

OPERATION & MAINTENANCE SERVICE CONTRACT

Date: 8-2-22

#186-21-000563

Service Provider: Complete Septic Service
41092 Ziak-Gnat Creek Lane *new owner*
Astoria, OR. 97103
Oregon DEQ Maintenance Provider License #RM134

Owner: Christy Coulombe

Billing Address: 90375 Lewis Rd Warrenton Oregon 97146

System Location: 90375 Lewis Rd Warrenton Oregon 97146

7-10-16AB-900

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of one inspection/service visit (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

OWNER RESPONSIBILITIES:

1. **Vegetation Control.** The owner shall control vegetation around and on the tank and sandfilter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

COST/BILLING:

1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
2. **Billing.** Billing shall be sent to the Owner prior to the 1st of the month with payment due by the 10th of each month.
3. **Annual Report Fee.** The annual report fee (currently at \$62) shall be billed to the owner at the time as well.
4. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

DISPUTES: All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

ACCEPTANCE OF PROPOSAL

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

Jerry or Jeffery Lebo
Service Provider


Signature

8-2-22
Date


System Owner (print)

Signature

8-2-22
Date

503-724-2400
System Owner phone number



Next payment due 8-2-23

Two Year Service contract expires on 8-2-24

NOT PAID



State of Oregon
Department of
Environmental
Quality

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

RECEIVED
APR 10 2020
CLATSOP CO. PUBLIC HEALTH

Office Use Only
Date Rcv'd _____
Amt \$ _____
Ck # _____

Annual Operation and Maintenance Report Form

General Information (Complete ALL information)

Property Owner: JARVIN Phone #: _____
 Site Address: 90375 Lewis RD City: WALLEN
 County: CLATSOP Permit #: 501262 Startup Date: 2-7-19
 System Model #: ORenco System Serial #: _____
 Service Report Year: 2019
7 10 16AB 00900

Onsite wastewater treatment system status: (Do not prefill and photocopy)

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

*Maintenance Provider Name (please print): Jerry LeBo
 *Certification #: PM134 *Certification Expiration Date: 4-13-22 (* Can be pre-filled & copied)
 Original Signature: [Signature] Date: 3-31-20

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

RECEIVED

AUG 17 2021



Existing System Evaluation Report for Onsite Wastewater Systems

CLATSOP CO. PUBLIC HEALTH

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Tonia Williams Telephone: _____

Site Address: 90375 Lewis Road City: Warrenton Zip Code: 97146

County: Clatsop Lot Size: _____ Acres/Square Feet (circle units)

Legal Description: Township 7N, Range 10W, Section 16AB, Tax Lot 900

Age of wastewater treatment system 26 (years) Is there a service contract for system components? Yes

Date the septic tank was last pumped 2-22-21 (please attach receipt if available)

Number of people occupying dwelling _____ If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

02-22-2021

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Jeffrey Lebo

Certification:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input checked="" type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: RI197/RM134

Business name Complete septic service Email jeffreylebo@gmail.com

Business address 41092 Ziak Gnat Cr Ln Astoria Oregon 97103 Phone 503-458-6870

Date of Evaluation: 02-22-2021 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

02-22-2021

Date (MM/DD/YYYY)


Signature of Qualified Septic System Evaluator

1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input checked="" type="checkbox"/> Dosing Tank | <input type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input checked="" type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) 95-140
- Year original septic system installed: 1995 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: _____ (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown
- Additional Comments:

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

-
-
- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

- Is the septic tank accessible? Yes No

- Septic tank volume in gallons 1100

- Tank volume determined by: Check all that apply, add comments below as needed

- Permit Records Measured Stamped on Tank Other

- Septic tank risers are at ground level Yes No

- Tank appears to be free from defects, leaking and signs of deterioration Yes No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact Yes No

- Septic tank baffles are intact: Inlet Yes No Outlet Yes No

- Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal

Effluent filter is present Yes No

- Effluent filter is free of debris Yes No Not Applicable

- Liquid level in tank relative to invert of outlet At Above Below

If above or below invert outlet, please explain: _____

- **Scum** layer 3 (inches) **Sludge** layer 2 (inches)

- **Scum** and **Sludge** layer more than 35% of the *total* tank volume Yes No

Indicate where sludge measured from: Inlet Middle Outlet

- Additional Comments:

The septic tank is a septic. dosing tank.

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank Yes No

(If "No," skip the rest of section 4)

- At the time of this evaluation the power was on to test the pump(s): Yes No

- Dosing tank capacity 1100 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- Dosing tank material Concrete
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen Orenco bio filter
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- **Scum** layer _____ (inches) **Sludge** layer _____ (inches)
- Additional Comments:
The septic tank is a septic dosing tank.

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

Soil absorption system is a alternative bottomless sandfilter.

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

- Locate all drain lines in soil absorption system Yes No
Total length of drain lines 350sq (ft)
Lengths determined by Physically uncovering portions of system/probing Written records
Fish tape Electronic locator camera
- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.
Yes No

If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in absorption area or distribution unit(s) Yes No
- The soil absorption system replacement area assigned in the permit record appears to be intact:
Yes No Replacement area not identified in permit record

If you answered "No," please explain below:

- Additional Comments:

6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter Yes No

(If "No," skip the rest of section 6)

- Type of sand filter

- Intermittent
- Recirculating
- Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in/ on sand filter media surface Yes No
- Surface access to manifold and valves Yes No
- Monitoring ports are present Yes No
- Lateral lines flushed and equal distribution verified Yes No
- The sand filter has a pump Yes No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition Yes No N/A
- Pump is functional Yes No
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- High water alarm in pump vault (audible and visual) is working Yes No
- Pump electrical components are sealed and watertight Yes No

- Additional Comments:

The septic svstem is working properly.

7. **Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** Yes No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name _____
System ID number _____
Manufacturer name _____

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

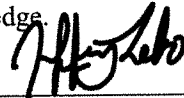
10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

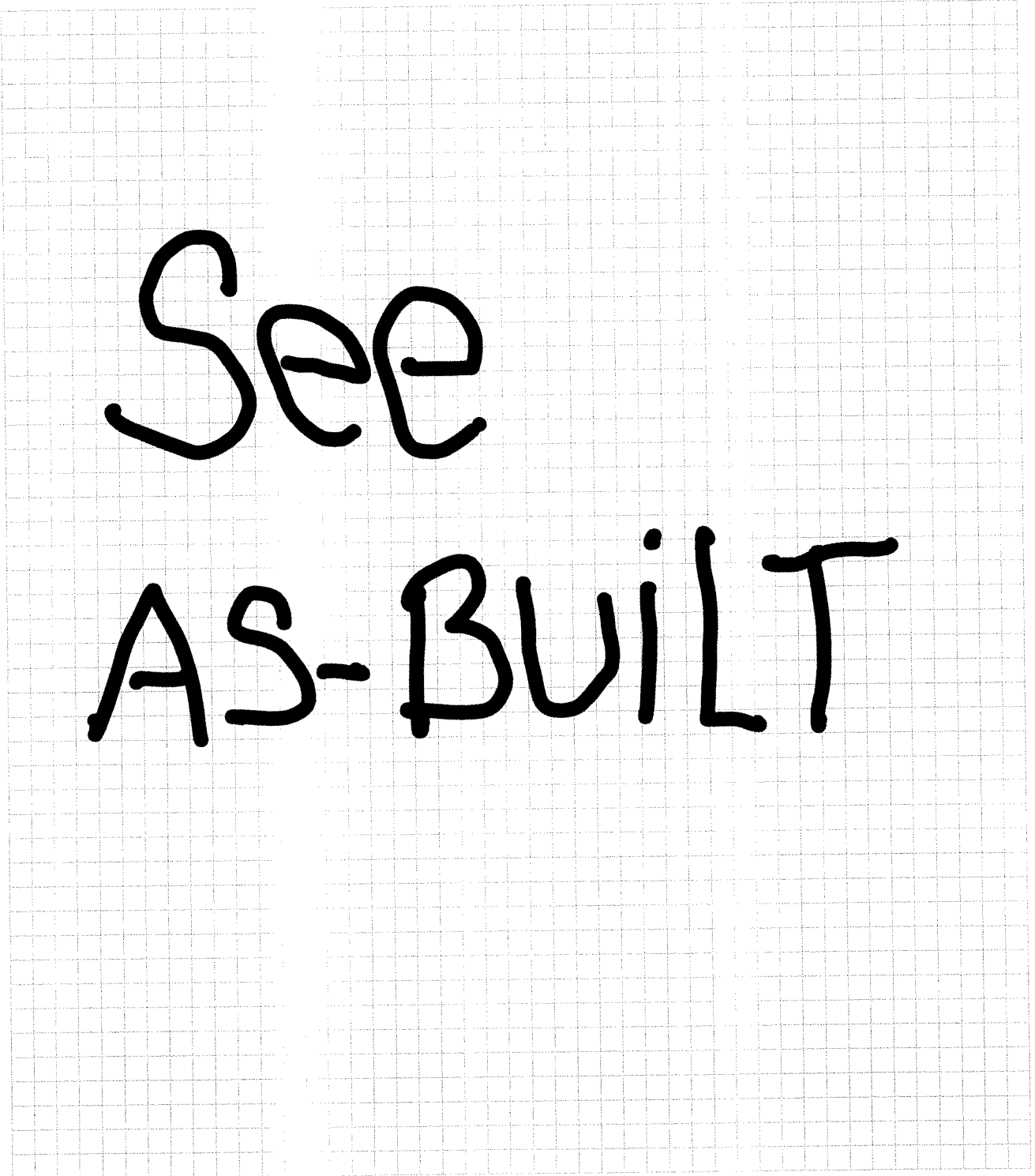
02-22-2021

Date



Signature of Qualified Septic System Evaluator

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



SEE
AS-BUILT

Certificate of Compliance

PROPERTY INFORMATION

Property Owner: **Partain James W** Township **7**, Range **10**, Section **16 A B**
Property Location: **90375 LEWIS RD, WARRENTON** Tax Lot **00900**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1100.00 gals**
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **30.00 inches**
Minimum Trench Depth: **30.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 This system is designed to accommodate a maximum 4 bedrooms and a peak sewage flow of 450 gallons per day.
- 2 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 3 In accordance with Oregon Revised Statute 454.665, this Certificate of Compliance is issued as evidence that this system is operating within design parameters.
- 4 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 5 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



Environmental Health Supervisor

3/21/2019

Authorized Agent:

Title:

Date Issued:

Mike McNickle

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303



CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION RECEIVED

Clatsop County Assessment and Taxation
820 Exchange Street, Suite 210, Astoria, Oregon 97103
Phone: (503) 325-8522 Fax: (503) 338-3638
assessor@co.clatsop.or.us www.co.clatsop.or.us

MAR 19 2019

#501262

FEE: \$450

CLATSOP CO. PUBLIC HEALTH

3/14 (pd) 003953 8/101

Effective July 1, 2018, Clatsop County requires approval of a revocable permit for short term (up to 30 consecutive days) rental of residential property in unincorporated areas of Clatsop County, including within urban growth boundaries. In Arch Cape, these rentals are limited to either a minimum period of seven nights or, if fewer than seven nights, then to no more than one rental within a seven (7) night period. These permits are processed and reviewed similar to a Type 1 Development Permit.

INSTRUCTIONS TO APPLICANT - COMPLETE THIS FORM - PLEASE PRINT CLEARLY

REQUIRED ATTACHMENTS:

- Certificate of Compliance from Clatsop County Public Health Department
- Certification from the Clatsop County Building Official approving the home inspection
- Certification from the Clatsop County Planning Division that the proposed use is permitted in the zone
- Scaled drawing showing property lines and, including all buildings, garage spaces, driveways and off street parking.
- Map to be displayed depicting the tsunami evacuation route (if applicable)
- Proof of liability coverage on the short term rental
- Information on how renters will be informed of regulations and location of parking, quiet hours, garbage removal and recycling.
- Completed Transient Room Tax Registration form. Attach a list, with signatures, of all owners if more than two.
- Instructions regarding delivery of permit if it is to be mailed to someone other than the first owner listed in our records.
- Signed Applicant Statement

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED

Property Address 90375 LEWIS ROAD, Warrenton
 Township 7 Range 10 Section 16AB Tax Lot 00900
 Applicant Name Dean Partain Email deanpartain@gmail.com
 Mailing Address 40695 NW Pacific ave City State Zip Banks OR 97106
 Phone: Daytime _____ Evening _____ Cell 503 888 8460

Use additional sheets of paper for more than two property owners.

¹Owner Name James Partain Email _____
 Mailing Address P.O. Box 596 City State Zip Banks OR 97106
 Phone: Daytime _____ Evening _____ Cell 503 530 6148
 Signature: [Signature] Date: 2-10-19
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

²Owner Name Dean Partain Email deanpartain@gmail.com
 Mailing Address 40695 NW Pacific ave City State Zip Banks OR 97106
 Phone: Daytime _____ Evening _____ Cell 503 888 8460
 Signature: [Signature] Date: 2-10-19
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

PARTY RESPONSIBLE AND AUTHORIZED TO ACT TO PROMPTLY REMEDY ANY COMPLAINTS:

Agent/Manager Name Dean Partain Email deanpartain@gmail.com
 Mailing Address 40695 NW Pacific ave City State Zip Banks OR 97106
 Phone: Daytime _____ Evening _____ Cell 503 888 8460

4 Sleeping Areas NOT in Arch Cape

3/21/19 - emailed Alida - no address



CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION

Clatsop County Assessment and Taxation
820 Exchange Street, Suite 210, Astoria, Oregon 97103
Phone: (503) 325-8522 Fax: (503) 338-3638
assessor@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED

MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

#501262

Department Use Only -

Permit No. _____ Date Issued: _____ Authorization: _____

FEE \$450.00 Paid 3/31/19 check # 1178

PUBLIC HEALTH APPROVAL

Sleeping Areas Authorized by Public Health: 3 bedrooms and 450 gals. of sewage

Date of Certificate of Compliance: 3/21/19

Public Health Signature: [Signature]

per day max.

BUILDING CODES APPROVAL

Initial Inspection Date: _____

Requires Re-inspection? Y _____ N _____

Re-inspection date (if applicable): _____

Requires Re-inspection _____? (Additional fee required) Y _____ N _____

FEE \$125.00 _____

Building Codes Approval Date: _____

Building Codes Signature: _____

SURROUNDING PROPERTY OWNER NOTIFICATION

Self-Notification to Surrounding Property Owners or County Notice? (County notice requires an additional fee):

Self _____ County X

FEE \$100.00 Paid 3/31/19 check # 1179

RECEIVED

MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

ON SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT

#501262

Date: 2-7-19

Service Provider: **COMPLETE SEPTIC SERVICE**
41062 Zlak-Gnat Creek Lane
Astoria, OR 97103
Oregon DEQ Installer License #197
Oregon DEQ Pumper License # ~~376~~
Oregon DEQ Maintenance Provider License # M238

7-10-16AB-900

Owner: James Partain

System Location: 90375 Lewis Rd
Warrenton OR 97146

DESCRIPTION OF WORK TO BE PROVIDED BY SERVICE PROVIDER

1. **System Inspections.** We will provide a minimum of two inspections/service visits (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/closing tank, effluent filters, pumps, controls, and inspecting the ~~bottomless sand filter, seepage bed, or seepage trenches~~ which are part of the system. Also included is measuring the sludge and scum depth in the tank, clearing screens, testing float functions, and calibrating the effluent pump. We will visually assess color, turbidity, and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Warrenton along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s) and suggest a DEQ licensed pumper for you to call.
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Warrenton within 30 days if the service contract is not renewed or terminated.

(5)
(0)

RECEIVED

MAR 19 2019

LATSOP CO. PUBLIC HEALTH

#501262

OWNER RESPONSIBILITIES:

1. **Water Meter Readings.** The owner shall provide water meter readings and email the readings to the Service Provider.
2. **Vegetation Control.** The owner shall control vegetation around and on the tank and sand filter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

COST/BILLING:

1. **Annual Rate.** The contract service work shall be charged at \$200.00 per year.
2. **Billings.** Billings shall be sent to the Owner prior to the 1st of the month w/ payment due by the 10th of each month.
3. **Annual Report fee.** The annual report fee (currently \$67.00) shall be billed to the owner at this time as well. *\$60*
4. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%.
5. **Additional Service.** Extra service calls will be billed monthly.
6. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 - 5 years at a cost of \$600.00 (subject to change).

CHANGES: All changes in the contract shall be verified in written change orders prior to commencing the changed work.

CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two-year period within 30 days of this contract expiration.

PAYMENT-INTEREST: Interest of 18% per annum shall be charged on all invoiced amounts not paid within 30 days of work invoice.

DISPUTES: All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

ACCEPTANCE OF PROPOSAL

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

COMPLETE SEPTIC:

Jerry Labo

Jerry Labo, Owner
Date: *2-7-19*

OWNER:

Jim Partain

Name: Jim Partain
Date: *2-7-19*

RECEIVED

MAR 19 2019



Existing System Evaluation Report for Onsite Wastewater Systems

CLATSOP CO. PUBLIC HEALTH

#501262

State of Oregon Department of Environmental Quality

Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Dean James Partain Telephone: _____

Site Address: 90375 Lewis Rd City: Warrenton Zip Code: 97146

County: Clatsop Lot Size: .83 Acres/Square Feet (circle units)

Legal Description: 7 10 16 00900

Age of wastewater treatment system _____ (years) Is there a service contract for system components? yes

Date the septic tank was last pumped 8-17-18 (please attach receipt if available)

Number of people occupying dwelling 5 If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? No

The above information is true and to the best of my knowledge.

2-7-19

Date (MM/DD/YYYY)

James Partain
Signature of Owner, or agent if present

Name of person performing evaluation (please print): _____

Certification:

- Installer
- Maintenance Provider
- National Association of Wastewater Technicians
- Other: DEQ approved in writing (please describe) _____
- Professional Engineer
- Environmental Health Specialist
- Waste Water Specialist

Certification Number: RT 197 + MA38

Business name Complete Septic Email _____

Business address 41092 ZIAK-GNATICR LN Phone 458-6870

Date of Evaluation: 2-7-19 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

2-7-19
Date (MM/DD/YYYY)

[Signature]
Signature of Qualified Septic System Evaluator

#501262

1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- Septic Tank - *Dosing*
- Dosing Tank
- Multi-compartment Tank
- Seepage Bed
- Other _____
- Cesspool
- Disposal Trenches/ Leach Lines
- Capping Fill
- Sand Filter

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) 95-140
- Year original septic system installed: 10-16-95 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: _____ (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown

- Additional Comments:

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this evaluation.

- Septic tank was pumped during the course of this evaluation Yes No
- If the septic tank was **NOT pumped** during the course of this evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

#501262

The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

- Is the septic tank accessible? Yes No
- Septic tank volume in gallons 1100
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- Septic tank risers are at ground level Yes No
- Tank appears to be free from defects, leaking and signs of deterioration Yes No
 If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact Yes No
- Septic tank baffles are intact: Inlet Yes No Outlet Yes No
- Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal
- Effluent filter is present Yes No
- Effluent filter is free of debris Yes No Not Applicable
- Liquid level in tank relative to invert of outlet At Above Below
 If above or below invert outlet, please explain: _____
- Scum layer 0 (inches) Sludge layer 0 (inches)
- Scum and Sludge layer more than 35% of the total tank volume Yes No
 Indicate where sludge measured from: Inlet Middle Outlet
- Additional Comments:

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank Yes No
 (If "No," skip the rest of section 4)
- At the time of this evaluation the power was on to test the pump(s): Yes No

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MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

#501262

- Dosing tank capacity 1100 (gallons) SEPTIC-DOSING
- Tank volume determined by: Check all that apply, add comments below as needed
 - Permit Records Measured Stamped on Tank Other
- Dosing tank material concrete
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen O-Renco
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 - Gravel and pipe Chamber Tile Polystyrene foam and pipe Other SAND FILTER
- Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

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CLATSOP CO. PUBLIC HEALTH

#501262

- Locate all drain lines in soil absorption system Yes No

Total length of drain lines _____ (ft)

Lengths determined by Physically uncovering portions of system/probing Written records

Fish tape Electronic locator camera

- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts Yes No

- Evidence of ponding in absorption area or distribution unit(s) Yes No

- The soil absorption system replacement area assigned in the permit record appears to be intact:

Yes No Replacement area not identified in permit record

If you answered "No," please explain below:

- Additional Comments:

6. **Sand Filter System**

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter Yes No

(If "No," skip the rest of section 6)

- Type of sand filter

Intermittent
 Recirculating
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

#501262

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in/ on sand filter media surface Yes No
- Surface access to manifold and valves Yes No
- Monitoring ports are present Yes No
- Lateral lines flushed and equal distribution verified Yes No
- The sand filter has a pump Yes No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition Yes No N/A
- Pump is functional Yes No
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- High water alarm in pump vault (audible and visual) is working Yes No
- Pump electrical components are sealed and watertight Yes No

- Additional Comments:

7. **Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** Yes No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name _____
 System ID number _____
 Manufacturer name _____

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GLATSOP CO. PUBLIC HEALTH

#501262

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

10. **Disclaimer:**

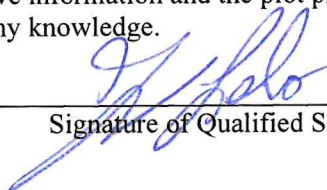
This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

Date

2-7-19

Signature of Qualified Septic System Evaluator



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Oregon Department of Environmental Quality

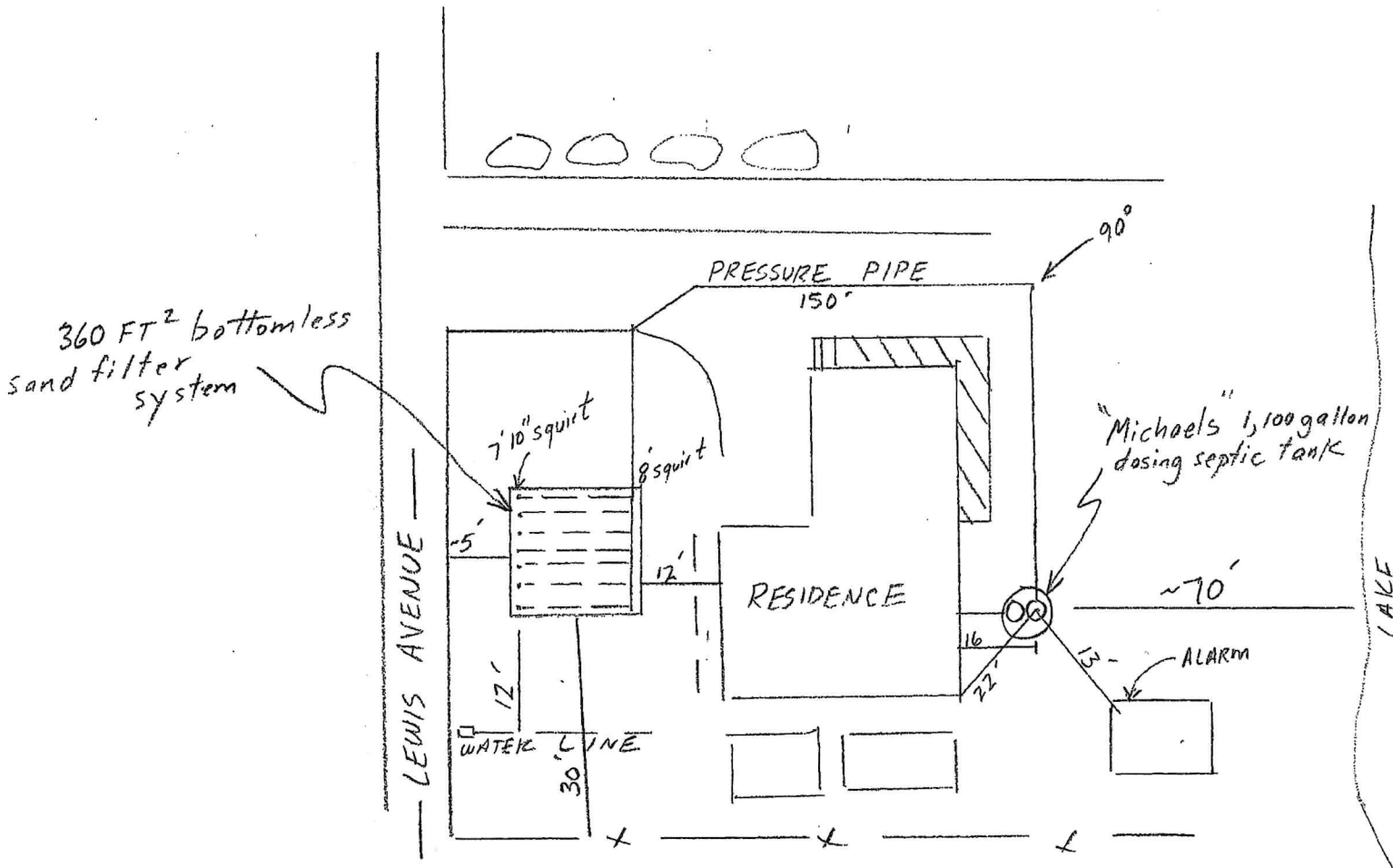
MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.

#501262

10-16-95



10-11-95 Initial cut 30" Deep @ S.W. corner
10-16-95 Pump test; 45 gallon dose

43469

Control No.

\$ 275.00

Fee

New Construction

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

90375 Lewis Rd Warrenton

PERMIT NO.

RECEIVED

MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

#501262
Clatsop

Major Repair

Other

Permit Issued To James Goetze Estate
(Property Owner's Name)

7N
(Township)

10W
(Range)

16AB
(Section)

900
(Tax Lot / Acct. No.)

Clatsop
(County)

Lewis Rd.
(Road Location)

Warrenton
(City)

Dewey Darold
(Issued by - Signature)

9-26-95
(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 September 26, 1996

TYPE OF SYSTEM Alternative- Bottomless Sand Filter

Dosing-septic

Design Sewage Flow 450 Gallons/Day

Tank Volume 1,100 Gallons

Disposal Trenches

Seepage Bed(s) 360 Square Feet

Maximum Depth 30 inches.

Minimum Depth N/A inches.

Linear Feet

Equal 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. Properly decommission existing septic tank and submit copy of pumping receipt. 10' setback to any property lines, water lines or 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 Bill Bergerson Const.

See as-built plot plan
in file.

Final Insp. Date 10-16-95

Inspected By Dewey Darold

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.

Dewey Darold
(Authorized Signature)

ES/RS
(Title)

10-16-95
(Date)

DEQ, NCBO, Warrenton
(Office)



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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 MAR 19 2019
 CLATSOP CO. PUBLIC HEALTH
 #501262

Short Term Rental Land Use Compatibility Statement

Proposed Use: Short Term Rental

Base Zone: RA-1/LW Overlay District: BDD

Project Location:

T 7 R 10 S 16 AB TL 00900 Acres .45

Applicant Name: Dean Partain Email: deanpartain@gmail.com
 Address: 40695 NW Pacific ave City/State/Zip: Banks OR 97106
 Phone: 503 888 8460 Phone: _____

Owner Name: James Partain Email: _____
 Address: P.O. BOX 596 City/State/Zip: Banks OR 97106
 Phone: 503 530 6148 Phone: _____

Other Name: Dean Partain Email: deanpartain@gmail.com
 Address: 40695 NW Pacific ave City/State/Zip: Banks OR 97106
 Phone: 503 888 8460 Phone: _____

SIGNATURES:

Applicant: [Signature] Date: 2-10-19

Owner: [Signature] Date: 2-10-19

Agent/Other: _____ Date: _____

Clatsop County Community Development:

Based upon the above zoning, it is determined that Short Term Rental is a use permitted in that zone. Short Term Rentals are subject to the regulations outlined in Ordinance 17-02 and Ordinance 18-01.

Authorization: [Signature] Date: 3/8/19



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MAR 19 2019

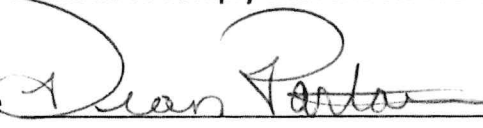
CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

CLATSOP CO. PUBLIC HEALTH

#501262

1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Clatsop County Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 (Arch Cape), Clatsop County Ordinance No. 18-01 (unincorporated Clatsop County, excluding Arch Cape) and/or any other applicable law.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD. The issuance of a short term rental permit by the Clatsop County Assessment and Taxation Director may be appealed within twenty (20) calendar days of the date of the notice of conditions, suspension or revocation. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by Clatsop County Building Codes and a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).

I have read and understand the APPLICANT'S STATEMENT and agree to abide by the terms.
I have met and will continue to comply with the standards under this ordinance.

Applicant Signature  Date: 2-10-19

Map



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MAR 10 2019

CLATSOP CO. PUBLIC HEALTH
#501262



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



17-10-16AR-900 = .45 plus .38
underwater
area

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MAR 19 2019

CLATSOP CO. PUBLIC HEALTH

#501262

Cash Slip
03/14/2019

Cash Slip: D03953 Type: Cash Deposit

Status: Received

Deposit Date: Description:

Status:

Organization:

For:

1150 Assessment & Taxation

Tax Collector Deposit

Source of Revenue	Fund Name	Fund	Dept	Debit Account	Credit Account	Amount	CFDA #
Unsegregated Taxes	Fin/treas Misc Recon Fund	990		01-0010	78-9916	41,862.82	
A&T Interest	Fin/treas Misc Recon Fund	990		01-0010	78-9921	3,205.89	
Warrant Fees	General	001	1150	01-0010	81-7035	598.00	
App - Partain	Building Codes	036	7165	01-0010	81-7017	250.00	
App - Partain	Public Health	007	4174	01-0010	81-7017	100.00	
App - Partain	General	001	2700	01-0010	81-7017	50.00	
App - Partain	General	001	1150	01-0010	81-7017	50.00	
STR Notification - Partain	General	001	1150	01-0010	81-7017	100.00	

Breakdown of Total

Total: 46,216.71

Total Coin:	0.00
Total Currency:	212.00
Total Checks:	46,004.71
Total Credit Card:	0.00
Total EFT:	0.00
Total:	46,216.71



Septic Application

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

For Department Use Only

Permit #: 501262
 Permit Type: Compliance Report
 Entry Date: 3/19/2019
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	03/19/2019

Work Description

Work Description:

Remarks:

Owner

Name: **Partain James W** Ph. #: (503) 530-6148 Cell: () -
 Address: PO BOX 596 E-Mail: Fax: () -
 City, State, Zip: Banks, OR 97106

Applicant

Partain James W Ph. 5035306148 Fax
 PO BOX 596 Cell E-Mail
 Banks, OR 97106

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	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>JE #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	JE	D03953	03/14/2019	\$100.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

43469

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 95-140

\$ 275.00

Fee

[] New Construction

[X] Major Repair

[] Other

Permit Issued To James Goetze Estate (Property Owner's Name) 7N (Township) 10W (Range) 16AB (Section) 900 (Tax Lot / Acct. No.) Clatsop (County) Lewis Rd. (Road Location) Warrenton (City) Dewey Darold (Issued by - Signature) 9-26-95 (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 September 26, 1996

TYPE OF SYSTEM Alternative- Bottomless Sand Filter

Dosing-septic

Design Sewage Flow 450 Gallons/Day

Tank Volume 1,100 Gallons

Disposal Trenches []

Seepage Bed(s) [] 360 Square Feet

Maximum Depth 30 inches.

Minimum Depth N/A inches.

Linear Feet

Equal [] Loop [] Serial []

Pressurized [X]

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. Properly decommission existing septic tank and submit copy of pumping receipt. 10' setback to any property lines, water lines or 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 Bill Bergerson Const.

See as-built plot plan in file.

Final Insp. Date 10-16-95

[] Inspected By Dewey Darold

[] 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.

Dewey Darold (Authorized Signature)

ES/RS (Title)

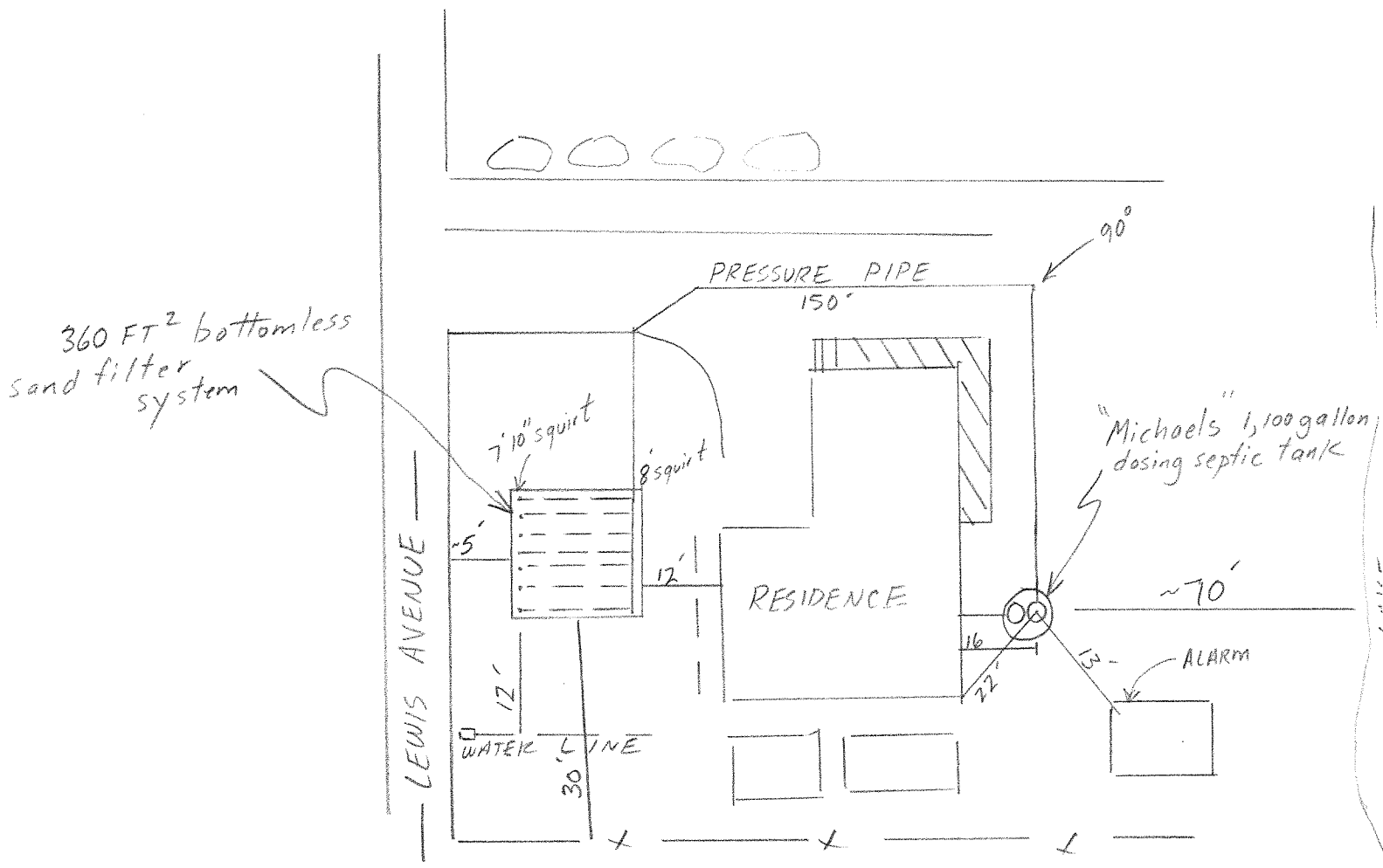
10-16-95 (Date)

DEQ, NCBO, Warrenton (Office)



James Goetze Estate
710-16AB-900
95-140

Dewey Darold
10-11-95
10-12-95 / 10-16-95
As-built / Pre-cover
(NTS)



10-11-95 Initial cut 30" Deep @ S.W. corner
10-16-95 Pump test; 45 gallon dose

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 Rt. 4 Box 621
 ASTORIA, OREGON 97103
CLYDE McDONALD 458-6521

STATEMENT

DATE	10-12-95
NUMBER	

Bergerson Const.
Rt 1, Box 595
Seaside Oregon 97138

Re: *Birkenfield*
 TERMS: *Rt 1, Box 805-A*
Warrenton, Oregon

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
10-12-95	Charged Septic Tank To Replace Drainfield #	12500

ED'S
Septic Tank Cleaning Service

Thank You PAY LAST AMOUNT
IN THIS COLUMN

DEPT. OF ENVIRONMENTAL QUALITY
PROCESSED BY [unclear] / Inc., Groton, Mass 01471 To Order PHONE TOLL FREE 1-800-225-6380
RECEIVED

OCT 19 1995

**NORTH COAST BRANCH OFFICE
 WARRENTON**

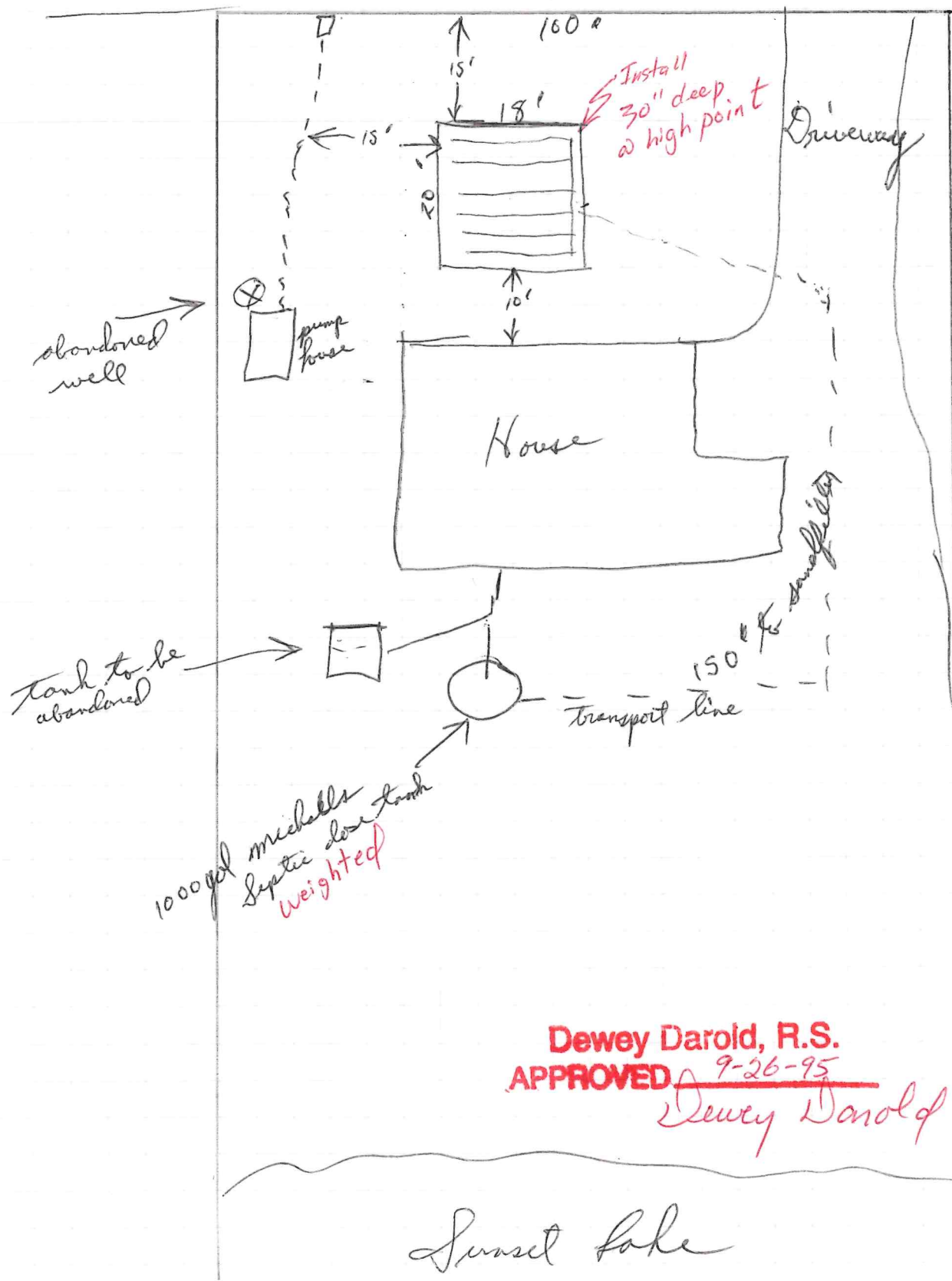
Plot Plan for
Carey Bickerfield
by Ron Johnson

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 5 1995

NORTH COAST BRANCH OFFICE
WARRENTON

Sunset Lake Road

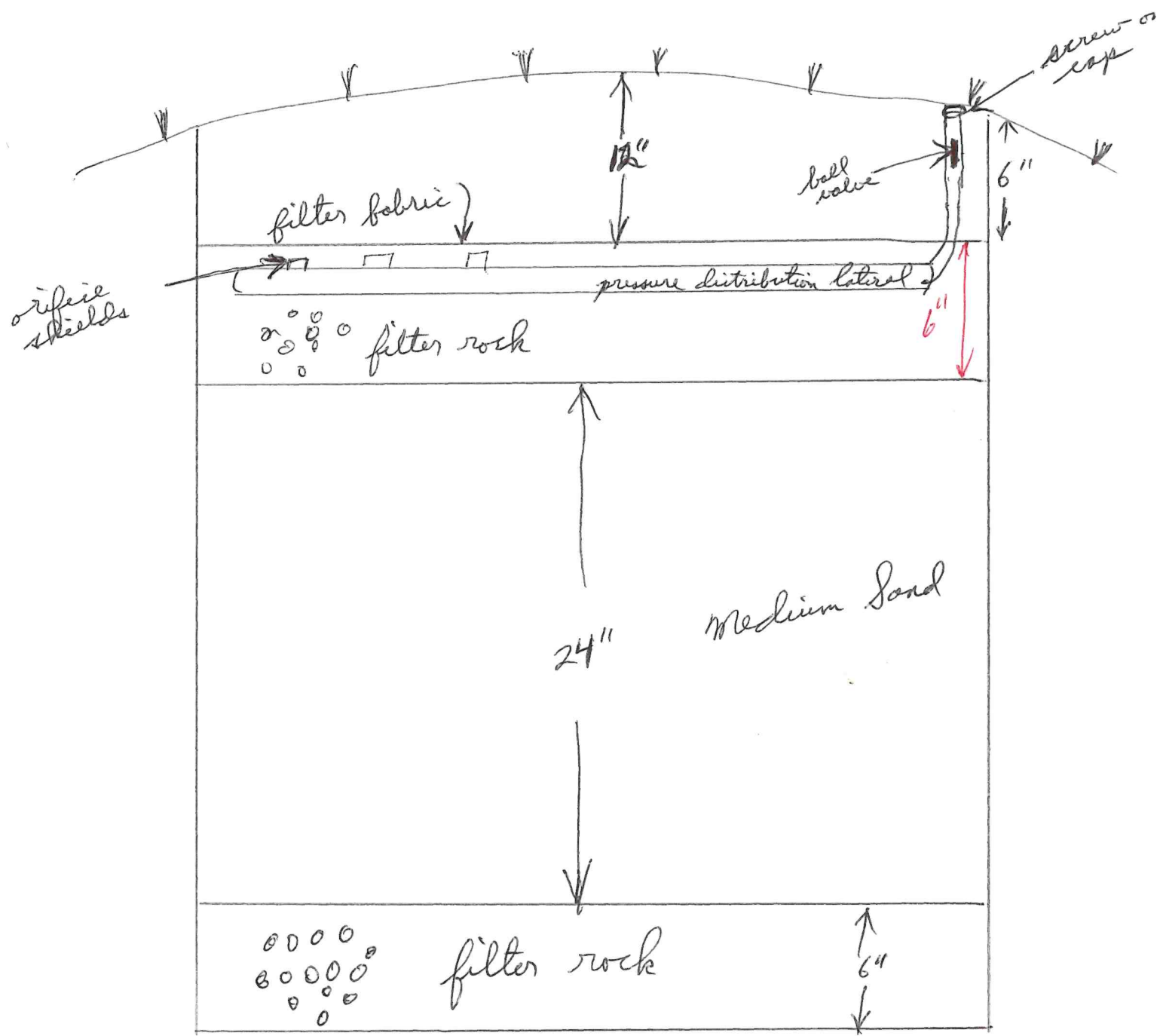


Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold

Plot Plan for
Carey Birkenfield
by Ron Johnson

Howard E. Johnson & Sons Construction

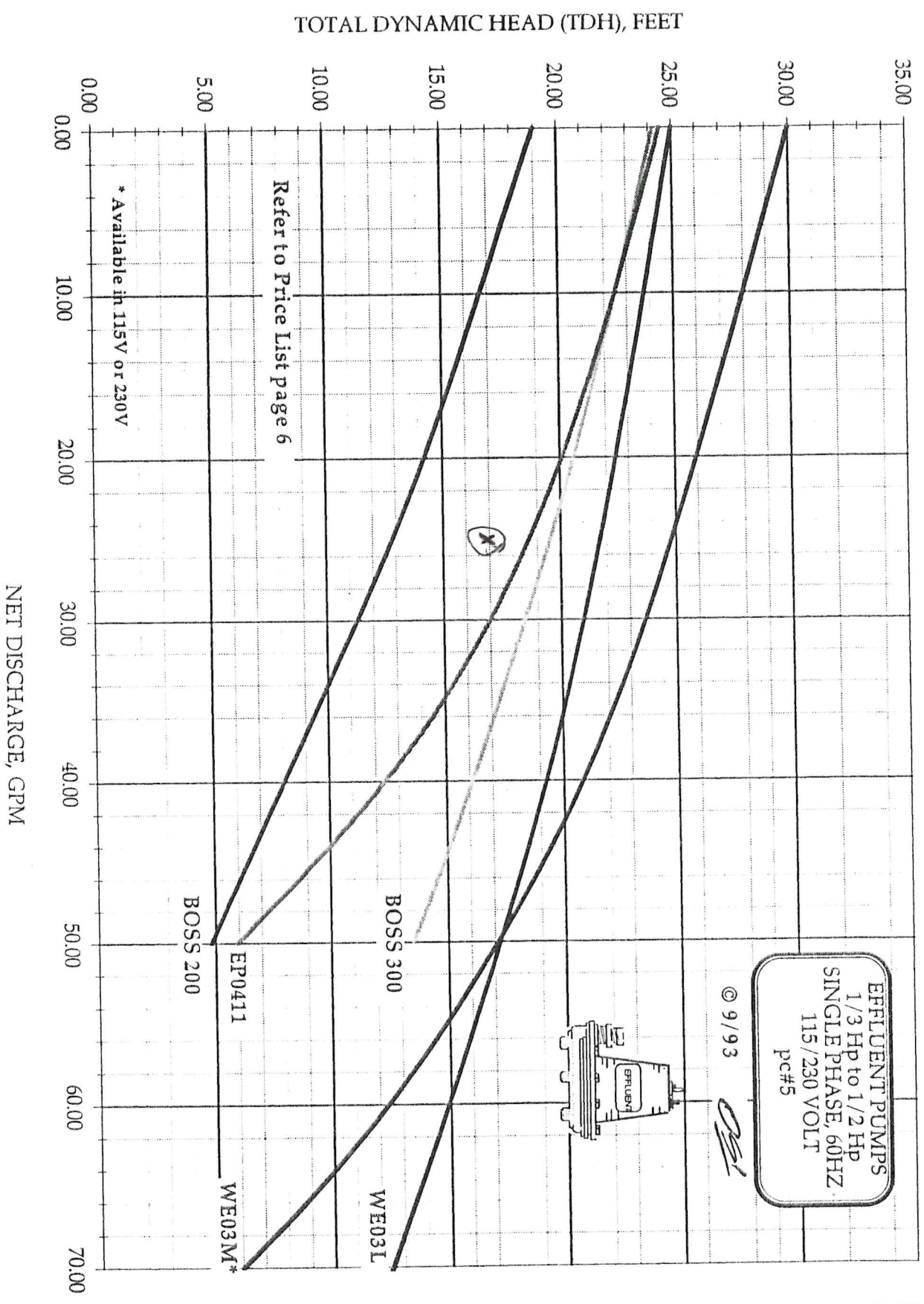
CRUSHED ROCK & SCOOP WORK
Hamlet Rt., Box 271
Telephone 738-7328
SEASIDE, OREGON 97138



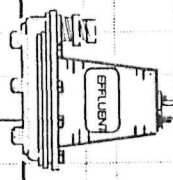
Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold

ORENCO SYSTEMS, INC.

2826 COLONIAL ROAD ROSEBURG, OR 97470 Ph (503) 673-0165 FAX (503) 673-1126



EFFLUENT PUMPS
1/3 Hp to 1/2 Hp
SINGLE PHASE, 60HZ
115/230 VOLT
pc#5



© 9/93

Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold

SYSTEM HEAD CALCULATIONS

1. STATIC HEAD: (vertical elevation difference from the pump base to the pressure distribution laterals) 6 feet

2. SYSTEM ALLOWANCE: (includes distribution piping losses and a five foot residual head discharge at the distribution laterals) 10* feet

3. FRICTION HEAD: (transport pipe friction loss at flow rate)

(a) Calculate Flow rate:

Diameter of orifices..... 1/8 inch

Number of orifices = N = 63

Orifice discharge rate = R = 0.41 gpm

Total gallons per minute = N X R = 25.8 gpm

(b) Calculate Friction Head Loss:

Length of transport pipe = P (in feet) 150'

Friction loss coefficient = L (see reverse side) 1.14

Friction Head = P X L = 1.7 feet

4. TOTAL DYNAMIC HEAD (TDH): (sum of static head, system allowance and friction head) 17.7 feet

5. HYDRAULIC SPECIFICATIONS:

PUMP DUTY: 25 gpm @ 17.7 TDH

BRAND: Boss 300

MODEL: Grundfos HORSEPOWER: 1.5

CAPACITY: 25 ~~25~~ 17.7 TDH @ 35 GPM, and

25 GPM @ 19.5 TDH

Footnote: * in absence of specific head loss calculations, use 10 feet for this factor.

Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold

MOHLER SAND & GRAVEL

503-368-5157 OFFICE
503-368-5166 FAX

36435 HWY 101 N
NEHALEM, OR 97131

DEQ SAND SPECIFICATIONS

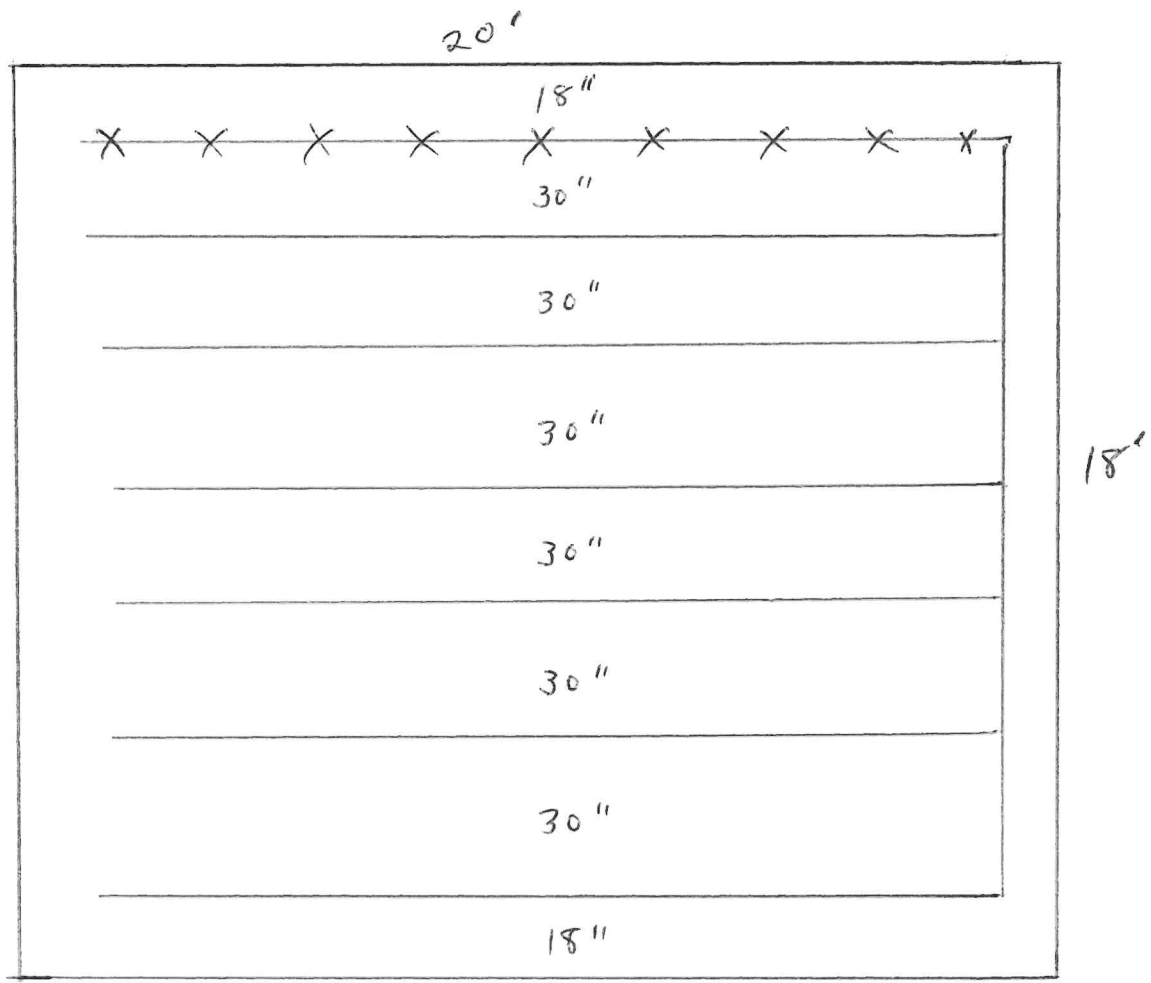
<u>SIEVE SIZE</u>	<u>WEIGHT RETAINED</u>	<u>% RETAINED</u>	<u>% PASSING</u>	<u>SPECIFICATION</u>
3/8				100
4	131	3	97	90 - 100
10	463	11	89	62 - 100
16	1324	32	68	45 - 82
30	2727	66	34	25 - 55
50	3864	44	6	5 - 20
60	3463	96	4	0 - 10
100	4086	99	1	0 - 40
PAN	4104			

Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold

*Pipe layout
and hole placement
in sand filter*

Howard E. Johnson & Sons Construction

CRUSHED ROCK & SCOOP WORK
Hamlet Rt., Box 271
Telephone 738-7328
SEASIDE, OREGON 97138



Dewey Darold, R.S.
APPROVED 9-26-95
Dewey Darold



WATER
RESOURCES
DEPARTMENT

Watermaster

*State of Oregon
Water Resources Department*

WATERMASTER, DISTRICT 1
COLUMBIA COUNTY COURTHOUSE
ST. HELENS, OR 97051
(503) 397-0633
FAX (503) 397-7257

FACSIMILE TRANSMISSION SHEET

Date: 9/19/95 Time: 2:30pm. Page 1 of 2

TO: Dewey Darold
DEQ, Warrenton

FAX #: (503) 861-3259

FROM: Greg Beaman, Watermaster, Dist. 1

SUBJECT: Copy of letter approving well
abandonment @ property of Carey
Birkenfeld in Warrenton



SEP 19 1995

NORTH COAST BRANCH OFFICE
WARRENTON

September 18, 1995

Carey Birkenfeld
Rt. 1 Box 805A
Warrenton, OR 97146

Dear Ms. Birkenfeld:

By notice of this letter I have verified that on Tuesday, September 5, 1995, I was present and have approved the abandonment of the sand point well on the property located at the above address. The abandonment meets all required state standards and codes.

If you need any further assistance you may contact me.

Sincerely,



Greg Beaman
Watermaster, District 1

GB:rml

cc: Dewey Darold, DEQ

a010191

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 20 1995

NORTH COAST BRANCH OFFICE
WARRENTON

John A. Kitzhaber
Governor



Watermaster District No. 1
Columbia County Courthouse
St. Helens, OR 97051
Phone: (503) 397-0633
FAX: (503) 397-7257

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

SEP 1 1995

(START CARD) # 65922

Instructions for completing this report are on the last page of this form.

(1) OWNER: Name Cary Birkenfeld
Address Rt 1 Box 905A
City WARRENTON State OR Zip 97146

(9) LOCATION OF WELL by legal description:
County CLATSOP Latitude _____ Longitude _____
Township 7N N or S Range 10W E or W. WM. _____
Section 16 NW 1/4 NE 1/4 _____
Tax Lot 900 Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME
West side of SUNSET LAKE

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Bored & Drive point

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER: EXISTING

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6" 00</u>	<u>-3</u>	<u>20</u>	<u>10</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>RIPPED w MILLS KNIFE</u>							
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Remove 35' pump pipe w/ Drive point</u>			
<u>Tried to pull 6" casing</u>			
<u>Broke off - 3' slit casing</u>			
<u>-3 to 20' install cement grout w/ Dump baller 400 lbs</u>			
<u>Cement - 1 to 20'</u>			

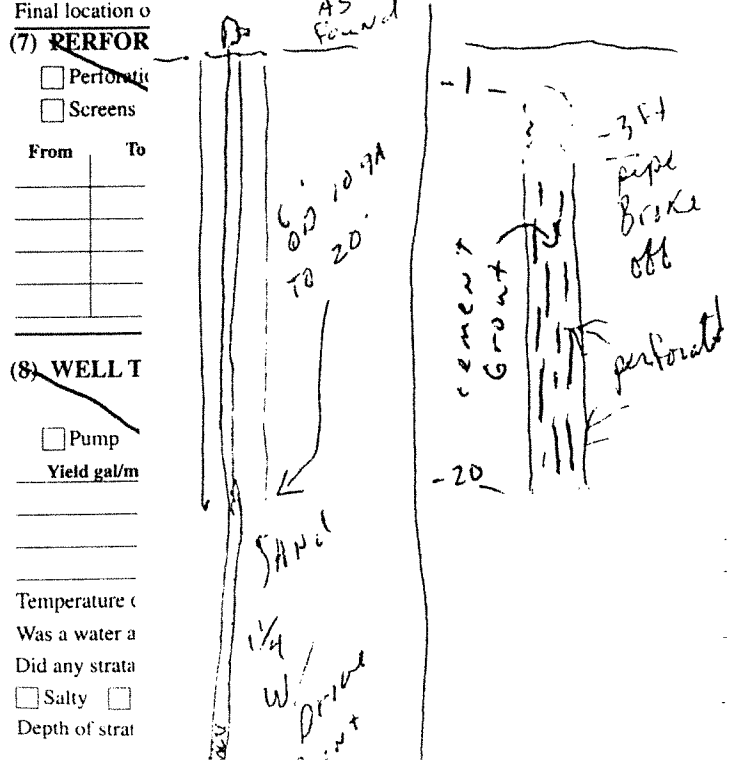
Date started 25 Aug Completed 25 Aug 95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Stanley Hunt WWC Number 602 Date 26 Aug



(7) PERFOR
 Perforation
 Screens
From _____ To _____

(8) WELL T
 Pump
Yield gal/m _____
Temperature _____
Was a water a _____
Did any strata _____
 Salty _____
Depth of strat _____

A J GAUNT & SON
 3290 SW 185TH
 Aloha OR 97006
 649 6966

6903

CUSTOMER'S ORDER NO. 7N10W16AB 900	DEPT.	DATE 26 Aug 95
NAME CARY Birkenfeld		
ADDRESS Rt 1 Bx 805A warrenton OR 97146		

SOLD BY SUNSET LAKE	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT 861-2854
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	MOVE IN Set up pull pump pipe					
2	perforate casing cement grout					
3	To - 1ft					
4						
5	MOVE IN					
6	Labor					
7	materials					
8						
9						
10						
11	#6009					
12						
13						
14						
15						
16						
17						
18						
REC'D BY						

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

SEP 1 1995

REDIFORM
 5L320

KEEP THIS SLIP
 FOR REFERENCE

NORTH COAST BRANCH OFFICE
 WARRENTON

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked _____
 Date Hand-delivered _____
 Watermaster Initials _____

WRD Receipt # **W65922**
 Date Fee Received _____

Check No. _____

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used to obtain water (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If this method is used, the original "Watermaster copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address: Cary Birkenfeld
Rt 1 Box 805A
Warrenton OR 97146

Check type of work: Fee Required New construction Conversion No Fee Required Alteration (Repair/Recondition) Deepening Abandonment Original Start Card Number _____

Proposed Commencement Date 24 Aug Existing or Proposed Well Depth 23 Diameter 6

Check Use: Domestic Community Industrial Irrigation Monitoring Thermal Injection Other _____

Proposed Well Location: County Clatsop Owner's Well Id. No. _____

Township 7 N (N or S) Range 10 W (E or W) Section 16 NE

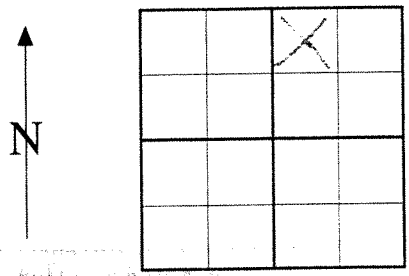
1. NW 1/4 of NE 1/4 of above section

2. Street address of well location _____

3. Tax lot number of well location 900

4. Attach map with location identified.
 See reverse of this form for approved maps.

5. Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See 1920 on back)

NORTH COAST BRANCH OFFICE
 WARRENTON
 561-2854 Home phone
 _____ Work phone

Stanley Gaunt
 Boreded Water/Monitor Well Constructor
 License No. 602
 Company A.J. GAUNT & SON

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY FOR YOUR RECORDS

August 4, 1995

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

CAREY BIRKENFELD
RT 1, BOX 805A
WARRENTON OR 97146

NORTHWEST REGION

Re: OSS:NWR: CLATSOP COUNTY: REPAIR
PERMIT: TWN 7N, RNG 10W, SEC 16AB,
TAX LOT 900

Dear Ms Birkenfeld:

This letter is in reference to the repair permit application for the failing on-site sewage disposal system on the above mentioned property.

The site evaluation has been completed for this property. The site has a high permanent groundwater due to being adjacent to Sunset Lake. The test pit located in the front yard on the higher area of the lot indicated groundwater being within 55 inches of the ground surface during parts of the year. The water table at present is at 84 inches in this pit.

The septic tank has sewage effluent over the top of the tank, making it impossible to determine the condition of this tank. Groundwater was encountered at 33 inches from the surface in a hole that was hand augured in the backyard, away from the tank but at approximately the same elevation.

A visit to this site on August 1, 1995 by staff from the North Coast Branch Office of the Department of Environmental Quality (DEQ), revealed a drilled well along the south property line on this lot. This well would be within 25 to 30 feet from a repair on-site sewage disposal system. This visit was initiated by a review of the file, which indicated a well was found on the site during a 1983 field visit by DEQ personnel.

Before your repair permit request can be evaluated further, this well must be abandoned to Oregon Water Resources standards. As discussed on site with you and Mr. Darold with DEQ, you will need to contact Mr. Greg Beaman, Oregon Water Resources Department, for information regarding well abandonment. The phone number is 503-397-0633. When the well is abandoned, the repair permit process can continue.

Due to the rapidly draining sands and the high permanent water in this area, a bottomless sand filter will be necessary. The sand filter can be placed in the front yard in the vicinity of the test pit and installed such that any part of the bottom of the filter is in the ground no deeper than 30 inches. It is recommended that you contact a licensed installer familiar with these systems for assistance with the required plans.

John A. Kitzhaber
Governor



2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471
DEQ-1

CAREY BIRKENFELD

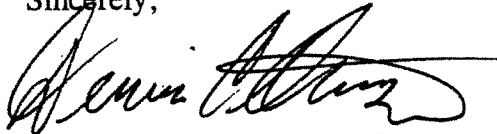
August 4, 1995

Page 2

These plans can be drawn now, submitted to the DEQ Warrenton office and reviewed, while the well abandonment is in process. Then, when the well is abandoned, a repair permit can be issued quickly.

If you have any questions regarding this letter, please call me at this office. The phone number is 503-229-6345.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis C. Illingworth". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dcj

Enclosure

cc: NCBO, DEQ

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

T 7 R 10 S 16AB

TL 900

APPLICANT J. Goetze

SIZE .83AC

EVALUATOR Illingworth

DATE 7/27/95

st -stones & stony	vfs -very fine sand	vfsl -very fine sandy loam	sc -sandy clay	0 -no structure
cob -cobble & cobbly	lcos -loamy coarse sand	l -loam	sic -silty clay	1 -weak
g -gravel & gravelly	ls -loamy sand	si -silt	c -clay	2 -moderate
vcos -very coarse sand	lfs -loamy fine sand	sil -silt loam	llesd -layer limiting	3 -strong
cos -coarse sand	cosl -coarse sandy loam	scl -sandy clay loam	effective soil depth	pl -play
s -sand	sl -sandy loam	cl -clay loam	w -weathered	pr -prismatic
fs -fine sand	fsl -fine sandy loam	sicl -silty clay loam	fx -fractured	bk -blocky
			sed -sedimentary	abk;sbk -angular;subangular blocky

NOTES: redoximorphic features, water, roots, structure, % loose rock, etc.

DEPTH (inches) TEXTURE COLOR

1 0-3	g.l.	fill
3-12	f.s	10yr 4/2 many med. roots
12-18	f.s	10yr 2/1 layered
18-30	S	10yr 3/4 few fine roots
notes		
30-55	S	10yr 5/3 few fine roots
55-65	S	10yr 5/2
65-84	S	10yr 4/1-5/1 saturated @ 65"
84	H2O	

notes

#2) Hole augured in back yard
saturated @ 25"
H2O @ 33"
Lake is ~ 36" lower in elevation than hole

4

notes

SLOPE 9% ASPECT E GROUNDWATER NA; TEMPORARY; PERMANENT

COMMENTS possible well on site - see old field notes

SYSTEM TYPE: design sewage flow 450 gpd

initial: bottomless sand filter replacement: _____

disposal field sizing: _____ /150 g disposal field sizing: _____ /150 g

max. depth absorption facility: 30 inches max. depth absorption facility: _____ inches

special conditions: _____

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

WORK OFFICE USE ONLY
 Date Rec'd 7-20-95
 Date Completed 9-26-95
 Required Fee \$ 275.00
 Receipt No. 69213
 Control No. 43469

3

FOR APPLICANT'S USE - (PLEASE PRINT)

.83 acres
 Lot Size (Acreage or Dimensions)

James Goetze / Carey Birkenfeld
 (deceased) (Property Owner's Name) Carey Birkenfeld
 (Applicant's Name if Different from Owner)
 Legal Description of Property 7 1D 76AB 900 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
 For Parcels in Platted Subdivisions, Indicate n/a n/a n/a
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 3
 (Number of Bedrooms)
 Other _____
 (Specify)

Public (Community System)
 Private _____ (Etc.)

Existing Facility
 Single Family Residence 3
 (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) MAJOR

7-26
 T. 140 LE 15
 COVERED BY
 GRAY COVER.
 I would like the new line run from the septic tank behind the outside bathroom and gardenshed onto the front yard (facing Lewis & Clark Rd) I've draw a dotted line on the first detailed site plan to illustrate this. Thanks

This application will be returned if it is not filled with appropriate fee and attachments required in the guidance packet according to instructions in the guidance packet before the Department of Environmental Quality and its authorized representative.

Carey T Birkenfeld
 (Signature)

7/20/95
 (Date)

Owner's Mailing Address _____

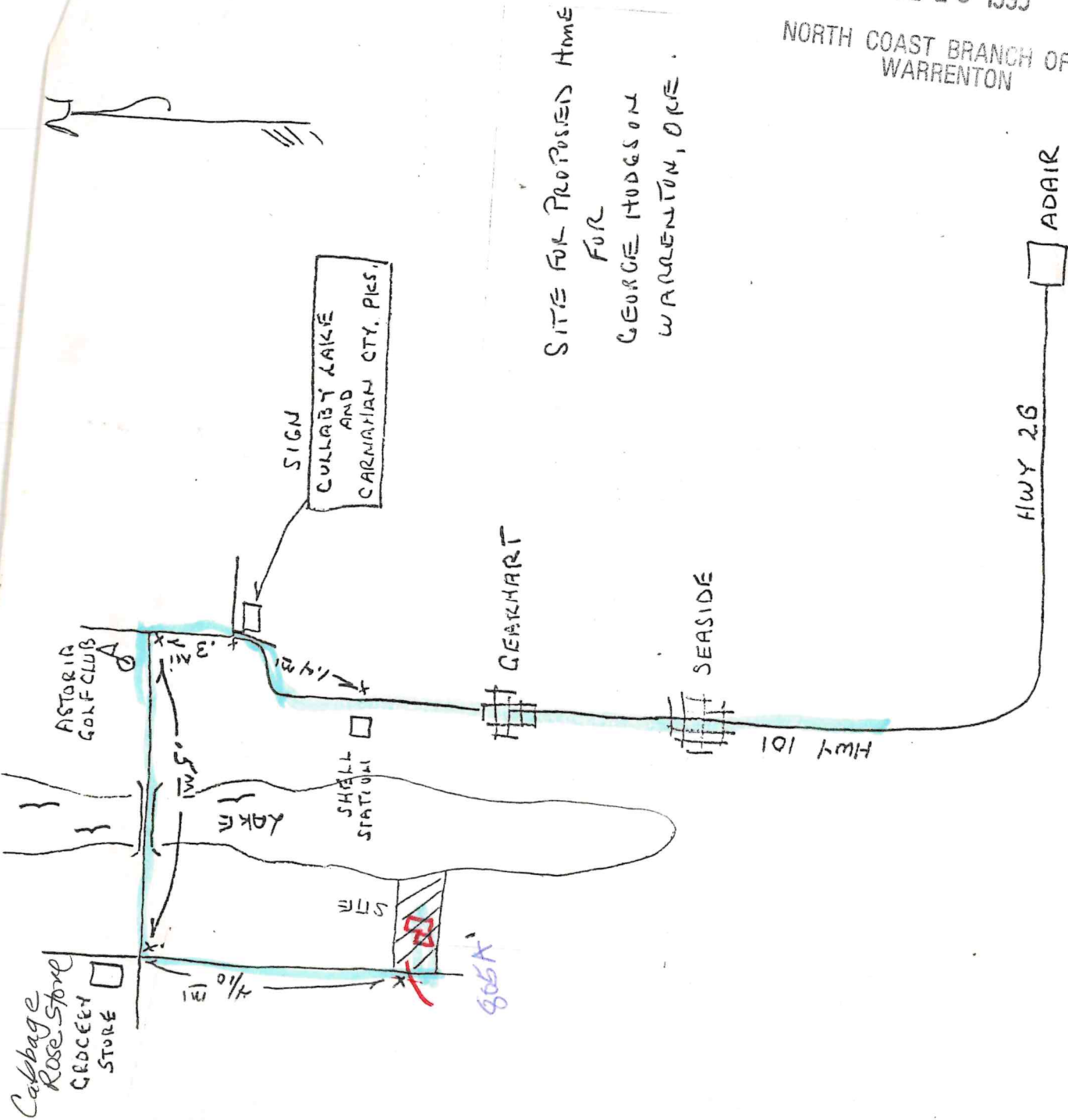
 Phone _____

Applicant's Mailing Address (if different)
Carey Birkenfeld
RT 7 Box 805A
Warrenton OR 97146
 Phone 861-2854 IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 20 1995

NORTH COAST BRANCH OFFICE
WARRENTON



SITE FOR PROPOSED HOME
FOR
GEORGE HODGSON
WARRENTON, ORE.

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Carey Birkenfeld</i>		MAILING ADDRESS <i>Rt. 1 Box 805 A</i> <i>Warrenton OR 97146</i>		PHONE <i>503</i> <i>861-2854</i>
P R O P E R T Y	TOWNSHIP <i>7</i>	RANGE <i>10</i>	SECTION <i>16AB</i>	TAX LOT OR ACCT NO <i>900</i>
	SUBDIVISION/PROJECT <i>n/a</i>	LOT <i>n/a</i>	BLOCK <i>n/a</i>	COUNTY <i>Clatsop</i>
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE
Sewer Repair & Septic for Existing Dwelling

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

PROPERTY'S ZONING DESIGNATION
RA-1

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:
 COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
 NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

OR

CONSISTENT WITH THE STATEWIDE PLANNING GOALS
 NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

Allowed Use in the Zone

PROPERTY IS LOCATED: (check one)
 INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY
 OUTSIDE CITY LIMITS

OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

Clatsop County Planning & Development

SIGNED

Nisa Weber

TITLE

Senior Planner

DATE

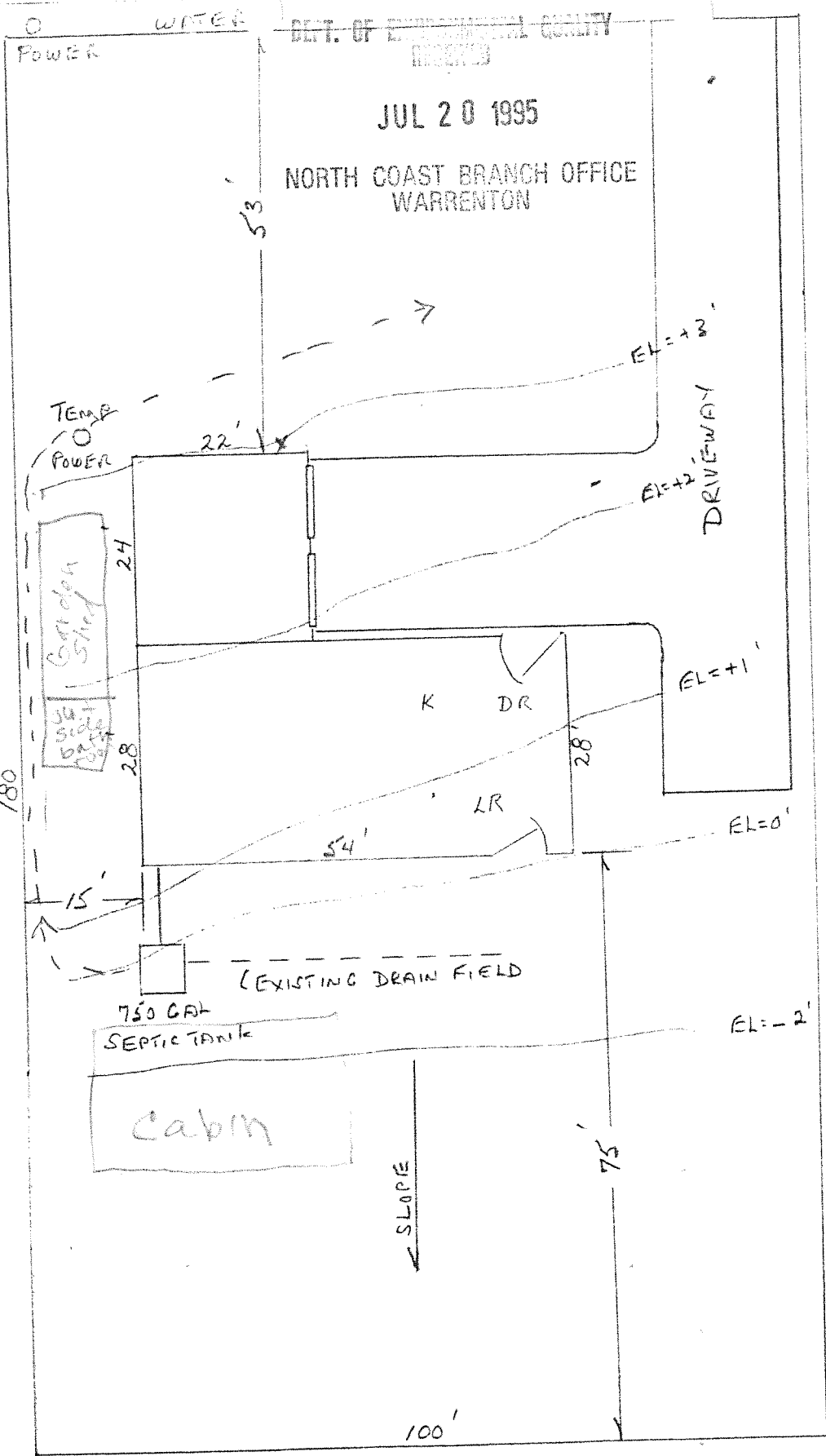
7/20/95

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED

TITLE

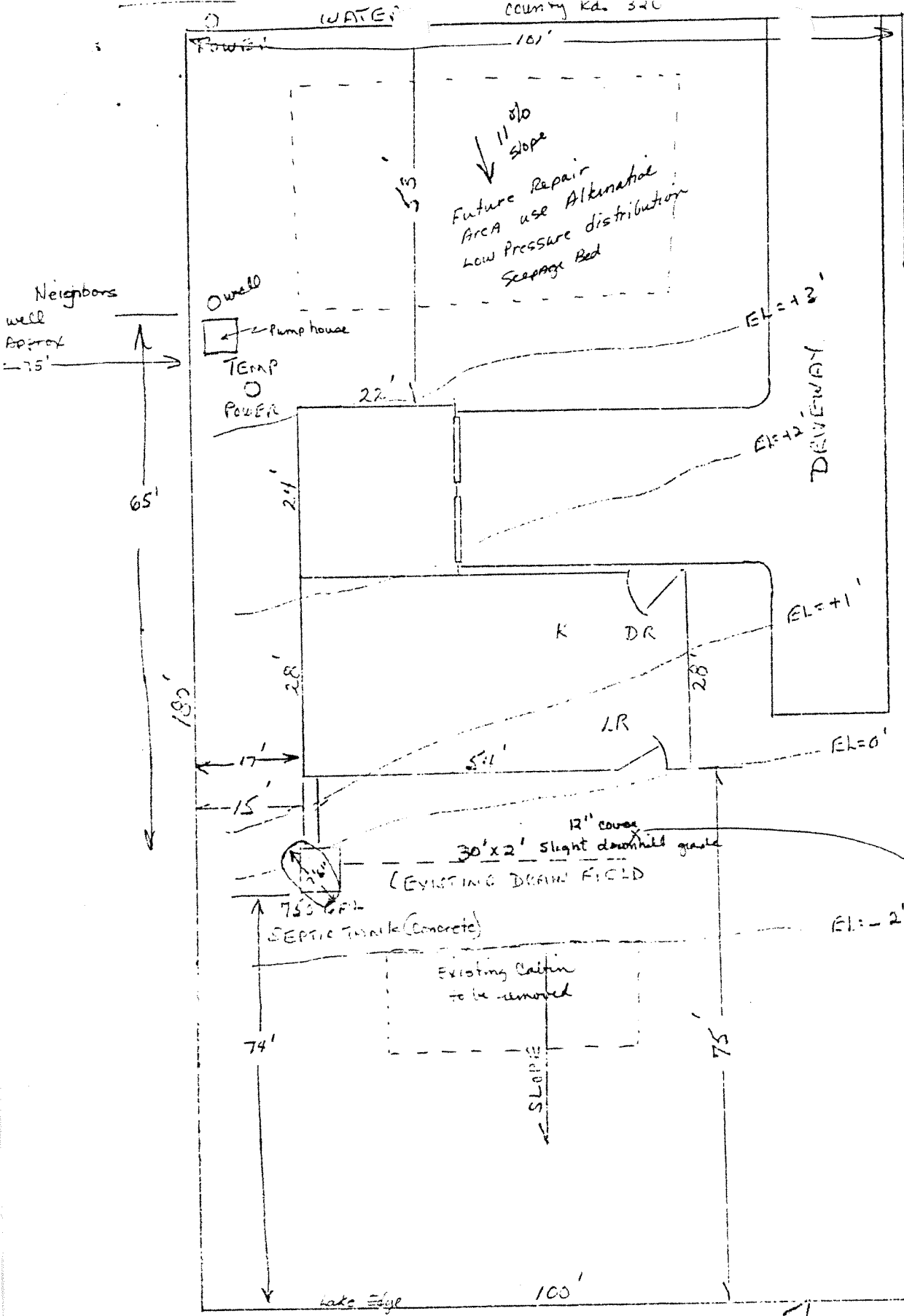
DATE



SITE FOR PROPOSED HOME FOR GEORGE HODGSON WARRENTON, ORE.

3-9-83
 1/4 George Hodgson





T. 10N. R. 10W., Sec 16A B
 Tax lot 900 = .93 AC
 SITE FOR PROPOSED
 HOME FOR
 GEORGE HOBBS
 WARRENTON, ORE.
 R.S. 1 Box 506A

2 bedroom
 + Den/Sewing Room
 W closet
 = 3 bedroom
 375 sq ft

X augered hole
 water at 20"

Site Visit for Authorization
 Notice March 26, 1983

John L. Smith
 D.E.Q

3-27-83
 J.L. Smith

LAKE
 Neacoxie
 (Sunset)

SPATIAL
 SURVEILLANCE

AUTHORIZATION NOTICE

Approved	<u>System</u>	Subsurface	Tax Lot	<u>Location</u>
Existing		Alternative	900	
<u>Pre-existing</u>		Experimental	Section	<u>16AB</u>
			Township	<u>7North</u>
			Range	<u>10 west</u>

This Authorization Notice acknowledges the sewage system located on property identified above has been found adequate by Field Inspection to serve a Record Review
Single family Dwelling (3 bedrooms) with a sewage flow up to 375 gallons
 (type of structure)
 per day.

DATE March 28, 1983
John L. Smith
 SANITARIAN
Clatsop County

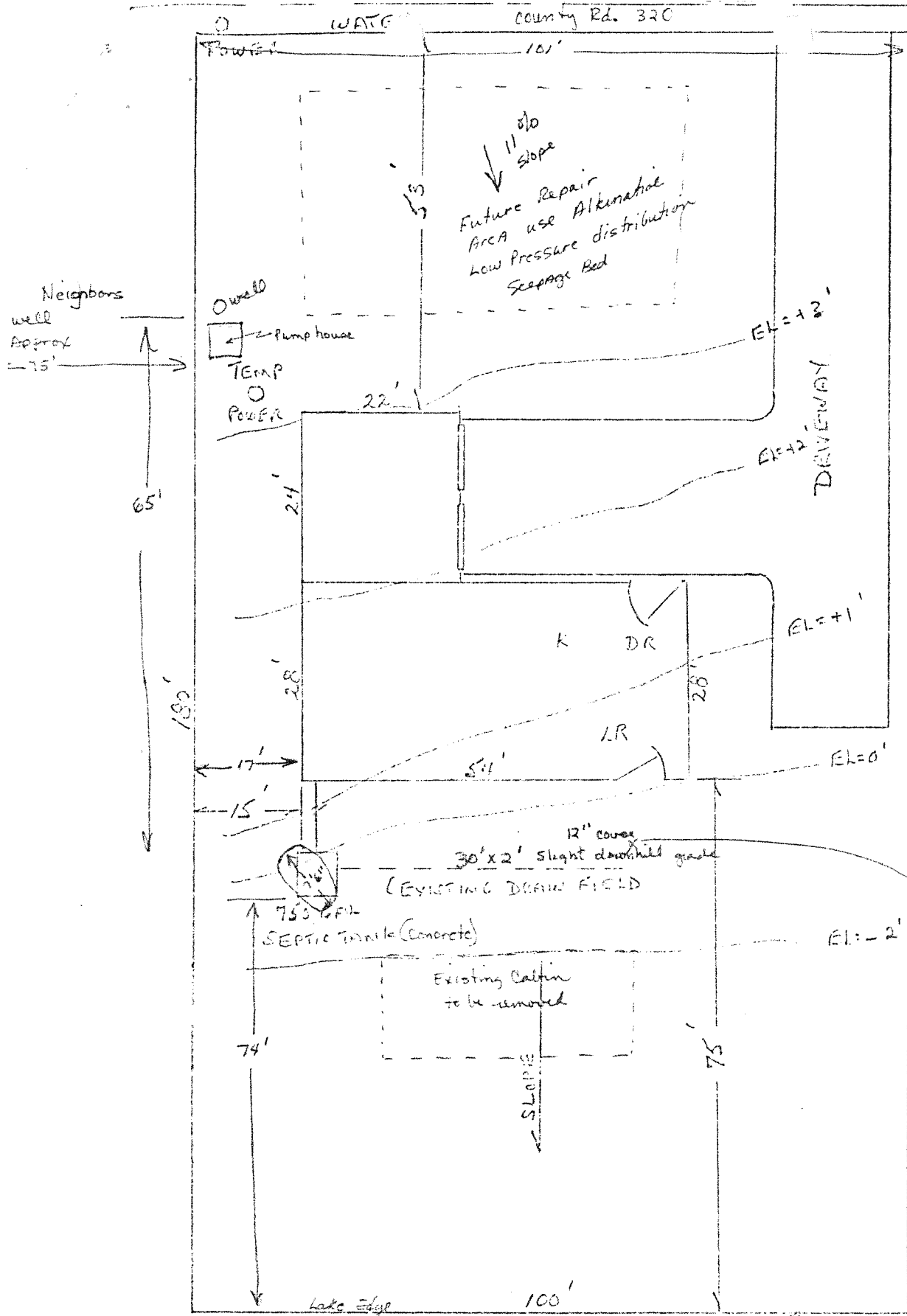
SKETCH OF PRE-EXISTING SYSTEM

Scale _____

See attached drawing					
1.	The floor plan shows two (2) bedrooms and den or sewing room with a small closet. This has been counted as 3 bedrooms.				
2.	The water table in the area of the existing disposal trench is 20 inches below ground surface.				
3.	Future replacement area is available upslope (west) of the proposed dwelling.				
	An alternative low pressure distribution seepage bed will be required. Use of the repair area will require the proper abandonment of the well				
4.	The existing disposal trench may fail due to the high water table and limited size if the proposed dwelling receives full time use.				
5.	Recommend that the septic tank be pumped prior to occupancy of the new dwelling and then every 3 to 4 years.				
					J.L.S.

- NOTE::
- 1) The DEQ considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.
 - 2) A permit and inspection of the building sewer connection to the sewage system may be required by the Department of Commerce or its authorized representative.
 - 3) This 'Notice' does not guarantee satisfactory or continuous operation of the sewage system identified.

cc: Clatsop Co. Planning Dept.



T. 7 North 2. 10 W., Sec 16 AB
 Tax lot 900 = 0.93 AC
 SITE FOR PROPOSED
 HOME FOR
 GEORGE HODGSON
 WARRENTON, ORE.
 RE: 1803268A

2 bedroom
 + Den/Sewing Room
 w closet
 = 3 bedroom
 375 sq ft

X August hole
 water at 20"

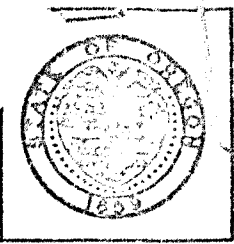
Site Visit for Authorization
 Notice March 26, 1983

John L. Smith
 D.E.Q

3-9-83
 C/L George Hodgson

LAKE
 Neacoxie
 (Sunset)

COASTAL
 SURVEYING



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

APPLICATION FOR BUILDING PERMIT

JURISDICTION _____
STATE OFFICE _____
ADDRESS _____
TELEPHONE _____

Applicant to complete numbered spaces only.

JOB ADDRESS
1 RT 1 Box 506 A is building within city limits: Yes No

IDENTIFYING NAME OF BUILDING
2 SFD w/attch garage COUNTY Clatsop

LEGAL DESCR.
3 LOT NO. BLOCK TRACT (See Attached Sheet)

TAX LOT NO.
66511 Township 7 Range Parcel 900 W.M. Section No. 16 AB

OWNER MAIL ADDRESS ZIP PHONE
4 George Hodgson 2205 NE Liberty 97211 281-8216

CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.
5 Adair Homes 1111 SW 17th Beaverton, OR 97006 845-1156 0543

ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.
6 Adair Homes

ENGINEER MAIL ADDRESS PHONE LICENSE NO.
7 Adair Homes

USE OF BUILDING
8 SFR

9 Class of work: NEW ADDITION Existing Sq. Ft. _____ ALTERATION REPAIR MOVE REMOVE
Additional Sq. Ft. _____

10 Describe work: Demolish 12x16 existing structure and construct 3 bedroom wood frame comp roof SFR and Garage (Attch.)

11 Change of use from _____ to _____

12 Total area 6000 sq ft of building 1512 Sq. Ft. No. of stories 1 No. of bedrooms 2 No. of living units or apts. 1 Flood hazard zone Yes No

13 Declaration of Valuation of work \$ 39803⁰⁰

14 LOCAL GOVERNMENT APPROVALS
SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED

ZONING Use Zone R20-1 Fire Zone _____
Zoning Permit No. 273-96
Date 3-28-83 Signature Balvin Edwards

SANITATION Public _____ Private X
DEQ Permit No. Authorization notice will be issued
Date March 25, 1983 Signature John L. Smith

DEPT. OF HUMAN RESOURCES - HEALTH DIVISION
Public Swimming Pool No. _____
Date _____ Signature _____

15 Signature Required to become Valid
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.
Signature of Contractor M.A. Cooney / Adair Homes (Date) 3/15/83

Signature of Owner (If Owner Builder) _____ (Date) _____

16 Directions to job-site. Draw map if necessary. PR Fee based on \$56,966 Valuation.
See Attached map
304.00 BB
12.16 OT
197.60 PR (Fee Rec'd 3-16-83)
\$513.76 Total Structural Fees (Based on \$56,966)

Total 1040 sq ft

OFFICE USE ONLY

Plans reviewed for:

Plan Review - Structural and F&LS. Name _____ Date _____

Plan Review - Structural Only. Name _____ Date _____

Plan Review No. PR Fee Only

Permit No. 7912-83

Application #15345

6-16-81

Telephone: 325-8611

FILE NUMBER for office use only)
TL 900T 1 R 10 Sec. No. 5396

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

CLATSOP COUNTY

WATER AND LAND DEVELOPMENT PERMIT

Please Print Name George F. Hodgson Signature George F. Hodgson
Address 2205 NE Lincoln
PERMIAN OREGON 97101
Telephone 325-8216

Proposed Use or Activity Remodel New House

FINDINGS

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.

↑ North

- 2. Area of lot 106' x 192' incl. EXISTING LAKE
- 3. Setbacks (from property line or road easement)
Front yard: Left ___ Right ___
Side yard: Left ___ Right ___
- 4. Water Source: WARRANTON
Private well or stream ___
Community water system _____ District _____
- 5. Building Height 14' feet
- 6. Other _____

SEE ATTACHED

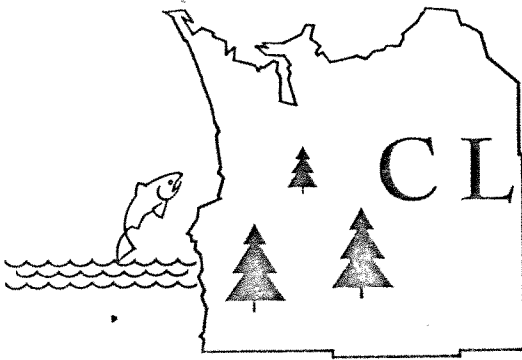
The Dept. of Planning and Development will assist you with the following information:

- 7. Zoning Designation RA-1
- 8. Hazards: Floodplain: Yes ___ No X If yes, floodplain elevation _____
Geological: Yes ___ No X If yes, type and conditions _____
- 9. Access to property is from: State Hwy ___ County Road X Easement ___
Other _____
- 10. Comments: EXISTING CABIN. THIS CABIN WILL BE REMOVED.

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

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

Signed Bruce Edmunds
Date 6-22-81



CLATSOP COUNTY

Courthouse Astoria, Oregon 97103
March 22, 1983

STAFF REPORT FOR THE CONSTRUCTION OF A NEW RESIDENCE

Applicant: George Hodgson, 2205 NE Liberty, Portland, OR 97211.

Property Description: Tax lot 900, Section 16AB, T7N, R10W, W.M.

Present Zoning: RA-1.

Applicable Statewide Goals;

Goal 2 - Land Use Planning: Property is committed to non-resource use.

Goal 17 - Coastal Shorelands: The property abuts coastal shorelands.

Goal 18 - Beaches and Dunes: The property is on conditionally stabilized dune.

Goal 2 Analysis:

Adjacent Uses: The existing uses include rural coastal residential houses.

Public Facilities and Services (Water and Sewer): The parcel is serviced by the Sunset Beach Water District. The applicant's have an existing 750 gallon septic tank system.

Parcel Size and Ownership Patterns: The property abuts County Road #320. Parcels abutting the County road are .25 to .90 acres in size. Each parcel is in separate ownership patterns.

Neighborhood and Regional Characteristics: The area is characterized as existing residential structures built on conditionally stabilized sand dunes. Regionally, properties near the Pacific Ocean are built up and committed to coastal residential homesites.

Natural Boundaries: Neacoxie Lake and shorelands bound the east side of the applicant's parcel.

Other Relevant Factors: None.

Goal 17 - Coastal Shorelands: The applicant proposes to build a single family residence on an existing lot. This proposal is compatible with the objectives and implementation standards of Goal 17 providing the location of the proposed house is located 75 feet away from the line of non-aquatic vegetation.

Goal 18 - Beaches and Dunes: The parcel is an conditionally stabilized dune. Dune stabilization is required to reduce erosion of dunes.

Findings:

1. The applicant's parcel is irrevocably committed to residential development.
2. The coastal shorelands abutting the east property line is Goal 17, significant wetlands.
3. The property is composed of conditionally stabilized dune.

Conditions:

1. Applicant construct house at a minimum distance of 75 feet from the line of non-aquatic vegetation.
2. Applicant coordinate with the Soil Conservation Service for a dune stabilization plan prior to construction of the single family residence.
3. Applicant verify sewer and water availability to the Department of Planning and Development.

4. Remove EXISTING * * *

BCE:ta

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 3-23-83
Date Completed 3-28-83
Required Fee 55.00
Receipt No. 26080
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify)

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

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES
VICINITY OR TAX LOT MAP REQUIRED YES
TEST HOLES REQUIRED YES
LAND USE COMPATIBILITY STATEMENT YES
ADDITIONAL ITEM(S) REQUIRED PLANNING

For Applicant's Use - (Please Print)

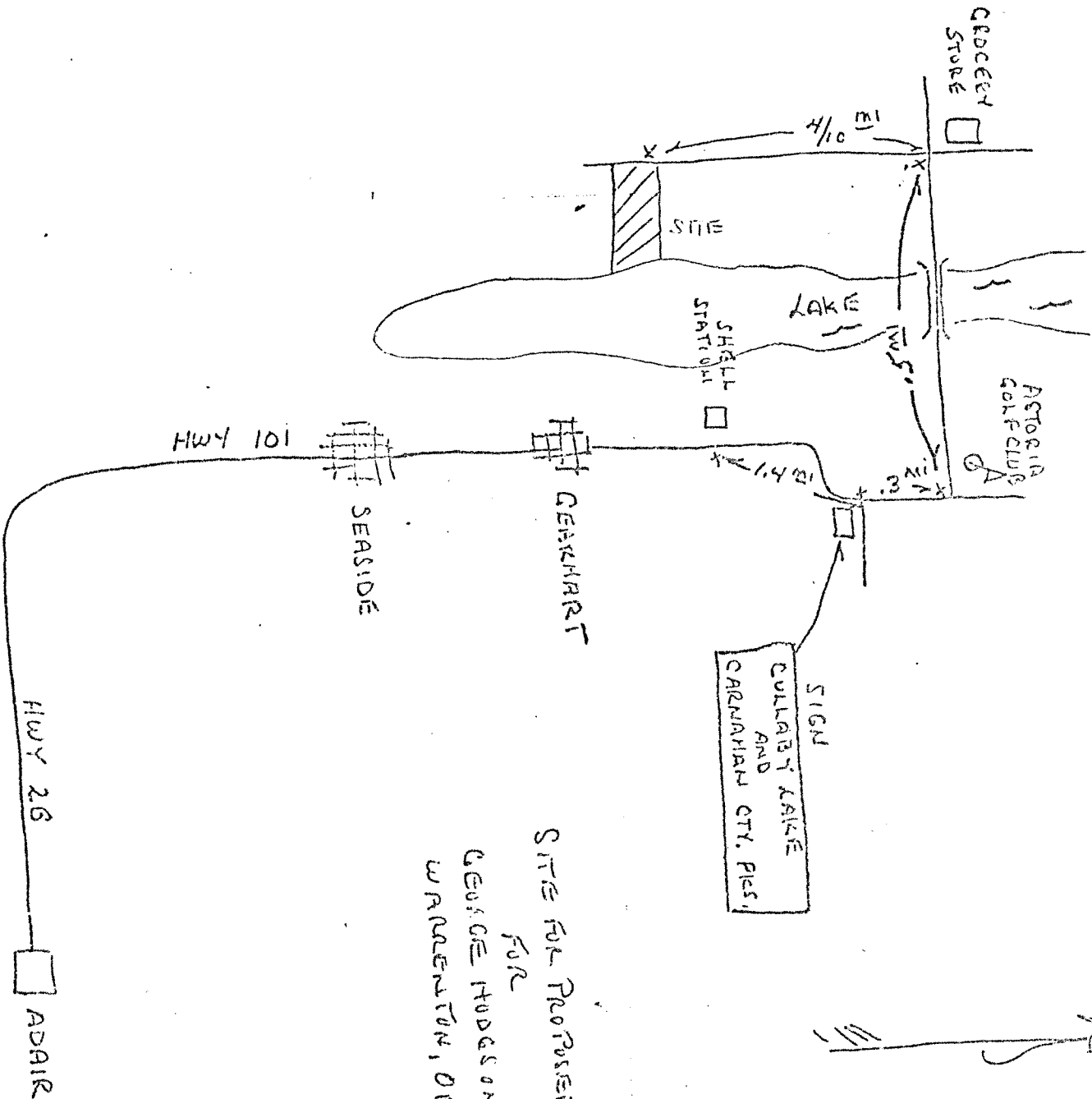
GEORGE HODGSON
7 10 16AB 1900
SFB (2)

Directions to Property: ON LAKESIDE, LEFT SIDE, TRAILER BY CABIN
SURROUNDED BY TREES. 1/4 mile

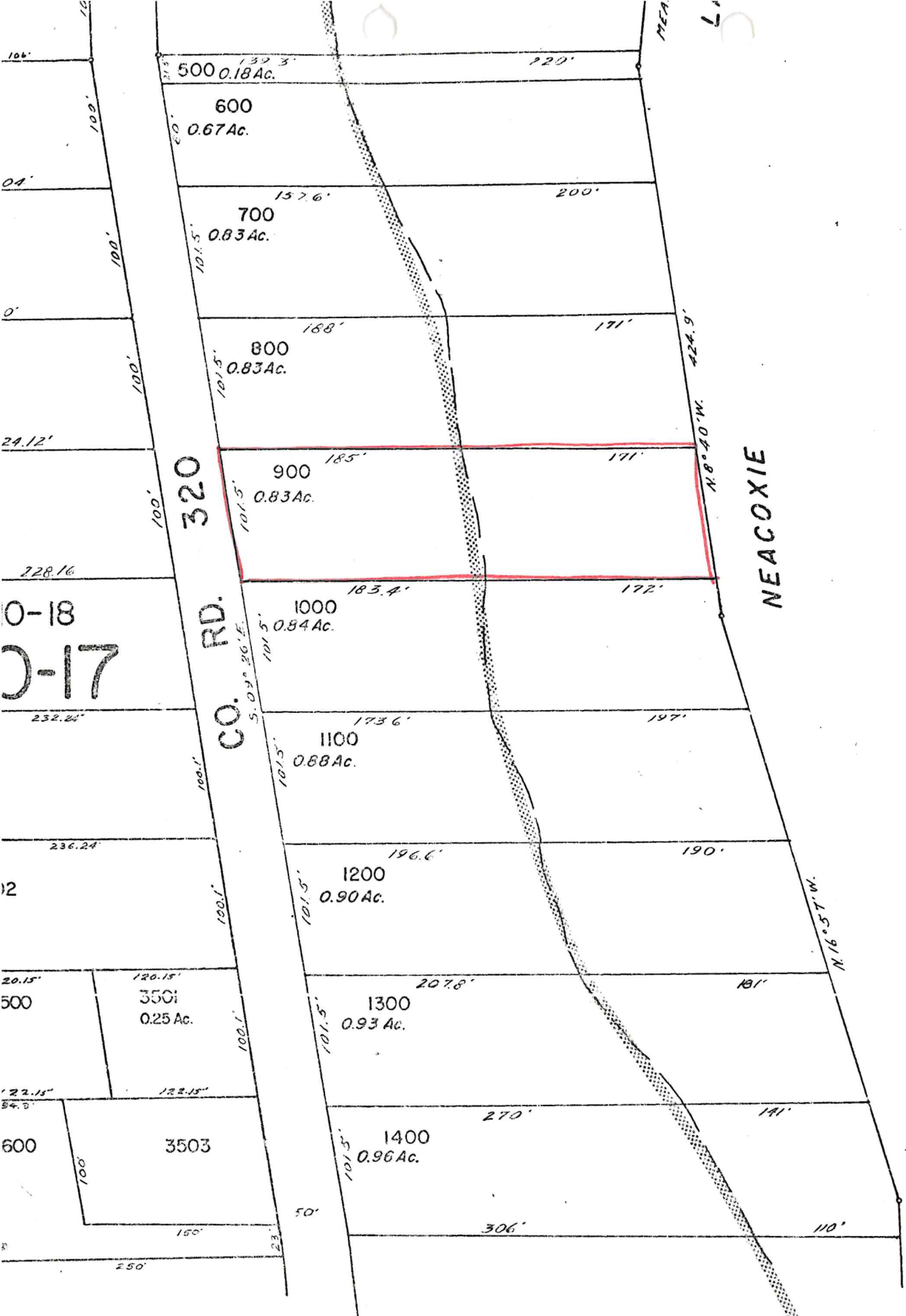
By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter into the above described property for the purpose of this application.

George F. Hodgson
3-23-83
Owner

Owner's Mailing Address: GEORGE HODGSON, 2205 N.E. LIBERTY, PORTLAND, 97211
Phone: 281-8216



SITE FOR PROPOSED HOME
 FOR
 GEORGE HUDSON
 WARRENTON, ORE.



SEE MAP 7 10 16

0-18
0-17

AVEN

110104

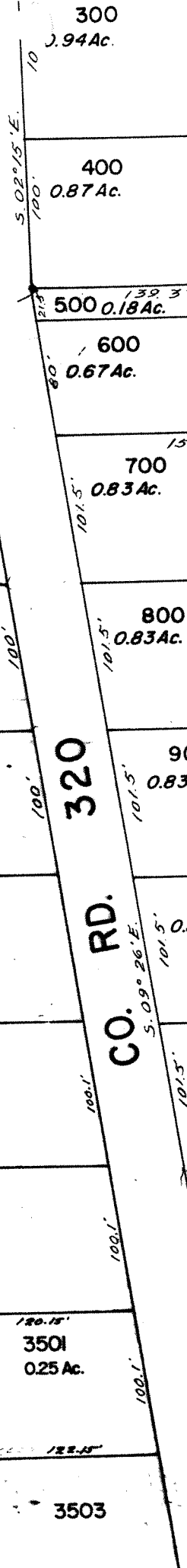
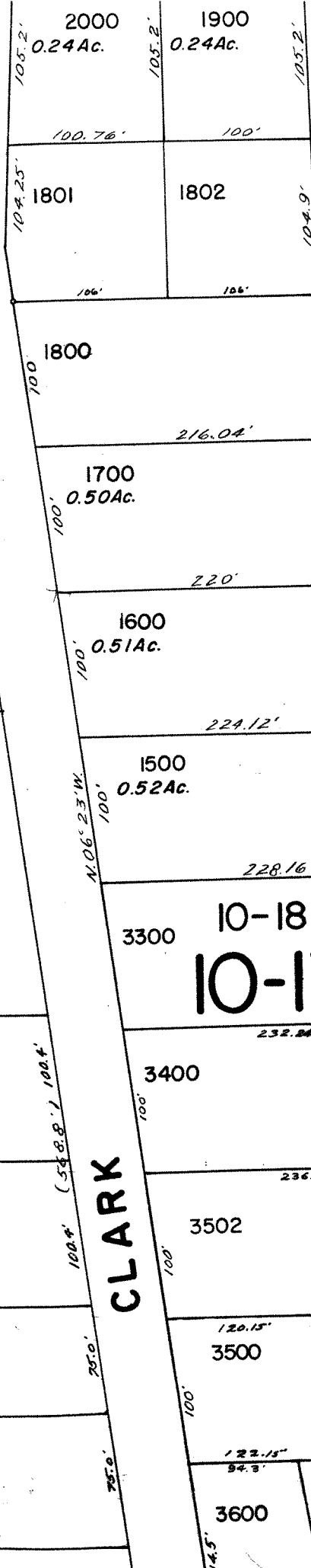
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 20 1995

NORTH COAST BRANCH OFFICE
WARRENTON

LAKE

NEACOXIE



MEANDER N. 5° 18' E. 42.1'

N. 8° 40' W. 424.9'

N. 16° 57' W.

CLARK

CO. RD.