



# Septic Authorization Approval

186-22-000312-AUTH

## Residential Authorization

Website: <https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov

**Date Issued:** 2/9/23      **Date Expiring:** 2/9/24  
**Work Description:** Authorization Notice: old home torn down, replacing with new SFD

**Applicant:** BRIEN, STEPHEN      **Primary Contractor:** SEE PROPERTY OWNER  
**Address:** PO BOX 86      **INFORMATION**  
TOLOVANA PARK OR 97145      **Owner (Property):** OWNER  
**Phone:** 503-440-7678  
**Email:** cottagekeeper@gmail.com

**Owner:** STEPHEN BRIEN      **Property Address:** 85477 Hwy 101, Seaside, OR 97138  
**Address:** PO BOX 86  
TOLOVANA PARK OR 97145

**Parcel:** 610330001604 - Primary      **Township:** 6      **Range:** 10      **Section:** 33

**Authorization Notice for:** Replacing One Dwelling with Another  
**System is Failing?** No      **Date Septic Tank Last Pumped:** 01/22/2021

**Lot Size:** 2.02 acres      **Water Supply:** Community Water Supply  
**Zoning:** RA-2      **City/County/UGB:** County

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	SFD torn down replacing with	new 3 bedroom home
<b>Number of Bedrooms:</b>	N/A	3
<b>System Specifications:</b>		
<b>Max Peak Design Flow:</b>	450 gpd	<b>Proposed Gallons per Day:</b> 375 gpd
<b>Special Requirements:</b>		
<b>Stake Out Required:</b> No	<b>Pump to Drainfield Required:</b> Yes	

**Conditions of Approval:**

Authorization for the proposed use is valid for one year from the date of this report.

Lucas Marshall

Environmental Health Specialist I

2/9/23

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

OPERATION & MAINTENANCE SERVICE CONTRACT

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Date: 02-07-2023

FEB 09 2023

Service Provider: Complete Septic Service  
41092 Ziak-Gnat Creek Lane  
Astoria, OR. 97103  
Oregon DEQ Maintenance Provider License #RM134

CLATSOP CO. PUBLIC HEALTH  
#22-000312

Owner: STEPHEN BERN

Billing Address: PO Box 86  
TALOVANA PARK, OR 97145

System Location: 85477 Hwy 101  
SEASIDE, OR 97138 6-10-33-1604

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of one inspection/service visit (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

OWNER RESPONSIBILITIES:

- 1. **Vegetation Control.** The owner shall control vegetation around and on the tank and sandfilter.
- 3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

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**FEB 09 2023**

CLATSOP CO. PUBLIC HEALTH

**COST/BILLING:**

- 1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
- 2. **Billing.** Billing shall be sent to the Owner prior to the 1<sup>st</sup> of the month with payment due by the 10<sup>th</sup> of each month.
- 3. **Annual Report Fee.** The annual report fee (currently at \$62) shall be billed to the owner at the time as well.
- 4. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

#22-000312

**CONTRACT TERM:** The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

**DISPUTES:** All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

**ACCEPTANCE OF PROPOSAL**

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

Jerry or Jeffery Lebo  
 Service Provider

*Jerry Lebo*  
 Signature

02-07-2023  
 Date

STEPHEN BRIEN  
 System Owner (print)

*Stephen Brien*  
 Signature

2-9-2023  
 Date

503 440 7678  
 System Owner phone number

Next payment due 02-07-2024

Two Year Service contract expires on 02-07-2025



# Clatsop County

Environmental Health/Onsite Septic Program

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OCT 14 2022

Clatsop County

Onsite Septic Program

820 Exchange St., Suite 100

Astoria, OR 97103

(503) 325-9302 phone

(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

#186-22-004312

CLATSOP CO. PUBLIC HEALTH  
(Pd) VISA

## Application for Onsite Sewage Treatment System

27500

### A. Property Owner Information

STEPHEN J. BRIEN  
Name

PO BOX 86, TOLONANA PARK 97145  
Mailing Address (Street, PO Box, City, State, Zip)

(503) 440-7678  
Phone Number

### B. Legal Property Description

6N  
Township

10W  
Range

33  
Section

1604  
Tax Lot

14418  
Tax Account Number

2.02  
Acreage or Lot Size

County

Subdivision Name

Lot

Block

Property Address: 85477 HWY 101, SEASIDE, OR 97138  
(Street, City, State, Zip)

Directions to Property

### C. Existing Facility / Proposed Facility / Water Information

#### Existing Facility

Single Family Residence

already torn down

Number of Bedrooms

Other

#### Proposed Facility

Single Family Residence

3

Number of Bedrooms

Other

#### Water Supply

Public CITY OF SEASIDE  
Name

Private  
Well, Spring, Shared

### D. Type of Application

Site Evaluation

Construction

Permit Repair

Major

Minor

Alteration Permit

Major

Minor

Renewal Permit

Existing System Evaluation

Permit Transfer

Permit Reinstatement

Compliance Record Review

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

(Note: Authorization Noticed dated 6/18/09 = Expired)

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

[Signature]

Date

10/14/22

Applicant's Name (Please Print Legibly)

STEPHEN J. BRIEN

Applicant's Phone

503-440-7678

Applicant's E-Mail Address

cottagekeeper@gmail.com

Applicant's Mailing Address

PO Box 86, Tolovana Park, OR 97145

Applicant is the

Owner

Authorized Representative

Licensed Septic Installer

Authorization Attached

Installers Name

owner

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#22-000312

DEQ Land Use Compatibility Statement

COMPLETED BY APPLICANT

1. Property Owner Name(s): STEPHEN J. BRIEN
Mailing Address: PO Box 86, TOLOVANA PARK, OR 97145
Telephone 1: (503) 440-7678 Telephone 2:
Email Address: COTTAGEKEEPER@GMAIL.COM

2. Applicant Name:
Mailing Address:
Telephone 1: Telephone 2:
Email Address:

3. Property Information:
Situs Address: 85477 Hwy 101, SEASIDE, OR 97138
Township 6N Range 10W Section 33 Tax Lot 1604
Subdivision Name (if applicable):

4. Proposed Development:
[checked] Single Family Dwelling [ ] Accessory Structure [ ] Other

5. Permit or Approval Requested:
Construction or Installation Permit: [checked] New Construction [ ] Repair [ ] Alteration
Authorization for Replacement of: [ ] Dwelling [ ] Bedroom Addition
[ ] Other:

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #: 22-000603

PAYMENT ID:

1. Property Zoning 1 RA-2 Property Zoning 2 Overlays

2. Minimum Parcel Size 2 AC Actual Parcel Size 2.02 AC [ ] LOR needed LOR Permit #

3. The facility is located: [ ] Inside City Limits [ ] Inside a UGB [checked] Outside UGB (county jurisdiction)

4. Does the proposed facility comply with all applicable land use requirements: [checked] Yes [ ] No

5. Compliance is based on:
a. [checked] Compliance with local comprehensive plans and land use requirements. Citation: LANDUC - 54-2600 RA-2 ZONE, S 4.2620 (1)
b. [ ] Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.
c. [ ] Measure 49 Waiver - DLCD Approval Number:

Comments:

Planning Official Signature JP Pollack

Date 10-14-22

LAND USE PLANNER



# Clatsop County

Environmental Health/Onsite Septic Program

6-10-33-1604

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Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

CLATSOP CO. PUBLIC HEALTH  
EnvHealth@co.clatsop.or.us email

# 22-000312

## Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):  
 Septic Tank     Disposal Trenches     Capping Fill     Sand Filter  
 Seepage Bed     Cesspool or Pit     Unknown  
 Other (describe): \_\_\_\_\_
- When was your septic system installed? 1996 96-43  
Date Permit Number
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons): 1100
- When was the septic tank last pumped? (Attach receipt if available) 01/22/2021
- Number of disposal trenches: \_\_\_\_\_
- Total length of disposal trenches (in feet): \_\_\_\_\_
- Do you propose to use the existing septic system?  Yes     No
- Is your septic system currently in use?  Yes     No  
 If no, date of last use: \_\_\_\_\_
- If the septic system currently serves a dwelling,  
 How many bedrooms in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? 3 How many occupants? \_\_\_\_\_
- If the septic system serves a business,  
 How many total employees are there? \_\_\_\_\_ Type of business: \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)?  Yes     No  
 If yes, please explain: \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: [Signature]

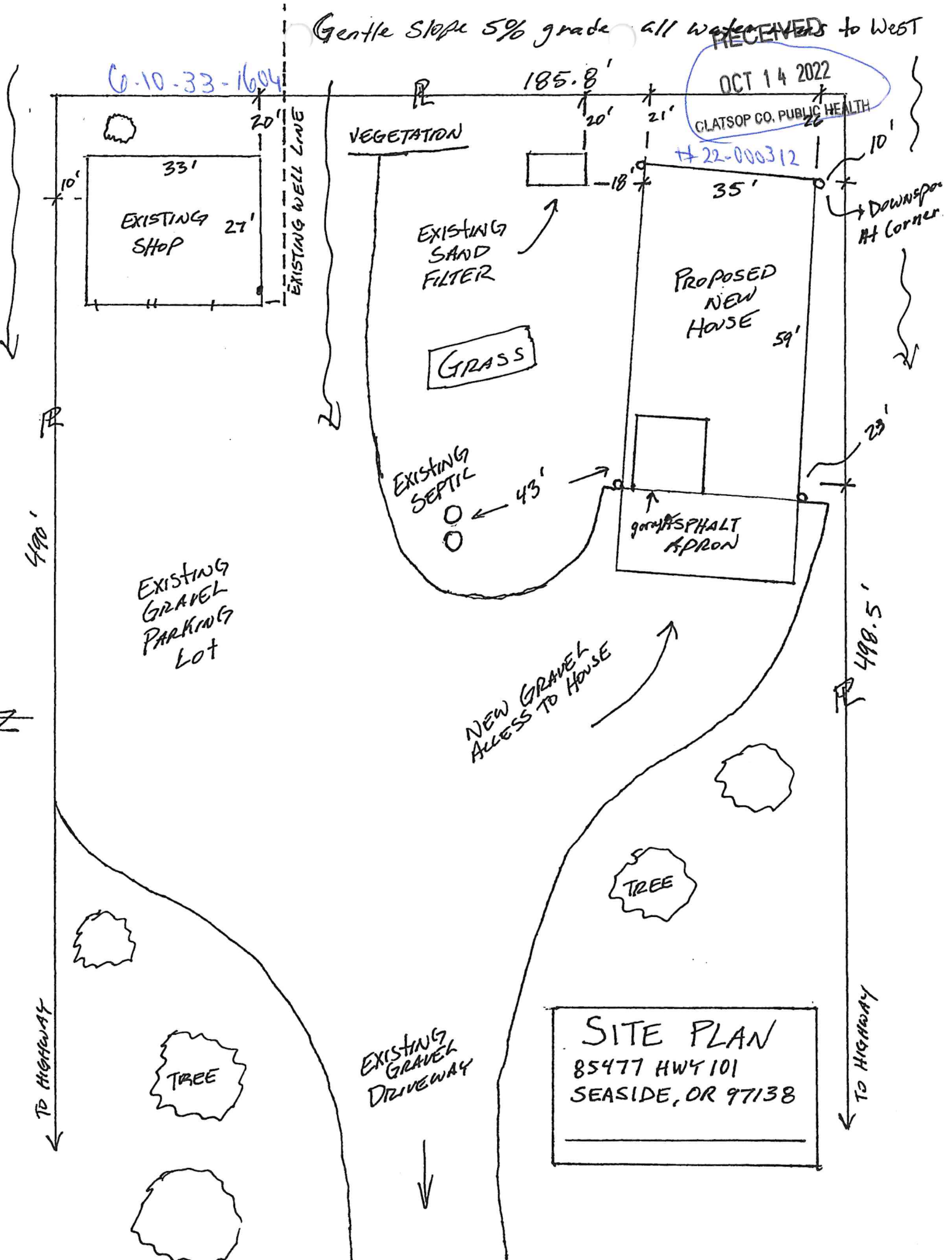
Date: 10/14/22

Gentle slope 5% grade all water RECEIVED to West

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0-10-33-1604

#22-000312



SITE PLAN  
85477 HWY 101  
SEASIDE, OR 97138

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# Existing System Evaluation Report for Onsite Wastewater Systems

CLATSOP CO. PUBLIC HEALTH

#22-000312

State of Oregon Department of Environmental Quality  
Onsite Program  
165 East Seventh Ave, Suite 100  
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): STEPHEN J BRIEN Telephone: (503) 440-7678

Site Address: 85477 highway 101 City: Seaside Zip Code: 97138

County: Clatsop Lot Size: \_\_\_\_\_ Acres/Square Feet (circle units)

Legal Description: Township 6N, Range 10W, Sec33, Tax Lot 1604

Age of wastewater treatment system 25 (years) Is there a service contract for system components? No

Date the septic tank was last pumped 1-22-2021 (please attach receipt if available)

Number of people occupying dwelling \_\_\_\_\_ If unoccupied, for how long has it been vacant? \_\_\_\_\_

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

1-22-2021

Date (MM/DD/YYYY)

*Stephen J. Brien*  
Signature of Owner, or agent if present

Name of person performing evaluation (please print): Jeffrey Lebo

### Certification:

- |                                                                                 |                                                          |
|---------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Installer                                   | <input type="checkbox"/> Professional Engineer           |
| <input checked="" type="checkbox"/> Maintenance Provider                        | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians         | <input type="checkbox"/> Waste Water Specialist          |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ |                                                          |

Certification Number: RI197 RM134

Business name Complete septic service Email jeffreylebo@gmail.com

Business address 41092 Ziak-gnat Cr Ln Astoria Oregon 97103 Phone 503-458-6870

Date of Evaluation: 1-22-2021 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

1-22-2021

Date (MM/DD/YYYY)

*Jeffrey Lebo*  
Signature of Qualified Septic System Evaluator



#22-000312 CLATSOP CO. PUBLIC HEALTH

1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- Septic Tank, Dosing Tank, Multi-compartment Tank, Seepage Bed, Other, Cesspool, Disposal Trenches/ Leach Lines, Capping Fill, Sand Filter

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system [X]Yes [ ]No [ ]Unknown

- Permit Number(s) 96-43, Year original septic system installed: 1996, Dates of subsequent repairs or alterations, All plumbing fixtures are connected to the septic system [ ]Yes [X]No [ ]Unknown

If you answered "No" or "unknown," please describe below:

No house on the property.

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface [ ]Yes [X]No [ ]None observed, Discharge of sewage to surface waters [ ]Yes [X]No [ ]None observed, Sewage backup into plumbing fixtures [ ]Yes [X]No [ ]Unknown, Additional Comments:

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this evaluation.

- Septic tank was pumped during the course of this evaluation [X]Yes [ ]No, If the septic tank was NOT pumped during the course of this evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

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• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

• Is the septic tank accessible?  Yes  No

• Septic tank volume in gallons 1100

• Tank volume determined by: Check all that apply, add comments below as needed

Permit Records  Measured  Stamped on Tank  Other

• Septic tank risers are at ground level  Yes  No

• Tank appears to be free from defects, leaking and signs of deterioration  Yes  No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

• Septic tank lid(s) is intact  Yes  No

• Septic tank baffles are intact: Inlet  Yes  No Outlet  Yes  No

• Baffle material - Inlet  Plastic  Concrete  Metal Outlet  Plastic  Concrete  Metal

Effluent filter is present  Yes  No

• Effluent filter is free of debris  Yes  No  Not Applicable

• Liquid level in tank relative to invert of outlet  At  Above  Below

If above or below invert outlet, please explain: \_\_\_\_\_

• Scum layer 0 (inches) Sludge layer 0 (inches)

• Scum and Sludge layer more than 35% of the total tank volume  Yes  No

Indicate where sludge measured from:  Inlet  Middle  Outlet

• Additional Comments:

Tank is 1100 gallon dosing septic tank.

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

• The septic system has a dosing tank  Yes  No

(If "No," skip the rest of section 4)

• At the time of this evaluation the power was on to test the pump(s):  Yes  No

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- Dosing tank capacity 1100 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material Concrete
- Dosing tank appears to be watertight and in good condition  Yes  No
- Dosing tank lid is intact  Yes  No
- Electrical components are sealed and watertight  Yes  No
- Pump/ siphon is functional  Yes  No
- Type of Pump  Demand dose  Time dose
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- There is a high water alarm  Yes  No
- The high water alarm (audible and visual) is working  Yes  No  Not Applicable
- Type of screen Orengo filter
- Screen is clean and free of debris  Yes  No - Screen cleaned for this evaluation  Yes  No
- Scum/ sludge present in Dosing tank  Yes  No
- Scum layer 0 (inches) Sludge layer 0 (inches)
- Additional Comments:  
1100 gallon dosing septic tank.

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system  Yes  No  Unknown
- Was the soil absorption system part of the evaluation?  Yes  No  See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- 
- Absorption distribution  Equal  Serial  Pressure  Equal via pressure
  - Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other \_\_\_\_\_
  - Absorption distribution unit(s):  dropbox  hydrosplitter  equal distribution box
  - Intact  Damaged  N/A
  - Absorption distribution unit(s) are free of debris or solids  Yes  No  N/A

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- Locate all drain lines in soil absorption system  Yes  No

Total length of drain lines 150sa (ft)

Lengths determined by  Physically uncovering portions of system/probing  Written records

Fish tape  Electronic locator  camera

- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Absorption area appears to be **free** from surface water runoff and down spouts  Yes  No

- Evidence of ponding in absorption area or distribution unit(s)  Yes  No

- The soil absorption system replacement area assigned in the permit record appears to be intact:

Yes  No  Replacement area not identified in permit record

If you answered "No," please explain below:

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- Additional Comments:

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6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter  Yes  No

(If "No," skip the rest of section 6)

- Type of sand filter

Intermittent  
 Recirculating  
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration:  Yes  No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Sand filter appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No

- Additional Comments:

Septic system is working properly.

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**7. Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
 System ID number \_\_\_\_\_  
 Manufacturer name \_\_\_\_\_

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#22.000312

- Previous two years of maintenance records are available  Yes  No  
If you answered "No," please explain below:

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- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

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- Additional Comments:

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8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

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9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

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10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

1-22-2021

Date



Signature of Qualified Septic System Evaluator

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**Provide a Site Plan in the space below:** Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

# 22-000312

SEE  
AS - BV 14

6-10-33-1604

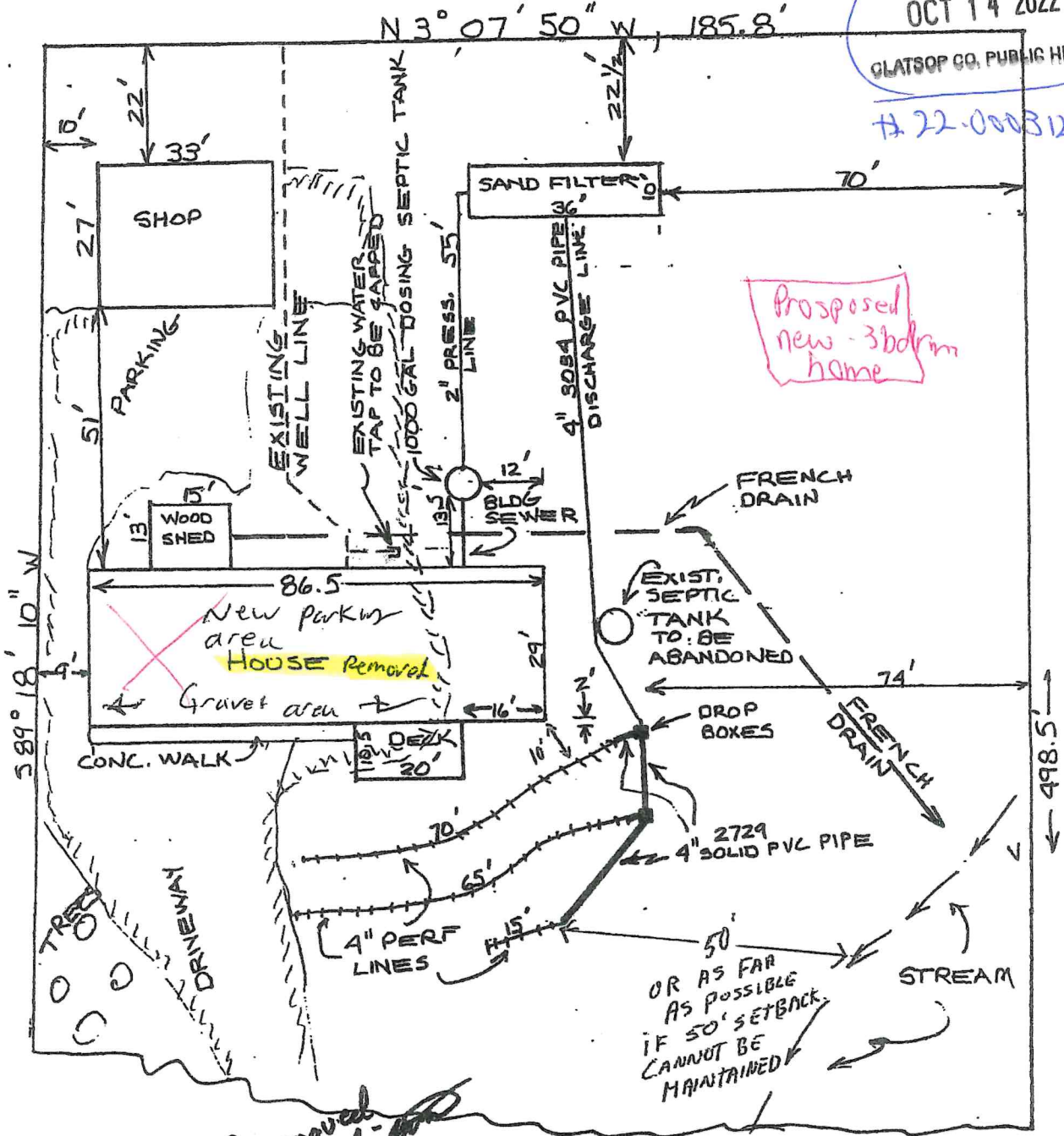


SCALE 1" = 30'

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2/

# 22-000312



Approved  
[Signature]  
4/3/96

Bob McEwan Construction, Inc.  
OR CC 48302 Excavating Contr.  
P.O. Box 2241 Gearhart, OR 97138-2241  
Phone (503) 738-5954 FAX 738-4198

~~JEFFREY MAETZMAN~~  
TGN, RIOW, SEC 33, Tx LT 16C  
HCR 63 BOX 227  
SEASIDE, OR 97138

SITE Plan @ 5447 Hwy 101  
seaside, OR  
Septic tank and sand filter and  
drain lines have been flagged at site

9/14/2022



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**ALL HIGHLIGHTED ITEMS ARE REQUIRED.**  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Contact Clatsop County Community Development to determine if additional documentation is required. **CLATSOP CO. PUBLIC HEALTH**

#22-000312

85477 Hwy 101, Seaside

**SEWAGE DISPOSAL:** 6-10-33-1604

Contact the sewer district serving your property or Clatsop County Environmental Health for septic approval at 503-325-9302

None Required      Signature, & Date: Laura Marshall

Sewer      Signer Title & Printed Name: E.H. Supervisor

Septic      Agency: Environmental Health

Existing onsite      Permit# or Sign Off: Authorization notice permit required.

Permit Required: Yes  No       Site Approval Granted: Yes  No

**WATER AVAILABILITY**

Contact the water district serving your property OR  
Oregon Water Resources Department at 503-815-1967, nikki.m.hendricks@wrdd.state.or.us

None Required      Signature & Date: Debra McDowell 9/28/2022

Private Water      Signer Title & Printed Name: Debra McDowell Public Works Director

Public Water      Agency Name: City of Seaside

Well, Spring, etc.      Gallons per minute 50 gpm

Potability Test and/or Water Master Certificate attached

**FIRE ACCESS AND REQUIREMENTS**

Contact the fire district serving your property

Signature & Date: \_\_\_\_\_

Signer Title, Printed Name & Agency: \_\_\_\_\_

Applicant must contact fire official prior to final building inspection: Yes  No

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

Firebreak, clear and maintain firebreak of at least \_\_\_\_\_ feet radius around proposed structure.

**X MANUFACTURED/MOBILE HOME PLACEMENT**

Contact Clatsop County Assessment & Taxation, 820 Exchange #210, Astoria, OR 97103 503-325-8522

Signature & Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**REQUIRED DOCUMENTS – ALL PERMITS**

Erosion Control Plan       Plot Plan       Stormwater Drainage Plan

Development Permit – Supporting Documents      Permit#: \_\_\_\_\_

Outdoor Lighting Plan

Parking Plan

Other: \_\_\_\_\_

RECEIVED

OCT 14 2022

CLATSOP CO. PUBLIC HEALTH SERVICES

#22-000352

County of Clatsop, Oregon GIS Services

This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

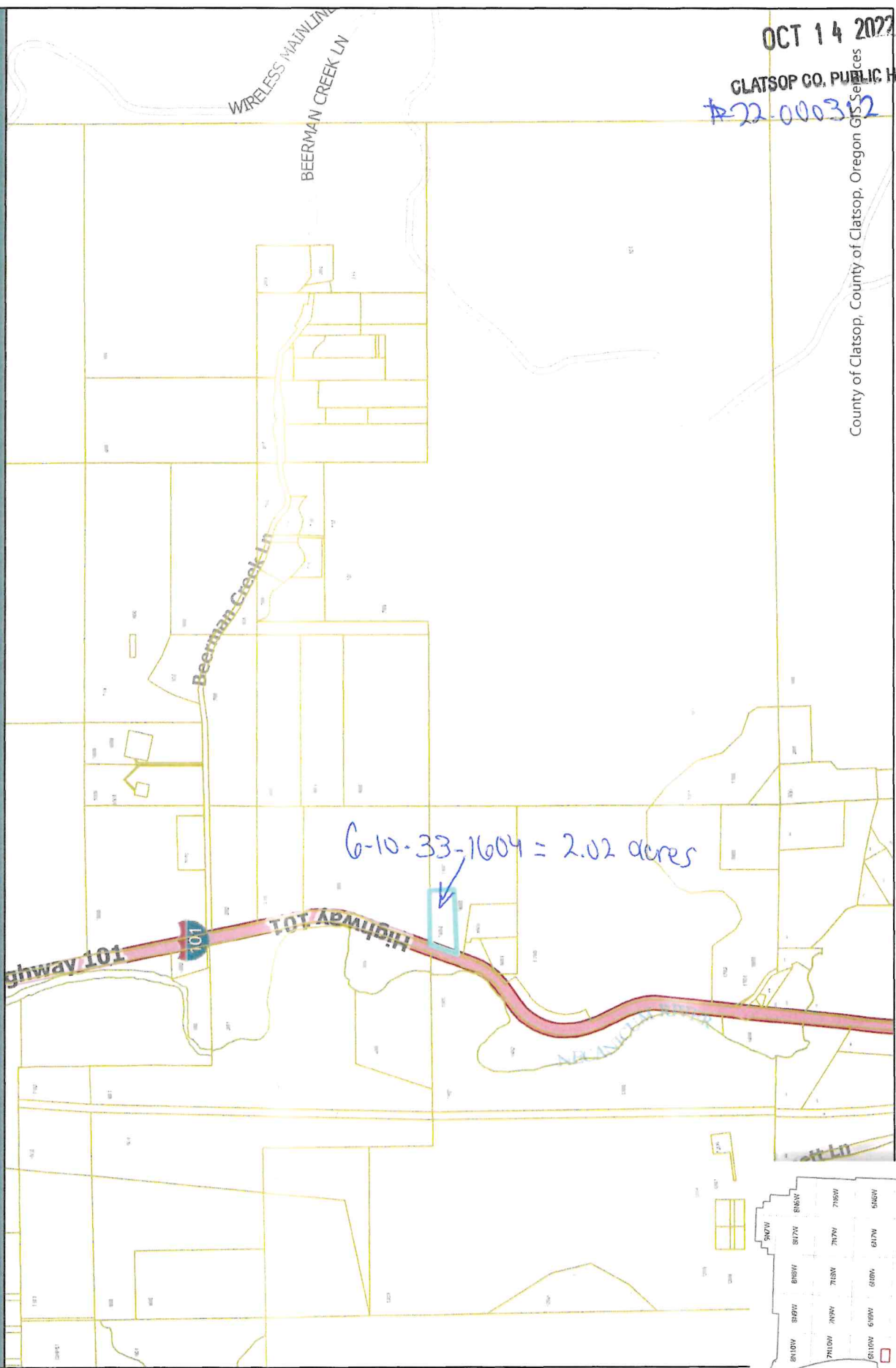


Clatsop County

0.4 mi



Clatsop County Webmaps



G-10-33-1604 = 2.02 acres

8110W	8100W	8090W	8080W	8070W	8060W	8050W	8040W	8030W	8020W
7110W	7100W	7090W	7080W	7070W	7060W	7050W	7040W	7030W	7020W
6110W	6100W	6090W	6080W	6070W	6060W	6050W	6040W	6030W	6020W
5110W	5100W	5090W	5080W	5070W	5060W	5050W	5040W	5030W	5020W
4110W	4100W	4090W	4080W	4070W	4060W	4050W	4040W	4030W	4020W

10/14/2022 10:56 AM



**Transaction Receipt**  
**Record ID: 186-22-000312-AUTH**  
**IVR Number: 186010261686**

Clatsop County Onsite

Office: Not Applicable  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
health@co.clatsop.or.us

**Receipt Number: 460986**

**Receipt Date: 10/17/22**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 85477 HWY 101, SEASIDE, OR 97138  
Parcel: 610330001604

---

**Fees Paid**

Transaction date	Units	Description	Account code	Fee amount	Paid amount
10/17/22	1.00 Ea	Authorization notice - no field visit	81-7213	\$166.00	\$166.00
10/17/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
10/17/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

---

Payment Method: Credit card authorization: 122547316	Payer: STEPHEN BRIEN	Payment Amount:	\$275.00
------------------------------------------------------	----------------------	-----------------	----------

Cashier: Annette Brodigan

**Receipt Total: \$275.00**



# Oregon

Theodore R. Kulongoski, Governor

## Department of Environmental Quality

North Coast Branch Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
(503) 861-3280  
FAX (503) 861-3259

June 18, 2009

Vaughn & Teri Allen  
85455 Hwy 101  
Seaside, OR 97138

RE: Authorization Notice for Connection to Existing Onsite System  
Township/Range/Section: T6N, R10W, S33; Tax Lot No. 1604, Clatsop County  
Onsite ID No.: 407773

Dear Vaughn & Teri Allen:

In response to your application for authorization to replace the existing 3-bedroom house with a new 3-bedroom house on the above-described property, a field inspection and record review have been completed. This evaluation and report is based upon current Department of Environmental Quality (DEQ) regulations governing onsite sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Divisions 71 and 73.

This authorization is issued for a period of one (1) year and is subject to the following conditions:

1. The edge of one of the riser lids on the existing dosing septic tank is cracked. The lid should be replaced to prevent runoff from entering the tank during wet weather conditions.
2. This system is sized for a maximum 4-bedroom single-family dwelling. The sewage flow to the existing system shall not exceed 450 gallons per day or average more than approximately half the projected peak flow. Sewage flows exceeding these limits may cause the system to fail.
3. The foundation of the new house must meet a minimum 5' setback from the septic tank and a minimum 10' setback from the drainfield.
4. Sufficient area for future drainfield replacement is available.
5. All sewage disposal systems require periodic maintenance if they are to function adequately year after year. Normally, septic tanks need to be pumped out periodically to prevent the passage of solids into the drainfield. A fact sheet regarding maintenance of your onsite system is enclosed for your information and use.
6. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is strongly discouraged.
7. If system malfunction should occur, a Repair Permit from this office will be needed. Any future repairs or alterations to the existing system will be required to comply with the current rules.

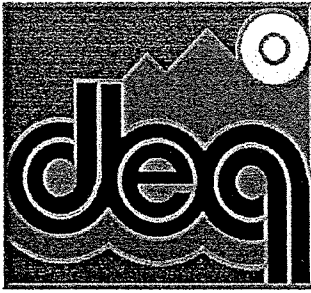
**IMPORTANT:** This Notice does not guarantee satisfactory or continuous operation of the existing onsite wastewater treatment system. Also, issuance of this Notice does not relieve you of your obligation to obtain the appropriate permits, inspections and approvals that may be required by other agencies.

If you have any questions about this report, please feel free to contact me at the North Coast Branch Office, (503) 861-3280.

Sincerely,

Connie M. Schrandt  
Natural Resource Specialist

Enc. Care of Your Onsite Sewage (Septic) System – Sand Filters



## Care of Your On-Site Sewage (Septic) System -Sand Filters-

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

503-861-3280  
fax: 503-861-3259

*Our mission is to be an active leader in restoring, maintaining, and enhancing the quality of Oregon's air, water and land.*

### What is a sand filter???

A sand filter is a sewage treatment plant designed for residential use. The sewage effluent from your home enters the sand filter from your septic tank through pressurized pipes; the effluent then trickles through about 2 feet of sand and is treated biologically as it moves downward. The effluent then discharges into the surrounding soil for final treatment through the bottom of the filter or an adjacent drainfield. Whether the effluent is discharged to a drainfield or through the bottom of the filter depends on specific siting conditions on your property.

As simple as it sounds the treatment of sewage through a properly maintained sand filter compares favorably to many treatment plants designed for cities. Potential disease causing bacteria are reduced by over 95% and nitrates that can contaminate groundwater are reduced approximately 45 to 50%.

However to do its job of treating your sewage, the sand filter system needs to be properly maintained. This is not difficult, but will involve you as the system owner to practice a few basic operational and maintenance items:

- **Septic tank maintenance.** Your septic tank is a watertight container that receives all water-carried waste from the house plumbing. If the grass is greener over the septic tank, it may mean the tank is leaking. The tank should be inspected and replaced if it is leaking. The septic tank allows the solids to settle or float and the liquids to pass through and discharge to the sand filter.

If you wait too long to have the solids pumped from the tank, they may clog the pump screen damaging the pump; or bypass the tank and get pumped to the sand filter causing clogging and premature failure of the filter. Have the tank pumped when solids (floating and settled) exceed about 35% of the volume of the tank. You can't tell by just looking whether a tank needs to be pumped. The tank inlet and outlet are near the top of the tank and even a small amount of floating solids would make the tank look "full." Solids accumulations must be estimated by measuring the thickness of floating solids and the sediment (settled) layer. **If you do not wish to inspect the tank for sludge accumulation, the tank should be pumped every 3 years for sand filter systems.**

- **Pump maintenance.** Sand filters, pressurized seepage beds, and pressurized drainfields have pumps. Look at your electrical breaker box for a septic pump circuit. Look for the pump in a dosing tank near the septic tank or inside the septic tank itself. The pump should be easily accessible via a tank riser to ground surface. The pump is usually operated through the use of float switches. It is also required to have a high water float and alarm on a separate circuit from the pump, to signal the homeowner if the pump should malfunction or burn out. The pump should be inside a screened vault to prevent the pumping of solids. **The screen needs to be checked regularly and cleaned to prevent it from clogging and collapsing.**



State of Oregon  
Department of  
Environmental  
Quality

# Application for Onsite Sewage Treatment System

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

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

Date Stamp:  
DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED  
JUN 04 2009  
NORTH COAST BRANCH OFFICE  
WARRENTON

For DEQ Use Only:  
Date Received 6-4-09  
Fee Paid \$450.00  
Receipt Number 138480  
Application Number 408755  
Date of 1st Response 6-16-09  
Date of 2nd Response \_\_\_\_\_  
Date of Final Response 6-18-09  
Date of Completion \_\_\_\_\_  
Scanned \_\_\_\_\_ Data Entry \_\_\_\_\_

## A. Property Owner Information

Vaughn & Teri Allen 85455 Hwy. 101 Seaside, OR 503-738-8590  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number  
97138

## B. Legal Property Description

6 10 33 1604 6103301604 2.02  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Clatsop \_\_\_\_\_  
County Subdivision Name Lot Block  
Property Address: 85477 Hwy. 101 Seaside OR 97138  
Address City State Zip Code

Directions to Property: South on Hwy. 101 past Beerman Crk Ln (4 Circle Creek Rv Park, past big white barn & "Got Eggs" sign on right side. Property is next to big white barn.

## C. Existing Facility / Proposed Facility / Water Information

Existing Facility:  Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_  
Proposed Facility:  Single Family Residence  
Number of Bedrooms 3  
 Other \_\_\_\_\_  
Water Supply:  Public \_\_\_\_\_  
Name \_\_\_\_\_  
 Private Well, Spring, Shared

## D. Type of Application

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

Vaughn & Teri Allen 6-4-09 cell: 503-440-2360  
Signature Date  
Vaughn & Teri Allen 503-738-8590  
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address  
85455 Hwy. 101 Seaside, OR 97138  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached  
Installer's Name \_\_\_\_\_



# EXISTING SEPTIC SYSTEM DESCRIPTION

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

JUN 04 2009

NORTH COAST BRANCH OFFICE  
SEASIDE, OREGON

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):  
 Septic Tank     Disposal Trenches     Capping Fill     Sandfilter  
 Seepage Bed     Cesspool or Pit     Unknown  
 Other (Describe) \_\_\_\_\_
- When was your septic system installed? 1996 (Date)    see attached (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) 1100
- When was the septic tank last pumped? 7-11-08 Attach receipt if available.
- Number of disposal trenches \_\_\_\_\_
- Total length of disposal trenches (in feet) see attached
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use 7-11-08
- If the septic system currently serves a dwelling: No dwelling existing  
 How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? 3 How many occupants? 4
- If the septic system serves a business:  
 How many total employees are there? n/a  
 Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
 If yes, please explain \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

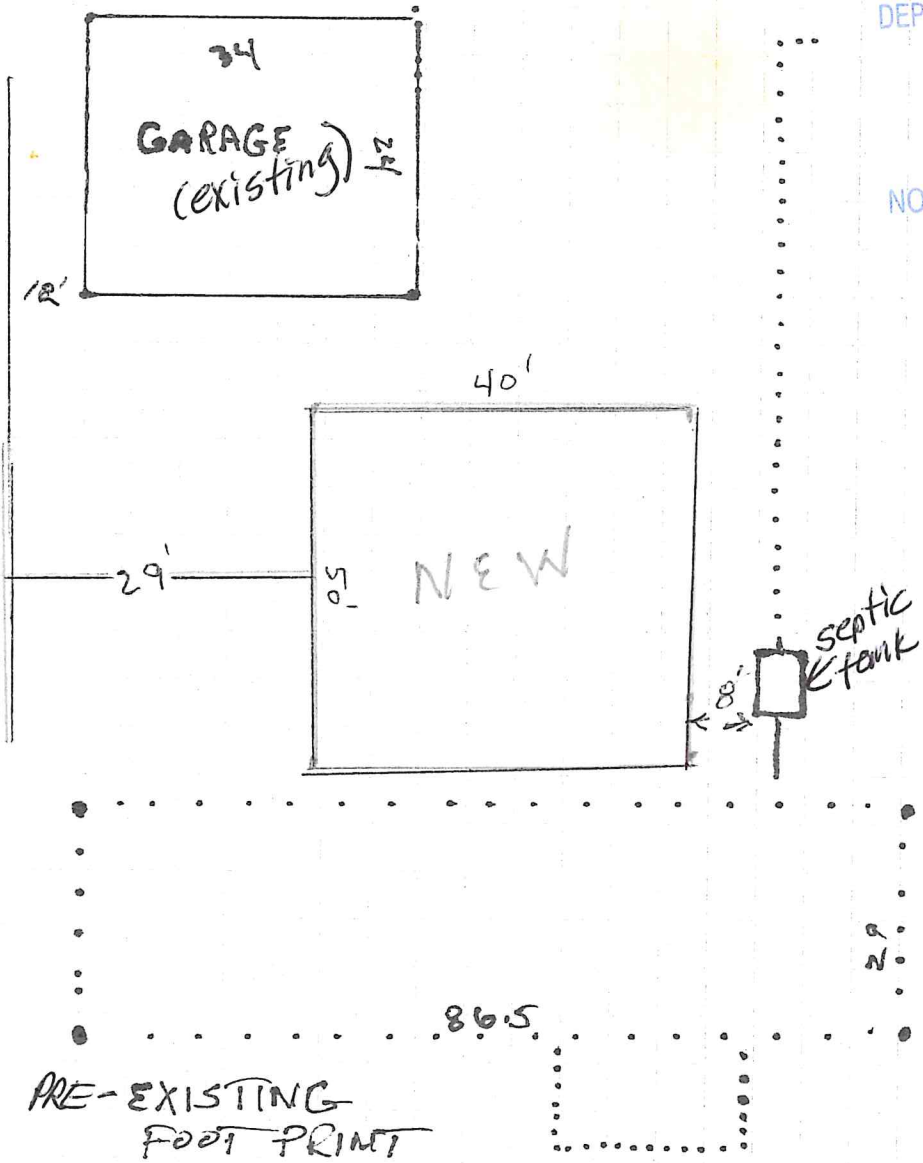
By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

6-4-09  
(Date)

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes  No  Attached  Date Issued \_\_\_\_\_  
 Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes  No  Initials \_\_\_\_\_  
 Other file information: \_\_\_\_\_

DEPT. OF ENVIRONMENTAL QUALITY **NEW**  
RECEIVED  
JUN 04 2009  
NORTH COAST BRANCH OFFICE  
WARRENTON





**ED'S**  
**Septic Tank Cleaning Service**  
 Licensed & Bonded  
 92042 Koppisch Road  
 ASTORIA, OREGON 97103-8426

**CLYDE McDONALD 458-6521**  
**(800) 382-7380**

101 Plumbing  
85455 Hwy 101  
Seaside, Oregon 97138

*Re: 85477 Hwy 101  
 Seaside, Oregon*

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.  
PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

**STATEMENT**

DATE 7-11-08  
 NUMBER 138-5722

DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED  
 JUN 04 2009  
 NORTH COAST BRANCH OFFICE  
 WARRENTON

DATE	CHARGES AND CREDITS	BALANCE
	1200 GALLON CONCRETE Dosing Septic TANK BALANCE FORWARD	
7-11-08	Pumped Septic Tank Dump Fee Fulled Dosing Pump, Dosing Chamber and Screen Filter Cleared and Reinstalled them.	\$ 216 00 124 00 82 56
	TOTAL	\$ 422 56
	Paid Check # 7969	

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

**SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)**

1. Applicant Name/Property Owner: Vaughn & Teri Allen

Mailing Address: 85455 Hwy. 101

City, State Zip Code: Seaside, OR 97138

Telephone: 503-738-8590

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

JUN 04 2009

2. Property Information:

County: Clatsop

Tax Lot No.: 1604

Township: 6

Range: 10

Section: 33

Physical Address: 85477 Hwy. 101

Block: -

Lot: -

Subdivision Name (if applicable): -

NORTH COAST BRANCH OFFICE  
WARRENTON

3. This proposed facility is for:

An individual, single-family dwelling

Describe the type of development, business, or facility and the provided services or products: \_\_\_\_\_

4. Permit or approval being requested:

Construction-Installation permit for:  New Construction  Repair  Alteration

Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds)

Authorization Notice for:  Replacement of dwelling  Bedroom addition

Print Form

Other changes in land use involving potential sewage flow increases

**SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**

5. Property Zoning: RA2

Zoning Minimum Parcel Size: 2 ac.

6. The facility is located:  inside city limits  inside UGB  outside UGB

If inside UGB, the proposed facility is subject to:

City jurisdiction

County jurisdiction

Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements:  Yes  No

If you answered "Yes" above, was this compliance based on:

Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: \_\_\_\_\_

allowed use in zone

8. Planning Official Signature: Michael J. Weston

Print Name: Michael J. Weston

Date: 7-17-08

Title: Planner

Telephone: 503-325-8611



Receipt Number: 138480

Oregon Department of Environmental Quality

Warrenton Office

65 N Highway 101, Suite G

Warrenton, OR 97146

Date Received 6/4/2009

Received From **101 Plumbing Inc.**  
(Check Name): **Teri Allen**  
**85455 Hwy 101**  
**Seaside, OR 97138**

For **T06N R10W S33**  
Property **TaxLot 1604**  
At: **Clatsop County**  
**85477 Hwy 101**  
**Seaside, OR 97138**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
450.00	Check	8110	34-827/1251	450.00

Total Amount Applied \$450.00

Onsite Fees	
Base Fee:	<b>390.00</b>
Surcharge Fee:	<b>60.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$450.00</b>
Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>450.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$450.00</b>

Application Description
Application ID: <b>408755</b>
Application Type: <b>Authorization Notice</b>
<b>with Field Visit</b>
System Type: <b>Sand Filter: Conventional - Residential</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Receipt Amount: \$450.00

Received By:

Date of Entry:

Connie Schrandt

6/4/2009

46054

Control No.

STATE OF OREGON

PERMIT NO. 96-43

\$ 275.00

Fee

DEPARTMENT OF ENVIRONMENTAL QUALITY

New Construction

Major Repair

Other

Permit Issued To Jeff & Collette Maltman 6N 10W 33 1604 Clatsop  
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Highway 101 Seaside *[Signature]* 4-3-96  
 (Road Location) (City) (Issued by - Signature) (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 April 3, 1997 TYPE OF SYSTEM Sand Filter/Drainfield

Capping fill of 16" over drainfield.

Design Sewage Flow 450 Gallons/Day

Tank Volume 1100 Gallons Disposal Trenches  Seepage Bed(s)  Square Feet

Maximum Depth 12 inches. Minimum Depth 12 inches. 150 Linear Feet

Equal  Loop  Serial  Pressurized  Minimum Distance Between Trenches 10' on centers.

Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches.  Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. Properly decommission existing septic tank and submit copy of pumping receipt. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines or underground utilities from PRE-COVER INSPECTION REQUIRED - CONTACT disposal field. North Coast Branch Office -- 861-3280.

**CERTIFICATE OF SATISFACTORY COMPLETION**

As-Built Drawing with Reference Locations

Installer Bob McEwan Const. Inc.

See as-built plot plan submitted by installer.

Final Insp. Date 10-18-96

Inspected By Bruce W. Henderson

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.

*[Signature]*  
(Authorized Signature)

Environmental Specialist  
(Title)

10-18-96  
(Date)

DEQ, NWR, Portland  
(Office)

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
ON-SITE SEWAGE SYSTEM INSTALLATION

Inspection

**~~CORRECTION~~ NOTICE**

An Inspection of this On-Site Sewage System has identified the following deficiencies:

Cap on sand filter complete - sandy loam texture w/ organic horizon of ~ 2" thick at surface - planted to grass - ~ 12" thick at center

Capping filter disposal field - complete ~ 12" thick over disposal lines - planted to grass - ~ clay loam texture

System Repair Complete

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, 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. 96-43 GN 10W 33 1604 Clatsop  
Maltman/McEwan Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 3:05 P.M.

DATE 10/18/96

BY B.V. Anderson  
(Signature) (503) 229-5616

CONTACT: Warrenton Office  
(503) 861-3280

**DO NOT REMOVE THIS NOTICE FROM SITE**

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
ON-SITE SEWAGE SYSTEM INSTALLATION

Inspection ~~CORRECTION NOTICE~~ **CORRECTION NOTICE**

An Inspection of this On-Site Sewage System has identified the following deficiencies:

Proceed w/ cap for sand filter - no finer texture than loam  
Proceed w/ disposal field capping fill  
Call for Reinspection of capping fill & cap

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, 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. 96-43 6N 10W 33 160A: Chitsey  
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 5:05 P.M.

DATE 9/26/96

CONTACT: Warrenton Office  
861-3280

BY Bruce W. Henderson  
(Signature) (503) 229-5616 (6957 FAX)

**DO NOT REMOVE THIS NOTICE FROM SITE**

SEP 23 1996  
(Date Received)

### FINAL INSPECTION REQUEST AND NOTICE COAST BRANCH OFFICE WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: BASIC INFORMATION.**

Property Owner JEFF & COLLETTE MALTMAN Permit Number 96-43 County CLATSOP  
Township 6N ; Range 10W ; Section 33 ; Tax Lot 1604 ; Tax Acct. # —  
Job Location H.C.R. 63 Box 227, SEASIDE, OR  
Date System Construction Completed 9/20/96 ; Date Submitted to DEQ or Agent 9/23/96

**SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.**

SEE ATTACHED SHEET

Property Owner MALTMAN Permit Number 96-43 County CLATSOP

**SECTION 3:** AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

SEE ATTACHED SHEET

**SECTION 4:** CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

Sewage Disposal Service Business: BOB MCEWAN CONST. <sup>INK.</sup> 37079  
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

*[Handwritten signature/initials]*



PREPARED FOR: Jeffrey Maltman  
 HCR 63 Box 227  
 Seaside, OR 97138  
 T6N, R10W, Sec 33  
 T.L. 1604, Clatsop Co.

Bob McEwan Const.  
 P.O. Box 2241  
 Gearhart, OR 97138  
 (503) 738-5954  
 OR. CC. 48302

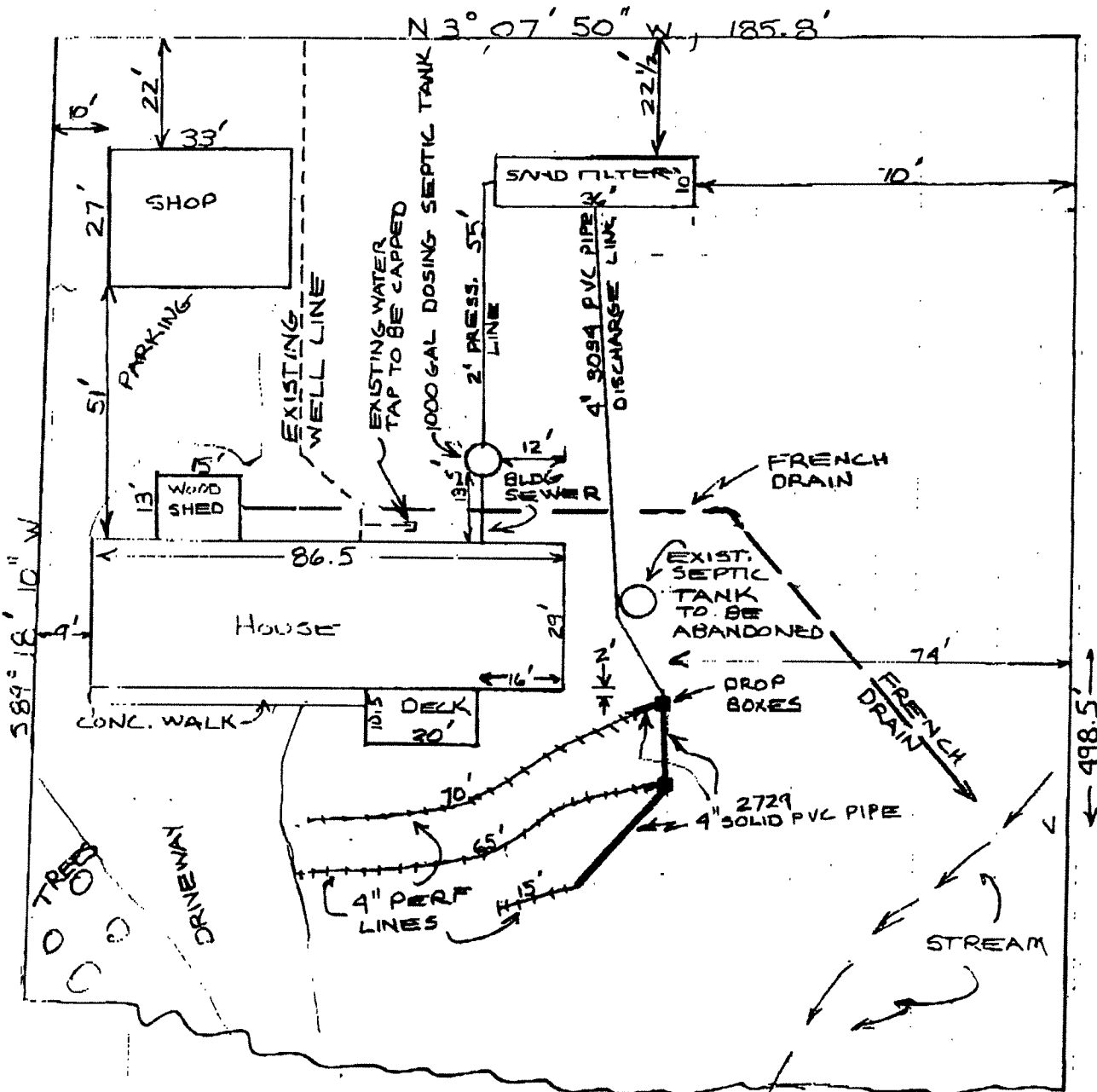
ELEVATIONS:

Top of ground @ dosing septic tank	100.0'
Top of dosing septic tank	98.0'
Top of building sewer at dosing septic tank	97.4'
Top of building sewer at building	99.6'
Finish grade at center sand filter	106.6'
Top of ground at sand filter	104.6'
Top of pipe at sand filter	105.3'
Pump inlet at dosing septic tank	94.0'
Drainfield line #1	96.7'

MATERIALS LIST:

- 1 - 1000 gal Michael's Dosing Septic tank
- 1 - 4" dia flex coupling
- 20 ft - 4" dia sch 40 abs pipe
- 8 ft - 1/2" dia polypropylene pump pull rope
- 2 gal - hydraulic cement
- 1 - P30 OSI 05 HHF 1/2 hp effluent pump
- 2 - 24" dia pvc access risers w/ lids
- 1 pt - epoxy
- 1 - 1.25" dia rubber grommet
- 1 - 15" dia screened vault w/ flow inducer
- 1 - 1.25" dia pvc check valve
- 1 - pvc splice box w/ 4 chord grips
- 1 - mechanical float assembly
- 1 - 115 volt Simplex panel
- 1 - hose & valve assembly
- 1 - 4" dia sch 40 abs two-way cleanout
- 150 ft - 2" dia cl 200 pvc press pipe
- 3 - 2" dia sch 40 pvc tees
- 8 - 2" dia sch 40 pvc 45 deg elbow
- 4 - 2" dia sch 40 pvc s x mip adapters
- 4 - 2" dia sch 40 pvc threaded endcaps
- 300 ft - 3' wide 3201 Typar filter fabric
- 20 - pvc pipe holders for drainfield pipes
- 46 yd - Mohler medium sand
- 35 yd - 1/2"-1/4" Johnson drain rock
- 7 - 2" dia sch 40 90 deg els
- 30 yd - Topsoil for sloping mound & drainfield cap
- 1 - Orenco 30 mil pvc liner
- 68 - Orifice shields
- 4 - 2" dia sch 40 couplings
- 2 - Tufftite drop boxes
- 1 - 4" dia 2729 90 deg els
- 4 - 4" dia 2729 45 deg els
- 290 ft - 4" dia 2729 perf & solid pipe
- 1 - 4" dia ABST

SCALE 1" = 30'

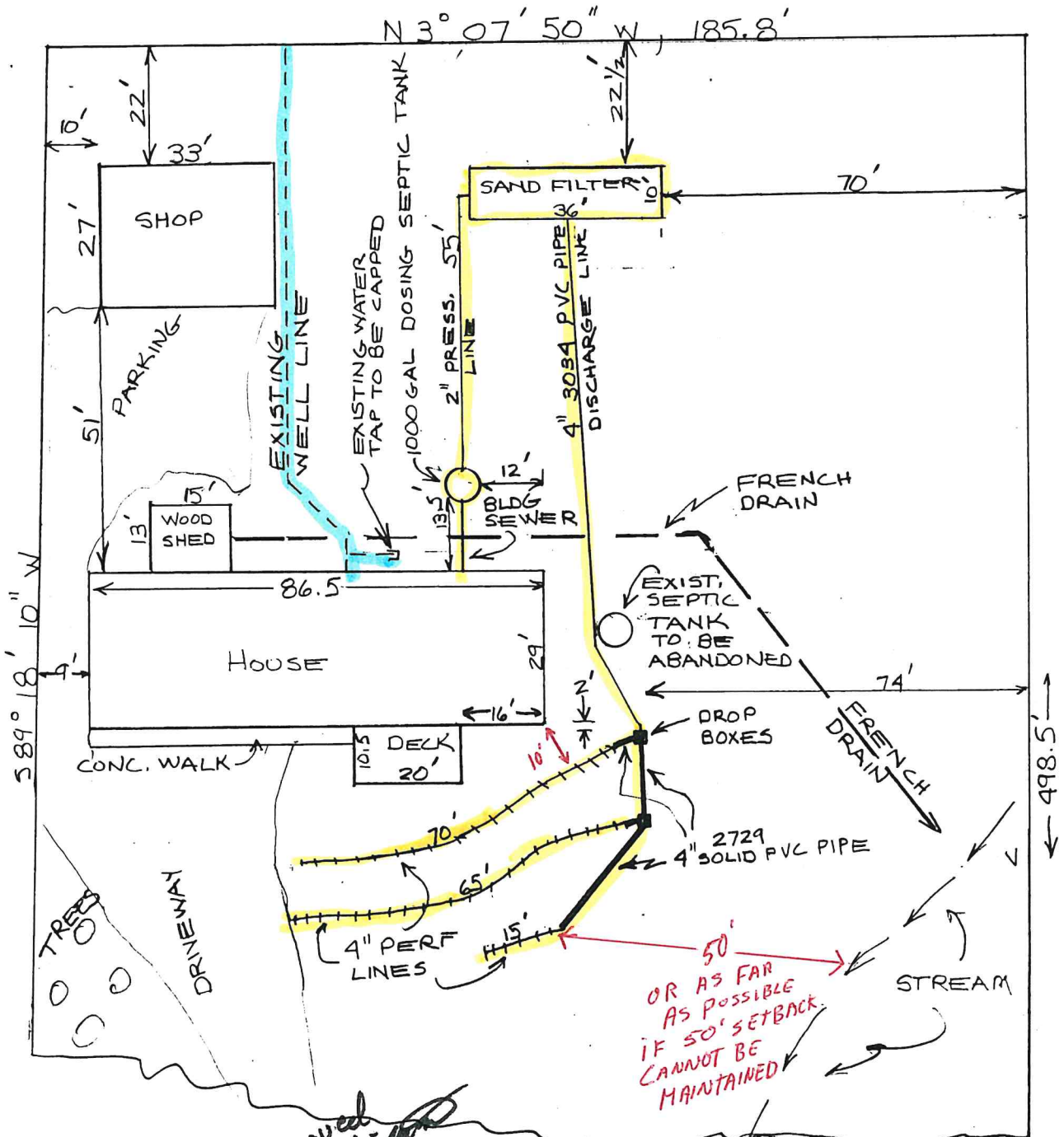


Bob McEwan Construction, Inc.  
 OR CC 48302 Excavating Contr.  
 P.O. Box 2241 Gearhart, OR 97138-2241  
 Phone (503) 738-5954 FAX 738-4198

JEFFREY MALTMAN  
 TGN, R10W, SEC 33, T4 Lt 1604  
 HCR 63 BOX 227  
 SEASIDE, OR 97138

\_\_\_\_\_  
 (Title)  
 \_\_\_\_\_  
 (System Installer's Signature)  
 \_\_\_\_\_  
 (Date)

SCALE 1" = 30'



OR AS FAR AS POSSIBLE IF 50' SETBACK CANNOT BE MAINTAINED

Approved  
*[Signature]*  
 4/3/96

Bob McEwan Construction, Inc.  
 OR CC 48302 Excavating Contr.  
 P.O. Box 2241 Gearhart, OR 97138-2241  
 Phone (503) 738-5954 FAX 738-4198

JEFFREY MALTMAN  
 TGN, RIOW, SEC 33, TX LT 1604  
 HCR 63 Box 227  
 SEASIDE, OR 97138

PREPARED FOR: Jeffrey Maltman  
HCR 63 Box 227  
Seaside, OR 97138  
T6N, R10W, Sec 33  
T.L. 1604, Clatsop Co.

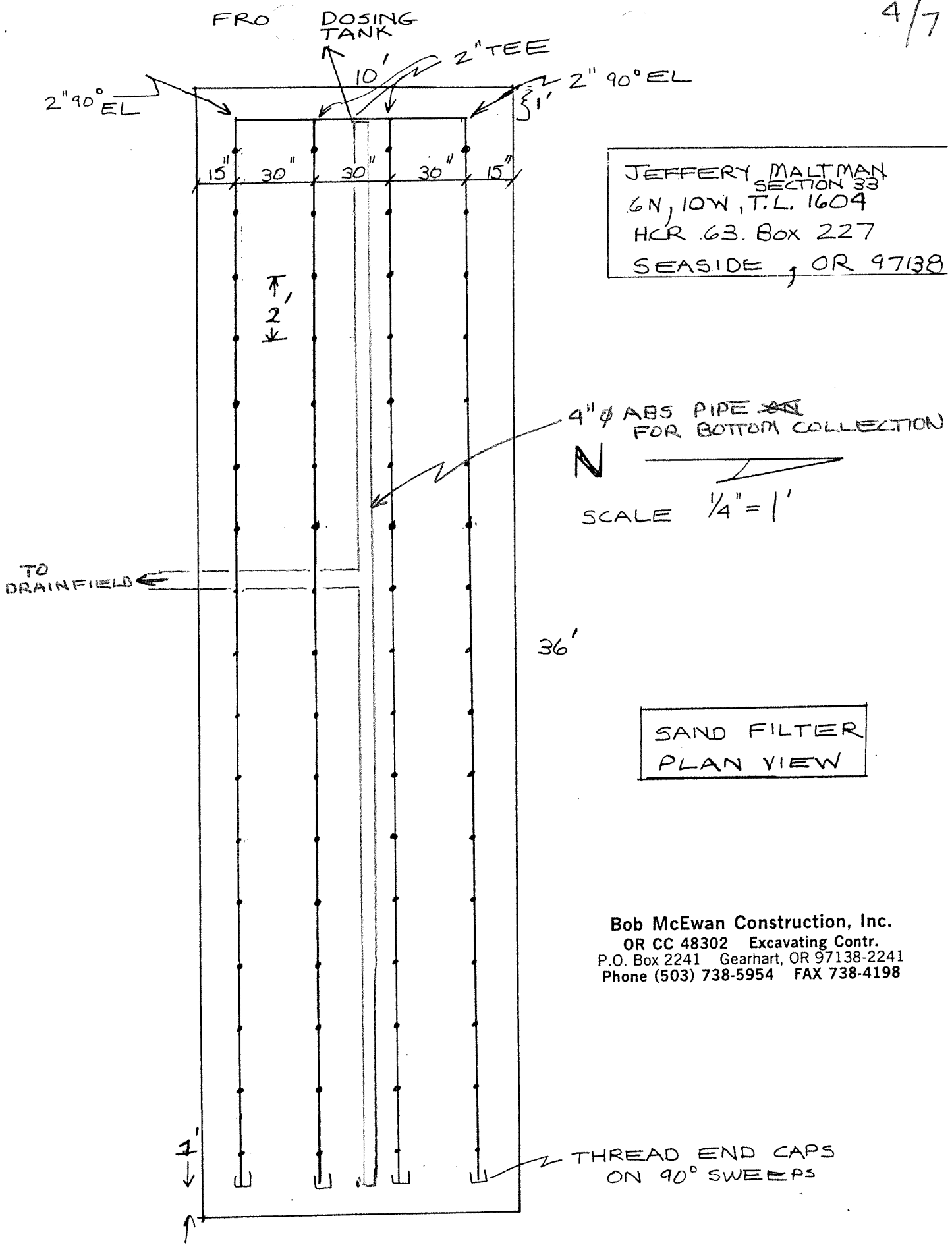
Bob McEwan Const.  
P.O. Box 2241  
Gearhart, OR 97138  
(503) 738-5954  
OR. CC. 48302

ELEVATIONS:	Top of ground @ dosing septic tank	100.0'
	Top of dosing septic tank	98.0'
	Top of building sewer at dosing septic tank	97.4'
	Top of building sewer at building	99.6'
	Finish grade at center sand filter	106.6'
	Top of ground at sand filter	104.6'
	Top of pipe at sand filter	105.3'
	Pump inlet at dosing septic tank	94.0'
	Drainfield line #1	96.7'

MATERIALS LIST:

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- 1 - 4" dia flex coupling
- 20 ft - 4" dia sch 40 abs pipe
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- 1 - pvc splice box w/ 4 chord grips
- 1 - mechanical float assembly
- 1 - 115 volt Simplex panel
- 1 - hose & valve assembly
- 1 - 4" dia sch 40 abs two-way cleanout
- 150 ft - 2" dia cl 200 pvc press pipe
- 3 - 2" dia sch 40 pvc tees
- 8 - 2" dia sch 40 pvc 45 deg elbow
- 4 - 2" dia sch 40 pvc s x mip adapters
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- 4 - 2" dia sch 40 couplings
- 2 - Tufftite drop boxes
- 1 - 4" dia 2729 90 deg els
- 4 - 4" dia 2729 45 deg els
- 290 ft - 4" dia 2729 perf. & solid pipe
- 1 - 4" dia ABST

4/7



JEFFERY MALTMAN  
 SECTION 33  
 6N, 10W, T.L. 1604  
 HCR 63, Box 227  
 SEASIDE, OR 97138

4"  $\phi$  ABS PIPE ~~FOR~~  
 FOR BOTTOM COLLECTION



SCALE 1/4" = 1'

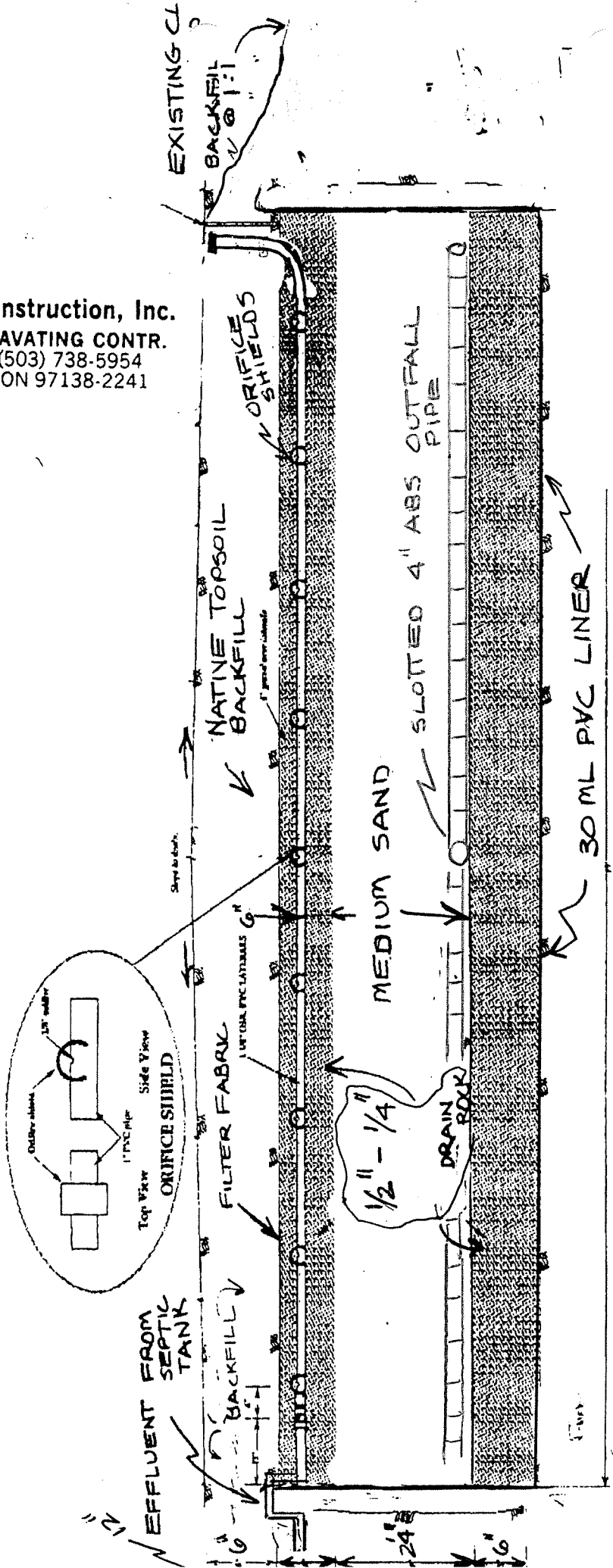
SAND FILTER  
 PLAN VIEW

Bob McEwan Construction, Inc.  
 OR CC 48302 Excavating Contr.  
 P.O. Box 2241 Gearhart, OR 97138-2241  
 Phone (503) 738-5954 FAX 738-4198

THREAD END CAPS  
 ON 90° SWEEPS

Bob McEwan Construction, Inc.  
OR CC 48302 EXCAVATING CONTR.  
P.O. Box 2241 (503) 738-5954  
GEARHART, OREGON 97138-2241

**ORENCO SYSTEMS, INC.**  
2826 Colonial Road Roseburg, OR 97470  
503.673.0165



**SIDE VIEW  
36' x 10' SAND FILTER  
BOTTOMLESS**

JEFFREY MALTMAN  
T&N RIOW T.L. 1604

SYSTEM HYDRAULIC CALCULATION

6/7  
 JEFFREY MALTMAN  
 T6N R10W SECTION 33  
 TAX LOT 1604

1. **STATIC HEAD**  
 (vertical elevation difference from the pump base  
 to the pressure distribution laterals) 11.3 feet

2. **SYSTEM ALLOWANCE**  
 (includes distribution piping losses and a 5 foot  
 residual head discharge at the distribution laterals) 10\* feet

3. **FRICITION HEAD**  
 (transport pipe friction loss as result of flow rate)

(a) Calculate Flow Rate

Diameter of orifices = 1/8 inch  
 Number of orifices = N  
 Orifice discharge rate = R (see over)  
 N X R = Flow Rate in gallons per minute

$$\frac{68}{(N)} \times \frac{.41}{(R)} = 27.9 \text{ GPM}$$

(b) Calculate Friction Loss

Length of transport pipe = L  
 Friction loss coefficient = F (see over)  
 L X F = Friction Head in feet

$$\frac{55/100 \text{ Ft.}}{(L/100 \text{ ft})} \times \frac{1.07}{(F)} = 0.6 \text{ feet}$$

4. **TOTAL DYNAMIC HEAD**  
 (sum of static head, system allowance &  
 friction head) 21.9 ft/TDH

5. **HYDRAULIC SPECIFICATIONS**

PUMP DUTY: 81.0 GPM @ 21.9 TDH

BRAND: P.30 051 05 HHE

MODEL: 05 HHE HORSEPOWER 1/2

CAPACITY: 30 TDH @ 40 GPM, &

1 GPM @ 10.2 TDH

Footnotes

\* In absence of specific head loss calculations, use 10 ft. factor

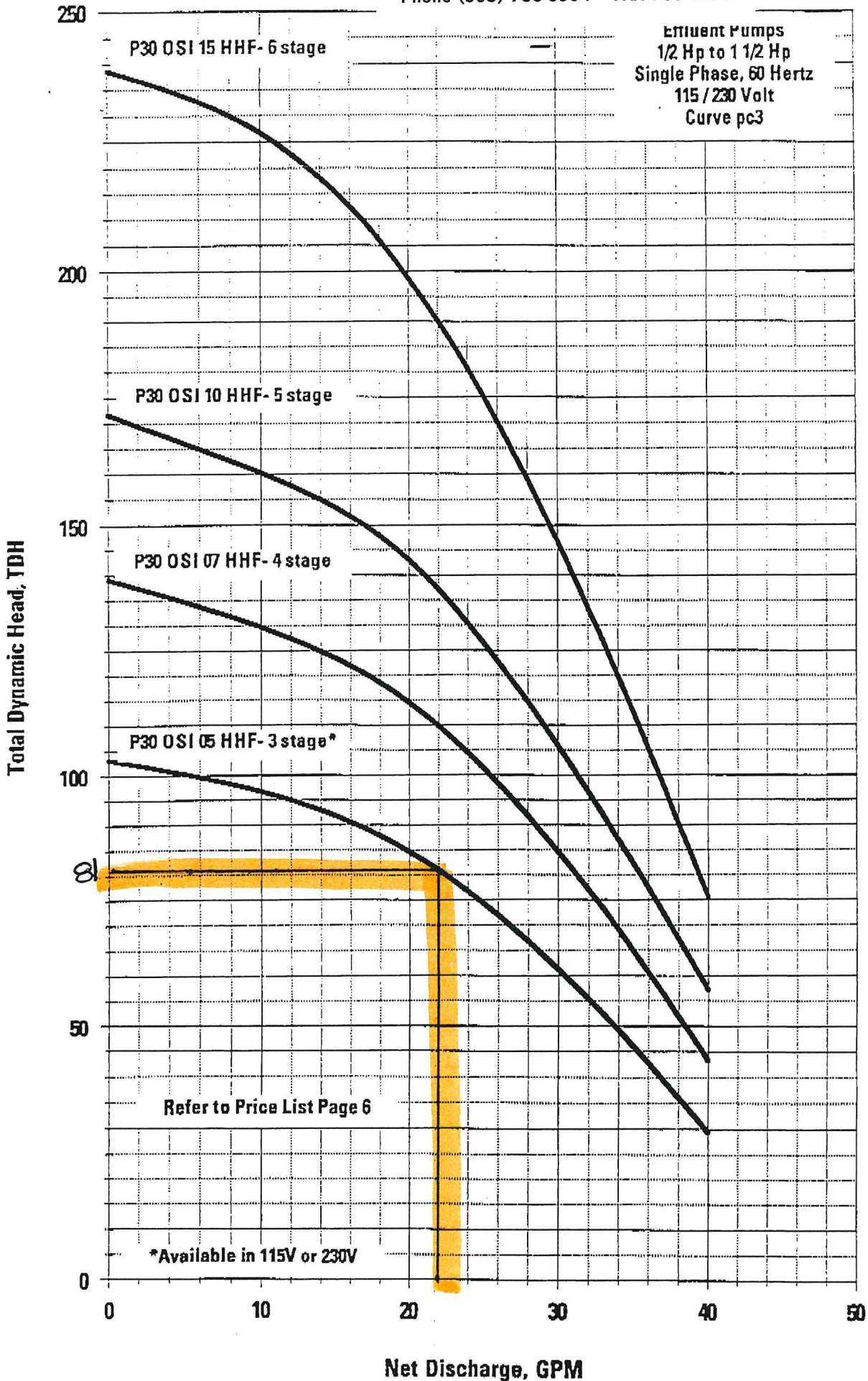


**Oreco Systems<sup>®</sup>**  
 Incorporated

314 AIRWAY AVENUE  
 SUTHERLIN, OREGON  
 97479-9012

TELEPHONE:  
 (541) 459-4449

FACSIMILE:  
 (541) 458-2884



Post-Net Fax Note	7671	Date	4/1	# of pages	1
To	Mike McEwan	From	Brian Gaddy		
Co./Dept.		Co.	OSI		
Phone #		Phone #			
Fax #	541-738-9198	Fax #			

JEFFREY  
 MALTMAN  
 T6N, R0W,  
 SEC 33  
 TAX LOT 1604



1/7

600 4

**JEFFREY MALTMAN**

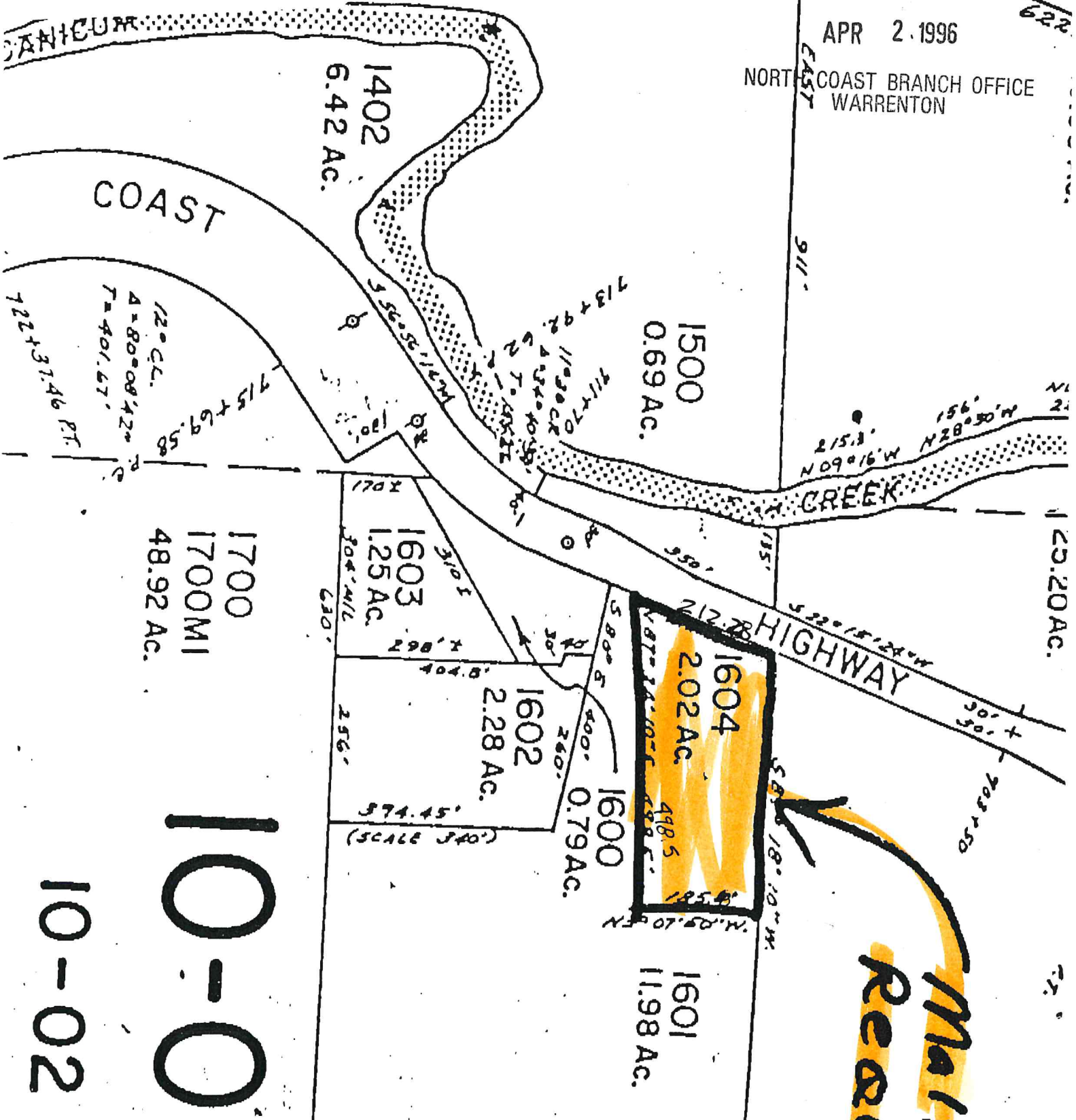
**6N, 10W, SEC 33, T.L. 1604**

Bob McEwan Construction, Inc.  
OR CC 48302 Excavating Contr.  
P.O. Box 2241 Gearhart, OR 97138-2241  
Phone (503) 738-5954 FAX 738-4198

DEPT. OF ENVIRONMENTAL QUALITY  
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APR 2 1996

NORTH COAST BRANCH OFFICE  
WARRENTON



1700  
1700MI  
48.92 AC.

**10-0**

**10-02**

**Malt's  
Ranch**

MAR 19 1996

Oregon

March 18, 1996

NORTH COAST BRANCH OFFICE  
WARRENTON

JEFFREY MALTMAN  
HCR 63 BOX 227  
SEASIDE OR 97138

DEPARTMENT OF  
ENVIRONMENTAL  
QUALITY  
NORTHWEST REGION

RE: OSS:NWR: CLATSOP COUNTY:  
REPAIR PERMIT APPLICATION: TWN 6N,  
RNG 10W, SEC 33, TAX LOT 1604.

Dear Mr. Maltman:

In response to your recent application for repair of the on-site sewage disposal system at the above referenced property, I visited the site on March 13, 1996 and met with you.

The existing system consists of a concrete 750 gallon septic tank and a drainfield. The drainfield is presently failing in the marsh area to the south of the property.

A test pit in the front yard revealed soils consisting of silt loams and silty clays. There are strong indications of temporary water at 12 to 14 inches. This water may be present during the wet times of the year. The area that could be used for a drainfield is limited to the front yard. The back area apparently drains with surface water during rain events. The marsh area to the south has an intermittent stream that flows at least during the winter. With these limitations, there is inadequate area and inappropriate soils for a standard drainfield system.

As we discussed on site, this repair would need to be a sand filter and 150 feet of drainfield. The sand filter can be located at the side of the house or in back. The drainfield would need to be located in the front of the house as indicated on the enclosed sketch. The drainfield would be installed 12 inches deep with a capping fill of 16 inches placed over the system. This will allow the drainfield to remain out of the temporary water. The drainfield would be installed so as to maintain a 50 foot setback from the intermittent stream.

A repair permit can be issued after plans and specification have been received and reviewed. Please submit plans and specifications to The North Coast Branch Office of The Department of Environmental Quality in Warrenton. If you have any questions please call me at this office. The phone number is 503-229-6345.

Sincerely,



Dennis C. Illingworth, R.S.  
Environmental Specialist

John A. Kitzhaber  
Governor



DCI:dcj  
Cc: ✓ NCBO:DEQ  
Enclosure

2020 SW Fourth Avenue  
Suite 400  
Portland, OR 97201-4987  
(503) 229-5263 Voice  
TTY (503) 229-5471  
DEQ-1

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

T 6N R 10W S 33 TL 1604 APPLICANT Maltman

SIZE \_\_\_\_\_ EVALUATOR Illingworth DATE, 3/18/96

- |                        |                         |                            |                                            |                  |                 |
|------------------------|-------------------------|----------------------------|--------------------------------------------|------------------|-----------------|
| st -stones & stony     | fs -fine sand           | sl -sandy loam             | scl -sandy clay loam                       | w -weathered     | pl -platy       |
| cob -cobble & cobbly   | vfs -very fine sand     | fsl -fine sandy loam       | cl -clay loam                              | fx -fractured    | pr -prismatic   |
| g -gravel & gravely    | cos -loamy coarse sand  | vfsl -very fine loamy sand | sicl -silty clay loam                      | sed -sedimentary | bk -blocky      |
| vcos -very coarse sand | ls -loamy sand          | l -loam                    | sc -sandy clay                             | 0 -no structure  | abk -angular    |
| cos -coarse sand       | lfs -loamy fine sand    | si -silt                   | c -clay                                    | 1 -weak          | blocky          |
| s -sand                | cosl -coarse sandy loam | sil -silt loam             | llesd -layer limiting effective soil depth | 2 -moderate      | sbk -subangular |
|                        |                         |                            |                                            | 3 -strong        | blocky          |

NOTES: structure, % loose rock, roots, redoximorphic features, water, llesd, etc.

DEPTH (inches) TEXTURE COLOR

1 0-12 sil 10yr 2/2 -sbk  
12-14 sic 10yr 4/1 - sbk to massive  
14-55 sic 10yr 6/1 - sbk to massive - w/ 5yr 5/8 rcds  
55-60 H2O

notes

2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

notes

SLOPE 10-12% ASPECT W

GROUNDWATER NA; TEMPORARY; PERMANENT

SYSTEM TYPE:  
initial: sand filter w/drainfield

design sewage flow 450 gpd

replacement: \_\_\_\_\_

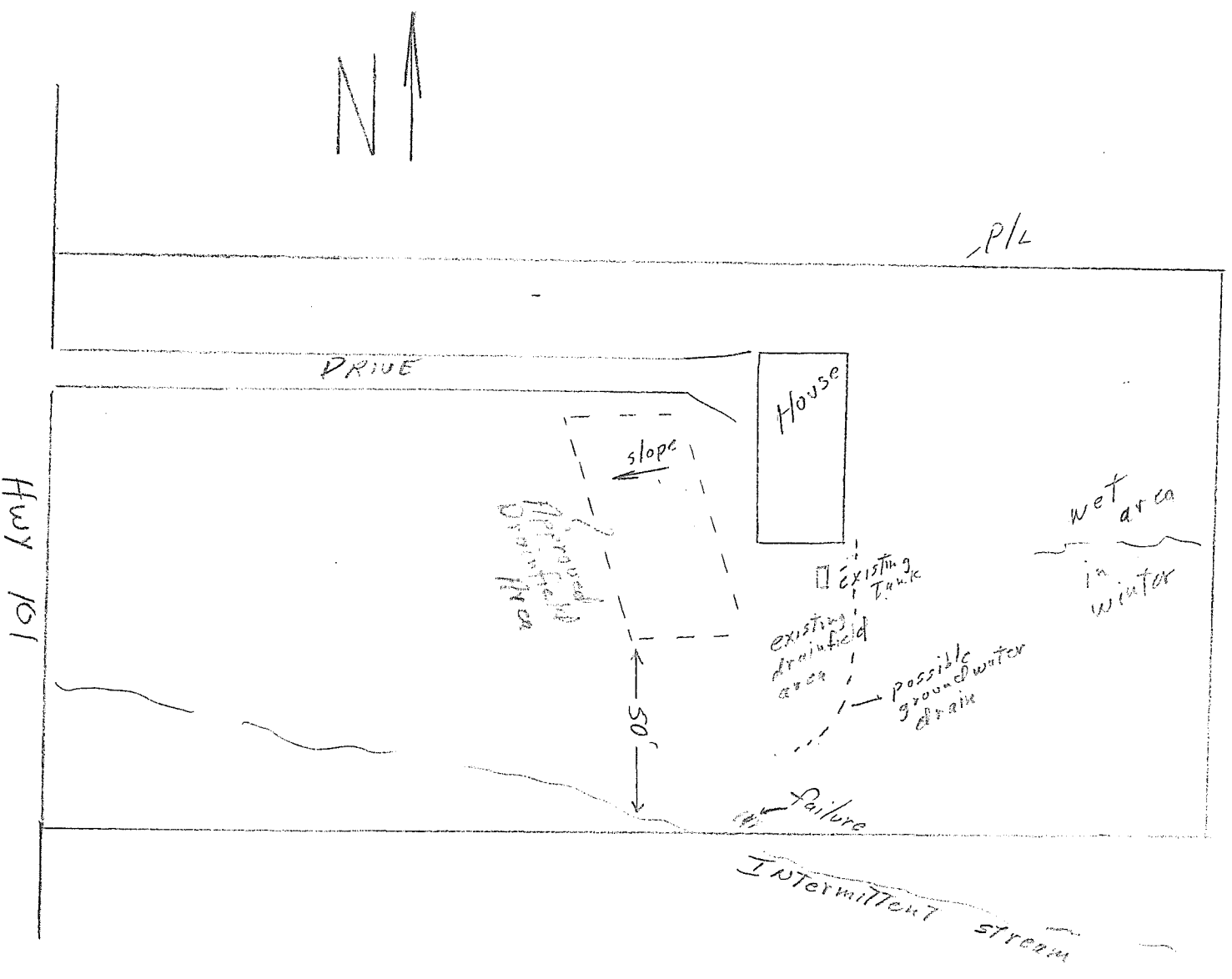
disposal field sizing: \_\_\_\_\_ /150 g

disposal field sizing: \_\_\_\_\_ /150 g

max. depth absorption facility: \_\_\_\_\_ inches

max. depth absorption facility: \_\_\_\_\_ inches

special conditions:/comments sand filter to be in watertight container



Additional pits

3

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---

notes

4

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STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NORTH COAST OFFICE  
17 N. Highway 101  
Warrenton, OR 97146  
(503) 861-3280

FOR FICE USE ONLY  
Date Rec'd 2-8-96  
Date Completed 4-3-96  
Required Fee 275.00  
Receipt No. 72411  
Control No. 46054  
DWELLING 1958

(NAL)

3

2.02 Acres

FOR APPLICANT'S USE - (PLEASE PRINT)

Lot Size (Acreage or Dimensions)

Jeffrey B and Collette R Maltman

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description  
of Property

6 10 33 1604 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 \_\_\_\_\_  
(Number of Bedrooms)
- Other \_\_\_\_\_  
(Specify)

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

Existing Facility

- Single Family Residence 3  
(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) MAJOR

- Authorization Notice  
Purpose of Authorization Notice
- Connect to an existing system  
not currently in use
- Replace one mobile home with  
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.

Collette R Maltman  
(Signature)

3/8/96  
(Date)

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

Owner's Mailing Address

Applicant's Mailing Address (if different)

Jeffrey & Collette Maltman  
HCR 63 BOX 227  
Seaside OR 97138

Phone 503-738-6187

Phone \_\_\_\_\_ IW\WC8\WC8690 (7-19-91)

ED'S  
 Septic Tank Cleaning Service  
 Licensed & Bonded  
 Rt. 4 Box 621  
 ASTORIA, OREGON 97103

CLYDE McDONALD 458-6521

DATE 2-25-96  
 NUMBER 738-6187

Jeff & Collette Maltman  
 Hamlet Rt Box 227  
 Seaside, Oregon 97138

TERMS:

\$

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	500 Gallon Steel Septic Tank - Poor	
	750 Gallon Concrete - Good	
	DRAINFIELD Not Working Properly	
2-25-96	Pumped 1250 Gallons @ 14.5¢ Per Gallon	\$181.25
	Pd check # 2904	
	Jeffrey B. Malina	

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

PRODUCT 96-2 NEBS Inc. Grafton, Mass 01471 To Order PHONE TOLL FREE 1-800-225-6380

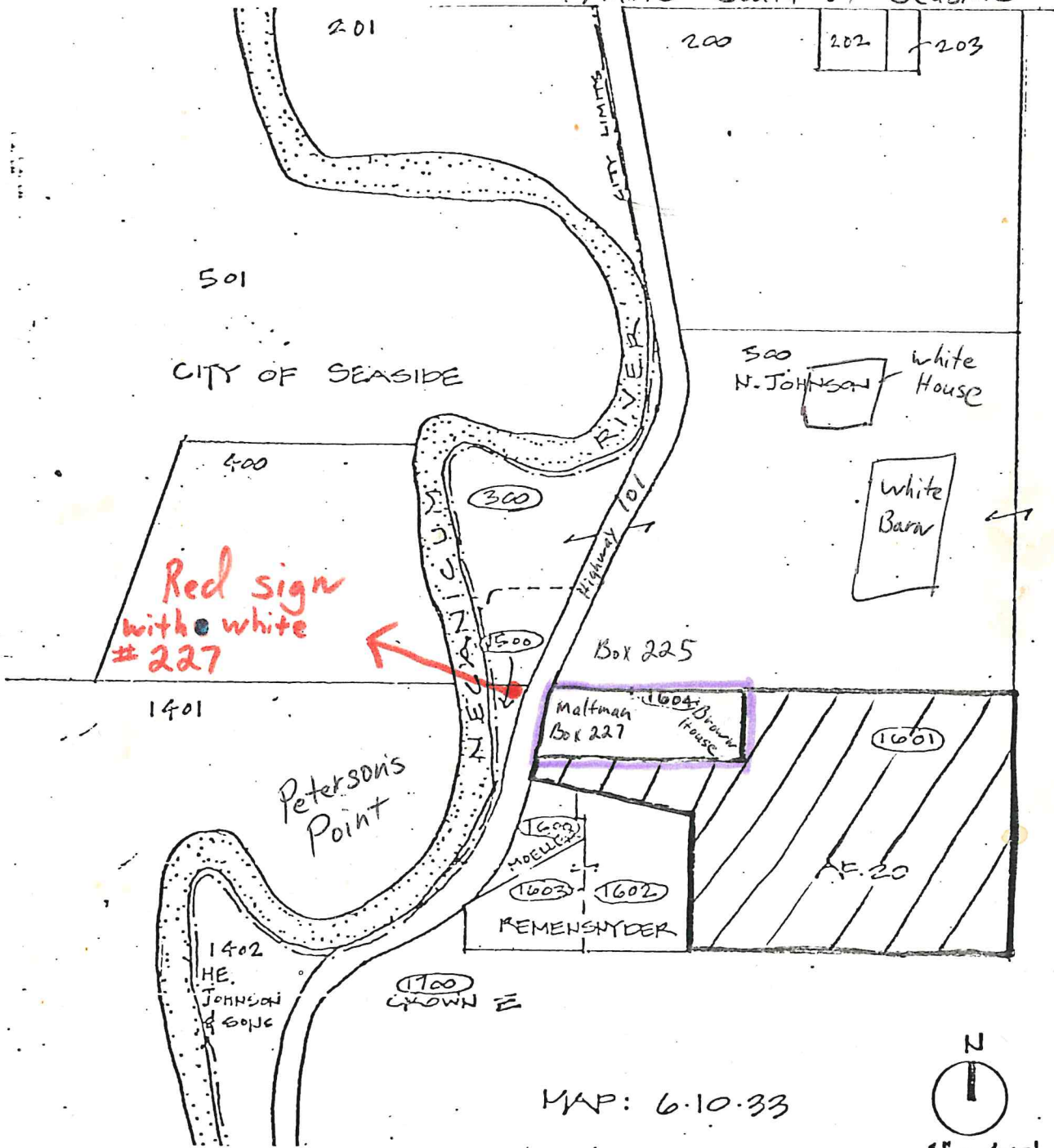
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MAR 11 1996

NORTH COAST BRANCH OFFICE  
 WARRENTON

# Vicinity Map

Hamlet Rt Box 227  
1 mile South of Seaside



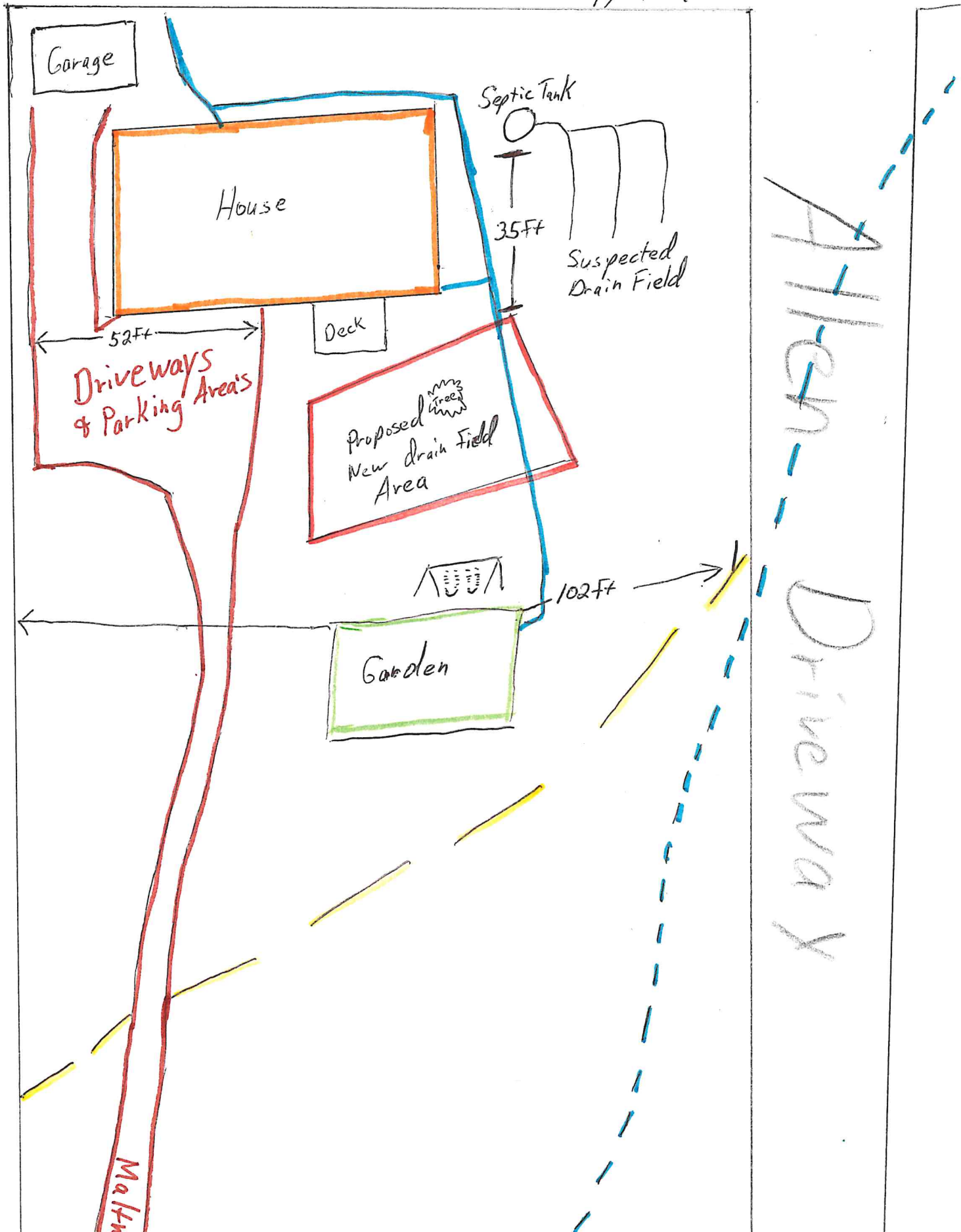
Pogue/Allen Zone Change request

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NORTH COAST BRANCH OFFICE  
WARRENTON

- water lines
- - - small creek
- proposed new drain field area
- Swampy Area





FOR DEQ USE ONLY

#96-164

SEPTIC REPAIR

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME Jeffrey B Maltman Collette R Maltman	MAILING ADDRESS HCR 63 BOX 227 Seaside OR 97138 CITY STATE ZIP	PHONE 503-738-6187
-------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------

P L O C A L I T Y	TOWNSHIP 6 <del>10</del>	RANGE 10	SECTION 33	TAX LOT OR ACCT NO 1604
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY Clatsop
<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.				

PROPOSED LAND USE

Repair existing septic system for existing house

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

PROPERTY'S ZONING DESIGNATION

RA-2

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LDC ACKNOWLEDGED COMPREHENSIVE PLAN OR  CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LDC ACKNOWLEDGED COMPREHENSIVE PLAN OR  NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

Allowed use in zone

PROPERTY IS LOCATED: (check one)

INSIDE CITY  INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS  OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

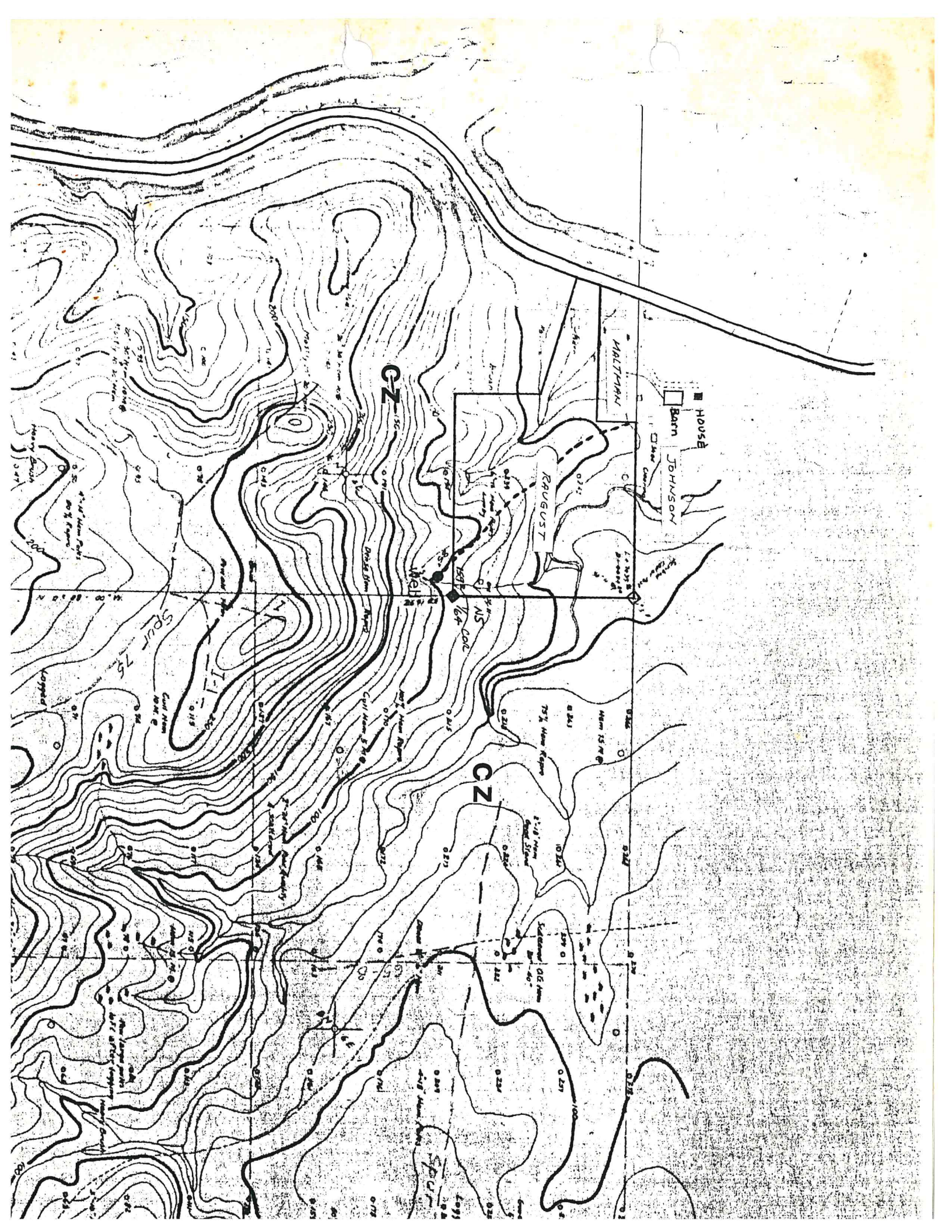
Clatsop County Planning Dept

SIGNED Rebecca Lhasawa TITLE Planner DEPT. OF ENVIRONMENTAL QUALITY RECEIVED DATE 3-8-96

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED TITLE NORTH COAST BRANCH OFFICE WARRENTON DATE

MAR 8 1996



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

100  
2.36 Ac.  
621'

203  
0.16 Ac.  
40.27 ch.

201  
8.03 Ac.  
2650'

200  
16.72 Ac.  
691+00

202  
0.68 Ac.  
185'  
85'  
235'  
73'  
185'

Gov't

701  
9.33 Ac.

10-01

Gov't

Lot 2  
300

400  
10.00 Ac.  
WEST 600.8'  
EAST 911'

300  
25.20 Ac.

600 4.33 Ac.

WEST 600.8'

EAST 911'

1401  
40.36 Ac.

1500  
0.69 Ac.

1604  
2.02 Ac.  
N 87° 34' 10" E 498.5'

1601  
11.98 Ac.

1600  
0.79 Ac.  
S 80° 5'

1602  
2.28 Ac.  
400'

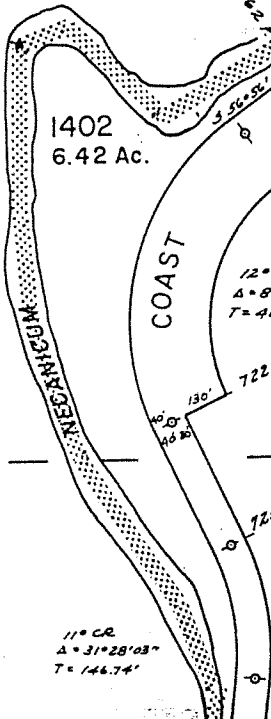
1603  
1.25 Ac.  
304' MIL  
298' x  
704'

1402  
6.42 Ac.

1700  
1700MI  
48.92 Ac.

10-03

10-02



11° CL  
Δ = 31° 28' 03"  
T = 146.74'

727+98.31 P.T.

S 05° 30' W

40 ch.

687+00

691+00

60'

60'

60'

60'

60'

60'

60'

60'

60'

60'

60'

60'

60'

60'

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60'

60'

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60'

60'

60'

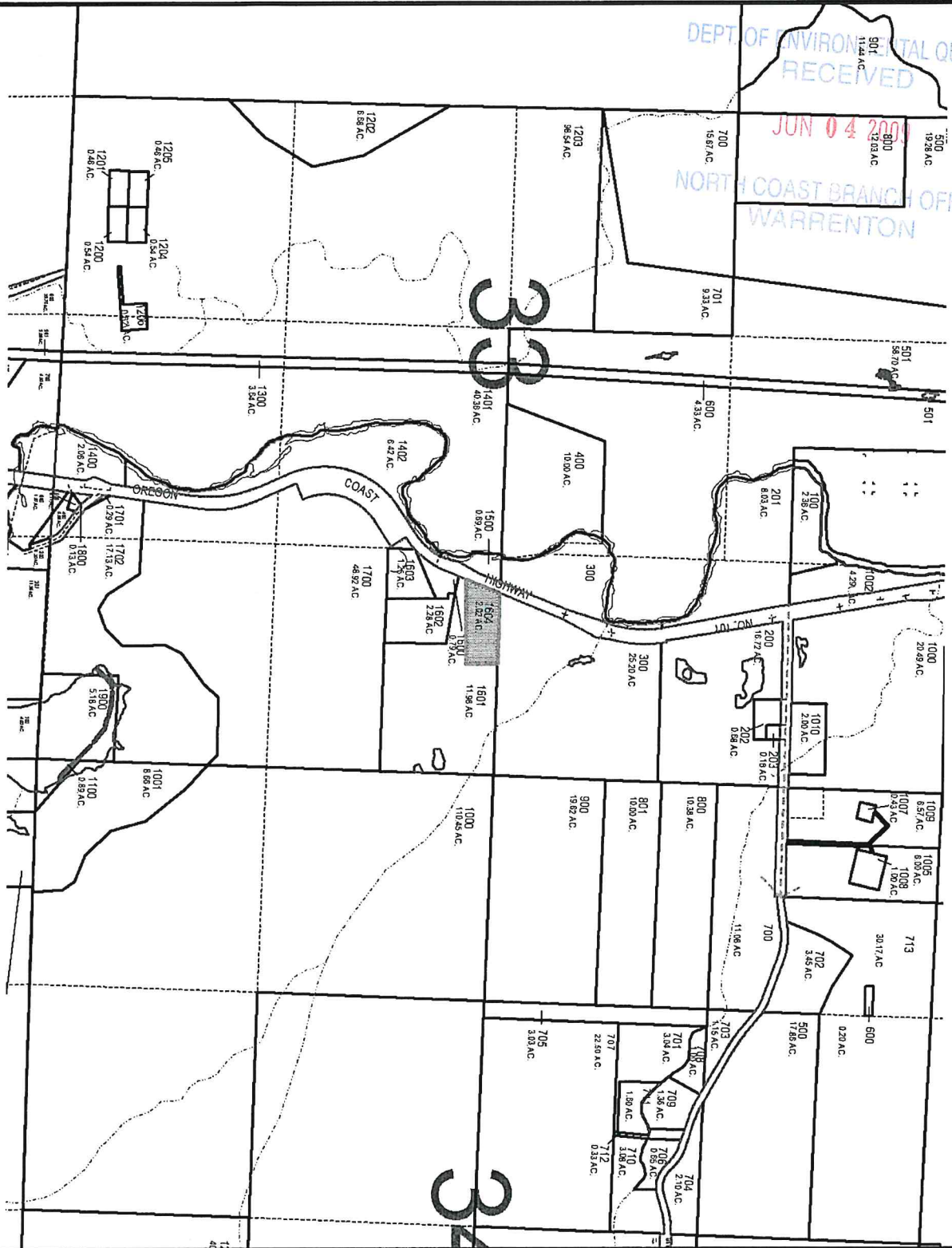
60'

N 0° 36' W

1/4 Cor.

SCALE 1/8" = 100'

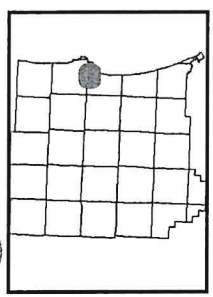
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RECEIVED  
JUN 04 2001  
NORTH COAST BRANCH OFFICE  
WARRENTON



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- Clatsop County Map
- PLS
  - PLS Townships
  - Tax Lot Arrows
  - Tax Map
  - Water Body
  - River
  - Creek
  - Parcel Boundary
  - Supplemental Boundary
  - DLC
  - Road R-O-W



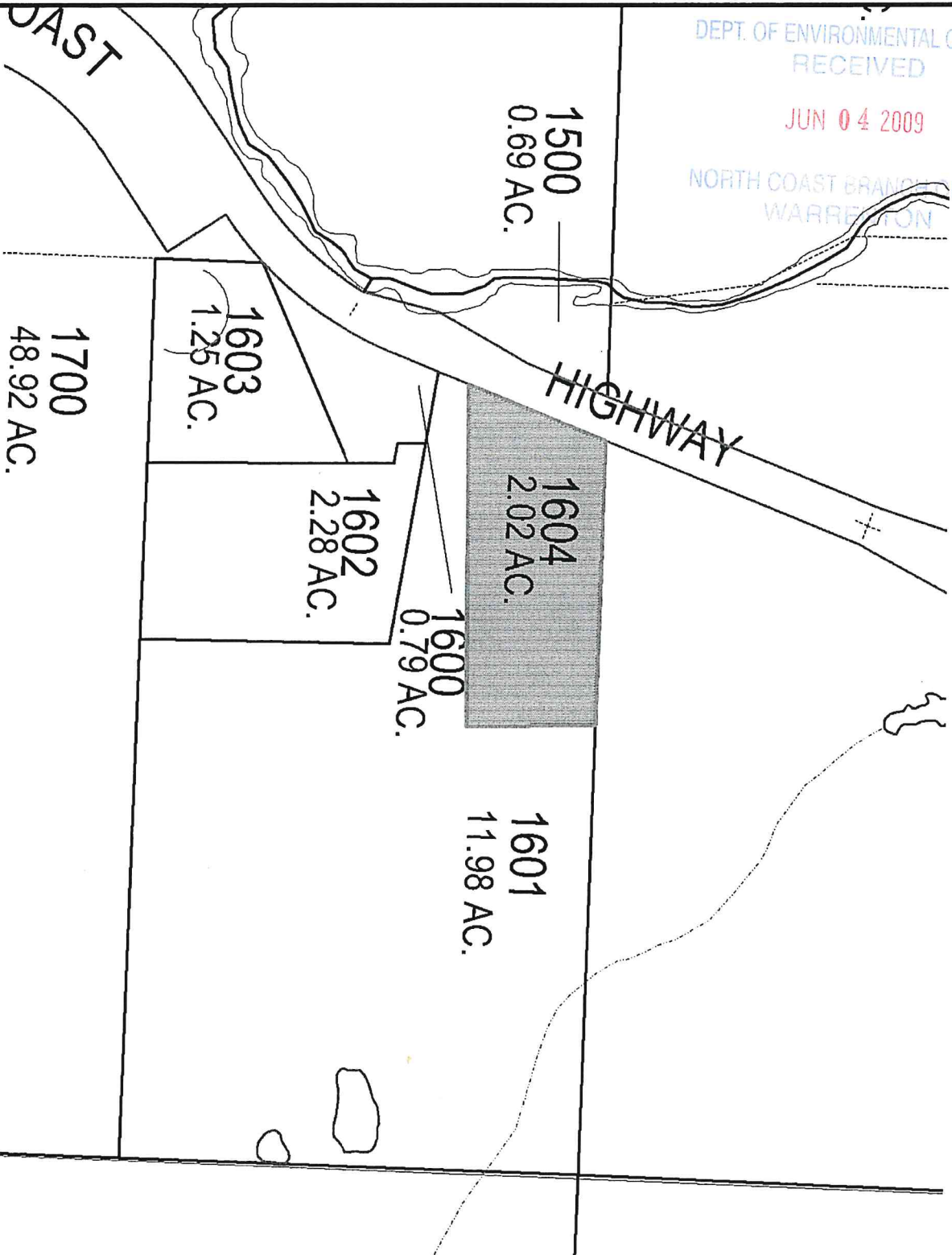
7/17/2008



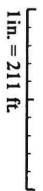
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JUN 04 2009

NORTH COAST BRANCH OFFICE  
WARRENTON

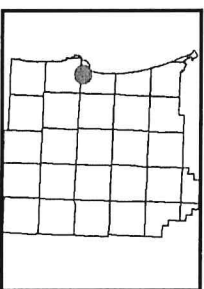


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### Clatsop County Map

- PLS
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7/17/2008

