

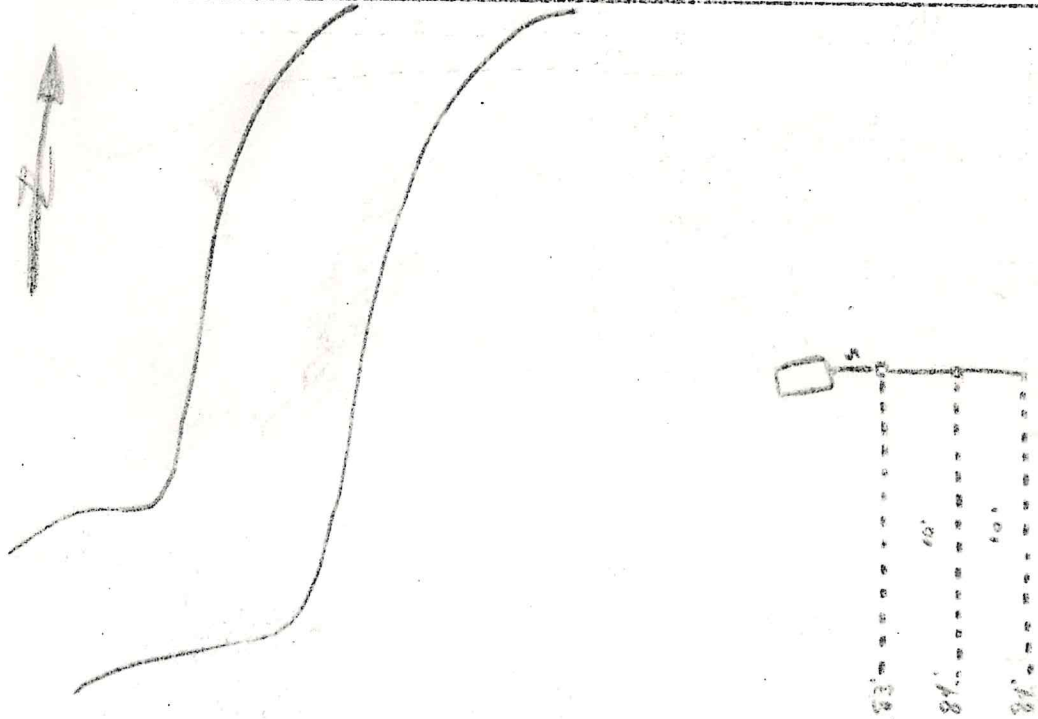
807-15-800

CLATSOP COUNTY HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

PERMIT NO. 76-186

OWNER'S NAME JAMES CLARK ADDRESS 1532 CLARK AVE. GROVE
PROPERTY ADDRESS COTTAGE 807-15-800 INSTALLER G. CARLSON
RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2
WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION LOAM
SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS
STONE: SIZE 3/4" WASHED , BELOW TILE 6 IN., ABOVE TILE 2
TRENCH WIDTH 24 IN.; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 500 SQ. FT.
TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL _____

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS: _____
DATE: 8-9-76 SANITARIAN Bruce Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

75"
87.5"
8' 7"
8' 8"
9' 9.5"
9' 9.5"

STATE OF OREGON

Department of Environmental Quality

JAMES CLARK
1532 CLARK AVE.
MOTTAGE GROVE, OR.

Permit No. 76-186
Expiration Date 7-28-77

Re: 807-15-800

PERMIT

TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

All work to conform to requirements of Oregon administrative rules governing subsurface sewage disposal. All work shall be performed by property owner personally or by a licensed septic tank installer.

Tank Capacity 750 Gallons

Drain Field 500 Sq. Ft.

PERMITS NOT TRANSFERABLE

POST ON PREMISES UNTIL COMPLETED

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 In order: Complete top part of form to
 signature and submit both copies with
 application.

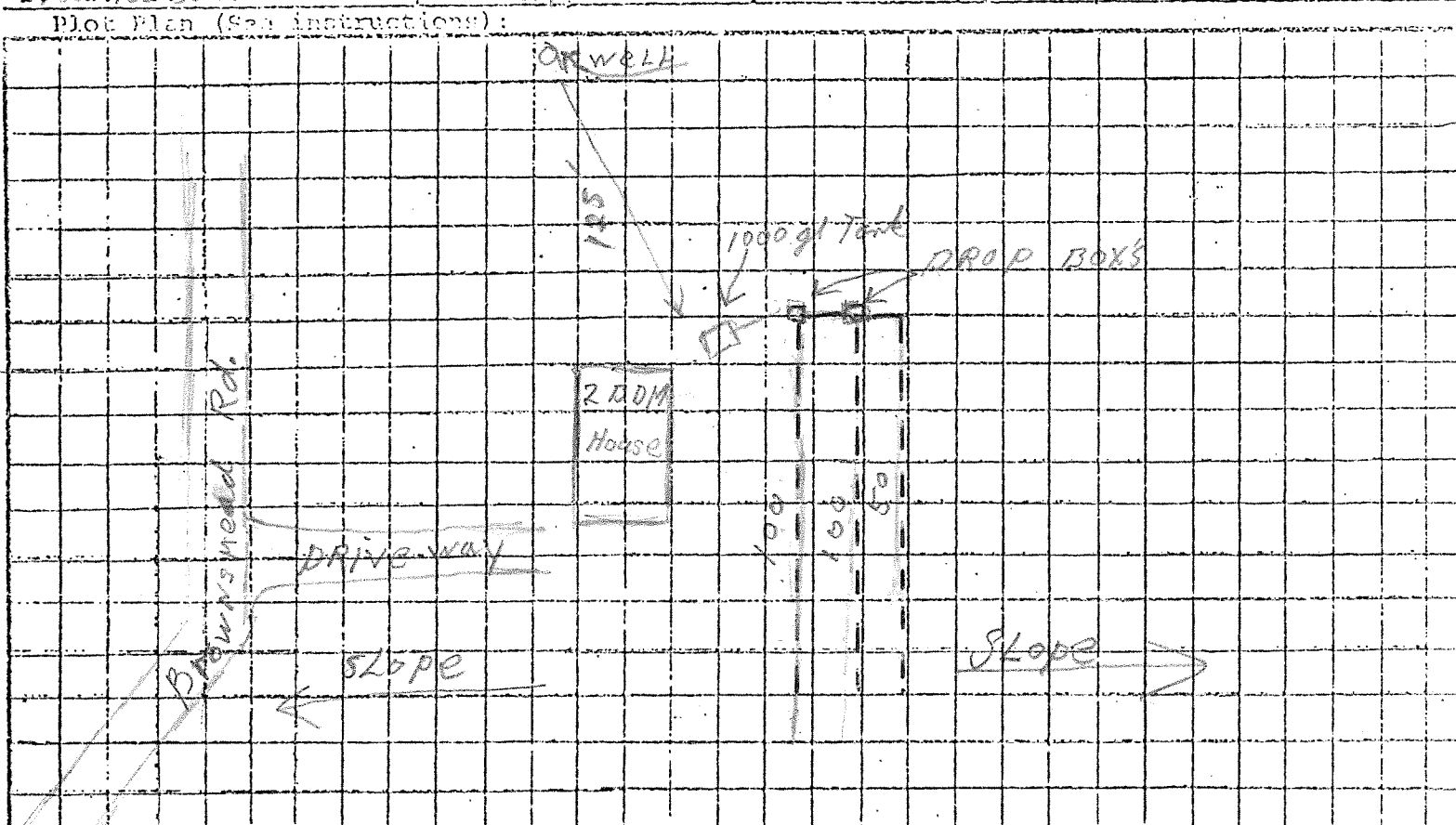
(Exhibit No. 1)

Permit No. 76-186

Installer's Name <i>Carlson Cont.</i>		Property Address <i>Brownsmead Rd - Knappa - T. 8 R. 7 Sec 15-80</i>			
No. Living Units <i>1</i>	Bedrooms <i>2</i>	Baths <i>1 1/2</i>	Basement Yes ___ No <i>✓</i>	Water Supply Community ___ Public <i>WELL</i>	Other- <i>Di-</i>

Septic Tank: Ft. from well Steel <i>✓</i> Concrete ___		No. Compartments <i>1</i>	Gal. Capacity <i>1000</i>
Inside Dimensions: Ft. Length <i>90</i> Width <i>59</i>		Tile Disposal Field: Distribution Box: Yes ___ No <i>✓</i>	

Applicant Name <i>James Clark</i>	Other Distribution - Type <i>Serial System</i>					
Mailing Address <i>1532 Clark Avenue</i>	Feet from Well <i>125</i> Foundation <i>10</i>					
Address <i>Cottage Grove Ore 97424</i>	Lot Line <i>20.75 AC</i>					
Length of Lines - Ft. 1. 2. 3. 4. 5. 6.	Trench Width <i>24</i>	Total sq. ft. <i>500</i>	Ft. between lines <i>10</i>	Filter Type <i>1/2</i>	Filter Depth above tile <i>2 in.</i>	Filter below tile <i>6 in.</i>



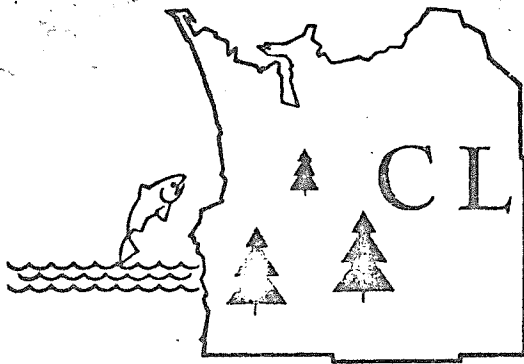
Date *7/21/76* Signature *Glen Carlson*

For Sanitarian Use Only:

Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal

Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: _____ Date: *[Signature]*



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. BOX 206, ASTORIA, OREGON 97103

TELEPHONE 325-7441 EXT. 30

July 15, 1976

Mr. James Clark
1532 Clark Avenue
Cottage Grove, Oregon 97424
Re: 807 - 15 - 800

Dear Mr. Clark:

On July 15, 1976, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Oregon Administrative Rules Pertaining to Standards for Subsurface and Alternative Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason, R. S.
Clatsop County Sanitarian

BDM/jmd

RESTRICTIONS

- 1) Provide an absorption area of 250 square feet per bedroom and a septic tank of at least 750 gallons capacity for the proposed two bedroom structure.
- 2) Place the drainfield in an area where the test pits were located.
- 3) Alteration of the natural soil or landscape conditions in the area approved may void this approval.
- 4) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction.
- 5) This approval is void if in conflict with any local planning or building regulations.

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

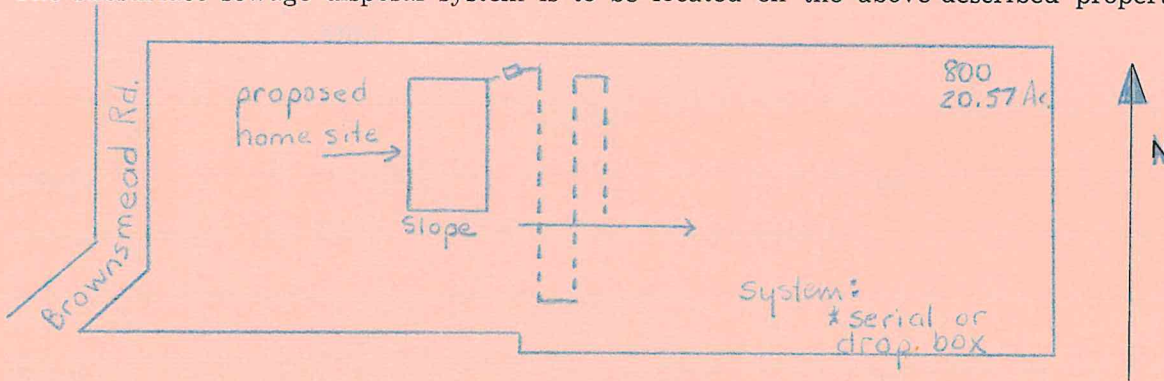
This is to certify that the following described property

T.8. R.7 Sec.15-800

has been evaluated on July 15, 1976 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Clatsop County Health Department or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: July 15, 1976
Date

To: James Clark
Landowner

1532 Clark Ave.
Address

Cottage Grove, OR 97424
City State Zip

By: Bill D. Mason R.S.
DEQ or Contract Agent

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Clatsop Land Quality
County

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

JAMES E. CLARK
Name of Applicant

Section 15 T 8 R 7

1532 CLARK AVE.
Address

Tax Lot or Account # 800

COTTAGE GROVE, DRE. 97424
City

Location KNAAPP (UPPER BROWNMEAD ROAD)
GLEN CARLSON
Installers Name

B. GENERAL DESCRIPTION

New Construction Repair

Installation will serve: House Mobile Home Mobile Home Park

Commercial Building Other (Explain)

No. of Living Units 1 No. Bedrooms 2

Water Supply: Public Community Private Garbage Disposal? N/O

C. REQUIRED EXHIBITS

- Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
- Planning Evaluation - Building Permit (Local Option)
- Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

James E. Clark
Signature (Owner/Installer)

Permit No. _____

Date July 12, 1976

Issued _____
Date

Interim Form #1

BUILDING PERMIT APPLICATION

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

BUILDING ADDRESS LOCALITY <u>ROUTE 4 BOX 313</u> NEAREST <u>KUDOFF-BROWNS ROAD</u> CROSS STREET <u>OLD HIGHWAY 30 +</u> <u>CROSS STREET</u>	CLASS OF WORK New <input checked="" type="checkbox"/> Trailer or M.H. Addition <input type="checkbox"/> Garage Alteration <input type="checkbox"/> Shed Repair <input type="checkbox"/> Other Move <input type="checkbox"/> Residence
Name <u>JAMES E. CLARK</u> Address <u>1532 CLARK AVE.</u> City <u>ASTORIA</u> Tel. No. <u>942-8559</u>	Use of building <u>RESIDENCE</u> Size of building <u>24' x 6'</u> No. of bedrooms <u>2</u> No. of floors <u>1</u> Height <u>14</u> ft. X SPECIFICATIONS
Name <u>J.E.C.</u> Address <u>1532 CLARK AVE.</u> City <u>ASTORIA</u> Tel. No. <u>942-8559</u>	Foundation material <u>CONCRETE</u> Width of wall <u>6"</u> Footing <u>12"</u> Height of wall <u>24"</u> Depth in Ground <u>6"</u>
Tel. No. <u>942-8559</u>	Grids <u>4x6</u> Spacing <u>4"</u> Span <u>6'</u>
Lot <u>15</u>	Joists <u>2x4</u>
Subdivision <u>T. 8 N. R. 7 W. W. 20</u>	Studs <u>2x4</u> <u>16"</u>
Sec. <u>15</u>	Rafters <u>2x4</u> <u>16"</u>
Name <u>JAMES E. CLARK</u>	Type of roofing <u>235# COMP.</u>
Tax Lot # <u>100</u>	Type of siding <u>1x12 CEDAR</u>
	Type of heating <u>BASEBOARD</u>
	<u>Wood Floor</u>

I hereby acknowledge that I have read this application and state that the above is correct and that I am fully building construction.

Signature of Permitter James E. Clark
BY _____

Bldg Permit No. <u>77-282</u>	Date Issued <u>8-10-77</u>
Valuation <u>\$ 29,200.00</u>	Basic Fee <u>127.00</u>
Area—1st Floor <u>1392.4</u>	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, VI
Additional Area	Plan Checking Fee <u>5.00</u>
Area—Type V, J <u>696.4</u>	TOTAL <u>1320.8</u>
CALLED INSPECTIONS	
BUILDING	PLUMBING
ELECTRIC	
Foundation	Rough
Frame	Baths
Interior	Kitchen
Flues	Utility
Final	Finish

SPECIAL INFORMATION
If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

Special Information: _____

Size of Septic Tank _____ gals.

Water Supply Private

Source: DEEP WELL

Type of Occupancy _____

Total Floor Area _____

No. Stories _____ Total Height _____

Area of Lot 21 ACRES

Front Yard Setback 150'

Side Yard Setback 200'

Rear Yard Setback 200'

New Const. _____ Alter. _____

Change of Occupancy From _____ To _____

Date Received: 8-15-77

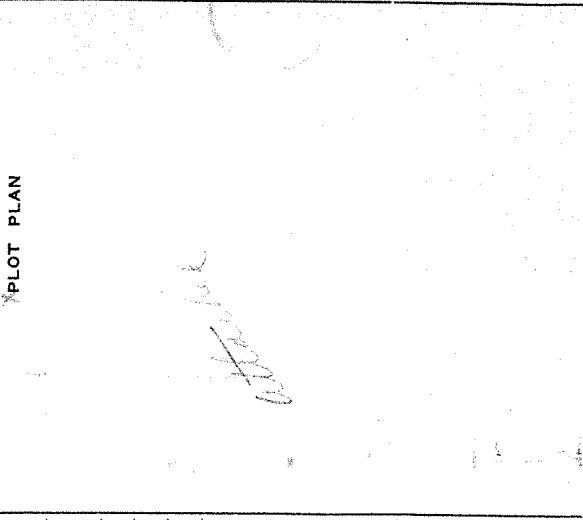
APPROVED: COUNTY SANITARIAN
By DEPT. 16-186

Date: 8-28-76

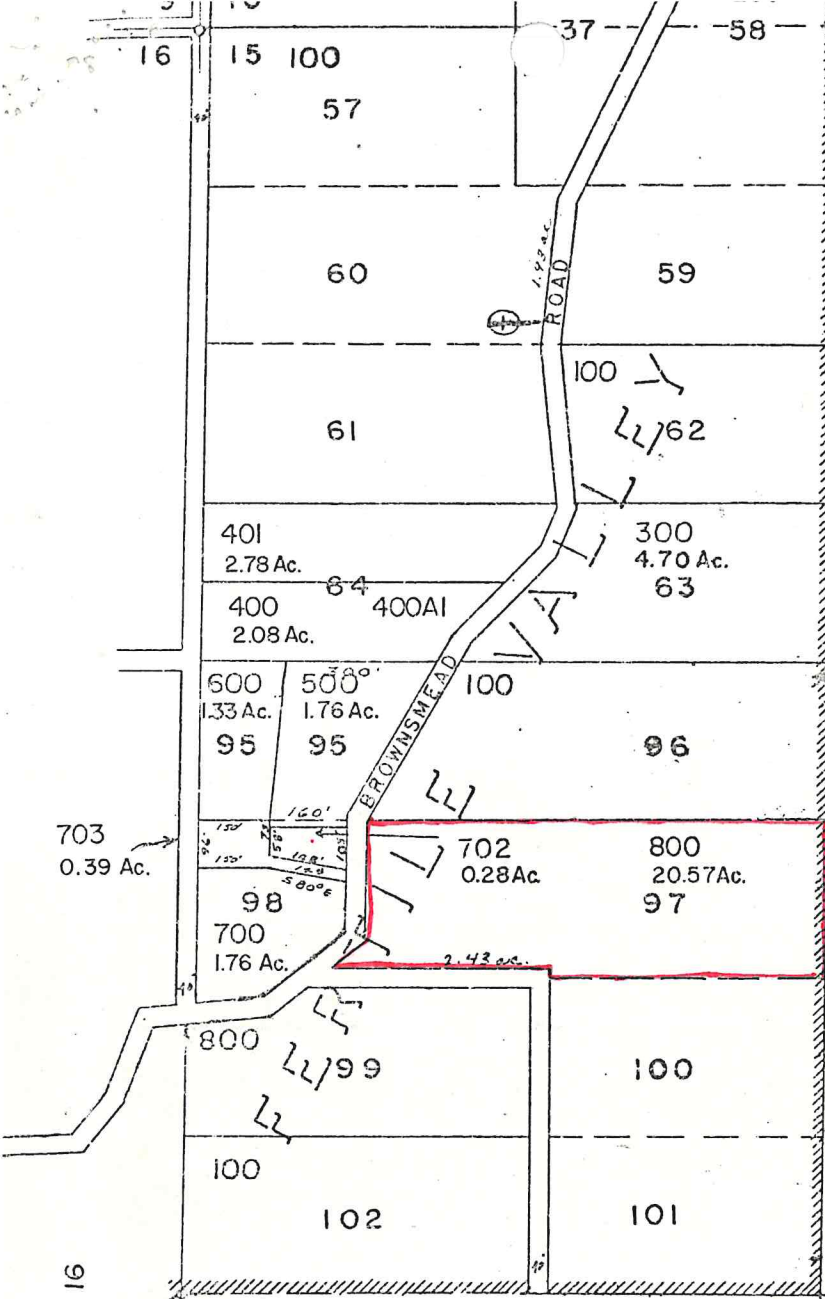
APPROVED: COUNTY PLANNING COMM.
By _____

Date: 8-11-77

APPROVED: BUILDING OFFICIAL
By James E. Clark



PLOT PLAN



100
280.66 Ac.

87 15

1000
103.6'

5J-01

See Map 8 7 16

RE-LOCATED
N. 77° 34' 30" E.

COL.

U.S.

1000
HWY

692+52.17
P.S.

This map is made solely for the purpose of assisting in locating sale premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

TICOR TITLE INSURANCE COMPANY

DEPT. OF ENVIRONMENTAL
RECEIVED

APR 4 1995

NORTH COAST BRANCH OFFICE
WARRENTON

