





# CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION RECEIVED

Clatsop County Assessment and Taxation  
820 Exchange Street, Suite 210, Astoria, Oregon 97103  
Phone: (503) 325-8522 Fax: (503) 338-3638  
assessor@co.clatsop.or.us www.co.clatsop.or.us

JUL 18 2018

CLATSOP CO. PUBLIC HEALTH

FEE: \$450

#501076

7/12 (P) 000128  
8/100

Effective July 1, 2018, Clatsop County requires approval of a revocable permit for short term (up to 30 consecutive days) rental of residential property in unincorporated areas of Clatsop County, including within urban growth boundaries. In Arch Cape, these rentals are limited to either a minimum period of seven nights or, if fewer than seven nights, then to no more than one rental within a seven (7) night period. These permits are processed and reviewed similar to a Type 1 Development Permit.

### INSTRUCTIONS TO APPLICANT - COMPLETE THIS FORM - PLEASE PRINT CLEARLY

#### REQUIRED ATTACHMENTS:

- Certificate of Compliance from Clatsop County Public Health Department → issued 7/18/18
- Certification from the Clatsop County Building Official approving the home inspection
- Certification from the Clatsop County Planning Division that the proposed use is permitted in the zone
- Scaled drawing showing property lines and, including all buildings, garage spaces, driveways and off street parking.
- Map to be displayed depicting the tsunami evacuation route (if applicable)
- Proof of liability coverage on the short term rental
- Information on how renters will be informed of regulations and location of parking, quiet hours, garbage removal and recycling.
- Completed Transient Room Tax Registration form. Attach a list, with signatures, of all owners if more than two.
- Instructions regarding delivery of permit if it is to be mailed to someone other than the first owner listed in our records.
- Signed Applicant Statement

### ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED

Property Address 1426 N. Ocean Ave Gearhart, OR 97138  
 Township WAD 6 Range 10 Section 4AD Tax Lot 2100  
 Applicant Name Alisa Gaylord Email alisa.gaylord@gmail.com  
 Mailing Address 6250 SW Old School Farm Rd City State Zip Portland OR 97223  
 Phone: Daytime 503-519-3730 Evening \_\_\_\_\_ Cell same

Use additional sheets of paper for more than two property owners.

<sup>1</sup> Owner Name Alisa Gaylord Email \_\_\_\_\_  
 Mailing Address same as above City State Zip \_\_\_\_\_  
 Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
 Signature: [Signature] Date: \_\_\_\_\_

If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

<sup>2</sup> Owner Name Jamie Gaylord Email \_\_\_\_\_  
 Mailing Address same as above City State Zip \_\_\_\_\_  
 Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
 Signature: [Signature] Date: \_\_\_\_\_

If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

#### PARTY RESPONSIBLE AND AUTHORIZED TO ACT TO PROMPTLY REMEDY ANY COMPLAINTS:

Agent/Manager Name Alisa Gaylord Email \_\_\_\_\_  
 Mailing Address same as above City State Zip \_\_\_\_\_  
 Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

7/18/18 emailed Alisa

Department Use Only - Permit No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Authorization: \_\_\_\_\_ FEE \$450.00 \_\_\_\_\_

Foreclosed

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#501076



# Existing System Evaluation Report for Onsite Wastewater Systems

State of Oregon Department of Environmental Quality  
Onsite Program  
165 East 7<sup>th</sup> Avenue, Suite 100  
Eugene, Oregon 97401

Please answer the following questions as completely as possible. If you are unable to fill out any part of this form indicate in writing why these sections were left blank. Refer to OAR 340-071-0155. For more information, visit [www.oregon.gov/DEQ/WQ/pages/onsite/septicmart](http://www.oregon.gov/DEQ/WQ/pages/onsite/septicmart).

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Mattison Family LLC Telephone: (503) 468-9140

Site Address: 1726 North Ocean Ave City: Beachport Zip Code: 97138

County: Clatsop Lot Size: 0.83 (Acres) Square Feet (circle units)

Legal Description: 64 10W 4AD 2100

Age of wastewater treatment system: 24 (years) Is there a service contract for system components? NO

Date the septic tank was last pumped: 3/12/16 (please attach receipt if available)

Number of people occupying dwelling: \_\_\_\_\_ If unoccupied, for how long has it been vacant? NA

The above information is true and to the best of my knowledge.

2/12/16

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Paul McDonald

### Certification:

- |   |  |
|---|--|
| <input type="checkbox"/> Installer  | <input type="checkbox"/> Professional Engineer           |
| <input checked="" type="checkbox"/> Maintenance Provider                  | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians   | <input type="checkbox"/> Wastewater Specialist           |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) |  |

Certification Number: M 216

Business name: McDonalds K&B Email: Paul.McDonald@ClatsopCounty.gov

Business address: 808 Harrison Ave Phone: 503 741-6484

Date of Evaluation: 2/12/16 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

2/12/16

Date (MM/DD/YYYY)

Signature of Qualified Septic System Evaluator

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1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- Septic Tank
- Disposal Trenches/ Leach Lines
- Seepage Bed
- Other (please describe) \_\_\_\_\_
- Cesspool
- Capping Fill
- Sand Filter

Note: If the system is a seepage pit or cesspool contact your local County or DEQ office for further guidance.

- There is a permit for the septic system  Yes  No  Unknown
- Permit Number 92-148
- Date septic system installed: 10/15/92 (YYYY)  No record of installation date
- All plumbing fixtures are connected to the septic system  Yes  No  Unknown  
If you answered "No" or "unknown," please describe below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Overall Septic System Status

- Discharge of sewage to the ground surface  Yes  No  None observed
- Discharge of sewage to surface waters  Yes  No  None observed
- Sewage backup into plumbing fixtures  Yes  No  Unknown

- Additional Comments:

Inlet line needs to be reset to proper angle  
entering the tank  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this evaluation.

- Septic tank was pumped during the course of this evaluation  Yes  No
- If the septic tank was NOT pumped during the course of this evaluation, please explain below, e.g. septic system owner declined to have the tank pumped etc:

- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No
- Septic tank volume (in gallons) 1000
- Septic tank risers are at ground level  Yes  No
- Tank appears to be watertight and in good condition  Yes  No  
If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact  Yes  No
- Septic tank baffles are intact  Yes  No Baffle material  Plastic  Concrete  Metal
- Effluent filter is present  Yes  No
- Effluent filter is free of debris  Yes  No  Not Applicable
- Liquid level in tank relative to invert of outlet  At  Above  Below
- Scum layer 3 (inches) Sludge layer 4 (inches)
- Scum and Sludge layer more than 35% of the total tank volume  Yes  No

- Additional Comments:

Reparation of Tank lid, Outlet Below and inlet  
lines need to be done

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Oregon Department of Environmental Quality

4. Dosing tank / Pump Basin

Dosing tanks, where present, have a pump that sends effluent to the soil absorption field (leach field). Not all septic system designs have a dosing tank.

- The septic system has a dosing tank  Yes  No  
(If "No," skip the rest of section 4)
- Dosing tank capacity \_\_\_\_\_ (gallons)
- Dosing tank material \_\_\_\_\_
- Dosing tank appears to be watertight and in good condition  Yes  No
- Dosing tank lid is intact  Yes  No
- Electrical components are sealed and watertight  Yes  No
- Pump/ siphon is functional  Yes  No
- Type of Pump  Demand dose  Time dose
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- There is a high water alarm  Yes  No
- The high water alarm (audible and visual) is working  Yes  No  Not Applicable
- Type of screen \_\_\_\_\_
- Screen is clean and free of debris  Yes  No - Screen cleaned for this evaluation  Yes  No
- Scum/ sludge present in Dosing tank  Yes  No
- Scum layer \_\_\_\_\_ (inches) Sludge layer \_\_\_\_\_ (inches)
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system  Yes  No  Unknown
- Was the soil absorption system part of the evaluation?  Yes  No  
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):  
\_\_\_\_\_  
\_\_\_\_\_
- Absorption distribution  Equal  Serial  Pressure  Equal via pressure
- Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other \_\_\_\_\_
- Absorption distribution unit(s) (drop box, hydrosplitter, equal distribution box)
- Intact  Damaged  N/A

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Oregon Department of Environmental Quality

- Absorption distribution unit(s) are free of debris or solids  Yes  No
- Locate all drain lines in soil absorption system  Yes  No  
Total length of drain lines 152 (ft)  
Lengths determined by  Physically uncovering portions of system/probing  Written records
- Absorption area appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  
 Yes  No

If you answered "No," please describe below:

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- Absorption area appears to be free from surface water runoff and down spouts  Yes  No
- Evidence of ponding in absorption area or distribution unit(s)  Yes  No
- The absorption replacement area assigned in the "as-built" drawing appears to be intact  
 Yes  No

If you answered "No," please explain below:

The system was repaired

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• Additional Comments:

D-Box lid needs repaired and crack repaired

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6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system installed on or after January 2, 2014 must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form.

- The septic system has a sand filter  Yes  No  
(If "No," skip the rest of section 6)
- Type of sand filter
  - Intermittent
  - Re-circulating
  - Bottomless
- Sand filter container appears to be watertight and in good condition  Yes  No

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CLATSOP CO. PUBLIC HEALTH

# 501026

- Sand filter appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Sand filter appears to be free from surface water runoff and down spouts  Yes  No

- Evidence of ponding in/ on sand filter media surface  Yes  No

- Lateral lines flushed and equal distribution verified  Yes  No

- Monitoring ports are present  Yes  No

- Surface access to manifold and valves  Yes  No

- The sand filter has a pump  Yes  No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition  Yes  No  N/A

- Pump is functional  Yes  No

- Pump control mechanism is functional (floats, pressure transducer)  Yes  No

- High water alarm in pump vault (audible and visual) is working  Yes  No

- Pump electrical components are sealed and watertight  Yes  No

- Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form.

Note\* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an Alternative Treatment Technology (ATT)  Yes  No

(If "No," skip the rest of section 7)

- Please provide the product name, system id number, and manufacturer name below:

Product name \_\_\_\_\_

System ID number \_\_\_\_\_

Manufacturer name \_\_\_\_\_



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- Previous two years of maintenance records are available  Yes  No  
If you answered "No," please explain below:

\_\_\_\_\_

\_\_\_\_\_

- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

\_\_\_\_\_

\_\_\_\_\_

- Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

8. Please attach a copy of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- Please attach a copy of the original septic system permit to this form, if available
- Please attach a copy of the original as-built drawing to this form, if available
- Please attach a copy of the Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

9. Provide a Site Plan

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "same as as-built" on page 8 of this form, and do not redraw the system.
- Additional Comments:

See BASINS A-J

\_\_\_\_\_

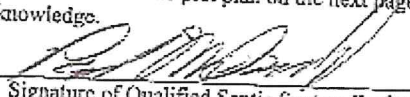
\_\_\_\_\_

10. Disclaimer:

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

- 11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

2/12/16  
Date

  
Signature of Qualified Septic System Evaluator

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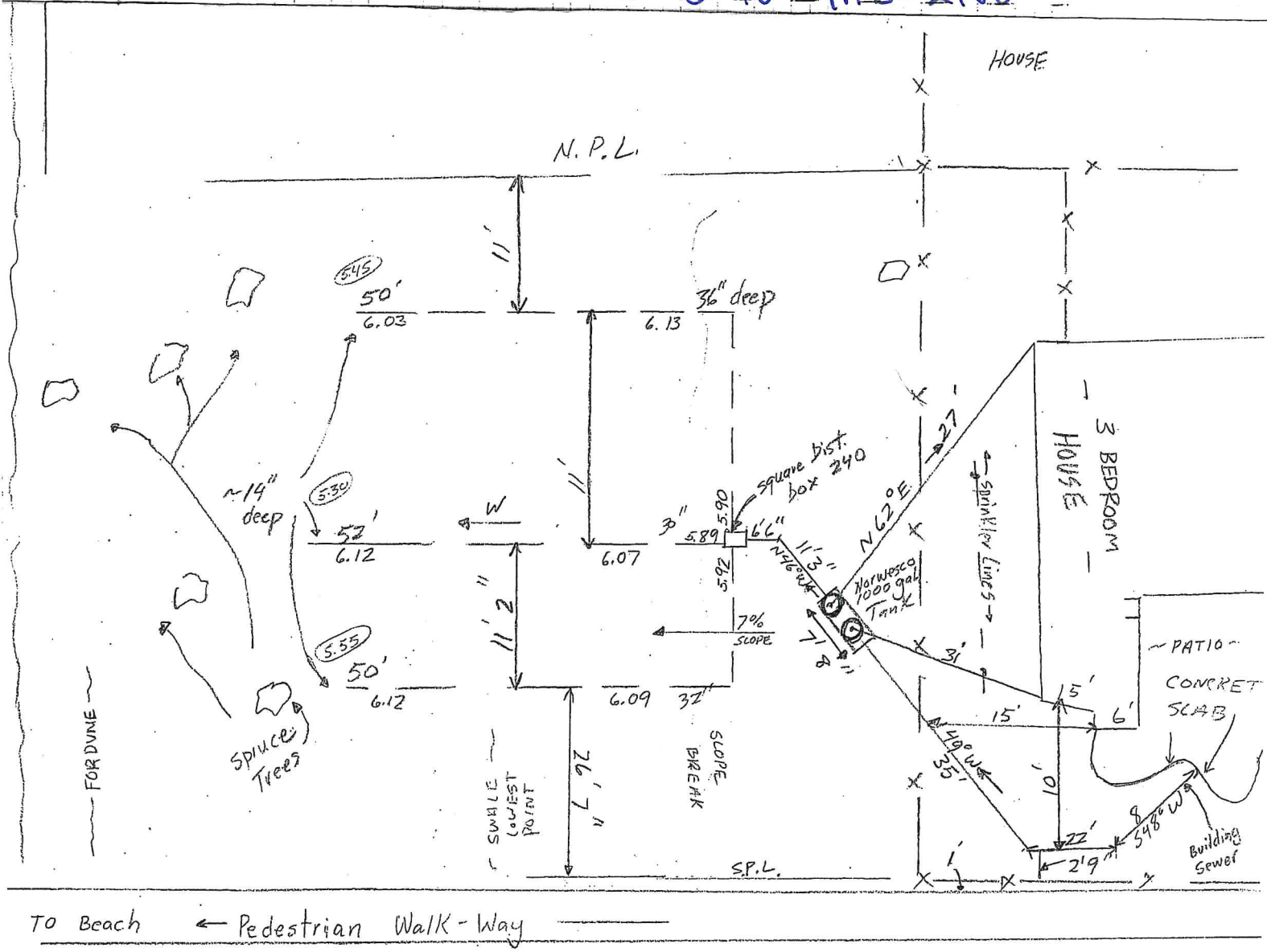
Oregon Department of Environmental Quality

CLATSOP CO. PUBLIC HEALTH

#501076

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation: septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.

6-10-4AD-2100





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

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 #501076

**Short Term Rental Land Use Compatibility Statement**

Proposed Use: Short Term Rental

Base Zone: \_\_\_\_\_ Overlay District: \_\_\_\_\_

**Project Location:**

T 6 R 1D S 4AD TL 2100 Acres 1.16

Applicant Name: Alisa Gaylord Email: alisa.gaylord@gmail.com  
 Address: 6250 SW Old Scholls Ferry Rd City/State/Zip: Portland, OR 97223  
 Phone: 503.519.3730 Phone: \_\_\_\_\_

Owner Name: Alisa Gaylord Email: \_\_\_\_\_  
 Address: same City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Name: Jamie Gaylord Email: \_\_\_\_\_  
 Address: same City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURES:**

Applicant: Alisa Gaylord Date: 7/6/2018

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Other: \_\_\_\_\_ Date: \_\_\_\_\_

**Clatsop County Community Development:**

Based upon the above zoning, it is determined that Short Term Rental is a use permitted in that zone. Short Term Rentals are subject to the regulations outlined in Ordinance 17-02 and Ordinance 18-01.

Authorization: [Signature] Date: 07/06/18



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# CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

CLATSOP CO. PUBLIC HEALTH

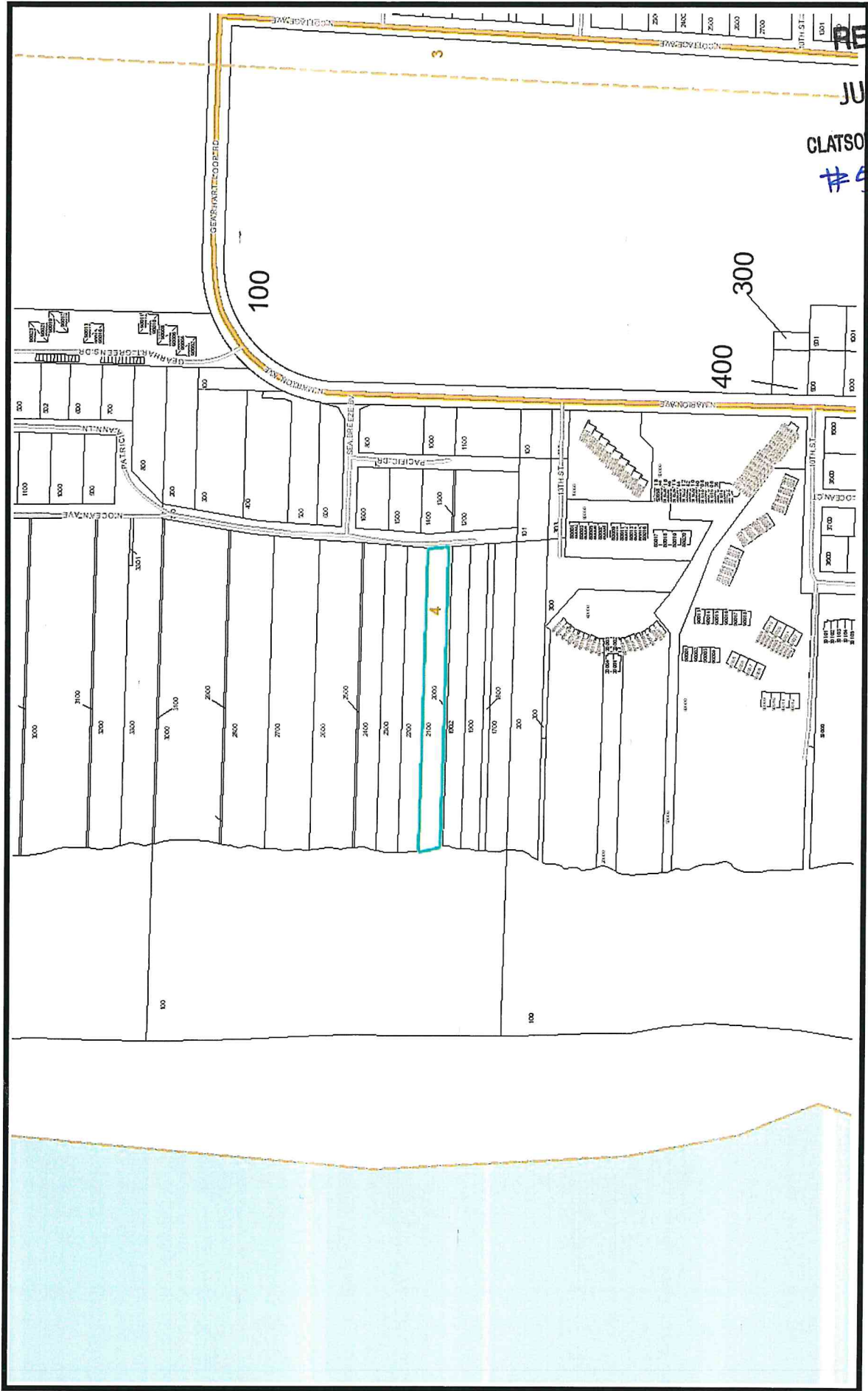
#501076

1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Clatsop County Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 (Arch Cape), Clatsop County Ordinance No. 18-01 (unincorporated Clatsop County, excluding Arch Cape) and/or any other applicable law.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD. The issuance of a short term rental permit by the Clatsop County Assessment and Taxation Director may be appealed within twenty (20) calendar days of the date of the notice of conditions, suspension or revocation. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by Clatsop County Building Codes and a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).

I have read and understand the APPLICANT'S STATEMENT and agree to abide by the terms.  
I have met and will continue to comply with the standards under this ordinance.

Applicant Signature *[Signature]* Date: 6/27/2018

# Map



6-10-400 2000 - 100 000 -

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#501076



## Clatsop County Webmaps

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



Cash Slip

07/12/2018

Cash Slip: D00128 Type: Cash Deposit

Date: Description:

Organization: 1150 Assessment & Taxation

Status: Unapproved  
Status:

For: Tax Collector Deposit

Source of Revenue	Fund Name	Fund	Dept	Debit Account	Credit Account	Amount	CFDA #
Unsegregated Taxes	Fin/treas Misc Recon Fund	990		01-0010	78-9916	26,472.26	
A&T Interest	Fin/treas Misc Recon Fund	990		01-0010	78-9921	1,180.83	
Warrant Fee	General	001	1150	01-0010	81-7035	54.00	
C.Ralston/Heskett/Gaylord/Apelian	Building Codes	036	7165	01-0010	81-7017	1,000.00	
C.Ralston/Heskett/Gaylord/Apelian	Public Health	007	4174	01-0010	81-7017	400.00	
C.Ralston/Heskett/Gaylord/Apelian	General	001	2700	01-0010	81-7017	200.00	
C.Ralston/Heskett/Gaylord/Apelian	General	001	1150	01-0010	81-7017	200.00	
Room Tax - Infrastructure	General	001	1990	01-0010	81-1150	1,229.99	
Room Tax - Tourism	General	001	1110	01-0010	81-1150	2,867.90	
Room Tax - General Fund	General	001	0000	01-0010	81-1150	11,471.61	
Total:						45,076.59	

#501016

1426 N. Ocean Ave, Gear - Gaylord = \$100<sup>00</sup>  
 31863 Beech Ln, A.C. - Heskett = \$100<sup>00</sup>  
 79592 Hwy 53, SS - Apelian = \$100<sup>00</sup>  
 90634 Lakeview Rd, Warr - Ralston = \$100<sup>00</sup>

Breakdown of Total	
Total Coin:	0.60
Total Currency:	2,003.00
Total Checks:	43,072.99
Total Credit Card:	0.00
Total EFT:	0.00
Total:	45,076.59

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# Septic Application

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

## For Department Use Only

Permit #: **501076**  
 Permit Type: **Compliance Report**  
 Entry Date: **7/18/2018**  
 Issued By: **Annette Brodigan**  
 Permit Status: **Entered**

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	07/18/2018

## Work Description

Work Description:

Remarks:

## Owner

Name: **Gaylord Jamie J** Ph. #: (503) 519-3730 Cell: ( ) -  
 Address: 6250 SW Old Scholls Ferry Rd E-Mail: Fax: ( ) -  
 City, State, Zip: Portland, OR 97223

## Applicant

Gaylord Jamie J Ph. 5035193730 Fax  
 6250 SW Old Scholls Ferry Rd Cell E-Mail  
 Portland, OR 97223

## 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	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>JE #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	JE	D00128	07/12/2018	\$100.00

**Balance Due: \$0.00**

## Compliance/Permit Requirements

## Signatures

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

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

31412

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 92-148

\$ 125.00

Fee

New Construction

Repair

Other

Permit Issued To Woodford Young (Property Owner's Name) 6N (Township) 10W (Range) 4AD (Section) 2100 (Tax Lot / Acct. No.) Clatsop (County) Ocean Ave. (Road Location) Gearhart (City) Dewey Darold (Issued by - Signature) 10-05-92 (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 October 05, 1993

TYPE OF SYSTEM Standard

Average Daily Sewage Flow 187.5 Gallons/Day

Design Peak Sewage Flow 375 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s)

Square Feet

Maximum Depth 30 inches.

Minimum Depth 18 inches.

125 Linear Feet

Equal

Loop

Serial

Pressurized

Minimum Distance Between Trenches 10' on centers.

Total Rock Depth 12 inches.

Below Pipe 6 inches.

Above Pipe 2 inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) To be installed as per approved plan pages 1-2 dated 10-2-92. System sized for a three bedroom residence.

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bergerson Construction

Final Insp. Date 10-15-92

See As-Built plot plan in file.

Inspected By Dewey Darold

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.

Dewey Darold (Authorized Signature)

E.S. II (Title)

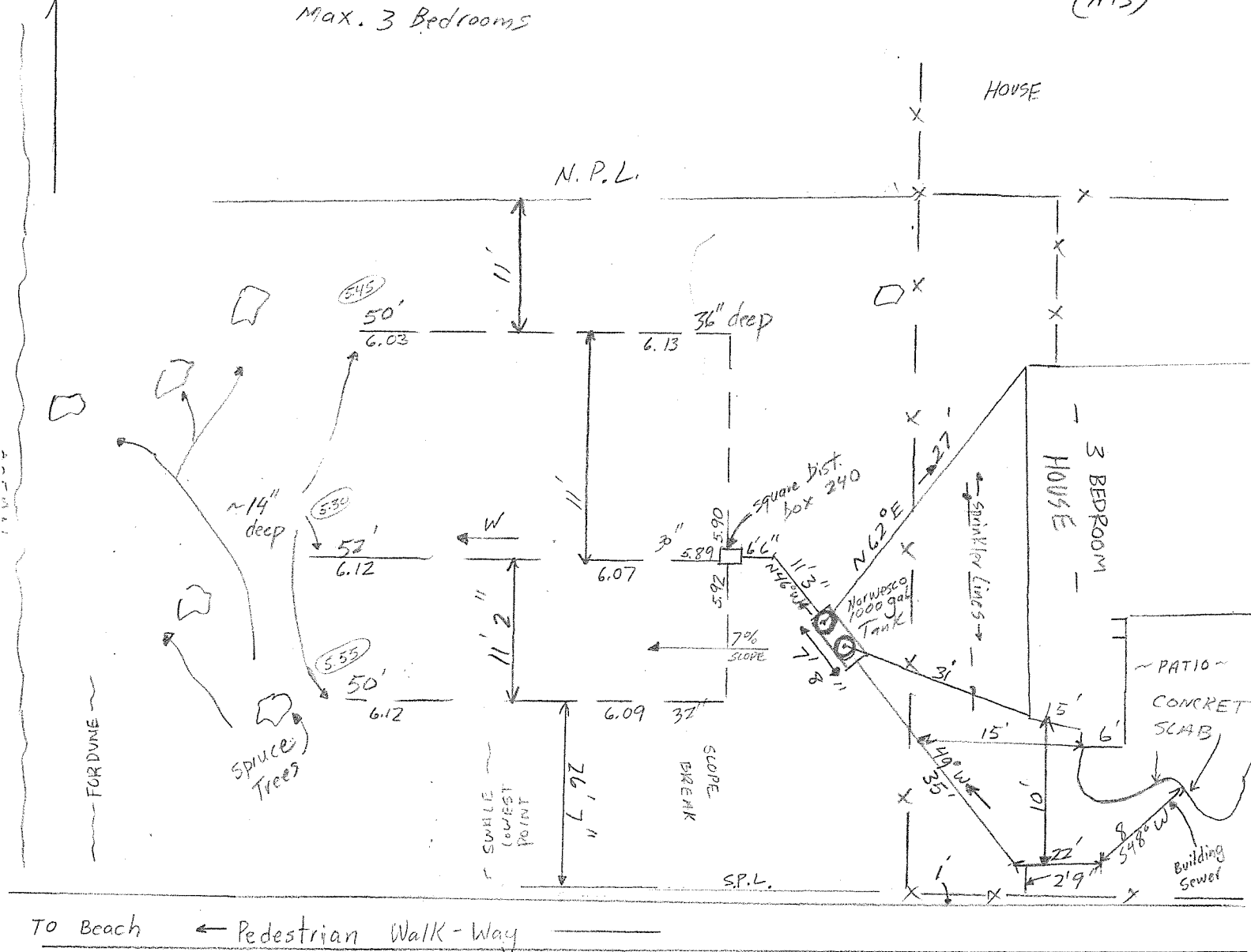
10-15-92 (Date)

Astoria Branch Office (Office)



Woodford Young  
 610-4AD-2100  
 0.83 Acres  
 Max. 3 Bedrooms

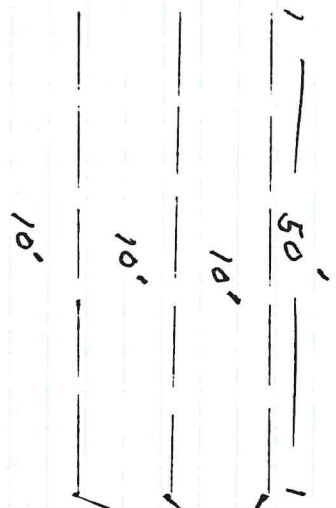
Dewey Darold  
 10-14-92  
 AS-built  
 (NTS)



HOUSE

65'

← 800 + →

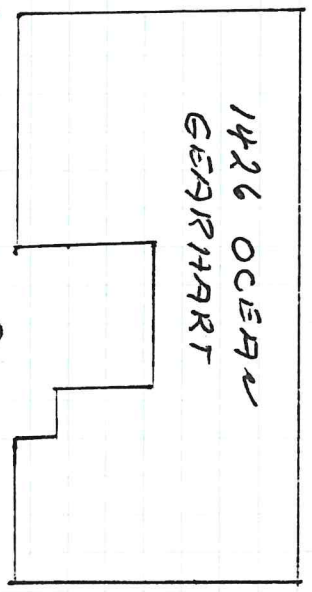


D. Box

Approved  
Dewey Darold  
10-2-01

New 1000 692. TK.

Mini  
50. P2



OLD TK

## MATERIAL LIST

ALL 4" PIPE ON HOUSE SIDE OF D. BOX

PVC 12454-B ASTM D-3034

ALL 4" PIPE OUT SIDE OF D. BOX

ASTM F 810 11-05-90-2VV

PVC ASTM D2729 TR1

NORWESCO → ~~1000 GAL. STEEL RILEYS SEPTIC TANK OR CODE-494~~

BERGERSON CONCRETE D. BOX NO 204

FILTER MATERIAL JOHNSTON  $1\frac{1}{2}$ " TO  $2\frac{1}{2}$ " CRUSHED ROCK

FILTER MATERIAL PROTECTION 60 LB. CRAFT PAPER

OR TYPAR 3201 FILTER FABRIC

Approved  
Dewey Darold  
10-2-92

Lake Grove, Or.  
September 18, 1992

Mr. Dewey W. Darold  
Department of Environmental Quality  
Clatsop County Sewage Program  
749 Commercial St.  
P.O. Box 869  
Astoria, Or. 97103

Dear Mr. Darold:

I came across the enclosed copy of map prepared, apparently, <sup>by</sup> ~~the~~ the Clatsop County Assessors Office. I must have received it a few months ago from Westin & Everette, Real Estate, Gearhart, when they were putting Lot 2800 up for sale. I saved ~~it~~ it, and then forgot it.

It shows, the way I read it, that these lots were originally about 195 feet "more or less" to the "line of ordinary high tide," - about 1/3 acre. But when the dune started building, the lot was first extended out to a "zone line" - making my lot 2100 - .76 acre, as it reads on my Tax Statement. Now, apparently, it has been extended to the "Elevation Line" for another .40 acre. So, there must be at least 1.16 acre there for drainage.

The Westin Everett people were the ones who colored lot 2800 yellow to indicate, I think, that whoever bought Lot 2800 also got title to Lot 2801. Whether that is so, or not, you can bet no one is ever going to build anything on those "01" parcels.

I hope this will substitute for my suggestion to have it surveyed to see if there is really a full acre there, as required by the regulations.

Also, I hope your Portland office agrees with your interpretation that we are not in the Gearhart Urban Growth Area.

I am sending a copy of this letter and map to Mr. Bergerson. Please let him know what your decision is on the pumping, so that he will be able to proceed with the repair of the tank and field as soon as possible.

Yours Sincerely,

  
Woodford Young

4717 S.W. Firwood Rd.  
Lake Grove, Or. 97035  
636-2064

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

September 15, 1992

Dear Sherm:

I have a question regarding a repair permit application which was submitted to the office. It deals with the geographical rule 340-71-400(5). This person contends that he has over an acre. Not true according to the tax map. Original application was submitted by an installer and the plot plan he prepared showed a standard system. I wrote to the owner and told him that a pressurized system would be required.

The property is not within Gearhart city limits but is within the urban growth boundary of Gearhart. The subject property is not within a planned development or clustered-lot subdivision to the best of my knowledge. Therefore, I don't think (D) applies.

My question to you is this: If he has the property re-surveyed and it is found to be an acre or greater, then can a standard system be installed on the property.

Also, what is considered a planned development? Does it have to do with the date the property was platted as well as surrounding area?

Please let me know what direction I need to take on this matter.

Sincerely,

Dewey W. Darold  
Environmental Specialist  
Northwest Region

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

DEPARTMENT OF  
ENVIRONMENTAL  
QUALITY

September 9, 1992

Woodford Young  
4717 SW Firwood Road  
Lake Grove, OR 97035

Re: OSS-Clatsop County  
T6N,R10W,S4AD,TL2100  
Repair Permit

Dear Mr. Young:

Department personnel have visited the above described property for repair of an on-site sewage disposal system. The type of system repair required for this parcel will be a pressurized seepage bed or pressurized disposal trenches. A minimum 500 square feet (20 feet by 25 feet) bed or 125 linear feet of disposal trench is needed. The septic tank will need to be replaced and properly abandoned if found to be in poor condition.

There is space available to the west of the property to locate the replacement system. The slope from the ground surface at the residence to the bottom of the slope break to the west is about 10 percent. The maximum depth of a bed is 36 inches and the minimum depth is 18 inches. However, if the bed is installed on the slope and not at the base of the slope, part of the bed may need to be capped, depending on the dimensions of the bed and the location of the system.

Before a repair permit can be issued, a detailed and to-scale plot plan must be submitted showing the layout of the sewage system with all applicable setbacks to water lines, building foundations, property lines, etc. Include total dynamic head calculations along with a pump curve showing plotted performance point, a materials list showing types and quantities to be used in the construction and elevations at all four corners of the bed.

If you have any questions, please feel free to call me at 325-8660 between the hours of 8:00 am and 9:00 am Monday through Friday.

Sincerely,  
*Dewey W. Darold*  
Dewey W. Darold  
Environmental Specialist  
Northwest Region



cc: Bill Bergerson Const. Co.  
Rt 1 Box 595  
Seaside, OR

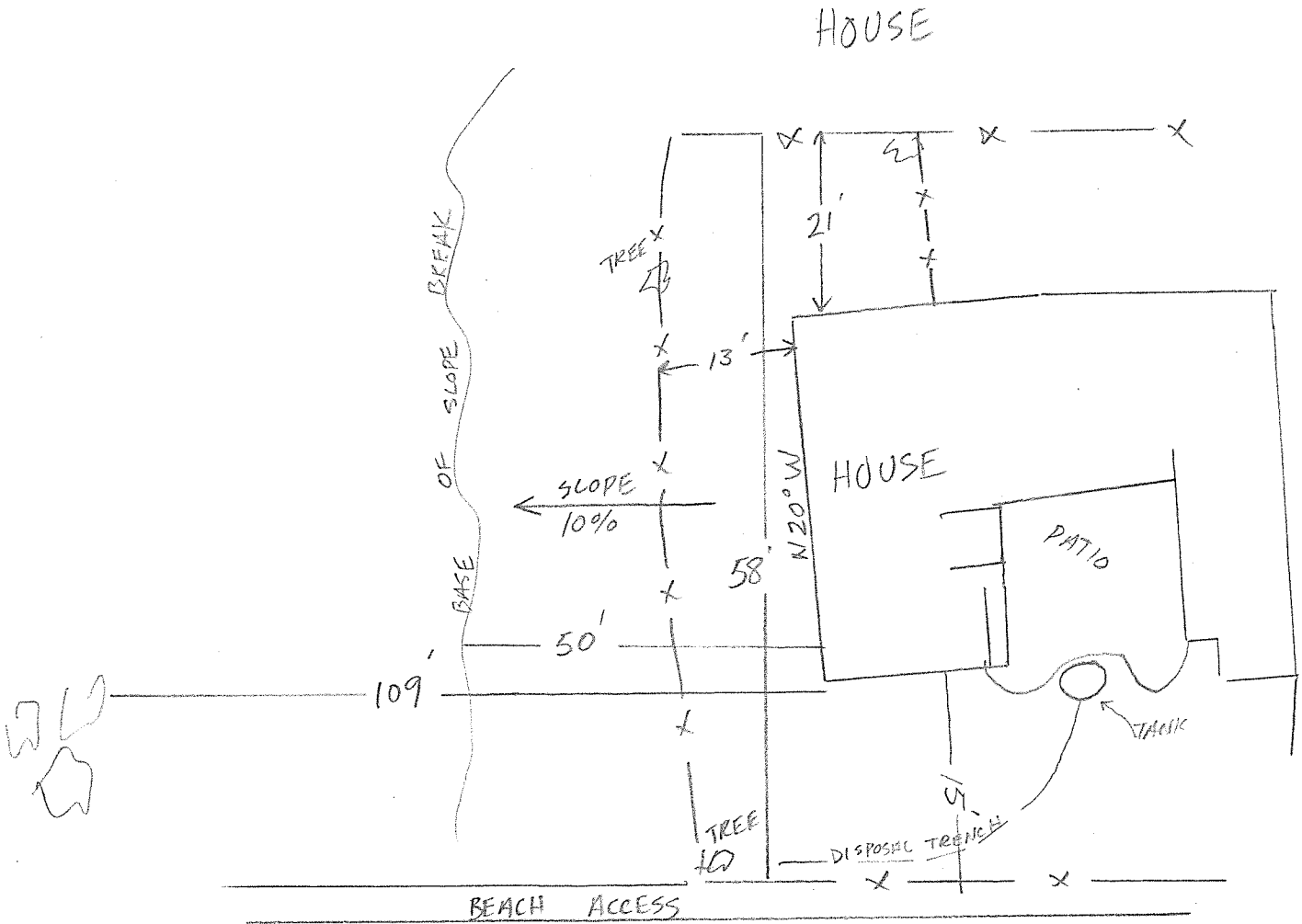
811 SW Sixth Avenue  
Portland, OR 97204-1390  
(503) 229-5696  
TDD (503) 229-6993

DEQ-1



Woodford Young  
610-4AD-2100  
.76 Acre

Dewey Darold  
9-8-92  
Repair Permit



HOUSE

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NORTH COAST OFFICE  
749 Commercial, P.O. Box 869  
Astoria, Oregon 97701  
325-8660 or 1-800-452-4011

OFFICE USE ONLY  
Date Rec'd 9-1-92  
Date Completed 10-23-92  
Required Fee 125.00  
Receipt No. 54652  
Control No. 31412

FOR APPLICANT'S USE - (PLEASE PRINT)

WOODFORD YOUNG  
(Property Owner's Name)

BILL BERGERSON  
(Applicant's Name if Different from Owner)

Legal Description of Property 6N 10W 4AD 2100 CLATSOP  
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

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

- [x] Public (Community System)
- [ ] Private \_\_\_\_\_ (Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

- [ ] Site Evaluation Report
- [ ] Permit to Construct On-Site Sewage Disposal System
- [x] Permit to Repair On-Site Sewage Disposal System
- [ ] Permit for Alteration of On-Site Sewage Disposal System
- [ ] Permit Renewal
- [ ] Existing System Report
- [ ] Plan Review
- [ ] Other (Specify) \_\_\_\_\_
- [ ] Authorization Notice
- Purpose of Authorization Notice
  - [ ] Connect to an existing system not currently in use
  - [ ] Replace one mobile home with another or a house
  - [ ] Replace or rebuild a house
  - [ ] Addition of one or more bedroom
  - [ ] Personal hardship
  - [ ] Temporary housing
  - [ ] Other (Specify) \_\_\_\_\_

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Bill Bergerson  
(Signature)

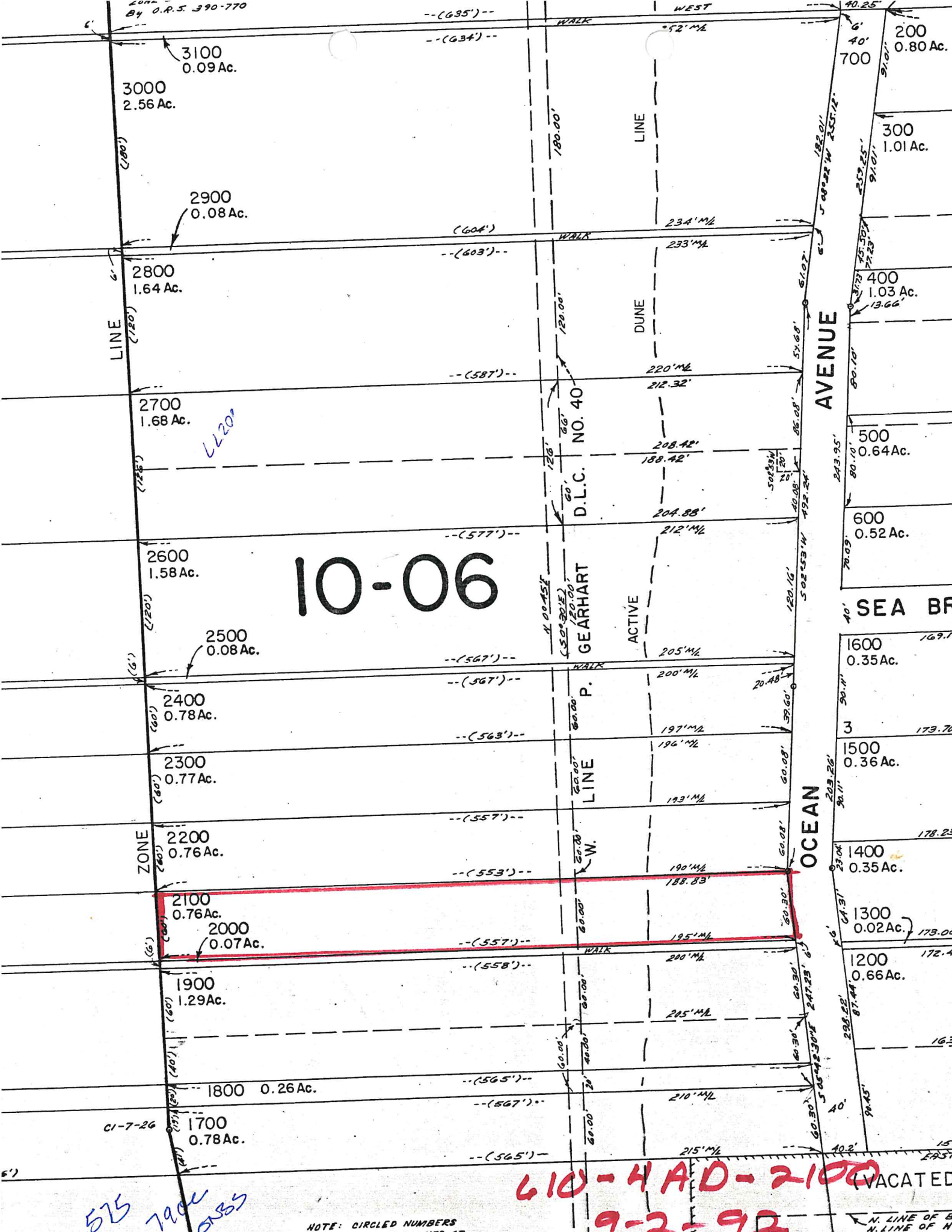
8-30-92 (Date) [ ] Authorized Representative [x] Licensed Installer License No. \_\_\_\_\_

Owner's Mailing Address  
WOODFORD YOUNG  
4717 S.W. FIRWOOD RD.  
LAKE GROVE OR. 97035  
Phone 636-2064

Applicant's Mailing Address (if different)  
BILL BERGERSON  
RT 1 BOX 595  
SEASIDE OR. 97138  
Phone 238-7807



2011  
By O.R.S. 390-770



10-06

610-4AD-2100  
9-2-92  
VACATED

NOTE: CIRCLED NUMBERS  
IN LOWER RIGHT CORNER OF

525  
0.7900  
0.555

N. LINE OF B  
N. LINE OF W