



DEPARTMENT OF CONSTRUCTION
 BUILDING CODES DIVISION
 401 LABOR AND INDUSTRIES BUILDING
 SALEM, OREGON 97310

APPLICATION FOR BUILDING PERMIT

7-9-6BC 1100

JURISDICTION _____
 STATE OFFICE _____
 ADDRESS _____
 TELEPHONE _____

Applicant to complete numbered spaces only.

JOB ADDRESS 1 Rte 3 Box 277		is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IDENTIFYING NAME OF BUILDING 2 Shop / SFD		COUNTY Chatsop	
LEGAL DESCR. 3	LOT NO. 1100	BLOCK	TRACT
TAX LOT NO. 1100		Township 7 N10 Range 9 West W.M. Section No. 6BC	
OWNER 4 Eugene W Freese	MAIL ADDRESS Rte 3 Box 277 Astoria	ZIP 97103	PHONE 325 2046
CONTRACTOR 5 Self	MAIL ADDRESS	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER 6	MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER 7	MAIL ADDRESS	PHONE	LICENSE NO.
USE OF BUILDING 8 Shop			
9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. 1200			
10 Describe work: Construct 1200 sq shop bldg.			
11 Change of use from _____ to _____			
12 Total area of building 1200 Sq. Ft.		No. of stories 1	No. of bedrooms _____
No. of living units or apts. _____		Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13 Declaration of Valuation of work \$3200 \$6400 \$13,320		14 LOCAL GOVERNMENT APPROVALS	
15 Signature Required to Become Valid		SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. Eugene W Freese Signature of Contractor (Date) _____ Signature of Owner (If Owner Builder) (Date) _____		ZONING Use Zone R-2.1 Fire Zone _____ Zoning Permit No. 80-005 Date 1-4-84 Signature Blaine Edmont	
		SANITATION Public _____ Private X DEQ Permit No. None needed - recent repair Date Jan 4, 1983 Signature John Smith	
		DEPT. OF HUMAN RESOURCES - HEALTH DIVISION Public Swimming Pool No. _____ Date _____ Signature _____	
16 Directions to job-site. Draw map if necessary.			

Must build garage at least 10 feet from drainfield trenches.

OFFICE USE ONLY

Plans reviewed for:		Plan Review No.
Plan Review - Structural and F&LS. <input type="checkbox"/>	Name _____ Date _____	Permit No.
Plan Review - Structural Only. <input type="checkbox"/>	Name _____ Date _____	Application Accepted By _____
Plan Review - Fire & Life Safety Only. <input type="checkbox"/>	Name _____ Date _____	Initial _____ Date _____

6-16-81

Telephone: 325-8611

FILE NUMBER (or office use only)

TL 100 T7 M1 R 70 Sec. 320 No. 84-005

CLATSOP COUNTY

Department of Planning and Development
Courthouse
P. O. Box 179
Astoria, Oregon, 97103

WATER AND LAND DEVELOPMENT PERMIT

Please Print Name Eugene W. Freese
Address 2122 2nd 977
Telephone 325 2046

Signature Eugene W. Freese

Proposed Use or Activity

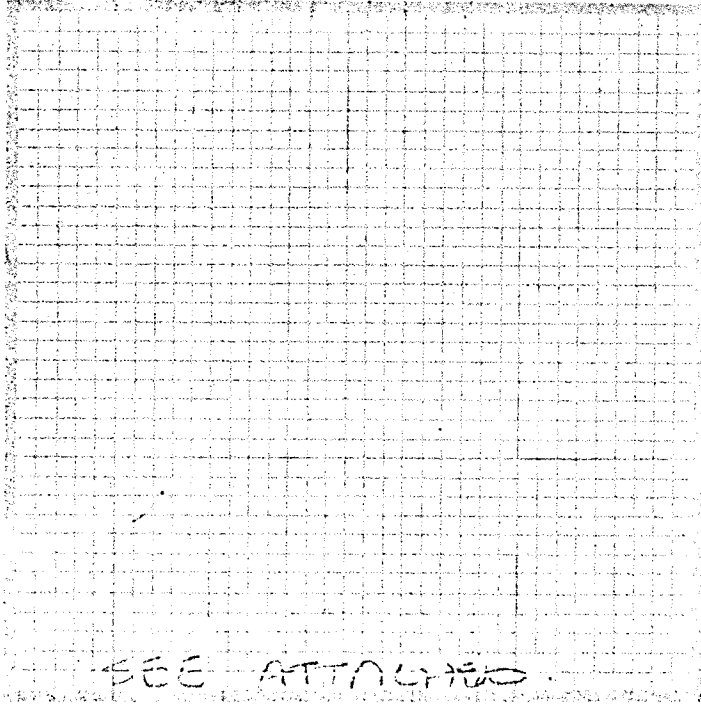
Shop

Pound Use

FINDINGS

1. Plot Plan. Please show the location of all water courses wetlands, buildings, septic tank and drainfield, driveways, roads, etc. Include setbacks from property line.

↑ North



- 2. Area of lot 2.02
- 3. Setbacks (from property line or road easement)
Front yard: Left 17'0" Right 17'0"
Side yard: Left 10' Right 10'
- 4. Water Source:
Private well or stream 1012
Community water system 1012
District _____
- 5. Building Height 11 feet
- 6. Other _____

The Dept. of Planning and Development will assist you with the following information:

- 7. Zoning Designation 2.2.1
- 8. Hazards: Floodplain: Yes No x If yes, floodplain elevation _____
Geological: Yes No x If yes, type and conditions _____
- 9. Access to property is from: State Hwy County Road x Easement
Other

10. Comments: _____

APPROVED _____ DENIED (see attachment) _____ APPROVED WITH CONDITIONS _____
CONDITIONS OF DEVELOPMENT _____

NO FOR USE AS A COMMERCIAL USE

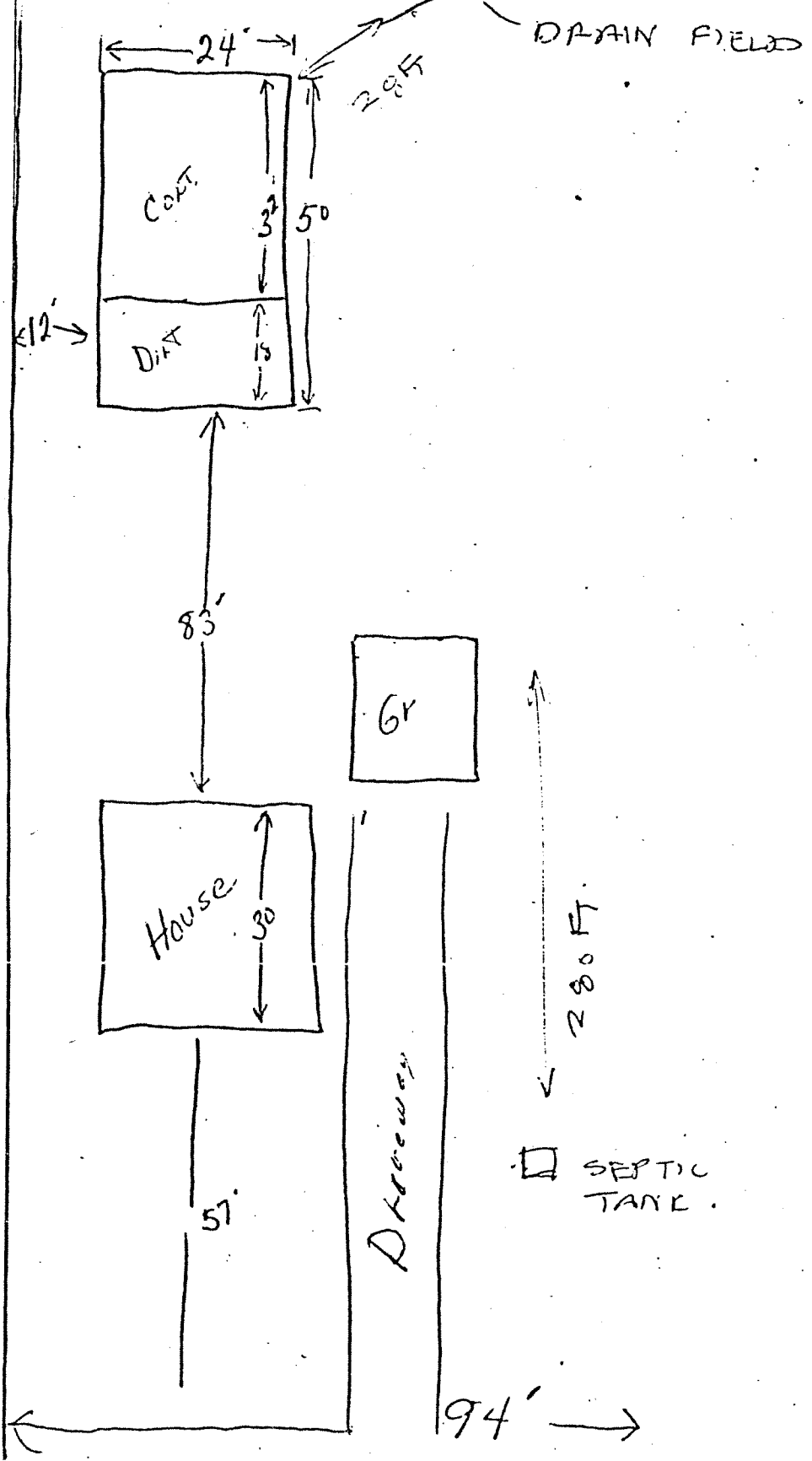
(NOTE: Development Permit is void if Conditions of Approval have been detached)

Signed Ernie Edmunds

Eugene W Freeze
Rte 3 Box 277
Astoria, Or 97103

24
100
1200

7 No 9 West 68C 1100
Township Range Section Tax Lot



10908

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 83-121
Fee \$25.00
Clatsop County

New Construction Repair Other _____

Eugene Freese 7 north 9 west 6BC 1100
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.)
Route 3, Box 277, Lewis & Clark Road John L. Smits 12-29-83
(Road Location of Site) (Issued By) (Date)

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 July 30, 1983

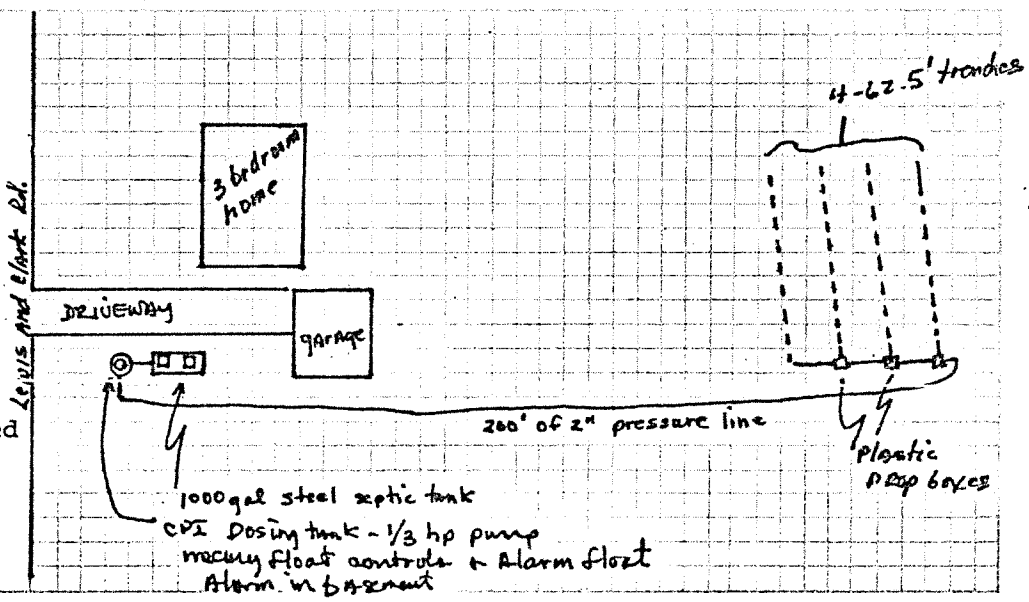
Tank Size 1000 Gallons Disposal Trenches Seepage Bed 500 Square Feet
Maximum Depth 30 inches. Minimum Depth 24 inches. 250 Linear Feet
Equal Loop Serial Pressurized Minimum Distance Between Trenches 10 feet on centers
Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. Rake Sidewall
Special Conditions (Follow Attached Plot Plan) Effluent lift pump in approved dosing tank with warning device to pump to disposal trenches up slope.

PRE-COVER INSPECTION REQUIRED - CONTACT John Smits 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations
Installer Carlson Contracting
Final Insp. Date July 6, 1983
 Issued by Operation of Law
 Pre-cover inspection waived pursuant to OAR 340-71-170(2)

System designed and installed to serve the existing three (3) bedroom home.



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. The 1000 gallon septic tank should be checked for sludge accumulation and floating solids every 4 to 5 years and pumped if needed.

John L. Smits R.S. Environmental Analyst 12-29-83 DEQ-Astoria
(Authorized Signature) (Title) (Date) (Office)

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd June 22, 1983

Date Completed

Required Fee 25.00

Receipt No. 26159

Control No.

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:

PLOT PLAN REQUIRED ... YES NO ATTACHED ... YES NO
VICINITY OR TAX LOT MAP REQUIRED ... YES NO ATTACHED ... YES NO
TEST HOLES REQUIRED ... YES NO ATTACHED ... YES NO
LAND USE COMPATIBILITY STATEMENT ... YES NO ATTACHED ... YES NO
ADDITIONAL ITEM(S) REQUIRED

For Applicant's Use — (Please Print)

Eugene Freese (Property Owner's Name)
7 (Township) 9 (Range) GBC (Section) 1100 (Tax Lot/Acct. No.) Clatsop (County)
N/A (Subdivision Name) N/A (Lot No.) N/A (Block No.) 2.02 (Lot Size)
Youngs River / Lewis Clark (Public Water Supply)
3 (Single Family Residence — Number of Bedrooms)
N/A (Other — Specify)
Directions to Property: Rt. 3 Box 277 Lewis + Clark Rd.

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 into the above described property for the purpose of this application.

Eugene W. Freese (Signature) June 23, 1983 (Date)
Owner
Authorized Representative
S.D.S. License No.

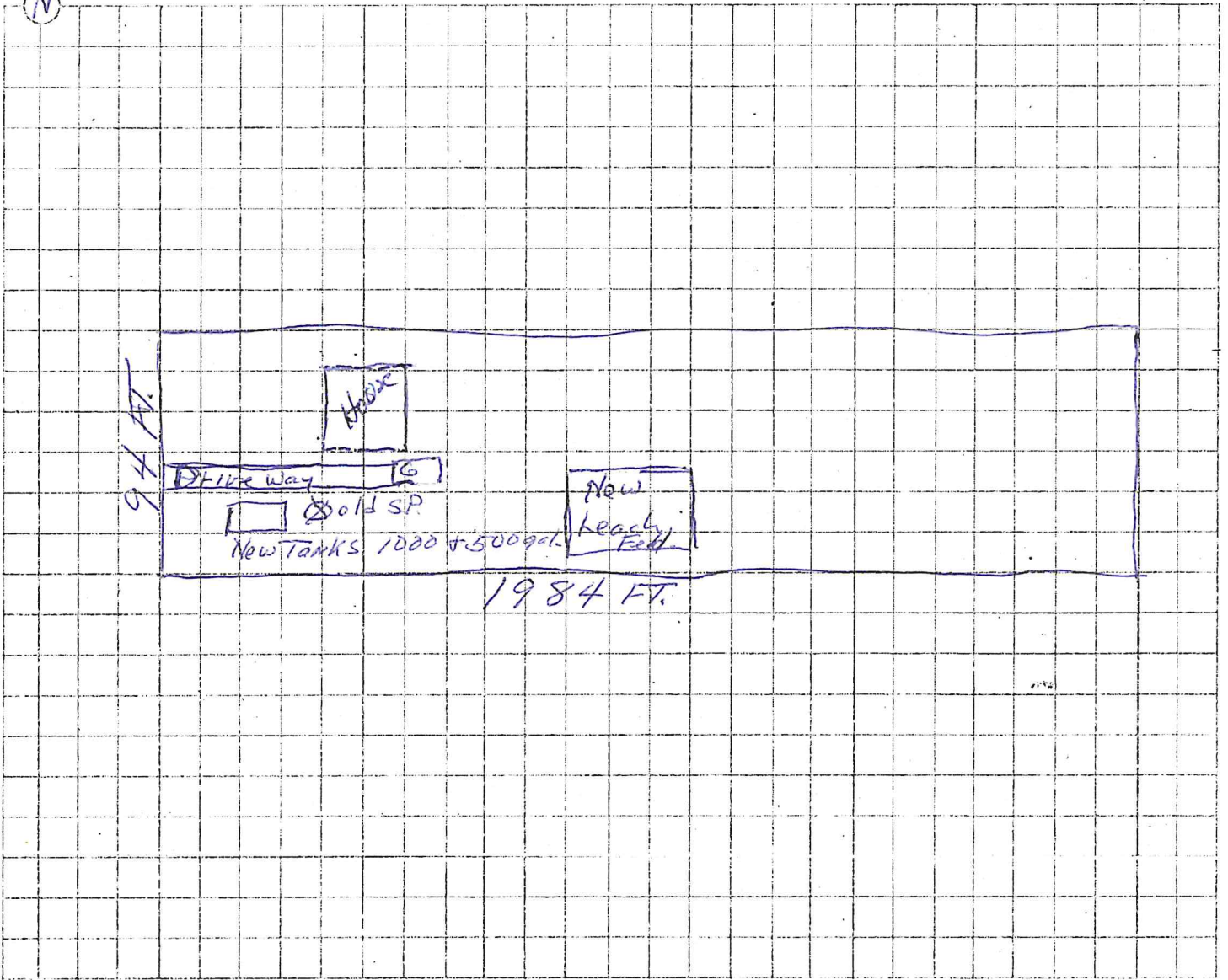
Owner's Mailing Address: Rt 3 Box 277, Astoria Or, 97103
Phone: 325-2046
Applicant's Mailing Address (if different)
Phone

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner Eugene W Freese Date 6-22-87

Location: T. 7 R. 9 Sec. 6BC Tax Lot/Acct. No. 1100

Indicate North in Circle



REMARKS: _____

FOR DEQ USE ONLY

Approved

Permit Number _____

Disapproved

By: _____

(SANITARIAN SIGNATURE)

(DATE)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T.7, 9W, R.6BC T. 1100 (2.02 AC) Eval r: John D. Smith

Applicant Freese/Nelson Date: 5-18-83

Ⓢ Rt. 3 Box 277 Lewis + Clark Rd 2.7 mi from store on left.

	Depth	Texture	Soil Matrix Color and Mottling (Notation), %Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0-6"	si loam	yellow brown sub < blocky
	6-18"	lt. si. cl	" " " "
	18-26"	si cl	Brownish yellow weak sub < blocky roots to 30"
Pit 2			
Pit 3			
Pit 4			

Landscape Notes Upland

Slope 10-12% Aspect West facing Groundwater No sat. mottles

Other Site Notes _____

SYSTEM SPECIFICATIONS

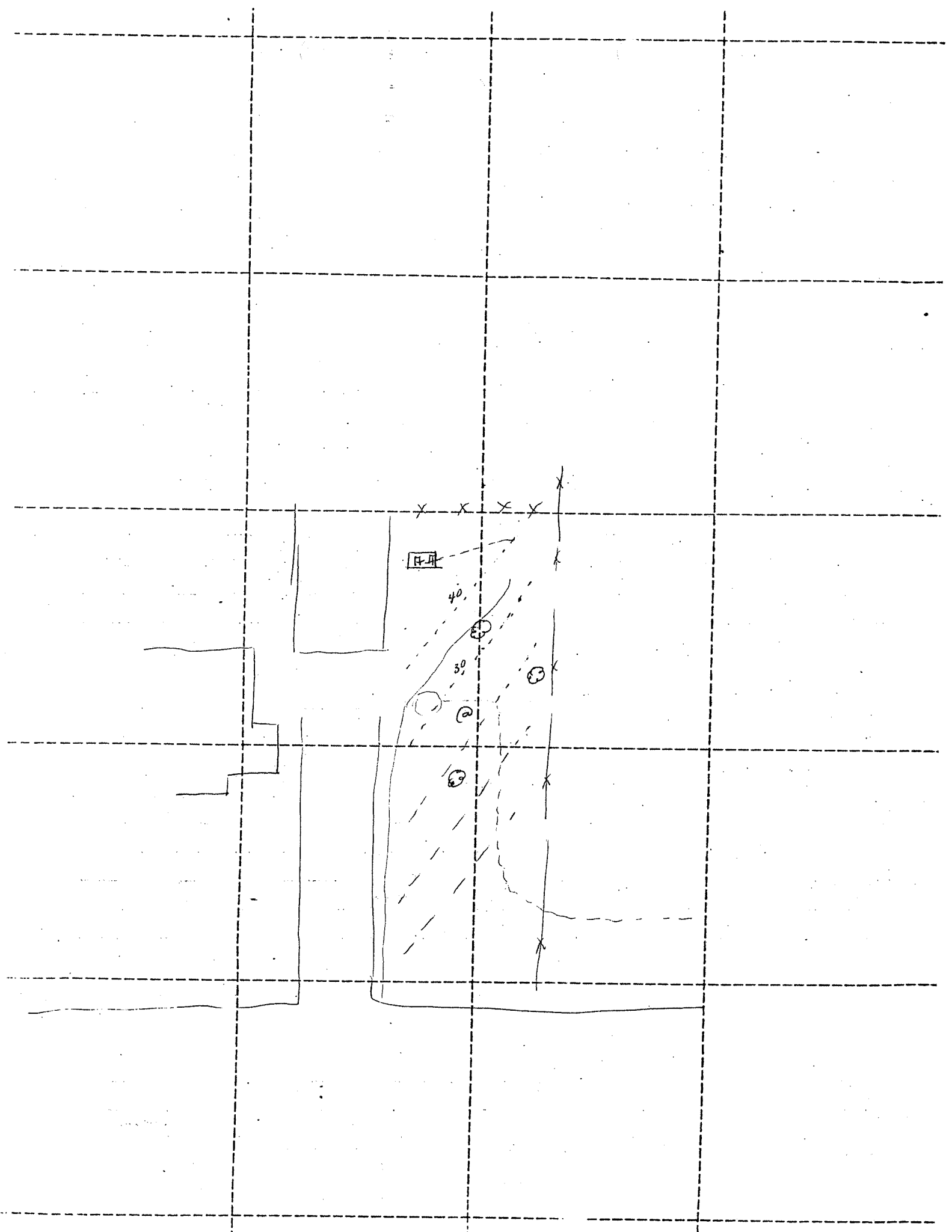
Type System: Standard Design Flow 375 gpd

Initial _____ System Sizing 100 /150 g. Max. Depth Absorption Facility (in) _____

Replacement _____ System Sizing _____ /150 g. Max. Depth Absorption Facility (in) _____

Special Conditions _____

PLOT PLAN ON REVERSE SIDE



311.77 520.52

195.05' 133.04'

510.24 E

154.6'

10.0'

111.80 W

(ASTORIA TO MEL)

& CLARK RD.) CO. RD. NO. 92

SEE MAP 7 9 6BD

NOTE: THE POINT OF BEGINNING FOR THE PROPERTIES & TRNG EAST OF CO. RD. NO. 92 ARE THE TO BE IN EXTENSION THE ORIGINAL PROBS WERE USED TO ESTABLISH THE BOUNDARIES BETWEEN THE PROPERTIES AS SHOWN ON THE SURVEY. THIS POINT BEING THE PROPERTIES & TRNG EAST SIDE OF CO. RD. NO. 92.

1000
2.04Ac.

1100
2.02Ac.

1200
5.57Ac.

277.86'

241.14'

95'

93.7'

93.7'

93.7'

277.86'

94'

95'

SEE MAP 7 9 6

NLY NW COR.

93.7'

$$\frac{375}{150} = 2.5 \times 100 = \frac{250'}{30} = 8-30'$$

$$\text{seepage trench} = \frac{4(250)}{3+2D}$$

$$\begin{array}{r} 40 \\ 30 \\ 20 \\ 20 \\ 10 \\ \hline 120 = 250' \end{array}$$

$$120 = \frac{1000}{3+2D}$$

$$3+2D = \frac{1000}{120}$$

$$3+2D = 8.33'$$

$$2D = 5.33'$$

$$D = 2.67' \times 12 = 31'' \text{ rock below pipe}$$

⇒ 6

○

30''

24 2 —
 ○
 18'' —

$$120 = \frac{4(x)}{6}$$

$$4x = 120 \times 6$$

$$\frac{720}{4}$$

$$x = 180 -$$