

66761

Control No.

\$ 385.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 02-72

New Construction

Major Repair

Other

Permit Issued To Merlyn & Sophie Bunney (Property Owner's Name) 8N (Township) 8W (Range) 27B (Section) 902 (Tax Lot / Acct. No.) Clatsop (County) Maki Rd. (Road Location) Svensen (City) Connie M. Schrandt (Issued by - Signature) 6-24-02 (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 June 24, 2003 TYPE OF SYSTEM Standard

Existing Tank Volume 1000 Gallons Design Sewage Flow 450 Gallons/Day Disposal Trenches X Seepage Bed(s) - Square Feet Maximum Depth 18 inches Minimum Depth 18 inches 300 Linear Feet Equal X Loop - Serial - Pressurized - Minimum Distance Between Trenches 10' on centers Total Rock Depth 12 inches Below Pipe 6 inches Above Pipe 2 inches Rake Sidewall Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 6-24-02. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection PRE-COVER INSPECTION REQUIRED - CONTACT request. NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Jerry Lebo

Final Insp. Date 7-10-02

Inspected By Connie Schrandt

Issued by Operation of Law

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

As-built & certification of final construction received 7-09-02.

System components installed/constructed as per approved as-built except where maximum depths less than 18" at north portion of drainfield, used capping fill.

OK to cover system.

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.

Connie M. Schrandt (Authorized Signature)

Natural Resource Specialist (Title)

7-19-02 (Date)

DEQ NCBO Warrenton (Office)

JUL 9 2002
(Date Received)

FINAL INSPECTION REQUEST AND NOTICE
NORTH COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner Sophie Bunny Permit Number 02-72 County CLATSOP
Township 8N; Range 8W; Section 22B; Tax Lot 902; Tax Acct. # _____
Job Location MAKI ROAD
Date System Construction Completed 7-6-02; Date Submitted to DEQ or Agent 7-9-02

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

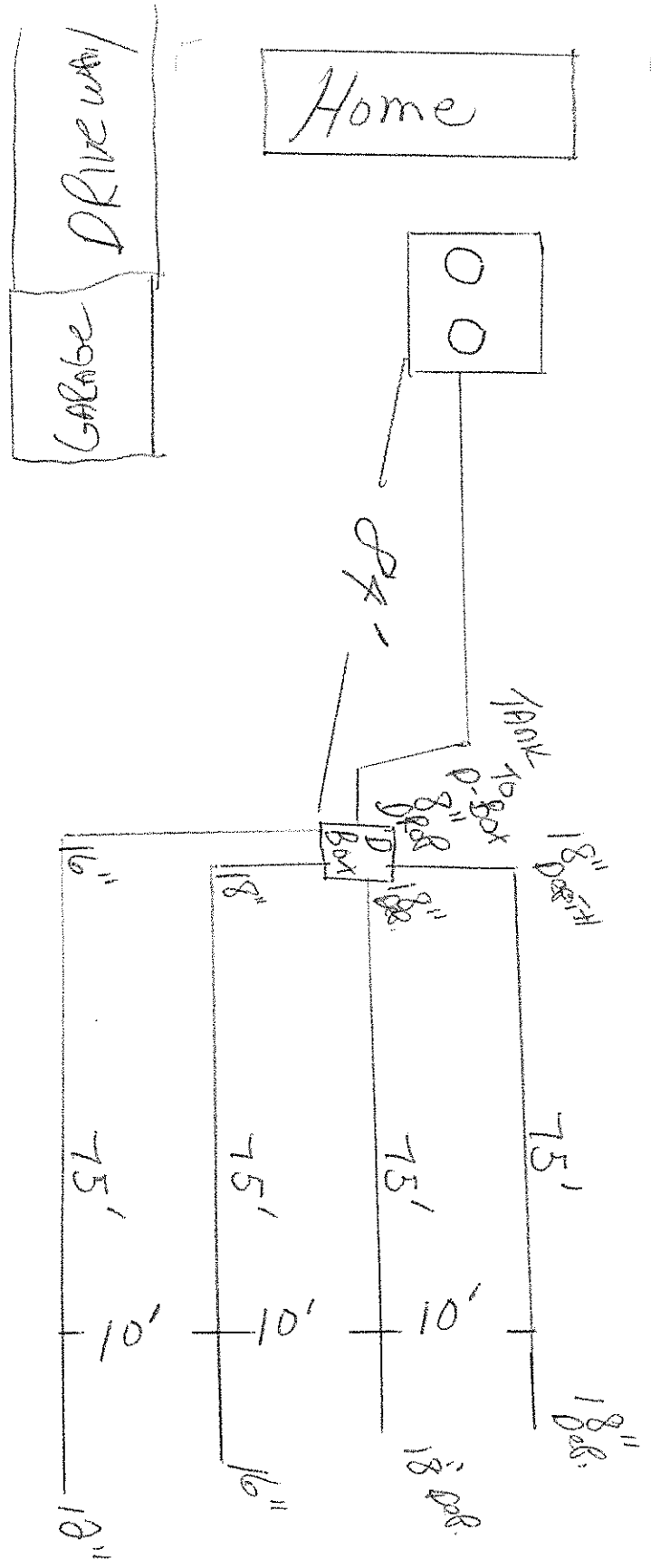
1 Concrete D-Box
300' 4" PERFORATED PIPE
44 - 4" SOLID DRAIN PIPE
98' 4" 30-34 PIPE
5 - 4" PVC ELBOWS
300' FILTER FABRIC
35 yds 1/2" DRAIN ROCK

SOAHE Bunny AS - BUILD

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 9 2002

NORTH COAST BRANCH OFFICE
WARRENTON



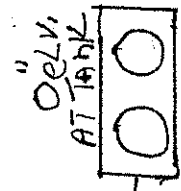
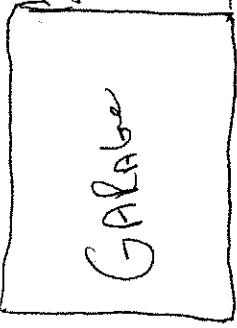
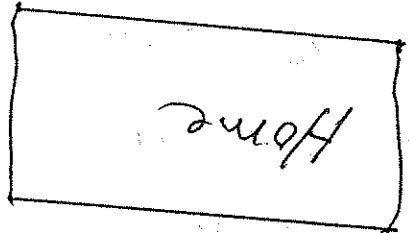
MARKI RD

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RECEIVED

JUN 24 2002

NORTH COAST BRANCH OFFICE
WARRENTON

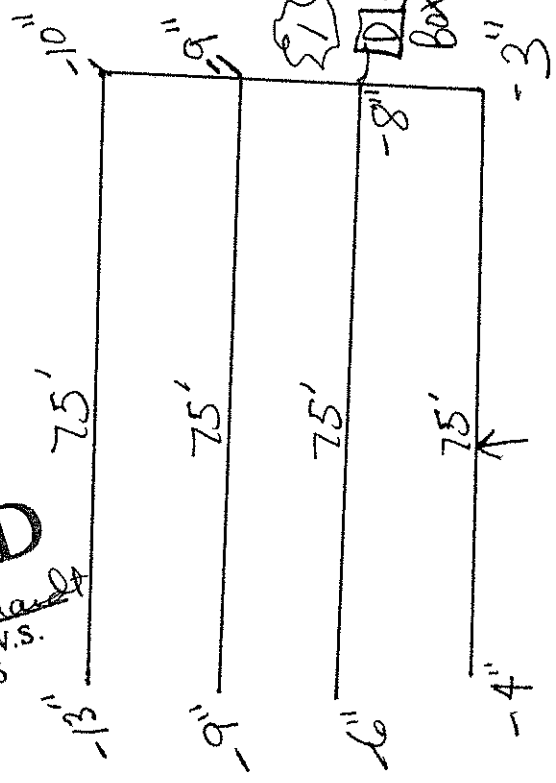
DRIVE WAY



Note

Trenches to be no deeper than 18", place capping fill where shallower than 18" & provide sample of capping soil material @ precover

MEKLYN & SASHIE BUNNEY
9207A MARKI RD
ASTORIA, OR 97103



APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
6/24/02

Property Line

42'

MATERIAL LIST.

1 CONCRETE D+K DISTRIBUTION BOX,

300' 4" PERFORATED P.V.C PIPE.

40' 4" P.V.C PIPE

84' 4" 30-34 PIPE.

3- P.V.C ELBOWS

300' FILTER FABRIC

30 YDS DRAIN ROCK

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 24 2002

NORTH COAST BRANCH OFFICE
WARRENTON

APPROVED

Connie M. Schrandt

Connie M. Schrandt, W.W.S.

Lic. No. 0207760756

6/24/02



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TTY (503) 229-6993

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280/(503) 861-3259(FAX)

February 5, 2002

Merlyn & Sophie Bunney
92074 Maki Rd.
Astoria, OR 97103

Re: Information for Repair Permit
T8N-R8W-S27B; TL# 902
Clatsop County

Dear Merlyn & Sophie Bunney,

In response to an application submitted on January 8, 2002 to the North Coast Branch Office (NCBO) in Warrenton, an evaluation of the above-described property was made to determine if a repair to the failing on-site sewage disposal system could be located on the parcel in compliance with the State of Oregon On-Site Sewage Disposal Rules.

Records on file at the NCBO indicate the existing on-site sewage disposal system was installed in August 1976 under Permit #76-213. The system consisted of a 1300-gallon concrete tank with two compartments, a concrete distribution box and 225 linear feet of disposal trenches configured as 3 lines in equal distribution. In June 1980, the system was found adequate for continued use following replacement of the 2-bedroom mobile home with a 3-bedroom mobile home.

A field inspection of the existing system was conducted on January 28, 2002. The concrete septic tank appeared to be in good condition. The distribution box showed signs of solids accumulation and the drainfield was no longer accepting effluent flow from the tank. Test pit evaluations made during another site visit on January 29, 2002 revealed a soil column of silt loam over sandy clay loam. Conditions associated with soil saturation and the upper level to which temporary groundwater is expected to rise was observed at a depth of 24 inches below ground surface in test pit 1. The ground elevation at test pit 2 was such that the fall required for gravity flow from the existing septic tank to the disposal trenches could not be maintained. Slopes in the vicinity of test pit 1 ranged from 2 to 3 percent.

The area indicated on the enclosed plot plan as 'acceptable area' is approved for a standard system with equal, looped distribution and partial capping fill for a maximum design flow of 450 gallons per day (gpd). Requirements for the standard system repair are as follows:

1. A minimum of 300 linear feet of disposal trenches;
2. Maximum trench depth of 18 inches and minimum trench depth of 12 inches for equal distribution and
3. If drainfield media is used, filter fabric meeting Oregon Administrative Rules (OAR) 340-073-0041 to cover the drainfield media-top only.

The existing concrete septic tank is approved for continued use. The disposal trenches are to be installed no deeper than the maximum trench depth of 18 inches. Capping fill must be used in all trench portions where the minimum trench depth of 12 inches cannot be maintained. The replacement drainfield must be installed in the 'acceptable area' indicated on the enclosed plot plan. Equal, looped distribution is required to maximize the acceptable area.

The system would have the capacity to serve a single family dwelling with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than half the projected peak flow. Premature system failure may occur if either flow limit is exceeded. As with any on-site sewage disposal system, periodic maintenance is a necessity and can prolong the effective life of the system. The septic tank should be pumped out every four to five years depending on usage and number of persons occupying the home. The use of a garbage disposal is discouraged and water conservation measures should be considered.

The system is to be protected from vehicular traffic, cover, soil disturbance or further development. Also, 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. Any alteration of soil and/or site conditions reported for the acceptable area may void this approval.

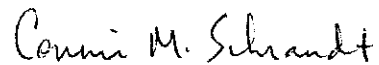
In order to obtain a repair permit, the Department must be in receipt of a detailed site development plan of the proposed system repair. The plan for the proposed system repair should include the entire system layout showing all required setbacks to the septic tank and drainfield, ground and pipe elevations throughout the system, all materials to be used, and a cross section detail of the disposal trenches. Physical staking of the system and a sample of the soil capping material to be used may be required for Department review prior to permit issuance.

Please refer to the enclosed plot plan and field worksheet for assistance in plan preparation. Any person other than the property owner must be licensed by the DEQ to construct/install an on-site sewage treatment and disposal system. No work can take place on the septic system until a repair permit has been secured.

Bunney - Information for Repair Permit
February 5, 2002
Page 3 of 3

The Department feels a reasonable time limit of **thirty (30) days** is sufficient to submit the above information/plan. If you have any questions regarding this matter, please call this office. The NCBO number is (503) 861-3280.

Sincerely,



Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

Enc. Field Worksheet with Plot Plan

FIELD WORKSHEET

Repair

Tax Reference T8N R8W S 27B TL# 90Z Clatsop Co. Evaluator CMS
 Applicant Meryl & Sophie Bunney Date 1/28 & 1/29/02 Parcel Size 5.12 acres

Depth (in.)	Texture	Soil Matrix Color and Redoxymorphic Features, %Coarse Fragments, Roots, Pores, Structure, Layer Limiting Effective Soil Depth, etc.	
<u>Pit 1</u>			
<u>0-14</u>	<u>sil</u>	<u>10YR 3/2 - crumbly to 15BK; common vf & f roots</u>	<u>1</u>
<u>14-32</u>	<u>sil/scl</u>	<u>transitional; 15BK few vf & f roots; few faint RDEs (10YR 4/2) below 24"</u>	
<u>32-53</u>	<u>scl</u>	<u>10YR 5/4 w/ few coarse distinct RDEs (2.5Y 5/2 & 7.5YR 4/2), ~70% coarse frags, 25%</u>	
<u>free water @</u>	<u>35" bgs</u>		
<u>Pit 2</u>			
<u>0-26</u>	<u>sil</u>	<u>- ground elevation @ pit approx 16" lower than @ septic tank</u>	
<u>26-48</u>	<u>scl</u>	<u>would require effluent pump</u>	
<u>free water @</u>	<u>34" bgs on 1/29/02; @ 26" bgs on 1/28/02</u>		
<u>Pit 3</u>			<u>3</u>

Landscape Notes Stream terrace - convex linear
 Slope Approx 2-3% Aspect N-NW Groundwater Type Temporary

Other Site Notes: Drainfield areas to be 100 ft. from any groundwater or year-round surface water, 50 ft. from intermittent surface waters. Septic tank to be 50 ft. from any groundwater or surface water, 10 ft. from foundations, property lines and utility lines Top of outlet pipe @ septic tank is 22" bgs; ground elevation @ Pit 1 is approx. 30" lower than at septic tank

SYSTEM SPECIFICATIONS

Type System: **STANDARD** with partial capping fill Design Flow: 450 gpd Disposal Field Size: 300 total linear ft.

Initial NA System Sizing: NA linear ft/150gpd Max/Min Depths Required (in): NA

Replacement equal System Sizing: 100 linear ft/150gpd Max/Min Depths Required (in): 18"; 12"
Looped distribution

Special Conditions:

- A detailed site development plan of proposed system construction (located within area of approved test holes) is required with permit application. The plan must show proposed system placement as it relates to existing and/or proposed structures, wells, waterways, roads and parking areas.
- Honor all required setbacks (OAR 340-071, Table 1) and required separation distances.
- Disposal areas to be kept free of cover, traffic, development or other potential disturbance of soil conditions described.

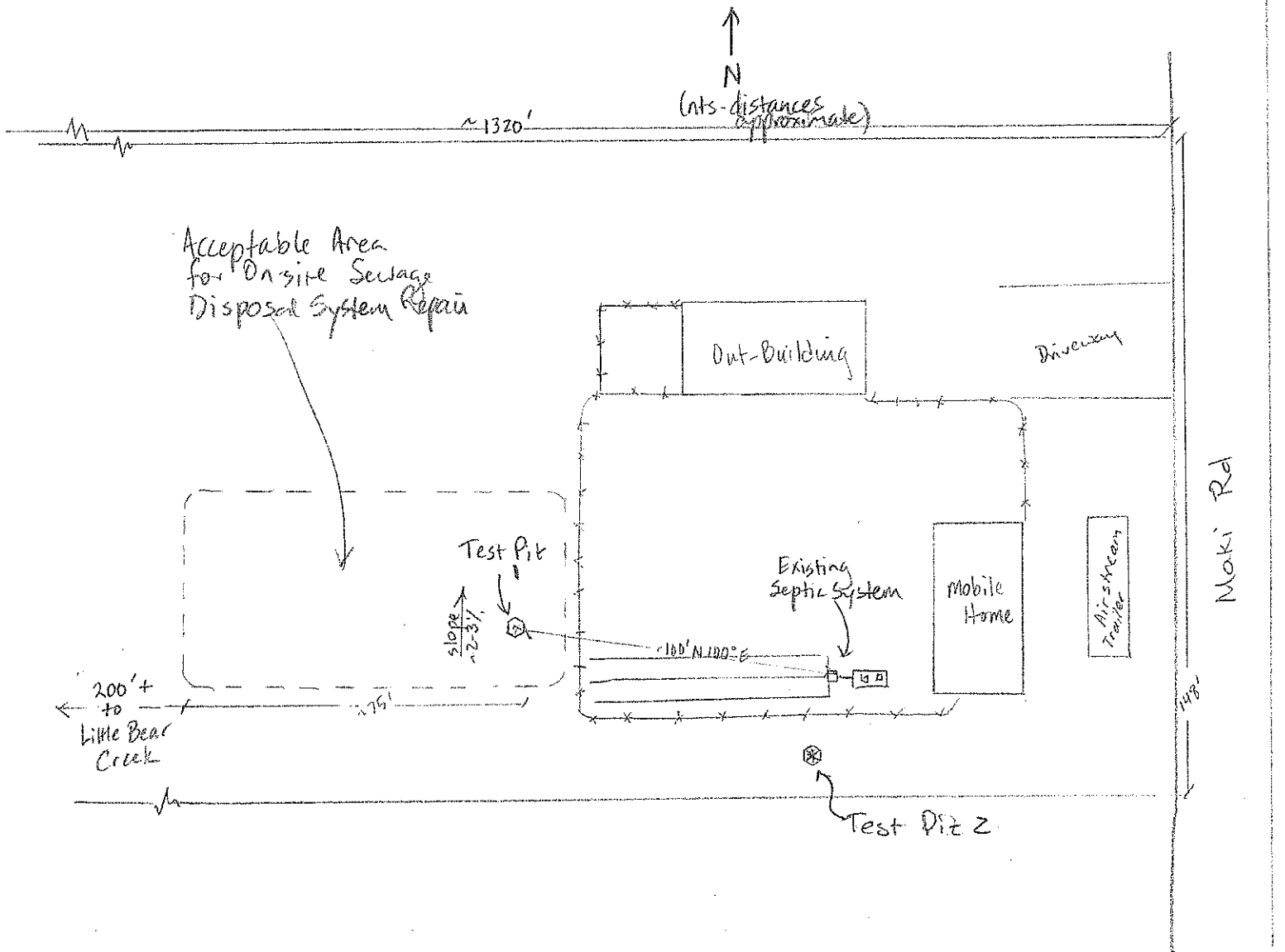
We recommend a DEQ licensed sewage disposal business prepare plans for DEQ construction/installation permit and install/repair/alter system following permit issuance. Please call 503-861-3280 if you have questions.

Septic tank is concrete, 2-compartment - approved for continued use

Partial capping fill required to maintain max trench depth of 18"
Do not exceed 18" max trench depth

NAME Meslyn & Sophie Bunney

T 8N R 8W S 29B TL# 902



Additional pits

4

5

Notes

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

FOR OFFICE USE ONLY
Date Rec'd 1-8-02
Date Completed 6-24-02
Required Fee \$ 385.00
Receipt No. 100676
Control No. 66761
YR BUILT: MFG HOME

FOR APPLICANT'S USE - (PLEASE PRINT)

5.12 AC
Lot Size (Acreage or Dimensions)

Merlyn & Sophie Bunney

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 8N 8W 27B 902 Clatsop
(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)

[X] Public (Community System)
[] Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

[X] Single Family Residence 3
(Number of Bedrooms)
[] Other _____
(Specify)

APPLICATION FOR:

[] Site Evaluation Report
[] Permit to Construct On-Site Sewage Disposal System
[X] Permit to Repair On-Site Sewage Disposal System
[] Permit for Alteration of On-Site Sewage Disposal System
[] Permit Renewal
[] Existing System Report
[] Plan Review
[X] Other (Specify) MAJOR

[] 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.

Sophie H. Bunney
(Signature)

1-8-02
(Date)

[] Authorized Representative
[] Licensed Installer
License No. _____

Owner's Mailing Address
92074 MAKI RD.
ASTORIA, OR 97103

Applicant's Mailing Address (if different)

Phone 458-6495

Phone _____

IW\WC8\WC8690 (7-19-91)

DEPT. OF ENVIRONMENTAL QUALITY
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 LAND USE COMPATIBILITY STATEMENT (LUCS)
 For On-Site Sewage Disposal System Permits

JAN 8 2002

02-077

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of applicant MERLYN & SOPHIE BUNNEY **NORTH COAST BRANCH OFFICE**
 () **WARRENTON** Telephone: 458-6495

Mailing address 92074 MAKI RD.
ASTORIA, OR 97103
 City _____ State _____ Zip _____

2. Property Information:

County CLATSOP
 Township 8N Range 8W Section 27B Tax Lot # 902
 Subdivision name if applicable: _____ Block _____ Lot _____

3. This proposal is for;

- An Individual Single Family Residence, or
- Other (If other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:

- On-Site Construction-Installation permit (includes new construction, repairs or alterations)
- On-Site Authorization Notices (such as replacement of dwellings, bedroom additions, or changes in land use involving potential sewer flow increases)
- Non-water carried facility requests (includes pit privies, vault toilets)

SECTION 2: TO BE FILLED OUT BY COUNTY OR CITY PLANNING OFFICIAL

5. The facility proposal is located: inside city limits; inside the UGB; outside UGB

If inside the UGB, the facility is subject to;

- city jurisdiction, or
- county jurisdiction, or
- shared city/county jurisdiction.

6. Is a public notice and hearing required? yes no hearing date _____

7. The business or facility complies with all applicable local land use requirements: yes no

Comments: RA-5 GHD

SIGNATURES; (both county and city planning officials may need to sign if use is within a UGB)

<u>Pat Setchell</u>	<u>Planning Technician</u>	<u>503-325-8611</u>	<u>1/8/02</u>
Planning Official (county)	Print Planning Official's Name	Title	Phone
_____	_____	_____	_____
Planning Official (city)	Print Planning Official's Name	Title	Phone
_____	_____	_____	_____

JAN 8 2002

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

NORTH COAST BRANCH OFFICE
WARRENTON

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- Septic Tank Disposal Trenches Unknown
 Seepage Bed Cesspool or Pit
 Other ---
(Describe) _____

2. When was your sewage disposal system installed? 1976 76-213
(Year) (Permit No.)

3. Tank material:

- Steel Concrete Fiberglass
 Polyethylene Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 1-6-02 (Attach receipt)

6. Number of disposal trenches: 3

7. Total length of disposal trenches (feet): 225

8. Is your sewage disposal system currently in use? Yes No
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? 3 How many people occupy the dwelling? 2

10. If the sewage disposal system serves a business, how many employees do you employ? NA Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

1-8-02
Date

Sophie H. Durney
Signature of Property owner or
Legally Authorized Representative

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

EXAMPLE A JAN 8 2002

NORTH COAST BRANCH OFFICE
WARRENTON

VICINITY MAP
Clatsop County

Please be specific with the directions to the property. If directions are unclear and the sanitarian cannot make it to the site then the processing of your application will be delayed.

Use a city or community on a major Highway as the starting point (Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.) (Hwy. 26, 30, 53, 101, 102, 102, 202). Give as exact distances as possible (i.e. 1.5 miles, 2.2 miles., etc). Give any landmarks that may help locate the site. Directional indicators (N,S,E,W) are also helpful. Thank you.

HWY. 30 EAST TO OLD HWY. 30.

TAKE RIGHT. GO TO 1ST
ROAD ON RIGHT (MAKI RD).

GO ABOUT 1 MILE. TRAVEL

TRAILER IN FRONT YARD.

Q2074
MAKI RD.

NOTE: SITE PREP DONE ON 1-16-02

Certificate of Adequacy

<u>System</u>		<u>Location</u>	
<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> Subsurface	Tax Lot	<u>900</u>
<input type="checkbox"/> Existing	<input type="checkbox"/> Alternative	Section	<u>27B</u>
<input type="checkbox"/> Pre-existing	<input type="checkbox"/> Experimental	Township	<u>8</u>
		Range	<u>8</u>

This Certificate acknowledges the sewage system located on property identified

above has been found adequate by Field inspection Record Review to serve a 3 Bedroom

mobile home with a sewage flow up to ~~400~~ 300 gallons per day.

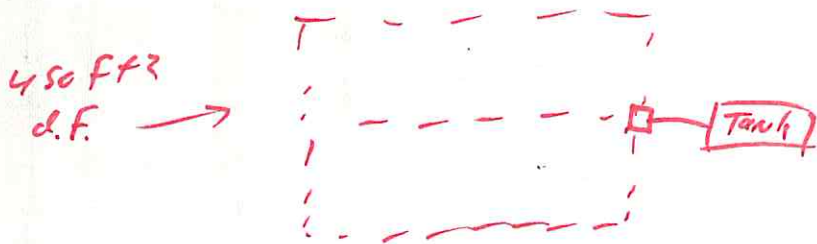
(type of structure)
Date 6/5/80

Ray T. Franklin
Sanitarian
DEQ - Clatsop County

Sketch of Pre-existing System

Scale _____

System originally installed for 2 Bedroom home
Replacing with 3 bedroom, but no increase in # of people
1300 gal + septic tank
Same lot size - room for repair



System inspected & approved by Bill Mason on
Aug 31, 1976

- Note:
1. The Department of Environmental Quality considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.
 2. A permit and inspection of the building sewer connection to the sewage system may be required by the Commerce Department or its authorized representative.
 3. This Certificate does not guarantee satisfactory or continuous operation of the sewage system identified.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

FOR DEQ USE ONLY

*signed off bldg permit
6/5/80*

10th

Date Rec'd 6-6-80 Amt. Rec'd \$ 10⁰⁰
 Receipt No. 15768 Permit No. _____
 Date Appl. Completed _____
 Site Inspection Date _____
 Approved _____ Disapproved _____
 Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. Site Evaluation Report for New System (~~\$75.00~~) \$120.00
2. Permit to Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) \$40.00
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (~~\$25.00~~) \$40.00
5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. Permit Renewal (\$25.00)
7. Existing System Evaluation \$40.00
8. Other (Specify) _____

ASSESSORS MAP 10

REFERENCE INFORMATION (Please Print)

✓ MARYLYN BUNNING
 NAME OF APPLICANT
Rt 2 Box 097
 ADDRESS
ASTORIA Oregon 97103
 CITY ZIP CODE
458-6495 (or 458-4976)
 PHONE

NAME OF PROPERTY OWNER _____
 ADDRESS _____
 CITY ZIP CODE _____
 PHONE _____

PROPERTY DESCRIPTION

✓ 8 Township *8* Range *27B* Section *902* Tax Lot/Account Number *CLATSOP* County
 Subdivision/Area _____ Tract _____ Block _____ Lot _____ Lot Size *5 acres*

PROPOSAL DESCRIPTION

PLANNED USE: House _____ Mobile/Modular Home *✓* Commercial _____ Industrial _____ Other _____
 No. of Bedrooms *3* Water Supply *wick up water (existing)*
 (Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready _____
2. Zoning Approval (Except #, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency _____
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (2'x3'x4' deep)

✓ MAKE RD off SUSHEON next to Rt Ukebrand's new MH.
South of Ukebrand
Yellow flags

SIGNATURE *Marylyn Bunning*
 (Contract Purchaser/Owner/Installer)

DATE *6-2-80*

MARLYN BUNNEY

PERMIT FEE \$40.00

APPLICATION FOR A "CERTIFICATE OF ADEQUACY"

- (✓) 1) To Connect or Reconnect Mobile Home or Frame House to an existing Subsurface Sewage Disposal System
- () 2) Additions or Alterations to structure which extend beyond original foundation, or exceed 50% of the value of the structure
- () 3) Addition or Alteration resulting in an increase in Number of Bedrooms

Original Number of Bedrooms 2
 New Number of Bedrooms 3

- () 4) Addition or Alteration resulting in an increase in daily sewage flow to Commercial structure
- () 5) VA, Farmers, Home or other Loan Certification

APPLICANT MUST PROVIDE:

- ✓1) Size of existing septic tank 1300 gallons

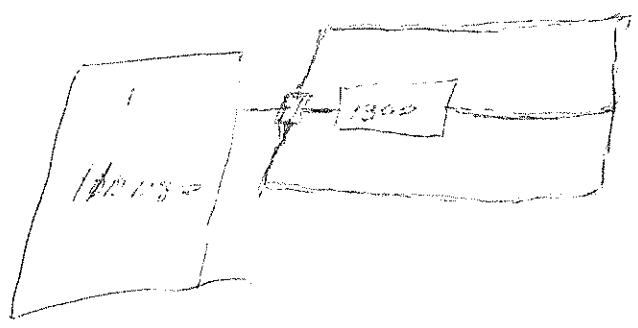
If septic tank has not been pumped in last five (5) years, it shall be and receipt verifying pumping and size of septic tank shall be provided. If septic tank has been pumped within last five (5) years and it can be verified, this requirement is waived.

- ✓2) Assessors Map obtained from Clatsop County Assessors Office

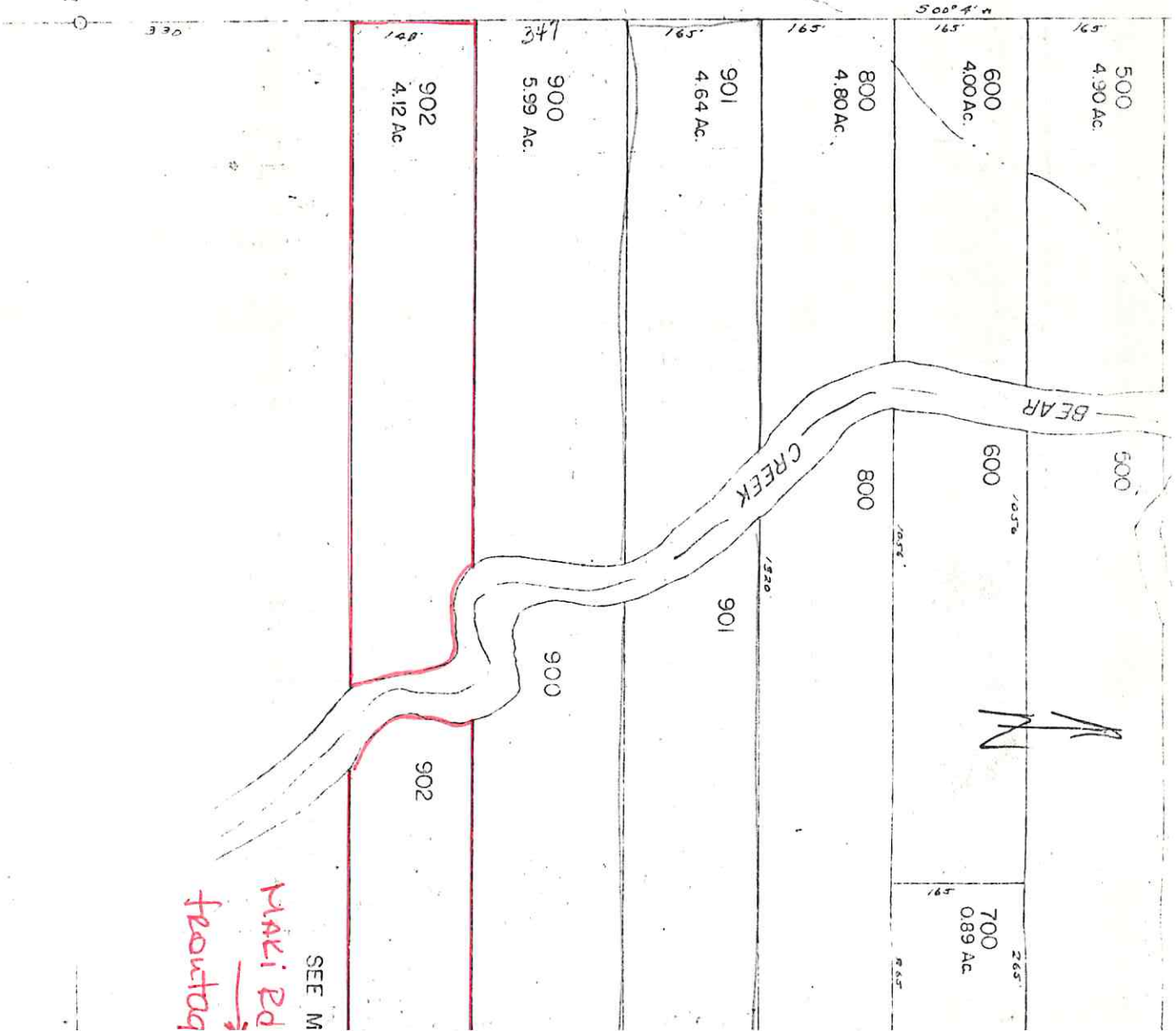
✓SKETCH EXISTING SYSTEM:

Please indicate structure, septic tank and drainfield, wells, surface water, streams, water lines, property lines

Tank Dimensions: $85'' \times 60'' \times 60'' = 316,200 \text{ in}^3 = 183 \text{ FF}^3 = 13689 \text{ gal}$
 Acres lot size
 No increase in # of people
 Should be no problem



SEE MAP



SEE M
 Waki Rd
 frontage

Dept. of Environmental Quality

RECEIVED

JUN 03 1980

Astoria Branch

808-27B-400

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

PERMIT NO. 76-213

OWNER'S NAME MERLYN BUNNEY ADDRESS RT 2 BOX 700-D
PROPERTY ADDRESS 808-27B-900 INSTALLER SELF
RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2

WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION S 10am

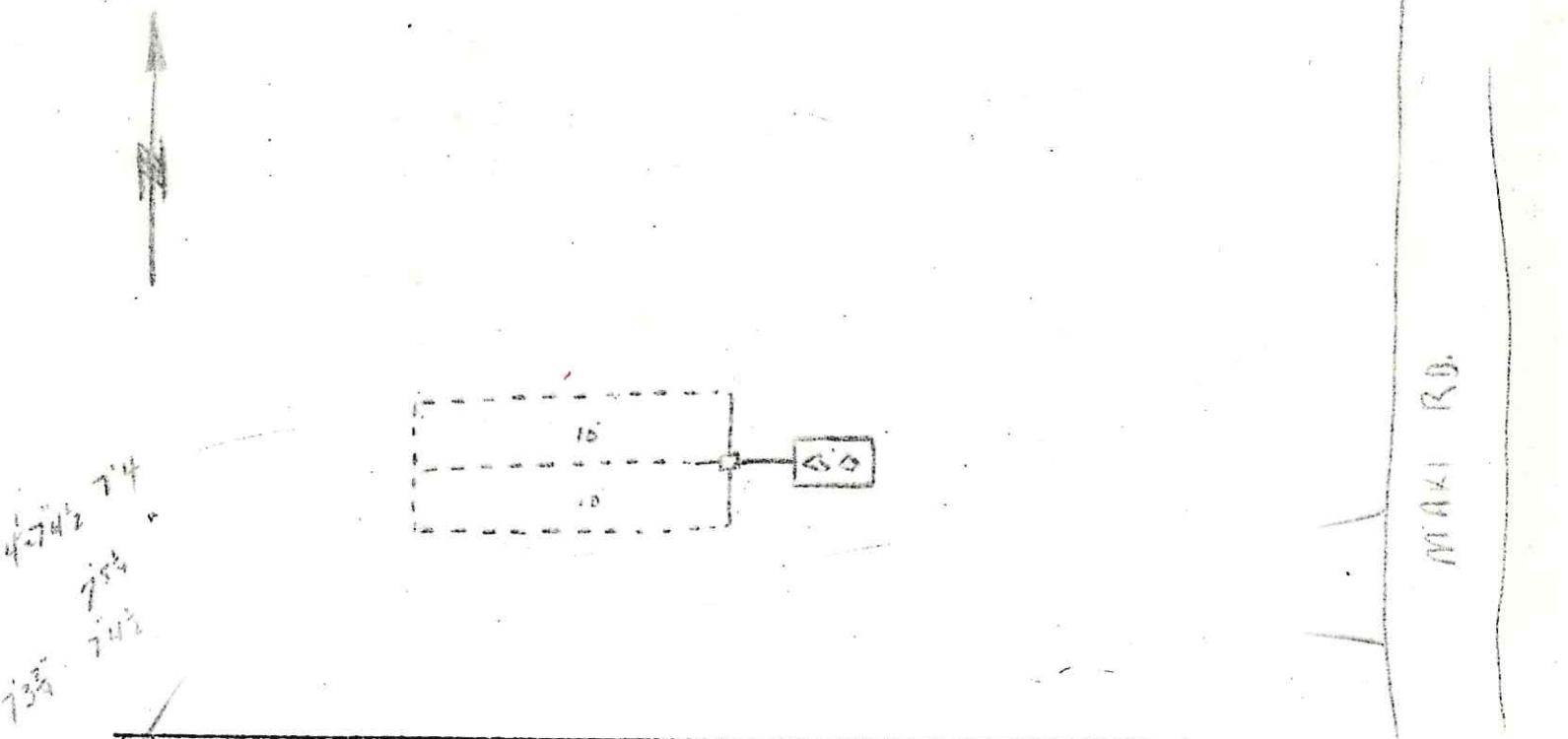
SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS

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

TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL _____

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: Aug. 2, 1976 SANITARIAN Bee D. Mason

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.

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

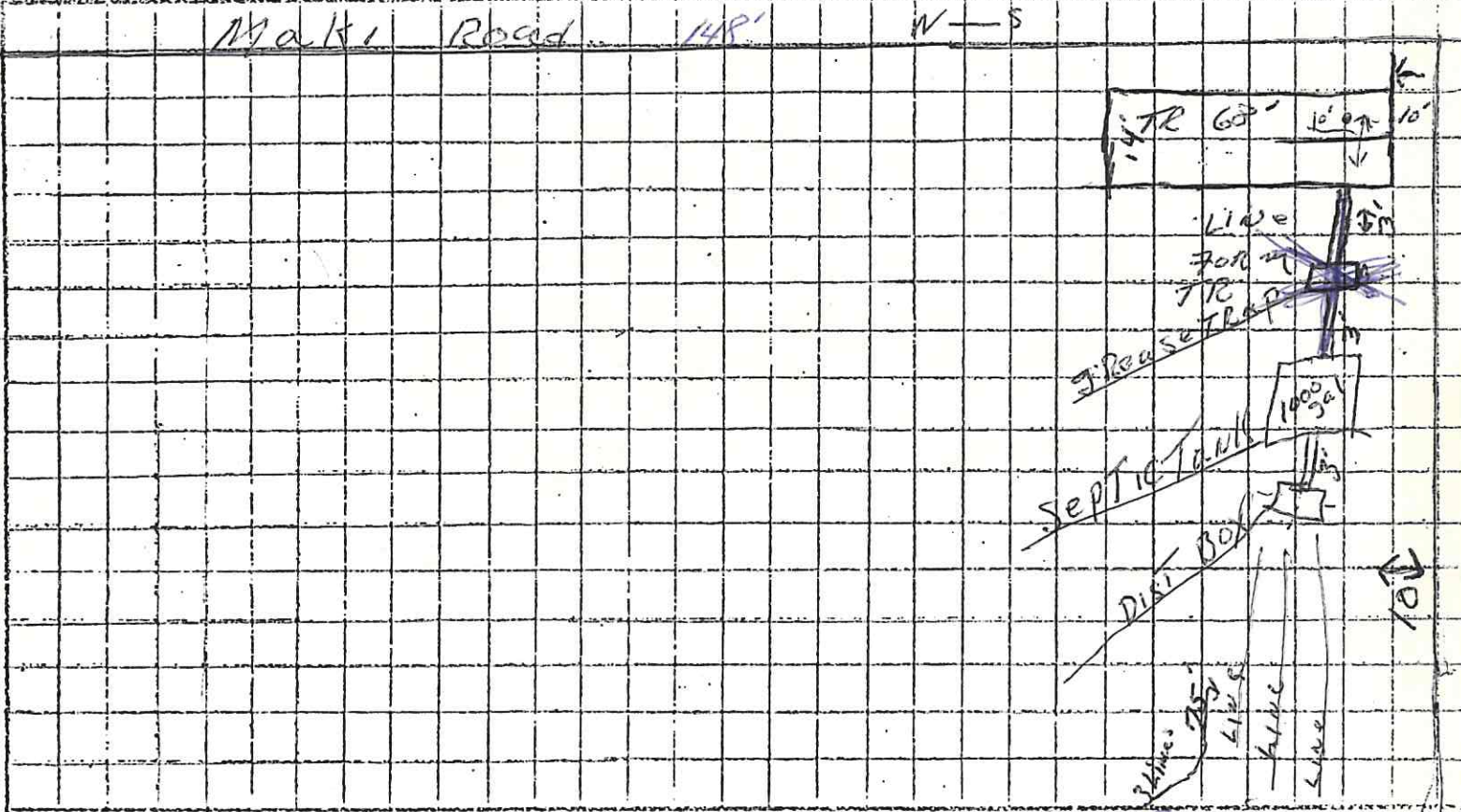
RECEIVED
 AUG 26 1976

CLATSOP COUNTY HEALTH DEPT.
 Permit No. **76-213**

(Exhibit No. 1)

Installer's Name <i>Meryn C Bunnay</i>		Property Address <i>RT 2 Box 547 Astoria Ore</i>					
No. Living Units <i>1</i>	Bedrooms <i>2</i>	Baths <i>1</i>	Basement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Water Supply Community <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other-Li			
Septic Tank: Ft. from well			Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/>	No. Compartments	Gal. Capacity <i>1000</i>		
Inside Dimensions: Ft. Length Width Diameter Depth			Tile Disposal Field: Distribution Box: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Applicant Name <i>MERYN C BUNNAY</i>			Other Distribution - Type				
Mailing Address <i>RT-2 BOX 700D</i>			Feet from Well Foundation				
Address <i>ASTORIA ORE 97103</i>			Lot Line Front <i>148</i> Side <i>130</i> Rear				
Length of Lines - Ft. 1. 2. 3. 4. 5. 6.		Trench Width	Total sq. ft.	Ft. between lines	Filter Type	Filter Depth above tile in.	Filter tile

Plot Plan (See instructions):

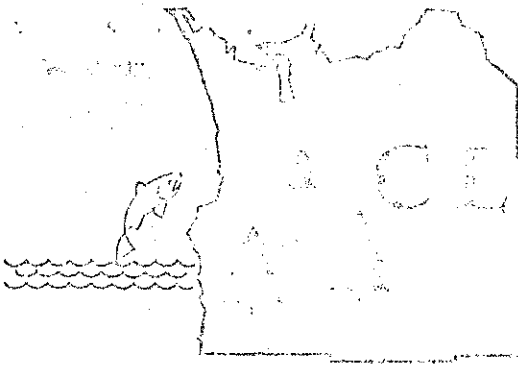


Date *8-27-76* Signature *Meryn Bunnay*

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

Remarks:

Date: *8-27-76*
Bee D. Mason
 Sanitarian's Signature



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
100 COMMERCIAL STREET
P. O. BOX 200 ASTORIA OREGON 97103
TELEPHONE 325-7441 EXT. 30

August 18, 1976

Mr. Merlyn C. Bunny
Route 2, Box 700-D
Astoria, Oregon 97103

Re: 808 - 27B - 900

Dear Mr. Bunny:

On August 18, 1976, 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

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

BDM/jmd

RESTRICTIONS

- 1) Provide an absorption area of 225 square feet per bedroom and a septic tank of at least 750 gallons capacity for the proposed two bedroom structure.
- 2) Place the drainfield in the area that was approved.
- 3) Maintain a 100 foot setback from all down gradient surface water to the drainfield.
- 4) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction. (application enclosed).
- 5) Alteration of the natural soil or landscape conditions in the area approved may void this approval.
- 6) This approval is void if in conflict with any local planning or building regulations.

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

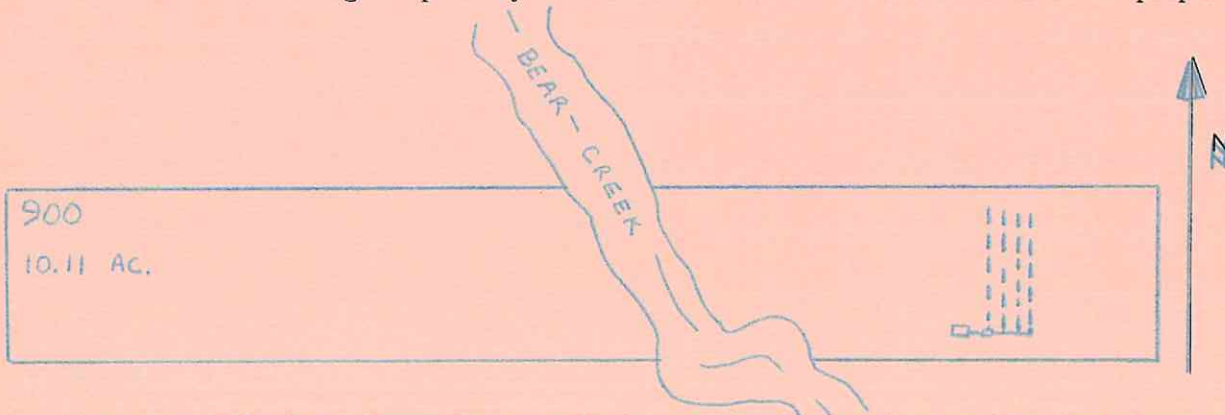
This is to certify that the following described property

T.8R.8 Sec. 27B - #900

has been evaluated on AUGUST 18, 1976 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: AUGUST 18, 1976
Date

To: MERLYN C. BUNNY
Landowner

RT. 2 Box 700 D
Address

ASTORIA ORE. 97103
City State Zip

By Bill Johnson R.S.
DEQ or Contract Agent

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

Clatsop Land Quality
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

Merlyn C Bunny Section 27B T 8 R 8
Name of Applicant
RT-2 Box 700 D Tax Lot or Account # 5J-01 808 27B-900 (portion)
Address
ASTORIA ORE Location Svensen
City
5e17 Installers Name

B. GENERAL DESCRIPTION

New Construction Repair _____
Installation will serve: House _____ Mobile Home Mobile Home Park _____
Commercial Building _____ Other (Explain) _____
No. of Living Units _____ No. Bedrooms 2
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.

Merlyn C Bunny
Signature (Owner/Installer)

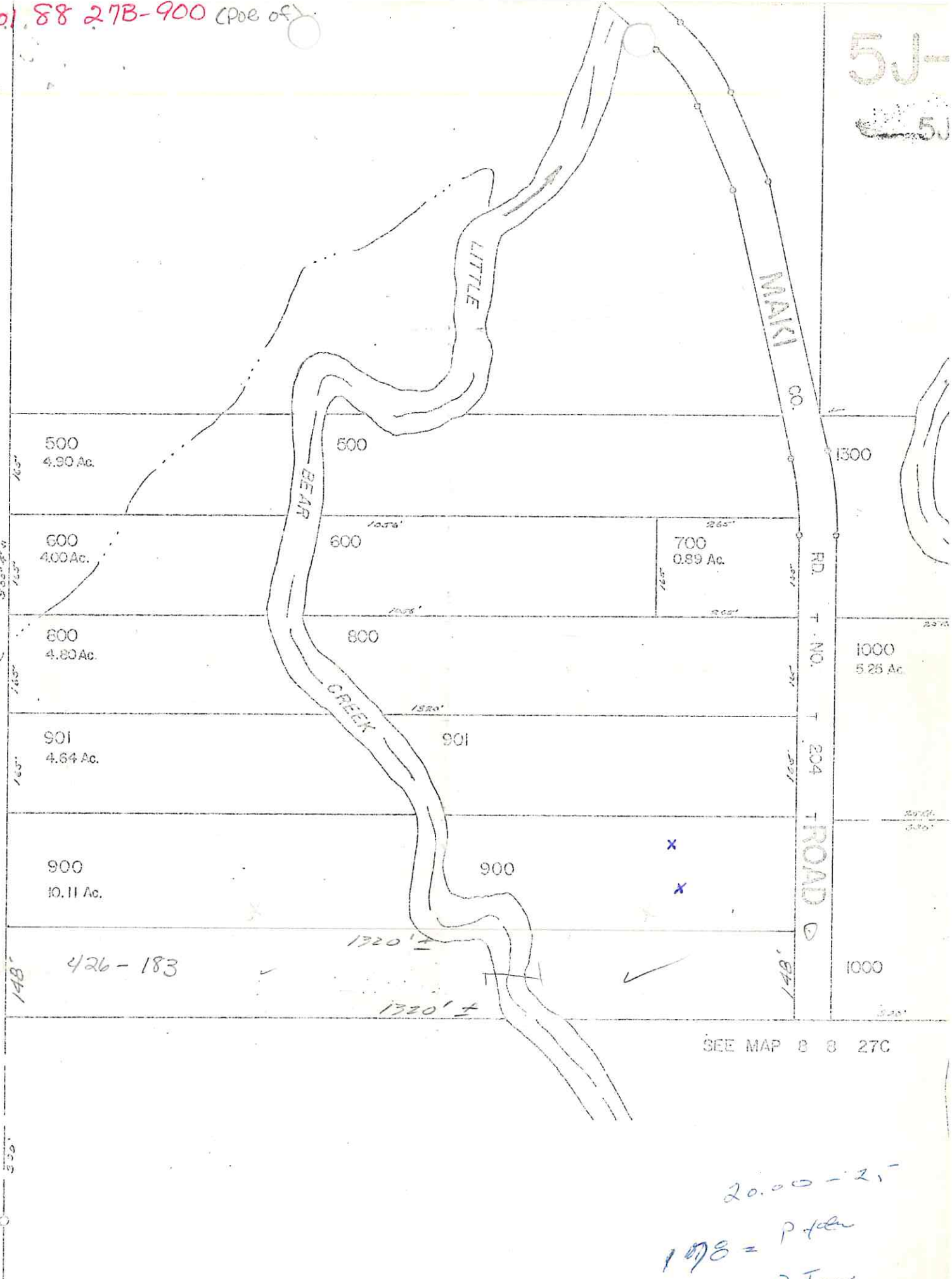
Permit No. _____
Issued _____
Date _____

Date 4-12-75

5J01 88 27B-900 (poe of)

5J-
250

SEE MAP 8 6



1/4 COR.

SEE MAP 8 8 27C

20.00 - 2.5
198 = P. Ten
214 = P. Ten

P.P. 2001

14.39 Ac.

4-12

4-13

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

JAN 1 2002

NORTH COAST BRANCH OFFICE WARRENTON

SEE MAP 8 8

500
14.13 Ac.

500

BEAR

MAKI

CO.

1300

1309

500

800
4.70 Ac.

800

801
0.23 Ac.

1000
5.25 Ac.

901
4.89 Ac.

901

CREEK

903
4.89 Ac.

903

ROAD

902
5.12 Ac.

902

1000

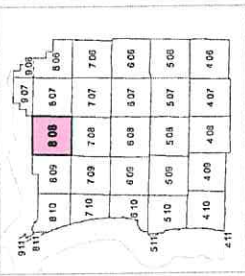
SEE MAP 8 8 27C

1/4 COR.

8827B



Scale 1:2,400



6	5	4	3	2	1
7	6	9	10	11	12
13	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

21	22	23	24
25	26	27	28
29	30	31	32

CANCELLED TAXLOT NUMBERS

100	205	211	406	1101
200	208	212	600	1200
201	209	210	400	1201
202	207	203	401	1202
203	208	402	1000	1300
204	210	405	1100	1400



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us
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