

Property History

Account ID:15932

Legal Description:

Legal Type

TIP/ix

Additional Information:

Metes and Bounds 7 9 22 00501 709220000501

Additional Information:

'06 Less .03 ac to create TL 504

Account History:

Owner(s):

Current Ownership:	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Neikes James J		Owner

Ownership History: Book 329, Page 582

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>			
01/16/2001	05/03/1989		Gerttula Mabel E	5/10	Individual
01/16/2001	05/03/1989		Gerttula Suzanne	1/10	Individual
01/16/2001	05/03/1989		Gerttula Diane	1/10	Individual
01/16/2001	05/03/1989		Ogelsby Debbie	1/10	Individual
01/16/2001	05/03/1989		Greenwalt Judy	1/10	Individual
01/16/2001	05/03/1989		Workman Jeanette	1/10	Individual
10/17/2017	10/10/2017	201708366	Clatsop County		Owner
05/17/2018	05/09/2018	201803711	Neikes James J		Owner

Voucher History:

Voucher 1	Source: Clerk	Effective Date: 05/09/2018	Map Key: 709220000501
Document Type Code: Quitclaim Deed	Operation: Name Change	Date Created: 05/17/2018	Instrument Id: 201803711
Operation Type: Name	Completed Date: 05/17/2018		Book:
Completeness Status: Completed	Voucher Type: Assessment		Page:
Partition Flag: No	Consideration: \$62,000		Status: Active
User Id: HCHAPMAN	Remarks:		

Voucher 2	Source: Clerk	Effective Date: 10/10/2017	Map Key: 709220000501
Document Type Code: Deed	Operation: Name Change	Date Created: 10/17/2017	Instrument Id: 201708366
Operation Type: Name	Completed Date: 10/17/2017		Book:
Completeness Status: Completed	Voucher Type: Assessment		Page:
Partition Flag: No	Consideration:		Status: Active
User Id: HCHAPMAN	Remarks: Clatsop Co 15CV22794		

7_09_22 00501 0107

501⁸⁶
5-02

OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

TWP.	RGE.	SEC.	1/4	1/16	PARCEL NUMBER	TYPE	SPEC. INT. IN REAL PROP.	CODE AREA NUMBER
MAP NUMBER					TAX LOT NUMBER			

FORMERLY PART OF 500

INDENT EACH NEW COURSE TO THIS POINT	DESCRIPTION AND RECORD OF CHANGE	DATE OF ENTRY ON THIS CARD	DEED RECORD		ACRES REMAINING
			VOL.	PG.	
			138	598	
			201	549	
	Cap on the S li of Govt Lt 11, Sec 22, T7N, R9W, WM, C C, OR wh the ELY r/w li of the C C Youngs River Loop Rd intersects sd S li; th N 25 ⁰ 00' E 40.8 ft; th N 14 ⁰ 00' E 123.0 ft tap wh is the tpob; th N 4 ⁰ 00' W 160.00 ft tap; th N 30 ⁰ 30' E 78.6 ft; th S 54 ⁰ 00' E 312.2 ft; th S 0 ⁰ 53' 25" W 93.1 ft; th N 79 ⁰ 14' 35" W 292.28 ft to be tpob, contg 1.13 acs m or l, exc pub rds.				
Baker, C.H. & Judith M.	WD	5-30-78	476	777-779	
Newcomb, William H.	WD	7-28-78	481	767-768	
Baker, C. H. & Judith M.	WD	8-4-78	482	765-766	
Gagnon, John E. & Donna J.	WD	8-24-78	482	767-768	
Gerttula, Charles H.	WD	10-08-79	511	308	9-19-79
JCR Enterprises Inc.	BSD	11-24-81	565	505	11-17-81
	WD	11-24-81	565	504	9-19-79
	re-recorded BSD	11-26-85	644	743	11-17-81
(Posting)	WD	09-04-87	681	350	09-20-79
CJR Enterprises Inc. (Correction Name Error)	ref.		644	743	
Personal Reps Deed		5-22-89	716	158	5-3-89

709-22-800
PORTION OF 5

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBSURFACE SEWAGE SYSTEM
CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner John Gerattula Permit Number 79-1
T. 7 R. 9 Sec. 22 Tax Lot/Acct. No. See Permit Date of Final Insp. 8-15-80
Loc./Road _____ Approved By Ray T. Franklin
Installer DAVE Durling Title DEQ
Disposal Trenches: 400 Square Ft. 200 Lineal Ft.
Tank Size: 1000 Gallons. System Designed to Serve 2 Bed Room home maximum

Plot Plan:
See attached plot plan submitted by Dave Durling, licensed installer

DEQ/WQ-402 1/78

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

✓

Property Owner John Gerattula Permit Number No 79-1
T. 7 R. 9 Sec. 22 Tax Lot/Acct. No. See Permit Expiration Date 9-6-80
Loc./Road _____ Issued By Ray Z

PERMIT
(NOT TRANSFERABLE)

New Construction of Repair of Connection of Alteration of

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 750 or 1000 gallons. Disposal trenches 400 Square ft. 200 Lineal ft.
Maximum trench depth 36" Minimum trench depth 24"
 Loop Equal Serial Distance between lines on center 10'
Total rock depth 12" Below pipe 6" Above pipe 2" Rake sidewalls

Special Conditions. **[Follow Attached Plot Plan]**
1) drainfield to be 10' from south property line
2) drainfield to maintain 2' setback from deep end to east

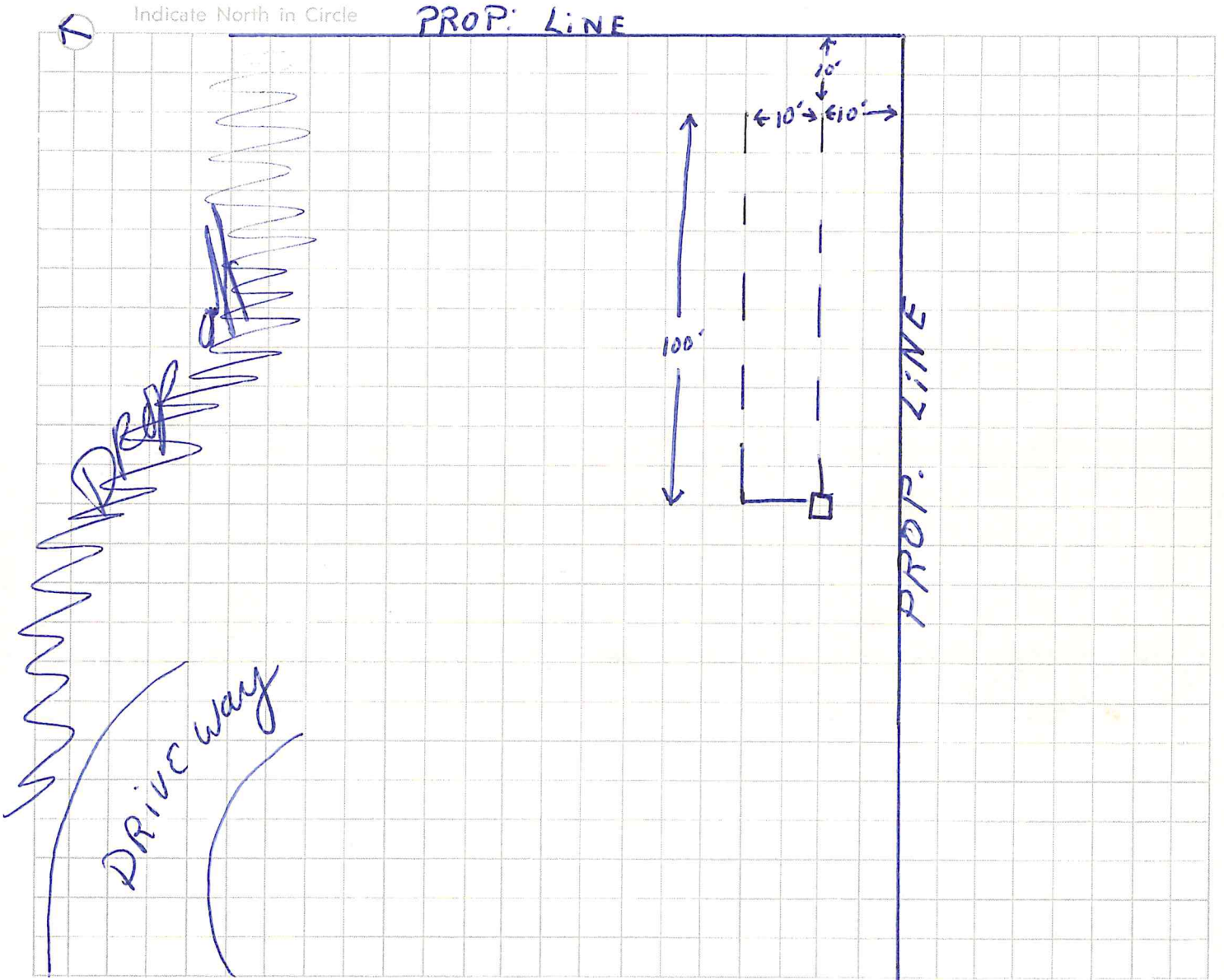
PRE-COVER INSPECTION REQUIRED - CONTACT:

POST ON SITE

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

Property Owner John GERTILA Date 8-15-80

Location: T. _____ R. _____ Sec. _____ Tax Lot/Acct. No. _____



REMARKS: This system installed to E.Q.C. Regulations
David Darling

Tank was not installed at this time. (wanted concrete)

FOR DEQ USE ONLY

Approved

Permit Number _____

Disapproved

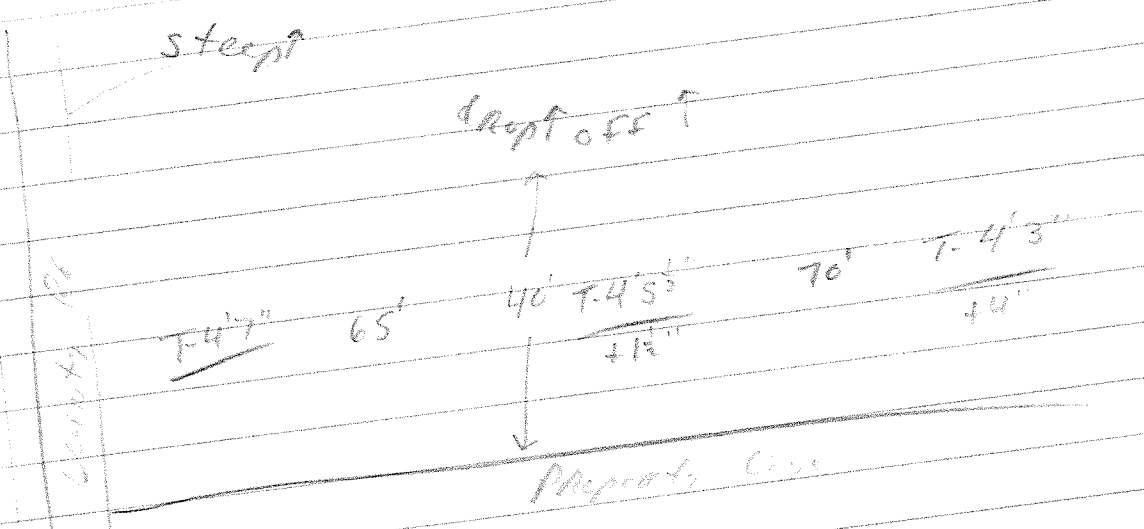
By: _____

(SANITARIAN SIGNATURE)

(DATE)

Transit Reading

1/7/89



CADMAN

1/7/89:

— Where does d.f. may go if want to put spoiled or back?
 ans- over d.f. area.
 d.f. must go in back, possibly a redundant d.f.
 is all that could be approved.

Date Rec'd 8/30/79 Amt. Rec'd \$ 40⁰⁰
 Receipt No. 13 377 Permit No. 1979-1
 Date Appl. Completed _____
 Site Inspection Date _____
 Approved _____ 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 (~~\$75.00~~) 120.
2. Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) 40⁰⁰
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (\$25.00)
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) _____

REFERENCE INFORMATION (Please Print)

JOHN E. GERTTULA
 NAME OF APPLICANT
P.O. Box 981
 ADDRESS
ASTORIA, OREGON 97103
 CITY ZIP CODE
961-2035
 PHONE

JOHN E. GERTTULA
 NAME OF PROPERTY OWNER
P.O. Box 981
 ADDRESS
ASTORIA, OREGON 97103
 CITY ZIP CODE
961-2035
 PHONE

PROPERTY DESCRIPTION

709 22 500 (PORTION #1)
 Township Range Section Tax Lot/Account Number County
 Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House _____ Mobile/Modular Home Commercial _____ Industrial _____ Other _____
 No. of Bedrooms 2 OR 3 Water Supply LEWIS & CLARK
 (Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready _____
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 _____
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help)

SIGNATURE John E. Gerttula
 (Contract Purchaser/Owner/Installer)

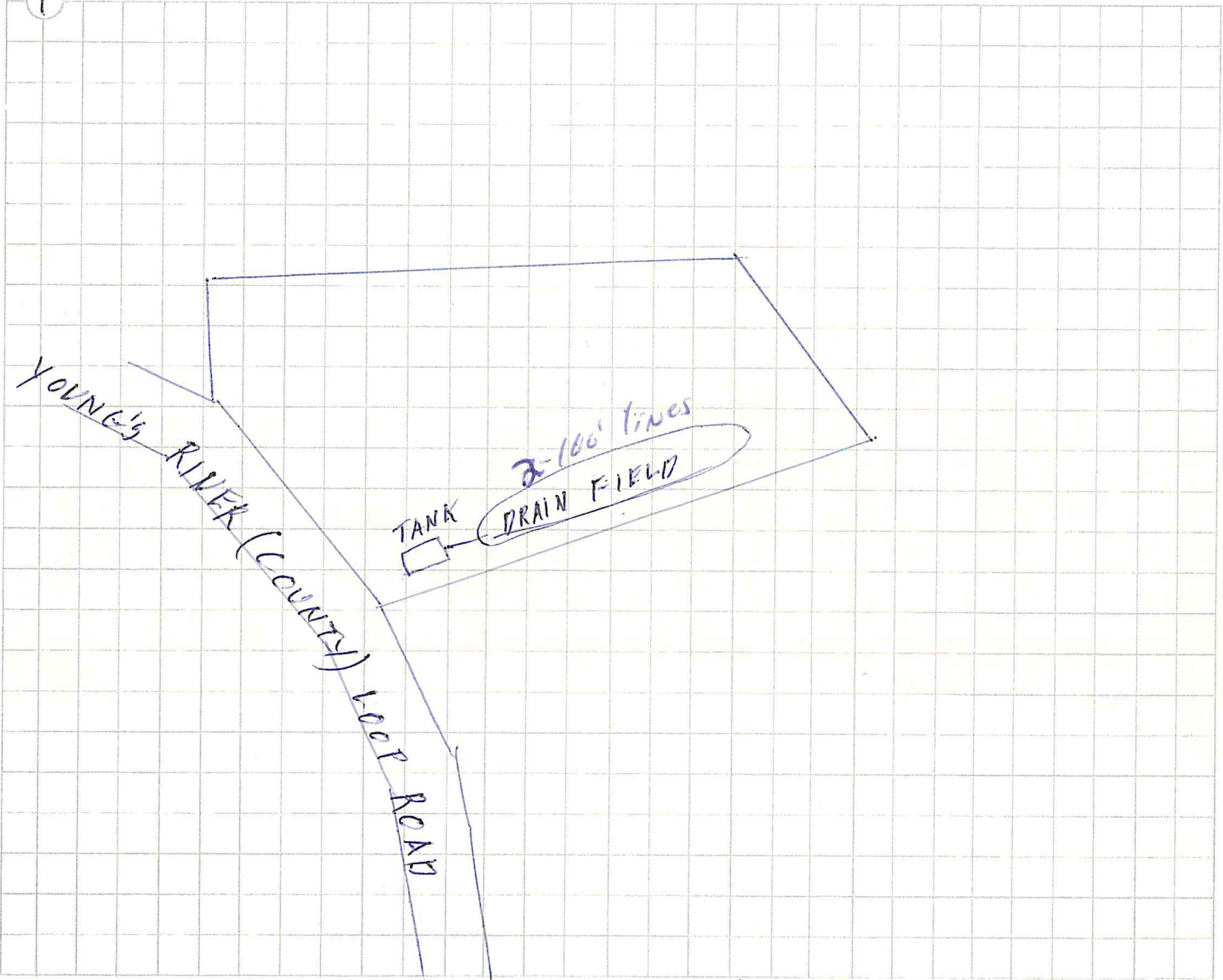
DATE 9/13/79

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

Property Owner JOHN I. CERTTOLA Date 8/13/79

Location: T. 709 R. 77 Sec. 500 Tax Lot/Acct. No. 501

↑ Indicate North in Circle



REMARKS: _____

FALLS

Drainfield must be as close to South property line as allowable (10')
Approved for 2 Bedroom only

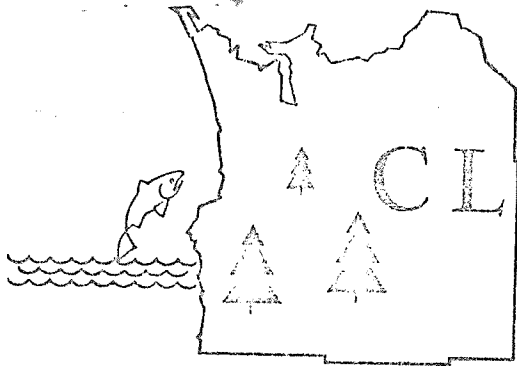
FOR DEQ USE ONLY

Approved

Permit Number 79-1

Disapproved

By: Ray T. Franklin
(SANITARIAN SIGNATURE) (DATE)



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
#57 COMMERCIAL STREET
P. O. BOX 209, ASTORIA, OREGON 97103
TELEPHONE 325.7441 EXT. 30

September 28, 1977

Mr. Cecil Baker
315 South Deer Street
Prinville, Oregon 97754

Re: 709 22 500 (portion #1 1.28 Acres)

Dear Mr. Baker:

On September 28, 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 200 square feet per bedroom with a septic tank of at least 750 Gallons capacity for two bedroom structure, 900 gallons for a three bedroom structure.
- 2) Place the drainfield in the area in which the soil was evaluated.
- 3) Any extreme alteration of the natural soil profile or landforms 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 regulation.

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

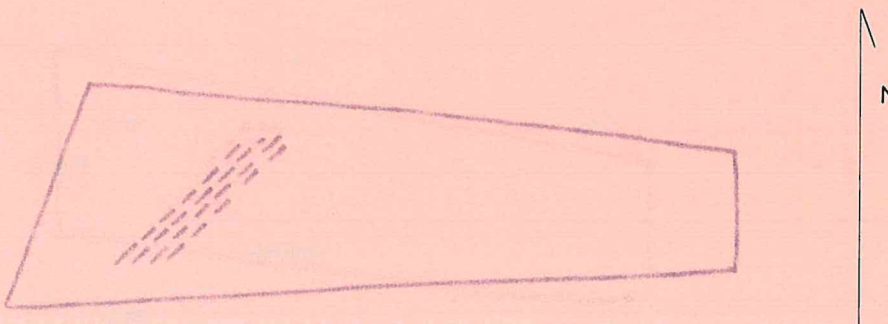
This is to certify that the following described property

709 22 500 (Portion #2; 1.28 acres)

has been evaluated on September 28, 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 Columbia 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: September 28, 1977
Date

To: Mr. Cecil Baker
Landowner

315 South Deer Street
Address

Prinville, Oregon 97754
City State Zip

By Rice D. Mason RL
DEQ or Contract Agent

CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

3:15 pm

Tax Lot Portion of 500 (2) Section 22

Township 7 Range 9

Size of Lot 1.28

Zone Designation A-1

Lot Frontage on Public Road Yes () No ()

Major Partition Required Yes () No ()

Curtis Schneider
(Signature)

7/29/77
(Date)

CLATSOP COUNTY HEALTH DEPARTMENT
Sanitation Section

PERMIT # _____

Name and Address to which permit or inspection should be mailed:

Cecil Baker
315 S. Deer St.
Prineville, Ore 97754

Lot Evaluation Fee B&M
(paid)

Permit Fee (paid) _____

Person to be contacted in regard to this application:

Name Hiram Johnson

Phone No. 325-3217

Directions to property to be inspected:

7 miles on Youngs River Rd

TEST HOLES HAVE BEEN DUG
WILL CALL WHEN READY ✓

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

Cecil Baker
Name of Applicant
315 S. Deer St.
Address
Prineville, Or.
City
Section _____ T _____ R _____
Tax Lot or Account # _____
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 2-3-4-?
Water Supply: Public _____ Community Private _____ Garbage Disposal? _____

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.

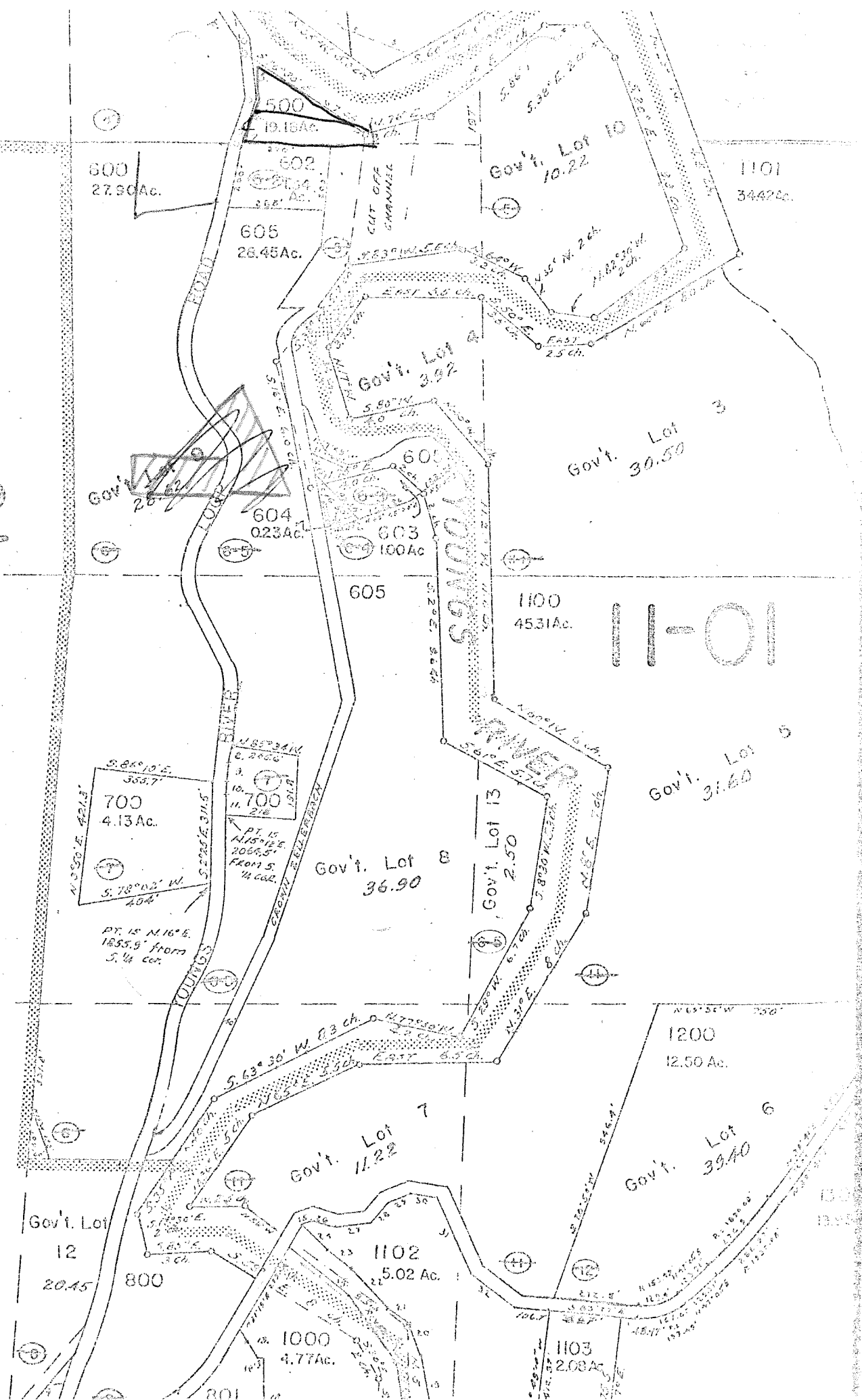
William C. Johnson
Signature (Owner/Installer)

Permit No. _____
Issued _____
Date _____

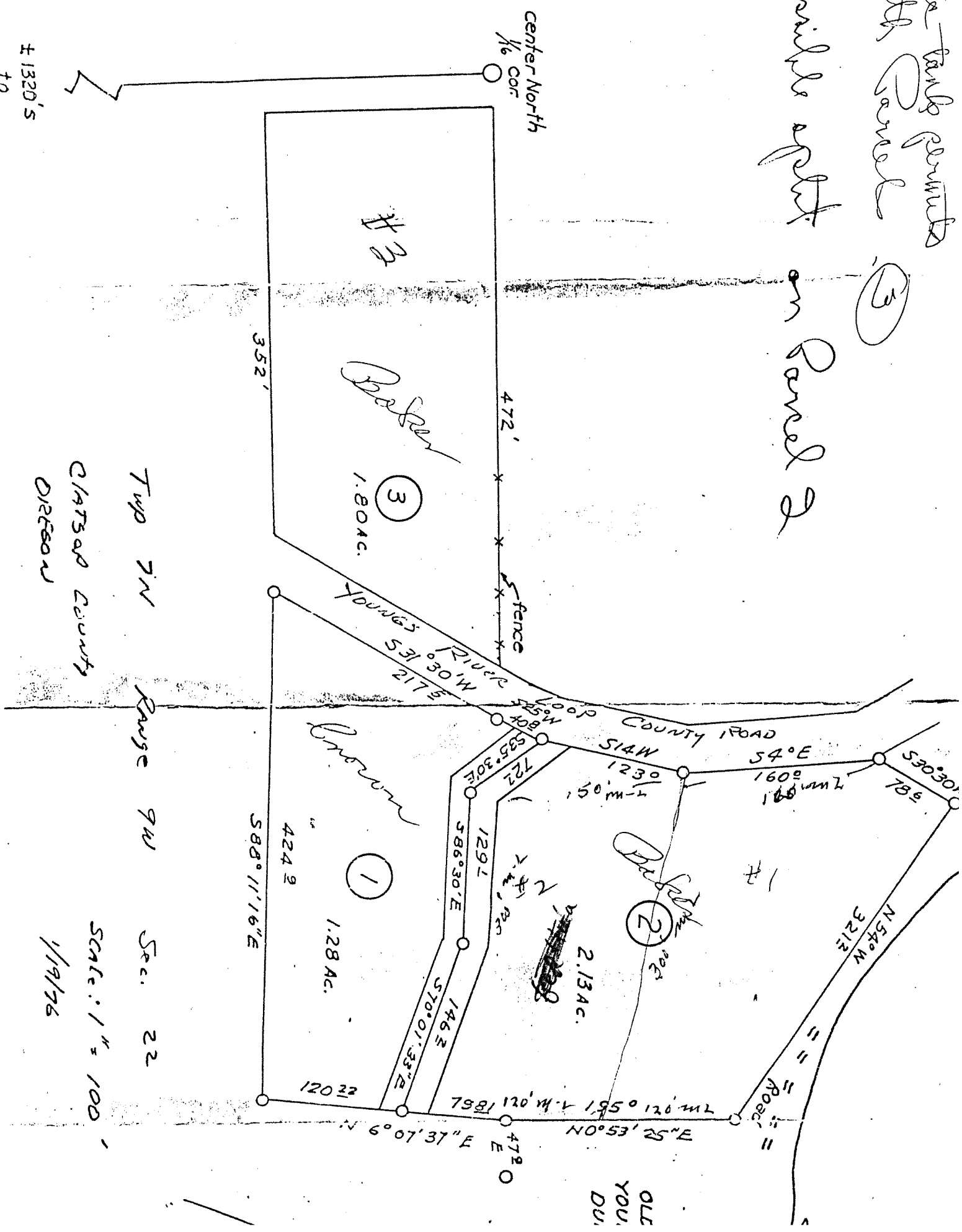
Date 7-27-77

5-01

5-02



Section 1 and 2
 Parcel 3
 2 miles apart on Parcel 2



Twp 7N
 Range 9W
 Sec. 22
 Clatsop County
 Oregon

Scale: 1" = 100'
 1/19/76

± 1320's
 to

ALL
 YOU
 DU

