

## Annette Brodigan

---

**From:** Eileen Ystad  
**Sent:** Tuesday, July 09, 2019 12:17 PM  
**To:** Vance Swenson; Clancie Adams; Annette Brodigan; Alejandro Bancke; DeeAnne McCall (dee@pacifictitlecompany.com); Carlson, Jodi; Julia Decker; mendenhall2025@gmail.com; Adam Niles  
**Subject:** Partition Plat 2019-014  
**Attachments:** tp7\_9\_8c.pdf; PP2019-014-1.pdf; PP2019-014-2.pdf; PP2019-014-3.pdf

Good Afternoon,

Partition Plat 2019-014 was recorded Friday, June 28, 2019 as Instrument Number 201904499 for James Neikes. Attached is a copy of the partition plat along with an updated Assessor map.

The updated map and taxlot numbers are:

Parcel 1 70908C-400

Parcel 2 70908C-401

Please let me know if you have any questions. Thank you

Eileen Ystad

*Eileen Ystad  
Senior Cartographer  
Clatsop County Assessment & Taxation  
820 Exchange Street Suite 200  
Astoria, OR 97103  
503-338-3747*

*Site Evaluation \$500,727  
belongs to 7-9-8C-400*

7 09 08 C

A PARTITION OF THAT PROPERTY DESCRIBED IN INSTRUMENT # 201706028 CLATSOP COUNTY DEED RECORDS  
SITUATED IN THE SOUTHEAST 1/4 OF SECTION 7, AND THE SW 1/4 OF SECTION 8, T7N, R9W, W.M., CLATSOP COUNTY,  
OREGON

CURVE TABLE

DISTANCE BEARING

### DETAIL MAP



I, NETEL A. REIDENHALL, JR., DO HEREBY CERTIFY  
 THAT THIS IS A FULL, COMPLETE, AND TRUE  
 COPY OF THE ORIGINAL PLAY AS REFERENCED ABOVE.  
 \_\_\_\_\_  
 BY: *Netel A. Reidenhall Jr.*  
 CLATSOP COUNTY CLERK

PRIVATE ACCESS &  
PUBLIC UTILITY  
EASEMENT DETAIL

SEE CCSA MAP C-435

REGISTERED  
PROFESSIONAL  
LAND SURVEYOR

W. A. Mendenhall  
OREGON  
JULY 16, 1982  
501 A. A. Mendenhall, Jr.

RENEWAL DATE: 12/31/20

SURVEY BY:  
NEIL A. HENDENHALL JR  
059 HENDENHALL & ASSOC  
GEARHILL COURT  
OR 97130  
(503) 739-6363  
HENDENHALL2026@GMAIL.COM

SURVEY FOR:  
JAMES J. NEIKES  
34755 HIGHWAY 101 BUSINESS  
ATGLENDALE, OR 97103  
(503) 338-9153

EQUIPMENT:  
SERIAL NO. 630R  
TOTAL STATION  
CREK: NAK, JH, DNM, LH

EQUIPMENT:  
SOKKIA SET 530R  
TOTAL STATION  
CREW: NAM, JH, DS

SURVEY FOR:  
JAMES J. NEIKES  
34755 HIGHWAY 101 BUSINESS  
ASTORIA, OR 97103  
(503) -338-8153

SURVEY BY:  
NEIL A. NENDENHALL JR  
dba NENDENHALL & ASSOC  
PO BOX 2025  
GEARHART, OR 97130  
(503) -738-6363  
NENDENHALL2025@GMAIL.COM

SCALE 1"=30'





## PARTITION PLAT NO. 2019-014

A PARTITION OF THAT PROPERTY DESCRIBED IN INSTRUMENT # 201706028 CLATSOP COUNTY DEED RECORDS  
SITUATED IN THE SOUTHEAST 1/4 OF SECTION 7, AND THE SW 1/4 OF SECTION 8, T7N, R9W, W.M., CLATSOP COUNTY,  
OREGON

## TRAITS OF BEASTS

[illegible]

## MONUMENT NOTES

[illegible]

NOTE: COORDINATES ARE LOCAL ASSIGNED

| Symbol | Description                                                                         |
|--------|-------------------------------------------------------------------------------------|
| ⊞      | FOUND 3" CROWN Z BRASS CAP. ORIGIN CCSR MAP # B-5546                                |
| ⊙      | FOUND 3 1/4" ALUM CAP STAMPED "CLATSOP COUNTY SURVEYOR, HELD AS SW CORNER SECTION 8 |
| ■      | OTHER FOUND MONUMENT - SEE MONUMENT NOTES                                           |
| ⊙      | SET 5/8" X 30" REBAR WITH PLASTIC ORANGE CAP STAMPED "MENDENHALL L5 2001"           |
| ✓      | NOT TO SCALE                                                                        |
| ▲      | CALCULATED POSITION ONLY                                                            |
| —X—    | AGRICULTURAL WIRE FENCE                                                             |
| ---    | EASEMENT BOUNDARY - MON LINES: NEW EASEMENT (BOLD)                                  |

## INDEX

| SHEET # | 1 | INDEX MAP, BASIS OF BEARINGS, MONUMENT NOTES<br>LEGEND, PURPOSE                                                        |
|---------|---|------------------------------------------------------------------------------------------------------------------------|
| SHEET # | 2 | ACKNOWLEDGEMENT, APPROVALS, CERTIFICATE OF COUNTY CLERK,<br>SURVEYOR'S CERTIFICATE, DECLARATION, EASEMENTS, NARRATIVE. |
| SHEET # | 3 | DETAIL MAP, CURVE TABLE, LINE TABLE                                                                                    |

OTHER REFERENCE SURVEYS  
CCSR MAP 8-11517 CDDR  
BOOK 885, PAGE 16 CDDR  
BOOK 216, PAGE 51 CDDR  
BOOK 534, PAGE 459 CDDR  
BOOK 900, PAGE 711 CDDR  
INST # 201504798 CDDR  
INST # 201502429 CDDR  
INST # 201509186 CDDR  
INST # 201709351 CDDR

**SURVEY BY:**  
**DEIL A. MENDENHALL JR**  
**1010 S. MENDENHALL & ASSOC**  
**PO BOX 2025**  
**SEASIDE, OR 97138**  
**(503) 738-8363**  
**MENDENHALL2025@GMAIL.COM**

I DO HEREBY CERTIFY THAT THIS IS A FULL  
COMPLETE, AND TRUE COPY OF THE  
ORIGINAL PLAY AS REFERENCED ABOVE.

BY: [Signature] TSONG COUNTY CLERK

I, NEIL A. MENDENHALL JR. DO HEREBY CERTIFY THAT THIS IS A FULL COMPLETE, AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED ABOVE.

NEIL A. MENDENHALL JA., PLS 2001

## Site Evaluation - Single Family Dwelling

### PROPERTY INFORMATION

Property Owner: **Painter Blake C**

Township **7**, Range **09**, Section **08 C 0**

Property Location: **ASTORIA**

Tax Lot **00400**

Facility Type: **Single Family Dwelling**  
**4 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Serial**  
Total Trench Length: **300.00 Linear feet**  
Trench Spacing: **8.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **24.00 inches**  
Minimum Trench Depth: **18.00 inches**  
Drain Media Total Depth: **12.00 inches**  
Drain Media Below Pipe: **6.00 inches**  
Drain Media Above Pipe: **2.00 inches**

\*Minimum undisturbed soil between trenches

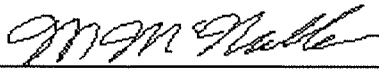
### ADDITIONAL CONDITIONS

- 1 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2 Vehicular traffic and livestock must be restricted from the system area.
- 3 Meet all required setbacks.
- 4 Each trench to be level and on contour.
- 5 Filter fabric is required over the drain media.
- 6 Each trench to be level and on contour.
- 7 Install with dry soil conditions.
- 8 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 9 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 10 All roof drains must be directed away from the system.

### INSPECTION REQUIREMENTS

- 1 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 2 A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

For pre-cover inspection information, contact your agent below:



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**5/10/2017**

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303

## SITE EVALUATION REPORT

Date: May 10, 2017

Dear Mr. Blake Painter:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the system described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County repair permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Blake Painter Application: # 500727 County: Clatsop

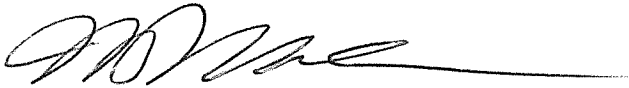
RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 7 / R 9 / S 8C Tax Lot#: 400

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact my office for more details.

This repair evaluation coincides with your application for a repair permit.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



Michael McNickle, MPH, MPA, REHS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department



## FIELD WORKSHEET

App. Name: **Blake Painter**    Application #: **500727**    County: **Clatsop**

RE: **SITE EVALUATION REPORT** for Township/Range/Section: **T 7 / R 9 / S 8C** Tax Lot#: **400**

Commercial Facility:   ☐ Yes   ☒ No    Parcel Size: **5 acres.**

### APPROVED SYSTEM SPECIFICATIONS

Design flow: **450 gpd**    Max # of bdrms: **4**

| Initial System                                                                                                                                                                                                                                                                 | Repair System                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other                                                     | <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter<br><input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other                                                     |
| Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other<br><input type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required | Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other<br><input type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required |
| Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial                                                                                                                                                                                 | Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial                                                                                                                                                                                 |
| Absorption facility: <u>300 linear. ft</u> Disposal facility: <u>600 sq. ft</u><br><br>24       " Max Depth    18       " Min Depth                                                                                                                                            | Absorption facility: <u>300 linear. ft</u> Disposal facility: <u>600 sq. ft</u><br><br>24       " Max Depth    18       " Min Depth                                                                                                                                            |

| Test Pit | DEPTH | TEXTURE         | SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.                                             |
|----------|-------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| #1       | 60"   | Sandy Clay Loam | 0" – 24" Loamy sand/topsoil – 10YR 3/2<br>24" – 55" Sandy Clay Loam - 7.5 YR 3/2<br>55" – 60" Saprolite, breakable<br>No redox features<br>ESD = 50"+ |
| #2       | 60    | Sandy Clay Loam | 0" – 24" Loamy sand/topsoil – 10YR 3/2<br>24" – 55" Sandy Clay Loam – 7.5 YR 3/2<br>55" – 60" Saprolite, breakable<br>No redox features<br>ESD = 50"+ |

Landscape Notes: **New 4 bedroom home**

Slope: **5-10%**

Aspect: **west to east**

Groundwater Type: **N/A at 60"**

### **Additional Conditions of Approval**

1. A standard gravity system with 300 linear feet of drainfield required.
2. Maximum depth is 24 inches; minimum depth is 18 inches.
3. An effluent filter is required.
4. Setbacks must be maintained.
5. Must be installed in dry soil conditions.
6. Any alteration of natural soil conditions (i.e. cutting or filling) in the repair area may void this approval.
7. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
9. Initial system must be staked out prior to release of construction permit.
10. Installer may stake out system within the area of Test pit 1 and 2 as topography allows.

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MAY 09 2017

CLATSOP CO. PUBLIC HEALTH

5/8/17

County

2017/05/08/400

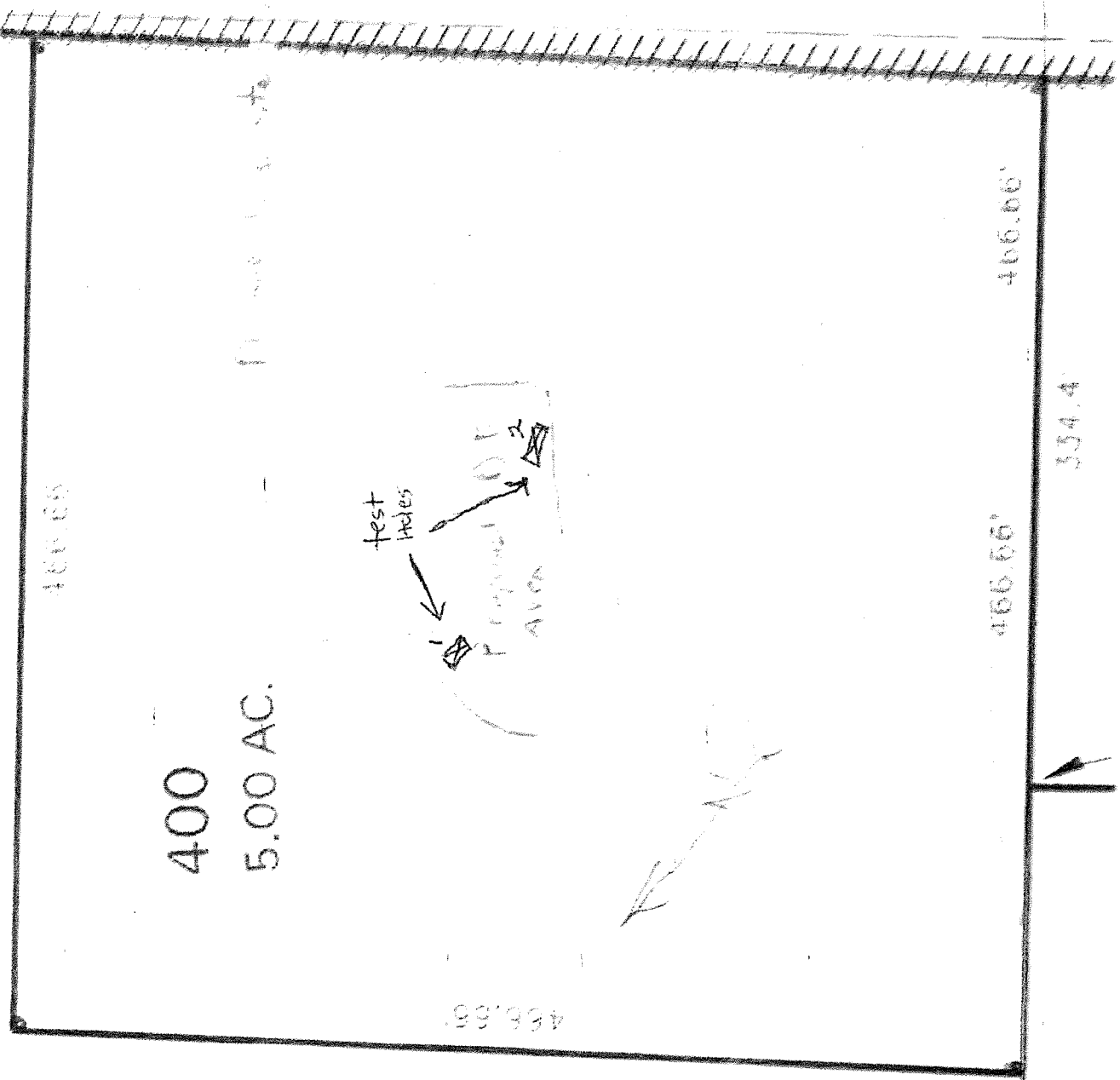
\* Prop 17th Place

\* 1200' 100' 100'

\* 1st Water to be

Drain for a point

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By A. Penick  
Permit No. 250022  
Date 5/10/17





500727  
\$789.00

Clatsop County  
www.co.clatsop.or.us  
Environmental Health  
820 Exchange Street, Suite 100  
Astoria, Oregon 97103  
Phone 503 325-8500  
mmcknickle@co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

## Application for Onsite Sewage Treatment System

### A. Property Owner Information

Name Blake Painter Mailing Address (Street, PO Box, City, State, Zip) 90534 Rip Christensen Rd Astoria OR 97103 Phone Number (503) 325-8041

### B. Legal Property Description

Township TN Range 9W Section 8C Tax Lot 400 Tax Account Number 15482 Acreage or Lot Size 5 ACRE  
County Clatsop Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: V/L Adjacent to 90534 Rip Christensen Rd  
(Street, City, State, Zip)

Directions to Property take tucker Creek Rd, East off Logan Rd, Approx 1/2 mile east on tucker Creek Rd  
take left on Rip Christensen Rd to End of Road, Parker East Side of Road. top of Grass Hill  
is property

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

Existing Facility  
☐ Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
☐ Other \_\_\_\_\_

Proposed Facility  
☒ Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
☐ Other \_\_\_\_\_

Water Supply  
☒ Public YRLC  
Name \_\_\_\_\_  
☐ Private  
Well, Spring, Shared \_\_\_\_\_

### D. Type of Application

- ☒ Site Evaluation  
☐ Construction  
☐ Permit Repair  
☐ Major  
☐ Minor  
☐ Alteration Permit  
☐ Major  
☐ Minor
- ☐ Renewal Permit  
☐ Existing System Evaluation  
☐ Permit Transfer  
☐ Permit Reinstatement
- ☐ Authorization Notice for:  
☐ Connecting to an Existing System Not in Use  
☐ Replacing a Mobile Home or House with Another  
☐ Mobile Home or House  
☐ The Addition of One or More Bedrooms  
☐ Personal Hardship  
☐ Temporary Housing  
☐ Other-Please Specify \_\_\_\_\_

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

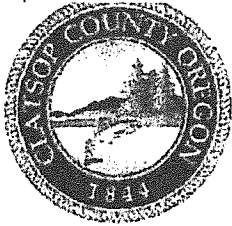
Signature Flint M Carlson Date 5/8/2017

Applicant's Name (Please Print Legibly) Flint M Carlson - Carlson Contracting, Inc. Applicant's Phone (503) 861-2408 Applicant's E-Mail Address carcon@pacifier.com

Applicant's Mailing Address P.O. Box 157, Hammond, OR 97121

Applicant is the ☐ Owner ☒ Authorized Representative  
☒ Authorization Attached

☒ Licensed Septic Installer  
Installers Name Carlson Contracting, Inc



**Clatsop County**  
 Community Development  
 800 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8611 Fax 503 338-3606  
 comdev@co.clatsop.or.us www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

### Notice Authorizing Representative

★ I, Blake Painter, have authorized  
 (Property Owner - Please Print)

Carlson Contracting, Inc. To act as my agent in performing  
 (Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

#### PROPERTY IDENTIFICATION

V/L Adjacent to : 90534 Rip Christensen Rd, Astoria OR 97103  
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7N Range 9W Section 8C Tax Lot 400 Map ID 15482  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

#### PROPERTY OWNER:

Name: Blake Painter Email: \_\_\_\_\_

Mail Address: 90534 Rip Christensen Road City/State/Zip Astoria, OR 97103

★ Phone: 503-440-1523 FAX: \_\_\_\_\_

★ Signature: [Signature] Date: 5/8/2017 | 15:14:18 PM PDT  
 DocuSigned by:  
 280F7821D854492...

#### AUTHORIZED REPRESENTATIVE:

Name: Carlson Contracting, Inc Email: carcon@pacifier

Mail Address: P.O. Box 157 City/State/Zip Hammond, OR 97121

Phone: (503) 861-2408 FAX: (848) 260-5126

Signature: [Signature] Date: 5/8/2017

## SECTION 1 - TO BE COMPLETED BY APPLICANT

RECEIVED

1. Applicant Name/Property Owner: Blake Painter  
Mailing Address: 90534 Rip Christensen Rd  
City/State/Zip: Astoria, OR 97103  
Telephone: (503) 325-8041
2. Property Information:  
County: Clatsop Tax Lot No: 400 / Tax Acct # 15482  
Township: 7 N Range: 9 W Section: 8C  
Physical Address: V/L on Rip Christensen Road  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_
3. This proposed facility is for:  
☒ An individual, single family dwelling  
☐ Describe the type of development, business or facility and the provided services or products: \_\_\_\_\_
4. Permit or approval being requested:  
☒ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration  
☐ Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)  
☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom Addition  
☐ Other changes in land use involving potential sewage flow increases

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

5. Property Zoning: RA-1 Zoning Minimum Parcel Size 2 acres
6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB
7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

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

- ☒ Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)  
☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)  
☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

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

LWDUO # 80-14, Section 3.180, Type I use

8. Planning Official Signature: Julia Decker  
Print Name: JULIA DECKER Date: 5/9/2017  
Title: PLANNER Telephone: 503/325-8611



CLATSOP CO. PUBLIC HEALTH

MAY 09 2017

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5/8/17

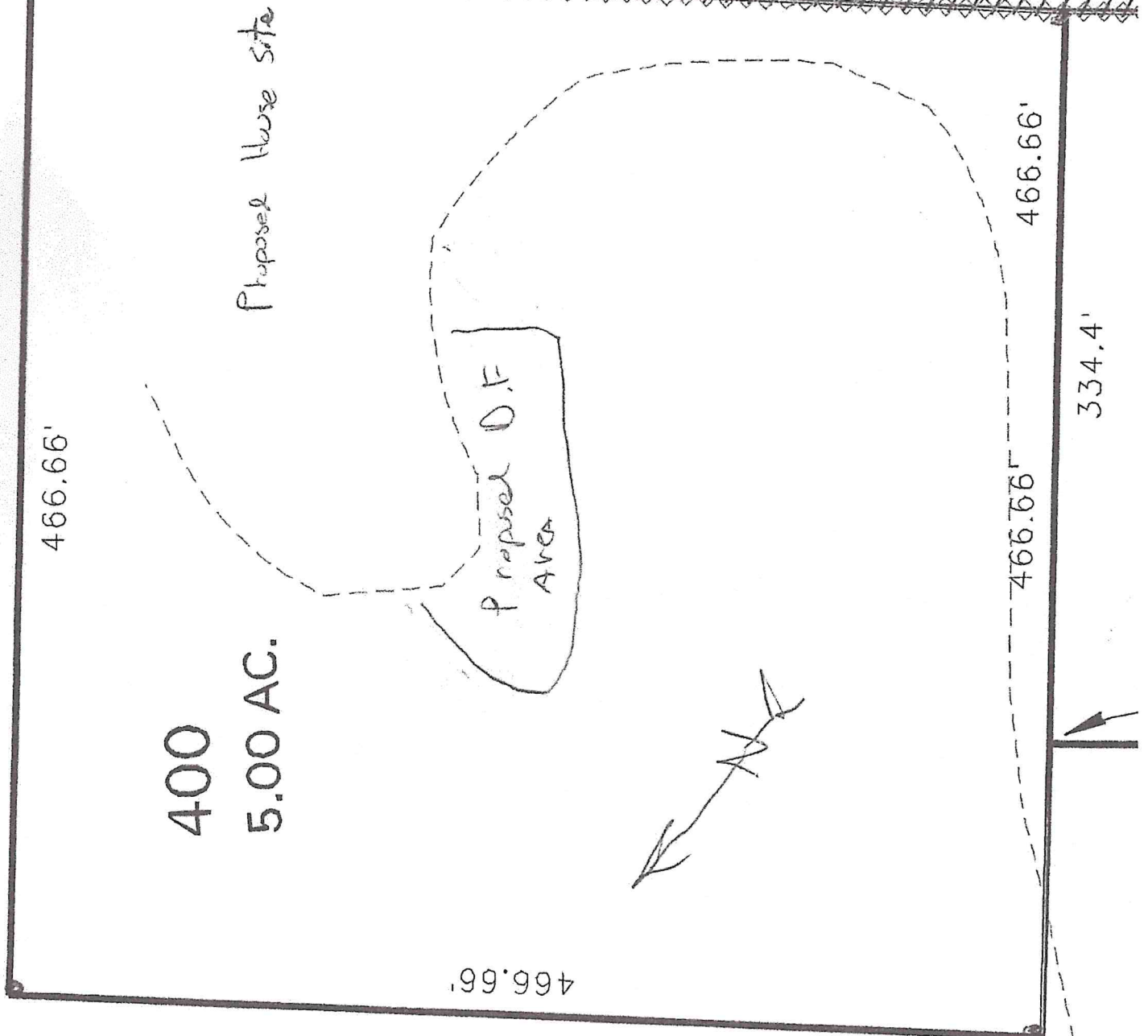
Painter

7/19/90/90/400

\* Prop Pin Have  
Been Located

\* test Hole to be  
Dug upon site visit

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By M. Henckle  
Permit No. #500027  
Date 5/10/17





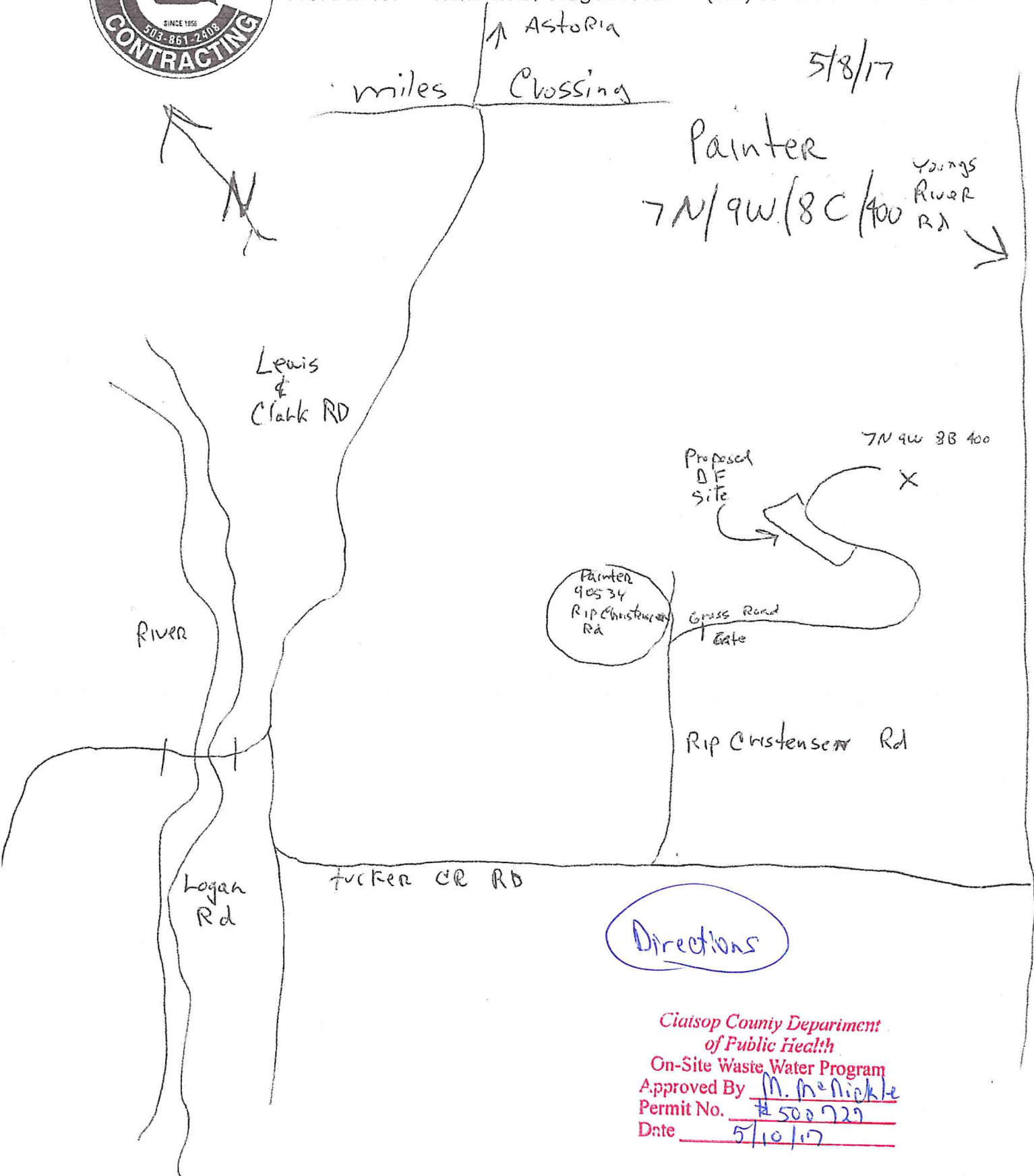
# Carlson Contracting, Inc.

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MAY 09 2017

CLATSOP CO. PUBLIC HEALTH

P.O. Box 157 • Hammond, Oregon 97121 • (503) 861-2408 • CCB #83416



Directions

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By M. McNickle  
Permit No. #500729  
Date 5/10/17

Cancelled  
Accounts

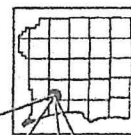
1402  
1403  
1404  
1405  
1406  
1407  
1408

4/8/5

Painter

$$7N/qw/8c/400$$

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CLATSOP CO. PUBLIC HEALTH

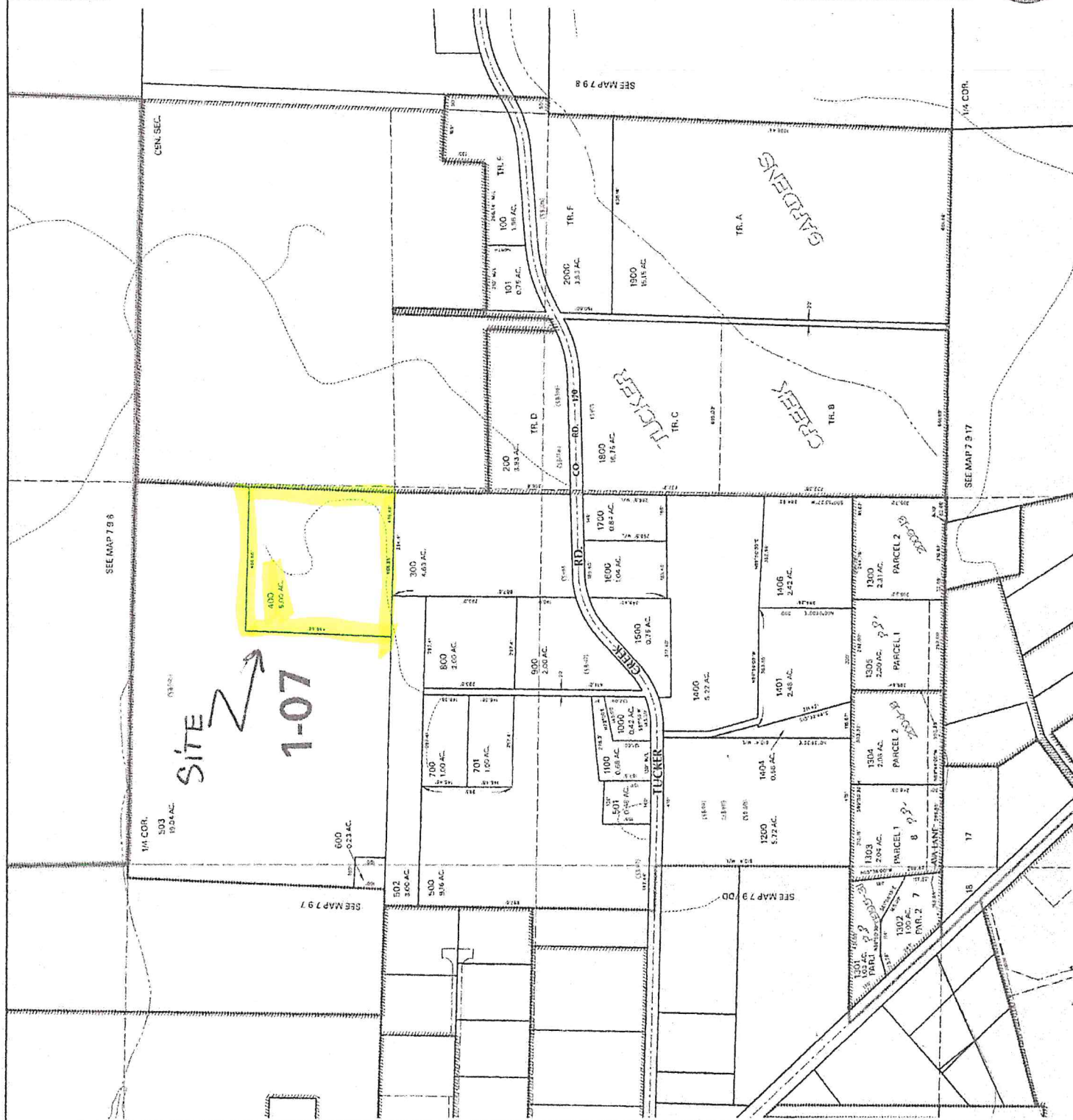
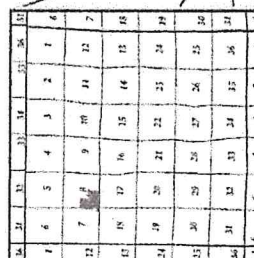


February 01, 2017

### 7.9.8C



The steps we outlined in our recent paper aren't what Citicorp Citicard does. The idea is mentioned by Citicorp Citicard, but it doesn't go through as far as we would like.







## Septic Application

Clatsop County Public Health Department  
820 Exchange St Ste 100  
Astoria, OR 97103  
Ph. (503) 325-8500

### For Department Use Only

Permit #: 500727  
Permit Type: Site Evaluation  
Entry Date: 5/9/2017  
Issued By: Nancy Mendoza  
  
Permit  
Status: Entered

### Permit Timeline

| User          | Status  | Date       |
|---------------|---------|------------|
| Nancy Mendoza | Entered | 05/09/2017 |

### Work Description

Work Description:

Remarks:

### Owner

Name: **Painter Blake C**  
Address: 90534 Rip Christensen Rd  
City, State, Zip: Astoria, OR 97103-8369

Ph. #: ( ) -  
E-Mail:

Cell: ( ) -  
Fax: ( ) -

### Applicant

Tom & Kelly Tussing  
460 W Marine Drive  
Astoria, OR 97103

Ph.                      Fax  
Cell                      E-Mail

### Fees

| <u>Fee Type:</u> | <u>Permit Fee:</u> | <u>DEQ Surcharge:</u> | <u>Planning Dept:</u> | <u>Other Fee's:</u> | <u>Permit Fee Total:</u> |
|------------------|--------------------|-----------------------|-----------------------|---------------------|--------------------------|
| Septic           | \$680.00           | \$100.00              | \$0.00                | \$9.00              | \$789.00                 |

### Receipt

| <u>Payor Name:</u>  | <u>Pymnt Type</u> | <u>Check #:</u> | <u>Pymnt Date</u> | <u>Pymnt Amount:</u> |
|---------------------|-------------------|-----------------|-------------------|----------------------|
| Tom & Kelly Tussing | Check             | 30428           | 05/09/2017        | \$789.00             |

**Balance Due:** \$0.00

### Compliance/Permit Requirements

### Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

JOHNS Dave

\*DEQ

709-

From:  
To:  
Subject:  
Date:

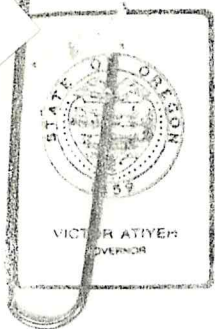
ILLINGWORTH Dennis \*DEQ  
JOHNS Dave \*DEQ  
Miller evaluation report 7N, 9W, 8C, 400. 1980  
Thursday, May 16, 1996 4:11PM

Dave,

These evaluations are both for standard systems. 375 feet of drainfield for a 3 to 4 bedroom house. Subject to all other conditions as noted on the evaluation report.

A review of the site may be made at the Sanitarians discretion at time of permit application. We will not be doing a courtesy review to see if the evaluation was correct.

Print and file. Thanks,  
Dennis



709-8C-400

## Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-  
Astoria Branch, 857 Commercial, Astoria, Oregon 97103 (503) 325-7441 X35

September 25, 1980

David R. Miller  
Route 1, Box 1038  
Clatskanie, Oregon 97016

RE: SS - 709-8C-400  
Clatsop County

Dear Mr. Miller,

On 9-18-80, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and nonwater-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

*Gerald R. Campbell*

Gerald R. Campbell  
Waste Management Specialist - DEQ

### RESTRICTIONS:

- 1) Provide an absorption area of 750 square feet with a minimum septic tank capacity of 1000 gallons ~~for~~ the proposed 3 bedroom house.
- 2) Place the drainfield in the approved area.
- 3) Maximum trench depth is NOT to exceed 36 inches.
- 4) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 5) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application, plot plan form enclosed).
- 6) This approval void if in conflict with any local planning or building regulation.

GRC/pkm

Enclosures



State of Oregon  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
CERTIFICATE  
OF FAVORABLE SITE EVALUATION FOR  
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM  
(Not a permit for construction)

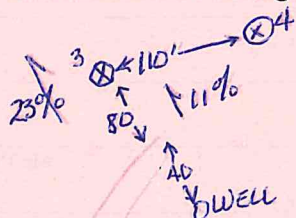
This is to certify that the following described property

709-8C-400 CLATSOP COUNTY OREGON

has been evaluated on September 18, 1980 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



All Holes are approved drainfield sites

Holes S H loam  
over Silty Clay loam

250 ft<sup>2</sup>/Bedroom

Serial Distribution

A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: September 25, 1980  
Date

To: David R. Miller  
Landowner

Route 1, Box 1038  
Address

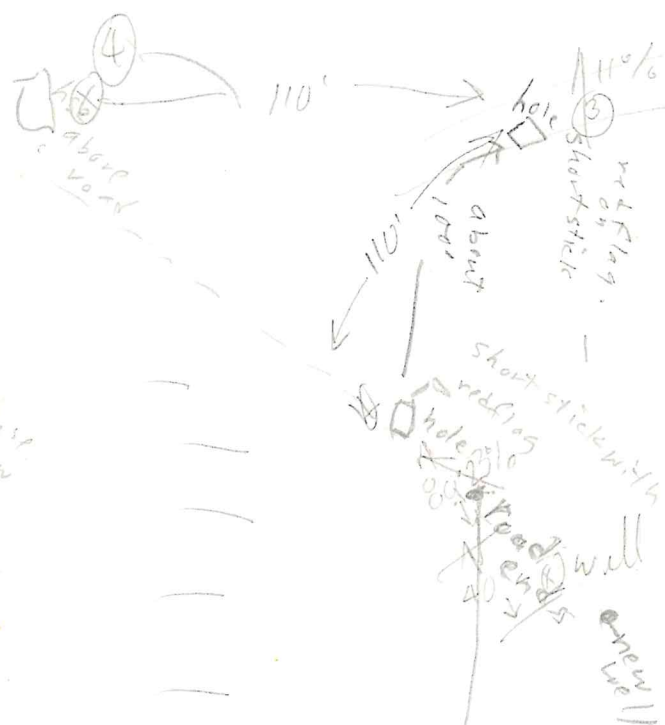
Clatskanie, Oregon 97106  
City State Zip

By Donald R. Campbell  
DEQ or Contract Agent

Brandon Hill  
Map

I would really appreciate  
this being completed soon,

709-80-400  
9-10-80  
3:00



③ 0-14 S.L  
14 → 39 S.C.L  
then to

$\text{O} \xrightarrow{\text{H}_2\text{SO}_4}$





709-8C-400

## Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97208 (503) 325-7441 X29  
Astoria Branch, 857 Commercial, Astoria, Oregon 97103 (503) 325-7441 X35

September 9, 1980

David R. Miller  
Route 1, Box 1038  
Clatskanie, Oregon 97016

RE: SS - 709-8C-400  
Clatsop County

Dear Mr. Miller,

On 9-5-80, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and nonwater-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

Gerald R. Campbell, RS  
Department of Environmental Quality

### RESTRICTIONS:

- 1) Provide two absorption areas of 750 square feet with a minimum septic tank capacity of 1000 gallons for a home of 1-3 bedrooms.
- 2) Place the primary drainfield in the area of testholes #1 and the alternate drainfield in the area of testholes #2.
- 3) Trench depth may vary from 24" to 30".
- 4) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 5) Submit a detailed plot plan and obtain a sewage disposal systems construction permit prior to construction (application, plot plan application enclosed).
- 6) This approval void if in conflict with any local planning or building regulations.

GRC/pkm

Enclosures

State of Oregon  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
CERTIFICATE  
OF FAVORABLE SITE EVALUATION FOR  
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM  
(Not a permit for construction)

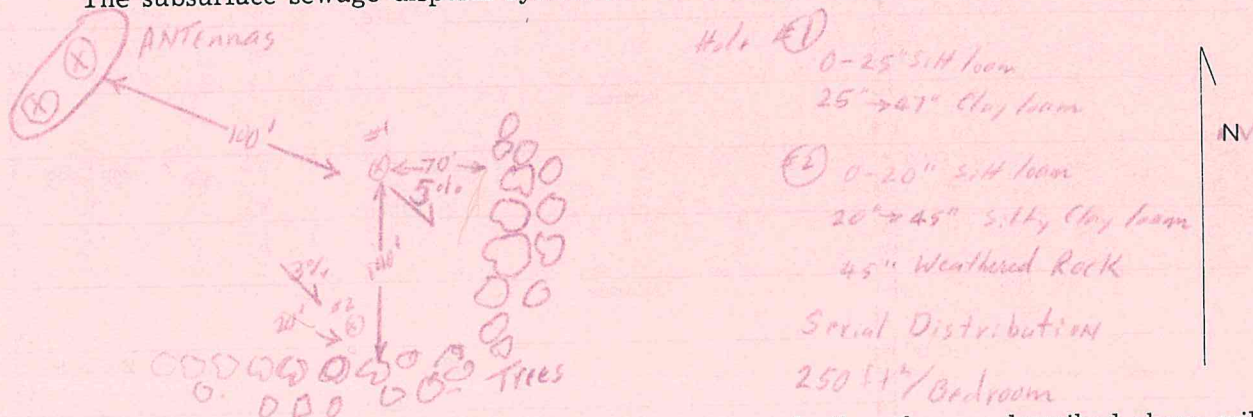
This is to certify that the following described property

709-8C-400 CLATSOP COUNTY OREGON

has been evaluated on September 5, 1980 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: September 9, 1980  
Date

To: David R. Miller  
Landowner

Route 1, Box 1038  
Address

Clatskanie, Oregon 97016  
City State Zip

By Donald R. Campbell  
DEQ or Contract Agent



## *Department of Environmental Quality*

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-

DEQ - Astoria Branch  
818 Commercial Street  
Astoria, Oregon 97103

August 5, 1980

Mrs. David R. Miller  
Route 1, Box 1038  
Clatskanie, Oregon 97016

RE: SS - 709-8C-400  
Clatsop County

Mrs. Miller,

In reference to the above property, prior to our scheduling this site evaluation, we will need the \$220.00 evaluation fee (\$120.00 for the first site on lot, \$100.00 for the second site on lot.)

Also, I am enclosing some papers pertaining to the creation of a road on this property if there is to be more than one (1) homesite. If you have questions on this issue, contact John Pace, Zoning Administrator, Clatsop County Courthouse, 325-7441, Extention 71.

Sincerely,

*Pamela Munson*

Pamela Munson  
Secretary  
Department of Environmental Quality

pkm

Enclosures





STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

9-1-80 earnest money expires  
TRY to do by then

Bob LENKER - <sup>MORNINGS</sup> 325-1768 - doing some  
this work

FOR DEQ USE ONLY

Date Rec'd 8-11-80 Amt. Rec'd \$ 120.00  
Receipt No. 17668 Permit No. \_\_\_\_\_  
Date Appl. Completed Sept 5, 1980  
Site Inspection Date Sept 5, 1980 / Sept 18 '80  
Approved X Disapproved \_\_\_\_\_  
Pre-Cover Inspection Date \_\_\_\_\_

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. ☒ Site Evaluation Report for New System (~~\$25.00~~) **\$120.00**  
2. ☐ Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) **\$40.00**  
3. ☐ Permit to Repair Malfunctioning System (\$25.00)  
4. ☐ Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~) **\$40.00**  
5. ☐ Permit to Connect Mobile/Modular Home to Existing System (\$25.00)  
6. ☐ Permit Renewal (\$25.00)  
7. ☐ Existing System Evaluation **\$40.00**  
8. ☐ Other (Specify) \_\_\_\_\_

ASSESSORS MAP 10¢

REFERENCE INFORMATION (Please Print)

✓ David R. Miller (PATRICIA L.)  
NAME OF APPLICANT  
RT1, Box 1038  
ADDRESS  
Clatskanie, OR 97016  
CITY  
728-3955  
PHONE

✓ David Brandon  
NAME OF PROPERTY OWNER  
ADDRESS  
Alaska  
CITY  
90 Bachelor Realty  
PHONE

PROPERTY DESCRIPTION

✓ 7 9 80 400 CLATSOP  
Township Range Section Tax Lot/Account Number County  
Subdivision/Area Tract Block Lot Lot Size  
4 ACRES

PROPOSAL DESCRIPTION

✓ PLANNED USE: House 3 Houses Mobile/Modular Home \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_  
✓ No. of Bedrooms \_\_\_\_\_ Water Supply well - 2 1/2 gal minute  
(Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, 3). Date Ready July 28, 1980  
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.  
Signature and Name of Zoning Agency \* Planning Commission says 1 hse per acre & we have 4 acres  
3. Plot Plan \_\_\_\_\_  
4. Other P. Pace Road creation NEEDED See attached  
Dept. of Planning & Development

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (2'x3'x4' deep)

✓ Tucker Creek Rd — up on highest hill above LXC water tank  
7 miles from H.S. 5 miles from Miles Xing  
straight ahead — L on Tucker Cr. Rd.

SIGNATURE ✓ Patricia L. Miller

DATE ✓ 7/28/80

## CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

Tax Lot

400

Section

8C

Township

7

Range

9

Size of Lot

5 AC

Zone Designation

A-1

Lot Frontage on Public Road

Yes ( )

No (X)

Major Partition Required

Yes (X)

No ( )

(Signature)

(Date)

CLATSOP COUNTY HEALTH DEPARTMENT  
Sanitation Section

PERMIT #

Name and Address to which permit or inspection  
should be mailed:Lot Evaluation Fee 102  
(paid) 25.- 8/24/77

DAVID D. BRANDON

Permit Fee (paid)

RT3 BOX 514

CL. 250' / bdm  
31' to 40' depth

ASTORIA, ORE

Person to be contacted in regard to this application:

Name

Mrs R.H. BRANDON

Phone No.

325-3114

Directions to property to be inspected:

Tucker Creek Road, from the Lewis & Clark  
side go to top of Hill then turn left up long  
driveway, to the top of the highest hill  
with T.V. Towers on it.

TEST HOLES HAVE BEEN DUG

WILL CALL WHEN READY

YES

404/394-395



Department of Environmental Quality  
1234 S. W. Morrison  
Portland, Oregon 97205

Land Quality  
\_\_\_\_\_ County

Application to the Department of Environmental Quality  
for a Permit to Construct a  
New or Repair a Subsurface Sewage  
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

DAVID D. BRANDON  
Name of Applicant

Section 8C T 7 R 9

RT3 BOX 514  
Address

Tax Lot or Account # 400

ASTORIA, ORE  
City

Location \_\_\_\_\_

Installers Name \_\_\_\_\_

B. GENERAL DESCRIPTION

New Construction YES Repair \_\_\_\_\_

Installation will serve: House X Mobile Home \_\_\_\_\_ Mobile Home Park \_\_\_\_\_

Commercial Building \_\_\_\_\_ Other (Explain) \_\_\_\_\_

No. of Living Units 1 No. Bedrooms 3

Water Supply: Public 1 Community \_\_\_\_\_ Private \_\_\_\_\_ Garbage Disposal? YES

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2

2. Planning Evaluation - Building Permit (Local Option)

3. Other (Local Option) \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

[Signature]  
Signature (Owner/Installer)

Permit No. \_\_\_\_\_

Issued \_\_\_\_\_  
Date \_\_\_\_\_

Date Sept 26, 77

Interim Form #1

709-8C-400



# CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT  
857 COMMERCIAL STREET  
P. O. BOX 206, ASTORIA, OREGON 97103  
TELEPHONE 325-7441 EXT. 30

October 13, 1977

Mr. David D. Brandon  
Route 3 Box 514  
Astoria, Oregon 97103

Re: 709-8C-400

Dear Mr. Brandon:

On October 12, 1977, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Oregon Administrative Rules Pertaining to Standards for Subsurface and Alternative Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason, R.S.  
Clatsop County Sanitarian  
BDM/jlc

## RESTRICTIONS

- 1) Provide an absorption area of 250 square feet per bedroom with a septic tank of at least 900 gallon capacity for the proposed structure.
- 2) Place the drain-field in the area approved.
- 3) Any extreme alteration of the natural soil profile in the area approved could void this approval.
- 4) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction.
- 5) This approval is void if in conflict with any local planning or building regulations.



State of Oregon  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
  
CERTIFICATE  
OF FAVORABLE SITE EVALUATION FOR  
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM  
(Not a permit for construction)

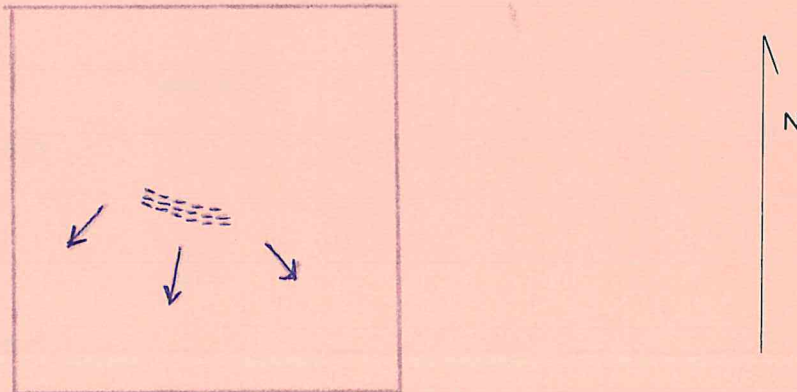
This is to certify that the following described property

709-8C-400

has been evaluated on October 12, 1977 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Clatsop County Health Department or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: October 13, 1977 Date

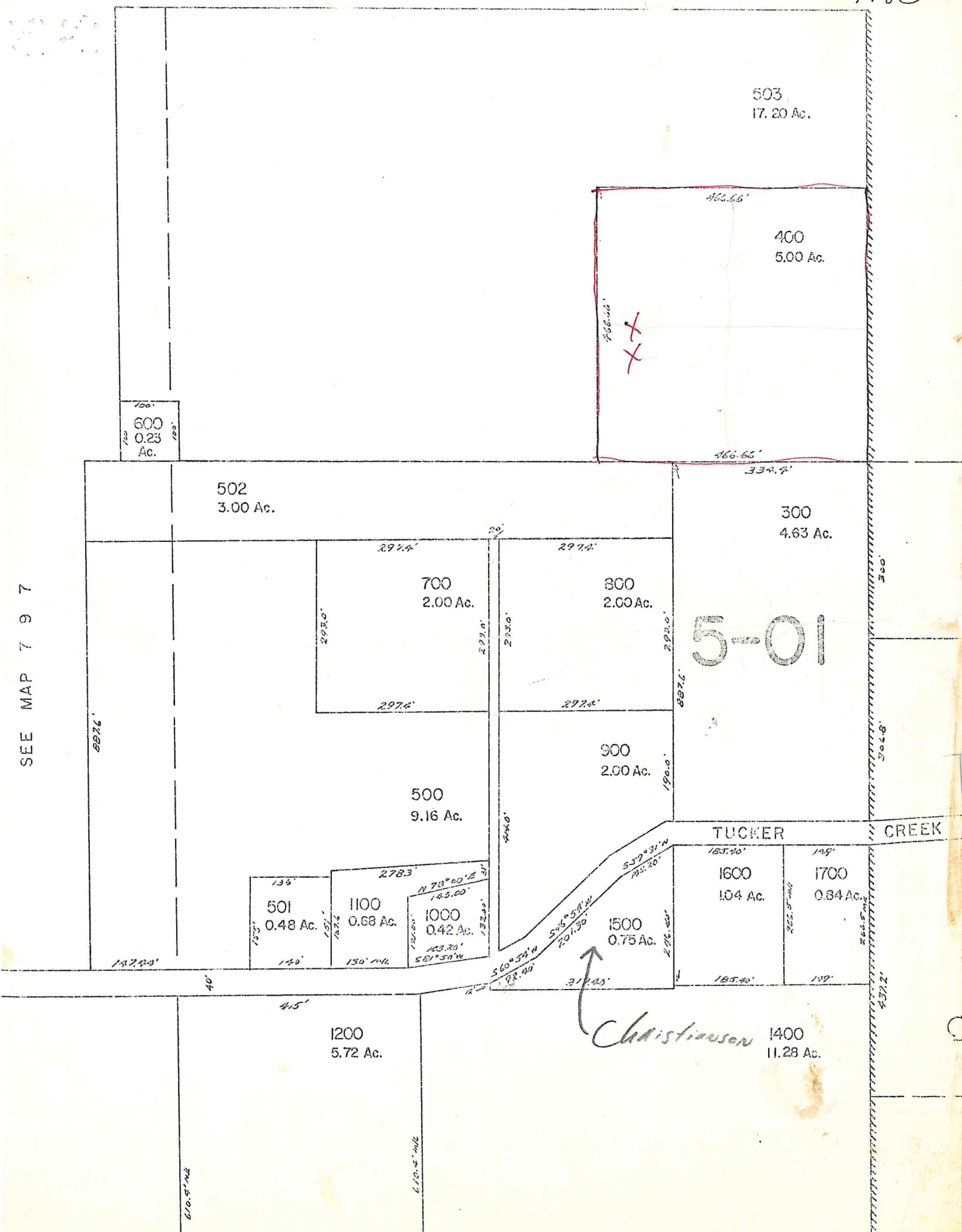
To: Mr. David D. Brandon Landowner

Route 3 Box 514 Address

Astoria, Oregon 97103 City State Zip

By Bill D. Mason RS DEQ or Contract Agent

SEE MAP 7 9 7



503  
17.20 Ac.

400  
5.00 Ac.

100  
600  
0.23  
Ac.

502  
3.00 Ac.

300  
4.63 Ac.

700  
2.00 Ac.

800  
2.00 Ac.

5-01

900  
2.00 Ac.

500  
9.16 Ac.

TUCKER CREEK

501  
0.48 Ac.

1100  
0.68 Ac.

1000  
0.42 Ac.

1500  
0.75 Ac.

1600  
1.04 Ac.

1700  
0.84 Ac.

1200  
5.72 Ac.

1400  
11.28 Ac.

Christensen