



**Certificate of Satisfactory Completion  
Installation Permit - Residential - New**

186-20-000097-PRMT

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
health@co.clatsop.or.us  
Website:  
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

**Date Certificate Issued:** 02/16/2021  
**Work Description:** Construction/Installation; standard  
Pictures sent for final due to inclement weather

<b>Applicant:</b> Biamont, Anthony	<b>Primary Contractor:</b> North Pacific Excavation
<b>Address:</b> 761 S King St Seaside OR 97138-7645	<b>Installer License:</b> 38813
<b>Phone:</b> 503-738-2636	<b>Address:</b> PO Box 1173 Warrenton OR 97146-1173
<b>Email:</b> tjbiamont@gmail.com	<b>Phone:</b> (503) 741-0715
	<b>Email:</b> npexbilling@gmail.com

<b>Owner:</b> Tony & Jennifer Biamont	<b>Property Address:</b> 88324 McCormick Gardens Rd, Seaside, OR 97138
<b>Address:</b> 761 S King St Seaside OR 97138	
<b>Parcel:</b> 61003A000900 - Primary	<b>Township:</b> 6 <b>Range:</b> 10 <b>Section:</b> 3A

<b>Lot Size:</b> 2.10 acres	<b>Water Supply:</b> Community Water Supply
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County
<b>Land Use Approval:</b> yes	

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	N/A	3 bedroom
<b>Number of Bedrooms:</b>	N/A	3

**System Specifications**

<b>Type:</b> Standard	
<b>Max Peak Design Flow:</b> 450 gpd.	<b>Proposed Flow:</b> 450 gpd.
<b>Min Septic Tank Volume:</b> 1000 gal.	<b>Min Dosing Tank Volume:</b> N/A

**Drain Field Specifications**

<b>Drain Field Type:</b> Standard	<b>System Distribution Type:</b> Serial
<b>Drainfield Sizing:</b> 225 linear ft.	<b>Distribution Method:</b> Serial
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.
<b>Trench Length:</b> 225 linear ft.	<b>Rock Above Pipe:</b> 2 in.
<b>Total Rock Depth:</b> 12 in.	<b>Rock Below Pipe:</b> 4 in.
<b>Max Depth:</b> 18 in.	<b>Undisturbed Soil Between Trenches:</b> 8 ft.
<b>Min Depth:</b> 18 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A

**Special Requirements**

<b>Groundwater Type:</b> Not Applicable	<b>Groundwater Depth:</b> N/A
<b>Pump to Drainfield Required:</b> No	<b>Filter Fabric on Top of Drain Media:</b> Yes

**Date Certificate Issued:** 02/16/2021  
**Work Description:** Construction/Installation; standard  
 Pictures sent for final due to inclement weather

**Conditions of Approval**

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

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.

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 of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**Certificate of Satisfactory Completion**

<b>System Inspection:</b>	No	<b>Operation of Law - 7 Days Notice:</b>	No	<b>Pre-Cover Inspection Waived Per 340-071:</b>	No
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**Comments:** N/A

June Hemingway

REHS

**CALL BEFORE YOU DIG...IT'S THE LAW**

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

## Final Inspection Request and Notice - Septic ID: 186-20-000097-PRMT

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 Department of Environmental Quality (or its authorized Agent) 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 Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfaction Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

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**SECTION 1: Owner/Permittee Information:**

Twnshp: 6      Range: 10      Sect: 3A  
Lot: 00900

Name: Tony & Jennifer Biamont

Property 88324 McCormick Gardens RD, Seaside, OR  
Address: 97138

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: A1 Concrete	Date: 2/10/2021
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf. n/a	Float(s)Type(1): n/a	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: ASTM 3034	Length: 32'
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) 2729 Pipe Pipe (perforated) on + surround by drain rock				
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: ASTM 3034	Length: 10'
Comment					

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
\*\*Attach sieve analysis for Underdrain Media and Filter Sand

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By: J. Henning  
Permit No. 186-20-000097  
Date 2-16-21

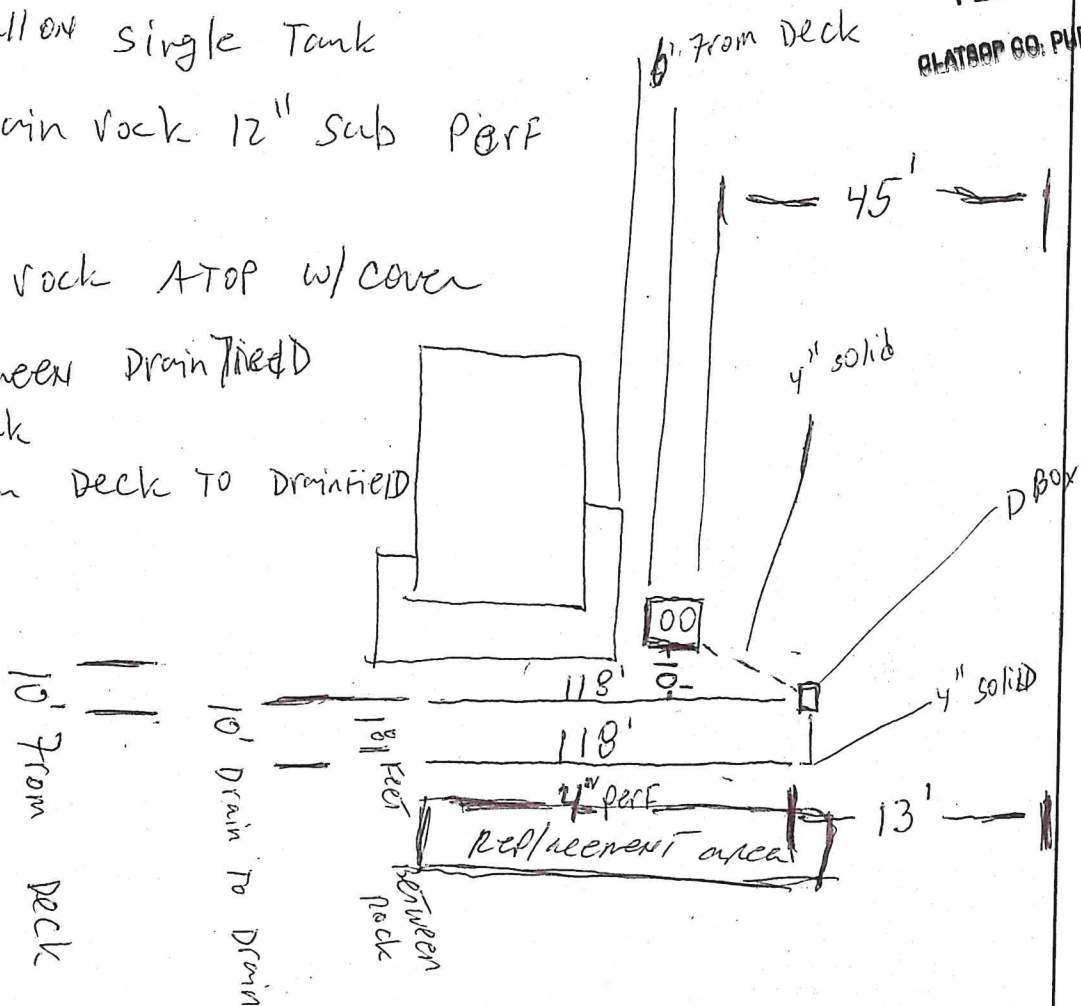


**SECTION 3 - As Built Plan**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

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- \* 1000 gallon single Tank
- \* 1/2 Drain rock 12" sub Perf Pipe
- \* Drain rock ATOP w/ cover
- \* 15' Between drainfield & Tank
- 10' From Deck to Drainfield



**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 or Certified Installer w/Certification#: Print Name: North Pacific Excavation - Robert Rush

Licensed Installer: Yes  No  License#: 38813 Certification#: \_\_\_\_\_

Owner/ Certified Installer: Signature: [Signature] Date: 2/11/2021 Phone#: 503-298-8654

**SECTION 5 - Office Use Only:**

Notice Accepted Yes  No  Date: 2/16/21

Installer/Owner (Permittee) Notified: Yes  No  Date: \_\_\_\_\_

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: pre-cover waived due to inclement weather. Pictures accepted

*Clatsop County Department of Public Health*  
 On-Site Waste Water Program  
 Approved By: J. Hemingway  
 Permit No. 106-20-00097  
 Date 2-16-21



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TANK FULL IF WATER TO OUTFALL

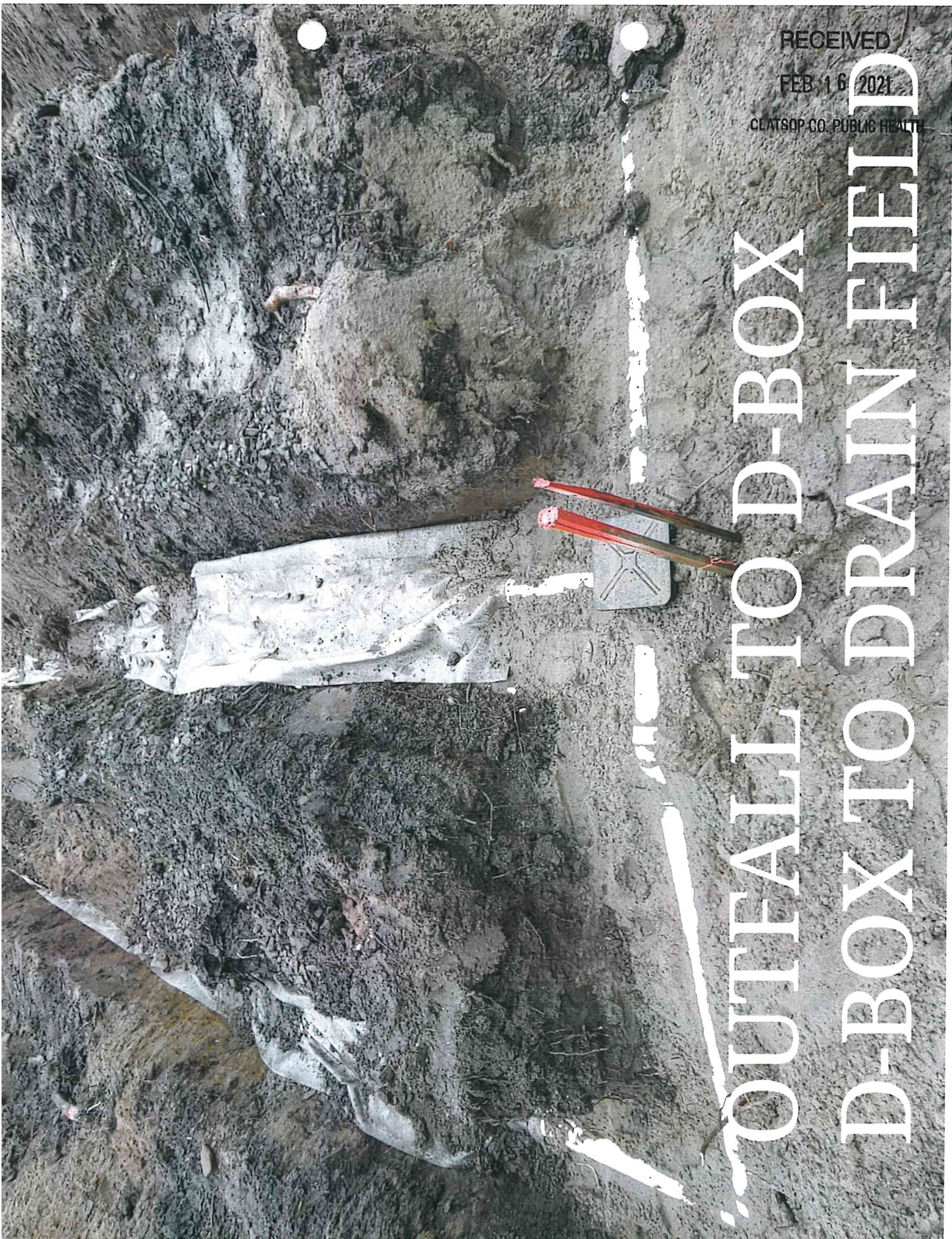
A photograph of an open circular manhole or tank access. The interior is dark, and a large pipe is visible extending from the bottom. The surrounding structure is teal-colored. The text "TANK FULL IF WATER TO OUTFALL" is overlaid in white capital letters across the center of the image.



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# OUTFALL TO D-BOX D-BOX TO DRAIN FIELD





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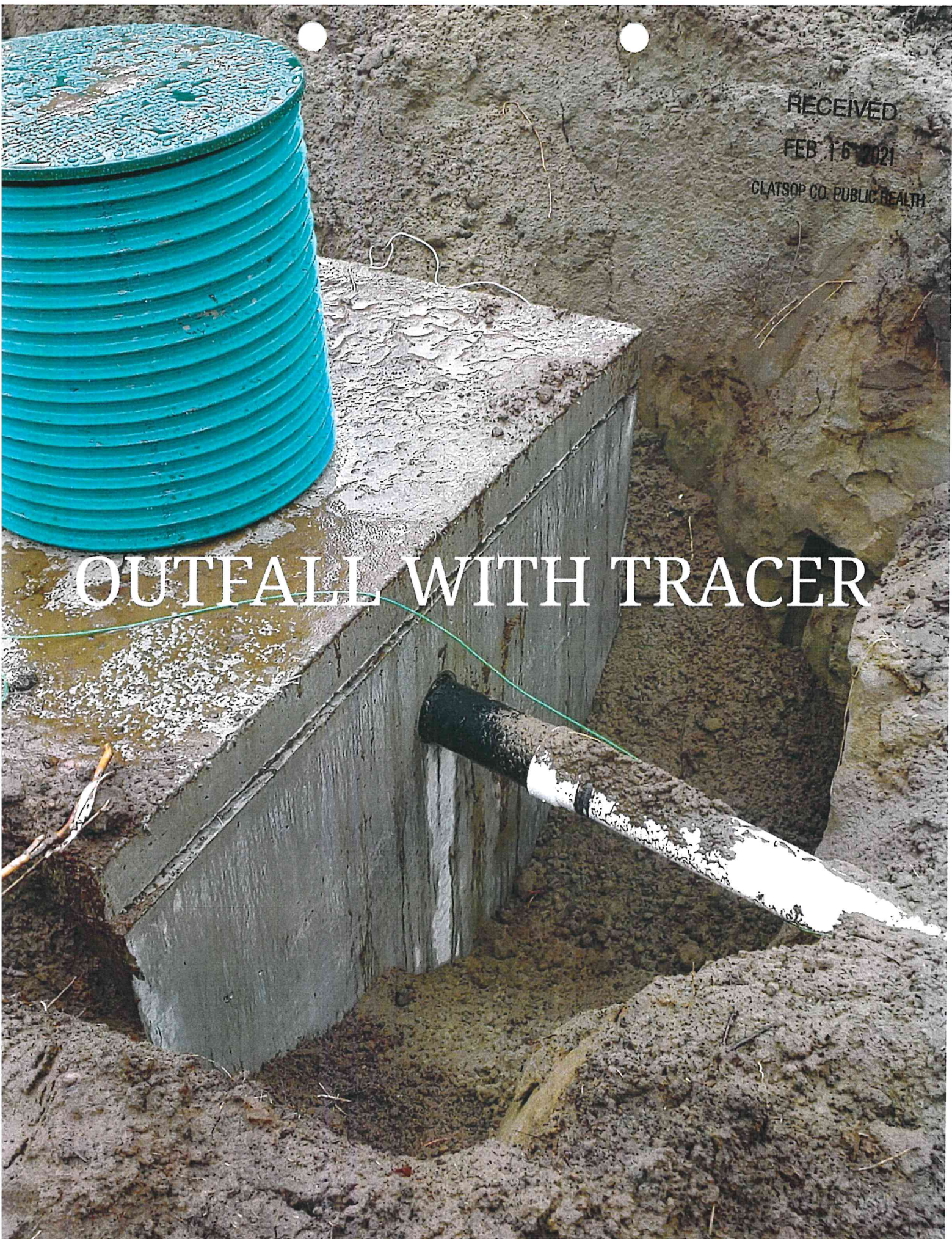
OUTFALL FROM TANK  
TO DRAIN FIELD  
WITH TRACER





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FEB 16 2021  
GLATSOP CO. PUBLIC HEALTH

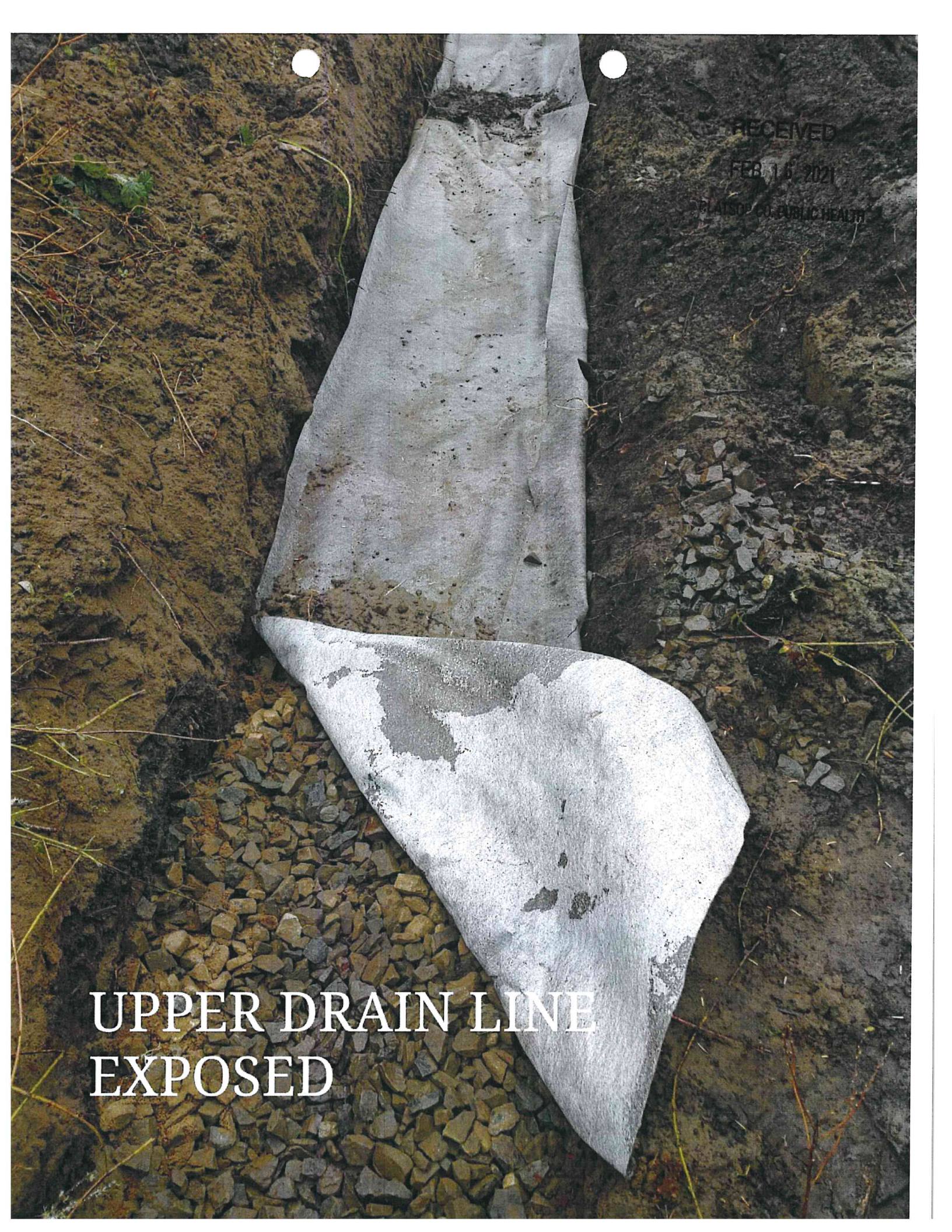
# OUTFALL WITH TRACER





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BLANCK CO. PUBLIC HEALTH

UPPER DRAIN LINE  
EXPOSED





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CLATSOP CO. PUBLIC HEALTH

# DRAIN FIELD







# Septic Permit

## Installation Permit - Residential - New

186-20-000097-PRMT

Clatsop County Onsite  
 820 Exchange Street  
 Astoria, Oregon 97103  
 503-325-9302  
 Fax: 503-325-9303  
 health@co.clatsop.or.us  
 Website:  
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

**Date issued:** 3/30/20 **Expiration date:** 3/30/21

**Work description:** Construction/Installation; standard

<b>Applicant:</b> Biamont, Anthony <b>Address:</b> 761 S King St Seaside OR 97138-7645 <b>Phone:</b> 503-738-2636 <b>Email:</b> tjbiamont@gmail.com	<b>Primary contractor:</b> North Pacific Excavation <b>Installer License:</b> 38813 <b>Address:</b> PO Box 1173 Warrenton OR 97146-1173 <b>Phone:</b> (503) 741-0715 <b>Email:</b> npexbilling@gmail.com
<b>Business License:</b> N/A	

<b>Owner:</b> Tony & Jennifer Biamont <b>Address:</b> 761 S King St Seaside OR 97138 <b>Parcel:</b> 61003A000900 - Primary	<b>Property address:</b> 88324 McCormick Gardens Rd, Seaside, OR 97138 <b>Township:</b> 6 <b>Range:</b> 10 <b>Section:</b> 3A
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<b>Lot size:</b> 2.10 acres	<b>Water supply:</b> Community Water Supply
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County
<b>Land use approval:</b> yes	<b>County:</b> N/A
<b>Action:</b> New	<b>Type of application:</b> Construction Permit - Residential
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A
<b>Comments:</b> N/A	

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b>	N/A	3 bedroom
<b>Number of bedrooms:</b>	N/A	3

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 450 gpd.
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> N/A

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Ttype:</b> Serial
<b>Drainfield sizing:</b> 225 linear ft.	<b>Distribution method:</b> Serial
<b>Media type:</b> Rock/Pipe	<b>Media depth:</b> 12 in.
<b>Trench length:</b> 225 linear ft.	<b>Rock above pipe:</b> 2 in.
<b>Total rock depth:</b> 12 in.	<b>Rock below pipe:</b> 4 in.
<b>Max depth:</b> 18 in.	<b>Undisturbed soil between trenches:</b> 8 ft.
<b>Min depth:</b> 18 in.	<b>Capping fills-min depth of fill material:</b> N/A

**Special Requirements**

<b>Stake out required:</b> No	<b>Groundwater depth:</b> N/A
<b>Groundwater type:</b> Not Applicable	

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 3/30/20

Expiration date: 3/30/21

Work description: Construction/Installation: standard

Pump to drainfield reqd: N/A Filter fabric on top of drain media: Yes

Conditions of approval

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

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.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

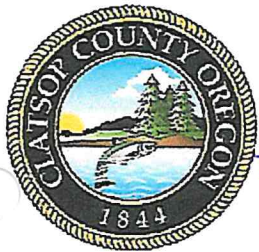
A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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.

Michael McNickle

Public Health Director

3/30/20



#156-20-000097

Clatsop County

www.co.clatsop.or.us

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

Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

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MAR 26 2020

CLATSOP CO. PUBLIC HEALTH

(Pd) CK# 1005
#1148

Application for Onsite Sewage Treatment System

A. Property Owner Information

TONY BIAMONT 761 SOUTH KING STREET SEASIDE OR 97138 503-738-2636
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6 N 10 W 3A 900 1006 61003a 00900 2.1 acres
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop N/A 900
County Subdivision Name Lot Block

Property Address: Adjacent to 88324 88346 McCormick Gardens Rd. Gearhart Or
(Street, City, State, Zip)

Directions to Property East on Hillila Rd in Gearhart, at the innersection of McCormick and Hillila Rd head North for
approximately 1000 feet, the property is located on the North adjoining line of the brown log home.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
Single Family Residence Single Family Residence Public Warrenton Water
Number of Bedrooms 3 Number of Bedrooms Name
Other Private Well, Spring, Shared

D. Type of Application

Site Evaluation Construction - standard
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

Signature Date
Tony Biamont 503-738-2636 tjbiamont@gmail.com
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address
761 South King Street Seaside Ore, 97138
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached Robert Rush #38813
Installer Name



**SECTION 1 – TO BE COMPLETED BY APPLICANT**

1. Applicant Name/Property Owner: Tony Biamont & Jennifer Biamont

Mailing Address: 761 S. King St.

City/State/Zip: Seaside OR 97138

Telephone: 503-738-2636 OR 503-440-2730

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CLATSOP CO. PUBLIC HEALTH  
#186-20-000097

2. Property Information:

County: Clatsop Tax Lot No: 900

Township: 6 Range: 10 Section: 3A

Physical Address: 88324 McCormick Garden Rd, Gearhart

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: \_\_\_\_\_

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: RA-1 Zoning Minimum Parcel Size 2 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: L3.184(1)

Development permit

8. Planning Official Signature: Victoria Sage

Print Name: VICTORIA SAGE Date: 02/04/20

Title: PLANNER Telephone: (503) 861-325-8611

**KEY**

- Existing Drainage
- Finished Drainage
- Property Line
- Straw Bale
- Silt Fence
- Bio-Filter Bag
- Saved tree
- Topsoil Stockpile
- Vegetation Area
- Gravelled Area
- Mulched Area
- Erosion control matting

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 #186-20-000099

**SOIL EROSION CONTROL PLAN**

Plot PLAN

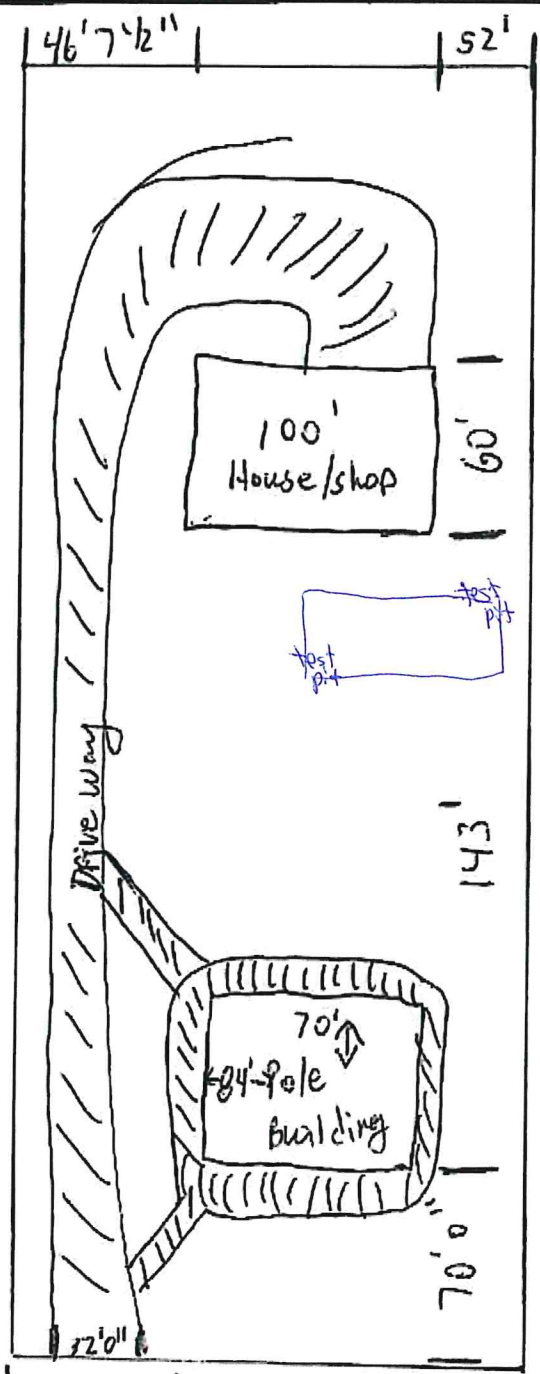
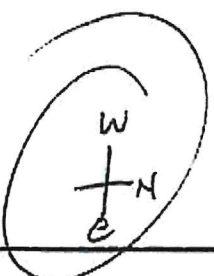
Owner:

Builder:

Tax lot #:

G-10-3A-900

All roadway ARE a minimum of 15' & greater.



McCormick 67'

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#186-20-000097

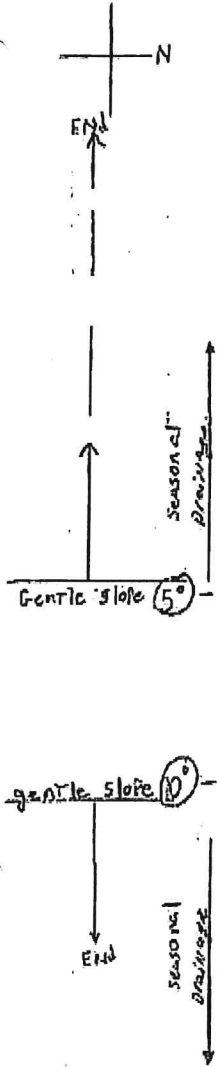
6-10-3A.900

The area within this 208 FT GUT TO THE 75' EAST

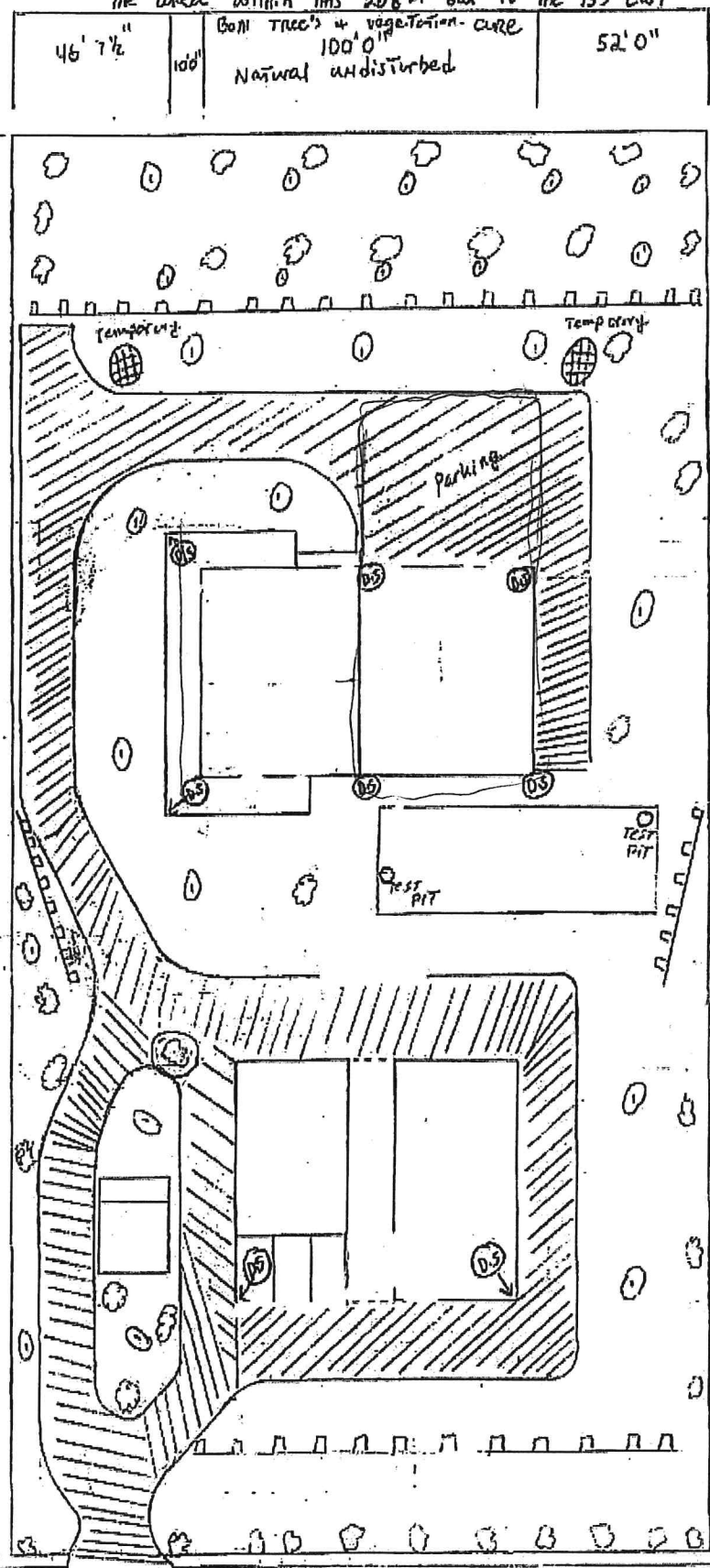
46' 7 1/2"

100' 100' 0" 100' 0"  
Both trees + vegetation - care  
Natural undisturbed

52' 0"



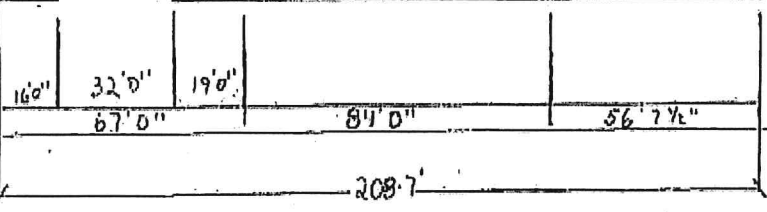
This area south of ground is a vegetation area



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Clatsop County  
 Onsite Septic System Program  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503-325-9302  
 www.co.clatsop.or.us

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MAR 26 2020

CLATSOP CO. PUBLIC HEALTH

# C-10-3A-900  
**SEPTIC SYSTEM INSTALLED MATERIALS LIST:**

# 186-20-000097

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.  
 FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

**Section 1**

Property Owner: Tony & Jennifer Biamont Permit Number: \_\_\_\_\_  
 Township: 6N Range: 10W Section: 3A Tax Lot: 900  
 Situs Address: 88324 McCormick Gardens Road, Gearhart OR 97138

**Section 2: COMPLETE, AS APPLICABLE:**

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS\*\***

Septic Tank: single compartment 1000 gal (A1-ready mix) Capacity: 1,000

Effluent Filter: \_\_\_\_\_

Effluent Sewer Pipe: \_\_\_\_\_

Dose Tank/Vault: \_\_\_\_\_ Capacity: \_\_\_\_\_

Tank Pump: \_\_\_\_\_

Float Settings (Provide inches from top of tank to water level @ float function):

Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_

Pressure Pipe from Tank to Pretreatment and/or Drainfield: \_\_\_\_\_

\* Drop or Distribution Box: Tuff-Tite Qty: 3

HydroSplitter Orifice Size(s): \_\_\_\_\_

Header Pipes: 4" 2729

Leach Lines: 4" Drain Perforated 2729 (sm. DEQ drain rock) Linear Ft: 225'

Pressure Bed Dimensions: \_\_\_\_\_ Square Ft: \_\_\_\_\_

Capping Fill (Depth over top of drain media, in inches): \_\_\_\_\_

GWI or Tile Dewater System (Depth/Depth of gravel, in inches): \_\_\_\_\_

ATT: Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Serial# \_\_\_\_\_

Sandfilter Type:

Bottomless  In Ground  Above Ground Dimension: \_\_\_\_\_ X \_\_\_\_\_ Ft

Control Panel: \_\_\_\_\_

Tank Timer Settings (Provide seconds on / minutes off):

Normal Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

High Water Alarm Operations: : \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

Pretreatment Pump:

(Inches below vault top): Alarm \_\_\_\_\_ On \_\_\_\_\_ Off

Inches from vault top to top of underdrain pipe: \_\_\_\_\_

Pump or Aerator Interlock Function:

Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO

Air Coil / Monitoring Ports: \_\_\_\_\_

Other: \_\_\_\_\_

200

McCormick Gardens Rd

900

700

800

600

GAP29

1102

1103

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CLATSOP CO. PUBLIC HEALTH  
#186-20.  
000097

County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community



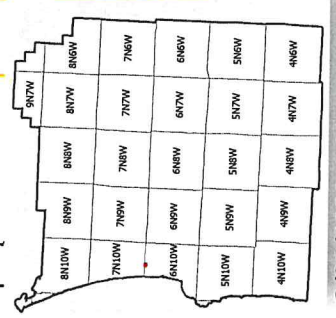
Clatsop County

0.05

mi



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



3/26/2020 1:33 PM

Co-10-3A 900 = 210 0000



# Transaction Receipt

186-20-000097-PRMT

IVR Number: 186085653202

Clatsop County Onsite

820 Exchange Street  
Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 452573

Receipt Date: 3/26/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Worksite address: 88324 McCormick Gardens RD, Seaside, OR 97138

Parcel: 61003A000900

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
3/26/20	1.00 Ea	Install - Standard subsurface - by gallons per day	81-7203	\$1,039.00	\$1,039.00
3/26/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
3/26/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 1005      Payer: Anthony M Biamont      Payment Amount: \$1,148.00

Cashier: Annette Brodigan

**Receipt Total: \$1,148.00**



# AGENCY REVIEW & APPROVAL FORM

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

RECEIVED  
FEB 03 2020  
CLATSOP CO. PUBLIC HEALTH

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

Job Site Address: 88324 McCormick GD Rd. City: Gearhart  
Owner: Tony Biamont Phone: 503-738-2636  
Address: 761 S. King St. Seaside Email: tbiamont@cityofseaside  
Agent: \_\_\_\_\_

Proposed Development/Construction: Single Family Dwelling - 4 bedrooms -

## 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 6 R 10 S 3A Tax Lot(s) 900

Permit Needed: Yes  No  Site Approved: Yes  No

Signature: [Signature] Date: ~~3-25-19~~ 2/3/20

Remarks: Construction/Installation Permit must be purchased  
Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

## 3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: N/A

Signature: [Signature] Title: PW office asst Date: 3-24-19

Remarks: yard valve required behind meter  
Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

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

Water/Fire Flow: 3400 Number of Hydrants: 1 Hydrant Location(s): 1000 + A

Signature: [Signature] Title: Fire Chief Date: 4/1/2019

Remarks: Access - 14ft. min. improved surface w/ apparatus turn around for water supp  
Contact the local RFPD having jurisdiction. (See page 5) Prem

### Internal Use Only:

- |                                                                                     |                                                                                         |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size)         | <input type="checkbox"/> Agency Sign-Off Sheet                                          |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)          | <input type="checkbox"/> Proof of Potable Water                                         |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary)                   | <input type="checkbox"/> Proof of DEQ Approved Sanitary System                          |
| <input type="checkbox"/> Application signed by the owner and applicant              | <input type="checkbox"/> Average Grade Calculations                                     |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary)                                 |
| <input type="checkbox"/> Erosion Control & Drainage Plan                            | <input type="checkbox"/> Two (2) Sets of Building Plans                                 |
| <input type="checkbox"/> Road Access Permit from the County or ODOT                 | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |

## Site Evaluation - Single Family Dwelling -

### PROPERTY INFORMATION

Property Owner: **Bowe Debra L** Township **6**, Range **10**, Section **03 A 0**  
Property Location: **LOT-MCCORMICK GARDENS RD, GEARHAR** Tax Lot **00900**  
Facility Type: **Single Family Dwelling**  
**3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Serial**  
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

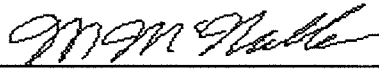
### ADDITIONAL CONDITIONS

- 1 Vehicular traffic and livestock must be restricted from the system area.
- 2 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 3 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.
- 4 All roof drains must be directed away from the system.
- 5 Filter fabric is required over the drain media.
- 6 Install with dry soil conditions.
- 7 Meet all required setbacks.
- 8 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.

### 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**

Title:

**Environmental Health Supervisor**

Date Issued:

**5/6/2019**

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



## SITE EVALUATION REPORT

Date: May 6, 2019

Dear Tony Biamont:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: **Tony Biamont**

Application: # **501265**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 6N/ R 10W/ S 3A Tax Lot#:900

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3686..

Yours truly,



Mike McNickle, PhD, MPH, REHS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: **Tony Biamont** Application #: **501265** County: **Clatsop**

**RE: SITE EVALUATION REPORT** for Township/Range/Section: **T 6N/ R 10W / S 3A** Tax Lot#: **900**

Commercial Facility:  Yes  No Parcel Size: 2.1 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max # of bdrms: 3

Initial System		Replacement System	
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Conventional Sand Filter/ATT
Other		Other	
Tank: <input checked="" type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.	<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other
<input type="checkbox"/> effluent pump required		<input type="checkbox"/> effluent filter required	
Distribution Method: <input type="checkbox"/> Equal		<input checked="" type="checkbox"/> Serial	
Absorption Facility: <u>225</u> linear. ft	Disposal Facility: <u>450</u> sq. ft.	Absorption Facility: <u>225</u> linear. ft	Disposal Facility: <u>450</u> sq. ft.
24 " Max Depth	18 " Min Depth	24 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-19	LS	Roots to 18" ESD = 60"+ No redox No H2O 10 YR 5/4 throughout
	19-45	SL	
	45-60	SL	
#2	0-18	LS	Roots to 18" ESD = 60"+ No redox No H2O 10 YR 4/3 and 5/4 throughout
	18-60	S	

Landscape Notes:

Slope: 2-7%

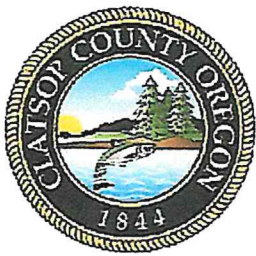
Aspect: East to West

Groundwater Type: N/A

**Additional Conditions of Approval**

- \*A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- \*Drainfield must be staked prior to installation.**
- Recommend licensed installer install all system components.

**\*Required prior to issuance of construction permit.**



# 501205

Clatsop County

www.co.clatsop.or.us

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

Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

RECEIVED

MAR 26 2019

CLATSOP CO. PUBLIC HEALTH

(Pd) Credit card \$810

Application for Onsite Sewage Treatment System

Seller - Debra Bawe PO Box 2278 / Gearhart

A. Property Owner Information

myer TONY BIAMONT 761 SOUTH KING STREET SEASIDE OR 97138 503-738-2636
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6 N 10 W 3 A 900 1006 61003a 00900 2.1 acres
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop N/A 900
County Subdivision Name Lot Block

Property Address: Adjacent to 88346 McCormick Gardens Rd. Gearhart Or
(Street, City, State, Zip)

Directions to Property East on Hillila Rd in Gearhart, at the innersection of McCormick and Hillila Rd head North for
approximately 1000 feet, the property is located on the North adjoining line of the brown log home.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[ ] Single Family Residence [x] Single Family Residence [x] Public Warrenton Water
Number of Bedrooms Number of Bedrooms Name
[ ] Other [ ] Other [ ] Private Well, Spring, Shared

D. Type of Application

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

Signature Date

Tony Biamont 503-738-2636 tjbiamont@gmail.com
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

761 South King Street Seaside Ore, 97138
Applicant's Mailing Address

Applicant is the [ ] Owner [x] Authorized Representative [ ] Licensed Septic Installer
[ ] Authorization Attached Robert Rush
Installer's Name



**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

RECEIVED  
 MAR 26 2019  
 CLATSOP CO. PUBLIC HEALTH  
 #501265

**Notice Authorizing Representative**

I, DEBRA L. BOWE, have authorized  
 (Property Owner – Please Print)

TONY AND JENNIFER BIAMONT 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.

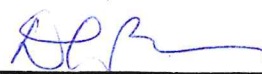
**PROPERTY IDENTIFICATION**

Property Situs or Road Address

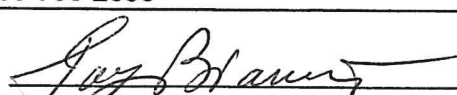
And described in the records of Clatsop County as:

Township 6 NORTH Range 10 WEST Section 3A Tax Lot 900 Map ID 7888  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: DEBRA L. BOWE Email: deb@debbowe.com  
 Mail Address: 33581 OCEAN HOME FARM LANE City/State/Zip GEARHART, OR 97138  
 Phone: 503-4407474 FAX: \_\_\_\_\_  
 Signature:  Date: 9/21/18

**AUTHORIZED REPRESENTATIVE:**

Name: TONY & JENNIFER BIAMONT Email: tjbiamont@gmail.com  
 Mail Address: 761 SOUTH KING ST. City/State/Zip SEASIDE OR, 97138  
 Phone: 503-738-2636 FAX: \_\_\_\_\_  
 Signature:  Date: 9/21/18



Water way Skookum creek

RECEIVED

MAR 26 2019

CLATSOP CO. PUBLIC HEALTH

#501265

6-10-3A-900

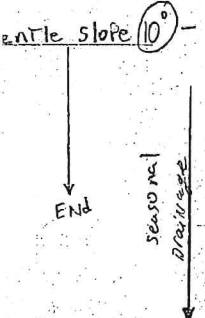
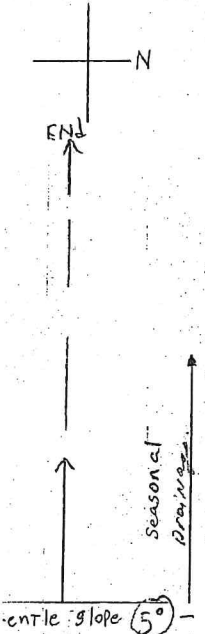
6SS = STD  
225 LF / 1000-ton  
seal

The area within this 208 FT out to the 755" east

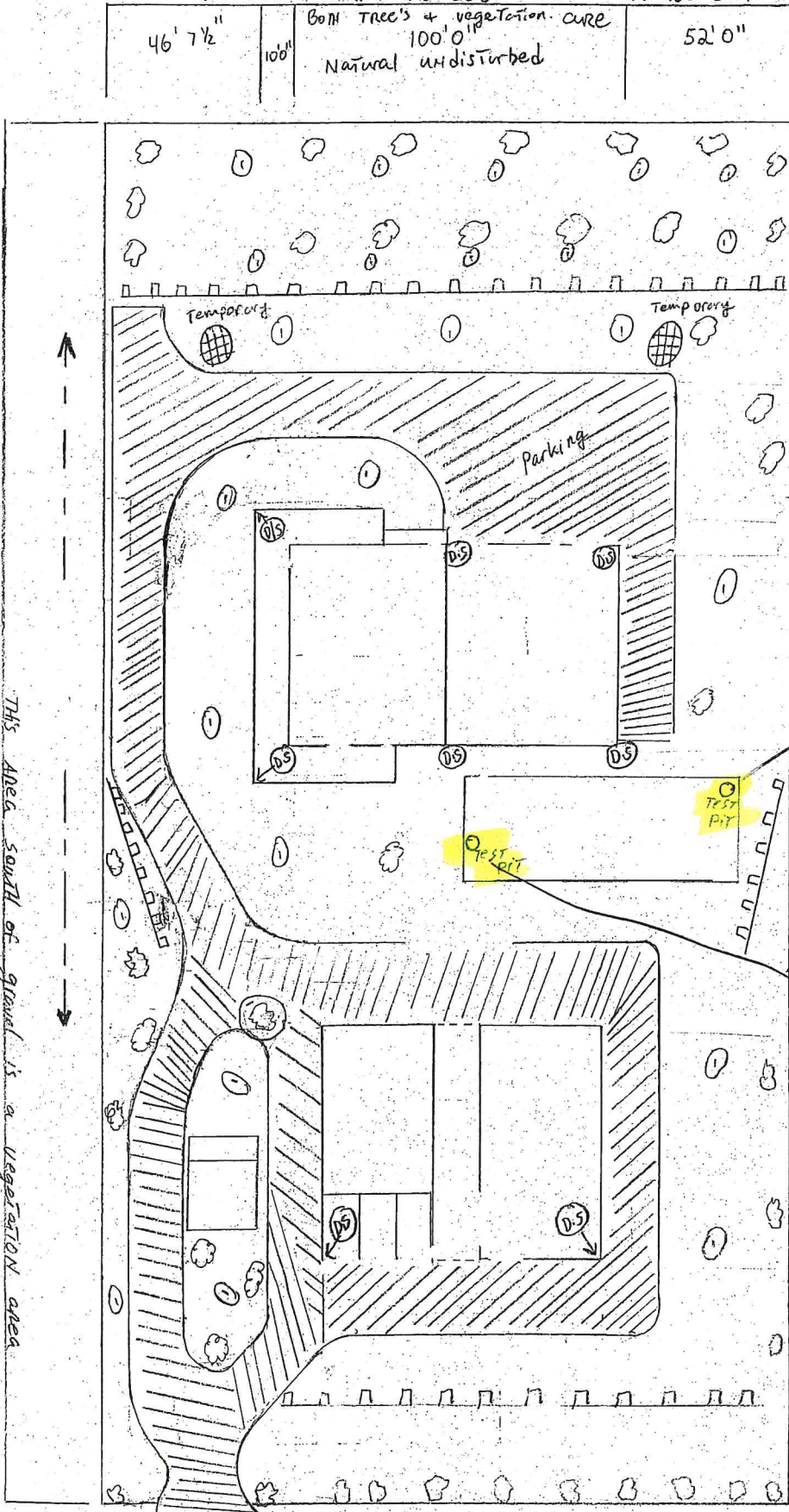
46' 7 1/2"

Both trees + vegetation cure  
100' 0"  
Natural undisturbed

52' 0"



THIS AREA SOUTH OF GRAVEL IS A VEGETATION AREA



TP #1 roots = 18"  
ESD = 60  
no HP 20  
0-14 LS  
14-45 SIB  
45-60 SL

TP #2  
0-18 LS  
18-60 FS  
roots = 19"  
ESD = 60  
no HP 20

16' 0"	32' 0"	19' 0"	84' 0"	56' 7 1/2"
67' 0"				

1/4" = 8'0"

RECEIVED

MAR 26 2019

CLATSOP CO. PUBLIC HEALTH

#501265

6-10-3A-900

Revegetation Plan & Permanent Erosion Control

1. Vegetation ON WESTERN end will remain natural
2. All remaining areas marked with (D) will have grasses + natural returning vegetation
3. All areas marked as gravel will remain as gravel on hard surface
4. Rain drains will be directed to vegetation areas

Schedule for site prep

1. Tree & underbrush removal 2/19 / 3/19
2. Driveway & inner Road Development 2/19-3/19
3. Silt Fence 2/19 until 6/19
4. Permanent Erosion Control will take place 6/19-8/19
5. Ground Prep for House & Pole Building 3/19

General Notes:

1. All Roadways are a minimum of 15'0"
2. Any & all fill material will be of natural materials
3. The properties to the north & south of construction are of similar grades & slopes

Legend

1/4" = 8'



□ □ □ □ □ □ □ □ silt fence

☁ TREE OR groups of tree's

Ⓧ VEGETATION

⊗ Temporary soil stake pile

Ⓧ DOWN SPOUTS

||||| gravel or hard surface cover

→ EXISTING DRAINAGE

→ NEW DRAINAGE







# Septic Application

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

### For Department Use Only

Permit #: 501265  
 Permit Type: Site Evaluation  
 Entry Date: 3/26/2019  
 Issued By: Annette Brodigan  
 Permit Status: Entered

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	03/26/2019

### Work Description

Work Description:

Remarks:

### Owner

Name: **Bowe Debra L** Ph. #: ( ) - Cell: ( ) -  
 Address: PO BOX 2278 E-Mail: Fax: ( ) -  
 City, State, Zip: Gearhart, OR 97138

### Applicant

Tony & Jennifer Biamont Ph. 5037382636 Fax  
 761 South King St Cell E-Mail  
 Seaside, 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	\$701.00	\$100.00	\$0.00	\$9.00	\$810.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Tony & Jennifer Biamont	Credit Card		03/26/2019	\$810.00

**Balance Due: \$0.00**

### Compliance/Permit Requirements

### Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



HP-3A-900

C

CLATSOP COUNTY HEALTH DEPARTMENT

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

October 25, 1974

Lon Stamper  
135 - 3rd.  
Seaside, Oregon 97138

Re: T6 R10 Section 3A Tax Lot 900.

Dear Mr. Stamper:

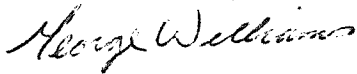
On October 18, 1974, two soil borings approximately 100 feet from the street were evaluated to determine whether a Subsurface Sewage Disposal Permit could be issued. We were unable to issue a permit for this area because of a high saturated water zone. Enclosed is a copy of the letter notifying you of that finding.

At your request, a soil boring approximately 150 feet from the street was evaluated October 24, 1974. A high saturated zone was noted in this boring also, therefore, we are unable to issue a permit for this area.

The area that may be acceptable for installation of a subsurface sewage disposal system is the high flat area approximately 275' to 300' feet from the street. Upon request, we will evaluate a soil boring in that location.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT



GEORGE WILLIAMS, R.S.  
Clatsop County Sanitarian

GW:ks

Enc: (1)



CLATSOP COUNTY HEALTH DEPARTMENT

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

October 21, 1974

Lon Stamper  
135 - 3rd.  
Seaside, Oregon 97138

Re: T6 R10 Sec 3A Tax Lot 900.

Dear Mr. Stamper:

On October 18, 1974, a visit was made to the above mentioned property for the purpose of evaluating soil conditions.

Two soil borings were examined in the area near the street. The saturated water zone was 5 feet 8 inches from the ground surface. It is likely that the saturated water zone will be higher during the rainy season. The rules pertaining to Standards for Subsurface and Non-Water-Carried Waste Disposal state in chapter 340, Div. 7, Subdivision 1, 71-030 C "No disposal trench shall be installed where . . . the seasonal high water table (saturated zone) is within (6) feet of the natural ground surface". We are unable to issue a sewer construction permit for this area. We will evaluate soil borings in a higher area of the lot upon request.

Please contact this office if we may be of further assistance.

Sincerely,

  
GEORGE WILLIAMS, R.S.  
CLATSOP COUNTY SANITARIAN

GW:ks

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

Land Quality  
County

Clatsop

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

Permit Fees: New ~~\$30.00~~ <sup>\$50.00</sup> Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Lon Stamper  
Name of Applicant  
135 3rd.  
Address  
Seaside, Oregon 97138  
City

Section 3A T 6 R 10  
Tax Lot or Account # 900  
Location 10-06  
Installers Name \_\_\_\_\_

B. GENERAL DESCRIPTION

New Construction remodel Repair \_\_\_\_\_  
Installation will serve: House  Mobile Home \_\_\_\_\_ Mobile Home Park \_\_\_\_\_  
Commercial Building \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
No. of Living Units 1 No. Bedrooms 2  
Water Supply: Public \_\_\_\_\_ Community \_\_\_\_\_ Private  Garbage Disposal? \_\_\_\_\_

C. REQUIRED EXHIBITS

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

Lon D. Stamper  
Signature (Owner/Installer)

Permit No. \_\_\_\_\_  
Issued \_\_\_\_\_  
Date \_\_\_\_\_

Date 10/14/74

Interim Form #1

Paid 25.00  
Bank of Astoria - check in deposit register



610-3A-900  
d

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

August 10, 1972

Oceana Realty, Inc.  
609 Broadway  
P.O. Box 837  
Seaside, Oregon 97138

*Belshaw, Mary Grace*

RE: Assessor's Code 10-06, Assessor's Account Number 6103A-900,  
2 acres.

Gentlemen:

This is in response to your application for a lot evaluation. This evaluation is based on the requirements set forth in the statutes and rules of the State of Oregon relating to the subsurface disposal of sewage. (OAR, Chapter 333, Section 41-001 to 41-045; CRS 447.140.) Our field report shows that a subsurface disposal system is feasible under the general conditions and circumstances of the property as a whole, as outlined in the above mentioned rules and statutes. Any modification of the soil on the lot/lots may negate this approval.

Please be advised that the above feasibility statement shall not be considered as an approval of any specific subsurface sewage disposal system or systems, number of systems or location of systems. All specific plan reviews will be made at the time application is submitted for a building permit. This letter does not guarantee the approval of any specific plan submitted.

We hope that this will answer any questions you have concerning the above property. If you have any further questions, please feel free to contact this office.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*David W. O'Guinn, R.S.*

David W. O'Guinn, R.S.  
Clatsop County Sanitarian

DWO/hj



# Oceana Realty, Inc.

609 Broadway  
P. O. Box 837  
Seaside, Oregon 97138  
738-8363

August 1, 1972

Mr. David O'Guinn  
Clatsop County Health Dept.  
P. O. Box 206  
Astoria, Oregon 97103

Dear Mr. O'Guinn:

Please find enclosed a Lot Evaluation Application on my property on McCormick Gardens Road, together with a detailed map of how to find the property, a legal map and description, and statement of source of water supply.

The purpose of this application is for approval of septic tank and drainfield to be place on this property.

Thank you for your time and consideration in this matter.

Yours very truly,

OCEANA REALTY, INC.

*Mary Grace Belshaw*  
Mary Grace Belshaw, Broker

MGB:vc  
encl.



**CLATSOP COUNTY HEALTH DEPARTMENT**

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

Lot Evaluation Application

1. Provide your name, mailing address and telephone number.  
Mary Grace Belshaw, Oceana Realty, Inc., P. O. Box 837, Seaside, Oregon  
Phone: 738-8363
  
2. Provide a detailed rural route description of how to find the property. This should be in layman's terms and should pinpoint the specific location of the property.  
See attached Item 2.
  
3. Submit a legal recorded map of the property you wish inspected.  
See attached Item 3
  
4. Provide a statement describing the source of water supply to the lot. (eg. Individual or community supply.) If the source is a community supply, provide information as to the location of the nearest connection to the water distribution system.  
See attached Item 4
  
5. Legal Description:  
  
Assessor's Code 10-06  
  
Assessor's Account Number 6103A-900
  
6. What is the proposed method of sewage disposal?  
  
(a) Septic tank and drainfield (X)  
  
(b) Community sewer ( )
  
7. Proposed use of property:  
  
(X) Residential  
  
( ) Camping  
  
( ) Commercial  
  
( ) Other \_\_\_\_\_

8. Mark the reason for requesting this evaluation.

(X) Selling property

(X) Plan to build on property

( ) Other \_\_\_\_\_

Complete 9 and 10 only if partitioning land.

9. Indicate your proposed lot divisions on the legal recorded map.

10. Complete the following:

(a) Total acreage involved \_\_\_\_\_

(b) Number of lots \_\_\_\_\_

(c) Number of parcels \_\_\_\_\_

(d) Size of lots on parcels \_\_\_\_\_

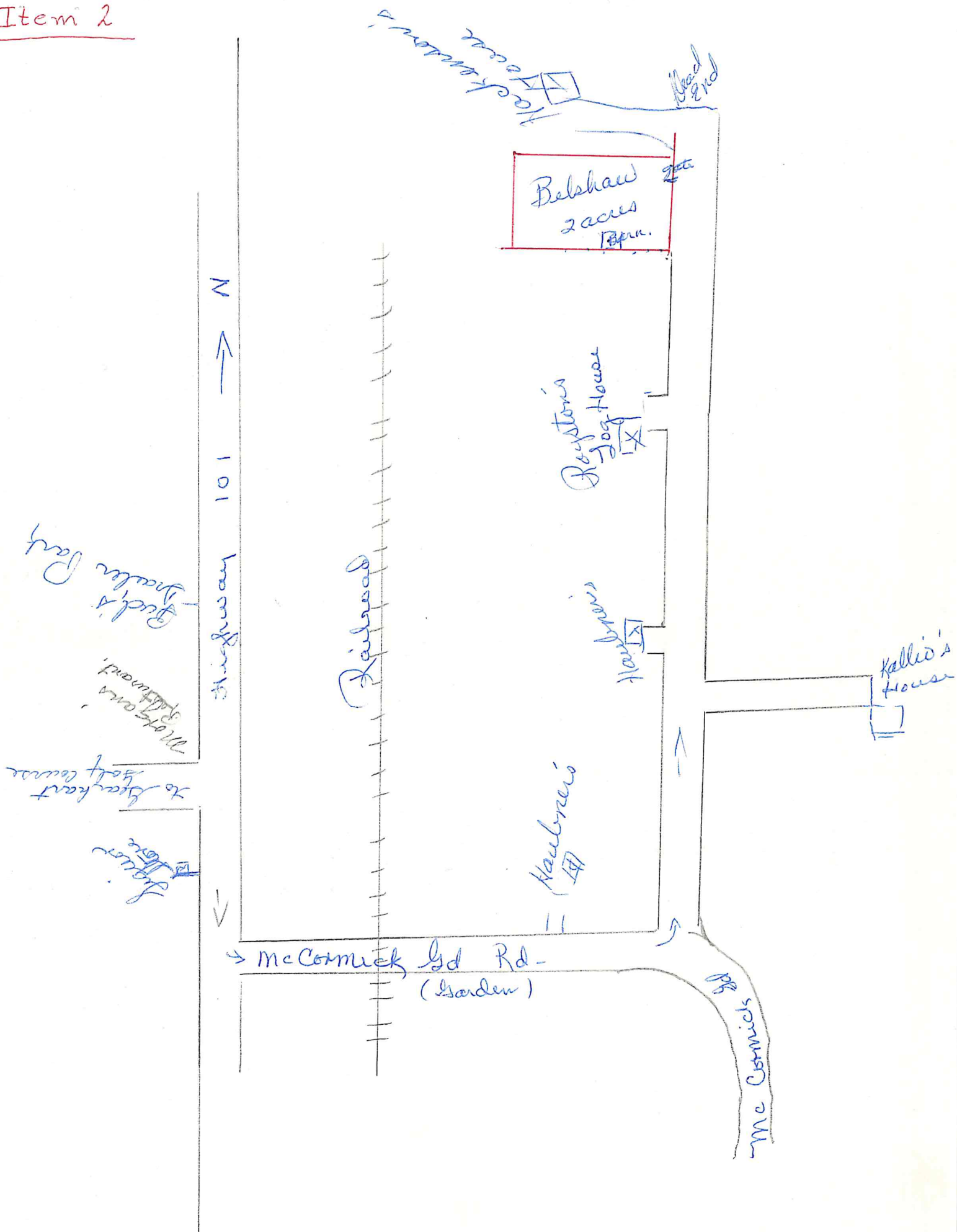
7/31/72  
Date

Mary Grace Belshaw  
Signature of owner or subdivider  
%

*Please show Survey to  
the Surveyor at the  
office of the Surveyor*



Item 2

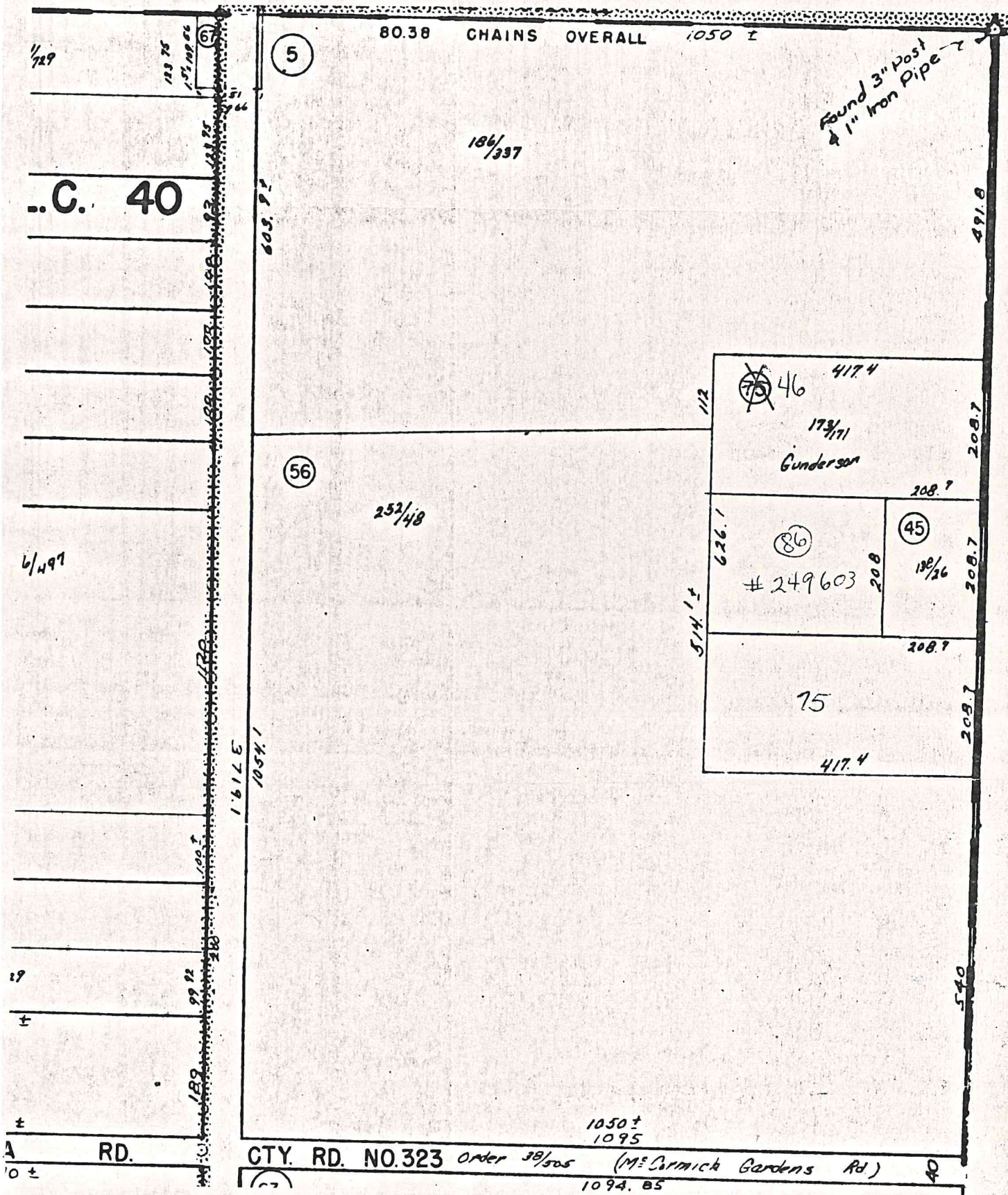




The sketch below is made solely for the purpose of assisting in locating premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Pioneer National Title Insurance Company  
Title and Trust Division

Item 3





DESCRIPTION SHEET

See page 1 for vesting and encumbrances, if any.

Description of the tract of land which is the subject of this report:

Beginning at a point on the East line of the Phillips Gearhart D.L.C., which point is 700.51 feet South of the Northeast corner of said Gearhart D.L.C., said point also being the Northeast corner of that property deeded to Frank E. Royston and Magdaline D. Royston by Deed recorded July 15, 1970 in Book 336, page 515, Deed Records, Clatsop County, Oregon;

Thence West along the North line of said Royston property a distance of 417.42 feet to the Northwest corner of said Royston property;

thence North along a projected line of the West line of said Royston property a distance of 208.71 feet;

thence East along a line parallel with the North line of said Royston property a distance of 417.42 feet to the East line of the Gearhart D.L.C.;

thence South along the East line of said D.L.C. a distance of 208.71 feet to the point of beginning;

in Section 3, Township 6 North, Range 10 West, Willamette Meridian, Clatsop County, State of Oregon.-----

ITEM 4

SOURCE OF WATER SUPPLY:

This is a 2 acre area. Water to be provided from a well, the water table being approximately 8 feet below the surface of the ground, and having a depth of a minimum of 12 feet below that.

It would also be possible to tap on to Warrenton - Gearhart water main, which is at the corner of the main McCormick Gardens Road, as shown on attached map.

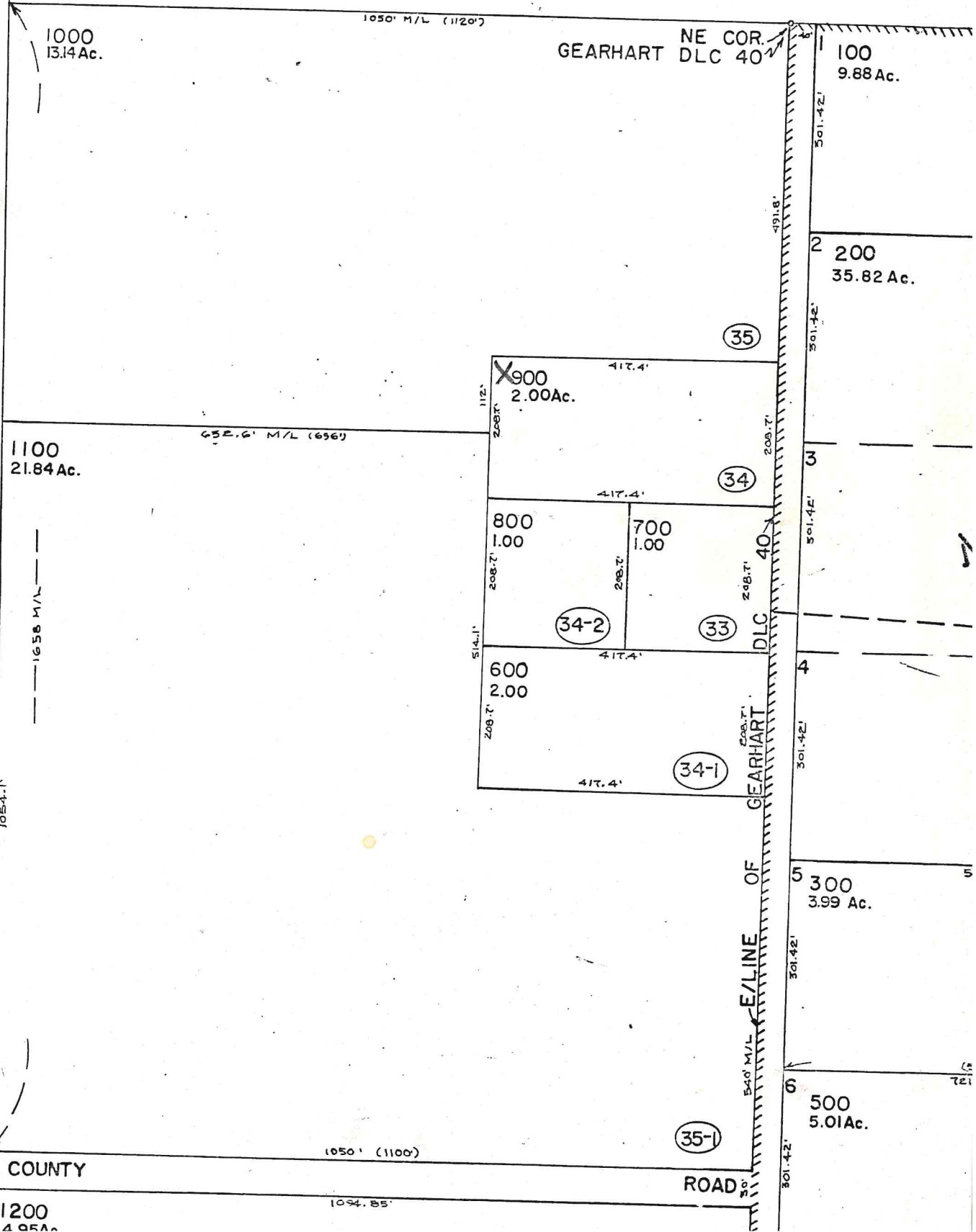


10-06 10 3A-900  
 \* LON Stamer  
 McCormick Garden Road  
 T6 R10 Sec 3A Tax lot 900

SEE MAP 7 10 34

SEE MAP 6 10 3B

SPOKANE PORTLAND & SEATTLE RAILWAY CO.



1050' M/L (1120')

NE COR. GEARHART DLC 40

STATE OF ENVIRONMENTAL QUALITY RECEIVED

6103A

JUN 21 1995

NORTH COAST BRANCH OFFICE WARRENTON

1800 0.08 Ac.

1900 0.34 Ac.

1000 0.05 Ac.

1001 13.09 Ac.

100 9.88 Ac.

200 35.82 Ac.

2000 1103 0.01 Ac.

2100 1104 1.21 Ac.

2200 1105 1.21 Ac.

2301 1106 0.24 Ac.

2300 0.01 Ac.

2302 1108 4.67 Ac.

AREA OF QUESTIONABLE OWNERSHIP 62/195

632.6' M/L (606')

EAST LINE OF GEARHART D.L.C. 40.

900 2.00 Ac.

800 1.00

700 1.00

600 2.00

PARTITION

PARCEL NO. 1

PLAT

1111 1.86 Ac. PARCEL NO. 2

1112 2.85 Ac. PARCEL NO. 3

1994-021

1100 1.00 Ac. PARCEL 1

1109 1.01 Ac. PARCEL 2

1110 1.00 Ac. PARCEL 3

1993-017

300 3.99 Ac.

500 5.00 Ac.

HILLILA ROAD (CO. RD.)

2400 4.00 Ac.

2500 0.11 Ac.

1200 4.00 Ac.

1300 4.12 Ac.

1201 1.00 Ac.

1400 2.32 Ac.

CIRCLED NUMBERS  
OVER RIGHT CORNER  
OPENLY PARCELS  
TO ORIGINAL PL  
AS ON OLD MAP  
2 6 10 5

SALT