

## **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 501375 as follows:*

### **PROPERTY INFORMATION**

Property Owner: **Bruney Brian** Township **7**, Range **09**, Section **00 0 0**  
Property Location: **88143 Youngs River Rd, Astoria** Tax Lot **00601**  
Facility Type: **Single Family Dwelling**  
**4 Bedrooms**

### **SPECIFICATIONS AND REQUIREMENTS**

System type: **Standard**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Equal & Serial**  
Total Trench Length: **225.00 Linear feet**  
Trench Spacing: **8.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **30.00 inches**  
Minimum Trench Depth: **12.00 inches**  
Drain Media Total Depth: **12.00 inches**  
Drain Media Below Pipe: **6.00 inches**  
Drain Media Above Pipe: **2.00 inches**

\*Minimum undisturbed soil between trenches

### **ADDITIONAL CONDITIONS**

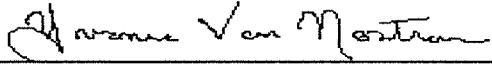
- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that 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 system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.
- 6 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

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



**Environmental Health Specialist**

**8/6/2019**

Authorized Agent:

Title:

Date Issued:

**Yvonne Van Nostran**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303

# FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 501375

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

## Section 1: Owner/Permittee Information:

Name: **Bruney Brian**  
Property Address: **88143 Youngs River Rd, Astoria**  
Township **7** Range **09** Section **0000** Tax Lot(s) **00601**

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AUG 06 2019

## Section 2: System Component Specifications: System Type: Standard

CLATSOP CO. PUBLIC HEALTH

### A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with

OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A-7 Concrete Date 8-6-19  
Tanks(2) Volume \_\_\_\_\_ Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
Pumps: HP \_\_\_\_\_ Model/Manuf \_\_\_\_\_ Float(s)Type(1) \_\_\_\_\_ Model/Manuf \_\_\_\_\_  
Float(s)Type(2) \_\_\_\_\_ Model/Manuf \_\_\_\_\_

### B. Piping:

Effluent Sewer (tank to drainfield) Yes ☒ No ☐ Diameter 4" ASTM#Other 3034 Length 95 FT  
Pressure Transport Pipe Yes ☐ No ☐ Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_

### C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

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 Maintenance Provider: Name \_\_\_\_\_

Operation & Maintenance Contract: Received? Yes ☐ No ☐

Clatsop County Department  
of Public Health

On-Site Waste Water Program

Approved By J. Van Nistran

Permit No. 501375

Date 8/6/19

### D. Drainfield Media

Type: Standard Gravel, Pipe or Alternative? \_\_\_\_\_

Distribution Box Yes ☒ No ☐

Drop Box Yes ☐ No ☐

Distribution Pipe Yes ☒ No ☐ Diameter 4" ASTM#Other 2729 Length 15 FT

Comment: \_\_\_\_\_

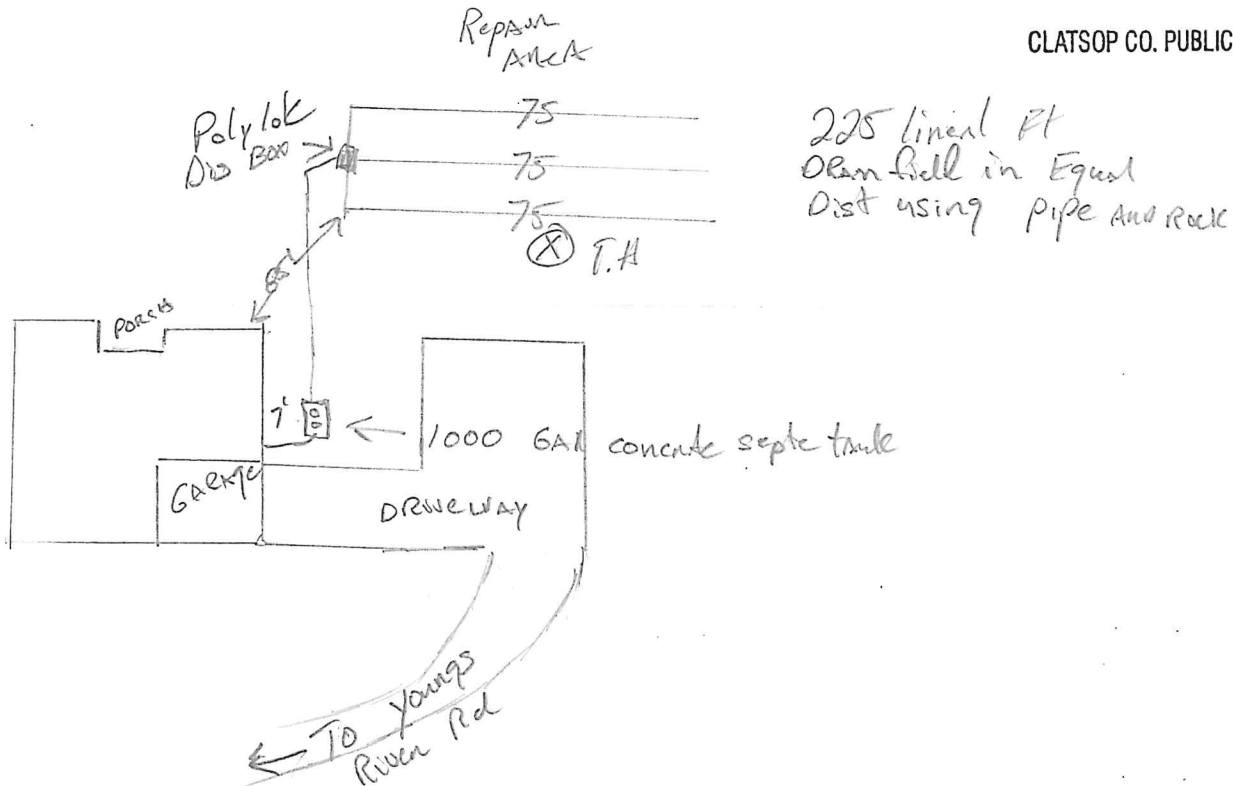
### Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

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### 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/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Robert Mantens

Licensed Installer Yes ☒ No ☐ License # 37547 Certification # R.T. 338

Owner/Certified Installer Signature R.T. Mantens Date 8-6-19

Phone 503-440-2724 Phone \_\_\_\_\_ Email Clatsop County Department of Public Health

### Section 5: Office Use Only

Notice Accepted Yes ☒ No ☐ Date 08/06/19

Installer /Owner /Permittee Notified Yes ☒ No ☐ Date 08/06/19

If no, reason for non-acceptance \_\_\_\_\_

On-Site Waste Water Program  
Approved By Y. Van Nostran  
Permit No. 1501375  
Date 8/6/19

Comment Final inspection 8/6/19, approved to cover

## Construction Permit

*This Construction Permit, Permit #501375, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Bruney Brian** Township **7**, Range **09**, Section **00 0 0**  
Property Location: **88143 Youngs River Rd, Astoria** Tax Lot **00601**  
Facility Type: **Single Family Dwelling**  
**4 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**  
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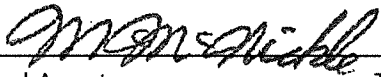
### ADDITIONAL CONDITIONS

- 1 Each trench to be level and on contour.
- 2 All roof drains must be directed away from the system.
- 3 Vehicular traffic and livestock must be restricted from the system area.
- 4 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.
- 5 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 6 Install with dry soil conditions.
- 7 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 8 Filter fabric is required over the drain media.

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

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



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**7/31/2019**

Expiration Date:

**7/31/2020**

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303





#501375

Clatsop County  
www.co.clatsop.or.us  
Environmental Health  
820 Exchange Street, Suite 100  
Astoria, Oregon 97103  
Phone 503 325-8500  
mmcknickle@co.clatsop.or.us

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JUL 30 2019

CLATSOP CO. PUBLIC HEALTH

(pd) CK# 11953  
8114800

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Bruce Bruney Mailing Address (Street, PO-Box, City, State, Zip) PO Box 1053, Warrenton Phone Number 205-344-3295

B. Legal Property Description

Township 7 Range 9 Section 601 Tax Lot 14978 Tax Account Number 25 Acreage or Lot Size 2.5  
Clatsop County Subdivision Name Lot Block

Property Address: 88143 Youngs River Rd Astoria OR 97103  
(Street, City, State, Zip)

Directions to Property Hwy 202 to Olney Store to Youngs River Lp Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility  
☐ Single Family Residence  
Number of Bedrooms  
☐ Other  
Proposed Facility  
☒ Single Family Residence  
Number of Bedrooms  
☐ Other  
Water Supply  
☒ Public NE Clark  
Name  
☒ Private Well  
Well, Spring, Shared

D. Type of Application

☒ New Construction  
☐ Permit Repair  
☐ Major  
☐ Minor  
☐ Alteration Permit  
☐ Major  
☐ Minor  
☐ Renewal Permit  
☐ Existing System Evaluation  
☐ Permit Transfer  
☐ Permit Reinstatement  
☐ 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 Robert Martens Date 5-24-18

Applicant's Name (Please Print Legibly) Robert Martens Applicant's Phone Applicant's E-Mail Address

Applicant's Mailing Address 92859 Walker Loop

Applicant is the ☐ Owner ☒ Authorized Representative ☐ Authorization Attached  
☒ Licensed Septic Installer  
Installers Name Robert Martens



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

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JUL 30 2019  
CLATSOP CO. PUBLIC HEALTH  
#501395

### Notice Authorizing Representative

I, Brian Bruney, have authorized  
(Property Owner - Please Print)  
Robert Martens 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

88143 Youngs River Rd Astoria OR 97103  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section \_\_\_\_\_ Tax Lot 601 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

#### PROPERTY OWNER:

Name: Brian Bruney Email: \_\_\_\_\_  
Mail Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: 205-344-3245 FAX: \_\_\_\_\_  
Signature: Brian Bruney Date: 5/22/18

#### AUTHORIZED REPRESENTATIVE:

Name: Robert Martens Email: \_\_\_\_\_  
Mail Address: 92859 Walluska loop City/State/Zip Astoria OR 97103  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Signature: Robert Martens Date: 5-24-18



**SECTION 1 – TO BE COMPLETED BY APPLICANT**

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CLATSOP CO. PUBLIC HEALTH

1. Applicant Name/Property Owner: Brian Banney

Mailing Address: 1471<sup>50</sup> Pine Dr

City/State/Zip: Warrenton OR 97146

Telephone: 205-344-3245

2. Property Information:

County: Clatsop

Tax Lot No: 601

Township: 7N

Range: 9W

Section: \_\_\_\_\_

Physical Address: 88143 Youngs River Rd

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:

☒ An individual, single family dwelling

☐ Describe the type of development, business or facility and the provided services or products: \_\_\_\_\_

4. Permit or approval being requested:

☐ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration

☐ Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)

☐ Authorization Notice for: ☐ Replacement of dwelling

☐ Bedroom Addition

☐ Other changes in land use involving potential sewage flow increases

**SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**

20190409

5. Property Zoning: F-80

Zoning Minimum Parcel Size 80ac

6. The facility is located: ☐ inside city limits

☐ inside UGB

☒ outside UGB

6#0 7.5ac.

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

If you answered "Yes" above, was this compliance based on:

☒ Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact:

per 20190043 permit for forest dwelling

8. Planning Official Signature: Clarence Adams

Print Name: Clarence Adams

Date: 08-02-19

Title: Permit Tech

Telephone: 503.325.8611

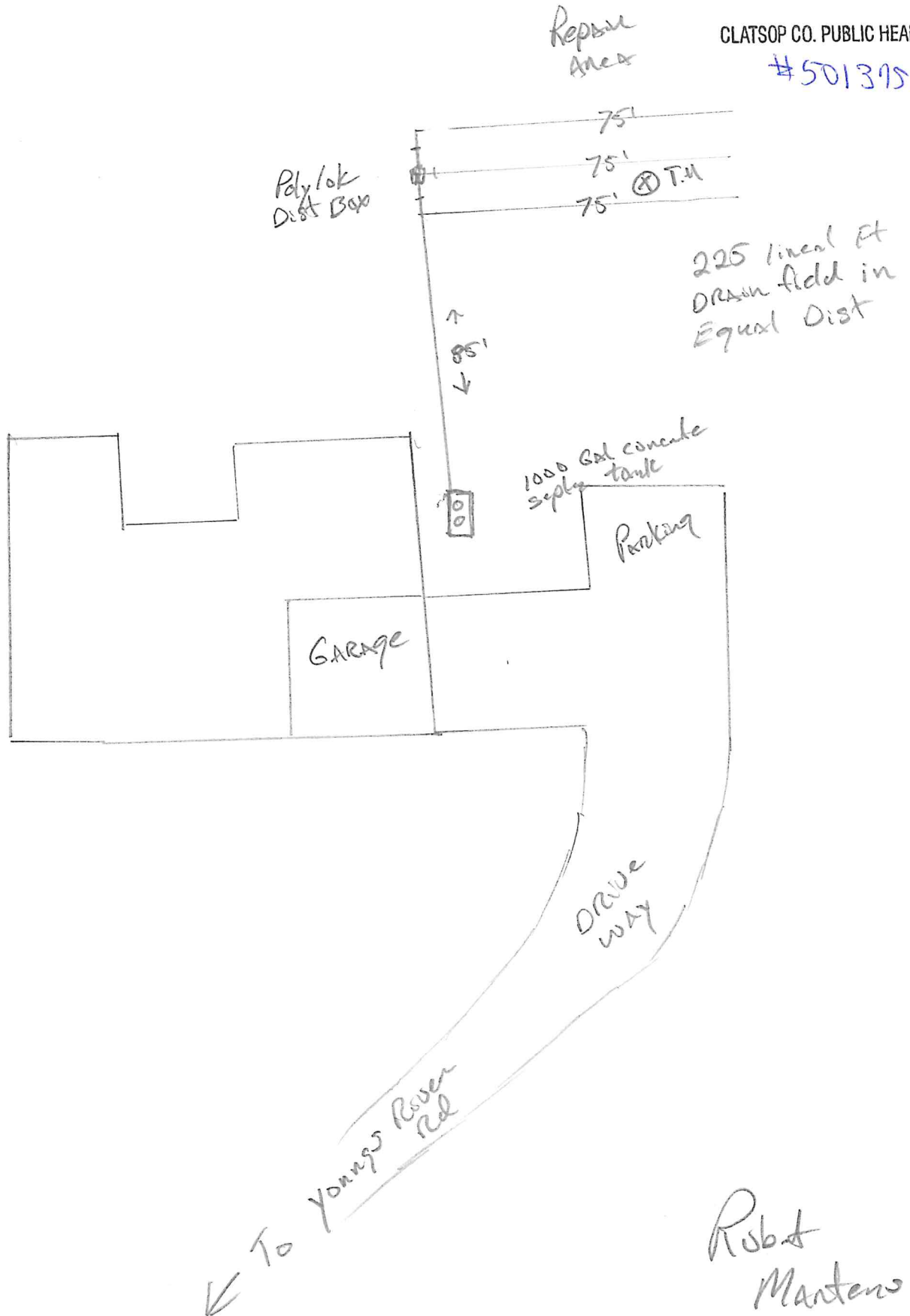
N →

Bruney  
7-9-0-601  
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JUL 30 2019

CLATSOP CO. PUBLIC HEALTH

#501375



Robt  
Martens

Bruncy  
7-9-0-601

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JUL 30 2019

CLATSOP CO. PUBLIC HEALTH

#501375

# Materials list

1000 Gal concrete septic tank

225 Ft 4" perst Pipe

25 yds Drain Rock

3X 225 Ft Filter fabric

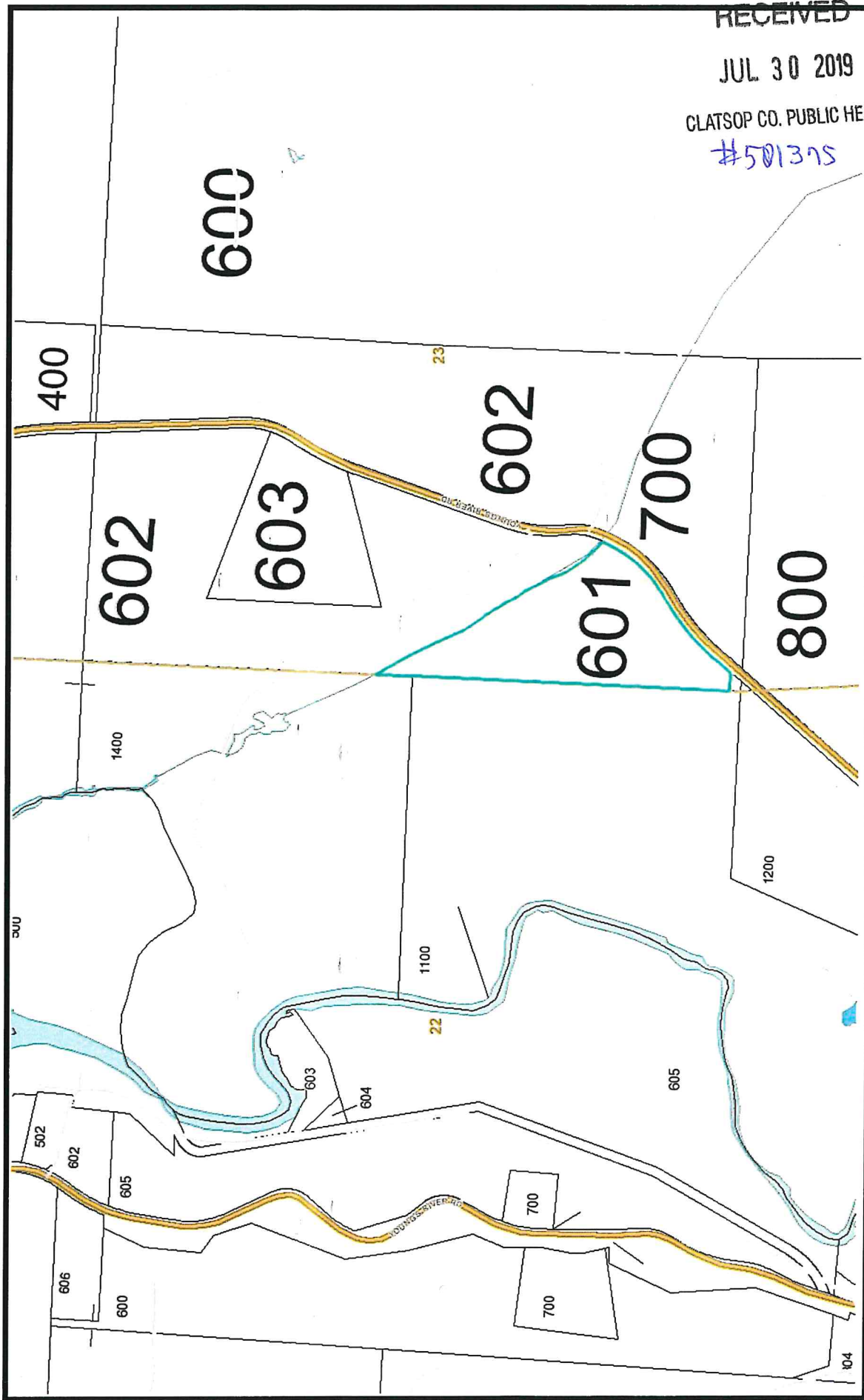
1 Polylok Dist Box

80 Ft 4" 3034 Effluent pipe

Robert  
Manters



# Map



7-9-601 = 7.5 acres



## Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.

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JUL 30 2019  
CLATSOP CO. PUBLIC HEALTH  
#501375





## Septic Application

Clatsop County Public Health Department  
820 Exchange St Ste 100  
Astoria, OR 97103  
Ph. (503) 325-8500

### For Department Use Only

Permit #: 501375  
Permit Type: Construction Perm  
Entry Date: 7/30/2019  
Issued By: Annette Brodigan  
Permit Status: Entered

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	07/30/2019

### Work Description

Work Description:

Remarks:

### Owner

Name: **Bruney Brian**  
Address: PO BOX 1053  
City, State, Zip: Warrenton, OR 97146

Ph. #: (205) 344-3245  
E-Mail:

Cell: ( ) -  
Fax: ( ) -

### Applicant

ROBERT MARTENS EXCAVATION  
92859 Walluski Loop Rd  
Astoria, OR 97103

Ph. 5033250615 Fax  
Cell 5034402724 E-Mail martens92861@charter.net

### Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,039.00	\$100.00	\$0.00	\$9.00	\$1,148.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
ROBERT MARTENS EXCAVATION	Check	11953	07/30/2019	\$1,148.00

Balance Due: \$0.00

### Compliance/Permit Requirements

### Signatures

Applicant Signature: \_\_\_\_\_

*Robert Martens*

Date: \_\_\_\_\_

*7-30-19*

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**AGENCY REVIEW & APPROVAL FORM**  
Information on this form must be filled out and signed in this order

**RECEIVED**  
**JAN 22 2019**  
**CLATSOP CO. PUBLIC HEALTH**

**1. JOB SITE INFORMATION** (To be completed by applicant/owner/agent.):

Job Site Address: 88143 Young's River Rd City: Astoria  
Owner: Brian Bruney Phone: 205-344-3245  
Address: 88143 Young's River Rd. Email: \_\_\_\_\_  
Agent: PARY JOHNSON - CT JOHNSON INC  
Proposed Development/Construction: Replacement SFR

**2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:**

Legal Description: T 9 R 9 S 0000 Tax Lot(s) 601

Permit Needed: Yes ☒ No ☐ Site Approved: Yes ☒ No ☐

Signature: [Signature] Date: 1/22/19

Remarks: Required Construction Permit to be purchased by Robert Martens

**3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT** (Signature of Water District required.)

Gallons per minute: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

**4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:**

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Contact the local RFPD having jurisdiction.

**5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Site Evaluation - Single Family Dwelling

### PROPERTY INFORMATION

Property Owner: **Bruney Brian** Township **7**, Range **09**, Section **00 0 0**  
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### ADDITIONAL CONDITIONS

- 1 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 2 Meet all required setbacks.
- 3 Filter fabric is required over the drain media.
- 4 All roof drains must be directed away from the system.
- 5 Each trench to be level and on contour.
- 6 Vehicular traffic and livestock must be restricted from the system area.
- 7 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 8 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.

### INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

**Nancy Mendoza**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**6/7/2018**

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303

*Site*  
**REPAIR EVALUATION REPORT**

Date: June 05, 2018

Dear Mr. Brian Bruney:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County repair permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Brian Bruney Application: # 501012 County: Clatsop

RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 7 / R 9 / S Tax Lot#: 00601

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact my office for more details.

This repair evaluation coincides with your application for a repair permit.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



Nancy Mendoza, REHS  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: Brian Bruney Application #: 501012 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8 / R 6 / S 35BA Tax Lot#:01600

Commercial Facility: ☐ Yes ☒ No Parcel Size: 7.5 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd per lot Max # of bdrms: 4

<b>Initial System</b> <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____ Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial Absorption facility: _____ linear. ft Disposal facility: _____ sq ft " Max Depth " Min Depth	<b>Repair System</b> <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input checked="" type="checkbox"/> Other_Pressure Distribution Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other: 500 gal pump tank required <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required Distribution Method: <input checked="" type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial Absorption facility: <u>225</u> linear. ft Disposal facility: <u>125</u> sq. ft. <u>30</u> " Max Depth <u>12</u> " Min Depth
--	--

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPT, ETC.
#1	0-28" 28-60	SIL SICL	10YR 3/2, many M roots to 18" 10YR 4/4 ESD greater than 36

Landscape Notes:

Slope: 1-3%

Aspect: east to west

Groundwater Type: seasonal

**Additional Conditions of Approval**

1. A minimum of 225 linear feet of drain field is required.
2. Maximum trench depth is 30 inches; minimum depth is 12 inch.
3. Any alteration of natural soil conditions (i.e. cutting or filling) in the repair area may void this approval.
4. The repair disposal area must be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
5. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
6. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.



# SOIL EVALUATION FIELD WORKSHEET

Township: 7 Range: 9 Section: \_\_\_\_\_ Tax Reference: 601 Parcel Size: 7.5 acres  
 Owner/Applicant: Brian Bruney Evaluator: Nancy Mendoza  
 Inspection Date(s): May 2018 Application Number: 561012

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-28	SIL	10YR 3/2, many roots to 18"
	28-60		10YR 4/4, ESD greater than 36"
Pit 2			
Pit 3			
Pit 4			

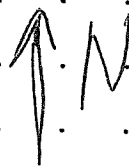
Landscape Notes: \_\_\_\_\_  
 Slope: 1-3 1/2% Aspect: \_\_\_\_\_ Groundwater Type: Seasonal @ 36"  
 Other Site Notes: \_\_\_\_\_

Design Flow: 450 gpd  
 Distribution System: Standard  
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches ATT Treatment Standard: \_\_\_\_\_  
 Placement System: \_\_\_\_\_ Minimum Depth: 12 inches  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches ATT Treatment Standard: \_\_\_\_\_  
 Special Conditions: \_\_\_\_\_ Minimum Depth: \_\_\_\_\_ inches

Township: 9 Range: 9 Section: — Tax Reference: 16 Parcel Size: 7.50 acres

Owner/Applicant: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Inspection Date(s): \_\_\_\_\_ Application Number: 501012



test hole

approved area  
approx  
200(NS) x 500(EW)



old  
Single  
lot



#501012

Clatsop County  
www.co.clatsop.or.us  
Environmental Health  
820 Exchange Street, Suite 100  
Astoria, Oregon 97103  
Phone 503 325-8500  
mmcknickle@co.clatsop.or.us

RECEIVED

MAY 29 2018

CLATSOP CO. PUBLIC HEALTH

(B) CK# 11430

#810

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Bruce Bauney Mailing Address (Street, PO-Box, City, State, Zip) 1471 SW Pine NW Astoria OR 97103 Phone Number 503-344-3295

B. Legal Property Description

Township 7 Range 9 Section - Tax Lot 601 Tax Account Number 14978 Acreage or Lot Size 7.50  
County Clatsop Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: 88143 Youngs River Rd Astoria OR 97103  
(Street, City, State, Zip)

Directions to Property \_\_\_\_\_

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Burned down & Replacing  
☒ Single Family Residence 2 bdrm Number of Bedrooms \_\_\_\_\_  
☐ Other \_\_\_\_\_  
Proposed Facility  
☒ Single Family Residence 4 Number of Bedrooms \_\_\_\_\_  
☐ Other \_\_\_\_\_  
Water Supply  
☐ Public \_\_\_\_\_ Name \_\_\_\_\_  
☒ Private Well Well, Spring, Shared

D. Type of Application

☒ Site Evaluation Relocating: new septic & drainfield  
☐ Construction  
☐ Permit Repair  
☐ Major  
☐ Minor  
☐ Alteration Permit  
☐ Major  
☐ Minor  
☐ Renewal Permit  
☐ Existing System Evaluation  
☐ Permit Transfer  
☐ Permit Reinstatement  
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 Robert Martens Date 5-29-18

Applicant's Name (Please Print Legibly) Robert Martens Applicant's Phone \_\_\_\_\_ Applicant's E-Mail Address \_\_\_\_\_

Applicant's Mailing Address 92859 Willusko loop

Applicant is the ☐ Owner ☒ Authorized Representative ☐ Licensed Septic Installer  
☐ Authorization Attached Robert Martens  
Installers Name



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

RECEIVED  
MAY 29 2018  
CLATSOP CO. PUBLIC HEALTH  
#501012

## Notice Authorizing Representative

I, Brian Bruney, have authorized  
(Property Owner – Please Print)  
Robert Martens 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

88143 Youngs River Rd Astoria OR 97103

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section \_\_\_\_\_ Tax Lot 601 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

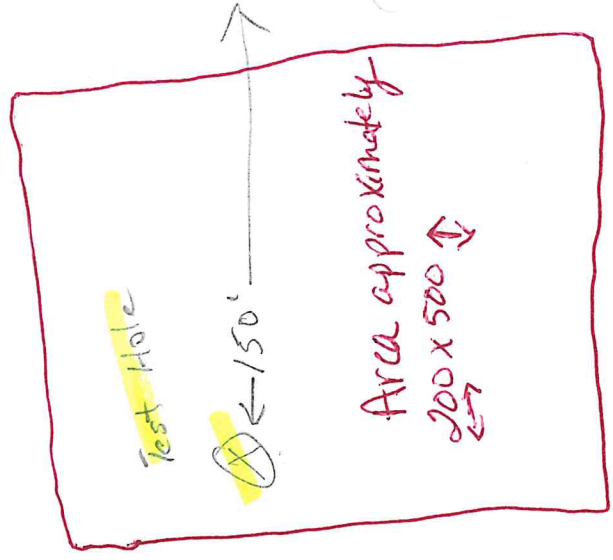
### PROPERTY OWNER:

Name: Brian Bruney Email: \_\_\_\_\_  
Mail Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: 205-344-3245 FAX: \_\_\_\_\_  
Signature: Brian Bruney Date: 5/22/18

### AUTHORIZED REPRESENTATIVE:

Name: Robert Martens Email: \_\_\_\_\_  
Mail Address: 92859 Wallusko loop City/State/Zip Astoria OR 97103  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Signature: Robert Martens Date: 5-24-18

Nancy looks at  
Test Hole 5-22-18



Area  
approved  
for drainfield

New House  
site

Burned Down  
Old Tsalon

Existing  
Storage  
Building

New Driveway

RECEIVED

MAY 29 2018

CLATSOP CO. PUBLIC HEALTH

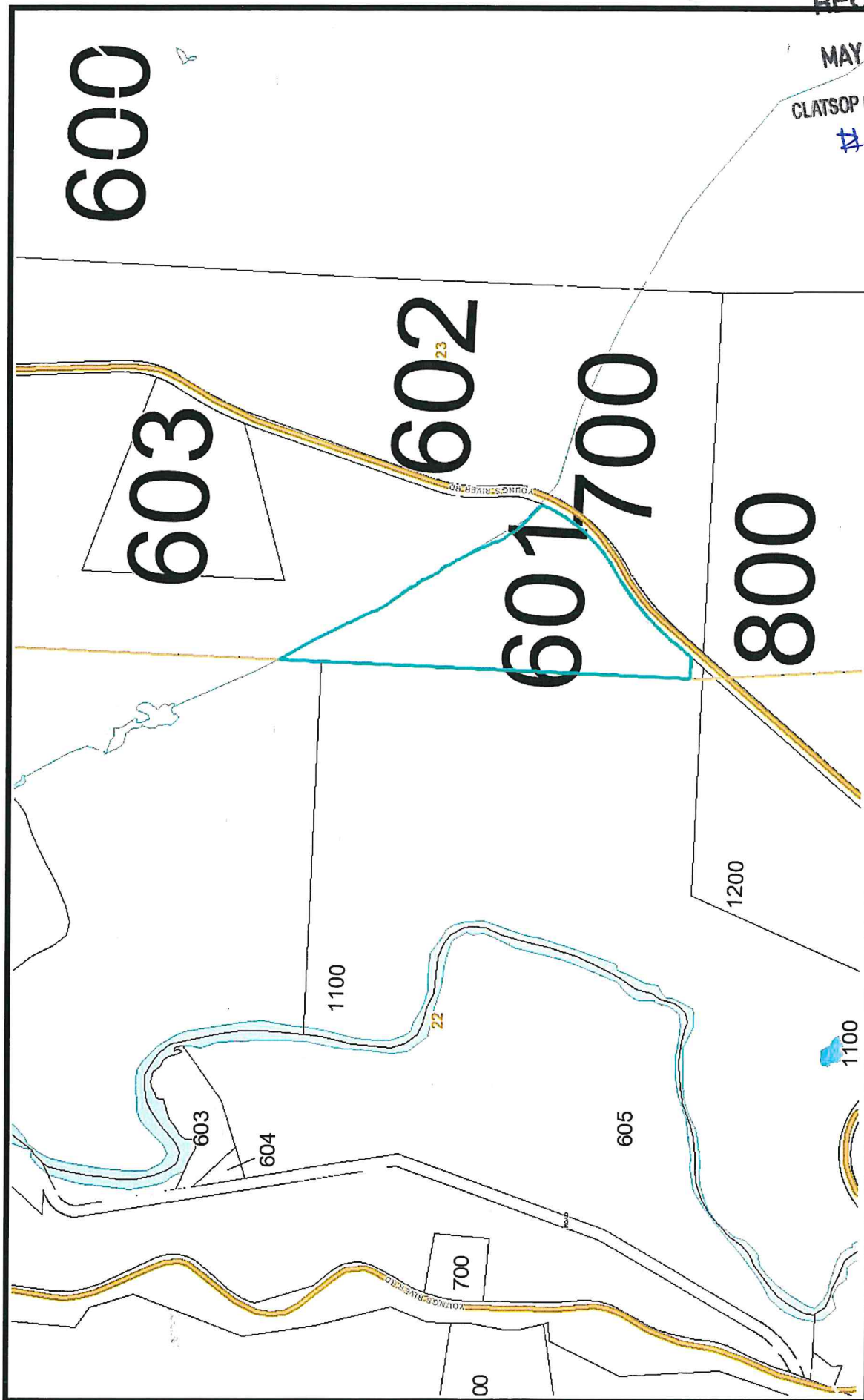
#501012

7-9-601

← Young River Road →



## Map



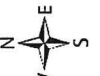
7-9-601 = 7.5 acres

RECEIVED

MAY 29 2018

CLATSOP CO. PUBLIC HEALTH

#501012



# Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





## Septic Application

Clatsop County Public Health Department  
820 Exchange St Ste 100  
Astoria, OR 97103  
Ph. (503) 325-8500

### For Department Use Only

Permit #: 501012  
Permit Type: Site Evaluation  
Entry Date: 5/29/2018  
Issued By: Annette Brodigan  
Permit Status: Entered

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/29/2018

### Work Description

Work Description:

Remarks:

### Owner

Name: **Bruney Brian**  
Address: 1471 SW Pine Dr  
City, State, Zip: Warrenton, OR 97146

Ph. #: (205) 344-3245  
E-Mail:  
Cell: ( ) -  
Fax: ( ) -

### Applicant

ROBERT MARTENS EXCAVATION  
92859 Walluski Loop Rd  
Astoria, OR 97103

Ph. 5033250615  
Cell 5034402724  
Fax 5033250615  
E-Mail martens92861@charter.net

### Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$701.00	\$100.00	\$0.00	\$9.00	\$810.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
ROBERT MARTENS EXCAVATION	Check	11430	05/29/2018	\$810.00

Balance Due: \$0.00

### Compliance/Permit Requirements

### Signatures

Applicant Signature: *Robert Martens*

Date: 5-29-18

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CLATSOP COUNTY, OREGON

JESSEN, P.F.

6-2-72

# APPLICATION FOR BUILDING PERMIT

6-2-72

Bldg Permit No.

72-195

Date Issued

## 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
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 applicable 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.

of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3,

M1, M2.

Fire Zone: 1, 2, 3.

Section 27

## COVERING

Exterior Walls	Roof
Interior Walls	Reroofing
FLUES	
Fireplace	Fl. Furnace
Kitchen	Water Heater
Furnace	Gas
	Oil

APPROVED: COUNTY SANITARIAN

By David M. O'Brien

APPROVED: COUNTY PLANNING COMM.

By

APPROVED: BUILDING OFFICIAL

By

## PLANNING AND ZONING

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

## PLOT PLAN

Map No.

St. No. Assigned

Field Check by

Date

## 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.

CLATSOP COUNTY HEALTH DEPARTMENT

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

June 7, 1972

P. F. Jessen  
Route 1, Box 686  
Astoria, Oregon 97103

RE: Building Permit #72-125

Dear Mr. Jessen:

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 the allow a member of this department prior to backfilling. We way possible to comply with safe, properly functioning

Jessen

special instructions . . . . .

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

*David W. O'Guinn*

David W. O'Guinn,  
Registered Sanitarian

DWO/cw

Enclosure: 1

*Jessen, P. F.*  
Minimum Requirement Sheet

Re: *Bldg Permit #72-125*

1. Septic tank size 750 gal
2. 200 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



FILE CODE:

\_\_\_\_\_

- SANITATION SERVICE RECORD LHS-8 REV. 10-58

Sketch, map, or diagram (show location)







DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKER
12-28-67	F.V. Inspect for a sewage disposal system for this new house. Recommended 900 gal septic tank, dist box, 150' tile trench 3' wide 2' center. Left bulletin & diagram with Mr. Jensen. Ask him to call for map before he back fills. This house was started in 1962.	BRW
2-15-68	F.V. System installed by Mr. Jensen. Approved	BRW





1-02

11-01

