



DEPARTMENT OF ENVIRONMENTAL QUALITY

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

September 21, 1995

EDWARD & TERESA KORHONEN
RT. 3 BOX 316
ASTORIA, OR 97103

Re: OSS: AUTHORIZATION NOTICE APPROVAL
CLATSOP COUNTY: Twn 7N, Rng 9W,
Section 7DB, Tax Lot 400: Clatsop
County: 4.00 Acres

Dear Mr. & Mrs. Korhonen:

On September 20, 1995, department personnel conducted a final pre-cover inspection for a capping fill serial distribution system installed on the above described property. This replacement system was found to be in satisfactory compliance with rules and regulations. As a result, a certificate of satisfactory completion is issued. Based upon this review, authorization is hereby granted to place a three bedroom single family residence on the property and connect into the currently installed on-site sewage disposal system as contingent with Oregon Administrative Rules 340-71-205.

The sewage disposal system (permit # 95-118) consists of a 1000 gallon poly septic tank with 296 lineal feet of disposal trench.

This authorization notice is subject to the following conditions:

1. The sewage flow into the system should not exceed 375 gallons per day for peak periods. Average flows should be approximately one-half of the peak flow. Sewage flows exceeding this amount may cause the system to fail. Only a maximum three (3) bedroom single family residence can connect to this system.
2. All sewage disposal systems require periodic maintenance if they are to function properly year after year. Normally, septic tanks need to be pumped approximately every four to five years so as to prevent clogging of the drainfield.
3. If the system should fail, a REPAIR PERMIT must be obtained from the North Coast Branch Office of the DEQ.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1



Edward & Teresa Korhonen
September 21, 1995
Page 2

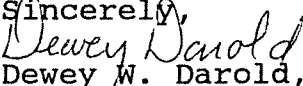
4. The disposal field should not be subjected to vehicular traffic and all downspouts from the residence must be directed away from the disposal field. Otherwise, this could adversely affect proper functioning of the system.

Because of the many variables effecting system performance; size of disposal field, soil and site conditions, etc., this authorization notice does not warrant, certify or guarantee satisfactory continuous operation of the sewage disposal system.

This authorization notice is valid for a maximum period of one (1) year from the date of issuance.

Issuance of this authorization notice does not relieve you of your obligation to obtain the appropriate permits, inspections, and approval that may be required by other governmental entities.

If you should have any questions or would like further information, please feel welcome to contact our North Coast Branch Office at (503) 861-3280.

Sincerely,

Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region

Enclosures:
cc: Robert Martens Excavation

43446

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 95-118

\$ 275.00

Fee

New Construction

Major Repair

Other Authorization notice

Permit Issued To Edward & Teresa Korhonen (Property Owner's Name) 7N (Township) 9W (Range) 7DB (Section) 400 (Tax Lot / Acct. No.) Clatsop (County) Lewis & Clark Rd. Astoria (Road Location) (City) Dewey Darold (Issued by - Signature) 8-23-95 (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 August 23, 1996 TYPE OF SYSTEM Alternative-Capping Fill

Poly Tank Volume 1000 Gallons Disposal Trenches X Seepage Bed(s) Square Feet Maximum Depth 18 inches. Minimum Depth 12 inches. 315 Linear Feet Equal Loop Serial X 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. 10' setback to any property lines, water lines or underground utilities from disposal field. 25' setback to north cutbank from disposal field. Sized for a maximum 3 bedroom residence. Capping material inspected prior to cap placement. Installation to occur during dry weather. PRE-COVER INSPECTION REQUIRED - CONTACT Considered non conforming repair. Drainfield protected from vehicular traffic. Downspouts directed away from disposal field. North Coast Branch Office - 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Robert Martens Excavation

See as-built plot plan in file.

Final Insp. Date 9-20-95

Inspected By Dewey Darold

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.

Dewey Darold (Authorized Signature)

ES/RS (Title)

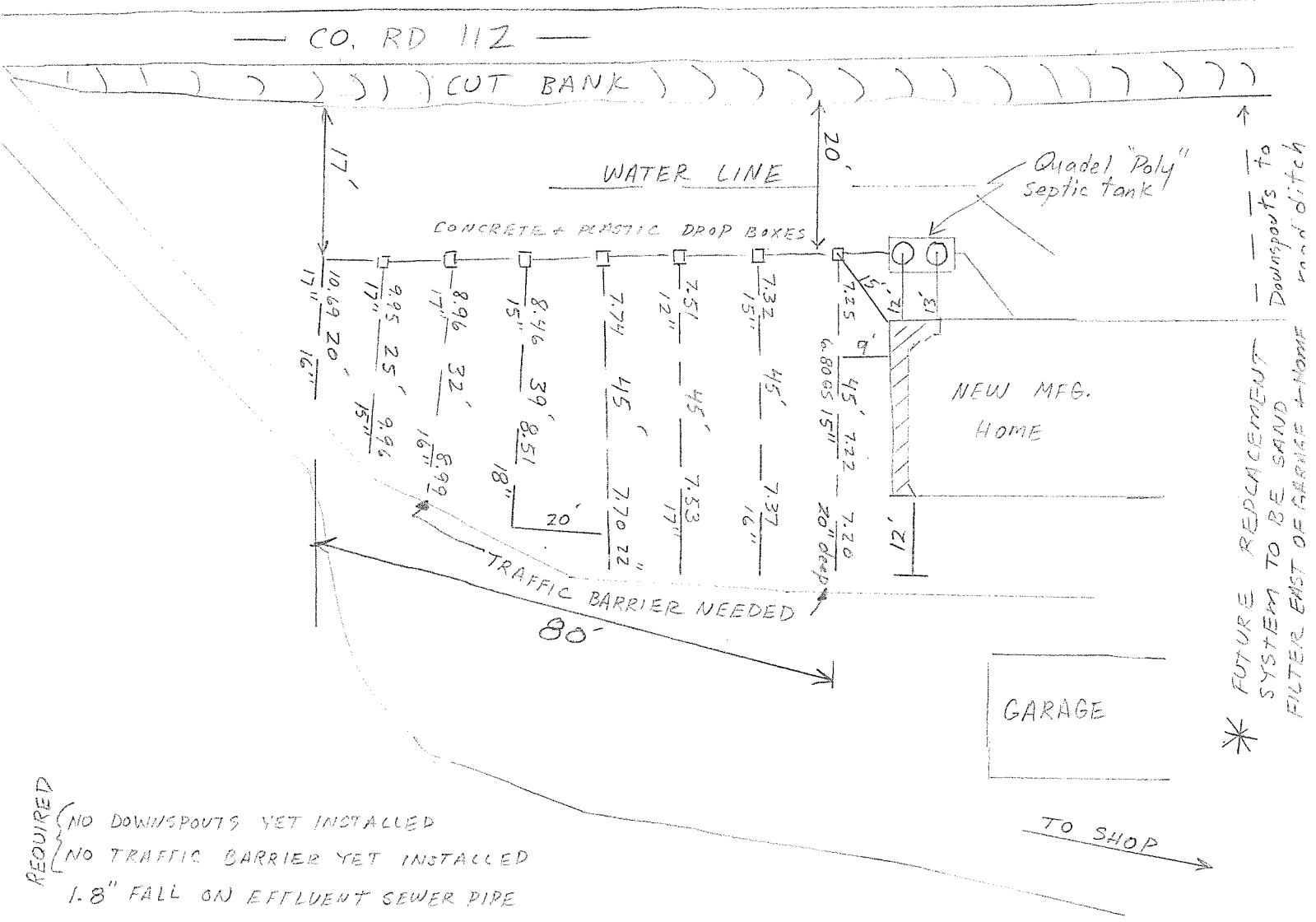
9-21-95 (Date)

NCBO (Office)



Edward + Teresa Korhonen
 709-7DB-400
 # 95-118

Dewey Dardold
 9-13-95/9-20-95
 As-built/Pre-cover Insp
 (NTS)

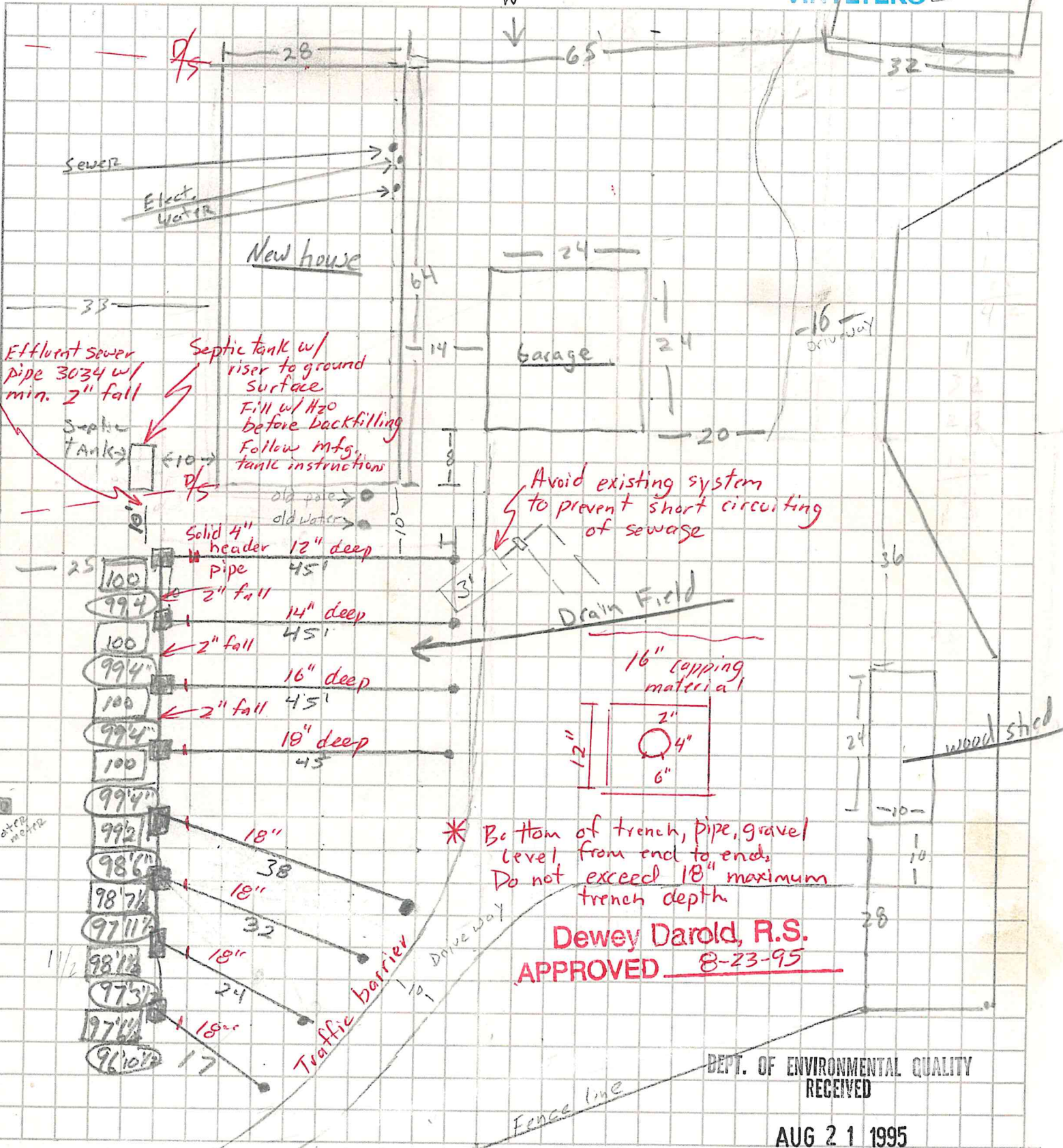
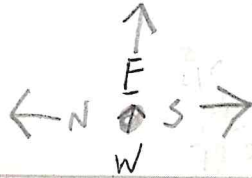


- REQUIRED
- NO DOWNSPOUTS YET INSTALLED
 - NO TRAFFIC BARRIER YET INSTALLED
 - 1.8" FALL ON EFFLUENT SEWER PIPE
 - SHOT G.S. TRENCHES RANGE 12"-22" deep
 - 296 TOTAL LINEAR FEET INSTALLED
 - 9-20-95 CAP INSPECTION: 12"-15"



Handwritten note: "Korhonen plot plan" and "each square is 5 feet"

The Leader in Vinyl Window & Door Technology & Manufacturing
VINYLTEK® BARN



Specifics for Ed Korhonen Septic system, new install 8-20-95

1000 gallon Quadel septic tank

10'4" Astm D 3034 Effluent

7 ~~8~~-Quadel drop boxes (plastic) *last downslope trench no box needed*

320' 4" ASTM-F -10 Distribution Wesflex pipe

40' 4" ASTM-F 810 Header Wesflex pipe

25 yards 2/12 drain rock

20 yards top soil - *Free wood debris, rock, etc.*

Dewey Darold, R.S.
APPROVED 8-23-95

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 21 1995

NORTH COAST BRANCH OFFICE
WARRENTON



Application for Manufactured Dwelling Permit

Department of Consumer & Business Services
 Building Codes Division
 17 N HWY 101
 WARRENTON OR 97146
 (503) 861-3159
 FAX (503) 861-3259

| FOR DEPARTMENT USE ONLY | |
|-------------------------|--|
| Permit number: | |
| Date issued: | |
| Issue by: | |
| Office: | |

| JOB SITE INFORMATION |
|--|
| Address: <u>Rt 3 Box 316</u> |
| City: <u>Astoria</u> County: <u>Clatsop</u> |
| Directions to inspection site: <u>4 1/2 miles from landubers store, Lewis & Clark road, Right past Lokan chapel, Right side of road, cedar fence</u> |
| Tax lot or legal description: _____ |
| Is property inside city limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| OWNER INFORMATION |
|---|
| Name: <u>Edward R. Korhonen</u> |
| Address: <u>Rt 3 Box 316</u> |
| City: <u>Astoria</u> State: <u>OR</u> ZIP: <u>97103</u> |
| Phone <u>(503) 325-2510</u> Fax () _____ |

| LOCAL GOVERNMENT APPROVALS | | |
|---|---|--|
| Zoning Information verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ | Flood plain <input type="checkbox"/> Yes <input type="checkbox"/> No Required elevation: _____ Signature: _____ | #95-118 Sanitation Information verified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature: <u>Doc 28 8-24-95</u> |

| MANUFACTURED DWELLING PERMIT FEES | | | |
|--|-------------|--------------|----------|
| | COST (EACH) | NO. OF ITEMS | SUM |
| (1) Installation/re-inspection | | | |
| (a) Placement: | \$ 105 | _____ | _____ |
| (b) Re-inspection (per inspection): | \$ 85 | _____ | _____ |
| (2) Electrical | | | |
| (a) Service: | \$ 40 | _____ | _____ |
| (b) Feeder: | \$ 40 | _____ | _____ |
| (b) Re-inspection (per inspection): | \$ 35 | _____ | _____ |
| (3) Plumbing | | | |
| (a) Water/sewer connection: | \$ 40 | _____ | _____ |
| (b) New water service: | \$ 28 | _____ | _____ |
| (c) New sanitation/storm sewer: | \$ 28 | _____ | _____ |
| (d) Re-inspection (per hour): | \$ 40 | _____ | _____ |
| (4) Miscellaneous fees | | | |
| (a) 5% state surcharge: | | | _____ |
| (b) Administrative fee: | \$ 20 | _____ | \$ 20 |
| (c) Investigative fee (equal to plumbing portion of permit fee): | | | _____ |
| GRAND TOTAL: | | | \$ _____ |

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement.

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

- I am the property owner doing my own work.
- I am the property owner hiring a construction contractor. License no.: _____ Expires: _____
- I am licensed with the Building Codes Division. License no.: _____ Expires: _____
- I am registered with the Construction Contractors Board. Registration no.: _____ Expires: _____

Contractor name: _____

Address: _____

Signature _____ Date _____



DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
(503) 861-3280

DATE: August 23, 1995

TO: Edward & Teresa Korhonen
Twn 7N, Rng 9W, Section 7DB, Tax Lot 400

FROM: *Dewey Darold*
Dewey W. Darold, R.S.
Environmental Specialist

SUBJECT: Repair permit # 95-118

In accordance with the subject permit issued on August 23, 1995, the following conditions will apply:

- 1) Our office will sign off on the placement permit application with the following additional information to be acknowledged and complied with:
 - a) The sign-off at this time is to authorize placement of the mobile home only due to the fact that the mobile home would cross over the new drainfield possibly resulting in damage.
 - b) No sewage is to be generated from mobile home until the replacement system is inspected and approved.
 - c) Once the new replacement system has been inspected and approved, authorization to use the system along with a certificate of satisfactory completion will be issued. At that time, connection to the system can be made.

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

August 11, 1995

EDWARD & TERESA KORHONEN
RT. 3 BOX 316
ASTORIA, OR 97103

Re: OSS: NWR: Clatsop County: Twn 7N,
Rng 9W, Section 7DB, Tax Lot 400:
4.00 Acres: Authorization Notice
Denial

Dear Mr. & Mrs. Korhonen:

In response to your application for an authorization notice on the above described property, this office conducted a field visit to review the existing on-site sewage disposal system. Based upon the review and Oregon Administrative Rule (OAR) 340-71-205, the Department must deny your authorization notice (AN) to connect a new three (3) bedroom single family residence to the existing on-site sewage disposal system.

Specifically, the reasons for the denial are as follows:

During the site visit, a steel septic tank was exposed south of the existing mobile home. The tank was empty since it had been recently pumped-out. An inspection made inside the septic tank outlet manhole opening showed evidence of past scum/debris accumulation above the outlet invert. A hole present on the top of the outlet baffle indicates that incompletely treated septic tank effluent would enter the disposal field. You and your pumper indicate that the effluent was flowing back towards the septic tank outlet when the tank was pumped out. This indicates the drainfield is slow to accept effluent and may eventually fail by causing sewage to either surface at the septic tank or in the drainfield area. For a proper working septic system, the liquid level in the septic tank must be at the outlet invert.

By way of probing, the disposal trenches were not able to be located due to compaction created by the gravel driveway. Please be aware that Oregon Administrative Rules prohibit driveways from being constructed over drainfields.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1



Even though there did not appear to be a sewage discharge to the ground surface during the site visit, it is suspected that continued use of this septic system may cause a sewage failure. As a result, it is adequate to allow for a system upgrade under a repair permit.

Only a very limited area of this property appears suitable for a future replacement system. Initial evaluation of the soils (east test pits) showed that temporary groundwater can be expected to be present at about 4 to 6 inches from the ground surface during winter months. A re-evaluation showed soil conditions slightly better west and downslope of the proposed house site. A cut bank exists to the north along Lewis & Clark Road. Soils have been cut down about 8 inches in the existing mobile home area. A power pole and water line will need to be relocated to make way for the new trenches.

Given the conditions which currently exist on this property, a favorable (AN) approval is contingent upon requirements 340-71-160(2) and (4). Furthermore, authorization to use an existing system is contingent upon OAR 340-71-205(3)(c), which based upon the findings does not allow an existing sewage disposal system to be used if it would create a public health hazard on the ground surface or in surface public waters. Since the above conditions cannot be met, the authorization notice shall be withheld until such time as the necessary repairs to the system can be made.

The options available to you are as follows:

- 1) A reasonable repair of the system appears possible west of the power pole (area discussed with you) and north of the existing driveway to construct new disposal trenches. Please refer to the enclosed site diagram for specifics concerning location and special conditions of the approved area. The replacement system will be approved for a capping fill serial distribution system. A minimum 315 linear feet of disposal trench is required with a minimum disposal trench depth of 12 inches for the first three or four trenches and 18 inches for the other trenches. To gain the required footage, the first three or possibly even the fourth trench can be designed in equal looped distribution. The depths of these trenches must be taken from original ground surface and not from the cut.

Edward & Teresa Korhonen
August 11, 1995
Page 3

2) If you feel an error has been made or you desire a review of the findings and determination, you may make application for an authorization denial review. The application for review must be submitted in writing within thirty (30) days of the (AN) denial to the Department's Northwest Region office at 2020 SW 4th, Suite 400, Portland, OR. 97210. The application must be accompanied by the denial review fee of \$320.00 as per (OAR) 340-71-140(c)(C). The denial review shall be conducted and a report prepared by the Department.

For major repair permit issuance, a detailed and to-scale plot plan is required. Show all applicable setbacks, a materials list and include ground surface elevations at beginning and ends of each disposal trench (disposal field stake-out is suggested). After plans and specifications have been submitted, reviewed and approved, a major repair permit will be issued. No work can begin or take place on the septic system until a repair permit has been issued to you. Once the system has been inspected and approved, a certificate of satisfactory completion and a favorable authorization notice will be issued. We suggest you contact a state licensed installer who can design and lay out an on-site sewage disposal system which will meet our rules and regulations. A state licensed installers list is enclosed.

It must be noted that the soil and site conditions on this property do not entirely meet current state standards. However, a reasonable repair of the system is possible in order to prevent a potential future public health hazard. Depending upon the situation, this may or may not affect the ability of the system to perform proper sewage treatment and disposal. If another system malfunction should ever occur on this property, a conventional sand filter system will be necessary.

Technical information pertaining to this report is available upon request. If you have any questions or would like to discuss matters further, please feel welcome to contact the DEQ Branch Office at 861-3280.

Sincerely,
Dewey Darold
Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region

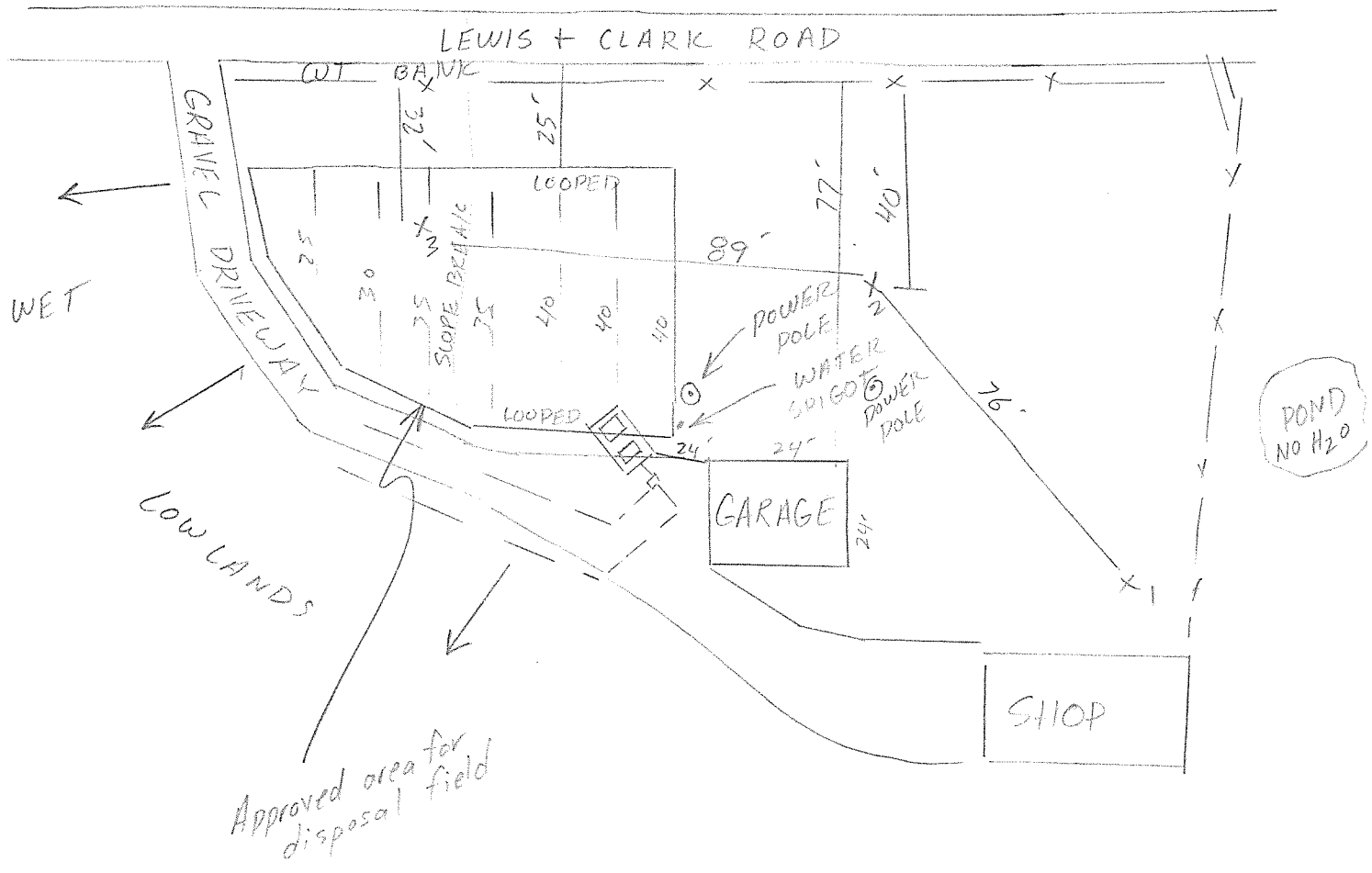
cc: Northwest Region, DEQ
Building Codes Agency, Warrenton, OR
Clatsop County Department of Planning & Development

Enclosures:



Edward + Teresa Korhonen
709-7DB-400
4.00 Acres

Dewey Darold
8-1-95
8-11-95
A.N.
(NTS)



SEPTIC TANK 20" BELOW G.S.
DIST. BOX CONCRETE
NOT ABLE TO LOCATE EXISTING TRENCHES

CAPPING FILL SYSTEM CONSTRUCTION DETAIL SHEET

Date 8-11-95

Applicant Edward + Teresa Korhonen

Tax Lot 400 Section 7DB Twp 7 Rng 9 Acreage 4.00

X 1. For the installation of an alternative CAPPING FILL SYSTEM on the above property, the following construction specifications shall apply:

X The septic tank shall have minimum liquid capacity of 1000 gallons.

X The disposal field shall be constructed in equal/serial distribution with a MAXIMUM TRENCH DEPTH of 18 inches and a minimum trench depth of 12 inches. There must be at least 10 inches of capping fill backfill over the top of the drainrock, installed as described in the following paragraph.

X The capping fill soil material must be inspected and approved prior to placement. The soil shall be of the same textural class, Silt loam, or one class finer than the native topsoil. The cap shall be blended with the existing topsoil and graded evenly over the disposal trenches to a final depth of 10 inches above the drainrock. Capping material shall be tapered to natural grade 10 feet beyond the edges of the disposal field in all directions. The cap shall be finished with measures to establish a timely vegetative cover to stabilize the soil and prevent erosion.

X With the soil conditions on this site, 125 lineal feet of disposal trench will be required per 150 gallons maximum projected daily sewage flow. For the proposed development, a minimum of 315 total lineal feet of disposal trench is required. Disposal trenches shall be constructed 2 feet wide on 10 foot minimum centers with no individual trench exceeding 125 feet in length. The trenches and distribution piping shall be installed within one (1) inch of level, contoured to the natural ground surface.

 A curtain drain is required as a component of this system. This groundwater interceptor shall be constructed 12 inches wide by _____ inches deep with _____ inches of clean drainrock placed over a 4 inch perforated collection pipe. The trench and collection pipe shall be constructed on a grade of 0.2 to 0.4 feet of fall per 100 feet of line. A minimum 10 foot upslope setback must be maintained from the disposal trenches. The collection piping shall be exhausted by a non-perforated pipe to a point below and away from the disposal field. The end of the outfall shall consist of heavy duty pipe with the outlet protected by flap gate or grate.

SEE OTHER SIDE

X An effluent lift pump may be necessary to construct the disposal field in the approved area at the correct trench depths.

X The disposal field area must be protected from livestock, traffic or other activities which would modify, compact or erode the capping fill.

X The top of the disposal trench drainrock shall be protected by filter fabric.

X Specific construction setback requirements are outlined in the enclosed listing.

X 2. The following conditions shall apply to this system installation:

_____ For sanitation purposes, the minimum lot size for this single building site is _____.

X This lot size will require an approved off-site public or community water supply.

_____ This system shall not be installed on slopes in excess of 12 percent.

X Installation of this system will involve a schedule of multiple inspections.

_____ No part of the system can be installed within the _____ easement or right-of-way.

X This system is particularly sensitive to climatic conditions. Construction of this system is limited to the summer months (June through September) with dry soil and site conditions. Construction at other times requires specific authorization.

_____ 3. Special Conditions: _____

Dewey Donald
Sanitarian, DEQ Warrenton Branch Office

MINIMUM SETBACK REQUIREMENTS

Date 8-11-95

Applicant Edward + Teresa Korhonen

Tax Lot 400 Section 7DB Twp 7 Rng 9 Acreage 4.00

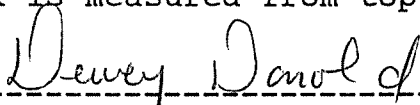
| SETBACK REQUIRED (as marked) | DISPOSAL FIELD OR AREA ¹ | TREATMENT AND DISTRIBUTION UNITS ² |
|---|--|--|
| <input checked="" type="checkbox"/> Groundwater Supplies (wells) ³ | 100' | 50' |
| <input checked="" type="checkbox"/> Springs | | |
| Upslope from system | 50' | 50' |
| Downslope from system | 100' | 50' |
| <input checked="" type="checkbox"/> Surface Public Waters ⁴ | 100' | 50' |
| For Sand Filter System (only) | 50' | 50' |
| <input type="checkbox"/> Intermittent Streams ⁵ | 50' | 50' |
| <input type="checkbox"/> Groundwater Interceptors ⁶ | | |
| On a slope 3% or less | 20' | 20' |
| On a slope greater than 3% | | |
| - Upslope from system | 10' | 10' |
| - Downslope from system | 50' | 25' |
| <input checked="" type="checkbox"/> Cuts Manmade ⁷ | <u>25'</u> | <u>10'</u> |
| <input type="checkbox"/> Escarpments ⁸ | _____' | _____' |
| <input type="checkbox"/> Curtain Drains | | |
| Upslope from system | 10' | 10' |
| Downslope from system | 50' | 25' |
| <input checked="" type="checkbox"/> Property Lines | 10' | 5' |
| <input checked="" type="checkbox"/> Water Lines | 10' | 10' |
| <input checked="" type="checkbox"/> Building Foundations (all) | 10' | 5' |
| <input type="checkbox"/> Other _____ | _____' | _____' |

Special Conditions: _____

¹ Includes all disposal trenches, "bottomless" sand filter, seepage beds and replacement area.

² Includes septic tank, effluent sewer, header pipes, drop boxes, distribution box, sand filter, dosing tank, pressure line, etc.

- 3 Includes temporarily abandoned wells, agricultural wells, etc.
- 4 Means creeks, streams, rivers, lakes, bays, ponds, marshes, reservoirs, etc.; public or private, natural or manmade setback measured from bank drop-off or mean yearly high water mark.
- 5 Drainageway or groundwater interceptor that continuously flows water for a period of greater than 2 months but not continuously for any year.
- 6 Any natural or artificial groundwater or surface water drainage system including footing drains, agricultural drain tile, ditches, etc.
- 7 Land surface as a result of mechanical land shaping where the modified slope exceeds 50 percent, and the depth of the cut exceeds thirty (30) inches or the effective soil depth.
- 8 Natural occurring slopes greater than 50% which extend vertically 6 feet or more calculated from top to toe characterized by a cliff or steep hillside; setback is measured from top of slope break.



Sanitarian, DEQ North Coast Branch Office
Warrenton, OR

SITE EVALUATION FIELD WORKSHEET

Tax Reference 709-7DB-400 Evaluator Dewey Darold
 Applicant Edward + Teresa Korhonen Date 8-1 + 8-11-95 Parcel Size 4.0 Acres

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

| Depth | Texture | |
|---------------------|-----------|--|
| 0"-4" | lt. silcl | 10YR 3/1, gran, fri |
| SAT Pit 1 4"-10" | silcl | 10YR 4/1 w/ 7.5YR 5/8 distinct mottles |
| 10"-20" | sil | 10YR 5/1 w/ 7.5YR 5/8 prominent mottles, w/ med. prismatic |
| 20"-33" | silcl | 10YR 6/1 w/ 7.5YR 5/8 " " Roots stop @ 23" |
| 33"-55" | S | Variegated colors 10YR 7/1 w/ 7.5YR 7/4 mottles |

| | | |
|---------------------|-------|--|
| 0"-8" | silcl | 10YR 3/1, fri, gran |
| SAT Pit 2 8"-18" | silcl | 10YR 4/1 w/ 7.5YR 5/6 distinct mottles, w/ sbk. fri - firm |
| 18"-33" | sil | 10YR 7/1 w/ 7.5YR 5/8 prominent mottles |
| 33"-57" | S | Variegated colors mixed w/ alluvium / gravels |

| | | |
|------------------|-------|---|
| 0"-18" | sil | 10YR 3/2, gran, fri 0"-4" gravel fill |
| Pit 3 18"-30" | sil | 10YR 4/1 w/ faint 10YR 5/8 mottles |
| 30"-52" | silcl | Cemented gravels (10YR 7/1 w 7.5YR 4/2 mottles) |

| | | |
|-------|--|--|
| Pit 4 | | |
| | | |
| | | |

Landscape Notes Terrace
 Slope 0-3% Aspect W Groundwater Type Temporary
 Other Site Notes Mr. Dennis Illingworth on-site 8-11-95

SYSTEM SPECIFICATIONS

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

Special Conditions _____

STATEMENT

| | |
|--------|---------|
| DATE | 7-30-95 |
| NUMBER | |

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

CLYDE McDONALD 458-6521

Ed Korhonen
 Rt 3, Box 316
 Astoria, Oregon

AMS:

\$ _____

| DATE | CHARGES AND CREDITS | BALANCE |
|------|------------------------------------|----------|
| | 1000 @ 1/20 BALANCE FORWARD | |
| | Steel Septic Tank - POOR | |
| | DRAINFIELD IS RUNNING BACK TO TANK | |
| 7-95 | Pumped Septic TANK | 120.00 |
| | Dump Fee | 25.00 |
| | Total | \$145.00 |

DUPLICATE

Thank You PAY LAST AMOUNT IN THIS COLUMN

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

OFFICE USE ONLY
 Date Rec'd 7-14-95
 Date Completed 8-23-95
 Required Fee \$ 310.00
 Receipt No. 69204
 Control No. 43446

FOR APPLICANT'S USE - (PLEASE PRINT)

Edward E Teresa Korhonen
 (Property Owner's Name)

4 Acr
 Lot Size (Acreage or Dimensions)

Legal Description of Property 7 9 7 DB 400 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 3
 (Number of Bedrooms)
 Other _____
 (Specify)

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

Existing Facility

Single Family Residence 3
 (Number of Bedrooms)
 Other _____
 (Specify)

APPLICATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Site Evaluation Report | <input checked="" type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input checked="" type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedroom |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> 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.

Edward R. Korhonen
 (Signature)

7-13-95
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
Edward Korhonen
Rt 3 Box 316
Astoria Ore

Applicant's Mailing Address (if different)

Phone 325-1512
325-2510

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

AUTHORIZATION NOTICE

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

| | | | | |
|---|---|--|-----------------------|----------------------------------|
| APPLICANT'S NAME <i>Edward & Teresa Korhonen</i> | | MAILING ADDRESS <i>Rt 3 Box 316</i> | | PHONE <i>325-1512</i> |
| | | CITY <i>Astoria Ore.</i> | | STATE ZIP <i>97103</i> |
| P L O C A T I O N | TOWNSHIP <i>7</i> | RANGE <i>9</i> | SECTION <i>7DB</i> | TAX LOT OR ACCT NO <i>400</i> |
| | SUBDIVISION/PROJECT | LOT | BLOCK | COUNTY <i>Clatsop</i> |
| | <input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981. | | | |

PROPOSED LAND USE

move old manufactured home out. put New on in.

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

PROPERTY'S ZONING DESIGNATION

RA-1

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

OR

CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

allowed use

PROPERTY IS LOCATED: (check one)

INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY
 OUTSIDE CITY LIMITS

OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

| | | |
|-----------------------------|--------------------------------|------------------------|
| SIGNED <i>Jeri Allen</i> | TITLE <i>Planning Tech.</i> | DATE <i>7-12-95</i> |
|-----------------------------|--------------------------------|------------------------|

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

| | | |
|--------|-------|------|
| SIGNED | TITLE | DATE |
|--------|-------|------|

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- Septic Tank Disposal Trenches [] Unknown
[] Seepage Bed [] Cesspool or Pit
[] Other -- (Describe) _____

2. When was your sewage disposal system installed? 1978 _____
(Year) (Permit No.)

3. Tank material:

- Steel Concrete [] Fiberglass
[] Polyethylene [] Unknown

4. Volume of the septic tank in gallons. 750

5. When was the septic tank last pumped? 7-10-89 (Attach Receipt)

6. Number of disposal trenches. 2

7. Total length of disposal trenches (feet). 70 Feet

8. Is your sewage disposal system currently in use? Yes , No []
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2

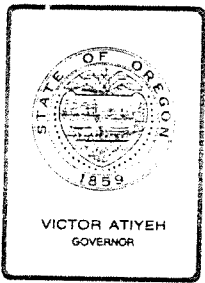
10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business. _____

11. Provide a plot plan on the reverse side of this form showing actual measurements that locates the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. Indicate North direction.

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

7-13-95
Date

Edward R. Johnson
Signature of Property Owner or
Legally Authorized Representative



Department of Environmental Quality

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

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

September 3, 1985

William A. Hensel
175 Sherwood Dr.
St. Helens, OR. 97051

RE: OSS-Clatsop County
Site Evaluation
- DENIAL -
T7N, R9W, S7, TL400

Dear Mr. Hensel,

On August 15, 1985 the Department evaluated four (4) soil pits on the parcel described above. Based on the evaluation of soil and topographic features, your application is regrettably denied for non-compliance with Oregon Administrative Rules (OAR) 340-71-100 through 520, specifically:

| <u>RULE</u> | <u>CONDITIONS OBSERVED</u> |
|--|---|
| 1. 71-220(2)(a) Standard systems: Effective soil depth required = 30" | Effective soil depth 22 inches and less. |
| 2. 71-220(2)(b) Standard system: Temporary water table 24" or more. | Conditions associated with saturations indicate temporary water table at 12" or less. |
| 3. 71-265(2)(b) Capping Fill system: Temporary water table 18" or more. | Conditions associated with saturations indicate temporary water table at 12" or less. |
| 4. 71-290(3)(a)(A) Sand Filter system: Temporary water table at least 12" below surface. | Conditions associated with saturations indicate temporary water table at 12" or less. |
| 5. 71-315(1)(b) Tile De-watering systems: Silty clay loam texture or coarser, drainable to at least 30 inches where there are temporary water tables. | Silty clay soil texture drainable to 22 inches or less (limit of effective soil depth). |

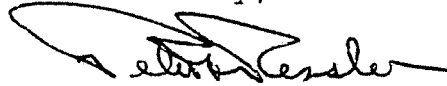
William A. Hensel
Page Two
September 3, 1985

The Department's soil scientist indicates that it is unlikely that a variance to install a tile dewatering system on this site would be approved since it is difficult to effectively drain silty clay.

You may request a review of this denial by completing an application with payment of the \$60.00 fee within 30 days of the date of this denial. If you wish the review, please contact Charles Gray at 229-5288.

If you have any questions concerning this letter, please feel free to contact the Astoria Office at 325-8660.

Sincerely,



Peter K. Ressler
Environmental Analyst
Northwest Region

PKR:ccv

Enclosures

cc: On-Site Sewage Section, DEQ
Northwest Region, DEQ
Clatsop County Department of Planning
Clatsop County Assessor
Harriet R. Kirker

Tax Reference 7-9-7 Part of lot 400

Eval John D. Smith

Applicant William A. Hensel Date 8-15-85

Parcel Size 2 acres

Owner Harriet R. Kirker

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

| Depth | Texture | |
|-------|------------------------|---|
| Pit 1 | 0-6 Silty clay loam | Dark gray 10YR 4/1 Sub c blocky structure |
| | 6-17 Silty clay | Dark grayish brown 10YR 4/2 Blocky structure |
| | 17-32 Silty clay | gray 10YR 5/1 Blocky to prismatic Orange high chroma on ped faces |
| | 32"+ main sediments | Orange + gray textures to silty clay Temp water at or near surface winter season |

| | | |
|-------|------|-----------------------------|
| Pit 2 | SAME | |
| | 22"± | Iron + clay cemented gravel |

| | | | |
|-------|------|-------------------------|---|
| Pit 3 | 0-8" | Silt/loam lt. Si, Cl | Very Dark gray 10YR 3/1 strong sub angular blocky structure |
| | ↓ | Same as 1 | |

| | | |
|-------|-----------------|--|
| Pit 4 | Same as pit # 2 | |
|-------|-----------------|--|

Landscape Notes Old terrace of Lewis and Clark River

Slope 3% Aspect NNW Groundwater Type Temporary less than 12" below surface

Other Site Notes Open field water loving tussock vegetation all over - Relief to northwest by creek drainage but still high water table. Creek properly called intermittent 50' set back to top of bank. If could be drained system sizing would be 150 linear ft trench/150 gal - 450' total system + Repair

DENIAL

SYSTEM SPECIFICATIONS

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

Special Conditions Variance to OAR 340-71-315(1)(b) to allow tile dewater system in soil finer textured than silty clay loam (silty clay) with effective soil depth of 24-32" and temporary water table. Discussed with Bob Paeth 8-16-85, VARIANCE unlikely as can't effectively dewater a silty clay far enough from tile system to install system

Reference

7-9-7 Part of Tax + 400

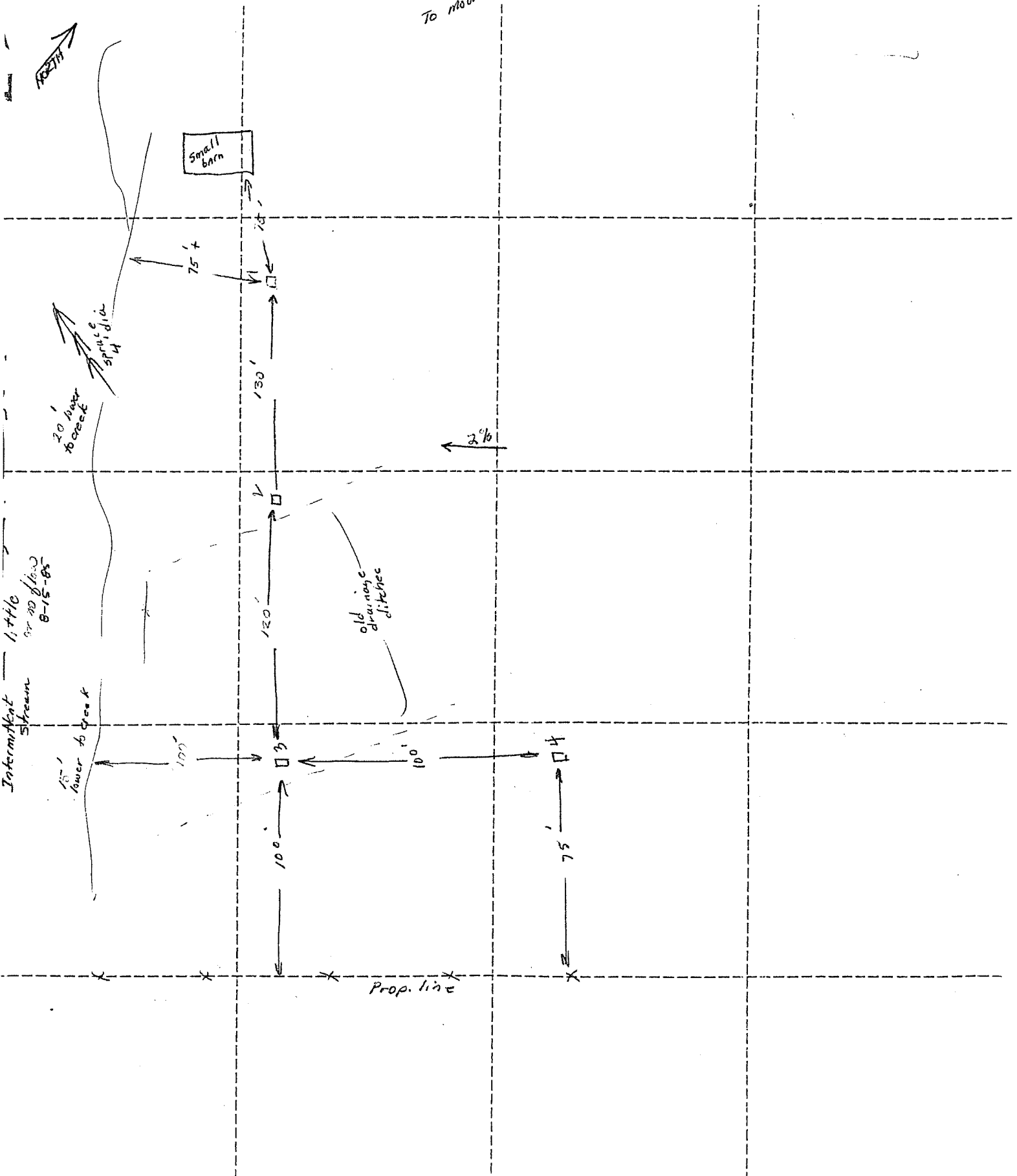
Evaluation

J. L. Smith

Applicant William A. Hensel
Owner Harriet R. Kirker

Date: 8-15-85

To Mobile ^{Arms}



FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready
8-8-85

Date Rec'd 8-12-85
Date Completed 8-30-85
Required Fee \$165.00
Receipt No. 32308
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

TUP approval required - application received but not yet approved
8-12-85

FOR APPLICANT'S USE - (Please Print)

Harriet R. Kirker (Property Owner's Name)
NW 1/4 SE 1/4 SEC. 7 T. 7 N. R. 9 W. W. M (Township, Range, Section)
400 (Tax Lot/Acct. No.) Clatsop (County)
(Subdivision Name, Lot No., Block No., Lot Size)
Single Family Residence 3 (Number of Bedrooms)
Directions to Property: Lewis and Clark Road Rt 3 Box 316

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.

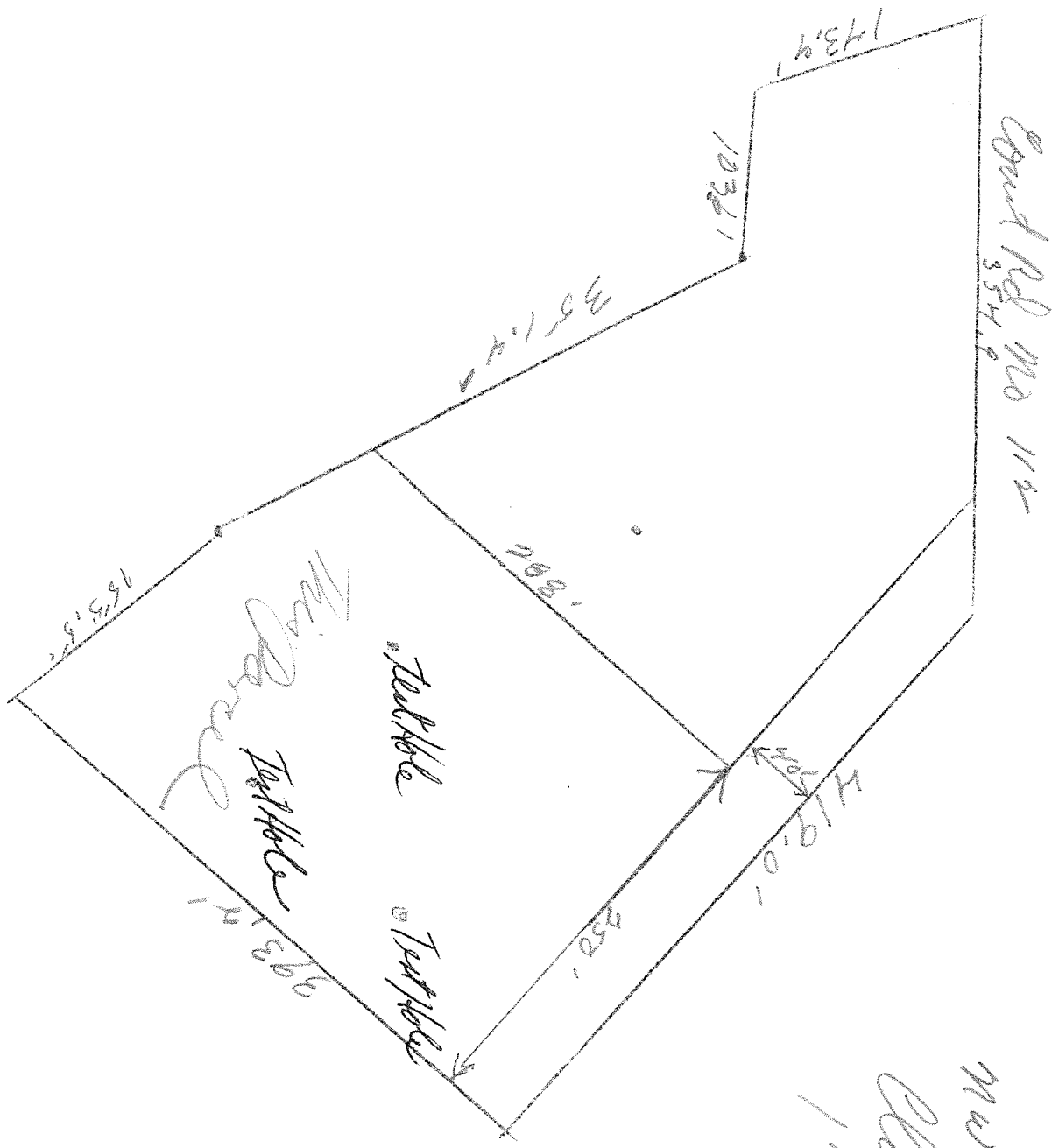
William A. Hensel (Signature) 8-8-85 (Date)
Owner
Authorized Representative
S.D.S. License No.

Owner's Mailing Address
Rt. 3 Box 316
Astoria OR

Applicant's Mailing Address (if different)
175 Alderwood Drive
Astoria, Ore 97103

Phone

Phone 399-3999



Bound Rd. No 115
354.8'

NE 1/4 SE 1/4 SEC. 7 T. 7 N. R. 9 W. as
Cherokee County
1" = 100'

Table
Table
Table
Table



Department of Environmental Quality

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

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

February 28, 1984

Mrs. Harriet R. Kirker
Route 3, Box 316
Astoria, Oregon 97103

Re: OSS-Clatsop County
NWR-NCBO-OSS-NOV-83-14
Repair Permit
T7N, R9W, S7DB, TL400

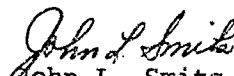
Dear Mrs. Kirker,

This letter will serve as a permit to repair your failing on-site sewage disposal system. Included is a copy of the original permit 82-3271 and the approved plot plan describing the specifications for the repair system.

The repair needs to be made as soon as dry weather allows, probably after June 1st. But, in any case, the repair must be completed by September 15, 1984 in order to eliminate the discharge of sewage onto the ground.

Thank you for your cooperation. If you should have any questions regarding this, please contact me at 325-8660.

Sincerely,


John L. Smits, R. S.
Environmental Analyst
North Coast Branch

JLS:smm
Enclosures
cc: Northwest Region, DEQ

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 1-9-84 (app on)

Date Completed

Required Fee \$35.00

Receipt No.

Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
[X] 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)

James D. Kirker
(Property Owner's Name)

7 north 9 west 7DB 400 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
(Subdivision Name) (Lot No.) (Block No.) 4+ acres (Lot Size)

Lewis & Clark Water District
(Public Water Supply)

Mobile Home - 3 bedroom
(Single Family Residence — Number of Bedrooms)

(Private Water Supply, Specify Type)
(Other — Specify)

Directions to Property: Route 3, Box 316 - Lewis & Clark

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.

James D. Kirker
(Signature)

1-06-84
(Date)

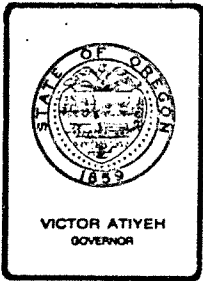
- [X] Owner
[] Authorized Representative
[] S.D.S. License No.

Owner's Mailing Address
Route 3, Box 316
Astoria, Oregon 97103

Applicant's Mailing Address (if different)

Phone 325-6210

Phone



Department of Environmental Quality

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

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

December 14, 1983

Certified Mail #0307167
Return Receipt Requested

Mr. James Kirker
Route 3, Box 316
Astoria, Oregon 97103

Re: OSS-Clatsop County
NOTICE OF VIOLATION
NWR-NCBO-OSS-NOV-83-14
T7N, R9W, S7DB, TL400

Dear Mr. Kirker,

A recent inspection of your property described above showed that sewage continues to discharge onto the ground surface. Although you have been issued a repair permit in the past, that permit has expired with no effort to repair the system.

The discharge of untreated sewage onto the surface of the ground is a violation of Oregon State Statutes as well as Administrative Rules. As a property owner, you are responsible to maintain your on-site sewage disposal system in proper working condition.

Please return the enclosed permit application with the required \$35 fee within 10 days of your receipt of this letter. The repairs must be completed by January 30, 1984. Additional enforcement action may be taken if you fail to comply. Civil penalties may be imposed.

If you have any questions regarding this letter, please feel free to contact me at 325-8660.

Sincerely,

John L. Smits
John L. Smits, R. S.
Environmental Analyst
North Coast Branch

JLS:smm
Enclosure
cc: Northwest Region, DEQ
Enforcement Section, DEQ



Department of Environmental Quality

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

North Coast Branch
P.O. Box No. 869
Astoria, OR 97103
Ph. (503) 325-8660

November 7, 1983

Mr. James Kirker
Route 3, Box 316
Astoria, Oregon 97103

Re: SS-Clatsop-County
On-Site Sewage Disposal
Permit #82-3271

Dear Mr. Kirker,

Our records indicate that your septic tank permit has expired. An expired permit can't be renewed. A new application, fee, current plot plan and updated Land Use Compatibility Statement (zoning approval) are required. You should have no problem obtaining a new permit unless conditions at the approved site have changed such that standards can no longer be met.

The current fee for single family dwellings are:

- | | |
|--|----------|
| 1. Standard system (gravity flow) | \$ 65.00 |
| 2. Alternative low pressure distribution | 125.00 |
| 3. Capping fill system | 245.00 |
| 4. Sandfilter system | 285.00 |
| 5. Repair (regardless of system type) | 35.00 |

The current fee for commercial facilities are according to daily sewage flow. Please call for fee.

If you wish to make application, please call 325-8660 or come into our office in the Clatsop County Courthouse. If the system has been installed, please let us know so that the required inspection can be made. The system must be inspected and approved before use is authorized. If we're not in when you call, please leave a message.

Sincerely,

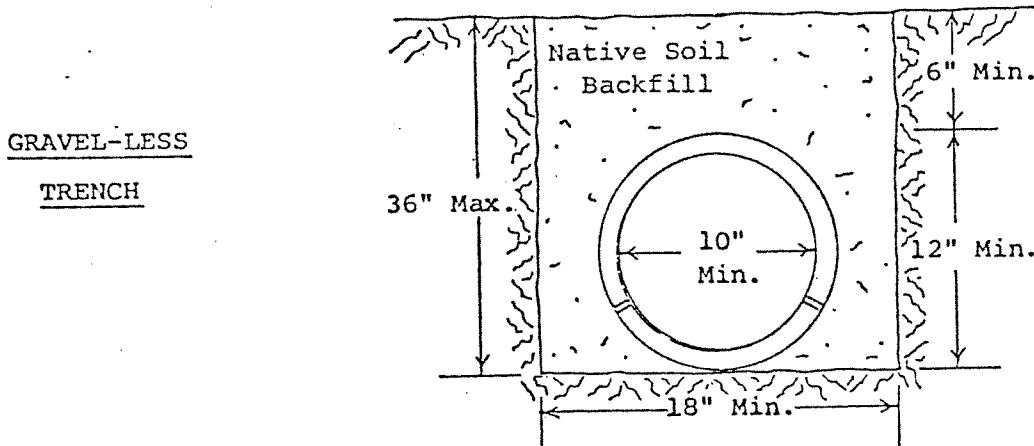
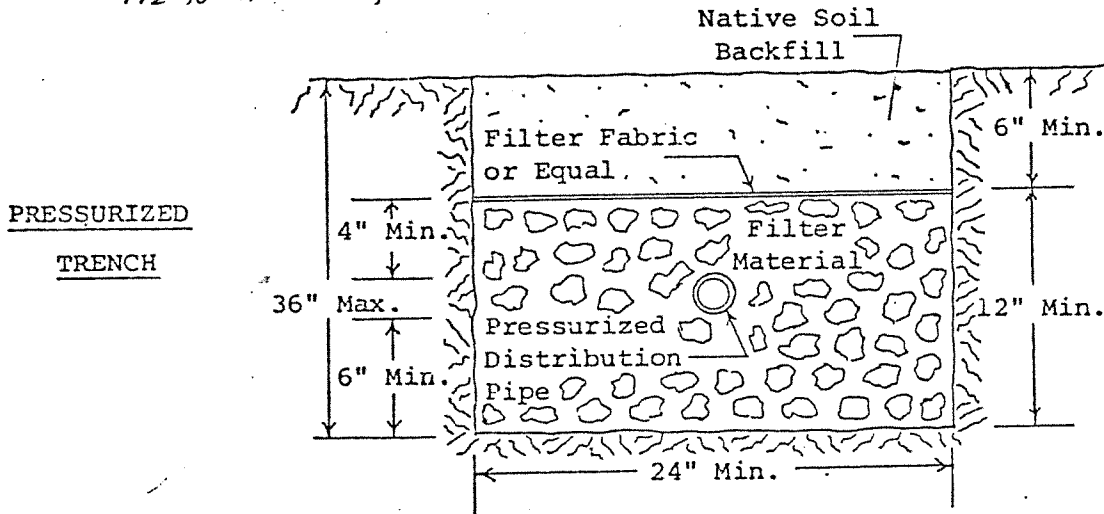
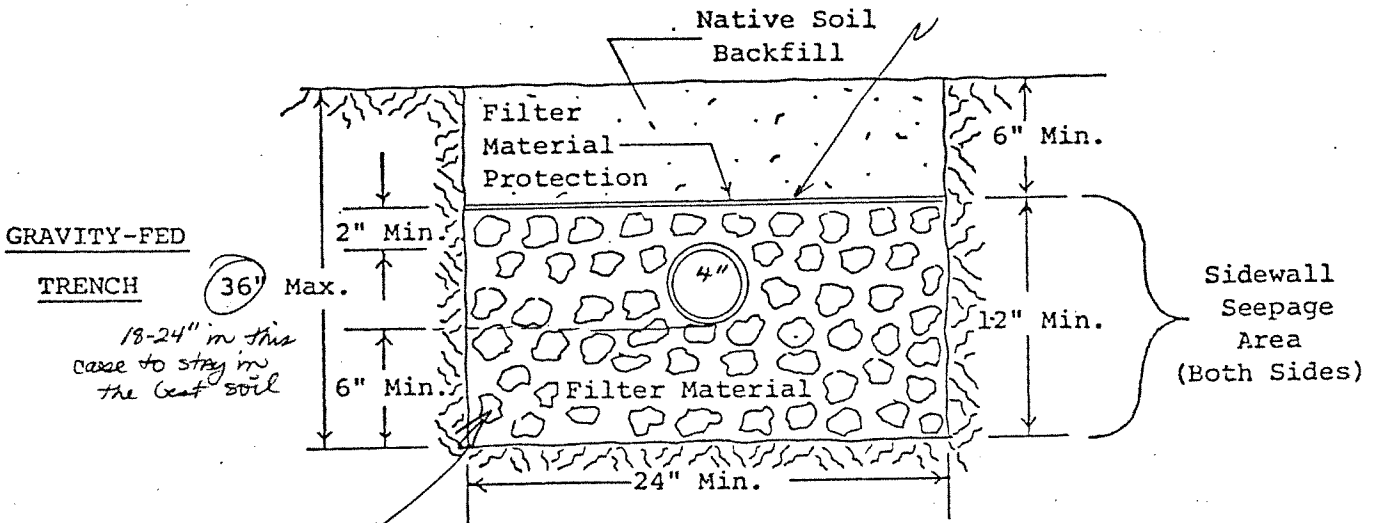
John L. Smits
John L. Smits, R. S.
Environmental Analyst
North Coast Branch

JLS:smm

DIAGRAM 12

DISPOSAL TRENCH CROSS-SECTIONS

6" straw, 6 thicknesses of newspaper
or untreated building paper



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Property Owner James Kirker
T. 7N R. 9W Sec. 7DB Tax Lot/Acct. No. 400
Loc./Road Rt. 3 Box 316 Lewis + Clark Road

Permit Number 82-3271 (Repair)
Expiration Date Nov. 4, 1983
Issued By John D. Smith

PERMIT

[NOT TRANSFERABLE]

New Construction of Repair of Connection of Alteration of

Standard System

A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size Existing gallons. Disposal trenches 280 Square ft. 140 Lineal ft.

Maximum trench depth 24 inches Minimum trench depth 18 inches

Loop Equal Serial Distance between lines on center 10 feet

Total rock depth 12 inches Below pipe 6 inches Above pipe 2 inches Rake sidewalls

Special Conditions. [Follow Attached Plot Plan]. Cast Iron pipe under driveway to disposal trenches. Limited area available for repair - Most of the parcel is affected by a high perched water table.

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

POST ON SITE

DEQ/WQ-404 Rev. 1/78 (REGION COPY)

SP*54377-340

JUL 20 1995

STATE OF OREGON NORTH COAST BRANCH OFFICE
DEPARTMENT OF ENVIRONMENTAL QUALITY WARRENTON

Septic Tank Condition

Good Very Good
Fair _____
Needs to be replaced _____

BUYER(S) ACKNOWLEDGEMENT

Volume 750 Gallons

SIGNATURE _____

Structure Type

SIGNATURE _____

Steel _____
Concrete X
Plastic _____

DATE _____

General Comments As of This Date The
Septic Tank is in very Good Condition
And The Drain Field is operating
Properly.

Date Pumped And Inspected 8-9-88

Address Of Inspected Tank Rt 3, Box 319
Astoria Oregon
97103

Name of Recorded Owner Ken & Paula Cummings


Signature - Licensed Pumper

ED'S
SEPTIC TANK CLEANING SERVICE
Rt. 4, Box 621
Astoria, OR 97103

SS# 314259

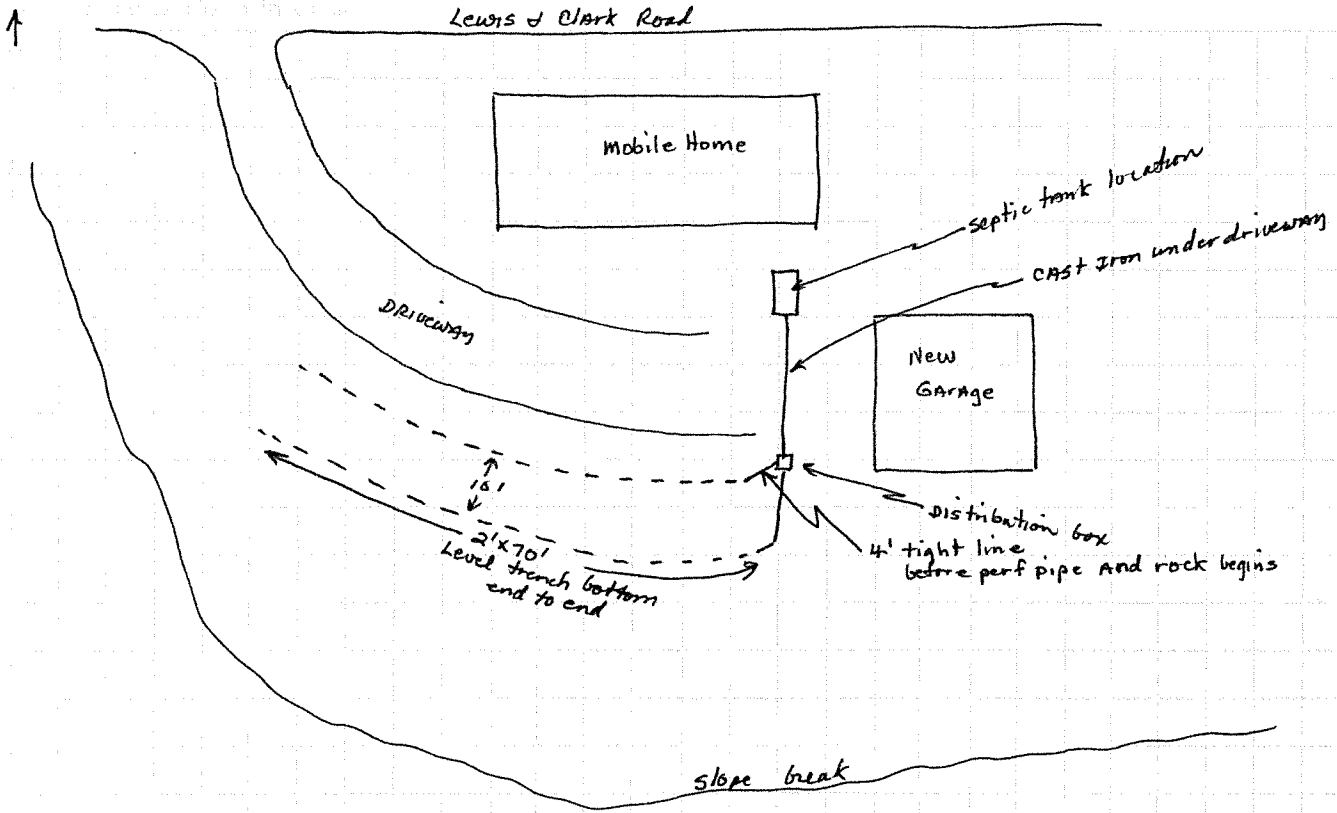
NO GUARANTEES EXPRESSED OR IMPLIED.

COPY

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

Property Owner James Kirker Date Nov. 4, 1982

Location: T. 7N R. 9W Sec. 7DB Tax Lot/Acct. No. 400



REMARKS: Limited area for repair. Maintain disposal trenches 18-24 inches deep if possible and no deeper depth will depend on the depth of the existing septic tank. Pump the existing septic tank if it has not been pumped in the last 4 years

FOR DEQ USE ONLY

Approved

Permit Number 82-3271 (Repair)

Disapproved

By: John L. Smith (SANITARIAN SIGNATURE) Nov. 4, 1982 (DATE)

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 9-10-82
Date Completed
Required Fee \$25.00
Receipt No. 25189
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
[X] Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify)

D.E.Q.
P.O. Box 869
Astoria Or
97103

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

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

For Applicant's Use - (Please Print)

James D. Kirker
7 North 9 West 703 400 Clatsop
Lewis + Clark Water district
Mobile home 3
Directions to Property: Rt 3 Box 316 - Lewis and Clark Road

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.

Signature (handwritten) Date 9/10/82
[X] Owner
[] Authorized Representative
[] S.D.S. License No.

Owner's Mailing Address: JAMES KIRKER, Rt. 3 Box 316, ASTORIA, OR 97103
Applicant's Mailing Address (if different)

Phone



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

APPLICATION FOR BUILDING PERMIT

7-9-7 DB 400

| | |
|--------------|-----------------|
| JURISDICTION | STATE OF OREGON |
| STATE OFFICE | ASTORIA |
| ADDRESS | P.O. BOX 951 |
| TELEPHONE | 325-4264 |

Applicant to complete numbered spaces only.

| | | | |
|--|-----------------|---|--|
| JOB ADDRESS | | | |
| 1 RT 3 Box 316 ASTORIA | | is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| IDENTIFYING NAME OF BUILDING | | COUNTY | |
| 2 Garage - JAMES D. KIRKER | | CLATSOP | |
| LEGAL DESCR. | LOT NO. | BLOCK | TRACT |
| 3 | TAX LOT NO. 400 | Township 7 | Range 9 W.M. Section No. 7DB |
| OWNER | | MAIL ADDRESS | ZIP PHONE |
| 4 JAMES D. KIRKER | | | |
| CONTRACTOR | | MAIL ADDRESS | PHONE LICENSE NO. |
| 5 | | | |
| ARCHITECT OR DESIGNER | | MAIL ADDRESS | PHONE LICENSE NO. |
| 6 | | | |
| ENGINEER | | MAIL ADDRESS | PHONE LICENSE NO. |
| 7 | | | |
| USE OF BUILDING | | | |
| 8 GARAGE | | | |
| 9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE | | | |
| Existing Sq. Ft. _____ Additional Sq. Ft. _____ | | | |
| 10 Describe work: Construct new garage | | | |
| 11 Change of use from _____ to _____ | | | |
| 12 Total area of building 400 Sq. Ft. | | No. of stories 1 | No. of bedrooms _____ |
| | | No. of living units or apts. _____ | Flood hazard zone <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 Declaration of Valuation of work \$ 1500 | | 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. | | ZONING Use Zone RA 1 Fire Zone _____ | |
| | | Zoning Permit No. 82-139 | |
| | | Date 8-12-82 Signature <i>Blaine Edwards</i> | |
| Signature of Contractor _____ (Date) _____ | | SANITATION Public _____ Private X | |
| Signature of Owner (If Owner Builder) _____ (Date) _____ | | DEQ Permit No. Record Review | |
| | | Date Aug 11, 1982 Signature <i>John Smith</i> | |
| | | DEPT. OF HUMAN RESOURCES - HEALTH DIVISION | |
| | | Public Swimming Pool No. _____ | |
| | | Date _____ Signature _____ | |
| 16 Directions to job-site. Draw map if necessary. | | | |
| 2 Sets Plans Zoning Letter | | | |

BP 25.00
No 1.00
PR 16.25
\$42.25

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 (for office use only)
TL 400 T R 9 Sec. 10 No. 3

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

CLATSOP COUNTY

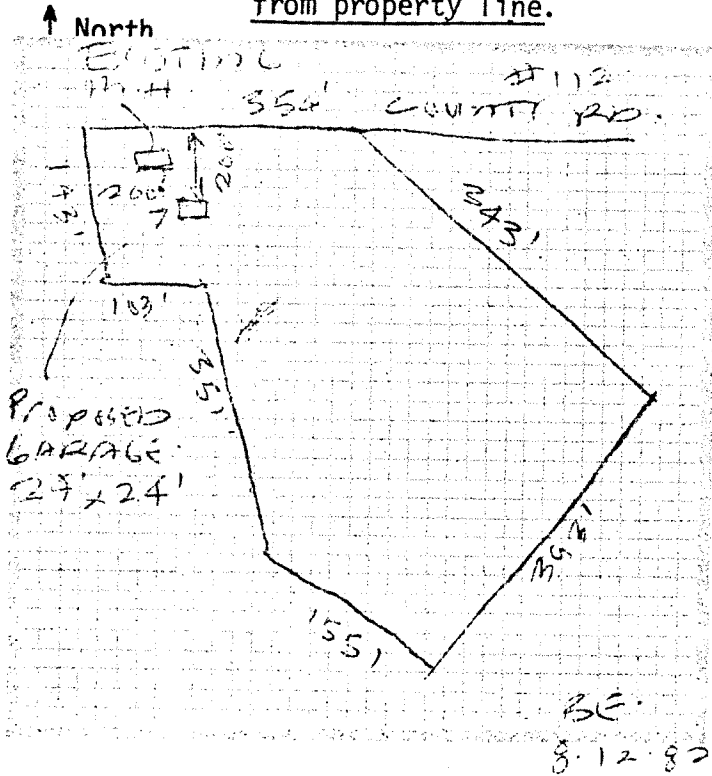
WATER AND LAND DEVELOPMENT PERMIT

Please Print Name James W. Markop Signature _____
Address 3112 _____
Telephone 325-2221 _____

Proposed Use or Activity _____

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.



- 2. Area of lot 4.00
- 3. Setbacks (from property line or road easement) 200'
Front yard: Left _____ Right _____
Side yard: Left 200' Right 200'
- 4. Water Source:
Private well or stream _____
Community water system _____
District LEWIS & CLATSOP
- 5. Building Height 12.5 feet
- 6. Other 20' x 24' GARAGE

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

- 7. Zoning Designation R-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 1 Easement _____
Other _____

10. Comments: _____

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

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

Signed James W. Markop
Date _____

April 14, 1972

C
James J. Morrell
1343 Madison Avenue
Astoria, Oregon 97103

Re: 4 acre lot. Sec. 7, T7, R9W, W4, Acct. #27-1.
Location: 1/2 mile past Netel Grange on West side of Lewis & Clark Road.

Dear Mr. Morrell:

O
P
This is in response to your telephone request for a letter stating the reasons for denial of your application to create more than one building site on the above entitled property. Our field report shows a clay soil condition that is not adequate for a subsurface disposal field as stated in the Oregon Administrative Rules Section 41-030 (1). There is an existing approved sewage disposal system in the only soil on the 4 acres that is acceptable for subsurface disposal of sewage effluent. This system was approved in October, 1971 by Buckley Vaughn, Clatsop County Sanitarian at the time.

Y
We are sorry if these regulations are in conflict with your economic goals and planned use of the above described property. Please be advised that this department is convinced that further development using subsurface disposal systems would create a public health hazard.

Thank you for your cooperation.

Sincerely yours,

CLATSOP COUNTY HEALTH DEPARTMENT

David W. O'Guinn, R.S.
Clatsop County Sanitarian

DWO/hj

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30

ASTORIA, OREGON 97103

April 10, 1972

James J. Morrell
1343 Madison Street
Astoria, Oregon 97103

RE: 4 acre lot. Sec. 7 T7 R9W WM, Acct. #27-1.
Location: $\frac{1}{2}$ mile past Netel Grange on Right
Side of Lewis & Clark Road.

Dear Mr. Morrell:

An inspection has been made of the above entitled property revealing at the present time no environmental difficulties that would result in rejection of a building permit application for a single family dwelling.

We hope that this will answer any questions you have concerning the development of the above property. If you have any further questions, please feel free to contact this department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

David W. O'Guinn, R.S.

David W. O'Guinn,
Registered Sanitarian

DWO/cw

NOTE: The above approval represents an evaluation based on the current rules and regulations under the jurisdiction of the Health Department. Check with the County Planning Department or your City Hall concerning the partitioning of land.

CC: Noel B. Rawls, M.D., County Health Officer

1343 MADISON ST.
ASTORIA ORE.

3-31-72

MR DAVID W. O'GUINN, R.S.
CLATSOP COUNTY SANITARIAN
857 COMMERCIAL ST.
P.O. BOX 206
ASTORIA OREGON 97103

DEAR MR. O'GUINN.

AS PER OUR CONVERSATION THIS A.M. 3-31-72

1. JAMES J. MORRELL PHONE 325-0634
1343 MADISON ST. 861-2067
ASTORIA, OREGON 97103

2. LOCATION.

APPROX. 5 MILES OUT LECLANKE ROAD FOR.
LANDWEIRD CORNER (MOBIL STATION)
1/2 MILE PAST NATEL GRANGE ON RIGHT SIDE OF
ROAD CRUSHED ROCK & EXCAVATION VISIBLE FROM
INSTALLING SEPTIC SYSTEM THIS WINTER.

3. MAP - 7-7-9 SPOT MAP - 797DB

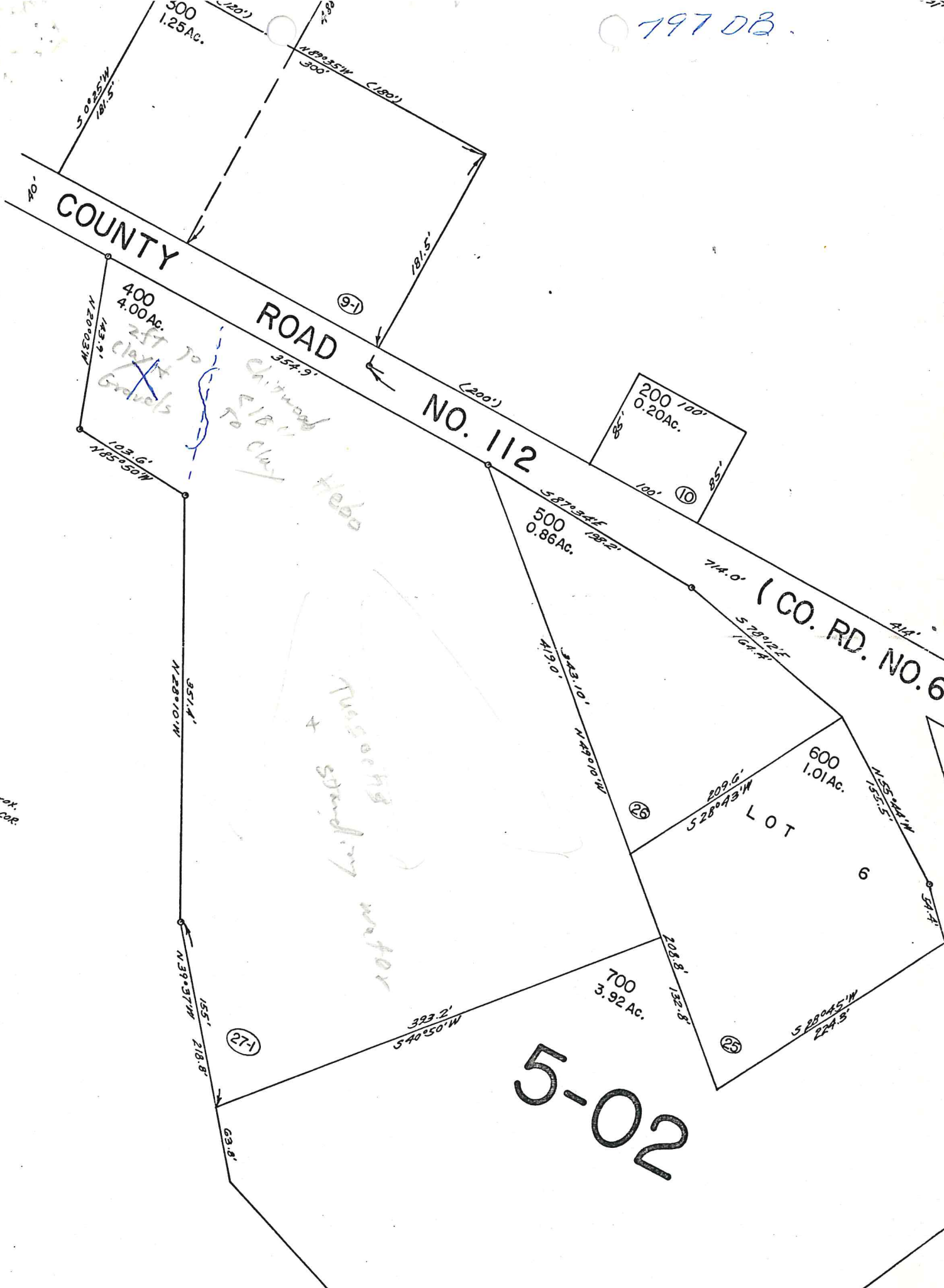
4. WATER SUPPLY - LEWIS & CLARK WATER DISTRICT
WATER LINE RUNS ALONG ROAD IN FRONT OF PROPERTY

5. LEGAL DESCRIPTION

SECTION 7 TOWNSHIP 7 - RANGE 9. WEST W/M.
ACCT # 27-1 7-9-7DB
James J. Morrell

197 DB

9 7CA



Approx. 1/16 COR.

5.02

709-7-400

BUILDING DEPARTMENT

CLATSOP COUNTY, OREGON

James Campbell

| | | | |
|--|-----------------|-----------------------|------|
| CLASS OF WORK | | Demolish | |
| Alteration | | Repair | |
| Addition | | Move | |
| Use of Building | | Height | |
| No. of Rooms | No. of Families | | |
| No. of Floors | Size of Lot | | |
| No. of Bldgs. | Use of Bldg. | | |
| Now on Lot | Now on Lot | | |
| SPECIFICATIONS | | | |
| FOUNDATION | | | |
| Material | Exterior | Piers | |
| Width of Top | | | |
| Width of Bottom | | | |
| Depth in Ground | | | |
| R. W. Plate | Size | Spacing | Span |
| Girders | | | |
| Joist—1st Floor | | | |
| Joist—2nd Floor | | | |
| Joist—Ceiling | | | |
| Exterior Studs | | | |
| Interior Studs | | | |
| Roof Rafters | | | |
| Bearing Walls | | | |
| COVERING | | | |
| Exterior Walls | Roof | | |
| Interior Walls | Reroofing | | |
| FLUES | | | |
| Fireplace | Fl. Furnace | | |
| Kitchen | Water Heater | | |
| Furnace | Gas | Oil | |
| I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction. | | | |
| Signature of Permittee | | <i>James Campbell</i> | |
| By | | | |

APPLICATION FOR BUILDING PERMIT

| | | |
|--|--------------------|----------|
| Bldg Permit No. | Date Issued | |
| 72-71 | | |
| Valuation | Basic Fee | |
| \$ | | |
| Area—1st Floor | (+) 50% I, II, III | |
| Area—2nd Floor | (-) 50% V, J | |
| Additional Area | Plan Checking Fee | |
| Area—Type V J | TOTAL | |
| CALLED INSPECTIONS | | |
| BUILDING | PLUMBING | ELECTRIC |
| Foundation | Rough | Rough |
| Frame | Septic Tank | Finish |
| Plaster | Sewer | Fixtures |
| Flues | Gas | Motors |
| Final | Finish | Final |
| SPECIAL INFORMATION | | |
| If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction. | | |

| | |
|--------------------------|--------------------|
| Map No. | St. No. Assigned |
| | |
| Field Check by | Date |
| | |
| PLANNING AND ZONING | |
| Type of Occupancy | |
| Total Floor Area | Total Height |
| No. Stories | Area of Lot |
| Area of Lot | Front Yard Setback |
| Front Yard Setback | Side Yard Setback |
| Side Yard Setback | Rear Yard Setback |
| Rear Yard Setback | New Const. |
| New Const. | Alter. |
| Change of Occupancy From | |
| To | |

APPROVED: COUNTY SANITARIAN
 By *David N. O'Brien R3*

APPROVED: COUNTY PLANNING COMM.
 By

APPROVED: BUILDING OFFICIAL
 By

Type of Construction: I, II, III, IV, V.
 Occupancy Group: A, B, C, D, E, F, G, H, I, J.
 Division 1, 2, 3, 4.
 Fire Zone: R1, R2, R3, R4, RA, AI, CI, C2, C3, M1, M2.
 Fire Zone: 1, 2, 3.

MORRELL, JAMES
 BUILDING ADDRESS: 1033 1/2 STREET
 CITY: SEASIDE, OREGON
 STATE LIC. NO.:
 SUBDIVISION:
 LOT NO.:
 BLK.:
 TYPE OF CONSTRUCTION: I, II, III, IV, V.
 OCCUPANCY GROUP: A, B, C, D, E, F, G, H, I, J.
 DIVISION 1, 2, 3, 4.
 FIRE ZONE: 1, 2, 3.
 FIRE HEATER: Oil
 SIGNATURE OF PERMITTEE: James Morrell
 DATE: 10/11/71

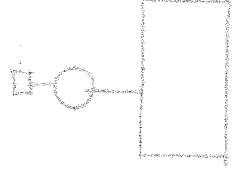
CLASS OF WORK
 New Demolish
 Alteration Repair
 Addition Move
 Use of Building Height
 Size of Building
 No. of Rooms No. of Families
 No. of Floors Size of Lot
 No. of Bldgs. Use of Bldg.
 Now on Lot Now on Lot

VALUATION
 Valuation \$
 Area—1st Floor
 Area—2nd Floor
 Additional Area
 Area—Type V J

DATE ISSUED
 Date Issued: 10-27-71

DATE
 Date: 10-27-71

PLANNING AND ZONING
 Type of Occupancy
 Total Floor Area
 No. Stories
 Area of Lot
 Front Yard Setback
 Side Yard Setback
 Rear Yard Setback
 New Const.
 Change of Occupancy From
 To



PLUMBING
 Foundation
 Frame
 Plaster
 Flues
 Final

ELECTRIC
 Rough
 Finish
 Fixtures
 Motors
 Final

SEWER
 Septic Tank
 Sewer
 Gas

OTHER
 Rough
 Finish
 Fixtures
 Motors
 Final

APPROVED: COUNTY SANITARIAN
 By: [Signature]

APPROVED: COUNTY PLANNING COMM.
 By: [Signature]

APPROVED: BUILDING OFFICIAL
 By: [Signature]

SPECIAL INFORMATION
 If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

| DATE | ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS | WORKER |
|----------|---|--------|
| 10-11-71 | F.V. Dump for Co Bldg permit # 71-314 with Mr. Morrell. He plans to install the following now & bldg later: 900 gal Septic Tank dist Box 150 tile trenches, 3' wide, 2' apart. Left bulletin & diagram. Mr. Morrell will install his own system. Signed Co Bldg Permit. | BRW |
| 11-24-71 | F.V. Made inspection of Property - Ken Nelson did the work. It was installed as recommended. The ground has about 2 feet of top soil with a very rocky hard soil below. | R.G. |
| 11-14-72 | Sent letter to Mr. Morrell denigrating his use of 4 acres for more than one dwelling - see lot evaluation file. Signed Bldg permit # 72-71 for 3 bedroom mobile home on approved septic system. | BRW |

