64947	
Control No.	90
\$ 205.00	

CTATE OF OPECON	PERMIT NO. 01-127	
STATE OF OREGON	PERMIT NO. OT 127	
- A WIDALIA WILLIAM	OLIALITY	

	TMENT OF ENVIRO	NIVIEN IAL QUALI	ΙΥ	
Fee New Construction	X Minor Repair	Other -		
Permit Issued To Herbert & Joann F (Property Owner's Name) Elm St. Jewe (City)	(Township)	(Range) (Section (Sec		
ALL WORK TO CONFOR SHALL BE DONE BY PRO (MAKE NO CHANGES IN	OPERTY OWNER OR B	NISTRATIVE RULE Y LICENSED SEWA FICATIONS WITHOU	GE DISPOSAL SE	RVICE.
EXPIRATION DATE <u>August 27</u> ,	2002	TYPE OF SYSTEM	Tank replac	ement only
Waite concrete with riser		Design Sewage	Flow Gallo	ns/Day
Tank Volume 1000 Gallons Disposa	I Trenches □	Seepage Bed(s) □	, <u> </u>	Square Feet
Maximum Depth inches. Mi	inimum Depth	inches.	, <u> </u>	Linear Feet
Equal □ Loop □ Serial □	Pressurized ☐ Minim	um Distance Between Ti	renches	
Total Rock Depth inches. Below	w Pipe inches.	Above Pipe	inches. ☐ Rak	e Sidewall
CERTIFICATE As-Built Drawing	OF SATISFAC	CTORY CO	MPLETION	
with Reference Locations				
with Reference Locations	As-built & g	grțification	of final co	nstruction
	Pumping rece	ipt received		nstruction
with Reference Locations Installer Gordon Smith Logging Inc.		ipt received		nstruction
with Reference Locations Installer Gordon Smith Logging Inc. Final Insp. Date	Pumping rece	ipt received		nstruction
with Reference Locations Installer Gordon Smith Logging Inc. Final Insp. Date	Pumping rece	ipt received		nstruction
with Reference Locations Installer Gordon Smith Logging Inc. Final Insp. Date	Pumping rece **SEE NOTE B 54.665, this Certificate is ited above.	ipt received ELOW issued as evidence of	8-28-01.	letion of an on-site

JEPT. OF ENVIRONMENTAL QUALITY REGEIVED

FINAL INSPECTION REQUEST AND NOTICE BUS 2 8 200 Received)

NORTH COAST BRANCH OFFICE

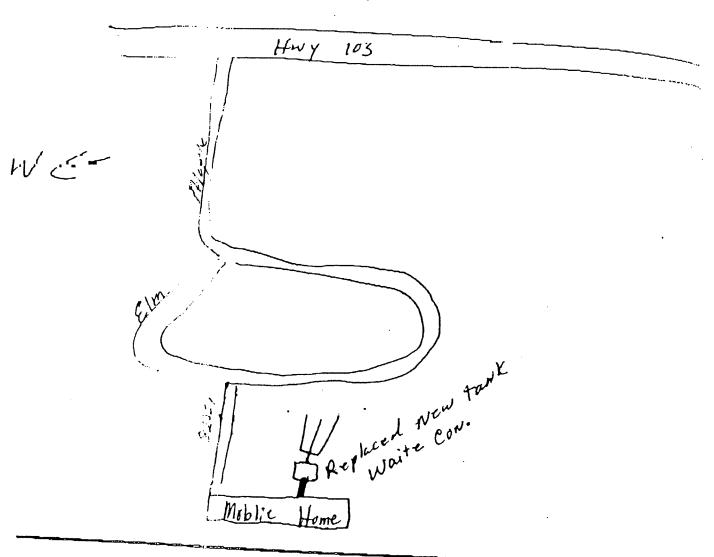
Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system MARPAND/ON the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except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

SECTION 1: BASIC INFORMATION.	
Property Owner Habata Jean Berg Perm	it Number 01-127 County Clatsop
Township 5N Range 7W; Section 2500	
Job Location 82551 Elm Seasife O	n 97138
Date System Construction Completed 8-28-01	; Date Submitted to DEQ or Agent 8-27-01
	nd list all materials used in the system's construction.
1000 gal waite CON. Tank	with 2 6"x24 risers
5 f+ ASTM 03034	
2 fernec fittings	
	and the second of the second o
	in the second of the second se
	igan yang <mark>agawan inggan da ga</mark> nggan anggan kanggan da ganggan da gang Anggan da ganggan da gangga
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	and the state of t

Property Owner Acibert 9 to any Berg Permit Number 01-127 County Classon

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	(Perm: nee)
	/ F	OWLLCI	(Petta: ace)

Sewage Disposal Service Business (Frank South Copy, 33978
(Frank Pull 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

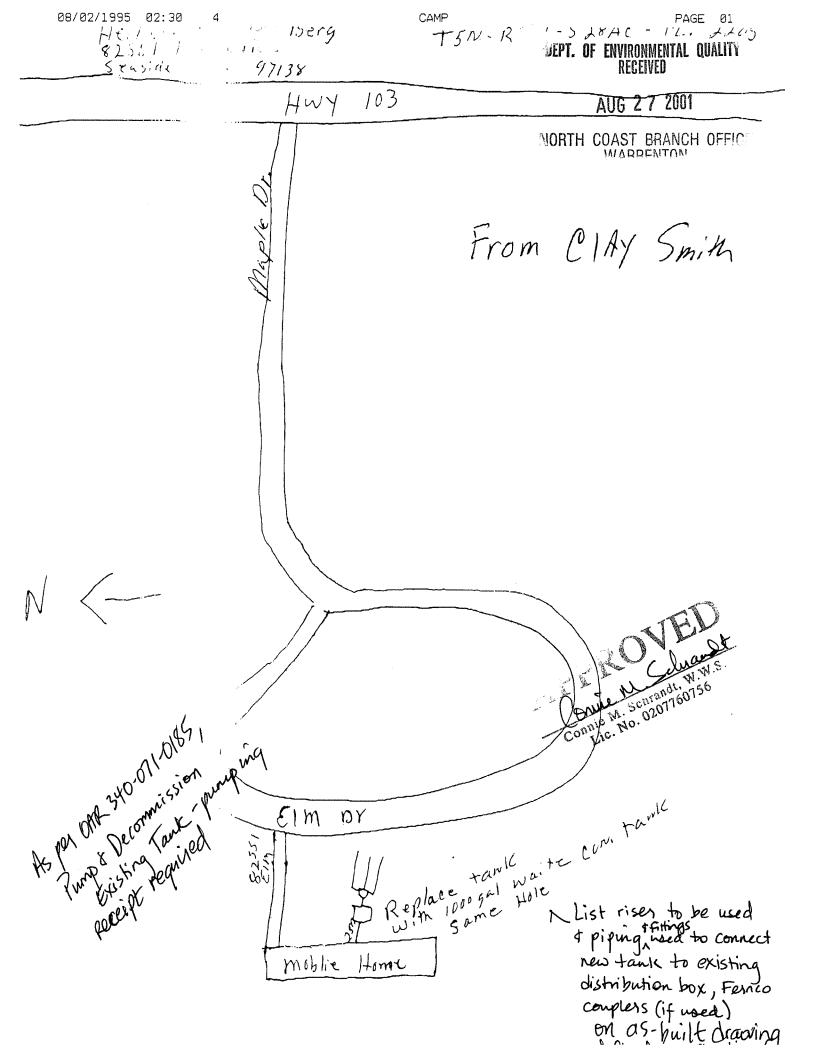
(Tide)

JEPT. OF ENVIRONMENTAL QUALITY RECEIVED

	RECEIVED	19 4 9 4 4
	ED'S Septic Tank Cleaning Service Licensed & Bonded 92042 Koppisch Road ASTORIA, OREGON 97103-8426 AUG 28 2001 OATE WARRENTON	2-28-0/
<i>x</i> .	CLYDE McDONALD 458-6521 (800) 382-7380 Berg 2055/ E/M 2055/ E/M 2051/ Dregon 97/38	5-09/8)
Sec. etc.	A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.	
DATE	CHARGES AND CREDITS 1000 PA COMBALANCE FORWARD Stee Septic I ANC	BALANCE
9 2 2	Jan pred Septic TANCE Dan pree Totals	170 00 80 00 250 00
	Gordon Sm. th heyging 15 Doing Work!	

DUPLICATE

Thank You PAY LAST AMOUNT





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

DEPARTMENT OF **ENVIRONMENTAL QUALITY**

August 23, 2001

Herbert & Joann Berg 82551 Elm Dr. Seaside, OR 97138

> Re: Minor Repair Permit

T5N-R7W-S28AC; TL# 2205

Clatsop County

Dear Herbert & Joann Berg:

In response to an application submitted on August 20, 2001 to the North Coast Branch Office (NCBO) in Warrenton, an evaluation of the above described property was made to determine if a repair to the failing on-site sewage disposal system could be located on the parcel in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Records on file at the NCBO indicate the existing on-site sewage disposal system was installed in 1973 under county building permit # 73-277. The system installed on this property consisted of a 1000-gallon steel septic tank, a concrete distribution box and 240 linear feet of drainfield configured as 3 disposal trenches in equal distribution.

A field inspection of the existing septic system was conducted on August 20, 2001. The septic tank had several small holes in the top and lid and was badly corroded. The distribution box showed sewage solids and grease buildup, particularly the inlet from the septic tank. A garden hose used to check flow into the outlets of the 3 disposal trenches indicated the existing drainfield operates sufficiently at this time. The disposal trenches could not be located by probing the ground surface above the trenches due to dry soil conditions. However, no visible signs of surfacing sewage were noted in the vicinity of the drainfield. Sufficient area is available on the property for future drainfield replacement.

Based upon the information described above, replacement of the septic tank 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 Oregon Administrative Rules (OAR) 340-071-0185 and a copy of the pumping receipt submitted to the NCBO.

811 SW Sixth Avenue Portland, OR 97204-1390 (503) 229-5696 TDD (503) 229-6993 DEO-1

Berg – Minor Repair Permit August 23, 2001 Page 2 of 2

cc:

A plot plan showing the proposed installation of a new 1000-gallon septic tank, including materials used and the manufacturer of the tank, must be submitted to obtain a repair permit from this office. After the permit is issued and a pre-cover inspection has been performed on the new septic tank installation, a certificate of satisfactory completion will be issued. No work can take place on the septic system until a permit has been secured.

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 concerning this report, please feel free to contact the NCBO at (503) 861-3280.

Sincerely,

Connie M. Schrandt

Natural Resource Specialist

Counci M. Schandt

Northwest Region, Water Quality

Gordon Smith Logging Inc., 82287 Wunsch Rd., Seaside, OR 97138

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_ 8-20-01
Date Completed 8-27-01
Required Fee \$ 205.00
Receipt No. 98497
Control No. <u>64947</u>

FOR APPLICANT'S USE -	(PLEASE PRINT))				
, .	(,	Lot S	Size (Acreage	e or Dime	ensions)
Hertert & JOANN BE	2R9			Ame		
(Property Owner	's Name)	(Appli	icant's N	Name if Diffe	erent fro	om Owner)
Legal Description of Property	(Township)	$\frac{7}{\text{(Range)}}$ (Sec	2 8 AC ction) (2205 Tax Lot/Acct	t. No.)	Clatsop. (County)
For Parcels in Platted Subdivisions, Indicate		on Name)	(Lot Nu	umber)	(Block	Number)
Proposed Fac	ility			Water Su	pply	
[Single Family Resid	dence	# # of Bedrooms)		Public (Comm	nunity Sy	/stem)
[] Other(Special	fy)			(Ind	licate: W	Well, Spring, Etc.)
Existing Facility						
[Single Family Resid	dence <u>#</u> (Number	of Bedrooms)	-			
[] Other						
(Specif		ICATION FOR:				
[] Permit to Construct [V] Permit to Repair On [] Permit for Alterati [] Permit Renewal [] Existing System Rep [] Plan Review [X] Other (Specify)	n-Site Sewage ion of On-Site	Disposal Sys	tem	[] Conn not tem [] Repl wit [] Repl [] Addi [] Pers [] Temp	ect to a current ace one h anothe ace or r	er or a house rebuild a house one or more bedroom dship ousing
This application will be propriate fee and attace cording to instructions	pe returned if chments requir s in the guida	it is not f ed in the gu nce packet b	illed ou idance p efore ac	t completely acket. Your tion can be	and acc site mu taken on	companied by the ap- est be prepared ac- this application.
By my signature, I cert the Department of Envir above described propert	cify that the conmental Qual cy for the pur	information ity and its pose of this	I have f authoriz applica	urnished is ed agent per tion.	correct, mission	and hereby grant to enter onto the
Signature)	. ~	8-20	2-01	[] Author [] Licens Licens	ized Rep	resentative ller
(orginature)	•	(Da	100)	Licens	e No	
Owner's Mailing		App	licant's	Mailing Add	ress (if	different)
82551 ElM D Seaside OR 97						
CIETITIE WR 11	150					
Phone <u>503-755-09</u> /8		Phone			IW/WC8/W	C8690 (7-19-91)

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

01-602

SECTION 1: TO BE FILLED OUT BY APPLICANT

Mailing address 82551 E/II	n PR		
City <u>Sefside</u>	Sta	ite <u>Oke</u>	Zip <u>97/38</u>
2. Property Information:		*	·
County (14150p			
Township 5 N Range 7	Section .	28AC	Tax Lot# 2205
Subdivision name if applicable:	rgreen Acres	Block _	塩牛 Lot
3. This proposal is for, An Individual Single Family Residence Other (If other, describe type of developroducts)	e, or lopment, business or	facility and the pr	ovided services or
On-Site Authorization Notices (such land use involving potential sewer flow Non-water carried facility requests (in SECTION 2: TO BE FILLED OUT BY COUNT	ow increases) ncludes pit privies, va	ult toilets)	additions, or changes
5. The facility proposal is located: inside city	limits; 🛛 inside the U	GB; @ outside U	GB
If inside the UGB, the facility is subjec ☐ city jurisdiction, or ☐ county jurisdiction, or ☐ shared city/county jurisdiction.	t to;		·
6. Is a public notice and hearing required? y	es 🛈 no hearir	g date	
7. The business or facility complies with all a	oplicable local land	use requirements	s: 12 yes 🗆 no
Comments: RA-/			
			•
SIGNATURES; (both county and city planning of	fficials may need to s		
Jahn Junes Skanny,	/ schnui	<u>8-19-</u>	.01 325-861,
Planning Official (county) Print Planning O	fficial's Name Title	Phone	Date

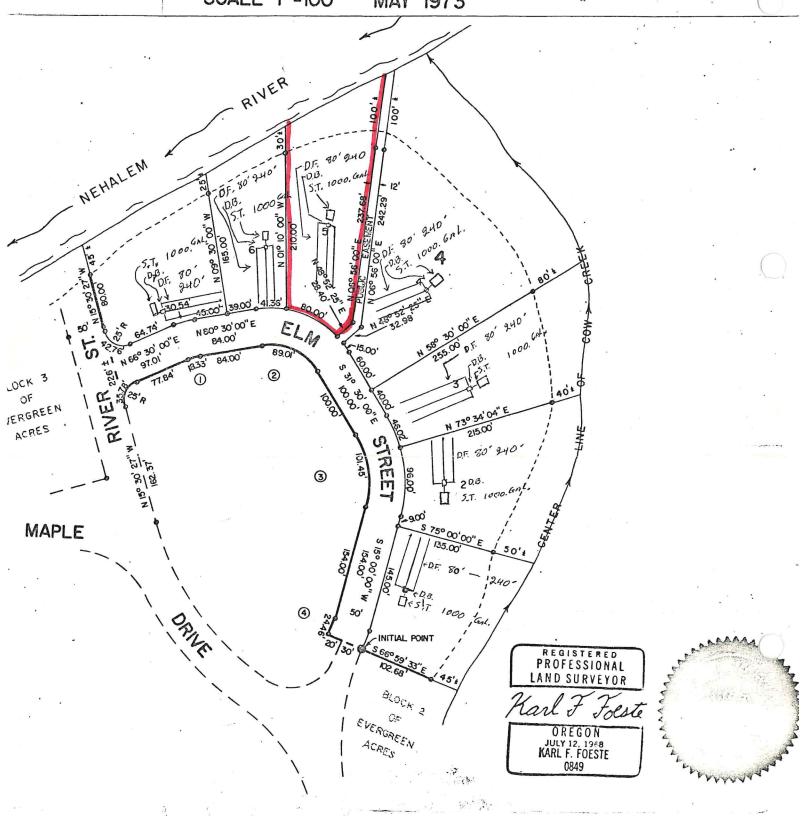
EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can. 1. The existing sewage disposal system consists of (check): () Septic Tank () Disposal Trenches () Seepage Bed () Cesspool or Pit () Unknown () Other ---(Describe) 2. When was your sewage disposal system installed? 3. Tank material: () Steel () Concrete () Polyethylene () Unknown () Fiberglass 4. Volume of the septic tank in gallons: 5. When was the septic tank last pumped? 9/99 (Attach receipt) 7. Total length of disposal trenches (feet): 240' 8. Is your sewage disposal system currently in use? Yes () 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? How many people occupy the dwelling? Z 10. If the sewage disposal system serves a business, how many employees do you employ? ______ Type of business: _____ By my signature, I certify the above information is accurate and true to the best of My knowledge.

Legally Authorized Representative

VERGREEN ACRES BLOCK NO. 4

SECTION 28, T.5 N., R.7 W. W. M. CLATSOP COUNTY, OREGON SCALE I"=100' MAY 1973



507-28-46-25

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET P. O. Box 206

TELEPHONE 325-7441 EXT. 30 ASTORIA. OREGON 97103

May 29, 1973

CLATLOF COUNTY
PLANNING COMMISSION

L/4/73

Mr. Karl F. Foeste 710 N. Prom Seaside, Oregon 97138

Re: Evergreen Acres, Block 4, Lots 1 through 7.

Dear Sir:

On May 4, 1973, twelve backhoe pits were dug. Examination of the soil revealed silty clay ranging from 30 inches to over 40 inches in depth.

The 100 foot setback from the bank drop off of the Nehalem River can be met on all lots, therefore, this department feels all lots are feasible as building site.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Soward Barnes

G. Edward Barnes, R.S.

Clatsop County Sanitarian

GEB/hj

CC: Clatsop County Planning Commission
Thomas P. Blair, Community Sanitation Section, Oregon State Health Division

240 Court plat Public CLAISOP COUNTY HEALTH DEPT. DEBENVE NAME ANG 20 1973 Evergreen .cres water System Total Height PLANNING AND ZONING Alter. Front Yard Setback 100' Irom creek PLOT PLAN 10' plus 10' plus 000 Gal 17.600 sg. Change of Occupancy From To ATTACHED Side Yard Setback Rear Yard Setback Type of Occupancy Total Floor Area Area of Lot Size of Septic Tank No. Stories New Const. Water Supply Source: 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. ELECTRIC Size of wire 47.00 Plan Checking Fee Circuits (+) 50% 1, 11, 11 Rough Outlets Final APPROVED: COUNTY PLANNING COMM. (--) 50% V, J SPECIAL INFORMATION CALLED INSPECTIONS August 20, 1973 Basic Fee APPROVED: COUNTY SANITARIAN APPROVED: BUILDING OFFICIAL TOTAL PLUMBING Kitchen Rough Finish Critity Baths 700,00 Bldg Permit No. Area—2nd Floor Area-Type V J ÿ. ≹70 Area-1st Floor BUILDING Additional Area Special information Date Received: Foundation B By Valuation Frame interior Flues Final Date: Date: Dafe: I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County of Confinances and State laws regulating building construction. Span Signature of Permittee Trailer or M.H. Depth in Ground Spacing Residence CLASS OF WORK SPECIFICATIONS Height Garage Other Shed tank Septic 100 100 100 Size BUILDING PERMIT APPLICATION 1,000 Foundation material à Size of building No. of bedrooms Use of building Type of roofing Type of heating Type of siding Width of wall Height of wall No. of floors Alteration Addition Girders Repair Joists Studs Move } Z Use of Zone: R1, R2, R3, R4, RA, (A1) C1, C2, C3, Occupancy Group: A, B, C, D, E, F, G, H, I, J. Type of Construction: I, II, III, IV, V. Subdivision Evergreen Acres Book State Disie-Jewell Hwy S ŝ Division 1, 2, 3, Fire Zone: 1, 2, PL ġ Address Elsie St., Box M1, M2. S.M.ITH BUILDING Name Gordon Smith owner Cry Seaside CROSS STREET LOCALITY ADDRESS NEAREST Tax Lot # Tel. No. ARCHITECT ENGINEER City Tel. No. Tel. No. da me **ПОТОАЯТИОО** EGAL DESCRIPTION

325-7441, Ext. 70

P.O. Box 179, Astoria, Ore.

