



CLATSOP COUNTY

"Striving To Be First In Quality Service"

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

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

JOB SITE INFORMATION:

Job Site Address: HCR 60 Box 837 City: Seaside (Gewel Area)
 Owner: Henry and Pandyce Meeker Phone: (503) 755-0305
 Owners Address: HCR 60 Box 837
 Proposed Development/Construction: Siting of new trailer home

STATE DEQ (DEPARTMENT OF ENVIRONMENTAL QUALITY)

Legal Description: T 5N R 7W SEC. 32 Tax Lot 100
 Permit Needed - Yes () No () Site Approved - Yes () No ()
 Signature: [Signature] Date: 9-13-96
 Remarks: PERMIT # 96-97 / NEW CONSTRUCTION

DEQ North Coast Branch Office. 19 North Highway 101, Warrenton, Oregon 97146 Phone: (503) 325-3280

CLATSOP COUNTY PLANNING DEPARTMENT

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

47068

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-97

\$ 490.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Henry & Pandyce Meeker (Property Owner's Name) 5N (Township) 7W (Range) 32 (Section) 100 (Tax Lot / Acct. No.) Clatsop (County) Highway 26/103 (Road Location) Seaside (Elsie) (City) [Signature] (Issued by - Signature) 6-14-96 (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONS

EXPIRATION DATE June 14, 1997 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches [X] Seepage Bed(s) [] Square Feet

Maximum Depth 24 inches. Minimum Depth 18 inches. 375 Linear Feet

Equal [X] Loop [] Serial [] Pressurized [] Minimum Distance Between Trenches 10' on centers

Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. [] Rake Sidewall

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

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Gordon Smith Logging Inc.

See as-built plot plan submitted by installer.

Final Insp. Date

[] Inspected By

[] Issued by Operation of Law

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

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

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

[Signature]

(Authorized Signature)

(Title)

(Date)

(Office)

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE JUL 22 1996

NORTH COAST BRANCH OFFICE
WARRENTON

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

SECTION 1: BASIC INFORMATION.

Property Owner H. MEEKER Permit Number 96-97 County Clatsop
Township SW; Range 7W; Section 32; Tax Lot 100; Tax Acct. # _____
Job Location 1 1/2 mi North on Hwy 108 - Sewell Mist - From Hwy 26
Date System Construction Completed 7/15/96; Date Submitted to DEQ or Agent _____

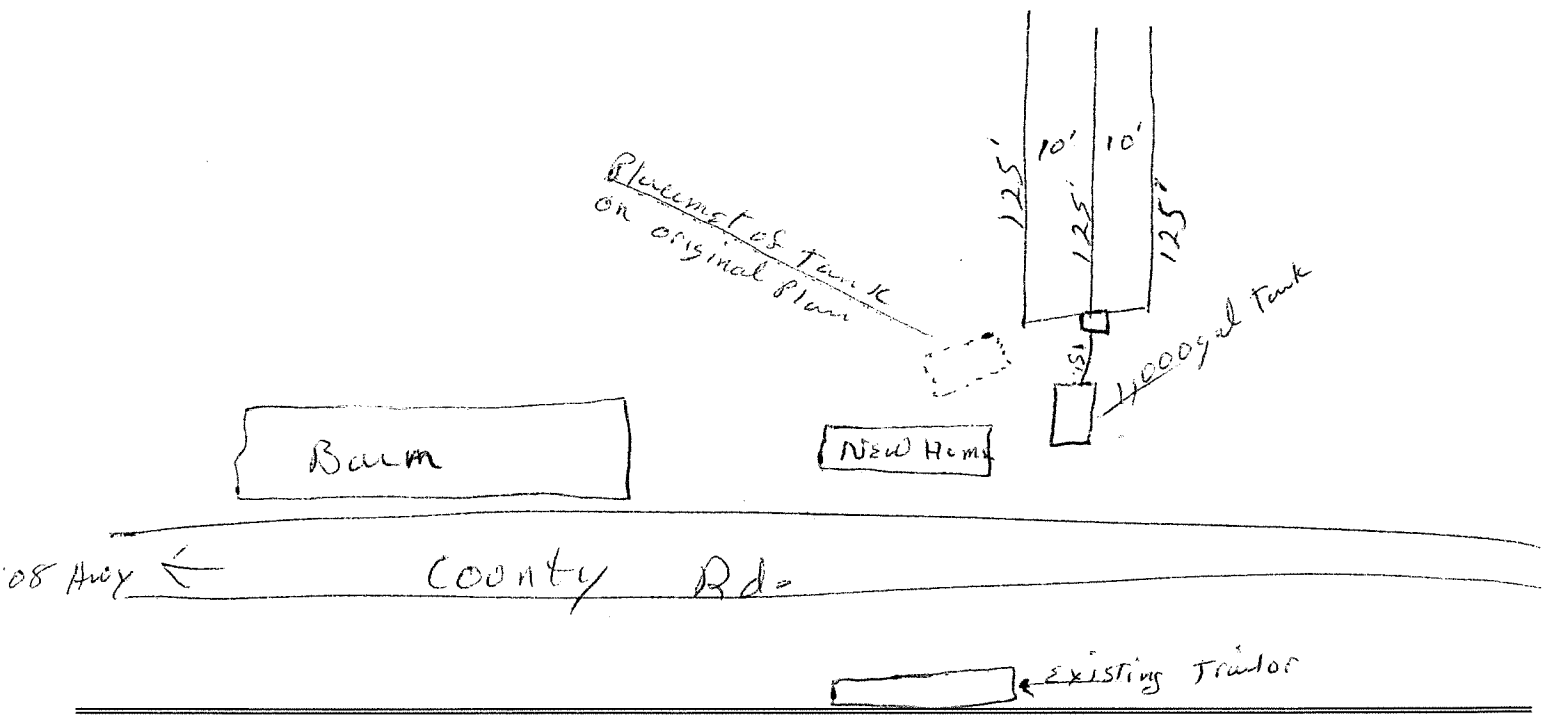
SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1000 gal Quadell
- 375 lin ST 4" Peiff sewer + drain
- 25' solid 4" sewer + drain
- 1 Quadell distribution Box
- 15' Schupo sewer + drain
- 22+ yds clean drain Rock
- 5 Bails grass Hay
- Serco connection From
- Tank TO Dist. Box -

Property Owner H. MEERER Permit Number 96-97 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.

Same as original plan EXCEPT Tank 5' closer and in line from House TO Dist Box
Trenches 18"-24" in Depth 6" cover Drain PIPE LEVEL within 1" all setbacks meet "DEA requirements"



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)
 Sewage Disposal Service Business: Gordon Smith Const. (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) Partner (Title) 7/13/96 (Date)

47068

JUN 14 '96 09:18AM BLDG CODES / DEQ

P. 3/4

PERMIT NO. 96-97

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 490.00 Fee

New Construction

Repair

Other

Permit Issued To Henry & Pandyce Meeker (Property Owner's Name) 5N (Township) 7W (Range) 32 (Section) 100 (Tax Lot / Acct. No.) Clatsop (County) Highway 26/103 (Road Location) Seaside (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONS

EXPIRATION DATE June 14, 1997

TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day Tank Volume 1000 Gallons Disposal Trenches [X] Seepage Bed(s) [] Square Feet Maximum Depth 24 Inches Minimum Depth 18 Inches 375 Linear Feet Equal [X] Loop [] Serial [] Pressurized [] Minimum Distance Between Trenches 10' on centers Total Rock Depth 12 Inches Below Pipe 6 Inches Above Pipe 2 inches [] Rake Sidewall

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer

Final Insp. Date

Inspected By

Issued by Operation of Law

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

Grid table for recording inspection details.

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

(Authorized Signature)

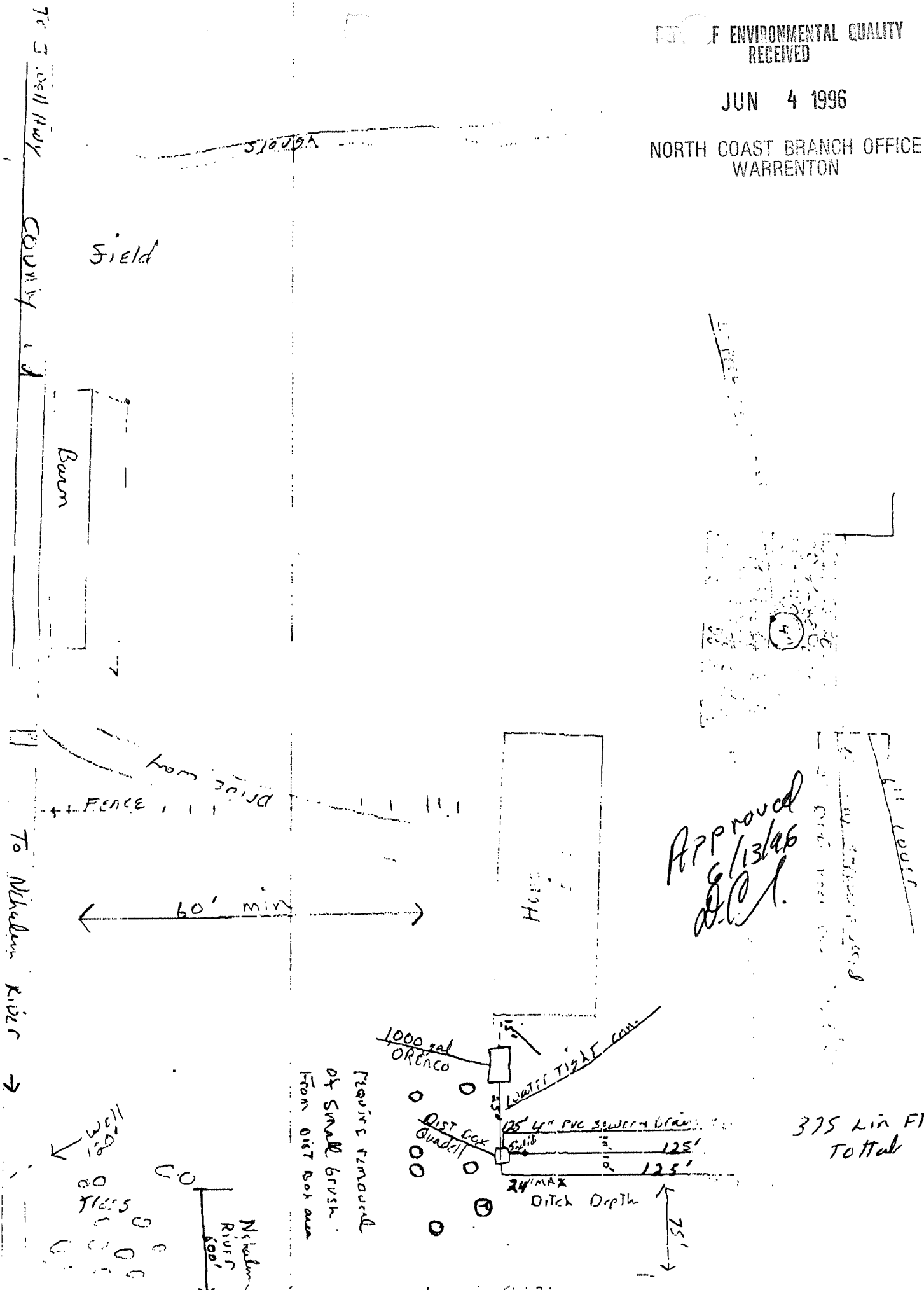
(Title)

(Date)

(Office)

JUN 4 1996

NORTH COAST BRANCH OFFICE WARRENTON



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

OFFICE USE ONLY
Date Rec'd 6-10-96
Date Completed 6-14-96
Required Fee 490.00
Receipt No. 74436
Control No. 47068

4

FOR APPLICANT'S USE - (PLEASE PRINT)

80 ac
Lot Size (Acreage or Dimensions)
HENRY MECKER (Property Owner's Name) Mark Smith (Applicant's Name if Different from Owner)
Legal Description of Property SN (Township) 7W (Range) 32 (Section) 100 (Tax Lot/Acct. No.) Clatsop (County)
For Parcels in Platted Subdivisions, Indicate (Subdivision Name) 100 (Lot Number) (Block Number)

Proposed Facility

Single Family Residence 4 (Number of Bedrooms)
 Other _____ (Specify)

Water Supply

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

Existing Facility

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

APPLICATION FOR:

- Site Evaluation Report
 - Permit to Construct On-Site Sewage Disposal System
 - Permit to Repair On-Site Sewage Disposal System
 - Permit for Alteration of On-Site Sewage Disposal System
 - Permit Renewal
 - Existing System Report
 - Plan Review
 - Other (Specify) _____
- Authorization Notice
 - Purpose of Authorization Notice
 - Connect to an existing system not currently in use
 - Replace one mobile home with another or a house
 - Replace or rebuild a house
 - Addition of one or more bedroom
 - Personal hardship
 - Temporary housing
 - Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

[Signature]
(Signature)

6/10/96
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
HCR 60 Box 837
SEASIDE, OR 97138

Applicant's Mailing Address (if different)
HCR 60 Box 922A
SEASIDE OR 97138

Phone 755-0305

Phone 755-0906

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

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Henry Meeker</i>		MAILING ADDRESS <i>Seaside OR 97138</i>		PHONE <i>755-</i>
P L O C A T I O N	TOWNSHIP <i>5</i>	RANGE <i>7</i>	SECTION <i>32</i>	TAX LOT OR ACCT NO <i>100</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY <i>Clatsop</i>
	<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE
*Replace mobile home
install septic system*

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

PROPERTY'S ZONING DESIGNATION
EFU-38

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

OR

NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

permitted 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 COUNTY DEPT. OF PLANNING & DEVELOPMENT

SIGNED <i>W. Schneider</i>	TITLE PLANNING DIRECTOR	DATE 10 JUNE 1996
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DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

JUN 10 1996

SIGNED	TITLE	DATE
	NORTH COAST BRANCH OFFICE	
	WARRENTON	

JUN 4 1996

NORTH COAST BRANCH OFFICE
WARRENTON

Oregon

June 3, 1996

HENRY MEEKER
HCR 60 BOX 837
SEASIDE OR 97138

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

RE: OSS:NWR: CLATSOP COUNTY: SITE
EVALUATION REPORT: TWN 5N, RNG 7W, SEC 32, NORTHWEST REGION
TAX LOT 100.

Dear Mr. Meeker:

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

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

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The initial system will consist of a 1000 gallon septic tank and 375 feet of drainfield. The drainfield trenches shall be installed 18 to 24 inches deep. If the house location is located downslope from the proposed drainfield area, an 1100 gallon dosing septic tank with effluent pump, associated controls and alarm will be necessary to pump the effluent to the drainfield. The replacement system when needed will be of the same type as the initial system.**

A construction-installation permit is required to install the sewage system on the approved site. Please contact the North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

John A. Kitzhaber
Governor



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

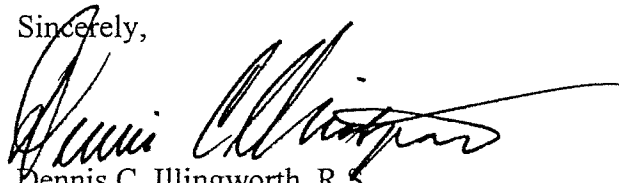
DEQ-1

June 3, 1996

Page 2

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

Sincerely,

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

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dcj

Cc: NCBO:DEQ

Enclosure

COUNTY CLATSOP

SITE EVALUATION - FIELD NOTES

T 5N R 7W S 32 TL 100 APPLICANT MEEMER

SIZE 80AC EVALUATOR Illingworth DATE 5/15/96

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

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

DEPTH (inches) TEXTURE COLOR

1 0-12 sil 10yr ³/₃
12-24 sil 10yr ³/₄
24-48 sicl 10yr ³/₄ w/ intermittent distinct 10yr ⁵/₁ + yellow mottles
or masses - appears to be weathered saprolite
48-72 sicl 10yr ³/₄ similar - augured

notes Landscape + soils do not indicate permanent water to within
72" - 11' is within
100 yr flood plain according to
property owner.

notes

SLOPE less than 1% ASPECT _____

GROUNDWATER NA; TEMPORARY; PERMANENT

SYSTEM TYPE: initial: standard

design sewage flow 450 gpd

replacement: standard

disposal field sizing: 125' /150 g

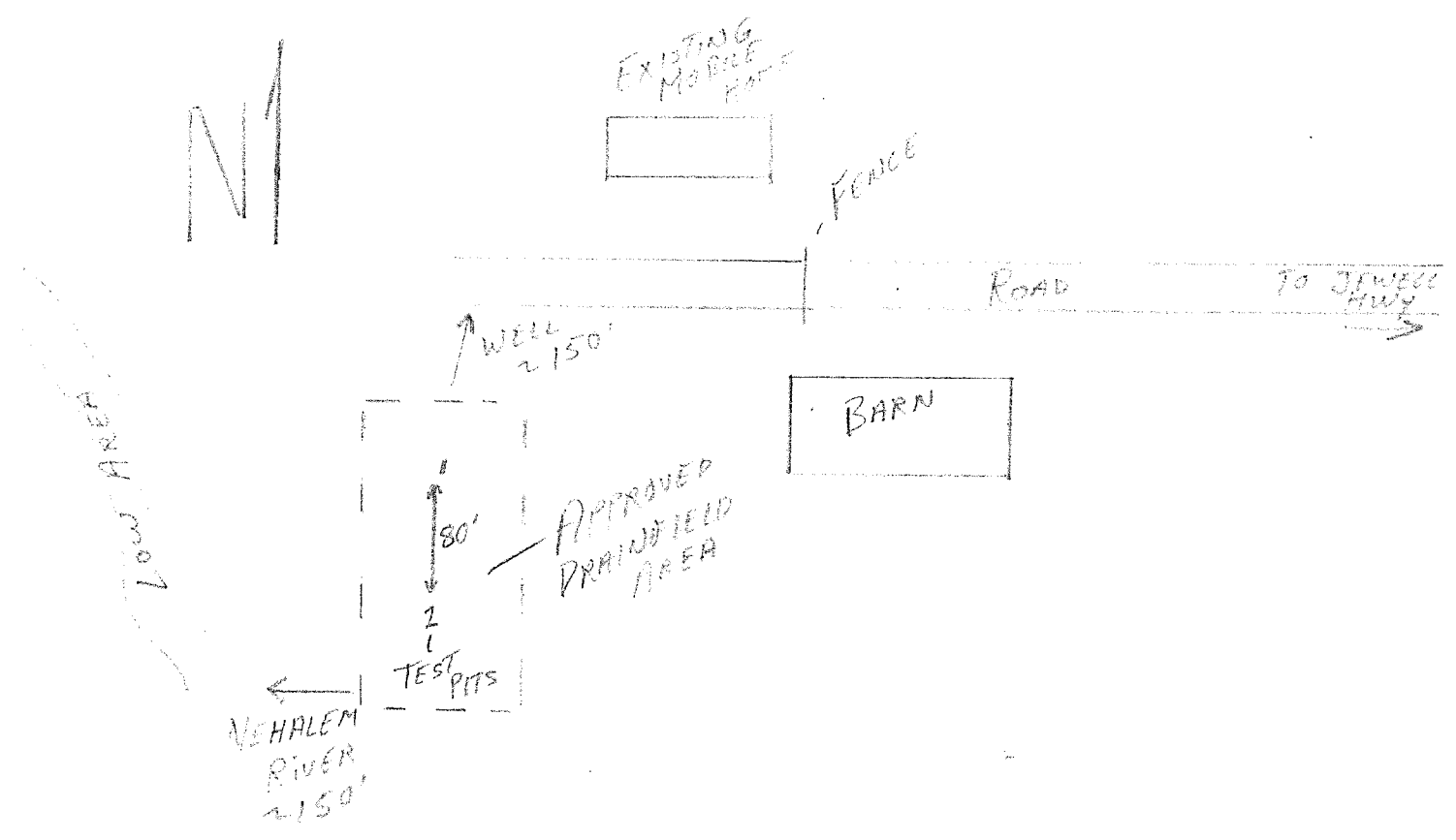
disposal field sizing: 125' /150 g

max. depth absorption facility: 24 inches

max. depth absorption facility: 24 inches

special conditions:/comments _____

NAME MEEKER T 5N R 7W S 32 TL 100



Additional pits

3 _____

notes

4 _____

notes

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

OFFICE USE ONLY
Date Rec'd 5-8-96
Date Completed 4-3-96
Required Fee \$365.00
Receipt No. 72998
Control No. _____

NRL

4

FOR APPLICANT'S USE - (PLEASE PRINT)

80 ac.

Lot Size (Acreage or Dimensions)

MEEKER HENRY
(Property Owner's Name)

Mark Smith
(Applicant's Name if Different from Owner)

Legal Description of Property SW 7W 32 100 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate _____
(Subdivision Name) 100 (Lot Number) _____ (Block Number)

Proposed Facility

Water Supply

Single Family Residence 4
(Number of Bedrooms)
 Other _____
(Specify)

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

Existing Facility

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

APPLICATION FOR:

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

Authorization Notice
Purpose of Authorization Notice
 Connect to an existing system not currently in use
 Replace one mobile home with another or a house
 Replace or rebuild a house
 Addition of one or more bedroom
 Personal hardship
 Temporary housing
 Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Mark Smith
(Signature)

5/8/96
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
HCR 60 Box 837
SEASIDE OR 97138

Applicant's Mailing Address (if different)
Mark Smith
HCR 60 Box 922A
SEASIDE OR 97138

Phone 755-0305

Phone 755-0906

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

MEEKER 5723

Tax Lot 100

Take Hwy 26 To
Jewell exit go ~~2~~ 2 mi.

Square corner Take L&ST

DOONEY Ranch

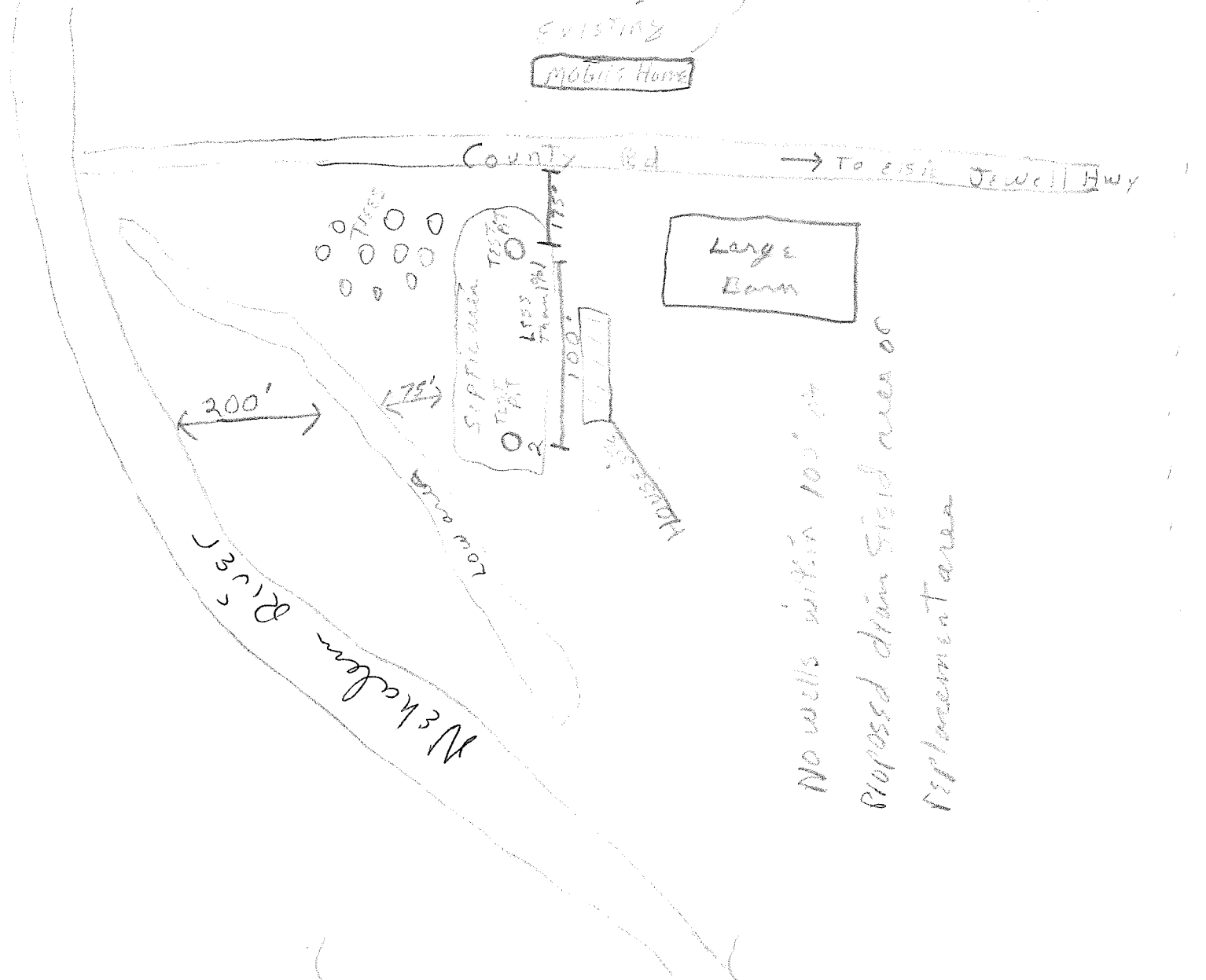
"WOEC"

POWER STATION

Large Field

Jewell Hwy

FIELD



No wells within 100' of
proposed drain field area or
replacement area

507-32-100

CLATSOP COUNTY HEALTH DEPARTMENT

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

December 24, 1973

William H. Meeker
Jewell Route, Box 825
Seaside, Oregon 97138

Re: Assessor's Code 0801, Assessor's Account Number 507 32-100

Dear Mr. Meeker:

On December 20, 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.

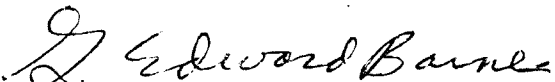
In designing your drainfield you will be required to use a minimum of 225 square feet of leach field per bedroom.

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

November 29, 1973

Mr. and Mrs. Bill Meaker
Elsie Route, Box 825
Seaside, Oregon 97138

Dear Mr. and Mrs. Meaker:

Please find enclosed an application blank for a lot evaluation for subsurface sewage disposal. Please fill this out in its entirety and return it to the Clatsop County Health Department. You may negate the digging of the holes as required on this application because on November 28, 1973 I did return to the building site area you had chosen.

The soil in the direct area where you would like to put your drainfield is not an acceptable soil. There is winter water tables as was evident the day we visited the site together. However, on the 28th of November we did find a suitable soil with the auger in approximately fifteen feet of where the dead deer is located.

It will be necessary for you to fill out the form and then I can send you a letter of feasibility so that you may go ahead with your plans and secure your proper building permits.

If I may be of any further service to you please feel free to contact me. I did leave the hole open and stuck a piece of alder branch into the hole and it is sticking approximately three feet out of the ground. You should be able to find it with no difficulties.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

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

GEB/cw

CLATSOP COUNTY HEALTH DEPARTMENT

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

Lot Evaluation Application

1. Provide your name, mailing address and telephone number.

*Wm. H. Meeker Jewell St., Box 825
Seaside, Ore. 97138 Phone 755-2220*

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. Submit a legal recorded map of the property you wish inspected. This map 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 *0801*

Assessor's Account Number *507 32 100*

6. What is the proposed method of sewage disposal?

- (a) Septic tank and drainfield
- (b) Community sewer

7. Proposed use of property:

Residential

Camping

Commercial

Other _____

8. Mark the reason for requesting this evaluation.

() Selling property

() Plan to build on property

(X) Other Mobile on property

Complete 9 and 10 only if partitioning land.

9. Indicate your proposed lot divisions on the legal recorded map.

10. Complete the following:

(a) Total acreage involved _____

(b) Number of lots _____

(c) Number of parcels _____

(d) Size of lots on parcels _____

Dec. 3, 1973
Date

Wm. H. Meeker
Signature of owner or subdivider

DATE

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

WORKER

-9-69 T.V. Insp for Co Bldg permit #69-108.
 Recommended 550 gal system tank dist Bay
 125' tile trench 3' wide 7' centers.
 mailed bulletin & diagram to Mr Mucker
 ask him to call for inspection before
 back filling, also let me know who
 will install system. Signed Co Bldg
 permit. BAU

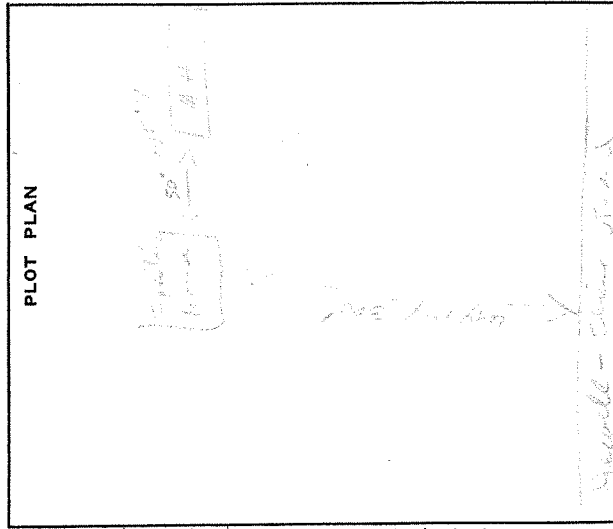
0-69 T.V. Mr Mucker sold mobil Home. No trailer
 on property. Record closed. BAU

BUILDING DEPARTMENT

FOR BUILDING PERMIT

CLATSOP COUNTY, OREGON

MEEKER, W.M.



Bldg Permit No.	69-106	Date Issued	
Valuation	\$ 1000	Basic Fee	1000
Area—1st Floor	1000	(+) 50% I, II, III	
Area—2nd Floor		(-) 50% V, J	
Additional Area		Plan Checking Fee	
Area—Type V J		TOTAL	

CALLED INSPECTIONS	
BUILDING	PLUMBING
ELECTRIC	
Foundation	Rough
Frame	Septic Tank
Plaster	Sewer
Flues	Gas
Final	Finish
	Rough
	Finish
	Fixtures
	Motors
	Final

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

Map No.
 St. No. Assigned
 Field Check by
 Date
 PLANNING AND ZONING

Type of Occupancy *Res*
 Total Floor Area
 No. Stories *1* Total Height
 Area of Lot *101*
 Front Yard Setback
 Side Yard Setback *5' to 6'*
 Rear Yard Setback *10'*
 New Const. Alter. *on 10/1/69*
 Change of Occupancy From *Res* To *Res*

CLASS OF WORK	New	Demolish
	Alteration	Repair
	Addition	Move
Use of Building	Height	
Size of Building	No. of Families	
No. of Rooms	Size of Lot	
No. of Floors	Use of Bldg.	
No. of Bldgs.	Now on Lot	

SPECIFICATIONS	
FOUNDATION	
Material	Exterior Piers
Width of Top	
Width of Bottom	
Depth in Ground	
R. W. Plate	Size Spacing Span
Girders	
Joist—1st Floor	
Joist—2nd Floor	
Joist—Ceiling	
Exterior Studs	
Interior Studs	
Roof Rafters	
Bearing Walls	

COVERING	
Exterior Walls	Roof
Interior Walls	Reroofing
FLUES	
Fireplace	Fl. Furnace
Kitchen	Water Heater
Furnace	Gas Oil

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

Signature of Permittee *W.M. Meeker*
 By *W.M. Meeker*

BUILDING ADDRESS *Cross Street*
 LOCALITY *Blaine*
 NEAREST CROSS STREET *Cross Street*
 Name *W.M. Meeker*
 Address *1000 Cross Street*
 City *Blaine* Tel. No. *332-2100*

ARCHITECT Name *W.M. Meeker*
 Address *1000 Cross Street*
 City *Blaine* Tel. No. *332-2100*

CONTRACTOR Name *W.M. Meeker*
 Address *1000 Cross Street*
 City *Blaine* Tel. No. *332-2100*

LEGAL DESCRIPTION
 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.

APPROVED: COUNTY SANITARIAN
 By *Beckley R. Youngman R.S.*
 APPROVED: COUNTY PLANNING COMM.
 By *W.M. Meeker*
 APPROVED: BUILDING OFFICIAL
 By *W.M. Meeker*

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

325-7441, Ext. 70

Bldg Permit No. 173-408

Date Issued

BUILDING PERMIT APPLICATION

MEEKER, Wm. H.

BUILDING ADDRESS		CLASS OF WORK	
LOCALITY	Trailer or M.H.	New	<input checked="" type="checkbox"/>
NEAREST CROSS STREET	Garage	Addition	<input type="checkbox"/>
Name	Shed	Alteration	<input type="checkbox"/>
Address	Other	Repair	<input type="checkbox"/>
City	Residence	Move	<input type="checkbox"/>
Tel. No.	Use of building	Use of building	<input checked="" type="checkbox"/>
Name	Size of building	Size of building	<input checked="" type="checkbox"/>
Address	No. of bedrooms	No. of bedrooms	<input checked="" type="checkbox"/>
City	No. of floors	No. of floors	<input checked="" type="checkbox"/>
Tel. No.	Height	Height	<input checked="" type="checkbox"/>
Name	SPECIFICATIONS		
Address	Foundation material	Foundation material	
City	Width of wall	Width of wall	
Tel. No.	Height of wall	Height of wall	
Name	Depth in Ground	Depth in Ground	
Address	Girders	Girders	
City	Joists	Joists	
Tel. No.	Studs	Studs	
Name	Rafters	Rafters	
Address	Type of roofing	Type of roofing	
City	Type of siding	Type of siding	
Tel. No.	Type of heating	Type of heating	
Name	I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.		
Address	Signature of Permittee		
City	By		

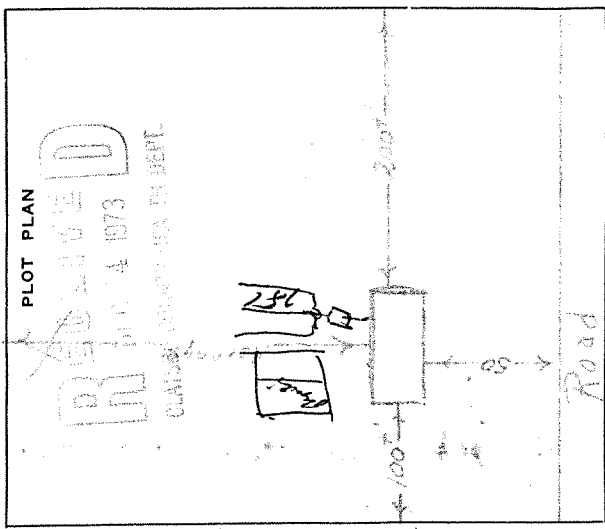
Valuation	Basic Fee
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL

CALLED INSPECTIONS	
BUILDING	ELECTRIC
PLUMBING	
Foundation	Rough
Frame	Baths
Interior	Kitchen
Floors	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: *Setup on blocks*

Date Received: _____
APPROVED: COUNTY SANITARIAN
By: *J. Edward Barnes*
Date: *12-24-73*
APPROVED: COUNTY PLANNING COMM.
Date: _____

APPROVED: BUILDING OFFICIAL
By: _____
Date: _____



Size of Septic Tank 1000 gals.
Water Supply Private Public
Source: *Well*
Type of Occupancy _____
Total Floor Area _____
No. Stories _____ Total Height _____
Area of Lot _____
Front Yard Setback *50'*
Side Yard Setback *100' @ 200'*
Rear Yard Setback *100' @ 200'*
New Const. Alter.
Change of Occupancy From _____ To _____

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.

7-32-100

Oregon

FAX COVER SHEET

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

NORTHWEST REGION
NORTH COAST
BRANCH OFFICE
WARRENTON, OR 97146

DATE: 1-31-96 TIME: 10:40 AM

TO: DIANA NELSON

FROM: DAVE JOHNS

TELEPHONE:(503) _____ EXTENSION: _____

FAX NUMBER (503) 325-8606

COVER PAGE PLUS 5 PAGES

MESSAGE: RE: 507-32-100

DEQ-North Coast Branch
17 N. Highway 101
Warrenton, OR 97146
(503) 861-3280
(503) 861-3259 (FAX)

57 32

100
151.25Ac.

32 33

GOV'T LOT 1
29.4

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

LOT 7

GOV'T. LOT 2
4.78

8-02

8-01

See Map 5 7 33

7 32A

100

501
5.22 Ac.

GOV'T. LOT 6
14

GOV'T. LOT 3
14

NEHALEM RIVER

101
4.00Ac.

300

SEE MAP 5 7 32 DD

LOT 4