



**Certificate of Satisfactory Completion**  
**Repair (Major) - Residential - New**

186-23-000182-PRMT

Clatsop County Onsite  
 820 Exchange Street  
 Astoria, Oregon 97103  
 503-325-9302  
 Fax: 503-325-9303  
 envhealth@clatsopcounty.gov  
 Website:

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

**Date Certificate Issued:** 10/11/2023  
**Work Description:** Major Repair; tank and drainfield

**Applicant:** Septic System Design  
**Address:** 89647 Manion Drive  
 Warrenton or 97145  
**Phone:** 5037393221  
**Email:** owensepticdesign@yahoo.com

**Primary Contractor:** Jump Excavating LLC  
**Installer License:** 39180  
**Address:** 35655 Dow Ln  
 Astoria OR 97103  
**Phone:** (503) 298-8239  
**Email:** jumpexcavating@gmail.com

**Owner:** ROBERT P WIDDOP  
**Address:** PO Box 2116  
 GEARHART OR 97138

**Property Address:** 1236 Fifer Heights, Gearhart, OR  
 97138

**Parcel:** 61003BD01700 - Primary      **Township:** 6      **Range:** 10      **Section:** 3BD

**Lot Size:** 0.35 acre      **Water Supply:** Community Water Supply  
**Zoning:** N/A      **City/County/UGB:** City  
**Land Use Approval:** N/A

**Category of Construction:** Single Family Dwelling

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

**System Specifications**

<b>Type:</b>	Bottomless Sand Filter		
<b>Max Peak Design Flow:</b>	450 gpd.	<b>Proposed Flow:</b>	375 gpd.
<b>Min Septic Tank Volume:</b>	1000 gal.	<b>Min Dosing Tank Volume:</b>	500 gal.
		<b>Sand filter sqft:</b>	360

**Drain Field Specifications**

<b>Drain Field Type:</b>	Bottomless Sand Filter	<b>System Distribution Type:</b>	Equal
<b>Drainfield Sizing:</b>	N/A	<b>Distribution Method:</b>	Pressurized
<b>Seepage Bed Specs:</b>	N/A	<b>Bottomless sand filter sqft:</b>	360
<b>Media Type:</b>	DEQ Sand Filter Media	<b>Media Depth:</b>	24 in.
<b>Max Depth:</b>	36 in.	<b>Undisturbed Soil Between Trenches:</b>	N/A
<b>Min Depth:</b>	24 in.	<b>Capping Fills-Min Depth of Fill Material:</b>	N/A

**Special Requirements**

<b>Groundwater Type:</b>	Temporary	<b>Groundwater Depth:</b>	N/A
<b>Pump to Drainfield Required:</b>	Yes	<b>Filter Fabric on Top of Drain Media:</b>	Yes

**Date Certificate Issued:** 10/11/2023  
**Work Description:** Major Repair; tank and drainfield

**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**

**System Inspection:** No      **Operation of Law - 7 Days Notice:** No      **Pre-Cover Inspection Waived Per 340-071:** No

**Comments:** N/A

Lucas Marshall, REHS

Environmental Health Supervisor

**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: 186-23-000182-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 Satisfactory 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.

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

Twnshp: 6      Range: 10      Sect: 3BD  
 Lot: 01700

Name: ROBERT P WIDDOP

RECEIVED

Property 1236 FIFER HEIGHTS, GEARHART, OR 97138

Address:

SEP 29 2023

**SECTION 2: System Component Specifications:**

CLATSOP CO. PUBLIC HEALTH  
 Water tight  
 verification\*

A. Tanks/Pumps

System Type:

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: existing	Date:
Tanks(2)	Volume: 500	Compartments: 1	Manufacturer: Infiltrator	Date: 9/14/23
Pump(s)	HP: 1/2	Model/Manuf. PF50 oranco	Float(s) Type: p13 ed	Model/Manuf. MF oranco
			Float(s) Type(2):	Model/Manuf. N/A

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 2"	ASTM#/Other: Sch 40	Length: 18'

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: Bottomless	Container Dimensions: 15' x 24'	
LATERALS Underdrain pipe	Diameter: 1 1/4"		ASTM#/Other: D1785	Length: 125 FT	
Manifold piping	Diameter: 1 1/4"		ASTM#/Other: Sch 40 D1785	Length: 138 FT	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No <input checked="" type="checkbox"/>	Model:		
Certified Maint.	Provider Name: COMPLETE SEPTIC SERVICE				
Operation and Maint.	Contract Received?		Yes <input checked="" type="checkbox"/>	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 28yrd DEQ SAND; TYSON DEQ PERGAMUL & DR. ROCK				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Comment	A-24" RISERS w/ LIDS; FILTER FABRIC				

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By: [Signature]  
Permit No.: 186-23-000182  
Date: 10/11/23

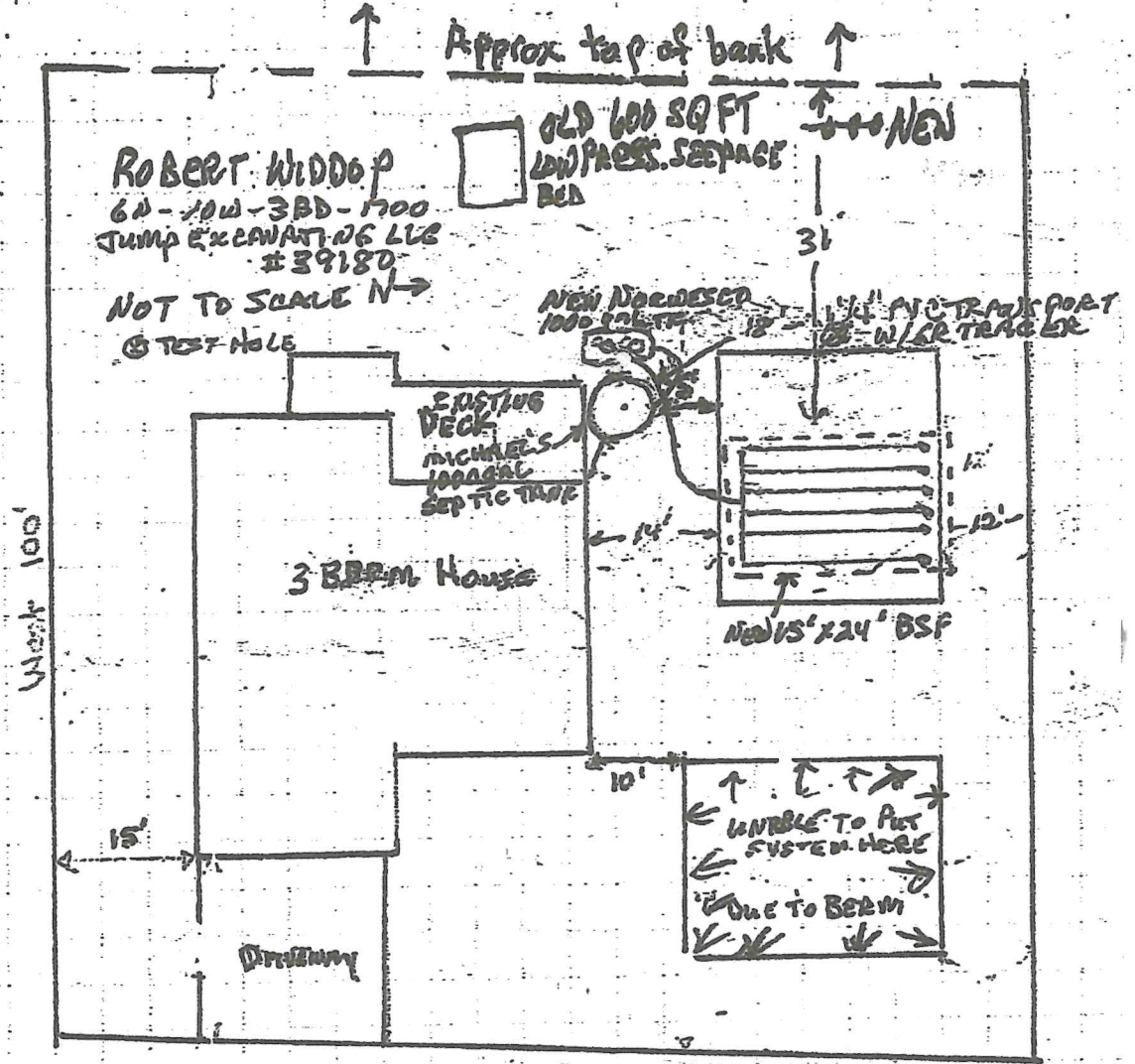
\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
 \*\*Attach sieve analysis for Underdrain Media and Filter Sand

**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.

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By Lu RECEIVED  
Permit No. 186-23-000182  
Date 10/11/23 SEP 29 2023

CLATSOP CO. PUBLIC HEALTH



**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: <u>Nathan Jump</u>
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>39180</u> Certification#: <u>RI 1045</u>
Owner/ Certified Installer: Signature: <u>[Signature]</u>	Date: <u>9/28/23</u> Phone#: <u>503 298 8239</u>

**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: \_\_\_\_\_



# Septic Permit

## Repair (Major) - Residential - New

186-23-000182-PRMT

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov  
Website:  
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

<b>Date issued:</b> 8/21/23	<b>Expiration date:</b> 8/20/24
<b>Work description:</b> Major Repair; tank and drainfield	

<b>Applicant:</b> Septic System Design <b>Address:</b> 89647 Manion Drive Warrenton or 97145 <b>Phone:</b> 5037393221 <b>Email:</b> owensepticdesign@yahoo.com	<b>Primary contractor:</b> Jump Excavating LLC <b>Installer License:</b> 39180 <b>Address:</b> 35655 Dow Ln Astoria OR 97103 <b>Phone:</b> (503) 298-8239 <b>Email:</b> jumpexcavating@gmail.com
<b>Business License:</b> N/A	

<b>Owner:</b> ROBERT P WIDDOP <b>Address:</b> PO Box 2116 GEARHART OR 97138	<b>Property address:</b> 1236 Fifer Heights, Gearhart, OR 97138
<b>Parcel:</b> 61003BD01700 - Primary	<b>Township:</b> 6 <b>Range:</b> 10 <b>Section:</b> 3BD

<b>Lot size:</b> 0.35 acre	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> City	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - 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>	3 bedroom home	N/A
<b>Number of bedrooms:</b>	3	N/A

**System Specifications**

<b>Type:</b>	Bottomless Sand Filter	<b>ATT description:</b>	N/A
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b>	375 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	500 gal.
		<b>Sand filter sqft:</b>	360

**Drain Field Specifications**

<b>Drain field type:</b>	Bottomless Sand Filter	<b>System distribution Ttpe:</b>	Equal
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Pressurized
<b>Seepage bed specs:</b>	N/A	<b>Bottomless sand filter sqft:</b>	360
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	24 in.
<b>Media type description:</b>	DEQ Sand Filter Media		
<b>Max depth:</b>	36 in.	<b>Undisturbed soil between trenches:</b>	N/A
<b>Min depth:</b>	24 in.	<b>Capping fills-min depth of fill material:</b>	N/A

**Special Requirements**

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.)

**Onsite Permit 186-23-000182-PRMT**

<b>Date issued:</b> 8/21/23	<b>Expiration date:</b> 8/20/24
<b>Work description:</b> Major Repair; tank and drainfield	

<b>Stake out required:</b>	No	<b>Groundwater depth:</b>	N/A
<b>Groundwater type:</b>	Temporary	<b>Filter fabric on top of drain media:</b>	Yes
<b>Pump to drainfield reqd:</b>	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.

Lucas Marshall, REHS

Environmental Health Supervisor

8/21/23



# Clatsop County

## Environmental Health/Onsite Septic Program

August 21, 2023

**Clatsop County  
Onsite Septic Program**  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

[EnvHealth@clatsopcounty.gov](mailto:EnvHealth@clatsopcounty.gov) email

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

RE: **Repair Evaluation Results** – Site Approval with Conditions  
Subject: **186-23-000182** – Tax Lot Map ID – **61003BD01700** Parcel Size: **0.35 acre**  
Property Address: **1236 Fifer Heights Rd, Gearhart, OR 97138**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **8/18/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

**Replacement System:**            *Bottomless Sand Filter System – 360 Sq. Ft Disposal Area*

Details of the site evaluation are included in the Repair Evaluation Report enclosed.

**Request for Repair Evaluation Report Review or Request for Variance**

If you believe that an error was made in the evaluation of your property, you may apply for a Repair Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,

A handwritten signature in blue ink that reads "Lucas Marshall".

*Lucas Marshall, REHS  
Environmental Health Supervisor  
Clatsop County Onsite Septic Program  
lmarshall@clatsopcounty.gov*

## Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **61003BD01700**.

**Replacement System:** System Type: **Bottomless Sand Filter System**  
Minimum Septic Tank Size: **1000 gallons**  
Minimum Dosing Tank Size: **500 gallons**  
Distribution Method: **Equal Distribution, Pressurized**  
Minimum Length of Disposal Trenches: **360 Sq. Ft.**  
Trench Depths: Min: **24 inches** Max: **36 inches**

Attached is the Repair Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

## Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

**This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.**

Attachment: Field Worksheet



## Field Worksheet

Design flow: **450 gpd** # of bedrooms: **4**

<b>Replacement System:</b>	
<input type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input checked="" type="checkbox"/> - Bottomless Sand Filter <input type="checkbox"/> - Conventional Sand Filter	
<b>Tank:</b>	
<input type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input checked="" type="checkbox"/> - 2 compartment tank – 1500 gal <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
<b>Distribution Method:</b>	
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized	
<b>Absorption Disposal Facility:</b>	<b>360 Sq. Ft.</b>
<b>Maximum Trench Depth:</b>	<b>36 inches</b>
<b>Minimum Trench Depth:</b>	<b>24 inches</b>

<u>Test Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Structure</u>	<u>Roots</u>	<u>Comments: (ESD, Redox)</u>
#1	0-20"	SL	10YR 4/2	1-F-SBK	3-f,m,c	ESD = 60"
	20-30"	LS	10YR 5/3	1-F-SBK	1-f,m,c	No Redox
	30-60"	S	10YR 6/3	SG	1-f	No water

<b>Landscape Notes:</b>	<b>Slope:</b>	<b>Aspect:</b>	<b>Groundwater Type:</b>
Dune Sand	3-5%	277*W	Temporary

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.
2. System Description: Approval is for a Bottomless Sand Filter System with 360 square feet of disposal area.
3. Install in area of test pit. See Field worksheet for further details.
4. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
5. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
6. 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.
7. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
8. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **50ft setback to surface water, 25ft setback to escarpment, 10ft setback to property lines, utilities, and foundation.**
9. All system components are required to be installed by a licensed onsite septic installer.

**SITE EVALUATION FIELD WORKSHEET**

Township: 6 Range: 10 Section: 3BD Tax Reference: 1700 Parcel Size: 0.35 acre  
 Owner/Applicant: Widdop Evaluator: Lucas Marshall  
 Inspection Date(s): 8/18/23 Application Number: 186-23-000182

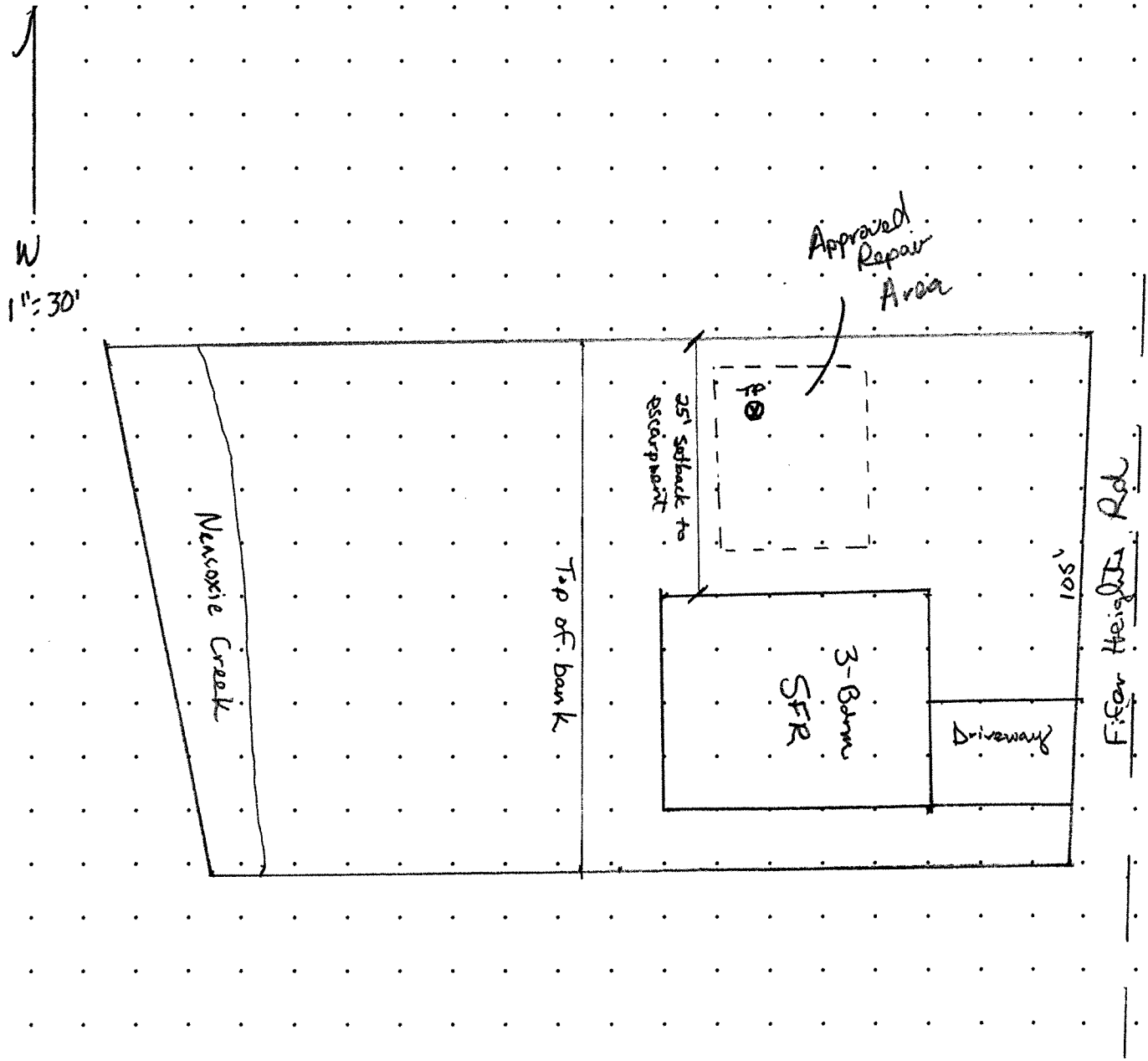
DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-20"	SL	10YR 4/2	3-f,m,c	1-F-SBK
	20-30"	LS	10YR 5/3	1-f,m,c	1-F-SBK
	30-60"	S	10YR 6/3	1-f	5G
		ESD = 60" No water No redox			
Pit 2					
Pit 3					
Pit 4					

Landscape Notes: Dune ridge  
 Slope: 3-5% Aspect: 277°W Groundwater Type: Temporary  
 Other Site Notes: \_\_\_\_\_

**SYSTEM SPECIFICATIONS**

Design Flow: 450 gpd  
 Initial System: \_\_\_\_\_ ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 Replacement System: Bottomless sand filter system ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 24 inches  
 Special Conditions: Maintain 25' setback to escarpment.

Township: 6 Range: 10 Section: 3BD Tax Reference: .700 Parcel Size: 0.35 acre  
Owner/Applicant: Widdop Evaluator: Lucas Marshall  
Inspection Date(s): 8/18/23 Application Number: 186-23-000182





# Clatsop County

## Environmental Health/Onsite Septic Program

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AUG 11 2023

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax  
envhealth@clatsopcounty.gov email

#186-23-000182

### Application for Onsite Sewage Treatment System

pd ck #416  
#690

#### A. Property Owner Information

Name: ROBERT WIDDOP Mailing Address (Street, PO Box, City, State, Zip): Box 2116 Gearhart, OR 97138 Phone Number: 503-738-6212

#### B. Legal Property Description

Township: 6N Range: 10W Section: 3BD Tax Lot: 1700 Tax Account Number: 8039 Acreage or Lot Size: .35  
County: CLATSOP Subdivision Name: FIFER HEIGHTS Lot: 16 Block: \_\_\_\_\_

Property Address: 1236 FIFER HEIGHTS GEARHART, OR 97138  
(Street, City, State, Zip)

Directions to Property: TAKE Hwy 101 So. TO GEARHART LOOP. TURN LFT ON FIFER HTS. HSE ON RT ABOUT 14 LOTS DOWN. YELLOW RIBBON

#### C. Existing Facility / Proposed Facility / Water Information

**Existing Facility**  
 Single Family Residence  
Number of Bedrooms: 3  
 Other \_\_\_\_\_

**Proposed Facility**  
 Single Family Residence  
Number of Bedrooms: \_\_\_\_\_  
 Other \_\_\_\_\_

**Water Supply**  
 Public GEARHART  
Name: \_\_\_\_\_  
 Private \_\_\_\_\_  
Well, Spring, Shared

#### D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
  - Major NEW PUMP TANK & BSF
  - Minor
- Alteration Permit
  - Major
  - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- 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: [Signature] Date: 8/11/23

Applicant's Name (Please Print Legibly): MATTHEW OWEN Applicant's Phone: 503-739-3221 Applicant's E-Mail Address: OWENSEPTICDESIGN@YAHOO.COM

Applicant's Mailing Address: 3389 Hwy 101 SEASIDE, OR 97138

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached JUMP EXCAVATING LLC #39180  
Installers Name

**OPERATION & MAINTENANCE SERVICE CONTRACT**

Date:

8/11/23

Ad ✓ 3611

Jr

RECEIVED

AUG 11 2023

CLATSOP CO. PUBLIC HEALTH

#186-23-000182

Service-Provider:

Complete Septic Service  
41092 Ziak-Gnat Creek Lane  
Astoria, OR. 97103  
Oregon DEQ Maintenance Provider License #RM134

Owner:

ROBERT WIDDOP

Billing Address:

BOX 2116

GEARHART, OR 97138

System Location:

1236 FIFER HEIGHTS

GEARHART, OR 97138

6N-10W-35D-1700

**DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER**

1. **Systems Inspections.** We will provide a minimum of one inspection/service visit (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

RECEIVED

AUG 11 2023

CLATSOP CO. PUBLIC HEALTH

A23-00082

**OWNER RESPONSIBILITIES:**

1. **Vegetation Control.** The owner shall control vegetation around and on the tank and sandfilter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

**COST/BILLING:**

1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
2. **Billing.** Billing shall be sent to the Owner prior to the 1<sup>st</sup> of the month with payment due by the 10<sup>th</sup> of each month.
3. **Annual Report Fee.** The annual report fee (currently at \$62) shall be billed to the owner at the time as well.
4. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

**CONTRACT TERM:** The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

**DISPUTES:** All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

**ACCEPTANCE OF PROPOSAL**

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

Jerry or Jeffery Lebo  
Service Provider

[Signature]  
Signature

8/11/23  
Date

\* Robert Widdop \*  
System Owner (print)

[Signature]  
Signature

8/11/23  
Date

\* (503) 738-6212  
System Owner phone number

Next payment due 8/11/24

Two Year Service contract expires on 8/11/25



Onsite Septic System Program  
 820 Exchange Street, Suite 101  
 Astoria, Oregon 97103  
 Phone 503 325-9302  
 www.co.clatsop.or.us

#23-00082  
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**Notice Authorizing Representative** AUG 11 2023

CLATSOP CO. PUBLIC HEALTH

I, ROBERT WIDDOP, have authorized  
 (Property Owner - Please Print)  
MATT OWEN 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**

1236 FIFER HEIGHTS

Property Situs or Road Address

And described in the records of Clatsop County as:

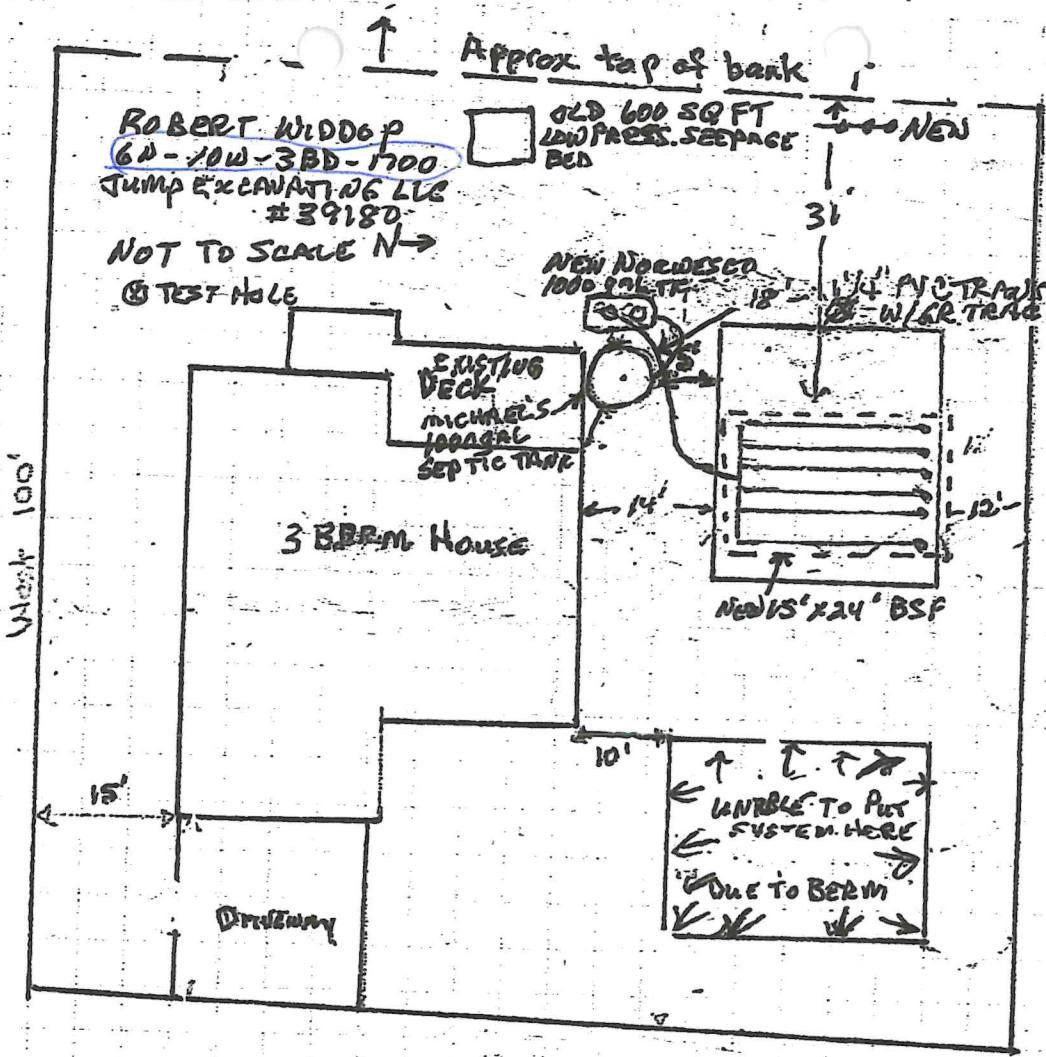
Township 6N Range 70W Section 38D Tax Lot 1700 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: ROBERT WIDDOP Email: R-widdop@msn.com  
 Mail Address: Box 2116 City/State/Zip GERRARD, OR 97138  
 Phone: (503) 738-6212 FAX: \_\_\_\_\_  
 Signature: Robert Widdop Date: 8/8/23

**AUTHORIZED REPRESENTATIVE:**

Name: MATTHEW OWEN Email: OWENSEPTICDESIGN@YAHOO.COM  
 Mail Address: 3389 Hwy 101 City/State/Zip SEASIDE, OR 97138  
 Phone: 503-739-3221 FAX: \_\_\_\_\_  
 Signature: [Signature] Date: 8/8/23



ROBERT WIDDOP  
 60-10W-3BD-1700  
 JUMP EXCAVATING LLC  
 #39180



OLD 600 SQ FT  
 LOW PRESS. SEEPAGE  
 BED

NEW

NOT TO SCALE N →  
 ⊗ TEST HOLE

NEW NORWESCO  
 1000 GAL TR

1 1/2" PVC TRANSPORT  
 1/2" W/GR TRANSFER

EXISTING  
 DECK  
 MICHAEL'S  
 LOCAL  
 SEPTIC TANK

3 BR RM House

NEW 15' x 24' BSF

West 100'

15'

Driveway

10'

↑ ↑ ↑ ↑  
 ← UNABLE TO PUT  
 SYSTEM HERE  
 ← Due to BEAM →  
 ↓ ↓ ↓ ↓

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AUG 11 2023

GLATSOP CO. PUBLIC HEALTH

#23-  
 000182





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AUG 11 2023

# 15'x24' Intermittent Sand Filter<sup>®</sup>

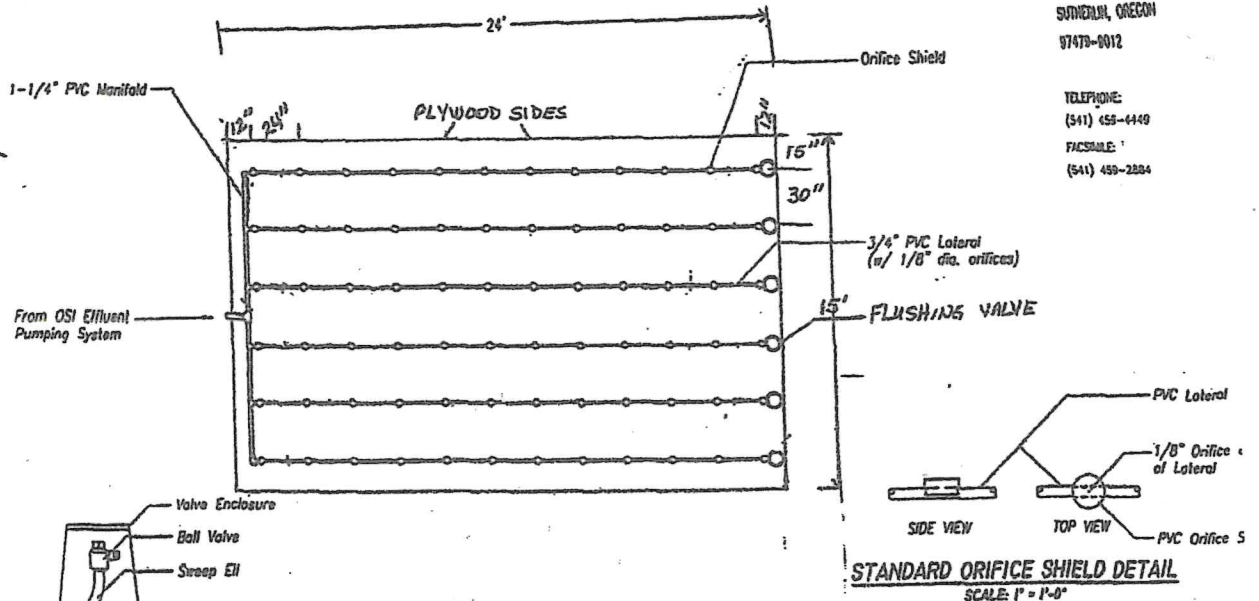
#23-000182 CLATSOP CO. PUBLIC HEALTH

Configured for loading rates up to 1.25 GPD/FT.<sup>2</sup> Follow appropriate intermittent sand filter design criteria.

Orenco Systems<sup>®</sup>  
Incorporated

814 AIRWAY AVENUE  
SUNNYVALE, OREGON  
97470-0012

TELEPHONE:  
(541) 458-4449  
FACSIMILE:  
(541) 458-2884



### FLUSHING VALVE DETAIL

SCALE: 1" = 1'-0"

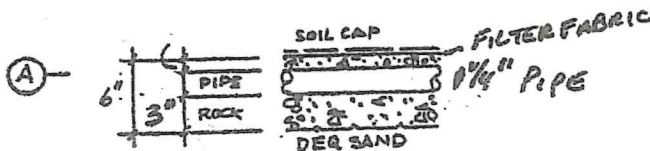
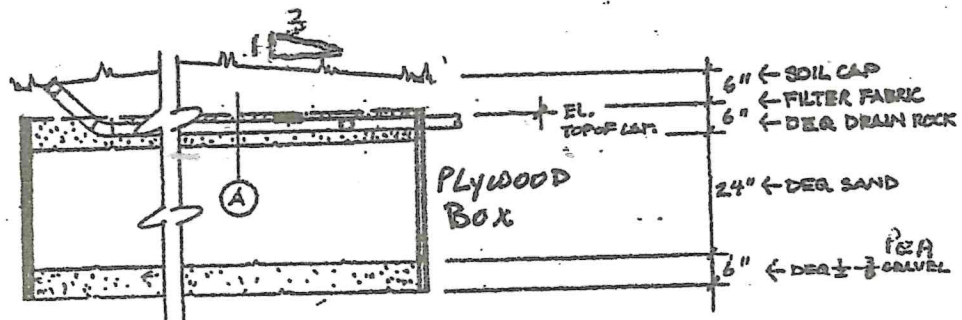
Patent # 5,360,356  
© 1998, Orenco Systems, Inc.

### TOP VIEW - 15'x24' BOTTOMLESS SAND FILTER w/72 ORIFICES

Note: See additional details on  
NDW-ISF-5-3

NDW-ISF-2024L-1

ROBERT WIDDOP  
6N-10W-3BD-1700  
JUMP EXCAVATING LLC  
#39180



EL. NATURAL GRADE — 0.00'  
 EL. TOP OF MANIFOLD — - 0.50'  
 EL. PUMP BASE — - 4.50'  
 STATIC HEAD — = 5.00'

**Pump Selection for a Pressurized System - Single Family Residence Project**

Robert Widdpo 6N-10W-3BD-1700 / Jump Excavating LLC #39180

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#23-000182 AUG 11 2023

**Parameters**

Discharge Assembly Size	2.00	inches
Transport Length	18	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	12.5	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	6	
Lateral Length	23	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

**Calculations**

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	72	
Total Flow Rate per Zone	31.2	gpm
Number of Laterals per Zone	6	
% Flow Differential 1st/Last Orifice	0.3	%
Transport Velocity	6.7	fps

**Frictional Head Losses**

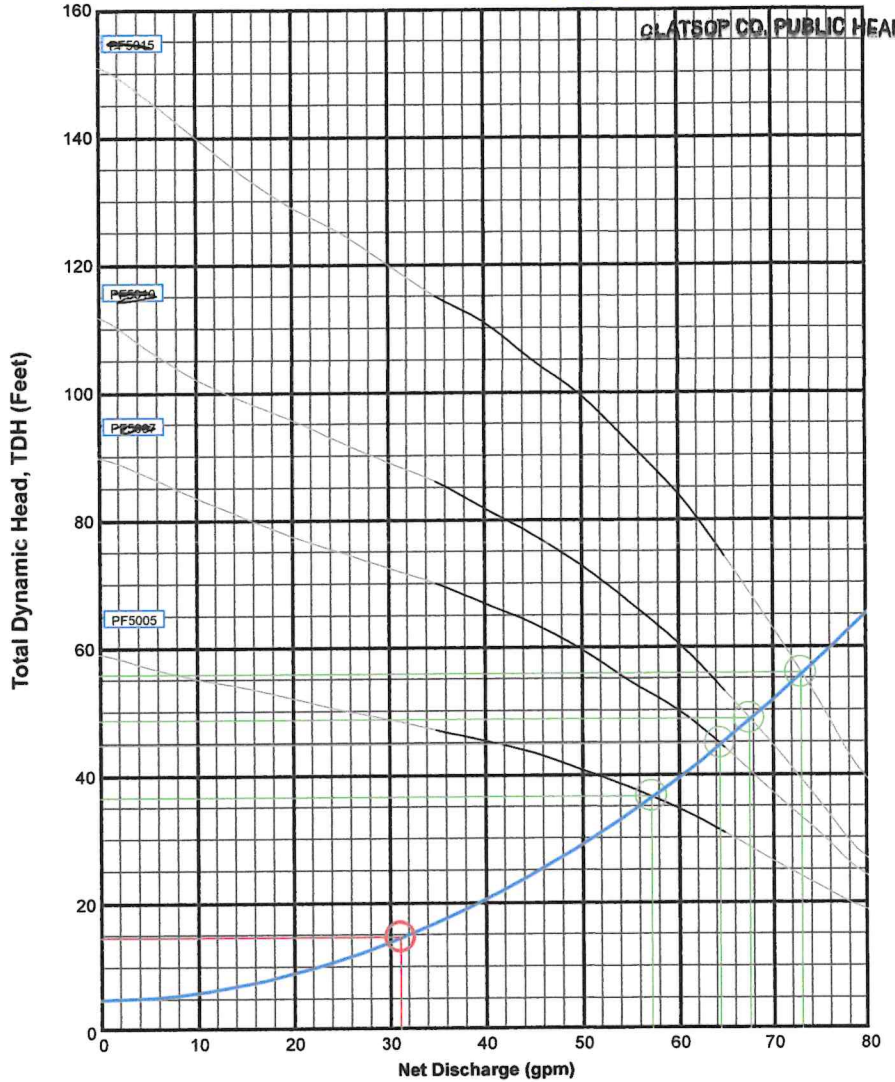
Loss through Discharge	1.9	feet
Loss in Transport	2.1	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.4	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

**Pipe Volumes**

Vol of Transport Line	1.4	gals
Vol of Manifold	0.9	gals
Vol of Laterals per Zone	10.7	gals
Total Volume	13.1	gals

**Minimum Pump Requirements**

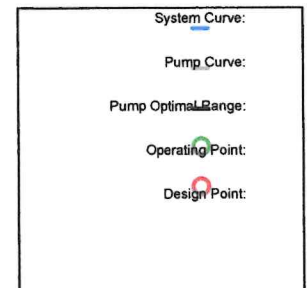
Design Flow Rate	31.2	gpm
Total Dynamic Head	14.5	feet



**PumpData**

- PF5005 High Head Effluent Pump  
50 GPM, 1/2HP  
115/230V 1Ø 60Hz, 200/230V 3Ø 60Hz
- PF5007 High Head Effluent Pump  
50 GPM, 3/4HP  
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz
- PF5010 High Head Effluent Pump  
50 GPM, 1HP  
230V 1Ø 60Hz, 200/460V 3Ø 60Hz
- PF5015 High Head Effluent Pump  
50 GPM, 1-1/2HP  
230V 1Ø 60Hz, 200V 3Ø 60Hz

**Legend**



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AUG 11 2023

CLATSOP CO. PUBLIC HEALTH

# 23-000182

**PARTS LIST**

**15' x 24' Sandfilter**

**Robert Widdop**

**8N-10W-28AC-28006N-10W-3BD-1700**

**Jump Excavating, LLC #3458**

6-10-3BD-1700

- 1 NORWESCO 1000 GAC TANK (BRUTE)
- 2 ADH200 adhesive
- 1 PF50 pump package, 1/2 hp, 115v.
- 1 G2L grommet
- 72 ea 1/4" OS125 orifice shields
- 28yds DEQ sand
- 8yds DEQ peagravel
- 8yds DEQ drain Rock
- 180ft 1/4" PVC solid pipe
- 16 1/4" PVC 45° ells
- 2 1/4" PVC 90° ells
- 5 1/4" PVC "T"
- 6 7" round valve covers
- 6 1/4" PVC shut-off valves
- 1 2" x 1/4" PVC reducer
- Filter fabric
- Plywood and 2 x 4 boards for sandfilter box
- 2- 24" H X 20" W RISERS

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AUG 11 2023

GLATSON CO. PUBLIC HEALTH

A-23-000,182



Plant 544A-Santosh  
 Product AOR8036D-3/8" - #8 PEA GRAVEL  
 Specification AOR8036 3/8" - #8 PEA GRAVEL



Sample Information

Sample No 472342974 Split Sample   
 Date Sampled 01/04/2023 10:44 Resample   
 Sampled By Eric Egge Test Note  
 Type Verification ODOT product compliance IA / verification sample  
 Method Stockpile

Gradation Results

Date Completed 01/04/2023 10:44 Tested By Eric Egge

Unit Moist Mass Dry Mass Wash Mass Moisture % Wash Loss % Procedure  
 g 1500.00 1451.30 1449.60 3.4 0.1

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100		100-100	
3/8" (9.5mm)	165.30	165.30	11	11	89		80-100	
1/4" (6.3mm)	793.70	959.00	55	66	34			
#4 (4.75mm)	390.20	1349.20	27	93	7		0-20	
#8 (2.36mm)	99.30	1448.50	7	100	0		0-10	
#16 (1.18mm)	0.20	1448.70	0	100	0		0-5	
#30 (.6mm)	0.10	1448.80	0	100	0			
#50 (.3mm)	0.10	1448.90	0	100	0			
#100 (.15mm)	0.10	1449.00	0	100	0			
#200 (75µm)	0.10	1449.10	0.0	99.8	0.2		0-1	
Pan	0.60	1449.70	0.2	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
	Procedure	Lab			Tested By	
FM	01/04/2023 10:44	6.04			Eric Egge	
Grad Loss	01/04/2023 10:44	-0.007	%		Eric Egge	
Total Moisture	01/04/2023 10:44	3.36	%		Eric Egge	

ROBERT WIDDOP  
 GN-100-38D-1700  
 JUMP EXCAVATING LLC  
 #39180



**CALPORTLAND**  
Quality Test Report

Plant 544A-Santosh  
Product AOR8364-CC Filter Sand  
Specification CalPortland

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AUG 11 2023

CLATSOP CO. PUBLIC HEALTH



1334927874

#23-000182

**Sample Information**

Sample No 1334827874 Split Sample   
Date Sampled 11/16/2022 14:59 Resample   
Sampled By Eric Egge  
Type Control  
Method Stockpile

**Gradation Results**

Date Completed 11/16/2022 14:59 Tested By Eric Egge

Unit g Moist Mass 690.00 Dry Mass 666.10 Wash Mass 665.00 Moisture % 3.6 Wash Loss % 0.2 Procedure

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100			
3/8" (9.5mm)	2.60	2.60	0	0	100		100-100	
1/4" (6.3mm)	11.20	14.00	2	2	98			
#4 (4.75mm)	10.30	24.30	2	4	96		95-100	
#8 (2.36mm)	50.50	74.80	8	11	89		80-100	
#16 (1.18mm)	90.70	165.50	14	25	75		45-85	
#30 (.6mm)	202.20	367.70	30	55	45		15-60	
#50 (.3mm)	243.70	611.40	37	92	8		3-15	
#100 (.15mm)	51.20	662.60	8	99	1		0-4	
#200 (75µm)	1.80	664.40	0.3	99.7	0.3			
Pan	0.30	664.70	0.3	100.0	0.0			

**Other Test Results**

Test Name	Date	Result	Unit	Target	Specification	Comment
	Procedure	Lab			Tested By	
#200 (75µm)	11/16/2022 14:59	0.21	%		Eric Egge	
FM	11/16/2022 14:59	2.87			Eric Egge	
Grad Loss	11/16/2022 14:59	0.045	%		Eric Egge	
Total Moisture	11/16/2022 14:59	3.59	%		Eric Egge	

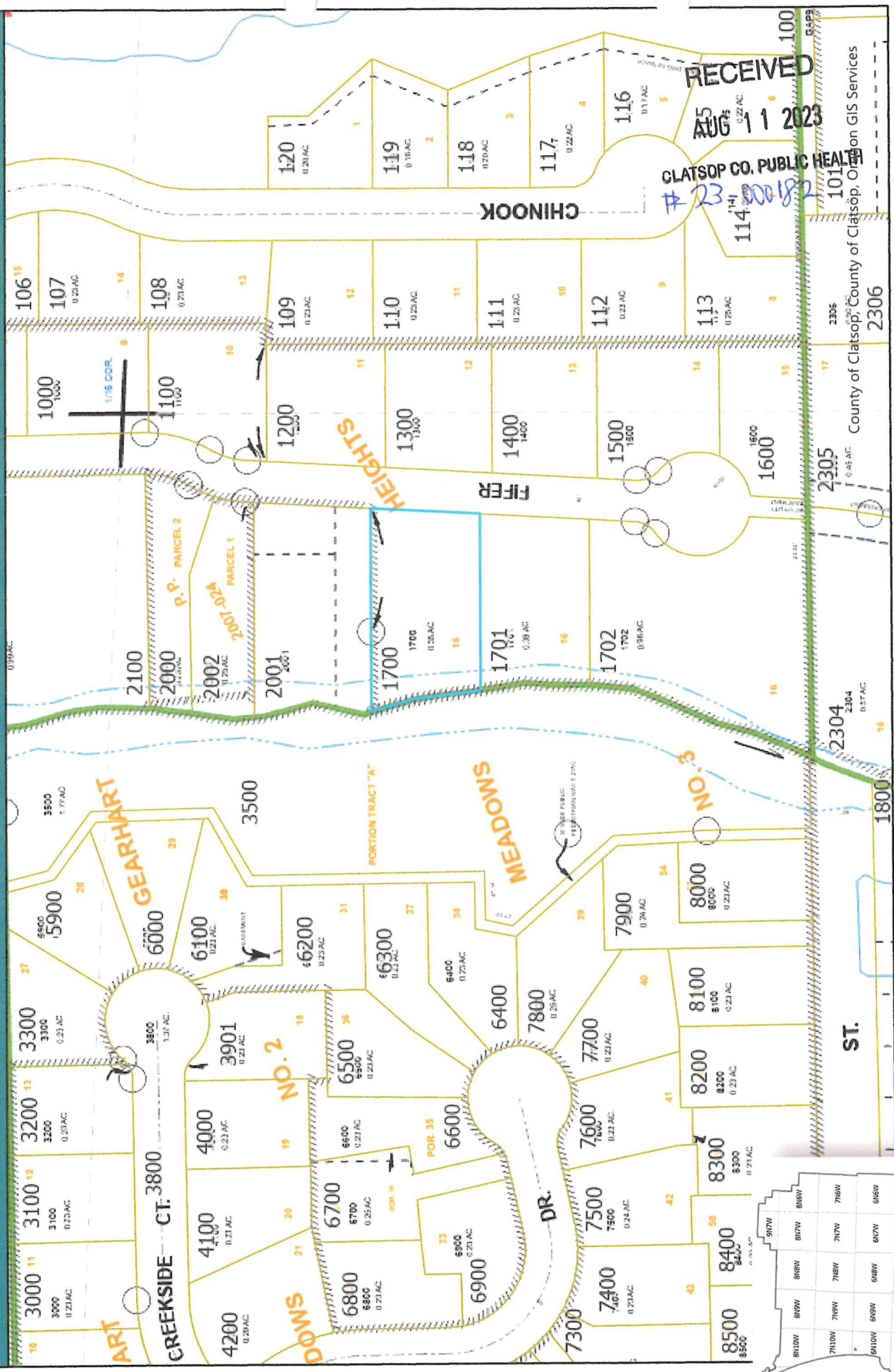
ROBERT WIDDOP  
6N-10W-3BD-1700  
JUMP EXCAVATING LLC  
#39180

JUMP EXCAVATING LLC # 39180

ROBERT WIDDOP

6N-10W-38D-1700

# Clatsop County Webmaps



**Clatsop County**

0.05



8100W	8100E	8100S	8100N
8200W	8200E	8200S	8200N
8300W	8300E	8300S	8300N
8400W	8400E	8400S	8400N
8500W	8500E	8500S	8500N

8/8/2023 2:10 PM

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.



Clatsop County Onsite

# Transaction Receipt

Record ID: 186-23-000182-PRMT

IVR Number: 186020922080

Office: Not Applicable

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

envhealth@clatsopcounty.gov

**Receipt Number: 463268**

**Receipt Date: 8/15/23**

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 1236 FIFER HEIGHTS, GEARHART, OR 97138

Parcel: 61003BD01700

<b>Fees Paid</b>					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/15/23	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
8/15/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/15/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Check number: 416				Payer: Jump Excavating LLC	Payment Amount: \$690.00

Cashier: Annette Brodigan

**Receipt Total:**

**\$690.00**

26806

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 91-61

\$ 165.00

Fee

[X] New Construction [ ] Repair [ ] Other

Permit Issued To Robert P. & Dianne K. Widdop (Property Owner's Name) 6N (Township) 10W (Range) 3BD (Section) 1700 (Tax Lot / Acct. No.) Clatsop (County)

Fifer Road (Road Location) Gearhart (City) Bruce W. Henderson (Issued by - Signature) 06-24-91 (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE June 24, 1992 TYPE OF SYSTEM Pressure Distribution

Average Daily Sewage Flow 225 Gallons/Day Design Peak Sewage Flow 450 Gallons/Day

Michael's dosing/septic Tank Volume 1000 Gallons Disposal Trenches [ ] Seepage Bed(s) [X] 600 Square Feet

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

Equal [ ] Loop [ ] Serial [ ] Pressurized [X] Minimum Distance Between Trenches

Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 4 inches. [ ] Rake Sidewall

Special Conditions (Follow Attached Plot Plan) To be installed as per approved plans dated 6/18/91. As-built plot plan addressing site development plan deficiencies (as shown on approved plans) to be submitted at completion of installation. NOTE: Verification of tank tightness test and pump/pressure test required as part of as-built plans.

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

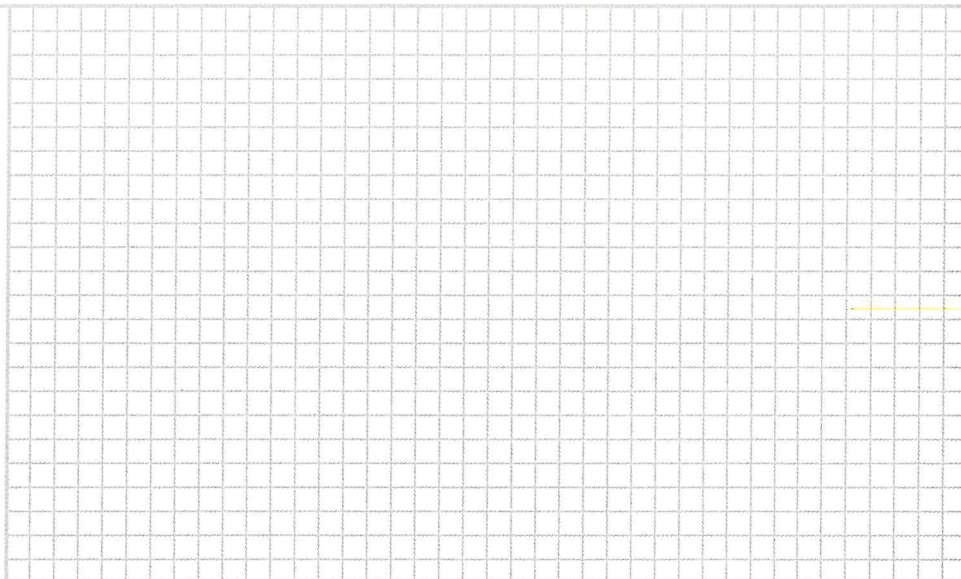
Installer

Final Insp. Date

[ ] Inspected By

[ ] Issued by Operation of Law

[ ] Pre-cover inspection waived pursuant to OAR 340, Division 71



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

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature)

(Title)

(Date)

(Office)



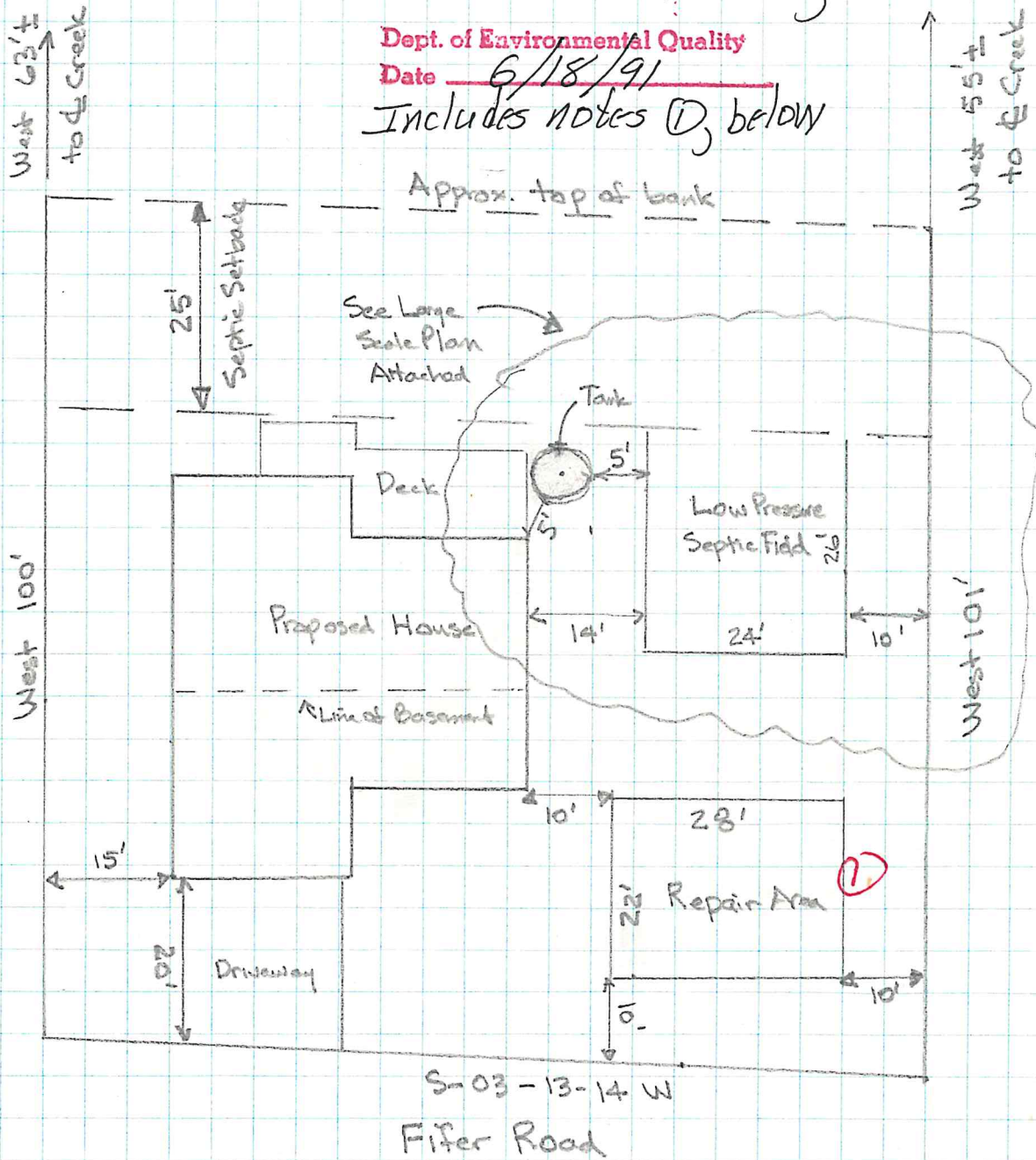
BRUCE W. HENDERSON

Bruce W. Henderson, ES

Dept. of Environmental Quality

Date 6/18/91

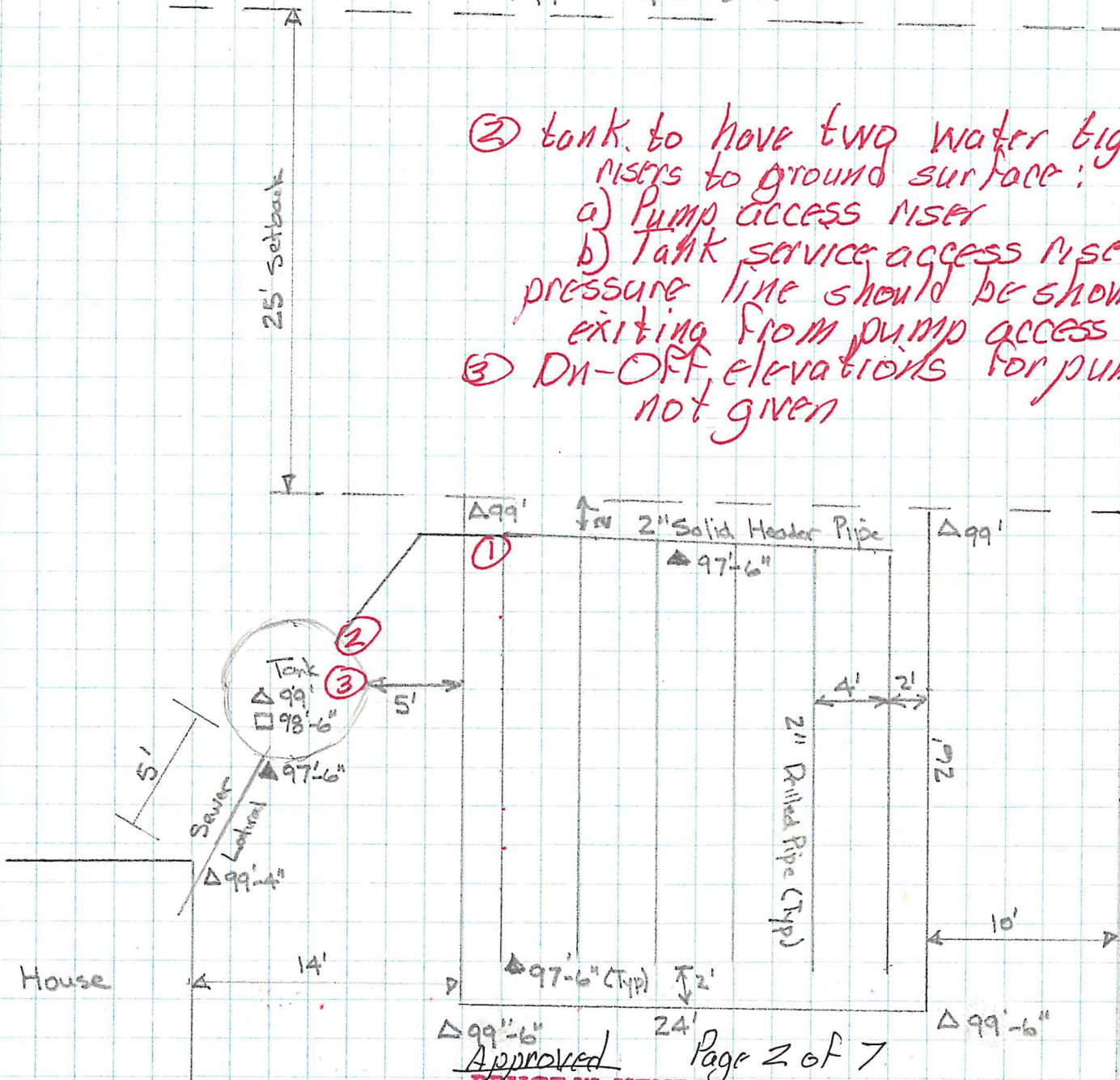
Includes notes ① below



① area to be graded to finished dimensions at time of system installation

N  
Site Plan  
1" = 20'

Approx. top of Bank



- ② tank to have two water tight risers to ground surface:
  - a) Pump access riser
  - b) Tank service access riser
 pressure line should be shown exiting from pump access riser
- ③ On-Off elevations for pump not given

- Top of Tank
- ▲ Pipe Elev.
- △ Ground Elevation
- Basement Floor = Elev. 100'

Approved  
**BRUCE W. HENDERSON**

*Bruce W. Henderson, ES*

Dept. of Environmental Quality

Date 6/18/91

Includes notes ① → ③ below & above

Septic System Plan

1/8" = 1'

- ① pressure transport pipe to center feed the seepage bed to insure equal distribution and minimum residual head

# Howard E. Johnson & Sons Construction

CRUSHED ROCK & SCOOP WORK

Hamlet Rt., Box 271

Telephone 738-7328

SEASIDE, OREGON 97138

Approved Pg 3 of 7

**BRUCE W. HENDERSON**

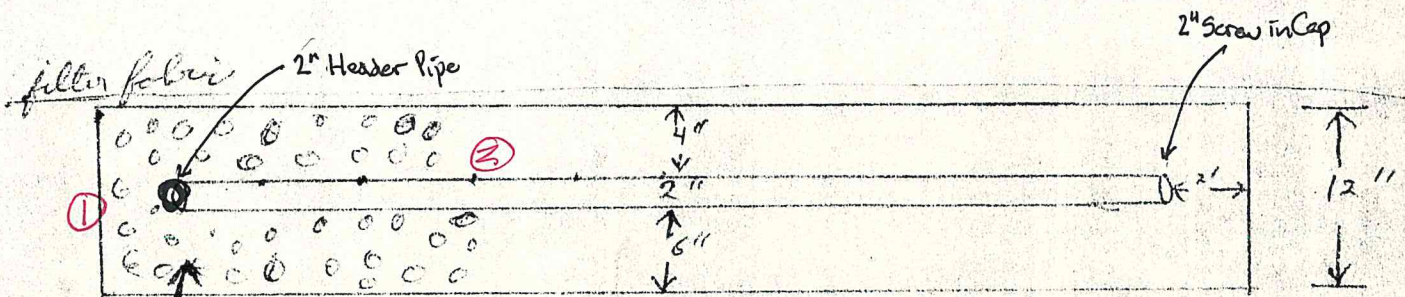
*Bruce W. Henderson, ES*

Dept. of Environmental Quality

Date 6/18/91

Includes Notes (1) & (2) below

cross-section of seepage bed



- 1 1/2" - 2 1/2" crushed rock
- pipe - 2" - 160 class drilled with 1/4" holes straight up
- seepage bed covered with Typar 3201 filter fabric

- ① recommend Filter fabric to line seepage bed sidewalls
- ② insure that all orifices are reamed out + have vertical squirt height of 3' to 7' during pump test

# ORENCO SYSTEMS, INC.

2826 Colonial Road

Roseburg, OR 97470

(503) 673-0165

TO RON JOHNSON

Howard E Johnson + Sons

Seaside, OR.

Hamlet Route Box 271

SEASIDE OR. 97138

DATE: 5-22-91

SUBJECT:

Michael Precast 1000 gal Tank Specs.

outside height - 66"

Draw in inches required

inside height - 59"

for 90 gal. dose.

Top thickness - 4"

Bottom thickness - 3"

90 gal - 3.9 Inches

Invert of inlet - 12.5"

23 gal/in

Invert of outlet - 53.5"

Draw (gal/in.) - 23"

MODEL "B" FLOAT AS Supplied by

Orenco Systems Inc.

"B" FLOAT

4"-4 1/2" Tether length = 3 1/2"-4" DRAW DOWN

Approved Pg. 4 of 7

**BRUCE W. HENDERSON**

Bruce W. Henderson

**Dept. of Environmental Quality**

**Date 6/18/91**

SIGNED David Norlin

# ORENCO SYSTEMS, INC.

2826 Colonial Road

Roseburg, OR 97470

(503) 673-0165

TO Ron Johnson

Approved Pg. 5 of 7

**BRUCE W. HENDERSON**

*Bruce W. Henderson*

Includes notes ① → ④ below

Dept. of Environmental Quality

Date 6/18/91

Design Flow =  $12.38 \left(\frac{1}{8}\right)^2 \sqrt{5}$  = .4325 gpm/ORIFICE

DATE: 5-22-91
SUBJECT:
pump - Goulds EPO 411
④ 3.4 hp

Maximum # of orifices for design flow less than 30 gpm

$30 \text{ gpm} = x \times (.4325) \text{ gpm}$  where  $x = \# \text{ of } \frac{1}{8} \text{ orifices}$ .

$30 \text{ gpm} = x$   
 $.4325 \text{ gpm/ORIFICE}$

$69.36 = x$

69 = x = Maximum # of  $\frac{1}{8}$ " orifices for design flow less than 30 gpm.

DESIGN FLOW	MAX. # of $\frac{1}{8}$ " ORIFICES	TDHF STATIC	HL TRANSPORT	HL MANIFOLD	HL Disch. Ass.	RESIDUAL (Squint)	EP0411 Max. TDH
30 GPM	69 ①	7.6' ②	1.4' ③	1'	6'	5'	= 17 TDH
25 GPM	57	6.8'	1'	1'	4.2'	5'	= 18 TDH
20 GPM	46	11.7'	.5'	1'	2.7'	5'	= 20 TDH

① 72 orifices (12 per 22' disposal line) needed

② Off level elevation not given - static lift

③ should be same for all cases

④ specific component length not used for calculations

SIGNED *David Morlin*

④ Pump Specification sheet not furnished



Orenco Systems Inc.  
 2826 Colonial Road Roseburg Or. 97470  
 503/673-0165

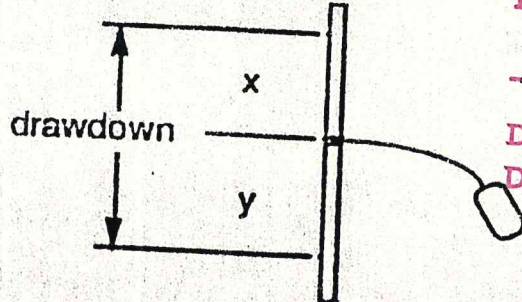
Approved Pg. 6 of 7

**BRUCE W. HENDERSON**

*Bruce W. Henderson*

Dept. of Environmental Quality

Date 6/18/91



**"B" FLOAT**

TETHER LENGTH (in.)	X (in.)	Y (in.)	DRAWDOWN (in.)
2.5	0.5	2.25	2.75
3	0.5	2.5	3
3.5	0.5	2.75	3.25
4	0.5	3	3.5
4.5	0.5	3.5	4

**"C" FLOAT**

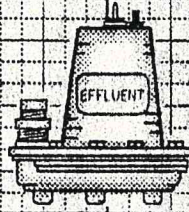
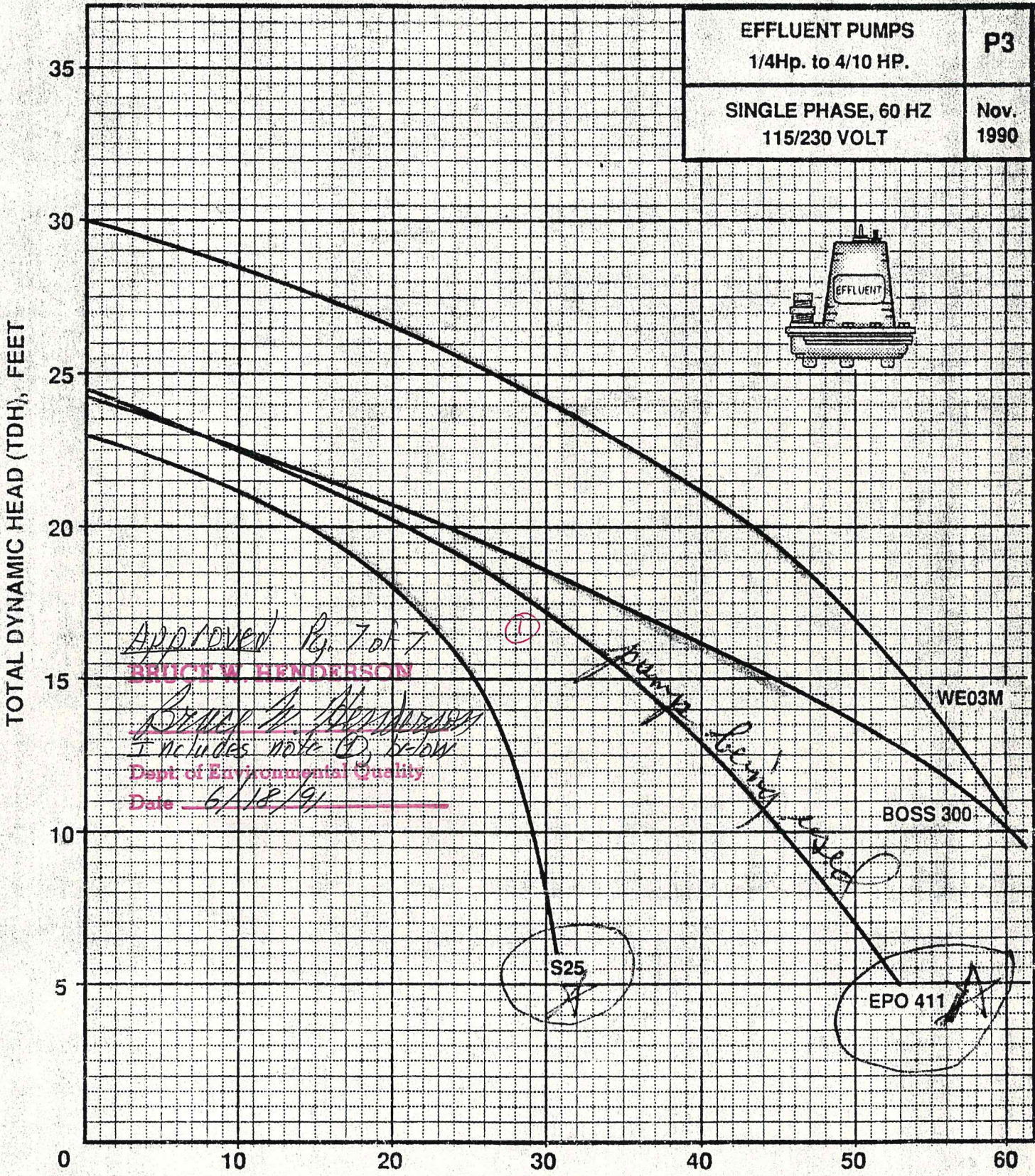
TETHER LENGTH (in.)	X (in.)	Y (in.)	DRAWDOWN (in.)
3	3.75	4.75	8.5
4	3.75	5	8.75
5	3.75	5.25	9
6	2.75	7.5	10.25
7	2.75	8.25	11
8	2.75	9.5	12.25
10	2.75	10.25	13

**"F" FLOAT**

TETHER LENGTH (in.)	X (in.)	Y (in.)	DRAWDOWN (in.)
2.5	-1	2.75	1.75
3.5	-1	3	2

NOTE: Tether lengths of more than 4 or 5 inches will give varying X and Y dimension

EFFLUENT PUMPS 1/4Hp. to 4/10 HP.	P3
SINGLE PHASE, 60 HZ 115/230 VOLT	Nov. 1990



Approved Pg. 7 of 7  
 BRUCE W. HENDERSON  
 Bruce W. Henderson  
 Includes note (D) below  
 Dept. of Environmental Quality  
 Date 6/18/91

Recommended use RANGE. NET DISCHARGE, GPM  
 (D) Pump performance points should be shown on graph

dosage specific tank can be used if pumping in does not exceed 30 gal/min  
If separate dosing tank is used keep a detailed cross-section of dosing  
tank showing control levels is needed. Recommendation use of St. Inwood meter for

TO Robert P & Dianne K Widdop AT 718 13th Ave Sossile DR 97138

SUBJECT Application: Permit to Construct (On-Site Sewage Disposal) 5/13/91

Mr. Mike Widdop: Prior to permit issuance we need a detailed to-scale  
site development plan showing: (1) All pertinent features; (2) Specifically  
identify all material types to be used; (3) Gives elevations throughout  
the system including ground surface & pipe top elevations within seep-  
age bed area. Plan should also include detailed cross-section of seepage  
bed and specifics on pumping/pressure system. Pump specifications \*  
DUPLICATE SIGNED Brian W. Henderson: NWR of DEP (229 6961)

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

REDIFORM 4S 469  
POLY PAK (50 Sets) 4P 469

SEND PARTS 1 AND 3 INTACT -  
PART 3 WILL BE RETURNED WITH REPLY.

DETACH AND FILE FOR FOLLOW-UP



Robert Widdop  
718 13<sup>th</sup> Ave.  
Seaside, Or. 97138  
(503) 738-6212

June 4, 1991

DEQ Northwest Region  
811 SW 6<sup>th</sup> Ave  
Portland, Or. 97204  
Attn: Bruce Henderson

Dear Mr. Henderson:

Per your request, I am submitting the attached additional information in regard to my application for a construction permit.

Requested information includes:

1. Overall site plan (note revised dimensions of repair area to keep area within flat area in NE corner of property).
2. Enlarged site plan for septic field area showing pipe configuration and elevations for ground and pipes.
3. Cross section sketch of field with material specifications
4. Tank data
5. Pump calculations, data, and curve.

Installer of system will be Howard E. Johnson & Sons.

Very truly yours,  
Robert Widdop

5/22/91 BWA/JKR

Permit to Construct: Site Visit

Widdop: 6N, 10W, 38D, 17~~4~~φ: (Clatsop)

- 1) Site intact & meets setbacks - ~8% slope for 2φ' across proposed seepage bed
- 2) replacement area will require grading for sufficient size (to avoid localized steep slopes)
- 3) Submitted plan for permit - insufficient detail - need revised plan

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. 5-6-91  
 Date Completed \_\_\_\_\_  
 Required Fee 165.00  
 Receipt No. 47557  
 Control No. \_\_\_\_\_

FOR APPLICANT'S USE -- (PLEASE PRINT)

105' x 100'  
 Lot Size (Acreage or Dimensions)

Robert P. & Dianne K. Widdop  
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property      6 N      10 W      3 BD      1700      Clatsop  
 (Township)      (Range)      (Section)      (Tax Lot/Acct. No.)      (County)

For Parcels in Platted Subdivisions, Indicate      Fifer Heights      \_\_\_\_\_      \_\_\_\_\_  
 (Subdivision Name)      (Lot Number)      (Block Number)

Proposed Facility  
 Single Family Residence      3  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

Water Supply  
 Public (Community System)  
 Private \_\_\_\_\_  
 (Indicate: Well, Spring, Etc.)

Existing Facility  
 Single Family Residence      \_\_\_\_\_  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

APPLICATION FOR:

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

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more 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.

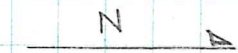
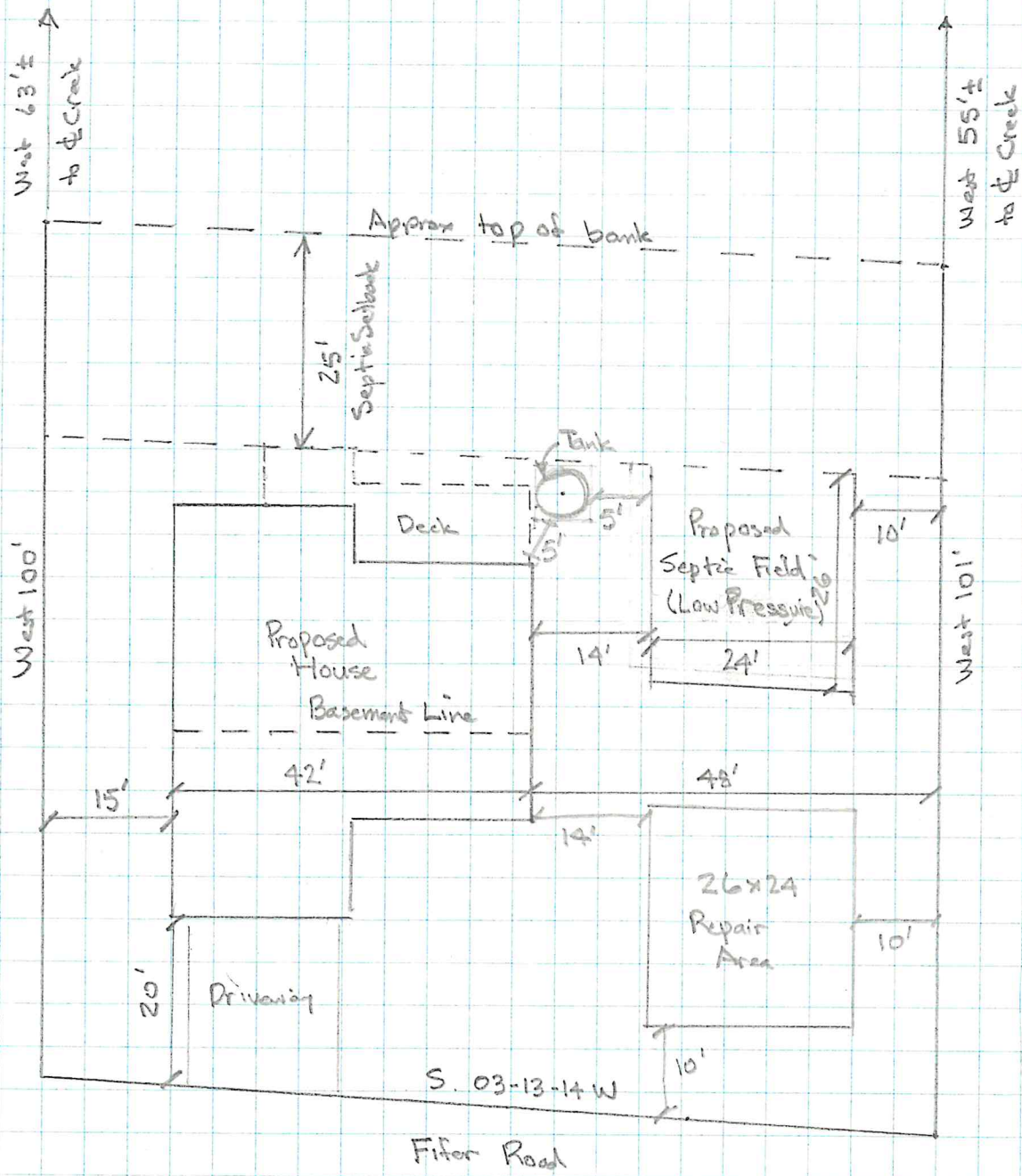
Robert P. Widdop  
 (Signature)

May 6, 1991  
 (Date)

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

Owner's Mailing Address  
Robert P. & Dianne K. Widdop  
718 13th Ave.  
Seaside, Or. 97138  
 Phone (503) 738-6212

Applicant's Mailing Address (if different)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_



Site Plan  
 1" = 20'

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME Robert P. & Dina K. Widtop		MAILING ADDRESS 718 13 <sup>th</sup> Ave.  Seaside Or 97138 CITY STATE ZIP		PHONE (503) 738-6212
PROPERTY LOCATION	TOWNSHIP 6N	RANGE 10W	SECTION 38D	TAX LOT OR ACCT NO 1700
	SUBDIVISION/PROJECT Fifer Heights	LOT	BLOCK	COUNTY Clatsop
	<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

## PROPOSED LAND USE

X Single Family Residence

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

## PROPERTY'S ZONING DESIGNATION

R-2 - MEDIUM DENSITY RESIDENTIAL

## 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

## PROPERTY IS LOCATED (CHECK ONE)

INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY  
 OUTSIDE CITY LIMITS

OUTSIDE URBAN GROWTH BOUNDARY

## LAND USE AUTHORITY

CITY OF GEARHART

SIGNED Brenda Maltman	TITLE City Administrator	DATE 5-3-91
--------------------------	-----------------------------	----------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
--------	-------	------



## Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

Astoria Branch  
P. O. Box 869  
Astoria, Oregon 97103  
Phone (503) 325-8660

February 20, 1990

John Osburn  
P.O. Box 2593  
Gearhart, OR 97138

*Sold to Robert & Dianne Widup  
4/4/90*

Re: OSS-Clatsop County  
Site Evaluation, Approved  
T6N, R10W, Sec 3BD, TL 1700

In response to your completed application of February 14, 1990, a field inspection was made on February 15, 1990. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

Chuck Hopkins  
Environmental Specialist  
Astoria Branch

CH:  
Enclosures

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

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

6<sup>th</sup> (Township)      10<sup>th</sup> (Range)      3<sup>rd</sup> (Section)      1000 (Tax Lot/Acct. No.)      Clatsop (County)

(Subdivision Name)      (Lot No.)      (Block No.)      100' x 100' (Lot Size)

The Entire Property  Has  Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:

See the illustration on the  
Site Evaluation Field Worksheet

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Alternative Low Pressure (450 gpd) 600 sq. ft. (200 sq. ft. (150 g.). Maintain 25' setback from escarpment. Minor cut and fill permitted. Submit detailed plot plan with application for construction permit. Maintain standard setbacks and 100' from surface waters, 100' from wells and 10' from driveway, utility trenches, utilities and easements. System must be installed by property owner or DEQ licensed installer.

**WARNING:** This document is a technical report for on-site sewage disposal only. It may be converted to a permit only if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from the DEQ - Astoria, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

*Chuck [Signature]*  
(Signature of Authorized Agent)

Environmental Specialist Feb. 20, 1990  
(Title) (Date)

Astoria  
(Office)

SITE EVALUATION FIELD WORKSHEET

Reference TGN, R10W, SEC. 3BD, TL 1700 Evaluator CHUCK HOPKINS  
 Owner OSBURN, JOHN Date 2-15-90 Parcel Size 100' X 105'

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

Pit 1			STABILIZED, STEEP SLOPE DUNAL SANDS

Pit 2			SAME

Pit 3			

Pit 4			

Landscape Notes SPRUCE, SHRUBS, BRIARS, DUNAL GRASSES/SEDGES  
 Slope 27% Aspect W. Groundwater Type NO EVIDENCE TO PIT BOTTOM  
 Other Site Notes \_\_\_\_\_

SYSTEM SPECIFICATIONS

Type System: ALTERNATIVE Design Flow 450 gpd Disposal Field Size 600 <sup>sq</sup> Feet  
 Initial LOW PRESSURE System Sizing 200 <sup>gpd</sup> /150 g. Max. Depth Absorption Facility (in) 36 (18" MIN.)  
 Replacement SAME System Sizing 200 <sup>gpd</sup> /150 g. Max. Depth Absorption Facility (in) 36 (18" MIN.)

Special Conditions MAINTAIN 25' SETBACK FROM ESCARPMENT, MINOR CUT & FILL PERMITTED

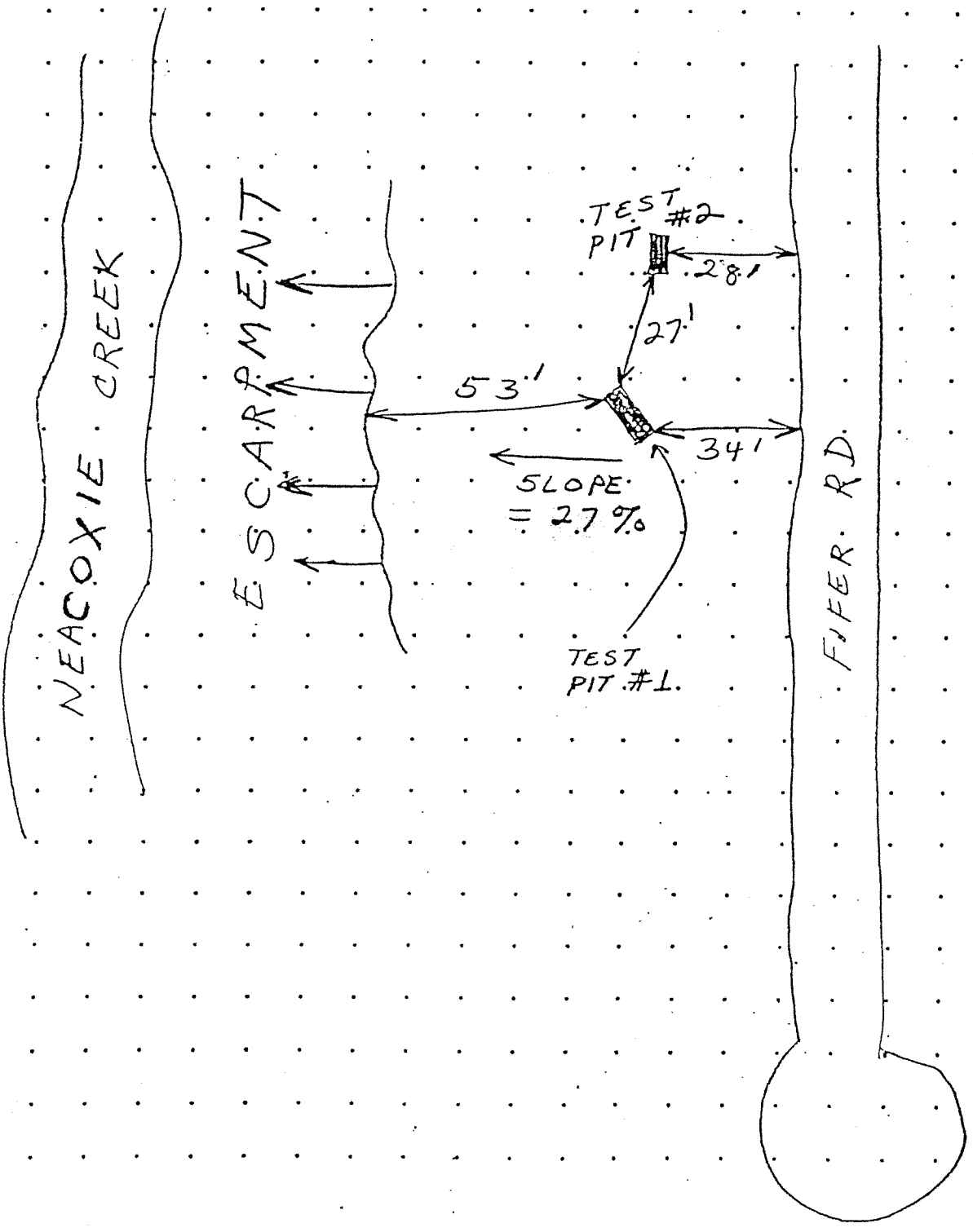


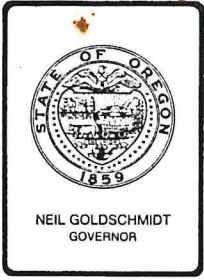
T6N, R10W, SEC. 3BD, TL 1700

CHUCK HOPKINS

OSBURN, JOHN

Date: 2-15-90





## Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

Astoria Branch  
P. O. Box 869  
Astoria, Oregon 97103  
Phone (503) 325-8660

February 20, 1990

John Osburn  
P.O. Box 2593  
Gearhart, OR 97138

Re: OSS-Clatsop County  
Site Evaluation, Approved  
T6N, R10W, Sec 3BD, TL 1700

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Sincerely,

Chuck Hopkins  
Environmental Specialist  
Astoria Branch

CH:  
Enclosures

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

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

6N (Township) 10W (Range) 3BD (Section) 1700 (Tax Lot/Acct. No.) Clatsop (County)  
(Subdivision Name) (Lot No.) (Block No.) 100' X 105' (Lot Size)

The Entire Property  Has  Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:



Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

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**WARNING:** This document is a technical report for on-site sewage disposal only. It may be converted to a permit only if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

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Chuck Hopkins  
(Signature of Authorized Agent)

Environmental Specialist  
(Title)

Feb. 20, 1990  
(Date)

Astoria  
(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T6N, R10W, SEC. 38D, TL 1700 Evaluator CHUCK HOPKINS  
 Applicant OSBURN, JOHN Date 2-15-90 Parcel Size 100' X 105'

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

Pit 1			STABILIZED, STEEP SLOPE DUNAL SANDS

Pit 2			SAME

Pit 3			

Pit 4			

Landscape Notes SPRUCE, SHRUBS, BRIARS, DUNAL GRASSES/SEDGES  
 Slope 27% Aspect W. Groundwater Type NO EVIDENCE TO PIT BOTTOM  
 Other Site Notes \_\_\_\_\_

SYSTEM SPECIFICATIONS

Type System: ALTERNATIVE Design Flow 450 gpd Disposal Field Size 600 <sup>#</sup> ~~Linear~~ Feet  
 Initial LOW PRESSURE System Sizing 200 <sup>#</sup> /150 g. Max. Depth Absorption Facility (in) 36 (18" MIN.)  
 Replacement SAME System Sizing 200 <sup>#</sup> /150 g. Max. Depth Absorption Facility (in) 36 (18" MIN.)

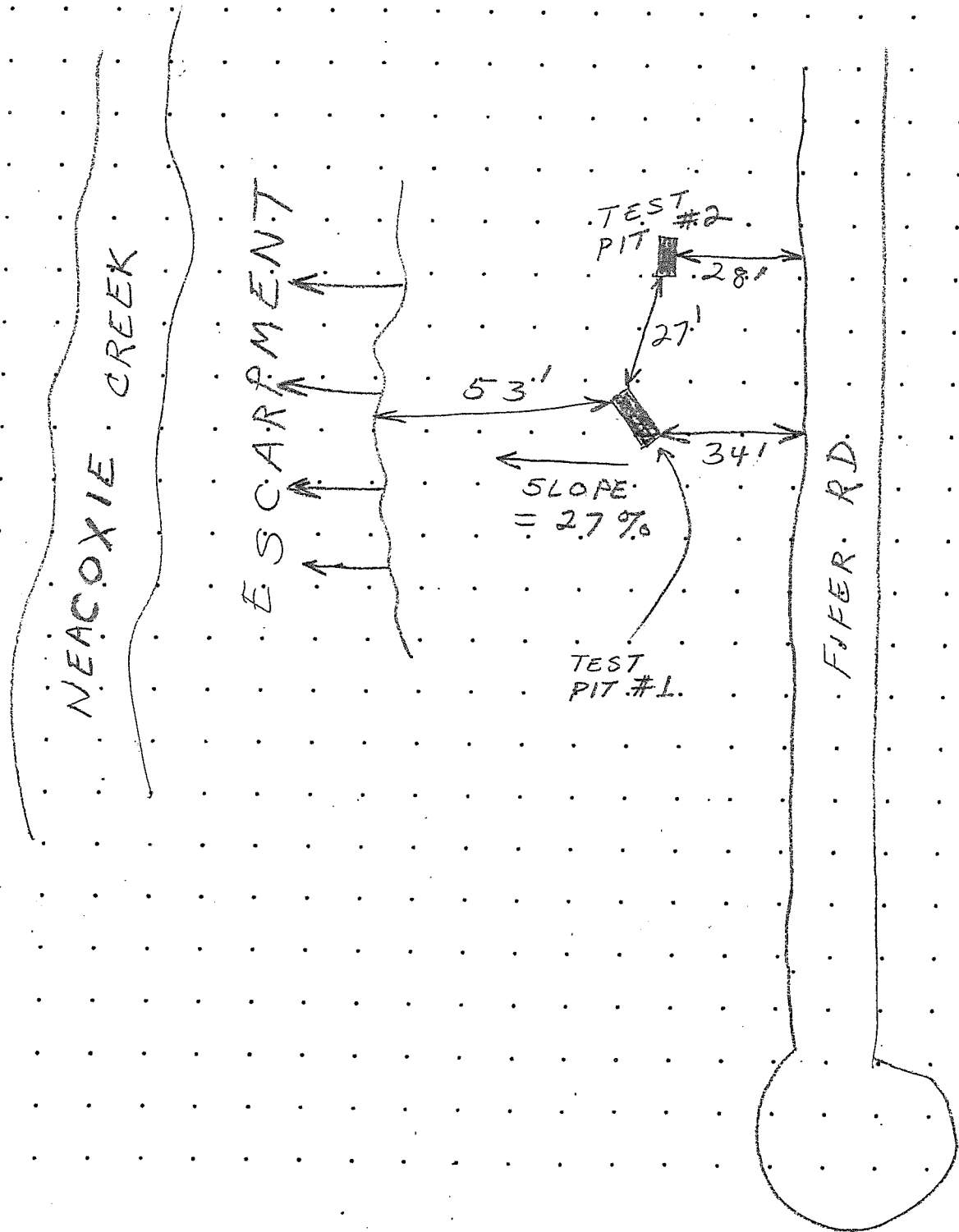
Special Conditions MAINTAIN 25' SETBACK FROM ESCARPMENT. MINOR CUT & FILL PERMITTED

tax Reference T6N, R10W, SEC. 3BD, TL 1700

Evaluator: CHUCK HOPKINS

applicant OSBURN, JOHN

Date: 2-15-90



FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 2-14-90
Date Completed 2-20-90
Required Fee 175.00
Receipt No. 44101
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

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

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

John Osburn
6 10 3BD 1700 Clatsop
Gearhart
Single Family Residence 3
Directions to Property: Fivee Heights Road

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.

David Daling 2/5/90
Owner
Authorized Representative
S.D.S. License No. 33079P

Owner's Mailing Address
John Osburn
P.O. Box 2593
Gearhart, OR 97138

Applicant's Mailing Address (if different)
Seacoast Nursery Construction, Inc.
3111 Highway 101 North
Seaside, Oregon 97138
Phone 738-6401

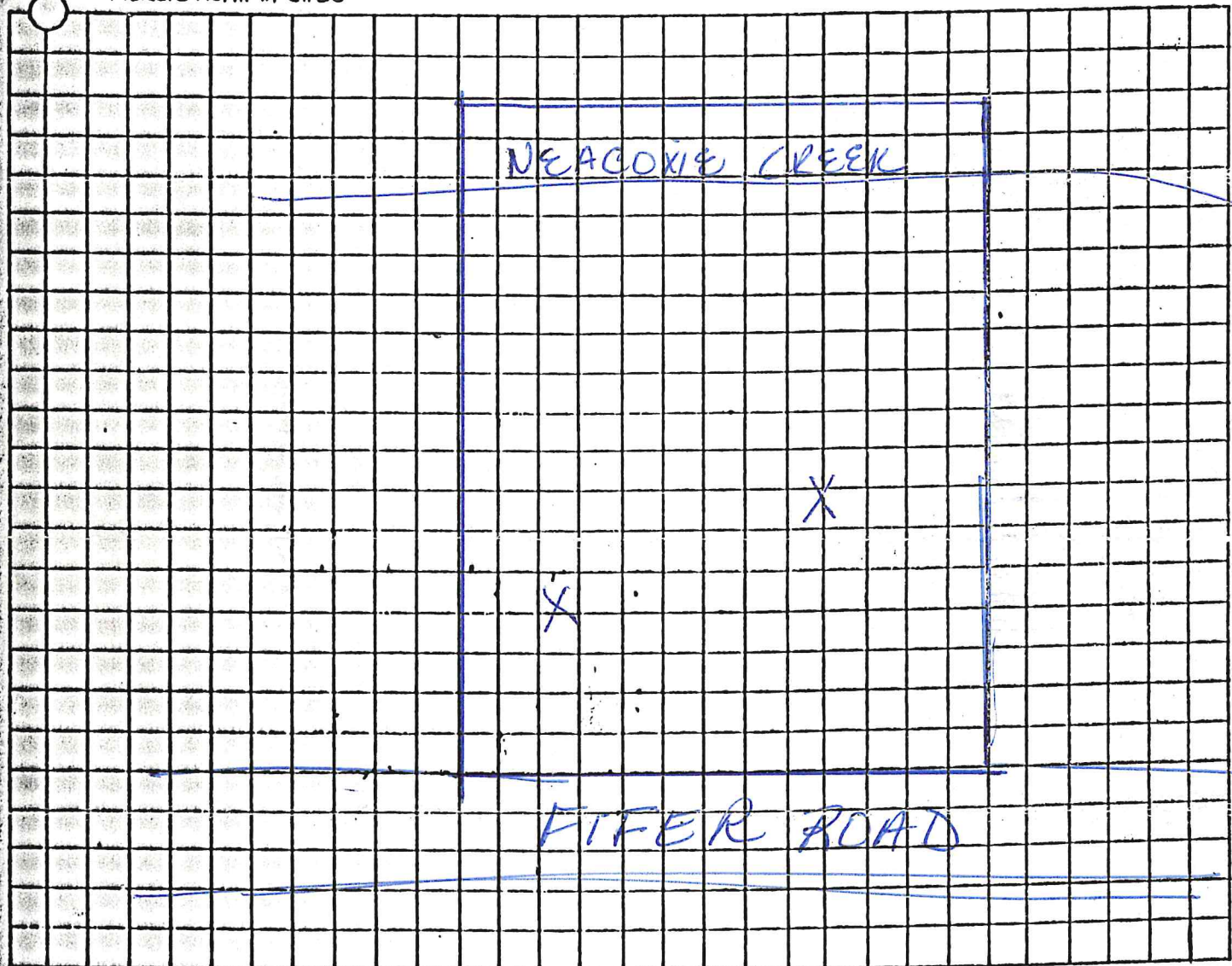
Phone

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
PLOT PLAN

Property Owner John Osburn Date 2/5/90

Location: T. 6 R. 10 Sec. 3BD Tax Lot/Acct. No. 1700

Indicate North in Circle



REMARKS: Fifer Heights Rd, Gearhart

FOR DEQ USE ONLY

Approved

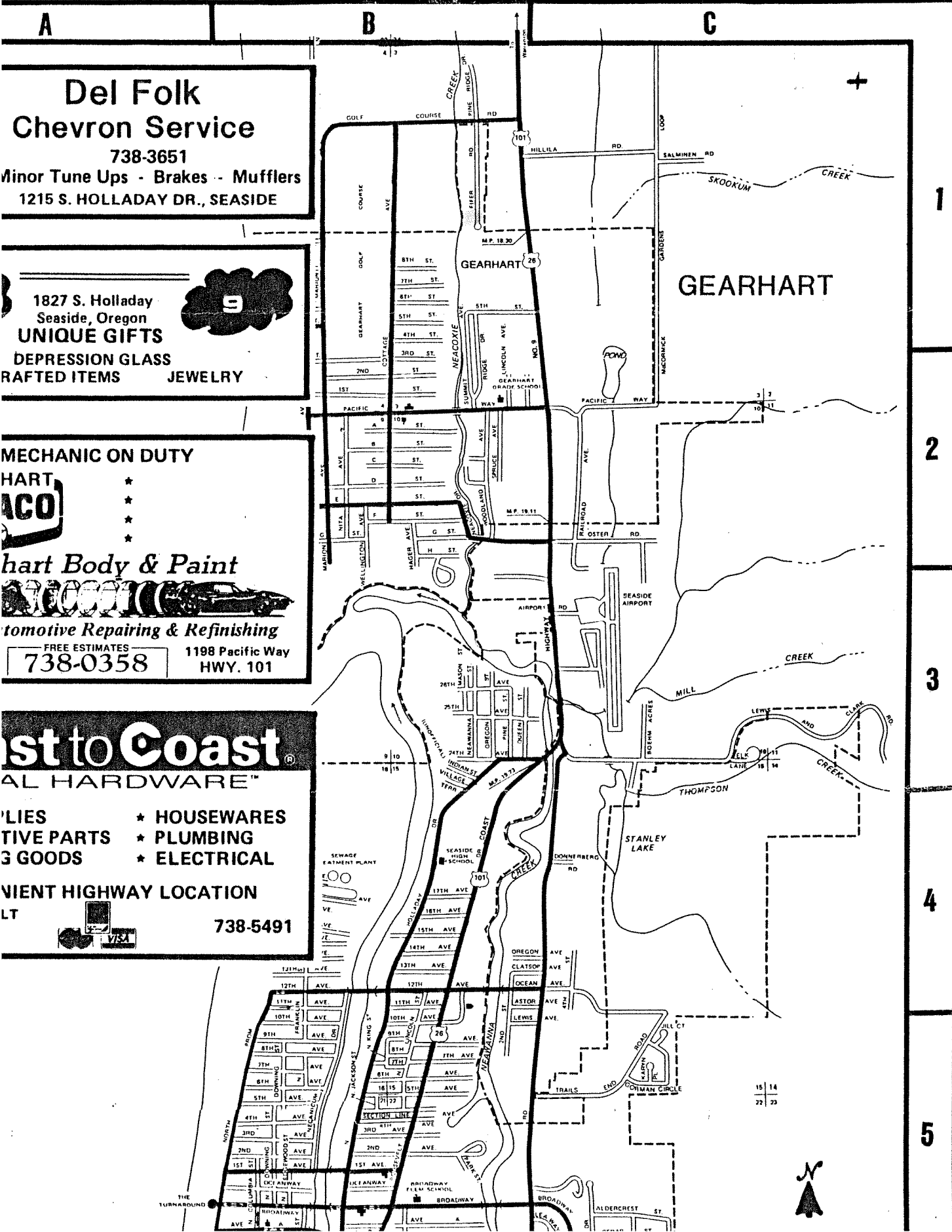
Permit Number \_\_\_\_\_

Disapproved

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

(SANITARIAN SIGNATURE)

(DATE)



**Del Folk**  
**Chevron Service**  
 738-3651  
 Minor Tune Ups - Brakes - Mufflers  
 1215 S. HOLLADAY DR., SEASIDE

1827 S. Holladay  
 Seaside, Oregon  
**UNIQUE GIFTS**  
 DEPRESSION GLASS  
 RAFTED ITEMS JEWELRY

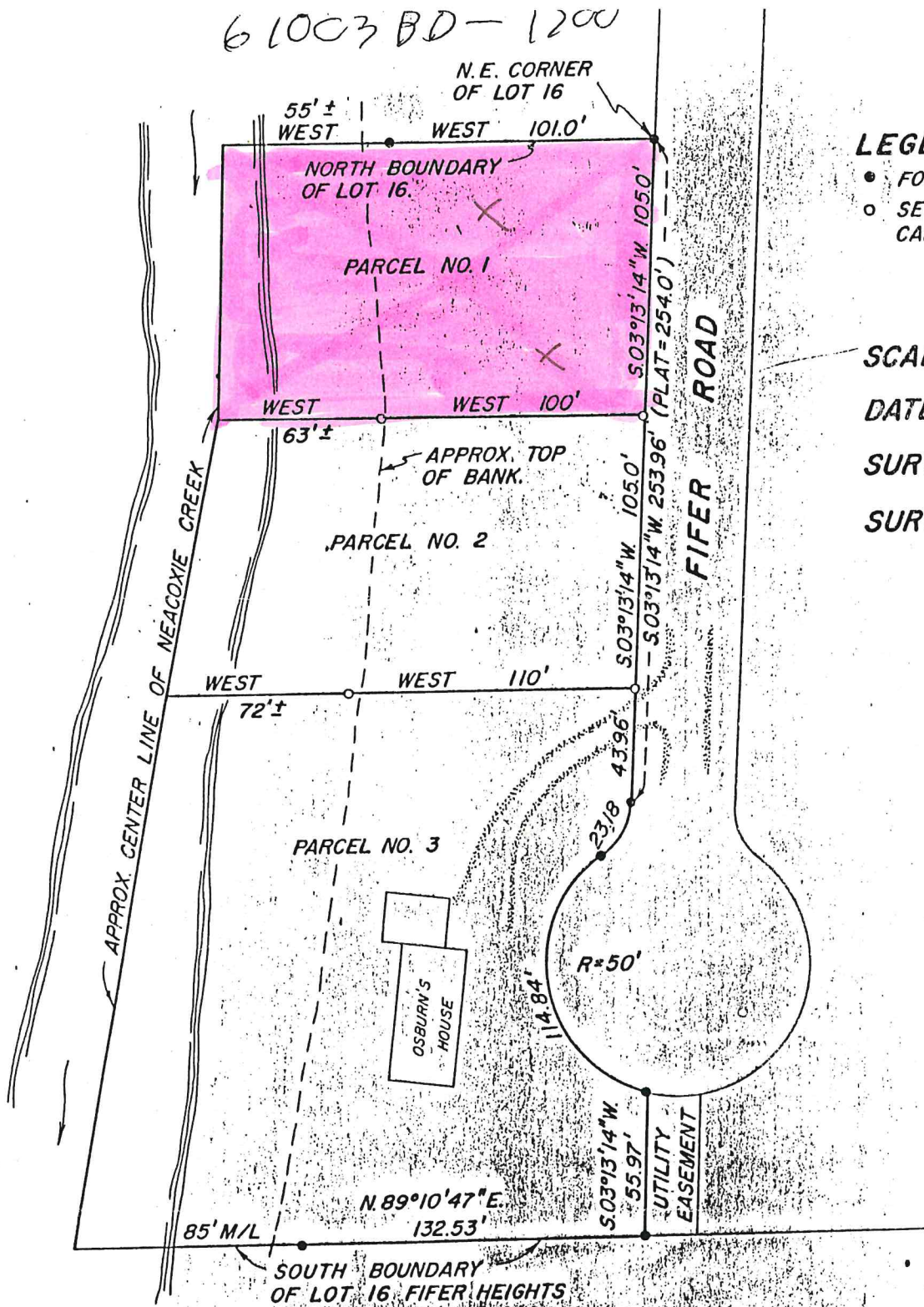
**MECHANIC ON DUTY**  
**HART**  
**ACO**  
 ★  
 ★  
 ★  
 ★  
**hart Body & Paint**  
 Automotive Repairing & Refinishing  
 FREE ESTIMATES 1198 Pacific Way  
**738-0358** HWY. 101

**West to Coast**  
**AL HARDWARE**  
 ★ HOUSEWARES  
 ★ AUTOMOTIVE PARTS  
 ★ TOOLS & GOODS  
 ★ PLUMBING  
 ★ ELECTRICAL  
**CONVENIENT HIGHWAY LOCATION**  
**738-5491**

1  
 2  
 3  
 4  
 5



61003 BD-1200



**LEGEND:**

- FOUND 5/8" X 4"
- SET FLUSH W/ CAP STAMPED

SCALE: 1" =

DATE: 7-28

SURVEY FOR:

SURVEY BY:

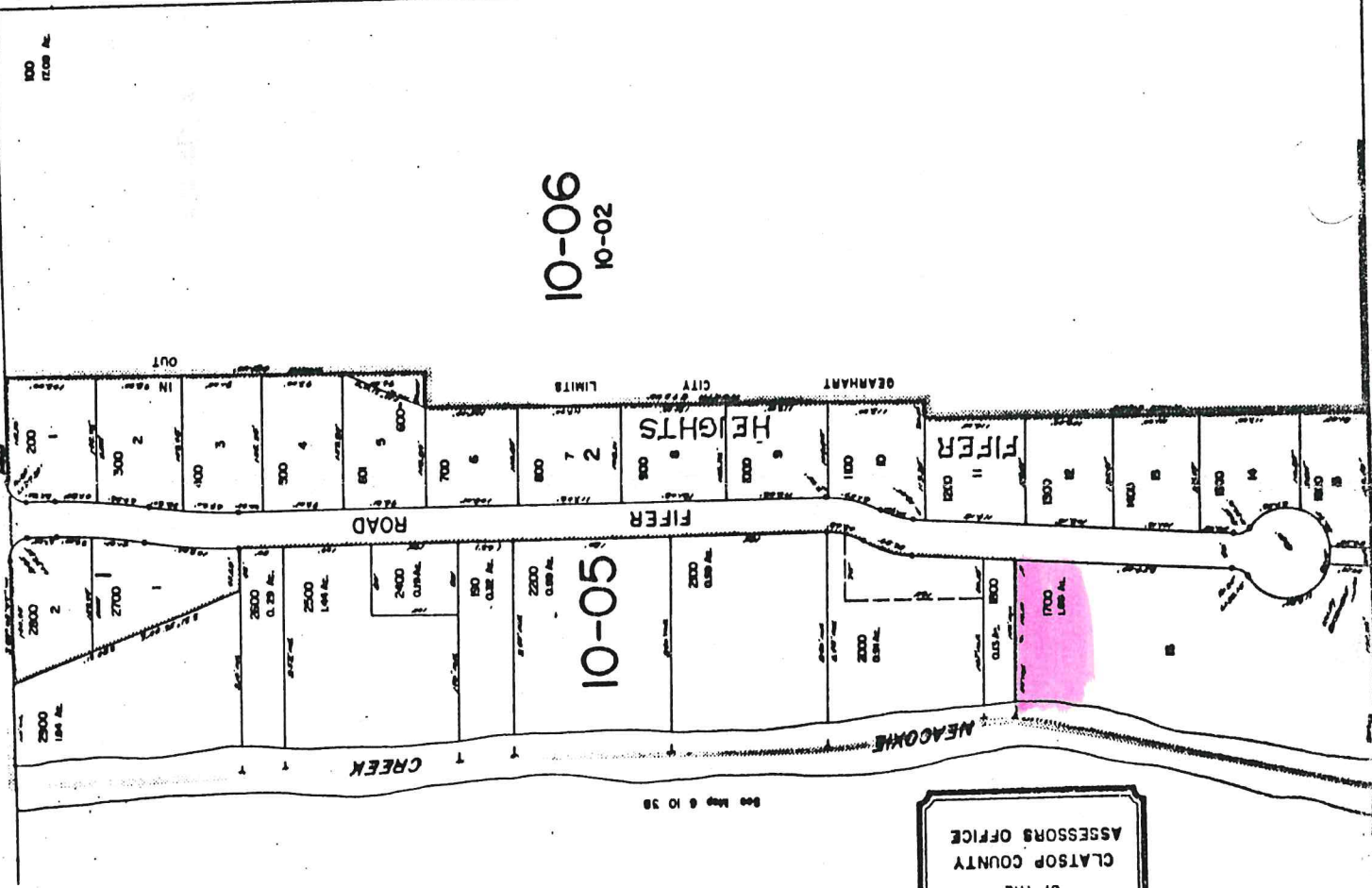
SELLER: JOHN OSBURN -

BUYER: ROBERT WIDCOOP -

50-50 ON EAST -  
 PAY AT CLOSING -

1" = 100'

GEARHART LOOP CO. RD.



PROPERTY  
OF THE  
CLATSOP COUNTY  
ASSESSORS OFFICE

See Map 6 10 38

CANCELLED 1900

See Map 6 10 38

3000 1.00 Ac.

3000 1.00 Ac.

3000 1.00 Ac.

3000 1.00 Ac.

McCORMICK GARDEN ROAD (CO. RD.)

3400 0.78 Ac.

3000 0.80 Ac.

3000 0.80 Ac.

3000 0.80 Ac.

3700 0.88 Ac.

3000 0.78 Ac.

3000 0.80 Ac.

CLOVER CREST

LENORE LANE

GARDENS

4000

4000

4000

4000

4000

4000

4000

4000

4000

4000

4000

4000

4000

4000

NO. 101

HIGHWAY

COAST

OREGON

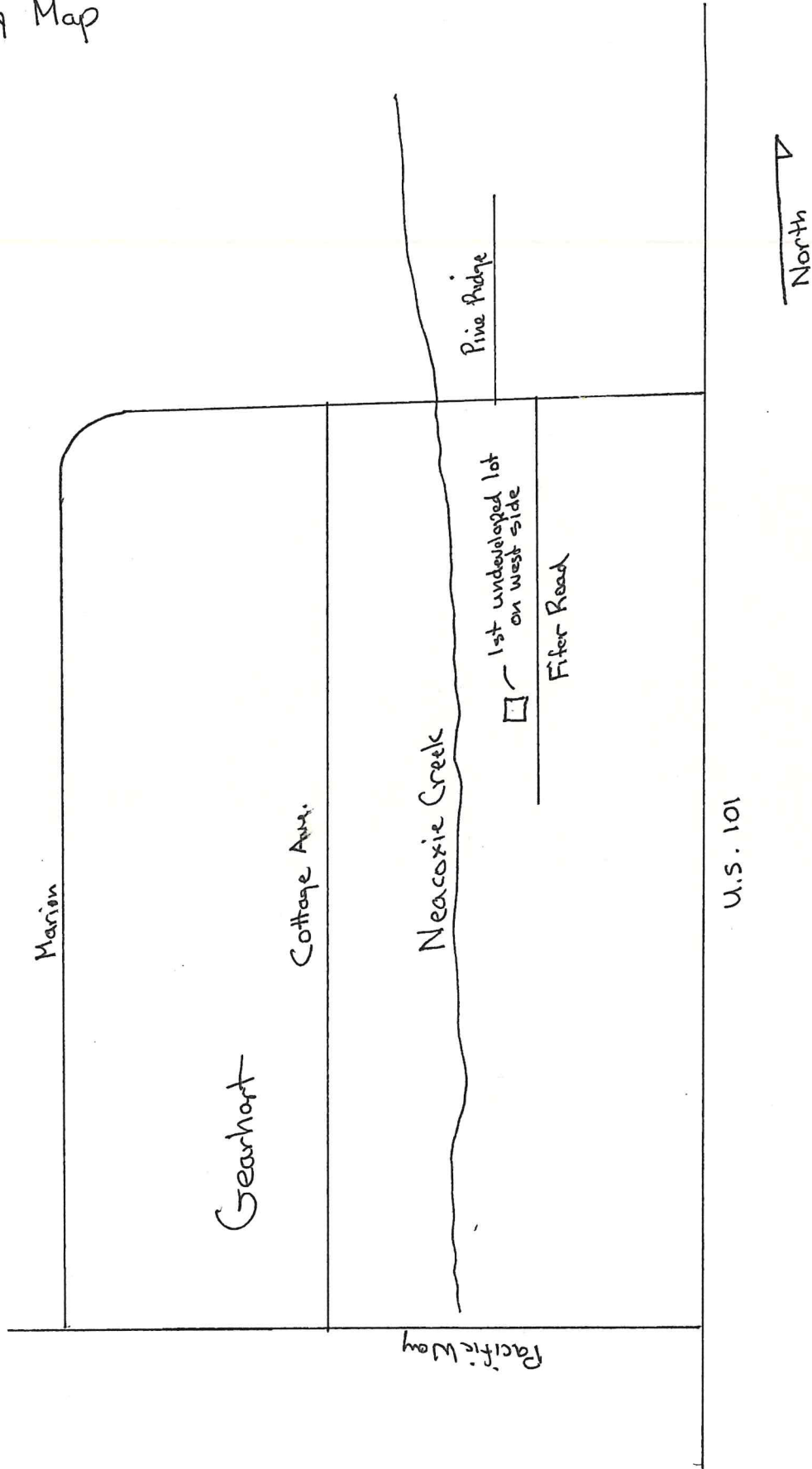
6 10 380

See Map 6 10 380

See Map 6 10 38A

See Map 6 10 38A

# Vicinity Map





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

**TICOR TITLE INSURANCE**



**LEGEND**

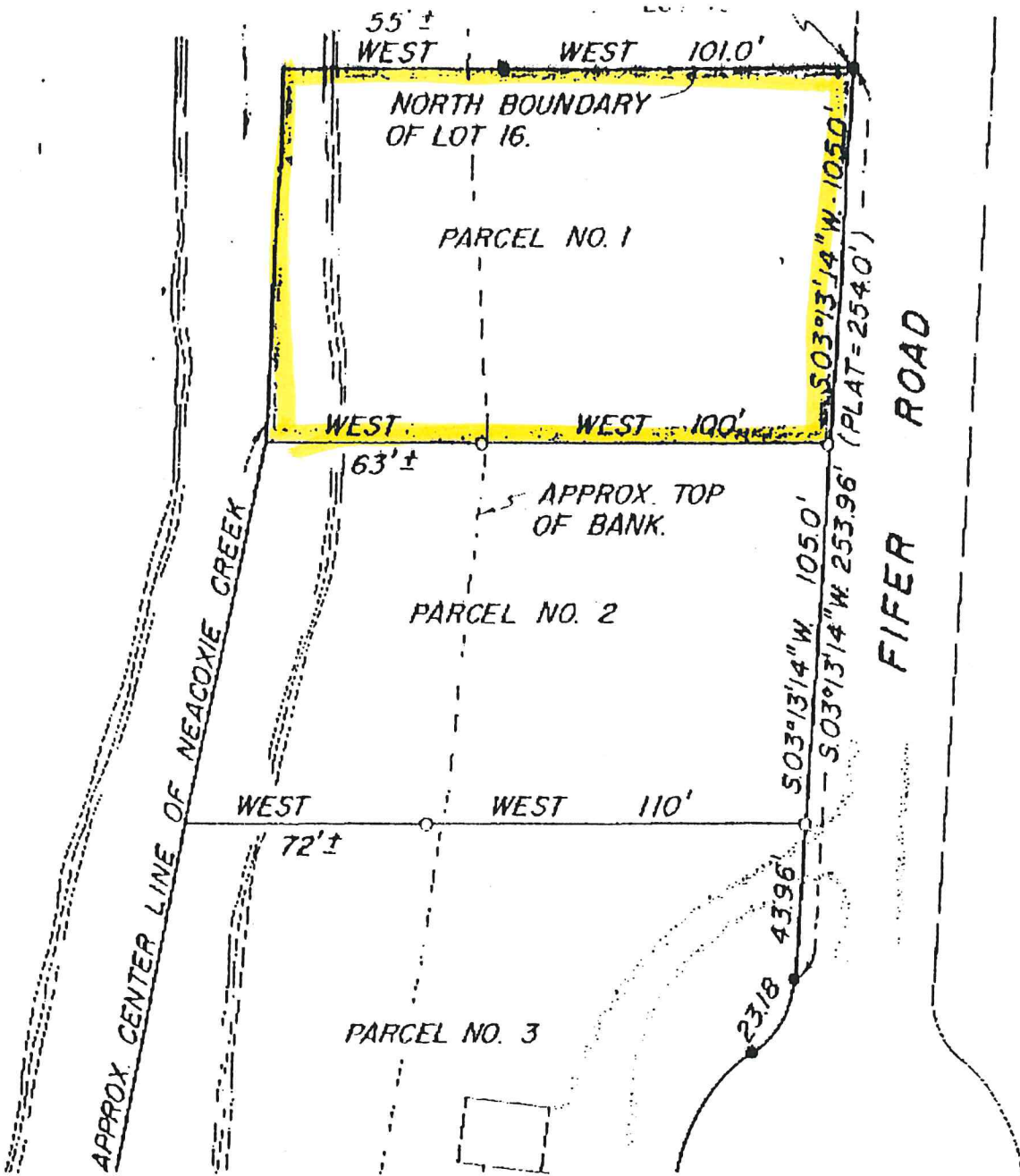
- FOL
- SET
- CAI

SCALE: 1"

DATE: 7-2

SURVEY FO.

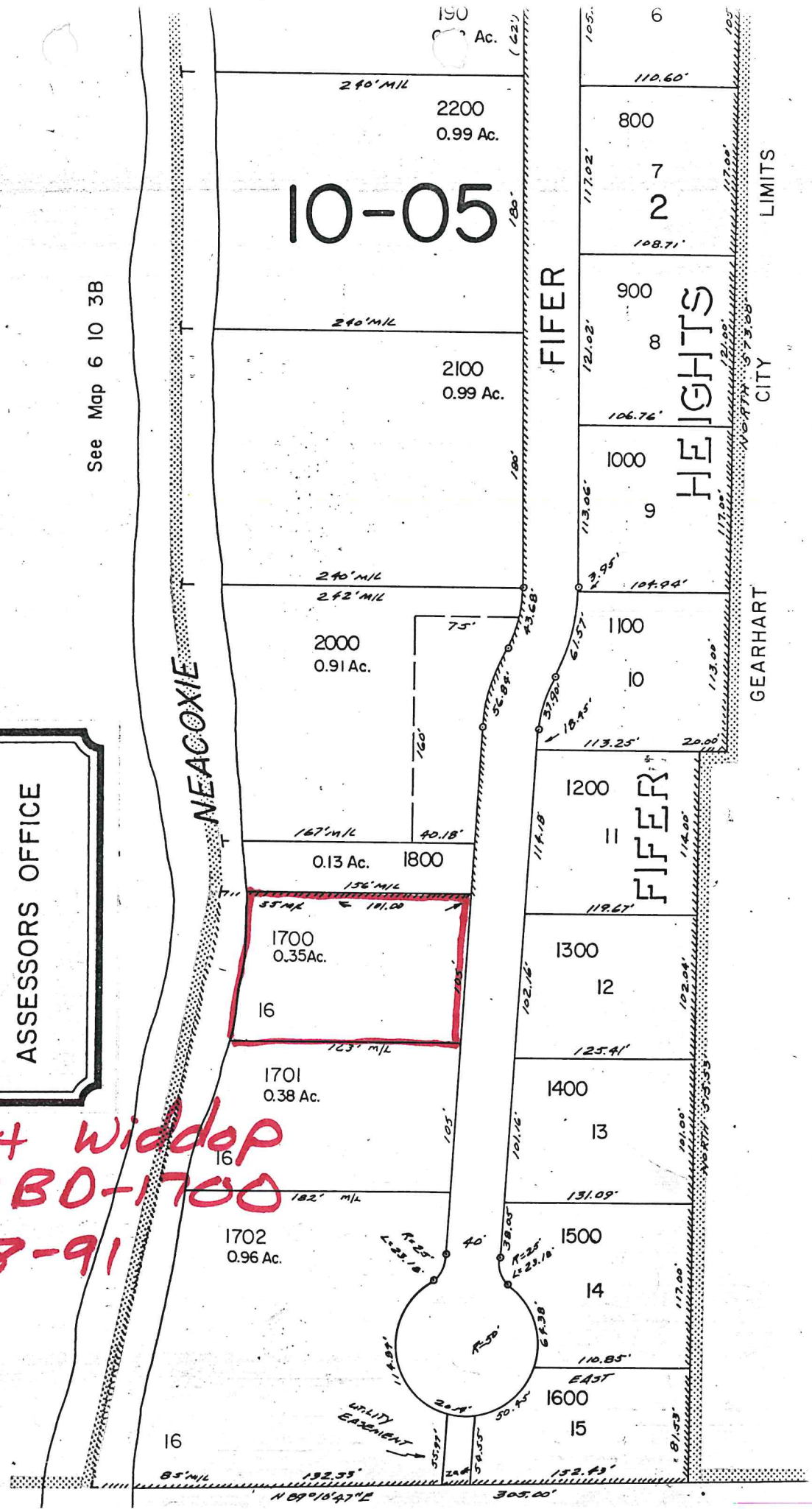
SURVEY BY



PROPERTY  
OF THE  
CLATSOP COUNTY  
ASSESSORS OFFICE

See Map 6 10 3B

Robert Widdop  
610-380-1700  
5-8-91





DATE

11-21-72

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

sent letter of approval to George Cole -  
see last specification file. with copy. 900 gal  
STY 100 pt line.

One