



**Certificate of Satisfactory Completion**  
**Repair (Major) - Residential - New**

186-24-000183-PRMT

Clatsop County Onsite  
 820 Exchange Street  
 Astoria, Oregon 97103  
 503-325-9302  
 Fax: 503-325-9303  
 envhealth@clatsopcounty.gov  
 Website:  
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

**Date Certificate Issued:** 10/10/2024  
**Work Description:** Major Repair; tank and drainfield

<b>Applicant:</b> Helligso Construction Co <b>Address:</b> PO Box 147 Astoria OR 97103 <b>Phone:</b> 503.791.4546 <b>Email:</b> john@helligsoconstruction.com	<b>Primary Contractor:</b> Robert Martens Excavation, Ltd. <b>Installer License:</b> 37547 <b>Address:</b> 92859 Walluski Loop Road Astoria OR 97103 <b>Phone:</b> 5033250615 <b>Email:</b> martens92861@charter.net
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<b>Owner:</b> DAVID TETHEROW BENZ <b>Address:</b> 16170 SW COOPER LANE TIGARD OR 97224	<b>Property Address:</b> 79723 Hamlet Rd, Seaside, OR 97138
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**Parcel:** 408080000300 - Primary      **Township:** 4    **Range:** 08      **Section:** 8

<b>Lot Size:</b> 1.45 acres	<b>Water Supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land Use Approval:</b> N/A		

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	tearing down 2 bedroom cabin; building	new 4 bedroom home
<b>Number of Bedrooms:</b>	2	4

**System Specifications**

<b>Type:</b> Standard		
<b>Max Peak Design Flow:</b> 450 gpd.	<b>Proposed Flow:</b>	450 gpd.
<b>Min Septic Tank Volume:</b> 1000 gal.	<b>Min Dosing Tank Volume:</b>	500 gal.

**Drain Field Specifications**

<b>Drain Field Type:</b> Standard	<b>System Distribution Type:</b> Serial	
<b>Drainfield Sizing:</b> N/A	<b>Distribution Method:</b> Serial	
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.	
<b>Trench Length:</b> 225 linear ft.	<b>Rock Above Pipe:</b> 2 in.	
<b>Total Rock Depth:</b> 12 in.	<b>Rock Below Pipe:</b> 6 in.	
<b>Max Depth:</b> 30 in.	<b>Undisturbed Soil Between Trenches:</b> 8 ft.	
<b>Min Depth:</b> 24 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A	

**Special Requirements**

<b>Groundwater Type:</b> Temporary	<b>Groundwater Depth:</b> N/A	
<b>Pump to Drainfield Required:</b> Yes	<b>Filter Fabric on Top of Drain Media:</b> Yes	

## Final Inspection Request and Notice - Septic ID: 186-24-000183-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

**SECTION 1: Owner/Permittee Information:**

Name: DAVID TETHEROW BENZ

Twnshp: 4

Range: 08

Sect: 8

Lot: 00300

Property Address: 79723 HAMLET RD, SEASIDE, OR 97138

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps

System Type: STANDARD with Pump

Water tight verification\*

Tanks(1)	Volume: <u>1500</u>	Compartments: <u>2</u>	Manufacturer:		Date:
Tanks(2)	Volume:	Compartments:	Manufacturer:		Date:
Pump(s)	HP: <u>1/2</u>	Model/Manuf. <u>PF 10</u>	Float(s)Type(1):	Model/Manuf. <u>1"-P" / 1"-N" / 1"-C"</u>	
			Float(s)Type(2):	Model/Manuf. <u>ORANCO</u>	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>1 inch</u>	ASTM#/Other: <u>1785</u>	Length: <u>340 Ft</u>

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?		Yes	No

D. Drainfield Media

Type	<u>(Gravel, Pipe or alternative?)</u>			
Distribution Box	Yes <input checked="" type="checkbox"/>	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:
Comment				

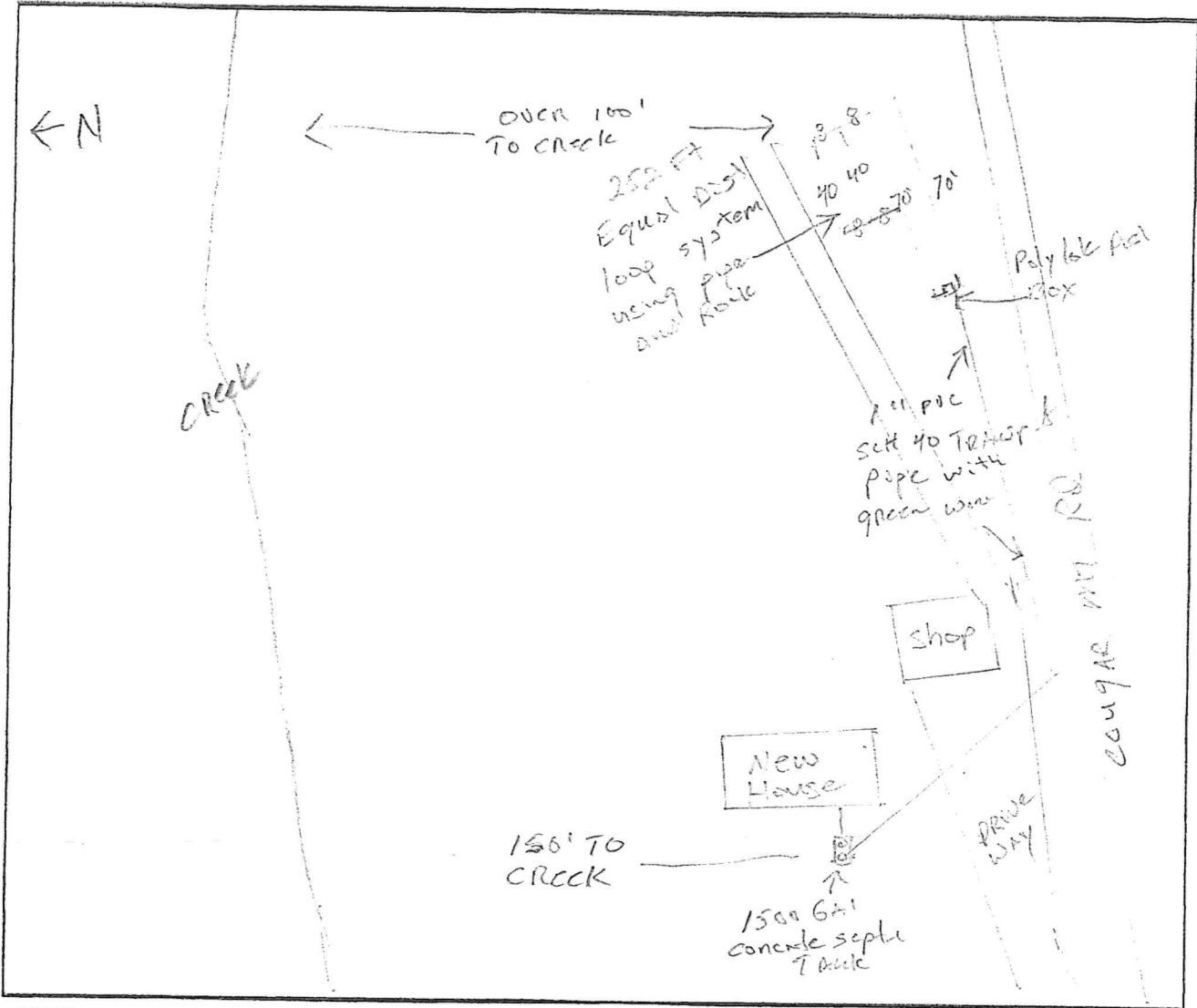
*Clatsop County Department of Public Health*

On-Site Waste Water Program  
 Approved By [Signature]  
 Permit No. 186-24-000183  
 Date 9/30/24 1

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
 \*\*Attach sieve analysis for Underdrain Media and Filter Sand

**SECTION 3 - As Built Plan**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



**SECTION 4 - Construction was performed by (Signature Required)**

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#: Print Name: Robert Martens

Licensed Installer: Yes  No  License#: 37547 Certification#: RJ 338

Owner/ Certified Installer: Signature: Rt E Mart Date: 9-27-24 Phone#: \_\_\_\_\_

**SECTION 5 - Office Use Only:**

Notice Accepted Yes  No  Date: \_\_\_\_\_

Installer/Owner (Permittee) Notified: Yes  No  Date: \_\_\_\_\_

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

Clatsop County Department of Public Health  
On-Site Waste Water Program  
Approved By: [Signature]  
Permit No. 186-24-000183  
Date 9/30/24



# Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax  
EnvHealth@co.clatsop.or.us email

## Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 - Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: David Benz

Septic Tank Location: 79723 Hamlet Rd Seaside OR 97138

Legal Description: T 4 R 08S 8 Lot 300

Date Tank Pumped: 10-3-24

By: [Signature] License #: 37864  
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: [Signature] Date: 10-4-24  
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of operator/owner)



**COMPLETE SEPTIC SERVICE**

7649

41092 ZIAK-GNAT CREEK LANE

ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

"GUARANTEED LOWEST PRICES"

DATE 10-3-24

NAME Robert Martens Etc PHONE 440-2724

ADDRESS 79723 Hamlet Rd Seaside OR 97138

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

DESCRIPTION	AMOUNT
Pump out & clean 1000 gallon Septic Tank	\$ 750.00
Thank you	
<i>PO 10-3-24</i>	
<b>TOTAL</b>	<b>750.00</b>

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

*Thank You*

Ordered By \_\_\_\_\_



# Septic Permit

## Repair (Major) - Residential - New

186-24-000183-PRMT

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov  
Website:  
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

**Date issued:** 9/11/24 **Expiration date:** 9/11/25  
**Work description:** Major Repair; tank and drainfield

<b>Applicant:</b> Helligso Construction Co <b>Address:</b> PO Box 147 Astoria OR 97103 <b>Phone:</b> 503.791.4546 <b>Email:</b> john@helligsoconstruction.com  <b>Business License:</b> N/A	<b>Primary contractor:</b> Robert Martens Excavation, Ltd. <b>Installer License:</b> 37547 <b>Address:</b> 92859 Walluski Loop Road Astoria OR 97103 <b>Phone:</b> 5033250615 <b>Email:</b> martens92861@charter.net
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<b>Owner:</b> DAVID TETHEROW BENZ <b>Address:</b> 16170 SW COOPER LANE TIGARD OR 97224  <b>Parcel:</b> 408080000300 - Primary	<b>Property address:</b> 79723 Hamlet Rd, Seaside, OR 97138  <b>Township:</b> 4 <b>Range:</b> 08 <b>Section:</b> 8
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<b>Lot size:</b> 1.45 acres	<b>Water supply:</b> Well	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Accessory Dwelling Unit:</b> No		
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A	
<b>Comments:</b> new house and tank on lot #300; drainfield on lot #201		

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b>	tearing down 2 bedroom cabin; building	new 4 bedroom home
<b>Number of bedrooms:</b>	2	4

**System Specifications**

<b>Type:</b>	Standard	<b>ATT description:</b> N/A
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b> 450 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b> 500 gal.

**Drain Field Specifications**

<b>Drain field type:</b>	Standard	<b>System distribution Ttpe:</b> Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b> Serial
<b>Media type:</b>	Rock/Pipe	<b>Media depth:</b> 12 in.
<b>Trench length:</b>	225 linear ft.	<b>Rock above pipe:</b> 2 in.
<b>Total rock depth:</b>	12 in.	<b>Rock below pipe:</b> 6 in.
<b>Max depth:</b>	30 in.	<b>Undisturbed soil between trenches:</b> 8 ft.
<b>Min depth:</b>	24 in.	<b>Capping fills-min depth of fill material:</b> N/A

**Special Requirements**

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

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

**Onsite Permit 186-24-000183-PRMT**

<b>Date issued:</b> 9/11/24	<b>Expiration date:</b> 9/11/25
<b>Work description:</b> Major Repair; tank and drainfield	

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

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

9/11/24

Return To After Recording

David and Kristy Benz

16170 SW Cooper Lane

Tigard, OR 97224

RECEIVED

SEP 11 2024

CLATSOP CO. PUBLIC HEALTH



Recording Instrument #: 202404890

Recorded By: Clatsop County Clerk

# of Pages: 3 Fee: 97.00

Transaction date: 9/11/2024 15:32:46

Deputy: gnelson

## EASEMENT, COVENANT AND SERVITUDE

WHEREAS David Tetherow Benz and Kristy Kay Benz, Trustees of the David Tetherow Benz and Kristy Kay Benz Living Trust ("GRANTOR") is the owner of the following

two lots (or parcels) of real property located in Clatsop County, Oregon:

### Lot I: VACANT LAND; TAX MAP 408080000201

The North half of Government Lot 8 that lies East of the thread of the North Fork of the Nehalem River, and that portion of the South half of Government Lot 8 that lies Easterly of the thread of the North Fork of the Nehalem River and Northerly of the Northerly line of the easement 40 feet in width, granted to Crown Zellerbach Corporation by instrument recorded October 27, 1960, in Book 257, page 268, Deed Records Clatsop County, Oregon; EXCEPTING, however, such portion of the said North half of Government Lot 8 that lies Southerly of the Northerly line of the aforesaid easement granted Crown Zellerbach Corporation; AND ALSO EXCEPTING all that portion of said Government Lot 8 that lies within the boundaries of that tract of land conveyed to Robert A. Benz, et ux., by deed recorded December 31, 1956, in Book 238, page 523, Deed Records, Clatsop County, Oregon; All lying in Section 8, Township 4 North, Range 8 West of the Willamette Meridian, in Clatsop County, Oregon.

### Lot II: 79723 HAMLET RD, SEASIDE, OR 97138; TAX MAP 408080000300

A tract of land Located in US Lot 8, Section 8, Township 4 North, Range 8 West of the Willamette Maridean described as beginning at a pint which is 3359.4 feet and west 231.5 feed from the SE corner of Section 8, T4N, R8W and running thence South 153.9 feet; thence S 71°54'W 256.1 feet; thence N59°54' W 111.9 feet; thence N 16°33' E, to a point which is S 86°52' W 288.5 feet from the Point of Beginning; thence N 86°52' E 288.5 feet, to the Point of Beginning, and containing 1.45 acres , more or less. ALSO: an Easement, for right of access, over the existing C.C.C. road, being a strip of land 20 feet wide, 10 feet on either side of a center line which begins at a point North 3195.1 feet, and West 211.5 feet from the SE Corner of Section 8, and runs thence S 71 ° 54' W 281.6 feet; and N 59° 54' W 360.4 feet, more or less, to the County road. SUBJECT TO: Reservation of water rights for mining, etc., in patent from the United States of America to Harry Hill, recorded in Vol. "44" of Deeds, Page 184, Records of Clatsop County, Oregon on 15 July, 1907, to which patent reference is hereby made.

WHEREAS GRANTOR has applied to the State of Oregon through the Department of Environmental Quality ("State" or "GRANTEE") for a permit to construct an individual onsite wastewater



David Tetherow Benz, Kristy Kay Benz, David Tetherow Benz and Kristy Kay Benz Living Trust

treatment system ("permit") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules (OAR) 340-71-130 requires for each lot or parcel different from but under the same ownership as the lot or parcel served, the owner of the property must execute and record in the county land title records, on a form approved by the department, an easement and a covenant in favor of the State of Oregon as a condition precedent to issuance of a permit authorizing the construction of a system on one lot intended to serve another lot;

#### EASEMENT

NOW THEREFORE, in consideration of the issuance of the permit to GRANTOR by the State, GRANTOR hereby conveys to the State, its successors and assigns, a perpetual non-exclusive easement in, upon, and running with Lots I and II allowing the state's officers, agents, employees and representatives to enter and inspect, including by excavation, the onsite wastewater treatment system on Lots I and II. This easement shall be terminated at such time as use of the individual onsite wastewater treatment system has ceased because the structures on Lot II are fully served by an adequate public sanitary sewer system or by another onsite wastewater treatment system located elsewhere. Upon request and a determination that adequate alternative service is available and in use, the State shall execute a recordable document terminating the easement.

#### COVENANTS

GRANTOR covenants and agrees not to convey any interest in either Lot I or Lot II that results in the severance of the common ownership of these Lots unless and until GRANTOR has granted or reserved a utility easement on Lot I benefiting Lot II, in accordance with OAR 340-071-0130. Said easement shall be nonexclusive, perpetual and appurtenant and shall be in a form acceptable to the State. The utility easement shall include the following terms:

1. Owners of Lot II may use Lot I for purposes of installing, operating and maintaining a drain field and related facilities for an individual onsite wastewater treatment system.
2. Lot I shall not be put to any conflicting use which would be detrimental to the permitted system or contrary to any law (including an Oregon Administrative Rule) applicable to the permitted system.

FURTHER, GRANTOR covenants that it shall include these covenants in any conveyance of either lot.

The GRANTOR and the State intend that these covenants shall run with the land and be binding on the GRANTOR'S heirs, successors and assigns.

David Tetherow Benz, Kristy Kay Benz, David Tetherow Benz and Kristy Kay Benz Living Trust

IN WITNESS WHEREOF, the GRANTOR executed this easement on this the 11<sup>th</sup> day of September, 2024.

DAVID TETHEROW BENZ *David Tetherow Benz*

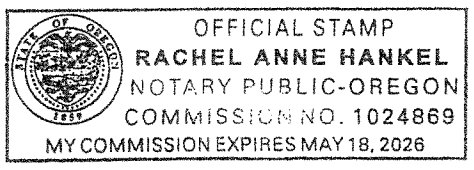
KRISTY KAY BENZ *Kristy K. Benz*

STATE OF OREGON )  
 ) ss.  
County of Clatsop )  
September 11<sup>th</sup>, 2024 )  
 )  
 )  
 )

TRUSTEES OF DAVID TETHEROW BENZ AND  
KRISTY KAY BENZ LIVING TRUST  
(GRANTOR)

Personally, appeared the above-named David and Kristy Benz and acknowledged the foregoing instrument to be their voluntary act.

Before me:



*Rachel Anne Hankel*  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: May 18 2026

State of Oregon Acceptance on this the 11 day of September, 2024,

by Lucas Marshall, as an Agent for the State of Oregon,

Department of Environmental Quality.

*Lucas Marshall*  
Signature of DEQ Agent

9/11/2024  
Date

## Materials list

1500 Gal A.2 Cascade dosing - septic  
tank with Rising riser /ios

ORanco 10 GPM Pump package  
with S/Ro Control Panel - Bio tube  
pump unit External splice Box  
Flants - 1" hose and valve assembly

350 Ft 1" PVC SCH 40 TRANSPARENT  
pipe with green wire

225 Ft 4" Pent Pipe

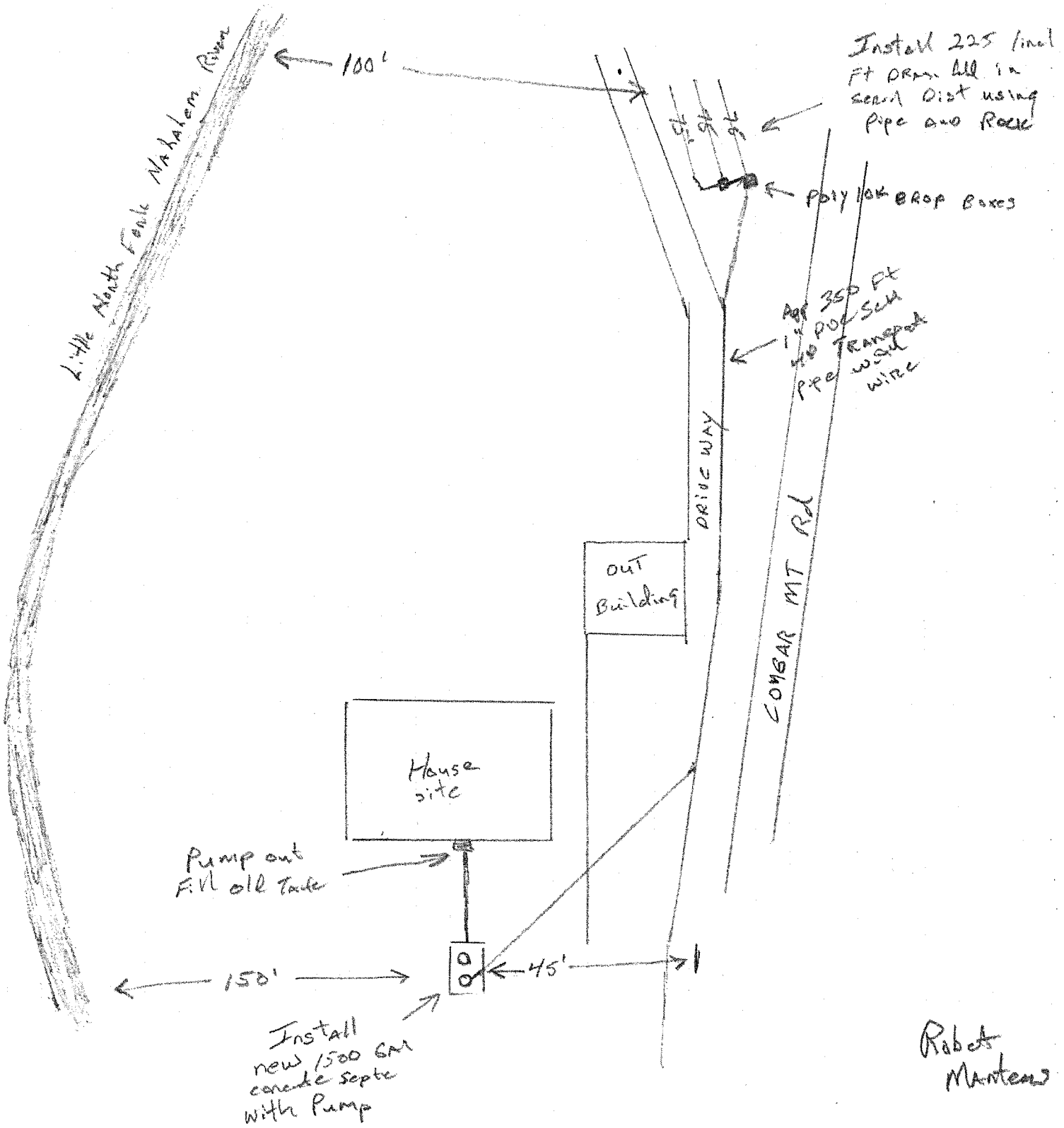
25 yds DEO ORAN ROLL

225 X 3 Tyran Filter Fabric

Robert  
Martens

Benz  
4-8-8-300

← N



Robert Mantens



# Clatsop County

## Environmental Health/Onsite Septic Program

August 7, 2024

**Clatsop County  
Onsite Septic Program**  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax  
[envhealth@clatsopcounty.gov](mailto:envhealth@clatsopcounty.gov) email

**IMPORTANT DOCUMENT – PLEASE READ CAREFULLY**  
**-This is not a construction permit-**

RE: **Repair Evaluation Results** – Site Approval with Conditions  
Subject: **186-24-000183** – Tax Lot Map ID – **408080000300** Parcel Size: **1.45 acre**  
Property Address: **79723 Hamlet Rd, Seaside, OR 97138**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **8/2/24**. Based on this evaluation, the following on-site sewage disposal systems are approved:

**Replacement System:**            *Standard System – 225 Linear Ft disposal field*

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

**Next Step – Applying for a Construction/Installation Permit**

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

**Request for Site Evaluation Report Review or Request for Variance**

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

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

Regards,

*Lucas Marshall, REHS*  
Environmental Health Supervisor  
Clatsop County Onsite Septic Program  
[lmarshall@clatsopcounty.gov](mailto:lmarshall@clatsopcounty.gov)

## Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **408080000300**.

**Replacement System:**      System Type: **Standard System**  
Minimum Septic Tank Size: **1000 gallons**  
Minimum Dosing Tank Size: **500 gallons – Pump Required**  
Distribution Method: **Serial Distribution**  
Minimum Length of Disposal Trenches: **225 Linear Ft.**  
Trench Depths: Min: **24 inches**    Max: **30 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

## Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

**This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.**

Attachment: Field Worksheet

## Site Evaluation - Field Worksheet

Design flow: 450 gpd # of bedrooms: 4

<b>Replacement System:</b>	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
<b>Tank:</b>	
<input type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input checked="" type="checkbox"/> - 2 compartment tank – 1500 gal. <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
<b>Distribution Method:</b>	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
<b>Absorption Disposal Facility:</b>	225 Linear Ft
<b>Maximum Trench Depth:</b>	30
<b>Minimum Trench Depth:</b>	24

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-12" 12-60"	SiL L	10YR 3/2 10YR 3/4	3-f,m,c 1-f,m,c	2-M-SBK 2-M-SBK	ESD = 60" No redox No water Gravels/cobbles 12-60"
<b>Landscape Notes:</b>			<b>Slope:</b>	<b>Aspect:</b>	<b>Groundwater Type:</b>	
Terrace, Hillslope			3-5%	310*NW	Temporary	

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued. **\*Same Owner Easement Required\***
2. System Description: Approval is for a Standard System with a 225 linear feet of disposal area for up to 4 bedrooms.
3. Install in area of test pit. See field worksheet for further details.
4. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **100ft setback to well, 100ft to creek, 10ft setback to property lines, foundations, and utility lines.**
5. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
6. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
7. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
9. All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 4 Range: 8 Section: 8 Tax Reference: 500 Parcel Size: 1.45 acre  
 Owner/Applicant: Benz Evaluator: Lucas Marshall  
 Inspection Date(s): 8/2/24 Application Number: 186-24-000183

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-12"	Sil	10YR 3/2	3-f,m,c	2-M-SBK
	12-60"	L	10YR 3/4	1-f,m,c	2-M-SBK
			gravels/cobbles 50%		
			ESD = 60" No water No redox		
Pit 2					
Pit 3					
Pit 4					

Landscape Notes: Terrace  
 Slope: 3-5% Aspect: 310° NW Groundwater Type: Temporary  
 Other Site Notes: \_\_\_\_\_

SYSTEM SPECIFICATIONS

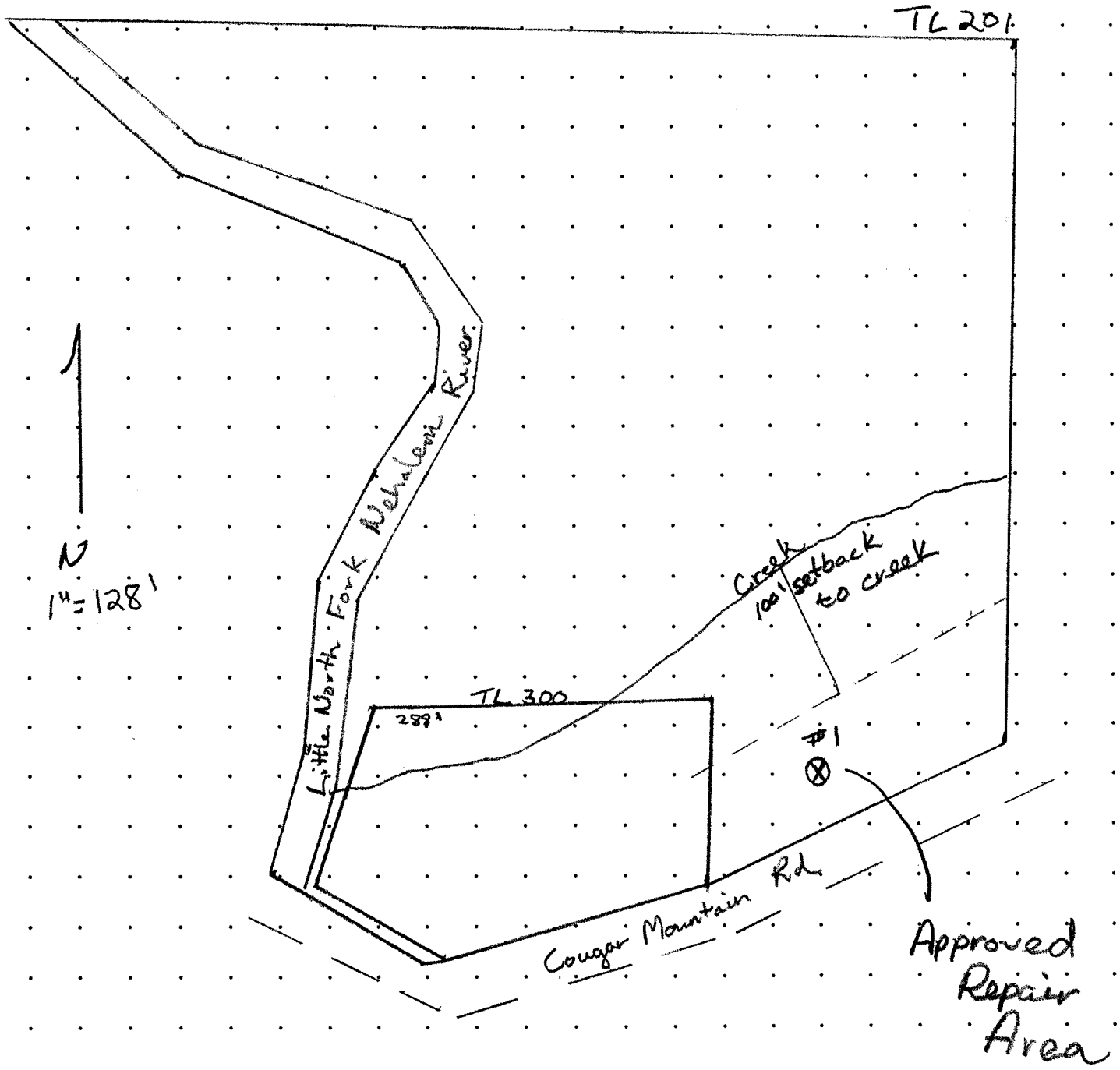
Design Flow: 450 gpd  
 Initial System: \_\_\_\_\_ ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 Replacement System: Standard System ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: 225 ~~linear feet~~ square feet Maximum Depth: 30 inches Minimum Depth: 24 inches  
 Special Conditions: Same owner easement required. Maintain setbacks to creek (100'), property lines, foundations, & utilities.



Township: 4 Range: 8 Section: 8 Tax Reference: 700 Parcel Size: 1.45 acre

Owner/Applicant: Benz Evaluator: Lucas Marshall

Inspection Date(s): 8/2/24 Application Number: 186-24-000183





# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED  
JUL 29 2024  
CLATSOP CO. PUBLIC HEALTH

Clatsop County  
Onsite Septic Program  
Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

#186-24-00083

## Application for Onsite Sewage Treatment System

(Pd) CK# 19290  
# 690-

### A. Property Owner Information

David and Kristy Benz	16170 SW COOPER LANE TIGARD OR 97224	503-804-2740
Name Benz Living Trust	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number

### B. Legal Property Description

4N	8W	8	300 / 201	1651	1.45
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Clatsop	house & tank on Lot #300 & drain field on lot #201				
County	Subdivision Name			Lot	Block

Property Address: 79723 Hamlet RD, Seaside, OR 97138

Directions to Property HW 26 to HW 53 to Hamlet RD, Hamlet RD 6 miles to Cougar MT RD, First driveway on North

### C. Existing Facility / Proposed Facility / Water Information

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

### D. Type of Application

<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Permit Repair <input checked="" type="checkbox"/> Major tank & D/F <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 type="checkbox"/> Compliance Record Review	<input type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another <input type="checkbox"/> 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 Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature	Date
<u>David T. Benz</u>	7/29/24

David T. Benz	(503) 804-2740	dkbenz@comcast.net
Applicant's Name (Please Print Legibly)	Applicant's Phone	Applicant's E-Mail Address

16170 S.W. Cooper Lane, Tigard, OR 97224

Applicant's Mailing Address

Applicant is the	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Authorized Representative	<input checked="" type="checkbox"/> Licensed Septic Installer
	<input type="checkbox"/> Authorization Attached		<u>Robert Martens #37547</u>
			Installers Name

John = contact



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JUL 29 2024

CLATSOP CO, PUBLIC HEALTH

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

[EnvHealth@co.clatsop.or.us](mailto:EnvHealth@co.clatsop.or.us) email

# 24-000183

## Notice Authorizing Representative

I, David T. Benz, have authorized \_\_\_\_\_, (Property Owner – Please Print)

John Souza (Helligso Construction) To act as my agent in performing \_\_\_\_\_ (Authorized Representative – Please Print)

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

### PROPERTY IDENTIFICATION

79723 Hamlet RD, Seaside, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township <u>4N</u>	Range <u>8W</u>	Section <u>8</u>	Tax Lot <u>300</u>	Map ID _____
Township <u>4N</u>	Range <u>8W</u>	Section <u>8</u>	Tax Lot <u>201</u>	Map ID _____

### PROPERTY OWNER:

Name: David and Kristy Benz Benz Living Trust Email: bethnwgardendesign@gmail.com

Mail Address: 16170 SW COOPER LANE City/State/Zip TIGARD OR 97224

Phone: 503-804-2740 FAX: \_\_\_\_\_

Signature: *David T. Benz* Date: 7/29/24

### AUTHORIZED REPRESENTATIVE:

Name: John Souza/Helligso Construction Email: john@helligsoconstruction.com

Mail Address: PO BOX 147 City/State/Zip Astoria, OR 97103

Phone: 503-791-4546 FAX: \_\_\_\_\_

Signature: *John Souza* Date: 7/25/2024



# Clatsop County

Environmental Health/Onsite Septic Program

4-8-8-300

RECEIVED

JUL 29 2024

CLATSOP CO. PUBLIC HEALTH

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

#24-000183

## Existing Septic System Description

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

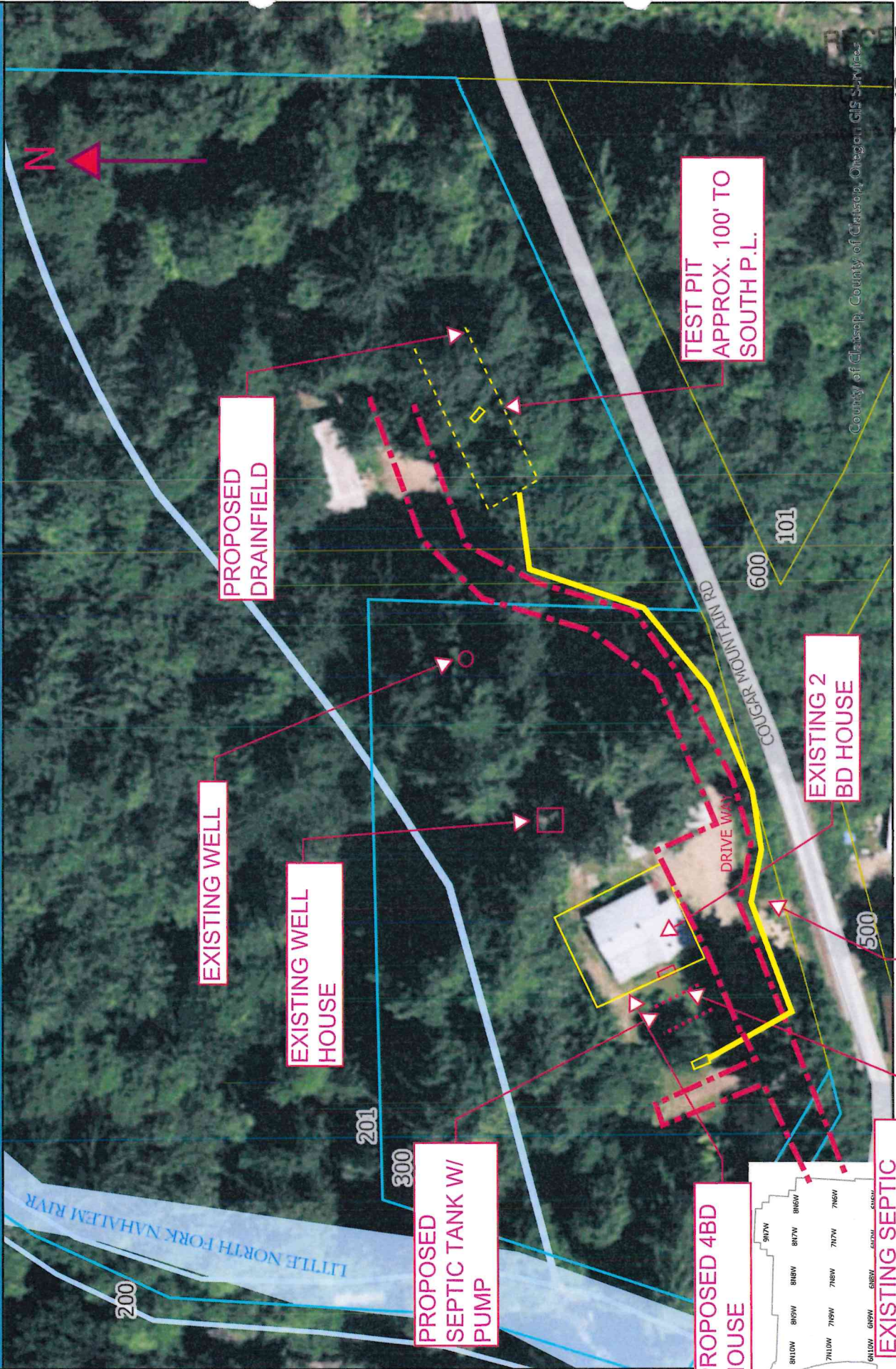
- Your existing septic system consists of (check all that apply):  
 Septic Tank       Disposal Trenches       Capping Fill       Sand Filter  
 Seepage Bed       Cesspool or Pit       Unknown  
 Other (describe): \_\_\_\_\_
- When was your septic system installed? 8-16-62 Date not availbe Permit Number
- Tank material:       Concrete       Steel       Plastic or Fiberglass       Unknown
- Septic tank volume (in gallons): 750
- When was the septic tank last pumped? (Attach receipt if available) \_\_\_\_\_
- Number of disposal trenches: 2
- Total length of disposal trenches (in feet): 100'
- 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: \_\_\_\_\_ In use until new system is installed. \_\_\_\_\_
- If the septic system currently serves a dwelling,  
 How many bedrooms in the dwelling? 2      How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? 4      How many occupants? 2
- If the septic system serves a business,  
 How many total employees are there? NA      Type of business: NA
- 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 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.

Signature: *David J. Be...*

Date: 7/29/24

# Clatsop County Webmaps



County of Clatsop, County of Clatsop, Oregon, GIS Services

9 2019  
 This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

#24-00183

## Clatsop County

150  
 ft

PUMPED LINE TO BE FIELD FIT, AS BUILTS DRAWING PROVIDED TO

EXISTING SEPTIC TANK AND DRAINFIELD TO BE DECOMMISSIONED

PROPOSED 4BD HOUSE

PROPOSED SEPTIC TANK W/ PUMP

EXISTING WELL HOUSE

EXISTING WELL

PROPOSED DRAINFIELD

TEST PIT APPROX. 100' TO SOUTH P.L.

EXISTING 2 BD HOUSE

LITTLE NORTH FORK NAHALEM RIVER

COUGAR MOUNTAIN RD

DRIVE WAY

200

201

300

600

101

500

8110W	8100W	8090W	8080W	8070W	8060W	8050W	8040W	8030W	8020W	8010W	8000W
7110W	7100W	7090W	7080W	7070W	7060W	7050W	7040W	7030W	7020W	7010W	7000W
6110W	6100W	6090W	6080W	6070W	6060W	6050W	6040W	6030W	6020W	6010W	6000W
5110W	5100W	5090W	5080W	5070W	5060W	5050W	5040W	5030W	5020W	5010W	5000W
4110W	4100W	4090W	4080W	4070W	4060W	4050W	4040W	4030W	4020W	4010W	4000W
3110W	3100W	3090W	3080W	3070W	3060W	3050W	3040W	3030W	3020W	3010W	3000W
2110W	2100W	2090W	2080W	2070W	2060W	2050W	2040W	2030W	2020W	2010W	2000W
1110W	1100W	1090W	1080W	1070W	1060W	1050W	1040W	1030W	1020W	1010W	1000W
0110W	0100W	0090W	0080W	0070W	0060W	0050W	0040W	0030W	0020W	0010W	0000W





**Transaction Receipt**  
**Record ID: 186-24-000183-PRMT**  
**IVR Number: 186094809118**

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov

**Receipt Number: 466029**

**Receipt Date: 7/30/24**

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>  
Worksite address: 79723 HAMLET RD, SEASIDE, OR 97138  
Parcel: 408080000300

**Fees Paid**

Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/30/24	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
7/30/24	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
7/30/24	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 19290 Payer: John Souza Payment Amount: \$690.00

Cashier: Annette Brodigan **Receipt Total: \$690.00**