



³²⁵⁻⁴²⁶⁵
 BUILDING CODES AGY
 PO BOX 951
 ASTORIA OR 97103
 FAX (503) 325-0374

BUILDING PERMIT APPLICATION

RESIDENTIAL

HCR 63 Box 908
 Mile 8.05 Hwy 26
 OB LOCATION/ADDRESS

Seaside Clatsop
 CITY COUNTY

Hwy 26 to Mile 8.05, South
 DIRECTIONS TO JOB SITE

OF Hwy, open field existing Bldg.
 Kenneth W. Augustus
 OWNER

Box 108, 811 17th
 ADDRESS

Seaside Clatsop 97138
 CITY COUNTY ZIP CODE

DESCRIBE WORK	CODE
<input checked="" type="checkbox"/> NEW CONSTRUCTION SFD	265.85 - PR
<input type="checkbox"/> ADDITION	429.45 - BP
<input type="checkbox"/> REMODEL	
<input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> PRE FAB	
<input type="checkbox"/> ACCESS. BLDG.	
<input checked="" type="checkbox"/> OTHER Mech 2F/H/O - 24.68	
1611.8 House	91566.
462 Garage	105000
TOTAL SQUARE FT.	CONSTRUCTION VALUE

Astoria PERMIT / JOB #
 OFFICE

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE RA-5 FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TWNSHP 59 RG 22 TL 1400 PERMIT # 93-114	PUBLIC _____ PRIVATE <input checked="" type="checkbox"/> DEQ PERMIT # Auth Notice	
BY: <u>David Smith</u> <u>Senior Planner</u> TITLE 325-8611 DATE 3-16-93	BY: <u>Betty Hoffman</u> TITLE 325-5372 DATE 4-23-93	

DESIGNATED CONTRACTORS				
GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
 ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
 I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

KW Augustus
 SIGNATURE OF PERMIT APPLICANT

3-30-93
 DATE

FIELD OFFICE COPY

BCA 103 7/88

ASTORIA BRANCH OFFICE
PO Box 869, Astoria, OR 97103

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

NORTHWEST REGION

K. W. Augustus
Box 108
Seaside, OR 97138

Date: April 20, 1993

Re: Authorization Notice Approval
T5N, R9W, Section 22, Tax Lot 1400, Clatsop County
4.48 Acres.

Dear Mr. Augustus:

I have made an evaluation of an existing on-site sewage disposal system located on the above described property. This evaluation and report is based upon current Department of Environmental Quality regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Division 71, Section 205.

The system is determined to consist of the following:

Septic Tank Type: Steel; Size 1000 Gallons
Disposal Field Type: Equal Distribution System
Disposal Field Size: 3 - 100, 300 Total Linear Feet
Permit No.: 88-22

This system is determined adequate for your proposal of:
a single family two bedroom residence

Subject to the following conditions:

- 1) Care should be used in building the new residence on the property so as to avoid damage to the disposal field area.
- 2) The residence must meet the minimum 5 foot and 10 foot setbacks from the septic tank and disposal field area, respectively.
- 3) The sewage design flow to the system should not exceed 450 gallons per day and average no more than 225 gallons per day.
- 4) In order to prolong the life of the disposal field, the septic tank should be pumped out every four to five years by a State licensed septage pumper.



1500 SW First Avenue
Suite 750
Portland, OR 97201-5884
(503) 229-5263
DEQ-1

K.W. Augustus
April 20, 1993
Page 2

- 5) If a system malfunction should ever occur, a repair permit from this office will be required.
- 6) The initial and replacement disposal field(s) must maintain the minimum 100 foot setback to the well.

Uses and/or sewage flows in excess of the system capacity cannot be authorized without the system being upgraded to current standards. Any alteration, repair or connection to an existing system requires a permit from this office, which can be subject to rules not reflected in this report.

Please be advised that this authorization notice does not warrant, certify or guarantee satisfactory continuous operation of the sewage disposal system. The evaluation is based upon information able to be obtained by way of a site visit made on April 19, 1993. It is subject to the system operation and findings at that time.

This authorization notice is valid for a maximum period of one (1) year from the date of issue. And, it is contingent upon the site conditions remaining in compliance with all other applicable rules and regulations pertinent to on-site sewage disposal.

This development proposal may be subject to local zoning requirements. You are advised to consult with the Clatsop County Planning Department.

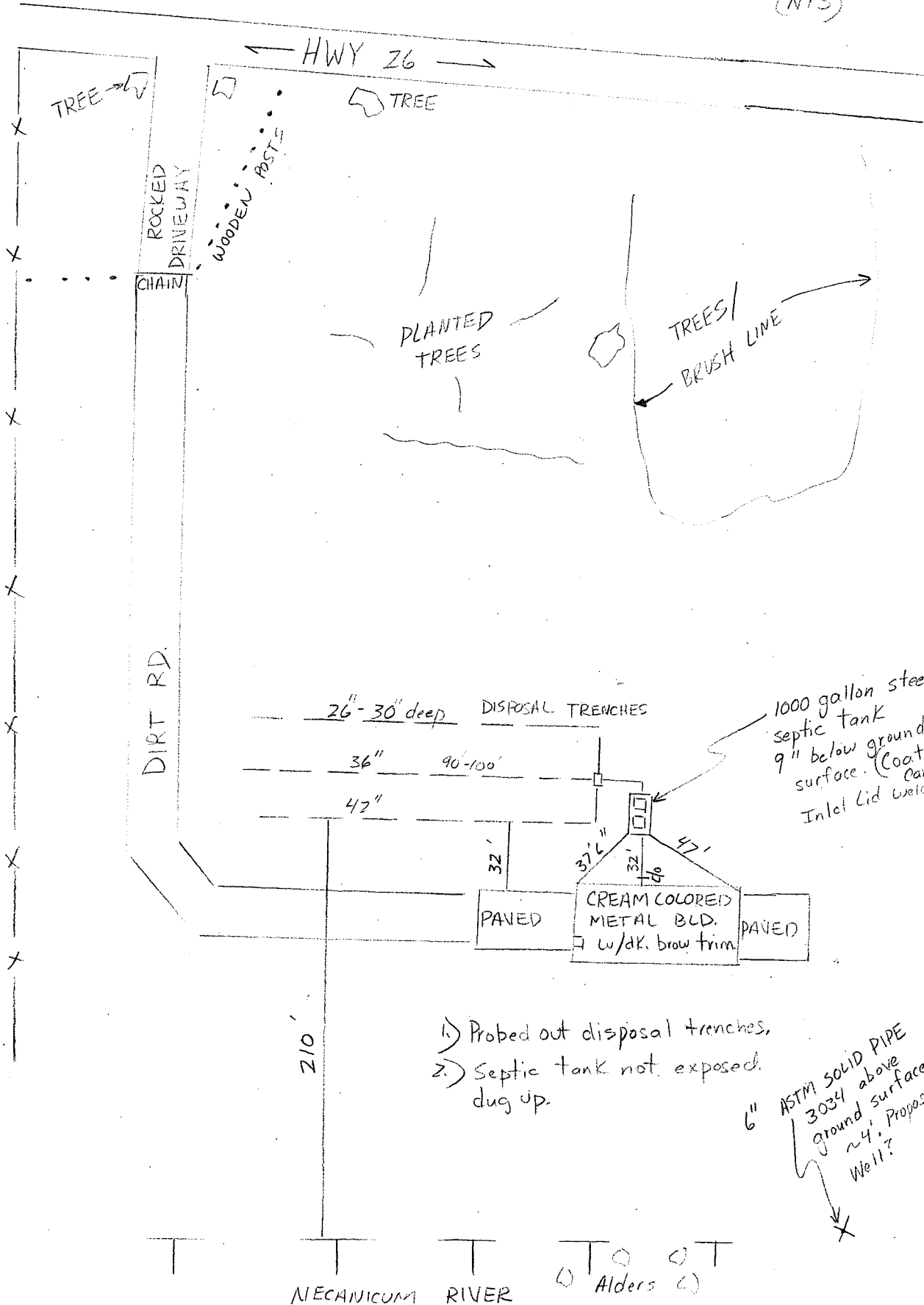
Technical information pertaining to the evaluation is available upon request. If you have any questions, or would like further information, please feel welcome to contact the DEQ Astoria Branch Office at (503) 325-8660.

Sincerely,
Dewey Darold
Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region
Water Quality

enc: Site Diagram

R.W. Augustus
 509-22-1400
 4.48 Acres

Dewey Darold
 4-19-93
 A.N.
 (NTS)



- 1.) Probed out disposal trenches,
- 2.) Septic tank not exposed, dug up.

6" ASTM SOLID PIPE
 3034 above
 ground surface
 ~24' Proposed
 Well?

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NORTH COAST OFFICE
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97701
 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
 Date Rec'd 4-16-93
 Date Completed 4-20-93
 Required Fee 160.00
 Receipt No. 57028
 Control No. _____

3

FOR APPLICANT'S USE - (PLEASE PRINT)

4.48 AC

Lot Size (Acreage or Dimensions)

K.W. Augustus

(Property Owner's Name)

Same

(Applicant's Name if Different from Owner)

Legal Description
 of Property

5 9 22 1400 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 2
 (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:

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

K.W. Augustus
 (Signature)

4-15-93
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address

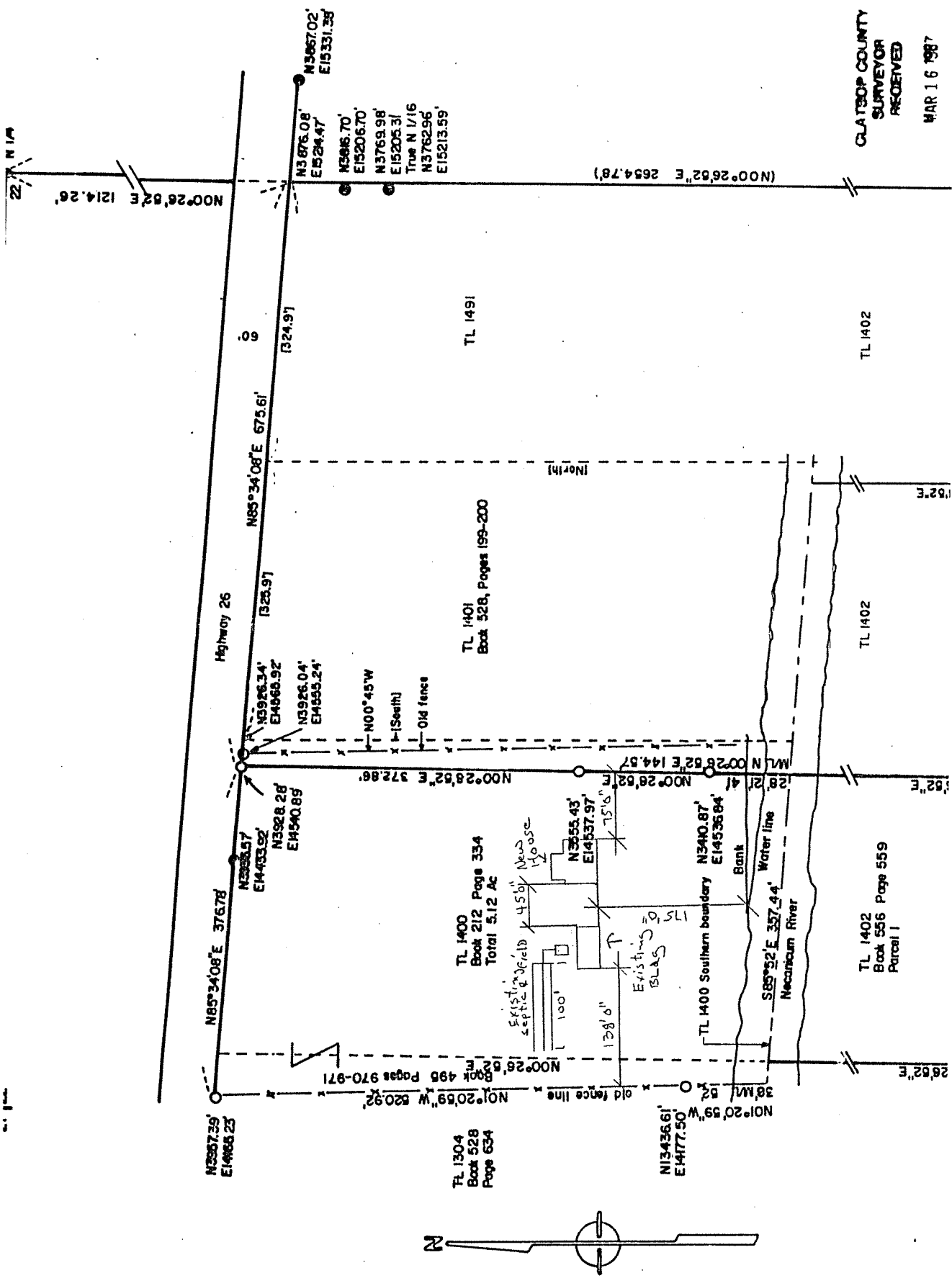
Box 108
Seaside OR 97138

Applicant's Mailing Address (if different)

Phone 738 0967

Phone _____

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



GLATSOP COUNTY
SURVEYOR
RECEIVED
MAR 16 1987

East
100
100
100

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 Unknown
 Seepage Bed Cesspool or Pit
 Other -- (Describe) _____

2. When was your sewage disposal system installed? 1988 88-22
(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? N/A (Attach Receipt)

6. Number of disposal trenches. 3

7. Total length of disposal trenches (feet). 300

8. Is your sewage disposal system currently in use? Yes , No
If no, how long has the system been out of use? Never Used

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

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

11. Provide a plot plan on the reverse side of this form showing actual measurements that locates the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. Indicate North direction.

By my signature, I certify the plot plan on the reverse side and the above information is accurate and true to the best of my knowledge.

4-15-93
Date

K.W. August
Signature of Property Owner or
Legally Authorized Representative

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME: KW Augustus; MAILING ADDRESS; PHONE; CITY, STATE, ZIP

PLANNING REGION: TOWNSHIP 5, RANGE 9, SECTION 22, TAX LOT OR ACCT NO 1400, SUBDIVISION/PROJECT, LOT, BLOCK, COUNTY Clatsop

PROPOSED LAND USE: SFD

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

PROPERTY'S ZONING DESIGNATION: BA-5

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

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

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 Co. PLANNING DEPT.; SIGNED: [Signature], TITLE: Senior Planner, DATE: 4-16-93

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED, TITLE, DATE

18890

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 88-22

\$ 65.00

Fee

New Construction

Repair

Other

Permit Issued To John & Vallery Webb
(Property Owner's Name)

5N
(Township)

9W
(Range)

22
(Section)

1400
(Tax Lot / Acct. No.)

Clatsop
(County)

Hwy. 26
(Road Location)

Seaside
(City)

Charles A. Gray
(Issued by - Signature)

3-16-88
(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 March 16, 1989

TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gal's/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s) Square Feet

Maximum Depth 24 inches.

Minimum Depth 18 inches.

300 Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches 10 feet

Total Rock Depth 12 Inches.

Below Pipe 8 Inches.

Above Pipe 2 Inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan)

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

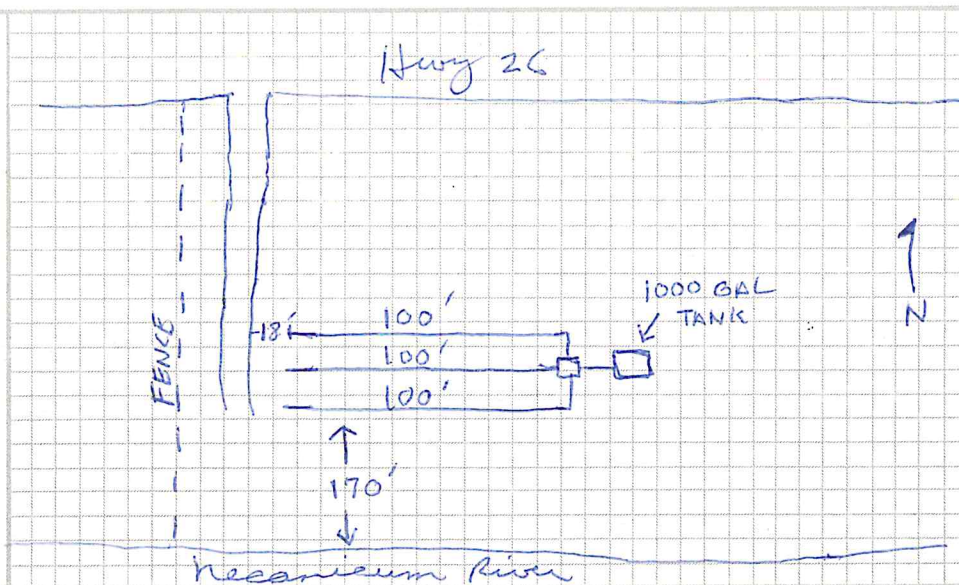
As-Built Drawing
with Reference Locations

Installer Blen Carlson

Final Insp. Date 3-16-88

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.

Charles A. Gray
(Authorized Signature)

Regional Supervisor
(Title)

3-21-88
(Date)

Astoria
(Office)



BUILDING CODES AGENCY
BUILDING CODES AGENCY
 401 LABOR & INDUSTRIES BLDG.
 CLATSOP COUNTY COURTHOUSE
 SALEM, OREGON 97319
 PHONE 578-4138 97103

BUILDING CODES AGENCY
 P. O. Box 951
 Clatsop County Courthouse
 Astoria, OR 97103

BUILDING PERMIT APPLICATION
Residential
COMMERCIAL

Hwy 26 Milepost 8
 JOB LOCATION/ADDRESS

Seaside Clatsop
 CITY COUNTY

DIRECTIONS TO JOB SITE

John & Vallory Webb
 OWNER

Rt. 5 Box 932-B
 ADDRESS

Astoria Clatsop 97103
 CITY COUNTY ZIP CODE

DESCRIBE WORK

NEW CONSTRUCTION
 ADDITION
 ALTERATION/REMODEL
 OTHER _____ specify _____

BLDG. USE Storage Bld.

OCCUPANCY GROUP _____

TYPE OF CONSTRUCTION _____

STORIES _____ TOTAL SQ. FT. _____

BUILDING VALUE 13,000

ast PERMIT/JOB # _____
 OFFICE

CODES
 permit 103.43
 P/R 64.03
 167.46

ZONING

USE ZONE _____ TWNSHP _____ RG _____ TL _____

FLOOD ZONE YES NO PERMIT # _____

BY: _____ TITLE _____

PHONE _____ DATE _____

LOCAL GOVERNMENT APPROVALS

SANITATION DEQ

PUBLIC _____ PRIVATE _____

DEQ PERMIT # 58-22

BY: Betty Hoffman sec.
 TITLE

325-8660 3-21-88
 PHONE DATE

DESIGNATED CONTRACTORS

DESIGNER/ARCHITECT/ENGINEER	ADDRESS	PHONE	REG #
GENERAL CONTRACTOR	ADDRESS	PHONE	
ELECTRICAL	ADDRESS	PHONE	LIC #
PLUMBING	ADDRESS	PHONE	LIC #
MECHANICAL	ADDRESS	PHONE	

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES.

 SIGNATURE OF APPLICANT

 DATE

State of Oregon
Department of Environmental Quality
P. O. Box 1760
Portland OR 97207

APPLICATION FOR RETURN OF FEE

Please provide the following information, if possible:*

- Name of organization or individual who paid fee Glen Carlson Contracting
Mailing address PO Box 157 Hammond, OR 97121
- Date fee was paid March 15, 1988 by mail in person
Amount of fee \$ 125.00 (for John Webb)
- Location where fee was submitted Astoria Branch, AWR
- If partial refund, amount requested for refund \$ 60.00

I hereby request that my application for a

- Site Evaluation Report Variance
 Permit Other _____
(Specify)

~~be withdrawn~~ and that \$ 60.00 ^{for overpayment} of the application fee be returned. I understand that a return of fees paid is subject to review by the Department to determine conformance with the refund provisions as contained in the Oregon Revised Statutes.

per phone conversation _____ 3-15-88
(Signature) (Date)

For Management Use Only

- I certify that no field work or any other substantial work associated with the application identified above has been performed.
- The application identified above was submitted in error.
- Other explanation for return of fee over payment on application for Standard Permit to construct. Site Evaluation was completed on Feb. 26, 1987.
- Charles H. Gray _____ 3-23-88
(Program Manager or designee) (Date)

*Note to office receiving application: Please supply the necessary information, if not supplied by applicant.

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
 Date Rec'd. 3-15-88
 Date Completed 3-21-88
 Required Fee 65.00
 Receipt No. 37393
 Control No. 18840

FOR APPLICANT'S USE -- (PLEASE PRINT)

5.1 ACRES
 Lot Size (Acreage or Dimensions)

JOHN C. K. VALMORY & WEBB
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property (Township) 9 (Range) 22 (Section) 1400 (Tax Lot/Acct. No.) (County)

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

Proposed Facility
 Single Family Residence (Number of Bedrooms) 2
 Other (Specify) Storage for 5th wheel w/ toilet/sink
 Existing Facility
 Single Family Residence (Number of Bedrooms)
 Other (Specify)
 Water Supply
 Public (Community System)
 Private WELL (Indicate: Well, Spring, Etc.)

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 bedrooms
- 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)

3-16-88
 (Date)

- Owner
- Authorized Representative
- Licensed Installer
 License No. _____

Owner's Mailing Address
Rt. 5 Box 932-B
ASTORIA, OR. 97103
 Phone 325-0837

Applicant's Mailing Address (if different)

 Phone _____

PROPOSED SUBSURFACE OR ALTERNATIVE SEWAGE DISPOSAL SYSTEM

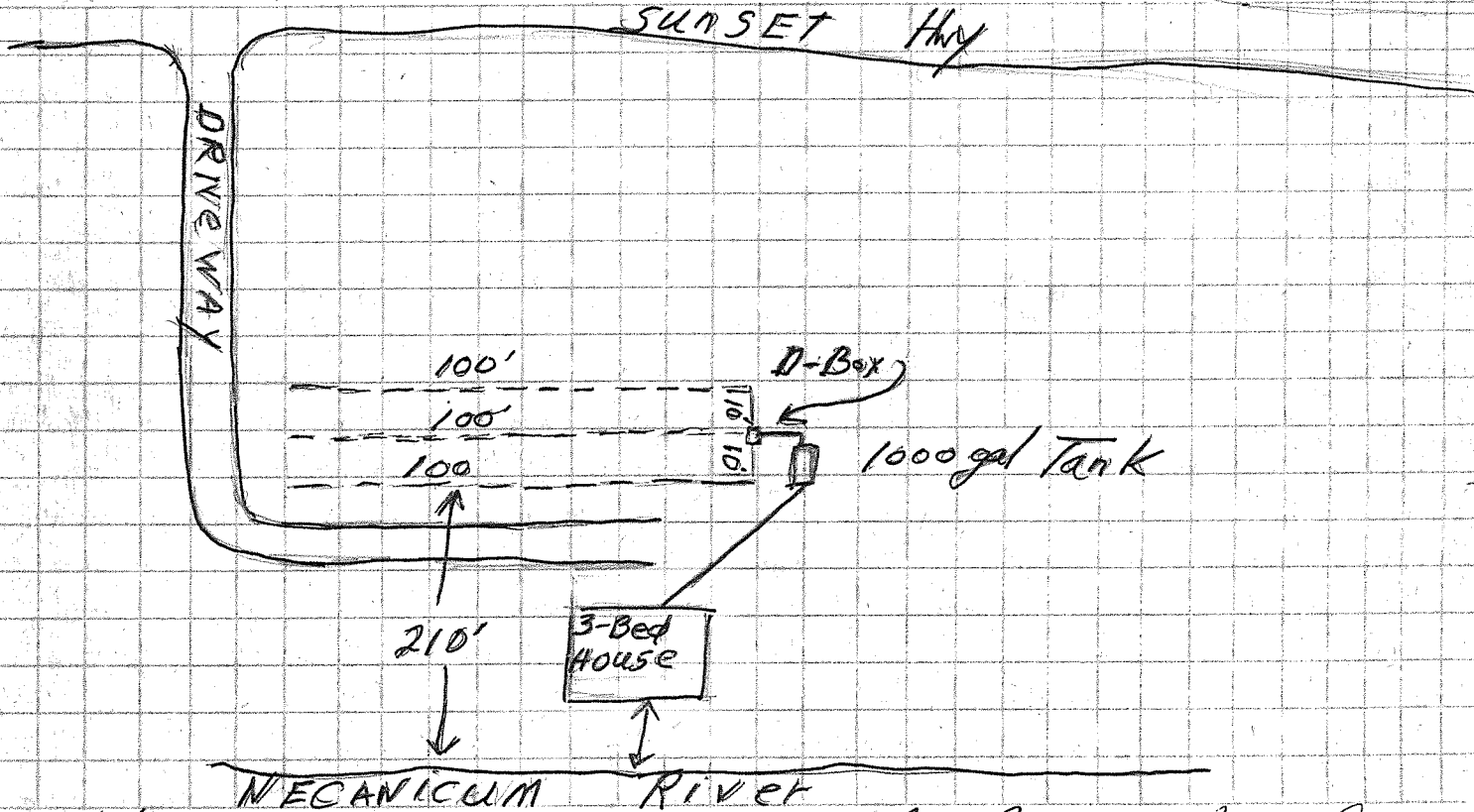
Filler: Complete top part of form to signature and submit both copies with application.

(Exhibit No. 1)

Permit No.

Installer's Name Carlson Contracting		Property Address T 5N, R 9W, Sec. 22, TL 1400 4.48 AC.					
No. Living Units 1	Bedrooms 3	Baths 1 1/2	Basement Yes _____ No <input checked="" type="checkbox"/>	Water Supply Community _____ Public _____ Other--List Private			
Septic Tank: Ft. from well 160+ Steel <input checked="" type="checkbox"/> Concrete _____		No Compartments 1		Gallon Capacity 1000			
Inside Dimensions: Feet Length 8 Width _____ Diameter 5 Depth _____				Tile Disposal Field: Distribution Box: Yes <input checked="" type="checkbox"/> No _____			
Applicant Name John Webb		Other Distribution--Type _____					
Mailing Address RT 5, Box 932-B Astoria Or. 97103		Feet from Well 160		Foundation 10			
Length of Lines--Feet 1. _____ 2. 3 4. _____ 5. _____ 6. _____		Trench Width 24		Total Sq. Ft. 600		Ft. Between Lines 10	
Filter Type 2 1/2		Filter Depth Above Tile 2 in.		Filter Depth Below Tile 6 in.			

Plot Plan (see instructions):



Date: **3/7/88** Signature: *Glenn Carlson by Roxanna Carlson*

- For Sanitarian Use Only:
- Approved: System Installation Conforms to DEQ rules for Subsurface Sewage Disposal
 - Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: _____ Date: _____

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>JOHN C. WEBB</i>		MAILING ADDRESS <i>RT. 5 BX 932B</i> <i>ASTORIA, OR. 97103</i>		PHONE <i>325-0837</i>
TOWNSHIP <i>5</i>		RANGE <i>9</i>	SECTION <i>22</i>	TAX LOT OR ACCT NO <i>1400</i>
PROPERTY LOCATION	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

SINGLE FAMILY USE

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

PROPERTY'S ZONING DESIGNATION

RA-5 (Residential-Agriculture - 5 acre minimum)

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

- | | | |
|--|-----------|---|
| <input checked="" type="checkbox"/> COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN | OR | <input type="checkbox"/> CONSISTENT WITH THE STATEWIDE PLANNING GOALS |
| <input type="checkbox"/> NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN | | <input type="checkbox"/> NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS |

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

Allowed use in RA-5 zone

PROPERTY IS LOCATED (CHECK ONE)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> INSIDE CITY | <input type="checkbox"/> INSIDE URBAN GROWTH BOUNDARY | <input checked="" type="checkbox"/> OUTSIDE URBAN GROWTH BOUNDARY |
| | <input type="checkbox"/> OUTSIDE CITY LIMITS | |

LAND USE AUTHORITY

Mike Morgan CLATSOP COUNTY PLANNING DEPT

SIGNED	TITLE <i>ACTING DIRECTOR</i>	DATE <i>3/16/88</i>
--------	---------------------------------	------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
--------	-------	------



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

Department of Environmental Quality

522 S.W. FIFTH AVENUE, BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-5696

February 26, 1987

George Ordway
50 Lewis & Clark Way
Seaside, OR 97138

Re: OSS-Clatsop County
Site Evaluation, Approved
T5N, R9W, Sec. 22, TL 1400

In response to your completed application of Feb. 10, 1987, a field inspection was made on Feb. 18, 1987. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

John Odisio
Environmental Analyst
Northwest Region

Enclosures

(ROSE 7/24/86)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

5N (Township)	9W (Range)	22 (Section)	1400 (Tax Lot/Acct. No.)	Clatsop (County)
(Subdivision Name)	(Lot No.)	(Block No.)	(Lot Size)	

The Entire Property Has Been Evaluated
 Has Not

PLOT PLAN OF APPROVABLE AREA:

See the illustration on the Site
Evaluation Field Worksheet.

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

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 in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Standard subsurface system
that includes 300 feet of disposal trench.

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from Astoria DEQ, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

John Odasio
(Signature of Authorized Agent)

Environmental Analyst
(Title)

Feb. 26, 1987
(Date)

Astoria
(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T5N, R9W, Sec 22, TL1400 Evaluator John Odisio
 Applicant George Ordway Date 2/18/87 Parcel Size 4.48 ac

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

Depth	Texture	
0-16"	Si lm	10YR 2/2
16-32"	Si lm	10YR 4/3
32-50"	Cobbles	7.5YR 4/6 90% alluvial pebbles and sand

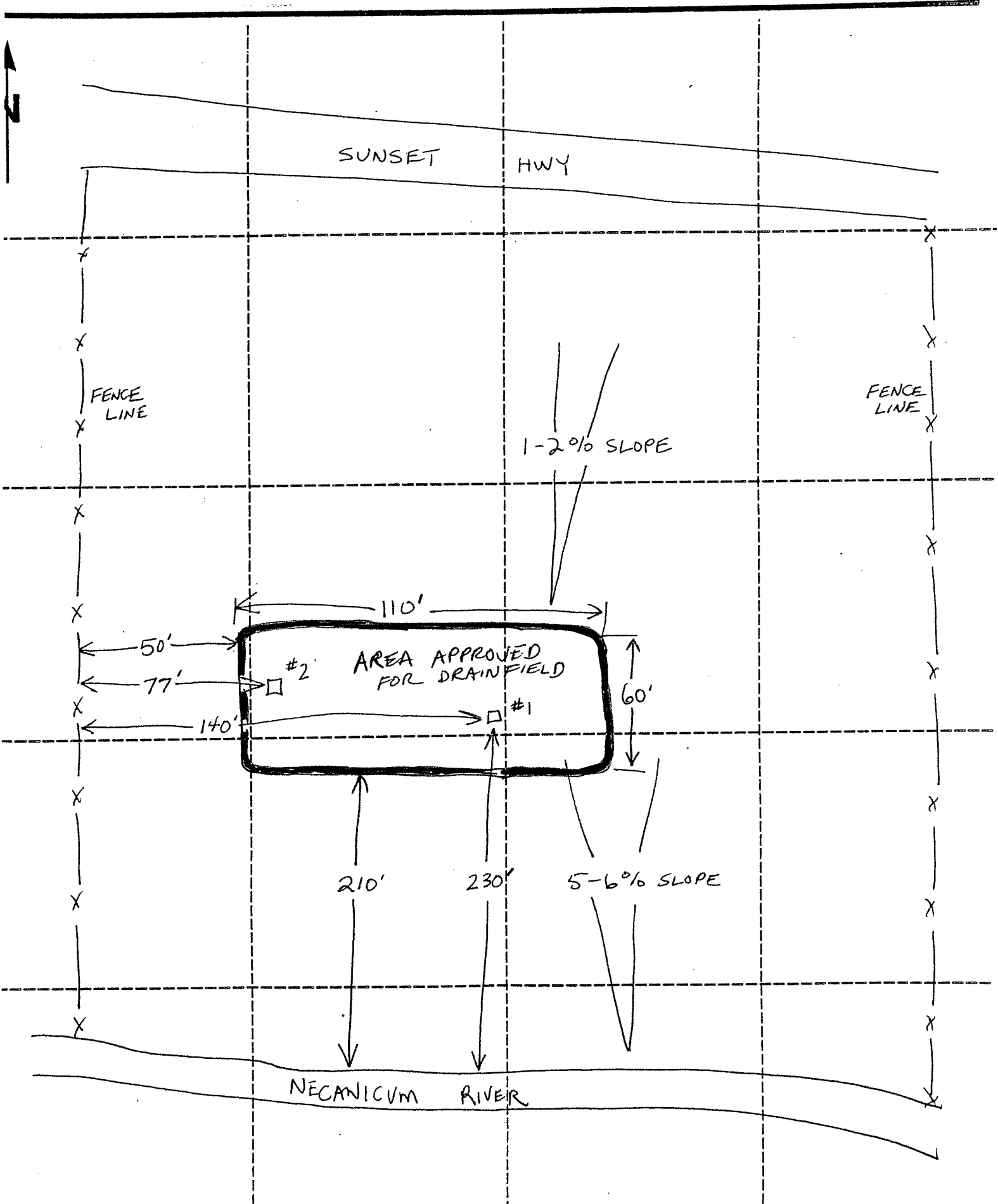
0-6"	Si lm	10YR 3/2
6-43"	Si lm	10YR 4/6
43-59"	Si lm	10YR 4/6 with 10YR 6/2 sediments

Landscape Notes River terrace
 Slope 0-6% Aspect south Groundwater Type No. permanent or temporary groundwater to 59"
 Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: Standard Design Flow 450 gpd Disposal Field Size 300 Linear Feet
 Initial equal-trenches System Sizing 100' /150 g. Max. Depth Absorption Facility (in) 24
 Replacement equal-trenches System Sizing 100' /150 g. Max. Depth Absorption Facility (in) 24
 Special Conditions _____

Tax Reference T5N, R9W, Sec. 22, TL 1400 Evaluator John Odisio
Applicant George Ordway Date: 2/18/87



FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 2-10-87
Date Completed 2-26-87
Required Fee \$165.00
Receipt No. 34757
Control No.

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
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES NO ATTACHED YES NO
VICINITY OR TAX LOT MAP REQUIRED YES NO ATTACHED YES NO
TEST HOLES REQUIRED YES NO ATTACHED YES NO
LAND USE COMPATIBILITY STATEMENT YES NO ATTACHED YES NO

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

GEORGE ORDWAY
(Property Owner's Name)
5 9 22 1400 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
(Subdivision Name) (Lot No.) (Block No.) (Lot Size)
(WELL)
(Public Water Supply) (Private Water Supply, Specify Type)
Single Family Residence 3 Other
(Number of Bedrooms) (Specify)

Directions to Property: 400' WEST OF LITTLE HUMBORG CR. ON SOUTH SIDE OF HWY 26
LITTLE HUMBORG IS 1 1/2 MI WEST OF HWY 53 JCT.
YOU CAN SEE TEST HOLE 'A' FROM HWY 26

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.

Bill Bergerson
(Signature) 2-10-87
(Date) Owner
Authorized Representative
S.D.S. License No.

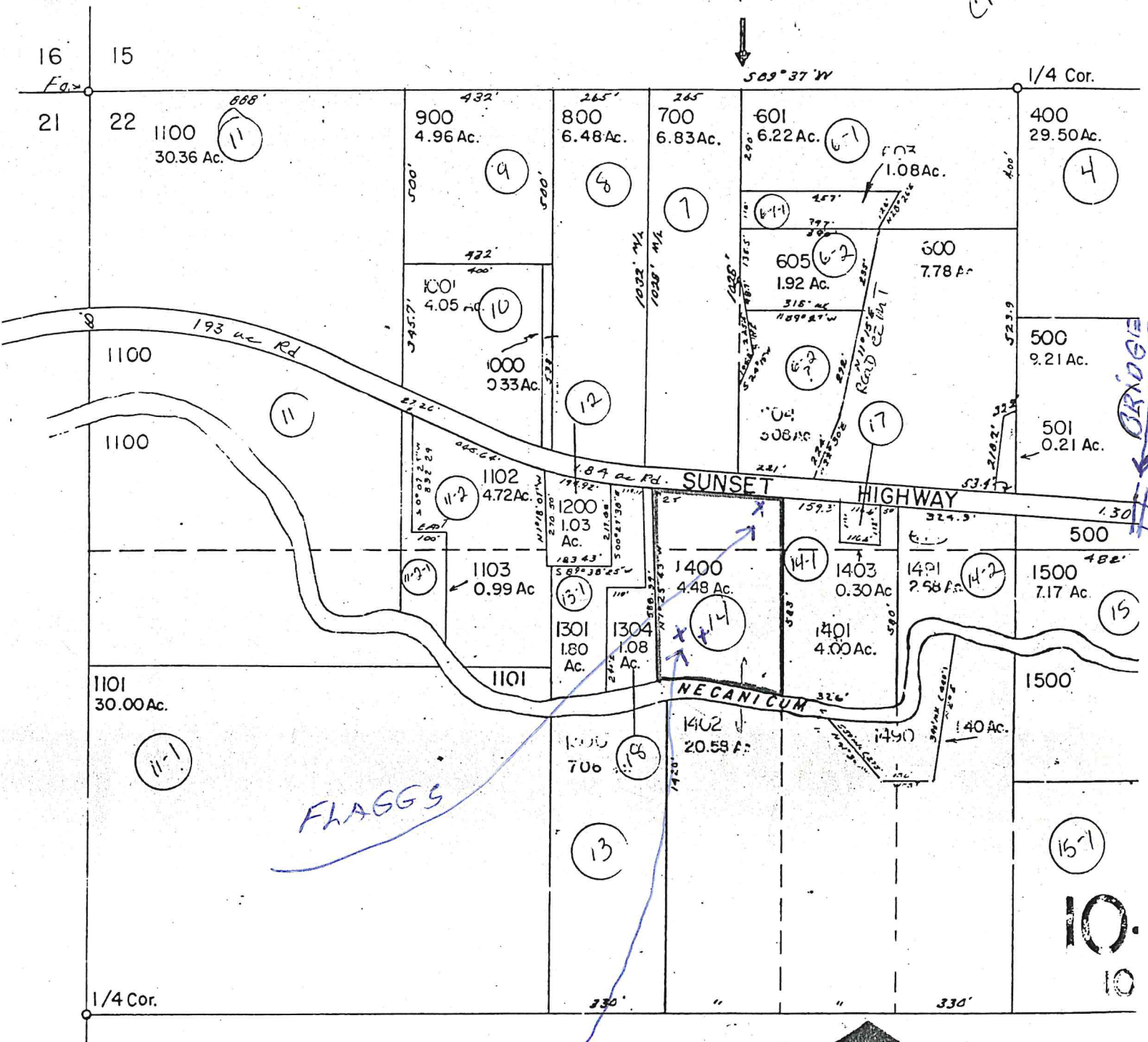
Owner's Mailing Address
GEORGE ORDWAY
50 LEWIS & CLARK WY.
SEASIDE OR. 97138
Phone 738-5017

Applicant's Mailing Address (if different)
BILL BERGERSON
RT 1 BOX 595
SEASIDE OR. 97138
Phone 738-7807

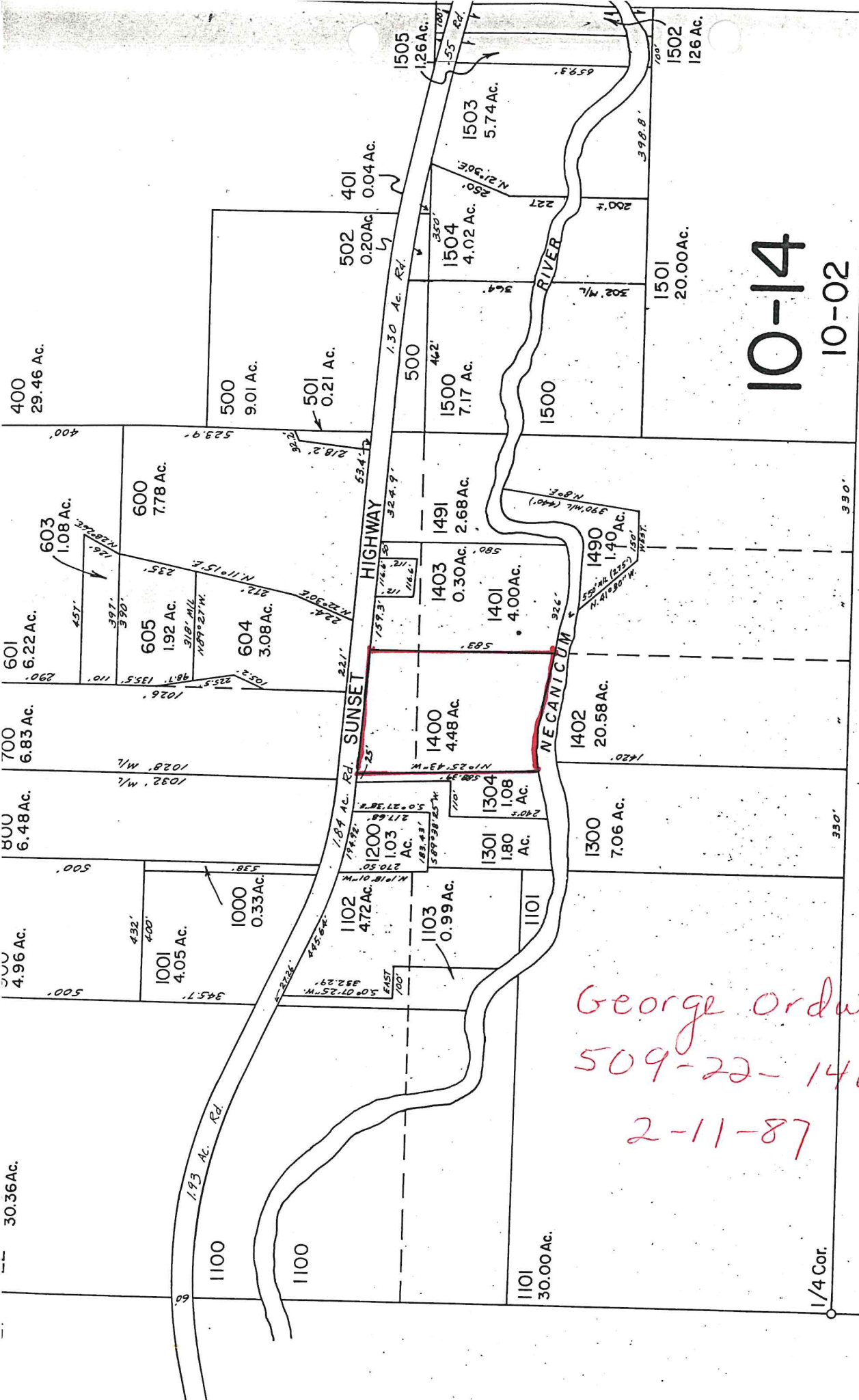
See Map No. 5 9

NE COR H.H. HAMMILL PT

Check all (6)



KEY TITLE COMPANY
 THIS COPY OF ASSESSOR'S MAP IS PROVIDED SOLELY TO ASSIST IN LOCATING SUBJECT PROPERTY. NO LIABILITY IS ASSUMED BY KEY FOR DISCREPANCIES IN THIS MAP AS OUTLINED AND THE ACCOMPANYING LEGAL DESCRIPTION.



10-14
10-02

George Ordway
509-22-1400
2-11-87

