

25981

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 90-124

\$ 55.00

Fee

- 80827A001403 -

New Construction

Repair

Other

Permit Issued To Carol A. Wansher (Property Owner's Name) 8N (Township) 8W (Range) 27A (Section) 1403 (Tax Lot / Acct. No.) Clatsop (County)

Simonson Loop Rd. (Road Location) Svensen/Knappa (City) Chuck Hopkins (Issued by - Signature) 09-19-90 (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 Sept. 19, 1991

TYPE OF SYSTEM

Average Daily Sewage Flow Gallons/Day

Design Peak Sewage Flow Gallons/Day

Concrete

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s)

Square Feet

Maximum Depth inches.

Minimum Depth inches.

Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Replace septic tank only.

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

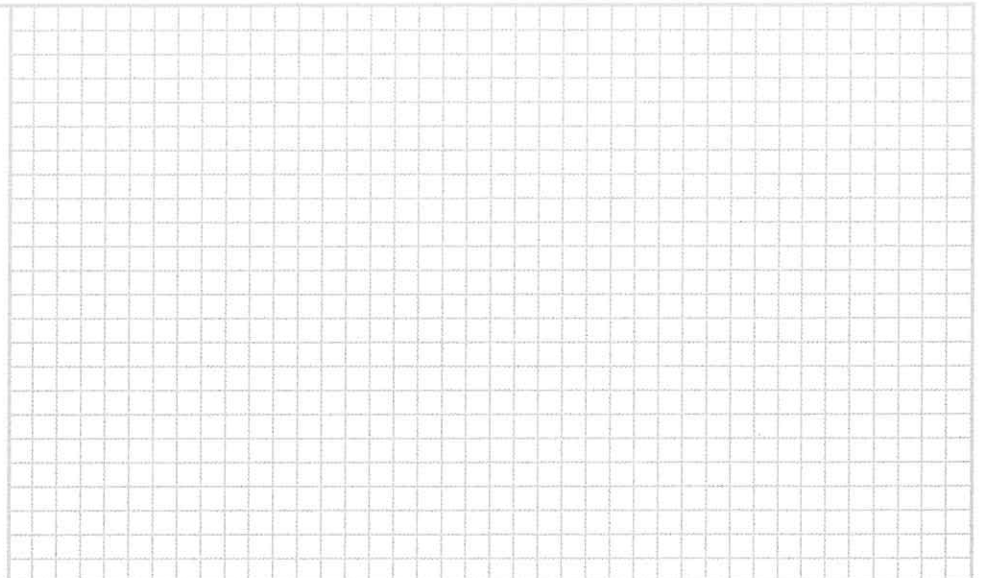
Installer

Final Insp. Date

Inspected By

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340, Division 71



In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

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

(Authorized Signature)

(Title)

(Date)

(Office)

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

FOR OFFICE USE ONLY
 Date Rec'd. 9-17-90
 Date Completed _____
 Required Fee 55.00
 Receipt No. 46313
 Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

.52
 Lot Size (Acreage or Dimensions)

CAROL A. WAMSHER
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 8 8 27A 1403 Clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

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

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

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

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System 1000 CONCRETE
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) _____

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedrooms
- Personal hardship
- Temporary housing
- Other (Specify) _____

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

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

Carol A. Wamsher
 (Signature)

9/17/90
 (Date)

- Owner
- Authorized Representative
- Licensed Installer
 License No. _____

Owner's Mailing Address

RT. 2 Box 825-D
ASTORIA OR 97103

Applicant's Mailing Address (if different)

Bill H.

Phone W-325-2862

Phone _____

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Septic Tank Condition

Good _____
Fair _____
Needs to be replaced X

Volume 1000 Gallons

Structure Type

Steel X
Concrete _____
Plastic _____

General Comments At This Time The
Septic Tank is in Poor Condition it
Has Been Crushed By Heavy Equipment.
The Drainfield is working Properly.

Date Pumped And Inspected 9-13-90

Address Of Inspected Tank Rt 2, Box 825-D
Astoria, Oregon
97103

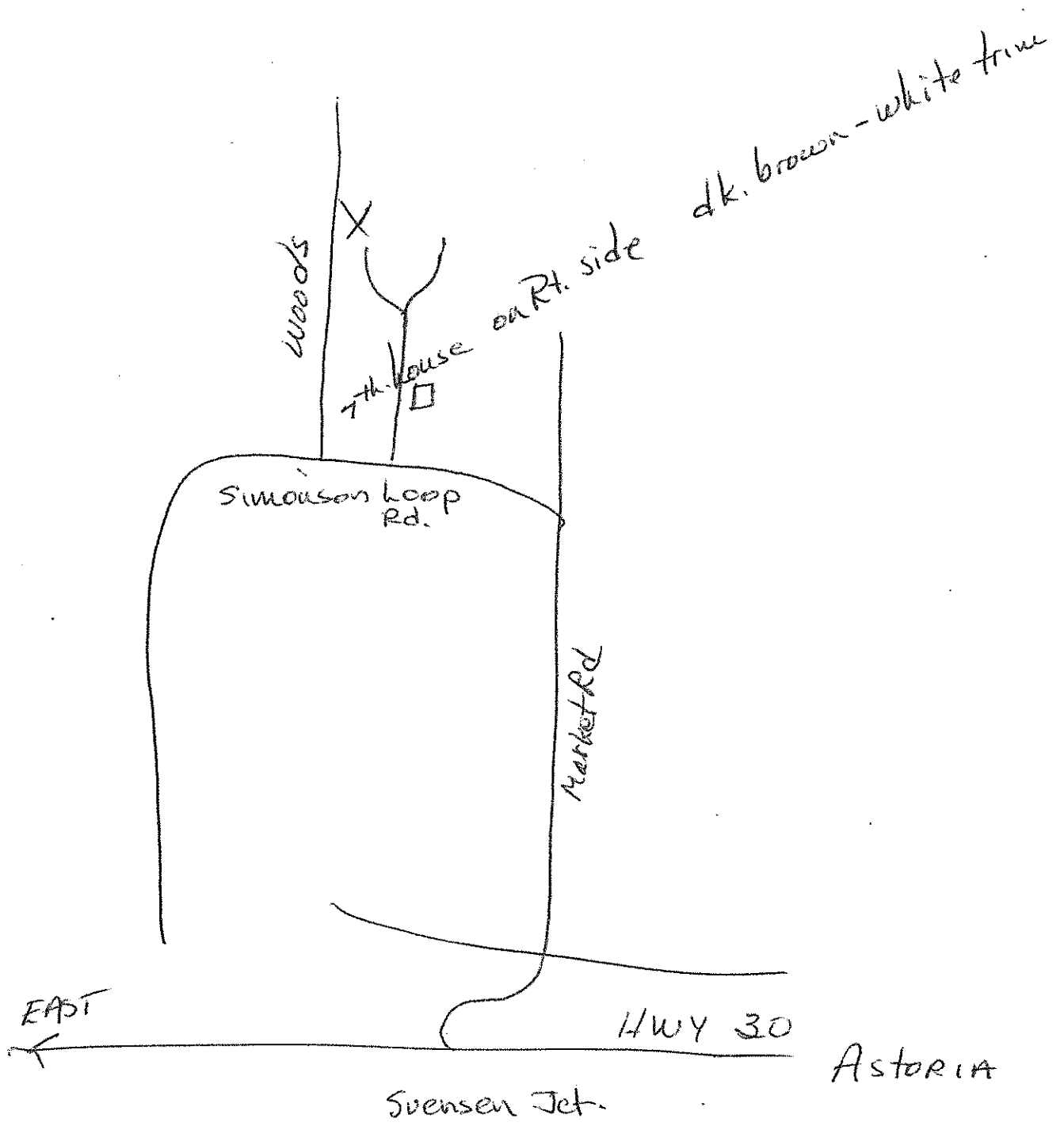
Name of Recorded Owner Carol Wambler


Signature - Licensed Pumper

55# 34259

ED'S
SEPTIC TANK CLEANING SERVICE
Rt. 4, Box 621
Astoria, OR 97103

NO GUARANTIES EXPRESSED OR IMPLIED.



CLATSOP COUNTY HEALTH DEPT.
 857 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7441 EXT. 35
 SUBSURFACE SEWAGE DISPOSAL SYSTEM
 FINAL INSPECTION

808-27A-1400

PERMIT NO. 78-105

- 80827A001403 -

OWNER'S NAME CAROL WAMISHER ADDRESS RT 2 BOX 890 R ASTORIA
 PROPERTY ADDRESS 808-27A-1400 (A) INSTALLER A. WOODLINGTON
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION E. W. 4M

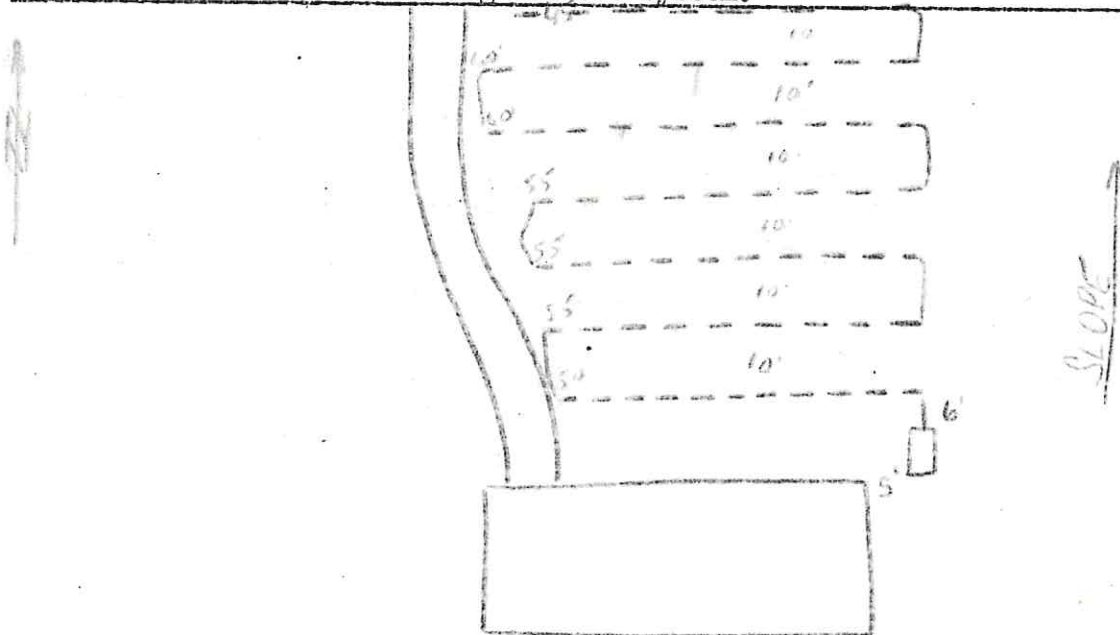
SEPTIC TANK: STEEL , CONCRETE , CAPACITY _____ GALLONS

STONE: SIZE 3/4" 2 1/2", WASHED , BELOW TILE 6 IN., ABOVE TILE 2"

TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 750 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL ASPH 3034

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS: _____

DATE: OCT 11 1976 SANITARIAN Bruce D. Johnson

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

60
50
55
55
3 1/2" 56 7" 9"

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Installer Complete top part of form to
 signature and submit both copies with
 application.

(Exhibit No. 1)

Permit No. 78-105

Installer's Name <i>Middletown</i>		Property Address <i>27, 78th, R 8w. Wm.</i>		
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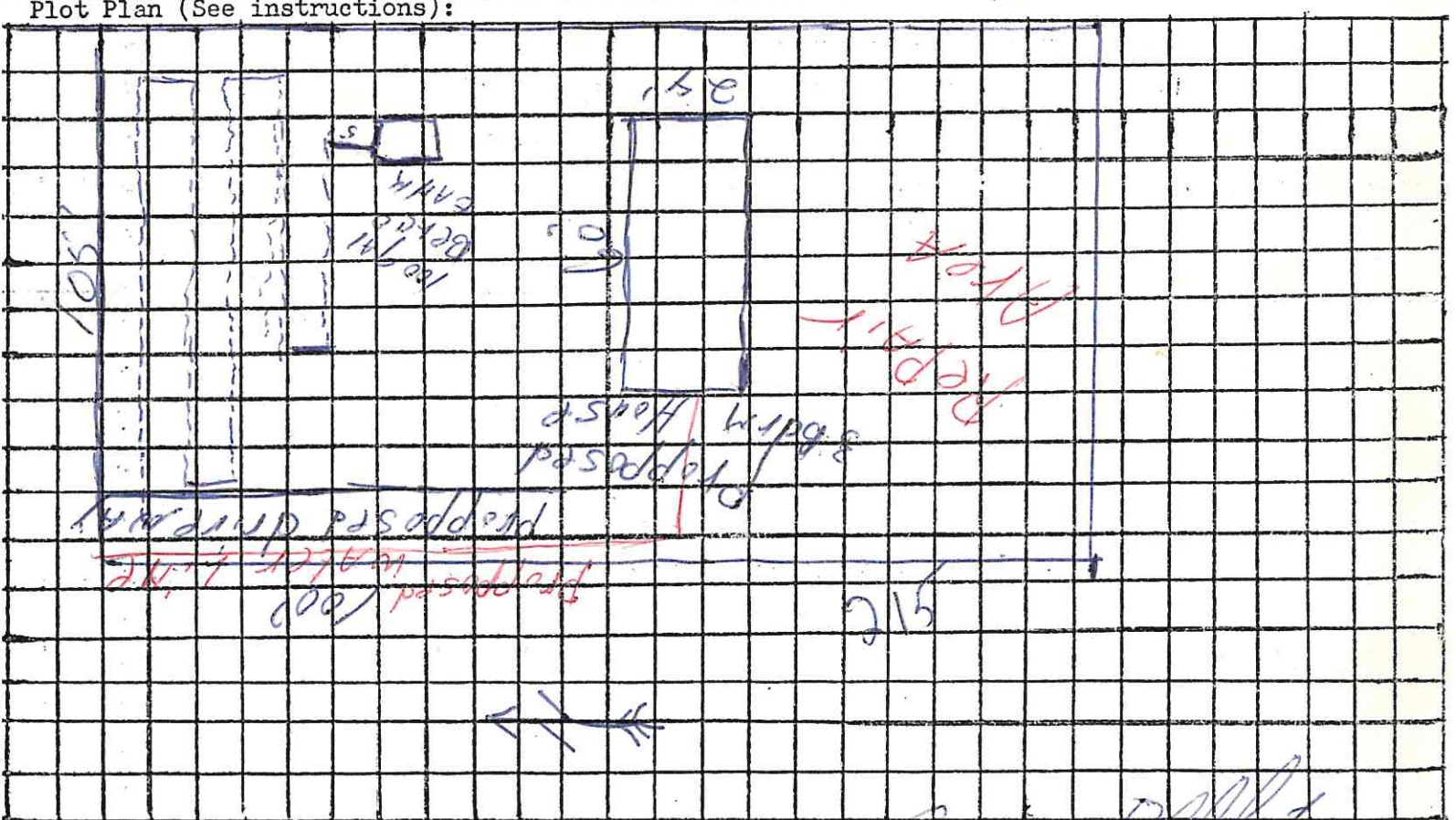
No. Living Units <i>ONE</i>	Bedrooms <i>3</i>	Baths <i>1</i>	Basement Yes ___ No <input checked="" type="checkbox"/>	Water Supply Community ___ Public <input checked="" type="checkbox"/> Other -List
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Septic Tank:
 Ft. from well *NA* Steel Concrete ___ No. Compartments ___ Gallon Capacity *1000*

Inside Dimasions: Feet Length ___ Width ___ Diameter <i>BEHO 1600</i> Depth ___	Tile Disposal Field: Distribution Box: Yes ___ No <input checked="" type="checkbox"/>
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Applicant Name <i>CAROL A. WAMSHER</i>	Other Distribution - Type <i>Serial</i>
Mailing Address <i>RT. 2 Box 890-R</i>	Feet from Well: <i>NA</i> Foundation: <i>10</i>
Address <i>Astoria, Ore. 97103</i>	Lot Line Front: <i>10'</i> Side: <i>10'</i> Rear: <i>100'</i>

Length of Lines - Ft. 1. 2. 3. 4. <i>5.</i> 6.	Trench Width: <i>24</i>	Total Sq. Ft.: <i>750</i>	Ft. between lines: <i>10</i>	Filter Type: <i>3/16"</i>	Filter depth above tile: <i>2 in</i>	Filter depth below tile: <i>in</i>
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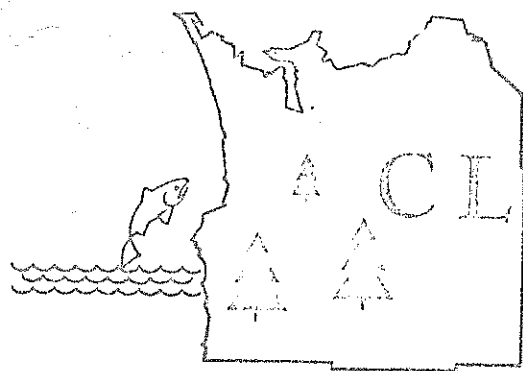


Date: _____ Signature: *[Handwritten Signature]*

For Sanitarian Use Only:
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal.
 Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal.

Date: *7-7-78*

Remarks: _____
[Handwritten Signature]



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

April 10, 1978

Mr. Lester Posey
Rt. 2 P.O. Box 825
Astoria, Oregon 97103

Re: 808 - 27A - 1400A; $\frac{1}{2}$ acre portion (C. Wamsher)

Dear Mr. Posey:

On April 7, 1978, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Oregon Administrative Rules Pertaining to Standards for Subsurface and Alternative Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

A handwritten signature in cursive script that reads "Bill D. Mason".

Bill D. Mason, R.S.
Clatsop County Sanitarian

BDM/mm

RESTRICTIONS:

- 1) Provide an absorption area of 250 square feet per bedroom with a septic tank of at least 1000 gallons capacity for the proposed 3-4 bedroom structure.
- 2) Place the drainfield in the area approved while maintaining a minimum 50 foot setback from any intermittent (seasonal) stream.
- 3) Any extreme alteration of the natural soil profile in the area approved could void this approval.
- 4) Submit a detailed plot plan and obtain a sewage disposal system construction permit through this office prior to construction.

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

This is to certify that the following described property

808 - 27A - 14,00A; 1/2 acre portion (C. Wamsher)

has been evaluated on April 7, 1978 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

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 under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from CLATSOP COUNTY HEALTH DEPARTMENT or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: April 10, 1978
Date

To: Mr. Lester Posey
Landowner

Rt. 2 P.O. Box 825
Address

Astoria Oregon 97103
City State Zip

By Bill O'Malley
DEQ or Contract Agent

LOT EVALUATION

CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT (to be filled out by the Planning Department)

Tax Lot Portion of 1400 Section 27A

Township 8N Range 8W

Size of Lot ~ 1/2 acre

Zone Designation R-A

Lot Frontage on Public Road Yes () No

Major Partition Required Yes No ()

Major Partition will be required

Patricia A. Kubala
(Signature of Planning Department)

3-24-78
(Date)

CLATSOP COUNTY HEALTH DEPARTMENT Sanitation Section

PERMIT # _____

Name and Address to which permit or inspection should be mailed:

Lot Evaluation Fee 25.⁰⁰
(paid) 4-7-78

Lester L. Posay
Rte 2 Box 825
ASTORIA, Or. 97103

Permit Fee (paid) _____
CL-36¹¹ - 250

Person to be contacted in regard to this application:

Name Carol Wamsler

Phone No. 455-6709

Directions to property to be inspected:

One mile South of Hunts Market - Turn left
on Simonson Loop Rd. Fourth house on
Right

TEST HOLES HAVE BEEN DUG Yes
WILL CALL WHEN READY _____

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Land Quality
Clatsop County

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New \$50.00. Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Lester L. Posey
~~Robert L. Posey~~
Name of Applicant Rt. 2 Box 825
Rt. 2 Box 825
Address
Astoria
City
Section 27A T 8 R 8W
Tax Lot or Account # 1400
Location Svensen
Installers Name

B. GENERAL DESCRIPTION

NE 1/2 SW 1/4 NE 1/4 SEC 27, EXC. RD.
New Construction house Repair _____
Installation will serve: House Mobile Home _____ Mobile Home Park _____
Commercial Building _____ Other (Explain) _____
No. of Living Units 1 No. Bedrooms 3
Water Supply: Public Community Private _____ Garbage Disposal? _____

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
2. Planning Evaluation - Building Permit (Local Option)
3. Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Lester L. Posey
Signature (Owner/Installer)

Permit No. _____

Issued _____

Date

Date April 4 1978

Interim Form #1

6.32 Ac.

(180') 1002 1.24 Ac.	203.6' 1001 1.43 Ac.	1000 1.06 Ac.	1100 1.39 Ac.	1102 1.13 Ac.	1101 1.13 Ac.	266.97'	266.96'	2400 1.86 Ac.	230 0.70
(180')	210.0'		200'	162.5'	162.5'	136.96' 250i 0.64 Ac.	203.1'	2400AI	100
	N1015'E 300'	S00D'44E 300'			S03.1'	253.1'	100'		100

SIMONSON

LOOP

10 2 Ac.	1401 5.00 Ac.	1902 7.76 Ac.
470	197.34'	528'
470	330'	528'
	N1002'E — 635.92'	528'
	S1002'W 432.24'	528'
	S89°10'30"E 468.02'	528'
	N89°10'30"W — 662.50'	528'
	202.56'	50°42'W

-1400
Dosey's
4.85 Ac.
5J-03

5J-01
Clayton
Carol
Mike
LTD
X X

GEORGE HILL ROAD

SEE MAP 8 8 27D

Carol a. Wamsher

TAX NO: 5003 - 8827 A - 1400

Clatsop

SCHEDULE A — Continued

5. The land referred to in this policy is situated in the State of Oregon, County of Clatsop, and is described as follows:

A tract of land in the Northeast quarter of Section 27, Township 8 North, Range West, Willamette Meridian, described as follows:

Commencing at a 1" iron pipe in the centerline of the Simonsen Loop Road, said iron pipe being the Northeast 1/16th corner of Section 27, Township 8 North, Range 8 West, Willamette Meridian;

Thence North $88^{\circ} 51'$ West, along said centerline, a distance of 105.00 feet;

Thence South $00^{\circ} 43' 30''$ West, a distance of 235.21 feet to an iron pin which is the true point of beginning;

Thence South $89^{\circ} 10' 30''$ East a distance of 105.00 feet to an iron pin;

Thence South $00^{\circ} 43' 30''$ West a distance of 215.00 feet to a 1" iron pipe;

Thence North $89^{\circ} 10' 30''$ West a distance of 105.00 feet to an iron pin;

Thence North $00^{\circ} 43' 30''$ East a distance of 215.00 feet to the point of beginning. All situated in the County of Clatsop, State of Oregon.

Also the use of the road easement described as follows:

A strip of land 40 feet in width, being 20 feet on each side of the following described centerline:

Commencing at a 1" iron pipe in the centerline of the Simonsen Loop Road said iron pipe being the Northeast 1/16th corner of Section 27, Township 8 North, Range 8 West, Willamette Meridian;

Thence North $88^{\circ} 51'$ West, along said centerline, a distance of 105.00 feet;

Thence South $00^{\circ} 43' 30''$ West a distance of 20 feet to a point on the Southerly right of way of said road, said point being the true point of beginning;

Thence South $00^{\circ} 43' 30''$ West a distance of 215.21 feet to an iron pin.

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
1681 St. Helens Street
St. Helens, Oregon 97051

August 31, 1978

Clatsop County Health Dept.
P.O. Box 206
Astoria, Oregon 97103

RECEIVED
SEP 5 1978
CLATSOP COUNTY HEALTH DEPT.

Dear Sirs:

Enclosed are copies of legal descriptions, names of owners and tax lot numbers on several mortgages we hold through Farmers Home Administration. All are on septic systems which require a septic tank permit and an "OK to cover" before occupancy may be permitted.

We have neglected to obtain the copies of the septic tank permit and "OK to cover inspection." Since we need these for our files, we are asking that you photo copy both permit and "OK to cover inspection" and send them to our St. Helens office, address above.

Thank you for your co-operation.

Sincerely,

James O. Dias
James O. Dias
County Supervisor

Enclosures
11a

Nancy Ann
Please take care of this.
Also wants copies of final inspection forms. "permit"
Should file
Sept 9-6-78

N 89°42'30"W 883.98'



KEY TITLE COMPANY

THIS COPY OF ASSESSOR'S MAP IS PROVIDED SOLELY TO ASSIST IN LOCATING SUBJECT PROPERTY. NO LIABILITY IS ASSUMED BY KEY FOR DISCREPANCIES IN THIS MAP AS OUTLINED AND THE ACCOMPANYING LEGAL DESCRIPTION.

5.31 Ac.

11

