



# Existing System Evaluation Report for Onsite Wastewater Systems

State of Oregon Department of Environmental Quality  
Onsite Program  
165 East Seventh Ave, Suite 100  
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

### Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Lynn Linde Telephone: 406-853-4615

Site Address: 79370 Ray Brown Rd City: Arch Cape Zip Code: 97102

4-10-313C-809

County: Clatsop Lot Size: 0.37 Acres/Square Feet (circle units)

Legal Description: \_\_\_\_\_

Age of wastewater treatment system \_\_\_\_\_ (years) Is there a service contract for system components? No

Date the septic tank was last pumped 7-27-23 (please attach receipt if available)

Number of people occupying dwelling \_\_\_\_\_ If unoccupied, for how long has it been vacant? \_\_\_\_\_

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

07-27-2023

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Jeffrey Lebo

### Certification:

- Installer
- Maintenance Provider
- National Association of Wastewater Technicians
- Other: DEQ approved in writing (please describe) \_\_\_\_\_
- Professional Engineer
- Environmental Health Specialist
- Waste Water Specialist

Certification Number: RI197 RM134

Business name Complete septic service Email jeffreylebo@gmail.com

Business address 41092 Ziak-Gnat Cr Ln Astoria OR 97103 Phone 503-458-6870

Date of Evaluation: 07-27-2023 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

07-27-2023

Date (MM/DD/YYYY)

  
Signature of Qualified Septic System Evaluator

1. **General System Information**

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool                                  |
| <input type="checkbox"/> Dosing Tank            | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill                              |
| <input type="checkbox"/> Seepage Bed            | <input type="checkbox"/> Sand Filter                               |
| <input type="checkbox"/> Other _____            |  |

**Note:** Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) Unknown
- Year original septic system installed: 1972 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: Unknown (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

House was unoccupied during time of inspection.

- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

- 
- 
- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) \_\_\_\_\_
- Unknown

- Is the septic tank accessible?  Yes  No

- Septic tank volume in gallons 1000

- Tank volume determined by: Check all that apply, add comments below as needed

- Permit Records  Measured  Stamped on Tank  Other

- Septic tank risers are at ground level  Yes  No

- Tank appears to be free from defects, leaking and signs of deterioration  Yes  No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

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- Septic tank lid(s) is intact  Yes  No

- Septic tank baffles are intact: Inlet  Yes  No Outlet  Yes  No

- Baffle material - Inlet  Plastic  Concrete  Metal Outlet  Plastic  Concrete  Metal

Effluent filter is present  Yes  No

- Effluent filter is free of debris  Yes  No  Not Applicable

- Liquid level in tank relative to invert of outlet  At  Above  Below

If above or below invert outlet, please explain: \_\_\_\_\_

- **Scum** layer 0 (inches)      **Sludge** layer 0 (inches)

- **Scum** and **Sludge** layer more than 35% of the *total* tank volume  Yes  No

Indicate where sludge measured from:  Inlet  Middle  Outlet

- Additional Comments:
- 

#### 4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank  Yes  No

(If "No," skip the rest of section 4)

- At the time of this evaluation the power was on to test the pump(s):  Yes  No

- Dosing tank capacity \_\_\_\_\_ (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material \_\_\_\_\_
- Dosing tank appears to be watertight and in good condition  Yes  No
- Dosing tank lid is intact  Yes  No
- Electrical components are sealed and watertight  Yes  No
- Pump/ siphon is functional  Yes  No
- Type of Pump  Demand dose  Time dose
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- There is a high water alarm  Yes  No
- The high water alarm (audible and visual) is working  Yes  No  Not Applicable
- Type of screen \_\_\_\_\_
- Screen is clean and free of debris  Yes  No - Screen cleaned for this evaluation  Yes  No
- Scum/ sludge present in Dosing tank  Yes  No
- **Scum** layer \_\_\_\_\_ (inches)      **Sludge** layer \_\_\_\_\_ (inches)
- Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**5. Soil absorption system**

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system  Yes  No  Unknown
- Was the soil absorption system part of the evaluation?  Yes  No  See note below  
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):  
\_\_\_\_\_  
\_\_\_\_\_

- Absorption distribution  Equal  Serial  Pressure  Equal via pressure
- Absorption lines construction material:  
 Gravel and pipe  Chamber  Tile  Polystyrene foam and pipe  Other \_\_\_\_\_
- Absorption distribution unit(s):  dropbox  hydrosplitter  equal distribution box
- Intact  Damaged  N/A
- Absorption distribution unit(s) are free of debris or solids  Yes  No  N/A

- Locate all drain lines in soil absorption system  Yes  No  
Total length of drain lines 180 (ft)  
Lengths determined by  Physically uncovering portions of system/probing  Written records  
 Fish tape  Electronic locator  camera
- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  
 Yes  No

If you answered "No," please describe below:

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- Absorption area appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in absorption area or distribution unit(s)  Yes  No
- The soil absorption system replacement area assigned in the permit record appears to be intact:  
 Yes  No  Replacement area not identified in permit record

If you answered "No," please explain below:

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- Additional Comments:  
Soil absorption system passed the water test.  
Septic system passed the inspection and is working properly.

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**6. Sand Filter System**

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter  Yes  No

(If "No," skip the rest of section 6)

- Type of sand filter  
 Intermittent  
 Recirculating  
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration:  Yes  No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes  No

If you answered "No," please describe below:

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- Sand filter appears to be **free** from surface water runoff and down spouts  Yes  No
- Evidence of ponding in/ on sand filter media surface  Yes  No
- Surface access to manifold and valves  Yes  No
- Monitoring ports are present  Yes  No
- Lateral lines flushed and equal distribution verified  Yes  No
- The sand filter has a pump  Yes  No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition  Yes  No  N/A
- Pump is functional  Yes  No
- Pump control mechanism is functional (floats, pressure transducer)  Yes  No
- High water alarm in pump vault (audible and visual) is working  Yes  No
- Pump electrical components are sealed and watertight  Yes  No

- Additional Comments:

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**7. Alternative Treatment Technology System**

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

**Note\*** Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)**  Yes  No  
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name \_\_\_\_\_  
System ID number \_\_\_\_\_  
Manufacturer name \_\_\_\_\_

- Previous two years of maintenance records are available  Yes  No  
If you answered "No," please explain below:

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- Previous two years of maintenance records are attached to this form  Yes  No  
If you answered "No," please explain below:

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- Additional Comments:

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8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

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9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

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10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

- 11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

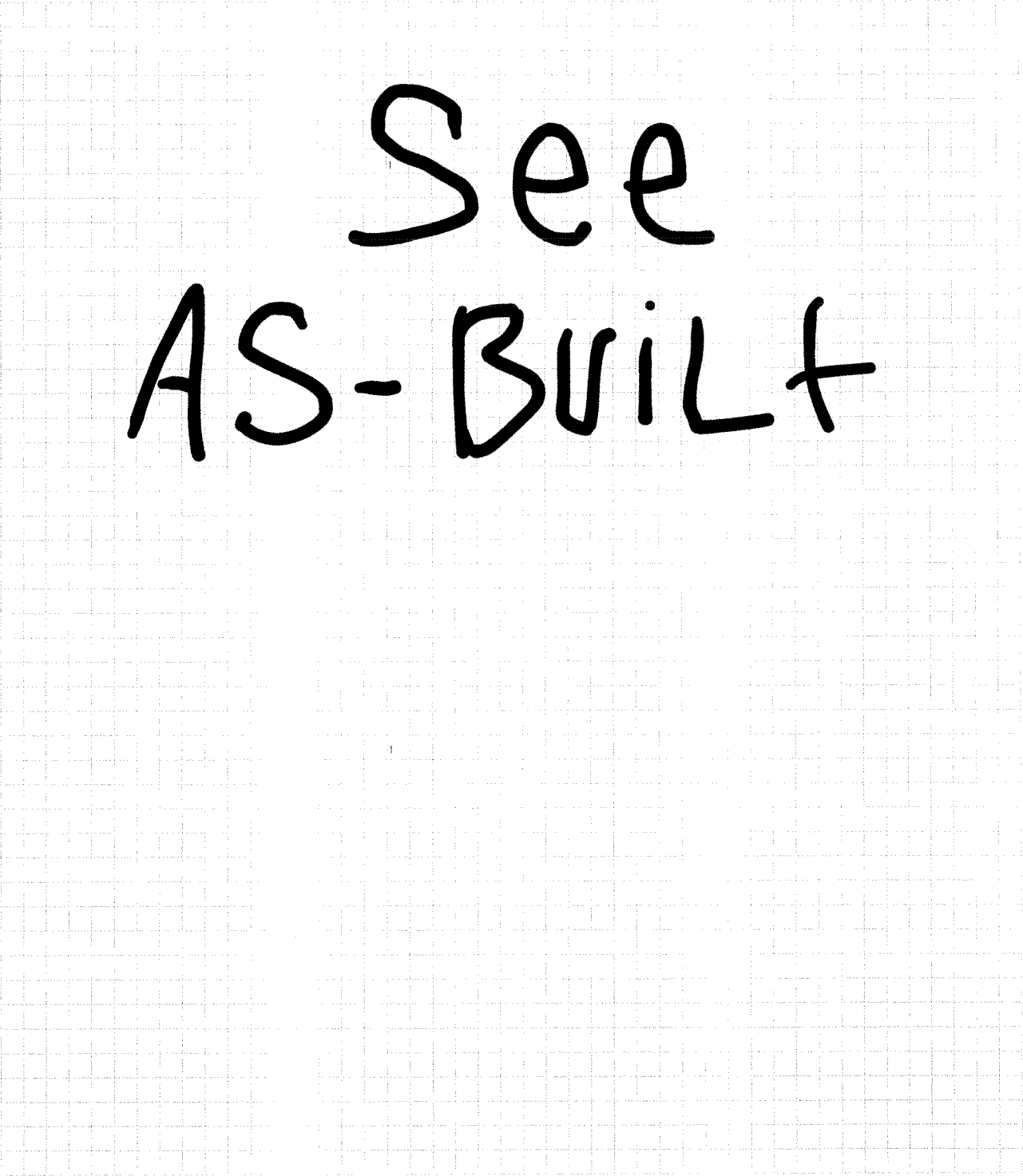
07-27-2023

Date



Signature of Qualified Septic System Evaluator

**Provide a Site Plan in the space below:** Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



See  
AS-BUILT





# Certificate of Satisfactory Completion

## Repair (Minor) - Residential - New

186-23-000110-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:** 08/08/2023  
**Work Description:** Minor Repair; tank only

**Applicant:** Nance, Justin  
**Address:** 37194 Hwy 26  
Seaside OR 97138  
**Phone:** 503-440-4182  
**Email:** justinnancekke@yahoo.com

**Primary Contractor:** Keith Keranen Excavating, Inc.  
**Installer License:** 38452  
**Address:** 37194 Hwy 26  
Seaside OR 971383615  
**Phone:** 5037172200  
**Email:** kkeraneninc@hotmail.com

**Owner:** CARLO DAVID G  
**Address:** PO Box 283  
MILL CITY OR 97360

**Property Address:** 79370 Ray Brown Rd, Arch Cape, OR  
97102

**Parcel:** 41031BC00809 - Primary      **Township:** 4      **Range:** 10      **Section:** 31BC

**Lot Size:** 0.37 acre      **Water Supply:** Community Water Supply  
**Zoning:** N/A      **City/County/UGB:** County  
**Land Use Approval:** N/A

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	4 bedroom home	N/A
<b>Number of Bedrooms:</b>	4	N/A

### System Specifications

**Type:** Septic Tank Replacement  
**Max Peak Design Flow:** 450 gpd.      **Proposed Flow:** 450 gpd.  
**Min Septic Tank Volume:** 1000 gal.      **Min Dosing Tank Volume:** N/A  
**Special Tank Requirements:** Replace existing steel septic tank with new 1000gal Norwesco poly septic tank

### Drain Field Specifications

**Drain Field Type:** Not Applicable      **System Distribution Type:** N/A

**Date Certificate Issued:** 08/08/2023  
**Work Description:** Minor Repair; tank only

**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

Lucas Marshall, REHS

Environmental Health Supervisor

**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: 186-23-000110-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:**

**Twnshp:** 4      **Range:** 10      **Sect:** 31BC  
**Lot:** 00809

**Name:** CARLO DAVID G

**Property Address:** 79370 RAY BROWN RD, ARCH CAPE, OR 97102

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Norwesco	Date: 7-18-23
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf. N/A	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 4 IN	ASTM#/Other: Existing	Length:
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

**C. Secondary Treatment Unit:**

Sand Filter**	Yes <input type="checkbox"/>	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 type="checkbox"/>	No <input type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) existing rock and pipe drainfield				
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
Drop Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Distribution Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

**Comment** \_\_\_\_\_

*Clatsop County Department  
of Public Health  
On-Site Waste Water Program*

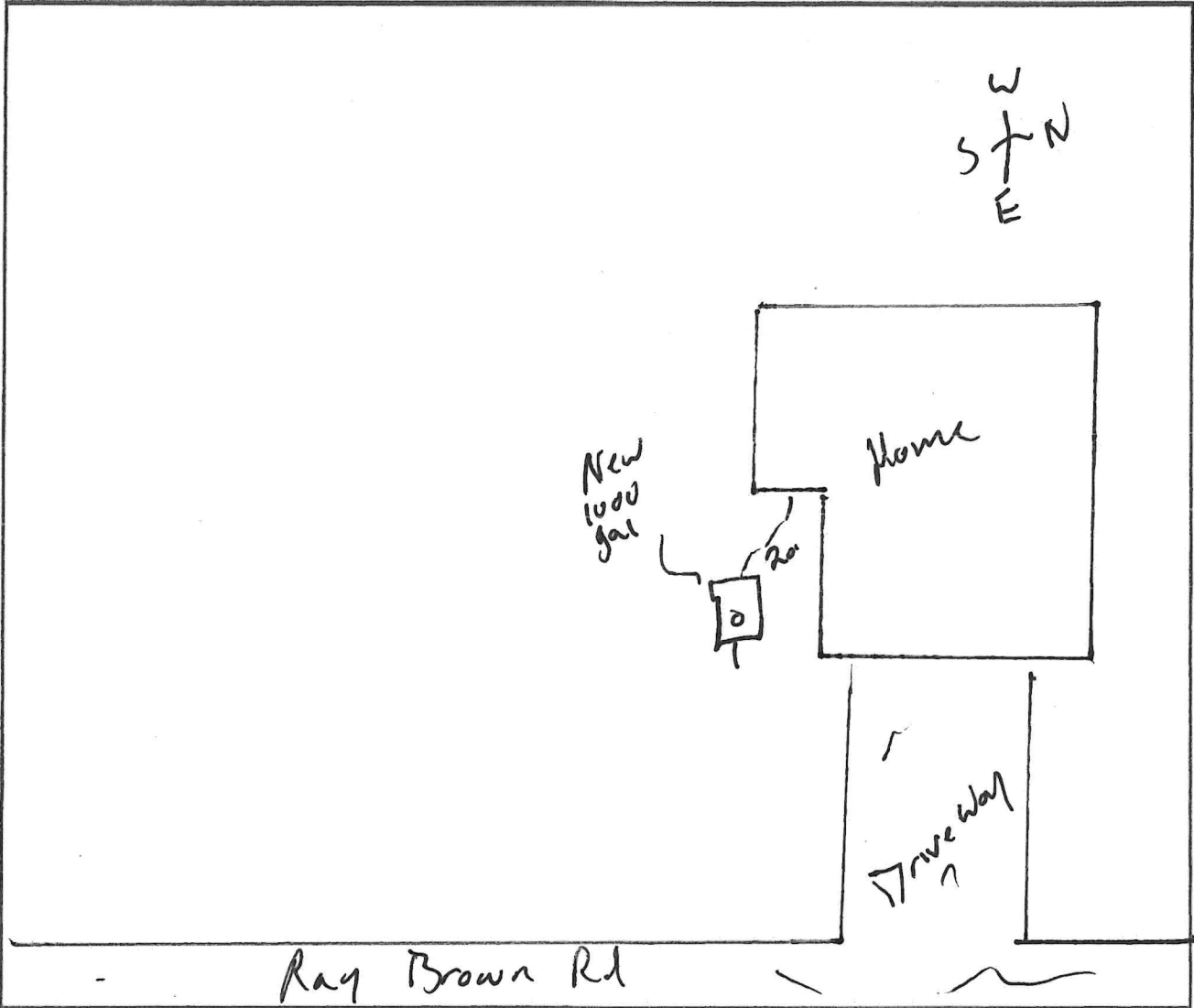
Approved By [Signature]  
Permit No. 186-23-000110  
Date 8/9/23

\*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

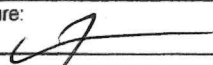
**SECTION 3 - As Built Plan**

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: Keith Keranen Excavating	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 173131	Certification#: 38452
Owner/ Certified Installer:	Signature: 	Date: 7-21-23	Phone#: 503-717-2200


**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance:

Comment:

**Clatsop County Department of Public Health**  
**On-Site Waste Water Program**  
 Approved By:   
 Permit No. 186-23-000110  
 Date 8/14/23



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

## 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 Carlo

Septic Tank Location: 79370 Ray Brown Rd, Arch Cape OR 97102

Legal Description: T 4 R 10 S 313C Lot 809

Date Tank Pumped: 7-18-23

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

This septic tank was removed and properly disposed of.

By: [Signature] Date: 7-21-23  
(signature of operator/owner)

Please Include:

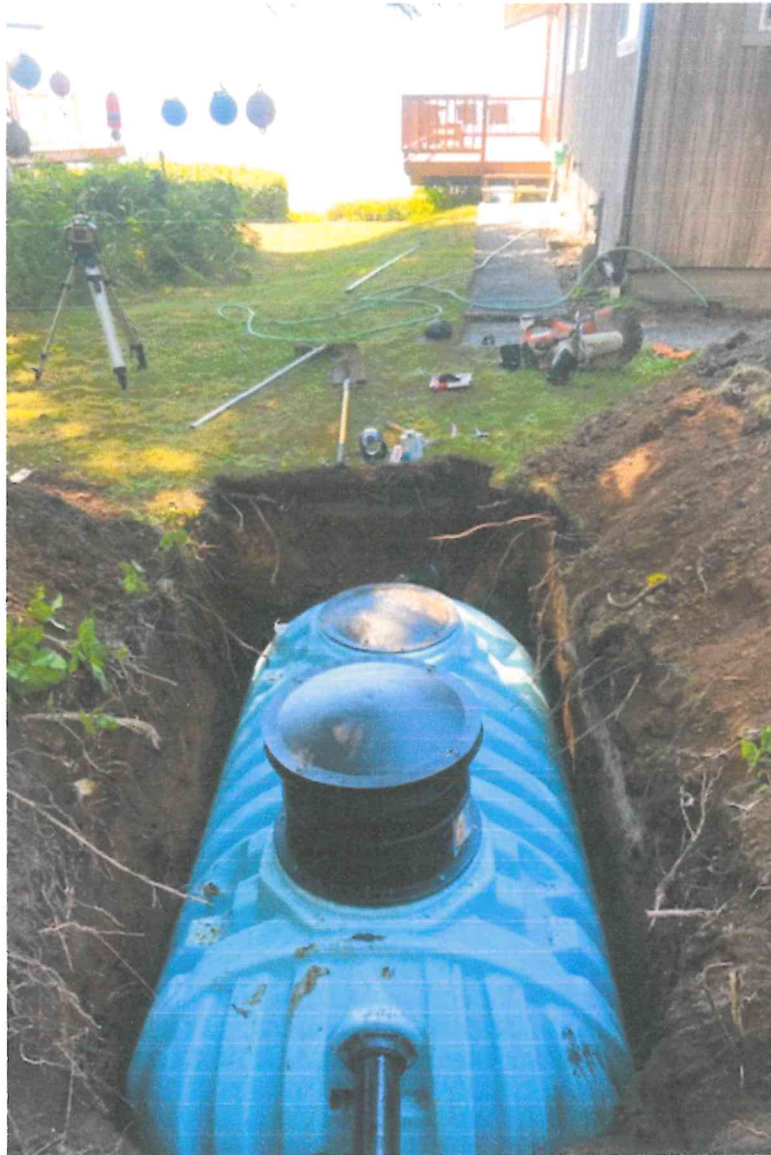
**PUMPING  
RECEIPT**

old Seal JamK

4-10-3136-809



4-10-313e-809





**Septic Permit**  
**Repair (Minor) - Residential - New**  
 186-23-000110-PRMT

Clatsop County Or site  
 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>

<b>Date issued:</b> 6/14/23	<b>Expiration date:</b> 6/13/24
<b>Work description:</b> Minor Repair; tank only	

<b>Applicant:</b> Nance, Justin <b>Address:</b> 37194 Hwy 26 Seaside OR 97138 <b>Phone:</b> 503-440-4182 <b>Email:</b> justinnancekke@yahoo.com	<b>Primary contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 971383615 <b>Phone:</b> 5037172200 <b>Email:</b> kkeraneninc@hotmail.com
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**Business License:** N/A

<b>Owner:</b> CARLO DAVID G <b>Address:</b> PO Box 283 MILL CITY OR 97360	<b>Property address:</b> 79370 Ray Brown Rd, Arch Cape, OR 97102
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**Parcel:** 41031BC00809 - Primary      **Township:** 4    **Range:** 10      **Section:** 31BC

<b>Lot size:</b>	0.37 acre	<b>Water supply:</b>	Community Water Supply
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	County
<b>Land use approval:</b>	N/A	<b>County:</b>	N/A
<b>Action:</b>	New	<b>Type of application:</b>	Repair (Minor) - Residential
<b>System failing:</b>	N/A	<b>Septic tank last pumped:</b>	N/A
<b>Comments:</b> N/A			

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b>	4 bedroom home	N/A
<b>Number of bedrooms:</b>	4	N/A

**System Specifications**

<b>Type:</b> Septic Tank Replacement	<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> N/A
<b>Special tank rqmts:</b> Replace existing steel septic tank with new 1000gal Norwesco poly septic tank	

**Drain Field Specifications**

<b>Drain field type:</b> Not Applicable	<b>System distribution Ttpe:</b> N/A
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**Conditions of approval**

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

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# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JUN 13 2023

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

#186-23-000110

PK # 1502  
#390-

## Application for Onsite Sewage Treatment System

### A. Property Owner Information

David Carlo	P.O. BOX 283 Mill City OR 97360	406-853-4615
Name	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number

### B. Legal Property Description

4	10	31bc	809	3214	.037 Acres
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Clatsop					
County		Subdivision Name	Lot		Block

Property Address: 79370 Ray Brown RD, Arch Cape OR 97102

(Street, City, State, Zip)

Directions to Property: From Hwy 101 turn West on Cove Beach RD then North on Ray Brown RD Property is to the West

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

#### Existing Facility

Single Family Residence  
4  
Number of Bedrooms

Other \_\_\_\_\_

#### Proposed Facility

Single Family Residence  
Number of Bedrooms \_\_\_\_\_

Other \_\_\_\_\_

#### Water Supply

Public Arch Cape  
Name \_\_\_\_\_

Private  
Well, Spring, Shared \_\_\_\_\_

### D. Type of Application

Site Evaluation  
 Construction  
 Permit Repair  
 Major  
 Minor tank only  
 Alteration Permit  
 Major  
 Minor

Renewal Permit  
 Existing System Evaluation  
 Permit Transfer  
 Permit Reinstatement  
 Compliance Record Review

Authorization Notice for:

- Connecting to an Existing System Not in Use
- Replacing a Mobile Home or House with Another
- Mobile Home or House
- The Addition of One or More Bedrooms
- Personal Hardship
- Temporary Housing
- Other-Please Specify \_\_\_\_\_

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

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature

Justin Nance

Applicant's Name (Please Print Legibly)

37194 HWY 26 Seaside OR 97138

Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative

Authorization Attached

Date

6/13/23

(503)440-4182

Applicant's Phone

justinnancekke@yahoo.com

Applicant's E-Mail Address

Licensed Septic Installer

Keith Keranen Excavating

Installers Name

#38452



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JUN 13 2023

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

CLATSOP CO. PUBLIC HEALTH

#23-000110

## Notice Authorizing Representative

I, David Carlo, by Lynn Lunde, daughter, P.O.A., have authorized  
(Property Owner - Please Print)  
Keith Keranen Excavating (Justin Nance)

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

79370 Ray Brown Road Arch Cape OR 97102

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 4 Range 10 Section 31BC Tax Lot 809 Map ID 3214  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

### PROPERTY OWNER:

Name: David Carlo Email: lynncarlo@lunde@gmail.com  
Mail Address: P.O. Box 283 City/State/Zip Mill City OR 97360  
Phone: 406-853-4615 FAX: \_\_\_\_\_  
Signature: David Carlo by Lynn Lunde Date: 6/1/23  
P.O.A.

### AUTHORIZED REPRESENTATIVE:

Name: Justin Nance Email: justinnancek@yaho.com  
Mail Address: 37194 HWY 26 City/State/Zip Seaside/OR/97138  
Phone: (503)440-4182 FAX: \_\_\_\_\_  
Signature: [Signature] Date: 6/1/23

RECEIVED

JUN 13 2023

CLATSOP CO. PUBLIC HEALTH

#23-000110

**DURABLE GENERAL POWER OF ATTORNEY**

KNOW ALL BY THESE PRESENTS, that I, DAVID G. CARLO, have made, constituted, and appointed, and by these presents do make, constitute, and appoint, LYNN ANN LUNDE, my true and lawful attorney for me and in my name, place, and stead, and for my use and benefit:

1. **Conveyance of Property.** To lease, let, grant, bargain, sell, contract to sell, convey, exchange, remise, release, and dispose of any real or personal property of which I am now or hereafter may be possessed or in which I may have any right, title, or interest, including rights of dower, of curtesy, and of homestead, for any price or sum and upon such terms and conditions as to my said attorney may seem proper;

2. **Management of Property.** To take possession of, manage, maintain, operate, repair, and improve any and all real or personal property now or hereafter belonging to me; to pay the expenses thereof; to insure and keep the same insured; and to pay any and all taxes, charges, and assessments that may be levied or imposed upon any thereof;

3. **Support.** To make expenditures for my care, maintenance, support, and general welfare; and to distribute such sums as are necessary for the care, maintenance, education, and support of members of my immediate family who are or become dependent upon me for support;

4. **Goods and Merchandise.** To buy, sell, and in general deal in and with goods, wares, and merchandise of every name, nature, and description, and to hypothecate, pledge, and encumber the same;

RECEIVED

#23-00010

JUN 13 2023

premises, as fully, to all intents and purposes, as I might or could do if personally present or by  
ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue  
hereof. It is my intent that the powers herein conferred upon said attorney shall be exercisable  
by said attorney on my behalf notwithstanding that I may become disabled or incompetent at  
some future date.

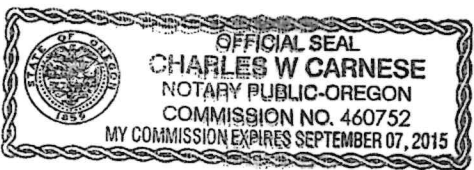
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7<sup>th</sup> day of  
November, 2014.

David M. Carlo  
DAVID CARLO

STATE OF OREGON     )  
                                  ) ss.  
County of Multnomah    )

BE IT REMEMBERED, that on this 7<sup>th</sup> day of November, 2014, before me, the  
undersigned, a notary public in and for said county and state, personally appeared the within-  
named **DAVID CARLO**, who is known to me to be the identical person described in and who  
executed the within instrument and acknowledged to me that he executed the same freely and  
voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal on the day  
and year first above written.



[Signature]  
NOTARY PUBLIC FOR OREGON  
My commission expires: 9/7/14



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JUN 13 2023

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

4-10-3180-809

#23-000110

## 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):
 

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Disposal Trenches	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Cesspool or Pit	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (describe): _____			
- When was your septic system installed? 7-5-1972 72-163  
Date Permit Number
- Tank material:  Concrete  Steel  Plastic or Fiberglass  Unknown wood
- Septic tank volume (in gallons): 750
- When was the septic tank last pumped? (Attach receipt if available) \_\_\_\_\_
- Number of disposal trenches: 3
- Total length of disposal trenches (in feet): 180
- Do you propose to use the existing septic system?  Yes  No
- Is your septic system currently in use?  Yes  No  
If no, date of last use: \_\_\_\_\_
- If the septic system currently serves a dwelling,  
How many bedrooms in the dwelling? 2 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? 2 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: \_\_\_\_\_

Date: 6/13/23

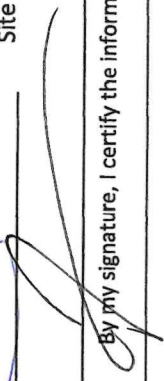
Carlo

# PLOT PLAN

79370 Ray Brown RD Arch Cape OR 97102

Property ID: 4-10-31BC-809

Site Address:

Applicant Signature: 

By my signature, I certify the information provided on this plot plan is complete and accurate.

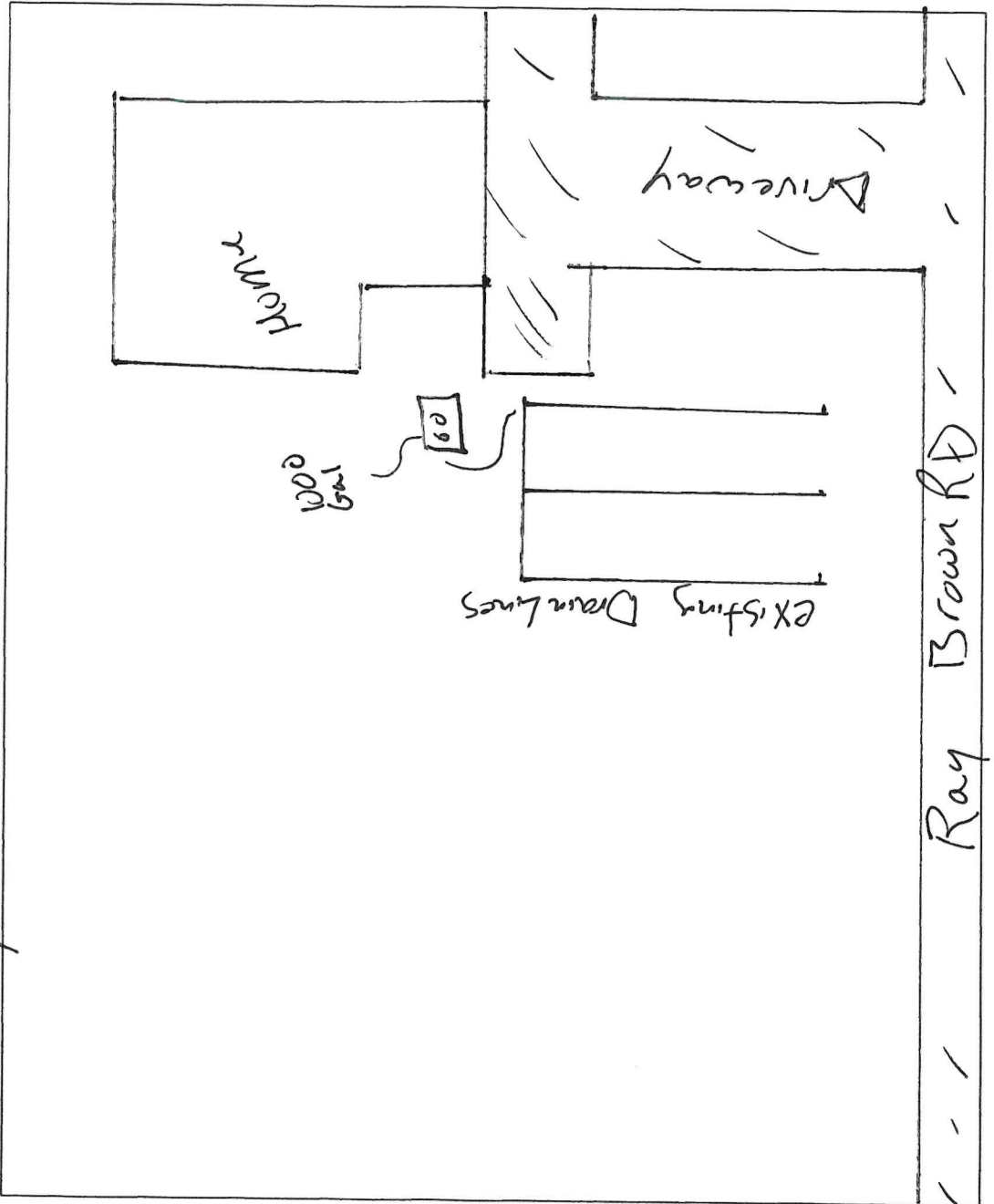
Date: 6/13/23

## Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/ 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

## Legend

- Wells
- Test Pits
- .... Drainage



RECEIVED  
JUN 13 2023

GLATSOP CO. PUBLIC HEALTH

#23-000110  
S  
E  
N  
W



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

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

JUN 13 2023

CLATSOP CO. PUBLIC HEALTH

## SEPTIC SYSTEM MATERIALS LIST:

# 23-000110

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.  
FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

### Section 1

Property Owner: David Carlo

Township: 4 Range: 10 Section: 10BC Tax Lot: 809

Situs Address: 79370 Ray Brown RD Arch Cape OR 97102

### Section 2: COMPLETE, AS APPLICABLE:

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS\*\***

Septic Tank: Norwesco Capacity: 1000 Gal.

Effluent Filter: Zabell 4 in

Effluent Sewer Pipe: existing

Dose Tank/Vault: \_\_\_\_\_ Capacity: \_\_\_\_\_

Tank Pump: n/a

Float Settings (Provide inches from top of tank to water level @ float function):

Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_

Pressure Pipe from Tank to Pretreatment and/or Drainfield: \_\_\_\_\_

Drop or Distribution Box: \_\_\_\_\_ Qty: \_\_\_\_\_

HydroSplitter Orifice Size(s): N/A

Header Pipes: Existing

Leach Lines: Existing Linear Ft: 180

Pressure Bed Dimensions: N/A Square Ft: \_\_\_\_\_

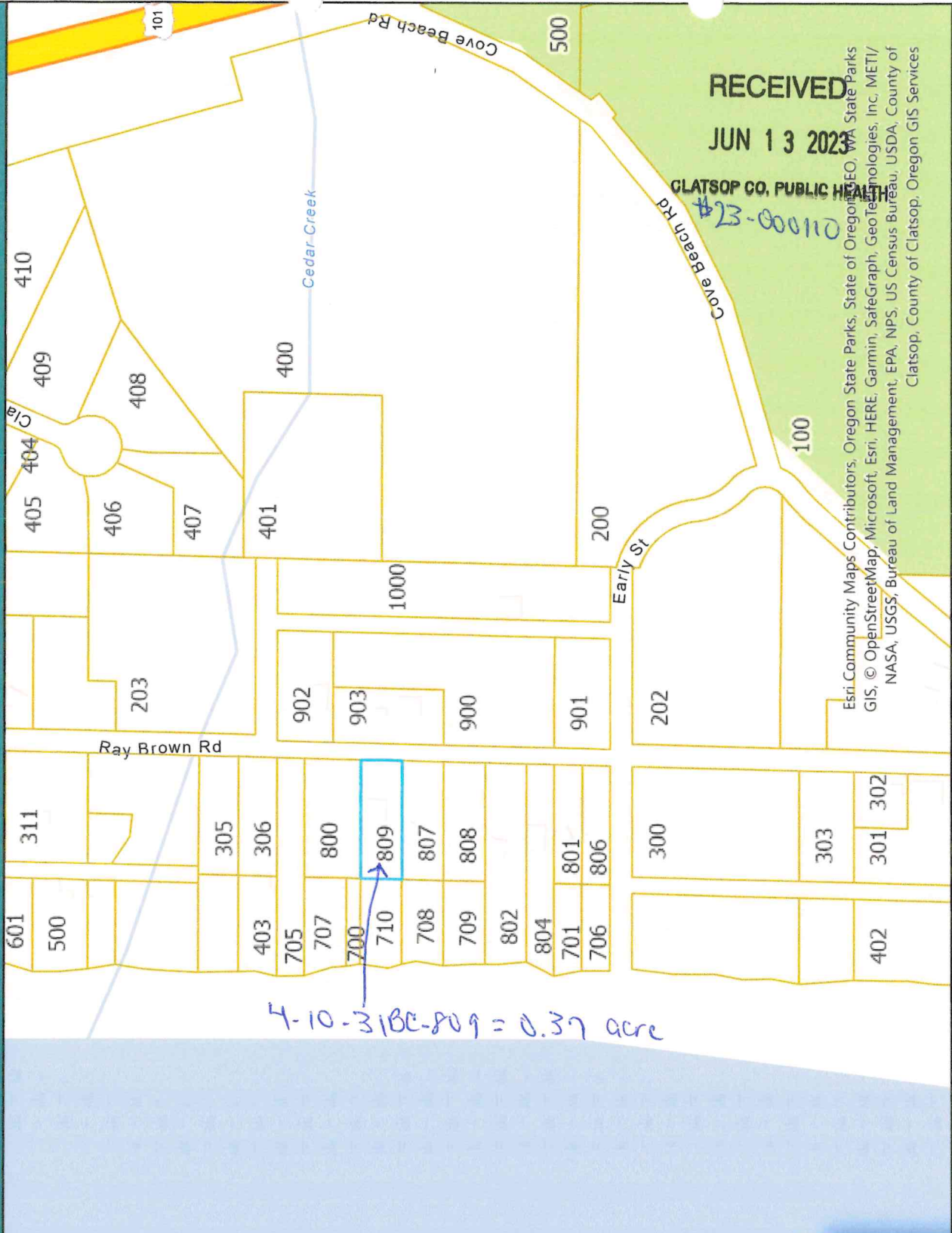
Capping Fill (Depth over top of drain media, in inches): \_\_\_\_\_

GWI or Tile Dewater System (Depth/Depth of gravel, in inches): \_\_\_\_\_

ATT: Manufacturer: _____ Make/Model: _____ Serial# _____
Sand Filter Type: Bottomless <input type="checkbox"/> Conventional <input type="checkbox"/> Dimension: _____ X _____ Ft
Control Panel: _____
Tank Timer Settings (Provide seconds on / minutes off):
Normal Operations: _____ Sec. _____ Min.
High Water Alarm Operations: _____ Sec. _____ Min.
Pretreatment Pump:
Inches below vault top: Alarm _____ On _____ Off
Inches from vault top to top of underdrain pipe: _____
Pump or Aerator Interlock Function:
Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO
Air Coil / Monitoring Ports: _____
Other: _____

4-10-31BC-809

# Clatsop County Webmaps



4-10-31BC-809 = 0.37 acre

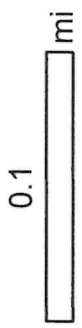
RECEIVED  
JUN 13 2023

GLATSOP CO. PUBLIC HEALTH  
#23-00010

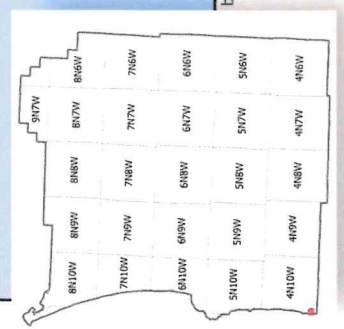
Esri Community Maps Contributors, Oregon State Parks, State of Oregon GEO, WA State Parks  
GIS, © OpenStreetMap, Microsoft, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/  
NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA, County of  
Clatsop, County of Clatsop, Oregon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



## Clatsop County



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.



6/12/2023 8:51 PM





# Transaction Receipt

Record ID: 186-23-000110-PRMT

IVR Number: 186020986800

Clatsop County Onsite

Office: Not Applicable

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

envhealth@clatsopcounty.gov

Receipt Number: 462739

Receipt Date: 6/13/23

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

Worksite address: 79370 RAY BROWN RD, ARCH CAPE, OR 97102

Parcel: 41031BC00809

## Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/13/23	1.00 Ea	Repair (minor) - single family dwelling	81-7204	\$281.00	\$281.00
6/13/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/13/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 1502 Payer: Lynn Lunde

Payment Amount: \$390.00

Transaction Comment: Lynn Lunde

60 Spruce Dr

Miles City, MT 59301

406.232.4615

Cashier: Annette Brodigan

Receipt Total:

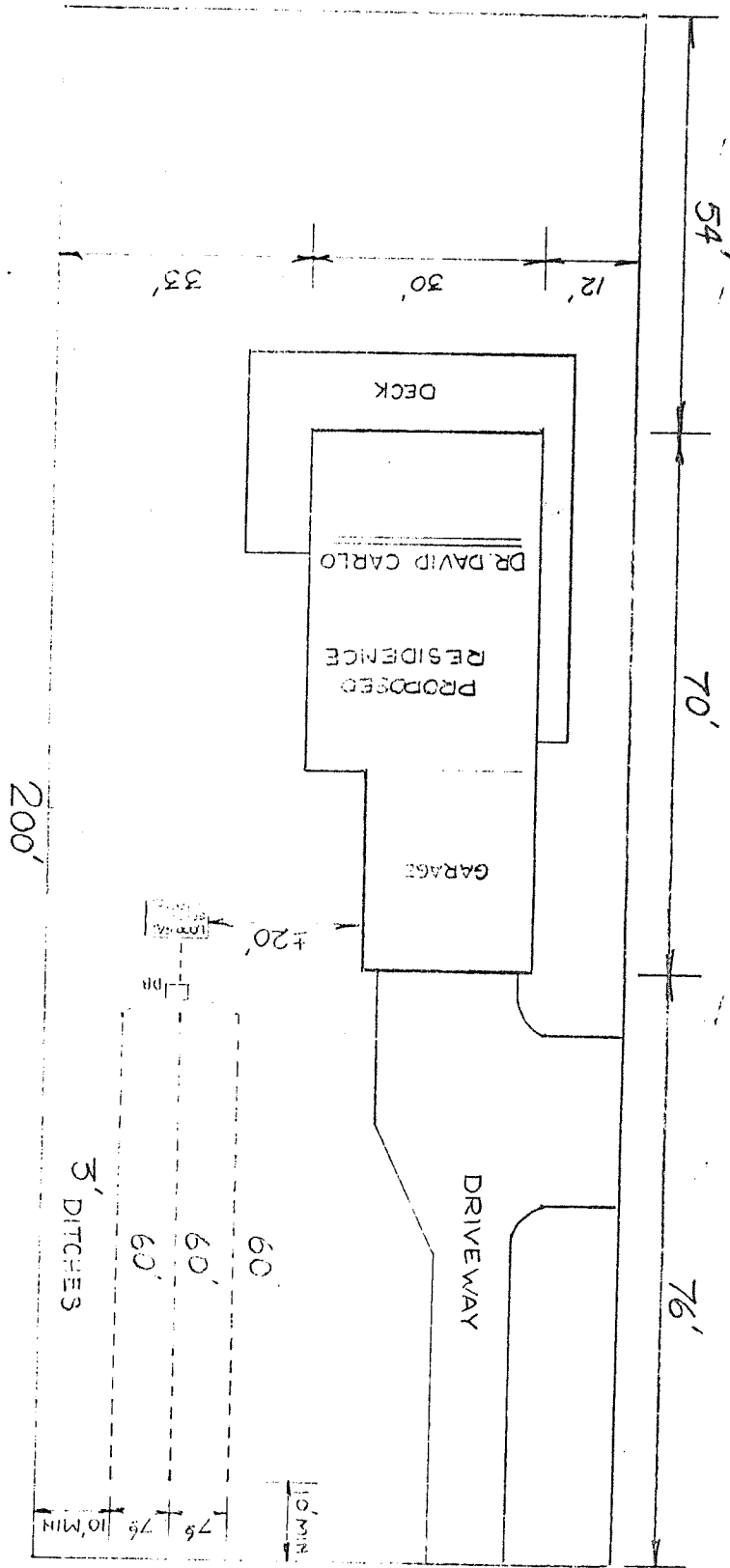
\$390.00

BUILDING ADDRESS		CLASS OF WORK	
LOCALITY		New	Demolish
NEAREST CROSS STREET		Alteration	Repair
		Addition	Move
PERMITS		Use of Building	
Name	Tel. No.	Size of Building	
Address		No. of Rooms	Height
City		No. of Floors	No. of Families
Name		No. of Bldgs. Now on Lot	Use of Bldg. Now on Lot
Address		SPECIFICATIONS	
City		FOUNDATION	
State Lic. No.	Tel. No.	Material	
Name		Width of Top	
Address		Width of Bottom	
City		Depth in Ground	
State Lic. No.	Tel. No.	R. W. Plate	Size
Name		Girders	Spacing
Address		Joist—1st Floor	Span
City		Joist—2nd Floor	
State Lic. No.	Tel. No.	Joist—Ceiling	
Name		Exterior Studs	
Address		Interior Studs	
City		Roof Rattens	
State Lic. No.	Tel. No.	Bearing Walls	
Name		COVERING	
Address		Exterior Walls	Roof
City		Interior Walls	Reroofing
State Lic. No.	Tel. No.	FILLES	
Name		Fireplace	Fl. Furnace
Address		Kitchen	Water Heater
City		Furnace	Gas
State Lic. No.	Tel. No.		Oil
Name		I hereby acknowledge that I have read this application and the conditions above is correct and agree to comply with all the provisions and State laws regulating building construction.	
Address		Signature of Permittee	
City		By	

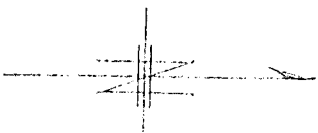
Bldg. Permit No.		Date Issued	
Valuation	Basic Fee		
Area—1st Floor	(+) 50% I, II, III		
Area—2nd Floor	(-) 50% V, J		
Additional Area	Plan Checking Fee		
Area—Type V, J	TOTAL		
CALLED INSPECTIONS		ELECTRIC	
BUILDING	PLUMBING	ELECTRIC	
Foundation	Rough	Rough	
Frame	Septic Tank	Finish	
Plaster	Sewer	Fixtures	
Floors	Gas	Motors	
Final	Finish	Final	
SPECIAL INFORMATION			
If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.			

APPROVED: COUNTY SANITARIAN		By <i>David M. O'Brien</i>	
APPROVED: COUNTY PLANNING COMM.		By	
APPROVED: BUILDING OFFICIAL		By	
PLOT PLAN			
Map No.	St. No. Assigned	Field Check by	
		Date	
PLANNING AND ZONING			
Type of Occupancy		Total Floor Area	
Total Floor Area		Total Height	
No. Stories		Area of Lot	
Area of Lot		Front Yard Setback	
Front Yard Setback		Rear Yard Setback	
Rear Yard Setback		New Const.	
Change of Occupancy From		Alter.	
To			

SITE PLAN SCALE 1/16" = 1'-0"



Acad St STREET 75'



CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET  
P. O. Box 206  
TELEPHONE 325-7441 EXT. 30  
ASTORIA, OREGON 97103

July 5, 1972

David G. Carlo, O.D.  
15930 S. E. Division  
Portland, Oregon

RE: Building Permit #72-163

Dear Dr. Carlo:

Your building permit application has been reviewed and approved by this department. Enclosed is a copy of the minimum standards for septic systems and, on the reverse side of the bulletin under "special instructions", you will find listed the specific requirements for your lot.

When you have completed allow a member of this prior to backfilling. way possible to comply safe, properly function

special instructions . . . . .

Sincerely,

CLATSOP COUNTY HEALTH I

*David W. O'Guinn*

David W. O'Guinn,  
Registered Sanitarian

DWO/cw

Enclosure: 1

*Carlo, David*

Minimum Requirement Sheet

Re: *Permit # 72-163*

1. Septic tank size 750 gal
2. 140 feet of 3 feet wide disposal trench
3. Minimum of 2 trenches  $7\frac{1}{2}$  feet on centers.
4. Distribution Box
5. Call Health Dept for inspection prior to backfilling.

Note: The disposal field shall not be installed in

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET  
P. O. Box 206  
TELEPHONE 325-7441 EXT. 30  
ASTORIA, OREGON 97103

March 10, 1972

Dr. David G. Carlo  
15930 S. E. Division  
Portland, Oregon 97236

RE: Lots 9 & 16, Block 21, and Lot 9, Block 28  
all lots combined into a single building  
site - Cove Beach Subdivision.

Dear Dr. Carlo:

An inspection has been made of the above entitled property revealing at the present time no environmental difficulties that would result in rejection of a building permit application for a single family dwelling.

We hope that this will answer any questions you have concerning the development of the above property. If you have any further questions, please feel free to contact this department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*David W. O'Guinn, R.H.*

David W. O'Guinn,  
Registered Sanitarian

DWO/cw

NOTE: The above approval represents an evaluation based on the current rules and regulations under the jurisdiction of the Health Department. Check with the County Planning Department or your City Hall concerning the partitioning of land.

CC: Noel B. Rawls, M.D., County Health Officer



DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORK

7-3-72

Signed Permit # 72-163 - Minn  
Reg. - 730 gal S.F. 180 ft

8-17-72

Advised those people that if acid is a good  
as observed on the hole in early days we  
would drop lead near to 130' level just  
level is a good indication.

8-18-72

F.N. Bob MacEwan about the work. Put in 133 ft.  
of Kill Drill.

Dr. David G. Carlo

15930 S.E. Division

Portland, Oregon 97236

761-8431

Water from Aneth Cape  
Water District (ARTESIAN WELL  
AND SPRINGS)

See Map 4 10 318B

JACK E. STAMBAUGH

1930 S.E. 101st Ave

PORTLAND, OREGON

254-1920

97216

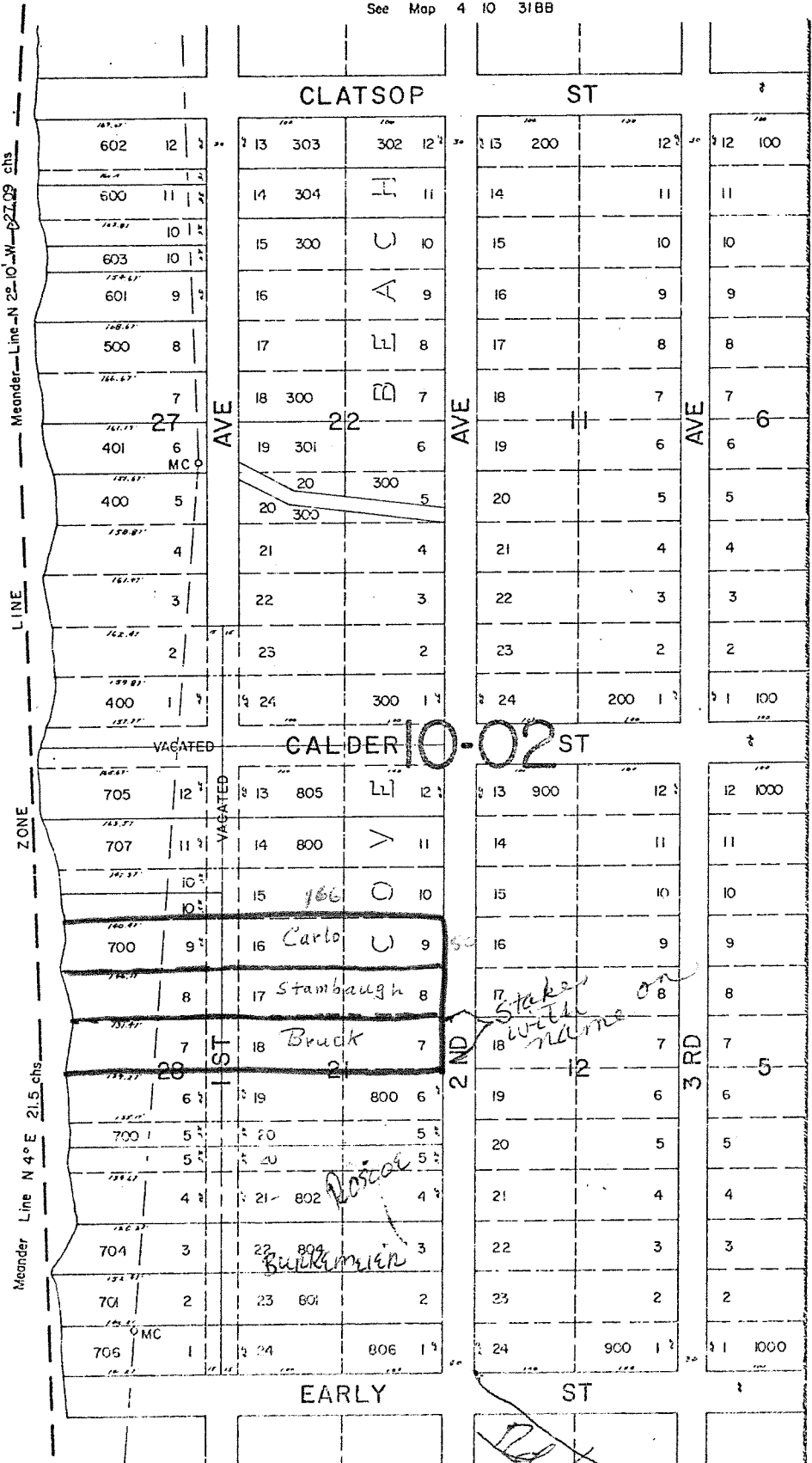
Mail Mr. Bruck's  
letter to Dr. Carlo's  
office.

252-8684

OCEAN

PACIFIC

Approx 1/2 mile south  
of Aneth Cape Tunnel  
TURN RIGHT ON  
ROAD MARKED  
"FALCON COVE"  
"COVE BEACH"  
Keep to RIGHT AT  
"Y"



CAN.  
702  
703  
803

See Map 4 10 31B

See Map 4 10 318B

Old from H... ..



Soil - Loam - Variable depths - Mostly 3ft to  
125 - 150 ft deep trench req.

See Map

31BB

4 10 31 BC

# CLATSOP

# ST

Meander—Line—N 22° 10' W—270.09 chs

CL-7-136

LINE

ZONE

167.67'	602	12	5
167.67'	600	11	5
163.87'	603	10	5
159.67'	601	9	5
168.67'	500	8	5
166.67'	7		
161.77'	401	6	5
157.67'	400	5	5
158.87'	4		
164.97'	3		
142.47'	402	2	5
159.97'	403	1	5
157.77'	VACATED		
168.67'	705	12	5
163.57'	707	11	5
169.57'	700	10	5
160.67'	710	9	5
166.17'	708	8	5
131.47'	7		

100'	13	303	100'	12	5
100'	14	304	100'	11	5
100'	15	307	100'	10	5
22					
300 0.80 Ac. PARCEL NO. 1					
PLAT 1993-002					
PARTITION					
19 301					
20					
311 0.65 Ac. PARCEL NO. 2					
22					
100'	23	305	100'	2	5
24 306					
CALDER					
100'	13		100'	12	5
100'	14	800	100'	11	5
100'	15		100'	10	5
100'	16	809	100'	9	5
100'	17	807	100'	8	5
100'	18		100'	7	5

100'	13	201	100'	12	5
100'	14	H	100'	11	5
100'	15	202	100'	10	5
100'	16	A	100'	9	5
100'	17	200	100'	8	5
100'	18	E	100'	7	5
100'	19		100'	6	5
100'	20		100'	5	5
100'	21		100'	4	5
100'	22		100'	3	5
100'	23		100'	2	5
100'	24	200	100'	1	5
10-15 ST 10-25					
100'	13	900	100'	12	5
100'	14	V	100'	11	5
100'	15	O	100'	10	5
100'	16	C	100'	9	5
100'	17		100'	8	5
100'	18		100'	7	5

AVE

AVE

AVE

10-15 ST 10-25

ST

ID

D