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MAY 31 2022

CLATSOP CO. PUBLIC HEALTH

# **RANDY ARTS**

OR Maintenance Provider #RM1 ~ DEQ Installer #39028 ~ CCB license #123431 ~ BCD Electrical license #CPI40

## **2 Year Oregon Service Contract - AQUA SAFE® Advanced Wastewater Treatment System**

Parties: (Authorized Service Provider)

Name : Randy Arts  
Address: PO Box 731  
City, State, Zip Code: Sutherlin, OR 97479  
Telephone: 541-580-4100  
Fax: 866-283-2928  
Email: rarts@ymail.com

#186-22-000167

And: (Customer)

Name : Tyler Ranta  
Address: 92571 Fernhill Rd.  
City, State, Zip Code: Astoria, OR 97103  
Telephone :  
Email :

System Location:

Address: 90180 Rose Arbor Lane  
City, State, Zip Code: Astoria, OR 97103  
Legal Description : T R S TL  
GPS Coordinates: N° W° 7-9-10A-806

Installed by: ACDC Excavation

Model #: AS500L

Serial #: A0668389

Permit #:

Agency Contact Information -

Agency : Clatsop County OnSite Septic Program  
Address: 820 Exchange St., Suite 100  
City, State, Zip Code: Astoria, OR 97103  
Telephone : 503-325-9302

Date: 4-5-2022

Notes -

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In consideration of prepayment of the Service Contract cost included in the system sales order, this authorized AQUA SAFE® service company agrees to the following: #186-22-000167

During the service period specified, make 4 inspection calls on the AQUA SAFE® system located at the above-mentioned address.

Inspection calls will include:

- An effluent quality inspection consisting of visual check, turbidity, scum overflow and examination for odors.
- Inspection, cleaning, adjustment and servicing of any mechanical and electrical components that are out of order.
- Repair/replacement of any component under warranty that is non-functional.
- Periodic sampling of the settled solids in the aeration chamber to determine pumping needs.
- If any improper operation is observed, which cannot be corrected during the visit, system owner shall be notified in writing of the conditions and the estimated date of correction.

Schedule of Routine Service and Maintenance Events (approximate):

- Routine inspections 6 months
- Air filter cleaning/replacement 6 months
- Compressor rebuild 4-5 years
- Removal of solid residuals from tanks 2-5 years
- Replacement of UV bulb (if applicable) 2 years

(Note: Replacement of components and pumping of solids are estimates. The frequencies of these events will vary and are dependent upon usage, homeowner care and routine maintenance.)

The length of this service contract is 2 years from system installation unless extended by this service provider.

Additional service (as approved), replacement of out of warranty components, laboratory test work, pumping of tanks and repair of broken lines will be done upon written authority from the system owner at additional charge.

**IMPORTANT:** This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "misuse or abuse" of the system, failure to maintain electrical power to the system: sewage flows that exceed the hydraulic or organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.: or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by contacting service provider.

#186-22-000167

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GLATSOP CO, PUBLIC HEALTH

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.

**Service Provider**

**Customer(s)**

Name: Randy Arts # RM1  
Signature:   
Title: Oregon Certified Service Provider  
541-580-4100

Tyler Ranta  
Jessie Ranta



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

186-22-000167-PRMT

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

**Date Certificate Issued:** 06/03/2022  
**Work Description:** Construction/Installation; ATT

<b>Applicant:</b> Lund Bros Contracting <b>Address:</b> 35801 Miller Heights Ln Astoria OR 97103 <b>Phone:</b> 503-298-7573 <b>Email:</b> lundbrotherscontracting@gmail.com	<b>Primary Contractor:</b> ACDC Excavating, LLC <b>Installer License:</b> 39172 <b>Address:</b> 35384 Hwy 101 Business Astoria OR 97103 <b>Phone:</b> (503) 440-2825 <b>Email:</b> acdcexcavatingllc@gmail.com
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<b>Owner:</b> TYLER RANTA <b>Address:</b> 92571 FERNHILL RD ASTORIA OR 97103	<b>Property Address:</b> 90180 Rose Arbor Ln, Astoria, OR 97103
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**Parcel:** 70910A000806 - Primary      **Township:** 7    **Range:** 09      **Section:** 10A

<b>Lot Size:</b> 2.03 acres	<b>Water Supply:</b> Community Water Supply
<b>Zoning:</b> RA-2	<b>City/County/UGB:</b> County
<b>Land Use Approval:</b> yes	

**Category of Construction:** Single Family Dwelling

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

**System Specifications**

<b>Type:</b> Alternative Treatment Technology (ATTs)	<b>ATT Description:</b>	AS500L
<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>	500 gal.
<b>Special Tank Requirements:</b> 500gal dosing tank = ATT unit		

**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> 150 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> 18 in.	<b>Undisturbed Soil Between Trenches:</b>	8 ft.
<b>Min Depth:</b> 18 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> Yes	<b>Filter Fabric on Top of Drain Media:</b>	Yes



Date Certificate Issued: 06/03/2022  
Work Description: Construction/Installation; ATT

**Conditions of Approval**

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

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

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

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

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

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

**Certificate of Satisfactory Completion**

System Inspection: No      Operation of Law - 7 Days Notice: No      Pre-Cover Inspection Waived Per 340-071: No

Comments: N/A

Lucas Marshall

Environmental Health Specialist I

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

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

## Final Inspection Request and Notice - Septic ID: 186-22-000167-PRMT

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CLATSOP COUNTY DEPARTMENT OF PUBLIC HEALTH

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: TYLER RANTA

Twncshp: 7      Range: 09      Sect: 10A  
Lot: 00806

Property Address: 90180 ROSE ARBOR LN, ASTORIA, OR 97103

**SECTION 2: System Component Specifications:**

System Type: <b>ATT</b>				Water tight verification*
Tanks(1)	Volume: <b>1000 GAL</b>	Compartments: <b>1</b>	Manufacturer: <b>A-1 READY MIX</b>	Date: <b>5/30/22</b>
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <b>1 1/4"</b>	ASTM#/Other: <b>1785</b>	Length: <b>40'</b>

**C. Secondary Treatment Unit:**

Sand Filter**	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Model: <b>AQUA SAFE AS500L</b>		
Certified Maint.	Provider Name:		<b>RANDY ABTS #RM1</b>		
Operation and Maint.	Contract Received?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) <b>DRAIN ROCK</b>				
Distribution Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <b>4"</b>	ASTM#/Other: <b>3034</b>	Length: <b>150'</b>
Comment					

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)  
\*\*Attach sieve analysis for Underdrain Media and Filter Sand

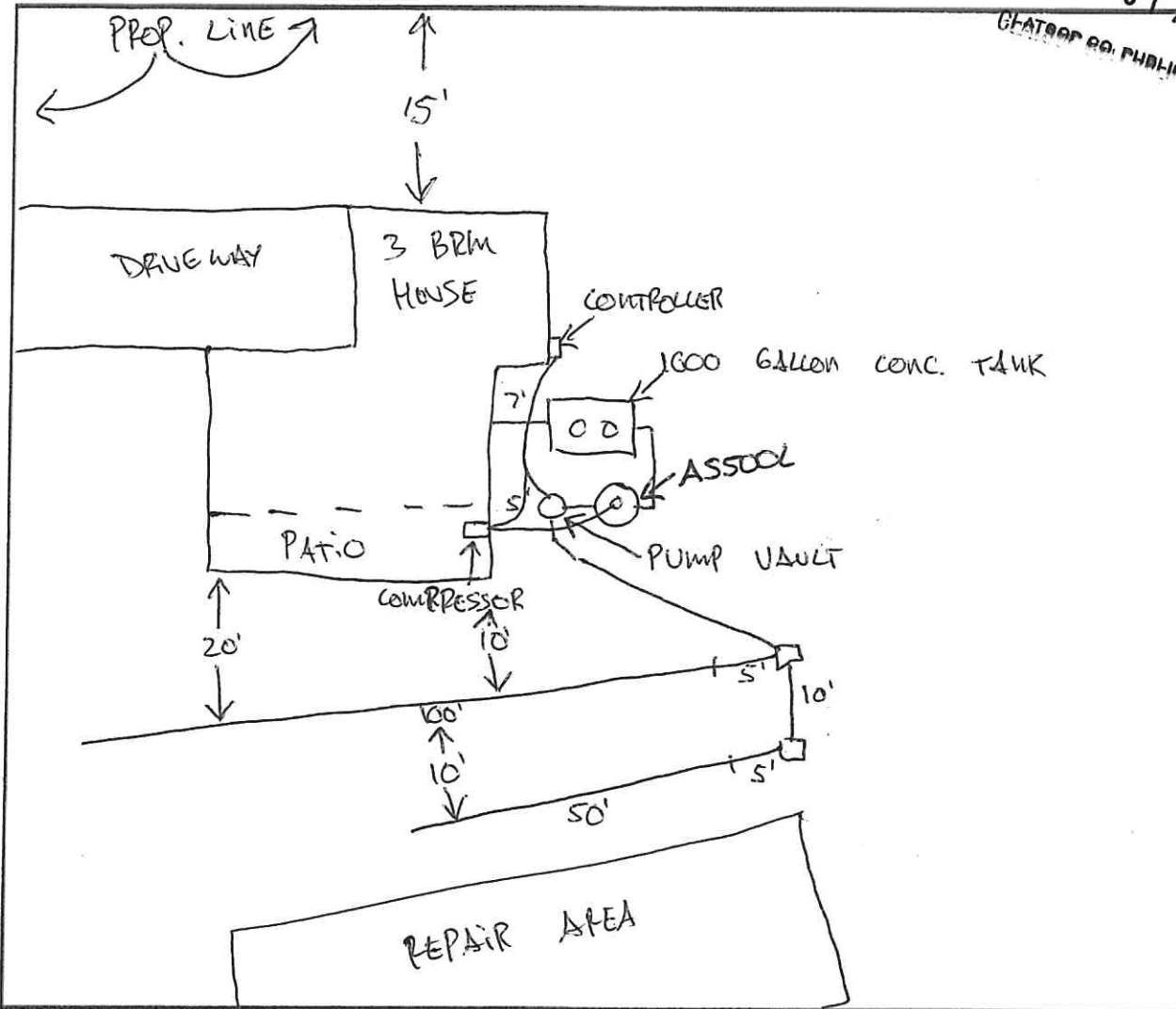
Clatsop County Department  
Public Health  
On-Site Waste Water Program

Approved By: [Signature]  
Permit No. 186-22-000167  
Date 6/3/22

**SECTION 3 - As Built Plan**

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

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**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:	ACDC EXCAVATING	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 39172	Certification#: 2477
Owner/ Certified Installer:	Signature: TRAVIS BOEHM	Date: 5/31/22	Phone#: 503 440 1900

**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. 186-22-000167 2  
Date 6/5/22





# Septic Permit Installation Permit - Residential - New

186-22-000167-PRMT

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

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

<b>Date issued:</b> 5/27/22	<b>Expiration date:</b> 5/27/23
<b>Work description:</b> Construction/Installation; ATT	

<b>Applicant:</b> Lund Bros Contracting <b>Address:</b> 35801 Miller Heights Ln Astoria OR 97103 <b>Phone:</b> 503-298-7573 <b>Email:</b> lundbrotherscontracting@gmail.com  <b>Business License:</b> N/A	<b>Primary contractor:</b> ACDC Excavating, LLC <b>Installer License:</b> 39172 <b>Address:</b> 35384 Hwy 101 Business Astoria OR 97103 <b>Phone:</b> (503) 440-2825 <b>Email:</b> acdcexcavatingllc@gmail.com
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<b>Owner:</b> TYLER RANTA <b>Address:</b> 92571 FERNHILL RD ASTORIA OR 97103  <b>Parcel:</b> 70910A000806 - Primary	<b>Property address:</b> 90180 Rose Arbor Ln, Astoria, OR 97103  <b>Township:</b> 7 <b>Range:</b> 09 <b>Section:</b> 10A
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<b>Lot size:</b> 2.03 acres	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> RA-2	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> yes	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Construction Permit - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A	
<b>Comments:</b> N/A		

<b>Category of construction:</b> Single Family Dwelling		
	<b>Existing</b>	<b>Proposed</b>
<b>Use of structure:</b>	N/A	3 bedroom home
<b>Number of bedrooms:</b>	N/A	3

<b>System Specifications</b>			
<b>Type:</b>	Alternative Treatment Technology (ATTs)	<b>ATT description:</b>	AS500L
<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>	500 gal.
<b>Special tank rqmts:</b>	500gal dosing tank = ATT unit		

<b>Drain Field Specifications</b>			
<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>	150 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>	18 in.	<b>Undisturbed soil between trenches:</b>	8 ft.
<b>Min depth:</b>	18 in.	<b>Capping fills-min depth of fill material:</b>	N/A

**Special Requirements**

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.)





# Clatsop County

Environmental Health/Onsite Septic Program

REC'D

MAY 25 2022

CLATSOP CO. PUBLIC HEALTH  
Pd Ok # 3378  
\$1450

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

## Application for Onsite Sewage Treatment System

#186-22-000167

### A. Property Owner Information

Name: Tyler Ranta Mailing Address (Street, PO Box, City, State, Zip): 98571 Ferr Hill Rd. Astoria OR 97103 Phone Number: 503 440 1844

### B. Legal Property Description

Township: 7 Range: 9 Section: 10A Tax Lot: 806 Tax Account Number: 00374 Acreage or Lot Size: 2.03  
County: Clatsop Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Address: 90180 Rose Arbor Ln Astoria → new address issued  
(Street, City, State, Zip) old was: 90224 Hwy 202

Directions to Property E on Hwy 202

### 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

- Public Olney Water
- Name: \_\_\_\_\_
- Private \_\_\_\_\_
- Well, Spring, Shared

### D. Type of Application

- Site Evaluation
- Construction ATT
- 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: [Signature] Date: 5/25/22

Applicant's Name (Please Print Legibly): Dane Lund Applicant's Phone: 503 298 7573 Applicant's E-Mail Address: Lundbrotherscontracting@gmail.com

Applicant's Mailing Address: 91683 Lewis + Clark Rd. Astoria OR 97103

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached ACDC 39172  
Installers Name



# Clatsop County

Environmental Health/Onsite Septic Program

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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

#186-22-0001(67)

## Notice Authorizing Representative

I, Tyler Rahta, have authorized  
(Property Owner - Please Print)

Dane Lund 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

90180 Rose Arbor Ln. Astoria OR 97103  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section 10A Tax Lot 806 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_  
70910A000806

### PROPERTY OWNER:

Name: Tyler Rahta Email: TylerRahta1844@gmail.com  
Mail Address: 92571 Fernhill Rd. City/State/Zip Astoria OR 97103  
Phone: 503 440 1844 FAX: \_\_\_\_\_  
Signature: TR Date: 5/25/22

### AUTHORIZED REPRESENTATIVE:

Name: Dane Lund Email: Lundbrotherscontracting@gmail.com  
Mail Address: 91683 Lewis + Clark Rd. City/State/Zip Astoria OR 97103  
Phone: 503 298 7573 FAX: \_\_\_\_\_  
Signature: [Signature] Date: 5/25/22



DEQ Land Use Compatibility Statement

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MAY 25 2022

COMPLETED BY APPLICANT

DEPARTMENT OF PUBLIC HEALTH

1. Property Owner Name(s): Tyler Kurta
Mailing Address: 92571 Fern Hill Rd. Astoria OR 97103 #186-22-000167
Telephone 1: 503 440 1844 Telephone 2:
Email Address: tylerkurta1844@gmail.com

2. Applicant Name: ACDC EXECUTIVE LLC
Mailing Address: 35384 HWY 101 BUSINESS ASTORIA OR 97103
Telephone 1: 503 440 1900 Telephone 2:
Email Address: ACDC EXECUTIVE LLC@gmail.com

3. Property Information:
Situs Address: 90180 Rose Arbor Ln Astoria OR 97103
Township 7 Range 09 Section 10A Tax Lot 70910A000806
Subdivision Name (if applicable):

4. Proposed Development:
[X] Single Family Dwelling [ ] Accessory Structure [ ] Other

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

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID:

- 1. Property Zoning 1 RA-2 Property Zoning 2 AN Overlays
2. Minimum Parcel Size 2.00 Actual Parcel Size 2.03 [ ] LOR needed LOR Permit # Coverage View
3. The facility is located: [ ] Inside City Limits [ ] Inside a UGB [X] Outside UGB (county jurisdiction)
4. Does the proposed facility comply with all applicable land use requirements: [X] Yes [ ] No
5. Compliance is based on:
a. [X] Compliance with local comprehensive plans and land use requirements. Citation: 4.2620(1)
b. [ ] Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.
c. [ ] Measure 49 Waiver - DLCD Approval Number:

Comments:

Planning Official Signature Clarence Adams Date 05.25.22



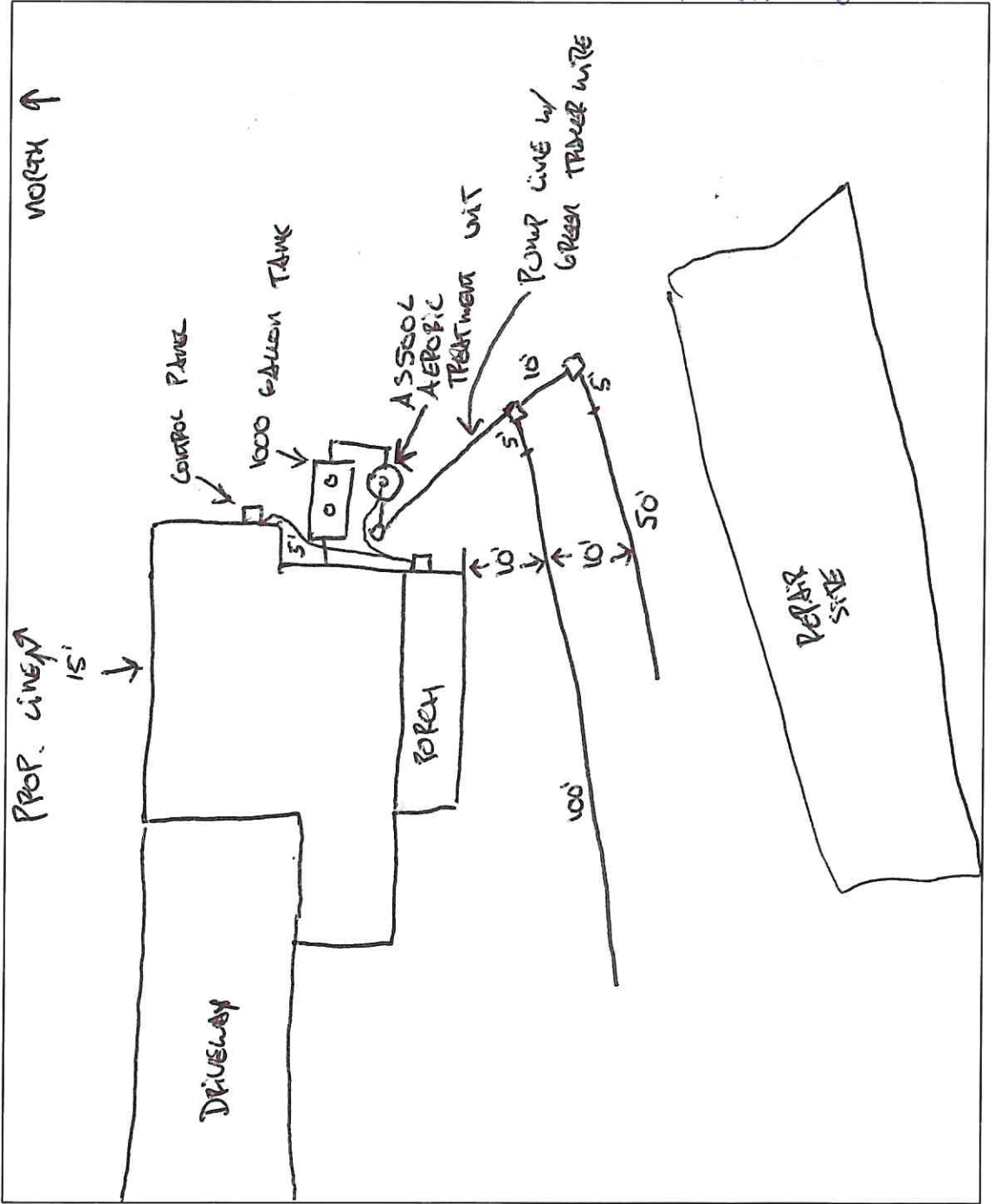
# PLOT PLAN

Property ID: \_\_\_\_\_ Site Address: \_\_\_\_\_

Applicant Signature: TPAVIS BOGHO

Date: \_\_\_\_\_

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



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#186-22-000176

1 inch = 20 feet

7-9-10A-806

MATERIAL LIST

- ① 1000 gallon A-1 READY MIX SEPTIC TANK
- ① AQUA SAFE ASSCOOL AEROBIC TREATMENT UNIT
- ② DROP BOXES
- ① 150' 4" 3034 PEPP PIPE
- ② CAPS
- ② 20' 4" 3034 SOLID PIPE
- ⑤ 50' 1" SCH 40 PIPE
- ② 1" 45°'S
- ① 150' FILTER FABRIC
- ① 11 YDS DRAIN ROCK
- GREEN TRAPER WIPE

7-9-10A-806

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CLATSOP CO. PUBLIC HEALTH

#186-22-000167

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MAY 25 2022

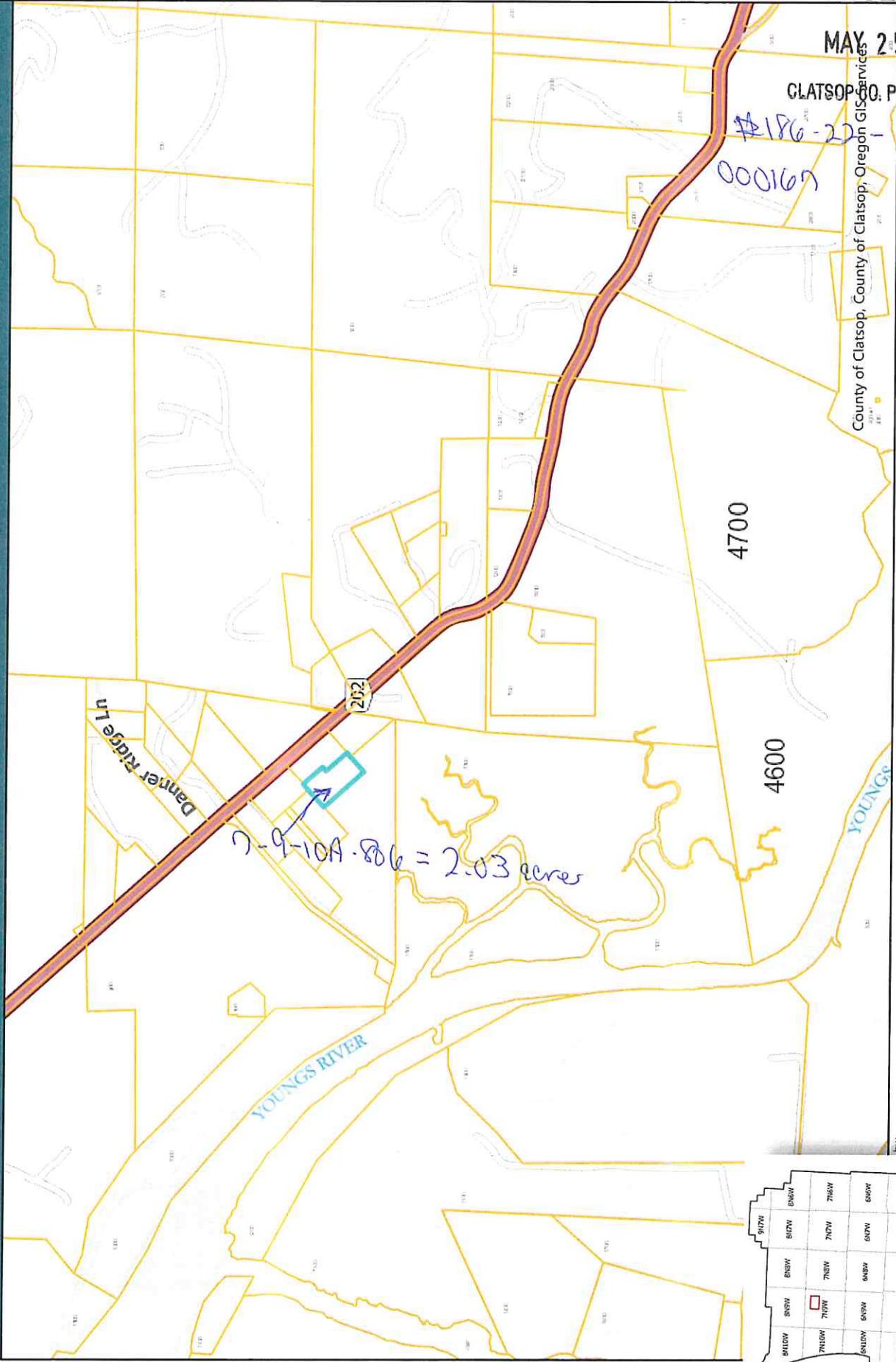
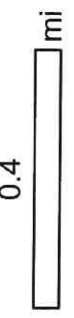
CLATSOP CO. PUBLIC GIS SERVICES

County of Clatsop, Oregon GIS Services

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, omissions, misuse, or misinterpretation.



Clatsop County



517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W
517W	517W	517W	517W	517W	517W

5/27/2022 11:53 AM





**Transaction Receipt**  
**Record ID: 186-22-000167-PRMT**  
**IVR Number: 186031935660**

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

**Receipt Number: 459728**

**Receipt Date: 5/27/22**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 90180 ROSE ARBOR LN, ASTORIA, OR 97103  
Parcel: 70910A000806

<b>Fees Paid</b>					
<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
5/27/22	1.00 Ea	Install - ATT - by gallons per day	81-7203	\$1,341.00	\$1,341.00
5/27/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
5/27/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 3378 Payer: Dane Lund Payment Amount: \$1,450.00

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

# AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency

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

Job Site Address: 90224 HWY 202 City: Astoria  
Owner: Tyler Ranta Phone: 503 440 1844  
Address: 92571 Fern Hill Rd. Email: Tyler.ranta.1844@gmail.com  
Agent: Dane Lund  
Proposed Development/Construction: SFD  
Map ID: 709 10A 000806

## 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes  No  Site Approved: Yes  No   
Agency Signature: [Signature] Title: Permit Tech Date: 9/13/21  
Remarks: Construction/Installation permit REQUIRED

Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

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

Gallons per minute: \_\_\_\_\_  
Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Contact the local Water District serving your property OR  
Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

## 4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: 8 Number of Hydrants: 1 Hydrant Location(s): 8  
Agency Signature: [Signature] Title: FIRE CHIEF Date: 9.10.21  
Remarks: \_\_\_\_\_

Contact the local Fire Department serving your property

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

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 971



# Residential Septic Site Evaluation Approval

186-20-000163-EVAL

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

**Date issued:** 06/01/2020  
**Application status:** Site Evaluation Approved  
**Work description:** Site Evaluation; SFD

**Applicant:** Lund Bros Contracting  
**Address:** 35801 Miller Heights Ln  
Astoria OR 97103  
**Phone:** 503-298-7573  
**Email:** lundbrotherscontracting@gmail.com

**Primary contractor:** ACDC Excavating, LLC  
**Installer License:** 39172  
**Address:** 35384 Hwy 101 Business  
Astoria OR 97103  
**Phone:** (503) 440-1818  
**Email:** acdcexcavatingllc@gmail.com

**Owner:** Tyler Ranta  
**Address:** 42571 Fernhill Rd  
Astoria OR 97103  
**Owner:** SF and RG LLC

**Property address:** <sup>90229</sup> 0-Lot On Hwy 202, Astoria, OR  
97103

**Parcel:** 70910A000806 - Primary      **Township:** 7      **Range:** 09      **Section:** 10A

**Lot size:** 2.03 acres      **Water supply:** Community Water Supply  
**Zoning:** N/A      **City/County/UGB:** County

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

### General Specifications

**Max peak design flow:** 450 gpd.      **Proposed gallons per day:** 450 gpd.  
**Min septic tank volume:** 1000 gal.      **Min dosing tank volume:** N/A  
**Special tank reqmts:** May require 500 gallon pump tank if elevations are not feasible for gravity fed drainfield  
**Media depth:** 12 in.

### System Specifications

<b>System type:</b>	Alternative Treatment Technology (ATTs)	Alternative Treatment Technology (ATTs)
<b>System distribution type:</b>	Serial	Loop
<b>Distribution method:</b>	Serial	Serial

### Trench Specifications

<b>Trench linear feet:</b>	150 linear ft.	150 linear ft.
<b>Max depth:</b>	18 in.	18 in.
<b>Min depth:</b>	12 in.	12 in.

### Special Requirements

<b>Stakeout required:</b>	Yes	Yes
<b>Groundwater type:</b>	Not Applicable	Temporary
<b>Groundwater depth:</b>	48 in.	N/A

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.)



**Date issued:** 05/01/2020  
**Application status:** Site Evaluation Approved  
**Work description:** Site Evaluation; SFD

<b>Groundwater interceptor:</b>	Yes	No
<b>Groundwater interceptor-amount of drain media:</b>	60 in.	N/A
<b>Groundwater interceptor depth:</b>	64 in.	N/A
<b>Drainfield type:</b>	Standard	Standard
<b>Drainfield sizing:</b>	150 linear ft/150 gal.	150 linear ft/150 gal.
<b>Other special requirement:</b>	ATT system required for both primary and replacement systems	N/A

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

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

Michael McNickle

Public Health Director

6/1/20

**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.)

## SITE EVALUATION REPORT

Date: June 1, 2020

Dear Tyler Ranta:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: **Ranta**

Application: # **186-20-000163**

County: **Clatsop**

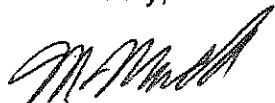
RE: SITE EVALUATION REPORT for: Township/Range/Section: T 7N/ R 9W/ S 10A Tax Lot#: 806

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

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

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

Yours truly,



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

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: **Ranta** Application #: **186-20-000163** County: **Clatsop**

**RE: SITE EVALUATION REPORT** for Township/Range/Section: **T 7N/ R 9W / S 10A** Tax Lot#: **806**

Commercial Facility:  Yes  No Parcel Size: 2.03 acres.

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max # of bdrms: 4

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

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-12 12-24 24-60	SiL SiCIL CIL	Silty Loam 10 YR 5/2 Silty Clay Loam 10 YR 5/6 Clay Loam 2.5 Y 5/4 Fine roots to 9" Redox @38"
#2	0-12 12-24 24-60	SiL SiCIL CIL	Silty Loam 10 YR 5/2 Silty Clay Loam 10 YR 5/6 Clay Loam 2.5 Y 5/4 Fine roots to 9" Redox @ 38"

Landscape Notes: Slope: 3-4% Aspect: East to West Groundwater Type: Temp

**Additional Conditions of Approval**

- Curtain drain required. 64 inch depth. Backfill with rock to surface**
- \*A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Initial system must be installed in area of Test Pit # 1 on drawing.
- Initial system shall be a serial or equal distribution, ATT system installed at a depth no greater than 18".
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable 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.
- Recommend licensed installer install all system components.

\*Required prior to issuance of construction permit.





**Clatsop County**  
**Onsite Septic System Program**  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-9302  
[www.co.clatsop.or.us](http://www.co.clatsop.or.us)

RECEIVED

JUN 01 2020

CLATSOP CO. PUBLIC HEALTH

PK # 2882  
 8810

#186-20-000163

**Application for Onsite Sewage Treatment System**

**A. Property Owner Information**

buyers  
 seller

Name Tyler Ranta SF & RG, LLC Mailing Address (Street, PO Box, City, State, Zip) 3580 C Miller Heights Ln Phone Number 503 287 7573

**B. Legal Property Description**

Township 7 Range 9 Section 10A Tax Lot 806 Tax Account Number 60374 Acreage or Lot Size 2.03  
 County Clatsop Subdivision Name Cooperage View Estates Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: Stem Rd lot on Hwy 22 (directly behind 90224 Hwy 202)  
 (Street, City, State, Zip)

Directions to Property \_\_\_\_\_

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

Existing Facility  Single Family Residence  Other \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_  
 Proposed Facility  Single Family Residence  Other \_\_\_\_\_  
 Number of Bedrooms 3  
 Water Supply  Public OWW "new" w/ uski' 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 \_\_\_\_\_ Date 6/1/2020

Applicant's Name (Please Print Legibly) Dave Lund Applicant's Phone 503 287 7573 Applicant's E-Mail Address Lundbrotherscontracting@gmail.com

Applicant's Mailing Address 3580 C Miller Heights Ln Astoria OR 97103

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached ACDC #39172  
 Installers Name



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

RECEIVED

JUN 01 2020

CLATSOP CO. PUBLIC HEALTH

#186-20-000163

**Notice Authorizing Representative**

I, Tyler Ranta, have authorized  
(Property Owner – Please Print)

Dane Lund To act as my agent in performing  
(Authorized Representative – Please Print)

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

**PROPERTY IDENTIFICATION**

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 9 Section 10A Tax Lot 806 Map ID \_\_\_\_\_

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

**PROPERTY OWNER:**

Name: Tyler Ranta Email: tylerranta1844@gmail.com

Mail Address: 42571 Fernhill rd City/State/Zip Astoria OR 97103

Phone: 503-440-1844 FAX: \_\_\_\_\_

Signature: [Signature] Date: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Name: Dane Lund Email: Lundbrotherscontracting@gmail.com

Mail Address: 35801 miller Heights Ln City/State/Zip Astoria OR 97103

Phone: 503 298 7573 FAX: \_\_\_\_\_

Signature: [Signature] Date: 5/27/2020







# Transaction Receipt

186-20-000163-EVAL

IVR Number: 186079257949

Clatsop County Onsite

820 Exchange Street  
Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 453104

Receipt Date: 6/1/20

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

Parcel: 70910A000806

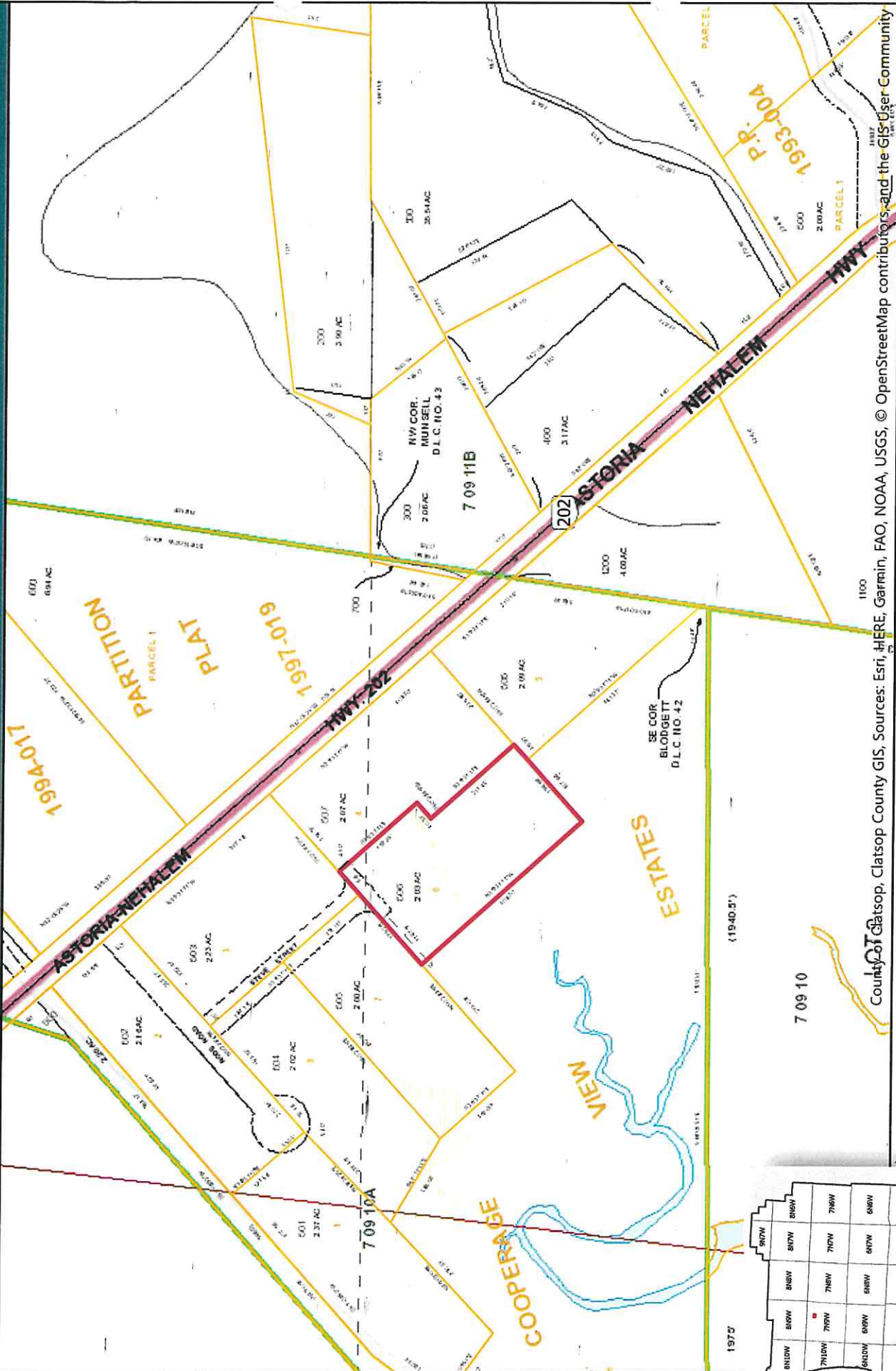
Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/1/20	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$701.00	\$701.00
6/1/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/1/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 2882 Payer: Dane Lund Payment Amount: \$810.00

Cashier: Annette Brodigan

Receipt Total: \$810.00

# Clatsop County, OR



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.



## Clatsop County



County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

8N7W	8N6W	8N5W	8N4W	8N3W	8N2W	8N1W
7N7W	7N6W	7N5W	7N4W	7N3W	7N2W	7N1W
6N7W	6N6W	6N5W	6N4W	6N3W	6N2W	6N1W
5N7W	5N6W	5N5W	5N4W	5N3W	5N2W	5N1W
4N7W	4N6W	4N5W	4N4W	4N3W	4N2W	4N1W

6/1/2020 9:26 AM

7-9-10A-806 = 2.03 acres