

Map



Jay & Gina
 Spolander
 89310 Ocean Dr.
 (5 + 3.73)
8.73 acres

7-10-28BA-600

1991 home 1 bdrm



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.



Property History

Account ID:17914

Legal Description:

<u>Legal Type</u>	<u>Twنشp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	7	10	28	B	A	00600	71028BA00600

Additional Information:

PARCEL 1 PARTITION PLAT 1996-003 LYING E OF THE ZONE LINE
 '03 Incl tl 803 (W of the zone li) per AC2001-054
 '03 Ac corr
 '03 from 71028ab - 805 to 71028ba - 600
 '03 Code break
 '03 Code break

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>
17914	71028AB00805	17914	71028BA00600	2003

Owner(s):

Current Ownership:	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Sjolander Jay A		Tenants Entirety
	Sjolander Gina R		Tenants Entirety

Ownership History: Book 984, Page 148

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
06/30/2015	06/24/2051	201504811	Sjolander Jay A	Tenants Entirety
06/30/2015	06/24/2051	201504811	Sjolander Gina R	Tenants Entirety

Voucher History:

Voucher 1	Source: Clerk	Effective Date: 06/24/2051	Map Key: 71028BA00600
Document Type Code: Warranty Deed	Date Created: 06/30/2015	Instrument Id: 201504811	
Operation: Name Change	Completed Date: 06/30/2015	Book:	
Operation Type: Name	Voucher Type: Assessment	Page:	
Completeness Status: Completed	Consideration: \$470,000	Status: Active	
Partition Flag: No	Remarks:		
User Id: TGRAMSON			
Voucher 2	Source: Assessment	Effective Date: 07/19/2003	Map Key: 71028AB00805
Document Type Code: Cartography	Date Created: 07/19/2003	Instrument Id:	
Operation: Map Change	Completed Date: 07/19/2003	Book:	
Operation Type: Map	Voucher Type: Assessment	Page:	
Completeness Status: Completed	Consideration:	Status: Active	
Partition Flag: No	Remarks: from 71028ab - 805 to 71028ba - 600		
User Id: MPINCOMBE			

7_10_28_A_B_00805 1006

1006 '96
10-02

OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

TWP. (RGE. 15LC. 14A 1006)	PARCEL NUMBER	REAL PROP. NUMBER	CODE AREA NUMBER	FORMERLY PART OF
				800

Insert each new course to this point	DESCRIPTION AND RECORD OF CHANGE	Date of entry on this card	Deed Record		Acres Remaining
			Vol.	Pg.	
	Parcel 1 partition Plat 1996-003 lying E of the zone li established by O.R.S. 390-770.	2/16/96	002	021	2/2/96
	Robbins, Elizabeth M. TR of her successor Trustee(s) in the Elizabeth M. Robbins Trust u/d/t 8/24/90	BSD	745	627	8/24/90
HENRY, JOANNA		WD 10-2-98	984	148	9-23-98

Property History

Account ID:17913

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	28	B	A	00500	71028BA00500

Additional Information:

PARCEL 2 PARTITION PLAT 1996-003 LYING E OF THE ZONE LINE
 '03 Map change from 71028ab - 804 to 71028ba - 500
 '03 Incl 71028ab - 802 (W of zone li) per AC2001-054
 '03 Ac corr
 '03 code break
 '03 Code break

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>
17913	71028AB00804	17913	71028BA00500	2003

Owner(s):

Current Ownership:

<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
Sjolander Lynn		Tenants Entirety
Sjolander Teresa		Tenants Entirety

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
04/29/2002	01/11/2002	200202929	Henry JoAnna	Owner
06/16/2015	06/05/2015	201503979	Sjolander Lynn	Tenants Entirety
06/16/2015	06/05/2015	201503979	Sjolander Teresa	Tenants Entirety

Voucher History:

<p>Voucher 1 Source: Clerk Document Type Code: Warranty Deed Operation: Name Change Operation Type: Name Completeness Status: Completed Partition Flag: No User Id: TGRAMSON</p>	<p>Effective Date: 06/05/2015 Date Created: 06/16/2015 Completed Date: 06/16/2015 Voucher Type: Assessment Consideration: \$170,000 Remarks:</p>	<p>Map Key: 71028BA00500 Instrument Id: 201503979 Book: Page: Status: Active</p>
<p>Voucher 2 Source: Assessment Document Type Code: Cartography Operation: Map Change Operation Type: Map Completeness Status: Completed Partition Flag: No User Id: MPINCOMBE</p>	<p>Effective Date: 07/19/2003 Date Created: 07/19/2003 Completed Date: 07/19/2003 Voucher Type: Assessment Consideration: Remarks: from 71028ab - 804 to 71028ba - 500, Incl 71028ab - 802, ac corr</p>	<p>Map Key: 71028AB00804 Instrument Id: Book: Page: Status: Active</p>

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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

Nancy Mendoza

Onsite Wastewater Specialist

6/16/2016

Authorized Agent:

Title:

Date CSC Issued:

Nancy Mendoza

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500251

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: Sjolander Jay A
Property Address: 89310 OCEAN DR, WARRENTON
Township 7 Range 10 Section 28BA Tax Lot(s) 00600

Section 2: System Component Specifications: System Type:

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 gal Compartments 1 Manufacturer NORWESCO Date 8/12/15
Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
Pumps: HP _____ Model/Manuf _____ Float(s)Type(1) _____ Model/Manuf _____
Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter 9" ASTM#Other 3034 PVC Length 55'
Pressure Transport Pipe Yes No Diameter _____ ASTM#Other _____ Length _____

C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

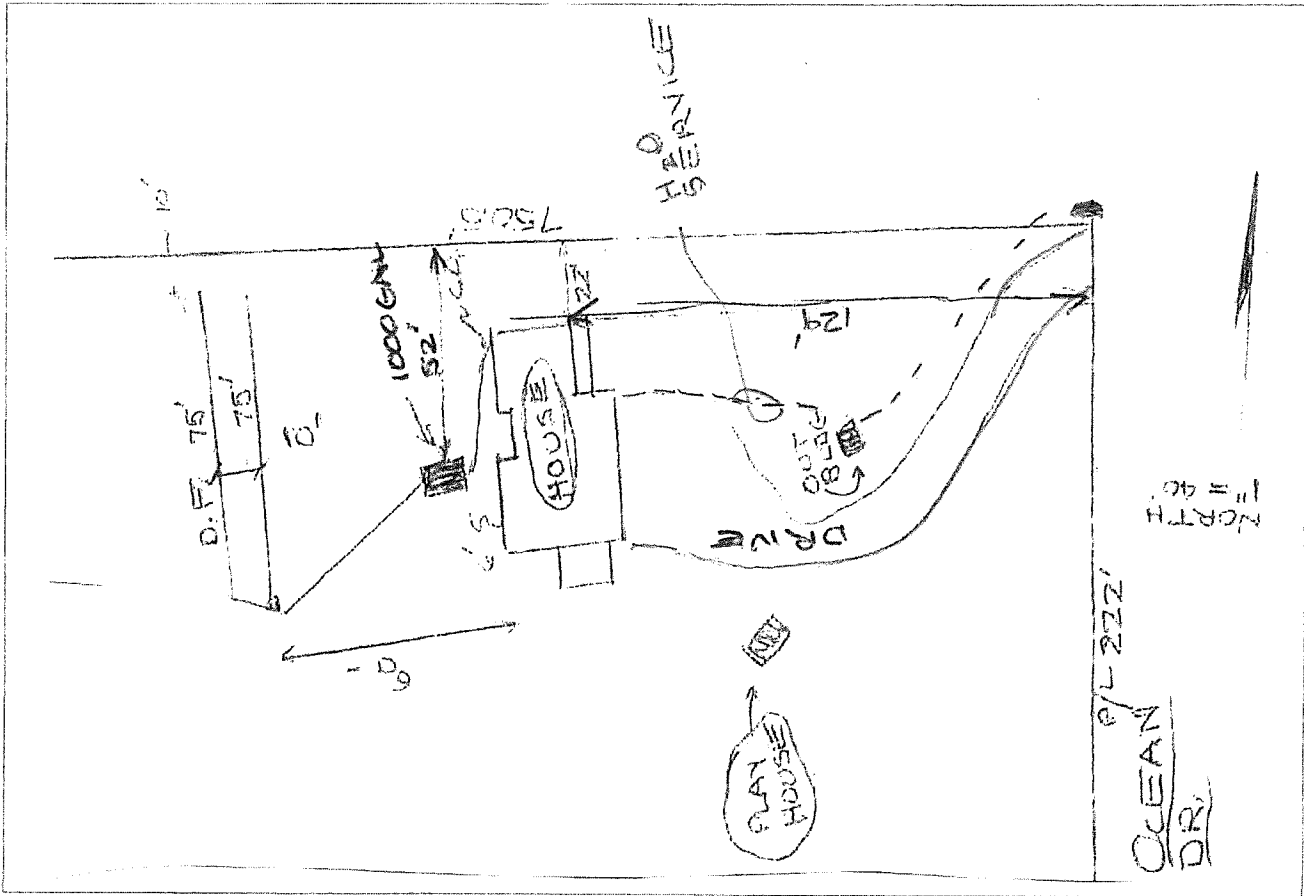
Sand Filter Yes No Type _____ Container Dimensions _____
Underdrain pipe Diameter _____ ASTM#Other _____ Length _____
Manifold Piping Diameter _____ ASTM#Other _____ Length _____
Internal Pump HP _____ Model/Manufacturer _____
Floats(1) Type _____ Model Manufacturer _____
Floats(2) Type _____ Model Manufacturer _____
ATT Yes No Model _____
Certified Maintenance Provider: Name _____
Operation & Maintenance Contract: Received? Yes No

D. Drainfield Media

Type: Gravel, Pipe or Alternative? GRAVITY/PIPE/DRAIN ROCK
Distribution Box Yes No
Drop Box Yes No
Distribution Pipe Yes No Diameter 4" ASTM#Other 2729 Length 150'
Comment: _____

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



Section 4: Construction was performed by (Signature Required):

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems. (OAR Chapter 340, Divisions 71 and 73)

Owner/Permittee/Certified Installer w/Certification # _____ Print Name: MICHAEL R. MCEWAN
 Licensed Installer Yes No License # 37079 Certification # RI 83
 Owner/Certified Installer Signature Michael R. McEwan Date 6/14/06
 Phone 503-738-3569 Phone 503-440-0223 Email mcewan3569@charter.net


Section 5: Office Use Only

Notice Accepted Yes No Date _____

Installer /Owner /Permittee Notified Yes No Date _____

If no, reason for non-acceptance _____

Comment _____



Authorized Agent:

Mike McNickle

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

Title:

Onsite Wastewater Specialist

Date Issued:

6/2/2015

Expiration Date:

6/2/2016

AGENCY REVIEW & APPROVAL FORM

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

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 89310 OCEAN DRIVE City: WARRENTON
Owner: JAY AND GINA SJOLANDER Phone: 425.444.3820
Address: 14904 23TH PL SE ISSAQUAH, WA 98027 Email: ljsjo@aol.com
Agent: DAVID L. LEVINSON, DESIGNER 360.791.9386
Proposed Development/Construction: REMODEL AND ADDITION making 4 bedrooms total

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 7N R 10W S 28BA Tax Lot(s) 600
~~71028BAC0000~~
Permit Needed: Yes No Site Approved: Yes No
Signature: [Signature] Date: 11-7-16
Remarks: 1,000 tank OK for 4 bedrooms
Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: _____
Signature: _____ Title: _____ Date: _____
Remarks: _____
Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

4. 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. (See page 5)

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: _____ Title: _____ Date: _____
Remarks: _____
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

Internal Use Only:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size) | <input type="checkbox"/> Agency Sign-Off Sheet |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary) | <input type="checkbox"/> Proof of Potable Water |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary) | <input type="checkbox"/> Proof of DEQ Approved Sanitary System |
| <input type="checkbox"/> Application signed by the owner and applicant | <input type="checkbox"/> Average Grade Calculations |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary) |
| <input type="checkbox"/> Erosion Control & Drainage Plan | <input type="checkbox"/> Two (2) Sets of Building Plans |
| <input type="checkbox"/> Road Access Permit from the County or ODOT | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |



500251

\$66500
✓ 5169

Clatsop County

www.co.clatsop.or.us

Community Development

800 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

comdev@co.clatsop.or.us

Application for Onsite Sewage Treatment System

A. Property Owner Information

JOANNA HENRY 89310 OCEAN DR., WARRENTON OR 503-896-7795
Name Mailing Address (Street, PO Box, City, State, Zip) 97146 Phone Number

B. Legal Property Description

7N 10W 28RA 600 Joanna.henry3@gmail.com
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP SURF PINES
County Subdivision Name Lot Block

Property Address: 89310 OCEAN DR., WARRENTON, OR 97146
(Street, City, State, Zip)

Directions to Property SOUTH ON 101, WEST ON SURF PINES RD, NORTH ON MANION, WEST ON OCEAN, ADDRESS ON WEST SIDE ABOUT 1/2 MI

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

Single Family Residence
3
Number of Bedrooms
 Other _____

Proposed Facility

Single Family Residence
Number of Bedrooms
 Other _____

Water Supply

Public CITY OF WARRENTON
Name
 Private _____
Well, Spring, Shared

D. Type of Application

- | | | |
|---|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input checked="" type="checkbox"/> Permit Repair | <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input checked="" type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Major | | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> Other-Please Specify _____ |

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Michael R. McEwan 5/29/15
Signature Date
MICHAEL R. MCEWAN 503-440-0223 mmeewan3564@charter.net
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

PO Box 2845, GEARHART, OR 97138
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Michael R. McEwan
Installers Name



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

Notice Authorizing Representative

I, JoAnna Henry (Property Owner - Please Print), have authorized

MICHAEL R. MCEWAN (Authorized Representative - Please Print) To act as my agent in performing

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

Adjacent to North of
89310 Ocean Dr. Warrenton, OR 97146
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 North Range 10 west Section 28 BA Tax Lot 500 Map ID _____
PARCEL 2 of Partition Plat No 1996-003

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

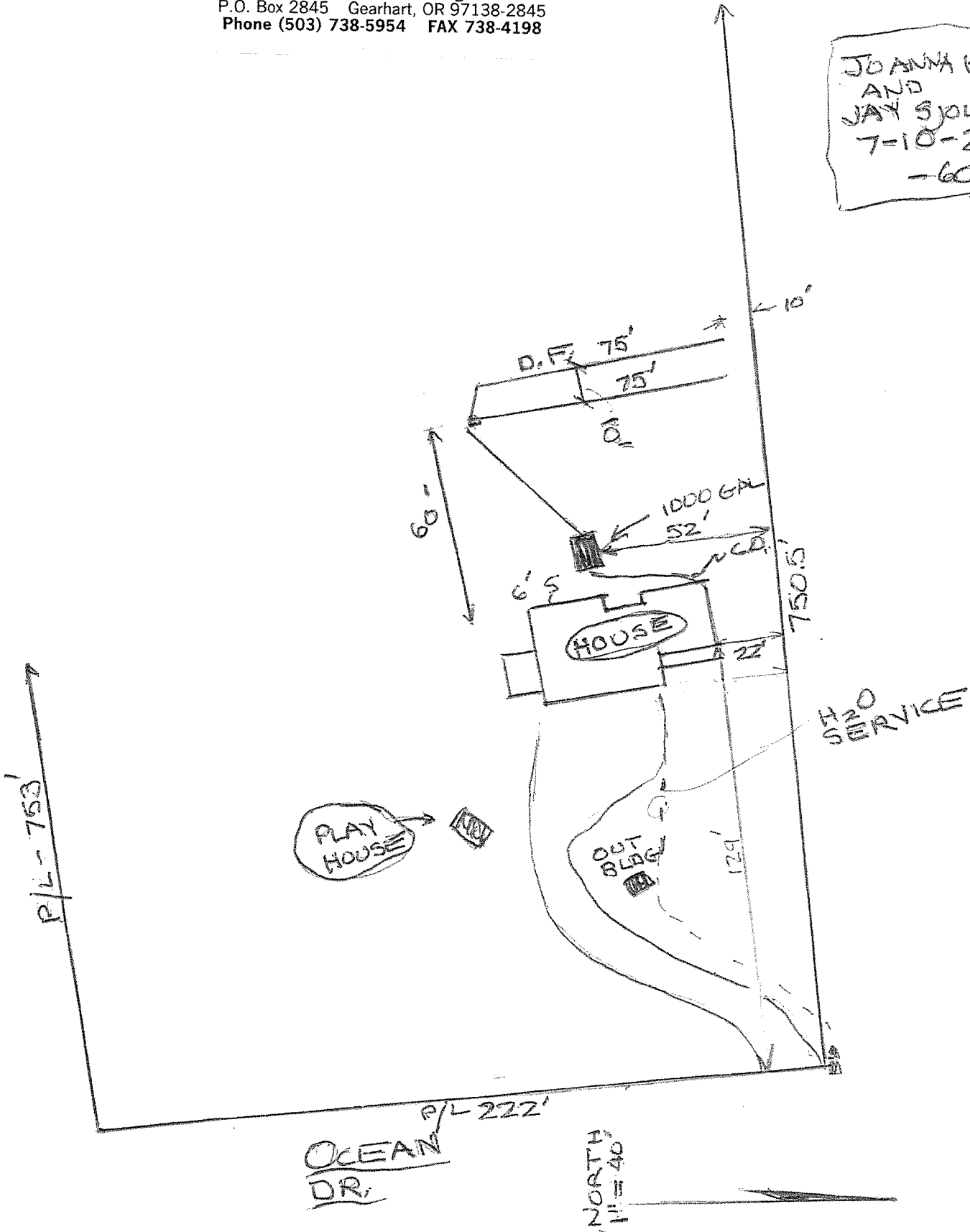
Name: JoAnna Henry Email: joanna.henry.3@gmail.com
 Mail Address: 89310 Ocean Dr. City/State/Zip Warrenton, OR 97146
 Phone: 503-896-7795 FAX: _____
 Signature: [Signature] Date: 5-19-15

AUTHORIZED REPRESENTATIVE:

Name: MICHAEL R. MCEWAN Email: mmcewan3569@charter.net
 Mail Address: PO Box 2845 City/State/Zip GEARHART, OR 97138
 Phone: 503-440-0223 FAX: 503-4738-4198
 Signature: Michael R. McEwan Date: 5/18/15

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

JOANNA HENRY
AND
JAY SJOLANDER
7-10-28BA
-600



ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

May 3, 2015

Installer: Bob McEwan Const., Inc.
PO Box 2845
Gearhart, OR 97138
OR CC 48302; DEQ Installer #37079

Prepared For: Joanna Henry
89310 Ocean Dr.
Warrenton, OR 97146

Job Site: T7N, R10W, SEC. 28BA, T.L. 600; 89310 Ocean Dr., Warrenton, OR 97146

Plans Drawn By: Mike McEwan

Materials List:

1000 Gallon Norwesco Poly Tank	1 each
4" flex couplings	1 each
4" 3034 PVC pipe	65'
Poly Lock dist. Box	1 each
4" 2729 PVC perforated pipe	150'
Typar 3201 nonwoven fabric	1 roll
DEQ drain rock from Teevin-Fischer Quarry	25 cu. yd.
Green tracer wire	60'



Septic Application

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

(503) 325 - 8611 Fax (503) 338 - 3606

For Department Use Only

Permit #: 500251
Permit Type: Repair Permit
Entry Date: 6/1/2015
Issued By: Clancie Adams
Permit Status: Review

User	Status	Date
Clancie Adams	Review	06/01/2015

Work Description: _____
Remarks: _____

Owner
Name: **Henry JoAnna**
Address: 2800 NW Imperial Ter
City, State, Zip: Portland, OR 97210-3317

Ph. #: (503) 896-7795
E-Mail: joannahenry3@gmail.com
Cell: () -
Fax: () -

Applicant
Mike McEwan
PO Box 2845
Gearhart, OR 97138
Ph. 5037383569
Cell 5034400223
Fax 5037384198
E-Mail mmcewan3569@charter.net

Fee Type:	Permit Fee:	DEQ Surcharge:	Planning Dept:	Other Fee's:	Permit Fee Total:
Septic	\$535.00	\$100.00	\$30.00	\$0.00	\$665.00

Payor Name:	Receipt	Pymnt Type	Check #:	Pymnt Date	Pymnt Amount:
Mike McEwan		Check	5169	06/01/2015	\$665.00
					\$665.00
				Balance Due:	\$0.00

Compliance/Permit Requirements
Signatures

Applicant Signature: _____ Date: _____
Owner Signature: _____ Date: _____

Property History

Account ID:52811

Legal Description:

<u>Legal Type</u>	<u>Twنشp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	7	10	28	B	A	00600	71028BA00600

Additional Information:

PARCEL 1 PARTITION PLAT 1996-003 LYING E OF THE ZONE LINE
'03 Incl tl 803 (W of the zone li) per AC2001-054
'03 Ac corr
'03 from 71028ab - 805 to 71028ba - 600
'03 Code break
'03 Code break

Account History:

Owner(s):

<u>Current Ownership:</u>	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Henry Joanna		Owner

Ownership History: Book 984, Page 148

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>	
07/19/2003	07/19/2003	Henry Joanna	Owner

Voucher History:

Voucher 1	Source: Assessment	Effective Date: 07/19/2003	Map Key:
Document Type Code: Misc		Date Created: 07/19/2003	Instrument Id:
Operation: New Account		Completed Date: 07/19/2003	Book:
Operation Type: New		Voucher Type: Assessment	Page:
Completeness Status: Completed		Consideration:	Status: Active
Partition Flag: No		Remarks: code break	
User Id: MPINCOMBE			

7 10 28 A B 00800 1002

002 196

3-02

OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

T.W. MAP NUMBER TAX LOT NUMBER TYPE INT IN REAL PROP CODE AREA NUMBER

ACCOUNT NUMBER

FORMERLY PART OF T.L. NO.

INDENT EACH NEW COURSE TO THIS POINT

FF 9.43 6.55 ac

DESCRIPTION AND RECORD OF CHANGE

DATE OF ENTRY ON THIS CARD

DEED RECORD VOL. PG.

ACRES REMAINING

th S 85° 16' W a dis of 760 ft m/l to the pt of inters of the OSHD zone li as estab by ORS 390-770; th Sly alg sd zone li 555 ft m/l to the pt of inters of a li that bears S 82° 45' W from the pob; th N 82° 45' E to the pob.

(written for tax lotting purposes only)

Robbins, Elizabeth

9.43 ac

Elizabeth M. Robbins, Trustee, or her successor-Trustee(s) in the Elizabeth M. Robbins Trust, U/D/T 8-24-90 and any amendments thereto

BSD 10-15-90 745 627 08-24-90

Affidavit

02-24-95 863 911 02-15-95

'96 Less TL 804 daf:

Parcel 2 Partition Plat 1996-003 Lying E of the Zone li established by O.R.S. 390-770.

2/16/96 002 021 2/2/96

'96 Less TL 805 daf:

Parcel 1 Partition Plat 1996-003 Lying E of the zone Li established by O.R.S. 390-770.

2/16/96 002 021 2/2/96

New Description;

Parcel 3 Partition Plat 1996-003 lying E of the zone li established by O.R.S. 390-770.

2/16/96 002 021 2/2/96

Robbins, Richard G. Trustee of the Robbins, Richard G. Trust U/D/T August 24, 1990

BSD 1-20-99 996 266 12-22-98

QC 6-24-99 1015/426 6-4-99

7	10	28	A	B	800				
TWP.	RGE.	SEC.	1/4	1/16	TAX LOT NUMBER	TYPE	SPEC. INT. IN REAL PROP.	CODE AREA NUMBER	
ACCOUNT NUMBER									

10-02
~~10-06~~

82' OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

FORMERLY PART OF T.L. NO. 28 7 10-36-3

INDENT EACH NEW COURSE TO THIS POINT	DESCRIPTION AND RECORD OF CHANGE	DATE OF ENTRY ON THIS CARD	DEED RECORD		ACRES REMAINING
			VOL.	PG.	
	FP 6.55 ac	58	247	119	
	<p>That portion of Sec 28, T7N R10W WM, being a portion of the Philo Callender DLC, mpcdf; Begg at the NW cor of sd Callender DLC; th N 89°30' E 757.65 ft to the W line of a rd; th S 7°15' E alg the W line of sd rd 625 ft; th S 82°45' W 523.6 ft m/l to the W line of another rd, which pt is the true pob of the tract desc in DV 243/56, DR; th E 6°12' W alg sd rd 530 ft m/l to a pt that is S 6°12' E 10 ft from the SE cor of the Casey tract desc in DV 237/31 DRCC; th S 85°16' W pll to the S line of sd Casey tract & 10 ft dist therefrom, 531 ft m/l to the ordinary high tide line of the pacific ocean; th Sly alg sd high tide line 530 ft m/l to the N line of sd Carroll tract; th N 82°45' E alg the N line of sd Carroll tract 500 ft, m/l to the true pob.</p> <p>Robbins, Elizabeth M.</p> <p style="text-align: right;">Less TL 801</p> <p>New Description:</p> <p>A par of 1d in Sec 28, T7N, R10W, WM,CCO, daf: Beg at the NW cor of the Philo Callender DLC: th N 89° 30' E 757.65 ft to the W li of a rd; th S 7° 15' E alg the W side of sd rd a dis of 625 ft; th S 82° 45' W 523.6 ft m/l to a pt on the W li of another rd wh pt is the tpob; th N 6° 12' W alg the W side of sd rd a dis of 530 ft to a pt wh is S 6° 12' E a dis of 10 ft from the SE cor of the Casey tr desc in D/V 237 pg 31;</p> <p>continued:</p>				

ORS 390-770

JOHNS Dave

From: COX Anne
Sent: Monday, August 30, 1999 09:46 AM
To: JOHNS Dave
Cc: COX Anne; ILLINGWORTH Dennis
Subject: Robbins/Henry

Dave, I do not have address info on Ms. Henry...perhaps you could give her a copy of this email.

Re: Tax lots 804 and 805, T7N, R10W, Section 28AB
August 30, 1999

Dear Ms. Henry:

You informed me that you purchased a house and lot at Surf Pines from Robbins or the Robbins estate. It is the southernmost of three Robbins parcels that were created from a single parcel a few years ago. According to an assessor's map I was given, this lot is now known as tax lot 805. You are considering the purchase of the unimproved parcel (tax lot 804) immediately north of the developed parcel you own. You informed DEQ that there is a septic easement onto the undeveloped parcel for the developed parcel that you already own. You expressed concern that this may encroach on or possibly void the septic approval on the lot you want to buy, and you asked that DEQ investigate.

In 1996, DEQ issued favorable site evaluations for the two undeveloped Robbins parcels (804 and 800) north of your property. The applicant did not disclose to DEQ that a septic system exists on the lot adjacent to yours. The septic easement on your 1998 deed is general and does not describe the septic system area.

On August 27, 1999, I visited the area. The north lot line of your property was not flagged, but it appeared to me that almost all of the two drainlines serving your dwelling are on the undeveloped lot to the north of your property. The "as-built" plans submitted at the time of construction show those lines to be 75 feet long.

From review of the paperwork and my site visit, I have the following observations:

1. The easement for the existing septic system needs to be rewritten on DEQ forms, with the encumbered area described by metes and bounds. Since the parcels are currently under separate ownership, this will require the cooperation of both owners to execute a new easement. This must be done prior to issuance of a septic permit for the parcel adjacent to and north of your parcel.
2. The area on the unimproved lot that I estimate to be taken up by your septic system is roughly 85 feet by 40 feet; however, the area will have to be accurately defined by probing the drainlines and then describing metes and bounds of an easement to contain the drainfield plus a 10 foot buffer all the way around it. There is room on your developed parcel for installation of a replacement field, should one be needed in the future.
3. The 1996 septic approval requires that 200 linear feet of drainfield be installed for the initial system and area for 200 additional linear feet be kept in reserve for a replacement area. The existing drainfield appears to be in the area that was given the 1996 septic approval. However, the lot is 150 feet wide, and there appears to be enough room for at least an initial drainfield of 200 linear feet. Depending on space, a repair might have to be by sand-filled trenches rather than by standard drainfield trenches. In any case, the applicant for a septic permit on the undeveloped lot will need to submit plans showing (a) the easement area (b) proposed drainfield, and (c) proposed replacement field. A stakeout may need to be checked in the field prior to issuance of a permit on the lot.

If you have questions, please contact me at (503) 229-6653.

Anne Cox

26023

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 90-162

\$110.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Elizabeth & Richard Robbins (Property Owner's Name) 7N (Township) 10W (Range) 28AB (Section) 800 (Tax Lot / Acct. No.) Clatsop (County)

Ocean Ave.-Surf Pines (Road Location) Warrenton (City) Chuck Hopkins (Issued by - Signature) 12-06-90 (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 December 06, 1991 TYPE OF SYSTEM Standard

Average Daily Sewage Flow 225 Gallons/Day Design Peak Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches [X] Seepage Bed(s) [] Square Feet

Maximum Depth 36 inches. Minimum Depth 24 inches. 150 Linear Feet

Equal [X] Loop [] Serial [] Pressurized [] Minimum Distance Between Trenches 10' on centers

Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. [] Rake Sidewall

Special Conditions (Follow Attached Plot Plan)

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEC - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bill Bergerson Constr.

Final Insp. Date

[] Inspected By

See As-Built plot plan submitted by Installer

[X] 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)

3-6-91



ASBUILT

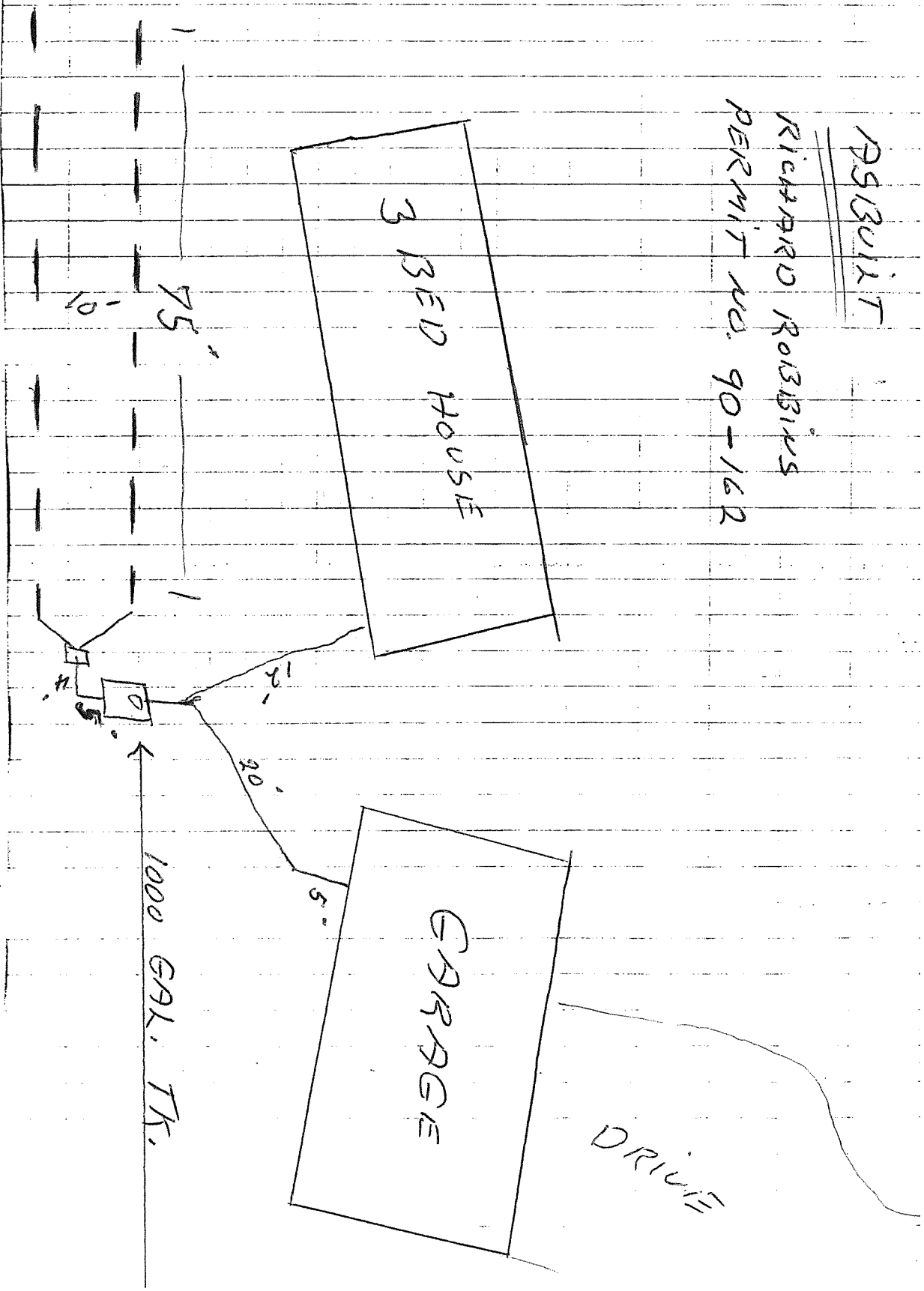
RICHARD ROBBINS

PERMIT NO. 90-162

3 BED HOUSE

GARAGE

DRIVE



REMARKS:

THIS SYSTEM COMPLIES WITH THE RULES OF THE E.O.C.

Bill Bergerson
Bill Bergerson, Installer

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

NOV 1990
 NOV 1990

FOR OFFICE USE ONLY
 Date Rec'd. 9-26-90
 Date Completed 12-1-90
 Required Fee 175.00
 Receipt No. 46373
 Control No. 12

FOR APPLICANT'S USE -- (PLEASE PRINT)

530 x 770
 Lot Size (Acreage or Dimensions)

Elizabeth M. Robbins
 (Property Owner's Name)

Richard G Robbins (HUSBAND)
 (Applicant's Name if Different from Owner)

Legal Description
 of Property

K-710 28 AB 800 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted
 Subdivisions, Indicate

A parcel in "Sun Pines" Plat
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

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

Water Supply

Public (Community System) Sun Pines
 Private WELL
 (Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) _____

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.

- Owner
- Authorized Representative
- Licensed Installer
 License No. _____

Richard G Robbins
 (Signature)

Aug 30 1990
 (Date)

Owner's Mailing Address

Applicant's Mailing Address (if different)

2154 Ocean
WARRENTON OR
97146
 Phone 503/738-7742

2154 Ocean
WARRENTON OR
97146
 Phone _____

Warrenton 738-8331 Apt 641 - GOARHART HOUSE



BUILDING CODES AGENCY
 1535 EDGEWATER NW
 SALEM, OREGON 97310

BUILDING PERMIT APPLICATION

RESIDENTIAL

2154 Ocean
 JOB LOCATION/ADDRESS

Warrenton Clatsop
 CITY COUNTY

RECTIONS TO JOB SITE

Robbins Richard G.
 OWNER

Same as above.
 ADDRESS

DESCRIBE WORK CODE

NEW CONSTRUCTION

ADDITION Bath & Bedroom

REMODEL 1/2 Garage to Kitchen

MOBILE HOME

PRE FAB 172.73 PR

ACCESS. BLDG. 106.93 PR

OTHER 279.66 specify

TOTAL SQUARE FT. 23,610 CONSTRUCTION VALUE

Astoria PERMIT / JOB #
 OFFICE

CITY COUNTY ZIP CODE HOME: 738-8331 EX 610 WORK: TELEPHONE

ZONING

BASE ZONE _____

FLOOD ZONE YES NO

TOWNSHIP _____ PERMIT # _____

RG _____

TL _____

BY: _____ TITLE _____

PHONE _____ DATE _____

LOCAL GOVERNMENT APPROVALS

PUBLIC _____ PRIVATE

DEQ PERMIT # 90-1162

BY: Betty Hoffmann Sec
 325-810601 1-9-91
 PHONE DATE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
CUMBERLAND	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.

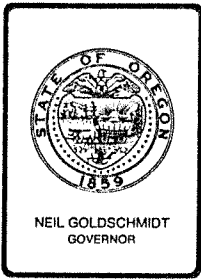
I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

Richard Hoffmann
 SIGNATURE OF PERMIT APPLICANT

FIELD OFFICE COPY

DATE

BCA 103 7/88



Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

Astoria Branch
P. O. Box 869
Astoria, Oregon 97103
Phone (503) 325-8660

December 1, 1990

Elizabeth & Richard Robbins
2154 Ocean
Warrenton, OR 97146

Re: OSS-Clatsop County
Site Evaluation, Approved
T7N, R10W, Sec 28AB, TL 800

In response to your completed application of Sept. 26, 1990, a field inspection was made on November 7, 1990. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

Chuck Hopkins
Environmental Specialist
Astoria Branch

CH:
Enclosures

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

7N
(Township)

10W
(Range)

28AB
(Section)

800
(Tax Lot/Acct. No.)

Clatsop
(County)

(Subdivision Name)

(Lot No.)

(Block No.)

(Lot Size)

9.43 Ac.

The Entire Property Has Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

- Standard Equal Distribution (450 gpd design/225 gpd ave.) 150 linear feet (50'/150 g.).
- Maintain 10' setback east of building line and 100' from well. Cut and fill permitted.
- Maintain standard setbacks and 10' from driveway, utility trenches, utilities and easements.

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit only if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from The DEQ - Astoria, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Chuck Hopkins Environmental Specialist Dec. 1, 1990 Astoria
(Signature of Authorized Agent) (Title) (Date) (Office)

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. 11-14-90
 Date Completed 3-6-91
 Required Fee 1100.00
 Receipt No. 46357
 Control No. 26023

FOR APPLICANT'S USE -- (PLEASE PRINT)

Elizabeth M. Robbins Richard G. Robbins, Husband
 (Property Owner's Name) (Applicant's Name if Different from Owner)
 Lot Size (Acreage or Dimensions) 9+ acres
 Legal Description of Property 7 10 N 8 AB 800 Watsop
 (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 1
 (Number of Bedrooms)
 Other _____
 (Specify)
 Existing Facility
 Single Family Residence _____
 (Number of Bedrooms)
 Other Foundation Garage
 (Specify)

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

APPLICATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input checked="" type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input 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 G. Robbins
 (Signature)

Nov 13 90
 (Date)

- Owner
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
2154 Ocean
Warrenton OR
97146
 Phone 238-8331-X 6110

Applicant's Mailing Address (if different)

 Phone _____

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>ROBBINS, Richard G.</i>	MAILING ADDRESS <i>Vista Ocean Warrenton OR 97146</i>	PHONE <i>738-8331- X 610</i>
	CITY STATE ZIP	

PROPERTY LOCATION	TOWNSHIP <i>T7N</i>	RANGE <i>R10</i>	SECTION <i>28 AB</i>	TAX LOT OR ACCT NO <i>800</i>
	SUBDIVISION/PROJECT <i>Surf Pines</i>	LOT	BLOCK	COUNTY <i>Clatsop</i>
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

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:

- | | | |
|---|-----------|---|
| <input 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
CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

PROPERTY IS LOCATED (CHECK ONE)

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

LAND USE AUTHORITY
allowed use in zone

SIGNED <i>Yui Allen</i>	TITLE <i>Planner-Tech</i>	DATE <i>11-13-90</i>
----------------------------	------------------------------	-------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

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

SITE EVALUATION FIELD WORKSHEET

Tax Reference TFN, RIOW, SEC. 28AB, TL 800 Evaluator CHUCK HOPKINS
 Applicant ROBBINS, RICHARD & ELIZABETH Date 11-7-90 Parcel Size 9.43 Ac.

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

	Depth	Texture	
Pit 1			STABILIZED
			DUNAL SANDS
Pit 2			SAME
Pit 3			
Pit 4			

Landscape Notes _____
 Slope _____ Aspect _____ Groundwater Type _____
 Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: STANDARD Design Flow 450 gpd Disposal Field Size 150 Linear Feet
 Initial EQUAL DIST. System Sizing 50' /150 g. Max. Depth Absorption Facility (in) 36
 Replacement SAME System Sizing 50' /150 g. Max. Depth Absorption Facility (in) 36

Special Conditions SYSTEM MUST BE INSTALLED EAST OF BUILDING LINE;
MAINTAIN 10' SETBACK FROM LINE. MAINTAIN 100'
SETBACK FROM WELL. CUT & FILL PERMITTED.

Tax Reference T7N, R10W, SEC, 28 AB, TL 800

Evaluator: CHUCK HOPKINS

Applicant ROBBINS, RICHARD &
ELIZABETH

Date: 11-7-90



SEE PRELIMINARY SITE DEVELOPMENT
PLAN IN FILE

PACIFIC OCEAN

15

1004
0.53 Ac.

1005
0.53 Ac.

901 0.08 AC

801
4.45 Ac.

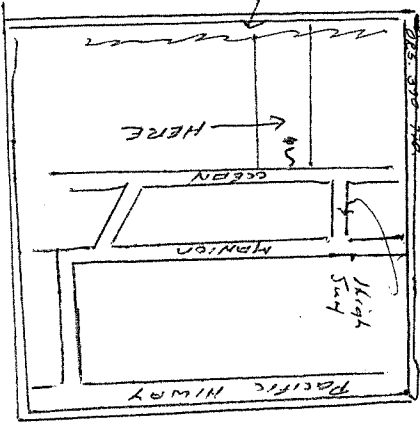
1001
2.18 AC.

900 0.17 AC

800
9.43 Ac.

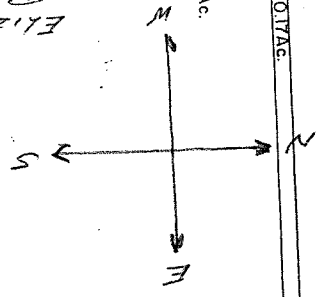
701
1.29 AC

700
2.65 AC
7111.051



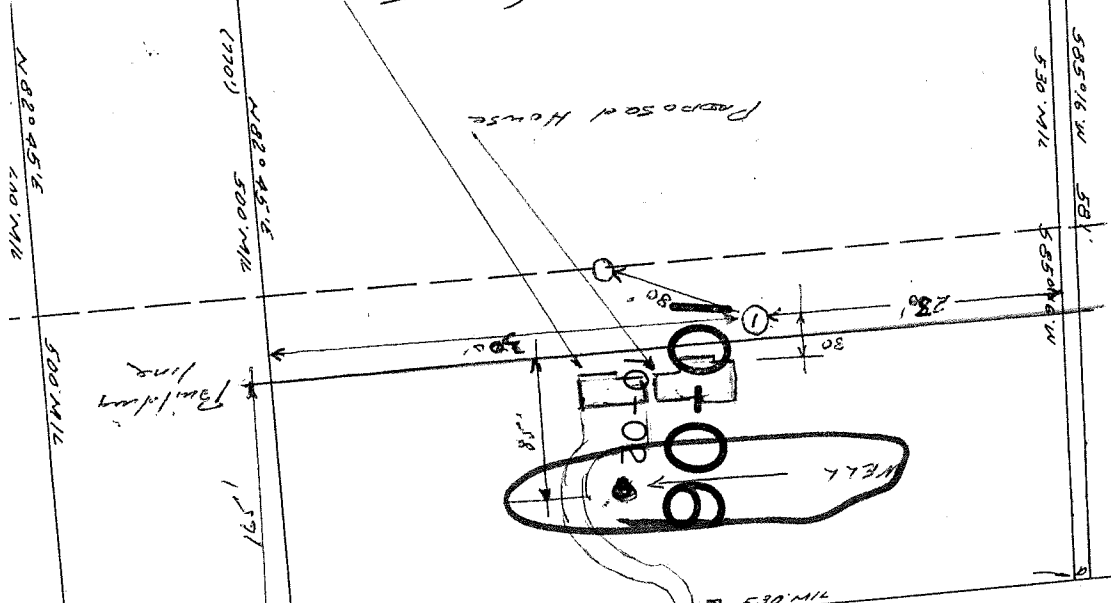
NOTE: LONE LINEAS FEE OREGON
 STATE HIGH DEPT. AERIAL PHOTO BY
 DATE: 10-27-76

THIS ADDRESS:
 R1st DEAN
 SURF DINES
 WARRINGTON DR
 97146
 LOT 28 AB
 ELIZABETH M AND
 RICHARD G ROBBINS



Proposed Garage

Proposed House



DEAN DRIVE

ROAD

1.44+

SEE MAP 7 10 28AD

DR.

695.80'
222.20'

CS B-10507

SC

150.00'

150.00'

.5'

PARCEL 3

PARCEL 2

PARCEL 1

300-66666

10-06

SECTION 10-06

581'

S85°16'W

(760')

746.72'

S85°16'00"W

300
0.35 AC.

400
5.24 AC.

500
5.19 AC.

600
8.73 AC.

700
5.13 AC.

748.59'

S85°16'00"W

750.47'

S85°16'00"W

752.94'

S82°45'00"W

62.5'

60' M/L

S06°30'38"E
149.93'

3

50' M/L

S06°30'38"E
149.93'

2

50' M/L

S06°30'38"E

255.18'

VEGETATION LINE ESTABLISHED BY O.R.S. 390.770

1

70' M/L

T7N R10W SEC 28BA WM
CLATSOP COUNTY

Scale 1:1200



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 01 2006

NORTH COAST BRANCH OFFICE
WARRENTON

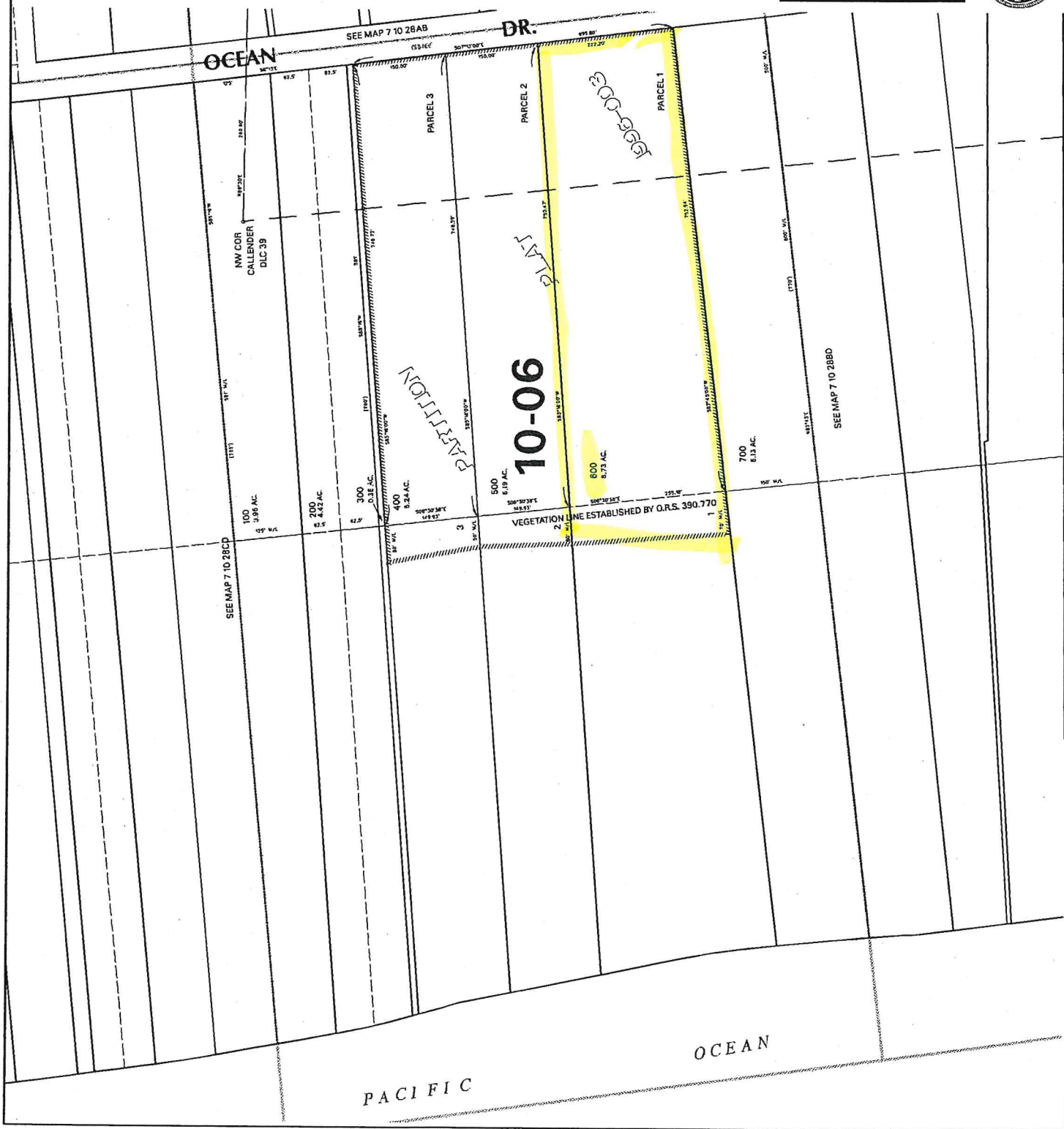
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
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January 06, 2006

7.10.28BA



This map was prepared for the purpose of providing information to the public. It is not intended to be used as a legal document. Clatsop County is not responsible for any errors or omissions.



LINE

(755)

581 MIL

585°16'W

125' MIL

1000
2.17 Ac.

N 89°30'E 280.60'

NWCOR.
CALLENDER
DLC NO 39

62.5'

1001
2.18 Ac.

62.5'

900 0.17Ac.

(760)

585°16'W

581'

(760)

530 MIL

585°16'W

800
9.43 Ac.

E LINE AS PER OREGON
Y. DEPT. AERIAL PHOTO
1967 ESTABLISHED BY
770.

530 MIL (770)

10-06

10-02

ZONE

150' MIL

700
2.65 Ac.

(770)

500 MIL

(770)

600 MIL

N 82°45'E

500 MIL

SEE MAP 7 10 28AC