



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

186-23-000093-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-progra>

**Date Certificate Issued:** 08/08/2023  
**Work Description:** Major Repair; drainfield only

<b>Applicant:</b> Nance, Justin <b>Address:</b> 37194 Hwy 26 Seaside OR 97138 <b>Phone:</b> 503-440-4182 <b>Email:</b> justinnancekke@yahoo.com	<b>Primary Contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 971383615 <b>Phone:</b> 5037172200 <b>Email:</b> kkeraneninc@hotmail.com
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<b>Owner:</b> DANE B GOUGE <b>Address:</b> PO Box 506 ASTORIA OR 97103 <b>Owner:</b> AMY M GOUGE <b>Address:</b> PO Box 506 ASTORIA OR 97103	<b>Property Address:</b> 36442 Battle Creek Ln, Astoria, OR 97103
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**Parcel:** 70909D000806 - Primary      **Township:** 7    **Range:** 09      **Section:** 9D

<b>Lot Size:</b>	2.33 acres	<b>Water Supply:</b>	Community Water Supply
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	County
<b>Land Use Approval:</b>	N/A		

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	3 bedroom home	N/A
<b>Number of Bedrooms:</b>	3	N/A

**System Specifications**

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

**Drain Field Specifications**

<b>Drain Field Type:</b>	Standard	<b>System Distribution Type:</b>	Serial
<b>Drainfield Sizing:</b>	N/A	<b>Distribution Method:</b>	Serial
<b>Media Type:</b>	Rock/Pipe	<b>Media Depth:</b>	12 in.
<b>Trench Length:</b>	375 linear ft.	<b>Rock Above Pipe:</b>	2 in.
<b>Total Rock Depth:</b>	12 in.	<b>Rock Below Pipe:</b>	6 in.
<b>Max Depth:</b>	36 in.	<b>Undisturbed Soil Between Trenches:</b>	8 ft.
<b>Min Depth:</b>	30 in.	<b>Capping Fills-Min Depth of Fill Material:</b>	N/A

**Special Requirements**

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

<b>Date Certificate Issued:</b> 08/08/2023 <b>Work Description:</b> Major Repair; drainfield only
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<b>Conditions of Approval</b>
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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.

<b>Certificate of Satisfactory Completion</b>
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<b>System Inspection:</b>	No	<b>Operation of Law - 7 Days Notice:</b>	No	<b>Pre-Cover Inspection Waived Per 340-071:</b>	No
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**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: 186-23-000093-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:** AMY M GOUGE DANE B GOUGE      **Twnshp:** 7      **Range:** 09      **Sect:** 9D  
**Lot:** 00806

**Property Address:** 36442 BATTLE CREEK LN, ASTORIA, OR 97103

**SECTION 2: System Component Specifications:**

	System Type:	Water tight verification*
<b>A. Tanks/Pumps</b>		
<b>Tanks(1)</b>	Volume: 1500      Compartments: 2      Manufacturer: existing	Date:
<b>Tanks(2)</b>	Volume:      Compartments:      Manufacturer:	Date:
<b>Pump(s)</b>	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 <input type="checkbox"/>	Diameter: 4 IN	ASTM#/Other: D2729	Length: 100 FT
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

**C. Secondary Treatment Unit:**

<b>Sand Filter**</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:	
<b>Underdrain pipe</b>	Diameter: 4 IN		ASTM#/Other: D2729	Length:	
<b>Manifold piping</b>	Diameter:		ASTM#/Other:	Length: :	
<b>Internal Pump</b>	HP:		Model/Manufacturer		
<b>Floats(1)</b>	Type:		Model/Manufacturer		
<b>Floats(2)</b>	Type:		Model/Manufacturer		
<b>ATT</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Model:		
<b>Certified Maint.</b>	Provider Name:				
<b>Operation and Maint.</b>	Contract Received?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

**D. Drainfield Media**

<b>Type</b>	(Gravel, Pipe or alternative?)      Gravel & Pipe				
<b>Distribution Box</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
<b>Drop Box</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
<b>Distribution Pipe</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: 4 IN	ASTM#/Other:	Length: 375 FT
<b>Comment</b>					

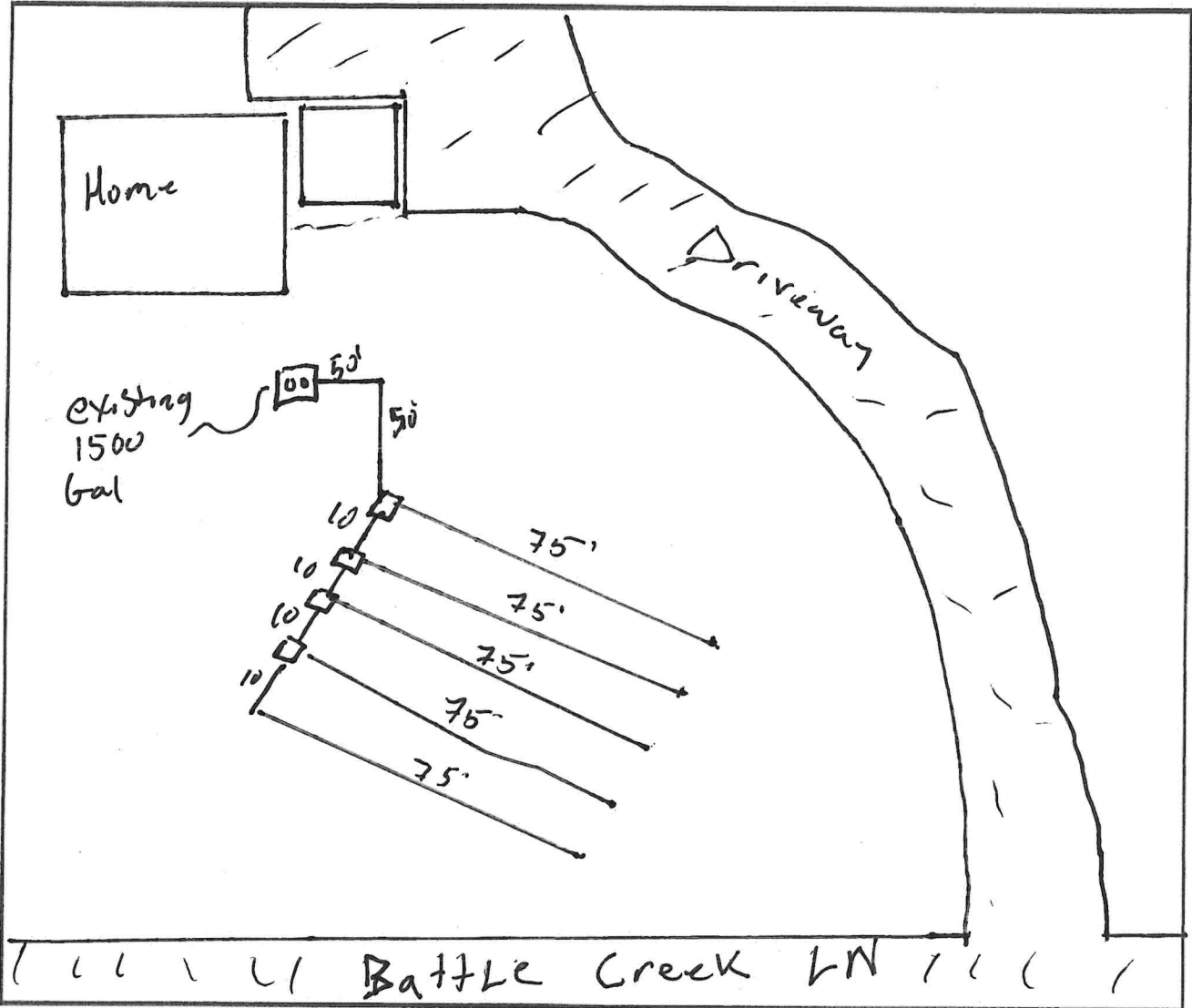
Clatsop County Department  
of Public Health  
On-Site Waste Water Program

Approved By Jar  
Permit No. 186-23-000093  
Date 8/8/23

\*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: Keith Keranen Excavating		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 173131	Certification#: 38452
Owner/ Certified Installer:	Signature:	Date: 7/21/23	Phone#: 503-717-2200

**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

*Clatsop County Department of Public Health*

*On-Site Waste Water Program*

*Approved By: [Signature]*  
 Permit No. 186-23-000093  
 Date 8/9/23



# Septic Permit

## Repair (Major) - Residential - New

186-23-000093-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:** 6/8/23 **Expiration date:** 6/7/24  
**Work description:** Major Repair - *drain field only*

<b>Applicant:</b> Nance, Justin <b>Address:</b> 37194 Hwy 26 Seaside OR 97138 <b>Phone:</b> 503-440-4182 <b>Email:</b> justinnancekke@yahoo.com	<b>Primary contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 971383615 <b>Phone:</b> 5037172200 <b>Email:</b> kkeraneninc@hotmail.com
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**Business License:** N/A

<b>Owner:</b> DANE B GOUGE <b>Address:</b> PO Box 506 ASTORIA OR 97103 <b>Owner:</b> AMY M GOUGE <b>Address:</b> PO Box 506 ASTORIA OR 97103	<b>Property address:</b> 36442 Battle Creek Ln, Astoria, OR 97103
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**Parcel:** 70909D000806 - Primary      **Township:** 7      **Range:** 09      **Section:** 9D

<b>Lot size:</b>	2.33 acres	<b>Water supply:</b>	Community Water Supply
<b>Zoning:</b>	N/A	<b>City/County/UGB:</b>	County
<b>Land use approval:</b>	N/A	<b>County:</b>	N/A
<b>Action:</b>	New	<b>Type of application:</b>	Repair (Major) - Residential
<b>System failing:</b>	N/A	<b>Septic tank last pumped:</b>	N/A
<b>Comments:</b> N/A			

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b>	3 bedroom home	N/A
<b>Number of bedrooms:</b>	3	N/A

**System Specifications**

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

**Drain Field Specifications**

<b>Drain field type:</b>	Standard	<b>System distribution Ttpe:</b>	Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Serial
<b>Media type:</b>	Rock/Pipe	<b>Media depth:</b>	12 in.
<b>Trench length:</b>	375 linear ft.	<b>Rock above pipe:</b>	2 in.
<b>Total rock depth:</b>	12 in.	<b>Rock below pipe:</b>	6 in.
<b>Max depth:</b>	36 in.	<b>Undisturbed soil between trenches:</b>	8 ft.
<b>Min depth:</b>	30 in.	<b>Capping fills-min depth of fill material:</b>	N/A

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

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<b>Date issued:</b> 6/8/23	<b>Expiration date:</b> 6/7/24
<b>Work description:</b> Major Repair	

**Special Requirements**

<b>Stake out required:</b>	No	<b>Groundwater depth:</b>	N/A
<b>Groundwater type:</b>	Temporary	<b>Filter fabric on top of drain media:</b>	Yes
<b>Pump to drainfield reqd:</b>	N/A		

**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

6/8/23



# 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](mailto:EnvHealth@co.clatsop.or.us) email

## SEPTIC SYSTEM MATERIALS LIST:

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.  
 FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

### Section 1

Property Owner: Dane Gouge  
 Township: 7 Range: 9 Section: 9D Tax Lot: 806  
 Situs Address: 36442 Battle Creek LN, Astoria 97103

### Section 2: COMPLETE, AS APPLICABLE:

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS\*\***

Septic Tank: existing tank Capacity: 1500 Gal.  
 Effluent Filter: Zabell 4 in  
 Effluent Sewer Pipe: \_\_\_\_\_  
 Dose Tank/Vault: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Tank Pump: n/a  
 Float Settings (Provide inches from top of tank to water level @ float function):  
 Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_  
 Pressure Pipe from Tank to Pretreatment and/or Drainfield: \_\_\_\_\_  
 Drop or Distribution Box: Polylock Qty: 1  
 HydroSplitter Orifice Size(s): N/A  
 Header Pipes: 4in  
 Leach Lines: 4in Linear Ft: 375  
 Pressure Bed Dimensions: N/A Square Ft: \_\_\_\_\_  
 Capping Fill (Depth over top of drain media, in inches): + or - 24  
 GWI or Tile Dewater System (Depth/Depth of gravel, in inches): 12

ATT: Manufacturer: _____ Make/Model: _____ Serial# _____		
Sand Filter Type: Bottomless <input type="checkbox"/> Conventional <input type="checkbox"/> Dimension: _____ X _____ Ft		
Control Panel: _____		
Tank Timer Settings (Provide seconds on / minutes off):		
Normal Operations: _____ Sec. _____ Min.		
High Water Alarm Operations: _____ Sec. _____ Min.		
Pretreatment Pump:		
Inches below vault top: Alarm _____ On _____ Off		
Inches from vault top to top of underdrain pipe: _____		
Pump or Aerator Interlock Function:		
Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO		
Air Coil / Monitoring Ports: _____		
Other: _____		

Gouge

### PLOT PLAN

Property ID: 7-9-9D-806      Site Address: 36442 Battle Creek LN, Astoria OR 97103

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

Date: 6/8/23

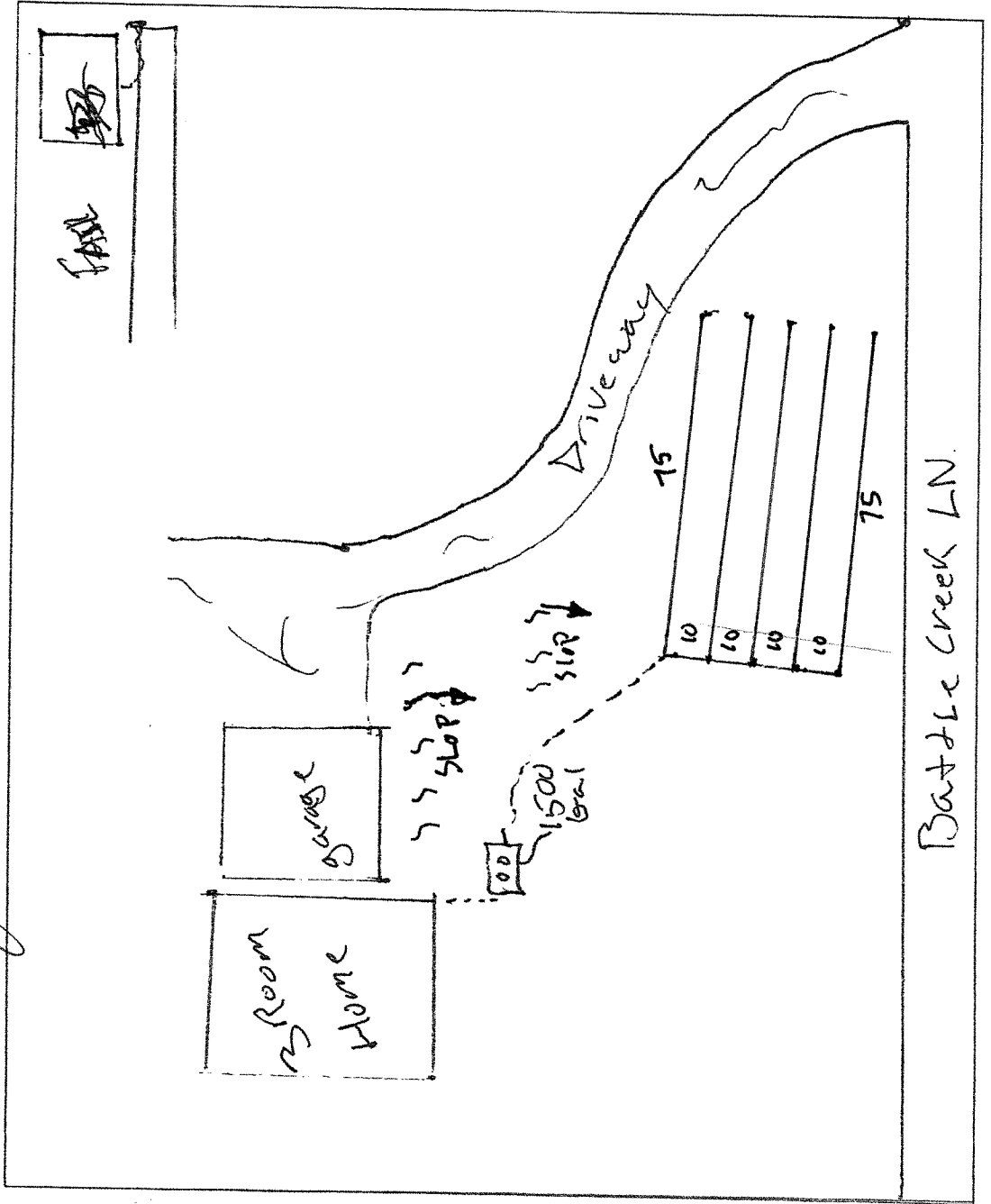
#### Required Information

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

#### Legend

- Wells
- Test Pits
- .... Drainage

W  
S  
E







# Clatsop County

Environmental Health/Onsite Septic Program

June 1st, 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](mailto:envhealth@clatsopcounty.gov) email

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

RE: **Repair Evaluation Results** – Site Approval with Conditions  
Subject: **186-23-000093** – Tax Lot Map ID – **70909D000806** Parcel Size: **2.33 acre**  
Property Address: **36442 Battle Creek Ln, Astoria, OR 97103**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **5/26/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

**Replacement System:**            *Standard System – 375 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,

Lucas Marshall, REHS  
Environmental Health Supervisor  
Clatsop County Onsite Septic Program  
[lmarshall@clatsopcounty.gov](mailto:lmarshall@clatsopcounty.gov)

## **Approved Systems**

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot 70909D000806.

**Replacement System:**            System Type: **Standard System**  
Minimum Septic Tank Size: **1000 gallons**  
Minimum Dosing Tank Size: **N/A**  
Distribution Method: **Serial Distribution**  
Minimum Length of Disposal Trenches: **375 Linear Ft.**  
Trench Depths: Min: **30 inches**    Max: **36 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**

<b>Replacement System:</b>	
<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	
<b>Tank:</b>	
<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 type="checkbox"/> - Effluent filter required	
<b>Distribution Method:</b>	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
<b>Absorption Disposal Facility:</b>	<b>375 Linear Ft</b>
<b>Maximum Trench Depth:</b>	36
<b>Minimum Trench Depth:</b>	30

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-30" 30-60"	Old Fill SiCL	10YR 3/3	3-f,m 2-f,m	2-M-SBK 2-M-SBK	ESD = 60" No redox No water
<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
<b>Landscape Notes:</b>			<b>Slope:</b>	<b>Aspect:</b>	<b>Groundwater Type:</b>	
Hillslope			10-12%	25*NW	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 375 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 WORKSHE**

Township: 7 Range: 9 Section: 9D Tax Reference: 806 Parcel Size: 2.33 acre  
 Owner/Applicant: Gouge Evaluator: Lucas Marshall  
 Inspection Date(s): 5/26/23 Application Number: 186-23-000093

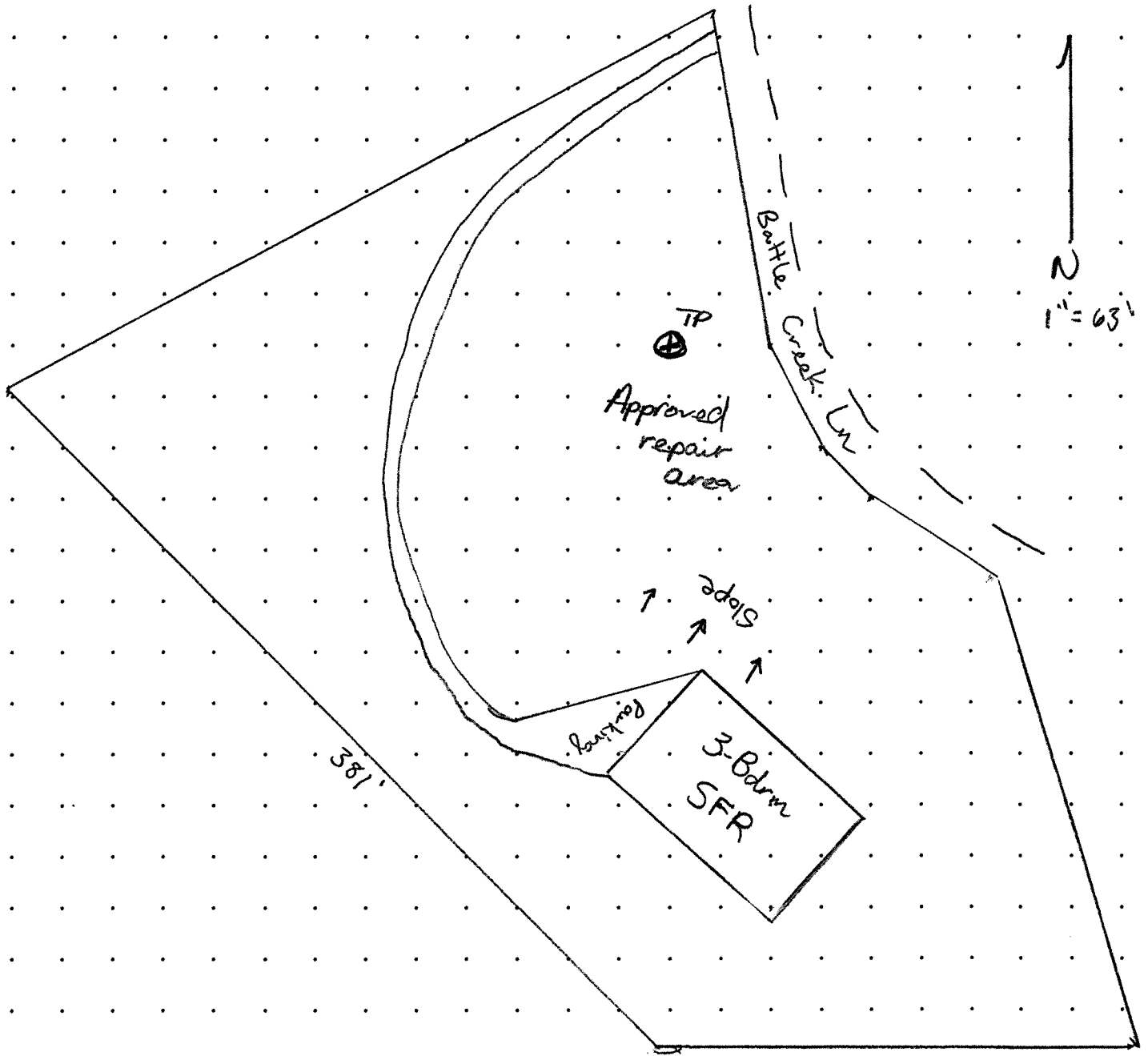
	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...		
Pit 1	0-30"	Old Fill	—	3-f,m	2-M-SBK
	30-60"	Si CL	10YR 3/3	2-f,m	2-M-SBK
			ESD = 60" No redox No water		
Pit 2					
Pit 3					
Pit 4					

Landscape Notes: Hillslope  
 Slope: 10-12% Aspect: 25°NW Groundwater Type: Temporary  
 Other Site Notes: \_\_\_\_\_

**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: 375 (linear feet)/square feet Maximum Depth: 36 inches Minimum Depth: 30 inches  
 Special Conditions: Install in area of test pit. Maintain setbacks to property lines, utilities, and foundations.

Township: 7 Range: 9 Section: 9D Tax Reference: 306 Parcel Size: 2.33 acre  
Owner/Applicant: Gouge Evaluator: Lucas Marshall  
Inspection Date(s): 5/26/23 Application Number: 186-23-000093





# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

MAY 23 2023

CLATSOP CO. PUBLIC HEALTH  
 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

#186-23-000093  
 Application for Onsite Sewage Treatment System

PKH 4676  
 8690

**A. Property Owner Information**

Dane Gouge PO BOX 506 Astoria, OR 97103 (503)791-6887  
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

**B. Legal Property Description**

7 9 9D 806 54926 2.33 Acres  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
 Clatsop County Subdivision Name Lot Block

Property Address: 36442 Battle Creek LN, Astoria OR 97103  
 (Street, City, State, Zip)

Directions to Property: From Hwy 101 turn on se Ensign RD continue

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

**Existing Facility**  
 Single Family Residence  
 3  
 Number of Bedrooms  
 Other

**Proposed Facility**  
 Single Family Residence  
 Number of Bedrooms  
 Other

**Water Supply**  
 Public Astoria  
 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  
 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: Justin Nance Date: 5/23/23

Applicant's Name (Please Print Legibly): Justin Nance  
 37194 HWY 26 Seaside OR 97138  
 Applicant's Phone: (503)440-4182  
 Applicant's E-Mail Address: justinnancekke@yahoo.com

Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached  
 Keith Keranen Excavating #38452  
 Installers Name



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

MAY 23 2023

CLATSOP CO. PUBLIC HEALTH

Clatsop County

Onsite Septic Program

290 Exchange St., Suite 100

Astoria, OR 97103

(503) 325-9302 phone

(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

# 23-000093

## Notice Authorizing Representative

I, Dane Gouge, have authorized

(Property Owner - Please Print)

Keith Keranen Excavating (Justin Nance)

To act as my agent in performing

(Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

### PROPERTY IDENTIFICATION

36442 Battle Creek LN, Astoria, OR 97103

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section 9D Tax Lot 806 Map ID 54962

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

### PROPERTY OWNER:

Name: Dane Gouge

Email: dane@astoriaford.com

Mail Address: PO Box 506

City/State/Zip 97103

Phone: 503 791 0907

FAX: \_\_\_\_\_

Signature: [Signature]

Date: 5-16-23

### AUTHORIZED REPRESENTATIVE:

Name: Justin Nance

Email: justinnancekke@yahoo.com

Mail Address: 37194 HWY 26

City/State/Zip Seaside/OR/97138

Phone: (503)440-4182

FAX: \_\_\_\_\_

Signature: [Signature]

Date: 5/16/23



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

MAY 23 2023

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

7-9-90-806

# 23-000093

## 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? 9-5-06 05-161  
Date Permit Number
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons): 1500
- When was the septic tank last pumped? (Attach receipt if available) \_\_\_\_\_
- Number of disposal trenches: 2
- Total length of disposal trenches (in feet): 150
- 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? 2    How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? 2    How many occupants? 2
- If the septic system serves a business,  
 How many total employees are there? NA    Type of business: NA
- 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: [Handwritten Signature]

Date: 5/23/23



Gouge

# PLOT PLAN

36442 Battle Creek LN, Astoria OR 97103

Site Address:

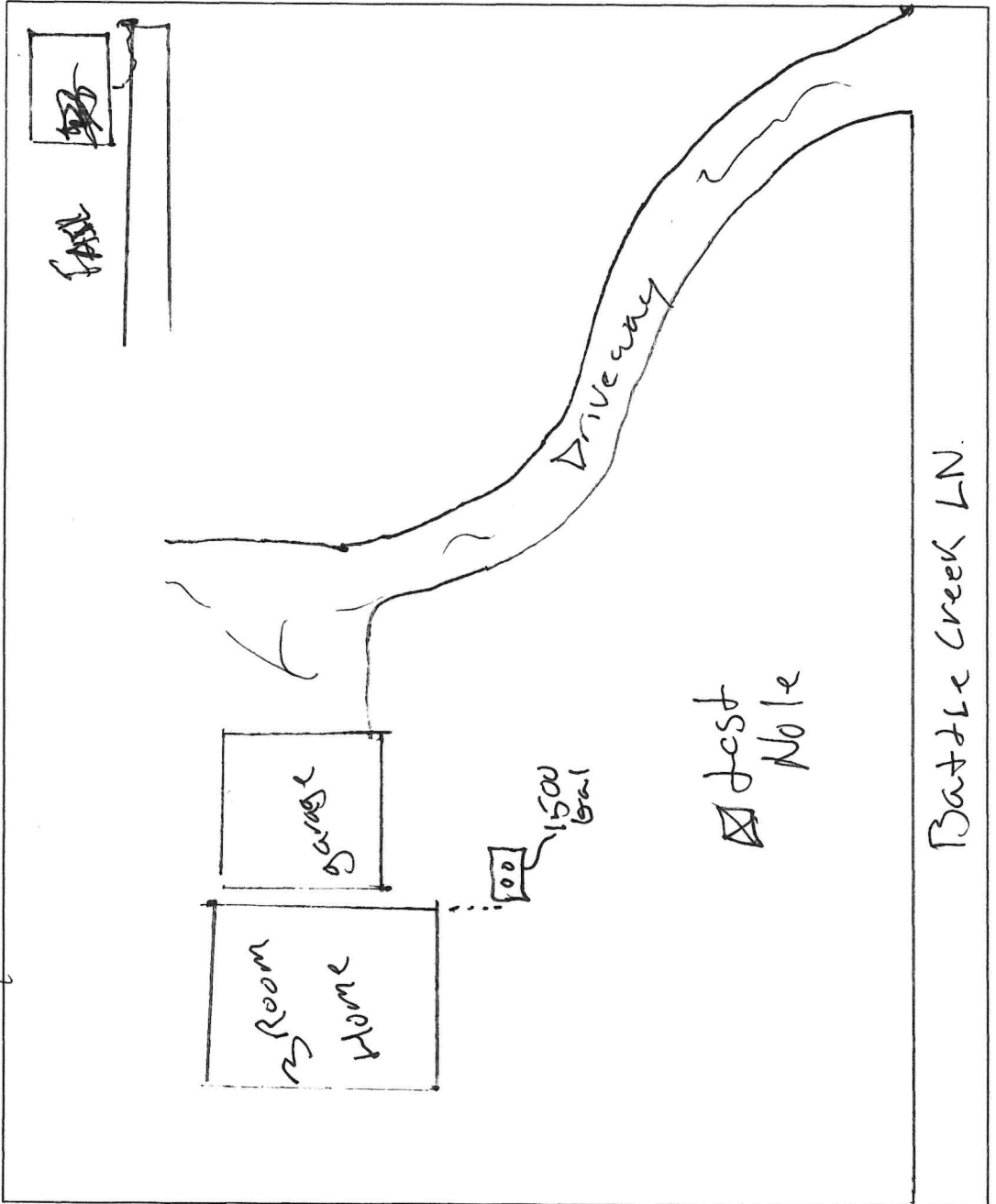
7-9-9D-806

Property ID:

Date: 5/23/23

Applicant 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

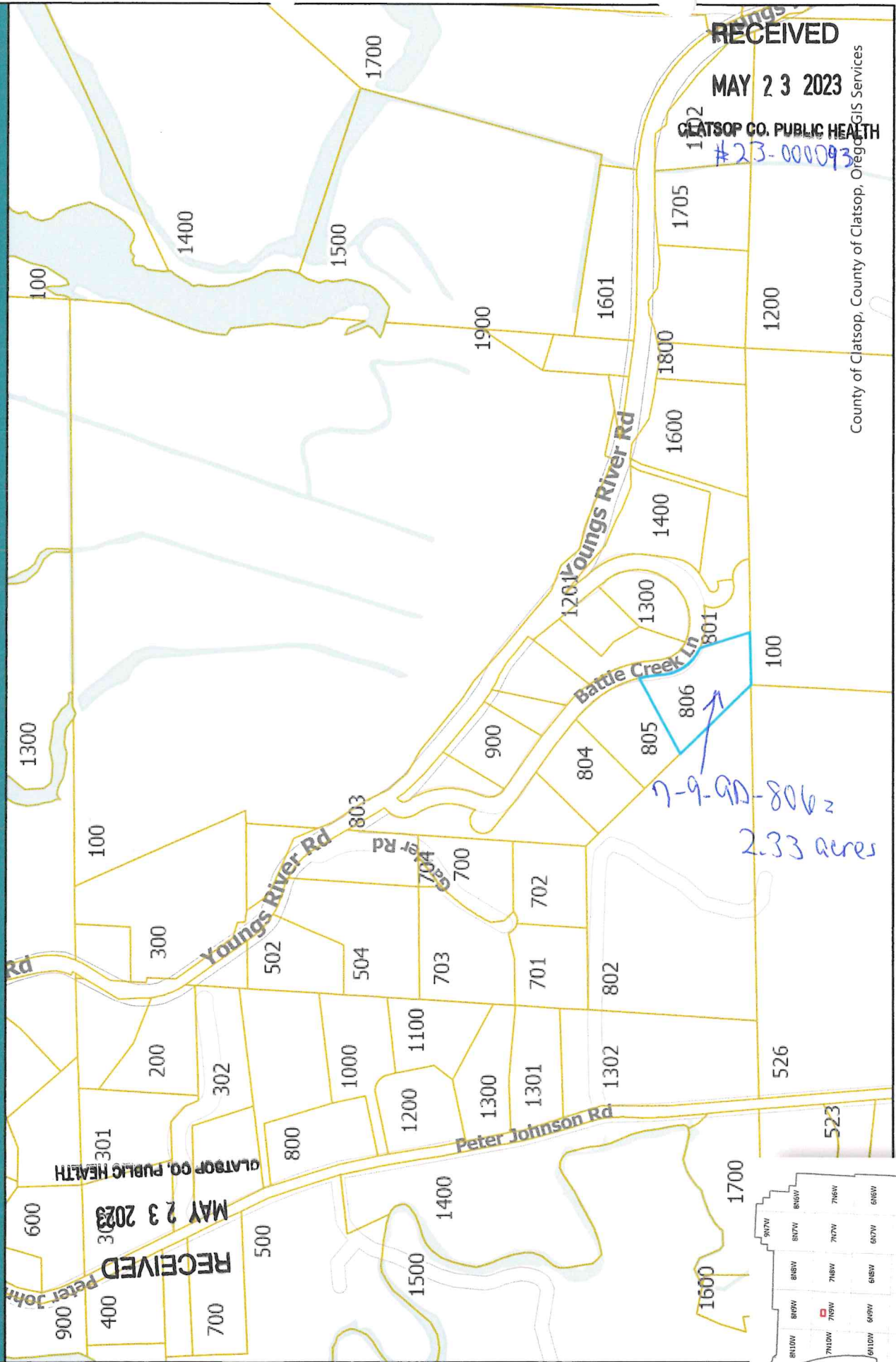
- Wells
- Test Pits
- .... Drainage

GLATSOP CO. PUBLIC HEALTH # 23-000093

W  
S  
T  
E

RECEIVED  
MAY 23 2023

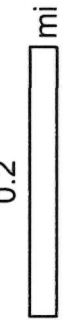
# Clatsop County Webmaps



County of Clatsop, Oregon GIS Services



## 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.



5/8/2023 9:15 PM



**Transaction Receipt**  
**Record ID: 186-23-000093-PRMT**  
**IVR Number: 186045598461**

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

**Receipt Number: 462598**

**Receipt Date: 5/25/23**

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

Worksite address: 36442 BATTLE CREEK LN, ASTORIA, OR 97103

Parcel: 70909D000806

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**Fees Paid**

Transaction date	Units	Description	Account code	Fee amount	Paid amount
5/25/23	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
5/25/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
5/25/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

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Payment Method: Check number: 4676	Payer: Keith Keranen	Payment Amount:	\$690.00
	Excavating, Inc.		

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Cashier: Annette Brodigan

**Receipt Total: \$690.00**