

63198

Control No.

**STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY**

PERMIT NO. 01-13

\$ 205.00

Fee

☐ New Construction☒ Minor Repair☒ Other Septic tank replacement

Permit Issued To Muri & Bessie Peterson 7N 10W 1 1201 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Ft. Clatsop Loop Rd. Astoria Connie M. Schrandt 2-20-01
 (Road Location) (City) (Issued by - Signature) (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)

SPECIFICATIONSEXPIRATION DATE February 20, 2002TYPE OF SYSTEM Septic tank only

Norwesco septic tank with riser

Tank Volume 1000 GallonsDisposal Trenches ☐Design Sewage Flow - Gallons/DaySeepage Bed(s) ☐ - Square FeetMaximum Depth - inches.Minimum Depth - inches.- Linear FeetEqual ☐Loop ☐Serial ☐Pressurized ☐Minimum Distance Between Trenches -Total Rock Depth - inches.Below Pipe - inches.Above Pipe - inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 2-8-01. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request.

PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- 861-3280**CERTIFICATE OF SATISFACTORY COMPLETION**

As-Built Drawing with Reference Locations

Installer Bill Bergerson Const.Co.Final Insp. Date 2-28-01☒ Inspected By Connie Schrandt☐ Issued by Operation of Law
☐ Pre-cover inspection waived pursuant to OAR 340, Division 71

As-built & certificate of final construction received 2-28-01.

Pumping receipt: N/A Old tank empty.

System components installed/constructed as per approved as-built.

OK to cover system.

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.

Connie M. Schrandt
 (Authorized Signature)

Natural Resource Specialist
 (Title)

2-28-01
 (Date)

DEQ, NCBO, WARRENTON
 (Office)

FINAL INSPECTION REQUEST AND NOTICE OF ENVIRONMENTAL QUALITY RECEIVED

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

FEB 28 2000

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 1: BASIC INFORMATION.

Property Owner BESSIE PETERSON Permit Number 01-18 County CLATSOP

Township 7^N; Range 10^W; Section 1; Tax Lot 1201; Tax Acct. # _____

Job Location 91429 FORT CLATSOP RD

Date System Construction Completed 2-28-01; Date Submitted to DEQ or Agent _____

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

PIPE AND FITTINGS:

- ☐ All 2" Pipe - 200 PSI - PVC 1120
- ☐ All 2" Fittings - PVC D2466 SCH 40
- ☒ All 4" Pipe - PVC 12464-13 ASTM D-3034
- ☒ ABS ASTM F-828-93
- ☐ All 4" Fittings - ASTM D3033-3034 - PVC 1120
- ☐ Fittings - ABS D2661

ALL 4" PIPE - OUTSIDE D-BOX:

- ☐ ASTM F810 11-5-90-2VV
- ☐ PVC ASTM D2729 T21

TANKS:

- ☒ 1000 Gallon Norwesco Poly Tank
- ☐ 500 Gallon Norwesco Poly Dosing Tank
- ☐ 1000 Gallon Michaels Combo

RISEPS:

- ☐ Orenco
- ☐ Norwesco
- ☐ Roto Tech
- ☐ Michael's

PUMPS AND PUMP SUPPLIES:

- ☐ Hydronic OSP 33 Pump 51739-007
- ☐ Boss 300 Pump
- ☐ High Head Pump P225105HHF
- ☐ S.J. Electro 101 High Level Alarm Float
- ☐ S.J. Electro 15 8SD 120V WP Pump Switch
- ☐ Orenco Floats and Alarms
- ☐ Orenco Effluent Screen ES 1840

DISTRIBUTION BOXES:

- ☐ Bergerson Concrete D-Box #204
- ☐ Tuf-Tite D-Box

FILTER MATERIAL:

- ☐ Johnson 1-1/2" to 3/4" Crushed Rock
- ☐ Mueller Sand and Gravel - Sand
- ☐ Scappoose Sand and Gravel - Sand

FILTER MATERIAL PROTECTION:

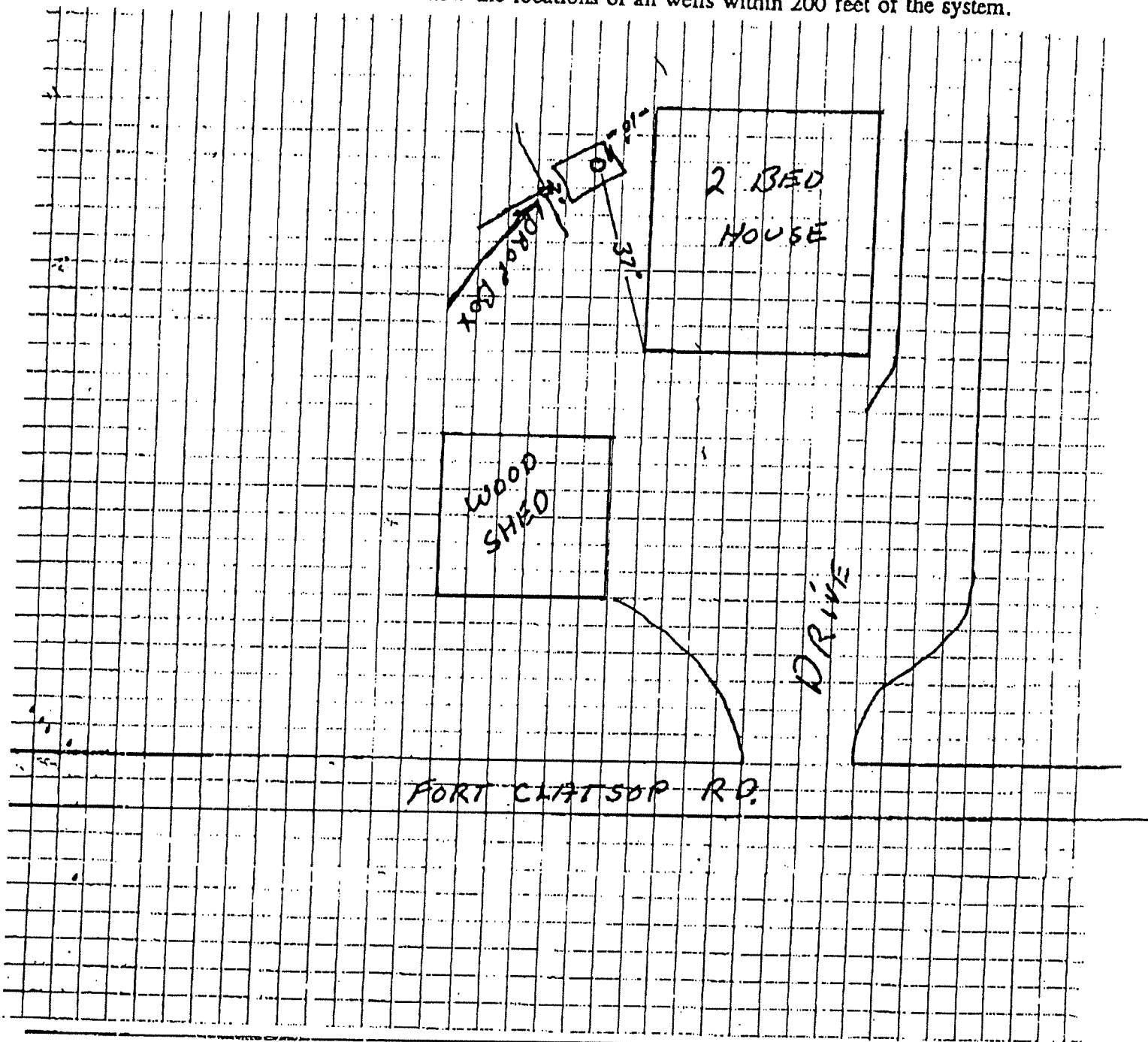
- ☐ 60 lb. Craft Paper
- ☐ Filter Fabric - OR TYPAR 8201

OTHER:

- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

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: BERGERSON CONST 35413
(Print Full Business Name) (License Number)

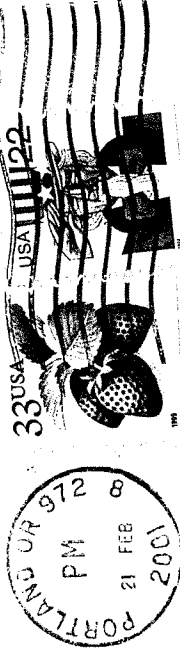
I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Bill Bergeron OWNER
(Print Name) (Title)

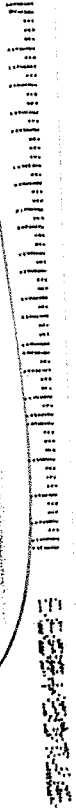
2-28-01
(Date)

DEQ - NORTH COAST BRANCH
68 N. HIGHWAY 101, STE. G
WARRENTON, OR 97146

Bessie Peterson
91429 Ft. Clatsop Rd.
Astoria, OR 97103



PE1E429 '971055104 1899 17 02/23/01
FORWARD TIME EXP RTN TO SEND
PETERSON DR APT 211
101 FOREST OR 97138-7674
SEASIDE OR 97138-7674
RETURN TO SENDER



Department of Environmental Quality
Northwest Region, Warrenton Office
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280/(503) 861-3259(FAX)

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

February 20, 2001

Bessie Peterson
91429 Ft. Clatsop Rd.
Astoria, OR 97103

Re: Minor Repair Permit
T7N-R10W-S1; TL# 1201
Clatsop County

Dear Bessie Peterson,

In response to a repair permit application received on February 12, 2001, I visited the above-described property to confirm the extent of repair to the existing on-site sewage disposal system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Records of on-site sewage treatment and disposal for this property located at the DEQ North Coast Branch Office (NCBO) in Warrenton include a favorable site evaluation for an on-site system to serve a new 2-bedroom single-family dwelling dated September 6, 1978. A final inspection of the approved system installed under Permit #79-1 and signed by the county sanitarian on January 24, 1979 was also identified. The existing on-site system serving this property consists of a 750-gallon steel septic tank, two drop boxes and a total of 225 linear feet of disposal trench configured as 3 parallel lines in serial distribution.

During the site visit on February 14, 2001, the outlet end and top of the septic tank were uncovered. The steel tank had several holes in the top. The area of the existing drainfield was probed in several places, but no disposal trenches could be identified. No visible signs of surfacing sewage were noted in the vicinity of the drainfield. Natural slopes in the vicinity of the existing drainfield ranged from 7 to 8 percent.

Based upon the information described above, replacement of the septic tank is necessary for continued use of the existing on-site sewage disposal system. A 1000 gallon, DEQ-approved septic tank equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface and sealed for water-tightness is required. The existing septic tank must be decommissioned in accordance with OAR 340-071-0185 and a copy of the pumping receipt submitted to the NCBO.



Peterson – Minor Repair Permit
February 20, 2001
Page 2 of 2

A plot plan showing the proposed installation of a new, 1000-gallon Norwesco septic tank was submitted by Bill Bergerson along with your application. A minor repair permit was issued from this office on February 20, 2001 and is enclosed. Following receipt of final certification from the installer and a favorable pre-cover inspection of the new septic tank installation, a certificate of satisfactory completion (CSC) will be issued.

IMPORTANT NOTE: This repair does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Any future repairs or alterations to the existing system or changes to the existing dwelling on this property will require full compliance with the current rules for on-site sewage treatment and disposal.

As with any on-site system, periodic maintenance is a necessity and can prolong the effective life of the system. Normally, septic tanks need to be pumped out every three to five years to prevent clogging of the drainfield. The use of a garbage disposal is discouraged and water conservation measures should be considered. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is also discouraged.

If you have any questions concerning this report, please feel free to contact the NCBO at (503) 861-3280.

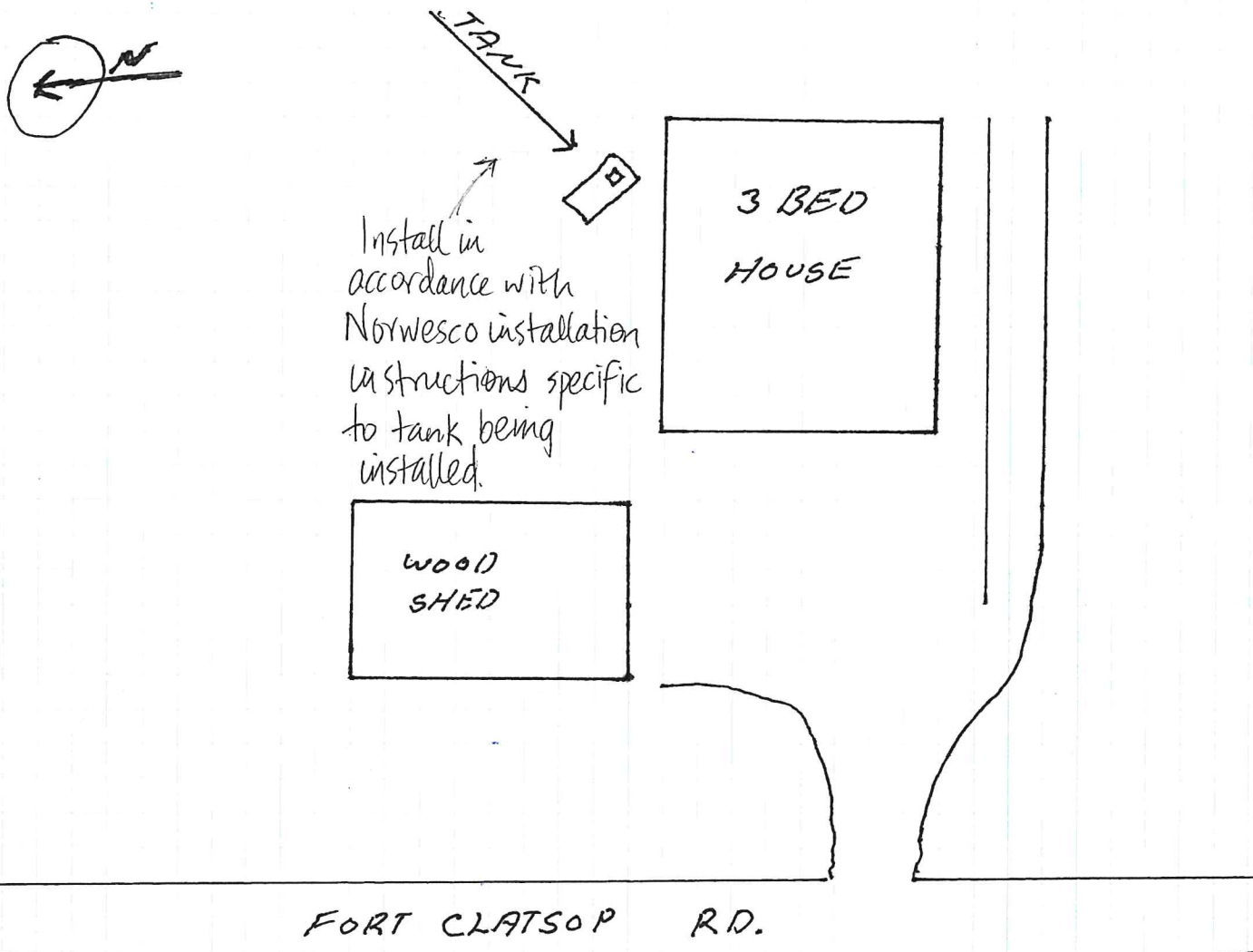
Sincerely,



Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

Enc. Minor Repair Permit with Approved Plan

cc: Bill Bergerson, 1615 Hillila Rd., Gearhart, OR 97138



91429 FORT CLATSOP RD
1ST HOUSE ON LEFT PAST FORT.

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756

2/20/01

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 8 2001

NORTH COAST BRANCH OFFICE
WARRENTON

BERGERSON CONSTRUCTION

MATERIALS LIST

PIPE AND FITTINGS:

- ☐ All 2" Pipe - 200 PSI - PVC 1120
- ☐ All 2" Fittings - PVC D2466 SCH 40
- ☐ All 4" Pipe - PVC 12454-13 ASTM D-3034
- ☒ ABS ASTM F-628-93
- ☐ All 4" Fittings - ASTM D3033-3034 - PVC 1120
- ☐ Fittings - ABS 02661

ALL 4" PIPE - OUTSIDE D-BOX:

- ☐ ASTM F810 11-5-90-2W
- ☐ PVC ASTM D2729 T21

TANKS:

- ☒ 1000 Gallon Norwesco Poly Tank
- ☐ Michael's 500 Gallon Tank
- ☐ 1000 Gallon Michaels Combo
- ☐ 1000 Gallon Michael's Septic Tank

RISERS:

- ☐ Orenco
- ☒ Norwesco
- ☐ Roto Tech
- ☐ Michael's

PUMPS AND PUMP SUPPLIES:

- ☐ Hydronic OSP 33 Pump 51739-007
- ☐ Grundfos 331 M10
- ☐ High Head Pump P225105HHF
- ☐ S.J. Electro 101 High Level Alarm Float
- ☐ S.J. Electro 15 SSD 120V WP Pump Switch
- ☐ Orenco Floats and Alarms
- ☐ Orenco Effluent Screen ES 1840

DISTRIBUTION BOXES:

- ☐ Bergerson Concrete D-Box #204
- ☐ Tuf-Tite D-Box

FILTER MATERIAL:

- ☐ Johnson 1-1/2" to 3/4" Crushed Rock
- ☐ Moeller Sand and Gravel - Sand
- ☐ Naselle Sand and Gravel - Sand

FILTER MATERIAL PROTECTION:

- ☐ 60 lb. Craft Paper
- ☐ Filter Fabric - OR TYPAR 3201

OTHER:

- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
2/20/01

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 8 2001

NORTH COAST BRANCH OFFICE
WARRENTON

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

DATE REC'D 2-8-01
DATE COMPLETED 2-20-01
REQUIRED FEE \$205.00
RECEIPT NO. 97246
CONTROL NO. 63198
1979

FOR APPLICANT'S USE - (PLEASE PRINT)

Lot Size (Acreage or Dimensions)

BESSIE PETERSON

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

7
(Township)

10
(Range)

01
(Section)

1201
(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

(Number of Bedrooms)

☒ Public (Community System)

☐ Private

(Indicate: Well, Spring, Etc.)

(Specify)

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) TANK ONLY

☐ 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.

Bill Bergeron

(Signature)

2-8-01

(Date)

☐ Authorized Representative

☒ Licensed Installer

License No. 35413

Owner's Mailing Address

91429 FT. CLATSOP RD.

ASTORIA, OR 97103

Applicant's Mailing Address (if different)

BILL BERGERSON

1615 HILLILA RD

GEARHART 97138

Phone

Phone 738-7807

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

UP 01-12

DEQ USE ONLY

Bergerson Constr.
Rt 1 Box 595
Seaside, OR 97138

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME		MAILING ADDRESS		PHONE
		BESSIE PETERSON 91429 FORT CLATSOP RD ASTORIA OR		
TOWNSHIP		RANGE	SECTION	TAX LOT OR ACCT NO
7		10	01	1201
PROPERTY LOCATION	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY
<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.				
PROPOSED LAND USE				

REPLACE SEPTIC TANK

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

PROPERTY'S ZONING DESIGNATION

AF

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

- | | | |
|--|----|---|
| <input checked="" type="checkbox"/> COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN | OR | <input type="checkbox"/> CONSISTENT WITH THE STATEWIDE PLANNING GOALS |
| <input type="checkbox"/> NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN | | <input type="checkbox"/> NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS |

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

existing dwelling

PROPERTY IS LOCATED (CHECK ONE)

<input type="checkbox"/> INSIDE CITY	<input type="checkbox"/> INSIDE URBAN GROWTH BOUNDARY	<input checked="" type="checkbox"/> OUTSIDE URBAN GROWTH BOUNDARY
	<input type="checkbox"/> OUTSIDE CITY LIMITS	

LAND USE AUTHORITY

Susan Rio, Planning Technician

SIGNED

TITLE

DATE 2-8-01

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

☐ CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

FEB 8 2001

SIGNED

TITLE

DATE

NORTH COAST BRANCH OFFICE WARRENTON

DEQ-1C 5/3

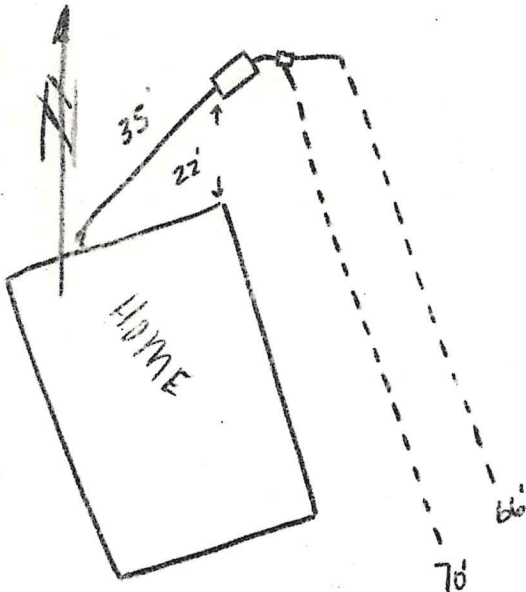
CLATSOP COUNTY HEALTH DEPARTMENT
57 COMMERCIAL STREET
ASTORIA, OREGON 97103
TELEPHONE 326 - 7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

710-1-1201 ✓

PERMIT NO. 77-80

OWNER'S NAME MURL PETERSON ADDRESS RT. BOX
PROPERTY ADDRESS 710-1-1201 residence INSTALLER CARLSON CONTRACTING
RESIDENTIAL ☒; COMMERCIAL ☐; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3
WATER SUPPLY: PUBLIC ☐; COMMUNITY ☐; PRIVATE ☒ spring TYPE OF WELL
DEPTH FT. ISOLATION DISTANCE FT. SOIL CLASSIFICATION S. 60mm
SEPTIC TANK: STEEL ☒; CONCRETE ☐; CAPACITY 1000 GALLONS
STONE: SIZE 3/4-2" WASHED ☒; BELOW TILE 6 IN. ABOVE TILE 2"
TRENCH WIDTH 24 IN.; TRENCH 7 FT. ON CENTER; TOTAL SQ. FT. 270 SQ. FT.
TILE: CONCRETE ☐; CLAY ☐; PLASTIC ☒; BUILDING SEWER: MATERIAL ASTM 3034

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



REPAIR
SYSTEM

☒ APPROVED: Installation conforms to DEQ Requirements.
☐ DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS:

DATE: MAY 18, 1977

SANITARIAN

B. O. Mason

NOTE: This inspection was made to determine: the amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Property Owner Mart Peterson
T. 7 R. 10 Sec. 1 Tax Lot/Acct. No. 1201
Loc./Road FT CLATSOP

Permit Number 79-80
Expiration Date 5-23-80
Issued By B.D. MASON

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 1000 gallons, Disposal trenches 300 Square ft. 150 Lineal ft.
Maximum trench depth 30" Minimum trench depth 24"
☐ Loop ☒ Equal ☐ Serial Distance between lines on center 8'
Total rock depth 12" Below pipe 6" Above pipe 2" ☐ Rake sidewalls
Special Conditions. [Follow Attached Plot Plan]

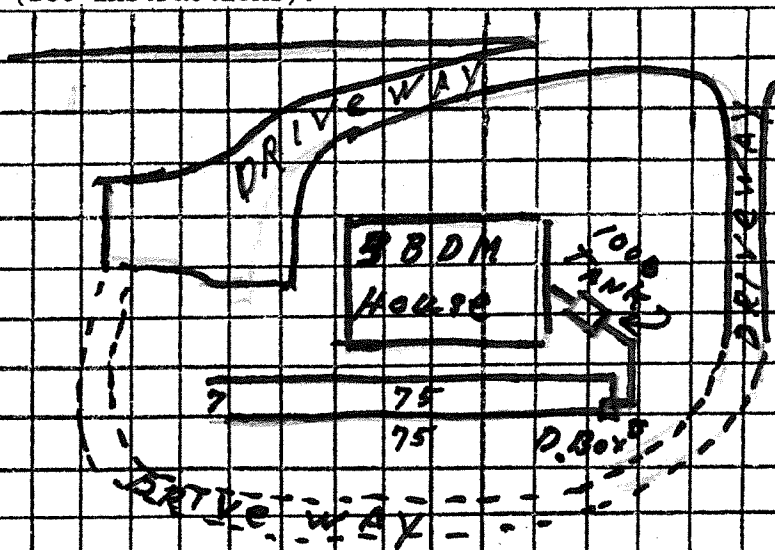
PRE-COVER INSPECTION REQUIRED — CONTACT:

POST ON SITE

Permit No. 79-80

Installer's Name <i>Carlson Cont.</i>				Property Address <i>Rt. 3 Box 595, Astoria, Or</i>			
No. Living Units <i>1</i>		Bedrooms <i>3</i>	Baths <i>1</i>	Basement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Water Supply Community <input type="checkbox"/> Public <input checked="" type="checkbox"/> Other -List <input type="checkbox"/>	
Septic Tank: Ft. from well <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> No. Compartments <i>1</i> Gallon Capacity <i>1000</i>							
Inside Dimensions: Feet Length <i>8</i> Width <input type="checkbox"/> Diameter <i>5</i> Depth <input type="checkbox"/>					Tile Disposal Field: Distribution Box: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Applicant Name <i>Muri Peterson</i>					Other Distribution - Type <input type="checkbox"/>		
Mailing <i>Rt. 3 Box 595</i>					Feet from Well: <input type="checkbox"/> Foundation: <i>7</i>		
Address <i>ASTORIA OREGON 97103</i>					Lot Line Front: <input type="checkbox"/> Side: <input type="checkbox"/> Rear: <input type="checkbox"/>		
Length of Lines - Ft. <i>75</i>		Trench Width: <i>24</i>	Total Sq. Ft.: <i>300</i>	Ft. between lines: <i>7</i>	Filter Type: <i>1/2</i>	Filter depth above tile: <i>2</i> in.	Filter depth below tile: <i>6</i> in.

Plot Plan (See instructions):



Date: 5/16/79

Signature: Glenn Carlson

For ~~Sanitarian~~ Use Only:

☒ Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal.

☐ Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal.

Date: 5-23-79

Remarks:

Bird Mason
Signature

State Of Oregon

Sanitarian's Signature



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

APPLICATION FOR BUILDING PERMIT

710-1-1201 NORTH

JURISDICTION

STATE OFFICE

ADDRESS

TELEPHONE

Applicant to complete numbered spaces only.

JOB ADDRESS		1 <u>RI. 3, Box 595 Astoria</u>		is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IDENTIFYING NAME OF BUILDING		2 <u>SFO - Add carport</u>		COUNTY <u>Clatsop</u>	
LEGAL DESCR.	LOT NO.	BLOCK	TRACT	<input type="checkbox"/> See Attached Sheet	
3	TAX LOT NO. <u>1201</u>	Township <u>7</u> Range <u>10</u> W.M.		Section No. <u>1</u>	
OWNER	MAIL ADDRESS		ZIP	PHONE	
4	<u>Muri Peterson</u>		<u>AS ABOVE</u>	<u>864-1070</u>	
CONTRACTOR	MAIL ADDRESS		PHONE	LICENSE NO.	
5	<u>H & H Builders</u>				
ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE	LICENSE NO.	
6					
ENGINEER	MAIL ADDRESS		PHONE	LICENSE NO.	
7					
USE OF BUILDING <u>Res.</u>					
8 <u>Carport</u>					
9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. _____					
10 Describe work: <u>Construct carport</u>					
11 Change of use from _____ to _____					
Total area <u>24x24</u>		No. of stories _____	No. of bedrooms _____	No. of living units or apts. _____	Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12 of building Sq. Ft.					
13 Declaration of <u>\$</u> Valuation of work <u>\$ 4000</u>		14 LOCAL GOVERNMENT APPROVALS			
15 Signature Required to Become Valid		SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED			
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		ZONING Use Zone <u>EFV</u> Fire Zone _____			
		Zoning Permit No. <u>62-142</u>			
		Date <u>6-23-82</u> Signature <u>Bernie L. Smith</u>			
		SANITATION Public _____ Private <input checked="" type="checkbox"/>			
Signature of Contractor _____ (Date) _____		DEQ Permit No. <u>79-8 Record Review</u>			
Signature of Owner (If Owner Builder) _____ (Date) _____		Date <u>Aug 23, 1982</u> Signature <u>John Smith</u>			
16 Directions to job-site. Draw map if necessary.					
<u>2 sets plans</u> <u>Development Permit</u> <u>BP 44.50</u> <u>876</u> <u>PR 28.93</u> <u>\$75.19</u>					

OFFICE USE ONLY

Plans reviewed for:

Plan Review - Structural and F&LS. ☐

Plan Review - Structural Only. ☐

Plan Review - Fire & Life Safety Only. ☐

Name _____

Date _____

Name _____

Date _____

Name _____

Date _____

Plan Review No. _____

Permit No. _____

Application Accepted By _____

Initial _____ Date _____

Telephone: 325-8611

FILE NUM. (for office use only)
TL 1 T 1 R 1 Sec. 1 No. 1

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

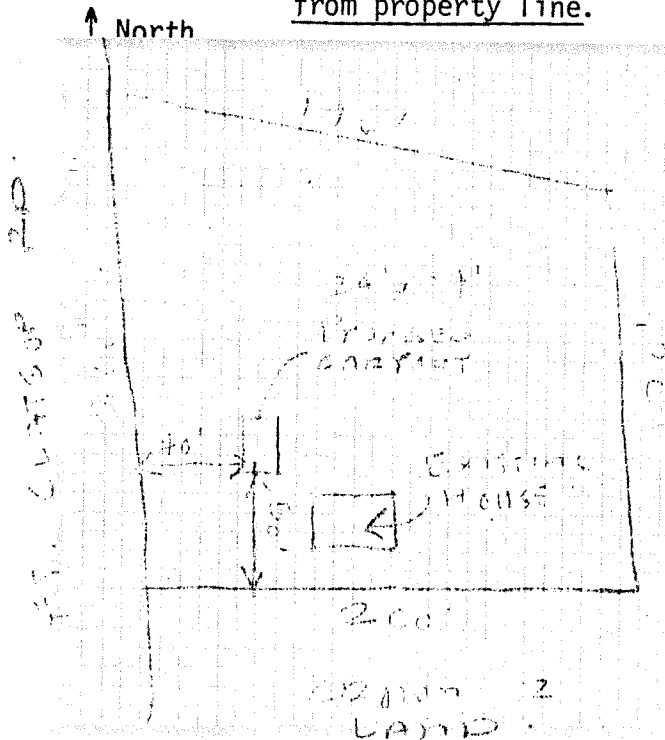
CLATSOP COUNTY

WATER AND LAND DEVELOPMENT PERMIT

Please Print Name _____ Signature _____
 Address _____
 Telephone _____

Proposed Use or Activity

1. Plot Plan. Please show the location of all water courses wetlands, buildings, septic tank and drainfield, driveways, roads, etc. Include setbacks from property line.



2. Area of lot 20,000 sq. ft.
3. Setbacks (from property line or road easement)
Front yard: Left 10' Right 10'
Side yard: Left 10' Right 10'
4. Water Source:
Private well or stream None
Community water system Yes
District Water
5. Building Height 10' 0" feet
6. Other concrete foundation

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

7. Zoning Designation _____
8. Hazards: Floodplain: Yes _____ No _____ If yes, floodplain elevation _____
Geological: Yes _____ No _____ If yes, type and conditions _____
9. Access to property is from: State Hwy _____ County Road _____ Easement _____
Other _____
10. Comments: _____

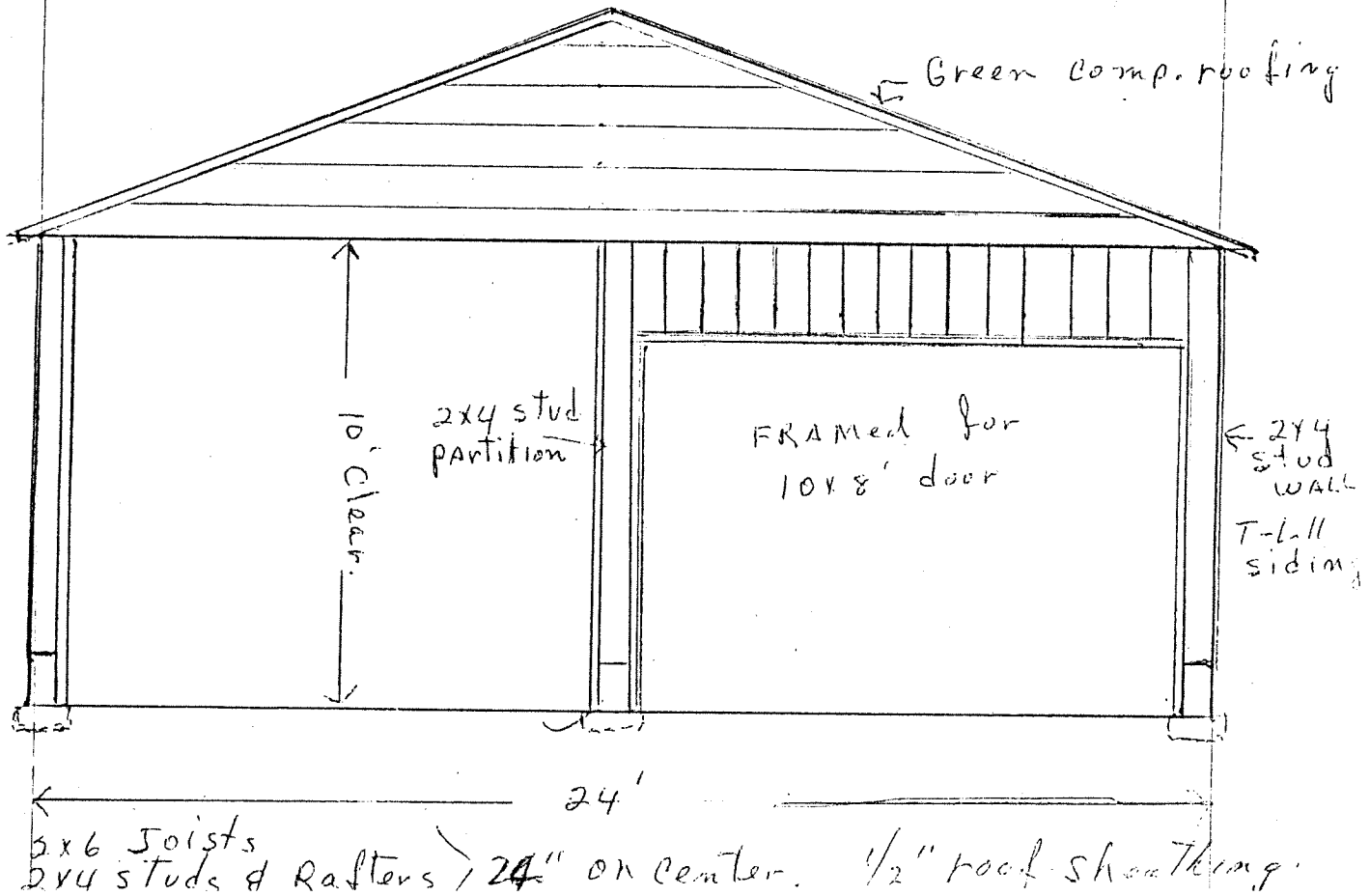
APPROVED _____ DENIED (see attachment) _____ APPROVED WITH CONDITIONS _____
CONDITIONS OF DEVELOPMENT _____

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

Signed _____
Date _____

TAX LOT. 1201

R.3. Box 595 ASTORIA.



5-02 710 1

1201

5-02

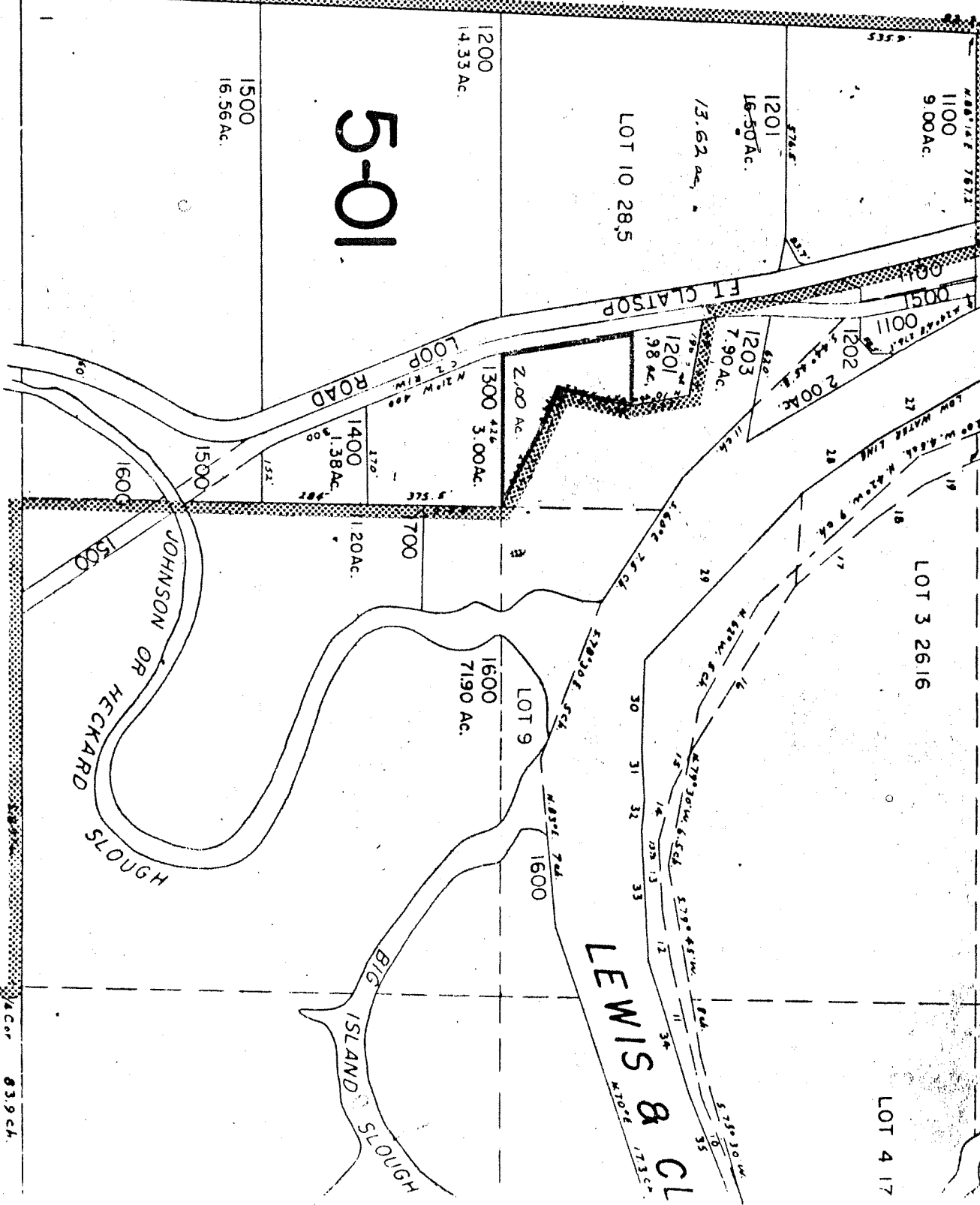
See Map 7 10

ROGAN'S SHARE
OF 79-80 TAXES,

3rd QTR. = 58.94

4th QTR. = 58.94

5-01



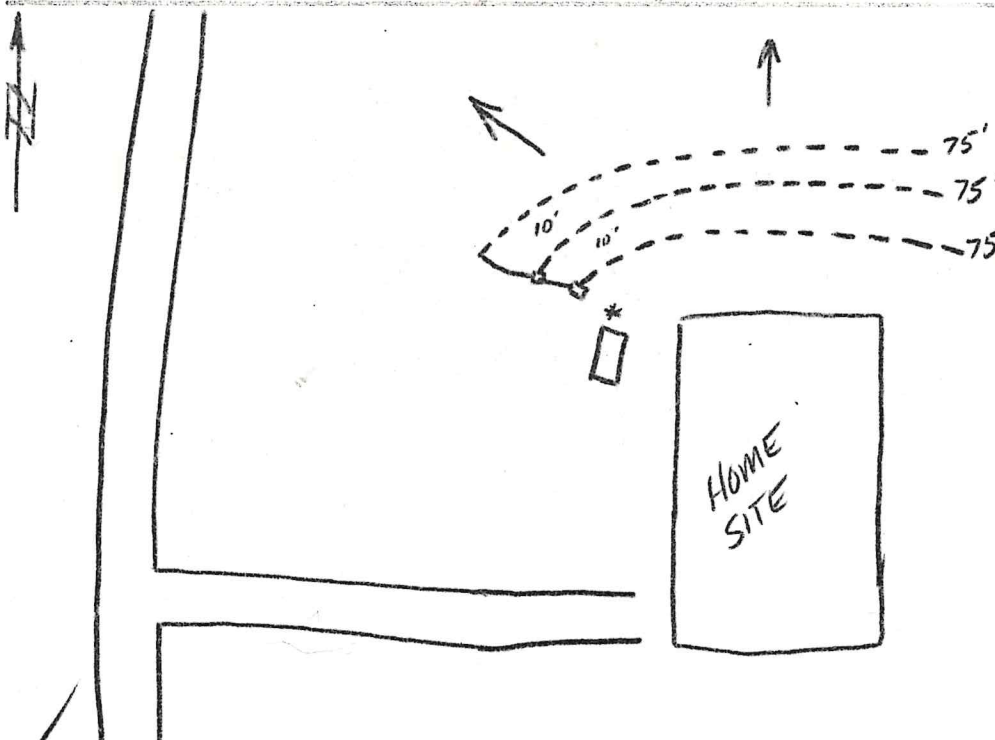
CLATSOP COUNTY HEALTH DEPARTMENT
357 COMMERCIAL STREET
ASTORIA, OREGON 97103
TELEPHONE 325 - 7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

710-1-1201
NORTH PORTION

PERMIT NO. 79-8

OWNER'S NAME Muri G. Peterson ADDRESS RL 3 Box 595 Ast.
PROPERTY ADDRESS 710-1-1201 (N. PORT.) INSTALLER GLEN CARLSON CONT.
RESIDENTIAL ☒ ; COMMERCIAL ☐ ; NO. OF LIVING UNITS 1 ; NO. OF BEDROOMS 2
WATER SUPPLY: PUBLIC ☐ , COMMUNITY ☒ , PRIVATE ☐ . TYPE OF WELL _____
DEPTH _____ FT. ISOLATION DISTANCE _____ FT. SOIL CLASSIFICATION S. LOAM
SEPTIC TANK: STEEL ☒ , CONCRETE ☐ , CAPACITY 1000 ⁷⁵⁰ GALLONS
STONE: SIZE 3/4-2 1/2" WASHED ☒ , BELOW TILE 6 IN. , ABOVE TILE 2"
TRENCH WIDTH 24 IN. ; TRENCH 10 FT. ON CENTER ; TOTAL SQ. FT. 450 SQ. FT.
TILE: CONCRETE ☐ , CLAY ☐ , PLASTIC ☒ ; BUILDING SEWER: MATERIAL AT TIME OF INSP. * NOT INSTALLED

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



() APPROVED: Installation conforms to DEQ Requirements.
() DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS:

DATE: MAY 2, 1979

SANITARIAN

Bill D. Mason

NOTE: This inspection was made to determine: the amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

Property Owner MURL PETERSON Permit Number 79-8
 T. 7 R. 10 Sec. 1 Tax Lot/Acct. No. 1201 (N. PORTION) Expiration Date 1-24-80
 Loc./Road CROWN BORT YARD RD. Issued By EDMASON

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

Blank size 750 gallons Disposal trenches 450 Square ft. 235 Lineal ft.
 Maximum trench depth 28" Minimum trench depth 10'
☐ Loop ☐ Equal ☒ Serial Distance between lines on center 6" Above pipe 2' ☐ Rake sidewalls
 Total rock depth 12' Below pipe 6"
 Special Conditions. [Follow Attached Plot Plan]

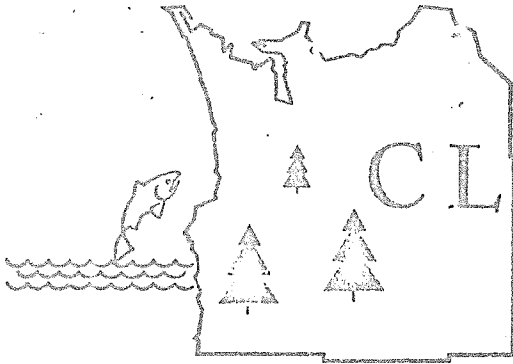
PRE-COVER INSPECTION REQUIRED — CONTACT:

POST ON SITE

79-8

Sanitarian's Signature

Geo Mason



CLATSOP COUNTY

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

September 6, 1978

Murl G. Peterson
Route 3 Box 595
Astoria, Oregon 97103

Re: 710 - 1 - 1201 (a northerly portion)

Dear Mr. Peterson:

On September 5, 1978, 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

RESTRICTIONS:

- 1) Provide an absorption area of 225 square feet per bedroom with a septic tank of at least 750 gallons capacity for the proposed two bedroom structure.
- 2) Place the drainfield and repair area in the area discussed with you.
- 3) Maximum trench depth shall not exceed 28".
- 4) Any alteration of the natural soil profile in the area approved could void this approval.
- 5) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction.
- 6) This approval is void if in conflict with any local planning or building regulations.

BDM/mm

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

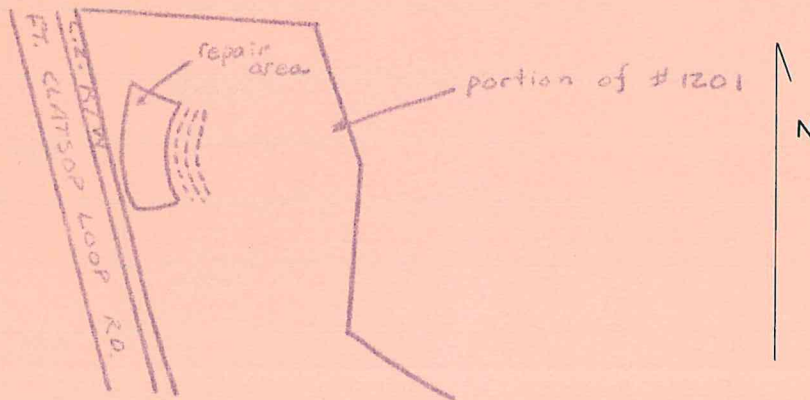
This is to certify that the following described property

710 - 1 - 1201 (a northerly portion)

has been evaluated on September 5, 1978 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: September 6, 1978
Date

To: Muriel G. Peterson
Landowner

Route 3 Box 595
Address

Astoria Oregon 97103
City State Zip

By Bruce D. Mason
DEQ or Contract Agent

CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

(To be filled out by
the Planning Department)Tax Lot 1201 Section 1Township 7 Range 10Size of Lot ~~16~~ 16.50 acresZone Designation A-1 & R-A

Lot Frontage on Public Road Yes (X) No ()

Major Partition Required Yes () No (X)

Walter Lindstrom
(Signature of Planning Department)August 14, 1978.
(Date)CLATSOP COUNTY HEALTH DEPARTMENT
Sanitation Section

PERMIT # _____

Name and Address to which permit or inspection
should be mailed:MURIL G. PETERSONRT. 3. Box 595ASTORIA ORE 97103Lot Evaluation Fee 25.00
(paid) mm

Permit Fee (paid) _____

SILLOAM 225 34"
MOTT. 34"

Person to be contacted in regard to this application:

Name MURIL G. PETERSONPhone No. 861-1070

Directions to property to be inspected:

NEAR 2 MILE POST - FORT CLATSOP LOOP ROADTEST HOLES HAVE BEEN DUG X
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

MUR/ G. PETERSON
Name of Applicant

Section _____ T _____ R _____

RT. 3, Box 595
Address

Tax Lot or Account # 1201

ASTORIA ORE 97103
City

Location FORT CLATSOP LOOP

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

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.

Mur G. Peterson
Signature (Owner/Installer)

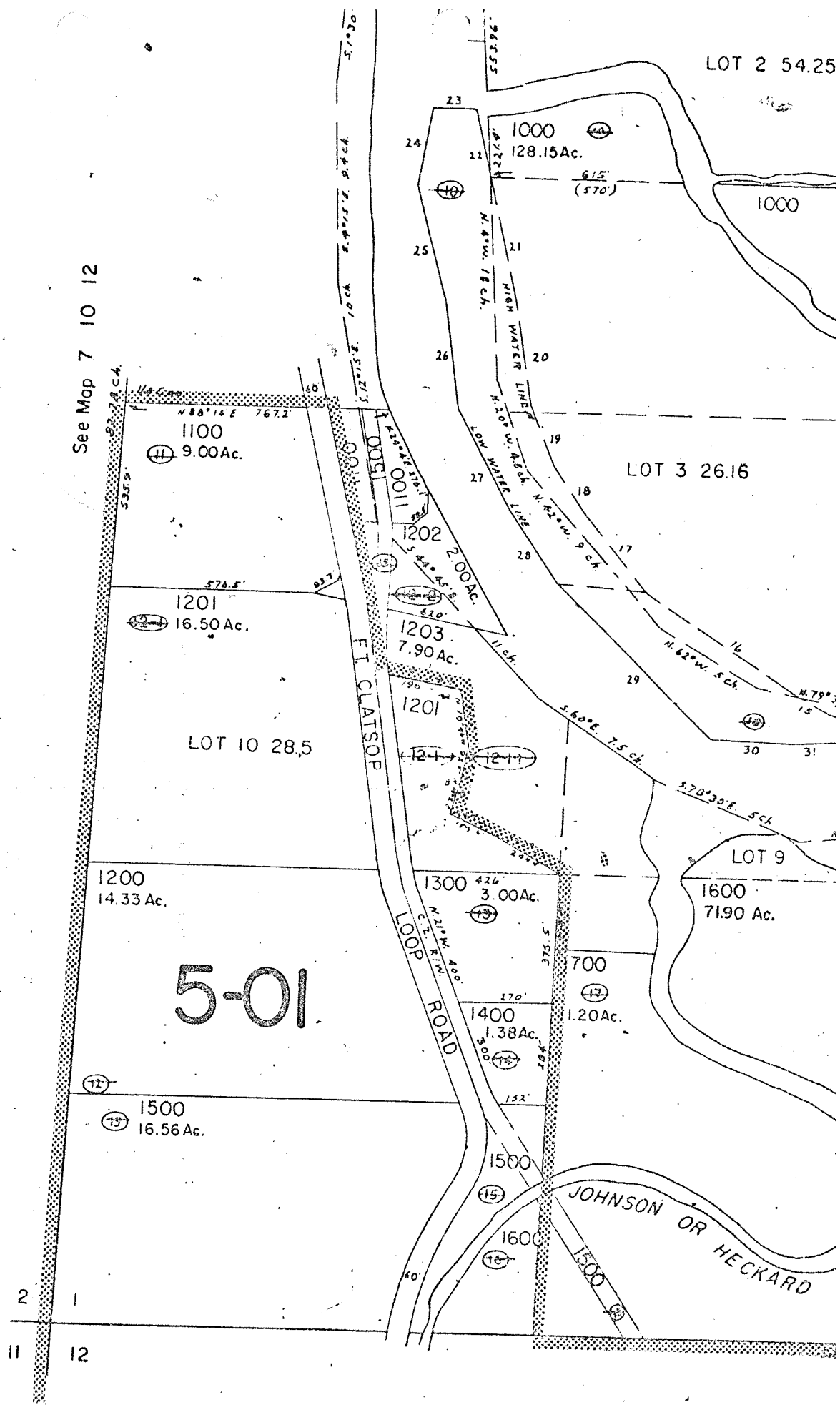
Permit No. _____

Date Aug. 25-1978

Issued _____

Date

Interim Form #1



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 2001

NORTH COAST BRANCH OFFICE
WARRENTON

LOT 2 54.25

1002
8.76 Ac.

1003
90.82 Ac.

1000
28.57 Ac.

LOT 3 26.16

LOT 4 17.9

1100
7.75 Ac.

1201
14.50 Ac.

LOT 10 28.5

1200
14.33 Ac.

1204
2.00 Ac.

1300
3.00 Ac.

1600
71.90 Ac.

1700
11.20 Ac.

1400
1.38 Ac.

1500
18.04 Ac.

1500

1600

LEWIS & CL

BIG ISLAND SLOUGH

JOHNSON OR HECKARD SLOUGH

See Map 7 10 12