

DEPARTMENT OF ENVIRONMENTAL QUALITY

AUTHORIZATION NOTICE

- 808 271 00200 -

Legal Description: Township 8 North, Range 8 West, Sec. 271, Tax Lot 200

Location: SEE FILE

Existing On-Site Sewage Disposal System:

System Components:

Current Owner:

? { — Installed before 1974

— Installed after 1974

✓ Standard System

— Alternative:

— Community System

CONCRETE
Septic Tank ~ 500 GAL

Dosing Tank

Pump

Drainfield:

Lineal Feet ~ 70

Other

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 (u) Field Inspection/(u) 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 — 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 X 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

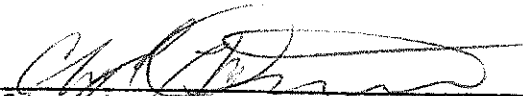
Steel _____
Concrete X
Plastic _____

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

SS# 34258

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

NO GUARANTIES EXPRESSED OR IMPLIED.

Licensed & Bonded
Rt. 4 Box 621
ASTORIA, OREGON 97103

STATEMENT

DATE 3-28-91

NUMBER

Larry Walker
Rt2, Box 753-A
Astoria, Oregon

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

§ _____

[illegible]

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

CITY

Clatsop

COUNTY

Geo Hill Rd Sorenson

DIRECTIONS TO JOB SITE

Larry R Walker

OWNER

same

ADDRESS

DESCRIBE WORK

CODE

☐ NEW CONSTRUCTION

☐ ADDITION

☐ REMODEL

☒ MOBILE HOME Setup 110.25

☐ PRE FAB

☐ ACCESS. BLDG.

☒ OTHER Plumb. 5/6 49.98
specify

TOTAL SQUARE FT.

CONSTRUCTION VALUE

Astoria

OFFICE

PERMIT / JOB #

CITY

COUNTY

ZIP CODE

HOME:

WORK:

TELEPHONE

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

USE ZONE RA-2

FLOOD ZONE ☐ YES

☒ NO

8-8-270 200

TWNSHP

RG

TL

PERMIT # 91-077

BY: You Allen Planning Tech.

TITLE

325-8611

PHONE

3-21-91

DATE

PUBLIC PRIVATE ☒

DEQ PERMIT # Auth Notice

BY: Betty Hoffman O.C.

TITLE

325-8660

PHONE

4-8-91

DATE

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 _____

Larry Walker

SIGNATURE OF PERMIT APPLICANT

FIELD OFFICE COPY

3-15-91

DATE

BCA 103 7/88



BUILDING CODES AGE Y
1535 EDGEWATER NW
SALEM, OREGON 97310

BUILDING PERMIT APPLICATION

RESIDENTIAL

RT 2 Box 753A

JOB LOCATION/ADDRESS

ASTORIA
CITY

Clatsop
COUNTY

SUVEREN - George Hill Road.
DIRECTIONS TO JOB SITE

LARRY & GLOREN WALKER
OWNER

RT 2 Box 753 A.
ADDRESS

ASTORIA
CITY

Clatsop
COUNTY

97103
ZIP CODE

HOME: 458 5265

WORK: 458 6856
TELEPHONE

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

USE ZONE

FLOOD ZONE

☐ YES
☐ NO

TWNSHP

RG

TL

PERMIT #

BY:

TITLE

PHONE

DATE

PUBLIC

PRIVATE ☒

DEQ PERMIT #

Auth Notice

BY:

325-8660
PHONE

4-2-91
DATE

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

BCA 103 7/88

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. 3-25-91/429
Date Completed 4-2-91
Required Fee 60.00/450
Receipt No. 47518/4752
Control No.

FOR APPLICANT'S USE -- (PLEASE PRINT)

1/3 acre
Lot Size (Acreage or Dimensions)

LARRY R WACKER
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 8 North 8 West 27 D 200 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 3
(Number of Bedrooms)

[] Other (Specify)

Water Supply

[X] Public (Community System)

Existing Facility

[] Single Family Residence 2
(Number of Bedrooms)

[] Other (Specify)

[] Private (Indicate: Well, Spring, Etc.)

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)

[X] Authorization Notice

Purpose of Authorization Notice

- [] Connect to an existing system not currently in use
[X] 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.

Larry R Wacker
(Signature)

3-15-91
(Date)

[X] Owner

[] Authorized Representative

[] Licensed Installer
License No.

Owner's Mailing Address

Applicant's Mailing Address (if different)

LARRY R WACKER
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 information 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 LARRY R WALKER RT 2 Box 753A ASTORIA OR 97103		MAILING ADDRESS LARRY R WALKER RT 2 Box 753A ASTORIA OR 97103 CITY STATE ZIP		PHONE 4585265
PROPERTY LOCATION	TOWNSHIP 8 NORTH	RANGE 8 West	SECTION 27 D	TAX LOT OR ACCT NO 200
	SUBDIVISION/PROJECT	LOT 200	BLOCK	COUNTY CLATSOP
	<input checked="" type="checkbox"/> 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

OR

- ☐ CONSISTENT WITH THE STATEWIDE PLANNING GOALS
☐ NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

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 & DEVELOPMENT

SIGNED Yui Allen	TITLE Planning Tech.	DATE 3-21-91
----------------------------	--------------------------------	------------------------

☐ 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 1974Septic Tank 516 galHannah Copley☐ Installed after 1974

Dosing Tank _____

☒ Standard System

Pump _____

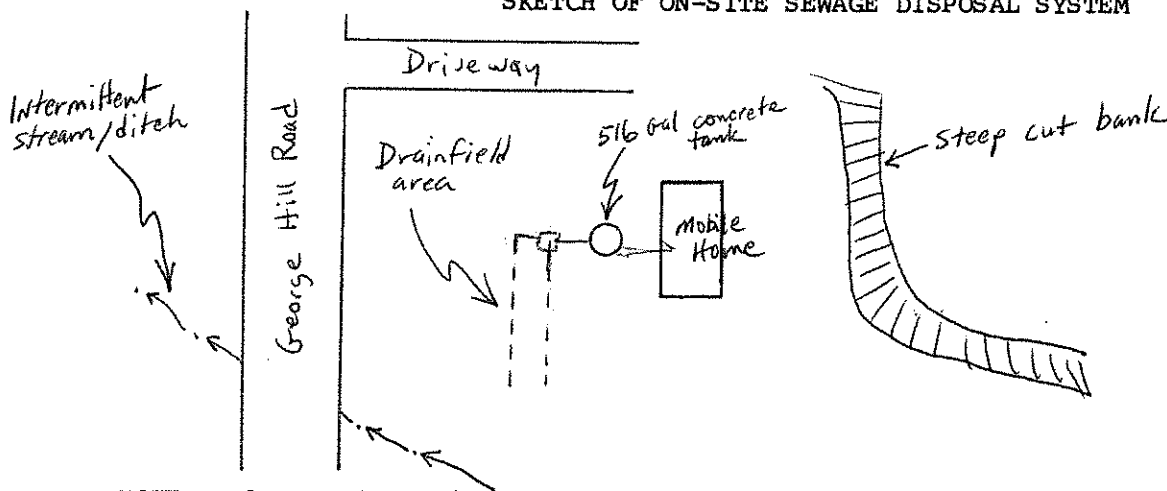
Drainfield:

☐ Alternative: _____Lineal Feet unknown☐ Community System

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 Odizio
Environmental Analyst

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

CHG
JAG

Pollution Type:

POLLUTION COMPLAINT

Date: Aug. 24, 1987

- ☐ Air ☐ Water ☐ Solid Waste/Hazardous Waste
☐ Noise ☐ Oil ☒ Subsurface Sewage

Time: on message tape

Date & Time Observed: last few weeks

Source: property on Goerge 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 ENV. MENTAL 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)

HANNAH Copley
(Property Owner's Name)
LARRY R. 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 NA (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility
☐ Single Family Residence 2 (Number of Bedrooms)
☐ Other _____ (Specify)
Water Supply
☒ Public (Community System)
Existing Facility
☐ Single Family Residence 400 (Number of Bedrooms)
☐ Other _____ (Specify)
☐ Private _____ (Indicate: Well, Spring, Etc.)

APPLICATION FOR:

- | | |
|--|--|
| <input 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 checked="" 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 checked="" 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.

Larry R. Walker (Signature) 9/18/87 (Date)
☐ Owner
☒ Authorized Representative
☐ Licensed Installer
License No. _____

Owner's Mailing Address _____
Applicant's Mailing Address (if different)
RT 2 Box 753A
ASTORIA OR 97103
Phone _____ Phone 458-5265

AUTHORIZATION NOTICE

	<u>System</u>	<u>Location</u>
Approved	Subsurface	Tax Lot <u>200</u>
Existing	Alternative	Section <u>27D</u>
<u>Pre-existing</u>	Experimental	Township <u>8 North</u>
		Range <u>3 West</u>

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 23, 1983

John L. Smith
SANITARIAN

cc: Clatsop Co. Dept. Planning and Development

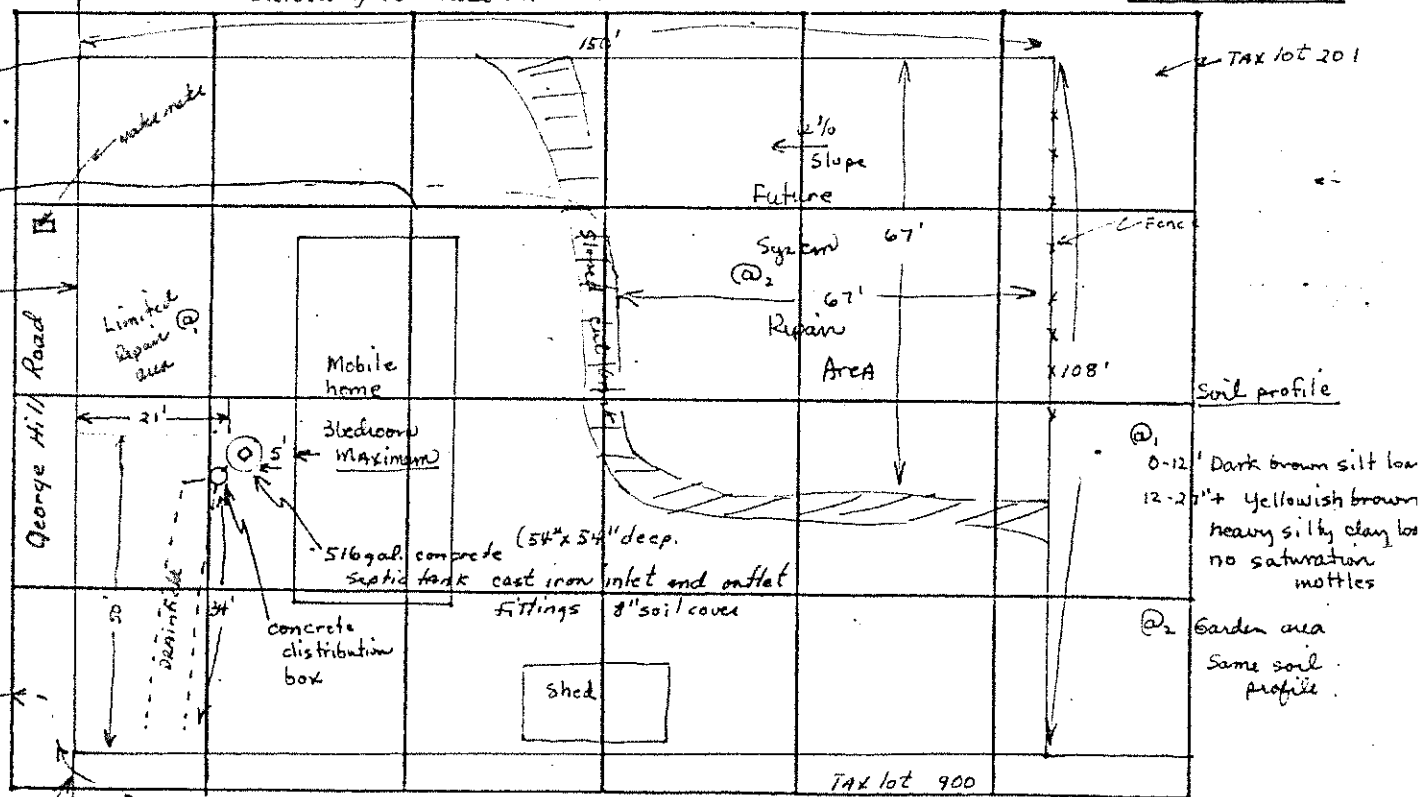
Clatsop

County

SKETCH OF PRE-EXISTING SYSTEM

Driveway to house on T.L. 201

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.
 - 2) A permit and inspection of the building sewer connection to the sewage system may be required by the Department of Commerce or its 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) Repair 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

OWNER

Larry Walker

ADDRESS

PHONE

CITY

COUNTY

ZIP CODE

DESCRIBE WORK

CODES

- ☐ NEW CONSTRUCTION *s/w*
☐ ADDITION
☐ ALTERATION/REMODEL
☒ OTHER *MH / plumb.*
specify

BLDG. USE

OCCUPANCY GROUP

TYPE OF CONSTRUCTION

STORIES TOTAL SQ. FT.

BUILDING VALUE

ast
OFFICE

PERMIT / JOB #

ZONING

USE ZONE *RA-2* *8-8-270* *200*
TWNSHP RG TL

FLOOD ZONE ☐ YES ☒ NO PERMIT # *07-184*

BY: *Curtis Schneider* *Planner*
TITLE

PHONE *325-8611 am* DATE *18 Sept 1987*

LOCAL GOVERNMENT APPROVALS

SANITATION

PUBLIC PRIVATE

DEQ PERMIT # *Auth. Notice*

BY: *Betty Hoffman* *Sec.*
TITLE

PHONE *325-8660* DATE *9-18-87*

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

George HILL

400
10.50 Ac.

ROAD

300
4.21 Ac.

100
1.97 Ac.

507

815'

1/4
COR.

330'

660'

N. 81° 51' 00" E. 413.47'

301
2.71 Ac.

N. 0° 57' 23" E.
213.75'

N. 88° 55' 34" W. 487.97'
(484')

800
6.90 Ac.

800AI

5J-14
5J-15

302.17'

900
9.85 Ac.

200
0.32 Ac.

201
7.61 Ac.

1000
0.50 Ac.

1100
0.84 Ac.

1500
9.64 Ac.

1200
0.50 Ac.

1300
1.05 Ac.

1900
19.62 Ac.

(CO. RD. NO. 225)

1800
12.06 Ac.

1802
0.07 Ac.

1600
6.67 Ac.

1700
13.69 Ac.

1700

SEE MAP R R 26

Hannah Copley
808-270-200
9-22-87

8 08 27 D
CLATSOP COUNTY
SE 1/4 SEC 27 T8N R8W WM

0 125 250 500 R

Scale 1:2,400



6	5	4	3	2	1
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

21	22	23
24	25	26
27	28	29
30	31	32
33	34	35

CANCELLED TAXLOT NUMBERS
800A1 802 1400 1801 1800
801 1100 1502 1701 2500



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

This map was produced using 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 misinterpretation.



PLOT DATE: 10/11/2019
8 08 27 D

