

61472

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 00-00

*\$515.00 Prior Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To Erling & Patricia Grimstad 8N 9W 23A 1300 Clatsop
Nicholas Graf (Prospective) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
John Day River Rd. Astoria Connie Schrandt 5-15-00
(Road Location) (City) (Issued by - Signature) (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 May 15, 2001 TYPE OF SYSTEM Standard with pump/infiltrators
D&K concrete dosing/septic tank with riser Design Sewage Flow 450 Gallons/Day
Tank Volume 1100 Gallons Disposal Trenches [X] Seepage Bed(s) [] NA Square Feet
Maximum Depth 36 inches. Minimum Depth 24 inches. 300 Linear Feet
Equal [] Loop [] Serial [X] Pressurized [] Minimum Distance Between Trenches 10' on centers
Total Rock Depth NA inches. Below Pipe NA inches. Above Pipe NA inches. [] Rake Sidewall
Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 5-12-00. As-built with all notations on approved plan addressed and certification of final construction by installer along with electrical permit verification required prior to pre-cover inspection request.
PRE-COVER INSPECTION REQUIRED - CONTACT NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations
Installer Bill Hugnes Excavation
Final Insp. Date 7-6-00
[X] 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 6-14-00.
Electrical permit received 6-16-00.
Alarm/pump test ok 7-6-00.
System components installed/constructed as per approved as-built plot plan.

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 Natural Resource Specialist 7-6-00 DEQ, NCBO, WARRENTON
(Authorized Signature) (Title) (Date) (Office)

JUN 14 2000
(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 Erling & Patricia Gnmstad Permit Number 00-60 County CLATSOP
Township 8N; Range 9W; Section 23A; Tax Lot 1300; Tax Acc. # _____
Job Location John Day
Date System Construction Completed 6-12-00; Date Submitted to DEQ or Agent _____

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

- D & K 1000 gal. CONCRETE TANK & RISER W/ LID
- DENNIS & CO. 1000 gal. CONCRETE TANK & RISER W/ LID
- 1000 gal. POLY TANK & RISER W/ LID
- D & K CONCRETE DISTRIBUTION BOXES
- D & K CONCRETE DROP BOXES
- 3034 4" SEWER ASTM F 789
- ~~4" PVC PERFORATED ASTM D 2729 SEWER PIPE~~
- 4" PVC SOLID ASTM D 2729 SEWER PIPE 30'
- 7/8"-1 1/2" CRUSHED DRAIN ROCK
- 50 LB. KRAFT PAPER
- PILLED FABRIC
- INFILTRATORS 300'

MAY 12 2000

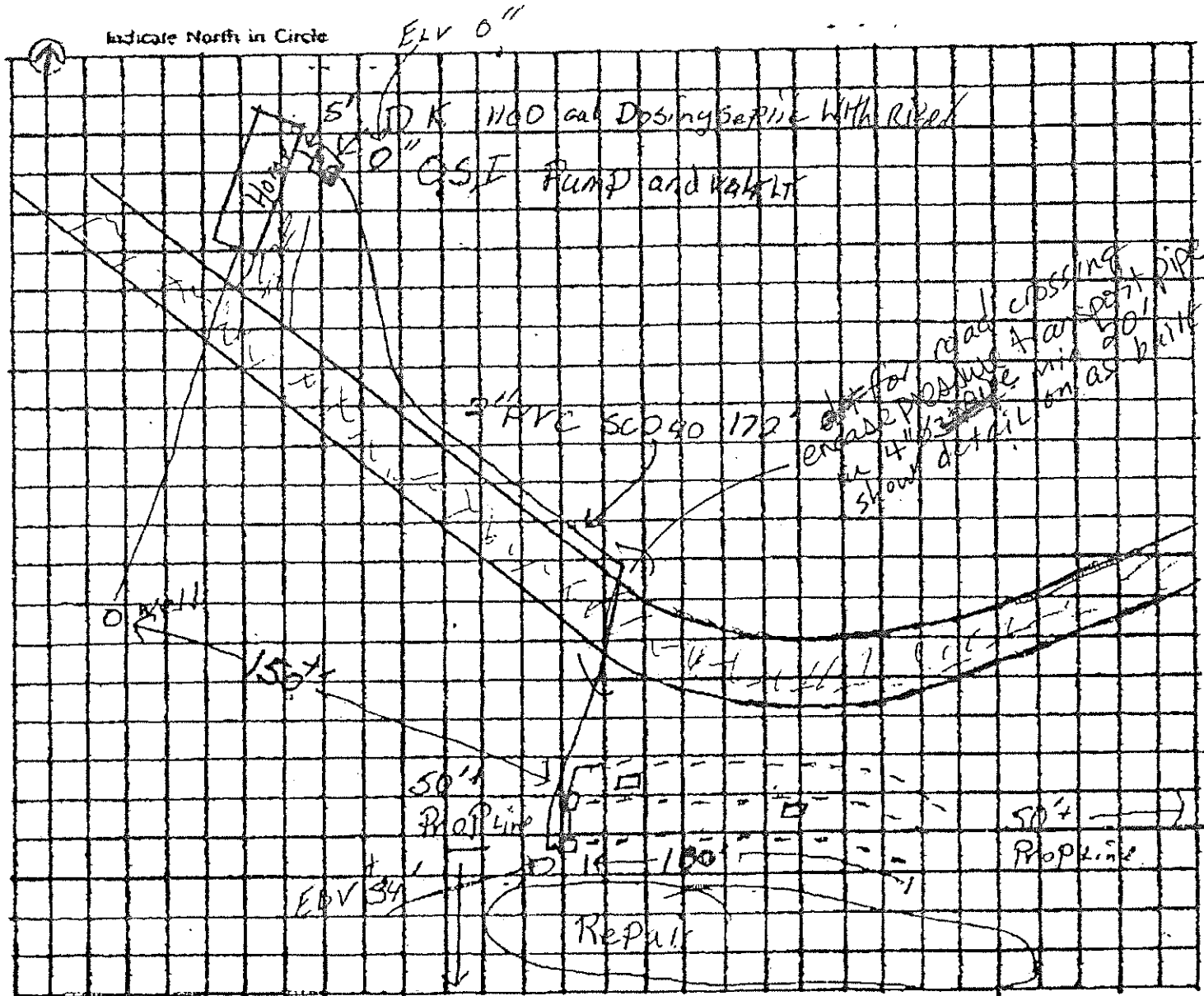
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

NORTH COAST BRANCH OFFICE
WARRENTON

Property Owner NATE GRAE Date 5-6-2000

Location: T. 8N R. 9W Sec. 23A Tax Lot/Acc. No. 1300



REMARKS: OSF Package DBK Tank and Drop Boxes 300' Infiltrators
THIS SYSTEM WILL BE INSTALLED WITH D.E.Q. WITH std invest
APPROVED MATERIALS AND RULES!

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.

BEV

FOR DEQ USE ONLY

end plates as installed per manufacturers instructions approved for Oregon (serial distribution)

Approved No. 0207760756

Permit Number _____

Disapproved 5/15/00

By: _____



Electrical Permit Application

Department of Consumer & Business Services
Building Codes Division

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FOR DEPARTMENT USE ONLY

Permit no. WAO-652
Label no. 306876
Date issued: 6-15-00
Issued by: LB
Office: Warrenton

Amended

JUN 16 2000

NORTH COAST BRANCH OFFICE

LOCATION OF INSTALLATION

Address: 37570 Grimstad
City: Astoria State: OR ZIP: 97103
County: Clatsop
Directions: John Day River

Job description: AH SERV
200 Serv + 200 septic + well

LOCAL GOVERNMENT APPROVALS

Zoning information verified? Yes No
Sanitation information verified? Yes No

FEE SCHEDULE

| | Number of inspections per permit allowed | Items | Cost (ea.) | Sum |
|---|--|-------|------------|-------|
| Residential per unit service included: | | | | |
| 1,000 sq. ft. or less | | | \$106.00 | 4 |
| Each additional 500 sq. ft. or portion thereof | | | \$19.00 | |
| Limited energy | | | \$25.00 | 1 |
| Each manufactured home or modular dwelling service or feeder | | 1 | \$50.00 | 50 |
| Services or feeders: installation, alterations, or relocation | | | | |
| 200 amps or less | | 1 | \$63.00 | 63.00 |
| 201 amps to 400 amps | | | \$75.00 | 2 |
| 401 amps to 600 amps | | | \$125.00 | 2 |
| 601 amps to 1,000 amps | | | \$163.00 | 2 |
| Over 1,000 amps or volts | | | \$375.00 | 2 |
| Reconnect only | | | \$50.00 | 2 |
| Temporary services or feeders: installation, alteration or relocation | | | | |
| 200 amps or less | | | \$50.00 | 2 |
| 201 amps to 400 amps | | | \$69.00 | 2 |
| 401 amps to 600 amps | | | \$100.00 | 2 |
| Over 600 amps or 1,000 volts see services or feeders section above | | | | |
| Branch circuits: new, alteration or extension per panel | | | | |
| a. The fee for branch circuits with purchase of service or feeder fee: | | | | |
| Each branch circuit | | 2 | \$3.00 | 6.00 |
| b. The fee for branch circuits without purchase of a service or feeder fee: | | | | |
| First branch circuit | | | \$43.00 | |
| Each additional branch circuit | | | \$3.00 | |
| Miscellaneous (service or feeder not included): | | | | |
| Each pump or irrigation circle | | | \$50.00 | 2 |
| Each sign or outline lighting | | | \$50.00 | 2 |
| Signal circuit(s) or a limited energy, panel, alteration, or extension | | | \$50.00 | 2 |
| Each additional inspection over the allowable in any of the above, per inspection: | | | \$44.00 | |
| Fees collected: | | | | |
| A. Enter total of above fees | | 69.00 | \$ 58.00 | 1195 |
| B. Enter 6% surcharge (.06 x total above) | | 4.4 | \$ 3.00 | 1251 |
| C. Enter 1% surcharge (.01 x total above) | | 1.67 | \$.50 | 1261 |
| D. If required (see plan review section), enter 25% of line A for plan review | | | \$ | 1212 |
| Total fees: | | 73.83 | \$ 53.50 | |
| Less bulk label fee (if applicable) | | | <25.00> | |
| Less fee collected: <input type="checkbox"/> Check <input type="checkbox"/> Money order | | | \$ < | > |
| Balance due: | | | \$ 0 | |

CONTRACTOR INSTALLATION

Electrical contractor: _____
Address: _____
City: _____ State: _____ ZIP: _____
Date: _____ Job no.: _____
Property owner: _____
Contractor's license no.: _____
Contractor's board reg. no.: _____
Signature of supervising electrician: _____
License no.: _____ Phone: _____

OWNER INSTALLATION

Owner's name (print): Nicholas GRAY
Address: 37570 Grimstad
City: Astoria State: OR ZIP: 97103
Phone: 325-6831

The installation is being made on property I own, which is not intended for sale, lease, rent, or exchange.
I have read and understand the attached "Information Notice to Property Owners About Construction Responsibilities."
Owner's signature: _____

Visa MasterCard

Credit card number _____ Expiration date _____

Name of cardholder as shown on credit card _____

Cardholder signature _____ \$ _____ Amount

FOR FISCAL USE ONLY 70110/0600
6/15/00 CK # 1941 53.50
6/16/00 CK # 1942 \$ 20.33

AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 37570 Grimsstad Ln City: Astoria
 Owner: Erasing Grimsstad / Nichols Grant Phone: 503-325-6831
 Owners Address: _____
 Agent: _____
 Proposed Development/Construction: Single Family Dwelling

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 8W R 9W SEC. 23A Tax Lot(s) 1300
 Permit Needed - Yes () No () Site Approved - Yes () No ()
 Signature: [Signature] Date: 5-15-00
 Remarks: PERMIT # 00-60

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

Legal Description: T R SEC. _____ Tax Lot(s) _____
 Zone: _____ Overlay District: _____
 Development Permit - Yes () No ()
 Flood Plain - Yes () No () Elevation Requirements: _____
 Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
 Signature: _____ Title: _____ Date: _____
 Remarks: _____

Clatsop County Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

4. STATE BUILDING CODES (Applied at Permitting Office)

MAY 12 2000

NORTH COAST BRANCH OFFICE
WARRENTON

Quotation

Page 1

QTE312876

| Customer ID | Quoted To | Phone | Fax | Address | City | State | Zip |
|-------------|-----------|----------------|----------------|-------------------|------|-------|--------|
| BILLHUGH01 | Bill | (503) 458-6706 | (503) 458-6779 | Angela H. ohi 360 | | | Net 30 |

| Bill To | Ship To |
|--|--|
| Bill Hughes Excavation 42824 Old Highway 30 Astoria OR 97103 | Bill Hughes Excavation 42824 Old Highway 30 Astoria OR 97103 |

| Quotation No | Quote Date | Expiration | Purchase Order | Master No |
|--------------|------------|------------|----------------|-----------|
| QTE312876 | 5/12/00 | 5/10/00 | NATE GRAF P10 | 43040 |

| Qty | Part No | Description | Unit | Price | Ext Price |
|------------------------------|--------------|--|------|--------|-----------|
| 1.00 | RR2418-L-10 | Pvc Acocas Riser, 24" Dia. With L and GI | each | 51.78 | 51.78 |
| VERIFY RISER HEIGHT | | | | | |
| 1.00 | FL24-AB | Fiberglass Lid 24", 4 Bolt | each | 41.80 | 41.80 |
| 1.00 | PRTA24 | ABS Riser/Tank Adapter 24" Dia | each | 15.15 | 15.15 |
| 1.00 | PRTA24BDKIT | Bolt Down Kit, PRTA24 | each | 7.89 | 7.89 |
| 1.00 | MA320 | 200 G Epoxy Kit | each | 10.93 | 10.93 |
| 1.00 | S95 | Pvc Splice Box W/5 Cord Grips | each | 36.10 | 36.10 |
| 1.00 | X4S1254-1819 | Simplex Biotube Pump Vault | each | 232.75 | 232.75 |
| 1.00 | PI00511 | OSI Effluent Pump, 1/2Hp, 10gpm 115V, 60Hz, 10' Lead | each | 372.40 | 372.40 |
| PAWARRANTY | | | | | |
| 1.00 | PAWARRANTY | Pump Warranty, 5 year on OSI Pumps | each | 20.00 | 20.00 |
| 1.00 | HVT00BCX | Hose & Valve Assembly, 1" | each | 51.30 | 51.30 |
| <i>X4S1254-1819, PI00511</i> | | | | | |
| 1.00 | MF3AT | Float Assembly, Y.B.R.W | each | 86.45 | 86.45 |
| <i>X4S1254-1819, PI00511</i> | | | | | |
| 1.00 | S1R0ETMCT | Simplex Panel, 115V W/Ro, Eum, Cr | each | 352.45 | 352.45 |

| | | | |
|-----------------|--|-----------------|-------------------------|
| Comments | Orcon Systems, Inc 814 Airway Ave Sutherlin, OR 97479 1.800.348.9843 Ph: 541.459.4448 Fax: 541.459.2884 | Subtotal | \$1,280.00 |
| | | Tax | \$0.00 |
| | | Shipping | Prepay & Add or Collect |
| | | Total | \$1,280.00 |

Prices are based on OSI's April 15, 2000 price list. All sales are subject to OSI's terms and conditions.
 Please be sure that these are the materials you need and that our totals are correct. FOB Sutherlin, OR.
 Freight charges are Collect or Prepaid & Add. If freight charges are estimated, actual charges may vary.

OSI Fed Tax ID: 93-0781063
D&B #: 01-116-6150

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 0207760756
 5/15/00

MAY 12 2000

NORTH COAST BRANCH OFFICE
WARRENTON

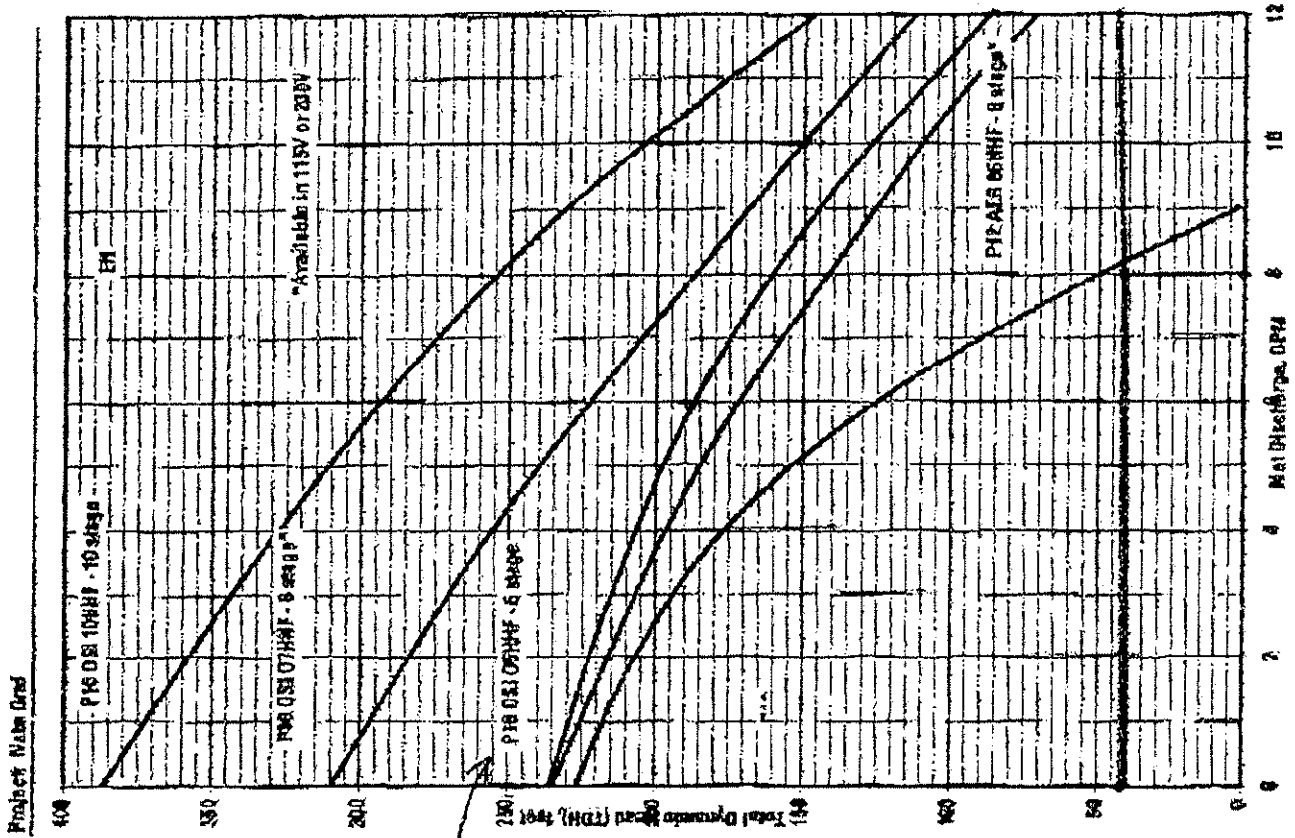


Orendo Systems Inc.
Incorporated

814 AIRSIDE DRIVE
SURREY, BRITAIN
S1V 4T9-0012

TEL: (604) 459-1449

FAX: (604) 459-2892



Prepared for you by Angela Mullerwell
5/12/00
**Pump Sizing for Standard Non-Pressurized
Rainfield Disposal System**

| | |
|--|-------------|
| Design Flow Rate | 8.0 |
| Distributing Valve Model (ft of Water) | ADDN/A |
| Lift to Distribution Point | 40 feet |
| Discharge Assembly Size | 1.00 |
| Transportation Size | 2.00 inches |
| Pipe Size/Schedule | 60 |
| Transported Length | 170 feet |
| Flow Meter | ADDN/A |
| No. 'Add-on' Head Losses | 8 |

- Head from Stand Losses: 12 feet
- Head Loss in Transport Pipe: 15 feet
- Head Loss through Discharge Assembly: 0.8 feet
- Head Loss through Distributing Valve: 0.2 feet
- Head Loss through Meter: 0.2 feet

Size Pump for:
DESIGN FLOW RATE 8.0 gpm
TOTAL DYNAMIC HEAD 41.7 feet

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756

5/15/00

MAY 12 2000

Quotation

Page 1

QTE312867

NORTH COAST BRANCH OFFICE
 WARRENTON

| Customer No. | Quoted To | Phone | Fax | Salesperson | Payment Terms |
|--------------|-----------|----------------|----------------|-------------------|---------------|
| BILLHUGH01 | Bill | (503) 458-6706 | (503) 458-6779 | Angela H. ext 360 | Net 30 |

| Bill To | Ship To |
|--|--|
| Bill Hughes Excavation 42824 Old Highway 30 Astoria OR 97103 | Bill Hughes Excavation 42824 Old Highway 30 Astoria OR 97103 |

| Quote Number | Date | Ship Date | Expire Date | Prepared By | Order No. |
|--------------|---------|-----------|-------------|-------------|-----------|
| QTE312867 | 5/12/00 | | 6/10/00 | NATE GRAY | 43024 |

| Qty | Item | Description/Comments | Price | Unit | Ext. Price |
|------------------------------|--------------|--|---------|------|------------|
| 1.00 | RR24184L+12 | Pvc Access Riser, 24" Dia. With L and G125 | 51.780 | each | 51.78 |
| VERIFY RISER HEIGHT | | | | | |
| 1.00 | FL24-4B | Fiberglass Lid 24", 4 Bolt | 41.800 | each | 41.80 |
| 1.00 | PRTA24 | ABS Riser Tank Adapter 24" Dia | 16.150 | each | 16.15 |
| 1.00 | PRTA24BDRIT | Bolt Down Kit, PRTA24 | 7.690 | each | 7.89 |
| 1.00 | MA326 | 200 G Epoxy Kit | 10.930 | each | 10.93 |
| 1.00 | SBS | Pvc Splice Box W/S Cord Clips | 36.100 | each | 36.10 |
| 1.00 | X4S1254-1819 | Simplex Hsotube Pump Vault | 232.750 | each | 232.75 |
| 1.00 | P300511 | OSI Effluent Pump; 1/2Hp, 115V, 60Hz, 10' Lead | 383.800 | each | 383.80 |
| PAWARRANTY | | | | | |
| 1.00 | PAWARRANTY | Pump Warranty, 5 year on OSI Pumps | 20.000 | each | 20.00 |
| 1.00 | HVI25BOX | Host & Valve Assembly, 1.25" | 59.850 | each | 59.85 |
| X4S1254-1819, P300511 | | | | | |
| 1.00 | MF3AT | Float Assembly, Y,B,R,W | 86.450 | each | 86.45 |
| X4S1254-1819, P300511 | | | | | |
| 1.00 | 61RO6TACT | Simplex Panel, 115V W/Ro, Etm, Cl | 352.450 | each | 352.45 |

| Comments | Subtotal | Tax | Shipping | Total |
|---|------------|--------|-------------------------|------------|
| Orange Systems, Inc. 814 Airway Ave Sutherlin, OR 97479 1.800.348.9843 Tel: 541.459.4449 Fax: 541.459.2884 | \$1,299.95 | \$0.00 | Prepay & Add or Collect | \$1,299.95 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Prices are based on OSI's April 15, 2000 price list. All sales are subject to OSI's terms and conditions.
 Please be sure that these are the materials you need and that our totals are correct. FOB Sutherlin, OR.
 Freight charges are Collect or Prepaid & Add. If freight charges are estimated, actual charges may vary.

OSI Fed Tax ID: 93-0761063
 D&B #: 03-116-6150

MAY 12 2000

NORTH COAST BRANCH OFFICE
WARRENTON



Orendo Systems
Incorporated

614 ALBANY AVENUE

SILVERDALE, OREGON

97475-9033

TEL: 503/651-1119

(503) 459-4419

FAX: 503/651-1119

(503) 459-2884

Requested for you by Antjein Halliwell
**Pump Seflection for Standard Non-Pressurized
Drainfield Disposal System**

2/10/00

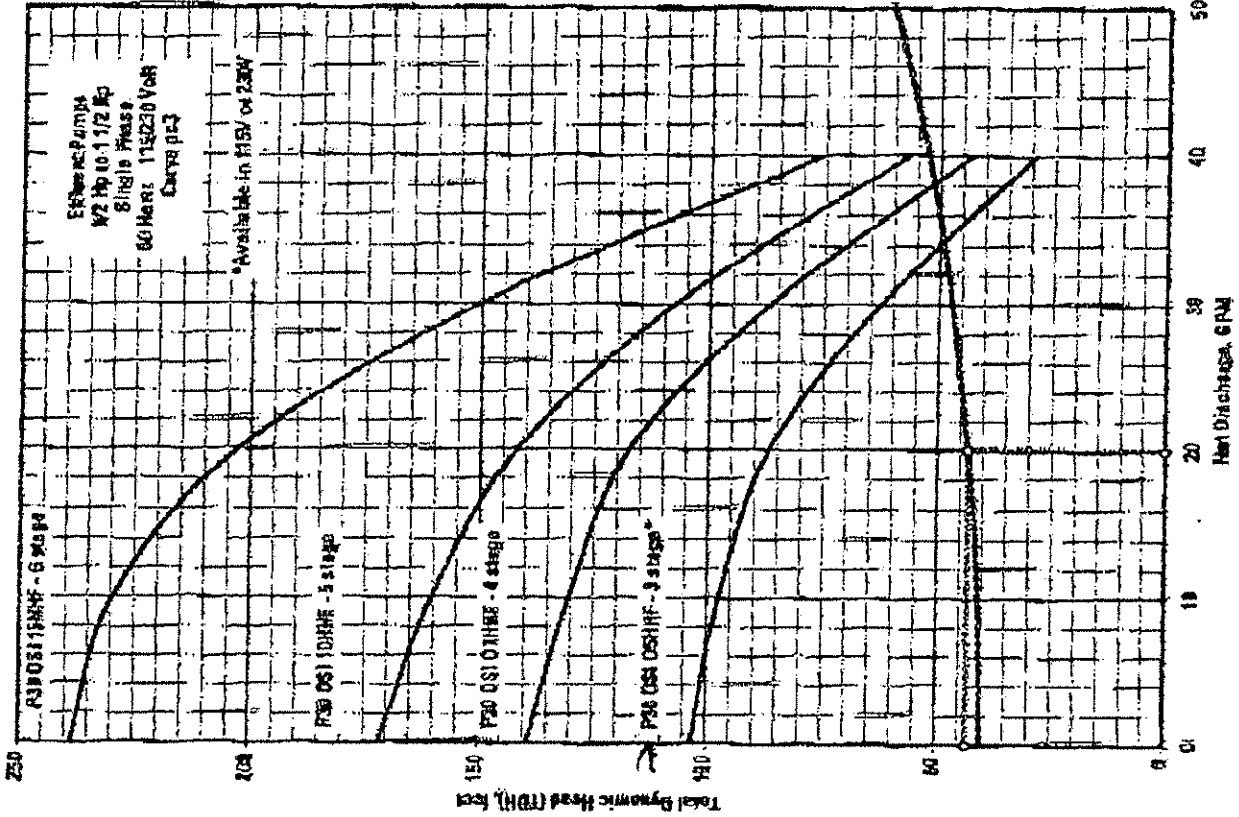
| | |
|------------------------------|-------------|
| Design Flow Rate | 29.9 |
| Distributing Valve Model & # | MDME |
| Line to Distribution Point | 40 |
| Discharge Assembly Size | 1.25 inches |
| Transport Pipe Size | 2.00 |
| Pipe Class/Schedule | 60 |
| Transport Length | 17.0 (ft) |
| Flow Meter | None |
| No. 'Add-on' Head Losses | 0 |

Microbial Infiltration Losses:

- Head Loss in Transport Pipe: 1.2 feet
- Head Loss through Discharge Assembly: 2.0 feet
- Head Loss through Distributing Valve: 4.0 feet
- Head Loss through Flow Meter: 0.8 feet

Size Pump for:
DESIGN FLOW RATE 20.0 gpm
TOTAL DYNAMIC HEAD 43.3 feet

Product Line Code



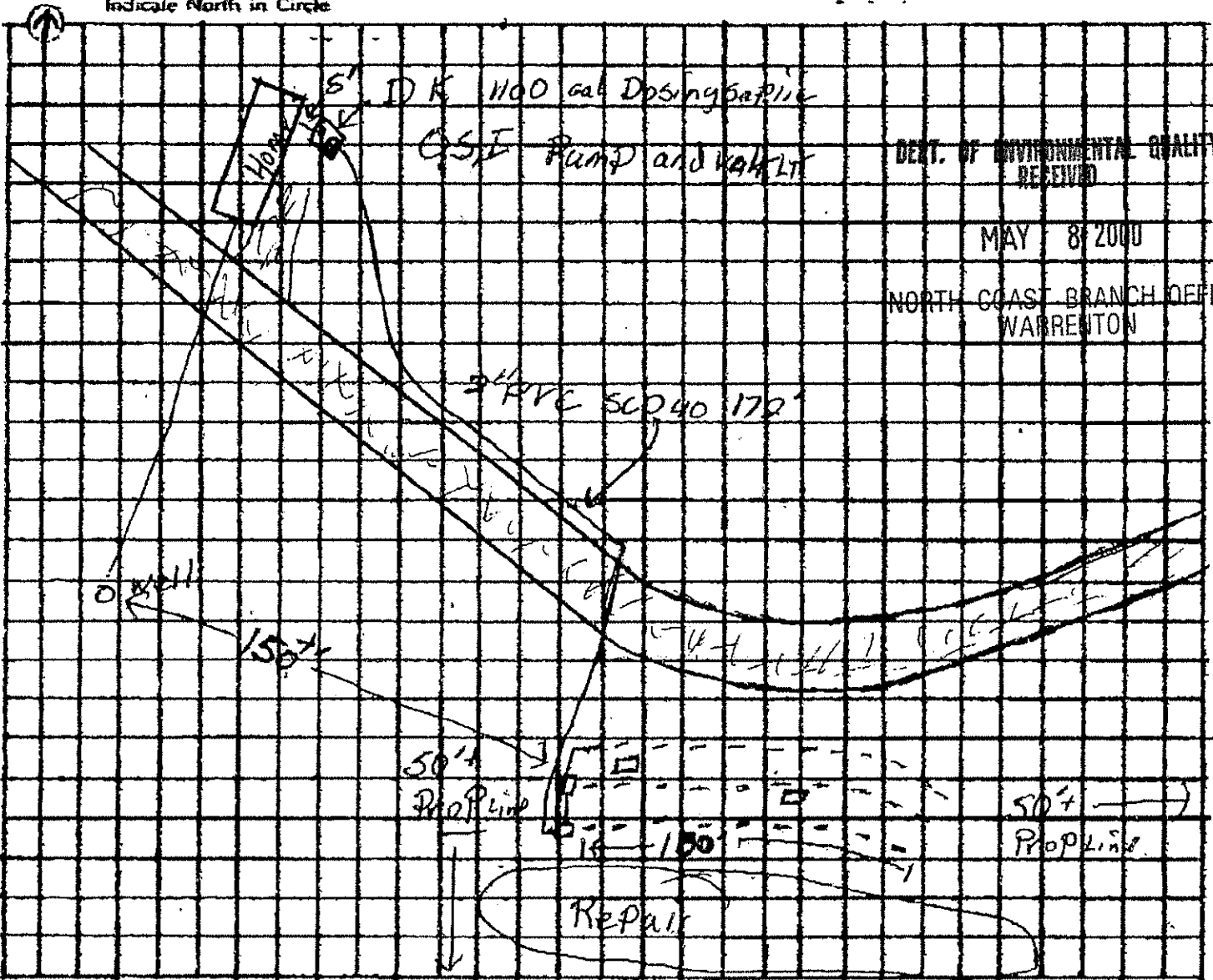
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

Property Owner NATE GRAF Date 5-6-2000

Location: T. 8N R. 9W Sec. 23A Tax Lot/Acct. No. 1300

Indicate North in Circle



DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED
 MAY 8 2000
 NORTH COAST BRANCH OFFICE
 WARRENTON

REMARKS: OSE Package DBK Tank and Drop Boxes 300' Infiltrators
THIS SYSTEM WILL BE INSTALLED WITH D.E.Q.
APPROVED MATERIALS AND RULES!

Bill Hughes

FOR DBO USE ONLY

Approved

Permit Number _____

Disapproved

By: _____

(AGENT/EMPLOYEE SIGNATURE)

(DATE)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM JUL 20 1999

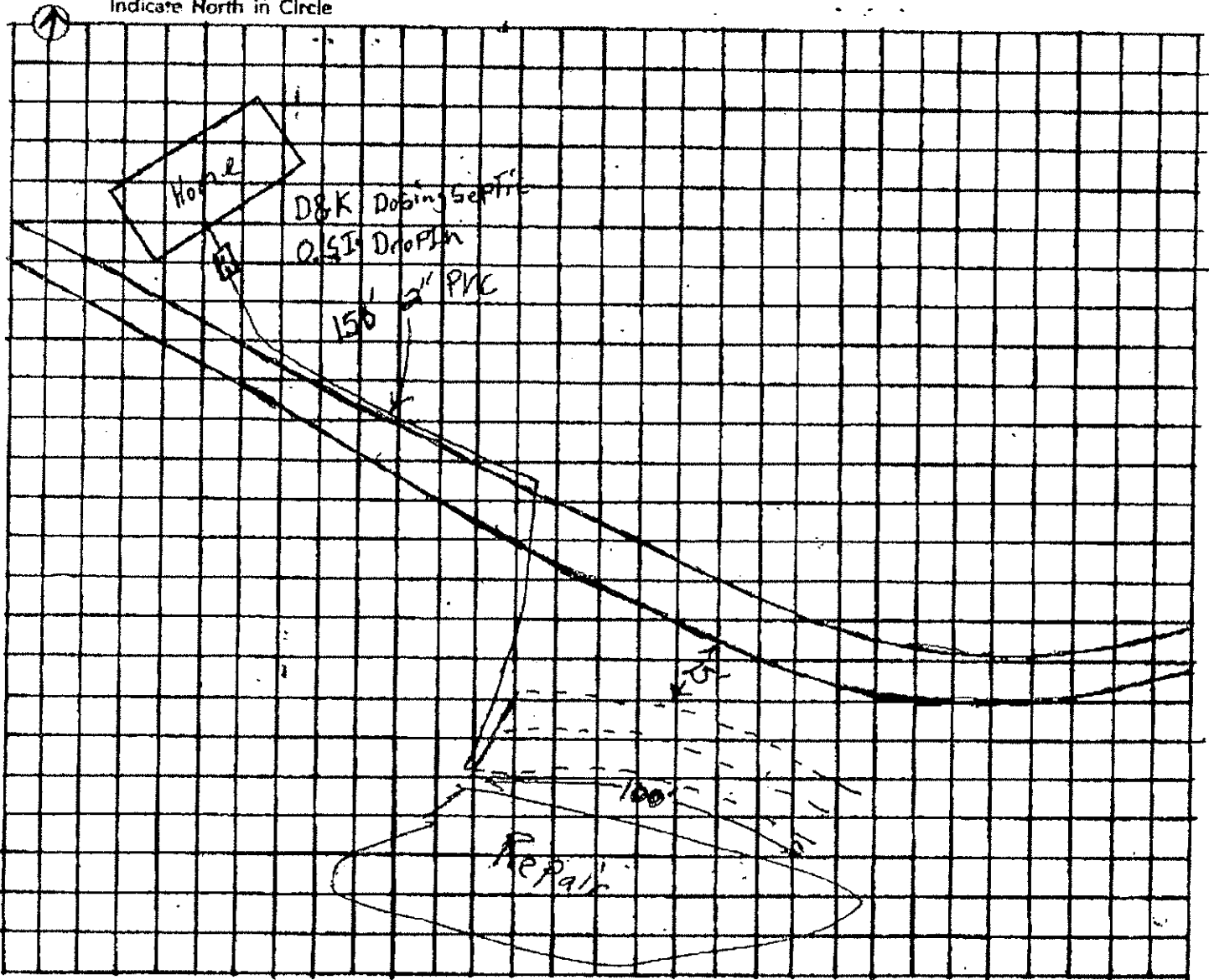
PLOT PLAN

NORTH COAST BRANCH OFFICE
WARRENTON

Property Owner Nate Graf Date 7-16-99

Location: T. 8N R. 9W Sec. 23A Tax Lot/Acct. No. 1300

Indicate North in Circle



REMARKS:

THIS SYSTEM WILL BE INSTALLED WITH D.E.Q.
APPROVED MATERIALS AND RULES!

Bill C. Hughes

FOR DEQ USE ONLY

Approved

Permit Number _____



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

July 7, 1999

Nate Graf
372 Highway 101
Astoria, OR 97103

Re: OSS: NWR: Clatsop County: Site Evaluation Report: Twn 8N, Rng 9W, Section 23A, Tax
Lot 1300: 16.77 Acres

Dear Mr. Graf:

In response to a June 2, 1999, site evaluation application received at our North Coast Branch Office (NCBO) in Warrenton, I visited the above-described property on June 18, 1999. The purpose for the site visit was to determine methods of on-site sewage disposal for which the property may be suited. This evaluation and report is based upon current Department of Environmental Quality (DEQ) regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Divisions 71 and 73.

During the site visit, two backhoe test pits were examined for sewage disposal. These mountainous soils were found to be well-drained. Indications of temporary water is expected 45 inches below the ground surface at test pit 1 and at test pit 2, conditions associated with indications were not observed to a depth of 50 inches below the ground surface. These soils have textures of silt loam and loam. The natural slope in the area of the test pits measured 14 percent with 25 percent slopes on higher ground. Given the large size of this property, property line locations were not able to be determined during my site visit. At my request, on June 22, 1999, Mr. Graf provided information to me showing distances to the property lines from the test pits and the location of the proposed home site.

Based upon the study, the site was found to comply with established criteria for a standard sewage disposal system. An effluent lift pump appears necessary due to the proposed home site location. **The complete system will consist of a 1000 gallon DEQ approved watertight septic tank and a 450 gallon DEQ approved dosing tank with gasketed risers (weighted or securely fastened) brought to natural ground surface. A 1500-gallon DEQ approved two-compartment septic tank/dosing tank is also acceptable. The disposal field will be sized at 100'/150 gpd for a total linear footage of 300 feet of disposal trench per system. The replacement system, when necessary in the future, will consist of the same type of system as the initial system. The minimum trench depth is 24 inches and the maximum depth 36 inches. The disposal field will be designed in serial distribution. A 10-foot setback from the disposal field area to any water lines, property lines, underground utilities, and building foundation lines are required. System construction should occur during dry soil conditions. Both absorption facilities must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, driveways, roads and roof drains.**

The system will 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 approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. If you expect your family's water use to exceed these flows, it is recommended the system be made larger. In order to prolong the life of the drainfield, the septic tank should be pumped-out every four or five years depending on usage and number of persons occupying the home. Use of a garbage disposal is discouraged. As always, water conservation measures should be practiced.

Please refer to the enclosed soil field worksheet for information about site observations and location of the disposal system (including the future repair/replacement disposal system).

Nate Graf
July 7, 1999
Page 2

A construction-installation permit is required to install the sewage system on the approved site. A permit will be issued after detailed plans, specifications, and required fees are received and approved by the *North Coast Branch Office* (NCBO) of the *Department of Environmental Quality*, 65 North Highway 101, Suite G, Warrenton OR 97146. The phone number is 503-861-3280.

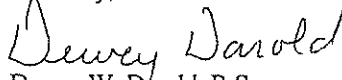
This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

When the construction phase begins, careful planning with building contractor, installer and homeowner is necessary to assure the sewage disposal system is properly sited and the approved area is not subjected to soil filling, cutting or modification during home construction. Only a DEQ state licensed installer or the owner of the property can install the septic system. The drainfield should be staked-out prior to permit issuance. No part of the sewage disposal system must be within any designated easement areas or public roads without approval by our Department.

If you have any questions or would like to discuss matters further, please contact me in Portland at 503-229-6313.

Sincerely,



Dewey W. Darold, R.S.
Natural Resource Specialist
Northwest Region, Water Quality

DWD:dwd

Encl: Soil Field Worksheet/Site Diagram

cc: DEQ/NCBO/WARRENTON

Bill Hughes Excavation
Rt. 6 Box 167E
Astoria, OR 97103

Erling Grimstad
1891 Yaquina Bay Road
Newport, OR 97365

SIT EVALUATION FIELD WORKSHEET

Tax Reference: 809-23A-1300

Evaluator: Dewey Darold

Applicant: Nate Graf

Date: 6-18-99

Parcel Size: 16.77 Acres

| | DEPTH | TEXTURE | SOIL MATRIX COLOR AND MOTTLING (NOTATION), % COARSE FRAGMENTS, ROOTS, STRUCTURE, LAYER LIMITING EFFECTIVE SOIL DEPTH, ETC. |
|-------|---------|---------|--|
| Pit 1 | 0"-6" | SIL | 7.5 YR 3/2, gran, many L roots |
| | 6"-45" | SIL | 10 YR 3/4 → 10 YR 4/4, mod. fine sbk |
| | 45"-55" | SIL | 10 YR 4/4 matrix w/ few 2.5 Y 6/2 + 7.5 YR 4/6 mottles, mod. fine sbk, roots to 48" |
| | 55"-84" | | Augered. At 72" depleted matrix. No H ₂ O encountered |
| Pit 2 | 0"-6" | SIL | Same as pit 1. |
| | 6"-35" | SIL | 10 YR 4/3, wk. sbk |
| | 35"-50" | SIL | 10 YR 5/6, wk. sbk → massive |
| | 50" | L | 10 YR 5/6, massive. V fri |
| Pit 3 | | | |
| | | | |
| | | | |
| Pit 4 | | | |
| | | | |
| | | | |

Landscape Notes: Mountainous terrain w/ dissected drainage to south

Slope: 14.25% Aspect: Variable Groundwater Type: Temporary

Other Site Notes: _____

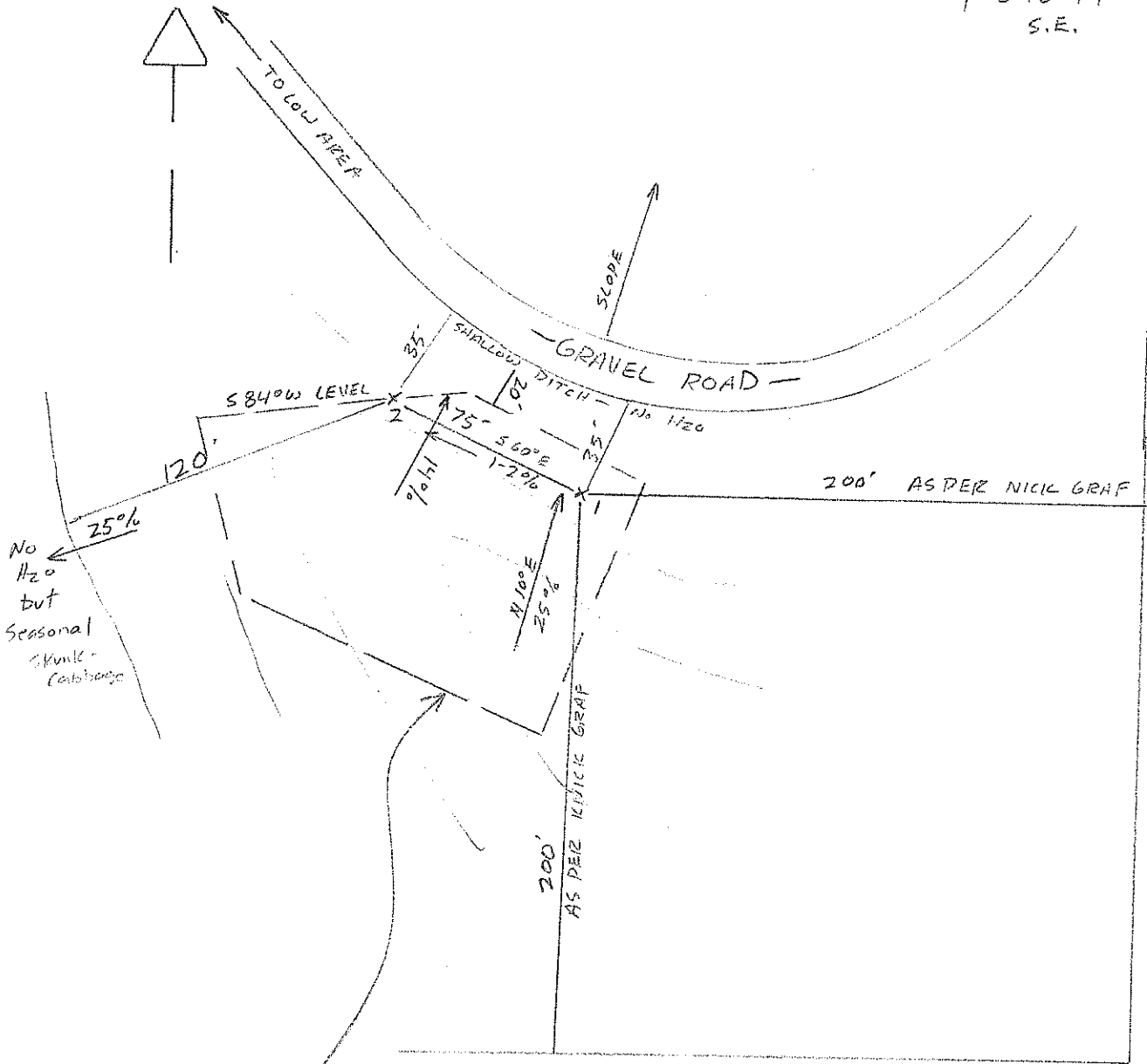
SYSTEM SPECIFICATIONS

Peak Daily Flow: 450 gpd Average Daily Flow: 225 gpd

- Initial System: Std. w/ effluent lift pump Disposal Facility: 100'/150 gpd (linear feet/square feet) Max. Depth: 36 inches
- Replacement System: same Disposal Facility: same (linear feet/square feet) Max. Depth: 36 inches

Special Conditions: 50 foot setback from any seasonal surface waters to both drainfields.

Dewey David
6-18-99
S.E.



Approved Sewage
Disposal Area
Trenches Contoured

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 7-20-99
Date Completed 5-15-00
Required Fee \$515.00
Receipt No. 89332
Control No. 61472

FOR APPLICANT'S USE - (PLEASE PRINT)

Earling Grimstad
(Property Owner's Name)
Nicholas P Graf and Kate Graf
(Applicant's Name if Different from Owner)
16.77
Lot Size (Acreage or Dimensions)
Legal Description of Property 8N 9W 23A 1300 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

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

Existing Facility

Single Family Residence _____
(Number of Bedrooms)
 Other _____
(Specify)

APPLICATION FOR:

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

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

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

Nicholas P Graf
(Signature)

7-20-99
(Date)

Authorized Representative
 Licensed Installer
License No. _____

Owner's Mailing Address

372 ALT. HWY 101

ASTORIA OR 97103

Phone 325-6831

Applicant's Mailing Address (if different)

Nicholas P Graf

372 Hwy 101

Astoria Or

Phone 503-325-6831 IW\WC8\WC8690 (7-19-91)

DEQ FAX 861-3259

**LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS**

#00-265

| | | | | |
|--|----------------------|--|-----------------------|--|
| APPLICANT'S NAME <i>Nicholas P Graf</i> | | MAILING ADDRESS <i>372 Hwy 101 Astoria Or 97103</i> | | PHONE <i>503-325-6851 CWK 558-6801 Home</i> |
| PROPERTY LOCATION | TOWNSHIP <i>8</i> | RANGE <i>9</i> | SECTION <i>23A</i> | TAX LOT OR ACCT. NO. <i>1300</i> |
| | SUBDIVISION/PROJECT | LOT | BLOCK | COUNTY <i>Clatsop</i> |

 PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.

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

PROPERTY'S ZONING DESIGNATION

AF

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

 COMPATIBLE WITH THE LCDC ACKNOWLEDGED
COMPREHENSIVE PLAN

OR

 CONSISTENT WITH THE STATEWIDE PLANNING GOALS

 NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED
COMPREHENSIVE PLAN

 NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS
REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY*R40 00-3-10**Approved use through Conditional use permit*

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

Ron Jine

TITLE

SR Planner

DATE

4-2-00
 CITY/COUNTY CONCURRENT IF INSIDE URBAN GROWTH BOUNDARY

DEPT. OF ENVIRONMENTAL QUALITY

SIGNED

TITLE

DATE RECEIVED

APR 3 2000

 NORTH COAST BRANCH OFFICE
WARRENTON

PROPERTY OF THE CLATSOP COUNTY ASSESSORS OFFICE

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

CLATSOP COUNTY

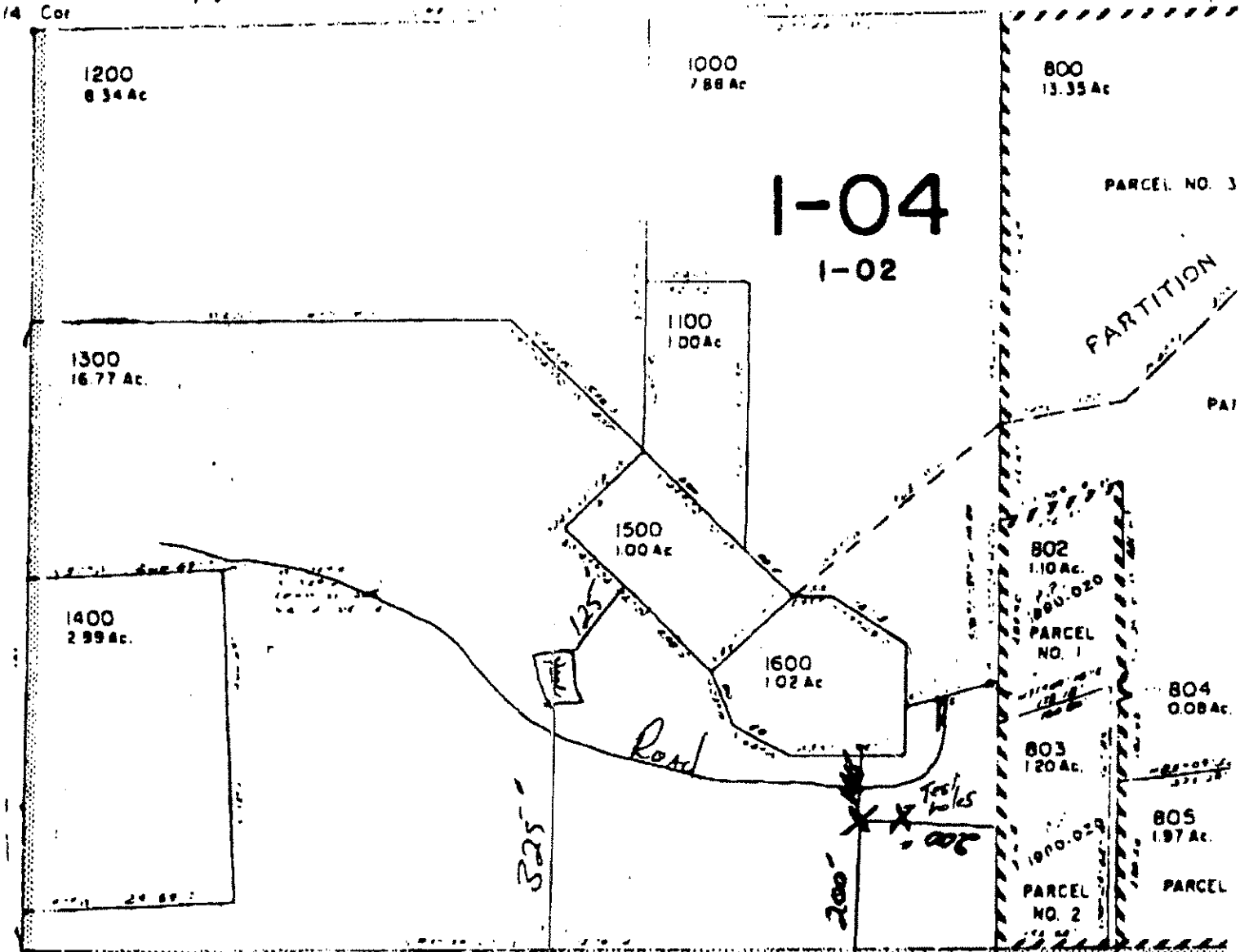
1" = 200'

JUN 22 1999

NORTH COAST BRANCH OFFICE WARRENTON

SEE MAP 8 9 14

Atten Dewy Parcel



Nick Graf
325-3317 Fax
325-6831 Shop
838-6801 Home

KEY TITLE COMPANY
THIS COPY OF ASSESSOR'S MAP IS
NOT A WARRANTY TO ACCEPT WHO
EVERYTHING IS SHOWN ON THIS
MAP IS SUBJECT TO THE
RECORDS OF THE COUNTY AND
THE ASSESSOR'S OFFICE.

*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

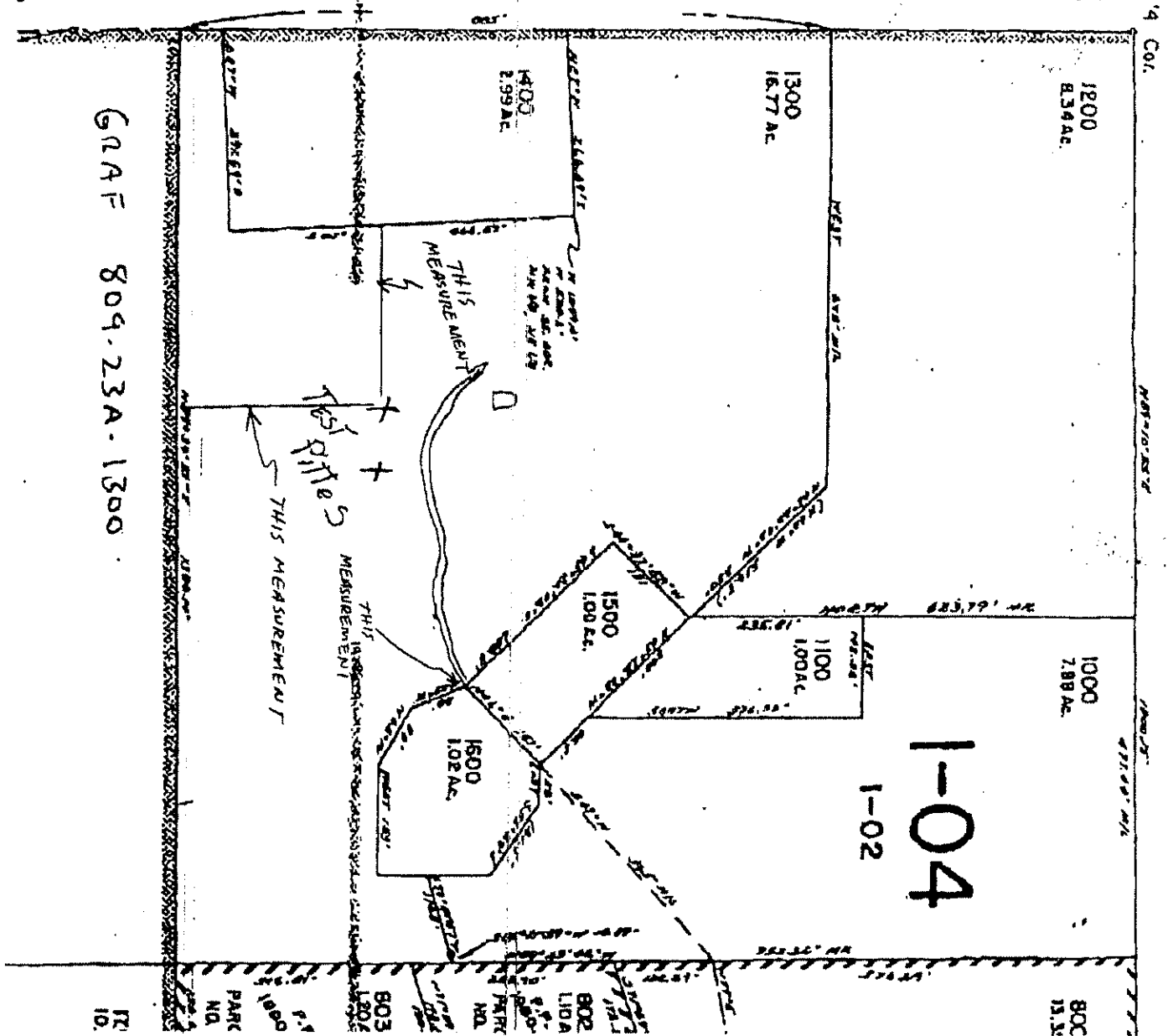
TX/RX NO. 5179
CONNECTION TEL 915033253317
CONNECTION ID
START TIME 06/22 11:26
USAGE TIME 00'00
PAGES 0
RESULT NG 0 #018

06/07/1999 07:10 00000000
JUN 04 1999 16:18

DEB WARRINGTON

BILL HUGHES

15038613259 P.01/01



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 6-2-99
 Date Completed 7-7-99
 Required Fee \$365.00
 Receipt No. 87771
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

Nate Graf (Property Owner's Name) 16.77' Lot Size (Acreage or Dimensions)
Nicholas P Graf (Applicant's Name if Different from Owner)
 Legal Description of Property 8 (Township) 17E14 (Range) SEC 23A (Section) 1300 (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)
 Other _____ (Specify)

Water Supply

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

Existing Facility

Single Family Residence _____ (Number of Bedrooms)
 Other _____ (Specify)

APPLICATION FOR:

- | | |
|--|---|
| <input checked="" 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 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 type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedroom |
| <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.

Nicholas P Graf
 (Signature)

6-2-99
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

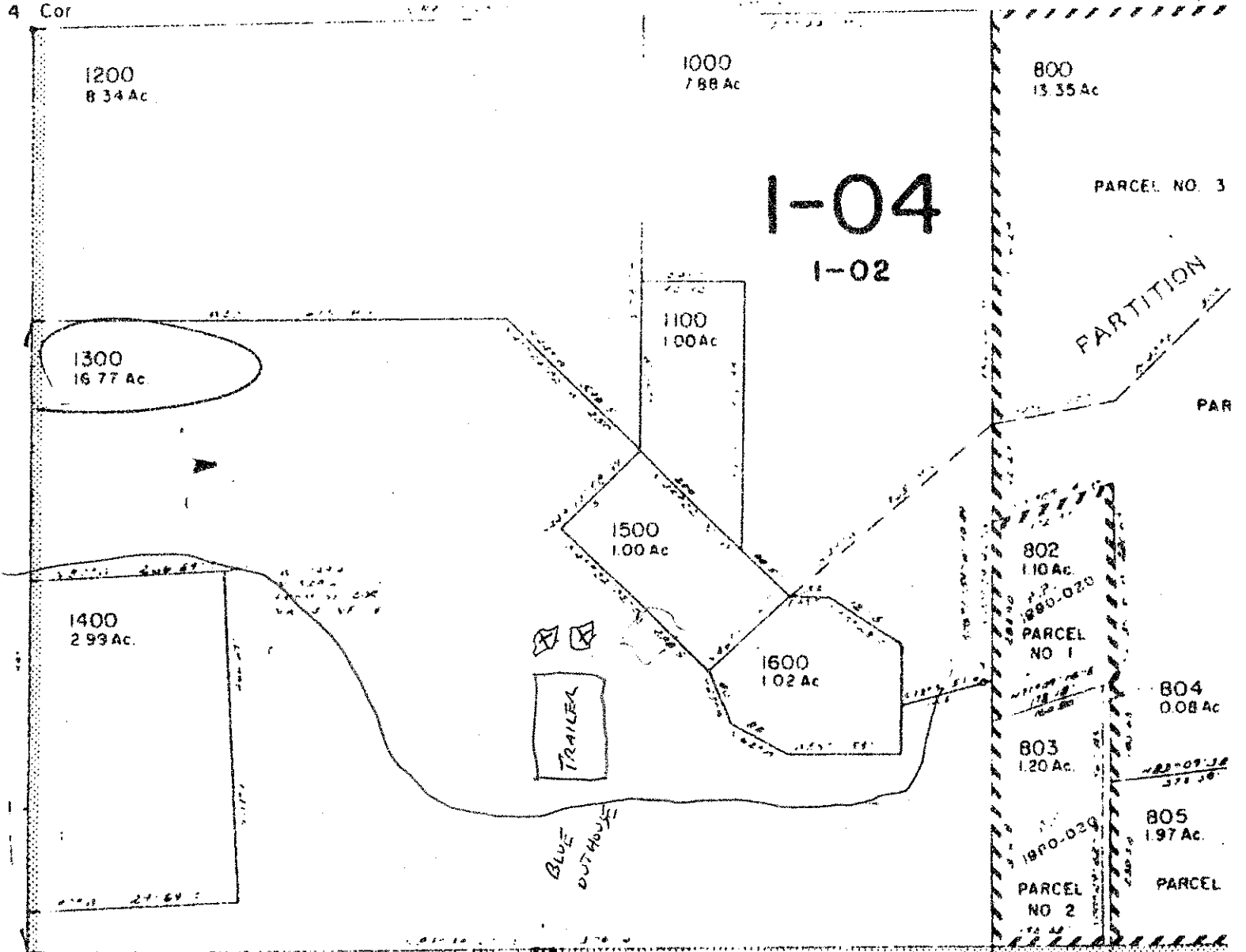
Owner's Mailing Address
372 Hwy 101
Astoria OR 97103

Applicant's Mailing Address (if different)

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

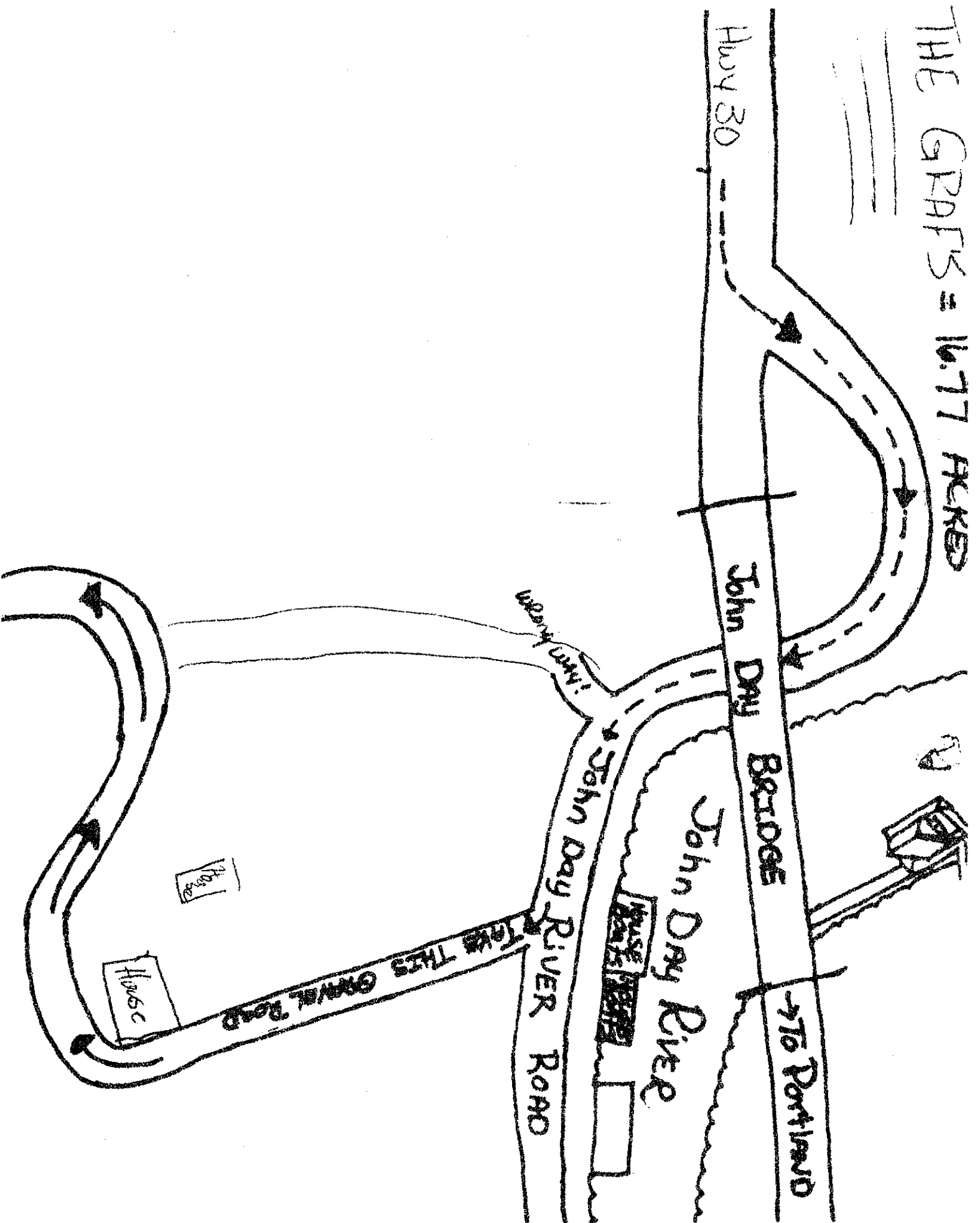
N.E. 1/4 SEC. 23, 18N, R9E
CLATSOP COUNTY
1" = 200'

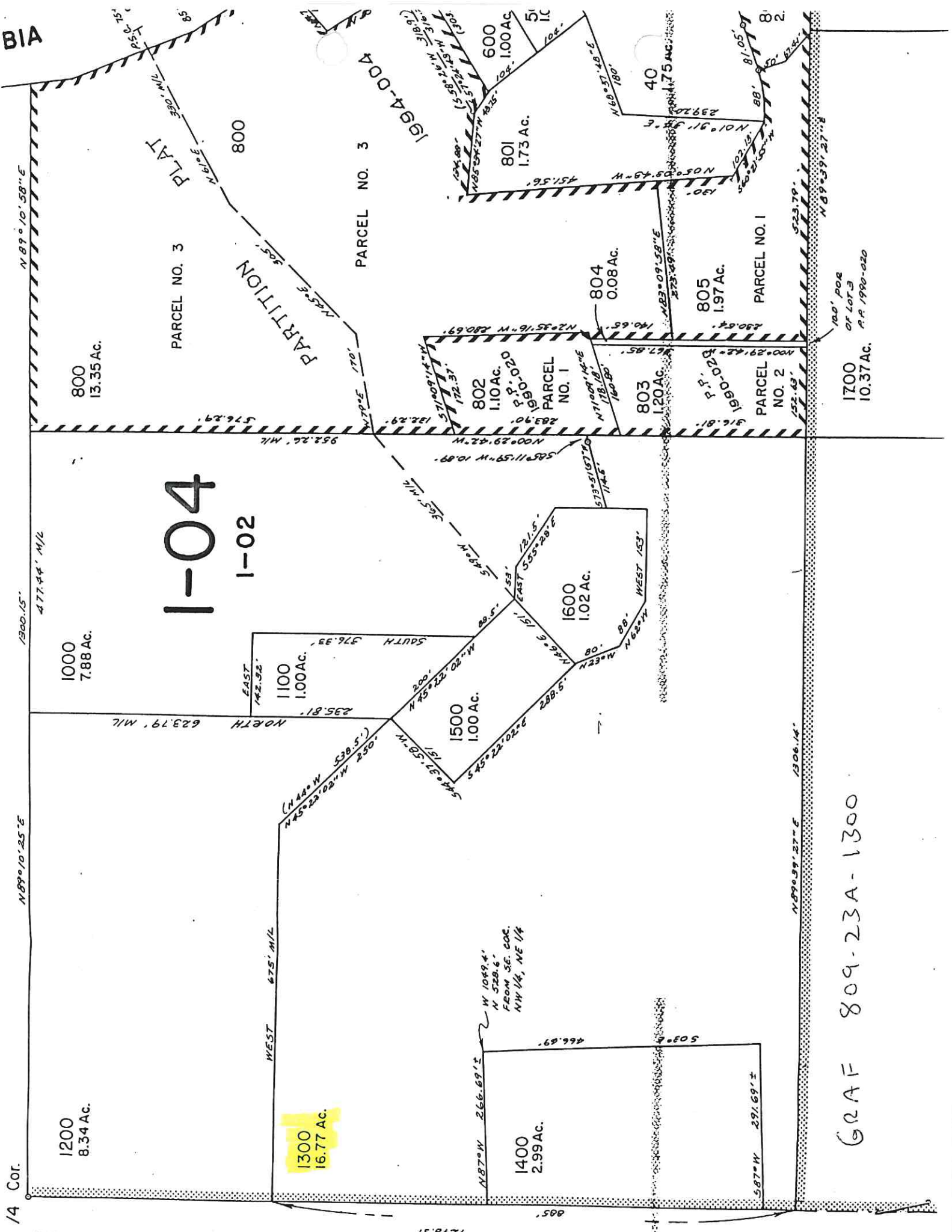
SEE MAP 8 9 14



KEY TITLE COMPANY
THIS COPY OF ASSESSOR'S MAP IS
BEING MADE ONLY TO ASSIST IN LO
CATION PURPOSES. IT DOES NOT
WARRANT ANY GUARANTEE OF ACCURACY
AND IS NOT TO BE USED AS A
LEGAL INSTRUMENT.

THE GRAFFS = 16.77 ACKED





BIA

1/4 Cor.

I-04

I-02

PARCEL NO. 3

PARCEL NO. 1

PARCEL NO. 2

GRAF 809-23A-1300

1700
10.37 AC.
100' POB
OF LOT 3
P.P. 1990-020

800
13.35 AC.

1000
7.88 AC.

1100
1.00 AC.

1200
8.34 AC.

1300
16.77 AC.

1400
2.99 AC.

1500
1.00 AC.

1600
1.02 AC.

W 1049.4'
N 528.6'
FROM SE. COR.
NW 1/4, NE 1/4

N 87° W 266.69' ±

466.89'

503.00'

S 87° W 291.69' ±

N 89° 39' 27" E 2306.14'

S 23° 79' 52" E 523.79'

N 89° 39' 27" E

PLAT

PARTITION

1994-004

N 89° 10' 58" E

477.44' M/2

1300.15'

N 89° 10' 25" E

NORTH 623.79' M/2

EAST 142.92'

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