

**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  Site Approved - Yes  No  N/A

Signature: Connie Schaudt 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.

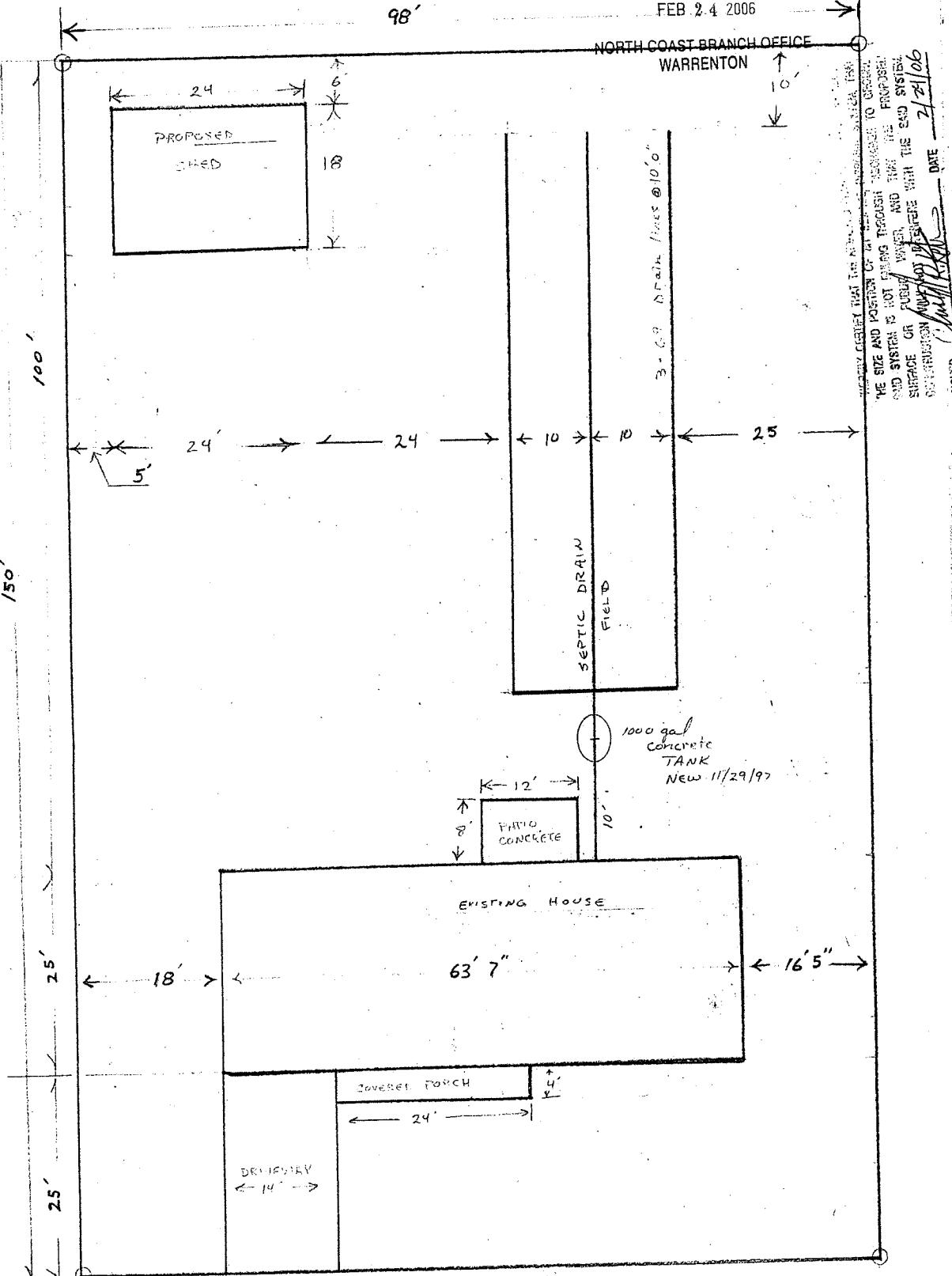
DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

98'

FEB 24 2006

NORTH COAST BRANCH OFFICE  
WARRENTON

10'  
10'  
DATE  
2/21/06



WICKIUP TERRACE

PLOT MAP

41965 WICKIUP TERRACE LANE  
CLATSOP CO. MAP REF # 80719DA01200  
KETCHAM HOME OWNER PH.5034585107  
DRAWN BY CHRIS KETCHAM 2/24/06  
WICKIUP WEST #12

SCALE 1/12' 0 3 6 9 12  
1 1 1 1 1 1 1 1

DEP PK # 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 replacementPermit Issued To Tom & Pam Norlin  
(Property Owner's Name)Wickiup Terrace  
(Road Location)8N  
(Township)7W  
(Range)19DA  
(Section)

1200

Clatsop  
(County)Astoria(Knappa)  
(City)

(Issued by - Signature)

11-29-96  
(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 November 29, 1997

TYPE OF SYSTEM \_\_\_\_\_

New  
Tank Volume 1000 Gallons Disposal Trenches  Seepage Bed(s)  Design Sewage Flow \_\_\_\_\_ Gallons/Day

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 LocationsInstaller Bill Hughes ExcavationSee 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)

1014  
NEW WEST SUBDIVISION  
WASCO COUNTY, OREGON

WOLSBORN HOMES, BUILDERS

AM NOV 11 1960

Mr. Linsenmeyer decided  
location of S. Park and  
drain field as being to  
the west, while  
willing body will be  
in the Northeast corner  
of the prop. No truth.  
Notice needed.

Johns  
10-19-85

STEEL TANK HAS BEEN  
REMOVED & PUMPED  
w/ D/W & REPLACED  
concrete

HOUSE 650-  
R.F. Box 575-14

HOUSE 650-  
251 2nd Street

251 00153811

HOUSE 650-  
351 PARK

## WICKIUP TERRACE

electrons assumed  
from 102.0

Front  
30° ± 1°

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 system owner 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 19 DA; Tax Lot 1200; Tax Acct. # \_\_\_\_\_

Job Location Wickup 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.

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

12/12/1996 16:24 583-458-6779

HUGHES EXCAVATION

PAGE 02

Property Owner Tom & Pam Norlin 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 1212

**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 C. 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

STATEMENT

DATE	12-12-96
NUMBER	

CLYDE McDONALD 458-6521

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	Planned Septic Tank To Repair	\$125.00
	✓ Bill Hugger	
	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., Groton, Mass. 01471 To Order PHONE TOLL FREE 1-800-225-5380

*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.

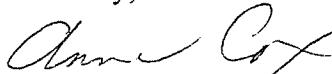
The existing system was installed around 1983, and records show that it consists of a 1,000 gallon septic tank and 3 lines of 64 feet. At the time of my inspection, the top of the distribution box was under water. The water was clear and is probably groundwater. The existing septic tank is indeed damaged 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, R.S.  
Environmental Specialist  
Water Quality Source Control  
Northwest Region

John A. Kitzhaber  
Governor

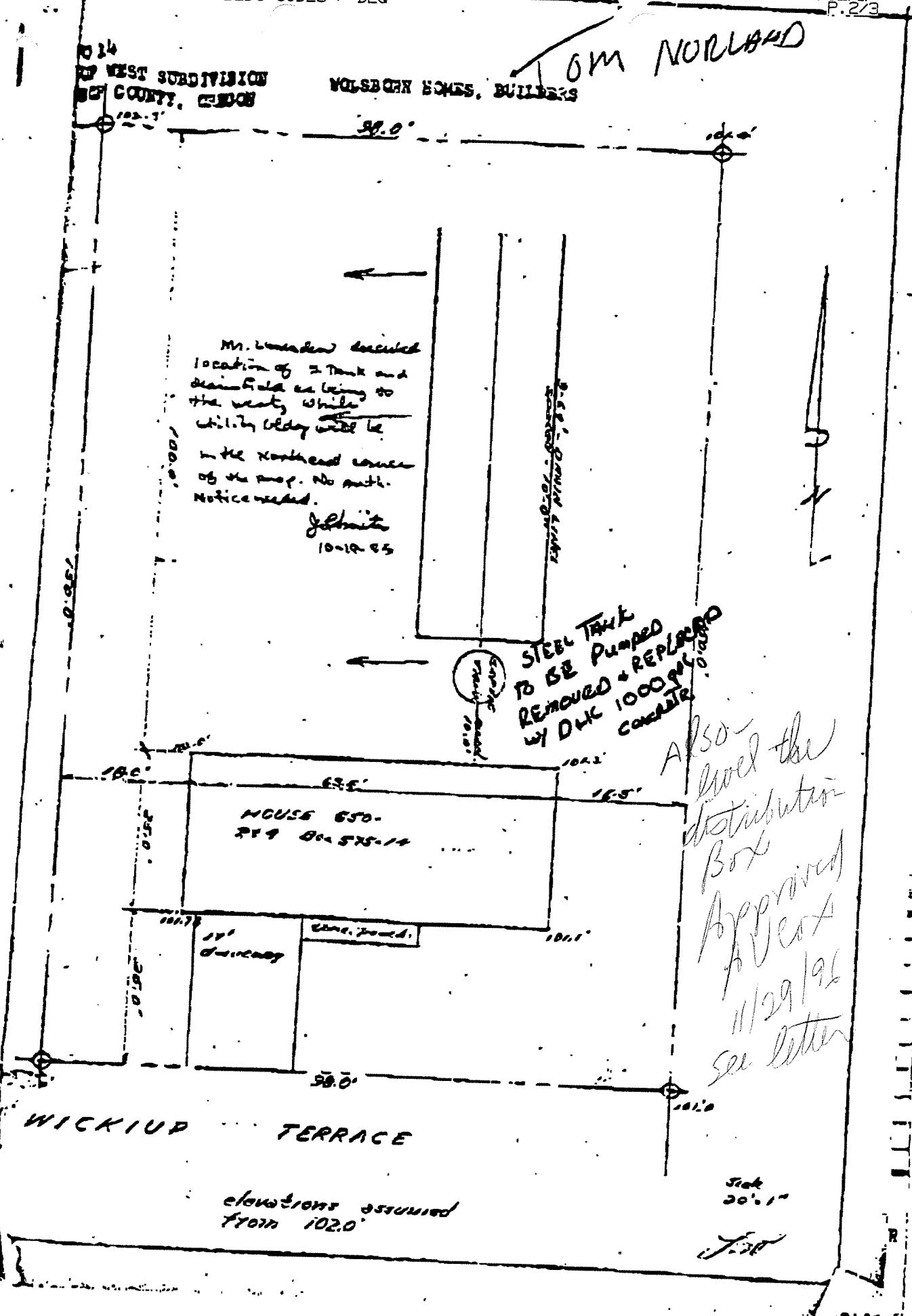


*NCBO ✓*  
2020 SW Fourth Avenue  
Suite 400  
Portland, OR 97201-4987  
(503) 229-5263 Voice  
TTY (503) 229-5471  
DEQ-1

1024  
PP WEST SUBDIVISION  
SCE COUNTY, CALIFORNIA

WOLSBACH BROS. BUILDERS

OM NORLAND



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

I OFFICE USE ONLY (D)  
 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)

Public (Community System)

Other  
(Specify)

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  
 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  
RT 2 Box 848  
Astoria, Ore 97163

Applicant's Mailing Address (if different)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)

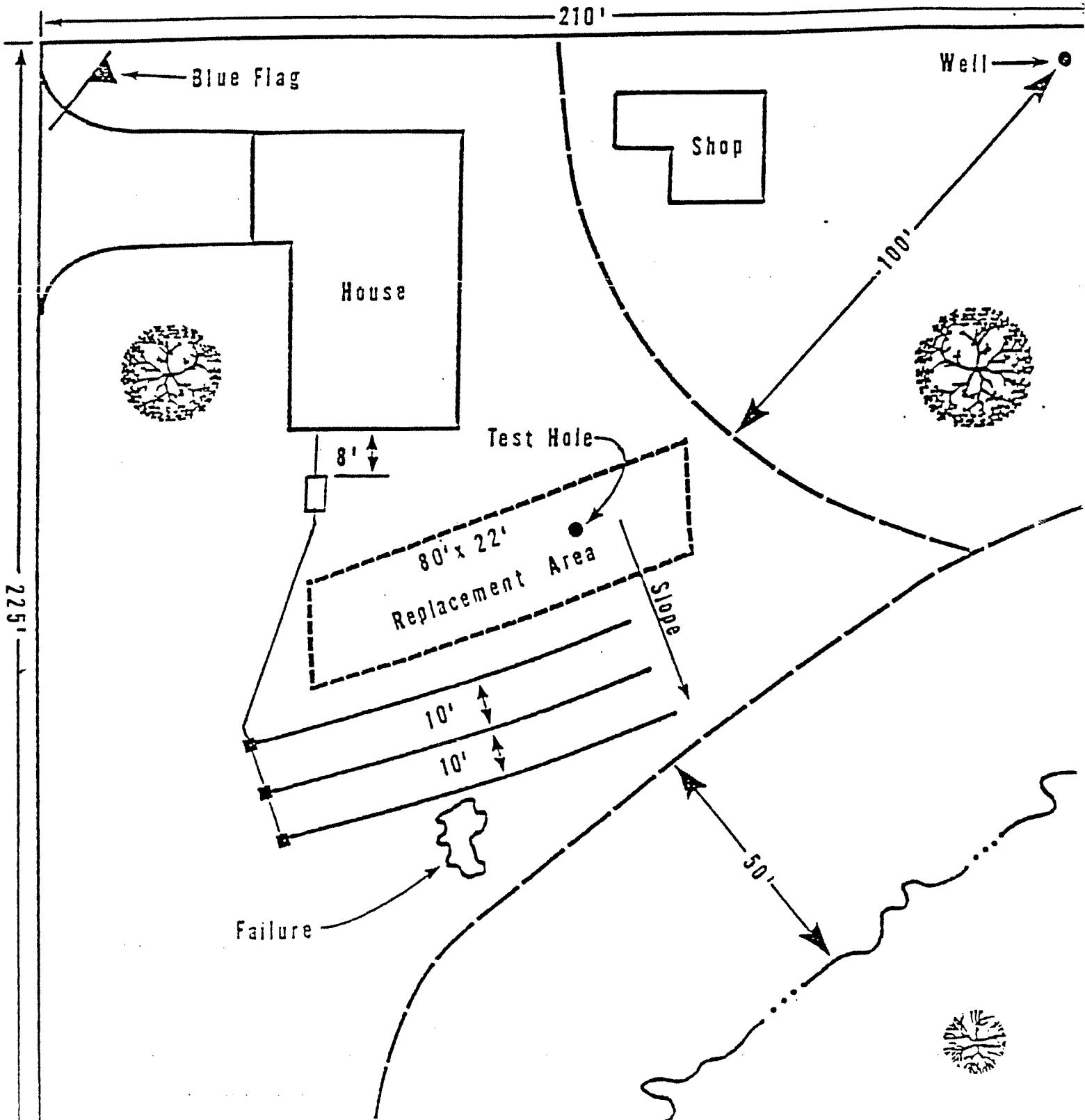
Give any landmarks that may help locate the site.

North direction would be helpful

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



## DETAILED SITE PLAN



LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <b>PAMELA J. NORLIN</b>		MAILING ADDRESS <b>Rt 2 Box 848</b>	PHONE <b>458-6134</b>	
		<b>ASTORIA</b> CITY	ORE 97103 STATE ZIP	
P L R O C P A E T I O N	TOWNSHIP <b>8N</b>	RANGE <b>7W</b>	SECTION <b>19DA</b>	TAX LOT OR ACCT NO <b>1200</b>
	SUBDIVISION/PROJECT <b>Wickings West</b>	LOT <b>12</b>	BLOCK	COUNTY <b>Clatsop</b>
<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

NOT COMPATIBLE WITH THE LCDC  
ACKNOWLEDGED COMPREHENSIVE PLAN

OR

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

**Ken Allen**

TITLE

**P.I.C.**

DATE

**11/18/96**

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

**NOV 18 1996**

SIGNED

TITLE

DATE

**NORTH COAST BRANCH OFFICE**  
**WARRENTON**

~~DEPARTMENT OF ENVIRONMENT~~

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

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

WOBURN TOWNSHIP

MOONLIGHT

Chilcoot Cannery Building Dept.  
P.O. Box 179, Astoria, Ore.

Bldg 1

BUILDING FERMENTATION

LOCATION		CLASS OF WORK	
BUILDING ADDRESS	Building R1, 4 Box 575 -12	New	Trailer or M.H.
LOCALITY	Astoria, Ore.	Garage	
NEAREST CROSS STREET	Hillcrest Rd	Shed	
Address	Box 515-12	Other	
City	Astoria, Ore	Residence	
Tel. No.	456-6134		
Name	Tom NCRIN		
Address	R1, 4 Box 515-12		
PE. No.			
ENGINEER			
Tel. No.			
Name			
Address			
City			
Tel. No.			
SPECIFICATIONS			
Foundation material		Footing	
Width of wall		Depth in Ground	
Height of wall		Span	
Address	8x7x6x6	Size	
City		Size	
Tel. No.		Span	
CONT. ADDRESS			
CONSTRUCTION			
Tel. No.	Reg. No.		
Lot	Block		
Subdivision	Lots		
Sec. 191A	8	24'	
Name	Refers		
Per. lot # 1200	Plan	Type of roofing	
		Type of siding	
		Type of heating	
Type of Construction: I, II, III, IV, V,		10 Decr	
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			
Fire 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 County Ordinances and State laws regulating building construction.			
Signature of Permittee (See back of application)			

PLOT PLAN		
17-157	5-25-77	
Valuation \$ 2,100	Basic Fee 20	
Area-1st Floor	(+) 50% 1,11.11	
Area-2nd Floor	(+) 50% 1,11.11	
Additional Area	50% 60	
Area-Type VJ	Plan Checking Fee TOTAL 20	
CALLED INSPECTIONS		
BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
Finish	Final	Final
SPECIAL INFORMATION		
<p>If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse, will be required before starting construction.</p> <p>Special Information: <u>Size Permit # 68-76</u> <u>Referees</u></p>		
<p>APPROVED: COUNTY SANITARIAN <u>N/A</u></p>		
Date:	5-20-77	
APPROVED: COUNTY PLANNING COMM.		
By		
Date:		
APPROVED: BUILDING OFFICIAL <u>Jeffrey L. Carlson</u>		
By		
Date:		
<p>Change of Occupancy From To</p>		

PCT PLAN

104

100

103

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12

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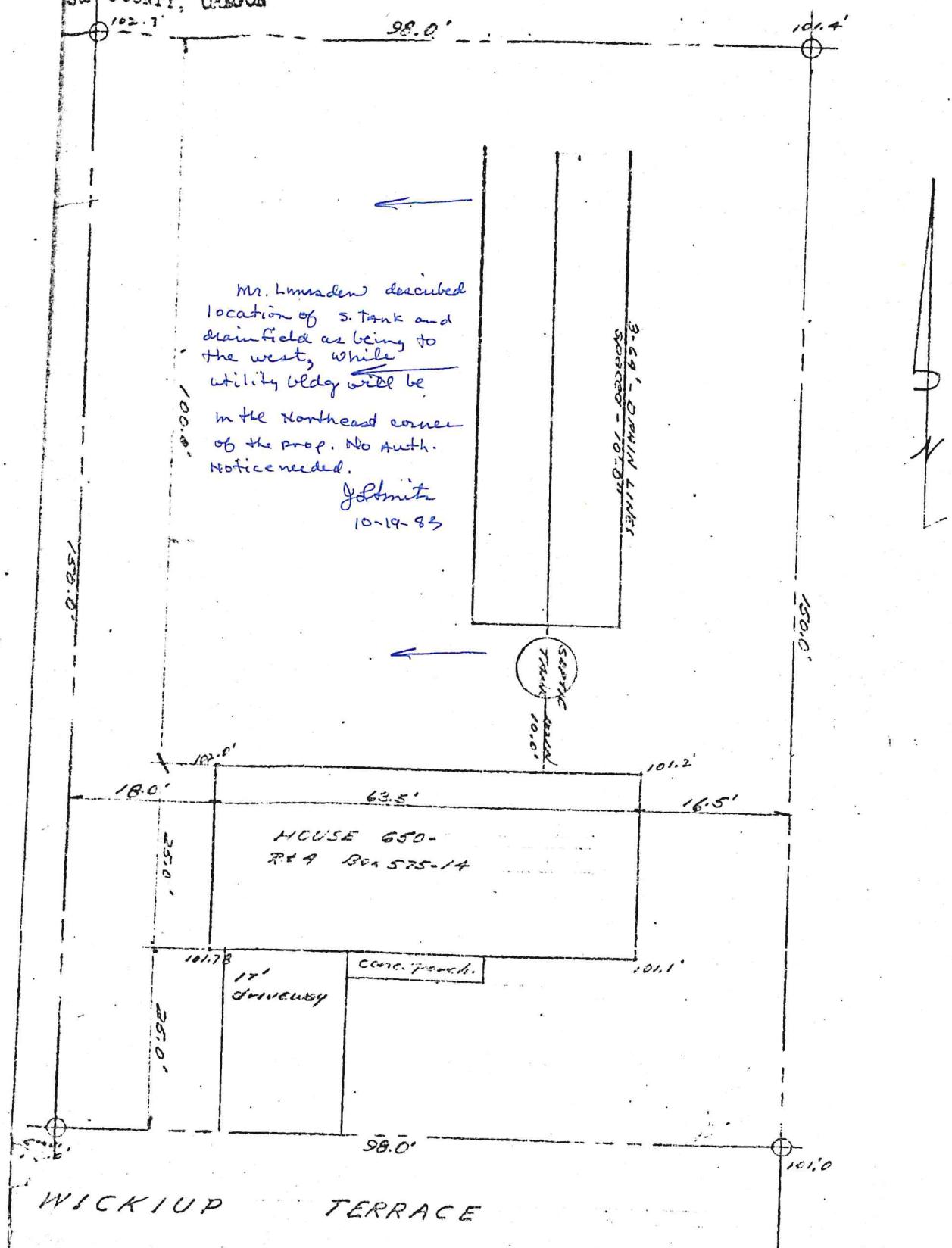
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PLOT PLAN		
17-157	5-25-77	
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Area-1st Floor	(+) 50% 1,11.11	
Area-2nd Floor	(+) 50% 1,11.11	
Additional Area	50% 60	
Area-Type VJ	Plan Checking Fee TOTAL 20	
CALLED INSPECTIONS		
BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
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<p>APPROVED: COUNTY SANITARIAN <u>N/A</u></p>		
Date:	5-20-77	
APPROVED: COUNTY PLANNING COMM.		
By		
Date:		
APPROVED: BUILDING OFFICIAL <u>Jeffrey L. Carlson</u>		
By		
Date:		
<p>Change of Occupancy From To</p>		

		CLASS OF WORK		
OWNER, C.R.	BUILDING R. 4 Box 575 -12	New	Trailer or M.H.	
LOCALITY ASTORIA	Address R. 4 Box 575 -12	Addition	Garage	
NEAREST CROSS STREET Hillcrest Rd	Alteration		Shed	
Name Tom Nolin	Repair		Other	
Address R. 4 Box 575 -12	Move		Residence	
City ASTORIA	Use of building GARAGE			
Tel. No. 458-6134	Size of building 14' x 19'			
Name	No. of bedrooms			
Address	No. of floors			
City	Size	Height		
		14 ft.		
SPECIFICATIONS				
Foundation material				
Width of wall				
Height of wall				
Depth in Ground				
Size				
Span				
Footing				
Girders				
Joists				
Shuds				
Rafter				
Type of roofing				
Type of siding				
Type of heating				
Name				
Ex. lot # 1200				
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, R4, RA, AI, CI, C2, C3, ML, M2				
Fire Zone: 1, 2, 3				
Signature of Permitted <u>Architect or Engineer</u> <u>John W. Nolin</u>				
By <u>John W. Nolin</u>				
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.				

1014  
UP WEST SUBDIVISION  
SCP COUNTY, OREGON

WOLSBORN HOMES, BUILDERS



elevations assumed  
from 102.0'

Scale  
20' 1"

J.W.



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 Bx 575-14

is building within city limits:  Yes

No

IDENTIFYING NAME OF BUILDING

2 SFO/Utility Bldg.

COUNTY

Clatsop

LEGAL  
DESCR.

LOT NO.

BLOCK

TRACT

See Attached Sheet

3

TAX LOT NO.

12 00

Township

8

Range

2

W.M.

Section No. 19 DA

OWNER

MAIL ADDRESS

ZIP

PHONE

CONTRACTOR

MAIL ADDRESS

PHONE

LICENSE NO.

ARCHITECT OR DESIGNER

MAIL ADDRESS

PHONE

LICENSE NO.

ENGINEER

MAIL ADDRESS

PHONE

LICENSE NO.

USE OF BUILDING

8 Utility Building

9 Class of work:  NEW  ADDITION Existing Sq. Ft. \_\_\_\_\_  ALTERATION  REPAIR  MOVE  REMOVE  
Additional Sq. Ft. \_\_\_\_\_

10 Describe work:

Construct 480' II utility bldg.

11 Change of use from

to

Total area 12 of building 480 Sq. Ft.	No. of stories 1	No. of bedrooms NA	No. of living units or apts. 1A	Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------	--------------------	---------------------------------	--

Declaration of

13 Valuation of work \$ 4000

14 LOCAL GOVERNMENT APPROVALS

SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED

15 Signature Required to Become Valid

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.

Signature of Contractor

(Date) 10/17/83

Signature of Owner (If Owner Builder)

(Date)

16 Directions to job-site. Draw map if necessary.

44.50

28.93

1.78

\$ 75.21

## OFFICE USE ONLY

Plans reviewed for:

Plan Review — Structural and F&LS.

Name \_\_\_\_\_ Date \_\_\_\_\_

Plan Review No. \_\_\_\_\_

Plan Review — Structural Only.

Name \_\_\_\_\_ Date \_\_\_\_\_

Permit No. \_\_\_\_\_

Plan Review — Fire & Life Safety Only.

Name \_\_\_\_\_ Date \_\_\_\_\_

Application Accepted By \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

6-16-81

Telephone: 325-8611

## CLATSOP COUNTY

## WATER AND LAND DEVELOPMENT PERMIT

FILE NUMBER (1. office use only)  
TL 1200 T 3 R 7 Sec. 107 No.

Department of Planning and Development  
Courthouse  
P. O. Box 179  
Astoria, Oregon, 97103

Please Print Name Wilson E. Friesenbeck  
Address 107-118 575-14  
Telephone 1158-1342

Signature  
Wiley F. Lumb Jr.

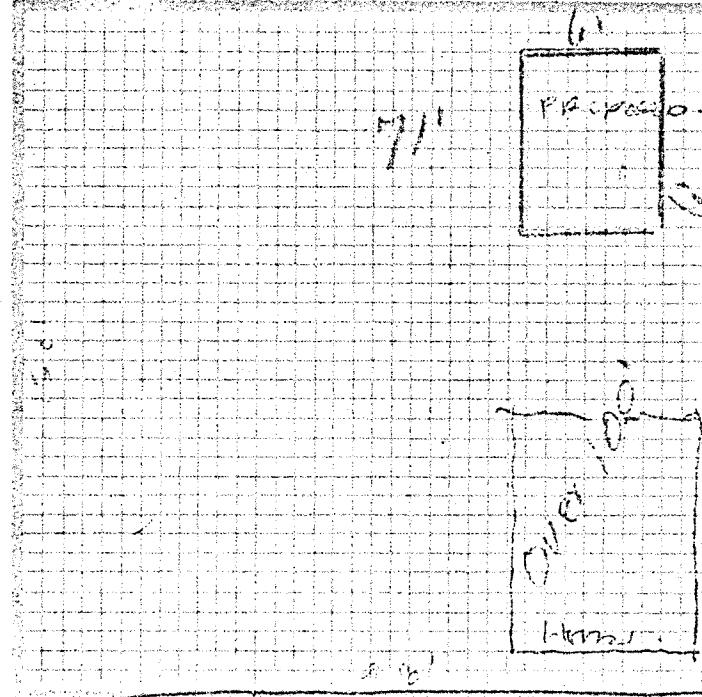
**Proposed Use or Activity**

Use or Activity  
Melter Bidder Prints 110

## 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.

↑ North



WICKLOW TERRACE

- 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 John J. Johnson Date 10/10/06

807-1904 #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/ew

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. Box 206

TELEPHONE 325-7441 EXT. 30  
ASTORIA, OREGON 97103

Lot Evaluation Application

**RECEIVED**  
MAR 13 1973

CLATSOP COUNTY HEALTH DEPT.

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.

- 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.

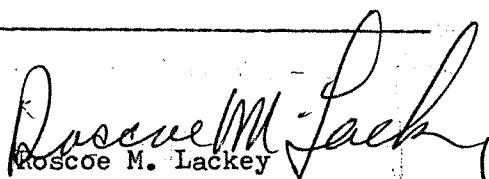
-0-

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

RECEIVED  
MAY 14 1973  
CLATSOP COUNTY HEALTH DEPT.

ROSCOE LACKEY, REALTOR

## Property Factors—Building—Insurance

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

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 personnel.

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 letter(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 more. <sup>(SEE "B")</sup> 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,  
Realtor

EXH. "A"

DATE: March 13, 1973

AMFAC Mortgage

Lackey Real Estate

228-10th St.

Astoria, Ore 97103

RE: NORLIN, Tommy

Re. 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,

*Jack Walcott*

Jack Walcott  
Ass't Vice President

For office use only:

FHA xx VA        CONVENTIONAL

**Amfac Mortgage**  
CORPORATION

Successor to Commonwealth, Inc., and Metropolitan Mortgage Corporation

1300 S. W. SIXTH AVENUE, P.O. BOX 1420, PORTLAND, OREGON 97207 • (503) 228-8141

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	$5\frac{1}{2}$ points (take all single family)	#3
16,500. and over	6 points	"
10,000. and over	$6\frac{1}{2}$ points	"
9,000. and over	7 points	"

Rate of .01% ↙

VA Loans over \$50,000.00 - could become unavailable at any time  
 $7\frac{1}{2}$  to  $8\frac{1}{2}$  minimum, depending on individual transaction.

2 to 4 family - add  $\frac{1}{2}$  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

~~copy~~  
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.

LACKY 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 - Kjappa/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

BROKER'S FILE NO. F163-73

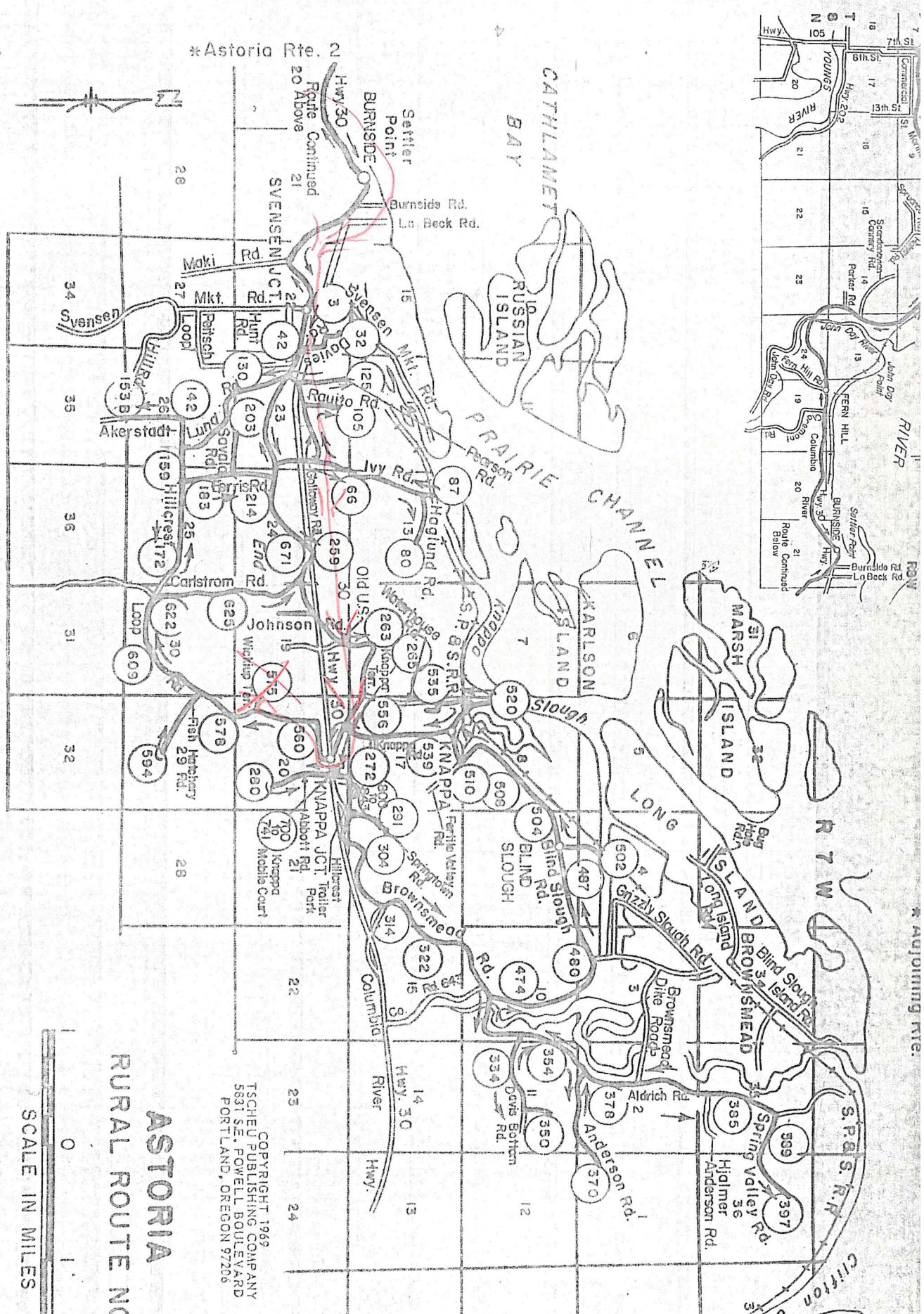
6. What is the proposed method of sewage disposal? System in- house about 4 years old - was an approved subdivision previously.
- (a) Septic tank and drainfield  (X)
- (b) Community sewer  ( )

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

Camping

Commercial

Other



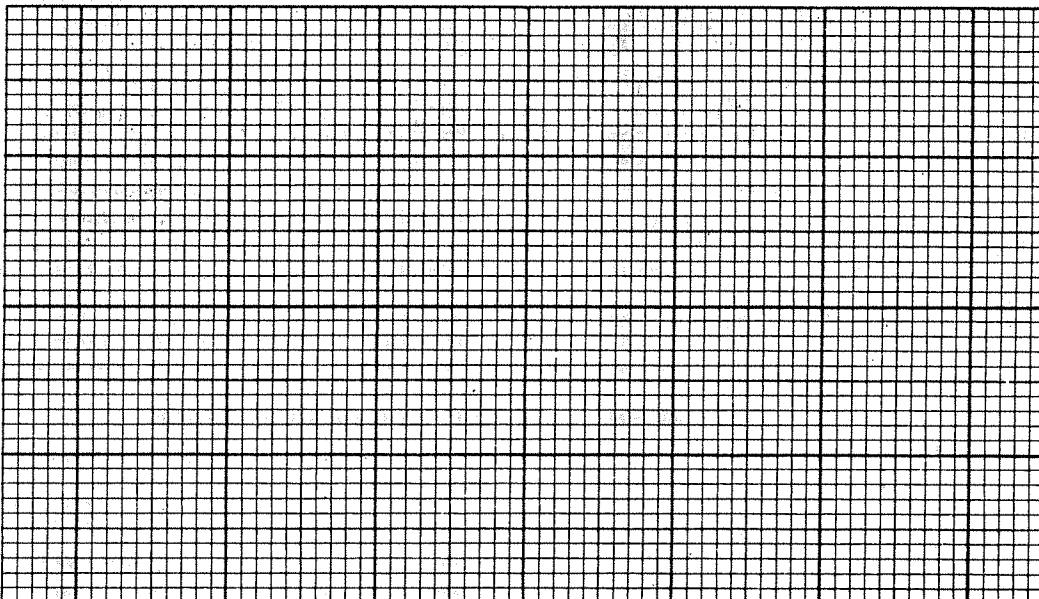
HEALTH AUTHORITY APPROVAL  
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

## PART I.—TO BE COMPLETED BY FHA

INSURANCE Portland, Oregon	MORTGAGEE MORTGAGOR OR SPONSOR AMFAC MORTGAGE CORP. P.O. BOX 1420 SUBDIVISION PORTLAND, OREGON, 97207	431 SERIAL NO. PROPERTY ADDRESS Blk. 4, Box 575-12, Astoria, Oregon, 97103 BLOCK NO. 12 LOT NO.	
TOTAL NUMBER: LIVING UNITS    BEDROOMS    BATHS		BASEMENT <input type="checkbox"/> New Nicklaus West	Can attic or other area be made into additional bedrooms? (If Yes, how many?) <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> SYSTEM DESIGNED FOR NO. OF BEDRS.    GARBAGE DISPOSAL
WATER SUPPLY BY: <input type="checkbox"/> Public system		<input type="checkbox"/> Community system	<input type="checkbox"/> Individual
SEWAGE DISPOSAL BY: <input type="checkbox"/> Public system		<input type="checkbox"/> Community system	<input type="checkbox"/> Individual
			<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  Cannot be expected to function satisfactorily  
 is not likely to create an insanitary condition

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

## 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. Dugup for C Bldg permit # 68-70. Please  
call for a 1000 gal septic tank, dist Box, 150'  
tile trench 3" wide, 7' centers.  
will Call for insp. Signed C Bldg permit BRV
- 1-21-68 F. V. System installed by Robt Bridges  
1000 gal metal septic tank. Approved. BRV  
~~1-22-71~~ Call from Lewiston realtor House  
to Russell C. Dedman. BRV

DELMAN, RUSSELL BUILDING DEPARTMENT

**APPLICATION FOR BUILDING PERMIT**

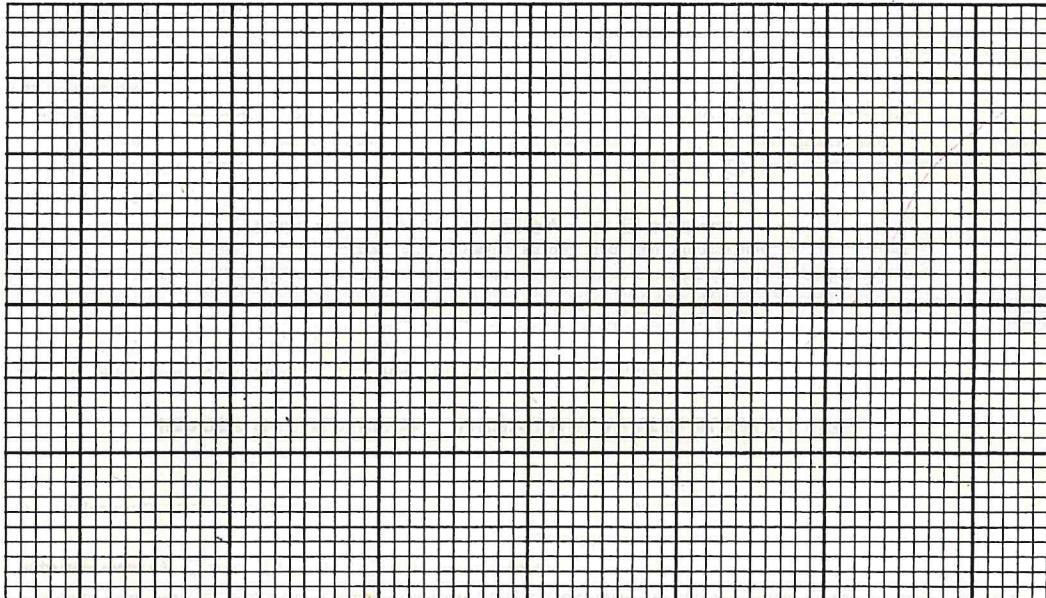
HEALTH AUTHORITY APPROVAL  
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

## PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE			MORTGAGEE			SERIAL NO.	
						431-078-307-203	
MORTGAGOR OR SPONSOR			PROPERTY ADDRESS				
Wolsborn Construction Company			Rt. 4			Knappa, Oregon	
SUBDIVISION NAME						BLOCK NO.	LOT NO.
Wickiup West			Clatsop County			1	12
TOTAL NUMBER:		BASEMENT		<input checked="" type="checkbox"/> New installation		Can attic or other area be made into additional bedrooms? (If Yes, how many?)	
LIVING UNITS	BEDROOMS	BATHS				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1	3	1 1/2					
WATER SUPPLY BY:						SYSTEM DESIGNED FOR	
<input checked="" type="checkbox"/> Public system			<input type="checkbox"/> Community system			INDIVIDUAL	NO. OF BDRMS. GARBAGE DISPOSAL
<input type="checkbox"/> Public system			<input type="checkbox"/> Community system			<input checked="" type="checkbox"/> Individual	3 <input type="checkbox"/> Yes <input checked="" 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  Cannot be expected to function satisfactorily  
is not likely to create an insanitary condition

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

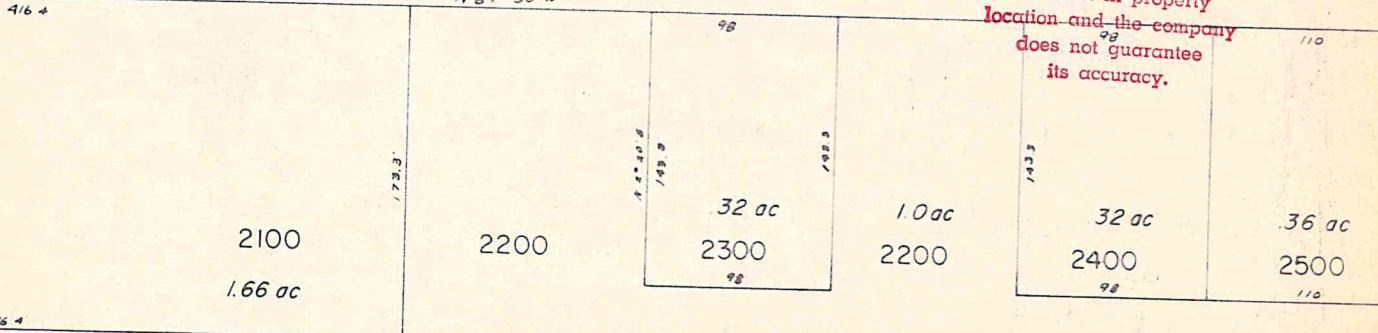
N

COMPLIMENTS OF  
TRANSAMERICA

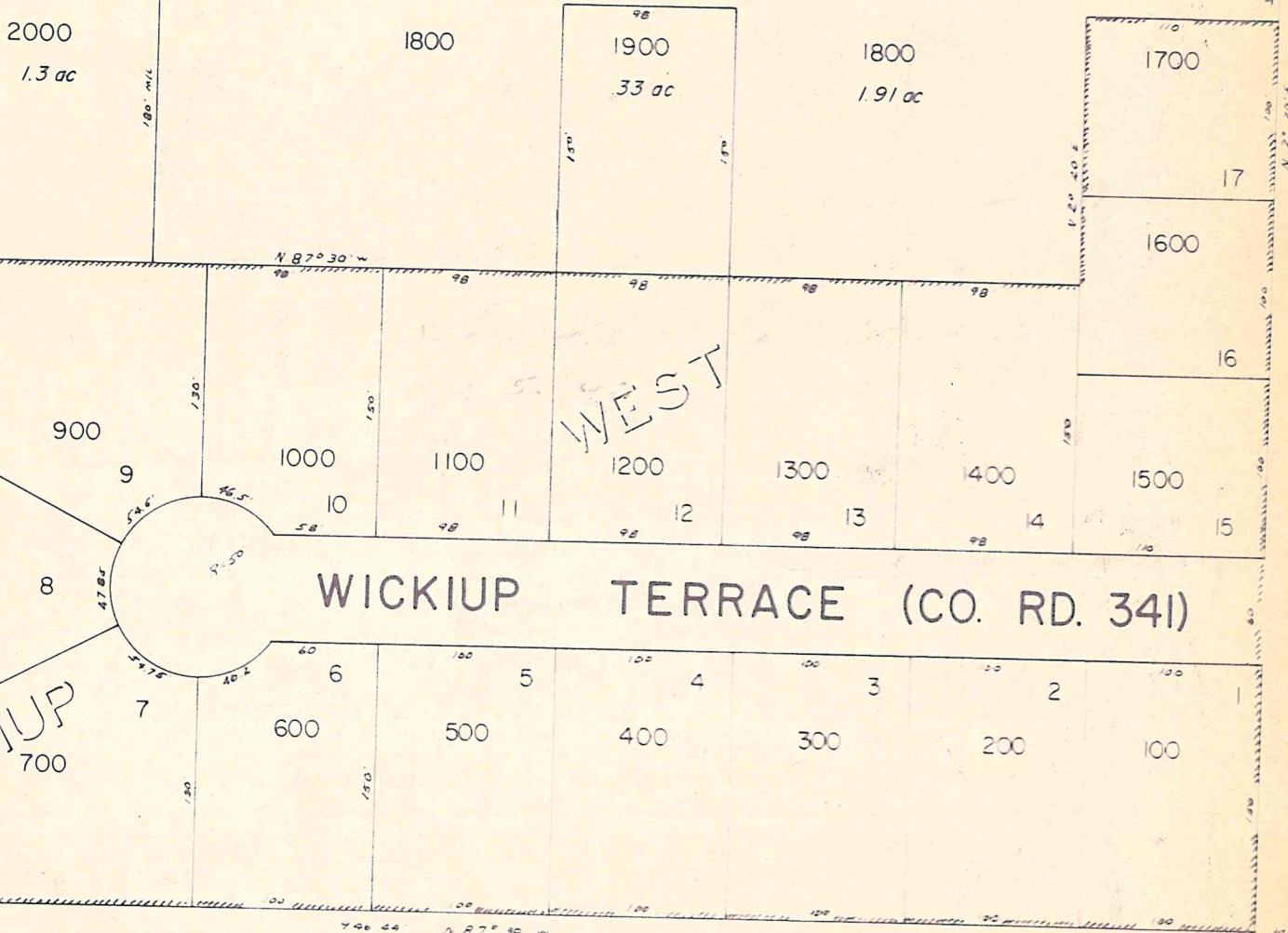
TITLE  
INSURANCE  
COMPANY

710 ac

This sketch is furnished 2600  
to assist in property  
location and the company  
does not guarantee  
its accuracy.



ROAD



LOOP

See Map 8 7 19

SE Cor.  
DLC  
No 39