

Property History

Account ID:17744

Legal Description:

<u>Legal Type</u>	<u>Twnshp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	7	10	27			00100	71027A000100

Additional Information:

'02 Incl 71022D - 1707. New legal daf:

A parc of land in the NE 1/4 of Sec 27, T7N, R10W, W.M., being mpdaf:

Beg at a pt which is on the E r/w li of Dellmoor Co Rd No. 239, on a li par with and S 0deg 19' E 941.8' from the N li of said Sec 27, said pt being S 937.86' and E 716.40' from the 1/4 cor common to Sec 22 & 27; th alg said E r/w li, N 8deg 14' 20" W 344.21' to the pt of curvature;

th cont alg said E r/w li, 266.26' alg the arc of a 5749.58' rad curve to the left, through a cent angle of 2deg 39' 12", the chord of which bears N 9deg 33' 56" W 266.23'; th N 89deg 41' 00" E 10.17';

th 17.00' alg the arc of a 5759.58' rad curve to the left through a central angle of 00deg 10' 09", the chord of which bears N 10deg 57' 27" W 17.00' to the S li of the Cooper Tract desc in bk 545, pg 241;

th alg the S li of said Cooper Tract N 89deg 41' 00" E 404.05' to the SE cor thereof;

th alg the E li of said Cooper Tract, 11.25' alg the arc of a 6157.02' rad curve to the left, through a cent angle of 00deg 06' 17" the chord of which bears N 10deg 23' 43" W 11.25', to the ctr of a drainage ditch;

th alg the ctr of said ditch, S 72deg 27' 30" E 83.92' to an angle pt; th cont alg the ctr of said ditch, S 84deg 26' 46" E 94.13' to an angle pt; th cont alg the ctr of said ditch, N 82deg 37' 03" E 289.13' to an angle pt;

th cont alg the ctr of said ditch N 55deg 35' 01" E 80' m/l, to the ctr of Cullaby Creek; th Sly alg the ctr of Cullaby Creek 680' m/l to a pt on a li par with and S 0deg 19' E 941.8' from the N li of said Sec 27; th par with and S 0deg 19' E 941.8' from the N li of Sec 27, S 89deg 41' 00" W 975', m/l, to the pob.

The basis for this desc are maps B-9252 and B-9520 rec in Clatsop Co. Surveyor's office.

Metes and Bounds	7	10	27	A		00100	71027A000100
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Additional Information:

'15 MAP CHANGE PER CARTOGRAPHY

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>
17744	710270000200	17744	71027A000100	2015

Owner(s):

Current Ownership:

<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
White Rail Acres Inc		Contract
Hurner Christine A		Contract
Hurner Thomas E		Contract
Sandy Betty L		Owner

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
04/16/2002	03/28/2002	AC2002-034	Jones Lena C	Estate
04/16/2002	03/28/2002	AC2002-034	Jones Lena C	Conservator
04/16/2002	03/28/2002	AC2002-034	Sandy Betty	Conservator
12/13/2002	12/04/2002	200213689	Sandy Betty L Trust	Trust
05/12/2004	04/05/2004	200404684	Sandy Sandy L	Individual
05/12/2004	04/05/2004	200404684	Moon Lois L	Individual
10/26/2006	04/05/2004		Moon Lois L	Individual

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 89207 DELLMOOR LOOP City: WARRENTON
Owner: CHRIS & TOM HURNER Phone: 503-717-8404
Owner's Address: 89207 DELLMOOR LOOP
Agent: _____
Proposed Development/Construction: ALREADY CONSTRUCTED ARENA

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 7 R 10 SEC 27 Tax lot(s) 200
Permit Needed - Yes () No () Site Approved - Yes () No () N/A
Signature: [Signature] Date: 8.2.05
Remarks: PROPOSED ARENA - OK
NO PLUMBING INSIDE ARENA.

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location (s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T 7 R 10 SEC. 27 Tax Lot(s) 200
Zone: EFU Overlay District: Ø
Development Permit - Yes (X) No () # _____
Flood Plain - Yes () No (X) Elevation Requirements: _____
Geologic Hazard - Yes () No (X) Special Construction Requirements? - Yes () No (X)
Signature: _____ Title _____ Date: _____
Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 89207 DELLMOON LOOP City: WARRENTON
Owner: CHRIS & TOM HURNER Phone: 717-8404
Owner's Address: 89207 DELLMOON LOOP
Agent: _____
Proposed Development/Construction: REMODELLED HOUSE

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 7 R 10 SEC 27 Tax lot(s) 200
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 8-2-05
Remarks: NO EXPANSION OUTSIDE EXISTING FOUNDATION - NO BEDROOMS BEING ADDED.

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location (s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____
Zone: _____ Overlay District: _____
Development Permit - Yes () No () # _____
Flood Plain - Yes () No () Elevation Requirements: _____
Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
Signature: _____ Title _____ Date: _____
Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

C. SOP COUNTY HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

117-27-200

PERMIT NO. 78-144

LCNA

OWNER'S NAME ~~John A~~ Jones ADDRESS Rt 1, Box 690 WARREN
 PROPERTY ADDRESS 710-27-200 INSTALLER B. H. BERGQUIST
 RESIDENTIAL 1; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2

WATER SUPPLY: PUBLIC , COMMUNITY X, PRIVATE . TYPE OF WELL
 DEPTH FT., ISOLATION DISTANCE FT.; SOIL CLASSIFICATION

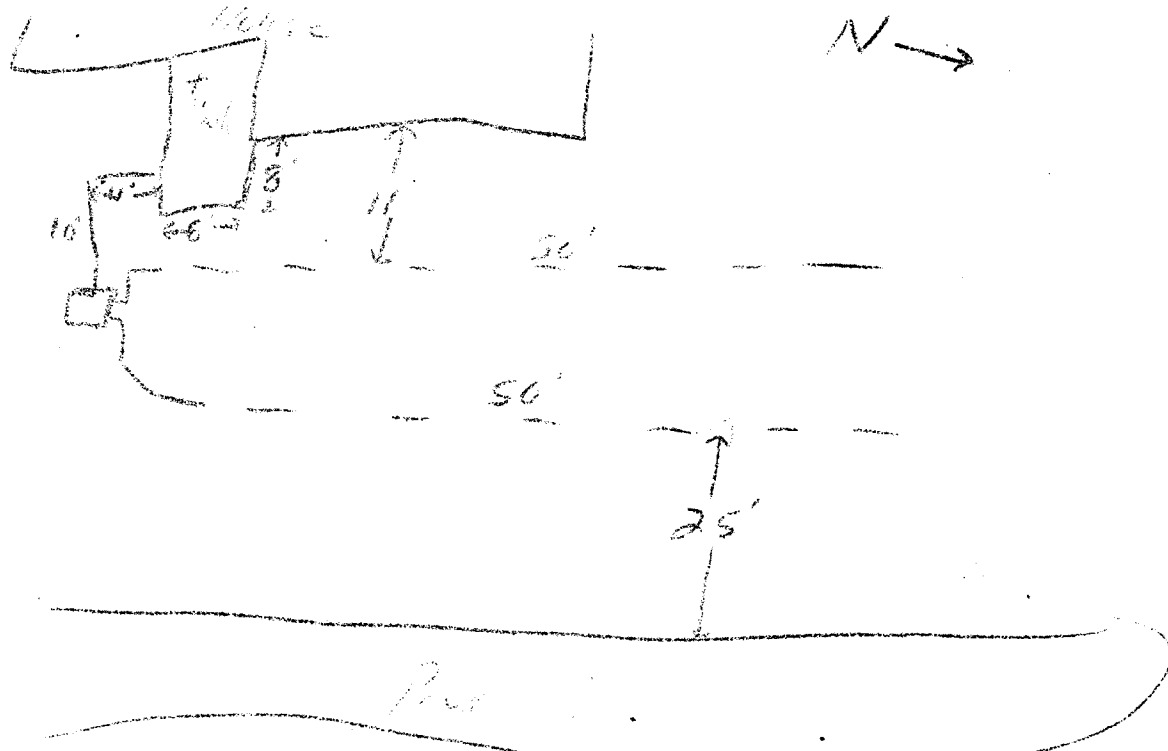
SEPTIC TANK: STEEL , CONCRETE ✓, CAPACITY 1000 GALLONS

STONE: SIZE 2", WASHED ✓, BELOW TILE 6 IN., ABOVE TILE 2"

TRENCH WIDTH 24 IN; TRENCH 16 FT. ON CENTER; TOTAL SQ. FT. 200 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ✓; BUILDING SEWER: MATERIAL 2661

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



63 33
 62 33

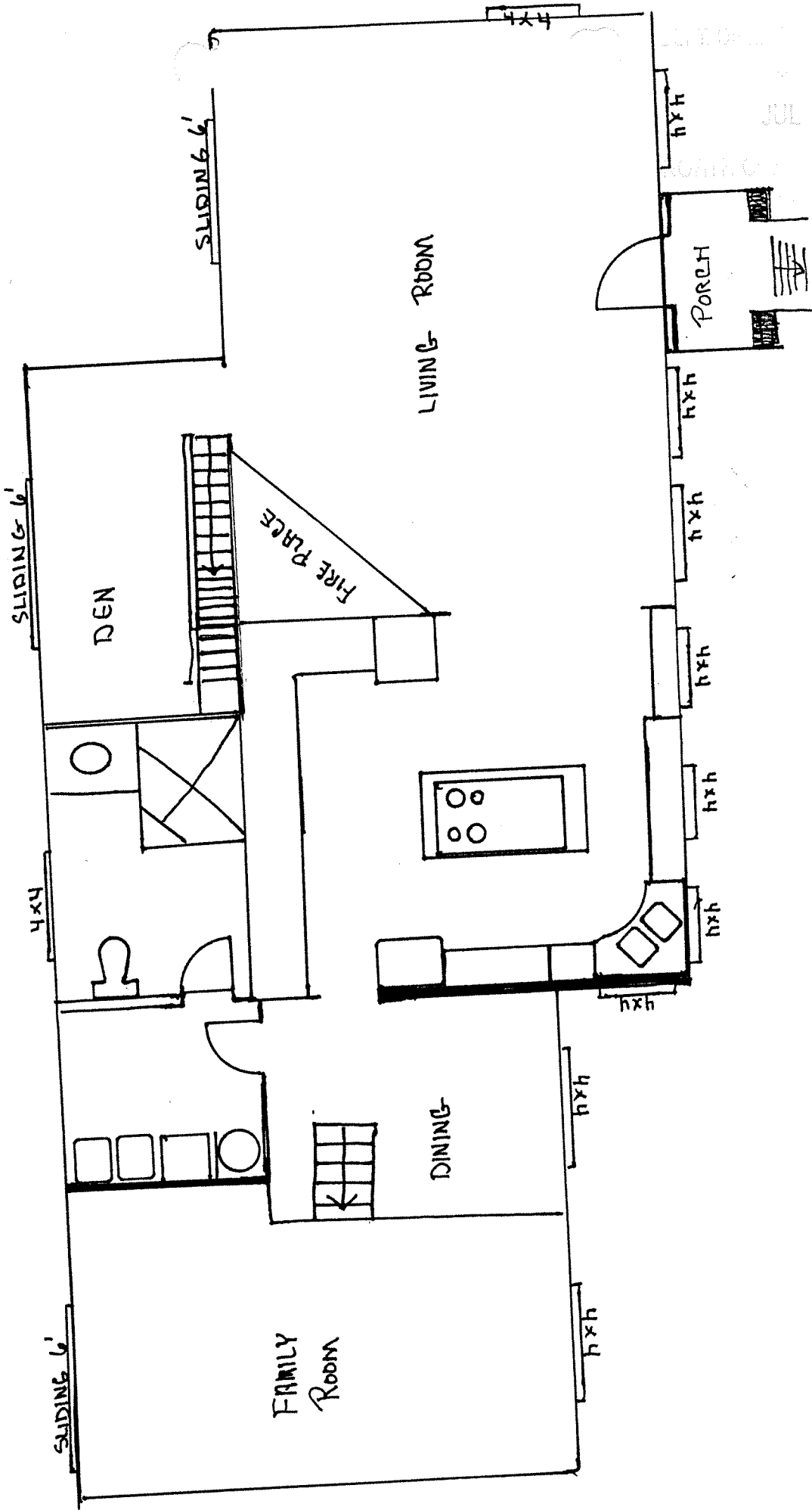
APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS:

DATE: 8-1-78 SANITARIAN J. H. Marble

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

HOUSE PLANS



JUL 19 2008

CANON

acknowledged
DO 3/27/00

FARM AGRICULTURE BUILDING EXEMPTION CERTIFICATE
(Submit in triplicate)

Name: Betty L. Sandy / Lena C. Jones
Address: 89224 Dellmoor loop Rd
Warrenton, Or. 97146
Building Use: Riding Arena

FOR AGENCY USE ONLY	
NO. <u>00-231</u>	
ZONE: <u>EFU</u>	AREA: <u>Clatsop Plains</u>
BY: <u>Ron Grina</u>	TITLE: <u>SR. planner</u>
COUNTY: <u>Clatsop</u>	DATE: <u>3/20/00</u>

I am the owner/lessee of the above noted structure to be erected, located on Taxlot 200 Township 7N Range 10W Section 27 and do hereby declare said structure is an agriculture building as defined in Oregon Revised Statutes (ORS) number 455.315 (attached), and is exempt from State Structural Codes. Plans will not be required to be submitted and a building permit will not be required. Electrical, Plumbing, Mechanical, Elevator and Boiler permits ARE required. ORS 455.315.

I declare that said building is NOT:

- A) A dwelling;
- B) A structure that has two or more exits or an open side and is used for a purpose other than growing plants in which 10 or more persons are present at any time;
- C) A structure regulated by the State Fire Marshall pursuant to ORS chapter 476;
- D) A structure subject to sections 4001 to 4126, title 42, United States Code (the National Flood Insurance Act of 1968) as amended, and regulations promulgated thereunder.

I further declare that prior to any change in use of said structure that would remove said structure from the exemption, will require a building permit, and the structure will be made to comply to all requirements of the appropriate State Codes in force and effect at the time of the change, as though the structure was a new building.

STATE OF OREGON

County of Clatsop

I Betty L. Sandy do hereby swear and affirm under the penalty of perjury that the above statements are true and correct.

Date: 3-20-00 Signature of Applicant: Betty L. Sandy

Subscribed and sworn before me on this 20th day of March 19 2000



Ron Grina
NOTARY PUBLIC
My Commission Expires: 9/9/01

cc: Clatsop County Planning Dept.
State Building Codes
Applicant

Clatsop County Dept. of
Planning & Development

Initials B
Date 3/20/00

AGENCY REVIEW & APPROVAL FORM

(STRUCTURE AND MOBILE HOME PLACEMENT)

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: RT. 1 Box 680 City: WARRENTON
 Owner: Lena C. Jones Phone: 738-5239
 Owners Address: Rt. 1 Box 680B
 Agent: Betty J. Sandy, Cons./Gen'l
 Proposed Development/Construction: Riding Arena

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 7N R 10W SEC. 27 Tax Lot(s) 200
 Permit Needed - Yes () No () Site Approved - Yes () No ()
 Signature: [Signature] Date: 3-10-00
 Remarks: PROPOSED AREA - OK

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

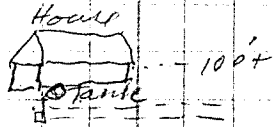
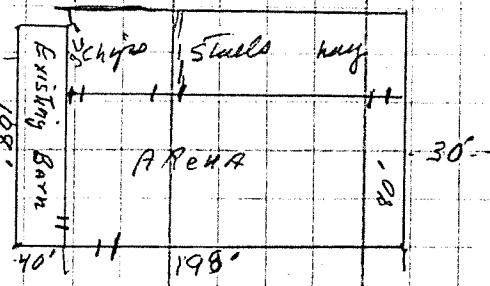
Legal Description: T 7 R 10 SEC. 27 Tax Lot(s) 200
 Zone: EFU/LW Overlay District: _____
 Development Permit - Yes () No () # _____
 Flood Plain - Yes () No () Elevation Requirements: _____
 Geologic Hazard - Yes () No () Special Construction Requirements? - Yes ()
 Signature: [Signature] Title: P.C.
 Remarks: _____

Post-it® Fax Note 7671		Date: <u>3-10-00</u>	# of pages <u>2</u>
To: <u>DEWIS ILLINOWORTH</u>	From: <u>DAVE</u>		
Co./Dept: <u>WER NW2 WQ</u>	Co: <u>NCBD</u>		
Phone #	Phone # <u>861-3280</u>		
Fax # <u>229-6957</u>	Fax #		

Clatsop County Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

4. STATE BUILDING CODES (located at City of Seaside Community Development Department, 1387 Ave. U, Seaside, Oregon). Building Codes will review and issue the building permit.

Dellmora Loop Rd 600'



Pond

PASTURE

boundary with

boundary with

N. Boundary 934' ML

710-27-200

PASTURE

PASTURE

S. Boundary 1040' ML

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

MAR 10 2008

NORTH COAST BRANCH OFFICE WARRENTON

I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REPRESENTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM THAT SAID SYSTEM IS NOT FAILING THROUGH ENCOURAGE TO STOWAWAY SURFACE OF PUBLIC WATER AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

DATE 3-10-08
 BY Brett J. Jansky

1 mg = 25'

Handwritten signature/initials

821 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7441 EXT. 35
 SUBSURFACE SEWAGE DISPOSAL SYSTEM
 FINAL INSPECTION

PERMIT NO. 78-144

LCNA

OWNER'S NAME ~~John A~~ Jones ADDRESS R-1, Box 696 Warrenton
 PROPERTY ADDRESS 710-27-200 INSTALLER B. H. BERGSON
 RESIDENTIAL 1; COMMERCIAL _____; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2

WATER SUPPLY: PUBLIC _____, COMMUNITY X, PRIVATE _____. TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION _____

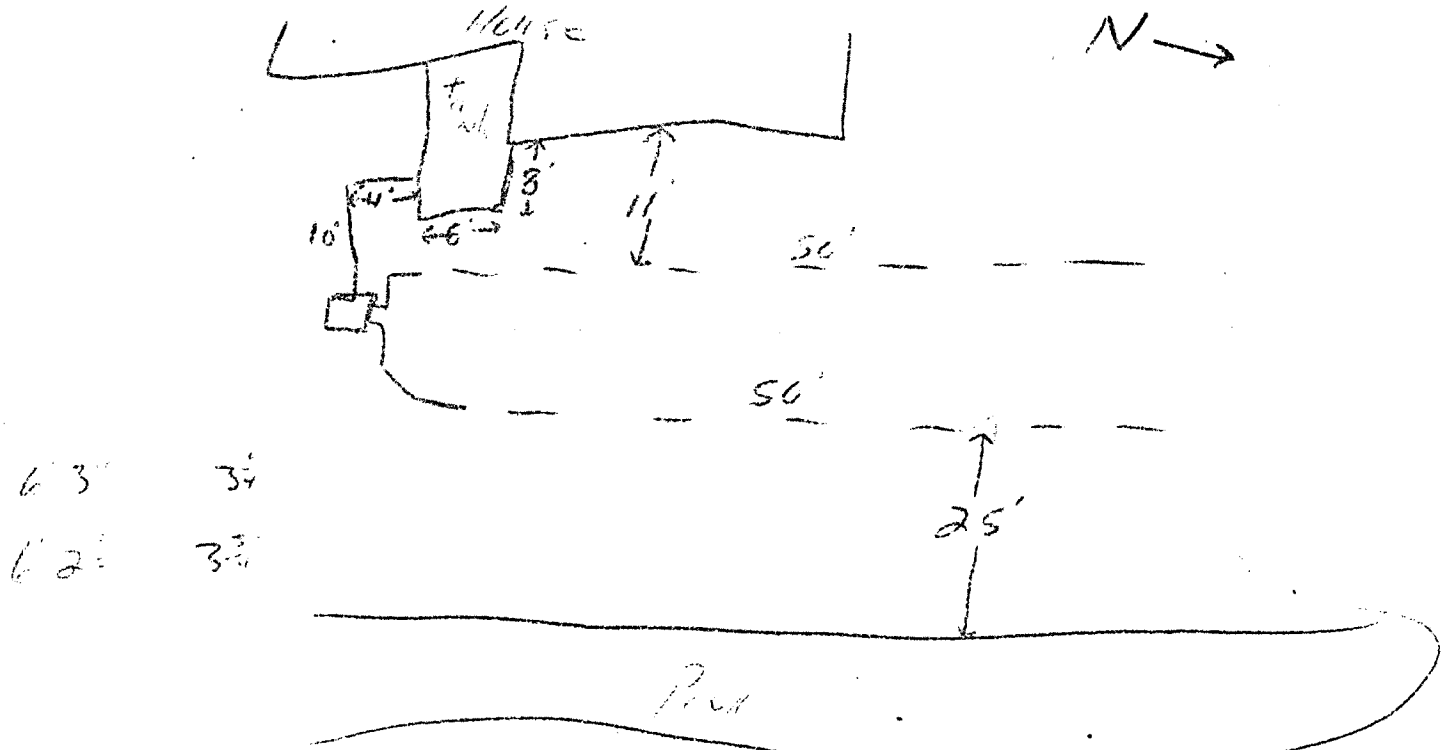
SEPTIC TANK: STEEL _____, CONCRETE ✓, CAPACITY 1000 GALLONS

STONE: SIZE 1/2-2", WASHED ✓, BELOW TILE 6 IN., ABOVE TILE 2"

TRENCH WIDTH 24 IN; TRENCH 16 FT. ON CENTER; TOTAL SQ. FT. 200 SQ. FT.

TILE: CONCRETE _____, CLAY _____, PLASTIC ✓; BUILDING SEWER: MATERIAL 2661

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



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

REMARKS: _____

DATE: 8-1-78 SANITARIAN J. T. Franklin

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

SOP COUNTY HEALTH DEPT.
 857 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7441 EXT. 35
 SUBSURFACE SEWAGE DISPOSAL SYSTEM
 FINAL INSPECTION

710-27-200

PERMIT NO. 78-144

LCNA

OWNER'S NAME Jones ADDRESS R+1, Box 696 Warren
 PROPERTY ADDRESS 710-27-200 INSTALLER Bill BERGERSON
 RESIDENTIAL 1; COMMERCIAL _____; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2

WATER SUPPLY: PUBLIC _____, COMMUNITY X, PRIVATE _____. TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION _____

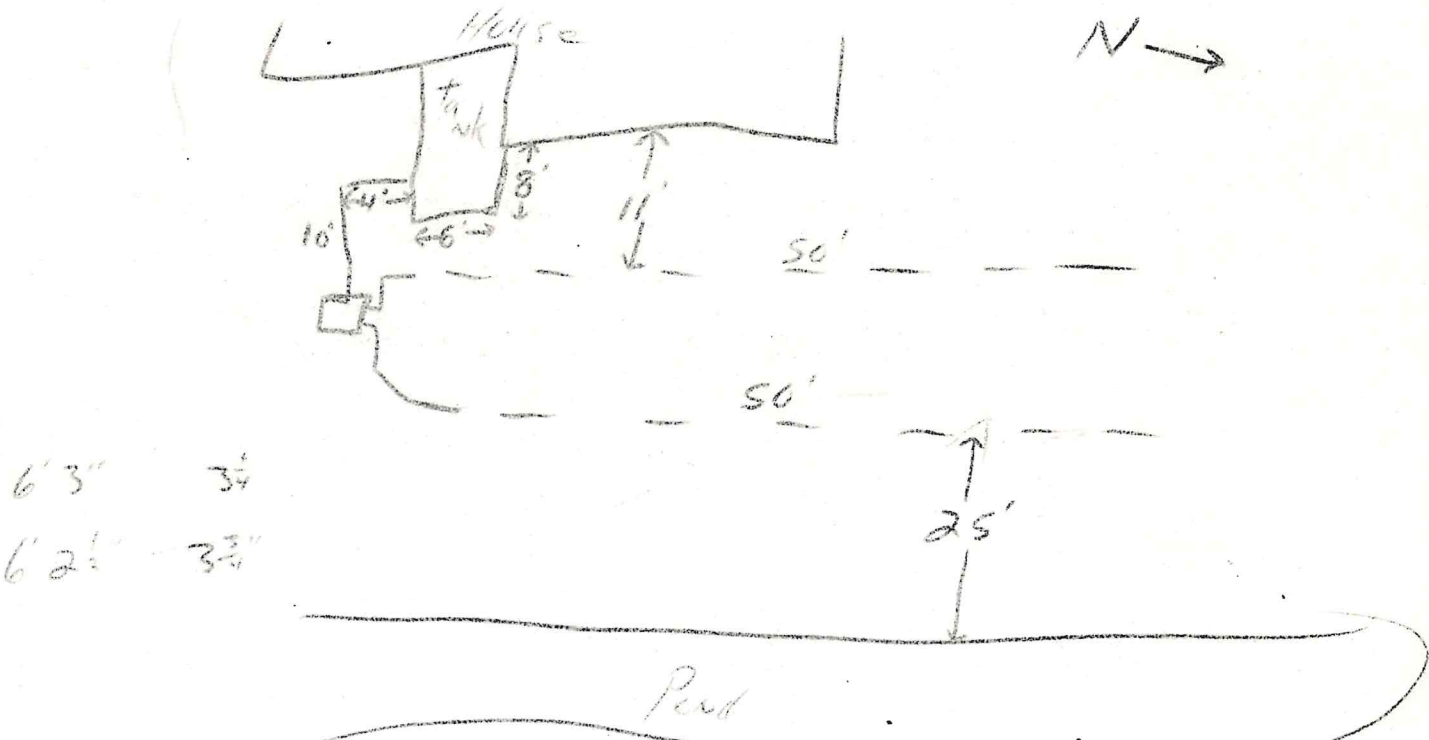
SEPTIC TANK: STEEL _____, CONCRETE ✓, CAPACITY 1000 GALLONS

STONE: SIZE 3/2", WASHED ✓, BELOW TILE 6 IN., ABOVE TILE 2"

TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 200 SQ. FT.

TILE: CONCRETE _____, CLAY _____, PLASTIC ✓; BUILDING SEWER: MATERIAL 2661

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



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.
 REMARKS: _____

DATE: 8-7-79 SANITARIAN [Signature]

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

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Property Owner Walter Jones
T. 7 R. 10 Sec. 27 Tax Lot/Acct. No. 200
Loc./Road RR1 Box 680
Warrenton OR 97146

Permit Number 78-104
Expiration Date 8-4-78
Issued By Ph. J.

PERMIT

[NOT TRANSFERABLE]

New Construction of

Repair of

Connection of

Alteration of

A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches 250 Square ft. 100 Lineal ft.
Maximum trench depth 36" Minimum trench depth 24"
 Loop Equal Serial Distance between lines on center 10'
Total rock depth _____ Below pipe _____ Above pipe _____ Rake sidewalls
Special Conditions. [Follow Attached Plot Plan] _____

PRE-COVER INSPECTION REQUIRED - CONTACT:

CLATSOP COUNTY HEALTH DEPT.
857 Commercial - P. O. Box 206
Astoria, Oregon 97103

POST ON SITE

DEQ/WQ-404 Rev. 1/78

SP*54377-340

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM TOWNSHIP - 7
 Installer: complete top part of form to
 signatur and submit both copies with
 application.

SEC. - 27
 RA - 10W
 TAX LOT - 200

Permit No. 78-144

(Exhibit No. 1)

Installer's Name BILL BERGERSON		Property Address			
No. Living Units 1	Bedrooms 1 OR 2	Baths 1	Basement Yes ___ No <input checked="" type="checkbox"/>	Water Supply Community <input checked="" type="checkbox"/> Public ___ Other -List	

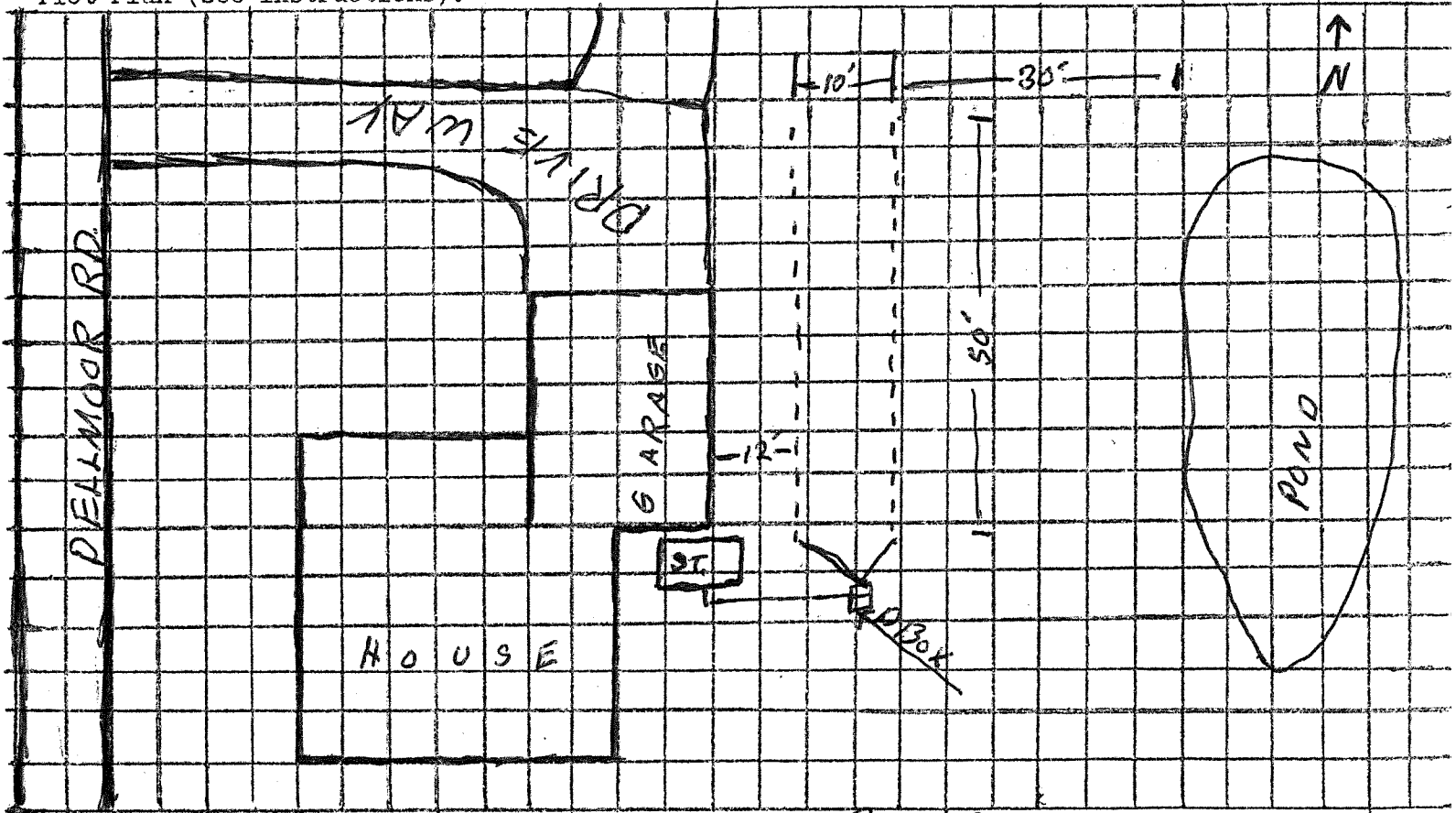
Septic Tank:
 Ft. from well ___ Steel ___ Concrete No. Compartments ___ Gallon Capacity **1000**

Inside Dimasions: Feet Length ___ Width ___ Diameter ___ Depth ___	Tile Disposal Field: Distribution Box: Yes <input checked="" type="checkbox"/> No ___
---	--

Applicant Name HELENA JONES	Other Distribution - Type
Mailing Address RT 1 Box 680	Feet from Well: ___ Foundation: ___
Address WARRENTON ORE. 97146	Lot Line Front: ___ Side: ___ Rear: ___

Length of Lines - Ft. 50	Trench Width: 2'	Total Sq. Ft.: 200	Ft. between Lines: 10'	Filter Type: ROCK	Filter depth above tile: 2 in.	Filter depth below tile: 6 in.
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Plot Plan (See instructions):



Date: **8-11-78** Signature: **Bill Bergerson**

For Sanitarian Use Only:
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal.
 Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal.

Date:

Remarks:

CLATSOP COUNTY HEALTH DEPARTMENT

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

October 9, 1973

Mr. C. W. Jones
Route 1, Box 680
Warrenton, Oregon 97146

Re: Assessor's Code 10-2, Assessor's Account Number 710 27-200

Dear Mr. Jones:

On October 4, 1973, a sanitarian from the Clatsop County Health Department visited the above described property in order to evaluate the proposed lot, or partitioning with regard to the installation of subsurface sewage disposal. Observations were made on soil characteristics, slope, general topographic features, and depths to bedrock or other restrictive layers.

As a result of this evaluation, it is the opinion of this office that the lot, or partitioning, as above described, does meet with the requirements set forth in O.A.R., Chapter 333, Section 41-001 to 41-045, therefore a subsurface disposal system is feasible under the general conditions and circumstances of the property as outlined in the above mentioned rules and statutes. Any modification of the soil on the lot/lots may negate this approval.

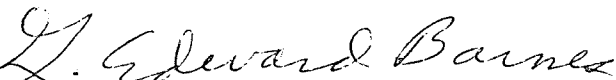
In designing your drainfield you will be required to use a minimum of 150 square feet of leach field per bedroom.

Please be advised that the above feasibility statement shall not be considered as an approval of any specific subsurface sewage disposal system or systems, number of systems, or location of systems. All specific plan reviews will be made at the time application is submitted for a building permit. This letter does not guarantee the approval of any specific plan submitted.

We hope that this will answer any questions you have concerning the above property. If you have any further questions, please feel free to contact this office.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT



G. Edward Barnes, R.S.
Clatsop County Sanitarian

GEB/hj

CLATSOP COUNTY

Section 27 T7N, R10W, W.M.

SCALE: 1" = 400'

