

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 500520 as follows:

PROPERTY INFORMATION

Property Owner: **L&C Tree Farms LLC** Township **6**, Range **10**, Section **00 0 0**
Property Location: **85892 Lewis & Clark Rd, Seaside** Tax Lot **00700**
Facility Type: **Commercial**

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **300.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal**
Total Trench Length: **225.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **24.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Onsite Wastewater Specialist

Title:

8/26/2016

Date CSC Issued:

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

RECEIVED

AUG 25 2016

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500520 CLATSOP CO. PUBLIC HEALTH

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: L&C Tree Farms LLC
Property Address: 85892 Lewis & Clark Rd, Seaside
Township 6 Range 10 Section 0000 Tax Lot(s) 00700

Section 2: System Component Specifications: System Type: Sewer

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A-1 Date 8-21-16
Tanks(2) Volume Compartments Manufacturer Date
Pumps: HP Model/Manuf Float(s)Type(1) Model/Manuf
Float(s)Type(2) Model/Manuf

B. Piping:

Effluent Sewer (tank to drainfield) Yes [X] No [] Diameter 4" ASTM#Other 3034 Length 95'
Pressure Transport Pipe Yes [] No [] Diameter ASTM#Other Length

C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes [] No [] Type Container Dimensions
Underdrain pipe Diameter ASTM#Other Length
Manifold Piping Diameter ASTM#Other Length
Internal Pump HP Model/Manufacturer
Floats(1) Type Model Manufacturer
Floats(2) Type Model Manufacturer
ATT Yes [] No [] Model
Certified Maintenance Provider: Name
Operation & Maintenance Contract: Received? Yes [] No []
Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By N.M
Permit No. 500520
Date 8/26/16

D. Drainfield Media

Type: Gravel, Pipe or Alternative? gravel-busene 225'
Distribution Box Yes [] No []
Drop Box Yes [X] No []
Distribution Pipe Yes [X] No [] Diameter 4" ASTM#Other 3034 Length 20'
Comment:

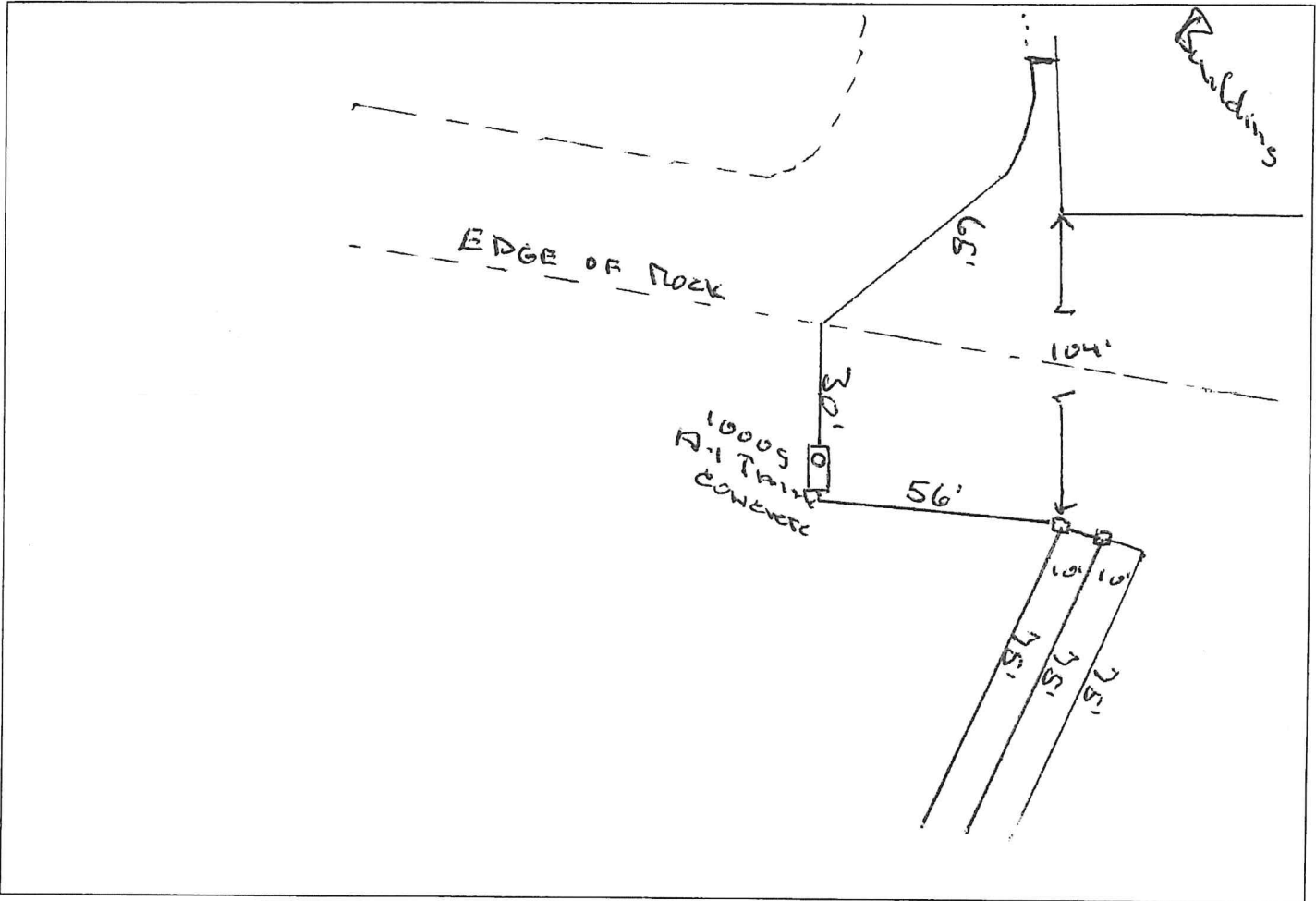
RECEIVED

AUG 25 2016

CLATSOP CO. PUBLIC HEALTH

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from utility lines, structures, wells, streams, etc.



Section 4: Construction was performed by (Signature Required):

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems. (OAR Chapter 340, Divisions 71 and 73)

Owner/Permittee/Certified Installer w/Certification # _____ Print Name: VINSON Brothers

Licensed Installer Yes No License # 36845 Certification # RF 246

Owner/Certified Installer Signature [Signature] Date 8-22-16

Phone 503-741-1970 Phone 503-452-6561 Email vbc@dennis@gmail

Section 5: Office Use Only

Notice Accepted Yes No Date _____

Installer /Owner /Permittee Notified Yes No Date _____

If no, reason for non-acceptance _____

Comment _____

*Clatsop County Department
of Public Health*

On-Site Waste Water Program

Approved By N.M.

Permit No. 500520

Date 8/20/16

For pre-cover inspection information, contact your agent below:

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

8/8/2016

Expiration Date:

8/8/2017

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



#500520

Clatsop County

www.co.clatsop.or.us

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

mmcknickle@co.clatsop.or.us

RECEIVED

AUG 03 2016

CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

(pd) CK # 4340
110800

A. Property Owner Information

L&C Tree Farms, LLC P.O. - Box 2865, Gearhart, OR 97138 503-738-6351
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6N 10W 0000 700 55387 1204.56
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop N/A N/A N/A
County Subdivision Name Lot Block

Property Address: 85892 Lewis & Clark Rd., Seaside, OR 97138
(Street, City, State, Zip)

Directions to Property ~ 1 mile east of Hwy. 101 on the northside of Lewis & Clark Rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
 Single Family Residence
Number of Bedrooms _____
 Other _____

Proposed Facility
 Single Family Residence
Number of Bedrooms _____
 Other Timber Manag. Facility

Water Supply
 Public
Name _____
 Private Well
Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction - Commercial
- Permit Repair
 - Major
 - Minor
- Alteration Permit
 - Major
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notice for:
 - Connecting to an Existing System Not in Use
 - Replacing a Mobile Home or House with Another
 - Mobile Home or House
 - The Addition of One or More Bedrooms
 - Personal Hardship
 - Temporary Housing
 - Other-Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Will Caplinger Signature Date 7/29/16
Will Caplinger Applicant's Name (Please Print Legibly) Mobile: 503-738-2438 Applicant's Phone
503-575-9531 Applicant's Phone will.caplinger@anglobal.com Applicant's E-Mail Address
P.O. Box 2865, Gearhart, OR 97138 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson Bras Installers Name



Clatsop County

Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

RECEIVED

AUG 03 2016

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

I, Mark R. Morgans of L&C Tree Farms, LLC, have authorized
(Property Owner - Please Print)

Will Caplinger To act as my agent in performing
(Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program
services provided by Clatsop County on the property described below in accordance with OAR chapter 340,
division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

85892 Lewis & Clark Rd., Seaside, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section Tax Lot 700 Map ID 10-06
Township Range Section Tax Lot Map ID

PROPERTY OWNER:

Name: L&C Tree Farms, LLC Email: N/A

Mail Address: P.O. Box 2865 City/State/Zip Gearhart, OR 97138
(1500 SW 1st Ave., Ste 1150) (Portland, OR 97201)

Phone: 503-738-6351 FAX: 503-738-9253

Signature: Mark R. Morgans Date: 8-1-16

AUTHORIZED REPRESENTATIVE:

Name: Will Caplinger Email: will.caplinger@gwr-global.com

Mail Address: P.O. Box 2865 City/State/Zip Gearhart, OR 97138

Phone: 503-575-9531 FAX: 503-738-9253

Signature: Will Caplinger Date: 7/29/16

RECEIVED

AUG 03 2016

CLATSOP CO. PUBLIC HEALTH

SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Will Caplinger / L&C Tree Farms, LLC
 Mailing Address: P.O. Box 2865, Gearhart, OR 97138
 City/State/Zip: Gearhart OR 97138
 Telephone: 503-575-9531

2. Property Information:
 County: Clatsop Tax Lot No: 700
 Township: 6N Range: 10W Section: 00
 Physical Address: 85892 Lewis & Clark Rd., Seaside, OR 97138
 Block: N/A Lot: N/A
 Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: Timber (Forest) Management facility.

4. Permit or approval being requested:
 Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: F-80 Zoning Minimum Parcel Size 80 acres

6. The facility is located: inside city limits inside UGB outside UGB

7. Does the proposed facility comply with all applicable local land use requirements: Yes No

If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

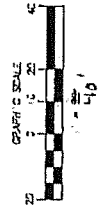
Either provide reasons for affirmative compliance decision or attach findings of fact:
L3.554 (13) Forest Management Facilities -
approved Type II CUP # 2015 0232
LUC# 20160417

8. Planning Official Signature: Julia Decker
 Print Name: JULIA DECKER Date: 8/3/2016
 Title: PLANNER Telephone: 503/325-8611

RECEIVED

AUG 08 2016

CLATSOP CO. PUBLIC



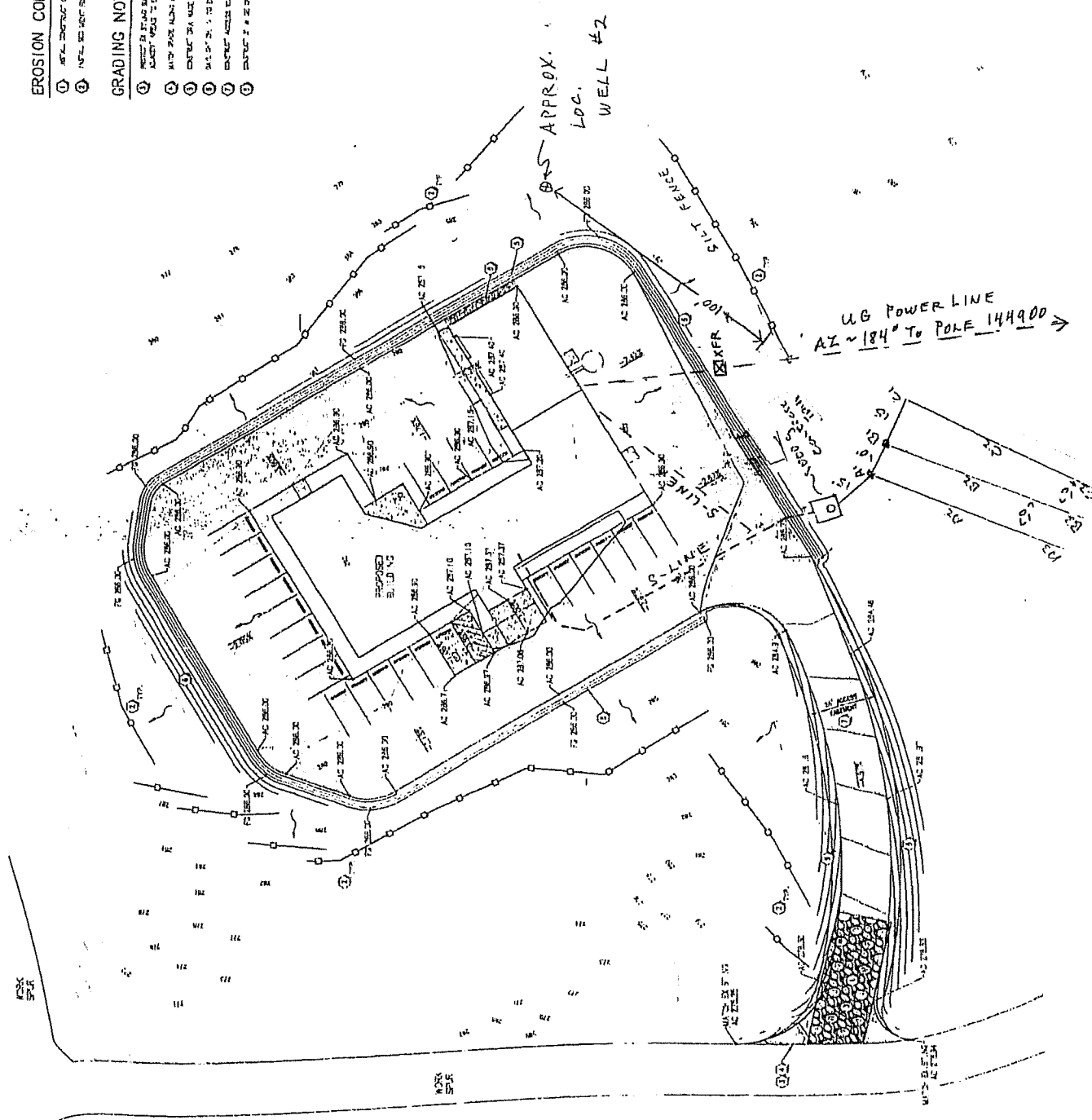
Will Coptinger
Revised map
Permit # 500520

EROSION CONTROL NOTES

- ① ALL EROSION CONTROL MEASURES SHALL BE INSTALLED IN ACCORDANCE WITH THE PERMITS AND SPECIFICATIONS OF THE PERMITTING AGENCY.
- ② ALL EROSION CONTROL MEASURES SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD.

GRADING NOTES

- ① ALL GRADING SHALL BE IN ACCORDANCE WITH THE PERMITS AND SPECIFICATIONS OF THE PERMITTING AGENCY.
- ② ALL GRADING SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD.
- ③ ALL GRADING SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD.
- ④ ALL GRADING SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD.
- ⑤ ALL GRADING SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD.



UG POWER LINE
AZ ~ 184° TO POLE 144900

APPROX.
LOC.
WELL #2

APPROX. →
LOC
WELL #1

RECEIVED

AUG 03 2016

CLATSOP CO. PUBLIC HEALTH

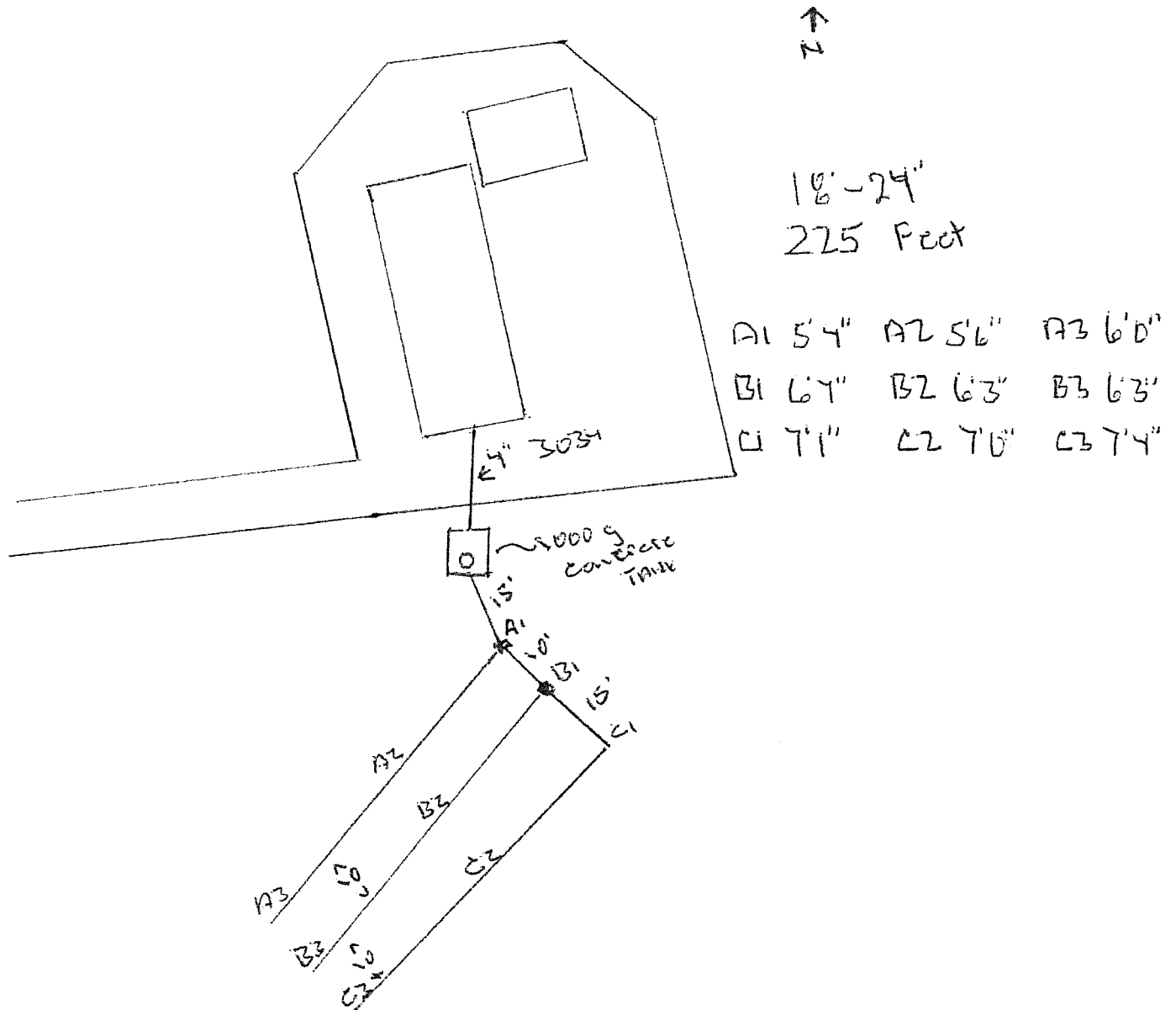
VINSON BROTHERS CONSTRUCTION

92740 KNAPPA DOCK ROAD, ASTORIA, OREGON 97103

503.458.6561 cell 503.741.0170 fax 503.458.6763

OR. CCB #66679 WA. VINSOB*911NR D.E.Q 36845

vbc.dennis@gmail

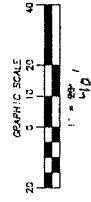
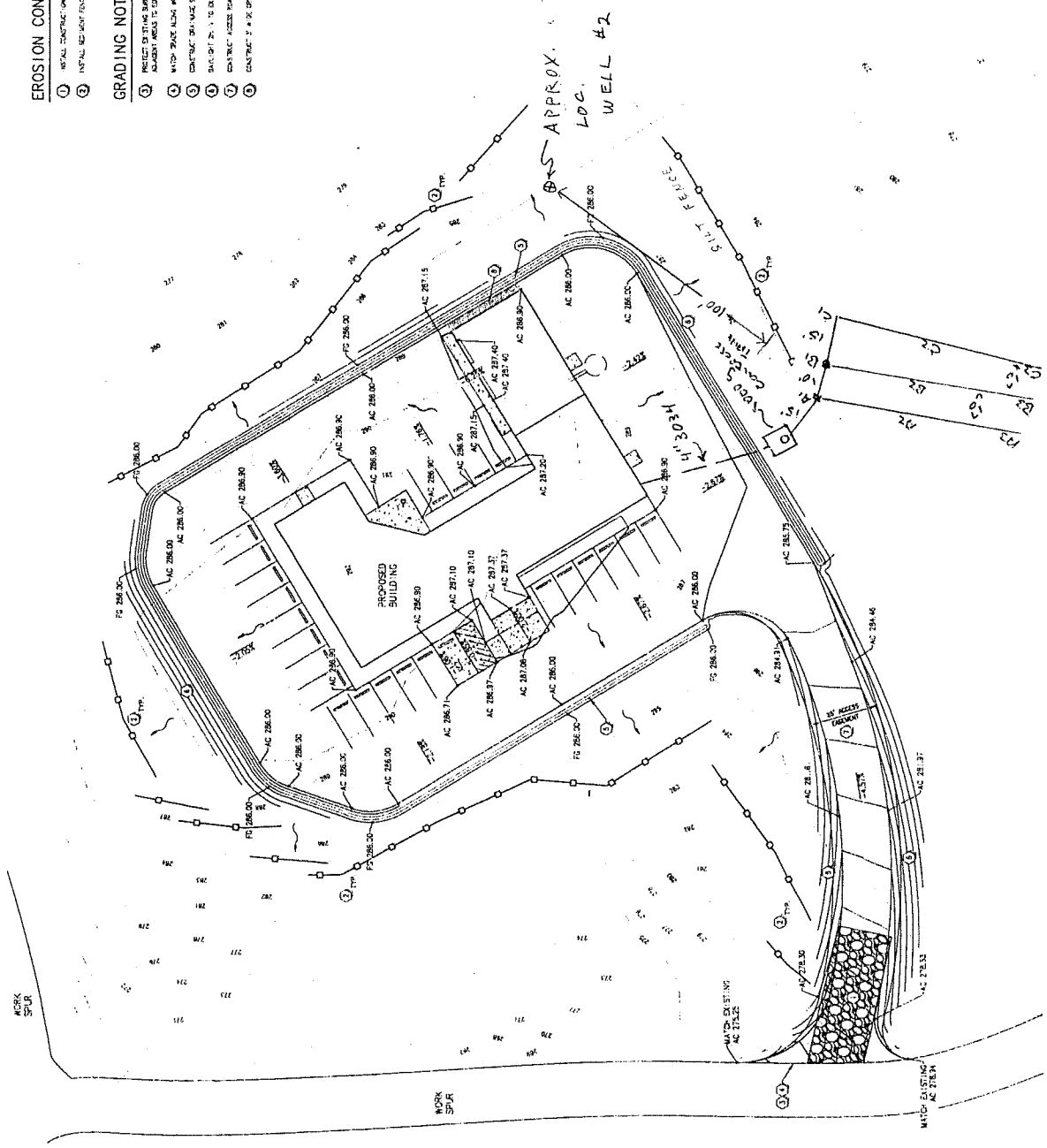


EROSION CONTROL NOTES

1. INITIAL EROSION CONTROL MEASURES SEE DETAIL A, SHEET 1.
2. INITIAL EROSION CONTROL MEASURES TO BE INSTALLED PRIOR TO COMMENCEMENT OF CONSTRUCTION SHALL BE INSTALLED PRIOR TO START OF EROSION CONTROL MEASURES.
3. INITIAL EROSION CONTROL MEASURES TO BE INSTALLED PRIOR TO COMMENCEMENT OF CONSTRUCTION SHALL BE INSTALLED PRIOR TO START OF EROSION CONTROL MEASURES.

GRADING NOTES

1. PROPOSED GRADING SURFACES & PROFILES SHOWN ON THIS PLAN SHALL BE CONSIDERED AS CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE DATA AND THE PROFILES.
2. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
3. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
4. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
5. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
6. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
7. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.
8. CONTRACTOR SHALL MAINTAIN EXISTING EROSION CONTROL MEASURES THROUGHOUT THE PROJECT.



APPROX. →
 LOC. WELL #1

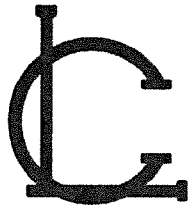
APPROX. LOC. WELL #2

July 29, 2016

RECEIVED

AUG 03 2016

CLATSOP CO. PUBLIC HEALTH

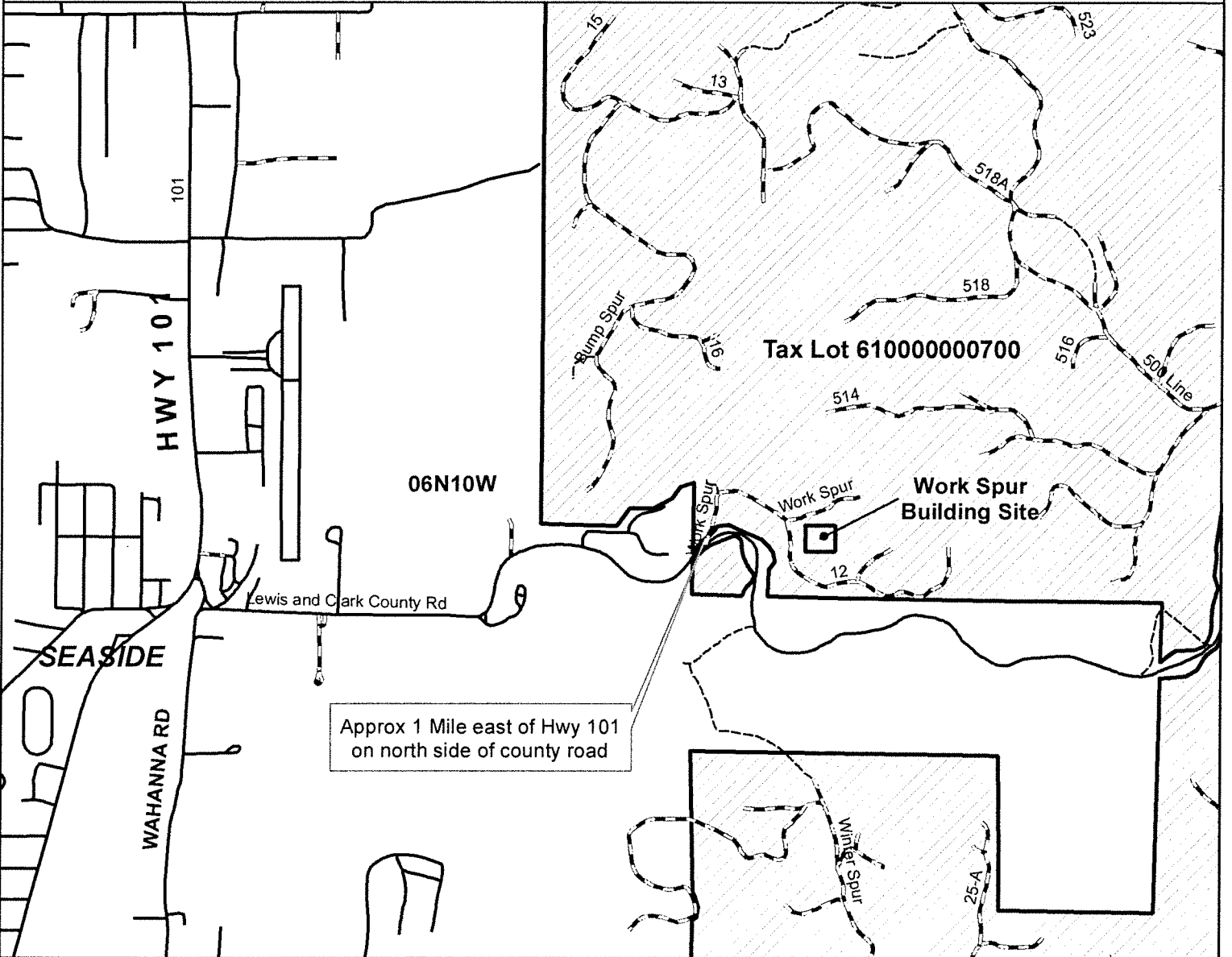


LEWIS & CLARK
TIMBERLANDS

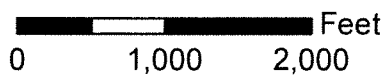
Work Spur Vicintiy Locator

85892 Lewis & Clark Road, Seaside

Section 11, Township 6 North, Range 10 West,
Clatsop County, W.M.



L&C Tree Farms, LLC



Information provided on this map is believed to be accurate, however, this information is not guaranteed.



Septic Application

Clatsop County Public Health Department
 820 Exchange St Ste 100
 Astoria, OR 97103
 Ph. (503) 325-8500

For Department Use Only

Permit #: **500520**
 Permit Type: **Construction Perm**
 Entry Date: **8/3/2016**
 Issued By: **Annette Brodigan**
 Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/03/2016

Work Description

Work Description:

Remarks:

Owner

Name: **L&C Tree Farms LLC** Ph. #: (503) 738-6351 Cell: (503) 738-2438
 Address: PO BOX 2865 E-Mail: will.caplinger@gwrglobal Fax: () -
 City, State, Zip: GEARHART, OR 97138

Applicant

L&C Tree Farms LLC Ph. 5037386351 Fax
 PO BOX 2865 Cell E-Mail
 GEARHART, OR 97138

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,008.00	\$100.00	\$0.00	\$0.00	\$1,108.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
L&C Tree Farms LLC	Check	4340	08/03/2016	\$1,108.00

Balance Due: \$0.00

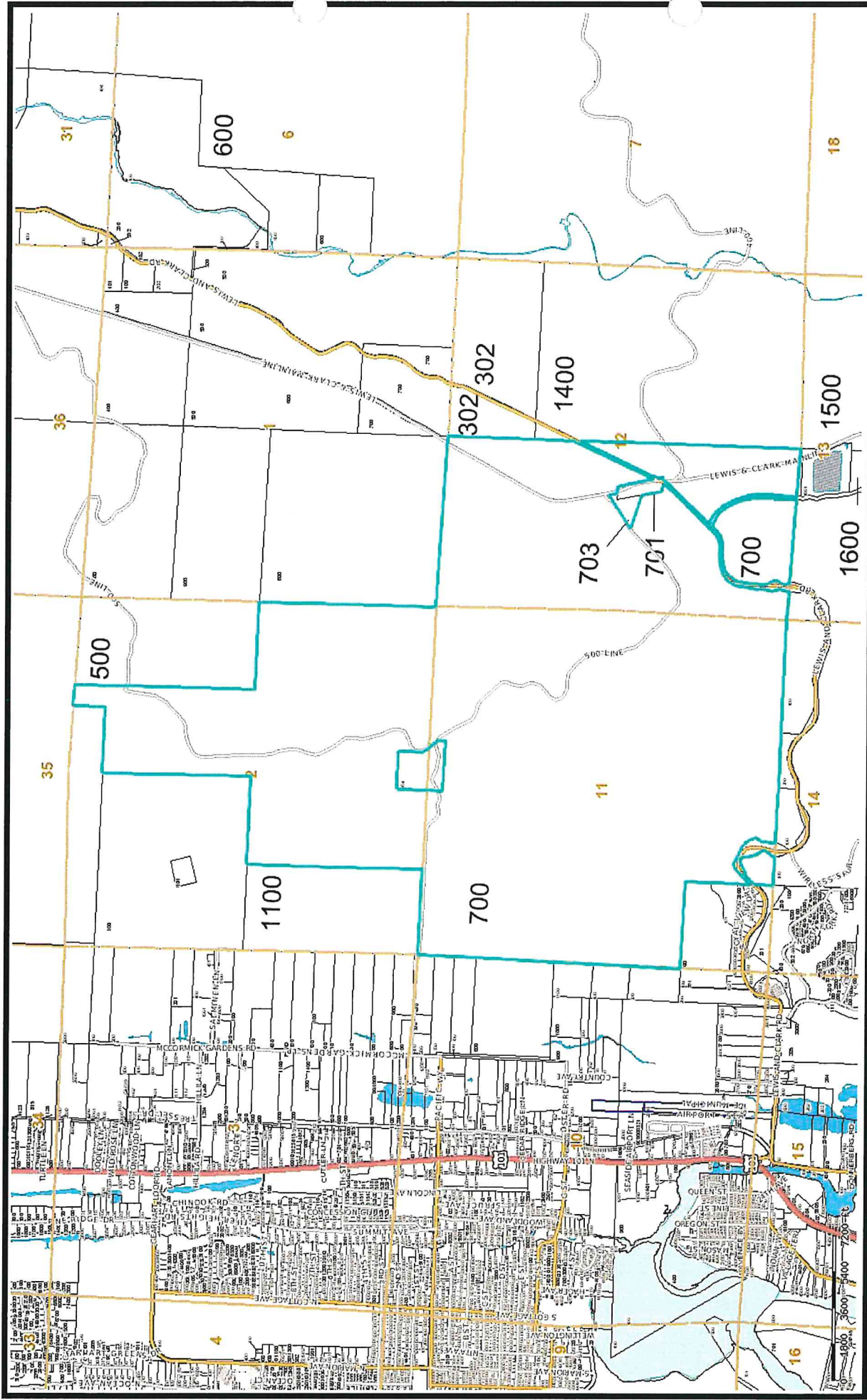
Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Map



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 85892 Lewis & Clark Rd. City: Seaside
Owner: L & C Tree Farms, LLC Phone: 503-738-6351
Address: 1500 SW 1st Ave. #1150 Email: will.eaplinger@jorgglobal.com
Agent: _____
Proposed Development/Construction: Timber/Forest Management Facility

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 6N R 10W S 000000 Tax Lot(s) 700
Permit Needed: Yes No Site Approved: Yes No
Signature: [Signature] Date: 4-28-16
Remarks: Permit No. 500177 = site evaluation permit
Will need construction permit to install new septic system

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT (Signature of Water District required.)

Gallons per minute: _____
Signature: _____ Title: _____ Date: _____
Remarks: _____
Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

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

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____
Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: _____ Title: _____ Date: _____
Remarks: _____

Site Evaluation - Commercial -

This Site Evaluation - Commercial - Permit 500177 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Lewis & Clark Oregon Timber LLC** Township **6**, Range **10**, Section **00 0 0**
Property Location: Tax Lot **00700**
Facility Type: **Commercial**

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **300 gals/day**
Minimum Septic Tank Size: **1000 gals**
Distribution Type: **Equal**
Total Trench Length: **225 Linear feet**
Trench Spacing: **8 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **24 inches**
Minimum Trench Depth: **18 inches**
Drain Media Total Depth: **12 inches**
Drain Media Below Pipe: **6 inches**
Drain Media Above Pipe: **2 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Meet all required setbacks.
- 2 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 3 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 4 All roof drains must be directed away from the system.
- 5 Each trench to be level and on contour.
- 6 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 7 Install with dry soil conditions.
- 8 Vehicular traffic and livestock must be restricted from the system area.

INSPECTION REQUIREMENTS

- 1 A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- 2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:



Authorized Agent:

Mike McNickle

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

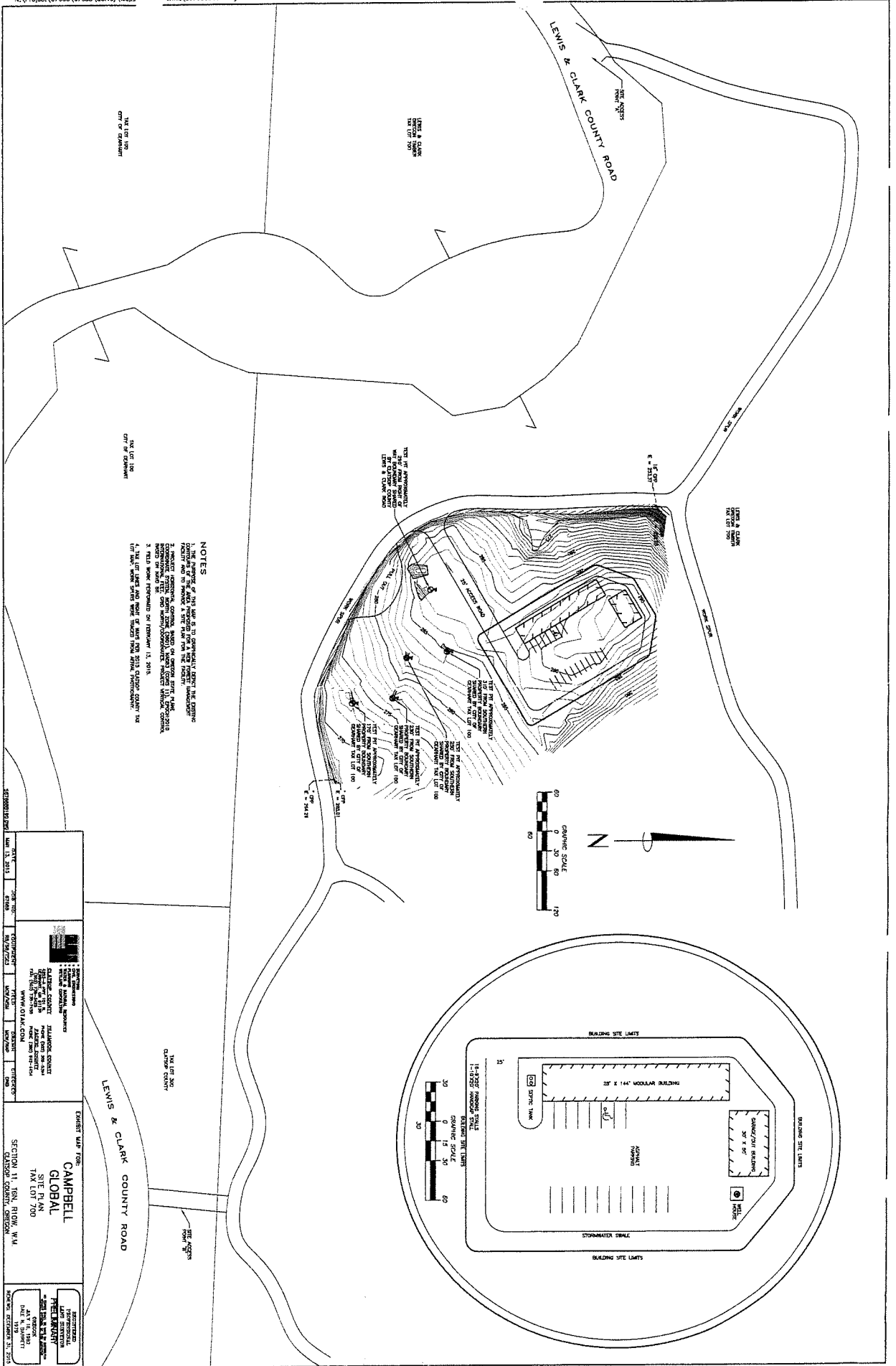
Title:

Onsite Wastewater Specialist

Date Issued:

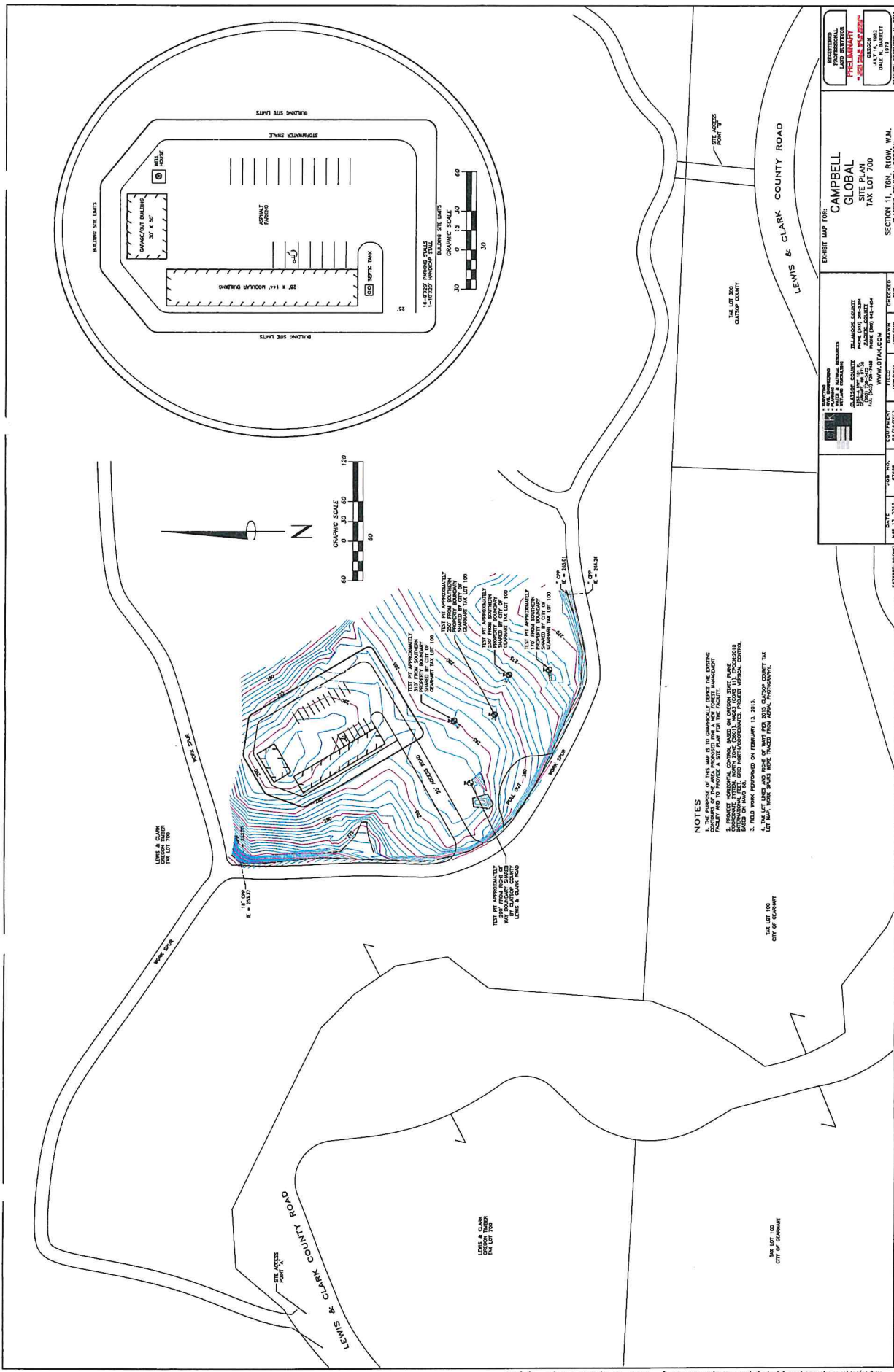
4/6/2015

Expiration Date:



- NOTES**
1. THE APPROXIMATE LOCATION OF THE EXISTING BUILDING IS SHOWN BY A DOTTED LINE.
 2. THE EXISTING BUILDING IS SHOWN BY A DOTTED LINE.
 3. THE EXISTING BUILDING IS SHOWN BY A DOTTED LINE.
 4. THE EXISTING BUILDING IS SHOWN BY A DOTTED LINE.

<p>DATE: 03/23/2015 TIME: 2:52 PM USER: johne PROJECT: 67628 DRAWING: 67628-01 SHEET: 001 TOTAL SHEETS: 001</p>	<p> CAMPBELL GLOBAL CIVIL ENGINEERING 1110 N. 19th, Row, WA TACOMA, WA 98151 WWW.CAMPBELLGLOBAL.COM </p>	<p> EXISTING MAP FOR: CAMPBELL GLOBAL TAX LOT 700 SECTION 11, 19N, 10W, W1M CASSIA, COBLEN, SPOKANE WASHINGTON STATE </p>
---	---	---



NOTES

1. THE LINES AND BOUNDARIES SHOWN ON THIS MAP ARE APPROXIMATELY BASED ON THE 2015 CLARK COUNTY TAX MAP. THE BOUNDARIES SHOWN ON THIS MAP ARE APPROXIMATELY BASED ON THE 2015 CLARK COUNTY TAX MAP.
2. PROJECT HORIZONTAL CONTROL, BASED ON OREGON STATE PLANE, NAD 83, IS USED FOR ALL DIMENSIONS AND COORDINATES. THE DATUM IS OREGON STATE PLANE, NAD 83.
3. ALL DIMENSIONS ARE IN FEET AND DECIMALS THEREOF.
4. TAX LOT LINES AND BOUNDARIES ARE BASED ON THE 2015 CLARK COUNTY TAX MAP. THE BOUNDARIES SHOWN ON THIS MAP ARE APPROXIMATELY BASED ON THE 2015 CLARK COUNTY TAX MAP.

<p>REGISTERED LAND SURVEYOR PRELIMINARY DATE: JUL 14, 1981 CITY: CLATSOP COUNTY: CLATSOP STATE: OREGON</p>	<p>EMERIT MAP FILE CAMPBELL GLOBAL SITE PLAN TAX LOT 700</p>	<p>SECTION 11, T8N, R10W, W1M, CLATSOP COUNTY, OREGON</p>
<p>DATE: MAR 23, 2015 JOB NO.: 67600 DESIGNER: JH/STW/MS CHECKER: JH/STW/MS</p>	<p>PROJECT: CAMPBELL GLOBAL CLIENT: CAMPBELL GLOBAL PROJECT NO.: 67600 JOB NO.: 67600 DATE: MAR 23, 2015</p>	<p>SCALE: 1" = 100' DATE: MAR 23, 2015</p>

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Otak, Inc. / Lewis & Clark Oregon Timber LLC
Mailing Address: PO Box 2865
City/State/Zip: Gearhart, OR 97138
Telephone: (503) 738-6351 x 107
2. Property Information:
County: Clatsop Tax Lot No: 700
Township: 6N Range: 10W Section: 11
Physical Address: Work Spur, see attached Maps
Block: _____ Lot: _____
Subdivision Name (if applicable): _____
3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: Forest management facility, parking, and utility building
4. Permit or approval being requested: Site Evaluation
 Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: F-80 Zoning Minimum Parcel Size 80 acres
6. The facility is located: inside city limits inside UGB outside UGB
7. Does the proposed facility comply with all applicable local land use requirements: Yes No
- If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
- Either provide reasons for affirmative compliance decision or attach findings of fact:
LWUO #80-14, Section 3.554 Conditional Development and Use.
A conditional use permit, Type II, has not yet been applied for and will need to be obtained in order to construct this development.
8. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Date: 4/2/15
Title: PLANNER Telephone: 503/325-8611



Clatsop County
 Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8611 Fax 503 338-3606
 comdev@co.clatsop.or.us www.co.clatsop.or.us

Notice Authorizing Representative

I, Mark R. Morgans, Area Manager (Property Owner - Please Print), have authorized
OTAK, Inc. (Dale Barrett) (Authorized Representative - Please Print) To act as my agent in performing
 the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program
 services provided by Clatsop County on the property described below in accordance with OAR chapter 340,
 division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

N/A

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section 11 Tax Lot 700 Map ID T6N R10W WM
(6-10-06)
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Lewis & Clark Oregon Timber LLC Email: wcaplinger@campbellglobal.com
 Mail Address: PO Box 2865 City/State/Zip Gearhart, OR 97138
 Phone: (503) 738-6351 x 107 FAX: (503) 738-9253
 Signature: [Signature] Date: 3/11/15

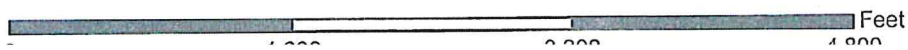
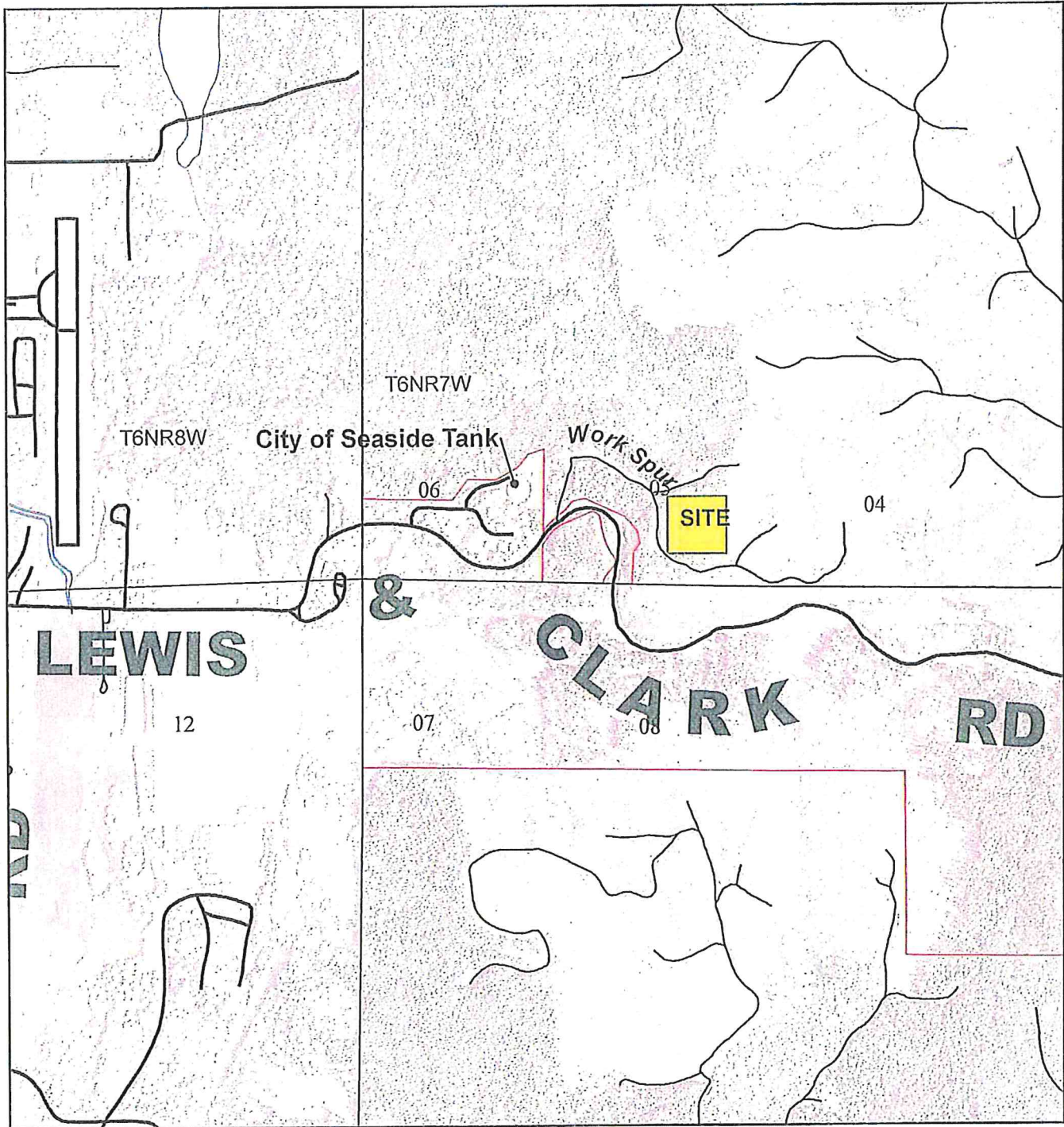
AUTHORIZED REPRESENTATIVE:

Name: Otak, Inc. (Dale Barrett) Email: dale.barrett@otak.com
 Mail Address: 4253-A Highway 101 N. City/State/Zip Seaside, OR 97138
 Phone: (503) 738-3425 FAX: (503) 738-7455
 Signature: Dale Barrett Date: 3/16/15

Work Spur Site

June 30, 2011

Section 11, Township 6N, Range 10W



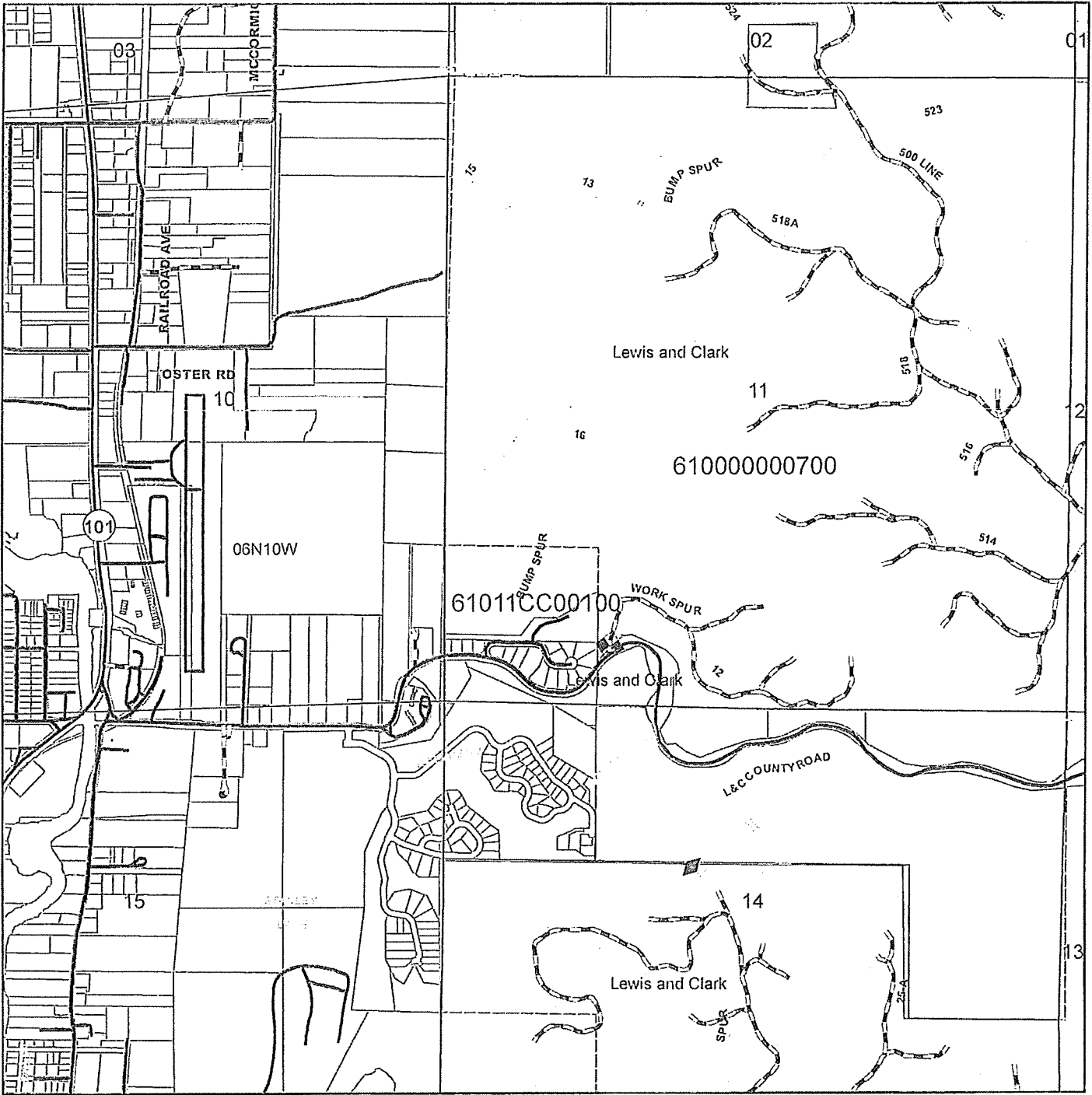
Information provided on this map is believed to be accurate, however,



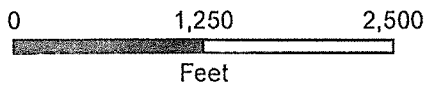
L&C OR Timber

Tax Lots 610000000700 & 61011CC00100

Section 11, Township 6 North, Range 10 West Clatsop County, OR



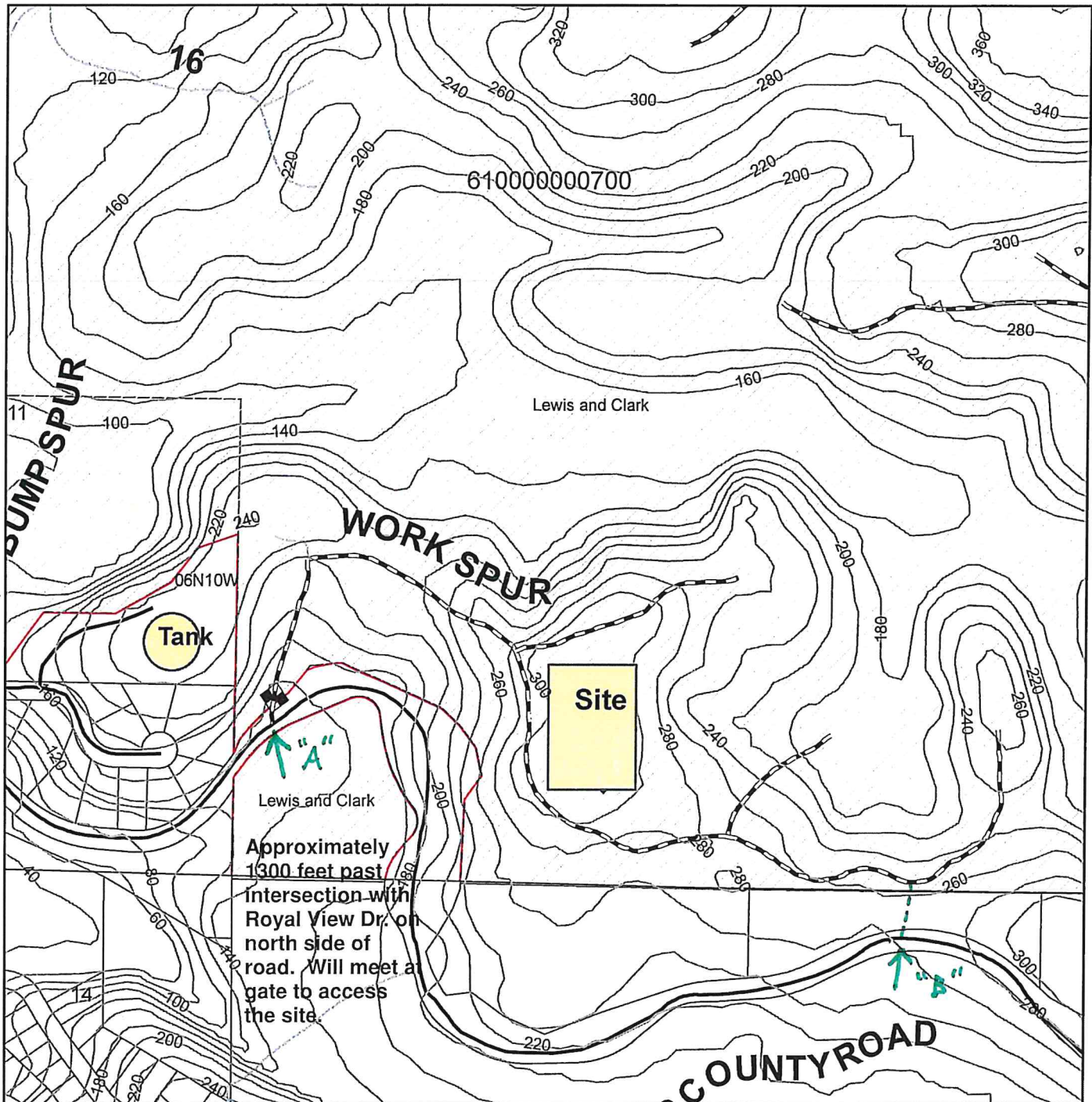
 Lewis & Clark Oregon Timber



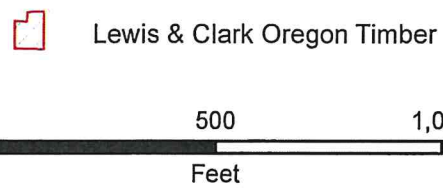
Information provided on this map is believed to be accurate, however,

Work Spur Contours

Section 11, Township 6 North, Range 10 West
 Clatsop County, OR



Approximately
 1300 feet past
 intersection with
 Royal View Dr. on
 north side of
 road. Will meet at
 gate to access
 the site.



Information provided on this map is believed to be accurate, however, this information is not guaranteed.

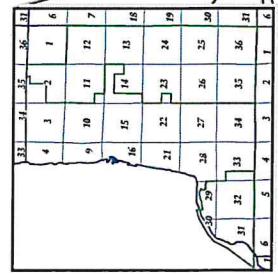
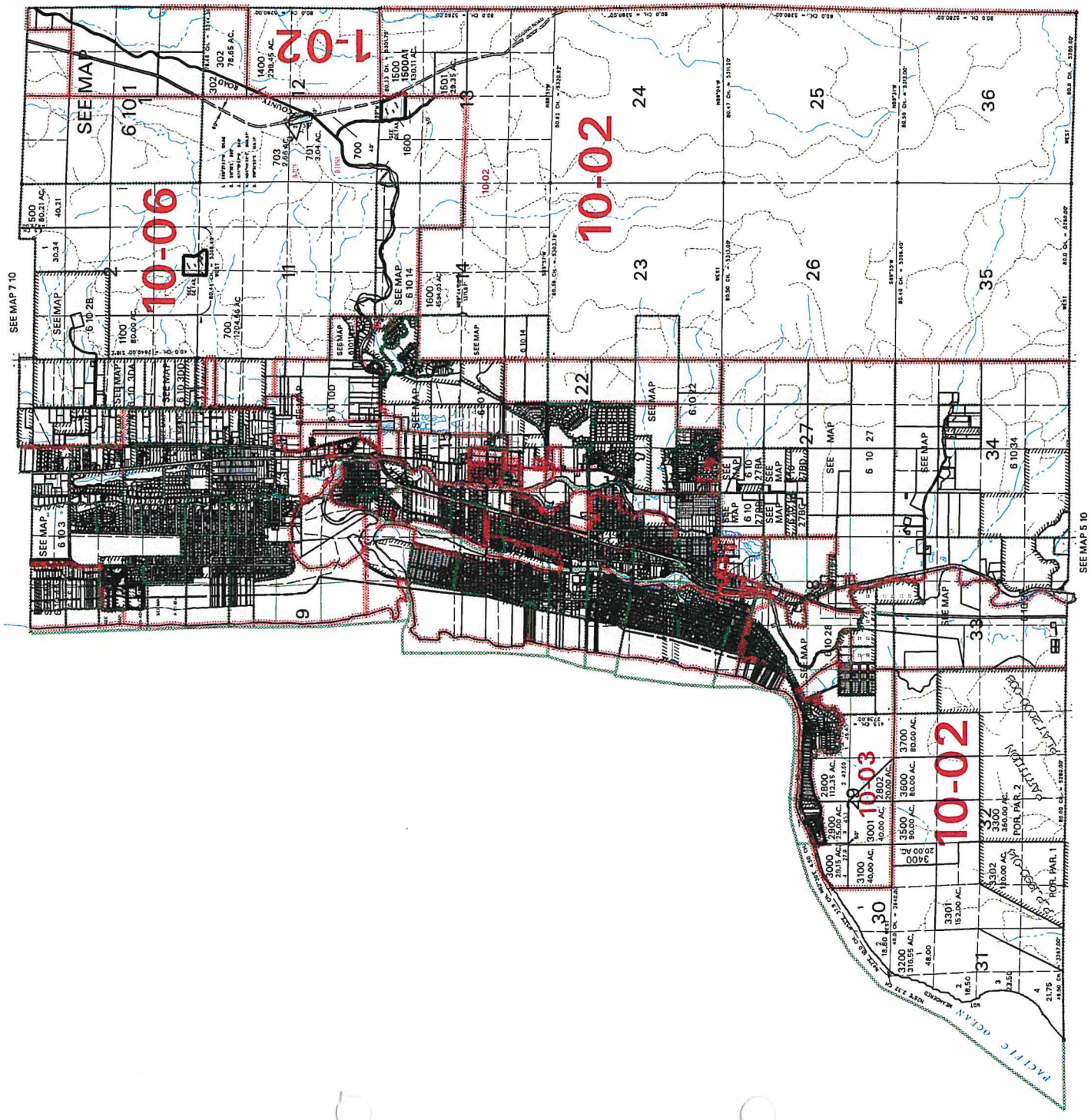
T6N R10W WM
CLATSOP COUNTY
 Scale 1:24000



Additional Detail Maps on Separate Sheets

Cancelled

- Accounts:
- 100
 - 1000
 - 1000M1
 - 101
 - 101
 - 101
 - 1100
 - 1100M1
 - 1200
 - 1200M1
 - 1300
 - 1300M1
 - 1400
 - 1400M1
 - 1500
 - 1500M1
 - 1600
 - 1600M1
 - 1700
 - 1700M1
 - 1800
 - 1800M1
 - 1900
 - 1900M1
 - 2000
 - 2000M1
 - 2100
 - 2100M1
 - 2200
 - 2200M1
 - 2300
 - 2300M1
 - 2400
 - 2400M1
 - 2500
 - 2500M1
 - 2600
 - 2600M1
 - 2700
 - 2700M1
 - 2800
 - 2800M1
 - 2900
 - 2900M1
 - 3000
 - 3000M1
 - 3100
 - 3100M1
 - 3200
 - 3200M1
 - 3300
 - 3300M1
 - 3400
 - 3400M1
 - 3500
 - 3500M1
 - 3600
 - 3600M1
 - 3700
 - 3700M1
 - 3800
 - 3800M1
 - 3900
 - 3900M1
 - 4000
 - 4000M1
 - 4100
 - 4100M1
 - 4200
 - 4200M1
 - 4300
 - 4300M1
 - 4400
 - 4400M1
 - 4500
 - 4500M1
 - 4600
 - 4600M1
 - 4700
 - 4700M1
 - 4800
 - 4800M1
 - 4900
 - 4900M1
 - 5000
 - 5000M1



February 20, 2015

6.10

This map was prepared for the purpose of providing information to the public and is not intended to be used for any other purpose. The user assumes all responsibility for the use of this map. Clatsop County, Oregon, is not responsible for any errors or omissions in this map.



Septic Application

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

For Department Use Only

Permit #: **500177**
Permit Type: **Site Evaluation**
Entry Date: **4/1/2015**
Issued By: **Clancie Adams**
Permit Status: **Review**

Permit Timeline

User	Status	Date
Clancie Adams	Review	04/01/2015

Work Description

Work Description:

Remarks:

Owner

Name: **Lewis & Clark Oregon Timber LLC**
Address: 1 SW Columbia St Ste #1700
City, State, Zip: Portland, OR 97258-2039

Ph. #: () -
E-Mail:

Cell: () -
Fax: () -

Applicant

Otak Dale Barrett
4253A Highway 101 N
Seaside, OR 97138

Ph. 5037383425
Cell

Fax
E-Mail dale.barrett@otak.com

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$700.00	\$100.00	\$62.00	\$0.00	\$862.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Lewis & Clark Oregon Timber LLC	Check	0000050412	04/02/2015	\$862.00
				\$862.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____