

70785

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 04-35

\$ 430.00

Fee

81033CA00200

New Construction

Minor Repair

Authorization notice application 2-19-04

Permit Issued To Randy Stemper (Property Owner's Name) 8N (Township) 10W (Range) 33C (Section) 100 (Tax Lot / Acct. No.) Clatsop (County)

Highway 104 (Road Location) Warrenton (City) Connie M. Schrandt (Issued by - Signature) 3-23-04 (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 March 23, 2005

TYPE OF SYSTEM Septic & Dosing tank replacement

Willamette Graystone 2 compartment with risers

Design Sewage Flow - Gallons/Day

Tank Volume 1500 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 3-22-04. As-built with all notations on approved plans addressed & certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request. PRE-COVER INSPECTION REQUIRED - CONTACT NCBO -- (503) 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Carlson Contracting Inc.

As-built & certification of final construction received 9-13-04. Electrical permit received 9-22-04. Pumping receipt received 9-15-04.

Final Insp. Date

Inspected By

Issued by Operation of Law

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

This Certificate of Satisfactory Completion is valid for a period of 5 years for connection of the system to the facility for which it was constructed. After the 5 year period, rules for Authorization Notices or Alteration Permits apply, which includes paying a fee, as outlined in OAR 340-071-0205 and 340-071-0210.

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.

(Authorized Signature)

(Title)

(Date)

(Office)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 13 2004

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE

COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

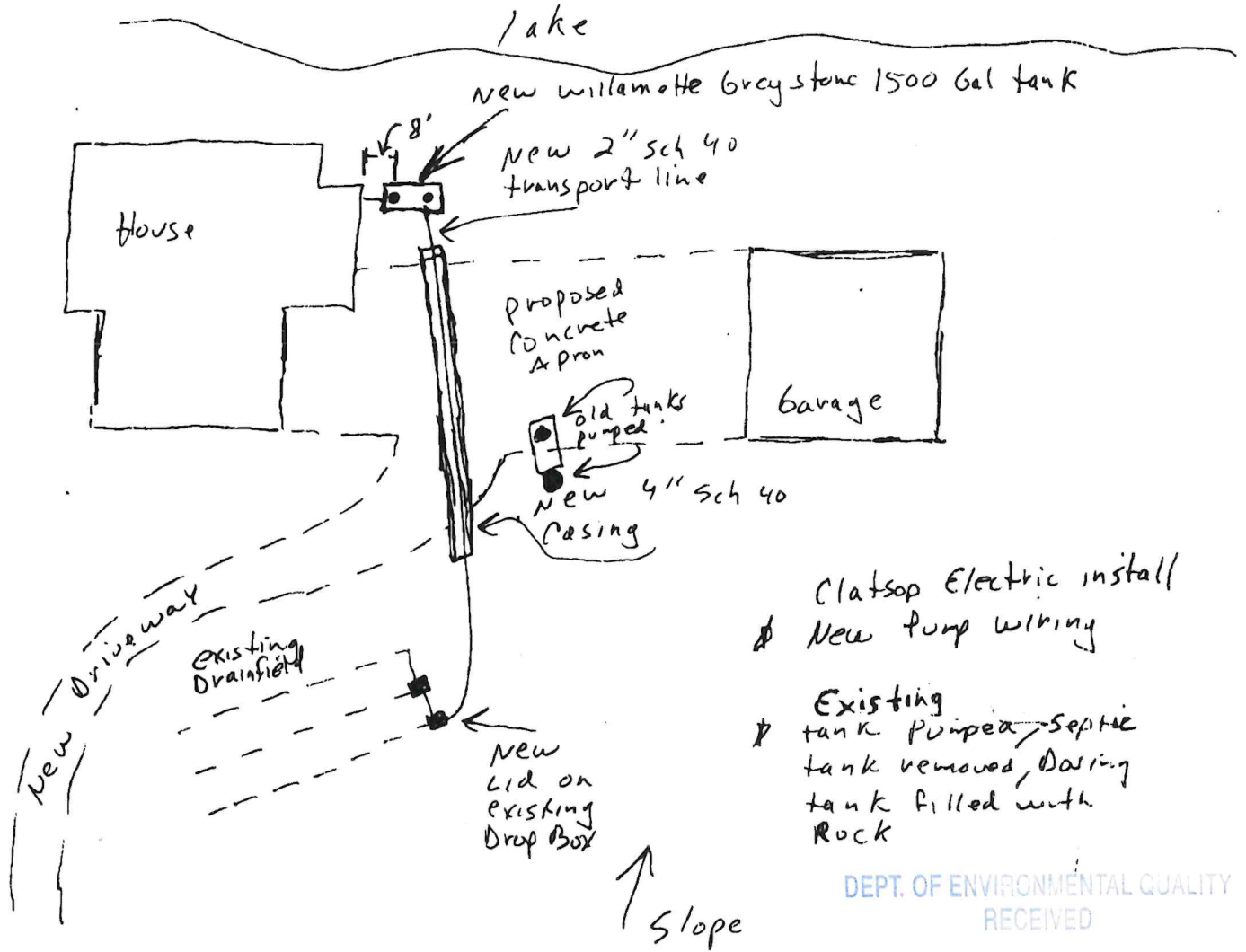
Property Owner Randy Stemper Permit Number ~~05483~~ County Clatsop
Township 6N; Range 10W; Section 3BA; Tax Lot 1100; Tax Acct. # _____
Job Location 91856 Hwy 104 Warrenton
Date System Construction Completed 9/11/04; Date Submitted to DEQ or Agent 9/13/04

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

- 1500 gal Willamette Grey stone Septic Dosing tank & Risers
- obenco Pump Package
- 80' 2" sch 40 transport line
- 70' 4" sch 40 casing under Drive way
- misc 2" fittings
- new plastic Drop Box lid

Property Owner Randy Stemper Permit Number _____ 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.



- Clatsop Electric install
- * New pump wiring
- Existing tank pump & septic tank removed, during tank filled with Rock

DEPT. OF ENVIRONMENTAL QUALITY RECEIVED

SEP 13 2004

NORTH COAST BRANCH OFFICE WARRENTON

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

* Sewage Disposal Service Business: Carlson Contracting, 33563
(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], Pres, 9/13/04
(System Installer's Signature) (Title) (Date)

SEP 22 2004



ELECTRICAL PERMIT

Clatsop County Building Codes
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503)338-3697 Fax (503)338-3666
Inspection Request Line - (503)338-3698

For Department Use Only

Permit #: 4889
Issued Date: 7/30/2004
Issued By: Laura Byrne
Electrical Label #: 403104

Jobsite Information

Address: **91856 HWY 104** TaxLot Desc: **T R S Q S Qq S Taxlot** Work Description:
City: **WARRENTON** State: **OREGON** **8 10 33** **00100 4500 SF INCLUDES GARAGE**
Directions: **SOUTH SMITH LAKE AREA**

Approvals

Owner Information

Name: **STEMPER, RANDY** Ph. #: () - Cell: () -
Address: E-Mail: Fax: () -
City, State, Zip:

Contractor Information

<u>Contractor Type:</u>	<u>Name:</u>	<u>Address:</u>	<u>Phone #:</u>	<u>Fax #:</u>
Electrical	CLATSOP ELECTRIC	160 NE 5TH ST STE D, WARRENTON, O	(503) 861-2330	(503) 831-2340

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>State Surcharge:</u>	<u>Plan Review Fee:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Electrical	\$325.00	\$22.75	\$0.00	\$0.00	\$347.75
Grand Total:					\$347.75

Receipts

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
CLATSOP ELECTRIC	Check	1107	07/30/2004	\$347.75
				\$347.75
Balance Due:				\$0.00

See other side for additional notes

Use with 772 DU-O-VUE[®] Envelope — saves addressing time

B

STATEMENT

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

DATE	9-10-04
NUMBER	861-2408

CLYDE McDONALD 458-6521
(800) 382-7380

Carlson Contracting
P.O. Box 157
Hammond, Oregon 97121

Re: Randy Stempel
91806 Hwy 104
Winnemucca, 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 500 Gallon Plastic Dosing Tank	BALANCE FORWARD
9-10-04	Pumped Septic Tank AND DOSING TANK Dump Fee	\$ 171.60 40.40 <u>212.00</u>
	TOTAL	\$ 288.00
	SEPT. OF ENVIRONMENTAL QUALITY	
	SEP 15 2004	
	WARRANTY SERVICE	

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

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

Job Site Address: 91356 Hwy 104 City: Astoria
Owner: Randy Jumper Phone: 325-3611
Owners Address: 503 Kensington Astoria
Agent: _____
Proposed Development/Construction: New Residence

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

Legal Description: T 8 R 10 SEC 33C Tax Lot(s) 100
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 3-25-04
Remarks: PERMIT 04-35

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

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

Signature: _____ Title: _____ Date: _____
Remarks: _____

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

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

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 Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

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



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

March 23, 2004

Randy Stemper
508 Kensington
Astoria, OR 97103

Re: Minor Repair Permit En Route to Authorization
Township/Range/Section: T8N-R10W-S33C; TL# 100, Clatsop County

Dear Randy Stemper,

In response to an authorization notice application received on February 19, 2004, a field inspection and record review of the above-described property has been completed. The purpose for the evaluation was to determine if the existing on-site sewage disposal system could function satisfactorily, and in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73, if the previously existing 3-bedroom home was replaced with a new 3-bedroom home.

Records on file at the North Coast Branch Office (NCBO) indicate the existing on-site sewage disposal system was repaired in 1986 under Permit #86-74 and consists of a 1000-gallon steel septic tank, a 450-gallon dosing tank and 175 linear feet of disposal trenches in serial distribution.

The existing system, including the exposed tanks and the drop box to the first disposal trench, was inspected during the field visit on March 17, 2004. Several pitted areas were noted in the top of the septic tank, but no visible holes were noted in the exposed portions of the tank. The steel riser on the tank was also corroded. The upright dosing tank was in poor condition, as was the pump assembly inside the tank. The drop box was in good condition, except for a hole observed in the box lid. Three existing disposal trenches were identified after probing from the ground surface above. No signs of surfacing sewage were observed. Area available on the property for future drainfield replacement is limited.

Based upon the information described above, replacement of both the septic and dosing tanks and the drop box to the upper line are necessary for continued use of the existing on-site sewage disposal system. A 1000-gallon, DEQ-approved septic tank and a 500-gallon, DEQ-approved dosing tank, each equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface and sealed for water-tightness, are required. A new drop box or drop box lid is also required to allow future evaluation of the existing disposal trenches. The existing septic and dosing tanks must be decommissioned in accordance with OAR 340-071-0185 with copies of the pumping receipts submitted to the NCBO.



Carlson Contracting, Inc.

P.O. Box 157 • Hammond, Oregon 97121 • (503) 861-2408 • CCB #83416

- * 1500 Gal Willamette Greystone Septic Dosing tank
- * Onenco Pump Package w Franklin High Head Pump to lift effluent to existing D.F

lake

53'



Parking Area

4" casing under Driveway for transport line

1 1/4" transport pipe

Replace existing 1st Drop Box with new tuff lite Drop Box

existing Drainfield

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 0207760756
 3/23/04

3/21/04

Randy Steper

8N-10W-33E-100



DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

MAR 22 2004

NORTH COAST BRANCH OFFICE
 WARRENTON



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

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AGENCY REVIEW & APPROVAL FORM

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

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

Job Site Address: 91856 Hwy 104 City: Warrenton
Owner: Randy Stemper Phone: 325-3611
Owners Address: 508 Kensington
Agent: _____
Proposed Development/Construction: Foundation Only

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

Legal Description: T SN R 10W SEC 33C Tax Lot(s) 100
Permit Needed - Yes () No () Site Approved - Yes () No ()

Signature: [Signature] Date: 2-20-04

Remarks: * FOUNDATION ONLY. AUTHORIZATION NOTICE STILL REQUIRED FOR BUILDING PERMITS. APPLICATION RECEIVED 2-19-04.

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

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

Signature: _____ Title: _____ Date: _____
Remarks: _____

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

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

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 Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

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

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
 Rec'd 2-19-04
 Date Completed 2-23-04
 Required Fee \$ 430.00
 Receipt No. 110832
 Control No. 70785
 YEAR BUILT 1924

FOR APPLICANT'S USE - (PLEASE PRINT)

Randy Stemper
 (Property Owner's Name)

1.93 AC
 Lot Size (Acreage or Dimensions)

Legal Description of Property 8 10 33C 100 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 3
 (Number of Bedrooms)
 Other _____
 (Specify)

** House being Replaced*

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) _____

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- Other (Specify) _____

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

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

[Signature]
 (Signature)

19-Feb-04 [] Authorized Representative
 (Date) [] Licensed Installer
 License No. _____

Owner's Mailing Address
508 Kensington
Astoria Or
97103
 Phone 325-3611

Applicant's Mailing Address (if different)

 Phone _____

FEB 19 2004

04-089

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Applicant Name/Property Owner: Randy Stemper
Mailing Address: 508 Kensington Telephone: 325-3611
City: Astoria State: OR Zip: 97103

2. Property Information:
County: Clatsop Tax Lot Number: 100
Township: B Range: 10 Section: 330
Property Address: 91856 Hwy 104
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single-family dwelling.
 Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction

6. Property Zoning: SFR1/BDO Zoning Minimum Parcel Size: 1 AC

7. Is a public notice and hearing required? Yes No Hearing Date: _____

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

9. Planning Official Signature: Chris Hoth
Print Name: CHRIS HOTH Title: PLANNING TECH
Telephone No.: 325-8611 Date: 2-19-2004

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.

FEB 19 2004

NORTH COAST BRANCH OFFICE
WARRENTON

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

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

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

2. When was your sewage disposal system installed? Dist 1986 86-74
(Year) (Permit No.)

3. Tank material:

- () Steel () Concrete () Fiberglass
 Polyethylene () Unknown

4. Volume of the septic tank in gallons: 2-1000 GAL

5. When was the septic tank last pumped? Nov 03 (Attach receipt)

6. Number of disposal trenches: 3

7. Total length of disposal trenches (feet): 175

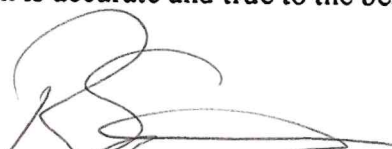
8. Is your sewage disposal system currently in use? Yes No ()
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? 3 How many people occupy the dwelling? 2

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.

Feb 19-04
Date


Signature of Property owner or
Legally Authorized Representative

FEB 19 2004

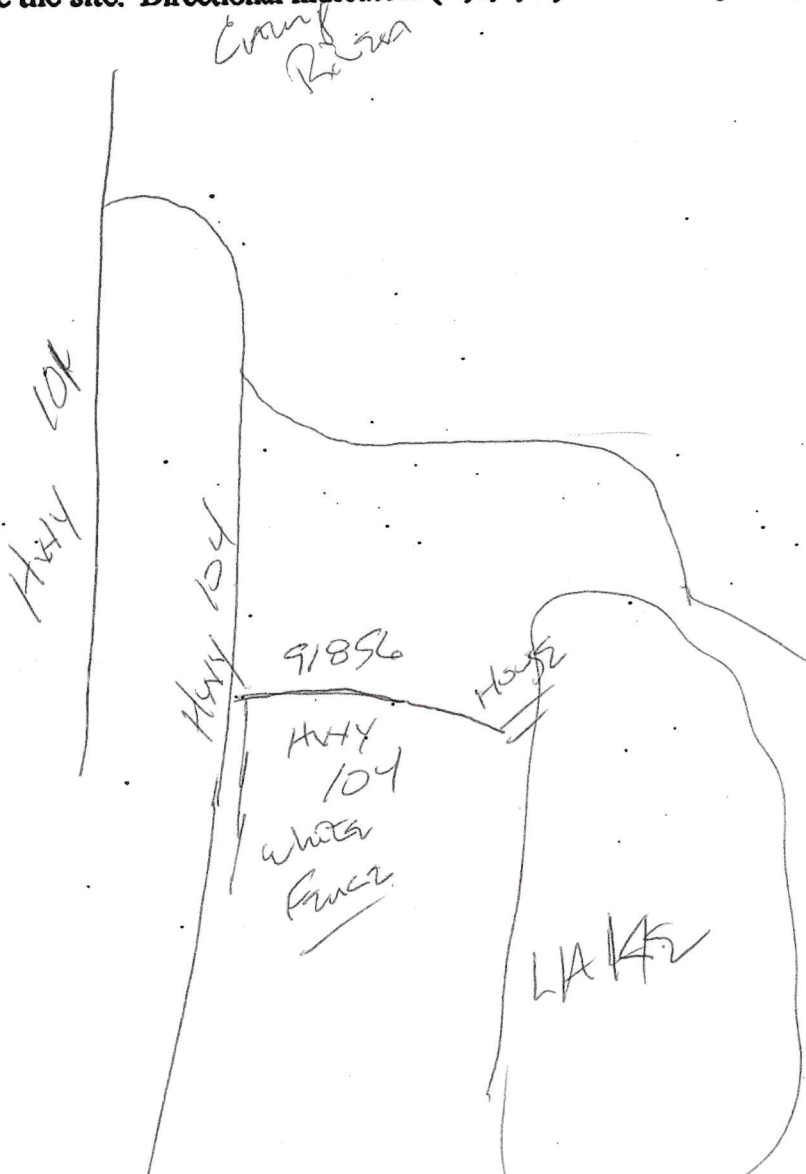
NORTH COAST BRANCH OFFICE
WARRENTON

EXAMPLE A

VICINITY MAP
Clatsop County

Please be specific with the directions to the property. If directions are unclear and the sanitarian cannot make it to the site then the processing of your application will be delayed.

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, 102, 202). Give as exact distances as possible (i.e. 1.5 miles, 2.2 miles., etc). Give any landmarks that may help locate the site. Directional indicators (N,S,E,W) are also helpful: Thank you.



16090

Control No.

\$ 100.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 86-7

New Construction

Repair

Other

Permit Issued To Sharon R. Dirschel
(Property Owner's Name)

Hwy. 101 - Smith Lake area
(Road Location) Warrenton
Rt. 2 Box 418-a (City)

8N
(Township)

10 W
(Range)

33C
(Section)

100
(Tax Lot / Acct. No.)

John Odison
(Issued by - Signature)

8-6-86
(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)

EXPIRATION DATE August 6, 1987

SPECIFICATIONS

Tank Volume 2 - 1,000 gal. tanks
Gallons

Maximum Depth 36 inches.

Equal Loop Serial

Total Rock Depth 12 Inches.

Special Conditions (Follow Attached Plot Plan)

Disposal Trenches

Minimum Depth 18

Pressurized
Below Pipe 6 Inches.

TYPE OF SYSTEM Standard

Design Sewage Flow 525 Gal's/Day

Seepage Bed(s)

175 Square Feet
10' on centers Linear Feet

Minimum Distance Between Trenches 10'
Above Pipe 2 Inches. Rake Sidewall

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

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing
with Reference Locations

Installer Carlson Contracting

Final Insp. Date _____

Issued by Operation of Law

Pre-cover inspection waived
pursuant to OAR 340-71-170(2)

See as-built drawing
submitted by installer

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.

John Odison
(Authorized Signature)

Environmental Analyst
(Title)

Hwy - 101

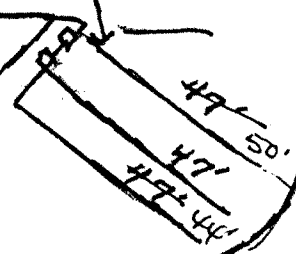
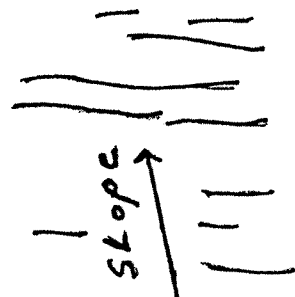
S.R. Dirschel
Rt. 2, Box 418A
Warrenton, Or. 97146

AS-BUILT



NEW 1000
GAL SEPTIC
TANK

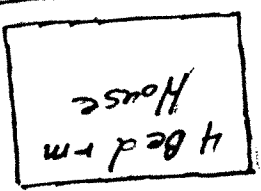
1000 gal Tank and Pump



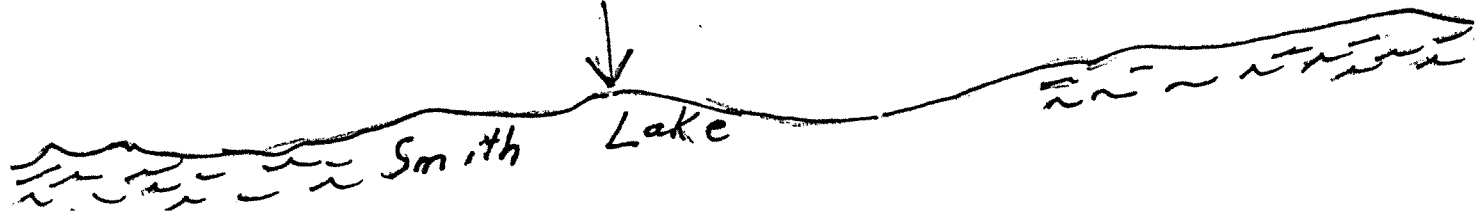
DRIVEWAY



1000 gal Tank and Pump
Driveway



148'



JUN 11 1997

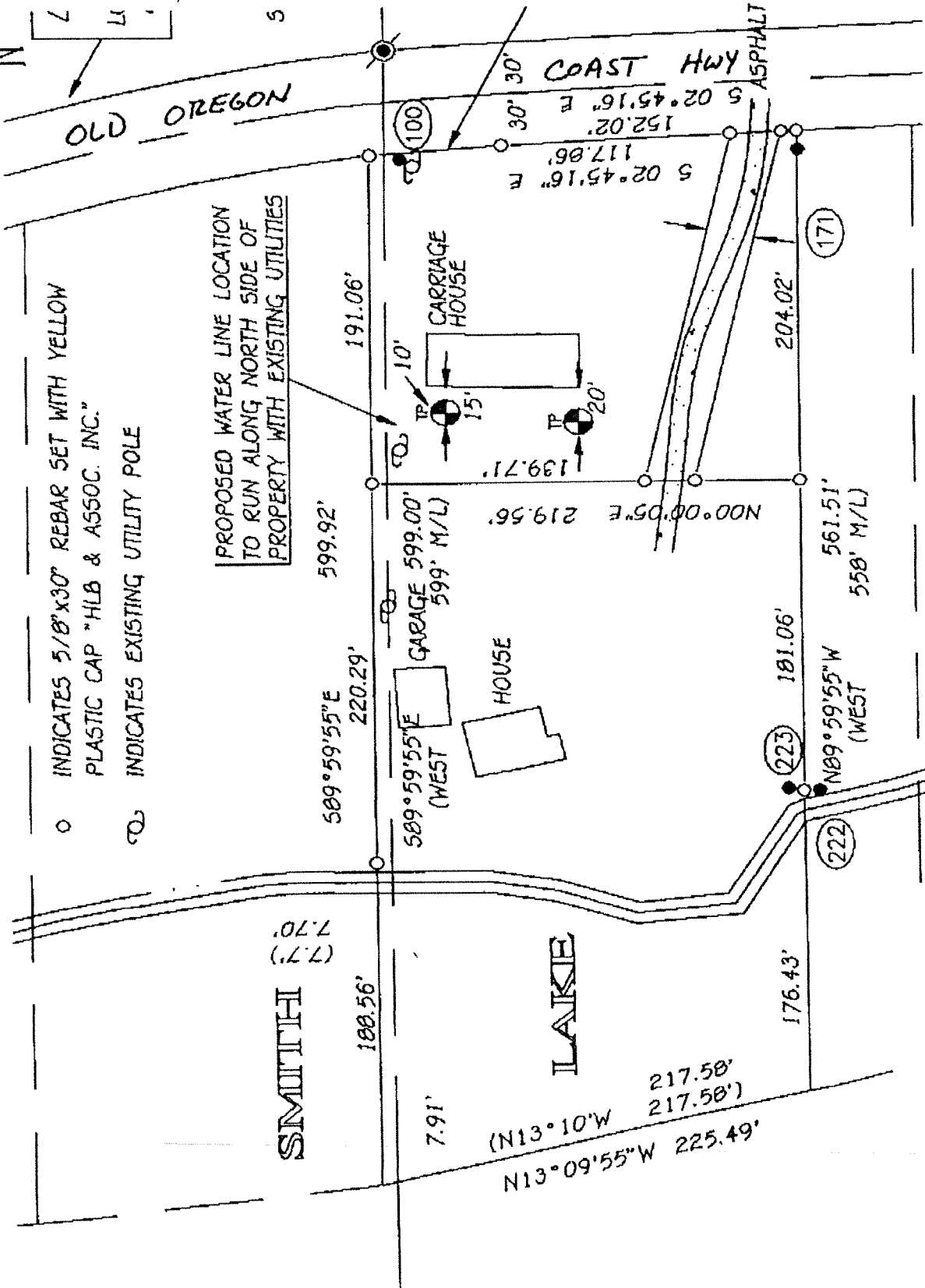
SKETCH MAP FOR DON & SUZANNE MULDOON

TAX LOT 100 8-10-33C

SHOWING TEST PIT & PROPOSED WATER LINE LOCATION

JUNE 11, 1997

NORTH COAST BRANCH OFFICE
WARRENTON



FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 7-30-86
Date Completed 10-17-86
Required Fee \$100.00
Receipt No. 34641
Control No. 16090

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
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED ... YES NO ATTACHED ... YES NO
VICINITY OR TAX LOT MAP REQUIRED ... YES NO ATTACHED ... YES NO
TEST HOLES REQUIRED ... YES NO ATTACHED ... YES NO
LAND USE COMPATIBILITY STATEMENT ... YES NO ATTACHED ... YES NO

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

Sharon R Dirschel (Property Owner's Name)
8 (Township) 10 (Range) 33 C (Section) 100 (Tax Lot/Acct. No.) Clatsop (County)
(Subdivision Name) (Lot No.) (Block No.) 2.92 Ac. (Lot Size)
(Public Water Supply) (Private Water Supply, Specify Type)
Single Family Residence (Number of Bedrooms) Other (Specify)

Directions to Property:

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) 7-30-86 (Date)
Owner
Authorized Representative
S.D.S. License No.

Owner's Mailing Address
SR Dirschel
Rt 2 Box 418-A
Warrenton, OR 97146

Applicant's Mailing Address (if different)

Phone

Phone

4 Sec 33 T. 8 N. R. 10 W. W. M.
 CLATSOP COUNTY

1" = 200'

See Map No 8 10 33B

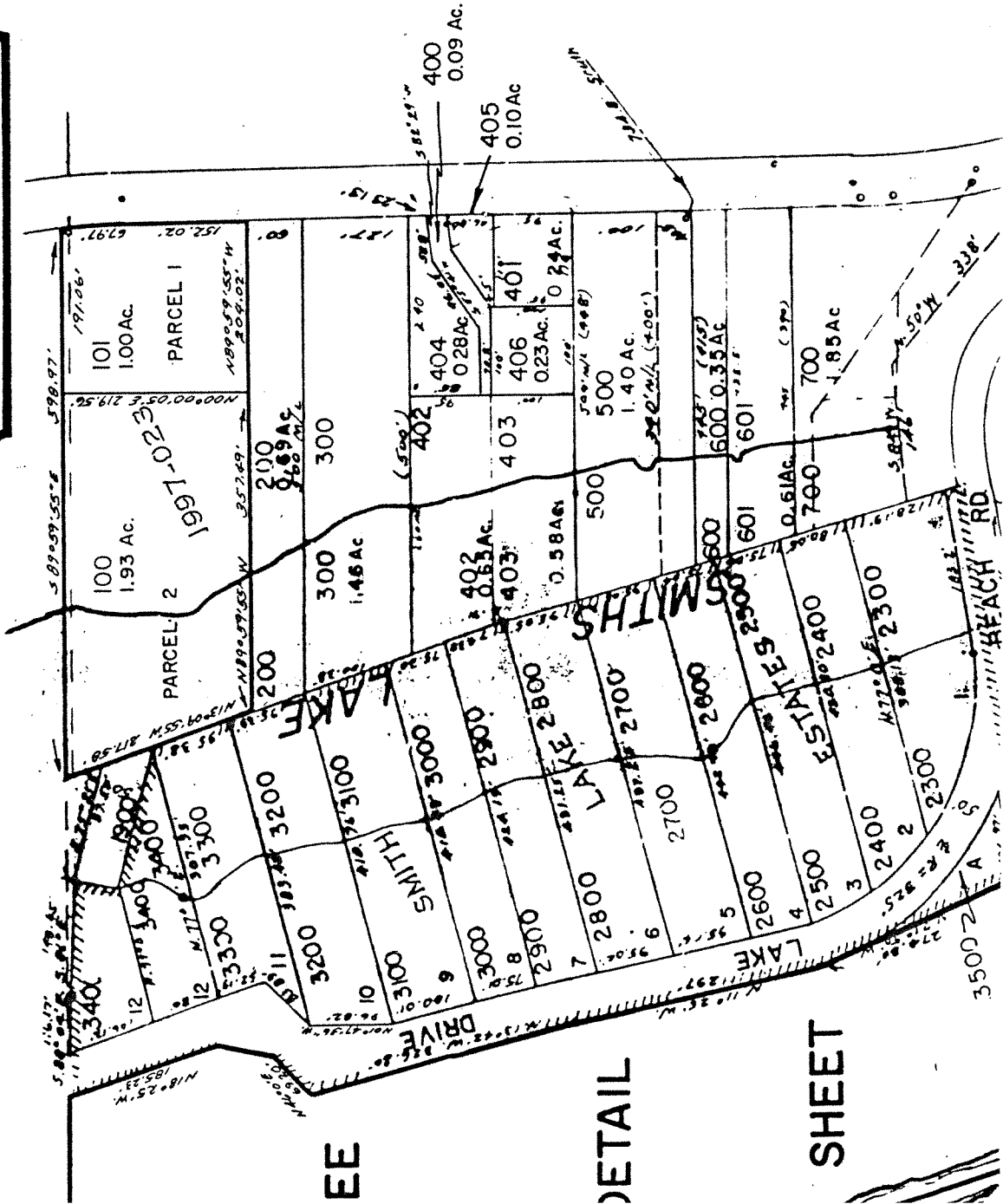
PROPERTY
 OF THE
 CLATSOP COUNTY
 ASSESSORS OFFICE

8 10 33C

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

OCT 23 1997

NORTH COAST BRANCH OFFICE
 WARRENTON



CANCELLED NO.

- Tl. 602
- 701
- 1800
- 1704
- 1705
- 1707
- 1708
- 2001.

DETAIL

SHEET