



Residential Septic Site Evaluation Approval 186-23-000190-EVAL

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

Date issued: 08/29/2023
Application status: Site Evaluation Approved
Work description: Site Evaluation; 8 bedroom dwelling

Applicant: Aqua Resource Design
Address: 3439 NE Sandy Blvd #165
Portland OR 97232
Phone: 503-922-2149
Email: brannon@aqua-resource.com

Primary contractor: KEITH KERANEN EXCAVATING, INC.
Installer License: 38452
Address: 37194 Hwy 26
Seaside OR 971383615
Phone: 5037172200
Email: kkeraneninc@hotmail.com

Owner: MPF PROPERTIES LLC

Property address: 294 S Ocean Ave, Gearhart, OR 97138

Address: 3520 SE CRYSTAL SPRINGS BLVD
PORTLAND OR 97202

Parcel: 61009AC00400 - Primary

Township:

6 Range: 10

Section:

9AC

Lot size: 1.12 acres

Water supply: Community Water Supply

Zoning: N/A

City/County/UGB: City

Proposed use of structure: 5 bedroom home, bunk room and 2 guest suites

Category of construction: Multi-family

General Specifications

Max peak design flow: 1050 gpd.
Min septic tank volume: 3000 gal.
Media depth: 24 in.

Proposed gallons per day: 1050 gpd.
Min dosing tank volume: 1500 gal.

System Specifications

System type:
System distribution type:
Distribution method:

Initial System

Bottomless Sand Filter
Equal
Pressurized

Replacement Area

Bottomless Sand Filter
Equal
Pressurized

Special Requirements

Groundwater type:
Drainfield type:
Pump to drainfield required:
Bottomless Sand Filter:

Initial System

Permanent
Bottomless Sand Filter
Yes
840 square ft.

Replacement Area

Permanent
Bottomless Sand Filter
Yes
840 square ft.

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.)



Clatsop County

Environmental Health/Onsite Septic Program

September 1, 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

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY

-This is not a construction permit-

RE: **Site Evaluation Results** – Site Approval with Conditions

Subject: **186-23-000190** – Tax Lot Map ID – **61009AC00400** Parcel Size: **1.12 acre**

Property Address: **294 S Ocean Ave, Gearhart, OR, 97138**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **8/28/23, 8/31/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Initial System: *Bottomless Sand Filter System – 840 Sq. Ft Disposal Area*

Replacement System: *Same as Initial*

Details of the site evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

Request for Site 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 Site 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,

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 **61009AC00400**.

Initial System: System Type: **Bottomless Sand Filter System**
Minimum Septic Tank Size: **3000 gallons**
Minimum Dosing Tank Size: **1500 gallons**
Distribution Method: **Equal Distribution, pressurized**
Minimum Length of Disposal Trenches: **840 Sq. Ft.**
Trench Depths: Min: **24 inches** Max: **36 inches**

Replacement System: **Same as Initial**

Attached is the Site 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 1050 gallons per day, with an average sewage flow of not more than 525 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 8 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

Site Evaluation - Field Worksheet

Design flow: **1050 gpd** Max # of bedrooms: **8**

Initial System:		Replacement System:	
<input type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input checked="" type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional		<input type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input checked="" type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
Tank:		Tank:	
<input checked="" type="checkbox"/> - 1,500 gal. – Dose tank <input checked="" type="checkbox"/> - 3,000 gal. – Septic tank <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required		<input checked="" type="checkbox"/> - 1,500 gal. – Dose tank <input checked="" type="checkbox"/> - 3,000 gal. – Septic tank <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
Distribution Method:		Distribution Method:	
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized		<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized	
Absorption Disposal Facility:	840 square ft	Absorption Disposal Facility:	840 square ft
Maximum Trench Depth:	36	Maximum Trench Depth:	36
Minimum Trench Depth:	24	Minimum Trench Depth:	24

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-8"	SL	10YR 3/2	3-f,m	2-F-SBK	No Redox ESD = 60" No Water
	8-20"	LS	10YR 5/3	1-f,m	1-F-SBK	
	20-60"	S	10YR 6/3	1-f	SG	
<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#2	0-7"	LS	10YR 5/3	3-f,m,c	1-F-SBK	
	7-60"	S	10YR 6/3	2-f,m,c	SG	
Landscape Notes:			Slope:		Aspect:	
Dune			1-3%		269*W	
					Groundwater Type:	
					Permanent	

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- System Description: Approval is for a Bottomless Sand Filter with 840 square feet of disposal area for up to 8 bedrooms.
- Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10' setback to property lines, utility lines, foundations.**
- Install in area of Test Pit #2. See field worksheet for details.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 6 Range: 10 Section: 9AC Tax Reference: 400 Parcel Size: 1.12 acre
 Owner/Applicant: MPF Properties Evaluator: Lucas Marshall
 Inspection Date(s): 8/28/23, 8/31/23 Application Number: 186-23-000190

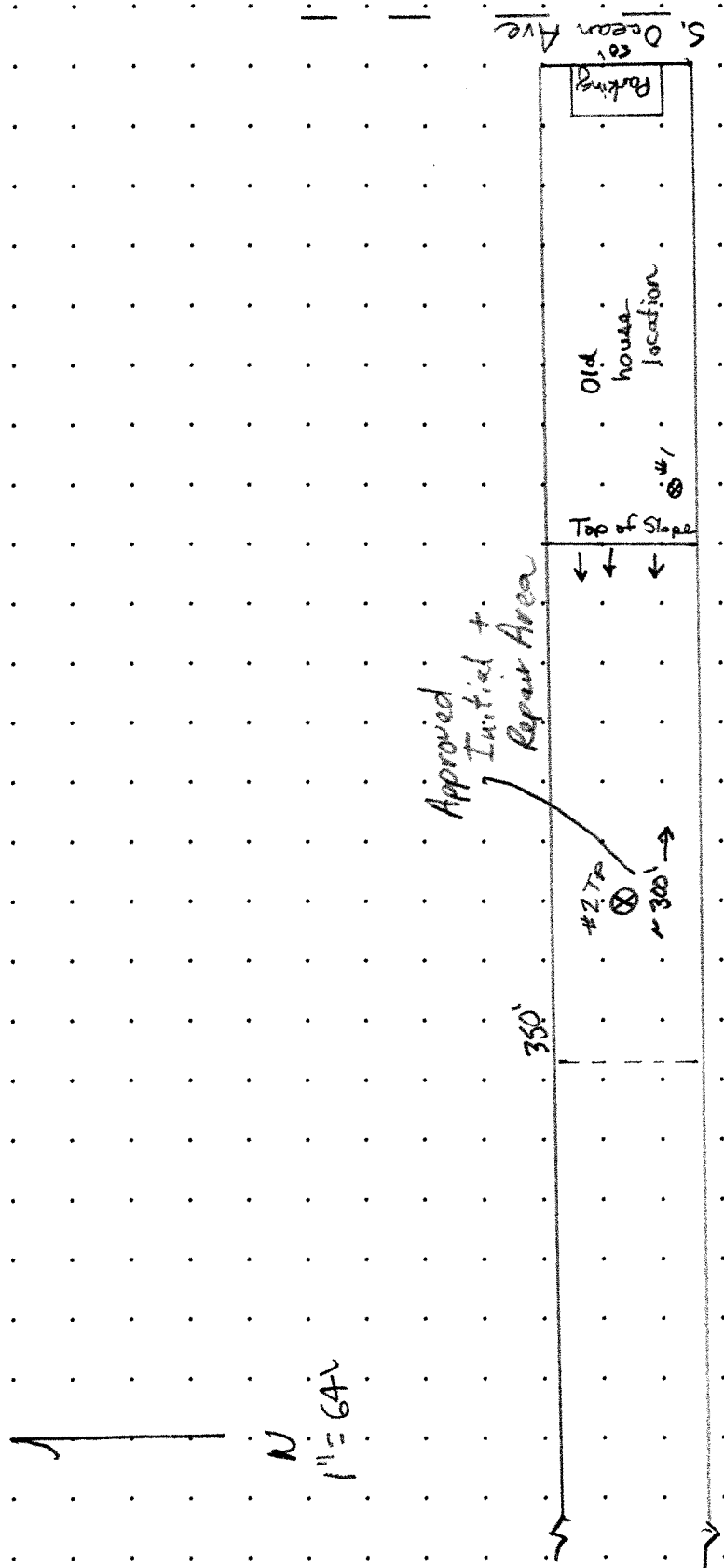
	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...		
Pit 1	0-8"	SL	10YR 3/2	3-f,m	2-F-SBK
	8-20"	LS	10YR 5/3	1-f,m	1-F-SBK
	20-60"	S	10YR 6/3	1-f	SG
			ESD = 60" No redox No water		
Pit 2	0-7"	LS	10YR 5/3	3-f,m,c	1-F-SBK
	7-60"	S	10YR 6/3	2-f,m,c	SG
			ESD = 60" No water No redox		
Pit 3					
Pit 4					

Landscape Notes: Dune
 Slope: 1-3 % Aspect: 269° W Groundwater Type: Permanent
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 1050 gpd
 Initial System: Bottomless Sand Filter ATT Treatment Standard: _____
 Disposal Facility: 840 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 24 inches
 Replacement System: Same as initial ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: Maintain required setbacks to property lines, foundations, + utilities. Install in area of test pit # 2.

Township: 6 Range: 16 Section: 9AC Tax Reference: 100 Parcel Size: 1.12 acre
Owner/Applicant: MPF Properties Evaluator: Lucas Marshall
Inspection Date(s): 8/29/23, 9/3/23 Application Number: 186-23-000190





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

RECEIVED

AUG 17 2023

CLATSOP CO. PUBLIC HEALTH

(1d) Credit Card
\$8500

#186-23-000190

Application for Onsite Sewage Treatment System

A. Property Owner Information

MPF Properties, LLC	3520 SE Crystal Springs Blvd. Portland, OR 97202	503-522-1838
Name	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number

B. Legal Property Description

6N	10W	9AC	400	55244	1.12
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Clatsop		Kruse's First Addition	14		4
County		Subdivision Name	Lot		Block

Property Address: 294 S. Ocean Ave. Gearhart, OR 97138
(Street, City, State, Zip)

Directions to Property From Hwy. 101, proceed West on Pacific Way. Turn left on S. Ocean Ave. Property is on right—4th lot North of D St.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility <input type="checkbox"/> Single Family Residence Number of Bedrooms <input type="checkbox"/> Other	Proposed Facility 8 bdrms <input checked="" type="checkbox"/> Single Family Residence 1050 gpd—refer to site plan Number of Bedrooms <input type="checkbox"/> Other	Water Supply <input checked="" type="checkbox"/> Public City of Gearhart Name <input type="checkbox"/> Private Well, Spring, Shared
--	--	--

D. Type of Application

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Site Evaluation
<input type="checkbox"/> Construction
<input type="checkbox"/> Permit Repair
<input type="checkbox"/> Major
<input type="checkbox"/> Minor
<input type="checkbox"/> Alteration Permit
<input type="checkbox"/> Major
<input type="checkbox"/> Minor | <input type="checkbox"/> Renewal Permit
<input type="checkbox"/> Existing System Evaluation
<input type="checkbox"/> Permit Transfer
<input type="checkbox"/> Permit Reinstatement
<input type="checkbox"/> Compliance Record Review | <input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Replacing a Mobile Home or House with Another
<input type="checkbox"/> Mobile Home or House
<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> 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	8/11/23	Date
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Brannon Lamp, REHS	503-922-2149	brannon@aquia-resource.com
Applicant's Name (Please Print Legibly)	Applicant's Phone	Applicant's E-Mail Address

Applicant's Mailing Address 3439 NE Sandy Blvd. #165 Portland, OR 97232

Applicant is the	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Authorized Representative	<input type="checkbox"/> Licensed Septic Installer
		<input checked="" type="checkbox"/> Authorization Attached	Keith Keranen #38452
			Installers Name

2/22/24



Clatsop County

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

RECEIVED

AUG 17 2023

CLATSOP CO. PUBLIC HEALTH

#23-000190

Notice Authorizing Representative

I, Patrick Ferguson / MPF Properties LLC, have authorized
(Property Owner - Please Print)

Brannon Lamp, REHS—Aqua Resource Design & Consulting, LLC 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

294 S. Ocean Ave. Gearhart, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section 09AC Tax Lot 400 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Patrick Ferguson / MPF Properties Email: peferguson@gmail.com
Mail Address: 3520 SE Crystal Springs LLC Blvd City/State/Zip Portland, OR, 97202
Phone: 503-887-7420 FAX: _____
Signature: [Signature] Date: 7/31/23

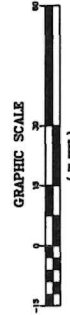
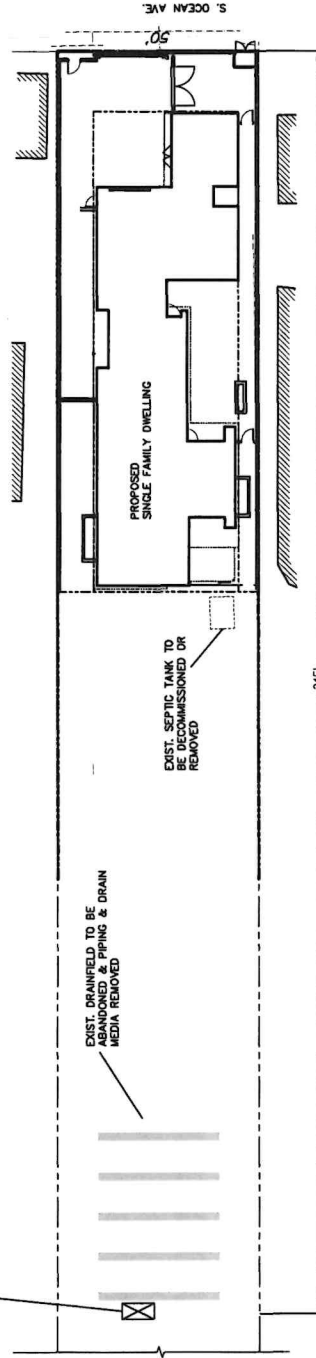
AUTHORIZED REPRESENTATIVE:

Name: Brannon Lamp, REHS Email: brannon@aqua-resource.com
Mail Address: 3439 NE Sandy Blvd. #165 City/State/Zip Portland, OR 97232
Phone: 503-922-2149 FAX: _____
Signature: [Signature] Date: 7/20/23

SITE PLAN-MPF PROPERTIES, LLC

SYSTEM DESIGN FLOW PROPOSAL:
 8 bedroom dwelling @ 325 gallons per day (avg)
 Bunk room w/ capacity for max. 8 persons @ 225 gal (equivalent to 3
 addl bedrooms w/ 2 persons each)
 2 Guest suites @ 150 gal each (equivalent to 2 addl bedrooms w/ 2
 persons each)
 Total=1050 gal

TEST PIT AUG. 2023



RECEIVED
 AUG 17 2023
 CLATSOP CO. PUBLIC HEALTH

#23-000190

Aqua Resource Design & Consulting, LLC
 3439 NE Sandy Blvd. #165 Portland, OR 97232
 Phone: 503-922-2149

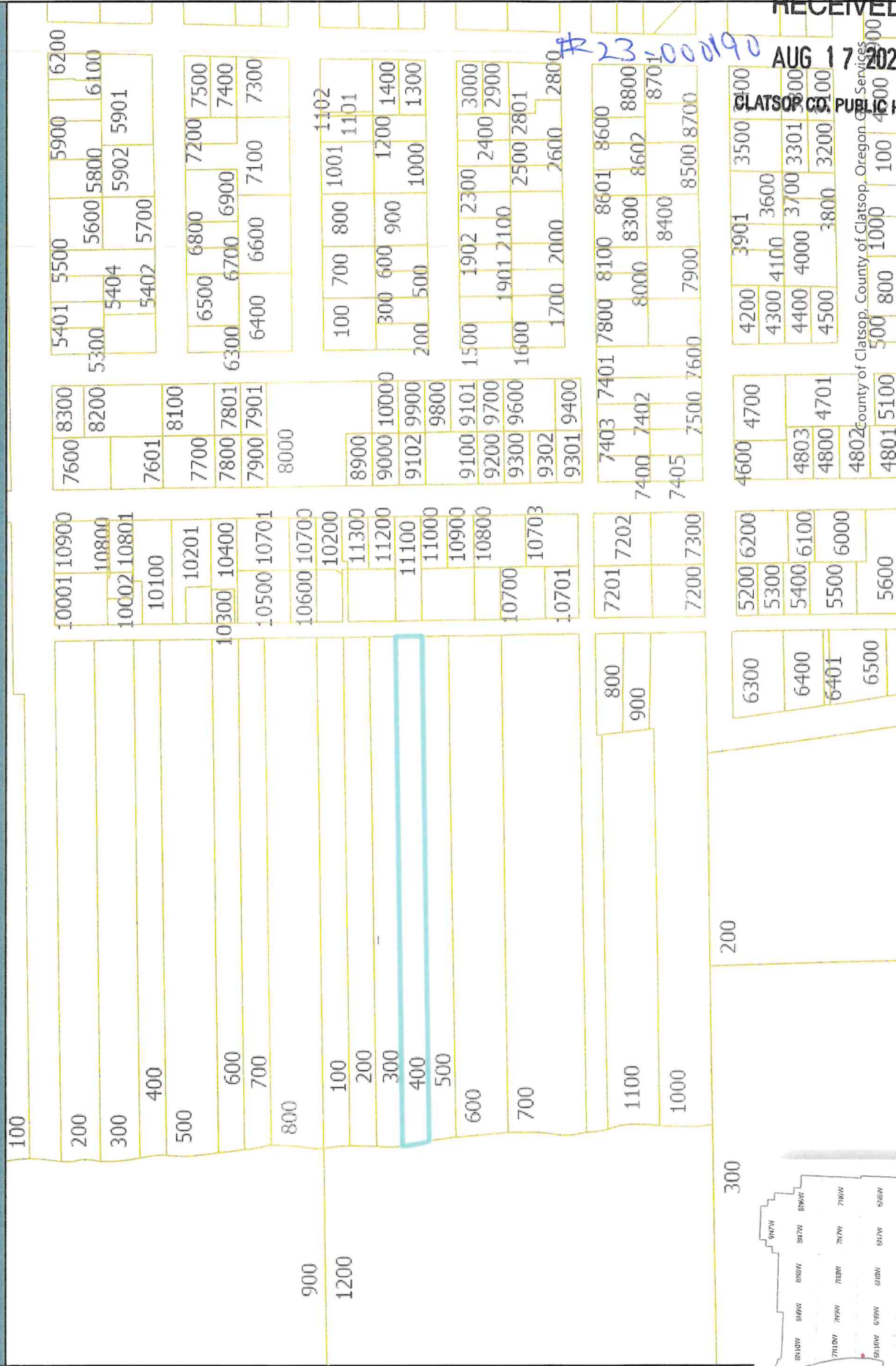
Project: MPF Properties, LLC
 294 S. Ocean Ave. Gearhart, OR 97138
 Location: T6N, R10W, Sec. 9AC, Tax Lot 400

Page: Site Plan (Eval. Only) Scale: 1"=30' Date: 8/11/23



THIS SITE PLAN IS NOT A LEGAL
 SURVEY. ALL LOCATIONS ARE TO
 BE CONSIDERED AS APPROXIMATE.
 FOR SITE EVALUATION PURPOSES
 ONLY.

Clatsop County Webmaps



Clatsop County



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.



Transaction Receipt
Record ID: 186-23-000190-EVAL
IVR Number: 186079773155

Clatsop County Onsite
Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 463317

Receipt Date: 8/18/23

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

Worksite address: 294 S OCEAN AVE, GEARHART, OR 97138

Parcel: 61009AC00400

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/18/23	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
8/18/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/18/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

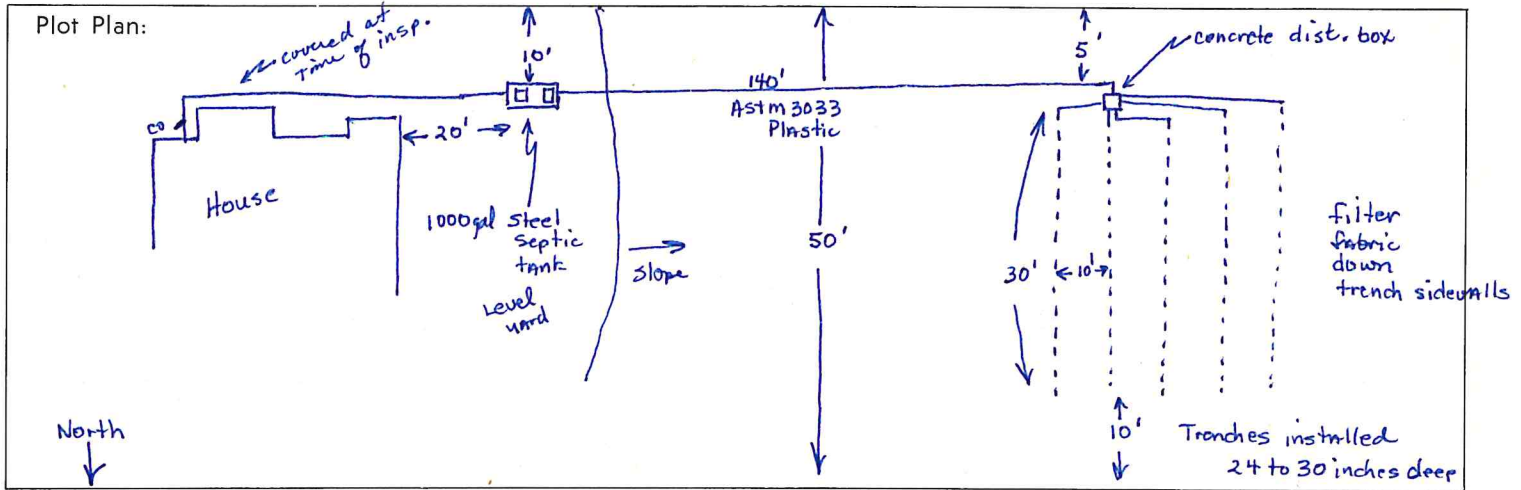
Payment Method:	Credit card authorization:	Payer: Brannon Lamp	Payment Amount:	\$850.00
	141180476			

Cashier: Annette Brodigan

Receipt Total: \$850.00

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM
CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner Mrs. Buzzard Permit Number 82-3340 Repair Std.
T. 6N R. 10W Sec. 9AC Tax Lot/Acct. No. 400 .9AC Date of Final Insp. August 10, 1982
Loc./Road 294 South Ocean - Gearhart Approved By John L. Smith
Installer Bill Bergerson Title Env. Analyst
Disposal Trenches: 300 Square Ft. 150 Lineal Ft.
Tank Size: Steel 1000 Gallons. System Designed to Serve Existing 4 bedroom



DEQ/WQ-402 1/78

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM INSTALLATION
CORRECTION NOTICE

The Inspection of this Subsurface Sewage System has Produced the Following Violations: _____

Under the provisions of the OREGON ADMINISTRATIVE RULES, all violations listed above must be corrected and a **CERTIFICATE OF SATISFACTORY COMPLETION** must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. _____

CONTACT: _____

INSPECTION: _____

TIME _____

DATE _____

BY _____

(SIGNATURE)

DO NOT REMOVE THIS NOTICE FROM SITE

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Property Owner Mrs Buzzard
T. 6N R. 10W Sec. 9AC Tax Lot/Acct. No. 400
Loc./Road 294 South Ocean Grant

Permit Number 82-3340
Expiration Date Aug 10, 1983
Issued By John L. Smits

PERMIT

[NOT TRANSFERABLE]

New Construction of ☐ Repair of ☒ Connection of ☐ Alteration of ☐
Standard System replacing cesspool
A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches 300 Square ft. 150 Lineal ft.
Maximum trench depth 36 inches Minimum trench depth 24 inches
☐ Loop ☒ Equal ☐ Serial Distance between lines on center 10 ft.
Total rock depth 12 inches Below pipe 6 inches Above pipe 2 inches ☐ Rake sidewalls
Special Conditions. [Follow Attached Plot Plan]. Filter fabric also to extend down the trench sidewalls

PRE-COVER INSPECTION REQUIRED — CONTACT: John L. Smits 325-8660

POST ON SITE

DEQ/WQ-404 Rev. 1/78 (REGION COPY)

SP*54377-340

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 8-10-82

Date Completed

Required Fee 25.00Receipt No. 25164

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VICINITY OR TAX LOT MAP REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TEST HOLES REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
LAND USE COMPATIBILITY STATEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL ITEM(S) REQUIRED

For Applicant's Use — (Please Print)

MRS. BUZZARD

(Property Owner's Name)

6

(Township)

10

(Range)

9AC

(Section)

400

(Tax Lot/Acct. No.)

CLATSOP

(County)

(Subdivision Name)

GEARHART

(Public Water Supply)

4 BED

(Single Family Residence — Number of Bedrooms)

(Block No.)

(Private Water Supply, Specify Type)

(Other — Specify)

Directions to Property: WEST TO END OF PASIFIC WK. SOUTH ON OCEAN AVE.
TO 294 S. OCEAN

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 into the above described property for the purpose of this application.

Bill Bergerson

(Signature)

8-9-82

(Date)

- ☐ Owner
☐ Authorized Representative
☒ S.D.S. License No. _____

Owner's Mailing Address

MRS. BUZZARD
P.O. BOX 294 S. OCEAN
GEARHART ORE 97138

Phone 738-7395

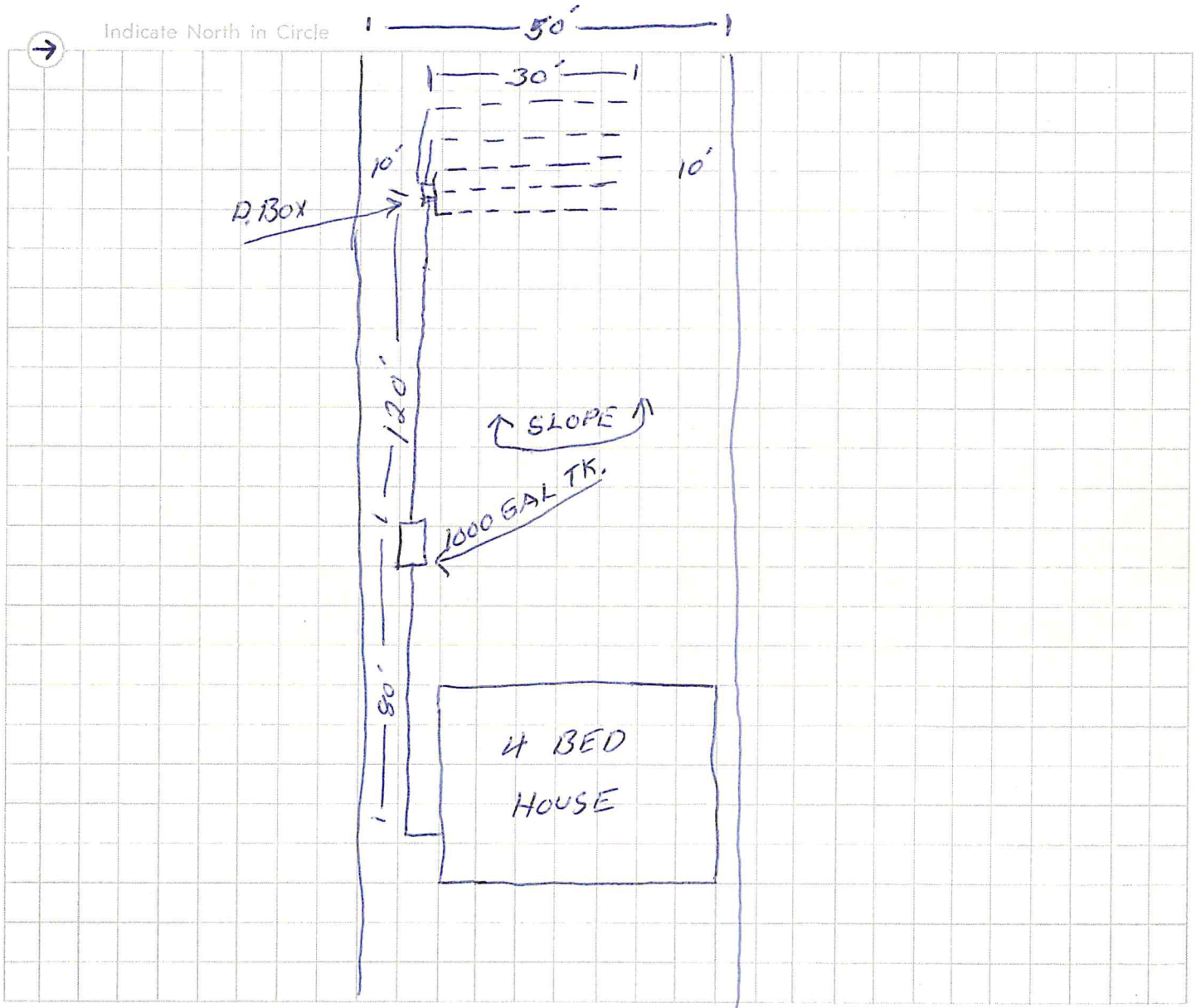
Applicant's Mailing Address (if different)

BILL BERGERSON
RT 1 BOX 595
SEASIDE ORE 97138

Phone 738-7807

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

Property Owner MRS. BUZZARD Date 8-9-82
Location: T. 6 R. 10 Sec. 9 AC Tax Lot/Acct. No. 400 .9 AC.



REMARKS: Filter fabric down trench sidewalls

FOR DEQ USE ONLY

☒ Approved

☐ Disapproved

Permit Number 82-3340

By: John Smith
(SANITARIAN SIGNATURE)

8-10-82
(DATE)

5.7' Elevation

101
0.38 Ac.

201
0.38 Ac.

301
0.38 Ac.

401
0.38 Ac.

501
0.38 Ac.

601
0.74 Ac.

701
1.13 Ac.

1101
0.72 Ac.

1001
0.72 Ac.

LINE

TO HIGH WATER LINE

10-05

DLC

LINE

N 15 1/2° W 20.1'

N 0° 45' W

LOUCK

LINE

100
0.78 Ac.

200
0.78 Ac.

300
0.78 Ac.

400
0.78 Ac.

500
0.78 Ac.

600
1.55 Ac.

700
2.32 Ac.

800
0.23 Ac.

900
0.22 Ac.

1000
1.55 Ac.

4

12

3

14

15

16

17

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20

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16

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3

4

AD FIRST

KRUS

KRUS
CON
D