

29425

Control No.

STATE OF OREGON

PERMIT NO. 92-07

DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 251.00 Fee

Permit type:  New Construction,  Repair,  Other Alteration Permit

Permit Issued To: Barton J. & Linda L. Millar (Property Owner's Name), 6N (Township), 10W (Range), 10BD (Section), 700 (Tax Lot Acct. No.), Clatsop (County). Location: Glen & Spruce Ave., Gearhart. Issued by: Dewey Donald. Date Issued: Jan. 27, 1992.

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: January 27, 1993. TYPE OF SYSTEM: Alternative-Pressure Distribution. Average Daily Sewage Flow: 225 Gallons/Day. Design Peak Sewage Flow: 450 Gallons/Day. Tank Volume: \_\_\_\_\_ Gallons. Disposal Trenches: . Seepage Bed(s):  600 Square Feet. Maximum Depth: 36 inches. Minimum Depth: 24 inches. Linear Feet: \_\_\_\_\_. Equal  Loop  Serial  Pressurized  Minimum Distance Between Trenches: \_\_\_\_\_. Total Rock Depth: 12 inches. Below Pipe: 6 inches. Above Pipe: 4 inches.  Rake Sidewall. Special Conditions: Alter existing seepage bed from 400 sq ft to 600 sq ft.

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

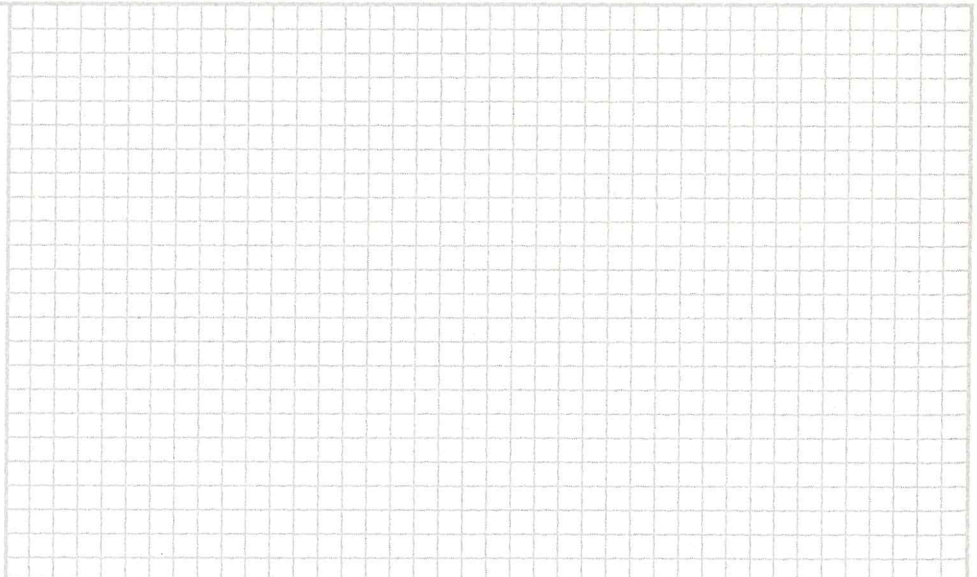
Installer \_\_\_\_\_

Final Insp. Date \_\_\_\_\_

Inspected By \_\_\_\_\_

Issued by Operation of Law

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



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

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

(Authorized Signature)

(Title)

(Date)

(Office)

1-30-92  
L10-10BD-700

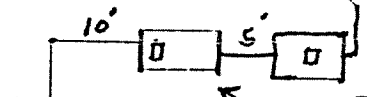
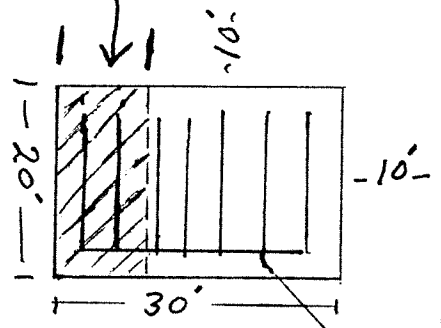
SPRUCE ST.

W. PL

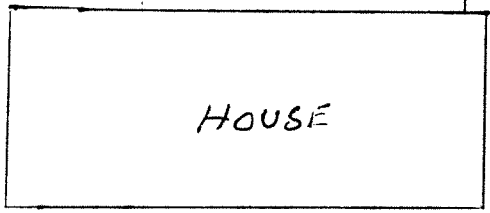
ADD ON



DRIVE



500 GAL. PUMP TK.  
1000 GAL. TK.



HOUSE

SO. PL

N. PL.

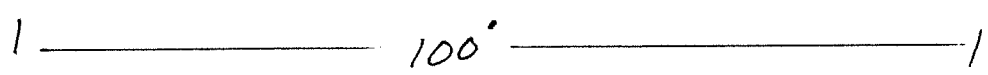
ASBUILT

BARTON MILLAR

PERMIT NO. 92-07

SCALE  $\frac{1}{2}'' = 10'$

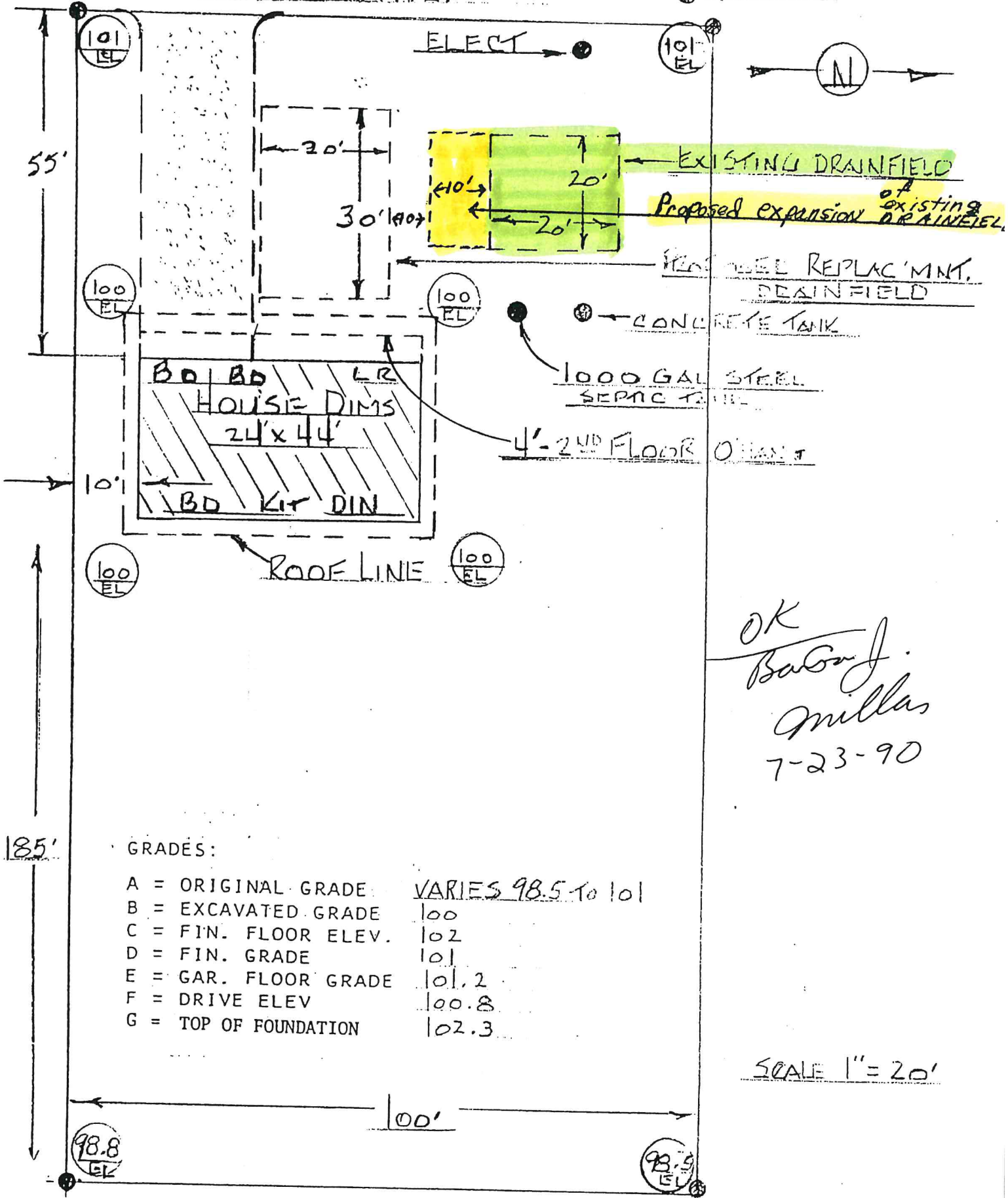
Bergerson Constr.  
P.O. Box 595  
Seaside, OR 97138



LYNDAN MILLEN  
 TAX LOT 704 SECTIONS 6 & 10  
 CLATSOP CITY, OR 97138

SPRUCE AVE.

WATER



GRADES:

|                       |                    |
|-----------------------|--------------------|
| A = ORIGINAL GRADE    | VARIES 98.5 TO 101 |
| B = EXCAVATED GRADE   | 100                |
| C = FIN. FLOOR ELEV.  | 102                |
| D = FIN. GRADE        | 101                |
| E = GAR. FLOOR GRADE  | 101.2              |
| F = DRIVE ELEV        | 100.8              |
| G = TOP OF FOUNDATION | 102.3              |

OK  
 Baber J.  
 Millas  
 7-23-90

SCALE 1" = 20'

January 22, 1992

BARTON & LINDA MILLAR  
341 S LINCOLN  
SEASIDE OR 97138

Re: OSS-Clatsop County  
Alteration Permit  
Permit # 90-157  
T6N, R10W, S10BD,  
TL 700

Dear Mr. Millar:

Our Department has received your application for the alteration of an existing on-site sewage disposal system. The existing alternative pressurized seepage bed is to be constructed to include an additional 200 square feet. This will bring the bed square footage to 600 square feet, which will accommodate up to a 4 bedroom single family residence. The following items listed below are required before we can approve the alteration of the existing 400 square alternative pressurized seepage bed.

- 1) In-place water tightness test of septic tank and dosing tank.
- 2) A successful pump test consisting of a 90 gallon ( 20 % of 450 gallons) dosing cycle from pump on to pump off.
- 3) All orifices squirt vertically with a 3 foot to 7 foot squirt height.
- 4) Activation of high level alarm at proper level with alarm in a location that is audible and visible to residents, protected from weather and on a separate electrical circuit from pump and pump controls.
- 5) Both initial and replacement pressurized seepage beds must meet all applicable separation distances as outlined in Oregon Administrative Rules 340-71-TABLE 1.



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



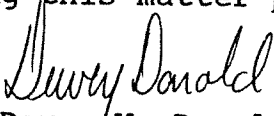
BARTON & LINDA MILLAR  
January 22, 1992  
Page 2

The as-built plot plan shows the distribution laterals running west and east. The seepage bed is shown to be altered on the south side. In order to extend the pressure pipe onto the ends of the pressurized distribution laterals the pressurized seepage bed would have to be altered on the west side. One other possibility is to add onto the manifold to obtain the additional 200 square needed.

Please include this information on the as-built plot plan.

Please contact our Astoria Branch Office to schedule a pre-cover inspection after system has been constructed.

If you have any questions concerning this matter please feel free to call me at 229-6021.

  
Dewey W. Darold  
Environmental Specialist  
Northwest Region

cc: Water Quality Division, DEQ  
Astoria Branch Office, DEQ

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

FOR OFFICE USE ONLY  
 Date Rec'd 12-14-91  
 Date Completed 1-30-92  
 Required Fee 255.00  
 Receipt No. 506416  
 Control No. 29425

FOR APPLICANT'S USE - (PLEASE PRINT)

180 X 185  
 Lot Size (Acreage or Dimensions)

BARTON, LINDA L. - MILLAR  
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 6N 10W 10BD 700 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 4  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

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

Existing Facility

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

CONSTRUCTION AT  
 281 SPRUCE  
 GEARHART, OR.  
 97138

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) FEE \$255.00

- 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.

[Signature]  
 (Signature)

12-22-91  
 (Date)

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

Owner's Mailing Address  
341 S. LINCOLN  
SEASIDE, OR.  
97138

Applicant's Mailing Address (if different)

Phone 738-8106  
738-2242

Phone \_\_\_\_\_ IW\WCB\WC8690 (7-19-91)

26018

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 90-157

\$ 145.00

Fee

New Construction

Repair

Other Alteration Permit

Permit Issued To Barton & Linda Millar (Property Owner's Name) 6N (Township) 10W (Range) 10BD (Section) 700 (Tax Lot / Acct. No.) Clatsop (County) Between Glen & Spruce Ave. Gearhart (Road Location) (City) Chuck Hopkins (Issued by - Signature) 11-19-90 (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 November 19, 1991 TYPE OF SYSTEM Alternative-Low Pressure

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

Tank Volume Gallons Disposal Trenches Seepage Bed(s) 600 Square Feet

Maximum Depth 36 inches. Minimum Depth 24 inches. Linear Feet

Equal Loop Serial Pressurized Minimum Distance Between Trenches

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

Special Conditions (Follow Attached Plot Plan) Alter existing seepage bed from 400 sq ft to 600 sq ft.

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer

Final Insp. Date

Inspected By

Issued by Operation of Law

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

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

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

(Authorized Signature)

(Title)

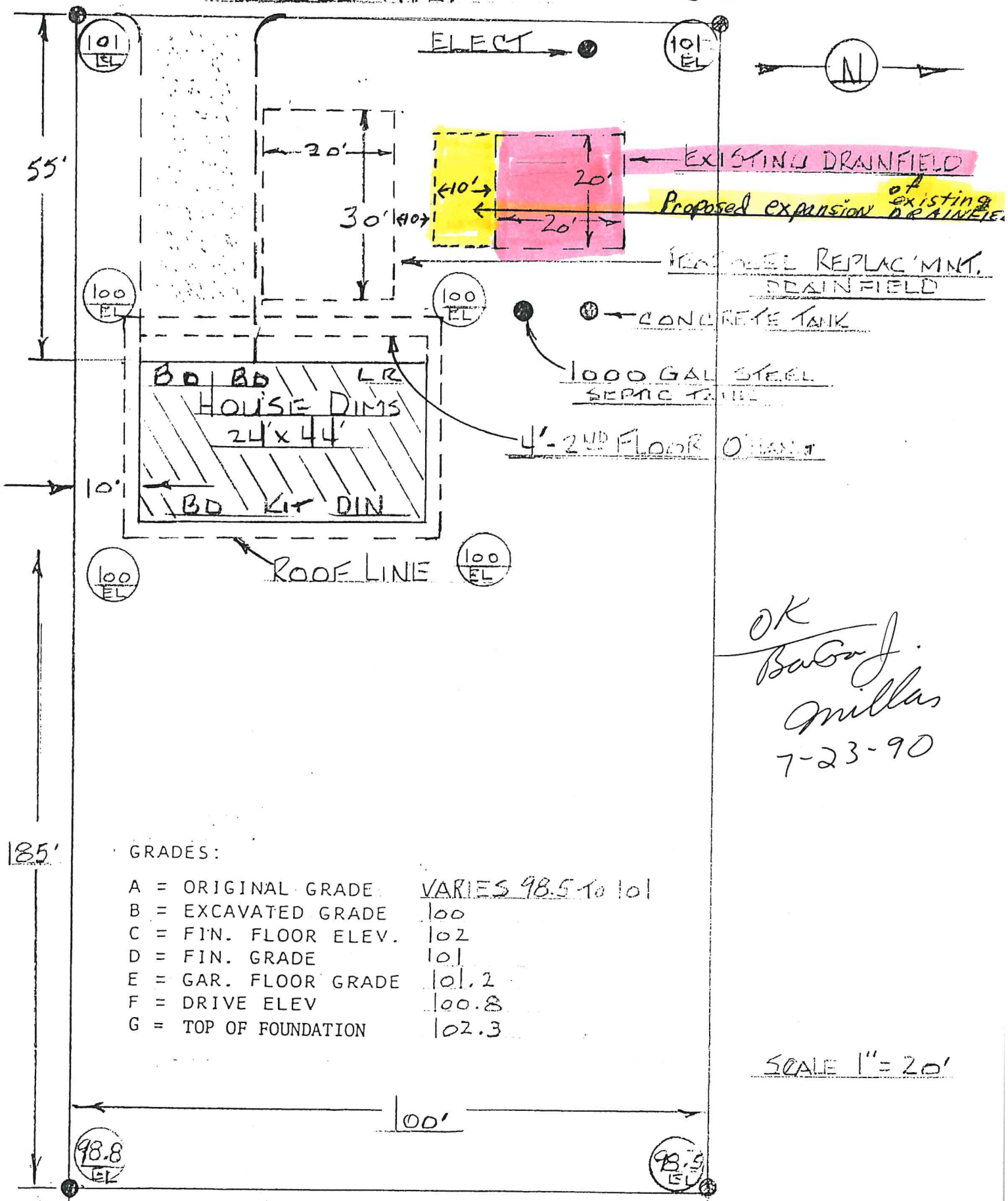
(Date)

(Office)

M/M BART MILLAR  
 TAX LOT 700 SECTIONS 6N R10W  
 CLATSOP CTY/ OR 97138

SPRUCE AVE.

WATER



EXISTING DRAINFIELD  
 Proposed expansion of existing DRAINFIELD  
 FINISHED REPLAC' MNT. DRAINFIELD

CONCRETE TANK  
 1000 GAL STEEL SEPTIC TANK  
 4'-2ND FLOOR ORIENT

HOUSE DIMS  
 24' x 44'  
 LR  
 BD KIT DIN

OK  
 Bart J. Millar  
 7-23-90

GRADES:

|                       |                       |
|-----------------------|-----------------------|
| A = ORIGINAL GRADE    | VARIABLES 98.5 to 101 |
| B = EXCAVATED GRADE   | 100                   |
| C = FIN. FLOOR ELEV.  | 102                   |
| D = FIN. GRADE        | 101                   |
| E = GAR. FLOOR GRADE  | 101.2                 |
| F = DRIVE ELEV        | 100.8                 |
| G = TOP OF FOUNDATION | 102.3                 |

SCALE 1" = 20'



STATE OF OREGON  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 749 Commercial, P.O. Box 869  
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY  
 Date Rec'd. 9-26-90/10249  
 Date Completed expired  
 Required Fee 105.00/40.0  
 Receipt No. 4632446346  
 Control No. \_\_\_\_\_

FOR APPLICANT'S USE -- (PLEASE PRINT)

100 x 185  
 Lot Size (Acreage or Dimensions)

BARTON J - LINDA L - MILLAR  
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 6N 10W 10BD 700 Clatsop  
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate AMENDED PLAT - WOODLAND PARK 11 & 12 5  
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility  
 Single Family Residence 4  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

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

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

APPLICATION FOR:

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

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedrooms
- Personal hardship
- Temporary housing
- Other (Specify) \_\_\_\_\_

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

[Signature]  
 (Signature)

9-12-90  
 (Date)

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

Owner's Mailing Address

341 S. LINCOLN  
SEASIDE, OR.  
97138  
 Phone 738-8106 or 738-8463

Applicant's Mailing Address (if different)

Phone \_\_\_\_\_

SEACOAST NURSERY CONSTRUCTION, INC.

3111 Hwy. 101 North  
SEASIDE, OREGON 97138  
Phone 738-6401

|                                      |               |  |                 |
|--------------------------------------|---------------|--|-----------------|
| PROPOSAL SUBMITTED TO<br>Hart Miller |               | PHONE<br>738-3106                        | DATE<br>3-30-90 |
| STREET                               |               | JOB NAME                                 |                 |
| CITY, STATE and ZIP CODE             |               | JOB LOCATION<br>231 Surice St., Gearhart |                 |
| ARCHITECT                            | DATE OF PLANS | JOB PHONE                                |                 |

We Propose hereby to furnish material and labor — complete in accordance with specifications below, for the sum of:

(Five Hundred Seventy-Eight and 50/100) dollars (\$ 578.50 ).

Payment to be made as follows:  
upon completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

*Wileen Stanulsky*

Note: This proposal may be withdrawn by us if not accepted within 30 days.

We hereby submit specifications and estimates for:

Install low pressure Septic System, to include:

|                               |                 |
|-------------------------------|-----------------|
| Extend Drainfield 200 sq. ft. | \$500.00        |
| Larger Pump                   | 238.50          |
| Labor                         | 58.00           |
| Change Eight Line             | 90.00           |
|                               | <u>\$978.00</u> |

In case suit or action is instituted to enforce this contract or any provision hereof, the losing party to said suit or action agrees to pay such sum as trial court may adjudge reasonable as attorney fees to be allowed prevailing party in said suit or action, or if an appeal is taken such sums as appellate court would award as reasonable attorney fees.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Signature \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_ Signature \_\_\_\_\_

1-800-452-4011  
Chuck

209-6053

11,500

11,500

3-30-89 Told them if they  
can show on plot plan  
4-bd house w/ 20'x30'  
expansion & 20'x30' replacement  
& meet setbacks, I'd approve  
expansion - They must  
locate deep tank, doing  
tank & 20'x20' seepage bed  
on property & pick the out  
proper building.

~~11,500~~ - S.E. SPRUCE  
281

130  
~~60,000~~

71,500

76,500

80,000

90,000

10,000

130  
40

13,000

70,000

4900

50

76,50

70,000

65

10 25 10 25

76,000

325-8660  
8-12 M-F

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

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

- Septic Tank       Disposal Trenches       Unknown  
 Septic Bed       Cesspool or Pit  
 Other -- (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When was your sewage disposal system installed? 1982 81-5640  
(Permit No.)

3. Tank material: *Never used*  
 Steel       Concrete       Fiberglass  
 Polyethylene       Unknown

4. Volume of the septic tank in gallons. 1000

5. When was the septic tank last pumped? \_\_\_\_\_ (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? never used

9. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 4 How many people occupy the dwelling? 4

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

11. Provide a plot plan on the reverse side of this form showing actual measurements that locates the existing septic tank and disposal field, property lines, easements, existing structures, driveways, and water supply. Indicate North direction.

By my signature, I certify the plot plan on the reverse side and the above information is accurate and true to the best of my knowledge.

9-12-90  
Date

*Bob Miller*  
Signature of Property Owner  
or Legally Authorized Representative

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

SUBSURFACE SEWAGE SYSTEM

CERTIFICATE OF SATISFACTORY COMPLETION

618-100D-2000

Property Owner Helena Coffey

Permit Number 21-56410

C-37

T.6N R.10W Sec. 10 Tax Lot/Acct. No. 700

Date of Final Insp. 12-15-81

Loc./Road Spruce St Gearhart

Approved By Richard E. Smith

Installer DAVE DARLING (Good Job!)

ISSUED 2-12-83

Seepage bed: Pressurized

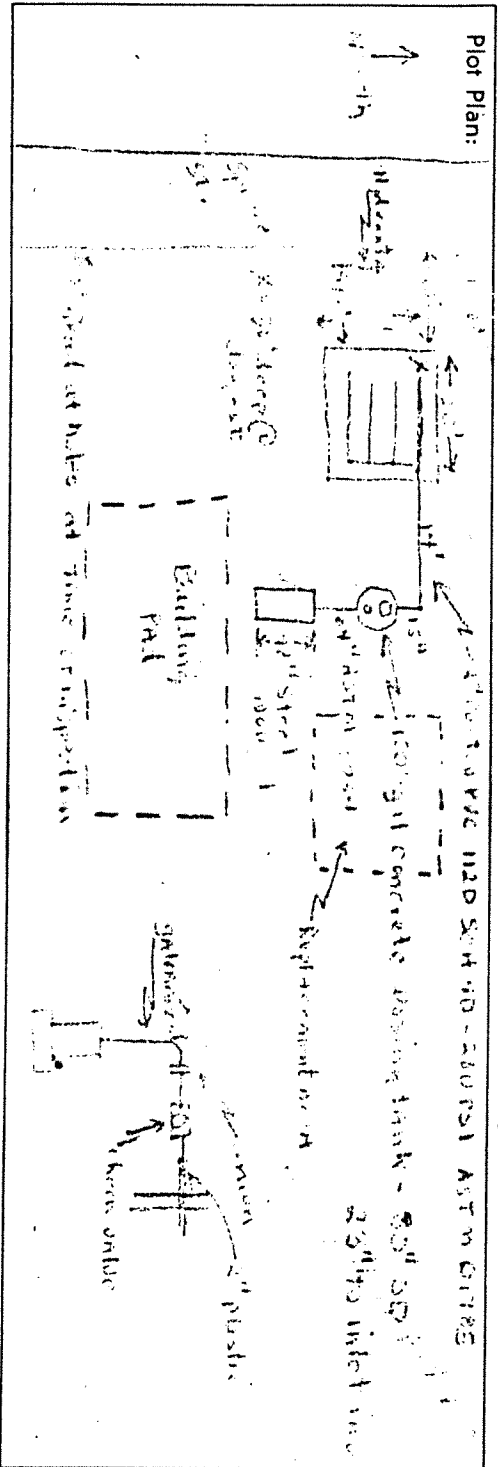
Disposal Trenches: 400 Square Ft.

Lineal Ft.

Tank Size: 1000 Gallons

System Designed to Serve 2 Bedrooms

Lineal



DEQ/MQ-402 1/78

DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

|   |   |   |                        |   |
|---|---|---|------------------------|---|
| APPLICANT'S NAME<br><i>BART MILLAR</i>  |   | MAILING ADDRESS<br><i>341 S. LINCOLN</i>  |                        | PHONE<br><i>503-738-8106</i><br><i>503-738-8463</i> |
|   |   | CITY STATE ZIP<br><i>SEASIDE OR 97138</i> |                        |   |
| PROPERTY LOCATION   | TOWNSHIP<br><i>6N</i>   | RANGE<br><i>10W</i>                       | SECTION<br><i>10BD</i> | TAX LOT OR ACCT NO<br><i>700</i>                    |
|   | SUBDIVISION/PROJECT<br><i>WOODLAND PARK ADDITION TO GEARHART PARK</i> |   | LOT<br><i>11-12</i>    | BLOCK<br><i>5</i>                                   |
|   |   |   |                        | COUNTY<br><i>CLATSOP</i>                            |
| <input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981. |   |   |                        |   |

PROPOSED LAND USE

*4 Bedroom Family Dwelling*  
*1800 SQ. FEET*

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

PROPERTY'S ZONING DESIGNATION

*R-1 SINGLE FAMILY DWELLING*

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

- |  |           |   |
|--|-----------|---|
| <input checked="" type="checkbox"/> COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN | <b>OR</b> | <input type="checkbox"/> CONSISTENT WITH THE STATEWIDE PLANNING GOALS     |
| <input type="checkbox"/> NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN        |           | <input type="checkbox"/> NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS |

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

PROPERTY IS LOCATED (CHECK ONE)

INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY  
 OUTSIDE CITY LIMITS

OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

*City of Gearhart*

SIGNED

*Bruce F Maltman*

TITLE

*City Administrator*

DATE

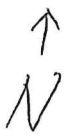
*9-12-90*

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED

TITLE

DATE



CITY  
OF  
GEARHART

Hwy 101

PACIFIC WAY



STOP  
LIGHT

← 2 blocks →

DAIRY  
QUEEN

WOODLAND

SPRUCE

281  
SPRUCE

Dead  
in

610-10BD-700

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

Property Owner Helen Coffey

Permit Number 81-5640 G-37

T. 6N R. 10W Sec. 10BD Tax Lot/Acct. No. 700

Date of Final Insp. 10-15-81

Loc./Road Spruce St. Gearhart

Approved By John L. Smith P.E.

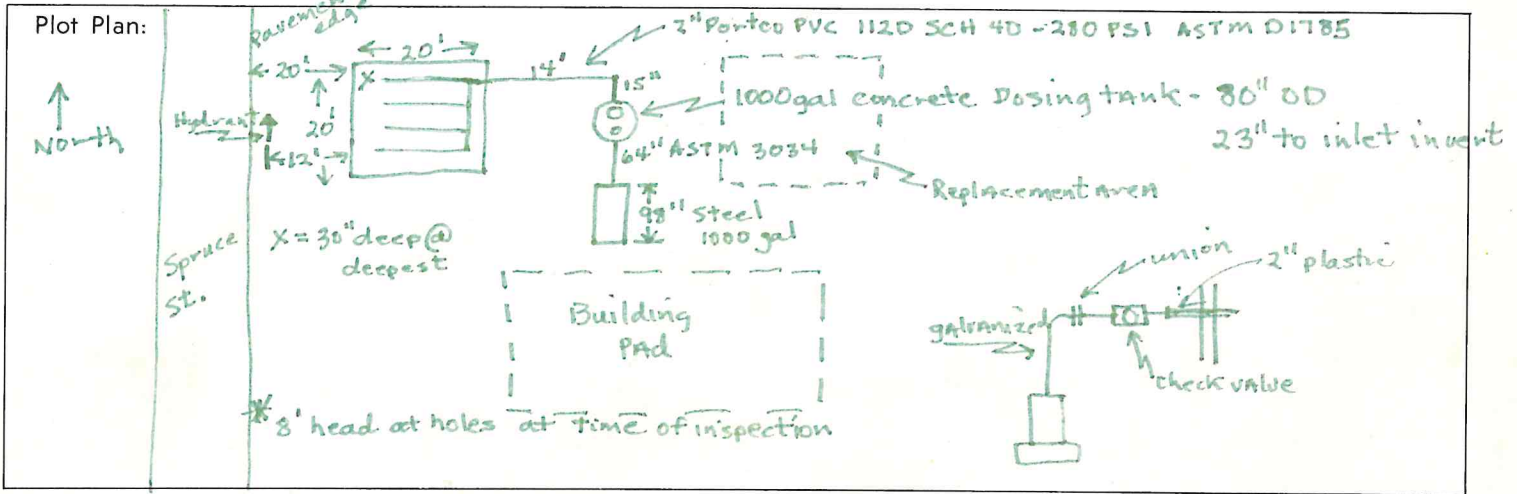
Installer DAVE Darling (Good Job!)

Title Environmental Analyst

Seepage bed: Pressurized  
Disposal Trenches: 400 Square Ft. \_\_\_\_\_ Lineal Ft. \_\_\_\_\_

ISSUED 2-12-82

Tank Size: 1000 Gallons. System Designed to Serve 2 bedroom dwelling



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: Very important to place 6" wide strips of tarpaper over the laterals. Check the float levels. They should be set to pump 60-90 gallons per cycle. Unless I hooked up power wrong, 150 gallons was pumped and it still did not shut down. Is the pump enclosed in a 1/8" plastic wire mesh? You may cover the system, but the Certificate must be held up until the owner applies for a building permit GOOD JOB!!

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. 81-5640

CONTACT: 325-8660

INSPECTION:

Questions?

TIME \_\_\_\_\_

DATE 10-15-81

BY John L. Smith  
(SIGNATURE)

**DO NOT REMOVE THIS NOTICE FROM SITE**



610-10BD-700



## Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-  
Astoria Branch, P.O. Box 869, Astoria, Oregon 97103 (503) 325-8660

November 18, 1981

Helen Coffey  
3822 SE VanWaters  
Portland, Oregon 97202

Re: Certificate of Satisfactory Completion  
610-10BD-700  
Clatsop County

Dear Mrs. Coffey:

On October 15, 1981, John Smits inspected the septic system installed on your property. John approved the construction of the system and gave permission to cover it. He indicated, however, that a Certificate of Satisfactory Completion could not be issued until a building permit is obtained from the City of Gearhart.

Oregon Administrative Rule 340-71-175 states that unless a Certificate of Satisfactory Completion is issued that "No person shall connect to or use... (the) system". If you are using the system without this approval, you are subject to a civil penalty or other enforcement action. Please contact John Smits or myself as soon as you obtain the permit. The final approval will be issued at that time.

Sincerely,

Gerald R. Campbell  
Waste Management Specialist

cc: Lin-Bar Construction Co., 12932 SE Vernie,  
Milwaukee, Oregon 97222

Dec 15, '81 Called Gearhart city hall - Bld Permit has not been issued.

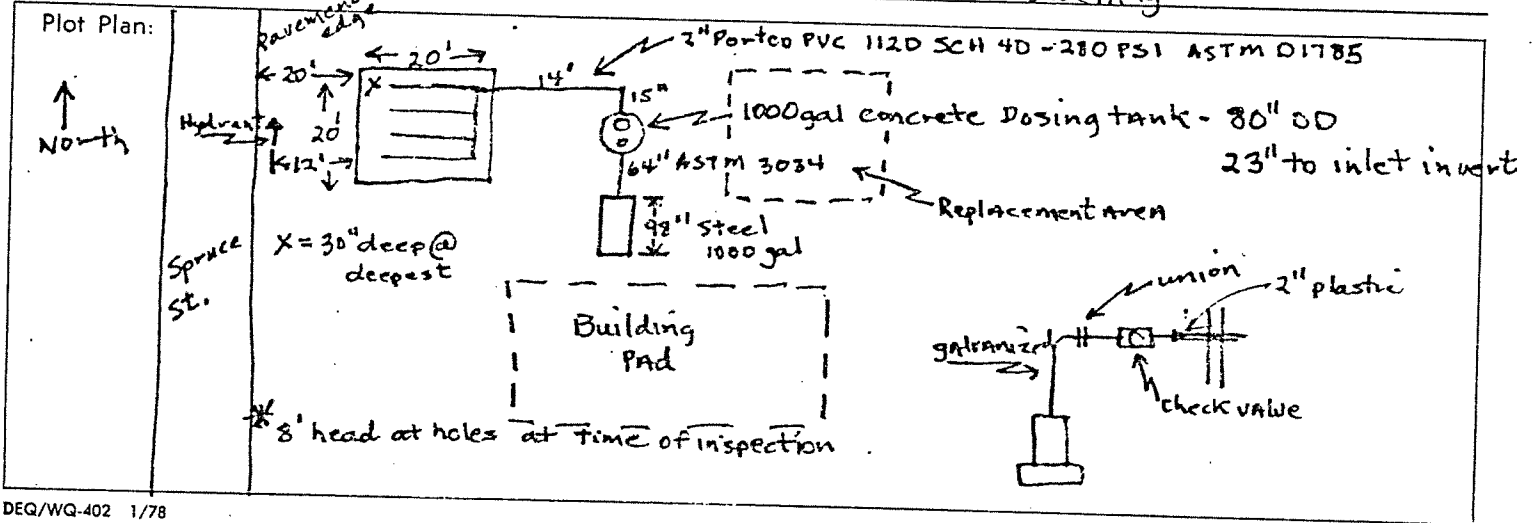


Contains  
Recycled  
Materials

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

Property Owner Helen Coffey  
 T. 6N R. 10W Sec. 10 Tax Lot/Acct. No. 700  
 Loc./Road Spruce St. Gearhart  
 Installer DAVE DAVING (Good Job!)  
 Seepage bed: Pressurized  
 Disposal Trenches: 400 Square Ft. \_\_\_\_\_ Lineal Ft.  
 Tank Size: 1000 Gallons. System Designed to Serve 2 bedroom dwelling

Permit Number 81-5640 G-37  
 Date of Final Insp. 10-15-81  
 Approved By John D. Smith R. L.  
 Title Environmental Analyst  
 ISSUED 2-12-82



STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

G-37

Property Owner Helen Coffey  
T. 6N R. 12W Sec. 10 Tax Lot/Acct. No. 700  
Loc./Road Spruce St / Gearhart

Permit Number 81-5640 *SKC*  
Expiration Date April 8, 1982  
Issued By Gerald Campbell

# PERMIT

[NOT TRANSFERABLE]

New Construction of  Repair of  Connection of  Alteration of

## 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 400 *Seepage Bed* Square ft. 108 Lineal ft.  
Maximum trench depth 24" Minimum trench depth 12"  
 Loop  Equal  Serial Distance between lines on center 4ft  
Total rock depth 12" Below pipe 8" Above pipe 2"  Rake sidewalls  
Special Conditions. [Follow Attached Plot Plan]. Seepage Bed with low pressure cluster butters  
use filter fabric to cover gravel.

PRE-COVER INSPECTION REQUIRED - CONTACT: Gerald Campbell

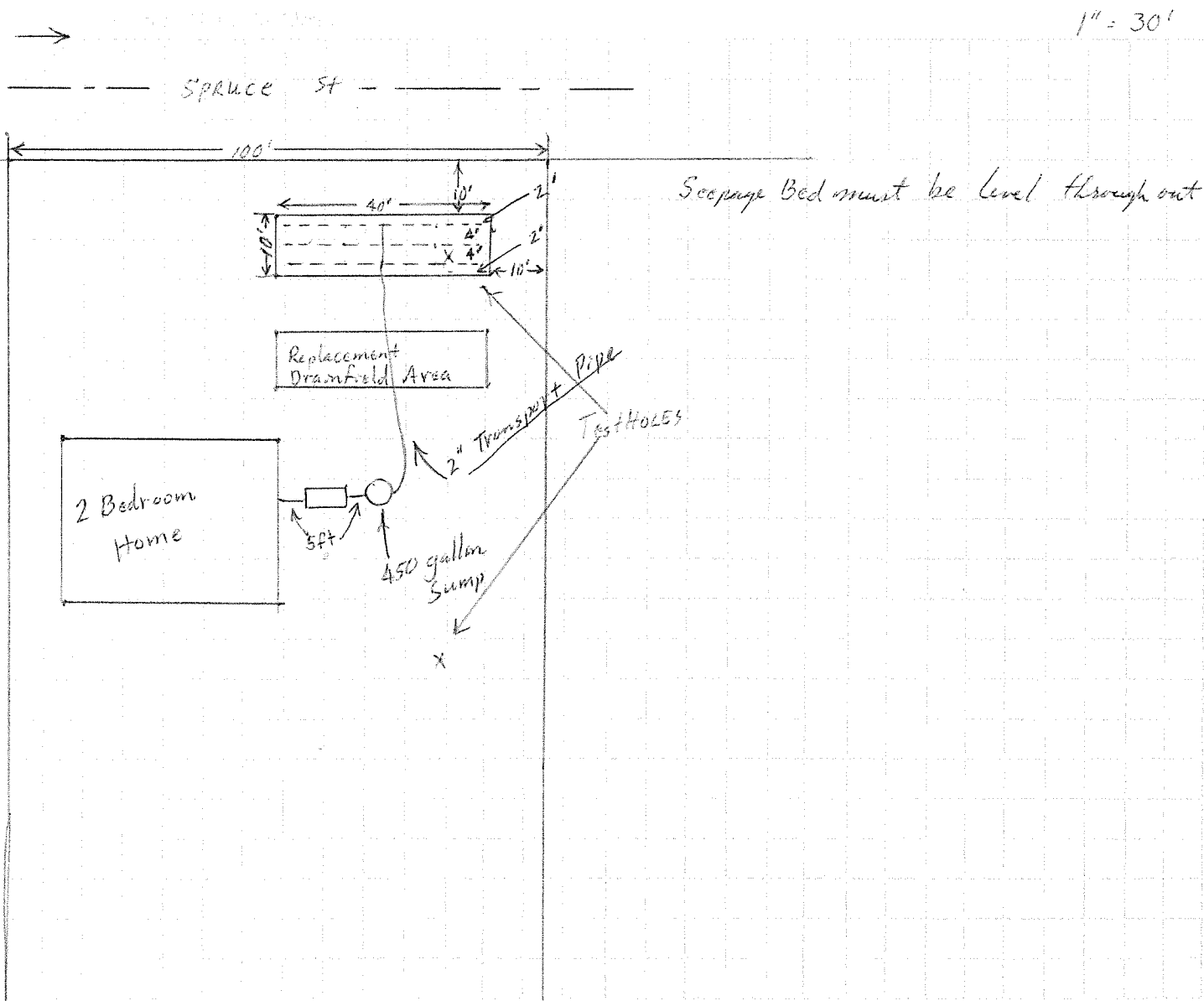
# POST ON SITE

325-8660

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

Property Owner Helen Coffey Date April 8, 1981

Location: T. 6N R. 10W Sec. 10 Tax Lot/Acct. No. 700



REMARKS: Assume Pump Requirements: 22 gal/min at drainfield to create 5 ft head  
8 ft total Head Loss in 40 ft  
.4 Horse power should be adequate for this system  
Contact this office before purchasing pump if House location is different  
than shown

FOR DEQ USE ONLY

Approved

Permit Number 81-5640

Disapproved

By: Donald R. Campbell April 8, 1981  
(SANITARIAN/SIGNATURE) (DATE)

Date Rec'd 3-2-81 Amt. Rec'd \$ 1600.00  
Receipt No. 20472 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) \$125.00
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 100*

**REFERENCE INFORMATION (Please Print)**

*Mail to this*

*✓ Lin-Bar Cons. Co. - Stephen Stoelk*  
 NAME OF APPLICANT  
12932 SE Vernie  
 ADDRESS  
Milwaukie, Ore.  
 CITY 97222  
 ZIP CODE  
654-1369  
 PHONE

*Address* Helen Coffey *Permit Issued to*  
 NAME OF PROPERTY OWNER  
3822 SE Van Waters  
 ADDRESS  
Portland, Ore.  
 CITY 97202  
 ZIP CODE  
654-9093  
 PHONE

**PROPERTY DESCRIPTION**

*✓* 6 10 10 B.D. 700 Clatsop  
 Township Range Section Tax Lot/Account Number County  
Woodland Park 100/165  
 Subdivision/Area Tract Block Lot Lot Size

**PROPOSAL DESCRIPTION**

PLANNED USE: House X Mobile/Modular Home \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_  
 No. of Bedrooms 2 Water Supply city water (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.

*PURSE*  
*actman*  
 Signature and Name of Zoning Agency \* City of Gearhart Bruce F Maltman

3. Plot Plan. \_\_\_\_\_
4. Other \_\_\_\_\_

**DIRECTIONS TO SITE: (A Map Would Help)** 2x3x4'

X

SIGNATURE Helen H. Coffey  
 (Contract Purchaser/Owner/Installer)

DATE 3/15/81

Subdivision Embankment - Mc Guider

West part Complaint

Conrad Timmerman

Svensson Market Rd

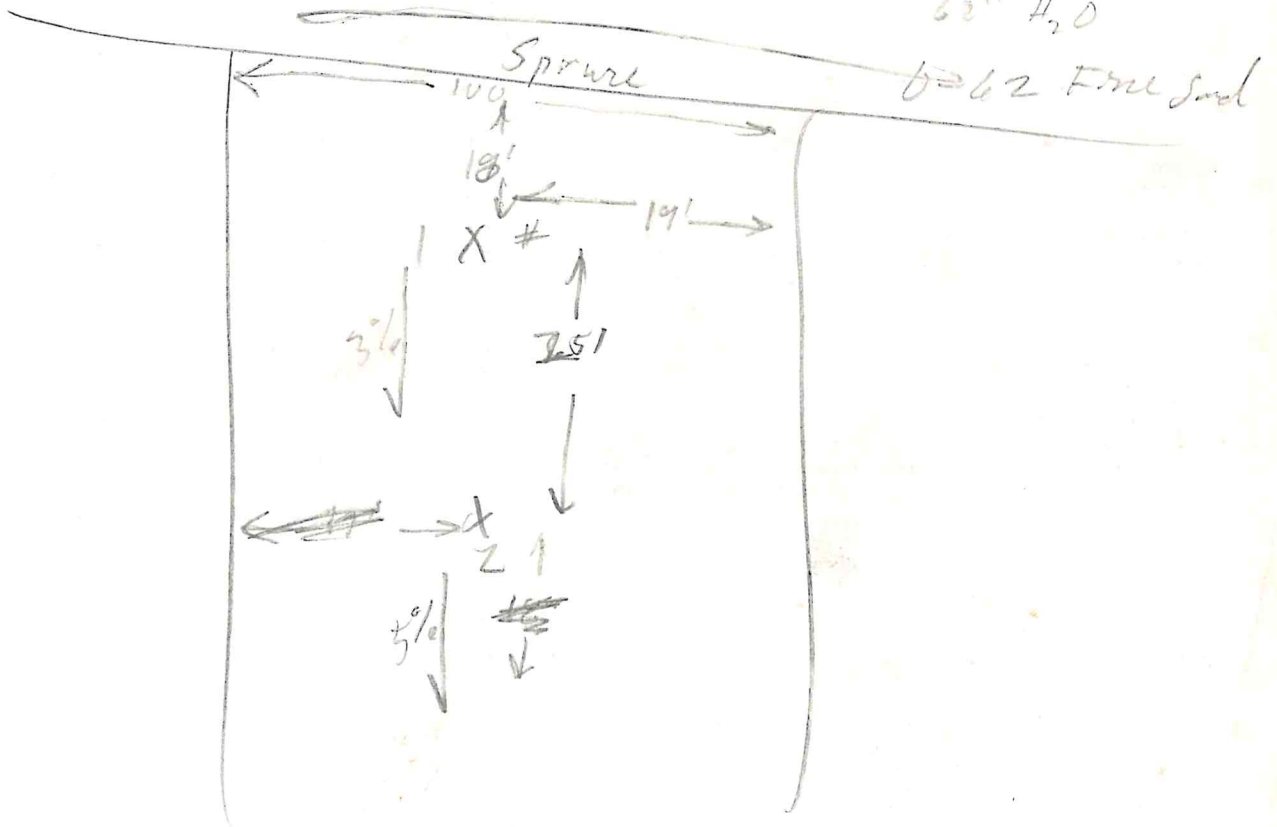
#1  
 62" High Cherry Matter  
 62" Fine Sand  
 62" ↓ " + Gobbler  
 NO H<sub>2</sub>O to 72"

Burned House

Svensson Market Rd

N. Knappa

#2  
 58" Low Cherry  
 ↓  
 62" H<sub>2</sub>O  
 62" Fine Sand



610-10BD-700

CLATSOP COUNTY HEALTH DEPARTMENT

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

July 17, 1973

Kenneth King  
20230 S. W. Johnson  
Aloha, Oregon

Re: Assessor's Code 10-05, Assessor's Account Number 610 10BD-700  
Lots 11 and 12, Block 5, Amended Plat of Woodland Park

Dear Mr. King:

On July 16, 1973, a sanitarian from the Clatsop County Health Department visited the above described property in order to evaluate the proposed lot, or partitioning with regard to the installation of subsurface sewage disposal. Observations were made on soil characteristics, slope, general topographic features, and depths to bedrock or other restrictive layers.

As a result of this evaluation, it is the opinion of this office that the lot, or partitioning, as above described, does meet with the requirements set forth in O.A.R., Chapter 333, Section 41-001 to 41-045, therefore a subsurface disposal system is feasible under the general conditions and circumstances of the property as outlined in the above mentioned rules and statutes. Any modification of the soil on the lot/lots may negate this approval.

In designing your drainfield you will be required to use a minimum of 150 square feet of leach field per bedroom.

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

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

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*G. Edward Barnes*

G. Edward Barnes, R.S.  
Clatsop County Sanitarian

GEB/hj

CC: Helen Coffey  
3822 S. E. VanWaters  
Portland, Oregon 97202

To County Health Officer Clatsop Cty, Oregon.

Dear Sir:

We are considering the purchase of lots 11 & 12 on Spruce St. in Gearhart. We are submitting the enclosed forms for your approval.

Thank You,

Helen Coffey  
3822 SE Van Water  
Portland, Oregon 97202



REQUEST FOR FEASIBILITY STATEMENT

RECEIVED  
JUN 8 1973  
CLATSOP COUNTY HEALTH DEPT.

TO: County Health Officer  
of Clatsop County, Oregon

Pursuant to the Oregon Health Department Rule regarding inspection of sites for feasibility of subsurface sewage disposal upon sale or transfer, you are hereby requested to make such inspection of the following described parcel of land, situated in Section ....., Township ..... South, Range ..... West, Clatsop County, Oregon, to wit: (attach copy of legal description if desired)

Amended Plat of Woodland Park, Lt. 11 & 12 Blk 5  
Assessor's Code 10-05  
" Acct # 610-10BD-700

The intended use of the property is as follows: Residential

The proposed method for providing such property with sewage disposal and domestic water is as follows:  
Septic Tank & drain field as per code in  
area

Specific plans for a specific system or systems are submitted herewith and you are requested to give specific approval thereof.

Please address all communications to:

Helen Coffey  
3822 SE Van Waters  
Port. Ore. 97202

The undersigned

My agent, whose address is as follows:

Dated 6-6, 19 72

TRANSFEROR:

Address of Transferor:

Ken King

20230 SW Johnson  
Aloha Ore.

By ....., Agent

STATEMENT OF INTENDED USE BY TRANSFEREE

(Made pursuant to Oregon Health Department Rule regarding site inspection by County Health Dept. Officials)

TO: Kenneth King (Transferor)

Regarding my proposed purchase of that certain parcel of real estate situated in Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ West, \_\_\_\_\_ County, Oregon, briefly described as follows:  
(attach copy of legal description if desired)

Amended Plat of Woodland Park, Lt. 11 & 12 Blk 5

My (our) intended use of the property is as follows:

- Residential  Commercial  Camping

Other \_\_\_\_\_

I do not presently know the intended use.

I decline to disclose the intended use.

I AM AWARE that if I decline to disclose the intended use, or that I do not know the intended use, NO INSPECTION of the premises will be made at this time by the County Health Department to determine the feasibility of sub-surface sewage disposal.

Dated 6-6, 1973

TRANSFEREE:

Helen Coffey

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30

ASTORIA, OREGON 97103

LOT EVALUATION APPLICATION

1. Provide your name, mailing address and telephone number.

Helen Coffey  
3822 S.E. Van Waters  
Portland, Oregon 97202

OWNER - Kenneth King  
20230 S. W. Johnson  
Aloha, Oregon

2. Provide a detailed rural route description of how to find the property. This should be in layman's terms and should pinpoint the specific location of the property.

3. Attach a map of the property you wish inspected. ONLY an Assessor's map will be accepted and may be obtained at the Assessor's Office in the Courthouse at a nominal fee. This cannot be returned.

4. Provide a statement describing the source of water supply to the lot. (eg. Individual or community supply) If the source is a community supply, provide information as to the location of the nearest connection to the water distribution system.

5. Legal description: Lots 11 and 12, Block 5, Amended Plat of Woodland Park

Assessor's Code: 10-05

Assessor's Account Number: 610 10BD 700

6. What is the proposed method of sewage disposal?

(a) Septic tank and drainfield (X)

(b) Community Sewer ( )

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

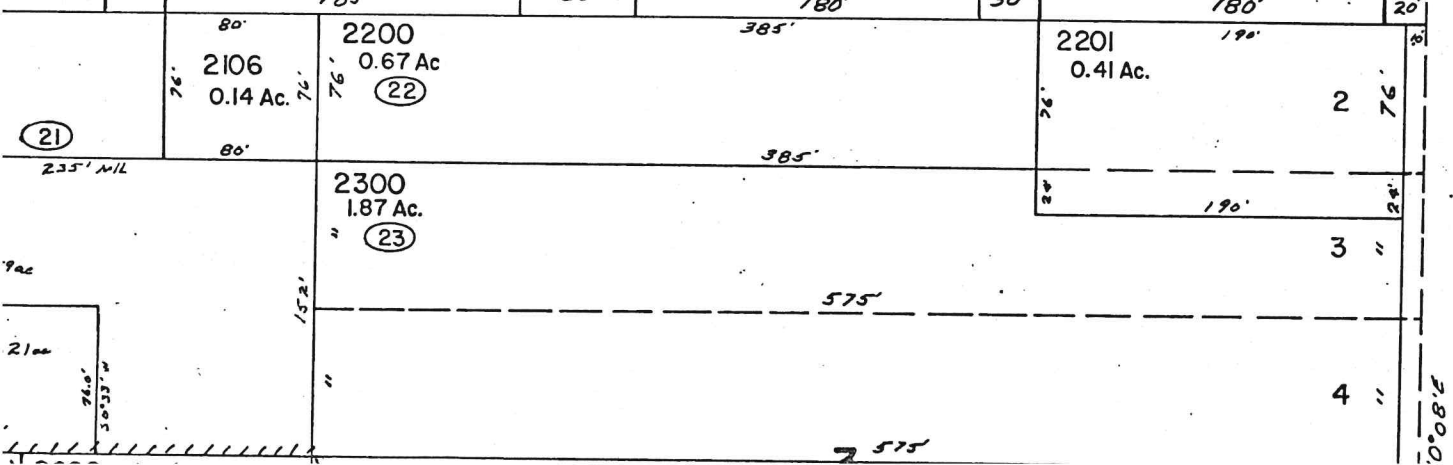
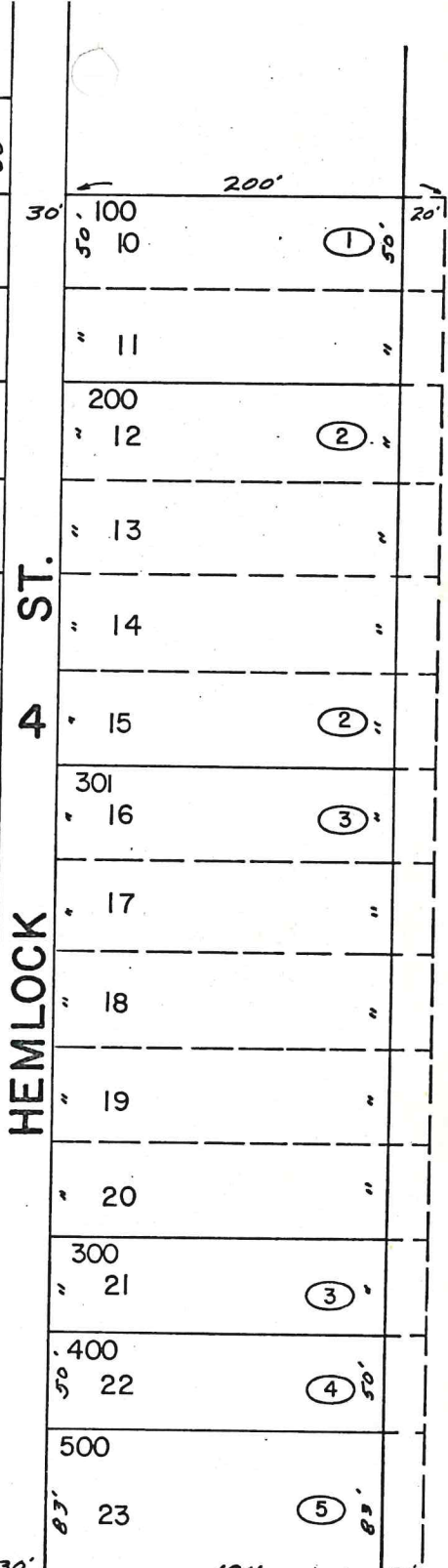
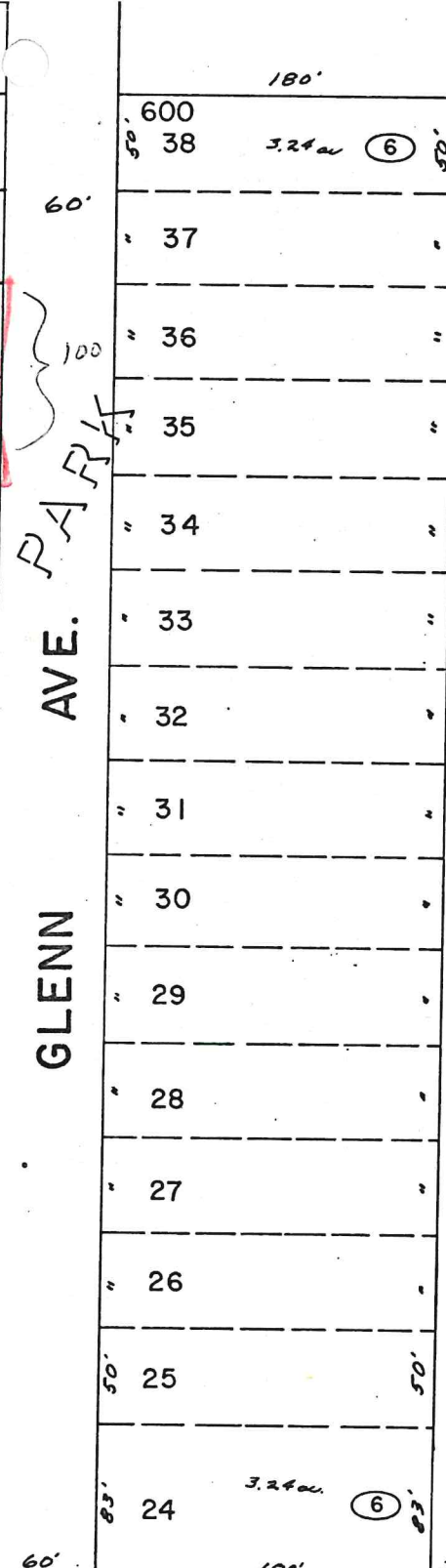
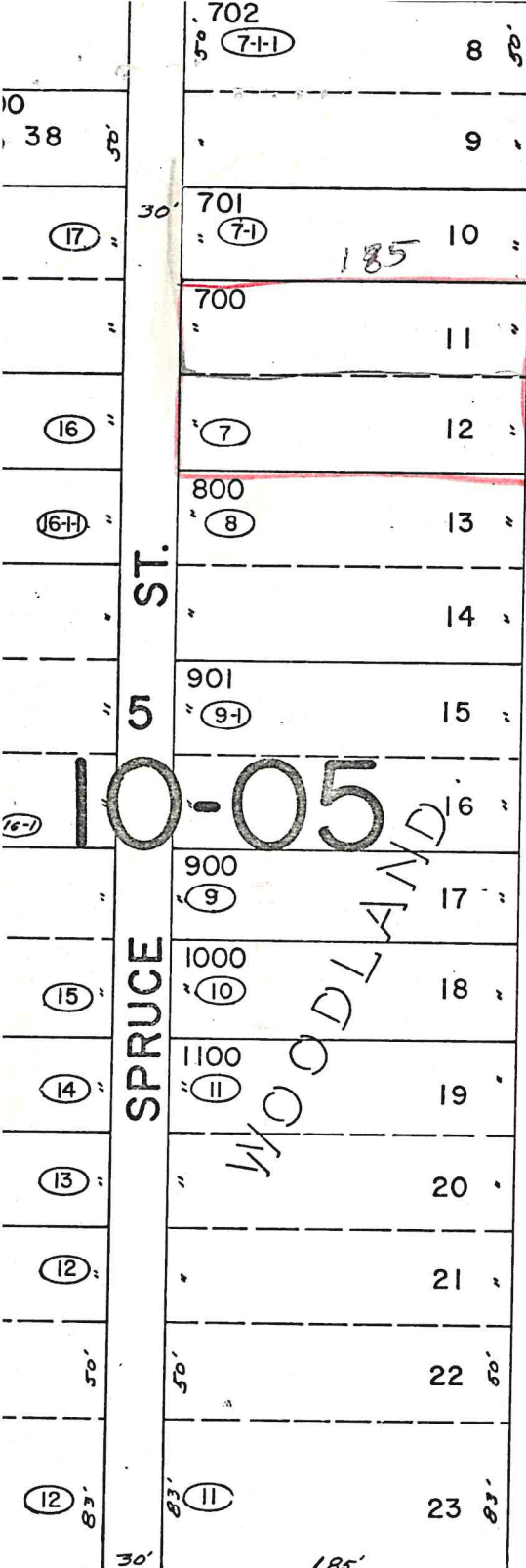
7. Proposed use of property:

(X) Residential

( ) Camping

( ) Commercial

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



10-05  
WOODLAND

GLENN AVE. PARK

HEMLOCK ST.

Beaumont

OREGON COAST (PARK DRIVE) HWY 101

NAME King, KENNETH C, YOLA R AGE DATE STATE G.I. Loan #20805

ADDRESS 305 S.E. SPRUCE ST, GEARHART. OCCUPATION

REFERRED BY 610-10BD-700

| DATE         | NOTES  | S. B. R. HOUSE, WORKER |
|--------------|--|------------------------|
| 1-7-55 F.V.  | <p>Inspection made for G. I. Loan at the request of the State Veterans affairs. It was found that a 500 gal metal septic tank is in 150' tile in trench 18" wide. The following was recommended:</p> <ol style="list-style-type: none"> <li>1- Add another 300 gal septic tank &amp; best aux.</li> <li>2- " 60' tile in trench 24" wide</li> </ol> <p>Left bulletin on sewage disposal.</p> |                        |
| 1-14-55 F.V. | <p>Final inspection made, the above recommendations were installed as requested on Jan 7, 1955. The system is approved.</p> <ol style="list-style-type: none"> <li>1- Total Septic Tank Cap - 800 gal.</li> <li>2- 160' tile in trench 2' wide</li> </ol> <p>Letter to State Veterans affairs with approval.</p>   | S. B. R.               |

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

**TICOR TITLE INSURANCE**

