



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

186-21-000301-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:

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

Date Certificate Issued: 10/11/2021
Work Description: Installation/Construction; capping fill

Applicant: Owen, George	Primary Contractor: ACDC Excavating, LLC
Address: 89647 Manion Dr Warrenton OR 97146	Installer License: 39172
Phone: 503-739-3221	Address: 35384 Hwy 101 Business Astoria OR 97103
Email: gntlmangeorge@gmail.com	Phone: (503) 440-2825
	Email: accdcexcavatingllc@gmail.com

Owner: DANE LUND	Property Address: ³⁹³³⁰ 0 Lot On Labiski Ln, Astoria, OR
Address: 35801 MILLER HEIGHTS LANE ASTORIA OR 97103	97103
Parcel: 709020001302 - Primary	Township: 7 Range: 09 Section: 2

Lot Size: 2.17 acres	Water Supply: Community Water Supply
Zoning: RA-2	City/County/UGB: County
Land Use Approval: yes	

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	4 bedroom
Number of Bedrooms:	N/A	4

System Specifications

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

Drain Field Specifications

Drain Field Type: Capping Fill	System Distribution Type: Serial
Drainfield Sizing: 300 linear ft.	Distribution Method: Serial
Media Type: Rock/Pipe	Media Depth: 12 in.
Trench Length: 300 linear ft.	Rock Above Pipe: 2 in.
Total Rock Depth: 12 in.	Rock Below Pipe: 6 in.
Max Depth: 12 in.	Undisturbed Soil Between Trenches: 8 ft.
Min Depth: 12 in.	Capping Fills-Min Depth of Fill Material: 16 in.

Special Requirements

Groundwater Type: Temporary	Groundwater Depth: N/A
Pump to Drainfield Required: No	Filter Fabric on Top of Drain Media: Yes

Date Certificate Issued: 10/11/2021
Work Description: Installation/Construction; capping fill

Conditions of Approval

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

Lucas Marshall

Environmental Health Specialist I

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-21-000301-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: DANE LUND

Twncshp: 7 Range: 09 Sect: 2
 Lot: 01302

Property 0 lot on Labiski Ln, Astoria, OR 97103
 Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: <u>CAPPING FILL</u>		Water tight verification*
Tanks(1)	Volume: <u>1000 GAL.</u>	Compartments: <u>1</u>	Manufacturer: <u>A-1 READY MIX</u>	Date: <u>9/14/21</u>
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>4"</u>	ASTM#/Other: <u>3034</u>	Length: <u>25'</u>
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. Drainfield Media

Type	(Gravel, Pipe or alternative?) <u>ROCKY PIPE</u>			
Distribution Box	Yes	No		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>4"</u>	ASTM#/Other: <u>3034</u> Length: <u>300'</u>

Comment

*Clatsop County Department
of Public Health
On-Site Waste Water Program*

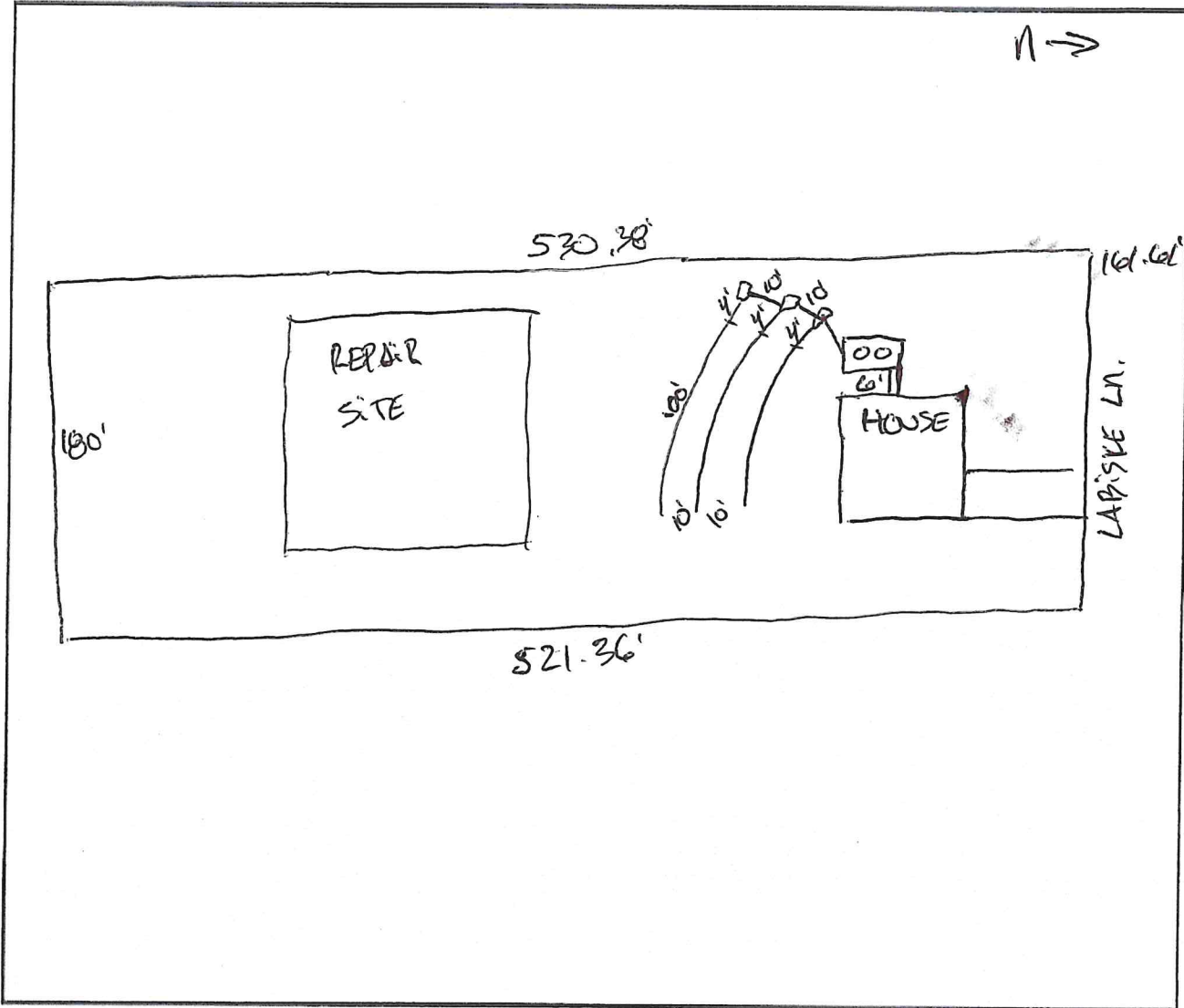
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

Approved by [Signature]
 Permit No. 186-21-000301
 Date 10/11/21

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: <u>ACDX EXCAVATING LLC</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>39172</u>	Certification#: <u>2477</u>
Owner/ Certified Installer:	Signature: <u>TRAVIS BOEHL</u>	Date: <u>9/15/21</u>	Phone#: <u>503 440 1900</u>

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: _____

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

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By [Signature]
 Permit No. 186-21-000301
 Date 12/11/21

RECEIVED

SEP 13 2021

AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency. CLATSOP CO. PUBLIC HEALTH

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

Job Site Address: Labosky Ln City: Astoria
Owner: Dave Lund Phone: 503 298 7573
Address: 35801 Miller Heights Ln Email: Lundbrotherscontracting@gmail.com
Agent: Dave Lund
Proposed Development/Construction: SFD
Map ID: 709 02000 1302

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes [X] No [] Site Approved: Yes [X] No []
Agency Signature: [Signature] Title: Permit Tech Date: 9/13/21
Remarks: has required permit refer to #180-21-000301
Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute:
Agency Signature: Title: Date:
Remarks:
Contact the local Water District serving your property OR
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: [Signature] Number of Hydrants: 2 Hydrant Location(s): [Signature]
Agency Signature: [Signature] Title: FIRE CHIEF Date: 9.10.21
Remarks:
Contact the local Fire Department serving your property

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

Agency Signature: Title: Date:
Remarks:
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 971



Clatsop County

Public Works

1100 Olney Ave.
Astoria, OR 97103
(503) 325-8631 phone / (503) 325-9312 fax
www.co.clatsop.or.us

September 23, 2021

Dane Lund
35801 Miller Heights Ln
Astoria, OR 97103

RE: NEW ADDRESS

DESCRIPTION:

TOWNSHIP: 7
RANGE: 09
SECTION: 02
Quarter Section: 00
LOT #: 01302

The address listed below has been assigned to you at the site of new construction or an established location. Within the next two (2) weeks a reflective address sign will be placed at the driveway access; please verify that the number on the stake matches the address listed below. Postal Services, Utilities, Emergency Services, Police, and Fire Departments throughout Clatsop County alert this office to conflicts in addresses that affect the quality of those services and in the case of E911, are potentially dangerous. An accurate address database is the foundation for emergency management and disaster preparedness. As addressing inconsistencies arise, Clatsop County Public Works will strive to correct them in the best interests of the health, safety and welfare of the present and future inhabitants of Clatsop County, Oregon. If you have any questions, please contact Public Works at 503. 325. 8631.

ADDRESS:

37330 Labiske Lane
Astoria, Oregon 97103

CC: *Clatsop County – Assessment and Taxation, Building Codes, Clerk, Community Development, Sheriff, and Public Works*
Public Safety Answering Point – Astoria and Seaside
United States Post Offices – Astoria
United States Postal Service, Portland OR – Address Management System
Fire Protection District – Olney-Walluski RFPD
School District – Astoria
Utilities – Pacific Power




CLATSOP COUNTY
ASTORIA, OREGON

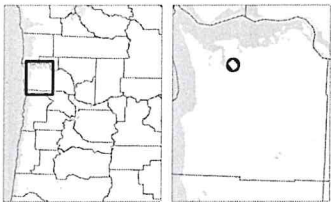


**-NEW-
ADDRESS**

37330 Labiske Lane
Astoria, OR 97103

Legend

 Tax Lot of Interest



0 45 90 MILES 0 12.5 25 MILES

DISCLAIMER: This data was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation. 9/23/2021 gisinfo@co.clatsop.or.us





Septic Permit

Installation Permit - Residential - New

186-21-000301-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 health@co.clatsop.or.us
 Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 9/10/21 **Expiration date:** 9/10/22
Work description: Installation/Construction; capping fill

Applicant: Owen, George Address: 89647 Manion Dr Warrenton OR 97146 Phone: 503-739-3221 Email: gntlmangeorge@gmail.com Business License: N/A	Primary contractor: ACDC Excavating, LLC Installer License: 39172 Address: 35384 Hwy 101 Business Astoria OR 97103 Phone: (503) 440-2825 Email: acccexcavatingllc@gmail.com
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Owner: DANE LUND Address: 35801 MILLER HEIGHTS LANE ASTORIA OR 97103 Parcel: 709020001302 - Primary	Property address: 0 Lot On Labiski Ln, Astoria, OR 97103 Township: 7 Range: 09 Section: 2
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Lot size: 2.17 acres	Water supply: Community Water Supply	
Zoning: RA-2	City/County/UGB: County	
Land use approval: yes	County: N/A	
Action: New	Type of application: Construction Permit - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

	Existing	Proposed
Category of construction: Single Family Dwelling		
Use of structure:	N/A	4 bedroom
Number of bedrooms:	N/A	4

System Specifications

Type: Capping Fill	ATT description: N/A	
Max peak design flow: 450 gpd.	Proposed flow: 450 gpd.	
Min septic tank volume: 1000 gal.	Min dosing tank volume: N/A	

Drain Field Specifications

Drain field type: Capping Fill	System distribution Ttpe: Serial	
Drainfield sizing: 300 linear ft.	Distribution method: Serial	
Media type: Rock/Pipe	Media depth: 12 in.	
Trench length: 300 linear ft.	Rock above pipe: 2 in.	
Total rock depth: 12 in.	Rock below pipe: 6 in.	
Max depth: 12 in.	Undisturbed soil between trenches: 8 ft.	
Min depth: 12 in.	Capping fills-min depth of fill material: 16 in.	

Special Requirements

Stake out required: No

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Onsite Permit 186-21-000301-PRMT

Date issued: 9/10/21	Expiration date: 9/10/22
Work description: Installation/Construction; capping fill	

Groundwater type:	Temporary	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

Conditions of approval

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

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

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

9/10/21



#186-21-000301

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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SEP 08 2021

CLATSOP CO. PUBLIC HEALTH
(PD) CK# 3247
814502

Application for Onsite Sewage Treatment System

A. Property Owner Information

DAVE LUND
35501 MILLER HTS LN ASTORIA, OR 97103
503-298-7573
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7N 9W 02 1302 60861 ~161' x 520'
Township Range Section Tax Lot Tax Account Number Acreage of Lot Size
CLATSOP Subdivision Name parcel 2 Lot 2.17 Block

Property Address: lot on LABISKI LN ASTORIA, OR 97103

Directions to Property TAKE HWY 202 TO 2ND WALUSKI RD TURN LFT. GO TO LABISKI LN, TURN RT. PROP. ON RT @ YELLOW RIBBON

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [X] Single Family Residence [X] Public OLNEY/WALUSKI
Number of Bedrooms Number of Bedrooms Name
[] Other [] Other [] Private Well, Spring, Shared

D. Type of Application

- [X] Construction SERIAL CAPT FILL TANK
[] Site Evaluation
[] Renewal Permit
[] Authorization Notice for:
[] Connecting to an Existing System Not in Use
[] Existing System Evaluation
[] Replacing a Mobile Home or House with Another
[] Permit Repair
[] Permit Transfer
[] Mobile Home or House
[] Major
[] Minor
[] Compliance Record Review
[] The Addition of One or More Bedrooms
[] Alteration Permit
[] Major
[] Minor
[] 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: [Signature] Date: _____

Applicant's Name (Please Print Legibly): 89647 MANION DR. Applicant's Phone: 503-717-8681 Applicant's E-Mail Address: GNTLMAN@GMAIL.COM

Applicant's Mailing Address: WARRENTON, OR 97146

Applicant is the [X] Owner [X] Authorized Representative [X] Licensed Septic Installer
[] Authorization Attached ACDC EXCAVATING #39172
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

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SEP 08 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000301

Notice Authorizing Representative

I, DAVE LUND, have authorized
 (Property Owner - Please Print)

GEORGE OWEN 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

LABISKI LN ASTORIA

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 7N Range 9W Section 02 Tax Lot 1302 Map ID _____

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

***PROPERTY OWNER:**

Name: DAVE LUND

Email: Lundbrothersconstruction@gmail.com

Mail Address: 35501 MILLER HTS LN

City/State/Zip ASTORIA, OR 97103

Phone: 503-298-7573

FAX: _____

Signature: [Signature]

Date: 9/7/21

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN

Email: GNTLMANGEORGE@GMAIL.COM

Mail Address: 89647 MANION DR

City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681

FAX: 503-717-8681

Signature: George Owen

Date: 9/7/21

DEQ Land Use Compatibility Statement

RECEIVED

COMPLETED BY APPLICANT

SEP 08 2021

1. Property Owner Name(s): DAVE LUND
 Mailing Address: 35501 MILLER HTS LN ASTORIA, OR 97103
 Telephone 1: 503-298-7573 Telephone 2: _____
 Email Address: _____

CLATSOP CO. PUBLIC HEAL

#186-21-000301

2. Applicant Name: GEORGE OWEN
 Mailing Address: 89647 MANION DR WAREHEDON, OR 97146
 Telephone 1: 503-717-8681 Telephone 2: 503-717-2477
 Email Address: GNTLMANGEORGE@GMAIL.COM

3. Property Information:
 Situs Address: LABISKE LN ASTORIA, OR 97103
 Township 7N Range 9W Section 02 Tax Lot 1302
 Subdivision Name (if applicable): _____

4. Proposed Development:
 Single Family Dwelling Accessory Structure Other _____

5. Permit or Approval Requested:
 Construction or Installation Permit: New Construction Repair Alteration
 Authorization for Replacement of: Dwelling Bedroom Addition
 Other: _____

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #: 21-000590

PAYMENT ID: #3248

1. Property Zoning 1 RA-2 Property Zoning 2 _____ Overlays NWI

2. Minimum Parcel Size 2.00 Actual Parcel Size 2.17 LOR needed LOR Permit # _____

3. The facility is located: Inside City Limits Inside a UGB Outside UGB (county jurisdiction)

4. Does the proposed facility comply with all applicable land use requirements: Yes No

5. Compliance is based on:
 a. Compliance with local comprehensive plans and land use requirements. Citation: 4.2620
 b. Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.
 c. Measure 49 Waiver - DLCDC Approval Number: _____

Comments: _____

Planning Official Signature Clarence Adams Date 09.08.21

RECEIVED

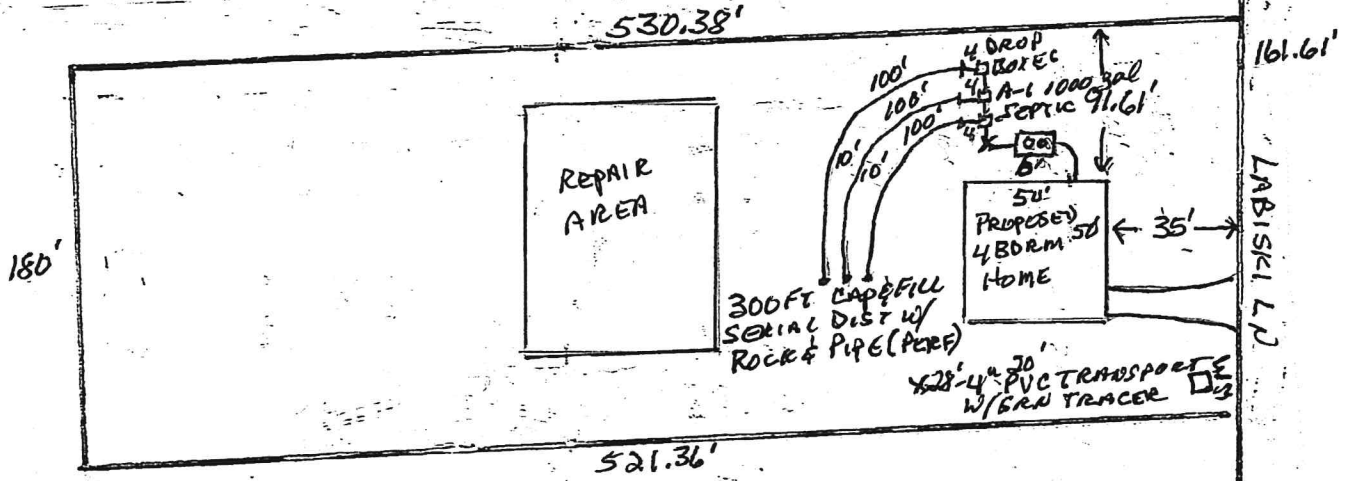
SEP 08 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-0003 01

N → NOT TO SCALE
DAVE LUND

7N-9W-02-1302
ACDC EXCAVATING #39172



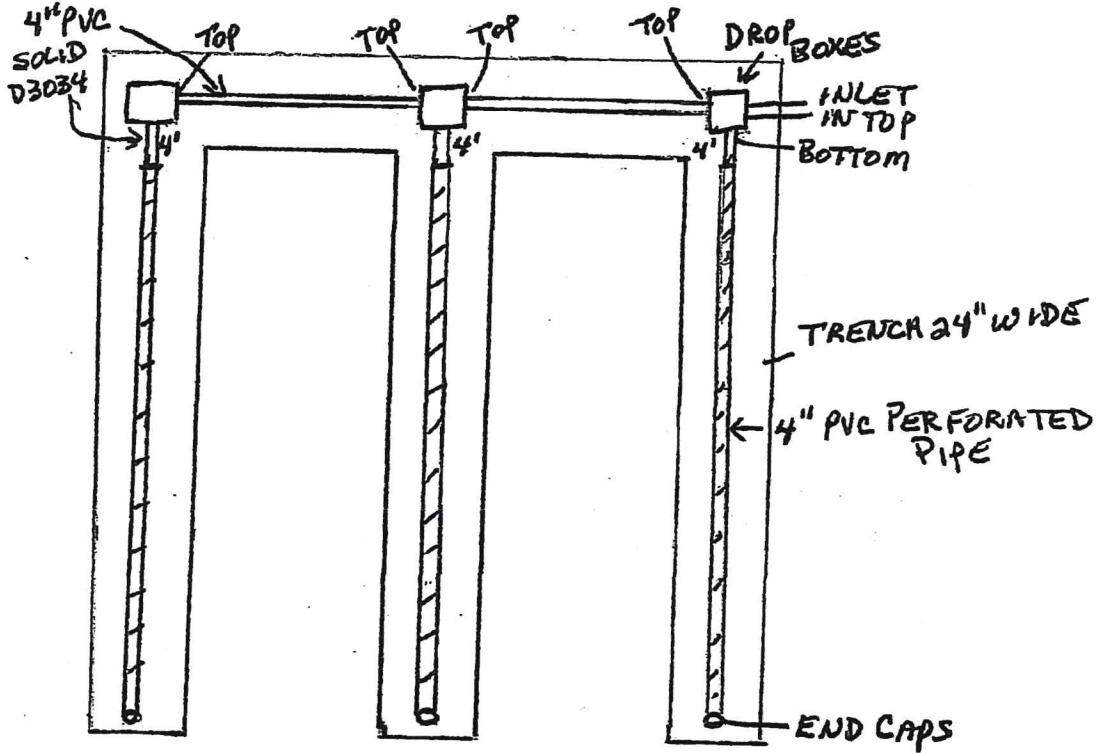
RECEIVED

SEP 08 2021

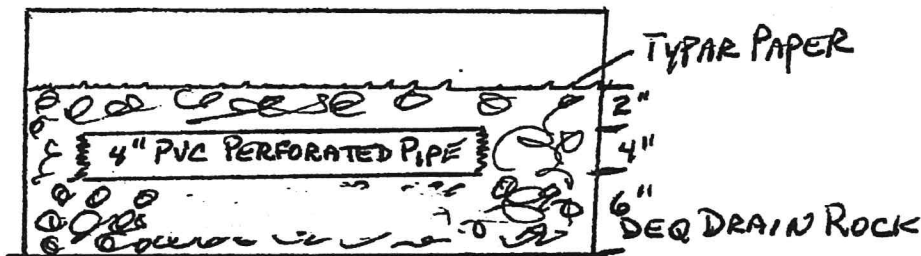
CLATSOP CO. PUBLIC HEALTH

#186-21-000301

TYPICAL
TOP VIEW SERIAL DISTRIBUTION
GRAVITY DRAINFIELD W/ 4" PERF.
PIPE AND DEQ DRAIN ROCK



SIDE VIEW



DAVE LUND

7N-9W-02-1302

ACDC EXCAVATING #39172

PARTS LIST

300ft serial dist. w/4" PVC perf. Pipe & dr. rock

Dane Lund

7N-9W-02-1302

ACDC Excavating LLC #39172

1 – A-1 1000 gal septic tank

2 24" poly risers

2- 224" poly lids w/screws

2- ADH200 adhesive

1– Zabel 4" bio-tube filter

3- Polylok drop boxes

2 - Polylok inserts additional

300ft PVC 4" perf. Pipe

80ft PVC 4" solid pipe

4 PVC 4" end caps

24yds DEQ drain rock

Filter fabric

RECEIVED

SEP 08 2021

GLATSPER CO. PUBLIC HEALTH

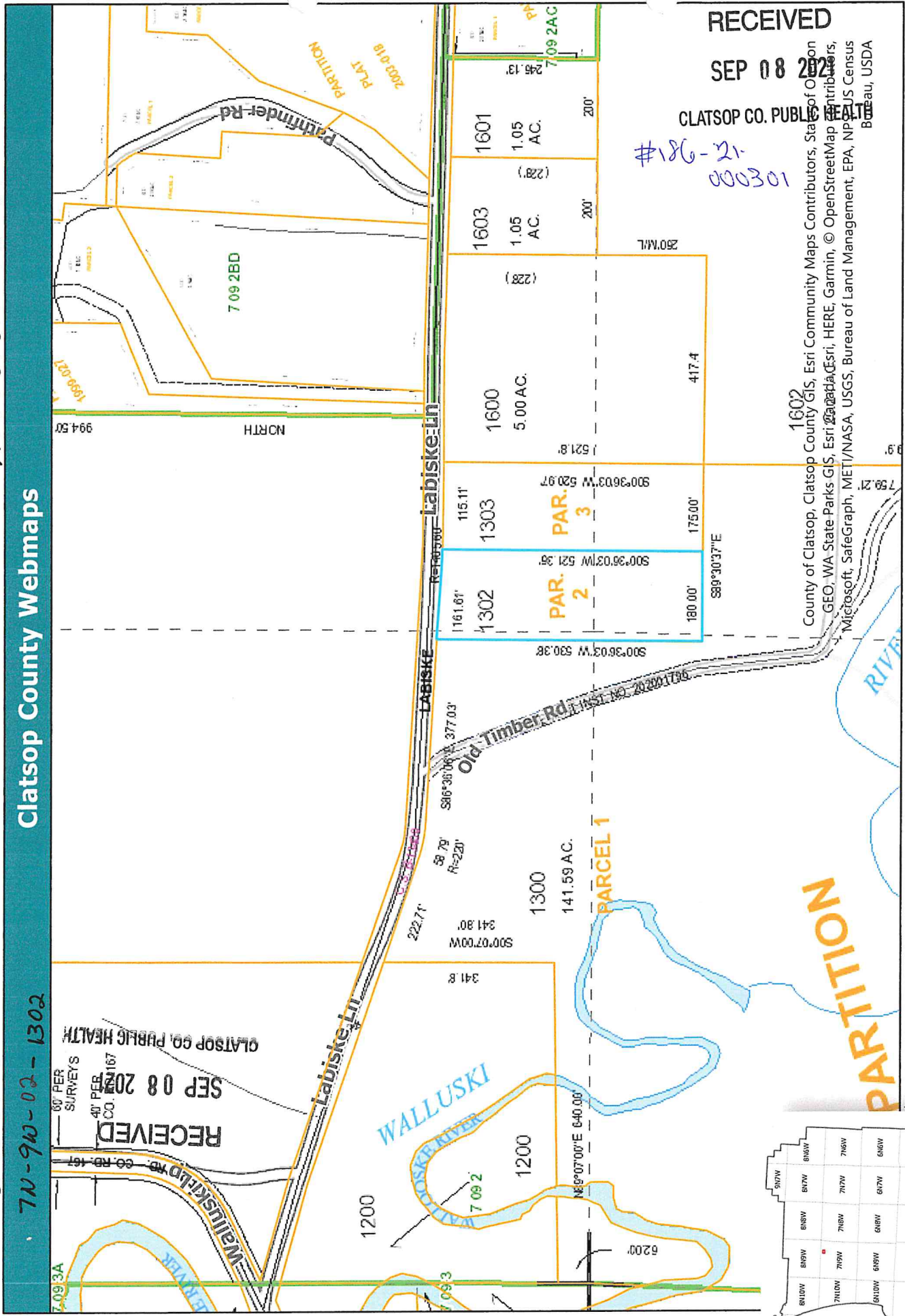
#186-21-000301

ACDC EXC AVATING # 39172

Clatsop County Webmaps

DAVE LUND

7N-9W-02 - 1302



RECEIVED

SEP 08 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000301

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 GEO-WA State Parks GIS, Esri, Garmin, © OpenStreetMap contributors,
 Microsoft, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census
 Bureau, USDA



Clatsop County



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9/4/2021 9:41 AM



Transaction Receipt
Record ID: 186-21-000301-PRMT
IVR Number: 186089888854

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 457297

Receipt Date: 9/9/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 0 lot on Labiski Ln, Astoria, OR 97103
Parcel: 709020001302

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
9/9/21	1.00 Ea	Install - Capping fill - by gallons per day	81-7203	\$1,341.00	\$1,341.00
9/9/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
9/9/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 3247 Payer: DANE LUND Payment Amount: \$1,450.00

Cashier: Annette Brodigan **Receipt Total:** \$1,450.00

From: Adam Niles
Sent: Thursday, May 02, 2019 11:24 AM
To: Alejandro Bancke; Annette Brodigan; Clancie Adams; DeeAnne McCall; Jodi Carlson; Julia Decker; Vance Swenson
Cc: Eileen Ystad; bsmith@chiltonlogging.com; ebrownsurveying@gmail.com
Subject: Partition Plat 2019-009
Attachments: Partition Plat 2019-009.pdf; tp7_9_2.pdf

Hello Everyone,

Partition Plat 2019-009 was recorded Thursday, April 25th as Instrument Number 201902586 for Chilton Inc. Attached is a copy of the partition plat along with an updated Assessor map.

The update map & taxlot numbers are:

Parcel 1	709020001300
Parcel 2	709020001302
Parcel 3	709020001303

Do not hesitate to let me know if you have any questions. Thank you.

Adam Niles | Cartographer
Clatsop County Assessment & Taxation
820 Exchange St., Suite 210
Astoria, OR 97103
(503) 338-3673

PARTITION PLAT NO. 2019-009

IN THE SW 1/4 & NW 1/4
OF SECTION 2, 17N, R9W, W.M.
CLATSOP COUNTY, OREGON

PARCEL 1 = 141.53 ACRES
PARCEL 2 = 2.17 ACRES
PARCEL 3 = 2.09 ACRES

SURVEY REFERENCE
1) CS AA-1520
2) CS B-13409

SHEET WORK
SHEET 1: PARTITION PLAT
SHEET 2: NARRATIVE SURVEYS CERTIFICATE,
DECLARATION, APPROVALS

BEARINGS BASED ON
CS B-13409
(SEE NARRATIVE)



300 150 0 300 450 600
SCALE 1 INCH = 300 FEET

LEGEND:

- INDICATES INSTRUMENT FOUND AS NOTED (UNLESS NOTED OTHERWISE)
 - ⊙ INDICATES 5/8" x 36" IRON REBAR WITH YELLOW PLASTIC CAP INSCRIBED "BROWN 87018PLS" SET IN CS AA-1520
 - CALCULATED POSITION OF IRON PIPE AS SHOWN IN CS AA-1520
 - () INDICATES RECORD INFORMATION PER SURVEY REFERENCE NUMBER
- CS COUNTY SURVEY

STATE OF OREGON
COUNTY OF CLATSOP
I DO HEREBY CERTIFY THAT THIS IS A FULL COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED ABOVE.
CLATSOP COUNTY CLERK

REGISTERED
PROFESSIONAL
LAND SURVEYOR

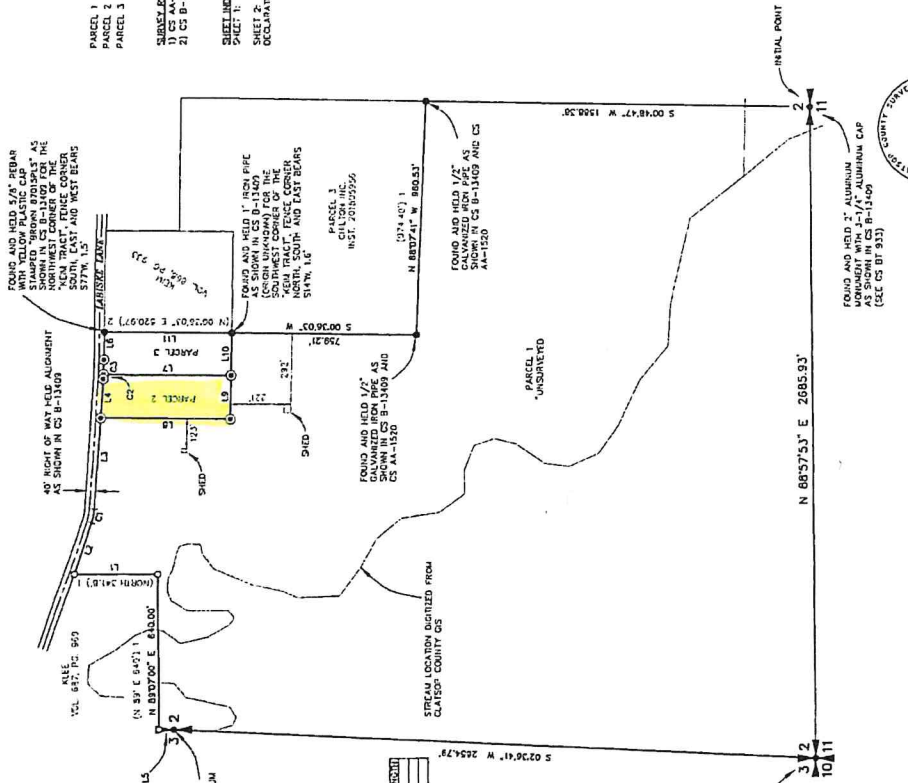
NOVEMBER 11, 2012
EDWARD V. BROWN
87018PLS

Reviews 12-31-2019
4-10-2019

I EDWARD V. BROWN, DO HEREBY CERTIFY THAT THIS IS A FULL COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED ABOVE.
EDWARD V. BROWN, PLS 87018

SCALE: 1"=300'
JOB NO. 18-002
DATE: 4-10-2013
CALC BY: E.V.B.
DRAWN BY: E.V.B.
CHECKED BY: E.V.B.
SHEET 1 OF 2

BROWN
SURVEYING LLC
PO BOX 414
AMBOY, WA 98601
360-600-0846
ebrownsurveying@gmail.com



CLATSOP COUNTY SURVEYOR
17N 99W
S3 S2
S10 S11
LS 934
LS 934
1984

FOUND AND HOLD 3" ALUMINUM CAP AS SHOWN IN CS B-13409 (SEE CS BT 943)

LINE	BEARING	DISTANCE	AREA
1	N 89° 57' 00" E	240.00'	1.11
2	N 89° 57' 00" E	240.00'	1.11
3	N 89° 57' 00" E	240.00'	1.11
4	N 89° 57' 00" E	240.00'	1.11
5	N 89° 57' 00" E	240.00'	1.11
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90	N 89° 57' 00" E	240.00'	1.11
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99	N 89° 57' 00" E	240.00'	1.11
100	N 89° 57' 00" E	240.00'	1.11

CLATSOP COUNTY SURVEYOR
17N 99W
S3 S2
S10 S11
LS 934
LS 934
1984

CLATSOP COUNTY SURVEYOR
17N 99W
S3 S2
S10 S11
LS 934
LS 934
1984

CLATSOP COUNTY SURVEYOR
S 2
S 11
LS 1079
LS 1085

Site Evaluation - Single Family Dwelling -

PROPERTY INFORMATION

Property Owner: **Chilton Inc** Township **7**, Range **09**, Section **02 0 0**
Property Location: **LOT ON LABISKE - LOT 2, ASTORIA** Tax Lot **01300**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Capping Fill System**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **300.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **12.00 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

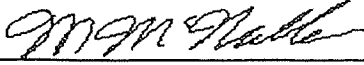
- 1 Filter fabric is required over the drain media.
- 2 Vehicular traffic and livestock must be restricted from the system area.
- 3 Meet all required setbacks.
- 4 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 5 All roof drains must be directed away from the system.
- 6 Groundwater Interceptor (GWI), Tile Dewatering System required.
- 7 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.
- 8 Each trench to be level and on contour.
- 9 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 10 Drainfield shall be installed only with dry soil conditions. Follow capping fill instructions and inspection schedule. Stake beginning and ends of trenches for final inspection.
- 11 Install with dry soil conditions.
- 12 The cap material must be evenly graded to a final depth of 16 inches over the drain media.

INSPECTION REQUIREMENTS

- 1 An inspection of the constructed cap is required.
- 2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

- 3 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.
- 4 A site inspection of both the absorption area and the borrow material is required prior to cap construction.

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



Authorized Agent:	Title:	Date Issued:	Expiration Date:
Mike McNickle	Environmental Health Supervisor	4/11/2019	

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

SITE EVALUATION REPORT

Date: April 11, 2019

Dear Mr. Chilton:

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 construction 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: Chilton	Application: # 501269	County: Clatsop
RE: SITE EVALUATION REPORT for: Township/Range/Section: T 7N/ R 19W/ S 2 Tax Lot#: Lot #2		

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

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

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

Yours truly,



Mike McNickle, PhD, MPH, REHS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: Chilton Application #: 501269 County: Clatsop

1300

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7N/ R 9W / S 2 Tax Lot#: Lot #2

Commercial Facility: Yes No Parcel Size: 2.11 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System		Replacement System	
<input type="checkbox"/> Standard	<input checked="" type="checkbox"/> Capping Fill	<input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Standard
<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/>		<input checked="" type="checkbox"/> Capping Fill
Other			<input type="checkbox"/> Bottomless Sand Filter
Tank: <input checked="" type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.	<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Conventional Sand Filter/ATT
Other			<input type="checkbox"/>
<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required		Other
Distribution Method: <input type="checkbox"/> Equal	<input checked="" type="checkbox"/> Serial		Tank: <input checked="" type="checkbox"/> 1,000 gal.
Absorption Facility: <u>300</u> linear. ft	Disposal Facility: <u>600</u> sq. ft.		<input type="checkbox"/> 1,500 gal.
12 " Max Depth	12 " Min Depth		<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 checked="" type="checkbox"/> Serial
			Absorption Facility: <u>300</u> linear. ft
			Disposal Facility: <u>600</u> sq. ft.
			12 " Max Depth
			12 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-24	SL	10 YR 3/4
	24-36	SCl	7.5 YR 3/2
	36-60	Cl	Roots to 12" Standing temp water at 36" ESD = 36" Redox at 36"
#2	0-24	SL	10 YR 3/4
	24-36	SCl	7.5 YR 3/2
	36-60	Cl	Roots to 12" Standing temp water at 36" ESD = 36" Redox at 36"

Landscape Notes:

Slope: 5%

Aspect: North to South

Groundwater Type: Seasonal from 36"

Additional Conditions of Approval

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.
2. The initial capping fill system must be staked and inspected prior to construction.
3. Capping fill required. Must install at 12" max. Installations can only occur from June 1 – October 31, or with Agent permission.
4. A curtain drain is required.
5. The capping materials must be a soil type better than parent material.
6. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
7. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.

8. 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.
9. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
10. Recommend licensed installer install all system components.

***Required prior to issuance of construction permit.**



501269

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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APR 01 2019

CLATSOP CO. PUBLIC HEALTH

(pd) Visa 9810

Application for Onsite Sewage Treatment System

A. Property Owner Information

Chilton Inc. 1760 Down River Dr., Woodland WA 98674 360-225-0427
Name: Craig Chilton Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7N 9W 2 1300 (Lot 2) TBD (currently 15037) 2.11
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop N/A N/A N/A
County Subdivision Name Lot Block

Property Address: lot on Labiske, Astoria
Not yet assigned
(Street, City, State, Zip)

Directions to Property: South on Hwy 202, East on Walluski, Turn right and go East on Labiske. ~ 2/10 mile on the Right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [] Single Family Residence
Proposed Facility: [x] Single Family Residence 3 Bedrooms
Water Supply: [x] Public Olney-Walluski Water Assn.
[] Private Well, Spring, Shared

D. Type of Application

[x] Site Evaluation [] Renewal Permit [] Authorization Notice for:
[] Construction [] Existing System Evaluation [] Connecting to an Existing System Not in Use
[] Permit Repair [] Permit Transfer [] Replacing a Mobile Home or House with Another
[] Major [] Permit Reinstatement [] Mobile Home or House
[] Minor [] Compliance Record Review [] The Addition of One or More Bedrooms
[] Alteration Permit [] Personal Hardship
[] Major [] Temporary Housing
[] Minor [] 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: Craig W. Chilton Date: 4-1-19

Applicant's Name: Craig W. Chilton Applicant's Phone: 360-225-0427 Applicant's E-Mail Address: bsmith@chiltonlogging.com

Applicant's Mailing Address: 1760 Down River Dr., Woodland WA 98674

Applicant is the [x] Owner [] Authorized Representative [] Licensed Septic Installer
[] Authorization Attached [] unknown
Installers Name

* Proposed partition under way.
Lot 2 will be issued a different tax lot # when completed



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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 APR 01 2019
 CLATSOP CO. PUBLIC HEALTH
 #501269

Notice Authorizing Representative

I, Craig W. Chilton, have authorized
(Property Owner - Please Print)

Ben Smith 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

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7N Range 9W Section 2 Tax Lot 1300 ^{lot 2} Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Craig W. Chilton Email: _____
 Mail Address: 1760 Down River Dr. City/State/Zip Woodland, WA 98674
 Phone: 360-225-0427 FAX: 360-225-4857
 Signature: Craig W. Chilton Date: 4-1-19

AUTHORIZED REPRESENTATIVE:

Name: Ben Smith Email: bsmith@chiltonlogging.com
 Mail Address: 1760 Down River Dr. City/State/Zip Woodland WA 98674
 Phone: 503-949-9609 FAX: _____
 Signature: [Signature] Date: 4-1-19

SITE DEVELOPMENT PLAN SHOWING TEST PITS LOCATION

Acct #: 15087

Property ID: TL 1300 Lot 2

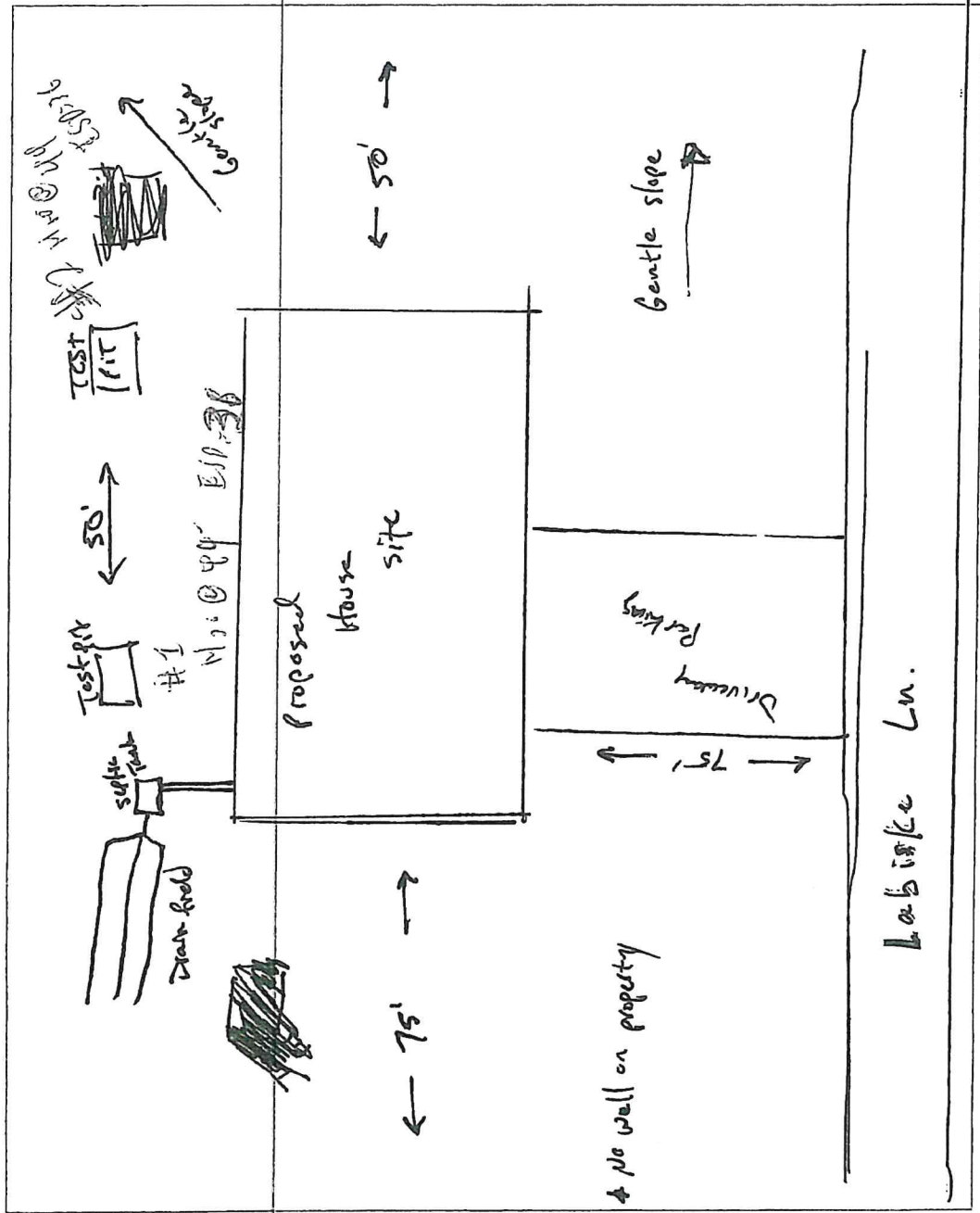
Site Address: TBD

Date: 4-1-19

Applicant Signature: Clayton W. Chitka

Date: 4-1-19

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



Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/ 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- Wells
- Test Pits
- Drainage



1 inch = 20 feet

501269

7-9-2-1300 lot 2

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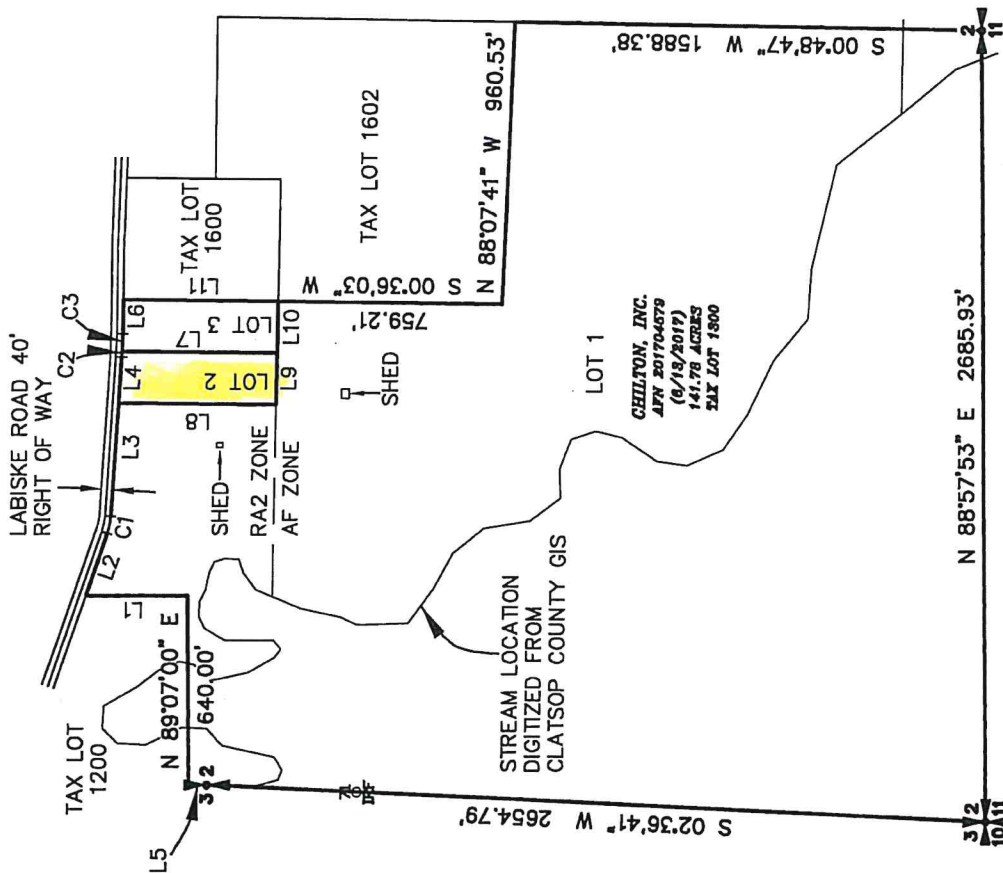
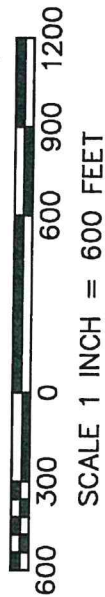
#501269

PROPOSED CONDITIONS SKETCH

FOR PROPOSED PARTITION PLAT FOR CHILTON INC. LOCATED IN THE SW 1/4 AND NW 1/4 OF SECTION 2, T7N, R9W, W.M. CLATSOP COUNTY, OR 1-03-18.

LOT 1 = 141.60 ACRES
 LOT 2 = 2.11 ACRES
 LOT 3 = 2.09 ACRES

BEARINGS BASED ON CS B-13409



LINE	BEARING	DISTANCE
L1	S 00°07'00" W	341.80'
L2	S 71°17'27" E	222.71'
L3	S 86°36'06" E	382.03'
L4	N 86°36'06" W	156.60'
L5	S 00°07'00" W	62.00'
L6	N 89°48'06" W	115.11'
L7	N 00°36'03" E	521.36'
L8	N 00°36'03" E	530.12'
L9	S 89°30'37" E	175.00'
L10	N 89°30'37" W	175.00'
L11	S 00°36'03" W	520.97'

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD	BEARING	CHORD LENGTH
C1	58.79'	220.00'	15°18'39"	S 78°56'46" E	58.61'	
C2	18.60'	1405.60'	0°45'29"	N 86°58'50" W	18.60'	
C3	59.90'	1405.60'	2°26'31"	S 88°34'50" E	59.90'	

BROWN SURVEYING, PLLC
 PO BOX 414
 AMBOY, WA 98601
 360-600-0648

D-9-2-1300 lot 2



Septic Application

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

For Department Use Only

Permit #: 501269
 Permit Type: Site Evaluation
 Entry Date: 4/1/2019
 Issued By: Yvonne Van Nostra
 Permit Status: Entered

Permit Timeline

User	Status	Date
Yvonne Van Nostran	Entered	04/01/2019

Work Description

Work Description:

Remarks:

Owner

Name: **Chilton Inc**
 Address: 1760 Down River Dr
 City, State, Zip: Woodland, WA 98674

Ph. #: (360) 225-0427 Cell: () -
 E-Mail: bsmith@chiltonlogging.c Fax: () -

Applicant

Chilton Inc
 1760 Down River Dr
 Woodland, WA 98674

Ph. Cell Fax
 Cell E-Mail

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>
	Credit Card		04/01/2019	\$810.00

Balance Due: \$0.00

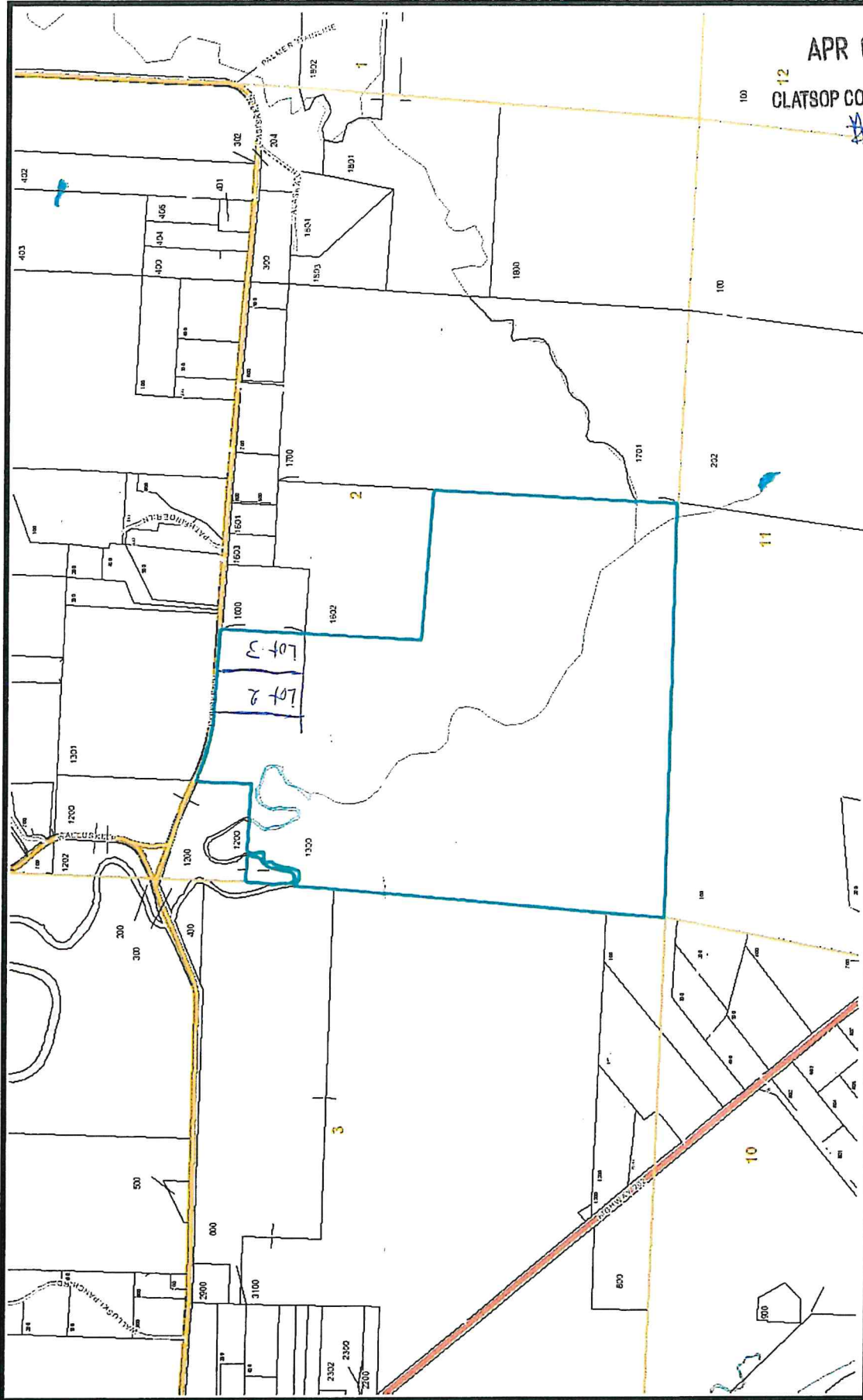
Compliance/Permit Requirements

Signatures

Applicant Signature: Date: 4-1-19

Owner Signature: _____ Date: _____

Map

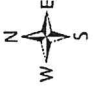


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CLATSOP CO. PUBLIC HEALTH

#501269



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.



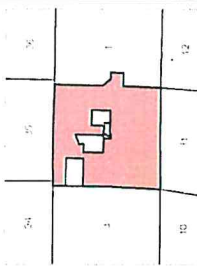
(Before) Partition 7-9-2-1300 = 141.14 acres

7 09 02
CLATSOP COUNTY
SECTION 2 T7N R9W WM

Scale 1:4,800
 0 250 500 1,000 N



6	5	4	3	2	1
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

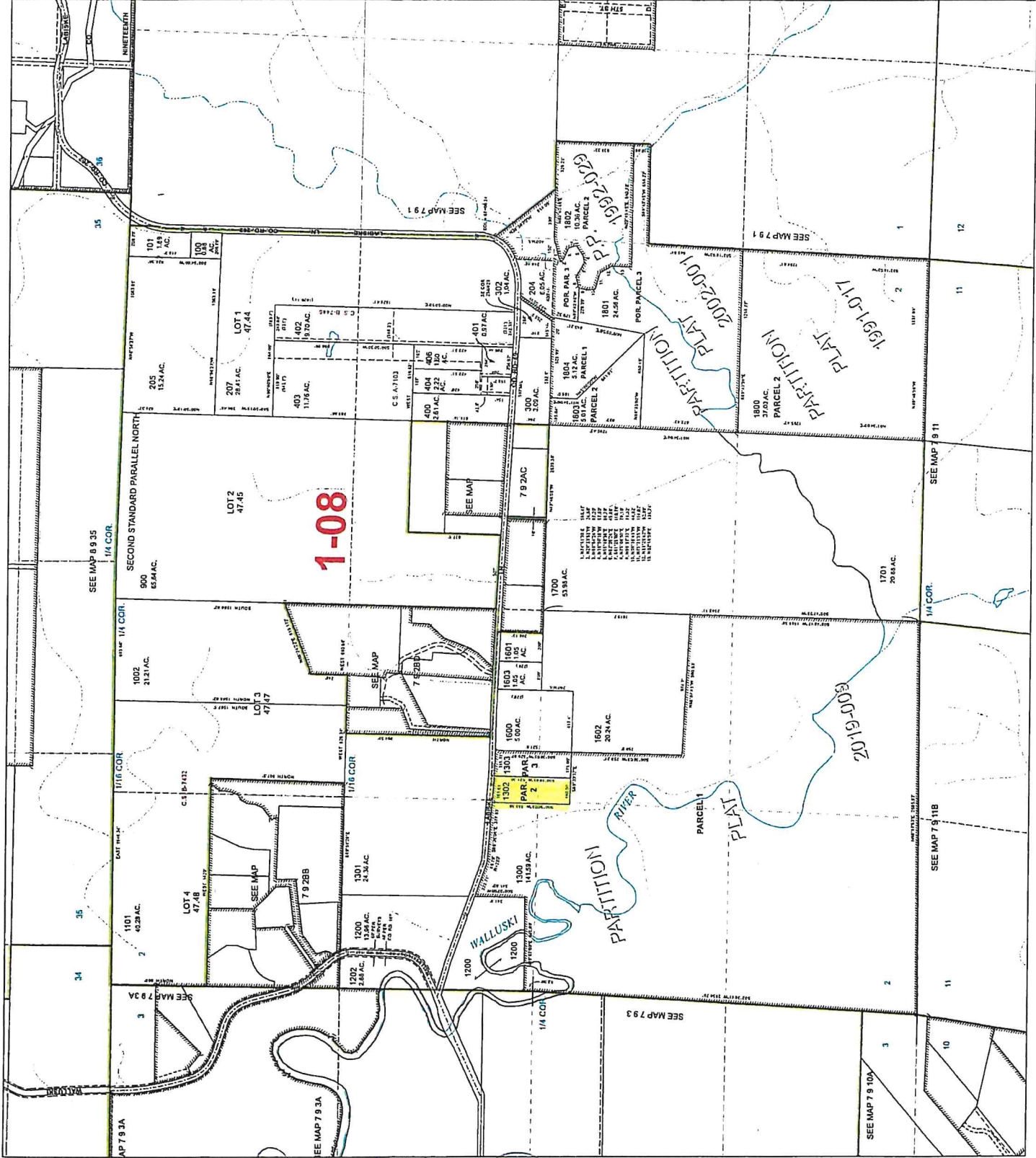


- CANCELLED TAXLOT NUMBERS**
- 200 405 803 1007 1105 1201
 - 201 500 1000 1008 1106 1202
 - 202 501 1001 1100 1108 1203
 - 203 600 1002M1101M1109 1805
 - 204M1 501 1003 1102 1110
 - 205 600 1005 1103 1111
 - 206 800 1006 1105 1113
 - 301 801 1006 1105 1113



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PLOT DATE: 5/02/2019
7 09 02



② After Partition Now) A.G. 2 1200