

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS407925 as follows:

PROPERTY INFORMATION

Property Owner: Rita Smith	Township 06N, Range 10W, Section 10 BC
Property Location: 762 F Street, Gearhart	Tax Lot 7404
Facility Type: Single Family Dwelling	Clatsop County
2 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

System type: Pressure Distribution

Design Flow: **300 gals/day**
Minimum Septic Tank Size: **1000 gals**

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Connie Schrandt on 7/28/2009

Installer Name: Bell Construction Inc.

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

<u>Connie Schrandt</u>	Onsite Wastewater Specialist	<u>7/28/2009</u>
Authorized Agent:	Title	Date CSC Issued
Connie Schrandt		

Department of Environmental Quality
Northwest Region - Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280
Fax: (503) 861-3259

Final Inspection Request and Notice - Onsite ID: 407925

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.

DEPT. OF ENVIRONMENTAL QUALITY

SECTION 1: Owner/Permittee Information:

Township 06N, Range 10W, Section 10 BC

Clatsop County TaxLot#: Tax Lot 7404 JUL 28 2009

Name: Rita Smith

Property 762 F Street, Gearhart
Address:

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 2: System Component Specifications:

System Type: Pressure Distribution

Water tight verification*

A. Tanks/Pumps

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Waite Concrete	Date: 7-28-09
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 4"	ASTM#/Other: ABS	Length: 15' Approx
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer:	
Floats(1)	Type:		Model/Manufacturer:	
Floats(2)	Type:		Model/Manufacturer:	
ATT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

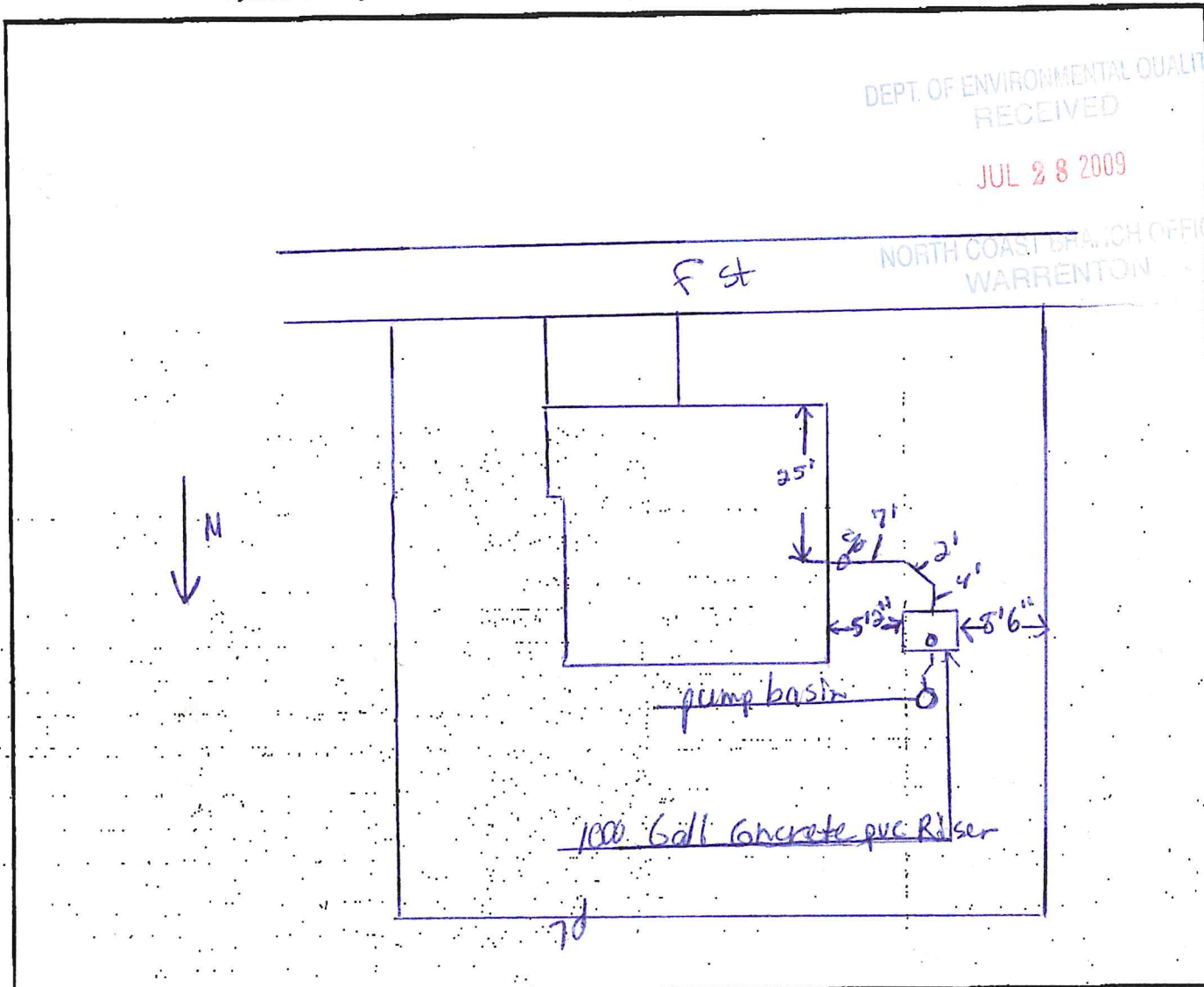
D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Drop Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Distribution Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other: Length:
Comment				

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

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.



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:	Bell Construction Inc.			
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#:	37631	Certification#:	RI452
Owner/ Certified Installer:	Signature:	Date:	6-27-09	Phone#:	(503) 562-1208

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:	7-28-09	Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:	7-28-09
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If No, Reason for Non Acceptance:

Comment: ~~Approved~~ OK 7/28/09

INSPECTION REQUIREMENTS

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

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

<u>Connie Schrandt</u>	Onsite Wastewater Specialist	<u>7/22/2009</u>	<u>7/22/2010</u>
Authorized Agent:	Title	Date Issued	Expiration Date

Connie Schrandt

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current.

Site Address: 762 F St City: Gearhart

Tax Lot#: 7404 Acres: _____ Subdivision: _____

DEPT. OF ENVIRONMENTAL QUALITY

Lot: _____ Block: _____ Property Owner: Rita Smith

RECEIVED

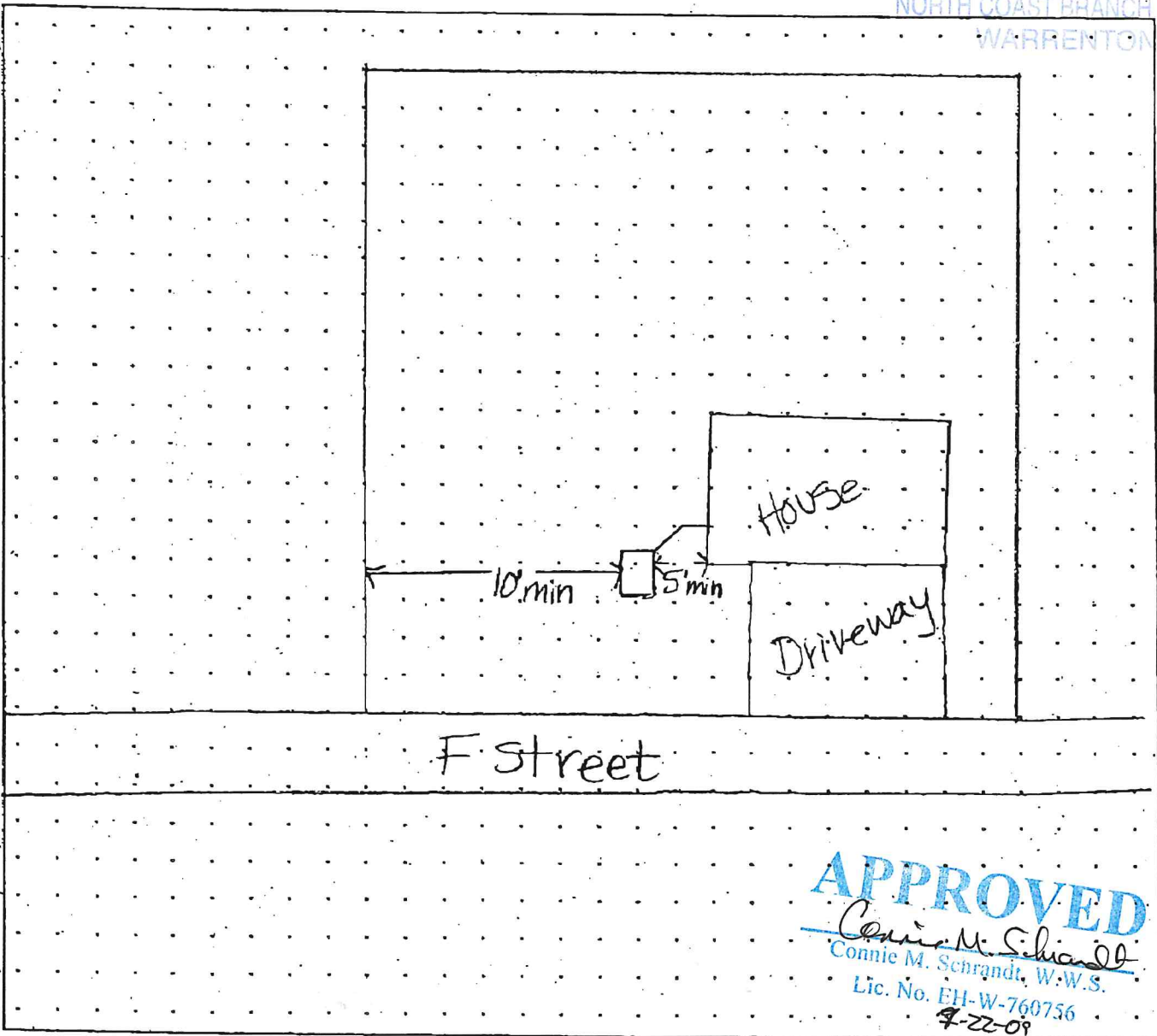
610-1030-7404 11 9 9 2009

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

NORTH COAST BRANCH OFFICE

WARRENTON



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the [] Owner or [X] Authorized Agent. Name (please print): Bell Construction Inc.

Signature: Jeressa Pool Date: 7/22/09

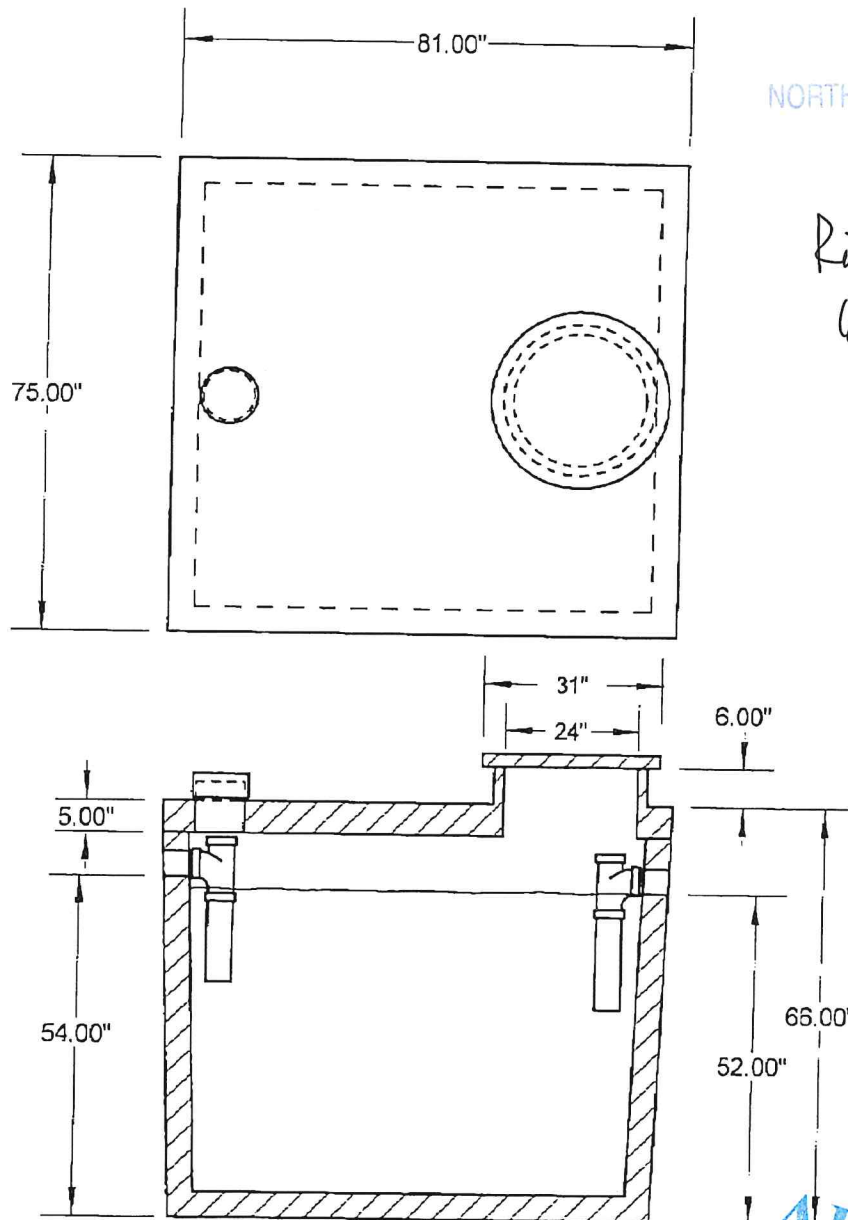
WAITE CONCRETE PRODUCTS, LLC

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JUL 22 2009

NORTH COAST BRANCH OFFICE
WARRENTON

Rita Smith
610-10BC-7404



1000 GALLON SEPTIC TANK

EXCAVATION DIMENSIONS

GALLON CAPACITY	WIDTH OF HOLE	LENGTH OF HOLE	HEIGHT OF TANK	INLET TO BOTTOM*	OUTLET TO BOTTOM*	TANK WEIGHT
1000	7'	8.5'	66"	54"	52"	9300#

*MEASUREMENT FROM THE BOTTOM OF THE TANK TO BOTTOM OF INLET AND OUTLET HOLE.
TANK INCLUDES: 6" RISER 31" DIAMETER X 2 1/2" THICK LID
4" ABS INLET/OUTLET COUPLERS 8" DIAMETER CLEAN OUT PORT

APPROVED
Connie M. Schrandt
Lic. No. 780756
W.W.S.
7/22/09



Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp:

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JUL 16 2009
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:

Date Received 7/16/09
Fee Paid 225
Receipt Number 140714
Application Number 408999
Date of 1st Response 7-21-09
Date of 2nd Response _____
Date of Final Response 7-22-09
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Rita Smith 1302 S.E. Morgan Road Hillsboro OR 97123 503-844-6699
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

60N 10W 10BC 740A _____
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

_____ Subdivision Name _____ Lot _____ Block _____

Property Address: 762 Fst Gearhart OR
Address City State Zip Code

Directions to Property: Left on G street, turns into F Street

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

Single Family Residence
(2)3
Number of Bedrooms
 Other _____

Proposed Facility:

Single Family Residence
Number of Bedrooms _____
 Other _____

Water Supply:

Public Gearhart
Name
 Private _____
Well, Spring, Shared

D. Type of Application

- | | | |
|--|---|---|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input type="checkbox"/> Construction Permit | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input checked="" type="checkbox"/> Repair Permit | <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House |
| <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Major <input type="checkbox"/> Minor | | <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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Teresa Bell 7/7/09 503-992-1592
Signature Date (fax)
Teresa Bell (503) 201-7880
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
PO Box 694 Forest Grove OR 97116
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Bell Construction Inc.
Installer's Name



Department of Environmental Quality
 North Coast Office
 65 N. Highway 101, Suite G
 Warrenton, OR 97146
 Telephone: (503) 861-3280 Fax: (503) 861-3259

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NOTICE AUTHORIZING REPRESENTATIVE

I, RITA SMITH, have authorized
 (Property Owner/Print Name)
BELL CONSTRUCTION INC to act as my agent in performing
 (Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:

702 1st Gearhart
 Property Situs or Road Address

And described in the records of _____ County as:

Township 6N Range 10W Section 10BC Map ID _____ Tax Lot #(s) 7404

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Rita L. Smith

Signature: Rita L. Smith Date: 7-10-09

Address: 1302 S.E. Morgan Road Phone: (503) 844-6699

City, State, Zip: Hillsboro, OR, 97123 Fax: _____

E-mail Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: Bell Construction Inc.

Signature: Jorissa Kemp Date: 7/10/09

Address: PO Box 694 Phone: 503-201-7880

City, State, Zip: Forest Grove, OR 97116 Fax: 503-992-1592

E-mail Address: _____

3259

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SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by adding to each page)

1. Applicant Name/Property Owner: Rita Smith
Mailing Address: 1302 S.E. Morgan Road
City, State Zip Code: Hillsboro, OR 97123
Telephone: (503) 844-6699

2. Property Information:
County: _____ Tax Lot No.: _____
Township: 6N Range: 10W Section: 10BC
Physical Address: 762 Fst Gearhart
Block: _____ Lot: 7404
Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single-family dwelling
 Describe the type of development, business, or facility and the provided services or products: _____

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

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

5. Property Zoning: R-1 Zoning Minimum Parcel Size: 10000
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction
7. Does the proposed facility comply with all applicable local land use requirements: Yes No
If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact: _____

8. Planning Official Signature: DJ McAlley
Print Name: DJ McAlley Date: 7-16-09
Title: CA Telephone: 738-5501

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

ENVIRONMENTAL QUALITY
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JUL 16 2009

Answer the following as best you can.

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WARRENTON

1. The existing sewage disposal system consists of (check):

- Septic Tank () Disposal Trenches () Unknown
() Seepage Bed () Cesspool or Pit
() Other ---
(Describe) _____

2. When was your sewage disposal system installed? _____

(Year)

(Permit No.)

3. Tank material:

- Steel () Concrete () Fiberglass
() Polyethylene () Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 2009 (Attach receipt)

6. Number of disposal trenches: _____

7. Total length of disposal trenches (feet): _____

8. Is your sewage disposal system currently in use? Yes No ()
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? _____ How many people occupy the dwelling? _____

10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

7/7/09
Date

Jeressa Boyd

Signature of Property owner or
Legally Authorized Representative



Oregon Department of Environmental Quality
 Warrenton Office
 65 N Highway 101, Suite G
 Warrenton, OR 97146

Receipt Number: 140714

JUL 16 2009

Date Received 7/16/2009

Received From **Rita Smith**
 (Check Name): **1302 SE Morgan Road**
Hillsboro, OR 97123

For **T06N R10W S10 BC**
 Property **TaxLot 7404**
 At: **Clatsop County**
762 F Street
Gearhart, OR 97138

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
225.00	Check	6323	24-22	225.00

Total Amount Applied: \$225.00

Onsite Fees

Base Fee: **165.00**
 Surcharge Fee: **60.00**
 Plan Review Flow Fee:
 Pump Evaluation Fee:
 Flow Fee:
 Reinspection Fee:

Total Fee: \$225.00

Application Description

Application ID: **408999**
 Application Type: **Repair Permit**
Single Family Dwelling-Minor
 System Type: **Unknown**
 Pump Evaluation: **No**
 Flow: **450** gallons/day

Payments

Previous Payments: **0.00**
 Current Payment: **225.00**
 Over Payment: **0.00**

Total Payments: \$225.00

Receipt Amount: **\$225.00**

Received By:

Vicky Schiele

Date of Entry:

7/16/2009

T6N R10W SEC 10BC WM
CLATSOP COUNTY

Scale 1:1200

0 100 200 400 ft

IMD 198291 TARN StatePlane Oregon North FIPS 3101 Unit:Feet

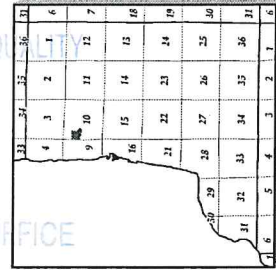
Cancelled
Accounts:

- 1144
- 214
- 1125
- 3441
- 440
- 5766
- 6214
- 6402
- 7100
- 7449
- 7669
- 7884
- 7991
- 8164
- 8464
- 8685
- 8700

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JUL 16 2009

NORTH COAST BRANCH OFFICE
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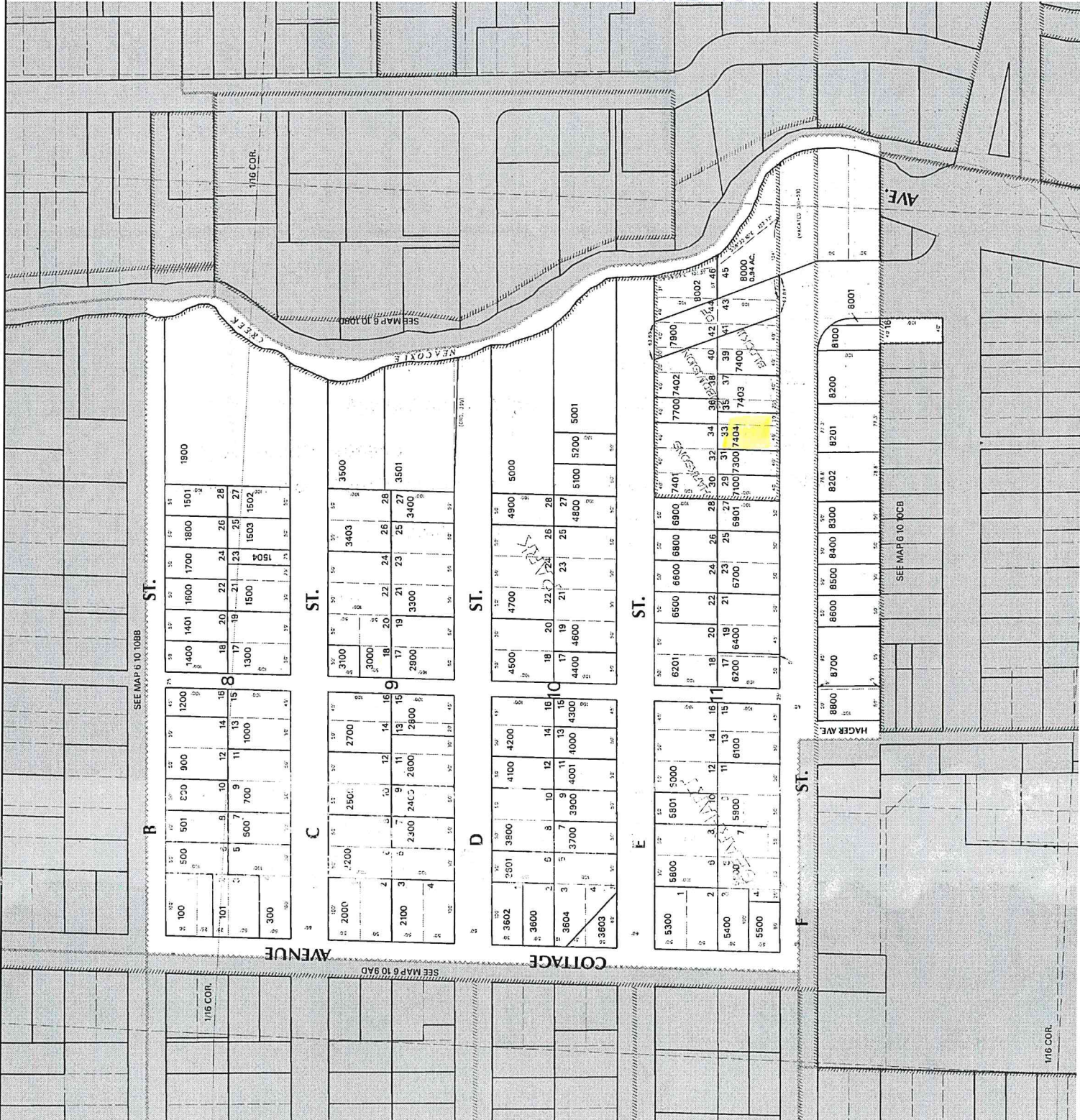


April 06, 2009

6.10.10BC



The map and information herein are for informational purposes only. The data is maintained by Clatsop County. Clatsop County is not responsible for any errors or omissions on this map or information.



SEE MAP 6 10 08B

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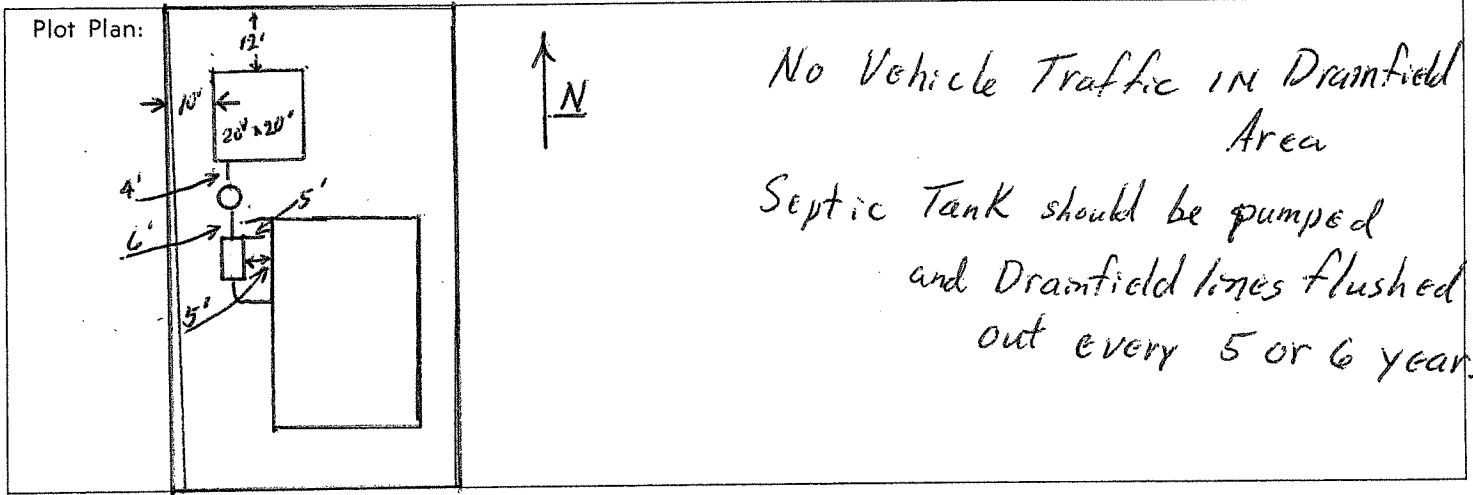
SEE MAP 6 10 08B

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

Property Owner Tim Lounsberry Permit Number G-36
T. 6N R. 10W Sec. 10BC Tax Lot/Acct. No. 7404 Date of Final Insp. Aug 28, 1981
Loc./Road F St; Gearhart Approved By Gerald R Campbell
Installer Dave Darling Title Waste Management Specialist
Disposal Trenches: 400 Square Ft. Seepage Bed ~~Linear Ft.~~
Tank Size: 1000 Gallons. System Designed to Serve 2 Bedroom Home



DEQ/WQ-402 1/78 F St

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

G-36

The Inspection of this Subsurface Sewage System has Produced the Following Violations: _____
1st SEEPAGE BED is 300 ft square not 400 ft² as required on the permit
2nd violation

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. G-36
INSPECTION:
TIME 0010⁰⁰
DATE Aug 25, 1981
BY Gerald R Campbell
(SIGNATURE)

CONTACT: Gerald Campbell
325-8660

Date Rec'd 7-1-81 Amt. Rec'd \$ 40.00
 Receipt No. 20572 Permit No. G-36
 Date Appl. Completed _____
 Site Inspection Date _____
 Approved _____ Disapproved _____
 Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. Site Evaluation Report for New System (~~\$75.00~~) \$120.00
2. Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) \$40.00
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~) \$40.00
5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. Permit Renewal (\$25.00)
7. Existing System Evaluation \$40.00
8. Other (Specify) _____

ASSESSORS MAP 25c

REFERENCE INFORMATION (Please Print)

Lounsbury & Soaps
 NAME OF APPLICANT
P.O. Box 348
 ADDRESS
SEASIDE 97138
 CITY ZIP CODE
738 7303
 PHONE

Same
 NAME OF PROPERTY OWNER
 ADDRESS
 CITY ZIP CODE
 PHONE

PROPERTY DESCRIPTION

Township _____ Range _____ Section _____ Tax Lot/Account Number 610-10BC-7407 County CLATSOP
 Subdivision/Area _____ Tract _____ Block _____ Lot _____ Lot Size _____

PROPOSAL DESCRIPTION

PLANNED USE: House Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
 No. of Bedrooms 2 Water Supply CITY (Describe)

APPLICANT MUST PROVIDE

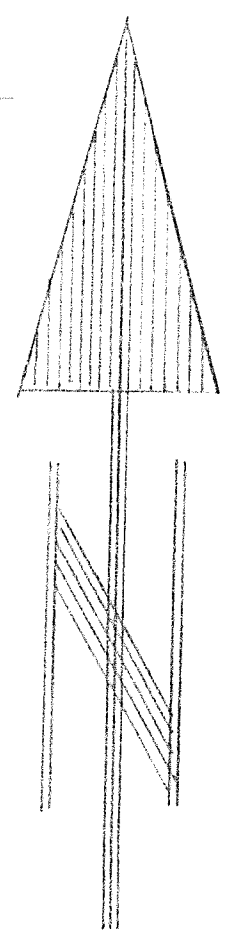
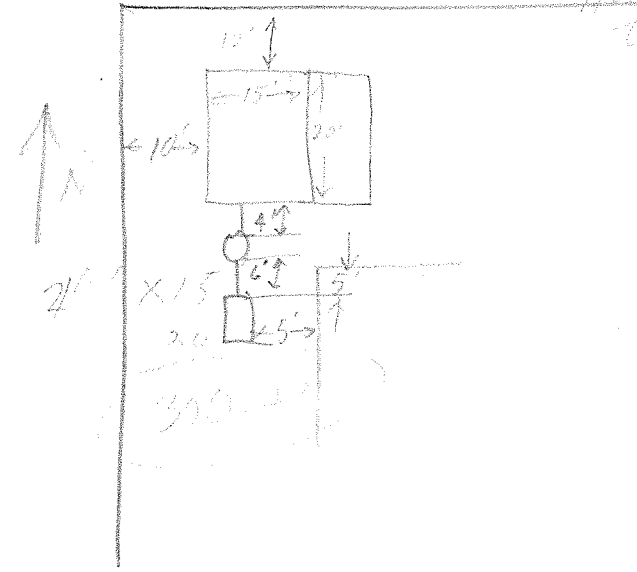
1. Test Holes (For 1, _____). Date Ready _____
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency _____
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (3'x3'x4' deep)

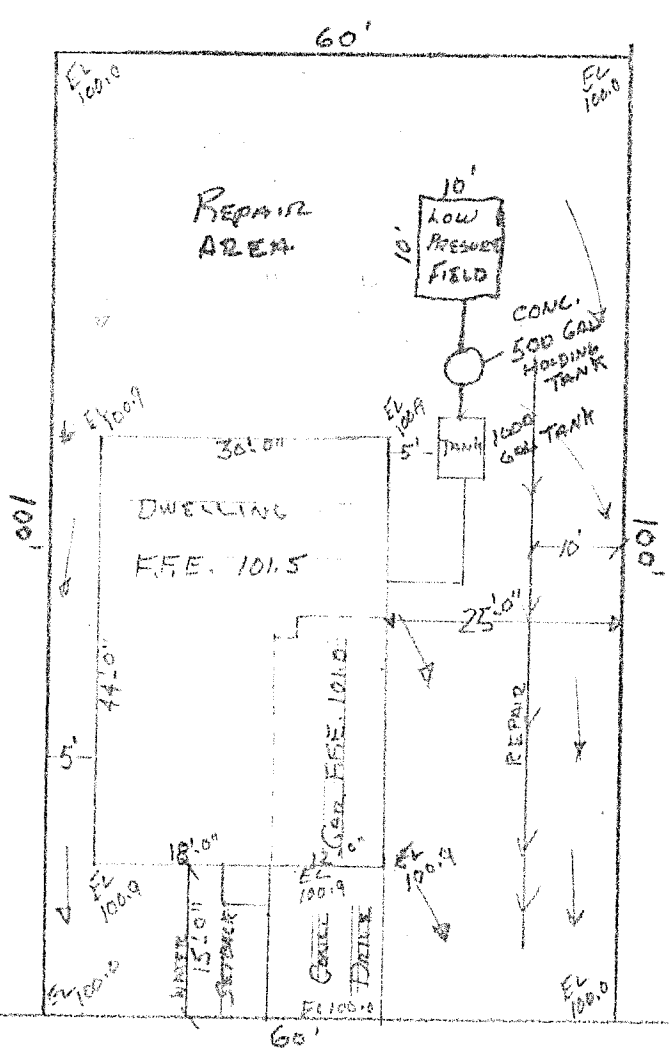
SIGNATURE Lounsbury & Soaps
By [Signature]
 (Contract Purchaser/Owner/Installer)

DATE July 17-81

Aug 25 81

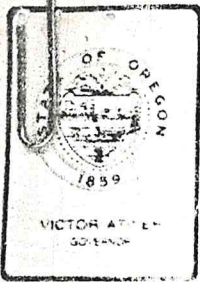


Drainfield
 10 ft from house, property line,
 water line,



RD & EL 100.2

1125 AVE F GERHART



610-10BC-7404

Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-

March 24, 1980
Astoria Branch
818 Commercial
Astoria, Oregon 97103

Dave Darling
Hamlet Route, Box 475
Seaside, Oregon 97138

RE: 610-10BC-7404

Dear Mr. Darling,

On 3-18-80, I performed an on site evaluation of the property referenced above to determine whether a subsurface sewage disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and nonwater-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW.

Sincerely,

Ray T. Franklin, RS
Department of Environmental Quality

RESTRICTIONS:

- 1) Provide an absorption area of 200 square feet with a minimum septic tank capacity of 1000 gallons for the proposed 2 bedroom house. MAXIMUM SIZE HOUSE IS 2 BEDROOMS.
- 2) Place the drainfield in the approved area on the North part of the Lot.
- 3) MAXIMUM trench depth is 12" with 12" backfill over the drainfield.
- 4) Septic Permit must be issued at the same time the building permit is issued by the City of Gearhart. Septic Permit is valid for one (1) year only and cannot be renewed.
- 5) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 6) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application and plot plan enclosed).
- 7) This approval void if in conflict with any local planning or building regulations.

RTF/pkm
10-79

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

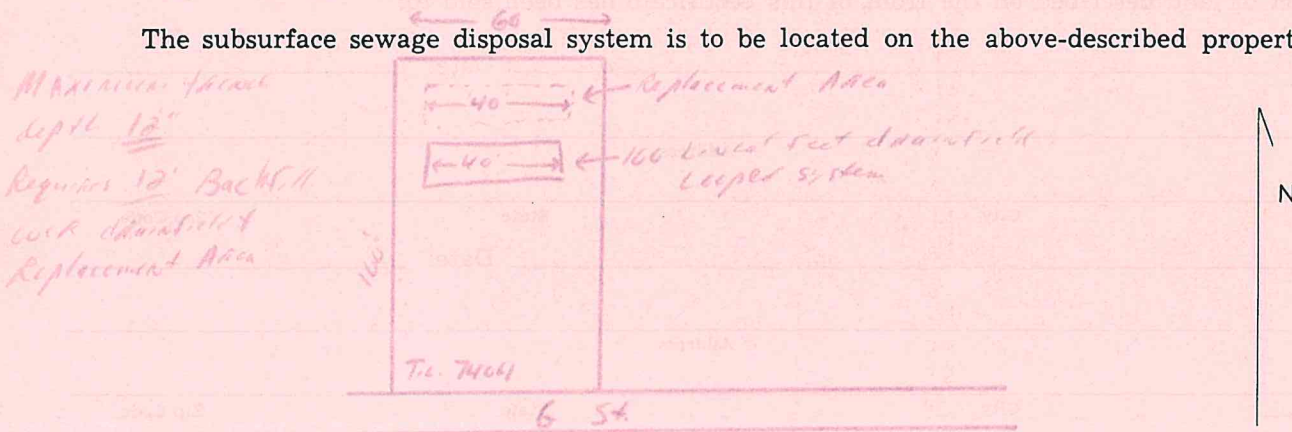
This is to certify that the following described property

610-10BC-7404 CLATSOP COUNTY OREGON

has been evaluated on March 18, 1980 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

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 under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: March 24, 1980
Date

To: Dave Darling
Landowner

Hamlet Route, Box 475
Address

Seaside, Oregon 97138
City State Zip

By [Signature]
DEQ or Contract Agent

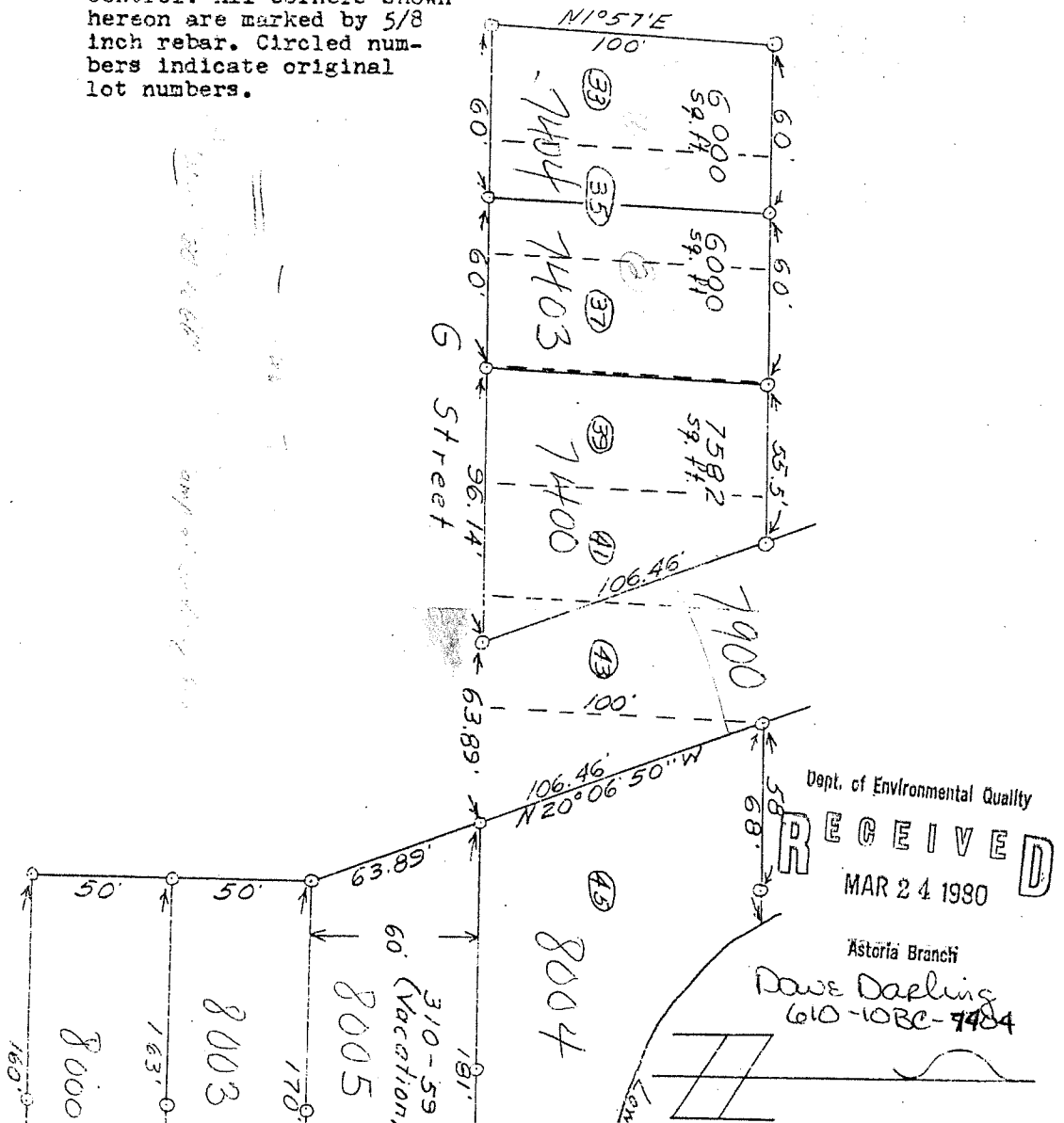
REVISION SURVEY

Lots 33, 35, 37, 39, 41, 43, and 45, Harkson's Subdivision of Block 11, GEARHART PARK, and Parcel No. 1, described in Book 329, Page 396, Clatsop County Film Records.

January 12, 1977

Scale: 1" = 50'

NOTE: This is a transit and tape survey, using existing points in subdivision for control. All corners shown hereon are marked by 5/8 inch rebar. Circled numbers indicate original lot numbers.



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

FOR DEQ USE ONLY

Date Rec'd 3-24-80 Amt. Rec'd \$ 120⁰⁰
 Receipt No. 15676 Permit No. _____
 Date Appl. Completed _____
 Site Inspection Date _____
 Approved _____ Disapproved _____
 Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. Site Evaluation Report for New System (\$75.00) \$120.
2. Permit to Construct New System (\$25.00) (Site Evaluation (No. 1) Required) \$40.
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (\$25.00)
5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. Permit Renewal (\$25.00)
7. Existing System Evaluation \$40.
8. Other (Specify) _____

REFERENCE INFORMATION (Please Print)

DAVID DARLING
 NAME OF APPLICANT
Hamlet Route, Box 478
 ADDRESS
Seaside, Oregon 97138
 CITY ZIP CODE
738-6401
 PHONE

SAME
 NAME OF PROPERTY OWNER
 ADDRESS
 CITY ZIP CODE
 PHONE

PROPERTY DESCRIPTION

1005 610 10 BC 7404 Clatsop
 Township Range Section Tax Lot/Account Number County
11 1235+37 60' x 100'
 Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
 No. of Bedrooms 3 Water Supply City
 (Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready _____
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency City of Gearhart - Bruce J. Maltman ^{R-1}
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help)

SIGNATURE David Darling DATE 3-18-80
 (Contract Purchaser/Owner/Installer)

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

10-05

ST.

Ord. 390

10	12	14	16
4100	4200		
4001	4000	4300	
11	13	15	

18	20	22	24	26	28
4500	4600	4700			4900
4400	4600				4800
17	19	21	23	25	27

30	32	34	36	38	40
5100	5200				
5100	5200				
5001					

PART

ST.

10	12	14	16
6000			
6100			
11	13	15	

18	20	22	24	26	28
6201	6400	6500	6600	6800	6900
6200	6400				6700
17	19	21	23	25	27

30	32	34	36	38	40
7401	7300	7404	7700	7402	7900
7401	7300	7404	7403	7402	7900
31	33	35	37	39	41

HARKSON'S SUBDIVISION
OF BLOCK 11

7 ST.

AVE.

8800	8700	8600	8500	8400	8300	8202	8201	8200	8100	8001
------	------	------	------	------	------	------	------	------	------	------

See Map 6 10 10CB

See Map 6 1

STATE OF ENVIRONMENTAL QUALITY RECEIVED

JUN 13 1995

NORTH COAST BRANCH OFFICE WARRENTON

610 10BC

610-1030-7400
F NIAL 7404



CLATSOP COUNTY

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

May 27, 1976

Mr. Forrest W. Smith
2125 S. Edgewood St. #6
Seaside, Oregon 97138

RE: 610 - 10^{bc} - 7400 *Denial*

Dear Mr. Smith:

On the 26th of May, 1976, this office conducted an on site evaluation of the above referenced property for the purpose of determining the feasibility of subsurface sewage disposal. During the evaluation a ground water table was encountered at a depth of 56 inches. Under the Oregon Administrative Rules for Subsurface Sewage Disposal, one must not encounter a ground water table within an area of 66 inches in depth to ground surface. (O.A.R. Chapter 340, Division 7, 71-030 (1) C).

At this time the Clatsop County Health Department will not be able to issue a permit to construct a subsurface disposal system under the existing rules pertaining to subsurface sewage disposal.

Should you have further questions regarding the evaluation, please call or come by.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason, R. S.
Clatsop County Sanitarian

BDM/jmc

cc: Department of Environmental Quality
Clatsop County Assessor

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

CLATSOP

Land Quality
County

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

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

FORREST W. SMITH
Name of Applicant
2125 S. Edgewood St. #6
Address
SEASIDE, ORE.
City

Section 10 T 6N. R 10W.W.M.
Tax Lot or Account # 7400
Location GEARHART, OREGON
LOTS 33 & 35 OF HARKSON'S
SUBDIVISION OF BLOCK 11 / NOT DETERMINED
Installers Name YET

B. GENERAL DESCRIPTION

New Construction new home Repair _____
Installation will serve: House Mobile Home _____ Mobile Home Park _____
Commercial Building _____ Other (Explain) _____
No. of Living Units 1 No. Bedrooms 3
Water Supply: Public Community _____ Private _____ Garbage Disposal? Seaside Sanitary Service?

C. REQUIRED EXHIBITS

- Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
- Planning Evaluation - Building Permit (Local Option)
- Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Forrest W. Smith
Signature (Owner/Installer)

Date 5/20/76

Permit No. _____
Issued _____
Date _____

10-05

ST.

Ord. 390

See Map

10	12	14	16
3900	4001	4000	4300
11	13	15	

18	20	22	23	26	28
4500	4600	4700	4800	4900	5000
17	19	21	25	27	

30	32	34	36	38	40	42	44	46
5100	5200	5001	7700	7402	7900	8002		
29	31	33	35	37	39	41	43	45

PARK

ST.

10	12	14	16
5900	6000	6100	6200
9	11	13	15

18	20	22	24	26	28
6201	6400	6500	6600	6800	6900
17	19	21	23	25	27

30	32	34	36	38	40	42	44	46
7100	7300	7400	7700	7402	7900	8002		
29	31	33	35	37	39	41	43	45

PARLIAMENT

HARKSONS SUBDIVISION
OF BLOCK 11

ST.

Vac. 310-59

AVE.

8701	8700	8600	8500	8400	8300	8202	8201	8200	8100
8001									

See Map 6 10 10CB

R

G

ST.

10-05

ST.

Ord. 390

10	12	14	16
4100	4200		
4001	4000	4300	
11	13	15	

18	20	22	24	26	28
4500	4700	4900	5000		
4400	4600	4700	4800	4900	5000
17	19	21	23	25	27
5100	5200	5001			

PARK

ST.

10	12	14	16
6000			
6100			
11	13	15	

18	20	22	24	26	28
6201	6400	6500	6600	6800	6900
6200	6400	6700	6800	6901	7000
17	19	21	23	25	27
7300	7404	7403	7402	7401	7900

PHASE 1

HARKSON'S SUBDIVISION
OF BLOCK 11

7 ST.

Vac. 31D-59

AVE.

8800	8700	8600	8500	8400	8300	8202	8201	8200	8100	8001
------	------	------	------	------	------	------	------	------	------	------

See Map 6 10 10CB

See Map 6

OF ENVIRONMENTAL QUALITY RECEIVED

JUN 13 1995

NORTH COAST BRANCH OFFICE WARRENTON

610 10BC