



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

186-19-000023-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 health@co.clatsop.or.us
 Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 11/21/2019
Work Description: major repair; replacing drainfield only

Applicant: Alan Palmrose (POA) Walter Palmrose	Primary Contractor: Vinson Brothers
Address: 35388 Woodland Ln Astoria OR 97103	Installer License: 36845
Phone: 503-741-0830	Address: 92740 Knappa Dock Road Astoria OR 97103
Email: apalmrose@co.clatsop.or.us	Phone: (503) 458-6561
	Email: vbc.dennis@gmail.com

Owner: Walter V Palmrose	Property Address: 37672 Parker Ln, Astoria, OR 97103
Address: 947 Olney Ave #119 Astoria OR 97103-5562	

Owner: Mary E Palmrose	
Address: 947 Olney Ave #119 Astoria OR 97103-5562	

Parcel: 809140006400 - Primary Township: 8 Range: 09 Section: 14

Lot Size: N/A	Water Supply: Community Water Supply
Zoning: N/A	City/County/UGB: N/A
Land Use Approval: N/A	

Directions to Property: East on Hwy 30. Right on Parker Ln - last house on right. Test pit on left of house.

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	SFD 4 bedrooms	N/A

Date Certificate Issued: 11/21/2019
Work Description: major repair, replacing drainfield only

Conditions of Approval

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

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Certificate of Satisfactory Completion

System Inspection: No Operation of Law - 7 Days Notice: No Pre-Cover Inspection Waived Per 340-071: No
Comments: N/A

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-19-000023-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, 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 and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

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SECTION 1: Owner/Permittee Information:

Name: Mary E Palmrose Walter V Palmrose

Twnshp: 8

Range: 09

Sect: 14

Lot: 06400

Property Address: 37672 Parker LN, Astoria, OR 97103

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

N/A

System Type:

Water tight verification*

Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: <i>4"</i>	ASTM#/Other: <i>3034</i>	Length: <i>12'</i>
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:	Model/Manufacturer		
Floats(2)	Type:	Model/Manufacturer		
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <i>Biodegradable</i>			
Distribution Box	Yes <input checked="" type="checkbox"/>	No	<i>(2)</i>	
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <i>4"</i>	ASTM#/Other: <i>3034</i> Length: <i>21'</i>
Comment	<i>Drainfield replacement only</i>			

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0025(2)

**Attach sieve analysis for Underdrain Media and Filter Sand

Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By *M. Van Nostrand*
Permit No. *186-19-000023*
Date *11/21/19*

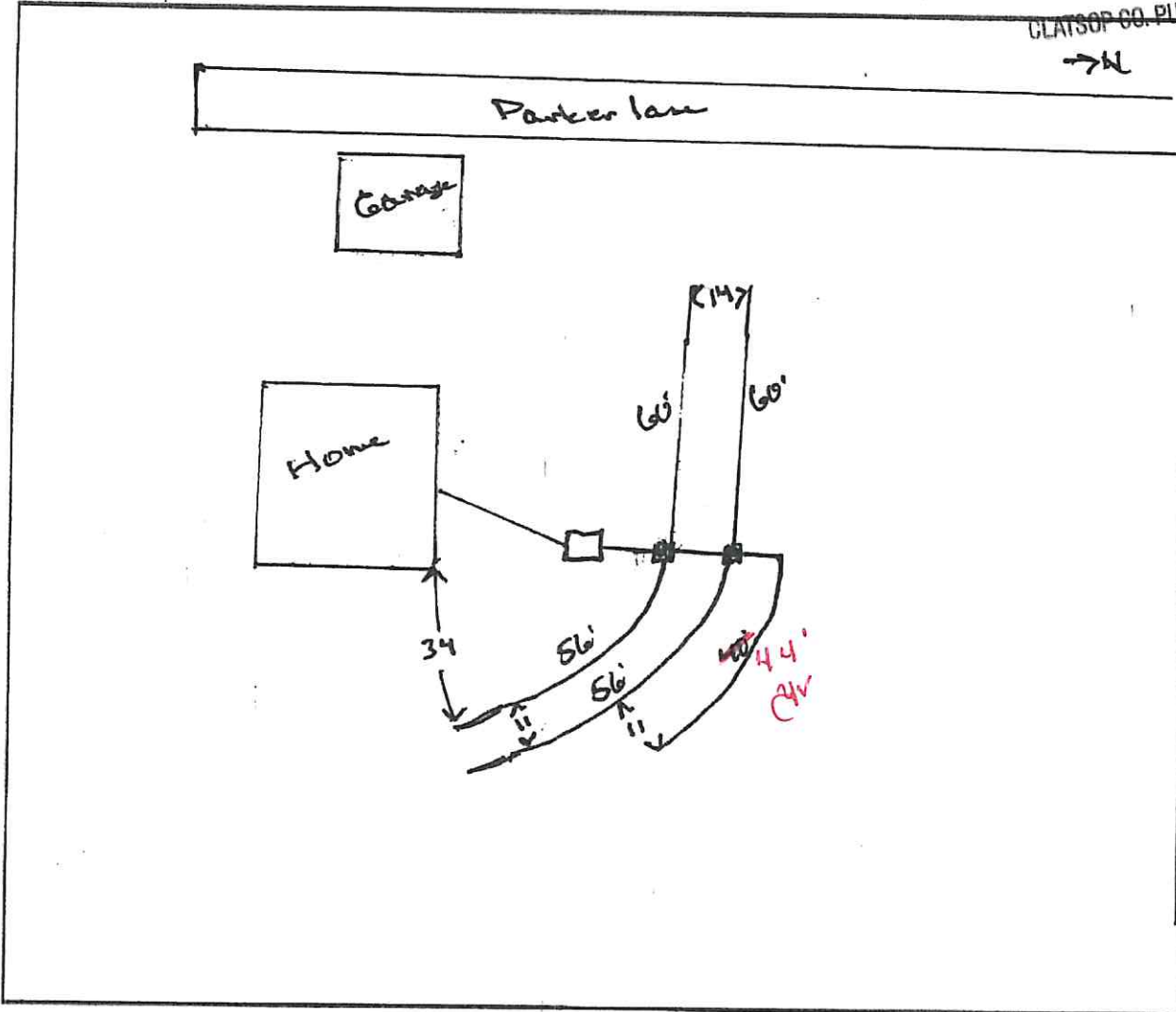
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SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

CLATSOP CO. PUBLIC HEALTH



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: VINSON Brothers		
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 36845	Certification#: RE 246	
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 11-19-19	Phone#: 503-744-0170

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: **11/20/19**

Installer/Owner (Permittee) Notified: Yes No Date: **11/21/19**

If No, Reason for Non Acceptance:

Comment: Final inspection 11/21/19, installer to add 4 ft section to lowest line before covering (total 276 ft)



Septic Permit
Repair (Major) - Residential - New
186-19-000023-PRMT

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<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 11/14/19	Expiration date: 11/14/20
Work description: major repair; replacing drainfield only	

Applicant: Alan Palmrose (POA) Walter Palmrose
Address: 35388 Woodland Ln
 Astoria OR 97103
Phone: 503-741-0830
Email: apalmrose@co.clatsop.or.us
Business License: N/A

Primary contractor: Vinson Brothers
Installer License: 36845
Address: 92740 Knappa Dock Road
 Astoria OR 97103
Phone: (503) 458-6561
Email: vbc.dennis@gmail.com

Owner: Walter V Palmrose
Address: 947 Olney Ave #119
 Astoria OR 97103-5562
Owner: Mary E Palmrose
Address: 947 Olney Ave #119
 Astoria OR 97103-5562

Property address: 37672 Parker Ln, Astoria, OR 97103

Parcel: 809140006400 - Primary **Township:** 8 **Range:** 09 **Section:** 14

Lot size:	N/A	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	Yes	Septic tank last pumped:	10/31/2019
Comments: N/A			

Directions to property: East on Hwy 30. Right on Parker Ln - last house on right. Test pit on left of house.

Category of construction: Residential

	Existing	Proposed
Use of structure:	SFD 4 bedrooms	N/A

Conditions of approval

CALL BEFORE YOU DIG...IT'S THE LAW

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Onsite Permit 186-19-000023-PRMT

Page 2 of 2

Date issued: 11/14/19

Expiration date: 11/14/20

Work description: major repair: replacing drainfield only

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

11/14/19

REPAIR EVALUATION REPORT

Date: November 13, 2019

Dear Allen Palmrose:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Palmrose

Application: # 186-19-000023

County: Clatsop

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 9W/ S 14 Tax Lot#: 6400

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



Mike McNickle, PhD, MPH, REHS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Palmrose** Application #: **186-19-000024** County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: **T 8N/ R 9W / S 14** Tax Lot#: **6400**

Commercial Facility: Yes No Parcel Size: **4.0** acre

APPROVED SYSTEM SPECIFICATIONS

Design flow: **450** gpd Max # of bdrms: **3**

Initial System		Replacement System	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter		<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> ATT <input type="checkbox"/> Other	
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other		Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial	
Absorption Facility: _____ linear. ft Disposal Facility: _____ sq. ft.		Absorption Facility: <u>275</u> linear. ft Disposal Facility: <u>550</u> sq. ft.	
" Max Depth	Min Depth	18 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-38 38-60	SL SCL	Sandy loam, 10 YR 3/4, roots to 38 Sandy Clay Loam, 10 YR 4/3, ESD = 60+" No Redox No H2O

Landscape Notes:

Slope: 7%

Aspect: East to West

Groundwater Type: N/A

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

***Required prior to issuance of construction permit.**



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

(pd) ck # 18891
 8660

Application for Onsite Sewage Treatment System

A. Property Owner Information

Allan Palmrose 35388 WOODLAND Lane 503-325-7156
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8 9 14 6400 6400, 6500, 6503 4.0
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop _____
 County Subdivision Name Lot Block

Property Address: 37672 Parker LN, Astoria OR 97103
 (Street, City, State, Zip)

Directions to Property East on Highway 30 To Parker Lane, turn right
last house on right, Test Pit to left of home

C. Existing Facility / Proposed Facility / Water Information

Existing Facility <input checked="" type="checkbox"/> Single Family Residence Number of Bedrooms <u>3</u> <input type="checkbox"/> Other _____	Proposed Facility <input type="checkbox"/> Single Family Residence Number of Bedrooms _____ <input type="checkbox"/> Other _____	Water Supply <input checked="" type="checkbox"/> Public <u>John Day Water</u> Name <input type="checkbox"/> Private <input type="checkbox"/> Well, Spring, Shared <u>not in use</u> please show on map
--	--	---

D. Type of Application

- | | | |
|--|--|---|
| <input type="checkbox"/> Site Evaluation
<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Permit Repair
<input checked="" type="checkbox"/> Major <u>Replumbing drain field only</u>
<input type="checkbox"/> Alteration Permit
<input type="checkbox"/> Major
<input type="checkbox"/> Minor | <input type="checkbox"/> Renewal Permit
<input type="checkbox"/> Existing System Evaluation
<input type="checkbox"/> Permit Transfer
<input type="checkbox"/> Permit Reinstatement
<input type="checkbox"/> Compliance Record Review | <input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Replacing a Mobile Home or House with Another
<input type="checkbox"/> Mobile Home or House
<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Other-Please Specify _____ |
|--|--|---|

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Dennis Vanson 11-6-19
 Signature Date

Dennis Vanson 503-741-0176 vbe@dennism@gmail
 Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

92740 Knappa Dock Road Astoria, Or. 97103
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson Brothers
 Installers Name



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CLATSOP CO. PUBLIC HEALTH

#186-19-000023

Notice Authorizing Representative

I, Alan Palmrose (POA) Walter Palmrose, have authorized
 (Property Owner - Please Print)

Dennis Uinson To act as my agent in performing
 (Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

37672 Parker Lane Astoria, Or
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 9 Section 14 Tax Lot 6400 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Alan Palmrose (POA) for Walter Palmrose Email: _____

Mail Address: 35388 Woodland LN City/State/Zip Astoria OR 97103

Phone: 503 325-7196/cell 503 741-0830 FAX: _____

Signature: [Signature] Date: 11/5/2019

AUTHORIZED REPRESENTATIVE:

Name: Alan Palmrose / same as Above Email: apalmrose@co.clatsop.or.us

Mail Address: _____ City/State/Zip _____

Phone: _____ FAX: _____

Signature: [Signature] Date: 11/5/2019



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
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CLATSOP CO. PUBLIC HEALTH

#186-19-000023

37672 Parker Ln, Astoria

Existing Septic System Description

8-9-14-6400

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
- When was your septic system installed? ?
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
Date _____ Permit Number _____
- Septic tank volume (in gallons): 1000
- When was the septic tank last pumped? (Attach receipt if available) 10/31/2019
- Number of disposal trenches: 1
- Total length of disposal trenches (in feet): 50'-75'
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No
 If no, date of last use: _____
- If the septic system currently serves a dwelling,
 How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____
- If the septic system serves a business,
 How many total employees are there? _____ Type of business: _____
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain: _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

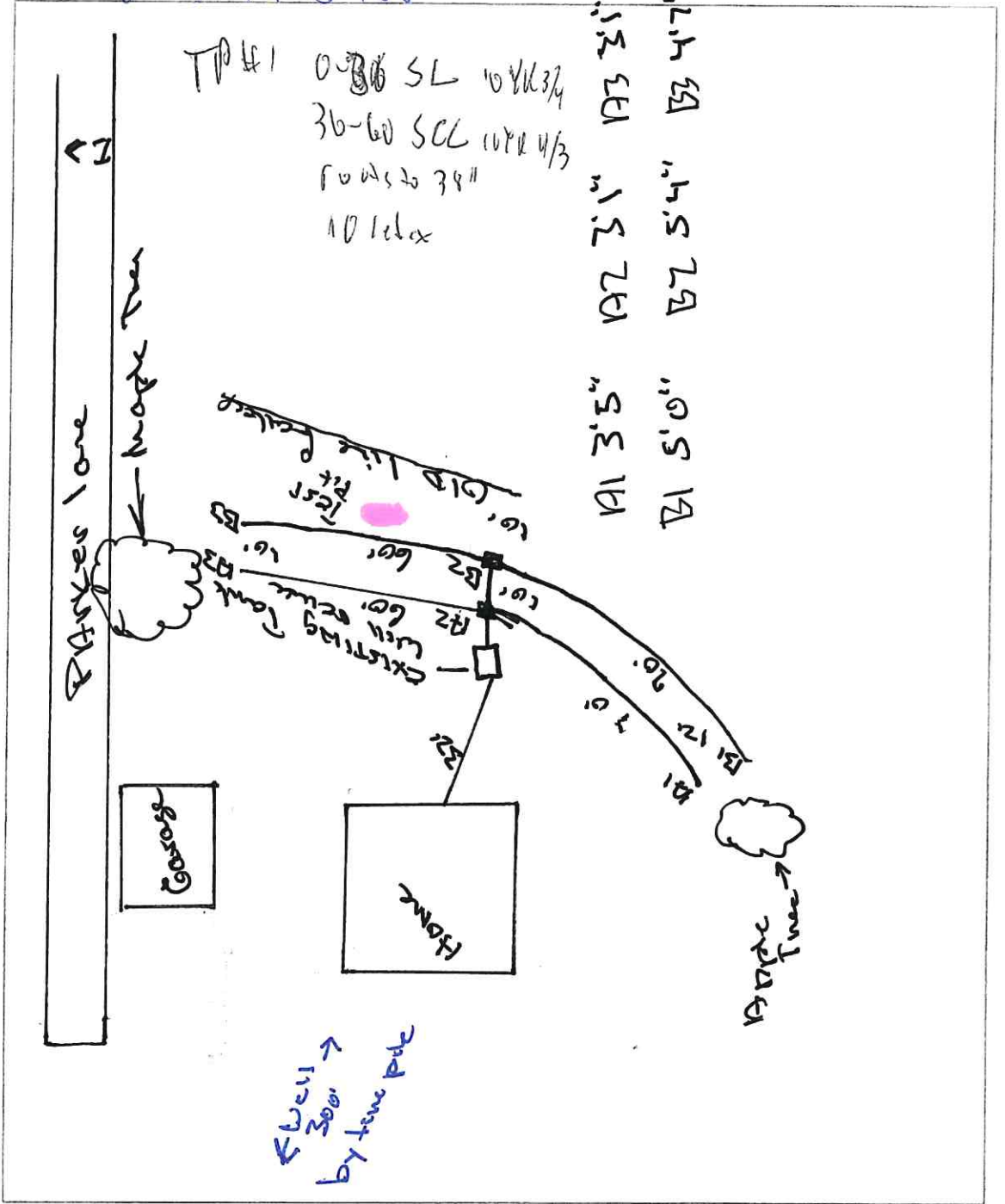
Signature: [Signature] Date: 11-5-19

PLOT PLAN

Property ID: 0-0-14-6400 Site Address: 37672 Parkes Lane Astoria Date: 11-6-19

Applicant Signature: [Signature] Date: 11-6-19

By my signature, I certify the information provided on this plot plan is complete and accurate.



Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- Wells
- Test Pits
- Drainage

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CLATSOP CO. PUBLIC HEALTH
#186-19-000023

Site Plan Walter Palmrose Repair Drawfield only

T&N ROW Sec 14 T.L. 6400 + 6501 + 6502

37672 Parker Lane Astoria

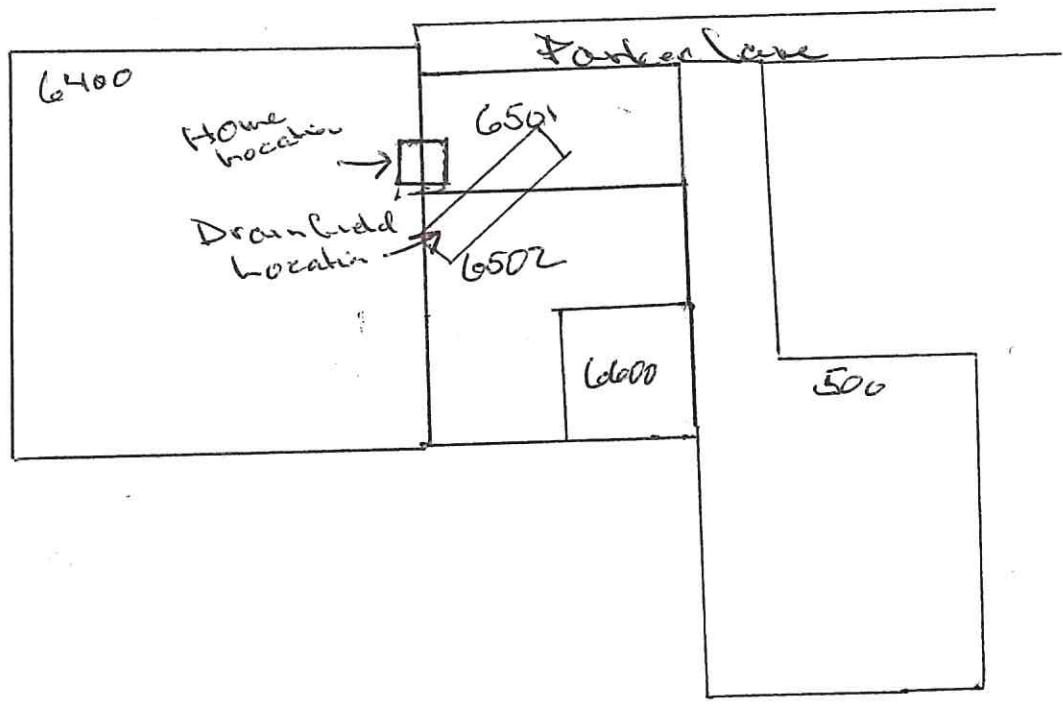
VINSON Brothers, D.E.G. # 36845

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CLATSOP CO. PUBLIC HEALTH

#186-19-000023



Site Plan Walter Palmrose Draw Field repair

T3N R2W Sec. 14 T.L. 6400-6500-6502

37672 Parker lane Astoria

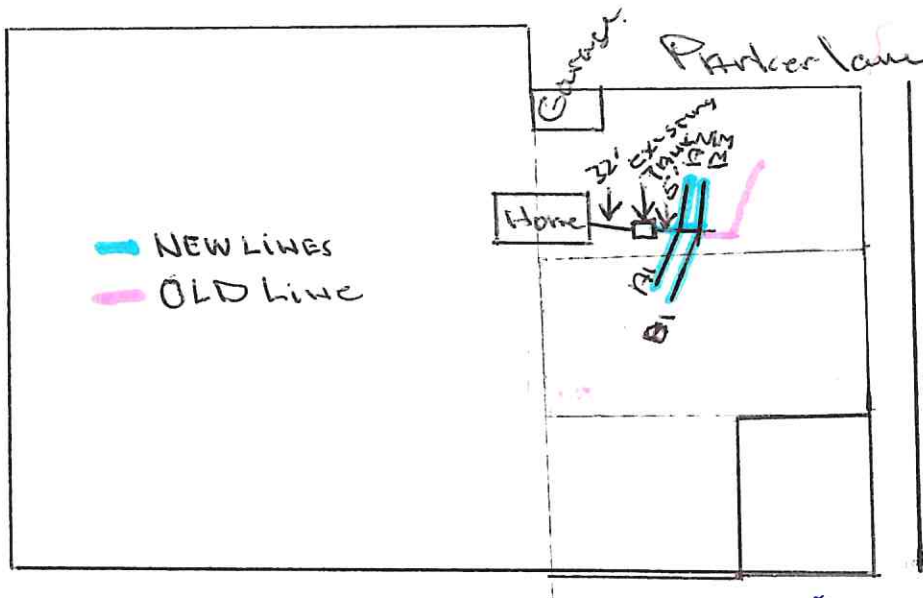
Vinsow Brothers D.E. # 36845

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GLATSOP CO. PUBLIC HEALTH

#186-19-000023



Material List

- A1 3'5" A2 3'1" A3 3'1"
- B1 5'0" B2 5'4" B3 4'7"

Line A = 130'
Line B = 130'

- Materials List
- 40' 4" 3034 Sewer Pipe
 - 22' Equal Boxes
 - 260' Infiltrators

Palmrose T8H R8W S22 14 T.L. 6460
Test Pit Location

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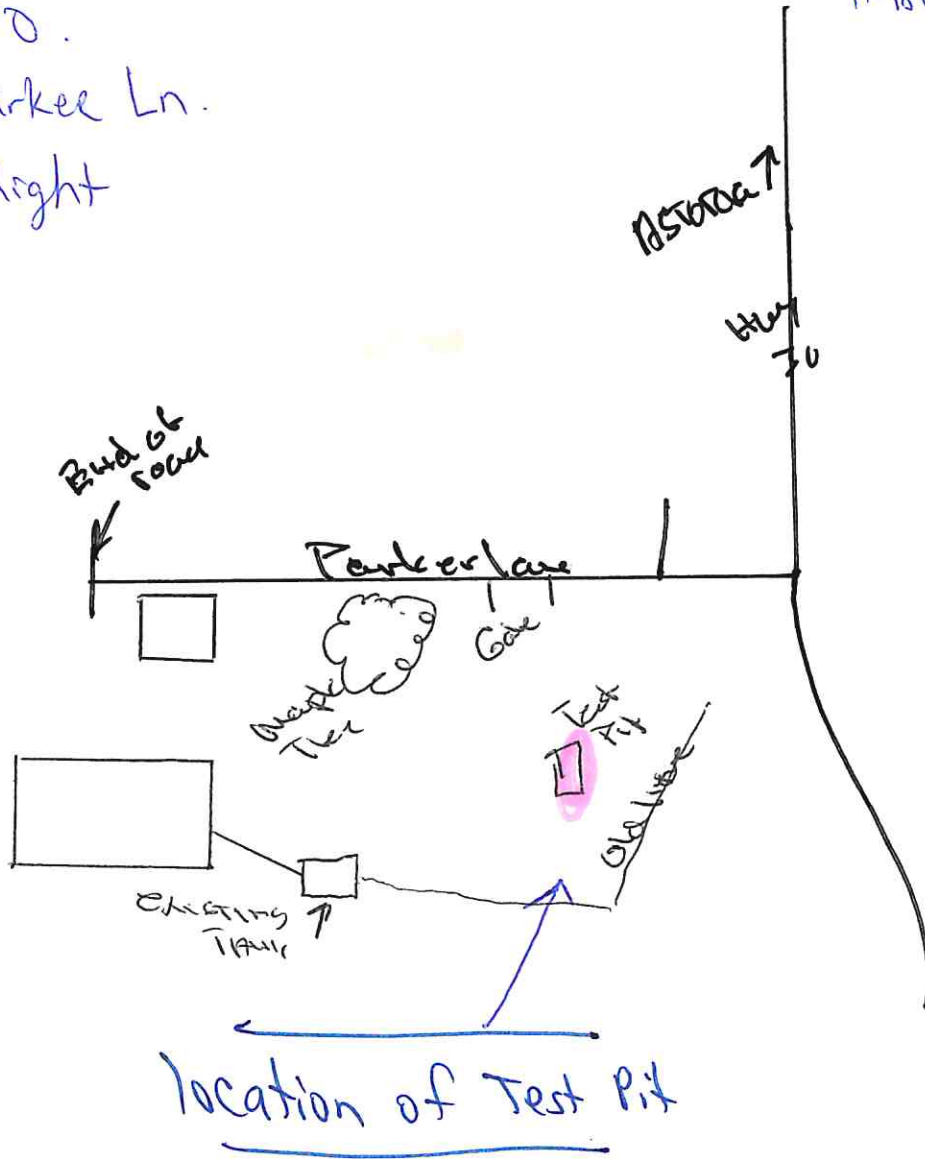
NOV 07 2019

CLATSOP CO. PUBLIC HEALTH

Directions

#186-19-000023

East Hwy 30.
Right on Parkee Ln.
Howe on Right



Well
#23067

location of Test Pit



<https://www.co.clatsop.or.us/publichealth/page/onsite-septic->

Transaction Receipt

186-19-000023-PRMT

Receipt Number: 451548

Receipt Date: 11/7/19

Clatsop County Onsite

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Fax: 503-325-9303
health@co.clatsop.or.us

Worksite address: 37672 Parker LN, Astoria, OR 97103

Parcel: 809140006400

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/7/19	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$551.00	\$551.00
11/7/19	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/7/19	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 18891	Payer: Mary E Palmrose	Payment Amount:	\$660.00
-------------------------------------	------------------------	-----------------	----------

Cashier: Annette Brodigan	Receipt Total:	\$660.00
---------------------------	----------------	----------



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

AGENCY REVIEW & APPROVAL FORM (STRUCTURE AND MOBILE HOME PLACEMENT)

JOB SITE INFORMATION:

Job Site Address: RT. 2 Box 67 City: ASTORIA, ORG. 97103

Owner: PALMROSE, WALTER & MARY Phone: 325-6034

Owners Address: SAME

Proposed Development/Construction: Re Build BURNED out House

DEQ (Department of Environmental Quality)

Legal Description: T 8 R 9 SEC. 14 Tax Lot 6400

Permit Needed - Yes () No (X) Site Approved - Yes (X) No ()

Approving Authority: DEQ Northcoast Branch Office Phone: (503) 861-3280

Signature: Dewey Donald Date: 1-18-96

Remarks: Repair of fire damaged residence. Existing bedrooms to remain the same. Structural changes interior.

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T 8 R 9 SEC. 14 Tax Lot 6400

Zone: RA-1 Overlay District: _____

Development Permit - Yes () No ()# _____

Flood Plain - Yes () No () Elevation Requirements: _____

Signature: _____ Title: _____ Date: _____

Approving Authority: _____ Phone: (503) 325-8611

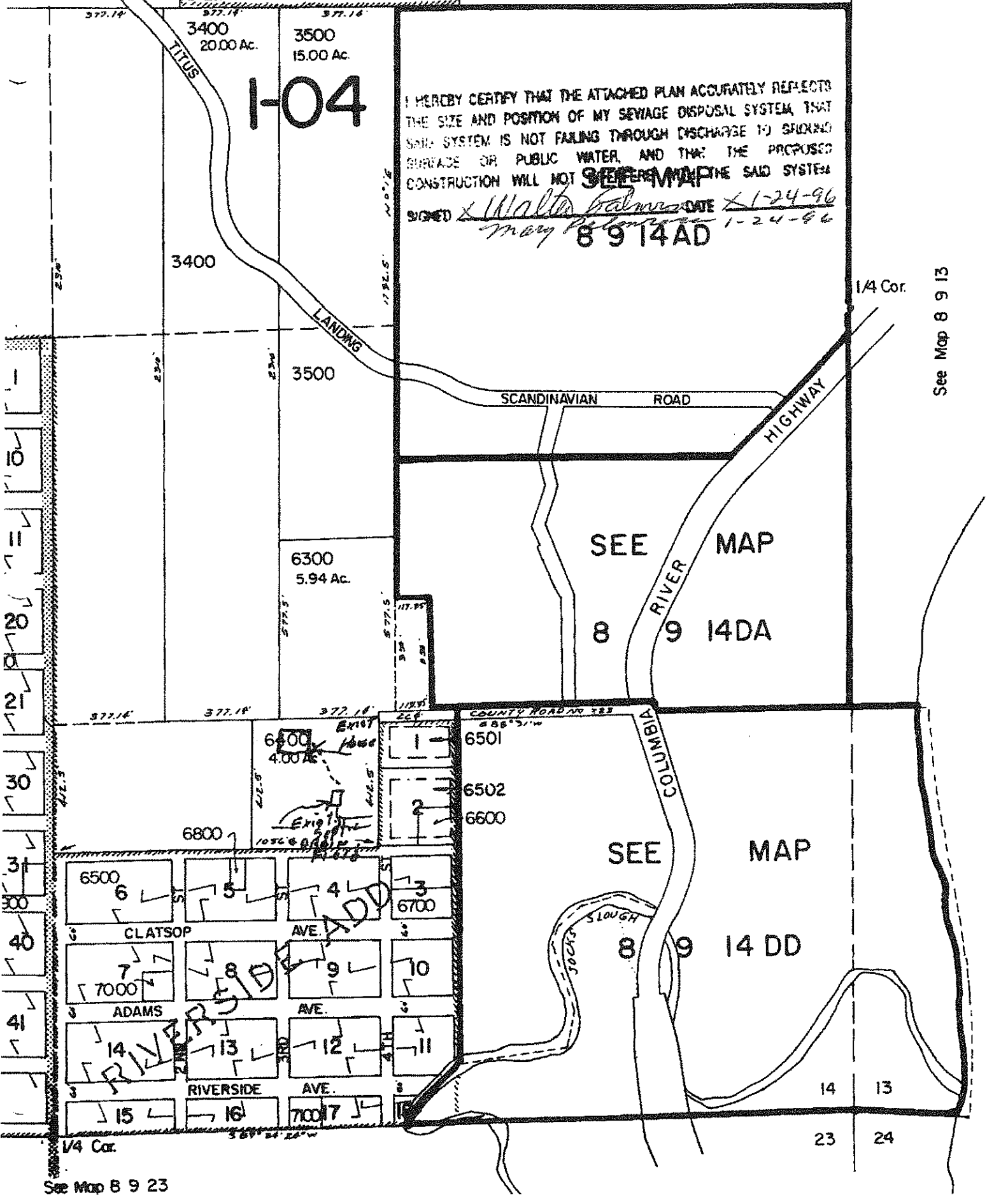
Remarks: _____

1-400

8 9 14



72.416



1-04

I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM THAT SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO SURROUNDING SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SEE MAP
SIGNED Walter Palmer DATE 1-24-96
Mary Palmer 1-24-96

8 9 14 AD

SEE MAP

8 9 14 DA

SEE MAP

8 9 14 DD

See Map 8 9 13

See Map 8 9 23

8 09 14
CLATSOP COUNTY
SECTION 14 T8N R9W WM



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

10	11	12
13	14	15
16	17	18
19	20	21
22	23	24

CANCELLED TAXLOT NUMBERS

3101	3700	4200	5001	5800
3200	3800	4300	5100	5900
3300	3900	4400	5200	6001
3400	4000	4500	5300	6100
3500	4100	4600	5400	6200
3600	4200	4700	5500	6300
3700	4300	4800	5600	6400
3800	4400	4900	5700	6500
3900	4500	5000	5800	6600
4000	4600	5100	5900	6700
4100	4700	5200	6000	6800
4200	4800	5300	6100	6900
4300	4900	5400	6200	7000
4400	5000	5500	6300	7100
4500	5100	5600	6400	7200
4600	5200	5700	6500	7300
4700	5300	5800	6600	7400
4800	5400	5900	6700	7500
4900	5500	6000	6800	7600
5000	5600	6100	6900	7700
5100	5700	6200	7000	7800
5200	5800	6300	7100	7900
5300	5900	6400	7200	8000
5400	6000	6500	7300	8100
5500	6100	6600	7400	8200
5600	6200	6700	7500	8300
5700	6300	6800	7600	8400
5800	6400	6900	7700	8500
5900	6500	7000	7800	8600
6000	6600	7100	7900	8700
6100	6700	7200	8000	8800
6200	6800	7300	8100	8900
6300	6900	7400	8200	9000
6400	7000	7500	8300	9100
6500	7100	7600	8400	9200
6600	7200	7700	8500	9300
6700	7300	7800	8600	9400
6800	7400	7900	8700	9500
6900	7500	8000	8800	9600
7000	7600	8100	8900	9700
7100	7700	8200	9000	9800
7200	7800	8300	9100	9900
7300	7900	8400	9200	10000



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us
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PLOT DATE: 1/04/2022
8 09 14

