

Property History

Account ID:4670

Legal Description:

<u>Legal Type</u>	<u>Twnshp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	5	10	14	C	A	00300	51014CA00300
<u>Additional Information:</u>							
'08 Less TL 400							

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
4670	510140000690	4670	51014CA00300	2008
4670	510140000690	4670	51014CA00300	2008

Owner(s):

Current Ownership:

<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
White Stephanie R		Wife & Husband
White Scott W		Husband & Wife

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
03/26/2001	02/17/2001	200101911	Elliott Michael F	Owner
02/05/2008	12/31/2007	200713097	Elliott Michael F	Owner
02/05/2008	12/31/2007	200713097	Elliott Michael F	Owner
04/20/2011	04/15/2011	201103203	Bank of the Pacific	Corporation
05/31/2012	05/24/2012	201204217	White Scott W	Husband & Wife
05/31/2012	05/24/2012	201204217	White Stephanie R	Wife & Husband

Voucher History:

<p>Voucher 1 Source: Clerk Document Type Code: Bargain & Sale Operation: Name Change Operation Type: Name Completeness Status: Completed Partition Flag: No User Id: SRADFORD</p>	<p>Effective Date: 05/24/2012 Date Created: 05/31/2012 Completed Date: 05/31/2012 Voucher Type: Assessment Consideration: \$678,000 Remarks: Includes TL 300, 400. Xfr 300, 400 needs Ref of Instrument for Parcel 2 of exception 8. Dee contacted from Pacific Title 5/29/12</p>	<p>Map Key: 51014CA00300 Instrument Id: 201204217 Book: Page: Status: Active</p>
<p>Voucher 2 Source: Clerk Document Type Code: Trustees Deed Operation: Name Change Operation Type: Name Completeness Status: Completed Partition Flag: No User Id: SRADFORD</p>	<p>Effective Date: 04/15/2011 Date Created: 04/20/2011 Completed Date: 04/20/2011 Voucher Type: Assessment Consideration: \$700,000 Remarks: Includes TL 300 and 400</p>	<p>Map Key: 51014CA00300 Instrument Id: 201103203 Book: Page: Status: Active</p>

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: 34353 Hwy 26 City: SEASIDE, OR 97138
Owner: MICHAEL F. ELLIOTT Phone: (503) 440-0411
Owner's Address: P.O. BOX 459 CANNON BEACH, OR 97110
Agent:
Proposed Development/Construction: AGRICULTURAL POLE BARN

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

Legal Description: T 5 R 10 SEC 14 DB Tax lot(s) 690
Permit Needed - Yes () No (x) Site Approved - Yes (x) No ()
Signature: Date: 8/9/07 DEQ
Remarks:

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:

Water/Fire Flow: Number of Hydrants: Hydrant Location (s):
Signature: [Signature] Title: Fire Marshal Date: 8-9-07
Remarks: Per owners statements existing shop + home will be sprinklered

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:

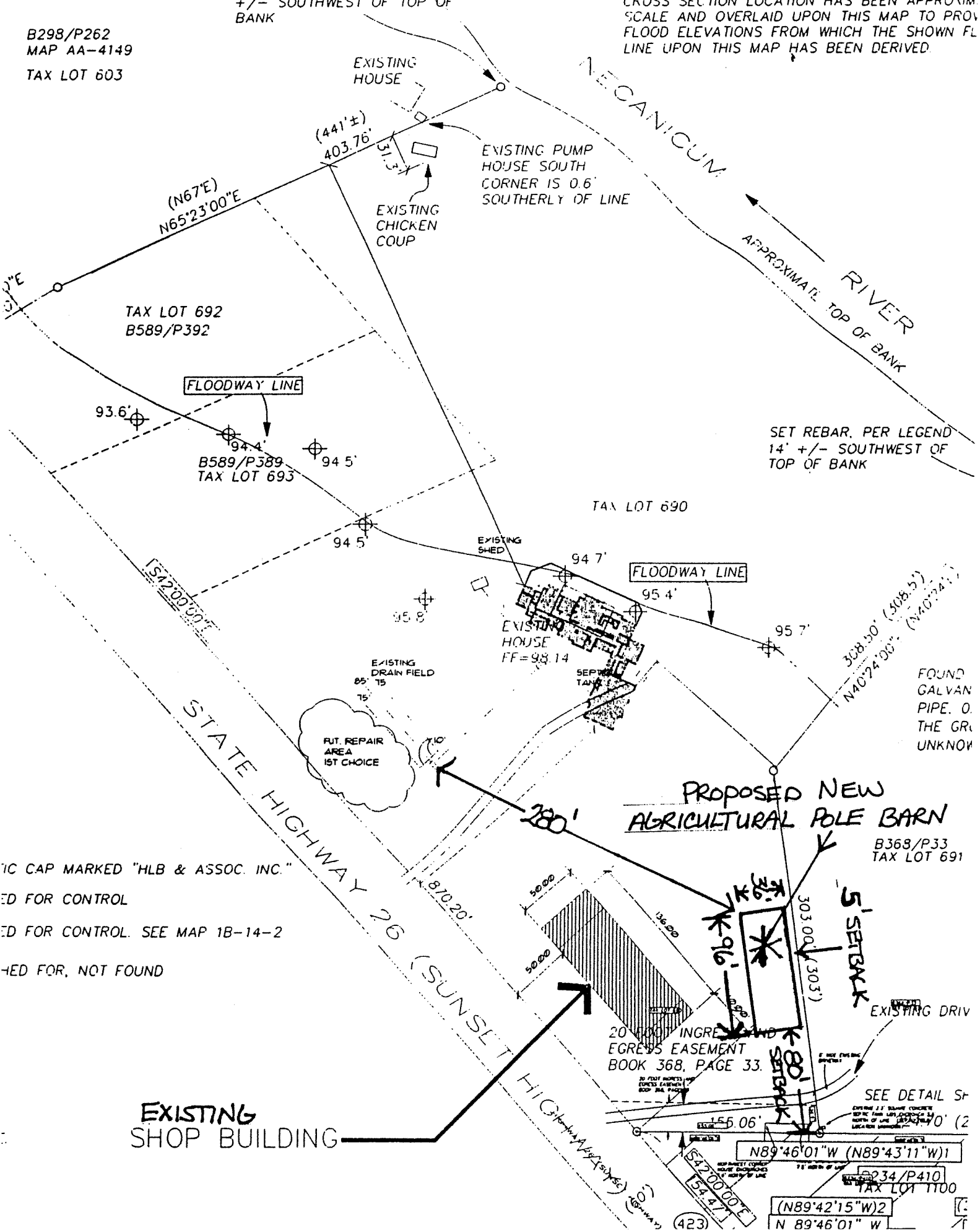
Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

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.

B298/P262
MAP AA-4149
TAX LOT 603

SET REBAR, PER LEGEND 6'
+/- SOUTHWEST OF TOP OF
BANK

COMMUNITY PANEL NUMBER "410027 0034 A",
SECTIONS V, W, AND X. THE AFOREMENTIONED
CROSS SECTION LOCATION HAS BEEN APPROXIM-
SCALE AND OVERLAID UPON THIS MAP TO PROV-
FLOOD ELEVATIONS FROM WHICH THE SHOWN FL-
LINE UPON THIS MAP HAS BEEN DERIVED.



TAX LOT 692
B589/P392

FLOODWAY LINE

B589/P389
TAX LOT 693

TAX LOT 690

SET REBAR, PER LEGEND
14' +/- SOUTHWEST OF
TOP OF BANK

STATE HIGHWAY 26
(SUNSET HIGHWAY)

EXISTING HOUSE
FF=98.14

PROPOSED NEW
AGRICULTURAL POLE BARN

B368/P33
TAX LOT 691

FOUND
GALVAN-
PIPE, 0.
THE GR-
UNKNOW

IC CAP MARKED "HLB & ASSOC. INC."
ED FOR CONTROL
ED FOR CONTROL. SEE MAP 1B-14-2
ED FOR, NOT FOUND

EXISTING
SHOP BUILDING

20' EGRESS AND
EGRESS EASEMENT
BOOK 368, PAGE 33.

SEE DETAIL S-
CONCRETE
18" DIA. FROM LOTS SURROUNDING 26
NORTH OF LINE (20' DIA.)
LOCATION NUMBER: 70' (2

B234/P410
TAX LOT 1100

(N89'42'15"W)2
N 89'46'01" W

(423)

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: 34353 Hwy 26 City: SEASIDE, OR 97138

Owner: MIKE ELLIOTT Phone: (503) 436-1791

Owners Address: P.O. BOX 459 CANNON BEACH, OR 97110

Agent: _____

Proposed Development/Construction: S.F.D.

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

Legal Description: T S R 10 SEC 14 Tax Lot(s) 690

Permit Needed - Yes () No () Site Approved - Yes () No ()

Signature: [Signature] Date: 5-13-04

Remarks: SEE AUTH. NOTICE LETTER DATED 4-21-04

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 Chief Date: 4/20/04

Remarks: _____

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.



Oregon

Theodore R. Kulongoski, Governor

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

April 21, 2004

Mike Elliott
P.O. Box 459
Cannon Beach, OR 97110

Re: Authorization Notice
Township/Range/Section: T5N, R10W, S14; Tax Lot No. 690; Clatsop County

Dear Mike Elliott:

This notice establishes that the sewage system located on the property identified above appears adequate, by record review, to accommodate the placement of a 4-bedroom single-family dwelling. This authorization is issued for a period of one (1) year pursuant to Oregon Administrative Rules (OAR) 340-071-0205 as enclosed.

This Authorization Notice is subject to the following conditions:

1. This system is sized for a maximum four bedroom single-family dwelling. The sewage flow to the existing system shall not exceed 450 gallons per day or average more than approximately half the projected peak flow. Sewage flows exceeding these amounts may cause the system to fail. In accordance with OAR 340-071-0205(5), only one Authorization Notice for an increase in sewage flow beyond the design capacity will be allowed per system.
2. The proposed building must meet a minimum 5' setback from the septic tank and a minimum 10' setback from the drainfield.
3. All sewage disposal systems require periodic maintenance if they are to function adequately year after year. Normally, septic tanks need to be pumped out every three to five years to prevent the passage of solids into the drainfield.
4. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is strongly discouraged.
5. Area for future replacement of the drainfield may be limited.
6. If system malfunction should occur, a Repair Permit from this office will be needed. Any future repairs or alterations to the existing system will be required to comply with the current rules.

NOTE: This Notice does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Also, issuance of this Notice does not relieve you of your obligation to obtain the appropriate permits, inspections and approvals that may be required by other agencies.

If you have any questions concerning this report, please feel free to contact me at the North Coast Branch Office, (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resource Specialist

Enc. OAR 340-071-0205 - Authorization to Use Existing Systems

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 4-19-04
Date Completed 4-21-04
Required Fee \$140.00
Receipt No. 110892
Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

8.26
Lot Size (Acreage or Dimensions)

MIKE ELLIOTT
(Property Owner's Name)
MIKE ELLIOTT
(Applicant's Name if Different from Owner)

Legal Description of Property T5N R10W S14 690 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 4
(Number of Bedrooms)
 Other _____
(Specify)

Public (Community System)
 Private _____
(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)

4-19-04
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
P.O. Box 459
CANNON BEACH, OR
97110

Applicant's Mailing Address (if different)

Phone (503) 436-1791

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

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND USE COMPATIBILITY STATEMENT (LUCS) JUL 22 2002
For On-Site Sewage Disposal System Permits

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of Applicant MIKE ELLIOTT Telephone (503) 436-1791
Mailing Address P.O. Box 459

City CANNON BEACH State OR Zip 97110

2. Property Information:
County CLATSOP

Township TSN Range 10W Section 14 Tax Lot # 690

Property Address 34353 Hwy-26

Subdivision name if applicable _____ Block _____ Lot _____

3. This proposal is for:

- An individual single family residence
- Other (If other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:

- On-Site Construction-Installation permit for new construction, repairs or alterations (circle one)
- Non-Water carried facility requests, i.e. pit privies/vault toilets for camp grounds
- On-Site Authorization Notices for:
 - Replacement of dwelling
 - Bedroom addition
 - Other change in land use involving potential sewer flow increases

SECTION 2: TO BE FILLED OUT BY COUNTY OR CITY PLANNING OFFICIAL

5. The facility proposal is located: Inside city limits Inside the UGB outside UGB

If inside the UGB, the facility is subject to:

- City jurisdiction, or
- County jurisdiction, or
- Shared city/county jurisdiction.

6. Is a public notice and hearing required? yes no Hearing Date _____

7. The business or facility complies with all applicable local land use requirements: yes no
Comments: RA2 FHO

Signatures: (both county and city planning officials may need to sign if use is within a UGB)

<u>Chris Mote</u>	<u>CHRIS MOTE</u>	<u>PLANNING TECH</u>	<u>325-8611</u>	<u>7/22/2002</u>
Planning Official (county)	Print Planning Official's Name	Title	Phone	Date

_____	_____	_____	_____	_____
Planning Official (city)	Print Planning Official's Name	Title	Phone	Date

JUL 22 2002

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

NORTH COAST BRANCH OFFICE
WARRENTON

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?

1986
(Year)

86-35
(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? ? (Attach receipt)

6. Number of disposal trenches: 3

7. Total length of disposal trenches (feet): 235

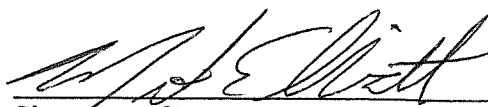
8. Is your sewage disposal system currently in use? Yes () No ()
If no, how long has the system been out of use? 2 yrs.

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

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

By my signature, I certify the above information is accurate and true to the best of My knowledge.

7-22-02
Date

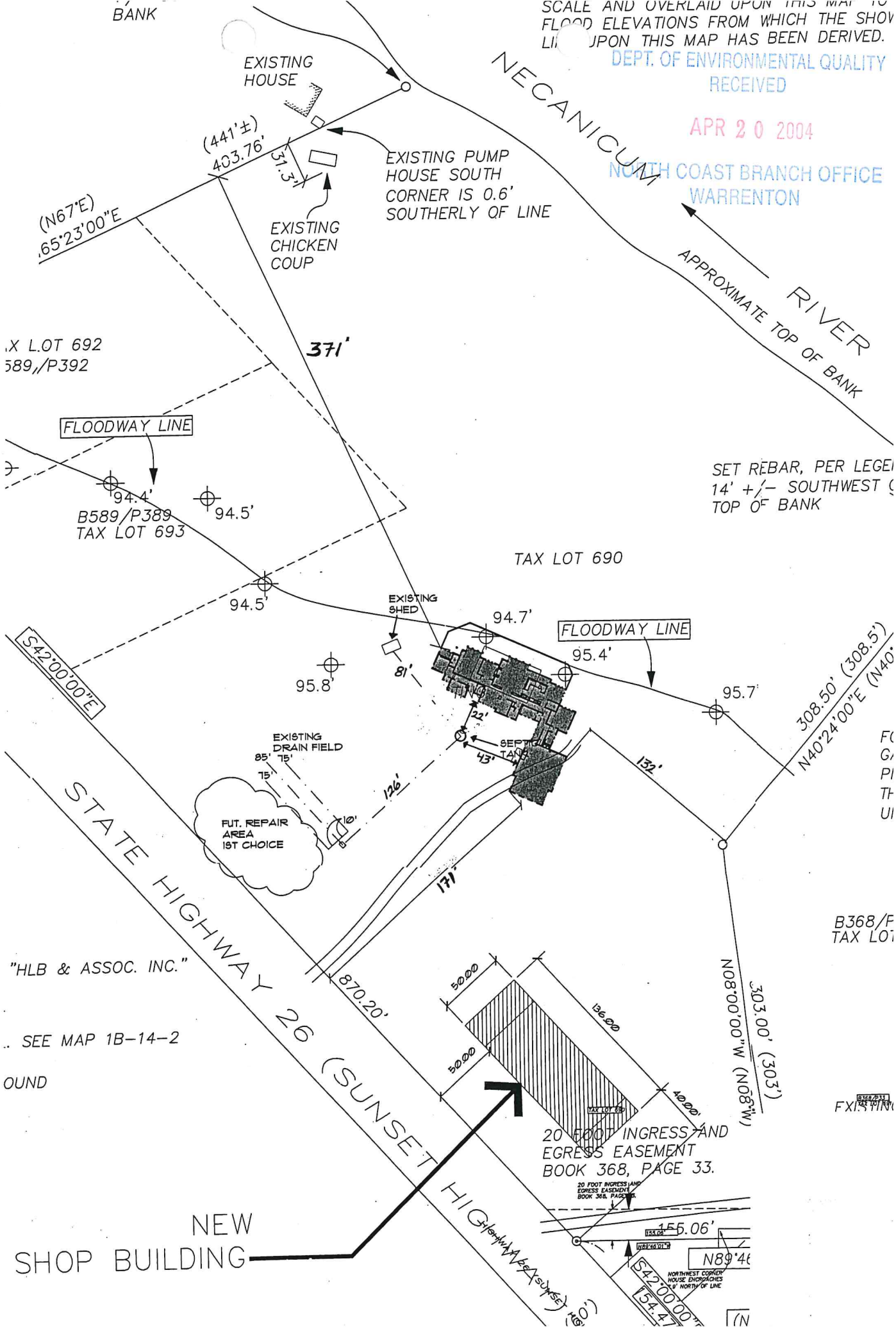

Signature of Property owner or
Legally Authorized Representative

SCALE AND OVERLAIN UPON THIS MAP TO FLOOD ELEVATIONS FROM WHICH THE SHOW LINE UPON THIS MAP HAS BEEN DERIVED.

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

APR 20 2004

NORTH COAST BRANCH OFFICE WARRENTON



TAX LOT 692 589/P392

FLOODWAY LINE

B589/P389 TAX LOT 693

TAX LOT 690

S42°00'00"E

STATE HIGHWAY 26 (SUNSET HIGHWAY)

"HLB & ASSOC. INC."

SEE MAP 1B-14-2

OUND

NEW SHOP BUILDING

EXISTING PUMP HOUSE SOUTH CORNER IS 0.6' SOUTHERLY OF LINE

EXISTING CHICKEN COUP

(441'±) 403.76'

31.3'

371'

EXISTING SHED

FLOODWAY LINE

EXISTING DRAIN FIELD

FUT. REPAIR AREA 1ST CHOICE

SEPTIC TANK

FLOODWAY LINE

FLOODWAY LINE

B368/F TAX LOT 694

20 FOOT INGRESS AND EGRESS EASEMENT BOOK 368, PAGE 33.

20 FOOT INGRESS AND EGRESS EASEMENT BOOK 368, PAGE 33.

155.06' N89°46'

S42°00'00"W 154.47'

NORTHWEST CORNER HOUSE DIVIDES 15' NORTH OF LINE

(N)

Clatsop County

February 13, 2004

Certified Letter ENVIRONMENTAL QUALITY
7003-1680-0002-2181-1655 DIVISION



FEB 13 2004

NORTH COAST BRANCH OFFICE
WARRENTON

Mr. Mike Elliott
34353 Hwy 26
Seaside, OR 97138

Department of
Community Development
800 Exchange Street
Suite 100
Astoria, Oregon 97103

RE: Expiration of Building Permit 02-255B

Dear Mr. Elliott,

This letter is to inform you that your Permit 02-225B to construct a single-family dwelling and shop building located at 34353 Hwy 26, Seaside, OR, *legal description 510-14-690*, has expired due to non-activity for over 180 days.

Our records indicate the last inspection was on February 25, 2003 for a partial final for the "shop only". The inspection report noted "*no occupancy is granted for the shop until the residence has been completed*". Also, our records show construction for the residence has not begun.

You will be required to re-submit for a building permit for occupancy of the shop building when submission for the single-family dwelling is complete.

If we can be of further assistance, you can reach us Monday-Friday 7:30am to 4:30pm at 503-338-3697.

Economic Development
Planning & Development
Telephone (503) 325-8611
Fax (503) 338-3666

Building Codes Division
Telephone (503) 338-3697
Fax (503) 338-3666

Inspection Request Line
(503) 338-3698

Sincerely,

H. L. "Bert" STONE
BUILDING OFFICIAL

RANDY TREVILLIAN
INTERM COMMUNITY DEVELOPMENT DIRECTOR

cc: Patricia Getchell, Planning Technician, Community Development
800 Exchange St Ste 100, Astoria OR 97103 (503) 325-8611
Department of Environmental Quality
65 Hwy 101 N Ste F Warrenton, OR 97146 (503) 861-3280
File

www.co.clatsop.or.us

AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
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: 34353 HWY 26 City: SEASIDE, OREGON
Owner: MIKE ELLIOTT Phone: (503) 436-1791
Owners Address: 3731 E. CHINOOK ST CANNON BEACH OREGON
Agent: _____
Proposed Development/Construction: S.F.D. + POLE BARN

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

Legal Description: T 5 N R 10 W SEC. 14 Tax Lot (s) 690
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 7-29-02
Remarks: SEE AUTH. NOTICE LETTER OF 7-28-02

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

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

Legal Description: T 5 R 10 SEC. 14 Tax Lot (s) 690
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 Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324.
Building Codes will review and issue the building permit.

AGENCY REVIEW & APPROVAL FORM

(STRUCTURE AND MOBILE HOME PLACEMENT)

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: 34353 HWY 26 City: SEASIDE, OREGON
Owner: MIKE ELLIOTT Phone: (503) 436-1791
Owners Address: 3731 E. CHWOK ST CANNON BEACH OREGON
Agent: _____
Proposed Development/Construction: POLE BARN

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

Legal Description: T 5 N R 10 W SEC. 14 Tax Lot (s) 690
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 7-10-02
Remarks: POLE BARN - NO PLUMBING

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

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

Legal Description: T 5 R 10 SEC. 14 Tax Lot (s) 690
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 Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324.
Building Codes will review and issue the building permit.



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

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

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

July 23, 2002

Mike Elliott
PO Box 459
Cannon Beach, OR 97110

Re: Authorization Notice
T5N, R10W, S14; TL# 690
Clatsop County

Dear Mike Elliott:

This notice establishes that the sewage system located on the property identified above appears adequate, by record review, to accommodate the placement of a 3-bedroom single-family dwelling. This authorization is issued for a period of one (1) year pursuant to Oregon Administrative Rules (OAR) 340-071-0205 as enclosed.

This Authorization Notice is subject to the following conditions:

1. This system is sized for a maximum four bedroom single-family dwelling. The sewage flow to the existing system shall not exceed 450 gallons per day or average more than approximately half the projected peak flow. Sewage flows exceeding these amounts may cause the system to fail. In accordance with OAR 340-071-0205(5), only one Authorization Notice for an increase in sewage flow beyond the design capacity will be allowed per system.
2. The proposed building must meet a minimum 5' setback from the septic tank and a minimum 10' setback from the drainfield.
3. All sewage disposal systems require periodic maintenance if they are to function adequately year after year. Normally, septic tanks need to be pumped out every three to five years to prevent the passage of solids into the drainfield.
4. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is strongly discouraged.

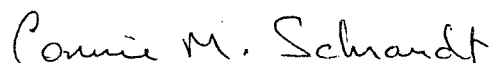


5. Area for future replacement of the drainfield may be limited.
6. If system malfunction should occur, a Repair Permit from this office will be needed. Any future repairs or alterations to the existing system will be required to comply with the current rules.

NOTE: This Notice does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Also, issuance of this Notice does not relieve you of your obligation to obtain the appropriate permits, inspections and approvals that may be required by other agencies.

If you have any questions concerning this report, please feel free to contact me at the North Coast Branch Office, (503) 861-3280.

Sincerely,



Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

Enc. OAR 340-071-0205

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

OR OFFICE USE ONLY
Date Rec'd 7-22-02
Date Completed 7-23-02
Required Fee \$140.00
Receipt No. 103822
Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

8.26
Lot Size (Acreage or Dimensions)

MIKE ELLIOTT

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

T5N R10W S14 690 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 3
(Number of Bedrooms)
 Other _____
(Specify)

Public (Community System)
 Private _____
(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)

7-22-02 Authorized Representative
(Date) Licensed Installer
License No. _____

Owner's Mailing Address
P.O. BOX 459
CANNON BEACH, OR
97110

Applicant's Mailing Address (if different)

Phone (503) 436-1791

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

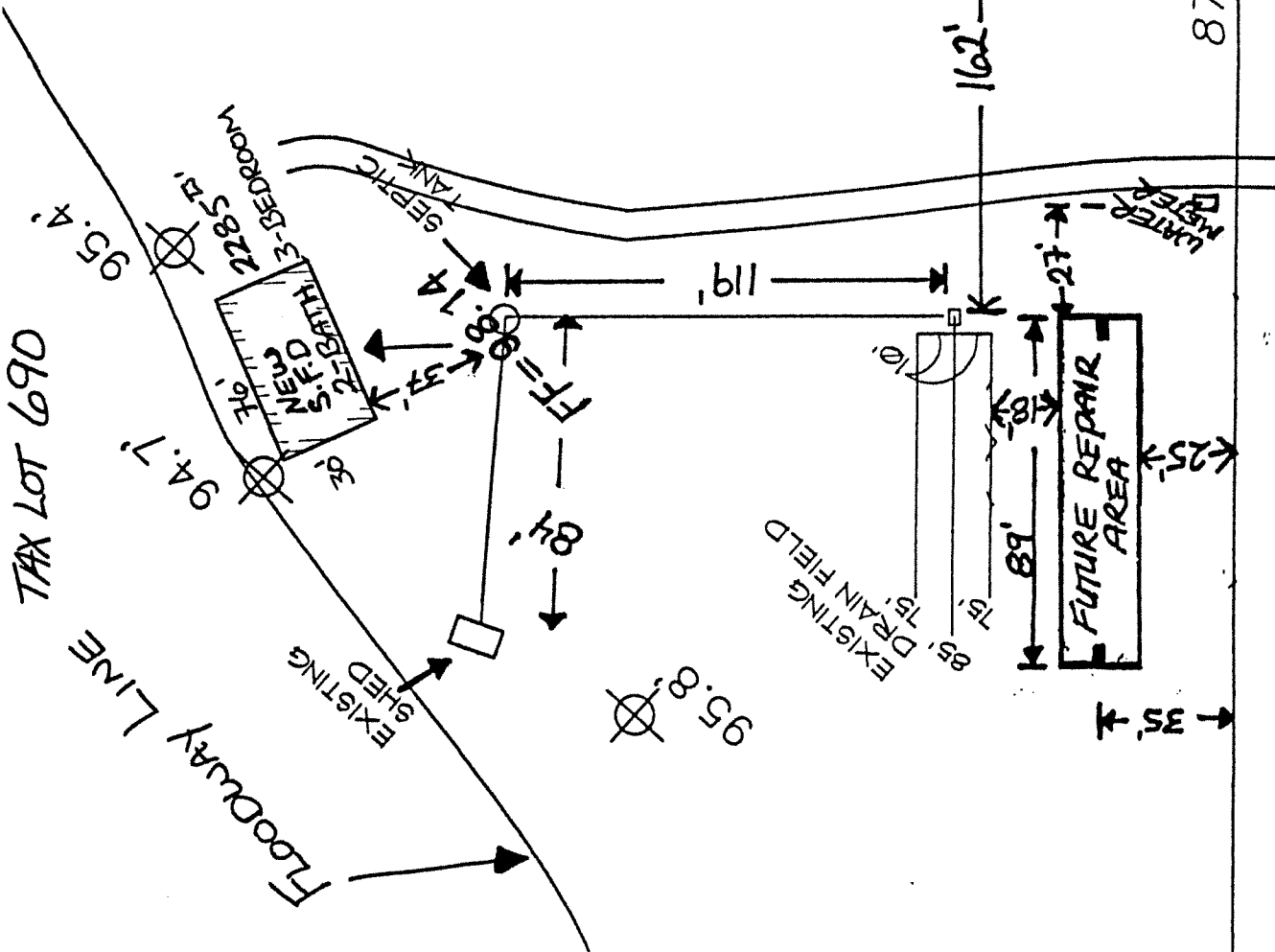
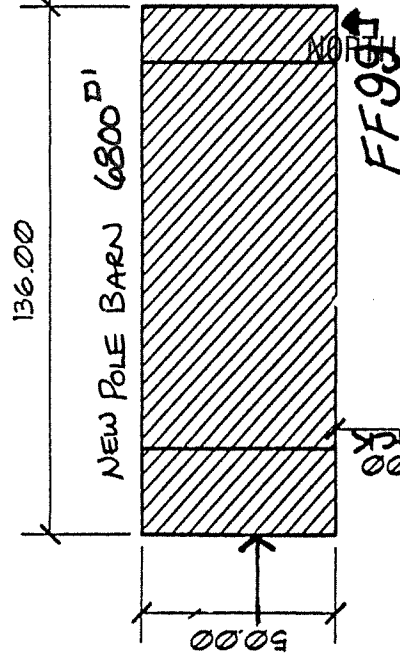
SCALE
1" = 50'

303.00' (C)
N08°00'00"W (N08)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 22 2002

NORTH COAST BRANCH OFFICE
WARRENTON




STATE HIGHWAY 26 (SUNSET HIGHWAY)

AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
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: 34353 HWY 26 City: SEASIDE, OREGON
Owner: MIKE ELLIOTT Phone: (503) 436-1791
Owners Address: 3731 E. CHWOK ST CANNON BEACH OREGON
Agent: _____
Proposed Development/Construction: POLE BARN

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

Legal Description: T 5 N R 10 W SEC. 14 Tax Lot (s) 690
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature:  Date: 7-10-02
Remarks: POLE BARN - NO PLUMBING

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

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

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 Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

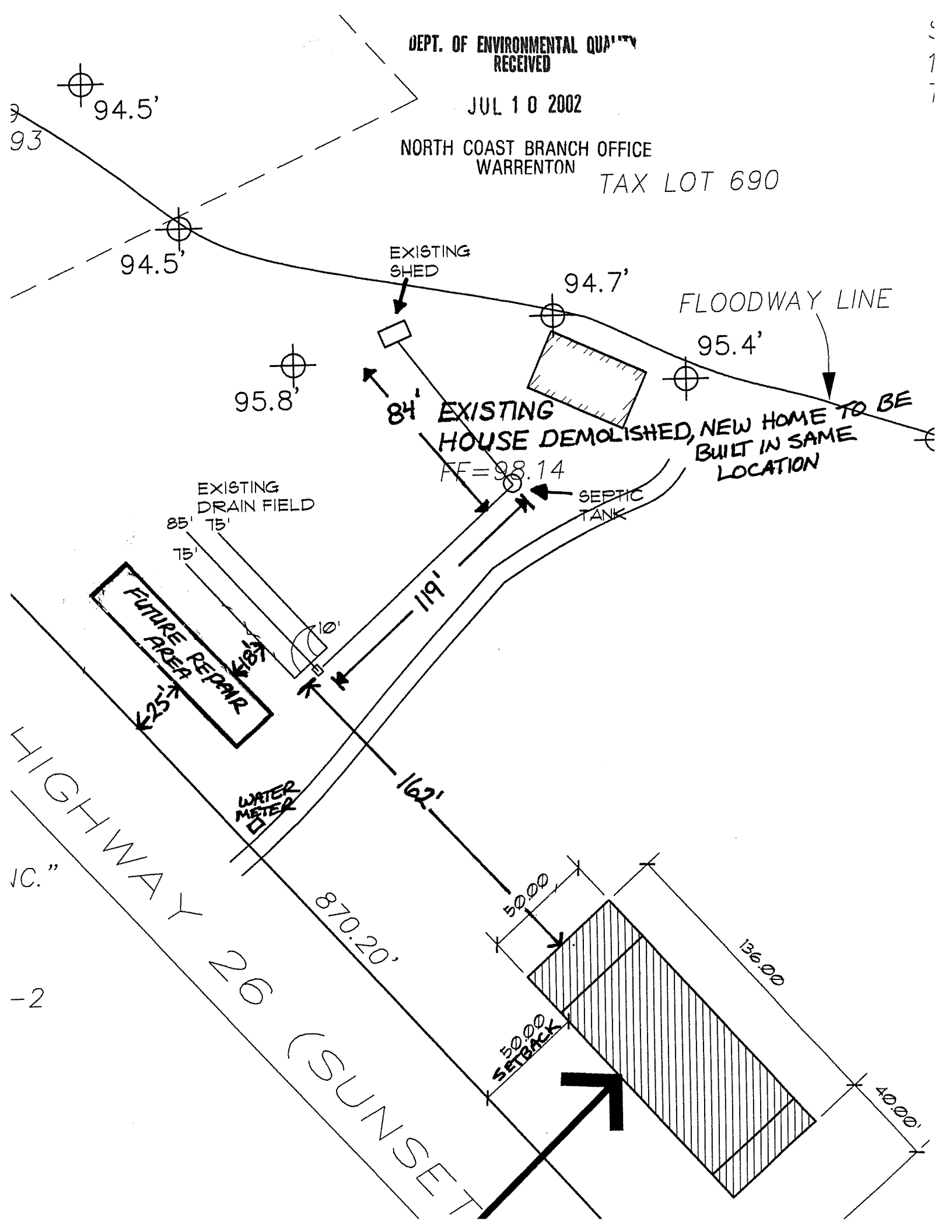
4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324. Building Codes will review and issue the building permit.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 10 2002

NORTH COAST BRANCH OFFICE
WARRENTON

TAX LOT 690



HIGHWAY 26 (SUNSET)

10.00"

-2

FF=98.14



Oregon

John A. Kitzhaber, M.D., Governor

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

July 9, 2002

Mike Elliott
P.O. Box 459
Cannon Beach, OR 97110

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: Site Evaluation Results – Site Approval With Conditions
Township/Range/Section: T5N, R10W, S14; Tax Lot # 690, Clatsop County

Dear Mike Elliott:

The above-described parcel was evaluated for suitability of on-site sewage disposal systems on the following date(s): July 2 and July 5, 2002. This evaluation is for a future replacement area, since the original replacement area will be encumbered by a proposed shop building and cannot be used. The original site evaluation of April 21, 1986 is supplemented by this report in regards to the replacement area only. Based on this evaluation, the following on-site sewage disposal system is approved for the future system replacement:

Replacement system: Conventional Sand Filter with Capping Fill Disposal Trenches

Details of the site evaluation are included in the Site Evaluation Report enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with future system replacement, contact this office to get a permit application package. The permit must be issued by DEQ before you can start construction.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review within 30 days of the site evaluation report issue date at a cost of \$440. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance at a cost of \$1340. If you are interested in either of these actions, please contact the undersigned for more details before you proceed.

Best wishes on a successful project. If you have any other questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resource Specialist

Enc: Site Evaluation Report



**Site Evaluation Report
For On-Site Sewage Disposal System Suitability**

Site Location: T5N, R10W, S14; Tax Lot # 690, Clatsop County

Applicant: Mike Elliott

Date(s) of Site Evaluation: July 2 and 5, 2002

DEQ Onsite Specialist: Connie M. Schrandt

Date of Report: July 9, 2002

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An on-site sewage disposal system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper functioning of an on-site system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils in an area that is large enough for both the initial and the replacement disposal areas. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on July 2 and 5, 2002. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites.
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of the on-site system.

Approved Systems

Based on the evaluation of the site and soil conditions, the following on-site sewage disposal systems are approved:

Replacement System: System Type: Sand Filter, Conventional with Capping Fill Disposal Trenches

Minimum Septic Tank Size: 1000 gallons

Minimum Dosing Tank Size: 500 gallons

Linear feet of drainfield: 150

Distribution Method: Serial

Maximum Trench Depths: 12"

Other Comments/Requirements:

- Fill material shall be evenly graded to a final depth of 16 inches over the drain media for serial distribution
- The disposal trenches must consist of perforated pipe and drain media.
- Filter fabric meeting OAR 340-073-0041 shall be used to cover the drain media-top only,
- A sample of the soil capping material to be used may be required for Department review prior to permit issuance.
- Construction of capping fills shall occur between June 1 and October 1 unless otherwise authorized by the Agent

Attached is the Site Evaluation Field Worksheet, which shows the approved areas and other details of the site visits.

Site Limitations

Most sites have some limitations that will affect either the location of the on-site sewage system or the type of system that can be allowed. The following describes the limitations found at this site.

Permanent groundwater level is too close to the ground surface

Site conditions observed: Permanent groundwater levels in test pits #3 and #4 were measured at 18 and 22 inches, respectively. "Permanent groundwater" refers to a water table that completely dries up during certain times of the year.

Rule requirement: OAR 340-071-0290(2)(b)(C). For approval of standard on-site systems and low-pressure distribution systems, a separation of 48" is required between the bottom of the disposal trenches and the upper level to which permanent groundwater is expected to rise. A conventional sand filter system can be approved for sites with Group C soils where the high level obtained by permanent groundwater does not exceed 12 inches below ground surface, and disposal trenches placed no less than 12 inches below ground surface and constructed with a capping fill can be used to achieve the required separation distance from permanent groundwater.



Description: Treatment of sewage occurs in the soils around the drainfield area. If groundwater comes in contact with the sewage before it has been adequately treated in the soils, there are two concerns: 1) very little treatment occurs in saturated soils – the presence of air is required for good treatment; and 2) sewage may be “forced” to the surface where it poses a potential public health hazard.

Additional Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than approximately half of the peak sewage flow. This is normally sufficient to serve a single family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow limits are exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Field staking of disposal trenches for the replacement disposal area may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor’s records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

FIELD WORKSHEET

Replacement Area
Only

Tax Reference T5N R10W S14 TL# 690 Clatsop Co. Evaluator CMS
 Applicant _____ Date 7/2/02 + 7/5/02 Parcel Size 8.26 ac

Depth (in.)	Texture	Soil Matrix Color and Redoxymorphic Features, %Coarse Fragments, Roots, Pores, Structure, Layer Limiting Effective Soil Depth, etc.	
<u>Pit 1</u> 0-11	<u>sil</u>	<u>10YR 4/3: chunky -> 1SBK; common v.f. roots</u>	<u>1</u>
11-22	<u> </u>	<u>10YR 4/3; 1SBK; few v.f. roots to 27" bgs</u>	
22-60	<u>↓</u>	<u>10YR 4/4 with cm, coarse, from RDFs (10YR 4/2 + 7.5YR 4/6); 2 SBK</u>	
<u>water standing @ 45" bgs</u>			
<u>Pit 2</u> 0-8	<u>sil</u>	<u>similar to Pit 1 @ 0-11"; common v.f. roots</u>	<u>2</u>
8-56	<u>↓</u>	<u>" " " " 22-60"; few v.f. roots to 22" bgs</u>	
<u>water standing @ 33" bgs</u>			
<u>Pit 3</u> 0-18/24	<u>sil</u>	<u>-similar to Pit 1 @ 0-11", slight compaction fr/12-18" bgs</u>	<u>3</u>
18/24-60	<u>sil</u>	<u>w/RDFs @</u>	
<u>Pit 4 - similar to Pit 3, RDFs @ 22" bgs</u>			

Landscape Notes River Terrace
 Slope -2-4% Aspect S-SW Groundwater Type Permanant

Other Site Notes: Sand filter disposal area to be 100 ft. from groundwater, 50 ft. from surface water and 10 ft. from foundations, property lines and utility lines. Septic Tank/Dosing Tank and Sand Filter treatment unit to be 50 ft. from any groundwater or surface water and 5 ft. from foundations, property lines and utility lines.

SYSTEM SPECIFICATIONS

Type System: **CONVENTIONAL SAND FILTER WITH CAPPING** Design Flow: 450 gpd
 Sand Filter Size (bottom surface area): 360 sq. ft. OR ^{DISPOSAL TRENCHES} 20 x 18 container (w/30 ml PVC liner)
 Septic Tank Size (Min. Required): 1000 gallons Dosing Tank Size (Min. Required): 500 gallons
 Drainfield Size: 150 total linear ft.

Initial NA System Sizing: NA linear ft/150gpd Max/Min Depths Required (in): NA
 Replacement serial System Sizing: 50 linear ft/150gpd Max/Min Depth Required (in): 12"

Special Conditions:

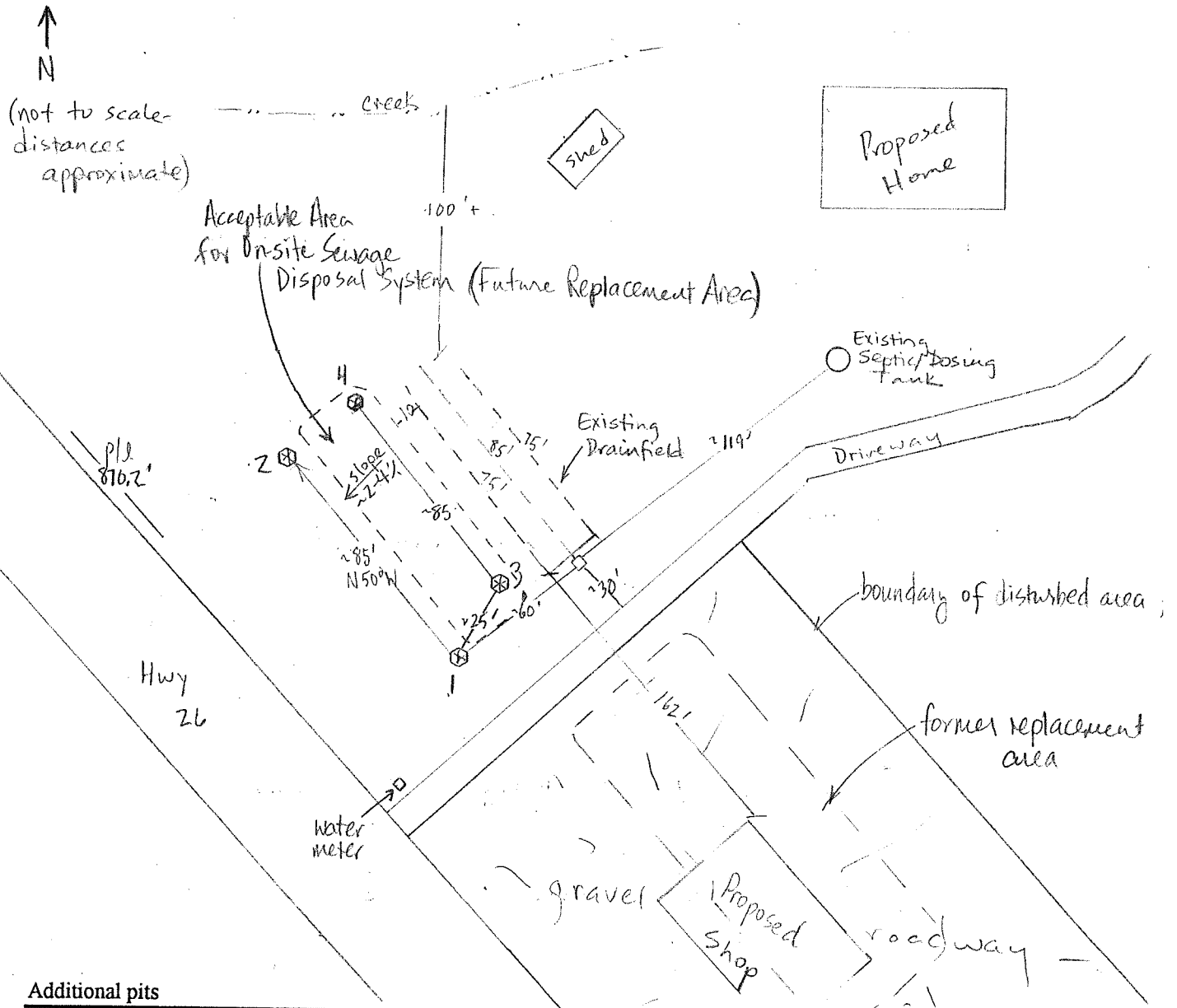
- Watertight maintenance risers required on septic and dosing tank(s); 2 compartments may also be required.
- A detailed site development plan of proposed system construction (located within area of approved test holes) is required with permit application. The plan must show proposed system placement as it relates to existing and/or proposed structures, wells, waterways, roads and parking areas.
- Honor all required setbacks (OAR 340-071, Table 1) and required separation distances.
- Disposal areas to be kept free of cover, traffic, development or other potential disturbance of soil conditions described.

We recommend a DEQ licensed sewage disposal business prepare plans for DEQ construction/installation permit and install/repair/alter system following permit issuance. Please call 503-861-3280 if you have questions.

Capping fill to be constructed between June 1 and October 1

NAME Mike Elliott

T 5N R 10W S 14 TL# 690



Additional pits

4 _____

5 _____

Notes

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 6-7-02
Date Completed 7-9-02
Required Fee \$465.00
Receipt No. 102177
Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

8.26

Lot Size (Acreage or Dimensions)

MIKE ELLIOTT

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

T 5N R10W S14 690 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)

- Public (Community System)
- Private _____
(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
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 Elliott
(Signature)

6-6-02
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
P.O. BOX 459
CANNON BEACH, OR 97110

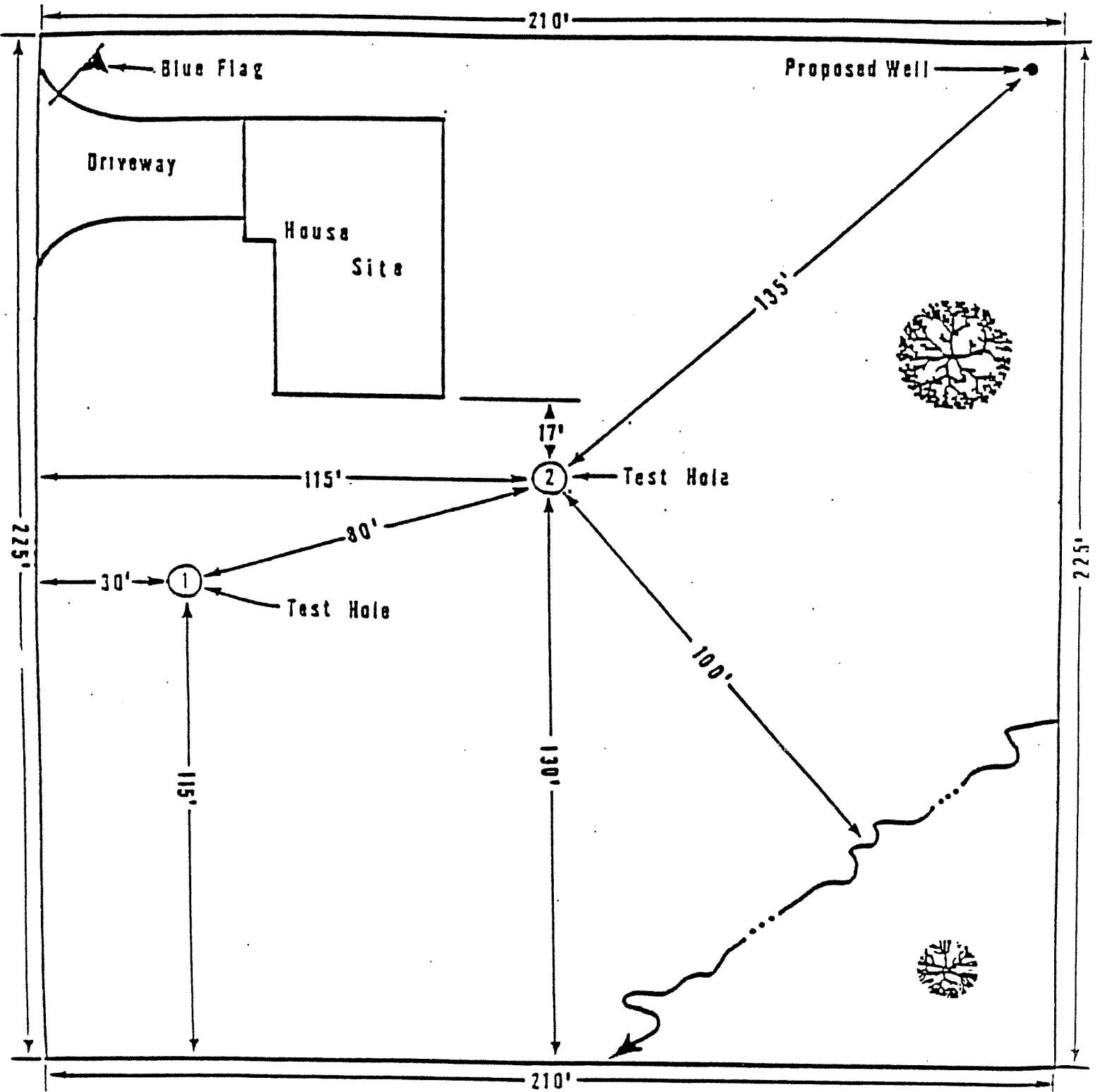
Applicant's Mailing Address (if different)

Phone (503)436-1791

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



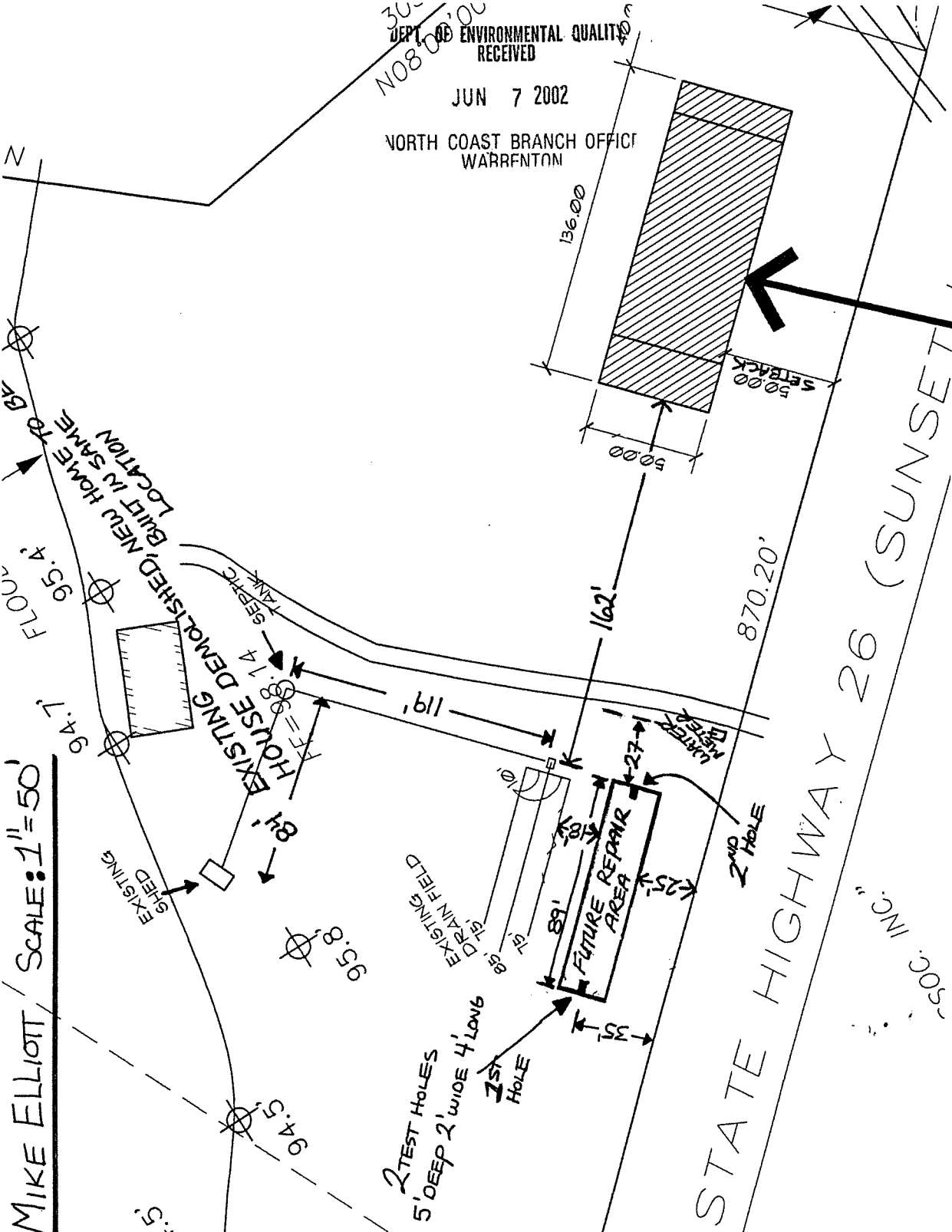
PRELIMINARY SITE DEVELOPMENT PLAN



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 7 2002

NORTH COAST BRANCH OFFICE
WARRENTON



MIKE ELLIOTT / SCALE: 1" = 50'


SOC. INC.

AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
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: 34353 HWY 26 City: SEASIDE OREGON
Owner: MIKE ELLIOTT Phone: (503) 436-1791
Owners Address: P.O. BOX 459 CANNON BEACH OR
Agent: _____
Proposed Development/Construction: GARDEN SHED

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

Legal Description: T SN R 10W SEC. 14 Tax Lot (s) 690
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature:  Date: 12-5-01
Remarks: PROPOSED SHED - NO PLUMBING. ENSURE
5' SETBACKS TO SEPTIC TANK + 10' TO DRAINFIELD.

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

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

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 Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324.
Building Codes will review and issue the building permit.

SET REBAR 6' +/-
SOUTHWEST OF TOP
OF BANK

COMMUNITY PANEL NUMBER "410021 0034 A", CROSS
SECTIONS V, W, AND X. THE PREMENTIONED MAP AND
CROSS SECTION LOCATION HAS BEEN APPROXIMATED BY
SCALE AND OVERLAID UPON THIS MAP TO PROVIDE THE
FLOOD ELEVATIONS FROM WHICH THE SHOWN FLOODWAY
LINE UPON THIS MAP HAS BEEN DERIVED.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DEC 5 2001

NORTH COAST BRANCH OFFICE
WARRENTON

NECANICUM
RIVER

APPROXIMATE TOP OF BANK

<N00°57'35"E 1317.71'>
(N00°53'35"E 1319.86')

7°E
23'00"E

(441'±)
403.76'

692
92

FLOODWAY LINE

B509/P309
TAX LOT 693

SET REBAR 14'
+/- SOUTHWEST
OF TOP OF BANK

NEW GARDEN SHED

TAX LOT 690

FLOODWAY LINE

EXISTING HOUSE
FF=98.14

308.50' (308.5)
N80°24'00"E (N40°24'E)

STATE HIGHWAY 26 (SUNSET HIGHWAY)

B368/P33
TAX LOT 691

N00°44'00"E
159.65'

A550C. INC."

MAP 18-14-2

(420)

20 FOOT INGRESS AND
EGRESS EASEMENT
BOOK 368, PAGE 33.

EXISTING DRIVEWAY

SEE DETAIL SHEET 2

155.06' 224.70' (224.7')

N09°46'01"W (N09°43'11"W)1

(N09°42'15"W)2
B234/P410
TAX LOT 1100

N 09°46'01" W (299.27')2
299.68'

(N 09°43'11" W)1 (295'+/-)

(N00°53'35"E)1

(N00°51'42"E)2 (270')2
N00°50'09"E 270.74'

(07')
87.00'

(N00°57'35"E

MONUMENT (31) TO MONUMENT (423)

TIME TRIP A/C/T/F

15434

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 86-35

\$ 65.00

Fee

New Construction

Repair

Other

Permit Issued To Mark Paden
(Property Owner's Name) 5 N 10 W 14 690 Clatsop
(Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Hwy 26 .3 mile East of Klooohie Creek
(Road Location) (City) John Odisio April 21, 1986
(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 April 21, 1987 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gal's/Day

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

Maximum Depth 30 inches. Minimum Depth 18 inches. 225 Linear Feet

Equal Loop Serial Pressurized Minimum Distance Between Trenches 10 feet on centers

Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Top 12 inches of existing soil surface in approved area must be removed prior to installation of system.

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

CERTIFICATE OF SATISFACTORY COMPLETION

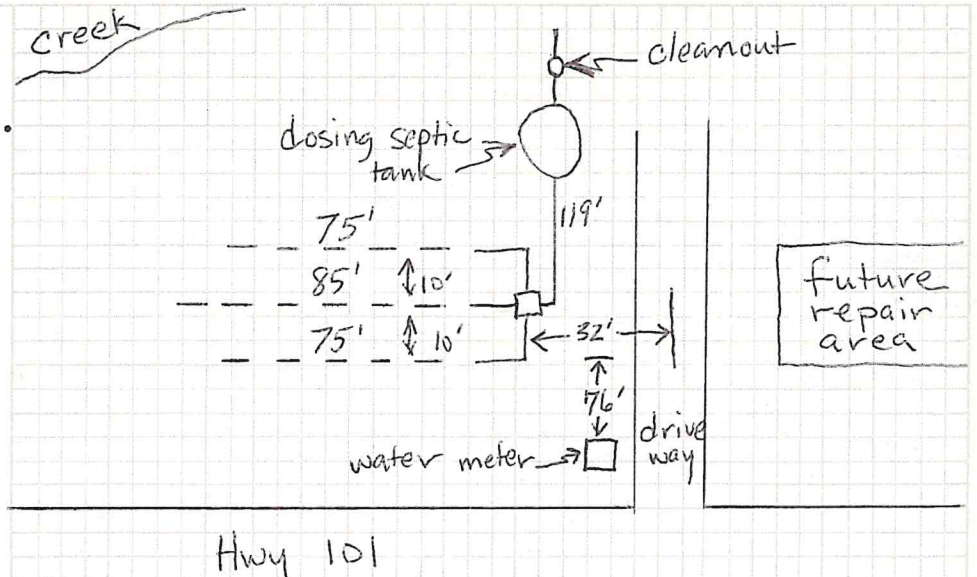
As-Built Drawing with Reference Locations

Installer Seacoast Nursery Const.

Final Insp. Date May 8, 1986

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340-71-170(2)



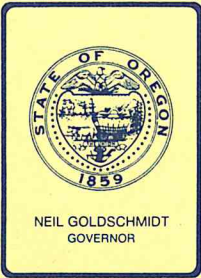
In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

John Odisio
(Authorized Signature)

Environmental Analyst
(Title)

5/8/86
(Date)

Astoria-DEQ
(Office)



Department of Environmental Quality

811 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204 PHONE: (503) 229-5696

March 30, 1987

• Mark and Edie Paden
Hamlet Route Box 583
Seaside, OR 97138

Re: Necanicum Kennels
Holding Tanks

I have reviewed your drawings for two 1,000 gallon holding tanks to serve the proposed Necanicum Kennels.

The Department approves of your plan, however, I have one recommendation. Both holding tanks should be equipped with audible and visual alarms to indicate when the tanks are seventy-five percent (75%) full. The audible alarms should be user cancelable only. The alarm systems will help to insure that the tanks are pumped at the proper time to prevent overflows which could reach the nearby stream on your property.

If you have any questions concerning this matter, please call me in Portland at 229-6053 or our toll-free number, 1-800-452-4011.

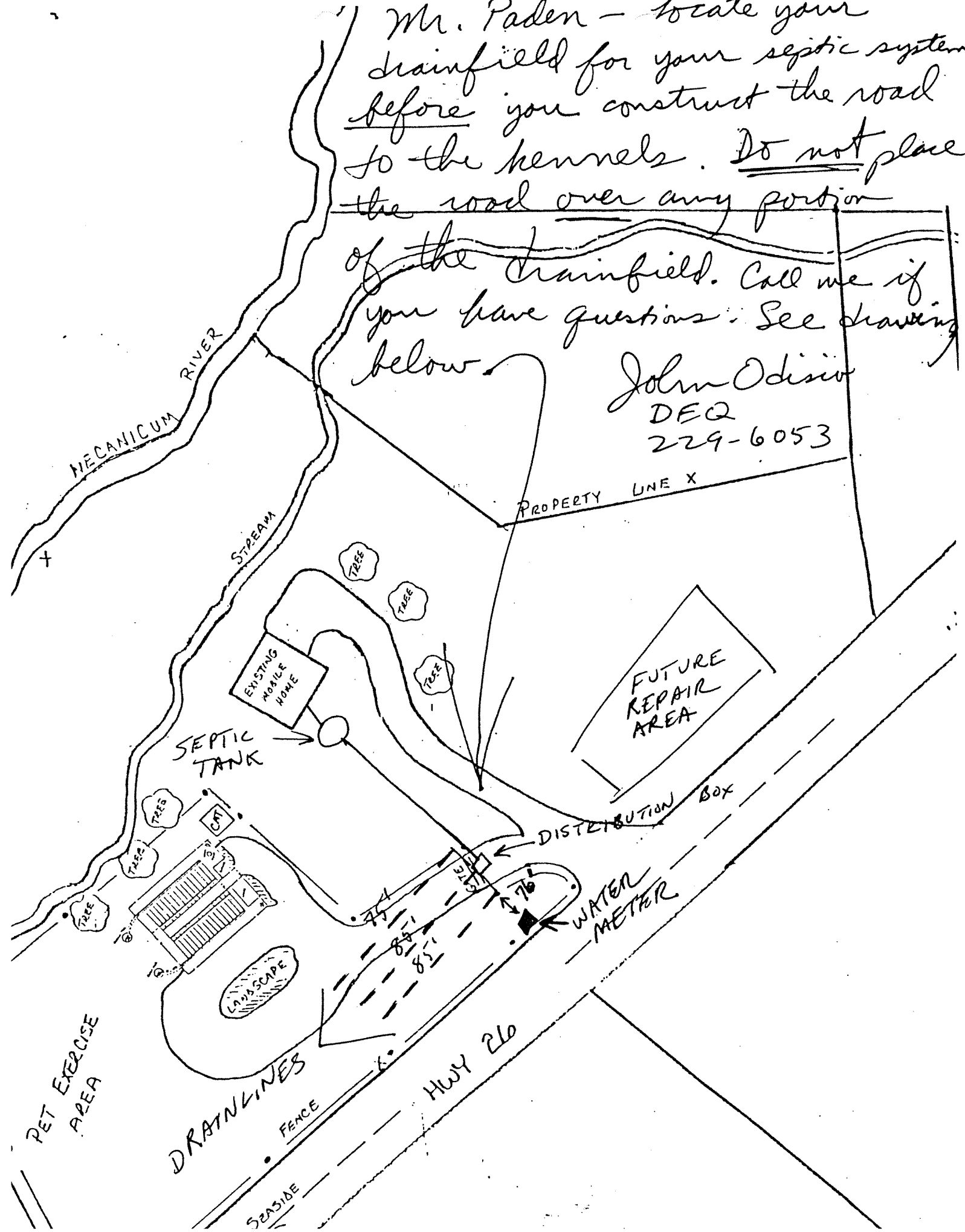
Sincerely,

John Odisio
Environmental Analyst
Northwest Region

JO:p
RP471
cc: On-Site Sewage Section, DEQ

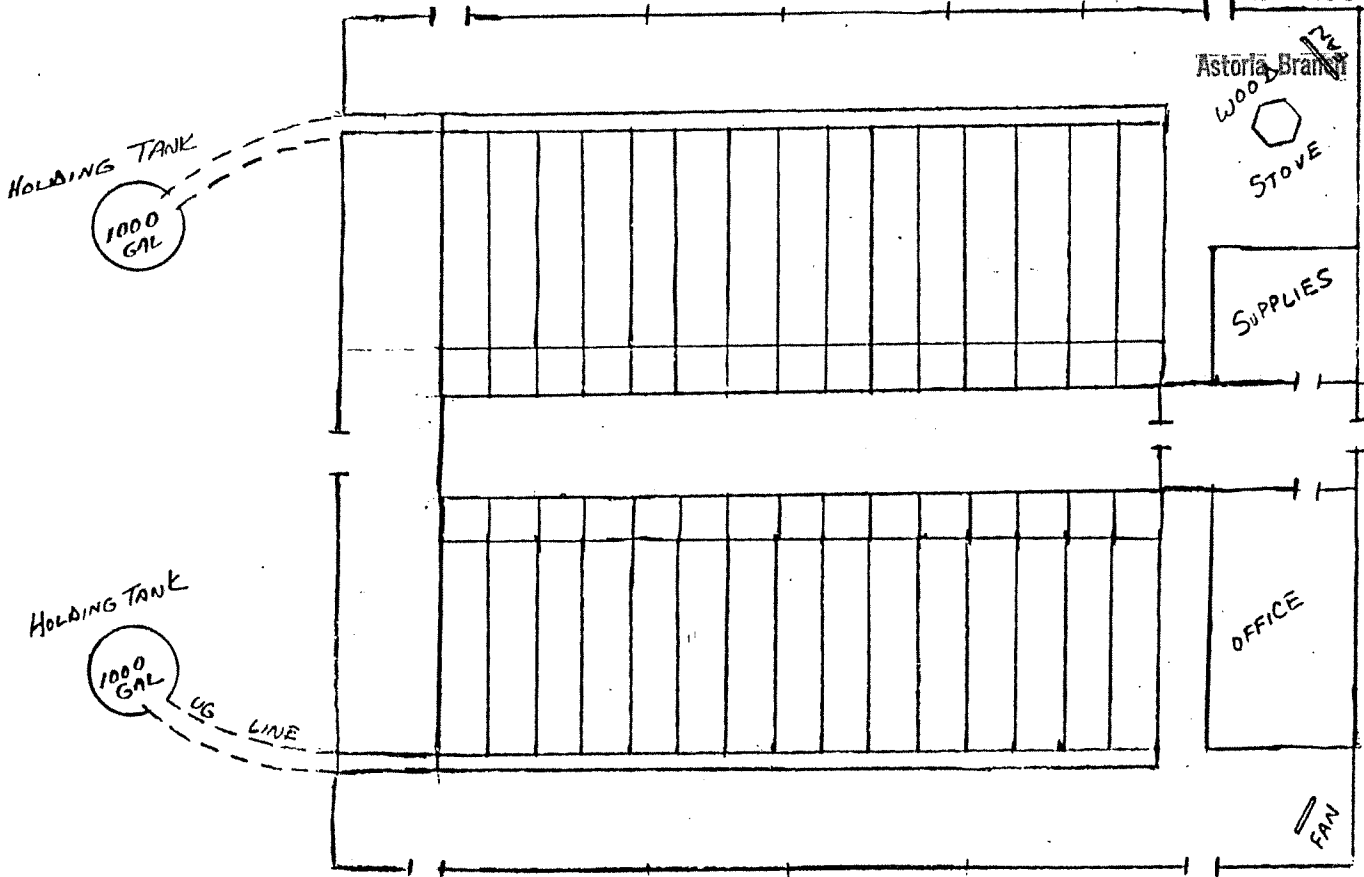
Mr. Paden - locate your drainfield for your septic system before you construct the road to the kennels. Do not place the road over any portion of the drainfield. Call me if you have questions. See drawing below.

John Odisio
DEQ
229-6053



RECEIVED

MAR 20 1987



MECHANICUM

KENNELS

MARK & EDIE PADEN
HAMLET RT. BOX 583
SEASIDE, ORE.

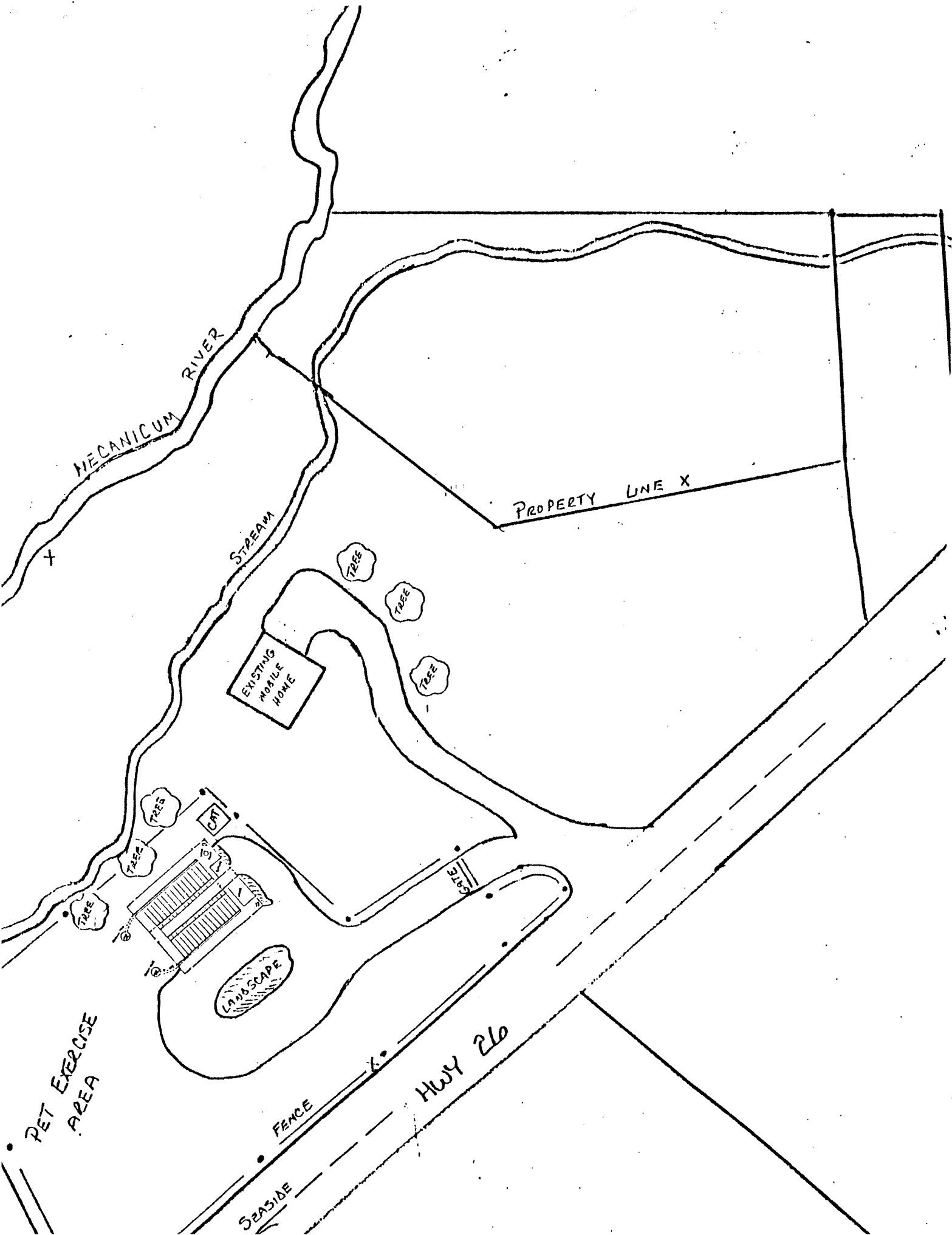
BUILDING SIZE : APPROX. 45' WIDE x 75' LONG (738-6795)
 BUILDING TYPE : WOOD FRAME, METAL SIDING & ROOF
 BARN INSULATION

FLOOR TYPE : CONCRETE - KENNEL AREA SMOOTH SURFACE
 WALKWAYS ROUGH SURFACE
 Completely SEALED.

KENNELS : 6 FT. HIGH x 4 FT WIDE x 10 FT LONG CHAIN LINK.
 PRIVACY PANELS AND TOPS FOR LARGE PETS
 ALL RUNS ARE PORTABLE BOLT TOGETHER SO MANY
 KENNEL SIZE VARIATIONS ARE POSSIBLE.

SANITARY : 2 1000 GAL PLASTIC HOLDING TANKS.

CATTERY : 15' LONG x 20' WIDE WOOD BLDG.
 GLASS BAY WINDOW - CONCRETE FLOOR
 KENNELS = SMALL ANIMAL TYPE CAGES.





DEPARTMENT OF COMMERCE
 BUILDING CODES DIVISION
 401 LABOR & INDUSTRIES BLDG.
 SALEM, OREGON 97310
 PHONE 378-4133

DEPARTMENT OF COMMERCE
 BUILDING CODES DIVISION
 P. O. BOX 951
 ASTORIA, OR 97103

BUILDING PERMIT APPLICATION

RESIDENTIAL

HAMLET RT BOX 583
 JOB LOCATION / ADDRESS

SEASIDE CLATSOP
 CITY COUNTY

DIRECTIONS TO JOB SITE

MARK PADEN
 OWNER

P.O. BOX 518
 ADDRESS

SEASIDE COUNTY ZIP CODE

DESCRIBE WORK	CODE
<input type="checkbox"/> NEW CONSTRUCTION	
<input type="checkbox"/> ADDITION	
<input type="checkbox"/> REMODEL	
<input checked="" type="checkbox"/> MOBILE HOME <u>DBL WIDE 50'0"</u>	
<input type="checkbox"/> PRE FAB	
<input type="checkbox"/> ACCESS. BLDG.	
<input type="checkbox"/> OTHER _____	specify
TOTAL SQUARE FT. _____	CONSTRUCTION VALUE _____
<u>ASTORIA</u> PERMIT / JOB # _____	
OFFICE	

HOME: 738-6795 WORK: _____
 TELEPHONE

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE _____	PUBLIC _____ PRIVATE <u>Y</u>	
FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	TWNSHP _____ RG _____ TL _____	DEQ PERMIT # <u>86-35</u> <u>will be installed by 5-4-86</u>
BY: _____	BY: <u>Cindy Van Arsdall</u> <u>SEC</u>	TITLE _____
PHONE _____	<u>325-8660</u>	<u>4-29-86</u>
DATE _____	PHONE _____	DATE _____

DESIGNATED CONTRACTORS				
GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO THE BEST OF 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 _____

RECEIVED

APR 21 1986

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

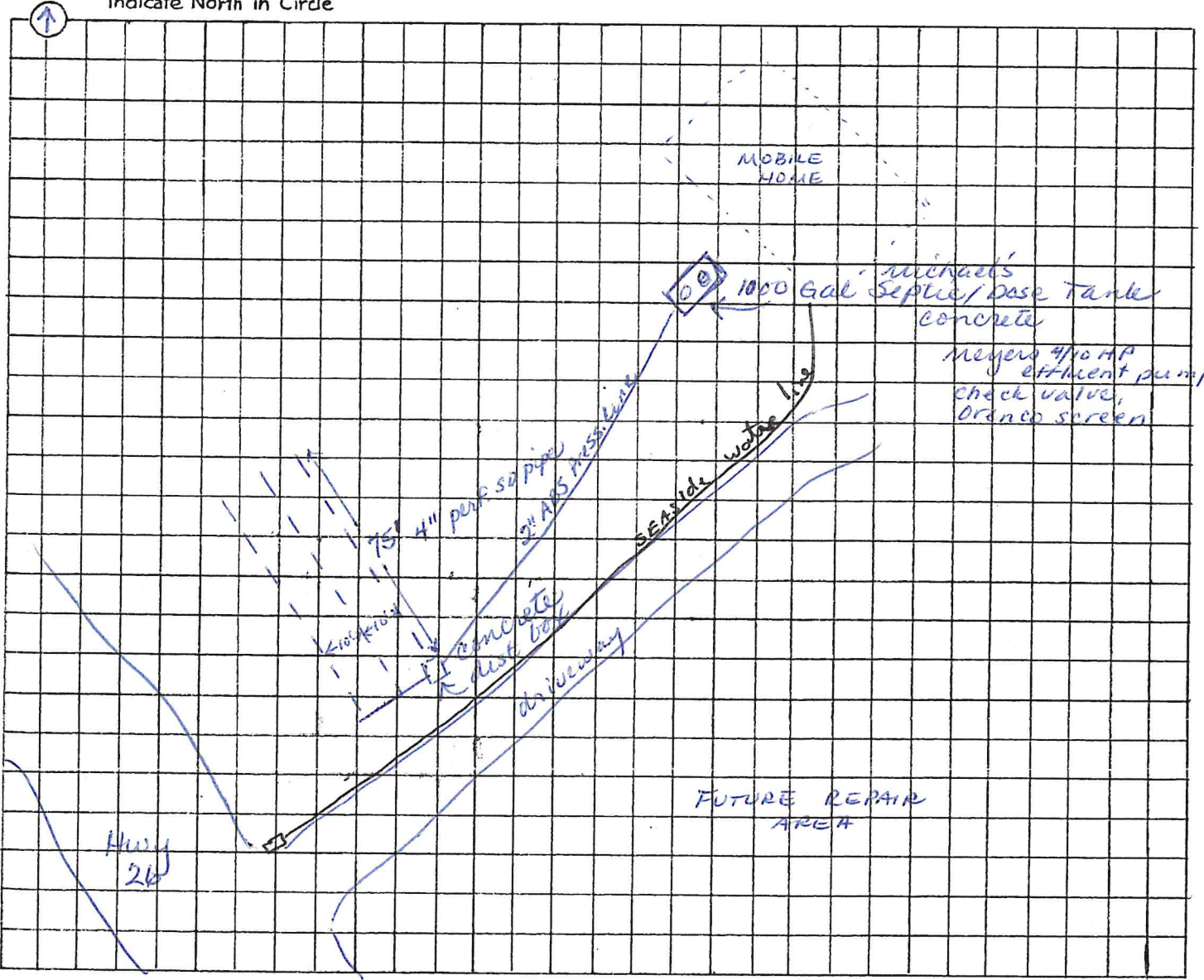
NORTHWEST REGION

Property Owner MARK PADEN Date 4-18-86

Location: T. 5 R. 10 Sec. 14 Tax Lot/Acct. No. 690

~~3100~~
~~610~~

Indicate North in Circle



REMARKS: _____

FOR DEQ USE ONLY

Approved

Permit Number _____

Disapproved

By: _____

(SANITARIAN SIGNATURE)

(DATE)

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 4-16-86
Date Completed 5-8-86
Required Fee 65.00
Receipt No. 33856
Control No. 15434

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

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

MARK PADEN (Property Owner's Name)
SN 10W 14 690 Clatsop (Township, Range, Section, Tax Lot/Acct. No., County)
Seaside (Public Water Supply)

Single Family Residence 3 bedroom mobile home (Number of Bedrooms) Other (Specify)

Directions to Property: Hwy 26, 2 mi east of Cannon Beach Junction, .3 mi. east of Kloochie Creek Park on left hand side heading east

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.

Seacoast Nursery Const. Inc. by J.L. Smith (Signature)

Owner
Authorized Representative
S.D.S. License No. 33079-P (Date)

Owner's Mailing Address

Applicant's Mailing Address (if different)

P.O. Box 517
Seaside, OR 97138

Seacoast Nursery Const. Inc.
Hamlet Rt Box 475
Seaside, OR 97138

Phone

Phone 738-6401

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

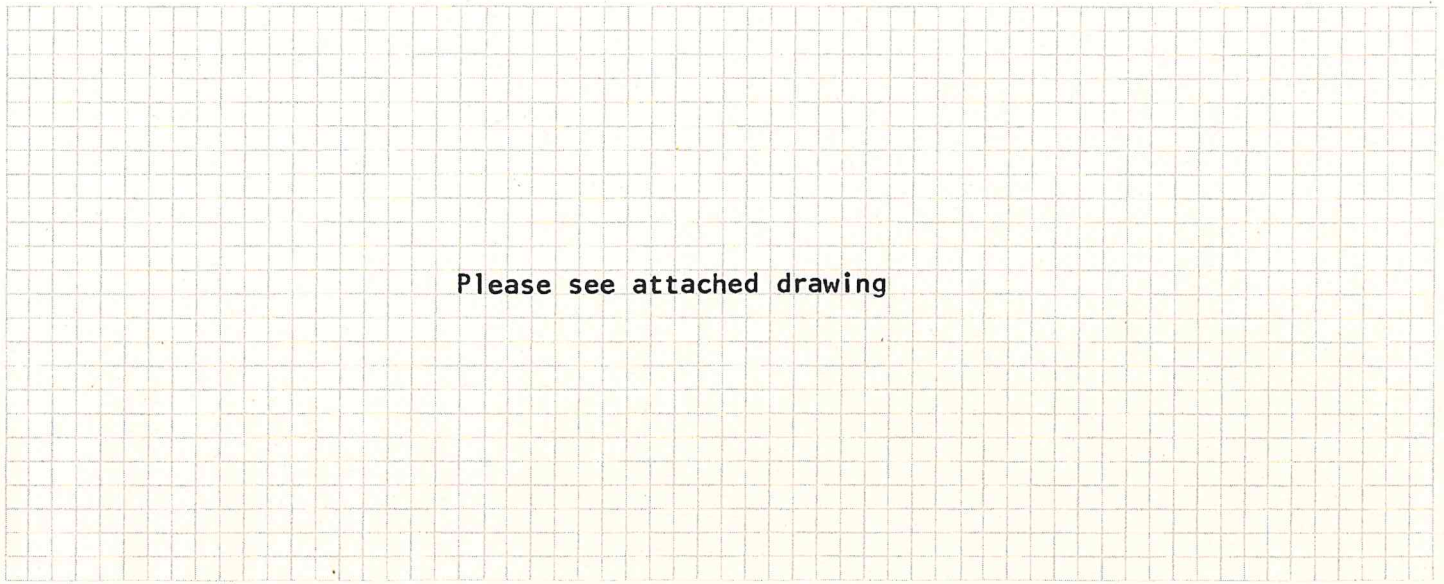
For Office Use Only

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

<u>5 North</u> (Township)	<u>10 West</u> (Range)	<u>14</u> (Section)	<u>690</u> (Tax Lot/Acct. No.)	<u>Clatsop</u> (County)
<u>N/A</u> (Subdivision Name)		<u>N/A</u> (Lot No.)	<u>N/A</u> (Block No.)	<u>6.37 ac.</u> (Lot Size)

The Entire Property Has Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:



Please see attached drawing

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**

- 1) Equal distribution system.
- 2) Top 12 inches of existing soil surface in approved area must be removed prior to installation of system.

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.

	Environmental Analyst	April 21, 1986	Astoria-DEQ
(Signature of Authorized Agent)	(Title)	(Date)	(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference 5N, 10W, 14, 690 Evaluator John Odicio
 Applicant Paden, Mark Date 4/16/86 Parcel Size 6.37 ac

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

	Depth	Texture	
Pit 1	0-9"	Si 1	10YR 4/3
	9-18"	Si 1	10YR 5/4, mottles 6/3
	18-65"	Si 1	7 1/2 YR 5/4, mottles 10YR 6/2 (gray) 2.5Y 6/2 mottles 5YR 6/8 (red)
Pit 2	0-12"	Si 1	10YR 4/4
	12-21"	Si 1	10YR 5/4
	21-45"	L	10YR 5/4
	45-64"	L	10YR 6/2, mottles 5YR 6/8
Pit 3	0-11"	Sand + Gravel	10YR 6/2 , 10YR 6/8
	11-20"	Si 1	10YR 6/2, 10YR 6/8
	20-53"	Si 1	10YR 5/4
	53-64"	Si 1	10YR 5/4, mottles 10YR 6/3
Pit 4	64-83"	Si 1	7.5YR 5/4, mottles 10YR 6/3

Landscape Notes Stream terrace
 Slope level #1 + #2 Aspect _____ Groundwater Type Permanent
raised area #3
 Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: _____ Design Flow 450 gpd Disposal Field Size 225 Linear Feet
 Initial Equal distr. System Sizing 75 ft /150 g. Max. Depth Absorption Facility (in) 30
 Replacement Equal distr. System Sizing 75 ft /150 g. Max. Depth Absorption Facility (in) 30

Special Conditions Top 12" of existing soil surface in approved area must be removed. System must be installed only in approved area of high ground (old railroad bed).

Tax Reference 5N, 10W, 14, TL 70

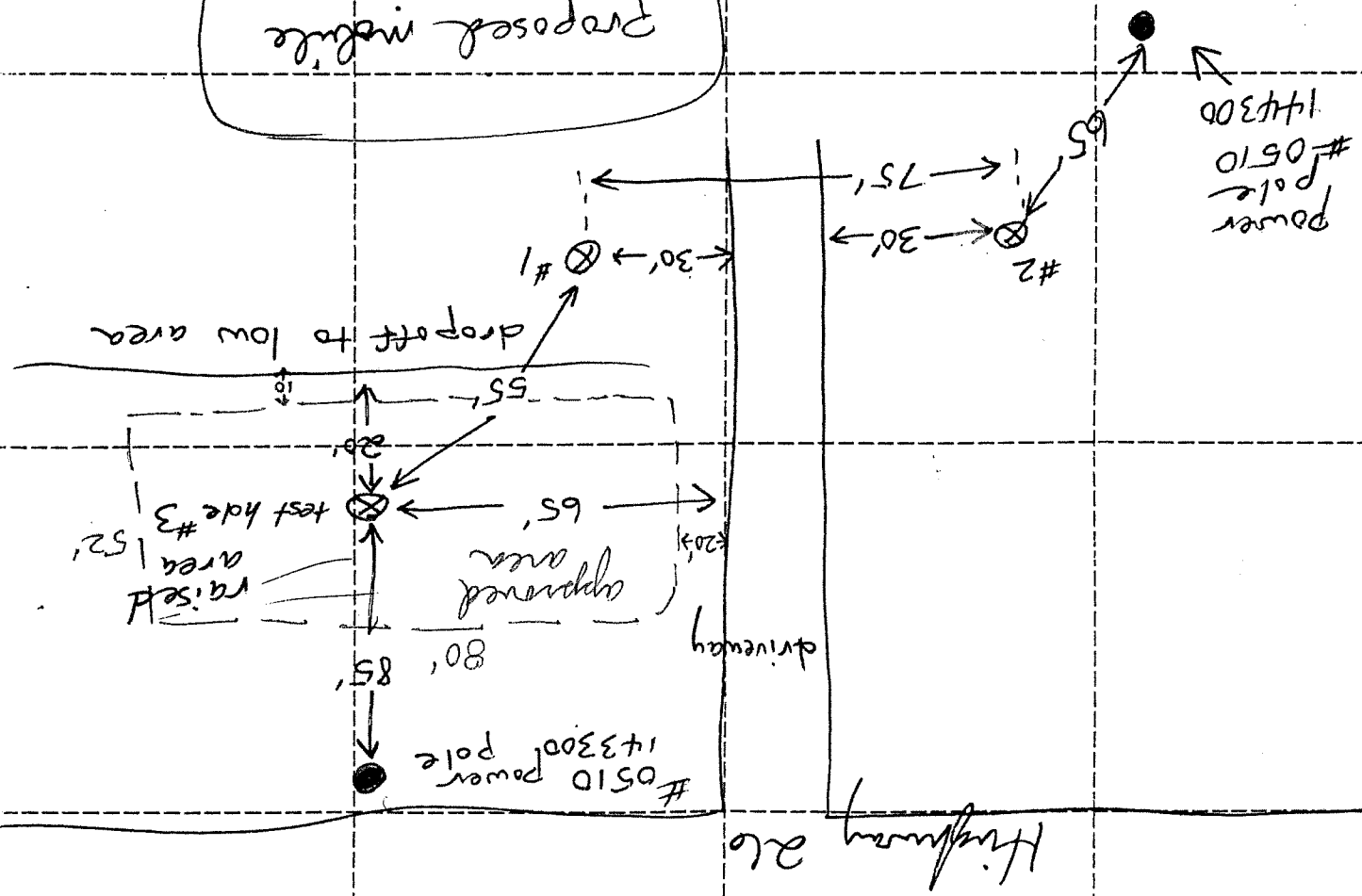
Evaluation John Odias

Applicant Paden, Mark

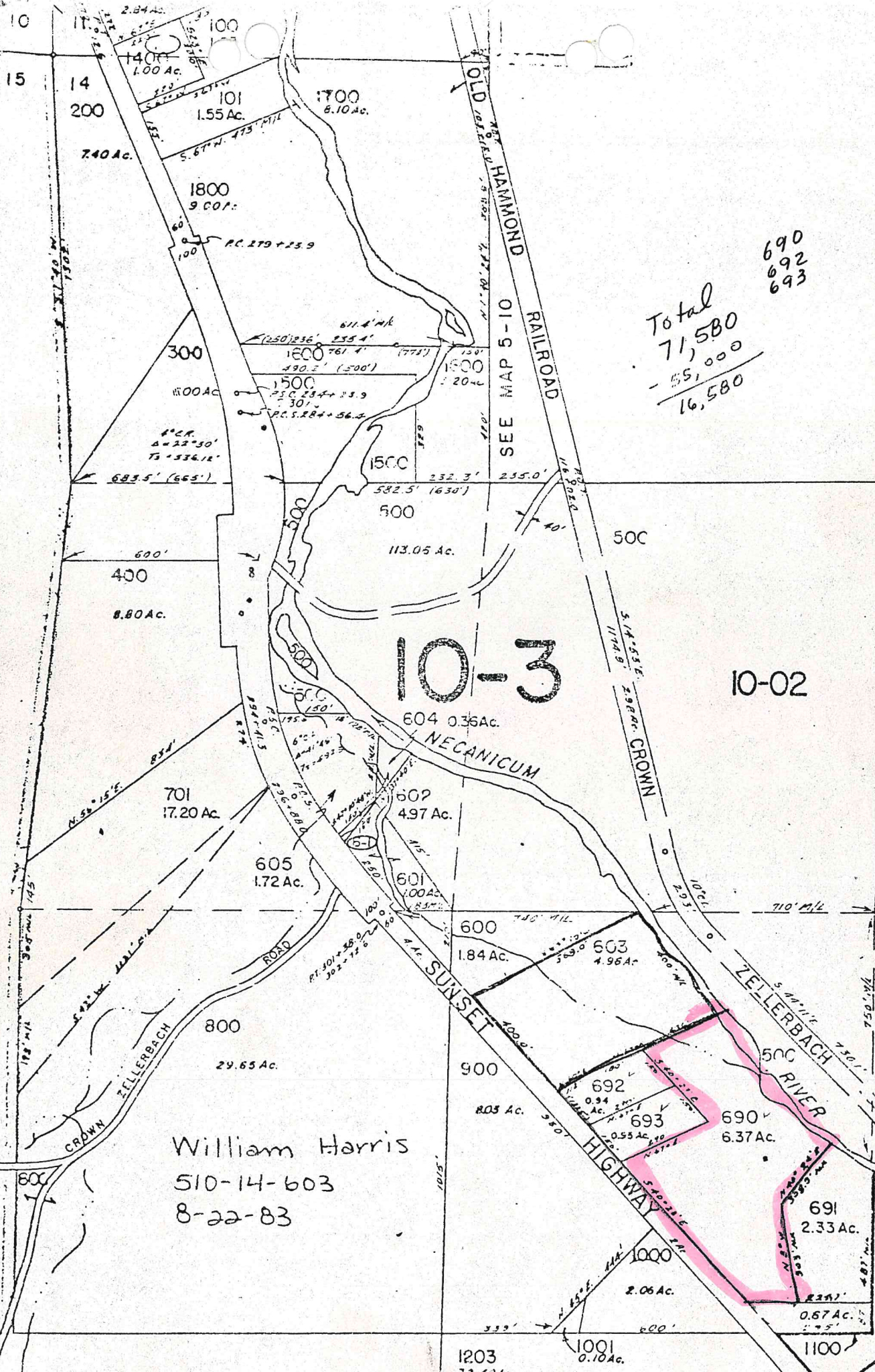
Date: 4/16/86

NOT TO SCALE

Proposed middle frame pole



DRAWING NOT TO SCALE



Total
71,580
- 55,000
16,580

690
692
693

William Harris
510-14-603
8-22-83

SEE MAP 510

1/4 Cor

1203
32.40 Ac.

1001
0.10 Ac.

1100

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 4-14-86
Date Completed
Required Fee 165.00
Receipt No. 33854
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)

MARK PADEN (Property Owner's Name)
5 (Township) 10 (Range) 14 (Section) 690 (Tax Lot/Acct. No.) CLATSOP (County)
Seaside (Public Water Supply) (Subdivision Name) (Lot No.) (Block No.) 6.37 AC (Lot Size)
(Private Water Supply, Specify Type)

Single Family Residence Mobile Home 3 BDRM (Number of Bedrooms) Other (Specify)

Directions to Property: .3 mile east of Klooohie Creek Park on highway 26 (2 mi east of Cannon Beach Junction) on left hand side.

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.

Seacoast Nursery Const Inc. (Signature) 4-8-86 (Date)
Owner
Authorized Representative
S.D.S. License No. 33079-P

Owner's Mailing Address
MARK PADEN
P.O. BOX 517
SEASIDE OR 97138

Applicant's Mailing Address (if different)
SEACOAST NURSERY CONST.
HAMLET RT. BOX 475
SEASIDE OR 97138

Phone

Phone 738-6401

MARK PADEN
5-10-14 TL690
Site Eval. Plot Plan

NORTH

BACK water
of Neenahum River

50' min

1000gal
S. Tank

MOBILE
HOME

FUTURE

TEST PITS

HIGH
ground

REPAIR
AREA

ALTERNATE TRENCH (initial)
location

Test Pits

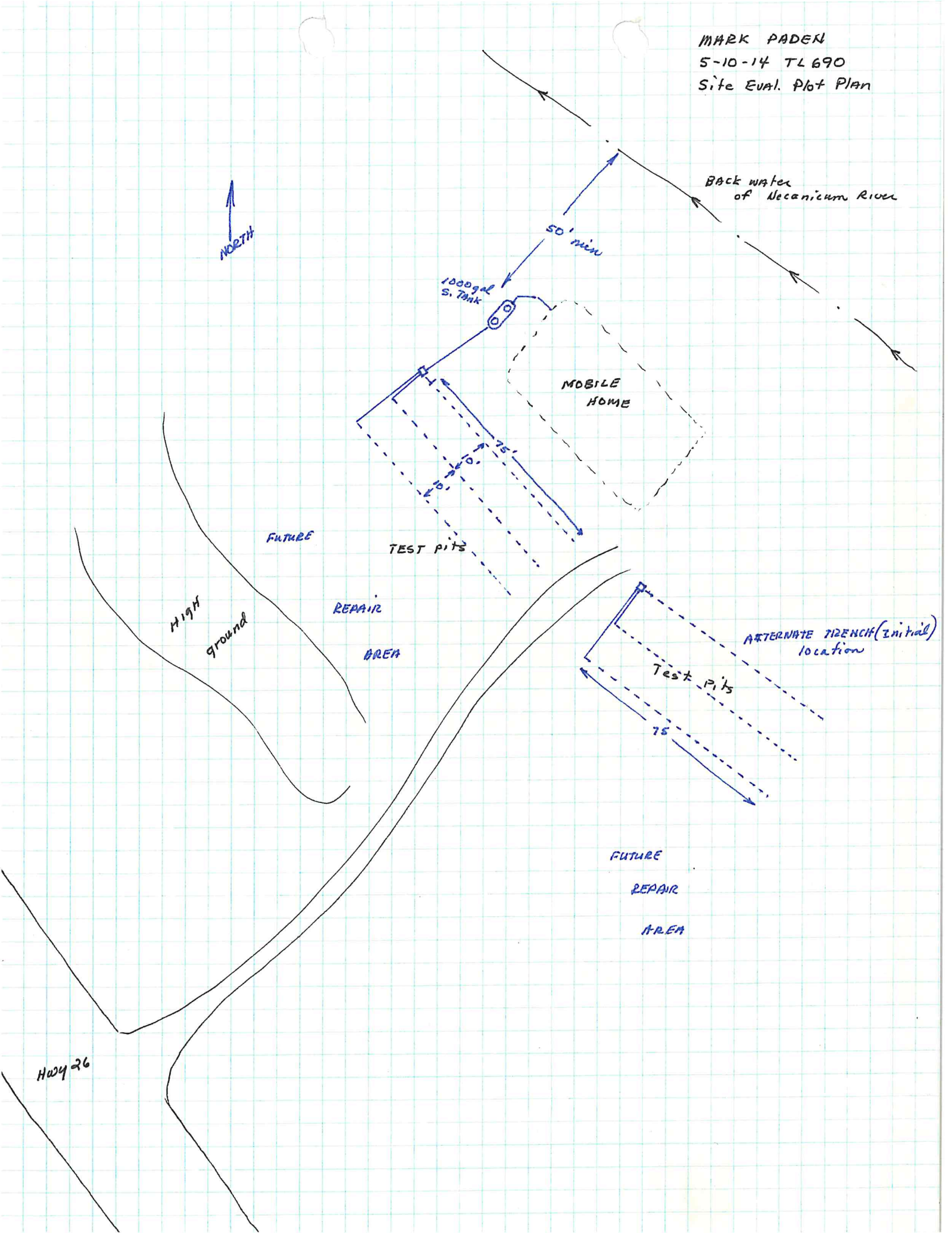
75'

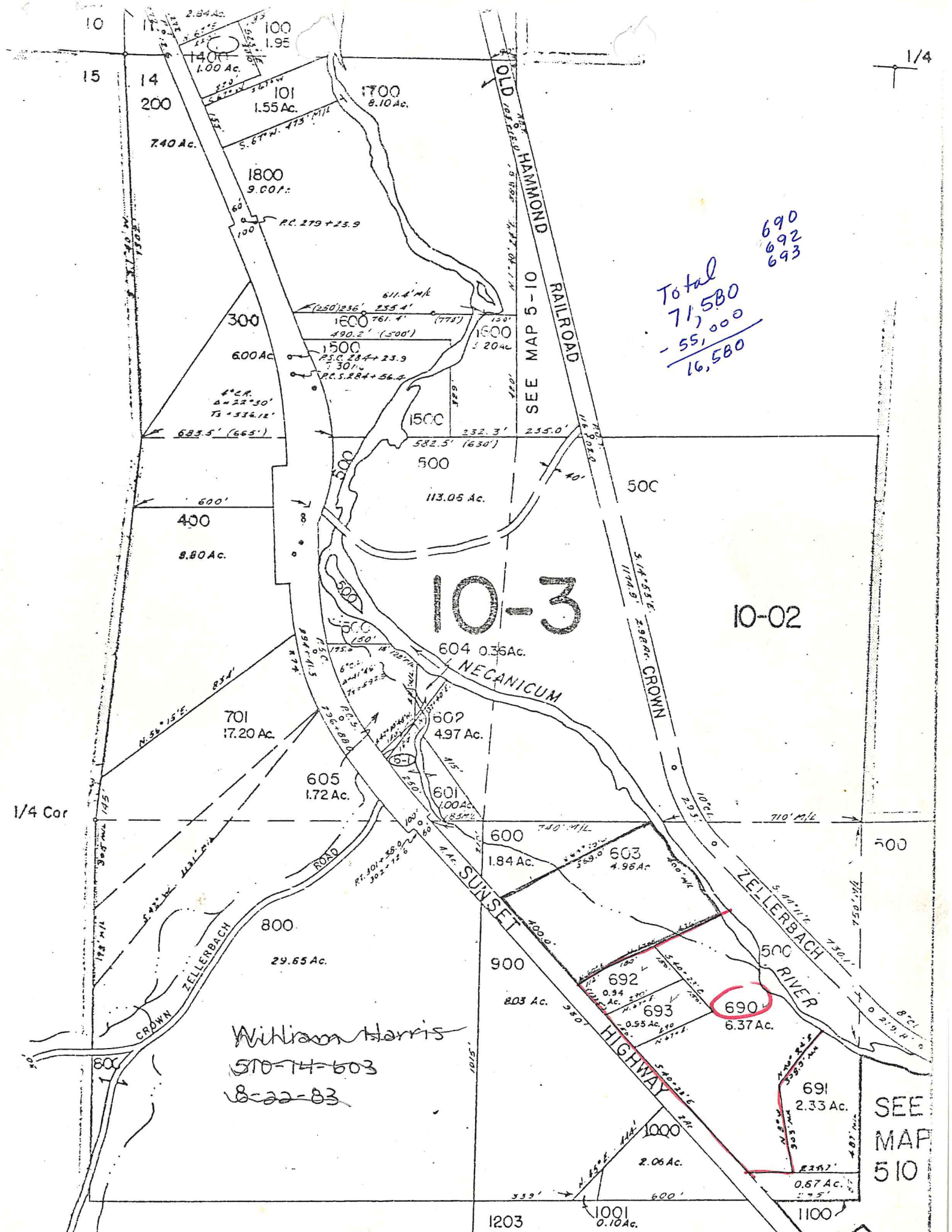
FUTURE

REPAIR

AREA

HWY 26





690
 692
 693
 Total
 71,580
 - 55,000

 16,580

William Harris
 510-74-603
 8-22-83

SEE
 MAP
 510