

Certificate of Satisfactory Completion
Repair (Minor) - Residential - New

186-24-000093-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

Date Certificate Issued: 07/25/2024
Work Description: Minor Repair; SFD

Applicant: Luttrell, J.R.
Address: 37194 Hwy 26
Seaside OR 9+7138
Phone: 971-601-0231
Email: luttrell18@yahoo.com

Primary Contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
Seaside OR 97138-3615
Phone: 5037172200
Email: kkeraneninc@hotmail.com

Owner: James Campion
Address: 37262 Hwy 26
Seaside OR 97138

Property Address: 37262 Hwy 26, Seaside, OR 97138

Parcel: 509220001400 - Primary Township: 5 Range: 09 Section: 22

Lot Size: 4.48 acres Water Supply: Well
Zoning: N/A City/County/UGB: County
Land Use Approval: N/A

Category of Construction: Single Family Dwelling

Table with 2 columns: Existing, Proposed. Rows: Use of Structure (2 bedroom home vs N/A), Number of Bedrooms (2 vs N/A).

System Specifications

Type: Septic Tank Replacement
Max Peak Design Flow: 450 gpd. Proposed Flow: 300 gpd.
Min Septic Tank Volume: 1000 gal. Min Dosing Tank Volume: N/A

Drain Field Specifications

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

Date Certificate Issued: 07/25/2024
Work Description: Minor Repair; SFD

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: 07/25/2024

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: 186-24-000093-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: 5 **Range:** 09 **Sect:** 22
Lot: 01400

Name: James Campion

Property Address: 37262 HWY 26, SEASIDE, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1,000 Compartments: 1 Manufacturer: A1 Concrete	Date: 4/23/24
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 <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: Pvc Sch40	Length: 20'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

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	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Gravity				
Distribution Box	Yes	No	Hook To Existing		
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

Comment _____

Clatsop County Department of Public Health

On Site Waste Water Program

Approved By Jm

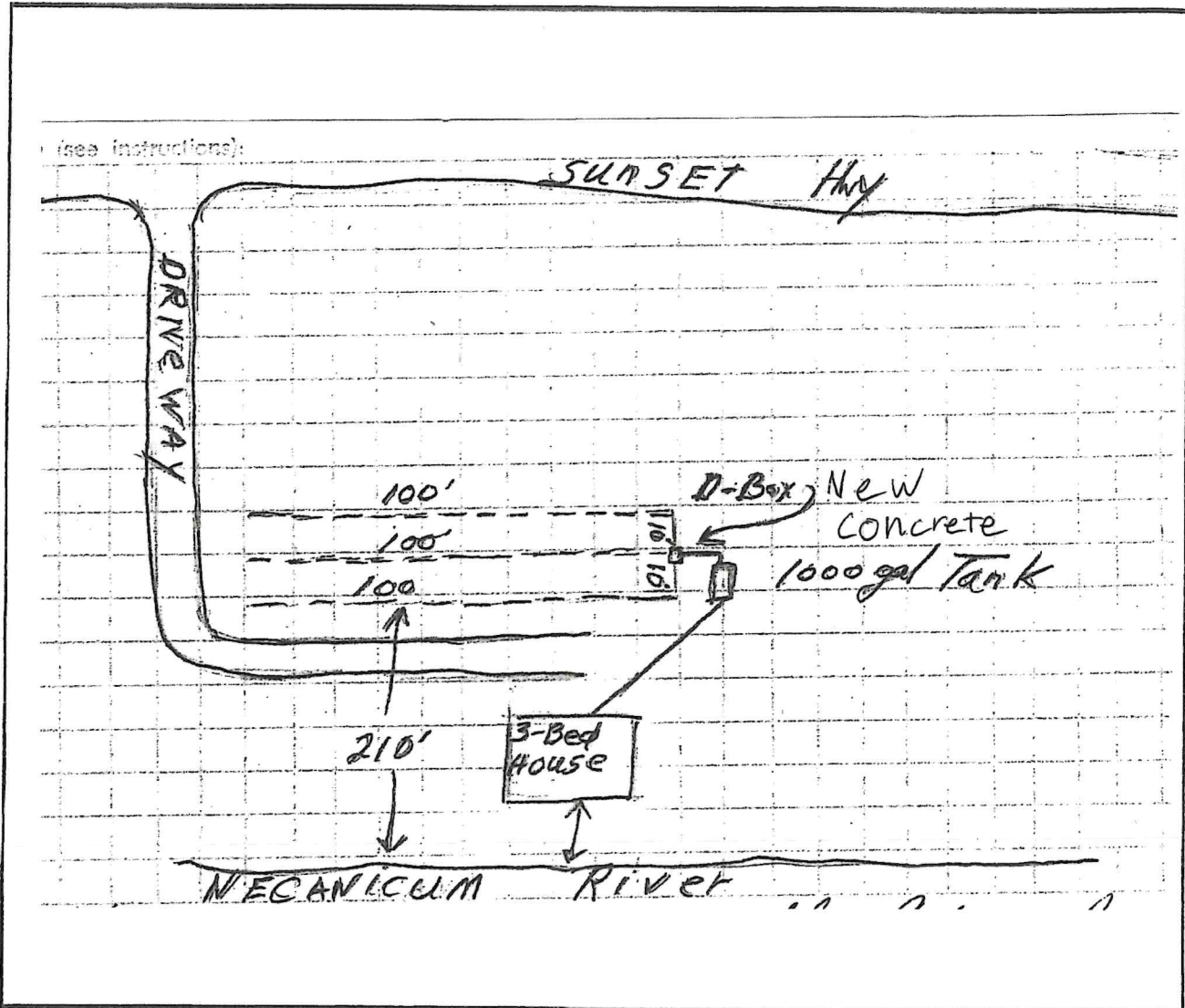
Permit No. 186-24-000093

Date 7/24/24

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0025(9)
 **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: J.R. Luttrell		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 173131	Certification#: 38452
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 7/22/24	Phone#:

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. 186-24-000093
 Date 7/24/24



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

- Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- 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: Campion James

Septic Tank Location: 37262 Hwy 26, Seaside OR

Legal Description: T 5 R 9 S 2200 Lot 1400

Date Tank Pumped: 4/15/24

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

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

By: _____ Date: _____
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: [Signature] Date: 7/22/24
(signature of operator/owner)

Please Include:
**PUMPING
RECEIPT**





Septic Permit

Repair (Minor) - Residential - New

186-24-000093-PRMT

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820 Exchange Street
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Fax: 503-325-9303
envhealth@clatsopcounty.gov
Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Date issued: 5/1/24	Expiration date: 5/1/25
Work description: Minor Repair; SFD	

Applicant: Luttrell, J.R.
Address: 37194 Hwy 26
Seaside OR 9+7138
Phone: 971-601-0231
Email: luttrell18@yahoo.com

Primary contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
Seaside OR 97138-3615
Phone: 5037172200
Email: kkeraneninc@hotmail.com

Business License: N/A

Owner: James Campion
Address: 37262 Hwy 26
Seaside OR 97138

Property address: 37262 Hwy 26, Seaside, OR 97138

Parcel: 509220001400 - Primary **Township:** 5 **Range:** 09 **Section:** 22

Lot size: 4.48 acres	Water supply: Well	
Zoning: N/A	City/County/UGB: County	
Land use approval: N/A	County: N/A	
Accessory Dwelling Unit: No		
Action: New	Type of application: Repair (Minor) - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	2 bedroom home	N/A
Number of bedrooms:	2	N/A

System Specifications

Type: Septic Tank Replacement	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 300 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: N/A	

Drain Field Specifications

Drain field type: Not Applicable	System distribution Ttpe: N/A	
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Conditions of approval

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Date issued: 5/1/24

Expiration date: 5/1/25

Work description: Minor Repair; SFD

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.

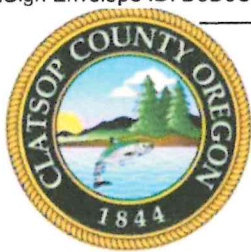
A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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

5/1/24



Clatsop County

Environmental Health/Onsite Septic Program

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

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APR 26 2024

CLATSOP CO. PUBLIC HEALTH
#24-000093

Notice Authorizing Representative

I, James Campion,
(Property Owner – Please Print), have authorized

J.R. Luttrell (Keath Keranen Excavating) 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

37262 Hwy 26, Seaside OR
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 5 Range 09 Section 2200 Tax Lot 1400 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Campion James Email: realjamescampion@gmail.com
Mail Address: 37262 Hwy 26, City/State/Zip Seaside OR 97138
Phone: 707-477-0653 FAX: _____
Signature: *James Campion* Date: 4/24/2024 | 7:41 PM PDT
DocuSigned by:
B65E4F35ABD8483...

AUTHORIZED REPRESENTATIVE:

Name: J.R. Luttrell Email: luttrell18@yahoo.com
Mail Address: Po. Box, 496 City/State/Zip Seaside Or 97138
Phone: 971-601-0231 FAX: _____
Signature: *J.R. Luttrell* Date: 4/26/24



Clatsop County

Environmental Health/Onsite Septic Program

5-9-22-1400

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

EnvHealth@clatsop.or.us email

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#24-000093
APR 26 2024

CLATSOP CO. PUBLIC HEALTH

Existing Septic System Description

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

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
- When was your septic system installed? 1988 88-22
Date Permit Number
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons): 1,000
- When was the septic tank last pumped? (Attach receipt if available) _____
- Number of disposal trenches: 3
- Total length of disposal trenches (in feet): 300'
- 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? _____ 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 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: [Handwritten Signature]

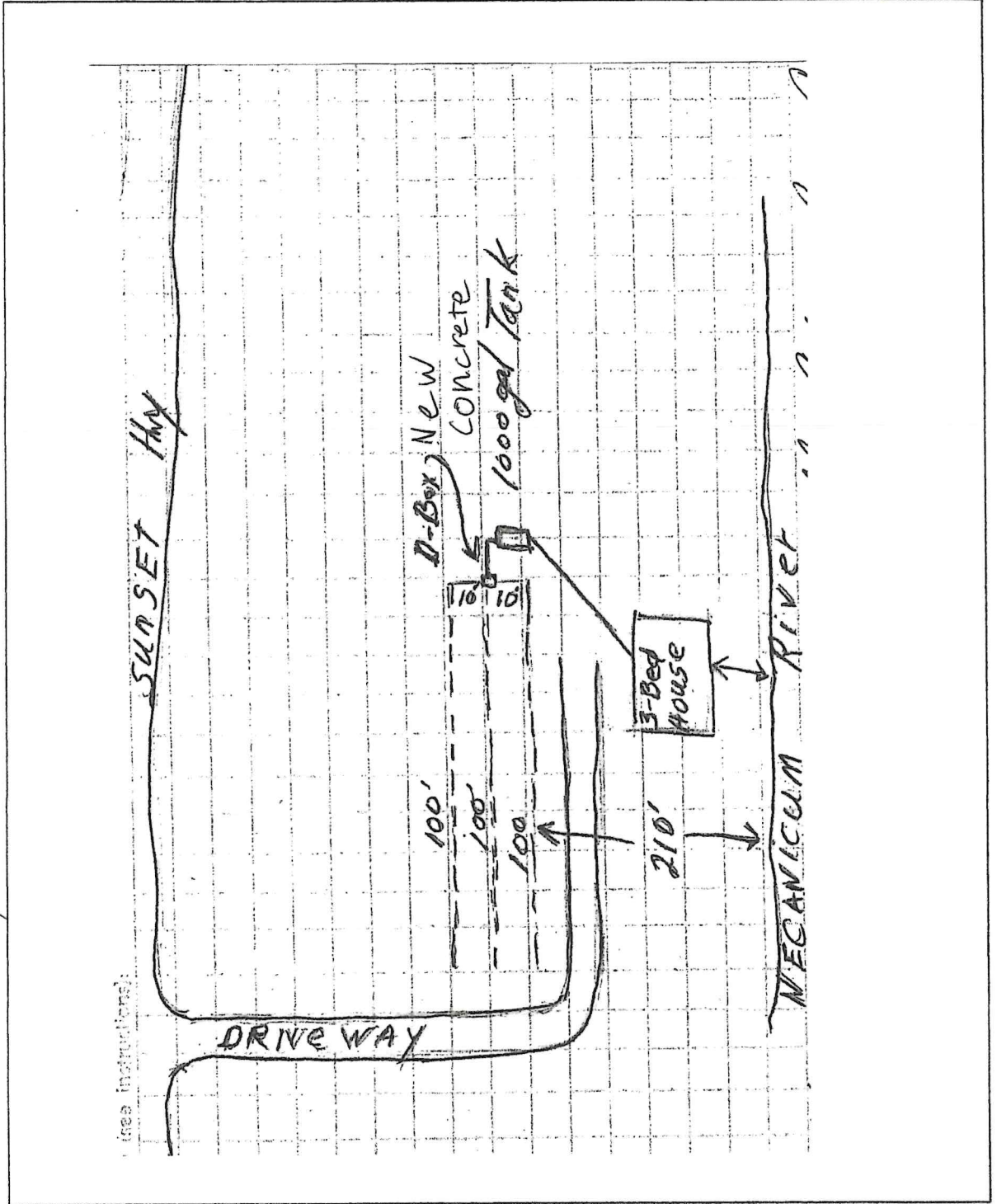
Date: 4/26/24

PLOT PLAN

Property ID: 509220001400 Site Address: 37262 Hwy 26, Seaside OR

Applicant Signature: [Signature] Date: 4/26/24

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



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/i 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

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APR 26 2024
CLATSOP CO. PUBLIC HEALTH

1 inch = 20 feet

James Campion parts list

37262 Hwy 26 Seaside Or 97138

5-9-22-1400

- 1 A1 concrete tank 1 compartment
- 1 zabel effluent filter
- 2 24" risers
- 2 Lids
- 1 ADH200 adessive
- 10' Pvc 4" 3034
- 2 Fernco 4"

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APR 26 2024

CLATSOP CO. PUBLIC HEALTH

#24-000093



Transaction Receipt
Record ID: 186-24-000093-PRMT
IVR Number: 186040481271

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

Receipt Number: 465284
Receipt Date: 4/29/24

https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program
 Worksite address: 37262 HWY 26, SEASIDE, OR 97138
 Parcel: 509220001400

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
4/29/24	1.00 Ea	Repair (minor) - single family dwelling	81-7204	\$281.00	\$281.00
4/29/24	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
4/29/24	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Check number: 4718			Payer: Keith Keranen		Payment Amount: \$390.00
			Excavating, Inc.		

Cashier: Annette Brodigan **Receipt Total: \$390.00**