



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

186-23-000035-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 envhealth@clatsopcounty.gov
 Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 04/20/2023
Work Description: Major Repair; tank and drainfield

| | |
|--|--|
| Applicant: Robert Martens Excavation, Ltd. | Primary Contractor: Robert Martens Excavation, Ltd. |
| Address: 92859 Renee Road Astoria OR 97103 | Installer License: 37547 |
| Phone: (503) 325-0615 | Address: 92859 Renee Road Astoria OR 97103 |
| Email: martens92861@charter.net | Phone: (503) 325-0615 |
| | Email: martens92861@charter.net |

| | |
|---|---|
| Owner: JON D KOLMAN | Property Address: 35255 Searls Ln, Astoria, OR 97103 |
| Address: 35255 SEARLS LN ASTORIA OR 97103 | |
| Parcel: 709070001004 - Primary | Township: 7 Range: 09 Section: 7 |

| | |
|-------------------------------|---|
| Lot Size: 19.77 acres | Water Supply: Community Water Supply |
| Zoning: N/A | City/County/UGB: County |
| Land Use Approval: N/A | |

Category of Construction: Single Family Dwelling

| | Existing | Proposed |
|----------------------------|----------------|----------|
| Use of Structure: | 3 bedroom home | N/A |
| Number of Bedrooms: | 3 | N/A |

System Specifications

| | |
|--|------------------------------------|
| Type: Standard | |
| Max Peak Design Flow: 450 gpd. | Proposed Flow: 375 gpd. |
| Min Septic Tank Volume: 1000 gal. | Min Dosing Tank Volume: N/A |

Drain Field Specifications

| | |
|--------------------------------------|--|
| Drain Field Type: Standard | System Distribution Type: Equal |
| Drainfield Sizing: N/A | Distribution Method: Equal |
| Media Type: Rock/Pipe | Media Depth: 12 in. |
| Trench Length: 225 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: Yes | Filter Fabric on Top of Drain Media: Yes |

Date Certificate Issued: 04/20/2023
Work Description: Major Repair; tank and drainfield

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, REHS

Environmental Health Supervisor

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: 186-23-000035-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: JON D KOLMAN

Twnshp: 7 Range: 09 Sect: 7
 Lot: 01004

Property 35255 SEARLS LN, ASTORIA, OR 97103
 Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: STANDARD - Equal Dist Water tight verification*

| | | | | |
|----------|---------------------|--------------------------|----------------------------------|--------------------------------|
| Tanks(1) | Volume: <u>1500</u> | Compartments: <u>2</u> | Manufacturer: <u>A2 Concrete</u> | Date: <u>4-14-23</u> |
| Tanks(2) | Volume: | Compartments: | Manufacturer: | Date: |
| Pump(s) | HP: <u>1/2</u> | Model/Manuf. <u>PF10</u> | Float(s)Type(1): | Model/Manuf. <u>"J" ORENCO</u> |
| | | | Float(s)Type(2): | Model/Manuf. <u>"N" ORENCO</u> |

B. Piping

| | | | | | |
|-------------------------------------|---|----|-------------------------|--------------------------|---------|
| Effluent Sewer (tank to drainfield) | Yes | No | Diameter: | ASTM#/Other: | Length: |
| Pressure Transport Pipe | Yes <input checked="" type="checkbox"/> | No | Diameter: <u>1" (D)</u> | ASTM#/Other: <u>1785</u> | 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 | <u>(Gravel, Pipe or alternative?)</u> | | | | |
| Distribution Box | Yes <input checked="" type="checkbox"/> | No | | | |
| Drop Box | Yes | No | | | |
| Distribution Pipe | Yes <input checked="" type="checkbox"/> | No | Diameter: <u>4" (D)</u> | ASTM#/Other: <u>2729</u> | Length: |
| Comment | | | | | |

*Clatsop County Department
of Public Health*

On-Site Waste Water Program

Approved By [Signature]

Permit No. 186-23-000035

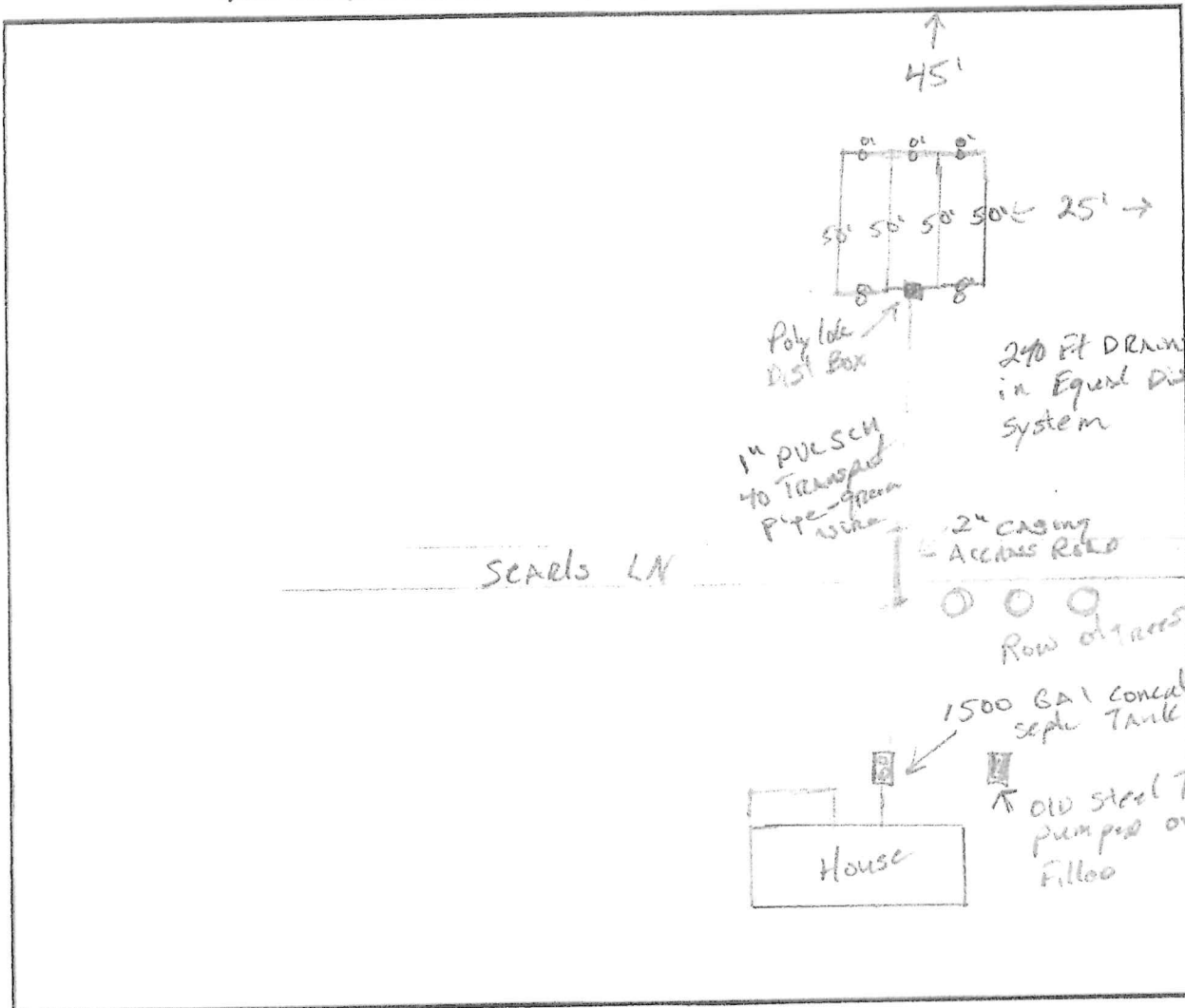
Date 4/20/23

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

| | | | |
|--|---|------------------------|-------------------------------|
| Owner/Permittee or Certified Installer w/Certification#: | Print Name: <u>Robert Martens</u> | | |
| Licensed Installer: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | License#: <u>37547</u> | Certification#: <u>R7 338</u> |
| Owner/ Certified Installer: | Signature: <u>[Signature]</u> | Date: <u>4-18-23</u> | Phone#: <u>503-440-2724</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. 186-23-000035
 Date 4/26/23



Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 - **Decommissioning of Systems**

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: Jon Kolman

Septic Tank Location: 35255 Searls Ln

Legal Description: T 7N R 9W S 700 Lot 1004

Date Tank Pumped: 4-17-23

By: [Signature] License #: 37864
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: [Signature] Date: 4-17-23
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: _____ Date: _____
(signature of operator/owner)



COMPLETE SEPTIC SERVICE
 41092 ZIAK-GNAT CREEK LANE
 ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

"GUARANTEED LOWEST PRICES"

6886

NAME Robert Mactos Excavation DATE 4-17-23
 ADDRESS 35255 Seaside Astoria OR 97103 PHONE 440-2724

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

| DESCRIPTION | AMOUNT |
|---|--------------|
| Pump out & clean 1,000 gallon Septic Tank | \$ 700.- |
| Thank you | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | 700.- |

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

Ordered By _____



Septic Permit

Repair (Major) - Residential - New

186-23-000035-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 envhealth@clatsopcounty.gov
 Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

| | |
|--|---------------------------------|
| Date issued: 3/28/23 | Expiration date: 3/27/24 |
| Work description: Major Repair; tank and drainfield | |

Applicant: Robert Martens Excavation, Ltd.
Address: 92859 Renee Road
 Astoria OR 97103
Phone: (503) 325-0615
Email: martens92861@charter.net

Primary contractor: Robert Martens Excavation, Ltd.
Installer License: 37547
Address: 92859 Renee Road
 Astoria OR 97103
Phone: (503) 325-0615
Email: martens92861@charter.net

Business License: N/A

Owner: JON D KOLMAN
Address: 35255 SEARLS LN
 ASTORIA OR 97103

Property address: 35255 Searls Ln, Astoria, OR 97103

Parcel: 709070001004 - Primary **Township:** 7 **Range:** 09 **Section:** 7

| | | | |
|---------------------------|-------------|---------------------------------|------------------------------|
| Lot size: | 19.77 acres | Water supply: | Community Water Supply |
| Zoning: | N/A | City/County/UGB: | County |
| Land use approval: | N/A | County: | N/A |
| Action: | New | Type of application: | Repair (Major) - 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: | 3 bedroom home | N/A |
| Number of bedrooms: | 3 | N/A |

System Specifications

| | | | |
|--------------------------------|-----------|--------------------------------|----------|
| Type: | Standard | ATT description: | N/A |
| Max peak design flow: | 450 gpd. | Proposed flow: | 375 gpd. |
| Min septic tank volume: | 1000 gal. | Min dosing tank volume: | N/A |

Drain Field Specifications

| | | | |
|---------------------------|----------------|--|--------|
| Drain field type: | Standard | System distribution Ttpe: | Equal |
| Drainfield sizing: | N/A | Distribution method: | Equal |
| Media type: | Rock/Pipe | Media depth: | 12 in. |
| Trench length: | 225 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

Stake out required: No

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

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| | |
|--|---------------------------------|
| Date issued: 3/28/23 | Expiration date: 3/27/24 |
| Work description: Major Repair; tank and drainfield | |

| | | | |
|---------------------------------|-----------|---|-----|
| Groundwater type: | Temporary | Groundwater depth: | N/A |
| Pump to drainfield reqd: | Yes | 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, REHS

Environmental Health Supervisor

3/28/23

Jon Kolman
7-9-700-1004

Materials list

1500 Gal A1 Concrete Dosing - septic
Tank With Fiberglass Risers And lids

P-10 Pump package with 10 Gpm pump
Bio tube pump vault SISO control panel
float assemble External splice box

180 Ft 1" PVC SCH 40 Transport pipe
with green tracer wire

30 Ft 2" PVC SCH 40 pipe for
ROAD CROSSING

225 Ft 4" Perforated pipe

25 yds DEO DRAIN ROCK

225 x 3' Filter Fabric

1 Polylok Dist Box.

Robert
Martens



Clatsop County

Environmental Health/Onsite Septic Program

March 7th, 2023

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
envhealth@clatsopcounty.gov email

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: **Repair Evaluation Results** – Site Approval with Conditions
Subject: **186-23-000035** – Tax Lot Map ID – **709070001004** Parcel Size: **19.77 acre**
Property Address: **35255 Searls Ln, Astoria, OR 97103**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **3/6/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: *Standard System – 225 Linear Ft Disposal Field*

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

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

Regards,

A handwritten signature in blue ink that reads "Lucas Marshall".

Lucas Marshall, REHST
Environmental Health Supervisor
Clatsop County Onsite Septic Program

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **709070001004**.

Replacement System: System Type: **Standard System**
Minimum Septic Tank Size: **1000 gallons**
Minimum Dosing Tank Size: **N/A**
Distribution Method: **Equal Distribution**
Minimum Length of Disposal Trenches: **225 Linear Ft.**
Trench Depths: Min: **24 inches** Max: **30 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. 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.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

Site Evaluation - Field Worksheet

Design flow: **450 gpd** Max # of bedrooms: **4**

| | |
|---|----------------------|
| Replacement System: | |
| <input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional | |
| Tank: | |
| <input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required | |
| Distribution Method: | |
| <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized | |
| Absorption Disposal Facility: | 225 Linear Ft |
| Maximum Trench Depth: | 30 |
| Minimum Trench Depth: | 24 |

| <u>Pit</u> | <u>Depth</u> | <u>Texture</u> | <u>Color</u> | <u>Roots</u> | <u>Structure</u> | <u>Comments: (ESD, Redox)</u> |
|-------------------------|--------------|----------------|---------------|----------------|--------------------------|----------------------------------|
| #1 | 0-10" | SiL | 10YR 3/2 | 2-f,m,c | 2-M-SBK | ESD = 60" |
| | 10-30" | SiL | 10YR 3/3 | 2-f,m | 2-M-SBK | No redox |
| | 30-60" | L | 10YR 3/4 | 1-f,m | 2-M-SBK | No water ~Cobbles/gravels 25% |
| <u>Pit</u> | <u>Depth</u> | <u>Texture</u> | <u>Color</u> | <u>Roots</u> | <u>Structure</u> | <u>Comments: (ESD, Redox)</u> |
| | | | | | | |
| Landscape Notes: | | | Slope: | Aspect: | Groundwater Type: | |
| Stream Terrace | | | 0-1% | 290*W | Temporary | |

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- System Description: Approval is for a Standard System with a 225 linear feet of disposal area.
- Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, foundations, and utility lines.**
- Install in the area of test pit. See field worksheet for further details.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 7 Range: 9 Section: 7 Tax Reference: 1004 Parcel Size: 19.77
 Owner/Applicant: Kolman Evaluator: Lucas Marshall
 Inspection Date(s): 3/6/23 Application Number: 186-23-000035

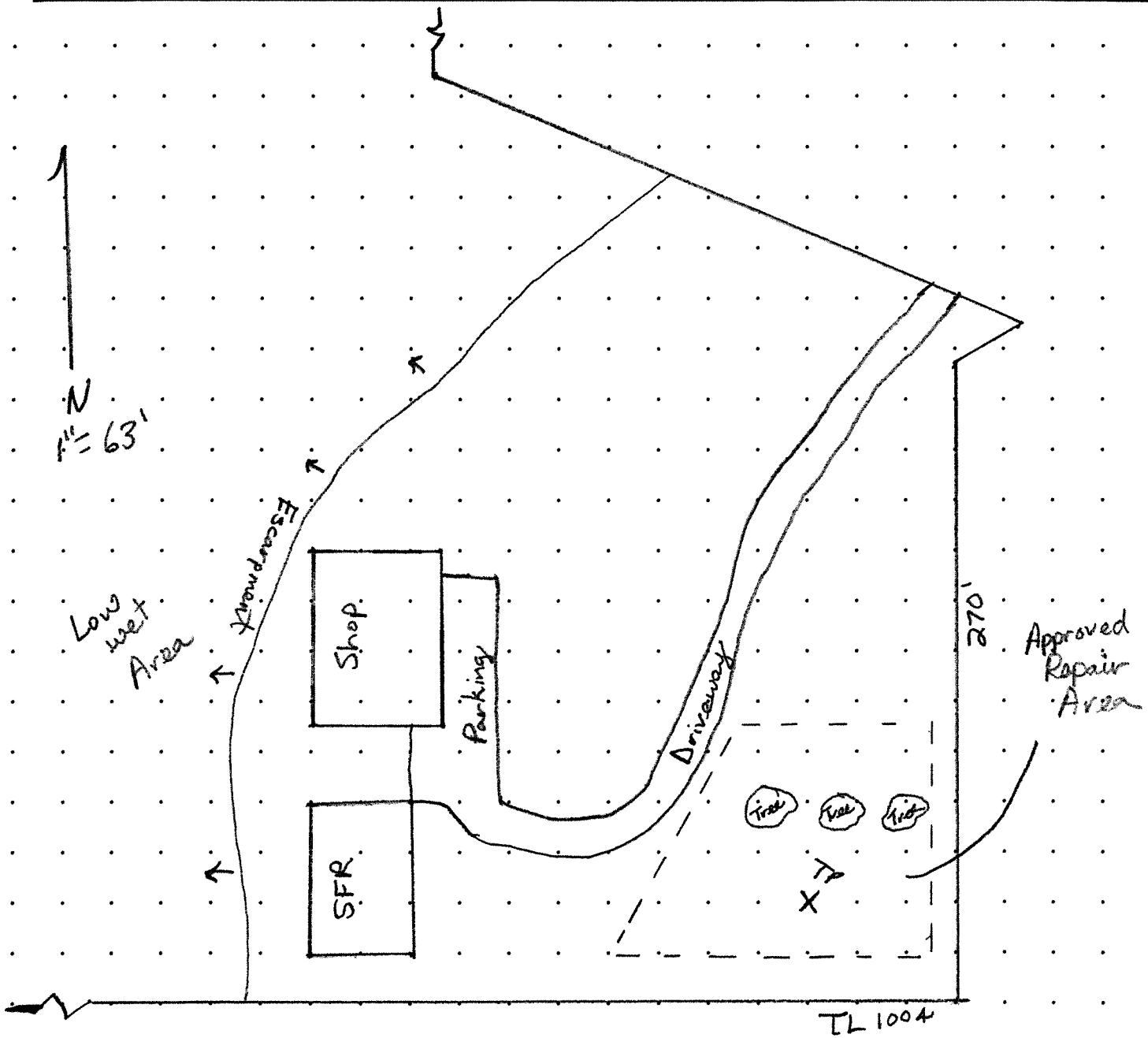
| DEPTH | TEXTURE | SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC... | | | |
|-----------------------------|---------|---|----------|--------------------|------------------------|
| Pit 1 | 0-10" | SiL | 10YR 3/2 | 2-F _{m,c} | 2-M-SBK |
| | 10-30" | SiL | 10YR 3/3 | 2-F _m | 2-M-SBK |
| | 30-60" | L | 10YR 3/4 | 1-F _m | 2-M-SBK |
| | | | | | Cobbles/gravel ~50% |
| ESD = 60" No water No redox | | | | | |
| Pit 2 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Pit 3 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Pit 4 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Landscape Notes: Stream Terrace
 Slope: 0-1% Aspect: 290°W Groundwater Type: Temporary
 Other Site Notes: Lewis + Clark River borders west property

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: Standard System ATT Treatment Standard: ✓
 Disposal Facility: 225 (linear feet/square feet) Maximum Depth: 30 inches Minimum Depth: 24 inches
 Special Conditions: Maintain required setbacks to property lines, utilities, foundations. Install in area of test pits.

Township: 7 Range: 9 Section: 7 Tax Reference: '004 Parcel Size: 19.77 ac.
Owner/Applicant: Kolman Evaluator: Lucas Marshall
Inspection Date(s): 3/6/23 Application Number: 186-23-000035





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

RECEIVED

FEB 27 2023

CLATSOP CO. PUBLIC HEALTH

pd ck# 13181
 8690⁰⁰

#186-23-000035

Application for Onsite Sewage Treatment System

A. Property Owner Information

Jon Kolman 35255 Seards Ln 719-510-5716
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7 9 07 1004 15392 19.77
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

County Subdivision Name Lot Block
 Property Address: 35255 Seards Ln Astoria OR 97103
 (Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
 Single Family Residence Unable to locate Single Family Residence L & C Water
3 previous septic records Number of Bedrooms Name
 Other _____ Other _____ 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

Robert Martens 2-24-23
 Signature Date
Robert Martens 503-440-2724 martens92861@
 Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

Applicant's Mailing Address _____

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Robert Martens #37547
 Installers Name

charter.net



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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FEB 27 2023

CLATSOP CO. PUBLIC HEALTH

#23-000035

Notice Authorizing Representative

I, Jon Kolman (Property Owner - Please Print), have authorized

Robert Mantous (Authorized Representative - Please Print) To act as my agent in performing

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

35255 Seavels Ln
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section 07 Tax Lot 1004 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Jon Kolman Email: Jonan.kolman@gmail.com
 Mail Address: 35255 Seavels Ln City/State/Zip Astoria OR 97103
 Phone: 719-510-5716 FAX: _____
 Signature: [Signature] Date: 2-22-2023

AUTHORIZED REPRESENTATIVE:

Name: Robert Mantous Email: _____
 Mail Address: 92859 Renee Rd City/State/Zip Astoria OR 97103
 Phone: 503-440-2724 FAX: _____
 Signature: [Signature] Date: 2-22-23

Jon Kolman

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9-9-7-1004

TREES
0
0
0
0

72

50'

45'

100'

Property line

SEARLS Ln.

0 0 0 0
TREES

EXISTING TANK

HOUSE



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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7-9-7-1004

Existing Septic System Description

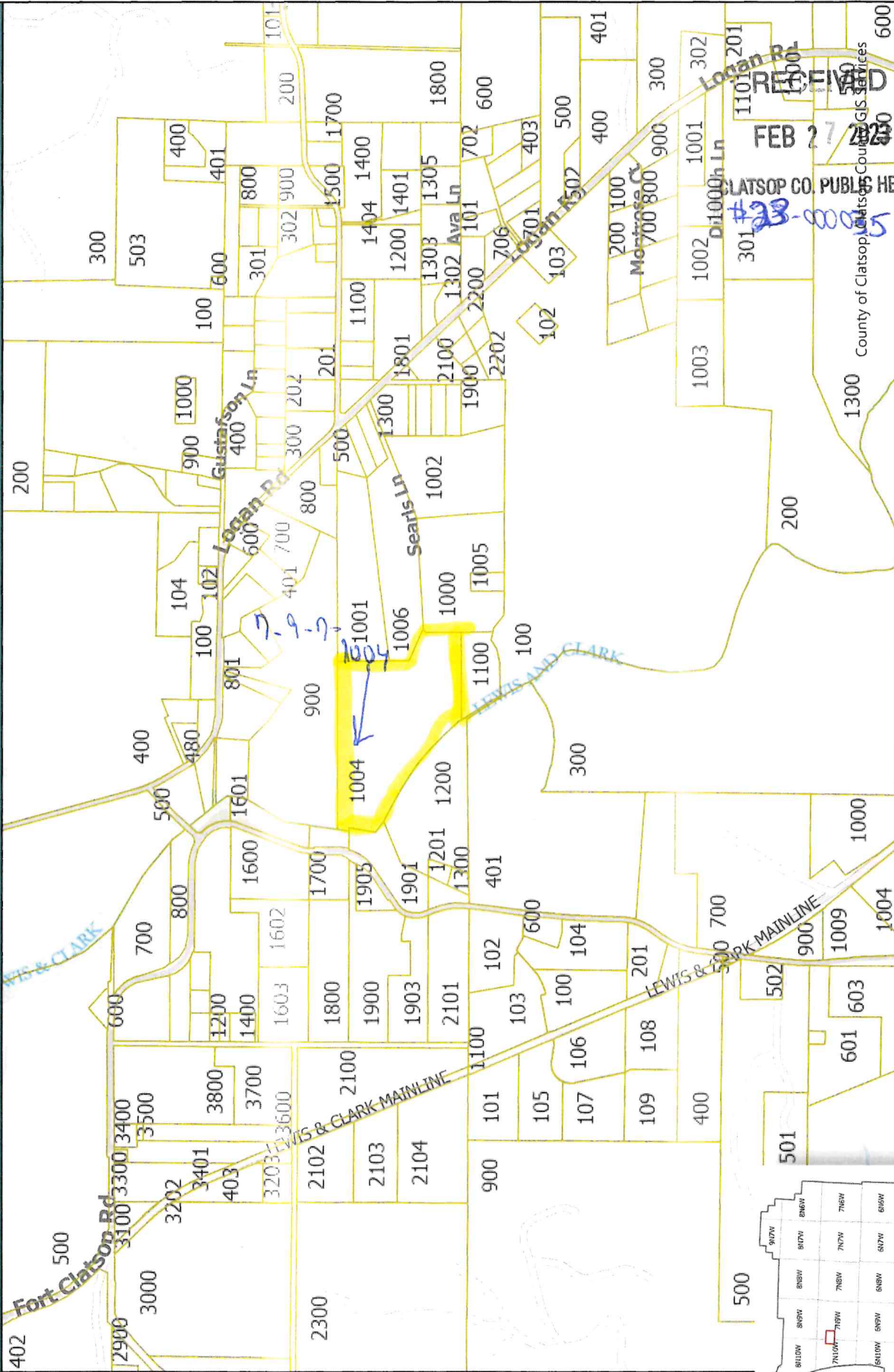
Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
- When was your septic system installed? _____
Date Permit Number
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons): _____
- When was the septic tank last pumped? (Attach receipt if available) _____
?
- Number of disposal trenches: _____
 0 Maybe Cesspool
- Total length of disposal trenches (in feet): _____
 0
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No
 If no, date of last use: _____
- If the septic system currently serves a dwelling,
 How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 0
- How many bedrooms will be in the proposed dwelling? 3 How many occupants? _____
- If the septic system serves a business,
 How many total employees are there? 0 Type of business: _____
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain: _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

Signature: Robert Martens Date: 2-24-23

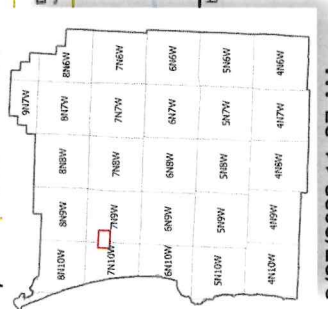
Clatsop County Webmaps



Clatsop County



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.



2/27/2023 11:37 AM



Transaction Receipt
Record ID: 186-23-00035-PRMT
IVR Number: 186072726185

Clatsop County Onsite
Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 461900

Receipt Date: 2/27/23

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 35255 SEARLS LN, ASTORIA, OR 97103

Parcel: 709070001004

Fees Paid

| Transaction date | Units | Description | Account code | Fee amount | Paid amount |
|------------------|---------|---|--------------|------------|-------------|
| 2/27/23 | 1.00 Ea | Repair (major) - single family dwelling | 81-7204 | \$581.00 | \$581.00 |
| 2/27/23 | 1.00 | GIS fee - Onsite | 81-7045 | \$9.00 | \$9.00 |
| 2/27/23 | 1.00 | DEQ Surcharge | 78-9934 | \$100.00 | \$100.00 |

| | | | |
|-------------------------------------|---|-----------------|----------|
| Payment Method: Check number: 13181 | Payer: Robert Martens Excavation, Ltd. | Payment Amount: | \$690.00 |
|-------------------------------------|---|-----------------|----------|

Cashier: Annette Brodigan

Receipt Total: \$690.00