

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

- The effluent line from the septic tank to the distribution box, must have a minimum 6" drop.
- As built needs property lines, water lines North direction

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 96-70 7N 9W 14 4102
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME _____

DATE 6/19/96

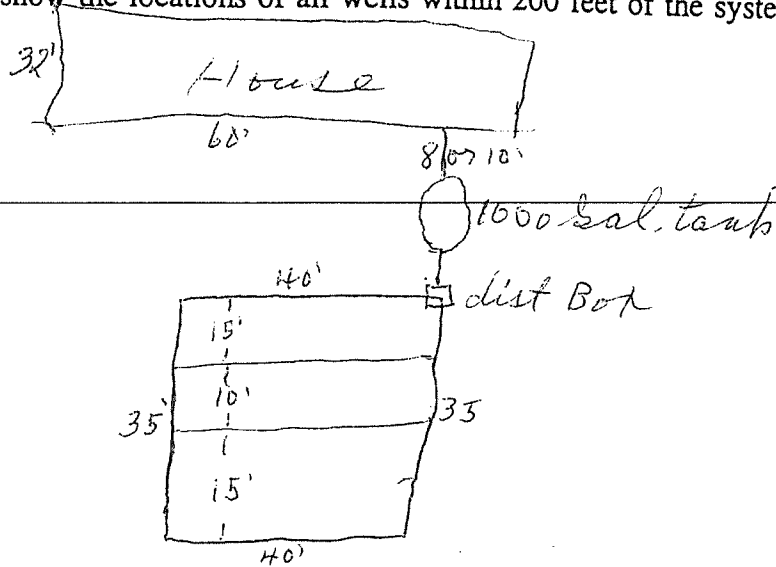
BY [Signature]
(Signature)

CONTACT: Warrenton DEQ
861-3280

DO NOT REMOVE THIS NOTICE FROM SITE

Property Owner ALVA COLVIN Permit Number 96-70 County CLATSOP

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

Sewage Disposal Service Business: _____, _____
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Alva C. Colvin
(System Installer's Signature)

owner
(Title)

6-12-96
(Date)

JOHNS Dave

***DEQ**

From: ILLINGWORTH Dennis *DEQ
To: JOHNS Dave *DEQ
Subject: RE: Alva Colvin
Date: Friday, June 14, 1996 8:27AM

yes, thats ok.
dennis

From: JOHNS Dave *DEQ
To: ILLINGWORTH Dennis *DEQ
Subject: Alva Colvin
Date: Friday, June 14, 1996 8:03AM

Dennis,

Alva Colvin wants to know if he cover around his septic tank but not the tank itself. He said he would like to move some of the dirt if thats ok. Please advise.

46081

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-70

\$ 490.00 Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Alva & Ruth Colvin (Property Owner's Name) 7N (Township) 9W (Range) 14 (Section) 1102 (Tax Lot / Acct. No.) Clatsop (County) Youngs River Loop Rd. Astoria (Road Location) (City) [Signature] (Issued by - Signature) 5-9-96 (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 9, 1997 TYPE OF SYSTEM Standard

Design Sewage Flow 300 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches [X] Seepage Bed(s) [] Square Feet

Maximum Depth 30 inches. Minimum Depth 18 inches. 230 Linear Feet

Equal [] Loop [X] 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) Install in accordance with plans & specifications submitted. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines of underground utilities from disposal field.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

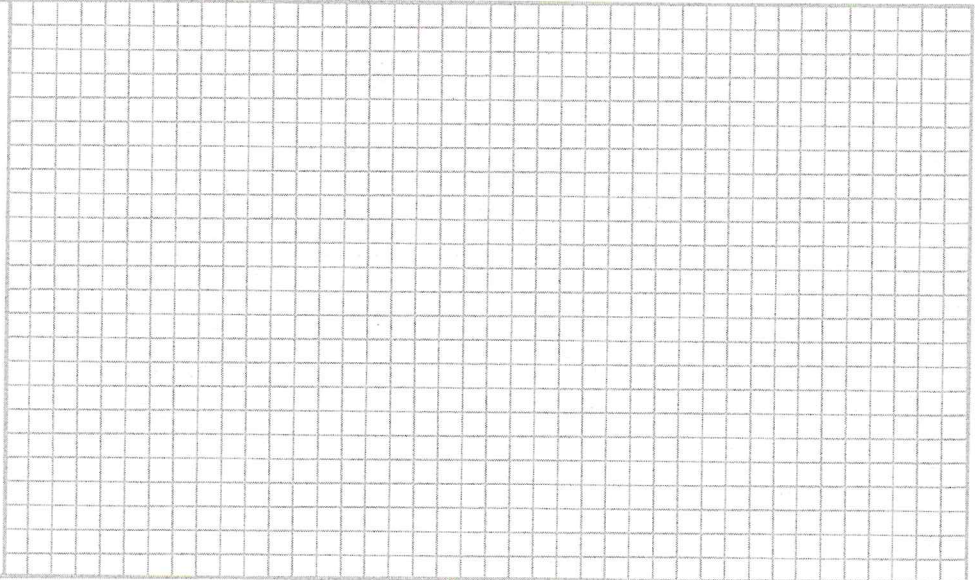
Installer

Final Insp. Date

[] Inspected By

[] Issued by Operation of Law

[] Pre-cover inspection waived pursuant to OAR 340, Division 71



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

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

(Authorized Signature)

(Title)

(Date)

(Office)



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: Rt 1 Box 705A City: Astoria

Owner: Alva C. Colvin Phone: 325-2837

Owners Address: Rt 1 Box 705 Astoria Ore.

Proposed Development/Construction: single family dwelling

DEQ (Department of Environmental Quality)

Legal Description: T 7 R 9 SEC 14 Tax Lot 1102

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

Approving Authority: DEQ - WARRENTON Phone: (503) 861-3280

Signature: Dud J Date: 5-10-96

Remarks: NEW CONSTRUCTION / PERMIT # 96-70

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T R SEC Tax Lot

Zone: _____ Overlay District: _____

Development Permit - Yes () No () # _____

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

Signature: _____ Title: _____ Date: _____

Approving Authority: _____ Phone: (503) 325-8611

Remarks: _____



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: RT1 # 7054 City: Astoria
Owner: Alva J. [unclear] Phone: 325-2837
Owners Address: RT1 Box 705 Astoria, Ore.
Proposed Development/Construction: Pole Barn Shop

DEQ (Department of Environmental Quality)

Legal Description: T 7N R 9W SEC. 14 Tax Lot 1102
Permit Needed - Yes () No () Site Approved - Yes () No ()
Approving Authority: DEQ - WASHINGTON Phone: (503) 861-3280
Signature: [Signature] Date: 5-17-96
Remarks: PROPOSED SHOP / NO PLUMBING FIXTURES

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T R SEC. Tax Lot
Zone: _____ Overlay District: _____
Development Permit - Yes () No () # _____
Flood Plain - Yes () No () Elevation Requirements: _____
Signature: _____ Title: _____ Date: _____
Approving Authority: _____ Phone: (503) 325-8611
Remarks: _____

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 5-6-96
 Date Completed 5-9-96
 Required Fee \$490.00
 Receipt No. 72489
 Control No. 46081

2

FOR APPLICANT'S USE - (PLEASE PRINT)

11 Acres

Lot Size (Acreage or Dimensions)

Alva & Ruth Colvin

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
 of Property

7
 (Township)

9
 (Range)

14
 (Section)

1102
 (Tax Lot/Acct. No.)

Clatsop
 (County)

For Parcels in Platted
 Subdivisions, Indicate

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Water Supply

- Single Family Residence 2
 (Number of Bedrooms)
- Other _____
 (Specify)

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

Existing Facility

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

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
- Existing System Report
- Plan Review
- Other (Specify) _____
- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- 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.

Alva C Colvin
 (Signature)

5-6-96
 (Date)

- Authorized Representative
- Licensed Installer
- License No. _____

Owner's Mailing Address

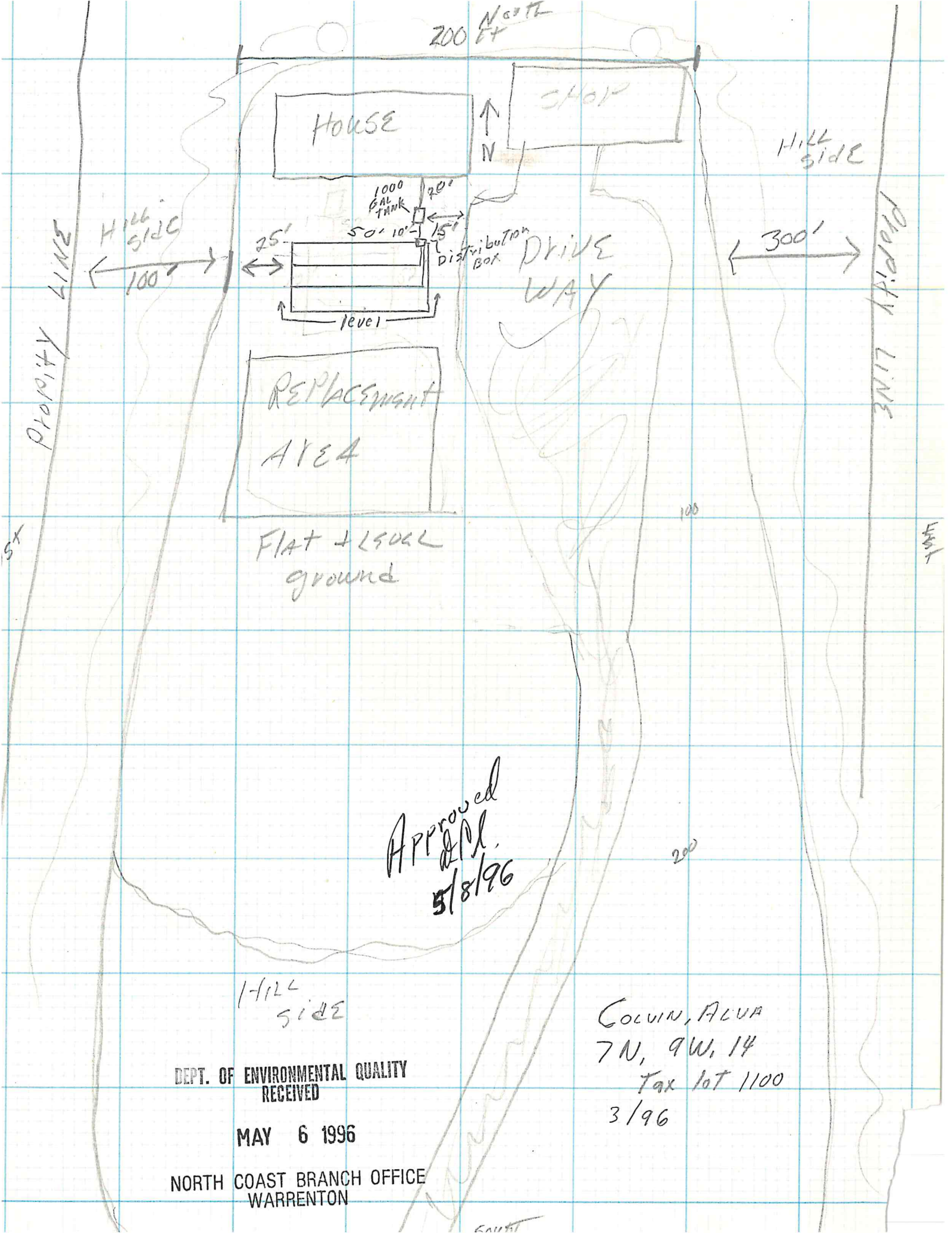
Applicant's Mailing Address (if different)

RT 1 Box 705
Astoria Ore. 97103

Phone 325-2837

Phone _____

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



200 North

HOUSE

SHOP

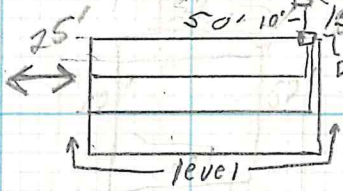
↑
N

HILL SIDE

PROPERTY LINE

HILL SIDE

100'



DRIVE WAY

300'

PROPERTY LINE

REPLACEMENT AREA

FLAT + LEVEL ground

Approved
APR.
5/8/96

HILL SIDE

COLVIN, ALVA
7N, 9W, 14
Tax lot 1100
3/96

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAY 6 1996

NORTH COAST BRANCH OFFICE
WARRENTON

96-211

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Alva Colvin</i>		MAILING ADDRESS <i>Rt 1 Box 705</i>		PHONE <i>325-2837</i>
		<i>Astoria</i> CITY		<i>Ore.</i> STATE
				<i>97103</i> ZIP
P L O C A L I T Y	TOWNSHIP <i>7 N</i>	RANGE <i>9 W</i>	SECTION <i>14</i>	TAX LOT OR ACCT NO <i>100</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 *single family dwelling*

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

PROPERTY'S ZONING DESIGNATION
EFU

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

OR

NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

Allowed use in zone when partition is finalized & if House Bill 3661 requirements are met

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>Rebecca Shogawa</i>	TITLE <i>Planner</i>	DEPT. OF ENVIRONMENTAL QUALITY RECEIVED	DATE <i>3-27-96</i>
----------------------------------	-------------------------	--	------------------------

MAY 6 1996

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

NORTH COAST BRANCH OFFICE
WARRENTON

SIGNED _____ TITLE _____ DATE _____

JUN 22 1995

NORTH COAST BRANCH OFFICE
WARRENTON

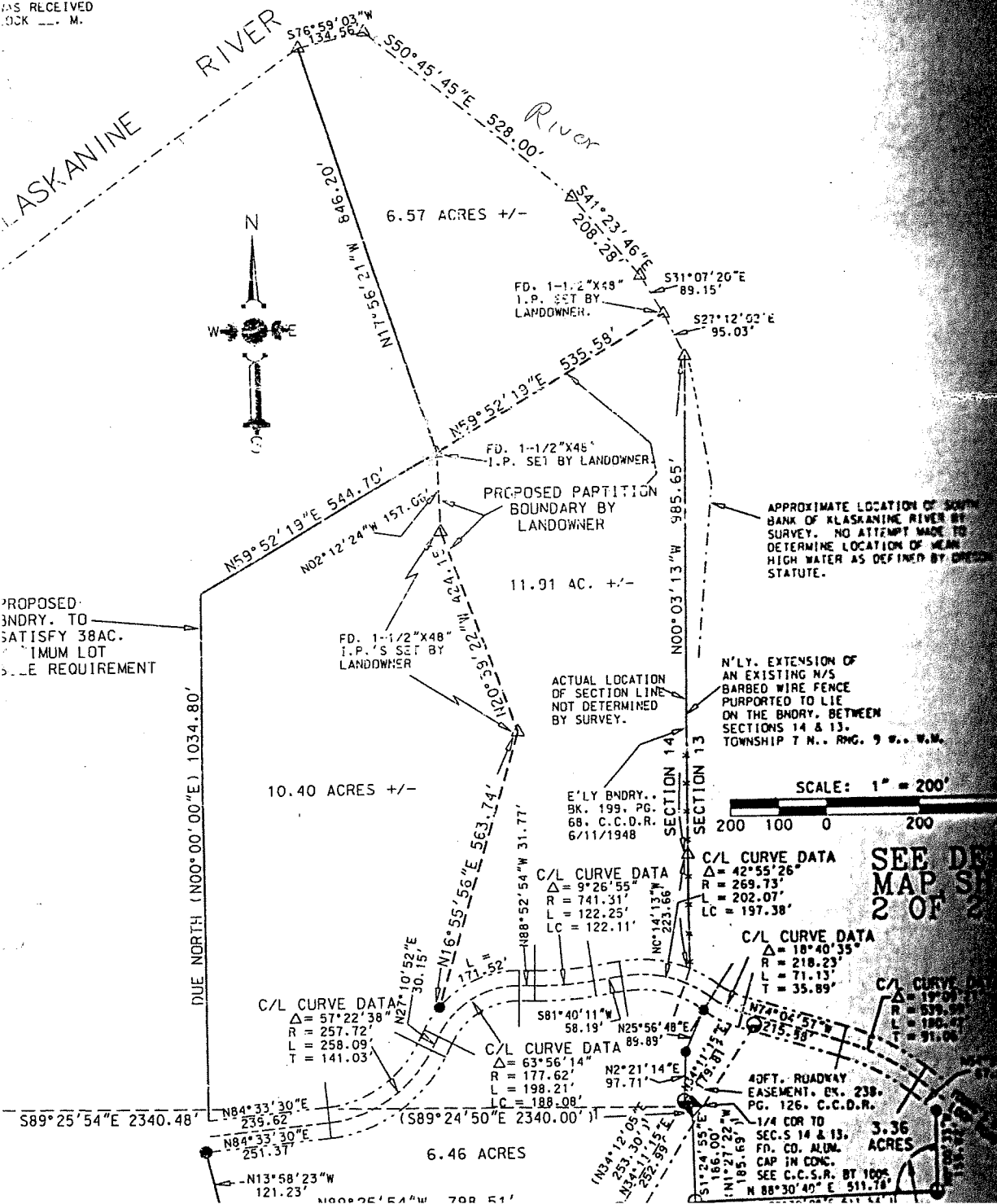
SURVEY BY:

GREGORY A. CRITES, R.P.L.S. 1987
3640 SE CAUSEY NO. 1002
PORTLAND, OREGON 97266
(503) 652-6955

REVEYOR

SOP CO.
ING &

AS RECEIVED
OCK --- M.



SEE DE
MAP S
2 OF 2

C/L CURVE DATA
Δ = 18°40'35"
R = 218.23'
L = 71.13'
T = 35.89'

C/L CURVE DATA
Δ = 19°09'21"
R = 639.99'
L = 180.07'
T = 91.00'

40FT. ROADWAY
EASEMENT, EX. 239,
PG. 126, C.C.D.R.
1/4 COR TO
SEC. S 14 & 13,
FD. CO. ALUM.
CAP IN CONC.
SEE C.C.S.R. BY 1005,
N 88°30'40" E 511.76'

3.36 ACRES

709-14-1100
PORTION



CLATSOP COUNTY

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

October 6, 1976

Alva C. Colvin
Route 1, Box 704
Astoria, Oregon 97103

Re: 709 - 14 - 1100 (Portion)

Dear Mr. Colvin:

On October 5, 1976, 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/jmd

RESTRICTIONS

- 1) Provide an absorption area of 225 square feet per bedroom and a septic tank of at least 750 gallons capacity for the proposed two bedroom structure.
- 2) Place the drainfield in the area discussed with you, allowing for the replacement area.
- 3) Alteration of the natural soil or landscape conditions in the area approved may void this approval.
- 4) Submit a detailed plot plan and obtain a construction permit through this office prior to construction.
- 5) This approval is void if in conflict with any local building or planning 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

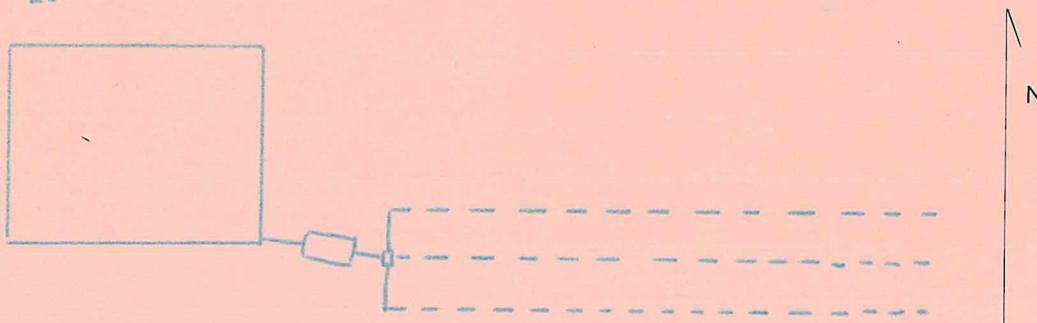
T.7 R.9 Sec.14 #1100 (portion)

has been evaluated on OCTOBER 5, 1976 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:

Lot 1100 - 85.46 Ac.



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 6, 1976
Date

To: ALVA COLVIN
Landowner

RT. 1 BOX 704
Address

ASTORIA, ORE. 97103
City State Zip

By: Bruce D. Mason R.S.
DEQ or Contract Agent

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

Alva C. Colvin
Name of Applicant

Section 14 T 7 R 9

RT # 704
Address

Tax Lot or Account # 1100 PORTION

Astoria
City

Location _____

Installers Name _____

B. GENERAL DESCRIPTION

New Construction Repair _____

Installation will serve: House Mobile Home _____ Mobile Home Park _____

Commercial Building _____ Other (Explain) _____

No. of Living Units 1 No. Bedrooms 2

Water Supply: Public _____ Community _____ Private Garbage Disposal? _____

C. REQUIRED EXHIBITS

- Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
- Planning Evaluation - Building Permit (Local Option)
- 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.

Alva C. Colvin
Signature (Owner/Installer)

Permit No. _____

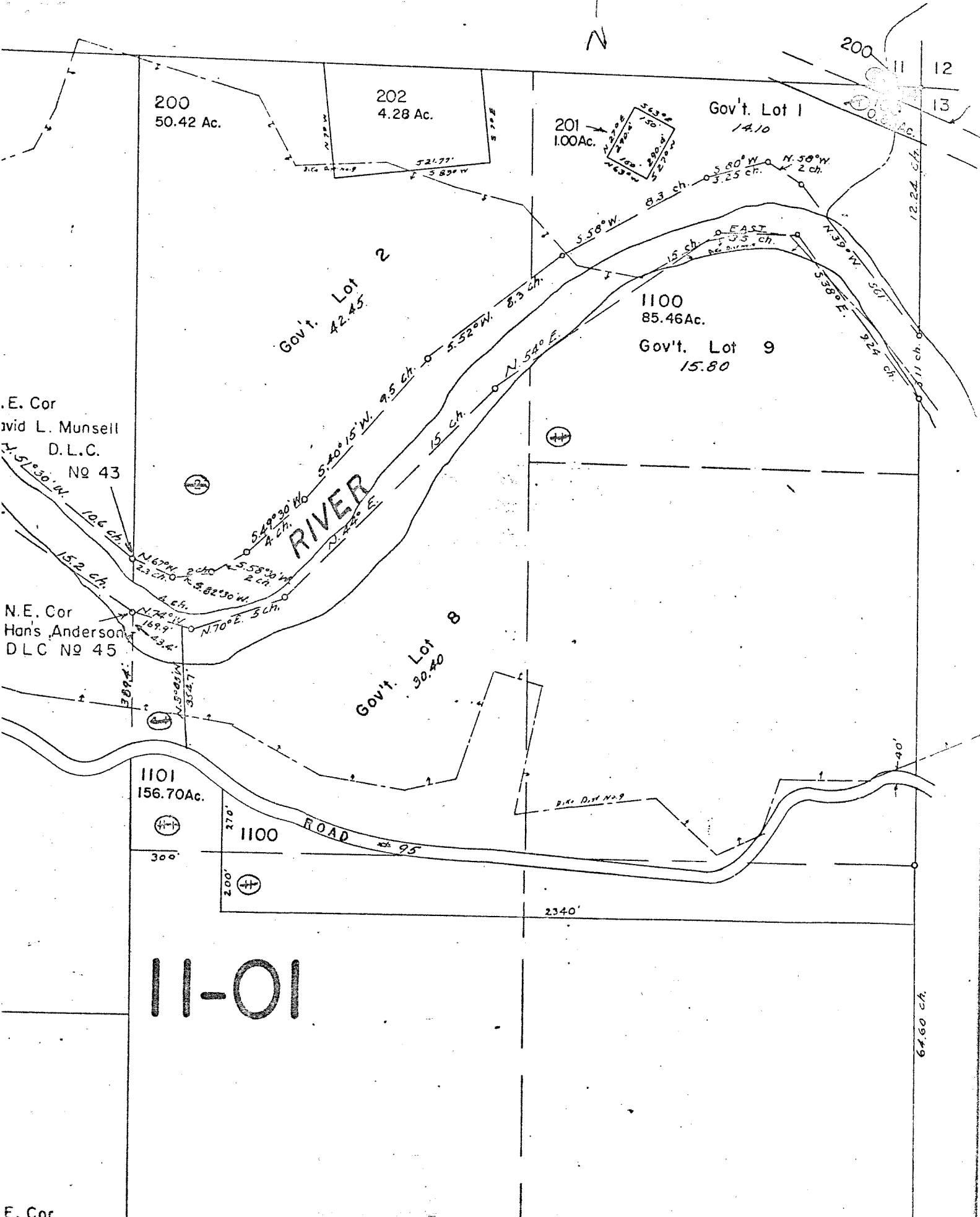
Date 9-15-76

Issued _____
Date

Interim Form #1

1" = 400'

79 14



200
50.42 Ac.

202
4.28 Ac.

201
1.00 Ac.

Gov't. Lot 1
14.10

Gov't. Lot 2
42.45

1100
85.46 Ac.

Gov't. Lot 9
15.80

E. Cor
David L. Munsell
D.L.C.
No 43

N.E. Cor
Hans Anderson
DLC No 45

Gov't. Lot 8
30.40

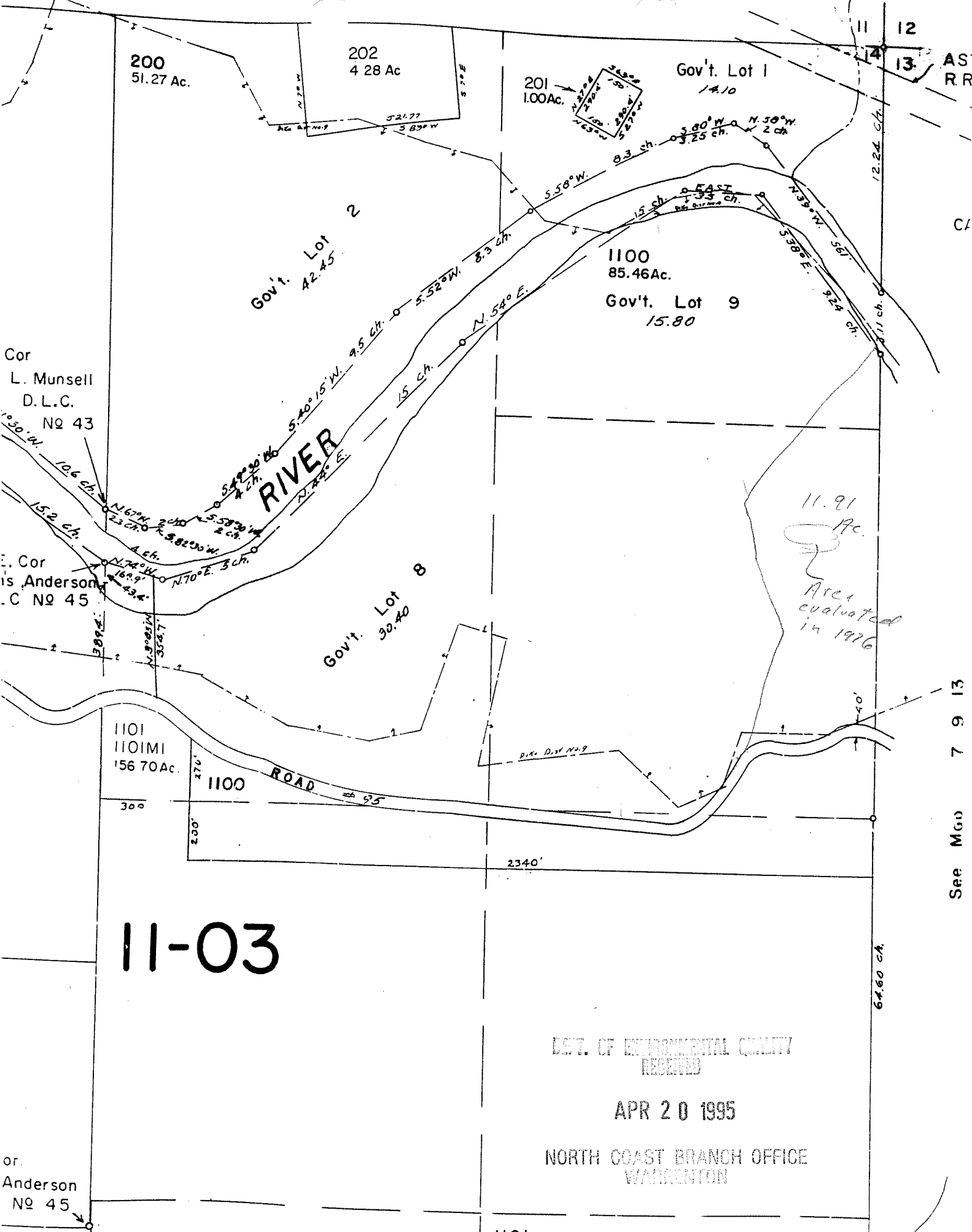
1101
156.70 Ac.

1100 ROAD

11-01

E. Cor.

7914-1100



200
51.27 Ac.

202
4 28 Ac

201
1.00 Ac.

Gov't. Lot 1
14.10

Gov't. Lot 2
42.45

1100
85.46 Ac.

Gov't. Lot 9
15.80

Gov't. Lot 8
30.40

1101
1101MI
156 70 Ac.

11.91
Ac.
Area
evaluated
in 1976

11-03

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 20 1995

NORTH COAST BRANCH OFFICE
WARRENTON

Cor
L. Munsell
D.L.C.
Nº 43

Cor
Is Anderson
C Nº 45

Cor
Anderson
Nº 45

AS
RR

CL

See Map
7 9 13

1101

791H

See Map / 9 11

DEPT. OF TRANSPORTATION RECEIVED

MAY 9 1996

