No," skip the rest of section 7)
- Please provide the product name, system id number, and manufacturer name below:

Product name _____

System ID number _____

Manufacturer name _____

RECEIVED

JUL 17 2018

CLATSOP CO. PUBLIC HEALTH

Oregon Department of Environmental Quality

#501073

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. Please attach a copy of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- Please attach a copy of the original septic system permit to this form, if available
- Please attach a copy of the original as-built drawing to this form, if available
- Please attach a copy of the Certificate of Satisfactory Completion to this form, if available

Additional Comments:

See Exhibits A-E

9. Provide a Site Plan

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is not available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is not accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "same as as-built" on page 8 of this form, and do not redraw the system.

Additional Comments:

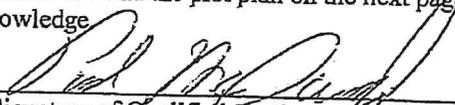
See Exhibit E

10. Disclaimer:

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge

11/4/17
Date


Signature of Qualified Septic System Evaluator

RECEIVED

JUL 17 2018

Oregon Department of Environmental Quality

CLATSOP CO. PUBLIC HEALTH

#501093

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.

Same as as-built



SECTION 3 - As Built Plan

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

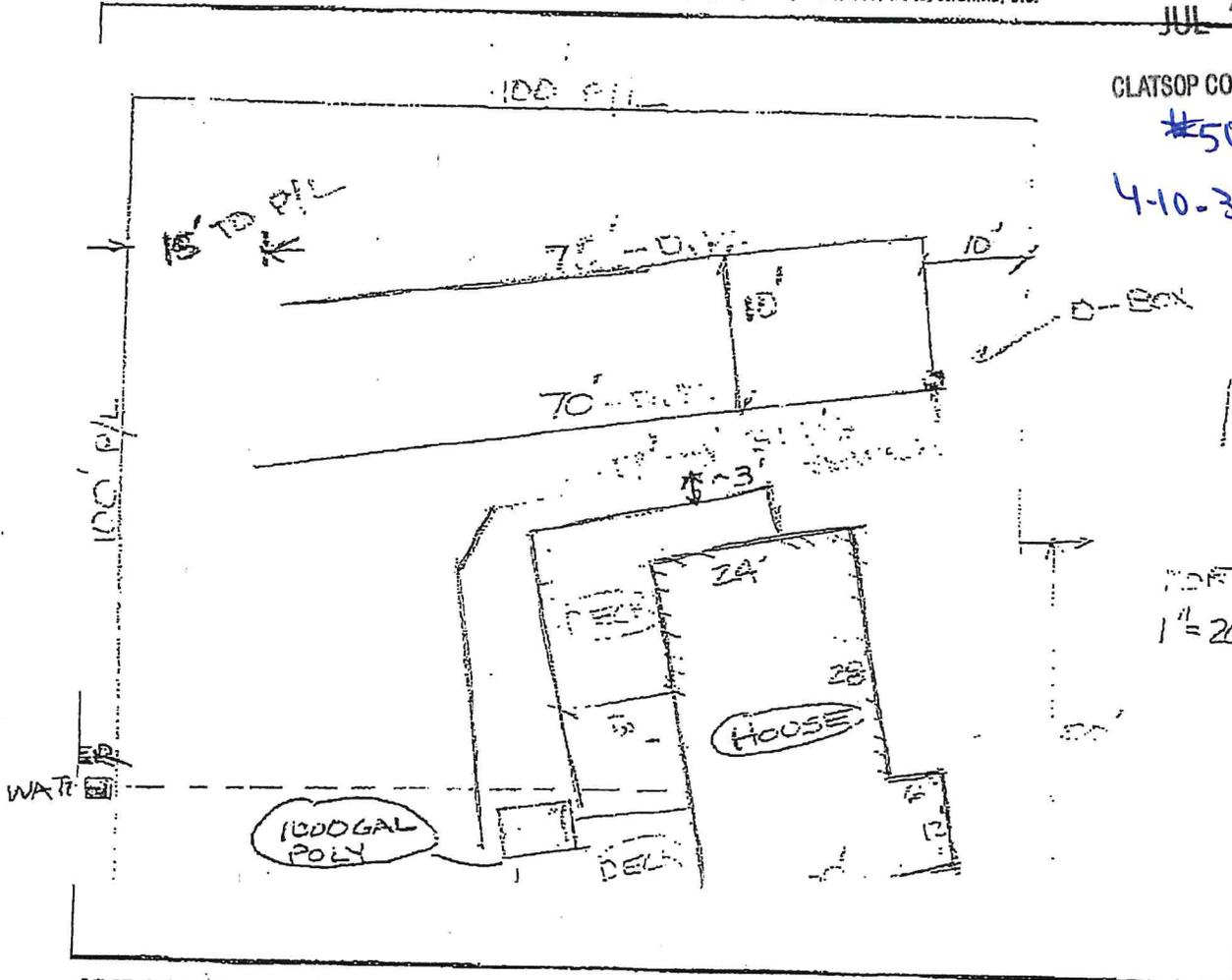
RECEIVED

JUL 17, 2018

CLATSOP CO. PUBLIC HEALTH

#501073

4-10-31BB-601



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 (GAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#: Print Name: **MICHAEL R MCEWAN**

License# Installer: Yes No License#: **37079** Certification#: **RI 83**

Owner/Certified Installer: Signature: **Michael R. McEwan** Date: **5/15/13** Phone#: **503-738-3569**

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date:

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

If No, Reason for Non-Acceptance: _____

Comments: _____

Bob McEwan Const. Inc.

(E)

503-738-4198

RECEIVED

JUL 17 2018

p.2

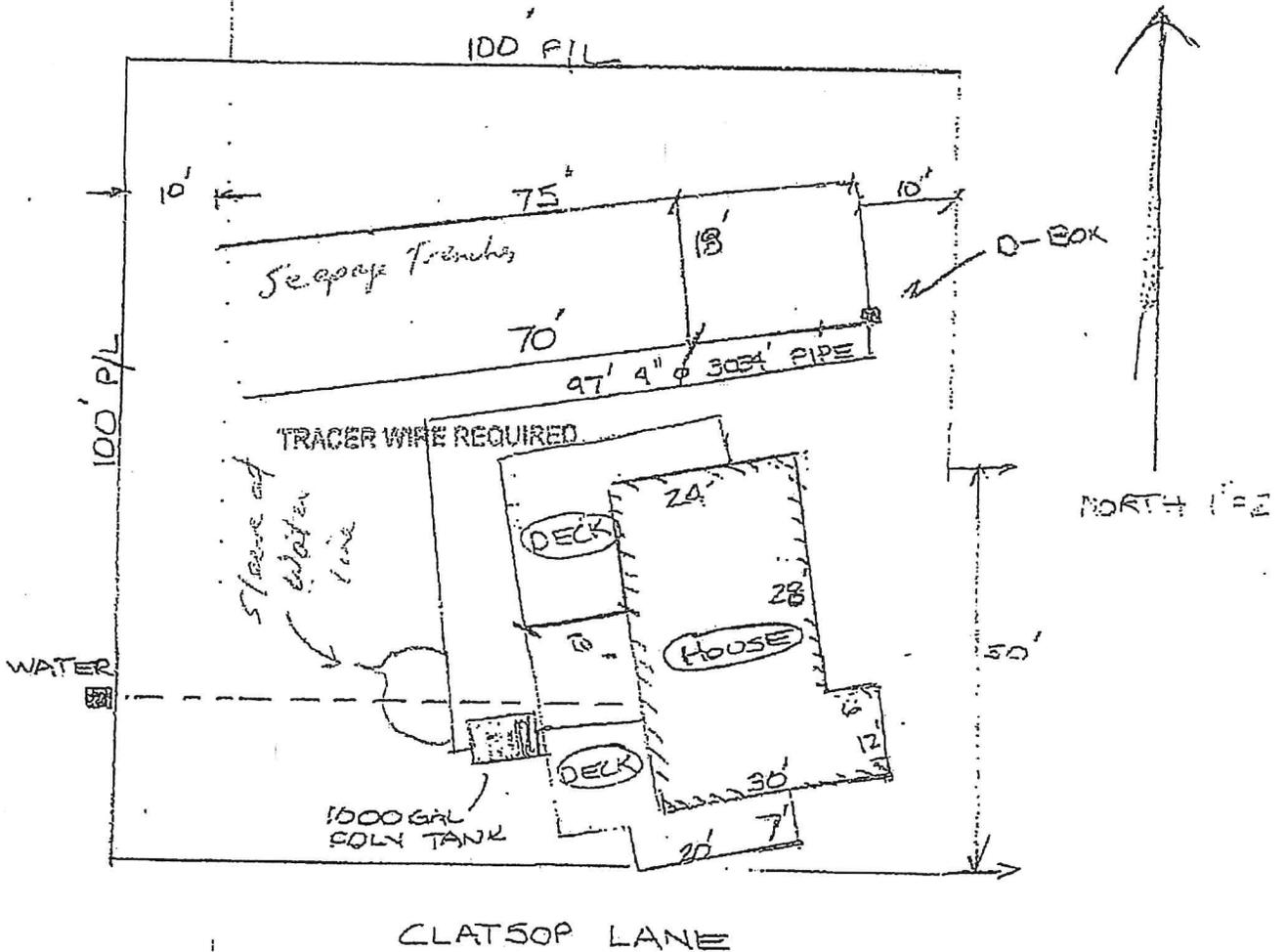
CLATSOP CO. PUBLIC HEALTH

#501093

4-10-3188-001

To be installed according to approved plan of permit # 05 412830

Bernie Duffy 4/18/13
David ...
Natural Resources ...
Department of ...



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

JOHN AEBI-MAGEE
4N-10W-3158-
601-603

RECEIVED
APR 18 2013

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

RECEIVED

JUL 17 2018

CLATSOP CO. PUBLIC HEALTH

#501073

CU 0

SEPTIC TANK CLEANING SERVICE LLC
Licensed and Bonded/Serving Clatsop County since 1968

PAUL McDONALD
Billing/Mailing Address
808 Glasgow Ave
Astoria, Or 97103

Cell: 503-338-2291
Office: 503-458-6521
eds_septic@yahoo.com
www.edsseptic-tank-cleaning-service.com

Job Invoice

DATE ORDERED: 11/4/17
 ORDER TAKEN BY: Paul McDonald
 PHONE NO.: 503-741-6484
 CUSTOMER ORDER #:
 JOB LOCATION:
 JOB PHONE:
 STARTING DATE:
 TERMS:

SOLD TO: John Meyer
 Email: Jkm@caretrust.us
 Realtor: Karen Meili 503-440-5806
 Email: Karen.cannonbeach@gmail.com

QTY	DESCRIPTION	UNIT	AMOUNT	DESCRIPTION OF WORK
	Locate & Mark Drain Field		85 ⁰⁰	
	Wellton & Dye test Done		50 ⁰⁰	
	Septic Inspection		200 ⁰⁰	
MISCELLANEOUS CHARGES				
TOTAL MISCELLANEOUS				
		LABOR	HRS	RATE
				AMOUNT
TOTAL			335 ⁰⁰	TOTAL LABOR

WORK ORDERED: _____
 DATE ORDERED: _____
 DATE COMPLETED: _____

CUSTOMER APPROVAL SIGNATURE: _____
 AUTHORIZED SIGNATURE: *Paul McDonald*

A-2817-3817 / T-3866

10-11

Thank you!

Balance due upon receipt

TOTAL LABOR	335 ⁰⁰
TOTAL MATERIALS	
TOTAL MISCELLANEOUS	
SUBTOTAL	
TAX	
GRAND TOTAL	335 ⁰⁰

RECEIVED

JUL 17 2018

CLATSOP CO. PUBLIC HEALTH

#501073



Clatsop County
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

Short Term Rental Land Use Compatibility Statement

Proposed Use: Short Term Rental

Base Zone: CR Overlay District: GH0

Project Location: 31865 Clatsop Ln, Arch Cape, OR

T 4 R 10 S 31BB TL 00601 Acres 0.11

Applicant Name: John Meyer Email: jkm@caretrust.us

Address: 1130 Filbert St. #1 City/State/Zip: San Francisco, CA 94109

Phone: 415-673-2204 Phone: 415-673-2204

Owner Name: COVE BEACH COTTAGE LLC Email:

Address: 5001 City/State/Zip:

Phone: Phone:

Other Name: Email:

Address: City/State/Zip:

Phone: Phone:

SIGNATURES:

Applicant: John Meyer Date: 4-11-2018

Owner: Date:

Agent/Other: Date:

Clatsop County Community Development:

Based upon the above zoning, it is determined that Short Term Rental is a use permitted in that zone. Short Term Rentals are subject to the regulations outlined in Ordinance 17-02 and Ordinance 18-01.

Authorization: Clarice Adams Date: 07-03-18

called 14 4-4-18
confirmed zoning ok

RECEIVED

JUL 17 2018



CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

CLATSOP CO. PUBLIC HEALTH
501093

1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Clatsop County Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 (Arch Cape), Clatsop County Ordinance No. 18-01 (unincorporated Clatsop County, excluding Arch Cape) and/or any other applicable law.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD. The issuance of a short term rental permit by the Clatsop County Assessment and Taxation Director may be appealed within twenty (20) calendar days of the date of the notice of conditions, suspension or revocation. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by Clatsop County Building Codes and a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).

I have read and understand the APPLICANT'S STATEMENT and agree to abide by the terms.
I have met and will continue to comply with the standards under this ordinance.

Applicant Signature John K. Meyer

Date: 7-2-2018

Cash Slip
07/06/2018

Cash Slip: D00035 Type: Cash Deposit Status: Deposited
Deposit Date: 07/06/2018 Description: Credit Card Deposit Status: Printed
Organization: 1150 Assessment & Taxation

For: Tax Collector Deposit - Credit/Ddebit

Source of Revenue	Fund Name	Fund	Dept	Debit Account	Credit Account	Amount	CFDA #
Unsegregated Taxes	Fin/treas Misc Recon Fund	990		01-0010	78-9916	2,337.89	
A&T Interest	Fin/treas Misc Recon Fund	990		01-0010	78-9921	134.36	
App - Meyer/Koehler	Building Codes	036	7165	01-0010	81-7017	500.00	
App - Meyer/Koehler	Public Health	007	4174	01-0010	81-7017	200.00	
App - Meyer/Koehler	General	001	2700	01-0010	81-7017	100.00	
App - Meyer/Koehler	General	001	1150	01-0010	81-7017	100.00	
						Total:	
							3,372.25

Breakdown of Total

Total Coin:	0.00
Total Currency:	0.00
Total Checks:	0.00
Total Credit Card:	3,372.25
Total EFT:	0.00
Total:	3,372.25

Comments
D00035 \$3372.25 + D00042 \$620 = USB deposit of \$3992.25 on 7/6/18.

90265 Par Rd, Warv - Koehler = \$100.00
31865 Clatsop Ln, A.C. - Meyer = \$100.00

RECEIVED
JUL 17 2018
CLATSOP CO. PUBLIC HEALTH
#501013



Septic Application

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

For Department Use Only

Permit #: 501073
 Permit Type: Compliance Report
 Entry Date: 7/17/2018
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	07/17/2018

Work Description

Work Description:

Remarks:

Owner

Name: **MEYER JOHN** Ph. #: (415) 673-2204 Cell: () -
 Address: 1130 Filbert St #1 E-Mail: Fax: () -
 City, State, Zip: San Francisco, CA 94109

Applicant

MEYER JOHN Ph. 4156732204 Fax
 1130 Filbert St #1 Cell E-Mail
 San Francisco, CA 94109

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	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>JE #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	JE	D00035	07/06/2018	\$100.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

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 OS412630 as follows:

PROPERTY INFORMATION

Property Owner: John Aebi-Magee Township 04N, Range 10W, Section 31 BB
Property Location: 31865 Clatsop Ave., Cove Beach Tax Lot 601,602,603
Facility Type: Single Family Dwelling Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Seepage Trench

Design Flow: 375 gals/day Drain Media Total Depth: 24 inches
Minimum Septic Tank Size: 1000 gals Drain Media Below Pipe: 18 inches
Distribution Type: Serial Drain Media Above Pipe: 2 inches
Total Trench Length: 135 Linear feet Rake Sidewall: Required
Trench Spacing: 8 feet*
Media Type: Rock and Pipe
Maximum Trench Depth: 42 inches
Minimum Trench Depth: 36 inches

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Limited to 3 bdr max. Original house design was for a 2 bedroom residence.
- 2 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.
- 3 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.
- 4 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.
- 6 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.

7 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.

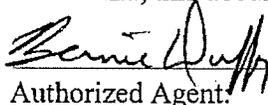
SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection Waived by Bernie Duffy on 5/20/2013

Installer Name: Bob McEwan Construction, Inc.

Certificate Issued by Operation of Law.

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

	Onsite Wastewater Specialist	5/20/2013
Authorized Agent.	Title	Date CSC Issued
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

For Official Use Only/Date Received: _____

Final Inspection Request and Notice - Onsite ID: 412630

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 Aebi-Magec
 Property 31865 Clatsop Ave., Cove Beach
 Address:

Township 04N, Range 10W, Section 31 BB
 Clatsop County TaxLot#: Tax Lot 601,602,603

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: Seepage Trench

Water Tight Verification*

Tanks(1)	Volume: <u>EXIST.</u>	Compartments: <u>1</u>	Manufacturer: <u>1000 GAL NORWEGIAN</u>	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 Sower (tank to drain/lot)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM/Other: <u>303A</u>	Length: <u>97'</u>
Pressure Transport Pipe	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Diameter:	ASTM/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:	ASTM/Other:	Length:
Manifold piping	Diameter:	ASTM/Other:	Length:
Internal Pump	HP:	Model/Manufacturer:	
Floats(1)	Type:	Model/Manufacturer:	
Floats(2)	Type:	Model/Manufacturer:	
ATI	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:		
Operation and Maint.	Contract Received? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

D. Drainfield Media

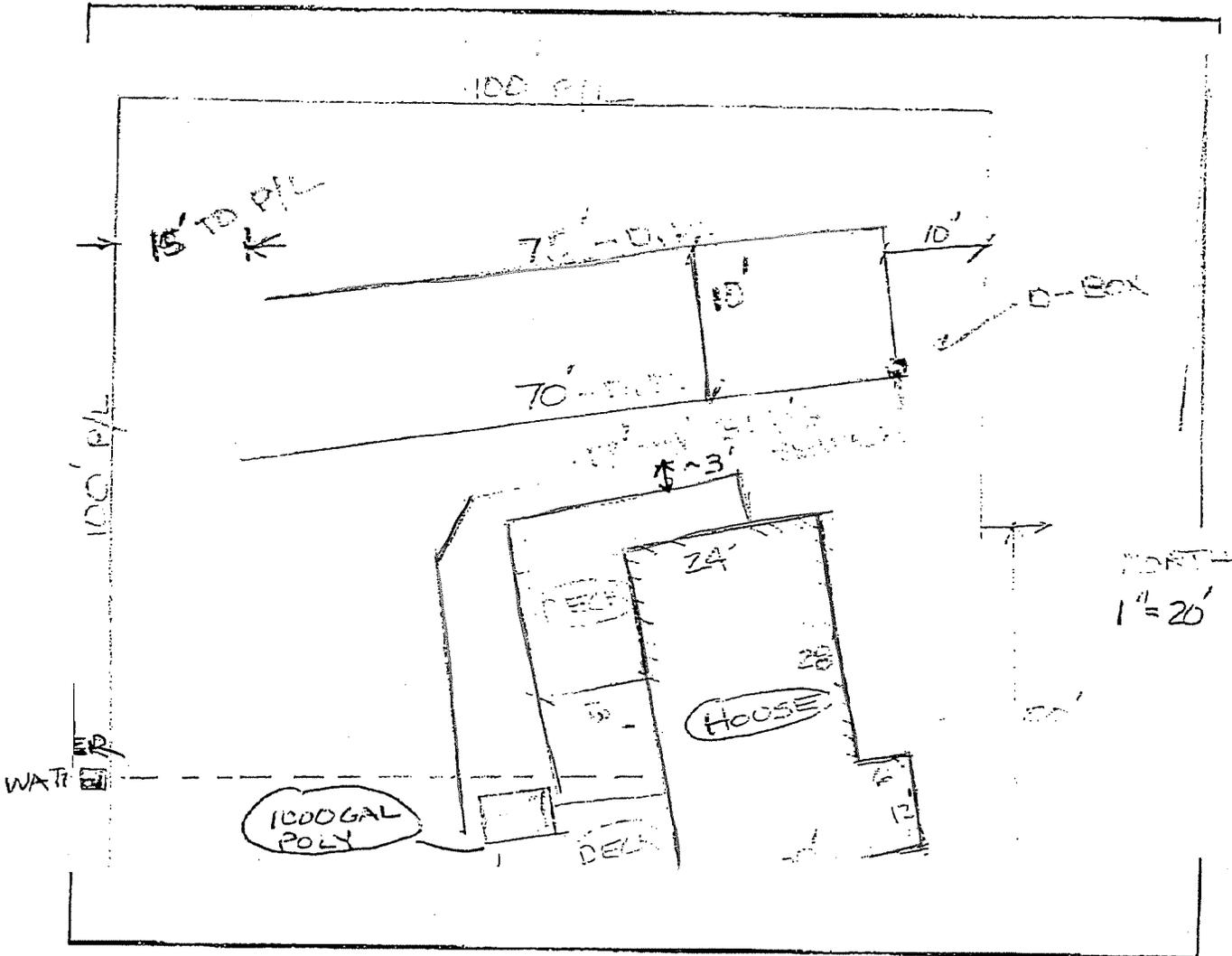
Type	(Gravel, Pipe or alternative?) <u>SEEPAGE TRENCHES - 24" ON DEEP DRAIN ROCK</u>			
Distribution Box	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM/Other: <u>2729</u>	Length: <u>140</u>
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
 **At least one analysis for Underdrain Media and Filter Sand

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

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, walls, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#: _____ Print Name: **MICHAEL R MCEWAN**

Licensed Installer: Yes No License#: **37079** Certification#: **RI83**

Owner/Certified Installer: Signature: **Michael R. McEwan** Date: **5/15/13** Phone#: **503-738-3569**

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

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

If No, Reason for Non Acceptance: _____

Comment: _____

State of Oregon
Department of Environmental Quality

Onsite ID: OS412630
Expiration Date: 4/18/2014

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-Major Permit OS412630 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **John Aebi-Magee** Clatsop County
Property Location **31865 Clatsop Ave., Cove Beach** Township 04N, Range 10W, Section 31 BB
Facility Type: **Single Family Dwelling** Tax Lot 601,602,603
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Seepage Trench

Design Flow:	375 gals/day	Drain Media Total Depth:	24 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	18 inches
Distribution Type:	Serial	Drain Media Above Pipe:	2 inches
Total Trench Length:	135 Linear feet	Rake Sidewall:	Required
Trench Spacing:	8 feet*		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	42 inches		
Minimum Trench Depth:	36 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

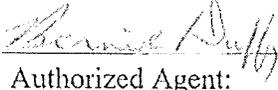
- 1 Sleeve effluent sewer line at waterline, if effluent sewer is less than 1 ft below the water line.
- 2 Tracer wire required.
- 3 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 4 All roof drains must be directed away from the system.
- 5 Each trench to be level and on contour.
- 6 Filter fabric is required over the drain media.
- 7 Meet all required setbacks.
- 8 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.

CC N. McFadden & V. Schiele 4/18/13

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.

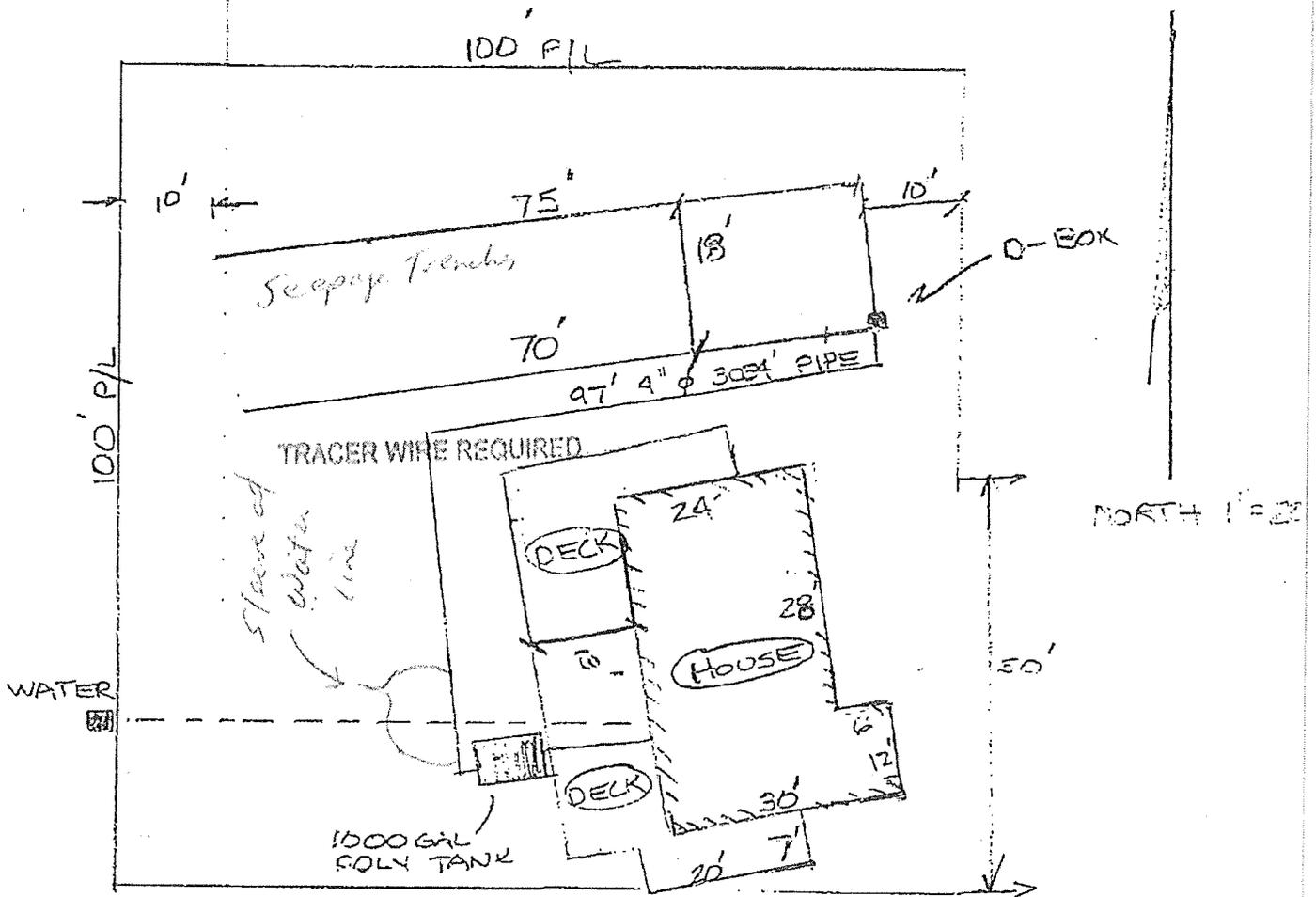
For pre-cover inspection information, contact your agent below:

	Onsite Wastewater Specialist	4/18/2013	4/18/2014
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.

To be used for [unclear] [unclear]
 Date of issue: 05/11/2013
 Bernie Duff 4/11/13
 [unclear]
 [unclear]
 [unclear]



CLATSOP LANE

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

JOHN AEBI-MAGEE
 4N-10W-3168-
 601-603

RECEIVED
 APR 18 2013



ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

April 18, 2013

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

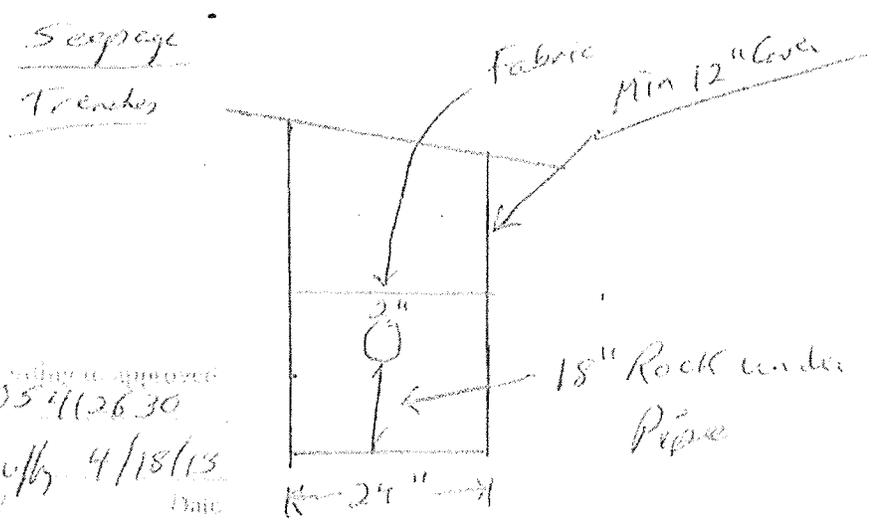
Prepared For: John Aebi-Magee
560 2nd Ave.
Lake Oswego, OR 97034

Job Site: T4N, R10W, SEC. 31BB, T.L. 601-603; 31865 Clatsop Ave., Cove Beach, OR

Plans Drawn By: Mike McEwan

Materials List:

Tuff-tite drop box	1
4" 3034 PVC header pipe	107'
4" 3034 PVC 45 degree elbows	1
4" 3034 PVC 90 degree elbows	4
4" 2729 PVC perforated drain pipe	145'
Typar 3201 fabric	145'
Bayview 1-1/2" drain rock	28 cu. Yd. (<i>Sewage Trench</i>)



To be installed in accordance with approved plan of permit: *05412630*

Beane/Duffy 4/18/13
Special Agent Date
Division of Environmental Quality
Department of Environmental Quality

R E C E I V E D
APR 18 2013

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Additional Conditions of Approval Magee IO# 414229 by BJDuff

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
4. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
5. Placement of a well within 100 feet of the approved areas may invalidate this approval.

(Repair - 3 BOR Max)

Options (1) Standard trenches - limited area
(2) Seepage trenches - 24" Rock - 18" under pipe
130 ft total w/ 42" Max - 36" Min
Serial Distribution

(1) Seepage trenches would be designed and installed in accordance with OAR 340-71-0280

(2) Installer shall verify the condition of the septic tank.

(3) Accurately locate north property line.

(4) Lot to east should be considered for replacement area.

(5) Waterline does not appear to meet setbacks.

Note: House originally designed as 2 bedroom (7/1/69)
Increase to 3 bedroom not authorized by DEQ.

RAY BROWN RD

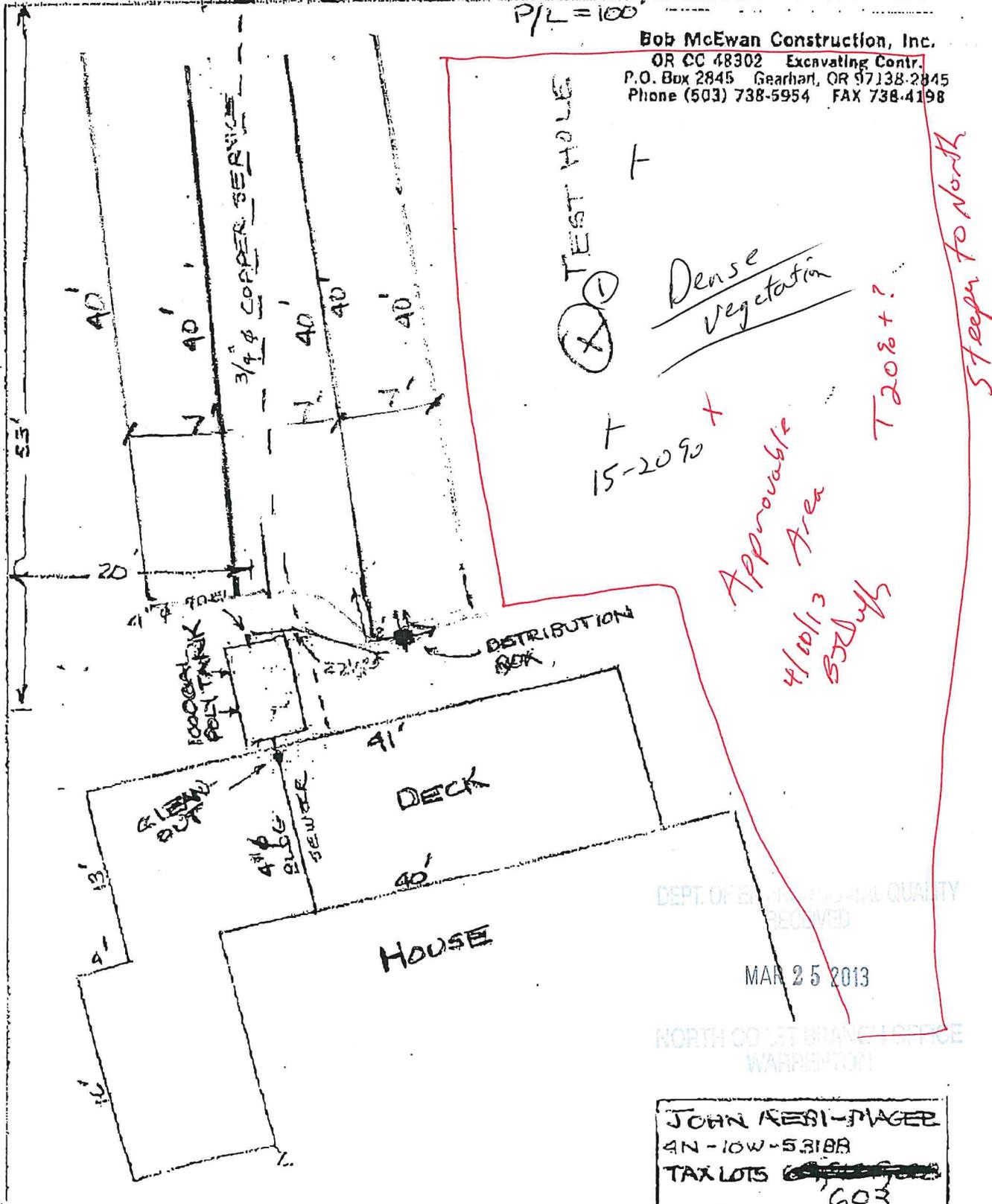
N
SCALE 1" = 10'

18' WATER MAIN P/L = 100

Bob McEwan Construction, Inc.

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

CLATSOP LINC



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 25 2013

NORTH COAST BRANCH OFFICE
WARRENTON

JOHN KEST-MAGER
4N-10W-53188
TAX LOTS ~~603~~
603



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: **MAR 21 2013**
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:
Date Received 3/21/13
Fee Paid 595
Receipt Number 150721
Application Number 414229
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

Scan ID 414229

A. Property Owner Information

JOHN AERI-MAGEE LAKE OSWEGO, OR 97034 503-635-2557
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

4N 10W 31BB 601 602 100
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP _____
County Subdivision Name Lot Block

Property Address: 31865 CLATSOP AVE COVE BEACH OR _____
Address City State Zip Code

Directions to Property: SOUTH ON 101, WEST ON COVE BEACH,
NORTH ON RAY BROWN RD, RIGHT ON CLATSOP, FIRST ON HOUSE
ON NORTH

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence 3 Number of Bedrooms
 Other _____
Proposed Facility: Single Family Residence 3 Number of Bedrooms
 Other _____
Water Supply: Public COVE BEACH Name WATER DIST.
 Private _____ Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction Permit
- Repair Permit
- Major Minor
- Alteration Permit
- Major Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notice for:
 - Connecting to an Existing System Not in Use
 - Replacing a Mobile Home or House with Another Mobile Home or House
 - The Addition of One or More Bedrooms
 - 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 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 3/13/13
Signature Date
MICHAEL R. MCEWAN 503-738-3569 mmcewan3569
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
@charter.net

POB 2845, GEARHART, OR 97138
Applicant's Mailing Address

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

SCANNED
MAR 21 2013



State of Oregon
Department of
Environmental
Quality

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

NOTICE AUTHORIZING REPRESENTATIVE

I, John Aebi-Magee, 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:

31865 ~~Ray Brown Rd~~ & Clatsop Lane
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 4 Range 10 Section 31B13 Map ID _____ Tax Lot #(s) 6601, 6602 & 0603

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

PROPERTY OWNER:

Printed Name: John Aebi Magee

Signature: [Signature] Date: 3/12/2013

Address: 500 2nd St. Phone: 503-635-9557

City, State, Zip Lake Oswego, OR 97034 Fax: _____

E-mail Address mail@aebi-magee.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Michael R McEwan

Signature: [Signature] Date: _____

Address: 903 N. 28th Phone: 503-447-0133

City, State, Zip GEARHART, OR 97139 Fax: 503-738-4198

E-mail Address mike@mc3069.com MAR 21 2013

Mar. 13. 2013 10:22AM DEQ WARRENTON

No. 7230 P. 1/1

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in and dated initially by applicant on each field)

1. Applicant Name/Property Owner: John Aebi-Magee
Mailing Address: 560 Second St.
City, State Zip Code: Lake Oswego, OR 97034
Telephone: 503-635-2557

2. Property Information:
County: Clatsop Tax Lot No.: 0601 0602, 0603
Township: H Range: 10 Section: 31 B13
Physical Address: Ray Brown Rd & Clatsop Lane
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: CR Zoning Minimum Parcel Size: 20,000 ft²

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: _____

LWD no 3.144(1)

8. Planning Official Signature: Jennifer Bunk
Print Name: Jennifer Bunk Date: 3/13/13
Title: Senior Planner Telephone: 503 325 8611

On file UC3 2/28/2008

MAR 21 2013

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



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? _____ (Date) _____ (Permit Number)
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons) 1000
- When was the septic tank last pumped? ? Attach receipt if available.
- Number of disposal trenches 4
- Total length of disposal trenches (in feet) 160?
- 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? 4
- 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.

3/13/13 (Date) Michael R. McEwan Signature of Property Owner or Legally Authorized Representative

MAR 21 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: _____

Scan ID
414229

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 31865 City: Falcon Cove
 Owner: John Acbi Magee Phone: 436-8659
 Owners Address: 31865 Clatsop Ln
 Agent: Danny Hull Construction
 Proposed Development/Construction: Deck

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 4 R 10 SEC 31BB Tax Lot(s) 601, 602, 603
 Permit Needed - Yes () No () Site Approved N/A Yes () No ()
 Signature: [Signature] Date: 3-24-04
 Remarks: DECK ONLY.

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Signature: _____ Title: _____ Date: _____
 Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____
 Zone: _____ Overlay District: _____
 Development Permit - Yes () No () # _____
 Flood Plain - Yes () No () Elevation Requirements: _____
 Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
 Signature: _____ Title: _____ Date: _____
 Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

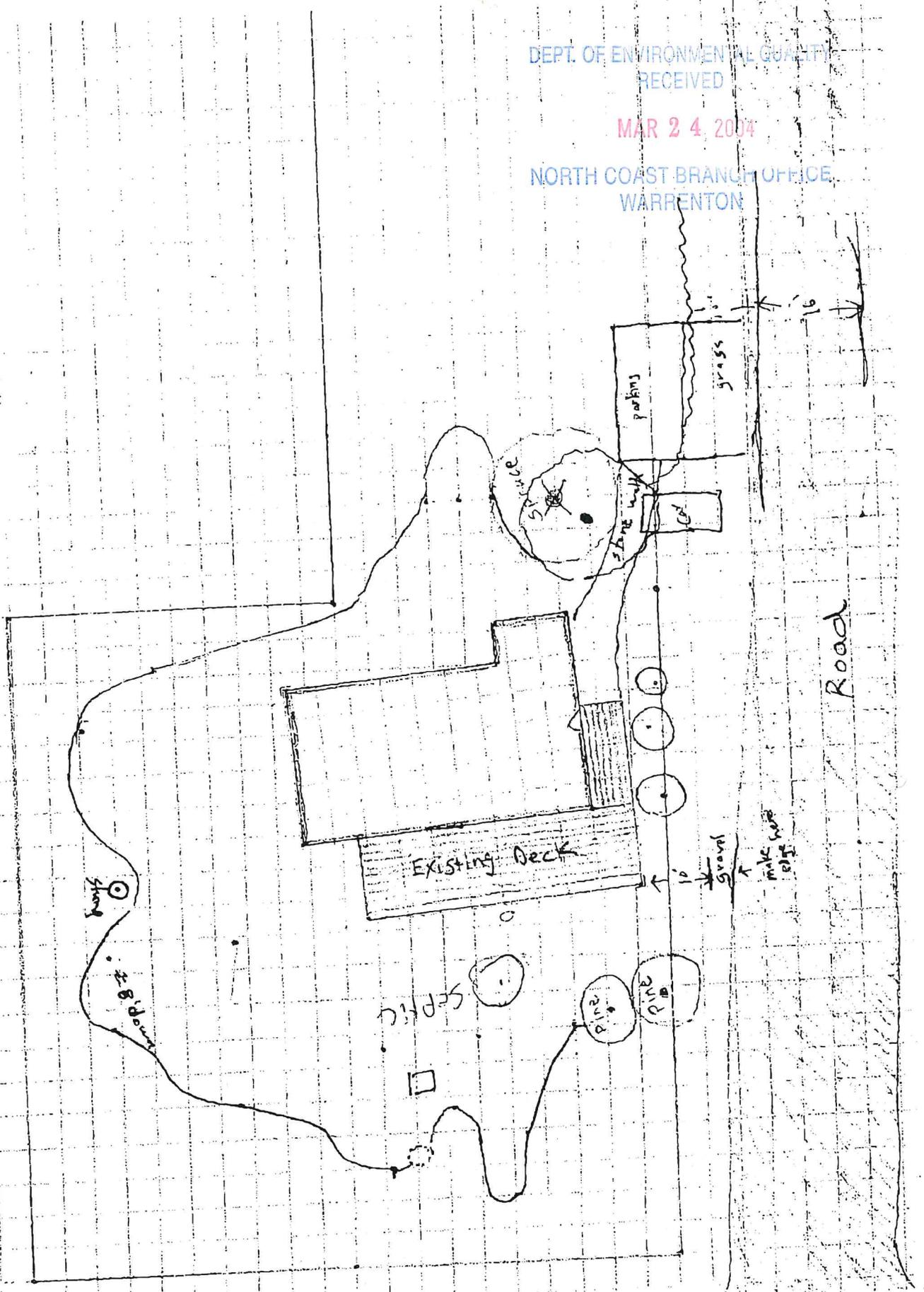
5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 24 2004

NORTH COAST BRANCH OFFICE
WARRENTON

Cove Cottage - site





Receipt Number: 150721

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

Date Received 3/21/2013

Received From **Bob McEwan Cnstruction**
(Check Name): **Mike McEwan**
PO Box 2845
Gearhart, OR 97138

For **T04N R10W S31 BB**
Property **TaxLot 601,602,603**
At: **Clatsop County**
31865 Clatsop Ave.
Cove Beach

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
595.00	Check	4169	24-22	595.00

Total Amount Applied \$595.00

Onsite Fees

Base Fee:	535.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$595.00

Application Description

Application ID: **414229**
Application Type: **Repair Permit**
Single Family Dwelling-Major

System Type: **Standard**
Pump Evaluation: **No**
Flow: **450** gallons/day

Payments

Previous Payments:	0.00
Current Payment:	595.00
Over Payment:	0.00
Total Payments:	\$595.00

Receipt Amount: \$595.00

Received By:

Date of Entry: MAR 21 2013

Vicky Schiele

3/21/2013

61526

Control No.

STATE OF OREGON

PERMIT NO. 00-114

DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 205.00

Fee

New Construction

Minor Repair

Other _____

Permit Issued To Erwin & Marguerite Blake 4N 10W 31BB 601 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Clatsop St. Cove Beach Cornie M. Schandt 9-5-00
(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 September 5, 2001 TYPE OF SYSTEM Tank replacement only
Norwesco poly septic tank with riser

Design Sewage Flow 300 Gallons/Day
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) Install in accordance with plans & specifications submitted 9-5-00. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt
PRE-COVER INSPECTION REQUIRED - CONTACT required prior to pre-cover inspection request. 801-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bob McEwan Const. Inc.

Final Insp. Date _____

Inspected By _____

Issued by Operation of Law

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

As-built & certification of final construction received
Pumping receipt received
System components installed/constructed as per approved as-built.
OK to cover system.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature) (Title) (Date) (Office)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
(Date Received)

FINAL INSPECTION REQUEST AND NOTICE

SEP 9 2000

NORTH COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner BLAKE & MARGUERITE Permit Number 02-114 County CLATSOP
Township 4N Range 10W Section 31BB Tax Lot 601, 602, 603 Tax Acct. # —
Job Location CLATSOP LN., COVE BEACH
Date System Construction Completed 9/7/00 Date Submitted to DEQ or Agent 9/11/00

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1-1000 GAL NORWESCO TANK
- 1-4" SCH 40 ABS
- 24'-4" SCH 40 ABS PIPE
- 1-4" ABS COUPLER
- 1/2 GAL - HOT MIX CONC
- 2-4" SCH 40 ABS 22 1/2° EL
- 2- " " " " 45° "
- 2- " " " " 90° "

Property Owner BLAKE Permit Number 00-114 County CLATSOP

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

SEE ATTACHED SHEET.

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

Sewage Disposal Service Business: BOB MCEWAN CONST, INC 37079
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (GAR Chapter 340, Divisions 71 and 73).

Michael R. McEwan Pres. 9/11/00
(Signatory/Installer's Signature) (Title) (Date)

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

August 29, 2000

Erwin & Marguerite Blake
31660 SW Village Crest Ct.
Wilsonville, OR 97070

Re: Information for Repair Permit
T4N-R10W-S31BB; TL# 601, 602
& 603
Clatsop County

Dear Erwin & Marguerite Blake,

In response to a repair permit application received on August 18, 2000, I visited the above-described property to confirm the extent of repair to the existing on-site sewage disposal system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Clatsop County records located at the DEQ North Coast Branch Office (NCBO) in Warrenton indicate a new 2-bedroom home and a septic system were installed/constructed on this property in 1969. The septic system installed consisted of a 750-gallon steel septic tank and 170 linear feet of drain tiles in 3-foot wide trenches spaced on 7-foot centers as recommended by the county sanitarian.

The records also contain a letter from you to the county sanitarian dated September 3, 1978, in which plans for adding a garage, expanding the living room and adding one bathroom and a dressing area were shown. The county sanitarian's response to this letter indicated that, because the proposal did not include the addition of a bedroom, no increase in the size of the existing sewage system would be required. In 1981, following an existing system evaluation by record review, an authorization notice was issued acknowledging that the existing system was adequate to serve a 2-bedroom house with a sewage flow up to 300 gallons per day. No other records of the proposed additions to the existing house were found in the file. The application for this repair lists the existing facility as a single family dwelling with 3 bedrooms.



811 SW Sixth Avenue
Portland, OR 97204-139
(503) 229-5696
TDD (503) 229-6993
DEQ-1

During the site visit on August 24, 2000, the septic tank with the top and the inlet/outlet pipes were inspected. The tank lid was badly corroded and contained several holes. The tank was also corroded and the interior baffles deteriorated. Small holes were also noted on the outside of the tank at or near the liquid level inside the tank. The tank was filled to the normal operating level just below the outlet baffle. The drainfield was not flagged, but upon probing the ground surface in several places, 4 disposal trenches each approximately 50 feet in length were identified. A concave area was observed on the ground surface near the terminal end of one of the trenches, but no evidence of surfacing sewage was apparent at the time of the inspection.

Although this particular tank was approved for use at the time of its installation, it is not a DEQ-approved septic tank at this time. Therefore, replacement of the septic tank is required. The drainfield size is also not adequate for the increased sewage flow from a dwelling with 3 bedrooms. The existing drainfield appeared to be functioning adequately at the time of the inspection, however future repair and upgrade will be required if the drainfield fails. Please note that replacement of the septic tank alone does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system.

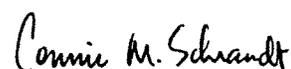
A plot plan showing the proposed installation of a new septic tank, including all materials to be used and the manufacturer's name of the tank being installed, must be submitted to the NCBO to obtain a repair permit. A 1000 gallon, DEQ-approved septic tank equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface is required. The tank must be sealed for water tightness following installation in accordance with OAR 340-073-0025(2).

After the permit is issued and a pre-cover inspection has been performed on the new installation, a certificate of satisfactory completion (CSC) will be issued. No work can take place on the septic system until a permit has been secured.

As with any on-site sewage disposal system, periodic maintenance is a necessity and can prolong the effective life of the system. Normally, septic tanks need to be pumped out every three to five years to prevent clogging of the drainfield. The use of a garbage disposal is discouraged and water conservation measures should be considered. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is also discouraged.

If you have any questions concerning this report, please feel free to contact the NCBO at (503) 861-3280.

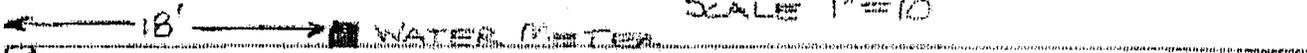
Sincerely,



Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

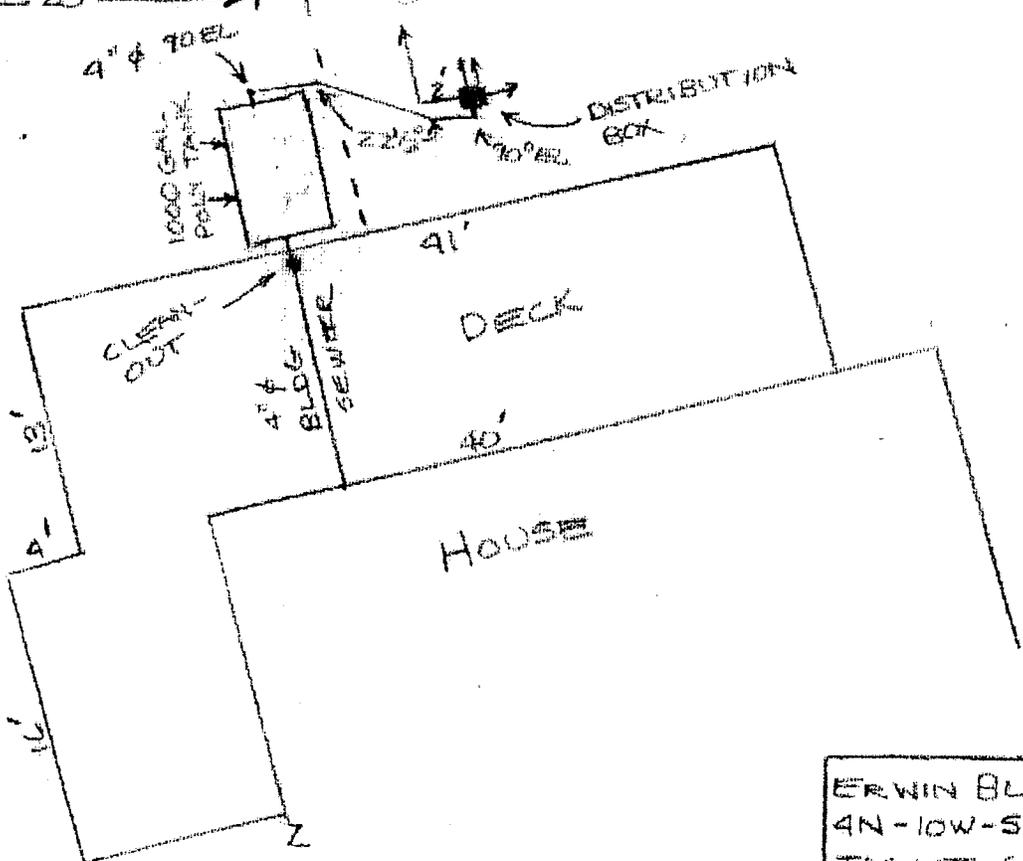
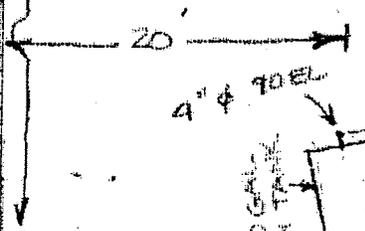
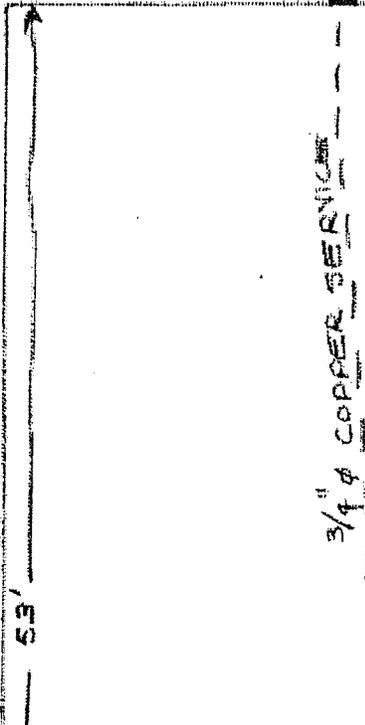
RAY BROWN RD.

N
SCALE 1"=10'



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

CLATSOP LN.



ERWIN BLAKE
4N-10W-53188
TAX LOTS 601, 602, 603
9/11/2000

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426
 CLYDE McDONALD 458-6521
 (800) 382-7380

STATEMENT

DATE 9-7-2000
 NUMBER 738-5954

Bob McEwan Const.
P.O. Box 2845
Gresham, Oregon 97138

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

*Re: Henry Blake
 31865 Clatsop Lane
 Cove, Beach, Ore.*

DATE	CHARGES AND CREDITS	BALANCE
	750 Gallon BALANCE FORWARD	
	Steel Septic ???	
9-7-00	Pumped Septic Tank To Replace	\$ 225.00
	DEPT. OF ENVIRONMENTAL QUALITY RECEIVED	
	DEC 6 2000	
	NORTH COAST BRANCH OFFICE WARRENTON	

5-18-2000
 CK# 12816
 PWD

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT IN THIS COLUMN

FILED 15-2000 13:19

DEPT. OF ENVIRONMENTAL QUALITY

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

Department of Environmental Quality

SEP 5 2000

AUTHORIZATION NOTICE

NORTH COAST BRANCH OFFICE

Location WARRENTON

System

Approved
Existing
 Pre-existing

Subsurface
 Alternative
 Experimental

Tax Lot 691-602-003
 Section 31 88
 Township 94
 Range 10 W

This Authorization Notice acknowledges the sewage system located on property identified above has been found adequate by Field Inspection to serve a

1 Bedroom Home with a sewage flow up to 300 gallons per day.

DATE Aug 28, 1981

Donald R. Campbell
SANITARIAN

Clatsop County

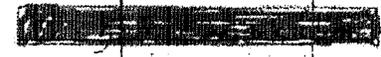
APPROVED

Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 0207760756
9/5/00

SKETCH OF PRE-EXISTING SYSTEM

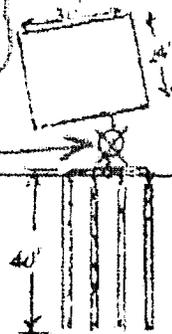
Scale 1" = 50'

Drainfield
 170' of drainfield
 4 lines 2ft apart on center
 Trenches 24" wide



No Vehicle Traffic in Drainfield

9/7/00
 REPLACE 750 GAL STEEL W/ 1000 GAL POLY TANK



Clatsop St

SEPTIC TANK MUST BE PUMPED BEFORE ADDITION TO HOUSE

IS COMPLETED

Inspected by [Signature]

- NOTE: 1) The DEQ considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.
- 2) A permit and inspection of the building sewer connection to the sewage system may be required by the Department of Commerce or its authorized representative.
- 3) This 'Notice' does not guarantee satisfactory or continuous operation of the sewage system identified.

7-1-69

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 5 2000

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

NORTH COAST BRANCH OFFICE
WARRENTON

September 5, 2000

Installer: Bob McEwan Const., Inc.
PO Box 2845
Gearhart, OR 97138-2845
OR CC 48302 Oregon DEQ Installer #37079
Phone (503) 738-5954

Prepared for: Erwin & Marguerite Blake
31660 SW Village Crest Ct.
Wilsonville, OR 97070

Job Site: T4N, R10W, S31BB, TL#601, 602, 603, Clatsop Co.

Plans Drawn by: Mike McEwan

Materials List

1000 gal. Norwesco Poly Septic Tank	1
4" dia sch 40 abs pipe	10 ft
4" dia flex couplings	4
Norwesco manhole risers	1

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W
 Lic. No. 02077600
 9/5/00

NORTH COAST OFFICE
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280

Date Completed 9-5-00
Required Fee \$ 205.00
Receipt No. 95335
Control No. 0126
V.R. BUILT - 1969

FOR APPLICANT'S USE - (PLEASE PRINT)

15,000 Sq Ft. ± / .33 AC
Lot Size (Acreage or Dimensions)

Blake, Erwin & Marguerite
(Property Owner's Name)

BOB MCEWAN CONST., INC
(Applicant's Name if Different from Owner)

Legal Description of Property 4 10 31BR 601,602+603 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

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

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

Existing Facility

Single Family Residence 3
(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) MINOR TANK
- [] 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.

Michael R. McEwan
(Signature)

8/18/00
(Date)

[] Authorized Representative
 Licensed Installer
License No. 37079

Owner's Mailing Address
Erwin Blake
31660 S.W. Village Crest Ct.
Wilsonville OR 97107
Phone 503-694-2429

Applicant's Mailing Address (if different)
BOB MCEWAN CONST., INC
P.O. Box 2845
GEARHART, OR 97138-2845
Phone 503-738-5954 IW\WC8\WC8690 (7-19-91)

861-8257

RUS-13-2222 13:18

DEJ WARRENTON

00-707

15239813257 05/06

LAND USE COMPATABILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME Erwin Blake		MAILING ADDRESS Erwin Blake 3160 S.W. Village Crest Court Wilsonville OR 97070 CITY STATE ZIP		PHONE 503- 694-2429
P L O C A T I O N	TOWNSHIP 4	RANGE 10	SECTION 31BB	TAX LOT OR ACCT'N 601, 602, 603
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY Clatsop
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981			
	PROPOSED LAND USE			

SEPTIC REPAIR

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

PROPERTY'S ZONING DESIGNATION
CR

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

- COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
- CONSISTENT WITH THE STATEWIDE PLANNING GOAL
- NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
- NOT CONSISTENT WITH THE STATEWIDE PLANNING GOAL

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

PROPERTY IS LOCATED: (check one)

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

LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT DEPT. OF ENVIRONMENTAL QUALITY

SIGNED Chris Hoch	TITLE PT	RECEIVED AUG 24 2000	DATE 8/23/2000
-----------------------------	--------------------	--------------------------------	--------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE NORTH COAST BRANCH OFFICE	DATE WARRENTON
--------	---	--------------------------

AUG 18 2000

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION NORTH COAST BRANCH OFFICE
WARRENTON

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- Septic Tank () Disposal Trenches () Unknown
- () Seepage Bed () Cesspool or Pit
- () Other ---

(Describe) _____

2. When was your sewage disposal system installed?

_____ (Year) _____ (Permit No.)

3. Tank material:

- Steel () Concrete () Fiberglass
- () Polyethylene () Unknown

4. Volume of the septic tank in gallons: 750

5. When was the septic tank last pumped? 8/17/00 (Attach receipt)

CLYDE McDONALD

6. Number of disposal trenches: 4

7. Total length of disposal trenches (feet): 170'

8. Is your sewage disposal system currently in use? Yes (X) No ()
If no, how long has the system been out of use? 0

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? 3 How many people occupy the dwelling? 2

10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

August 18, 2000
Date

Arvin S. Blake
Signature of Property owner or
Legally Authorized Representative

CLATSOP COUNTY
NW1/4 SEC.31 T4N R10W WM

1" = 200'

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

4 10 31B

CANCELLED
200
300

SEE MAP 4 10

100
92.05 Ac.

1/4 Cor

OREGON

GOV. LOT 1
49.5

COAST

10-11

TILLAMOOK ST.

400
2508 Ac.

CLATSOP ST.

10-15
10-25

GOV. LOT 2
48.00

HIGHWAY

SEE MAP 4 10

CALDER ST.

401
172 Ac.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 18 2000

NORTH COAST BRANCH OFFICE
WARRENTON

EARLY ST.

SEE MAP 4 10 31CB

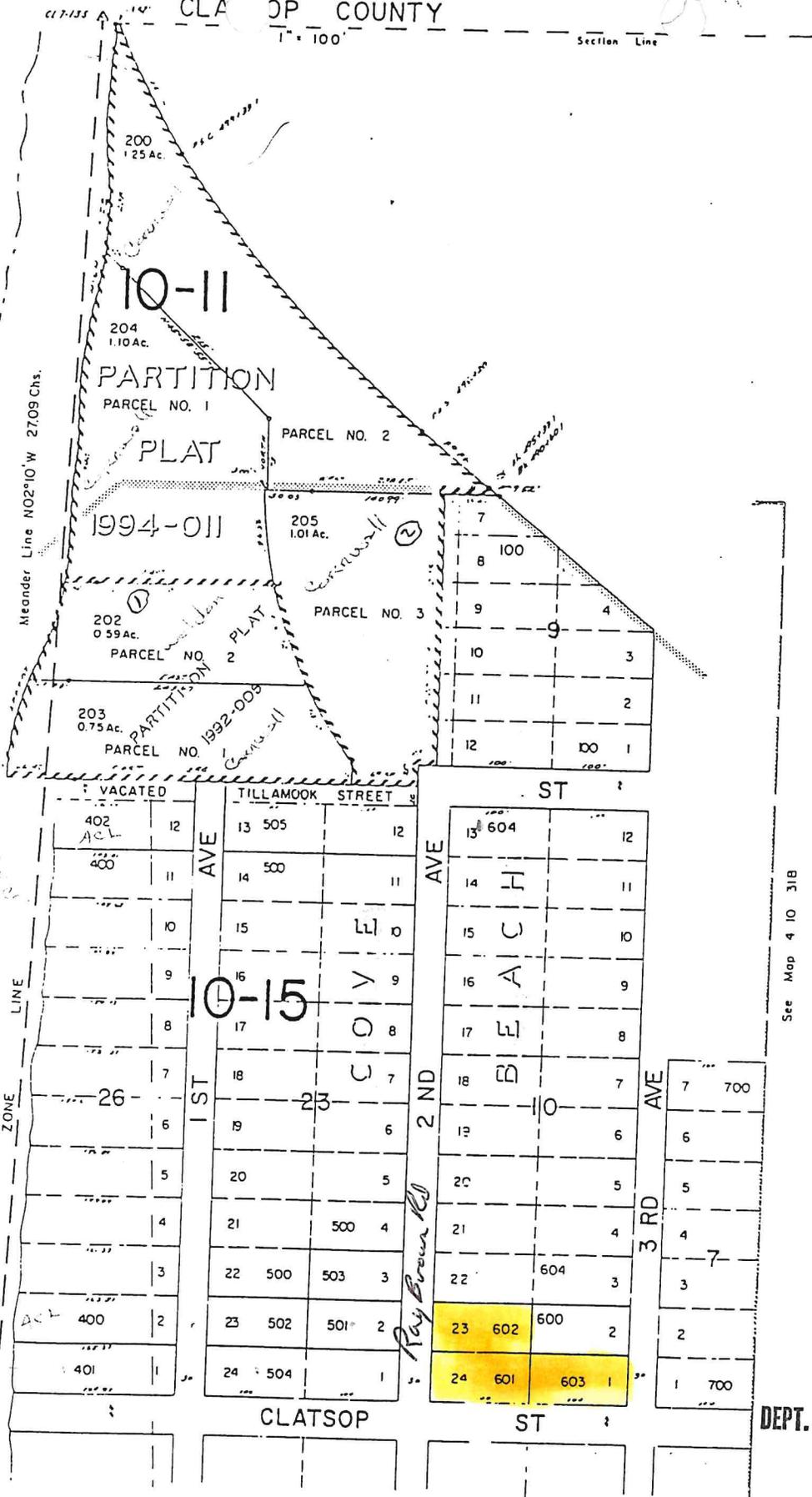
SEE MAP 4 10 31C

0060

CLATSOP COUNTY

PROPERTY OF THE CLATSOP COUNTY ASSESSORS OFFICE

CANCELLED 201 300 301



See Map 4 10 31B

See Map 4 10 31 BC

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

AUG 18 2000

NORTH COAST BRANCH OFFICE WARRENTON

006

ZONE LINE AS PER OREGON STATE HIGH DEPT AERIAL PHOTOGRAPHS OF JUNE 12, 1967 ESTABLISHED BY O.R.S. 336.270

CL-7-136

Department of Environmental Quality

AUTHORIZATION NOTICE

Approved
Existing
 Pre-existing

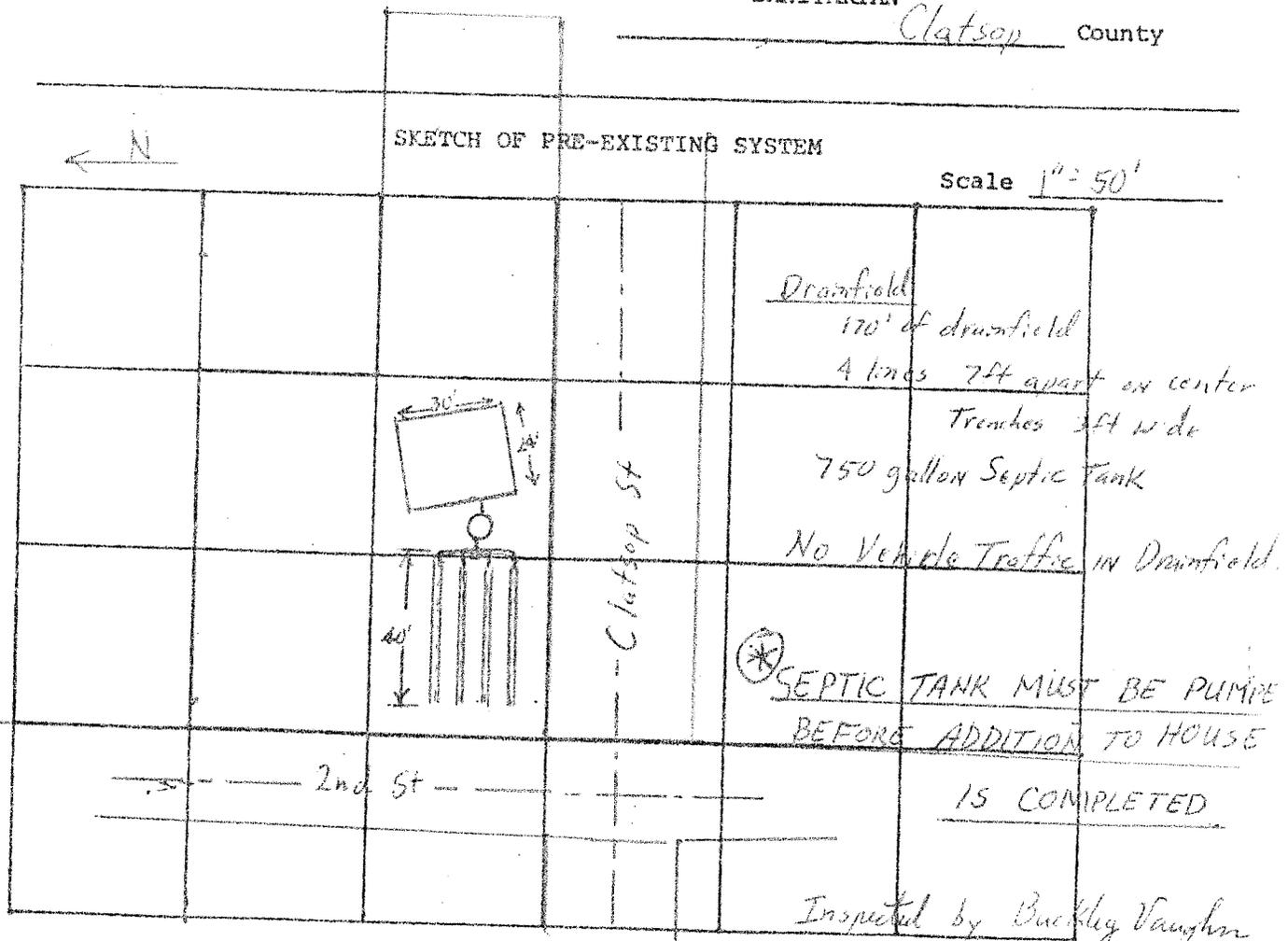
System
Subsurface
 Alternative
 Experimental

Location
 Tax Lot 601, 602, 603
 Section 31 BB
 Township 4N
 Range 10W

This Authorization Notice acknowledges the sewage system located on property identified above has been found adequate by Field Inspection to serve a Record Review 2 Bedroom Home with a sewage flow up to 300 gallons per day.

DATE Aug 28, 1981

Arnold R Campbell
 SANITARIAN
Clatsop County



- NOTE::
- 1) The DEQ considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.
 - 2) A permit and inspection of the building sewer connection to the sewage system may be required by the Department of Commerce or its authorized representative.
 - 3) This 'Notice' does not guarantee satisfactory or continuous operation of the sewage system identified.
- 7-1-64

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

FOR DEQ USE ONLY

DEQ-ASTORIA BRANCH
857 COMMERCIAL
ASTORIA, OR 97103

Date Rec'd 8-28-81 Amt. Rec'd \$ 10.00
 Receipt No. 23507 Permit No. _____
 Date Appl. Completed _____
 Site Inspection Date _____
 Approved _____ Disapproved _____
 Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. Site Evaluation Report for New System (~~\$75.00~~) \$150.00
2. Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required)
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~)
5. Permit to Connect Mobile/Modular Home to Existing System (~~\$25.00~~)
6. Permit Renewal (~~\$25.00~~) \$50.00
7. Existing System Evaluation ~~\$50.00~~ \$100.00
8. Other (Specify) _____

REFERENCE INFORMATION (Please Print)

Boone Construction
 NAME OF APPLICANT
950 Hamlet Rt.
 ADDRESS
Seaside Ore 97138
 CITY ZIP CODE
7385843
 PHONE

Erwin G Blake
 NAME OF PROPERTY OWNER
3400 S.W. 187th
 ADDRESS
P.O. Box 512 97005
 CITY ZIP CODE
Alsea Oregon
 PHONE

PROPERTY DESCRIPTION

4 10 31 BA 601,602,603 Clatsop
 Township Range Section Tax Lot/Account Number County
 Subdivision/Area Tract Block Lot Lot Size
100x100

PROPOSAL DESCRIPTION

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

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready _____
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency _____
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help) TEST HOLES SHOULD BE FLAGGED!! (3' x 3' x 4' deep)

SIGNATURE

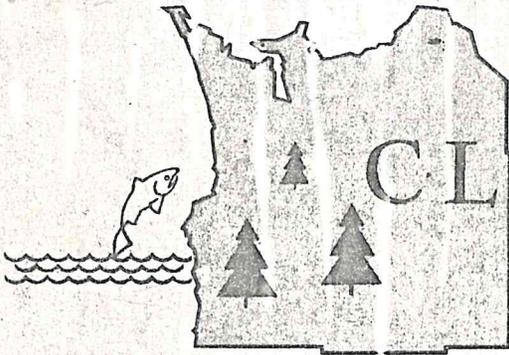
William W Boone

(Contract Purchaser/Owner/Installer)

DATE

8/28/81

410-31BB-602



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

October 5, 1978

Erwin G. Blake
3400 S. W. 187th
P. O. Box 512
Aloha, Oregon 97005

602 602 601

RE: 410 - 31BB - 602 Lots 1, 23 & 24 Block 10

Dear Mr. Blake:

I am sorry I haven't responded to your letter sooner. Please accept my apology.

Sewage systems are designed based on the number of bedrooms in a house. The feeling is the more bedrooms there are, the more people a house can hold and thus more sewage is generated.

It sounds like you don't plan to increase the number of bedrooms in your house, but only intend to increase the living room and add a second bathroom and dressing area. If this is the case, then you don't need to increase the size of your sewage system. If you are planning to increase the number of bedrooms, then I would have to determine the size of the existing septic tank and drainfield to see if they could handle the proposed increased sewage flow.

If you have any more questions, please contact me at the Health Department.

Sincerely,

Ray T. Franklin, R.S.
Clatsop County Sanitarian

RTF/mm

ERWIN G. BLAKE, D.D.S.

3400 S.W. 187th
P. O. BOX 5123
ALOHA, OREGON 97005
TELEPHONE 649-2166

RECEIVED
SEP 7 1978

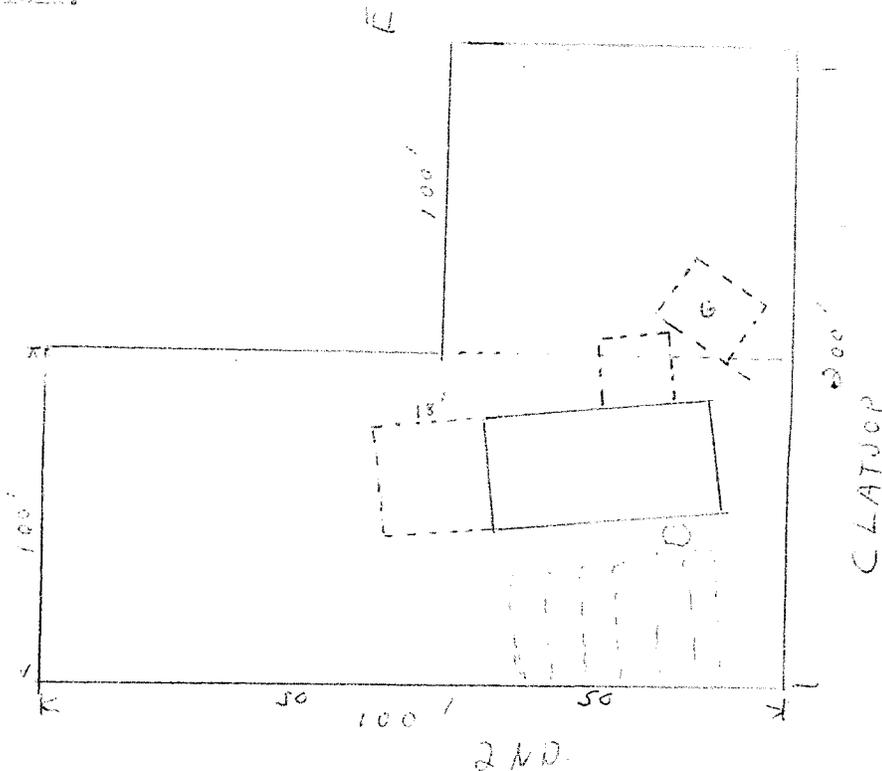
CLATSOP COUNTY HEALTH DEPT.

1978 9, 1978

County Health Dept.
Clatsop County
Astoria, Ore 97103

Dear Sir,

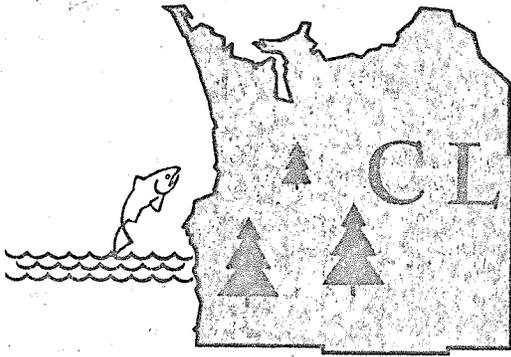
I live at home ranch, on the corner of 9th and Clatsop. Since I have no other place to live, I am considering the possibility of moving to the city. I have no idea as to what I would have to consider, since I do not have the lot just north and east of mine, I would like to expand north a distance of 15 feet for a living room. I would like to expand into a garage, bathroom and dressing room area a distance of 15 ft. with a quarter garage. In question is could I hook up the lot with the original public tank, changing later in the event of trouble, or do I have to put in an additional public tank and drainfield.



I would appreciate any help or ideas you may convey.

W

Sincerely,
Erwin G. Blake



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

October 5, 1976

Erwin G. Blake, D.D.S.
P. O. Box 5123
Aloha, Oregon 97005

RE: 410 - 31BB - 602
Lot 23, Block 10
Cove Beach

Dear Dr. Blake:

In response to your letter of September 28, 1976, I hopefully, can answer your questions.

County ordinance establishes minimum building lot size to be 10,000 square feet. The above referenced property is, according to assessor's records, 5,000 square feet and therefore is an unbuildable lot if to be served by a septic tank/drainfield. It is quite probable that lots of 10,000 square feet or larger in the area would be denied a subsurface sewage disposal permit due to severe limitations within the soil.

Historically, the function of septic tank/drainfields in the area has not been good. Should you purchase adjacent property it would leave you the alternative to repair any malfunction, an option some residents do not now have.

Hopefully, this information can give some direction to your future proceedings.

Sincerely,

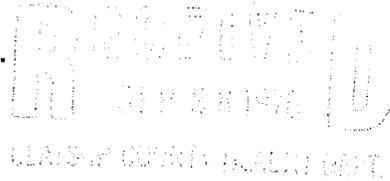
CLATSOP COUNTY HEALTH DEPARTMENT

Bruce L. Mason
Clatsop County Sanitarian

BLM/jmd

ERWIN G. BLAKE, D.D.S.

3400 S.W. 187th
P. O. BOX 5123
ALOHA, OREGON 97005
TELEPHONE 649-2166



September 28, 1976

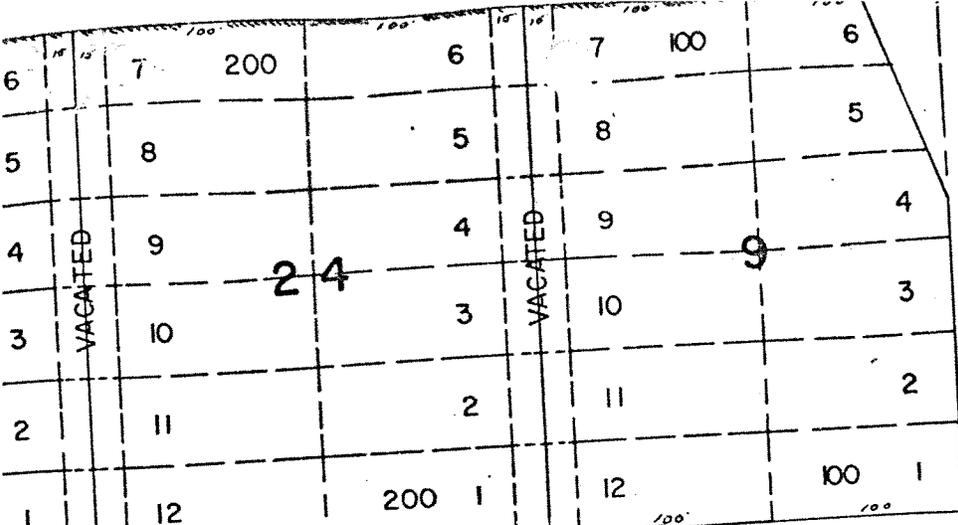
Sanitarian
Clatsop County
Courthouse
Astoria, Oregon

Dear Sir,

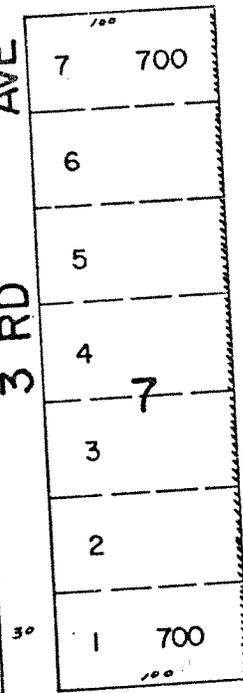
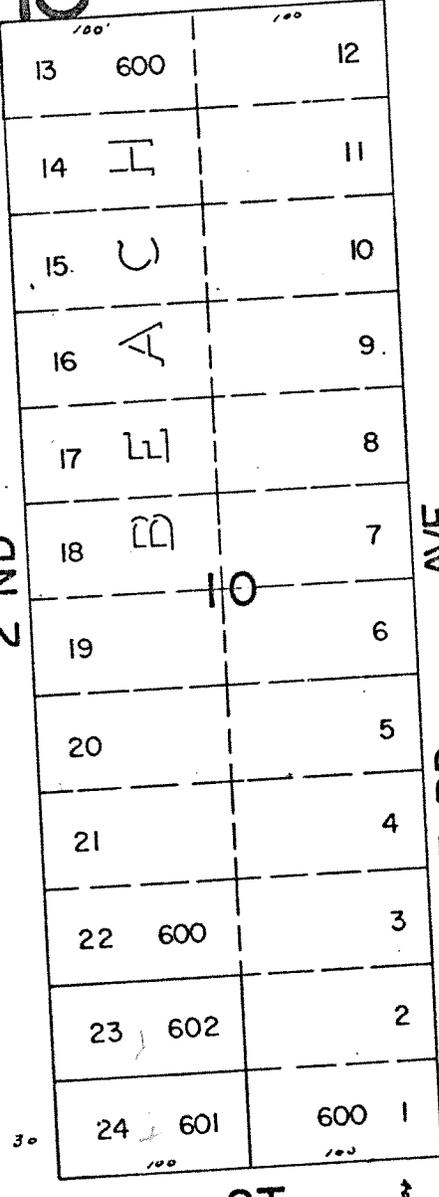
I have a beach house built on a 50'x100' lot at Cove Beach Lt 24 Blk 10, across the street from the new house under construction. I am interested in buying the lot adjacent and directly north of me, Lt 23. I understand from the boys who are building the new home that theirs will be the last one you will allow to be built in this area, and I'm wondering how binding this is. My reason for asking, is that I have been offered to buy the adjacent lot, and I'd like it merely to "protect" my view and also if ever my septic tank drain field needed improving. Also, your statement would have a bearing on what I had to pay or consider paying for the property. I would appreciate any considerable word from you that I might rely on.

Sincerely,

Er Blake



TILLAMOOK 10-15 ST



CLATSOP ST

ST

See Map 4 10 31B

See Map 4 10 31 BC

BLAKE. ERWIN & CO. ENGINEERING DEPARTMENT
CLATSOP COUNTY, OREGON

APPLICATION FOR BUILDING PERMIT

Bldg Permit No. 6022 Date issued 2/27/29

Valuation \$ 2430 Basic Fee 500

Area—1st Floor 2430 (+) 50% I, II, II 1215

Area—2nd Floor 0 (-) 50% V, J 0

Additional Area 0 Plan Checking Fee 0

Area—Type V J 0 TOTAL 3645

Map No. 1000
St. No. Assigned 31st
Field Check by me [signature]
Date 2-27-29

PLANNING AND ZONING

Type of Occupancy Residential
Total Floor Area 2430 Total Height 10

No. Stories 2
Area of Lot 5000

Front Yard Setback 5
Side Yard Setback 5
Rear Yard Setback 5

New Const. Alter.
Change of Occupancy From 0 To 0

Bldg Permit No. 6022 Date issued 2/27/29

Valuation \$ 2430 Basic Fee 500

Area—1st Floor 2430 (+) 50% I, II, II 1215

Area—2nd Floor 0 (-) 50% V, J 0

Additional Area 0 Plan Checking Fee 0

Area—Type V J 0 TOTAL 3645

Called Inspections

BUILDING PLUMBING ELECTRIC

Foundation Rough Finish

Frame Septic Tank

Plaster Sewer

Flues Gas

Final Finish Motors Final

SPECIAL INFORMATION

If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

APPROVED: COUNTY REGISTERED SURVEYOR
By Buckley R. Buckley 2-27-29

APPROVED: COUNTY REGISTERED PLANNING COMMISSIONER
By Buckley R. Buckley 2-27-29

APPROVED: BUILDING OFFICIAL
By [Signature]

CLASS OF WORK

New V Demolish 0

Alteration 0 Repair 0

Addition 0 Move 0

Use of Building Family Dwelling Height 10'

Size of Building 2430 No. of Families ONE

No. of Rooms 5 Size of Lot 50x500

No. of Floors 2 Use of Bldg. 0

No. of Bldgs. 1 Now on Lot 0

Now on Lot 0

SPECIFICATIONS

FOUNDATION

Material CONCRETE Exterior 0 Piers 0

Width of Top 16

Width of Bottom 16

Depth in Ground 12

R. W. Plate 0 Size 0 Spacing 0 Span 0

Girders 0

Joist—1st Floor 2x6 @ 16"

Joist—2nd Floor 2x6 @ 16"

Joist—Ceiling 0

Exterior Studs 0

Interior Studs 2x4 @ 16"

Roof Rafters 2x4 @ 16"

Bearing Walls 0

COVERING

Exterior Walls 0 Roof 0

Interior Walls 0 Reroofing 0

FLUES

Fireplace 0 Fl. Furnace 0

Kitchen 0 Water Heater 0

Furnace 0 Gas 0 Oil 0

I hereby acknowledge that I have read this application and the approve is correct and agree to comply with all County Ordinances and State laws regulating building construction.

Signature of Permittee [Signature]
By [Signature]

BUILDING ADDRESS LOT 24 BLOCK 10

LOCALITY COVE BEACH ORE

NEAREST CROSS STREET 0

Name DR. ERWIN G. BLAKE

Address 6675 SW MAPLE LANE

City PORT Tel. No. 000-9991

Name RON JOHNSON

Address 0

City 0

State Lic. No. 0 Tel. No. 0

Name RON JOHNSON

Address 0

City 0

State Lic. No. 0 Tel. No. 0

Subdivision 0

Lot No. 0 Blk. 0

COVE BEACH ORE

410 31BB 601

Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

Division 1, 2, 3, 4.

Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3,

M1, M2.

Fire Zone: 1, 2, 3.

LEGAL DESCRIPTION

DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

-17-68 F.V. Sweep of lot with Dr. Blake 50' x 100'. Soil appears to be quite rocky. But size of lot is too small. Dr. Blake said he thought he could get a 50' x 100' lot back of him make a 50' x 200' - 10,000 sq'. Told him if he could do this we could work out a solution. Plan to build 2 BR with a loft, might figure a 4 B.R. If he can't get the other lot, no permit.

Dr. Blake address P.O. Box 5123 Aloha, Ore.

BRV

-19-68 P.C. Dr. Blake called & said he had some plans, that he wanted me to look over. I ask him if he had bought the lot back of him. He said price was to high also the lot next to his. Dr. Blake said he thought a permit would be given he was not aware that more land was needed.

BRV

-19-68 P.C. Gen. Snyder called from Portland. Dr. Blake called ^{him} about the above. He wanted to know if something could be worked out to help his friend out.

BRV

3-17-68: Letter from Dr. Erwin Blake to Co. Planning Commission:

"Suggest you have Buckley Vaughan fill in plot plan where he wants septic tank and drain field. Met with him about 6 weeks ago for on-site inspection. Location on this property of house was his idea, also showing me where the septic tank & drain field should be located, even if I was unable to acquire additional property. I dug 2 test holes, spaced on property, and he indicated this soil was all right for our purpose." (Copy of letter in our file.)

V.

Applied for Building Permit #68-181 on Aug. 15, 1968, for a 2 bedroom house.

-20-68 P.C. Talked to Dr. Blake by phone at 9:15 A.M. from Planning Commission office after Marge Kubick had talked to him by phone. Mrs. Kubick listen in on our talk. Told him lot was too small for such a big house, that was the reason I advised him to get more property.

2-3-68 O.V. Mr Ronald Johnson contractor from Tillamook Co was in office had plans for this house. 1st floor 24' x 30' - with half loft room 10' x 16'. total 2 B.R. He will bring in the final plans in about a month.

BRW

2-22-69 Rec house plans. Mr Johnson will call me tomorrow morning at 9:00 A.M. will give him information on the sewage disposal system. He was not home today signed Bldg permit. On plans mailed back to Ron Johnson contractor. The following was listed 750 gal septic tank, dist box, 170' til. trench 3' wide, 2' center. Call for info before back falling to be installed as required by S.D.O.H. regulation.

BRW

2-14-69 P.C. Ron Johnson contractor called from Tillamook & wanted to know if the house north corner could be turned 10' to give a better view. I told him it would be O.K. if there is enough room to insert the sewage disposal system. He said there would be enough.

BRW

2-30-69 D.V. Phone call from Ron Johnson general contractor called said sewer system would be ready to equip by this afternoon. Gene Henderson North Fork Rd Tillamook Co is installing system. I arrived at 1:00 P.M. He didn't start on system yet at 1:15 P.M. crew started to install system tank I left.

E.G. BLAKE # 2

Mr Blake requested return of complete application, check, etc. which the Co Bldg office is doing.

-23-68 P.C. Call from Robt L. Rechen Attorney for Mr Blake. He ask many questions told him the original house was to big for the lot. Recommended his client think about a small 1 story 2 B.R. house. If so we could work a system. 170' tile trenches 3' wide, 750 gal septic tank, dist box. Told him about the water table on part of the lot. He said he would talk to Mr Blake & work out something. BRV

-12-68 P.E. From Robt L Rechen attorney & Mr Blake has a plan for 2 B R house 25' x 30'. 750 sq'. Talked about location putting house to back of lot or in front of lot. Will make drawing & bring them in.

10 68. letter asking to draw in & go over plans. Received in mail.

7-9-68 P. Phoned for appt. to come Oct. 10th 3:00 P.M. Dec
 7-10-68 Received copy of letter Mr Blake wrote to The County Commissioners

O.V. Mr Blake was in office regarding information for sewage disposal system for a 2 B.R. House. Size of house, sit backs etc - were left at this office. He will now apply for a Co Bldg permit. Have bulletin & Diagram Re 750 gal septic tank, Dist Box, 170' tile trenches 3' wide, 7' centers.

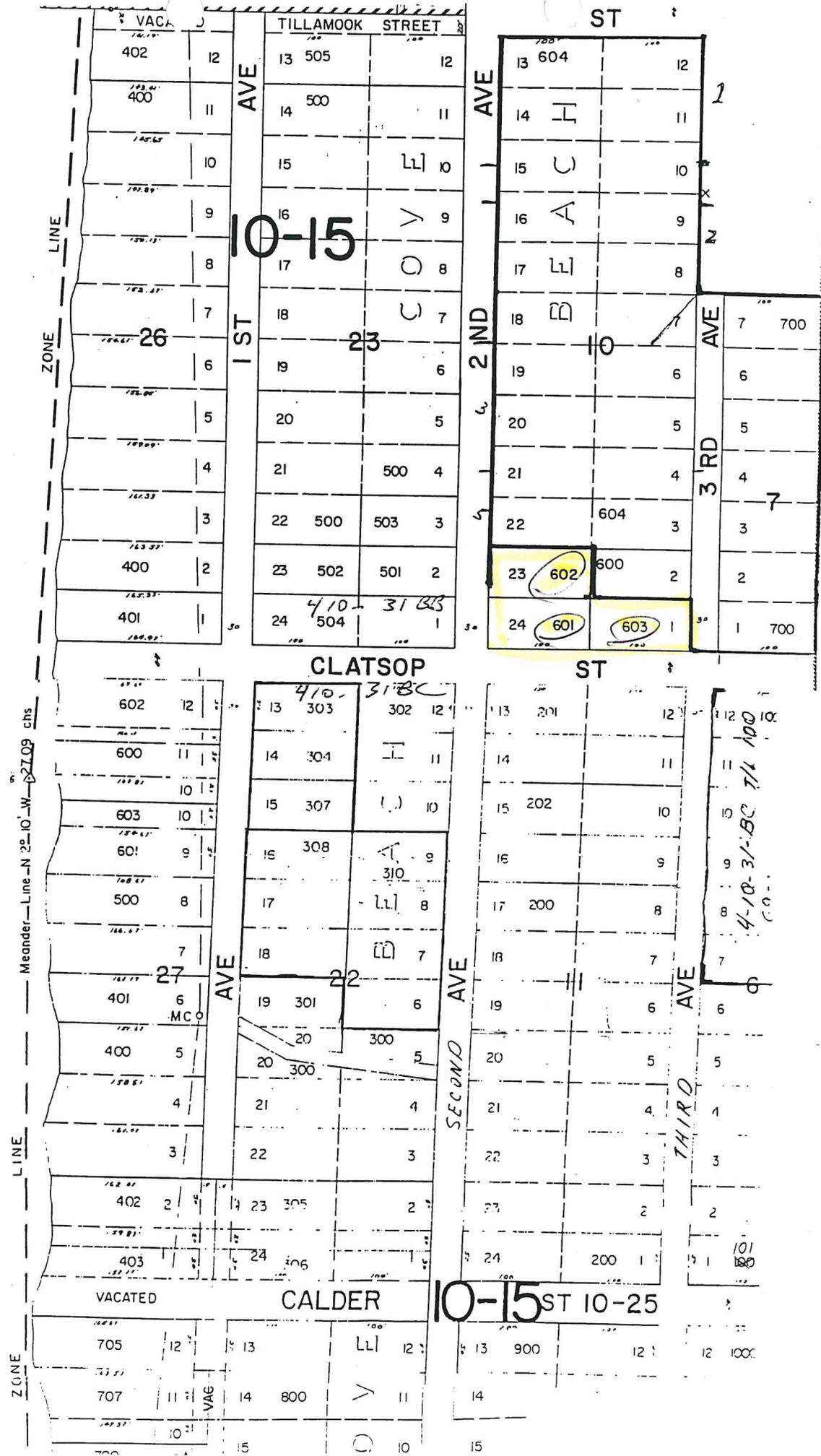
at 2:30 P.M. only septic tanks was put in. I ask Mr Henderson when system would be ~~the next~~ ^{the next} ~~part~~ ^{part}. He said by noon on July 1, 1969. Told him I would have in camp checking system.

93W

1-69 F.V. Tile Cold has been installed as recommended

P.C.

EIV Line 5.7'



See Map 4 10 31R