



Certificate of Satisfactory Completion
Installation Permit - Residential - New

186-22-000018-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: 10/11/2022

Work Description: Construction/Installation; SFD; standard

Applicant: CHRISTENSEN, STEPHANIE
Address: PO Box 1321
ASTORIA OR 97103
Phone: 503-791-1377
Email: stephaniecandus2@hotmail.com

Primary Contractor: SEE PROPERTY OWNER
INFORMATION
Owner (Property): OWNER

Owner: THOMAS EDWARD CHRISTENSEN
Address: PO Box 1321
ASTORIA OR 97103
Owner: STEPHANIE CANDUS
CHRISTENSEN
Address: PO Box 1321
ASTORIA OR 97103

Property Address: 90999 Old Timber Rd, Astoria, OR
97103

Parcel: 709020001602 - Primary Township: 7 Range: 09 Section: 2

Lot Size: 20.24 acres Water Supply: Community Water Supply
Zoning: AF City/County/UGB: County
Land Use Approval: yes

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	2 bedroom
Number of Bedrooms:	N/A	2

System Specifications

Type: Standard
Max Peak Design Flow: 450 gpd. Proposed Flow: 300 gpd.
Min Septic Tank Volume: 1000 gal. Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	450 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

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: 10/11/2022 Work Description: Construction/Installation; SFD; standard

<p align="center">Conditions of Approval</p>

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.

<p align="center">Certificate of Satisfactory Completion</p>

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: 186-22-000018-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:

Twntshp: 7

Range: 09

Sect: 2

Name: STEPHANIE CANDUS CHRISTENSEN THOMAS
EDWARD CHRISTENSEN

Lot: 01602

Property 90999 OLD TIMBER RD, ASTORIA, OR 97103
Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps**System Type: STANDARD SERIALWater tight
verification*

Tanks(1)	Volume: <u>1500 GAL</u>	Compartments: <u>1</u>	Manufacturer: <u>A-1 READY MIX</u>	Date: <u>10/8/22</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>12'</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>DEQ DRAIN ROCK</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>450'</u>
Comment				

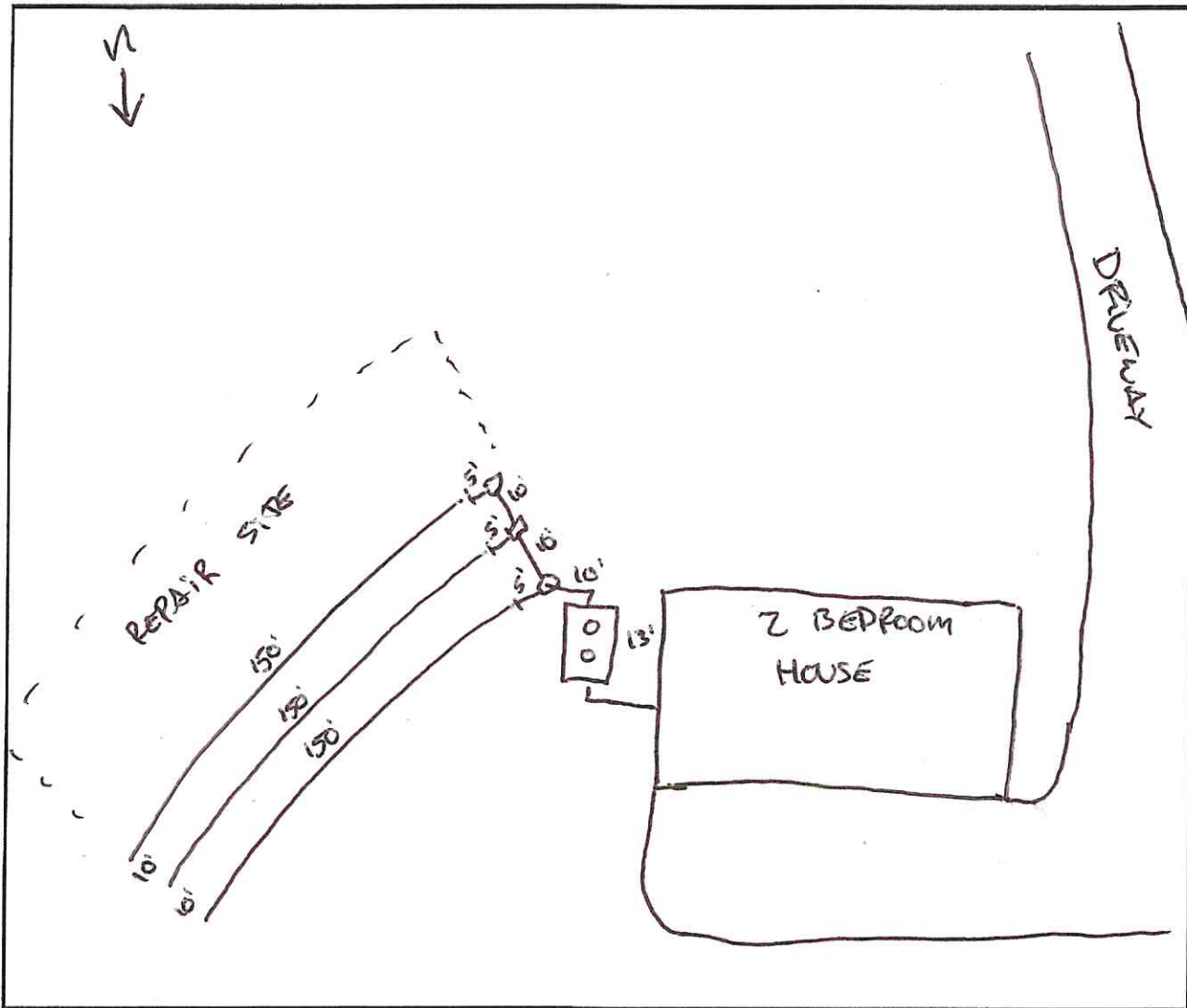
Clatsop County Department
of Public Health
On-Site Waste Water Program

*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

Permit No. 186-22-000018
Date 10/11/22

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:	THOMAS BOCH	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#:	39172
		Certification#:	2477
Owner/ Certified Installer:	Signature:	Date:	Phone#:
	THOMAS BOCH	10/9/22	503 440 1900

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
-----------------	--	-------

Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
---------------------------------------	--	-------

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
of Public Health

On-Site Waste Water Program

Approved By YMN

Permit No. 186-22-000018

Date 10/11/22



Septic Permit

Installation Permit - Residential - New

186-22-000018-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/pa/ge/onsite-septic-system-program>

Date issued: 1/20/22

Expiration date: 1/20/23

Work description: Construction/Installation; SFD; standard

Applicant: CHRISTENSEN, STEPHANIE
Address: PO Box 1321
ASTORIA OR 97103
Phone: 503-791-1377
Email: stephaniecandus2@hotmail.com
Business License: N/A

Primary contractor: SEE PROPERTY OWNER
INFORMATION
Owner (Property): OWNER

Owner: THOMAS EDWARD CHRISTENSEN
Address: PO Box 1321
ASTORIA OR 97103
Owner: STEPHANIE CANDUS
CHRISTENSEN
Address: PO Box 1321
ASTORIA OR 97103

Property address: 90999 Old Timber Rd, Astoria, OR 97103

Parcel: 709020001602 - Primary **Township:** 7 **Range:** 09 **Section:** 2

Lot size:	20.24 acres	Water supply:	Community Water Supply
Zoning:	AF	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		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	2 bedroom
Number of bedrooms:	N/A	2

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	450 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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

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1/20/22:11:29:16AM

ONS_OnsitePermit_pr

Date issued: 1/20/22

Expiration date: 1/20/23

Work description: Construction/Installation; SFD; standard

Special Requirements

Take out required:	Yes		
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.

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

Install with dry soil conditions.

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

Roof drains must be directed away from the system area.

Meet all required setbacks.

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

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

1/20/22

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JAN 18 2022



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

CLATSOP CO. PUBLIC HEALTH

81200
 81200

Application for Onsite Sewage Treatment System

A. Property Owner Information

Stephanie Christensen Po Box 1321 Astoria, OR 503.791.1377
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7 09 02 011602 20.24
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop n/a — —
 County Subdivision Name Lot Block

Property Address: 90999 Old Timber Rd. Astoria, OR 97103
 (Street, City, State, Zip)

Directions to Property Turn on Labiske In. next right is road. stay to left on Old Timber 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

Name _____

☒ Private

Well, Spring, Shared

Olney Water District

D. Type of Application

☐ Site Evaluation

☒ Construction

☐ Permit Repair

☐ Major

☐ Minor

☐ Alteration Permit

☐ Major

☐ Minor

☐ Renewal Permit

☐ Existing System Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Compliance Record Review

☐ Authorization Notice for:

☐ Connecting to an Existing System Not in Use

☐ Replacing a Mobile Home or House with Another

☐ Mobile Home or House

☐ The Addition of One or More Bedrooms

☐ Personal Hardship

☐ Temporary Housing

☐ Other-Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature

Stephanie Christensen 503.791.1377
 Applicant's Name (Please Print Legibly) Applicant's Phone

Po Box 1321 Astoria, OR 97103
 Applicant's Mailing Address

Date

11/24/21 Stephaniecandus2@hotmail.com
 Applicant's E-Mail Address

Applicant is the ☒ Owner ☐ Authorized Representative

☐ Authorization Attached

☐ Licensed Septic Installer

Installers Name

Travis Bugh

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JAN 18 2022

DEQ Land Use Compatibility Statement

GLATSOP CO. PUBLIC HEALTH

COMPLETED BY APPLICANT

1. Property Owner Name(s): Stephanie Christensen and Thomas Christensen
 Mailing Address: PO BOX 1321 Astoria, OR 97103
 Telephone 1: 503-791-1377 Telephone 2: 503-791-7976
 Email Address: Stephanie.candus2@hotmail.com
2. Applicant Name: Stephanie Christensen
 Mailing Address: PO BOX 1321 Astoria, OR 97103
 Telephone 1: 503-791-1377 Telephone 2: 503-791-7976
 Email Address: Stephanie.candus2@hotmail.com
3. Property Information:
 Situs Address: 91999 Old Timber Rd. Astoria, OR 97103
 Township 7 Range 09 Section 02 Tax Lot 01602 709020001602
 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 #: 22-000027PAYMENT ID: 107219251

1. Property Zoning 1 AF Property Zoning 2 / Overlays SW1
2. Minimum Parcel Size _____ Actual Parcel Size 20.24 ☐ LOR needed LOR Permit # 20180680
NOV 15, 2018
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:
- ☐ Compliance with local comprehensive plans and land use requirements. Citation: _____
 - ☒ Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached. Template Test - May 23, 186-20190194
 - ☐ Measure 49 Waiver - DLCD Approval Number: _____

→ Approved with conditions.

Comments: _____

Planning Official Signature

J. Pollack
 PLANNER, LAND USE

Date

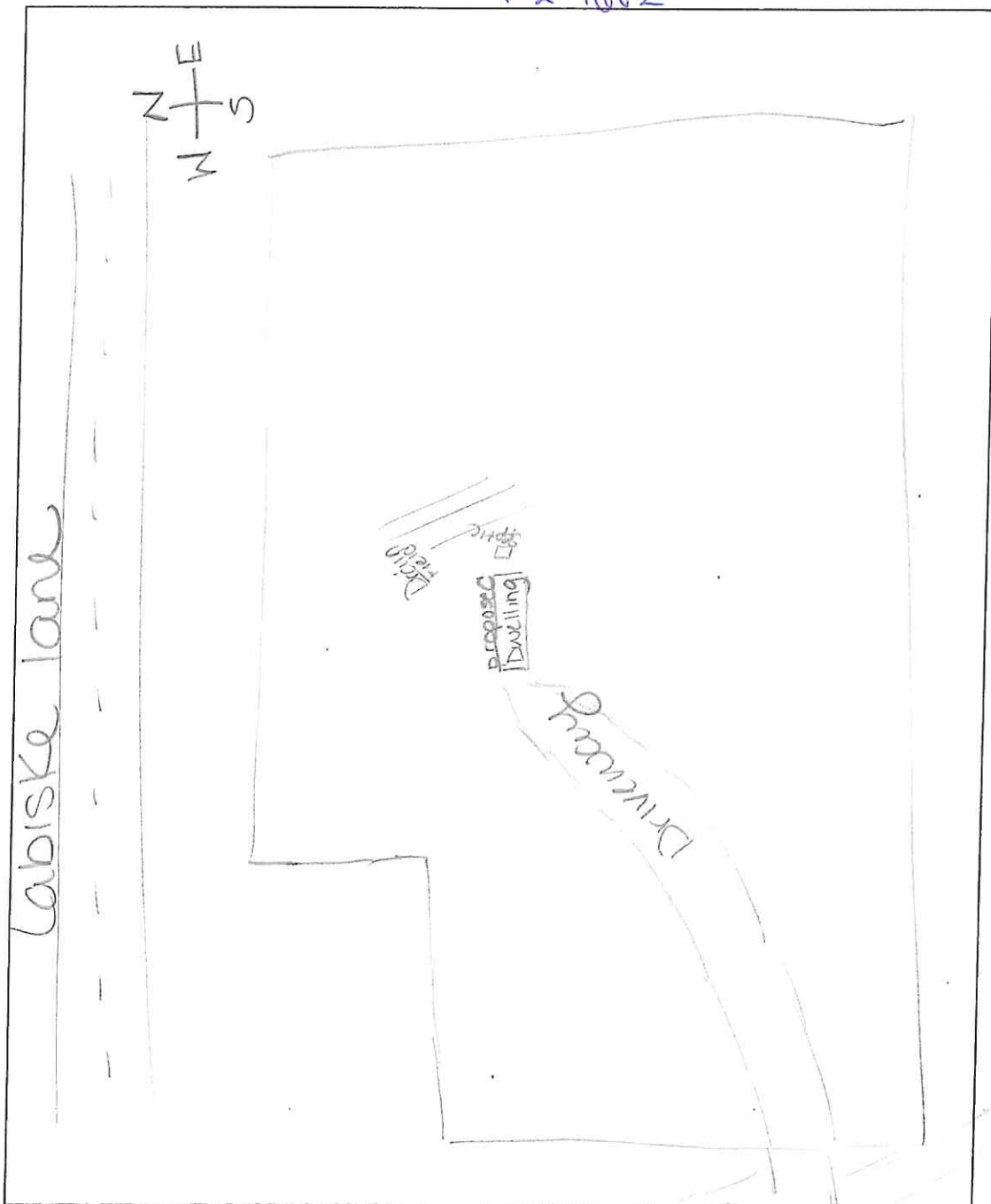
1/18/2022

PLOT PLAN

Property ID: 011602 Site Address: 90999 Old Timber Rd

Applicant Signature: [Signature]

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/i 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

#186-22-000078

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JAN 18 2022

GLATFISH CO. PUBLIC HEALTH

Thomas and Stephanie
Christensen 90999 Old Timber Rd.

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Clatsop County Department
of Public Health

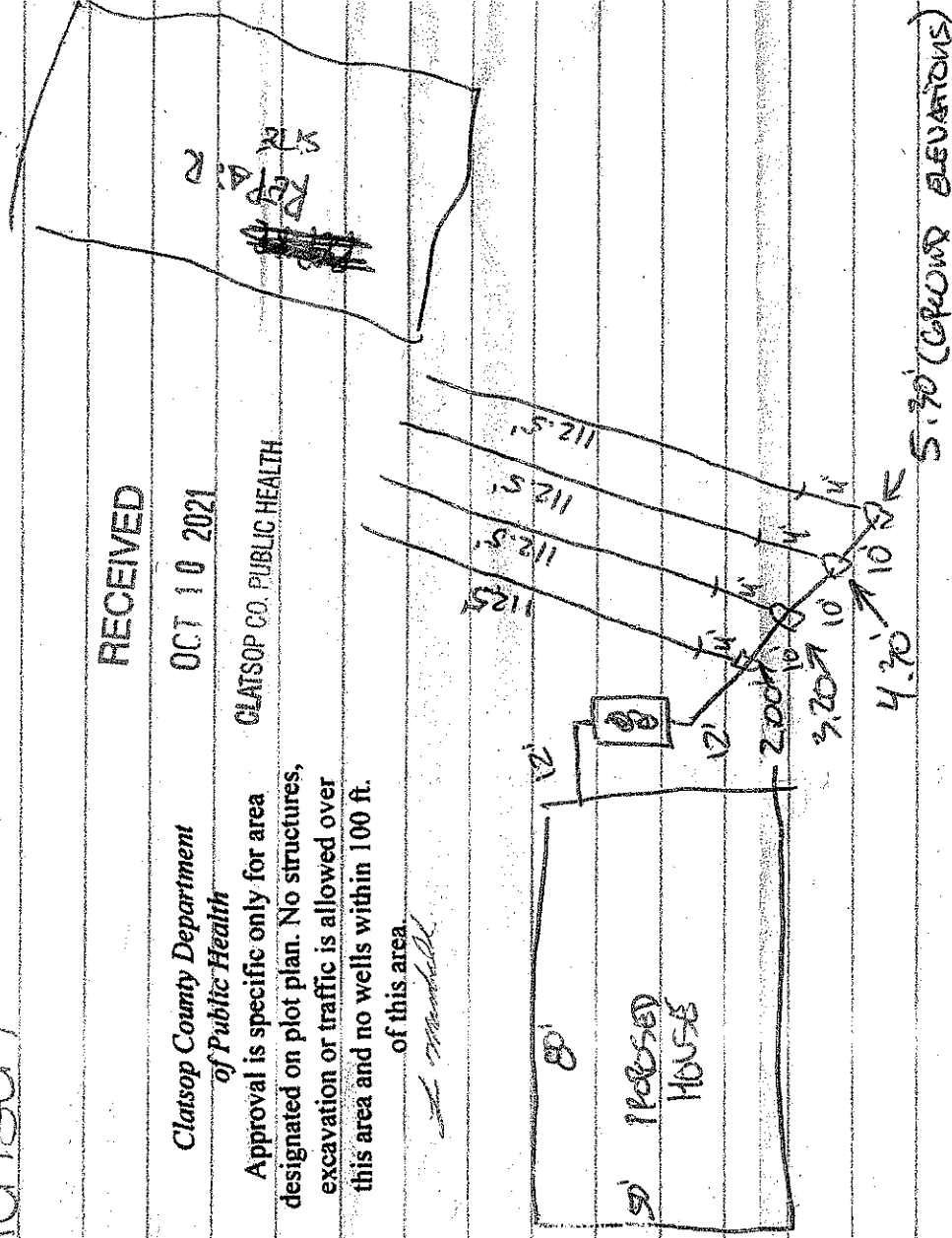
OCT 10 2021

CLATSOP CO. PUBLIC HEALTH

Approval is specific only for area
designated on plot plan. No structures,
excavation or traffic is allowed over
this area and no wells within 100 ft.

of this area.

L. Marshall



Licensed Septic
Being Completed by
Travis Bogn

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JAN 18 2022

CLATSOP CO. PUBLIC HEALTH

186-22-000018

Material list for 90999 Old Timber Rd. Astoria, Or 97103

1 1000 Gallon A-1 Readymix concrete tank

2 18" risers

2 lids

2 baffles

3 Polylok drop boxes

8 drop box inserts

1 Zabel filter

450' 4 inch perforated pipe

55' 4 inch solid pipe

3 4 inch caps

2 4 inch 45*s

450' filter fabric

35 yards 1 1/2" deq drain rock

20' green tracer wire

7-9-2-1602

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JAN 18 2022

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: 90999 Old Timber Rd. City: Astoria
 Owner: Thomas and Stephanie Christensen Phone: 503.791.1377
 Address: PO BOX 1321 Astoria, OR 97103 Email: stephaniecardus2@hotmail.com
 Agent: _____
 Proposed Development/Construction: Single Residential Home
 Map ID: 7-9-2-1602

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes ☒ No ☐ Site Approved: Yes ☒ No ☐
 Agency Signature: [Signature] Title: Permit Tech Date: 1/18/22
 Remarks: Construction / Installation permit has been purchased #186-22-000018

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: _____ Number of Hydrants: _____ Hydrant Location(s): _____
 Agency Signature: _____ Title: _____ Date: _____
 Remarks: _____

Oney Fire Department

Contact the local Fire Department serving your property

n/a 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



0.9 mi

This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

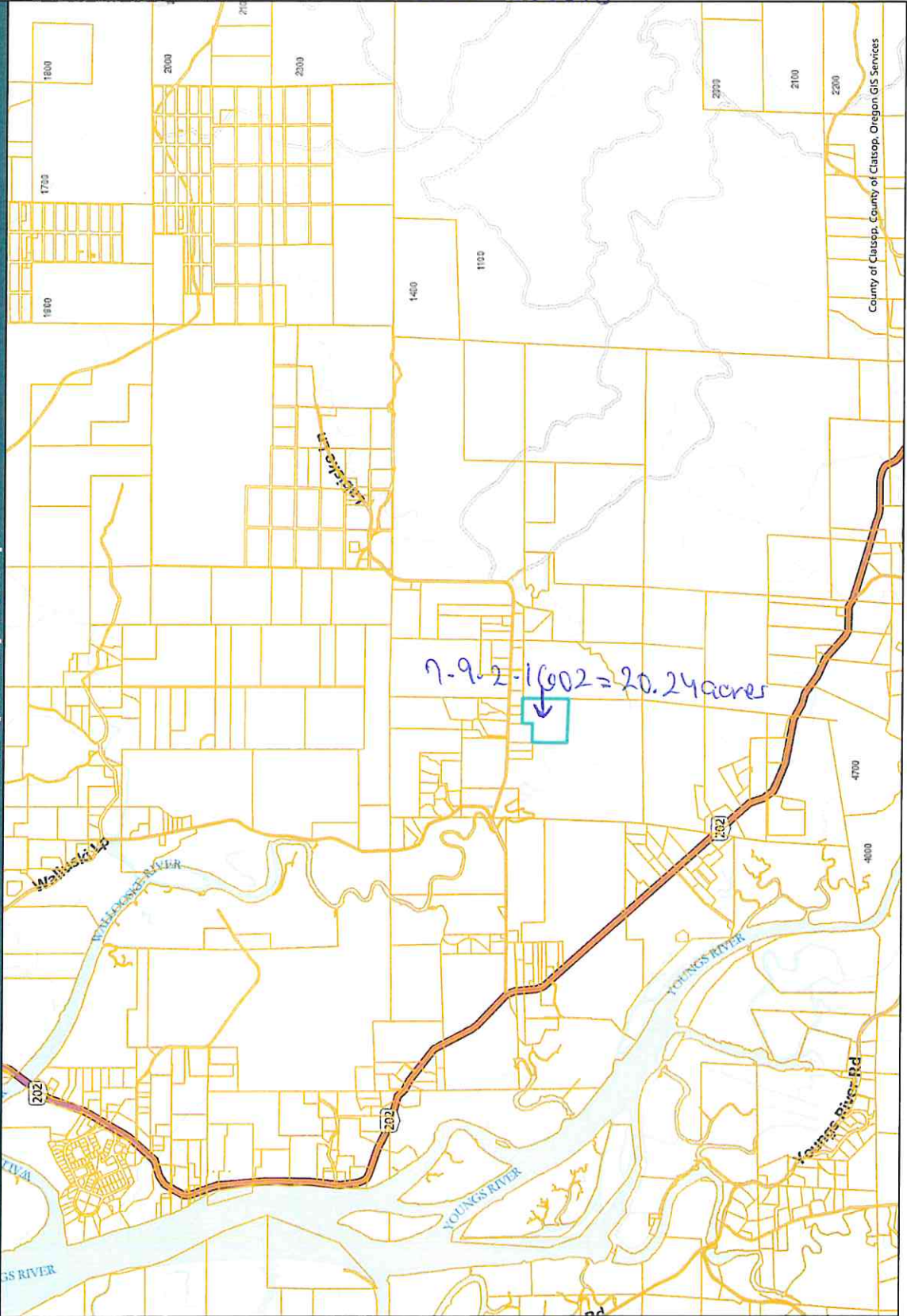


RECEIVED
JAN 18 2022

CLATSOP CO. PUBLIC HEALTH

#186-22-000018

ClatsopCountyWebmaps



County of Clatsop, Oregon GIS Services



Transaction Receipt
Record ID: 186-22-000018-PRMT
IVR Number: 186022728969

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

Receipt Number: 458364

Receipt Date: 1/19/22

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

Worksite address: 90999 OLD TIMBER RD, ASTORIA, OR 97103

Parcel: 709020001602

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
1/19/22	1.00 Ea	Install - Standard subsurface - by gallons per day	81-7203	\$1,091.00	\$1,091.00
1/19/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
1/19/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 107225142	Payer: STEPHANIE CHRISTENSEN	Payment Amount:	\$1,200.00
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Cashier: Annette Brodigan

Receipt Total: \$1,200.00



Residential Septic Site Evaluation Approval 186-21-000244-EVAL

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](https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program)

Date issued: 10/11/2021

Application status: Site Evaluation Approved

Work description: Site Evaluation; SFD

Applicant: CHRISTENSEN, STEPHANIE
Address: PO Box 1321
ASTORIA OR 97103
Phone: 503-791-1377
Email: stephaniecandus2@hotmail.com

Primary contractor: SEE PROPERTY OWNER
INFORMATION
Owner (Property): OWNER

Owner: THOMAS EDWARD CHRISTENSEN
Address: PO Box 1321
ASTORIA OR 97103-1321
Owner: STEPHANIE CANDUS
CHRISTENSEN
Address: PO BOX 1321
ASTORIA OR 97103

Property address: 90999 Old Timber Rd, Astoria, OR
97103

Parcel: 709020001602 - Primary

Township:

7 Range: 09

Section: 2

Lot size: 20.24

Zoning: N/A

Water supply: Well

City/County/UGB: County

Proposed use of structure: 3 bedroom
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.

Proposed gallons per day: 375 gpd.
Min dosing tank volume: N/A

System Specifications

System type:
System distribution type:
Distribution method:

Initial System

Standard
Serial
Serial

Replacement Area

Standard
Serial
Serial

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Initial System

450 linear ft.
30 in.
24 in.

Replacement Area

450 linear ft.
30 in.
24 in.

Special Requirements

Groundwater type:
Drainfield type:
Drainfield sizing:

Initial System

Temporary
Standard
450 linear ft/150 gal.

Replacement Area

Temporary
Standard
450 linear ft/150 gal.

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

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Date issued: 10/11/2021
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Lucas Marshall	Environmental Health Specialist I	10/11/21
----------------	-----------------------------------	----------

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Thomas and Stephanie
Christensen

90999 Old Timber Rd.

RECEIVED

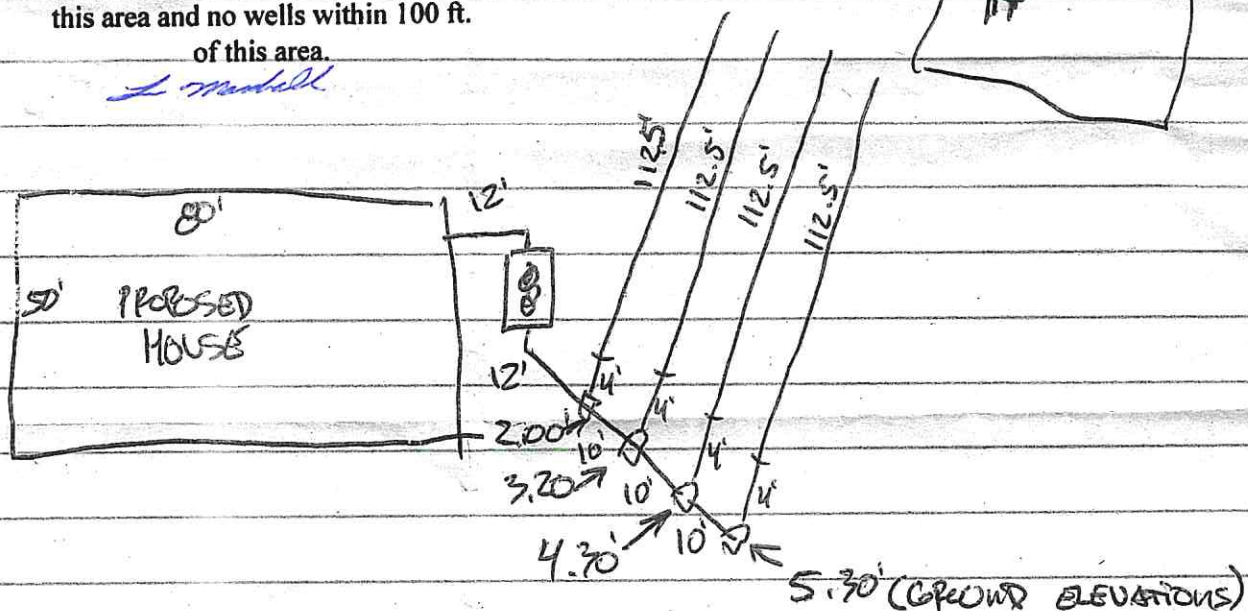
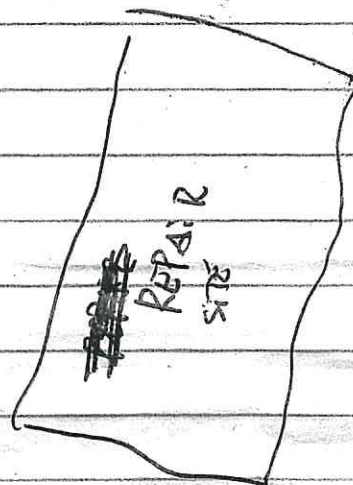
OCT 10 2021

Clatsop County Department
of Public Health

CLATSOP CO. PUBLIC HEALTH

Approval is specific only for area
designated on plot plan. No structures,
excavation or traffic is allowed over
this area and no wells within 100 ft.
of this area.

L. Marshall



Licensed Septic
Being Completed by
Travis Bugh



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

SITE EVALUATION REPORT

Dear Thomas Christensen

Date: August 3, 2021

Subject: 186-21-000244, Map-70902 01602, Address-90999 Old Timber Rd.

I evaluated the property referenced above to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. Based on the soil conditions observed in the prepared soil test pits, the soil conditions do meet the minimum requirements of the State of Oregon Department of Environmental Quality Onsite Wastewater Treatment System Rules, however before an approval can be granted it must be demonstrated that both an original and required future repair system can be staked out meeting the DEQ onsite wastewater treatment system rules.

OAR 340-071-0220 Standard System (1)(f)

(1) Criteria For standard subsurface systems. Each site must meet all of the conditions in this section to be approved for a standard subsurface system.

(f) The site has not been filled or the soil has not been modified in a way that would, in the agent's opinion, adversely affect the system's functioning.

Soil conditions observed in the prepared soil test pits can meet the State of Oregon onsite wastewater treatment system rules. In order to demonstrate the an original and required future replacement drainfield can be laid out for installation you will need to stakeout both the original and replacement systems, in an area that will not be modified by land clearing and stump removal.

The soil conditions observed in the four soil test pits would require 450 linear feet of standard drainfield, with the minimum trench depth of 24 inches and maximum trench depth of 30 inches. It maybe advantageous to consider the use of an alternative treatment technology system (ATT). An ATT would only require 150 linear feet of drainfield. Again, it will be required to stakeout and demonstrate that both an original and future replacement can be staked such that any further land clearing / stump removal will not modify an area found suitable and staked out.

App. Name: **Thomas Christensen**

Application: # **186-21-000244**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 7N/ R 09W/ S 02 Tax Lot#: 01602

You have 90 days from the date of this site evaluation report to complete the stake out review. After 90 days will require a new site evaluation application and new fees.

I strongly suggest obtaining the services of an onsite wastewater treatment system consultant, who has experience with sites with challenging site conditions.

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,



Larry Olander, WWS
Wastewater Specialist
Clatsop County Public Health

Attachments: Field Worksheet, Stakeout Procedure

cc: Planning Department

FIELD WORKSHEET

App. Name Thomas Christensen

Application #: 186-21-000244 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7N/ R 9W / S 02 Tax Lot#: 01602

Commercial Facility: ☐ Yes ☒ No Parcel Size: 20.24 acres

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-9" 9-19" 19-34" 34-55" 55-68"	HB/ WD Sicl Sic C C	10 YR 3/2, 1-c-M, Structure less 10 YR 4/3, 1-c,-P, 2-c-SBK 10 YR 4/2, 1-,c-P, 2-c-SBK 10 YR 5/2, 1-c-P, 2-m,c-SBK Gleyed-Clay pan Redox 34" ESD = roots at 48"
#2			Like #1- Redox @30-31" ESD @ 41"
#3			Pit similar to pit #1 redox @38" Clay Pan @ 48"
#4			Like #2 Redox @ 28" ESD=50"

Landscape Notes: The forested parcel has been clear cut. Portion of clear cut has been modified by stump removal.

Land Form -Terrace, Position Tread, Slope: 8-12% Aspect: S 20-26*E
Groundwater Type: Temporary

SITE EVALUATION FIELD WORKSHEET

Township: 7 Range: 09 Section: 02 Tax Reference: 01602 Parcel Size: 20.24
 Owner/Applicant: Thomas Christensen Evaluator: L. Olander
 Inspection Date(s): 07-28-21 Application Number: 186-21-000244

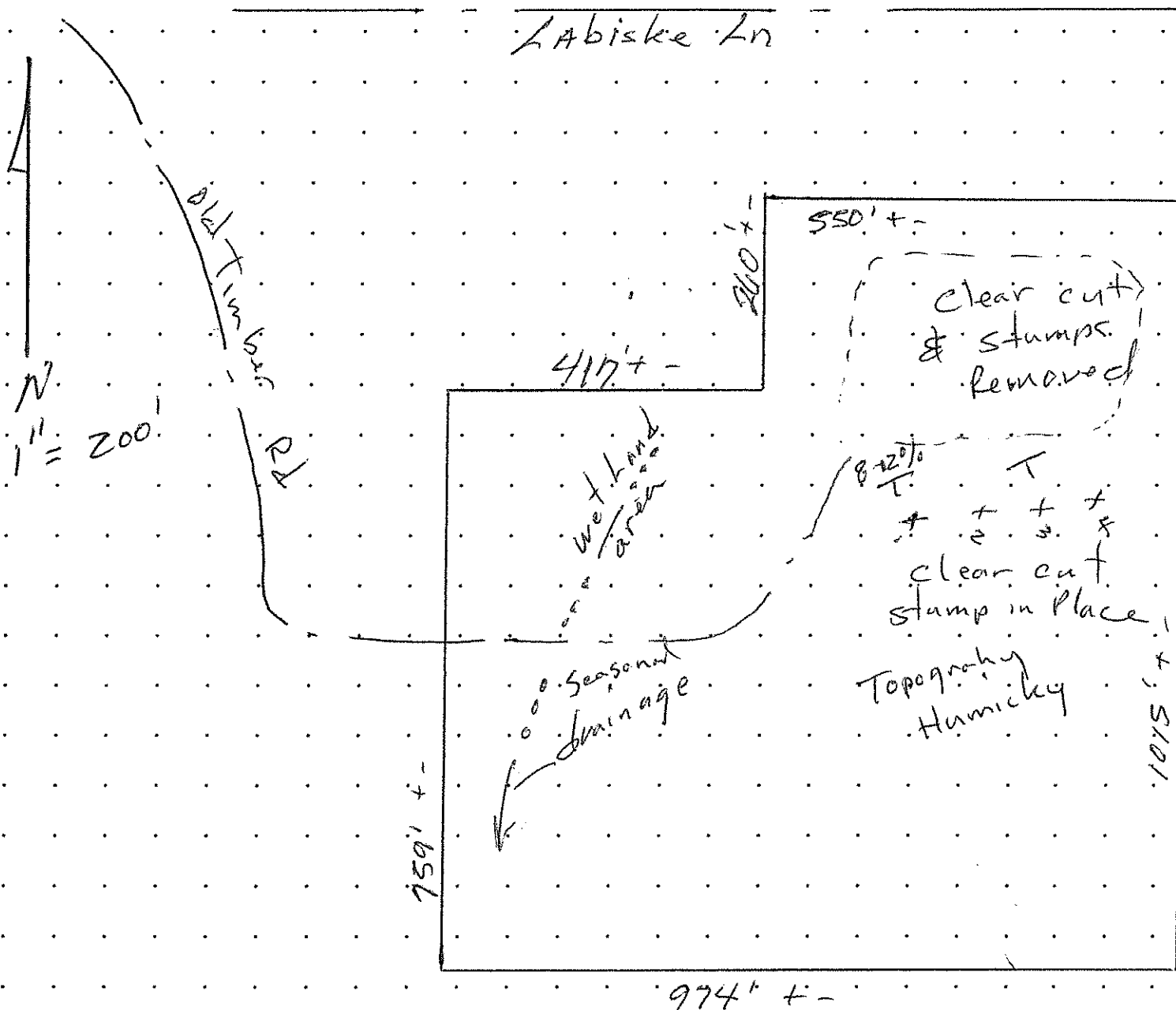
	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
526'E 8-16' Pit 1	0-9"	HB/WA	10YR 3/2 1-C-M 2-M, C-SBK
	9-19"	SicL	10YR 4/3 1-C-P 2-C-SBK
	19-34"	S,C	10YR 4/2 1-C-P 2-C-SBK
	34-55'	S	10YR 5/2 5/6 1-C-P 2-M, C-SBK
	55-68'	C	Clay Pan Gleyed ESD = 48"
Pit 2			Similar to Pit 1
			Clay Pan @ 41"
			Redox 30-31"
566'E 60' Pit 3			Similar to #1
			Redox 38"
			Clay Pan @ 48" F ronds
534'E 60' Pit 4			like #2 clay Pan 50"
			Redox @ 28"
			S20 W 11-12%

Landscape Notes: Forest clear cut Tapa Hamrick
 Slope: 8-12% Aspect: S20-26'E Groundwater Type: Temp
 Other Site Notes: will require stumps out in area not modified by logging & stump removal

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: _____

Township: 7 Range: 04 Section: 02 Tax Reference: 1602 Parcel Size: 20.24
Owner/Applicant: Thomas Christensen Evaluator: L. Olander
Inspection Date(s): 07-28-21 Application Number: 186-21-000244





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 26 2021

CLATSOP CO. PUBLIC HEALTH

(Pd) Visa
8850⁰⁰

Application for Onsite Sewage Treatment System

A. Property Owner Information

Thomas Christensen PO Box 1321 Astoria, OR 97103 503-791-1377
Name: Stephanie Christensen Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

T7N RD9W 02 01602 15043 20.24
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop Subdivision Name Lot Block

Property Address: 90999 Old Timber Rd Astoria, OR 97103
(Street, City, State, Zip)

Directions to Property Turn onto Labiske lane, Take next right onto Old Timber Rd
@ Y turn left, keep left, property @ end of road.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

- ☐ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility

- ☒ Single Family Residence
3
Number of Bedrooms
☐ Other

Water Supply

- ☐ Public
Name
☒ Private Shared well on neighbor's property
Well, Spring, Shared

D. Type of Application

- ☒ Site Evaluation
☐ Construction
☐ Permit Repair
 ☐ Major
 ☐ Minor
☐ Alteration Permit
 ☐ Major
 ☐ Minor
☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement
☐ Compliance Record Review
☐ Authorization Notice for:
 ☐ Connecting to an Existing System Not in Use
 ☐ Replacing a Mobile Home or House with Another
 ☐ Mobile Home or House
 ☐ The Addition of One or More Bedrooms
 ☐ Personal Hardship
 ☐ Temporary Housing
☐ Other-Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: Thomas Christensen and Stephanie Christensen Date: 7/25/21
Applicant's Name (Please Print Legibly) Applicant's Phone: 503-791-1377 / 503-791-7976 Applicant's E-Mail Address: Stephanie.candus2@hotmail.com

PO Box 1321 Astoria, OR 97103
Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached
Installer's Name: [Signature]

SITE DEVELOPMENT PLAN SHOWING TEST PITS LOCATION

Property ID: _____

Site Address: _____

Applicant Signature: _____

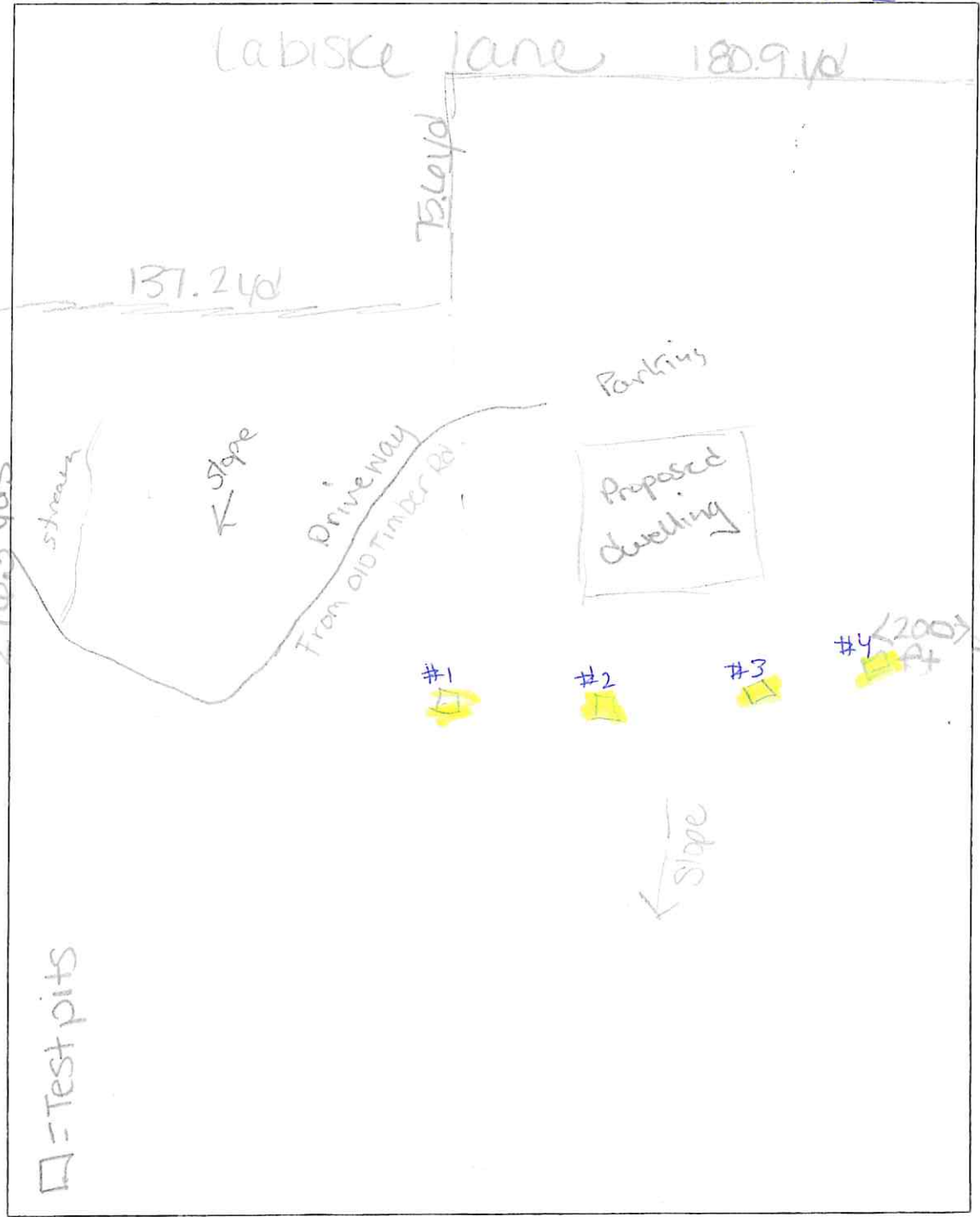
[Signature]

90999 Old Timber Rd.

Date: _____

Date: _____

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



□ = Test pits

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/in 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

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JUL 26 2021

GLATSOP CO. PUBLIC HEALTH

#180-21-000244
1 inch = 20 feet

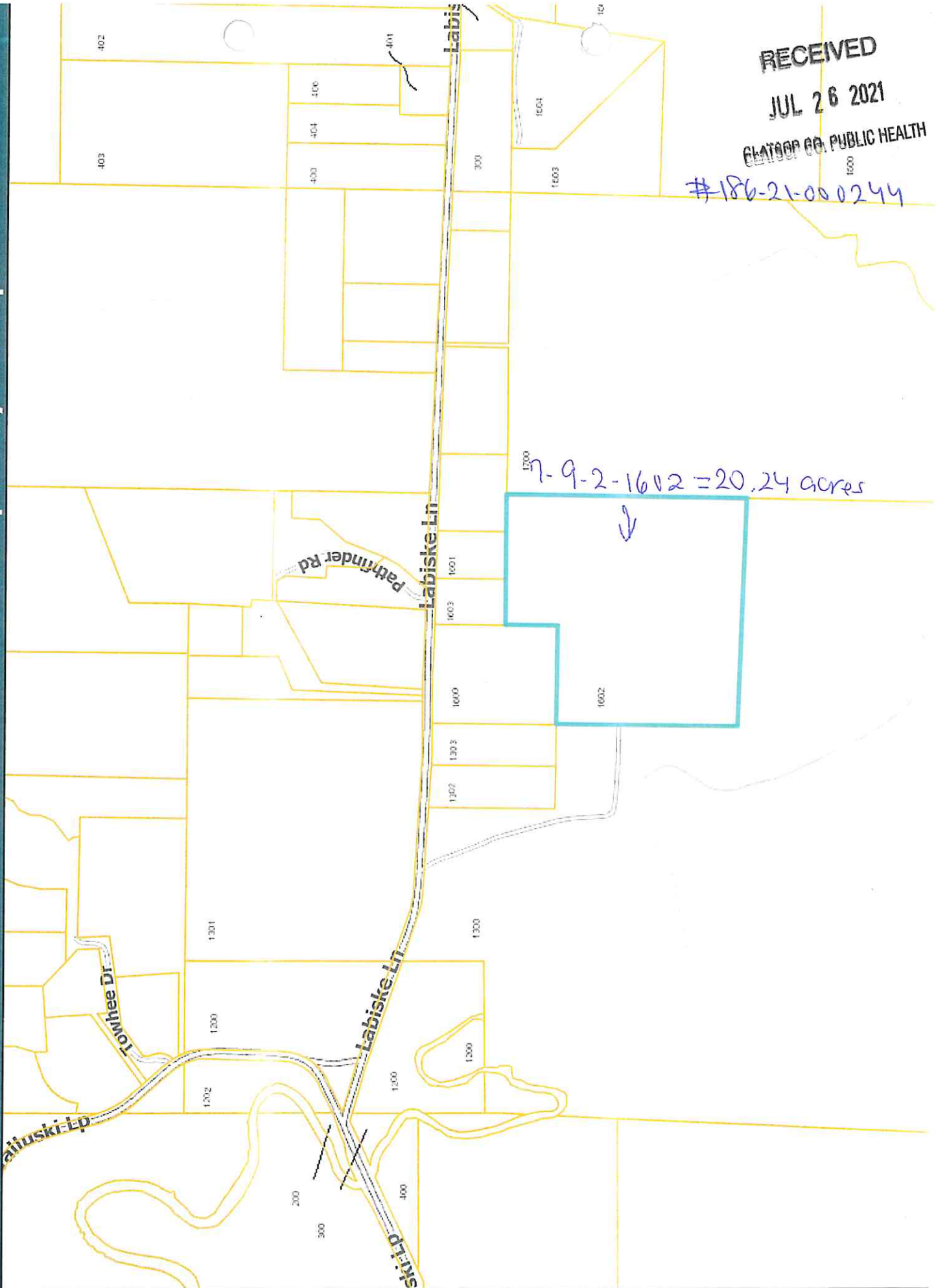
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JUL 26 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000244

7-9-2-1602 = 20.24 acres





Transaction Receipt
Record ID: 186-21-000244-EVAL
IVR Number: 186056233522

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

Receipt Number: 456924

Receipt Date: 7/28/21

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

Worksite address: 90999 OLD TIMBER RD, ASTORIA, OR 97103

Parcel: 709020001602

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/28/21	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
7/28/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
7/28/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 97750168	Payer: STEPHANIE CANDUS CHRISTENSEN	Payment Amount:	\$850.00
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Cashier: Annette Brodigan

Receipt Total: \$850.00