

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS408162 as follows:

PROPERTY INFORMATION

Property Owner: **Kevin Eakin** Township **07N, Range 10W, Section 33 AC**
Property Location: **88708 Surf Sands Road, Seaside** Tax Lot **500**
Facility Type: **Single Family Dwelling** Clatsop County
6 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: **600 gals/day**
Minimum Septic Tank Size: **1500 gals**
Distribution Type: **Serial**
Total Trench Length: **200 Linear feet**
Trench Spacing: **8 feet***
Media Type: **Equalizer 24**
Maximum Trench Depth: **36 inches**
Minimum Trench Depth: **24 inches**

*Minimum undisturbed soil between trenches

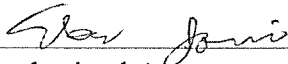
ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for reconnection notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

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.

Installer Name: Keith Keranen Excavating, Inc.

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


Authorized Agent:

Onsite Wastewater Specialist
Title

11/2/2009

Date CSC Issued

Don Jossie

Department of Environmental Quality
Northwest Region - Warrenton Office

65 N Highway 101, Suite G

Warrenton, OR 97146

Phone: (503) 861-3280 X225

Fax: (503) 861-3259



Final Inspection Request and Notice - Onsite ID: 408162

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 Department of Environmental Quality (or its authorized Agent) 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 Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals 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 office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Township 07N, Range 10W, Section 33 AC

Name: Kevin Eakin

Clatsop County TaxLot#: Tax Lot: 500

 Property 88708 Surf Sands Road, Seaside
 Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: Standard

Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: WILLAMETTE GREYSTONE	Date: 10/23/09
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf. N/A	Float(s) Type(1): N/A	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Diameter: 4"	ASTM/Other: D1785	Length: 10'
Pressure Transport Pipe	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diameter:	ASTM/Other:	Length:

C. Secondary Treatment Unit:

N/A

Sand Filter**	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:	N/A	
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

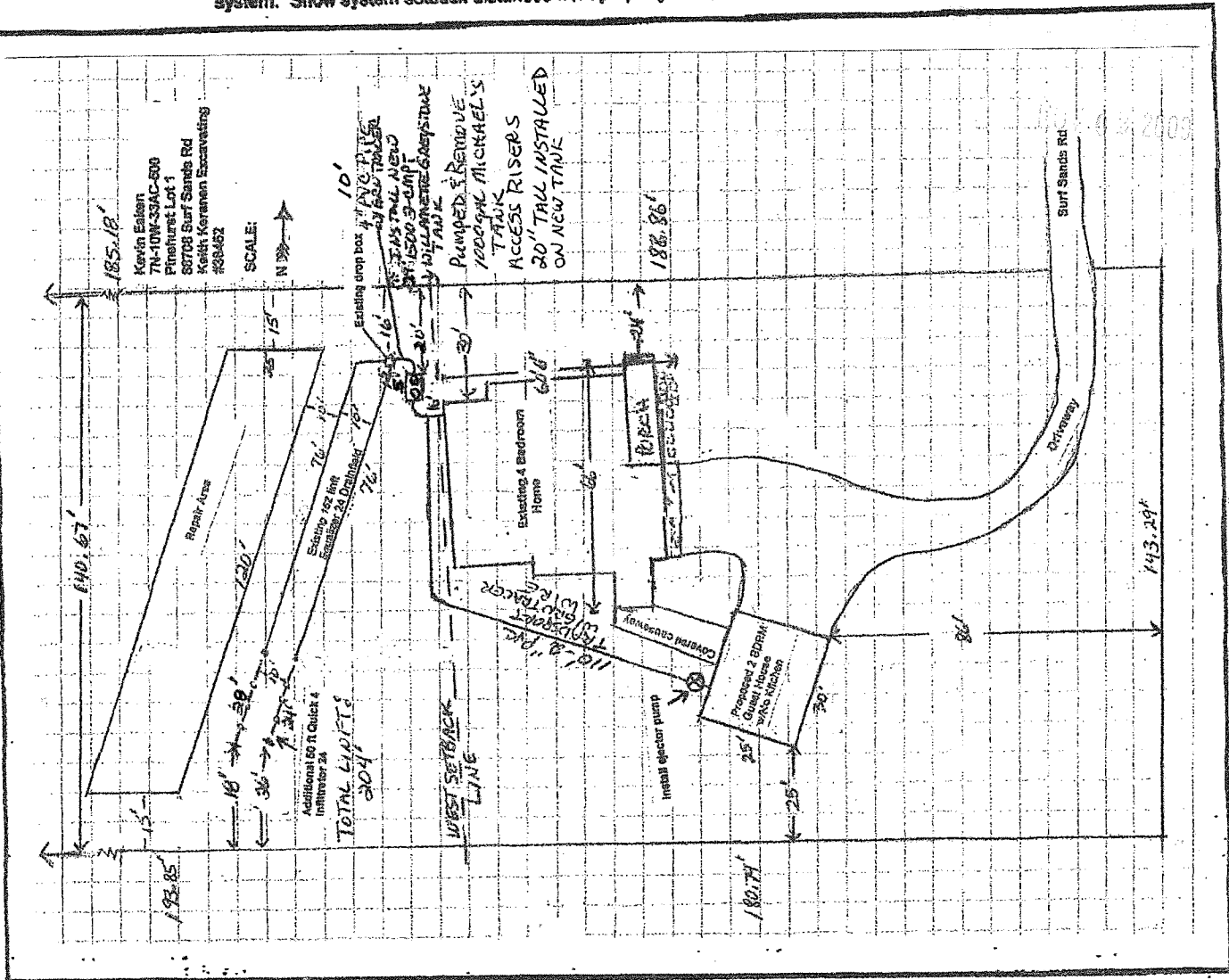
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) INFILTRATOR 24 & QUICK4 INFILTRATOR 24 =		
Distribution Box	Yes <input type="checkbox"/> No <input type="checkbox"/>	153'	52'
Drop Box	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	204 LINEFT	
Distribution Pipe	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diameter:	ASTM/Other:
Comment			

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show location of all wells within 200 feet of the system. Show system setback distances from property lines, structures, walls, 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 or Certified Installer w/Certification:		Print Name: KEITH KERANEN EXCAVATING	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Licensed: 38452	Certification: 182
Owner/Certified Installer:	Signature: <i>[Signature]</i>	Date: 10/31/09	Phone: 503-717-2200

SECTION 5 - Office Use Only:

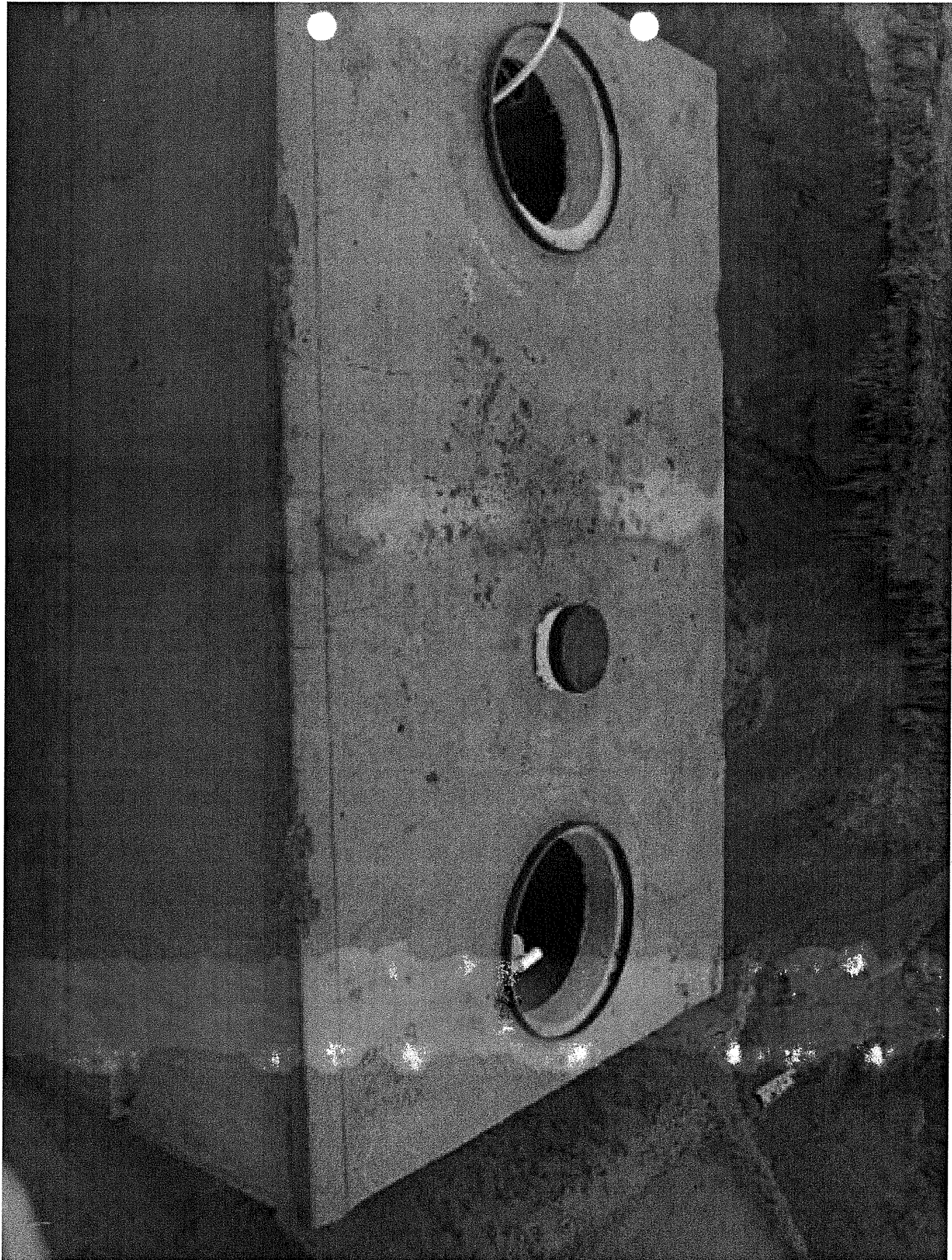
Notice Accepted:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 11-5-09
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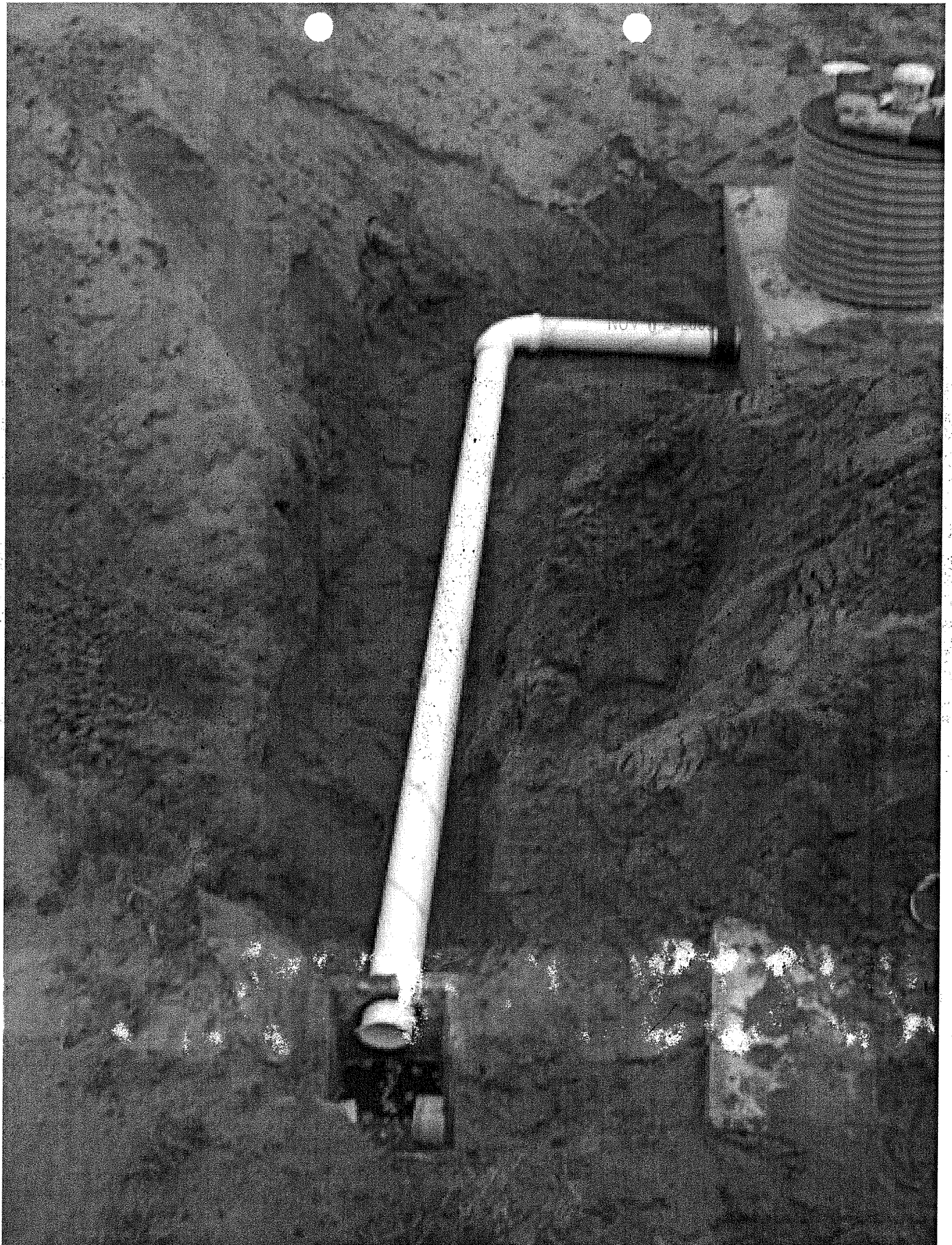
Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 11-5-09
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If No, Reason for Non Acceptance: _____

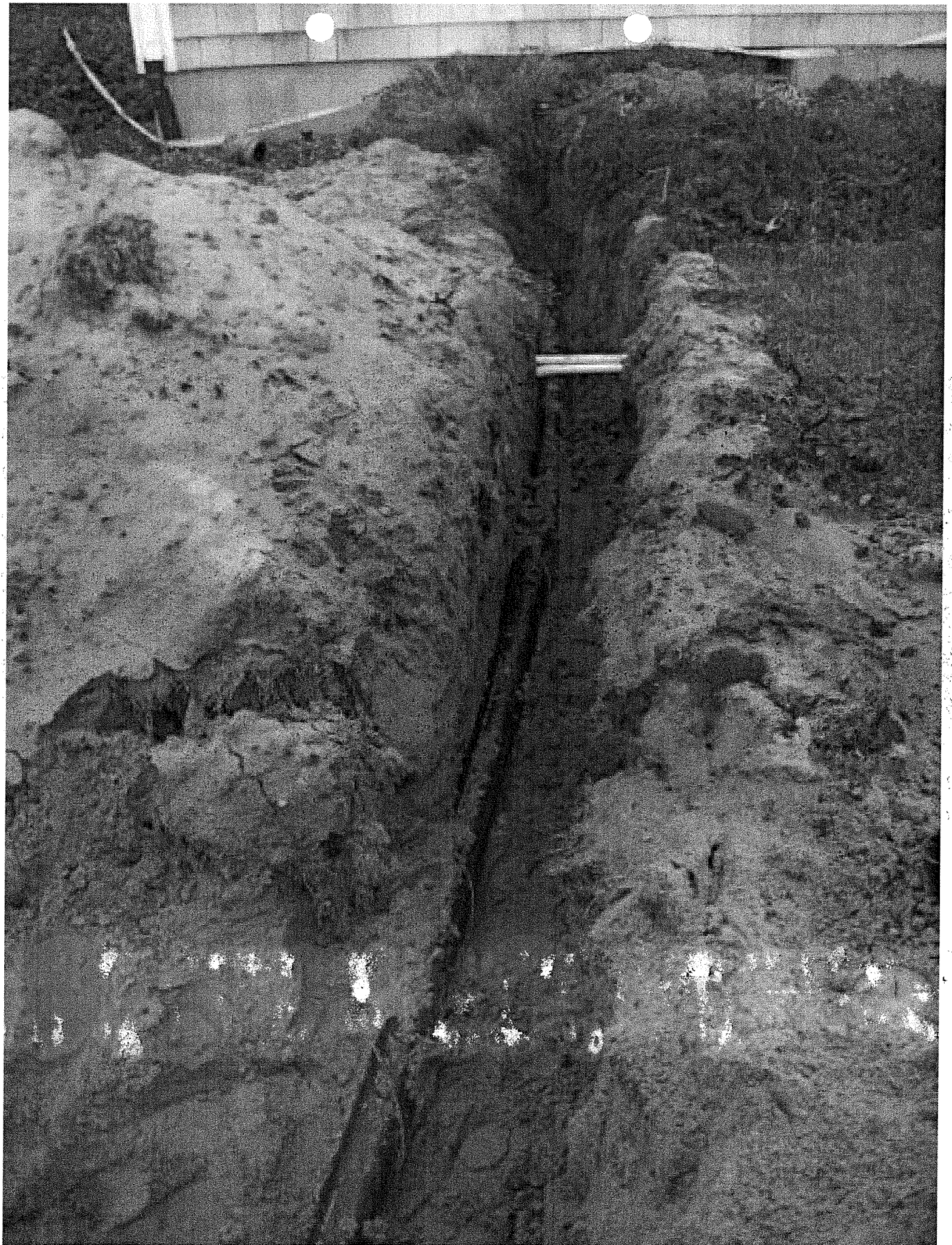
Comment: _____

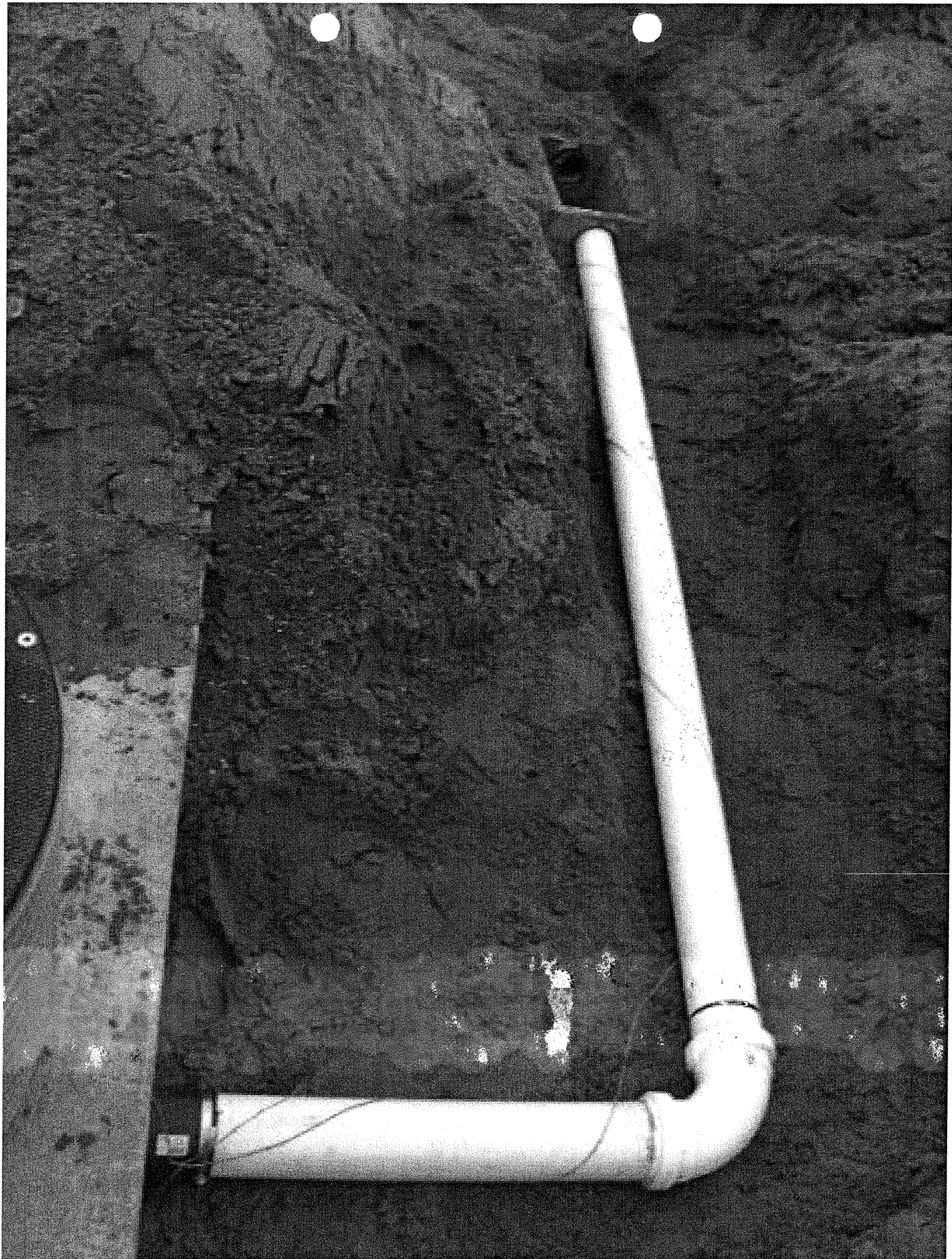
#38452



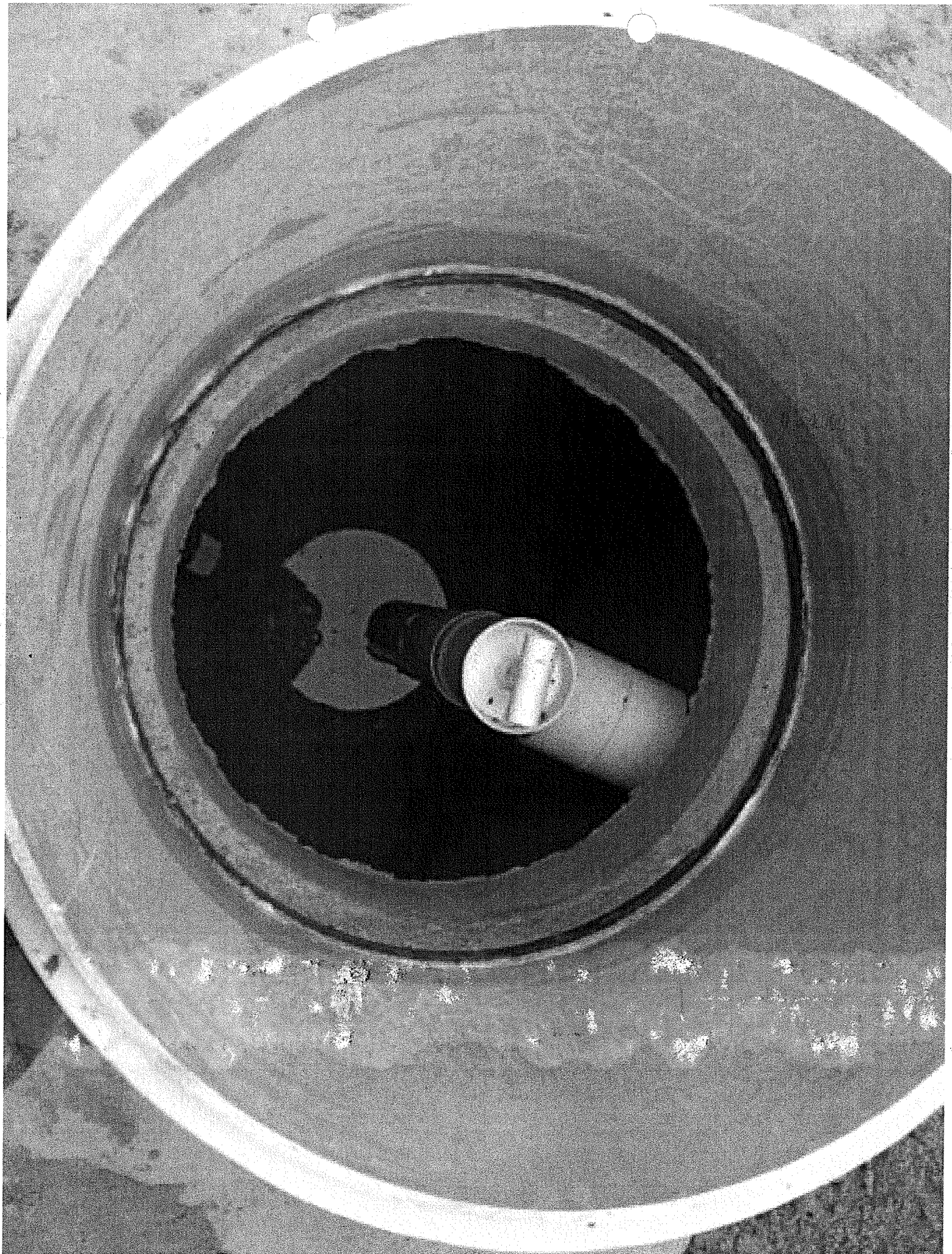
















Information on this form must be filled out and signed in this order

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

Job Site Address: 88708 Surf Sands Road City: Seaside
Owner: Kein Eakin Phone: 503-781-5358
Owner's Address: 9133 NW Murdock St. Portland, OR 97229
Agent: Jamie + Brian Maltman
Proposed Development/Construction: Brian Maltman Construction

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

Legal Description: T 7N R 10W SEC 33AC Tax lot(s) 500
Permit Needed - Yes (☒) No () Site Approved - Yes (☒) No ()
Signature: Connie Schmitt Date: 9-8-09
Remarks: OS 408162 - up to 6 bedrooms

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: 1500 Number of Hydrants: 1 Hydrant Location (s): within 500 ft
Signature: Brian Maltman Title: FIRE CHIEF Date: Sept 8, 2009
Remarks: Meets Access & Water Supply requirements

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

4. CLATSOP COUNTY LAND USE PLANNING DEPARTMENT (to be filled out and signed by Land Use Planning):

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 Land Use Planning, 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.

State of Oregon

Department of Environmental Quality

Onsite ID: **OS408162**
Expiration Date: **9/2/2010**

Alteration Permit - Single Family Dwelling-Major

This Alteration Permit - Single Family Dwelling-Major Permit OS408162 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Kevin Eakin** **Clatsop County**
Property Location: **88708 Surf Sands Road, Seaside** **Township 07N, Range 10W, Section 33 AC**
Facility Type: **Single Family Dwelling** **Tax Lot 500**
6 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow: **600 gals/day**
Minimum Septic Tank Size: **1500 gals**
Distribution Type: **Serial**
Total Trench Length: **200 Linear feet**
Trench Spacing: **8 feet***
Media Type: **Equalizer 24**
Maximum Trench Depth: **36 inches**
Minimum Trench Depth: **24 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- ¹ This permit is for replacement of the existing septic tank with a 1500-gallon, two-compartment septic tank equipped with an effluent pump and access risers and for the addition of 50 linear feet of disposal trenches to the 150 linear feet of existing disposal trenches.
- ² Vehicular traffic and livestock must be restricted from the system area.
- ³ All roof drains must be directed away from the system.
- ⁴ Each trench to be level and on contour.
- ⁵ Meet all required setbacks.
- ⁶ Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- ⁷ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁸ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- ⁹ All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

- ¹ A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- ² A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:

<u>Connie Schrandt</u>	Onsite Wastewater Specialist	9/2/2009	9/2/2010
Authorized Agent:	Title	Date Issued	Expiration Date

Connie Schrandt

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.

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SEP 01 2009

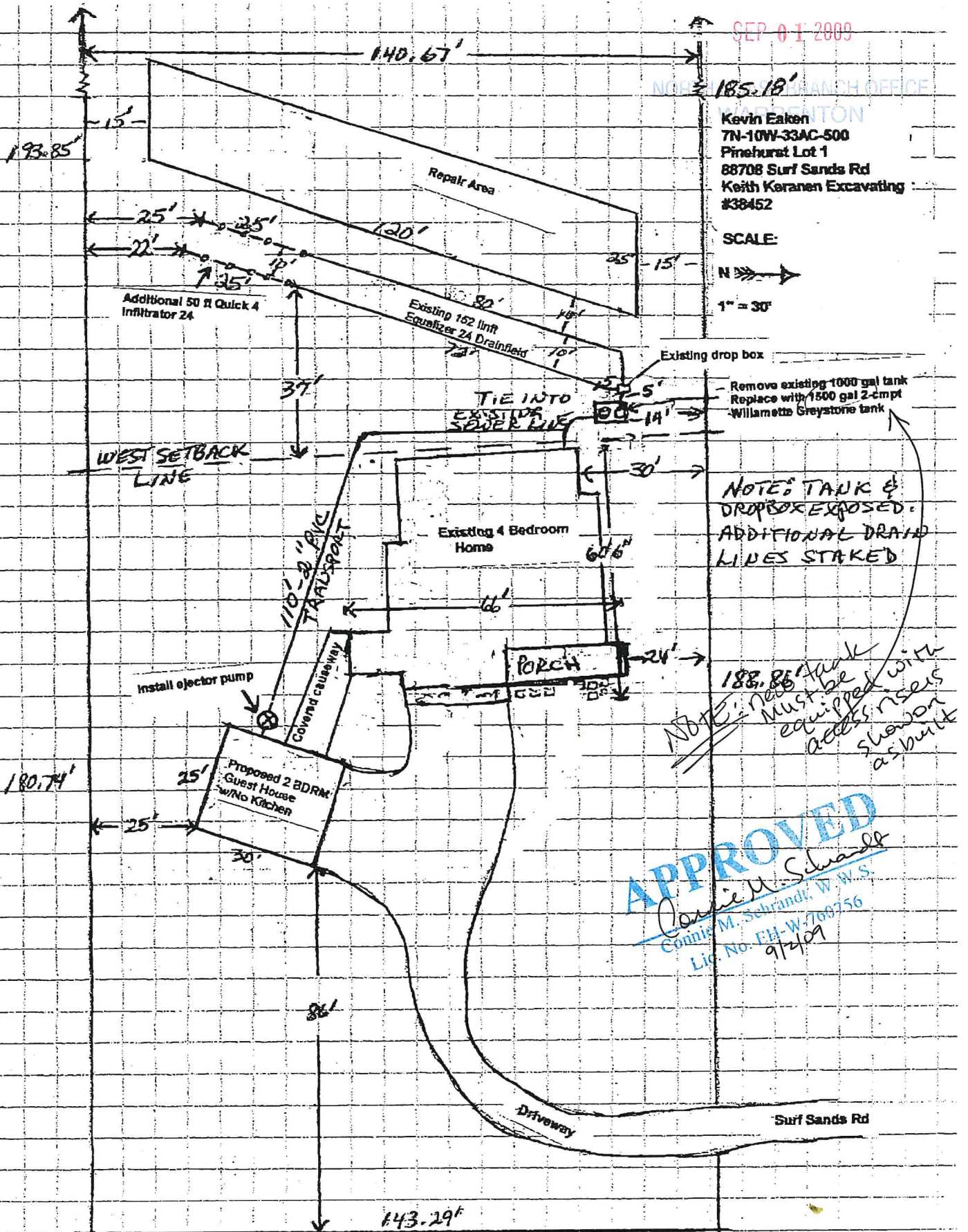
NORTH BRANCH OFFICE

Kevin Eaken
7N-10W-33AC-500
Pinehurst Lot 1
88708 Surf Sands Rd
Keith Keranen Excavating
#38452

SCALE:

N →

1" = 30'



APPROVED
Connie M. Schrandt, W.W.S.
Lic. No. FH-W-769756
9/2/09

4" Biotube® Effluent Filters

Submittal
Data Sheet



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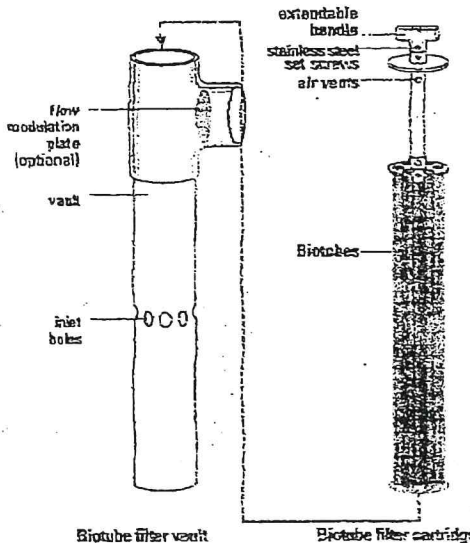
NORTH COAST BRANCH OFFICE
WARRENTON

Applications

4" Biotube Effluent filters are designed to remove solids from effluent leaving residential septic tanks.

General

Oranco 4" Biotube Effluent Filters (U.S. Patents No. 4439323 and 5492635) are used to improve the quality of effluent exiting a septic tank in a residential septic system. The Biotube cartridge fits tightly in the vault and is removable for maintenance; the tool handle can be extended for easy removal of the cartridge.



Standard Series

FTS0444-36, FTS0444-36M, FTWD436-2B, FTWD436-28M
FTWD444-36, FTWD444-36M

Nomenclature:

FTPWW-MA-
For customized options (e.g., NC indicates North Carolina reg.)
Indicates float bracket attached
Indicates flow modulation plate installed
Cartridge height: 28" and 36" are standard
Housing height: 36" and 44" are standard
Indicates filter diameter (in)
W-Indicates fits 3034 outlet pipe
S-Indicates Schedule 40 outlet pipe
P-Indicates 1/16" filtration No P indicates 1/5" filtration
Biotube effluent filter series

FTS0444-36 FILTER TO BE
INSTALLED ON OUTLET END
OF TANK

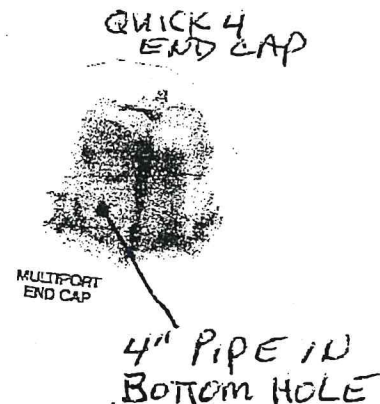
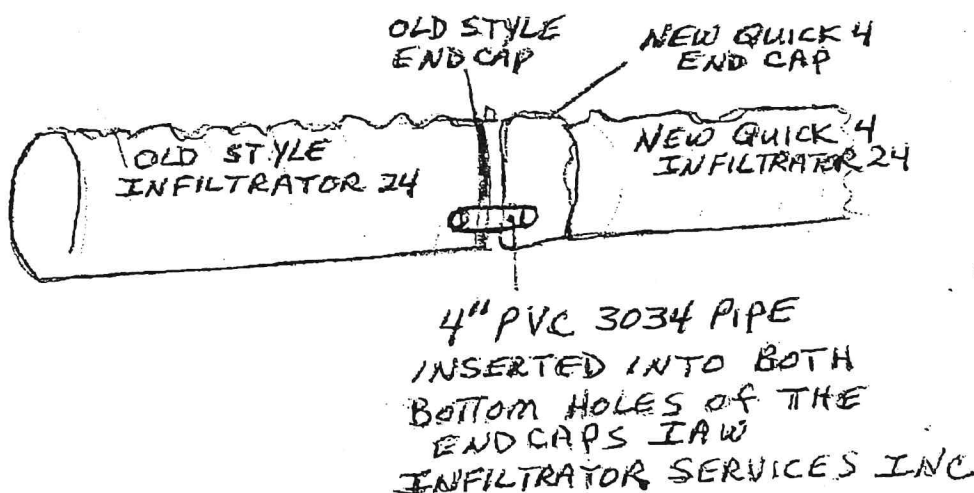
KEVIN EAKEN
70-10W-33AC-500
PINEHURST LOT 1
KEITH KERANEN EXC. #38452

Specifications

Component	Material(s) of Construction
Vault	4" PVC
Biotube Cartridge	Polypropylene and polyethylene
Handle Components	Sch. 40 PVC, polyethylene, stainless steel
Mesh Openings	Nominal 1/8" or 1/16", nominal open area of 30%

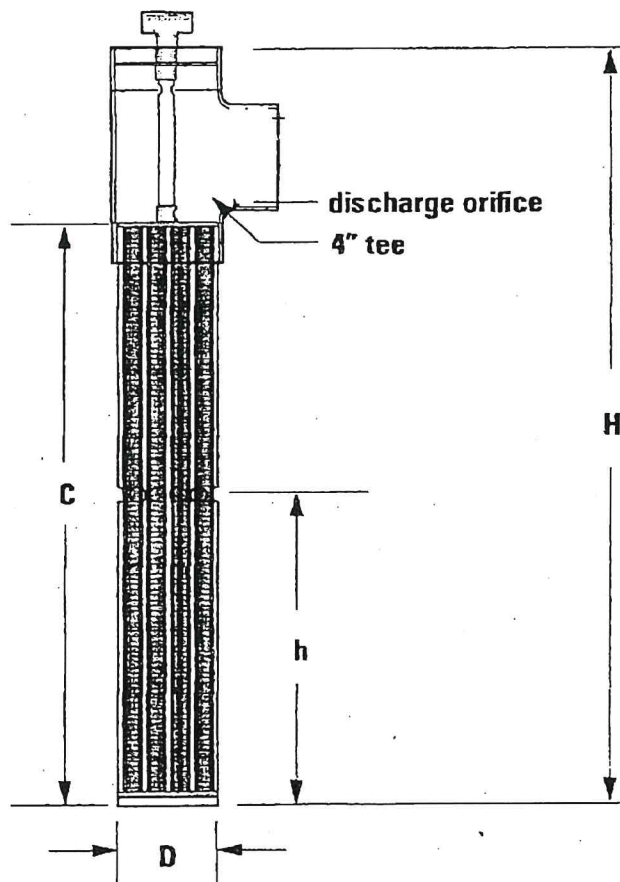
APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. EH-W-760756
9/2/09

SIDEVIEW



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SEP 02 2009

4" Biotube® Effluent Filters (continued)NORTH COAST BRANCH OFFICE
WARRENTON

KEVIN EAKEN
7N-10W-33AC-500
PINEHURST LOT 1
KEITH KERAVEN EXC
#38452

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. EH-W-760756
7/2/09

Dimensions

Model	FTS0444-36	FTS0444-36
	FTS0444-36M	FTS0444-36M
	FTS0444-36	FTS0444-36
	FTS0444-36M	FTS0444-36M
D - Nominal Diameter (in.)	4	4
H - Overall Height (in.)	44	44
h - Influent Hole Height* (in.)	22	100
C - Cartridge Height (in.)	36	36
Number of Biotubes per Cartridge	6	6
Filter Surface Area (sq.ft.)	5.3	4.7
Influent Hole Diameter (in.)	1 1/8	1 1/8
Number of Influent Holes	8	8
Discharge Orifice Diameter (in.)	1/2	1/2
Number of Discharge Orifices	2	2
Air Vent Diameter	1/2	1/2
Number of Air Vents	1	1

* Influent hole height may vary depending upon the configuration of the tank. Optimum hole height is at 70% of the minimum liquid level.



Receipt Number: 140738

Oregon Department of Environmental Quality
Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 8/31/2009

Received From **Brian Maltman Construction**
(Check Name): **Brian Maltman**
33308 Neacoxie Lane
Warrenton, OR 97146

For **T07N R10W S33 AC**
Property **TaxLot 500**
At: **Clatsop County**
88708 Surf Sands Road
Seaside, OR 97138
Lot 1, Pinehurst Estates

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
0.00	Fee Waived			0.00

Total Amount Applied \$0.00

Onsite Fees

Base Fee:	0.00
Surcharge Fee:	0.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$0.00

Payments

Previous Payments:	0.00
Current Payment:	0.00
Over Payment:	0.00
Total Payments:	\$0.00

Application Description

Application ID: **409280**
Application Type: **Alteration Permit**
Single Family Dwelling-Major

System Type: **Standard**
Pump Evaluation: **No**
Flow: **600** gallons/day

Note: The Fees for this application have been waived due to credit from
Application ID 409152

Receipt Amount: \$0.00**Received By:****Connie Schrandt****Date of Entry:****8/31/2009**



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280

Fax: (503) 861-3259

Date Stamp:

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AUG 10 2009
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:

Date Received 8/10/09
Fee Paid 450.00
Receipt Number 140728
Application Number 409152
Date of 1st Response 8-27-09
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Kevin Eaken
Name

9133 NW Murdock St Portland, OR 97229
Mailing Address (Street or PO Box, City, State, Zip Code)

503-781-5358
Phone Number

B. Legal Property Description

<u>7N</u> Township	<u>10W</u> Range	<u>33AC</u> Section	<u>500</u> Tax Lot	<u>1</u> Tax Account Number	<u>1.22 Acres</u> Acreage or Lot Size
<u>Clatsop</u> County		<u>Pinehurst Estates</u> Subdivision Name		<u>1</u> Lot	<u>Block</u>
Property Address: <u>88708 SURF SANDS RD</u> Address		<u>Seaside</u> City	<u>OR</u> State	<u>97138</u> Zip Code	

Directions to Property: Go So. on Hwy 101 to Highlands Rd, turn Rt. Go to Pinehurst Rd turn Rt. Go thru
gate and turn Left at stop sign. Turn left on Surf Sands Rd. Last lot on right. Gate code: 8875

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
4
Number of Bedrooms
☐ Other _____

Proposed Facility:

☒ Single Family Residence
2
Number of Bedrooms
☐ Other Guest House

Water Supply:

☒ Public Gearhart
Name
☐ Private _____
Well, Spring, Shared

D. Type of Application

<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement	<input checked="" type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input checked="" type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other - Please Specify _____
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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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

George Owen
Signature

8-7-09
Date

George Owen

503-717-8681

Applicant's Name - Please Print Legibly

Applicant's Phone Number

Applicant's E-mail Address

89647 Manion Dr Warrenton, OR 97146

Applicant's Mailing Address

Applicant is the ☐ Owner ☐ Authorized Representative
☒ Authorization Attached

☒ Licensed Septic Installer

Keith Keranen Excavating #38452
Installer's Name

AUG 10 2009

Aug 07 09 10:04a

George & June Owen

503-717-8681

P. 1

NORTH COAST BRANCH OFFICE
WARRENTONState of Oregon
Department of
Environmental
QualityDepartment of Environmental Quality
North Coast Office
65 N. Highway 101, Suite G
Warrenton, OR 97148
Telephone: (503) 861-3280 Fax: (503) 861-3269**NOTICE AUTHORIZING REPRESENTATIVE**

I, KEVIN EAKEN, have authorized
(Property Owner/Print Name)
GEORGE OWEN to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:

Property Situs or Road Address

And described in the records of CLATSOP County as:Township 7N Range 10W Section 33AC Map ID _____ Tax Lot #(s) 500

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: KEVIN EAKEN
Signature: [Signature] Date: 8/7/2009
Address: 9133 NW MURDOCK ST Phone: 503-781-5358
City, State, Zip: PORTLAND, OR 97229 Fax: _____
E-mail Address: KEVIN EAKEN @ GMAIL .COM

AUTHORIZED REPRESENTATIVE:

Printed Name: GEORGE OWEN
Signature: [Signature] Date: 8/7/09
Address: 89647 MANION DR Phone: 503-717-8681
City, State, Zip: WARRENTON, OR 97146 Fax: 503-717-8681
E-mail Address: _____



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EXISTING SEPTIC SYSTEM DESCRIPTION

AUG 10 2009

NORTH COAST BRANCH OFFICE
WARRENTON

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
☒ Septic Tank ☒ Disposal Trenches ☐ Capping Fill ☐ Sandfilter
☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
☐ Other (Describe) _____
2. When was your septic system installed? 10/26/01 01-161
(Date) (Permit Number)
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons) 1000
5. When was the septic tank last pumped? _____ Attach receipt if available.
6. Number of disposal trenches 2
7. Total length of disposal trenches (in feet) 152
8. Do you propose to use the existing septic system? Yes ☒ No ☐
9. Is your septic system currently in use? Yes ☒ No ☐ If no, date of last use _____
10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? 4 How many people occupy the dwelling? 3
11. How many bedrooms will be in the proposed dwelling? 2 How many occupants? 2
12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____
13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☒
If yes, please explain _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

KEVIN EAKEN
7N-10W-33AC-500
PINEHURST LOT 1
88708 SURF SANDS RD

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

8/7/09

(Date)

George M. Owen

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials _____
Other file information: _____

AUG 10 2009

NORTH COAST BRANCH OFFICE
WARRENTON

KEVIN EAKEN

7N-10W-33AC-500

PINEHURST LOT 1
88708 SURE SANDS RD

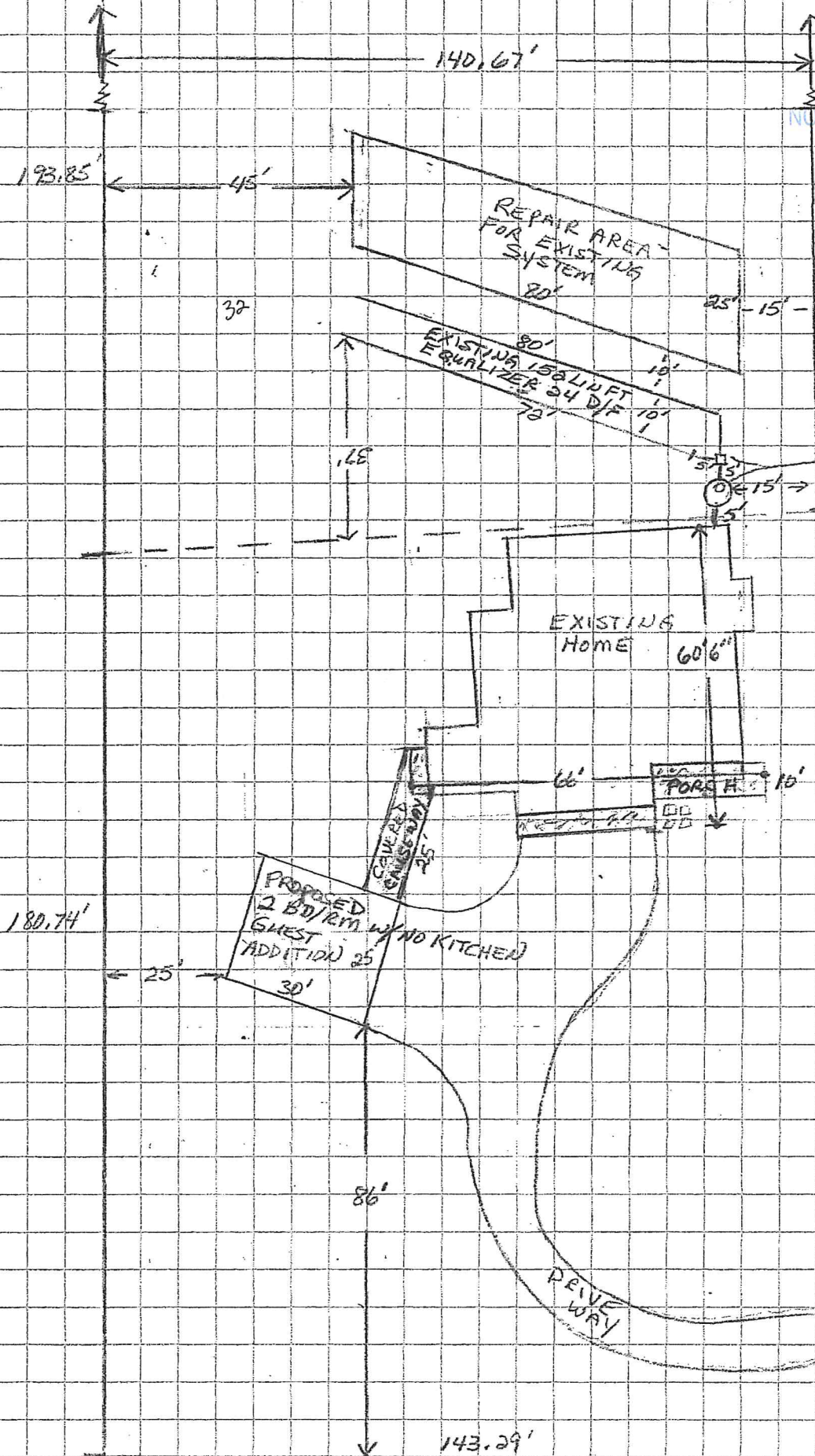


SCALE:
1" = 30'

KEITH KERANEN EXC
#38452

EXISTING CONCRETE
1000 GAL SEPTIC TANK
& DROP BOX
WEST SET BACK
LINE

GATE CODES
8875



AUG 10 2009

SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)

NORTH COAST BRANCH OFFICE

1. Applicant Name/Property Owner: Kevin Eaken
Mailing Address: 9133 NW Murdock St Telephone: 503-781-5388
City: Portland State: OR Zip: 97229

2. Property Information:
County: Clatsop Tax Lot Number: 500
Township: 7N Range: 10W Section: 33AC
Property Address: 88708 SURF SANDS RD SEASIDE, OR 97138
Block: _____ Lot: 1 Subdivision Name (if applicable): Pinehurst Estates

3. This proposed facility is for:
☐ An individual, single-family dwelling.
☒ Other. Describe the type of development, business, or facility and the provided services or products:
Addition of Guest bedrooms

4. Permit or approval being requested:
☐ On-site construction-installation permit for: ☐ New construction ☐ Repairs ☐ Alterations
☐ Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
☒ On-site Authorization Notices for: ☐ Replacement of dwelling ☒ Bedroom addition
☐ Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB
If inside the UGB, the proposed facility is subject to:
☐ City jurisdiction ☒ County jurisdiction ☐ Shared city/county jurisdiction

6. Property Zoning: RA-5 Zoning Minimum Parcel Size: 5 acres

7. Is a public notice and hearing required? ☐ Yes ☒ No Hearing Date: _____

8. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
Comments: _____

9. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Title: Planner
Telephone No.: 503-325-8611 Date: 8-7-09

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.



Oregon Department of Environmental Quality
Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146

Receipt Number: 140728

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 10 2009

Date Received 8/10/2009
NORTH COAST BRANCH OFFICE

WARRENTON

Received From **Brian Maltman Construction**
(Check Name): **Brian Maltman**
33308 Neacoxie Lane
Warrenton, OR 97146

For **T07N R10W S33 AC**
Property **TaxLot 500**
At: **Clatsop County**
88708 Surf Sands Road
Seaside, OR 97138
Lot 1, Pinhurst Estates

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
450.00	Check	3103	24-22	450.00

Total Amount Applied: \$450.00

Onsite Fees

Base Fee: **390.00**
Surcharge Fee: **60.00**
Plan Review Flow Fee:
Pump Evaluation Fee:
Flow Fee:
Reinspection Fee:
Total Fee: \$450.00

Application Description

Application ID: **409152**
Application Type: **Authorization Notice**
with Field Visit

System Type: **Standard**
Pump Evaluation: **No**
Flow: **450** gallons/day

Payments

Previous Payments: **0.00**
Current Payment: **450.00**
Over Payment: **0.00**
Total Payments: \$450.00

Receipt Amount: \$450.00

Received By:

Vicky Schiele

Date of Entry:

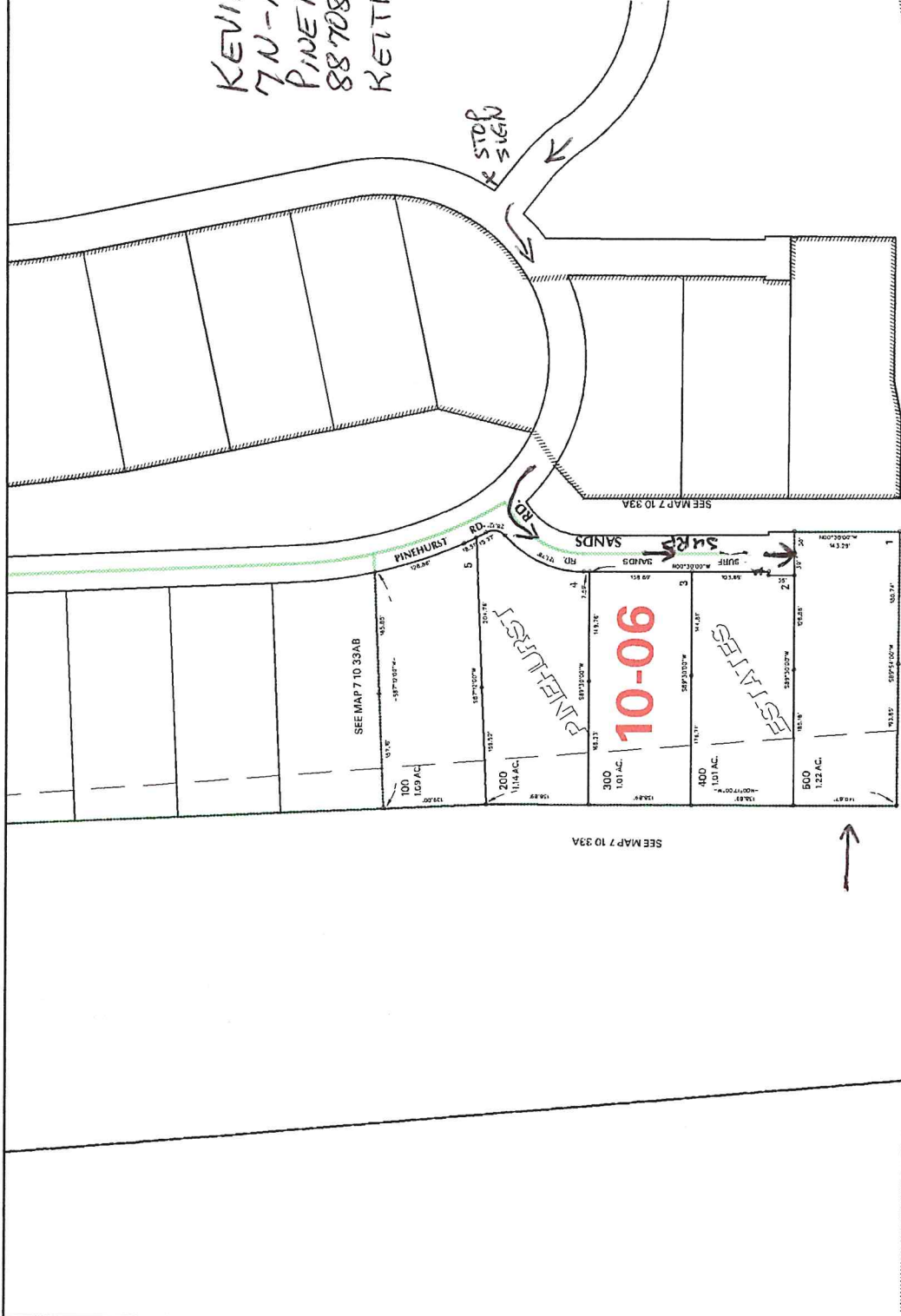
8/10/2009



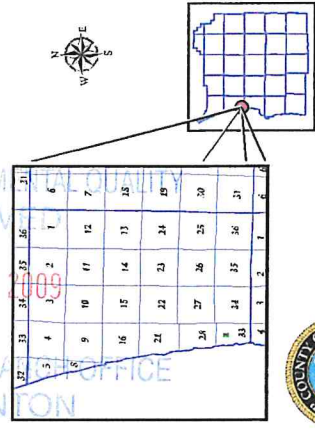
KEVIN EAKIN
7N-10W-33AC-500
PINEHURST LOT 1
88708 SURF SANDS RD
KEITH KERAVEN EXC.
#38452

GATE HOUSE
GATE CODE # 8875

STOP
SIGN



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
AUG 10 2009
NORTH COAST BRANCH OFFICE
WARRENTON



This map was prepared for the purpose of the Clatsop County Planning Commission. The Clatsop County Planning Commission is not responsible for the accuracy of the information provided on this map. The Clatsop County Planning Commission is not responsible for the accuracy of the information provided on this map.



July 15, 2009

7.10.33AC

64980

Control No.

STATE OF OREGON

PERMIT NO. 01-161

DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 670.00

Fee

☒ New Construction☐ Repair☐ Other

Permit Issued To Kevin Eakin 7N 10W 33AC 500 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Surf Sands Rd. Seaside Curtis M. Schmidt 10-26-01
 (Road Location) (City) (Issued by - Signature) (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)

SPECIFICATIONSEXPIRATION DATE October 26, 2002TYPE OF SYSTEM Standard with Equalizer 24's

Michael's with riser

Design Sewage Flow 450 Gallons/DayTank Volume 1000 Gallons Disposal Trenches ☒ Seepage Bed(s) ☐ - Square FeetMaximum Depth 36 inches. Minimum Depth 24 inches. 150 Linear FeetEqual ☐ Loop ☐ Serial ☒ Pressurized ☐ Minimum Distance Between Trenches 10' on centersTotal Rock Depth NA inches. Below Pipe NA inches. Above Pipe NA inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 10-24-01 & 10-25-01. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer required prior to pre-cover inspection request.

PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- 861-3280**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Seacoast Nursery
Const.As-built & certification of final
construction received 11-16-01.

Final Insp. Date _____

☐ Inspected By _____☐ Issued by Operation of Law☒ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

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

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

(Authorized Signature)

(Title)

(Date)

(Office)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE NOV 16 2001

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction and/or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

NORTH COAST BRANCH OFFICE
WARRENTON**SECTION 1: BASIC INFORMATION.**Property Owner Kevin Eakin Permit Number 01-161 County ClatsopTownship 7N ; Range 10W ; Section 33AC ; Tax Lot 500 ; Tax Acct. # Job Location Pinehurst Estates, Lot 1 Gearhart, OR 97138Date System Construction Completed Nov 15, 2001 ; Date Submitted to DEQ or Agent Nov 16, 2001**SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.**1 - 1000 gallon Michaels Concrete Septic Tank 1 - Tank Riser 28"X28"X12" High 1 - Riser Lid with Odor Seal 152 Lineal Feet Drainfield Equalizer 24 4 - End Caps for Equalizer 24 1 - Michaels Concrete Drop Box 20 feet 4" 3034 PVC Pipe w/fittings

Property Owner Kevin Eakin Permit Number 01-161 County Clatsop

SECTION 3: **AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM.** Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

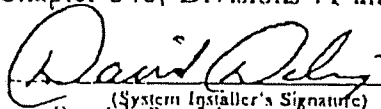
SEE ATTACHED DRAWING

SECTION 4: **CONSTRUCTION WAS PERFORMED BY:**

 Property Owner (Permittee)

 X Sewage Disposal Service Business: Seacoast Nursery Construction, INC. 33079
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).


(System Installer's Signature)

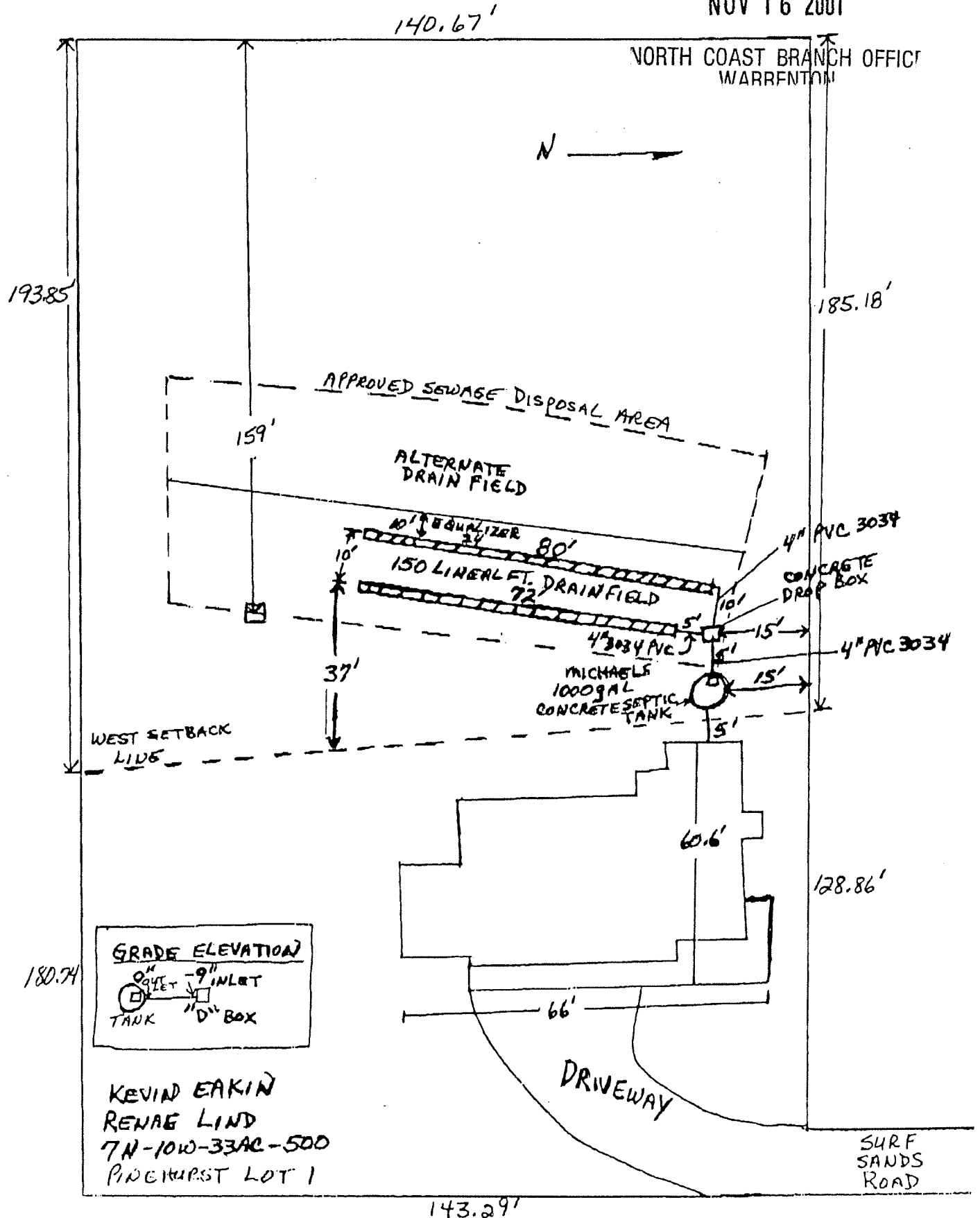
President/Owner
(Title)

Nov 16, 2001
(Date)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 16 2001

NORTH COAST BRANCH OFFICE
WARRENTON

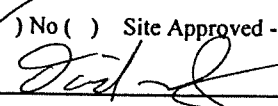


AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
Information on this form must be filled out and signed in this order

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

Job Site Address: LOT 1 PINEHURST City: SEASIDE, OR
Owner: KEVIN EAKIN Phone: 503-738-6784 MALTMAN CONST
Owners Address: 8429 NW HAWKINS BLVD PORTLAND, OR 97229
Agent: MALTMAN CONSTRUCTION INC
Proposed Development/Construction: SFD

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

Legal Description: T 7W R 10W SEC. 33AC Tax Lot(s) 500
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature:  Date: 10-26-01
Remarks: PERMIT # 01-161

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 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:

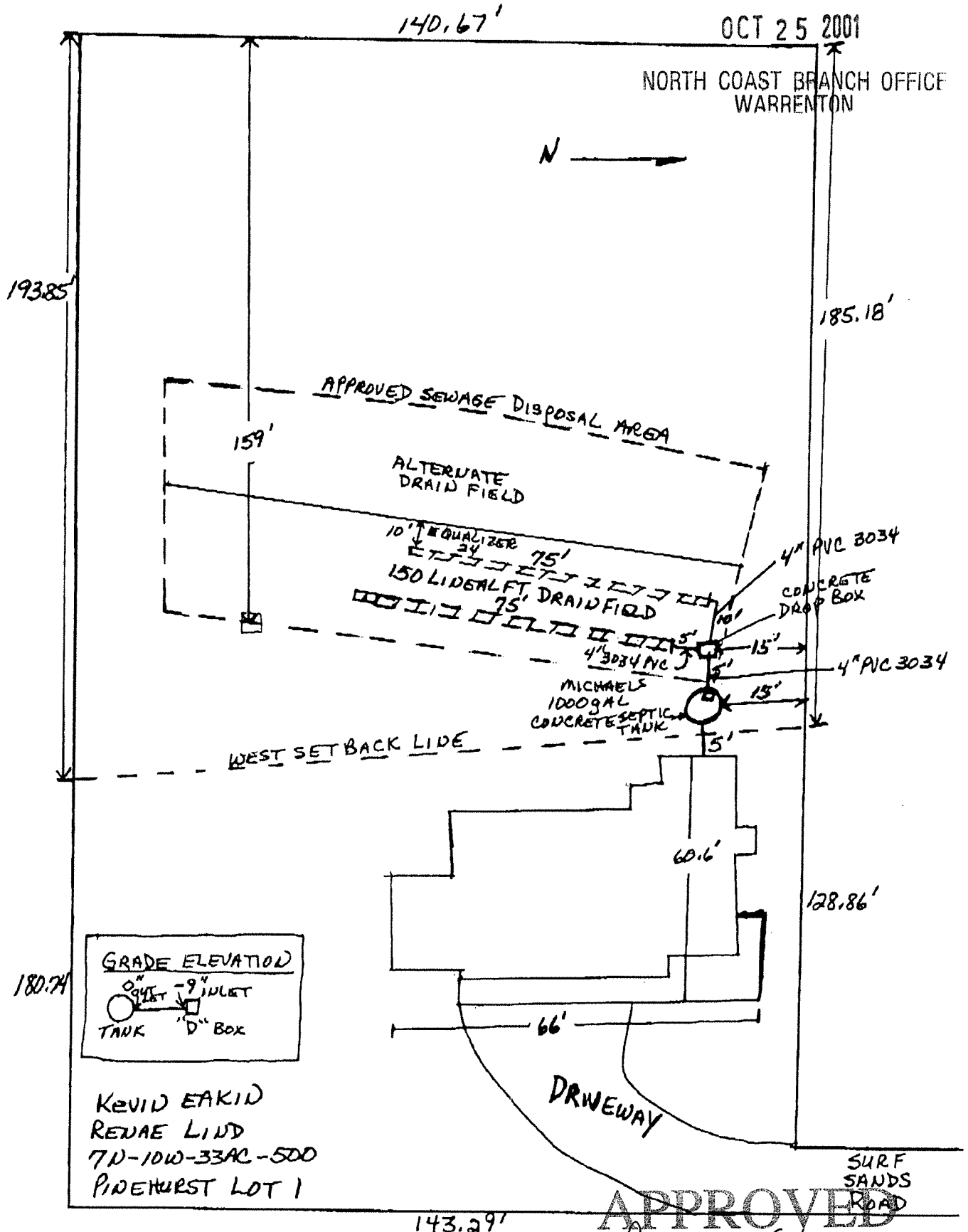
Clatsop County Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324.
Building Codes will review and issue the building permit.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

OCT 25 2001

NORTH COAST BRANCH OFFICE
WARRENTON



APPROVED

Connie M. Schrandt

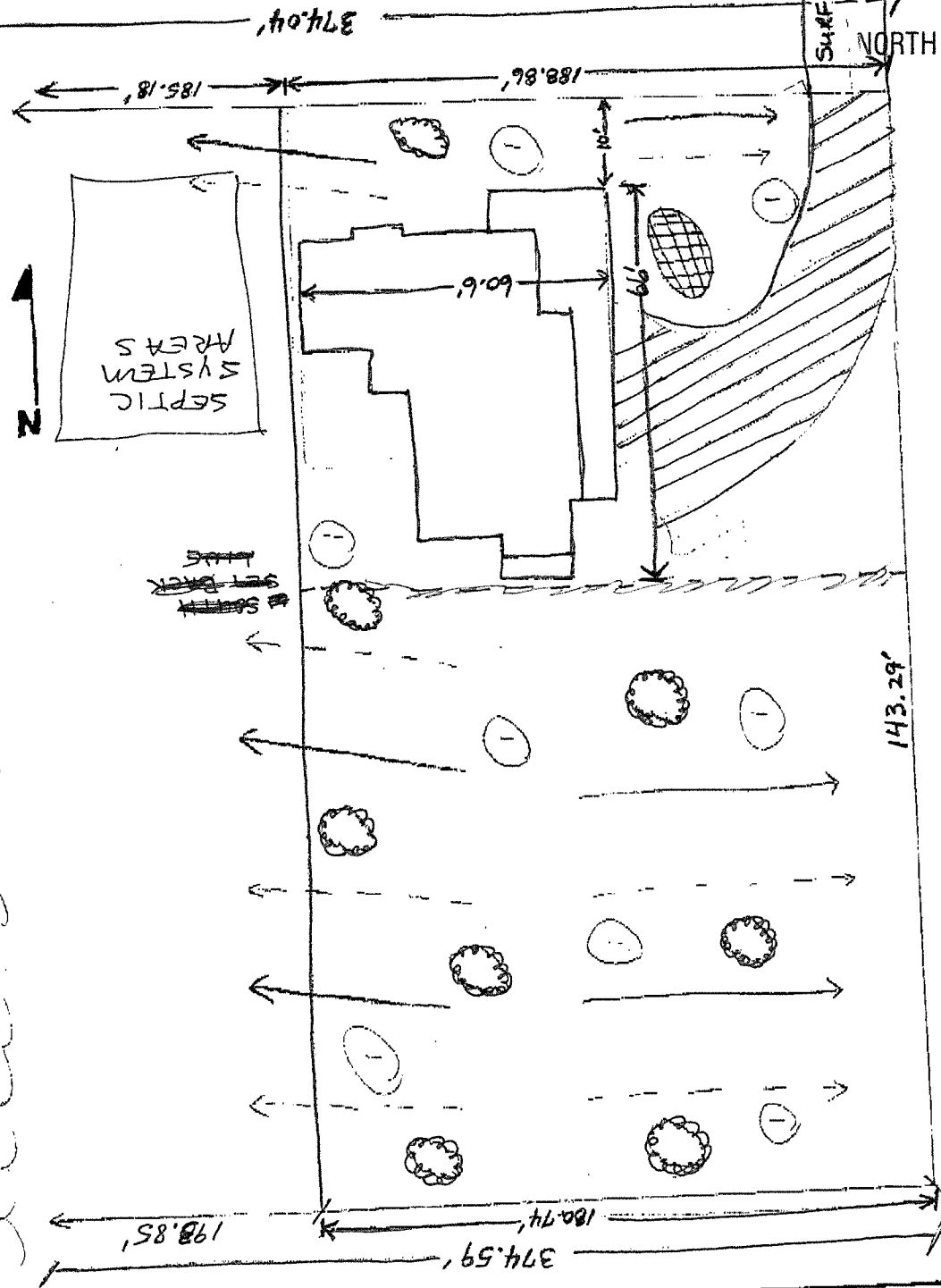
Connie M. Schrandt, W.W.S.

Lic. No. 0207760756

10/26/01

SOIL EROSION CONTROL PLAN

PACIFIC OCEAN



KEY
 Existing Drainage
 Finished Drainage

Property Line

Straw Bale

Silt Fence

Bio-Filter Bag

Saved tree

Topsoil Stockpile

Vegetation Area

Gravelled Area

M M M M M

Mulched Area

E E E E E

Erosion control matting

Owner: EAKIN/LIND

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

OCT 24 2001

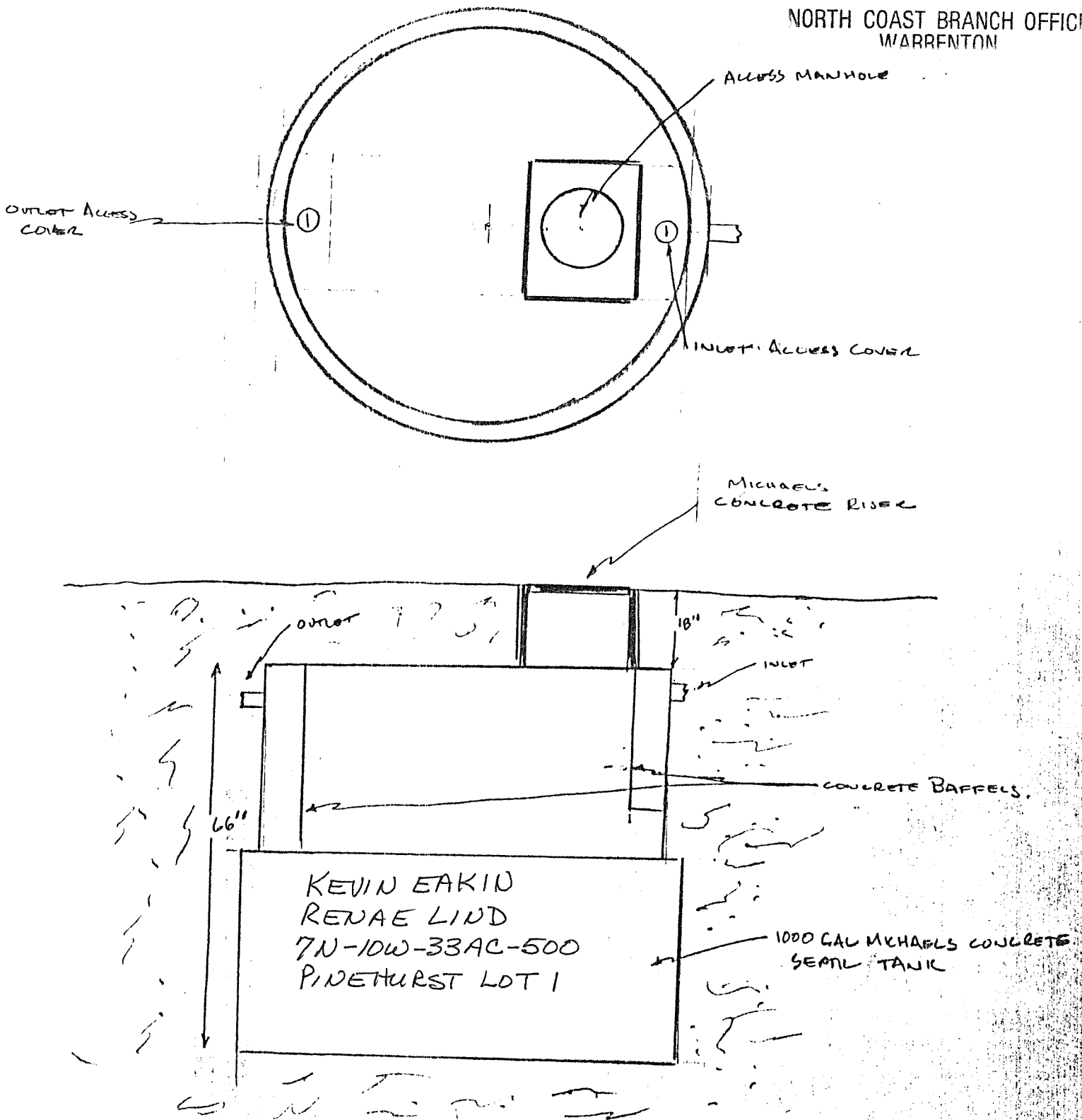
NORTH COAST BRANCH OFFICE
 WARRENTON

Map 7-10-33
 Tax lot #: 500

PINEHURST LOT #1
 Builder: MALTMAN CONST INC

OCT 24 2001

NORTH COAST BRANCH OFFICE
WARRENTON



APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756

10/26/01

TYPICAL CROSS SECTION
FOR MICHAELS CONC.
SEPTIC TANK

Designing an Equalizer 24 Chamber System

KEVIN EAKIN
RENAE LIND

INTEGRATOR
NORTH COAST BRANCH OFFICE
WARRENTON

Planning the System Design.

7N-10W-33AC-500
PINEHURST LOT 1

Approved System Designs.

Equalizer 24 chambers using gravity-fed serial distribution methods may be laid out with a same-end inlet, center inlet, or alternate-end inlet. Figures 1 - 5 illustrate these typical design options.

Figure 1: Serial Distribution Same-End Inlet.

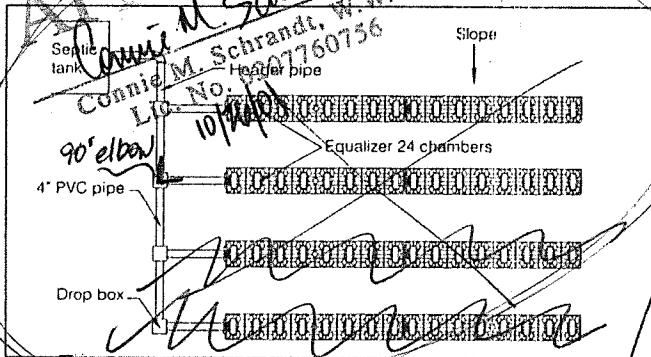


Figure 2: Serial Distribution Center Inlet.

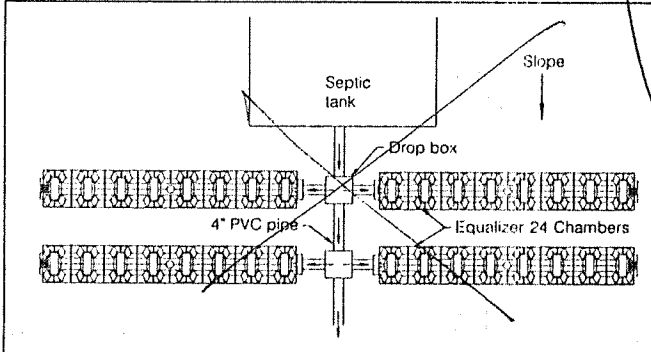


Figure 3: Same-End and Center Inlet Serial Drop Box Method. Drill a 4 1/4-inch diameter hole in the end plate at a 3 1/4-inch invert. Place drop box so header pipe is level.

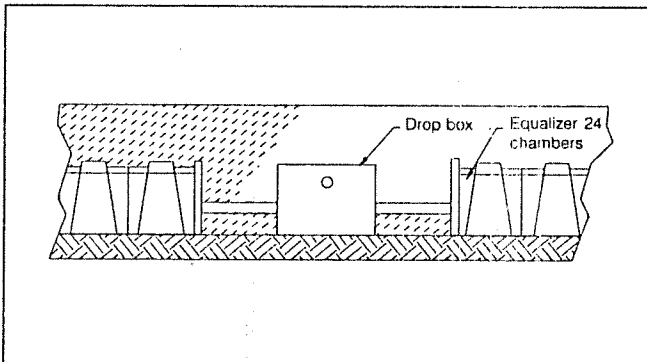


Figure 4: Serial Distribution Alternate-End Inlet.

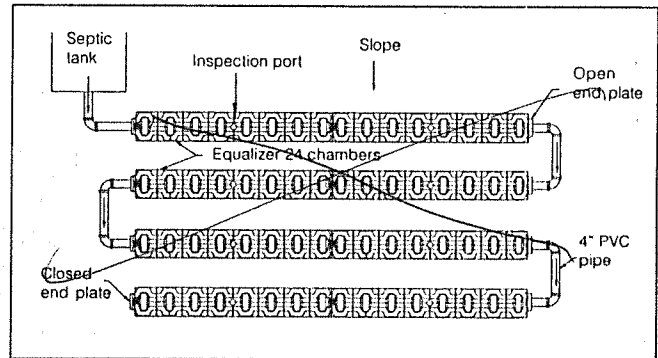


Figure 4a: Serial Distribution Alternate-End Inlet (side view).

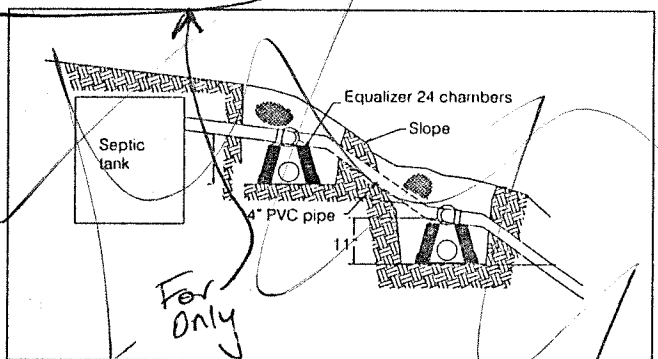
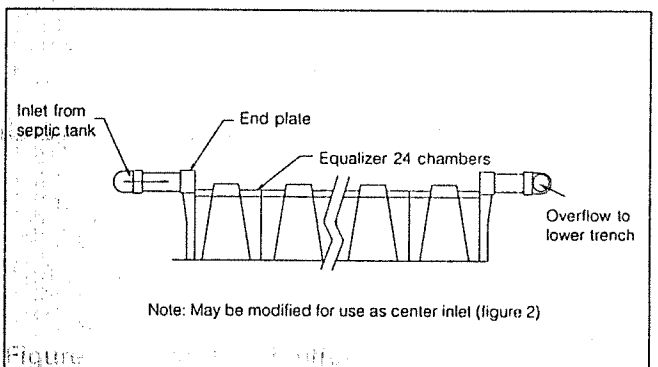


Figure 5: Alternate-End Serial Method. Cut an opening on the pre-marked circle at the top of each end plate to provide serial overflow to the lower trench. The end of the lowest trench in the series requires a closed end plate.



Note: If you are installing in an area at risk for gopher or other burrowing animal existence, contact Infiltrator Systems at 1-800-221-4436 for specific installation requirements and information.

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

FOR OFFICE USE ONLY
Date Rec'd 10-24-01
Date Completed 10-26-01
Required Fee \$670.00
Receipt No. 100648
Control No. 64980

FOR APPLICANT'S USE - (PLEASE PRINT)

1.22 ACRES
Lot Size (Acreage or Dimensions)

KEVIN EAKIN / RENAE LIND
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description 7N 10W 33AC 500 CLATSOP
of Property (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted PINEHURST ESTATES 1
Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

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

☒ Public (Community System)
☐ Private _____
(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
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.

Kevin Eakin
(Signature)

24 Oct 01
(Date)

☐ Authorized Representative
☒ Licensed Installer
License No. 33079

Owner's Mailing Address
KEVIN EAKIN / RENAE LIND
8429 N.W. HAWKINS BLVD
PORTLAND, OR 97229

Phone 503-738-6784 (MALTMAN)
CONST

Applicant's Mailing Address (if different)
SEACOAST NURSERY CONST. INC
3111 Hwy 101 N
SEASIDE, OR 97138

Phone 503-738-6401 IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND USE COMPATIBILITY STATEMENT (LUCS)
For On-Site Sewage Disposal System Permits

OCT 24 2001

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of applicant KEVIN EAKIN/RENAE LIND Telephone: (503) 738-6784

Mailing address

8429 NW HADKINS BLVD
City PORTLAND State OR Zip 97229

2. Property Information:

County CLATSOP

Township 7N Range 10W Section 33AC Tax Lot # 500

Subdivision name if applicable: PINEHURST ESTATES Block _____ Lot 1

3. This proposal is for:

- ☒ An Individual Single Family Residence, or
☐ Other (If other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:

- ☒ On-Site Construction-Installation permit (includes new construction, repairs or alterations)
☐ On-Site Authorization Notices (such as replacement of dwellings, bedroom additions, or changes in land use involving potential sewer flow increases)
☐ Non-water carried facility requests (includes pit privies, vault toilets)

SECTION 2: TO BE FILLED OUT BY COUNTY OR CITY PLANNING OFFICIAL

5. The facility proposal is located: ☐ Inside city limits; ☐ Inside the UGB; ☒ Outside UGB

If inside the UGB, the facility is subject to:

- ☐ city jurisdiction, or
☐ county jurisdiction, or
☐ shared city/county jurisdiction.

6. Is a public notice and hearing required? ☐ yes ☒ no hearing date _____

7. The business or facility complies with all applicable local land use requirements: ☒ yes ☐ no

Comments: Zoned: RA5

SIGNATURES: (both county and city planning officials may need to sign if use is within a UGB)

Yui Allen

Planner Teri Allen

10-24-01

Planning Official (county)

Print Planning Official's Name

Title

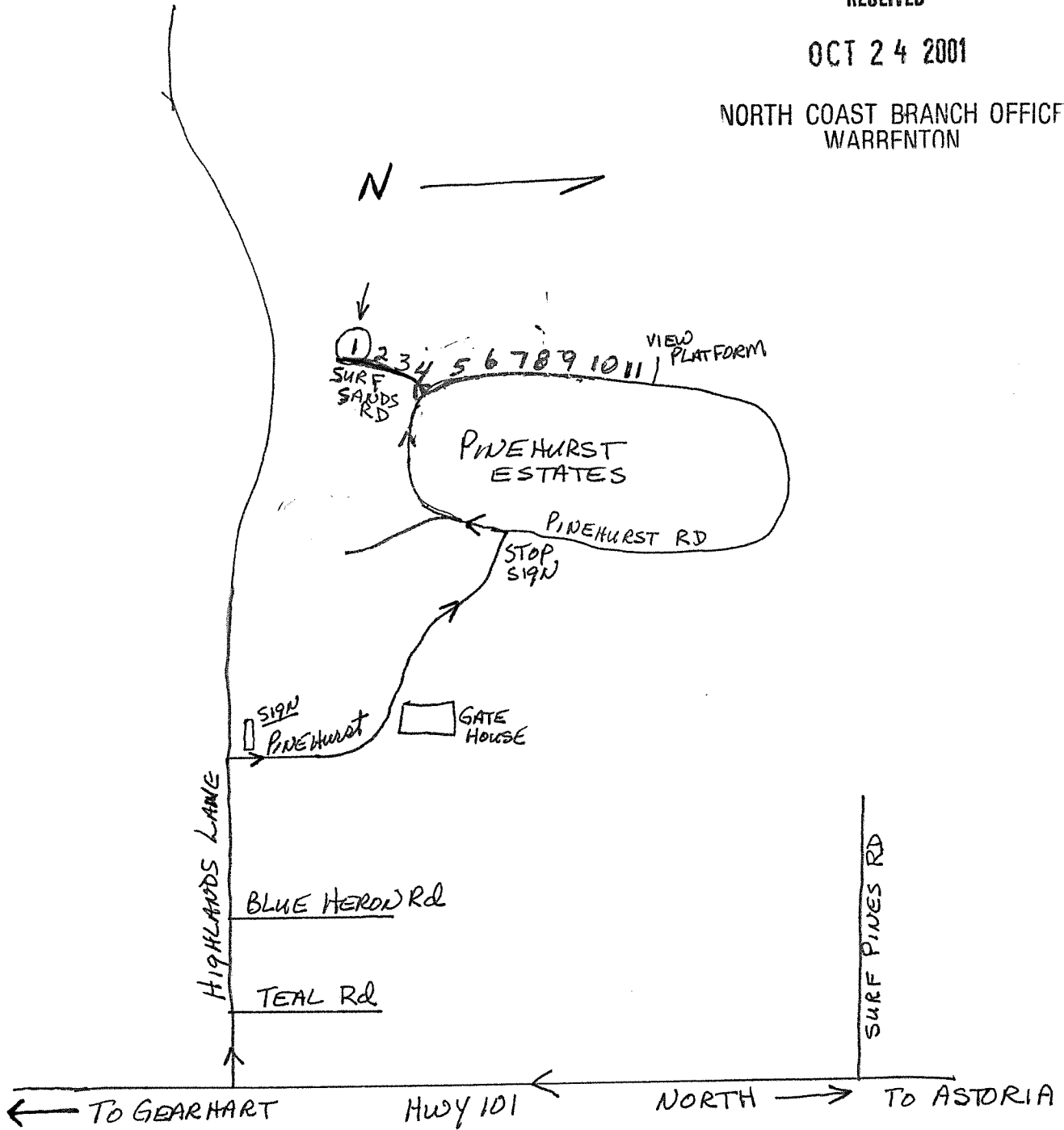
Phone

Date

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

OCT 24 2001

NORTH COAST BRANCH OFFICE
WARRENTON



MIKE MALTMAN
7N-10W-33AC-500
PINEHURST ESTATES
LOT 1

KEVIN EAKIN
RENAE LIND
8429 NW HAWKINS BLVD
PORTLAND, OR 97229



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

May 18, 1998

Richard T. Charlton
5426 Burning Tree Court
Portland, OR 97229

Re: OSS: NWR: Clatsop County: Site Evaluation Report for Pinehurst Estates
Subdivision: LOTS 1 Through 51: Twn 7N, Rng 10W, Section 28, Tax Lots
1000, 1100, 1400. Twn 7N, Rng 10W, Section 33A, Tax Lots 100, 200, 300,
700, 1000, 1100, 1300, 1400, 1500, 1600, 1700, 1701, 1800, 1900, 1901 & 2000:
197.30 Acres

Dear Mr. Charlton:

In response to your application for site evaluations of a proposed 51 lot subdivision, the above-described property was examined by Dewey W. Darold, R.S., and Larry Brown, R.S., on February 24, 1998 and February 25, 1998, to determine the methods of on-site sewage disposal for which each lot is suited. This evaluation report consists of three pages, and the map of test pit locations for each lot. This evaluation and report is based upon current DEQ regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) 340, Divisions 71 and 73, and also the preliminary partition map showing test pit locations dated January 8, 1998, and February 9, 1998. Please note that if the property lines or acreage changes after the final plat map is approved, the approvals will be considered voided and another site evaluation will be required.

In accordance with OAR 340-71-220(1)(C)-3-, all lots (LOTS 1 THROUGH 51) have been found suitable for a standard sewage disposal system utilizing either equal or serial distribution.

The system for each lot would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into each system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded.

The initial systems will each consist of a 1000 gallon septic tank and 150 lineal feet of disposal trench. The disposal trenches shall not be installed any deeper than 36 inches into the natural soil. The replacement systems when needed in the future, may consist of the same type of system. The following conditions apply:

- 1) The disposal fields must meet the minimum 25 foot setback to any downslope cutbanks and escarpments. Also, setbacks to any groundwater interceptors as required in Table 2 must be met.

Richard T. Charlton
May 18, 1998
Page 2

- 2) Each approved site must not be filled or graded in the area where the soil absorption facilities are to be located. If the soils become altered or modified to the extent where the original soil surface has been significantly removed, it can change the type of system or even be denied outright.
- 3) If the setbacks cannot be maintained, the site evaluation will be void or another system may be required that can maintain the setback at the Departments option.

Please note that the ground surface elevations are variable on many of these lots. As such, placement of the systems must be carefully considered. If an effluent lift pump is used, pressurized distribution is recommended.

Please refer to the enclosed site diagrams (test pit locations) for information about the site observations and location of the specific approved boundaries for both systems.

A construction-installation permit is required to install each sewage system at the approved site. Please contact the North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is (503) 861-3280.

This report is valid for each approved lot until an on-site sewage system is installed on that lot, pursuant to a construction permit issued by *staff with the Department's North Coast Branch Office*, 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. Any alteration of the natural conditions in the approved areas approved for on-site systems or replacement areas may void the approval. Further each approval is given on the basis that each lot described above will not be further partitioned or subdivided, and that conditions on each lot 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 (EQC). Any such subdivision, partitioning or alteration may void this report.

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 permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. Technical rule changes shall not invalidate a favorable site evaluation, but may require use of a different kind of system.

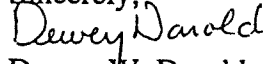
Richard T. Charlton

May 18, 1998

Page 3

When the construction phase begins, careful planning will need to be exercised so that each system is installed in the specific approved areas. A stake-out of both the initial and replacement drainfields may be requested on any of the lots. Only a state licensed installer or the owner of the property can install the sewage disposal system.

Technical information pertaining to this report is available upon request. 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

DWD:dwd

Encl: Site Diagrams

cc: NCBO: DEQ

Clatsop County Dept. of Planning and Development
800 Exchange, Suite 100
Astoria OR 97103

Karl F. Foeste
Coast Surveying
P.O. Box 807
Warrenton, OR 97146

Richard T. Schroeder
2701 NW Vaughn, Suite 442
Portland, OR 97210

E EVALUATION FIELD WORKSHEET

3-45

LOTS 48-51

LOTS 1-27

Tax Reference: 710-28 + 710-33A - SEVERAL TAX LOTS

Evaluator: Dewey Doreld / Larry Brown

Applicant: Richard T. Charlton

Date: 2-24-98/2-25-98 Parcel Size: 1 ACRE LOTS

DEPTH	TEXTURE	SOIL MATRIX COLOR AND MOTTILING (NOTATION), % COARSE FRAGMENTS, ROOTS, STRUCTURE, LAYER LIMITING EFFECTIVE SOIL DEPTH, ETC.
0'-64"	FS	2.5 Y 5/2 or 5/3, single grain, 2vF, 1f/m
Pit 1		
0'-72"	FS	Similar to test pit #1
Pit 2		
0'-70"	FS	2.5 Y 5/2 or 5/3, 2vF, 2f
Pit 1		
0'-70"	FS	Similar to test pit #1
Pit 2		

Landscape Notes: Stabilized Sand Dune

Slope: _____ Aspect: _____ Groundwater Type: No evidence

Other Site Notes: _____

SYSTEM SPECIFICATIONS

Peak Daily Flow: _____ gpd Average Daily Flow: _____ gpd

1. Initial System: _____ Disposal Facility: _____ (linear feet/square feet) Max. Depth: _____ inches
2. Replacement System: _____ Disposal Facility: _____ (linear feet/square feet) Max. Depth: _____ inches

Special Conditions: _____

PLOT PLAN ON REVERSE SIDE

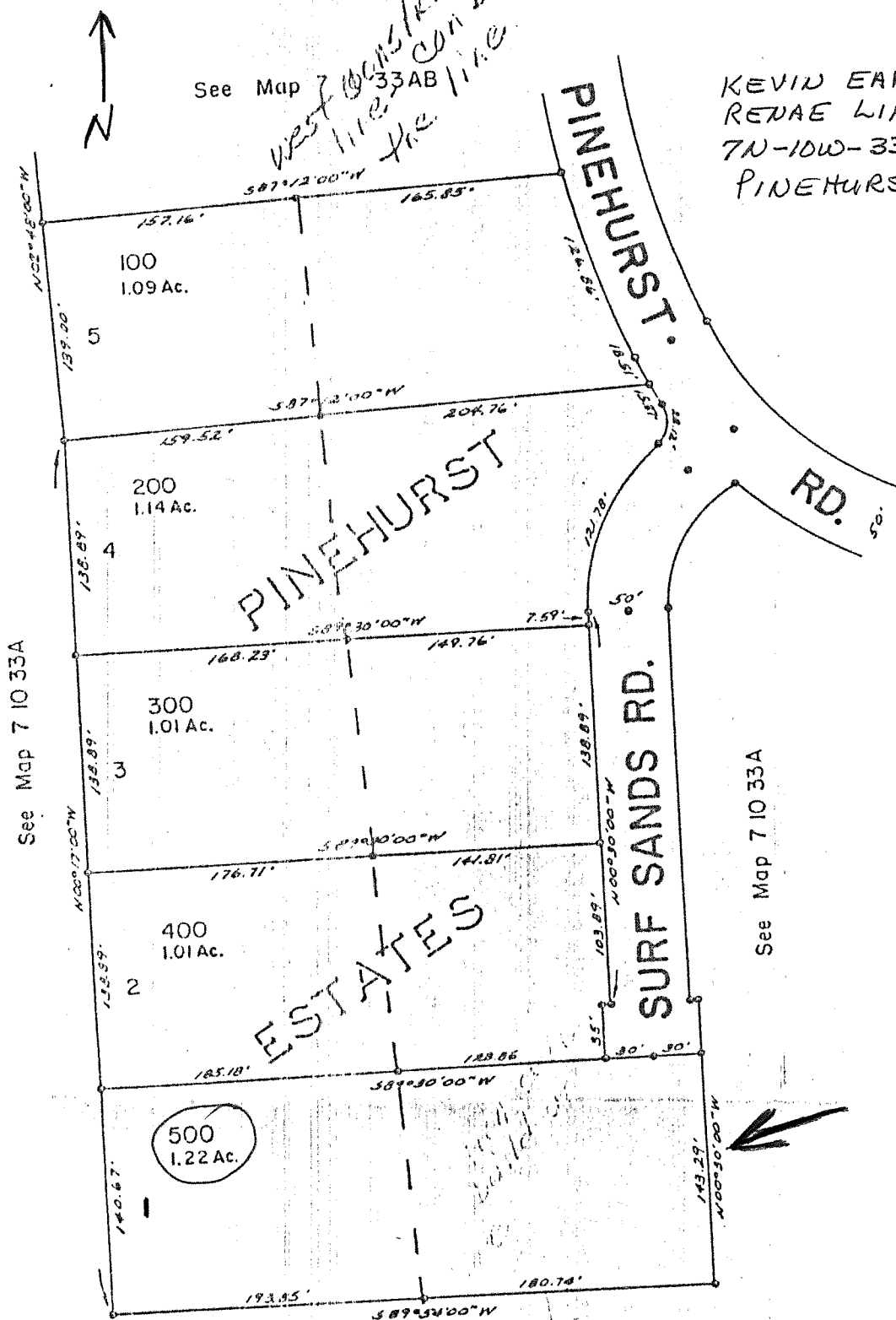
NTY

OCT 24 2001

NORTH COAST BRANCH OFFICE
WARRENTON

7 10 33AC

KEVIN EAKIN
RENAE LIND
7N-10W-33AC-500
PINEHURST LOT 1



Mon 7 10:33A