

RECEIVED

MAY 05 2021

CLATSOP CO. PUBLIC HEALTH

OPERATION & MAINTENANCE SERVICE PROVIDER AGREEMENT

#186-21-
000140

This Service Contract has been agreed upon by Joe or Gayla Hollaway
Home Owner: Emmett Joseph or Gayla I Hollaway
Address: 92079 Driftwood Drive Warrenton, Oregon 97146 Phone: 503-861-0469
Email: hollaway92079@charter.net
Property Address: 92079 Driftwood Drive Warrenton, Oregon 97146 Acres: 0.41
Permit #: 00-34 Account#: 32129 Taxlot Key: 810280003503

Contracted by: Ed's Septic Tank Cleaning Service LLC Paul McDonald
Oregon DEQ Maintenance Provider ID# RM 123
Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484
on this 24th day of April 2021
With proper Documents, Install and Permit requirements, required by DEQ.

The Service Provider has agreed to provide 2 visits at 12 Month intervals to perform operation and Maintenance Services for the Owner's Septic System. This includes the completion of any required reports to maintain compliance with Oregon DEQ rules and permit requirements. The service activities will be provided and completed in accordance with the Terms and Conditions attached to this Agreement.

***Special Note:** Drain Field must be kept clear of all vegetation, **IE:** Blackberries, Shrubs, Gardens, etc. Tank Lids must be accessible and free of all Landscaping, Vegetation, Gardens, etc. Clearing of any of this will be paid extra at the rates provided under the Terms and Conditions. Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

- *Determine if the tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
- *Inspect the Tank and other components for water tight seals.
- *Inspect any floats/switches, controls, pumps, and electrical components in the system for correct operation and functionality.
- *Inspect and clean the filters(if applicable)
- *Inspect and flush the system piping.
- *Inspect pumps and valves for proper operation, pressure and/or flow (if applicable)
- *Inspect any additional system components which have been added.
- *Record pump cycles, flow, and all other relevant information or system problems which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the Owner a copy of the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and time of completion.

This Agreement shall last for the term of 24 Months Auto Renewable /show any changes _____

The fee for the Service provided under this Agreement shall be \$200. per year _____

The fee to file with the Clatsop County DEQ is \$62 per year _____ or current fee do to any increase by DEQ

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PLATON CO. PUBLIC HEALTH

#186-21-000140

Payment for 2 Years shall be made upon the signing of this Agreement.

Additional fees for any service, installations, or replacement parts shall be discussed and agreed upon before it is to be performed.

The Service Provider shall provide additional unscheduled services and materials upon notification of any condition that the Service Provider believes adversely affects the operation of the System.

The undersigned Owner acknowledges and agrees that the information above is correct and complete. The Owner also agrees to pay all charges under the agreement when done.

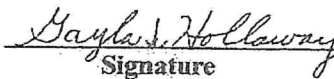
****Special Note:** Under this Agreement, as your Operation & Maintenance Service Provider, Under Penalty of Law, Paul McDonald is your first point of contact if service is needed, and the only one authorized to perform these services unless otherwise authorized by him. An Information Card will be provided.

Paul McDonald
Service Provider Printed Name


Signature

April 24, 2021
Date

Joe or Gayla Hollaway
System Owner


Signature

April 25, 2021
Date



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

186-21-000140-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:

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

Date Certificate Issued: 07/26/2021
Work Description: Major Repair; New Pump Tank & BSF

Applicant: Bob McEwan Construction, Inc Address: P.O. Box 2845 Gearhart OR 97138 Phone: 5037383569 Email: mmcewan3569@gmail.com	Contractor: Bob McEwan Construction, Inc. Installer License: 37079 Address: 34154 Hwy 26 Seaside OR 97138-3611 Phone: (503) 738-3569 Email: mmcewan3569@charter.net
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Owner: HOLLAWAY EMMETT JOSEPH/GAYLA I Address: 92079 DRIFTWOOD DR WARRENTON OR 971467254	Property Address: 92079 Driftwood Dr, Warrenton, OR 97146
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Parcel: 810280003503 - Primary **Township:** 8 **Range:** 10 **Section:** 28

Lot Size:	0.41 acres	Water Supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	County
Land Use Approval:	N/A		

Directions to Property: South on US101, Right Hwy 104, Left on Columbia Beach Lane, After road switches to Ridge Road, Slight Right onto Driftwood Dr, House is second on the right.

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 bedroom	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type:	Bottomless Sand Filter		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.
		Sand filter sqft:	360

Drain Field Specifications

Drain Field Type:	Bottomless Sand Filter	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Pressurized
Seepage Bed Specs:	N/A	Bottomless sand filter sqft:	360
Media Type:	DEQ Spec Sand	Media Depth:	24 in.
Max Depth:	36 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Permanent	Groundwater Depth:	N/A
Pump to Drainfield Required:	Yes	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 07/26/2021 Work Description: Major Repair; New Pump Tank & BSF
--

Conditions of Approval

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

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

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

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

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

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

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

Lucas Marshall

Environmental Health Specialist I

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

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

Final Inspection Request and Notice - Septic ID: 186-21-000140-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of 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: HOLLAWAY EMMETT JOSEPH/GAYLA I

Twntshp: 8 Range: 10 Sect: 28

Lot: 03503

Property Address: 92079 DRIFTWOOD DR, WARRENTON, OR 97146

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1000 gal	Compartments:	Manufacturer: Norwesco Poly Tank	Date: Existing
Tanks(2)	Volume: 500 gallon	Compartments: 1	Manufacturer: Norwesco Poly Pump Tank	Date: 7/19/21
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1-1/4"	ASTM#/Other: 2241	Length: 35'

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: Bottomless Sand Filter	Container Dimensions: 18' x 20'
Underdrain pipe	Diameter: —	ASTM#/Other:	Length:	
Manifold piping	Diameter: 1-1/4"	ASTM#/Other: 2241	Length: 15'	
Internal Pump	HP: —	Model/Manufacturer		
Floats(1)	Type: —	Model/Manufacturer		
Floats(2)	Type:	Model/Manufacturer		
ATT	Yes	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name: Ed's Septic Tank Cleaning Service			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

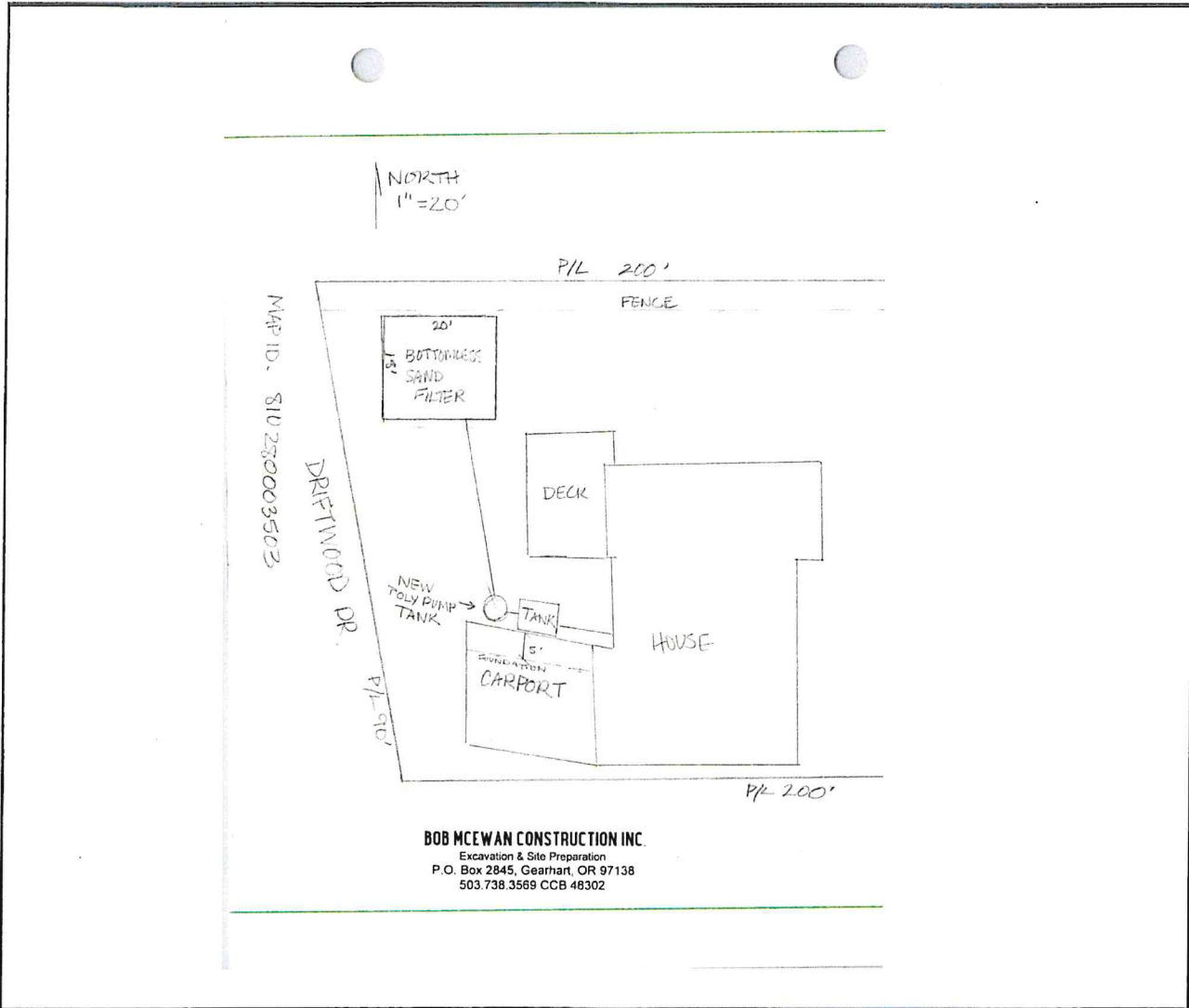
D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No <input checked="" type="checkbox"/>	<p style="color: red; margin: 0;">Clatsop County Department of Public Health On-Site Waste Water Program Approved By <u>ZMR</u> Permit No. <u>186-21-000140</u> Date <u>7/23/21</u></p>	
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>		
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
 **Attach sieve 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.



BOB MCEWAN CONSTRUCTION INC.
 Excavation & Site Preparation
 P.O. Box 2845, Gearhart, OR 97138
 503.738.3569 CCB 46302

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: Michael McEwan
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079 Certification#: RI 83
Owner/ Certified Installer:	Signature: <i>Michael R. McEwan</i> Date: 7/23/21 Phone#: 503-440-0223

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance:

Comment:

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By *[Signature]*
 Permit No. 186-21-000140
 Date 7/23/21



Septic Permit

Repair (Major) - Residential - New

186-21-000140-PRMT

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

Date issued: 6/4/21 **Expiration date:** 6/4/22

Work description: Major Repair; New Pump Tank & BSF

Applicant: Bob McEwan Construction, Inc Address: P.O. Box 2845 Gearhart OR 97138 Phone: 5037383569 Email: mmcewan3569@gmail.com	Contractor: Bob McEwan Construction, Inc. Installer License: 37079 Address: 34154 Hwy 26 Seaside OR 97138-3611 Phone: (503) 738-3569 Email: mmcewan3569@charter.net
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Business License: N/A

Owner: HOLLAWAY EMMETT JOSEPH/GAYLA I Address: 92079 DRIFTWOOD DR WARRENTON OR 971467254 Parcel: 810280003503 - Primary	Property address: 92079 Driftwood Dr, Warrenton, OR 97146 Township: 8 Range: 10 Section: 28
--	---

Lot size: 0.41 acres	Water supply: Community Water Supply	
Zoning: N/A	City/County/UGB: County	
Land use approval: N/A	County: N/A	
Action: New	Type of application: Repair (Major) - Residential	
System failing: N/A	Septic tank last pumped: N/A	

Directions to property: South on US101, Right Hwy 104, Left on Columbia Beach Lane, After road switches to Ridge Road, Slight Right onto Driftwood Dr, House is second on the right.

Category of construction:	Existing	Proposed
Single Family Dwelling		
Use of structure:	3 bedroom	N/A
Number of bedrooms:	3	N/A

System Specifications

Type: Bottomless Sand Filter	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 375 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.	
	Sand filter sqft: 360	

Drain Field Specifications

Drain field type: Bottomless Sand Filter	System distribution Ttpe: Equal	
Drainfield sizing: N/A	Distribution method: Pressurized	
Seepage bed specs: N/A	Bottomless sand filter sqft: 360	
Media type: Other - Indicate Product/Manufacturer	Media depth: 24 in.	
Media type description: DEQ Spec Sand		
Max depth: 36 in.	Undisturbed soil between trenches: N/A	
Min depth: 18 in.	Capping fills-min depth of fill material: N/A	

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

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

Onsite Permit 186-21-000140-PRMT

Date issued: 6/4/21	Expiration date: 6/4/22
Work description: Major Repair; New Pump Tank & BSF	

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Permanent	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	Yes		

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall

Environmental Health Specialist I

6/4/21



Clatsop County
Public Health On Site Septic System Program

820 Exchange St., Suite 100

Astoria, OR 97103

MAJOR REPAIR EVALUATION REPORT

Date: May 19, 2021

Dear Gayla Hollaway:

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

App. Name: **Gayla Hollaway / McEwan**

Application: # **186-21-000140**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 10W/ S 28 Tax Lot#: 03503

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

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,

A handwritten signature in cursive script that reads "Larry Olander".

Larry Olander, WWS
Wastewater Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Michael McEwan

FIELD WORKSHEET

App. Name: Gayla Hollaway / McEwan

Application #: 186-21-000140

County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T8N/ R 10W / S 28 Tax Lot#: 03503

Commercial Facility: Yes No Parcel Size: 0.41 acre

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max #

Initial System		Replacement System	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter		<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Other	
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other		Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption Facility: _____ linear. ft " Max Depth		Gravel-less Absorption Facility: _____ 105 _____ linear. ft 12 " Max Depth	
Disposal Facility: _____ sq. ft. Min Depth		BSF-Disposal Facility: _____ 360 sq. ft. 12 " Min Depth	

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-8"	FLS	10YR 4/2; 1-f-SBK to sg; 3,vf,f,m,c -m-roots
	8-16"	SL	10YR 2/2; 1-m-SBK to sg; 2-vf,f,m,c -p-roots
	16-20"	LS	10YR 3/2; 1-f-SBK to sg; 1-vf,f-p
	20-27"	SL	10YR 4/2; 1-m-SBK to sg; 1-vf,f-p
	27-44"	LS	10YR 2/1; 1-f,m-SBK to sg; 1-vf,f-p
	44-53"	SL	10YR 4/1; 1-f,m-SBK to sg; 1-vf,f-p
			ESD > 53"

Landscape Notes: Dune Ridge.

Slope: 10%

Aspect: S80*E

Groundwater Type: Perm

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- The site will require either a 360sgft bottomless sand filter, or an ATT with a gravel-less drainfield. The gravel-less drainfield will require 105 feet of absorption trench, installed on 5-foot centers.
- Install in area of test pit.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

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

WHITE EVALUATION FIELD WORKSHEET

Township: 8 Range: 10 Section: 28 Tax Reference: 0-503 Parcel Size: 0.41
 Owner/Applicant: Gayla Holloway / Michael McEwan Evaluator: L. Olander
 Inspection Date(s): 05-18-21 Application Number: 186-21-000140

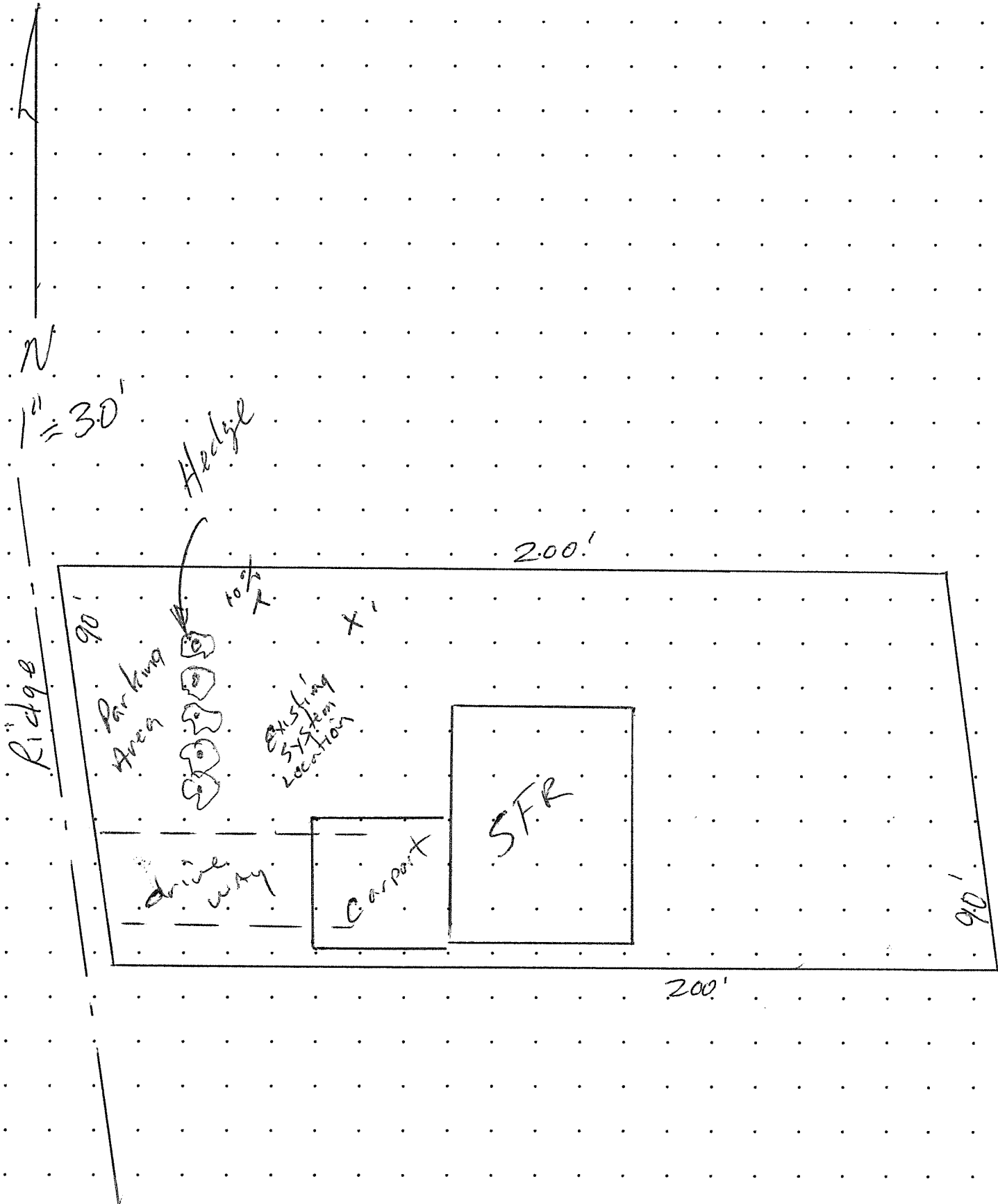
DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
0-8"	LS	10YR 4/2	3-VF, F, M, C-M	1-F	SBK - Sq
8-16"	SL	10YR 2/2	2-VF, F, M, C-P	1-M	SBK - Sq
16-20"	LS	10YR 3/2	1-VF, F-P	1-F	SBK - Sq
20-27"	SL	10YR 4/2	1-VF, F-P	1-M	SBK - Sq
27-44"	LS	10YR 2/1	1-VF-F-P	1-F	M-SBK - Sq
44-53"	SL	10YR 2/1	"	"	"
Pit 2			ESD > 57"		
Pit 3					
Pit 4					

Landscape Notes: Dune
 Slope: 10% Aspect: S80° E Groundwater Type: Perm
 Other Site Notes: Reasonable repair

SYSTEM SPECIFICATIONS

Design Flow: 375 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: either a BSF or a ATT w/ gravel-less ATT Treatment Standard: 1
 Disposal Facility: 360 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 18" inches
 Special Conditions: ATT with gravel-less-trench Between old trenches min 12" / max 12" total 105 feet of trench

Township: 8 Range: 10 Section: 28 Tax Reference: 03503 Parcel Size: 0.41
Owner/Applicant: Gayla Holloway / Michael McEwan Evaluator: L. Vander
Inspection Date(s): 05-18-21 Application Number: 186-21-000140



Online Application

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MAY 05 2021

Record ID: 186-21-000140-PRMT

CLATSOP CO. PUBLIC HEALTH

(Pd) CK# 5871
8690-

Menu Reports Help

Application Status: [App Submitted](#)

Opened Date: [04/28/2021](#)

()

IVR Tracking #: [186058814158](#)

Condition Status: Name Short Comments Status Appl

Conditions of Approval: Group Type Condition Name

186-21-PR...
-000140

Project Name: [Hollaway](#)

()

Description of Work: [Major Repair; New Pump Tank & BSF](#)

Application Detail: [Detail](#)

Application Type: [Onsite Permit](#)

Assigned To:

Address: [92079 DRIFTWOOD DR, WARRENTON, OR 97146](#)

Owner Name: [HOLLAWAY EMMETT JOSEPH/GAYLA I](#)

Owner Address: [92079 DRIFTWOOD DR, WARRENTON, OR 971467254](#)

Parcel No: [810280003503](#)

Custom Fields: **Onsite Permit**

0.41 acre

Rural

GENERAL INFORMATION

Type of Application
[Repair \(Major\) - Residential](#)

Category of Construction
[Single Family Dwelling](#)

Septic Tank Last Pumped Acre
- 0.41

Existing Use of Structure
-

From:
Bob McEwan
#37079

Directions to Property
[South on US101, Right Hwy 104, Left on Columbia Beach Lane, After road switches to Ridge Ro](#)



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

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CLATSOP CO. PUBLIC HEALTH

186-21-000140

Notice Authorizing Representative

I, Gayla Hollaway, _____, have authorized
 (Property Owner - Please Print)

Bob McEwan Construction, Inc To act as my agent in performing
 (Authorized Representative - Please Print)

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

PROPERTY IDENTIFICATION

92079 Drifwood Drive, Warrenton, OR 97146

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 10 Section 28 Tax Lot 3503 Map ID 810280003503

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Gayla Hollaway Email: hollaway92079@charter.net

Mail Address: 92079 Driftwood Dr. City/State/Zip Warrenton, Oregon 97146

Phone: 503-8610469 FAX: _____

Signature: *Gayla Hollaway* Date: Apr 19, 2021
Gayla Hollaway (Apr 19, 2021 12:48 PM)

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com

Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138

Phone: 503.738.3569 FAX: 503-738-4198

Signature: *Michael R. McEwan* Date: Apr 19, 2021

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CLATSOP CO. PUBLIC HEALTH

#186-21-000140

EMMETT & GAYLA HOLLOWAY
92079 Driftwood Dr.
Warrenton, OR 97146

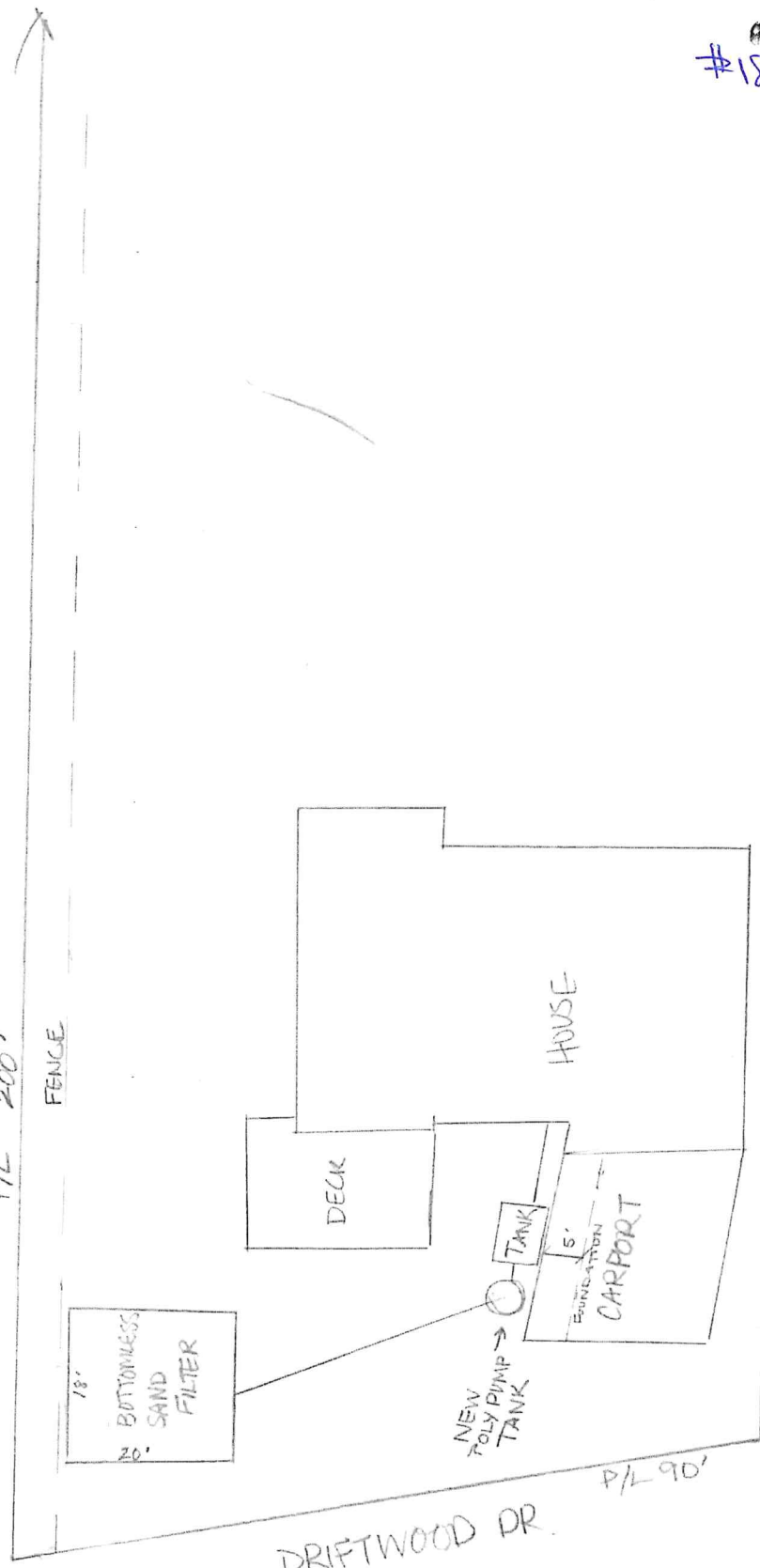
NORTH
1" = 20'

P/L 200'
FENCE

P/L 200'

DRIFTWOOD DR. P/L 90'

MAP ID. 810 280003503



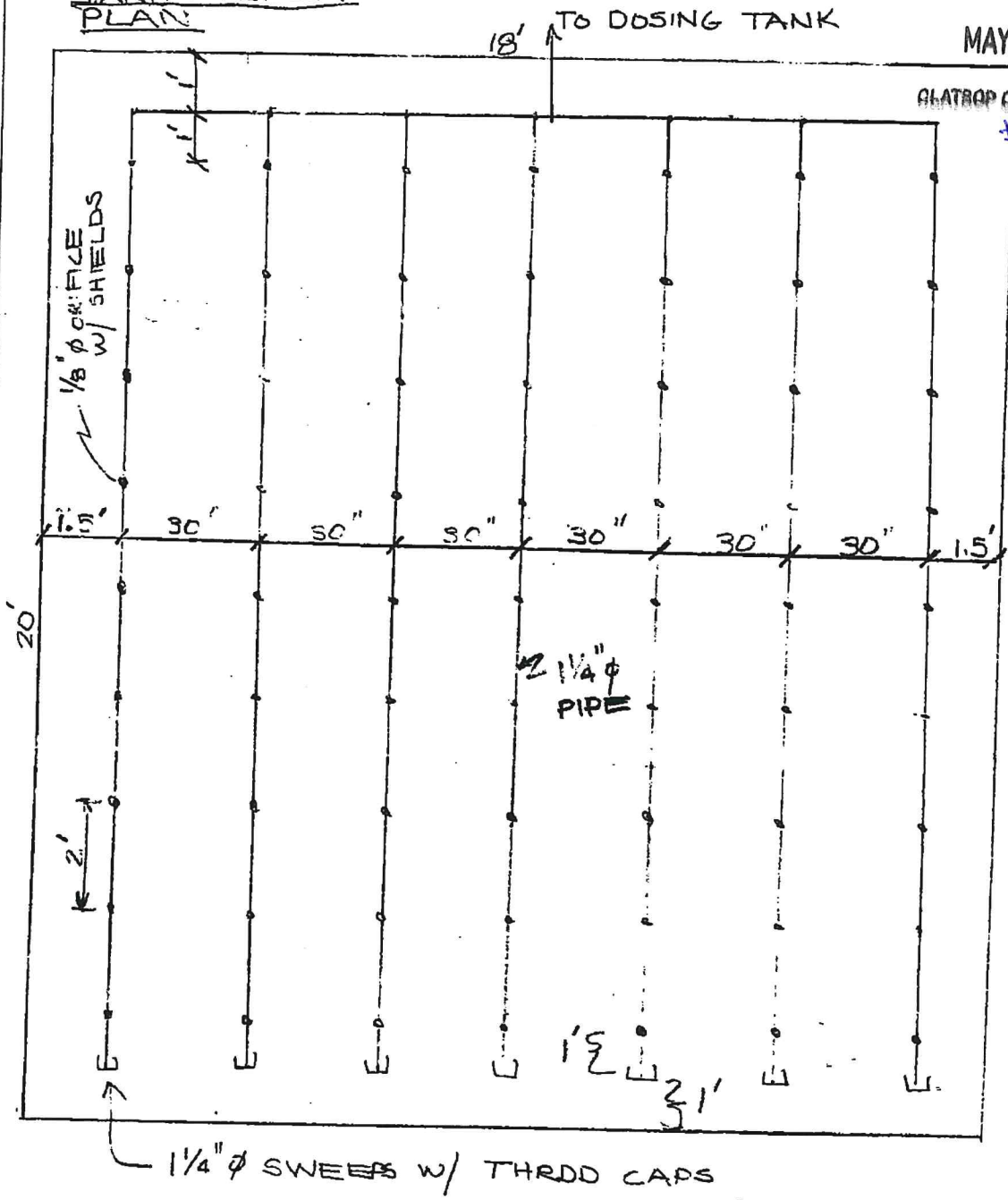
BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302

BOTTOMLESS
SAND FILTER
PLAN:

RECEIVED

MAY 05 2021

GLATROCK CO. PUBLIC HEALTH
#186-21-
000140



8-10-28-3503

BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date April 28, 2021

Installer: Bob McEwan Construction, Inc
 P.O. Box 2845
 Gearhart, OR 97138-2845
 CCB #48302
 DEQ Installer #37079

Prepared for: Gayla Hollaway
 92079 Driftwood Dr.
 Warrenton, Ore 97146

RECEIVED

MAY 05 2021

Job Site: Township 8 Range 10 Section 28 Tax Lot 3503 Map ID 8102800003503
 92079 Driftwood Dr. Warrenton, OR 97146

CLATSOP CO. PUBLIC HEALTH

Plans Drawn By: Mike McEwan

#186-21-000140

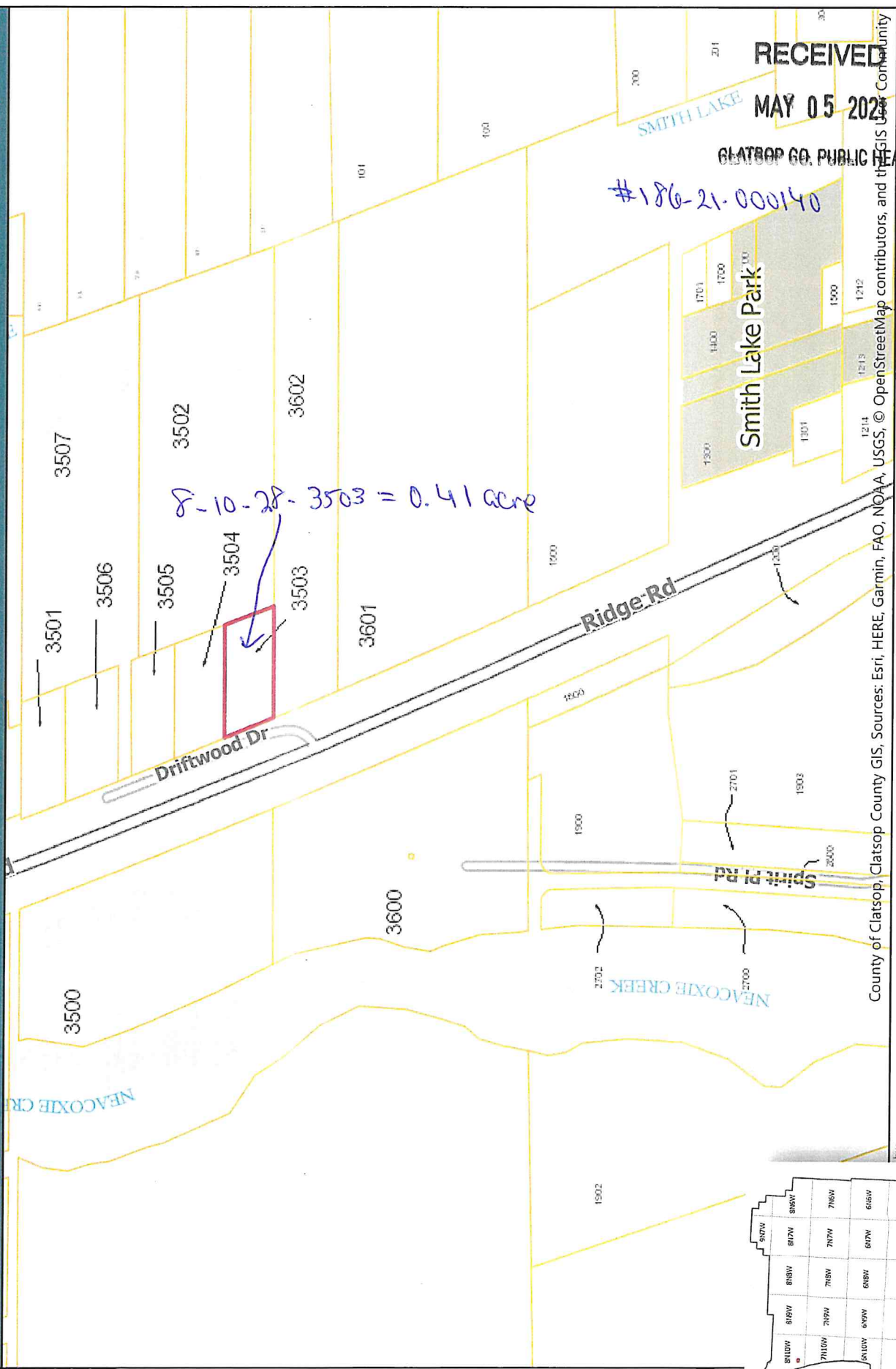
Elevations:

Top of ground at dosing tank	100.0'
Top of dosing tank	98.0'
Pump inlet in dosing tank	94.0'
Top of ground at building	100.0'
Top of bldg. sewer at building	99.00'
Top of dosing tank inlet	97.3'
Top of ground at sand filter	100'
Orifice elevation in sand filter	99.2'

Materials:

500 gallon Norwescp poly pump tank	1
24" dia. PVC riser with lid	2
Green tracer wire	40'
Orenco MVP panel with timed dose	1
PL 50 OSI 05 HHF 1/2 hp effluent pump	1
PVC - SBEX4 - (Splice Box)	1
3P float tree with 3 floats	1
1 1/4" PVC check valve and 1 1/4" flex hose	1
15" dia. Screen vault with biotube	1
1 1/4" dia. sch. 40 PVC pipe	200'
1 1/4" dia. sch. 40 PVC 45° elbows	7
1 1/4" dia. sch. 40 PVC 90° elbows	3
1 1/4" dia. sch. 40 PVC tees	6
1 1/4" dia. sch. 40 PVC thread x slip adapt.	7
1 1/4" dia. sch. 40 PVC threaded end caps	7
6" dia pe valve boxes	7
Pipe Holders	24
1/8" orifice shields	63
Calportland NW DEQ Sand	30yd ³
Knife River drain rock	18yd ³
Calportland Pea Gravel	3yd ³
Orenco sand filter fabric	360ft ²
1/2" CDX plywood	14 sheets
2" x 4" x 8" dimensional lumber	28 ea

Clatsop County, OR



County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

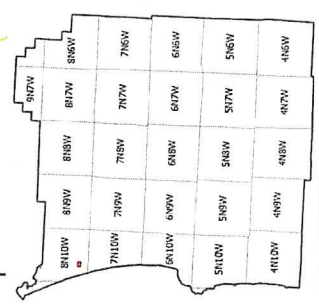


Clatsop County

0.1 mi



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



4/28/2021 1:49 PM



Transaction Receipt
Record ID: 186-21-000140-PRMT
IVR Number: 186058814158

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 456181

Receipt Date: 5/5/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 92079 DRIFTWOOD DR, WARRENTON, OR 97146
Parcel: 810280003503

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
5/5/21	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
5/5/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
5/5/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Check number: 5871			Payer: Michael McEwan		Payment Amount: \$690.00

Cashier: Annette Brodigan

Receipt Total: \$690.00

59426

Control No.

\$ 205.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 00-34

New Construction

Minor Repair

Other Tank replacement

Permit Issued To Joe Holloway (Property Owner's Name) 8N (Township) 10W (Range) 28 (Section) 3503 (Tax Lot / Acct. No.) Clatsop (County)

Ridge Rd. (Road Location) Warrenton (City) Connie Schrandt (Issued by - Signature) 4-3-00 (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 April 3, 2001

TYPE OF SYSTEM

Norwesco poly septic tank with risers

Design Sewage Flow Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s)

Square Feet

Maximum Depth inches.

Minimum Depth inches.

Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 4-3-00. Honor all required setbacks. As-built and certification of final construction by installer required prior to pre-cover inspection request. Properly decommission existing septic tank and submit copy of pumping receipt. PRE-COVER INSPECTION REQUIRED - CONTACT NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Pumping receipt received 4-12-00.

Installer Cokley Excavation

As-built & certification of final construction received 4-12-00.

Final Insp. Date 4-12-00

System components installed/constructed as per approved as-built.

Inspected By Connie Schrandt

OK to cover.

Issued by Operation of Law

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

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 Schrandt (Authorized Signature)

Natural Resource Specialist (Title)

4-12-00 (Date)

DEQ, NCBO, WARRENTON (Office)

APR 12 2000

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE 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 JOE Galloway Permit Number _____ County Clatsop
Township 8N ; Range 10W ; Section 28 ; Tax Lot 3503 ; Tax Acct. # _____
Job Location RIDGE RD.
Date System Construction Completed 4-12-00 ; Date Submitted to DEQ or Agent 4-12-00

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

- 1 EA 1000 gallon Poly Norwesco
- Septic tank.
- 2 EA 4" Franco Couplers
- Misc 30.34 sewer pipe.
- SEE ATTACHED AS BUILT.

Property Owner Hallaway Permit Number 99-34 County Clatsop

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

SEE ATTACHED

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

Sewage Disposal Service Business: CORLEY EXCAVATION INC. 37675
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

[Signature]
(System Installer's Signature)

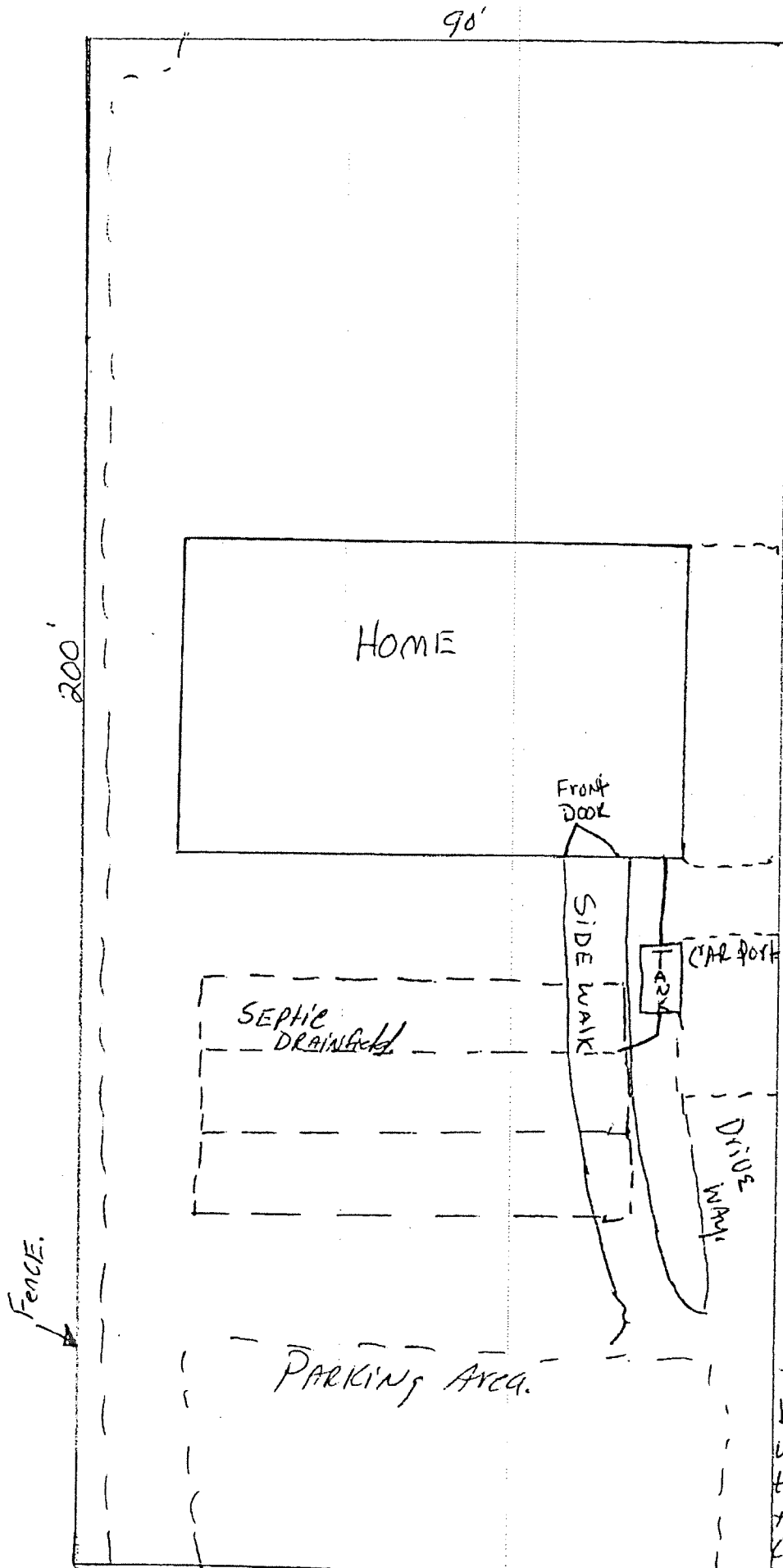
President
(Title)

4-12-00
(Date)

4-3-00

004

ATTN: Connie. D.C.
Hullaway site plan.



Materials USED.

- 1EA 1000 gallon Norwesco Poly tank.
- 2EA Ferroc fittings 4"
- 2EA 12" risers
- backfill requirements per Norwesco spec's.

NOTE: the reason for the Norwesco tank is because a concrete tank would be extremely difficult to install without taking the side walk out, thus causing a lot more cost.

And/or

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426

CLYDE McDONALD 458-6521
(800) 382-7380

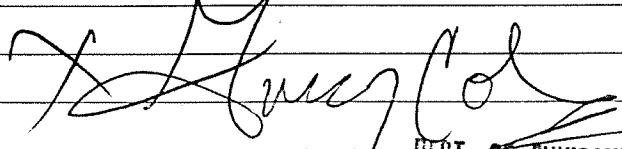
DATE	4-10-2000
NUMBER	861-9407

Cokley Excavating
510 RT4 Hwy 101
Warrenton, Oregon

Re: Joe Hallaway
92079 Driftwood Dr,
Warrenton, Oregon

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallon Steel Septic Tank	BALANCE FORWARD
4-10-2000	Pumped Septic Tank To Replace	2160.00
 DEPT. OF ENVIRONMENTAL QUALITY RECEIVED APR 12 2000 NORTH COAST BRANCH OFFICE WARRENTON		

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT IN THIS COLUMN

4-3-00

ATTN Connie, D.E.Q.
Hawaway site plan.

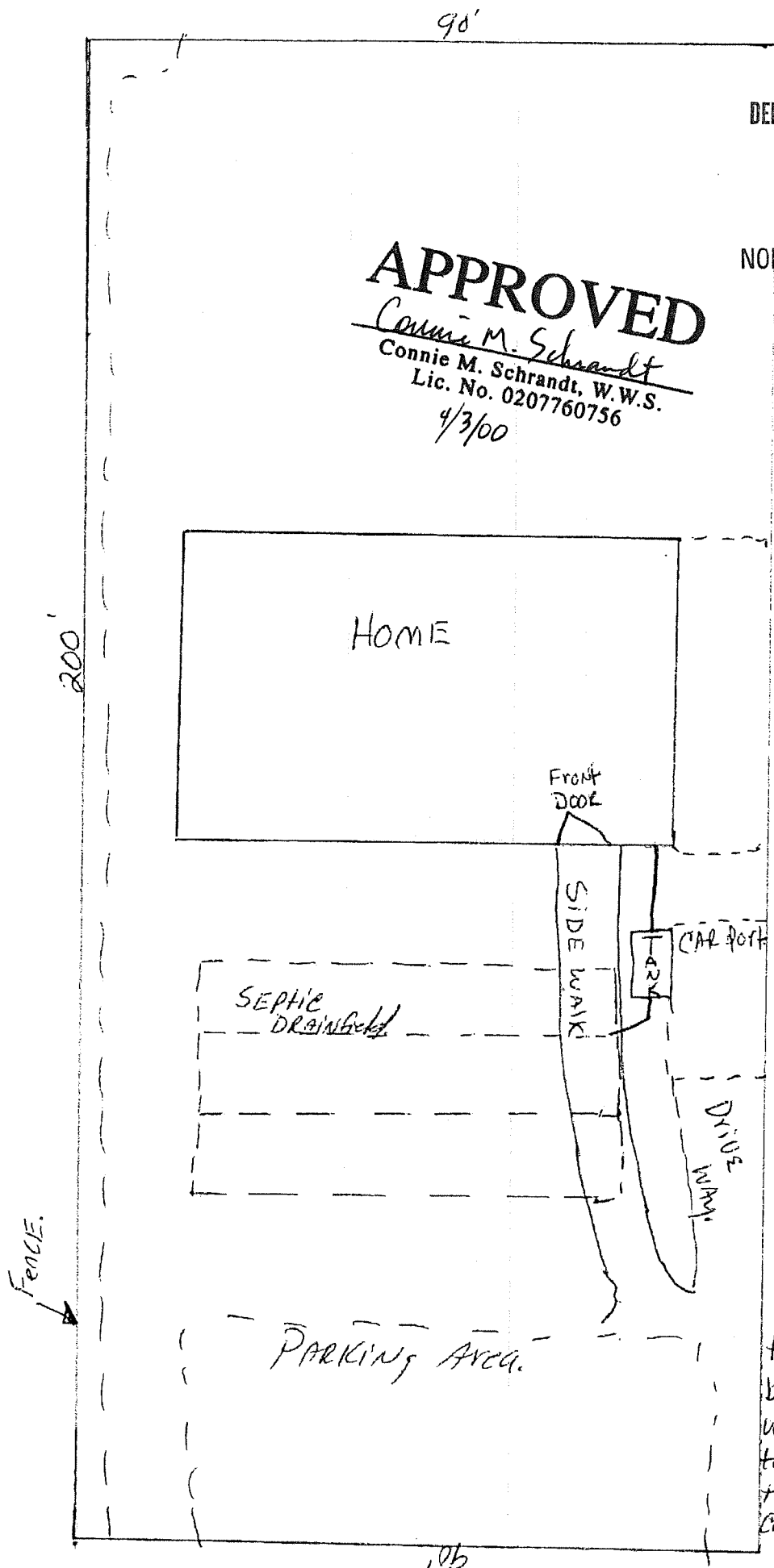
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 3 2000

NORTH COAST BRANCH OFFICE
WARRENTON

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
4/3/00



Note: Riser
Requires 20" minimum nominal diameter

- Materials USED.
- 1EA 1000 gallon Norwesco Poly tank.
 - 2EA Feruco fittings 4"
 - 2EA 12" Risers
- Backfill requirements per Norwesco spec's.

Note: The reason for the Norwesco tank is because a concrete tank would be extremely difficult to install without taking the side walk out, thus causing a lot more cost.

John C. Kelly

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

April 3, 2000

Joe Hollaway
Rt. 2 Box 438M
Warrenton, OR 97146

Re: Information for Repair Permit
T8N-R10W-S28; TL# 3503
Clatsop County

Dear Mr. Hollaway:

In response to a repair permit application received on March 27, 2000, I visited the above-described property on March 31, 2000. The purpose for the visit was to confirm the extent of repair to the existing on-site sewage disposal system necessary for continued use of the system in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Clatsop County records for this property on file at the DEQ North Coast Branch Office (NCBO) in Warrenton indicate a favorable site evaluation report was issued on March 19, 1976. A construction permit was issued on June 9, 1976, and a final inspection of the existing sewage disposal system was made on My 4, 1977. The existing system consists of a steel 1000-gallon septic tank and 4 50-foot long disposal trenches designed for equal distribution. The drawing submitted with your repair permit application shows a sidewalk and garage addition placed between the driveway and the existing system since the system was originally installed.

The steel septic tank and plastic distribution box were exposed for inspection prior to the site visit, and each of the disposal trenches was staked. The septic tank was corroded (with a few holes visible in the top) and leaking, but the distribution box and disposal trenches appeared to be functioning adequately. Based upon the information gathered on the existing system, a new septic tank is required. The new septic tank will consist of a DEQ-approved watertight 1000-gallon septic tank with a riser (either weighted or securely fastened) extended to ground surface.

A plot plan showing the proposed installation of a new 1000-gallon septic tank, including materials used and the manufacturer of the tank, must be submitted to obtain a repair permit from this office. The new tank must meet setbacks of 5 feet to building foundations and 50 feet to surface waters.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1



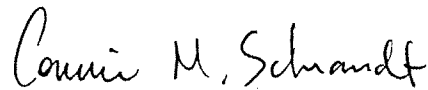
Joe Hollaway – Information for Repair Permit
April 3, 2000
Page 2 of 2

After the permit is issued and a pre-cover inspection has been performed on the new septic tank installation, a certificate of satisfactory completion (CSC) will be issued. No work can take place on the septic system until a permit has been secured. The existing septic tank must be decommissioned in accordance with Oregon Administrative Rules (OAR) 340-071-185 and a copy of the pumping receipt submitted to the NCBO.

Please note that this repair to the existing on-site sewage disposal system does not guarantee satisfactory or continuous operation. As with any on-site sewage disposal system, periodic maintenance is a necessity and can prolong the effective life of the system. Normally, septic tanks need to be pumped out every three to five years to prevent clogging of the drainfield. 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 area is also discouraged. Any future repairs or alterations to the existing system will be required to comply with the current rules.

If you have any questions regarding this matter, you are welcome to contact me at the NCBO, (503) 861-3280.

Sincerely,



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

cc: Gary Cokley, Cokley Excavation, Inc., 510 Alt. Hwy 101, Warrenton, OR 97146

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 3-27-00
Date Completed 4-3-00
Required Fee \$205.00
Receipt No. 92824
Control No. 59426
YR BUILT 1977

FOR APPLICANT'S USE - (PLEASE PRINT)

Joe Hallaway
GAYLA (Property Owner's Name)

0.41 AC
Lot Size (Acreage or Dimensions)
[Signature]
(Applicant's Name if Different from Owner)

Legal Description of Property S 10 28 3503 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 _____
(Number of Bedrooms)
 Other _____
(Specify)

Water Supply

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

Existing Facility

Single Family Residence 3
(Number of Bedrooms)
 Other _____
(Specify)

APPLICATION FOR:

- | | |
|---|---|
| <input 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 checked="" 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) <u>Misra Repair Just for K.</u> | <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.

[Signature]
(Signature)

3-27-00
(Date)

Authorized Representative
 Licensed Installer
License No. 37675

Owner's Mailing Address
RT. 2 Box 438 M
WARRENTON, OR 97146

Applicant's Mailing Address (if different)
510 Alt Hwy 101
WARRENTON, OR 97146

Phone _____

Phone 861-9407

WARRENTON 12:50

WARRENTON

FOR DEQ USE ONLY
FAX 861-3259

LAND USE COMPATABILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME <i>Clay Colby</i>		MAILING ADDRESS <i>510 Act Hwy NW WARRENTON, OR 97146</i>		PHONE <i>861-9407</i>
P L O C A L I T Y N	TOWNSHIP <i>8</i>	RANGE <i>10</i>	SECTION <i>28</i>	TAX LOT OR ACCT N <i>3503</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY <i>Clatsop</i>
	PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981 <input type="checkbox"/>			
	PROPOSED LAND USE <i>septic repair</i>			

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

PROPERTY'S ZONING DESIGNATION

SFR-1/BDO

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

REASON FOR FINDING OF COMPATIBILITY/INCOMPATIBILITY

allowed use in zone

PROPERTY IS LOCATED: (check one)

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

LAND USE AUTHORITY

Clatsop Co. Planning Dept.

SIGNED

Jim Miller

TITLE

Pit.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DATE

3-27-00

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY
MAR 27 2000

SIGNED

TITLE

NORTH COAST BRANCH OFFICE
WARRENTON

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 27 2000

EXAMPLE A

NORTH COAST BRANCH OFFICE
WARRENTON

VICINITY MAP

Clatsop County

Please be specific with the directions to the property. Assume this map is for a big screen TV being delivered to your site and you don't want it lost.

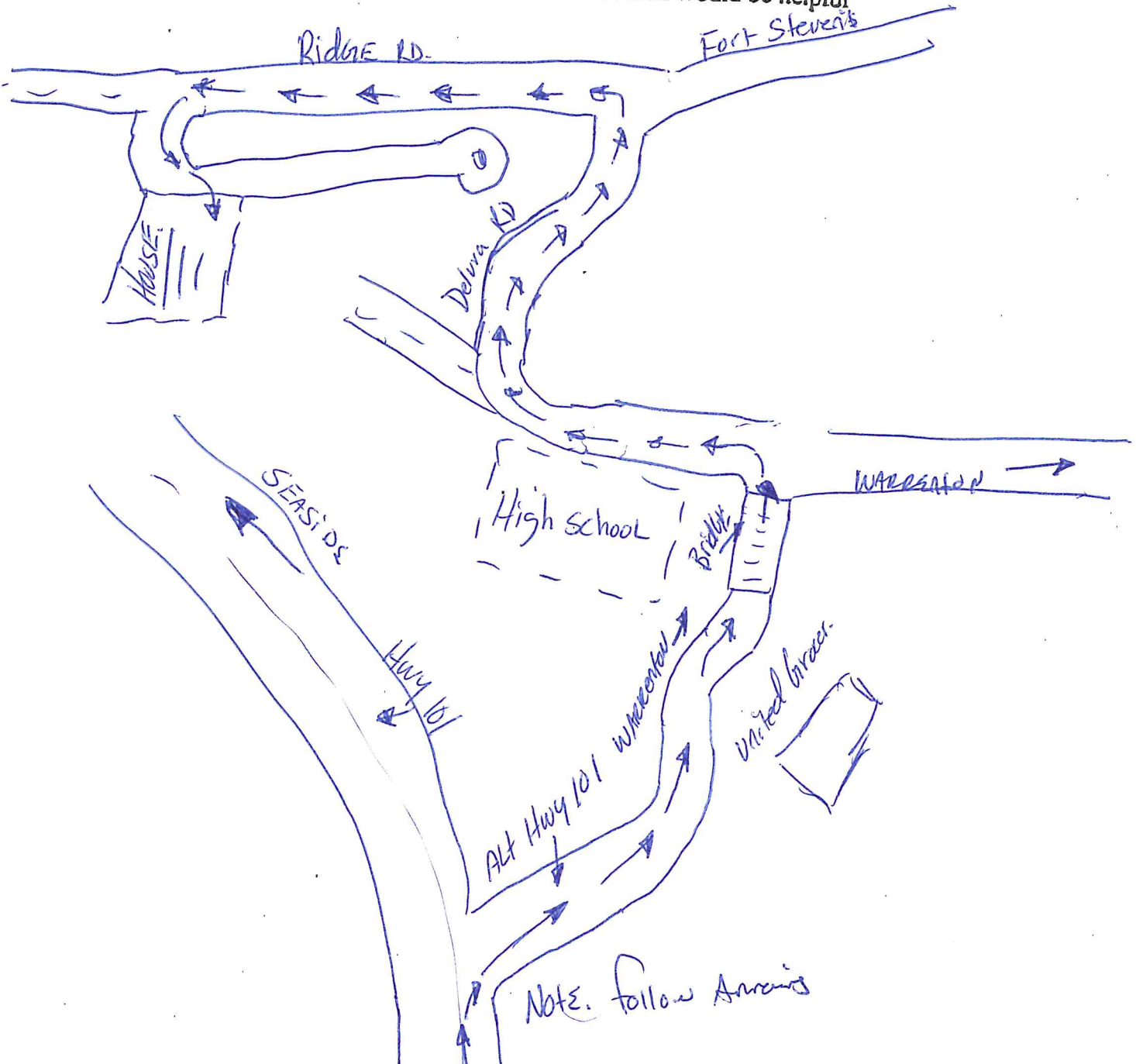
Use a City or Community on a major Highway as the starting point.
(Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.)

(HWY 26, 30, 53, 101, 102, 103, 202).

Give as exact distances as possible, (i.e. 1.5 mi, 2.2 mi)

Give any landmarks that may help locate the site.

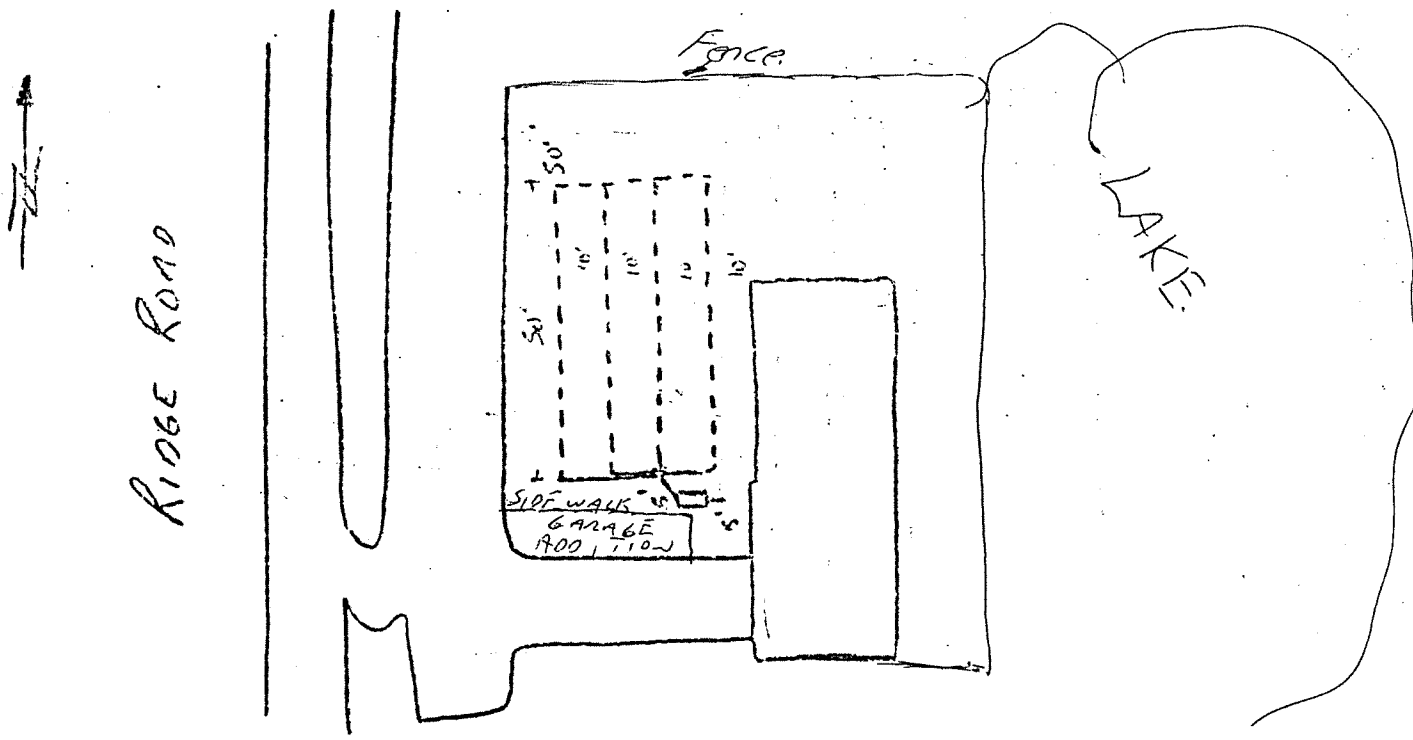
North direction would be helpful



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 27 2000

NORTH COAST BRANCH OFFICE
WARRENTON



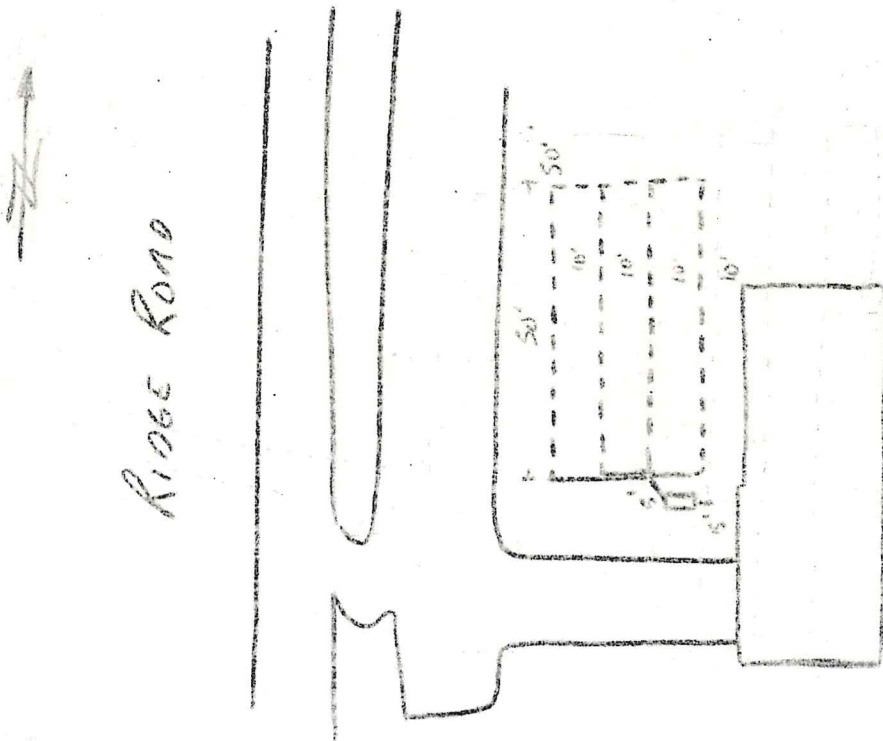
ATSOP COUNTY HEALTH DEPT.
 877 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7441 EXT. 35
 SUBSURFACE WASTE DISPOSAL SYSTEM
 FINAL INSPECTION

810-28-3502
 #5

PERMIT NO. 76-107

OWNER'S NAME JOE HOLLOWAY ADDRESS BOX 402 WARRIN OR.
 PROPERTY ADDRESS 810-28-3502 #5 INSTALLER G. CARLSON
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3
 WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION SAND
 SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS
 STONE: SIZE 3/4-2 1/2", WASHED , BELOW TILE 6 IN., ABOVE TILE 2"
 TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.
 TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL N/A

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.
 REMARKS: _____

DATE: 5-4-77

SANITARIAN

[Signature]

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

Joe Hollaway
P.O. Box 402

STATE OF OREGON

~~Warrent~~ Department of Environmental Quality

8 10 28 3502 (TRACT 5)

Permit No. 76-197

Expiration Date 6-9-77

PERMIT

TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

All work to conform to requirements of Oregon administrative rules governing subsurface sewage disposal. All work shall be performed by property owner personally or by a licensed septic tank installer.

Tank Capacity 900 Gallons
Minimum

Drain Field 450 Sq. Ft.

PERMITS NOT TRANSFERABLE

POST ON PREMISES UNTIL COMPLETED

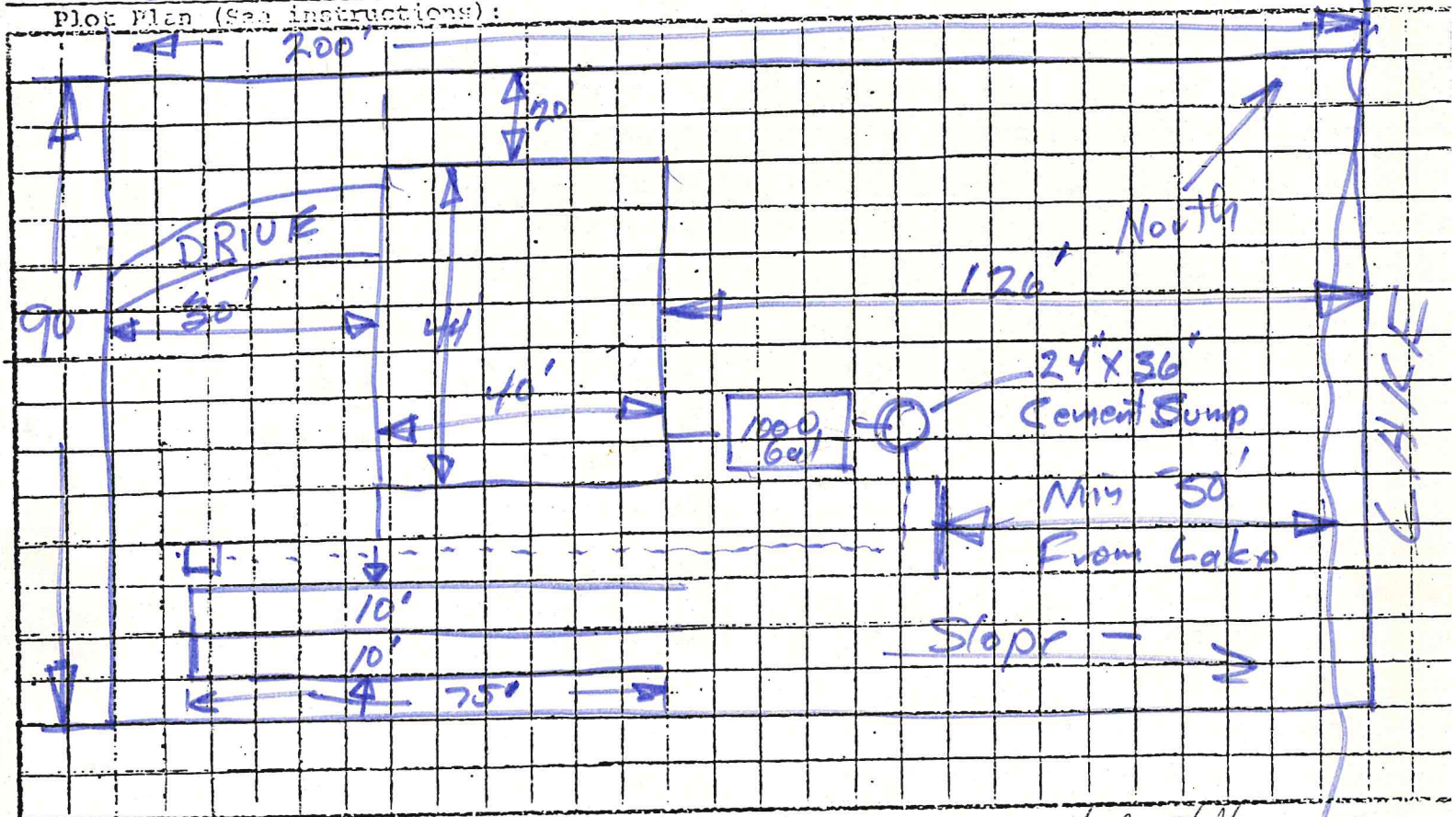
810-28-3502

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Installer: Complete top part of form to
 signature and submit both copies with
 application.

(Exhibit No. 1)

Permit No. 76-107

Installer's Name Joe Hollaway			Property Address Sec-28-T-8-N-R10W-3502-Tract 5		
No. Living Units 1	Bedrooms 3	Baths 3	Basement Yes ___ No X	Water Supply Community ___ Public X Other-Lit: ___	
Septic Tank: Ft. from well NA Steel X Concrete ___ No. Compartments 1 Gal. Capacity 1000			Tile Disposal Field: Distribution Box: Yes X No ___		
Inside Dimensions: Ft. Length 96" Width ___ Diameter 60" Depth 60"			Other Distribution - Type NA		
Applicant Name E. Joe Hollaway			Feet from Well Min -10' Foundation		
Mailing Address PO. Box 402			Lot Line Front 10' Side 10' Rear 14'		
Address Warrenton, OR 97146			Filter Type Rock Filter Depth 2 in. Filter tile 6"		
Length of Lines - Ft. 1. 3 2. 3 3. 3 4. 3 5. 3 6. 3		Trench Width 2'	Total sq. ft. 450	Ft. between lines 10'	Filter Type Rock Filter Depth 2 in. Filter tile 6"

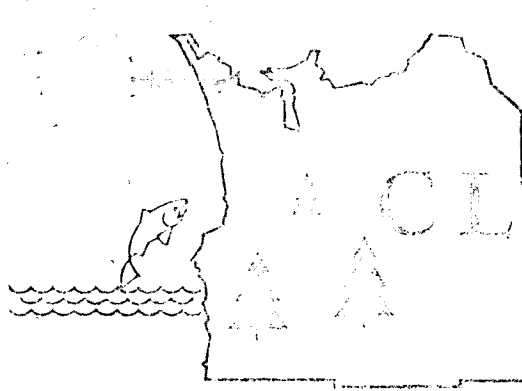


Date June 4, 1976 Signature Emmett J. Hollaway

For Sanitarian Use Only:
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal
 Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: _____ Date: 6-9-76

 Sanitarian's Signature
 State of Oregon



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
457 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

March 19, 1976

Mr. Richard M. Leathers
1343 Jerome
Astoria, Oregon 97103

Re: T8N, R10W, Section 28 - Lot # 3502 Tract 5

Dear Mr. Leathers:

On March 18, 1976, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we 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. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason, R.S.
Clatsop County Sanitarian
BLM/na

RESTRICTIONS

- 1) Provide an absorption area of 150 square feet per bedroom with a septic tank of at least 750 gallons capacity.
- 2) Maintain a 100 foot isolation distance between the drainfield and any down gradient surface waters.
- 3) Alteration of the natural soil or landscape conditions in the area approved may void this approval.
- 4) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction.
- 5) This approval is void if in conflict with any local planning or building regulations.

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

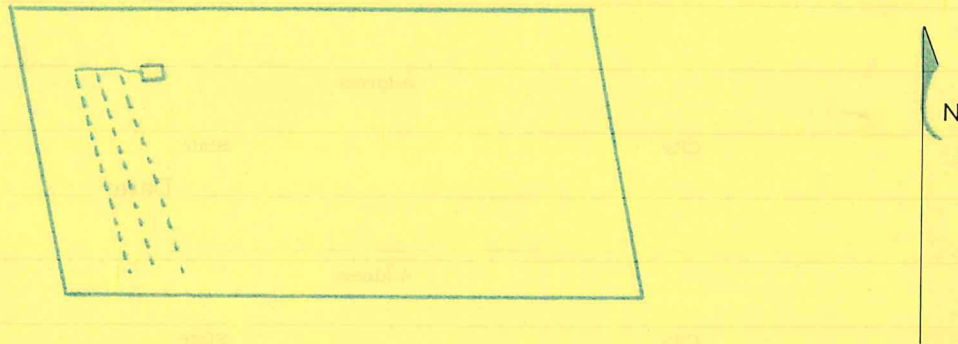
This is to certify that the following described property

Sec. 28, T8N, R10W 3502 - tract 5

has been evaluated on March 18, 1976 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 Clatsop County Health Department 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: March 19, 1976
Date

To: Richard M. Leathers
Landowner

1343 Jerome
Address

Astoria, Oregon 97103
City State Zip

By Bill D. Mason R.S.
DEQ or Contract Agent

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Land Quality
County

Clatsop

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Richard M. Leathers Section 28 T 8 R 10
Name of Applicant
1343 Jerome Tax Lot or Account # 3502 no. 5
Address
Astoria, Oregon Location _____
City Installers Name _____

B. GENERAL DESCRIPTION

New Construction 1 Repair _____
Installation will serve: House _____ Mobile Home _____ Mobile Home Park _____
Commercial Building _____ Other (Explain) _____
No. of Living Units 1 No. Bedrooms 2
Water Supply: Public _____ Community 1 Private _____ Garbage Disposal? _____

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
2. Planning Evaluation - Building Permit (Local Option)
3. Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Richard M. Leathers
Signature (Owner/Installer)

Permit No. _____
Issued _____
Date

Date March 17, 1976

BUILDING PERMIT APPLICATION

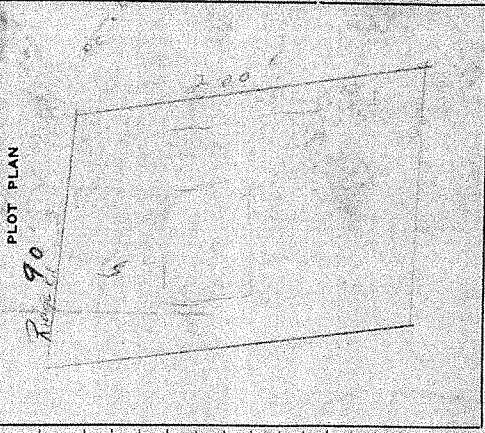
Clatsop County Building Dep.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

BUILDING ADDRESS 2111 SEASIDE AVE
LOCALITY Astoria, Ore.
NEAREST CROSS STREET Bayview Road
PERMITS New
ARCHITECT Name: [Redacted] Address: [Redacted] City: [Redacted] State: [Redacted]
ENGINEER Name: [Redacted] Address: [Redacted] City: [Redacted] State: [Redacted]
CONTRACTOR Name: [Redacted] Address: [Redacted] City: [Redacted] State: [Redacted]
LEGAL DESCRIPTION Lot [Redacted] Block [Redacted] Subdivision [Redacted] Sec. [Redacted] T. [Redacted] R. [Redacted] S. [Redacted]

CLASS OF WORK Garage
NEW Addition
ALTERATION Shed
REPAIR Other
MOVE Residence
USE OF BUILDING [Redacted]
SIZE OF BUILDING 1500 sq ft
NO. OF BEDROOMS 2
NO. OF FLOORS 2 1/2
HEIGHT 10 ft
SPECIFICATIONS
 Foundation material: [Redacted]
 Width of wall: [Redacted] Footing: [Redacted]
 Height of wall: [Redacted] Depth in Ground: [Redacted]
 Girders: [Redacted] Size: [Redacted] Spacing: [Redacted] Span: [Redacted]
 Joists: [Redacted] Size: [Redacted] Spacing: [Redacted] Depth in Ground: [Redacted]
 Studs: [Redacted] Size: [Redacted] Spacing: [Redacted]
 Rafters: [Redacted] Size: [Redacted] Spacing: [Redacted]
 Type of roofing: [Redacted]
 Type of siding: [Redacted]
 Type of heating: [Redacted]
 I hereby acknowledge that I have read this application and state that the above is correct and complies with all applicable ordinances and state laws regulating building construction.
 Signature of Permittee: [Redacted]
 By: [Redacted]

VALUATION \$ 32,000
AREA—1st Floor 1500 sq ft
AREA—2nd Floor 1500 sq ft
ADDITIONAL AREA 331 sq ft
AREA—TYPE V J 136 sq ft
PLUMBING Rough, Baths, Outlets, Circuits, Final
ELECTRIC Rough, Outlets, Circuits, Final
INSPECTIONS CALLED
SPECIAL INFORMATION
 If access to a County Road is necessary, an Approach Permit obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.
 Special information: [Redacted]
 Date Received: 1-26-77
 APPROVED: COUNTY SANITARIAN [Redacted]
 Date: DEC 17 1976
 APPROVED: COUNTY PLANNING COMM. [Redacted]
 Date: [Redacted]
 APPROVED: BUILDING OFFICIAL [Redacted]
 Date: [Redacted]



Size of Septic Tank 1000 gals
Water Supply Private
Source: WASHINGTON
PLANNING AND ZONING
 Type of Occupancy: Single Family
 Total Floor Area: 1500
 No. Stories: 2 Total Height: 11
 Area of Lot: 11000
 Front Yard Setback: 50'
 Side Yard Setback: 10'
 Rear Yard Setback: 120'
 New Const: Alter.
 Change of Occupancy: From To

BUILDING PERMIT APPLICATION

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

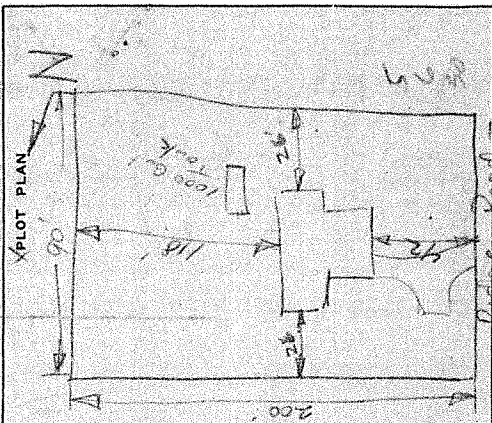
325-7441, Ext. 70

BUILDING ADDRESS 10 - 20-76
LOCALITY Ridge Road
NEAREST CROSS STREET Near Smith Lake
Name Joe Holloway
Address 395 SW 1st St.
City Warrenton, 97146
Tel. No. 867-1336
Name J
Address
City
State
Tel. No.
Name Joe Holloway
Address 395 SW 1st St
City Warrenton **State** Oregon
Tel. No. 867-1336 **Rep. No.** 2000000
Lot
Block
Subdivision
Sec. 28 **T.** 8 **R.** 10
Name
Plot # 2502 **Plot**

CLASS OF WORK
 New
 Addition
 Alteration
 Repair
 Move
 Trailer or M.H.
 Garage
 Shed
 Other
 Residence
Use of building Res
Size of building 38 x 44
No. of bedrooms 3 - base
No. of floors 2 **Height** 18 ft.
Foundation material Cement
Width of wall 8" **Feetings** 8" x 16"
Height of wall 2' **Depth in Ground** 12"
Grids **Size** **Spacing** **Span**
Joints 2 x 12 16" x 20'
Studs 2 x 4 16" x 8"
Rafters 2 x 6 24" x 14"
Type of roofing Cedar Shakes 3/4"
Type of siding Cedar Siding
Type of heating Ceiling Cable
 I hereby acknowledge that I have read this application and the rules and regulations pertaining to building construction with all County Ordinances and State laws.
Signature of Permittee J. Holloway
By

Valuation 76-222
Area - 1st Floor \$15,000
Area - 2nd Floor
Additional Area
Area - Type V, J
Plan-Checking-Fee \$426
TOTAL \$14,626
Basic Fee 10-20-76
(+) 50% V, J, II
Plan-Checking-Fee
TOTAL \$14,626
Called Inspections
Building **Plumbing** **Electric**
Foundation **Rough** **Rough**
Frame **Baths** **Outlets**
Interp. **Kitchen** **Circuits**
Flues **Utility** **Size of wire**
Final **Finish** **Final**

SPECIAL INFORMATION
 If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.
Special Information:



Water Supply Private
Source: Carrotin
Size of Septic Tank 1000 gal.
Public
PLANNING AND ZONING
Type of Occupancy
Total Floor Area
No. Stories **Total Height**
Area of Lot 18,000 sq. ft.
Front Yard Setback 47.26'
Side Yard Setback 26'
Rear Yard Setback 118'
New Const. X **Alter.**
Change of Occupancy From
To

Date Received: 10-15-76
APPROVED: COUNTY SANITARIAN
By D.F.G. 76-107
Date: 10-21-76
APPROVED: COUNTY PLANNING COMM.
By [Signature]
Date: 10/18/76
APPROVED: BUILDING OFFICIAL
By [Signature]

The sketch below is made solely for the purpose of assisting in locating said premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Tract #5

Pioneer National Title Insurance Company
A TICOR COMPANY

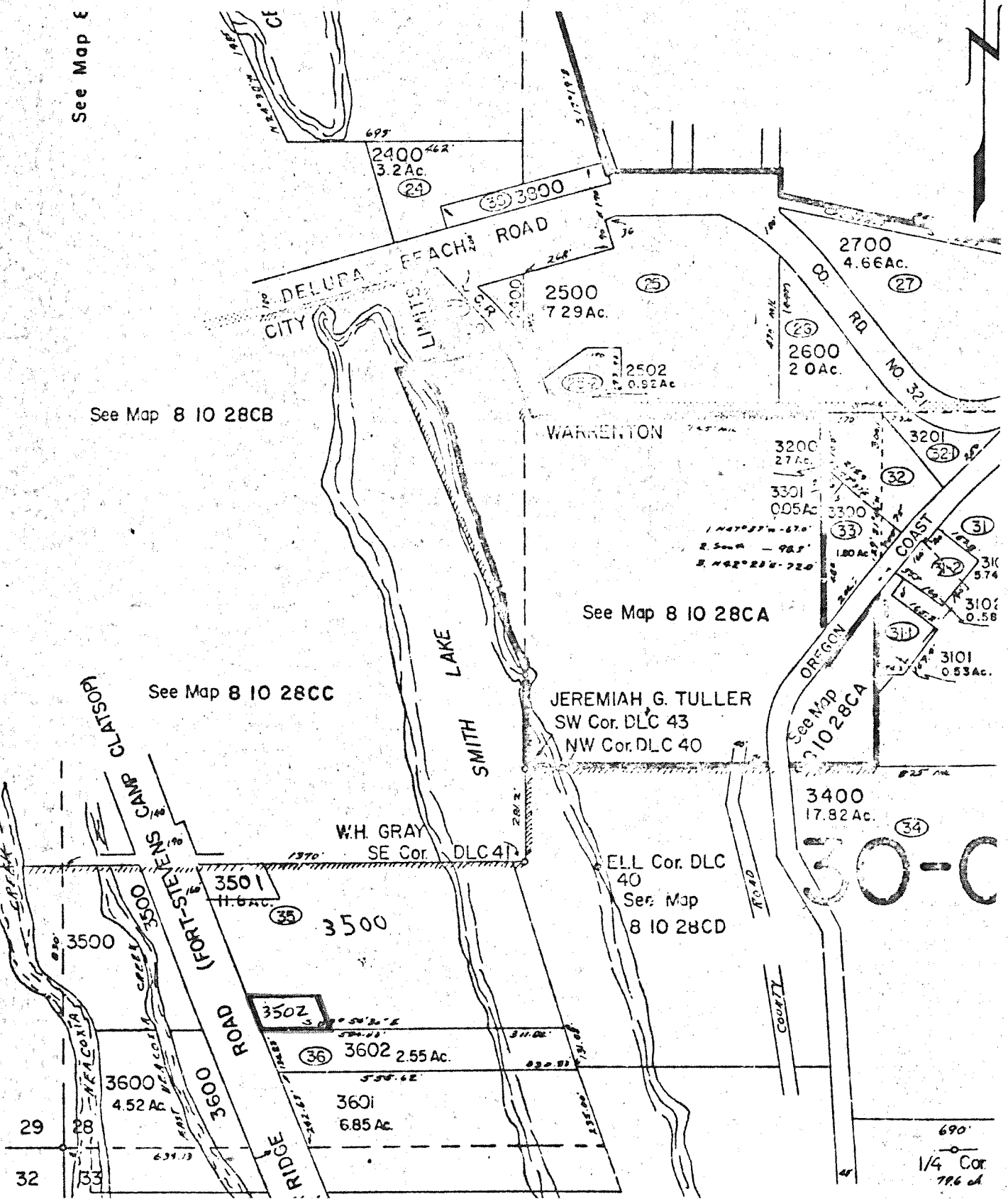
See Map 8

See Map 8 IO 28CB

See Map 8 IO 28CC

See Map 8 IO 28CA

See Map 8 IO 28CA



690'
1/4 Cor
77.6 ac

See Map 8 10 29

See Map 8 10 28BD

1028

See Map 8 10 28CB

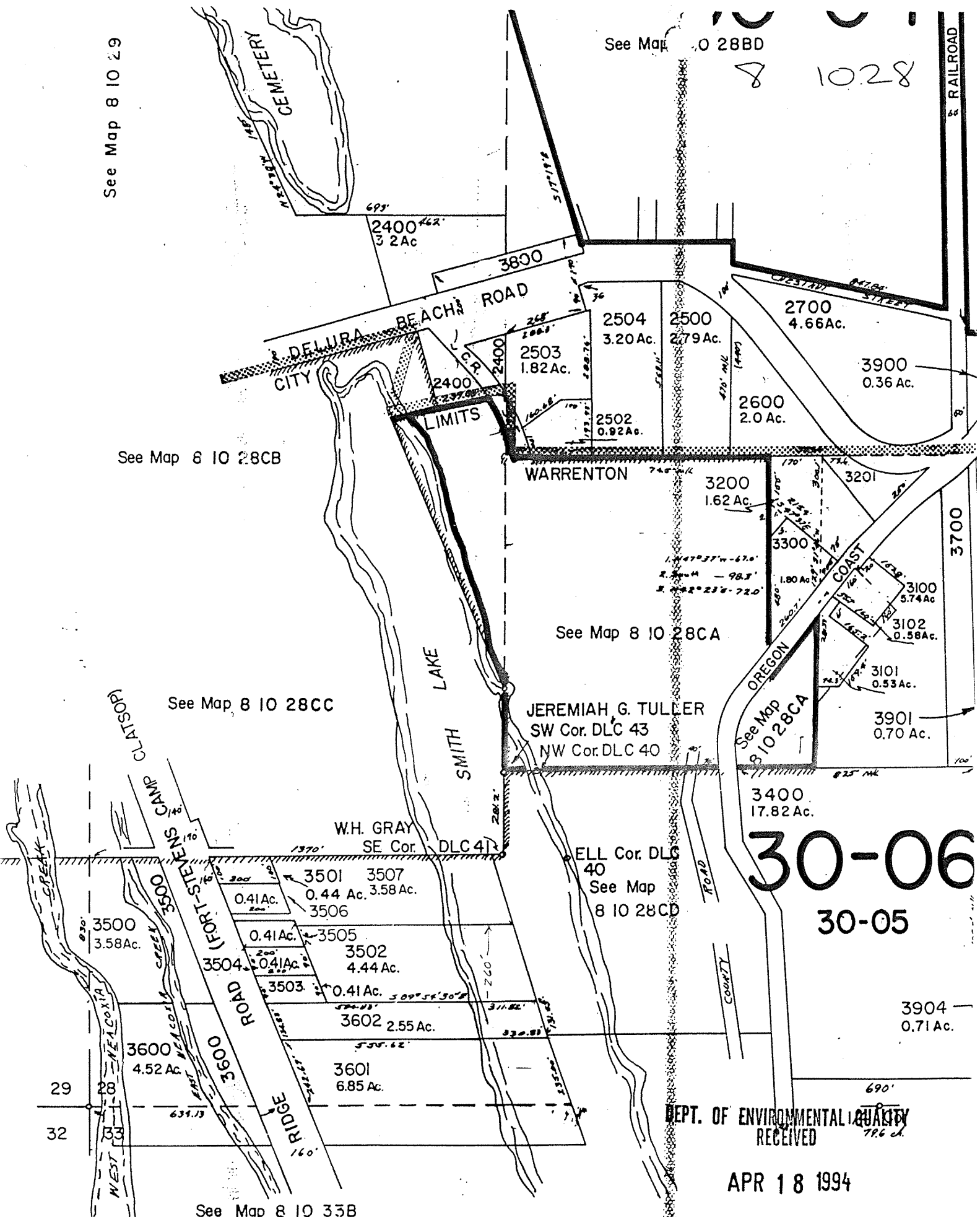
See Map 8 10 28CC

See Map 8 10 28CA

See Map 8 10 28CA

See Map 8 10 28CD

See Map 8 10 33B



30-06
30-05

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 18 1994

ASTORIA BRANCH OFFICE