

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS408884 as follows:

PROPERTY INFORMATION

Property Owner: **Conrad Timmerman** Township 08N, Range 09W, Section 24 A
Property Location: **Astoria** Tax Lot 900
Facility Type: **Single Family Dwelling** Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

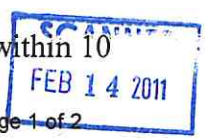
System type: Standard

Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1000 gals**
Minimum Dosing Tank Size: **500 gals**
Total Trench Length: **300 Linear feet**
Trench Spacing: **8 feet***
Maximum Trench Depth: **30 inches**
Minimum Trench Depth: **24 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 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.
- 3 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 the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.



Installer Name: V B Construction, Inc.: dba Vinson Brothers

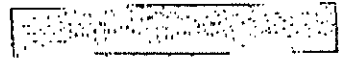
To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

<u>Don Jossie</u> <i>vs</i>	Onsite Wastewater Specialist	2/1/2011
Authorized Agent:	Title	Date CSC Issued
Don Jossie		

Department of Environmental Quality
Northwest Region - Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280 X225
Fax: (503) 861-3259



For Official Use Only/Date Received:



Final Inspection Request and Notice - Onsite ID: 408884

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 this 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.

SECTION 1: Owner/Permittee Information:

Name: Conrad Timmerman
 Property Astoria
 Address:

Township 08N, Range 09W, Section 24 A
 Clatsop County TaxLot#: Tax Lot 900

SECTION 2: System Component Specifications:

System Type: Standard				Water Tight verification*	
A. Tanks/Pumps	Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: D+K	Date: 10-25-10
	Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
	Pump(s)	HP: 1/2	Model/Manuf: PE3005H	Float(s) Type(1): 3	Model/Manuf:
				Float(s) Type(2):	Model/Manuf: Densco ME3A-YGW-33W

B. Piping	Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
	Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 1 1/2"	ASTM#/Other: Sch 40	Length: 190'

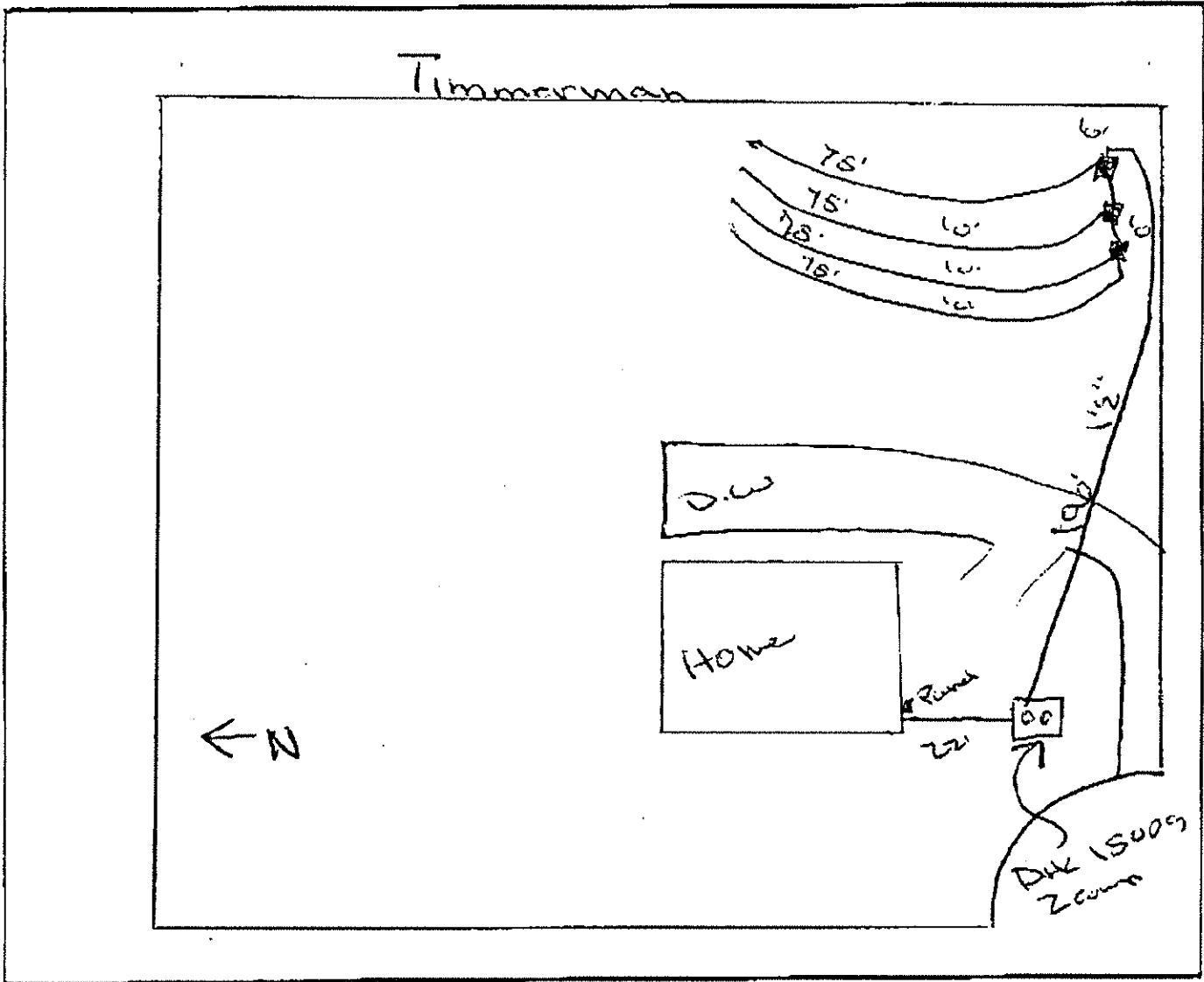
C. Secondary Treatment Unit:						
Sand Filter**	Yes	No	Type:	Container Dimensions:		
Underdrain pipe	Diameter:		ASTM#/Other:		Length:	
Manifold piping	Diameter:		ASTM#/Other:		Length:	
Internal Pump	HP:		Model/Manufacturer:			
Floats(1)	Type:		Model/Manufacturer:			
Floats(2)	Type:		Model/Manufacturer: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

D. Drainfield Media						
Type	(Gravel, Pipe or alternative?) Bedditizer					
Distribution Box	Yes	No				
Drop Box	Yes <input checked="" type="checkbox"/>	No				
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3031	Length: 30	
Comment						

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0026(3)
 **Attach sleeve analysis for Underdrain Media and Filter Sand

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.



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 BOB

Licensed Installer: Yes No License#: 360245 Certification#: RE 246

Owner/ Certified Installer: Signature: [Signature] Date: 2-1-11 Phone#: 503-758-6564

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____

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: NOT ASSIGNED YET City: ASTORIA, OR
Owner: Zach Timmerman Phone: 503-791-7041
Owner's Address: ~~1067 Astoria Rd~~ 2870 Log Branch Way, Astoria, OR 97103
Agent: _____
Proposed Development/Construction: NEW HOME

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

Legal Description: T 8 R 9 SEC 24A Tax lot(s) 900
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: Vicky Schell Date: 5/17/2010
Remarks: OB 408884

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

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location (s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY LAND USE PLANNING DEPARTMENT (to be filled out and signed by Land Use 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 Land Use Planning, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

INSPECTION REQUIREMENTS

- ¹ 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.
- ² A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

For pre-cover inspection information, contact your agent below:

	Onsite Wastewater Specialist	3/9/2010	3/9/2011
Authorized Agent:	Title	Date Issued	Expiration Date

Don Jossie

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280 X225
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



State of Oregon
Department of
Environmental
Quality

Application for On-site Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp:

FEB 24 2010

For DEQ Use Only:

Date Received 2/24/2010
Fee Paid 879.00
Receipt Number 141827
Application Number 410056
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____
Data Entry _____

410056

A. Property Owner Information

Name: Zach Timmerman Mailing Address (Street or PO Box, City, State, Zip Code): 92717 Fernhill Rd Astoria, OR 97103 Phone Number: 503-791-7041

B. Legal Property Description

Township: 8 Range: 09 Section: 24d Tax Lot: 000900 Tax Account Number: _____ Acreage or Lot Size: _____
County: Clatsop Subdivision Name: _____ Lot: _____ Block: _____

Property Address: NO address assigned currently / Please call me on day of inspection
Address: _____ City: Astoria 4-5 miles State: _____ Zip Code: _____

Directions to Property: Go East on HWY 30 From ~~Astoria~~ until Fernhill Area & then follow attached map & call Zach # 503-791-7041

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence Other _____
Proposed Facility: Single Family Residence Other _____
Water Supply: Public Fernhill Water Dist. Name: _____
 Private _____ Well, Spring, Shared

D. Type of Application

Site Evaluation Renewal Permit Authorization Notice for:
 Construction Permit Existing System Evaluation Connecting to an Existing System Not in Use
 Repair Permit Permit Transfer Replacing a Mobile Home or House with Another Mobile Home or House
 Major Minor Permit Reinstatement The Addition of One or More Bedrooms
 Alteration Permit Major Minor Personal Hardship
 Temporary Housing
 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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: Zach Timmerman Date: 2/23/2010
Applicant's Name - Please Print Legibly: Zach Timmerman Applicant's Phone Number: 503-791-7041 Applicant's E-mail Address: zdf84@yahoo.com
Applicant's Mailing Address: 92717 Fernhill Rd Astoria, OR 97103

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson Bros. Construction
Installer's Name

Handwritten notes:
Zach
3/25
0103



Department of Environmental Quality
 North Coast Office
 65 N. Highway 101, Suite G
 Warrenton, OR 97146
 Telephone: (503) 861-3280 Fax: (503) 861-3259

NOTICE AUTHORIZING REPRESENTATIVE

I, Conrad Timmerman, have authorized
 (Property Owner/Print Name)
Zach Timmerman to act as my agent in performing
 (Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:

Property Situs or Road Address _____
 And described in the records of Clatsop County as:
 Township 8 Range 09 Section 24A Map ID _____ Tax Lot #(s) 000900
 Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Conrad Timmerman
 Signature: [Signature] Date: 02/23/2010
 Address: 92717 Fernhill Rd Phone: 503-325-8436
 City, State, Zip: Astoria, OR 97103 Fax: 503-325-0105
 E-mail Address: conrad@fernhillhollyfarms.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Zach Timmerman
 Signature: [Signature] Date: 2/23/10
 Address: 92717 Fernhill Rd, Astoria, OR Phone: 503-791-7041
 City, State, Zip: Astoria, OR 97103 Fax: _____
 E-mail Address: zdt.84@yahoo.com



SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: Zach Timmerman

Mailing Address: 92717 Fernhill Rd

City, State Zip Code: Astoria, OR 97103

Telephone: 503-791-7041

2. Property Information:

County: Clatsop Tax Lot No.: 000900

Township: 8 Range: 09 Section: 24A

Physical Address: _____

Block: _____ Lot: _____

Subdivision Name (if applicable): _____

3. This proposed facility is for:

An individual, single-family dwelling

Describe the type of development, business, or facility and the provided services or products: _____

4. Permit or approval being requested:

Construction-Installation permit for: New Construction Repair Alteration

Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds)

Authorization Notice for: Replacement of dwelling Bedroom addition

Print Form

Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RA-1 Zoning Minimum Parcel Size: 2 ACRES

6. The facility is located: inside city limits inside UGB outside UGB

If inside UGB, the proposed facility is subject to:

City jurisdiction County jurisdiction Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: Yes No

If you answered "Yes" above, was this compliance based on:

Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: _____

Section 3.184 SS 1

8. Planning Official Signature: [Signature]

Print Name: Michael Weston Date: Feb 23, 2010

Title: County Planner Telephone: 503-325-8611

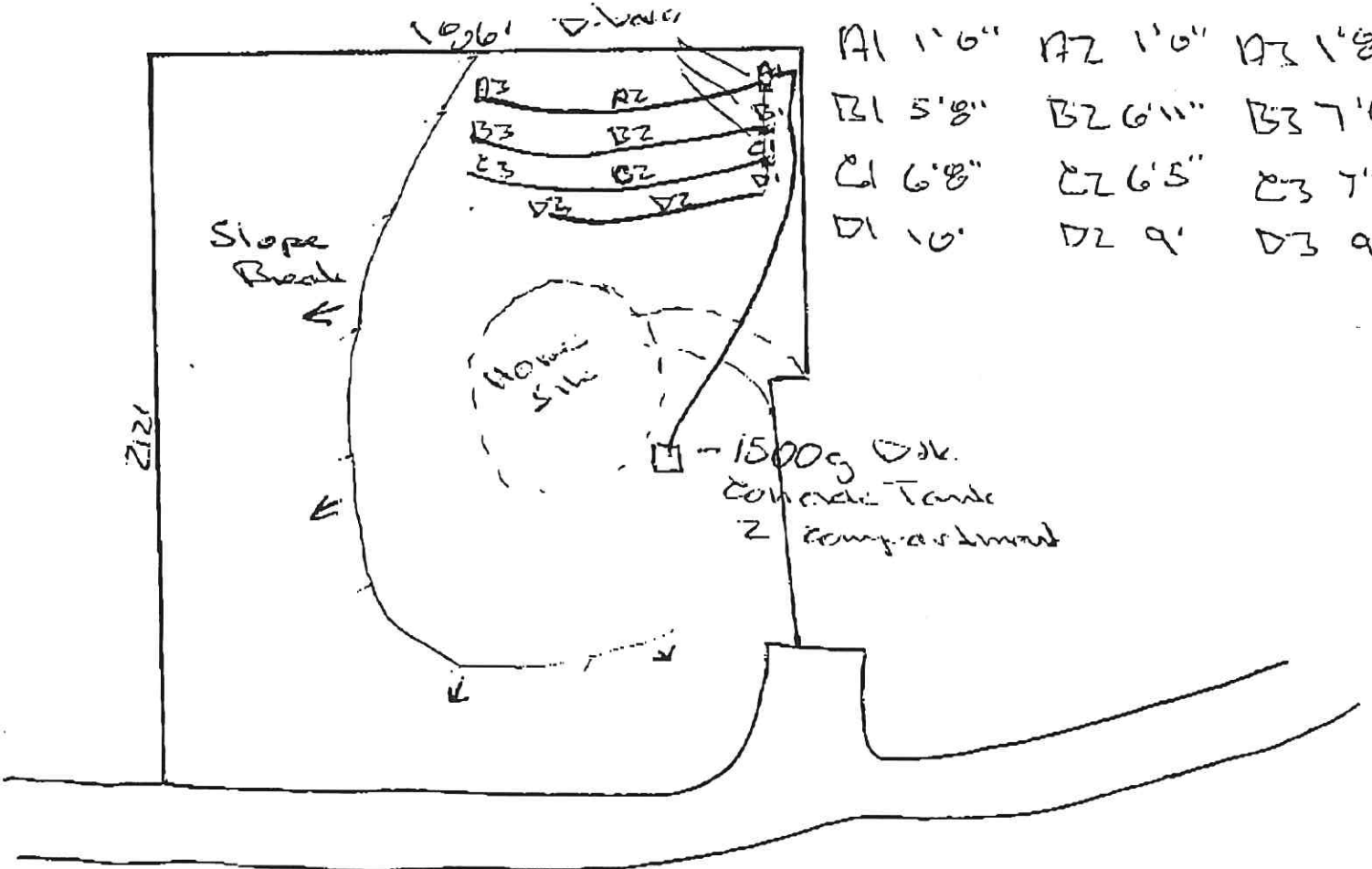
New Home Zack Timmerman 8N 9W Sec 24 T. 22S R. 2E
 Vinson Bros. Inc. D.E.Q. # 36845

DEPT OF ENVIRONMENTAL QUALITY

FEB 24 2010

NORTH COAST

300' 30" max



PLAN APPROVED
 BY D.E.Q.

Date: 3-9-10 Signed: [Signature]



Materials List Zack Timmerman

8N 9W Sec. 24 T.L. 2202

VINSON Bros. Inc. D.E.Q # 36845

1500 G. D&K 2 compartment Pump tank

Drewco riser & lids

Drewco Pump Package 1/2 h.p.

150' 1 1/4" Transport Pipe

3 D&K drop boxes

300' of bodiliners

50' 4" 3034 Saver Pipe



Receipt Number: 141827

Oregon Department of Environmental Quality
Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 2/24/2010

Received From **Chelsey Timmerman**
(Check Name): **2497 Windsor Manor Ct.**
South Jordan, UT 84095

For **T08N R09W S24 A**
Property **TaxLot 900**
At: **Clatsop County**
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
879.00	Check	1546	31-297	879.00

Total Amount Applied \$879.00

Onsite Fees	
Base Fee:	819.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$879.00
Payments	
Previous Payments:	0.00
Current Payment:	879.00
Over Payment:	0.00
Total Payments:	\$879.00

Application Description
Application ID: 410056
Application Type: Construction-Installation Permit
Single Family Dwelling
System Type: Standard
Pump Evaluation: No
Flow: 450 gallons/day

Receipt Amount: \$879.00

Received By:

Date of Entry:

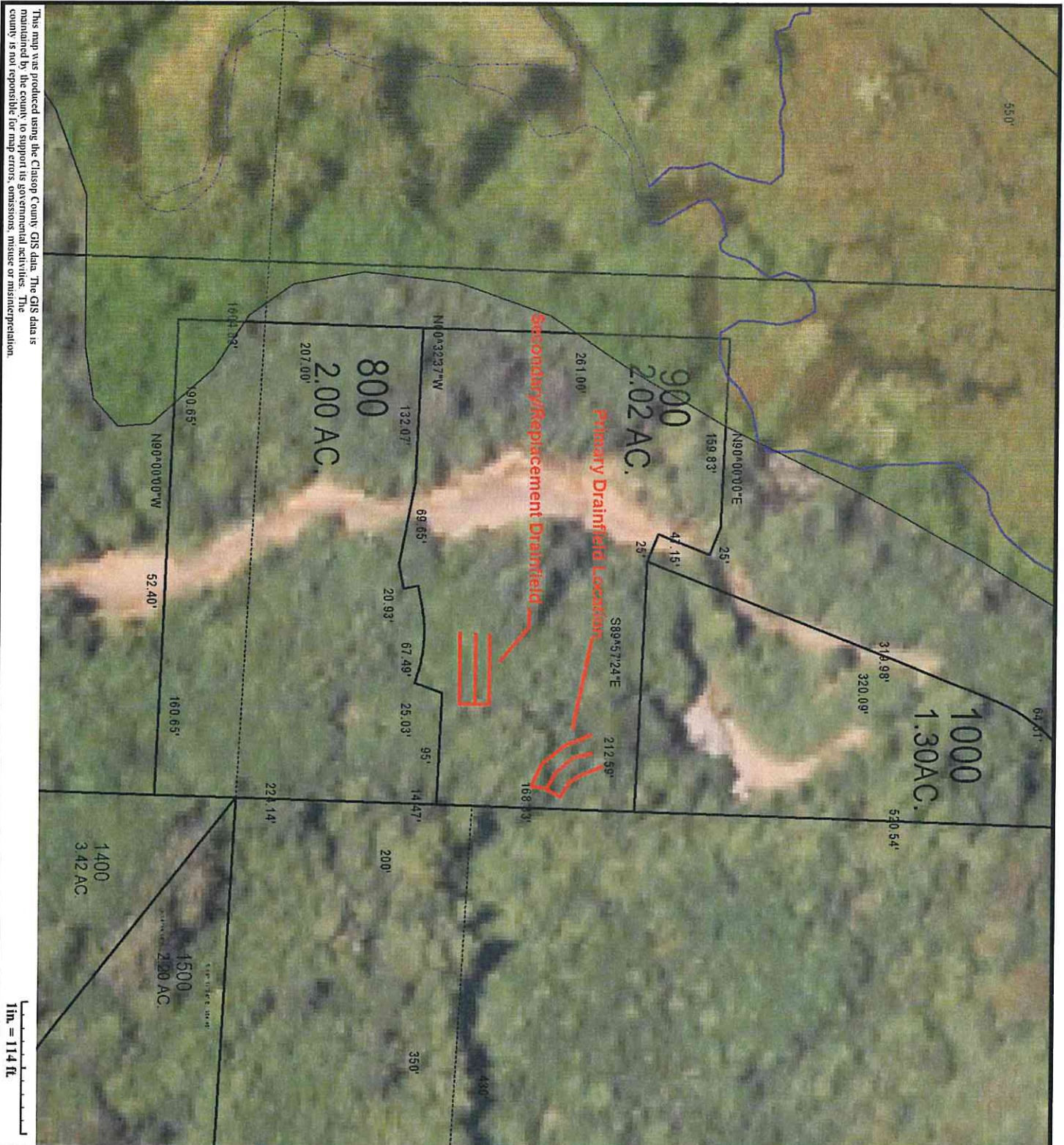
Vicky Schiele

2/24/2010

Clatsop County Map

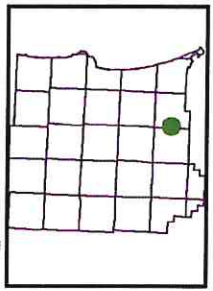
- FEMA Prelim
- A
- X
- GHO DOGAMI 74179
- PLS
- PLS
- PLS Townships
- Roads
- Tax Lot Arrows
- Tax Map
- Water Body
- Creek
- Supplemental Boundary
- Tax Map Boundaries

DEPT OF ENVIRONMENT & FORESTRY
 FEB 2010
 NORTH OREGON
 WASHINGTON



This map was produced using the Clatsop County GIS data. The GIS data is maintained by the county to support its governmental activities. The county is not responsible for map errors, omissions, misuse or misinterpretation.

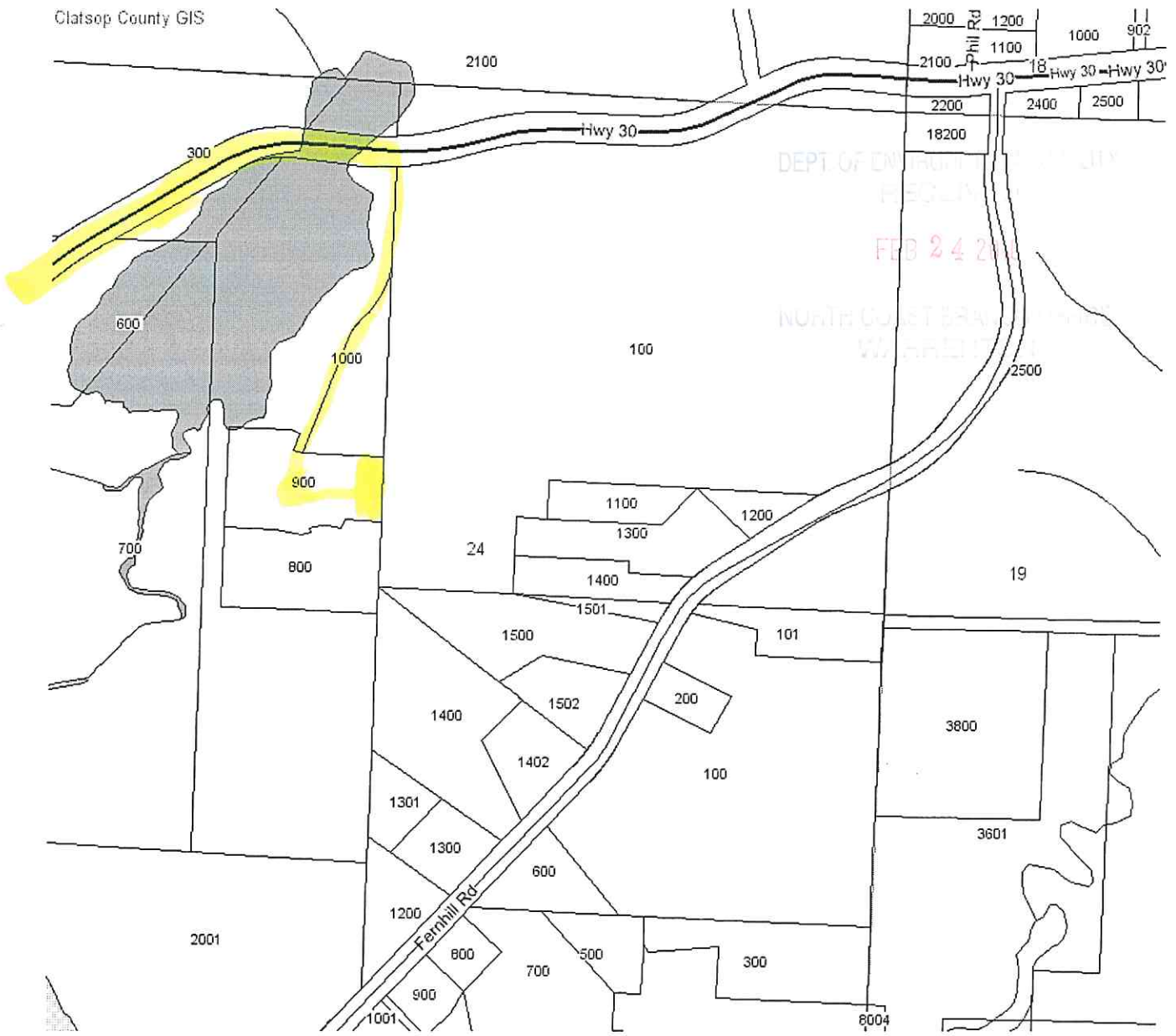
1 in. = 114 ft.



2/23/2010



Clatsop County GIS





809-24-2202
1 ACRE
410050

Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch, 857 Commercial, Astoria, Oregon 97103 (503) 325-7441 X35

April 10, 1981

Fern Hill Holly Gardens
Route 2, Box 138
Astoria, Oregon 97103

RE: SS - 809-24-2202 (1 Acre)
Clatsop County

Dear Mr. Allen,

On 3-27-81, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I have determined that the conditions on the site are in compliance with the Oregon Administrative Rules pertaining to standards for subsurface and alternative sewage and nonwater-carried waste disposal. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

Gerald R. Campbell
Waste Management Specialist - DEQ

RESTRICTIONS:

- 1) Provide an absorption area of 600 square feet with a minimum septic tank capacity of 1000 gallons for the proposed 1-3 bedroom house.
- 2) Place the drainfield in the approved area.
- 3) Maximum trench depth is NOT to exceed 30".
- 4) Available drainfield area is limited to a MAXIMUM of THREE (3) BEDROOMS.
- 5) A 450 gallon sump and approved pump will be required if the house site is lower than the upper drainfield line.
- 6) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 7) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application and plot plan form enclosed).
- 8) The plot plan must indicate the difference in elevation of the house site and upper drainfield line.
- 9) This approval void if in conflict with any local planning or building regulations.

GRC/pkm

Enclosures

9/80

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

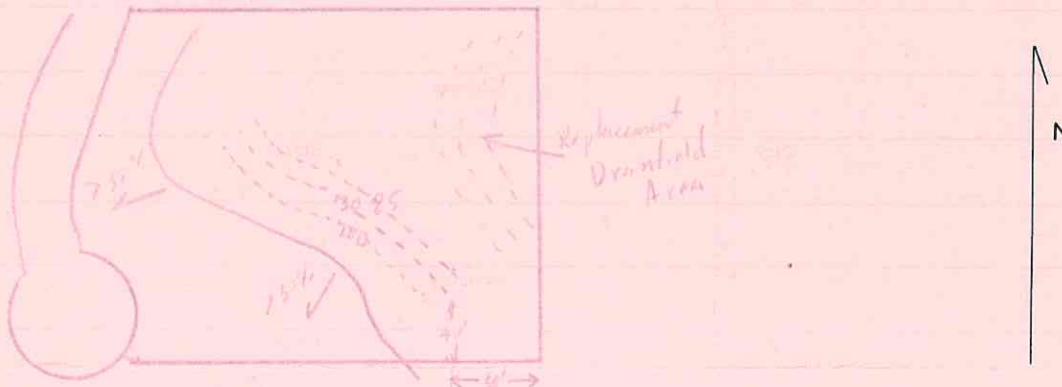
This is to certify that the following described property

809-24-2202 (1 Acre) CLATSOP COUNTY OREGON

has been evaluated on March 27, 1981 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Department of Environmental Quality or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: April 10, 1981
Date

To: William John Allen
Landowner

Route 2, Box 138-A
Address

Astoria, Oregon 97103
City State Zip

By David A. Campbell
DEQ or Contract Agent

Date Rec'd 3-7-81 Amt. Rec'd \$ 320⁰⁰
 Receipt No. 20459 Permit No. _____
 Date Appl. Completed _____
 Site Inspection Date 3-27-81
 Approved _____ Disapproved _____
 Pre-Cover Inspection Date _____

LOT 3
on 1-780
JK

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM
(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

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

ASSESSORS MAP

REFERENCE INFORMATION (Please Print)

FERN HILL HOLLY GARDENS
 NAME OF APPLICANT
RT 2 Box 138
 ADDRESS
ASTORIA, OR 97103
 CITY ZIP CODE
325-6604
 PHONE

William John Allen
 NAME OF PROPERTY OWNER
RT 2 Box 138-A
 ADDRESS
ASTORIA 97103
 CITY ZIP CODE
325-7784
 PHONE

PROPERTY DESCRIPTION

8 NORTH 9 WEST ~~24~~ 24
 Township Range Section
 Subdivision/Area Tract

80924-2202 (4612) CLATSOP
 Tax Lot/Account Number County
2 1.0 ACRE
 Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
 No. of Bedrooms 4 Water Supply Fern Hill water system
 (Describe)

APPLICANT MUST PROVIDE

- Test Holes (For 1, _____). Date Ready Immediately
- Zoning Approval (Except 0, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
 Signature and Name of Zoning Agency see attached letter of approval
- 3. Plot Plan.
- 4. Other _____

DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (3'x3'x4' deep)

SIGNATURE William John Allen DATE 3/4/81
 (Contract Purchaser/Owner/Installer)

8 09 24 A
CLATSOP COUNTY
NE 1/4 SEC. 24 T8N R9W WM



8 09	8 08	8 07	8 06
7 09	7 08	7 07	7 06
6 09	6 08	6 07	6 06
5 09	5 08	5 07	5 06
4 09	4 08	4 07	4 06

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

14	13	12	11
10	9	8	7
6	5	4	3
2	1	0	0

CANCELLED TAXLOT NUMBERS
 101 1301



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us
 This map was produced using Clatsop County GIS data. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.
 PLOT DATE: 7/27/2021
8 09 24 A

