

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS405531 as follows:

PROPERTY INFORMATION

Property Owner: Steve Bell And Barbara Bell Township 08N, Range 08W, Section 27 A
Property Location: 92269 Svensen Market Road, Tax Lot 500
Astoria
Facility Type: Commercial Clatsop County
4 mobile units, 2 bedrooms each

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

ADDITIONAL CONDITIONS

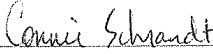
- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Connie Schrandt on 2/28/2008

Installer Name: Bill Hughes Excavation, L.L.C.

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

	Onsite Wastewater Specialist	2/29/2008
Authorized Agent:	Title	Date CSC Issued
Connie Schrandt		

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

FROM : BILL HUGHSEXCAVATION LLC
FEB-27-2008 14:15

FAX NO. : +458-6706
DEQ WARRENTON

Feb. 27 2008 03:29PM P1
DEPT. OF ENVIRONMENTAL QUALITY
15038613259-CEI01702

State of Oregon
Department of Environmental Quality (DEQ)

FEB 27 2008

NORTH COAST BRANCH OFFICE
WARRENTON

Final Inspection Request and Notice - Onsite ID: 405531

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 DEQ (or 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). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:

Steve Bell And Barbara Bell

Township 08N, Range 08W, Section 27 A
Clatsop County TaxLot#: Tax Lot 500
92269 Svensen Market Road, Astoria

SECTION 2: Materials List - Identify and list all materials used in the system.

Material Categories	Brand Name:	Size:	Specifications	Amount of Material:
Pump(s):	NA			
Distribution Pipe:		85' 4"		
Effluent Sewer Pipe:		150" 4" 3034		
Drain Media Type(s):				
Filter Material:				
Other:		Access Riser 20" Ø		

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Steve Bell And Barbara Bell

() Sewage Disposal Service Business: Bill Hughes Exc LLC, 36171
(Print Full Business Name) (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes () No (NA)

Date tanks(s) tested: NA Date System Construction Completed: 2-27-08

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

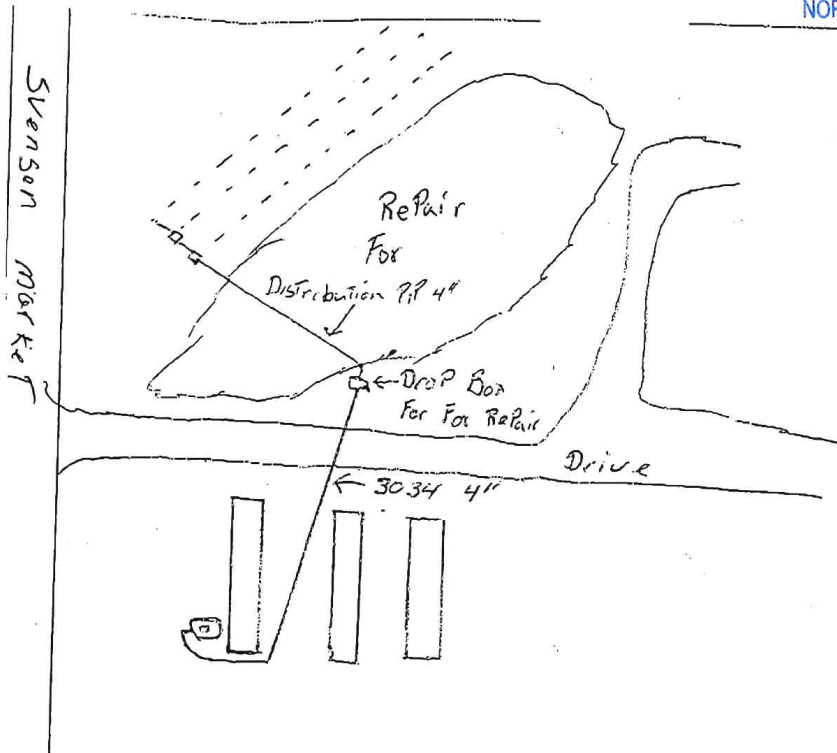
Bill Hughes OWNER Hughes Exc
(System Installer's Signature/Property Owner or Certified Installer with Certification Number) (Title) (Cert. #) (Date)

Installers Contact Phone Number: Office/Home (503) 741 6706 Cell 741 6706

SECTION 4: 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. Also include ground and pipe elevations, and setback distances from property lines and building structures.

FEB 27 2008

NORTH COAST BRANCH OFFICE
WARRENTON



SECTION 5 - Office Use Only: Notice Review Date: 2-28-08 Notice Accepted: Yes () No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance () Approval to backfill system

Date and time of notification: 2-28-08 5:00 am/pm Additional Comments: _____

Repair Permit - Commercial Facility-Minor

This Repair Permit - Commercial Facility-Minor Permit OS405531 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Steve Bell And Barbara Bell** **Clatsop County**
Property Location **92269 Svensen Market Road, Astoria** **Township 08N, Range 08W, Section 27 A**
Facility Type: **Commercial** **Tax Lot 500**
4 mobile units, 2 bedrooms each

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

ADDITIONAL CONDITIONS

- ¹ IMPORTANT: Construction is not to proceed without prior review and approval of detailed plans submitted to the DEQ in Warrenton.
- ² This permit is for the replacement of the effluent pipe and the addition of an access riser (minimum 20" diameter and sealed for water-tightness) to the existing septic tank only. Any additional work on the system will require a separate permit.
- ³ A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- ⁴ If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment. These steps must include at a minimum:
 1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning - This Area is Contaminated with Sewage - Please Stay Out" or similar language.
 3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- ⁵ All roof drains must be directed away from the system.
- ⁶ Vehicular traffic and livestock must be restricted from the system area.
- ⁷ Meet all required setbacks.
- ⁸ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁹ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.

¹⁰ 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.

INSPECTION REQUIREMENTS

¹ A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

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

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

<u>Connie Schrandt</u>	<u>Onsite Wastewater Specialist</u>	<u>2/7/2008</u>	<u>2/7/2009</u>
Authorized Agent:	Title	Date Issued	Expiration Date

Connie Schrandt

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

See the Attachment 1 for additional information about your permit.

Receipt Number: 133066

Oregon Department of Environmental Quality
Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 2/4/2008

Received From **Svensen Mobile Home Park**
(Check Name): **Barbara Bell**
92269 Svensen Market Road
Astoria, OR 97103

For **T08N R08W S27 A**
Property **TaxLot 500**
At: **Clatsop County**
92269 Svensen Market Road
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
125.00	Check	1467	24-7038	125.00

Total Amount Applied \$125.00

Onsite Fees

Base Fee:	290.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$330.00

Payments

Previous Payments:	205.00
Current Payment:	125.00
Over Payment:	0.00
Total Payments:	\$330.00

Application Description

Application ID: **405944**
 Application Type: **Repair Permit**
Commercial Facility-Minor
 System Type: **Unknown**
 Pump Evaluation: **No**
 Flow: **450** gallons/day

Receipt Amount: \$125.00

Received By:

Date of Entry:

Vicky Schiele

2/4/2008



Application for Onsite Sewage Treatment System

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

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

Date Stamp:
DEPT OF ENVIRONMENTAL QUALITY
RECEIVED
OCT 29 2007
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:
Date Received 10/29/07
Fee Paid 205
Receipt Number 132577
Application Number 405944
Date of 1st Response 11-29-07
Date of 2nd Response 1-17-08
Date of Final Response 2-7-08 1-23-08
Date of Completion 2-7-08
Scanned Data Entry

A. Property Owner Information

Name Steve + Barbara Bell Mailing Address (Street or PO Box, City, State, Zip Code) 8608 SE Raymond Ct Portland, OR 97266 Phone Number 503 771 0960

B. Legal Property Description

Township 8 Range 8 Section 21A Tax Lot 500 Tax Account Number _____ Acreage or Lot Size _____
County Clatsop Subdivision Name _____ Lot _____ Block _____
Property Address: 92269 Swanson Mkt Rd Astoria State OR Zip Code 97103
Directions to Property: Highway 30 East to Swanson Market Road Exit South to mobile Park on left side of road

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence 4 mobile units 8 bedrooms total Other _____
Proposed Facility: Single Family Residence _____ Number of Bedrooms _____ Other _____
Water Supply: Public Wickip #Ard Name _____ Private _____ Well, Spring, Shared _____

D. Type of Application

Site Evaluation Renewal Permit Authorization Notice for:
 Construction Permit Existing System Evaluation Connecting to an Existing System Not in Use
 Repair Permit Permit Transfer Replacing a Mobile Home or House with Another Mobile Home or House
 Major Minor Permit Reinstatement The Addition of One or More Bedrooms
 Alteration Permit Personal Hardship
 Major Minor Temporary Housing
 Other - Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

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

Signature Barbara Bell Date 10-29-07
Applicant's Name - Please Print Legibly Barbara C. Bell Applicant's Phone Number 503-771-0960 Applicant's E-mail Address N/A
Applicant's Mailing Address 8608 SE Raymond Ct. Portland, OR 97266

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Bill Hughes Installer's Name

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Applicant Name/Property Owner: Barbara Bell
Mailing Address: 2603 SE Raymond Telephone: _____
City: Portland State: OR Zip: 97214

2. Property Information:
County: Clatsop Tax Lot Number: 00500
Township: 9 Range: 03 Section: 27A
Property Address: 92219 Swensen Market RD # N
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: KS-RCR Zoning Minimum Parcel Size: 1 acre

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: [Signature]
Print Name: John Sunlund Title: Planner
Telephone No.: 325-8111 Date: 10/27/07

* 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.

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION OCT 29 2007

NORTH COAST BRANCH OFFICE
WARRENTON

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? unknown unknown
(Year) (Permit No.)

3. Tank material:

- Steel Concrete Fiberglass
 Polyethylene Unknown

4. Volume of the septic tank in gallons: _____

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

6. Number of disposal trenches: _____

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

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? 4 How many people occupy the dwelling? 8 mobile units (4)

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

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

10-29-07
Date

Barbara Bell
Signature of Property owner or
Legally Authorized Representative

DEPARTMENT OF ENVIRONMENTAL QUALITY
RECEIVED

EST 2-6-1997

WARRENTON BRANCH OFFICE
WARRENTON

Receipt Number: 132577

Oregon Department of Environmental Quality
Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 10/29/2007

Received From **Barbara Bell**
(Check Name): **8608 SE Raymond Ct.**
Portland, OR 97266

For **T08N R08W S27 A**
Property **TaxLot 500**
At: **Clatsop County**
92269 Svensen Market Road
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
205.00	Check	1683	24-22	205.00

Total Amount Applied \$205.00

Onsite Fees	
Base Fee:	165.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$205.00

Payments	
Previous Payments:	0.00
Current Payment:	205.00
Over Payment:	0.00
Total Payments:	\$205.00

Application Description	
Application ID:	405944
Application Type:	Repair Permit
Single Family Dwelling-Minor	
System Type:	Unknown
Pump Evaluation:	No
Flow:	450 gallons/day

Receipt Amount: \$205.00

Received By:

Date of Entry:

Vicky Schiele

10/29/2007

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: 92269 Svenson Market Rd City: Astoria
Owner: Brenda Nelson Phone: 503-458-6173
Owner's Address: 42280 Lois Ln #29 Astoria OR 97103
Agent: _____

Proposed Development/Construction: placement of double wide space M

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

Legal Description: T SN/R R SV SEC 22A Tax lot(s) 500
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 6-14-06
Remarks: *MOBILE HOME PARK

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

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

Water/Fire Flow: N/A Number of Hydrants: N/A Hydrant Location (s): Mkt Rd
Signature: [Signature] Title: Chief Date: 6-14-06
Remarks: NONE - Pre Existing Mobile Park

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.

AGENCY REVIEW & APPROVAL FORM
 (STRUCTURE AND MOBILE HOME PLACEMENT)
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: 92269 Svensen Market Rd. City: Astoria
 Owner: Michael A Hendrickson Phone: 458-6848
 Owners Address: 92879 Pearson Rd Astoria, OR 97103
 Agent: Svensen Mobile home Court
 Proposed Development/Construction: mobile home placement

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

Legal Description: T 8W R 8W SEC. 27A Tax Lot (s) 500
 Permit Needed - Yes () No () Site Approved - Yes () No ()
 Signature: [Signature] Date: 3-27-01
 Remarks: * MOBILE HOME PARK - OWN SYSTEM

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. STATE BUILDING CODES (located at Premarq Shopping Center, State of Oregon Building Codes Division, 65 N. Highway 101, Suite G, 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 Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

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

Premark entry Pacific wave Kayak

JOB SITE INFORMATION:

Dave Johns

Job Site Address: 92269 Swanson Mobile Rd - Swanson mobile park City: Astoria

Owner: Steve Bell Phone: (503) 654-6315

Applicant: Robert Walker Estate PO Box 19330 (503) 245-0318
Address: Nancy MacDonald, conservator Portland, OR 97280

Proposed Development/Construction: Placement of 12x70 mobile home

STATE DEQ (DEPARTMENT OF ENVIRONMENTAL QUALITY)

Legal Description: T 8N R 8W SEC. 27A Tax Lot 500

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

Signature: [Signature] Date: 3-22-99

Remarks: * MOBILE HOME PARK

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

Phone: (503) 861-3280

CLATSOP COUNTY PLANNING DEPARTMENT

Legal Description: T 8 R 8 SEC. 27A Tax Lot 500

Zone: RA-1 Overlay District: 0

Development Permit - Yes () No (x) # 99-176

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

Signature: Pam Jinn Title: Planner Date: 3/22/99

Remarks: Development permit not needed when inside a mobile home park.

Clatsop County Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611



CLATSOP COUNTY

"Striving To Be First In Quality Service"

DEPARTMENT OF PLANNING AND DEVELOPMENT
800 EXCHANGE, SUITE 100 • ASTORIA, OREGON 97103 • (503) 325-8611 • FAX 325-8606

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

JOB SITE INFORMATION:

Job Site Address: Rt. 2 Box 700-A Astoria OR 97103 City: Svensen
Owner: Svensen Mobile Home Park Phone: 458-6506 (Ray Whiteside manager)
Owners Address: Rt. 2 Box 700 Astoria OR 97103
Proposed Development/Construction: Mobile Home Placement

DEQ (Department of Environmental Quality)

Legal Description: T 8N R 8W SEC 27A Tax Lot 500
Permit Needed - Yes () No (x) Site Approved - Yes (x) No ()
Approving Authority: DEQ - WARRENTON Phone: (503) 861-3280
Signature: David J. Date: 5-2-96
Remarks: MOBILE HOME PARK

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:
Approving Authority: Phone: (503) 325-8611
Remarks:



Application for Manufactured Dwelling Permit

Department of Consumer & Business Services
 Building Codes Division
 17 N HWY 101
 WARRENTON OR 97146
 (503) 861-3159
 FAX (503) 861-3259

FOR DEPARTMENT USE ONLY	
Permit number:	
Date issued:	
Issue by:	
Office:	

JOB SITE INFORMATION	
Address:	RT 2 Box 700 N
City:	ASTORIA County: OR
Directions to inspection site:	Svensen mobile home park
Tax lot or legal description:	
Is property inside city limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNER INFORMATION	
Name:	BOBBI + MILTON WHITESIDE
Address:	RT 2 Box 700 N
City:	ASTORIA State: OR ZIP: 97103
Phone:	(503) 458-6504 Fax: ()

LOCAL GOVERNMENT APPROVALS		
Zoning Information verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____	Flood plain Required elevation: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____	MOBILE HOME Sanitation Information verified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature: <i>Ward 9/5 7-2195</i>

MANUFACTURED DWELLING PERMIT FEES			
	COST (EACH)	NO. OF ITEMS	SUM
(1) Installation/re-inspection			
(a) Placement:	\$ 105	_____	_____
(b) Re-inspection (per inspection):	\$ 85	_____	_____
(2) Electrical			
(a) Service:	\$ 40	_____	_____
(b) Feeder:	\$ 40	_____	_____
(c) Re-inspection (per inspection):	\$ 35	_____	_____
(3) Plumbing			
(a) Water/sewer connection:	\$ 40	_____	_____
(b) New water service:	\$ 28	_____	_____
(c) New sanitation/storm sewer:	\$ 28	_____	_____
(d) Re-inspection (per hour):	\$ 40	_____	_____
(4) Miscellaneous fees			
(a) 5% state surcharge:		_____	_____
(b) Administrative fee:	\$ 20	_____	\$ 20
(c) Investigative fee (equal to plumbing portion of permit fee):		_____	_____
GRAND TOTAL:			\$ _____

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement.

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 am the property owner doing my own work.
- I am the property owner hiring a construction contractor. License no.: _____ Expires: _____
- I am licensed with the Building Codes Division. License no.: _____ Expires: _____
- I am registered with the Construction Contractors Board. Registration no.: _____ Expires: _____

Contractor name: _____

Address: Bobbi Whiteside

Signature _____ Date _____



440-2547 (12/94/COM)

White-BCD

Pink-Office

Yellow- Inspector

Blue-Applicant



BUILDING CODES
 17 N HWY 101
 Warrenton, OR 97146
 (503) 861-3159
 (503) 861-2250

CITY-
 OT-
 CC-

BUILDING PERMIT APPLICATION

RESIDENTIAL

JOB LOCATION/ADDRESS: Rt 6 Box 714

CITY: Sorenson MARKET RD. COUNTY: Clatsop
Astoria

DIRECTIONS TO JOB SITE: Sorenson mobile home park

OWNER: Jerry and Amy Holmes

ADDRESS: _____

DESCRIBE WORK CODE

NEW CONSTRUCTION

ADDITION

REMODEL

MOBILE HOME Set up 130.25

PRE FAB

ACCESS. BLDG.

OTHER Plumb Conn 42.00
specify

TOTAL SQUARE FT. _____ CONSTRUCTION VALUE _____

PERMIT / JOB # _____

OFFICE _____

CITY _____ COUNTY _____ ZIP CODE _____ HOME: _____ WORK: _____
 TELEPHONE _____

ZONING _____ LOCAL GOVERNMENT APPROVALS _____ SANITATION 808-27A-500

USE ZONE _____ PUBLIC _____ PRIVATE _____

FLOOD ZONE YES TWNSHP _____ RG _____ TL _____ DEQ PERMIT # MOBILE HOME PARK
 NO PERMIT # _____

BY: _____ TITLE _____ BY: Dave [Signature] OFFICE COORDINATOR
 TITLE _____

PHONE _____ DATE _____ PHONE 861-3280 DATE 9-1-94

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	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 _____

 SIGNATURE OF PERMIT APPLICANT DATE



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR & INDUSTRIES BLDG.
SALEM, OREGON 97310
PHONE 378-4133

DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
P. O. BOX 951
ASTORIA, OR 97103

808-27A-500
BUILDING PERMIT
APPLICATION

RESIDENTIAL

LEE

SUENSON M/H PARK SPACE # L
JOB LOCATION / ADDRESS

ASTORIA CITY CLATSOP COUNTY

DIRECTIONS TO JOB SITE

DAVID SOCCI
OWNER

RT 2 BOX 700L
ADDRESS

ASTORIA CITY 97103 ZIP CODE

DESCRIBE WORK CODE

NEW CONSTRUCTION

ADDITION

REMODEL

MOBILE HOME \$3500

PRE FAB

ACCESS. BLDG.

OTHER PLUMB \$2600

ELEC \$20.80 specify TOTAL \$81.80

TOTAL SQUARE FT. CONSTRUCTION VALUE

ASTORIA PERMIT / JOB # 5832 plun
OFFICE 5831 M/H
3-20-86

MESSAGE HOME: 861-1764 WORK: TELEPHONE

ZONING LOCAL GOVERNMENT APPROVALS SANITATION

USE ZONE RA-1 8 8 27A 500
FLOOD ZONE YES NO TWNSHP RG TL
PERMIT #

Mobile Home is existing park + site only. This authorization is not for a new site.
By Curtis J. Schaefer PLANNING DIRECTOR
325-8611 PHONE 30 March 1986 DATE

PUBLIC PRIVATE
DEQ PERMIT # N/A
BY: P. Van Arsdale TITLE
325-8611 PHONE 3-24-86 DATE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO THE BEST OF 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 _____

Bonnie J Russell for Dave SOCCI SIGNATURE OF PERMIT APPLICANT 3-20-86 DATE

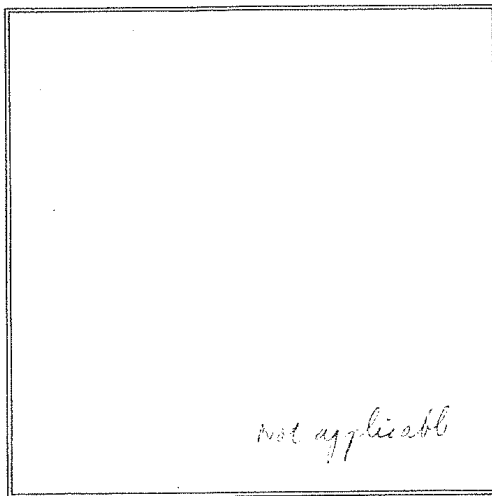
CLATSOP COUNTY - LAND and WATER DEVELOPMENT PERMIT

Name: Dave Succi FILE NUMBER (for office use only)
 Address: rt 2 Box 700 L T. 8 R. 7 Sec 27A TL 500 No. 86-36
 Telephone: 861-1764 (Veronica Russell)
 Signature: Bonnie Russell for Dave Succi

Proposed Use or Activity: RV replacement in Department of Planning and Development
Swenson Rd W. Block Clatsop County Courthouse
Spokane P.O. Box 179
 Astoria, Oregon 97103. Phone: 325-8611

FINDINGS

Plot Plan Please show location of all property boundaries, water courses, wetlands, buildings, septic systems, driveways, roads, etc. Include setbacks from property lines.



1. Zoning: RA-1
2. Area of Lot: 12+ acres
3. Water Source: rainwater
4. Building Height (max): 12'
5. Septic Approval (Y/N): NA
6. Minimum Setbacks from Property Lines:
 Front: N/A
 Side: N/A
 Rear: N/A
7. Other Setbacks (Resource Zones, (Rip. Veg, etc.) N/A
8. Access to Property: Swenson Rd
9. Other: _____

APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS X
 CONDITIONS OF DEVELOPMENT: Place in Existing Trailer Space L

(Any Additional Conditions Attached)

Approval of Development Permit based on information submitted by the applicant as outlined above. Any change of plans or incorrect information submitted may result in revocation of permit.

NOTE: Permit Void if Conditions of Development Detached

Signed: Art Schneider
 Date: 20 March 1986

Control No. 13620
Fee \$ 140.00

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 84-124
Amended 8-06-85

New Construction Repair Other
Permit Issued To Steve H. & Barbara C. Bell 8 N 8 W 27 500 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
Svensen Mobile Home Park Market Rd. John L. Smith 8-5-85
(Road Location) (City) (Svensen) (Issued by - Signature) (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 10-24-85 TYPE OF SYSTEM Standard
Design Sewage Flow 2000 Gal's/Day
Existing Concrete Tank Volume 1500 Gallons Disposal Trenches Seepage Bed(s) 2000 Square Feet
Maximum Depth 30 inches. Minimum Depth 24 inches. 1000 Linear Feet
Equal Loop Serial Pressurized Minimum Distance Between Trenches 6ft on centers, 4ft
Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 inches. Rake Sidewall
Special Conditions (Follow Attached Plot Plan) plug lower outlet at splitter box eliminate failed trenches.
Install new trenches as far upslope as gravity will allow then place new trenches between old
or beyond ends.
PRE-COVER INSPECTION REQUIRED - CONTACT Astoria - DEQ 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations
Installer BILL HUGHES
Final Insp. Date 9-19-85
 Issued by Operation of Law
 Pre-cover inspection waived pursuant to OAR 340-71-170(2)

INSTALLED AS PER PLOT
PLAN APPROVED 8-5-85
1000 lin. ft of trench
8-125' lines

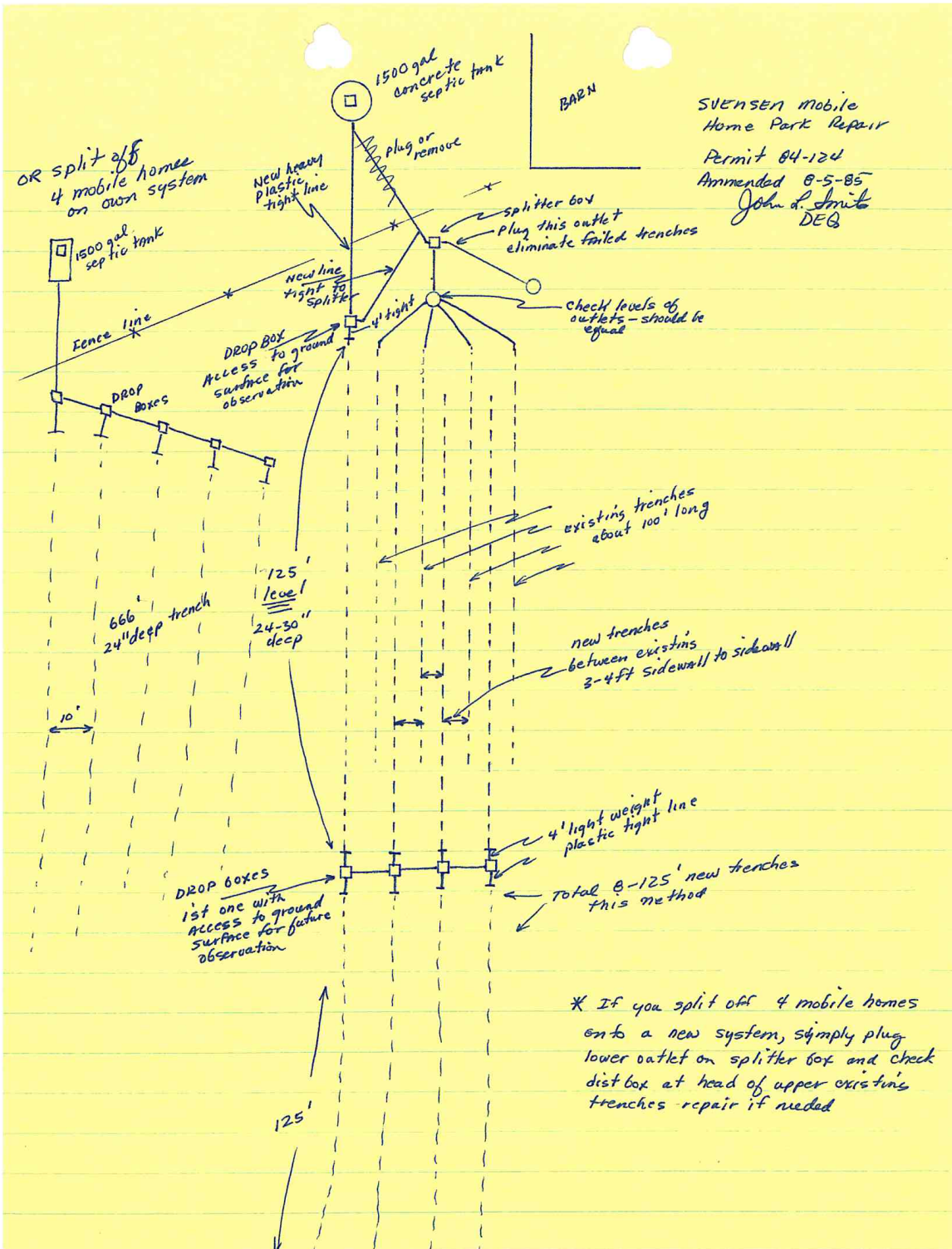
In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

[Signature]
Authorized Signature

Environmental Analyst
(Title)

9/19/85
(Date)

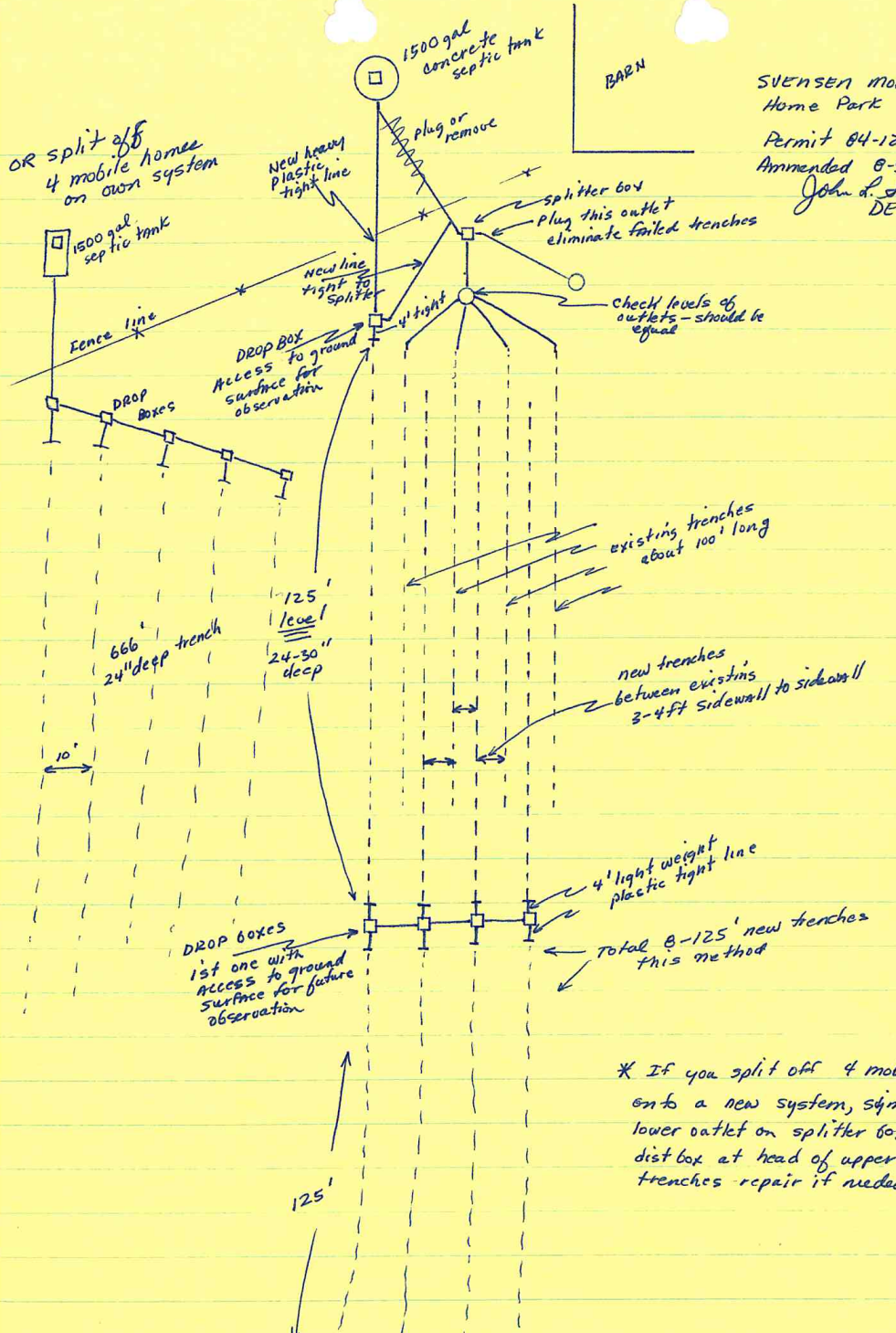
Astoria
(Office) (DEQ)



OR split off
4 mobile homes
on own system

SVENSEN mobile
Home Park Repair
Permit 84-124
Amended 8-5-85
John A. Smith
DEQ

BARN



666'
24" deep trench

125'
1 cu ft
24-30" deep

existing trenches
about 100' long

new trenches
between existing
3-4 ft sidewalk to sidewalk

DROP boxes
1st one with
access to ground
surface for future
observation

4' light weight
plastic tight line
Total 8-125' new trenches
this method

* If you split off 4 mobile homes
onto a new system, simply plug
lower outlet on splitter box and check
dist box at head of upper existing
trenches - repair if needed

STEVE BELL SUTHERSON M. HOME

6-25-85

1500 gal concrete tank

1375 ft = 11 - 125' lines

- 400' existing

975' new = 7.8 new lines 125'

13 total

8-9 this system

4-5 front

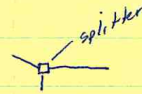
4 on new = 1000 gpd

= 1000 gal tank

667' df

$$8 \times 250 = \frac{2000 \text{ gpd}}{150}$$

$$13.3 \times 100$$



1000



Control No. 12888
Fee \$ 140.00

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 84-124

New Construction

Repair

Other _____

Permit Issued To Steve H. & Barbara C. Bell 8 N 8 W 27 500 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
_____ _____ Robert C. Peetz 10/24/84
(Road Location) (City) (Issued by - Signature) (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 10/24/85 TYPE OF SYSTEM STANDARD *
Design Sewage Flow 800 Gal's/Day

Tank Volume _____ Gallons Disposal Trenches Seepage Bed(s) _____ Square Feet

Maximum Depth 30 inches. Minimum Depth 24 inches. 1375 Linear Feet

Equal Loop Serial Pressurized Minimum Distance Between Trenches 10'

Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) * WITH USING TANK & PUMP TO RAISE EQUIPMENT TO TOP DEEP BOX

PRE-COVER INSPECTION REQUIRED - CONTACT DEQ ASTORIA 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

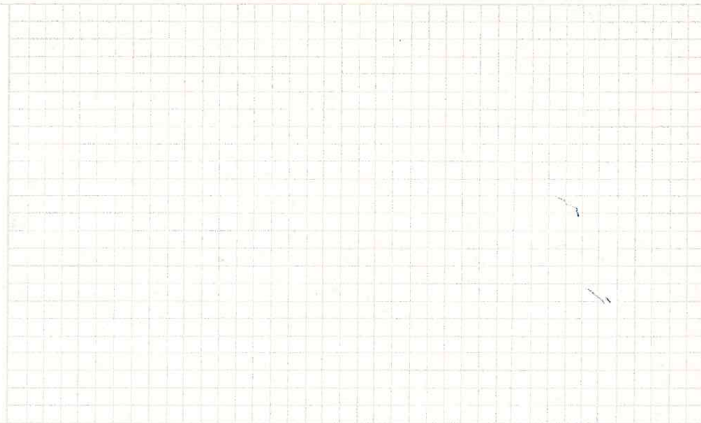
As-Built Drawing
with Reference Locations

Installer _____

Final Insp. Date _____

Issued by Operation of Law

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



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.

(Authorized Signature)

(Title)

(Date)

(Office)

Tax Reference T8N, R6W, SEC 87 500 Evg ROBERT C. PASTA
 Applicant STEVE. H. BELL Date: 10/11/84

	Depth	Texture	Soil Matrix Color and Mottling (Notation), %Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0-16"	SiL	(10YR 3/2) 1-UF-SBK, MANY ROOTS
	16"-20"	SiCL	(10YR 5/3) 2-UF-SBK, COM. ROOTS
	20"-30"	SiC	(10YR 7/6 MATRIX WITH 2.5YR 4/2 VARIATIONS) 2-M-SBK, FEW ROOTS
	30"-52"	SiC	(2.5YR 4/2 MATRIX WITH 7.5YR 5/8 VARIATIONS) 2-MdC-SBK
Pit 2	0-18"	SiL	(10YR 3/6) 1-UF-SBK, MANY ROOTS
	18"-24"	SiCL	(10YR 5/5) 2-UF-SBK, COM. ROOTS
	24"-38"	SiC	(10YR 5/8 MATRIX WITH 2.5Y 6/2 VARIATION) 2-M-SBK, FEW ROOTS
	38"-54"	SiC	(2.5Y 6/2 MATRIX WITH 7.5YR 5/8 VARIATIONS) 2-MdC-SBK
Pit 3	0-6"	SiCL	(10YR 4/3 AND 10YR 6/8) FILL 15% COARSE FRAGMENTS
	6"-30"	SiL	(10YR 3/6) 1-UF-SBK, MANY ROOTS
	30"-40"	SiC	(10YR 4/3 AND 10YR 6/8 AND 10YR 6/2) H2O SEEPING INTO PIT AT 30"
Pit 4			

Landscape Notes FOOTSLOPE
 Slope 7% Aspect _____ Groundwater TEMPERARY
 Other Site Notes _____

SYSTEM SPECIFICATIONS

Type System: _____ Design Flow 2000 gpd
 Initial SERIAL System Sizing 100 /150 g. Max. Depth Absorption Facility (in) 30
 Replacement _____ System Sizing _____ /150 g. Max. Depth Absorption Facility (in) _____

Special Conditions REPAIR SYSTEM.
TRY TO MAINTAIN 24" DEPTH ON DISPOSAL TRENCHES.
PLACE GROUND WATER INTERCEPTION DITCH 36" DEEP 10' ABOVE DISPOSAL FIELD
ON GRADE OF 0.5'/100' AND DISCHARGING TO THE EAST

PLOT PLAN ON REVERSE SIDE

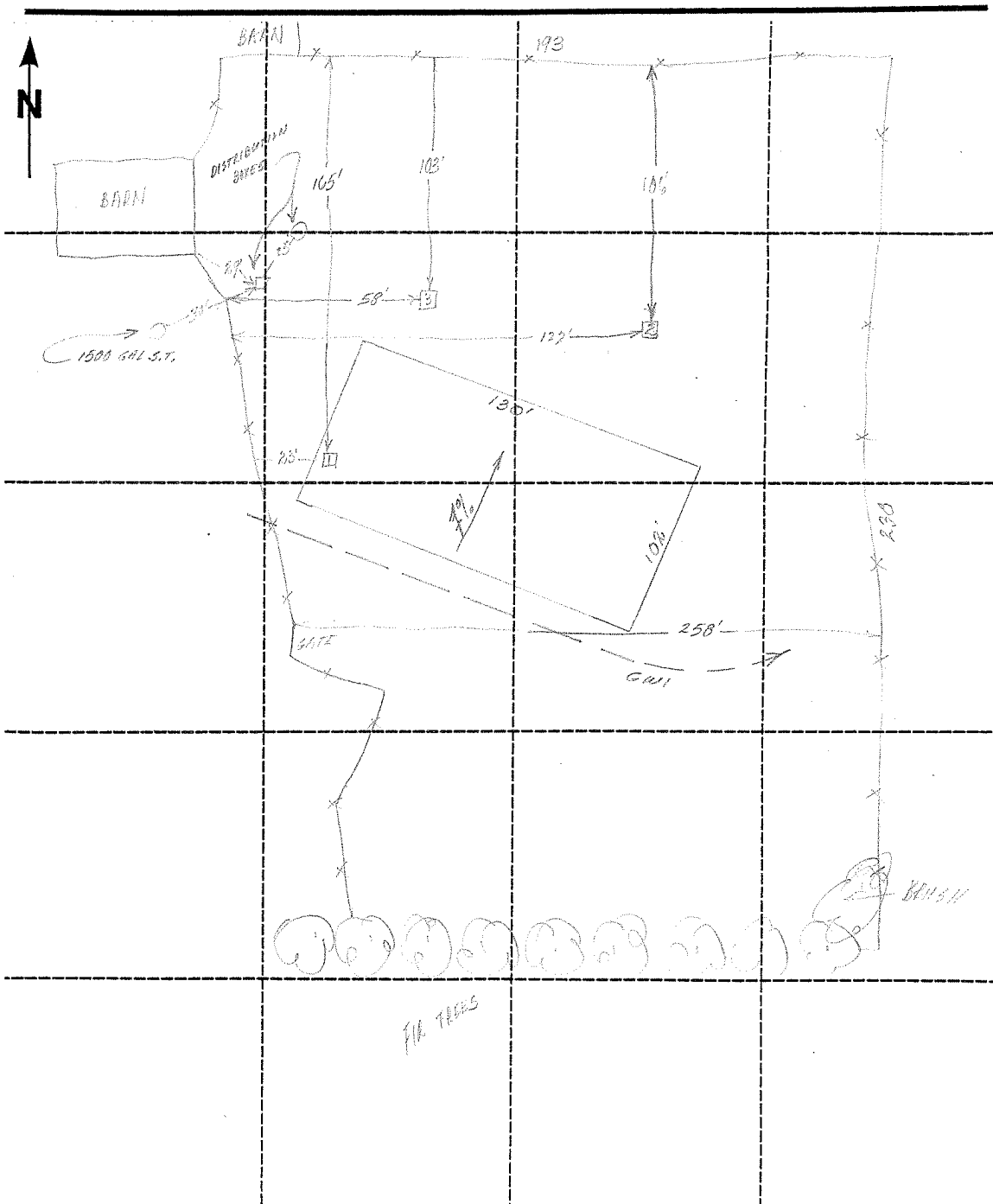
Tax Reference T8N, R8W, S22

TL 500

For: ROBERT C. PERRY

Applicant STEVE H. BELL

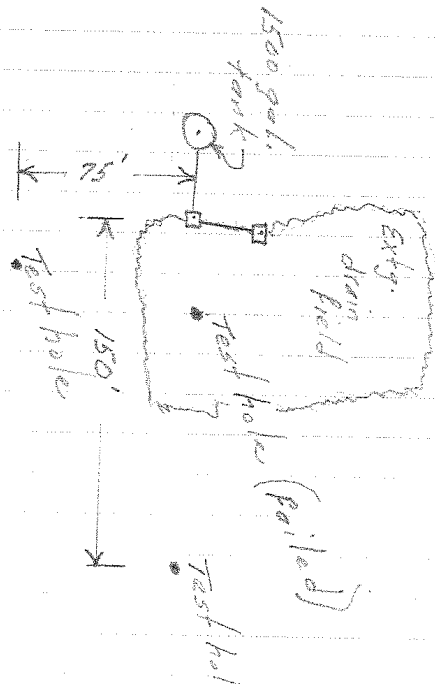
Date: 10/11/84



Market Road



Scale 1"=60'



Number _____

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
Post Office Box 1760
Portland, Oregon 97207

Date Resolved _____

Pollution Type:

POLLUTION COMPLAINT

Date: 9-24-84

- Air
- Water
- Solid Waste/Hazardous Waste
- Noise
- Oil
- Subsurface Sewage

Time: 11:45 a.m.

Date & Time Observed: On - going

Source: Failing Subsystem

Location: Svensen Mobile Park Rt. 2 Box 700

Market Road OWNER: Steve & Barbara Bell

Svensen, Oregon Milwaukee, Oregon

Description: Raw sewage is running out onto the ground,

"drainfield seems to be full". This has been

going on for some time.

Reported by: Name: Mr. Harry Sollars ---- this man originally owned the Park

Address: Rt. 2 Box 698 and can tell exactly where the tanks

City: Svensen, Oregon and drainfields are. (Behind the Barn)

County: Clatsop Phone 458-6329 ZIP 97103

In person Letter Phone Complaint taken by Cindy Van Arsdall

Referred to: (Agency or Person) Bob Paeth or Sherm Olson

Action Taken: MET WITH MANAGER OF MOBILE HOME PARK & MR. HARRY SOLLARS.

EXAMINED FAILING DISPOSAL FIELD & SUGGESTED REPAIR.

I WILL CONTACT STEVE BELL ABOUT REPAIR.

7603 S.E. HARMONY RD

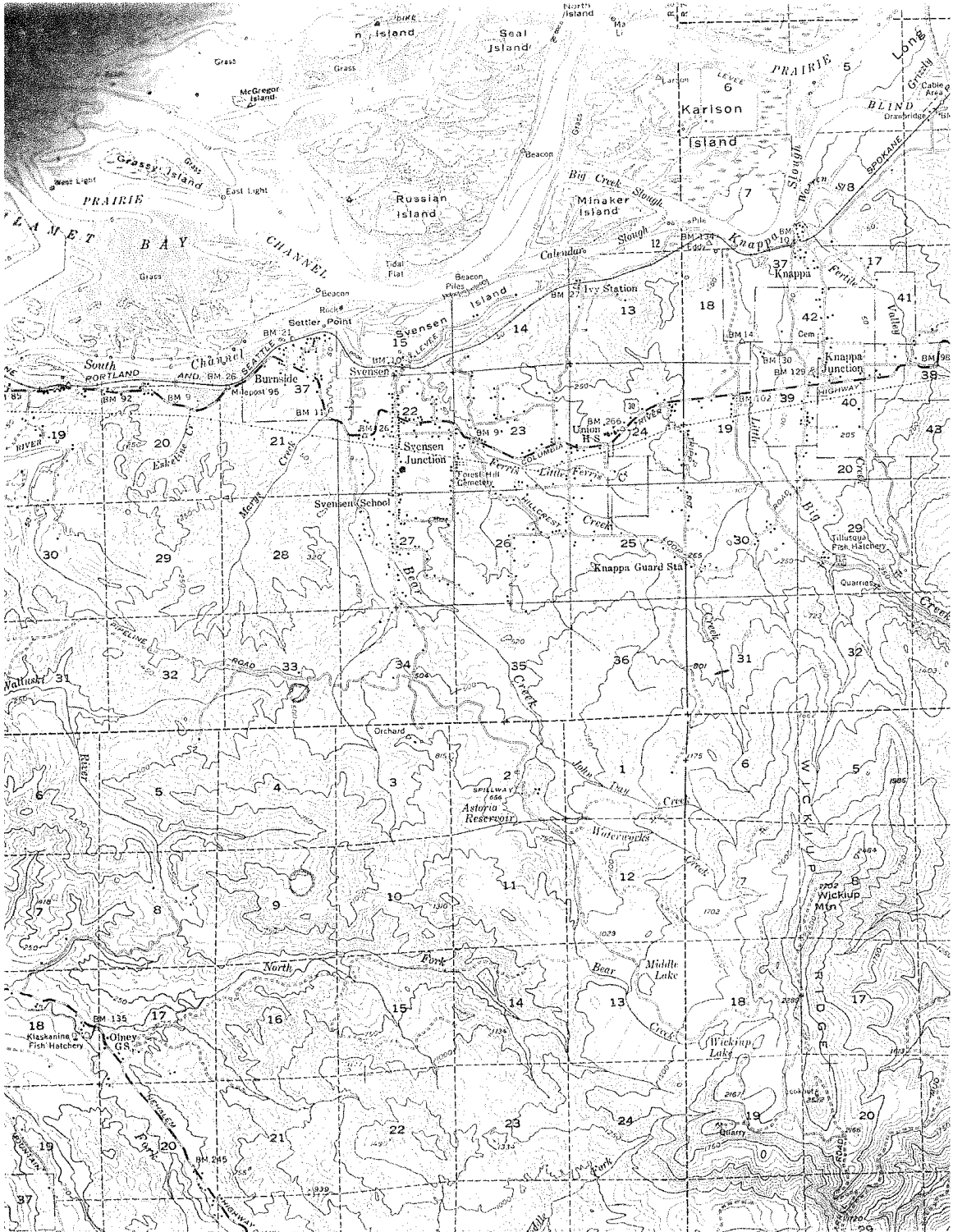
MILWAUKEE, OREGON 97222

PHONE 654-6315

8 MOBILE HOME UNITS AND SEPTIC TANK OF UNKNOWN VOLUME ARE HOLED INTO

THE FAILING DISPOSAL FIELD.

Robert Paeth 10/1/84 DEQ/RO-100-10/75



DEPARTMENT OF ENVIRONMENTAL QUALITY
 TRANSMITTAL ADVICE
 ON SITE SEWAGE

OCT 10 1984

CHECK #	AMOUNT	FOR THE ACCOUNT OF	REF. #	EXPLANATION
230440	490.00	Washington County	Aug'84	surcharges
207833	570.00	Clackamas Coutny	Sept'84	"
9173	470.00	Lane County	"	"
1758	140.00	Svensen Mobile Home Park (STEVE H. BELL)	rec#30856	Application for Permit to Repair S.D.S. (Clatsop County)

RECEIVED
 OCT 18 1984
 WATER QUALITY CONT

OCT 10 1984
 4862

FOR OFFICE USE ONLY

Date Test Holes Ready

Dept. of Environmental Quality

RECEIVED

OCT 10 1984

NORTHWEST REGION

STATE OF OREGON

Department of Environmental Quality

NORTH COAST BRANCH OFFICE

P.O. BOX 869
ASTORIA, OREGON 97103

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

Date Rec'd 10-10-84

Date Completed

Required Fee \$140.00

Receipt No. 30856

Control No.

original already being processed

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)

Steve H. Bell Barbara C. Bell
(Property Owner's Name)

9N 8W 27 500 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

Superior Mobile Home Park
(Subdivision Name) (Lot No.) (Block No.) (Lot Size)

Public Water Supply Private Water Supply, Specify Type

3 Wickup 2000 GAL/DAY
(Single Family Residence - Number of Bedrooms) (Other - Specify)

Directions to Property: south on market rd + off Highway 30 3/4 mi.

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 into the above described property for the purpose of this application.

Signature

Oct. 10 1984
(Date)

- Owner
Authorized Representative
S.D.S. License No.

Owner's Mailing Address

7623 SE Hawthorne Pl
Astoria, OR 97103

Phone 654-6315

Applicant's Mailing Address (if different)

DEPARTMENT OF ENVIRONMENTAL QUALITY

OCT 12 1984

Phone WATER QUALITY CONT

SEE MAP 8 8 22D

100
7.82 Ac.

301
8.44 Ac.

200
0.27 Ac.

302
1.29 Ac.

400
0.75 Ac.

500
15.10 Ac.

500A1
500A2
500A3
500A4
500A5
500A6
500A7
500A8
500A9

500B3

500B6

500B7

600
9.85 Ac.

2500
8.32 Ac.

2500
4.77 Ac.

STEVE BELL
808-27-500
10-19-84

700
0.53 Ac.

800
0.59 Ac.

900
0.48 Ac.

1002
1.24 Ac.

1001
1.43 Ac.

1000
1.06 Ac.

1100
1.39 Ac.

1102
1.13 Ac.

1101
1.13 Ac.

2400
1.86 Ac.

2501
0.64 Ac.

2300
0.70 Ac.

2100
3.96 Ac.

2000
0.23 Ac.

SIMONSON

LOOP

1400

1500

1401

1400

ROAD

MARKET

DESCRIPTION SHEET

See page 1 for recording circumstances, if any.

Description of the tract of land which is the subject of this report:

PARCEL NO. 1: THE SOUTH ONE-HALF OF THE NORTH ONE-HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 8 NORTH, RANGE 3 WEST, WILLAMETTE MERIDIAN, CLATSOP COUNTY, OREGON.

EXCEPTING THEREFROM THE FOLLOWING: BEGINNING AT THE NORTH CORNER OF THE ABOVE DESCRIBED TRACT;

THENCE SOUTH ALONG THE NORTH-SOUTH CENTER LINE OF SAID SECTION 27, A DISTANCE OF 130 FEET;

THENCE EAST, PARALLEL TO THE NORTH LINE OF SAID SECTION 280 FEET;

THENCE NORTH 130 FEET TO THE NORTH LINE OF SAID TRACT;
THENCE WEST 280 FEET TO THE POINT OF BEGINNING.

PARCEL NO. 2: BEGINNING AT A POINT SOUTH 254 FEET AND WEST 550 FEET FROM THE NORTHEAST CORNER OF SECTION 27, TOWNSHIP 8 NORTH, RANGE 3 WEST, WILLAMETTE MERIDIAN, CLATSOP COUNTY, OREGON;

THENCE WEST 770 FEET;

THENCE SOUTH 396 FEET;

THENCE EAST 770 FEET;

THENCE NORTH 396 FEET TO THE POINT OF BEGINNING.-----

608 274-500

BUILDING PERMIT APPLICATION

SALAMAN

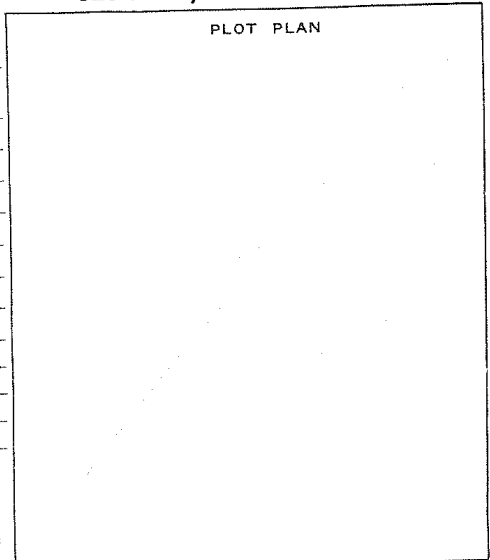
Bldg

BUILDING ADDRESS	CLASS OF WORK				Valu \$
	New	<input checked="" type="checkbox"/>	Trailer or M.H.	<input checked="" type="checkbox"/>	
LOCALITY	Addition	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Are:
NEAREST CROSS STREET	Alteration	<input type="checkbox"/>	Shed	<input type="checkbox"/>	Add
Name	Repair	<input type="checkbox"/>	Other	<input type="checkbox"/>	Are:
Address	Move	<input type="checkbox"/>	Residence	<input type="checkbox"/>	Fin
City	Use of building	RES			Fin
Tel. No.	Size of building	14' x 26' 1/2" x 17'			Fin
Name	No. of bedrooms	3			Fin
Address	No. of floors	1	Height	ft.	Fin
City	SPECIFICATIONS				Fin
Tel. No.	Foundation material				Fin
Name	Width of wall	Footing			Fin
Address	Height of wall	Depth in Ground			Fin
City		Size	Spacing	Span	Fin
Tel. No.	Girders				Fin
Reg. No.	Joists				Fin
Lot	Studs				Fin
Block	Rafters				Fin
Subdivision	Type of roofing				Fin
Sec. 74 T. 3 R. 3	Type of siding				Fin
Name	Type of heating				Fin
Tax Lot # 200 Plat	I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.				Fin
Type of Construction: I, II, III, IV, V.					Fin
Occupancy Group: A, B, C, D, E, F, G, H, I, J.					Fin
Division 1, 2, 3, 4.					Fin
Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2.					Fin
Fire Zone: 1, 2, 3.					Fin
Signature of Permittee					Fin
By					Fin

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

325-7441, Ext. 70

Permit No. <u>2-6</u>	Date Issued <u>5-7-57</u>
Description <u>120000</u>	Basic Fee <u>1750</u>
1st Floor	(+) 50% I, II, III
2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Type V J	TOTAL



CALLED INSPECTIONS		
BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Roofs	Baths	Outlets
Interior	Kitchen	Circuits
Exterior	Utility	Size of wire
Final	Finish	Final

SPECIAL INFORMATION
 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.

Additional information:
Access to D

Size of Septic Tank _____ gals.
 Water Supply _____ Private _____ Public _____

Source: _____

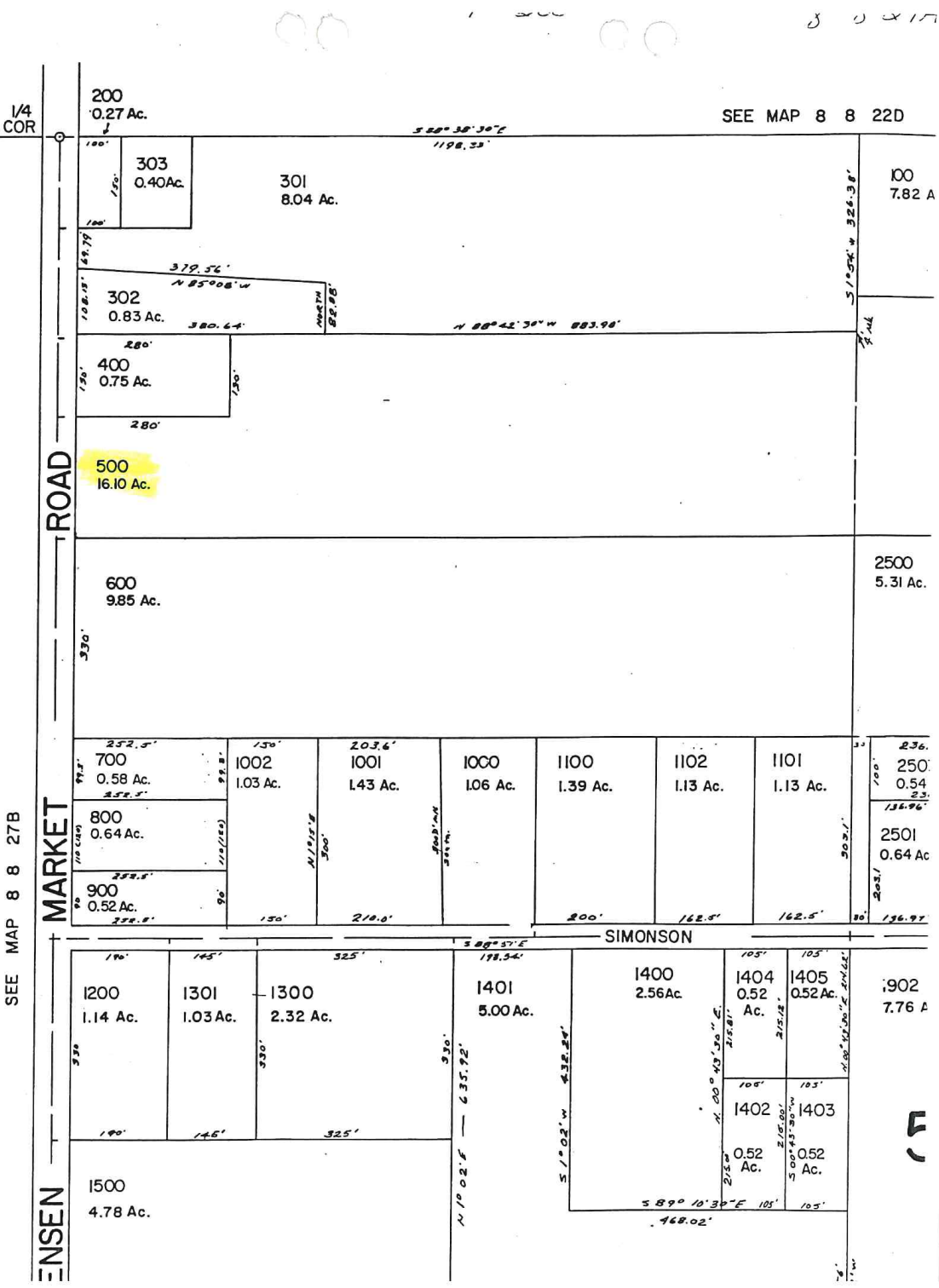
Received: 6-11-57

APPROVED: COUNTY SANITARIAN
 By [Signature]

APPROVED: COUNTY PLANNING COMM.
 By [Signature]

APPROVED: BUILDING OFFICIAL
 By [Signature]

PLANNING AND ZONING
 Type of Occupancy _____
 Total Floor Area _____
 No. Stories _____ Total Height _____
 Area of Lot _____
 Front Yard Setback _____
 Side Yard Setback _____
 Rear Yard Setback _____
 New Const. _____ Alter. _____
 Change of Occupancy From _____
 To _____



1/4 COR

SEE MAP 8 8 22D

SEE MAP 8 8 27B

ENSEN ROAD

MARKET ROAD

SIMONSON

5

200
0.27 Ac.

303
0.40 Ac.

301
8.04 Ac.

100
7.82 A

302
0.83 Ac.

400
0.75 Ac.

500
16.10 Ac.

600
9.85 Ac.

2500
5.31 Ac.

700
0.58 Ac.

800
0.64 Ac.

900
0.52 Ac.

1002
1.03 Ac.

1001
1.43 Ac.

1000
1.06 Ac.

1100
1.39 Ac.

1102
1.13 Ac.

1101
1.13 Ac.

250
0.54

2501
0.64 Ac

1200
1.14 Ac.

1301
1.03 Ac.

1300
2.32 Ac.

1401
5.00 Ac.

1400
2.56 Ac.

1404
0.52 Ac.

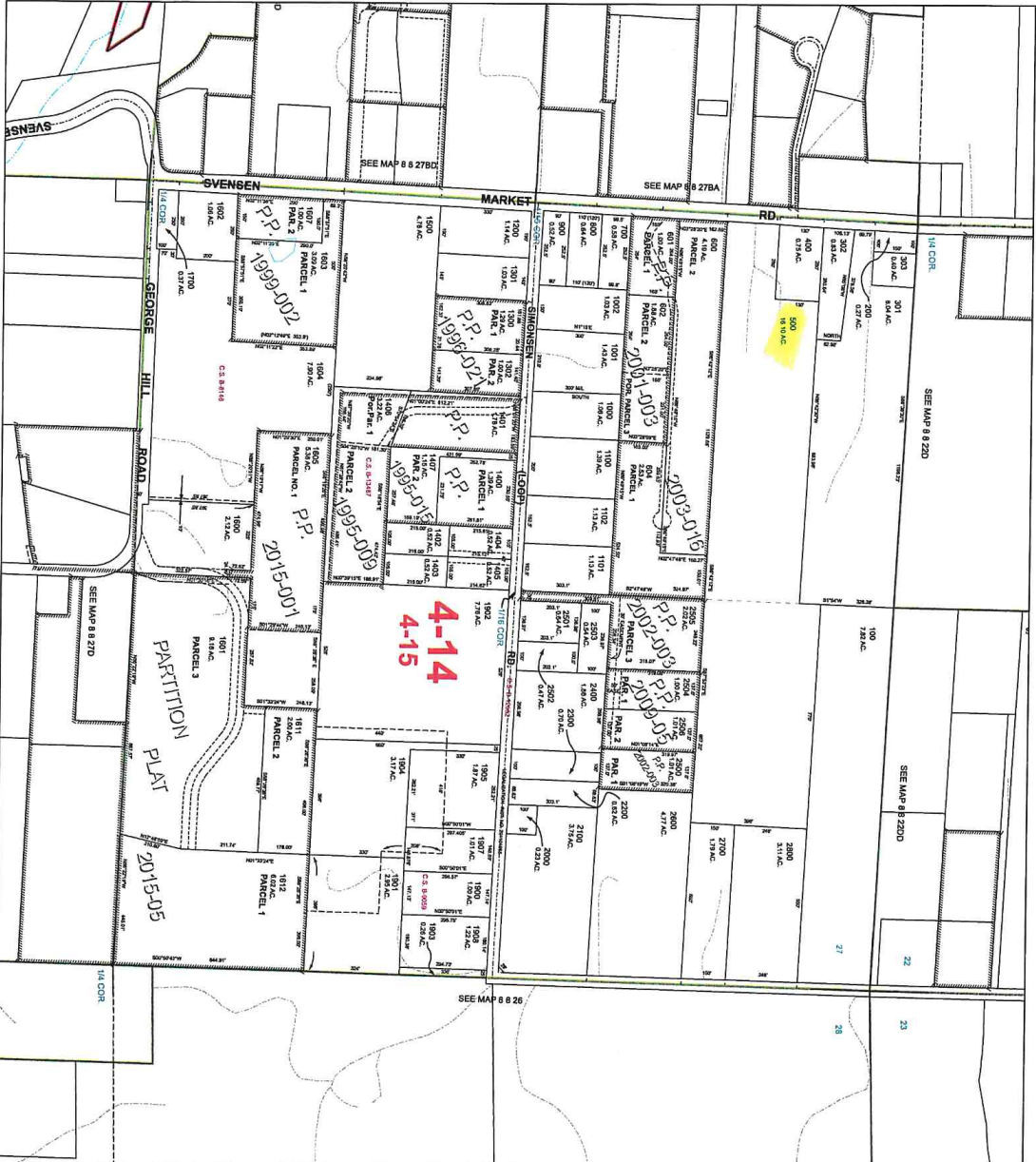
1405
0.52 Ac.

1902
7.76 A

1500
4.78 Ac.

1402
0.52 Ac.

1403
0.52 Ac.



8 08 27 A
CLATSOP COUNTY
 NE 1/4 SEC. 27 T8N R8W W1
 0 125 250 500 ft



1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

CANCELLED TAX LOT NUMBERS
 1001
 1408
 803 1608 1609 1600 1600



FOR ADDITIONAL MAPS, VISIT OUR WEBSITE AT
WWW.CO.Clatsop.ORG
 This map was produced using Clatsop County
 GIS data. This data is maintained by Clatsop
 County and is not responsible for any mis-
 errors, possible omissions, or misinterpretation.
 PLOT DATE: 2/12/2020
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