JEPT. OF ENVIRONMENTAL QUALITY RECEIVED

BUILDING AND CODE ENFORCEMENT DIVISION CITY OF SEASIDE 989 BROADWAY **SEASIDE, OREGON 97138**

FEB 1 4 2002

ORTH COAST BRANCH OFFIC

FARM AGRICULTURE BUILDING EXEMPTION CERTIFICATE

(503) 738-5511

(Submit in triplicate) FOR AGENCY USE ONLY BY: DATE: **BUILDING USE:** I am the owner/lessee of the above noted structure to be erected, located on Tax Lot 160/ Township Section _____ and do hereby declare said structure is an agriculture building as defined in Oregon revised statute number 455.315, and is exempt from State Structural Codes. Plans will not be required to be submitted and a building permit will not be required. Electrical, Plumbing, Mechanical, Elevator, and Boiler permits ARE required. ORS 455.315 I declare that said building is not: (A) A dwelling **(B)** A structure used for the purpose other than growing plants in which persons perform more than 144 man hours of (C) A structure regulated by the State Fire Marshall pursuant to ORS Chapter 476. (D) Located in a designated flood zone. I further declare that prior to any change in use of said structure that would remove said structure from the exemption, will require a building permit, and the structure will be made to comply to all requirements of the appropriate State Codes in force and effect at the time of the change, as though the structure was a new building. STATE OF OREGON , do hereby swear and affirm under the penalty of pérjury that the above statements are true and correct, 10-24-95 Signature of Applicant: \ 24th day of October 19 95 Subscribed and sworn before me on this OFFICIAL SEAL RHONDA 8. ISON NOTARY PUBLIC - OREGON COMMISSION NO.026996 MY COMMISSION EXPIRES AUG. 11, 1937

cc: Applicant

Clatsop Planning

File

NOTARY PUBLIC

My Commission Expires:

8-11-97

2	16094	
	Control No.	

\$ 125.00 Fee

STATE OF OREGON PERMIT NO. 86-78 DEPARTMENT OF ENVIRONMENTAL QUALITY

	X New Construction	Repair	Other	
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 August 14, 1987 TYPE OF SYSTEM Standard Design Sewage Flow 450 Gal's/Day Tank Volume 1000 Gallons Disposal Trenches & Seepage Bed(s) 750 Square Feet Maximum Depth 30 inches. Minimum Depth 24 inches. 375 Linear Feet Equal Loop Serial & Pressurized Minimum Distance Between Trenched 10 on centers. Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall If sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DE0 - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As-Built Drawing with Reference Locations Installer Abner & Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bergerson Const. House 8-14-89 Drain Gelt Bill Bergerson Const. House 8-14-89 Drain Gelt Bill Bill Bergerson Const. House 8-14-89 Drain Gelt Bill Bill Bill Bill Bergerson Const. Bergerson Const. Final Insp. Date 8-14-89 Drain Gelt Bill Bill Bill Bill Bill Bill Bill Bi	Permit Issued To <u>Vaughn & Teri A</u> (Property Owner's Name) Off Hwy 101 South of	. Seaside 6 N (Townshi	$ \begin{array}{c cccc} \hline & 10 & W & 33 \\ \hline & (Range) & (Section) \end{array} $	1601 Clatsop (Tax Lot / Acct. No.) (County) 8-14-86 (Date Issued)
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 August 14, 1987 TYPE OF SYSTEM Standard Design Sewage Flow 450 Gal's/Day Tank Volume 1000 Gallons Disposal Trenches 20 Seepage Bed(s) 750 Square Feet Maximum Depth 30 Inches. Minimum Depth 24 Inches. 375 Linear Feet Equal Luop Serial 20 Pressurized Minimum Distance Between Trenched 0 on centers. Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall if sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As Built Drawing Installer Development of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In suced by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.		PERMITS ARE NOT	TRANSFERABLE	
Design Sewage Flow 450 Gal's/Day Tank Volume 1000 Gallons Disposal Trenches 18 Seepage Bed(s) 750 Square Feet Maximum Depth 30 inches. Minimum Depth 24 inches. 375 Linear Feet Equal Loop Serial 80 Pressurized Minimum Distance Between Trenched 01 on Centers. Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall if sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION Repair Bergerson Const. Final Insp. Date 8-14-97 Drain Field Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site lewage disposal system at the location identified above.	SHALL BE DONE	BY PROPERTY OWNER OR GES IN LOCATION OR SPE	BY LICENSED SEWAGE CIFICATIONS WITHOUT W	DISPOSAL SERVICE.
Tank Volume 1000 Gallons Disposal Trenches (2) Seepage Bed(s) 750 Square Feet Maximum Depth 30 inches. Minimum Depth 24 inches. 375 Linear Feet Equal	EXPIRATION DATE Augus	t 14, 1987	TYPE OF SYSTEM	Standard
Maximum Depth 30 inches. Minimum Depth 24 inches. 375 Linear Feet Equal Loop Serial & Pressurized Minimum Distance Between Trenches 0' on centers. Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall if sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As-Built Drawing with Reference Locations installer Owner & Bill Bargerson Const. Final Insp. Date 8-14-87 Issued by Operation of Law Drain Gell Pre-cover inspection waived pursuant to OAR 340-71-170(2) Pre-cover inspection waived pursuant to OAR 340-71-170(2)			Design Sewage Flow4	50 Gal's/Day
Equal Loop Serial & Pressurized Minimum Distance Between Trenched of On Centers. Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall If sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION Repairs Area As-Built Drawing with Reference Locations Bergerson Const. Final Insp. Date S-14-97 Drain Geld Series Installer Dwaley & Bill Bergerson Const. Installer Dwaley & Bill Drain Geld Series Pre-cover inspection waived Drain Geld Series Pre-cover inspection of Law Drain Geld Series Pr	Tank Volume1000 Gallons	Disposal Trenches 🛛	Seepage Bed(s)□	750 Square Feet
Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. XX Rake Sidewall if sm Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As Built Drawing with Reference Locations Installer Department of Law Drain Field Drain Fiel	Maximum Depth 30 inches.	Minimum Depth 24	inches.	375 Linear Feet
Special Conditions (Follow Attached Plot Plan) Septic tank 50 ft. minimum, disposal trenches 100 ft. fro year-round stream north of approved area. 3-125 ft or 4-94 ft. long trenches. PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As-Built Drawing with Reference Locations Installer Owner + Bill Bergerson Const. Final Insp. Date 8-14-99 Drain field Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	Equal 🗆 Loop 🗆 Serial 🖾	Pressurized	nimum Distance Between Tre	nched 0 on centers.
PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As Built Drawing with Reference Locations Installer Duner + Bill Bergerson Const. Installer Bergerson Const. Insued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	Total Rock Depth 12 Inches.	Below Pipe6Inches	. Above Pipe 2 Inc	ches. XX Rake Sidewall if smear
PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEO - 325-8660. CERTIFICATE OF SATISFACTORY COMPLETION As-Built Drawing with Reference Locations Installer Duner + Bill Bergerson Const. Installer Bergerson Const. Insued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	Special Conditions (Follow Attached P	lot Plan) Septic tank 50) ft. minimum, dispo	sal trenches 100 ft. from
CERTIFICATE OF SATISFACTORY COMPLETION As Built Drawing with Reference Locations installer Dear & Bill Bergerson Const. Final Insp. Date 8-14-87 Drain field Pre-cover inspection waived pursuant to OAR 340-71-170(2) The accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.				
CERTIFICATE OF SATISFACTORY COMPLETION As-Built Drawing with Reference Locations Installer Owner & Bill Bergerson Const. Final Insp. Date 8-14-87 Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.				
As-Built Drawing with Reference Locations Installer Owner & Bill Bergerson Const. Final Insp. Date 8-14-87 Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site newage disposal system at the location identified above.				
As-Built Drawing with Reference Locations Installer Owner & Bill Bergerson Const. Final Insp. Date 8-14-87 Issued by Operation of Law Drain Field Drain Field Dray boxes	CERTIFICAT	E OF SATISF	ACTORY COL	MAPELION
Installer Dwner + Bill Bergerson Const. Final Insp. Date 8-14-87 Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site rewage disposal system at the location identified above.				ea)
Bergerson Const. Final Insp. Date 8-14-87 Drain Field 50 Dra			1100	
Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site iewage disposal system at the location identified above.	Installer Owner & Bill		01 35.	
Issued by Operation of Law Pre-cover inspection waived pursuant to OAR 340-71-170(2) n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	Final Insp. Date $8-14-87$		1111	
Pre-cover inspection waived pursuant to OAR 340-71-170(2) n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	/	Drainfield "	1 XELA	no have
pursuant to OAR 340-71-170(2) Sephic fanh A coordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	☐ Issued by Operation of Law		1 3 5	/Ψ - 300 - 3
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	☐ Pre-cover inspection waived		He-	
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.	pursuant to OAR 340-71-170(2)			in tank
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.			130.	Sephe
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.			4	2
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.			7-1	
n accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site ewage disposal system at the location identified above.				House
ewage disposal system at the location identified above.				
			s issued as evidence of satisfac	ctory completion of an on-site
Dela Odicia Environmental Analyst 4/14/87 Actoria	ewage disposal system at the location is	dentified above.		
Dela Odisia Environmental Analyst 8/14/87 Actoria				
AHAM I WAR ENVIONA MOMBAL HAM NOT YILL IN LICHTURE	01-	End 11	1 1 1- 11	1 /07 A 1.
Authorized Signature) (Title) (Date) (Office)	John Colors		Analyst 8/11	1/8/ H80010



DEPARTMENT OF COMMERCE BUILDING CODES DI' ON 401 LABOR & INDUSTRIES BLDG. SALEM, OREGON 97310 PHONE 378-4133

BUILDING CODES DIVISION P. O. BOX 951 ASTORIA, OR 97103

DEPARTMENT OF COMMERCE BUILDING PERMIT **APPLICATION**

DECIDENTIAL

				n Eo	DENTIAL	
HAMLET RT	2000	mv. 23	? .	DESC	RIBE WORK	
JOB LOCATION / ADDRESS	TTVK	<u> </u>		NEW CONSTRUCT	ION	CODE
\sim 11		~		□ ADDITION	ON	
Seaside		Clatsop		☐ REMODEL		
CITY		COUNTY '		☐ MOBILE HOME		
South of Beerman	a Mak PJ	to annu	10 04	☐ PRE FAB		
DIRECTIONS TO JOB STE	CRINA Calill	10 CURD	<u> </u>	☐ ACCESS. BLDG.		
DIRECTIONS TO JOB SITE / PETERSON POINT, A	senina b	ig yellow	nouse	OTHER	specify	**************************************
in curve,						
					<u></u>	200
Vaughn & Teri A	llen			TOTAL SQUARE FT.	CONSTRU	JCTION VALU
		ŧ				
708 Indian W	lav			PERMI	T/JOB#	
ADDRESS	<u> </u>			OFFICE		
Seaside	<u>Clatsop</u>	97 ZIP	7/38 CODE	номе: <u>738-8590</u> теі		
					325	5-8611
ZONING		LOCAL GOVERN	IMENT APPRO	SAN	ITATION	
USE ZONE RA-5	6	10-33 1601	PUBLIC	; P	RIVATE	
FLOOD ZONE YES		· -		a		
Ď NO PE	RMIT # 87	<u>- 8</u>	DEQPE	RMIT # 26 - 78		
ex Out: Slan	e De P	UANNING IRECTOR	Box.	H. H. P.		50 m
and form	<u> </u>	TITLE	BY:	20 10 11 M	ren -	TITLE
325-86 // PHONE	16 2	an 87	325-8	260 P/	1-16-	87
PHONE	DATE		PHONE		DATE	-
COUNTR		DESIGNATED	CONTRACTO	RS		
/ VAUSANO &	35- CH3114	8-INDIAN	Wird JEAS	108 738-8	3590	
NERAL CONTRACTOR		ADDRESS		PHONE	REG #	EXP
LECTRICAL		ADDRESS		DUONE	5.50	
The state of the s		ADDRESS		PHONE	REG#	EXP
PLYMBING		ADDRESS		PHONE	REG #	EXP
(
NOBILE HOME	<u>.</u>	ADDRESS		PHONE	REG #	EXP
	MED SHALL B L COMPLIANCI N AM THE PRO ONLY REGIST	E IN ACCORDA E WITH BUILDEI OPERTY OWNER FERED CONTRA	NCE WITH AIRS BOARD RE DOING MY O' CTORS/EMPL	L GOVERNING LAWS	AND RULES. I F 1.055) IN THAT: EMPT. ON THIS JOB.	FURTHER

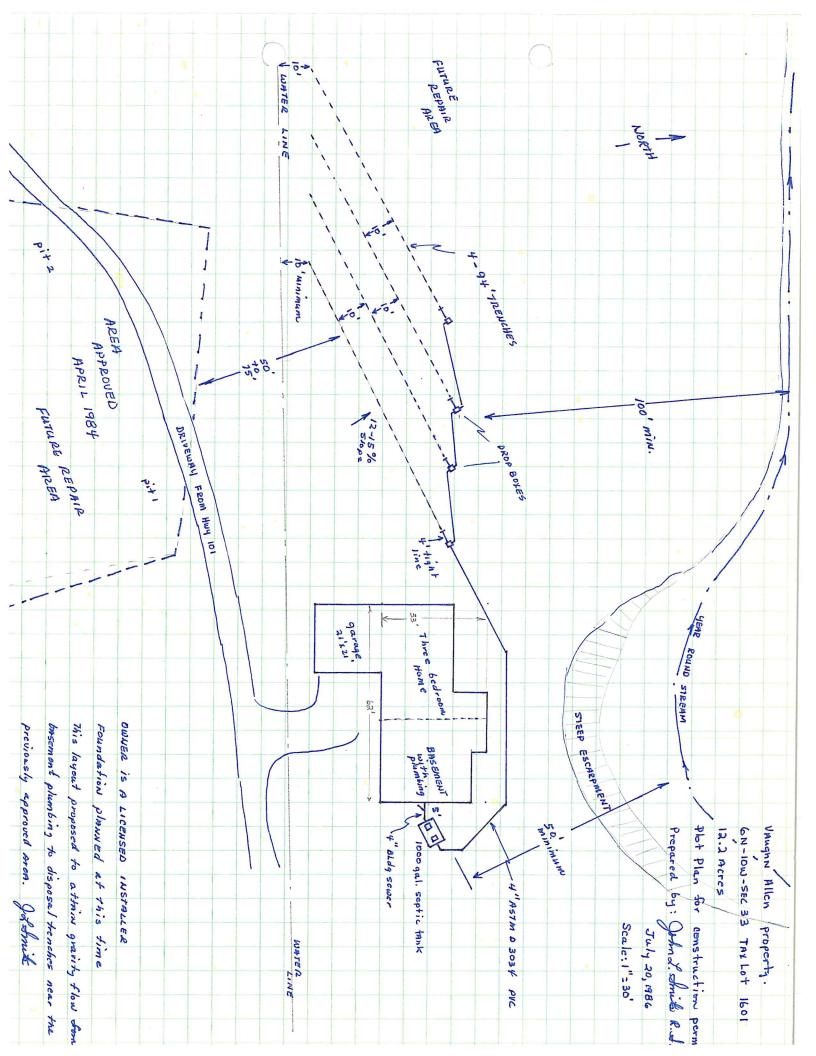
DATE

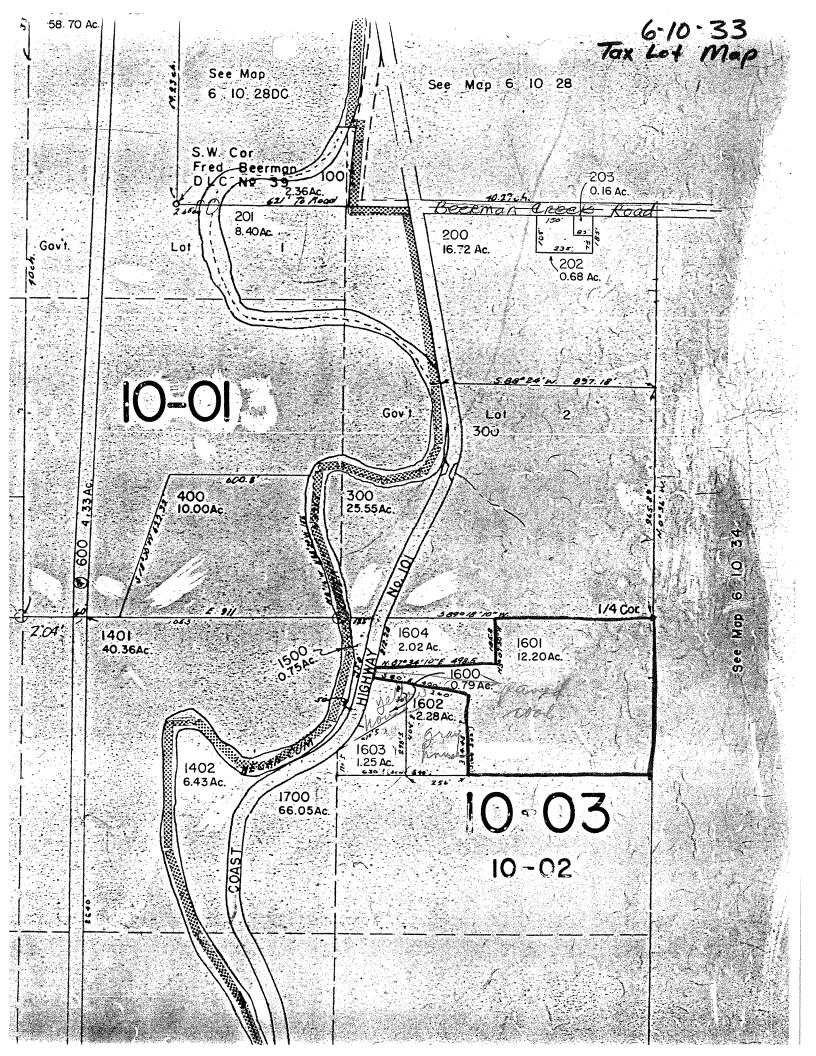
FOR OFFICE USE ONLY

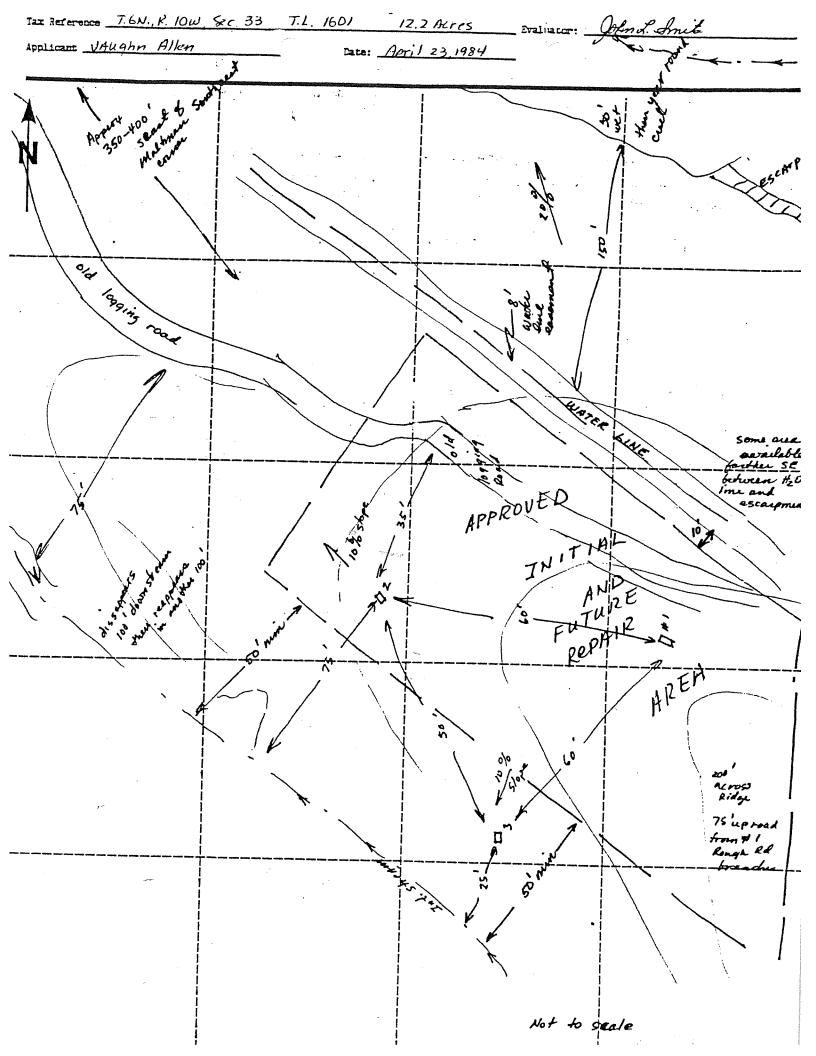
STATE OF OREGON Department of Environmental Quality

FOR	OFFICE	TICE	ONIT
T OIL	OLLICE	COL	OME

Department of Environmental Quality Date Completed Date Test Holes Ready APPLICATION FOR: ☐ Site Evaluation Report 🛛 Permit to Construct On-Site Sewage Disposal System Permit to Repair On-Site Sewage Disposal System Permit for Alteration of On-Site Sewage Disposal System ☐ Permit Renewal ☐ Authorization Notice Other (Specify) _ (Required fee and land use compatibility statement must accompany application) FOR OFFICE USE ONLY: \square NO ATTACHED X YES □ NO VICINITY OR TAX LOT MAP REQUIRED Z YES □ NO ATTACHED DY YES □ NO TEST HOLES REQUIRED NO LAND USE COMPATIBILITY STATEMENT 🗵 YES ATTACHED 💆 YES □ NO ADDITIONAL ITEM(S) REQUIRED 7 on ed 1 RA-5 986 (Township) (Subdivision Name) (Lot No.) (Public Water Supply) Single Family Residence ☐ Other Beerman Creek 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. M Owner ☐ Authorized Representative S.D.S. License No. _ Owner's Mailing Address Applicant's Mailing Address (if different) Phone









Department of Environmental Quality

522 S.W. 5th AVENUE, BOX 1760, PORTLAND, OREGON 97207

North Coast Branch P. O. Box 869 Astoria, Oregon 97103 Phone (503) 325-8660

May 7, 1984

Mr. Vaughn Allen 708 Indian Way Seaside, Oregon 97138

> Re: OSS-Clatsop County Site Evaluation, Approved T6N, R10W, S33, TL1601

Dear Mr. Allen,

In response to your completed application of May 14, 1984, a field inspection was made on April 23, 1984. Topographic and physical features of the site were checked. Soil information was collected by examining 3 soil pits. The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee, it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in a manner that would prohibit permit issuance, for example, topsoil is removed from approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes won't invalidate the approval, a different type system may be required, however, which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

Environmental Analyst

North Coast Branch

JLS:smm Enclosures

STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

REPORT OF EVALUATION FOR ONE LOT

ON-SITE SEWAGE SYSTEMS

(Technical Report - Not a Permit)

6 NORTH 10 WEST (Township) (Range)		33	1601	Clatsop (County)	
		(Section)	(Tax Lot/Acct. No.)		
	n/a (Subdivision Name)		n/a	n/a	12.20 acres
The Entire Pr		Not Been Evaluated	(Lot No.) Location:	(Block No.) Highway 101 south of (east) of Hamlet Rout	
PLOT PLAN	OF APPROVA	BLE AREA:			
		70L. 1604		Months	
approval. This approval is that conditions permit in accordance.	is given on the bas on subject or adjardance with O.R.	adminys and adminys and accent properties have	cel described abov e not been altered 454.755 and Adn	on-site system or replacement in any manner which would inistrative Rules of the Ervoid this report.	ent area may void this med or subdivided and prohibit issuance of a
limitations and	d additional requ	e for installation of irements indicated: ons of approval.	Standard S	nds of on-site sewage dispos system	sal systems, with the
if	, at the time of	application, the pa	arcel has been f	sposal only. It may be converged to be compatible with applementing measures or the	th applicable LCDC-

Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from DEQ - Astoria _____, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

(Signature of Authorized Agent)

Environmental Analyst

May 7, 1984

Astoria (Office)

REPORT OF EVALUATION FOR ONE LOT

LEGAL DESCRIPTION: CLATSOP COUNTY; T6N, R10W, S33, TL1601 SIZE

SIZE OF PARCEL: 12.20 acre

LOCATION OF PARCEL: Highway 101, south of Seaside, behind east of Hamlet Route Box 231

LOCATION OF APPROVED SITE ON PARCEL: Just west of center of parcel

MINIMUM DESIGN FLOW: 450 gallons per day or up to a four (4) bedroom dwelling

TYPE OF INITIAL SYSTEM: Standard

TYPE OF REPLACEMENT SYSTEM: Standard

ABSORPTION FACILITY "DRAINFIELD" SIZING: INITIAL SYSTEM- 125 lineal feet per 150 gallons daily sewage flow

REPLACEMENT SYSTEM- Same

Seque to

MINIMUM SEPTIC TANK CAPACITY: 1000 gallons

DOSING TANK: n/a

EFFLUENT PUMP: n/a

EFFLUENT DISTRIBUTION: Serial

SPECIAL CONDITIONS:

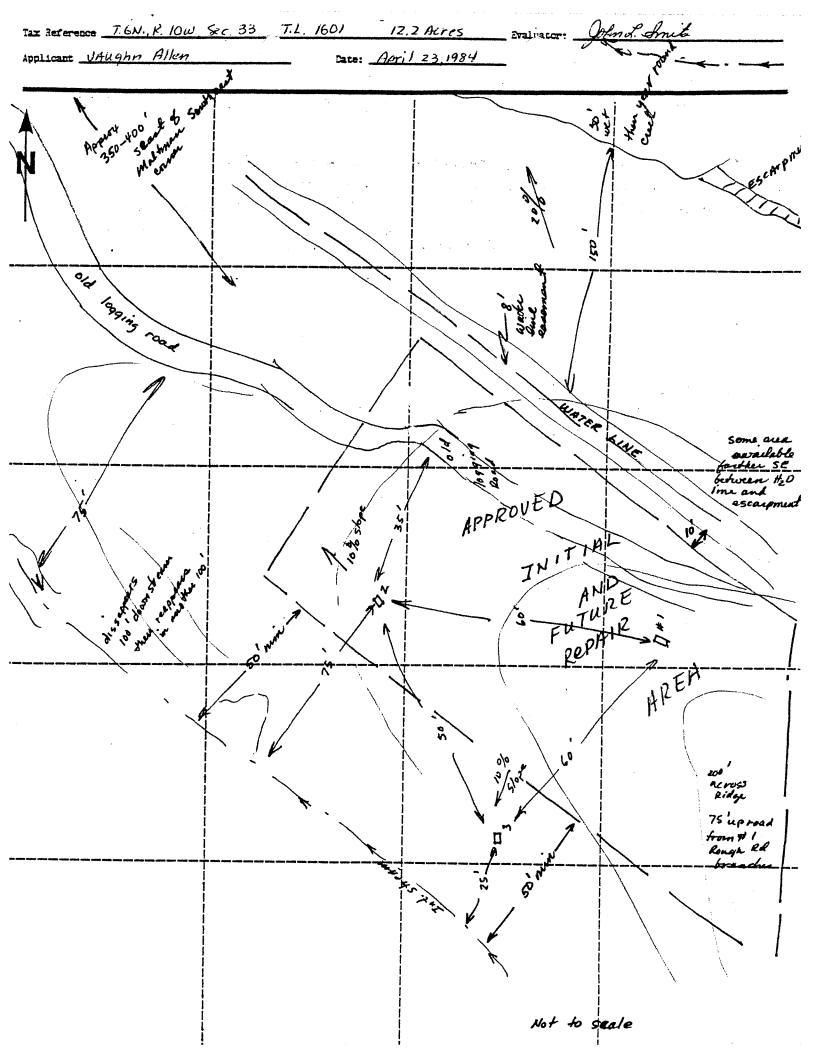
- 1. Maintain disposal trenches minimum 50 ft. from intermittent streams and 100 ft. from year round streams and domestic water supplies.
- 2. Disposal trenches a minimum 10, ft. from boundary of water line easement.
- 3. Recommend summer installation of disposal trenches June 1 through October 1.
- 4. The clearing of proposed homesite and disposal trench area must be done carefully to disturb as little topsoil as possible.
- 5. A revisit to the site will be required prior to permit issuance to confirm layout relative to selected homesite.

TO GET YOUR SYSTEM CONSTRUCTION PERMIT, SUBMIT:

- 1) Complete application. 2) Current fee: \$125.00, site visit required
- 3) Plot plan showing dwelling location, dimensions, driveway, domestic water location, general system location, distance to property lines, etc. Draw to a defined scale of not less than 1"=30'.
- 4) Land Use Compatibility Statement (zoning approval) or equivalent from appropriate land use authority (Clatsop County, Gearhart, Warrenton, etc.).
- 5) Any information on easements affecting the parcel (power line, water line, etc.).

6)

- *Permit will be issued or denied within 20 days of receipt of your completed application or additional information requested as required by Oregon Administrative Rules (OAR) 340-71-160(8).
- *A permit is valid for one (1) year and can be renewed <u>prior</u> to expiration, but is <u>not</u> transferable to a new owner.



SITE EVALUATION FIELD WORKSHEET Evalue : John & Smile Tax Reference 6N., R. 10w. Sec. 33 April 25, 1984 Applicant Vaughn Allen Date: _

	Depth	Texture	Soil Matrix Color and Mottling (Notation), %Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
_	0-12	Si losm	Brown, mod 326 < blocky structure
-	12-32	ct. sily cl	Yellowish Grown weak sab a blocky Porrs around then or
	32-48"+	si cl	× 11 11 11 11 21 11 11
			Roots to 36" No sot motsler - Some large stand zone
_			Roots to 36" No sat. motsler - Some large glayed zonce one old work channel to 43" deep soil
_	0-12	Si loam	Sime
-	12-44"	It silly clay loa	n Same
			most roots apper 24"
_			
			·
	0-8"	si loam	Grane
	8-51"	sith Cl loans	Yellowish brown - weak sub a blocky water movement apparent
			around soil peds some med pores Roots to 50" large
			Some glayed long mother
32	cape Notes /	solend old +	errace position
1		•	pect Northwest Groundwater Temp priched 48" + Permanent est
-	Sita Notae Pi	coup transec	had by inkinithat streams and one year round stream
	Site Notes	sperig amount	The comment such that the such such in
-			

Type System: Initial Shandard Replacement Shandard	System Sizing 125 haft /150 g. System Sizing 125 haft /150 g.	Design Flow 4	ption Facilit	y (in) 24	inches	bedwim home
Special Conditions Recomme, A of desposal trenchez dur			sure to	rake si	lickend	<u>s</u> idewnlls
						

FOR OFFICE USE ONLY

STATE OF OREGON Department of Environmental Quality

FOR OFFICE	E USE ONLY
Date Rec'd	5-14-84
Date Complete	ed
Paguired For	\$165.00

Date Test Holes Ready		Required Fee \$165	5,00
		Receipt No. 2724	19
1		Control No.	
APPLICAT	'ION FOR:		
Site Evaluation Report Permit to Construct On-Site Sew Permit to Repair On-Site Sew Permit for Alteration of On-Si Permit Renewal Authorization Notice Other (Specify)	age Disposal System		
(Required fee and land use compatibility	statement must accompany app	olication)	
EOD OFFICE LICE ON V.			
FOR OFFICE USE ONLY:			_
PLOT PLAN REQUIRED ☑ YES VICINITY OR TAX LOT MAP REQUIRED ☑ YES TEST HOLES REQUIRED ☑ YES	□ NO □ NO □ NO	ATTACHED ☑ YES ATTACHED ☑ YES	□ NO
LAND USE COMPATIBILITY STATEMENT YES	☑ NO	ATTACHED □ YES	□ NO
ADDITIONAL ITEM(S) REQUIRED			
***************************************	********************	***********	******
FOR APPLICANT'S USE — (Please Print) Vaughn 4 7 CRI Allen (Property Owner's Name) (Township) (Subdivision Name) (Subdivision Name) (Range) (Subdivision Name) (Lot No.) (Public Water Supply) Single Family Residence (Number of Bedrooms) Directions to Property: South of Beepman	(Tax Lot/Acct. No.) (Block No.) Soping (Private Water Supply/Specify Type) Other (Specify) Reek Road:	Clatsop (County) 12,2 ack (Lot Size) South of Johns	1.05 2.05 Son -
By my signature, I certify that the information I have furnished i Quality and its authorized agent permission to enter onto the ab	s correct, and hereby gran pove described property f	or the purpose of this appli	onmental cation.
(Sighature)	5-14-84 (Date)	☑ Owner☐ Authorized Represent☐ S.D.S. License No	
Owner's Mailing Address	Applicant's Mailing Addre	ess (if different)	
708 Indian Way Seaside, OR 97138			
Phone 738-8590 (h) 325-8611 (W) 738-5722 (W)	Phone		

See Map 6 10 34