



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-860

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: 2132 MANION DR City: WARRENTON

Owner: JUDY ECKHARDT Phone: _____

Owners Address: 2132 MANION DR, WARRENTON, OR 97146

Proposed Development/Construction: REMODEL / ADDITION

STATE DEQ (DEPARTMENT OF ENVIRONMENTAL QUALITY)

Legal Description: T 7N R 10W SEC. 28AC Tax Lot 300

Permit Needed - Yes () No () Site Approved - Yes () No ()

Signature: Dail Johs Date: 3-11-98

Remarks: SEE AUTH. NOTICE LETTER OF 3-11-98

DEQ North Coast Branch Office, 19 North Highway 101, Warrenton, Oregon 97146

Phone: (503) 861-3280

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T _____ R _____ SEC. _____ Tax Lot _____

Zone: _____ Overlay District: _____

Development Permit - Yes () No () # _____

Flood Plain - Yes () No () Elevation Requirements: _____

Signature: _____ Title: _____ Date: _____

Remarks: _____



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

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

March 11, 1998

Judith Eckhardt
2132 Manion
Warrenton, OR 97146

Re: OSS: NWR: Clatsop County: Authorization Notice: Twn 7N, Rng 10W,
Section 28AC, Tax Lot 300: 1.94 Acres

Dear Judith:

In response to an authorization Notice (AN) application, Dewey W. Darold, R.S., from the Department of Environmental Quality (DEQ), visited the above-described property on March 5, 1998. The purpose of the visit was to determine if the existing on-sewage disposal system could be expected to function satisfactorily with the addition of one bedroom to an existing three bedroom single family residence.

A favorable AN was issued on February 24, 1994, and allowed for a one bedroom addition to an existing three bedroom residence. The existing system consists of a 1000 gallon polyethylene septic tank and approximately 150 linear feet of disposal trench designed in equal distribution. This system is currently designed for a maximum four bedroom single family residence.

Based on this inspection, the system appears suitable to serve the proposed one bedroom addition and is likely to function without failure if it is properly used and maintained. The septic tank and concrete distribution box were exposed during the site visit. The sewage levels in the tank were at the outlet invert. The lid to the concrete distribution was not removed.

Based upon this review and pursuant to OAR 340-71-205, authorization is hereby granted to remodel the existing residence with one bedroom while continuing to use the existing on-site sewage disposal system. This Authorization Notice shall be valid for a period of one year.

This Authorization Notice is subject to the following:

1. The design sewage flow into the system should not exceed 450 gallons per day, or average no more than approximately 225 gallons per day. Sewage flows exceeding this amount may cause the system to fail. This system is sized for a maximum four bedroom single family residence.

Judith Eckhardt
March 11, 1998
Page 2

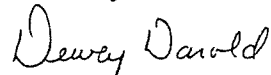
2. All sewage disposal systems require periodic maintenance if they are to function properly year after year. Normally, septic tanks need to be pumped-out approximately every three to five years depending on water usage and number of persons occupying the dwelling.
3. Care should be used while constructing the new addition so as to avoid damage to the septic system.
4. If the system should fail, a repair permit from DEQ will be required.

Because of the many variables affecting system performance, it can not be guaranteed the system will continue to operate without failure. This authorization is valid for one year from the date of this report. After that time, an new application, fee and other exhibits are required.

Issuance of this Authorization Notice does not relieve you of your obligation to obtain the appropriate permits, inspections and approvals that may be required by other governmental entities.

If you should have any questions or would like to discuss matters further, please feel welcome to contact me at 503-229-6313.

Sincerely,



Dewey W. Darold, R.S.
Natural Resource Specialist
Northwest Region, Water Quality

DWD:dwd

cc: NCBO:DEQ

Seacoast Nursery Construction, Inc.
3111 Hwy. 101 N
Seaside, OR 97138

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 27 1998

NORTH COAST BRANCH OFFICE
WARRENTON

71028AC 300

North

Existing
drain field lay-out
different than
shown:

NOTE:

CHECK DRAIN FIELD
SIZE W/COUNTY



EXISTING
DRAIN BED
(40' x 25')

1000 GAL.
SEPTIC TANK

35'

52'

DECK

NEW ADDITION

EXISTING HOUSE

ELECTRIC

Dewey Darold, R.S.
Approved
3-11-98

SCALE:
1" = 32'

Proposed Site plan

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

FOR OFFICE USE ONLY
 Date Rec'd 2-27-98
 Date Completed 3-11-98
 Required Fee 310.00
 Receipt No. 81585
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

Judith Eckhardt
 (Property Owner's Name)

1.94
 Lot Size (Acreage or Dimensions)
Seacoast Nursery Co Inc
 (Applicant's Name if Different from Owner)

Legal Description of Property 7N 10W 28A 300 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

Single Family Residence 4
 (Number of Bedrooms)
 Other _____
 (Specify)

Public (Community System)
 Private _____
 (Indicate: Well, Spring, 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) _____

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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

Judith Eckhardt
 (Signature)

2-24-98
 (Date)

Authorized Representative
 Licensed Installer
 License No. 33079

Owner's Mailing Address
Judith Eckhardt
2132 Marion
Warrenton OR 97146
 Phone 338-3841

Applicant's Mailing Address (if different)
Seacoast Nursery Co Inc
3111 Hwy 101 N
Seaside, OR 97138
 Phone 238-6401

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Judith Eckhardt</i>	MAILING ADDRESS <i>2122 Manion Wapawton Co 97146</i>	PHONE <i>738-3841</i>
	CITY STATE ZIP	

LOCAL SECTION	TOWNSHIP <i>7N</i>	RANGE <i>10W</i>	SECTION <i>28AC</i>	TAX LOT OR ACCT NO <i>300</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY <i>Clatsop</i>
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE

Authorization Notice -

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

PROPERTY'S ZONING DESIGNATION
CBR/BDO

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

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

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
allowed use

PROPERTY IS LOCATED: (check one)

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

LAND USE AUTHORITY
Clatsop Co. Planning Dept.

SIGNED <i>Yui Allen</i>	TITLE <i>P.T.</i>	DATE <i>2-27-98</i>
----------------------------	----------------------	------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
--------	-------	------

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- | | | |
|--|---|----------------------------------|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Disposal Trenches | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Cesspool or Pit | |
| <input type="checkbox"/> Other -- (Describe) _____ | | |

2. When was your sewage disposal system installed? Unknown
(Year) (Permit No.)

3. Tank material:

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Fiberglass |
| <input checked="" type="checkbox"/> Polyethylene | <input type="checkbox"/> Unknown | |

4. Volume of the septic tank in gallons. 1000

5. When was the septic tank last pumped? 1994 (Attach Receipt)

6. Number of disposal trenches. 3

Tank Replacement
9.3.208

7. Total length of disposal trenches (feet). 150'

8. Is your sewage disposal system currently in use? Yes , No
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2

10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business. _____

11. Provide a plot plan on the reverse side of this form showing actual measurements that locates the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. Indicate North direction.

By my signature, I certify the plot plan on the reverse side and the above information is accurate and true to the best of my knowledge.

2-23-98
Date

Seacoast Nursery Co Inc
Signature of Property Owner or
Legally Authorized Representative

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 27 1998

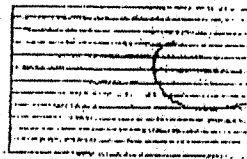
NORTH COAST BRANCH OFFICE
WARRENTON

71028AC 300

NORTH →

NOTE:

CHECK DRAIN FIELD
SIZE W/COUNTY.



EXISTING
DRAIN BED
100 x 250

1000 gal.
SEPTIC TANK

35'

52'

DECK

NEW ADDITION

EXISTING HOUSE

ELECTRIC

SCALE:
1" = 32'

Proposed site plan



BUILDING CODES
 17 N HWY 101
 Warrenton, OR 97146
 (503) 861-3159
 Fax # (503) 861-3259

BUILDING PERMIT APPLICATION

RESIDENTIAL

2132 MANION
 JOB LOCATION/ADDRESS

WARRENTON CITY CLATSOP COUNTY

DIRECTIONS TO JOB SITE

JUDY E. ART ECKHART
 OWNER ECKHART

4913 DESERT VISTA
 ADDRESS

BROOKFIELD SPRINGS CA 92004
 CITY COUNTY ZIP CODE

DESCRIBE WORK	CODE
<input type="checkbox"/> NEW CONSTRUCTION	
<input checked="" type="checkbox"/> ADDITION 22x14	
<input checked="" type="checkbox"/> REMODEL	
<input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> PRE FAB	
<input type="checkbox"/> ACCESS. BLDG.	
<input type="checkbox"/> OTHER _____	specify
TOTAL SQUARE FT. _____	CONSTRUCTION VALUE _____
PERMIT / JOB # _____	
OFFICE _____	

ZONING	LOCAL GOVERNMENT APPROVALS
USE ZONE CBR/BDO 7-10-28AC-300	SANITATION 710-28AC-300
FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>
PERMIT # 94-156	DEQ PERMIT # 93-208
BY: <u>Dea C Nelson</u> Planner	BY: <u>Jaid</u> OC
PHONE 325-8611 DATE 2/25/94	PHONE 861-3280 DATE 2-25-94

DESIGNATED CONTRACTORS				
GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
STEVEN J. SAMPSON	2419 SE MULBERRY	659 9661	42035	5/94
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

- I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
- ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
- I AM REGISTERED WITH THE BUILDERS BOARD REG # 42035 EXP 5/94

1 Q

shelac

DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

Date: February 24, 1994

Judy Eckhardt
2132 Manion
Warrenton, OR 97146

Re: Authorization Notice Approval
T7N, R10W, Section 28AC, Tax Lot 300, Clatsop County,
1.94 Acres

Dear Judy:

Department personnel have made an evaluation of an existing on-site sewage disposal system located on the above described property. This evaluation and report is based upon current Department of Environmental Quality regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Division 71, Section 205.

The system is determined to consist of the following:

Septic Tank Type: Poly; Size 1000 Gallons
Disposal Field Type: Equal Distribution
Disposal Field Size: \approx 150 Lineal Feet
Permit No.: 93-208 Tank replacement

This system is determined adequate for your proposal of:

The remodel of a bedroom addition on the property.

This approval is subject to the following conditions:

- 1) The sewage flow to the system should not exceed 375 gallons per day and should average no more than 188 gallons per day.
- 2) In order to prolong the life of the disposal field, the septic tank should be pumped out every four to five years by a state licensed septage pumper.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1



Judy Eckhardt
February 24, 1994
Page 2

Please be aware that our office does not have on record a favorable site evaluation report or a construction permit for this system. During the site visit, the septic tank lid and distribution box lid were exposed. The septic tank riser lid was 12 inches from ground surface. A 12 inch plastic riser had been installed on top of the septic tank at the inlet side. The round 26 inch diameter concrete distribution box was inspected. Three outlet pipes were observed. One outlet pipe was blocked off. Two outlets pipes from the box were not accepting any effluent due to possibly sand migrating into the box. Only one pipe was accepting effluent at the time of the visit. It is recommended that the sand be removed and the header pipes cleaned out inside the distribution box. If necessary, you may want to install speed levelers to allow for more equal distribution.

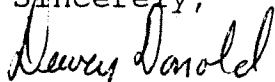
Uses and/or sewage flows in excess of the system capacity cannot be authorized without the system being upgraded to current standards. Any alteration, repair or connection to an existing system requires a permit from this office, which can be subject to rules not reflected in this report.

Please be advised that this authorization notice does not warrant, certify or guarantee satisfactory continuous operation of the sewage disposal system. The evaluation is based upon information obtained by way of a site visit made on February 23, 1994. It is subject to the system operation and findings at that time.

This authorization notice is valid for a maximum period of one (1) year from the date of issue. It is contingent upon the site conditions remaining in compliance with all other applicable rules and regulations pertinent to on-site sewage disposal.

Technical information pertaining to the evaluation is available upon request. If you have any questions or would like further information, please feel welcome to contact the DEQ North Coast Branch Office at (503) 861-3280.

Sincerely,



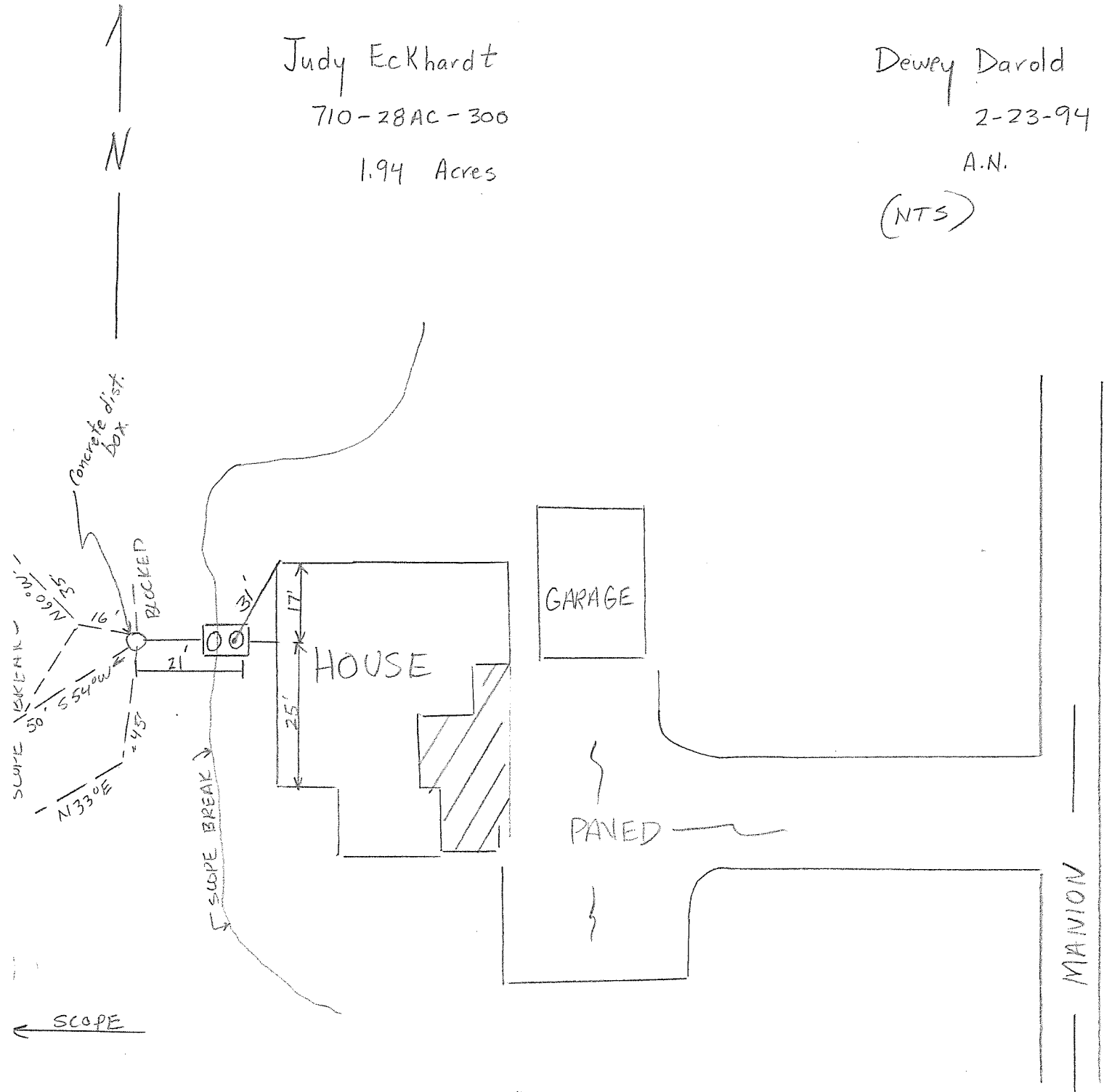
Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region
Water Quality

enc: Site Diagram

cc: Steven J. Sampson

Judy Eckhardt
710-28AC-300
1.94 Acres

Dewey Darold
2-23-94
A.N.
(NTS)



- 1) Septic Tank poly 12" riser
- 2) Concrete box 26" dia/18" deep

36473

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 93-208

\$ 85.00

Fee

New Construction

Repair Minor

Other

Permit Issued To Robert R. O'Donnell
7N 10W 28AC 300 Clatsop
Manion Drive Warrenton Dewey Donald 12-29-93

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 December 29, 1994 TYPE OF SYSTEM Tank replacement only.

Average Daily Sewage Flow Poly (New) 1000 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) Install as per approved plan & specifications. 10' setback to water lines. Properly abandon existing septic tank and submit copy of pumping receipt.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office - 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Seacoast Nursery Constr.

Final Insp. Date

Inspected By

Issued by Operation of Law

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

See the As-Built plot plan submitted by the Installer

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.

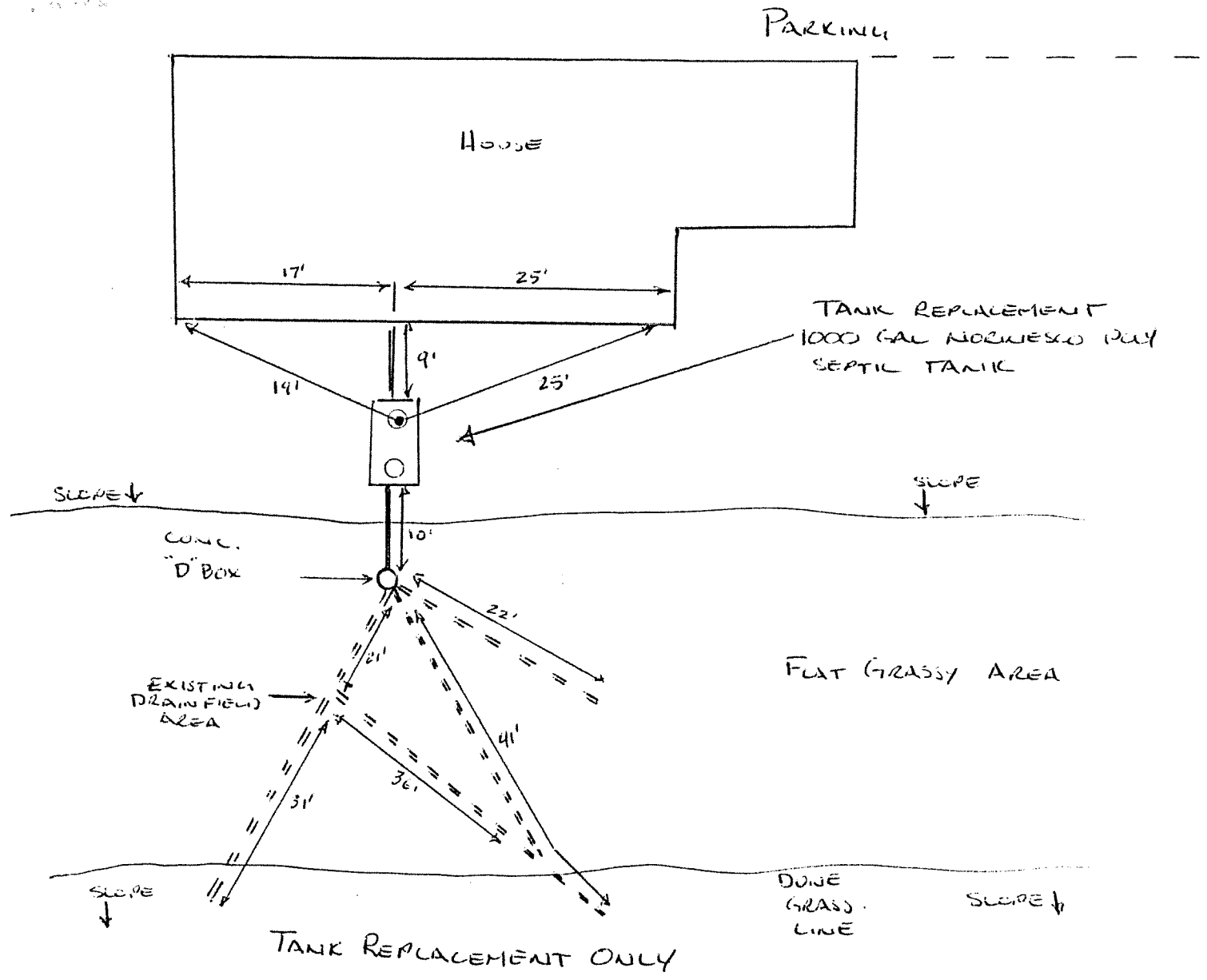
Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature)

(Title)

(Date)

(Office)



ROBERT O'DONNELL
2132 MANION
7 10 28AC 00300

AS BUILT PLOT PLAN
INSTALLED BY SEACOAST NURSERY CONST
ON 12-30-93 AS PER DEQ RULES
AND REGS

SEACOAST NURSERY - CONST INC

LIC # 330-741P
David D. Sig TRU

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 04 1994

ASTORIA BRANCH OFFICE

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

FOR OFFICE USE ONLY
 Date Rec'd 2-22-94
 Date Completed 2-24-94
 Required Fee 160.00
 Receipt No. 60250
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

JUDY ELKHART STEVEN J. SAMPSON
 (Property Owner's Name) (Applicant's Name if Different from Owner)
 Legal Description 7 10 28 AC 300 CLATSOP
 of Property (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
 For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility **Water Supply**
 Single Family Residence 3 Public (Community System)
 (Number of Bedrooms) Private
 Other _____ (Indicate: Well, Spring, Etc.)
 (Specify)
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) _____
 - Authorization Notice
- Purpose of Authorization Notice**
 Connect to an existing system not currently in use
 Replace one mobile home with another or a house
 Replace or rebuild a house
 Addition of one or more bedrooms
 Personal hardship
 Temporary housing
 Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Steven J. Sampson 2/22/94 Authorized Representative
 (Signature) (Date) Licensed Installer
 License No. _____

Owner's Mailing Address Applicant's Mailing Address (if different)
2132 MANION WARRINGTON ORE. 2419 SE MULBERRY DR. MILW ORE 97267

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

DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME: JUDY REINHART; MAILING ADDRESS: 2132 MANION; PHONE: 738 3842

PROPERTY LOCATION: TOWNSHIP 7, RANGE 10, SECTION 28 AC, TAX LOT OR ACCT NO 300, COUNTY CLATSOP

PROPOSED LAND USE: Single Family dwelling

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

PROPERTY'S ZONING DESIGNATION: CBR/BDO

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE: [X] COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY: Allowed use in the zone

PROPERTY IS LOCATED (CHECK ONE): [X] OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY: Clatsop County Planning and Development; SIGNED: Diane Carlson; TITLE: Planner; DATE: 7/22/94

[] CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY; SIGNED: ; TITLE: ; DATE: ; DEQ-IC 5/8

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- Septic Tank Disposal Trenches Unknown
 Seepage Bed Cesspool or Pit
 Other -- (Describe) _____

2. When was your sewage disposal system installed? 93 93-208
(Year) (Permit No.)

3. Tank material:

- Steel Concrete Fiberglass
 Polyethylene Unknown

4. Volume of the septic tank in gallons. 1000

5. When was the septic tank last pumped? 12/30/94 (Attach Receipt)

6. Number of disposal trenches. 4

7. Total length of disposal trenches (feet). 151'

8. Is your sewage disposal system currently in use? Yes , No
If no, how long has the system been out of use? _____

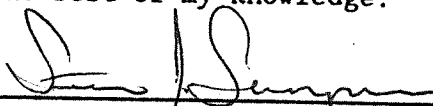
9. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2

10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business. _____

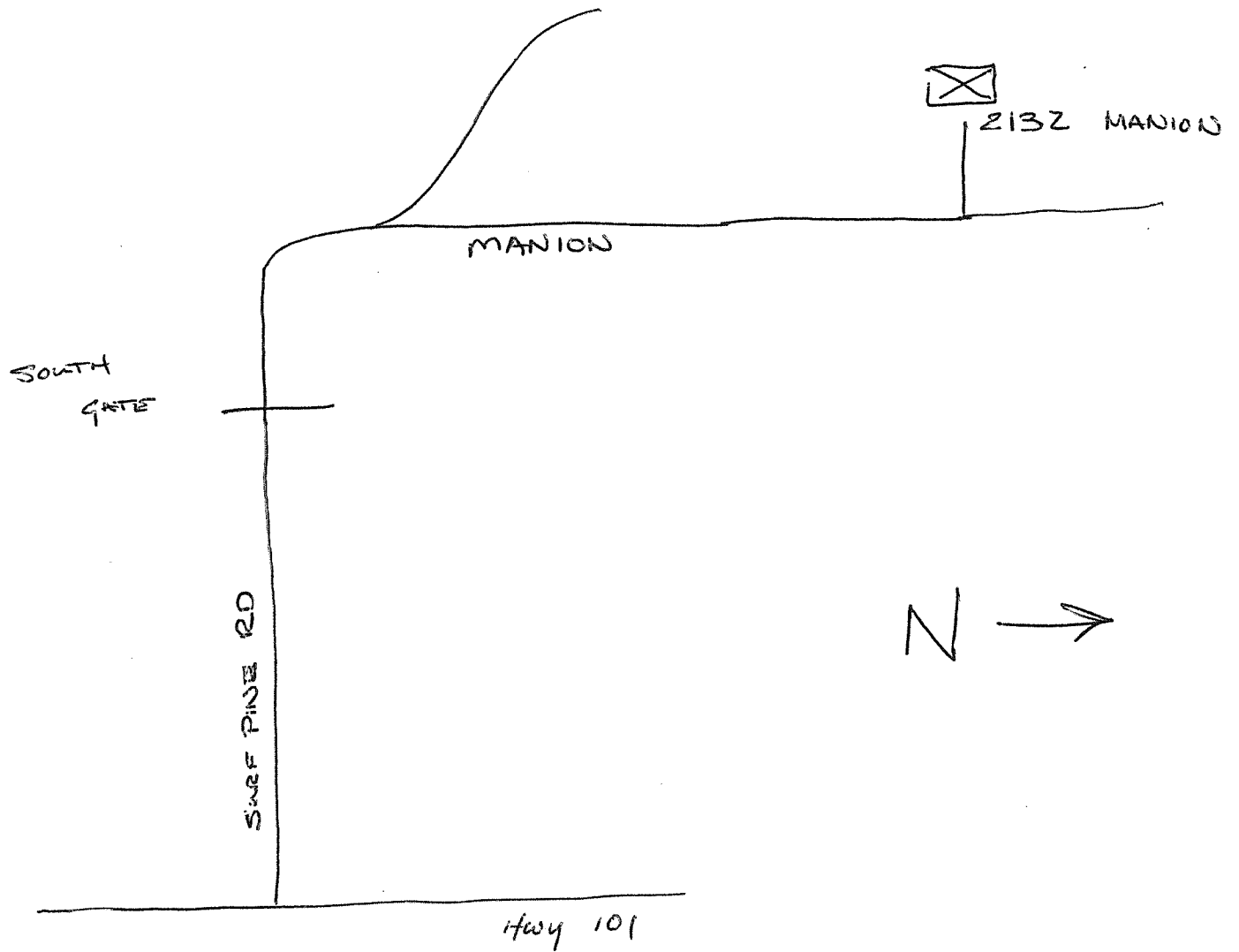
11. Provide a plot plan on the reverse side of this form showing actual measurements that locates the existing septic tank and disposal field, property lines, easements, existing structures, driveways, wells and springs. Indicate North direction.

By my signature, I certify the plot plan on the reverse side and the above information is accurate and true to the best of my knowledge.

2/22/94
Date


Signature of Property Owner or
Legally Authorized Representative

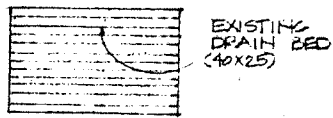
ART & JUDN ELEMENT
2132 MANION



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

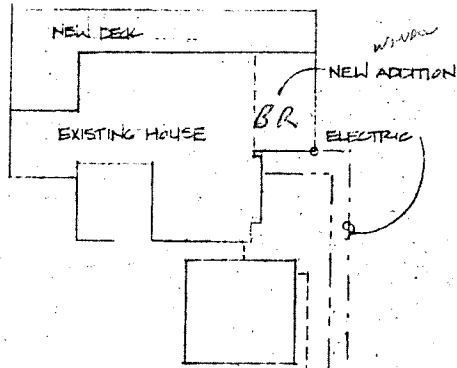
FEB 22 1994

ASTORIA BRANCH OFFICE



EXISTING DRAIN BED (40x25)

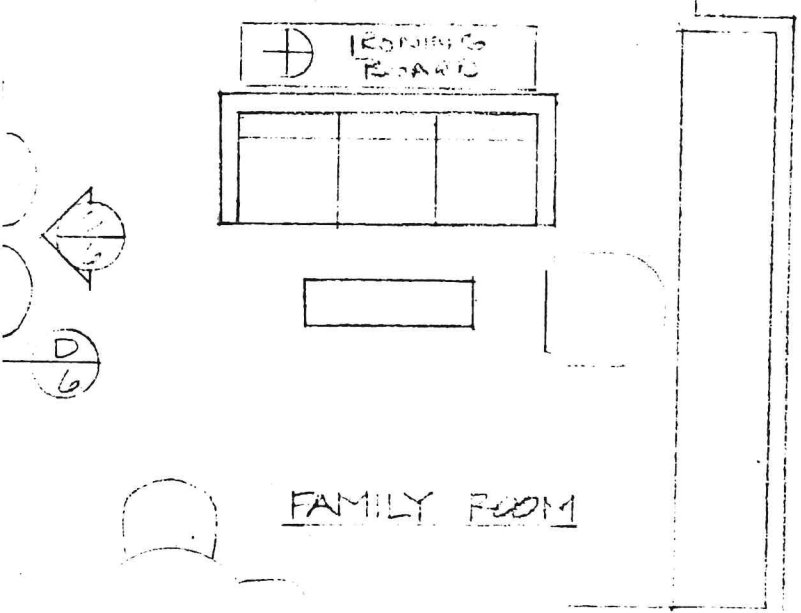
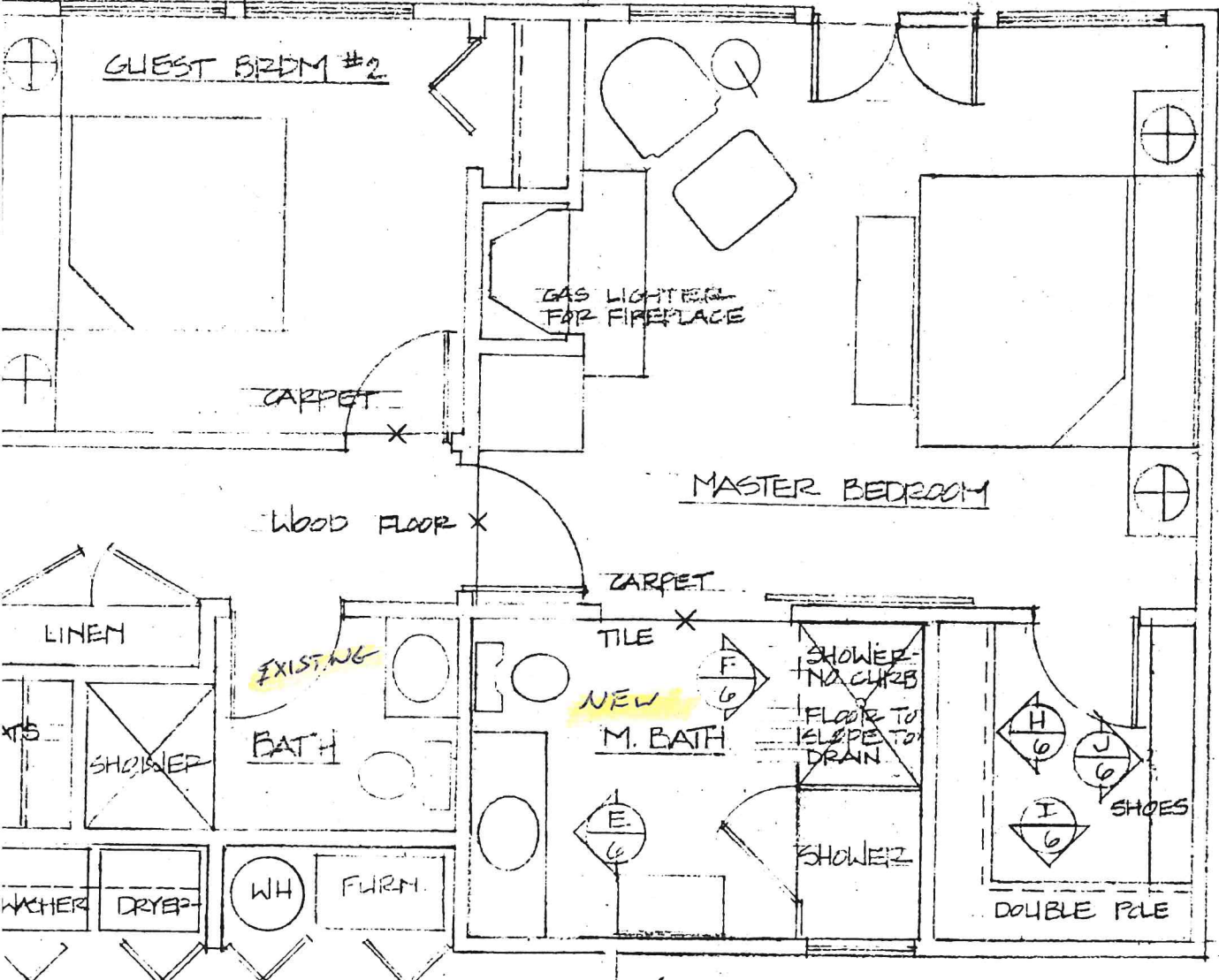
1000 GAL. SEPTIC TANK



1 BR

1 BA

2ND PAGE EXISTING OF MAP



**SEACOAST NURSERY
CONSTRUCTION, INC.**

3111 Hwy. 101 North
SEASIDE, OREGON 97138

Phone: 738-6401

CUSTOMER'S ORDER NO. 7 10 28 AC 00300		PHONE			DATE 12-30-93		
NAME ROBERT O'DONNELL							
ADDRESS 2132 MANION DR. WARRENTON OR							
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	
QTY.	DESCRIPTION					PRICE	AMOUNT
	CRUSHED ROCK:						
	BARK: (MULCH/NUGGET)						
	LAVA ROCK: (RED/WHITE):						
	LANDSCAPE ROCK:						
	SOIL:						
	COMPOST: SURF PINE PROPERTY 7 10 28 AC 00300						
	SUPPLIES: POLY TANK REPLACEMENT - PUMP TANK						1950 00
	PUMPING						
	SEPTIC:					GAL.	
	HOLDING TANK:					GAL.	
RECEIVED BY						TOTAL	1950 00

1150

All claims and returned goods MUST be accompanied by this bill.
Full amount due by the 10th. Late charges 1½% per month on unpaid balance.

Thank You

TANK PUMPED AND DISPOSED OF AS-PER
DEQ RULES AND REGS -

SEACOAST NURSERY CONST
LIC # 33079P

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 04 1994

ASTORIA BRANCH OFFICE

DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DATE: December 23, 1993

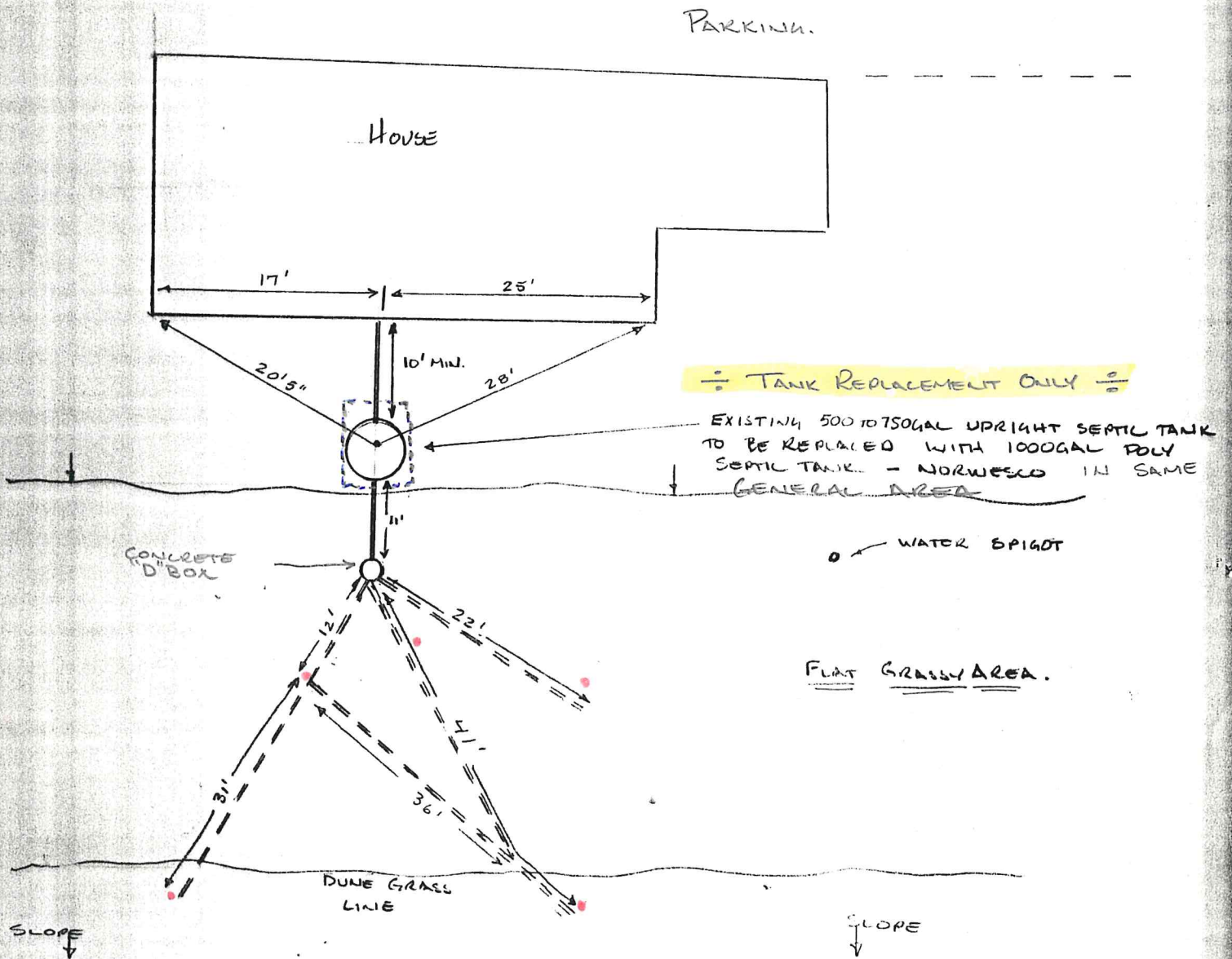
TO: Robert R. O'Donnell
T7N, R10W, S28AC, TL300

FROM: *Dewey Darold*
Dewey W. Darold, R.S.
Environmental Specialist

SUBJECT: Minor Tank Replacement (#93-208)

The following conditions apply to the installation of the new septic tank:

- 1) Follow manufacture's directions for tank installation, particularly for poly septic tanks which require filling with water before backfilling to prevent racking of tank and potential collapsing. Use anti-buoyancy where applicable.
- 2) If the septic tank is installed deeper than 18 inches a watertight riser to ground surface is required.
- 3) The inlet and outlet connections to the septic tank must be watertight, bedded firmly in original soil with the appropriate piping materials used.
- 4) The existing septic tank must be properly abandoned by a state licensed septage pumper and a copy of the pumping receipt submitted to our office.
- 5) An inspection of the septic tank installation will not be conducted unless specifically requested.
- 6) The septic tank must meet the minimum five (5) foot setback from the building foundation and the ten (10) foot setback to the property lines and the water lines.
- 7) If the septic tank is installed (either homeowner or licensed installer) as indicated on the approved plot plan, then submit a plot plan specifying that the installation was installed exactly as the original plan showed and the system complies with the rules of the Department.
- 8) A certificate of satisfactory Completion (CSC) will be issued after the as-built plot plan has been submitted and a copy of the pumping receipt.



MATERIALS LIST :

● LOCATION OF MARKERS

1. 1000 GAL POLY SEPTIC TANK
2. 1" ABS SCH 40 COEX CELLULAR CORE DWV ASTM F 628-90
3. 1" ABS W/VE
4. 1" ABS C/O CAP AND ADAPTER
5. POLY RISER

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97701
325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Rec'd 12-21-93
Date Completed 12-21-93
Required Fee 85.00
Receipt No. 60212
Control No. 36473

NR

3

FOR APPLICANT'S USE - (PLEASE PRINT)

1.74

Lot Size (Acreage or Dimensions)

ROBERT R O'DONNELL
(Property Owner's Name)

SEACOAST NURSERY CONST
(Applicant's Name if Different from Owner)

Legal Description of Property 7 10 28AC 00300 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

[] Single Family Residence _____
(Number of Bedrooms)
[] Other _____
(Specify)

[x] Public (Community System)
[] Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

[] Site Evaluation Report
[] Permit to Construct On-Site Sewage Disposal System
[x] 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) _____

[] Authorization Notice
Purpose of Authorization Notice
[] Connect to an existing system not currently in use
[] Replace one mobile home with another or a house
[] Replace or rebuild a house
[] Addition of one or more bedroom
[] Personal hardship
[] Temporary housing
[] Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

David Dalg
(Signature)

12-21-93
(Date)

[x] Authorized Representative
[x] Licensed Installer
License No. 33079P

Owner's Mailing Address

ROBERT R O'DONNELL

2132 MANION DR

WARRENTON OR 97146

Phone 738-8955

Applicant's Mailing Address (if different)

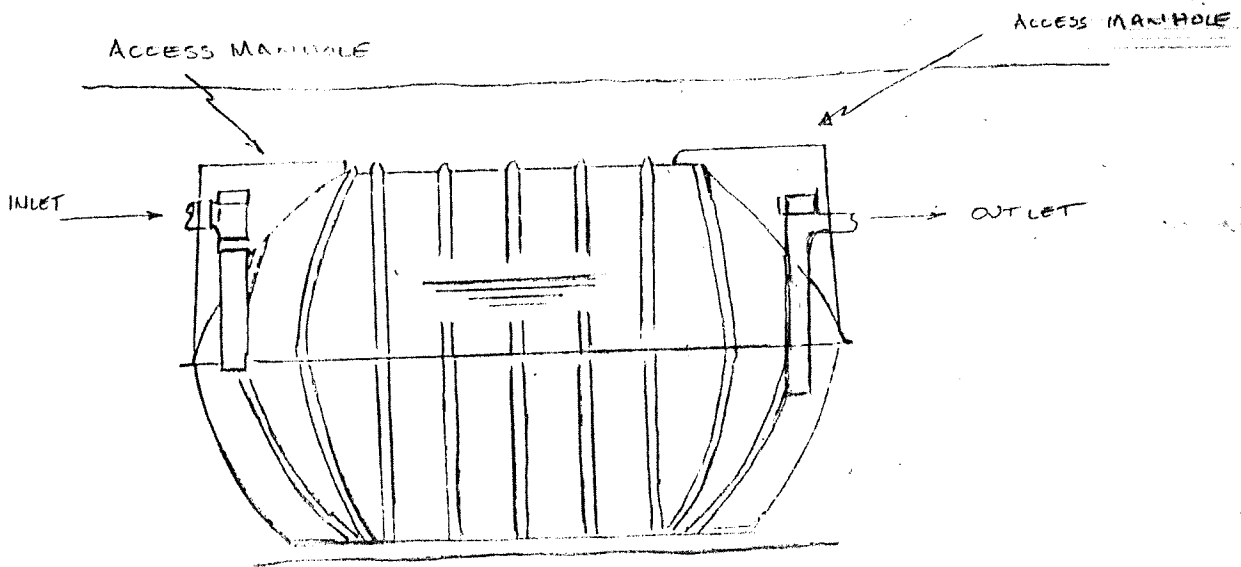
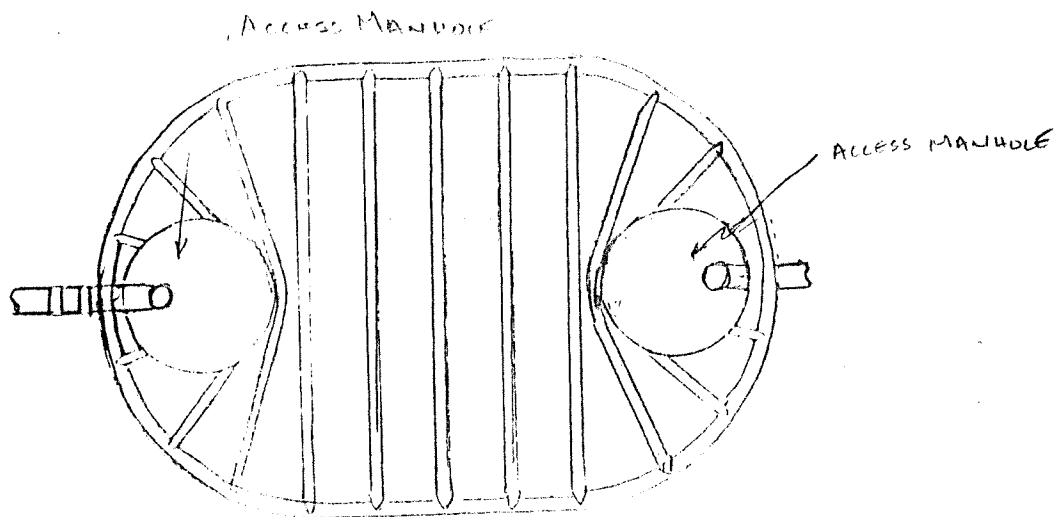
SEACOAST NURSERY CONST

3111 N HAWK RD

SEASIDE OR 97138

Phone 325-6411

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



TYPICAL 1000 GAL POLY
 SEATTLE TANK
 NORWESCO CPI POLY TANK
 OR
 QUADREL CPI POLY TANK

OLEANS DR.

SUNSET BEACH



ROBERT O'DONNELL
2132 MANION DR

SECURITY GATE

MANION DR.

SURF PINES.



SECURITY GATE

ASTORIA →

Hwy 101

← GEARHART

