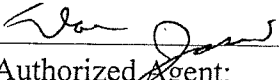


Installer Name: Keith Keranen Excavating, Inc.

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

	Onsite Wastewater Specialist	10/11/2011
Authorized Agent:	Title	Date CSC Issued
Don Jossie		

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

Final Inspection Request and Notice - Onsite ID: 410274

OCT 10 2011

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: Bonita Degandi
Property 33420 Beerman Creek Road, Seaside
Address:

Township 06N, Range 10W, Section 34
Clatsop County TaxLot#: Tax Lot 708

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard		Water tight vorfication*
Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:
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 Sower (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
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. CURTAIN DRAIN

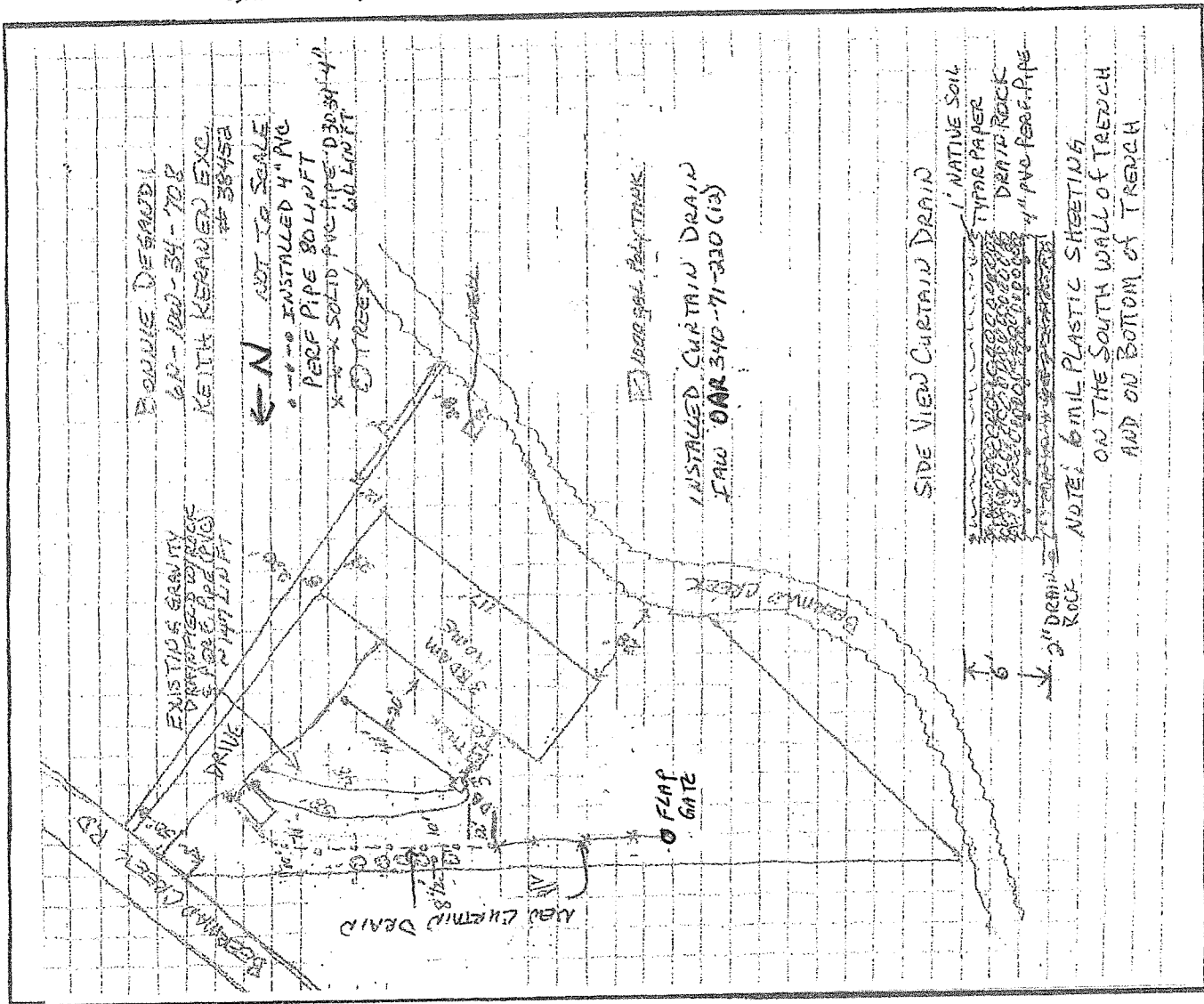
Type	(Gravel, Pipe or alternative?) 1 Tyds DR. ROCK, 80' 4" PERF PIPE, 60' 4" D3034 PVC PIPE			
Distribution Box	Yes	No ✓	6 MIL PLASTIC, TYPAR PAPER, 1 FLAPPER VALVE (FLAP GATE)	
Drop Box	Yes	No ✓		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:
Length:				
Comment				

*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

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 No License#: **38452** Certification#: **I 183**

Owner/ Certified Installer: Signature: *[Signature]* Date: **10/4/11** Phone#: **503-717-3200**

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____

Scan ID
411338

Onsite ID: OS410274
Expiration Date: 3/16/2012

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-Major Permit OS410274 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Bonita Degandi** Clatsop County
Property Location: **33420 Beerman Creek Road, Seaside** Township 06N, Range 10W, Section 34
Facility Type: **Single Family Dwelling** Tax Lot 708
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow: **375 gals/day**
Minimum Septic Tank Size: **1000 gals**
Total Trench Length: **147 Linear feet**

ADDITIONAL CONDITIONS

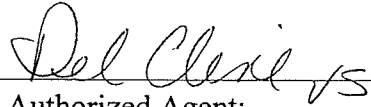
- ¹ Install curtain drain as per OAR 340-71-220(12) with the addition of 6 md plastic sheeting on the bottom and only on the side adjacent to the existing drainfield as per plan.
- ² All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

SCANNED
MAR 23 2011

INSPECTION REQUIREMENTS

- ¹ 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.
- ² Precover.

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

	Onsite Wastewater Specialist	3/16/2011	3/16/2012
Authorized Agent:	Title	Date Issued	Expiration Date

Del Cline

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280 X25
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.

CONSTRUCTION / REPAIR PERMIT WORKSHEET

Applicant Benita Degandi Township 06 Range 10 Section 34 TL/TA# 708

Site Plan Checked _____ Date 3-16-11 Comments _____

Type of Permit: New Construction _____ Repair X Alteration _____ AN Repair _____

Type of System EXISTING DF Eq. Tank Volume EXISTING gallons

Design Sewage Flow 375 Gals/Day Maximum Depth _____ Minimum Depth _____

Linear Feet 147 Minimum Distance Between Trenches _____ feet Rock Depth _____

Special Conditions install curtain drain as per OAR 340-7-220(12)
with the addition of geom plastic sheeting on the bottom
and only on the side adjacent to the existing DF
As per plan

No. of Inspections Required 1 at What Stages of Construction Process

Date Issued 3-17-11 Date of Expiration 3-11-12

[Signature]
Signature of Sanitarian



Oregon

John Kitzhaber., Governor

Department of Environmental Quality

North Coast Branch Office
65 N Highway 101, Suite 202
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

February 3, 2011

Dear Bonita Degandi,

We are extending your application sixty days from the day you applied.

During that time you will need to locate your existing drain field trench.

Please contact our office on February 15 when you are ready for another site visit.

Thank you,

Vicky Schiele
Administrative Assistant
503-861-3280



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, BONNIE DEGAUDI, have authorized
George Owen (Property Owner/Print Name)
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:

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section 34 Map ID _____ Tax Lot #(s) 708

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Bonnie De Gaudi
Signature: Thomas De Gaudi Date: 15 Dec 10
Address: 1000 N Holiday # 108 Phone: 503 738-7754
City, State, Zip: Seaside, OR 97138 Fax: _____
E-mail Address: Thomasde@charter.net

AUTHORIZED REPRESENTATIVE:

Printed Name: George Owen
Signature: George M. Owen Date: 12/14/10
Address: 89647 Manion Dr Phone: 503-717-8681/717-2477
City, State, Zip: Warrenton, OR 97146 Fax: 503-717-8681
E-mail Address: _____

SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)

1. Applicant Name/Property Owner: Bonnie Digandi
Mailing Address: 35364 Searls LN Telephone: 503-338-9688
City: Astoria State: OR Zip: 97103

2. Property Information:
County: Clatsop Tax Lot Number: 708
Township: 6N Range: 10 Section: 34
Property Address: 33420 Beerman Creek Rd
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single-family dwelling.
 Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction

6. Property Zoning: EFU Zoning Minimum Parcel Size: 80-a

7. Is a public notice and hearing required? Yes No Hearing Date: _____

8. Does the proposed facility comply with all applicable local land use requirements: Yes No
Comments: _____

9. Planning Official Signature: Jennifer Bunch
Print Name: Jennifer Bunch Title: Planner
Telephone No.: 503-325-8611 Date: 12/15/10

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.



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
- Sandfilter
- Seepage Bed
- Cesspool or Pit
- Unknown
- Other (Describe) _____

2. When was your septic system installed? 10-27-71 71-255
(Date) (Permit Number)

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) 1000

5. When was the septic tank last pumped? UNKNOWN Attach receipt if available.

6. Number of disposal trenches 3

7. Total length of disposal trenches (in feet) 150

8. Do you propose to use the existing septic system? Yes No

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 are in the dwelling? 3 How many people occupy the dwelling? 2

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

12. If the septic system serves a business:

How many total employees are there? N/A

Type of business _____

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 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.

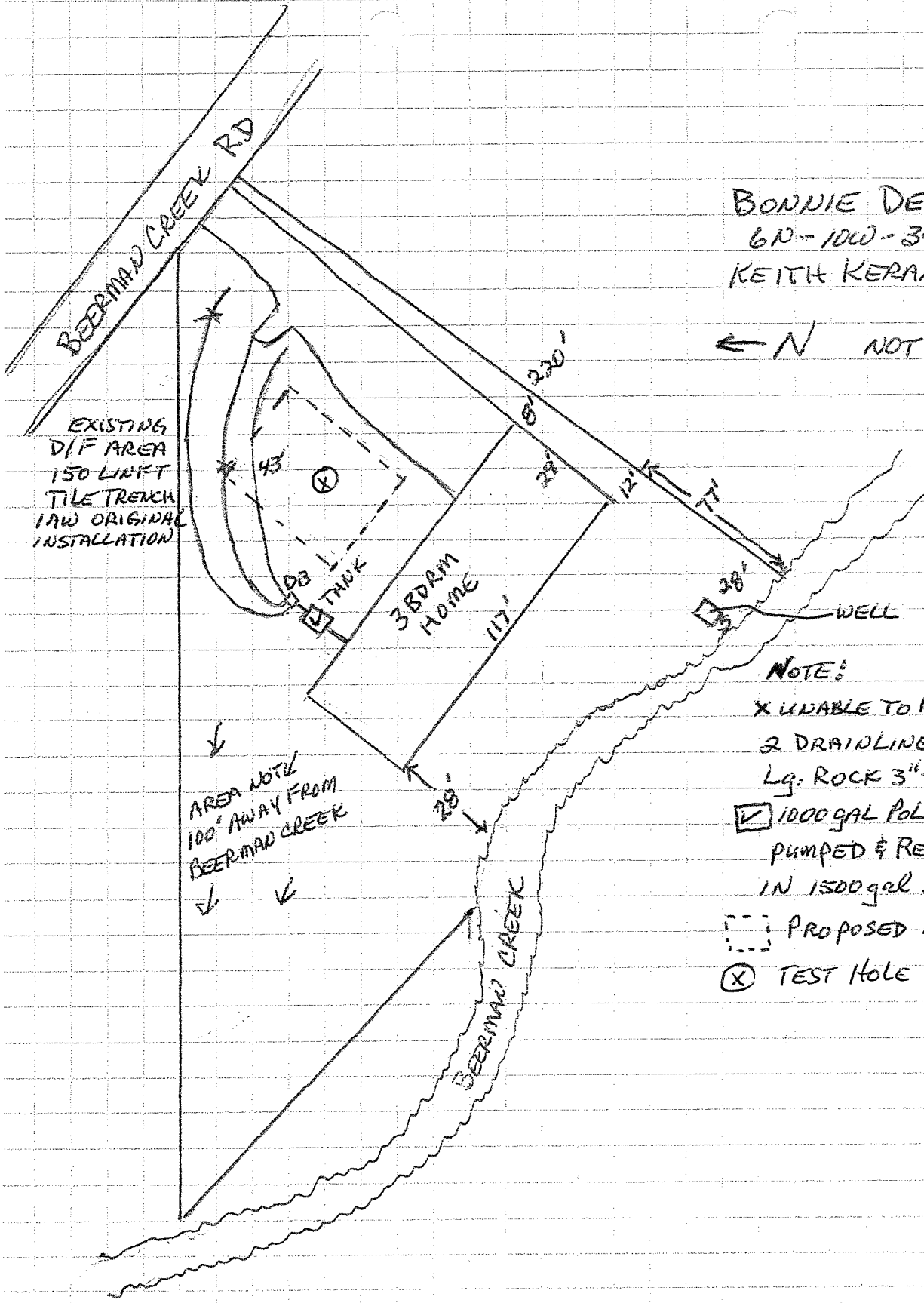
12/14/10
(Date)

George M. Owen
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: _____

BONNIE DEGANDI
6N-10W-34-708
KEITH KERANER EXC.
#38452

← N NOT TO SCALE



EXISTING
D/F AREA
150 LIQRT
TILE TRENCH
1AW ORIGINAL
INSTALLATION

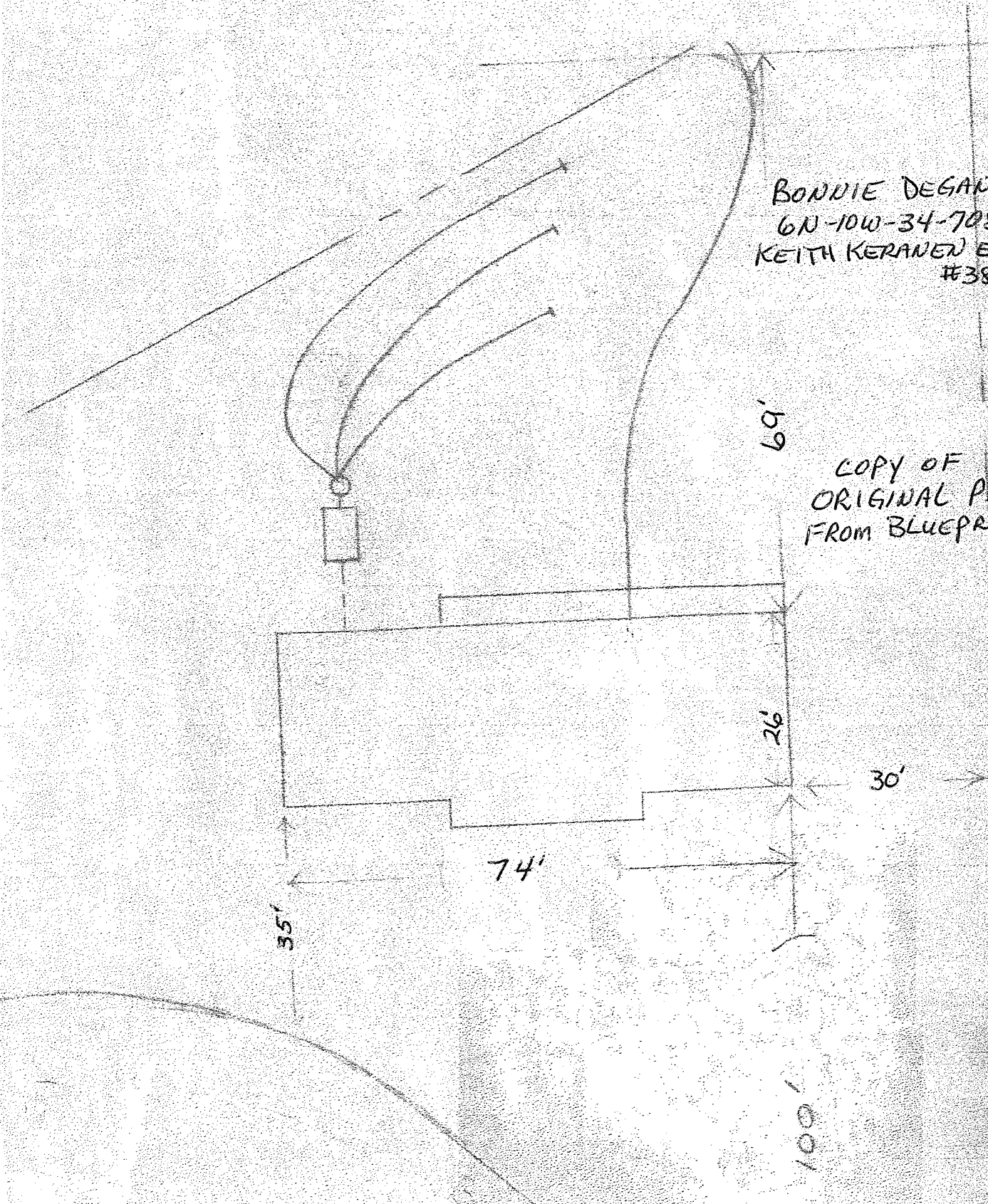
AREA NOT TO
BE 100' AWAY FROM
BEERMAN CREEK

NOTE:
X UNABLE TO PROBE FOR
2 DRAINLINES DUE TO
Lg. ROCK 3"-4" BELOW GND.
☑ 1000 GAL POLY TANK TO BE
PUMPED & REMOVED. PUT
IN 1500 GAL 2-CMPT TANK
☐ PROPOSED 18 X 20 SANDFILTER
⊗ TEST HOLE

Co. Rd.

BONNIE DEGANDI
6N-10W-34-708
KEITH KERANEN EXC
#38452

COPY OF
ORIGINAL PLANS
FROM BLUEPRINT





Receipt Number: 145016

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

Date Received 12/15/2010

Received From **Bonita Degandi**
(Check Name): **1000 N. Holladay No.108**
Seaside, OR 97138

For **T06N R10W S34**
Property **TaxLot 708**
At: **Clatsop County**
33420 Beerman Creek Road
Seaside, OR 97138

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
509.00	Check	002748	24-7038	509.00

Total Amount Applied \$509.00

Onsite Fees	
Base Fee:	449.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$509.00

Payments	
Previous Payments:	0.00
Current Payment:	509.00
Over Payment:	0.00
Total Payments:	\$509.00

Application Description	
Application ID:	411338
Application Type:	Repair Permit
Single Family Dwelling-Major	
System Type:	Standard
Pump Evaluation:	No
Flow:	450 gallons/day

Receipt Amount: \$509.00

Received By:

Date of Entry:

Vicky Schiele

12/15/2010

DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKER
6-70	F.V. Inspection of property with Mr De Gaudi. Plans to build a 3 rd B.R. house in the future. This property will have to be filled so an approved system can be installed. Property floods at different times of the year. The location of the house will be on the highest spot on the property.	BRV
6-24-71	F.V. Inspection of property with Jack Phillipps Contractor. The ground work plans regarding fill & location were checked. The foundation will be built 4' above the footings so an adequate fill can be put in. (sand). Final house plans will be reviewed when Co Bldg application is received.	BRV
8-4-71	O.V. Mr De Gaudi was in office said state Veterans affair wanted a water sample for approval of loan. Said water from Beersman Creek. (raw water) Told him we did not take samples of raw water. a creek is ^{not} an approved source. He said he wanted to chlorinate the system. Told him the state Veterans would give approval for that. If they did it then I could take a water sample.	BRV
8-13-71	F.V. Inq for Co Bldg permit # 71-255. Plans called for 900 gal Septic tank, dist box, 150' tile trenches 3' wide, 2' apart. will call for inspection. Jack Phillipps Cont Co general Contractor. Signed Co Bldg permit.	BRV

10-27-71 A.V. Made inspection of System. Ron Johnson
 did the work. It was installed as
 recommended.

LL.

APPLICATION FOR BUILDING PERMIT

Bidg Permit No. 1-23 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	
BUILDING	PLUMBING
FOUNDATION	ROUGH
FRAME	SEPTIC TANK
PLASTER	SEWER
FLUES	GAS
FINAL	FINISH
	FIXTURES
	MOTORS
	FINAL
	ELECTRIC

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.

CLASS OF WORK	
New	Demolish
Alteration	Repair
Addition	Move
Use of Building	Height
Size of Building	No. of Families
No. of Rooms	Size of Lot
No. of Floors	Use of Bldg.
No. of Bldgs.	Now on Lot
Now on Lot	

SPECIFICATIONS	
FOUNDATION	
Material	Exterior Piers
Width of Top	
Width of Bottom	
Depth in Ground	
R. W. Plate	Size Spacing Span
Girders	
Joist—1st Floor	
Joist—2nd Floor	
Joist—Ceiling	
Exterior Studs	
Interior Studs	
Roof Rafters	
Bearing Walls	
COVERING	
Exterior Walls	Roof
Interior Walls	Reroofing
FLUES	
Fireplace	Fl. Furnace
Kitchen	Water Heater
Furnace	Gas Oil

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Ordinances and State laws regulating building construction.

Signature of Permittee _____
 By _____

Type of Construction: I, II, III, IV, V.
 Occupancy Group: A, B, C, D, E, F, G, H, I, J.
 Division 1, 2, 3, 4.
 Fire Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3, M1, M2.
 Fire Zone: 1, 2, 3.

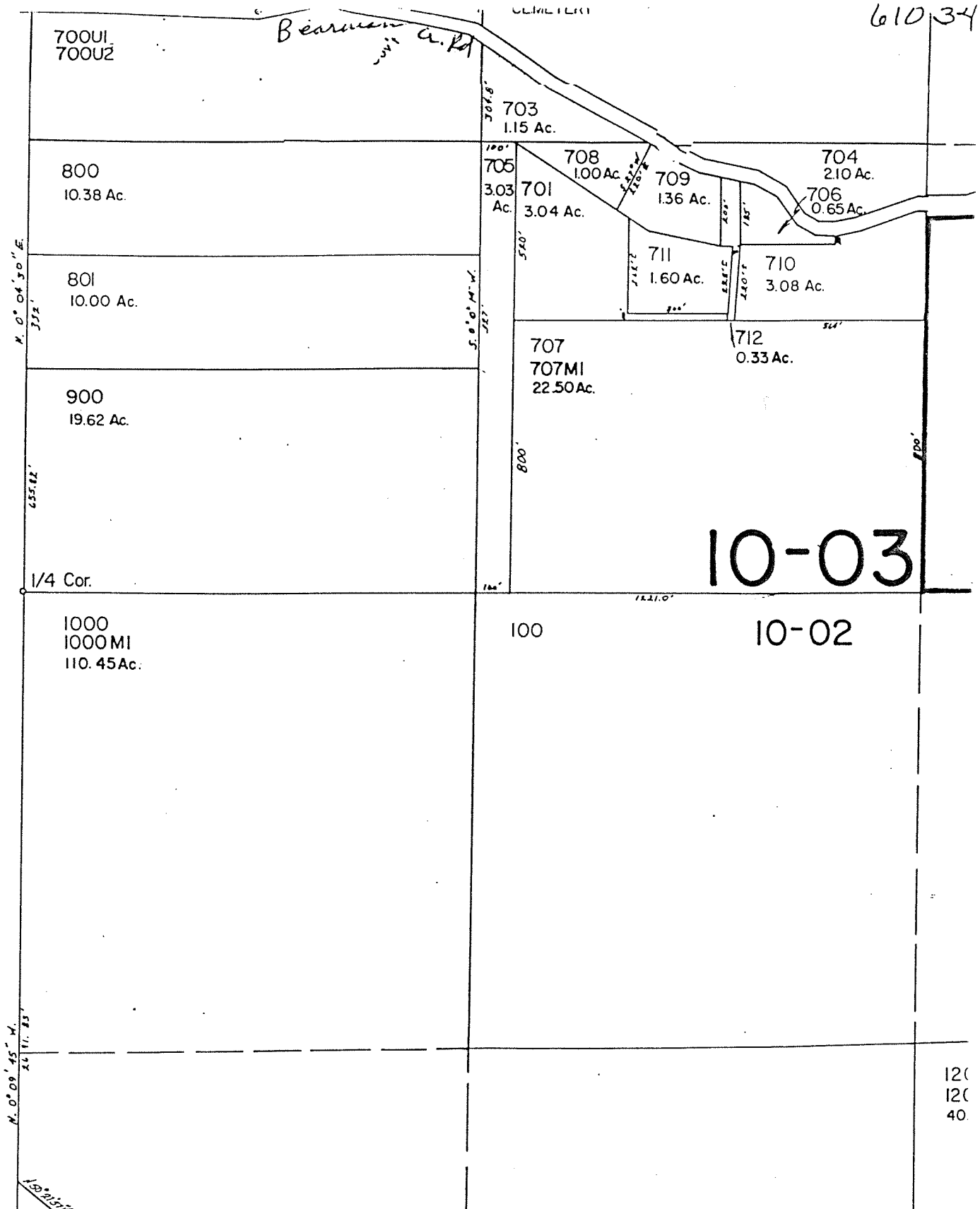
Map No. _____
 St. No. Assigned _____
 Field Check by _____
 Date _____

PLANNING AND ZONING
 Type of Occupancy _____
 Total Floor Area _____ Total Height _____
 No. Stories _____ Area of Lot _____
 Front Yard Setback _____
 Side Yard Setback _____
 Rear Yard Setback _____
 New Const. _____ Alter. _____
 Change of Occupancy From _____ To _____

APPROVED: COUNTY SANITARIAN _____
 By _____
 APPROVED: COUNTY PLANNING COMM. _____
 By _____
 APPROVED: BUILDING OFFICIAL _____
 By _____

J. E. GANDI, LESLIE COUNTY, OREGON # 708
 BUILDING DEPARTMENT 76R16034

See Map 6 10 33



120
120
40.