Oregon
Theodore R. Kulongoski., Governor

Department of Environmental Quality
Northwest Region North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

December 15, 2005

Nancy Haglund
92884 Ocer Valley Rd.
Astoria, OR 97138

Re: Existing System Evaluations
Township/Range/Section: T8N, R9W, S24B; Tax Lot No. 700, Clatsop County

Dear Nancy Haglund,

In response to your applications for evaluations of two existing onsite sewage disposal systems located on the above-described property, a field inspection and record reviews have been completed. This evaluation and report is based upon current Department of Environmental Quality (DEQ) regulations governing onsite sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Divisions 71 and 73.

There are no records on file at the NCBO of an onsite system associated with this property. Based on information submitted with your application, there are two existing septic systems: one connected to two floating homes, identified by the Department of State Lands (DSL) as GIS Nos. 5064 and 5066, with 4 bedrooms total, and the other connected to one 1-bedroom floating home, identified as GIS No. 5063. The system connected to the two floating homes consists of a 1000-gallon concrete septic tank and approximately 330 linear feet of disposal trenches, configured as 3 lines in equal distribution. The system connected to the 1-bedroom floating home consists of a 1000-gallon poly septic tank and approximately 227 linear feet of disposal trenches, configured as 2 lines in equal distribution.

Both of the existing systems were inspected during the field visit on December 6, 2005. The exposed septic tanks and distribution boxes appeared to be in good condition. There were no immediate signs of surfacing sewage in the vicinity of the disposal trenches associated with each system. Although area for future replacement disposal trenches is adequate for both of the existing systems, alternative onsite systems may be required due to shallow groundwater conditions.

Based on the information described above, the two existing systems appear adequate for continued use. Please note that this evaluation does not guarantee satisfactory or continuous operation of the existing onsite systems. Any future repairs or alterations to the existing systems or changes to the existing dwellings will require full compliance with the current rules.

As with any onsite system, periodic maintenance is a necessity and can prolong the effective life of the system. The use of a garbage disposal is discouraged and water conservation measures should be considered. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield (or disposal) areas is also discouraged. A fact sheet regarding maintenance of your onsite systems is enclosed for your information and use.

If you have any questions concerning this report, please feel free to contact the NCBO at (503) 861-3280.

Sincerely,

Connie M. Schrandt

Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

Enc. Care of Your Onsite Sewage (Septic) System

DEQ-DC1

Application for Onsite Sewage Treatment System

State of Oregon Department of Environmental Quality

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

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

Date Stamp:
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
NOV 2 1 2005
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:
Date Received 11-21-05
Fee Paid $440.00
Receipt Number 119891
Application Number 0465-234
Date of 1st Response 12-6-05
Date of 2nd Response 12-15-05
Date of Final Response
Date of Completion
Scanned Data Entry

A. Property Owner Information

Name	Mailing Address (Street or PO Box, City, State, Zip Code)	Phone Number
NANCY ~~Leonard~~ Hagland	92884 Deer Valley RD Astoria OR 97103	503 741 6824

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
8N	9W	24B	700		18 Acre

County: Clatsop
Subdivision Name: | Lot: | Block:

Property Address: 92884 Deer Valley RD (Address) Astoria (City) OR (State) 97103 (Zip Code)

Directions to Property: East on Hw 30 Turn right on Deer Valley Rd at east end of Johnday Bridge

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:
- [X] Single Family Residence — Number of Bedrooms: 1
- [ ] Other

Proposed Facility:
- [ ] Single Family Residence — Number of Bedrooms:
- [ ] Other

Water Supply:
- [ ] Public — Name:
- [ ] Private — Well, Spring, Shared: Spring

D. Type of Application

- [ ] Site Evaluation
- [ ] Construction Permit
- [ ] Repair Permit — [ ] Major [ ] Minor
- [ ] Alteration Permit — [ ] Major [ ] Minor
- [ ] Renewal Permit
- [X] Existing System Evaluation
- [ ] Permit Transfer
- [ ] Permit Reinstatement
- [ ] Authorization Notice for:
  - [ ] Connecting to an Existing System Not in Use
  - [ ] Replacing a Mobile Home or House with Another Mobile Home or House
  - [ ] The Addition of One or More Bedrooms
  - [ ] 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.

Nancy Hagland Leonard Hagland — Signature — Date: 11-21-05

NANCY Leonard Hagland — Applicant's Name – Please Print Legibly — Applicant's Phone Number: 503 741-6824 — Applicant's E-mail Address:

92884 Deer Valley RD Astoria OR 97103 — Applicant's Mailing Address

Applicant is the [X] Owner [ ] Authorized Representative [ ] Licensed Septic Installer

[ ] Authorization Attached — Installer's Name:

Rev 8-14-03 bjk

NOVEMBER 5, 1996

96 NOV -5 PM 4:08
CLATSOP COUNTY CLERK

09610602

RECD BY: LORI DAVIDSON.

PERSONAL REPRESENTATIVE'S DEED
NANCY R. HAGLUND, Personal Representative
Estate of VICTOR O. CARLSON, Deceased as Grantor
ESTATE OF LISETT K. HAGLUND, Grantee
AFTER RECORDING RETURN TO:
Nancy R. Haglund
6006 SE 36th Avenue
Portland, OR 97202
SEND TAX STATEMENTS TO:
Unchanged

M09616856

PERSONAL REPRESENTATIVE'S DEED

NANCY R. HAGLUND, the duly appointed, qualified and acting personal representative of the Estate of VICTOR O. CARLSON, deceased, Clatsop County Circuit Court Probate No. P94-040, Grantor, conveys to Nancy R. Haglund, Personal Representative of the ESTATE OF LISETT K. HAGLUND, Grantee, all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Clatsop, State of Oregon, described as follows, to-wit:

The North ½ of Lot 5, Section 24, Township 8 North, Range 9 West, Willamette Meridian, and more particularly described as follows: Beginning at the intersection of the US meander line on the right bank of the John Day River with the line between said Section 24 and Section 13; thence East to the Northeast corner of said Lot 5; thence South 948.51 feet to an iron pipe set by OE Anderson, surveyor, marking the line between the North half and the South half of said Lot 5; thence West along the line between the North half and the South half of said Lot 5, 398.5 feet to an iron pipe set by said Anderson; thence West 560 feet to an iron pipe set by said Anderson; thence West to US meander line; thence Northerly along the US meander line to the point of beginning.
EXCEPTING THEREFROM that portion conveyed to State of Oregon, Department of Transportation, Highway Division, and recorded in Deed recorded in Book 687, page 982, Clatsop County Deed Records, all situate in the County of Clatsop, State of Oregon.

SITUS ADDRESS: Rt. 2, Box 122, Astoria, OR TAX ACCT#:0104/0102-80924B-00700

SUBJECT TO: Easements of record, if any.

There is no consideration for this Deed, it being executed and recorded pursuant to the Order Approving Final Account and Decree of Final Distribution entered in the Estate of Victor O. Carlson, Case #P94-040.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS WHICH, IN FARM OR FOREST USE ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE AND WHICH LIMIT LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 IN ALL ZONES. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE

Ck# 2882350
40—

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

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

   (X) Septic Tank ( ) Disposal Trenches ( ) Unknown
   ( ) Seepage Bed ( ) Cesspool or Pit
   ( ) Other ---
   (Describe)_____

2. When was your sewage disposal system installed? ? (Year) _____ (Permit No.)

3. Tank material:

   ( ) Steel ( ) Concrete ( ) Fiberglass
   (X) Polyethylene ( ) Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 11-14-05 (Attach receipt)

6. Number of disposal trenches: 2

7. Total length of disposal trenches (feet): 227

8. Is your sewage disposal system currently in use? Yes (X) 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? 1 How many people occupy the dwelling? 1

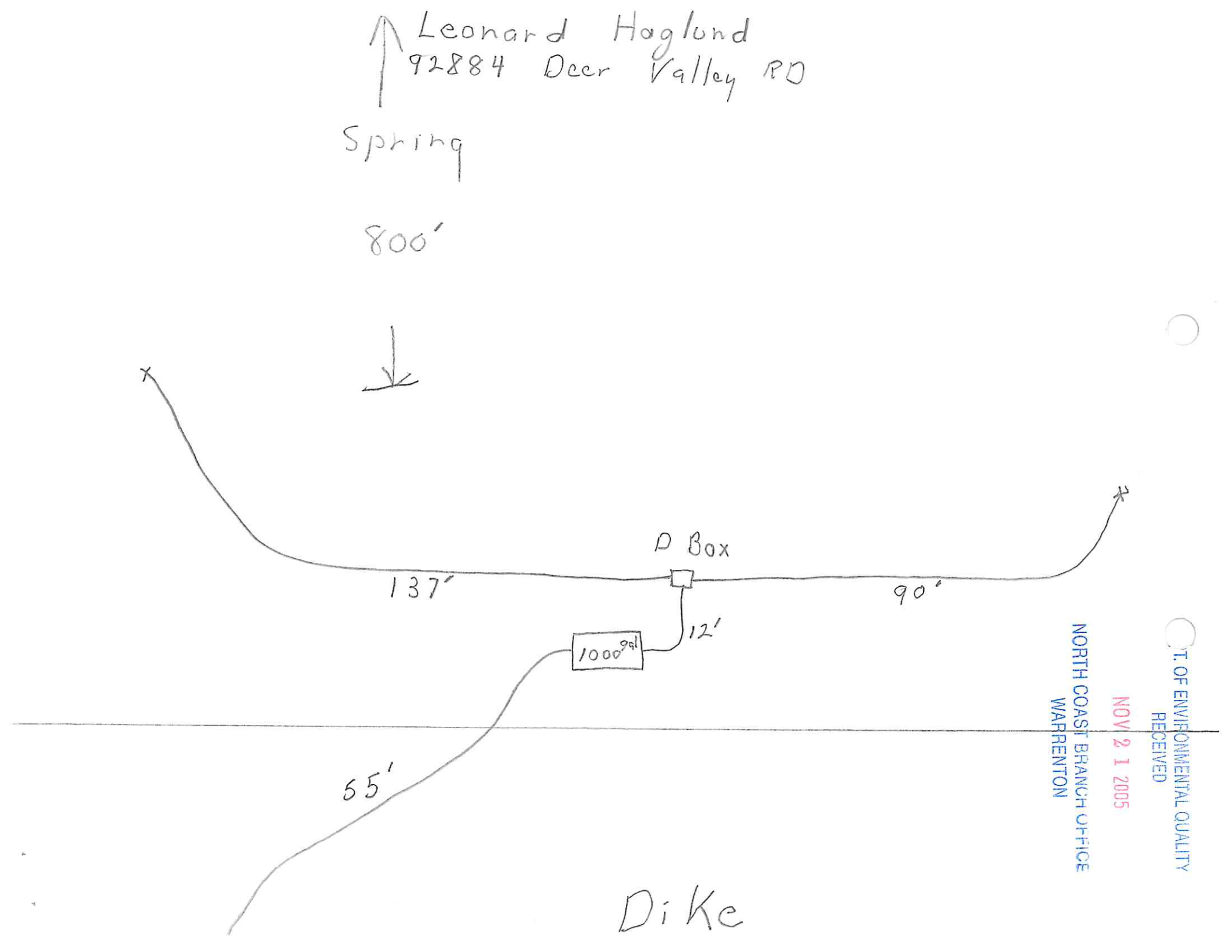
10. If the sewage disposal system serves a business, how many employees do you employ? NA Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

11-21-05
Date

Signature of Property owner or
Legally Authorized Representative

Leonard Haglund
92884 Deer Valley RD



Application for Onsite 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

State of Oregon Department of Environmental Quality

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
NOV. 21 2005
NORTH COAST BRANCH OFFICE
WARRENTON

Date Stamp:

For DEQ Use Only:
Date Received 11-21-05
Fee Paid $440.00
Receipt Number 119891
Application Number 0405.235
Date of 1st Response 12-6-05
Date of 2nd Response 12-15-05
Date of Final Response
Date of Completion
Scanned Data Entry

A. Property Owner Information

NANCY HAGLUND — Name
92941 DEER VALLEY ROAD, ASTORIA, OR 97103 — Mailing Address (Street or PO Box, City, State, Zip Code)
(503) 325-2676 — Phone Number

B. Legal Property Description

Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
8N	9W	24B	700		18 ACRE

CLATSOP — County
Subdivision Name
Lot
Block

Property Address: 92941 DEER VALLEY ROAD (Address) ASTORIA (City) OR (State) 97103 (Zip Code)

Directions to Property: GOING EAST ON HWY 30, TURN RIGHT AT EAST END OF JOHN DAY BRIDGE ON DEER VALLEY ROAD

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:
- [X] Single Family Residence — 3 Number of Bedrooms
- [ ] Other

Proposed Facility:
- [ ] Single Family Residence — Number of Bedrooms
- [ ] Other

Water Supply:
- [X] Public — JOHN DAY WATER DISTRICT — Name
- [ ] Private — Well, Spring, Shared

D. Type of Application

- [ ] Site Evaluation
- [ ] Construction Permit
- [ ] Repair Permit — [ ] Major [ ] Minor
- [ ] Alteration Permit — [ ] Major [ ] Minor
- [ ] Renewal Permit
- [X] Existing System Evaluation
- [ ] Permit Transfer
- [ ] Permit Reinstatement
- [ ] Authorization Notice for:
  - [ ] Connecting to an Existing System Not in Use
  - [ ] Replacing a Mobile Home or House with Another Mobile Home or House
  - [ ] The Addition of One or More Bedrooms
  - [ ] 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.

Nancy Haglund — Signature
11-20-05 — Date

NANCY HAGLUND — Applicant's Name – Please Print Legibly
(503) 325-2676 — Applicant's Phone Number
Applicant's E-mail Address

92941 DEER VALLEY ROAD, ASTORIA, OR 97103 — Applicant's Mailing Address

Applicant is the
- [ ] Owner
- [ ] Authorized Representative
- [ ] Licensed Septic Installer
- [ ] Authorization Attached

Installer's Name

Rev 8-14-03 bjk

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

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

   (X) Septic Tank ( ) Disposal Trenches ( ) Unknown
   ( ) Seepage Bed ( ) Cesspool or Pit
   ( ) Other ---
   (Describe)_____

2. When was your sewage disposal system installed? 1968 _____
   (Year) (Permit No.)

3. Tank material:

   ( ) Steel (X) Concrete ( ) Fiberglass
   ( ) Polyethylene ( ) Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 11-14-05 (Attach receipt)

6. Number of disposal trenches: 3

7. Total length of disposal trenches (feet): 330

8. Is your sewage disposal system currently in use? Yes (X) 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? 3 How many people occupy the dwelling? 1

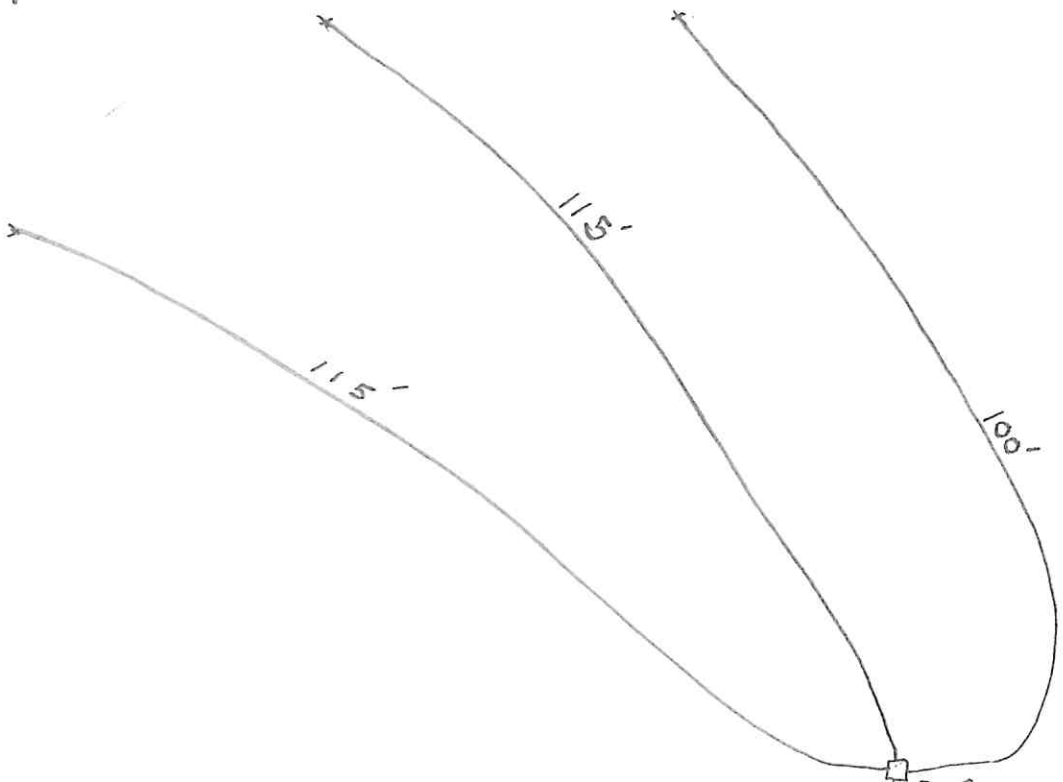
10. If the sewage disposal system serves a business, how many employees do you employ? N/A Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

11-20-05
Date

Nancy Haglund
Signature of Property owner or
Legally Authorized Representative

Nancy Higgins
92796 Deer Valley RD



47'

Dike

COMPLETE SEPTIC SERVICE

41092 ZIAK-GNAT CREEK LANE
ASTORIA, OREGON 97103
503-458-6870 • Toll Free 1-888-745-6726

2670

"GUARANTEED LOWEST PRICES"

DATE 11-14-05

NAME Leonard Haglund PHONE 325-3754

ADDRESS Deer Vally Rd Astoria OR 97103

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D	PAID OUT	

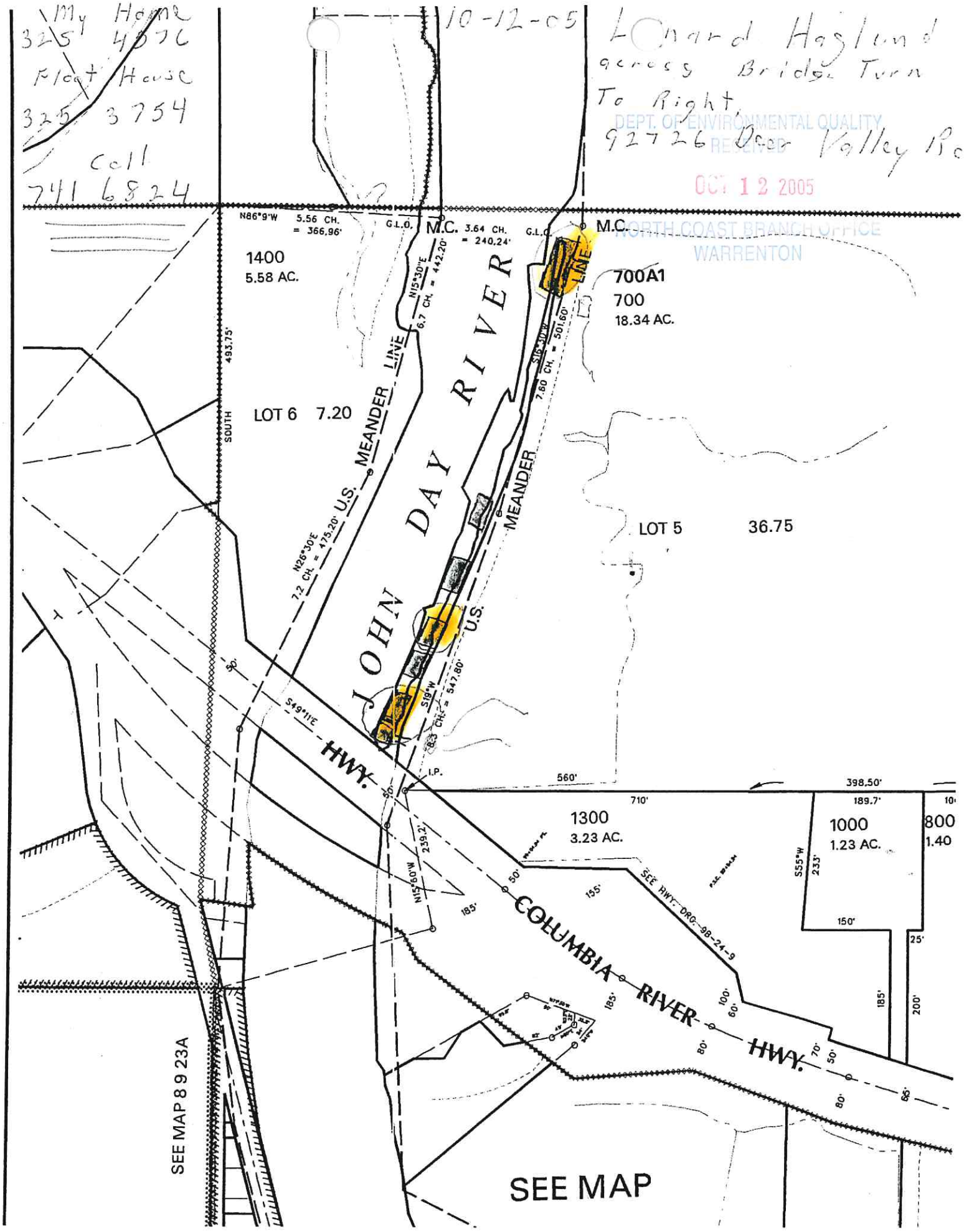
QTY	DESCRIPTION	UNIT	AMOUNT
	Pump OUT + Clean	—	250 —
	Two Septic Tanks		250
	Both Tanks are in Good Condition		
	Thank You Jeffrey		
		TOTAL	$500 00

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

SERVICE CHARGE of 1 1/2% **MONTHLY** or 18% **ANNUALLY** on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

Ordered By _____


My Home
325 4076
Float House
325 3754
Call
741 6824
10-12-05
Leonard Haglund
across Bridge Turn
To Right,
92726 Deer Valley Rd
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
OCT 12 2005
NORTH COAST BRANCH OFFICE
WARRENTON
1400
5.58 AC.
700A1
700
18.34 AC.
LOT 6 7.20
LOT 5 36.75
JOHN DAY RIVER
U.S. MEANDER LINE
M.C.
G.L.O.
1300
3.23 AC.
1000
1.23 AC.
800
1.40
HWY.
COLUMBIA RIVER HWY.
SEE MAP 8 9 23A
SEE MAP

SURNAME: HAGLUND, Oscar FATHER: MOTHER:

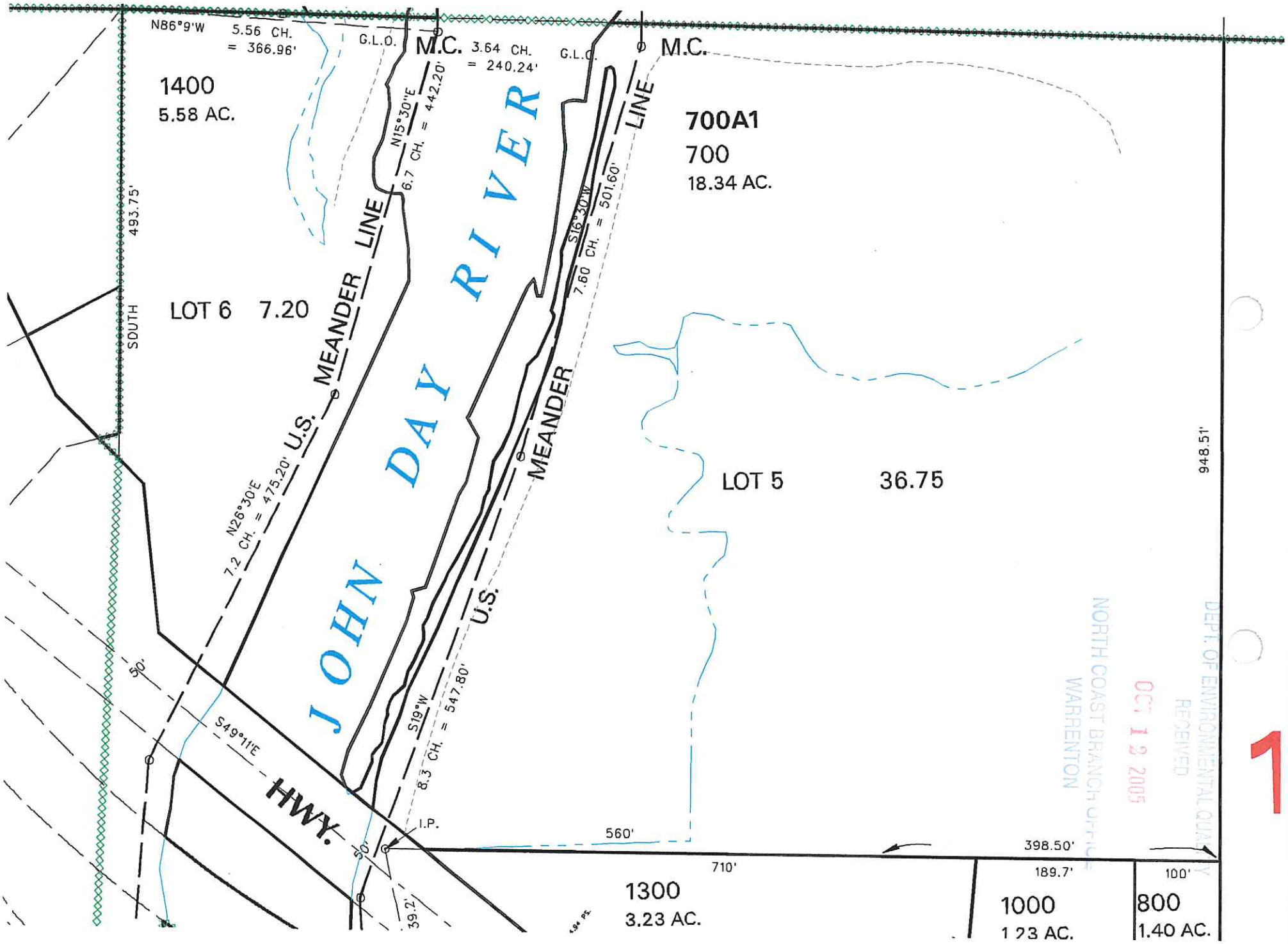
ADDRESS: R. 2, Box 123, Astoria, Ore. PHONE:

CROSS REFERENCE NAME: 809-24. ( ) SEE REVERSE SIDE

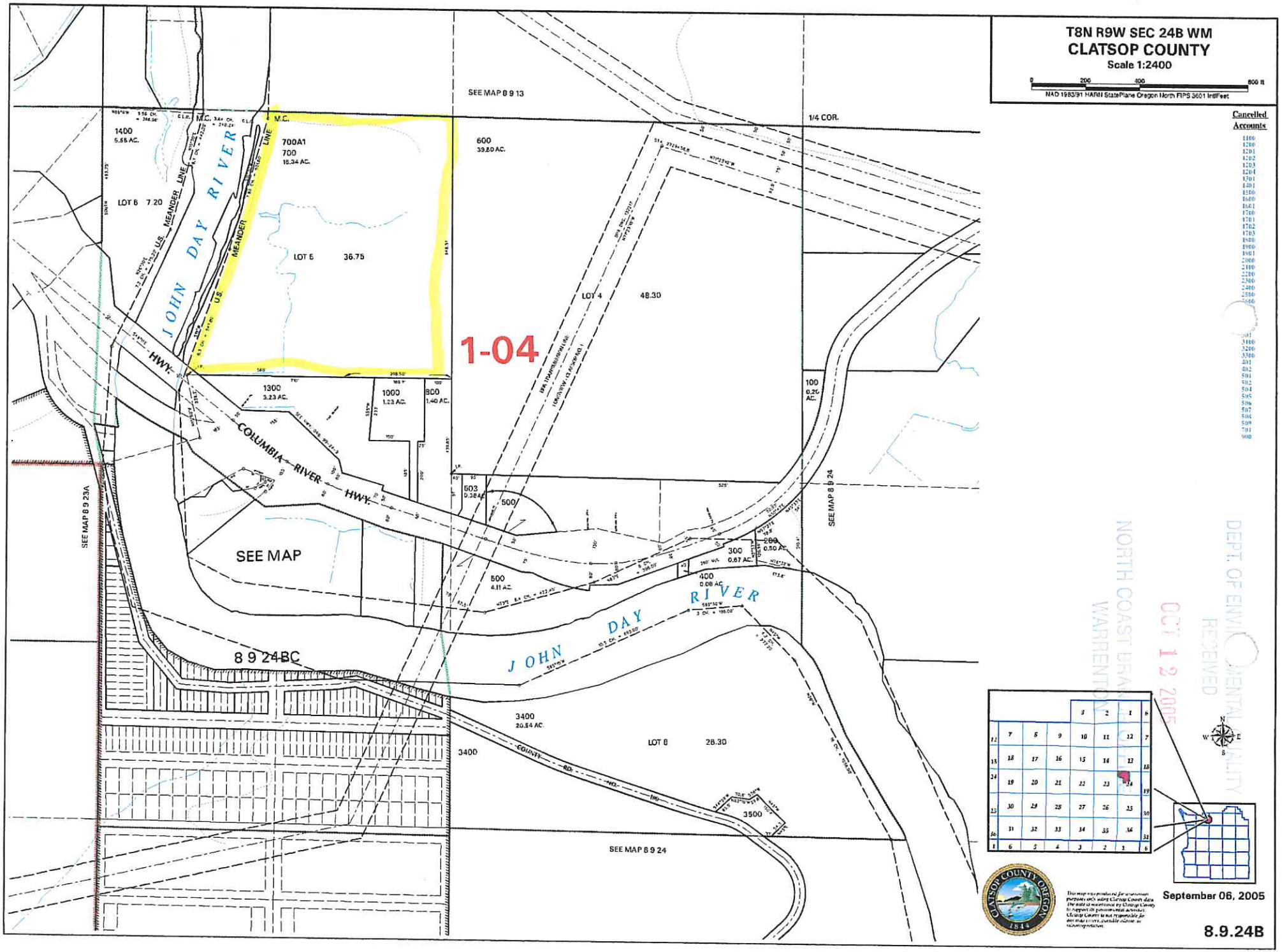
GIVEN NAME	BIRTH DATE	TYPE AND DATES OF SERVICE					
		TYPE	ADMITTED	DISMISSED	TYPE	ADMITTED	DISMISSED
House Boat		ST	12-68				

RECORD	OPENED	CLOSED	OPENED	CLOSED	OPENED	CLOSED	DESTROYED
FAMILY SERV.							

OREGON STATE BOARD OF HEALTH INDEX CARD LHS 6 REV. 12-60



1


T8N R9W SEC 24B WM
CLATSOP COUNTY
Scale 1:2400
0 200 400 800 ft
NAD 1983/91 HARN StatePlane Oregon North FIPS 3601 IntlFeet
Cancelled Accounts
1-04
SEE MAP 8 9 13
1/4 COR.
1400 5.55 AC.
700A1
700 18.34 AC.
600 39.80 AC.
LOT 6 7.20
LOT 5 36.75
LOT 4 48.30
JOHN DAY RIVER
M.C.
MEANDER LINE
US HWY.
1300 3.23 AC.
1000 1.23 AC.
800 1.40 AC.
100 0.26 AC.
COLUMBIA RIVER HWY.
503 0.38 AC.
500
SEE MAP 8 9 23A
SEE MAP
SEE MAP 8 9 24
300 0.67 AC.
200 0.50 AC.
400 0.08 AC.
500 4.11 AC.
8 9 24BC
3400 20.54 AC.
LOT 8 28.30
3400
COUNTY RD. NO. 1W
3500
SEE MAP 8 9 24
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
OCT 12 2005
NORTH COAST BRANCH
WARRENTON, OR
CLATSOP COUNTY OREGON 1844
September 06, 2005
8.9.24B