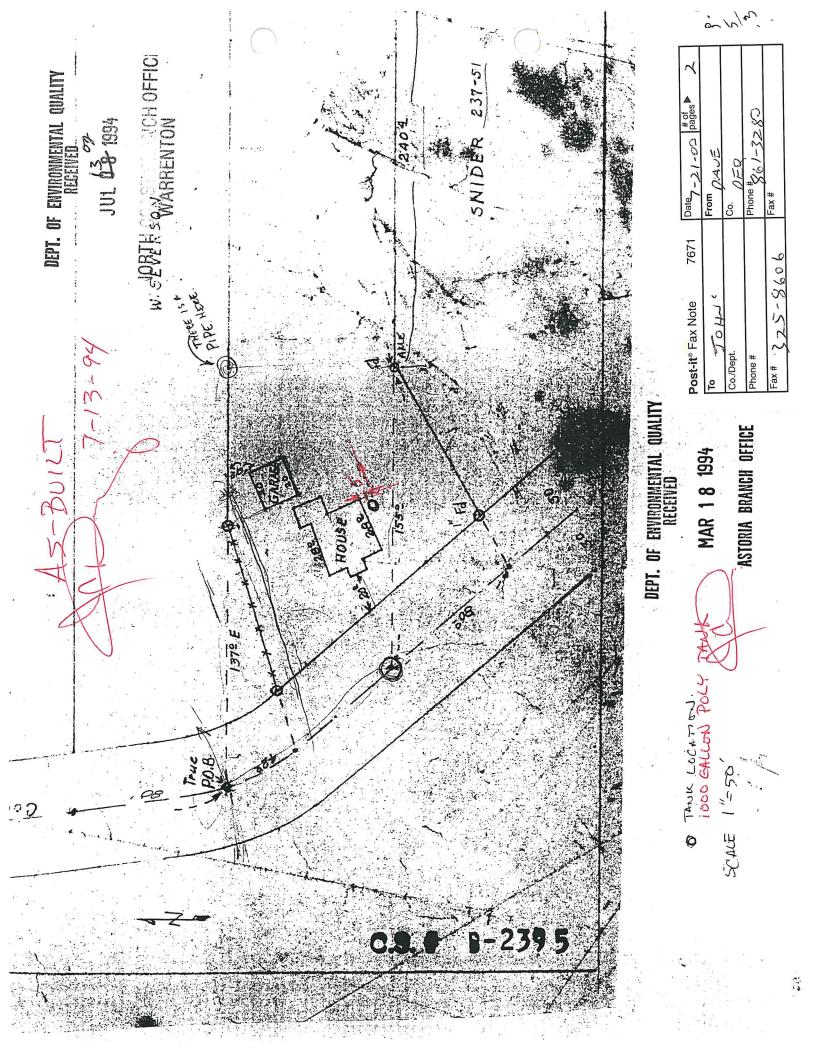
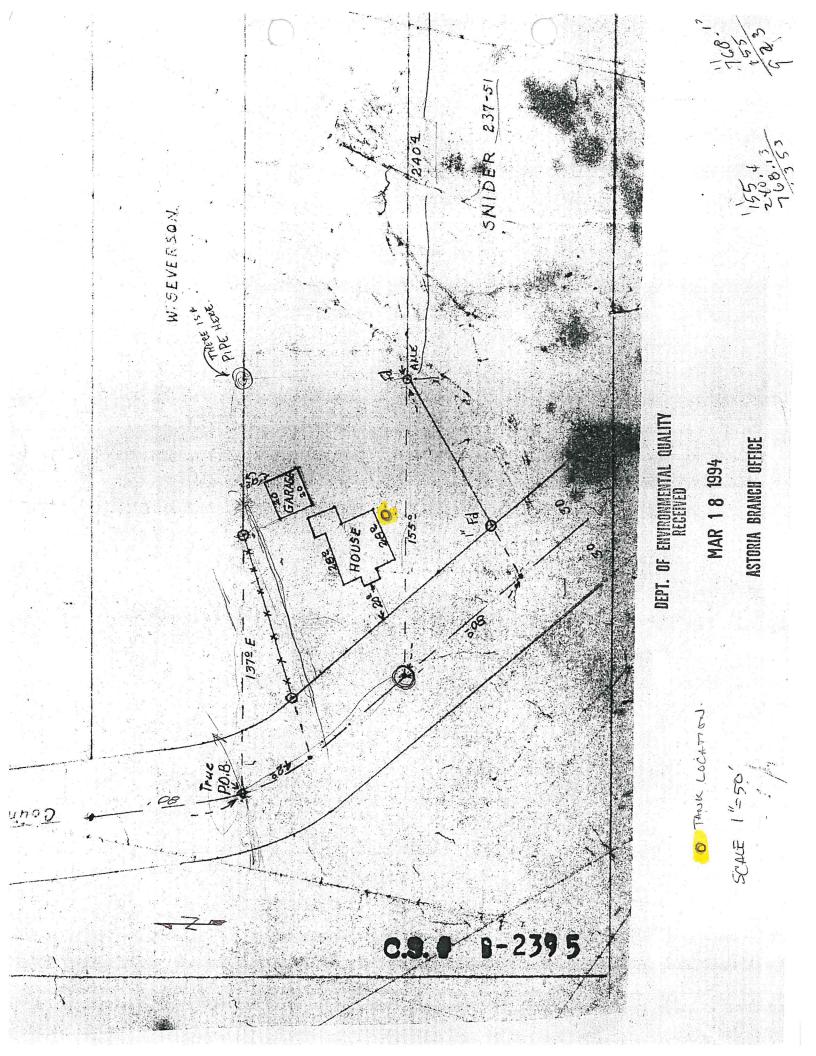
37251 Control No. \$ 85.00 Fee	STATE OF OR MENT OF ENVIRO	REGON NMENTAL QUALITY	PERMIT NO94-46	5
New Construction	X Minor	Other		
Permit Issued To Jesse & Sandra Day (Property Owner's Name) Hwy 202 Astoria (Road Location) (City)	7N (Township)	9W 3 (Flange) (Section)		Clatsop (County) (4-94 Issued)
	RMITS ARE NOT TE			
ALL WORK TO CONFORM SHALL BE DONE BY PROF (MAKE NO CHANGES IN L	PERTY OWNER OR E	BY LICENSED SEWAGE FICATIONS WITHOUT	DISPOSAL SERVICE	i.
EXPIRATION DATE $\frac{\text{March } 24,\ 1995}{\text{March } 24,\ 1995}$	<u> </u>	TYPE OF SYSTEM	Tank Replacement	
Average Daily Sewage Flow Gallons/Day New Tank Volume Gallons Disposal T	renches □	Design Peak Sewage Flow Seepage Bed(s) □	v Gallons/Day	e Feet
Maximum Depth inches. Mini	mum Depth	inches.	Linear	Feet
Equal □ Loop □ Serial □ I	Pressurized □ Minim	um Distance Between Trend	ches	
Total Rock Depth inches. Below F	Pipe inches.	Above Pipei	inches. Rake Sidew	rall
Special Conditions (Follow Attached Plot Plan) tank. Properly abandon existing plot plan must be submitted givin house corner. PRE-COVER INSPECTION REQUIRED — CON	Install an appro septic tank and og dimensions fro	oved minimum 1000 submit copy of p om septic tank to	gallon DEQ appro umping receipt. house foundation	oved seption
CERTIFICATE (OF SATISFAC	CTORY COM	PLETION	
As-Built Drawing with Reference Locations Installer		-Built Plot Plan e. (Submitted by		
Final Insp. Date				
Inspected By Issued by Operation of Law				
Pre-cover inspection waived pursuant to OAR 340, Division 71				

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

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

(Authorized Signature)	(Title)	2 10	(Date)	(Office)





JUL 1 3 1994

JORTH GOOGLE VCH OFFICE

WARRENTON

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

CLYDE McDONALD 458-6521

TERMS:

	ESPECISE SECTION SECRETARISE CONTRACT CONTRACT STREET STREET CONTRACT CONTR	\$
DATE	CHARGES AND CREDITS	BALANCE
	400 GA/ CONCRE BALANCE FORWARD	
5-23-90	Punysed Septic Tank	9120 00
	Dupo Fee	25-10
	10/A/	7111
		143 00
		210
	PFID Vert	
	4	

DUPLICATE

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

DEPARTMENT OF ENVIRONMENTAL QUALITY

North Coast Branch Office 17 North Highway 101 Warrenton, OR 97146 Phone (503) 861-3280

DATE: March 24, 1994

To: Jesse C. & Sandra L. Day 709-3-2500

FROM: Dewey W. Darold, R.S.

Environmental, Specialist

SUBJECT: Minor Fank Replacement Permit #94-46

The following conditions apply to the installation of the new septic tank:

- 1) Follow manufacture's directions for tank installation, particularly for poly septic tanks which require filling with water before backfilling to prevent racking of tank and potential collapsing. Use anti-buoyancy where applicable.
- 2) If the septic tank is installed deeper than 18 inches a watertight riser to ground surface is required.
- 3) The inlet and outlet connections to the septic tank must watertight, bedded firmly in original soil with the appropriate piping materials used.
- 4) The existing septic tank must be properly abandoned by a state licensed septage pumper and a copy of the pumping receipt submitted to our office.
- 5) An inspection of the septic tank installation will not be conducted unless specifically requested.
- 6) The septic tank must meet the minimum five (5) foot setback from the building foundation and the ten (10) foot setback to the property lines and the water lines.
- 7) If the septic tank is installed (either homeowner or licensed installer) exactly as indicated on the original approved plot plan, submit an as-built plan within 30 days of the installation specifying that the installation was installed exactly as the original plan showed. If not, show the adjustments on the as-built plan.
- 8) The installation of a new septic tank does not guarantee continuous satisfactory operation of the drainfield or other soil absorption systems.

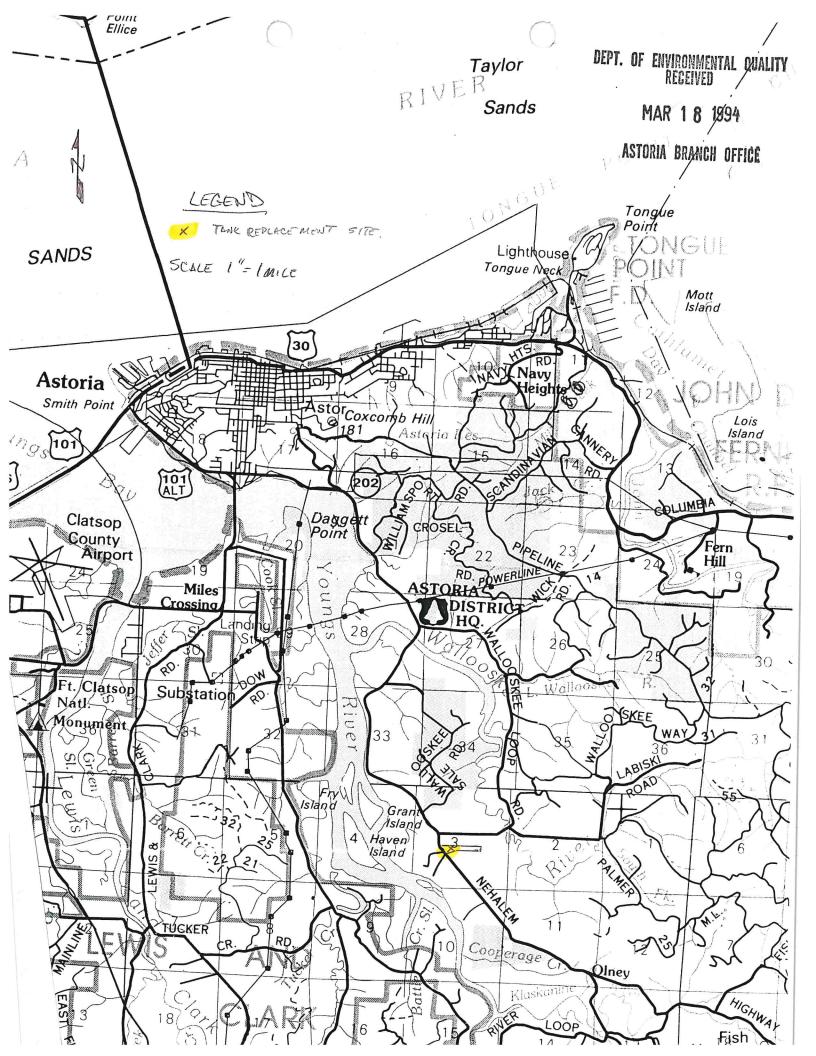
Jesse C. & Sandra L. Day March 24 1994 Page 2

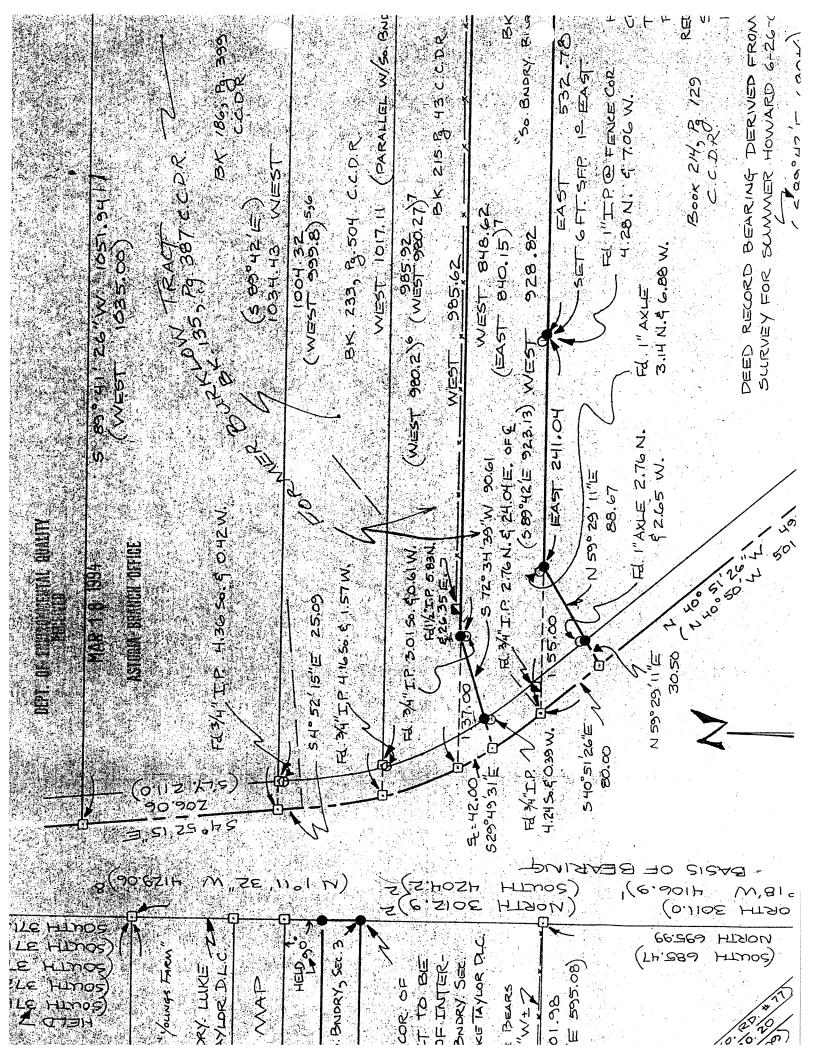
9) A certificate of satisfactory Completion (CSC) will be issued after the as-built plot plan and a copy of the pumping receipt has been submitted to our office.

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

Date Completed 3-2434 Required Fee Receipt No. 60286
Control No. 27251

(503) 861-3280		Control No.	27251
R APPLICANT'S USE - (PLEASE PRINT)	1.8	ACRES	
JESSE C/SANDRA L DAY	Lot Size	(Acreage or Dir	mensions)
(Property Owner's Name)	(Applicant's Name	if Different fr	rom Owner)
gal Description 7N 9W (Range) (Section) (Tax	Lot/Acct. No.)	(County)
r Parcels in Platted abdivisions, Indicate (Subdivision Name	e) (Lot Numbe	r) (Block	(Number)
Proposed Facility		Water Supply	
] Single Family Residence	[X] Pub	lic (Community S	System)
Other(Specify)	drooms) [] Pri	(Indicate:	Well, Spring, Etc.
isting Facility			
Single Family Residence FOUR (Number of Bed	drooms		
] Other	0200m3/		
(Specify) APPLICATION		· · · · · · · · · · · · · · · · · · ·	
Permit to Construct On-Site Sewage Disposed Permit to Repair On-Site Sewage Disposed Permit for Alteration of On-Site Sewage Permit Renewal Existing System Report Plan Review Other (Specify)	sal System / ~	not currer [] Replace one with anoth [] Replace or	ner or a house rebuild a house f one or more bedrown ardship nousing
is application will be returned if it is opriate fee and attachments required in ording to instructions in the guidance per my signature, I certify that the informed Department of Environmental Quality are described property for the purpose of th	acket before action	ompletely and ac et. Your site m	companied by the appust be prepared and
(Signature)	2-16-94 [(Date)] Authorized Re] Licensed Inst License No	epresentative caller
Owner's Mailing Address RT 1 Box 846	Applicant's Ma	iling Address (i	
ASTORIA, OR 97103			
Phone 325-1181 (H)	Phone		WC8690 (7-19-91)
325-5451 (w)		,	





BUILDING PERMIT APPLICATION

Classop County Building Dept.
P.O. Box 179, Astoria, Ore.

SPECIAL INFORMATION 325-7441, Ext. 70

ULDING	P.O. Box 179, Astoria, Ore.	la, Ore.	325-7441, Ext. 70	SPECIAL INFORMATION
ODRESS PLC / C C C C	PLANNING AND ZONING		Date issued	If access to a County Road is necessary an Approach Permit, obtainable from the Clatsop County Road Department Office,
OCALITY CONTRACTOR OF THE CONT	Comp. Plan Designation:	Valuation	Basic Fee	will be required before construction is commenced.
IEAREST ROSS STREET	Zone:	3000	.	Comments:
lame	ļ	Area 2nd Floor		
		Additional Area	Plan Charling Exp	
**************************************	1 X S C 1 C	Area - Type M		I hereby acknowledge that I have read this application and state that the above is correct and acres to comply with all
7 Sip 9716	Side Yard Selback			County Ordinances and State Laws regarding building con-
10. 10 to 10. 10		S Structural	M Mechanical	Control Contro
7	L X 15 CT 0.6	Wew	Mechanical Type BTUh's or fpm	Applicant Control of the Control of
ddress	Access (Name of Rd. or Esmit.)	Residence	Heating San C Devo	Ву
lty Zip	Public Road:	Addition	Refrigeration 🗶 🗸 🕒	THIS SPACE FOR OFFICE USE ONLY
al. No.	Comments:	Alteration	Air Conditioning	
оте		Repair	Vacuum	Date Received:
		Garage	Incineration	APPROVED: COUNTY PLANNING & DEVELOPMENT
Å	NA BOTESAN	Shed	Other	2
Zip ii. No.	Plot Plan should show location of all buildings, water service,	Mobile Home		Date:
110	To an analysis of the state of	Size of Building	× Height ft.	APPROVED: COUNTY SANITARIAN
		No. of bedrooms	No. of floors	ву
vision	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		SPECIFICATIONS	Date:
C. T R G		Foundation Material		APPROVED: BUILDING OFFICIAL
IX Lot No. American Plat		Size of footing	Wall width Height	By XIII
pe of Construction: 1, II, III, IV, V		Girders Size	Spacing Span	Date:
.copairty Group: A, E, I, H, B, R, M vision: 1, 2, 3, 4	j. T	Joists X	ft.	A management of the second
e Zone: 1, 2, 3)	Studs		CALLED INSPECTIONS Separational
		Rafters X	ii ii	
		Trusses	Τ-	Frame
Private Public	olic	Type of Roofing		
		Type of Siding		Final

