

## 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 501156 as follows:*

### PROPERTY INFORMATION

Property Owner: **White Robert J** Township **6**, Range **10**, Section **33 0 0**  
Property Location: **85481-85479 Hwy 101, Seaside** Tax Lot **00300**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Equal**  
Total Trench Length: **300.00 Linear feet**  
Trench Spacing: **8.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **12.00 inches**  
Minimum Trench Depth: **12.00 inches**  
Drain Media Total Depth: **12.00 inches**  
Drain Media Below Pipe: **6.00 inches**  
Drain Media Above Pipe: **2.00 inches**

\*Minimum undisturbed soil between trenches

### 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 system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.
- 6 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

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

*Yvonne Van Nostran*

**Environmental Health Specialist**

**6/25/2019**

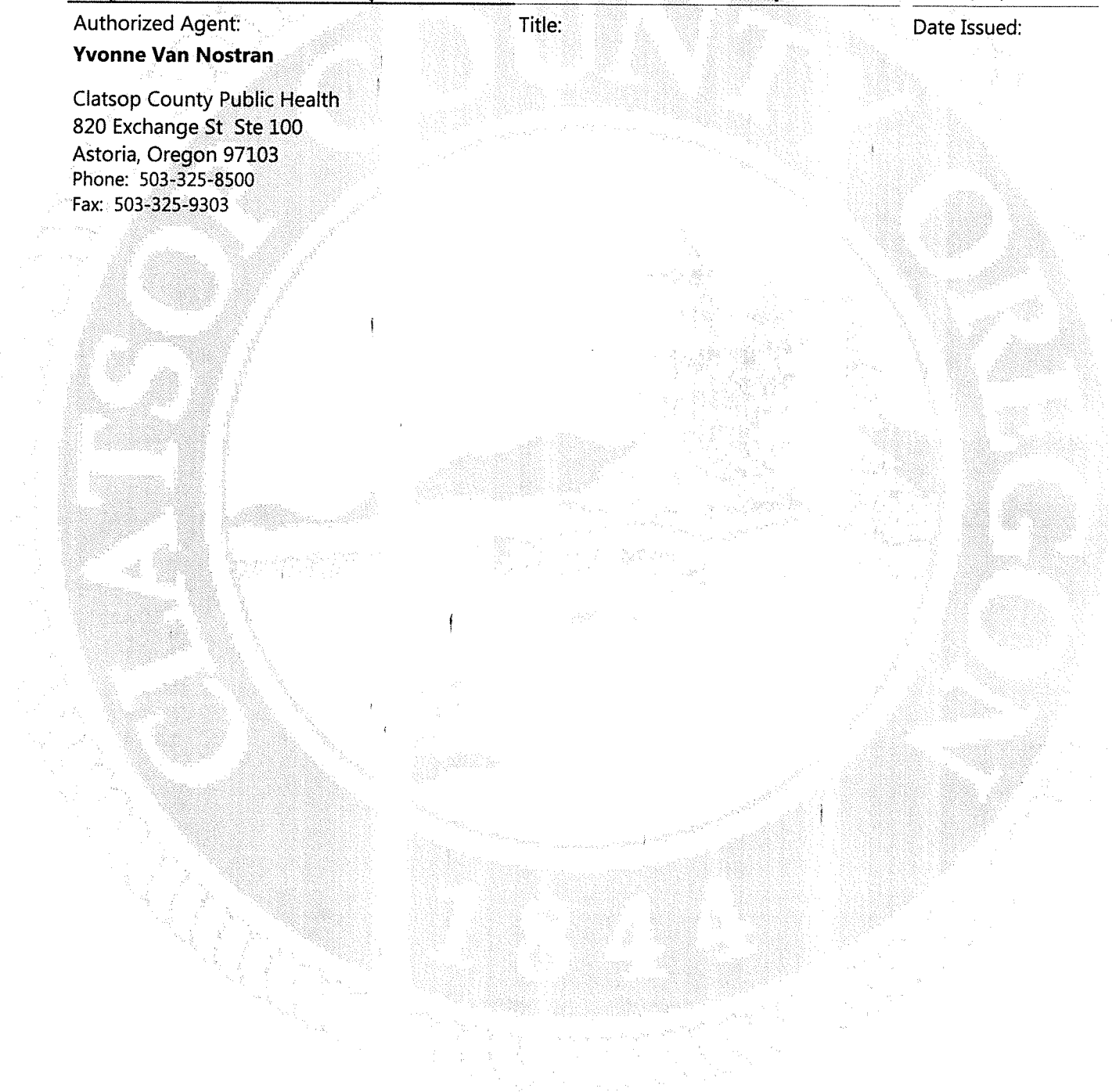
Authorized Agent:

Title:

Date Issued:

**Yvonne Van Nostran**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303



# FINAL INSPECTION REQUEST AND NOTICE - ONSITE ID: 501156

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

## Section 1: Owner/Permittee Information:

RECEIVED

Name: **White Robert J**  
Property Address: **85481-85479 Hwy 101, Seaside**  
Township **6** Range **10** Section **3300** Tax Lot(s) **00300**

JUL 11 2019

CLATSOP CO. PUBLIC HEALTH

## Section 2: System Component Specifications: System Type:

### A. Tanks/Pumps

Water tight verification - All tanks were tested for water tightness after installation and passed in accordance with

OAR 340.073.0025(3)

Tanks(1) Volume 1000gal Compartments 1 Manufacturer White Concrete Date 6/5/19  
Tanks(2) Volume \_\_\_\_\_ Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
Pumps: HP \_\_\_\_\_ Model/Manuf \_\_\_\_\_ Float(s)Type(1) \_\_\_\_\_ Model/Manuf \_\_\_\_\_  
Float(s)Type(2) \_\_\_\_\_ Model/Manuf \_\_\_\_\_

### B. Piping:

Effluent Sewer (tank to drainfield) Yes  No  Diameter 4" ASTM#Other 3034 Length 25'  
Pressure Transport Pipe Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_

### C: Secondary Treatment Unit:

Sand Filter - Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes  No  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  No  Model \_\_\_\_\_  
Certified Maintenance Provider: Name \_\_\_\_\_  
Operation & Maintenance Contract: Received? Yes  No

Clatsop County Department  
of Public Health

On-Site Waste Water Program

Approved By A Van Nestor

Permit No. 501156

Date 06/25/19

### D. Drainfield Media

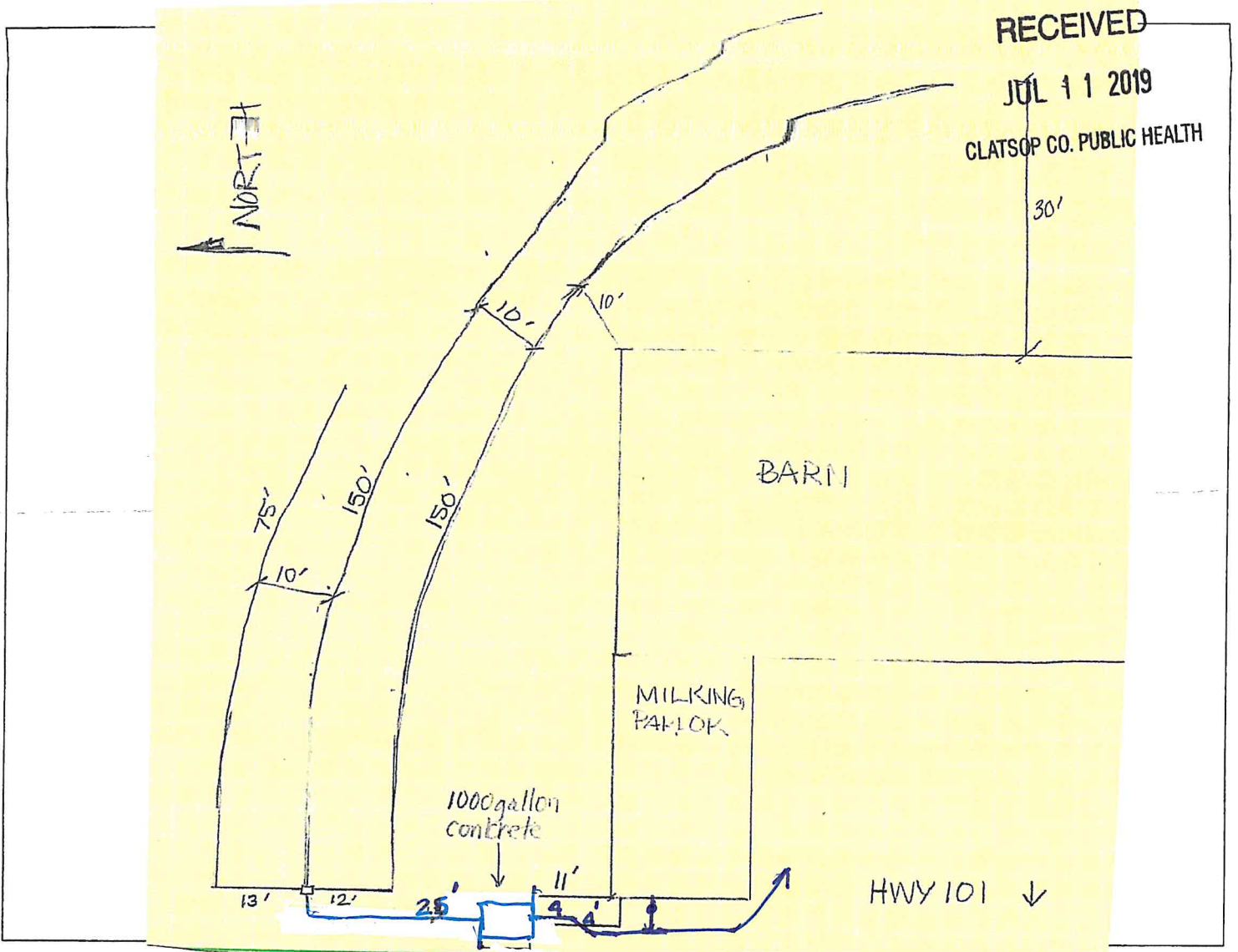
Type: Gravel, Pipe or Alternative? Gravel & Pipe  
Distribution Box Yes  No   
Drop Box Yes  No   
Distribution Pipe Yes  No  Diameter 4" ASTM#Other 2729 Length 375'

Comment:



**Section 3: As Built Plan of the Constructed System**

Indicate the direction 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/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Michael R. McEwan  
 Licensed Installer Yes  No  License # 37079 Certification # R183  
 Owner/Certified Installer Signature Michael R. McEwan Date 6/24/19  
 Phone 503 440 0223 Phone 503 738 3569 Email mmcewan3569@gmail.com  
 Clatsop County Department  
 of Public Health

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date 06/24/19  
 Installer /Owner /Permittee Notified Yes  No  Date 06/25/19  
 If no, reason for non-acceptance \_\_\_\_\_

On-Site Waste Water Program  
 Approved By Al Van Noster  
 Permit No. 50156  
 Date 06/25/19

Comment inspected drainfield 1/11/19 to verify system to owner 6/25/19



Clatsop County  
 Community Development  
 800 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503-325-8611 Fax 503-338-3606  
 comdev@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED  
 JUL 11 2019

CLATSOP CO. PUBLIC HEALTH

### Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Community Development Department.

Oregon Administrative Rule 340-071-0185 **Decommissioning of Systems**

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: Robert J and Jennifer L White

Septic Tank Location: 85481-85479 Hwy 101 Seaside, Oregon 97138

Legal Description: T 6 N R 10 W S 30 00 Lot 0300

Date Tank Pumped: JUNE 26, 2019

By: *Paul McDonald* License #: 34259  
 (signature of licensed pumper)

**This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature of operator/owner)

**This septic tank was removed and properly disposed of.**

By: *Michael R. McEwan* Date: 7/2/19  
 (signature of operator/owner)



# SEPTIC TANK CLEANING SERVICE LLC

Paul McDonald  
808 Glasgow Ave.  
Astoria, OR 97103

Cell- (503) 338-2291  
Office- (503) 458-6521  
eds\_septic@yahoo.com

RECEIVED

JUL

Job invoice

DATE ORDERED <i>6/26/19</i>	CLATSOP COUNTY PUBLIC HEALTH Paul McDonald
PHONE NO. <b>(503) 741-6484</b>	CUSTOMER ORDER #
JOB LOCATION <i>85481 Huxford Searside</i>	STARTING DATE <i>Oregon</i>
JOB PHONE <i>97138</i>	
TERMS	<i>97138</i>

SOLD TO *Bob McEwan Const. Inc*  
*Mike McEwan*  
*Po Box 2845 Gearhart OR*  
*97138*  
*(503) 440-0223*

QTY.	MATERIAL	UNIT	AMOUNT	DESCRIPTION OF WORK
	<i>Pumped 1000 gal</i>			<i>Septic Tank</i>
	<i>Septic Tank</i>		<i>262</i>	<i>EVAC</i>
	<i>Pump Fee</i>		<i>173</i>	
<b>MISCELLANEOUS CHARGES</b>				
<b>TOTAL MISCELLANEOUS</b>				
		<b>LABOR</b>	<b>HRS.</b>	<b>RATE</b>
				<b>AMOUNT</b>
<b>TOTAL MATERIALS</b>			<i>405</i>	
<b>TOTAL LABOR</b>				

WORK ORDERED \_\_\_\_\_  
DATE ORDERED *Owner Robert White*  
DATE COMPLETED \_\_\_\_\_  
CUSTOMER APPROVAL SIGNATURE \_\_\_\_\_  
AUTHORIZED SIGNATURE *Paul McDonald*

TOTAL LABOR	<i>405</i>
TOTAL MATERIALS	
TOTAL MISCELLANEOUS	
SUBTOTAL	
TAX	
<i>Balance due</i>	
GRAND TOTAL	<i>405</i>

*Thank you*  
*copy receipt*



*Mike McNickle*

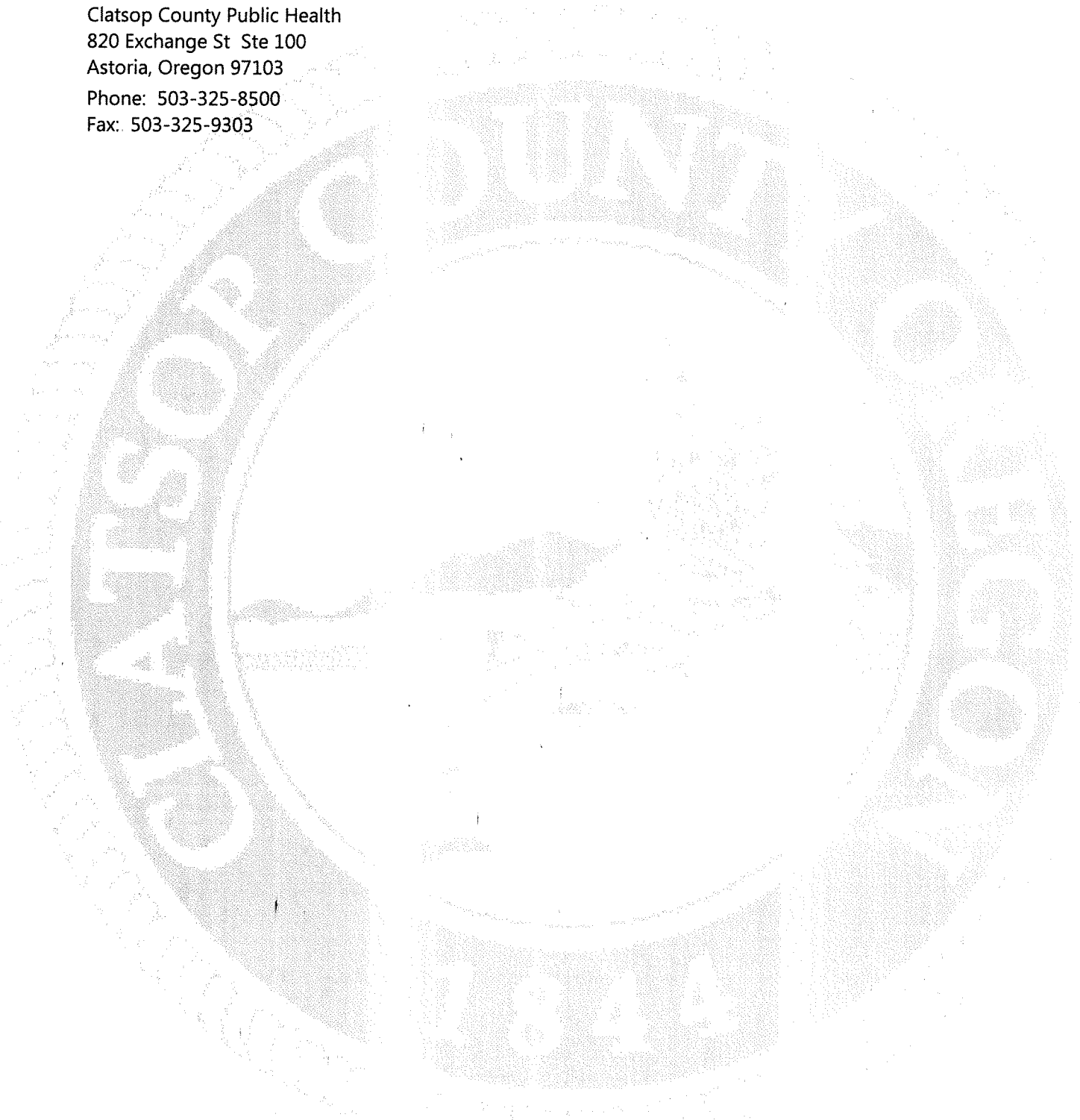
Authorized Agent:  
**Mike McNickle**

Title:  
**Environmental Health Supervisor**

Date Issued:  
**11/1/2018**

Expiration Date:  
**11/1/2019**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303







#501156

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

RECEIVED
OCT 10 2018

CLATSOP CO. PUBLIC HEALTH

pd ck# 1001
\$660.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

Robert White 2964 Hwy 101 N, Seaside, OR 97138 503.738.2361
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6N 10W 33 300 14391 20.2
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop County Subdivision Name Lot Block

Property Address: 85481-85479 Hwy 101 N, Seaside, OR 97138
(Street, City, State, Zip)

Directions to Property South on US 101, Large white barn and house on left.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence (checked), Number of Bedrooms: 3 plus 2 toilets in barn
Proposed Facility: Single Family Residence, Number of Bedrooms
Water Supply: Public (checked), Name: SEASIDE, CITY, Well, Spring, Shared

D. Type of Application

- Site Evaluation, Construction, Permit Repair (checked), Alteration Permit, Renewal Permit, Existing System Evaluation, Permit Transfer, Permit Reinstatement, Authorization Notice for: Connecting to an Existing System Not in Use, Replacing a Mobile Home or House with Another, Mobile Home or House, The Addition of One or More Bedrooms, Personal Hardship, Temporary Housing, 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: Michael R. McEwan Date: 9.26.18

Applicant's Name (Please Print Legibly): Michael R McEwan Applicant's Phone: 503-440-0223 Applicant's E-Mail Address: mmcewan3569@charter.net

Applicant's Mailing Address: P.O. Box 2845, Gearhart, OR 97138

Applicant is the: Owner (unchecked), Authorized Representative (checked), Licensed Septic Installer (checked), Authorization Attached (checked), Michael McEwan (Installer Name)



Clatsop County  
 Community Development  
 800 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8611 Fax 503 338-3606  
 comdev@co.clatsop.or.us www.co.clatsop.or.us

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# 501156

**Notice Authorizing Representative**

I, Robert J. White, have authorized  
 (Property Owner – Please Print)

Bob McEwan Construction, Inc 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**

85479-85481 Hwy 101 Seaside, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 33 Tax Lot 300 Map ID 610330000300  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Robert J + Jennifer L White Email: bajabrb41@hotmail.com  
 Mail Address: 2964 Hwy 101 N City/State/Zip Seaside, OR 97138  
 Phone: 503 738 2361 FAX: 503-738-5034  
 Signature: Robert J White Date: 9-12-18

**AUTHORIZED REPRESENTATIVE:**

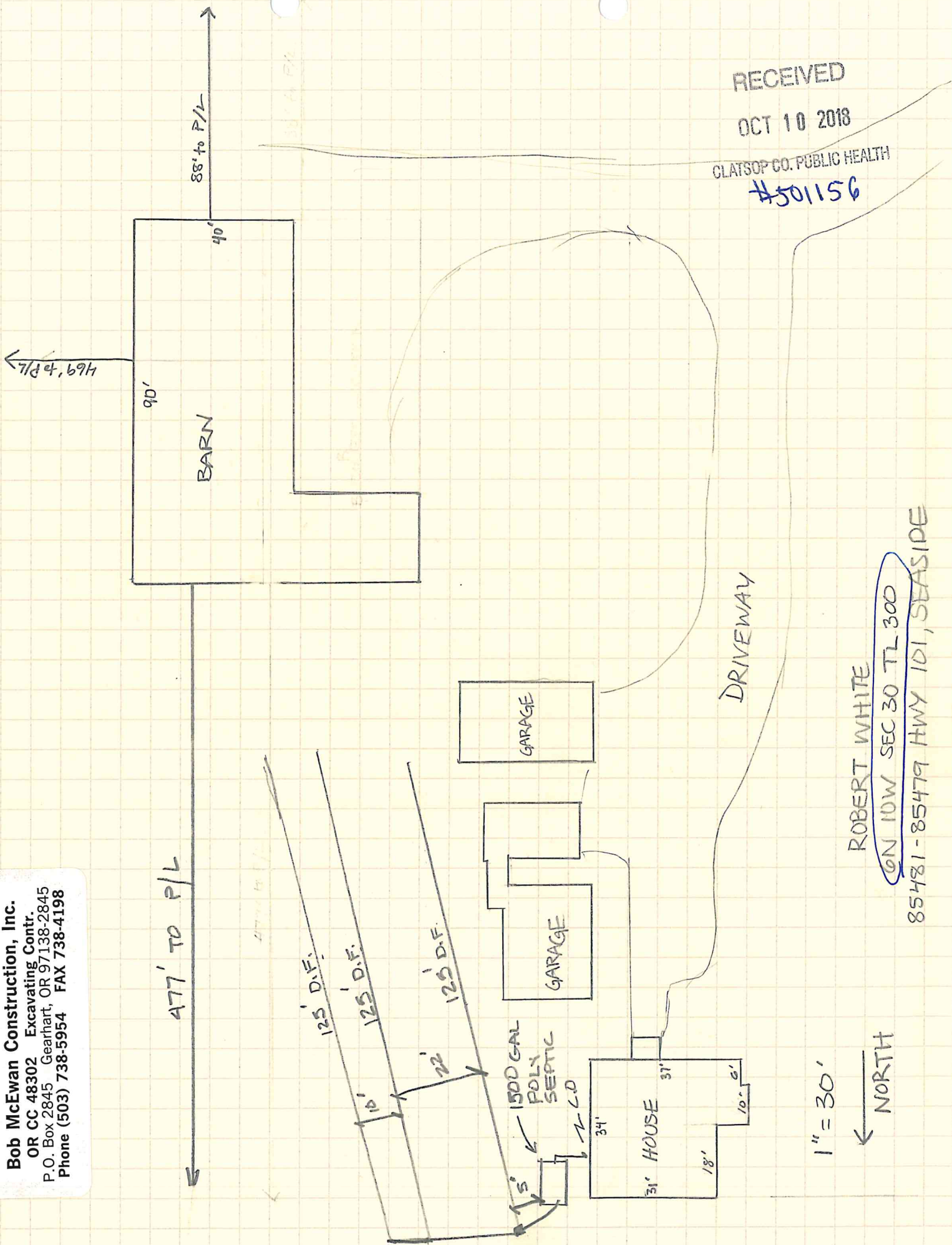
Name: Michael McEwan Email: mmcewan3569@charter.net  
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138  
 Phone: 503-440-0223 FAX: 503-738-4198  
 Signature: Michael A. McEwan Date: 8/29/18

Major Repair



Bob McEwan Construction, Inc.  
OR CC 48302 Excavating Contr.  
P.O. Box 2845 Gearhart, OR 97138-2845  
Phone (503) 738-5954 FAX 738-4198

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CLATSOP CO. PUBLIC HEALTH  
#501156



ROBERT WHITE  
6N 10W SEC 30 TL 300  
85481-85479 HWY 101, SEASIDE

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: September 24, 2018

Installer: Bob McEwan Construction, Inc  
P.O. Box 2845  
Gearhart, OR 97138-2845  
CCB #48302  
DEQ Installer #37079

Prepared for: Robert J. White  
2964 Hwy 101 N.  
Seaside, OR 97138

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CLATSOP CO. PUBLIC HEALTH

# 501156

Job Site: T6N., R10W, Sec. 33, T.L. 300, 85479 Hwy 101 Seaside, OR

Plans Drawn By: Mike McEwan

Elevations:

---

Top of ground at septic tank	100.0'
Top of dosing tank	99.0'
Top of ground at building	99.5'
Top of bldg. sewer at building	99.0'
Top of pipe and septic tank inlet	98.6
Top of septic lines	98.3

Materials:

---

1500 gallon Norwesco poly tank	1
20" dia pe risers	2
pipe holders	40
4" dia 2729 pvc pipe	375 ft
4" dia 3034 pvc 45 deg els	2
4" dia 3034 pvc 90 deg els	4
4" dia 3034 pvc glue couplers	2
Typar 3201 non-woven filter fabric	2 rolls
Polylok dist. Box	1
4" dia 3034 pvc pipe	60 ft
Knife Rver drain rock	60 cu. Yd.

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CLATSOP CO. PUBLIC HEALTH  
# 501156

### AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order.

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 85474-95441 Hwy 101 City: Seaside  
 Owner: Robert White Phone: 503 490-0891  
 Address: 2964 Hwy 101 N Seaside Email: Juene@hantobuilders.com  
 Agent: Juene Wreye  
 Proposed Development/Construction: Inside <sup>Barn</sup> Remodel for recreational gear production  
adding 2 bathrooms

**X** ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 6 R 10 S 33 Tax Lot(s) 300  
 Permit Needed: Yes  No  Site Approved: Yes  No

Signature: [Signature] Date: 10/10/18

Remarks: Major Repair permit # 501156 has been purchased to include new 1/2 bathrooms  
 Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

**X** WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:  
(Signature of Water District required.)

Gallons per minute: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

**4.** FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 Contact the local RFPD having jurisdiction. (See page 5)

**X** MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

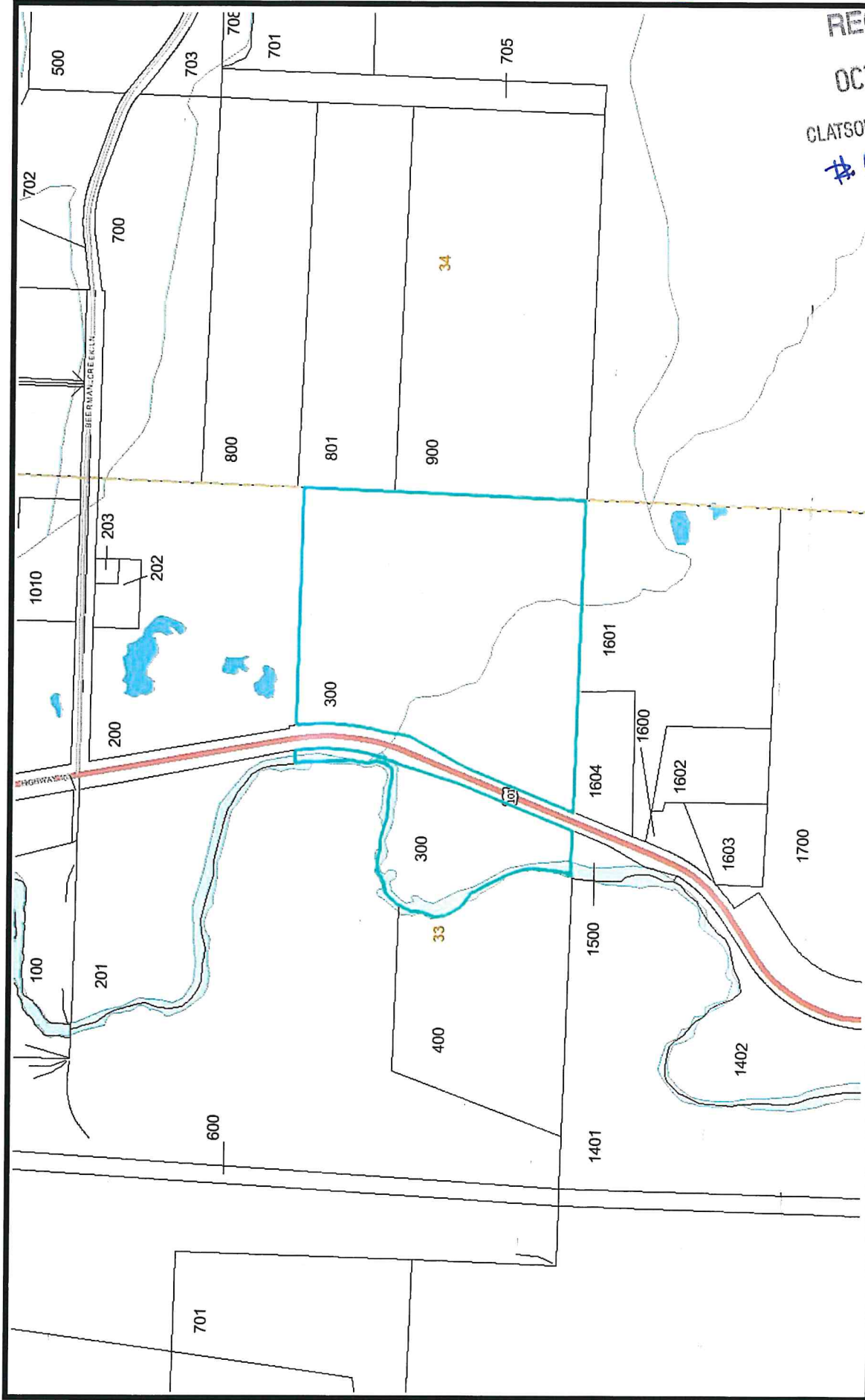
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

Internal Use Only:	
<input type="checkbox"/> Proof of Legal Lot status (If substandard in size)	<input type="checkbox"/> Agency Sign-Off Sheet
<input type="checkbox"/> Preliminary Geologic Hazard Report (If necessary)	<input type="checkbox"/> Proof of Potable Water
<input type="checkbox"/> Pre-Elevation Certificate (If necessary)	<input type="checkbox"/> Proof of DEQ Approved Sanitary System
<input type="checkbox"/> Application signed by the owner and applicant	<input type="checkbox"/> Average Grade Calculations
<input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc.	<input type="checkbox"/> Address Request (if necessary)
<input type="checkbox"/> Erosion Control & Drainage Plan	<input type="checkbox"/> Two (2) Sets of Building Plans
<input type="checkbox"/> Road Access Permit from the County or ODOT	<input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL?



# Map



6-10-23-200 = 20 20 2000

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OCT 10 2018

CLATSOP CO. PUBLIC HEALTH

# 501156



## Clatsop County Webmaps

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





# Septic Application

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

## For Department Use Only

Permit #: 501156  
Permit Type: Repair Permit  
Entry Date: 10/10/2018  
Issued By: Annette Brodigan  
Permit Status: Entered

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	10/10/2018

## Work Description

Work Description: **major repair**

Remarks:

## Owner

Name: <b>White Robert J</b>	Ph. #: (503) 738-2361	Cell: ( ) -
Address: 2964 Hwy 101 N	E-Mail:	Fax: ( ) -
City, State, Zip: Seaside, OR 97138		

## Applicant

White Robert J	Ph. 5037382361	Fax
2964 Hwy 101 N	Cell	E-Mail
Seaside, OR 97138		

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$551.00	\$100.00	\$0.00	\$9.00	\$660.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
White Robert J	Check	1001	10/10/2018	\$660.00

**Balance Due: \$0.00**

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:**  **Date:** 10-10-2018

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

909 1-48-  
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. 7-31-91  
Date Completed \_\_\_\_\_  
Required Fee 265.00  
Receipt No. 49231  
Control No. \_\_\_\_\_

FOR APPLICANT'S USE -- (PLEASE PRINT)

5.5 ACREA  
Lot Size (Acreage or Dimensions)

HOWARD E. JOHNSON  
(Property Owner's Name)

MATTHEW A. DONEY  
(Applicant's Name if Different from Owner)

Legal Description of Property T6N 10W 33 300 portion CLATSOP  
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Single Family Residence 3  
(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.

Matthew A. Doney  
(Signature)

7/30/91  
(Date)

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

Owner's Mailing Address

910 10th  
SEASIDE OR  
97138  
Phone 738-9543

Applicant's Mailing Address (if different)

3012 Cullaby Lake Rd  
WARRENTON OR 97146  
Phone 861-0929



NO ONE ON-SITE  
moderate temp, overcast, light win

SITE EVALUATION FIELD WORKSHEET

Tax Reference 6N-10W-33-P.O. 300 (NPO) Evaluator BW H4.DW.D  
Applicant Johnson Date 8/9/91 Parcel Size 5.5 of 25.55 acres

20 = 1.2M... 10M...

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

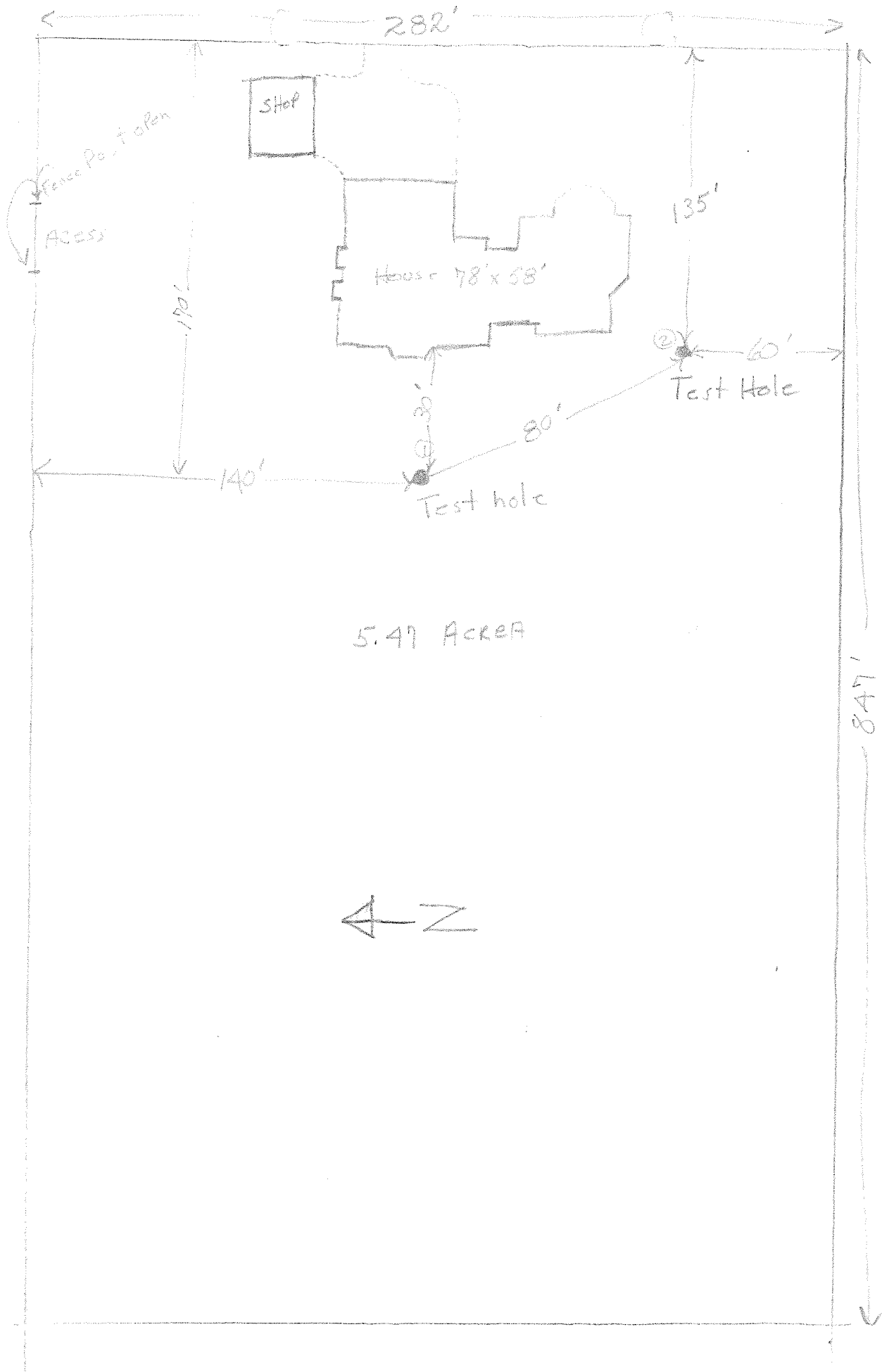
Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0-14"	Sil 10YR 4/4 (dk ylw brn) granular v. friable, many fine roots
	14"-32"	S1CL 10YR 5/4 (ylkw brn) SBK, friable/friable, few v. fine
	32"-63"	S1CL 10YR 7/2 (gry) w/ 10YR 5/8 (ylkw brn) mottles, SBK, friable
#1 → #2: N 80° W 85' slope: N 80° W 5-7%		
Pit 2	0-14"	Sil 10YR 3/3 (dk brn) granular friable many fine → v. fine roots
	14"-37"	S1CL 10YR 4/4 (dk ylw brn) w/ variegations of grey & brn, SBK, friable
	37"-61"	10YR 5/6 (ylw)
#2 → NE corner of property: N 175' (190' to CL ~ L gravel road way) & then E 230' to rd w/ fence posts running N-S slope: S 65° W 6%		
Pit 3		
Appears site is not suitable for standard system - recommend new test holes on higher ground ~ 200' SE of most southern test hole (TP #1)		
Pit 4		

Landscape Notes gentle terrace escarpment above perennial stream valley - terrace w/s  
Slope \_\_\_\_\_ Aspect \_\_\_\_\_ Groundwater Type permanant  
Other Site Notes grass & brush - tussock grass (extensive) w/s d/s of site w/  
tussock grass - 200' w/s & tussock grass 95 d/s & sedges 100 d/s &  
line of willows - 300' d/s (15' due W)

SYSTEM SPECIFICATIONS

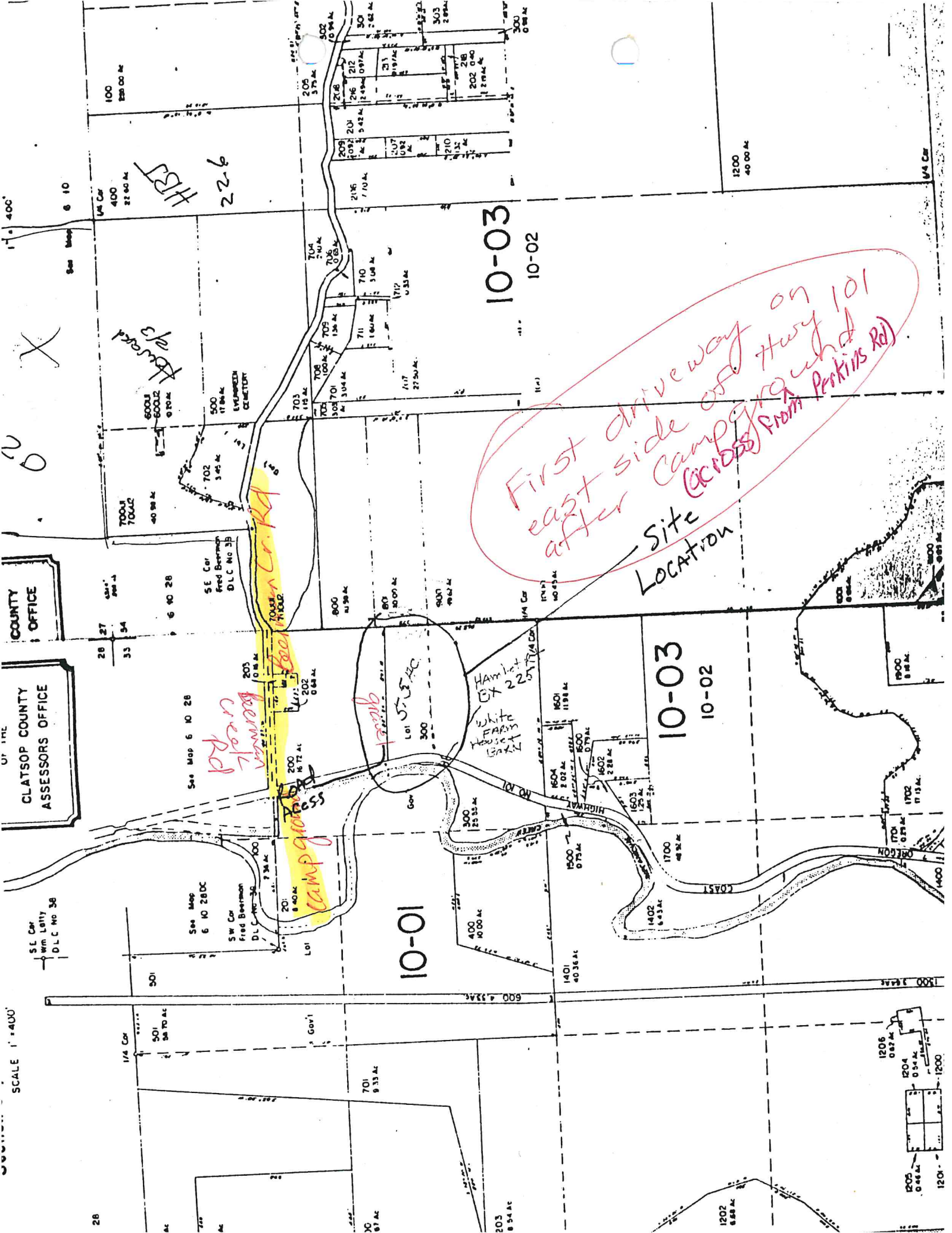
Type System: \_\_\_\_\_ Design Flow \_\_\_\_\_ gpd Disposal Field Size \_\_\_\_\_ Linear Feet  
Initial \_\_\_\_\_ System Sizing \_\_\_\_\_ / 150 g. Max. Depth Absorption Facility (in) \_\_\_\_\_  
Replacement \_\_\_\_\_ System Sizing \_\_\_\_\_ / 150 g. Max. Depth Absorption Facility (in) \_\_\_\_\_  
Special Conditions \_\_\_\_\_

SHALCH ROAD



Hwy 101





6 X

HRST 226

CLATSOP COUNTY OFFICE  
ASSASSINATORS OFFICE

SE Cor  
Wm Letty  
D.L.C. No 38

SCALE 1" = 400'

100 100.00 Ac  
400 27.60 Ac  
1200 40.00 Ac  
1000 8.84 Ac  
1200 8.84 Ac  
1204 0.54 Ac  
1205 0.46 Ac  
1206 0.62 Ac

701 9.33 Ac  
400 10.00 Ac  
1401 40.36 Ac  
1402 5.43 Ac  
1700 4.92 Ac  
1604 2.02 Ac  
1601 11.88 Ac  
1603 1.25 Ac  
1602 2.28 Ac  
1500 0.73 Ac  
1501 0.73 Ac

201 8.40 Ac  
200 16.72 Ac  
202 0.84 Ac  
203 0.84 Ac  
204 0.84 Ac  
205 0.84 Ac  
206 0.84 Ac  
207 0.84 Ac  
208 0.84 Ac  
209 0.84 Ac  
210 0.84 Ac  
211 0.84 Ac  
212 0.84 Ac  
213 0.84 Ac  
214 0.84 Ac  
215 0.84 Ac  
216 0.84 Ac  
217 0.84 Ac  
218 0.84 Ac  
219 0.84 Ac  
220 0.84 Ac  
221 0.84 Ac  
222 0.84 Ac  
223 0.84 Ac  
224 0.84 Ac  
225 0.84 Ac  
226 0.84 Ac  
227 0.84 Ac  
228 0.84 Ac  
229 0.84 Ac  
230 0.84 Ac

10-01 10-03 10-02

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 36

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 35

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 34

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 33

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 32

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 31

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 30

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 29

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 28

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 27

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 26

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 25

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 24

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 23

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 22

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 21

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 20

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 19

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 18

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 17

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 16

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 15

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 14

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 13

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 12

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 11

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 10

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 9

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 8

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 7

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 6

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 5

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 4

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 3

See Map 6 10 28  
SW Cor  
Fred Beerman  
D.L.C. No 2

See Map 6 10 28  
SE Cor  
Fred Beerman  
D.L.C. No 1

First driveway on  
east side of Hwy 101  
after Campground  
(across) from Perkins Rd

Site Location

Hamlet Ex 225  
White Farm  
Hwy 101  
Hwy 102

Bertram  
Creek  
Rd  
Campground



See Map  
6 10 28DC

See Map 6 10 28

S.W. Cor  
Fred Beerman  
D.L.C. No. 39

201  
8.03 Ac.

200  
16.72 Ac.

203  
0.16 Ac.

202  
0.68 Ac.

# 10-01

Gov't

Lot  
300  
25.20 Ac.

400  
10.00 Ac.

1401  
40.36 Ac.

1500  
0.69 Ac.

1604  
2.02 Ac.

1601  
11.98 Ac.

1600  
0.79 Ac.

1602  
2.28 Ac.

1603  
1.25 Ac.

1402  
6.42 Ac.

1700  
1700MI  
48.92 Ac.

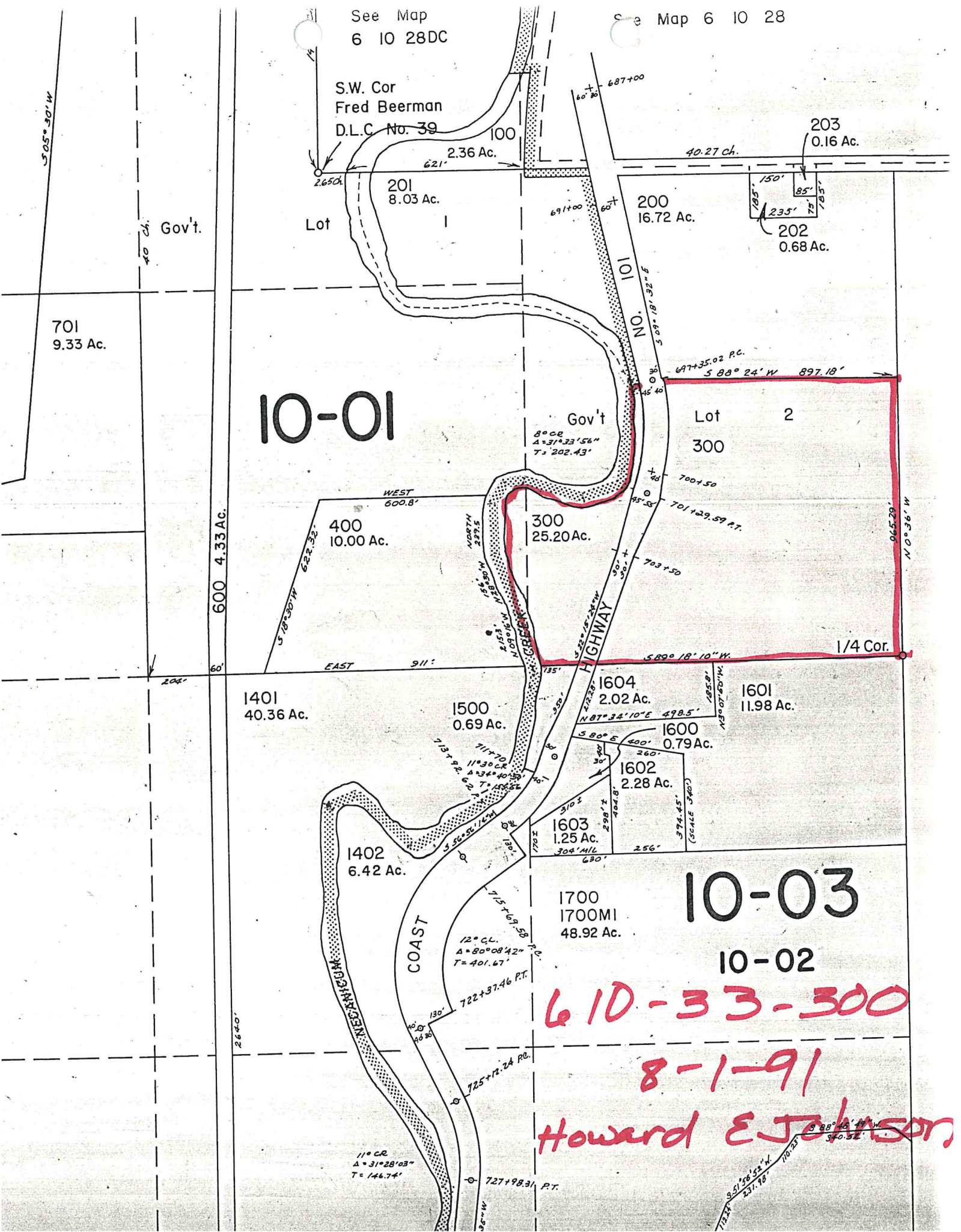
# 10-03

## 10-02

**6 10 - 33 - 300**

**8-1-91**

**Howard E. Johnson**



505°30'W

40 Ch.

Gov't.

701  
9.33 Ac.

600 4.33 Ac.

WEST  
600.8'

578°30'W  
622.32'

EAST  
911'

60'

204'

2640'

110°CR  
Δ = 31°28'03"  
T = 146.74'

727+98.31' P.T.

725+72.24' P.C.

722+37.46' P.T.

715+69.58' P.C.

713+92.62' P.C.

711+70' P.C.

707+50' P.C.

703+50' P.C.

701+29.59' P.T.

700+50' P.C.

697+35.02' P.C.

691+00' P.C.

687+00' P.C.

621' P.C.

100' P.C.

40.27 Ch.

150'  
85'  
75'  
785'  
233'

588°24'W  
897.18'

965.29'

N 0°36' W

1/4 Cor.

589°18'10" W

N 87°34'10" E 498.5'

S 80° E 400'

374.45'

304' M/L

256'

298' x

310' x

304' M/L

256'

951°56'52" W

237.78'

103.33'

172.24'

36° W