



State of Oregon  
Department of Environmental Quality  
Water Quality Division  
Onsite Program

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DEC 30 2020

PA #2941  
#62-

HAS NOT  
RENEWED FOR  
2021

Annual Operation and Maintenance Report Form

Clatsop Co. Public Health

Todd & Sally Fox

General Information

Property Owner: ~~Thomas Christensen-Stephanie~~ Phone # ~~503 791 1520~~  
Site Address: 904101 Logan Rd City: Astoria  
County: CLATSOP Permit #: Startup Date: Sept 17  
System Model #: DFSU System Serial #: 27603  
Service Report Year: 2020  
7 09 07CA 00100

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

3-18-20 All OK  
10-7-20 All OK

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Randy Arts

Certification #: RM1 Certification Expiration Date: 7-2021

Signature: [Signature] Date: 12-11-20

S

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

Accela

JAN 17 2020

State of Oregon  
Department of Environmental Quality  
Water Quality Division  
Onsite Program

CLATSOP CO. PUBLIC HEALTH

Pd \$ 600-  
CHK# 2826



State of Oregon  
Department of  
Environmental  
Quality

Annual Operation and Maintenance Report Form

General Information

Property Owner: Thomas & Stephanie Christensen Phone # 503-791-1377  
Site Address: 90461 Logan Rd City: Astoria  
County: Clatsop Permit #: \_\_\_\_\_ Startup Date: Sept 17  
System Model #: DF50 System Serial #: 27603  
Service Report Year: 2019

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

4-12-19 All OK  
10-28-19 Rep OK

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Randy Arts

Certification #: RM1 Certification Expiration Date: 7-2021

Signature: \_\_\_\_\_ Date: 12-20-19

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).



PAID

JAN 7 0 2019

State of Oregon  
Department of Environmental Quality  
Water Quality Division  
Onsite Program

check # 2704  
\$60.00  
PAID  
JAN 07 2019

2018  
Annual Operation and Maintenance Report Form

#500772

7-9-7CA-0100

General Information

Property Owner: Thomas-Stephanie <sup>Dick</sup> Christensen Phone #: 503-791-1377  
Site Address: 90461 Logan Rd. City: Astoria  
County: Clatsop Permit #: \_\_\_\_\_ Startup Date: Sept 17  
System Model #: DFSD System Serial #: 27603  
Service Report Year: 2018

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

4-17-18 All OK  
11-14-18 All OK

Approved by  
Clatsop County  
Public Health  
Date 3/28/19

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): RANDY ARTS

Certification #: RM1 Certification Expiration Date: 7-2021

Signature: \_\_\_\_\_ Date: 12-31-18

**Note:** Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

(S) (P)



State of Oregon  
Department of  
Environmental  
Quality

State of Oregon  
Department of Environmental Quality  
Water Quality Division  
Onsite Program

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JAN 04 2018  
CLATSOP CO. PUBLIC HEALTH

Annual Operation and Maintenance Report Form

#500772 7-9-7CA-100

General Information

Property Owner: Thomas & Stephanie Christensen Phone #: 503-791-1377  
Site Address: 90461 Logan Rd City: Astoria  
County: Clatsop Permit #: \_\_\_\_\_ Startup Date: Sept 17  
System Model #: DF56 System Serial #: 27603  
Service Report Year: 2017 *★ NEW SYSTEM - NO FEE PER*

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

\_\_\_\_\_  
\_\_\_\_\_

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): RANDY ARTS

Certification #: RMI Certification Expiration Date: 7-2018

Signature: [Signature] Date: 12-28-17

**Note:** Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

(S)  
(P)

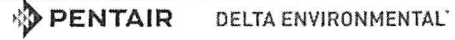
# RANDY ARTS

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CLATSOP CO. PUBLIC HEALTH

OR Maintenance Provider #RM1 ~ NAWT Inspector #12371ITC ~ CCB license#123431 ~ BCD Electrical license #CPI40



## 2-Year Delta Environmental Products DF Series Service Contract

### For the State of Oregon

#500772

Parties: (Authorized Delta Service Provider)

Name : Randy Arts

Address: PO Box 731

City, State, Zip Code: Sutherlin, Oregon 97479

Telephone: 541-580-4100

Fax: 866-283-2928

Email: rarts@ymail.com

And: (Customer)

Name : Thomas & Stephanie Christensen

Address: 90461 Logan Rd.

City, State, Zip Code: Astoria, OR 97103

Telephone: 503-791-1377

Email: stephaniecandus2@hotmail.com

System Location:

Address: 90461 Logan Rd.

City, State, Zip Code: Astoria, OR 97103

Legal Description: T R S TL

GPS Coordinates: N° W°

Installed by: Robert Martens Excavation

Serial #: 27603

Permit #:

Agency Contact Information -

Agency: Clatsop County Community Development

Address: 800 Exchange St., Suite 100

City, State, Zip Code: Astoria, OR 97103

Telephone: 503-325-8611

Date: 7-18-2017 Notes -

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CLATSOP CO. PUBLIC HEALTH

#50072

7.0 Termination/Cancellation

This agreement may be terminated or cancelled only upon:

- Written notice by one Party effective as of the effective date thereof if the other Party is in default of any provision of this Agreement and such default is not cured by the defaulting Party within fifteen (15) days after the effective date of said notice from the non-defaulting party, or by the mutual agreement of both Parties.
- Copy of such written notice shall be forwarded to the regulatory agency.

8.0 Miscellaneous Provisions

This agreement is personal in nature and may not be delegated, assigned or transferred by either Party without the prior written consent of the other Party.

The laws of the State of Oregon shall govern the Agreement.

The homeowner shall be responsible for complying with the Delta DF Series Installation, Operation & Maintenance Manual provided to them with the purchase of the system.

Any notice or other communication required or permitted to be given under this Agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the Parties at the addresses shown on the first page of the Agreement. Any notice or other communication shall be deemed given at the expiration of the second day after the date of deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other Party as provided in this Section.

Inspection and maintenance of the pump basin and pump apparatus following the Whitewater Treatment System is included in this contract. We will observe and record conditions of the drain field as per State requirements.

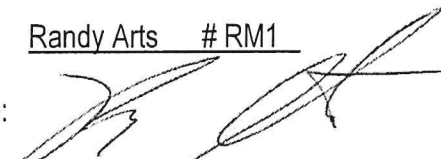
This contract gives Randy Arts and his business associates the right to pass for maintenance related work without prior notice unless requested by the property owner.

This two year maintenance contract only valid when system is purchased thru Aerobic Septic Systems.

**Delta Service Provider**

Name: Randy Arts #RM1

Signature:



Title: Oregon Certified Service Provider  
541-580-4100

**Customer(s)**

Stephanie Dick 7/19/17  
[Signature]



Recording Instrument #: 201705849  
 Recorded By: Clatsop County Clerk  
 # of Pages: 2 Fee: 52.00  
 Transaction date: 7/20/2017 10:58:43  
 Deputy: jkerr

Return to Address:  
Stephanie Dick  
90461 Logan rd.  
Astoria, OR 97103

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 JUL 20 2017  
 CLATSOP CO. PUBLIC HEALTH

**"NOTICE TO TITLE AGREEMENT"**

FILED FOR THE RECORD AT THE REQUEST OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT  
 NOTICE FOR OPERATION AND MAINTENANCE REQUIREMENT

MAP AND TAX LOT #: 70907CA00100 TAX ACCT ID: 15401  
 SITUS ADDRESS: 90461 Logan rd. Astoria, OR 97103  
 ON-SITE SEWAGE SYSTEM PERMIT NUMBER: 500772

LEGAL DESCRIPTION REQUIRED:

legal type: metes ~~and~~ bounds  
 2017 \* cancel code break total SP  
 See Exhibit A

Additional Legal Description Can Be Found On Page \_\_\_ Of This Document.

ON-SITE SEWAGE SYSTEM: OPERATION & MAINTENANCE REQUIREMENT OF  
 THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT.

The residence or facility on this property utilizes an alternative method of sewage disposal, which requires regularly scheduled monitoring and maintenance. Monitoring and maintenance is required to be performed by a person certified by the Oregon Department of Environmental Quality as specified in the Oregon Administrative Rule OAR 340-071-0220.

[Signature]  
 Signature of property owner/grantor

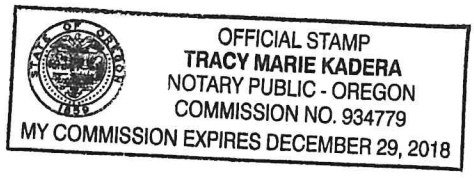
Amy Ewing  
 Print name

State of OREGON  
 County of Clatsop

This instrument was acknowledged before me on the 19 day of July, 2017  
 by: (seal)

Tracy Marie Kadera  
 Signature of Notary Public

Additional Signatures Can Be Found On Page \_\_\_\_\_ of This Document.



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JUL 20 2017

CLATSOP CO. PUBLIC HEALTH

#500972

Exhibit A

Beginning at a point 20 feet North of a point on line East and West between the Donation Land Claims of Geo. R. McEwan and Moses Rodgers in Township 7 North of Range 9 West, Willamette Meridian and 40 rod East of the point of intersection of said line with the East bank of Lewis and Clark river;  
thence North 11 rods;  
thence East 29 rods;  
thence South 11 rods;  
thence West to the place of beginning.

Also a ten acre tract described in above mentioned deed, and more particularly described as follows:

Beginning at the Southeast corner of said two acre above described tract; thence North on the East line of said two acre tract, extended a sufficient distance to include ten acres in the tract herein described;  
thence East and parallel with the County road upon which said two acre tract abuts on the South, to the East line of the said Geo. McEwan D.L.C. Claim;  
thence South on said East line to the North line of said road;  
thence West along said road to a point of beginning.

EXCEPTING THEREFROM that certain parcel of land which is a part of Section 7, Township 7 North, Range 9 West, Willamette Meridian, Clatsop County, Oregon and also being a portion of the Geo. McEwan D.L.C.; said parcel is hereby defined;  
Beginning at a point on the East boundary of said Geo. McEwan D.L.C. where said East boundary intersects the North line of County Road #67 and running;

thence West on the North line of County Road #67 for 414 feet to the true point of beginning of said parcel of land to be conveyed;

From said true point of beginning, run on West line on the North side of County Road #67 for 100 feet;  
thence North and at right angles to said county road for 85 feet;  
thence East and parallel to the North line of Road #67 for 100 feet;  
thence West to the North line of County Road #67 to the point of beginning.

EXCEPTING THEREFROM a tract of land in Section 7, Township 7 North, Range 9 West of the Willamette Meridian, Clatsop County, Oregon, described as follows:

Commencing at the Southeast corner of the George McEwan Donation Land Claim No.

38 in said Section 7;  
thence North 0° 52' 30" East at right angle to the South line of said Donation land Claim No. 38, 6.68 feet to the North right-of-way of County Road No. 92;

thence North 88° 15' 18" West along the North right-of-way line of said County Road No. 92, 407.00 feet to a 5/8-inch rebar and plastic cap, being the true point of beginning of the parcel herein described;  
thence North 1° 04' 42" East 150.00 feet to a 5/8-inch rebar and plastic cap;  
thence North 88° 55' 18" West 137.00 feet to a 5/8-inch rebar and plastic cap;  
thence South 1° 04' 42" West 150.00 feet to a 5/8-inch rebar and plastic cap on the North right-of-way of County Road

No. 92;  
thence South 88° 55' 18" East along the North right-of-way of County Road No. 92, 137.00 feet to the point of beginning.

FURTHER EXCEPTING THEREFROM:

Beginning at a point on the East boundary of said George McEwan Donation Land Claim No. 38 where said East boundary intersects the North line of County Road No. 67 and running;  
thence West on the North line of County Road No. 67 for 414 feet to the true point of beginning of said parcel of land to be conveyed;

From said true point of beginning, run on West line on the North side of County Road No. 67 for 100 feet;

thence North and at right angles to said County Road for 85 feet;  
thence East and parallel to the North line of Road No. 67 for 100 feet;  
thence West to the North line of County Road No. 67 to the point of beginning.

FURTHER EXCEPTING THEREFROM:

A parcel of land, approximately 1.01 acres in size and created by partition in 1991 (parcel to be conveyed by separate deed). The parcel is a part of Section 7, Township 7 North, Range 9 West, Willamette Meridian, Clatsop County, Oregon, and also being a portion of the Geo. McEwan Donation Land Claims. This parcel is hereby defined:

Beginning at the Southeast boundary of the Geo. McEwan D.L.C. No. 38 where the East Boundary intersects the North line of County Road #67 and running;

thence West on the North line of County Road #67 for 406.85 feet to the true point of beginning of this parcel;  
thence North and at right angles to county Road #67 for 150 feet;  
thence East and parallel to the North line of County Road #67 for 292.34 feet;  
thence South for 150 feet to the North line of County Road #67;  
thence West on the North line of County Road #67 for 292.34 feet back to the true point of beginning of said

parcel of land.



## Certificate of Satisfactory Completion

*Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 500772 as follows:*

### PROPERTY INFORMATION

Property Owner: <b>Ewing Anthony N</b>	Township <b>7</b> , Range <b>09</b> , Section <b>07 C A</b>
Property Location: <b>90461 Logan Rd, Astoria</b>	Tax Lot <b>00100</b>
Facility Type: <b>Single Family Dwelling</b> <b>3 Bedrooms</b>	

### SPECIFICATIONS AND REQUIREMENTS

System type:	<b>Alternative Treatment Technology</b>
Design Flow:	<b>375.00 gals/day</b>
Minimum Septic Tank Size:	<b>1000.00 gals</b>
Distribution Type:	<b>Equal</b>
Total Trench Length:	<b>150.00 Linear feet</b>
Trench Spacing:	<b>10.00 feet*</b>
Media Type:	<b>Rock and Pipe</b>
Maximum Trench Depth:	<b>18.00 inches</b>
Minimum Trench Depth:	<b>12.00 inches</b>
Drain Media Total Depth:	<b>12.00 inches</b>
Drain Media Below Pipe:	<b>6.00 inches</b>
Drain Media Above Pipe:	<b>2.00 inches</b>

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

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

*Nancy Mendoza*

**Onsite Wastewater Specialist**

**6/29/2017**

Authorized Agent:

Title:

Date Issued:

**Nancy Mendoza**

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

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500772

JUN 26 2017

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

Section 1: Owner/Permittee Information:

Name: Ewing Anthony N
Property Address: 90461 Logan Rd, Astoria
Township 7 Range 09 Section 07CA Tax Lot(s) 00100

Section 2: System Component Specifications: System Type:

A. Tanks/Pumps

Water tight verification - All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A.I Concrete Date 6-22-17
Tanks(2) Volume Compartments Manufacturer Date
Pumps: HP Model/Manuf Float(s)Type(1) Model/Manuf
Float(s)Type(2) Model/Manuf

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter ASTM#Other Length
Pressure Transport Pipe Yes No Diameter 1 1/4 ASTM#Other 1785 Length 10 FT

C: Secondary Treatment Unit:

Delta White Water Sand Filter - Attach sieve analysis for Underdrain Media and Filter Sand
Underdrain pipe Diameter ASTM#Other Length
Manifold Piping Diameter ASTM#Other Length
Internal Pump HP 1/2 Model/Manufacturer ORENCO
Floats(1) Type Model Manufacturer
Floats(2) Type Model Manufacturer
ATT Yes No Model
Certified Maintenance Provider: Name Randy Ants
Operation & Maintenance Contract: Received? Yes No

D. Drainfield Media

Type: Gravel, Pipe or Alternative?
Distribution Box Yes No
Drop Box Yes No
Distribution Pipe Yes No Diameter ASTM#Other

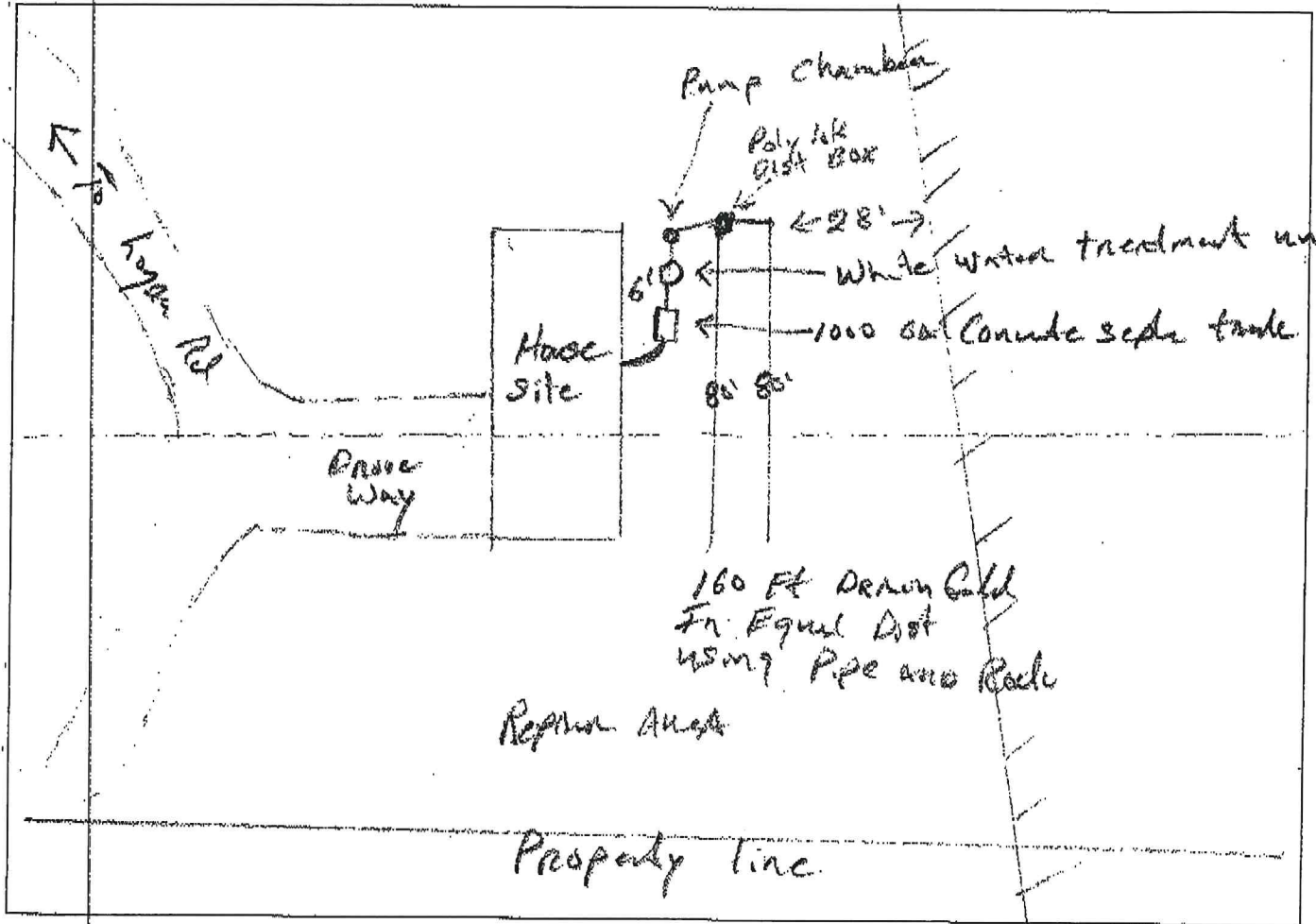
City of Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By N. Mendoza
Permit No. 500772
Date 6/29/17

JUN 26 2017

CLATSOP CO. PUBLIC HEALTH

Section 3: As Built Plan of the Constructed System

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



Section 4: Construction was performed by (Signature Required):

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

Owner/Permittee/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Robert Martens  
 Licensed Installer: Yes  No  License # 37547 Certification # RI 338  
 Owner/Certified Installer Signature Rt C MT Date 6-26-17  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 M. Mendoza  
 Permit No. 500772  
 Date 6/29/17



# Clatsop County

## Department of Public Health

820 Exchange St., Suite 100  
Astoria, Oregon 97103

Phone (503) 325-8500  
Fax (503) 325-8678

June 30, 2017

Anthony Ewing  
Property address: 90461 Logan Rd / # 7-9-7CA-100  
Astoria, OR. 97103  
Permit #500772

**RE: Certificate of Satisfactory Completion**

Dear Mr. Ewing,

As you may be aware, your licensed installer requested that Clatsop County Public Health inspect your recently installed septic system. At the time of the inspection, the inspector approved the installation and allowed the installer to cover the exposed components. However, the Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released because two important documents are missing and must be submitted first before the CSC can be mailed.

The State of Oregon requires that all alternative septic systems, like the one installed on your property, must have an ongoing operation and maintenance (O&M) contract provided by a licensed provider. This is a signed contract between you (the owner) and a licensed O&M provider for the system. This contract has not been submitted. **This contract MUST be provided to Clatsop County in order to receive a CSC.** A list of O&M providers is enclosed if you do not already have a provider.

Additionally, Clatsop County Public Health requires that a Notice to Title Agreement be submitted to the Clatsop County Clerk's Office. A Notice to Title Agreement is a one-time addendum to the property title file that must be submitted in a true-to-form format to the Clerk's Office. The form must be filled out in its entirety and a fee of \$47.00 for the first page (and \$5 for each additional page) must be paid to the Clerk's Office. This form has not been submitted. **The Notice to Title Agreement MUST be submitted to the Clerk's Office in order to receive a CSC.** A blank Notice to Title Agreement form is enclosed for your reference.

If you have any questions, please do not hesitate to contact Michael McNickle, Environmental Health Supervisor, at 503-338-3686 or email him at [mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us)

Thank you,

*Annette Brodigan*

Permit Technician  
Clatsop County Public Health  
Phone: 503-338-3681  
Email: [abrodigan@co.clatsop.or.us](mailto:abrodigan@co.clatsop.or.us)

Cc: Licensed Installer  
File

Encl: O&M Providers List  
Notice to Title Agreement Form

## Construction Permit

*This Construction Permit, Permit #500772, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Ewing Anthony N** Township **7**, Range **09**, Section **07 C A**  
Property Location: **90461 Logan Rd, Astoria** Tax Lot **00100**  
Facility Type: **Single Family Dwelling**  
**3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Alternative Treatment Technology**  
Design Flow: **375.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Equal**  
Total Trench Length: **150.00 Linear feet**  
Trench Spacing: **10.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **18.00 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 If the ATT aeration device fails, wastewater must be prevented from going into the drainfield.
- 2 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.
- 3 The cap material must be evenly graded to a final depth of 10 inches over the drain media.
- 4 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 5 Vehicular traffic and livestock must be restricted from the system area.
- 6 The alarm and pump must be on separate circuits in the control panel.
- 7 Timed dosing required - must include timer and dose counter
- 8 Meet all required setbacks.
- 9 All roof drains must be directed away from the system.
- 10 The ATT shall be installed according to the manufacturers instructions.
- 11 Filter fabric is required over the drain media.
- 12 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.
- 13 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 14 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 15 ATT treatment standard 1 required.
- 16 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.

- 17 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 18 Future repair may be a sandfilter or ATT
- 19 Each pump shall be wired on a separate circuit.
- 20 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.

**INSPECTION REQUIREMENTS**

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

*Nancy Mendoza*

Authorized Agent:

**Nancy Mendoza**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**6/7/2017**

Expiration Date:

**6/7/2018**

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



500772

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

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JUN 07 2017

CLATSOP CO. PUBLIC HEALTH

(Pd) 4/11031
81344

Application for Onsite Sewage Treatment System

A. Property Owner Information

Anthony Ewing
90521 Logan Rd Astoria OR 503-741-0756
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7 9 7CA 100 15401 2.0
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop County 90461 = Computer Subdivision Name Lot Block

Property Address: 90521 Logan Rd
(Street, City, State, Zip)

Directions to Property

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
Single Family Residence Single Family Residence Public LHC
Number of Bedrooms 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
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 Mantens Signature 6-7-17 Date

Robert Mantens Applicant's Name (Please Print Legibly) 503-490-2724 Applicant's Phone Applicant's E-Mail Address

92859 Walluska Loop Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached Robert Mantens Installers Name





Clatsop County  
 Environmental Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500

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 JUN 07 2017  
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\* [mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us) [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

**Notice Authorizing Representative**

#500772

I, Tony Ewing (Property Owner - Please Print), have authorized

Robert Mankus  
 (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**

90461 Logan Road

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section 7CA Tax Lot 100 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Tony Ewing Email: tewing@bigrivercompanies.com  
 Mail Address: 35373 Gustafson Lane City/State/Zip: Astoria OR 97103  
 Phone: 503-741-0756 FAX: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: 6-7-17

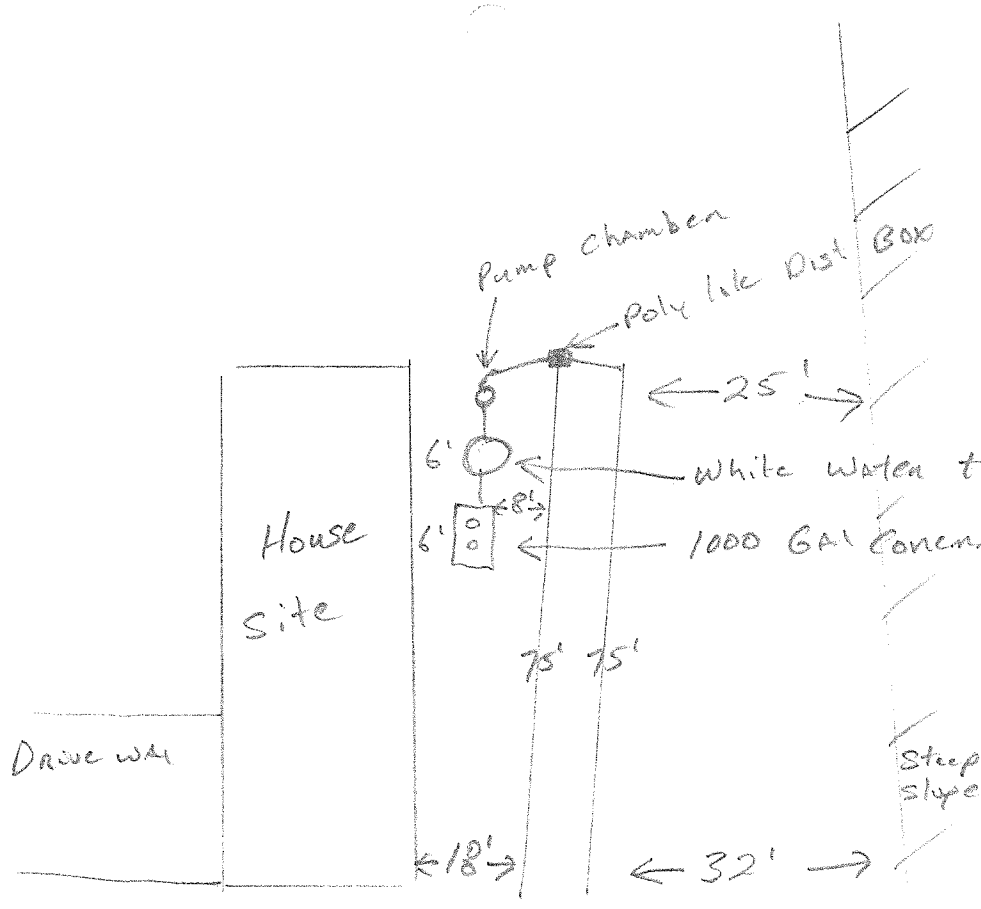
**AUTHORIZED REPRESENTATIVE:**

Name: Robert Mankus Email: \_\_\_\_\_  
 Mail Address: 92859 Wallula Way City/State/Zip: Astoria OR  
 Phone: 503-446-2724 FAX: \_\_\_\_\_  
 Signature: Robert Mankus Date: 6-7-17

← LOGAN ROAD →

Ewing  
7-9-7CA 100

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Repair Area

Property line

Robert  
Mantens

Ewing  
7-9-7CA 100

# Materials list

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CLATSOP CO. PUBLIC HEALTH

1000 Gal concrete septic tank

500 Gal White Water treatment Unit

Fiber glass pump chamber

10 GPM 1/2 hp pump

White water contact pond

Flood Assembly - Elect splice box

1 Pdylok Dist box

25 yds DEQ Down Hole

150 Ft 4" 2727 Pent Pipe

50 yds topsoil for cap.

Robert  
Martens

# Map



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JUN 07 2012  
CLATSOP CO. PUBLIC HEALTH



## Clatsop County Webmaps

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



# Septic Application

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

## For Department Use Only

Permit #: 500772  
 Permit Type:  
 Entry Date: 6/7/2017  
 Issued By: Nancy Mendoza  
 Permit Status: Pending

## Permit Timeline

User	Status	Date
Nancy Mendoza	Entered	06/07/2017

## Work Description

Work Description:

Remarks:

## Owner

Name: **Ewing Anthony N** Ph. #: ( ) - Cell: ( ) -  
 Address: 35373 Gustafson Ln E-Mail: Fax: ( ) -  
 City, State, Zip: Astoria, OR 97103-8355

## Applicant

ROBERT MARTENS EXCAVATION Ph. 5033250615 Fax 5033250615  
 92859 Walluski Loop Rd Cell 5034402724 E-Mail martens92861@charter.net  
 Astoria, OR 97103

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,235.00	\$100.00	\$0.00	\$9.00	\$1,344.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
ROBERT MARTENS EXCAVATION	Check	11031	06/07/2017	\$1,344.00

**Balance Due: \$0.00**

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Site Evaluation - Single Family Dwelling

### PROPERTY INFORMATION

Property Owner: **Ewing Anthony N** Township **7**, Range **09**, Section **07 C A**  
Property Location: **90521 Logan Rd, Astoria** Tax Lot **00100**  
Facility Type: **Single Family Dwelling**  
**3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Alternative Treatment Technology**  
Design Flow: **375.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type: **Equal** with capping fill drainfield  
Total Trench Length: **150.00 Linear feet**  
Trench Spacing:  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **18.00 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

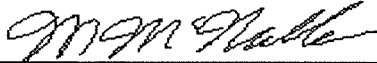
- 1 Filter fabric is required over the drain media.
- 2 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 3 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 4 The system must be installed in accordance 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 Meet all required setbacks.
- 7 Vehicular traffic and livestock must be restricted from the system area.
- 8 Future repair may be a sandfilter or ATT
- 9 If the ATT aeration device fails, wastewater must be prevented from going into the drainfield.
- 10 Each trench to be level and on contour.
- 11 The ATT shall be installed according to the manufacturers instructions.
- 12 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.
- 13 ATT treatment standard 2 required.
- 14 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.
- 15 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 16 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.

17 The cap material must be evenly graded to a final depth of 10 inches over the drain media.

**INSPECTION REQUIREMENTS**

- 1 A site inspection of both the absorption area and the borrow material is required prior to cap construction.
- 2 An inspection of the constructed cap 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.

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



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**8/17/2016**

Expiration Date:

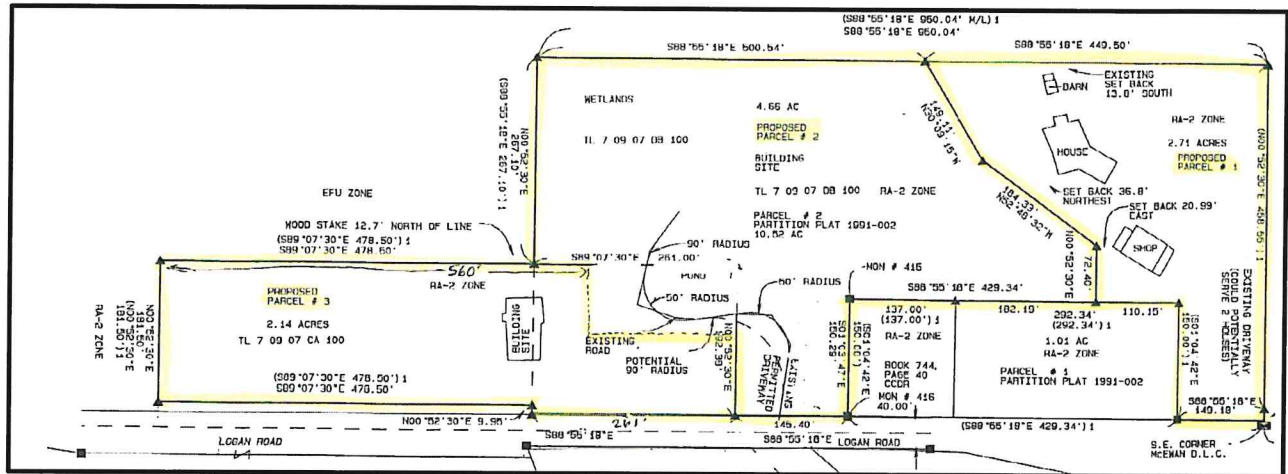
Clatsop County Public Health

820 Exchange St Ste 100

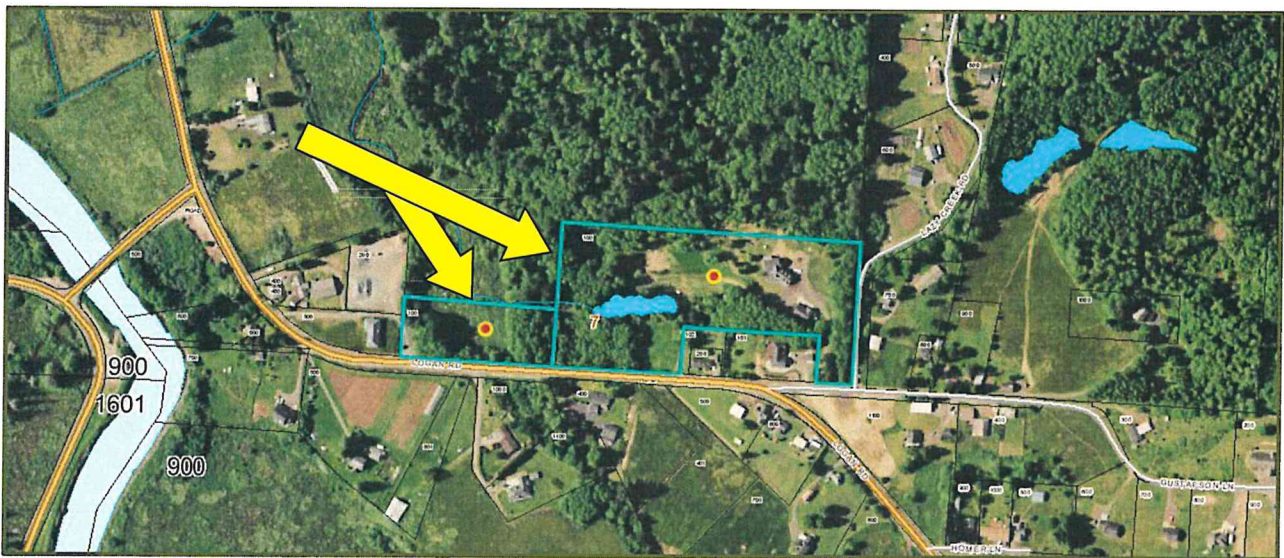
Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



*Partition concept above; 2014 vicinity aerial below.*



7-9-7CA-100

Anthony & Amy Ewing

Date Mailed: August 18, 2016



## CORRECTED SITE EVALUATION REPORT

Date: August 25, 2016

Dear Mr. Tony Ewing:

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 system described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County repair permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Ewing Application: # 500515 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7 / R 9 / S 7CA Tax Lot#: 100

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

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

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

Yours truly,



Michael McNickle, MPH, RS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: Ewing Application #: 500515 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7 / R 9 / S 7AC Tax Lot#: 100

Commercial Facility:  Yes  No Parcel Size: 2.0 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 375 gpd Max # of bdrms: 3

Initial System		Repair System	
<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill
<input type="checkbox"/> Bottomless Sand Filter		<input type="checkbox"/> Bottomless Sand Filter	
<input checked="" type="checkbox"/> ATT	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> ATT	<input type="checkbox"/> Other
capping fill drainfield			
Tank: <input checked="" type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.	Tank: <input type="checkbox"/> 1,000 gal.	<input checked="" type="checkbox"/> 1,500 gal.
<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other	<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other
<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required	<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal		<input type="checkbox"/> Serial	
Absorption facility: 150 linear. ft	Disposal facility: 300 sq. ft	Absorption facility: 150 linear. ft	Disposal facility: 300 sq. ft.
18 " Max Depth	12 " Min Depth	18 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOILD DEPT, ETC.
#1	60"	Silty clay loam	0" – 6" = topsoil, sandy loam 7" - 24" silty clay loam 25" – 60" – silty clay Redox at 36" ESD = 48" Temp H2O = 60"
#2	60"	Silty clay loam	0" – 6" = topsoil, sandy loam 7" - 24" silty clay loam 25" – 60" – silty clay Redox at 40" Redox at 36" ESD = 36" Temp H2O = 60"

Landscape Notes: cleared lot

Slope: 0 - 1%

Aspect: west to east

Groundwater Type: N/A at 60+"

**Additional Conditions of Approval**

1. An ATT to a capping fill system is required. 150 lineal feet of drain field.
2. Maximum trench depth is 18 inches; minimum depth is 12 inches.
3. Must be installed in dry weather. Follow capping fill requirements.
4. O&M contract is required to be submitted prior to release of CSC. O&M required for life of system.
5. A Notice to Title is required to be submitted prior to release of CSC.
6. Setbacks must be maintained.
7. Must be installed in dry soil conditions.
8. Any alteration of natural soil conditions (i.e. cutting or filling) in the repair area may void this approval.

9. 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.
10. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.



#500515

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

RECEIVED  
JUL 28 2016  
CLATSOP CO. PUBLIC HEALTH

### Application for Onsite Sewage Treatment System

#### A. Property Owner Information

Name: Tony Ewing Mailing Address (Street, PO Box, City, State, Zip): 35373 Gustafson Ln Astoria, OR 97103 Phone Number: (503) 741-0756

#### B. Legal Property Description

Township: 7 Range: 9 Section: 70A Tax Lot: 100 Tax Account Number: 15400 Acreage or Lot Size: 2.00  
County: Clatsop Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Address: 90521 Logan Rd. Astoria, OR 97103  
(Street, City, State, Zip)

Directions to Property: See Vicinity Locator Map

#### C. Existing Facility / Proposed Facility / Water Information

Existing Facility:  Single Family Residence  
Number of Bedrooms: \_\_\_\_\_  
 Other \_\_\_\_\_

Proposed Facility:  Single Family Residence  
Number of Bedrooms: 3  
 Other \_\_\_\_\_

Water Supply: Youngs river and Lewis & Clark water District.  
 Public Name: \_\_\_\_\_  
 Private 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
- 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: [Signature] Date: 7/27/16

Applicant's Name (Please Print Legibly): Tony Ewing Applicant's Phone: (503) 741-0756 Applicant's E-Mail Address: tewing@bigrivercompanies.com

Applicant's Mailing Address: 35373 Gustafson Ln Astoria, OR 97103

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

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

1. Applicant Name/Property Owner: Tony Ewing / Stephanie Dick  
 Mailing Address: 35373 Gustafson Ln.  
 City/State/Zip: Astoria, OR 97103  
 Telephone: (503) 741-0756

2. Property Information:  
 County: Clatsop Tax Lot No: 100  
 Township: 7 Range: 9 Section: 7CA  
 Physical Address: Lot on Logan rd. Astoria, OR  
 Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:  
 An individual, single family dwelling  
 Describe the type of development, business or facility and the provided services or products: \_\_\_\_\_

4. Permit or approval being requested:  
 Construction-Installation permit for:  New Construction  Repair  Alteration  
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)  
 Authorization Notice for:  Replacement of dwelling  Bedroom Addition  
 Other changes in land use involving potential sewage flow increases

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

5. Property Zoning: RA-1, FHO(AE) <sup>Buildings NOT in FHO</sup> Zoning Minimum Parcel Size 2 Acres

6. The facility is located:  inside city limits  inside UGB  outside UGB

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

If you answered "Yes" above, was this compliance based on:  
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)  
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)  
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)  
 Either provide reasons for affirmative compliance decision or attach findings of fact: LW dno # 80-14 Section 3.180

8. Planning Official Signature: Pat Getchell

Print Name: PAT GETCHELL Date: 6/16/16

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

## AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

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

Job Site Address: \_\_\_\_\_ City: Astoria  
 Owner: Tony Ewing Phone: (503) 741-0756  
 Address: 35373 Gustafson Ln Astoria, OR Email: tewing@bigrivercompanies.com  
 Agent: \_\_\_\_\_  
 Proposed Development/Construction: New Construction 21164 sqft 3 Bed 2.5 Bath

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

Legal Description: T 7 R 9 S TCA Tax Lot(s) 100  
 Permit Needed: Yes  No  Site Approved: Yes  No   
 Signature: Nancy Mendoza Date: 06/16/16  
 Remarks: Needs site evaluation  
 Clatsop County Public Health 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

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

Gallons per minute: 25  
 Signature: B. Mitchell Title: Superintendent Date: 6-14-16  
 Remarks: available upon receipt of SDC and approval  
 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: 1,250 Number of Hydrants: 1 Hydrant Location(s): Main Rd.  
 Signature: DeWayne M. McSpittly Title: Fire Chief Date: 6/7/16  
 Remarks: \_\_\_\_\_  
 Contact the local RFPD having jurisdiction.

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

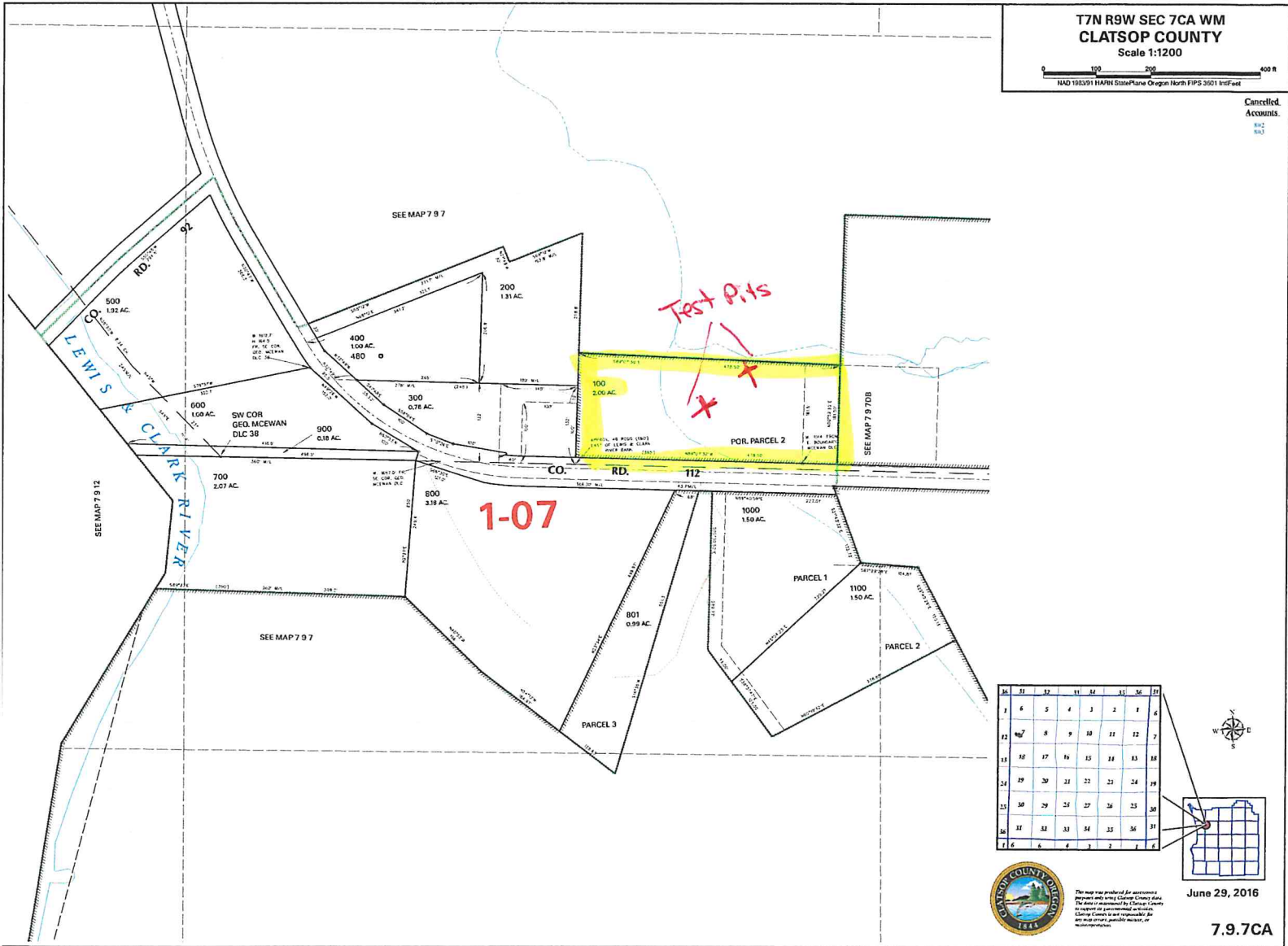
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638

Internal Use Only:	
<input type="checkbox"/> Proof of Legal Lot status (if substandard in size)	<input type="checkbox"/> Agency Sign-Off Sheet
<input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)	<input type="checkbox"/> Proof of Potable Water
<input type="checkbox"/> Pre-Elevation Certificate (if necessary)	<input type="checkbox"/> Proof of DEQ Approved Sanitary System
<input type="checkbox"/> Application signed by the owner and applicant	<input type="checkbox"/> Average Grade Calculations
<input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc.	<input type="checkbox"/> Address Request (if necessary)
<input type="checkbox"/> Erosion Control & Drainage Plan	<input type="checkbox"/> Two (2) Sets of Building Plans
<input type="checkbox"/> Road Access Permit from the County or ODOT	<input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL?

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JUL 28 2016

CLATSOP CO. PUBLIC HEALTH



T7N R9W SEC 7CA WM  
CLATSOP COUNTY  
Scale 1:1200

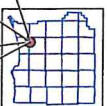


Cancelled  
Accounts.  
802  
803

1-07

Test P.H.S

36	37	38	39	40	41	42
1	6	5	4	3	2	1
2	7	8	9	10	11	12
3	13	17	16	15	14	13
4	18	20	21	22	23	24
5	25	29	28	27	26	25
6	31	33	33	34	35	36
7	4	6	7	8	9	10



This map was prepared for assessment purposes only and does not constitute a warranty. The user is responsible for any errors, omissions, or misstatements.

June 29, 2016

7.9.7CA

**Search Results for "90521 Logan Astoria, OR 97103-8370"** mapquest

90521 Logan Rd, Astoria, OR 97103-8370  
page 1 of 1 results

---

**LGB - Long Beach Airport/Daugherty Field**  
4100 E Donald Douglas Dr, Long Beach, CA 90808

---

**Disneyland Park**

---

**SNA - John Wayne Airport-Orange County**  
18601 Airport Way, Santa Ana, CA 92707

---

**LAX - Los Angeles International Airport**  
1 World Way, Los Angeles, CA 90045

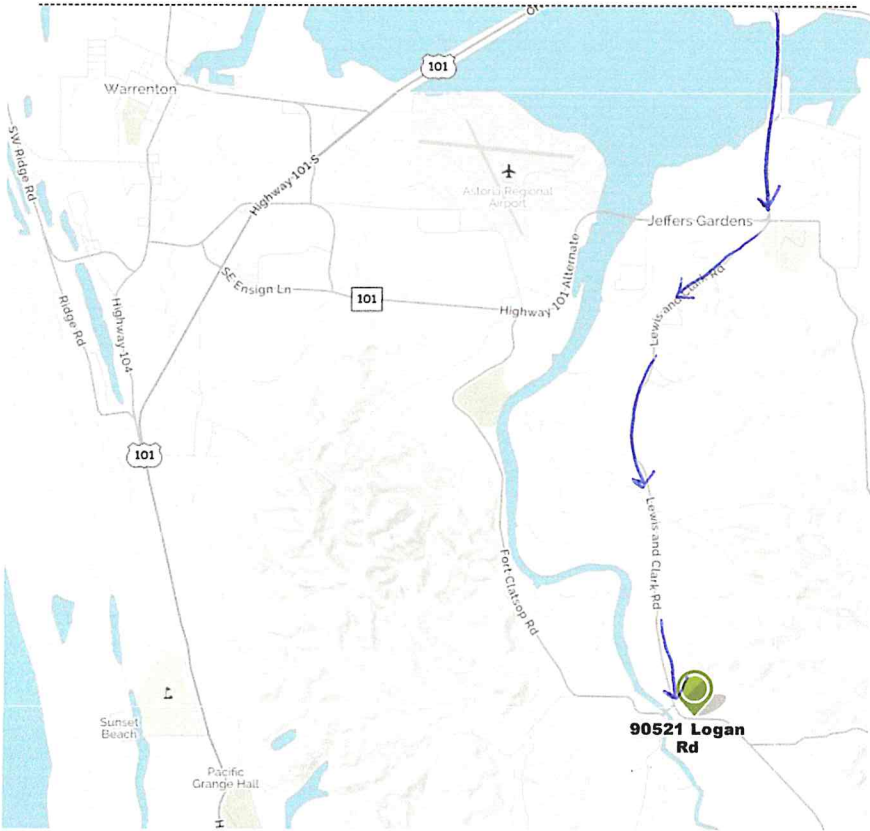
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CLATSOP CO. PUBLIC HEALTH

*(scribble)*

## Vicinity Locator Map. Directions

1. 90521 Logan Rd  
from  
90521 Logan Rd,  
Astoria, OR 97103-8333

about 4 miles  
past miles crossing  
if you have come  
to Gustafson Ln  
you've gone to far.







# Septic Application

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

## For Department Use Only

Permit #: **500515**  
Permit Type: **Site Evaluation**  
Entry Date: **7/28/2016**  
Issued By: **Annette Brodigan**  
  
Permit Status: **Entered**

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	07/28/2016

## Work Description

Work Description:

Remarks:

## Owner

Name: <b>Ewing Anthony N</b>	Ph. #: (503) 741-0756	Cell: ( ) -
Address: 35373 Gustafson Ln	E-Mail:	Fax: ( ) -
City, State, Zip: Astoria, OR 97103-8355		

## Applicant

Ewing Anthony N	Ph. 5037410756	Fax
35373 Gustafson Ln	Cell	E-Mail
Astoria, OR 97103-8355		

## 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	\$680.00	\$100.00	\$0.00	\$0.00	\$780.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Ewing Anthony N	Check	1106	07/28/2016	\$780.00

**Balance Due: \$0.00**

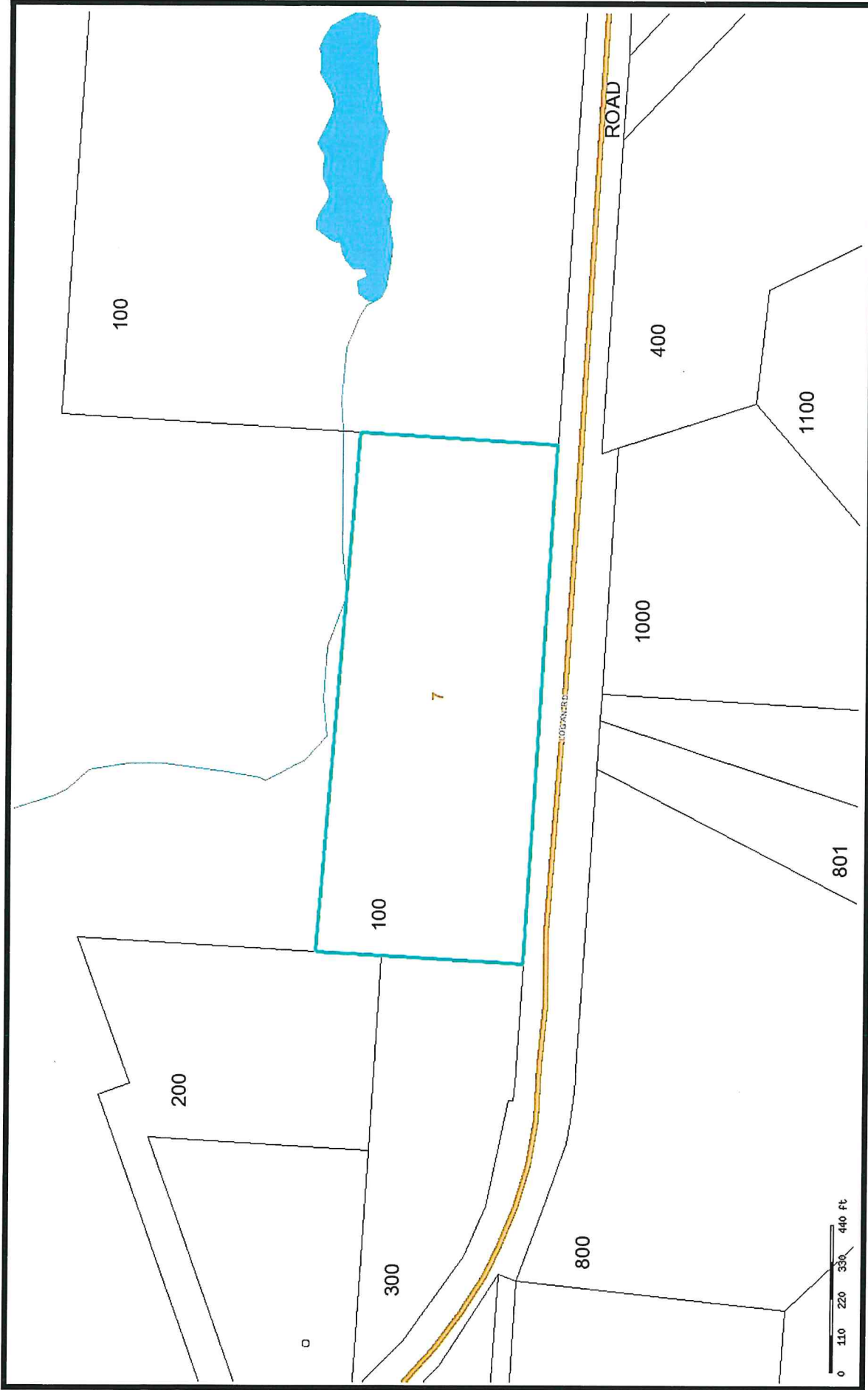
## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Map



## Clatsop County Webmaps

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