

Certificate of Compliance

PROPERTY INFORMATION

Property Owner: **Blecha Joseph Simon** Township **4**, Range **10**, Section **31 B C**
Property Location: **31912 Clatsop Ln, Arch Cape** Tax Lot **00100**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

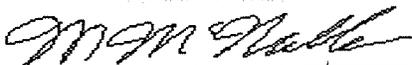
System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **24.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 This system is designed for a maximum of 4 bedrooms and a peak sewage flow of 450 gallons per day.
- 2 In accordance with Oregon Revised Statute 454.665, this Certificate of Compliance is issued as evidence that this system is operating with design parameters.
- 3 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 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.

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:

9/10/2018

Date Issued:

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

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#501136

PD Do 1067 \$100⁰⁰



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

FEE: \$450

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 9/10/18
- 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 31912 Clatsop Ln, Arch Cape, OR 97102
 Township 4 Range 10 Section 31BC Tax Lot 100
 Applicant Name Ericka Klein Email HealthbyEricka@gmail.com
 Mailing Address 383 Ash St City State Zip Lake Oswego, OR 97034
 Phone: Daytime (971)209-5442 Evening _____ Cell (971)209-5442

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

1 Owner Name Ericka Klein Email healthbyericka@gmail.com
 Mailing Address 383 Ash St City State Zip Lake Oswego, OR 97034
 Phone: Daytime (971)209-5442 Evening _____ Cell _____
 Signature: [Signature] Date: 9/7/18
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

2 Owner Name Joseph Blecha Email jblecha@lululemon.com
 Mailing Address 383 Ash St City State Zip Lake Oswego, OR 97034
 Phone: Daytime (503) 737-9888 Evening _____ Cell _____
 Signature: [Signature] Date: 9/7/18
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 Ericka Klein Email healthbyericka@gmail.com
 Mailing Address 383 Ash St City State Zip Lake Oswego, OR 97034
 Phone: Daytime (971)209-5442 Evening _____ Cell _____

Department Use Only - Permit No _____ Date Issued: _____ Authorization: _____ FEE \$450.00 CLC 9/10/18

9/26/18 - Emailed to Micia

Spreadsheet

(P)

Scanned with CamScanner

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Existing System Evaluation Report for Onsite Wastewater Systems

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Lianne G Thompson Trust Telephone: Unknown

Site Address: 31912 Clatsop Lane City: Arch Cape Zip Code: 97102

County: Clatsop Lot Size: 0.79 Acres Acres/Square Feet (circle units)

Legal Description: Taxlot Key: 41031BC00100 Account #: 3175

Age of wastewater treatment system 22 Yrs (years) Is there a service contract for system components? No

Date the septic tank was last pumped Unkn (please attach receipt if available)

Number of people occupying dwelling Unkn If unoccupied, for how long has it been vacant? N/A

Was this section completed by the evaluator because owner or agent was unavailable? Yes

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

July 18, 2018

Jeremy Youngquist Agent 760-442-5398

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

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

Certification:

- Installer
- Maintenance Provider
- National Association of Wastewater Technicians
- Other: DEQ approved in writing (please describe) _____
- Professional Engineer
- Environmental Health Specialist
- Waste Water Specialist

Certification Number: M 216

Business name McDonald's K & B Email eds_septic@yahoo.com

Business address 808 Glasgow Ave Astoria, Oregon 97103 Phone 503-458-6521

Date of Evaluation: July 18, 2018 (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.

July 18, 2018

Date (MM/DD/YYYY)

Signature of Qualified Septic System Evaluator

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#501130

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):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) 95-109
- Year original septic system installed: 8/26/96 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: 11A (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

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

- 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:

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 (e.g. septic system owner declined to have the tank pumped etc):

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- The septic tank material is:

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

- Is the septic tank accessible? Yes No
- Septic tank volume in gallons 7000
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- Septic tank risers are at ground level Yes No
- Tank appears to be free from defects, leaking and signs of deterioration 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: Inlet Yes No Outlet Yes No
 - Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal
 Effluent filter is present Yes No
 - Effluent filter is free of debris Yes No Not Applicable
 - Liquid level in tank relative to invert of outlet At Above Below
 If above or below invert outlet, please explain: _____
 - Scum layer 2 (inches) Sludge layer 3 (inches)
 - Scum and Sludge layer more than 35% of the total tank volume Yes No
 Indicate where sludge measured from: Inlet Middle Outlet
 - Additional Comments:

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank Yes No
 (If "No," skip the rest of section 4)
- At the time of this evaluation the power was on to test the pump(s): Yes No

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- Dosing tank capacity _____ (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- 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 See note below
 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): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

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- Locate all drain lines in soil absorption system Yes No

Total length of drain lines 375 (ft)

Lengths determined by Physically uncovering portions of system/probing Written records

Fish tape Electronic locator camera

- 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 soil absorption system replacement area assigned in the permit record appears to be intact:

Yes No Replacement area not identified in permit record

If you answered "No," please explain below:

- 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 **permitted 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
 Recirculating
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

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- Sand filter unit 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
- Surface access to manifold and valves Yes No
- Monitoring ports are present Yes No
- Lateral lines flushed and equal distribution verified 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 _____

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- 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.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

see Exhibits A-F

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 "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

see Exhibit C

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.

7/19/18
 Date

[Signature]
 Signature of Qualified Septic System Evaluator

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Oregon Department of Environmental Quality

CLATSOP CO. PUBLIC HEALTH

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.** #501136

Same as

as

Built

47080

Control No.

\$ 490.00
Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-109

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450136
CLATSOP CO. PUBLIC HEALTH

New Construction

(A)

Repair

Other

Permit Issued To Real Estate Exchange Inc. 4N 10W 31BC 100 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
Third Ave. Arch Cape [Signature] 7-3-96
(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 July 3, 1997 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) - Square Feet

Maximum Depth 36 inches. Minimum Depth 24 inches. 375 Linear Feet

Equal Loop Serial 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) Install in accordance with plans & specifications submitted. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines or underground utilities from disposal field.
PRE-COVER INSPECTION REQUIRED — CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bob McEwan Const. Inc.

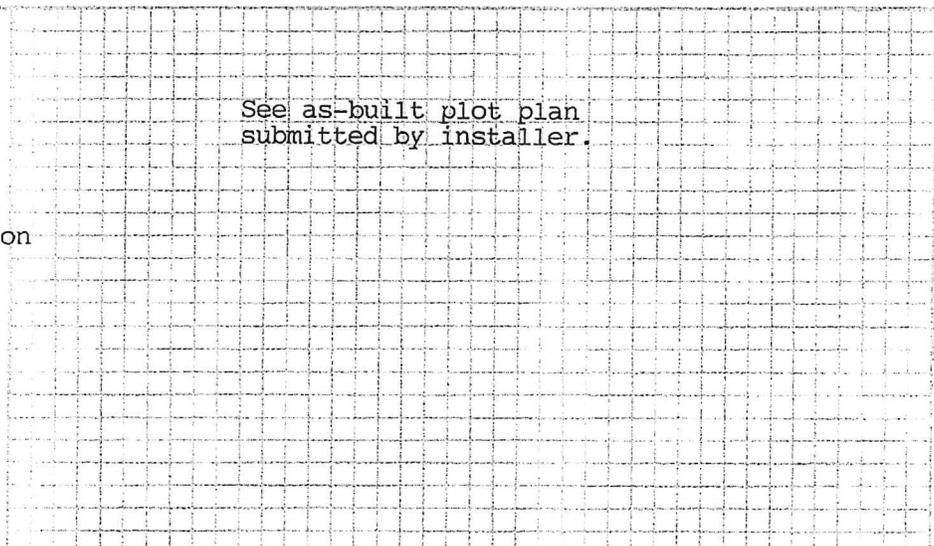
See as-built plot plan submitted by installer.

Final Insp. Date 8-22-96

Inspected By Bruce W. Henderson

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.

[Signature]
(Authorized Signature)

Environmental Specialist
(Title)

8-26-96
(Date)

DEQ, NWR, Portland
(Office)

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

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AUG 12 1996

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EAST BRANCH OFFICE
WARRENTON

#501136

(B)

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (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 REAL ESTATE EXCHANGE, INC. Permit Number 96-109 County CLATSOP
Township 4N; Range 10W; Section 31BC; Tax Lot 100; Tax Acct. # _____
Job Location 3RD + CLATSOP, COVE BEACH
Date System Construction Completed 8/9/96; Date Submitted to DEQ or Agent 8/12/96

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

- 1 - 1000 gal Michael's Septic tank
- 2 gl - hydraulic cement
- 1 - Bosse KP 350 1/2 hp effluent pump
- 1 - 24" x 24" conc access riser w/ lids
- 375 ft - 3' wide 3201 Typar filter fabric
- 52 ft - 4" dia 2729 pvc solid pipe
- 375 ft - Equalizer 24 chambers
- 5 - Tuff-Tite drop boxes
- 4 - 4" dia 2729 pvc 22-1/2 deg els
- 2 - 4" dia 2729 pvc 45 deg els
- 1 - 4" dia 2729 pvc 90 deg els

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JUL 03 '96 09:11AM BLDG CODES / DEQ

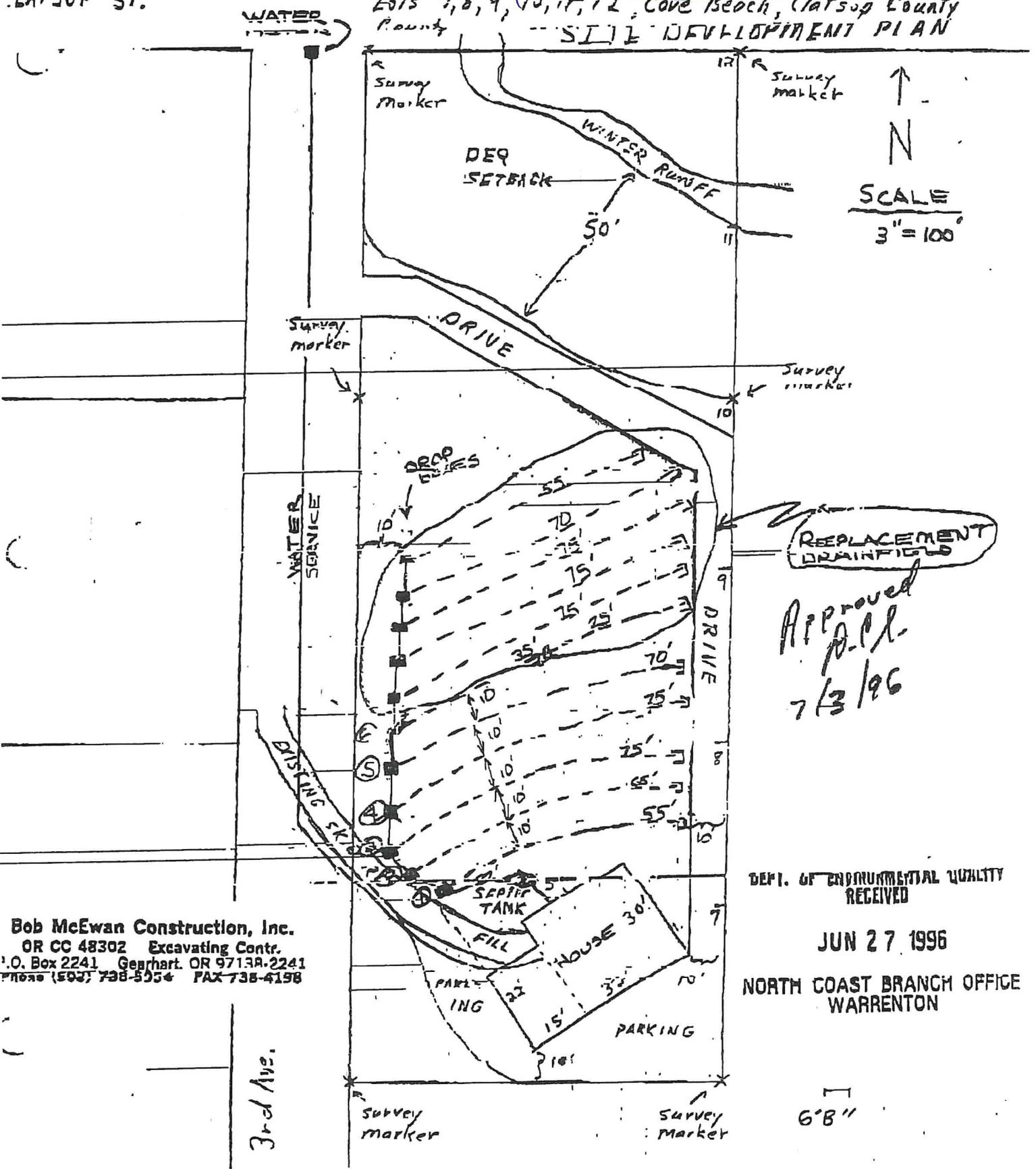
CLATSOP PUBLIC HEALTH

CLATSOP ST.

SITE PLAN (4-10-31 BC - T/L-100)

501136

Lots 7, 8, 9, 10, 11, 12, Cove Beach, Clatsop County
SITE DEVELOPMENT PLAN



SCALE
3" = 100'

REPLACEMENT DRAINFIELD

Approved
P.C.H.
7/13/96

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JUN 27 1996

NORTH COAST BRANCH OFFICE
WARRENTON

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2241 Gearhart, OR 97138-2241
PHONE (503) 738-5254 FAX 738-4198

3rd Ave.

6'8"

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#501136

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

~~Inspection~~ ~~NOTICE~~ **CORRECTION NOTICE**

An Inspection of this On-Site Sewage System has identified the following deficiencies:

Exclude rock >6" diameter from trench backfill

Recommend traffic barriers along driveway to protect disposal field from soil compaction.

OK to cover system - Reinspection not required

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 96-109 4N 10W 31 BC 1000/Clatsop
REAL EST. EXCHANGE/ Mike Rauter Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 3 PM

DATE 8/22/96

BY Bruce H. Henderson
(Signature)

CONTACT: NWR Office - Portland
(503) 729-5616 (657) FAX

DO NOT REMOVE THIS NOTICE FROM SITE

** of middle p. of infiltrator, set cap to just below finished grade & then cover w/ valve cover box to finished grade (2 monitoring ports)

Note: Reinspection Required - do not cover

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

Note: For all other infiltrator applications only top ports & end plates should be used

CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

#501136 SEP 10 2018
DEPT OF ENVIRONMENTAL QUALITY

- 1) Infiltrator system (same-end serial distribution) - cannot use drop boxes in combination w/ infiltrator - for same end serial distribution, connect effluent sewer line & overflow header lines to lower ports & overflow out of infiltrator to upper ports - no lateral header lines needed - must cut out 3" diameter opening on inside of end plates just above lower port to allow effluent to reach upper overflow port
- 2) Recommend using set screws to secure end plates to infiltrator and pipes to end plate ports

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

3) In the future please do not backfill trenches until after *
PERMIT NO. 96-1069 4N 10W 31BC 1000/Clatson
Real Estate Exchange, Inc. Township Range Section Tax Lot / Acct. No.

INSPECTION: McEwan
TIME: 5:15 P.M.
DATE: 8/15/96
BY: Bruce W. Anderson
(Signature)

CONTACT: GAMP
(503) 229-5616 (-6957 FAX)

4) Install monitoring port risers (water tight) in middle of
DO NOT REMOVE THIS NOTICE FROM SITE
1st & middle of next to last line - use round template on top**

Property Owner REAL ESTATE EXCHANGE Permit Number 96-109 County CLATSOP

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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

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#501136

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

 Property Owner (Permittee)

Sewage Disposal Service Business: BOB MCEWAN CONST. 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 (OAR Chapter 340, Divisions 71 and 73).

Michael R. McEwan President 8/12/96
(System Installer's Signature) (Title) (Date)



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

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Short Term Rental Land Use Compatibility Statement

Proposed Use: Vacation rental / Personal Use

Base Zone: CR Overlay District: GHO

Project Location:

T 4 R 10 S 31 BC TL 00100 Acres 0.79

Applicant Name: Ericka Klein
Address: 31912 Clatsop LN
Phone: (971) 204 5442

Email: Healthbyericka@gmail.com
City/State/Zip: Arch Cape, OR 97102
Phone:

Owner Name: Ericka Klein
Address: 303 Ash St
Phone: (971) 204-5442

Email: Healthbyericka@gmail.com
City/State/Zip: Lake Oswego, OR 97034
Phone:

Other Name:
Address:
Phone:

Email:
City/State/Zip:
Phone:

SIGNATURES:

Applicant: [Signature]

Date: 9/5/18

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: Clarence Adams

Date: 09.06.18

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501136



CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

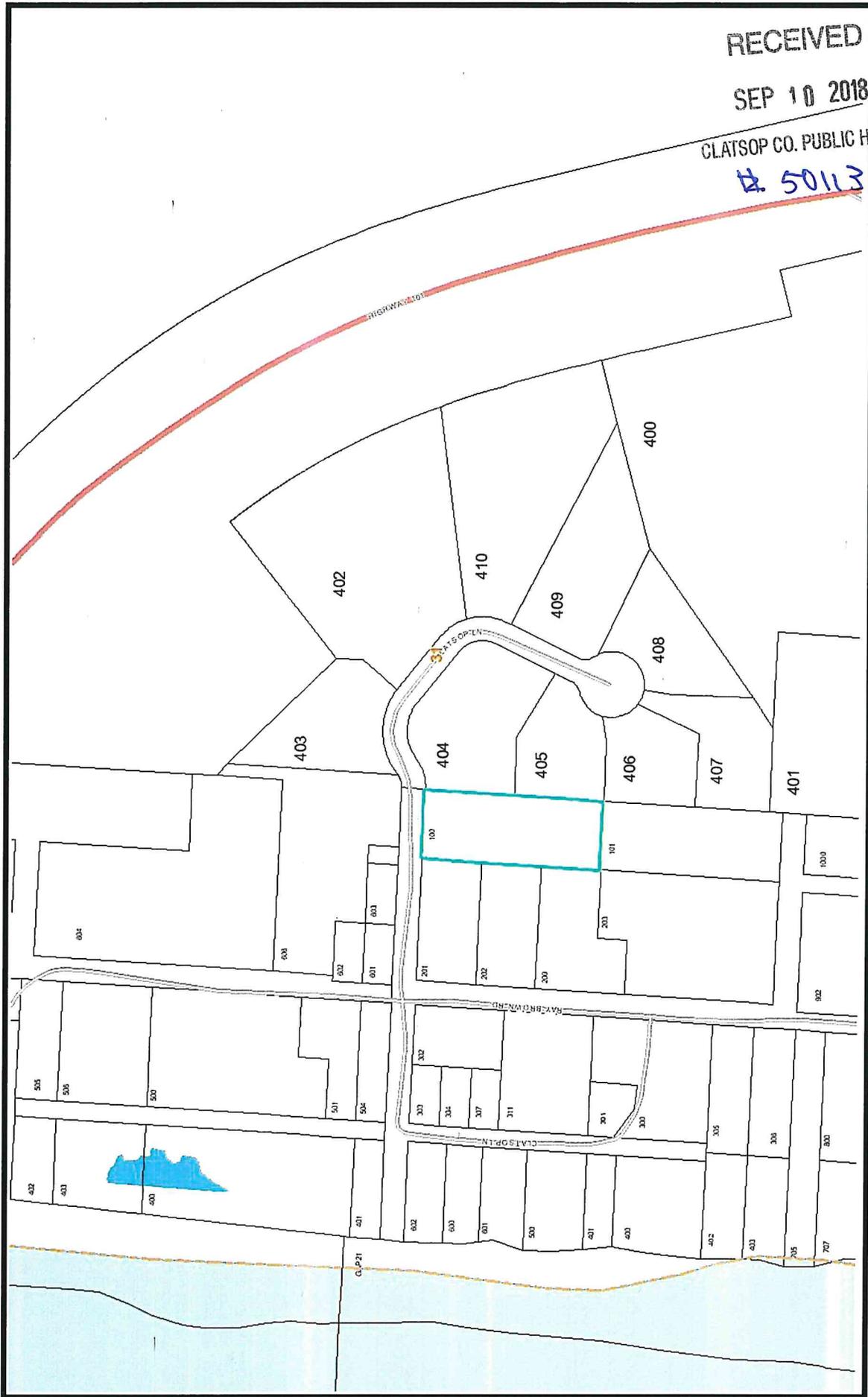
- 1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate 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 [Signature] Date: 9/4/18

Scanned with CamScanner

Map



4.10 3.00 m. 79 000

RECEIVED

SEP 10 2018

CLATSOP CO. PUBLIC HEALTH

501130



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



Cash Slip
09/07/2018

Cash Slip: D01067 Type: Cash Deposit

Deposit Date: Description: Status: Unapproved

Organization: 1150 Assessment & Taxation For: Tax Collector Deposit - Credit/Debit

Source of Revenue	Fund Name	Fund	Dept	Debit Account	Credit Account	Amount	CFDA #
App - Klein	Building Codes	036	7165	01-0010	81-7017	250.00	
App - Klein	Public Health	007	4174	01-0010	81-7017	100.00	
App - Klein	General	001	2700	01-0010	81-7017	50.00	
App - Klein	General	001	1150	01-0010	81-7017	50.00	
Total:						450.00	

Breakdown of Total	
Total Coin:	0.00
Total Currency:	0.00
Total Checks:	0.00
Total Credit Card:	450.00
Total EFT:	0.00
Total:	450.00

RECEIVED
SEP 10 2018
CLATSOP CO. PUBLIC HEALTH

#501136



Septic Application

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

For Department Use Only

Permit #: 501136
Permit Type: Compliance Report
Entry Date: 9/10/2018
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	09/10/2018

Work Description

Work Description: **Short Term Rental**

Remarks:

Owner

Name: Blecha Joseph Simon	Ph. #: (503) 737-9888	Cell: () -
Address: 383 Ash St	E-Mail:	Fax: () -
City, State, Zip: Lake Oswego, OR 97035		

Applicant

Blecha Joseph Simon	Ph. 5037379888	Fax
383 Ash St	Cell	E-Mail
Lake Oswego, OR 97035		

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	D01067	09/07/2018	\$100.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

47080

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-109

\$ 490.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Real Estate Exchange Inc. (Property Owner's Name)

4N (Township)

10W (Range)

31BC (Section)

100 (Tax Lot / Acct. No.)

Clatsop (County)

Third Ave. (Road Location)

Arch Cape (City)

(Issued by - Signature)

7-3-96 (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 July 3, 1997

TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches [X]

Seepage Bed(s) [] Square Feet

Maximum Depth 36 inches.

Minimum Depth 24 inches.

375 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) Install in accordance with plans & specifications submitted. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines or underground utilities from disposal field.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bob McEwan Const. Inc.

See as-built plot plan submitted by installer.

Final Insp. Date 8-22-96

[X] Inspected By Bruce W. Henderson

[] Issued by Operation of Law

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

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

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

(Authorized Signature) Bruce W. Henderson

Environmental Specialist (Title)

8-26-96 (Date)

DEQ, NWR, Portland (Office)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

~~Inspection~~ ~~STATE OF OREGON~~ ~~DEPARTMENT OF ENVIRONMENTAL QUALITY~~ ~~ON-SITE SEWAGE SYSTEM INSTALLATION~~
CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

Exclude rock >6" diameter From trench
backfill

Recommend traffic barriers along driveway
to protect disposal field from soil
compaction.

OK to cover system - Reinspection not
required

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 96-109 4N 10W 31 BC 1000/Chase
REAL EST. EXCHANGE/ Township Range Section Tax Lot / Acct. No.
MIKE KNIGHTEN

INSPECTION:

TIME 3 PM

DATE 8/22/96

BY Bruce H. Remington
(Signature)

CONTACT: NWR Office - Portland
(503) 729-5616 (6857 FAX)

DO NOT REMOVE THIS NOTICE FROM SITE

** of middle p of infiltrator, set 4" - bring 1/2" cap to just below finished grade & then cover w/ valve cover box to finished grade (2 monitoring ports)

Note: Reinspection Required - do not cover

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY ON-SITE SEWAGE SYSTEM INSTALLATION

Note: For all other infiltrator applications, only top ports or end plates should be used

CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

- 1) Infiltrator system (same-end serial distribution) - cannot use drop boxes in combination w/ infiltrator - for same end serial distribution, connect effluent sewer line & overflow header lines to lower ports & overflow out of infiltrator to upper ports - no lateral header lines needed - must cut out 3" diameter opening on inside of end ^{plates} just above lower port to allow effluent to reach upper overflow port
- 2) Recommend using set screws to secure end plates to infiltrator and pipes to end plate ports

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

3) In the future, please do not backfill trenches until after *

PERMIT NO. 96-1069 4N 10W 31BC 1000/Catson
 Real Estate Exchange, Inc. / Township Range Section Tax Lot / Acct. No.

INSPECTION: McEwan *satisfactory inspection

TIME 5:15 P.M.
 DATE 8/15/96
 BY Bruce W. Henderson
 (Signature)

CONTACT: SAMP
(503) 229-5616 (-6957 FAX)

4) Install monitoring port risers (water tight) in middle of

DO NOT REMOVE THIS NOTICE FROM SITE

1st & middle of next to last line - use round template on top

AUG 12 1996

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE
EAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (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 REAL ESTATE EXCHANGE, INC. Permit Number 96-109 County CLATSOP
Township 4N; Range 10W; Section 31BC; Tax Lot 100; Tax Acct. # _____
Job Location 3RD + CLATSOP, COVE BEACH
Date System Construction Completed 8/9/96; Date Submitted to DEQ or Agent 8/12/96

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

- 1 - 1000 gal Michael's Septic tank
- 2 gal - hydraulic cement
- 1 - Bosse KP 350 1/2 hp effluent pump
- 1 - 24" x 24" conc access riser w/ lids
- 375 ft - 3' wide 3201 Typar filter fabric
- 52 ft - 4" dia 2729 pvc solid pipe
- 375 ft - Equalizer 24 chambers
- 5 - Tuff-Tite drop boxes
- 4 - 4" dia 2729 pvc 22-1/2 deg els
- 2 - 4" dia 2729 pvc 45 deg els
- 1 - 4" dia 2729 pvc 90 deg els

Property Owner REAL ESTATE EXCHANGE Permit Number 96-109 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. 37079
(Print Full Business Name) (License Number)

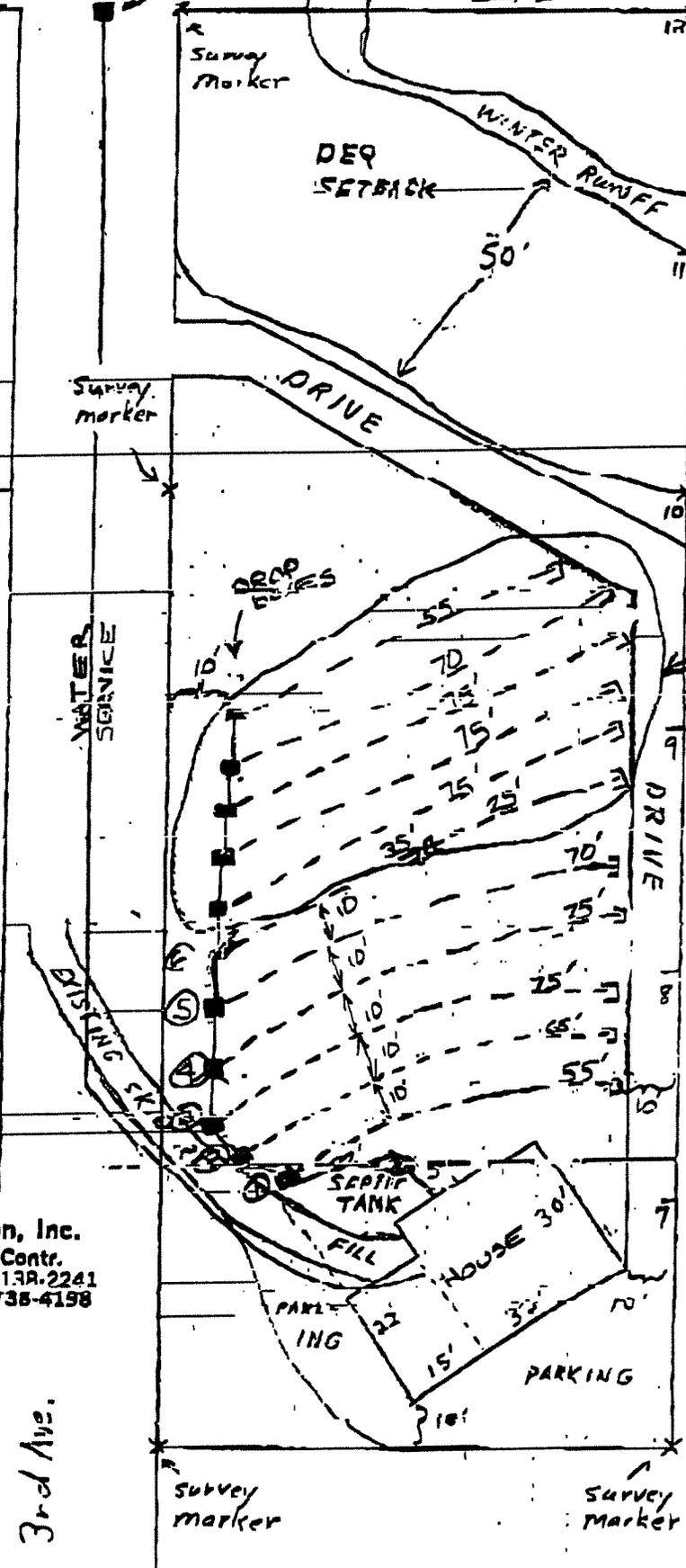
I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Michael R. McEwan President 8/12/96
(System Installer's Signature) (Title) (Date)

CLATSOP ST.

SITE PLAN 4-10-31 BC (TK-100)
Lots 7, 8, 9, 10, 11, 12, Cove Beach, Clatsop County
--- SITE DEVELOPMENT PLAN

WATER SERVICE



Survey marker
Survey marker
N
SCALE
3" = 100'

REPLACEMENT DRAINFIELD
Approved
A.C.L.
7/3/96

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2241 Gearhart, OR 97138-2241
Phone (503) 738-5554 FAX 738-4198

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

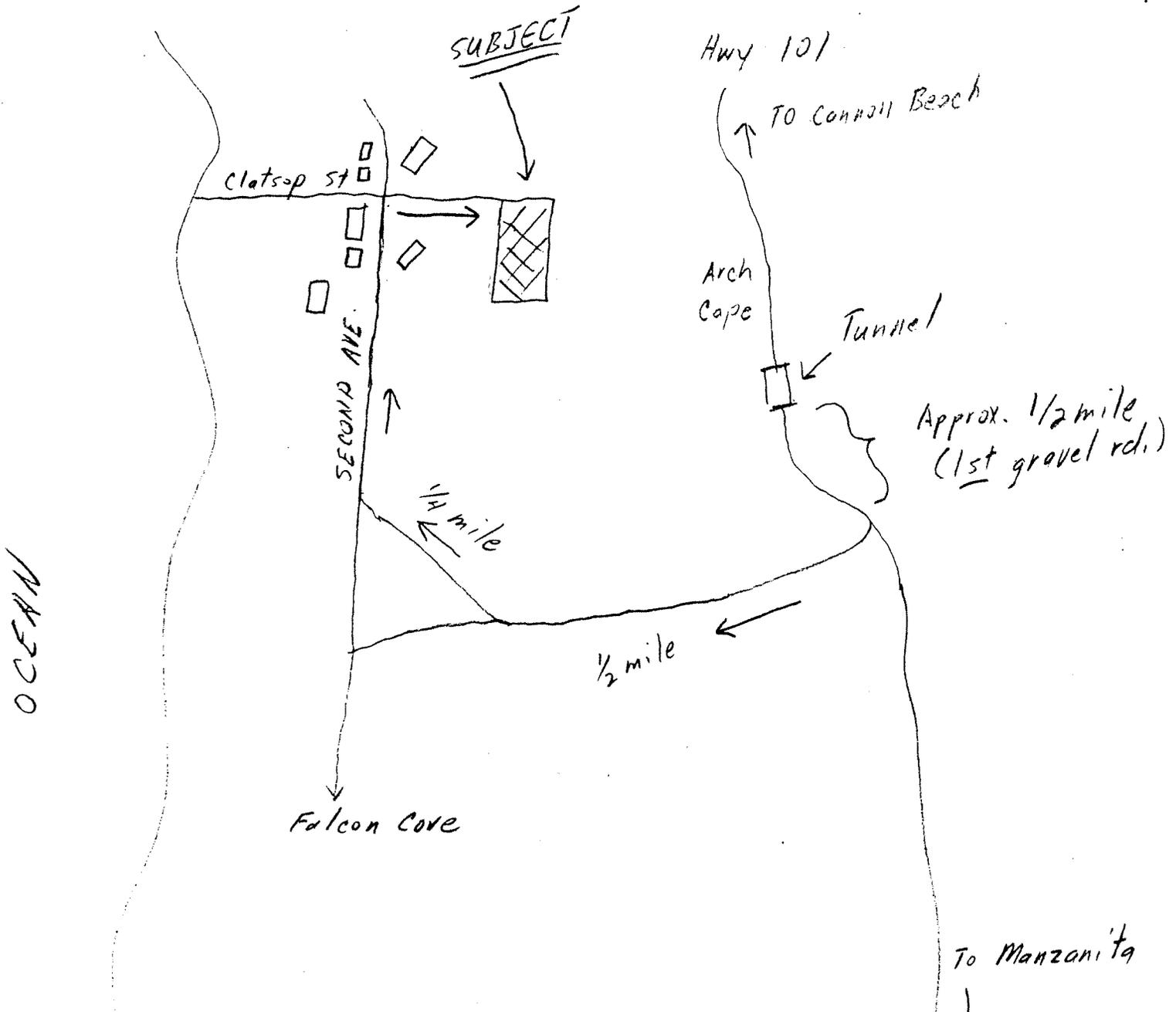
JUN 27 1996

NORTH COAST BRANCH OFFICE
WARRENTON

3rd Ave.

6'8"

MAP to Cove Beach and
4-10-31-BC (T/L 100), Clatsop County



Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2241 Gearhart, OR 97138-2241
Phone (503) 738-5954 FAX 738-4198

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAY 8 1996

NORTH COAST BRANCH OFFICE
WARRENTON

AUG 12 1996

FINAL INSPECTION REQUEST AND NOTICE
NORTH COAST BRANCH OFFICE (Date Received)
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (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 WILLIAM & BARBARA SULLINGER Permit Number 96-1129 County CLATSOP
Township 8N; Range 10W; Section 33B; Tax Lot 120B; Tax Acct. # --
Job Location 437H LAKE DR., WARRENTON, OR
Date System Construction Completed 8/8/96; Date Submitted to DEQ or Agent 8/12/96

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

—	8 FT	- 1/2" DIA POLYPROPYLENE PUMP PULL ROPE	_____
	1	- BOSSE PEF 33E 1/3 HP EFFLUENT PUMP	_____
—	1	- 15" DIA SCREENED VAULT	_____
	1	- 1.25" DIA HOSE & VALVE ASSEMBLY W/ ANTISIPHON	_____
—	1	- 1.25" DIA PVC CHECK VALVE	_____
	1	- MERCURY 3 FLOAT ASSEMBLY	_____
—	1	- 115 VOLT SIMPLEX PANEL	_____
	1	- 4" DIA SCH 40 ABS TWO-WAY CLEANOUT	_____
—	25 FT	- 1-1/4" DIA CL 200 PVC PRESS PIPE	_____
	6	- 1-1/4" DIA SCH 40 PVC TEES	_____
—	2	- 1-1/4" DIA SCH 40 PVC 45 DEG ELBOWS	_____
	7	- 1" x 1-1/4" SCH 40 PVC REDUCERS	_____
—	140 FT	- 1" DIA CL 200 PVC PRESS PIPE	_____
	14	- 1" DIA SCH 40 PVC 45 DEG ELBOWS	_____
—	7	- 1" DIA SCH 40 PVC S X MIP ADAPTERS	_____
	7	- 1" DIA SCH 40 PVC THREADED ENDCAPS	_____
—	300 FT	- 3' WIDE 3201 TYPAR FILTER FABRIC	_____
	20	- PVC PIPE HOLDERS FOR DRAINFIELD PIPES	_____
—	33 YD	- SCAPPOSE S & G MEDIUM SAND	_____
	20 YD	- 1/2"-1/4" JOHNSON DRAIN ROCK	_____
—	4	- 1-1/4" DIA SCH 40 90 DEG ELS	_____
	24 YD	- MCEWAN TOPSOIL FOR SLOPING MOUND	_____
—	63	- ORFICE SHIELDS	_____
	7	- PE VALVE BOXES	_____



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: 3RD AVE LOTS 788 BLK 6 T4NR10W ^{SEC 31 BC TL100} City: FALCON COVE

Owner: REAL ESTATE EXCHANGE Phone: (503) 257-4053

Owners Address: 90 DIANE HOLZGRAF 10415 SE STARK PORTLAND 97216

Proposed Development/Construction: _____

DEQ (Department of Environmental Quality)

Legal Description: T 4N R 10W SEC. 31BC Tax Lot 100

Permit Needed - Yes (No ()) Site Approved - Yes (No ())

Approving Authority: DEQ - WARRENTON Phone: (503) 861-3280

Signature: [Signature] Date: 2-5-96

Remarks: NEW CONSTRUCT. PERMIT # 96-109

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T _____ R _____ SEC. _____ Tax Lot _____

Zone: _____ Overlay District: _____

Development Permit - Yes () No () # _____

Flood Plain - Yes () No () Elevation Requirements: _____

Signature: _____ Title: _____ Date: _____

Approving Authority: _____ Phone: (503) 325-8611

Remarks: _____

JOHNS Dave

***DEQ**

From: ILLINGWORTH Dennis *DEQ
To: JOHNS Dave *DEQ
Subject: Cove Beach, two applications
Date: Wednesday, July 03, 1996 8:54AM

Dave,

1) I spoke with Ben Papa this morning, re: his sites in Cove Beach area. I reaffirmed that he could build on a lot on the west side of 2nd and go under the road and put the system on the east side of 2nd street in a previously approved on-site sewage disposal area. The septic tank would probably be on the west side too. I explained he would need to get permission from the appropriate authority for installing the pipes under the public road. Also he needs to speak with Planning re: setbacks for his house to surface water. I mentioned that the tank would need to be 50 feet from surface water and the drainfield 100 feet, and the drainfield would need to go in the approved area.

He will proceed.

2) Also spoke with Mike (can't recall his last name) on his site at Cove Beach. The property is 4-10-31BC-100. I explained the easement procedure and what it means. He may get the easement recorded today. It may have a provision to exclude the northerly 15 feet of lot 10. This is ok if it does. However I explained to him that the form is written so that only the area used for the system and replacement area is under easement. The area not needed for on-site disposal is automatically exclude from the easement, even if the form mentions the entire lot.

Please print and file.

Dennis

Return to: Knighten
15250 S.W. Village Ln.
Beaverton, OR. 97007

EASEMENT

BOOK 905 PAGE 141

'96 JUL -3 13:03

WHEREAS Real Estate Exchange, Inc. ("GRANTOR") is the owner of the following two lots (or parcels) of real property located in Clatsop County, Oregon, to wit:

Lot I: 410-31BC-100, BLOCK 6, LOTS 8, 9, 10
Cove Beach

Lot II: 410-31BC-100, BLOCK 6, LOTS 7, 8

WHEREAS GRANTOR has applied to the State of Oregon through its Department of Environmental Quality ("State" or "GRANTEE") for a report of site evaluation for the proposed construction of an individual on-site sewage disposal system ("Report") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules, 340-71-130(11)(b) and 340-71-150(4)(a) require GRANTOR to execute an easement and covenant in favor of the State as a condition precedent to issuance of a favorable report concerning the construction of a system on one lot intended to serve another lot;

NOW THEREFORE, in consideration of the issuance of the report to GRANTOR by the State, and other good and valuable consideration, receipt of which is hereby acknowledged, GRANTOR hereby conveys to the State ("GRANTEE"), its successors and assigns, a perpetual, non-exclusive, appurtenant easement in, upon, and running with Lot I allowing the GRANTEE'S officers, agents, employees and representatives to enter and inspect, including by excavation, the on-site sewage disposal system on Lot I serving Lot II.

GRANTORS, for themselves and their heirs, successors and assigns, covenant and agree:

1. To grant or reserve, and record a utility easement, in a form approved by the GRANTEE, in favor of the owner of Lot II upon severance of the above described lots; and

2. That Lot I shall not be put to any use which would be detrimental to the permitted system or contrary to any law (including an administrative rule) applicable to the permitted system.

IN WITNESS WHEREOF, the GRANTOR executed this easement on this 27th day of June, 1996.

(Grantors)
Real Estate Exchange, Inc.
By *Diane Holzgraf*

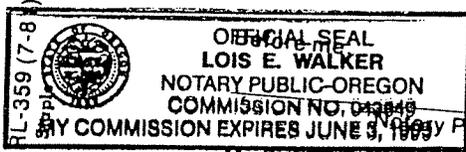
STATE OF OREGON)
County of _____) ss
_____, 19____)
_____)

Person
to be the:
Before me

Steple

STATE OF OREGON
COUNTY OF Multnomah } ss.
June 27, 1996
Personally appeared Diane Holzgraf
who being duly sworn, each for himself and
not one for the other, did say that the former is the
President and that the latter is the V/A Secretary of the
Real Estate Exchange, Inc.
a corporation, and that said instrument was signed in behalf of
said corporation by authority of its board of directors; and each of
then acknowledged said instrument to be its voluntary act and
deed.

ument



Lois E. Walker
Notary Public for Oregon
My Commission expires 6/3/99

XL3443

FOR APPLICANT'S USE - (PLEASE PRINT)

100' x 300' 69 AC
 Lot Size (Acreage or Dimensions)

Real Estate Exchange, Inc. Bob McEwan Construction, Inc.
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 4N 10W 31BC 100 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate N/A
 (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.

Michael R. McEwan
 (Signature)

6/27/96
 (Date)

Authorized Representative
 Licensed Installer
 License No. 37079

Owner's Mailing Address

Real Estate Exchange, Inc.
10415 SE Stark
Portland, OR 97216
 Phone (503) 257-4053
1-800-285-3552
(Fax) 257-4082

Applicant's Mailing Address (if different)

Bob McEwan Construction, Inc.
P.O. Box 2241
Gearhart, OR. 97138-2241
 Phone (503) 738-5954 IW\WCB\WC8690 (7-19-91)
(Fax) 738-4198

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Real Estate Exchange, Inc Attn: Sonya S. Mortell</i>		MAILING ADDRESS <i>10415 S.E. Stark</i>		PHONE <i>503-257-4053 1-800-285-3552 FAX 503-257-4082</i>
		<i>Portland, OR 97216</i>		
CITY		STATE		ZIP
P L O C A T I O N	TOWNSHIP <i>T4N</i>	RANGE <i>R 10W</i>	SECTION <i>Sec 31BC</i>	TAX LOT OR ACCT NO <i>TL 100</i>
	SUBDIVISION/PROJECT <i>_____</i>	LOT <i>_____</i>	BLOCK <i>_____</i>	COUNTY <i>Clatsop</i>
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE
Single Family Residence

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

PROPERTY'S ZONING DESIGNATION
CR

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

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

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
Allowed Use in the Zone

PROPERTY IS LOCATED: (check one)
 INSIDE CITY INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY
Clatsop County Planning & Development

SIGNED <i>[Signature]</i>	TITLE <i>Senior Planner</i>	DATE <i>6/27/96</i>
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DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

JUN 27 1996

SIGNED	TITLE	NORTH COAST BRANCH OFFICE WARRENTON
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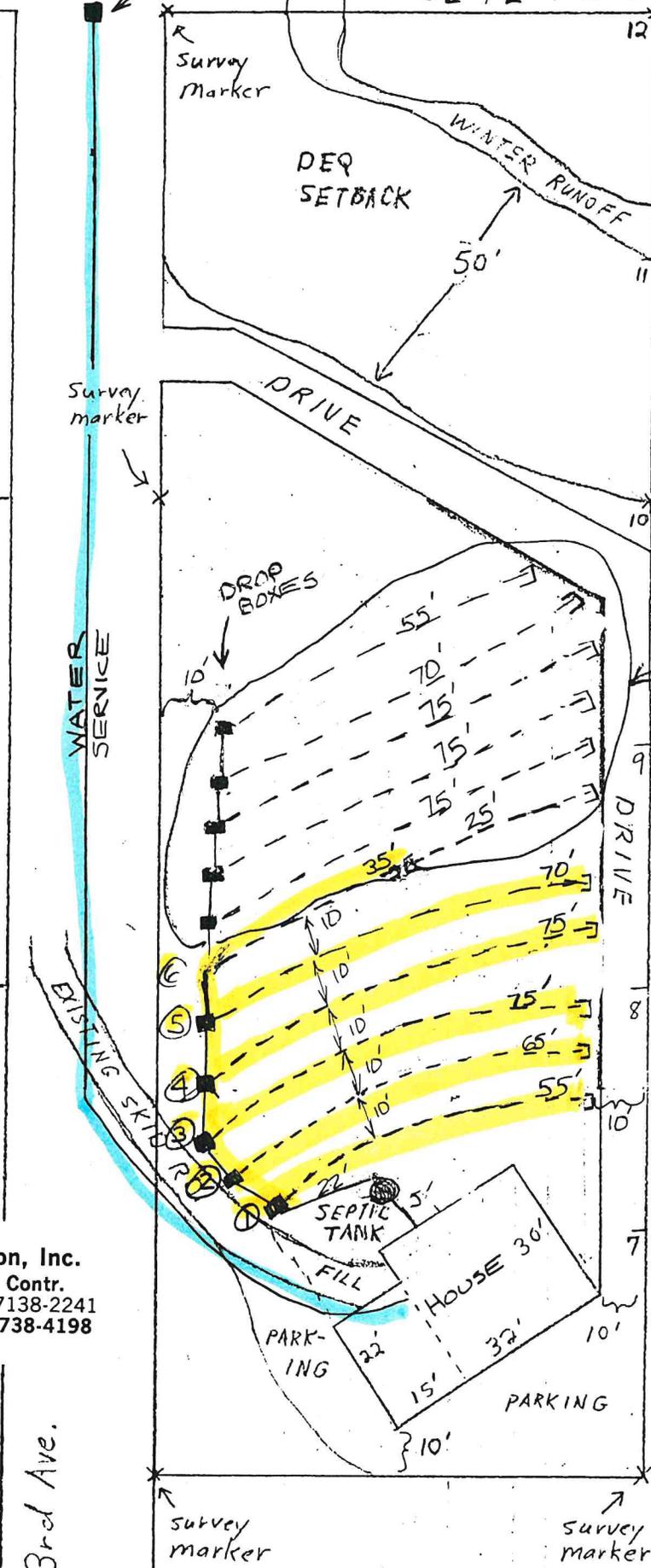
CLATSOP ST.

SITE PLAN 4-10-31-BC (T/L 100) Lots 7, 8, 9, 10, 11, 12, Cove Beach, Clatsop County SITE DEVELOPMENT PLAN

WATER METER



SCALE
3" = 100'



REPLACEMENT DRAINFIELD

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JUN 27 1996

NORTH COAST BRANCH OFFICE
WARRENTON

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2241 Gearhart, OR 97138-2241
Phone (503) 738-5954 FAX 738-4198

3rd Ave.

H
6'8"

PREPARED FOR: Real Estate Exchange, Inc. Bob McEwan Const.
 10415 S.E. Stark St. P.O. Box 2241
 Portland, OR 97216 Gearhart, OR 97138
 T4N, R10W, Sec 31BC, (503) 738-5954
 Tax Lot 100 OR. CC. 48302

ELEVATIONS: Top of ground @ dosing septic tank 99.5
 Top of septic tank 98.5'
 Top of building sewer at dosing septic tank 98.0'
 Top of building sewer at building 98.5'
 Top of ground at building 100.0'
 Top of ground at drainfield line #1 99.4'
 Bottom of trench at drainfield line #1 97.4'
 Top of ground at drainfield line #2 99.1'
 Bottom of trench at drainfield line #2 96.6'
 Top of ground at drainfield line #3 98.8'
 Bottom of trench at drainfield line #3 96.1'
 Top of ground at drainfield line #4 98.3'
 Bottom of trench at drainfield line #4 95.8'
 Top of ground at drainfield line #5 97.9'
 Bottom of trench at drainfield line #5 95.4'
 Top of ground at drainfield line #6 97.6'
 Bottom of trench at drainfield line #6 94.8'

MATERIALS LIST:

1 - 1000 gal Michael's Septic tank
 2 gl - hydraulic cement
 1 - Bosse KP 350 1/2 hp effluent pump
 1 - 24" x 24" conc access riser w/ lids
 375 ft - 3' wide 3201 Typar filter fabric
 52 ft - 4" dia 2729 pvc solid pipe
 375 ft - Equalizer 24 chambers
 5 - Tuff-Tite drop boxes
 4 - 4" dia 2729 pvc 22-1/2 deg els
 2 - 4" dia 2729 pvc 45 deg els
 1 - 4" dia 2729 pvc 90 deg els

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NORTH COAST BRANCH OFFICE
 WARRENTON

OF ENVIRONMENTAL QUALITY
RECEIVED

NCBO -
Warrenton
Oregon

JUN 5 1996

NORTH COAST BRANCH OFFICE
WARRENTON

June 3, 1996

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

ARCH CAPE LAND COMPANY
C/O HAL ZURCHER
15504 SE TIBBETS
PORTLAND OR 97236

NORTHWEST REGION

RE: OSS:NWR: CLATSOP COUNTY: SITE
EVALUATION REPORT: TWN 4N, RNG 10W, SEC
31BC, TAX LOT 100.

Dear Mr. Zurcher:

In response to your recent application for site evaluation, the above-described property was examined on May 15, 1996, to determine the methods of on-site sewage disposal for which it is suited. The site was found to comply with established criteria for a standard septic tank-disposal field system.

The system would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. If you expect your family's water use to exceed these flows, it is recommended that the system be made larger.

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The initial system will consist of a 1000 gallon septic tank and 375 feet of drainfield installed using serial distribution. The drainfield trenches will be installed at a depth of 24 to 36 inches deep. The replacement system when needed, will be of the same type as the initial system.**

A construction-installation permit is required to install the sewage system on the approved site. **Before a permit application can be accepted, a recorded easement to allow the drainfield to be on one lot of record and the residence on another lot of record, will be needed.** Please contact the North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280.

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 the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

John A. Kitzhaber
Governor



2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

DEQ-1

June 3, 1996

Page 2

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis C. Illingworth", written in a cursive style.

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dcj

Cc: NCBO:DEQ

Enclosure

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

T 4N R 10W S 31 BC TL 100 APPLICANT Arch Cape Land Co.

SIZE 0.69 ac EVALUATOR Jillingworth DATE 5/15/96

- | | | | | | |
|------------------------|-------------------------|---------------------------|--|------------------|-----------------|
| st -stones & stony | fs -fine sand | sl -sandy loam | scl -sandy clay loam | w -weathered | pl -platy |
| cob -cobble & cobbly | vfs -very fine sand | fsl -fine sandy loam | cl -clay loam | fx -fractured | pr -prismatic |
| g -gravel & gravely | lcos -loamy coarse sand | vfl -very fine loamy sand | sicl -silty clay loam | sed -sedimentary | bk -blocky |
| vcos -very coarse sand | ls -loamy sand | l -loam | sc -sandy clay | 0 -no structure | abk -angular |
| cos -coarse sand | lfs -loamy fine sand | si -silt | sic -silty clay | 1 -weak | blocky |
| s -sand | cosl -coarse sandy loam | sil -silt loam | c -clay | 2 -moderate | sbk -subangular |
| | | | llesd -layer limiting effective soil depth | 3 -strong | blocky |

NOTES: structure, % loose rock, roots, redoximorphic features, water, llesd, etc.

DEPTH (inches) TEXTURE COLOR

1 0-10 sil 10yr ³/₃
 10-30 sicl 10yr ¹/₄ - w/ intermittent grey & red weathered saprolite
 30-60 sicl 10yr ⁵/₄ - " " " "

notes

2 0-20 sil 10yr ³/₃
 20-35 sicl 10yr ³/₄
 35-60 sicl 10yr ³/₃ - ³/₄

notes

SLOPE 2-5% ASPECT generally N-NW GROUNDWATER NA: TEMPORARY; PERMANENT

SYSTEM TYPE: design sewage flow 450 gpd

initial: standard serial replacement: same

disposal field sizing: 125' /150 g disposal field sizing: 125' /150 g

max. depth absorption facility: 36 inches max. depth absorption facility: 36 inches

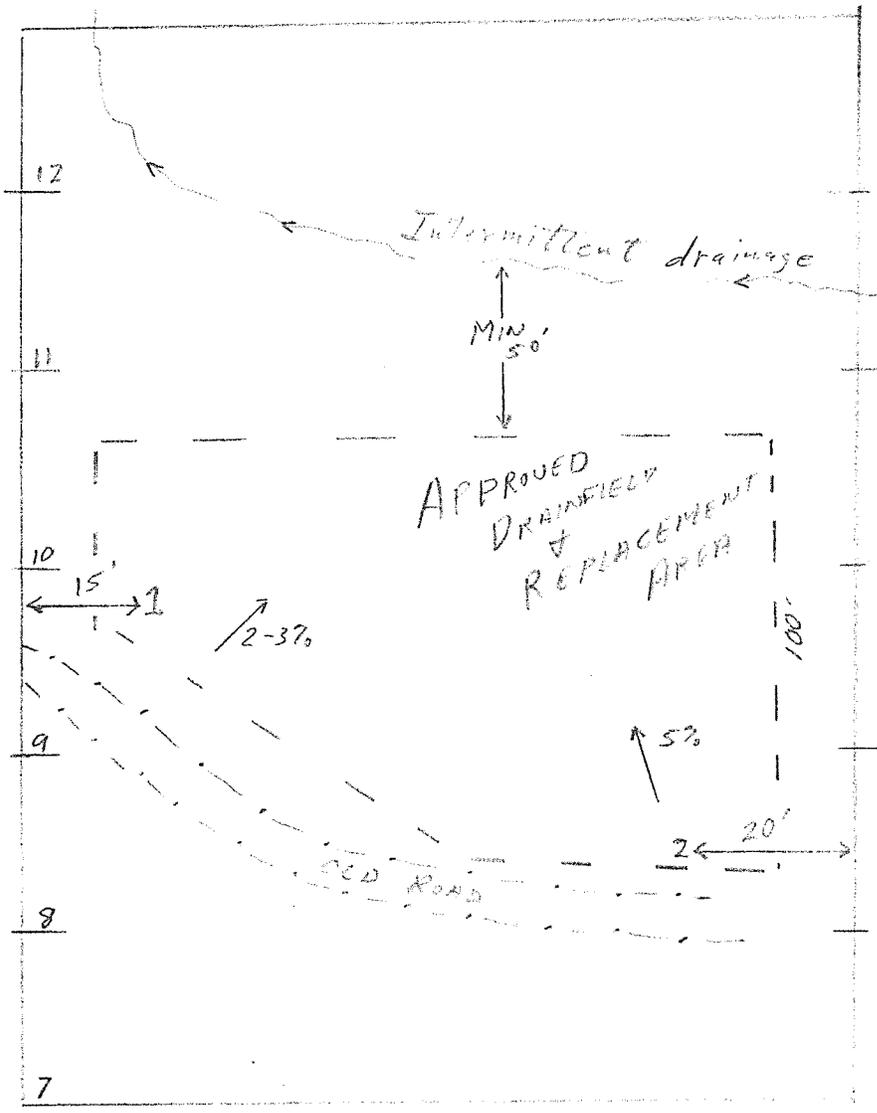
special conditions/comments topography is variable due to past logging.
- easements needed for crossing lots of record.

NAME Arch Cape Land Co T 4N R 10W S 31BC TL 100
 Lots 7, 8, 9, 10, 11, 12
 Block 6

CLATSOP
ST



3 RD (PLATTED ONLY)



Additional pits

3 _____

notes

4 _____

notes

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
17 N. Highway 101
Warrenton, OR 97146
(503) 861-3280

OR OFFICE USE ONLY

Date Rec'd 5-8-96
Date Completed 6-3-96
Required Fee \$ 365.00
Receipt No. 72495
Control No. _____

NRL

3

FOR APPLICANT'S USE - (PLEASE PRINT)

100' x 300' #69 PER ASSESSORS

Lot Size (Acreage or Dimensions)

Arch Cape Land Company
(Property Owner's Name)

Bob McEwan Construction Co.
(Applicant's Name if Different from Owner)

Legal Description
of Property

4N 10W 31BC 100 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted
Subdivisions, Indicate

N/A
(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 2
(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
with another or a house
 Replace or rebuild a house
 Addition of one or more bedroc
 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) Pres

5/8/96
(Date)

Authorized Representative
 Licensed Installer
License No. 37079

Owner's Mailing Address

Applicant's Mailing Address (if different)

Arch Cape Land Co
Hal Zurcher, Pres.

Bob McEwan Const. Inc., Mike McEwan, Pres
P.O. Box 2241

15504 S. E. Tibbets Portland, OR 97236 Gearhart OR 97138-2241

Phone 503-761-8205

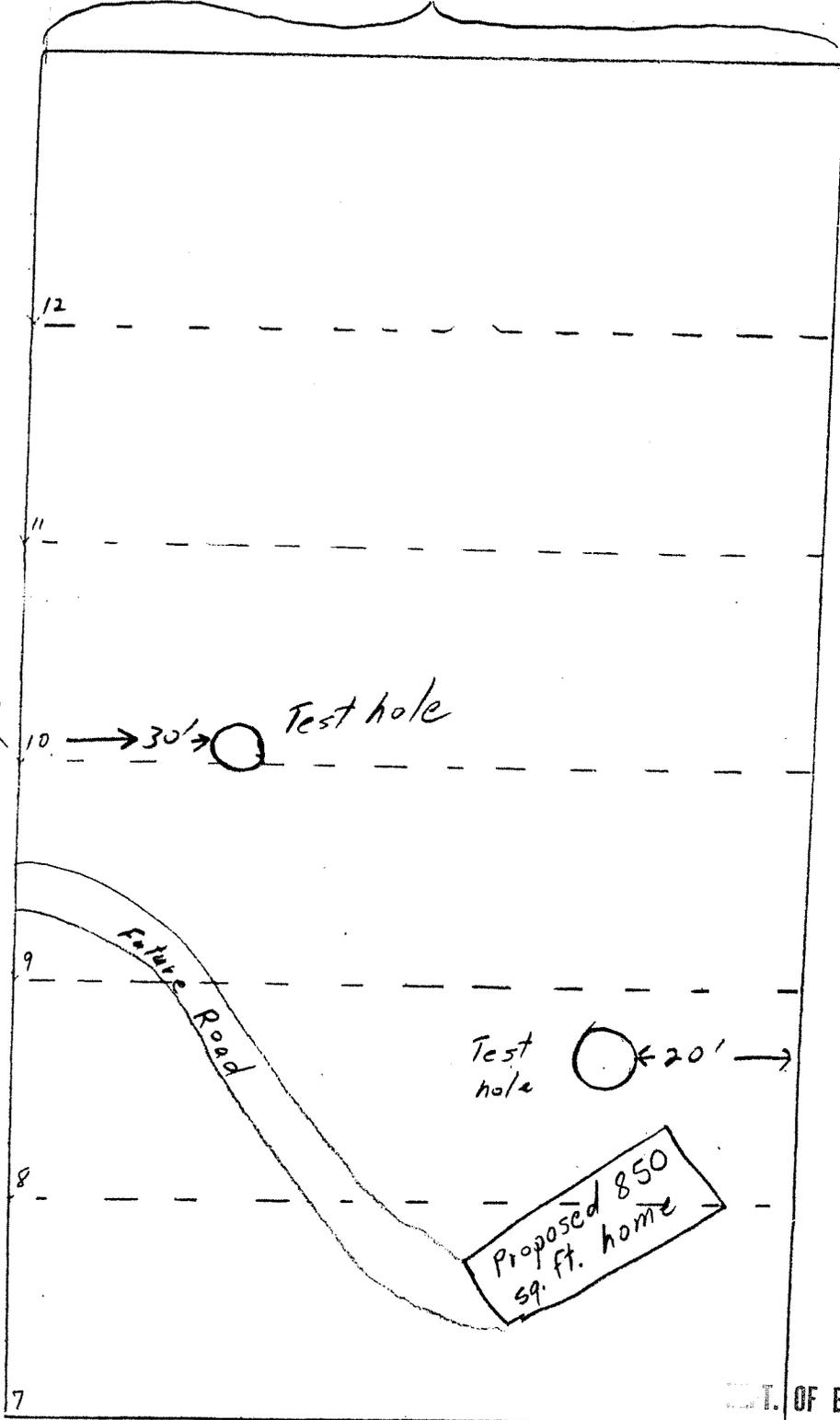
Phone 503-738-5952

TWA WCR1 WCR600 (7.10.01)

Clatsop St.

↑
N
100'

3rd Ave (Platted only)



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 OR CC 48302 Excavating Contr.
 P.O. Box 2241 Gearhart, OR 97138-2241
 Phone (503) 738-5954 FAX 738-4198

Bob McEwan Construction, Gearhart, OR,

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4-10-31-BC T/L 100
 Clatsop County

MAY 8 1996

NORTH COAST BRANCH OFFICE
 WARRENTON

SW 1/4, NW 1/4, Sec. 31 T.4N. R.10W. W.1.

CLATSOP COUNTY

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

PROPE

OF T

CLATSOP

ASSESSORS

1" = 100'

MAY 8 1996

Subject lot
NORTH COAST BRANCH
WARRENTON

OFFICE

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OR CC 48302 Excavating Contr.
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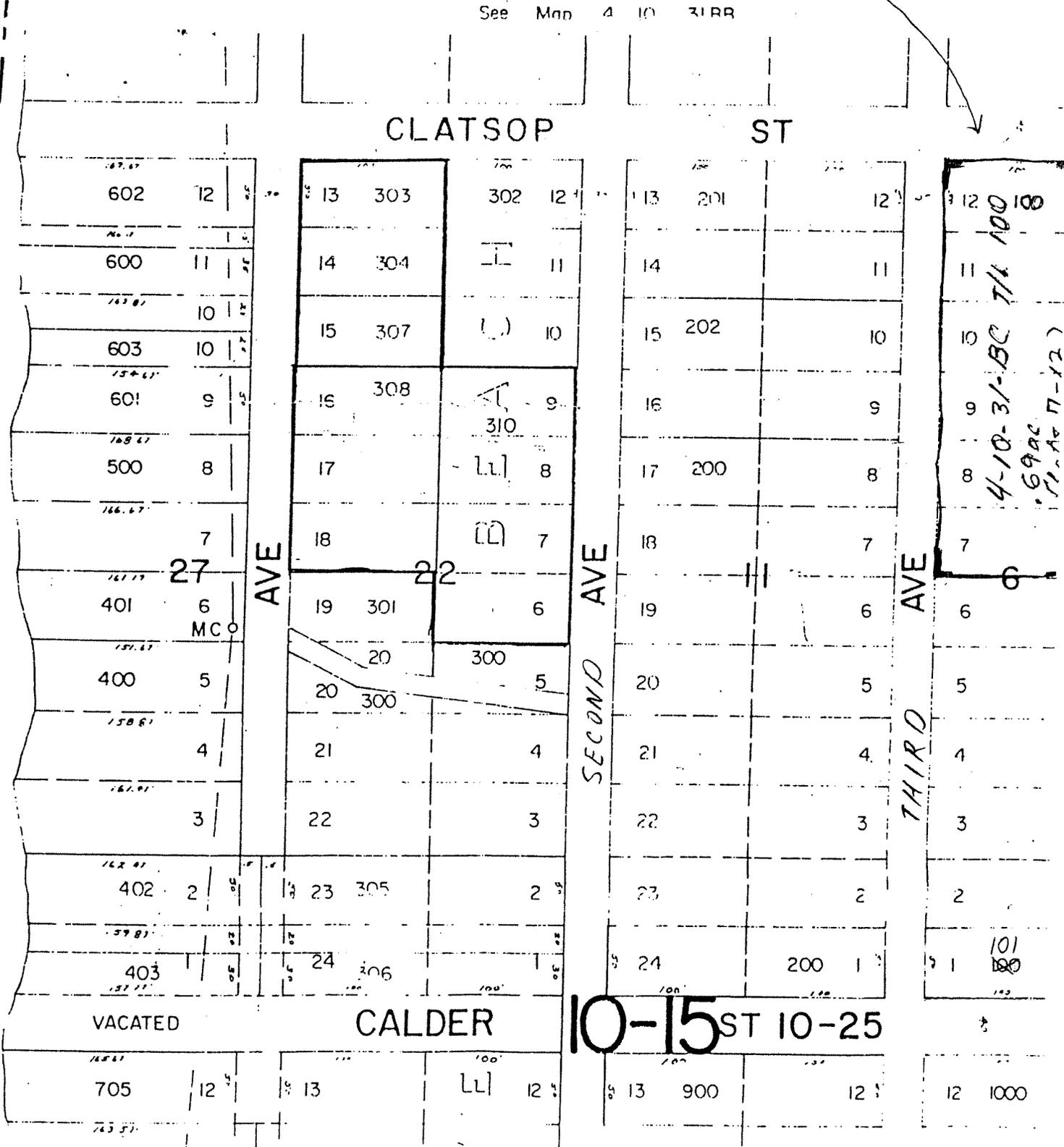
See Map 4 10 31RR

CLATSOP ST

Meander - Line N 2° 10' W - 27.09 chs

LINE

ONE



12 100
11 100
10 100
9 100
8 100
7 100
6 100
5 100
4 100
3 100
2 100
1 100

10-15 ST 10-25

VACATED

CALDER

705

13

LL

12

13

900

12

12

1000