

ATSOB COUNTY HEALTH DEPT.
 857 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7111 EXT. 35
 SUBSURFACE SANITARY DISPOSAL SYSTEM
 FINAL INSPECTION

5922 1500 C

PERMIT NO. 75-95

OWNER'S NAME JIMMY W. HOFFMAN ADDRESS 711 17th St. Astoria, Or.
 PROPERTY ADDRESS 711 17th St. Astoria, Or. INSTALLER Bill Mason
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 4

WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL
 DEPTH FT., ISOLATION DISTANCE 100 FT.; SOIL CLASSIFICATION silt loam

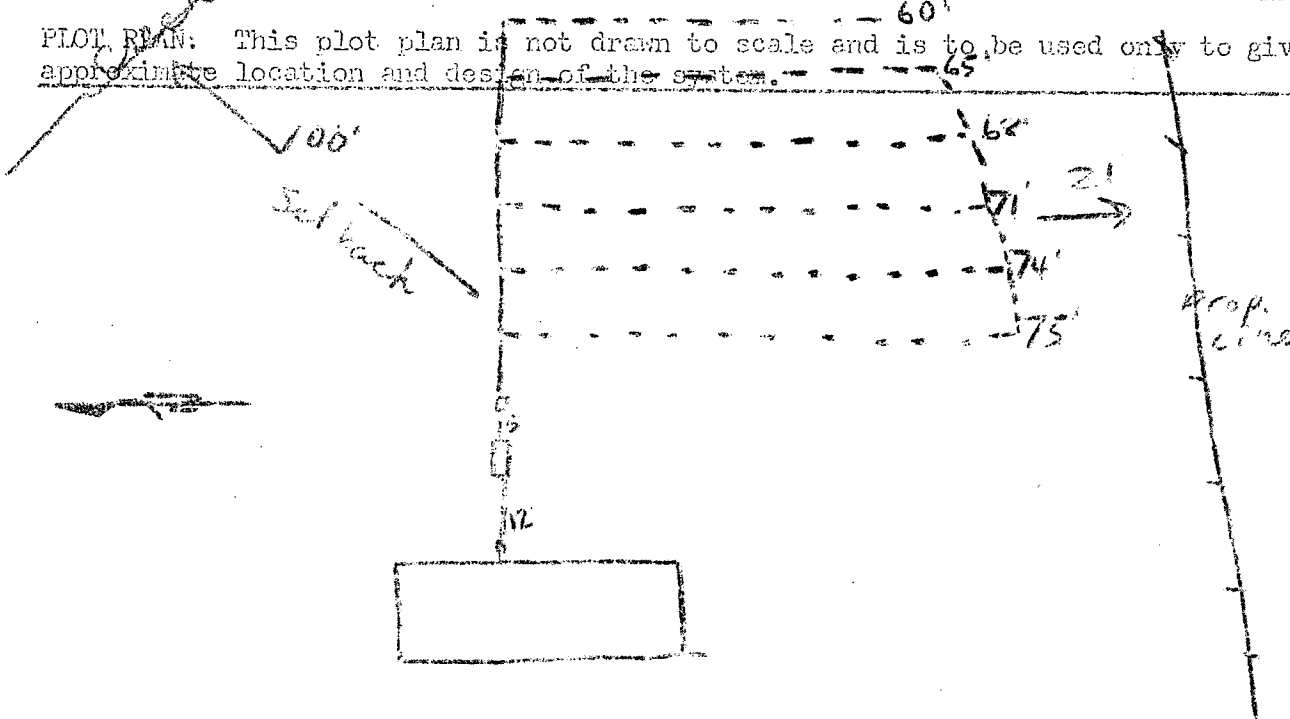
SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS

STONE: SIZE 3/4-2 1/2 WASHED , BELOW TILE 6 IN., ABOVE TILE 2

TRENCH WIDTH 24 IN.; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 900 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL Plastic

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.



APPROVED: Installation conforms to DDC Requirements.
 DISAPPROVED: Installation does not conform to DDC Regulations.

REMARKS:
 DATE: 4/14/76 SIGNATURE: Bill Mason
 TITLE:

JOHN HEABERLIN
201-17th St.
Seaside, Ore.

STATE OF OREGON

Department of Environmental Quality

Permit No. 75-95

Expiration Date 6/18/76

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 900 Sq. Ft.

PERMITS NOT TRANSFERABLE

POST ON PREMISES UNTIL COMPLETED

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Installer: Complete top part of form to
 signature and submit both copies with
 application.

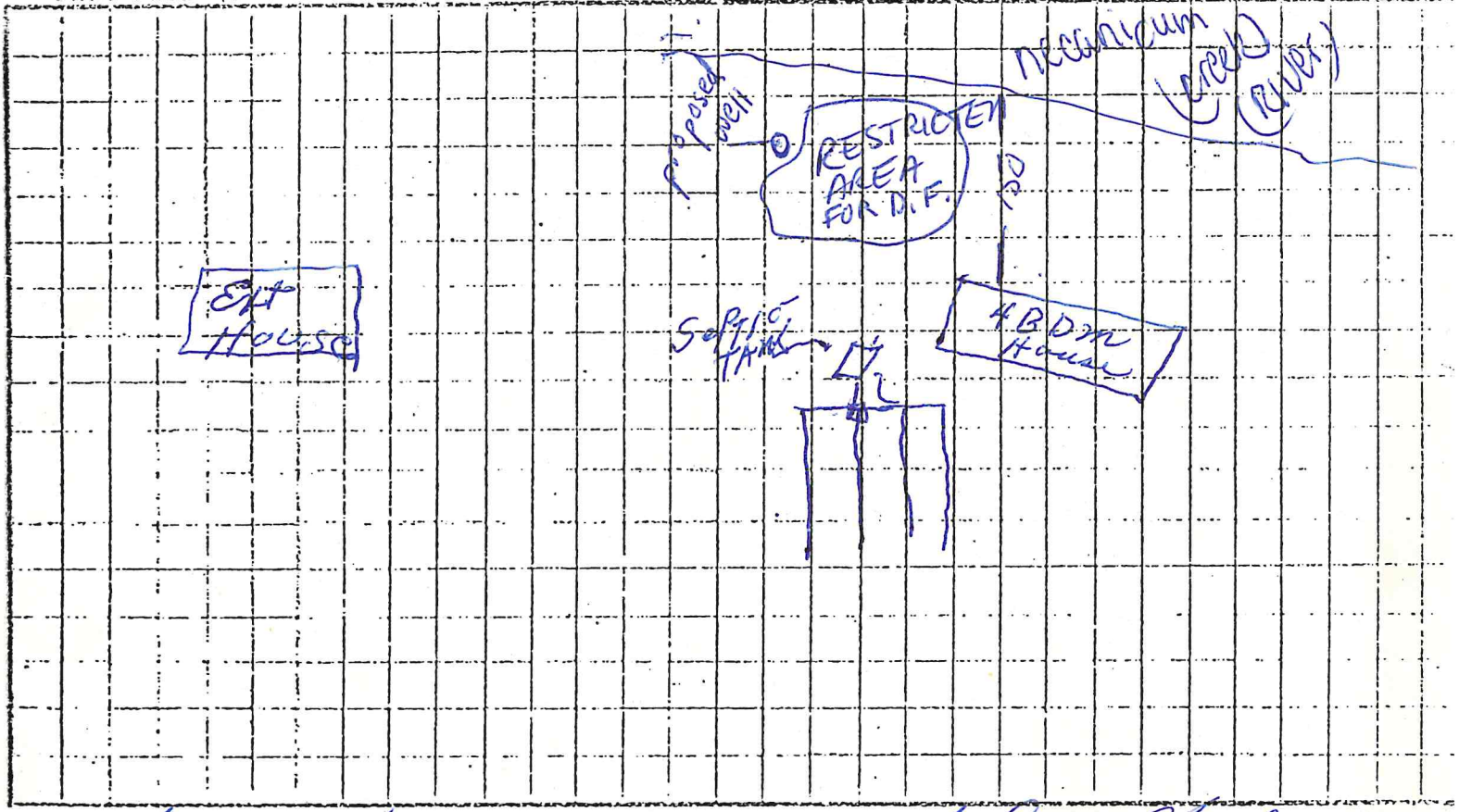
(Exhibit No. 1)

Permit No.

Installer's Name <i>Howard Johnson</i>		Property Address <i>1.8 mile from Bearcat Stat, on Hwy 26</i>			
No. Living Units <i>1</i>	Bedrooms <i>4</i>	Baths <i>3</i>	Basement Yes ___ No ___	Water Supply Community ___ Public ___ Other-Li <i>(well)</i>	
Septic Tank: Ft. from well		Steel <i>✓</i> Concrete ___	No. Compartments		Gal. Capacity <i>1000</i>
Inside Dimensions: Ft. Length Width Diameter			Depth		Tile Disposal Field: Distribution Box: Yes <i>✓</i> No ___
Applicant Name <i>John W Heaberlin</i>			Other Distribution - Type		
Mailing Address <i>201-17th Seaside Oregon</i>			Feet from Well Foundation <i>20</i>		
			Lot Line Front <i>300</i> Side <i>25</i> Rear <i>15</i>		

Length of Lines - Ft.						Trench Width	Total sq. ft.	Ft. between lines	Filter Type	Filter Depth above tile	Filter Depth below tile
1.	2.	3.	4.	5.	6.					in.	in.
						<i>24</i>	<i>900</i>	<i>8</i>	<i>rock</i>	<i>2</i>	<i>6</i>

Plot Plan (See instructions):



Date *June 18/75* Signature *John W Heaberlin*

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: *6/18/75*
Billy Maser
 Sanitarian's Signature

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET
P. O. Box 206

TELEPHONE 325-7441 EXT. 30
ASTORIA, OREGON 97103

June 18, 1975

John Heaberlin
201 - 17th St.
Seaside, Oregon 97138

Re: N $\frac{1}{2}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ S.22, T5N, R9W W.M.

Dear Mr. Heaberlin:

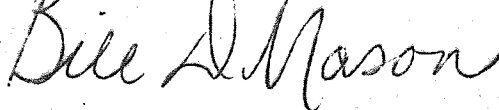
On June 17, 1975, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Department of Environmental Quality Rules Pertaining to Standards for Subsurface Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by this department.

A subsurface sewage disposal permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT



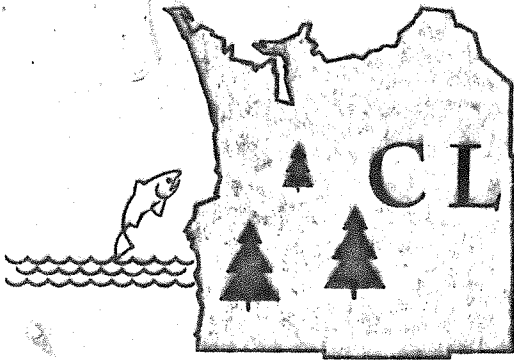
BILL D. MASON, P.S.
Clatsop County Sanitarian

RESTRICTIONS:

1. Provide an absorption area of 225 square feet per bedroom with a septic tank of at least 1000 gallon capacity.
2. Maintain a 100 foot isolation distance from all private wells and any down gradient surface waters.
3. Place drainfield in area discussed with you.
4. Alteration of natural soil or landscape conditions in the area approved may void this approval.
5. This approval is void if in conflict with any local building or planning regulations.

ENC.

BDM:ks



CLATSOP COUNTY

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

June 16, 1975

John Heaberlin
201 - 17th St.
Seaside, Oregon 97138

Re: N $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ S22, T5N, R9W WM.

Dear Mr. Heaberlin:

This office recently made an evaluation of the property referenced above. The results vary from acceptable to denial, depending on where you intend to construct a structure.

I've tried to get in touch with you several times but no one has answered the phone. If you could call or come by this office, we could discuss this matter.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

BILL D. MASON, R.S.
Clatsop County Sanitarian

BDM:ks

CLATSOP COUNTY HEALTH DEPARTMENT

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

RECEIVED
JUN 10 1975
CLATSOP COUNTY HEALTH DEPT
lot eval. pd. BOM 6/12/75

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.

John Heaberlin
201 17th, Seaside, Ore.

738-6743

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. 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.
I plan to install a well

5. Legal description:

Assessor's Code: 1014 509 22 1500

Assessor's Account Number:

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

(X) 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 2.05

(b) Number of lots 1

(c) Number of parcels 1

(d) Size of lots on parcels _____

6-9-75

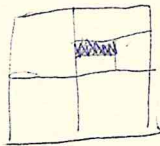
Date

John W. Healy
Signature of owner or subdivider

Rec'd & Checked by _____

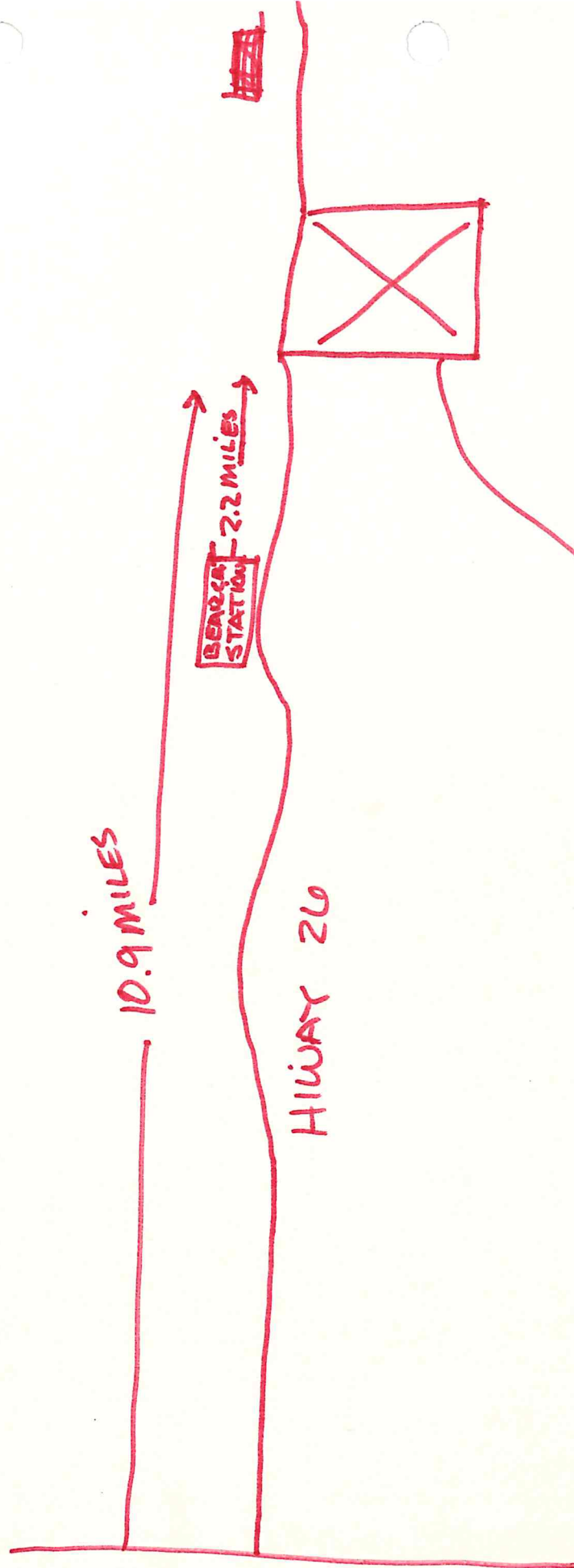
DESCRIPTION OF HERMAN BEAVER PROPERTY

The North one-half of the Southwest one-quarter of the Northeast one-quarter of Section 22, Township 5 North, Range 9 West, Willamette Meridian, Clatsop County, Oregon ---EXCEPT: the East 200 feet thereof which was deeded Elvin L. and Christina A. Mace by contract of sale recorded in Book 365, Page 656, Clatsop County Film Records.





SEASIDE CITY LIMITS



HEASERLIN
PROPERTY

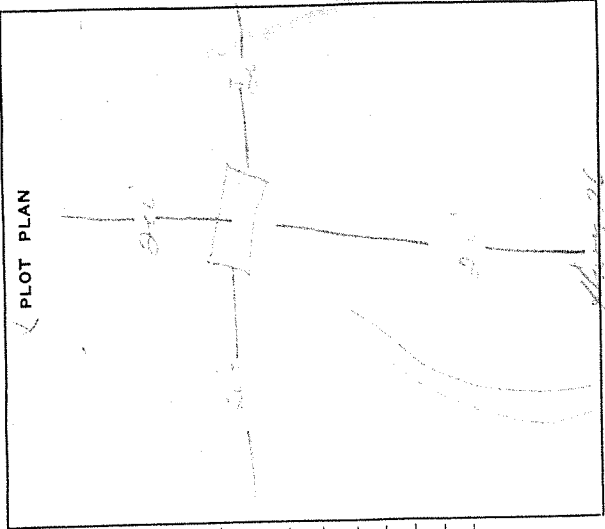
(OLD BEAVER PROPERTY)

Neaerlin, John
BUILDING PERMIT APPLICATION

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

325-7441, Ext. 70

PLOT PLAN



Bldg Permit No. 15-126 Date Issued 6-26-75

Valuation \$40,918 Basic Fee 1000

Area—1st Floor 2278 (+) 50% I, II, II

Area—2nd Floor 2278 (-) 50% V, J

Additional Area 111 Plan Checking Fee 111

Area—Type V J 3288 TOTAL 111

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

Special information:

Size of Septic Tank _____ gals.

Water Supply _____ Public _____

Source: well

PLANNING AND ZONING

Type of Occupancy _____

Total Floor Area _____

No. Stories _____ Total Height _____

Area of Lot 7400

Front Yard Setback 200

Side Yard Setback 20' - 200

Rear Yard Setback 300

New Const. _____ Alter. _____

Change of Occupancy From _____ To _____

CLASS OF WORK

New	Trailer or M.H.
Addition	Garage
Alteration	Shed
Repair	Other
Move	Residence

Use of building Residence

Size of building 91' x 51'6"

No. of bedrooms 4

No. of floors 1 Height 15 ft.

SPECIFICATIONS

Foundation material As shown

Width of wall Footing

Height of wall _____

Depth in Ground _____

Girders _____ Size _____ Spacing _____

Joists _____ Size _____ Spacing _____

Studs _____ Size 2x4 Spacing 16

Rafters _____ Size _____ Spacing _____

Type of roofing 3 TAB

Type of siding Stone-back T-11

Type of heating Electric

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.

Signature of Permittee _____

By _____

APPROVED: COUNTY SANITARIAN
Date Received: 6-17-75
By DEQ #475

APPROVED: COUNTY PLANNING COMM.
Date: June 19, 1975
By [Signature]

APPROVED: BUILDING OFFICIAL
By [Signature]

LEGAL DESCRIPTION

Name _____ Plat _____

Block _____

Subdivision _____

Sec. T. 5 R. 1

Map Lot # 1500

Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

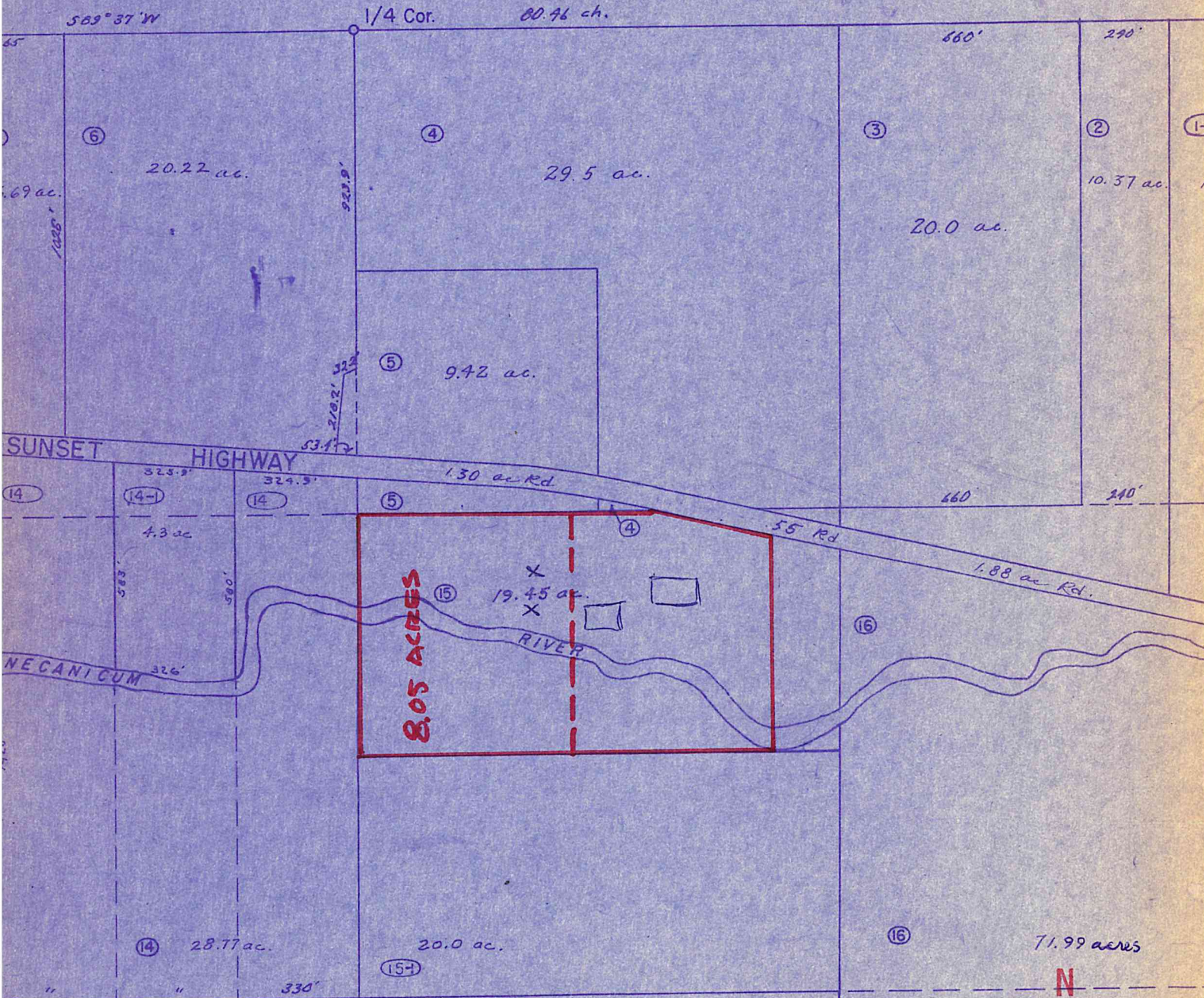
Division 1, 2, 3, 4.

Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3.

M1, M2.

Fire Zone: 1, 2, 3.

See Map No. 5 9



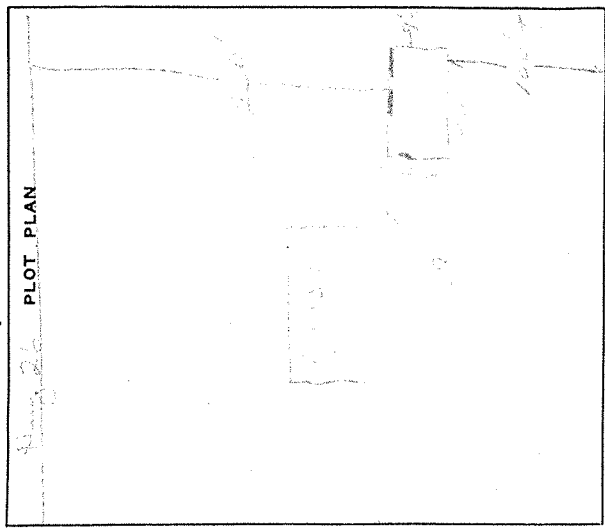
COMPLIMENTS OF
TRANSAMERICA
TITLE
INSURANCE
COMPANY

This sketch is furnished
to assist in property
location and the company
does not guarantee
its accuracy.

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

325-7441, Ext. 70

PLOT PLAN



BUILDING PERMIT APPLICATION

Bldg Permit No. 76-17 Date Issued 2-4-76

BUILDING ADDRESS 136 Commercial St	CLASS OF WORK
LOCALITY Astoria, Ore.	New <input checked="" type="checkbox"/> Trailer or M.H.
NEAREST CROSS STREET CROSS STREET	Addition <input type="checkbox"/> Garage
PERMITS	Alteration <input type="checkbox"/> Shed <input checked="" type="checkbox"/>
Name	Repair <input type="checkbox"/> Other
Address	Move <input type="checkbox"/> Residence
City	Use of building <i>Handed - 1/28/76</i>
Tel. No.	Size of building <i>12' x 14'</i>
Name	No. of bedrooms
Address	No. of floors
City	Height
Tel. No.	State
Name	SPECIFICATIONS
Address	Foundation material <i>Concrete</i>
City	Width of wall <i>8"</i>
Tel. No.	Height of wall <i>2 1/2'</i>
Lot	Depth in Ground <i>12"</i>
Block	Girders
Subdivision	Joists
Sec. <i>72</i>	Studs
Name	Rafters
Tax Lot # <i>1500</i>	Type of roofing <i>Asph/Flt</i>
Plat	Type of siding <i>Asph/Flt</i>
Type of Construction: <i>I, II, III, IV, V.</i>	Type of heating
Occupancy Group: <i>A, B, C, D, E, F, G, H, I, J.</i>	
Division <i>1, 2, 3, 4.</i>	
Use of Zone: <i>R1, R2, R3, R4, RA, A1, C1, C2, C3.</i>	
<i>M1, M2.</i>	
Fire Zone: <i>1, 2, 3.</i>	

I hereby acknowledge that I have read this application with the Ordinance and State laws regulating building construction.

Signature of Permittee _____

By _____

Valuation	Basic Fee
\$ <i>2500</i>	(+) 50% I, II, III
Area—1st Floor	(-) 50% V, J
Area—2nd Floor	Plan Checking Fee <i>20</i>
Additional Area	TOTAL <i>270</i>
Area—Type V J <i>132 R</i>	

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

Special information: *Handed 1/28/76*

Date Received: *1-28-76*

APPROVED: COUNTY SANITARIAN

By *[Signature]*

Date: *2-4-76*

APPROVED: COUNTY PLANNING COMM.

By *[Signature]*

Date: *2-4-76*

APPROVED: BUILDING OFFICIAL

By *[Signature]*

Size of Septic Tank _____ gals.

Water Supply _____ Private _____ Public _____

Source: _____

Type of Occupancy _____

Total Floor Area _____

No. Stories _____ Total Height _____

Area of Lot _____

Front Yard Setback _____

Side Yard Setback _____

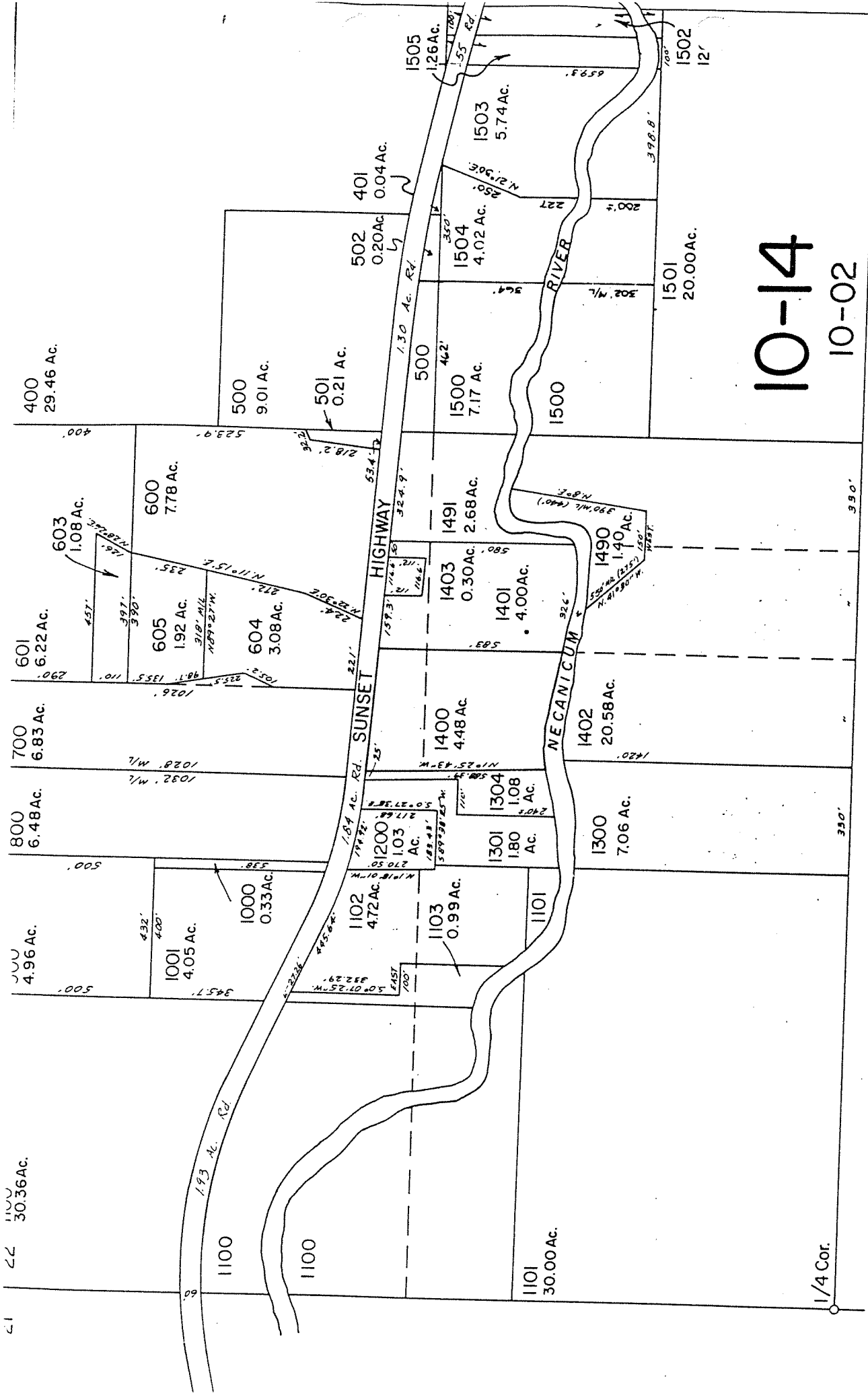
Rear Yard Setback _____

New Const. _____ Alter. _____

Change of Occupancy From _____ To _____

PLANNING AND ZONING

PLANNING AND ZONING



10-14
10-02