

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 34045 Hwy 26 City: SEASIDE, OR 97138
Owner: MICHAEL J MALTMAN Phone: 503-738-6784
Owners Address: 809 S HOLLADAY, STE C SEASIDE, OR 97138
Agent: _____

Proposed Development/Construction: REMODEL / ADDITION

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 5N R 10W SEC 14 Tax Lot(s) ~~150~~ 1500

Permit Needed - Yes () No (☒) Site Approved - Yes (^{NA}) No ()

Signature: Cornia Schandt Date: 6-27-05

Remarks: No change in # of bedrooms, no NCBO requirements
Maintain 5' setback to septic tank & 10' setback to existing drainfield

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Signature: [Signature] Title: Fire Marshal Date: 6-23-05

Remarks: Trees may need to be trimmed

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____

Zone: _____ Overlay District: _____

Development Permit - Yes () No (☒) # _____

Flood Plain - Yes () No () Elevation Requirements: _____

Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()

Signature: _____ Title: _____ Date: _____

Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

11-1-02

W:\PL\FORMS\AGENCY\SO.doc

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 27 2005

NORTH COAST BRANCH OFFICE
WARRENTON

63249

Control No.

\$ 205.00

Fee

**STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY**

PERMIT NO. 01-69

☐ New Construction☒ Minor Repair☒ Other Tank replacement

Permit Issued To James Brougher 5N 10W 14 1500 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Highway 26 Seaside Connie M. Schuadt 5-21-01
 (Road Location) (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)

SPECIFICATIONSEXPIRATION DATE May 21, 2002TYPE OF SYSTEM Tank replacement only

Michael's concrete septic tank with riser

Design Sewage Flow - Gallons/DayTank Volume 1000 GallonsDisposal Trenches ☐Seepage Bed(s) ☐ - Square FeetMaximum Depth - inches.Minimum Depth - inches.- Linear FeetEqual ☐ Loop ☐ Serial ☐Pressurized ☐Minimum Distance Between Trenches -Total Rock Depth - inches.Below Pipe - inches.Above Pipe - inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 5-18-01. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request.

PRE-COVER INSPECTION REQUIRED - CONTACT NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETIONAs-Built Drawing
with Reference LocationsInstaller Bob McEwan Const.Inc.

As-built & certification of final construction received 5-23-01.

Final Insp. Date _____

Pumping receipt received 5-21-01.

☐ Inspected By _____

System components installed/constructed as per approved as-built.

☐ Issued by Operation of Law

OK to cover system.

☒ 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.

(Authorized Signature)

(Title)

(Date)

(Office)

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426
 CLYDE McDONALD 458-6521
 (800) 382-7380

STATEMENT

DATE	5-18-2001
NUMBER	738-5954

Bob McEwan Const.
P.O. Box 2845
Gresham, Oregon 97138
Re: James Broughen
34043 Hwy 26
Seaside, Oregon

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallons BALANCE FORWARD	
	Steel Septic Tank	
5-18-01	Pumped Septic Tank To Replace	225.00
	Pumped 500 Gallons	
	DEPT. OF ENVIRONMENTAL QUALITY RECEIVED	
	MAY 21 2001	
	NORTH COAST BRANCH OFFICE WARRENTON	

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT IN THIS COLUMN

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

(Date Received)

MAY 23 2001

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OFFICE

WARRENTON

Pursuant to the requirements within ORS 454.065, OAR 340-71-170 and OAR 340-71-175, the system installer and the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, 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 JAMES BROUGHER Permit Number 01-69 County CLATSOPTownship 5N ; Range 10W ; Section 14 ; Tax Lot 1500 ; Tax Acct. # —Job Location 34043 HWY 26, SEASIDE, ORDate System Construction Completed 5/21/01 ; Date Submitted to DEQ or Agent 5/23/01SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.2 - 4" ϕ SCH 40 ABS ELS6' - 4" ϕ " " " PIPE1 - 4" ϕ FLEX COUPLING1000 GAL MICHAEL'S CONG. TANK1 - 18" TALL x 24" ϕ PVC ACCESS RISER

Property Owner JAMES BROUGHER Permit Number 01-69 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.

NO CHANGE FROM ORIGINAL DRAWING.

SECTION 4:

CONSTRUCTION WAS PERFORMED BY:

 Property Owner (Permittee)

X Sewage Disposal Service Business: BOB MCEWAN CONST., INC. 37079
(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).

Michael R. McEwan Pres.
(System Installer's Signature) (Title)

5/23/01
(Date)

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

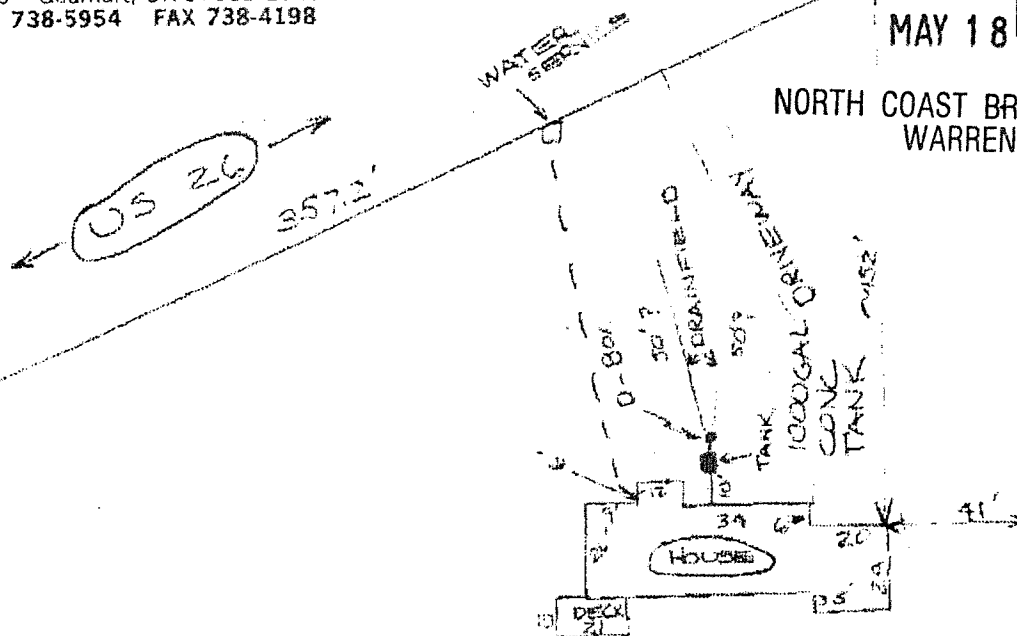
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAY 18 2001

NORTH COAST BRANCH OFFICE
WARRENTON

US. LARGEST
SITKA SPRUCE

350'



490.5'

APPROVED
Connie M Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
5/21/01

JAMES BROUGHER
T5N-R10W-
SEC. 14 TL 1500
34043 US HWY 26
SEASIDE, OR 5/9/01

329.0'

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

MAY 18 2001

NORTH COAST BRANCH OFFICE
WARRENTON

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SECTION 1: BASIC INFORMATION.

Property Owner: JAMES BROUGHER Permit Number — County CLATSOP
Township 5N; Range 10W; Section 14; Tax Lot 1600; Tax Acct. # —
Job Location 34043 HWY 26, SEASIDE, OR
Date System Construction Completed —; Date Submitted to DEQ or Agent —

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

1000 GAL MICHAELS CONK TANK
5' - 4" SCH 40 ABS PIPE
3 - 4" FLEX COUPLINGS

APPROVED

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

5/21/01

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

May 16, 2001

James Brougher
209 N. Louise St.
Glendale, CA 91206-4296

Re: Minor Repair Permit
T5N-R10W-S14; TL# 1500
Clatsop County

Dear James Brougher,

In response to a repair permit application received on May 9, 2001, I visited the above-described property to confirm the extent of repair to the existing on-site sewage disposal system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

No records of an on-site sewage disposal system for this property were found at the DEQ North Coast Branch Office (NCBO) in Warrenton. A field inspection conducted on May 15, 2001 revealed the existing septic system consists of a 750-gallon steel septic tank, a distribution box and two disposal trenches of undetermined length.

The tank was completely deteriorated and its walls were collapsed. By probing above the disposal trenches from ground surface, one trench was estimated to be approximately 100 feet in length. The length of the other trench could not be determined, but it appears the existing driveway may run across this trench. No visible signs of surfacing sewage were noted in the vicinity of the drainfield. However, sewage solids accumulated inside the two outlet pipes of the distribution box indicate the drainfield may not function properly and may need to be replaced soon. 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
DEQ-1



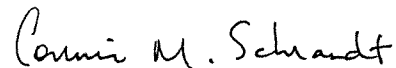
A plot plan showing the proposed installation of a new 1000-gallon septic tank, including materials used and the manufacturer of the tank, must be submitted to obtain a repair permit from this office. After the permit is issued and a pre-cover inspection has been performed on the new septic tank installation, 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
Northwest Region, Water Quality

cc: Bob McEwan Construction, Inc., P.O. Box 2845, Gearhart, 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 5-9-01
Date Completed 5-21-01
Required Fee \$305.00
Receipt No. 98413
Control No. 63249
Y12 BUILT 1960

FOR APPLICANT'S USE - (PLEASE PRINT)

BROUGHER, JAMES
(Property Owner's Name)

3.12 ACRES
Lot Size (Acreage or Dimensions)

BOB MCEWAN CONST., INC.
(Applicant's Name if Different from Owner)

Legal Description of Property 5N 10W 14 1500 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

[] Single Family Residence (Number of Bedrooms)
[] Other (Specify)

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

Existing Facility

[X] Single Family Residence 2
(Number of Bedrooms)
[] Other (Specify)

APPLICATION FOR:

[] Site Evaluation Report
[] Permit to Construct On-Site Sewage Disposal System
[X] Permit to Repair On-Site Sewage Disposal System
[] Permit for Alteration of On-Site Sewage Disposal System
[] Permit Renewal
[] Existing System Report
[] Plan Review
[] Other (Specify) MINOR REPAIR

[] 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.

Mike McEwan
(Signature)

5/8/01
(Date)

[] Authorized Representative
[X] Licensed Installer
License No. 37079

Owner's Mailing Address
204 N. LOUISE ST.
GLENDALE, CA
91206-4296

Phone 738-0153

Applicant's Mailing Address (if different)
PO Box 2845
GEARHART, OR 97138-2845

Phone 503-738-5954 IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVEDEXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

MAY 10 2001

Answer the following as best you can.

NORTH COAST BRANCH OFFICE
WARRENTON

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

- () Septic Tank (X) Disposal Trenches () Unknown
() Seepage Bed () Cesspool or Pit
() Other —

(Describe) SITE READY FOR VISITBY CONNIE2. When was your sewage disposal system installed? ?

(Year)

(Permit No.)

3. Tank material:

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

4. Volume of the septic tank in gallons: 750 GAL5. When was the septic tank last pumped? ? (Attach receipt)6. Number of disposal trenches: 27. Total length of disposal trenches (feet): 100'?8. Is your sewage disposal system currently in use? Yes (X) No ()
If no, how long has the system been out of use? _____9. If the sewage disposal system serves a dwelling, how many bedrooms in the
Dwelling? 2 How many people occupy the dwelling? _____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.

Date

5/10/01Mike McEwan
Signature of Property owner or
Legally Authorized Representative

MAY 9 2001

A hand-drawn sketch of a road layout. It shows a loop with a distance of 357.2' indicated by an arrow. The loop is labeled 'US 26'.

U.S. LARGEST
SITKA SPRUCE



20. / 1940

DRIVEWAY

1. 2. 3.

HOUSE

DEC 21

490.5

North 1-50

JAMES BROUGHER
T5N-R10W-
SEC. 14 TL 1500
34043 US HWY 26
SEASIDE, OR 5/9/01

329.0'

DEPT. OF ENVIRONMENTAL QUALITY
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MAY 9 2001

LAND USE COMPATABILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS
NORTH COAST BRANCH OFFICE
WARRENTON

01-370

FOR DEQ USE ONLY

FAX 861-3259

P R O C E S S I N G	APPLICANT'S NAME <u>BROUGHMAN, JAMES</u>		MAILING ADDRESS <u>209 N. LOUISE</u> <u>GLENDALF, CA 91206-</u> CITY STATE ZIP <u>4296</u>		PHONE <u>503-738-</u> <u>0153</u>
	TOWNSHIP <u>5N</u>		RANGE <u>10W</u>	SECTION <u>14</u>	TAX LOT OR ACCT NO. <u>1500</u>
	SUBDIVISION/PROJECT <u>—</u>		LOT <u>—</u>	BLOCK <u>—</u>	COUNTY <u>CLATSOP</u>
	<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981				

PROPOSED LAND USE

SINGLE FAMILY DWELLING

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

PROPERTY'S ZONING DESIGNATION

RA2 / FHO

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

<input type="checkbox"/> COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN	OR	<input checked="" 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

EXISTING SYSTEM

PROPERTY IS LOCATED: (check one)

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

LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

SIGNED <u>Chris Holt</u>	TITLE <u>PLANNING TECH</u>	DATE <u>5-9-2001</u>
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CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
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This map is made solely for the purpose of assisting in locating sale premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

TICOR TITLE INSURANCE COMPANY

