

40155

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 94-190

\$ 85.00

Fee

New Construction

Minor Repair

Other Tank Replacement

Permit Issued To Lester Posey (Property Owner's Name) 8N (Township) 8W (Range) 27A (Section) 1400 (Tax Lot / Acct. No.) Clatsop (County) Simonsen Loop Rd. Astoria (Svensen) (Road Location) (City) Dewey Donald (Issued by - Signature) 10-11-94 (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 October 11, 1995

TYPE OF SYSTEM

Septic

Design Sewage Flow Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s) Square Feet

Maximum Depth inches.

Minimum Depth inches.

Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted.

Properly abandon existing septic tank and submit copy of pumping receipt. (See attached conditions).

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office -- 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Doug Vinson

See as-built plot plan submitted by installer.

Final Insp. Date

Inspected By

Issued by Operation of Law

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

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

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

(Authorized Signature)

(Title)

(Date)

(Office)



JUN 5 1995

NORTH COAST BRANCH OFFICE  
WARRENTON

SIMONSEN LOOP RD. (COUNTY ROAD)

DRIVEWAY

NORTH

STORAGE  
BUILDING

3 BEDROOM HOME

PATIO

AS BUILT SITE PLAN  
6/1/95

18" Riser on inlet  
end of tank.

1000 GAL. FRIEND & RIKALO  
CONC. TANK

EXISTING DRAIN FIELD AREA

SITE PLAN FOR LESTER POSEY  
TANK REPLACEMENT ONLY  
BY DOUG VINSON  
OR CCB# 66679  
OR DEQ# 36845  
OCT.94

T8N R8W SEC.27A TL1400 SETBACKS TO ALL PROPERTY LINES AND UTILITIES EXCEED 10'

DEPARTMENT OF ENVIRONMENTAL QUALITY  
North Coast Branch Office  
17 North Highway 101  
Warrenton, OR 97146  
Phone (503) 861-3280

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DATE: October 11, 1994

TO: Lester L. Posey  
T8N, R8W, S27A, TL1400

FROM: *Dewey Darold*  
Dewey W. Darold, R.S.  
Environmental Specialist

SUBJECT: Minor Tank Replacement Permit #94-190

The following conditions apply to the installation of the new septic tank:

- 1) Follow manufacture's directions for tank installation, particularly for poly septic tanks which require filling with water before backfilling to prevent racking of tank and potential collapsing. Use anti-buoyancy where applicable.
- 2) If the septic tank is installed deeper than 18 inches a watertight riser to ground surface is required.
- 3) The inlet and outlet connections to the septic tank must watertight, bedded firmly in original soil with the appropriate piping materials used.
- 4) The existing septic tank must be properly abandoned by a state licensed septage pumper and a copy of the pumping receipt submitted to our office.
- 5) An inspection of the septic tank installation will not be conducted unless specifically requested.
- 6) The septic tank must meet the minimum five (5) foot setback from the building foundation and the ten (10) foot setback to the property lines and the water lines.
- 7) If the septic tank is installed (either homeowner or licensed installer) exactly as indicated on the original approved plot plan, submit an as-built plan within 30 days of the installation specifying that the installation was installed exactly as the original plan showed. If not, show the adjustments on the as-built plan.
- 8) The installation of a new septic tank does not guarantee continuous satisfactory operation of the drainfield or other soil absorption systems.

Lester L. Posey  
October 11, 1994  
Page 2

- 9) A certificate of satisfactory Completion (CSC) will be issued after the as-built plot plan and a copy of the pumping receipt has been submitted to our office.

SIMONSEN LOOP RD. (COUNTY ROAD)

DRIVEWAY

STORAGE BUILDING

3 BEDROOM HOME

PATIO

10' HOUSE DRAIN

EXISTING 1000 GAL. FIBERGLASS TANK TO BE REPLACED WITH 1000 GAL. CONC. TANK FRIEND & RIKALO

EXISTING DRAIN FIELD AREA

NORTH

SITE PLAN FOR LESTER POSEY

TANK REPLACEMENT ONLY

BY DOUG VINSON

OR CCB# 66679

OR DEQ# 36845

OCT. 94

T8N R8W SEC.27A TL1400

SETBACKS TO ALL PROPERTY LINES AND UTILITIES EXCEED 10'

Dewey Darold, R.S.  
APPROVED 10-11-94

*Dewey Darold*

Lester Posey  
Rt. 2, Box 825  
Astoria, OR 97103

9-29-94

Your application is being returned to you because the following required items are absent or incomplete:

- / / Application Form
- / / Fee
- / / Tax Lot Map
- / / Vicinity Map with directions to the property
- / / Site Development Plan
- / / Land Use Compatibility Statement
- / / Septic Tank Pumping Receipt
- /XX/ Existing System Plot Plan (DOUG VINSON TO PROVIDE)
- / / Existing Sewage Disposal System Description Form

Please return your application with the items that are checked above to:

DEQ - North Coast Branch  
17 N. Highway 101  
Warrenton, OR 97146

If you have any questions, please call the North Coast Branch Office at 861-3280.



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

OFFICE USE ONLY  
Date Rec'd 9-28-94  
Date Completed 10-11-94  
Required Fee 85.00  
Receipt No. 64746  
Control No. 40155

FOR APPLICANT'S USE - (PLEASE PRINT)

2.56 AC  
Lot Size (Acreage or Dimensions)

Rester L. Posey  
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 8N 8W 27A 1400  
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

- Single Family Residence \_\_\_\_\_  
(Number of Bedrooms)
- Other \_\_\_\_\_  
(Specify)

- Public (Community System)
- Private \_\_\_\_\_  
(Indicate: Well, Spring, Etc.)

Existing Facility

- Single Family Residence 3  
(Number of Bedrooms)
- Other \_\_\_\_\_  
(Specify)

APPLICATION FOR:

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

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

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

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

Rester L. Posey  
(Signature)

9-28-94 [ ] Authorized Representative  
(Date) [ ] Licensed Installer  
License No. \_\_\_\_\_

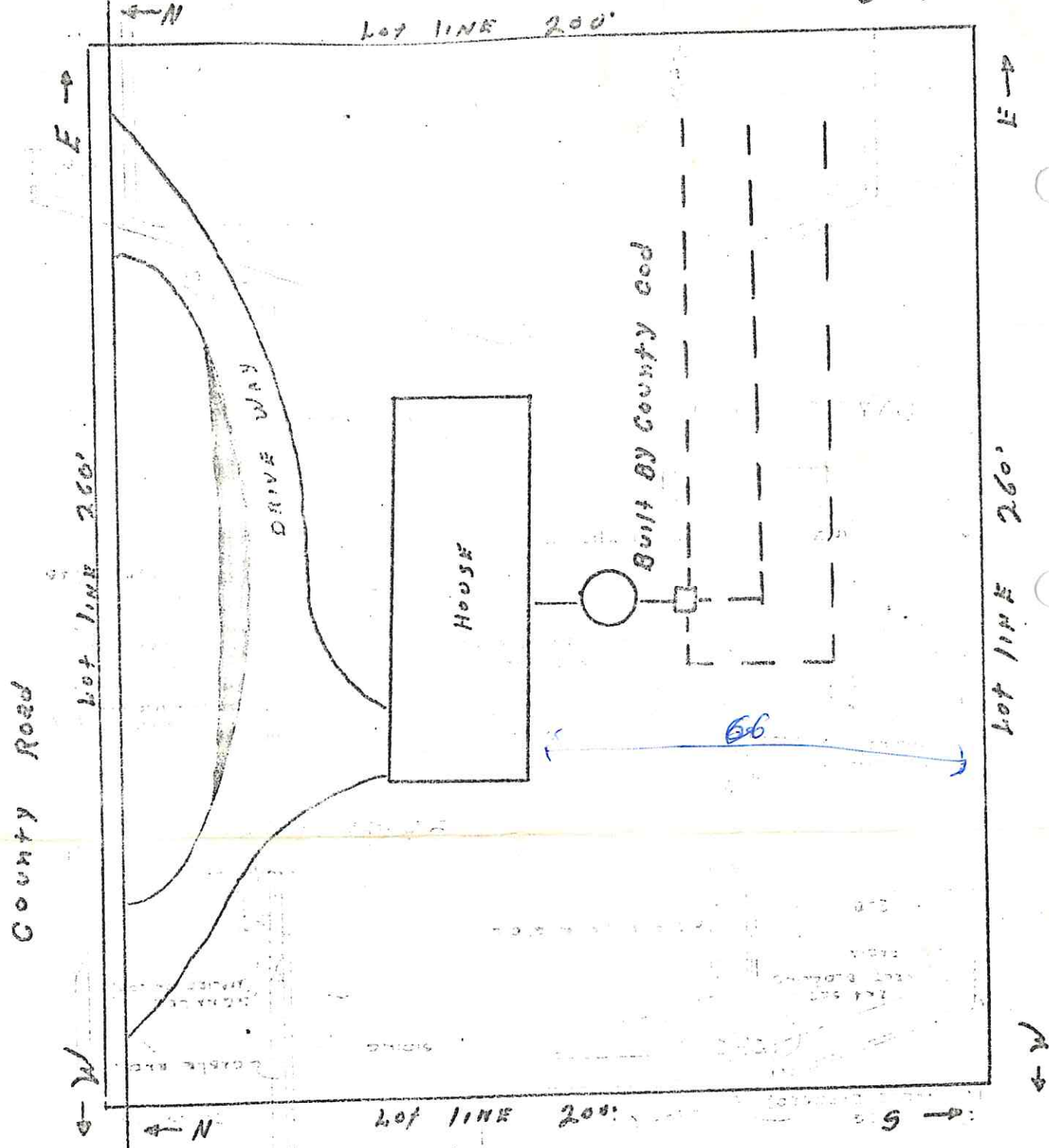
Owner's Mailing Address  
RT. 2, Box 825  
ASTORIA, OR 97103

Applicant's Mailing Address (if different)



LESTER L. POSEY

80827A001400  
S →



LESTER POSEY

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET  
P. O. Box 206  
TELEPHONE 325-7441 EXT. 30  
ASTORIA, OREGON 97103

June 14, 1972

Lester Posey  
Route 2, Box 824  
Astoria, Oregon 97103

RE: Building Permit #72-133

Dear Mr. Posey:

Your building permit application has been reviewed and approved by this department. Enclosed is a copy of the minimum standards for septic systems and, on the reverse side of the bulletin under "special instructions", you will find listed the specific requirements for your lot.

When you have completed it allow a member of this department prior to backfilling. We way possible to comply with safe, properly functioning

special instructions . . . . .

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*David W. O'*  
David W. O'Guinn,  
Registered Sanitarian

DWO/cw

Enclosure: 1

Minimum Requirement Sheet

Re: 72-133 - Posey, Lester

1. Septic tank size 900 gal 3
2. 200 feet of 3 feet wide disposal trench.
3. Minimum of 2 trenches  $7\frac{1}{2}$  feet on centers.
4. Distribution Box
5. Call Health Dept. for inspection prior to backfilling.

Note: The disposal field shall not be installed in

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET  
P. O. Box 206  
TELEPHONE 325-7441 EXT. 30  
ASTORIA, OREGON 97103

May 17, 1972

Lester L. Posey  
Route 2, Box 824  
Astoria, Oregon 97103

RE: Section 27, T8N, R8W (Svensen area), Route 2, Box 824, Astoria  
Partitioning of approximately 10 acre parcel into 3 lots  
measuring (208' X 208'), (265' X 200'), and (660' X 450')

Dear Mr. Posey:

An inspection has been made of the above entitled property revealing at the present time no environmental difficulties that would result in rejection of a building permit application for a single family dwelling.

We hope that this will answer any questions you have concerning the development of the above property. If you have any further questions, please feel free to contact this department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*David W. O'Guinn, R.S.*

David W. O'Guinn,  
Registered Sanitarian

DWO/cw

FIELD EVALUATION FORM  
SEWAGE DISPOSAL - WATER SUPPLY

5-10-72

Owner Lester Posey

Subdivision name Lester S Posey PRN) ( \_\_\_\_\_ ) if applicable ( \_\_\_\_\_ )  
PNI) ( \_\_\_\_\_ )

Tax lot number \_\_\_\_\_ Section 27 Township 8 North Range 8 West

Property address (if applicable) R72 Box 824 Astoria

County Clatsop State Oregon

Total acreage involved 9.43 Number of lots NOT BEING DIVID

Number of parcels 2 Size of lots on parcels IN LOTS

Proposed water supply: Type City water Source Wickup Location Svensen

Proposed method of sewage disposal Cement TANK

05-09-72  
Date

Lester S. Posey  
SIGNATURE OF OWNER OR SUBDIVIDER

| SEWAGE DISPOSAL:    | Soil Series | Depth to Restrictive Layer | Probable Water Table | Percolation Rate | Septic Tank Limitations |
|---------------------|-------------|----------------------------|----------------------|------------------|-------------------------|
| Review of Soil Maps | _____       | _____                      | _____                | _____            | _____                   |
|                     | _____       | _____                      | _____                | _____            | _____                   |
|                     | _____       | _____                      | _____                | _____            | _____                   |

FIELD EVALUATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Backhoe test holes (number) \_\_\_\_\_ Location on plot plans (yes \_\_\_\_\_ no \_\_\_\_\_)  
General conformity to soil maps (yes \_\_\_\_\_ no \_\_\_\_\_)

Soil limiting factors \_\_\_\_\_  
\_\_\_\_\_

Geological factors or limitations \_\_\_\_\_

Minimum square feet of drainfield/bedroom \_\_\_\_\_

Water supply remarks \_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS: Approval (date) \_\_\_\_\_ Disapproval (date) \_\_\_\_\_

If disapproval: Cause \_\_\_\_\_  
\_\_\_\_\_

Referral to OAR or Statutes \_\_\_\_\_

Letter written (date) \_\_\_\_\_

Field Evaluators \_\_\_\_\_ SIGNATURE

\_\_\_\_\_  
SIGNATURE



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.
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.
3. Submit a legal recorded map of the property you wish inspected.
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.

5. Legal Description

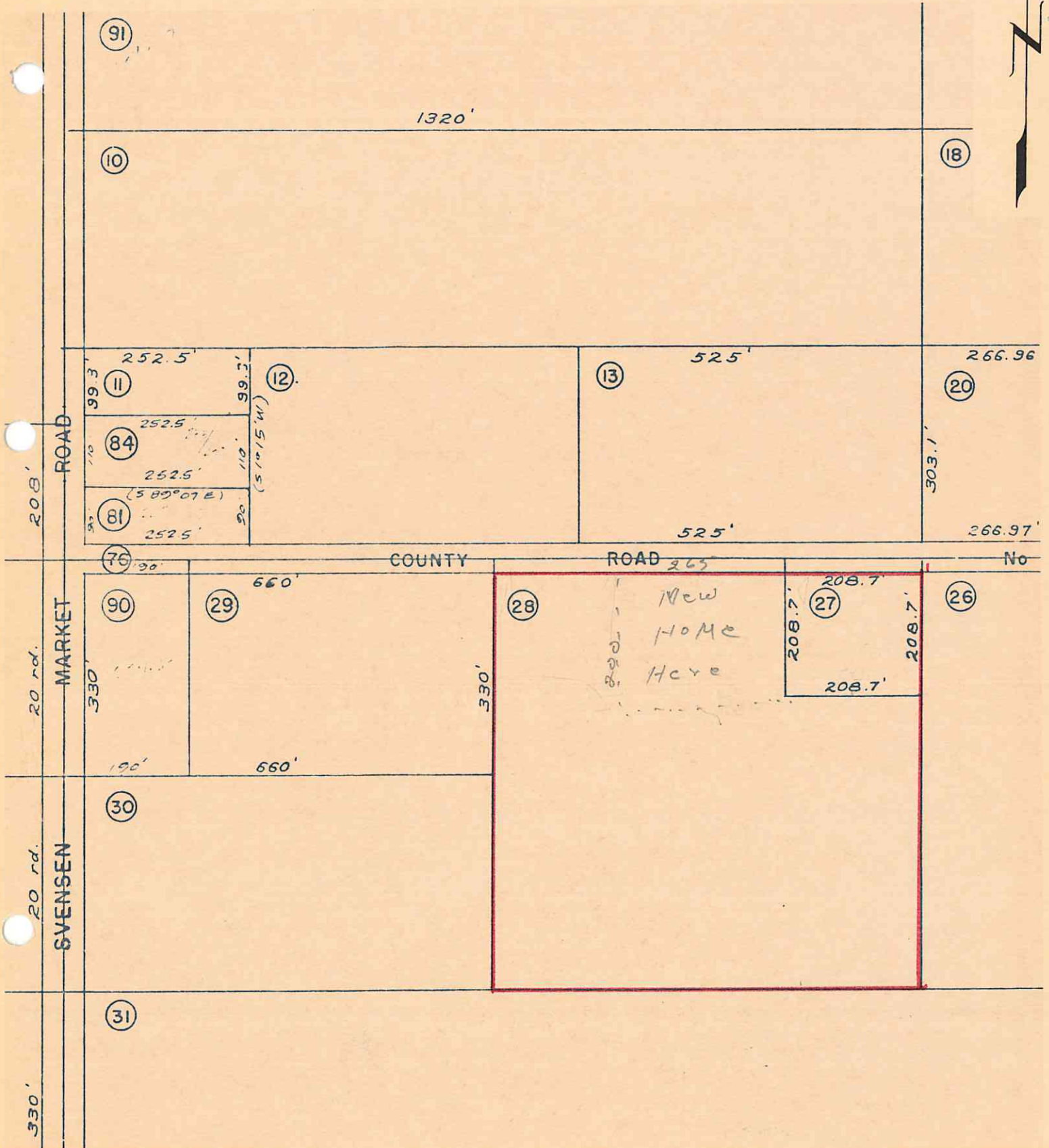
Code NO 5-JT3

Account Number 2788-6100

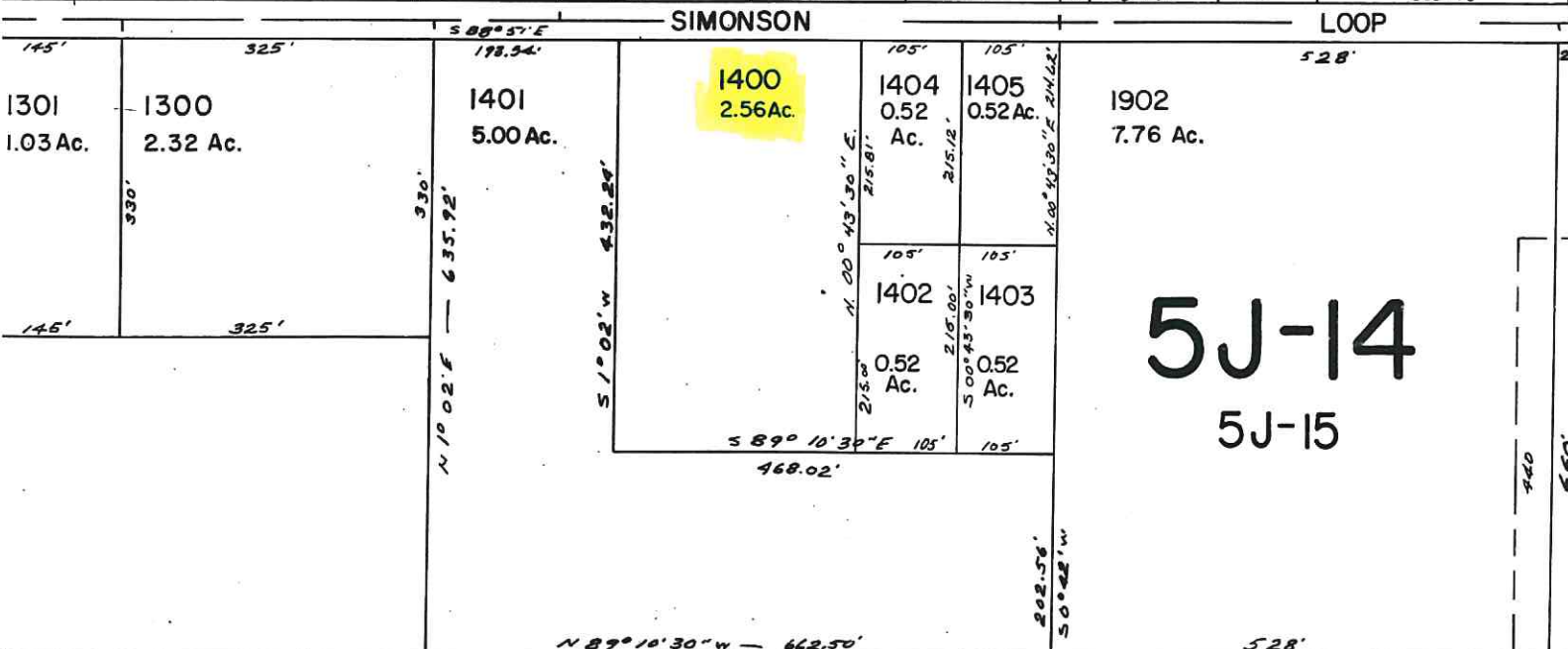
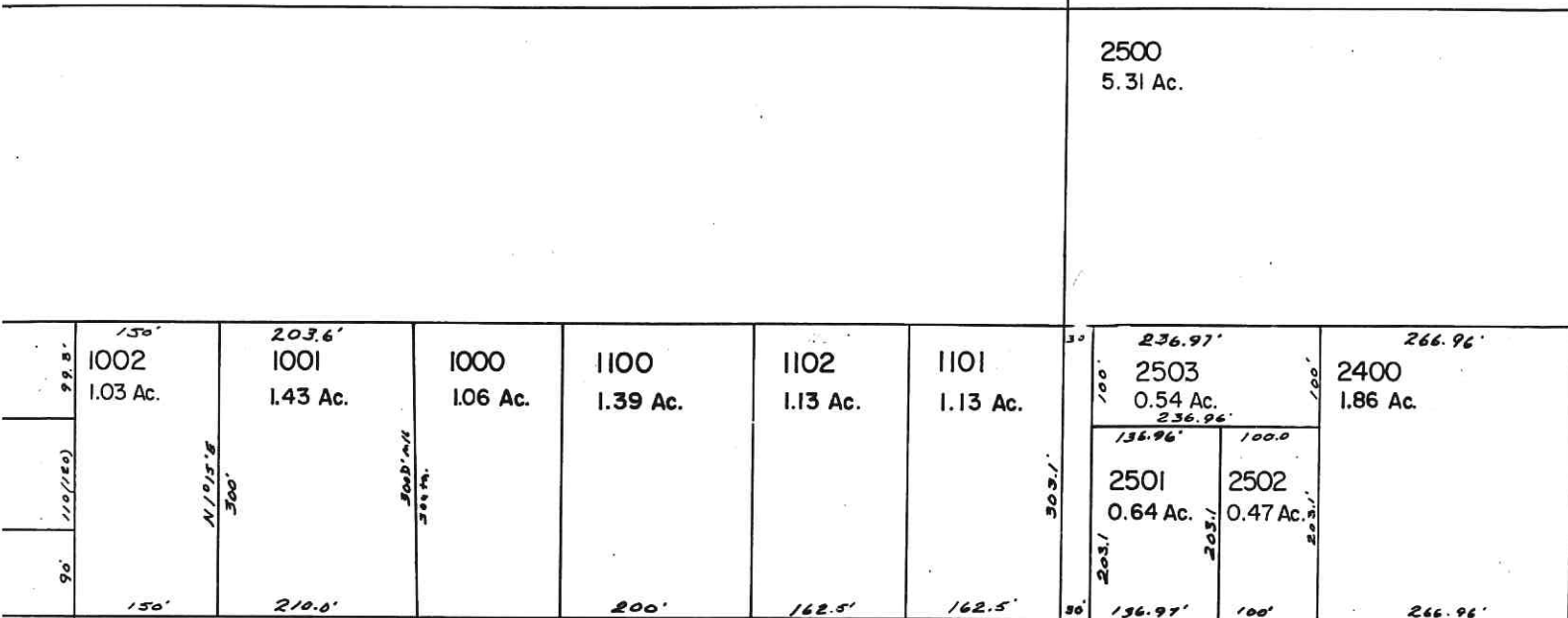
Coming from Astoria turn right to Svensen  
go straight up Market Road (between Hunt's Mkt  
or Ray's Service Sta. Take second County Road  
called Simonsen Loop road, third house  
on the right.

The sketch below is made solely for the purpose of assisting in locating said premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Pioneer National Title Insurance Company  
Title and Trust Division







5J-14  
5J-15

