

22034

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 89-77

\$110.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Arthur Matson (Property Owner's Name) 8N (Township) 8W (Range) 27A (Section) 1900 (Tax Lot / Acct. No.) Clatsop (County) Simonson Loop Rd. (Road Location) Svensen (City) Chuck Hopkins (Issued by - Signature) 07-20-89 (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 July 20, 1990

TYPE OF SYSTEM Standard

Design of Sewage Flow 450 Gal's/Day

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

Maximum Depth 30 inches. Minimum Depth 24 inches. 375 Linear Feet

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

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

Special Conditions (Follow Attached Plot Plan) Install in approved area only. Must use concrete drop boxes.

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bill Hughes Excavation

Final Insp. Date

See As-Built plot plan submitted by Installer.

[] Inspected By

[X] 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.

Chuck Hopkins (Authorized Signature)

Environmental Specialist (Title)

Sept. 25, 1989 Astoria (Date) (Office)

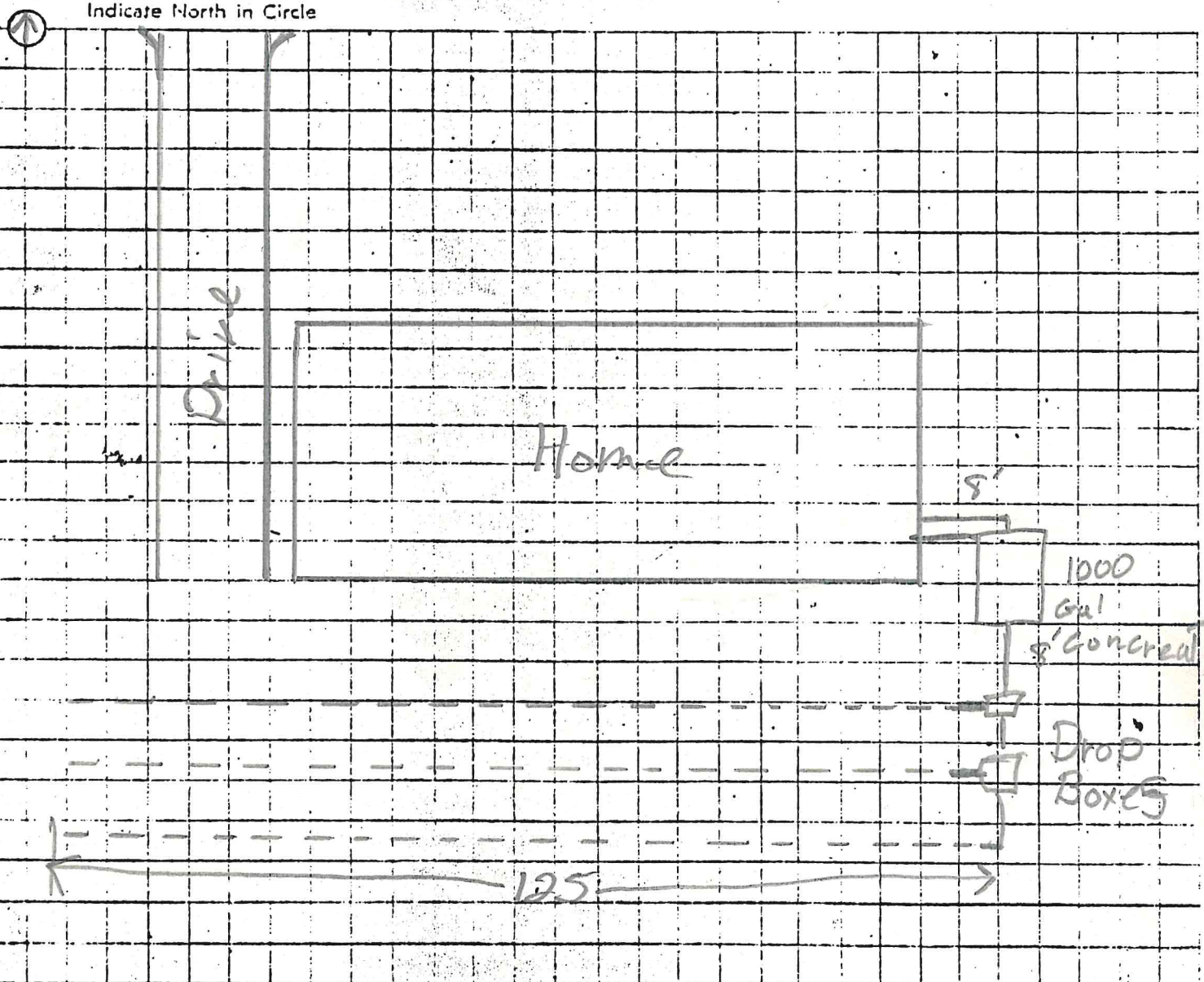
STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN - AS-BUILT

Property Owner Art Matson Date 9-18-89

Location: T. 8N R. 8W Sec. 27A Tax Lot/Acct. No. 1900



REMARKS: THIS SYSTEM WAS INSTALLED ACCORDING TO THE RULES OF THE DEPARTMENT OF ENVIRONMENTAL QUALITY.

Bud [Signature]

Dept. of Environmental Quality

RECEIVED
SEP 19 1989

FOR DEQ USE ONLY

- Approved
- Disapproved

Permit Number _____

By: _____ Astoria Branch

(SANITARIAN SIGNATURE)

(DATE)



BUILDING CODES AGENCY

1535 EDGEWATER NW
SALEM, OREGON 97310

**BUILDING PERMIT
APPLICATION**

RESIDENTIAL

JOB LOCATION/ADDRESS

RT 2 Box 839 ASTORIA

CITY

COUNTY

DIRECTIONS TO JOB SITE

JUDITH FLUES

OWNER

ADDRESS

DESCRIBE WORK

CODE

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

TOTAL SQUARE FT.

CONSTRUCTION VALUE

ask
OFFICE

PERMIT / JOB #

CITY

COUNTY

ZIP CODE

HOME:

WORK:

TELEPHONE

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

USE ZONE

RA-1

TWNSHP

8

RG

8

TL

27A 1900

FLOOD ZONE

YES

NO

PERMIT #

84-217

PUBLIC _____

PRIVATE _____

DEQ PERMIT #

89-77

BY:

Alvan J. Haulman Planner

325-8611

PHONE

DATE

8-11-89

TITLE

BY:

Betty Hoffman Sec

325-86060 am

PHONE

DATE

8-14-89

TITLE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR

ADDRESS

PHONE

REG #

EXP

ELECTRICAL

ADDRESS

PHONE

REG #

EXP

PLUMBING

ADDRESS

PHONE

REG #

EXP

MOBILE HOME

ADDRESS

PHONE

REG #

EXP

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

- I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
- ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
- I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

SIGNATURE OF PERMIT APPLICANT

FIELD OFFICE COPY

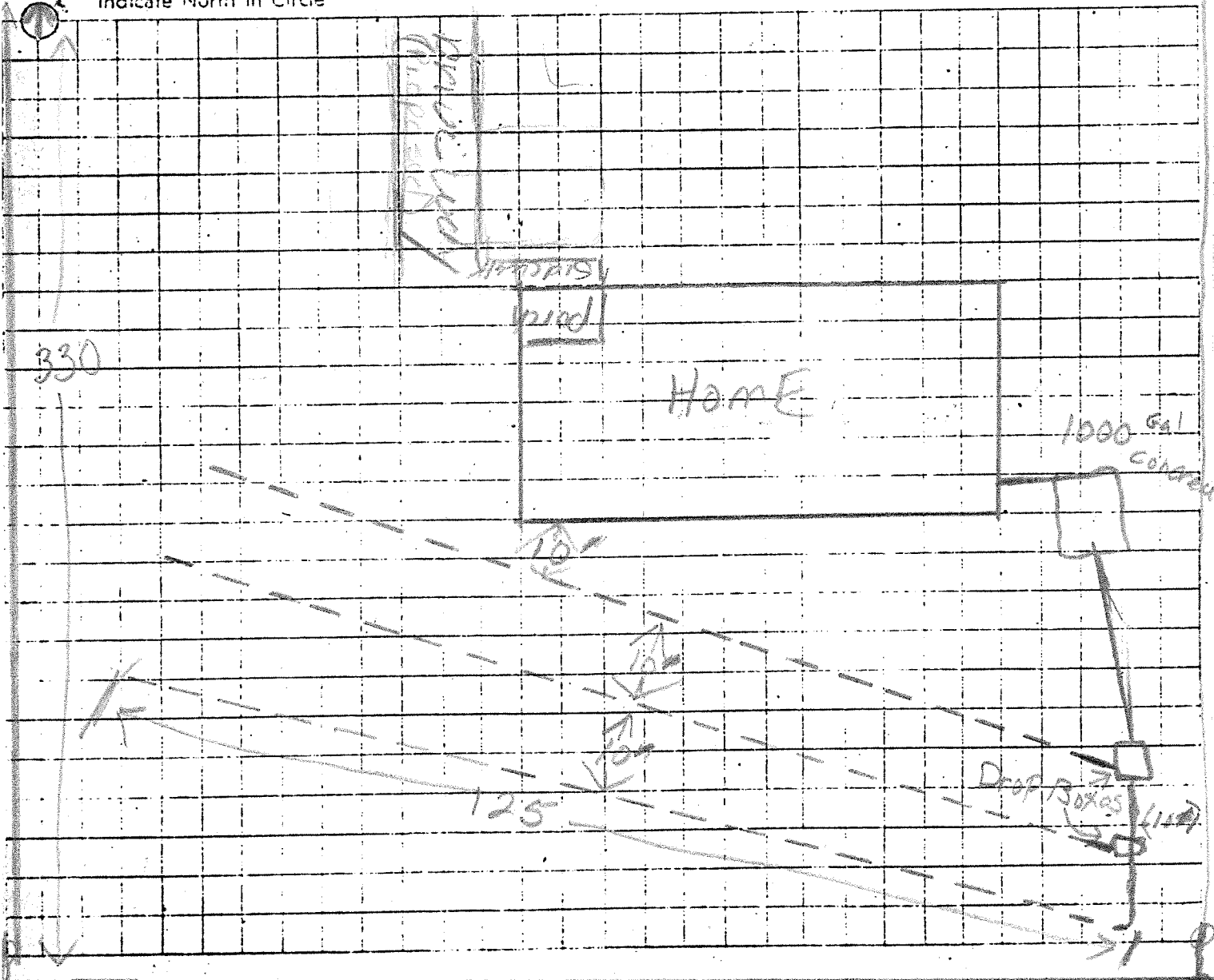
DATE

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner Arthur Matson Date 7-14-89

Location: T. 8 R. 8 Sec. 27A Tax Lot/Acct. No. 1900

Indicate North in Circle



REMARKS: 140'
Bill Hughes

FOR DEQ USE ONLY

Approved

Permit Number _____

Disapproved

By: _____ (SANITARIAN SIGNATURE)

(DATE)



Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

Astoria Branch
P. O. Box 869
Astoria, Oregon 97103
Phone (503) 325-8660

July 14, 1989

Arthur H. Matson
Rt. 2 Box 840
Astoria, OR 97103

Re: OSS-Clatsop County
Site Evaluation, Approved
T8N, R8W, Sec 27A, TL 2900

In response to your completed application of July 10, 1989, a field inspection was made on July 12, 1989. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

Chuck Hopkins
Environmental Specialist
Astoria Branch

CH:
Enclosures

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

8N
(Township)

8W
(Range)

27A
(Section)

1900
(Tax Lot/Acct. No.)

Clatsop
(County)

(Subdivision Name)

(Lot No.)

(Block No.)

1.065 Ac.
(Lot Size)

The Entire Property Has
 Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:

See the illustration on the
Site Evaluation Field Worksheet

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Standard Serial Distribution (450 gpd) 375 linear feet (125'/150 g.). Maintain 50' setback from escarpment, 10' from driveway, utility trenches and building foundations and standard setbacks. Submit detailed plot plan with application for construction permit. Install in approved area only. System must be installed by DEQ licensed installer or property owner.

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

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

Chuck Hopkins
(Signature of Authorized Agent)

Environmental Analyst
(Title)

July 14, 1989
(Date)

Astoria
(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T8N, R8W, SEC. 27, TL 1900 Evaluator CHUCK HOPKINS
 Applicant MATSON, ART Date 7-12-89 Parcel Size 1.065 ACS.

	Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0-9	SILT LOAM	10YR3/3 COMMON ROOTS
	9-27	" "	10YR5/8 FEW "
	27-36	SILT LOAM(-)	10YR6/8 VERY FEW "
	36-40	SILTY CLAY LOAM (+)	5YR5/8 W/5Y5/3 MOTTLING - NO ROOTS
	40-48	SILTY CLAY LOAM (+)	2.5Y6/2W/2.5YR4/6 & 5YR5/8 MOTTLING-NO ROOTS
Pit 2	0-11	SILT LOAM	10YR3/2 COMMON ROOTS
	11-21	SILTY CLAY LOAM (+)	10YR4/4W/5YR5/8 & 10YR5/1 SCATTERED MOTI.-FEW ROOTS
	21-33	SILT LOAM(-)	10YR5/8
	33-37	SILT LOAM(-)	2.5Y6/2W/7.5YR5/8 MOTTLES - NO ROOTS
	37-55	SILTY CLAY LOAM (+)	2.5Y6/2W/7.5YR5/6 " - " "
Pit 3			
Pit 4			

Landscape Notes HAY FIELD
 Slope 7% Aspect S. Groundwater Type TEMPORARY @ 33"
 Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: STANDARD Design Flow 450 gpd Disposal Field Size 375 Linear Feet
 Initial SERIAL System Sizing 125'/150 g. Max. Depth Absorption Facility (in) 30" (24" MIN.)
 Replacement SAME System Sizing 125'/150 g. Max. Depth Absorption Facility (in) 30" (24" MIN.)

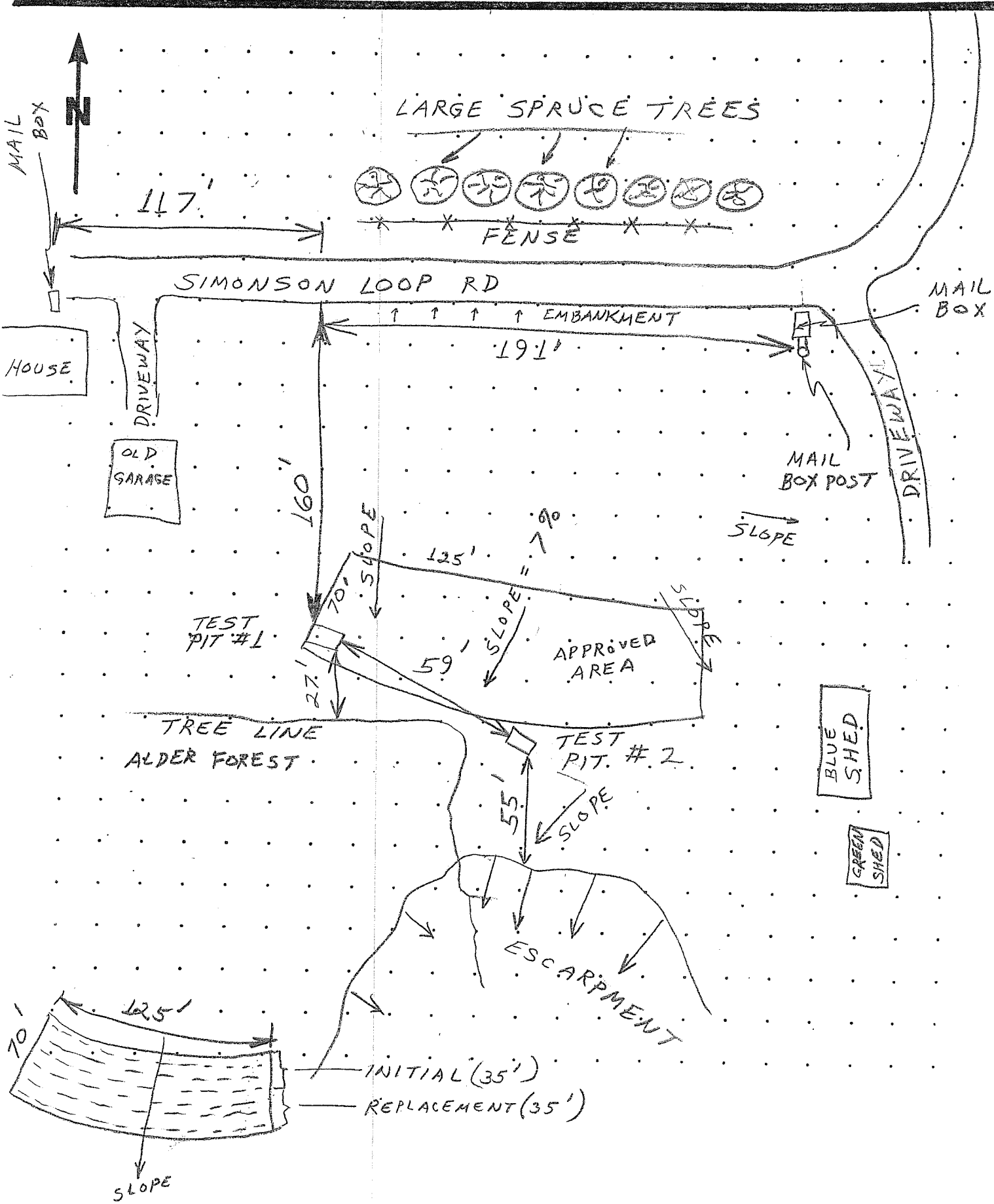
Special Conditions MAINTAIN 50' SETBACK FROM ESCARPMENT (25' SETBACK REQUIRED BY RULES - 50' SETBACK REQUIREMENT IS SPECIAL CONDITION AS PRECAUTION AGAINST FUTURE EROSION). INSTALL IN APPROVED AREA ONLY.

Tax Reference T8N, R8W, SEC. 27, TL 1900

Evaluator: CHUCK HOPKINS

Applicant MATSON, ART

Date: 7-12-89

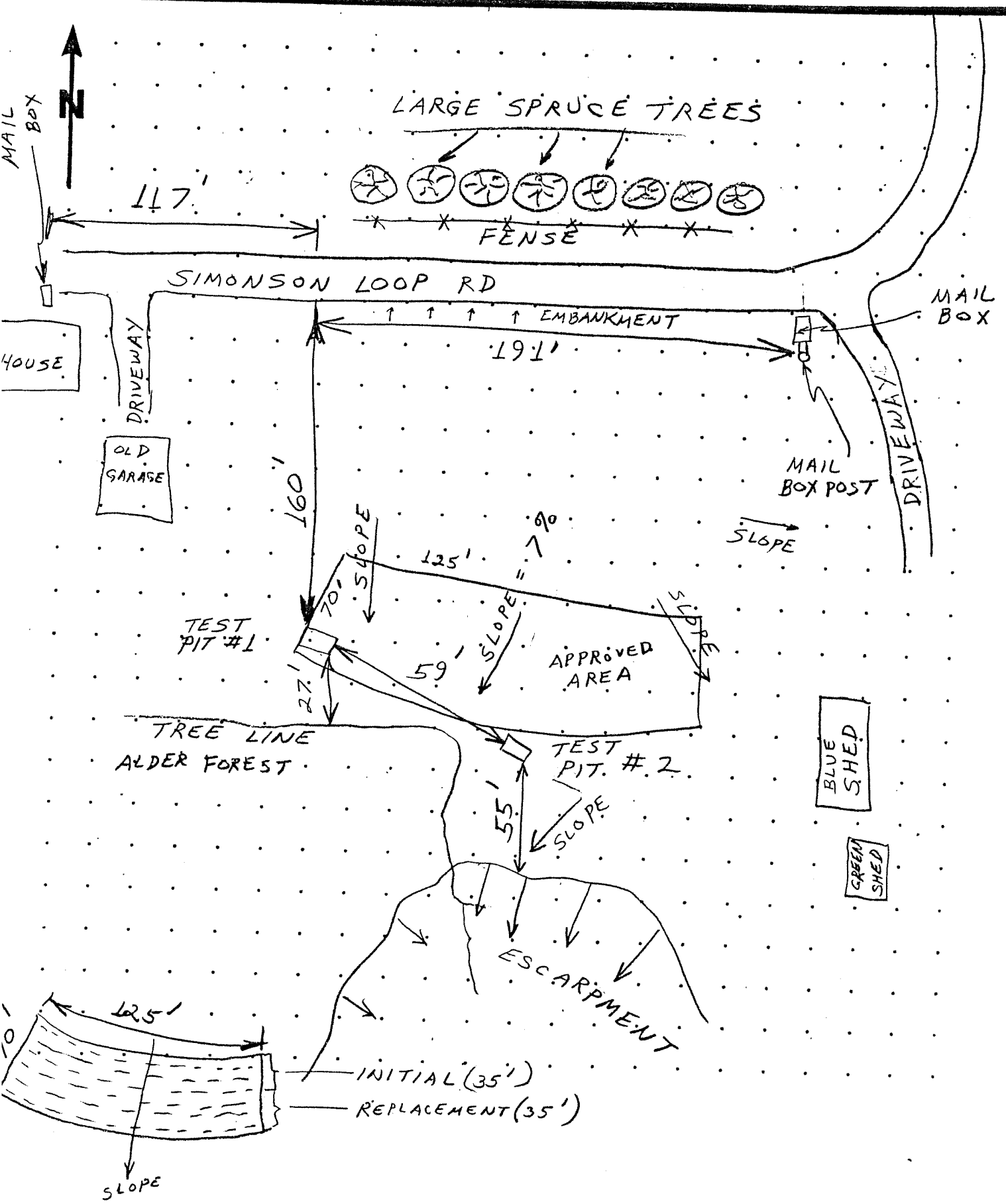


Tax Reference T8N, R8W, SEC. 27, TL 1900

Drawn by: CHUCK HOPKINS

Applicant MATSON, ART

Date: 7-12-89



STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

For Office Use Only
 Date Rec'd. 7-16-89
 Date Completed 7-14-89
 Required Fee 175.00
 Receipt No. 41619
 Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

ARTHUR H. MATSON
 (Property Owner's Name)

1.065 acres
 Lot Size (Acreage or Dimensions)
Edwin W Flues
 (Applicant's Name if Different from Owner)

Legal Description of Property EN 8W 27A 1900 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate NONE 2 NA
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility
 Single Family Residence 2
 (Number of Bedrooms)
 Other _____
 (Specify)

Water Supply
 Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc.)

Existing Facility
 Single Family Residence _____
 (Number of Bedrooms)
 Other NONE
 (Specify)

APPLICATION FOR:

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

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

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

Arthur H. Matson
 (Signature)

7/10/89
 (Date)

- Owner Same
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
Rt 2 Box 840
ASTORIA, ORE 97103

Applicant's Mailing Address (if different)
Rt 2 Box 701 Astoria

Phone 458-6698

Phone 458-6178

0
Ac

2370 2200 2100
070 Ac 062 A 386 Ac

2000
0.23
Ac.

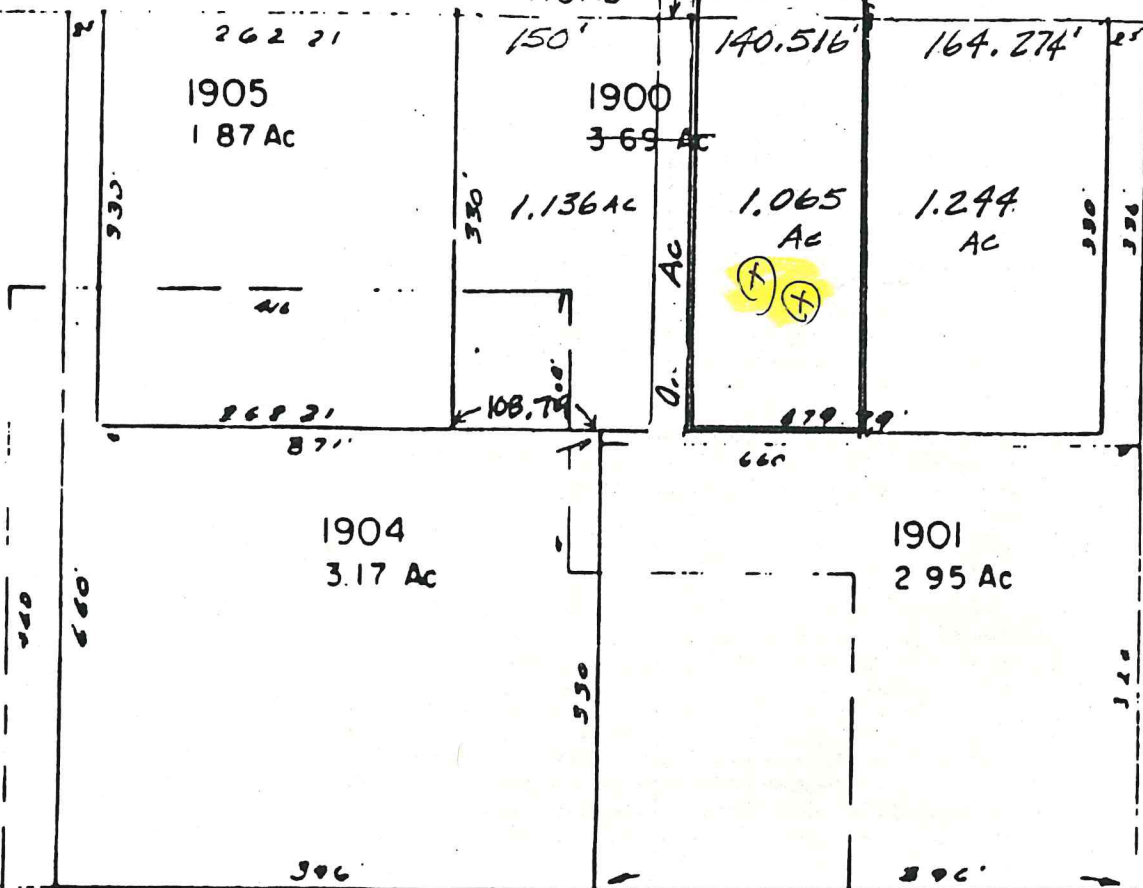
504.79

25'

ROAD

SEE MAP 8 8 26

4



1903
0.26 Ac

Parcel # 2

140.516' x 330.0'

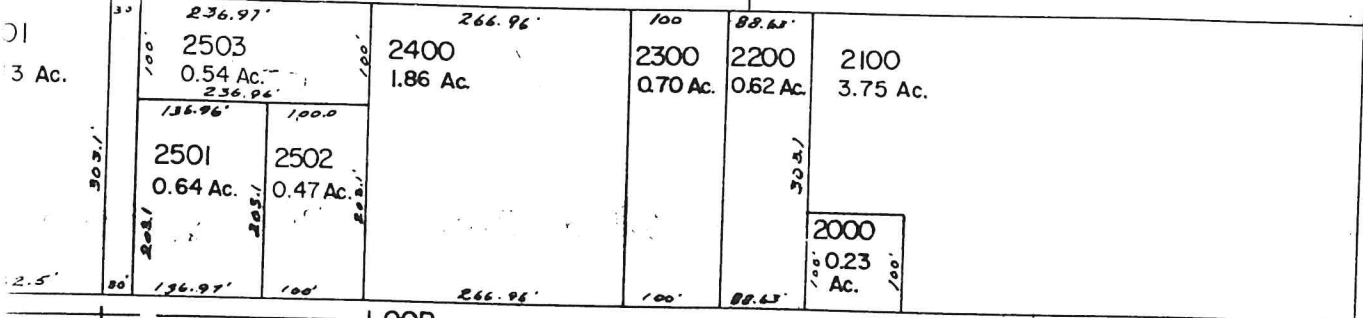
1.065 Ac

3.634 Ac

1 Ac = 43,560 FT²

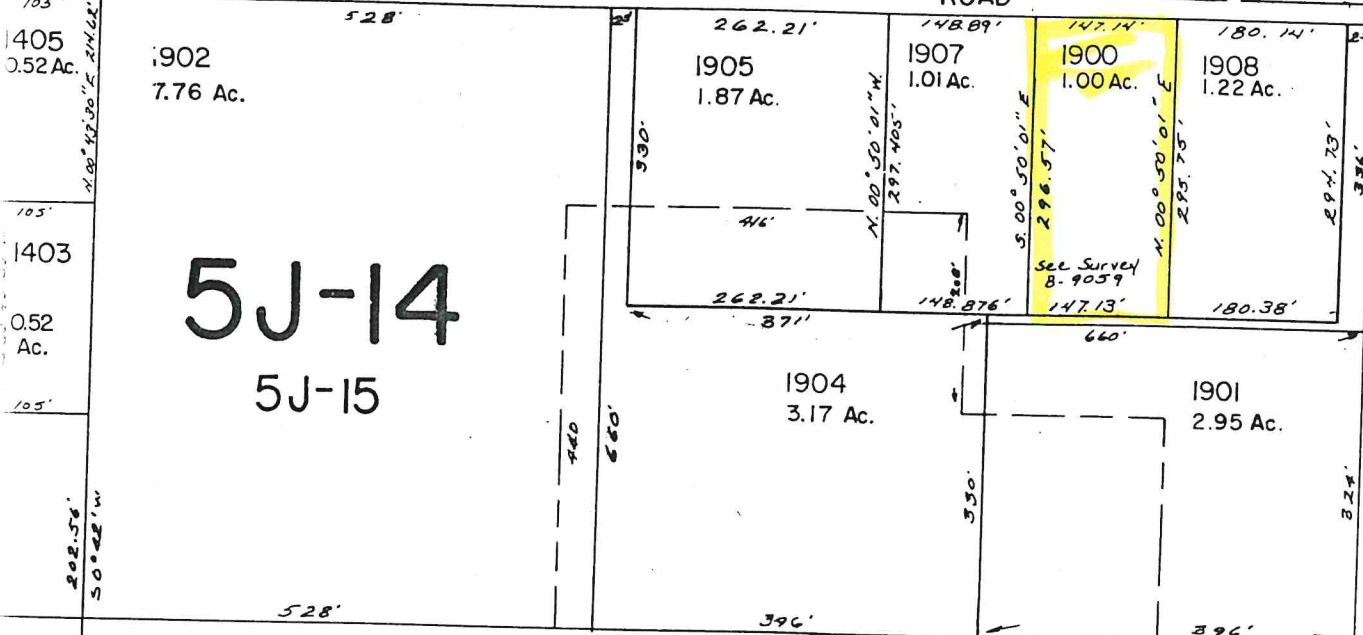
5.31 Ac.

4.77 Ac.



LOOP

ROAD



5J-14
5J-15

SEE MAP 8 8 26

1903
0.26 Ac.

1601
20.00 Ac.

SEE MAP 8 8 27D

1/4
COR.