20350
Control No.
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STATE OF OREGON DE-ARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO	88 - 85	

New Construction XX Repair	08-08-88 (Date Issued) VORK VICE. DVAL)
Permit Issued To John Horning (Property Owner's Name) (Property Owner's Name) (Range) (Section) (Tax Lot / Acct Ave. S Seaside (City) (Issued by - Signature) PERMITS ARE NOT TRANSFERABLE ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. NO SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SEF (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROPERTY OF SYSTEM Standard SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/D	No.) (County) 08-08-88 (Date Issued) VORK VICE. DVAL)
PERMITS ARE NOT TRANSFERABLE ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SEF (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPRILED SPECIFICATIONS EXPIRATION DATE August 8, 1989 AND Design of Sewage Flow 450 Gal's/Duank Volume 1000 Gallons Disposal Trenches XXX Seepage Bed(s)	No.) (County) 08-08-88 (Date Issued) VORK VICE. DVAL)
Ave. S Seaside City City County County	No.) (County) 08-08-88 (Date Issued) VORK VICE. DVAL)
Ave. S Seaside G Clity) PERMITS ARE NOT TRANSFERABLE ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SEF (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROPERTY OF SYSTEM STANDARD SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/D ank Volume 1000 Gallons Disposal Trenches XXX Seepage Bed(s) Seepage Bed(s)	08-08-88 (Date Issued) VORK VICE. DVAL)
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PERMITS ARE NOT TRANSFERABLE ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SER (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROPERTIES OF SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/Dunk Volume 1000 Gallons Disposal Trenches XX Seepage Bed(s)	VORK VICE. DVAL)
ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SER (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROPRIES OF SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/D OR PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SER OR BE ADMINISTRATIVE RULES, CHAPTER 340. No Property of Sewage Flow SPECIFICATIONS SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/D OR Volume 1000 Gallons Disposal Trenches XXX Seepage Bed(s) Seepage Bed(s) Seepage Bed(s)	VICE. DVAL)
SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SEF (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROPERTIES APPRO	VICE. DVAL)
(MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPRISON SPECIFICATIONS EXPIRATION DATE August 8, 1989 TYPE OF SYSTEM Standard Design of Sewage Flow 450 Gal's/D sink Volume 1000 Gallons Disposal Trenches XXX Seepage Bed(s) S	DVAL)
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Design of Sewage Flow 450 Gal's/D	у
nk Volume 1000 Gallons Disposal Trenches XX Seepage Bed(s)	ıy
Oximum Denth 311 JXX inches Minimum Denth 18 inches 3110	
William Depth 120 Thomas. William Depth 120 Thomas.	Linear Feet
ual XX Loop Serial Pressurized Minimum Distance Between Trenches 10 feet.	
tal Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. \Box Rake	Sidewall
pecial Conditions (Follow Attached Plot Plan)	
th Reference Locations D-B-Y	
staller Bill Bergerson Const	
4 (0 (2)	
al Insp. Date 8-18-88	
al Insp. Date 8-18-88 BOB PAETH	
Inspected By CHUCK HOPKINS	
Inspected By CHUCK HOPKINS	
Inspected By CHUCK HOPKINS	
Inspected By CHUCK HOPKINS Issued by Operation of Law Pre-cover inspection waived	
Inspected By CHUCK HOPKINS Issued by Operation of Law	
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Inspected By CHUCK HOPKINS I Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340, Division 71 HOUSE	
Inspected By CHUCK HOPKINS Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340, HOUSE	
Inspected By CHUCK HOPKINS Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340, Division 71 Box 23 RT I accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory complete	tion of an on-site
Inspected By Chuck Hopkins 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Inspected By CHUCK HOPKINS Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340, Division 71 Box 23 R7 L accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory complewage disposal system at the location identified above. uance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will fur hout failure.	

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

Property Owner JoHn	HORNING	Date <u>7-31-88</u>
Location: T. 6 N	R. <u>10 w</u> Sec. <u>27</u> Ta	
D WEST P.		
west 7		
	<u>8</u> 100 -	
DBox 74		10 CENTERS
	Market Sections and Assessment As	
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0 GQ 172-	LINCHES !	DIFF, END TO END
>[]		
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Hous		
· · · · · · · · · · · · · · · · · · ·	181	
EMARKS:		
	FOR DEQ USE ONLY	
Approved	Permit Number	
] Disapproved	By:(SANITARIAN SIGNATU	URE) (D. 1)

FOR OFFICE USE ONLY

STATE OF OREGON

FOR OFFICE USE ONLY Date Rec'd 8-1-88 Date Completed 8-25-88						
Required Fee BONGSUN 80						
Receipt No. 38396 Control No. 20357)						
Control No. AUSS) ()					
ion)						
TACHED YES	□ NO					
TACHED 🗆 YES	□ №					

,	Department of Env	rironmental Quality	Date Rec'd 8-/-	
Date Test Holes Ready	-		Date Completed	
			Required Fee <u>BOR</u> Receipt No. <u>383</u>	
			Control No. 203	
	APPLICAT	TION FOR:		J
,	☐ Site Evaluation Report ☐ Permit to Construct On-Site Sew ☐ Permit to Repair On-Site Sew ☐ Permit for Alteration of On-S ☐ Permit Renewal ☐ Authorization Notice ☐ Other (Specify)	age Disposal System	1	
,	Required fee and land use compatibility	statement must accompany ap	plication)	
FOR OFFICE USE ONLY:				
VICINITY OR TAX LOT MAP I TEST HOLES REQUIRED	REQUIRED	□ NO □ NO	ATTACHED □ YES ATTACHED □ YES	□ NO
. LAND USE COMPATIBILITY S ADDITIONAL ITEM(S) REQUI		□ N0	ATTACHED □ YES	□ №
				
****************	***************	*********	***************	********
FOR APPLICANT'S USE — (Please P	rint)			
TOHN HORN! (Property Owner's Name)	NG			4 ↔
(Township) JO W (Range)	27BB (Section)	400 (Tax Lot/Acct. No.)	CLATSOF (County)	>
(Subdivision Name)	(Lot No.)	(Block No.)	(Lot Size)	
(Public Water Supply)		(Private Water Supply, Specify Type)		
Single Family Residence	3			
	(Number of Bedrooms)	Other(Specify)		
Directions to Property: 24.5	TON AVES TO	TURN RI	SHT CROSS BRI	DGE
FIRST HOUSE	ON RIGHT. C.	AVE, S. IS @ A	BELL BUDY CRA	B)_
By my signature, I certify that the Quality and its authorized agent	ne information I have furnished is permission to enter onto the abo	s correct, and hereby gran	at the Department of Enviro	nmental ation.
Bill Bergesso	27	7-31-88	Owner Authorized Representate S.D.S. License No.	tive
Owner's Mailing Address		Applicant's Mailing Addres	as (if different)	
JOHN HORNI	NG	BILL BER		
RT / Box 23				
SEASIDE OR		SEA CINE	595 OIP, 9713	
Phone 738 - 7885		Phone 238-280	7/13	8
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