

## DEPARTMENT OF ENVIRONMENTAL QUALITY

## AUTHORIZATION NOTICE

- 80827D00200 -

Legal Description: Township 8 North, Range 8 West, Sec. 27D, Tax Lot 200  
 Location: SEE FILE

Existing On-Site Sewage  
Disposal System:

Installed before 1974  
 Installed after 1974  
 Standard System  
 Alternative: \_\_\_\_\_  
 Community System

## System Components:

CONCRETE  
 Septic Tank ~ 500 GAL  
 Dosing Tank \_\_\_\_\_  
 Pump \_\_\_\_\_  
 Drainfield:  
 Lineal Feet ~ 70  
 Other \_\_\_\_\_

## Current Owner:

LARRY WALKER  
RT 2 BOX 753A  
ASTORIA, OR 97103  
458-5265

This Authorization Notice acknowledges that the sewage system located on the property described above appears adequate by (V) Field Inspection/(V) Record Review made on 3-28-91 to serve a 3-BEDROOM DWELLING having a projected sewage flow of up to 375 gallons per day. This Notice is valid for one (1) year for the listed owner to make the change in use or place the system into service. A new Authorization Notice may be required if the changes are not made by 3-28-92 or the ownership changes.

## SKETCH OF ON-SITE SEWAGE DISPOSAL SYSTEM

SEE FILE

SYSTEM MUST BE PUMPED ~~BEFORE~~ & CERTIFIED SERVICABLE BEFORE AUTHORIZATION NOTICE IS ISSUED,  
 SYSTEM WAS DYE TESTED 3-28-91 & FOUND TO TAKE WATER FROM HOUSE SPIGIT @ FULL FLOW FOR ~ 5 MINS, W/ NO SURFACING OR DISCHARGE TO CREEK

NOTE: 1. This Notice does not guarantee satisfactory or continuous operation of the sewage disposal system identified.  
 2. The DEQ considers this sewage disposal system adequate only to serve the projected sewage flow listed above.  
 3. This Notice allows a one time increased sewage flow into the system of ~0 gallons per day or a total of 375 gallons.  
 4. A separate permit and inspection of the building sewer connection to the sewage disposal system may be required by the Department of Commerce Plumbing section or authorized local plumbing official.  
 5. You should check the septic tank sludge depth and scum thickness every 2 years, 3 years, 4 years, and pump when sludge depth is over 30% of the total liquid depth.

Chuck Hopkins  
 Environmental Analyst

3-28-91

Date

(RESAN 12/86)

DEQ Astoria Branch Office  
 749 Commercial, PO Box 869  
 Astoria, OR 97103  
 (325-8660)

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY

Septic Tank Condition

Good X  
Fair \_\_\_\_\_  
Needs to be replaced \_\_\_\_\_

Volume 500 Gallons

Structure Type

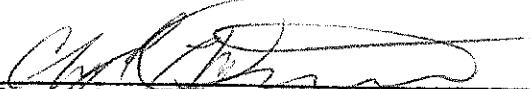
Steel \_\_\_\_\_  
Concrete X  
Plastic \_\_\_\_\_

General Comments At This Time The  
Septic Tank is in Good Condition  
\_\_\_\_\_  
\_\_\_\_\_

Date Pumped And Inspected 3-28-91

Address Of Inspected Tank Rt 2, Box 753-A  
Astoria, Oregon  
97103

Name of Recorded Owner Larry & Gloria Walker

  
Signature - Licensed Pumper

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

SS# 34259

NO GUARANTEES EXPRESSED OR IMPLIED.

## STATEMENT OF EXPENSES

**ED'S  
Septic Tank Cleaning Service  
Licensed & Bonded  
Rt. 4 Box 621  
ASTORIA, OREGON 97103**

DATE  
3-28-91  
NUMBER

CLYDE McDONALD 458-6521

Larry Walker  
RT 2, Box 753-A  
Astoria, Oregon

**TERMS:**

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

644 *Journal of Health Politics, Policy and Law*

**ED'S  
Septic Tank Cleaning Service**

*Thank You* PAY LAST AMOUNT  
IN THIS COLUMN



BUILDING CODES AGENCY  
1535 EDGEWATER NW  
SALEM, OREGON 97310

325-4265

BUILDING PERMIT  
APPLICATION

RESIDENTIAL

R+2 Box 753 A

JOB LOCATION/ADDRESS

Astoria

COUNTY

Geo Hill Rd Sorenson

DIRECTIONS TO JOB SITE

Larry R Walker

ADDRESS

DESCRIBE WORK

CODE

NEW CONSTRUCTION  
 ADDITION  
 REMODEL  
 MOBILE HOME Set up 110.25  
 PRE FAB  
 ACCESS. BLDG.  
 OTHER Plumb. 3/4 49.98  
specify

TOTAL SQUARE FT.

CONSTRUCTION VALUE

Astoria PERMIT / JOB #

OFFICE

CITY

COUNTY

ZIP CODE

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

JSE ZONE RA-2

8-8-270 200

TWNSHP RG TL

FLOOD ZONE  YES

NO

PERMIT # 91-077

PUBLIC

PRIVATE

DEQ PERMIT # Auth Notice

BY: You Allen Planning Tech.

BY: Betty Hoffman Oc

TITLE

325-8611

3-21-91

325-8611

4-8-91

PHONE

DATE

PHONE

DATE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR

ADDRESS

PHONE

REG #

EXP

ELECTRICAL

ADDRESS

PHONE

REG #

EXP

LUMBING

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 \_\_\_\_\_

Larry R Walker

SIGNATURE OF PERMIT APPLICANT

FIELD OFFICE COPY

3-15-91

DATE



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. 3-25-91/4-2-91  
Date Completed 4-2-91  
Required Fee \$60.00/450  
Receipt No. 47518/4752  
Control No. \_\_\_\_\_

FOR APPLICANT'S USE -- (PLEASE PRINT)

LARRY R WALKER

(Property Owner's Name)

1/3 acre  
Lot Size (Acreage or Dimensions)

Legal Description  
of Property

8 North  
(Township)

8 West  
(Range)

27 D  
(Section)

200  
(Tax Lot/Acct. No.)

CLATSOP  
(County)

For Parcels in Platted  
Subdivisions, Indicate

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Single Family Residence

3

(Number of Bedrooms)

Water Supply

Other

(Specify)

Public (Community System)

Existing Facility

Single Family Residence

2

(Number of Bedrooms)

Private

(Indicate: Well, Spring, Etc.)

Other

(Specify)

APPLICATION FOR:

Site Evaluation Report

Authorization Notice

Permit to Construct On-Site Sewage Disposal System

Purpose of Authorization Notice

Permit to Repair On-Site Sewage Disposal System

Connect to an existing system not currently in use

Permit for Alteration of On-Site Sewage Disposal System

Replace one mobile home with another or a house

Permit Renewal

Replace or rebuild a house

Existing System Report

Addition of one or more bedrooms

Plan Review

Personal hardship

Other (Specify) \_\_\_\_\_

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.

Larry R Walker

(Signature)

3-15-91

(Date)

Owner

Authorized Representative

Licensed Installer  
License No. \_\_\_\_\_

Owner's Mailing Address

Applicant's Mailing Address (if different)

LARRY R WALKER  
RT 2 BOX 753A  
ASTORIA OR 97103

Phone 458 52 65

Phone \_\_\_\_\_

## EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

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

Septic Tank       Disposal Trenches       Unknown

Septic Bed       Cesspool or Pit

Other — (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When was your sewage disposal system installed? 1981 \_\_\_\_\_  
(Permit No.)

3. Tank material:

Steel       Concrete       Fiberglass

Polyethylene       Unknown

4. Volume of the septic tank in gallons. 516 \_\_\_\_\_

5. When was the septic tank last pumped? 1986 \_\_\_\_\_  
(Attach Receipt)

6. Number of disposal trenches. \_\_\_\_\_

7. Total length of disposal trenches (feet). \_\_\_\_\_

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? 2      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. \_\_\_\_\_

11. Provide a plot plan on the reverse side of this form showing actual  
measurements that locates the existing septic tank and disposal field,  
property lines, easements, existing structures, driveways, and water  
supply. Indicate North direction.

By my signature, I certify the plot plan on the reverse side and the above in-  
formation is accurate and true to the best of my knowledge.

3-15-91

Date

Long R. Walker

Signature of Property Owner  
or Legally Authorized Representative

LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME		MAILING ADDRESS		PHONE
LARRY R WALLACE RT 2 Box 753A ASTORIA OR 97103		LARRY R WALLACE RT 2 Box 753A ASTORIA OR 97103		4585265
TOWNSHIP		RANGE	SECTION	TAX LOT OR ACCT NO
8 NORTH		8 West	27D	200
PROPERTY LOCATION	SUBDIVISION/PROJECT		LOT	BLOCK
			200	
■ PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.				
PROPOSED LAND USE double wide mobile home replacing single wide				

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY  
(An equivalent statement may be provided in lieu of this form)

## PROPERTY'S ZONING DESIGNATION

RA-2

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED  
COMPREHENSIVE PLAN

NOT COMPATIBLE WITH THE LCDC  
ACKNOWLEDGED COMPREHENSIVE PLAN

CONSISTENT WITH THE  
STATEWIDE PLANNING GOALS

NOT CONSISTENT WITH THE  
STATEWIDE PLANNING GOALS

OR

## REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

allowed use in zone

## PROPERTY IS LOCATED (CHECK ONE)

 INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY  
 OUTSIDE CITY LIMITS

OUTSIDE URBAN  
GROWTH BOUNDARY

## LAND USE AUTHORITY

CLATSOP COUNTY DEPT. OF PLANNING &amp; DEVELOPMENT

SIGNED

TITLE

DATE

Yuri Allen

Planning Tech.

3-21-91

## C CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED

TITLE

DATE

SEE MAP 8 8 27A



## DEPARTMENT OF ENVIRONMENTAL QUALITY

## AUTHORIZATION NOTICE

Legal Description: Township 8 North, Range 8 West, Sec. 27D, Tax Lot 200Location: On George Hill Road, Svenson, Clatsop CountyExisting On-Site Sewage  
Disposal System:

System Components:

Current Owner:

Installed before 1974  
 Installed after 1974  
 Standard System

Septic Tank 516 galHannah Copley

Dosing Tank \_\_\_\_\_

\_\_\_\_\_

Pump \_\_\_\_\_

\_\_\_\_\_

Drainfield:

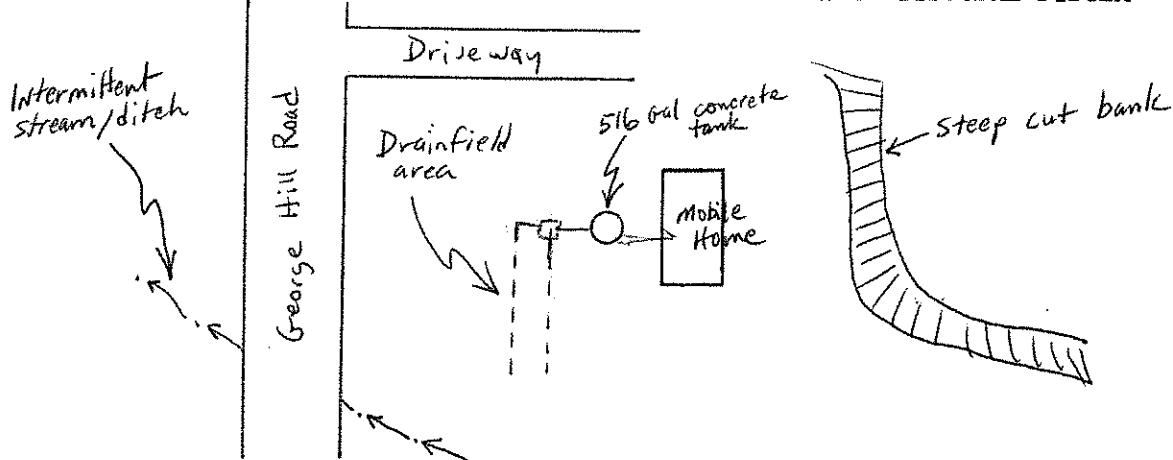
Alternative: \_\_\_\_\_  
 Community System

Lineal Feet unknown

Other \_\_\_\_\_

This Authorization Notice acknowledges that the sewage system located on the property described above appears adequate by  Field Inspection/( ) Record Review made on 9-17-87 to serve a 2 bedroom home having a projected sewage flow of up to 300 gallons per day. This Notice is valid for one (1) year for the listed owner to make the change in use or place the system into service. A new Authorization Notice may be required if the changes are not made by 9-17-88 or the ownership changes.

## SKETCH OF ON-SITE SEWAGE DISPOSAL SYSTEM



NOTE: 1. This Notice does not guarantee satisfactory or continuous operation of the sewage disposal system identified.  
 2. The DEQ considers this sewage disposal system adequate only to serve the projected sewage flow listed above.  
 3. This Notice allows a one time increased sewage flow into the system of NA gallons per day or a total of NA gallons.  
 4. A separate permit and inspection of the building sewer connection to the sewage disposal system may be required by the Department of Commerce Plumbing section or authorized local plumbing official.  
 5. You should check the septic tank sludge depth and scum thickness every 2 years, 3 years, 4 years, and pump when sludge depth is over 30% of the total liquid depth.

*John Odiorio*  
 Environmental Analyst  
 (RESAN 12/86)

9/25/87  
 Date

DEQ Astoria Branch Office  
 749 Commercial, PO Box 869  
 Astoria, OR 97103  
 (325-8660)

Number \_\_\_\_\_

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
Post Office Box 1760  
Portland, Oregon 97207

Date Resolved 9/24/87

CHB  
JAG

Pollution Type:

Air  Water  Solid Waste/Hazardous Waste  
 Noise  Oil  Subsurface Sewage

Date: Aug. 24, 1987

Time: on message tape

Date & Time Observed: last few weeks

Source: property on George Hill Road that looks like a mobile home  
is being moved onto it.

Location: Svenson area 808-27D-200

Owned by Hannah Copley Rt. 2 Box 753-A Astoria, OR 97103

Description: Lot has been vacant for over a year. It is very near Creek.  
Could smell drainage from the septic system. Doesn't believe  
there is any room for another system. Appears someone is moving in.

Reported by: Name: Dave Dickson Astoria Real Estate

Address: 2737 Marine Dr.

City: Astoria ZIP 97103

County: Clatsop Phone 325-7304

In person  Letter  Phone  Complaint taken by BH

Referred to: (Agency or Person) John Odisio John Odisio

Action Taken: 9/17/87 - Visited site. No evidence of septic  
system failure. 9/24/87 - Talked to Dave Dickson. He stated  
that the last time he saw or smelled sewage was  
2 years ago. I told him to keep his eyes and nostrils  
open this winter and if he thinks the system is  
failing at that time, I will investigate.

## 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. 9-18-87

Date Completed

Required Fee 65.00

Receipt No. 37307

Control No.

## FOR APPLICANT'S USE -- (PLEASE PRINT)

L A R E E.  
Lot Size (Acreage or Dimensions)HANNAH COPLEY  
(Property Owner's Name)L A R E E. P. WALKER  
(Applicant's Name if Different from Owner)Legal Description of Property 8 North 8 West 27D 200 Clatsop  
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)For Parcels in Platted Subdivisions, Indicate N/A  
(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility 2 Water Supply

 Single Family Residence 2  
(Number of Bedrooms) Public (Community System) Other \_\_\_\_\_  
(Specify)

## Existing Facility

 Single Family Residence 1005  
(Number of Bedrooms)  Private  
(Indicate: Well, Spring, Etc.) Other \_\_\_\_\_  
(Specify)

## APPLICATION FOR:

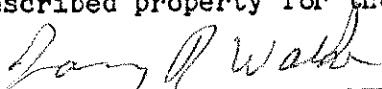
 Site Evaluation Report Authorization Notice Permit to Construct On-Site Sewage Disposal System

Purpose of Authorization Notice

 Permit to Repair On-Site Sewage Disposal System Connect to an existing system not currently in use Permit for Alteration of On-Site Sewage Disposal System Replace one mobile home with another or a house Permit Renewal Replace or rebuild a house Existing System Report Addition of one or more bedrooms Plan Review Personal hardship Other (Specify) \_\_\_\_\_ Temporary housing Other (Specify) \_\_\_\_\_

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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.



(Signature)

9/18/87

(Date)

 Owner Authorized Representative Licensed Installer  
License No. \_\_\_\_\_

Owner's Mailing Address

Applicant's Mailing Address (if different)

P.O. Box 753A

Astoria, OR 97103

Phone \_\_\_\_\_

Phone 458-5265

State of Oregon  
Department of Environmental Quality

Jack Copley  
at Rt. 2 Box 153 A  
Astoria

**AUTHORIZATION NOTICE**

<u>System</u>	<u>Location</u>
Approved	Tax Lot 200
Existing	Section 27D
<u>Pre-existing</u>	Township 8 North
	Range 8 West

This Authorization Notice acknowledges the sewage system located on property identified above has been found adequate by Field Inspection to serve a Record Review

Three (3) Bedroom Mobile home (375 gpd) with a sewage flow up to 375 gallons  
(type of structure)  
per day. Previous dwelling burned in May 1982.

DATE March 28, 1983

John L. Smith  
SANITARIAN

cc: Clatsop Co. Dept. Planning and Development

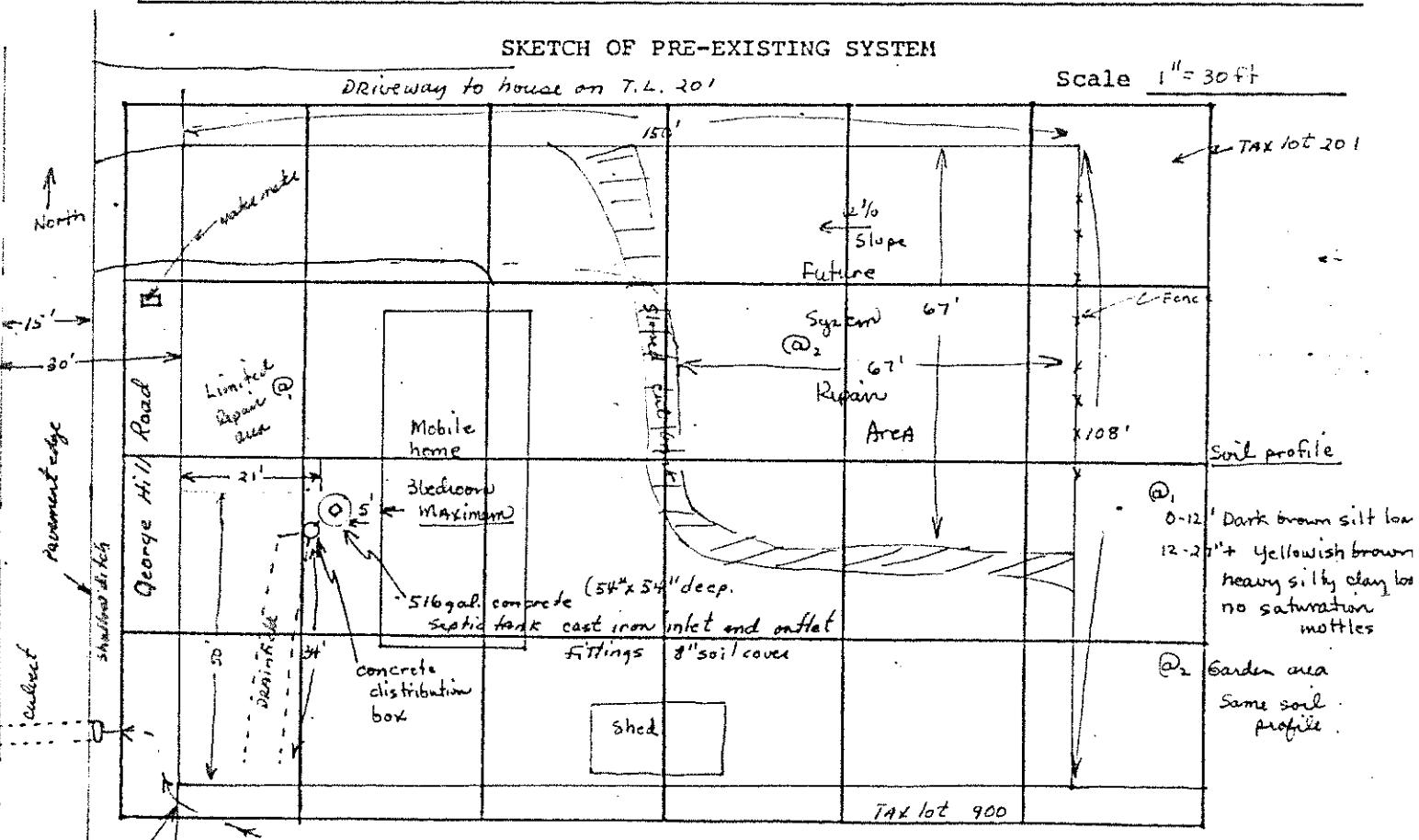
Clatsop

**County**

#### SKETCH OF PRE-EXISTING SYSTEM

Driveway to house on T.L. 20'

Scale 1" = 30 ft



NOTE: 1) The DEQ considers this sewage system adequate to serve a maximum daily sewage flow up to that indicated above only.

surface water 2) A permit and inspection of the building sewer connection to the  
ditch flows only sewage system may be required by the Department of Commerce or its  
during very heavy authorized representative.

3) This 'Notice' does not guarantee satisfactory or continuous operation of the sewage system identified.

4.) Place mobile home 5 ft from septic tank, 10 ft from disposal trenches

5.) Pump septic tank before connection of mobile home and then every 2 years.

6) Pump will require use of efficient lift pump to pump to additional disposal trenches.



DEPARTMENT OF COMMERCE  
BUILDING CODES DIVISION  
401 LABOR & INDUSTRIES BLDG.  
SALEM, OREGON 97310  
PHONE 378-4133

BUILDING PERMIT  
APPLICATION  
*Res.*  
**COMMERCIAL**

Rt 2 Box 753-A

JOB LOCATION/ADDRESS

Astoria

CITY

Clatsop

COUNTY

DIRECTIONS TO JOB SITE

Larry Walker

OWNER

ADDRESS

PHONE

CITY

COUNTY

ZIP CODE

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

USE ZONE RA-2

8-8-270

200

TWNSHP

RG

TL

FLOOD ZONE  YES

NO

PERMIT # 87-184

PUBLIC

PRIVATE

BY: Curtis Schneiders

Planning  
Director  
325-8611 am

TITLE  
DATE  
18 Sept 1987

DEQ PERMIT # Auth. Notice

BY: Betty Hoffman Sec  
325-8660  
PHONE  
9-18-87  
DATE

DESIGNATED CONTRACTORS

DESIGNER/ARCHITECT/ENGINEER

ADDRESS

PHONE

REG #

GENERAL CONTRACTOR

ADDRESS

PHONE

ELECTRICAL

ADDRESS

PHONE

LIC #

PLUMBING

ADDRESS

PHONE

LIC #

MECHANICAL

ADDRESS

PHONE

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.

*Larry Walker*

SIGNATURE OF APPLICANT

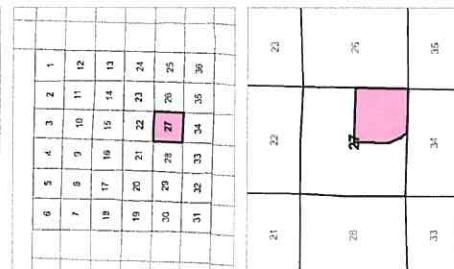
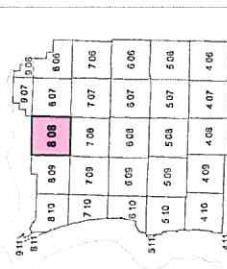
*9-16-87*

DATE



8 08 27 D  
CLATSOP COUNT  
SE 1/4 SEC.27 T8N R8W  
0 126 250

Scale 1:2,400



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT  
[www.co.clatsop.or.us](http://www.co.clatsop.or.us)  
This data is maintained by 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 manipulation of  
maps.