

AGENCY REVIEW & APPROVAL FORM

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: 42692 Stringtown Lane City: Astoria
Owner: Dennis Woodward Phone: _____
Owners Address: SAME
Agent: owner
Proposed Development/Construction: Manufactured Home placement

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

Legal Description: T 8 R 7 SEC 16 Tax Lot(s) 2600

Permit Needed - Yes () No () Site Approved - Yes () No ()

Signature: [Signature] Date: 7-11-03

Remarks: PERMIT # 99-85 SYSTEM INSTALLED 7-24-99

PROPOSED HOME LOCATION AS SHOWN ON AS-BUILT FROM 7-24-99
PER OWNER.
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:

Signature: _____ Title: _____ Date: _____

Remarks: _____

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

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

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 Community Development, 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.

57733

Control No.

STATE OF OREGON

PERMIT NO. 99-85

DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 115.00

Fee

New Construction

Repair

Other Permit renewal of 98-68

Permit Issued To Dennis Woodard 8N 7W 16 2600 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Stringtown Rd. Astoria (Knappa) Dewey Donald 6-3-99
(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)

SPECIFICATIONS

EXPIRATION DATE June 3, 2000 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) - Square Feet

Maximum Depth 34 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

FINAL RENEWAL.

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines, underground utilities or building foundation lines from drainfield. 100' setback from east stream to disposal field. PRE-COVER INSPECTION REQUIRED - CONTACT Downspouts to be directed away from drainfield. NCB 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Vinson Brothers

See as-built plot plan submitted by installer.

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)

P.E. 3
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED 7/24/99
(Date Received)
691421

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system under construction, alteration 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 1: BASIC INFORMATION.

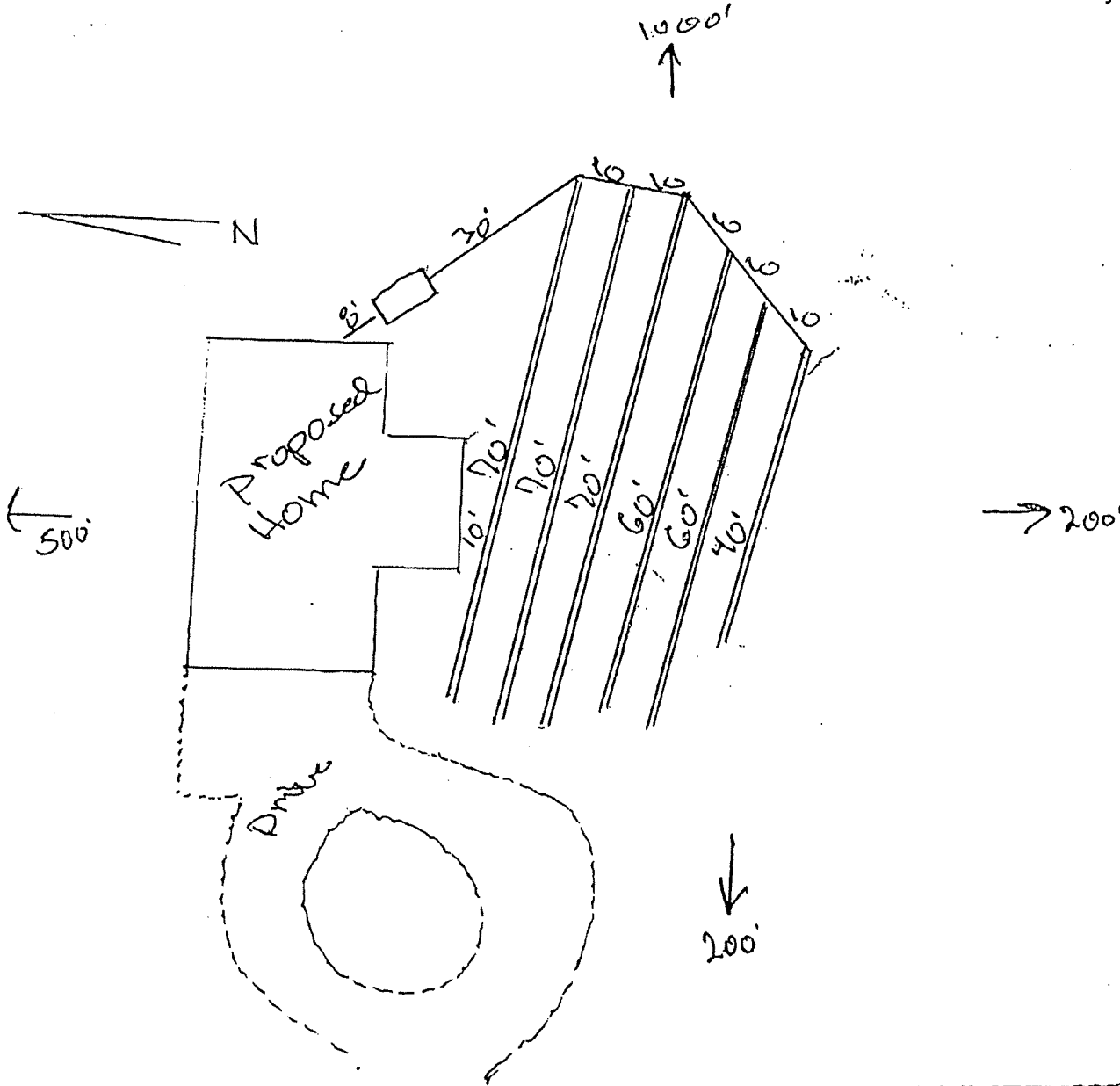
Property Owner Dennis Woodard Permit Number 99-85 County Clatsop
Township 8N; Range 7N; Section 16; Tax Lot 2600; Tax Acct. # _____
Job Location Stringtown Rd. Kwappa
Date System Construction Completed 7-24-99; Date Submitted to DEQ or Agent 7-24-99

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1000 gal D+K Concrete septic tank, 12" concrete riser + lid
- 80' 4" 3034 P.V.C. sewer pipe
- 44 Infiltrator cesspit
- 12 Infiltrator end caps
- Various 45° + 90° fittings

Property Owner Dennis Woodward Permit Number 99-25 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.



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

Sewage Disposal Service Business: VINSON Bros. 36845
(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).

[Signature]
(System Installer's Signature)

Pres.
(Title)

7-24-99
(Date)

Materials List

Dennis Woodard

T8N. R7W. Sec. 16 T.L. 2600 9.3 ac.

Modified Site Plan

44 Infiltrator Units

12 Infiltrator End Caps

40' 4" 3034 Sewer Pipe

1000 Gal D&K Concrete tank + 1' riser

Dewey Darold, R.S.
APPROVED 7-16-99

Vinson Brothers Construction Fax Cover Sheet

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 13 1999

NORTH COAST BRANCH OFFICE
WARRENTON

FAX TRANSMITTAL SHEET

Date: 7/13/99

Fax: (503)458-6763

From: Dennis Vinson

Phone: (503)458-6561

3

Number of pages (including this sheet):

To: Davey-Dave

Company: D.E.Q.

Regarding: This is a new plan for Woodland
Bill's approved plan won't fit
within the criteria

Note: If any of these pages are unreadable or you don't receive the same number of pages as stated above, please contact us immediately at: (503)458-6561

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NORTH COAST OFFICE
 19 N. Highway 101
 Warrenton, OR 97146
 (503) 861-2280

De Rec'd 5-14-99
 Date Completed 6-3-99
 Required Fee \$ 115.00
 Receipt No. 87754
 Control No. 57733

OR APPLICANT'S USE - (PLEASE PRINT)

9.80 Acres
 Lot Size (Acreage or Dimensions)

Dennis A Woodard
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property Fertile Valley Tract 149 5501 20716 02600 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

Other Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 2
 (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:

- | | |
|--|---|
| <input type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | <input type="checkbox"/> Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input checked="" type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedrooms |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Jerry M Woodard (Signature) 5-14-99
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address RT. 4 Box 291-0
Astoria, Or 97103
 Applicant's Mailing Address (if different) _____

May 5, 1999

DENNIS WOODARD
2044 IRVING
ASTORIA, OR 97103

RE: Clatsop County
On-site Sewage Disposal
T8,R7,S16,TL2600

Dear Dennis:

Our records indicate that your septic permit is about to expire on June 3, 1999. If the system has not yet been installed, the permit can be renewed at the fees listed below if application is made before the expiration date and you still own the property. If your permit expires, a new permit and the regular fee of \$490.00 will be required. Additionally, other documents may be needed to obtain a new permit (please call DEQ to verify at 503-861-3280). The current fees for permit renewal are:

1. No field visit required: \$115.00
2. Field visit required: \$270.00

Field visit determination will be at the discretion of the agent and may be required for various reasons, i.e., file information incomplete, changes in site conditions, etc. If the work on your septic system has been completed, please contact your installer and advise them that our office needs an as-built plot plan in order for DEQ to issue the certificate of satisfactory completion. This certificate is required to connect to and use the system as per OAR 340-71-175(6). If you have any questions, please call DEQ at 861-3280 or come into our office in the PREMARQ center in Warrenton.

Sincerely,



Dave Johns
DEQ, North Coast Branch
Warrenton, OR 97146



52665

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 98-68

\$ 115.00

Fee

[X] New Construction

[] Repair

[X] Other Permit renewal of 97-82

Permit Issued To Dennis Woodard (Property Owner's Name) 8N (Township) 7W (Range) 16 (Section) 2600 (Tax Lot / Acct. No.) Clatsop (County) Stringtown Rd. Astoria (City) Dewey Darold (Issued by - Signature) 6-3-98 (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 June 3, 1999 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

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

Maximum Depth 34 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines or underground utilities from disposal field. 100' setback from east stream to disposal field. Downspouts PRE-COVER INSPECTION REQUIRED - CONTACT directed away from disposal field. NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

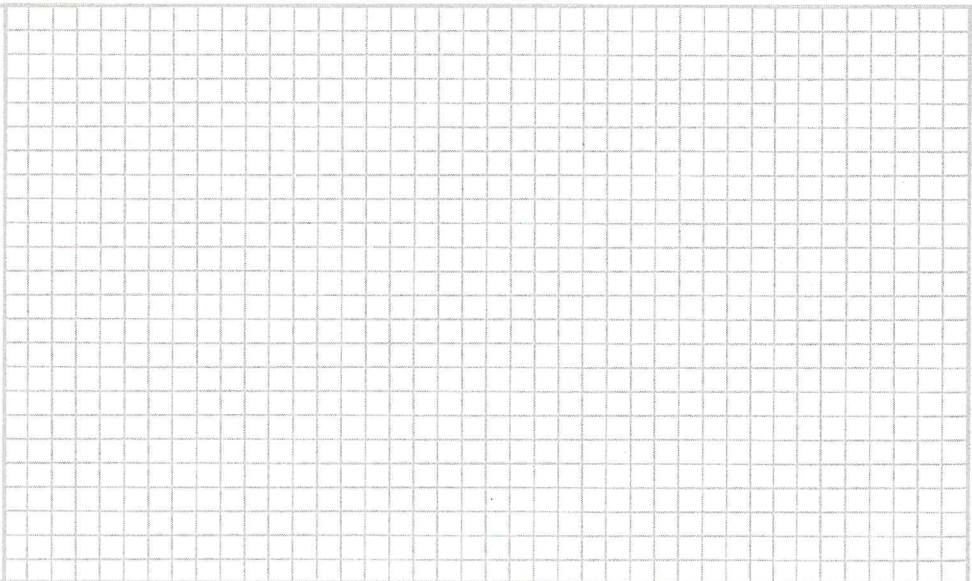
Installer

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)

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

De Rec'd 5-27-98
 D Completed 6-3-98
 Required Fee \$ 115.00
 Receipt No. 83274
 Control No. 52665

R APPLICANT'S USE - (PLEASE PRINT)

9.80 Acres
 Lot Size (Acreage or Dimensions)

Dennis H Woodard
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property Fertile Valley Tract 149 5501 80716 02600 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

Number of Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 2
 (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 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.

D H Woodard
 (Signature)

5/27/98

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

2044 IRVING
Astoria Or 97103-3436

49708

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 97-82

\$ 115.00

Fee

[X] New Construction

[] Repair

[X] Other Permit renewal of 96-88

Permit Issued To Dennis Woodard (Property Owner's Name) 8N (Township) 7W (Range) 16 (Section) 2600 (Tax Lot / Acct. No.) Clatsop (County)

Stringtown Rd. (Road Location) Astoria (Knappa) (City) [Signature] (Issued by - Signature) 6-3-97 (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 June 3, 1998 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

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

Maximum Depth 34 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. 10' setback to any property lines, water lines & underground utilities from disposal field. 100' setback to east stream from disposal field. Downspouts directed away from disposal field. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or PRE-COVER INSPECTION REQUIRED - CONTACT building foundation. North Coast Branch Office--861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

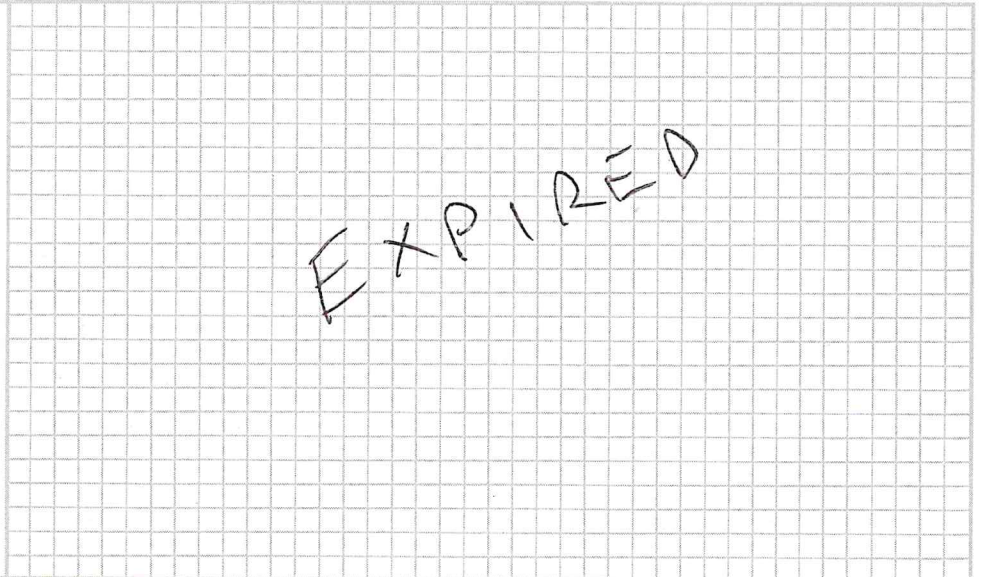
Installer _____

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)

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

Date Rec'd 5-29-97
 Date Completed 6-3-97
 Required Fee \$ 115.00
 Receipt No. 78850
 Control No. 49708

FOR APPLICANT'S USE - (PLEASE PRINT)

9.80 Acres
 Lot Size (Acreage or Dimensions)

Dennis H Woodard
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property Fertile Valley Tract 149 5501 80716 02600 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

Single Family Residence 2
 (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 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.

D H Woodard
 (Signature) 5-29-97
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
2044 IRVING
ASTORIA OR 97103-3436
8
 Phone 503-325-5468

Applicant's Mailing Address (if different)

 Phone _____

47059

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-88

\$ 115.00

Fee

[X] New Construction

[] Repair

[X] Other Permit renewal of #95-67

Permit Issued To Dennis Woodard (Property Owner's Name) 8N (Township) 7N (Range) 16 (Section) 2600 (Tax Lot / Acct. No.) Clatsop (County) Stringtown Rd. Astoria (Knappa) (City) [Signature] (Issued by - Signature) 6-3-96 (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 June 3, 1997 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

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

Maximum Depth 34 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. 10' setback to any property lines, water line & underground utilities from disposal field. 100' setback to east stream from disposal field. Downspouts directed away from disposal field.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

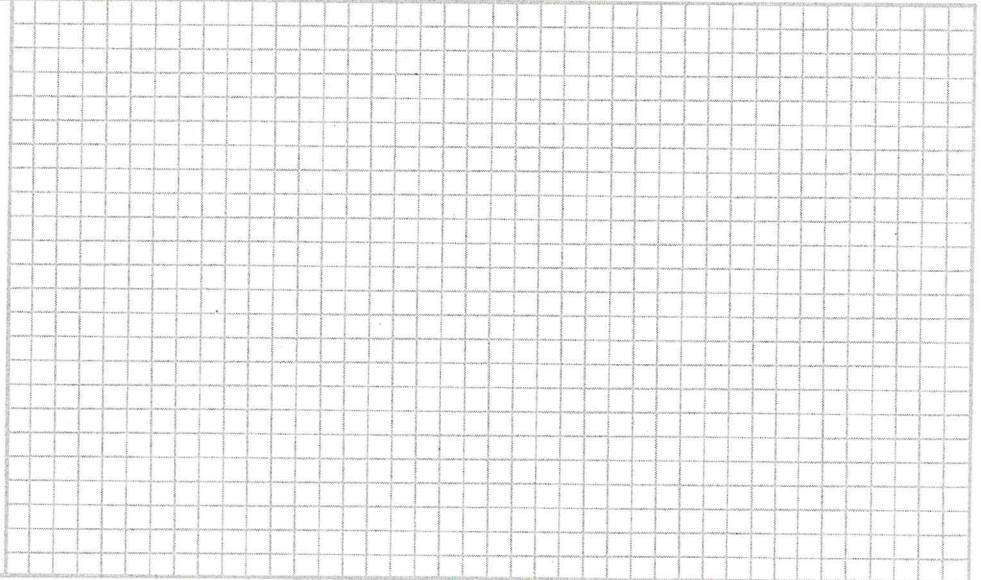
Installer _____

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)



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: RT 4 Box 291 D City: Astoria

Owner: Dennis H Woodard Phone: 325-5468 / 325-6510

Owners Address: 2044 IRVING

Proposed Development/Construction: Manufactured Home

DEQ (Department of Environmental Quality)

Legal Description: T 8N R 7W SEC. 16 Tax Lot 2600

Permit Needed - Yes () No () Site Approved - Yes () No ()

Approving Authority: DEQ - WARREN TOW Phone: (503) 861-3280

Signature: [Signature] Date: 6-3-96

Remarks: PERMIT # 96-88 (RENEWAL)

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T R SEC. Tax Lot

Zone: _____ Overlay District: _____

Development Permit - Yes () No () # _____

Flood Plain - Yes () No () Elevation Requirements: _____

Signature: _____ Title: _____ Date: _____

Approving Authority: _____ Phone: (503) 325-8611

Remarks: _____

STATE OF ORE
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
17 N. Highway 101
Warrenton, OR 97146
(503) 861-3280

OFFICE USE ONLY
Date Rec'd 5-28-96
Date Completed 6-3-96
Required Fee \$ 115.00
Receipt No. 74419
Control No. 47059

FOR APPLICANT'S USE - (PLEASE PRINT)

9.80 Acres
Lot Size (Acreage or Dimensions)

Dennis H Woodard
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

Fertile Valley Tract 149 5501 80716 02600 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted
Subdivisions, Indicate

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Water Supply

Single Family Residence 2
(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.

D H Woodard
(Signature)

5-28-96
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

2044 IRVING
Astoria Or 97103-3436

Phone 503-325-5468

Phone _____

IW\WC8\WC8690 (7-19-91)

DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

May 22, 1996

DENNIS WOODARD
2044 IRVING
ASTORIA, OR 97103

Re: SS-Clatsop County
On-Site Sewage Disposal
T8N,R7W, S16, TL2600
9.80 acres

Mr. Woodard:

Our records indicate that your septic permit is about to expire on June 9, 1996. A permit can be renewed at the fees listed below if application is made **before** the expiration date and you still own the property. If your permit **expires**, a new permit and the regular permit fee (490.00) will be required. Additionally, an application, current plot plan and updated Land Use Compatibility Statement (zoning approval) may be needed in either situation (renewal or expiration) in order to obtain another permit (please call DEQ to verify).

The current fee for a permit **renewal** is:

- | | |
|----------------------------|----------|
| 1. No field visit required | \$115.00 |
| 2. If field visit required | \$270.00 |

Field visit determination will be at the discretion of the agent and may be required for various reasons, i.e., file information incomplete, change in site conditions, etc. If the work on your septic system has been completed, please contact your installer and advise them that our office needs an as-built plot plan in order for DEQ to issue the certificate of satisfactory completion. This certificate is required to connect to and use the system as per OAR 340-71-175(6). If you have any questions, please call DEQ at 861-3280 or come into our office in the PREMARQ center in Warrenton.

Sincerely,



Dave Johns
DEQ, North Coast Branch
Office Coordinator



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1





BUILDING CODES
 17 N HWY 101
 Warrenton, OR 97146
 (503) 861-3159
 Fax # (503) 861-3259

BUILDING PERMIT APPLICATION

RESIDENTIAL

Rt 4 Box 291 D
 JOB LOCATION/ADDRESS

Astoria Clatsop
 CITY COUNTY

DIRECTIONS TO JOB SITE

Dennis H Woodard
 OWNER

2044 IRVING
 ADDRESS

Astoria Clatsop 97103
 CITY COUNTY ZIP CODE

DESCRIBE WORK CODE

NEW CONSTRUCTION
 ADDITION
 REMODEL
 MOBILE HOME
 PRE FAB
 ACCESS. BLDG.
 OTHER _____ specify _____

TOTAL SQUARE FT. CONSTRUCTION VALUE

PERMIT / JOB # _____

OFFICE _____

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE _____ FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO TWNSHP _____ RG _____ TL _____ PERMIT # _____	PUBLIC _____ PRIVATE <input checked="" type="checkbox"/> DEQ PERMIT # <u>95-67</u>	
BY: _____ TITLE _____	BY: <u>David</u> TITLE <u>OFF. COORDINATOR</u>	
PHONE _____ DATE _____	PHONE <u>861-3290</u> DATE <u>9-19-95</u>	

DESIGNATED CONTRACTORS				
GENERAL CONTRACTOR	ADDRESS	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 # _____ EXP _____



BUILDING CODES
 17 N HWY 101
 Warrenton, OR 97146
 (503) 861-3159
 Fax # (503) 861-3259

BUILDING PERMIT APPLICATION

RESIDENTIAL

Rt 4 Box 291 D
 JOB LOCATION/ADDRESS

Astoria Or Clatsop
 CITY COUNTY

DIRECTIONS TO JOB SITE

Dennis H Woodard
 OWNER

2044 IRVING
 ADDRESS

Astoria Clatsop 97103
 CITY COUNTY ZIP CODE

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

HOME: 325-5468 WORK: 325-0510
 TELEPHONE

ZONING	LOCAL GOVERNMENT APPROVALS	SANITATION
USE ZONE _____ FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO TWNSHP _____ RG _____ TL _____ PERMIT # _____	PUBLIC _____ PRIVATE <u>✓</u> DEQ PERMIT # <u>95-67</u>	
BY: _____ TITLE _____	BY: <u>Dave JF</u> <u>861-3280</u> PHONE	<u>OFF. COORDINATOR</u> TITLE <u>9-20-95</u> DATE
PHONE _____ DATE _____	PHONE _____ DATE _____	

DESIGNATED CONTRACTORS				
GENERAL CONTRACTOR	ADDRESS	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 # _____ EXP _____

42535

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 95-67

\$ 600.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Dennis Woodard (Property Owner's Name) 8N (Township) 7W (Range) 16 (Section) 2600 (Tax Lot / Acct. No.) Clatsop (County) Stringtown Rd. Astoria (Knappa) (Road Location) (City) Dewey Arnold (Issued by - Signature) 6-9-95 (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 June 9, 1996 TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gallons/Day

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

Maximum Depth 34 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. 10' setback to any property lines, water line & underground utilities from disposal field, 100' setback to east stream from disposal field. Downspouts directed away from disposal field.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

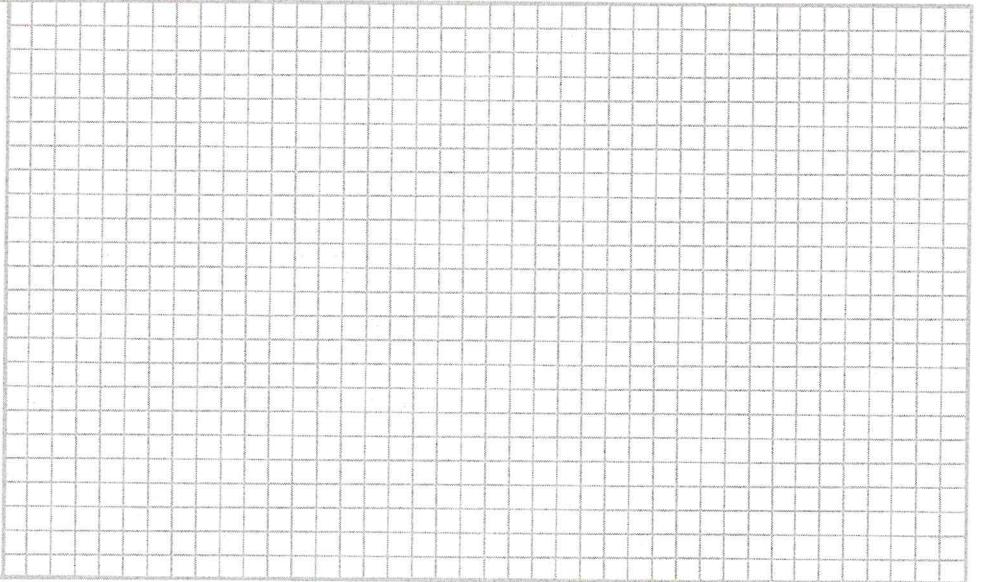
Installer

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)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM 6 1995

PLOT PLAN

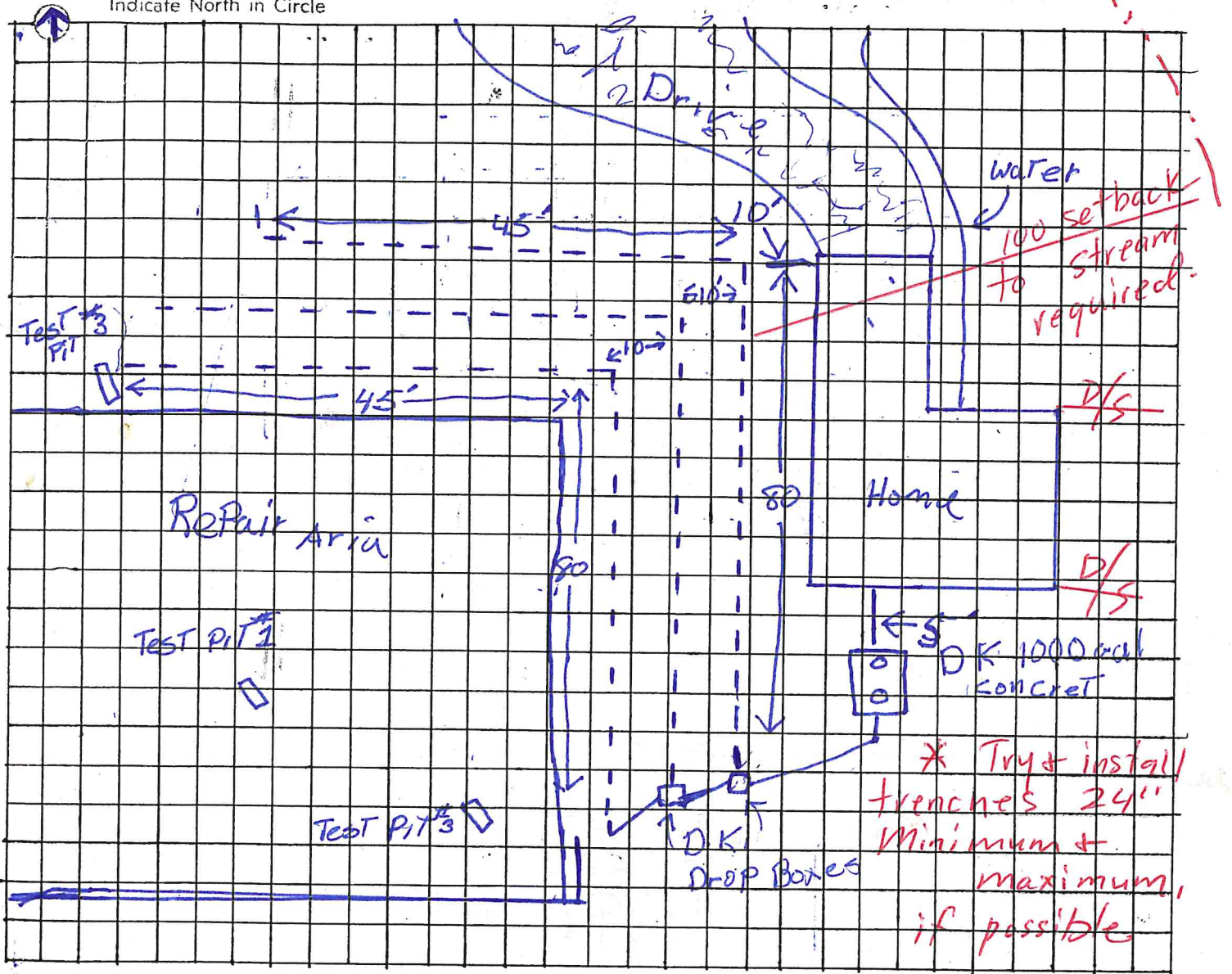
NORTH COAST BRANCH OFFICE
WARRENTON

Property Owner DENNIS H. WOODARD

Date 6-3-95

Location: T. 8.N R. 7W Sec. 16 Tax Lot/Acct. No. 2600 ; 9.80 Acres

Indicate North in Circle



REMARKS:

THIS SYSTEM WILL BE INSTALLED WITH D.E.Q.
APPROVED MATERIALS AND RULES!

B.W. Hughes

Dewey Darold, R.S.
APPROVED 6-9-95

Dewey Darold

FOR DEQ USE ONLY

Approved

Permit Number _____

Disapproved

By: _____

(SANITARIAN SIGNATURE)

(DATE)

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

FOR OFFICE USE ONLY
 Date Rec'd 6-7-95
 Date Completed 6-9-95
 Required Fee \$600.00
 Receipt No. 67456
 Control No. 42335

FOR APPLICANT'S USE - (PLEASE PRINT)

9.80 Acres
 Lot Size (Acreage or Dimensions)

Dennis A Woodard
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
 of Property

Fertile Valley TRACT 149 5501 80716 02600 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

or Parcels in Platted
 subdivisions, Indicate

(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 2
 (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.

Dennis A Woodard
 (Signature)

6-7-95
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

2044 IRVING
Astoria Or 97103-3436
025-5468

FOR DEQ USE ONLY

NEW CONSTRUCTION

LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME Dennis H Woodard Jerry M Woodard	MAILING ADDRESS 2044 IRVING Astoria Or 97103 CITY STATE ZIP	PHONE 725-5468
---	--	-------------------

L O C A T I O N	TOWNSHIP 8	RANGE 7	SECTION 16	TAX LOT OR ACCT NO 2600
	SUBDIVISION/PROJECT Fertile Valley	LOT	BLOCK TR 149	COUNTY Clatsop
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE
Single family dwelling

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

PROPERTY'S ZONING DESIGNATION
RA-1

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
Allowed Use in the Zone

PROPERTY IS LOCATED: (check one)

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

LAND USE AUTHORITY
Clatsop County Planning & Development

SIGNED: [Signature] TITLE: Senior Planner DATE: 5/30/95

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

DEPARTMENT OF ENVIRONMENTAL QUALITY

North Coast Branch Office

17 North Hwy 101

Warrenton, OR 97146

Phone (503) 861-3280

DEPARTMENT OF

ENVIRONMENTAL

QUALITY

April 20, 1995

DENNIS H. WOODARD

2044 IRVING

ASTORIA, OR 97103

Re: OSS:NWR:Site Evaluation Approval

Report: Clatsop County: Twn 8N, Rng

7W, Sec 16, Tax lot 2600: 9.80 Acres

Dear Mr. Woodard:

In response to an application for a site evaluation, the above-described property was examined on April 11, 1995, to determine methods of on-site sewage disposal for which it may be suited. This evaluation and report is based upon current Department of Environmental Quality regulations governing on-site sewage disposal, OAR Chapter 340, Divisions 71, 72 and 73.

Three test pits prepared on the property were evaluated and consisted of silt loam and silty clay loam soils with partially consolidated bedrock inside test pit # 2 at a depth of about 40 inches from the ground surface. Because of this site feature, the disposal trench depth cannot exceed 34 inches. Due to the variable slopes (minor swale) in the drainfield area, disposal trenches will need to be contoured.

The three test pits evaluated did not show any evidence of a groundwater table to the bottom of the pit. The natural slope in the area of the test pits ranged from 3 to 6 percent.

Based upon the results of this study, the site appears feasible for the installation of a standard serial distribution system for both the initial and replacement disposal fields. The disposal field will be sized at 125 lineal feet of disposal trench per 150 gallons per day for a total lineal footage of 375 feet for each disposal field. The soils in the initial/replacement areas must remain in their natural state, left undisturbed and not subjected to activities which would adversely affect functioning of the system.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1



Dennis H. Woodard
April 20, 1995
Page 2

Please refer to the enclosed site diagram for information about site observations and location of the disposal system (including the future repair/replacement disposal system). Also, find enclosed the construction detail and setback sheets.

This system would have the capacity to serve a single family dwelling with no more than 4 bedrooms. Peak daily sewage flow into the 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.

Please note that this approval is site specific to the area tested and does not address or warrant the potential or feasibility of locating system elsewhere on the property.

A construction-installation permit is required to install the sewage system on the approved site. A detailed scale drawn plot plan of the proposed development and the system must accompany the permit application. The current permit fee totals \$600.00 for this type of system (fees are subject to change without notice). Before a permit can be issued, a field stake-out of both initial and replacement disposal fields is recommended. Only a state licensed installer or the property owner can construct or participate in the construction of any on-site sewage disposal system installation or part thereof.

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 the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

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

Dennis H. Woodard
April 20, 1995
Page 3

Technical information pertaining to this site evaluation report is available upon request. If you have any questions or would like further information, please feel welcome to contact the North Coast Branch office at 861-3280.

Sincerely,
Dewey Darold
Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region
Water Quality

Enclosures

SITE EVALUATION FIELD WORKSHEET

Tax Reference 807-16-2600

Evaluator Dewey Darold

Applicant Dennis Woodard

Date 4-11-95

Parcel Size 9.80 Acres

	Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0"-12"	SiL	7.5 YR 3/3, gran fri, common med + c. roots
	12"-30"	SiCL	7.5 YR 4/3, sbk + gran, fri
	30"-48"	SiCL	10YR 4/6, wk sbk, roots to 48"
	70"	SiCL	Variogated colors w/ slight cementation, Augered to 8'. No H ₂ O from 48" Augered.
Pit 2	0"-12"	SiL	7.5 YR 3/4, gran (clods) fir-firm
	12"-20"	SiCL	7.5 YR 3/4, wk sbk - massive, fri
	20"-48"	SiCL	10YR 4/4 w/ basalt fragments, fri. Otherside 40". 30" roots stop.
	48"-54"	SiCL	Augered to 54", Solid bedrock. ESD at 54". Soil moist at 48". ESD at 40"
Pit 3	0"-12"	SiL	7.5 YR 4/3, gran, common fine + med. roots
	26"-48"	SiCL	10YR 4/4, wk sbk → massive, fri, roots to 38"
Pit 4			

Landscape Notes Mountainous / cleared test pit area. Stream flowing N.W.

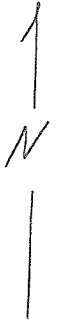
Slope 0-6% Aspect SW-Variable Groundwater Type No evidence

Other Site Notes Cleared area. Some slight compaction upper "A" horizon - clods. slight swale directed S42°W. Stake-out necessary due to variable slopes.

SYSTEM SPECIFICATIONS

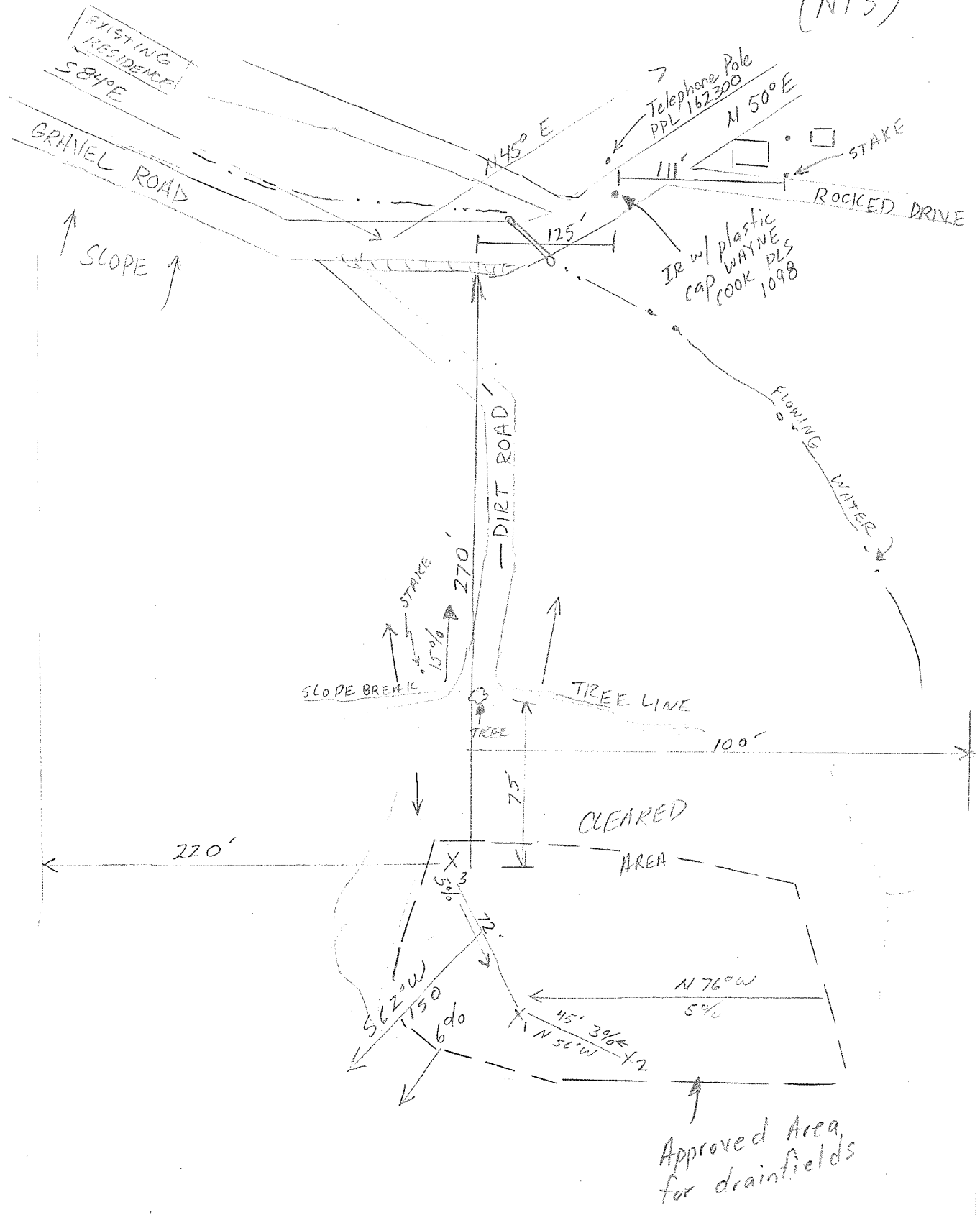
Type System: Std. serial Design Flow 450 gpd Disposal Field Size 375 Linear Feet
 Initial dist. system System Sizing 125 / 150 g. Max. Depth Absorption Facility (in) 34" / 24" minimum
 Replacement same System Sizing same / 150 g. Max. Depth Absorption Facility (in) 34" / 24" minimum

Special Conditions _____



Dennis Woodard
807-16-2600
9.80 Acres

Dewey Darold
4-11-95
S.E.
(NTS)



STANDARD SYSTEM CONSTRUCTION DETAIL SHEET

ate 4-20-95

applicant Dennis Woodard

ax Lot 2600 Section 16 Twp 8 Rng 7 Acreage 9.80

X 1. For the installation of an STANDARD SEWAGE DISPOSAL SYSTEM on the above property, the following construction specifications shall apply:

X The septic tank shall have minimum liquid capacity of 1000 gallons.

X The disposal field shall be constructed in Serial distribution with a MAXIMUM TRENCH DEPTH of 34 inches and a minimum trench depth of 24 inches. There must be at least 12 inches of backfill over the top of the drainrock, measured from the natural ground surface.

X With the soil conditions on this site, 125 lineal feet of disposal trench will be required per 150 gallons maximum projected daily sewage flow. For the proposed development, a minimum of 375 total lineal feet of disposal trench is required. Disposal trenches shall be constructed 2 feet wide on 10 foot minimum centers with no individual trench exceeding 125 feet in length. The trenches and distribution piping shall be installed within one (1) inch of level, contoured to the natural ground surface.

_____ A curtain drain is required as a component of this system. This groundwater interceptor shall be constructed 12 inches wide by _____ inches deep with _____ inches of clean drainrock placed over a 4 inch perforated collection pipe. The trench and collection pipe shall be constructed on a grade of 0.2 to 0.4 feet of fall per 100 feet of line. A minimum 10 foot upslope setback must be maintained from the disposal trenches. The collection piping shall be exhausted by a non-perforated pipe to a point below and away from the disposal field. The end of the outfall shall consist of heavy duty pipe with the outlet protected by a flap gate or grate.

_____ An effluent lift pump may be necessary to construct the disposal field in the approved area at the correct trench depths.

X The top of the disposal trench drainrock shall be protected by filter fabric.

X Specific construction setback requirements are outlined in the enclosed listing.

X 2. The following conditions shall apply to this system installation:

X For sanitation purposes, the minimum lot size for this single building site is 9.80 Acres.

X

This lot size will require an improved off-site public or community water supply.

This system shall not be installed on slopes in excess of _____ percent.

X

Construction of this system is limited to the summer months (June through September) with dry soil and site conditions. *Unless otherwise authorized by this office.*

No part of the system shall be installed within the _____ easement or right-of-way.

3. Special Conditions: _____

Dewey Donald

Sanitarian, DEQ Warrenton Branch Office

MINIMUM SETBACK REQUIREMENTS

Date 4-20-95

Applicant Dennis Woodard

Tax Lot 2600 Section 16 Twp 8 Rng 7 Acreage 9.80

SETBACK REQUIRED (as marked)	DISPOSAL FIELD OR AREA ¹	TREATMENT AND DISTRIBUTION UNITS ²
<input checked="" type="checkbox"/> Groundwater Supplies (wells) ³	100'	50'
<input checked="" type="checkbox"/> Springs		
Upslope from system	50'	50'
Downslope from system	100'	50'
<input checked="" type="checkbox"/> Surface Public Waters ⁴	100'	50'
For Sand Filter System (only)	50'	50'
<input checked="" type="checkbox"/> Intermittent Streams ⁵	50'	50'
<input type="checkbox"/> Groundwater Interceptors ⁶		
On a slope 3% or less	20'	20'
On a slope greater than 3%		
- Upslope from system	10'	10'
- Downslope from system	50'	25'
<input type="checkbox"/> Cuts Manmade ⁷	_____'	_____'
<input type="checkbox"/> Escarpments ⁸	_____'	_____'
<input type="checkbox"/> Curtain Drains		
Upslope from system	10'	10'
Downslope from system	50'	25'
<input checked="" type="checkbox"/> Property Lines	10'	10'
<input checked="" type="checkbox"/> Water Lines	10'	10'
<input checked="" type="checkbox"/> Building Foundations (all)	10'	5'
<input type="checkbox"/> Other _____	_____'	_____'

Special Conditions: _____

¹ Includes all disposal trenches, "bottomless" sand filter, seepage beds and replacement area.

² Includes septic tank, effluent sewer, header pipes, drop boxes, distribution box, sand filter, dosing tank, pressure line, etc.

- 3 Includes temporarily abandoned wells, agricultural wells, etc.
- 4 Means creeks, streams, rivers, lakes, bays, ponds, marshes, reservoirs, etc.; public or private, natural or manmade setback measured from bank drop-off or mean yearly high water mark.
- 5 Drainageway or groundwater interceptor that continuously flows water for a period of greater than 2 months but not continuously for any year.
- 6 Any natural or artificial groundwater or surface water drainage system including footing drains, agricultural drain tile, ditches, etc.
- 7 Land surface as a result of mechanical land shaping where the modified slope exceeds 50 percent, and the depth of the cut exceeds thirty (30) inches or the effective soil depth.
- 8 Natural occurring slopes greater than 50% which extend vertically 6 feet or more calculated from top to toe characterized by a cliff or steep hillside; setback is measured from top of slope break.

Dewey Donald

Sanitarian, DEQ North Coast Branch Office
Warrenton, OR

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

OFFICE USE ONLY
Date Rec'd 4-3-95
Date Completed 4-20-95
Required Fee \$ 475.00
Receipt No. 65489
Control No. _____

NR

FOR APPLICANT'S USE - (PLEASE PRINT)

9.80 ACRES
Lot Size (Acreage or Dimensions)

DENNIS H. WOODARD
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property FERTILE VALLEY TRACT 149 5J01 80716 02600 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

Single Family Residence 2
(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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input checked="" type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | <input type="checkbox"/> Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedroom |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

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

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

DH Woodard
(Signature)

3 APR 95
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address
2044 IRVING
ASTORIA, OR.
97103
Phone 325-5468

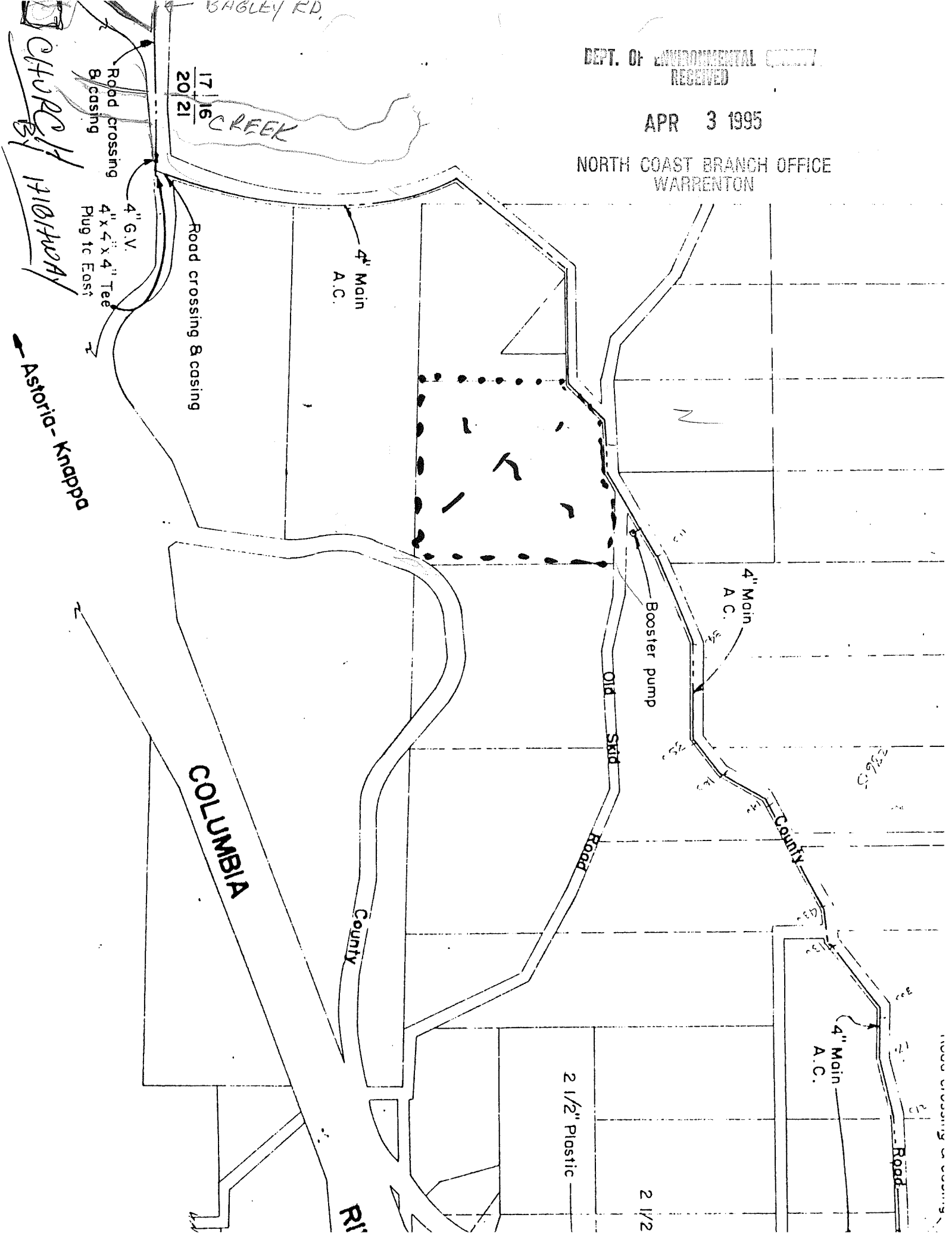
Applicant's Mailing Address (if different)

Phone _____ IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL COUNTY
RECEIVED

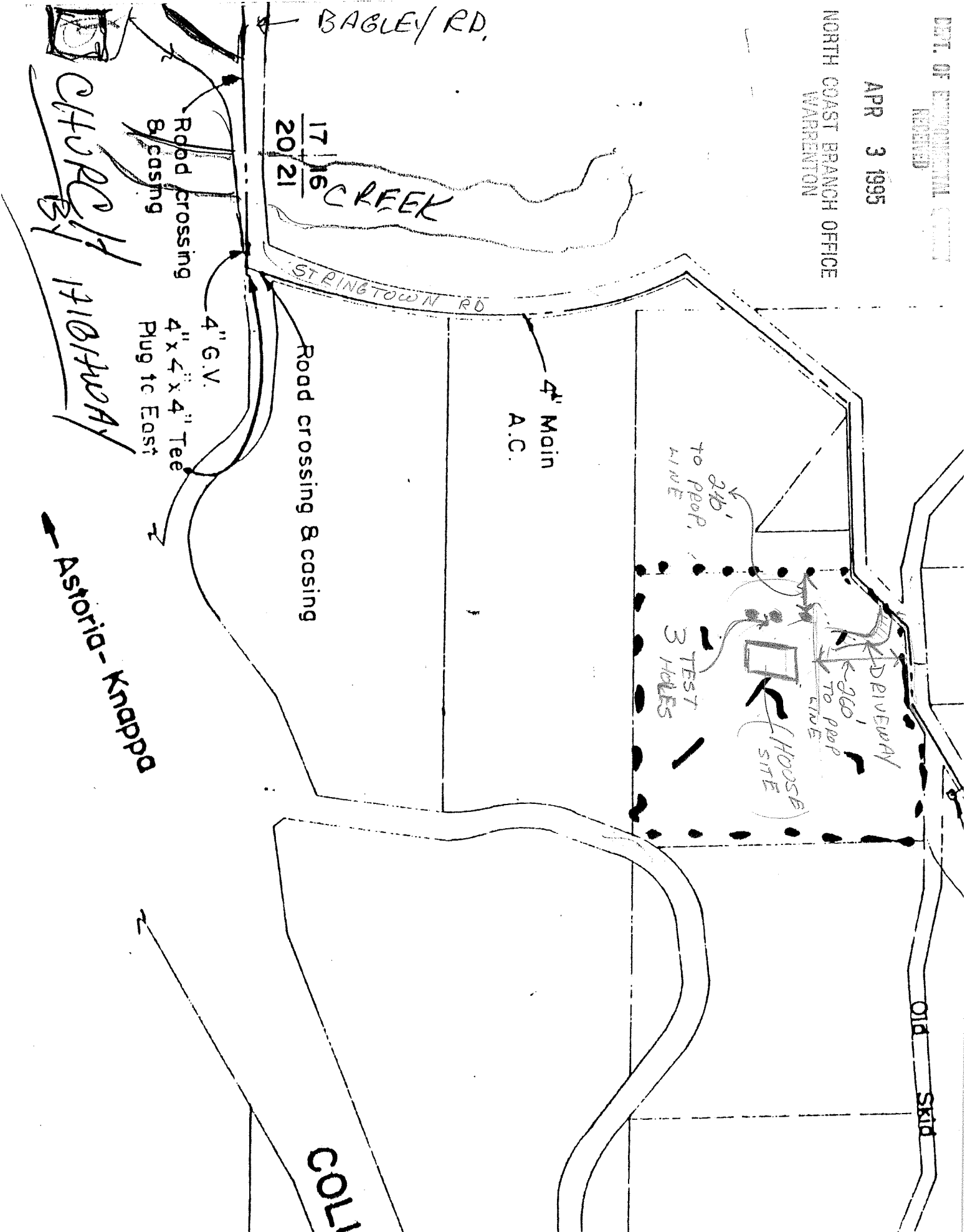
APR 3 1995

NORTH COAST BRANCH OFFICE
WARRENTON



APR 3 1995

NORTH COAST BRANCH OFFICE
WARRENTON



R 711

S BROWN D.L.C

