

DEPARTMENT OF ENVIRONMENTAL QUALITY

AUTHORIZATION NOTICE

Legal Description: Township 5 North, Range 10 West, Sec. 4DB, Tax Lot 900 <sup>800 &</sup>

Location: EDGEWATER TERRACE S. OF SEASIDE/CANNON BEACH  
HYW 101 JUNCTION (SEE FILE)

Existing On-Site Sewage Disposal System:	System Components:	Current Owner:
<input type="checkbox"/> Installed before 1974	Septic Tank <u>1000 GAL</u>	<u>J. &amp; K. LANNIGAN</u>
<input checked="" type="checkbox"/> Installed after 1974	Dosing Tank _____	<u>P.O. Box 2635</u>
<input checked="" type="checkbox"/> Standard System	Pump _____	<u>GEARHART, OR 97138</u>
	Drainfield:	
<input type="checkbox"/> Alternative: _____	Lineal Feet <u>150</u>	
<input type="checkbox"/> Community System	Other _____	

This Authorization Notice acknowledges that the sewage system located on the property described above appears adequate by ( ) Field Inspection / (X) Record Review made on 10-23-90 to serve a 3-BEDROOM DWELLING having a projected sewage flow of up to 375 gallons per day. This Notice is valid for one (1) year for the listed owner to make the change in use or place the system into service. A new Authorization Notice may be required if the changes are not made by 10-23-91 or the ownership changes.

SKETCH OF ON-SITE SEWAGE DISPOSAL SYSTEM

*The length of drainfield line (150') does not meet current requirements. If the system fails from hydraulic overloading, or any other cause, it must be repaired in accordance with rules and regulations in effect at that time.*

- NOTE:
1. This Notice does not guarantee satisfactory or continuous operation of the sewage disposal system identified.
  2. The DEQ considers this sewage disposal system adequate only to serve the projected sewage flow listed above.
  3. This Notice allows a one time increased sewage flow into the system of 0 gallons per day or a total of 375 gallons.
  4. A separate permit and inspection of the building sewer connection to the sewage disposal system may be required by the Department of Commerce Plumbing section or authorized local plumbing official.
  5. You should check the septic tank sludge depth and scum thickness every 2 years, 3 years,  4 years, and pump when sludge depth is over 30% of the total liquid depth.

Chuck Hopkins 10-23-90  
 Environmental Analyst Date

DEQ Astoria Branch Office  
 749 Commercial, PO Box 869  
 Astoria, OR 97103  
 (325-8660)

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

FOR OFFICE USE ONLY  
Date Rec'd. 10-12-90  
Date Completed 10-23-90  
Required Fee 105.00  
Receipt No. 46340  
Control No. \_\_\_\_\_

FOR APPLICANT'S USE -- (PLEASE PRINT)

James P. Lannigan  
(Property Owner's Name)

Lot Size (Acreage or Dimensions)

(Applicant's Name if Different from Owner)

Legal Description of Property (Township) (Range) (Section) 1003-51014DB-900 (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate Edgewater Terrace (Subdivision Name) 18 & 19 (Lot Number) 1 (Block Number)

Proposed Facility

[ ] Single Family Residence 3 (Number of Bedrooms)  
[ ] Other \_\_\_\_\_ (Specify)

Water Supply

[X] Public (Community System)

Existing Facility

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

[ ] Private \_\_\_\_\_ (Indicate: Well, Spring, Etc.)

APPLICATION FOR:

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

[ ] Authorization Notice

Purpose of Authorization Notice

- [X] Connect to an existing system not currently in use
- [ ] Replace one mobile home with another or a house
- [ ] Replace or rebuild a house
- [ ] Addition of one or more bedrooms
- [ ] Personal hardship
- [ ] Temporary housing
- [ ] Other (Specify) \_\_\_\_\_

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

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

James P. Lannigan  
(Signature)

10-12-90  
(Date)

- [ ] Owner
- [ ] Authorized Representative
- [ ] Licensed Installer  
License No. \_\_\_\_\_

Owner's Mailing Address

PO Box 2635  
Gearhart, Ore 97138

Applicant's Mailing Address (if different)

Phone 738-9641  
738-5391-work

Phone \_\_\_\_\_

LOH 18079  
19

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

(Exhibit No. 1)

Permit No. 74-17

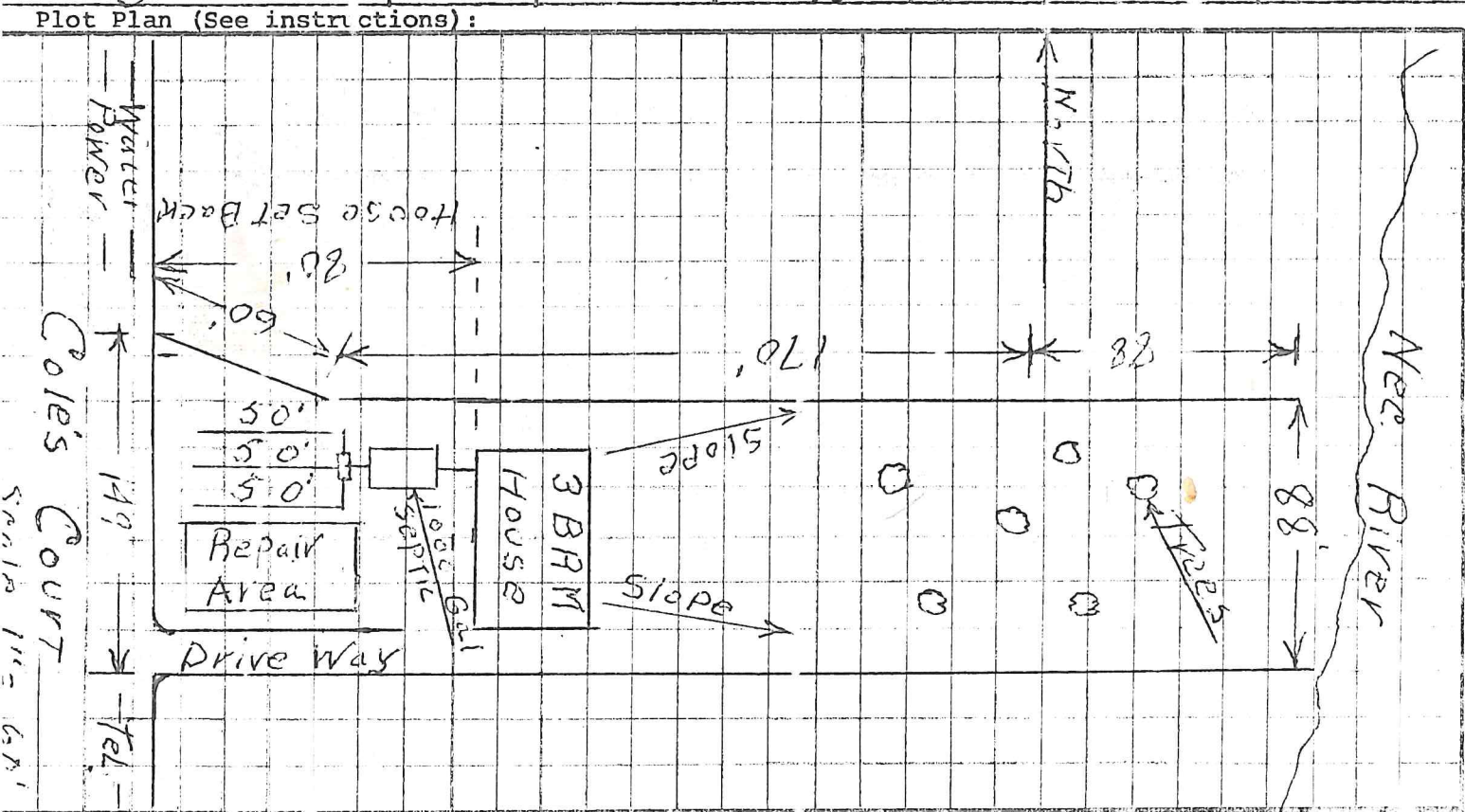
Installer's Name <i>Howard E Johnson</i>		Property Address <i>Edgewater Terrace Highway 26</i>		
No. Living Units	Bedrooms <i>3</i>	Baths	Basement Yes ___ No <i>X</i>	Water Supply Community ___ Public <i>X</i> Other-List ___

Septic Tank:  
 Ft. from well Steel ~~X~~ Concrete *X* No. Compartments Gal. Capacity *1000*

Inside Dimensions: Ft.				Tile Disposal Field:	
Length	Width	Diameter	Depth	Distribution Box: Yes <i>X</i> No ___	

Applicant Name <i>Walter R. Campbell</i>	Other Distribution - Type
Mailing Address <i>P.O. Box 645 Seaside, Oregon</i>	Feet from Well <i>None</i> Foundation
	Lot Line Front <i>25'</i> Side <i>10'</i> Rear

Length of Lines - Ft.	Trench Width	Total sq. ft.	Ft. between lines	Filter Type	Filter Depth above tile	Filter Depth below tile
1. 2. <i>3.</i> 4. 50' 6.	<i>3</i>		<i>10'</i>		in.	in.



Signature *Walter R. Campbell*

or 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: *Ground Spill Survey* Date:

Sanitarian's Signature  
 State of Oregon  
 Department of Environmental Quality



CLATSOP COUNTY HEALTH DEPT.  
 857 COMMERCIAL STREET  
 ASTORIA, OR. 97103  
 TELEPHONE 325-7441 EXT. 35  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 FINAL INSPECTION

T-R 10 Sec 14 # 100  
 RB

PERMIT NO. 74-17

OWNER'S NAME WALTER CAMPBELL ADDRESS P.O. Box 645 Seaside  
 PROPERTY ADDRESS Edgewater Terrace #19 INSTALLER RAW 08  
 RESIDENTIAL X; COMMERCIAL \_\_\_\_\_; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC X, COMMUNITY \_\_\_\_\_, PRIVATE \_\_\_\_\_ TYPE OF WELL \_\_\_\_\_  
 DEPTH \_\_\_\_\_ FT., ISOLATION DISTANCE \_\_\_\_\_ FT.; SOIL CLASSIFICATION \_\_\_\_\_

SEPTIC TANK: STEEL \_\_\_\_\_, CONCRETE X, CAPACITY 1000 GALLONS

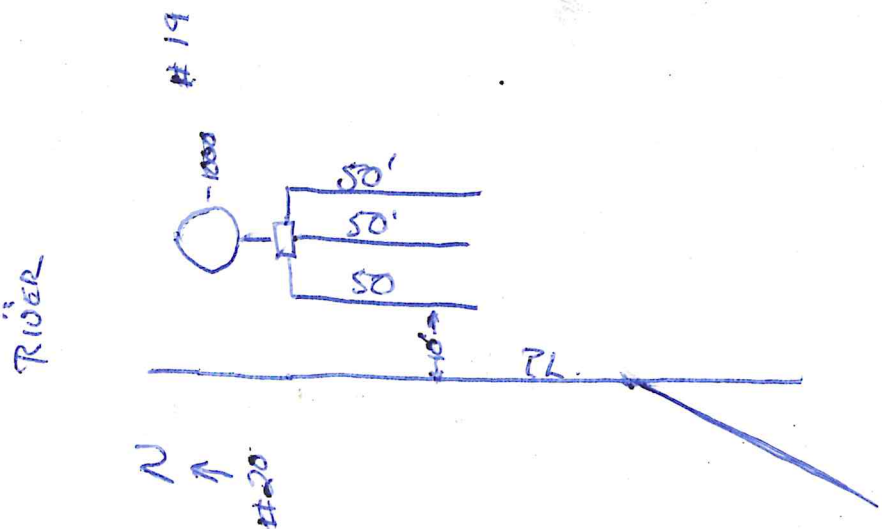
STONE: SIZE 1 1/2", WASHED YES, BELOW TILE 6 IN., ABOVE TILE 2

TRENCH WIDTH 36 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.

TILE: CONCRETE \_\_\_\_\_, CLAY \_\_\_\_\_, PLASTIC X; BUILDING SEWER: MATERIAL \_\_\_\_\_

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.

P.L.



(X) APPROVED: Installation conforms to DEQ Requirements.

( ) DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS: \_\_\_\_\_

DATE: 10/11/79

SANITARIAN Bruce Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include grade or the final backfilling operation.

Permit # 74-17

Department of Environmental Quality  
1234 S. W. Morrison  
Portland, Oregon 97205

Land Quality  
Clatsop County

Application to the Department of Environmental Quality  
for a Permit to Construct a  
New or Repair a Subsurface Sewage  
Disposal System

RECEIVED  
JAN 28 1974  
CLATSOP COUNTY HEALTH DEPT.

Permit Fees: New \$30.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Walter R. Campbell  
Name of Applicant  
P.O. Box 645  
Address  
Seaside, Oregon  
City

Section 14 T 5N R 10W-W.M.  
Tax Lot or Account # 19  
Location Edgewater Terrace  
Highway 26  
Howard E Johnson  
Installers Name

B. GENERAL DESCRIPTION

New Construction X Repair \_\_\_\_\_  
Installation will serve: House X Mobile Home \_\_\_\_\_ Mobile Home Park \_\_\_\_\_  
Commercial Building \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
No. of Living Units \_\_\_\_\_ No. Bedrooms 3  
Water Supply: Public X Community \_\_\_\_\_ Private \_\_\_\_\_ Garbage Disposal? \_\_\_\_\_

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
2. Planning Evaluation - Building Permit (Local Option)
3. Other (Local Option) \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Walter R. Campbell  
Signature (Owner/Installer)

Permit No. 74-17  
Issued 1-30-74  
Date

Date 1-28-74

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

(Exhibit No. 1)

Permit No. 74-17

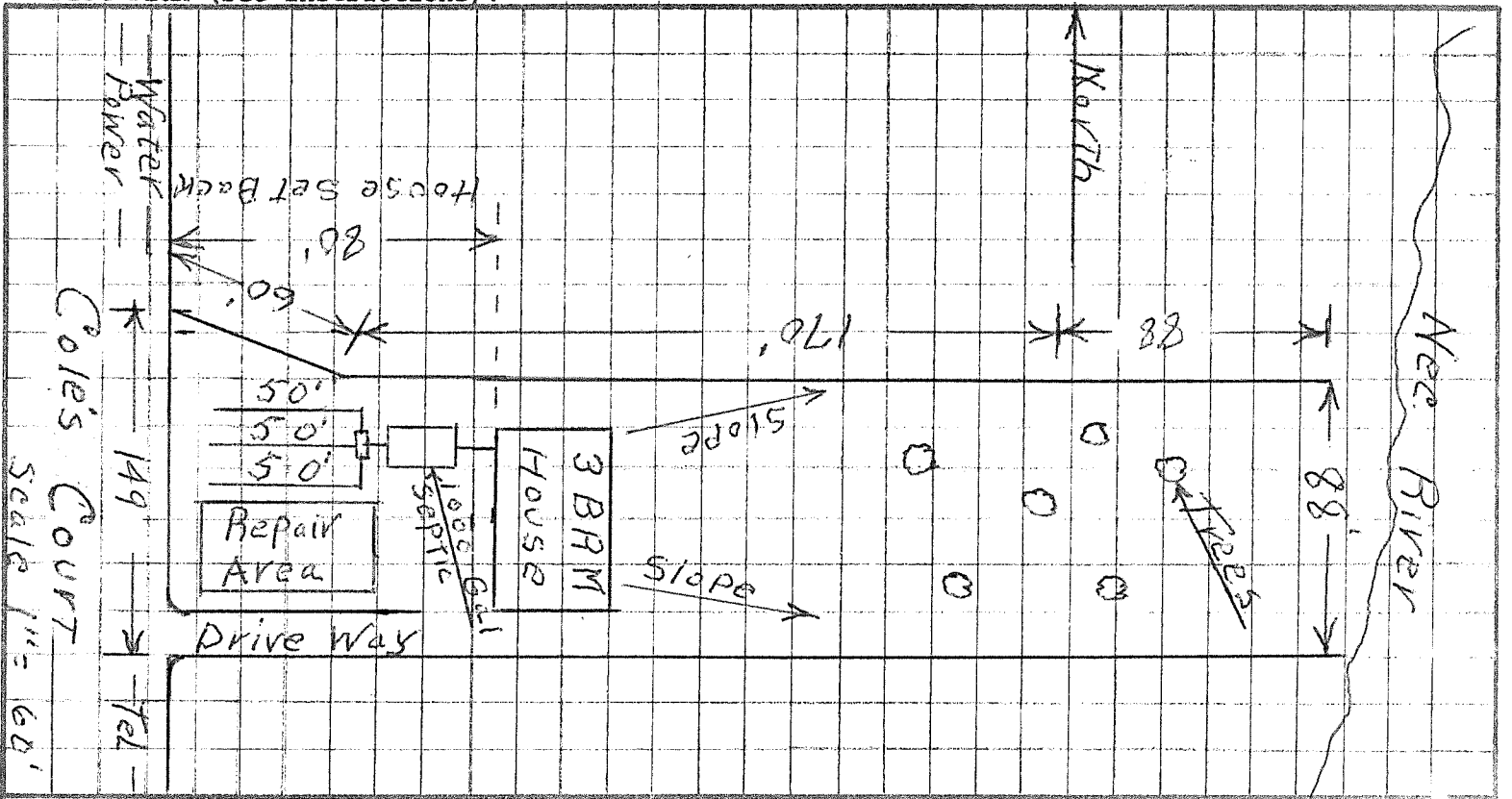
Installer's Name <i>Howard E. Johnson</i>		Property Address <i>Edgewater Terrace Highway 26</i>			
No. Living Units	Bedrooms <i>3</i>	Baths	Basement Yes ___ No <i>X</i>	Water Supply Community ___ Public <i>X</i> Other-List ___	

Septic Tank:  
 Ft. from well Steel *X* Concrete \_\_\_ No. Compartments Gal. Capacity *1000*  
 Inside Dimensions: Ft.  
 Length Width Diameter Depth  
 Tile Disposal Field:  
 Distribution Box: Yes *X* No \_\_\_

Applicant Name <i>Walter R. Campbell</i>	Other Distribution - Type
Mailing Address <i>P.O. Box 645</i>	Feet from Well <i>NONE</i> Foundation
Address <i>Seaside, Oregon</i>	Lot Line Front <i>25'</i> Side <i>10'</i> Rear

Length of Lines - Ft. 1. 2. <i>3</i> 4. 50' 6.	Trench Width <i>3'</i>	Total sq. ft.	Ft. between lines <i>4'</i>	Filter Type	Filter Depth above tile in.	Filter Depth below tile in.
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Plot Plan (See instructions):



Date \_\_\_\_\_ Signature *Walter R. Campbell*

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: \_\_\_\_\_





90-412

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME James & Kathern Lannigan		MAILING ADDRESS PO Box 2635 Geonhart Op e 97138		PHONE 738-9641
PROPERTY LOCATION	TOWNSHIP 5	RANGE 10	SECTION 14-DB	TAX LOT OR ACCT NO 8004 900
	SUBDIVISION/PROJECT	LOT 900	BLOCK	COUNTY
<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

RA-1

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

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

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

Permitted use in zone

PROPERTY IS LOCATED (CHECK ONE)

- INSIDE CITY
- INSIDE URBAN GROWTH BOUNDARY
- OUTSIDE CITY LIMITS
- OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

SIGNED Sandra Carrons	TITLE Planner	DATE 12 Oct 90
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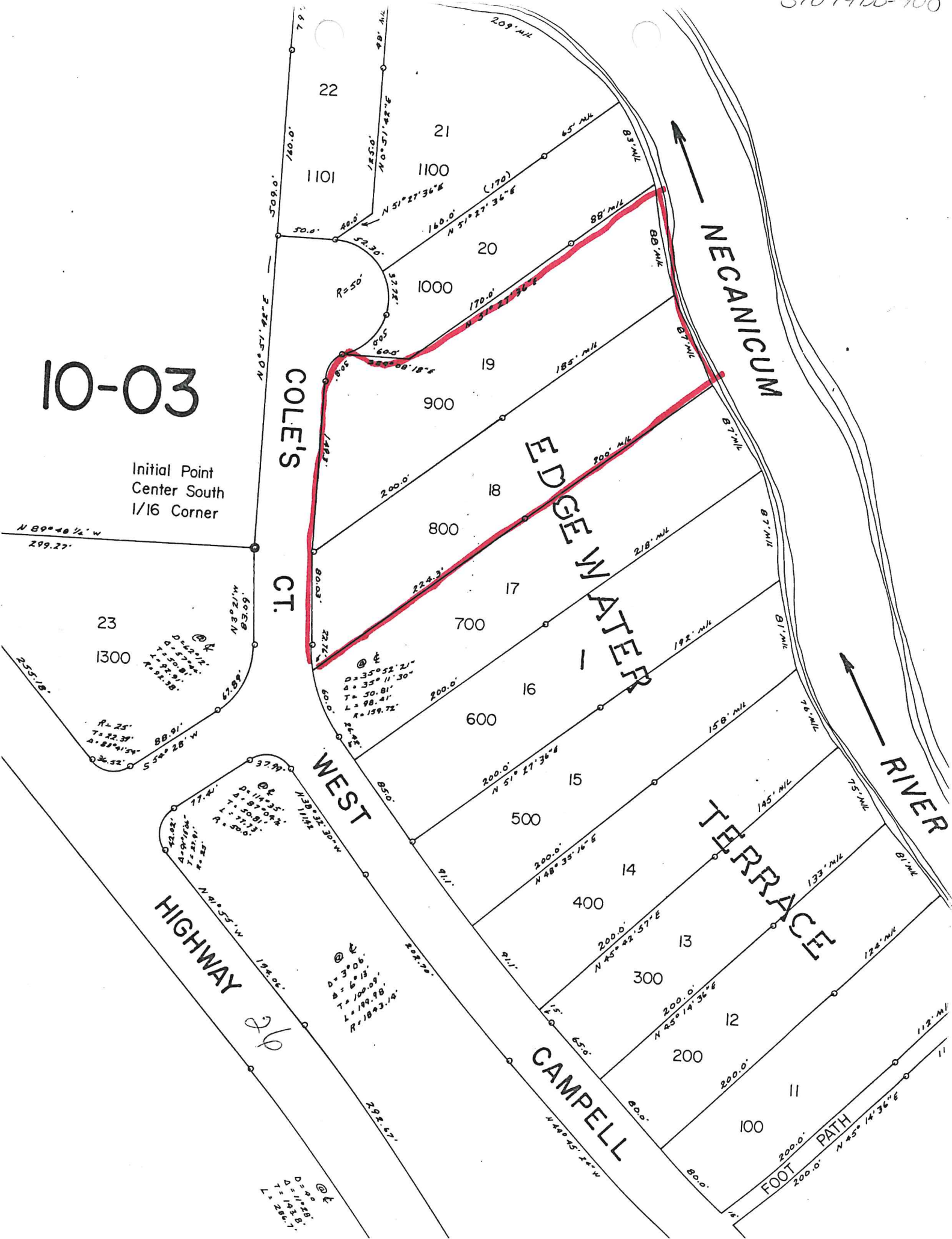
CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
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10-03

Initial Point  
Center South  
1/16 Corner



$N 89^{\circ}48' \frac{1}{2}'' W$   
299.27'

23  
1300

$R=25'$   
 $T=22.38'$   
 $L=83^{\circ}41'54''$   
 $A=25.52'$   
 $B=88.91'$   
 $C=67.89'$   
 $D=42.50'$   
 $E=50.81'$   
 $F=42.13'$   
 $G=42.13'$

$D=35^{\circ}52'21''$   
 $A=35^{\circ}11'30''$   
 $T=30.81'$   
 $L=98.41'$   
 $R=159.72'$

$D=90'$   
 $A=113.8'$   
 $T=163.8'$   
 $L=193.8'$   
 $R=1803.19'$

$D=90'$   
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NECANICUM

RIVER

HIGHWAY 26

CAMPBELL

TERRACE

FOOT PATH

COLE'S CT.

EDGE WATER

WEST

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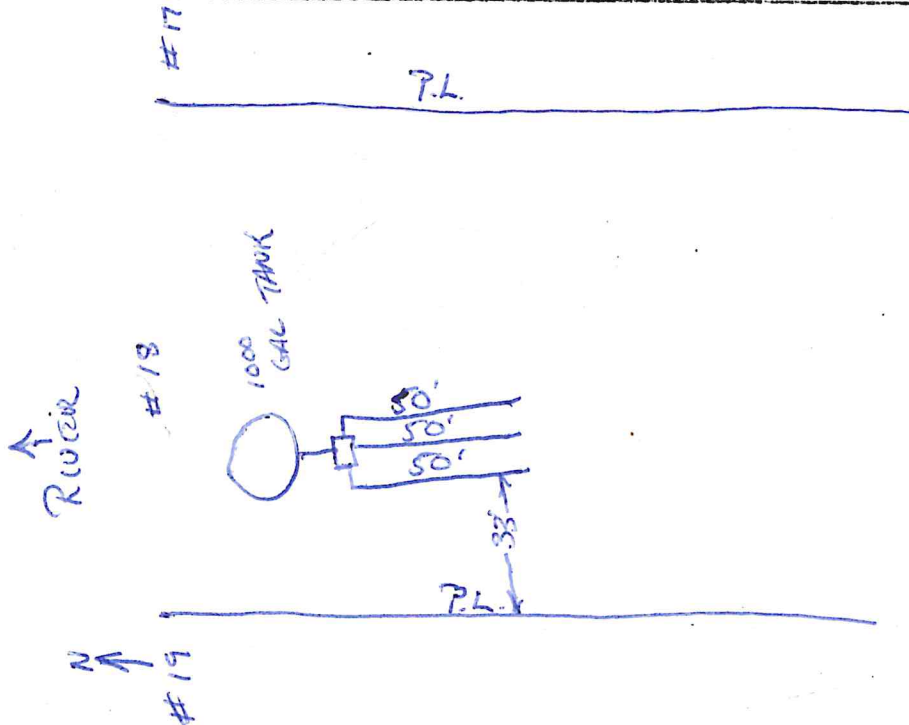
CLATSOP COUNTY HEALTH DEPT.  
 857 COMMERCIAL STREET  
 ASTORIA, OR. 97103  
 TELEPHONE 325-7141 EXT. 35  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 FINAL INSPECTION

T 5 R 10 Sec. 14 # 1800  
 DB

PERMIT NO. 79-16

OWNER'S NAME WALTER CAMPBELL ADDRESS PO Box 645 Seaside  
 PROPERTY ADDRESS \_\_\_\_\_ INSTALLER \_\_\_\_\_  
 RESIDENTIAL X; COMMERCIAL \_\_\_\_\_; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3  
 WATER SUPPLY: PUBLIC X, COMMUNITY \_\_\_\_\_, PRIVATE \_\_\_\_\_. TYPE OF WELL \_\_\_\_\_  
 DEPTH \_\_\_\_\_ FT., ISOLATION DISTANCE \_\_\_\_\_ FT.; SOIL CLASSIFICATION \_\_\_\_\_  
 SEPTIC TANK: STEEL \_\_\_\_\_, CONCRETE X, CAPACITY 1000 GALLONS  
 STONE: SIZE 1 1/2", WASHED YES, BELOW TILE 6 IN., ABOVE TILE 2  
 TRENCH WIDTH 36 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.  
 TILE: CONCRETE \_\_\_\_\_, CLAY \_\_\_\_\_, PLASTIC X; BUILDING SEWER: MATERIAL \_\_\_\_\_

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 DEQ Requirements.  
 DISAPPROVED: Installation does not conform to DEQ Regulations.  
 REMARKS: \_\_\_\_\_

DATE: 10/11/79 SANITARIAN Bruce Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include grade or the final backfilling operation.

Permit # 74-16

Department of Environmental Quality  
1234 S. W. Morrison  
Portland, Oregon 97205

Land Quality  
Clatsop County

Application to the Department of Environmental Quality  
for a Permit to Construct a  
New or Repair a Subsurface Sewage  
Disposal System

RECEIVED  
JAN 28 1974  
CLATSOP COUNTY HEALTH DEPT.

Permit Fees: New \$30.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Walter R. Campbell  
Name of Applicant  
P.O. Box 645  
Address  
Seaside, Oregon  
City

Section 14 T 5N R 10W W.M.  
Tax Lot or Account # 18  
Location Edgewater Terrace  
Highway 26  
Howard E Johnson  
Installers Name

B. GENERAL DESCRIPTION

New Construction X Repair \_\_\_\_\_  
Installation will serve: House X Mobile Home \_\_\_\_\_ Mobile Home Park \_\_\_\_\_  
Commercial Building \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
No. of Living Units \_\_\_\_\_ No. Bedrooms 3  
Water Supply: Public X Community \_\_\_\_\_ Private \_\_\_\_\_ Garbage Disposal? \_\_\_\_\_

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
2. Planning Evaluation - Building Permit (Local Option)
3. Other (Local Option) \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Walter R. Campbell  
Signature (Owner/Installer)

Permit No. 74-16  
Issued 1-30-74  
Date

Date 1-28-74



PROPOS: SUBSURFACE SEWAGE DISPOSAL SY: 1  
 Installer: Complete top part of form to  
 signature and submit both copies with  
 application.

(Exhibit No. 1)

Permit No. 28-16

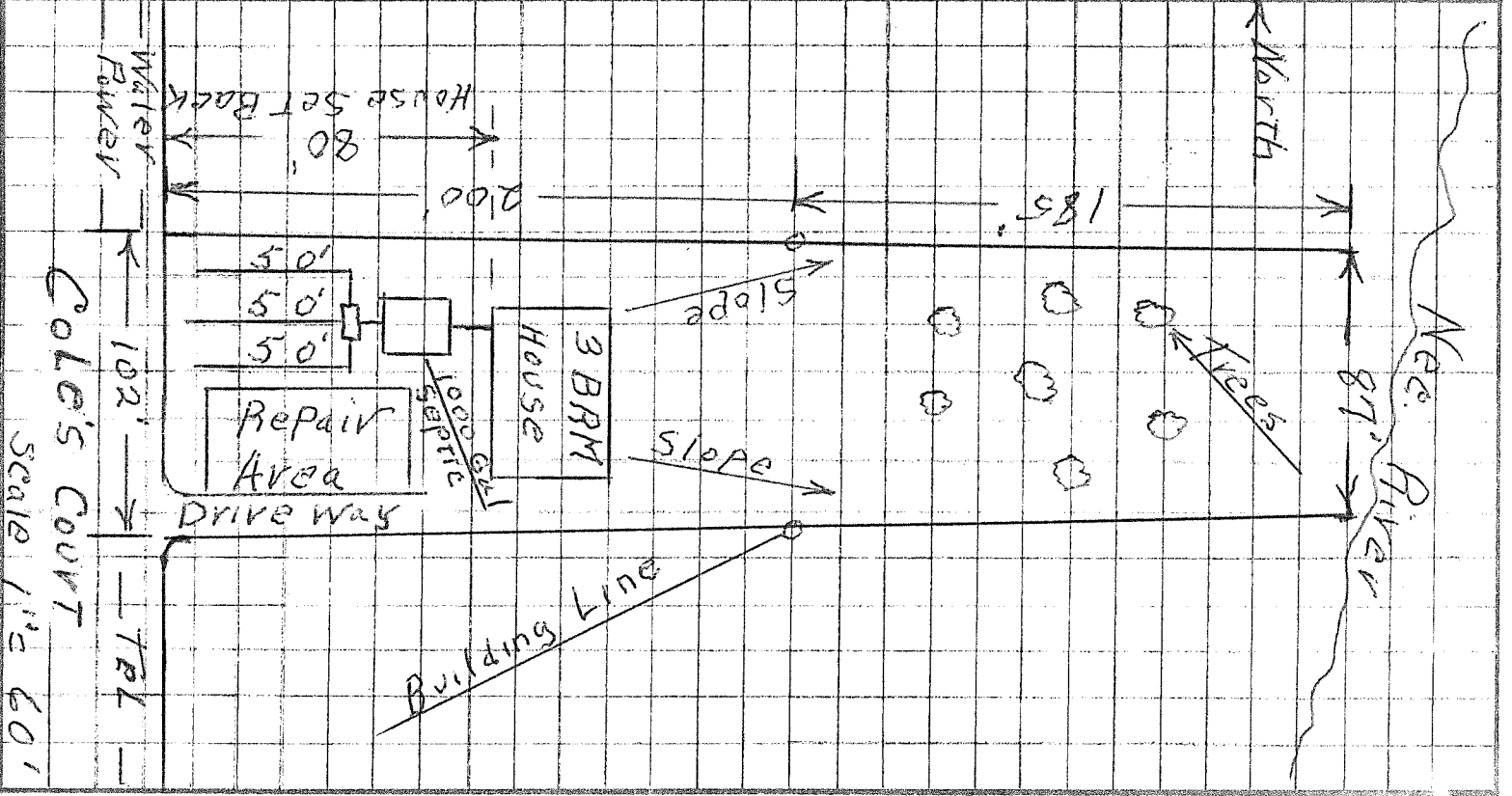
Installer's Name <i>Howard F Johnson</i>		Property Address <i>Edgewater Terrace Highway 26</i>			
No. Living Units	Bedrooms	Baths	Basement	Water Supply	Community
	<i>3</i>		Yes ___ No <i>X</i>	Public <i>X</i> Other-List ___	

Septic Tank:  
 Ft. from well Steel *X* Concrete \_\_\_ No. Compartments Gal. Capacity *1000*  
 Inside Dimensions: Ft.  
 Length Width Diameter Depth

Applicant Name <i>Walter R Campbell</i>	Tile Disposal Field: Distribution Box: Yes <i>X</i> No ___
Mailing Address <i>P.O. Box 645</i>	Other Distribution - Type
Address <i>Seaside, Oregon</i>	Feet from Well <i>None</i> Foundation
	Lot Line: Front <i>25'</i> Side <i>10'</i> Rear

Length of Lines - Ft.	Trench Width	Total sq. ft.	Ft. between lines	Filter Type	Filter Depth above tile	Filter Depth below tile
1. 2. <i>3.</i> 4. 5. 6.	<i>3</i>	<i>450</i>	<i>10'</i>	<i>Trash</i>	<i>2 in.</i>	<i>6 in.</i>

Plot Plan (See instructions):



Date \_\_\_\_\_ Signature *Walter R. Campbell*

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

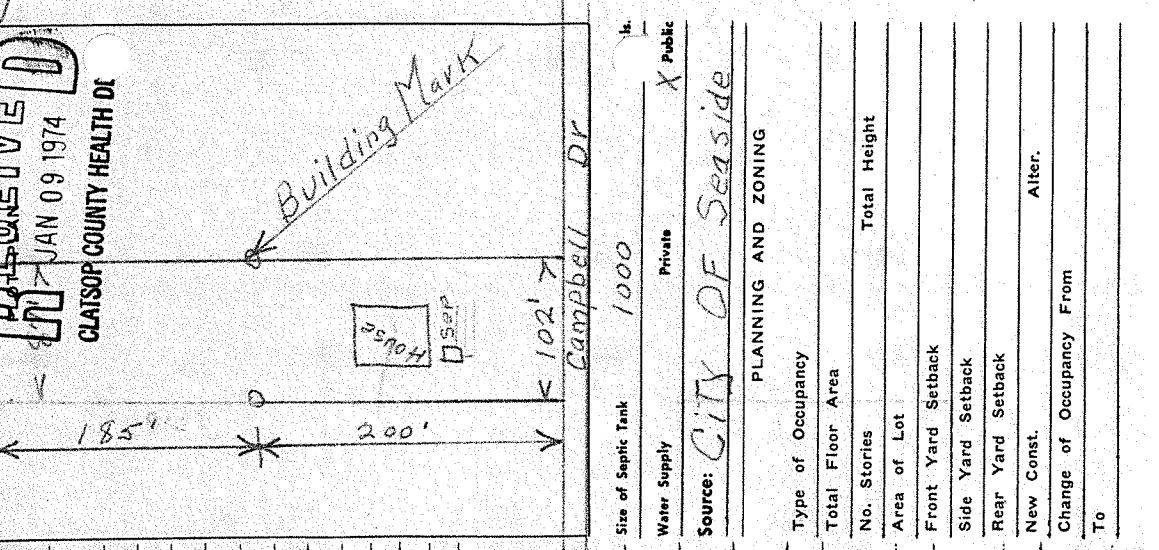
Remarks: \_\_\_\_\_ Date: \_\_\_\_\_



**BUILDING PERMIT APPLICATION** 510-1408-800

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

Bldg Permit No. 144-5  
Date Issued JAN 09 1974



Valuation	Basic Fee
\$ 700.00	500
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL 500

CLASS OF WORK	
New	<input checked="" type="checkbox"/> Trailer or M.H.
Addition	<input type="checkbox"/> Garage
Alteration	<input type="checkbox"/> Shed
Repair	<input type="checkbox"/> Other
Move	<input type="checkbox"/> Residence
Use of Building	Home
Size of building	
No. of bedrooms	3
No. of floors	Height
SPECIFICATIONS	
Foundation material	
Width of wall	Footing
Height of wall	Depth in Ground
Girders	Size Spacing Span
Joists	
Sluds	
Rafters	
Type of roofing	
Type of siding	
Type of heating	

**BUILDING ADDRESS** EDGEWATER TERRACE

**NEAREST CROSS STREET** Hiway 26

**Name** W.B. Campbell

**Address** Po Box 645

**City** Seaside, Oregon

**Tel. No.** 738-5631

**Name** Howard F. Johnson

**Address** 850 Tenth Ave

**City** Seaside State Ore

**Tel. No.** 738-7328

**Lot** 18 Block 1

**Subdivision** Edgewater Terrace

**Sec.** 14 T. 5N R. 10W WM.

**Map Lot #** 18 **Plot**

**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.

I hereby acknowledge that I have read this application and state that the above is correct and allows building construction with all County Ordinances and State laws regulating building construction.

Signature of Permittee: *Howard F. Johnson*

By: \_\_\_\_\_

**APPROVED:** COUNTY PLANNING COMM.

By: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED:** BUILDING OFFICIAL

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Information:** Permit For Septic System Only

**Source:** CITY OF Seaside

**Size of Septic Tank:** 1000

**Water Supply:** Private  Public

**Type of Occupancy:** PLANNING AND ZONING

**Total Floor Area:**

**No. Stories:** Total Height

**Area of Lot:**

**Front Yard Setback:**

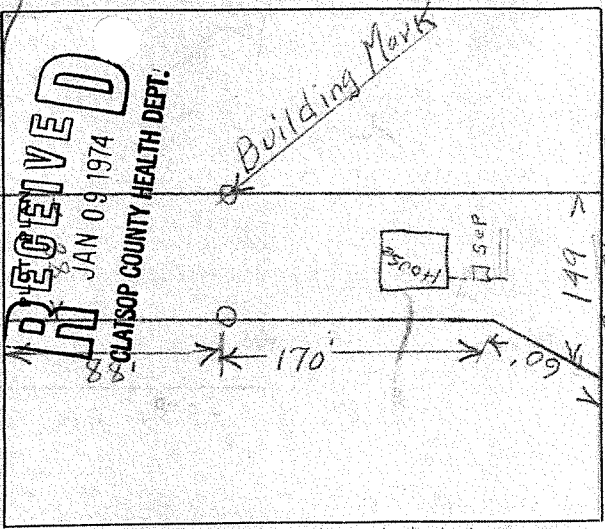
**Side Yard Setback:**

**Rear Yard Setback:**

**New Const. Alter.**

**Change of Occupancy From To**

**BUILDING PERMIT APPLICATION** 510-1408-400  
**CLATSOP COUNTY BUILDING DEPT.**  
 P.O. Box 179, Astoria, Ore.  
 Date Issued: 325-7441, xt. 70  
 Rec. River



Bldg Permit No.	14-4
Valuation	\$ 700.00
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL \$ 50

CALLED INSPECTIONS	
BUILDING	PLUMBING
FOUNDATION	ELECTRIC
FRAME	ROUGH
INTERIOR	BATHS
FLOORS	KITCHEN
FINISH	UTILITY
	FINISH

**SPECIAL INFORMATION**  
 If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.  
 Special information: Permit For Septic System Only

Size of Septic Tank	1000
Water Supply	Private
Public	X
Source:	CITY OF SEASIDE
PLANNING AND ZONING	
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	

CLASS OF WORK	
New	Trailer or M.H.
Addition	Garage
Alteration	Shed
Repair	Other
Move	Residence
Use of Building	Home
Size of building	

No. of bedrooms	3
No. of floors	
Height	ft.
SPECIFICATIONS	
Foundation material	
Width of wall	Footing
Height of wall	Depth in Ground
Girders	Size Spacing Span
Joists	
Studs	
Rafters	
Type of roofing	
Type of siding	
Type of heating	

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all state, county, ordinances and state laws regulating building construction.  
 Signature of Permittee: [Signature]  
 By: \_\_\_\_\_

**BUILDING ADDRESS** EDGEWATER  
**LOGANRY TERRACE**  
**NEAREST CROSS STREET** Highway 26  
**Name** W.R. Campbell  
**Address** P.O. Box 645  
**City** Seaside, Oregon  
**Tel. No.** 738-5631

**Name** Howard Estobson  
**Address** 850 Tenth Ave  
**City** Seaside State Ore  
**Tel. No.** 738-7328 Reg. No.

**LEGAL DESCRIPTION**  
 Lot 19 Block 1  
 Subdivision Edgewater Terrace  
 Sec. 14 T. 5N R. 10W NW  
**Name**  
**Map Lot #** 19  
 Type of Construction: I, II, III, IV, V.  
 Occupancy Group: A, B, C, D, E, F, G, H, I, J, K  
 Division 1, 2, 3, 4.  
 Use of Zone: R1, R2, R3, R4, RA, AI, CI, C2, C3, M1, M2.  
 Fire Zone: 1, 2, 3.

