

Property History

Account ID:17431

Legal Description:

<u>Legal Type</u>	<u>Twtnshp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	7	10	21	D	B	05500	71021DB05500

Additional Information:

'03 Map change from 71021ca - 900 to 71021db - 5500

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
17431	71021CA00900	17431	71021DB05500	2003

Owner(s):

<u>Current Ownership:</u>	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Khaw Ernest P		Trustee
	Khaw Maria C		Trustee
	Khaw Living Trust		Trust

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
07/08/2002	06/03/2002	200207024	Passannante Gaetan Anthony	Trustee
07/08/2002	06/03/2002	200207024	Passannante Cynthia Ann	Trustee
07/08/2002	06/03/2002	200207024	Passannante Revocable Living Tr	Trust
06/13/2005	05/27/2005	200506343	Millsap Orville T	Husband & Wife
06/13/2005	05/27/2005	200506343	Millsap Eileen K	Husband & Wife
06/19/2013	06/14/2013	201305228	Khaw Ernest	Owner
04/01/2014	03/11/2014	201401703	Khaw Maria	Owner
07/21/2016	07/15/2016	201605441	Khaw Ernest P	Trustee
07/21/2016	07/15/2016	201605441	Khaw Maria C	Trustee
07/21/2016	07/15/2016	201605441	Khaw Living Trust	Trust

Voucher History:

Voucher 1	Source: Clerk	Effective Date: 07/15/2016	Map Key: 71021DB05500
Document Type Code: Bargain & Sale	Date Created: 07/21/2016	Instrument Id: 201605441	
Operation: Name Change	Completed Date: 07/21/2016	Book:	
Operation Type: Name	Voucher Type: Assessment	Page:	
Completeness Status: Completed	Consideration: \$0	Status: Active	
Partition Flag: No	Remarks:		
User Id: HCHAPMAN			

26840

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 91-28

\$ 55.00

Fee

[] New Construction

[X] Repair

[] Other

Permit Issued To Richard M. Sproul (Property Owner's Name) 7N (Township) 10W (Range) 21CA (Section) 900 (Tax Lot / Acct. No.) Clatsop (County)

Lucas Drive/Manion Dr. Warrenton (Road Location) (City) Chuck Hopkins (Issued by - Signature) 03-06-91 (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 March 6, 1992 TYPE OF SYSTEM

Average Daily Sewage Flow Gallons/Day Design Peak Sewage Flow Gallons/Day
Tank Volume 1000 Gallons Disposal Trenches [] Seepage Bed(s) [] Square Feet
Maximum Depth inches. Minimum Depth 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) Replace septic tank only.

PRE-COVER INSPECTION REQUIRED — CONTACT Astoria DEQ - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

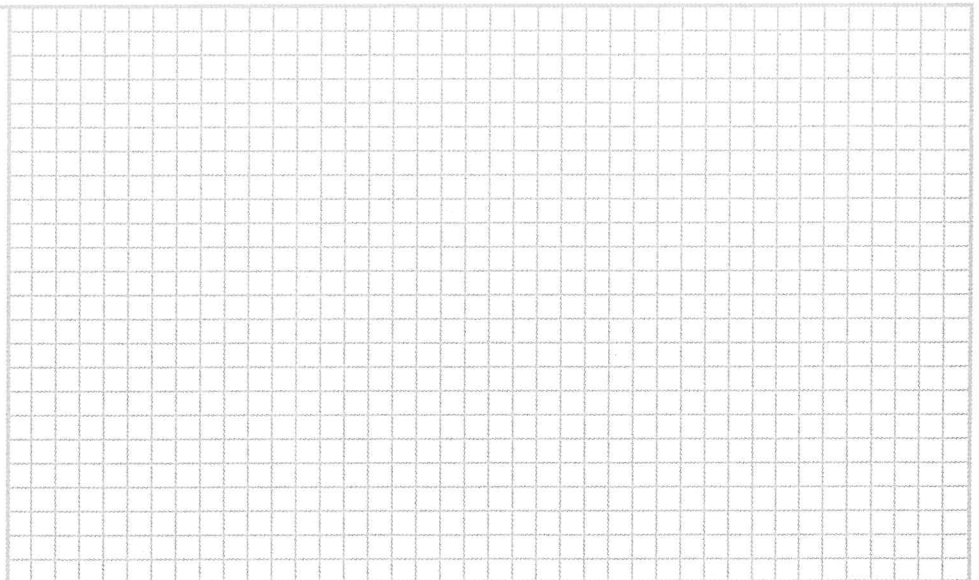
Installer

Final Insp. Date

[] Inspected By

[] Issued by Operation of Law

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



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

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

(Authorized Signature)

(Title)

(Date)

(Office)

BUILDING PERMIT APPLICATION

PALMBERG, JON

7-210 S. 28

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

RECEIVED
AUG 31 1973
CLATSOP COUNTY HEALTH DEPT.

Bldg Permit No. 73-500
Date Issued 8-30-73

Valuation \$ 1339
Basic Fee 9.00

Area—1st Floor (+) 50% I, II, II
Area—2nd Floor (-) 50% V, J
Additional Area
Plan Checking Fee
Area—Type V J TOTAL

CLASS OF WORK

New	Trailer or M.H.
Addition	Garage
Alteration	Shed
Repair	Other
Move	Residence

Use of building Cox Storage
Size of building 18' x 24'
No. of bedrooms
No. of floors 1
Height 10 ft.

SPECIAL INFORMATION

If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

Special information:

FOUNDATION
Foundation material: Concrete
Width of wall: Footing 15"
Height of wall: Depth in Ground 6"

ROOFING
Girders: Size Spacing Span
Joists: 2x4 2' 2x6 2' 10'

PLUMBING
Rough Bath Kitchen Utility Finish
Rough Outlets Circuits Size of wire Final

ELECTRIC
Rough Outlets Circuits Size of wire Final

Size of Septic Tank _____ gals.
Water Supply _____ Private
Public _____

Source: _____

PLANNING AND ZONING

Type of Occupancy _____
Total Floor Area _____
No. Stories _____ **Total Height** _____
Area of Lot 100 x 125
Front Yard Setback 20'
Side Yard Setback 10'
Rear Yard Setback _____
New Const. _____ **Alter.** _____
Change of Occupancy From _____ To _____

APPROVED: COUNTY SANITARIAN
By: M. A.
Date: _____

APPROVED: COUNTY PLANNING COMM.
By: [Signature]
Date: _____

APPROVED: BUILDING OFFICIAL
By: [Signature]
Date: _____

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.

Signature of Permittee _____
By _____

LEGAL DESCRIPTION

Type of Construction: I, II, III, IV, V.
Occupancy Group: A, B, C, D, E, F, G, H, I, J.
Division 1, 2, 3, 4.
Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2.
Fire Zone: 1, 2, 3.

BUILDING DEPARTMENT CLATSOP COUNTY, OREGON

APPLICATION FOR BUILDING PERMIT

Date Issued

Map No.

St. No. Assigned

Field Check by

Date

CLASS OF WORK

New	<input checked="" type="checkbox"/>	Demolish
Alteration	<input type="checkbox"/>	Repair
Addition	<input type="checkbox"/>	Move
Use of Building	<input type="checkbox"/>	
Size of Building	<input type="checkbox"/>	Height
No. of Rooms	<input type="checkbox"/>	No. of Families
No. of Floors	<input type="checkbox"/>	Size of Lot
No. of Bldgs.	<input type="checkbox"/>	Use of Bldg.
Now on Lot	<input type="checkbox"/>	Now on Lot

SPECIAL INFORMATION

If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

VALUATION

Valuation	Basic Fee
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL

CALLLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Septic Tank	Finish
Plaster	Sewer	Fixtures
Flues	Gas	Motors
Final	Finish	Final

COVERING

Exterior Walls	Roof
Interior Walls	Reroofing
Flues	
Fireplace	Fl. Furnace
Kitchen	Water Heater
Furnace	Gas
	Oil

PLANNING AND ZONING

Type of Occupancy	Total Floor Area	No. Stories	Total Height
Area of Lot	Front Yard Setback	Side Yard Setback	Rear Yard Setback
New Const.	Change of Occupancy	From	To

APPROVED: COUNTY SANITARIAN

By *David M. O'Brien*
5-19-72

APPROVED: COUNTY PLANNING COMM.

By *[Signature]*

APPROVED: BUILDING OFFICIAL

By *[Signature]*

LOCALITY
PALMBERG, JOHNSON

ADDRESS
ROSS STREET

Name
John S. Palmer

Address
1234 Ross Street

City
Astoria

State Lic. No.
Tel. No.

Name
Address

City
State Lic. No.

Subdivision
Lot No.

Blk.

Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

Division: 1, 2, 3, 4.

Fire Zone: R1, R2, R3, R4, RA, AI, CI, C2, C3, M1, M2.

CLASS OF WORK

Demolish **Repair** **Move**

Use of Building **Height**

No. of Rooms **No. of Families**

No. of Floors **Size of Lot**

No. of Bldgs. **Use of Bldg.**

Now on Lot **Now on Lot**

SPECIAL INFORMATION

FOUNDATION

Material **Exterior** **Piers**

Width of Top **Width of Bottom**

Depth in Ground **Span**

R. W. Plate **Size** **Spacing**

Girders **Joist—1st Floor** **Joist—2nd Floor**

Joist—Ceiling **Exterior Studs**

Interior Studs **Roof Rafters**

Bearing Walls

COVERING

Exterior Walls **Roof**

Interior Walls **Reroofing**

FLUES

Fireplace **Fl. Furnace**

Kitchen **Water Heater**

Furnace **Gas** **Oil**

I hereby acknowledge that I have read this application and agree that the information above is correct and agree to comply with all County Ordinances and State laws regulating building construction.

Signature of Permittee *[Signature]*
By *[Signature]*

VALUATION

Valuation	Basic Fee
Area—1st Floor	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL

CALLLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Septic Tank	Finish
Plaster	Sewer	Fixtures
Flues	Gas	Motors
Final	Finish	Final

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COVERING

Exterior Walls	Roof
Interior Walls	Reroofing
Flues	
Fireplace	Fl. Furnace
Kitchen	Water Heater
Furnace	Gas
	Oil

PLANNING AND ZONING

Type of Occupancy	Total Floor Area	No. Stories	Total Height
Area of Lot	Front Yard Setback	Side Yard Setback	Rear Yard Setback
New Const.	Change of Occupancy	From	To

APPROVED: COUNTY SANITARIAN

By *David M. O'Brien*
5-19-72

APPROVED: COUNTY PLANNING COMM.

By *[Signature]*

APPROVED: BUILDING OFFICIAL

By *[Signature]*



LOCALITY
PALMBERG, JOHNSON

ADDRESS
ROSS STREET

Name
John S. Palmer

Address
1234 Ross Street

City
Astoria

State Lic. No.
Tel. No.

Name
Address

City
State Lic. No.

Subdivision
Lot No.

Blk.

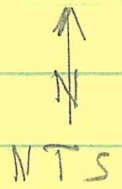
Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

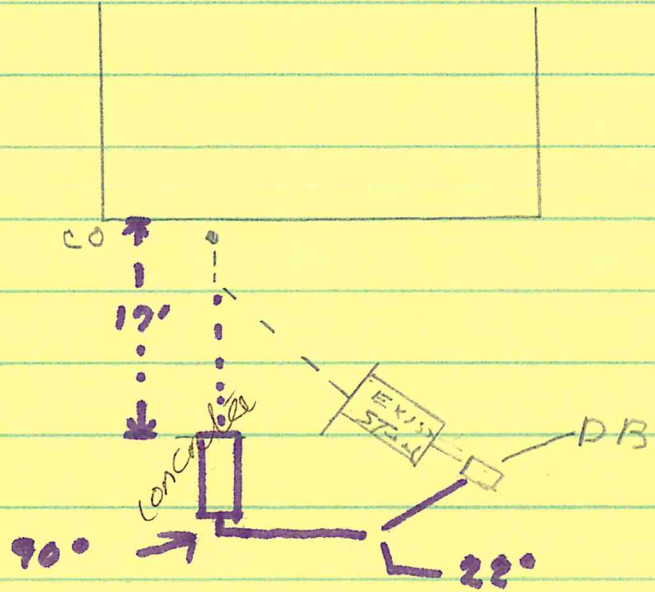
Division: 1, 2, 3, 4.

Fire Zone: R1, R2, R3, R4, RA, AI, CI, C2, C3, M1, M2.

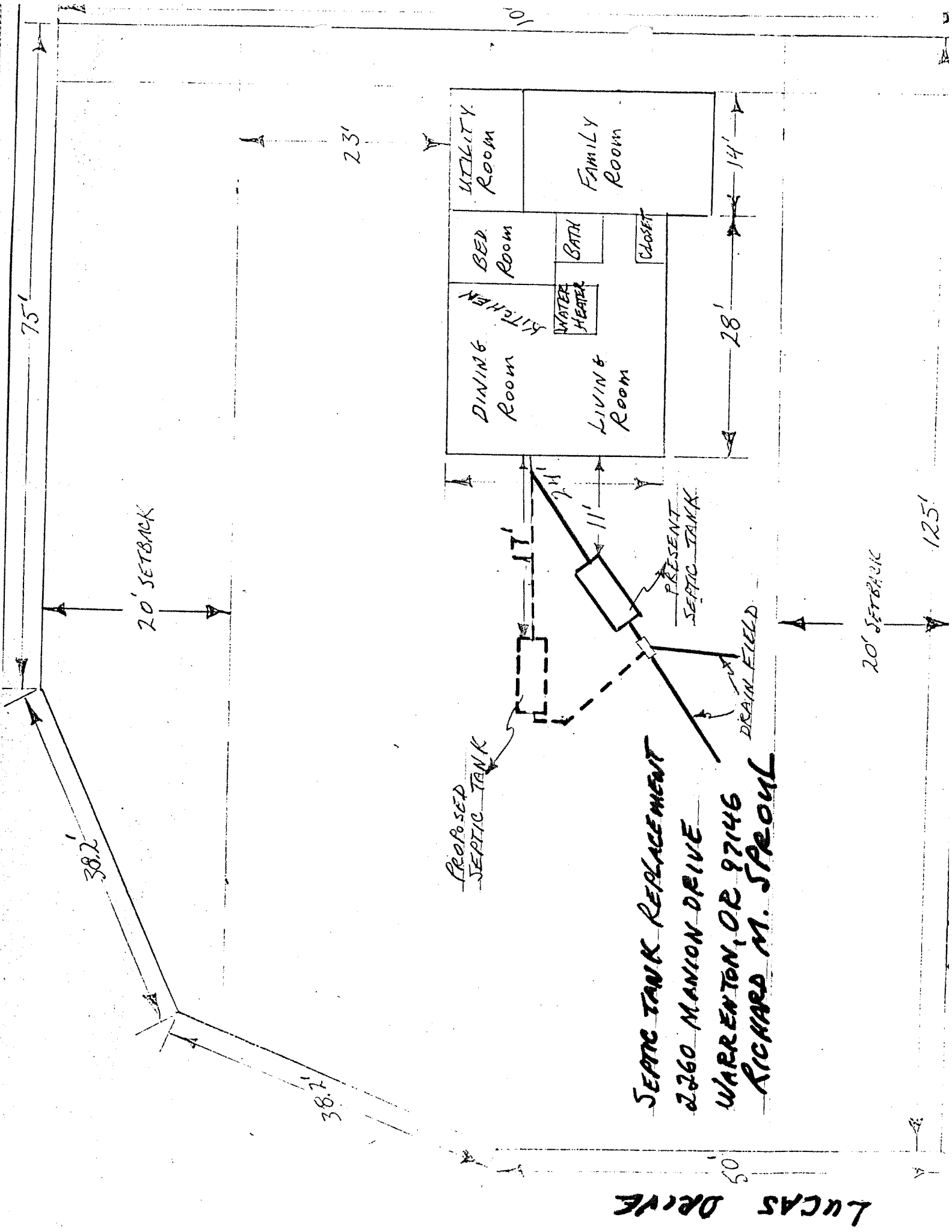
RICHARD SPOUL
2260 MANION DR



REPAIR
AREA



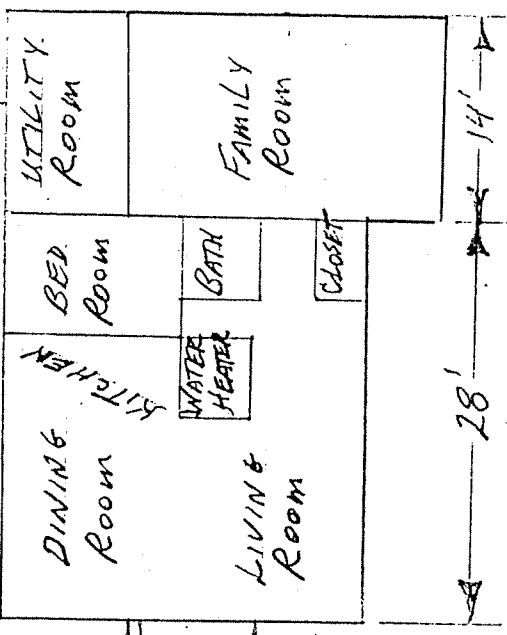
ALL 3034 PVC
1/4" PE FALL



75'

23'

20' SETBACK



PROPOSED SEPTIC TANK

PRESENT SEPTIC TANK

DRAIN FIELD

SEPTIC TANK REPLACEMENT
 2260 MANION DRIVE
 WARRENTON, OR 97146
 RICHARD M. SPROUL

20' SETBACK

25'

LUCAS DRIVE

50'

38.2'

38.2'

DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

5-19-72

Revised band - signed Olds Permit #72-110

5-24-72

Min Req - 250 gal S.T.; 20' less

Olds

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
 Date Rec'd. 2-25-91
 Date Completed _____
 Required Fee 55.00
 Receipt No. 47501
 Control No. 26840

FOR APPLICANT'S USE -- (PLEASE PRINT)

.26 ~~ACRE~~
 Lot Size (Acreage or Dimensions)

RICHARD M. SPROUL
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 7 10 21CA 900 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate _____
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility
 Single Family Residence _____
 (Number of Bedrooms)
 Other _____
 (Specify)

Water Supply
 Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc.)

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

APPLICATION FOR:

- | | |
|---|---|
| <input type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input checked="" type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedrooms |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> 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.

Richard M. Sproul
 (Signature)

Feb. 25, 1991
 (Date)

- Owner
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address

2760 MANION DRIVE
WARRENTON
OREGON 97146

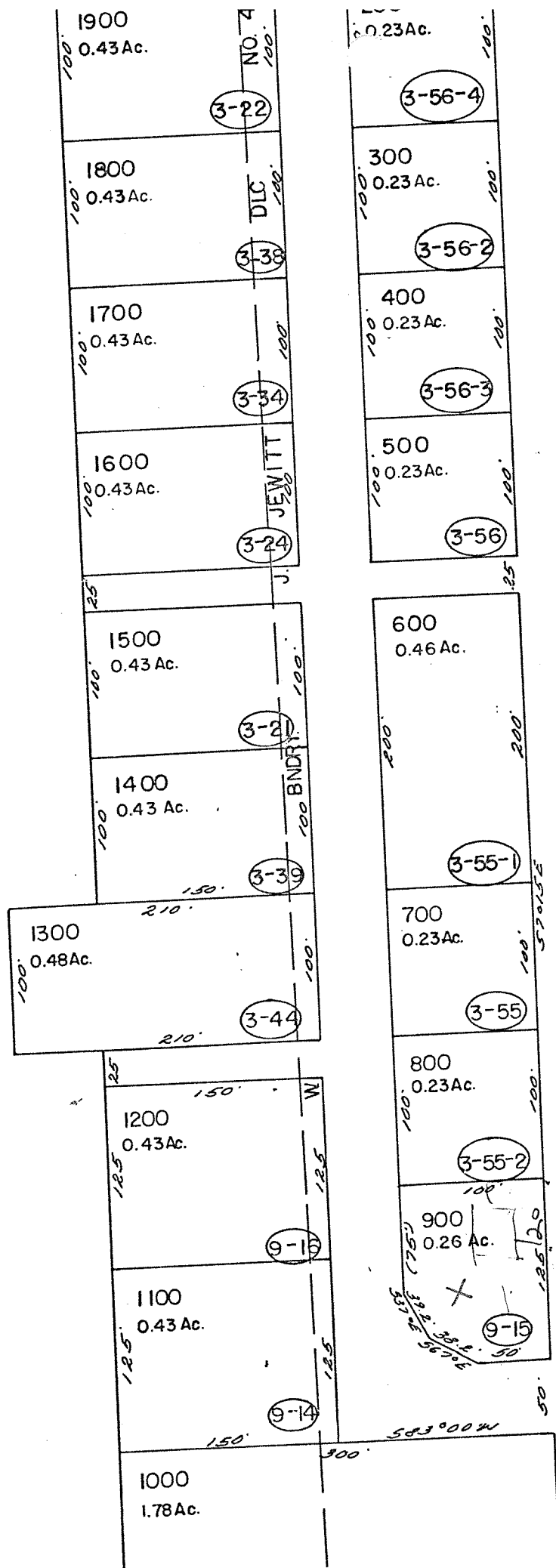
Phone 738-8757

Applicant's Mailing Address (if different)

Phone _____

LOT 3 17.50

10-06
(F.P. 10-02)



SEE MAP 7 10 21DB

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET
P. O. Box 206
TELEPHONE 325-7441 EXT. 30
ASTORIA, OREGON 97103

May 24, 1972

Jon C. Palmberg
Route 1, Box 828
Warrenton, Oregon 97146

RE: Building Permit #72-110

Dear Mr. Palmberg:

Your building permit application has been reviewed and approved by this department. Enclosed is a copy of the minimum standards for septic systems and, on the reverse side of the bulletin under "special instructions" requirements for your

When you have completed allow a member of this prior to backfilling. way possible to comply safe, properly function

special instructions

Sincerely,

CLATSOP COUNTY HEALTH D

David W. O'Guinn
David W. O'Guinn,
Registered Sanitarian

DWO/cw

Enclosure: 1

Minimum Requirement Sheet

Re: *Bldg Permit 72-110*

1. Septic tank size 750 gallons
2. 100 feet of 3 feet wide disposal trench.
3. Minimum of 2 trenches $7\frac{1}{2}$ feet on centers.
4. Distribution Box
5. Call Health Dept for inspection prior to backfilling.

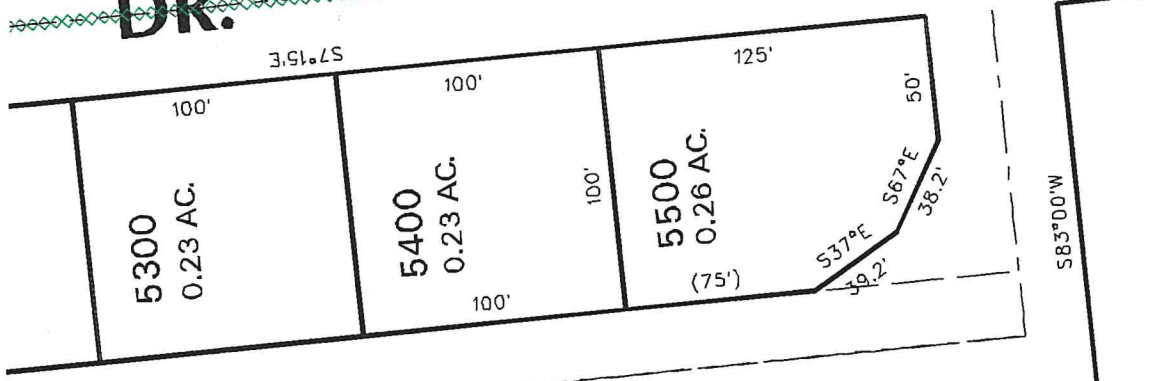
Note: The disposal field shall not be installed in fill or modified soil.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

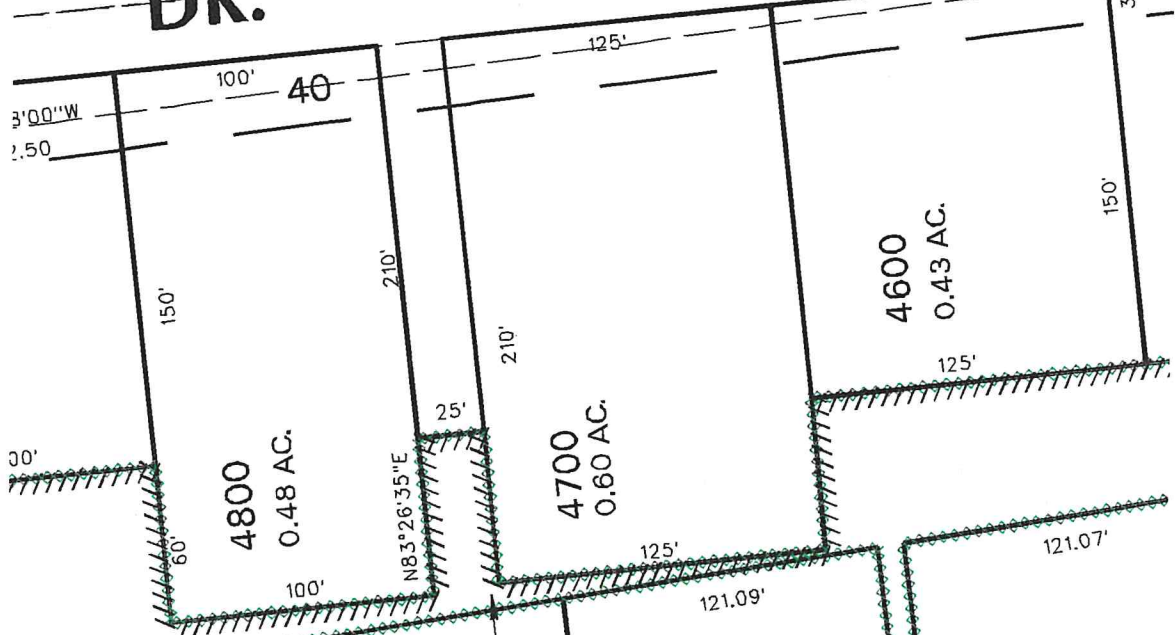
APR 26 2005

NORTH COAST BRANCH OFFICE
WARRENTON

DR.



DR.



-06

**T7N R10W SEC 21DB WM
CLATSOP COUNTY**
Scale 1:1200



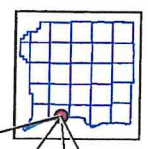
Cancelled Accounts

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DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 26 2005

NORTH COAST BRANCH
WARRENTON



31	32	33	34	35	36	37	38	39	40
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40

January 19, 2005

7.10.21DB



The map was prepared for account of [Name] and is subject to the terms and conditions of the contract. It is not to be used for any other purpose without the express written consent of the County.

