



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

186-22-000339-PRMT

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

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

Date Certificate Issued: 05/05/2023
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 97138-3615 Phone: (503) 717-2200 Email: kkeraneninc@hotmail.com
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Owner: GOODMAN DALE G/MARSHA K	Property Address: 1885 Lewis & Clark Rd, Seaside, OR 97138
Parcel: 610150000200 - Primary	Township: 6 Range: 10 Section: 15

Lot Size: 0.38 acre	Water Supply: Community Water Supply	
Zoning: N/A	City/County/UGB: UGB	
Land Use Approval: N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 bedroom home	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type:	Septic Tank Replacement	
Max Peak Design Flow:	450 gpd.	Proposed Flow: 375 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
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Special Requirements

Groundwater Type:	Permanent	Groundwater Depth:	N/A
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Date Certificate Issued: 05/05/2023
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: 186-22-000339-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: GOODMAN DALE G/MARSHA K

Twnshp: 6

Range: 10

Sect: 15

Lot: 00200

Property Address: 1885 LEWIS & CLARK RD, SEASIDE, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1000 GAL Compartments: 1 Manufacturer: A1 Concrete	Date: 4/25/23
Tanks(2)	Volume: Compartments: Manufacturer:	Date:
Pump(s)	HP: <input type="checkbox"/> Model/Manuf. <input type="checkbox"/>	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 in	ASTM#/Other:	Length:
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 <input checked="" type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?		Yes	No <input checked="" type="checkbox"/>	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) existing rock and pipe drainfield				
Distribution Box	Yes <input checked="" type="checkbox"/>	No			
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 ZM

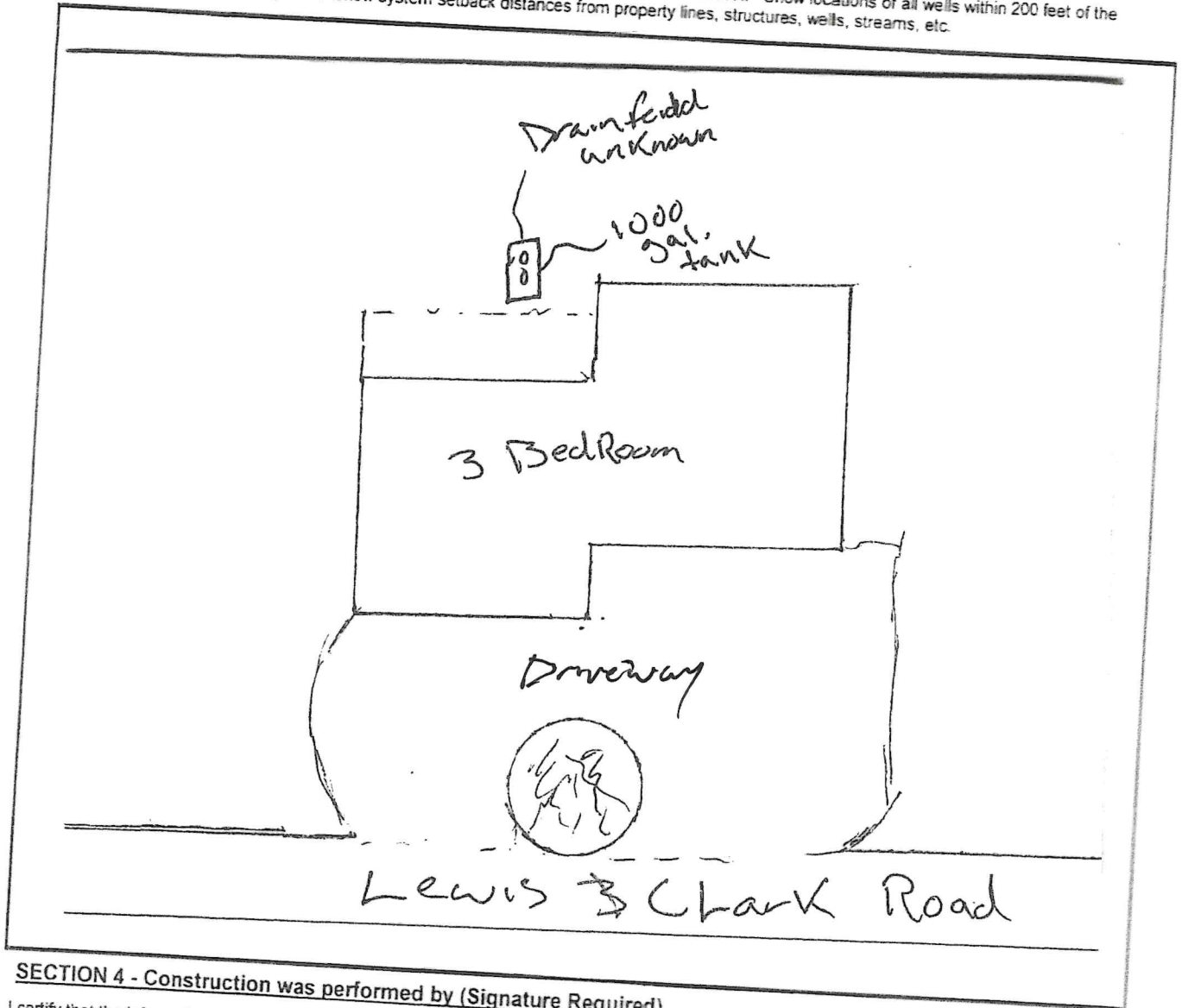
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0175(3).

**Attach sieve analysis for Underdrain Media and Filter Sand

Date: 5/4/23 186-22-000339

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: 05/04/23	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 JMK
 Permit No. 186-22-000339
 Date 5/4/23



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

- 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: Dale Goodman

Septic Tank Location: 1885 Lewis & Clark Rd, Seaside OR 97138

Legal Description: T 6 R 10 S 15 Lot 200

Date Tank Pumped: 4/25/23

By: [Signature]
(signature of licensed pumper)

License #: 37864

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

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

This septic tank was removed and properly disposed of.

By: [Signature]
(signature of operator/owner)

Date: 05 04 23

Please Include:

**PUMPING
RECEIPT**

Goodman
6-10-18-200



Goodman
6-10-15-200



Goodman
6-10-15-200





Septic Permit

Repair (Minor) - Residential - New

186-22-000339-PRMT

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 820 Exchange Street
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 Fax: 503-325-9303
 health@co.clatsop.or.us
 Website:

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

Date issued: 12/12/22	Expiration date: 12/12/23
Work description: Minor Repair; tank only	

Applicant: Nance, Justin	Primary contractor: Keith Keranen Excavating, Inc.
Address: 37194 Hwy 26 Seaside OR 97138	Installer License: 38452
Phone: 503-440-4182	Address: 37194 Hwy 26 Seaside OR 97138-3615
Email: justinnancekke@yahoo.com	Phone: (503) 717-2200
	Email: kkeraneninc@hotmail.com
Business License: N/A	

Owner: GOODMAN DALE G/MARSHA K	Property address: 1885 Lewis & Clark Rd, Seaside, OR 97138
Parcel: 610150000200 - Primary	Township: 6 Range: 10 Section: 15
Lot size: 0.38 acre	Water supply: Community Water Supply
Zoning: N/A	City/County/UGB: UGB
Land use approval: N/A	County: N/A
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:	3 bedroom home	N/A
Number of bedrooms:	3	N/A

System Specifications

Type: Septic Tank Replacement	ATT description: N/A
Max peak design flow: 450 gpd.	Proposed flow: 375 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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Special Requirements

Groundwater type: Permanent	Groundwater depth: N/A
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Conditions of approval

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Date issued: 12/12/22

Expiration date: 12/12/23

Work description: Minor Repair; tank only

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

Environmental Health Specialist I

12/12/22



Clatsop County

Environmental Health/Onsite Septic Program

#186-22-000339

Processed 12/8/22

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DEC 05 2022

CLATSOP CO. PUBLICATIONS

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

(Pd) CK #4659
\$390-

Application for Onsite Sewage Treatment System

A. Property Owner Information

Dale Goodman
Name

1885 Lewis & Clark Road, Seaside OR 97138
Mailing Address (Street, PO Box, City, State, Zip)

(503)440-0270
Phone Number

B. Legal Property Description

6 Township
Clatsop County

10 Range

15 Section

200 Tax Lot

9991 Tax Account Number

0.38 Acres
Acreage or Lot Size

Subdivision Name

Lot

Block

Property Address: 1885 Lewis & Clark Road, Seaside OR 97138
(Street, City, State, Zip)

Directions to Property: From Hwy 101 turn on to N Wahanna RD turn East on Lewis & Clark RD. property is to the South

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

Single Family Residence *previous Septic Records*
Number of Bedrooms: 3

Other

Proposed Facility

Single Family Residence
Number of Bedrooms

Other

Water Supply

Public Seaside
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 Date: 11/29/22

Applicant's Name (Please Print Legibly): Justin Nance Applicant's Phone: (503)440-4182 Applicant's E-Mail Address: justinnancekke@yahoo.com

Applicant's Mailing Address: 37194 HWY 26 Seaside OR 97138

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached

Installers Name: Keith Keranen Excavating #38452



Clatsop County
Environmental Health/Onsite Septic Program

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DEC 05 2022

CLATSOP CO. PUBLIC HEALTH

Clatsop County
Onsite Septic Program
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(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

22-000339

Notice Authorizing Representative

I, Dale Goodman, have authorized
(Property Owner - Please Print)

Keith Keranen Excavating (Justin Nance)
(Authorized Representative - Please Print) To act as my agent in performing

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

1885 Lewis and Clark Road, Seaside OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 15 Tax Lot 200 Map ID
Township Range Section Tax Lot Map ID

PROPERTY OWNER:

Name: Dale Goodman Email:
Mail Address: PO Box 298 City/State/Zip Seaside, OR 97138
Phone: 503-440-0270 FAX:
Signature: [Signature] Date: 11/29/22

AUTHORIZED REPRESENTATIVE:

Name: Justin Nance Email: justinnancekke@yahoo.com
Mail Address: 37194 HWY 26 City/State/Zip Seaside/OR/97138
Phone: (503)440-4182 FAX:
Signature: [Signature] Date: 11/29/22



Clatsop County

Environmental Health/Onsite Septic Program

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DEC 05 2022

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
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(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

C-10-15-200

22-000339

Existing Septic System Description

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

1. 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): _____

2. When was your septic system installed? N/A

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons): 1000

5. When was the septic tank last pumped? (Attach receipt if available) _____

6. Number of disposal trenches: N/A

7. Total length of disposal trenches (in feet): _____

8. Do you propose to use the existing septic system? Yes No **Tank replacement only**

9. Is your septic system currently in use? Yes No

If no, date of last use: _____

10. If the septic system currently serves a dwelling,

How many bedrooms in the dwelling? 3 How many people occupy the dwelling? _____

11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____

12. If the septic system serves a business,

How many total employees are there? NA Type of business: NA

13. Is there a proposed change of use of your structure (home or business)? Yes No

If yes, please explain: _____

14. 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: 11/29/22

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GLATSOP CO. PUBLIC HEALTH

22-000339



- Wells
- Test Pits
- Drainage

Legend

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

Goodman

PLOT PLAN

1885 Lewis & Clark Road Seaside OR 97138

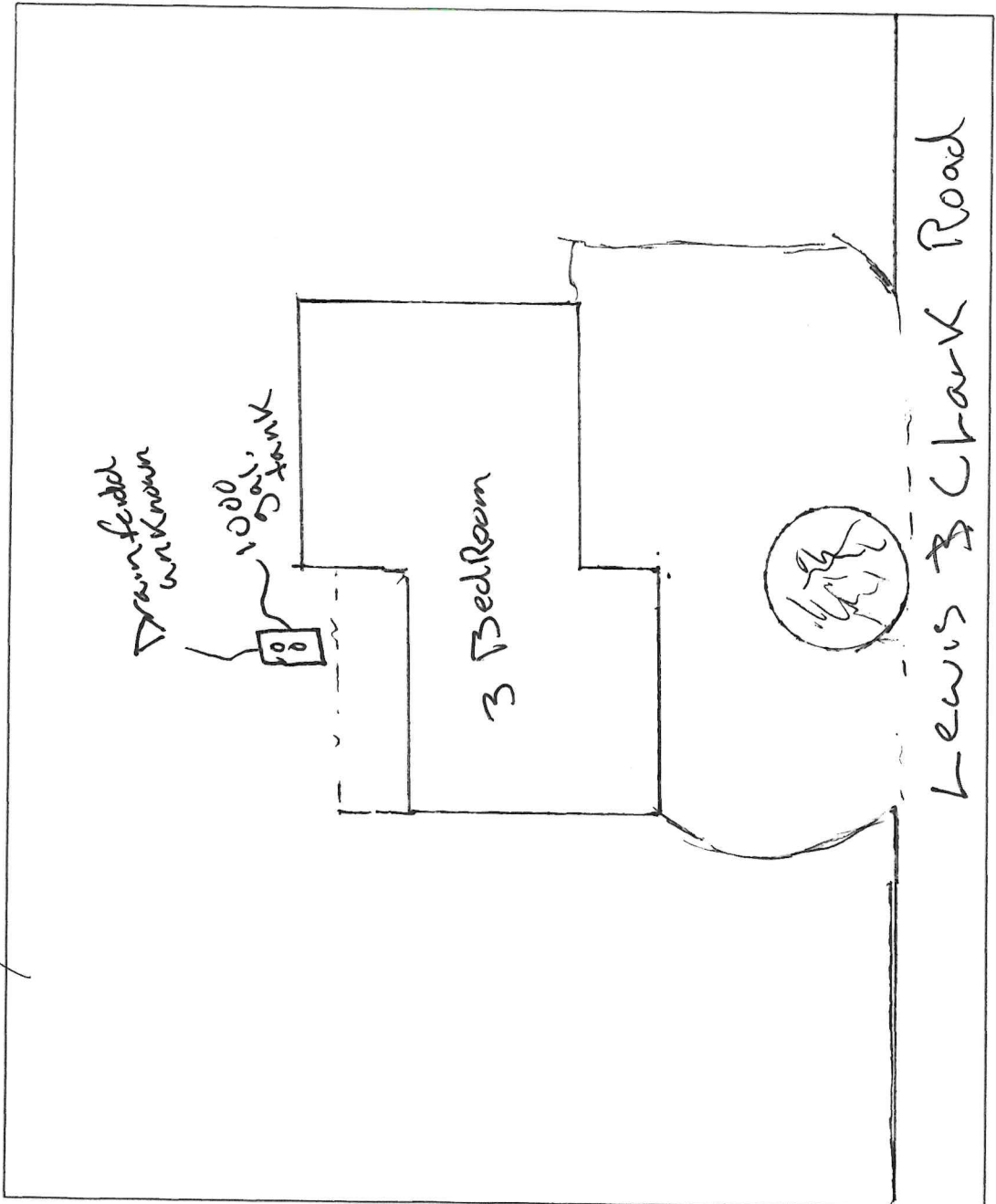
Site Address:

Property ID: 6-10-15-200

Applicant Signature:

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

Date: 11/29/22





Clatsop County

Environmental Health/Onsite Septic Program

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DEC 05 2022

Clatsop County
Onsite Septic Program

20 Exchange St., Suite 100

Astoria, OR 97103

(503) 325-9302 phone

(503) 325-9303 fax

CLATSOP CO. PUBLIC HEALTH

EnvHealth@co.clatsop.or.us email

22 - 000339

SEPTIC SYSTEM MATERIALS LIST:

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: Dale Goodman

Township: 6 Range: 10 Section: 15 Tax Lot: 200

Situs Address: 1885 Lewis & Clark Road Seaside OR 97138

Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: A1 concrete Capacity: 1000 Gal.

Effluent Filter: Zabell 4IN

Effluent Sewer Pipe: _____

Dose Tank/Vault: N/A Capacity: _____

Tank Pump: N/A

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

Alarm: N/A On: _____ Off: _____ RO: _____

Pressure Pipe from Tank to Pretreatment and/or Drainfield: _____

Drop or Distribution Box: N/A Qty: _____

HydroSplitter Orifice Size(s): N/A

Header Pipes: N/A

Leach Lines: N/A Linear Ft: _____

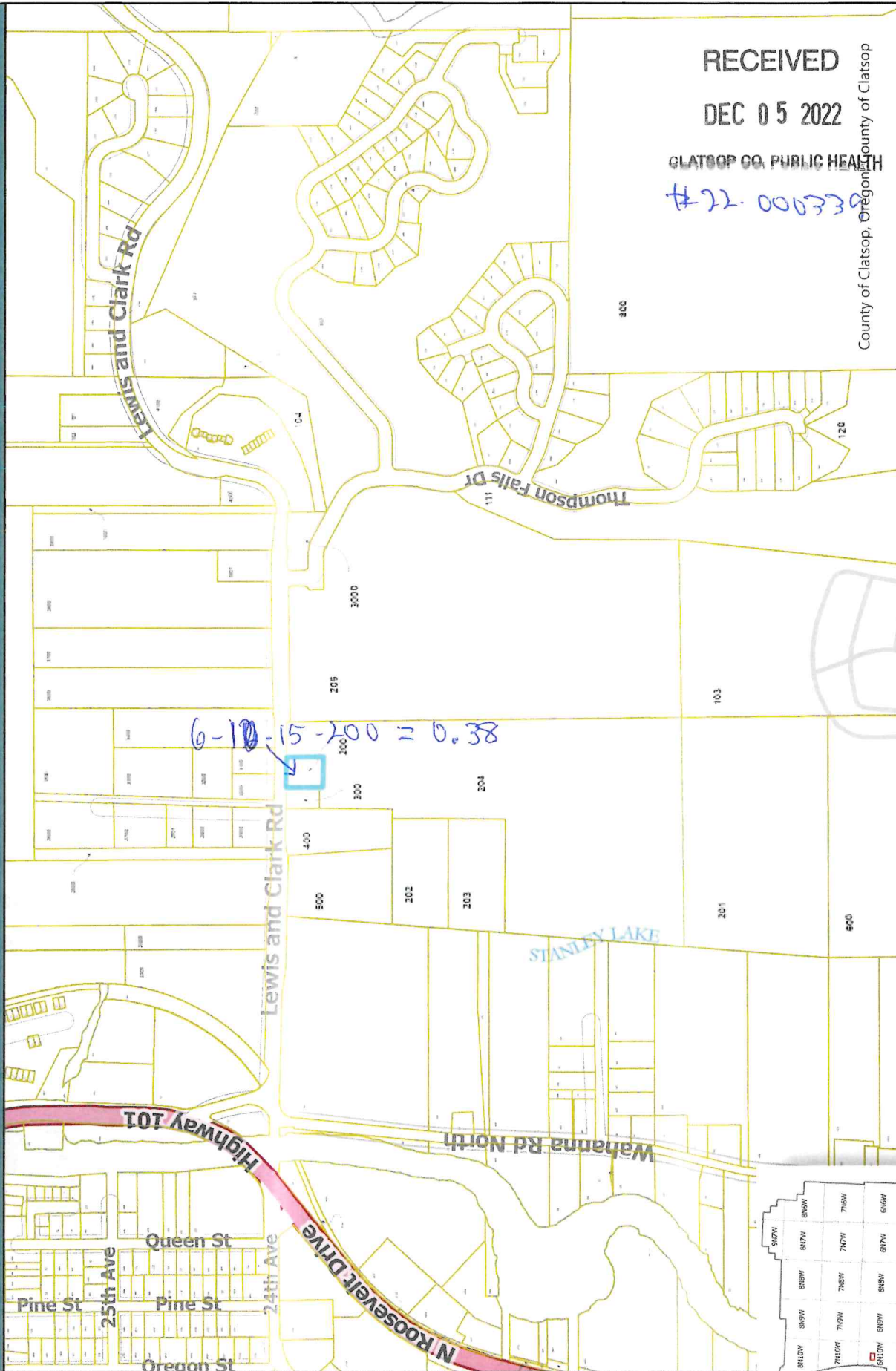
Pressure Bed Dimensions: N/A Square Ft: _____

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: _____		

Clatsop County Webmaps



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DEC 05 2022

CLATSOP CO. PUBLIC HEALTH

#22-000339

County of Clatsop, 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

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12/8/2022 9:42 AM



Transaction Receipt
Record ID: 186-22-000339-PRMT
IVR Number: 186082003817

Clatsop County Onsite

Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 461361

Receipt Date: 12/8/22

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

Worksite address: 1885 LEWIS & CLARK RD, SEASIDE, OR 97138

Parcel: 610150000200

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
12/8/22	1.00 Ea	Repair (minor) - single family dwelling	81-7204	\$281.00	\$281.00
12/8/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
12/8/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4659	Payer: Keith Keranen	Payment Amount:	\$390.00
	Excavating, Inc.		

Cashier: Annette Brodigan

Receipt Total:

\$390.00