

Agency Sign-off

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 90424 M & M Rd City: _____
Owner: _____ Phone: _____
Owners Address: _____
Agent: RA-1
Proposed Development/Construction: _____

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ) OR LOCAL SEWER DISTRICT:

Legal Description: T 7 R 09 SEC 07DD Tax Lot(s) 1300
Permit Needed - Yes () No (☒) Site Approved - Yes (☒) No ()
Signature: U. Schell Date: 8/1/12
Remarks: No DEQ permit needed

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT (signature of water district required)

Gallons per minute _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Water Resources Dept, 725 Summer St NE, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: N/A Number of Hydrants: N/A Hydrant Location (s): N/A
Signature: Jeffrey W. Delightly Title: Fire Chief Date: 7/25/12
Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

Internal Use Only:

<input type="checkbox"/> Proof of Legal Lot Status (if substandard in size)	<input checked="" type="checkbox"/> Agency Sign-Off Sheet
<input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)	<input type="checkbox"/> Proof of Potable Water
<input type="checkbox"/> Pre-Elevation Certificate (if necessary)	<input type="checkbox"/> Proof of a DEQ Approved Sanitary System
<input checked="" type="checkbox"/> Application signed by the owner and applicant	<input type="checkbox"/> Average Grade Calculations
<input checked="" type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc.	<input type="checkbox"/> Address Request (if necessary)
<input checked="" type="checkbox"/> Erosion Control & Drainage Plan	<input checked="" type="checkbox"/> 2 Sets of Building Plans
<input checked="" type="checkbox"/> Road Access Permit from the County or ODOT	<input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL?

Public Rd.

163'

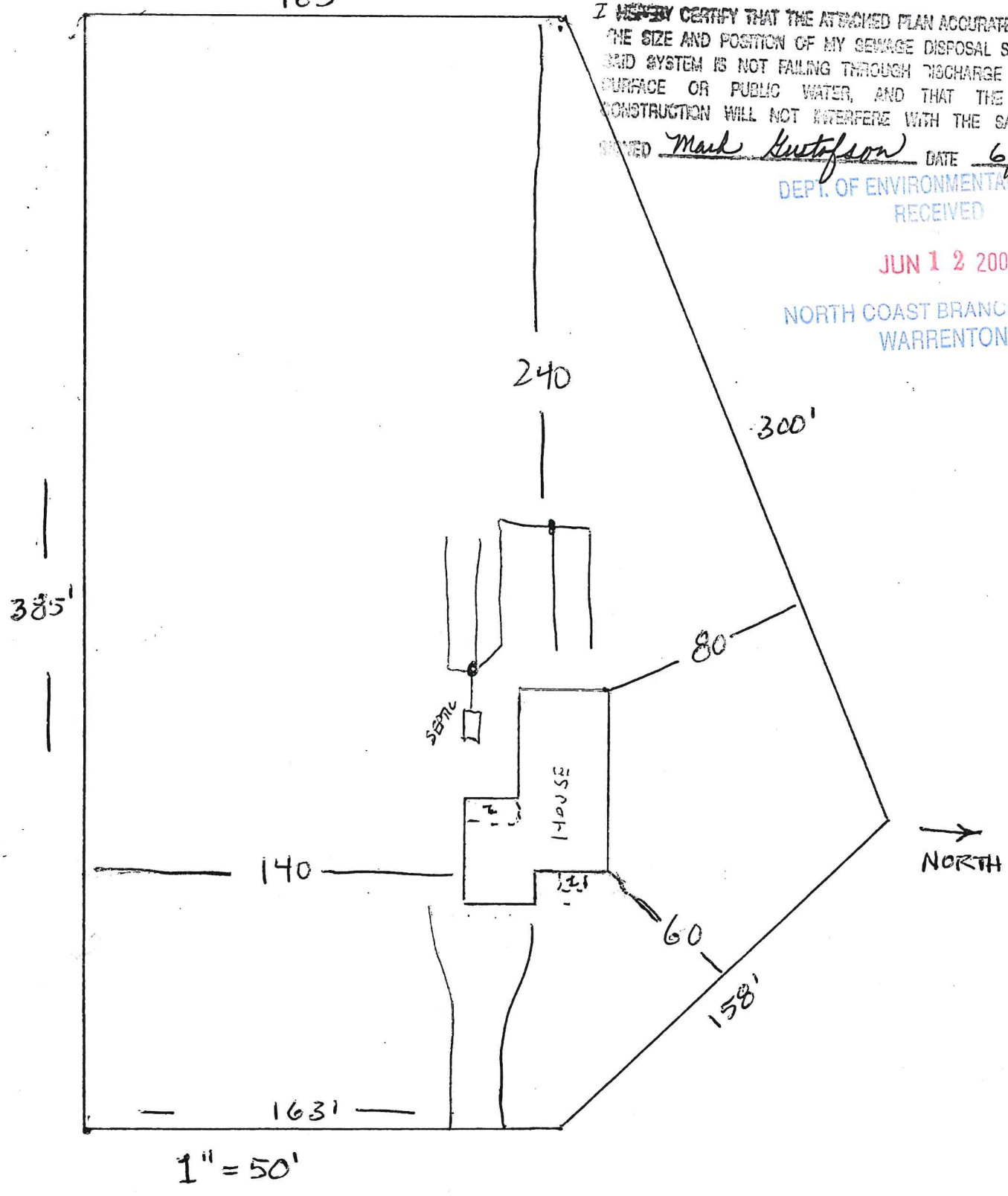
I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO GROUND SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SIGNED Mark Gustafson DATE 6/8/06

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 12 2006

NORTH COAST BRANCH OFFICE
WARRENTON



GUSTAFSON HOUSE -
90424 MEM ROAD
ASTORIA 97103

T 7N, R 9W, 7 DD, T.L. 1300

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 90424 MEM ROAD City: ASTORIA, OR
Owner: MARIL & MELINDA GUSTAFSON Phone: 325-3680
Owner's Address: SAME
Agent: RUSS TAGGARD

Proposed Development/Construction: ADD FRONT ENTRY & FILL IN PATIO AREA UNDER CURRENT ROOF

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 7N R 9W SEC 7DD Tax lot(s) 1300

Permit Needed - Yes () No (☒) Site Approved - Yes (☒) No ()

Signature: [Signature] Date: 6-7-06

Remarks: NO DEQ NCDD REQUIREMENTS - NO EXPANSION
OUTSIDE EXISTING FOUNDATION - NO BED ROOMS BEING ADDED

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

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

Signature: _____ Title: _____ Date: _____

Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____

Zone: _____ Overlay District: _____

Development Permit - Yes () No (☒) # _____

Flood Plain - Yes () No (☒) Elevation Requirements: _____

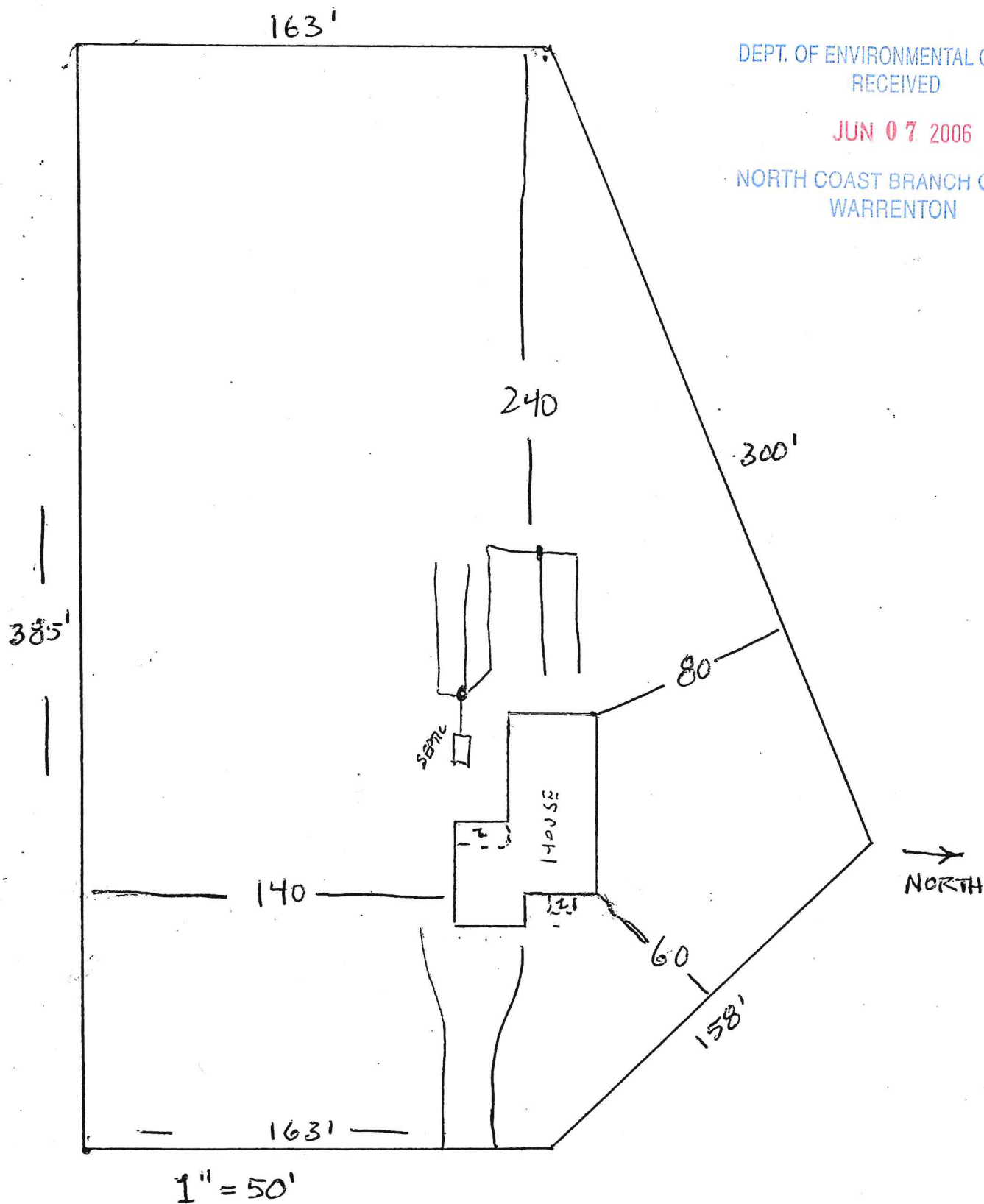
Geologic Hazard - Yes () No (☒) Special Construction Requirements? - Yes () No (☒)

Signature: _____ Title _____ Date: _____

Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 07 2006

NORTH COAST BRANCH OFFICE
WARRENTON

GUSTAFSON HOUSE -
90424 MEM ROAD
ASTORIA 97103

T 7N, R 9W, 7 DD, T.L. 1300

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 07 2006

NORTH COAST BRANCH OFFICE
WARRENTON

GUSTAFSON HOUSE - ASTORIA
RUSS TASSER DESIGN
1/4" = 1'

NEW FOUNDATION

18'6"

9'

FAMILY ROOM

NEW FOUNDATION

5'

8'

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in his order

SITE INFORMATION (to be filled out by applicant/owner/agent):

Address: 90424 M&M Road City: Astoria
Signature: Mark Gustafson Phone: 503-325-3680
Address: 90424 M&M Road

Proposed Development/Construction: construct pole building

CLATSOP COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Description: T 7 R 9 SEC 700 Tax Lot(s) 1300
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 11-30-04
Remarks: PROPOSED POLE BUILDING - NO PLUMBING

Clatsop County North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____
Zone: _____ Overlay District: _____

Development Permit - Yes () No () # _____
Flood Plain - Yes () No () Elevation Requirements: _____
Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
Signature: _____ Title: _____ Date: _____
Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT THE SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO GROUND SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SIGNED Mark Gusafson DATE 11/30/04

NORTH

Septic System

36ft. * 48ft. * 12ft.
Pole Building for

Mark Gusafson
90424 M&M Rd.
Astoria, Or. 97103
503-325-3686

EAST

Existing House

Existing Wood Shed

Existing Driveway

Proposed Building

+175ft.

+150ft.

M&M Road

56'-6"

395' 0.000"

NOV 30 2004
NORTH COAST BRANCH OFFICE
WARRENTON
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

15446

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 86-49

\$ 35.00
Fee☐ New Construction☒ Repair☐ OtherPermit Issued To Mark Gustafson
(Property Owner's Name)7 N
(Township)9 W
(Range)7 DD
(Section)1300
(Tax Lot / Acct. No.)Clatsop
(County)Lewis & Clark Rd.
(Road Location) Rt. 3 Box 339Lewis & Clark
(City) AreaJohn Odisio
(Issued by - Signature)May 27, 1986
(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 May 27, 1987TYPE OF SYSTEM Standard

Design Sewage Flow _____ Gal's/Day

Tank Volume 1250 GallonsDisposal Trenches ☐Seepage Bed(s) ☐

_____ Square Feet

Maximum Depth _____ inches.

Minimum Depth _____ inches.

_____ Linear Feet

Equal ☐ Loop ☐ Serial ☐ Pressurized ☐ Minimum Distance Between Trenches _____.Total Rock Depth _____ Inches. Below Pipe _____ Inches. Above Pipe _____ Inches. ☐ Rake SidewallSpecial Conditions (Follow Attached Plot Plan) Replace Septic Tank only. Minimum 1250 gallon
septic tank to accomodate 5 bedroom home.PRE-COVER INSPECTION REQUIRED - CONTACT Astoria- DEQ 325-8660**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference Locations

Installer _____

Final Insp. Date _____

☒ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340-71-170(2)Refer to cert. of completion
issued 8-15-85In 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.John Odisio
(Authorized Signature)Environmental Analyst
(Title)6/30/86
(Date)Astoria
(Office)

10925

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 84-17

Fee \$35.00
Clatsop County☐ New Construction☒ Repair☐ Other _____Raymond A. McEwen
(Property Owner's Name)7 north
(Township)9 west
(Range)7DD
(Section)1300 (1.36 acre)
(Tax Lot / Acct. No.)Route 3, Lewis & Clark Road, Box 334-B
(Road Location of Site)John L. Smits
(Issued By)Feb. 28, 1984
(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 Standard System

EXPIRATION DATE February 28, 1985

Existing

Tank Size 1250 Gallons Disposal Trenches ☒ Seepage Bed ☐ 240 Square Feet

Maximum Depth 36 inches. Minimum Depth 24 inches. 120 Linear Feet

Equal ☒ Loop ☐ or 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) Remove pipe and rock from ends of existing trench near barn and tie together with a gravel filled trench. Add two new 60 ft. trenches.

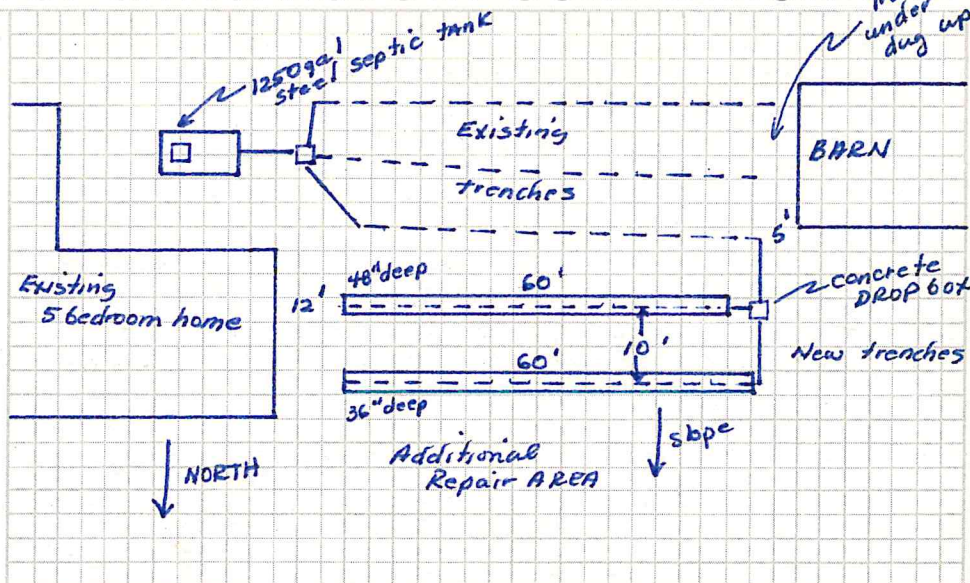
PRE-COVER INSPECTION REQUIRED - CONTACT John L. Smits 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations

Installer C.J. CARLSON Backhoe Service

Final Insp. Date April 6, 1984

☐ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340-71-170(2)Repair system for existing
5 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 1250 gal steel septic tank may need to be replaced during about the summer of 1987. The inlet and outlet baffel fittings were rusting but not enough to justify replacement at the time of this repair.

John L. Smits
(Authorized Signature)ENVIRONMENTAL ANALYST
(Title)8-15-85
(Date)Astoria DEQ
(Office)

FOR OFFICE USE ONLY

Date Test Holes Ready

STATE OF OREGON

Department of Environmental Quality
North Coast Branch Office
P. O. Box 869
Astoria, OR. 97103
325-8660

FOR OFFICE USE ONLY

Date Rec'd 5-21-86
Date Completed 7-11-86
Required Fee \$35.00
Receipt No. 33885
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) _____

*REPLACE TANK
only.*

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

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VICINITY OR TAX LOT MAP REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TEST HOLES REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
LAND USE COMPATIBILITY STATEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL ITEM(S) REQUIRED

_____*****
FOR APPLICANT'S USE — (Please Print)

Mark D. Gustafson

(Property Owner's Name)

7 N

(Township)

9 W

(Range)

7 DD

(Section)

1300

(Tax Lot/Acct. No.)

Clatsop

(County)

1.36 ac.

(Lot Size)

(Subdivision Name)

(Lot No.)

(Block No.)

(Private Water Supply, Specify Type)

Lewis & Clark

(Public Water Supply)

☒ Single Family Residence 5

(Number of Bedrooms)

☐ Other _____

(Specify)

Directions to Property: Lewis & Clark Road just past Tucker Creek Road.On right.

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.

Melinda Gustafson
(Signature)

5/21/86
(Date)

- ☐ Owner
☐ Authorized Representative
☐ S.D.S. License No. _____

Owner's Mailing Address

Rt. 3 Box 334-BAstoria, OR. 97103Phone 325-3680

Applicant's Mailing Address (if different)

Phone _____

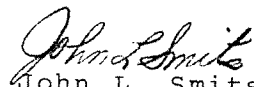
August 15, 1985

Mark Gustafson
Rt. 3 Box 339
Astoria, OR. 97103

Dear Mr. Gustafson,

We found that this final inspection record had not been completed and sent out. Hope not having it didn't cause any problems.

Sincerely,


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

North
←

Existing
5 bedroom
Home

Raymond McGwen

T. 7N., R. 9W., Sec. 7PD
T.L. 1300

Plot Plan
DEQ

John Smith

Existing
1250 gal
Septic tank

60'
NEW
TRENCHES

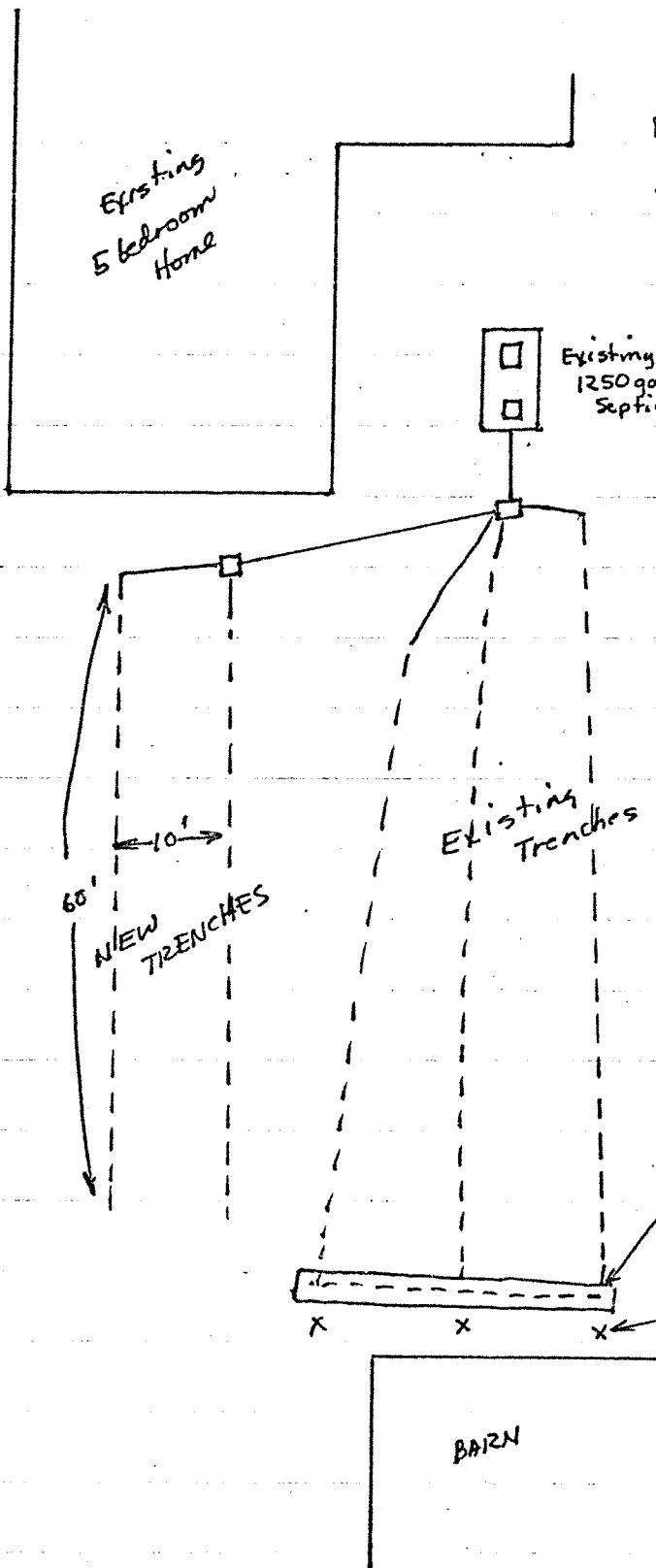
10'

Existing
Trenches

TIE ENDS of existing
trenches into
drainfield trench with
18" rock

Remove pipe and
rock for 5 feet
or so of existing
trenches.

BARN



FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready _____

Date Rec'd Feb 27, 1984
Date Completed _____
Required Fee \$35.00
Receipt No. 27209
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	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VICINITY OR TAX LOT MAP REQUIRED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
TEST HOLES REQUIRED	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO			
LAND USE COMPATIBILITY STATEMENT	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL ITEM(S) REQUIRED _____

FOR APPLICANT'S USE — (Please Print)

Raymond F. McQuinn
 (Property Owner's Name)

<u>7 North</u> (Township)	<u>9 West</u> (Range)	<u>7DD</u> (Section)	<u>1300</u> (Tax Lot/Acct. No.)	<u>Clatsop</u> (County)
_____ (Subdivision Name)	_____ (Lot No.)	_____ (Block No.)	_____ (Lot Size)	<u>1.36 AC</u>
<u>Lewis Clark</u> (Public Water Supply)	_____ (Private Water Supply, Specify Type)			

☐ Single Family Residence _____
 (Number of Bedrooms) 5

☐ Other _____
 (Specify)

Directions to Property: _____

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.

C. J. Carlson
 (Signature)

Feb 27, 1984
 (Date)

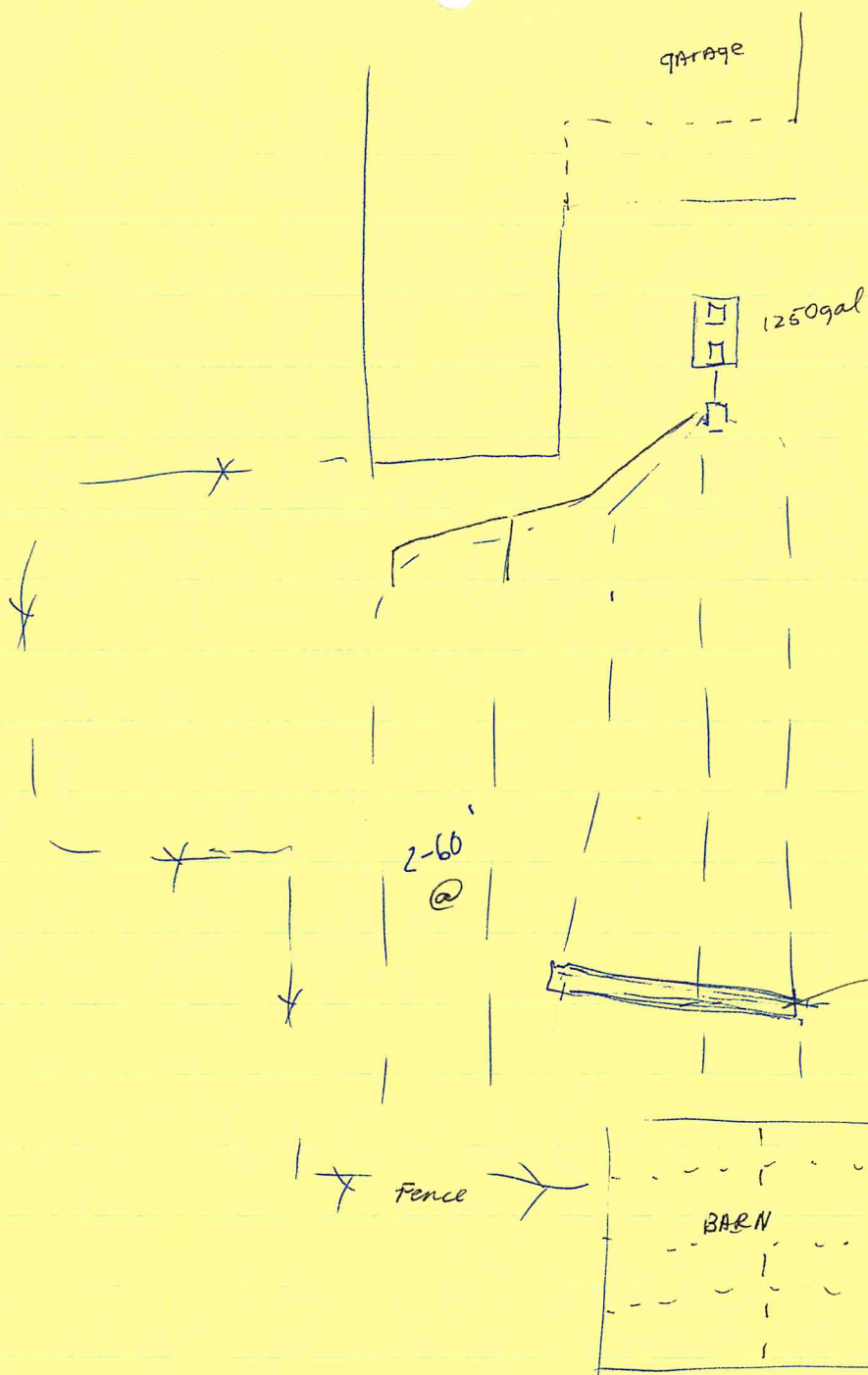
☐ Owner
☐ Authorized Representative
☒ S.D.S. License No. _____

Owner's Mailing Address _____

Applicant's Mailing Address (if different) _____

Phone _____

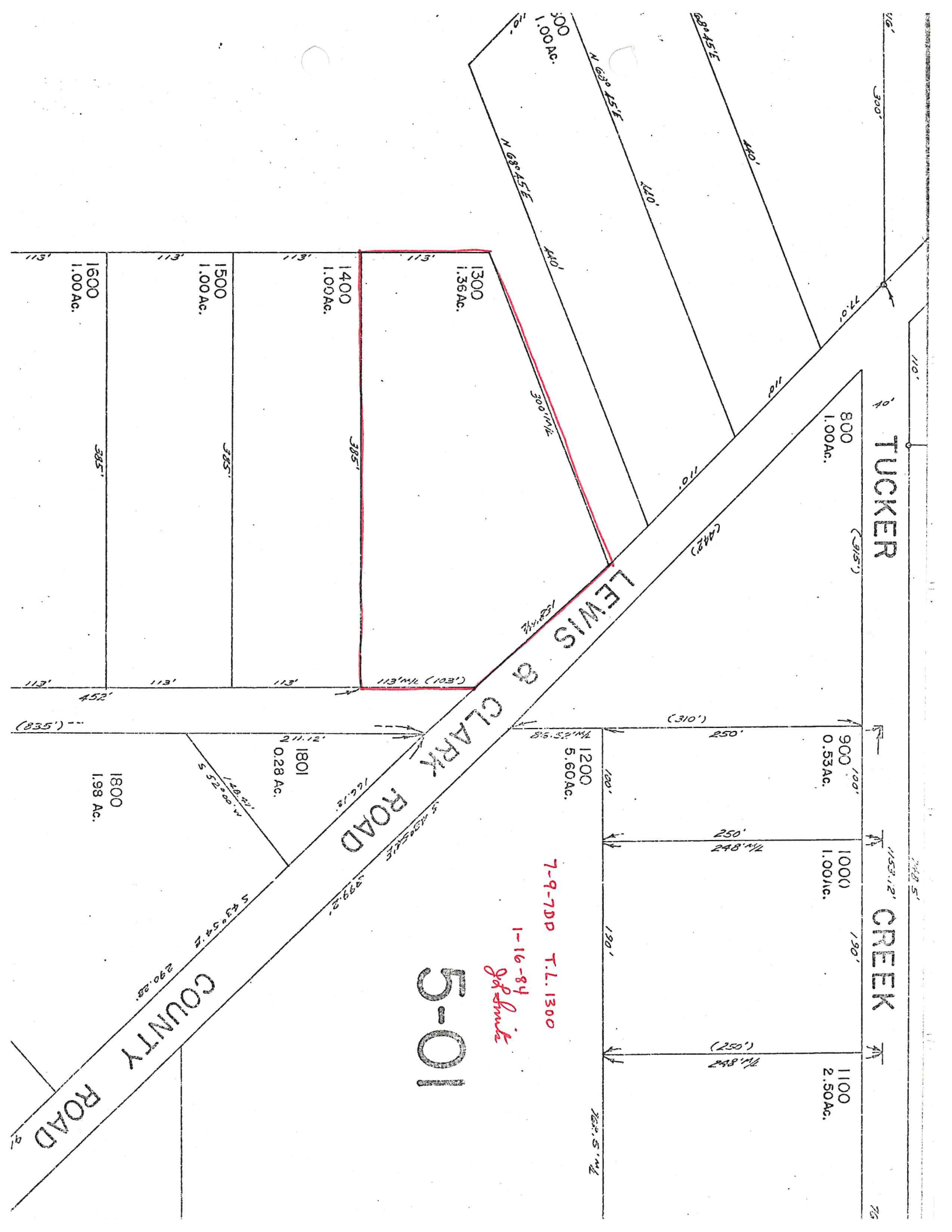
Phone _____



1-16-84

mcwren/Darling/Kee

@ 0-26" DK brn, weak subcl blocky si loam
26-30" r yellow brn sil.



M. Ewen
Feb 6, 81

#1 13" U₂O

#2 36" U₂O

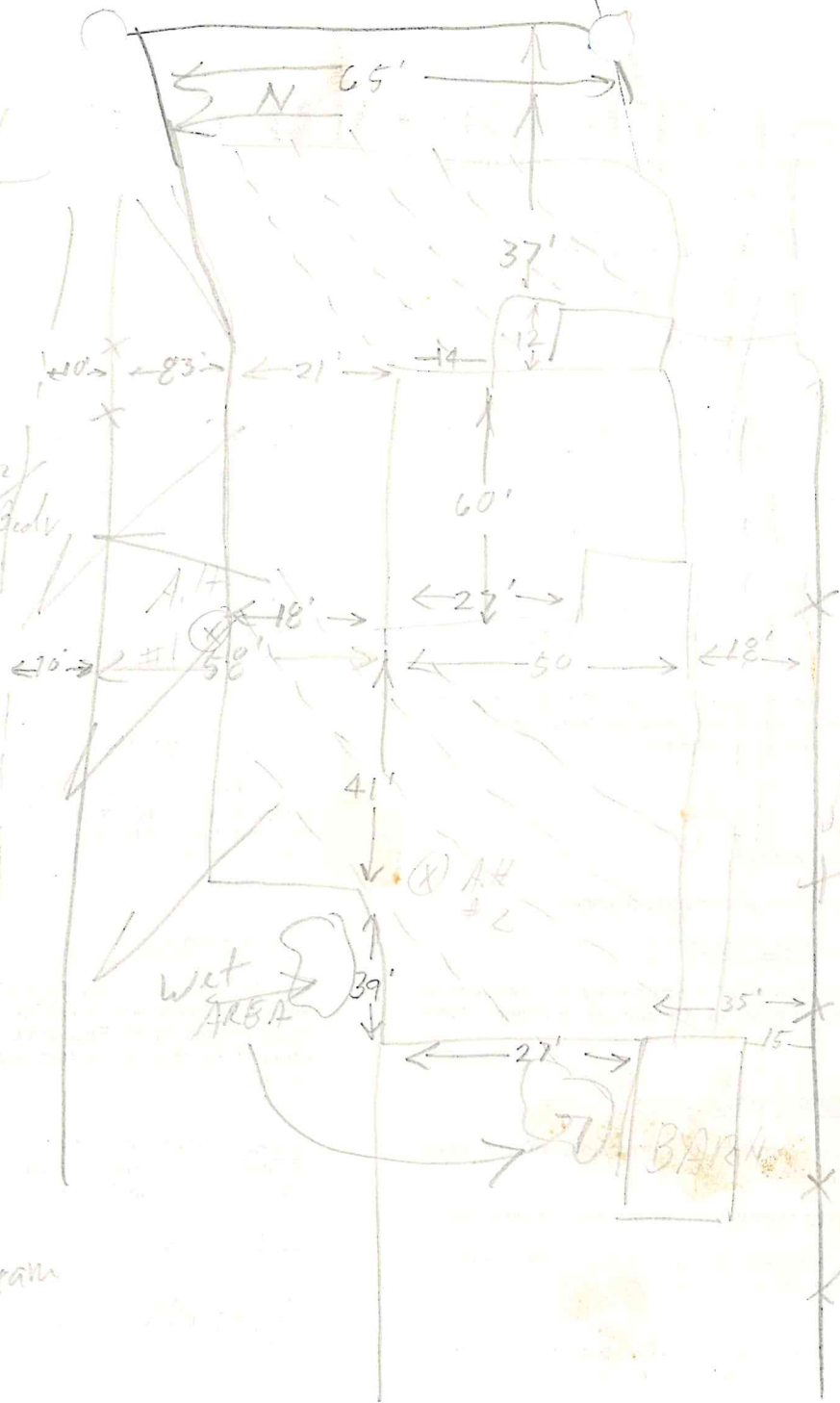
0-24 Sil / SicL

20 → 30

700 ft²

Body

Int Stream



4-13-70: F.V. New 5 bedroom house to be built. ^{OWNER} Lay formation at 18". Wat or table at 24".
 House calls for daylight basement. 2 be om & laundry 1st floor.
 To be State GI loan. Recommended no basement - all living units on 1st floor. Mr. Carl Hill will talk to Mr. McEwan.

5-18-70 F.V. Insp of property for C Bldg permit #70-92
 I have been there before with Carl Hill contractor. Req soil tests & location of disposal system.
 Recommended 1250 gal Septic tank dist Box. 250 tile trenches 3' wide, 7' apart. Mailed bulletin & diagram. ask Mr McEwan to call for insp before back filling. Signed to Bldg permit. DAV
 7-14-70 F.V. System installed by Ron Johnson. metal Septic Tank. OK BRV

BUILDING DEPARTMENT
CLATSOP COUNTY, OREGON

APPLICATION FOR BUILDING PERMIT

Bldg Permit No.

Date Issued

CLASS OF WORK

ALTY	REST	35 STREET	ame	dress	ity	ame	ress	ity	ate Lic. No.	ame	dress	ity	ate Lic. No.	Division	it. No.	709 100	# 1300	Type of Construction: I, II, III, IV, V.	ancy Group: A, B, C, D, E, F, G, H, I, J.	Division 1, 2, 3, 4.	Fire Zone: 1, 2, 3.										
Alteration	Addition	Use of Building	Size of Building	No. of Rooms	No. of Floors	No. of Bldgs.	Now on Lot	Now on Lot	Material	Width of Top	Width of Bottom	Depth in Ground	R. W. Plate	Girders	Joist—1st Floor	Joist—2nd Floor	Joist—Ceiling	Exterior Studs	Interior Studs	Roof Rafters	Bearing Walls	Exterior Walls	Interior Walls	Fireplace	Kitchen	Furnace	Gas	Oil	Signature of Permittee	By	
Demolish	Repair	Move	Height	No. of Families	Size of Lot	Use of Bldg.	Now on Lot	Now on Lot	FOUNDATION	Exterior	Piers	Span	Spacing	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size	Size

PLOT PLAN

Valuation	Basic Fee	Area—1st Floor	Area—2nd Floor	Additional Area	Area—Type V J	TOTAL
\$ 22,659.30	92%	1719			32%	70
CALLED INSPECTIONS						
BUILDING PLUMBING ELECTRIC						
Foundation	Rough	Septic Tank	Finish	Plaster	Sewer	Fixtures
Flues	Gas	Motors	Final	Final	Final	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	No. Stories	Total Height	Area of Lot	Front Yard Setback	Side Yard Setback	Rear Yard Setback	New Const.	Alter.	Change of Occupancy From	To
COUNTY SANITARIAN											
By	Buckley R. Vaughan 5-18-70										
APPROVED: COUNTY PLANNING COMM.											
By											
APPROVED: BUILDING OFFICIAL											
By	on record 13 RV										