Clatsop County

Public Health Department

Onsite ID: 501375 Issue Date: 8/6/2019

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

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 quarantee 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.

^{*}Minimum undisturbed soil between trenches

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.

A wenue Von Mortran 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 permitee 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. Recipe 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.

determined to	be incomplete will be re	turneu.			
Section 1: C) wner/Permitee Info	ormation:		1.	חבסבועבס
Name:	Bruney Bria	an	£		RECEIVED
Property Addre	ss: 88143 Young	gs River Rd,	Astoria		AUG 0 6 2019
	Township 7	Range 09	Section 0000	Tax Lot(s) 00601	
Section 2: S	ystem Component S	Specification	s: System Type	e: Standano C	LATSOP CO. PUBLIC HEALTH
A. Tanks/Pu	ımps				¥
Water tight ve	erification - All tanks we	ere tested for w	ater tightness aft	er installation and pa	ssed in accordance with
		OAR	340.073.0025(3)	1). =
Tanks(1) Volu	me_/OOOCompa	rtments	_Manufacturer	A.I Coverte	Date <u>8-6-19</u>
Tanks(2) Volu	meCompai	rtments	_Manufacturer		Date
Pumps: HP_	Model/Manuf		_Float(s)Type(1)	Model/N	Ianuf
			Float(s)Type(2)	Model/N	lanuf
B. Piping:	4				
	(4 - 1 - 4 - 1 - 1 - C - 1 1) S	[] N. [] D	: 4/ ACTO	3034	Length 95 F
			- market		
Pressure Trans	port Pipe Yes 🗌	No Diamet	erASTI	M#Other	Length
C: Seconda:	ry Treatment Unit:				
	Sand Filter – Att	ach sieve analy	sis for Underdrai	n Media and Filter Sa	nd
Sand Filter	Yes No Type_			Contain	er Dimensions
Underdrain pip	e DiameterASTM#				(200)
	DiameterASTM#				
Internal Pump	HPModel/N	//anufacturer			
Floats(1)	TypeModel N	Ianufacturer			
Floats(2)	TypeModel N	Ianufacturer			
ATT	Yes No Model_	Ÿ.			
Certified Maint	enance Provider: Name_			Clatsop Co	unty Department
Operation & Ma	intenance Contract: Recei	ved? Yes N	To 🔲	oj Pul	ouc Health
			Н	Approved By	Water Program Wan Water
D. Drainfie	d Media			Permit No.	501375
Type: Standard	Gravel, Pipe or Alterna	tive?		Date	16/19
Distribution Bo	x Yes No 🗆				
Drop Box	Yes 🗌 No 🗌			- 0	
Distribution Pip	e Yes No Diamo	eter 4 AS	Γ M#Other27	29 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.

Repair	RECEIVED AUG 0 6 2019 CLATSOP CO. PUBLIC HEALTH
,	225 lineal Pt Obser Bell in Equal Dist using pipe and Rock

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/Permitte/Certified Installer w/Certification # Print Name:	Robert Mantens
Licensed Installer Yes No License # 37547	Certification#RT_33@
Owner/Certified Installer Signature	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 If no, reason for non-acceptance	On-Site Waste Water Program Approved By U UAN Mostran Permit No
Comment find inspection 8/6/19, approv	red to coner

Clatsop County

Public Health Department

Onsite ID: **501375**Expiration Date: **7/31/2020**

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

Design Flow:

450.00 gals/day

Minimum Septic Tank Size: 1000.00 gals

1000.00 gals Equal & Serial

Distribution Type: 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

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:

^{*}Minimum undisturbed soil between trenches

Authorized Agent:

Date Issued:

Expiration Date:

Mike McNickle

Onsite Wastewater Specialist

7/31/2019

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

RECEIVED

JUL 3 0 2019

Application for Onsite Sewage Treatment System

	A. Property Owner Informati	on
BRING Bruney	PO Box 1053, Warren	ton 205-344-3245
Nàme	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number
	B. Legal Property Descriptio	De la completación de la complet
	or coast tiplate A peactibility	
	601	14978 7-
Township Range	Section Tax Lot	Tax Account Number Acreage or Lot Size
Clutsop		
County	Subdivision Name	Lot Block
Property Address: 0814	/7	- 4
Property Address: 3819	(Street, City, State, Zip)	al Astorn OR 97153
Directions to Dramants HIALL	202 12 DI Clare	A Ma Ryan La K I
Directions to Property 19 Wy	NOT TO DING STOP	to youngs niver up kol
,	•	
	Hills are the close that the control of the control	
	C. Existing Facility / Proposed Facility / Wa	ter information
Existing Facility	Proposed Facility	Water Supply
☐ Single Family Residence	Single Family Residence	e Public 4 Clark
Number of Bedrooms	Number of Bedrooms	Name NAME
Name: of Bellionins	winner of Bedrooms	Well, Spring, Shared
☐ Other	□ Other	, , ,
	D. Type of Application	
ce Evaluation	☐ Renewal Permit	☐ Authorization Notice for:
Construction	☐ Existing System Evaluation	Connecting to an Existing System Not in Use
		Replacing a Mobile Home or House with Another
Permit Repair	□ Permit Transfer	
Permit Repair Major	☐ Permit Transfer ☐ Permit Reinstatement	☐ Mobile Home or House
Permit Repair Major Minor		☐ Mobile Home or House☐ The Addition of One or More Bedrooms
Permit Repair Major Minor Alteration Permit		 ☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship
Permit Repair Major Minor		 ☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing
Permit Repair Major Minor Alteration Permit Major Minor	□ Permit Reinstatement	 ☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment	□ Permit Reinstatement	 ☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. aformation I have furnished is correct and hereby g	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes.	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. aformation I have furnished is correct and hereby g	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. aformation I have furnished is correct and hereby g	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. aformation I have furnished is correct and hereby g	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des Signature Man	☐ Permit Reinstatement Its are not included with this application, it will be re to the property. Flag and number the test holes. If ormation I have furnished is correct and hereby going the property for the sole purpose of this application.	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents tion Date
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des Signature Applicant's Name (Please Print Legibly)	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. Information I have furnished is correct and hereby goiribed property for the sole purpose of this application. Applicant's Phone	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des Signature Applicant's Name (Please Print Legibly) 92869 W	☐ Permit Reinstatement Its are not included with this application, it will be re to the property. Flag and number the test holes. If ormation I have furnished is correct and hereby going the property for the sole purpose of this application.	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents tion Date
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the in permission to enter onto the above des Signature Applicant's Name (Please Print Legibly) 92869 W	Permit Reinstatement ts are not included with this application, it will be re to the property. Flag and number the test holes. Information I have furnished is correct and hereby goiribed property for the sole purpose of this application. Applicant's Phone	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents tion Date
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the ir permission to enter onto the above des Signature Applicant's Name (Please Print Legibly) Applicant's Mailing Address	Permit Reinstatement Its are not included with this application, it will be received to the property. Flag and number the test holes. Information I have furnished is correct and hereby go incribed property for the sole purpose of this application. Applicant's Phone	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with rant Clatsop County and its' authorized agents tion Date
Permit Repair Major Minor Alteration Permit Major Minor If the required fee and attachment your name and address at the entrance By my signature I certify that the ir permission to enter onto the above des Signature Applicant's Name (Please Print Legibly) Applicant's Mailing Address Applicant is the Owner	Permit Reinstatement Its are not included with this application, it will be received to the property. Flag and number the test holes. Information I have furnished is correct and hereby go incribed property for the sole purpose of this application. Applicant's Phone	☐ Mobile Home or House ☐ The Addition of One or More Bedrooms ☐ Personal Hardship ☐ Temporary Housing ☐ Other-Please Specify eturned to you as incomplete. Post a flag or sign with grant Clatsop County and its' authorized agents stion S - 24 - 18 Date



Clatsop County

Onsite Septic System Program 820 Exchange Street, Suite 100 Astoria, Oregon 97103 Phone 503 325-9302 www.co.clatsop.or.us RECEIVED
JUL 3 0 2019

CLATSOP CO. PUBLIC HEALTH

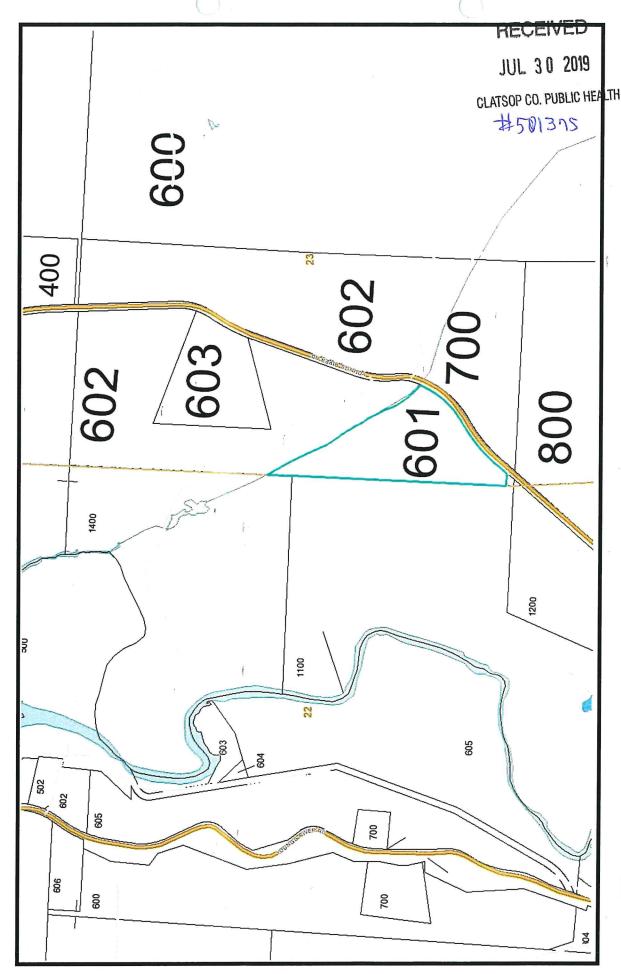
Notice Authorizing Representative

1, Brian Bruney	have authorized
Robert Martens (Property Owner	Please Print) , have authorized
(Authorized Representative – Please Print)	To act as my agent in performing
the activities. necessary to obtain site evaluations, perm	its, and other onsite wastowater treatment
services provided by Clatsop County on the property des	scribed below in accordance with OAP chapter 240
division 071. I agree that any costs not satisfied by the A	uthorized Representative are my responsibility.
	,
PROPERTY IDENTIFICATION	
88143 Youngs River 1 Property Situs or	ld Astoria OR 97103
Property Situs or	Road Address
And described in the records of Clauses	
And described in the records of Clatsop County as:	
Township Range Section	Tax Lot Map ID
TownshipRangeSection	Tax Lot Map ID
PROPERTY OWNER:	
Name: Brian Bruney	Freedle
	Email:
Mail Address:	City/State/Zip
Phone: 205-344-3245	FAX:
Signature: Brian Brunes	Date: <u>5/22/18</u>
	bate. The state of
AUTHORIZED REPRESENTATIVE:	
Name: Robert Mantens	Email:
Mail Address: 92859 Wollysks losp	City/State/Zip Astonia OR 97103
Phone:	FAX:
Signature: A E MA	Date: 5-24-/8

		n Llic,
	SECTION 1 – TO BE COMPLETED BY APPLICANT	had has to be 11 the had
1.	Applicant Name/Property Owner: BRIAN BRUNEY	RECEIVED
	Mailing Address: 14712Pine Dr	JUL 3 0 2019
	Mailing Address: 14712 Pine Dr City/State/Zip: Warrenton OR 97146	CLATSOP CO. PUBLIC HEALTH
	Telephone: 205-344-3245	
2.	Property Information:	~ 1
	County: Tax Lot No:	
	Township: 7 M Range: 9 W	Section:
	Physical Address: 88/43 Youngs Rover 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 of	r products:
4.	Non-water-carried facility requests (for example, pit, privy/vault toilet for campgro] Alteration ounds)] Bedroom Addition
	SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL	20190409
5.	Property Zoning: F-80 Zoning Minimum Parce	I 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
6	If you answered "Yes" above, was this compliance based on: Compliance with local comprehensive plans and land use requirements (provide a Conditional approval (provide findings and citation or attach a copy of the applicable Measure 49 waiver (provide Department of Land Conservation and Development a Either provide reasons for affirmative compliance decision or attach findings of fact: Dev 2019 0043	le land use decision)
R	Planning Official Signature:	
		ate: 08-02-19
		elenhone: 503, 325, 8L11

Bruney 7-9-0-601 RECEIVED JUL 30 2019 Reposit CLATSOP CO. PUBLIC HEALTH meas #501315 75' Ø T.N Polylok Dist Box 225 lineal Et DRAIN fledd in Equal Dist 851 1 00 GARAGE Or se tai Vonnes Rose

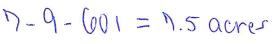
Bruney 7-9-0-601 Materials list RECEIVED JUL 30 2019 1000 Gal concade septer tank CLATSOP CO. PUBLIC HEALTH #501305 225 Ft 4" Pent Pipe 25 yds Drain Rock 3× 225 Ft Filter fabrue / Polylok Dist Box 80 Ft 4" 3034 Effluent pipe





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 Depa	rtment Use Only	C Po	ermit Timelin	e
Permit #:	501375	User	Status	Date
Permit Type	Construction Perm	Annette Brodigan	Entered	07/30/2019
Entry Date:	7/30/2019			
Issued By:	Annette Brodigan			
Permit Status:	Entered			# *

Work Description

Work Description:

Remarks:

Owner

Name: Bruney Brian

Address: PO BOX 1053

City, State, Zip: Warrenton, OR 97146

Ph. #: (205) 344-3245

Cell: () -

E-Mail:

Fax: () -

Applicant

ROBERT MARTENS EXCAVATION

Ph. 5033250615 Cell 5034402724

Fax

E-Mail martens92861@charter.net

Astoria, OR 97103

92859 Walluski Loop Rd

Fees

Fee Type: Septic

\$1,039.00

Permit Fee: DEQ Surcharge: \$100.00

Planning Dept: \$0.00

Other Fee's: Permit Fee Total:

\$1,148.00

Receipt

Payor Name:

Pymnt Type Check #:

Pymnt Date

Pymnt Amount:

ROBERT MARTENS EXCAVATION

Check

11953

07/30/2019

\$1,148.00

Balance Due:

\$9.00

\$0.00

Compliance/Permit Requirements

	Signatures	
Applicant Signature:_	RKENS	Date: 7-30-19
Owner Signature:		

	\$1	•	
			RECEIVED
	AGENCY REVIEW &	APPROVAL FORM	
Infor	AGENCY REVIEW & mation on this form must be	filled out and signed	in this order HEALTH
			in this order CLATSOP CO. PUBLIC HEALTH
1. JOB SITE INFORMATION	ON (To be completed by applicant/owne	er/agent le	
Job Site Address: 88/4	13 Young's River	P)	Astoria
Owner: Brian 1	Bruney	City:	705-344-324
Address: 88/43	young's River	Rd.	
Agent: CARY JO	13 Young's River Bruney Young's River HNSON - CT JOH	4NSON INC	
Proposed Development/Constru	ction: Replacement	SFR	
	OR LOCAL SEWER DISTRICT:		
Legal Description: T	r <u></u> s <u>0000</u>	Tax Lot(s)	
	Site Approved: Yes 🔼 No 🗌		
	1		£
Signature: Wylth		Date:	1/22/19
Signature: MWM Remarks: Required	Construction Permit	be purchase	1/22/19 d by Robert Martens
Signature: MWMTP &	Construction Permit	be purchase	d by Robert Martens
Remarks: Required	Construction Permit	to be purchase	d by Robert Martens
Remarks: Required B. WATER DISTRICT OR P	Construction Permit	to be purchase	d by Robert Martens
Remarks: Rem	ROOF OF WATER RIGHTS FROM WA	to be purchase	d by Robert Martens gnature of Water District required.)
Remarks: Rem	Construction Permit	to be purchase	d by Robert Martens gnature of Water District required.)
Remarks: Rem	ROOF OF WATER RIGHTS FROM WA	to be purchase	d by Robert Martens (nature of Water District required.)
Remarks: Rem	ROOF OF WATER RIGHTS FROM WA	Title:	d by Robert Martens gnature of Water District required.) Date:
Remarks: Remarks: Remarks: Remarks: Remarks: Water Resources De	Construction Permit	Title:Prone: (503) 986-09	J by Robert Martens Inature of Water District required.) Date:
Remarks: POOLITE OF P B. WATER DISTRICT OR P Gallons per minute: Signature: Remarks: Water Resources De I. FIRE DEPARTMENT/FIR	ROOF OF WATER RIGHTS FROM WA	Title:PPLY REQUIREMENTS:	Date: Date: Date:
Remarks:	ROOF OF WATER RIGHTS FROM WA	Title:	Date: Date: Location(s):
Remarks: POOLITE OF P 3. WATER DISTRICT OR P Gallons per minute: Signature: Water Resources De 4. FIRE DEPARTMENT/FIR Water/Fire Flow: Signature:	ROOF OF WATER RIGHTS FROM WA	Title: Hydrant Title: Hydrant Title: Hydrant	Date: Date: Date: Date: Date: Date:
Remarks: POOLITE OF P 3. WATER DISTRICT OR P Gallons per minute: Signature: Water Resources De 4. FIRE DEPARTMENT/FIR Water/Fire Flow: Signature:	ROOF OF WATER RIGHTS FROM WA	Title: Hydrant Title: Title: Hydrant Title: Hydrant	Date: Date: Date: Date: Date: Date:
Remarks: Rem	ROOF OF WATER RIGHTS FROM WA pt, 725 Summer St NE Suite 202, Salem, OR S E DISTRICT ACCESS AND WATER SU Number of Hydrants: Contact the local RFPD h	Title: Hydrant Title: Title: Hydrant Title: Hydrant Title: Hydrant	Date: Date: Date: Date: Date: Date:
Remarks:	ROOF OF WATER RIGHTS FROM WA	Title: Phone: (503) 986-09 PPLY REQUIREMENTS: Hydrant Title: Title: Hydrant Title: Title: Hydrant PP COUNTY ASSESSMENT A	nature of Water District required.) Date: Date: Date: Date: Date: Date:

Onsite ID: 501012

Expiration Date:

Site Evaluation - Single Family Dwelling

PROPERTY INFORMATION

Property Owner: Bruney Brian Township 7, Range 09, Section 00 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:

Minimum Trench Depth:

Drain Media Total Depth:

Drain Media Below Pipe:

Drain Media Above Pipe:

2.00 inches

2.00 inches

*Minimum undisturbed soil between trenches

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:

Many Mendogs

Authorized Agent:

Nancy Mendoza

Clatsop County Public Health 820 Exchange St Ste 100 Astoria, Oregon 97103

Phone: 503-325-8500 Fax: 503-325-9303 Title:

Date Issued:

Expiration Date:

Onsite Wastewater Specialist

6/7/2018

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

App. Name: Brian Bruney Ap	pplication #: 501012 County:	: Clatsop
RE: SITE EVALUATION REPO	ORT for Township/Range/Sectio	on: T 8 / R 6 / S 35BA Tax Lot#:01600
Commercial Facility: Yes	No Parcel Size: 7.5 acres	
	APPROVED SYSTEM	M SPECIFICATIONS
Design flow: 450 gpd per lot N	Max # of bdrms: 4	
Initial System		Repair System
Standard Capping Fill Conventional Sand Filter/ATT		Standard
Tank: ☐ 1,000 gal. ☐ 1,500 ga ☐ effluent pump required ☐ effl		Tank: ☐ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other: 500 gal pump tank required ☐ effluent filter required
Distribution Method:	Serial	Distribution Method:
	sposal ility: sq ft	Absorption Disposal facility:225linear. ft facility: 125 sq. ft.
" Max Depth	" Min Depth	30 " Max Depth 12 " Min Depth
	SOIL MATRIX COLOR AND CO EFECTIVE SOILD DEPT, ETC.	ONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTUR
	10YR 3/2, many M roots 10YR 4/4 ESD greater th	
Landscape Notes:		

Additional Conditions of Approval

Slope: 1-3%

- 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.

Aspect: east to west

4. The repair disposal area must be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.

Groundwater Type: seasonal

- 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.

Township: 7 Ran	S' EVALUATION FIELD WORKSHEET Section: Tax Reference: (20)
Owner/Applicant:	Parcel Size: / O CCC L
Inspection Date(s):	2010 Evaluator. 100000 TA
Emposition Date(s)	Application Number: 561012
DEPTH TEXT	URE SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION,
N-28 Sil	ACOTO, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC
28-12	- 10 yk 3/2 Many Mroots to 18"
Pit 1	1092 414, ESD greater than 36"
Pit 2	
it 3	
t 4	
ndscape Notes:	
pe: 1-3×/0	Aspect: Groundwater Type; Slasma Va 36"
ner Site Notes:	Groundwater Type; Jeastyllos V (60 86"
sign Flow: 450 gpd	SYSTEM SPECIFICATIONS
ial System: Standa	ATT Treatment Standard:
posal Facility: 25	linear feet/square feet Maximum Depth: 30 inches Minimum Depth: Feld inches
lacement System:	ATT Treatment Standard:
osal Facility:	linear feet/square feet Maximum Double
cial Conditions:	inches Minimum Depth: inches
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Township: Range: Sect Owner/Applicant: Inspection Date(s):										Section: Tax Referen																			
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#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

\$ 810cm

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AJ	opli	cation	tor	Onsite	Sewage	Treatment	System

	A. Property Owner Information	ón	
BRING BRUNEY	41 SW Fire	75 021 111	344-3245
ivame	Mailing Address (Street, PO Box, City, State, Zip)	Phone Nu	mber
	B. Legal Property Description		
7 9	601	14978	1).50
Township Range	Section Tax.Lot	Tax Account Number	Acreage or Lot Size
County	Subdivision Name	Lot	Block
Property Address: 88143		3 A A	
Property Address:	(Street, City, State, Zip)	cl Astorn	02 97153
Directions to Property			
			
C. C	xisting Facility / Proposed Facility / Wat	ter Information	
Existing Facility Burned how Re	placing Proposed Facility	Water Sup	ply
Single Family Residence	Single Family Residence	10 10 K Ballana	ime
Number of Bedrooms	Number of Bedrooms	Private_	Well
🗆 Other	Other	ę yvę	ell, Spring, Shared
	D. Type of Application		
Site Evaluation - Re localing: 1		☐ Authorization Notice f	or:
Site Evaluation - he locating: h	News ☐ Renewal Permit	☐ Authorization Notice f	
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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

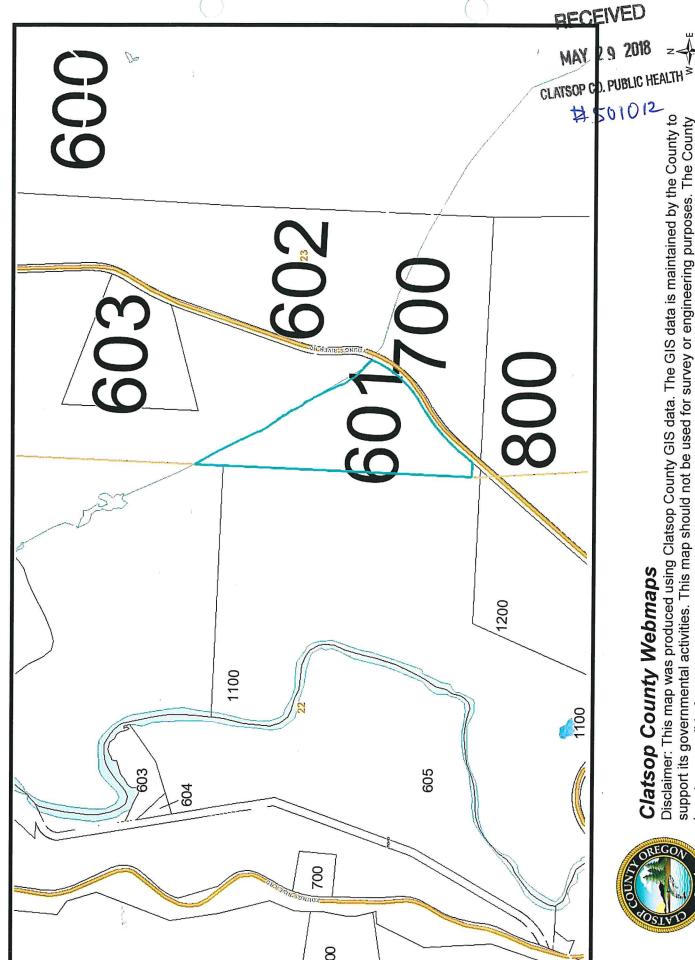
CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

1, Brian Bruney	, have authorized
(Property Owner –	Please Print)
	To act as my agent in performing
(Authorized Representative – Please Print)	
the activities. necessary to obtain site evaluations, permi	
services provided by Clatsop County on the property desc	•
division 071. I agree that any costs not satisfied by the Au	thorized Representative are my responsibility.
PROPERTY IDENTIFICATION	0 1
Property Situs or	d Astoria OR 97103
Property Situs or	Road Address
And described in the records of Clatsop County as:	
TownshipRangeSection	Tax Lot Map ID
TownshipRangeSection	Tax Lot Map ID
PROPERTY OWNER:	
Name: Brian Bruney	Email:
Mail Address:	City/State/Zip
Phone: 205-344-3245	FAX:
_	
Signature: Brinn Bruney	Date: <u>5/22/18</u>
AUTHORIZED REPRESENTATIVE:	
Name: Robet Mantens	Email:
Mail Address: 92859 WMysks losp	City/State/Zip Astoria OR 97103
ı.	
Phone:	FAX:
Signature: REMA	Date: <u>5-24-/8</u>

RECEIVED Ara approximately Mancy lookees At lest have 5.22-18 MAY 2.9 2018 CLATSOP CO. PUBLIC HEALTH #501012 7-9-601 hest Hole House new That are and 300 Burnes Down Olw Tralon Existing Stonage Building

Young Roven Road





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.



7-9-601= 7.5 acres



Septic Application

Clatsop County Public Health Department 820 Exchange St Ste 100 Astoria, OR 97103

For Depa	rtment Use Only	(Pe			
Permit #:	501012		User	Sta	atus	Date
Permit Type:	Site Evaluation	Annett	e Brodigan	Entered		05/29/2018
Entry Date:	5/29/2018					
Issued By:	Annette Brodigan					
Permit Status:	Entered					

Work Description

Work Description:

Ph. (503) 325-8500

Remarks:

Owner

Name: Bruney Brian

Address: 1471 SW Pine Dr City, State, Zip: Warrenton, OR 97146

Payor Name:

Ph. #: (205) 344-3245

Cell: () -

E-Mail:

Fax: () -

Applicant

ROBERT MARTENS EXCAVATION

Ph. 5033250615 Fax 5033250615

92859 Walluski Loop Rd

Astoria, OR 97103

Cell 5034402724

E-Mail martens92861@charter.net

Fees

Fee Type:

Permit Fee: DEQ Surcharge:

Planning Dept:

Other Fee's: Permit Fee Total:

Septic

\$701.00

\$100.00

\$0.00

11430

\$9.00

\$810.00

Receipt

Pymnt Type Check #:

Pymnt Date

Pymnt Amount:

ROBERT MARTENS EXCAVATION

Check

05/29/2018

\$810.00

Balance Due:

\$0.00

Compliance/Permit Requirements

) Signatures	
Applicant Signature: LILLY HOW POLLS	Date: 5-29-18
Owner Signature:	Date:

ILDING DEPARTMENT

RMIT

PPLICATION FOR BUILDING

JESSEN P. F. CLATSOP COUNTY, OREGON

City

City

City

Total Height PLANNING AND ZONING Alter. PLOT PLAN Change of Occupancy From Front Yard Setback Type of Occupancy Rear Yard Setback Side Yard Setback Total Floor Area St. No. Assigned Field Check by Area of Lot No. Stories New Const. Map No. Date ٤ 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. ELECTRIC Plan Checking Fee Fixtures (+) 50% 1, 11, 11 Finish Motors Rough Final (--) 50% V, J APPROVED: COUNTY PLANNING COMM. SPECIAL INFORMATION CALLED INSPECTIONS Date Issued Basic Fee TOTAL APPROVED, COUNTY SANITARIAN APPROVED: BUILDING OFFICIAL PLUMBING Septic Tank Rough Sewer Finish Gas 6-2-72 Bldg Permit No. Area—2nd Floor Additional Area Area—Type V J Area-1st Floor BUILDING Foundation B Y Valuation By By Frame Plaster Flues Final I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction, Span Piers No. of Families Height Water Heater Spacing Use of Bldg. Now on Lot Size of Lot FI, Furnace CLASS OF WORK Reroofing Demolish SPECIFICATIONS Exterior FOUNDATION Repair Move Roof COVERING FLUES Size Signature of Permittee Width of Bottom Depth in Ground Use of Building Size of Building Joist-2nd Floor Width of Top Joist-1st Floor Exterior Studs Interior Studs Bearing Walls Exterior Walls No. of Rooms Joist-Ceiling Roof Rafters Interior Walls No. of Floors No. of Bldgs. ģ Now on Lot R. W. Plate Alteration Addition Fireplace Material Girders Furnace Kitchen New upancy Group: A, B, C, D, E, F, G, H, I, J. සු of Zone: RI, R2, R3, R4, RA, A1/C1, C2, Loop Type of Construction: I, II, III, IV, V. Tel. No. Tel. No. Tel. No. 8 K က Division 1, 2, 3, Fire Zone: 1, 2, M1, M2. 27 Name Young State Lic. No. State Lic. No. OSS STREET ection Subdivision CALITY Address ODRESS Address Address Lot. No. EAREST Name Name

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 th allow a member of this dep prior to backfilling. We way possible to comply wit safe, properly functioning

Sincerely,

CLATSOP COUNTY HEALTH DEPA

IN. O'Luc David W. O'Guinn.

Registered Sanitarian

DWO/cw

Enclosure: 1

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Jessen P.F.

Minimum Requirement Sheet

Bldg Permit #72-125

- 1. Septic tank size <u>750 gal</u>
- 2. 200 feet of 3 feet wide disposal trench.
- 3. Minimum of 2 trenches 7 feet on centers.
- 4. Distribution Box
- 5. Call Health Deft for inspection prior to backfilling.

Note: The disposal field shall not be installed in

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A-DISPOSA	L SITE						7, E(C.)	
				I—PROPOS	ED BLDG, SITE		. 197	
C-GROUP	CARE				PREMISE		<u> </u>	
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COMPLAINANT	r's remarks				<u> </u>	ON SERVICE F	RECORD L	HS-8 REV. 10-58
FIELD INSPEC	TION RECORD (COMPLETED:			GRAPH, DIAGRA			
RECORD CODE		TITLE OF	FORM		T T T	M (SHOW LOC	ATION)	T
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2	SCHOOL AND	INSPECTION	N FORM					
3	SCHOOL PLA							
4	REPORT ON F		CHOOL SITE				-	
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3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
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