

70688

Control No.

\$ 205.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 03-120

Minor

New Construction

Repair

Other

Permit Issued To Charles & Lola Alderson 5N 7W 28 800 Clatsop
Highway 103 Jewell
Comis M. Schandt 8-20-03

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE August 20, 2004 TYPE OF SYSTEM Septic Tank replacment

Waite with riser

Design Sewage Flow Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s)

Square Feet

Maximum Depth inches.

Minimum Depth inches.

Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 8-18-03. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request. PRE-COVER INSPECTION REQUIRED - CONTACT NCBO -- (503) 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Gordon Smith Logging

As-built & certification of final construction received 8/27/03.

Final Insp. Date

Pumping receipt received 8/27/03.

Inspected By

See note below **

Issued by Operation of Law

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

This Certificate of Satisfactory Completion is valid for a period of 5 years for connection of the system to the facility for which it was constructed. After the 5 year period, rules for Authorization Notices or Alteration Permits apply, which includes paying a fee, as outlined in OAR 340-071-0205 and 340-071-0210.

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)

Pursuant to the requirements within ORS 454.665, OAR 590-11-170 and OAR 590-11-171, the contractor, alteration or repair of a system 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 Charles Alderson Permit Number 03-120 County Clatsop

Township SN; Range 7W; Section 28; Tax Lot 800; Tax Acct. # _____

Job Location Hwy 103 Jewell

Date System Construction Completed 8-27-03; Date Submitted to DEQ or Agent 8-27-13

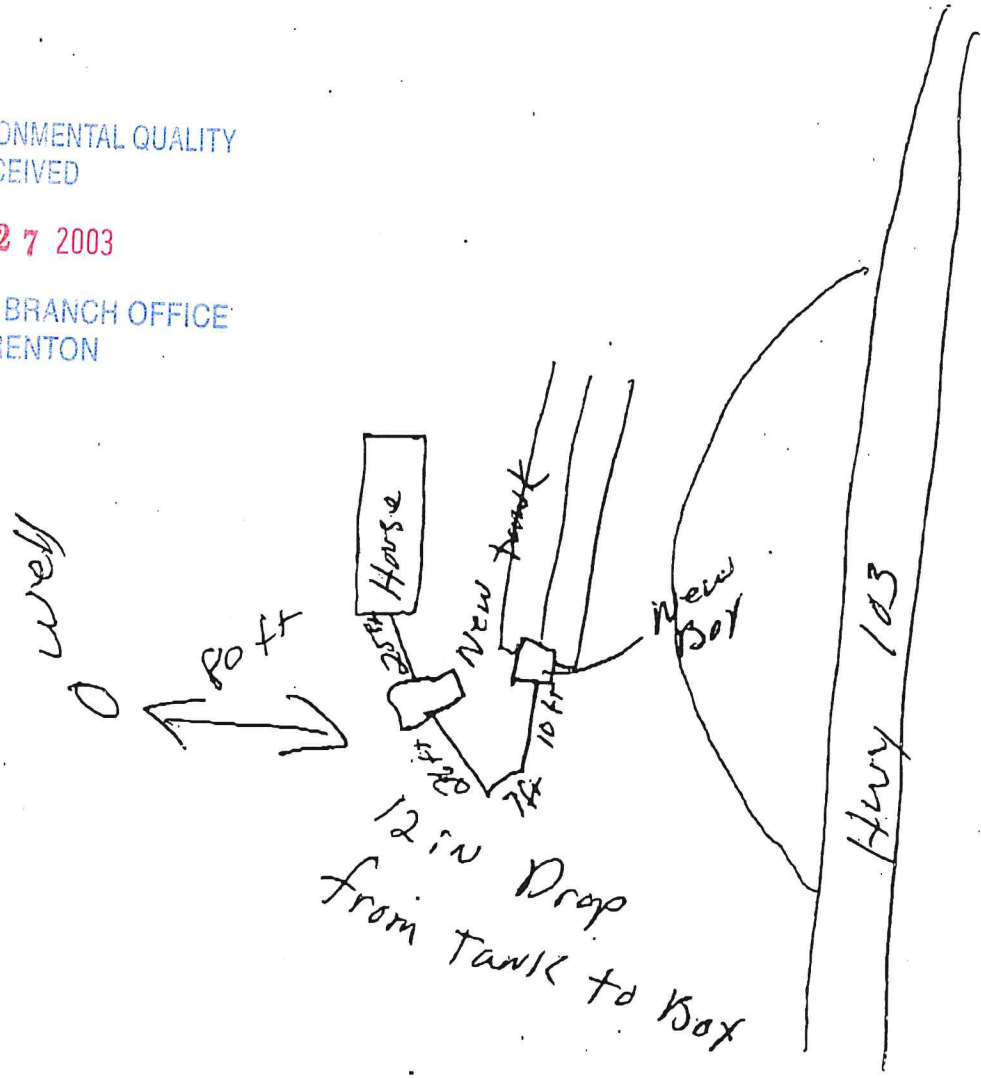
SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1000 gal white Cow Tank
- 60 ft Astm 3034
- 4 ferreo fittings
- 1 long 90
- 1 45
- 1 tufftite D Box
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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WARRENTON

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.

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SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)
 Sewage Disposal Service Business: Gordon Smith Logging
(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).

[Signature] (System Installer's Signature) _____ (Title) _____ 8-27-03 (Date)

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426

CLYDE McDONALD 458-6521
 (800) 382-7380

STATEMENT

DATE: 8-26-03
 NUMBER: 755-2366

Charles & Lola Alderson
80719 Hwy 103
Seaside Oregon 97138

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

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallon BALANCE FORWARD	
	Steel Septic TANK	
8-26-03	Pumped Septic TANK	\$170.00
	Dump Fee	94.00
	Total	\$264.00
	Pd Check # 8826	

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

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NORTH COAST BRANCH OFFICE
WARRENTON



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

811 SW Sixth Avenue
Portland, OR 97204-1390
503-229-5696
TTY 503-229-6993

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

August 20, 2003

Charles & Lola Alderson
80719 Hwy 103
Seaside, OR 97138

Re: Minor Repair Permit
T5N-R7W-S28; TL# 800
Clatsop County

Dear Charles & Lola Alderson,

In response to a repair permit application received on July 22, 2003, a field inspection and record review of the above-described property has been completed. The purpose for the Department's evaluation was to determine the extent of repair to the existing on-site sewage disposal system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Records on file at the North Coast Branch Office (NCBO) indicate the existing on-site sewage disposal system was originally installed in 1975 under Permit #75-129 and consists of a 1000-gallon steel septic tank and 400 linear feet of disposal trenches in equal distribution.

The existing system, including the exposed septic tank, was initially inspected during a field visit on August 12, 2003. The top of the septic tank was corroded and several holes were noted in the top and upper sides of the tank. The distribution box was filled to the top of the outlet pipes with sewage and signs of recent overflows around the box were observed. Solids were also adhered to the sides of the box and the underside of the box lid, indicating that backups have occurred in the past.

A second field visit was made on August 15, 2003 following notification from you and a local sewage pumping service that the disposal trench pipes had been back-flushed and a dye test conducted. During the second visit, proper functioning of the disposal trenches was confirmed by checking water flow from a garden hose into the distribution box. The area of the existing drainfield showed no signs of surfacing sewage or increased vegetative growth over the disposal trenches. Area available for future drainfield replacement is limited, and an alternative system (i.e. sand filter) may be required when this drainfield fails.



Based upon the information described above, replacement of the septic tank and the distribution box is necessary for continued use of the existing on-site sewage disposal system. A 1000-gallon, DEQ-approved septic tank equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface and sealed for water-tightness is required. The existing septic tank must be decommissioned in accordance with OAR 340-071-0185 and a copy of the pumping receipt submitted to the NCBO.

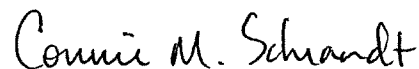
A plot plan showing the proposed installation of a new 1000-gallon concrete septic tank and distribution box was submitted to the NCBO on August 18, 2003. The permit for this minor repair is enclosed. Following notification from the installer and a favorable pre-cover inspection of the new septic tank installation, a certificate of satisfactory completion will be issued.

IMPORTANT NOTE: This repair does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Any future repairs or alterations to the existing system or changes to the existing dwelling on this property will require full compliance with the current rules for on-site sewage treatment and disposal.

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

If you have any questions regarding this matter, please call this office. The NCBO number is (503) 861-3280.

Sincerely,



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

Enc. Minor Repair Permit

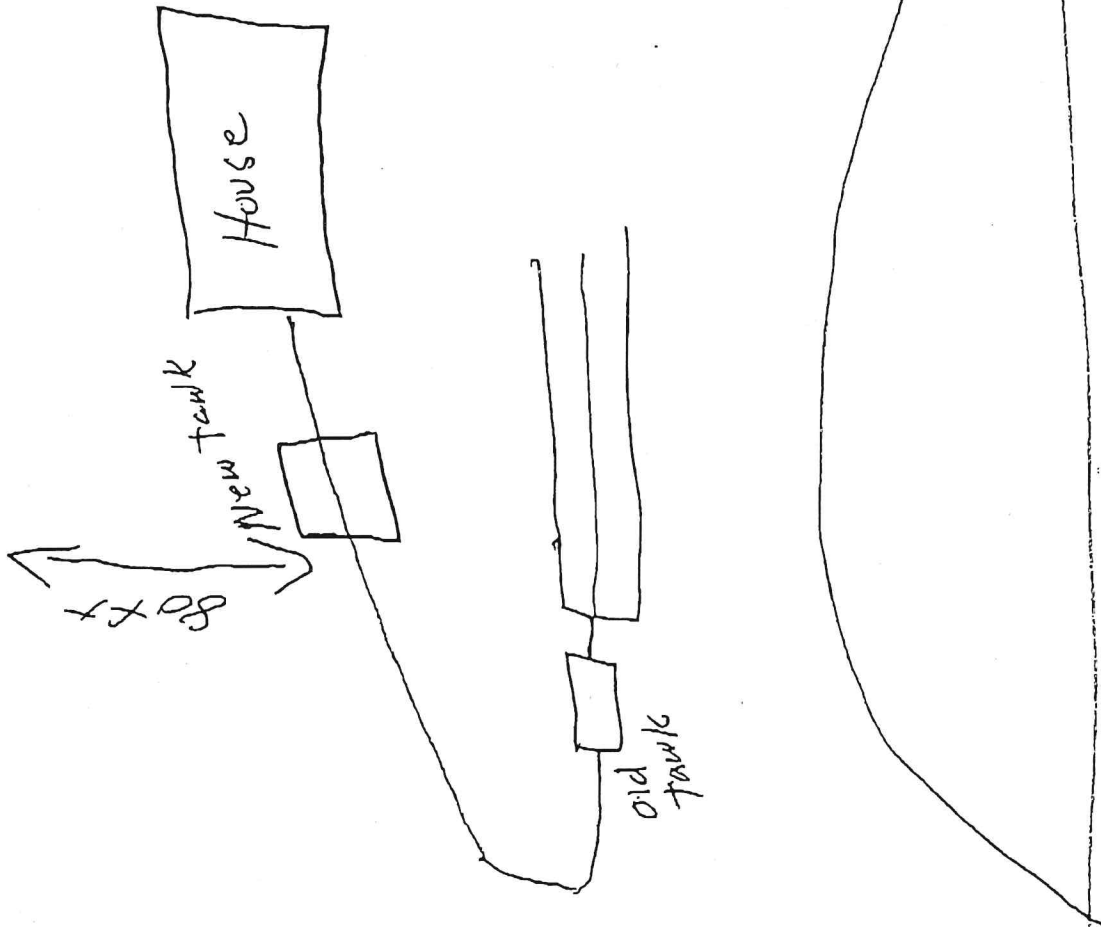
Charles Alderson 507-28-800
CLAY Smith

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AUG 18 2003

NORTH COAST BRANCH OFFICE
WARRENTON

1000 gal waite con tank
tuff tite 10 Box well
appx 70 ft ASTM 30.34
45°
long 90°



May 103

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756

8/30/03

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

FOR OFFICE USE ONLY
 Date Rec'd 7-22-03
 Date Completed 8-20-03
 Required Fee \$ 205.00
 Receipt No. 108285
 Control No. 70688
 YR BUILT 1980

FOR APPLICANT'S USE - (PLEASE PRINT)

1.59 AC
 Lot Size (Acreage or Dimensions)

Charles & Lola Alderson
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 5 7 28 800 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

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

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

Existing Facility

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

APPLICATION FOR:

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

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.

Lola G. Alderson
 (Signature)

7/22/03
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
80719 Hwy 103
Seaside, OR 97138

Applicant's Mailing Address (if different)

Phone 503-755-2366

Phone _____

IW\WC8\WC8690 (7-19-91)

DEPARTMENT OF ENVIRONMENTAL QUALITY
 LAND USE COMPATIBILITY STATEMENT (LUCS)
 For On-Site Sewage Disposal System Permits

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JUL 22 2003 03-352

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of Applicant Charles & Lola Alderson Telephone (503) 755-2366
 Mailing Address 80719 Hwy 103

NORTH COAST BRANCH OFFICE
 WARRENTON

2. Property Information:
 City Seaside State OR Zip 97138
 County Clatsop

Township 5 Range 7 Section 28 Tax Lot # 800

Property Address 80719 Hwy 103, Seaside, OR

Subdivision name if applicable _____ Block _____ Lot _____

3. This proposal is for:

- An individual single family residence
- Other (If other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:

- On-Site Construction-Installation permit for new construction, repairs or alterations (circle one)
 - Non-Water carried facility requests, i.e. pit privies/vault toilets for camp grounds
- On-Site Authorization Notices for:
- Replacement of dwelling
 - Bedroom addition
 - Other change in land use involving potential sewer flow increases

SECTION 2: TO BE FILLED OUT BY COUNTY OR CITY PLANNING OFFICIAL

5. The facility proposal is located: Inside city limits Inside the UGB outside UGB

If inside the UGB, the facility is subject to:

- City jurisdiction, or
- County jurisdiction, or
- Shared city/county jurisdiction.

6. Is a public notice and hearing required? yes no Hearing Date _____

7. The business or facility complies with all applicable local land use requirements: yes no

Comments: Zoned RA-2

Signatures: (both county and city planning officials may need to sign if use is within a UGB)

<u>Pat Getchell</u>	<u>PAT GETCHELL</u>	<u>503-325-8611</u>	<u>7-22-03</u>
Planning Official (county)	Print Planning Official's Name	Phone	Date

Planning Official (city)	Print Planning Official's Name	Phone	Date

JUL 22 2003

EXAMPLE A
NORTH COAST BRANCH OFFICE
WARRENTON

VICINITY MAP
Clatsop County

Please be specific with the directions to the property. If directions are unclear and the sanitarian cannot make it to the site then the processing of your application will be delayed.

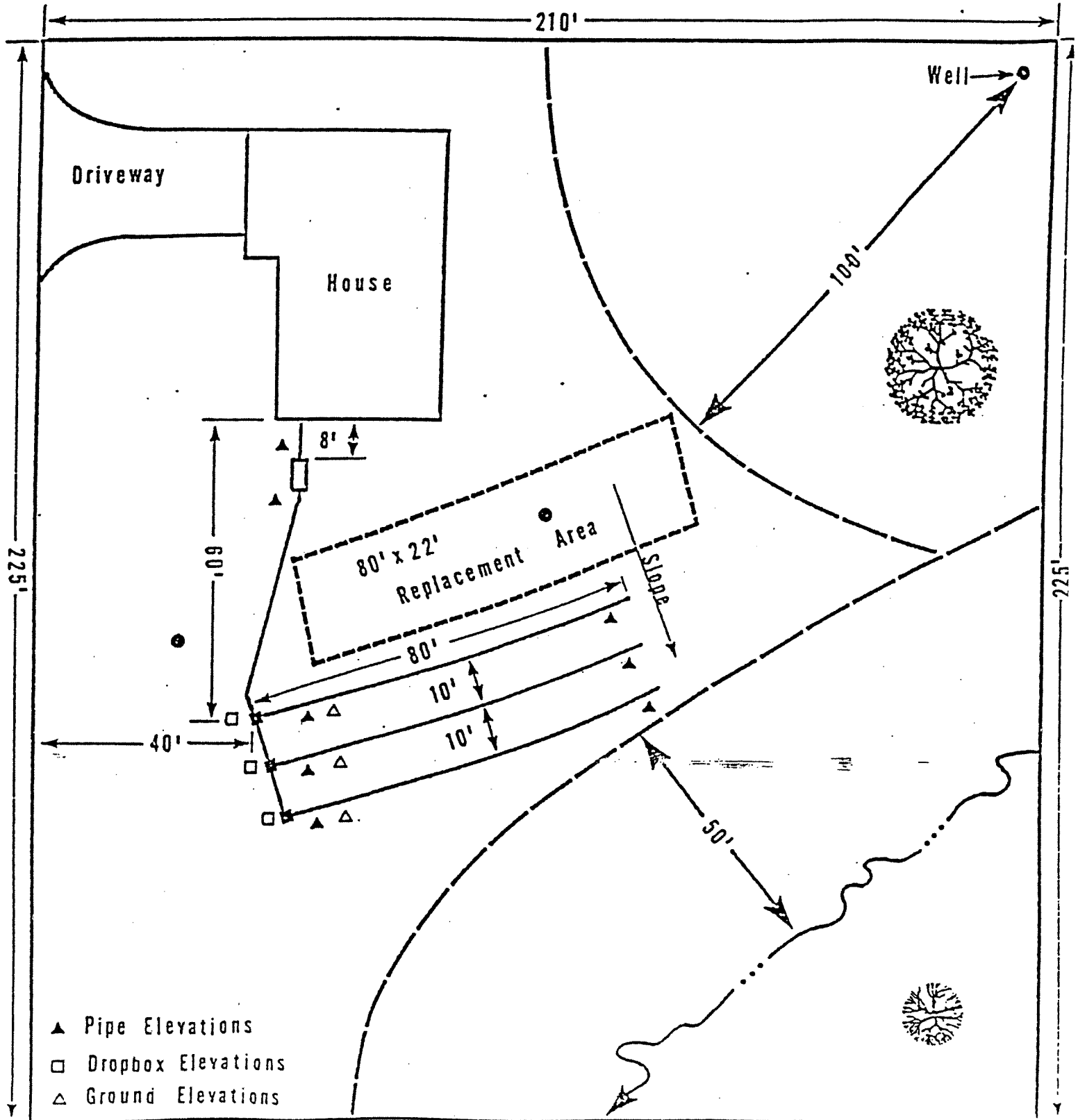
Use a city or community on a major Highway as the starting point (Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.) (Hwy. 26, 30, 53, 101, 102, 102, 202). Give as exact distances as possible (i.e. 1.5 miles, 2.2 miles., etc). Give any landmarks that may help locate the site. Directional indicators (N,S,E,W) are also helpful. Thank you.

Hwy 26 to Hwy 103 (Jewell Exit)
2.6 miles on Rt.
Across from Evergreen Acres
2 story grey house w/white shutters

80719 HWY. 103



SITE DEVELOPMENT PLAN



JUL 22 2003

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

NORTH COAST BRANCH OFFICE
WARRENTON

Answer the following as best you can.

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

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

2. When was your sewage disposal system installed?

1975 75-129
(Year) (Permit No.)

3. Tank material:

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

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 11-2001 (Attach receipt)

6. Number of disposal trenches: 4

7. Total length of disposal trenches (feet): 400


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

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

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

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

7-22-03
Date


Signature of Property owner or
Legally Authorized Representative

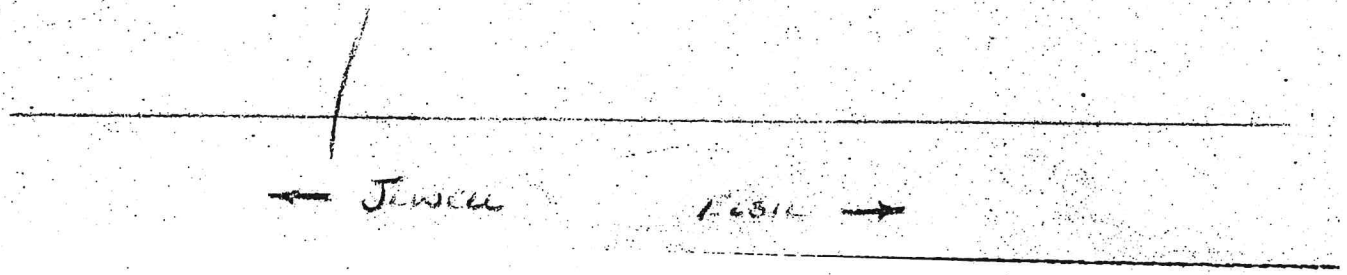
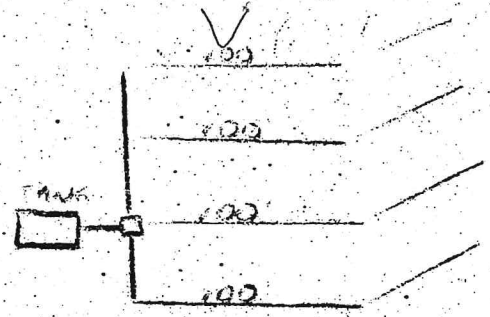
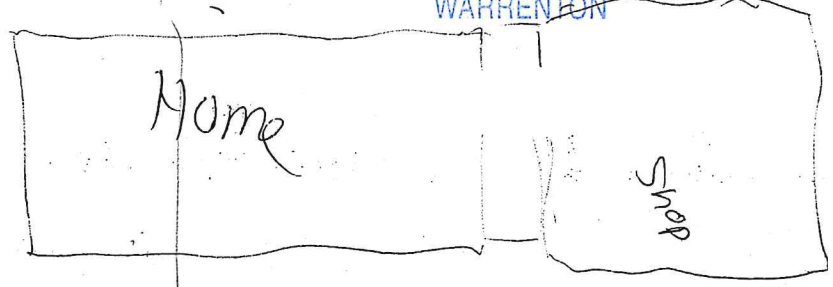
well

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JUL 22 2003

NORTH COAST BRANCH OFFICE
WARRENTON

100'



7/22/03

Lab J. Alderson

507-28-800 ✓



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-

October 31, 1979
Astoria Branch
818 Commercial
Astoria, Oregon 97103

Charles Alderson
Elsie Route, Box 915
Seaside, Oregon 97138

RE: 507-28-800 "Certificate of Adequacy"

Dear Mr. Alderson,

You have applied for a building permit to build a three (3) bedroom house on the above referenced property. At present, you have a three (3) bedroom mobile home on the property. At the time the new house is completed, you propose to remove the mobilehome, and to connect the plumbing from the new house to the existing septic system. That system was installed under permit #75-129, and was inspected and approved by the Clatsop County Health Department on July 29, 1975.

Your proposal is satisfactory. This letter shall serve as a "Certificate of Adequacy"; which states the existing septic system is adequate to allow the connection of the new home to it when the home is ready to be occupied.

Sincerely,

Ray T. Franklin, RS
Department of Environmental Quality

RTF/pkm



Contains
Recycled
Materials

Date Rec'd 10/30/79 Amt. Rec'd \$ 70⁰⁰ ✓
 Receipt No. 14643 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
2. Permit to Construct New System (\$25.00) (Site Evaluation (No. 1) Required) \$40
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (\$25.00) \$40
5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. Permit Renewal (\$25.00)
7. Existing System Evaluation \$40
8. Other (Specify) Certificate of Adequacy \$1000 Accession map 104

REFERENCE INFORMATION (Please Print)

Charles Alderson
 NAME OF APPLICANT
Elsie Rt, Box 915
 ADDRESS
Seaside OR 97138
 CITY ZIP CODE
755-2366
 PHONE

SAME
 NAME OF PROPERTY OWNER
 ADDRESS
 CITY ZIP CODE
 PHONE

PROPERTY DESCRIPTION

5 7 28 800
 Township Range Section Tax Lot/Account Number County
 Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
 No. of Bedrooms 3 Water Supply well
 (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) flag test pits

SIGNATURE

Lola J Alderson
 (Contract Purchaser/Owner/Installer)

DATE

10/30/79

APPLICATION FOR A "CERTIFICATE OF ADEQUACY"

To connect or re-connect to an approved, existing or pre-existing subsurface, alternative or experimental sewage disposal system.

APPLICANT MUST PROVIDE:

- 1) Type and size of original structure last served by the existing sewage system
TYPE Mobile Home No. of BEDROOMS 3

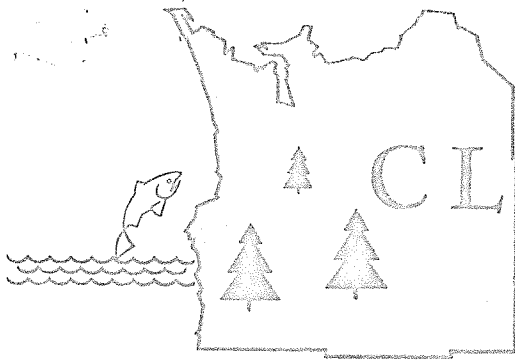
- 2) Size of existing septic tank: 1000 GALLONS
Installed 7/29/75 # 75-129

- 3) Type and size of structure proposed to connect to the existing sewage system
TYPE Stick Built Home No. of BEDROOMS 3

- 4) Assessors map obtained from the Clatsop County Assessor

SKETCH OF EXISTING SYSTEM:

Please indicate structure, septic tank and drainfield wells, surface water and water lines, property lines



CLATSOP COUNTY

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

March 7, 1979

Mr. Charles D. Alderson
Elsie Route, Box 915
Seaside, Oregon 97138

Re: 507 - 28 - 800 PORTION OF *Dewal*

Dear Mr. Alderson:

Throughout the month of February I have been checking on the above referenced property to determine feasibility for subsurface sewage disposal. If you remember our conversation last fall, I said I would check the property during the winter months to determine if the ground water would be found at the depth indicated in the test holes.

It appears there is an excess amount of water that comes onto your property during the rainy months. Several times when I checked the property it was almost completely inundated with runoff from the hills to the south. The test holes were full of water, a small stream was flowing between the test holes, and water was standing on much of the area that was evaluated. For these reasons I cannot issue an approval for subsurface sewage disposal at this time.

Sincerely,

Ray T. Franklin

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

RTF/cn

3-20-79 with 0.86" rain in last 2 weeks: ① 36" ② 52" ③ 26" water found at this depth in these holes

12-19

1/2" of Rain in last 11 days

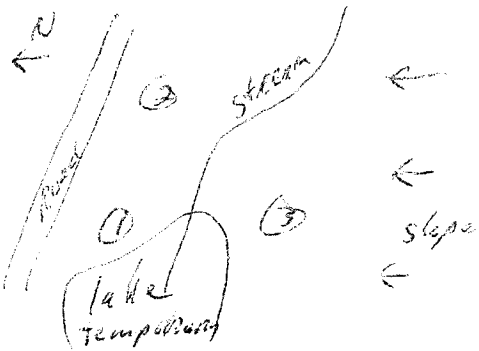
Test holes ① & ③ are completely full of water; Test hole ② had water at depth of 4" below ground surface. Much of land between 1 & 3 has water standing on it. Much water flows onto property from hill to south, also seasonal stream flows from into E ~~part~~ between 1 & 3. Completely unacceptable.

9-7-78

Told Alderson holes did not pass even 9-6-78.

He is going to dig some new test holes & also put a ditch around the upper part of his property to catch the large amount of runoff that comes onto his property.

R.F.



CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT (To be filled out by the Planning Department)

Tax Lot a portion of 800 Section 28

Township 5 Range 7

Size of Lot 3.42 ac.

Zone Designation A-1 Agricultural Forestry

Lot Frontage on Public Road Yes () No ()

Major Partition Required Yes () No ()

Halter Lindstrom
(Signature of Planning Department)

August 3, 1978.
(Date)

CLATSOP COUNTY HEALTH DEPARTMENT PERMIT # _____
Sanitation Section

Name and Address to which permit or inspection should be mailed:

CHARLES D. Alderson
Elsie Rt. Box 915
Seaside, Ore 97138

Lot Evaluation Fee Paid 8-30-78
(paid) 25.00

Permit Fee (paid) _____

See Map

Person to be contacted in regard to this application:

Name Same as Mrs. f

Phone No. 755-2366

Directions to property to be inspected:

Elsie Rt. Box 915 - approx. 2 1/2 miles off highway 26
on Jewell Rd.

call before coming

TEST HOLES HAVE BEEN DUG
WILL CALL WHEN READY _____

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Land Quality
County _____

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

CHARLES D. Alderson
Name of Applicant

Section 28 T R 7

Elsie Rt. Box 915
Address

Tax Lot or Account # a portion of 800

Seaside, ORE 97138
City

Location _____

Installers Name _____

B. GENERAL DESCRIPTION

New Construction Repair _____

Installation will serve: House Mobile Home _____ Mobile Home Park _____

Commercial Building _____ Other (Explain) _____

No. of Living Units 1 No. Bedrooms 3 or 4

Water Supply: Public _____ Community _____ Private Garbage Disposal? _____

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2

2. Planning Evaluation - Building Permit (Local Option)

3. Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Charles Davis Alderson
Signature (Owner/Installer)

Permit No. _____

Date 8-30-78

Issued _____
Date _____

Interim Form #1

CLASSIFICATION PERMIT PLAN
577 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7741 EXT. 35
SUBSURFACE SURVEY SPECIAL SYSTEM
FIELD INSPECTION

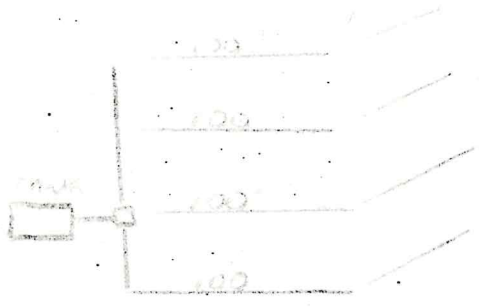
707-28-800

PERMIT NO. 7579

GENERAL NAME Gordon Smith ADDRESS 1141 Pt. Bl. 715 S.W.
 PROPERTY ADDRESS 577 Commercial Street Astoria, Or. 97103 TELEPHONE 325-7741
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1 ; NO. OF BEDROOMS 3
 WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE FT. ; SOIL CLASSIFICATION _____
 SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS
 STONE: SIZE 1 1/2 , WASHED 1/2 , BELOW TIE 6 IN. , ABOVE TIE 3
 TRENCH WIDTH 24 IN ; TRENCH 10 FT. ON CENTER ; TOTAL SQ. FT. 300 SQ. FT.
 TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL _____

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.

7579-28-800
1000 gal



Inspection →

APPROVED: Installation conforms to D&C Requirements.
 DISAPPROVED: Installation does not conform to D&C Regulations.
 REMARKS: _____

DATE: 7/27/75 SANTAPALAN [Signature]

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include grade or the final backfilling operation.

ELSIER Rt Bx 715

STATE OF OREGON

7/24

SEASIDE

Department of Environmental Quality

RE: T5R7 Sec. 28 T.L. 800

Permit No. 75-129

Expiration Date 7/29/76

PERMIT

TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

All work to conform to requirements of Oregon administrative rules governing subsurface sewage disposal. All work shall be performed by property owner personally or by a licensed septic tank installer.

Tank Capacity 1000 Gallons

Drain Field 800 Sq. Ft.

PERMITS NOT TRANSFERABLE

POST ON PREMISES UNTIL COMPLETED

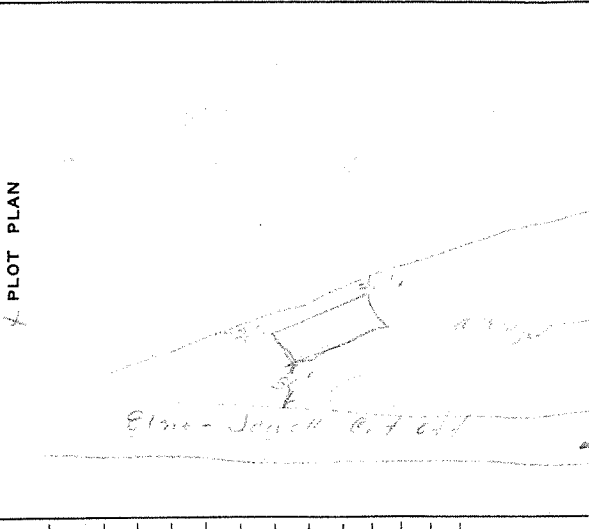
BUILDING PERMIT APPLICATION

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

Bldg Permit No. 16-5 Date Issued 1-11-76

BUILDING ADDRESS		CLASS OF WORK	
LOCALITY	NEW	Trailer or M.H.	X
NEAREST CROSS STREET	Addition	Garage	
Name	Alteration	Shed	
Address	Repair	Other	
City	Move	Residence	
Tel. No.	Use of building		YR. 72
Name	Size of building		14' x 50'
Address	No. of bedrooms		3
City	No. of floors	Height	ft
Tel. No.	SPECIFICATIONS		
Name	Foundation material		
Address	Width of wall	Footing	
City	Height of wall	Depth in Ground	
Tel. No.	Girders	Size	Spacing
Name	Joists		
Address	Studs		
City	Rafters		
Tel. No.	Type of roofing		
Name	Type of siding		
Address	Type of heating		
City	I hereby acknowledge that I have read this application and state that I agree to comply with all County Ordinances and State laws regulating building construction.		
Tel. No.	Signature of Permittee		
Name	By <i>Charles E. Johnson</i>		
Address	Type of Construction: I, II, III, IV, V.		
City	Occupancy Group: A, B, C, D, E, F, G, H, I, J.		
Tel. No.	Division 1, 2, 3, 4.		
Name	Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3.		
Address	M1, M2.		
City	Fire Zone: 1, 2, 3.		



Size of Septic Tank _____ gal.

Water Supply _____ Private _____ Public _____

Source: *Clatsop County Water*

PLANNING AND ZONING

Type of Occupancy _____

Total Floor Area _____ Total Height _____

No. Stories _____

Area of Lot *3.42 acres*

Front Yard Setback _____

Side Yard Setback _____

Rear Yard Setback _____

New Const. _____ Alter. _____

Change of Occupancy From _____ To _____

Special information: *Copy 7441*

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

Called Inspections

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
Final	Finish	Final

SPECIAL INFORMATION

Date Received: *1-11-76*

APPROVED: COUNTY SANITARIAN

By *D.E. 175-1296*

Date: *1-29-76*

APPROVED: COUNTY PLANNING COMM.

By *Charles E. Johnson*

Date: *1-29-76*

APPROVED: BUILDING OFFICIAL

By *Charles E. Johnson*

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-74 Ext. 70

PLOT PLAN

BUILDING PERMIT APPLICATION

SMITH, Gordon

Bldg Permit No. **13-029**

Date Issued

CLASS OF WORK	
New	Trailer or M.H.
Addition	Garage
Alteration	Shed
Repair	Other
Move	Residence
Use of building SEPTIC TANK ONLY	
Size of building	
No. of bedrooms	Height ft.
No. of floors	Height ft.
SPECIFICATIONS	
Foundation material	
Width of wall	
Height of wall	
Footings	
Depth in Ground	
Girders	Size Spacing Span
Joists	
Studs	
Rafters	
Type of roofing	
Type of siding	
Type of heating	
I hereby acknowledge that I have read this application and state that the above is correct and agree with all County Ordinances and State laws regulating building construction.	
Signature of Permittee <i>Gordon Smith</i>	
By	

Valuation \$ 17,000	Basic Fee 500
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL 500

CALLLED INSPECTIONS	
BUILDING	PLUMBING
ELECTRIC	
Foundation	Rough
Frame	Baths
Interior	Kitchen
Flues	Utility
Final	Finish

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

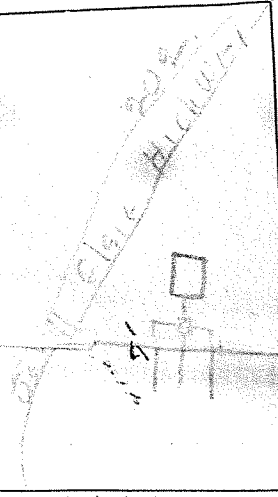
Special information:

Size of Septic Tank	gals.
Water Supply	Private
Source:	

Date Received:	12-29-73
APPROVED: COUNTY SANITARIAN	<i>Edward Barnes</i>
By:	
Date:	12-29-73
APPROVED: COUNTY PLANNING COMM.	
By:	
Date:	

Type of Occupancy	
Total Floor Area	
No. Stories	
Area of Lot	
Front Yard setback	
Side Yard Setback	
Rear Yard setback	
New Const.	Alter.
Change of Occupancy From	
To	

Subdivision	
Sec. 5	T. 5N
Name	R. 7W W1
Tax Lot # 000	Plat
Type of Construction: I, II, III, IV, V.	
Occupancy Group: A, B, C, D, E, F, G, H, I, J.	
Division 1, 2, 3, 4.	
Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2.	
Fire Zone: 1, 2, 3.	



CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET
P. O. Box 206
TELEPHONE 325-7441 EXT. 30
ASTORIA, OREGON 97103

October 18, 1973

Gordon L. Smith
Elsie Route, Box 715
Seaside, Oregon 97138

Re: Assessor's Code 8-01, Assessor's Account Number 57 28-800

Dear Mr. Smith:

On October 16, 1973, a sanitarian from the Clatsop County Health Department visited the above described property in order to evaluate the proposed lot, or partitioning with regard to the installation of subsurface sewage disposal. Observations were made on soil characteristics, slope, general topographic features, and depths to bedrock or other restrictive layers.

As a result of this evaluation, it is the opinion of this office that the lot, or partitioning, as above described, does meet with the requirements set forth in O.A.R., Chapter 333, Section 41-001 to 41-045, therefore a subsurface disposal system is feasible under the general conditions and circumstances of the property as outlined in the above mentioned rules and statutes. Any modification of the soil on the lot/lots may negate this approval.

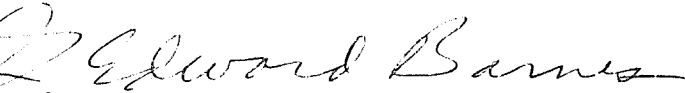
In designing your drainfield you will be required to use a minimum of 225 square feet of leach field per bedroom.

Please be advised that the above feasibility statement shall not be considered as an approval of any specific subsurface sewage disposal system or systems, number of systems, or location of systems. All specific plan reviews will be made at the time application is submitted for a building permit. This letter does not guarantee the approval of any specific plan submitted.

We hope that this will answer any questions you have concerning the above property. If you have any further questions, please feel free to contact this office.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT



G. Edward Barnes, R.S.
Clatsop County Sanitarian

GEB/hj

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30

ASTORIA, OREGON 97103

RECEIVED
OCT 1 1973
CLATSOP COUNTY HEALTH DEPT.

LOT EVALUATION APPLICATION

- 1. Provide your name, mailing address and telephone number.
If other than property owner, provide owner's name and mailing address also.

Gordon L. SMITH CLATSOP BOX 715 SEASIDE OREGON
755-2433

- 2. Provide a detailed rural route description of how to find the property.
This should be in layman's terms and should pinpoint the specific location of the property.

3 miles off sunset hwy across the road
from EVER GREEN ACRES.

- 3. Attach a map of the property you wish inspected. ONLY an Assessor's map will be accepted and may be obtained at the Assessor's Office in the Courthouse at a nominal fee. This cannot be returned.

- 4. Provide a statement describing the source of water supply to the lot.
(eg. Individual or community supply) If the source is a community supply, provide information as to the location of the nearest connection to the water distribution system. well.

- 5. Legal description:

Assessor's Code: 800-901

Assessor's Account Number: 57 28 800

- 6. What is the proposed method of sewage disposal?

(a) Septic tank and drainfield (X)

(b) Community Sewer ()

(c) Other _____

- 7. Proposed use of property:

(X) Residential

() Camping

() Commercial

() Other _____

8. Mark the reason for requesting this evaluation.

Selling property

Plan to build on property

Other _____

9. If partitioning, indicate your proposed lot divisions on the Assessor's Map.

10. Complete the following:

(a) Total acreage involved 3.42 ACRES

(b) Number of lots _____

(c) Number of parcels _____

(d) Size of lots on parcels _____

OCT. 1, 1973.
Date

Gordon J. Smith
Signature of owner or subdivider

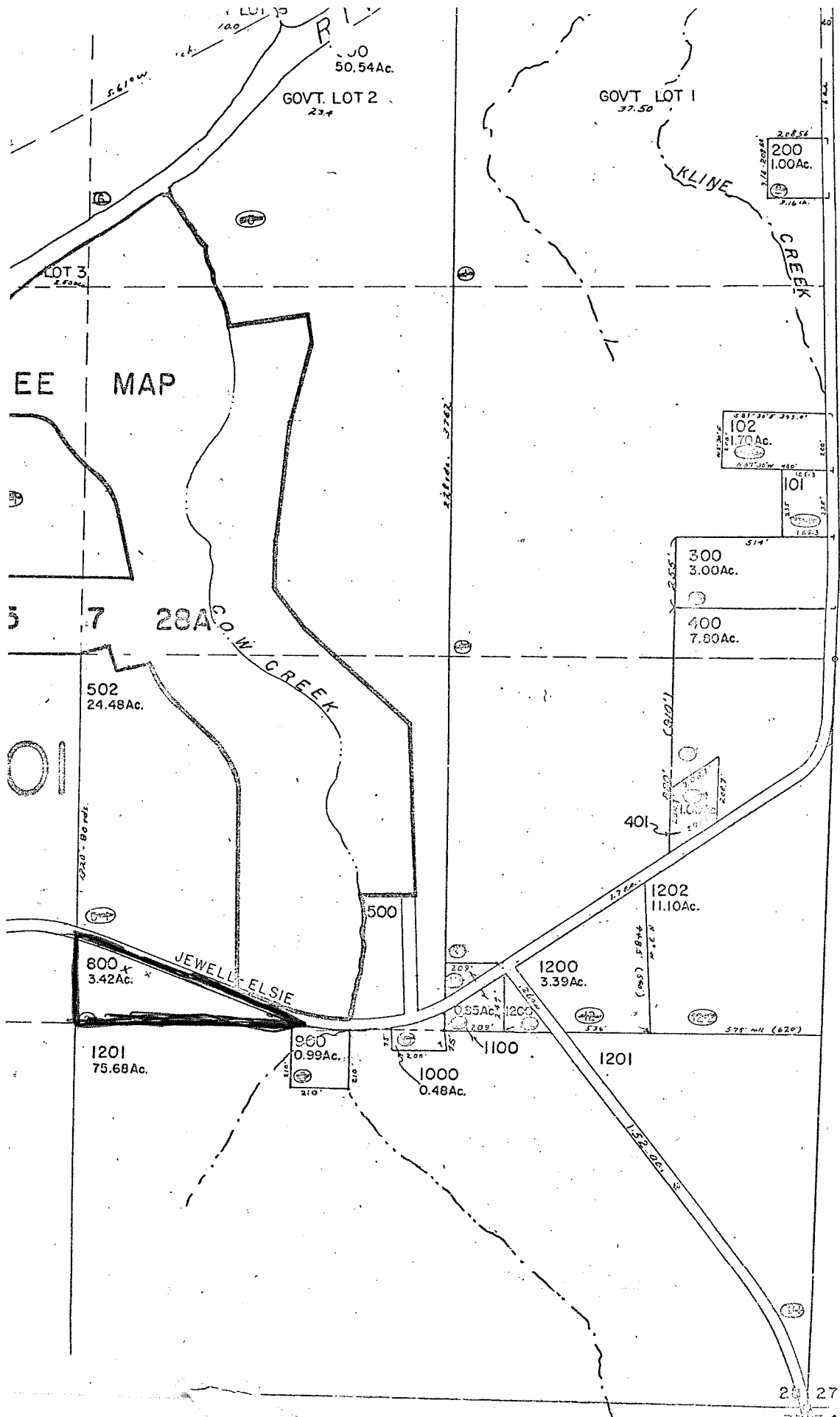
10-16-73

1. 0-25. black silt loam

25-48 yellow silty clay loam (some gravel)

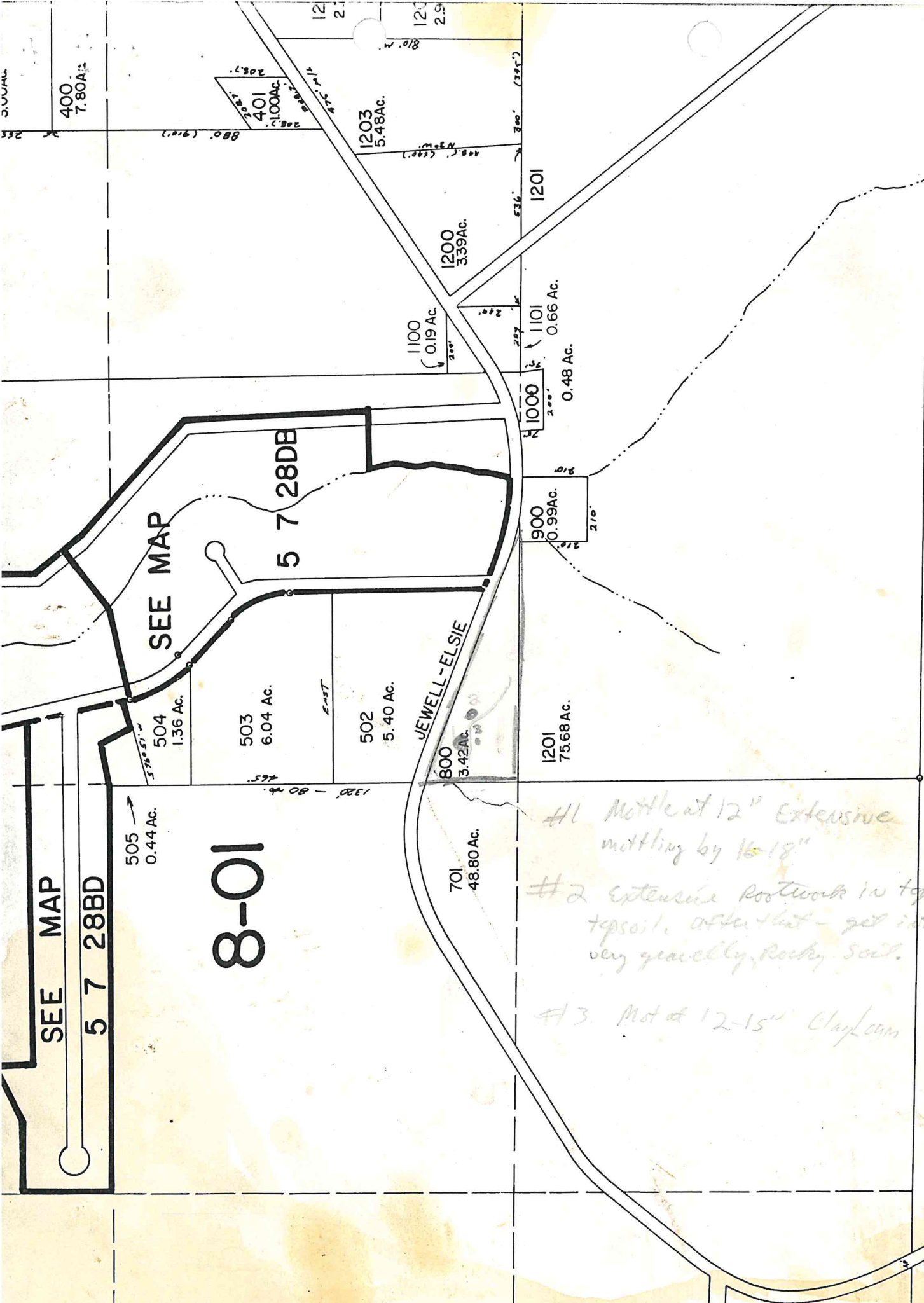
Rec'd & Checked by _____

27 acq. bid.
relatively to road



CAN

See MAP 5 7 27



SEE MAP

5 7 28DB

JEWELL-ELSIE

8-01

SEE MAP

5 7 28BD

#1 Mottle at 12" Extensive mottling by 16-18"
 #2 Extensive rootwork in top 24" topsoil, after that - get into very gravelly, rocky soil.
 #3 Mat at 12-15" Clay/cum

SEE MAP 5 7 33

57 28

505
0.44 Ac.

504
1.36 Ac.

503
6.04 Ac.

502
5.40 Ac.

701
48.80 Ac.

800
3.42 Ac.

1201
75.68 Ac.

900
0.99 Ac.

1000
0.48 Ac.

1101
0.66 Ac.

1100
0.19 Ac.

1200
3.39 Ac.

1203
5.48 Ac.

400
7.80 Ac.

401
1.00 Ac.

1202
2.9

1201
2.9

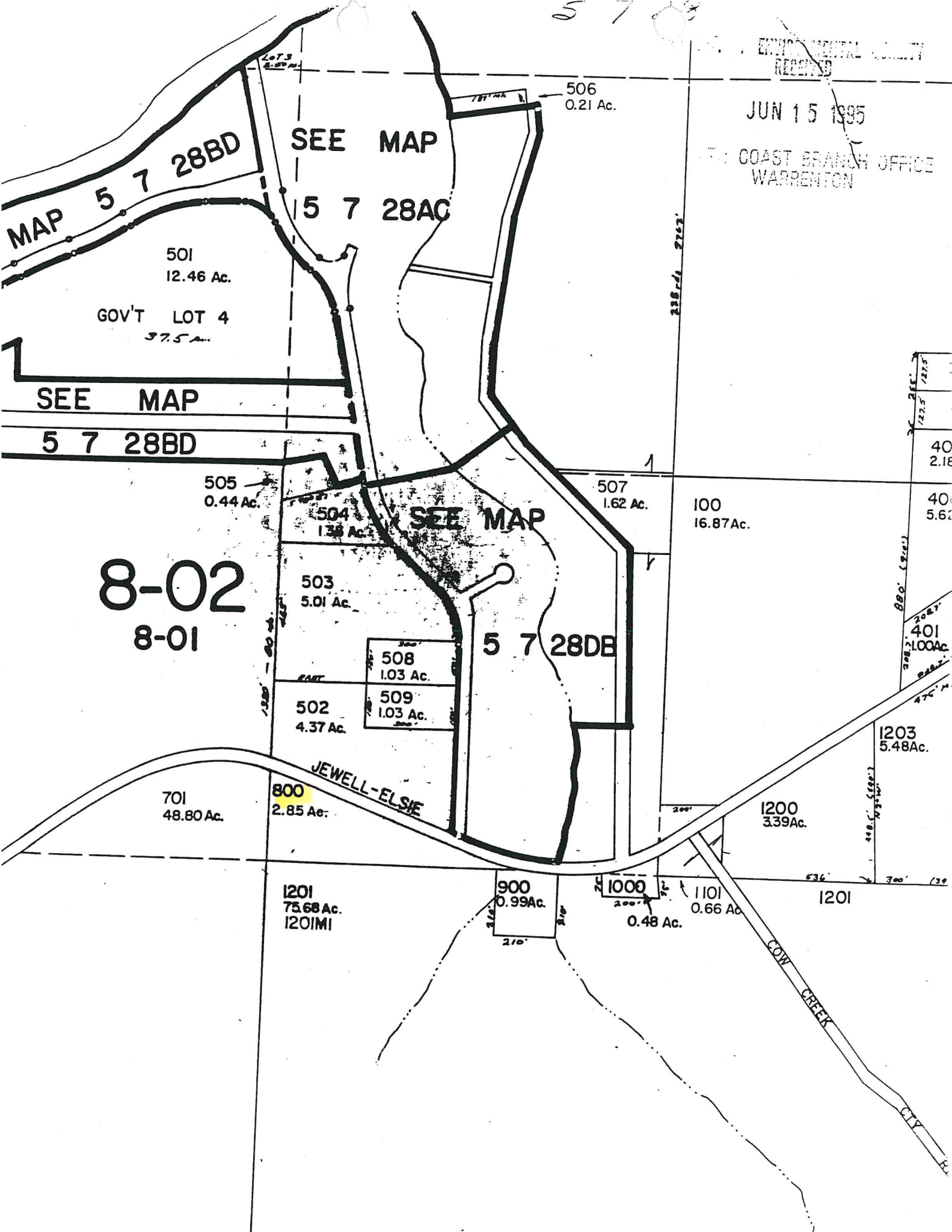
3.00 Ac.

5708

ENVIRONMENTAL QUALITY RECEIVED

JUN 15 1995

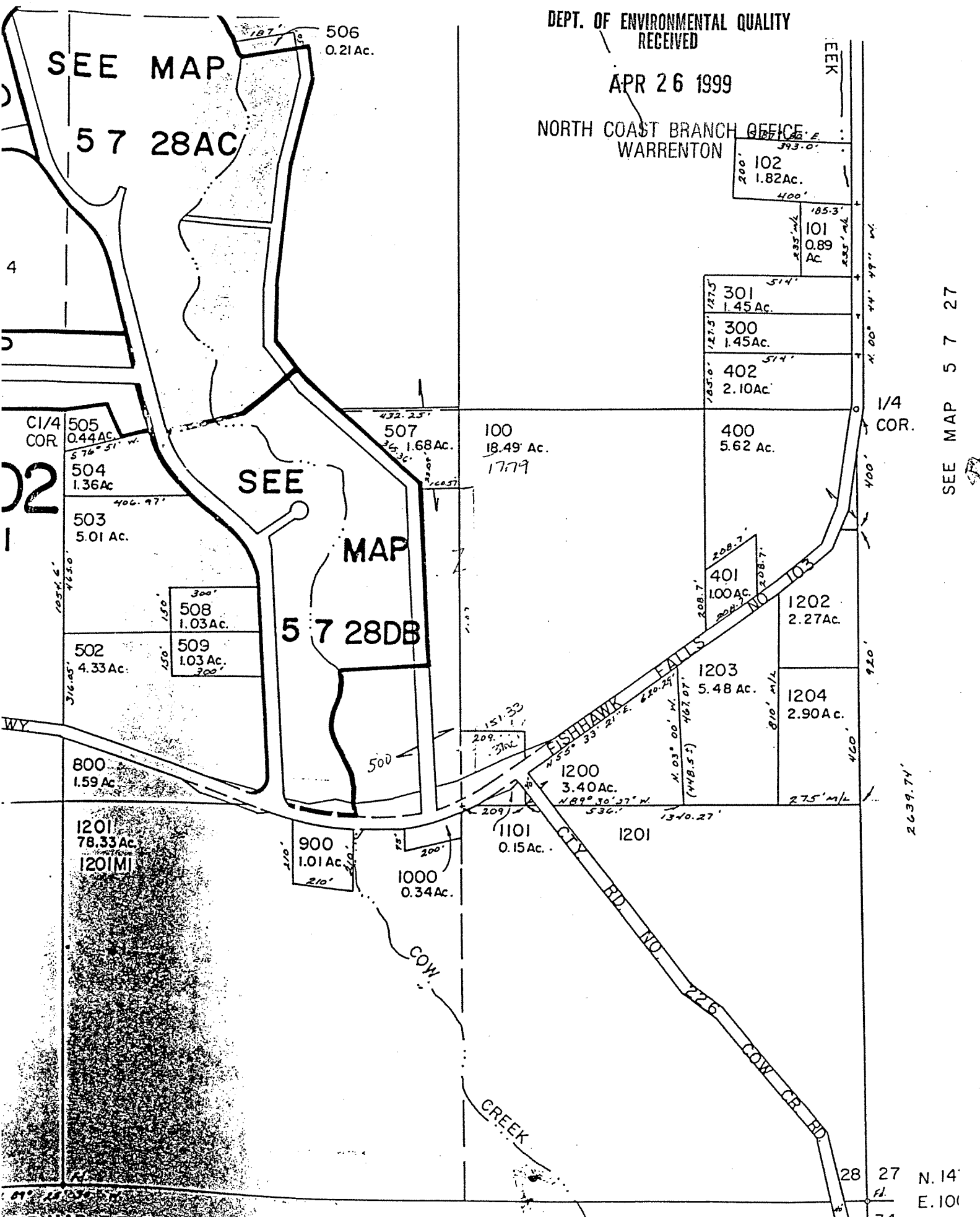
COAST BRANCH OFFICE WARRENTON



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 26 1999

NORTH COAST BRANCH OFFICE
WARRENTON



SEE MAP 5 7 27

2639.74'

CREEK

1/4 COR.

28 27 N. 14'
34 E. 10'

SEE MAP 5 7 33

2705 77

T6N R7W SEC 28 WM
CLATSOP COUNTY

Scale 1:4800



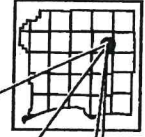
Canceled Accounts:

- 104
- 105
- 110
- 120
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- 220
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- 990
- 1000

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 06 2003

NORTH COAST BRANCH OFFICE
WARRENTON



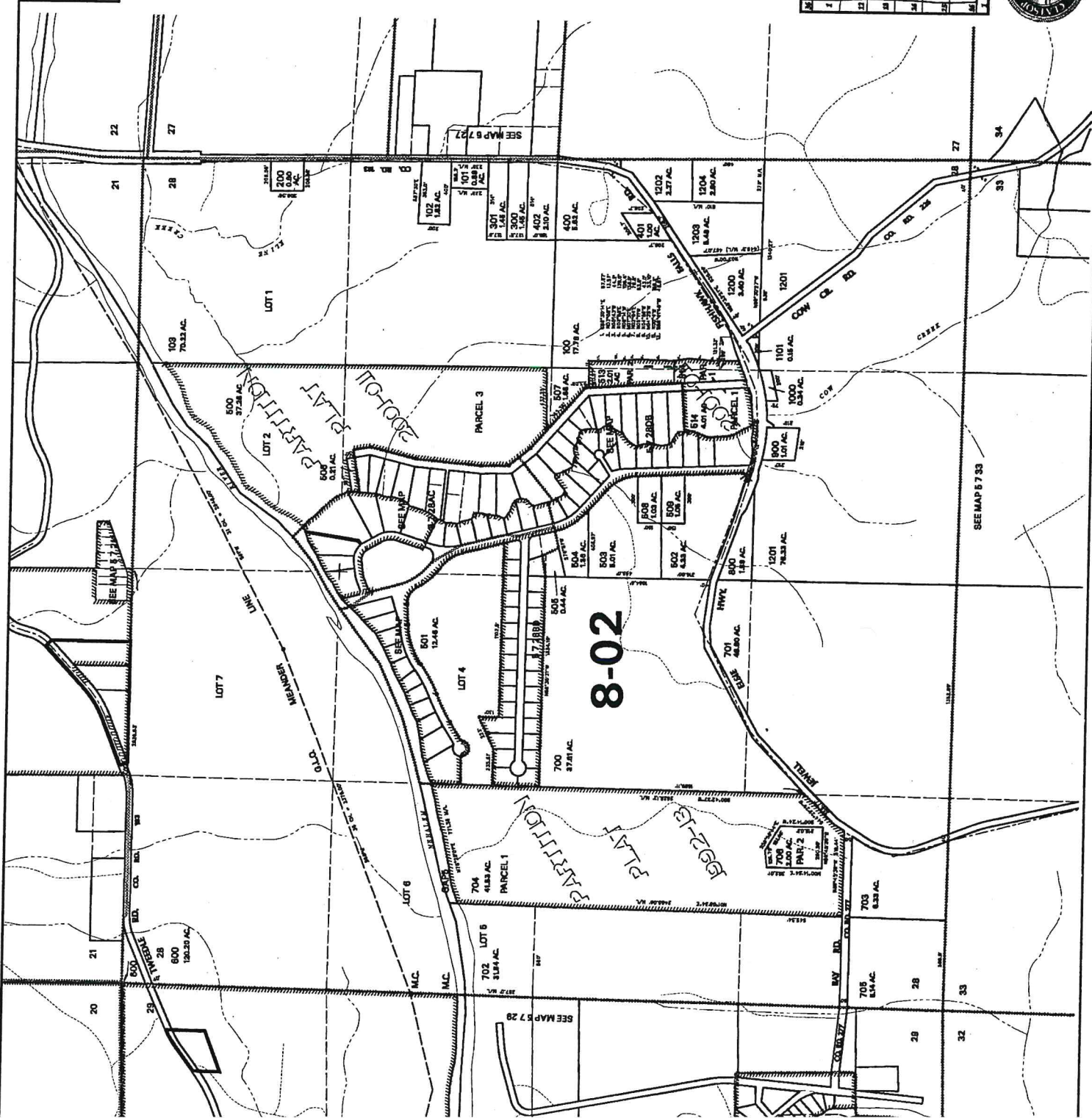
June 20, 2003

5.7.28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50



This map was prepared by the Clatsop County Planning Department. It is subject to change without notice. The Clatsop County Planning Department is not responsible for any errors or omissions on this map.



SEE MAP 8733

SEE MAP 8728

SEE MAP 8727

SEE MAP 8731

SEE MAP 8732