



**Certificate of Satisfactory Completion**  
**Repair (Major) - Residential - Renewal**

186-21-000038-PRMT

Clatsop County Onsite  
 820 Exchange Street  
 Astoria, Oregon 97103  
 503-325-9302  
 Fax: 503-325-9303  
 health@co.clatsop.or.us  
 Website:  
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

**Date Certificate Issued:** 06/21/2022  
**Work Description:** Major Repair; drainfield only

<b>Applicant:</b> Cano, Timothy <b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016 <b>Phone:</b> 503-364-9467 <b>Email:</b> thenoiselesst@gmail.com	<b>Primary Contractor:</b> SEE PROPERTY OWNER INFORMATION <b>Owner (Property):</b> OWNER
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<b>Owner:</b> Timothy Cano <b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016	<b>Property Address:</b> 42885 Hillcrest Loop, Astoria, OR 97103
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**Parcel:** 80719DA02600 - Primary      **Township:** 8    **Range:** 07      **Section:** 19DA

<b>Lot Size:</b>	1.00 acre	<b>Water Supply:</b>	Community Water Supply
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	County
<b>Land Use Approval:</b>	N/A		

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	3 bedroom - adding 1 more to total	4 bedroom

**System Specifications**

<b>Type:</b>	Standard		
<b>Max Peak Design Flow:</b>	450 gpd.	<b>Proposed Flow:</b>	450 gpd.
<b>Min Septic Tank Volume:</b>	1000 gal.	<b>Min Dosing Tank Volume:</b>	N/A

**Drain Field Specifications**

<b>Drain Field Type:</b>	Standard	<b>System Distribution Type:</b>	Equal
<b>Drainfield Sizing:</b>	300 linear ft.	<b>Distribution Method:</b>	Equal
<b>Media Type:</b>	Rock/Pipe	<b>Media Depth:</b>	N/A
<b>Trench Length:</b>	300 linear ft.	<b>Rock Above Pipe:</b>	2 in.
<b>Total Rock Depth:</b>	4 in.	<b>Rock Below Pipe:</b>	6 in.
<b>Max Depth:</b>	18 in.	<b>Undisturbed Soil Between Trenches:</b>	9 ft.
<b>Min Depth:</b>	18 in.	<b>Capping Fills-Min Depth of Fill Material:</b>	N/A

**Special Requirements**

<b>Groundwater Type:</b>	Not Applicable	<b>Groundwater Depth:</b>	N/A
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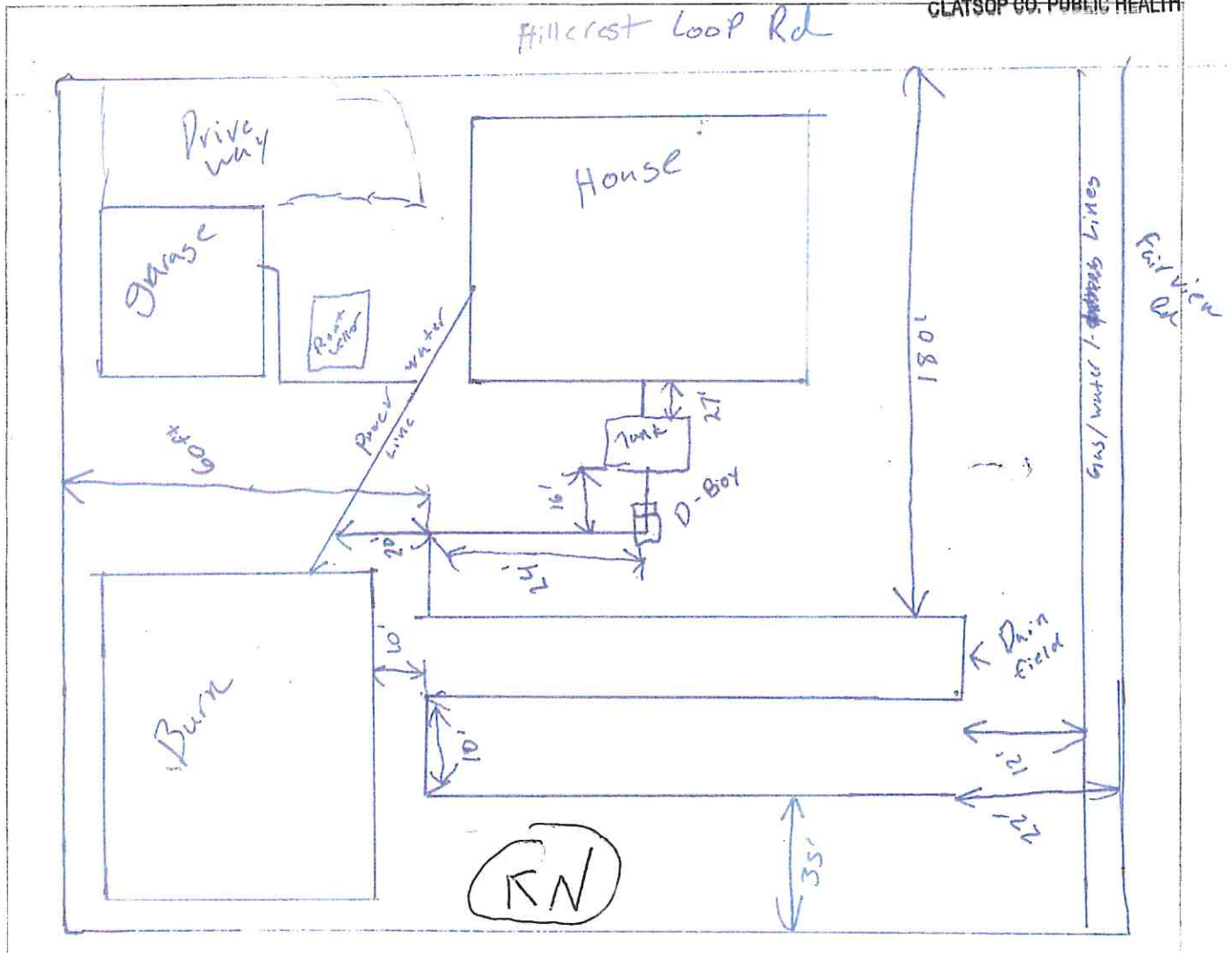


JUN 16 2022

**SECTION 3 - As Built Plan**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

CLATSOP CO. PUBLIC HEALTH



**SECTION 4 - Construction was performed by (Signature Required)**

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#: Print Name: Timothy Cano

Licensed Installer: Yes  No  License#: \_\_\_\_\_ Certification#: \_\_\_\_\_

Owner/ Certified Installer: Signature: [Signature] Date: 6/16/22 Phone#: 503-369-9467

**SECTION 5 - Office Use Only:**

Notice Accepted Yes  No  Date: \_\_\_\_\_

Installer/Owner (Permittee) Notified: Yes  No  Date: \_\_\_\_\_

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: Make sure drainfield is level +/- 1 inch.

Clatsop County Department of Public Health  
On-Site Waste Water Program  
Approved By [Signature]  
Permit No. 186-21-000038  
Date 6/17/22



# Septic Permit

## Repair (Major) - Residential - Renewal

186-21-000038-PRMT

Clatsop County Onsite  
 820 Exchange Street  
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 health@co.clatsop.or.us  
 Website:

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

<b>Date issued:</b> 1/28/21	<b>Expiration date:</b> 1/28/23
<b>Work description:</b> Major Repair; drainfield only	

<b>Applicant:</b> Cano, Timothy	<b>Primary contractor:</b> SEE PROPERTY OWNER INFORMATION
<b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016	<b>Owner (Property):</b> OWNER
<b>Phone:</b> 503-364-9467	
<b>Email:</b> thenoiselesst@gmail.com	
<b>Business License:</b> N/A	

<b>Owner:</b> Timothy Cano	<b>Property address:</b> 42885 Hillcrest Loop, Astoria, OR 97103
<b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016	
<b>Parcel:</b> 80719DA02600 - Primary	<b>Township:</b> 8 <b>Range:</b> 07 <b>Section:</b> 19DA

<b>Lot size:</b> 1.00 acre	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> Renewal	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> 01/03/2021	
<b>Comments:</b> N/A		

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b> 3 bedroom - adding 1 more to total		4 bedroom

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A	
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 450 gpd.	
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> N/A	

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Tpe:</b> Equal	
<b>Drainfield sizing:</b> 300 linear ft.	<b>Distribution method:</b> Equal	
<b>Media type:</b> Rock/Pipe	<b>Media depth:</b> N/A	
<b>Trench length:</b> 300 linear ft.	<b>Rock above pipe:</b> 2 in.	
<b>Total rock depth:</b> 4 in.	<b>Rock below pipe:</b> 6 in.	
<b>Max depth:</b> 18 in.	<b>Undisturbed soil between trenches:</b> 9 ft.	
<b>Min depth:</b> 18 in.	<b>Capping fills-min depth of fill material:</b> N/A	

**Special Requirements**

<b>Stake out required:</b> No		
<b>Groundwater type:</b> Not Applicable	<b>Groundwater depth:</b> N/A	

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

<b>Date issued:</b> 1/28/21	<b>Expiration date:</b> 1/28/23
<b>Work description:</b> Major Repair; drainfield only	

**Conditions of approval**

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

The system must be installed by the property owner or a licensed sewage disposal business (installer)

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent

All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

For product approval information and manufacturer installation requirements see DEQ website at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep.

Thirty-inch minimum diameter if greater than 36-in deep.

Green 18-gauge tracer wire required from tank to drainfield.

Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded on undisturbed earth.

Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

1/28/21



# Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

RECEIVED

JAN 21 2022

CLATSOP CO. PUBLIC HEALTH

PA CK# 1001  
\$275.00

December 16, 2021

## Reminder Permit Expiring

Timothy Cano  
42885 Hillcrest Lp  
Astoria, OR. 97103

Permit #  
Expiration Date:  
Property Description:

186-21-000038  
1/28/2022  
80719DA02600

On 1/28/2021 Clatsop County issued septic permit #186-21-000038 for the above described property. The permit will expire on 1/28/2022. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to renew this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to reinstate this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for renewal or reinstate, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (NOTE: this option does not apply to repair permits). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a new permit must be obtained at the current permit fee price.

Signature:  Date: 1-20-22

Phone: 503-369-9467 Email: The.noiselessj@gmail.com



**Transaction Receipt**  
**Record ID: 186-21-000038-PRMT**  
**IVR Number: 186011890646**

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
health@co.clatsop.or.us

**Receipt Number: 458383**

**Receipt Date: 1/21/22**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 42885 Hillcrest LOOP, Astoria, OR 97103  
Parcel: 80719DA02600

<b>Fees Paid</b>					
<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
1/21/22	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
1/21/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
1/21/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 1001      Payer: Timothy Cano      Payment Amount: \$275.00

Cashier: Annette Brodigan

**Receipt Total: \$275.00**





# Septic Permit

## Repair (Major) - Residential - New

186-21-000038-PRMT

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 820 Exchange Street  
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 Website:  
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<b>Date issued:</b> 1/28/21	<b>Expiration date:</b> 1/28/22
<b>Work description:</b> Major Repair; drainfield only	

<b>Applicant:</b> Cano, Timothy	<b>Primary contractor:</b> SEE PROPERTY OWNER INFORMATION
<b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016	<b>Owner (Property):</b> OWNER
<b>Phone:</b> 503-364-9467	
<b>Email:</b> thenoiselesst@gmail.com	
<b>Business License:</b> N/A	

<b>Owner:</b> Timothy Cano	<b>Property address:</b> 42885 Hillcrest Loop, Astoria, OR 97103
<b>Address:</b> 85748 Northrup Creek Rd Birkenfeld OR 97016	
<b>Parcel:</b> 80719DA02600 - Primary	<b>Township:</b> 8 <b>Range:</b> 07 <b>Section:</b> 19DA

<b>Lot size:</b> 1.00 acre	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> 01/03/2021	
<b>Comments:</b> N/A		

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b> 3 bedroom - adding 1 more to total		4 bedroom

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 450 gpd.
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<b>Min depth:</b> 18 in.	<b>Capping fills-min depth of fill material:</b> N/A

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<b>Stake out required:</b> No	
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Thirty-inch minimum diameter if greater than 36-in deep.

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A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Michael McNickle

Public Health Director

1/28/21

## REPAIR EVALUATION REPORT

Date: January 28, 2021

Dear Timothy Cano:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: **Cano**

Application: # **186-21-000038**

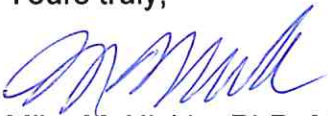
County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 7W/ S 19DA Tax Lot#: **2600**

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



Mike McNickle, PhD, MPH, REHS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: Cano

Application #: 186-21-000038

County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 7W / S 19DA Tax Lot#: 3600

Commercial Facility:  Yes  No Parcel Size: 1.0 acre

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max # of bdrms: 4

<b>Initial System</b>		<b>Replacement System</b>	
<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> ATT	<input type="checkbox"/> Bottomless Sand Filter
<input type="checkbox"/> Bottomless Sand Filter		<input type="checkbox"/> ATT <input type="checkbox"/> Other	
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal.		Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	
<input type="checkbox"/> 2 compartment <input type="checkbox"/> Other		<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.	Absorption Facility: <u>300</u> linear. ft	Disposal Facility: <u>600</u> sq. ft.
" Max Depth	Min Depth	18 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-24 24-65	SiCIL SCIL	Silty Clay Loam, 10 YR 2/2 many fine and medium roots Sandy Clay Loam 2.5 YR 2/2 ESD = 60" 3" - 4" cobbles throughout from 24"-65"

Landscape Notes:

Slope: 0%

Aspect: East to West

Groundwater Type: N/A

**Additional Conditions of Approval**

- \*A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Equal system. 300 lineal feet.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

**\*Required prior to issuance of construction permit.**



**Clatsop County**  
**Onsite Septic System Program**  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-9302  
 www.co.clatsop.or.us

RECEIVED

JAN 22 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-0000 38

Processed on 1/26/21

Pd OK # 98  
690

**Application for Onsite Sewage Treatment System**

**A. Property Owner Information**

Name: Timothy Cano Mailing Address (Street, PO Box, City, State, Zip): 85748 Northrup CR Rd, Birkenfeld, OR 97016 Phone Number: 503-364-9467

**B. Legal Property Description**

Township: Knappa Range: 7 Section: 19DA Tax Lot: 80748A02600 Tax Account Number: 19541 Acreage or Lot Size: 1 acre  
 County: Clatsop Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Address: 42885 Hillcrest LP, Astoria OR 97016  
 (Street, City, State, Zip)

Directions to Property: \_\_\_\_\_

**C. Existing Facility / Proposed Facility / Water Information**

Existing Facility:  Single Family Residence 3 Number of Bedrooms: 3  Other \_\_\_\_\_  
 Proposed Facility:  Single Family Residence 4 total Number of Bedrooms: 4 total  Other \_\_\_\_\_  
 Water Supply:  Public Knappa Water Association Name: \_\_\_\_\_  Private \_\_\_\_\_ Well, Spring, Shared \_\_\_\_\_

*Remodel & adding on 1 more*  
*Farmhouse built in 1885*

**D. Type of Application**

- Site Evaluation
- Construction
- Permit Repair
  - Major *D/F only*
  - Minor
- Alteration Permit
  - Major
  - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- Authorization Notice for:
  - Connecting to an Existing System Not in Use
  - Replacing a Mobile Home or House with Another
  - Mobile Home or House
    - The Addition of One or More Bedrooms
  - Personal Hardship
  - Temporary Housing
  - Other-Please Specify \_\_\_\_\_

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: Timothy Cano Date: 1/22/21

Applicant's Name (Please Print Legibly): Timothy Cano Applicant's Phone: 503-364-9467 Applicant's E-Mail Address: theneiselesst@gmail.com

Applicant's Mailing Address: 85748 Northrup CR Rd, Birkenfeld, OR 97016

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached  Installer's Name: Owner install



Clatsop County  
 Onsite Septic System Program  
 820 Exchange Street, Suite 100  
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RECEIVED

JAN 22 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000038

8-7-19DA-2608

### Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):  
 Septic Tank     Disposal Trenches     Capping Fill     Sand Filter  
 Seepage Bed     Cesspool or Pit     Unknown  
 Other (describe): \_\_\_\_\_
- When was your septic system installed? 6/28/77? \_\_\_\_\_  
Date Permit Number
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons): 1000 \_\_\_\_\_
- When was the septic tank last pumped? (Attach receipt if available) 1/3/21 \_\_\_\_\_
- Number of disposal trenches: 2 \_\_\_\_\_
- Total length of disposal trenches (in feet): 70 \_\_\_\_\_
- Do you propose to use the existing septic system?  Yes     No
- Is your septic system currently in use?     Yes     No  
 If no, date of last use: unknown \_\_\_\_\_
- If the septic system currently serves a dwelling,  
 How many bedrooms in the dwelling? 3    How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? 4    How many occupants? 5
- If the septic system serves a business,  
 How many total employees are there? \_\_\_\_\_    Type of business: \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)?     Yes     No  
 If yes, please explain: \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

Signature: [Handwritten Signature]

Date: 1/22/21

# PLOT PLAN

Property ID: 0197103

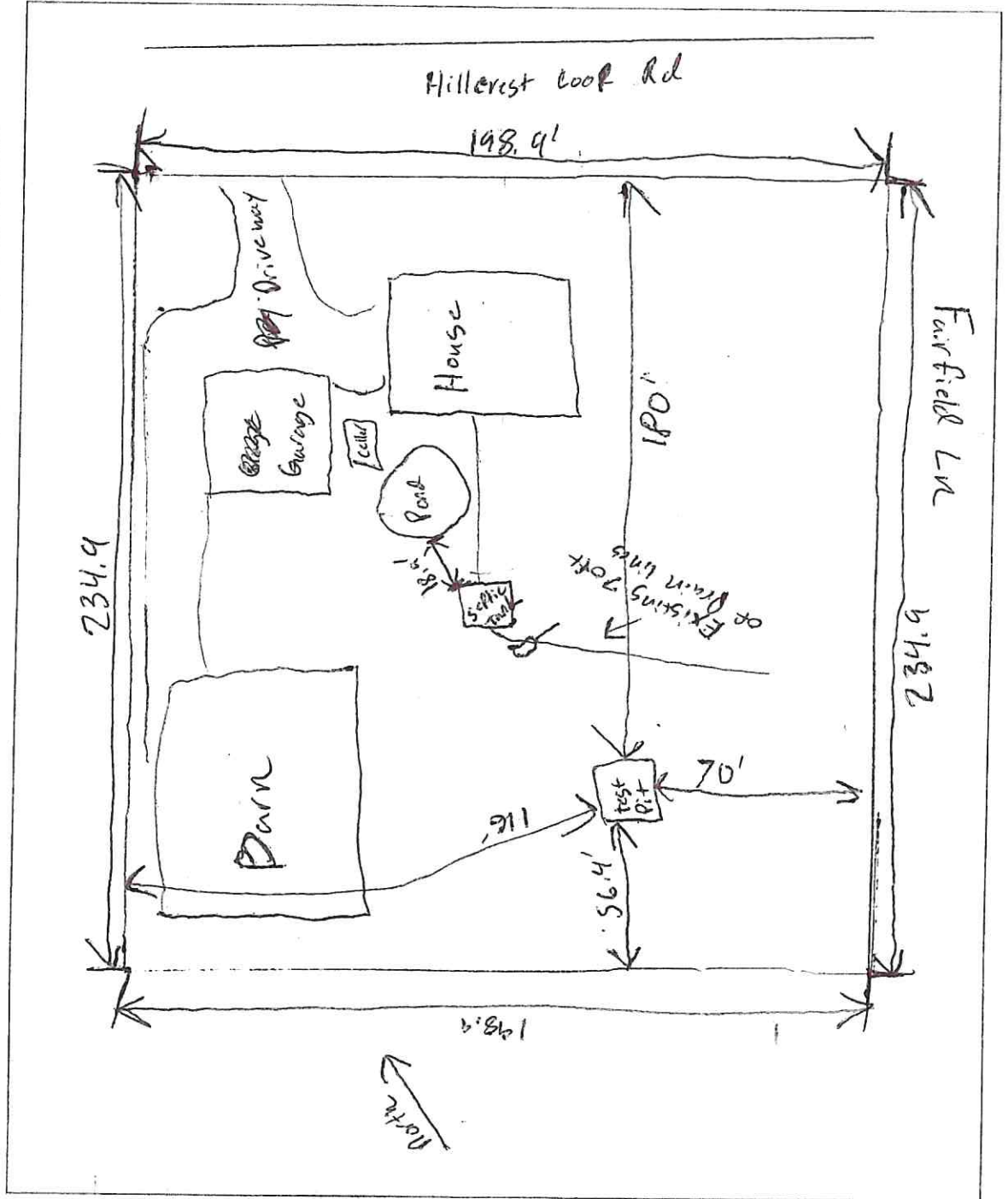
Site Address: 42885 Hillcrest Loop, Astoria

Date: 1/22/21

Date: 1/22/21

Applicant Signature: *[Signature]*

By my signature, I certify the information provided on this plot plan is complete and accurate.



## Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/ 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

## Legend

- Wells
- Test Pits
- Drainage

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186-21-000038

1 inch = 20 feet

8-7-19 DA-2600



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# 186-21-000038

415 GATEWAY AVE ASTORIA, OR 97103 – 503.325.5180 [www.terrysplumbingllc.com](http://www.terrysplumbingllc.com)

P-7-19DA-2600

January 21<sup>st</sup>, 2021

Terry's Plumbing and Septic was able to locate the Distribution box at 42885 Hillcrest Loop Astoria, Or 97103. We found about 70ft worth of ABS perforated pipe with drain rock. The water was tested at the distribution box and is taking water very well,

David Gustafson, Septic Inspector  
CCB#202028



AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency

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1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 42885 Hillcrest Loop City: Astoria  
Owner: Timothy Lardo Phone: 503-369-9467  
Address: 85748 Northrup CR Rd, Birkenfeld, OR 97016 Email: themoislesst@gmail.com  
Agent: \_\_\_\_\_  
Proposed Development/Construction: Remodeling the kitchen, adding a bathroom and bedroom  
Redoing the stair.  
Map ID: \_\_\_\_\_

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

8-7-19DA-2600

Permit Needed: Yes  No  Site Approved: Yes  No

Agency Signature: [Signature]  
Name Printed: Annette Brodigan Title: Permit Tech Date: 1/22/21

Remarks: Has applied for major repair permit. See # 186-21-000038  
Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: \_\_\_\_\_  
Agency Signature: \_\_\_\_\_  
Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Contact the local Water District serving your property OR  
Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_  
Agency Signature: \_\_\_\_\_  
Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Contact the local Fire Department serving your property

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: \_\_\_\_\_  
Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

# Clatsop County



0.2 mi

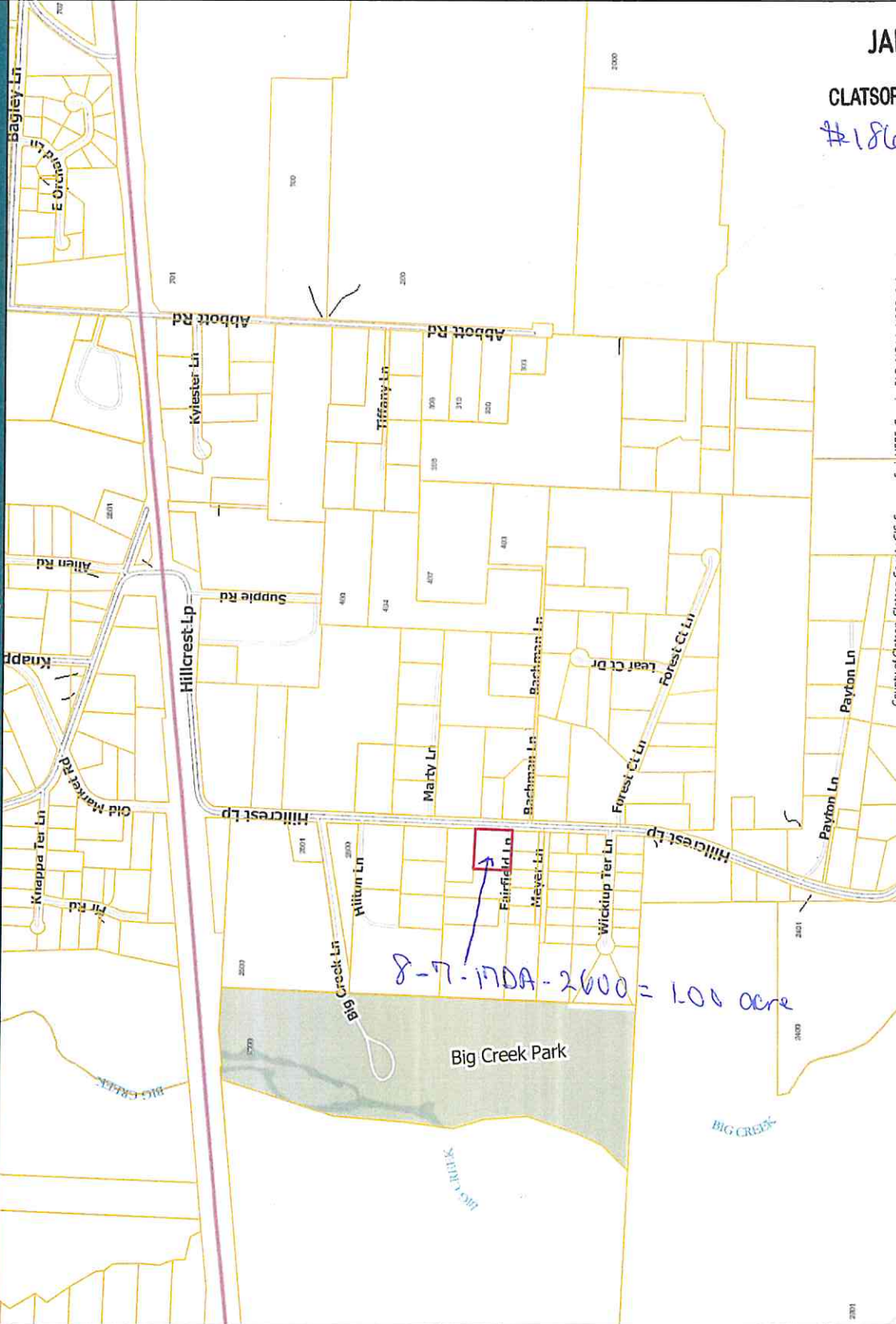
This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



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1/26/2021 11:58 AM BW

# Clatsop County, OR



County of Clatsop, Clatsop County GIS Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

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CLATSOP CO. PUBLIC HEALTH  
#186-21-000038

8-7-17DA-2600 = 1.00 acre



**Transaction Receipt**  
**Record ID: 186-21-000038-PRMT**  
**IVR Number: 186011890646**

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
health@co.clatsop.or.us

**Receipt Number: 455221**

**Receipt Date: 1/26/21**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 42885 Hillcrest LOOP, Astoria, OR 97103  
Parcel: 80719DA02600

<b>Fees Paid</b>					
<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
1/26/21	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
1/26/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
1/26/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 98      Payer: Timothy Cano      Payment Amount: \$690.00

Cashier: Annette Brodigan

**Receipt Total: \$690.00**

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CLATSOP CO. PUBLIC HEALTH

# Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon Department of Environmental Quality  
Onsite Program  
165 East Seventh Ave, Suite 100  
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Timothy Cano Telephone: 1-503-369-9467

Site Address: 42885 Hillcrest Loop City: Astoria Zip Code: 97103

County: Clatsop Lot Size: 1 acre Acres/Square Feet (circle units)

Legal Description: 08-0-19DA-2600

Age of wastewater treatment system 44 (years) Is there a service contract for system components? No

Date the septic tank was last pumped NA (please attach receipt if available)

Number of people occupying dwelling Unoccupied If unoccupied, for how long has it been vacant? NA

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): David Gustafson

### Certification:

- |  |  |
|--|--|
| <input type="checkbox"/> Installer   | <input type="checkbox"/> Professional Engineer           |
| <input type="checkbox"/> Maintenance Provider                                      | <input type="checkbox"/> Environmental Health Specialist |
| <input checked="" type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist          |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____    |  |

Certification Number: 13658ITC

Business name Terry's Septic Email david@terryssepticllc.com

Business address 415 Gateway Ave Astoria, OR 97103 Phone 1-503-325-5180

Date of Evaluation: 01/04/2021 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

01/04/2021

David Gustafson

Date (MM/DD/YYYY)

Signature of Qualified Septic System Evaluator

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1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- Septic Tank, Dosing Tank, Multi-compartment Tank, Seepage Bed, Other, Cesspool, Disposal Trenches/ Leach Lines, Capping Fill, Sand Filter

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system [X]Yes [ ]No [ ]Unknown

- Permit Number(s) 77-204, Year original septic system installed: 1977 (YYYY) [ ]No record of installation date, Dates of subsequent repairs or alterations: NA (YYYY), All plumbing fixtures are connected to the septic system [ ]Yes [ ]No [X]Unknown

If you answered "No" or "unknown," please describe below:

No water or fixtures to test during home remodel.

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface [ ]Yes [X]No [ ]None observed, Discharge of sewage to surface waters [ ]Yes [X]No [ ]None observed, Sewage backup into plumbing fixtures [ ]Yes [ ]No [X]Unknown, Additional Comments:

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this evaluation.

- Septic tank was pumped during the course of this evaluation [X]Yes [ ]No, If the septic tank was NOT pumped during the course of this evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

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• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

• Is the septic tank accessible?  Yes  No

• Septic tank volume in gallons 1000

• Tank volume determined by: Check all that apply, add comments below as needed

- Permit Records  Measured  Stamped on Tank  Other

• Septic tank risers are at ground level  Yes  No

• Tank appears to be free from defects, leaking and signs of deterioration  Yes  No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

• Septic tank lid(s) is intact  Yes  No

• Septic tank baffles are intact: Inlet  Yes  No Outlet  Yes  No

• Baffle material - Inlet  Plastic  Concrete  Metal Outlet  Plastic  Concrete  Metal

Effluent filter is present  Yes  No

• Effluent filter is free of debris  Yes  No  Not Applicable

• Liquid level in tank relative to invert of outlet  At  Above  Below

If above or below invert outlet, please explain: \_\_\_\_\_

• Scum layer 6 (inches) Sludge layer 8 (inches)

• Scum and Sludge layer more than 35% of the total tank volume  Yes  No

Indicate where sludge measured from:  Inlet  Middle  Outlet

• Additional Comments:

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

• The septic system has a dosing tank  Yes  No

(If "No," skip the rest of section 4)

• At the time of this evaluation the power was on to test the pump(s):  Yes  No

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- Dosing tank capacity \_\_\_\_\_(gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material \_\_\_\_\_
- Dosing tank appears to be watertight and in good condition  Yes  No
- Dosing tank lid is intact  Yes  No
- Electrical components are sealed and watertight  Yes  No
- Pump/ siphon is functional  Yes  No
- Type of Pump  Demand dose  Time dose
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- There is a high water alarm  Yes  No
- The high water alarm (audible and visual) is working  Yes  No  Not Applicable
- Type of screen \_\_\_\_\_
- Screen is clean and free of debris  Yes  No - Screen cleaned for this evaluation  Yes  No
- Scum/ sludge present in Dosing tank  Yes  No
- **Scum** layer \_\_\_\_\_(inches)      **Sludge** layer \_\_\_\_\_(inches)
- Additional Comments:  


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5. **Soil absorption system**

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system  Yes  No  Unknown
- Was the soil absorption system part of the evaluation?  Yes  No  See note below  
 If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):  
Records do not show an as built with location, records mention tile field. Unable to locate.


---
- Absorption distribution  Equal  Serial  Pressure  Equal via pressure
- Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other \_\_\_\_\_
- Absorption distribution unit(s):  dropbox  hydrosplitter  equal distribution box
- Intact  Damaged  N/A
- Absorption distribution unit(s) are free of debris or solids  Yes  No  N/A

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- Locate all drain lines in soil absorption system  Yes  No  
 Total length of drain lines Unknown(ft)  
 Lengths determined by  Physically uncovering portions of system/probing  Written records  
 Fish tape  Electronic locator  camera
- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  
 Yes  No

If you answered "No," please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Absorption area appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in absorption area or distribution unit(s)  Yes  No
- The soil absorption system replacement area assigned in the permit record appears to be intact:  
 Yes  No  Replacement area not identified in permit record

If you answered "No," please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Additional Comments:  
Was able to probe and find signs of the drain field, but exact size is unknown. Level in tank shows drain field is working properly.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. **Sand Filter System**

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter  Yes  No  
 (If "No," skip the rest of section 6)
- Type of sand filter  
 Intermittent  
 Recirculating  
 Bottomless
- Sand filter container appears free from defects, leaks and signs of deterioration:  Yes  No



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- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  
 Yes  No

If you answered "No," please describe below:

---



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- Sand filter appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No

- Additional Comments:

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**7. Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
 System ID number \_\_\_\_\_  
 Manufacturer name \_\_\_\_\_

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- Previous two years of maintenance records are available  Yes  No  
If you answered "No," please explain below:

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- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

---



---

- Additional Comments:

---



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8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:  
See attached

---



---

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:  
See below

---



---

10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

01/04/2021

David Gustafson

Date

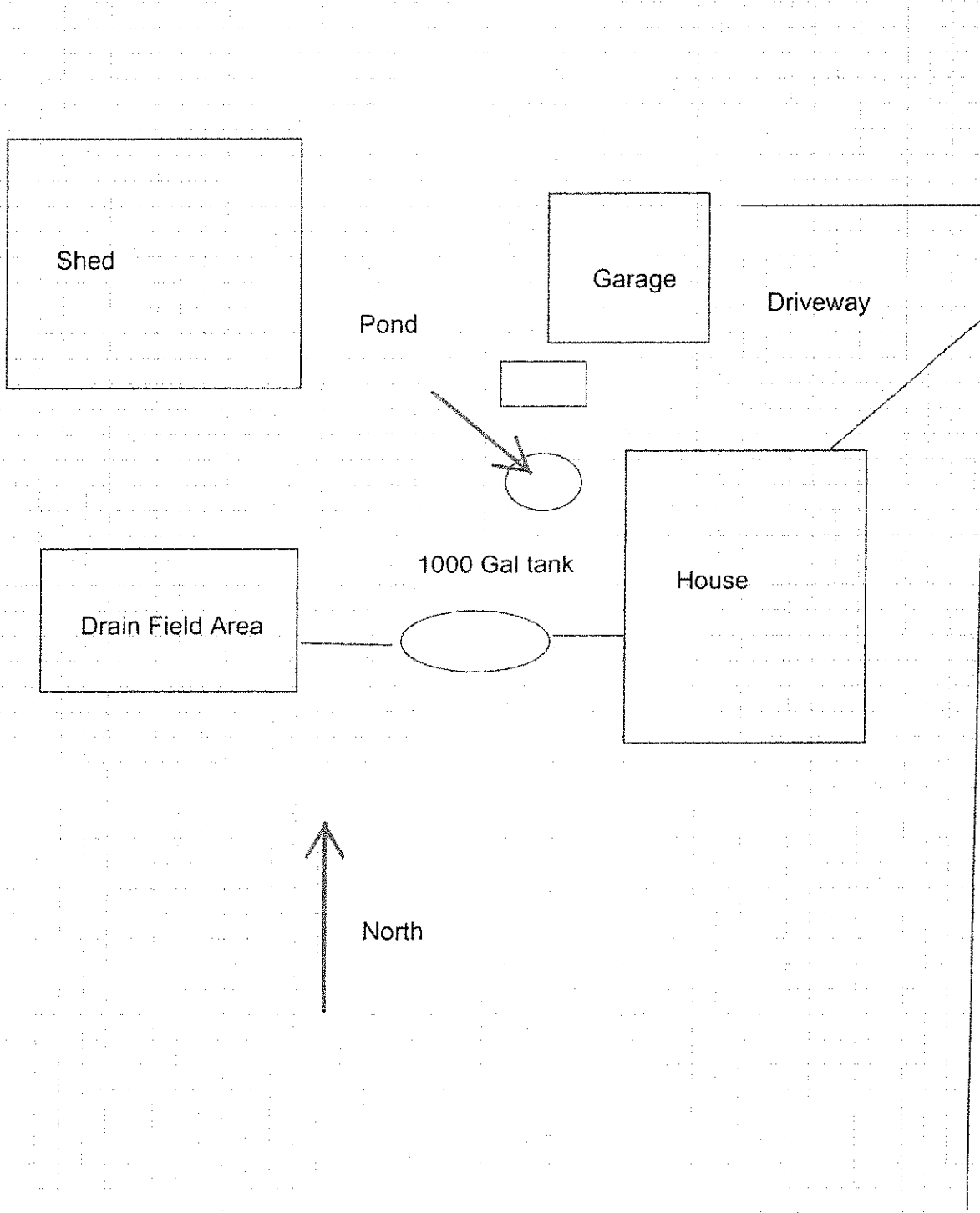
Signature of Qualified Septic System Evaluator

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**Provide a Site Plan in the space below:** Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



**Annette Brodigan**

---

**From:** Eileen Ystad  
**Sent:** Tuesday, November 12, 2019 12:11 PM  
**To:** Alejandro Bancke; Adam Niles; Annette Brodigan; Clancie Adams; DeeAnne McCall (dee@pacifictitlecompany.com); Carlson, Jodi; Julia Decker; Paul Putkey; Vance Swenson  
**Subject:** PARTITION PLAT 2019-019  
**Attachments:** tp8\_7\_19da.pdf; PP2019-019-1.pdf; PP2019-019-2.pdf

Greetings:

Partition Plat 2019-019 was recorded Friday, November 8, 2019 as Instrument Number 201908563 for Aaron J. and Kelly Barendse. A copy of the plat and the updated Assessor map are attached.

The updated map and taxlot numbers are:

PARCEL 1 80719DA02600 → has 1885 farm house; address 42885 Hillcrest Ln, Astoria  
PARCEL 2 80719DA02605 → vacant lot

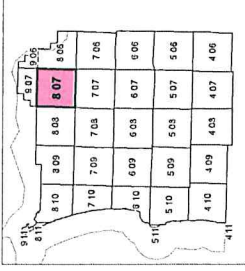
Please let me know if you have any questions. Thank you.

*Eileen Ystad  
Senior Cartographer  
Clatsop County Assessment & Taxation  
820 Exchange Street Suite 200  
Astoria, OR 97103  
503-338-3747*

*(Note: This is the 2<sup>nd</sup> partition)*

8 07 19 DA  
 CLATSOP COUNTY  
 NE 1/4 SE 1/4 SEC. 19 T6N R7W WM  
 0 62.5 125 250 FT

Scale 1:1,200



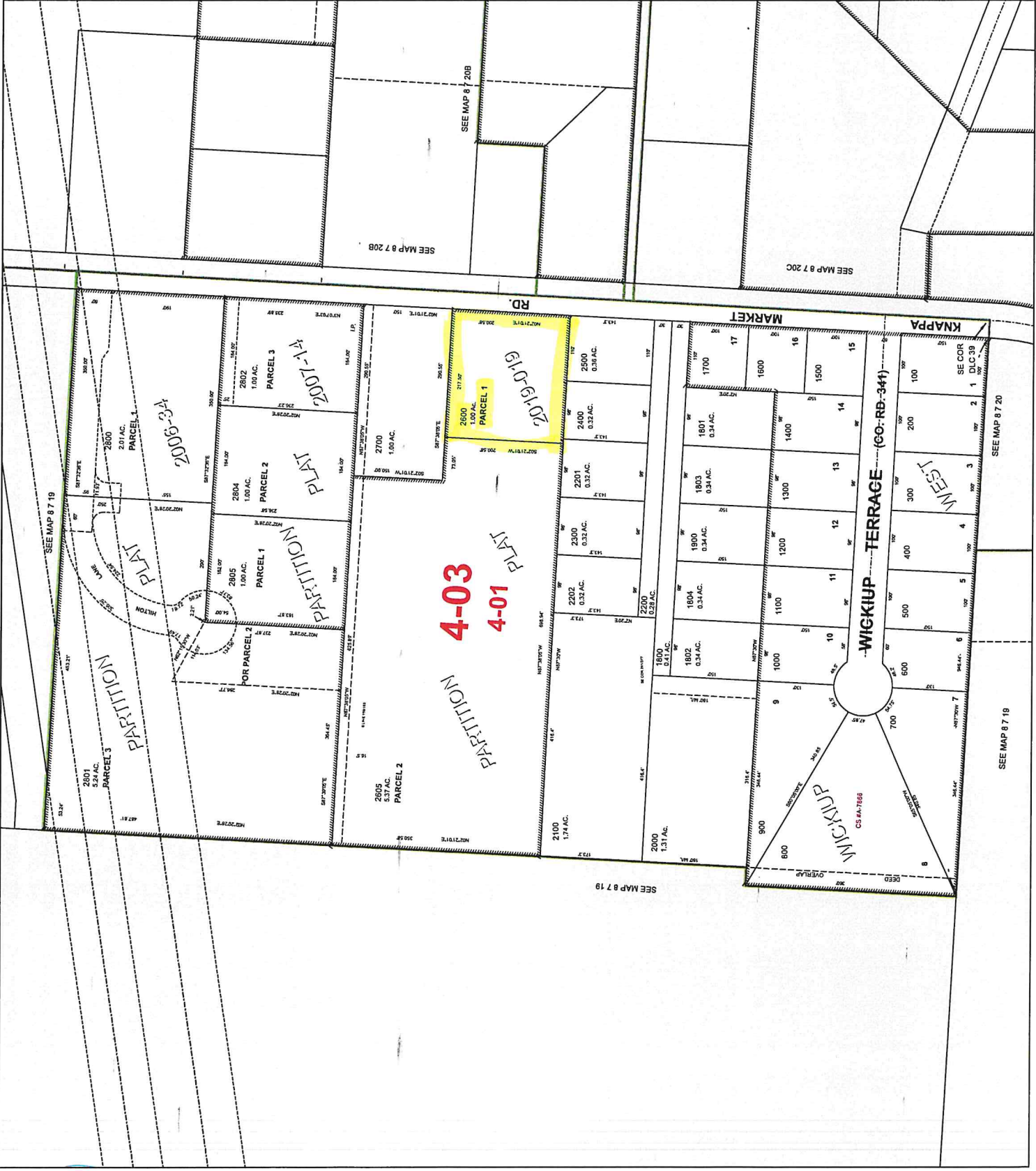
8	5	4	3	2	1
7	6	9	10	11	12
18	17	16	15	14	13
20	21	22	23	24	
30	29	28	27	26	25
31	32	33	34	35	36

13	18	17
24	19	20
25	30	29

CANCELLED TAXLOT NUMBERS  
 1805 2604 2701 2803



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT  
[www.co.clatsop.or.us](http://www.co.clatsop.or.us)  
 This map was produced using Clatsop County GIS data and is for informational purposes only. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.  
 PLOT DATE: 11/12/2019  
 8 07 19 DA



4-03  
 4-01

2007-14  
 2006-34

WICKIUP TERRACE (GO: RD-344)

KNAPPA WEST

SEE MAP 8 7 19

SEE MAP 8 7 20B

SEE MAP 8 7 20B

SEE MAP 8 7 20C

SEE MAP 8 7 20

SEE MAP 8 7 19

SEE MAP 8 7 19

PARTITION PLAT NO. 2019-019

FOR: AARON & KELLY BARENDESE  
BEING INSTRUMENT# 201908517  
IN THE EAST 1/2 SECTION 19 &  
THE WEST 1/2 SECTION 20 T.8N., R.7W., W.M.  
CLATSOP COUNTY, OREGON  
AUGUST 2, 2019

ACKNOWLEDGEMENT.

STATE OF OREGON }  
COUNTY OF CLATSOP } S.S.  
THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON October 14  
2019, BY AARON J. BARENDESE AND KELLY BARENDESE.

ROTARY SIGNATURE: [Signature]

ROTARY PUBLIC CATEGORY (PRINT NAME): Jodi Carlson

COMMISSION NO.: 974780

MY COMMISSION EXPIRES ON THE 22<sup>nd</sup> DAY OF May 2022

APPROVALS:

APPROVED THIS 23<sup>rd</sup> DAY OF October, 2019.

[Signature]  
CLATSOP COUNTY SURVEYOR

ALL TAXES, FEES, ASSESSMENTS OR OTHER CHARGES AS PROVIDED BY  
ORS 92.085 HAVE BEEN PAID AS OF Nov. 24<sup>th</sup>, 2019.

[Signature]  
CLATSOP COUNTY ASSESSOR  
AND TAX COLLECTOR

APPROVED THIS 22<sup>nd</sup> DAY OF October, 2019.

[Signature]  
CLATSOP COUNTY COMMUNITY DEVELOPMENT DIRECTOR

CERTIFICATE OF COUNTY CLERK.

STATE OF OREGON }  
COUNTY OF CLATSOP } S.S.  
I DO HEREBY CERTIFY THAT THIS PARTITION PLAT WAS  
RECORDED FOR RECORD ON 11/8 2019 AT 9:56 A.M.  
AND RECORDED AS INSTRUMENT NO. 201908563  
CLATSOP COUNTY CLERK'S RECORDS

BY: [Signature]  
CLATSOP COUNTY CLERK

NARRATIVE.

THE PURPOSE OF THIS SURVEY WAS TO PARTITION INTO TWO PARCELS THAT PROPERTY DESCRIBED IN  
INSTRUMENT# 201908517, CLATSOP COUNTY CLERK'S RECORDS.

THE BASIS OF BEARINGS IS N0221°01'E 1156.71' BETWEEN MONUMENT "A" AND "B" PER S1. SAID LINE  
IS THE CENTERLINE OF THE 10' WIDE EASEMENT FOR THE JOHN BROWN D.C. ROYALTY  
CLOSURE EXTENT TO BE ON THE SAME BEARINGS AS SET FORTH IN INSTRUMENT# 201908517 TO  
BE ON THE SAME BEARINGS AS P1 AND P2.

I HELD MY BOUNDARY RESOLUTION AS NOTED IN S1.  
I PARTITIONED SUBJECT PROPERTY AND SET MONUMENTS AT CLIENTS DIRECTION AS SHOWN ON THE  
ANNEXED PLAT.

SURVEYOR'S CERTIFICATE.

I, CHRISTOPHER J. BENTIN, HEREBY CERTIFY THAT I HAVE SURVEYED AND MARKED WITH PROPER  
MONUMENTS THE PARCELS AS SHOWN ON THE ANNEXED PARTITION PLAT, AND THAT I HAVE FOUND A  
SUFFICIENT NUMBER OF MONUMENTS TO DEFINE THE BOUNDARIES OF THE LAND FROM WHICH SAID  
PARCELS ARE PARTITIONED OUT OF.

BEGINNING AT THE INITIAL POINT SAID POINT BEING A 5/8" IR. W/PC STAMPED "BENTIN PLS 78094" ON  
THE N.W. CORNER OF THE 10' WIDE EASEMENT ROAD, WHICH BEARS N 02°10' E 713.60 FEET AND  
N 87°43'01" W 30.00 FEET TO THE SOUTHWEST CORNER;  
N 02°10' E PARALLEL WITH EAST LINE JOHN BROWN D.C. A DISTANCE OF 200.58 FEET TO A 5/8" IRON  
ROD WITH YELLOW PLASTIC CAP MARKED "BENTIN PLS 78094" ON THE WESTERLY RIGHT-OF-WAY OF  
THE 10' WIDE EASEMENT ROAD; THENCE S 87°43'01" W PARALLEL WITH EAST LINE JOHN BROWN  
D.C. A DISTANCE OF 150.00 FEET TO A 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "BENTIN PLS  
78094"; THENCE N 02°10' E PARALLEL WITH SOUTH LINE OF JOHN BROWN D.C. AND ALONG THE  
RECORDS, THENCE N 87°43'01" W PARALLEL WITH SOUTH LINE OF JOHN BROWN D.C. AND ALONG THE  
SOUTH LINE OF PARTITION PLATS 2008-034 AND 2007-014, CLATSOP COUNTY CLERK'S RECORDS, A  
DISTANCE OF 150.00 FEET TO A 5/8" IRON ROD MARKED "S&B O&A INC. 2"; THENCE S 02°10' E  
PARALLEL WITH EAST LINE JOHN BROWN D.C. A DISTANCE OF 713.60 FEET TO THE POINT OF BEGINNING.  
MARKED "BENTIN PLS 78094"; THENCE S 87°43'01" E PARALLEL WITH SOUTH LINE JOHN BROWN D.C. A  
DISTANCE OF 916.44 FEET TO THE POINT OF BEGINNING.

DECLARATION.

I KNOW ALL PEOPLE BY THESE PRESENTS THAT AARON J. BARENDESE AND KELLY BARENDESE ARE THE OWNERS  
OF THE LAND DEPICTED HEREON AND DESCRIBED IN THE ACCOMPANYING SURVEYOR'S CERTIFICATE, AND HAS  
CAUSED THE PARTITION TO BE PREPARED AND THE PROPERTY SURVEYED AND PARTITIONED AS SHOWN ON  
THE ANNEXED PARTITION PLAT, AND THAT THE PARTITION PLAT IS TRUE AND CORRECT AND THAT I  
HEREBY REDECIATE THE WIRELESS, EGRESS, AND UTILITIES EASEMENT SHOWN ON THE ANNEXED PLAT TO THE  
BENEFIT OF THE PARCELS AND FOR THE PURPOSES SPECIFIED IN THE ANNEXED PLAT NOTES.

[Signature]  
AARON J. BARENDESE  
[Signature]  
KELLY BARENDESE

PLAT NOTES.

- 1. THE ANNEXED PARTITION PLAT IS SUBJECT TO FOLLOWING MATTERS:  
PUBLIC UTILITIES EASEMENT FOR THE BENEFIT OF RHARPA WATER COMPANY AS  
DESCRIBED IN BOOK 337, PAGE 25, C.C.R. SAID EASEMENT DOES NOT APPEAR TO  
AFFECT SUBJECT PROPERTY.
- 2. A 5' ROAD EASEMENT WITH AN EGRESS, EGRESS, AND PUBLIC UTILITIES  
EASEMENT EXTENDING THE PLAT FOR THE BENEFIT OF OWNERS, AND THEIR HEIRS,  
HEIRS, AND ASSIGNS OF PARCELS 1 & 2.
- 3. ROAD MAINTENANCE AGREEMENT PER INSTRUMENT# 201908517.

STATE OF OREGON }  
COUNTY OF CLATSOP } S.S.  
I DO HEREBY CERTIFY THAT THIS TRACING IS A  
TRUE AND CORRECT COPY OF THE ORIGINAL  
PARTITION PLAT TO BE FILED AND EXACT COPY  
OF THE ORIGINAL PLAT AS REFERENCED ABOVE.  
BY: [Signature]  
CLATSOP COUNTY CLERK  
I HEREBY CERTIFY THAT THIS IS AN EXACT COPY  
OF THE ORIGINAL PARTITION PLAT.  
[Signature]  
CHRISTOPHER J. BENTIN, PLS #78094

REGISTERED PROFESSIONAL LAND SURVEYOR  
[Signature]  
BENTIN LAND SURVEYING INC.  
PROFESSIONAL LAND SURVEYOR  
928.59 LEO DRIVE  
ASTORIA, OREGON 97103  
PHONE: 503-498-5725  
WWW.BENTINLANDSURVEYING.COM  
FIELD BOOK #1, PAGES 26-32  
DYNAMIC PLOTTING  
DATE REC. CL. 08/23/19

**PARTITION PLAT NO. 2019-019**

FOR:  
**AARON & KELLY BARENDESE**  
 BEING INSTRUMENT# 201908517  
 IN THE EAST 1/2 SECTION 19 &  
 THE WEST 1/2 SECTION 20 T.8N., R.7W., W.M.  
 CLATSOP COUNTY, OREGON  
 AUGUST 2, 2019

STATE OF OREGON )  
 COUNTY OF CLATSOP ) S.S.  
 I DO HEREBY CERTIFY THAT THIS TRACING IS A  
 COPY CERTIFIED TO ME BY THE SURVEYOR OF THIS  
 COUNTY AND THAT IT IS A TRUE AND CORRECT COPY  
 OF THE ORIGINAL PLAT AS REFERENCED ABOVE.  
 BY: *Christopher J. Bentin*  
 CLATSOP COUNTY CLERK

I HEREBY CERTIFY THAT THIS IS AN EXACT COPY  
 OF THE ORIGINAL PARTITION PLAT.  
 BY: *Christopher J. Bentin*  
 CLATSOP COUNTY CLERK

- LEGEND:**
- O SET 5/8" X 3/8" I.R. W/IPC STAMPED
  - FOUND 3/8" I.R. W/IPC
  - FOUND 5/8" I.R. W/IPC
  - FOUND 3/8" I.R. W/IPC
  - FOUND MONUMENT AS NOTED
  - FOUND MONUMENT IN BOX
  - CS SURVEY NUMBER
  - CLATSOP COUNTY SURVEYOR RECORDS
  - I.R. IRON ROD
  - I.P. IRON PIPE
  - W/IPC WITH YELLOW PLASTIC CAP
  - ORIGIN UNKNOWN
  - H.F.L. HELD FOR LINE

- ( ) ENCLOSES RECORD DATA
- [ ] PROBABLE ORIGIN OF MONUMENT
- PI PARTITION PLAT 2006-14
- PE PARTITION PLAT 2007-14
- SI CS 2187
- SI CS 12284
- SI CS 13399
- 4" WIRE FENCE

"P. P. N. O. 2.0.0.6 - 0.3.4"

"P. P. N. O. 2.0.0.7 - 0.1.4" EAST LINE JOHN BROWN DLC

"P. P. N. O. 2.0.0.6 - 0.3.4"

"P. P. N. O. 2.0.0.7 - 0.1.4"

"P. P. N. O. 2.0.0.6 - 0.3.4"

"P. P. N. O. 2.0.0.7 - 0.1.4"

"P. P. N. O. 2.0.0.6 - 0.3.4"

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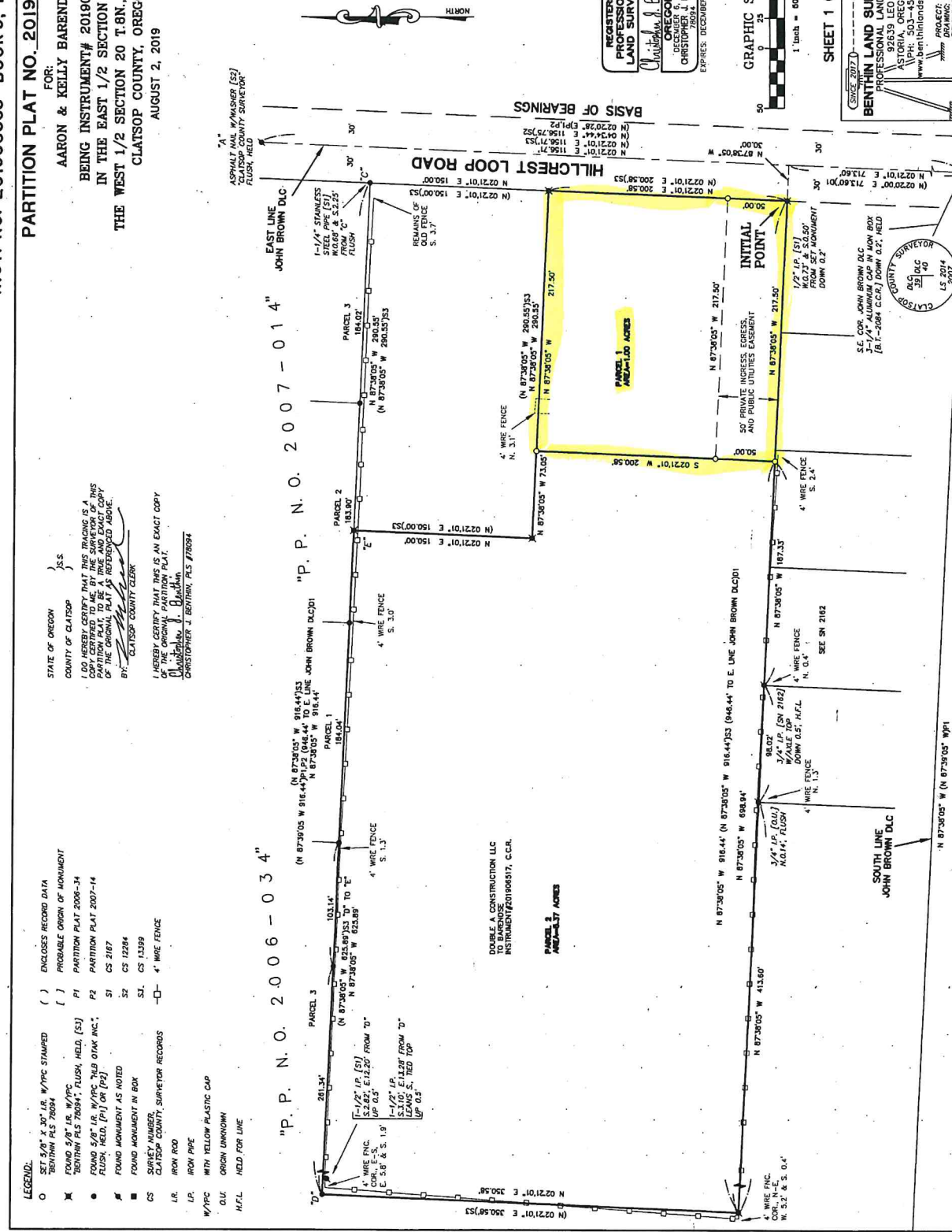
"P. P. N. O. 2.0.0.6 - 0.3.4"

"P. P. N. O. 2.0.0.7 - 0.1.4"

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"P. P. N. O. 2.0.0.7 - 0.1.4"

"P. P. N. O. 2.0.0.6 - 0.3.4"



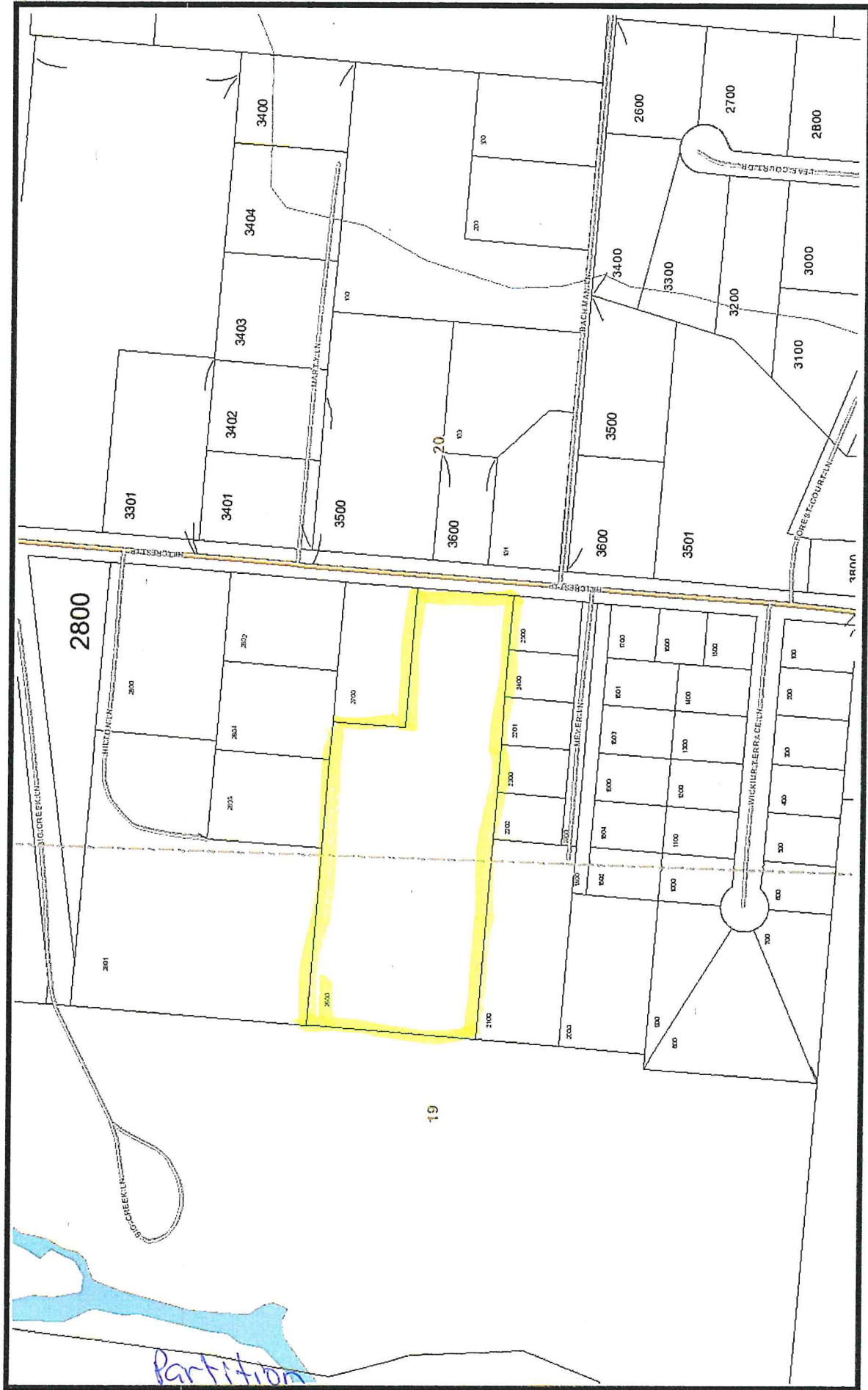
REGISTERED  
 PROFESSIONAL  
 LAND SURVEYOR  
*Christopher J. Bentin*  
 DECEMBER 31, 2019  
 CHRISTOPHER J. BENTIN  
 EXPIRES: DECEMBER 31, 2019

GRAPHIC SCALE  
 1 inch = 80 ft.  
 SHEET 1 OF 2

BENTIN LAND SURVEYING INC.  
 PROFESSIONAL LAND SURVEYOR  
 92639 LED DRIVE  
 ASTORIA, OREGON 97103  
 PH: 503-458-5725  
 www.bentinlandsurveying.com  
 PROJECT: 18-023 BARENDESE  
 DRAWING: 18-023-001  
 DATED: C.B. 08/23/19

② now 8.7.19 DA - 2600 = 1.0 acre

# Map



Partition

(2) 8-7-19DA-2600 = 6.38 acres



## Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





# Map



① Started As:

8-7-19DA-2600 = 7.38 acres



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# BUILDING PERMIT APPLICATION

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

325-7441, Ext. 70

Bldg. Permit No. 77-219

Date Issued 6-28-77

PLOT PLAN

Valuation \$ 2400  
 Area—1st Floor (+) 50% I, II, III  
 Area—2nd Floor (-) 50% V, J  
 Additional Area  
 Area—Type V J  
 Plan-Checking Fee \$ 72  
 TOTAL \$ 2472

CALLLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
Final	Finish	Final

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

Size of Septic Tank \_\_\_\_\_ gals.  
 Water Supply \_\_\_\_\_  
 Private \_\_\_\_\_  
 Public \_\_\_\_\_  
 Source: \_\_\_\_\_

PLANNING AND ZONING  
 Type of Occupancy \_\_\_\_\_  
 Total Floor Area \_\_\_\_\_  
 No. Stories \_\_\_\_\_ Total Height \_\_\_\_\_  
 Area of Lot \_\_\_\_\_  
 Front Yard Setback \_\_\_\_\_  
 Side Yard Setback \_\_\_\_\_  
 Rear Yard Setback \_\_\_\_\_  
 New Const. \_\_\_\_\_  
 Change of Occupancy From \_\_\_\_\_ To \_\_\_\_\_

CLASS OF WORK

New	Trailer or M.H.
Addition	Garage
Alteration	Shed
Repair	Other
Move	Residence

Use of building  Residence

SPECIFICATIONS

Foundation material Concrete  
 Width of wall 6" Footing 12"  
 Height of wall 18" Depth in Ground 12"  
 Girders Size Spacing Spacing  
 Joists 2x6 16" 16"  
 Studs 2x4 16" 16"  
 Rafters 2x6 16" 16"  
 Type of roofing Cedar Shakes  
 Type of siding Aluminum Siding  
 Type of heating \_\_\_\_\_

Signature of Permittee \_\_\_\_\_  
 By \_\_\_\_\_  
 Date \_\_\_\_\_

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

BUILDING ADDRESS 1101 1/2 N. 10th St.  
 LOCALITY Astoria  
 NEAREST CROSS STREET 11th St.  
 Name Leonard Allen & Self  
 Address 1101 1/2 N. 10th St.  
 City Astoria State Ore.  
 Tel. No. 1510

Name Leonard Allen & Self  
 Address 1101 1/2 N. 10th St.  
 City Astoria State Ore.  
 Tel. No. 1510

Reg. No. 1510  
 Block \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Sec. 1, 2, 3, 4  
 Plat \_\_\_\_\_

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  
 of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2  
 Fire Zone: 1, 2, 3

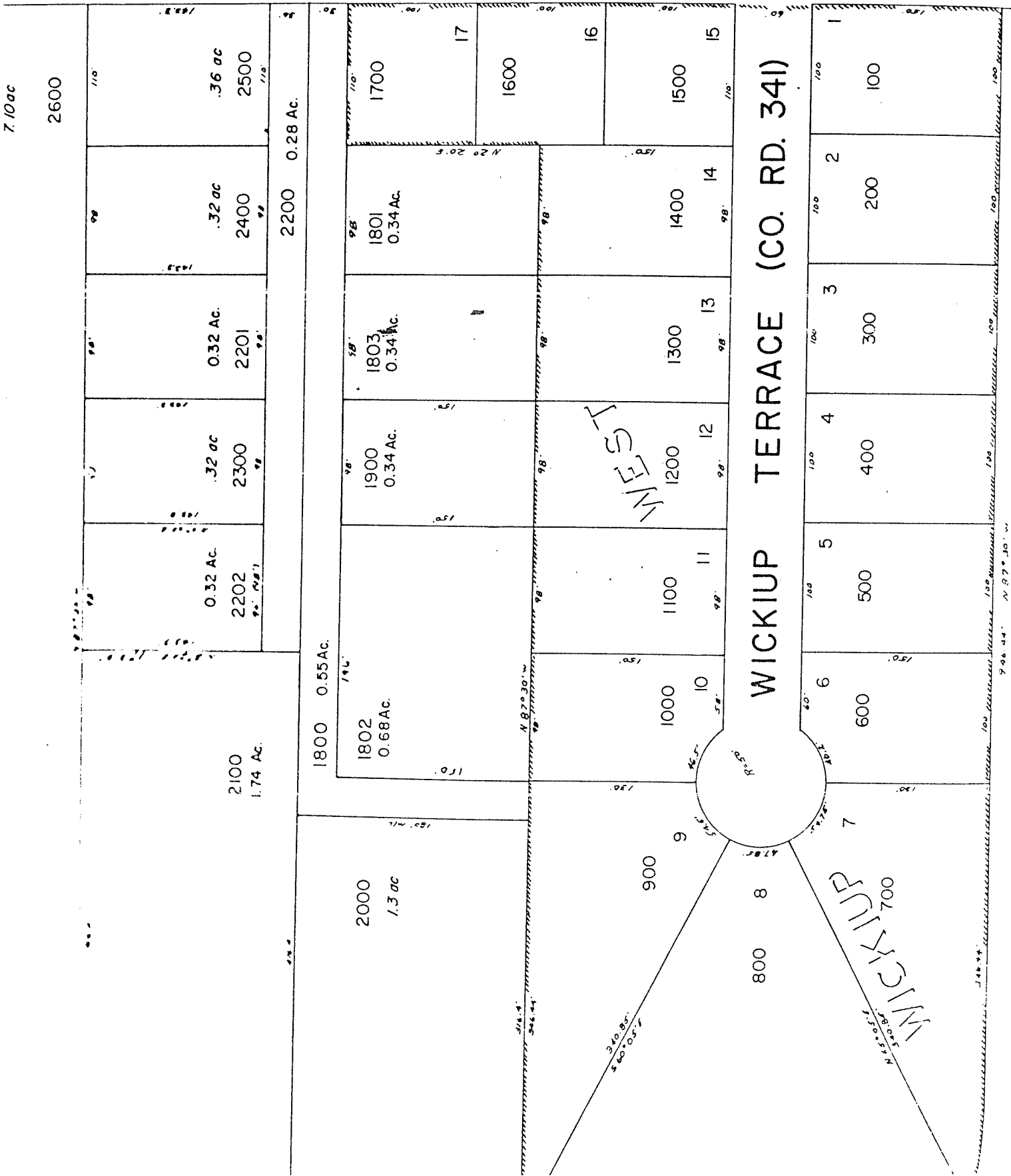
800' 100' PA

See Map 8 7 20

ROAD

LOOP

SE Cor



N 20 20 E

N 87 20 30 W

N 97 20 30 W