

73413

Control No.

PERMIT NO. 12-73413

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

\$ 430.00 Fee

Maj-Rpr En Route to Authorization

New Construction

Repair

Other

Permit Issued To Jerald Clause 125 26E 35 3602 Grant

44011 Hwy 26 Dayville Bernard Duff 3/12/04

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.

SPECIFICATIONS

EXPIRATION DATE 3/12/05

TYPE OF SYSTEM Std-Infiltrator

Existing - Correct Sanitary T-outlet

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches

Seepage Bed(s) Square Feet

Maximum Depth 36 inches.

Minimum Depth 24 inches.

300 Linear Feet

Equal Loop Serial

Pressurized Minimum Distance Between Trenches 10 ft

Total Rock Depth inches.

Infiltrator Eq 24 Below Pipe inches.

Above Pipe inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Make corrections as noted on plans. Submit As Built w/ elevations prior to precover insp.

PRE-COVER INSPECTION REQUIRED - CONTACT DEQ - 276-4063

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Colin McArthur

Final Insp. Date 3/18/04

Inspected By DEN

Issued by Operation of Law

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

Rec'd Photos Corrections completed - see note from installer Rec'd As Built 3/16/04

This Certificate of Satisfactory Completion is valid for a period of 5 years. It is valid exclusively for the septic system installed and connected to the facility referenced herein.

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.

Bernard Duff NRS III 3/26/04 DEQ-ER

111967 Scanned

03-19-04 15:37:30



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MAR 11 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

03-19-04 15:19:13

1005

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MAR 25 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

03-19-04 15:36:35



3

1005

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MAR 25 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

03-19-04 15:19:46



②
100'

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MAR 25 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

CLAUSSER

CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

- Bio diffuser used, INSTEAD OF INFILTRATOR This is OK, but Endplate cutouts are not at correct elevation
- Replace end plates, drill holes for header pipes so that bottom of pipe going into chamber is 3 1/4" up from Bottom of Endplate
- Clean muck out of distribution Box
- Make corrections, submit pictures, and cover (sign statement that corrections done)

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 12-73413 125 262 35 3602
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 11:45

DATE March 18, 2021

BY [Signature]
(Signature)

CONTACT: DSD - Pendleton

276-4063

FAX: 278-0168

111967

DO NOT REMOVE THIS NOTICE FROM SITE

fax to Kim Lemons
L+L EXCAL. DOWZ
932 4975

End plate cut out to DIANE MAGREE-SPEER'S 3 1/4"
from Bottom of End plate. All Correction HAVE BEEN MADE

OK
BSJ

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

Installer Col MacArthur
3-19-04
CLAUSEN

CORRECTION NOTICE RECEIVED
MAR 25 2004

An Inspection of this On-Site Sewage System has identified the following deficiencies:

State of Oregon
Dept. of Environmental Quality
Eastern Region - Bend/Redmond

Bio diffuser used INSTEAD OF LA FILTRATOR
is OK but Endplate CUTOUTS ARE NOT AT
correct elevation

Replace endplates drill holes for header pipes
so that bottom of pipe going into chamber
is 3 1/4" up from Bottom of Endplate

Clean muck out of distribution Box

Make corrections submit pictures and covers
(sign statement that corrections done)

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 12-73413 12S 26E 35 3602
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 1145
DATE March 18 2004
BY [Signature]
(Signature)

CONTACT: DSD - Bend/Redmond
276-4063
FAX: 278-0168

DO NOT REMOVE THIS NOTICE FROM SITE

RECEIVED
MAR 25 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

These are the pictures
Diane wanted.

Kathy Clausen

RECEIVED

MAR 17 2004

RECEIVED

MAR 17 2004 (Date received)

FINAL INSPECTION REQUEST AND NOTICE

State of Oregon Dept. of Environmental Quality Eastern Region - Pendleton

State of Oregon Dept. of Environmental Quality Eastern Region - Pendleton

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 Jerald Clausen Permit Number 12-73413 County Grant
Township 12S ; Range 26E ; Section 35 ; Tax Lot 3602 ; Tax Acct. # 3602
Job Location Dayville
Date System Construction Completed 3-14-04 ; Date Submitted to DEQ or Agent 3-17-04

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

luff lite Drop Boxes
Chamber 24
F 810 between drop boxes & header pipe

SECTION 3: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)
____ Sewage Disposal Service Business: _____, _____ (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).

Mary Mac Arthur, owner, 3-17-04
(System Installer's Signature) (Title) (Date)

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State of Oregon
Department of
Environmental
Quality

File: TSD - KATY CAUSEN

Phone Memo

Department of Environmental Quality
Eastern Region - Baker City Office

Project: _____
Date: 3/16/04 Time: 10:45
Call To/ From: Corn McARTHUR
Title & Company: _____ Phone: _____
Address: _____
Subject: Pre-Code Inspection

Summary of Call: Left message on answering machine:
we need signed Final Inspection request
form before I can do inspection (pre cover) also
need the following on as-built plan:
1) Distance between well + tank
2) Distance from tank to house
3) Show drop boxes on plan

By: [Signature] cc: _____
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Diane

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MAR 15 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Here is Colin's drawing
of our leach line that we
sent in Sat. I guess its
ready for you to look at
this we appreciate you getting
our permit to us so fast.

Thank You again

Ted & Kelly
Clauson

2 pages

111967



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Eastern Region

700 SE Emigrant

Suite 330

Pendleton, OR 97801

(541) 276-4063 Voice/TTY

FAX (541) 278-0168

This form is an attachment to Building Codes Division's Application for Structural Permit, Application for Plumbing Permit, or other similar forms used by local jurisdictions. This form provides notification to Building Officials or offices having jurisdiction that an approved method of on-site sewage disposal has been accounted for. This notice only pertains to the specific project noted below.

NOTE: The applicant is responsible for retention and delivery of this form to the Building Codes Division office or other local office having jurisdiction.

Property Owner:

Jerald Clausen

Property Location:

T 125 R 26 S 35 Tax Lot # 3602 County Grant

Site Address, if known: 44011 Hwy 26, Dayville

Project Description: Structure or Action Type: (describe) Replacement 3 to 4 BDR SFR

	Yes	No	Permit #	
Domestic Wastewater:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12-73413</u>	<u>Repair Permit</u>
Industrial Wastewater:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Pump Required:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Permit/Approval Issue Date: 3/12/04

Permit/Approval Expiration Date: 3/12/05

Comments: Major Repair to existing OSSD system

Authorized Signature: Bernal Duff

Date: 3/12/04



Ed + Kathy Clausen

112 N W SECTION 35

12-26-35-3602

Dayville

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MAR 10 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Upgrading to newer
Mobil Home

Risk recommended
at INLET manhole

Rock House

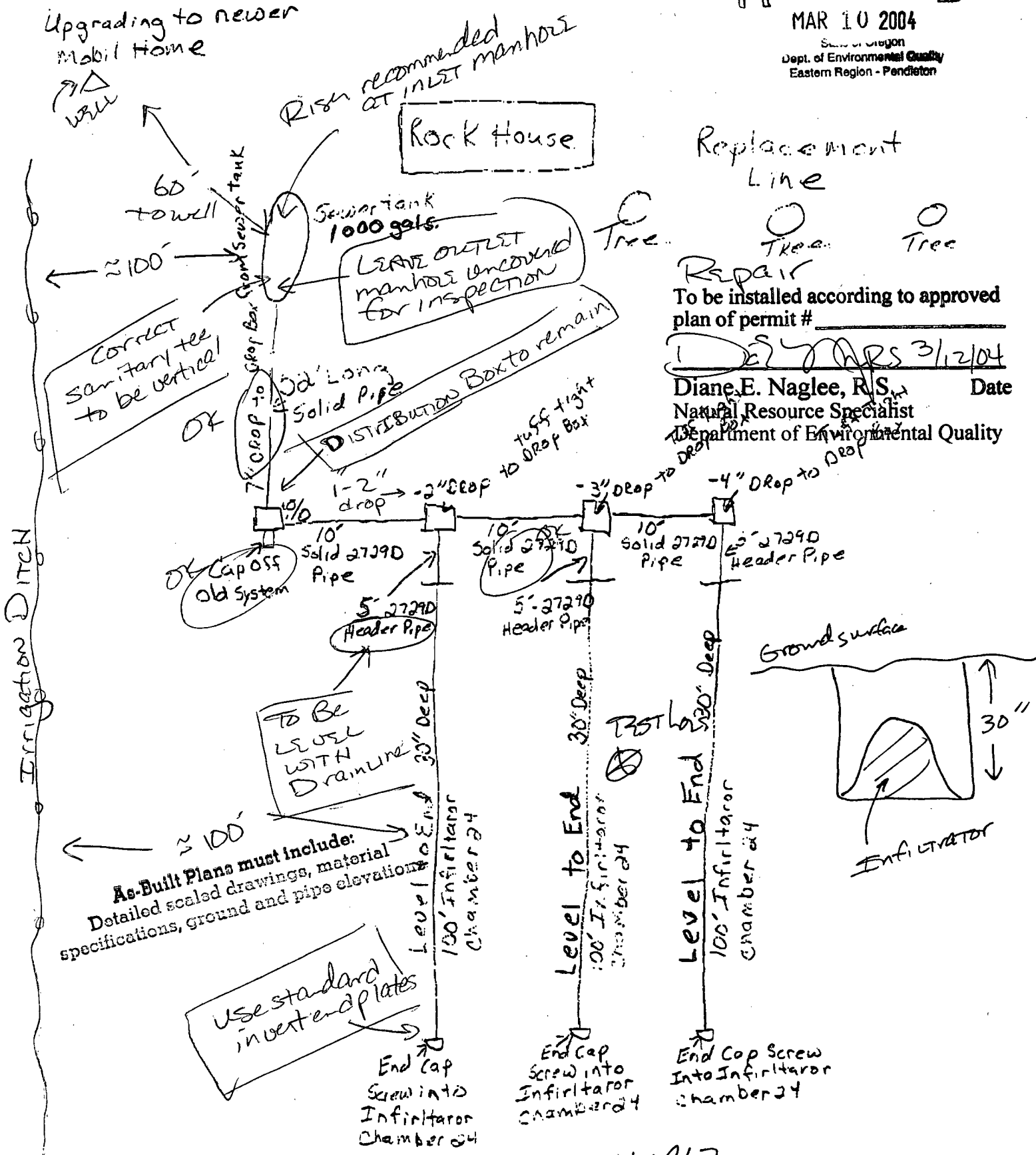
Replacement
Line

Repair

To be installed according to approved
plan of permit # _____

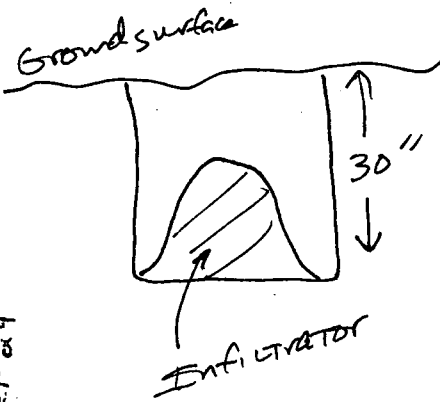
DIANE E. NAGLEE 3/12/04

Diane E. Naglee, R.S. Date
Natural Resource Specialist
Department of Environmental Quality



As-Built Plans must include:
Detailed scaled drawings, material
specifications, ground and pipe elevations

Use standard
invert end plates



111967

111967

Scanned to
BOB 3/12/04
to do permit

Clausen
111967
Gr. Cty

BOB, here's the
paperwork for Clausen -
repair invoice to Authorization
Please give to Bernie to
do permit - I already looked
@ plan

Then please FAX permit
to TED & Cathy Clausen

@ 541-987-2393

SITE EVALUATION FIELD WORKSHEET

REPAIR ENROUTE TO AUTHORIZATION

Tax Reference Trp. 125, Rge. 26, Sec. 35 TAX LOT 3602

Evaluator D. Naglee, RS

Applicant TSD Clausen for TERRY CLAUSEN

Date MARCH 10, 2004

Parcel Size 211.81 ACRES

Depth	Texture	Soil Matrix Color and (Mottling), % Coarse Fragments, Roots, Depth Texture Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 1 0-12	CL	1wsBK 10YR2/2	1
12-48	SiCL	1wsBK 10YR3/2	1
1			1
1			1
Pit 2 0-14	SCL		2
14-48	CLSiCL		2
2			2
2			2
Pit 3		- Existing System failing on date of inspection; test holes dug during inspection	3
3			3
3			3
3			3

Landscape Notes Grass Pasture, garden area

Slope _____ Aspect _____ Groundwater Type PERmanent - none OBSERVED

Other Site Notes: Drainfield(s) to be 100' from any ground water or year-round surface water. Septic tank to be 50' from any ground water or surface water.

Alluvial Fan

SYSTEM SPECIFICATIONS

Type System STANDARD Design Flow 450 gpd Disposal Field Size 300 Linear Feet
 Initial Serial System Sizing 100ft. /150g. Max. Depth Absorption Facility (in) 36" / 18" min.
 Replacement _____ System Sizing _____ /150g. Max. Depth Absorption Facility (in) _____

Special Conditions: A detailed site development plan of proposed system construction (in area of approved test holes) is required with construction permit application. Plan must identify septic tank location, size, and manufactures name, building, effluent sewer pipe size and ID numbers, distribution or drop box manufacture, cross section of disposal trench, gravel specifications, spacing between trenches, ground and pipe elevations throughout the system. Locate approved test holes as they relate to system placement. In addition to the above, the plan needs to locate the systems placement as it relates to existing or proposed structures, wells, waterways, roads and parking areas. We recommend a DEQ licensed sewage disposal business prepare plans and do eventual installation after DEQ construction permit issuance.

- ① Minimum 25 ft between disposal trenches and top of Bank above DITCH
- ② Decommission failing Disposal trench
- ③ Adjust Existing Septic tank sanitary tee at tank outlet so that it is vertical inside the tank
- ④ Recommendation: install maintenance riser over manhole at tank inlet end (to ground surface)
- ⑤ If garden area is slused, do not till area; permanent grass cover required

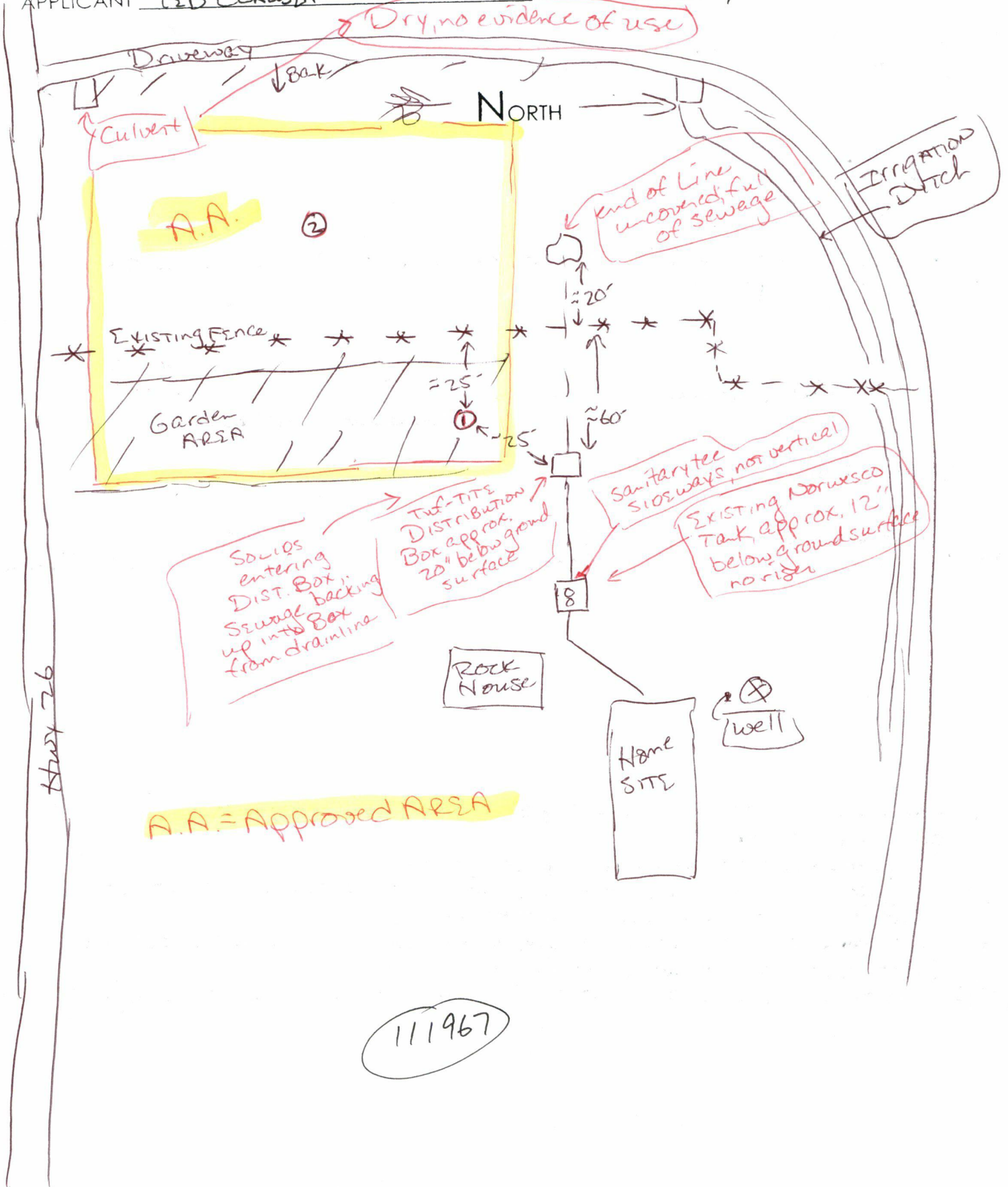
111967

REFERENCE Trp. 125, 26, 35, 3602

EVALUATOR D. Naglee, RS

APPLICANT TED CLAUSSEN

DATE March 10, 2004



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MAR 10 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

To Diane

Here is the plan we
talk about at the site. If
you can't read anything then
we will send you the plan.

Thanks for coming out.

Ted & Kathy Clausen

541-987-2923

Fax 541-987-2393

Scanned to
Bob 3/12/04

Clausen
111967
Gr. Cty

Bob, here's the
paperwork for Clausen -
repair ~~enroute~~ to Authorization
Please give to Bernie to
do permit - I already looked
@ plan

Then please FAX permit
to TED & Cathy Clausen

@ 541-987-2393

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MAR 12 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Ed + Kathy Clausen

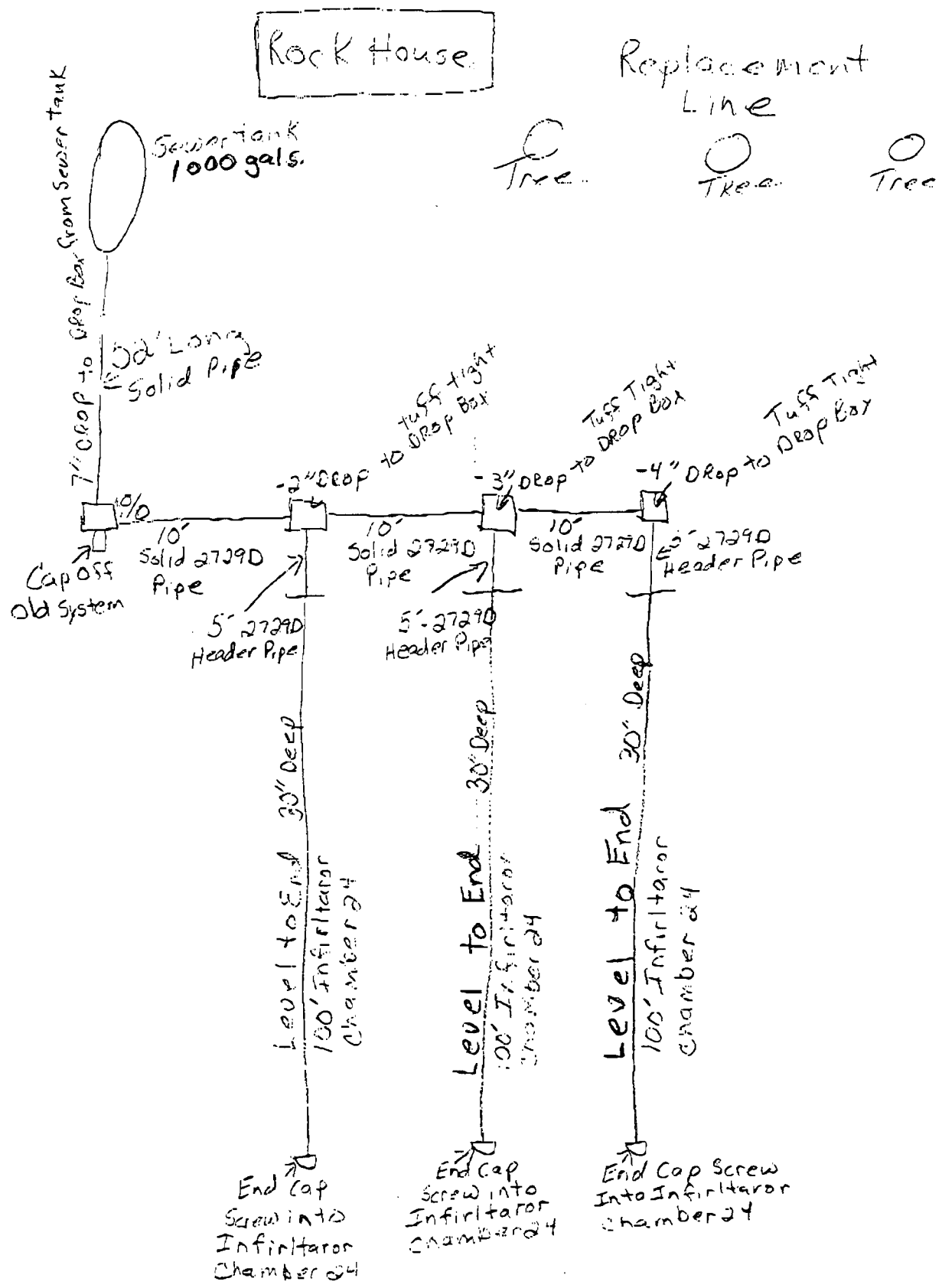
112 N W SECTION 35

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MAR 10 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Dayville
Upgrading to newer
Mobil Home



111967



1/2 mile to the End of property

DRIVEWAY

Orange Ribbon
On mailbox

Fence

tree

Gate

10' solid off of
Box + 77' of
Leaching

200'

56'

tree

16'

Rock
House

8' deck

pool

well

11' TANK
14'
Home
old
+
new

Rightway
Fence

83' 7"

60'

IRR. DITCH

LAWN

DRIVEWAY

Highway 26

SEWER
POOL

83'

425'

60' From well to
sewer tank
106' From well to
Leach Line

property Line



EXISTING SEPTIC SYSTEM DESCRIPTION

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FEB 20 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sandfilter
 Seepage Bed Cesspool or Pit Unknown
 Other (Describe) _____
- When was your septic system installed? 11-10-93 (Date) _____ (Permit Number)
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons) 1000
- When was the septic tank last pumped? 8 Attach receipt if available.
- Number of disposal trenches 1
- Total length of disposal trenches (in feet) 87'
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No If no, date of last use _____
- If the septic system currently serves a dwelling:
 How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 4
- How many bedrooms will be in the proposed dwelling? 4 How many occupants? 4
- If the septic system serves a business:
 How many total employees are there? _____
 Type of business _____
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

2-16-04 (Date) Jerald Clausen By P.O.A. Ted Clausen
 Signature of Property Owner or Legally Authorized Representative Ted CLAYSON

DEQ use only: Record of existing system: Yes No Attached Date Issued _____
 Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials BJK
 Other file information: no DEQ file on PL 3602

Ted Clausen
44011 Hwy 26
Dayville 97825

Authorization Notice Guide for Septic Systems



State of Oregon
Department of
Environmental
Quality

Water Quality,
Onsite
Eastern Region
700 SE Emigrant, #330
Pendleton, OR 97801
Phone: (541) 276-4063
(800) 304-3513
Fax: (541) 278-0168
www.deq.state.or.us

An Authorization Notice is generally required:

1. When connecting or re-connecting to any existing septic system.
2. When replacing one residence (mobile, manufactured or modular home, recreational vehicle or conventional stick built home) with another or with any other structure. Note: When a mobile home or RV is to be replaced with a similar mobile home or RV located within a lawful Mobile Home or RV park, an Authorization Notice is not necessary.
3. When rebuilding or replacing any structure, even if destroyed by fire or other natural disaster.
4. When adding bedrooms or additional apartment facilities to an existing dwelling.
5. When connecting additional dwellings. Allows temporary housing for a family member suffering personal hardship for up to 5 years or until end of hardship. This can be renewed for a family member in need for 2 years maximum time, no extensions allowed. Approval by your local county and/or city planning department is required.
6. When any proposed change in use results in an increase to either sewage flow or waste strength.

system, we will advise you on how to proceed.

An Authorization Notice is usually NOT needed if you are adding more square footage, bathrooms, garages, etc. and NOT increasing the number of bedrooms. However, if a local planning or building department requires you to get a statement from us concerning your septic system, please refer to DEQ's "Existing System Evaluation Report Guide."

Items required to process your application:

1. Completed application form and fee. Please make sure your application is complete. Incomplete applications will be returned.
2. A vicinity / locator map. On an 8 1/2 x 11 sheet of white paper, show how to get to your property. If your property is remote or hard to find, please also describe in writing how to find it. Please flag the entrance to your property. If you have a large parcel, show on a sketch how to find the disposal field area.
3. A tax lot map. A tax lot map obtained at the local County Assessor's or Planning Department.
4. Land use compatibility statement. Must be signed by the local County and/or City Planning Department.
5. A detailed site plan. Draw a site plan from actual measurements that shows the existing septic tank and disposal field, property lines, easements, existing structures, driveways AND

125 26 35 : ~~415~~
3600

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State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

OVER →

Some of the above situations may require changes to the septic system. If based on your application, we find that you will have to change your septic

the proposed improvements or changes (for example, the new bedroom addition or mobile home placement etc.)

6. Existing septic system description:

Please fill out the existing septic system description form as completely as possible and to the best of your knowledge.

7. Site preparation: ~~If your system was installed under a permit and a Certificate of Satisfactory Completion was issued, call us before uncovering any portion of your system.~~

~~Otherwise, with a hand shovel, being careful not to damage system components, uncover the septic tank lid (but do not remove the lid), the inlet and outlet connections to the tank, and either the distribution box or the drop box(es) and stake the ends of the disposal trenches. We suggest the use of either a metal or fiber glass rod or other detection device for locating the tank and box(es) before digging.~~

8. Other information: Please include your name, township, range, section, and tax lot or account number on all maps and drawings that you submit.

Mail or hand-deliver the application, fee and attachments to:

Oregon Department of Environmental Quality
700 SE Emigrant, Suite 330
Pendleton, OR 97801

For more information:

If you would like more information on Authorization Notices for Onsite Septic Systems, please call toll free in Oregon 1-800-304-3513.

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State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

This must be done when applying for This Auth. Notice.

also: dig up the far end of the Trench so the Pipe can be seen.



DEQ-DC-1



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
700 SE Emigrant, Suite 330
Pendleton, OR 97801

Phone/TTY: (541) 276-4063
Fax: (541) 278-0168

RECEIVED FEB 20 2004 State of Oregon Dept. of Environmental Quality Eastern Region - Pendleton	Date Stamp:
	For DEQ Use Only: Date Received <u>02-20-04</u> Fee Paid <u>430.00</u> Receipt Number <u>111967</u> Application Number _____ Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned <u>Y</u> Data Entry <u>Y</u>

A. Property Owner Information

Jerald Clausen 44011 Hwy 26 Dayville 97825 541-987-2993
Name Mailing Address Phone Number

B. Legal Property Description

125 26 35 360² 38978 211.81
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Grant _____
County Subdivision Name Lot Block

Property Address: Same as above
Address City State Zip Code

Directions to Property: One mile west of Dayville on the right hand side

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: <input checked="" type="checkbox"/> Single Family Residence <u>3/4</u> Number of Bedrooms <input type="checkbox"/> Other _____	Proposed Facility: <input type="checkbox"/> Single Family Residence _____ Number of Bedrooms <input type="checkbox"/> Other _____	Water Supply: <input type="checkbox"/> Public _____ Name <input checked="" type="checkbox"/> Private <u>Well</u> Well, Spring, Shared
--	--	--

D. Type of Application

<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement	<input checked="" type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input checked="" type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> 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.

Jerald Clausen By P.O.A. Jerald Clausen
Signature Date 2-16-04

Jerald Clausen 541-987-2993
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

44011 Hwy 26 Dayville, OR 97825
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached

Installer's Name _____

Hook into Planning 2-17-04

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SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)

1. Applicant Name/Property Owner: Jerald & Barbara Clouser
Mailing Address: 44011 Hwy 26 Telephone: 987-2993
City: Dayville State: OR Zip: 97825

State of Oregon
Dept. of Environmental Quality
Forest Recreational - Bend/Lebanon

2. Property Information:
County: Grant Tax Lot Number: 3602
Township: 125 Range: 26 Section: 35
Property Address: Same as above
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

Per Hilary McNary
Plng. Dept.

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: EPV Zoning Minimum Parcel Size: 80 acres

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: Approved for replacement dwelling

9. Planning Official Signature: Hilary McNary
Print Name: Hilary McNary Title: Director
Telephone No.: 541-575-1519 Date: 02/19/04

* 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.

Notice: The powers granted by this general power of attorney are extremely broad and sweeping. If you have any questions, obtain competent legal advice. This document does not authorize anyone to make medical or other health care decisions for you. You may revoke this power of attorney if you later wish to do so.

GENERAL POWER OF ATTORNEY (Durable)

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FEB 20 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

KNOW ALL MEN BY THESE PRESENTS, that I, Jerald F. Clausen

the undersigned Principal residing at HCR Box 910 Dayville, Oregon 97825

grant a general power of attorney to Ted Franklin Clausen

residing at HCR Box 910 Dayville, Oregon 97825, and appoint said individual as my attorney-in-fact to act in my name, place and stead in any way which I myself could do if I were personally present, including but not limited to the following:

- a. To ask, demand, receive, sue for and recover all sums of money and any and all other property, tangible or intangible, due or hereafter to become due and owing, or belonging to me, and to make, give and execute, receipts, releases, satisfactions, or other discharges therefor.
- b. To make, execute, endorse, accept, and deliver in my name or in the name of my attorney-in-fact all checks, notes, drafts and all other instruments, of whatsoever nature, as to my said attorney-in-fact may deem necessary to conserve my interests and/or exercise the rights and powers granted herein.
- c. To execute, acknowledge and deliver any and all contracts, deeds, leases, and any other agreement or document affecting any and all property now owned by me or hereafter acquired.
- d. To enter into and take possession of any real estate belonging to me, the possession of which I may be or may become entitled, and to receive in my name and to my use any rents and profits belonging to me, and to lease such real estate in such manner that my attorney-in-fact shall deem necessary and proper; and from time to time to renew leases.
- e. To commence, prosecute, compromise, settle, adjust and/or discontinue any claims, suits, actions or legal proceedings for the recovery of sums of money or property now or hereafter due or to become due, or held by or belonging to me.
- f. To prepare, or cause to be prepared all tax returns; to execute and file tax returns in my name and on my behalf; and to settle tax disputes.
- g. To take any and all action necessary and proper to carry on, conduct and manage my business affairs, and to engage in and transact any lawful business in my name and on my behalf.
- h. To defend, all actions and suits which shall be commenced against me, and to compromise, settle, and adjust all actions, accounts, dues, and demands in such manner as my said attorney-in-fact shall deem appropriate.
- i. To do and perform every act and thing necessary or proper in the exercise of any of the rights and powers herein granted, as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

1. Interpretation. This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney-in-fact.

2. Durable Nature of Power of Attorney. This power of attorney shall not be affected by my subsequent disability, incapacity or incompetence.

3. Requirements For Revocation of Power of Attorney. I may revoke this power of attorney by giving written notice to the attorney-in-fact. However, such revocation shall not be effective as to a third party who relies in good faith upon this power of attorney unless such third party has actual or constructive knowledge of the revocation or the revocation has been recorded in the public records where I reside.

4. Acceptance of Attorney-In-Fact Appointment. By signing this document, my attorney-in-fact accepts the appointment as my attorney-in-fact.

5. Nomination of Guardian (Conservator). If a guardian (conservator) is to be appointed for me,

I nominate None to serve as my guardian (conservator).

6. Special Instructions. None

I HEREBY CERTIFY THIS TO BE
A TRUE AND EXACT COPY OF THE
ORIGINAL.

Carlene D. Robinson
Notary Public for Oregon



0 77925 10205 8

REDIFORM. 10205

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R E C E I V E **D**
FEB 20 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

WHEREFORE, the following parties sign this instrument on this 2nd day of NOVEMBER, 1998.

Witness _____

Jerald F Clausen
Principal

Address _____

Jerald F Clausen
Attorney-In-Fact

Witness _____

Address _____

RECEIVED
FEB 20 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

STATE OF OREGON)

COUNTY OF GRANT) SS:

On 11-2-98 before me, CARLENE M. JOHNSTON, NOTARY PUBLIC FOR OREGON
(date) (name and title of officer taking Acknowledgement)

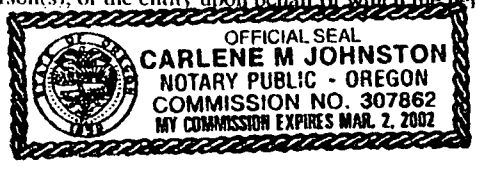
_____ , personally appeared JERALD F. CLAUSEN

(name(s) of person(s) signing instrument)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Carlene M Johnston
Signature



STATE OF OREGON)

COUNTY OF GRANT) SS:

On 11-2-98 before me, CARLENE M. JOHNSTON, NOTARY PUBLIC FOR OREGON
(date) (name and title of officer taking Acknowledgement)

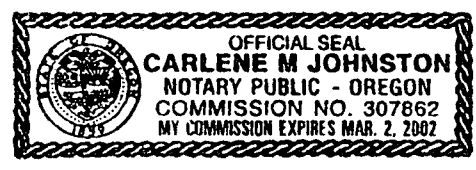
_____ , personally appeared TED FRANKLIN CLAUSEN

(name(s) of person(s) signing instrument)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Carlene M Johnston
Signature



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| | | | |
Principal .Fact

REDIFORM 10205

**GENERAL POWER C
ATTORNEY
(Durable)**

Print

Attorney-In-

Dated:

R E C E I V E **D**
FEB 20 2004

State of Oregon
Dept. of Environmental Quality
Eastern Region - Pendleton

SEE T

21

22

23

24

1200

1200

1200

27

26

25

28

2000
385.76 AC.

2101
214.43 AC.

1902
137.53 AC.

2900
19.00 AC.
1. N1°09'E 435.16'
2. N67°11'W 215.69'
3. N62°16'W 396.00'
4. N42°36'W 396.00'
5. N37°41'W 25.3'
6. S0°33'W 377.80'
7. N71°18'W 467.60'
8. S0°34'W 765.30'
9. S89°11'E 1273.90'

2100
217.23 AC.

1905
148.00 AC.

3400
14.99 AC.
NO. 26

3602
211.81 AC.

4100
289.00 AC.

4000
320.00 AC.

33

2103
9.73 AC.
1. S13°46'W 38.00'
2. S65°13'W 557.40'
3. S34°31'W 282.50'
4. N61°35'W 150.00'
5. N89°22'W 940.00'

3501
20.00 AC.

2102
11.44 AC.

1906
SEE DETAIL MAP

3601
165.73 AC.

3900
3.98 AC.
1. N0°44'E 315.00'
2. N67°15'W 458.60'
3. S0°26'E 370.40'
4. S62°26'E 161.20'
5. S16°07'E 255.70'
6. S59°3'E 120.10'

3800
6.15 AC.
1. N0°44'E 350.00'
2. N89°16'W 570.00'
3. S0°44'W 390.00'
4. S73°36'E 592.00'
5. N0°44'E 200.00'

36

4200
12.80 AC.

4100

4201
11.60 AC.

80.00 CH. = 5280.00'

80.00 CH. = 5280.00'

80.00 CH. = 5280.00'

80.00 CH. = 5280.00'

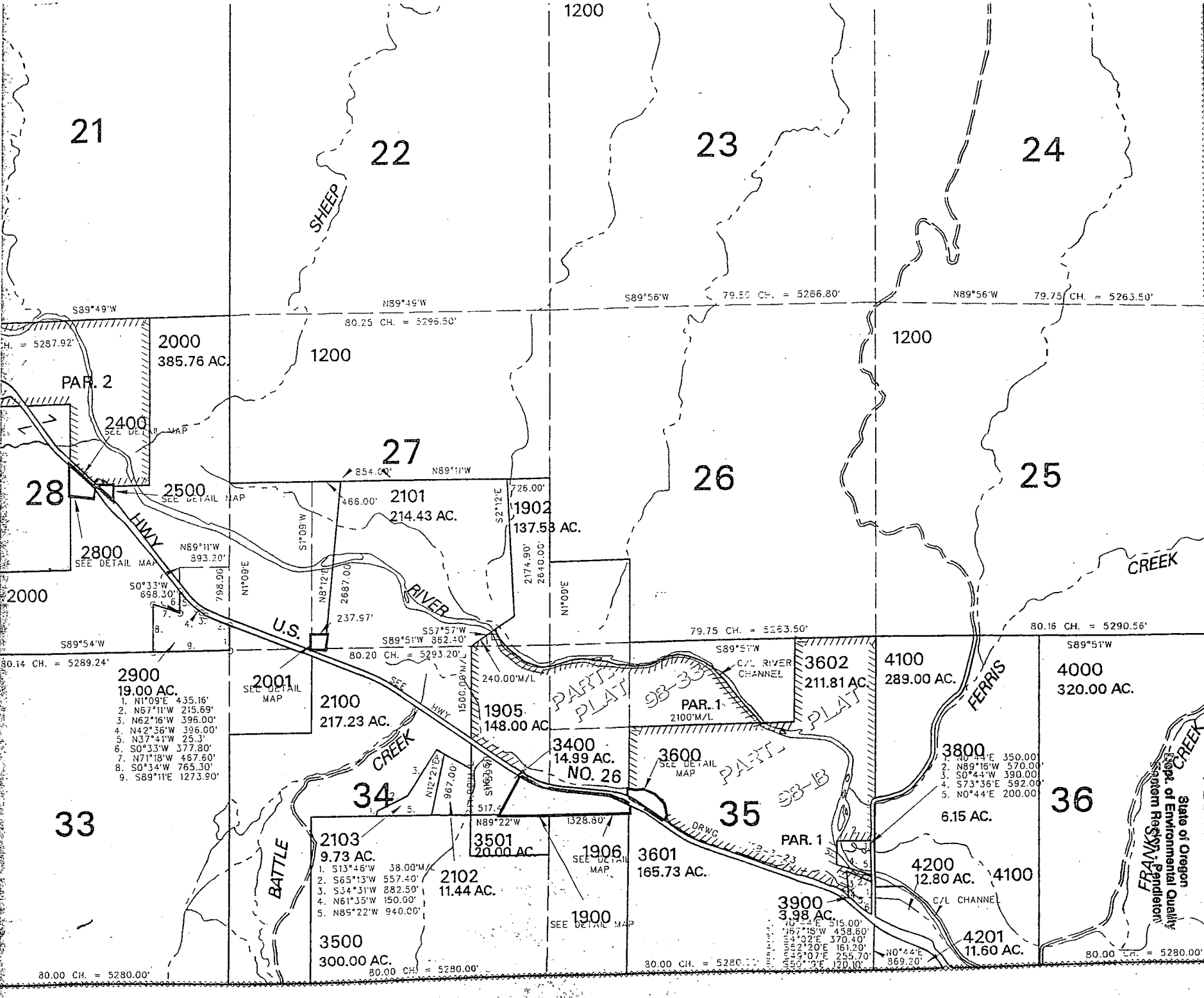
SEE MAP 13 26

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REVISION
03/11/0

12



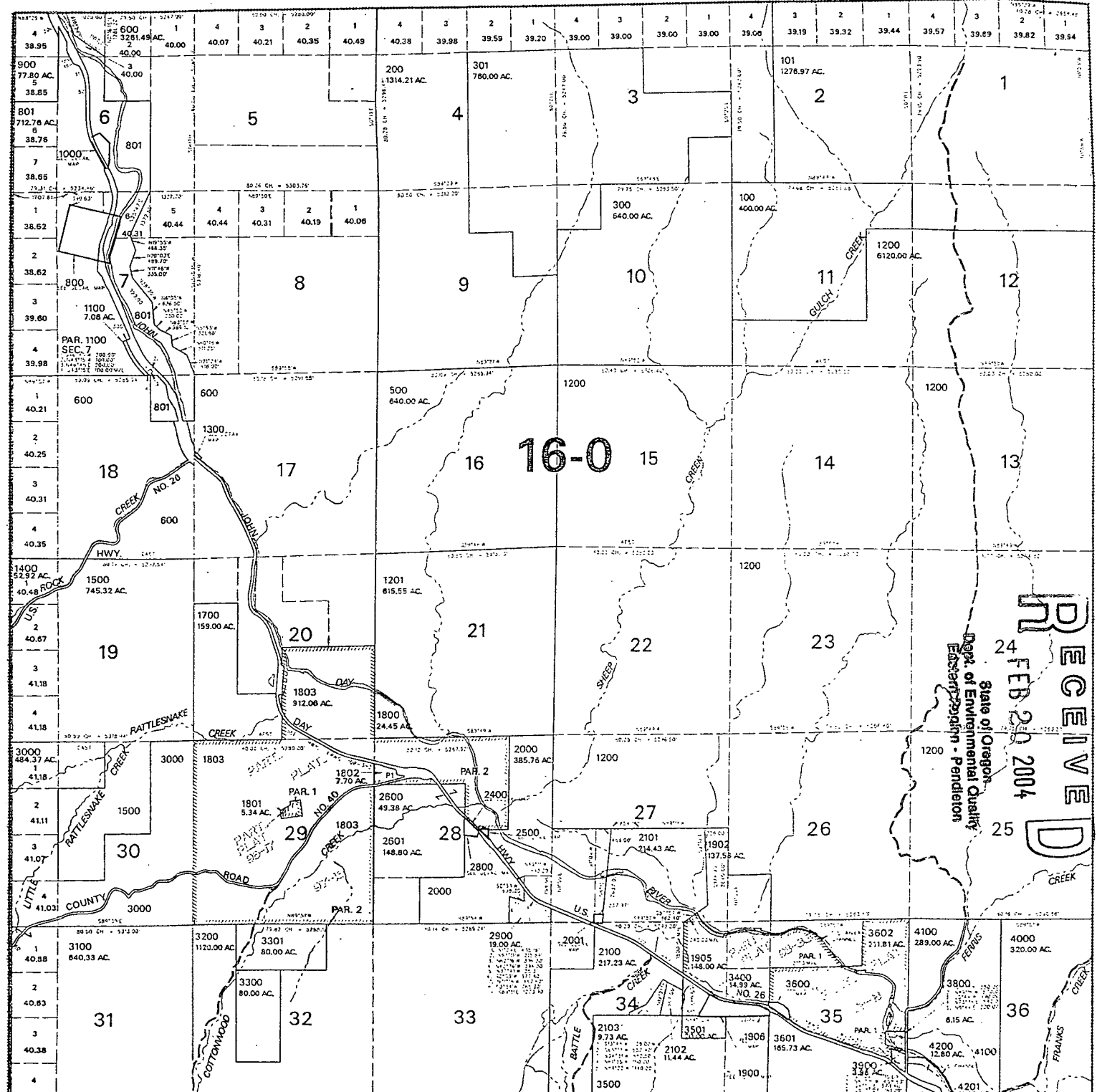
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ASSESSMENT PURPOSE ONLY

1" = 2000'
SEE MAP 11 26

CANCELLED NO.
201
400
501
700
1600
1901
1903
1904
2200
2300
2501
2700
3700

SCALE IN FEET
0 2000 4000

WHELEDER COUNTY

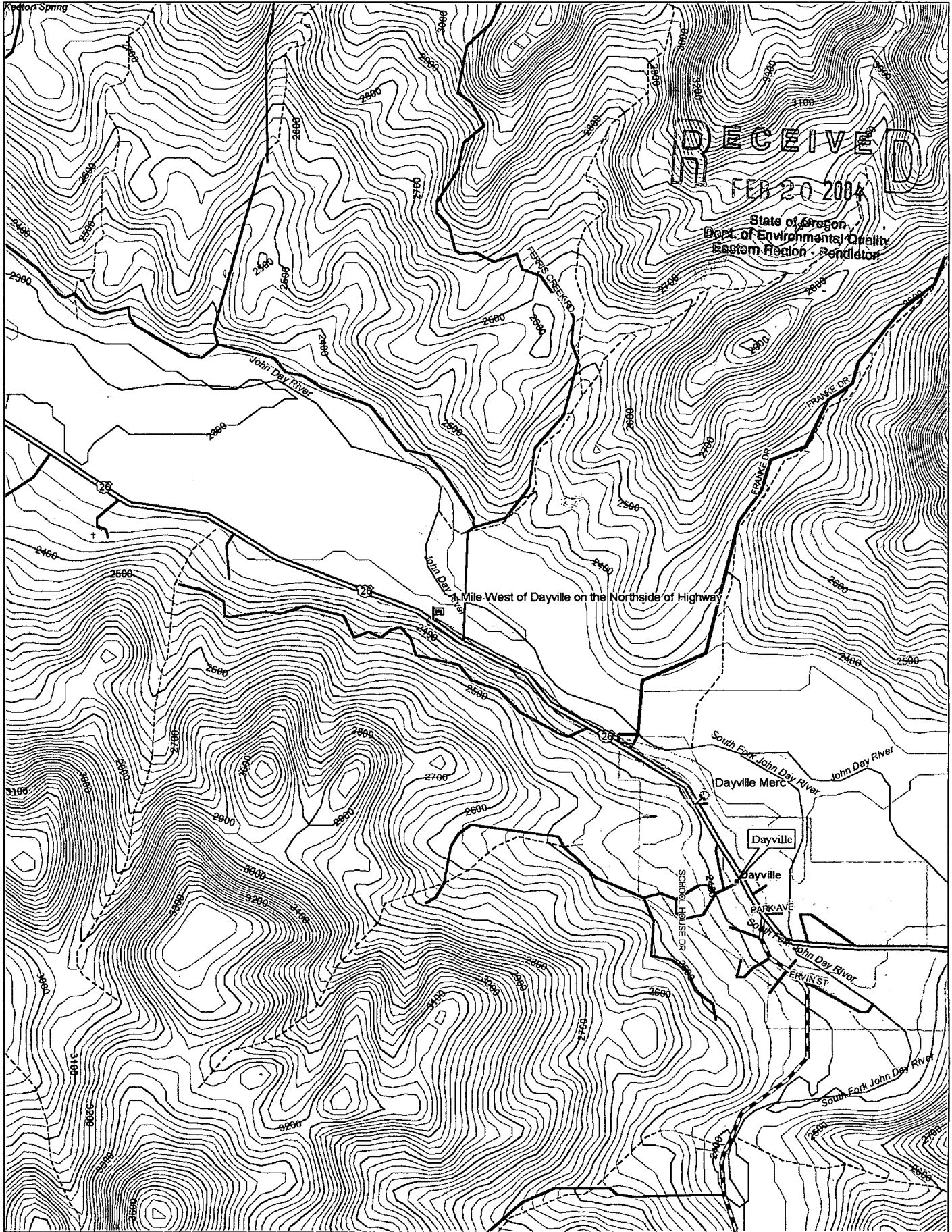


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State of Oregon
Dept. of Environmental Quality
Eastern Region - Bend/ton



1 Mile West of Dayville on the Northside of Highway

Dayville Merc
Dayville
PARK CAVE
SOUTH
ERWIN ST
SCHOOL HOUSE DR



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Scale 1 : 25,000
1" = 2080 ft

