

Clatsop County



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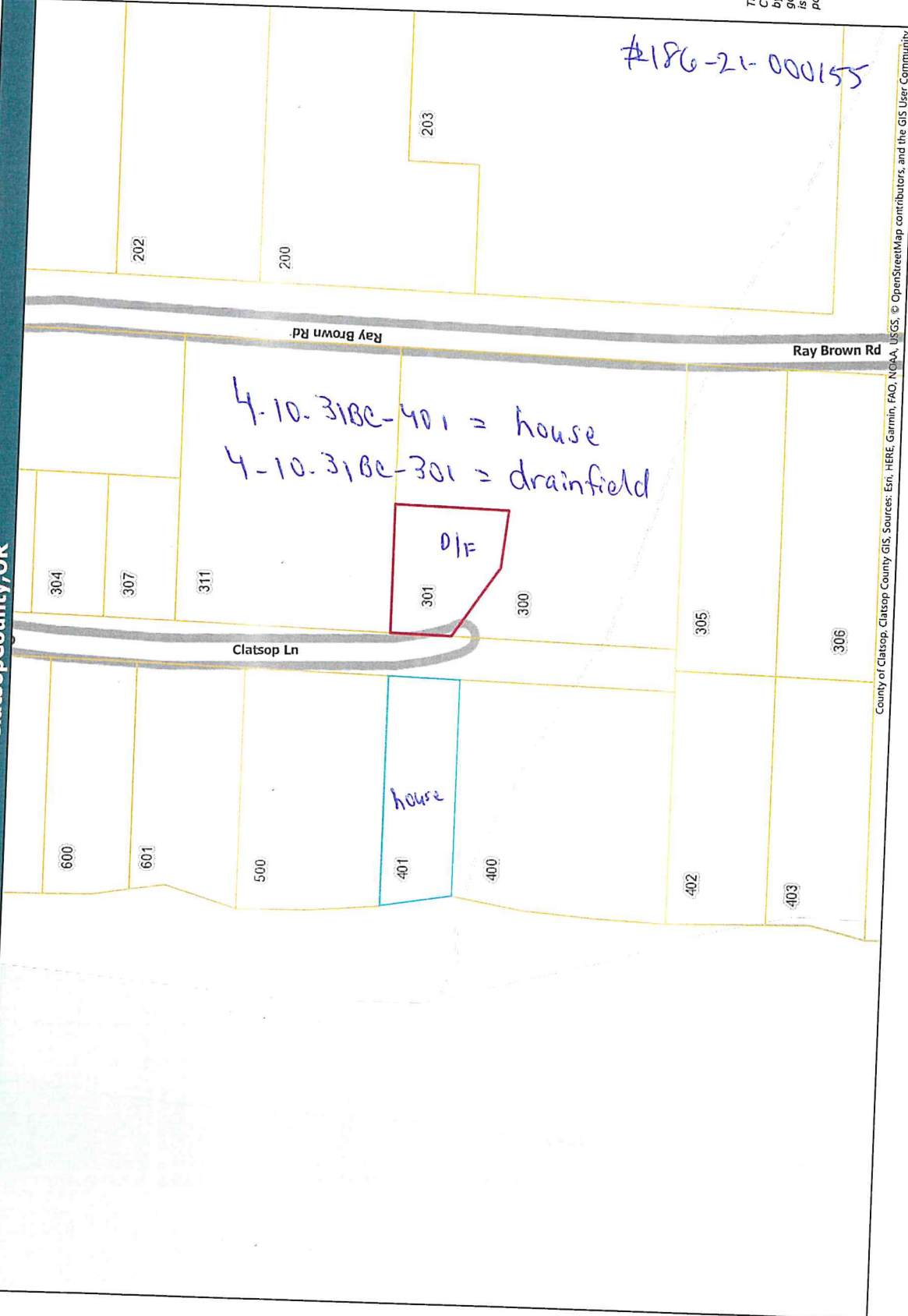
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CLATSOP CO. PUBLIC HEALTH



ClatsopCounty,OR



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



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

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CLATSOP CO. PUBLIC HEALTH

#186-21-000155

FEE: \$450

1/21/20

PD DO 325
8100

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:

- 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.
- Floor plan showing sleeping areas, beds, doors and windows.
- Map depicting the tsunami evacuation route (if applicable)
- Proof of liability coverage on the short term rental (including address of rental property)
- Statement describing 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.
- Completed application
- Signed Applicant Statement
- \$450 application fee

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED

Property Address 31833 Clatsop Lane, Arch Cape, OR 97102

Township 4 Range 10 Section 31BC Tax Lot 00401/301

Number of sleeping areas proposed: 6 Property in Arch Cape?: Y ☒ N ☐

Applicant Name Lenore Manning Email jerica99@gmail.com

Mailing Address 17464 NW Santiam Dr City State Zip Portland, OR 97229

Phone: Daytime 503-629-8515 Evening 503-629-8515 Cell 503-997-1958

Use additional sheets of paper for more than two property owners. **NOTE: Owner addresses will be displayed on permits.**

¹Owner Name Lenore Manning Email jerica99@gmail.com

Mailing Address 17464 NW Santiam Dr City State Zip Portland, OR 97229

Phone: Daytime 503-629-8515 Evening 503-629-8515 Cell 503-997-1958

Signature: Lenore Manning Date: 7-25-2019

If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

²Owner Name NinthCave LLC 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 Lenore Manning Email jerica99@gmail.com

Mailing Address 17464 NW Santiam Dr City State Zip Portland, OR 97229

Phone: Daytime 503-629-8515 Evening 503-629-8515 Cell 503-997-1958

Kukui House Services

not name



CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION

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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

4-10-31BC-401

Department Use Only –

Permit No. _____ Date Issued: _____ Authorization: _____

FEE \$550.00 Paid \$450 11/17/20 owes \$100

PUBLIC HEALTH APPROVAL

Sleeping Areas Authorized by Public Health: 2 bedrooms = 8 people maximum

Date of Certificate of Compliance: 5/12/2021

Public Health Signature: Lucas Marshall, Environmental Health Specialist

BUILDING CODES APPROVAL

Initial Inspection Date: _____

Requires Re-inspection? Y _____ N _____

Re-inspection date (if applicable): _____

Requires Re-inspection _____? (Additional fee required) Y _____ N _____

FEE \$125.00 _____

Building Codes Approval Date: _____

Building Codes Signature: _____

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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

#186-21-000155

Short Term Rental Land Use Compatibility Statement

Property Address: 31833 Clatsop Lane, Arch Cape, OR 97102

Base Zone: CR Overlay District(s): FHO GHO NWI

Short-Term Rental Location:

T 4 R 10 S 31 BC TL 00401 Acres 0.18

Applicant Name: Ninth Cave LLC Email: jerica99@gmail.com

Address: 17464 NW Santiam Dr City/State/Zip: Portland, OR 97229

Phone: 503-629-8515 Cell Phone: 503-997-1958

Owner Name: Lexare Manning Email: jerica99@gmail.com

Address: 17464 NW Santiam Dr City/State/Zip: Portland, OR 97229

Phone: 503-629-8515 Cell Phone: 503-997-1958

Owner Other Name: RaeAnn Haynes Email: luna sea 2009@gmail.com

Address: 1335 NW 4th St City/State/Zip: Gresham, OR 97030

Cell Phone: 503-804-7326 Phone: _____

SIGNATURES:

Applicant: [Signature] Date: 8-29-19

Owner: [Signature] Date: 8-29-19

Owner Agent/Other: [Signature] Date: 8/29/2019

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: 10.28.19

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OPERATION & MAINTENANCE SERVICE PROVIDER AGREEMENT

#180-21-000155

This Service Contract has been agreed upon by Lenore Manning
Home Owner: Ninth Cave
Address: 3300 NW 185th Ave #343 Portland, Oregon 97229-346 Phone: 503-629-8515
Email: jerica99@gmail.com
Property Address: 31832 Clatsop Lane Arch Cape, Oregon 97102 Acres: 0.13
Permit #: 99-172 Account#: 3181 Taxlot Key: 41031BC00301 / 401

Contracted by: Ed's Septic Tank Cleaning Service LLC Paul McDonald
Oregon DEQ Maintenance Provider ID# RM 123
Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484
on this 1st day of January 2021

With proper Documents, Install and Permit requirements, required by DEQ.

The Service Provider has agreed to provide 2 visits at 12 Month intervals to perform operation and Maintenance Services for the Owner's Septic System. This includes the completion of any required reports to maintain compliance with Oregon DEQ rules and permit requirements. The service activities will be provided and completed in accordance with the Terms and Conditions attached to this Agreement.

***Special Note:** Drain Field must be kept clear of all vegetation, **IE:** Blackberries, Shrubs, Gardens, etc. Tank Lids must be accessible and free of all Landscaping, Vegetation, Gardens, etc. Clearing of any of this will be paid extra at the rates provided under the Terms and Conditions. Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

- *Determine if the tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
 - *Inspect the Tank and other components for water tight seals.
 - *Inspect any floats/switches, controls, pumps, and electrical components in the system for correct operation and functionality.
 - *Inspect and clean the filters(if applicable)
 - *Inspect and flush the system piping.
 - *Inspect pumps and valves for proper operation, pressure and/or flow (if applicable)
 - *Inspect any additional system components which have been added.
 - *Record pump cycles, flow, and all other relevant information or system problems which may require additional attention, document any corrections made and any recommendations you may see fit.
- Provide the Owner a copy of the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and time of completion.

This Agreement shall last for the term of 24 Months Auto Renewable /show any changes _____

The fee for the Service provided under this Agreement shall be \$200. per year _____

The fee to file with the Clatsop County DEQ is \$62 per year _____ or current fee do to any increase by DEQ



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Payment for 2 Years shall be made upon the signing of this Agreement.

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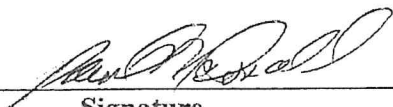
Additional fees for any service, installations, or replacement parts shall be discussed and agreed upon before it is to be performed.

The Service Provider shall provide additional unscheduled services and materials upon notification of any condition that the Service Provider believes adversely affects the operation of the System.

The undersigned Owner acknowledges and agrees that the information above is correct and complete. The Owner also agrees to pay all charges under the agreement when done.


****Special Note:** Under this Agreement, as your Operation & Maintenance Service Provider, Under Penalty of Law, Paul McDonald is your first point of contact if service is needed, and the only one **authorized** to perform these services unless otherwise authorized by him. An Information Card will be provided.

Paul McDonald
Service Provider Printed Name


Signature

January 1, 2021
Date

Lenore Manning
Secretaary
System Owner


Signature

1-1-2021
Date

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Existing System Evaluation Report for Onsite Wastewater Systems

#186-21-000155



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): Ninth Cave-Lenore Manning Pres. Telephone: 503-629-8515

Site Address: 31833 Clatsop Lane City: Arch Cape Zip Code: 97102

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

Legal Description: Taxlot Key: 41031BC00401/301 Account #: 3190

Age of wastewater treatment system 38 yrs (years) Is there a service contract for system components? No

Date the septic tank was last pumped 11/2018 (please attach receipt if available)

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

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

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

February 26, 2020

New Poly Tank September 2000

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

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

Certification:

- | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" 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"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: RM 123

Business name Ed's Septic Tank Cleaning Service LLC Email eds_septic@yahoo.com

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

Date of Evaluation: February 26, 2020 (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.

February 26, 2020

Date (MM/DD/YYYY)

Paul McDonald
Signature of Qualified Septic System Evaluator

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#186-21-000155

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 checked="" 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) 81-6727
- Year original septic system installed: 9/4/82 (YYYY) ☐ No record of installation date
- Dates of subsequent repairs or alterations: 9/22/99 (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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NOTE: Septic Tank needs to be pumped often because
at first to keep from it if it gets to solid pump must lift it
from tank

- The septic tank material is:

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

- Is the septic tank accessible? ☒ Yes ☐ No
- Septic tank volume in gallons 1000
- 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 1000 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
☒ Permit Records ☒ Measured ☐ Stamped on Tank ☐ Other
- Dosing tank material concrete
- 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 N/A
- Screen is clean and free of debris ☐ Yes ☐ No - Screen cleaned for this evaluation ☐ Yes ☐ No NA
- Scum/ sludge present in Dosing tank ☒ Yes ☐ No
- Scum layer / (inches) Sludge layer 2 (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 160 (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:

NOTE: System is small and only rated for
300 Gals Max a day

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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CLATSOP CO. PUBLIC HEALTH

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

See Exhibits B-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.

2/28/20
Date

[Signature]
Signature of Qualified Septic System Evaluator

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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

#186-21-000155

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SEP 2 1999

NORTH COAST BRANCH OFFICE
WARRENTON

Property Owner Ray and Jean Auel

Permit Number 81-6727

T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301

Date of Final Insp. 2-2-82/2-3-82/6-25, 198

Loc./Road Cove Beach

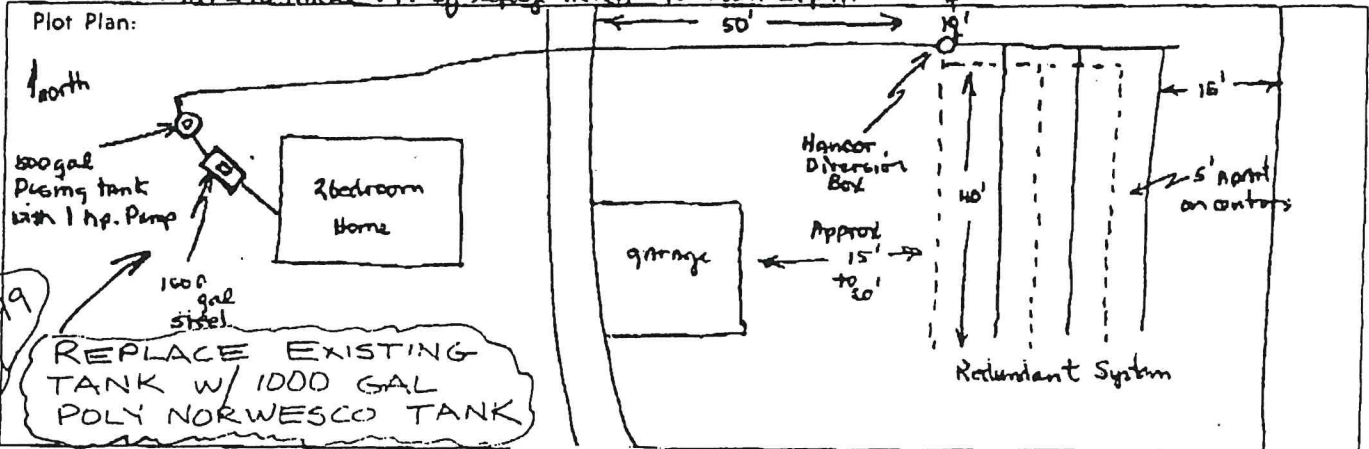
Approved By John L. Smith R.S.

Installer Seacoast Nursery - Dave Darling

Title Env. Analyst

Seepage Disposal Trenches: 300 Square Ft. 130' Lineal Ft. - Redundant System - 120 lineal ft. repair and also present

Tank Size: Steel - 1000 Gallons. System Designed to Serve 2 bedroom home max - 300 gal/day
- Total 240 lineal ft. of seepage trench - 18" rock depth



Bob McEwan Construction, Inc.

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

Control # 6727

DEPART

Property Owner Ray and Jean Auel

T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301

Loc./Road Cove Beach

Number 81-6727

Expiration Date Sept 14, 1982

Issued By Shirley Campbell

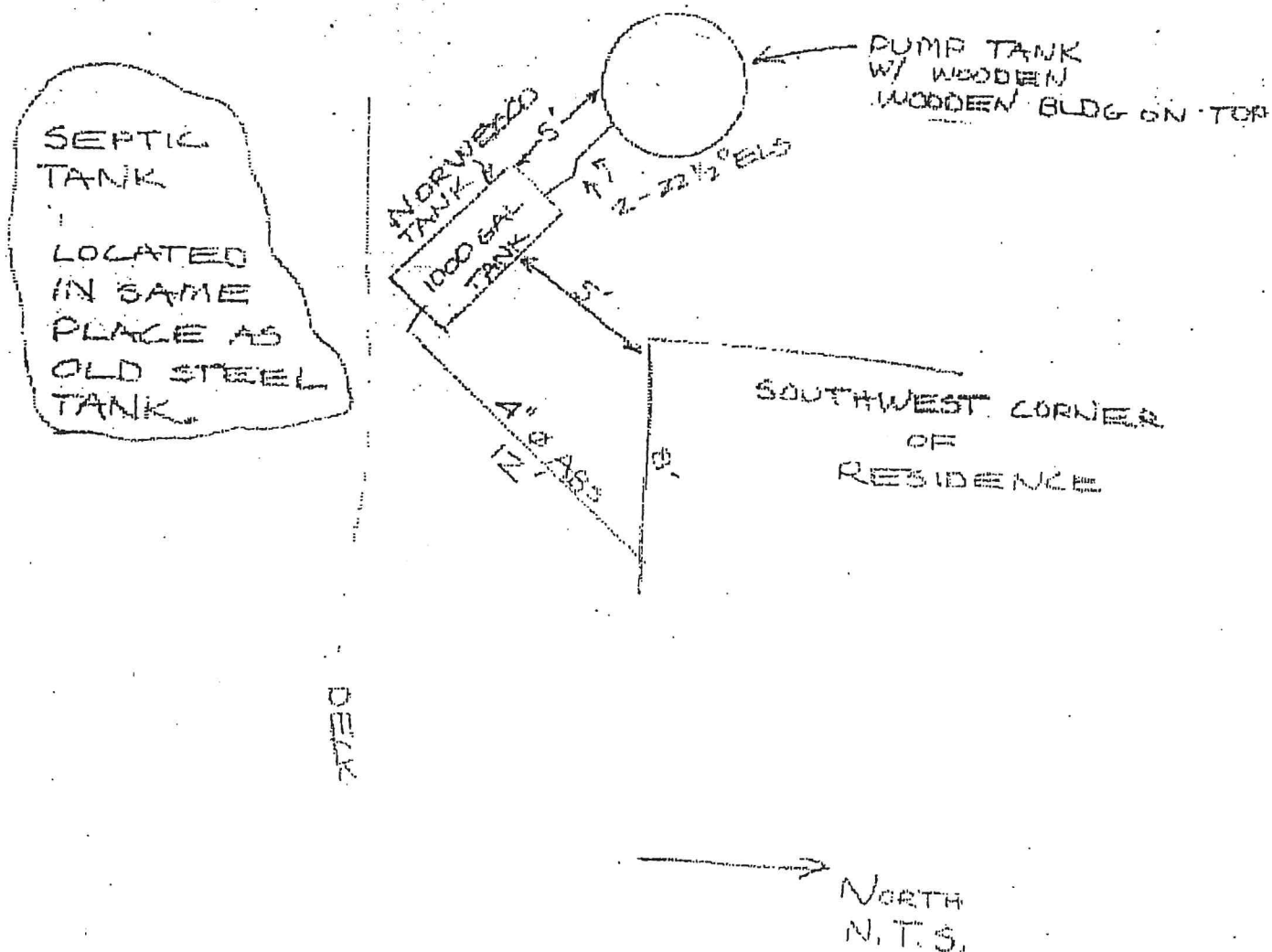
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Property Owner RAY + JEAN AUEL Permit Number 99-172 County CLATSOP
CLATSOP CO. PUBLIC HEALTHSECTION 3:

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.

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).

Bob McEwan
(System Installer's Signature)Pres.
(Title)10/29/99
(Date)

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#186-21-000155 CLATSOP CO. PUBLIC HEALTH



CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

4-10-31BC-401/301

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

Denise Manning

Date:

8-29-19

Cash Slip
01/21/2020

Cash Slip: D03251

Type: Cash Deposit

Deposit Date:

Description:

Organization:

Status: Unapproved

Status:

1150 Assessment & Taxation

For:

Tax Collector Deposit - Checks

| Source of Revenue | Fund Name | Fund | Dept | Debit Account | Credit Account | Amount | CFDA # |
|---------------------------|---------------------------|------|------|---------------|----------------|----------|--------|
| Unsegregated Tax | Fin/treas Misc Recon Fund | 990 | | 01-0010 | 78-9916 | 5,986.23 | |
| A&T Interest | Fin/treas Misc Recon Fund | 990 | | 01-0010 | 78-9921 | 8.55 | |
| Data Fees | General | 001 | 1150 | 01-0010 | 81-7021 | 120.00 | |
| STR Permit-Ninth Cave LLC | Building Codes | 036 | 7165 | 01-0010 | 81-7017 | 250.00 | |
| STR Permit-Ninth Cave LLC | Public Health | 007 | 4174 | 01-0010 | 81-7017 | 100.00 | |
| STR Permit-Ninth Cave LLC | General | 001 | 2700 | 01-0010 | 81-7017 | 50.00 | |
| STR Permit-Ninth Cave LLC | General | 001 | 1110 | 01-0010 | 81-7017 | 50.00 | |
| Unsegregated Room Tax | Fin/treas Misc Recon Fund | 990 | | 01-0010 | 78-9917 | 28.07 | |
| Total: | | | | | | 6,592.85 | |

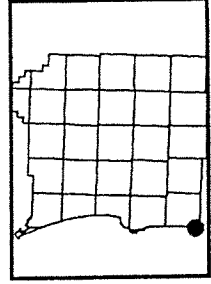
Breakdown of Total

| | |
|--------------------|----------|
| Total Coin: | 0.00 |
| Total Currency: | 0.00 |
| Total Checks: | 6,592.85 |
| Total Credit Card: | 0.00 |
| Total EFT: | 0.00 |
| Total: | 6,592.85 |

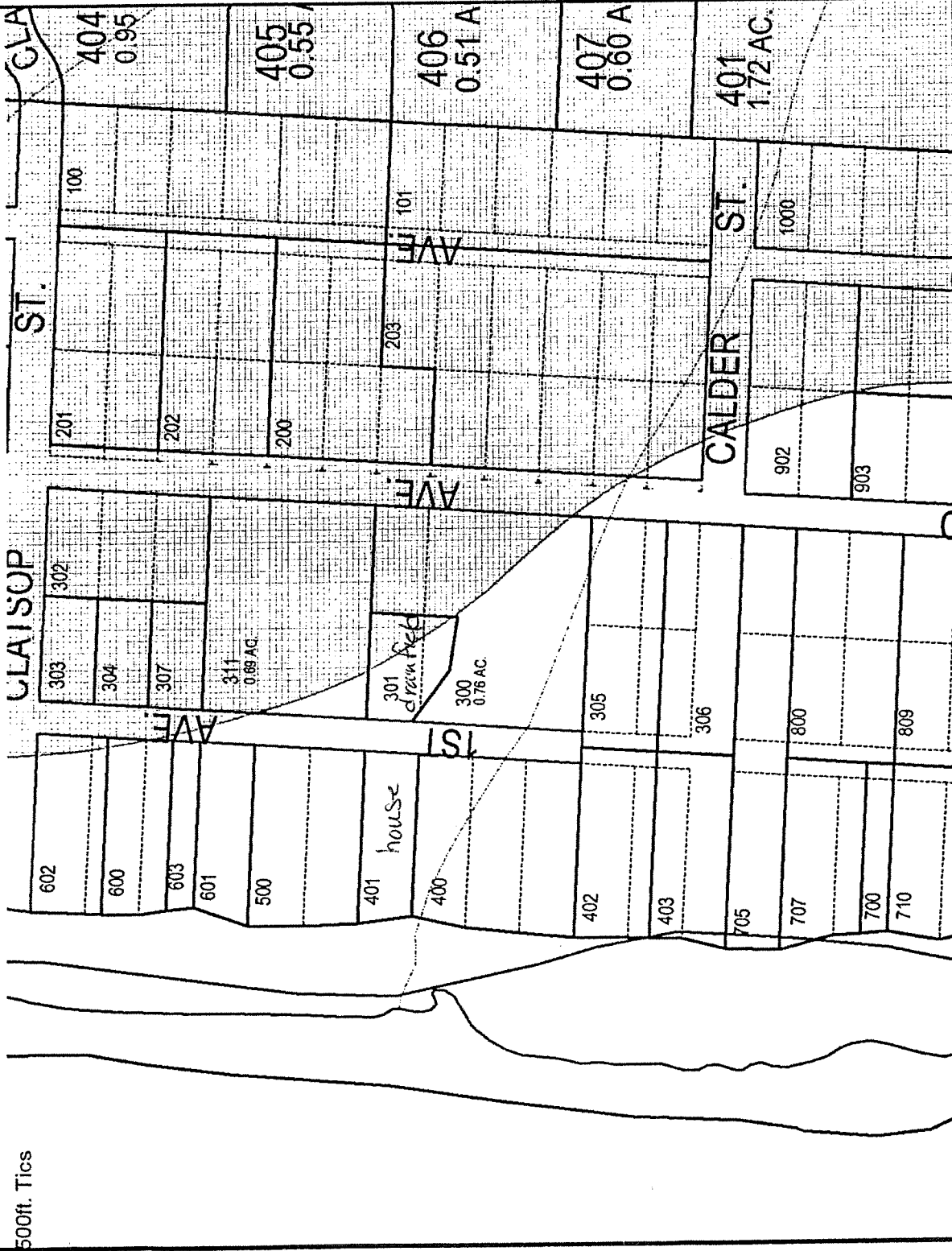
410 - 313C - 400401

Clatsop County Map

- Geological Hazards
- PLS
- PLS Townships
- Tax Lot Arrows
- Tax Map
- Water Body
- Creek
- Parcel Boundary
- Supplemental Boundary
- Road R-O-W



8/4/2008



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

1 in. = 134 ft

1111 1111 313C 00301

57820

Control No.

\$ 155.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 99-172



New Construction



Minor

Repair



Other Tank replacement

Permit Issued To Ray & Jean Auel 4N 10W 31BC 401 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Clatsop Lane Cove Beach Alma Cox 9-23-99
 (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)

SPECIFICATIONSEXPIRATION DATE September 23, 2000

TYPE OF SYSTEM _____

New poly

Design Sewage Flow _____ Gallons/Day

Tank Volume 1000 GallonsDisposal 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
Properly decommission existing septic tank and submit copy of pumping receipt. Septic tank
to be set back a minimum of 10' to any water lines and 5' to any property lines or building
foundation.

PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- 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 _____

☐ Inspected By _____☒ Issued by Operation of Law

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

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

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

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

CLYDE McDONALD 458-6521
(800) 382-7380

SECRET

DATE 10-27-99
NUMBER 738-5954

Bob McEwen Const.
P.O. Box 5845
Gresham, Oregon 97138
P.O. Box 58

Re: Rm 3 Genoa Ave.
PLIED TO 31805 Clinton Lane
WITH YOUR REFERENCE Arch Cape, Ore.

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

PLEASE DETACH AND RETURN WITH YOUR REGISTRATION CARD

[illegible]

ED'S Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

DEPT. OF ENVIRONMENTAL QUAL
RECEIVED

OCT 29 1999

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OF

WARRENTON

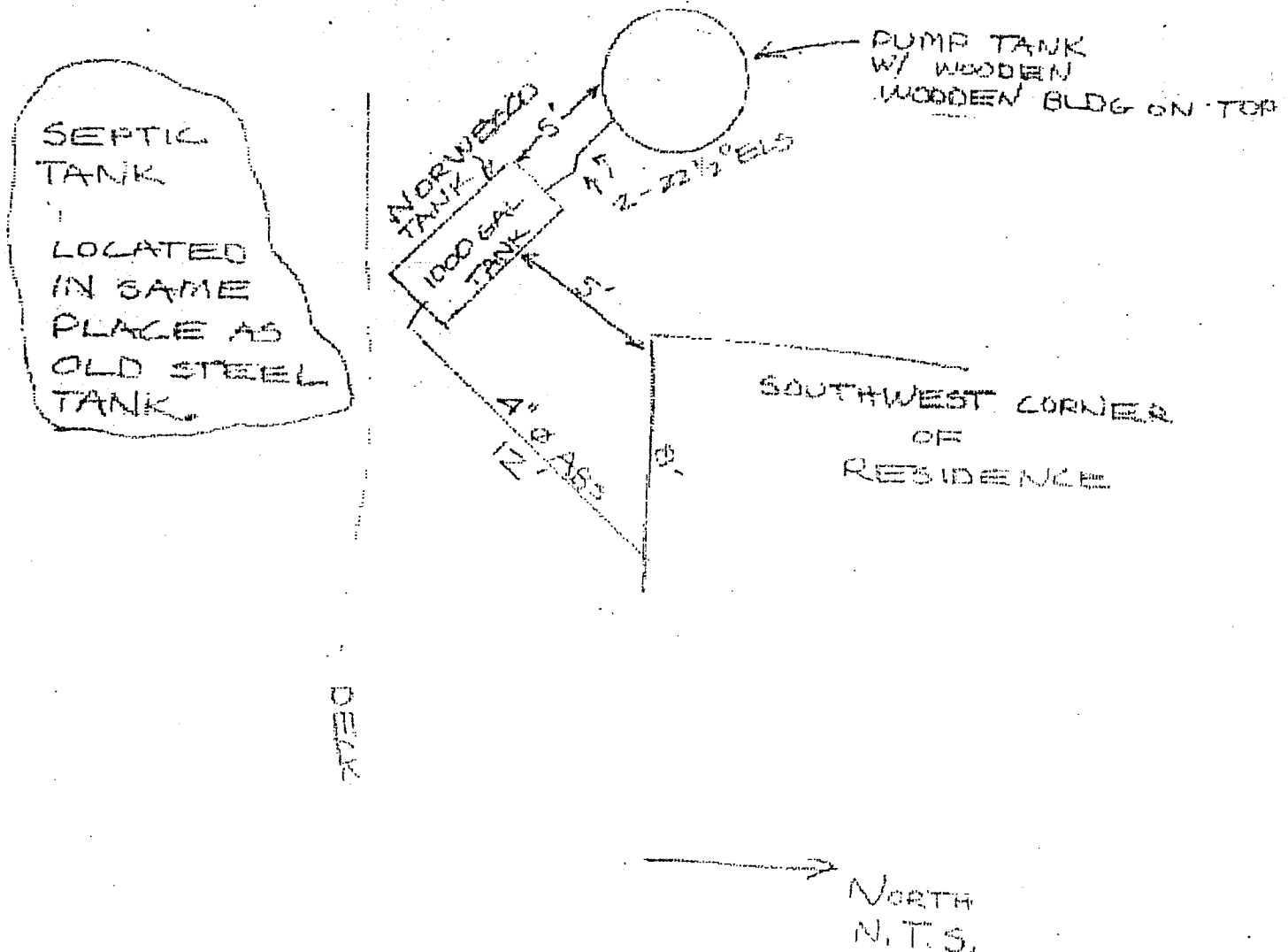
Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except 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 RAY & JEAN AUEL Permit Number (?) County CLATSOPTownship 4N; Range 10W; Section 31; Tax Lot 401; Tax Acct. # 69898Job Location 31833 CLATSOP LANE, CONE BEACHDate System Construction Completed 10/28; Date Submitted to DEQ or Agent 10/29SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.1 - 1000 GAL NORWESCO TANK3' - 4" Ø ABS PIPE1 - 4" Ø 2729 22 1/2° EL1 - 4" Ø ABS COUPLING3 - 4" Ø FLEX COUPLINGS

Property Owner RAY JEAN AUEL Permit Number 99-172 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.

**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).

Mike McEwan
(System Installer's Signature)

Pres.
(Title)

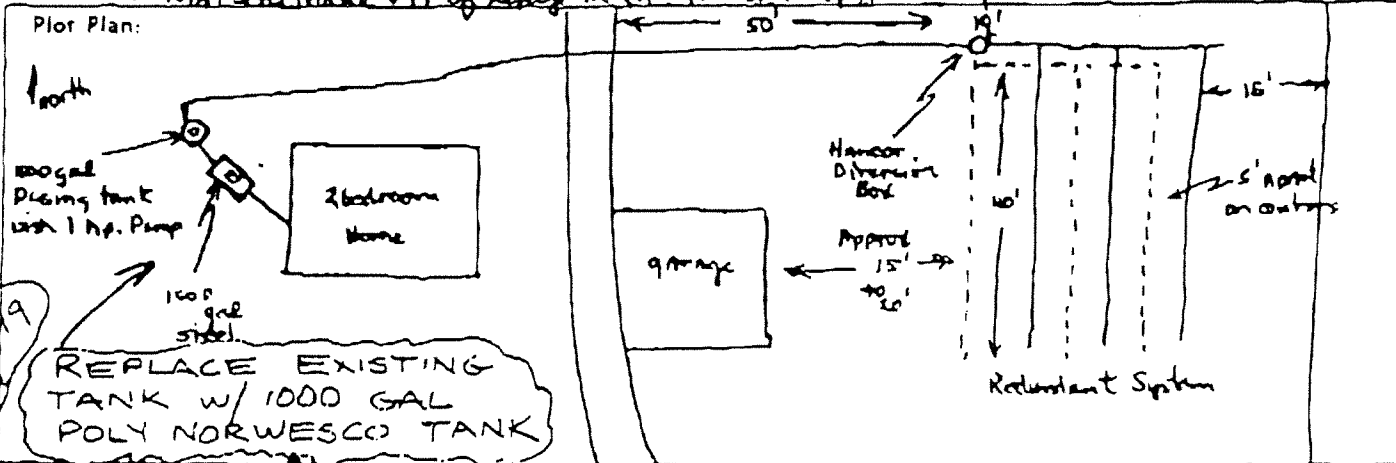
10/29/99
(Date)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 27 1999

NORTH COAST BRANCH OFFICE
WARRENTONProperty Owner Ray and Joan AyelPermit Number 81-6727T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301Date of Final Insp. 2-2-92/2-3-82/6-25-9Loc./Road Cove BeachApproved By John D. Smith P.E.Installer Seacoast Nursery - Dave DarlingTitle For Analyst

Soeping

Disposal Trenches: 300 Square Ft. 130 Lineal Ft. - Redundant System - 120 lineal ft. rep and also presentTank Size: Steel - 1000 Gallons, System Designed to Serve 2 bedroom home max - 300 gal/day
- Total 240 lineal ft. of seeping trench - 18" rock depth

Bob McEwan Construction, Inc.

OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198Control # 6727

DEPART

Property Owner Ray and Joan AyelT. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301Loc./Road Cove Beachnumber 81-6727Expiration Date Sept 14, 1992Issued By Shirley Campbell

Must be installed as
per MFG instructions
Do not use in high groundwater
area. Approved AUCat
9/23/99

JOHNS Dave

From: BROWN Larry
Sent: Thursday, September 23, 1999 09:24 AM
To: JOHNS Dave
Subject: Ray & Jean Auei minor repair

Visited site 9/22/99. No signs of sewage on the ground surface. The septic tank location is going to be difficult to access. Existing steel tank estimated to be approximately 6 to 8 inches above the ground surface. It is located under the deck and downslope from the driveway. Area is limited. Ok for the Sanitarian to issue a minor repair permit once plans are approved.

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

FOR OFFICE USE ONLY
Date Rec'd 9-20-99
Date Completed 9-23-99
Required Fee \$155.00
Receipt No. 89588
Control No. 57820

FOR APPLICANT'S USE - (PLEASE PRINT)

(401) (301)

.13 + .15 ACRE

Lot Size (Acreage or Dimensions)

RAY & JEAN AUEL

(Property Owner's Name)

BOB McFEWAN CONST., INC.

(Applicant's Name if Different from Owner)

Legal Description
of Property

4N

(Township)

10W

(Range)

31RC

(Section)

401 & 301

(Tax Lot/Acct. No.)

CLATSOP

(County)

For Parcels in Platted
Subdivisions, Indicate

31833 CLATSOP LANE, COVE BEACH

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Water Supply

[] Single Family Residence

(Number of Bedrooms)

[X] Public (Community System)

[] Other

(Specify)

[] 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

[X] 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 REPAIR - TANK

REPLACEMENT

[] 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 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. McEwen
(Signature)

9/15/99
(Date)

[] Authorized Representative
[X] Licensed Installer
License No. 37079

Owner's Mailing Address

Applicant's Mailing Address (if different)

17410 SW PARRETT MTN RD.

PO Box 2845

SHERWOOD, OR 97140

GEARHART, OR 97138-2845

Phone 625-2600
436-1127

Phone 503-738-5959 IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 20 1999

NORTH COAST BRANCH OFFICE
WARRENTON

Property Owner Ray and Jean Auel

Permit Number 81-6727

T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301

Date of Final Insp. 2-2-82/2-3-82/6-25-11

Loc./Road Cove Beach

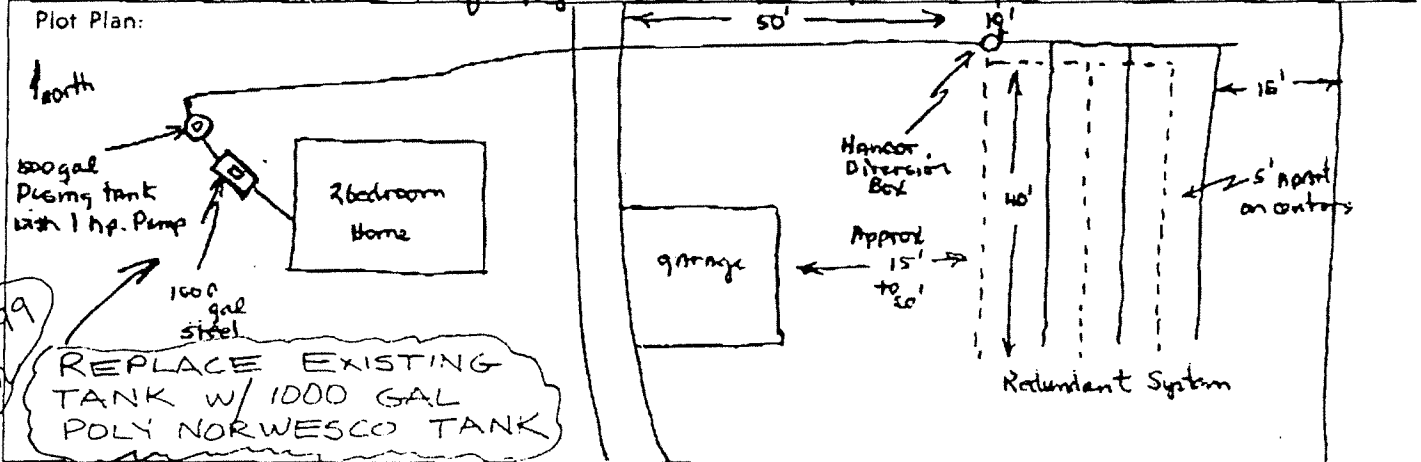
Approved By John L. Smith R.S.

Installer Seacoast Nursery - Dave Darling

Title Env. Analyst

Seepage Disposal Trenches: 300 Square Ft. 120' Lineal Ft. - Redundant System - 120 lineal ft. rep area also present

Tank Size: Steel - 1000 Gallons. System Designed to Serve 2 bedroom home max - 300 gal/day
- Total 240 lineal ft. of seepage trench - 18" rock depth



Bob McEwan Construction, Inc.

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

Control # 6727

DEPART

Property Owner Ray and Jean Auel

T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301

Loc./Road Cove Beach

number 81-6727

Expiration Date Sept 14, 1982

Issued By Shirley Campbell

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

September 15, 1999

Installer: Bob McEwan Const., Inc.
PO Box 284
Gearhart, OR 97138-2845
OR CC 48302 Oregon DEQ Installer #37079
Phone (503) 738-5954

Prepared for: Ray & Jean Auel
17410 SW Parrett Mtn Rd.
Sherwood, OR 97140
Phone (503) 625-2600

Job Site: T4N, R10W, Sec. 31BC, TL 401 & 301

Materials List

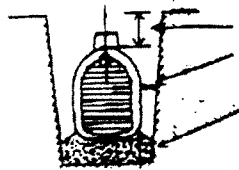
| | |
|-------------------------------------|------|
| 1000 gal. Norwesco Poly Septic Tank | 1 |
| 4" dia sch 40 abs pipe | 2 ft |
| 4" dia sch abs 45 deg els | 2 |
| 4" dia abs two-way c.o. | 1 |

RAY + JEAN AUEL
17410 SW PARRETT MTN RD
Sherwood OR 97140

INSTALLATION PROCEDURES FOR NORWESCO POLYETHYLENE SEPTIC TANK

1

EXCAVATION

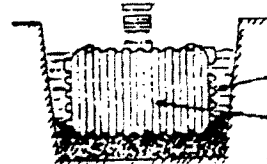


Maximum backfill cover 30".
Minimum backfill cover 6".
18" to 24" side wall allowance.

BEDDING
6" minimum in soil terrain.
12" minimum in rock terrain.

4

BACKFILLING EXTERIOR



A. Backfill with 12" max. thickness layer of sand or gravel, well compacted. Always compact ends first.
B. Fill tank with water in equal proportions to backfill.
C. Be certain to tamp & compact backfill under inlet and outlet pipe.

2

PREPARATION OF BEDDING & INSTALLATION



A. Bed to be sand or gravel well compacted.

B. Please note direction of flow; inlet is higher than outlet.

C. Preinstall cover and/or manhole extension and cover before backfilling begins.

D. It is suggested that you obtain publications from your local county or state municipal sanitary department for information on draining systems.

5

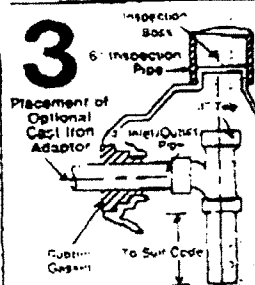
FILLING WITH WATER

CAUTION:

It is crucial to fill septic tank with water while backfilling and in equal proportions. Never leave tank in ground empty.

3

INSTALLATION



A. Install rubber gasket into preformed hub area.

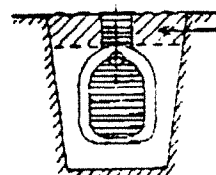
B. Install pipe thru gasket and make connection to 4" sanitary tee.

C. The tees are to be located directly under the 6" inspection boss.

D. Inspection bosses can be cut open and a 6" pipe can be placed over the inspection boss and extended to ground level for inspection.

6

BACKFILLING THE TOP OF SEPTIC TANK



When the septic tank is filled with water backfill to the surrounding level. Maximum of 30".

SPECIFIC STATE CODES

| STATE | EXTENSION OF INLET TEE | EXTENSION OF OUTLET TEE | MISC. |
|----------|-------------------------------------------------|-----------------------------------------------|--------------------------|
| Illinois | 6" below liquid level | 24" below liquid level | |
| Arkansas | 6" below liquid level | extend below liquid level 35% of liquid depth | |
| Utah | | below liquid level by 40% liquid depth | |
| Oregon | 6" above and 6" below liquid level | 6" above and 35-40% below liquid level | Use schedule 40 fittings |
| Georgia | | | Use schedule 40 fittings |
| Iowa | 6" below liquid level and 8" above liquid level | Extend below 13" and above 8" of liquid level | Use schedule 40 fittings |
| | | | |
| | | | |

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

NORWESCO

MINNETONKA DIVISION
4365 STEINER STREET
ST. BONIFACE, MN 55375
(612) 446-1945

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

| | | | | |
|-------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|---------------------------------|
| APPLICANT'S NAME AUEL, RAY & JEAN | | MAILING ADDRESS 17410 SW PARRETT MTN RD. SHERWOOD OR 97140 CITY STATE ZIP | | PHONE 625-2600 |
| P L O C A T I O N | TOWNSHIP 4N | RANGE 10W | SECTION 31BC | TAX LOT OR ACCT NO 401 & 301 |
| | SUBDIVISION/PROJECT 31833 CLATSOP LN, COVE BEACH | LOT | BLOCK | COUNTY CLATSOP |
| | <input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981. | | | |

PROPOSED LAND USE
SINGLE FAMILY RESIDENTIAL

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

PROPERTY'S ZONING DESIGNATION

CR/GHO (on ocean front)

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

☒ COMPATIBLE WITH THE LDC ACKNOWLEDGED
COMPREHENSIVE PLAN

☐ CONSISTENT WITH THE
STATEWIDE PLANNING GOALS

☐ NOT COMPATIBLE WITH THE LDC
ACKNOWLEDGED COMPREHENSIVE PLAN

☒

☐ NOT CONSISTENT WITH THE
STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

allowed use in zone

PROPERTY IS LOCATED: (check one)

☐ INSIDE CITY

☐ INSIDE URBAN GROWTH BOUNDARY
OUTSIDE CITY LIMITS

☒ OUTSIDE URBAN
GROWTH BOUNDARY

LAND USE AUTHORITY

Clatsop Co. Planning

SIGNED

Jim Allen

TITLE

PT

DATE

9-17-99

☐ CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED

TITLE

DATE



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR AND INDUSTRIES BUILDING
SALEM, OREGON 97310

APPLICATION FOR BUILDING PERMIT

JURISDICTION

STATE OFFICE

ADDRESS

TELEPHONE

Applicant to complete numbered spaces only.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| JOB ADDRESS 1 AUEL RESIDENCE, 1ST AVE, COVE BEACH | | is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| IDENTIFYING NAME OF BUILDING 2 SFD | | COUNTY | |
| LEGAL DESCR. 3 | LOT NO. TAX LOT NO. 401 | BLOCK Township 4 | TRACT Range 10 W.M. Section No. 31BC |
| OWNER 4 RAY & JEAN AUEL | MAIL ADDRESS P.O. BOX 98 ARCH CAPE OR 97102 | ZIP 436-1127 | PHONE |
| CONTRACTOR 5 HAMLET BUILDERS, INC | MAIL ADDRESS BOX 820 HAMLET RT SEASIDE | PHONE 738-5878 | LICENSE NO. 41095 |
| ARCHITECT OR DESIGNER 6 | MAIL ADDRESS | PHONE | LICENSE NO. |
| ENGINEER 7 | MAIL ADDRESS | PHONE | LICENSE NO. |
| USE OF BUILDING 8 RES | | | |
| 9 Class of work: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. _____ | | | |
| 10 Describe work: ADDITION TO DECK | | | |
| 11 Change of use from _____ to _____ | | | |
| Total area 12 of building Sq. Ft. | | No. of stories | No. of bedrooms |
| No. of living units or apts. 1 | | Flood hazard zone <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Declaration of 13 Valuation of work \$ 3000 | | 14 LOCAL GOVERNMENT APPROVALS | |
| 15 Signature Required to Become Valid | | SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED | |
| <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p><i>Oliver Bech</i> 10/16/84 Signature of Contractor (Date)</p> <p>Signature of Owner (If Owner Builder) (Date)</p> | | ZONING Use Zone _____ Fire Zone _____ Zoning Permit No. _____ Date _____ Signature _____ | |
| | | SANITATION Public _____ Private _____ DEQ Permit No. _____ Date 10/19/84 Signature <i>Robert C. Smith</i> | |
| | | DEPT. OF HUMAN RESOURCES - HEALTH DIVISION Public Swimming Pool No. _____ Date _____ Signature _____ | |
| 16 Directions to job-site. Draw map if necessary. | | | |

OFFICE USE ONLY

Plans reviewed for:

Plan Review - Structural and F&LS. ☐

Plan Review - Structural Only. ☐

Plan Review - Fire & Life Safety Only. ☐

Name _____ Date _____
Name _____ Date _____
Name _____ Date _____

Plan Review No. #110188

Permit No. 10078-84

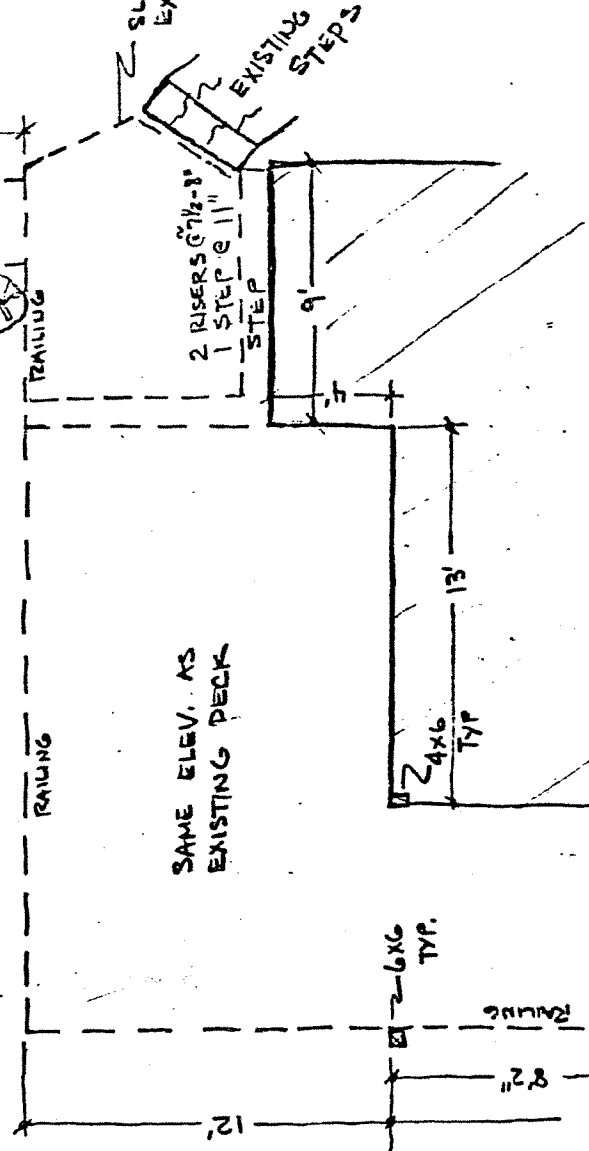
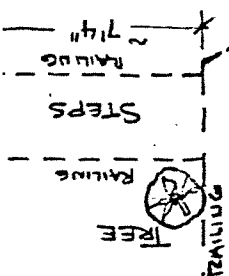
Application Accepted By *UB* 10-16-8
Initial Date

#38.50
1.57
#40.04

MAINTAIN 5' SETBACK FROM
SEPTIC TANK AND DRAINING TANK
AND DECK SUPPORT POSTS

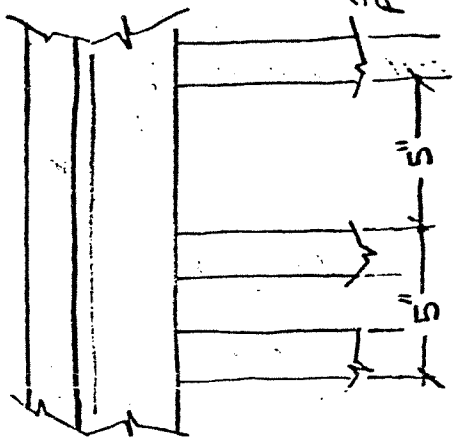
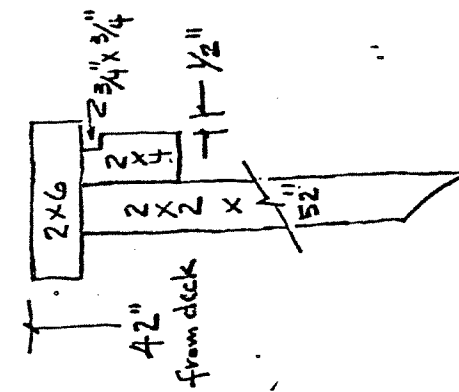
Copy
 [Signature]

(ESTIMATE)
 8 STEPS
 9 RISERS



SAME ELEV. AS
 EXISTING DECK

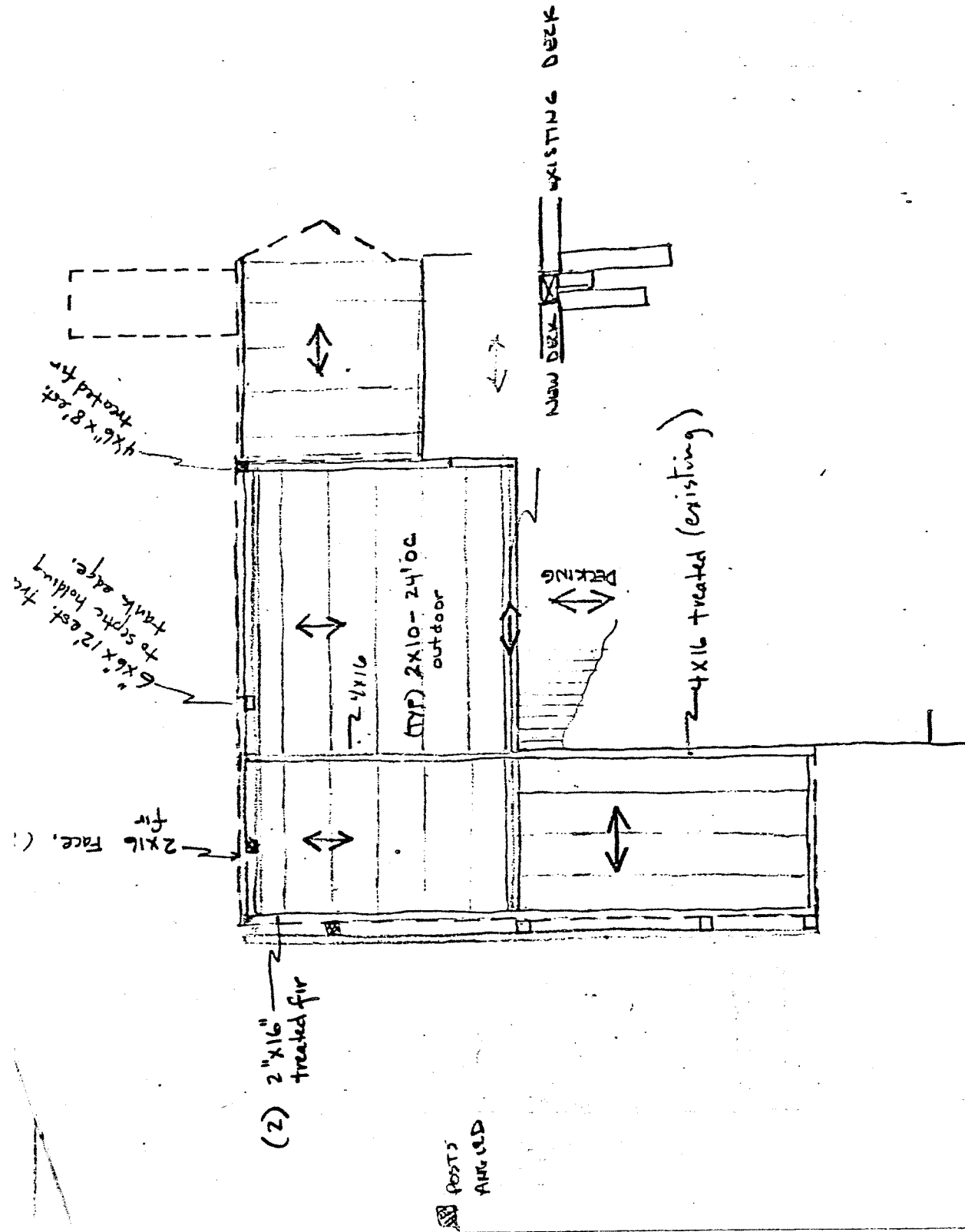
RAILING DETAIL - NTS



AUEL
 PR 10078-84

EXISTING
 DECK
 2x4

FALCON COVE BEACH



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:

Septic tank Sump and pump are NOT installed
They must be installed and Pump and Alarm System installed
~~Pump and Alarm System~~ before final approval
can be given.

Drain field is properly installed and may be backfilled
Leave the distribution open to allow observation
of pumping.

* 2-3-82 Inspected septic tank, dose tank and pump, pressure line not complete
Alarm not complete. No power for pump test. May cover tank and dose - leave pump
access open. Check later after tank completed. JES.

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. 81-6727 4N 10 W 31 BC 301
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 15:00

DATE Feb 2 1982

CONTACT: DEQ

BY Dwight R Campbell, Jr.
(Signature)

325-8660

DO NOT REMOVE THIS NOTICE FROM SITE

North Coast Branch
P.O. Box 869
Astoria, Or. 97103
Ph. (503) 325-8660

Feb. 2, 1982

Seacoast Nursery Construction
Dave Darling
Hamlet Route Box 475
Seaside, Or. 97138

Re: SS - Inspection
Permit No. 81-6727
Ray Auel
Cove Beach
Clatsop County
Astoria Branch Office


Dear Dave,

I inspected the septic tank, dosing tank and pump for the disposal system on Feb. 3, 1982. The septic tank, and dosing tank may be covered. The access to the pump must remain uncovered along with the distribution box until water and power are available for a pump test. Either you or the owner should call for inspection at that time.

I should have checked, but is there a check and gate valve placed on one pressure line? I did not see a high level visual and audible alarm float.

If you have any questions please call me at 325-8660.

Sincerely,


John L. Smits, R.S.
Environmental Analyst
North Coast Branch Office

JLS/clis

cc: Ray Auel 3744 S.W. Sweetbriar Dr. Portland 97221
Osborne - SS Section, NW Region

$$\frac{250 \text{ gpd}}{5} = 1250 \text{ gal/day}$$

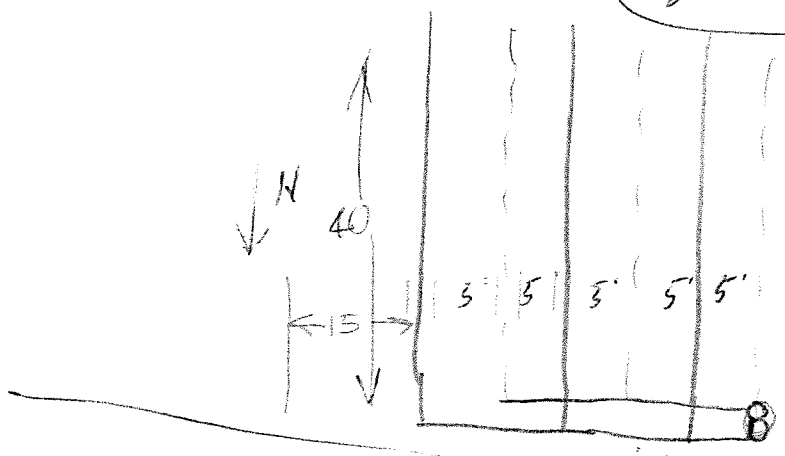
1600 ft²

210

$$\begin{array}{r} 150 \overline{) 1250} \\ 1350 \\ \hline 1200 \end{array}$$

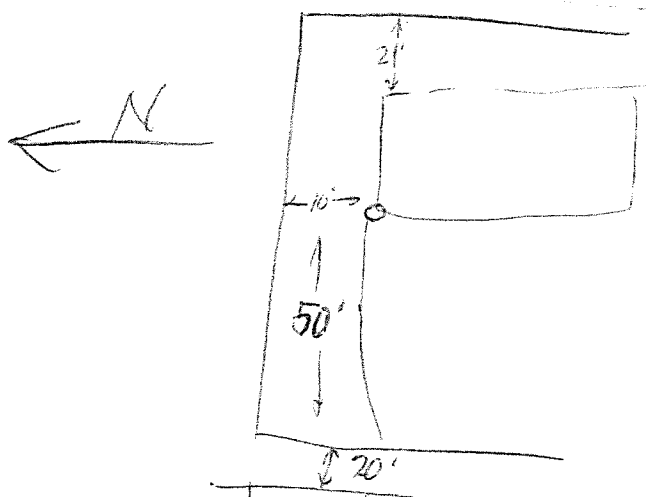
Equal Dist

18" gravel

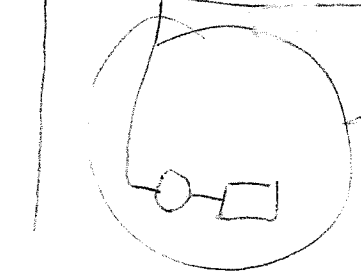


Pump
Harcort division bot
1 Hp

55 ~~gal~~ gal/min
at 55 head lbs
at 40 ft 1.4 ft



Feb 2, 1932



NOT installed

O. C. Leon

ALTERNATIVE SEWAGE MANAGEMENT, INC.

821 N. W. FLANDERS STREET, PORTLAND, OREGON 97209 (503) 222-4333

PROVIDING PRIVATE SEWAGE MANAGEMENT FOR INDUSTRIAL, COMMERCIAL
& RESIDENTIAL PROPERTIES WITH DESIGN, CONSTRUCTION & MAINTENANCE.

October 2, 1981

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

Attention: Gerald R. Campbell

Re: Permit Number 81-6727, for Ray and Jean Auel, T. 4N, R. 10W,
Sec. 31 BC, Tax Lot/Acct. No. 301.

Dear Mr. Campbell:

Please find enclosed two sets of plans for the above referenced project. As you suspected, there was not enough space for both the drainfield and the garage using standard seepage trenches.

During a meeting with Sherm Olson at the Portland office of D.E.Q., it was suggested that redundant seepage trenches with a diversion valve be utilized in order to reduce the space required for a subsurface disposal field. As you will notice, we have also oversized the width of the disposal trench to 24 inches.

Because a sewage grinder pump reduces solids to small particles, there seemed to be strong likelihood that organic solids would be held in suspension in the septic tank and then be released to the drainfield. To minimize this problem the septic has been moved below the house and will discharge to a septic tank effluent pump station. As a result, pump requirements and the probability of drainfield failure have been reduced.

Because there is not enough room between the proposed house and property lines to maintain required set-backs we have specified high density polyethylene pipe for the pressure sewer pipe. The use of this material will allow a jointless run of pipe and minimize the risk of leaks.

Please give this matter your earliest attention as Mr. Auel would like to begin construction as soon as possible.

Cordially,

Douglas B. Ward

Douglas B. Ward

DBW:ly

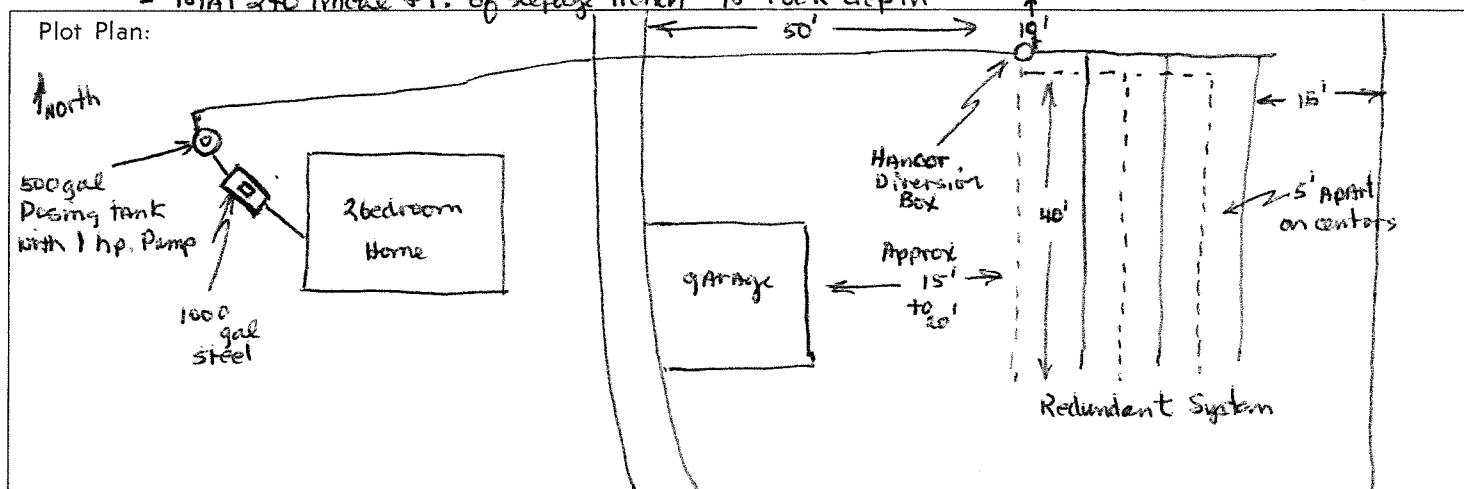
cc: Ray Auel

Dept. of Environmental Quality

RECEIVED
OCT 5 1981

Astoria Branch

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM
CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner Ray and Jean AuelPermit Number 81-6727T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301Date of Final Insp. 2-2-82/2-3-82/6-25, 1982Loc./Road Cove BeachApproved By John L. Smith R.S.Installer Seacoast Nursery - Dave DarlingTitle Env. AnalystSeepage Disposal Trenches: 300 Square Ft. 120' Lineal Ft. - Redundant system - 120 lineal ft. repair area also presentTank Size: Steel - 1000 Gallons. System Designed to Serve 2 bedroom home max - 300 gal/day
- Total 240 lineal ft. of seepage trench - 18" rock depth

DEQ/WQ-402 1/78

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM INSTALLATION
CORRECTION NOTICE

The Inspection of this Subsurface Sewage System has Produced the Following Violations: _____

Under the provisions of the OREGON ADMINISTRATIVE RULES, all violations listed above must be corrected 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. _____

CONTACT: _____

INSPECTION: _____

TIME _____

DATE _____

BY _____

(SIGNATURE)

DO NOT REMOVE THIS NOTICE FROM SITE

STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

Control # 6727

Property Owner Raymond Jean Auel
 T. 4N R. 010W Sec. 31 BC Tax Lot/Acct. No. 301
 Loc./Road Cove Beach

Permit Number 81-6727
 Expiration Date Sept 14, 1982
 Issued By Gerald Campbell

PERMIT

[NOT TRANSFERABLE]

New Construction of ☒Repair of ☐Connection of ☐Alteration of ☐

A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches 360 Square ft. 120 Lineal ft.

Maximum trench depth 36" Minimum trench depth 30"

☐ Loop ☐ Equal ☒ Serial Distance between lines on center 10 ft

Total rock depth 18" Below pipe 12" Above pipe 2" ☐ Rake sidewalls

Special Conditions. [Follow Attached Plot Plan]. Maximum Use: 2 Bedroom Home

18" of gravel - See page Trenches

Garage is not available because of area required for replacement drain field

PRE-COVER INSPECTION REQUIRED - CONTACT:

Gerald Campbell

325-8660

Enclosed:
 List of Approved pipe materials
 Serial Distribution Handout

POST ON SITE



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch, P.O. Box 869, Astoria, Oregon 97103 (503) 325-8660

October 12, 1981

Ray and Jean Auel
3744 SW Sweetbriar Drive
Portland, Oregon 97221

Re: SSDS
Low Pressure Design
410-31BC-301

Dear Mr. & Mrs. Auel:

I have reviewed the plan for the redundant low pressure drainfield to be installed on your property. The property was created prior to January 1, 1974 and qualifies for installation of this kind of drainfield.

The plan was incomplete in some respects. Other requirements are as follows:

1. Trenches must have 18 inches of gravel
2. The filter fabric must cover the sides as well as the top of the trenches.
3. The drainfield must be curved to follow the natural ground contour.

Douglas Ward, the designer of the septic system, indicated that the pipe in the drainfield would be 1 1/2 inch PVC and that the diameter of the holes in the pipe would be 1/4 inch. Normally 2 inch pipe and 1/8 inch holes are used. Mr. Ward's design is acceptable. However, modification will be required if the required 5 feet of head is not produced from the drain pipe when the installation is inspected.

I have enclosed a schedule for low pressure septic system installation. You may contact me, if you have any questions regarding this.

Sincerely,

Gerald R. Campbell
Waste Management Specialist

GRC/jm

cc: Douglas Ward, Alternative Sewage Management
Bob Miller, Ausman Design

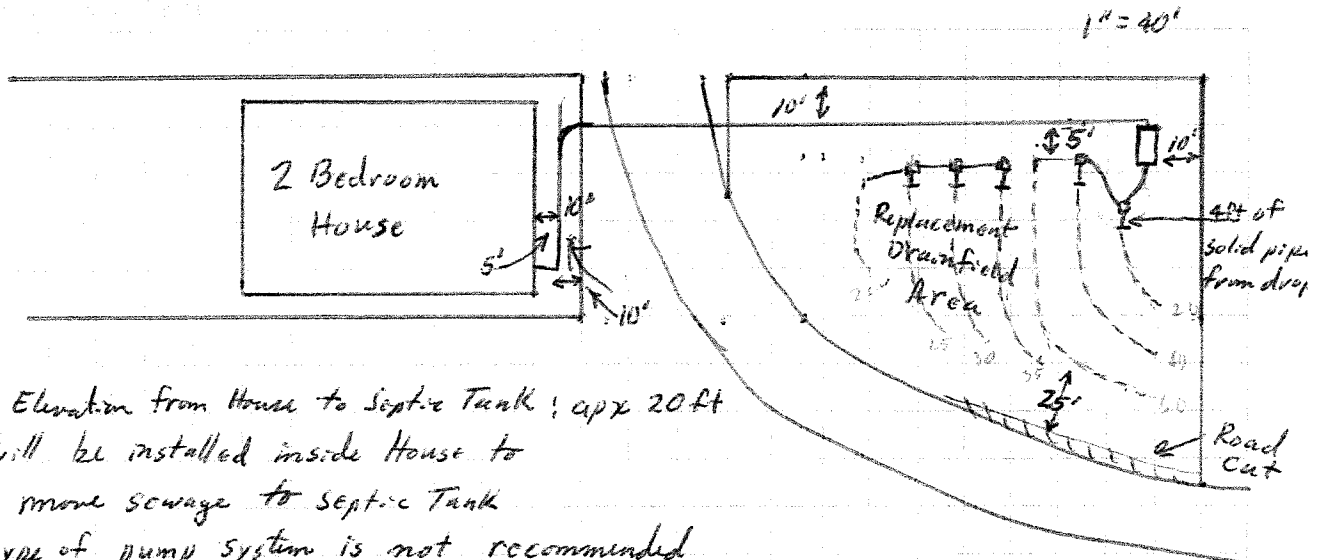


Contains
Recycled
Materials

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner Ray and Joan Auel Date Sept 14, 1981

Location: T. 4N R. 10W Sec. 31BC Tax Lot/Acct. No. 301

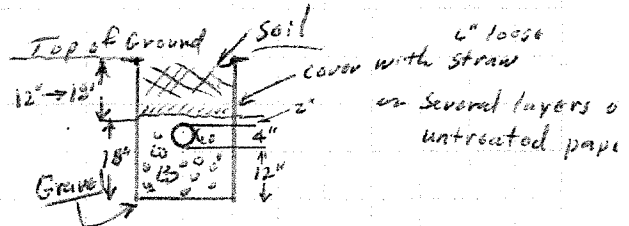


Difference in Elevation from House to Septic Tank: *apx 20 ft*

*Pump will be installed inside House to
move sewage to Septic Tank*

*This type of pump system is not recommended
because the pump tends to break down faster than one installed
in a sump after the septic tank.*

Required Drainfield Setbacks:
10 ft from property line, water line, buildings
25 ft uphill from road cut



Setbacks from Septic Tank and Sewer Line
10 ft from property line
5 ft from drainfield, buildings

REMARKS: *There does not appear to enough area for the garage*
Each drainfield line must be level from dropbox to end of line
Lines must follow natural ground contour and may be curved.
Lines may be oriented differently than is shown

FOR DEQ USE ONLY

☒ Approved

☐ Disapproved

Permit Number 81-6727

By: Dwight R. Campbell Sept 14, 1981
(SANITARIAN SIGNATURE) (DATE)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

FOR DEQ USE ONLY

Date Rec'd 9-14-81 Amt. Rec'd \$ 55.00
Receipt No. 23521 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) \$55
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~~)
7. ☐ Existing System Evaluation \$50.00
8. ☐ Other (Specify) _____

ASSESSORS MAP 25¢

REFERENCE INFORMATION (Please Print)

Ray B. & Jean M. Auel
NAME OF APPLICANT
3744 S.W. Sweetbriar Dr
ADDRESS
Portland OR. 97221
CITY ZIP CODE
222-3349
PHONE

(Same)
NAME OF PROPERTY OWNER
ADDRESS
CITY ZIP CODE
PHONE

PROPERTY DESCRIPTION

4N 10W 31Bc 301 Clatsop
Township Range Section Tax Lot/Account Number County
Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House X Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
No. of Bedrooms 2 Water Supply Private - Falcon-Cove Beach Domestic Water Supply District. (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)

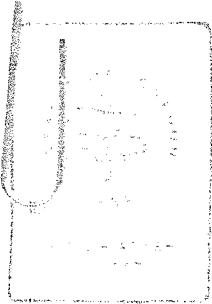
North end of Cove Beach on 1st ave. Take first entrance to Cove Beach past Arch Cape Tunnel - staying right to second - right to first St. on left.

SIGNATURE

Ray B. Auel
(Contract Purchaser/Owner/Installer)

DATE

Sept. 14, 1981



Department of Environmental Quality

510 S.W. 5th AVENUE P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE 333-2111

July 30, 1980
Astoria Branch
818 Commercial
Astoria, Oregon 97103

Richard Boyer
245 W Second
Cannon Beach, Oregon 97110

RE: 410-31BC-301

Mr. Boyer,

On 7-15-80, I performed an on site evaluation of the property referenced above to determine whether a subsurface sewage disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and nonwater-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the interim conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW.

Sincerely,

Ray T. Franklin, RS
Department of Environmental Quality

RESTRICTIONS:

- 1) Provide an absorption area of 360 square feet with a minimum septic tank capacity of 1000 gallons for the proposed 2 bedroom house.
- 2) Place the drainfield in the approved area on the East part of Lot 19.
- 3) 18" of gravel (seepage trenches) is required in the drainfield trenches. MAXIMUM trench depth is 36".
- 4) Maintain a 25' setback from the cut bank created by the road cut to the South and West.
- 5) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 6) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application & plot plan enclosed).
- 7) This approval void if in conflict with any local planning or building regulations.

RFF/AM

Enclosures

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

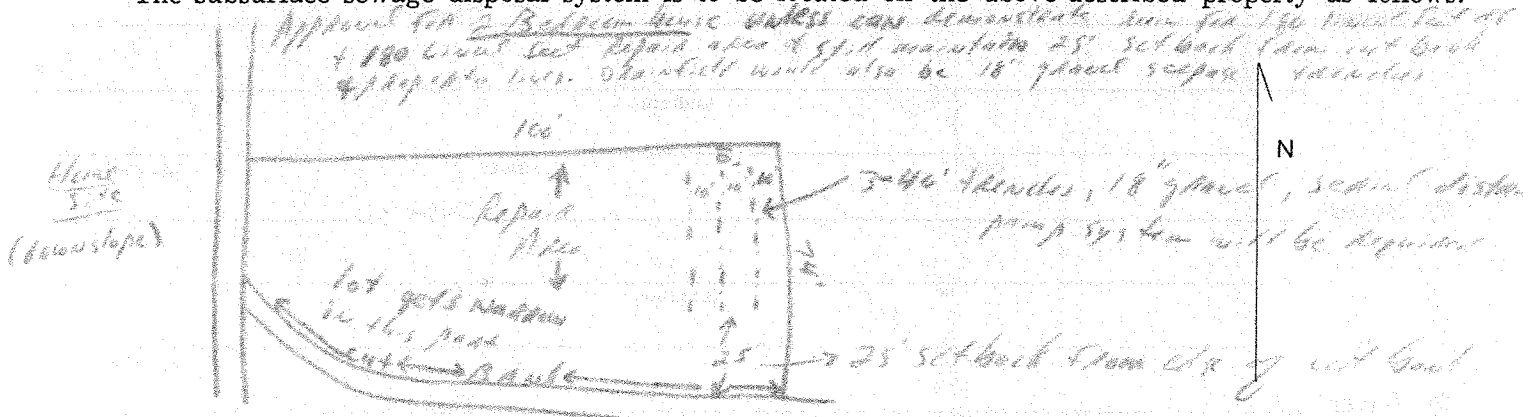
This is to certify that the following described property

410-31BC-301 CLATSOP COUNTY OREGON

has been evaluated on July 15, 1980 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



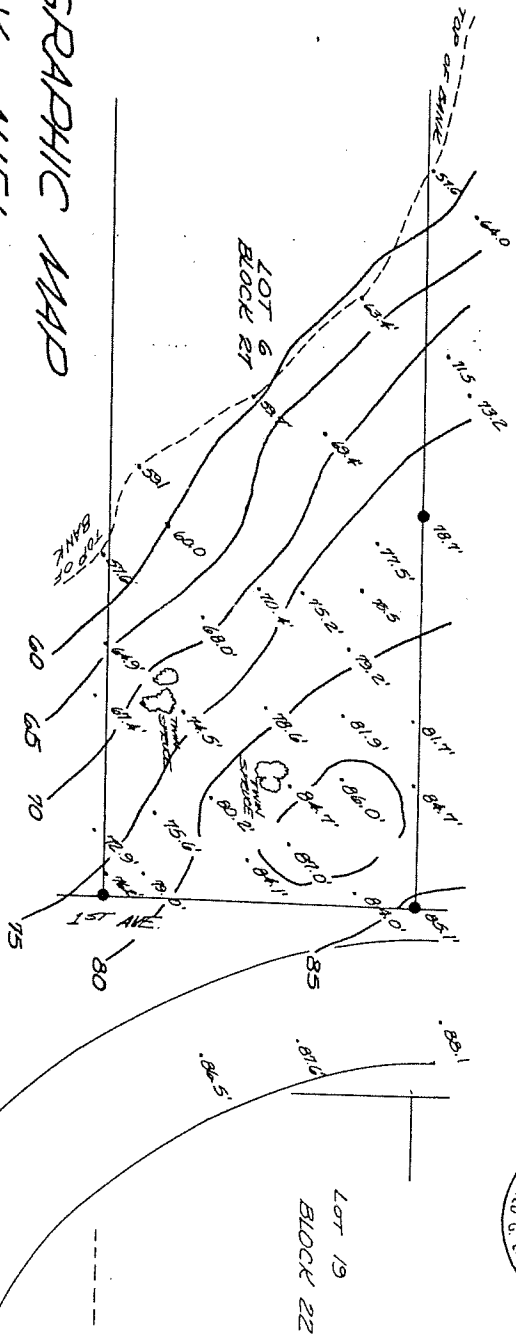
A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: July 30, 1980
Date

To: Estate of Russell Baird
Landowner
Peoples Bank-Trustee
1414 Fourth Avenue
Address
Seattle, Washington 98111
City State Zip

By [Signature]
DEQ or Contract Agent



TOPOGRAPHIC MAP

RAY AUEL

LOT 6 BLOCK 27
COVE BEACH
NW 1/4 SECTION 31, T4N, R10W, W1A,
CLATSOP COUNTY
JUNE 30, 1981 #1193
NEW 0204

MEMBER, READ

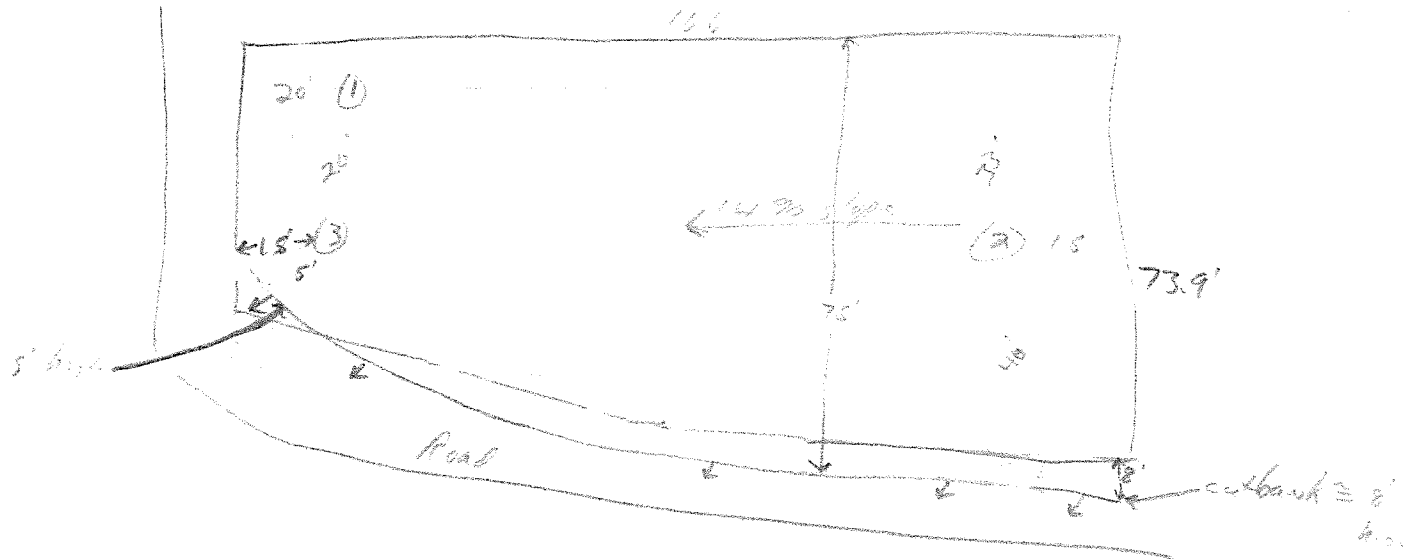
- DENOTES PD. 3/6" B.B.P.C. 'PLS 1373' SEE MAP A-7115, CLATSOP CO. SURVEYOR RECORDS
- = SPOT ELEVATION

ELEVATION ASSUMED

ELEVATION ASSUMED

Boyer 410-3130-301

NT



4/20/80

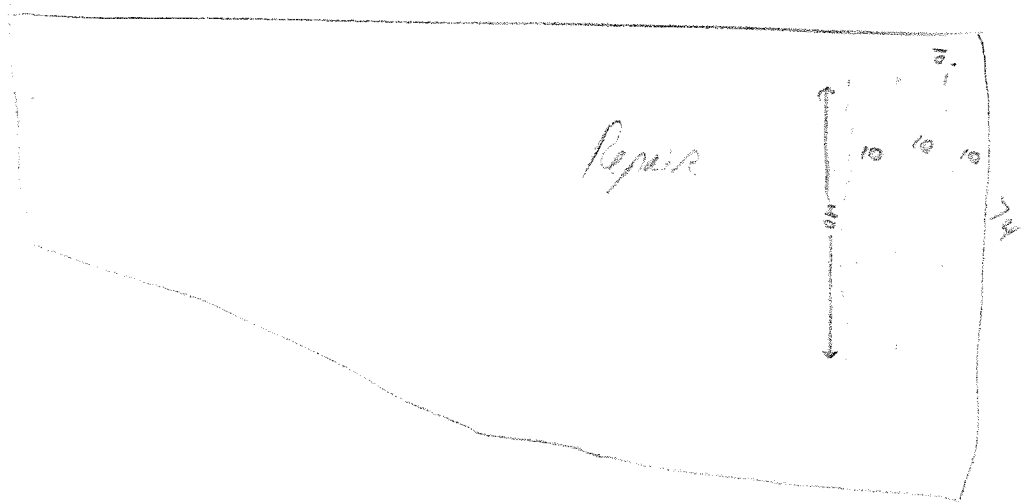
- ① 0-27" S.L. depth bottom
27" only light brown S.L. to S.H. time No Met
- ② S.L. all the way to 42" depth, NO Met
- ③ Mix of S.L. & Rock, some Met. at 32" in some places
land fairly flat from N-S until get to Road with sharp dip to road
slope 12-14% East to west
Need to determine if enough rain for it while staying 25' from road cut

Over →

7-15-80

2 Bellum 360 ft²

18" sewage trenches $3 \overline{) 360}^{120}$ linear feet (3-40' lines)
MAX trench depth 36"



if can demonstrate room for 3 Bellum, then can
approve

$$3 \text{ Bellum } 546 \text{ ft}^2 \div 3 = 180 \text{ linear feet}$$

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

F DEQ USE ONLY

Date Rec'd 5-2-80 Amt. Rec'd \$ 120.00
Receipt No. 15749 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~~) \$120.00
2. ☐ Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) \$40.00
3. ☐ Permit to Repair Malfunctioning System (\$25.00)
4. ☐ Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~) \$40.00
5. ☐ Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. ☐ Permit Renewal (\$25.00)
7. ☐ Existing System Evaluation \$40.00
8. ☐ Other (Specify) _____

ASSESSORS MAP 10¢

REFERENCE INFORMATION (Please Print)

✓ Richard Boyer
NAME OF APPLICANT
246 W. Second
ADDRESS
Cannon Beach 97110
CITY ZIP CODE
436-1144
PHONE

Estate of Russell Baird
✓ Peoples Bank - Trustee
NAME OF PROPERTY OWNER
1414 - 4th Avenue
ADDRESS
Seattle Wash 98111
CITY ZIP CODE
PHONE

PROPERTY DESCRIPTION

✓ 4 10 31BC 301 Clatsop
Township Range Section Tax Lot/Account Number County
all of lots 19-20 - lying North East of road connecting 1st & 2nd Ave - 7500 S.F.
all of lot 6 in block 37 - 50 x 150
Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

✓ PLANNED USE: House ☒ Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
No. of Bedrooms 3 Water Supply private water system
(Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready MAY 26th 1980 per phone conversation
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 Alvin M. Turiel, Zoning Administrator
3. Plot Plan.
4. Other R-1 zone, Cannon Beach planning Area

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (2'x3'x4' deep)

✓ see attached map

SIGNATURE Richard Boyer

(Contract Purchaser/Owner/Installer)

DEQ/WQ-415 1/78

5/20/80
DATE Richard Boyer

North Coast Properties

SP*54381-340

7-1-1, 12-1-1

CAN
702
703
805

Highway 101

See Map 4 to 318

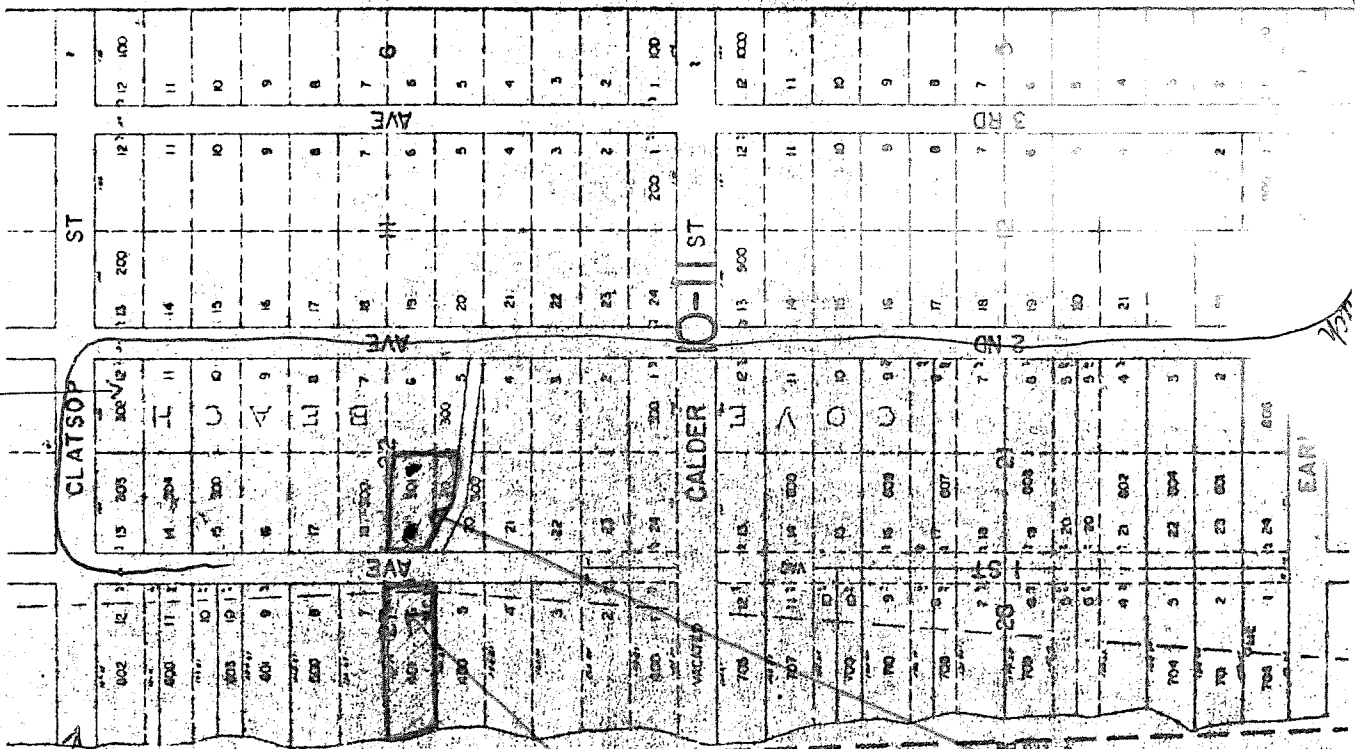
CLATSOP COUNTY

CLATSOP COUNTY

1:24,000

New Home

See Map 4 to 318



Beach Access

Building Site

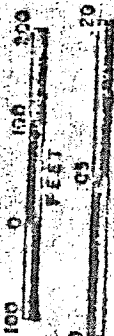
Sanitation Site

OCEAN

PACIFIC

Property just surveyed - property
lines are brushed out
"North Coast Properties" sign on
property

SCALE 1:2400



Dept. of Environmental Quality

RECEIVED

MAY 21 1980

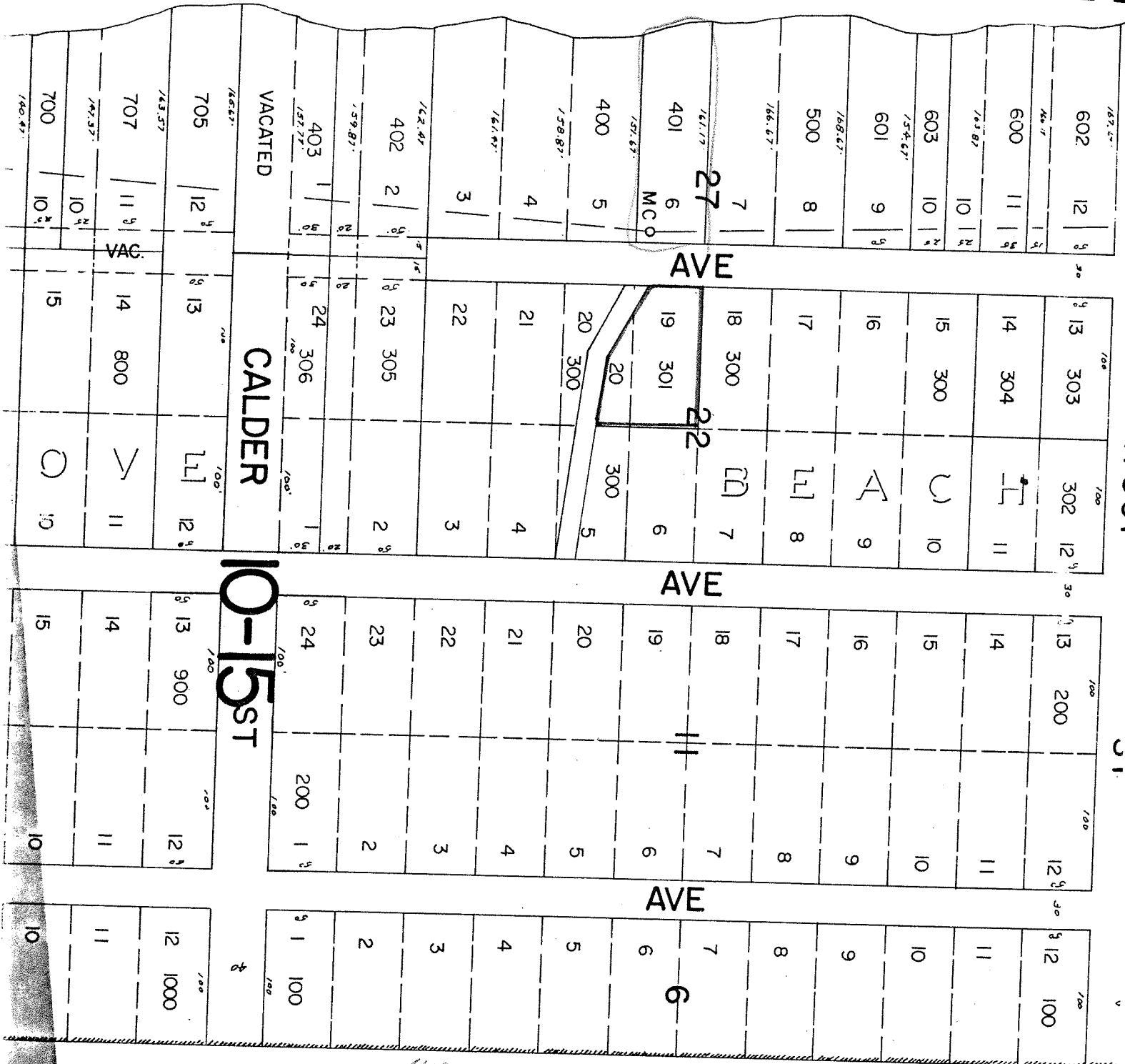
Astoria Branch

ZONE

LINE

Meander Line - N 2° 10' W - 27.09 chs

CL-7-136



See Map 4 10 31B

410-31B-301
Dept. of Environmental Quality

RECEIVED
MAY 21 1980

Astoria Branch

Richard Boyer
NORTH COAST PROP

Septic Location
MARKED IN RED -
HOME LOCATION
APPEARS TO BE
TAX LOT 401

803
805

TO Ray
DATE 1-2-82 TIME 8:10

WHILE YOU WERE OUT

Dick Beyer CALLED
OF Noeth Coast Properties
PHONE 436-1144

| | | | |
|-----------------|--|----------------------|--|
| TELEPHONED | | IN PERSON TO SEE YOU | |
| PLEASE CALL | | WANTS TO SEE YOU | |
| WILL CALL AGAIN | | RETURNED YOUR CALL | |

MESSAGE Let us come
back has been
"bounced" - please
come give us a call -
let us again - quietly if
possible, ok?

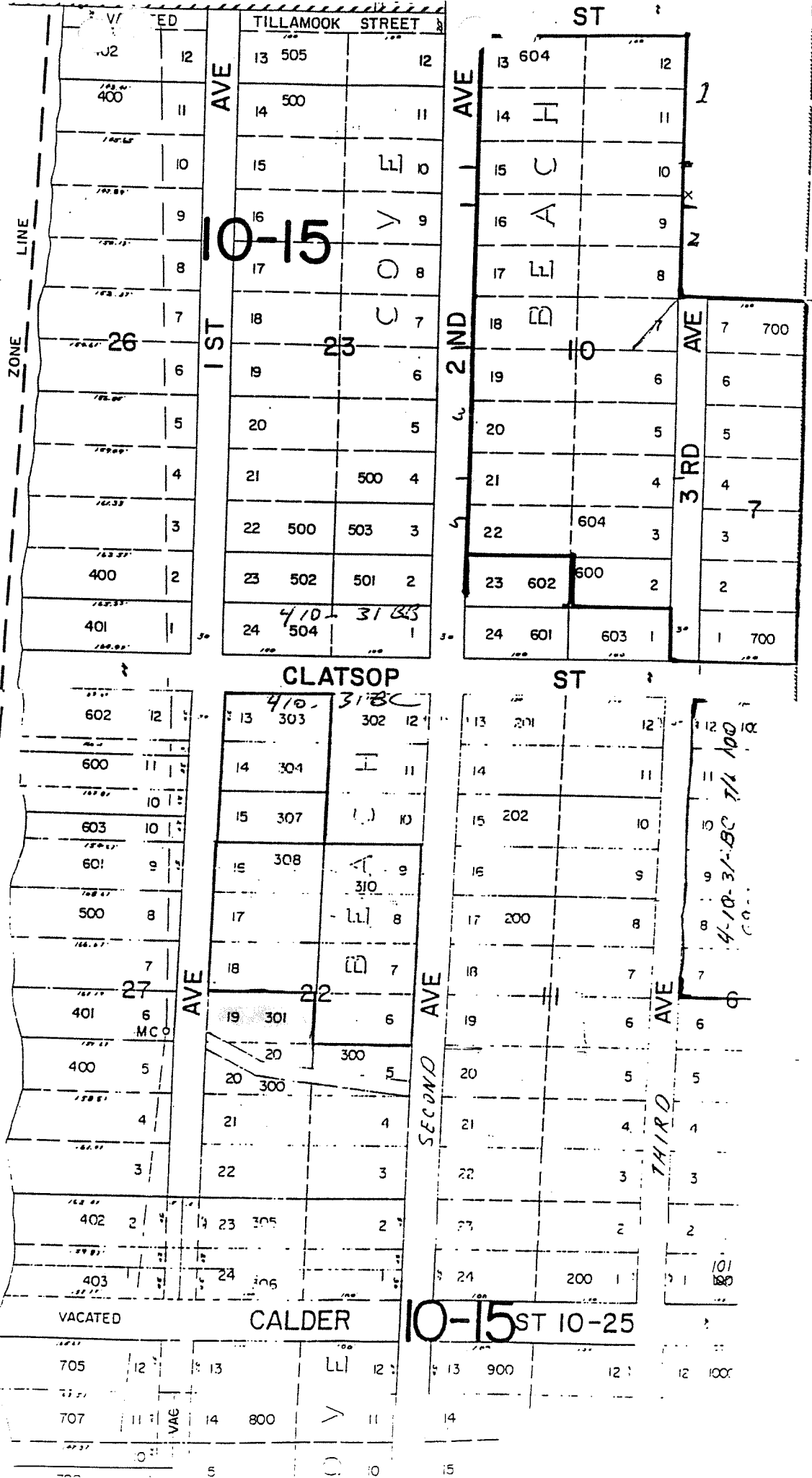
TAKEN BY _____

FORM 81-125-1619

Need site brought out & back around
South West Live market (it can determine whether it
and then look property from I as school can be back
Bayer

Elv Line 5.7'

ZONE LINE Meander—Line N 2° 10' W 270.9 chs



See Map 4 10 318