



**Certificate of Satisfactory Completion
Installation Permit - Residential - Renewal**

186-21-000212-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-progra>
m

Date Certificate Issued: 09/11/2024
Work Description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home

Applicant: Bob McEwan Construction, Inc Address: PO Box 2845 Gearhart OR 97138 Phone: 5034400223 Email: mmcewan3569@gmail.com	Contractor: Bob McEwan Construction, Inc. Installer License: 37079 Address: 34154 Hwy 26 Seaside OR 97138-3611 Phone: (503) 738-3569 Email: mmcewan3569@charter.net
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Owner: MARC K FELISKY Address: 14311 NEVERS RD SNOHOMISH WA 98290	Property Address: 79532 Ray Brown Rd, Arch Cape, OR 97102
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Parcel: 41031BB00203 - Primary **Township:** 4 **Range:** 10 **Section:** 31BB

Lot Size: 0.75 acres	Water Supply: Community Water Supply
Zoning: CR	City/County/UGB: County
Land Use Approval: yes	
Directions to Property: South on US101, Right on Cove Beach Road after tunnel, Right on Ray Brown Road. House is on the left.	

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 bedroom, tearing down for	new 4 bedroom
Number of Bedrooms:	3	4

System Specifications

Type:	Alternative Treatment Technology (ATTs)	ATT Description:	AXRT20
Max Peak Design Flow:	450 gpd.	Proposed Flow:	450 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.

Drain Field Specifications

Drain Field Type:	Gravelless	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Pressurized
Media Type:	EZ Flo	Media Depth:	12 in.
Trench Length:	150 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

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

Date Certificate Issued: 09/11/2024

Work Description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home

Conditions of Approval

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

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

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

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

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

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

Certificate of Satisfactory Completion

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

Comments: N/A

Issued By: Lucas Marshall, REHS, Environmental Health Supervisor

Effective Date: 09/11/2024

Lucas Marshall, REHS

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

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

Final Inspection Request and Notice - Septic ID: 186-21-000212-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: MARC K FELISKY

Twtnshp: 4 Range: 10 Sect: 31BB
 Lot: 00203

Property Address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1000 gallon	Compartments: 1	Manufacturer: Waite Concrete	Date: 3/4/2024
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25"	ASTM#/Other: 2241	Length: 12'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	No	Model: AX-RT Tank		
Certified Maint.	Provider Name: Ed's Septic Tank Cleaning Service, LLC				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media

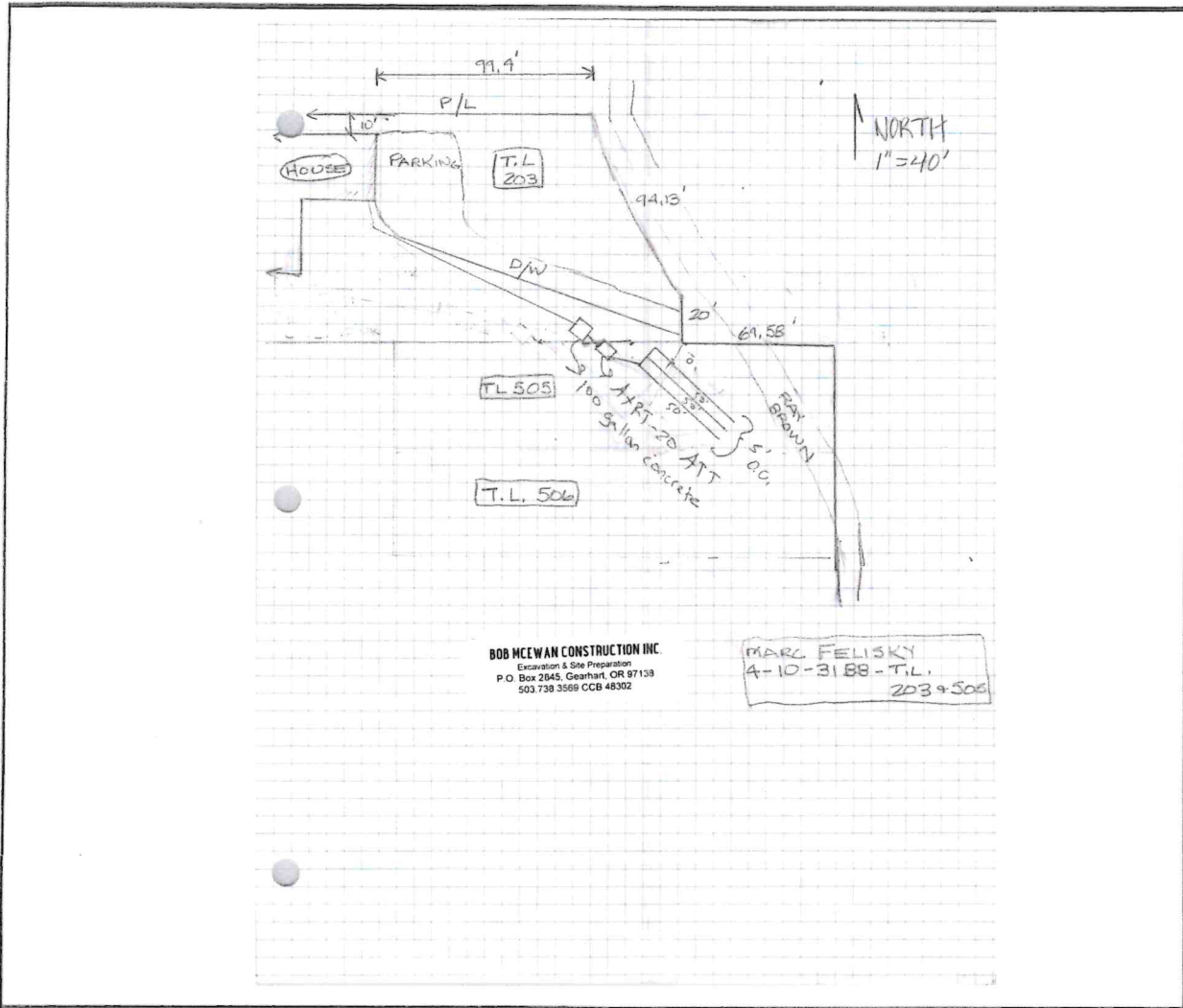
Type	(Gravel, Pipe or alternative?) EZ Flow Alternative Pressurized				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25"	ASTM#/Other: 2241	Length: 150'
Comment					

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

On-Site Waste Water Program 1
 Approved By: [Signature]
 Permit No. 186-21-000212
 Date 8/16/24

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: Michael R. McEwan		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079	Certification# RI 83
Owner/ Certified Installer:	Signature: <i>Michael R. McEwan</i>	Date: 8/8/2024	Phone#: 503-440-0223

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department of Public Health
On Site Waste Water Program
 Approved By *[Signature]*
 Permit No. *186-21-000212*
 Date *8/16/24*

Return to: Environmental Health
820 Exchange St.
Suite 100
Astoria, OR 97103

RECEIVED

SEP 11 2024

CLATSOP CO. PUBLIC HEALTH



Recording Instrument #: 202404880
Recorded By: Clatsop County Clerk
of Pages: 2 Fee: 92.00
Transaction date: 9/11/2024 11:35:15
Deputy: gnelson

EASEMENT, COVENANT AND SERVITUDE

WHEREAS Marc K Felisky ("GRANTOR") is the owner of the following

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

Lot I:

Taxmap 41031BB00505 Account 3168 Clatsop County, Oregon

Legal Description: COVE BEACH LTS 12 & 13 BLK 23 *Vacant Land, Arch Cape, Oregon*

Lot II:

Taxmap 41031BB00203 Account 3155 Clatsop County, Oregon

Legal Description: PARCEL 1 PARTITION PLAT 1992-006 *79532 Ray Brown Rd. Arch Cape, Oregon*

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 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.

2-Year AdvanTex® Service Contract

Parties: (AdvanTex® Service Provider)

NAME _____ PAUL MCDONALD _____
ADDRESS _____ 808 GLASGOW AVE _____
CITY, STATE, ZIP CODE _____ ASTORIA, OREGON 97103 _____
TELEPHONE _____ 503-458-6521 OFFICE 503-741-6484 CELL _____
E-MAIL _____ eds_septic@yahoo.com _____

And: (Customer)

NAME _____ Marc K & Chance Felisky _____
ADDRESS _____ 14311 Nevers Road _____
CITY, STATE, ZIP CODE _____ Snohomish, Washington 98290 _____
TELEPHONE _____ 503-436-4131 _____
E-MAIL _____ mfelisky@fastmail.fm _____

System Location:

ADDRESS _____ 79532 Ray Brown Road _____
CITY, STATE, ZIP CODE _____ Arch Cape, Oregon 97102 _____
LEGAL DESCRIPTION _____ Tax Map 41031BB00203 Account # 3155 _____
PERMIT # _____ TBD _____

Agency Contact Information:

AGENCY NAME _____ CLATSOP COUNTY _____
ADDRESS, CITY, STATE, ZIP _____ 820 EXCHANGE ST SUITE #100 _____
TELEPHONE _____ 503-338-3687 Office _____
E-MAIL _____ lmarshall@co.clatsop.or.us _____

Date: _____ June 17, 2021 _____ 2 Yr Renewal 9-3-2024 2024 & 2025 _____
Expires 9-2026

NOW, THEREFORE, in consideration of the terms, provisions, covenants and conditions contained herein, the Parties hereto agree as follows:

***Performance of Basic Services:**

The AdvanTex Service Provider, shall perform the System Inspection/Service Visits during the 24-month period after installation, as marked:

Inspection/Service Visits	3-6 months	<u> X </u>
	6-12 months	<u> X </u>
	12-18 months	<u> X </u>
	18-24 months	<u> X </u>

Alarm Response Other Services

System Monitoring	<u> X </u>
Reporting	<u> X </u>

** As required, these services will be included as part of the initial purchase of the system.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the AdvanTex Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow and an olfactory assessment for odor shall be performed.

The Service Provider will affix a "For Service, Call _____" label near the control panel's alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service Provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

***Term of Agreement**

This Agreement shall be for the period of 24 months from the date of System start-up, unless otherwise terminated or canceled by either party as provided herein. **\$600. per Year**

Annual County Report: \$65.00

***Definitions**

For purposes of this Agreement, the following definitions shall apply:

"System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.

"System" shall mean an AdvanTex AXN or AXRT NSF/ANSI Standard 40 certified wastewater treatment system.

"System Start-up Date" shall mean the date the System begins operating for its intended purpose.

*** Charges**

The basic services, including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the System. Optional, additional services shall be provided at the agreed upon contract price and terms.

Optional Services: \$100. per hour

All Laboratory Fees: Responsibility of Owner/Re-invoiced to you

Any necessary Repairs and/or Pumping : Will be done by Ed's Septic Tank Cleaning Service LLC

The Annual Report / Evaluation fee charged by DEQ: Invoiced to Owner at rate charged by DEQ

The annual report and annual evaluation fee required by DEQ is not optional, and may or may not be included in the cost of basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional services shall be due and payable within thirty (30) days of the Customer's receipt of Service Provider's invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Service Provider is in arrears.

***Warranty**

The AdvanTex Service Provider warrants that all Services shall be performed in a good and workmanlike manner and that Service Provider will correct any System errors, malfunctions, or defects directly caused by Service Provider's failure to perform the Services and Additional Services in such manner.

***Limitation of Liability**

The sole liability of the AdvanTex Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the AdvanTex Service Provider's failure to perform any services in a good and workmanlike manner pursuant to Section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the AdvanTex Service Provider be liable to the Customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

"The Customer agrees to hold Orenco Systems", Inc. and the AdvanTex Dealer or Supplier that sold the residential system harmless from any and all actions, claims, suits, or damages arising from the Authorized AdvanTex Service Provider's performance of services under the Agreement, or any other services it performs or has performed for the Customer."

***Termination/Cancellation**

This Agreement may be terminated or canceled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

***Miscellaneous Provisions**

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

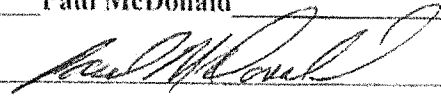
The laws of the State of Oregon shall govern this Agreement.

The homeowner shall be responsible for complying with the AdvanTex Homeowner Manual and AXN Homeowner's Manual Supplement provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

AdvanTex Service Provider

Name: Paul McDonald


Signature: 

Date: September 3, 2024

Title: Owner Ed's Septic
Certified AdvanTex Service Provider

Customer(s)

Marc or Chance Felisky

X 
September 8, 2024

System Owner
79532 Ray Brown Road
Arch Cape, Oregon 97102



Septic Permit Installation Permit - Residential - Renewal

186-21-000212-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: 8/2/22 **Expiration date:** 8/2/25
Work description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home

Applicant: Bob McEwan Construction, Inc
Address: PO Box 2845
Gearhart OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: MARC K FELISKY
Address: 14311 NEVERS RD
SNOHOMISH WA 98290

Property address: 79532 Ray Brown Rd, Arch Cape, OR
97102

Parcel: 41031BB00203 - Primary **Township:** 4 **Range:** 10 **Section:** 31BB

Lot size: 0.75 acres	Water supply: Community Water Supply	
Zoning: CR	City/County/UGB: County	
Land use approval: yes	County: N/A	
Accessory Dwelling Unit: No		
Action: Renewal	Type of application: Construction Permit - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

Directions to property: South on US101, Right on Cove Beach Road after tunnel, Right on Ray Brown Road. House is on the left.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	3 bedroom, tearing down for	new 4 bedroom
Number of bedrooms:	3	4

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT description: AXRT20	
Max peak design flow: 450 gpd.	Proposed flow: 450 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.	

Drain Field Specifications

Drain field type: Gravelless	System distribution Ttpe: Equal	
Drainfield sizing: N/A	Distribution method: Pressurized	
Media type: Other - Indicate Product/Manufacturer	Media depth: 12 in.	
Media type description: EZ Flo		
Trench length: 150 linear ft.	Rock above pipe: N/A	
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.	
Min depth: 24 in.	Capping fills-min depth of fill material: N/A	

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

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

Date issued: 8/2/22

Expiration date: 8/2/25

Work description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home

Special Requirements

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

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

8/2/22



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

July 8, 2024

pd 7/31/24
\$ 275⁰⁰
ck# 6139

Reminder Permit Expiring – Second Renewal

Marc & Chance Felisky
79532 Ray Brown Rd
Arch Cape, OR 97102

Permit # 186-21-000212
Expiration Date: 8/2/2024
Property Description: 41031BB000203

On 8/2/22 Clatsop County issued septic permit #186-21-000212 for the above described property. The permit will expire on 8/2/24. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to **renew** this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to **reinstate** this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for **renewal** or **reinstate**, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (**this option does not apply to repair permits**). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a **new** permit must be obtained at the current permit fee price.

Signature: Michelle R. McEwan Date: 7/24/2024

Phone: 503-738-3569 Email: mmcewan3569@gmail.com



Transaction Receipt
Record ID: 186-21-000212-PRMT
IVR Number: 186089762078

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

Receipt Number: 466061

Receipt Date: 8/2/24

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102

Parcel: 41031BB00203

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/2/24	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
8/2/24	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/2/24	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 6139 Payer: Michael McEwan Payment Amount: \$275.00

Cashier: Annette Brodigan

Receipt Total: \$275.00



Septic Permit

Installation Permit - Residential - Renewal

186-21-000212-PRMT

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 820 Exchange Street
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Business License: N/A

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Drain Field Specifications

Drain field type: Gravelless	System distribution Ttpe: Equal
Drainfield sizing: N/A	Distribution method: Pressurized
Media type: Other - Indicate Product/Manufacturer	Media depth: 12 in.
Media type description: EZ Flo	
Trench length: 150 linear ft.	Rock above pipe: N/A
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 24 in.	Capping fills-min depth of fill material: N/A

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

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

Onsite Permit 186-21-000212-PRMT

Date issued: 8/2/22

Expiration date: 8/2/24

Work description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home

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

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

8/2/22



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9302 fax

RECEIVED

JUL 13 2023

CLATSOP CO. PUBLIC HEALTH

PD Ck# 6282
\$275.00

June 30, 2023

Reminder Permit Expiring

Marc Felisky
79532 Ray Brown Rd
Arch Cape, OR 97102

Permit # 186-21-000212
Expiration Date: 08/02/2023
Property Description: 41031BB00203

On 08/02/2022 Clatsop County issued septic permit #186-21-000212 for the above described property. The permit will expire on 08/02/2023. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to **renew** this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to **reinstate** this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for **renewal** or **reinstate**, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (**this option does not apply to repair permits**). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a **new** permit must be obtained at the current permit fee price.

Signature: Michael R. McEwan Date: 7/5/2023

Phone: 503-738-3569 Email: mmcewan3569@gmail.com



Clatsop County Onsite

Transaction Receipt
Record ID: 186-21-000212-PRMT
IVR Number: 186089762078

Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 462982

Receipt Date: 7/13/23

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>
Worksite address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102
Parcel: 41031BB00203

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/13/23	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
7/13/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
7/13/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 6282 Payer: Michael McEwan Payment Amount: \$275.00

Cashier: Annette Brodigan **Receipt Total: \$275.00**



Septic Permit

Installation Permit - Residential - New

186-21-000212-PRMT

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

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

Date issued: 8/2/22	Expiration date: 8/2/23
Work description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home	

Applicant: Bob McEwan Construction, Inc
Address: PO Box 2845
Gearhart OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: MARC K FELISKY
Address: 14311 NEVERS RD
SNOHOMISH WA 98290

Property address: 79532 Ray Brown Rd, Arch Cape, OR
97102

Parcel: 41031BB00203 - Primary **Township:** 4 **Range:** 10 **Section:** 31BB

Lot size: 0.75 acres	Water supply: Community Water Supply
Zoning: CR	City/County/UGB: County
Land use approval: yes	County: N/A
Action: New	Type of application: Construction Permit - Residential
System failing: N/A	Septic tank last pumped: N/A
Comments: N/A	

Directions to property: South on US101, Right on Cove Beach Road after tunnel, Right on Ray Brown Road. House is on the left.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	3 bedroom, tearing down for	new 4 bedroom
Number of bedrooms:	3	4

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT description: AXRT20
Max peak design flow: 450 gpd.	Proposed flow: 450 gpd.
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.

Drain Field Specifications

Drain field type: Gravelless	System distribution Ttpe: Equal
Drainfield sizing: N/A	Distribution method: Pressurized
Media type: Other - Indicate Product/Manufacturer	Media depth: 12 in.
Media type description: EZ Flo	
Trench length: 150 linear ft.	Rock above pipe: N/A
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 24 in.	Capping fills-min depth of fill material: 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.)

Date issued: 8/2/22	Expiration date: 8/2/23
Work description: Construction/Installation; ATT; tearing down old home for new 4 bedroom home	

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

Conditions of approval

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall

Environmental Health Specialist I

8/2/22

Online Application

Record ID: 186-21-000212-PRMT

RECEIVED

JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

A notice was added to this record on 2021-03-19.
Condition: Severity: Notice
Total conditions: 1 (Notice: 1)

[View notice](#)

(Pd) Visa
\$710

8-30-21 (Pd) + \$740 Visa
\$1450

() Menu Reports Help

Application Status: [App Submitted](#)

Opened Date: [06/24/2021](#)

IVR Tracking #: [186089762078](#)

186-21-PR...

-000212

()

Condition Status: Name	Short Comments	Status	Appl
GHO	Note to Building Codes...	Applied	03/

Conditions of Approval: Group Type Condition Name

Project Name: [Felisky](#)

Description of Work: [Major Alteration; Changing location of tank & drainfield for new bigger home to be built](#)

Application Detail: [Detail](#)

Application Type: [Onsite Permit](#)

Assigned To: [Lucas Marshall](#)

Address: [79532 RAY BROWN RD, ARCH CAPE, OR 97102](#)

Owner Name: [MARC K FELISKY](#)

Owner Address: [14311 NEVERS RD, SNOHOMISH, WA 98290](#)

Parcel No: [41031BB00203](#)

Custom Fields: [Onsite Permit](#)

GENERAL INFORMATION

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

Action
[New](#)

Category of Construction
[Single Family Dwelling](#)

Septic Tank Last Pumped
-

Acreage or Lot Size
[0.75 acres](#)

Existing Use of Structure
[3 bedroom](#)

[Directions to Property](#)

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JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

2-Year AdvanTex® Service Contract

#186-21-000212

Parties: (AdvanTex® Service Provider)

NAME _____ PAUL MCDONALD _____
ADDRESS _____ 808 GLASGOW AVE _____
CITY, STATE, ZIP CODE _____ ASTORIA, OREGON 97103 _____
TELEPHONE _____ 503-458-6521 OFFICE 503-741-6484 CELL _____
E-MAIL _____ eds_septic@yahoo.com _____

And: (Customer)

NAME _____ Marc K & Chance Felisky _____
ADDRESS _____ 14311 Nevers Road _____
CITY, STATE, ZIP CODE _____ Snohomish, Washington 98290 _____
TELEPHONE _____ 503-436-4131 _____
E-MAIL _____ mfelisky@fastmail.fm _____

System Location:

ADDRESS _____ 79532 Ray Brown Road _____
CITY, STATE, ZIP CODE _____ Arch Cape, Oregon 97102 _____
LEGAL DESCRIPTION _____ Tax Map 41031BB00203 Account # 3155 _____
PERMIT # _____ TBD _____

Agency Contact Information:

AGENCY NAME _____ CLATSOP COUNTY _____
ADDRESS, CITY, STATE, ZIP _____ 820 EXCHANGE ST SUITE #100 _____
TELEPHONE _____ 503-338-3687 Office _____
E-MAIL _____ lmarshall@co.clatsop.or.us _____

Date: _____ June 17, 2021 _____

NOW, THEREFORE, in consideration of the terms, provisions, covenants and conditions contained herein, the Parties hereto agree as follows:

5

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JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000212

***Performance of Basic Services:**

The AdvanTex Service Provider, shall perform the System Inspection/Service Visits during the 24-month period after installation, as marked:

Inspection/Service Visits	3-6 months	<u> X </u>
	6-12 months	<u> X </u>
	12-18 months	<u> X </u>
	18-24 months	<u> X </u>

Alarm Response Other Services

System Monitoring	<u> X </u>
Reporting	<u> X </u>

** As required, these services will be included as part of the initial purchase of the system.

These services shall be performed during normal business hours Monday through Friday (excluding national holidays) on a pre-scheduled basis and as the AdvanTex Service Provider deems necessary or advisable.

At each service visit the System shall be inspected and serviced in accordance with the instructions in the Systems O&M Manual. Additionally, an effluent quality inspection consisting of a visual assessment of color, turbidity, and scum overflow and an olfactory assessment for odor shall be performed.

The Service Provider will affix a "For Service, Call _____" label near the control panel's alarm signal and fill in his or her phone number.

Performance of the 2-year Inspection/Service visits shall include notification of needed repair, replacement or addition of parts used in the system.

The Service Provider shall provide emergency service within 48 hours of a service request.

The Service Provider shall be responsible for submitting the annual report and annual evaluation fee to the appropriate regulatory agency as required in OAR-071-0345.

The Service Provider shall notify the owner in writing if any improper system operation cannot be remedied at the time of servicing. The written notification shall include an estimated date of correction.

***Term of Agreement**

This Agreement shall be for the period of 24 months from the date of System start-up, unless otherwise terminated or canceled by either party as provided herein. **\$600. per Year**

Annual County Report: \$62.00

***Definitions**

For purposes of this Agreement, the following definitions shall apply:

"System Monitoring" shall include the collecting and processing of data transmitted by telemetry, PDA, laptop computer or other for evaluating the operating parameters of the treatment system, including alarm notification. It shall also include all sampling and laboratory information.

"System" shall mean an AdvanTex AXN or AXRT NSF/ANSI Standard 40 certified wastewater treatment system.

"System Start-up Date" shall mean the date the System begins operating for its intended purpose.

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JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000212

*** Charges**

The basic services, including service, inspection, effluent quality evaluation, and service, shall be included with the purchase of the System. Optional, additional services shall be provided at the agreed upon contract price and terms.

Optional Services: \$90. per hour

All Laboratory Fees: Responsibility of Owner/Re-invoiced to you

Any necessary Repairs and/or Pumping : Will be done by Ed's Septic Tank Cleaning Service LLC

The Annual Report / Evaluation fee charged by DEQ: Invoiced to Owner at rate charged by DEQ

The annual report and annual evaluation fee required by DEQ is not optional, and may or may not be included in the cost of basic services. Refer to Service Provider's fee schedule for an outline of the cost of basic services and optional services to be provided under this contract.

All charges for optional services shall be due and payable within thirty (30) days of the Customer's receipt of Service Provider's invoice. The Customer shall pay Service Provider a late payment charge of 1.5% per month, or the maximum rate permitted by applicable law, whichever is less, on any unpaid amount for each calendar month or fraction thereof that any payment to Service Provider is in arrears.

***Warranty**

The AdvanTex Service Provider warrants that all Services shall be performed in a good and workmanlike manner and that Service Provider will correct any System errors, malfunctions, or defects directly caused by Service Provider's failure to perform the Services and Additional Services in such manner.

***Limitation of Liability**

The sole liability of the AdvanTex Service Provider under this agreement shall be to correct any errors, malfunctions or defects in the system directly caused by the AdvanTex Service Provider's failure to perform any services in a good and workmanlike manner pursuant to Section 4 above. In no event shall the Service Provider's liability to the Customer hereunder exceed the total of the amounts paid to the Service Provider hereunder by the Customer. In no event shall the AdvanTex Service Provider be liable to the Customer or any third-party claimant for any indirect, special, punitive, consequential or incidental damages or lost profits arising out of or related to this Agreement or the performance or breach thereof, whether based upon a claim or action of contract, warranty, negligence or strict liability or other tort, breach of any statutory duty, indemnity, or contribution or otherwise, even if the Service Provider has been advised of the possibility of such damages.

"The Customer agrees to hold Orenco Systems[®], Inc. and the AdvanTex[®] Dealer or Supplier that sold the residential system harmless from any and all actions, claims, suits, or damages arising from the Authorized AdvanTex[®] Service Provider's performance of services under the Agreement, or any other services it performs or has performed for the Customer."

***Termination/Cancellation**

This Agreement may be terminated or canceled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual written agreement of both Parties.

- Copy of such written notice shall be forwarded to the regulatory agency.

***Miscellaneous Provisions**

This Agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern this Agreement.

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JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000212

The homeowner shall be responsible for complying with the AdvanTex Homeowner Manual and AXN Homeowner's Manual Supplement provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of this Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.


AdvanTex Service Provider

Name: Paul McDonald

Signature: Marc or Chance Felisky

Title: Owner Ed's Septic
Certified AdvanTex Service Provider

Customer(s)





6-18-2021



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

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JUN 29 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000212

Notice Authorizing Representative

I, Marc Felisky, have authorized
 (Property Owner – Please Print)

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

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

PROPERTY IDENTIFICATION

79532 Ray Brown Rd., Arch Cape, Oregon 97102

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 4 Range 10 Section 31BB Tax Lot 203 Map ID 41031BB00203
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Marc Felisky Email: mfelisky@fastmail.fm
 Mail Address: 14311 Nevers Rd City/State/Zip Snohomish, WA 98290
 Phone: 3608620404 FAX: _____
 Signature: Marc Felisky Date: May 12, 2021
Marc Felisky (May 12, 2021 10:01 PDT)

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138
 Phone: 503.738.3569 FAX: 503-738-4198
 Signature: Michael R. McEwan Date: 05.11.2021

Oct. 17. 2013 9:52AM DEQ WARRENTON

No. 8426

RECEIVED

JUN 29 2021

#186-21-000212

CLATSOP COUNTY PUBLIC HEALTH

SECTION 1 TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Marc Felisky
Mailing Address: 14311 Nevers Rd.
City, State Zip Code: Snohomish, WA 98290
Telephone: 360-862-0404

2. Property Information:

County: Clatsop Tax Lot No.: 203
Township: 4 Range: 10 Section: 31 BB
Physical Address: 79532 Ray Brown Rd, Arch Cape, OR 97102
Block: Lot
Subdivision Name (if applicable):

3. This proposed facility is for:

- [X] An individual, single-family dwelling
[] Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:

- [X] Construction-Installation permit for: [X] New Construction [X] Alteration
[] Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds)
[] Authorization Notice for: [] Replacement of dwelling [] Bedroom addition
[] Other changes in land use involving potential sewage flow increases

tearing down home for bridge & new
change tank & D/F location

SECTION 2 TO BE COMPLETED BY CLATSOP COUNTY PLANNING OFFICIAL

5. Property Zoning: Coastal Residential Zoning Minimum Parcel Size: 20,000 sq. ft.

6. The facility is located: [] inside city limits [] inside UGB [X] outside UGB
If inside UGB, the proposed facility is subject to:
[] City jurisdiction [X] County jurisdiction [] Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: [X] Yes [] No
If you answered "Yes" above, was this compliance based on:
[] Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
[] Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
[] Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact:
LWPUO #80-14, Sec. 3.140 (CR zone)

8. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Date: 11/16/13
Title: PLANNER Telephone: 503-325-8611

Outside UCS 2/28/2008 6/29/21 - per Clancy - Lucas is still valid - no changes have been made
Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

MARC FELICKY
4-10-2183 203
+505

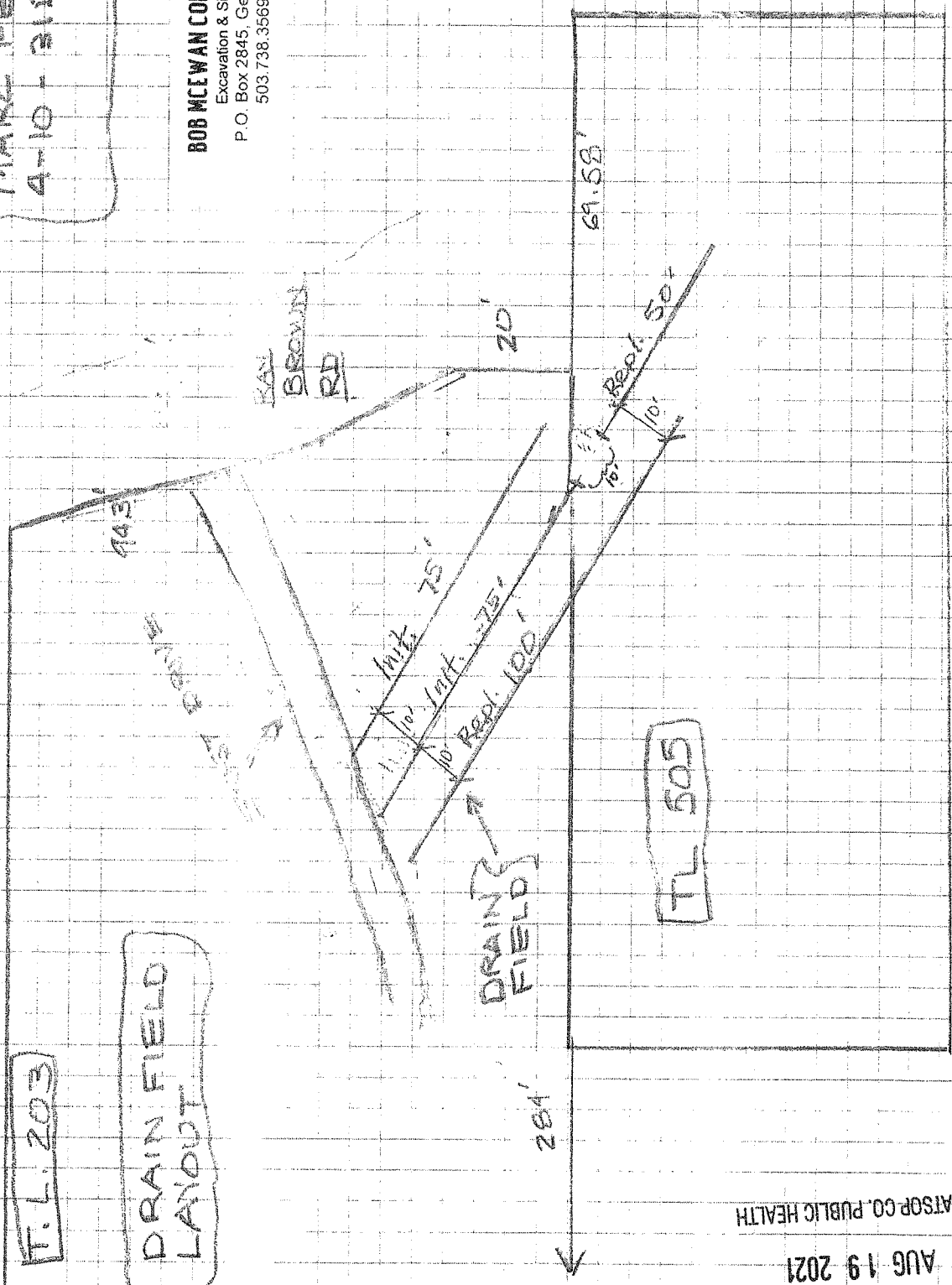
BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302

NORTH
1" = 30'

243'

T.L. 203

DRAIN FIELD LAYOUT



TL 505

RECEIVED
AUG 19 2021
CLATSOP CO. PUBLIC HEALTH

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: July 29, 2021

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

Prepared for: Marc Felisky
14311 Nevers Blvd
Snohomish, WA 98290

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JUL 29 2021

CLATSOP CO. PUBLIC HEALTH

Job Site: T4N, R10W, SEC. 31BB, T.L. 203 ; 79532 Ray Browan Road, Arch Cape, OR 97102

Plans Drawn By: Mike McEwan

Materials:

1000 gallon Waite Concrete Tank	1
AXRT Advantex Tank	1
24" dia PVC riser with lid	1
2" dia. sch. 40 PVC pipe	320'
2" dia. Ball Valves	3
2" dia. sch. 40 PVC 45° elbows	6
2" dia. sch. 40 PVC 90° elbows	2
2" dia. sch. 40 PVC tees	3
2" dia. sch. 40 PVC thread x slip adapt.	3
2" dia. sch. 40 PVC threaded end caps	3
6" dia pe valve boxes	6
EZ Flow without Pipe	150'
EZ Flow with Pipe	150'
ADS Couplers	12
1¼" dia. Anti-siphon valve	1

MARC FELISKY
 79532 RAY BROWN RD
 ARCH CAPE, OR
 A-10-33BB-203

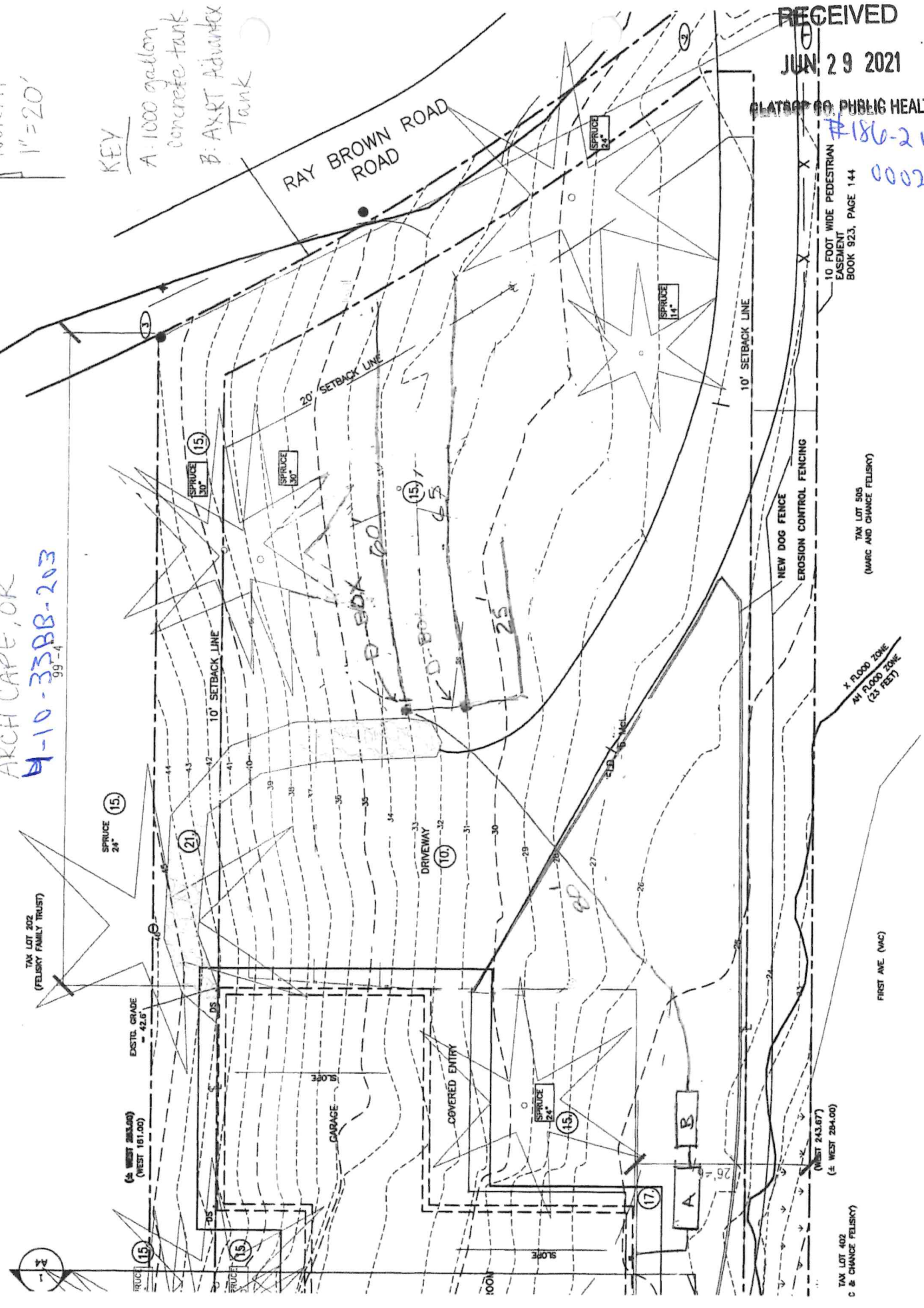
NORTH
 1" = 20'

KEY
 A: 1000 gallon
 concrete tank
 B: AXRT Adventure
 Tank

RECEIVED
 JUN 29 2021

PLAT 99-4 PUBLIC HEALTH

#186-21-
 000212



TAX LOT 202
 (FELISKY FAMILY TRUST)

(± WEST 283.00)
 (WEST 181.00)

EXISTD. GRADE
 = 42.6'

(WEST 243.87)
 (± WEST 284.00)

TAX LOT 402
 C & CHANCE FELISKY

TAX LOT 505
 (MARC AND CHANCE FELISKY)

X FLOOD ZONE
 NY FLOOD ZONE
 (25 FEET)

FIRST AVE. (M/C)

10' FOOT WIDE PEDESTRIAN
 EASEMENT
 BOOK 923, PAGE 144

RECEIVED

JUN 21 2021

CLATSOP COUNTY PUBLIC HEALTH

#186-21-000

623

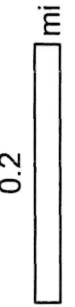
Oswald West State Park Oswald West State Park

Esri Community Maps Contributors, State of Oregon GEO, WA State Parks GIS, Esri Canada, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA, County of Clatsop, Clatsop County, Oregon

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.



Clatsop County



4-10-3188-203 = 0.25 acre

Ray Brown Rd

Early Ln





Transaction Receipt
Record ID: 186-21-000212-PRMT
IVR Number: 186089762078

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

Receipt Number: 457212

Receipt Date: 8/30/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102
Parcel: 41031BB00203

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/30/21	1.00 Ea	Install - ATT - by gallons per day	81-7203	\$1,341.00	\$740.00

Payment Method:	Credit card authorization: 99559734	Payer: Michael McEwan	Payment Amount:	\$740.00
-----------------	--	-----------------------	-----------------	----------

Cashier: Annette Brodigan

Receipt Total:

\$740.00



Transaction Receipt
Record ID: 186-21-000212-PRMT
IVR Number: 186089762078

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

Receipt Number: 456711

Receipt Date: 6/29/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102
Parcel: 41031BB00203

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/29/21	1.00 Ea	Alteration (major)	81-7204	\$601.00	\$601.00
6/29/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/29/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 96266631	Payer: Michael McEwan	Payment Amount:	\$710.00
-----------------	--	-----------------------	-----------------	----------

Cashier: Annette Brodigan

Receipt Total: \$710.00



Residential Septic Site Evaluation Approval

186-21-000246-EVAL

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

Date issued: 08/23/2021
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD; tearing down home; replace with new home plus new tank and drainfield in different loca

Applicant: Bob McEwan Construction, Inc
Address: PO Box 2845
 Gearhart OR 97138
Phone: 5037383569
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
 Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Owner: MARC K FELISKY
Address: 14311 NEVERS RD
 SNOHOMISH WA 98290

Property address: 79532 Ray Brown Rd, Arch Cape, OR
 97102

Parcel: 41031BB00203 - Primary **Township:** **4** **Range:** 10 **Section:** 31BB

Lot size: 1.07 Acres **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** County
Directions to Property: South on US101, West on Cove Beach Road, North on Ray Brown Road, House is on the left

Proposed use of structure: tearing down 3 bedroom for new 4 bedroom home
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
Comments: Easement paperwork required prior to permit issuance.			

System Specifications

System type:	Initial System	Replacement Area
ATT description:	Alternative Treatment Technology (ATTs)	Alternative Treatment Technology (ATTs)
System distribution type:	Treatment standard 1	treatment standard 1
Distribution method:	Equal	Equal
	Pressurized	Pressurized

Trench Specifications

Trench linear feet:	Initial System	Replacement Area
Max depth:	150 linear ft.	150 linear ft.
Min depth:	36 in.	36 in.
	24 in.	24 in.

Special Requirements

Stakeout required:	Initial System	Replacement Area
Groundwater type:	Yes	Yes
Drainfield type:	Temporary	Temporary
	Pressure Distribution	Pressure Distribution

<p>Date issued: 08/23/2021</p> <p>Application status: Site Evaluation Approved</p> <p>Work description: Site Evaluation; SFD; tearing down home; replace with new home plus new tank and drainfield in different loca</p>
--

Drainfield sizing:	150 linear ft/150 gal.	150 linear ft/150 gal.
Pump to drainfield required:	Yes	Yes

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Lucas Marshall

Environmental Health Specialist I

8/23/21

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.)



Clatsop County
Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

SITE EVALUATION REPORT

Dear Marc Felisky,

Date: August 3, 2021

On June 16, 2021 I was at the property describe below to evaluate if the site can meet the State of Oregon Department of Environmental Quality (DEQ) Onsite Wastewater Treatment System Rules. Based on the soil conditions observed in the two prepared soil test pits, the soil conditions can meet the DEQ onsite rules, however the area is very limited do to the site surface topography. The site's land form is Hillside slope; toe position. The property is also located in an area identified on the Clatsop County Geological Hazard zone map.

Before approval for an onsite wastewater treatment system can be issued it will be necessary to demonstrate that both an original and a required future replacement absorption drainfields can meet all required setbacks. A stakeout will be required in the area evaluated. The area within 50 feet of soil test pit number 2 (see soil field sheet) is the area suitable for an absorption drainfield. An absorption drainfield following an Alternative Treatment Technology (ATT) system would require 150 linear feet of absorption drainfield. You will need to stake out both the original and future replacement systems in the area of soil test pit 2 meeting all required setbacks. A total of 300 linear feet of absorption drainfield will be required to be staked out.

In addition, the subject property is comprised of two legal lots of record. The two lots of record will need to either be combine into one lot at the Clatsop County Assessors office, or a single party easement document must be prepared and submitted to our office for review prior to being recorded at the Clatsop County Recorder's office.

App. Name: Marc Felisky	Application: # 186-21-000246-EVAL	County: Clatsop
RE: SITE EVALUATION REPORT for: Township/Range/Section: T 4N/ R 10W/ S 31BB Tax Lot#: 00203 & 00505		

The stakeout must be completed **within 90 days** from the date of this letter or a new site evaluation application and fees will be required. If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

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

Regards,



Larry Olander, WWS
Wastewater Specialist
Clatsop County Public Health

Attachments: Field Worksheet, Geohazard Map, Stakeout Procedure, Minimum Separation Distance.

Cc: Michael McEwan

cc: Planning Department

FIELD WORKSHEET

App. Name: Marc Felisky

Application #: 186-21-000246

County: Clatsop

RE: **SITE EVALUATION REPORT** for Township/Range/Section: T 4N/ R 10W / S 31BB Tax Lot#: 00203 & 00505

Commercial Facility: Yes No Parcel Size: 1.07 acres

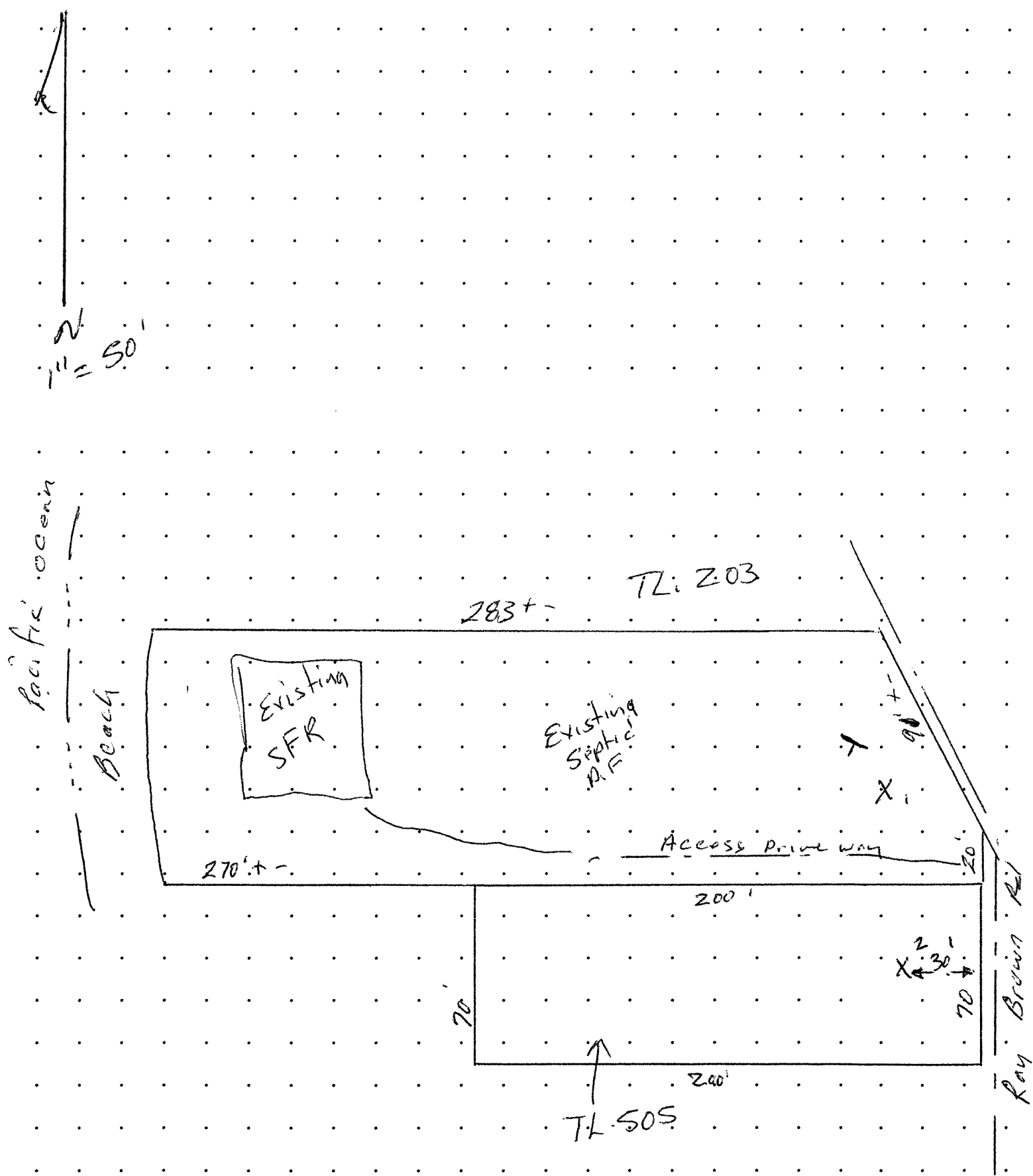
Design flow: 450 gpd Max # of brms: 4

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial
Absorption: Low Pressure Dist. Disposal Facility: <u>150</u> linear. ft Facility: <u> </u> sq. ft. 36" Max Depth 24" Min Depth	Absorption: Low Pressure Dist. Disposal Facility: 150 linear. ft Facility: <u> </u> sq. ft. 36" Max Depth 24" Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-6" 6-18" 18-31" 31-68"	SiL SiL SicL SicL	10 YR 2/1, 3-f, m, c-M, 1-f-SBK-structureless 10 YR 2/2, 2-f, m, c-P, 1-f, m-SBK-cobbly 10% 10 YR 2/2, 1-f, m, c-P, 2-m, c-SBK-cobbly 10-15% 10 YR 4/3, 1-f, m, c-P, 2-m, c-SBK-cobbly >15% ESD > 48"
#2			Pit 2 similar to pit 1 Extremely gravelly, cobbly, boulder > 16"

Landscape Notes: Slope Variable-Aspect: S10*W- Groundwater Type: Temp Land Form: Mountain Slope-Toe

Township: 4 Range: 16 Section: 31BB Tax Reference: 00505 2203 Parcel Size: Combined 1.07
 Owner/Applicant: Marc Felisky Evaluator: L. Olander
 Inspection Date(s): 06-16-21 Application Number: 186-21-000212
Cove Beach



ONLINE Application

186-21-00... STATUS LOCATION CONTACT
 Felisky > App Submit... > 79532 RAY ... > Michael Mc...
 Site Evaluation;... 07/30/2021 ARCH CAPE,...

CLATSOP CO. PUBLIC HEALTH

(Pd) Visa
 8850a

186-21-000246-EVAL - Felisky

A notice was added to this record on 2021-03-19.
 Condition: Severity: Notice
 Total conditions: 1 (Notice: 1)

[View notice](#)

Menu Reports Help

Application Status: [App Submitted](#)

Opened Date: [07/30/2021](#)

IVR Tracking #: [186059263936](#)

Condition Status:	Name	Short Comments	Status	Apply Date	Severity
	GHO	Note to Building Codes...	Applied	03/19/2021	Notice

Conditions of Approval: Group Type Condition Name Short Comments

Project Name: [Felisky](#)

Description of Work: [Site Evaluation; SFD; tearing down home; replace with new home plus new tank and drainfield in different location](#)

Application Detail: [Detail](#)

Application Type: [Onsite Site Evaluation](#)

Assigned To: [Lucas Marshall](#)

Address: [79532 RAY BROWN RD, ARCH CAPE, OR 97102](#)

Owner Name: [MARC K FELISKY](#)

Owner Address: [14311 NEVERS RD, SNOHOMISH, WA 98290](#)

Parcel No: [41031BB00203](#)

Custom Fields: Onsite Site Eval

GENERAL INFORMATION

Type of Application
[Residential Site Evaluation](#)

Category of Construction
[Single Family Dwelling](#)

Site Ready for Inspection
[Yes](#)

Water Supply
[Community Water Supply](#)

Zoning
 -

Acreage or Lot S
[1.07 Acres](#)

Proposed Use of Structure
[tearing down 3 bedroom for new 4 bedroom home](#)

Directions to Property
[South on US101, West on Cove Beach Road, North House is on the left](#)

186-21
 -000246-EVAL



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

RECEIVED
 AUG 02 2021
 CLATSOP CO, PUBLIC HEALTH
 #186-21-000246

Notice Authorizing Representative

I, Marc Felisky, have authorized
(Property Owner – Please Print)

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

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

PROPERTY IDENTIFICATION

79532 Ray Brown Rd., Arch Cape, Oregon 97102

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 4 Range 10 Section 31BB Tax Lot 203 Map ID 41031BB00203
 Township 4 Range 10 Section 31BB Tax Lot 505 Map ID 41031BB00505

PROPERTY OWNER:

Name: Marc Felisky Email: mfelisky@fastmail.fm
 Mail Address: 14311 Nevers Rd City/State/Zip Snohomish, WA 98290
 Phone: 3608620404 FAX: _____
 Signature: *Marc Felisky* Date: May 12, 2021
Marc Felisky (May 12, 2021, 10:01 PDT)

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138
 Phone: 503.738.3569 FAX: 503-738-4198
 Signature: *Michael R. McEwan* Date: 05.11.2021

RECEIVED

AUG 02 2021

CLATSOP CO. PUBLIC HEALTH



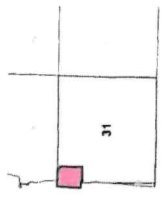
FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT www.co.clatsop.or.us
This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible omissions, or misrepresentation.

PLOT DATE: 3/29/2021
4 10 31 BB

CANCELLED TAXLOT NUMBERS
201 301 503 605
300 502 600

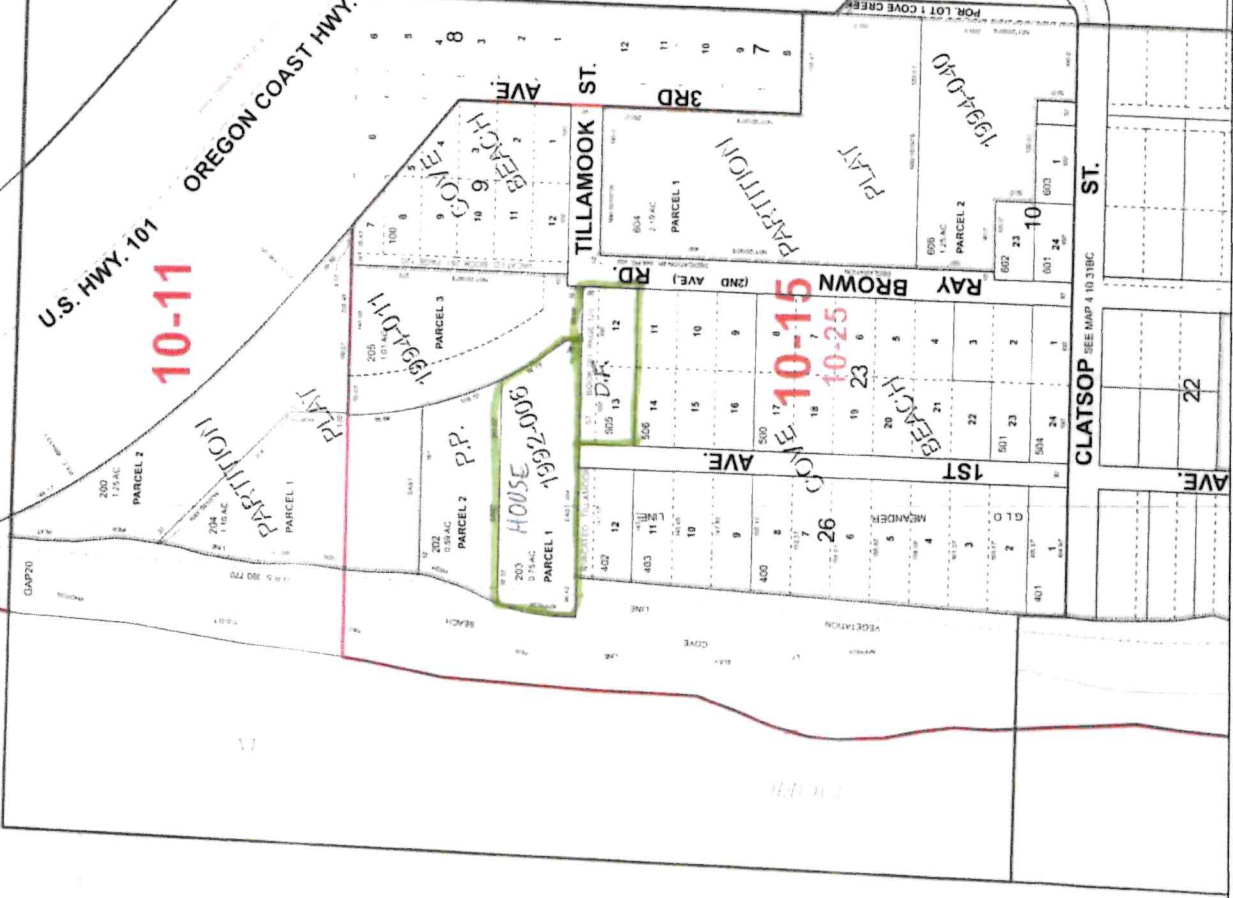
186-21-000216

4 10 31 BB
CLATSOP COUNTY
NW 1/4 NW 1/4 SEC.31 T4N R10W WM



4-10-31BB-203 &
4-10-31BB-505
SEE MAP 4-10 RB

U.S. HWY. 101
OREGON COAST HWY.
10-11



CLATSOP - SEE MAP 4 10 31BC

22



Transaction Receipt
Record ID: 186-21-000246-EVAL
IVR Number: 186059263936

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

Receipt Number: 456958

Receipt Date: 8/2/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 79532 RAY BROWN RD, ARCH CAPE, OR 97102
Parcel: 41031BB00203

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/2/21	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
8/2/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/2/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Credit card authorization: 98177015		Payer: Michael McEwan		Payment Amount:	\$850.00

Cashier: Annette Brodigan

Receipt Total: \$850.00

