

## Certificate of Satisfactory Completion

*Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS413888 as follows:*

### PROPERTY INFORMATION

Property Owner: **Gladys Suppe** Township 05N, Range 09W, Section 21  
Property Location: **36927 Hwy. 26, Seaside** Tax Lot 301  
Facility Type: **Single Family Dwelling** Clatsop County  
**2 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

**System type: Septic Tank Replacement**

Design Flow: **450 gals/day**  
Minimum Septic Tank Size: **1000 gals**

### ADDITIONAL CONDITIONS

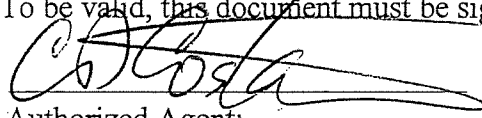
- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that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

### SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection Waived by Chuck Costanzo on 7/25/2014

Installer Name: Blind Slough Logging, Inc.: dba Complete Septic Service  
Certificate Issued by Operation of Law.

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



**Regional Onsite Wastewater Specialist**

**7/25/2014**

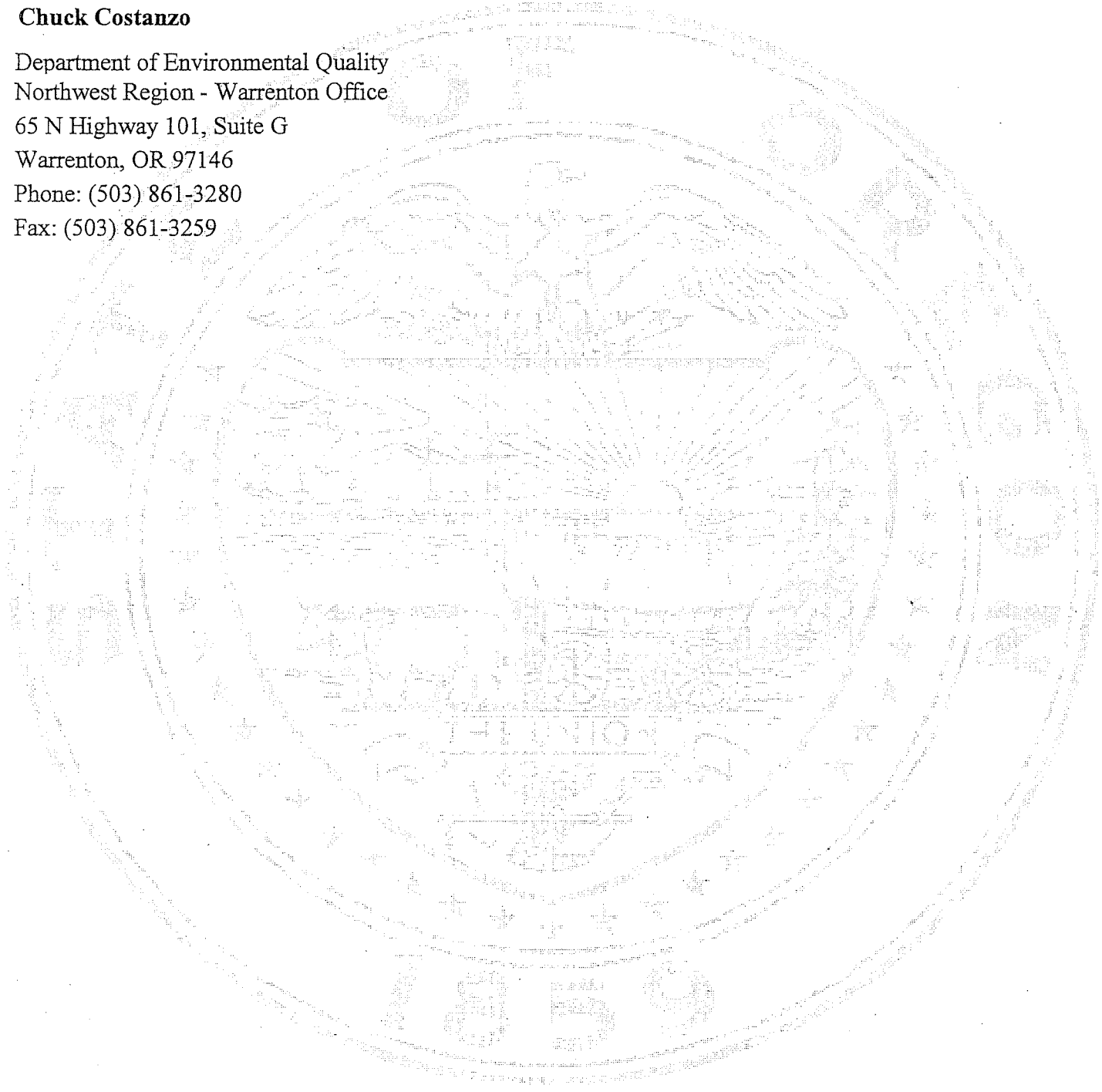
Authorized Agent:

Title

Date CSC Issued

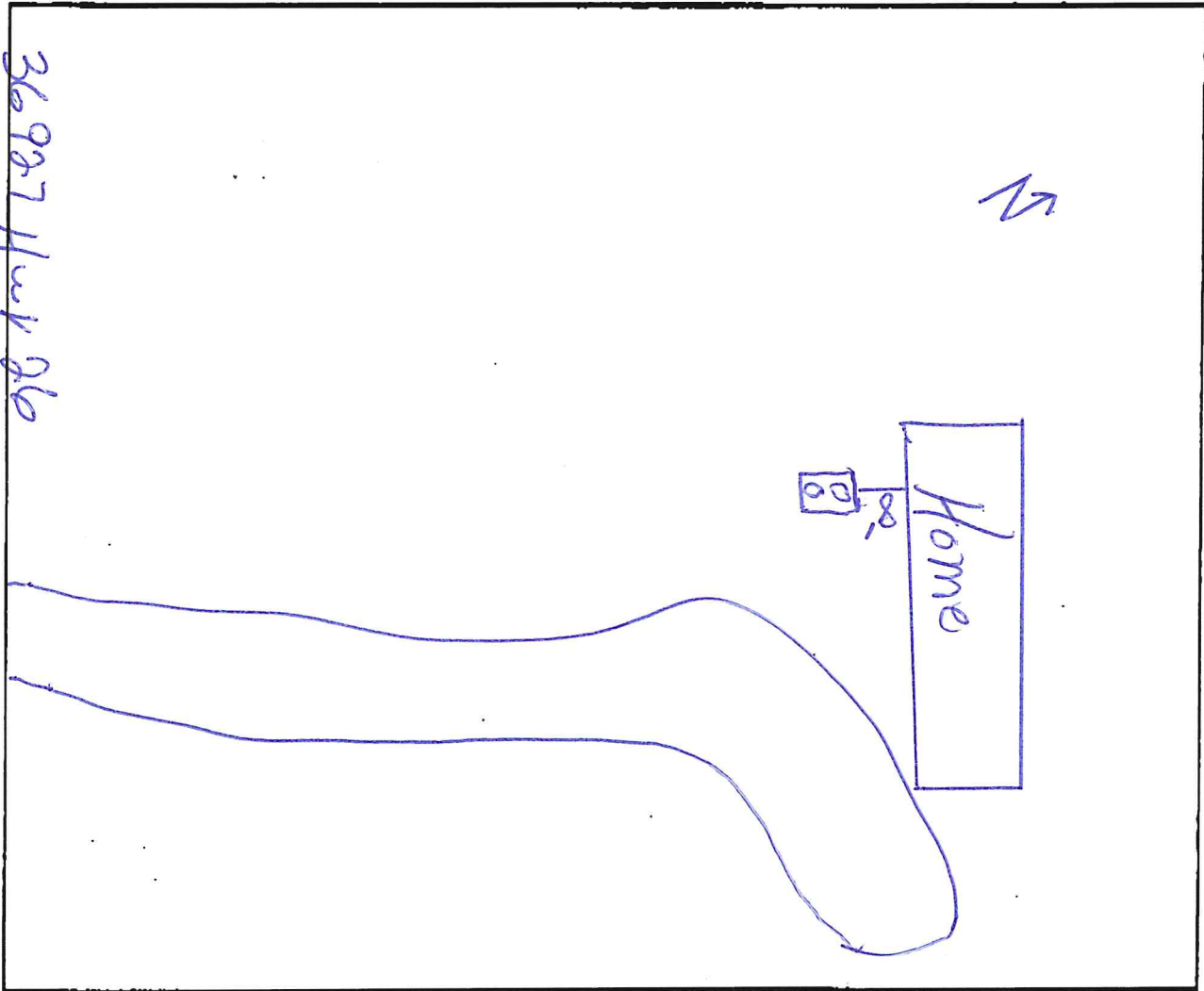
**Chuck Costanzo**

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



**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:	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37864	Certification#: RT 197
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 6-20-14	Phone#: 458-6870

**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: \_\_\_\_\_

For Official Use Only/Date Received:

## Final Inspection Request and Notice - Onsite ID: 413888

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:** Gladys Suppe  
**Property Address:** 36927 Hwy. 26, Seaside  
**Township:** 05N, Range 09W, Section 21  
**Clatsop County TaxLot#:** Tax Lot 301

**SECTION 2: System Component Specifications:**

System Type: Standard				Water tight verification*	
A. Tanks/Pumps	Tanke(1)	Volume: <u>1000</u>	Compartments: <u>1</u>	Manufacturer: <u>AI</u>	Date: <u>6-20-14</u>
	Tanke(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 <input checked="" type="checkbox"/> No	Diameter: <u>4"</u>	ASTM#/Other: <u>30-34 PVC</u>	Length: <u>3'</u>
	Pressure Transport Pipe	Yes No	Diameter:	ASTM#/Other:	Length:

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

D. Drainfield Media					
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment					

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



State of Oregon  
Department of  
Environmental  
Quality

### SEPTIC TANK ABANDONMENT FORM

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 our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

#### 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 GLADYS SUPPE

Septic tank location 36927 Hwy. 26 Seaside OR

Legal Description: Twp: 5N Range 9W Section 21 TL # 301

Date tank pumped: 6-20-14

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

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after been pumped. Removed & Hauled off

By: [Signature] Date: 6-20-14  
(signature of operator/owner)

**Repair Permit - Single Family Dwelling-Minor**

*This Repair Permit - Single Family Dwelling-Minor Permit OS413888 authorizes the property owner to construct an onsite wastewater system as follows:*

**PROPERTY INFORMATION**

Property Owner: Gladys Suppe Clatsop County  
Property Location 36927 Hwy. 26, Seaside Township 05N, Range 09W, Section 21  
Facility Type: Single Family Dwelling Tax Lot 301  
2 Bedrooms

**SPECIFICATIONS AND REQUIREMENTS**

System Type: Septic Tank Replacement

Design Flow: 450 gals/day  
Minimum Septic Tank Size: 1000 gals

**ADDITIONAL CONDITIONS**


- 1 Provide a minimum of 2 inches of fall from the tank to drainfield.
- 2 The installer shall verify the north arrow on the site plan.
- 3 Vehicular traffic and livestock must be restricted from the system area.
- 4 All roof drains must be directed away from the system.
- 5 Meet all required setbacks.
- 6 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 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.

*email to Vicki S 4/23/14*

**INSPECTION REQUIREMENTS**

- <sup>1</sup> 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.
- <sup>2</sup> A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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

	<b>Onsite Wastewater Specialist</b>	<b>4/23/2014</b>	<b>4/23/2015</b>
Authorized Agent:	Title	Date Issued	Expiration Date

**Bernie Duffy**

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

See the Attachment 1 for additional information about your permit.



# SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current

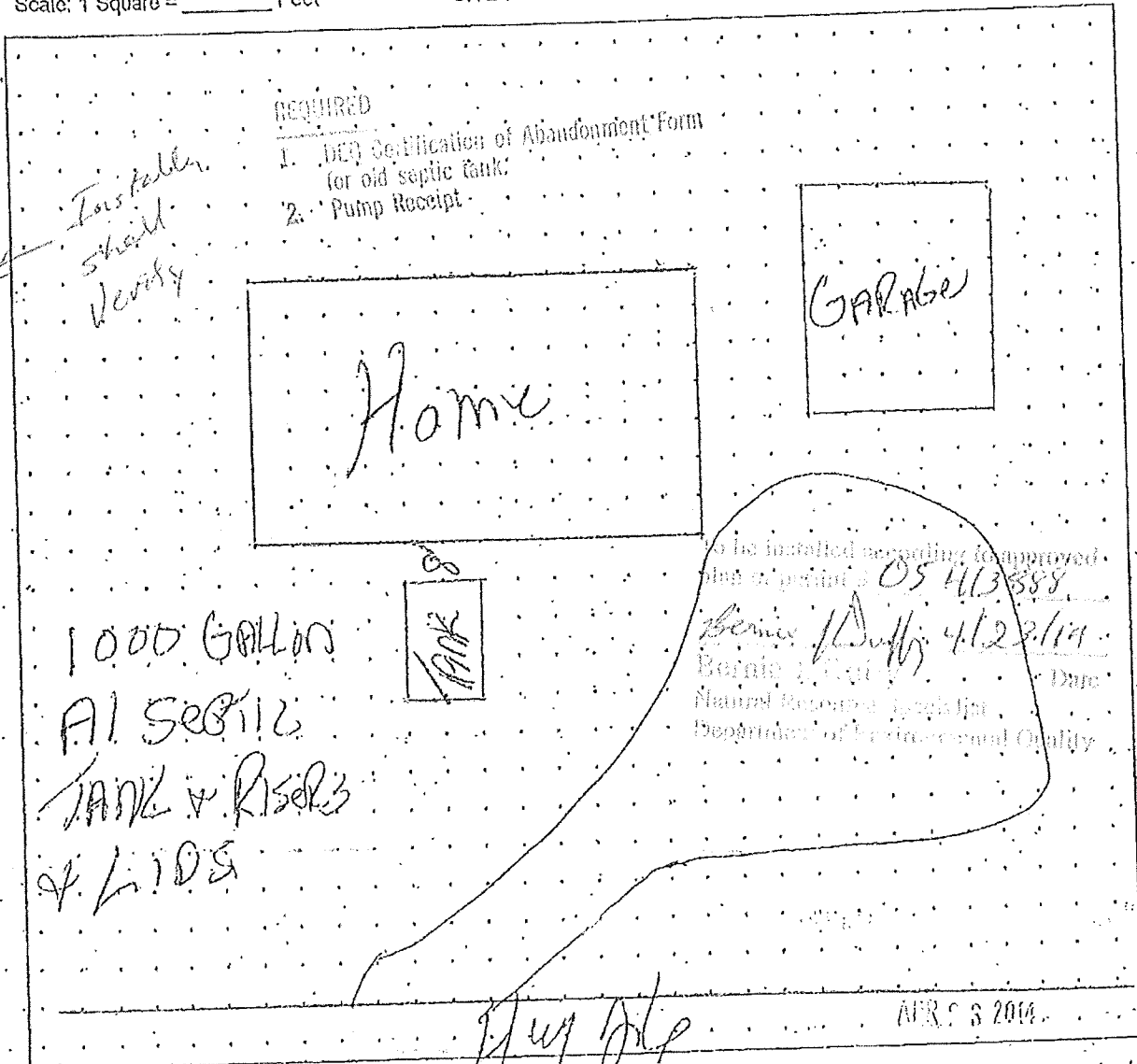
Site Address: 30927 Hwy 26 City: Seaside, OR

Tax Lot#: \_\_\_\_\_ Acres: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Property Owner: GLADYS SUPPE

Scale: 1 Square = \_\_\_\_\_ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



REQUIRED

1. DEQ Certification of Abandonment Form for old septic tank.
2. Pump Receipt.

As installed according to approved and approved OS 463388.  
 Signed: Jerry Lebo 4/28/14  
 Director  
 Natural Resources Division  
 Department of Environmental Quality

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the  Owner or  Authorized Agent. Name (please print) JERRY Lebo

Signature: [Signature] Date: 4-28-14



Scan ID  
415774

State of Oregon  
Department of Environmental Quality

Onsite ID: OS413888 Expiration Date: 4/23/2015
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### Repair Permit - Single Family Dwelling-Minor

*This Repair Permit - Single Family Dwelling-Minor Permit OS413888 authorizes the property owner to construct an onsite wastewater system as follows:*

#### PROPERTY INFORMATION

Property Owner: Gladys Suppe	Clatsop County
Property Location 36927 Hwy. 26, Seaside	Township 05N, Range 09W, Section 21
Facility Type: Single Family Dwelling	Tax Lot 301
2 Bedrooms	

#### SPECIFICATIONS AND REQUIREMENTS

System Type: Septic Tank Replacement

Design Flow: 450 gals/day  
Minimum Septic Tank Size: 1000 gals

#### ADDITIONAL CONDITIONS

- 1 Provide a minimum of 2 inches of fall from the tank to drainfield.
- 2 The installer shall verify the north arrow on the site plan.
- 3 Vehicular traffic and livestock must be restricted from the system area.
- 4 All roof drains must be directed away from the system.
- 5 Meet all required setbacks.
- 6 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 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.


*email to Vicki S*

**SCANNED**  
APR 30 2014

**INSPECTION REQUIREMENTS**

- <sup>1</sup> 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.
- <sup>2</sup> A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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

	<b>Onsite Wastewater Specialist</b>	<b>4/23/2014</b>	<b>4/23/2015</b>
Authorized Agent:	Title	Date Issued	Expiration Date
<b>Bernie Duffy</b>			

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

See the Attachment 1 for additional information about your permit.





# Application for Onsite Sewage Treatment System

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

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

Date Stamp: APR 23 2014 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only: Date Received <u>4/23/14</u> Fee Paid <u>350.00</u> Receipt Number <u>155002</u> Application Number <u>415774</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned Data Entry
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### A. Property Owner Information

Name Gladys Sappe Mailing Address (Street or PO Box, City, State, Zip Code) 36927 Hwy 26 Seaside OR Phone Number 738-5823

### B. Legal Property Description

Township 5 Range 9 Section 21 Tax Lot 301 Tax Account Number \_\_\_\_\_ Acreage or Lot Size 2

County CLATSOP Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: 36927 Hwy 26 Seaside OR State OR Zip Code 97138

Directions to Property: Hwy 101 South to Hwy 26 East to App. m# 17 Home is North of Hwy 26

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

Existing Facility:  Single Family Residence  Other \_\_\_\_\_  
Number of Bedrooms 2

Proposed Facility:  Single Family Residence  Other \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_

Water Supply:  Public \_\_\_\_\_ Name \_\_\_\_\_  
 Private well Well, Spring, Shared

### D. Type of Application

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

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

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

Signature [Signature] Date 4-22-14

Applicant's Name - Please Print Legibly Kerwin LeBo Applicant's Phone Number 458-6870 Applicant's E-mail Address \_\_\_\_\_

Applicant's Mailing Address 41022 ZIAK-GNAT CRHN. ASTORIA OR

Applicant is the  Owner  Authorized Representative  Authorization Attached  Licensed Septic Installer

Installer's Name [Signature]



State of Oregon  
Department of  
Environmental  
Quality

Department of Environmental Quality  
North Coast Office  
65 N. Highway 101, Suite G  
Warrenton, OR 97146  
Telephone: (503) 861-3280 Fax: (503) 861-3259

**NOTICE AUTHORIZING REPRESENTATIVE**

I, Gladys E. Suppe, have authorized  
(Property Owner/Print Name)  
Jerry Lebo to act as my agent in performing  
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:**

36927 Hwy 26 Seaside OR 9  
Property Situs or Road Address

And described in the records of Chasco County as:

Township 5 Range 9 Section 21 Map ID 4277 Tax Lot #(s) 301

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: Gladys Suppe  
Signature: Gladys Suppe Date: 4-21-14  
Address: 36927 Hwy 26 Phone: 738-5803  
City, State, Zip: Seaside OR Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Printed Name: Jerry Lebo  
Signature: Jerry Lebo Date: 4-21-14  
Address: 41092 ZIAK GNATCOL LN. Phone: 458-6870  
City, State, Zip: ASTORIA, OR 97103 Fax: 458-5289  
E-mail Address: \_\_\_\_\_

APR 23 2014

NORTH COAST OFFICE  
WARRENTON



# SITE PLAN FOR PROPOSED SEPTIC REPAIR

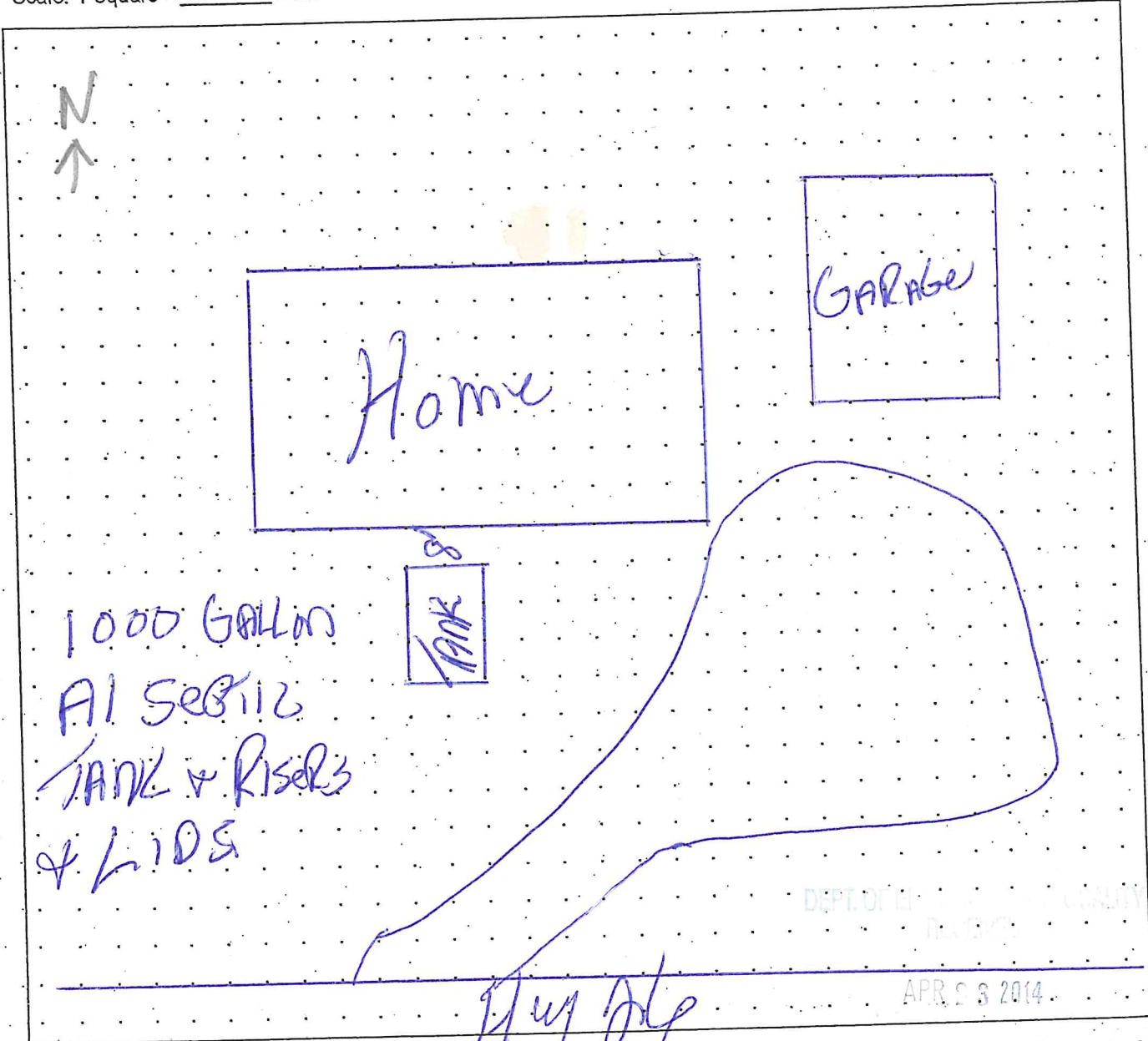
Site Plan Must Be Current.

Site Address: 36927 Hwy 26 City: Seaside, Or

Tax Lot#: \_\_\_\_\_ Acres: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Property Owner: GLADYS SUPPE

Scale: 1 Square = \_\_\_\_\_ Feet SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the [ ] Owner or [x] Authorized Agent. Name (please print) Jerry Lebo

Signature: [Signature] Date: 4-22-14



# EXISTING SEPTIC SYSTEM DESCRIPTION

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

- Your existing septic system consists of (check all that apply):  
 Septic Tank       Disposal Trenches       Capping Fill       Sandfilter  
 Seepage Bed       Cesspool or Pit       Unknown  
 Other (Describe) \_\_\_\_\_
- When was your septic system installed? \_\_\_\_\_ (Date) \_\_\_\_\_ (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) 1000
- When was the septic tank last pumped? 2013 Attach receipt if available.
- Number of disposal trenches 3
- Total length of disposal trenches (in feet) 200
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use \_\_\_\_\_
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 2 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
- If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

4-22-14  
(Date)

[Signature]  
Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes  No  Attached  Date Issued \_\_\_\_\_  
Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes  No  Initials \_\_\_\_\_  
Other file information: \_\_\_\_\_



Receipt Number: 155602

Oregon Department of Environmental Quality

Warrenton Office

65 N Highway 101, Suite G

Warrenton, OR 97146

Date Received 4/23/2014

Received From **Blind Slough Logging, Inc.**  
(Check Name): **Jerry Lebo**  
**41092 Ziak-Gnat Creek Lane**  
**Astoria, OR 97103**

For **T05N R09W S21**  
Property **TaxLot 301**  
At: **Clatsop County**  
**36927 Hwy. 26**  
**Seaside, OR 97138**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
356.00	Check	9097	34-827	356.00

Total Amount Applied \$356.00

Onsite Fees	
Base Fee:	<b>256.00</b>
Surcharge Fee:	<b>100.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$356.00</b>
Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>356.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$356.00</b>

Application Description
Application ID: <b>415774</b>
Application Type: <b>Repair Permit</b>
<b>Single Family Dwelling-Minor</b>
System Type: <b>Standard</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Receipt Amount: \$356.00

APR 23 2014

Received By:

Date of Entry:

Vicky Schiele

4/23/2014