

AGENCY REVIEW & APPROVAL FORM

(STRUCTURE AND MOBILE HOME PLACEMENT)

Information on this form must be filled out and signed in this order

-809360003200-

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

Job Site Address: 38054 LABISKE LANE City: ASTORIA OR 97103
Owner: NORMAN ROZO Phone: _____
Owners Address: 38054 LABISKE LANE ASTORIA
Agent: DANE SEXTON CONST. P.O. BOX 48 HAMMOND OR
Proposed Development/Construction: 10x20 COVERED POOL

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

Legal Description: T 8N R 9W SEC. 36 Tax Lot(s) 3200
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 7-27-01
Remarks: PROPOSED PORCH. ENSURE 5' MINIMUM SETBACK TO SEPTIC TANK / 10' TO MAINFIELD.

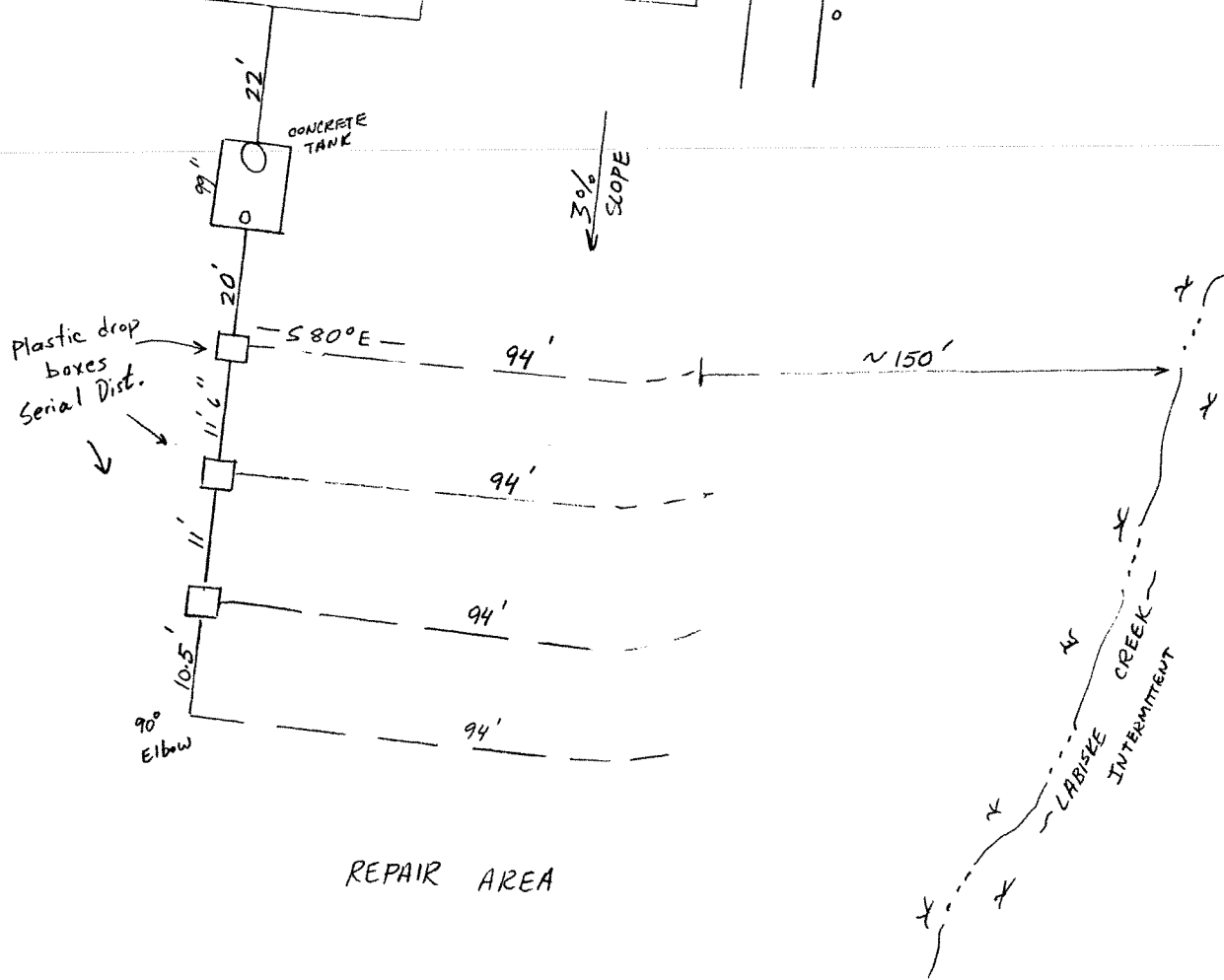
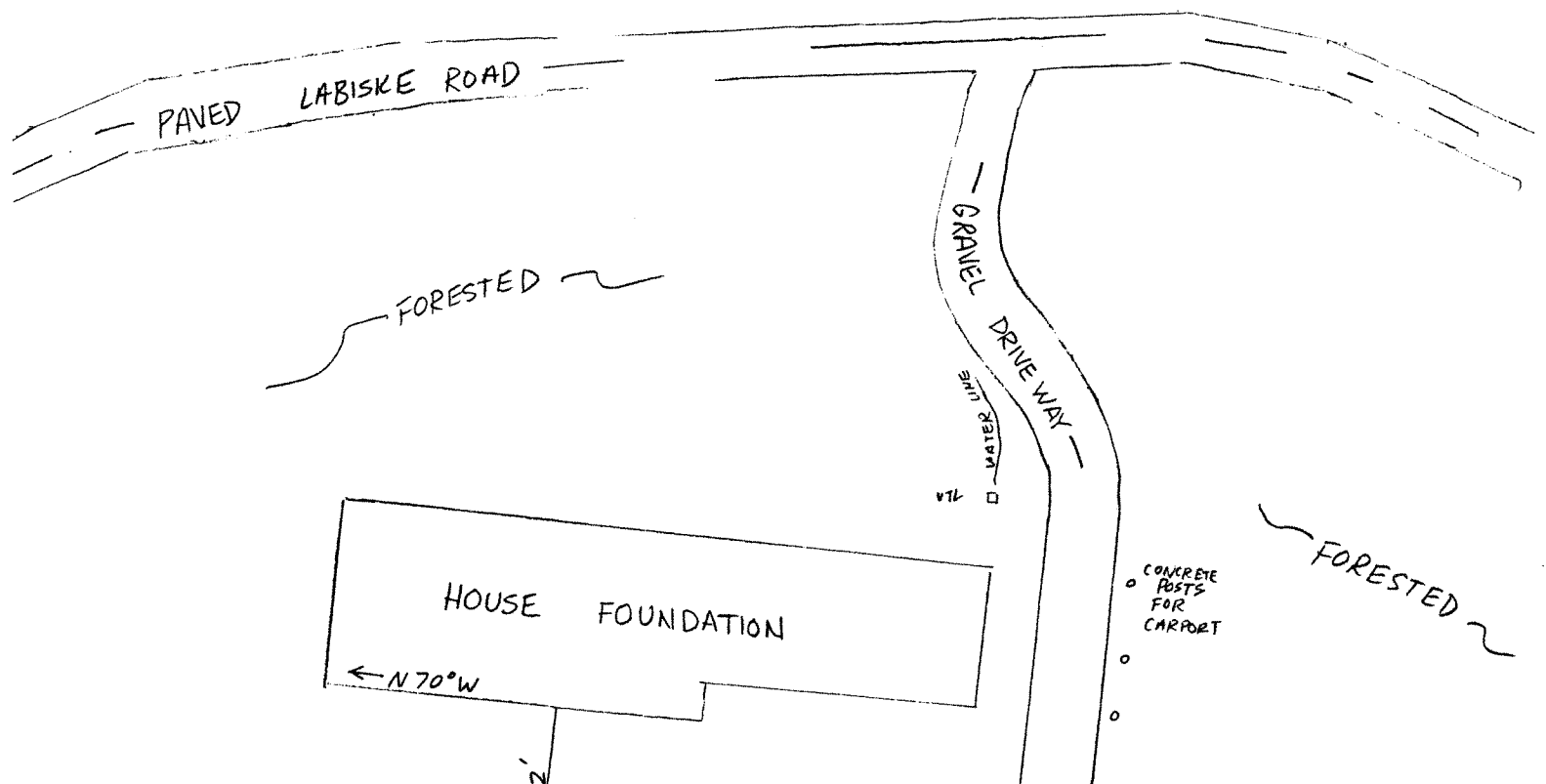
DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

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. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324.
Building Codes will review and issue the building permit.





CLATSOP COUNTY

"Striving To Be First In Quality Ser

DEPARTMENT OF PLANNING AND DEVELOPEME
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8

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

JOB SITE INFORMATION:

Job Site Address: RTS Box 277 C City: ASTORIA

Owner: MICHAEL J. WELCH Phone: 503-338-6165

Owners Address: SAME AS ABOVE

Proposed Development/Construction: POLE BARN est 30'x36'

STATE DEQ (DEPARTMENT OF ENVIRONMENTAL QUALITY)

Legal Description: T 8N R 9W SEC. 36 Tax Lot 3200

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

Signature: [Signature] Date: 5-28-97

Remarks: PROPOSED POLE BARN - NO PLUMBING

DEQ North Coast Branch Office, 19 North Highway 101, Warrenton, Oregon 97146

Phone: (503) 861-3280

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T R SEC. Tax Lot

Zone: Overlay District:

Development Permit - Yes () No () #

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

Signature: Title: Date:

Remarks:

Scott + Susy Walker

809-36-32c

7.90 Acres

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 GROUND SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SIGNED Dewey Darold DATE 5/28/97

Dewey Darold

9-14-92

As-built

(NTS)

38054 Labiske Ln

PAVED LABISKE ROAD

FORESTED

GRAVEL DRIVE WAY

EMITTER WATER

HOUSE FOUNDATION

N 70° W

CONCRETE POSTS FOR CARPORT

FORESTED

Pole Barn

CONCRETE TANK

3% SLOPE

Plastic drop boxes Serial Dist.

S 80° E

94'

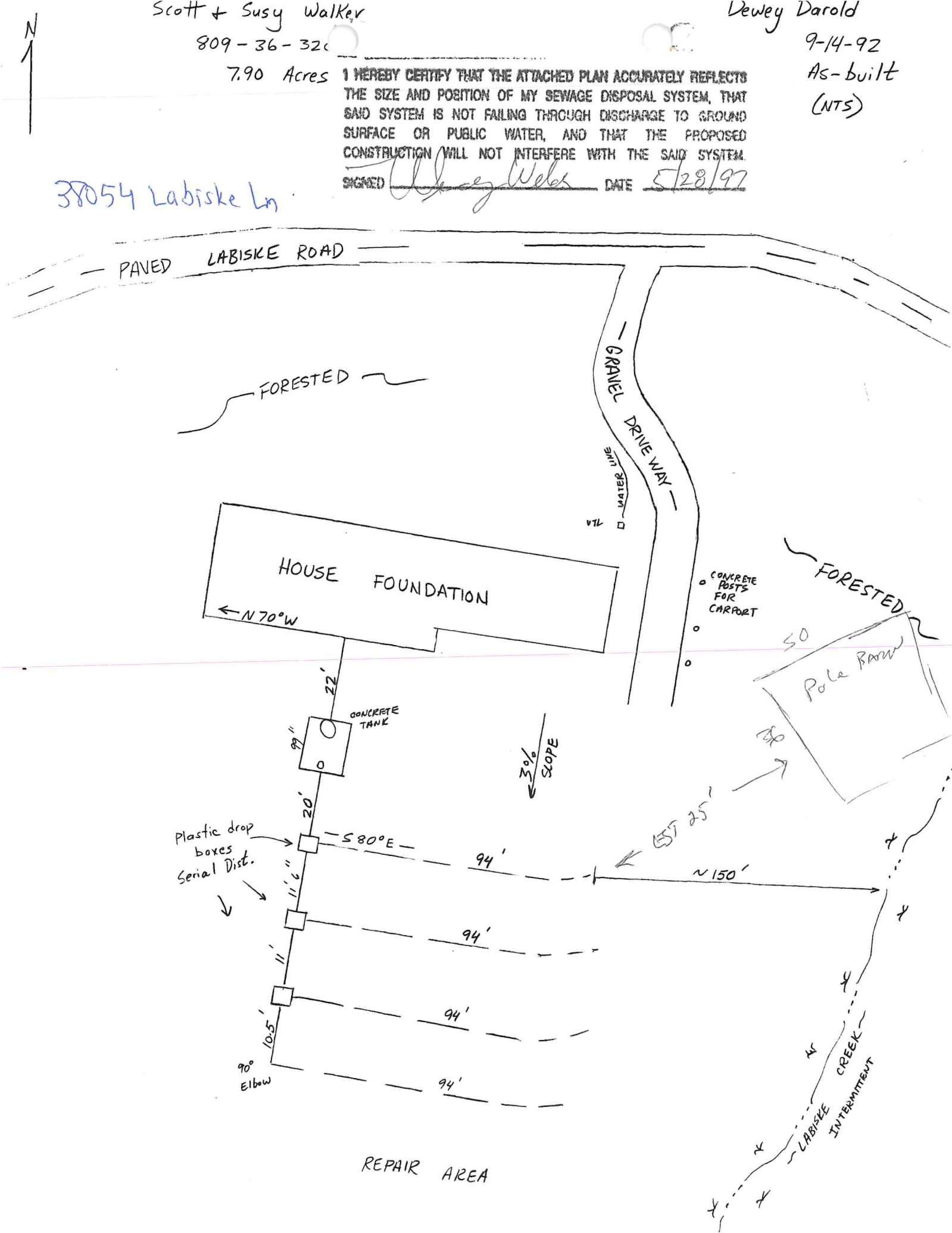
94'

94'

90° Elbow

REPAIR AREA

LABISKE CREEK INTERMITTENT





BUILDING CODES AC Y
 PO BOX 951
 ASTORIA OR 97103
 FAX (503) 325-0374

BUILDING PERMIT APPLICATION

RESIDENTIAL

LABISKE ROAD / Rt. 5 Box 877-C
 JOB LOCATION/ADDRESS

ASTORIA CLATSOP
 CITY COUNTY

HWY 202 → WALUSKI LOOP → LABISKE RD, 1.7mi
 DIRECTIONS TO JOB SITE

Scott + Susy Walker
 OWNER

Rt. 1 Box 952
 ADDRESS

Astoria CLATSOP 97103
 CITY COUNTY ZIP CODE

DESCRIBE WORK	CODE
<input checked="" type="checkbox"/> NEW CONSTRUCTION	
<input type="checkbox"/> ADDITION	
<input type="checkbox"/> REMODEL	
<input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> PRE FAB	
<input type="checkbox"/> ACCESS. BLDG.	
<input type="checkbox"/> OTHER _____	specify
624720 CP	
1630 H	
TOTAL SQUARE FT.	CONSTRUCTION VALUE
PERMIT / JOB #	
OFFICE	

HOME: 325-0811 WORK: 861-2256
 TELEPHONE

ZONING	LOCAL GOVERNMENT APPROVALS
USE ZONE RA-5	8-9-36 3200
FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TWNSHP RG TL PERMIT # 92-336
BY: Yui Allen	Planning Tech.
325-8611	811-92
PHONE	DATE

SANITATION
PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>
DEQ PERMIT # 92-2
BY: Betty Hoffman OC
325-8660 8-11-92
PHONE DATE

DESIGNATED CONTRACTORS				
Don H. Lacer	3801 SE Morrison #8, Portland	233-1381	85093	
GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
OWNER	ADDRESS	PHONE	REG #	EXP
OWNER	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

- I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
- ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
- I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

Susan J. Walker
 SIGNATURE OF PERMIT APPLICANT

11 Aug 92
 DATE

29420

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 92-2

\$ 255.00

Fee

New Construction

Repair

Other

Permit Issued To Scott & Susy Walker (Property Owner's Name) 8N (Township) 9W (Range) 36 (Section) 3200 (Tax Lot / Acct. No.) Clatsop (County)

Labiske Road (Road Location) Astoria (City) Dewey Darold (Issued by - Signature) 01-10-92 (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 January 10, 1993

TYPE OF SYSTEM Standard

Average Daily Sewage Flow 225 Gallons/Day

Design Peak Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons Disposal Trenches XX

Seepage Bed(s) 750 Square Feet

Maximum Depth 30 inches.

Minimum Depth 24 inches.

375 Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches 10' on centers

Total Rock Depth 12 inches.

Below Pipe 6 inches.

Above Pipe 2 inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) To be installed as per approved plan page 1 dated 1-7-92.

100' setback from all wells. Installation must be done during dry weather conditions.

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Glen Carlson

Final Insp. Date 9-14-92

Inspected By Dewey Darold

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340, Division 71

See As-Built plot plan in file.

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.

Dewey Darold (Authorized Signature)

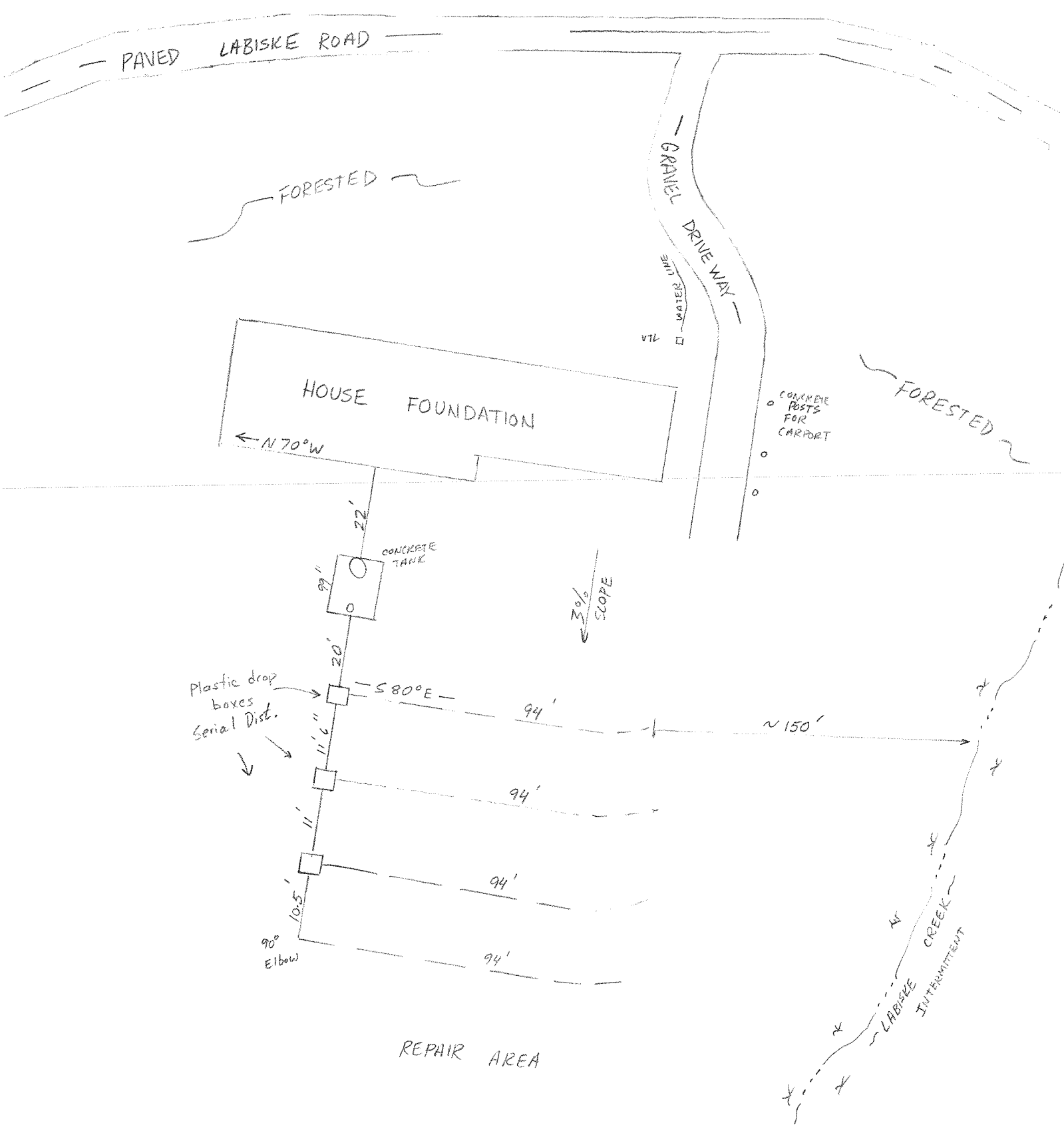
E.S. II (Title)

9-14-92 (Date)

Astoria Branch Office (Office)

Scott + Susy Walker
809-36-3200
7.90 Acres

Dewey Darold
9-14-92
As-built
(NTS)





PROPOSED SUBSURFACE OR ALTERNATIVE SEWAGE DISPOSAL SYSTEM

7200 2nd St. CHUCK HOPKI

Permitter: Complete top part of form to sign and submit both copies with application.

Carlson Contracting and submit both copies with application.

3200

Received

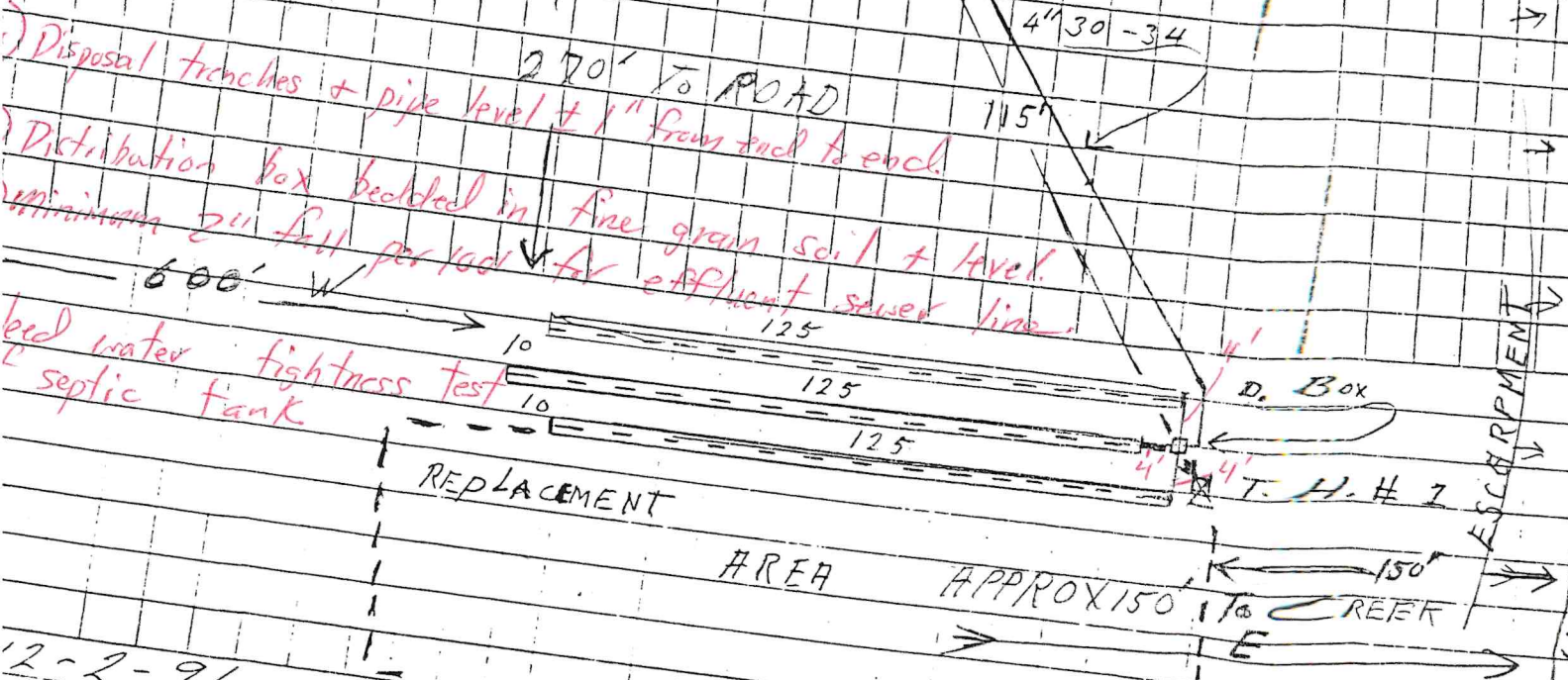
P.O. Box 157
HAMMOND, OREGON 97121
(503) 861-2408

(Exhibit No. 1)

Permit No. TL 3200

No. Living Units	1	Bedrooms	3	Baths	1 1/2	Basement	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Water Supply	Community <input type="checkbox"/> Public <input checked="" type="checkbox"/> Other-List <input type="checkbox"/>	
Septic Tank: Ft. from wall	10	Steel		Concrete		No. Compartments	<input checked="" type="checkbox"/>	Gallon Capacity	1000	
Inside Dimensions: Foot	Length 8	Width 5	Diameter	Depth 5	Tile Disposal Field: Distribution Box: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Applicant Name	Scott & Susy Walker				Other Distribution-Type					
Mailing Address	Rt. 1, Box 952 Astoria, OR 97103				Feet from Well					
Length of Lines-foot	1. 125	2.	3.	4.	5.	6.	Trench Width 24	Total Sq. Ft. 750	Ft. Between Lines 10	Foundation 10
Plot Plan (see instructions):	Scale - 1/4" = 1'				Lot Line Front	Side	Rear	Filter Type 2 1/2	Filter Depth Above Tile 2 in.	Filter Depth Below Tile

Deputy David
Approved
1-7-92



12-2-91

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97701
325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Rec'd 12-4-91
Date Completed 9-15-91
Required Fee 255.00
Receipt No. 50627 + 50628
Control No. 29420

FOR APPLICANT'S USE - (PLEASE PRINT)

7.9 Ac.
Lot Size (Acreage or Dimensions)
Scott & Susy Walker (Property Owner's Name)
Carlson Contracting (Applicant's Name if Different from Owner)
Legal Description of Property 8N 9W 36 3200 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:

- | | |
|--|---|
| <input type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input checked="" 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.

Roxanna V. Carlson
(Signature)

12-3-91
(Date)

Authorized Representative
 Licensed Installer
License No. 33563

Owner's Mailing Address
Scott & Susy Walker
Rt. 1, Box 952
Astoria, OR 97103
Phone 325-0811

Applicant's Mailing Address (if different)
Carlson Contracting
P.O. Box 157
Hammond, OR 97121
Phone 861-2408 IW\WC8\WC8690 (7-19-91)

FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Scott & Susy Walker</i>	MAILING ADDRESS <i>Rt-1 Box 952</i>	PHONE
	<i>Astoria OR 97103</i>	
	CITY STATE ZIP	

P L O C A L I T Y	TOWNSHIP <i>8 N</i>	RANGE <i>9 W</i>	SECTION <i>36</i>	TAX LOT OR ACCT NO <i>3200</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY
	<input type="checkbox"/> 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
RA-5

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN CONSISTENT WITH THE STATEWIDE PLANNING GOALS

NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

OR

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY
allowed use in zone

PROPERTY IS LOCATED: (check one)

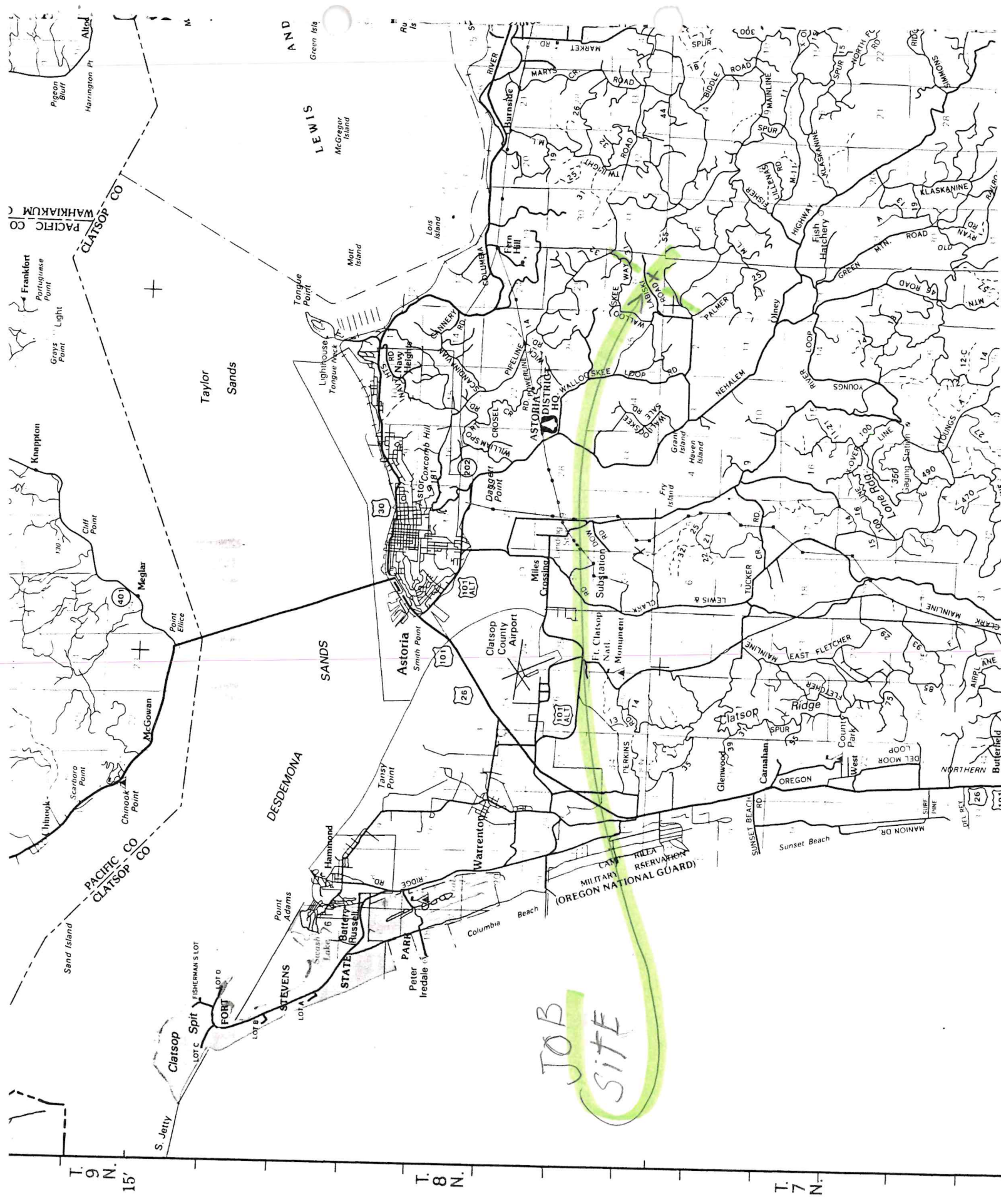
INSIDE CITY INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS OUTSIDE URBAN GROWTH BOUNDARY

LAND USE AUTHORITY
CLATSOP COUNTY DEPT. OF PLANNING & DEVELOPMENT

SIGNED <i>[Signature]</i>	TITLE <i>Planning Tech.</i>	DATE <i>12-3-91</i>
------------------------------	--------------------------------	------------------------

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
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JOB SITE

PACIFIC CO
WAHIAKUM (

CLATSOP CO

PACIFIC CO
CLATSOP CO

DESDEMONA

LEWIS
AND

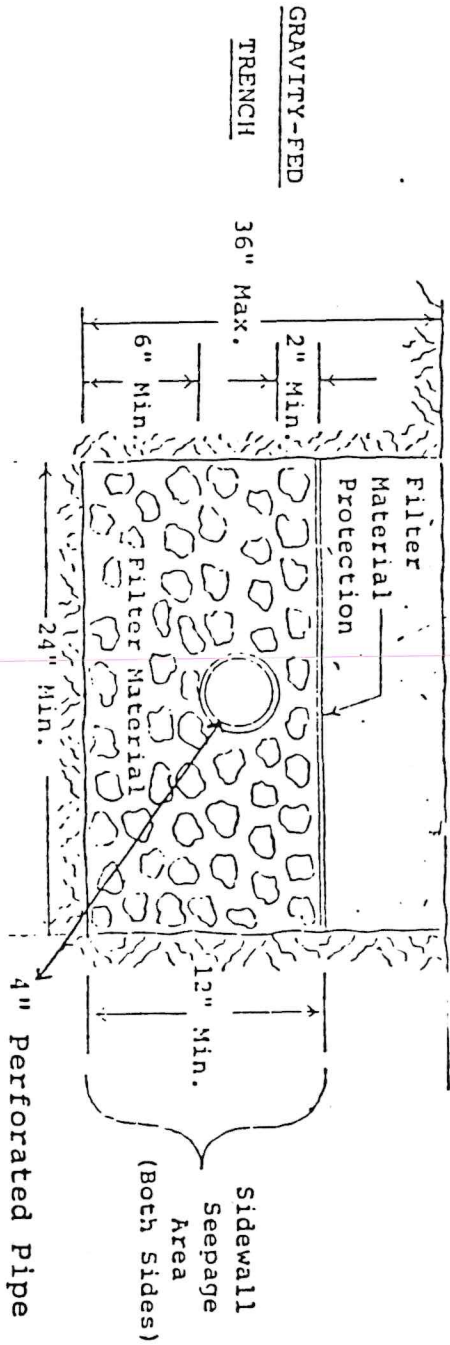
T. 9 N.
15'

T. 8 N.

T. 7 N.



CARLSON CONTRACTING
 P.O. Box 157
 HAMMOND, OREGON 97121
 (503) 861-2408



REQ APPROVED BUILDING MATERIAL LIST

- 1 - DEQ Approved 1000 gallon septic tank - *Mfg?*
- 1 - DEQ Approved 1/5" ASTM - 4" PVC 30-34 effluent sewer line
- 1 - DEQ Approved 25' ASTM - 4" FVC 27-29 header pipe
- 375' ASTM - 4" distribution piping
- 30 yds 1 1/2" to 2 1/2" crushed rock (clean)

Dewey Donald
1-7-92
Approved

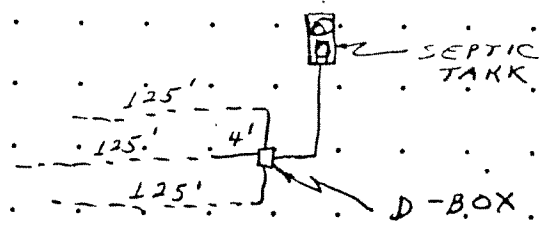
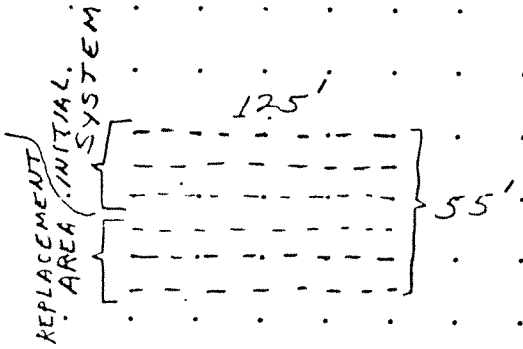
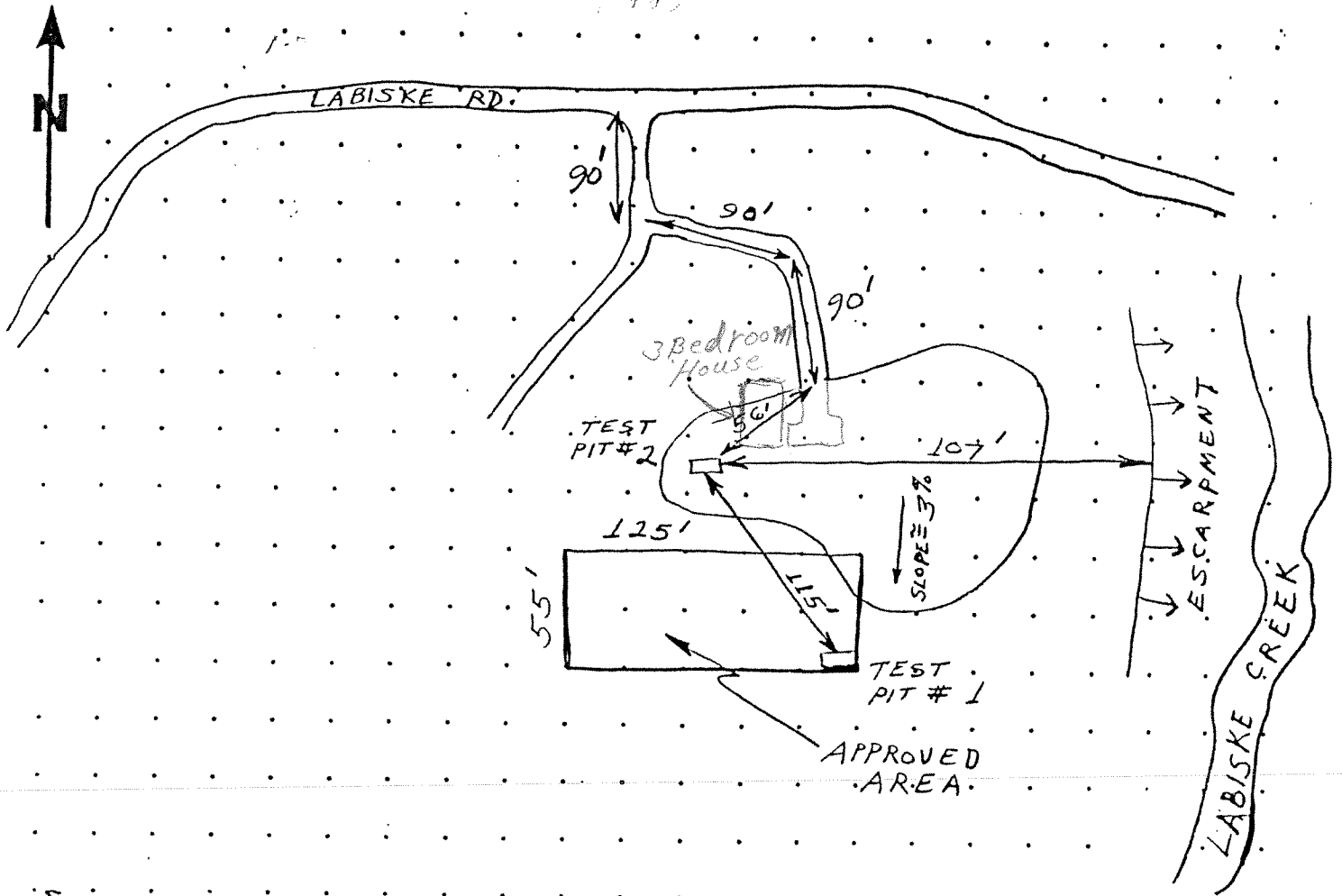
Reference: T8N, R9W, SEC. 36

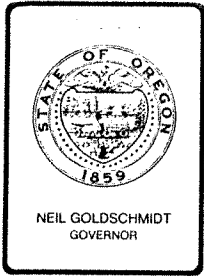
TL 3200

Applicant: CHUCK HOPKINS

Applicant: DICK GUSTAFSON

Date: 6-1-89





Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

Astoria Branch
P. O. Box 869
Astoria, Oregon 97103
Phone (503) 325-8660

June 05, 1989

Dick Gustafson
2209 Franklin St.
Astoria, OR 97103

Re: OSS-Clatsop County
Site Evaluation, Approved
T8N, R10W, Sec 36, TL 32000
9

In response to your completed application of May 23, 1989, a field inspection was made on June 01, 1989. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

Chuck Hopkins
Environmental Specialist
Astoria Branch

CH:
Enclosures

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

8N
(Township)

9W
(Range)

36
(Section)

3200
(Tax Lot/Acct. No.)

Clatsop
(County)

(Subdivision Name)

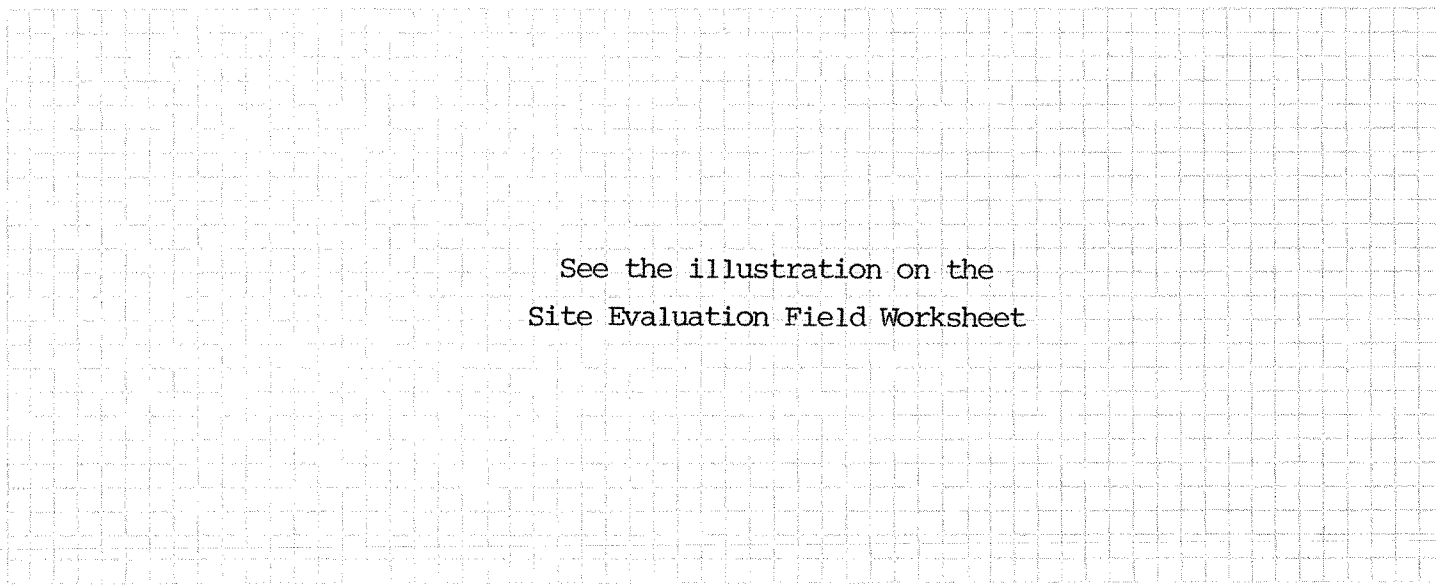
(Lot No.)

(Block No.)

7.9 Ac.
(Lot Size)

The Entire Property Has
 Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:



Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

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 in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Standard Equal Distribution (450 gpd) 375 linear feet (125'/150 gal.). Maintain 25' setback from escarpment and 100' from streams. Submit detailed plot plan with application for a construction permit. Install in approved area. System must be installed by property owner or DEQ licensed installer.

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from The DEQ - Astoria, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Chuck Hopkins
(Signature of Authorized Agent)

Environmental Specialist
(Title)

06-05-89
(Date)

Astoria
(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference T8N, R9W, SEC. 36, TL 3200 Evaluator CHUCK HOPKINS
 Applicant DICK GUSTAFSON Date 6-1-89 Parcel Size 7.9 ACS.

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.	
0 - 14	SILT LOAM	10YR3/2	MANY ROOTS
14 - 30	SILT LOAM(-)	10YR3/3	COMMON "
30 - 52	SILT LOAM(+)	7.5 YR5/8 w/2.5 Y6/2	MOTTLING VERY FEW ROOTS

← VAR.

0 - 27/28	SILTY CLAY	2.5 Y3/0 w/7.5 YR3/4	MOTTLING = COMPACTED FEW ROOTS
28 - 36	SILT LOAM(-)	10YR5/8 w/2.5 Y6/2	" (SLIGHT)
36 - 51	SILT LOAM(+)	10YR3/6 w/2.5 Y6/2	" (")

Pit 3			

Pit 4			

Landscape Notes HEMLOCK-ALDER
 Slope 3% Aspect S. Groundwater Type TEMPORARY DUE TO DRAINAGE

Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: STANDARD Design Flow 450 gpd Disposal Field Size 375 Linear Feet
 Initial EQUAL System Sizing 125' /150 g. Max. Depth Absorption Facility (in) 30 (24" MIN.)
 Replacement SAME System Sizing 125' /150 g. Max. Depth Absorption Facility (in) 30 (24" MIN.)

Special Conditions MAINTAIN 25' SETBACK FROM ESCARPMENT, & 100' FROM CREEK.

test notes
ready
5-31-89

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
749 Commercial, P.O. Box 869
Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Rec'd. 5-23-89
Date Completed 10-5-89
Required Fee 175.00
Receipt No. 40272
Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

7.90 ac.
Lot Size (Acreage or Dimensions)

DICK W. GUSTAFSON
(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 8 N 9 W 36 3200 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate HIGHLAND PARK Tract 40
(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility
 Single Family Residence 2
(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 bedrooms
- Personal hardship
- Temporary housing
- Other (Specify) _____

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

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

Dick W. Gustafson
(Signature)

May 19, 89
(Date)

- Owner
- Authorized Representative
- Licensed Installer
License No. _____

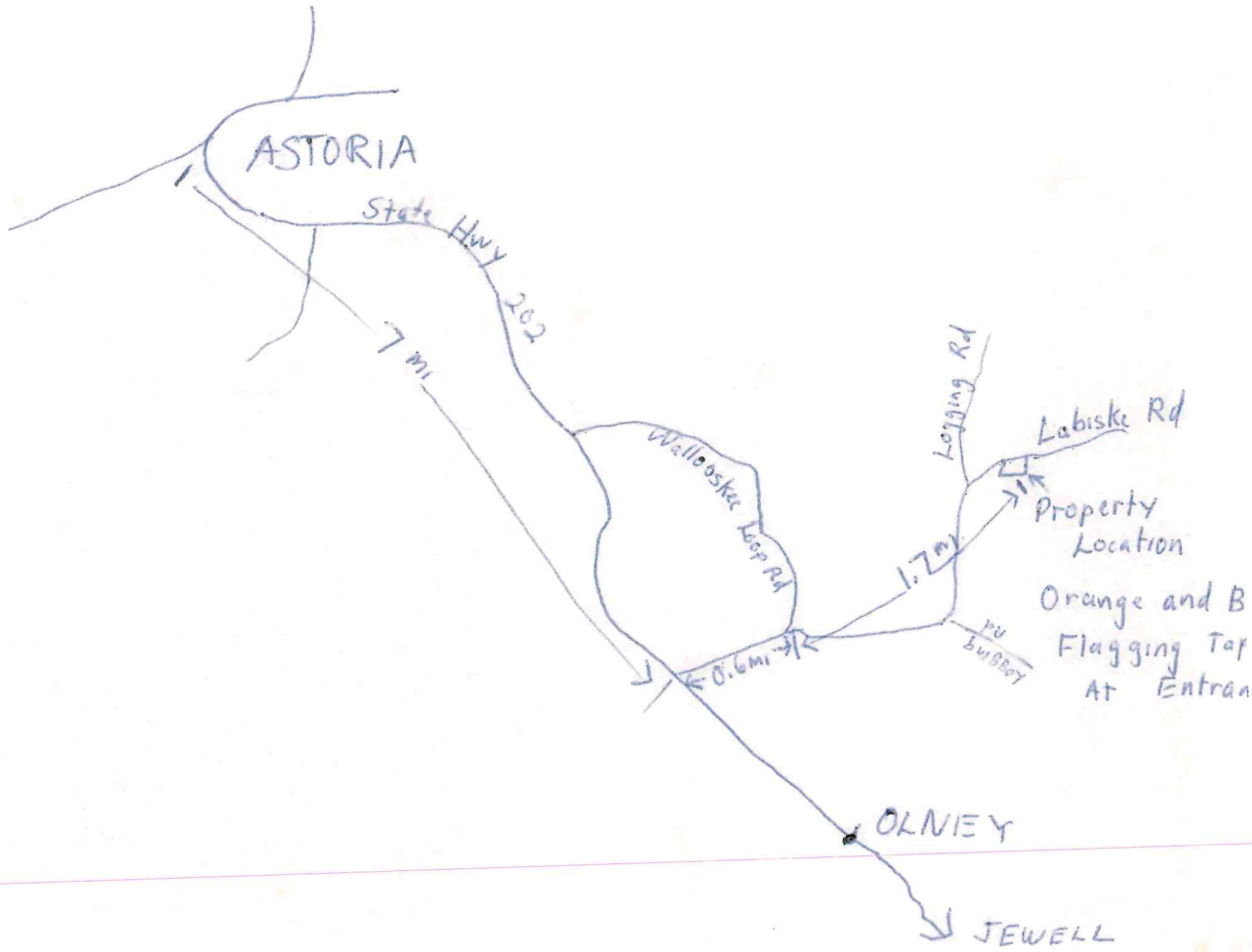
Owner's Mailing Address
2209 Franklin St

Applicant's Mailing Address (if different)

ASTORIA, OR 97103
Phone 325-1466

Phone _____

VICINITY MAP



VACATED

9

3

7

FIFTH

AVE.

10

11

12

SEVENTH

AVE.

300
9.26 Ac.

200
9.26 Ac.

100

15

14

13

EIGHTH

AVE.

400
9.26 Ac.

500
9.26 Ac.

600
9.26 Ac.

16

17

18

700
4.63 Ac.

HIGHLAND

PARK

1400
37.04 Ac.

1400

1300
4.63 Ac.

1100
8.57 Ac.

27

26

25

1200
4.63 Ac.

1400

1400

1800
8.22 Ac.

1900
8.29 Ac.

28

29

30

1401
0.01 Ac.

1801
0.15 Ac.

3100
7.32 Ac.

3102
1.19 Ac.

3000
5.77 Ac.

3003
2.80 Ac.

2700
0.71 Ac.

2600
8.11 Ac.

2500
9.26 Ac.

39

38

37

3101
0.84 Ac.

3000A1

2601
0.15 Ac.

3200

3200
7.90 Ac.

3300
7.42 Ac.

3301
0.09 Ac.

3400
3.42 Ac.

3500
4.01 Ac.

3600
8.02 Ac.

36

3300

41

42

809-36-3200

NINETEENTH

1/4 Cor.

See Map 8 9 35

1/4 Cor.

FIRST

SECOND

THIRD

FOURTH

FIFTEENTH

SEVENTEENTH

8936