

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 authorization 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.

Don Jossie

Authorized Agent:

Don Jossie

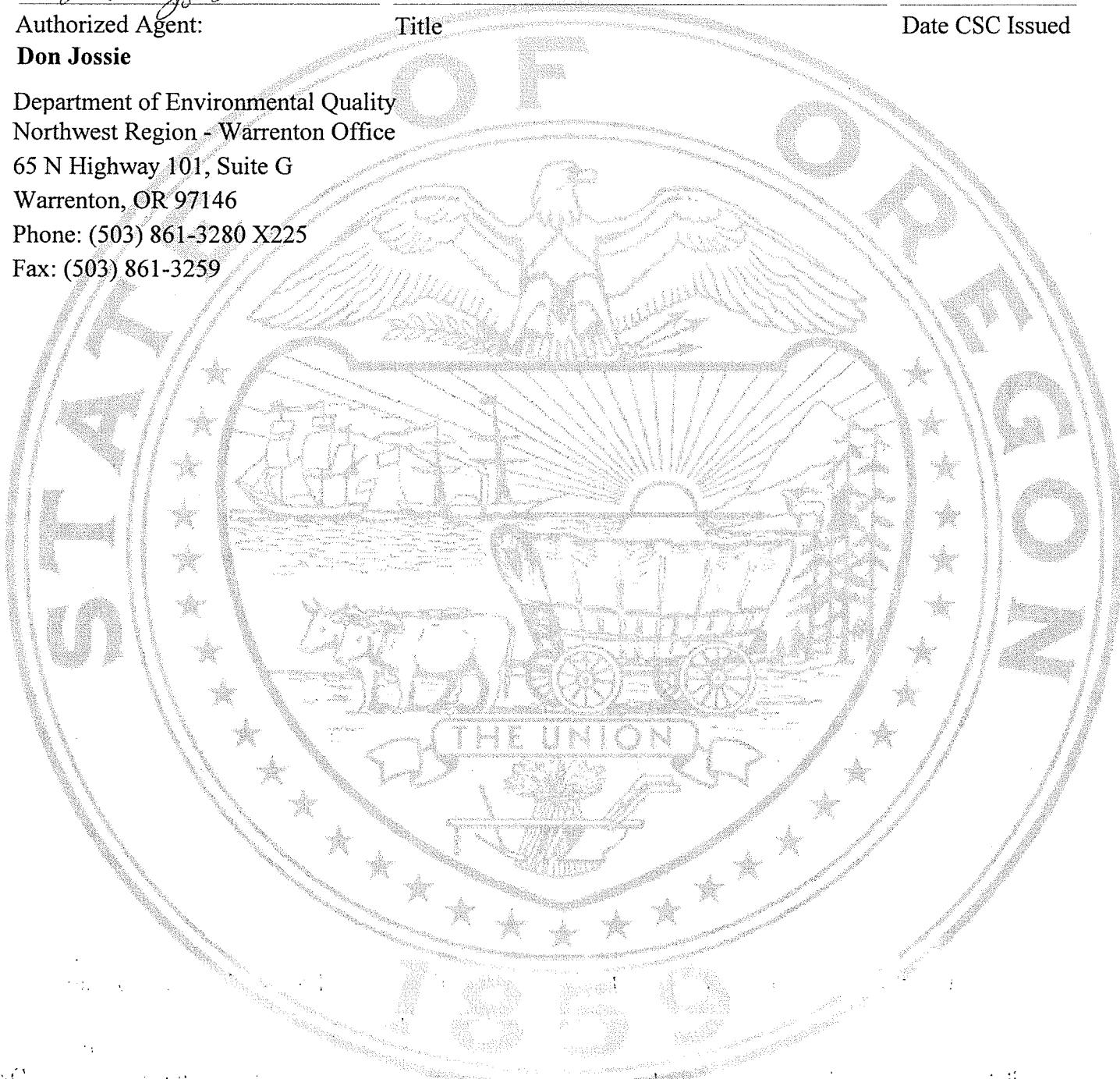
Onsite Wastewater Specialist

11/2/2009

Title

Date CSC Issued

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:

Name: Kevin Eakin

Property 88708 Surf Sands Road, Seaside

Address:

Township 07N, Range 10W, Section 33 AC

Clatsop County TaxLot#: Tax Lot: 500

NORTH COAST RT
WARREN

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	Diameter: 4"	ASTM#/Other: D1785	Length: 10'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

N/A

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 Maint. Provider Name: N/A

Operation and Maint. Contract Received? Yes No

D. Drainfield Media

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

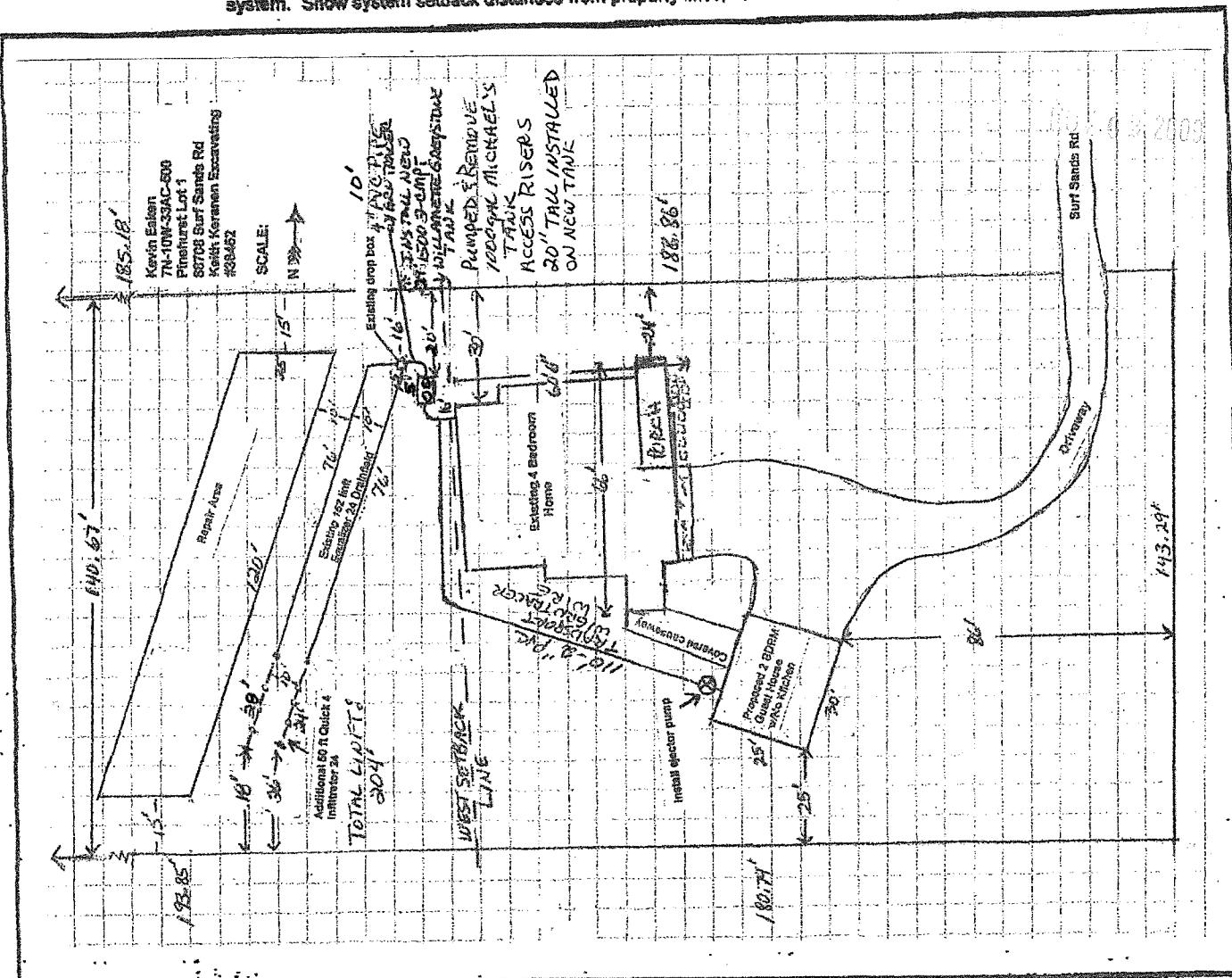
Comment:

*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 S^{ystem}. Show system setback distances from property lines, structures, walls, e.

all wells within 200 feet of the
line, 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 on-site wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification:			First Name: KEITH KERANEN	EXCAVATING
Licensed Installer:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#:	38453
Owner/ Certified Installer:		Signature:	Date:	10/31/09
			Phone#:	503-717-2200

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: 14-5-09

Installer/Owner (Permittee)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date: 11-3-09
Notified:				

**W No. Reason for Non
Acceptance:**

Comments



COMPLETE SEPTIC SERVICE

41092 ZIAK-GNAT CREEK LANE

ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

“GUARANTEED LOWEST PRICES”

4037

100-0-27000

DATE 10-20-09

NAME Kelanen - Maltman PHONE 619-455-1111

ADDRESS 88708 Surfside Rd. Warren, Oh

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

TOTAL

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

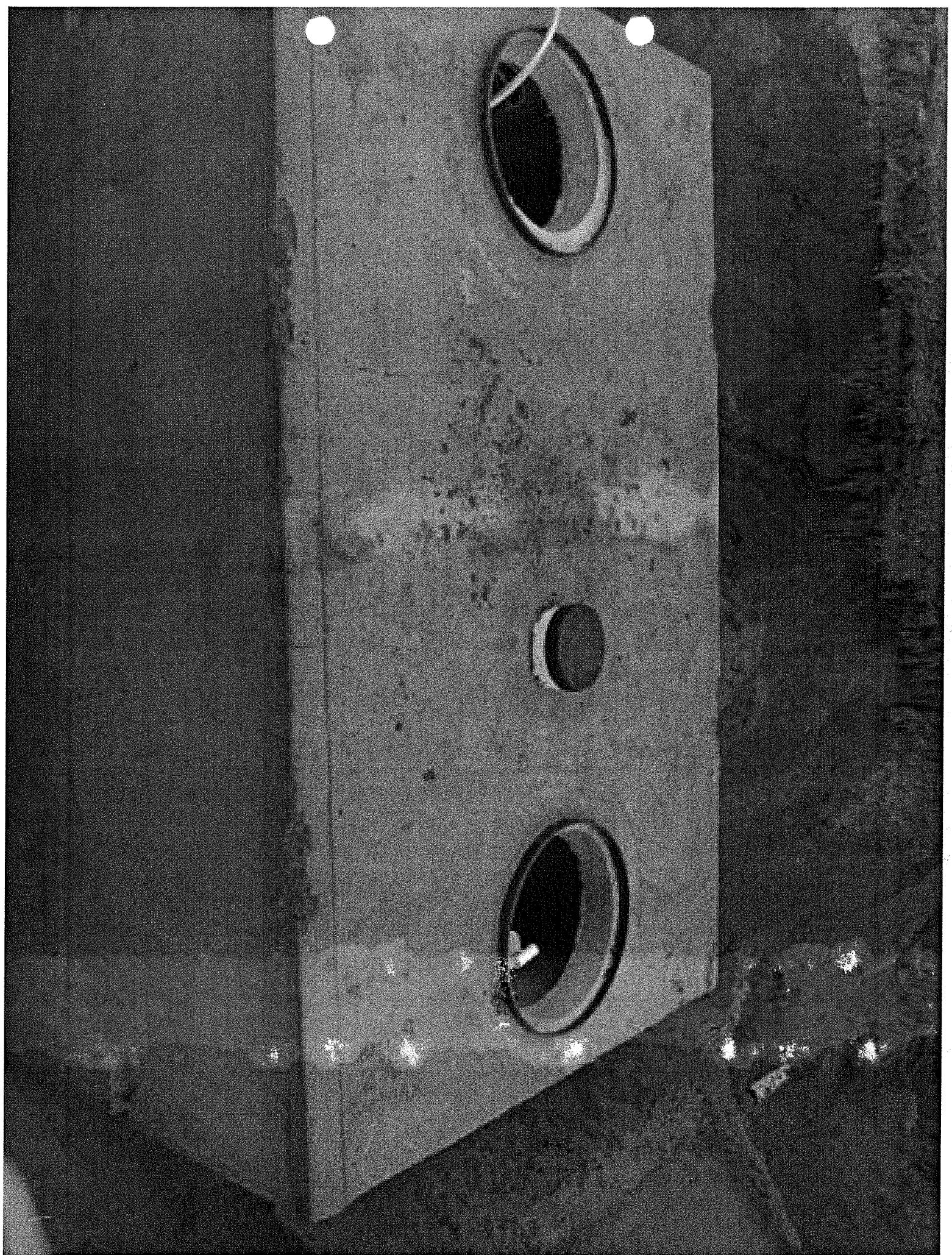
Ordered By Goonie

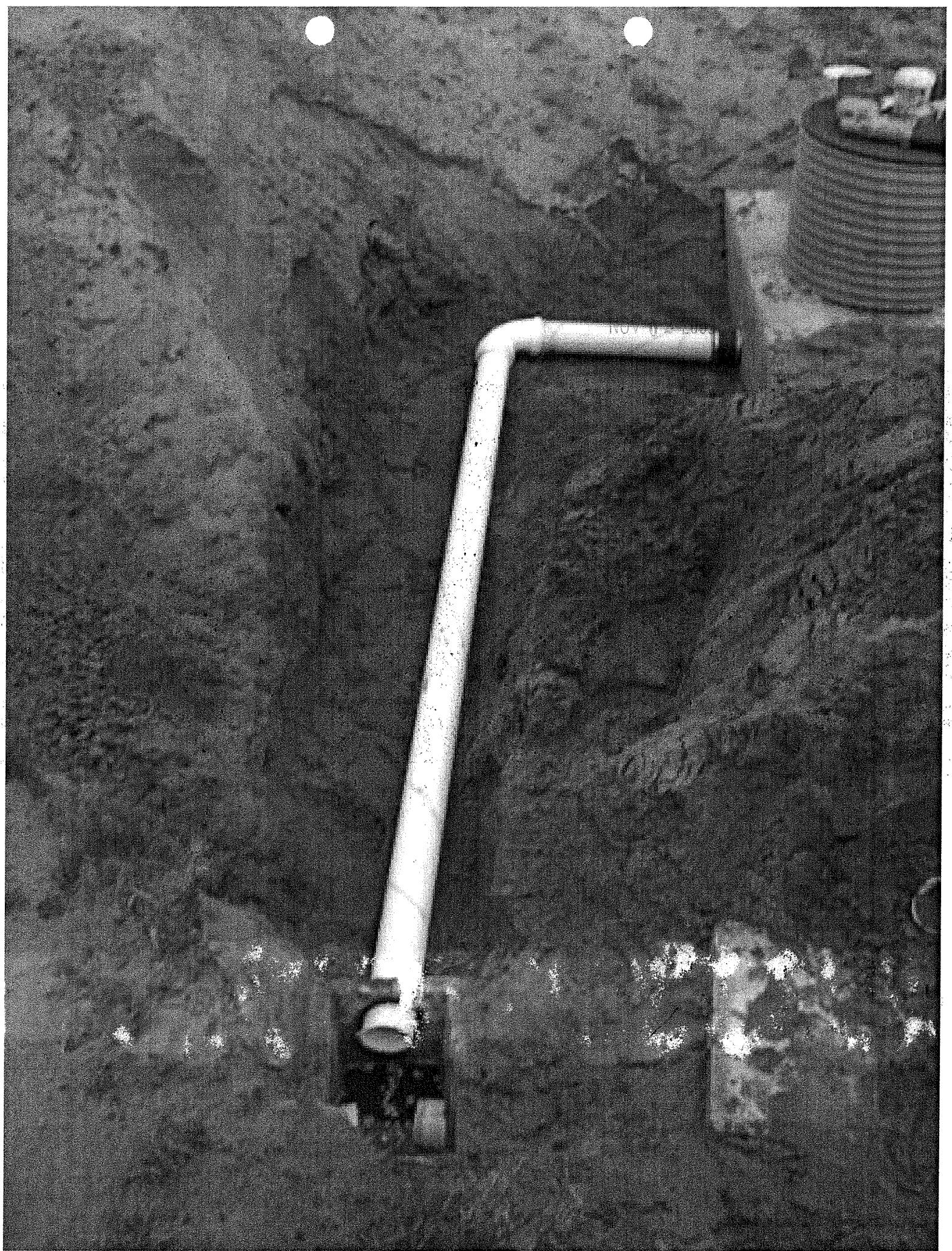
KEVIN EAKEN

7N-10W-33AC-500

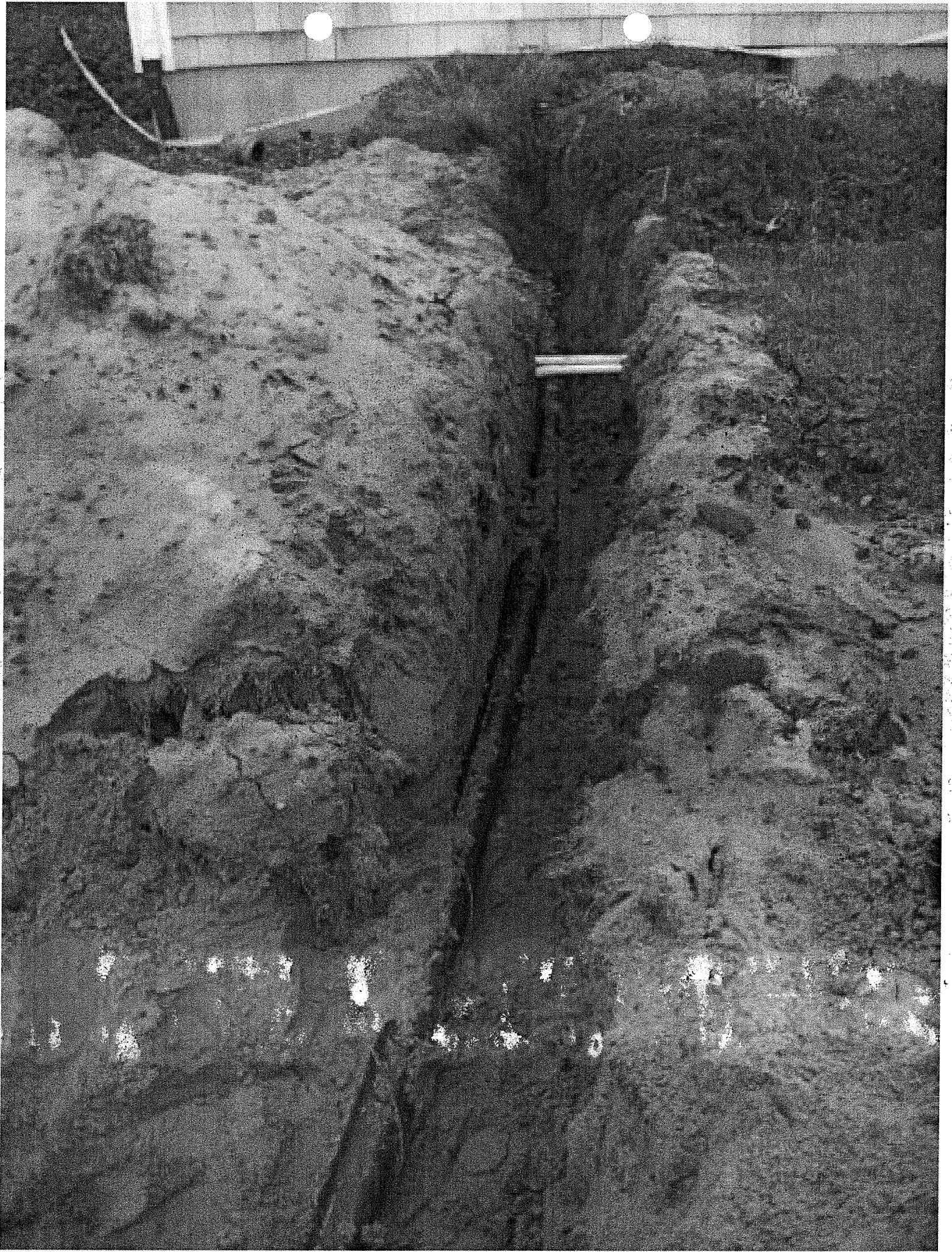
KETIT KERANEN ex c.

#38452



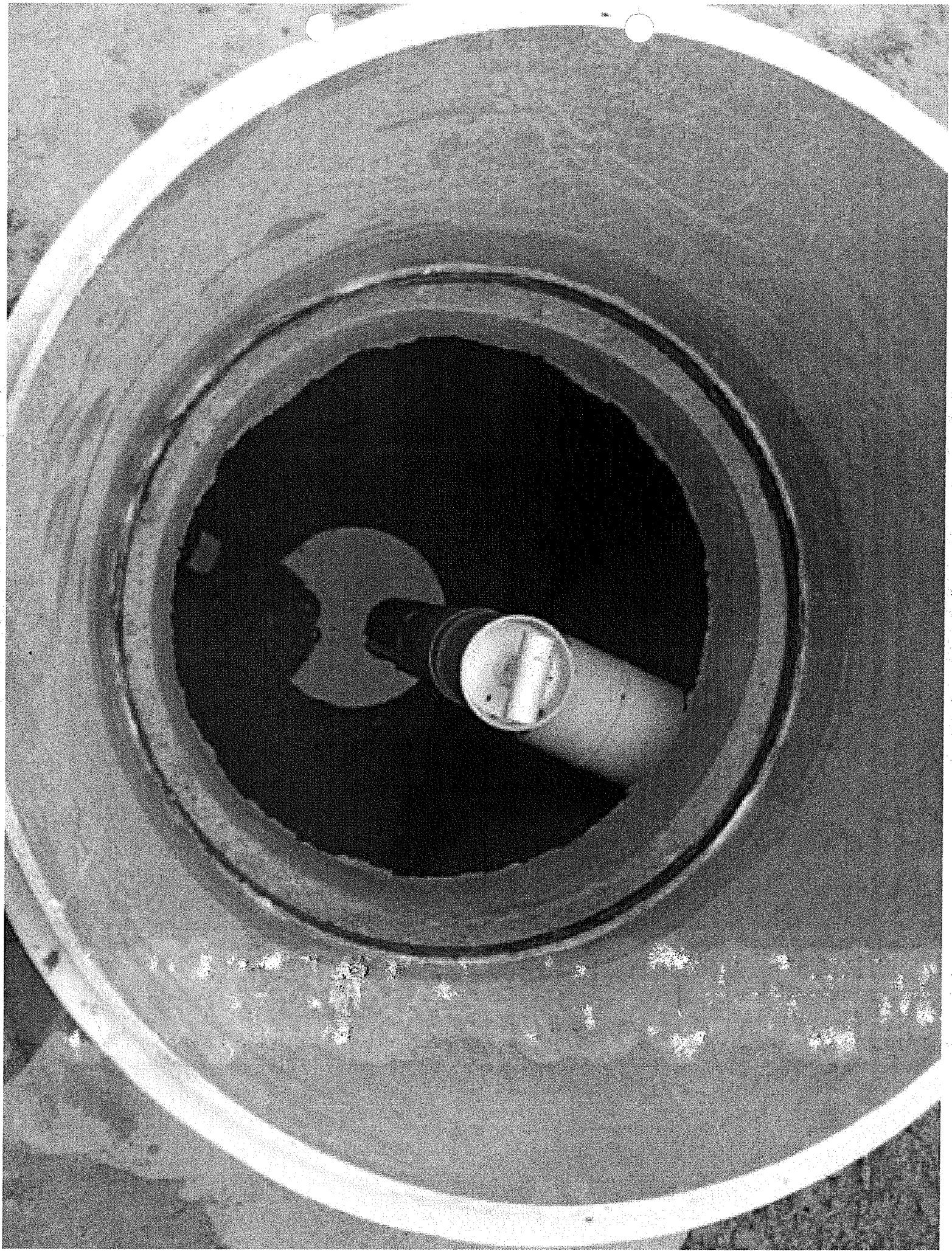
















Information on this form must be filled out and signed in this order

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

Job Site Address 88708 Surf Sands Road City: Seaside
Owner: Kevin 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 33 AC Tax Lot(s) 500

Permit Needed - Yes No Site Approved - Yes No

Signature: Connie Schmidt 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: Bob H. Eakin 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.

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			
<p>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</p>			

See the Attachment 1 for additional information about your permit.

RECEIVED

SEP 01 2009

NOB 185.18' BRANCH OFFICE

WILMINGTON

7N-10W-33AC-500

Pinehurst Lot 1

88708 Surf Sands Rd

Keith Keranen Excavating

#38452

SCALE:

N 

1" = 30'

Existing drop box

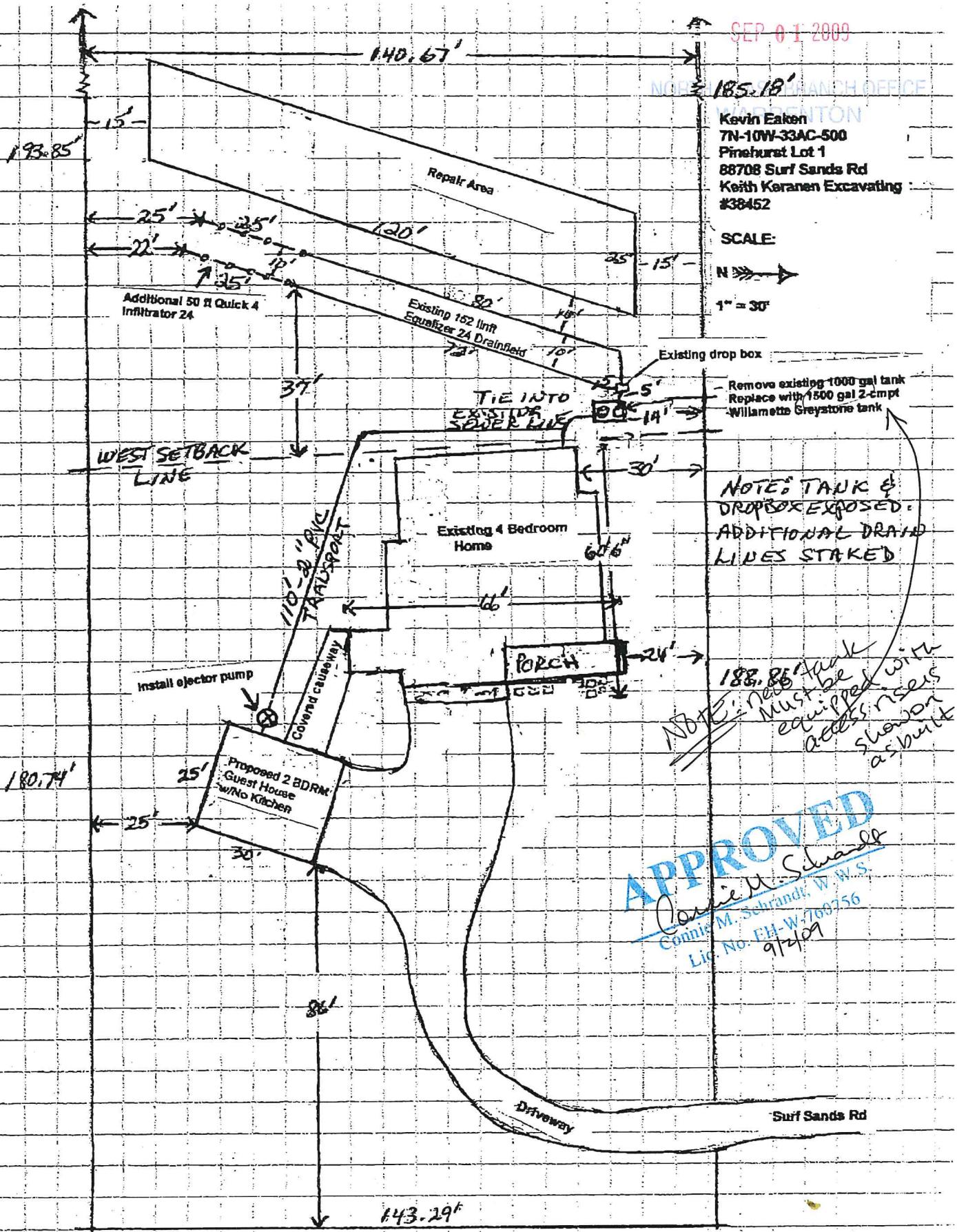
Remove existing 1000 gal tank
 Replace with 1500 gal 2-cmp
 Willamette Greystone tank

NOTE: TANK &
 DROP BOX EXPOSED.
 ADDITIONAL DRAWD
 LINES STAKED

188.86' tank
 must be
 equipped with
 access roads
 a shovel
 a shovel

APPROVED

Connie M. Schrandt, W.E.S.
 Lic. No. EH-W-169756
 9/1/09



4" Biotube® Effluent Filters

Submittal
Data Sheet

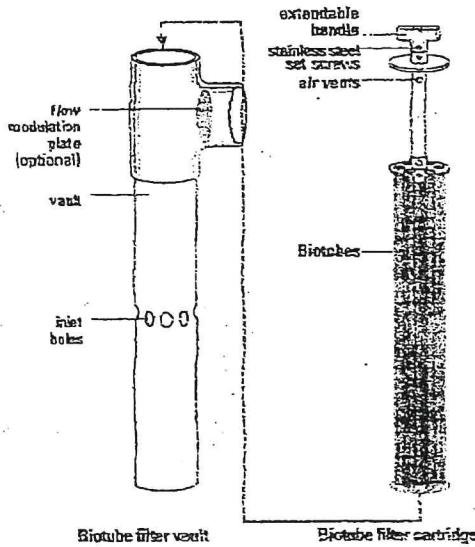


DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 02 2009

Applications

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



General

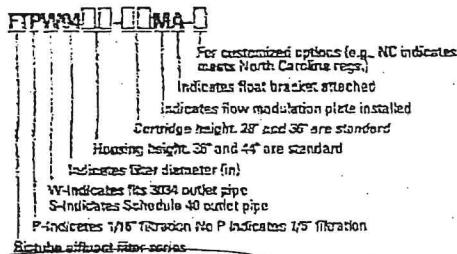
Orion 4" Biotube Effluent Filters (U.S. Patents No. 4,439,323 and 5,432,635) are used to improve the quality of effluent exiting a septic tank in a residential septic system. The Biotube cartridge fits tightly in the vault and is removable for maintenance; the toe handle can be extended for easy removal of the cartridge.

NORTH COAST BRANCH OFFICE
WARRENTON

Standard Series

FTS0444-36, FTS0444-36M, FTW0436-2B, FTW0436-2BM
FTW0444-36, FTW0444-36M

Nomenclature:



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

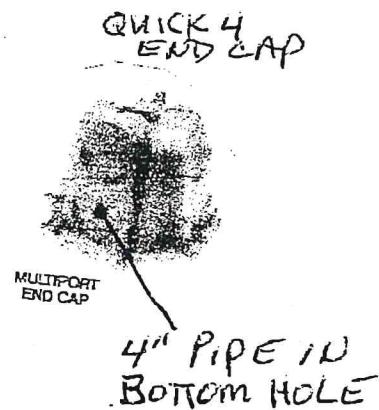
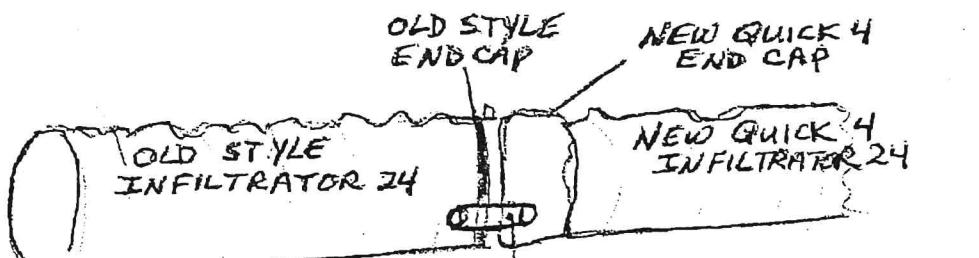
KEVIN EAKEN
711-10W-33AC-500
PINEHURST LOT 1
KEITH KERANEN EXC. #38452

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. EH-W-760756
9/1/05

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%

SIDEVIEW

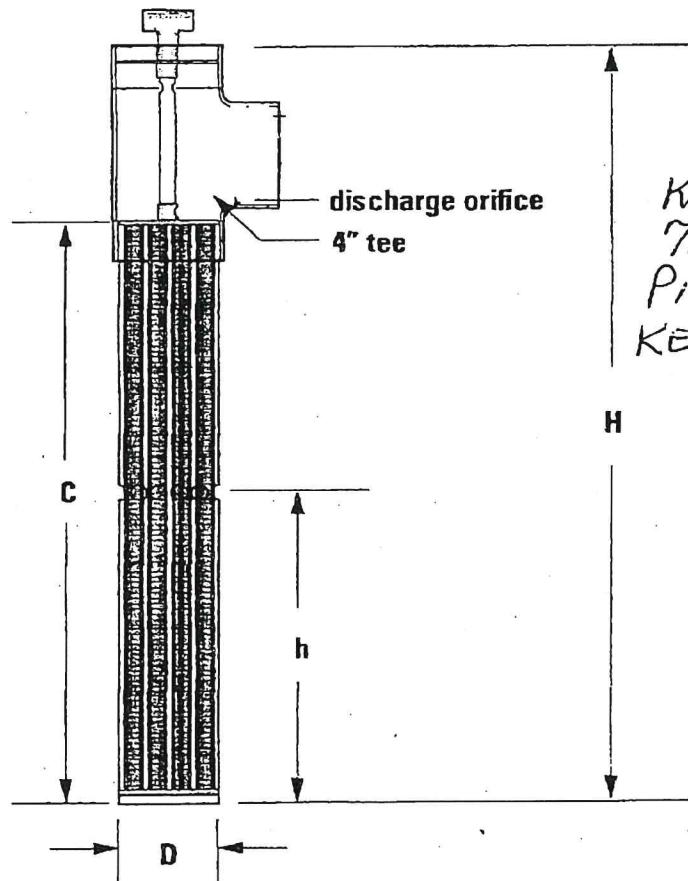


4" PVC 3034 PIPE
INSERTED INTO BOTH
BOTTOM HOLES OF THE
END CAPS IAW
INFILTRATOR SERVICES INC

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 02 2009

4" Biotube® Effluent Filters (continued)

NORTH COAST BRANCH OFFICE
WARRENTON

KEVIN EAKEN
7N-1D0-33AC-500
PINEHURST LOT 1
KEITH KERAVEN EXC
#38452

APPROVED
Connie M. Schrandt, W.W.S.
Lic. No. EH-W-760756
7/21/09

Dimensions

Model

Model	FTS0444-36	FTS0444-36
D - Nominal Diameter (in.)	4	4
H - Overall Height (in.)	44	44
h - Influent Hole Height* (in.)	22	18.5
C - Cartridge Height (in.)	36	36
Number of Biotubes per Cartridge	6	6
Filter Surface Area (sq.ft.)	5.3	5.3
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.



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

Receipt Number: 140738

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:	Date of Entry:
Connie Schrandt	8/31/2009



Application for Onsite Sewage Treatment System

State of Oregon
Department of Environmental Quality

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

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

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

For DEQ Use Only:
Date Received 8/10/09
Fee Paid 450
Receipt Number 140728
Application Number 409157
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

503-781-5358

Mailing Address (Street or PO Box, City, State, Zip Code)

Phone Number

B. Legal Property Description

7N	10W	33AC	500	Tax Account Number	1.22 Acres
Township Clatsop	Range	Section Pinehurst Estates	Tax Lot	Lot	Acreage or Lot Size Block
County		Subdivision Name			

Property Address: 88708 SURF SANDS RD
Address Seaside OR 97138
City State 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

Site Evaluation
 Construction Permit
 Repair Permit
 Major Minor
 Alteration Permit
 Major Minor

Renewal Permit
 Existing System Evaluation
 Permit Transfer
 Permit Reinstatement

Authorization Notice for:
 Connecting to an Existing System Not in Use
 Replacing a Mobile Home or House with Another Mobile Home or House
 The Addition of One or More Bedrooms
 Personal Hardship
 Temporary Housing
 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 the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

George Owen

Date

8-7-09

George Owen
Applicant's Name - Please Print Legibly

503-717-8681
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
WARRENTON



Department of Environmental Quality
North Coast Office
65 N. Highway 101, Suite G
Warrenton, OR 97146
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 33 AC Map ID _____ Tax Lot #(s) 500

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

PROPERTY OWNER:

Printed Name: KEVIN EAKEN

Signature: KEVIN EAKEN Date: 8/7/2009

Address: 9133 NW MURDOCK ST Phone: 503-781-5358

City, State, Zip: PORTLAND, OR 97229 Fax: _____

E-mail Address: KEVINEAKEN @ GMAIL.COM

AUTHORIZED REPRESENTATIVE:

Printed Name: GEORGE OWEN

Signature: George Owen Date: 8/7/09

Address: 89647 MANSION DR Phone: 503-717-8681

City, State, Zip: WARRENTON, OR 97146 Fax: 503-717-8681

E-mail Address: _____



EXISTING SEPTIC SYSTEM DESCRIPTION AUG 10 2009

NORTH COAST BRANCH OFFICE
WARREN

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 Unknown4. Septic tank volume (in gallons) 1000

5. When was the septic tank last pumped? _____

Attach receipt if available.

6. Number of disposal trenches 2*KEVIN EAKEN
7N-10W-33AC-500
PINEHURST LOT 1
88708 SURF SAND RD*7. Total length of disposal trenches (in feet) 1528. 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? 311. 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.

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: _____

SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)1. Applicant Name/Property Owner: Kevin Eaken

NORTH COAST BRANCH OFFICE

Mailing Address: 9133 NW Murdock St Telephone: 503-781-5388
City: Portland State: OR Zip: 97229

2. Property Information:

County: Clatsop Tax Lot Number: 500Township: 7N Range: 10W Section: 33ACProperty Address: 88708 SURF SANDS RD SEASIDE, OR 97138Block: 1 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 OFFICIAL5. 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 acres7. Is a public notice and hearing required? Yes Hearing Date: _____
 No8. 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

Date of Entry:

Vicky Schiele

8/10/2009

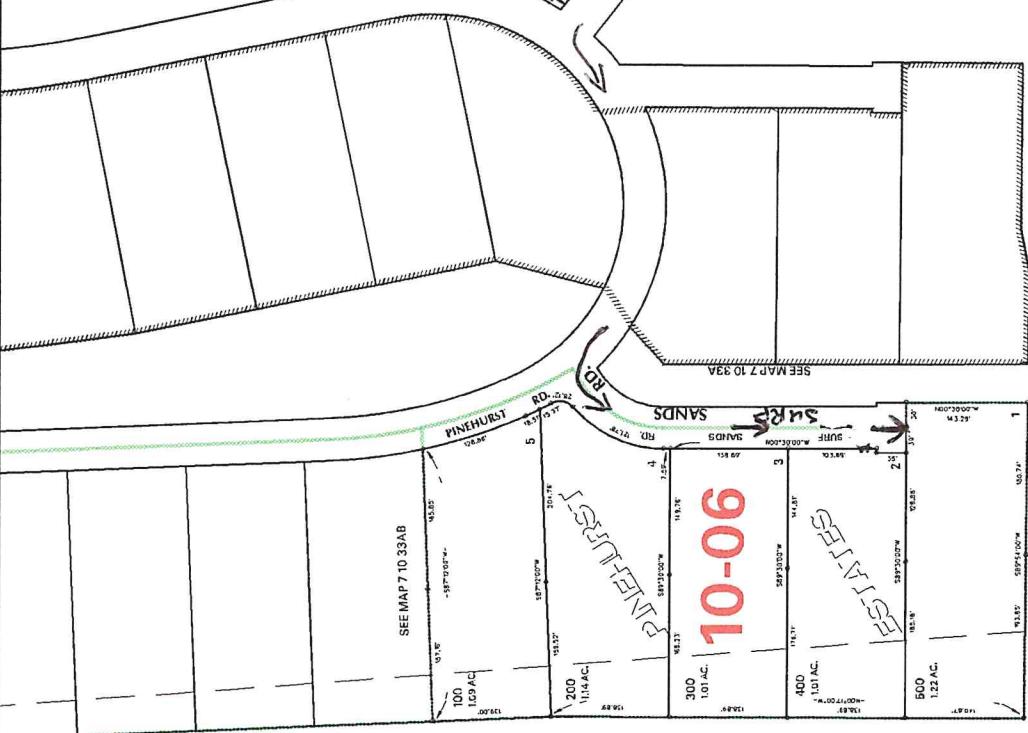
T7N R10W SEC 33 AC WM
CLATSOP COUNTY

Scale 1:1200

0 100 200 400 ft
LAND 1980/91 HART StatePlane Oregon North FIPS 2001 Feet #81

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

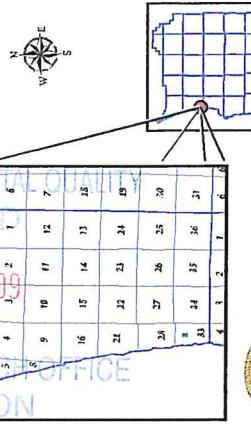
GATE HOUSE
GATE CODE # 8875



DEPT. OF ENVIRONMENTAL
QUALITY
RECEIVED

AUG 10 2009

NORTH COAST BRANCH OFFICE
WARREN



Land use map for Clatsop County, Oregon, showing the location of the property relative to the 16x16 grid. The property is located in the 10th column and 10th row of the grid.



7.10.33AC

64980

Control No.

\$ 670.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY01-161
PERMIT NO. New Construction Repair Other _____

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

Surf Sands Rd. Seaside Craig M. Schmid Jr.
 (Road Location) (City) (Issued by - Signature)

10-26-01
 (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 the 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.

SECTION I: BASIC INFORMATION.

Property Owner Kevin Eakin Permit Number 01-161 County Clatsop

Job Location Pinehurst Estates, Lot 1 Gearhart, OR 97138

Date 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" x 28" x 12" 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.

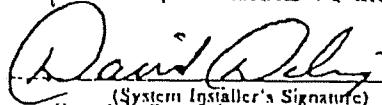
SEE ATTACHED DRAWING

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

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

140.67'

NORTH COAST BRANCH OFFICE
WARRENTON

N

193.85'

185.18'

APPROVED SEWAGE DISPOSAL AREAALTERNATE
DRAIN FIELDWEST SETBACK
LINE

10' x 8' equalizer 27' 80'

150' LINER FT. DRAIN FIELD 72'

37'

MICHAEL
1000 GAL
CONCRETE
SEPTIC
TANK4" PVC 3034
CONCRETE
DROP BOX

4" PVC 3034

60.6'

128.86'

180.74

GRADE ELEVATION

0" OUTLET - 9" INLET
TANK "D" BOX

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

143.29'

SURF
SANDS
ROAD

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: Joe Eakins 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

140.67'

OCT 25 2001

NORTH COAST BRANCH OFFICE
WARRENTON

N

193.85'

185.18'

APPROVED SEWAGE DISPOSAL AREA

159'

ALTERNATE
DRAIN FIELD10' TANK EQUALIZER
ET 34' 75'
150 LINDALFT. DRAIN FIELD
75' 75' 75'4" PVC 3034
CONCRETE
DROP BOX4" 3034 PVC
MICHAEL'S
1000 GAL
CONCRETE SEPTIC
TANK

4" PVC 3034

WEST SET BACK LINE

60.6'

128.86'

180.74

GRADE ELEVATION
OUTLET - 9" INLET
TANK "D" BOX

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

143.29'

APPROVED

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

10/26/01

SURF
SANDS
ROAD

SOIL EROSION CONTROL PLAN

KEY:

Existing Drainage

Finished Drainage

Property Line

Straw Bale

Silt Fence

Bio-Filter Bag

Saved tree

Topsoil Stockpile

Vegetation Area

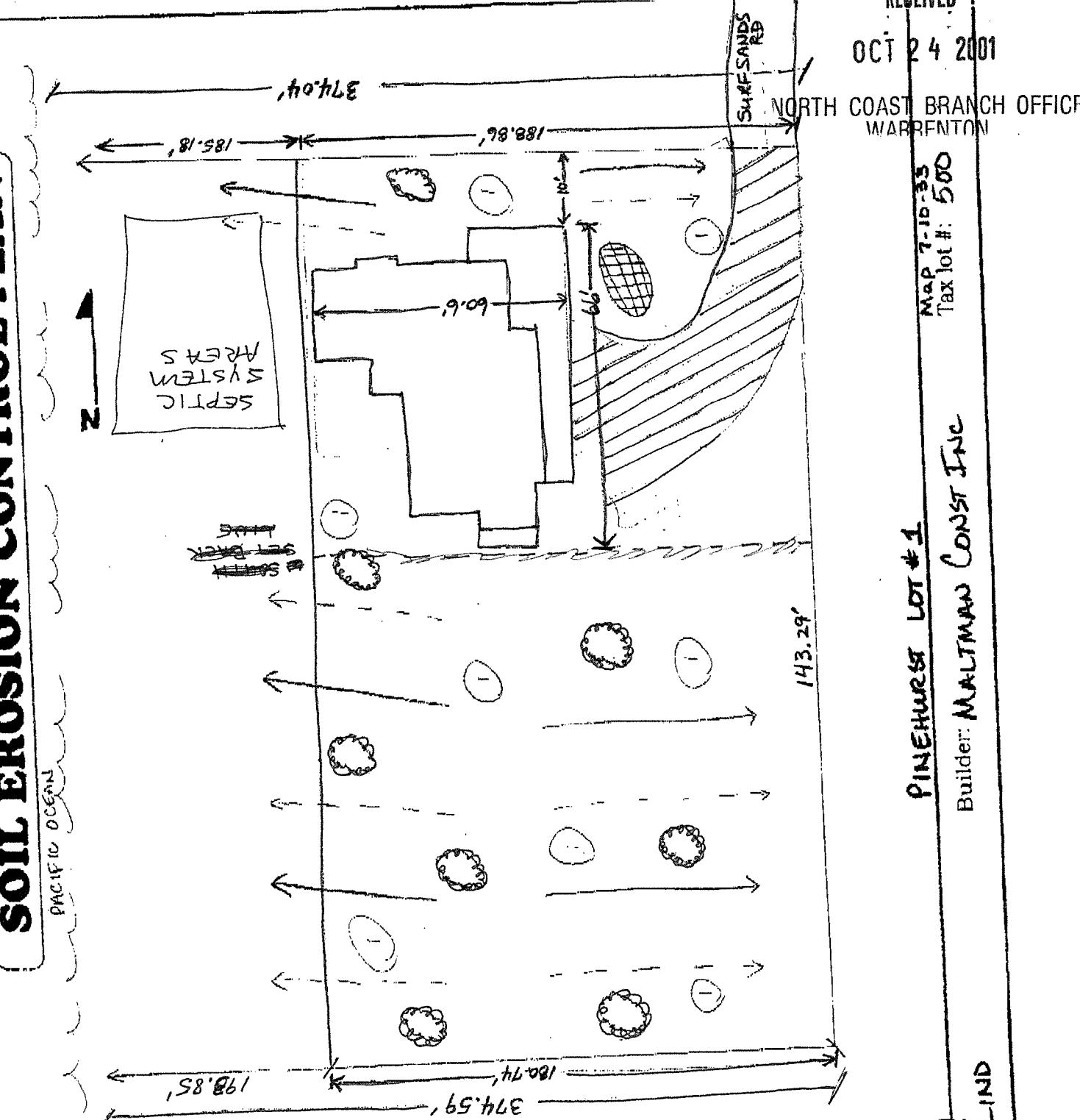
Gravelled Area

M M M M

M M M M

E E E E
E E E E
Erosion control
matting

Owner: **EAKIN / LIND**

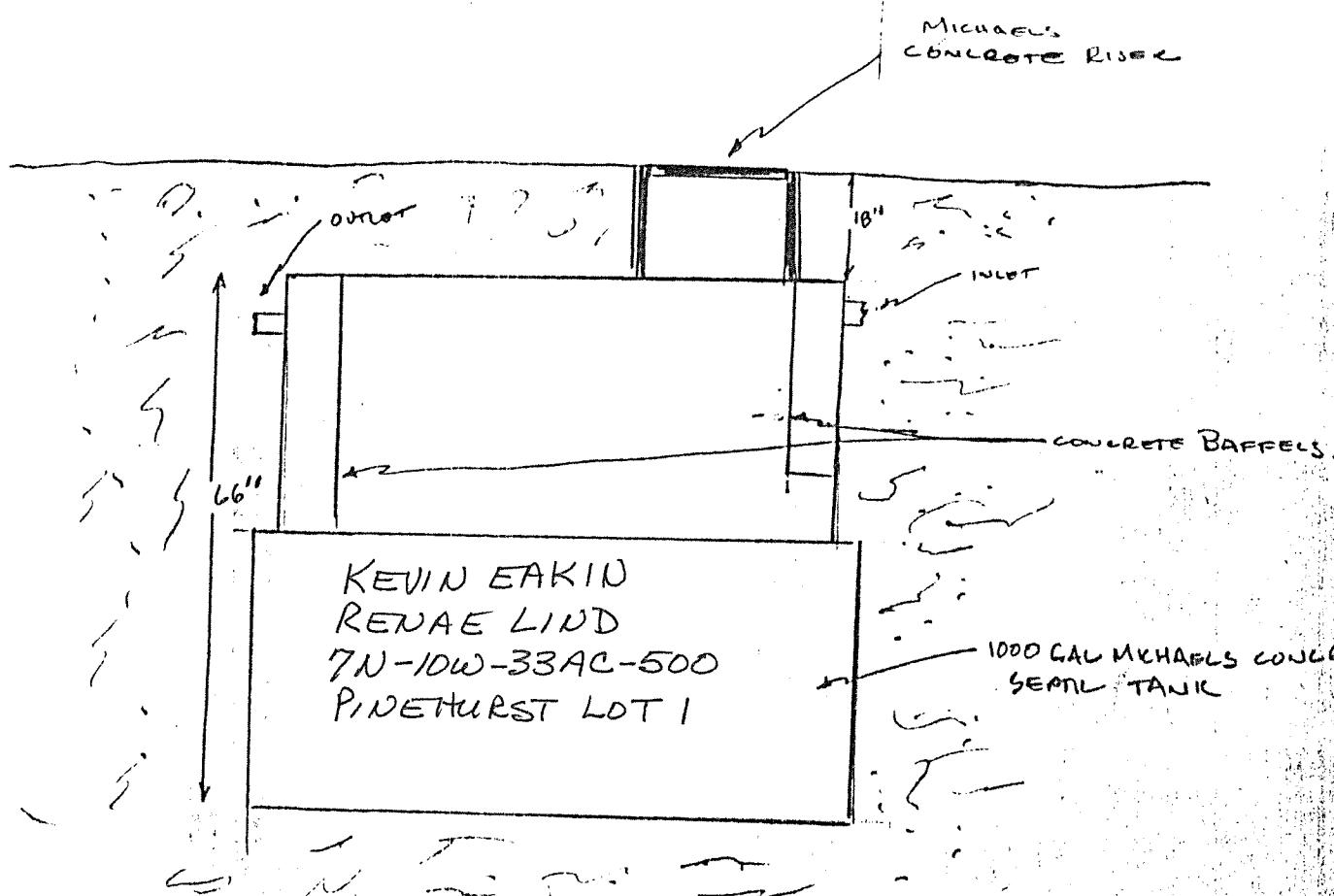
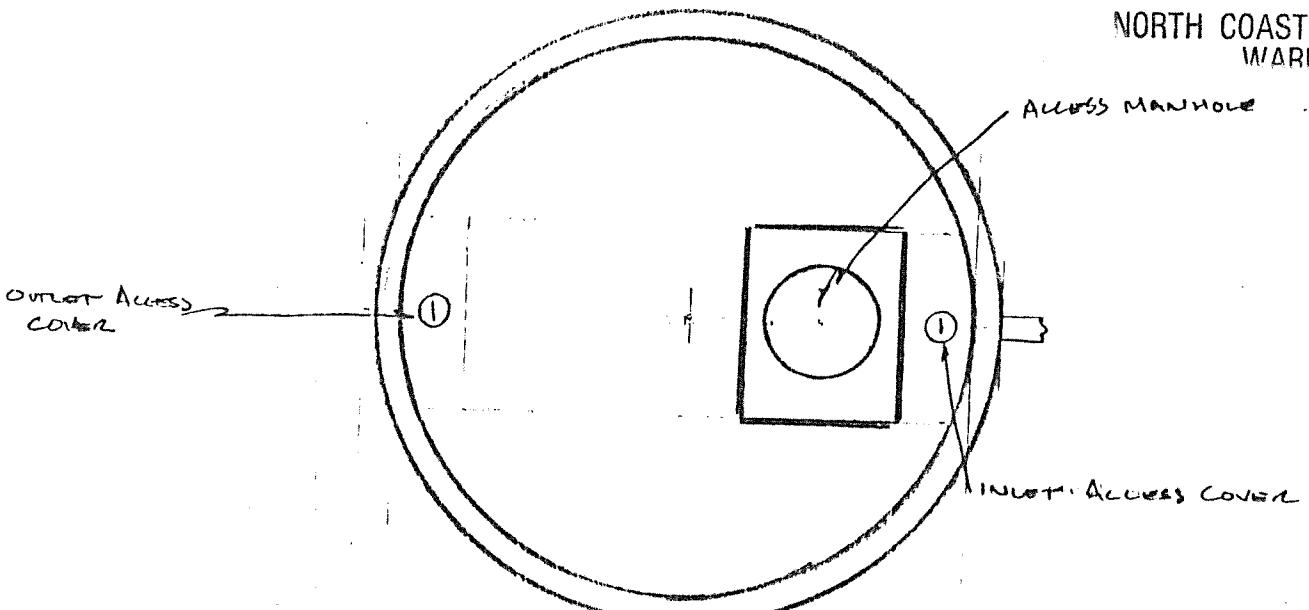


MAP 7-10-33
Tax lot #: 500

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. 0207750756

10/26/01

TYPICAL CROSS-SECTION
FOR MICHAEL'S CONCRETE
SEPTIC TANK

Designing an Equalizer 24 Chamber System

6/24/2001

INFILTRATOR[®]

KEVIN EAKIN

RENAE LIND

NORTH COAST BRANCH
ITEMS INC

WARRENTON

Planning the System Design.

7 N-10W-33AC-500
PINETURST 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.

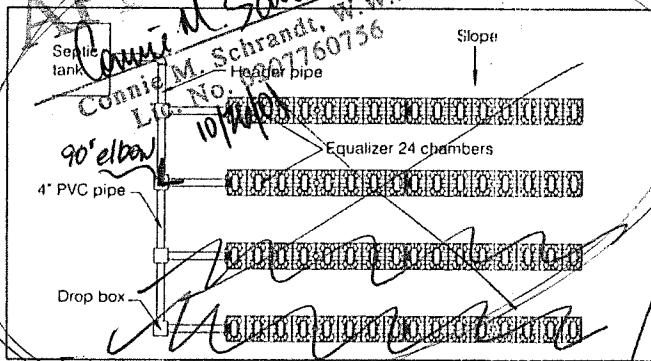


Figure 2: Serial Distribution Center Inlet.

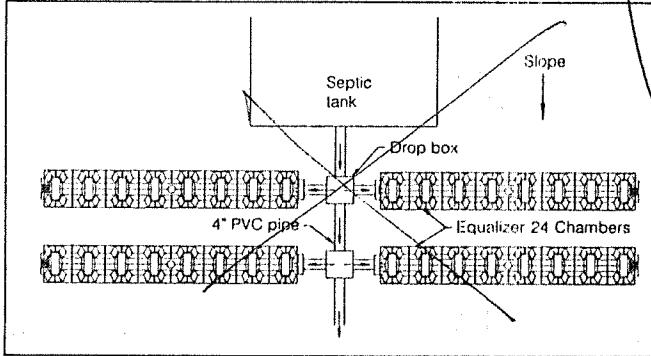


Figure 3: Same-End and Center Inlet Serial Drop Box Method. Drill a 4 1/4-inch diameter hole in the end plate at a 3 1/4-inch invert. Place drop box so header pipe is level.

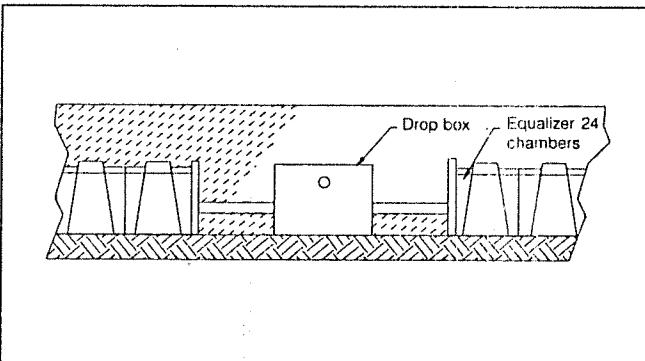


Figure 4: Serial Distribution Alternate-End Inlet.

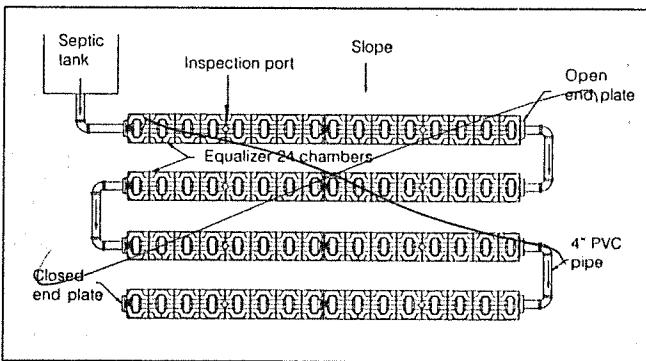


Figure 4a: Serial Distribution Alternate-End Inlet (side view).

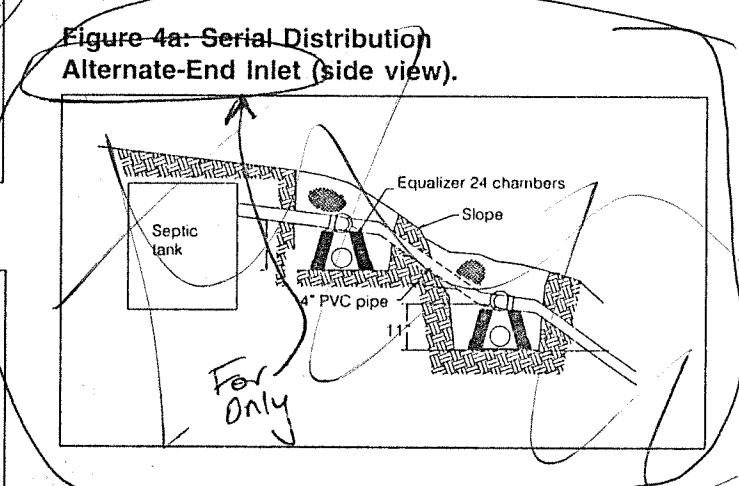
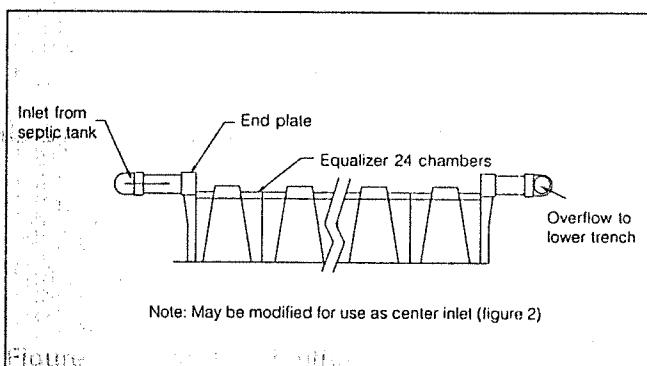


Figure 5: Alternate-End Serial Method. Cut an opening on the pre-marked circle at the top of each end plate to provide serial overflow to the lower trench. The end of the lowest trench in the series requires a closed end plate.



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)

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.

David Hawkins
hawkins (Signature)

24 Oct 01 Authorized Representative
 Licensed Installer
License No. 33079
(Date)

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) OCT 24 2001
For On-Site Sewage Disposal System Permits

SECTION 1: TO BE FILLED OUT BY APPLICANT

NORTH COAST BRANCH OFFICE
WARRENTON

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

Mailing address

8429 NW HAWKINS BLVD
City PORTLAND State OR Zip 97229

2. Property Information:

County CLATSOP

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

Subdivision name if applicable: PINEHURST ESTATES Block 1 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 10-24-01

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)

Terri Allen

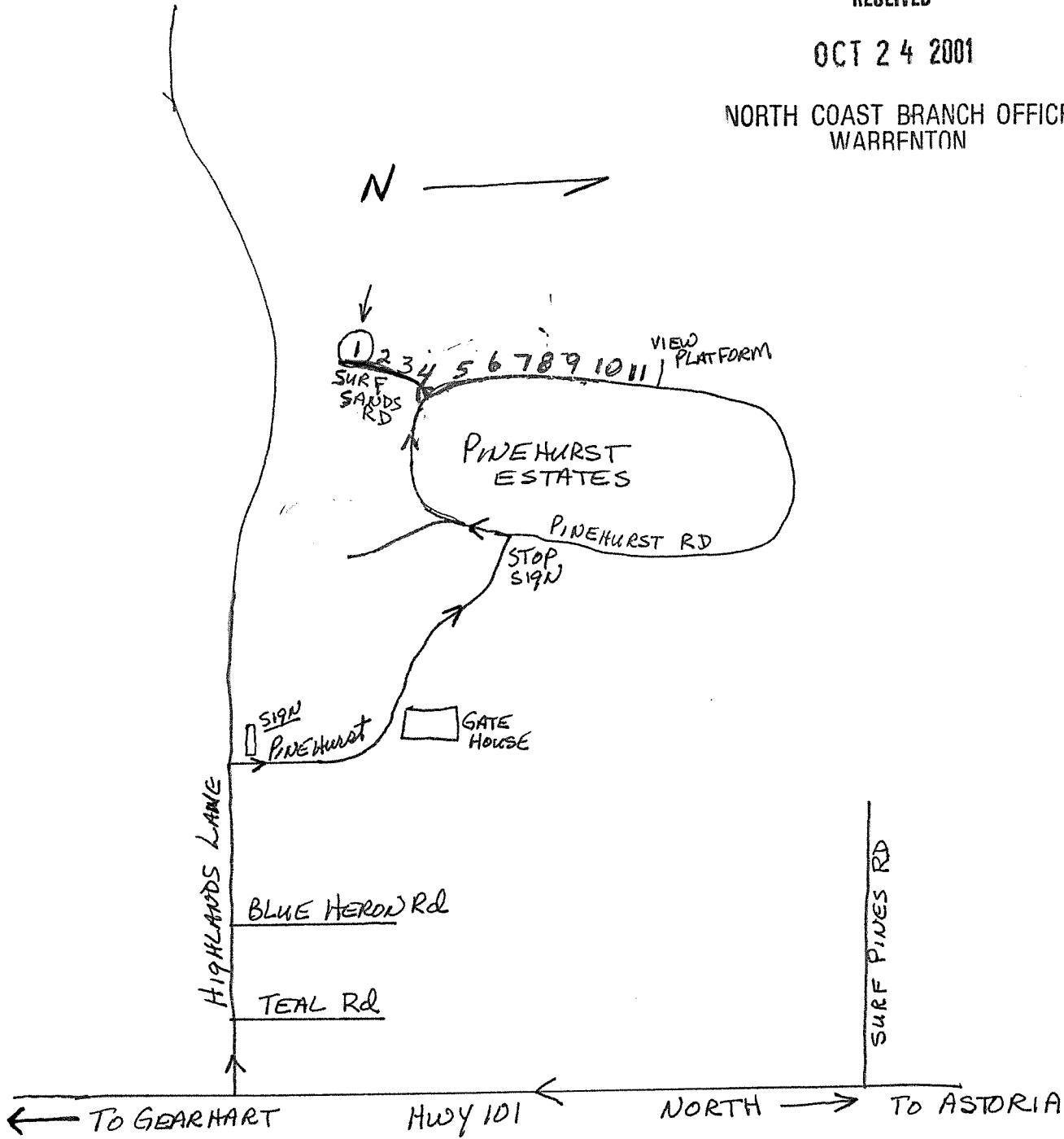
Planner Terri Allen

10-24-01

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 Department's 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 Darold
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: Deury, Donald / Larry Brown
 Applicant: Richard T. Charlton Date: 2-24-98/2-25-98 Parcel Size: 1 ACRE LOTS

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

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

LL 1-24-2261 60-20

NEW WARRANTY LINE

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

S 89°30'00" / 158930 E

168.23'

149.76

149.76

三

24 200

438.89,
438.89,
438.89,
438.89,

S 89°30'00"
176.71

三
三
三

89°30'00" W
141.81'

138.89
N 00°30'

N 00:30', 00" W

140-17-00-671

193.85"

180.74'

N 00°30'00" W 143.29' 1161
S 00°30'00" E

S 89°54'01" W
A'01" W 906.79

S 89°54'01" W

KEVIN EAKIN

RENAE LIND

7N-10W-33AC-500

PINEHURST ESTATES
LOT 1

TOTAL P. 01

