

26801

Control No.

\$ 165.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 91-56

[X] New Construction

[ ] Repair

[ ] Other

Permit Issued To Mike Maltman (Property Owner's Name) 7N (Township) 10W (Range) 33DB (Section) 1300 (Tax Lot / Acct. No.) Clatsop (County) High Ridge Road (Road Location) Gearhart (City) Bruce W. Anderson (Issued by - Signature) 05-28-91 (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE May 28, 1992 TYPE OF SYSTEM Alternative-Pressure Distributor

Average Daily Sewage Flow 225 Gallons/Day Design Peak Sewage Flow 450 Gallons/Day Concrete Septic/Dosing Tank Volume 1000 Gallons Disposal Trenches [ ] Seepage Bed(s) [X] 600 Square Feet Maximum Depth 36 inches. Minimum Depth 18 inches. Linear Feet Equal [ ] Loop [ ] Serial [ ] Pressurized [X] Minimum Distance Between Trenches Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. [ ] Rake Sidewall Special Conditions (Follow Attached Plot Plan)

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Seacoast Nursery Constr.

Final Insp. Date

See plot plan in file

[ ] Inspected By

[X] Issued by Operation of Law

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



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

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

(Authorized Signature)

(Title)

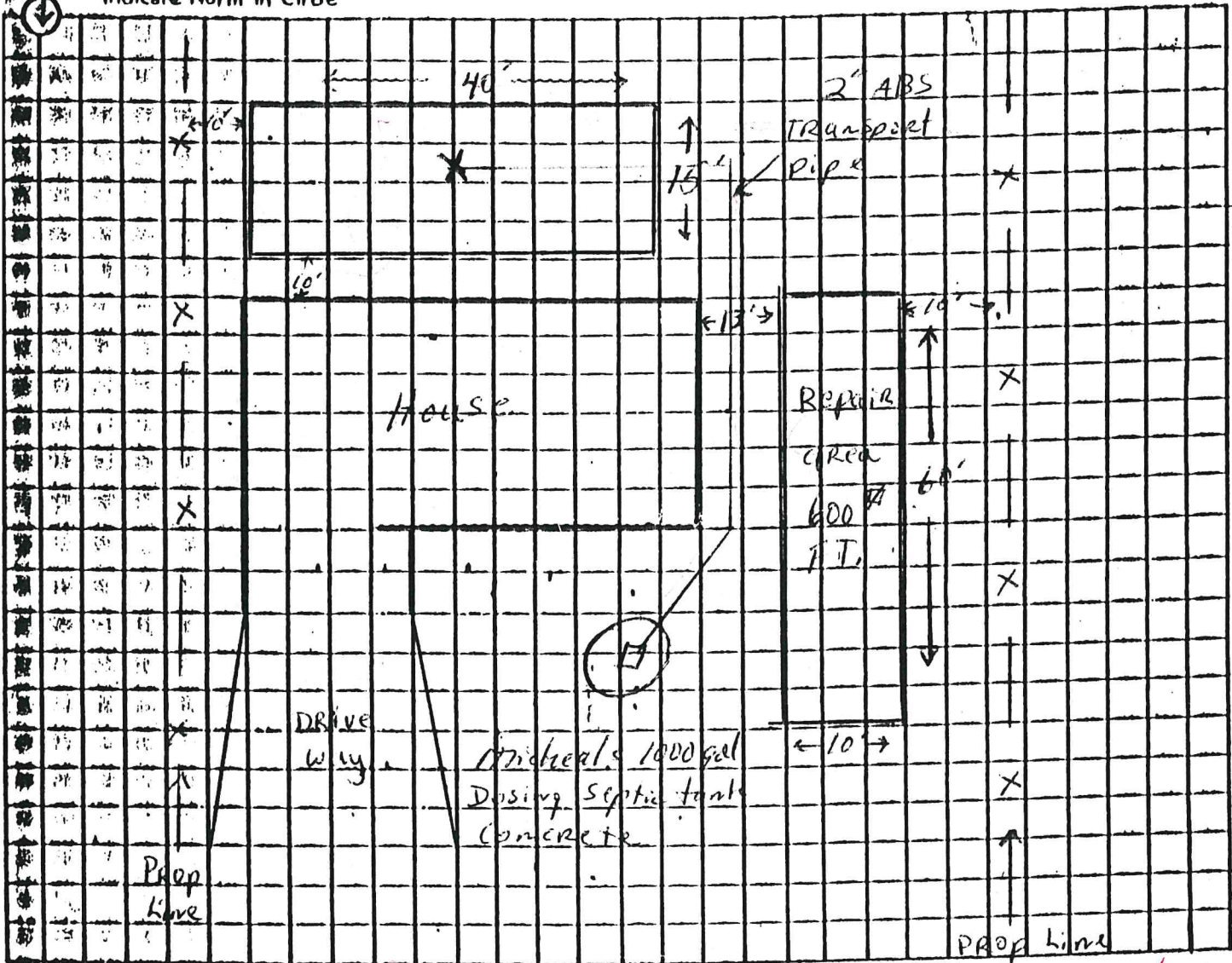
(Date)

(Office)

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
**PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM**  
**PLOT PLAN**

Property Owner Mike Maltman Date 4-23-91  
 Location: T. 7 R. 10 Sec. 33DB Tax Lot/Accl. No. 1300

Indicate North in Circle



REMARKS: George Davis gave verbal approval  
1105am 4-25-91

FOR DEQ USE ONLY

- Approved
- Disapproved

Permit Number \_\_\_\_\_

By: \_\_\_\_\_  
 (SANITARIAN SIGNATURE)

(DATE)

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

For Office Use Only  
 Date Rec'd. 4-25-91  
 Date Completed \_\_\_\_\_  
 Required Fee 165.00  
 Receipt No. 47548  
 Control No. 26801

FOR APPLICANT'S USE -- (PLEASE PRINT)

10,607 / 10  
 Lot Size (Acreage or Dimensions)

MIKE MAJUMAR  
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 7 10 33DB 1300 CLATSOP  
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate WINDYBUSH 65 \_\_\_\_\_  
 (Subdivision Name) (Lot Number) (Block Number)

**Proposed Facility**

Single Family Residence 3  
 (Number of Bedrooms)

Other \_\_\_\_\_  
 (Specify)

**Existing Facility**

Single Family Residence \_\_\_\_\_  
 (Number of Bedrooms)

Other \_\_\_\_\_  
 (Specify)

**Water Supply**

Public (Community System)

Private \_\_\_\_\_  
 (Indicate: Well, Spring, Etc.)

**APPLICATION FOR:**

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

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

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

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

David Polz  
 (Signature)

4-23-91  
 (Date)

- Owner
- Authorized Representative
- Licensed Installer  
 License No. 33079P

**Owner's Mailing Address**

MIKE MAJUMAR  
PO Box 2543  
GEARHART OR 97133  
 Phone 738-6784

**Applicant's Mailing Address (if different)**

SEACREST NURSERY CENTER INC  
311 N Hwy 101  
SEASIDE OR 97138  
 Phone 738-6401

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <b>MIKE MALTMAN</b>		MAILING ADDRESS <b>PO Box 2543</b> <b>GEARHART OK 77138</b> CITY STATE ZIP		PHONE <b>738-6784</b>
PROPERTY LOCATION	TOWNSHIP <b>7</b>	RANGE <b>10</b>	SECTION <b>33DB</b>	TAX LOT OR ACCT NO <b>1300</b>
	SUBDIVISION/PROJECT <b>HIGHLANDS</b>	LOT <b>65</b>	BLOCK	COUNTY <b>CLATSOP</b>
<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.				

PROPOSED LAND USE  
**SINGLE FAMILY**

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

PROPERTY'S ZONING DESIGNATION  
**R-1 Single Family Dwelling**

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN  
 NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

CONSISTENT WITH THE STATEWIDE PLANNING GOALS  
 NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

**OR**

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

PROPERTY IS LOCATED (CHECK ONE)

INSIDE CITY  
 INSIDE URBAN GROWTH BOUNDARY  
 OUTSIDE CITY LIMITS  
 OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY  
**CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT**

SIGNED <b>Yvonne Allen</b>	TITLE <b>Planning Technician</b>	DATE <b>4-25-91</b>
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CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED <b>Bruce F Maltman</b>	TITLE <b>City Administrator</b>	DATE <b>4-23-91</b>
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BUILDING CODES AGENCY  
 PO BOX 951  
 CLATSOP COUNTY COURTHOUSE  
 ASTORIA OR 97103

# BUILDING PERMIT APPLICATION

## RESIDENTIAL

4510 High Ridge Rd Lot 65  
 JOB LOCATION/ADDRESS

Gearhart Clatsop  
 CITY COUNTY

Highlands  
 DIRECTIONS TO JOB SITE

Mike Maltman  
 OWNER

PO Box 2543  
 ADDRESS

Gearhart Clatsop 97138  
 CITY COUNTY ZIP CODE

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

HOME: 73 WORK: 738-6784  
 TELEPHONE

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE R-1 FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BY: Yvonne Allen Planning Tech. PHONE 325-8611 DATE 4-10-91	7-10-33DC 1500 TWNSHP RG TL PERMIT # 91-104	PUBLIC PRIVATE <input checked="" type="checkbox"/> DEQ PERMIT # pending BY: Betty Hoffman OC PHONE 325-8666 DATE 4-25-91

DESIGNATED CONTRACTORS				
Mike Maltman	PO Box 2543	738-6784	43439	11-25-91
GENERAL CONTRACTOR	ADDRESS Gearhart 97138	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

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

- I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
- ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
- I AM REGISTERED WITH THE BUILDERS BOARD REG # 43439 EXP 11-25-91

Gene Serino  
 SIGNATURE OF PERMIT APPLICANT

FIELD OFFICE COPY

4-10-91  
 DATE

L. L. Brian Weigart, also certify this tracing to be a true and exact copy of the original plat of THE HIGHLANDS AT GEARHART.

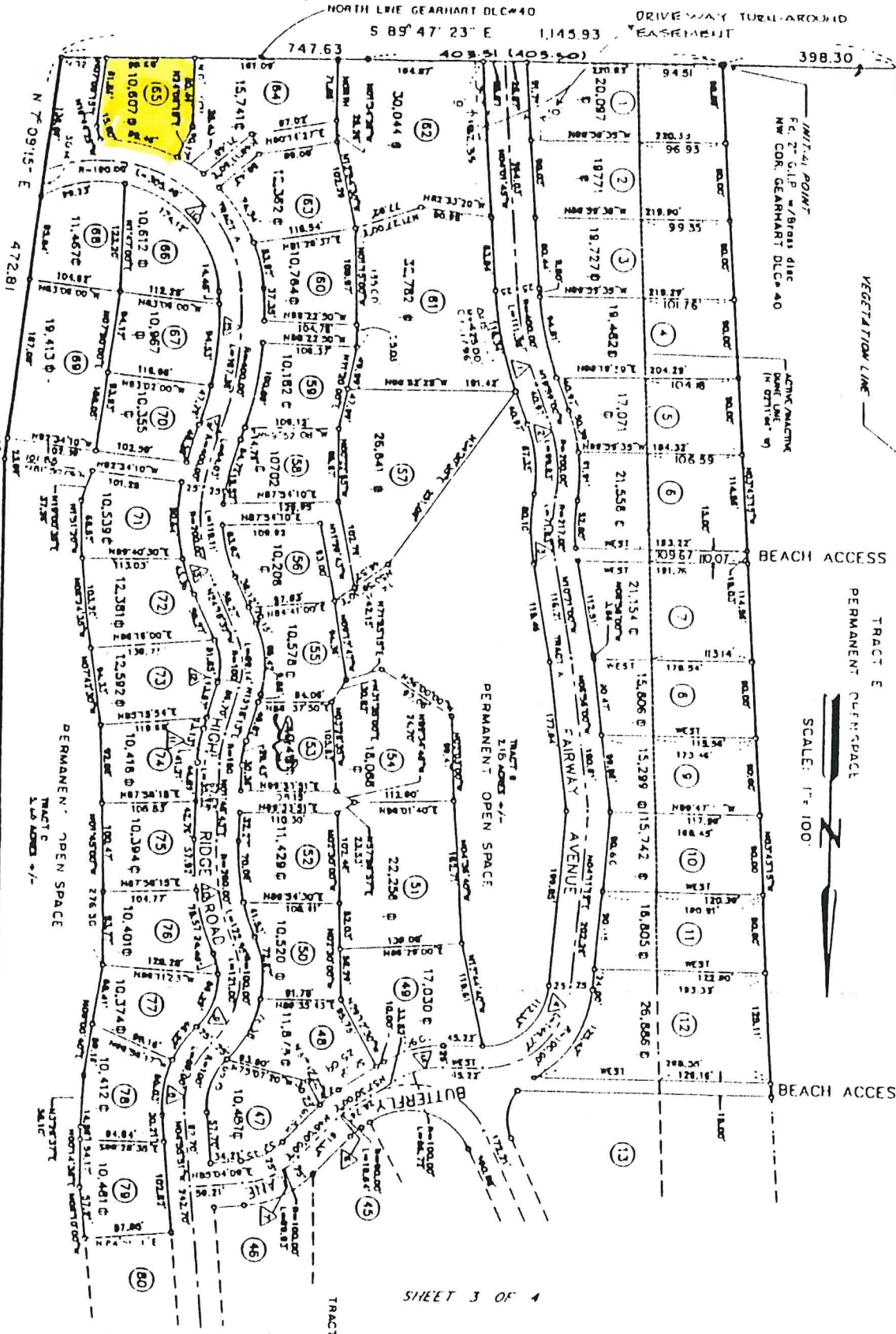
# THE HIGHLANDS AT GEARHART

A PORTION OF THE N.E. 1/4 OF SECTION 33 AND THE S.W. 1/4 OF SECTION 34,  
 T.7 N., R.10 W., W.M.  
 & THE EAST HALF OF SECTION 33 AND THE S.W. 1/4 OF SECTION 34,  
 T.7 N., R.10 W., W.M.  
 CLATSOP COUNTY, OREGON

SURVEYED: OCTOBER, 1964

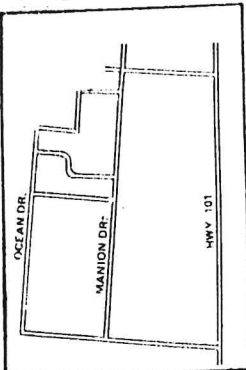
S 2° 05' 21" E 1,830.63

S 2° 23' 47" E 918.27



SHEET 3 OF 4

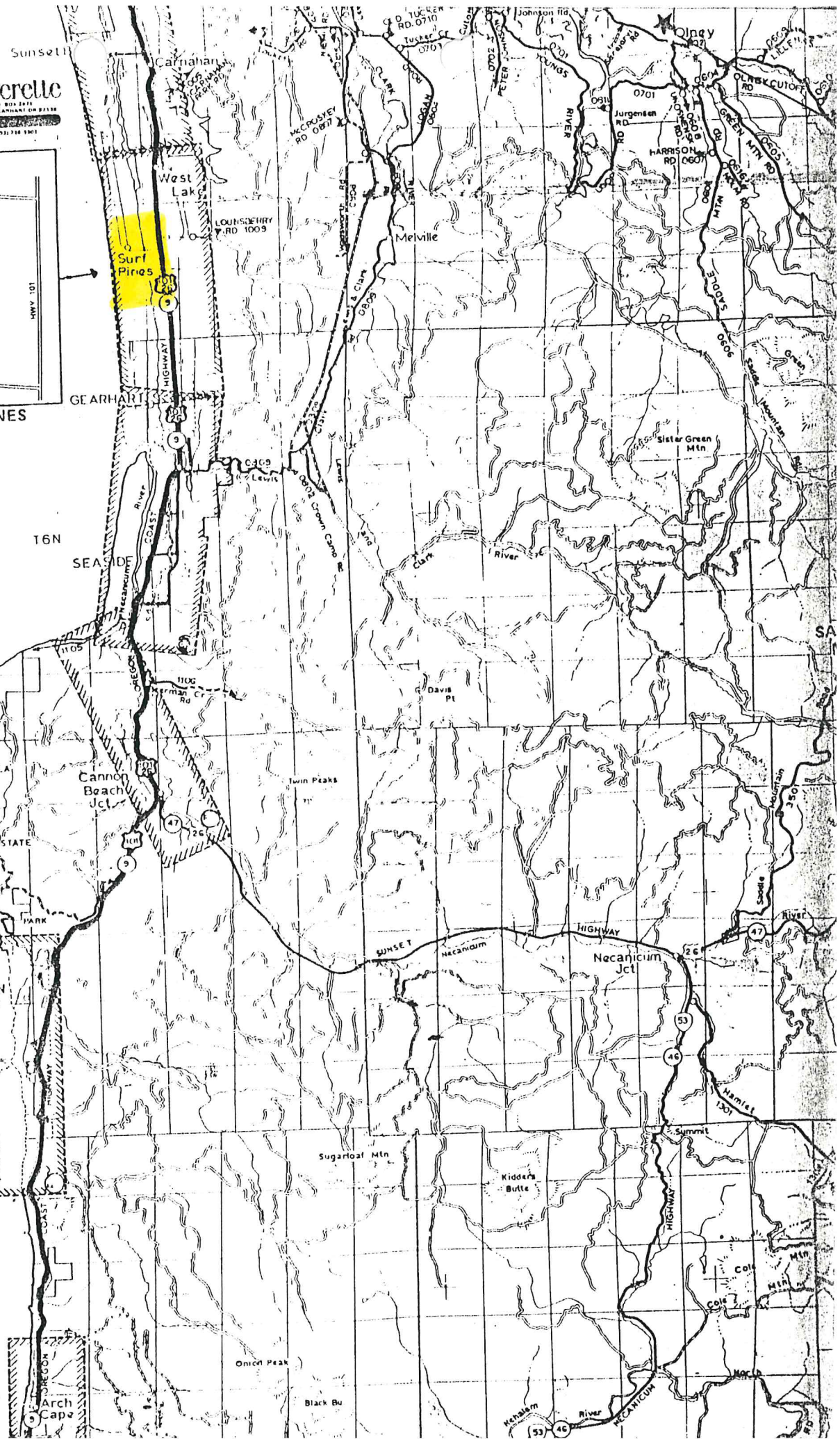
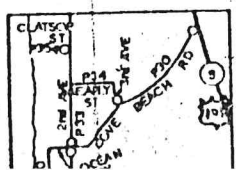
- FALL PIT - D-6
- FALLS RD - D-4
- TOP RD - C-6
- COON RD - A-3
- V. RD - C-3
- N. L. O. RD - E-6
- C.C. CAMP - C-6
- D - C-6
- RD - C-6
- ATCH IV - C-6
- JOHNSON - B-3
- B-4
- EEK ACCESS - E-2
- EN RD - B-3
- ASON RD - A-3
- D - E-3
- RD - B-2
- RD - B-3
- RD - B-3
- LARK RD - B-3
- LARK WAH - B-3
- D - B-3
- ALLUSKI - C-3
- D - B-2
- D - B-3
- RD - A-3
- EHALEM RD - C-6
- N RD - D-1
- V RD - C-6
- DR RD - E-6
- RD - D-5
- Y CREEK RD - E-6
- D - A-3
- ID - C-2
- D - B-3
- BACH RD - D-6
- M RD - C-3
- M RIVER RDC - C-6
- MTN. RD - E-3
- AI RIDGE RD - C-3
- IND RD - C-3
- FORK RD - B-6
- UP CREEK - E-4
- D - E-4
- CUTOFF RD - C-3
- SMITH RD - E-4
- OHNSON RD - B-3
- RD - D-2
- J - D-6
- UFF RD - D-6
- E RD - E-6
- E MTN. RD - B-3
- RAVI RD - B-3
- ID - A-3
- E MILL RD - E-2
- N RD - E-3
- T. RD - C-2
- R CREEK CUT - B-3
- LE RD - D-6
- ENSK RD - B-3
- ORTH RD - B-3
- RD - D-6
- ISKI LP RD - B-2
- IN RD - C-5
- ROM RD - E-4
- ER CAMP SPUR - E-6
- P SPRING RD - D-3
- 25 LP RD - B-2
- 25 RIVER LOOP - B-3
- D - B-3



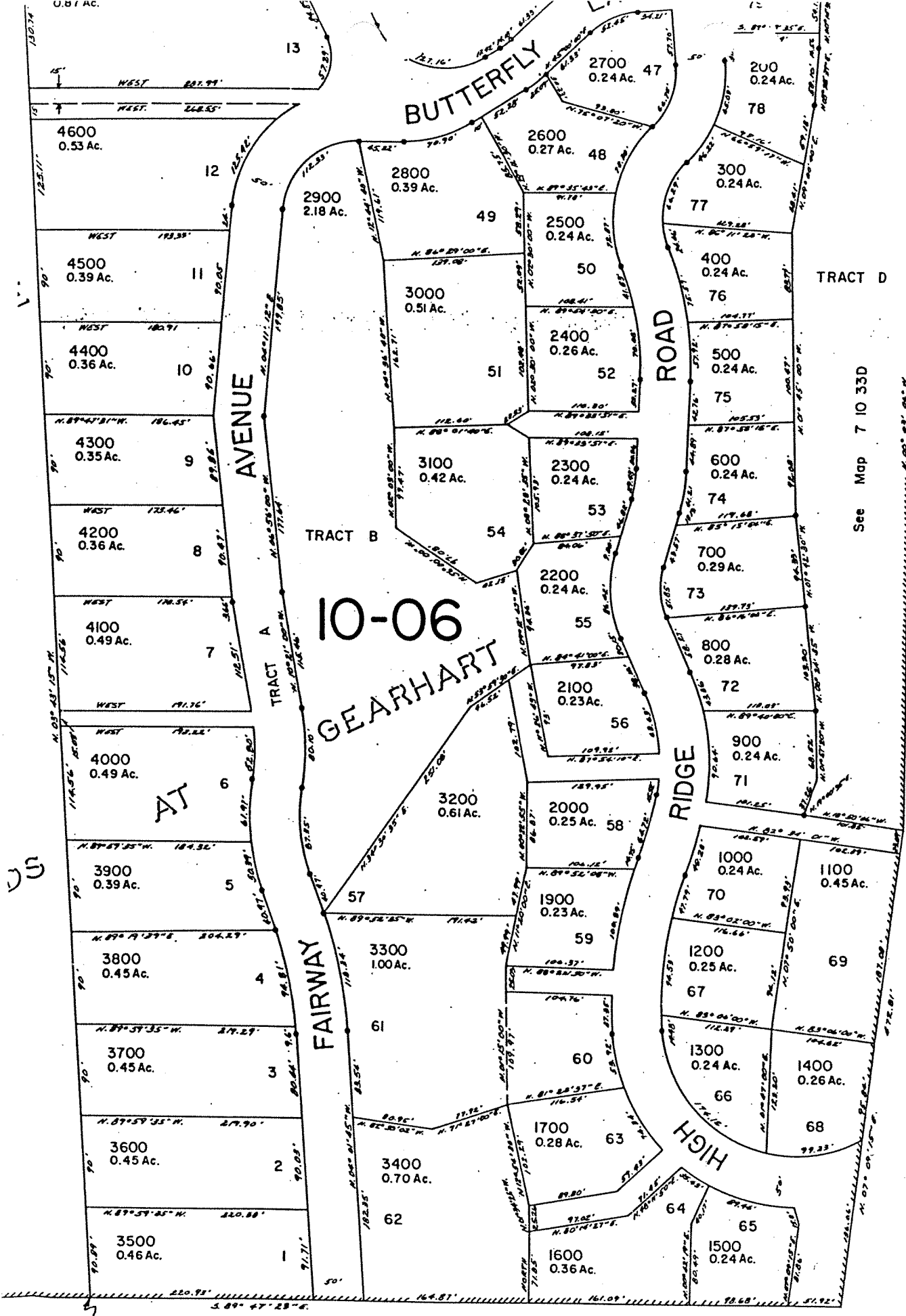
**SURF PINES**

NO WARRANTY HAS BEEN MADE TO ACCURACY, HOWEVER THE ASSUMES NO LIABILITY FOR ERRORS. NO PART OF THIS BE REPRODUCED WITHOUT THE PERMISSION OF THE

UNIVERSAL LABEL & MAP  
 5 25th ST. S.E.  
 SEASIDE, OREGON  
 97138  
 (503) 581-2519



T4N



hart DLC: 40

See Map 6 10 3

See Map 7 10 33D

See Map 7 10 34