

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: 41965 Wickiup Terrace LN City: Astoria
Owner: Christopher & Diane Ketcham Phone: 503 458-5107
Owner's Address: same as job site
Agent: none
Proposed Development/Construction: 2006

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

Legal Description: T 8N R 7N SEC 19DA Tax lot(s) 1200
Permit Needed - Yes () No (X) Site Approved - Yes () No (X)
Signature: Commie Schandt Date: 2-24-06
Remarks: No plumbing, no DEQ-NCBO requirements

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: _____ Number of Hydrants: _____ Hydrant Location (s): _____
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: _____

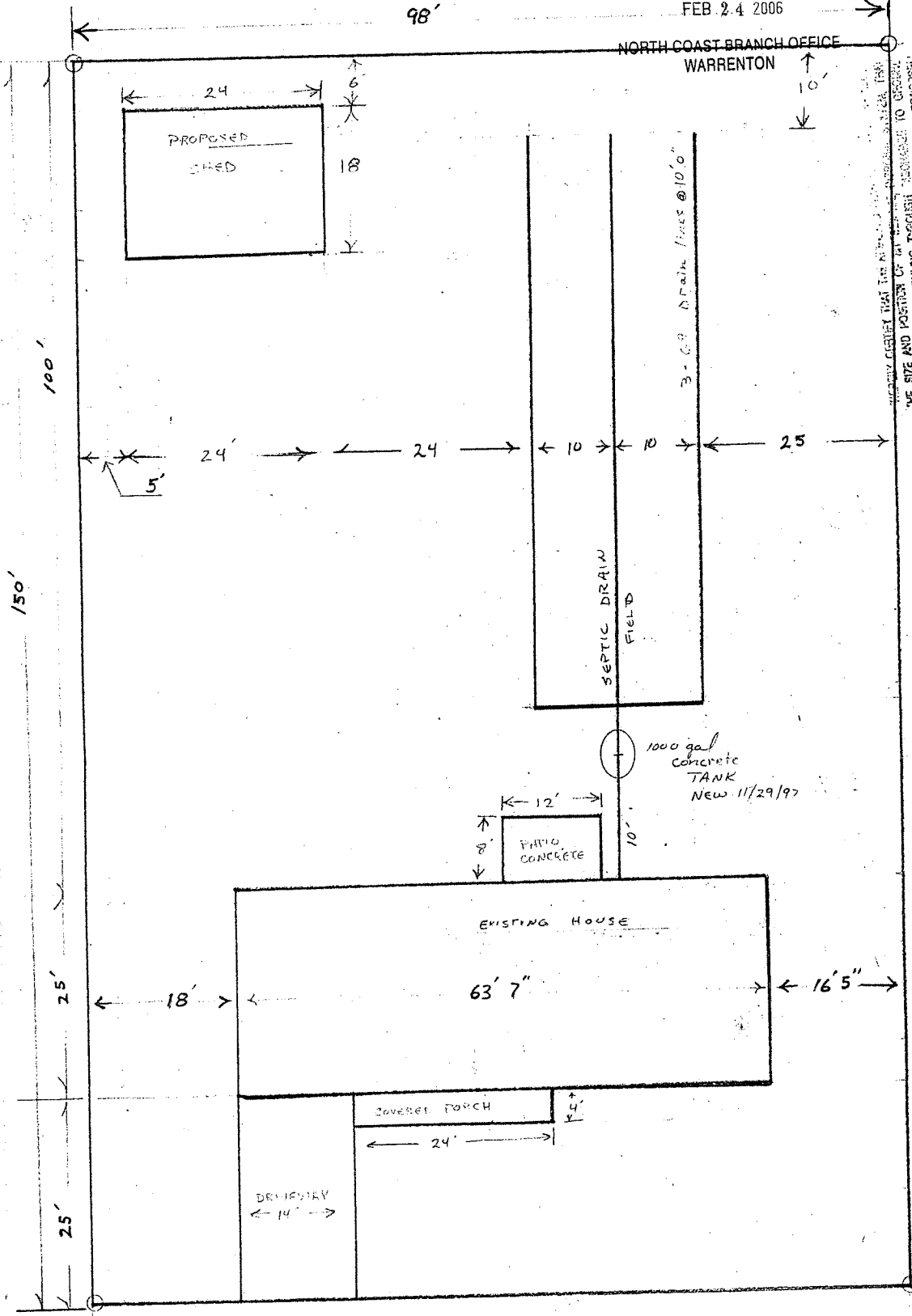
Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

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.

FEB 24 2006

NORTH COAST BRANCH OFFICE
WARRENTON

WE HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE PROPOSED
THE SIZE AND POSITION OF ALL PROPOSED STRUCTURES TO BE CONSTRUCTED
AND SYSTEM IS NOT BEING TROUBLE AND THAT THE PROPOSED
SURFACE OR SUBSURFACE WATER AND THAT THE PROPOSED
CONSTRUCTION WORK NOT INTERFERE WITH THE SAND SYSTEM
SOLUTION
DATE 2/24/06
[Signature]
SECOND



WICKIUP TERRACE

PLOT MAP

41965 WICKIUP TERRACE LANE
CLATSOP CO. Map Ref # 80719DA01200
KETCHAM HOME OWNER PH. 503 458 5107
DRAWN BY CHRIS KETCHAM 2/24/06
WICKIUP WEST #12

SCALE 1/12' 0 3 6 9 12

DEQ PL # 1503 861 3280

48811

Control No.

\$ 155.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-210

☐ New Construction☒ Minor
Repair☒ Other Tank replacement

Permit Issued To Tom & Pam Norlin 8N 7W 19DA 1200 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
Wickiup Terrace Astoria (Knappa) [Signature] 11-29-96
 (Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONSEXPIRATION DATE November 29, 1997

TYPE OF SYSTEM _____

Design Sewage Flow _____ Gallons/Day
 New Tank Volume 1000 Gallons Disposal Trenches ☐ Seepage Bed(s) ☐ _____ Square Feet
 Maximum Depth _____ inches. Minimum Depth _____ inches. _____ Linear Feet
 Equal ☐ Loop ☐ Serial ☐ Pressurized ☐ Minimum Distance Between Trenches _____
 Total Rock Depth _____ inches. Below Pipe _____ inches. Above Pipe _____ inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted.
Properly decommission existing septic tank and submit copy of pumping receipt. Septic tank to
be set back a minimum of 10' to any water lines and 5' to any property lines or building
foundation. See letter dated 11-29-96.
 PRE-COVER INSPECTION REQUIRED — CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations

Installer Bill Hughes Excavation

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.

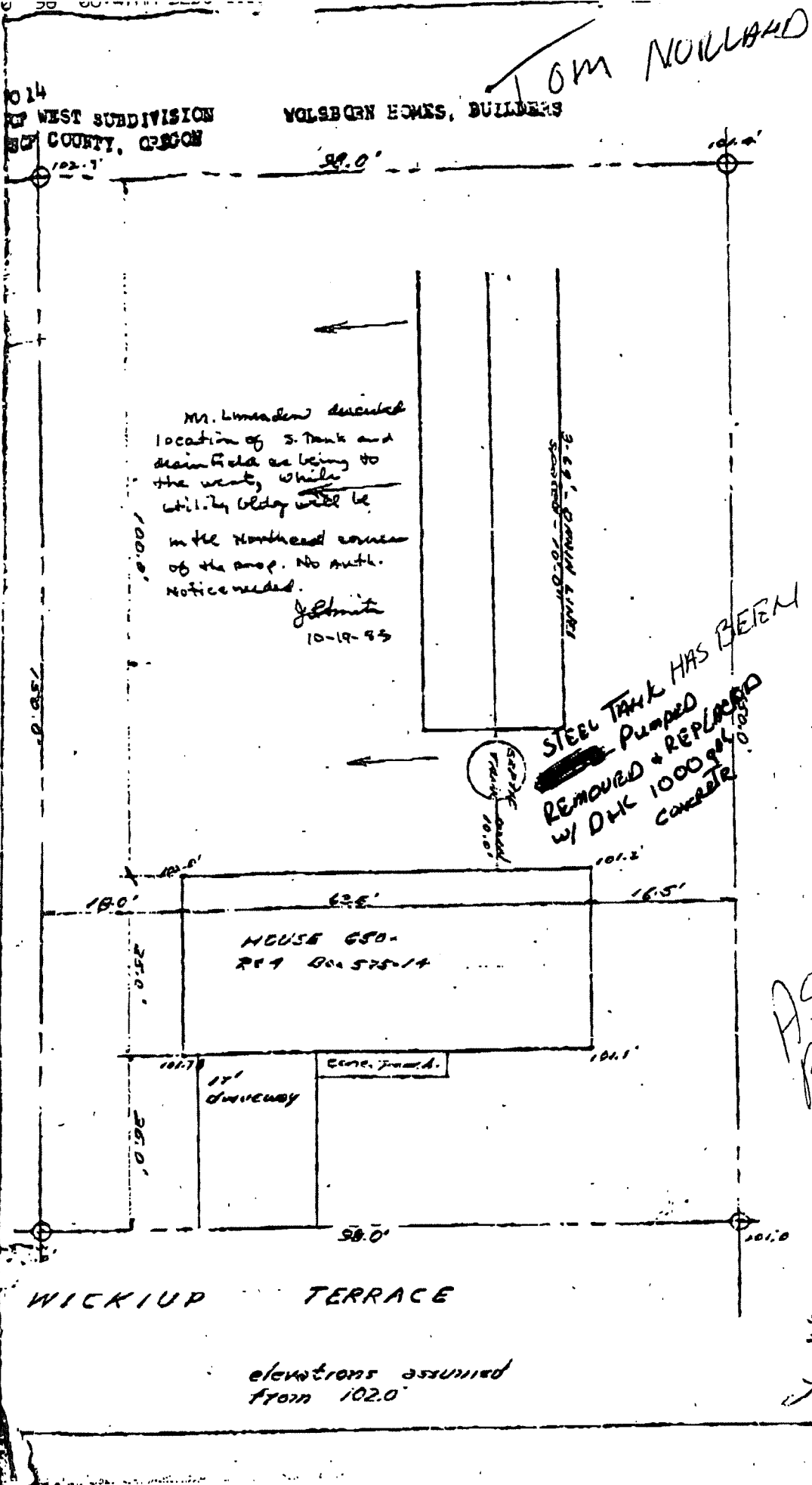
Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature)

(Title)

(Date)

(Office)



FINAL INSPECTION REQUEST AND NOTICE

DEC 12 1996

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, 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 Tom & PAM NORLIN Permit Number 96-210 County CLATSOP
Township 8N; Range 7W; Section 19DA; Tax Lot 1200; Tax Acct. #
Job Location WICKIUP WEST
Date System Construction Completed 12-12-96; Date Submitted to DEQ or Agent 12-12-98

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

- ☒ D & K 1000 gal. CONCRETE TANK & RISER W/ LID
- ☐ DENNIS & CO. 1000 gal. CONCRETE TANK & RISER W/ LID
- ☐ 1000 gal. POLY TANK & RISER W/ LID
- ☐ D & K CONCRETE DISTRIBUTION BOXES
- ☐ D & K CONCRETE DROP BOXES
- ☐ 3034 4" SEWER ASTM F 789
- ☐ 4" PVC PERFORATED ASTM D 2729 SEWER PIPE
- ☐ 4" PVC SOLID ASTM D 2729 SEWER PIPE
- ☐ 7/8"-1 1/2" CRUSHED DRAIN ROCK
- ☐ 50 lb. KRAFT PAPER
- ☐ FILTER FABRIC

Property Owner Tom & Pam Nordin Permit Number 16-210 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
ATTACH 1210

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

XX Sewage Disposal Service Business: BILL HUGHES EXCAVATION, 36171
(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).

Bill Hughes
(System Installer's Signature)

OWNER
(Title)

12-12-96
(Date)

ED'S
Septic Tank Cleaning Service
Licensed & Bonded
Rt. 4 Box 621
ASTORIA, OREGON 97103

CLYDE McDONALD 458-6521

STATEMENT

DATE	12-12-96
NUMBER	

Hughes Excavating
Rt 6, Box 258
Astoria, Oregon 97103

Re: Tom Norton
Rt 4, Box 575-12
Astoria, Oregon

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallon Steel	
	BALANCE FORWARD	
12-12-96	Payroll Septic Tank To Replace	\$125.00
	✓ Bill Hughes	
	DEPT. OF ENVIRONMENTAL QUALITY RECEIVED	
	DEC 17 1996	
	NORTH COAST BRANCH OFFICE WARRENTON	

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

PRODUCT 96-2/NEBS/Inc., Grafton, Mass. 01471. To Order PHONE TOLL FREE 1-800-225-6380

NCBO

Oregon

November 29, 1996

TOM AND PAM NORLIN
RT 2, BOX 848
ASTORIA OR 97103

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

RE: OSS - Clatsop County
T8N, R7W, Section 19DA, T.L. 1200
Minor Repair (Tank Replacement)

NORTHWEST REGION

Dear Mr. and Mrs. Norlin:

I visited the above referenced property on November 20, 1996, in response to your recent application for a permit to replace a collapsed/damaged septic tank with a new 1,000 gallon septic tank. I talked at the site with your installer, Bill Hughes, who stated also that the distribution box needs to be leveled.

The existing system was installed around 1983, and records show that it consists of a 1,000 gallon septic tank and 3 lines of 64 feet. At the time of my inspection, the top of the distribution box was under water. The water was clear and is probably groundwater. The existing septic tank is indeed damaged and may be preventing the discharge of effluent to the drainfield.

You have requested to replace the septic tank. This needs to be done, as the current tank is damaged. However, you should be aware that further repairs may be needed following installation of a new tank.

A permit for replacement of the tank and leveling of the distribution box is being issued. When the installation is ready for inspection, contact the North Coast Branch Office of the Department of Environmental Quality, 17 North Highway 101, Warrenton OR 97146. The phone number is (503) 861-3280.

If you have any questions please contact me at this office. The phone number is 503-229-6653.

Sincerely,

Anne Cox

Anne Cox, R.S.
Environmental Specialist
Water Quality Source Control
Northwest Region

John A. Kitzhaber
Governor



2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471
DEQ-1

NCBO ✓

1014
WEST SUBDIVISION
SOF COUNTY, CNDON

VOLSEGER HOMES, BUILDERS

10M NORLAND

Mr. Lonsden decided
location of Tank and
drainfield as being so
the water while
drilling today will be
in the Northeast corner
of the prop. No anti-
Notice needed.

J. Lonsden
10-19-95

STEEL TANK
TO BE PUMPED
REMOVED + REPLACED
W/ DMC 1000 GAL
CONCRETE

Also -
level the
distribution
Box
Approved
A. V. Cox
11/29/96
See letter

WICKIUP TERRACE

elevations assumed
from 102.0'

Site
20' 1"

J. L.

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

OFFICE USE ONLY (1)
Date Rec'd 11-18-96
Date Completed 11-29-96
Required Fee \$155.00
Receipt No. 75390
Control No. 48811

FOR APPLICANT'S USE - (PLEASE PRINT)

34 AC
Lot Size (Acreage or Dimensions)

Tom & Pam Norlin

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

8N
(Township)

7W
(Range)

19DA
(Section)

1200
(Tax Lot/Acct. No.)

Clatsop
(County)

For Parcels in Platted
Subdivisions, Indicate

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Water Supply

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

- ☒ Public (Community System)
- ☐ Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

- ☒ Single Family Residence 3
(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 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.

Pamela J. Norlin
(Signature)

11/18/96
(Date)

☐ Authorized Representative

☐ Licensed Installer

License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

RT 2 Box 848
Astoria, Ore 97163

Phone 458-6134

Phone _____

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

VICINITY MAP

Clatsop County

Please be specific with the directions to the property. Assume this map is for a big screen TV being delivered to your site and you don't want it lost.

Use a City or Community on a major Highway as the starting point.

(Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.)

(HWY 26, 30, 53, 101, 102, 103, 202).

Give as exact distances as possible, (i.e. 1.5 mi, 2.2 mi)

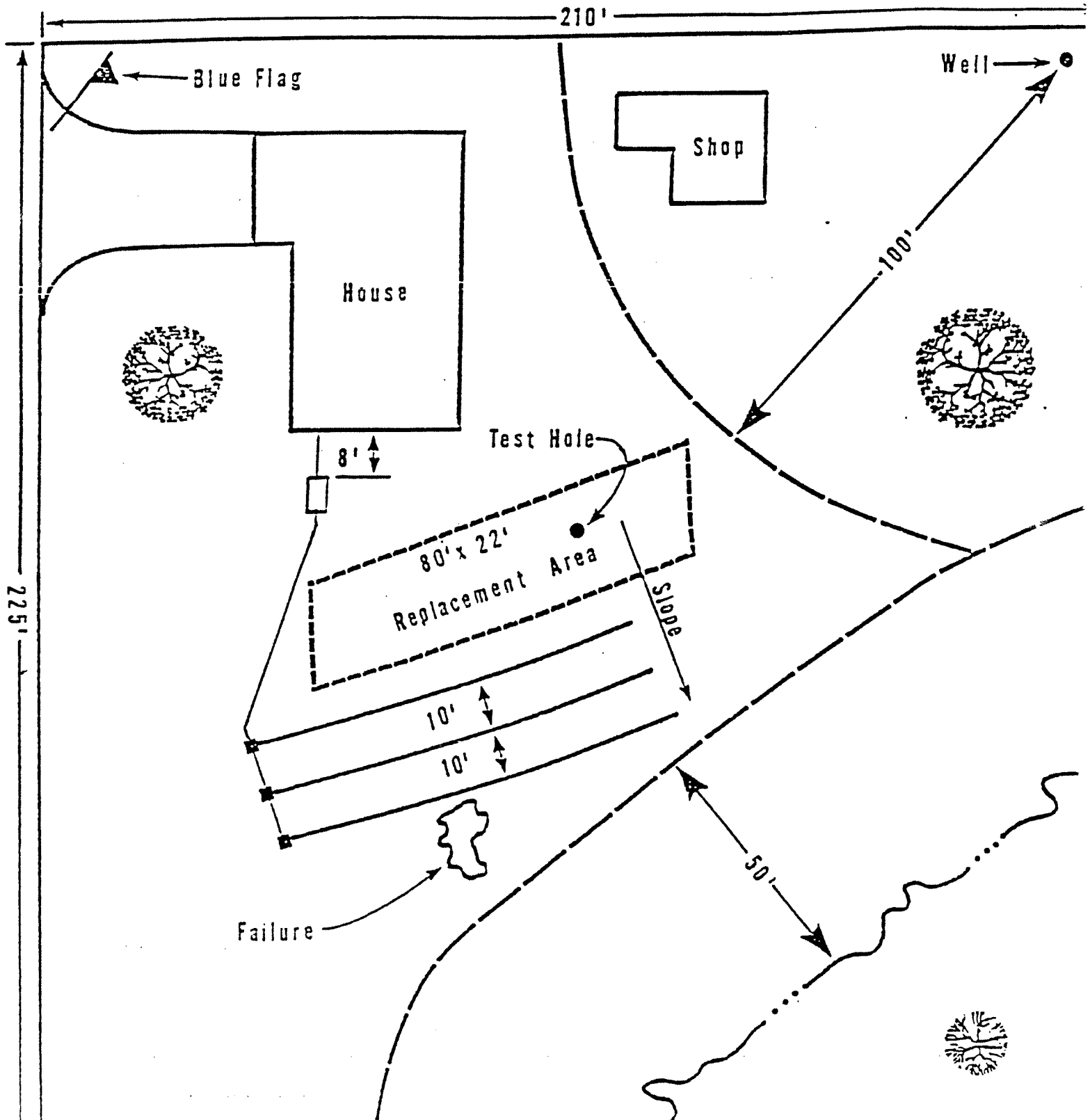
Give any landmarks that may help locate the site.

North direction would be helpful

At Knappa crossroad turn
left toward Big Creek Tavern
road follows highway + then turns
sharply left follow this about 1/2 mile
straight to it. start seeing housing
developments pass non paved road
to it. take paved road (Wickiup
Terrace). Our house is yellow + brown
and the 4th house ~~from~~^{on} the right.



DETAILED SITE PLAN



LAND USE COMPATIBILITY STATEMENT FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME PAMELA J. NORLIN		MAILING ADDRESS Rt 2 Box 848		PHONE 458-6134
		ASTORIA		ORE 97103
		CITY	STATE	ZIP
P L O C A T I O N	TOWNSHIP 8N	RANGE 7W	SECTION 19DA	TAX LOT OR ACCT NO 1200
	SUBDIVISION/PROJECT Wickup West	LOT 12	BLOCK	COUNTY Clatsop
	<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE

septic tank replacement

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

OR

☐ NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN

☐ NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

allowed use

PROPERTY IS LOCATED: (check one)

☐ INSIDE CITY

☐ INSIDE URBAN GROWTH BOUNDARY
OUTSIDE CITY LIMITS

☒ OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY

Clatsop Co. Planning Dept.

SIGNED

Jen Allen

TITLE

P.L.C.

DATE

11-18-96

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

☐ CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

NOV 18 1996

SIGNED

TITLE

NORTH COAST BRANCH OFFICE
WARRENTON

DATE

DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND USE COMPATIBILITY STATEMENT REQUIREMENTS

FOR

ON-SITE SEWAGE DISPOSAL PERMITS

A Statement of Compatibility with applicable local comprehensive land use plans and Statewide Planning Goals is required for new or expanded on-site sewage disposal systems. A statement may be required before an Authorization Notice can be issued. The statement must certify that proposals are compatible with LCDC-Acknowledged local comprehensive land use plans and implementing ordinances, or Statewide Planning Goals. The Department prefers that its Land Use Compatibility Statement form be used; however, it will accept an equivalent statement in lieu of the form.

In urbanizing areas between city limits and urban growth boundaries, applicants must provide evidence of both city and county concurrence as to the land use compatibility of the proposal. This evidence must be:

1. Sign-off by both jurisdictions on DEQ's Land Use Compatibility Statement form;
2. A copy of the city/county management agreement included in the Urban Area Plan acknowledged by LCDC, or;
3. A written statement covering the applicant's proposal.

If DEQ receives a negative local Statement of Compatibility, a permit or approval cannot be issued. DEQ would then expect the applicant to work with the local jurisdiction to obtain the needed zone change, variance, or other modification to produce compatibility with the Acknowledged Plan and ordinances or the Statewide Planning Goals.

Applicants for on-site sewage disposal permits must submit a completed Statement of Compatibility or an approved equivalent along with their application or request.

BUILDING PERMIT APPLICATION

NORLIN, TOM

BUILDING ADDRESS RA. 4 Box 575-12

LOCALITY ASTORIA, ORE

NEAREST CROSS STREET Hillcrest Rd

Name TOM NORLIN

Address RA. 4 Box 575-12

City ASTORIA, ORE

Tel. No. 458-6134

Name

Address

City State

Tel. No.

Name Harry Norlin

Address Oakhurst

City State O

Tel. No.

Reg. No.

Block

Subdivision

Sec. 19DA 1 8 R. 7

Name

Plat

Map

Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2.

Fire Zone: 1, 2, 3.

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

Bldg Permit No.

77-157

Valuation \$ 2,000

Area—1st Floor

Area—2nd Floor

Additional Area

Area—Type V J 266 A

Basic Fee 20

(+) 50% I, II, III

50% V, J

Plan Checking Fee

TOTAL 20 60

DATE 5-25-77

DATE ISSUED

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

CLASS OF WORK

New

Addition

Alteration

Shed

Other

Residence

Use of building

Size of building 14' x 19'

No. of bedrooms

No. of floors

Height 14 ft.

Specifications

Foundation material

Width of wall

Height of wall

Depth in ground

Girders

Joists

Studs

Rafters

Type of roofing

Type of siding

Type of heating

10' Deck

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.

Signature of Permittee

By

Signature of Building Official

By

Signature of Permittee

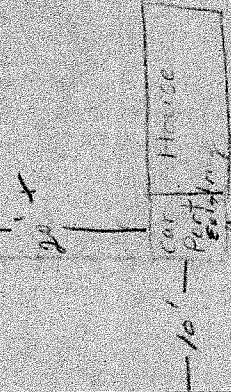
By

Signature of Building Official

By

325-7441, Ext. 70

PLOT PLAN



Size of Sepsic Tank

Water Supply

Source

PLANNING AND ZONING

Type of Occupancy

Total Floor Area

No. Stories

Area of Lot

Front Yard Setback

Side Yard Setback

Rear Yard Setback

New Const.

Change of Occupancy From

To

1014

UP WEST SUBDIVISION
SCF COUNTY, OREGON

WOLSBORN HOMES, BUILDERS

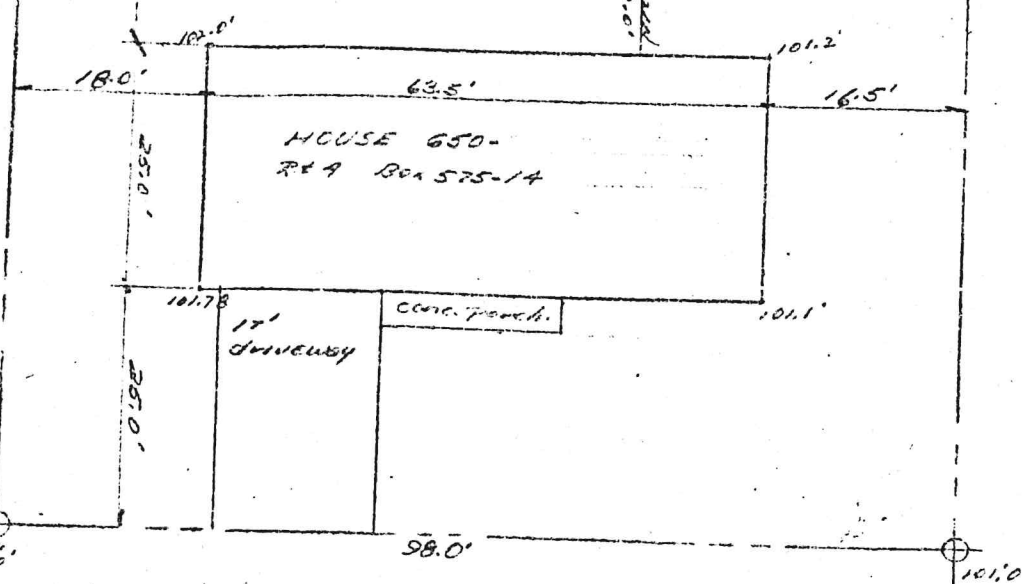
102.1' 98.0' 101.4'

Mr. Lunsden described
location of S. tank and
drain field as being to
the west, while
utility bldg will be
in the Northeast corner
of the prop. No Auth.
Notice needed.

J. L. Smith
10-19-83

3-6-4'-DRAIN LINE
SPACED - 10'-0"

SOUTH
TANK
10.0'



WICKIUP TERRACE

elevations assumed
from 102.0'

Scale
20' = 1"

J. L. Smith

R



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR AND INDUSTRIES BUILDING
SALEM, OREGON 97310

APPLICATION FOR BUILDING PERMIT

8-7-19DA T.L. 1200

JURISDICTION

STATE OFFICE

ADDRESS

TELEPHONE

Applicant to complete numbered spaces only.

JOB ADDRESS 1 Rt 4 Box 575-14		is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IDENTIFYING NAME OF BUILDING 2 SFO/Utility Bldg.		COUNTY Clatsop	
LEGAL DESCR. 3	LOT NO. 1200	BLOCK 9	TRACT 2
TAX LOT NO. 1200		Township 9	Range 2
OWNER 4 Dolan Clayton		MAIL ADDRESS Rt 6 Box 1022	ZIP 458-6966
CONTRACTOR 5 Wiley La Lumsden		MAIL ADDRESS Rt. 4 Box 575-14	PHONE ASTMA 6342
ARCHITECT OR DESIGNER 6		MAIL ADDRESS	PHONE
ENGINEER 7		MAIL ADDRESS	PHONE
USE OF BUILDING 8 Utility Building			
9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION Existing Sq. Ft. <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
10 Describe work: Construct 480 sq utility bldg.			
11 Change of use from to			
12 Total area of building 480 Sq. Ft.		No. of stories 1	No. of bedrooms NA
No. of living units or apts. NA		Flood hazard zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
13 Declaration of Valuation of work \$ 4000		14 LOCAL GOVERNMENT APPROVALS	
15 Signature Required to Become Valid		SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		ZONING Use Zone RA-1 Fire Zone	
		Zoning Permit No. 83-148	
Signature of Contractor Dolan Clayton 10/17/83 (Date)		Date 10.17.83 Signature Blair Edmunds	
		SANITATION Public Private X	
Signature of Owner (If Owner Builder) (Date)		DEQ Permit No. No Authorization Notice Required	
		Date Oct. 19, 1983 Signature John L. Smith	
16 Directions to job-site. Draw map if necessary.		DEPT. OF HUMAN RESOURCES - HEALTH DIVISION	
		Public Swimming Pool No. Date Signature	

44.50
28.93
1.78
\$75.21

OFFICE USE ONLY

Plans reviewed for:

Plan Review - Structural and F&LS. ☐

Plan Review - Structural Only. ☐

Plan Review - Fire & Life Safety Only. ☐

☐

Name

Date

☐

Name

Date

☐

Name

Date

Plan Review No.

Permit No.

Application
Accepted By

Initial Date

6-16-81

Telephone: 325-8611

FILE NUMBER (1. office use only)

TL 1200 T 3 R 7 Sec. 100 No.

CLATSOP COUNTY

Department of Planning and Development
Courthouse

P. O. Box 179

Astoria, Oregon, 97103

WATER AND LAND DEVELOPMENT PERMIT

Please Print

Name Wilson E. Lundgren

Signature

Address P.O. Box 575-14

Telephone 458-6342

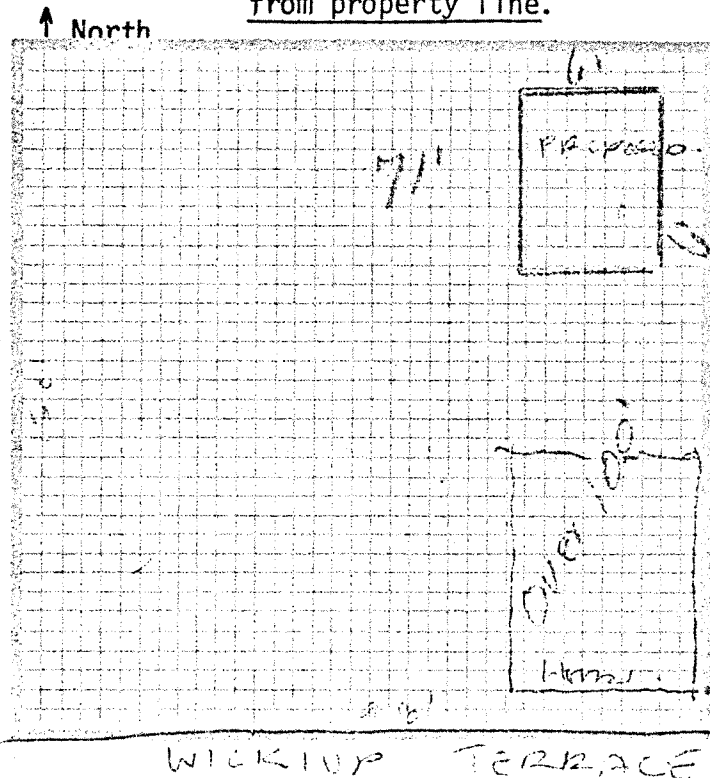
Wilson E. Lundgren

Proposed Use or Activity

Utility Building Private use

FINDINGS

1. Plot Plan. Please show the location of all water courses wetlands, buildings, septic tank and drainfield, driveways, roads, etc. Include setbacks from property line.



2. Area of lot 0.2 acre

3. Setbacks (from property line or road easement)

Front yard: Left Right

Side yard: Left 71' Right 61'

4. Water Source:

Private well or stream

Community water system

District

5. Building Height feet

6. Other 20' x 24'

The Dept. of Planning and Development will assist you with the following information:

7. Zoning Designation

8. Hazards: Floodplain: Yes No If yes, floodplain elevation

Geological: Yes No If yes, type and conditions

9. Access to property is from: State Hwy County Road Easement

Other

10. Comments:

APPROVED DENIED (see attachment) APPROVED WITH CONDITIONS
CONDITIONS OF DEVELOPMENT

(NOTE: Development Permit is void if Conditions of Approval have been detached)

Signed
Date

807-19DA #1200

June 26, 1973

Mr. Roscoe Lackey
Lackey Real Estate
228 10th Street
Astoria, Oregon 97103

RE: Your letter of June 1, 1973

Dear Mr. Lackey:

The Rules and Regulations governing subsurface sewage disposal drafted in 1970 are no longer in existence. New regulations have been in effect since May, 1973. However, under O.A.R., Chapter 333, Section 41-020, Item #1 of the 1970 regulations, a Sanitarian could accept less than one acre of ground if the conditions were acceptable.

I feel that paragraph one of this letter explains why it is permissible to install a subsurface disposal system and an individual water supply on the same piece of ground which is less than one acre in size.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

G. Edward Barnes, R.S.
Clatsop County Sanitarian

GEB/cw

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30

ASTORIA, OREGON 97103

RECEIVED
MAR 13 1973

CLATSOP COUNTY HEALTH DEPT.

Lot Evaluation Application

1. Provide your name, mailing address and telephone number.
LACKEY REAL ESTATE , 228-10th St., Astoria, Oregon, 97103
2. Provide a detailed rural route description of how to find the property. This should be in layman's terms and should pinpoint the specific location of the property.
Rt. 4, Box 575-12, Astoria, Oregon (see attached map)
3. Submit a legal recorded map of the property you wish inspected. This map cannot be returned.
attached.
4. Provide a statement describing the source of water supply to the lot. (eg. Individual or community supply.) If the source is a community supply, provide information as to the location of the nearest connection to the water distribution system.
Community - Kappa/Svensen Water District
5. Legal Description: Lot 12 -Wickiup West, Clatsop County, State of Oregon
Assessor's Code 5503
Assessor's Account Number 807 19 DA 1200
BROKERS FILE NO. F163-73
6. What is the proposed method of sewage disposal? System in- house about 4 years old - was an approved subdivision previously.
(a) Septic tank and drainfield (X)
(b) Community sewer ()
7. Proposed use of property: same as previous. This is for refinancing purposes Federal Housing Administration, per their request.
(X) Residential
() Camping
() Commercial
() Other _____

8. Mark the reason for requesting this evaluation.

(XX) Selling property

() Plan to build on property

() Other _____

Lot is 98' X 150'.

Complete 9 and 10 only if partitioning land.

9. Indicate your proposed lot divisions on the legal recorded map.

-0-

10. Complete the following:

(a) Total acreage involved _____

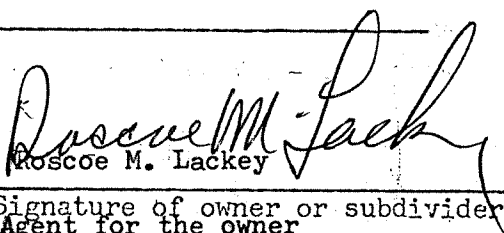
(b) Number of lots _____

(c) Number of parcels _____

(d) Size of lots on parcels _____

2/11/73

Date


Roscoe M. Lackey

Signature of owner or subdivider
Agent for the owner

Lackey Real Estate

ROSCOE LACKEY, REALTOR

Property Factors — Building — Insurance

228-10TH STREET ASTORIA, OREGON 97103
PHONE: 325-7244

RECEIVED
CLATSOP COUNTY HEALTH DEPT.

April 5th, 1973

Clatsop County Sanitarian
Health Bldg.,
Astoria, Oregon, 97103

In re: Lot evaluation application submitted 3/11/73.

Dear Sir:

I will greatly appreciate your help. May I tell you my problem? I understand your problem of shortage of time and personnell.

Our office requested lot evaluation for installed sub-surface septic/tank system on 3/11/73.

We also represent AMFAC MTG. CO and have from them a hold litter(exhibit A) on the price of money until 4/16/73. This hold rate is .05% of the mortgage amount; after this date the price of money will rise to .06% or ^(SEE "B")more. This represents to us a minimum rise in the cost of the mortgage loan of \$175.50, if we cannot close before that date, and that time is rapidly arriving. Our office must bear this increased cost if we cannot close; and we cannot close, as the only thing preventing our closing has been the report applied for on the lot evaluation.

If at all possible and to prevent our direct out of pocket money loss of not less than \$175.50, we will appreciate this report. We have no blame but perhaps thought if you realized we will suffer a substantial money loss in this case, that it might be possible to help us in this particular case. In some cases an extended delay would not matter but not so in this case.

Thank you for your consideration.

Most sincerely,

Roscoe Lackey
Roscoe Lackey,
Realtor

EXH. "A"

DATE: March 13, 1973

AMFAC Mortgage

Lackey Real Estate

228-10th St.

Astoria, Ore 97103

RE: NORLIN, Tommy

Rt. 4, Box 552

Astoria, Oregon

Loan Amount \$17,550

Gentlemen:

With reference to the above captioned loan application, taken on

2-16-73

we hereby agree to close at 5 Points

FROZE UNTIL

Discount to the seller, provided:

1. The loan is recorded on or before 4-16-73
2. The loan bears the maximum permissible interest rate at time of recordation.

Very truly yours,

J. Walcott

Jack Walcott
Ass't Vice President

For office use only:

FHA XX VA CONVENTIONAL

EXH. "B"

Amfac Mortgage CORPORATION

Successor to Commonwealth, Inc., and Metropolitan Mortgage Corporation

1300 S. W. SIXTH AVENUE, P.O. BOX 1420, PORTLAND, OREGON 97207 • (503) 288-8141

March 21, 1973

Mr. Roscoe Lackey
Lackey Real Estate
228 10th Street
Astoria, Oregon 97103

NEW RATES
AFTER 4/16/72
FOR THIS CASE

Dear Roscoe:

Please be advised that effective immediately is a new discount schedule that replaces the one I sent you on March 19th. The new schedule is as follows:

Loan Amount

\$25,000. and over	5½ points (take all single family)	
16,500. and over	6 points	"
10,000. and over	6½ points	"
9,000. and over	7 points	"

Price of .0190

VA Loans over \$50,000.00 - could become unavailable at any time
7½ to 8½ minimum, depending on individual transaction.

2 to 4 family - add ½ point to above prices.

I have not come to any conclusion yet with my conversation with VA. I will advise you as soon as something comes up.

Very truly yours,

AMFAC MORTGAGE CORPORATION

Jack Walcott

R. Jack Walcott
Assistant Vice President

RJW: clr

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30

ASTORIA, OREGON 97103

Lot Evaluation Application

1. Provide your name, mailing address and telephone number.

LACKEY REAL ESTATE, 228-10th St., Astoria, Oregon, 97103

2. Provide a detailed rural route description of how to find the property. This should be in layman's terms and should pinpoint the specific location of the property.

Rt. 4, Box 575-12, Astoria, Oregon (see attached map)

3. Submit a legal recorded map of the property you wish inspected. This map cannot be returned.

4. Provide a statement describing the source of water supply to the lot. (eg. Individual or community supply.) If the source is a community supply, provide information as to the location of the nearest connection to the water distribution system.

Community - Klapapa/Svensen Water District

5. Legal Description: Lot 12 -Wickiup West, Clatsop County, State of Oregon

Assessor's Code 5J03

Assessor's Account Number 807-19-DA-1200

BROKER'S FILE NO. F163-73

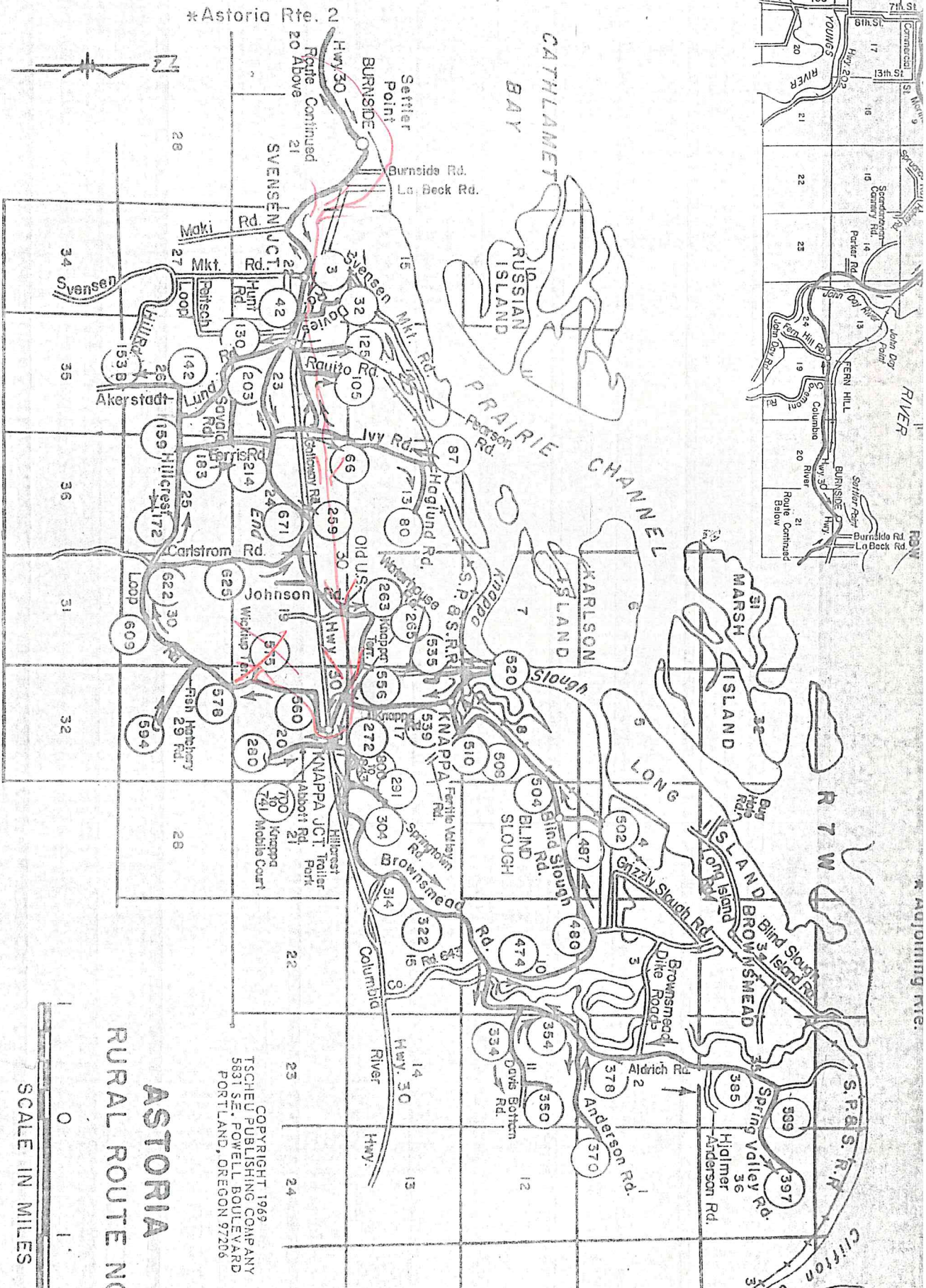
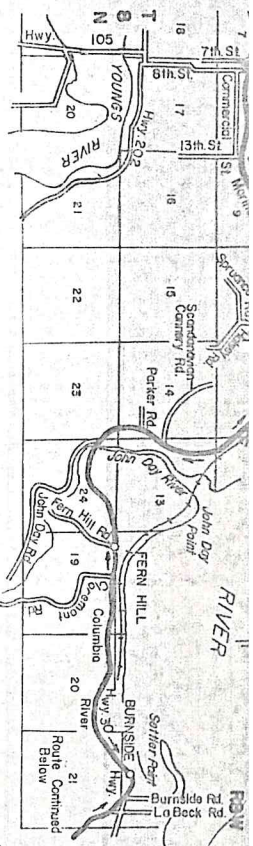
6. What is the proposed method of sewage disposal? System in-house about 4 years old - was an approved subdivision previously.
- (a) Septic tank and drainfield (X)
- (b) Community sewer ()

7. Proposed use of property: same as previous. This is for refinancing purposes Federal Housing Administration, per their request.
- (X) Residential

() Camping

() Commercial

() Other



*Astoria Rte. 2



LACKEY REAL ESTATE
228-10TH STREET
ASTORIA, OREGON 97103

SCALE IN MILES

ASTORIA
RURAL ROUTE NO

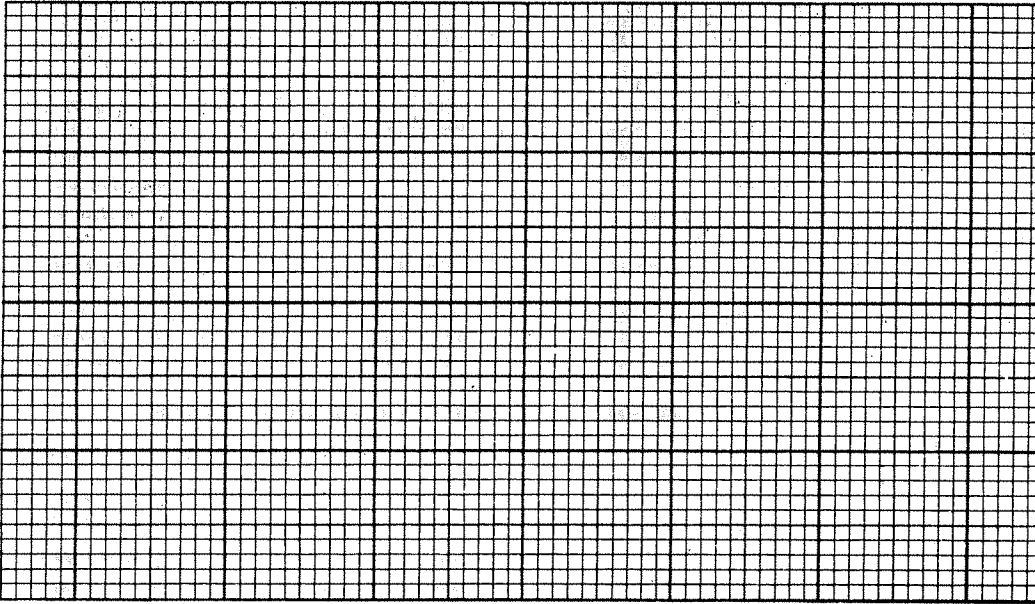
COPYRIGHT 1965
TSCHOU PUBLISHING COMPANY
5831 SE. POWELL BOULEVARD
PORTLAND, OREGON 97206

**HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM****PART I.—TO BE COMPLETED BY FHA**

INSURANCE Portland, Oregon		MORTGAGEE		431 SERIAL NO.	
MORTGAGOR OR SPONSOR AMFAC MORTGAGE CORP. P.O. BOX 1420 PORTLAND, OREGON, 97207		PROPERTY ADDRESS Rosee Leakey, Reviewing Appraiser Bt. 4, Box 575-12, Astoria, Oregon, 97103			
TOTAL NUMBER:		BASEMENT		Can attic or other area be made into additional bedrooms? 12 (If Yes, how many?)	
LIVING UNITS	BEDROOMS	BATHS	<input type="checkbox"/> New Wickup West	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WATER SUPPLY BY: 3		1		X SYSTEM DESIGNED FOR	
<input type="checkbox"/> Public system		<input type="checkbox"/> Community system		NO. OF BEDRS. GARBAGE DISPOSAL	
<input type="checkbox"/> Individual		<input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEWAGE DISPOSAL BY:		<input type="checkbox"/> Community system		<input type="checkbox"/> Individual	
<input type="checkbox"/> Public system		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☒ County ☐ Local Department of Health that this individual water-supply system ☒ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and is not likely to create an insanitary condition ☐ Cannot be expected to function satisfactorily

DATE 4-10-73	SIGNATURE Edward Barnes	TITLE R. D.
------------------------	-----------------------------------	-----------------------

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of ☐ Septic tank. ☐ Cesspool.

Septic Tank:

Distance from well, _____ feet. Material, _____ Number of compartments _____
Total liquid capacity, _____ gallons. Capacity inlet compartment, _____ gallons.
Inside length, _____ feet. Inside width, _____ feet. Liquid depth, _____ feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.
Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of ☐ Tile disposal field. ☐ Seepage pits. Other _____

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.
Total length of tile lines, _____ feet. Number of lines, _____ Distance between lines, _____ feet.
Trench width, _____ inches. Total effective absorption area in bottom of trenches, _____ square feet.
Length of each line, _____ feet. Depth, top of tile to finish grade, _____ inches.
Type of filter material: ☐ Gravel. ☐ Broken stone. Other _____
Depth of filter material beneath tile, _____ inches. Depth of filter material over tile, _____ inches.

Seepage Pits:

Number of pits _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
Distance from: Well, _____ feet; building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____

(TITLE)

REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells ☐ are ☐ are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood ☐ are ☐ are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: ☐ Drilled well. ☐ Driven well. ☐ Dug well. ☐ Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet,
cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;
seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.
Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.
Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: ☐ Cement grout. ☐ Puddled clay. ☐ Ordinary backfill.

Well cover: ☐ Concrete. ☐ Wood. ☐ Metal. Openings in well cover watertight: ☐ Yes. ☐ No.

Pump: ☐ Shallow well. ☐ Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: ☐ Basement. ☐ Pumproom off basement. ☐ Pumphouse above ground. ☐ Pump pit.

Pumproom properly drained: ☐ Yes. ☐ No. Pump mounting watertight: ☐ Yes. ☐ No.

Type of storage: ☐ Pressure. ☐ Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? ☐ Yes. ☐ No. If answer is "yes," give date _____, 19____

Quality of water ☐ is ☐ is not satisfactory for human consumption.

Installation ☐ does ☐ does not comply with approved exhibits, if any.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____

(TITLE)

DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

- 1-2-68 F.V. Inexp for Co Bldg permit # 68-70. Plans
call for a 1000 gal septic tank, dist Box, 15'
tile trenches 3" wide, 7' centers.
Will call for insp. Signed Co Bldg permit BRV
- 1-27-68 F.V. System installed by Robt Bridges
1000 gal metal septic tank approved. BRV
~~House to be built for [illegible] [illegible]~~
- 1-22-71 Call from Swanson realtor. House
to Russell C. Dedman. BRV

Dedman, Russell Building Department

CLATSOP COUNTY, OREGON

APPLICATION FOR BUILDING PERMIT

Bldg Permit No.

Date Issued

68-70

Valuation

Basic Fee

\$14,000.00

\$45.00

Area—1st Floor 1114 sq. ft.

(+) 50% I, II, III

Area—2nd Floor

(-) 50% V, J

Additional Area

Plan Checking Fee

Area—Type V J

TOTAL

Area—Type V J

TOTAL

Area—Type V J

TOTAL

Area—Type V J

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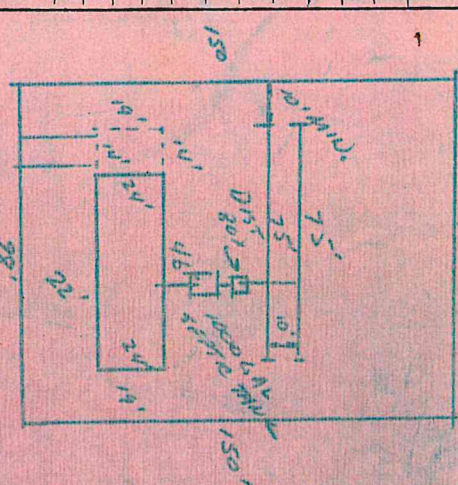
Area—Type V J

TOTAL

Area—Type V J

TOTAL

PLOT PLAN



Map No.

St. No. Assigned

Field Check by

Date

PLANNING AND ZONING

Type of Occupancy

Total Floor Area

No. Stories

Area of Lot

Front Yard Setback

Side Yard Setback

Rear Yard Setback

New Const.

Change of Occupancy From

To

Alter.

or record

6870

LEGAL DESCRIPTION

Subdivision

Block

Lot No. 12

Blk. 1

807 20032101

CONTRACTOR

Name

Address

City

State Lic. No.

Tel. No.

ARCHITECT

Name

Address

City

State Lic. No.

Tel. No.

PERMITS

Name

Address

City

State Lic. No.

Tel. No.

BUILDING

Address

Locality

Nearest Cross Street

Use of Building

CLASS OF WORK

New

Alteration

Addition

Demolish

Repair

Move

Size of Building

No. of Rooms

No. of Floors

No. of Bldgs.

Now on Lot

Size of Lot

Use of Bldg.

Now on Lot

SPECIFICATIONS

FOUNDATION

Material

Width of Top

Width of Bottom

Depth in Ground

R. W. Plate

Girders

Joist—1st Floor

Joist—2nd Floor

Joist—Ceiling

Exterior Studs

Interior Studs

Roof Rafters

Bearing Walls

COVERING

Exterior Walls

Interior Walls

Roof

Reeroofing

FLUES

Fireplace

Kitchen

Furnace

Gas

Oil

Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

Division 1, 2, 3, 4.

Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3.

M1, M2.

File Zone: 1, 2, 3.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all applicable County Ordinances and State laws regulating building construction.

Signature of Permittee

By

APPROVED: COUNTY SANITARIAN

By

APPROVED: COUNTY PLANNING COMM.

By

APPROVED: BUILDING OFFICIAL

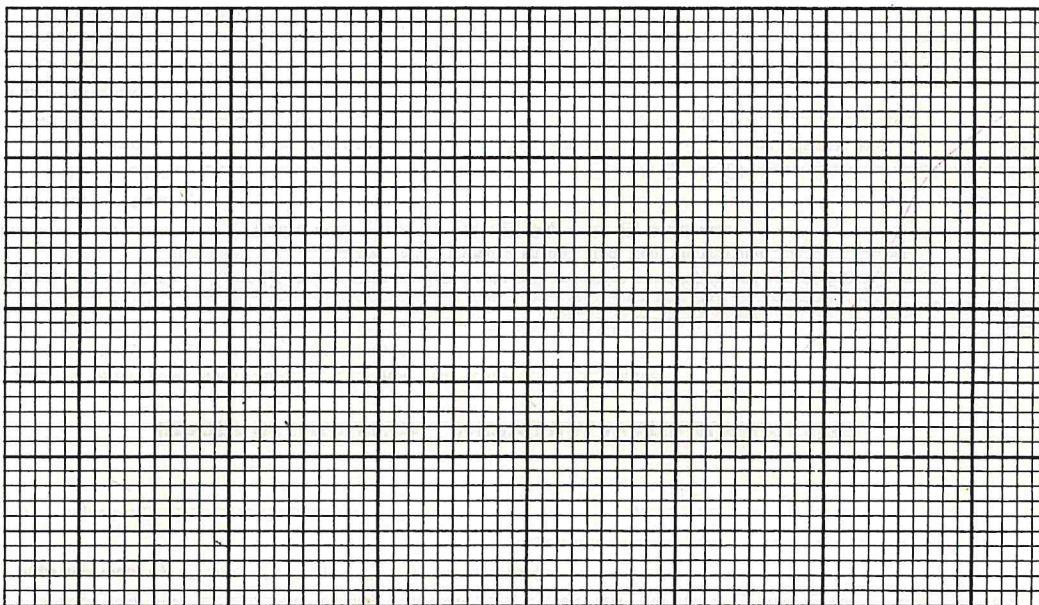
By

**HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM****PART I.—TO BE COMPLETED BY FHA**

INSURING OFFICE		MORTGAGEE		SERIAL NO. 431-078-307-203	
MORTGAGOR OR SPONSOR Wolsborn Construction Company			PROPERTY ADDRESS Rt. 4 Knappa, Oregon		
SUBDIVISION NAME Wickiup West Clatsop County			BLOCK NO. 1v	LOT NO. 12	
TOTAL NUMBER:			BASEMENT		
LIVING UNITS 1	BEDROOMS 3	BATHS 1½	<input checked="" type="checkbox"/> New installation		
			Can attic or other area be made into additional bedrooms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, how many?)		
WATER SUPPLY BY:			SYSTEM DESIGNED FOR		
<input checked="" type="checkbox"/> Public system <input type="checkbox"/> Community system <input type="checkbox"/> Individual			NO. OF BDRMS. GARBAGE DISPOSAL		
SEWAGE DISPOSAL BY:			3 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Public system <input type="checkbox"/> Community system <input checked="" type="checkbox"/> Individual					

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☐ County ☐ Local Department of Health that this individual water-supply system ☐ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☒ County ☐ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and ☐ Cannot be expected to function satisfactorily is not likely to create an insanitary condition

DATE Oct 7, 1968	SIGNATURE Buckley R. Vaughan R.S.	TITLE Senior Sanitarian
---------------------	--------------------------------------	----------------------------

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

Use of the above grid for Health Department Inspector's sketch as well as use of the back of this form is at the option of the health authority.

PART III.—FOR USE OF FHA OFFICE**TO THE CHIEF UNDERWRITER:**

I have reviewed the foregoing and the pertinent FHA Compliance Inspection Report, and recommend that the

Individual water-supply system be considered ☐ Acceptable ☐ Not Acceptable

Sewage disposal be considered ☐ Acceptable ☐ Not Acceptable.

DATE Oct 7, 1968	SIGNATURE Buckley R. Vaughan R.S.	<input type="checkbox"/> CHIEF ARCHITECT <input type="checkbox"/> DEPUTY FOR CHIEF ARCHITECT
---------------------	--------------------------------------	---

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of ☐ Septic tank. ☐ Cesspool.

Septic Tank:

Distance from well, _____ feet. Material, _____ Number of compartments _____
Total liquid capacity, _____ gallons. Capacity inlet compartment, _____ gallons.
Inside length, _____ feet. Inside width, _____ feet. Liquid depth, _____ feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.
Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of ☐ Tile disposal field. ☐ Seepage pits. Other _____

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.
Total length of tile lines, _____ feet. Number of lines, _____ Distance between lines, _____ feet.
Trench width, _____ inches. Total effective absorption area in bottom of trenches, _____ square feet.
Length of each line, _____ feet. Depth, top of tile to finish grade, _____ inches.
Type of filter material: ☐ Gravel. ☐ Broken stone. Other _____
Depth of filter material beneath tile, _____ inches. Depth of filter material over tile, _____ inches.

Seepage Pits:

Number of pits _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
Distance from: Well, _____ feet; building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____

(TITLE)

REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells ☐ are ☐ are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood ☐ are ☐ are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: ☐ Drilled well. ☐ Driven well. ☐ Dug well. ☐ Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet,
cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;
seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.
Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.
Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: ☐ Cement grout. ☐ Puddled clay. ☐ Ordinary backfill.

Well cover: ☐ Concrete. ☐ Wood. ☐ Metal. Openings in well cover watertight: ☐ Yes. ☐ No.

Pump: ☐ Shallow well. ☐ Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: ☐ Basement. ☐ Pumproom off basement. ☐ Pumphouse above ground. ☐ Pump pit.

Pumproom properly drained: ☐ Yes. ☐ No. Pump mounting watertight: ☐ Yes. ☐ No.

Type of storage: ☐ Pressure. ☐ Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? ☐ Yes. ☐ No. If answer is "yes," give date _____, 19____

Quality of water ☐ is ☐ is not satisfactory for human consumption.

Installation ☐ does ☐ does not comply with approved exhibits, if any.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____

(TITLE)

5J-03

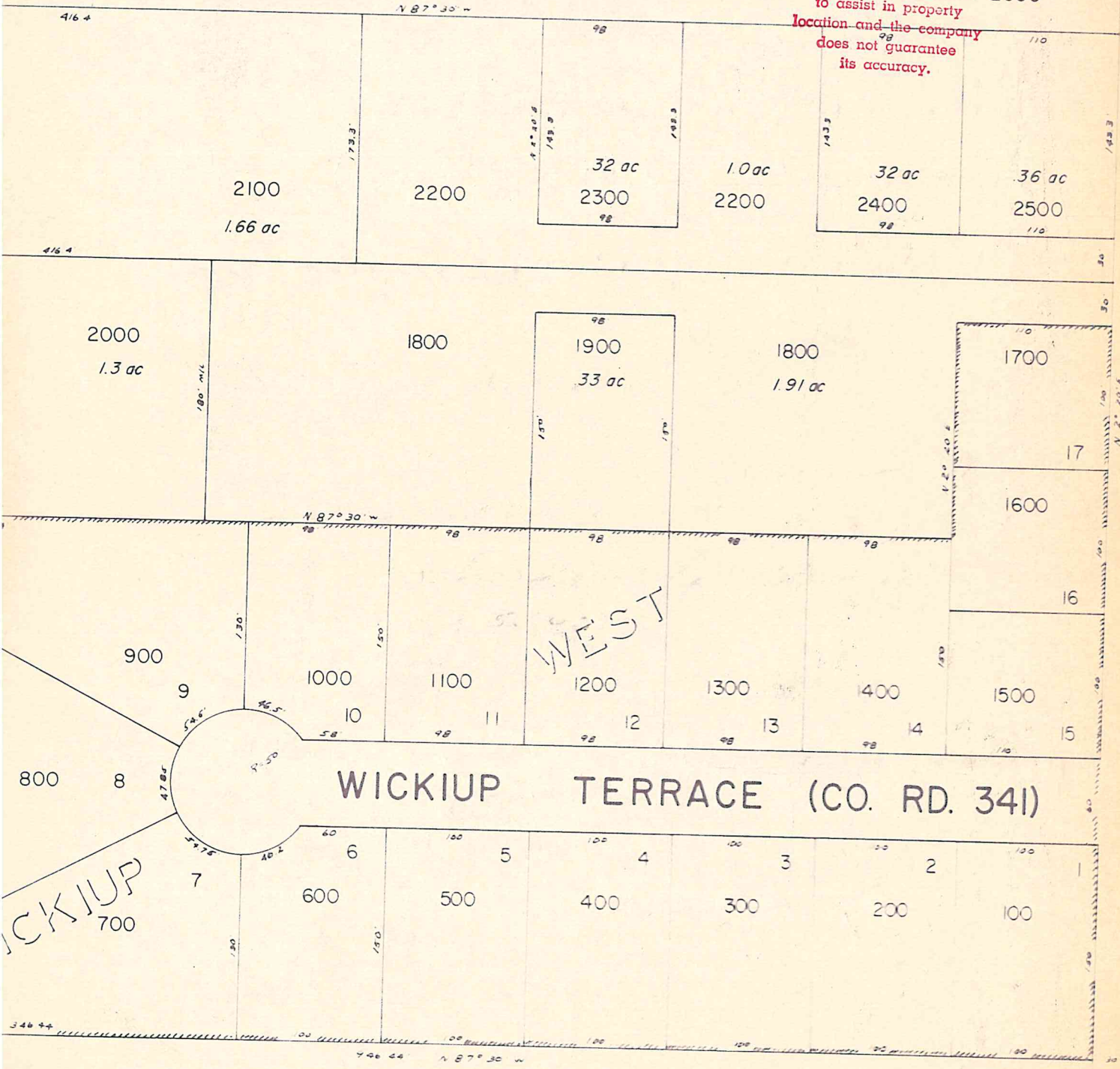


COMPLIMENTS OF
TRANSAMERICA
TITLE
INSURANCE
COMPANY

7.10 ac

This sketch is furnished
to assist in property
location and the company
does not guarantee
its accuracy.

2600



See Map 8 7 19

SE Cor
DLC
No 39