

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 OS404329 as follows:

PROPERTY INFORMATION

Property Owner: **Jay & Cindy Beckman** **Township 07N, Range 09W, Section 31**
Property Location: **Lewis & Clark Rd., Astoria** **Tax Lot 403**
Facility Type: **Single Family Dwelling** **Clatsop County**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Sand Filter: Conventional - Residential

Design Flow:	450 gals/day	Drain Media Total Depth:	12 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	6 inches
Minimum Dosing Tank Size:	500 gals	Drain Media Above Pipe:	2 inches
Distribution Type:	Equal (hydrosplitter)	GWI Trench Depth:	30 inches
Total Trench Length:	150 Linear feet	GWI Media Depth:	24 inches
Trench Spacing:	8 feet*		
Sand Filter:	360 SqFt		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	14 inches		
Minimum Trench Depth:	12 inches		

*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.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Connie Schrandt on 7/22/2008

Installer Name: Robert E. Martens: dba Robert Martens Excavation

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

<u>Connie Schrandt</u>	Onsite Wastewater Specialist	7/22/2008
Authorized Agent:	Title	Date CSC Issued
Connie Schrandt		

Department of Environmental Quality
Northwest Region - Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146
Phone: (503) 861-3280
Fax: (503) 861-3259

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JUL 17 2008

State of Oregon
Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 404329

CLATSOP COUNTY COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify DEQ (or authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:
Jay & Cindy Beckman

Township 07N, Range 09W, Section 31
Clatsop County TaxLot#: Tax Lot 403
Lewis & Clark Rd., Astoria

SECTION 2: Materials List - Identify and list all materials used in the system.

Material Categories:	Brand Name:	Size:	Specifications:	Amount of Material:
Pump(s):	ORenco	1/2 hp		2
Distribution Pipe:	PVC	1 1/4	Sch 40	180 FT
Effluent Sewer Pipe:	"	"	"	
Drain Media Type(s):	Infiltrator			150 FT
Filter Material:	ORenco	14x34		
Other:				

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Jay & Cindy Beckman

Sewage Disposal Service Business: Robert Martens Excavation LTD, 37547
(Print Full Business Name) (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes No ()

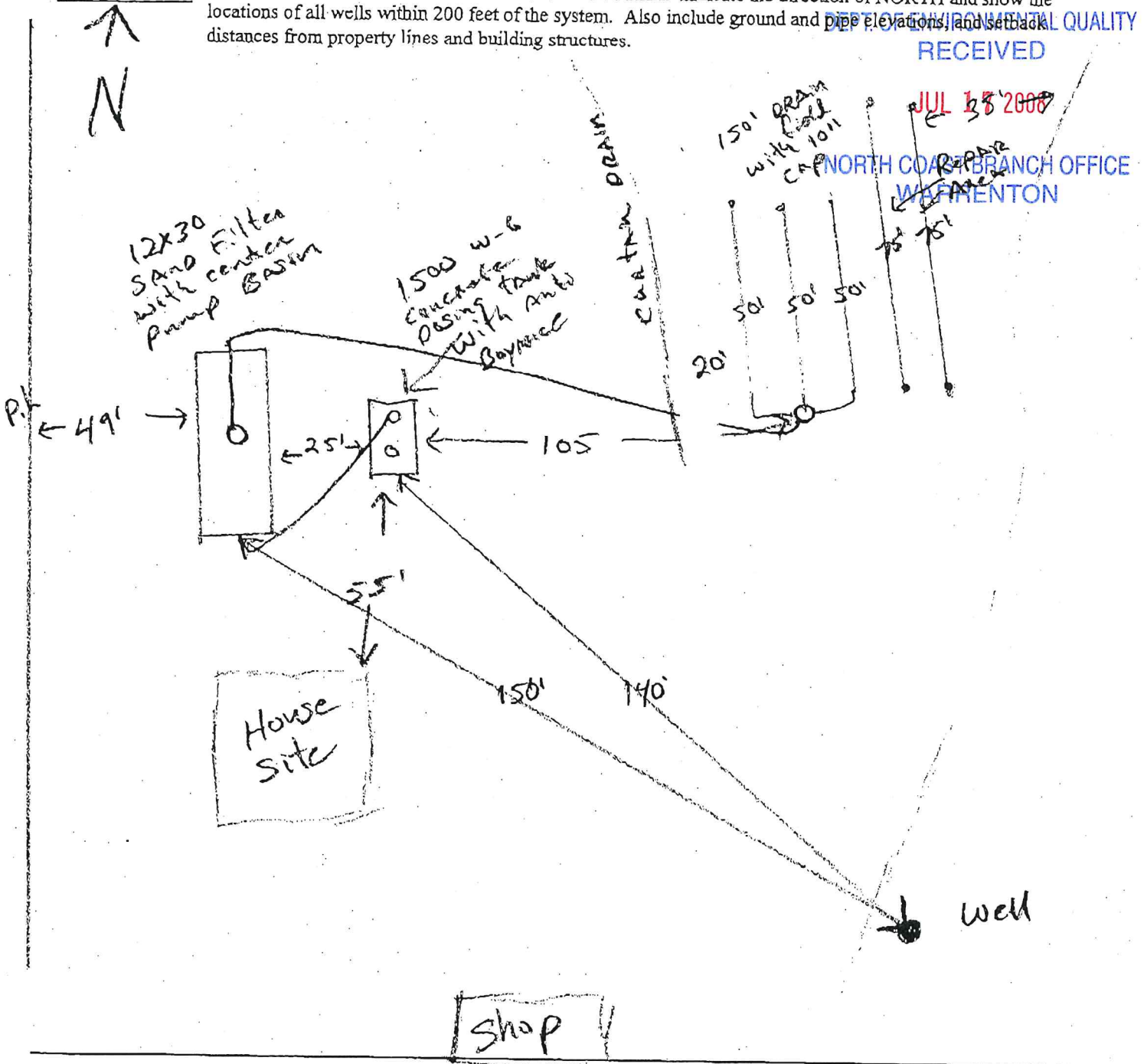
Date tanks(s) tested: 7-15-08 Date System Construction Completed: 7-17-08

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Robert Martens President 7-17-08
(System Installer's Signature-Property Owner or Certified Installer with Certification Number) (Title) (Cert. #) (Date)
Installers Contact Phone Number: Office/Home 325-0615 Cell 440-2724

SECTION 4:

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations, and setback distances from property lines and building structures.



SECTION 5 - Office Use Only: Notice Review Date: 7-22-08 Notice Accepted: Yes (X) No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance (X) Approval to backfill system

Date and time of notification: 7-22-08 10:40 am Additional Comments: _____

Squirt & test waived - no power

CMS

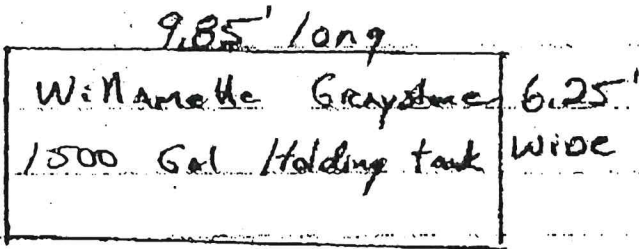
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Beckman
7-9-31-403

JUL 17 2008

NORTH COAST BRANCH OFFICE
WARRENTON

Unit Weights



H₂O 62.4 lbs cub Ft

Concrete 150 lbs cub Ft

Dirt-Rock 80 lbs cub Ft

5.35' Height

TANK Displacement

$9.85 \times 6.25 \times 5.35 = 329.36$

$329.36 \text{ cub. Ft.} \times 62.4 \text{ cub. Ft}$

Water weight = 20552.06

Assume water table at Ground surface tank will displace

20552.06 lbs water

Top of tank $9.85 \times 6.25 = 61.56 \text{ cub Ft}$

18" Dirt $\times 61.56 = 7,387.2 \text{ lbs}$

Tank will displace 20552.06 lbs

Tank weight 11,000 lbs

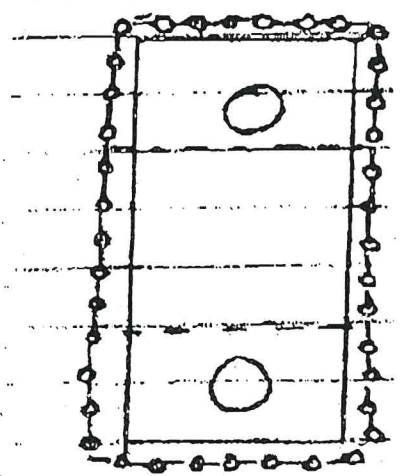
2 yds Anti Boyance ring 8,000 lbs

18" Dirt on top of tank 7,387.2

} = 26,387.20

There is 5835.14 lbs more weight than is needed to keep tank in ground when Empty

Rock mix



Top View tank

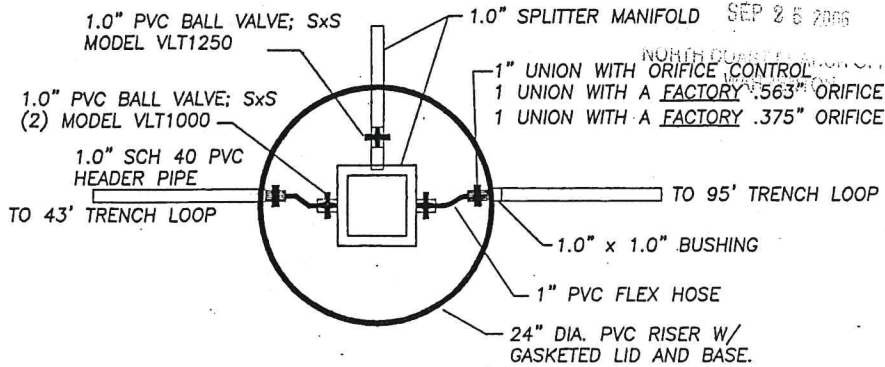
○ = concrete

--- = 5/8 Rebar

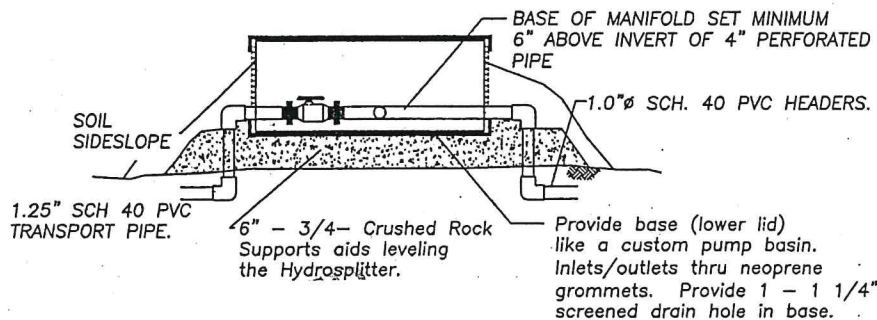
○ = 18" Risers

TYPICAL HYDROSPLITTER

DEPT. OF ENVIRONMENTAL CONTROL
 SEP 25 2006



SECTION VIEW
 HYDROSPLITTER



C.

ane
 -4524
 S
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 OF 5

Robest - Example of hydrosplitter detail for Beckman

2 pages

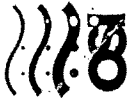
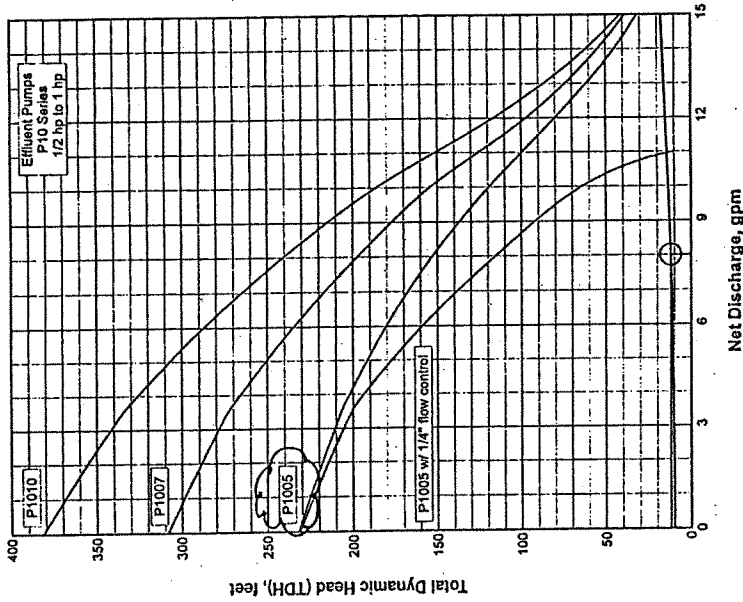
Connie
 7-808

Pump Selection for a Non-Pressurized System

Effluent Pump from Center Pump Sand Filter
To Two (2) outlet Hydrosplitters.

Input Parameters	Design Flow Rate	8 gpm
Distributing Valve Model	None	
Lift to Discharge	10.0 feet	
Transport Length	80.0 feet	
Transport Pipe Class/Schedule	1.25 inches	
Discharge Assembly Size	40	
Flow Meter	1.00 inches	
'Add-on' Friction Losses	None inches	
	0.0 feet	

Calculations	Total Flow Rate	8.0 gpm
Head Loss Through Distributing Valve	0.0 feet	
Head Loss In Transport Pipe	0.8 feet	
Head Loss Through Discharge	1.5 feet	
Head Loss Through Flow Meter	0.0 feet	
'Add-on' Friction Losses	0.0 feet	
Total Flow Rate	8.0 gpm	
TDH	12.2 feet	



Oreco Systems
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814 AIRWAY AVENUE
SUTHERLIN, OREGON
97079

TOLL FREE
(800) 348-8943

TELEPHONE
(541) 659-4449

FACSIMILE
(541) 659-2884

JOB #: Dohantuk Orifice Control

PUMPING TO NON-PRESSURIZED DRAINFIELD
ASSUME A FLOWRATE FROM MIDDLE 1/3 OF PUMP CURVE

PUMP OR SIPHON MODEL #:	P100511
ASSUMED FLOW:	8 GPM
RESIDUAL PRESSURE (FEET):	2 FEET

TRENCH #	1	2	TOTALS
LENGTH (ft)	95.00	43.00	138.0
% OF FLOW	68.84%	31.16%	100.00%
GPM	5.51	2.49	8.00
ORF. SIZE	0.5609	0.3773	
SIZE IN 128lpi	71	48	
SIZE IN 32nds	17	12	
SIZE IN 16ths	8	6	
SIZE IN 8ths	4	3	

JUL 07 2008

NORTH COAST BRANCH OFFICE
 WARRENTON

FIELD WORKSHEET FOR FINE AGGREGATE

PROJECT NAME (SECTION)				CONTRACT NUMBER	
CONTRACTOR OR SUPPLIER SCAPPOOSE SAND & GRAVEL			PROJECT MANAGER BOB		BID ITEM NUMBER
SOURCE NAME SCAPPOOSE SAND & GRAVEL			SOURCE NUMBER		MATERIAL SIZE 3/8 Pass Gravel
TEST NO. 1	DATE 3/17/2008	TIME PM	SAMPLED AT PRODUCTION		TO BE USED IN Underdrain Media

SIEVE SIZE	SPECS. LIMITS	SIEVE ANALYSIS							FM	
		MASS 1	MASS 2	MASS 3	MASS 4	TOTAL MASS	% RET	% PASS	ACCUMULATED	RETAINED
1/2"	100	0.0	0.0			0.0	0.0	100		
3/8"	85-100	0.0	0.0			0.0	0.0	100		
1/4"		651.4	614.8			1266.2	53.7	46		
#4	10-30	401.6	419.3			820.9	34.8	12		
#8	0-10	134.7	128.3			261.0	11.1	0		
#16	0-5	0.4	0.5			0.9	0.0	0		
#30		0.1	0.3			0.4	0.0	0		
#40		0.1	0.1			0.2	0.0	0		
#200	0-1.0	0.7	0.8			1.5	0.1	0.3		
PAN		0.8	0.3			1.1	0.0			
B = INITIAL DRY MASS:		2357.4		D = MASS AFTER SIEVING:		2352.2				

SIEVE SIZE	SPECS. LIMITS	FRACTURED PIECES				ELONGATED PIECES	
		NONFRAC. MASS	QUESTIONABLE MASS	FRACT. MASS	INDIVIDUAL FRAC. %	TEST MASS	ELONG. MASS

SET 178	
1 SR	
2 SR	
3 SR	
SR=Sand Reading AVG.	
CL=Clay Reading	
PAN TARE	200
WET SAMPLE & PAN	
DRY SAMPLE & PAN	2557.4
WASH DRY & PAN	2552.2

<input type="checkbox"/> DRY	<input checked="" type="checkbox"/> WET	RESULT	SPEC	A = WET SAMPLE WT. - PAN
Combine Fracture	TM 1			B = DRY SAMPLE WT. - PAN 2357.4
Wood Particles	TM 225			C = DRY WT AFTER WASH - PAN 2352.2
Cleanness Value	TM 227			REMARKS :
Elongated Pieces	TM 229			
Fineness Modulus	T 27/T11			
MOISTURE % = ((A-B) / B) X 100				
SIEVE LOSS % = ((C-D) / C) X 100		0.0%	0.3%	
2.00mm / 6.3mm				

<input checked="" type="checkbox"/> QUANTITY CONTROL	<input checked="" type="checkbox"/> VERIFICATION	INDEPENDENT ASSURANCE
CERTIFIED TECHNICIAN (PLEASE PRINT) AND CARD NUMBER		EXAMINER NAME
LYNN RINGHEIM 1381		Glacier Northwest, Inc.
		SIGNATURE: <i>Lynn Ringheim</i> DATE: 3/18/08

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. EH-W-760756
 7/7/08

ROBERT MARTENS EXCAVATION LTD
 92859 WALLUSKI LOOP
 ASTORIA, OR 97103

Beckman
 709-31-403

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NORTH COAST BRANCH OFFICE
WARRENTON

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: B.C.X. Inc.
Project: NA
Sample Matrix: Soil

Date Collected: NA
Date Received: 8/17/2006
Service Request: K0606958

Dry Sieve Analysis

ASTM C-33 SAND

Units: Percent Passing

DEQ FILTER
SAND

Sample #:	6958-2
Wet Weight	171.406
Tare	8.3485
Dry Weight+	178.2949
% Solids	99.1

Sieve Size	Dry Weight	% Passing
3/8 in.	1.2408	99.9
No.4	67.8618	95.0
No.8	114.4029	86.7
No.18	312.0999	64.2
No.30	369.1945	37.5
No.50	441.2513	5.57
No.100	71.9101	0.37
No.200	4.5851	0.04
Pan	0.4890	(0.00)

1385.6

Total Weight = 1383.0354

% Recovered = 99.8

ROBERT MARTENS EXCAVATION LTD
92859 WALLUGKI LOOP
ASTORIA, OR 97103

Beckman

709-31-403



AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: T7N R9W 403 Sec 31 City: Astoria
 Owner: Cindy Beckman Phone: 503-436-9659
 Owner's Address: PO Box 1159 Cannon Beach, OR 97110
 Agent: _____
 Proposed Development/Construction: _____

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 7 R 9 SEC 31 Tax lot(s) 403
 Permit Needed - Yes () No () Site Approved - Yes () No ()
 Signature: J. Schill Date: 7/24/07
 Remarks: OS # 404329

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location (s): _____
 Signature: _____ Title: _____ Date: _____
 Remarks: _____

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____
 Zone: _____ Overlay District: _____
 Development Permit - Yes () No () # _____
 Flood Plain - Yes () No () Elevation Requirements: _____
 Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
 Signature: _____ Title _____ Date: _____
 Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

Construction-Installation Permit

This Construction-Installation Permit OS404329 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner:	Jay & Cindy Beckman	Clatsop County
Property Location:	Lewis & Clark Rd., Astoria	Township 07N, Range 09W, Section 31
Facility Type:	Single Family Dwelling	Tax Lot 403
	4 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

System Type: Sand Filter: Conventional - Residential

Dry soil installation required between: Jul 18 2007 And Sep 30 2007.

Design Flow:	450 gals/day	Drain Media Total Depth:	12 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	6 inches
Minimum Dosing Tank Size:	500 gals	Drain Media Above Pipe:	2 inches
Distribution Type:	Equal (hydrosplitter)	GWI Trench Depth:	30 inches
Total Trench Length:	150 Linear feet	GWI Media Depth:	24 inches
Trench Spacing:	8 feet*		
Sand Filter:	360 SqFt		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	14 inches		
Minimum Trench Depth:	12 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

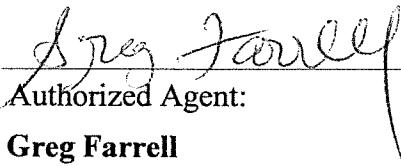
- 1 18 gage green-jacketed tracer wire over the effluent sewer line is required.
- 2 An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- 3 Each pump shall be wired on a separate circuit.
- 4 Each trench to be level and on contour.
- 5 Filter fabric is required over the drain media.
- 6 Groundwater Interceptor (GWI), Curtain Drain required.
- 7 Meet all required setbacks.
- 8 The alarm and pump must be on separate circuits in the control panel.
- 9 The cap material must be evenly graded to a final depth of 10 inches over the drain media.
- 10 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 11 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.

- 12 Vehicular traffic and livestock must be restricted from the system area.
- 13 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.

INSPECTION REQUIREMENTS

- 1 A final inspection is required after landscaping or other erosion control measures are established.
- 2 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.
- 3 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 4 A site inspection of both the absorption area and the borrow material is required prior to cap construction
- 5 A squirt test inspection of the pressurized piping system is required.
- 6 An inspection of the constructed cap is required.
- 7 An inspection of the liner and underdrain pipe is required.

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

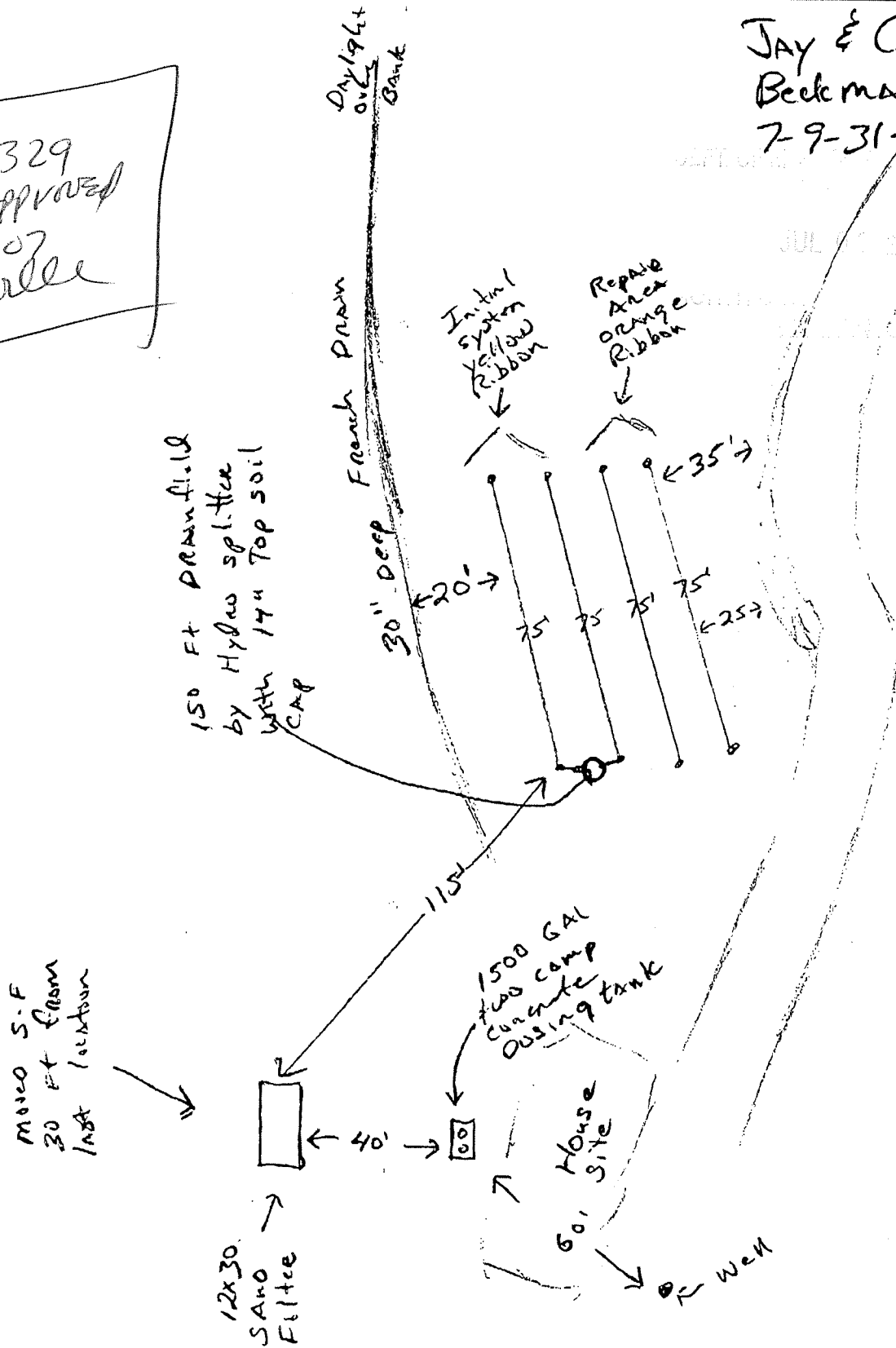
	Onsite Wastewater Specialist	7/18/2007	7/18/2008
Authorized Agent:	Title	Date Issued	Expiration Date
Greg Farrell			

Department of Environmental Quality
 Northwest Region, Warrenton Office
 65 N Highway 101, Suite G
 Warrenton, OR 97146
 Phone: (503) 861-3280
 Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.

OS 404329
 Plan approved
 7-18-07
 Stoville

JAY & Cindy
 Beckman
 7-9-31-403



Robert
 Martens

Materials list

Jay & Cindy Bakens

7-9-31-403

CS404329

1500 Gal Willamette Graystone, concrete, two comp.
Septic - Dosing tank

Oreco pump package with 2 pumps, 2 Bio tube
pump vaults, Timed control panel, sand filter manifold
package, o-ring shields, 30 mill liner
Filter Fabric, floats, Elect splice Box, 1 1/4" boot kit

30 yds DEQ sand filter sand

10 yds pea gravel

10 yds 1/2 x 1/2 small drain rock - Texas-Fisher

1 - 12 x 24 Risers (Oreco)

1 - 18 x 24 Riser

10 pcs Plywood

100 yds Top soil

150' 1 1/4" lateral pipe pvc sch 40

20' 1 1/4" manifold pipe pvc sch 40

with 1 1/4" ball valves for pressure regulation

60' 1 1/2" pvc sch 40 transport pipe

20 yds Johnsons DEQ drain rock

180' 4" 2729 perf pipe

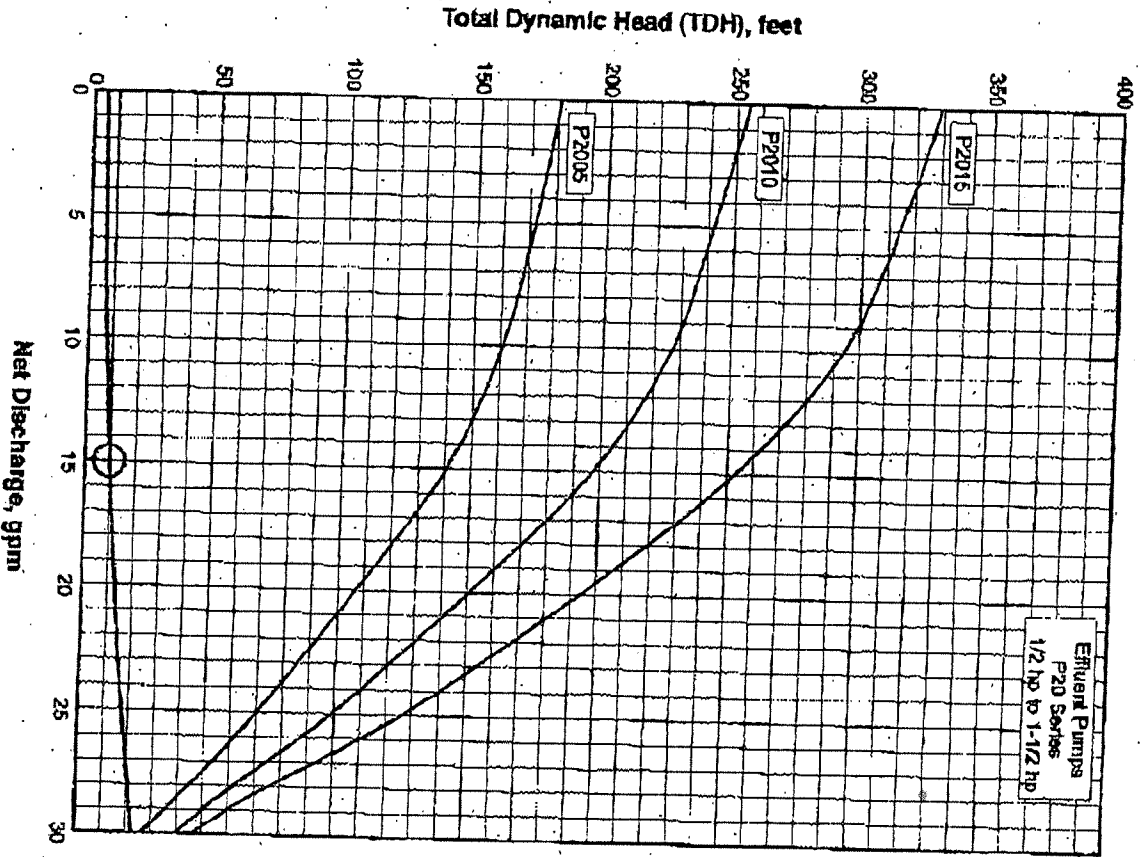
30 yds drain rock for curtain drain

Robert
Martens

Pump Selection for a Non-Pressurized System

Input Parameters	
Design Flow Rate	15 gpm
Distributing Valve Model	None
LM to Discharge	8.0 feet
Transport Length	115.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None inches
Add-on Friction Losses	0.0 feet

Calculations	
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Transport Pipe	3.6 feet
Head Loss Through Discharge	1.1 feet
Head Loss Through Flow Meter	0.0 feet
Add-on Friction Losses	0.0 feet
Total Flow Rate	15.0 gpm
TDH	9.7 feet



BS 4643219
A. Stender

JAY & JIMMY ESCUEIRA
7-9-31-403



Oranco Systems
Incorporated

Effluent Pumps
P20 Series
1/2 hp to 1-1/2 hp

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SOUTHERLY, OREGON
97479

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TELEPHONE:

(541) 453-4449

FAX/MAIL:

(541) 453-5004

WWW.ORANCO.COM

JAY

Lindy Beckman
7-9-31-403

MOHLER SAND & GRAVEL, LLC

36435 HWY. 101 N
NEHALEM, OR 97131
503-366-5157 Plant
503-366-5158 Fax

PEA GRAVEL SPECIFICATIONS ANALYSIS DATE 04/07/05

SIEVE SIZE	WEIGHT RETAINED	% RETAINED	% PASSING	DEQ SPEC'S
1/2	0			
1/4	2317	3109	57	10-100
4	4169	1257	23	5-75
10	5386	40	1	< 24
16	5405	21.0	.04	< 2
100	5418	8	.02	< 1
PAN	5426			

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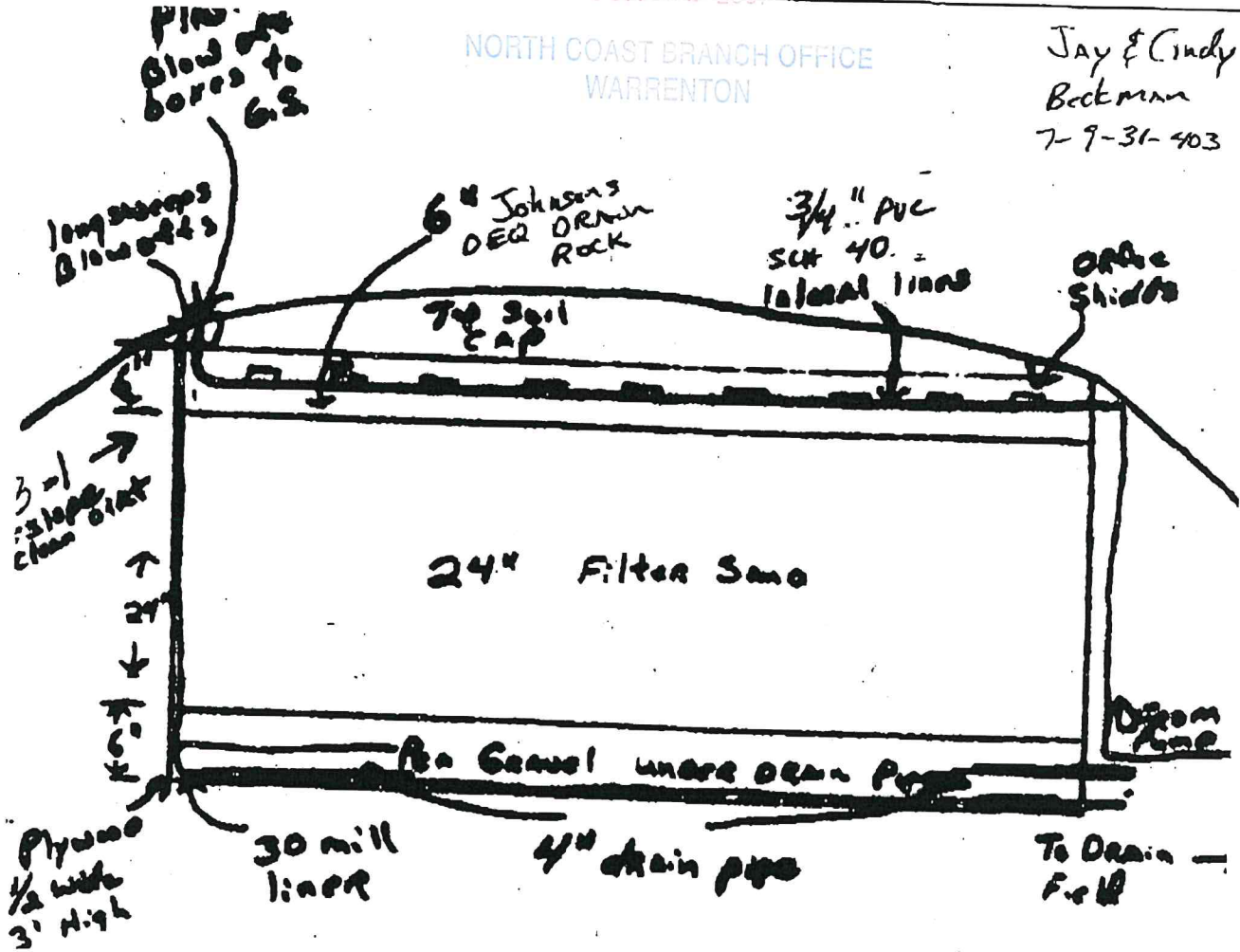
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CS 404329

JUN 12 2007

NORTH COAST BRANCH OFFICE
WARRENTON

Jay & Cindy
Beckman
7-9-31-403



Robt
Mab

Jay & Cindy
Beckman

OS 404329 7-9-31-403

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: B.C.X. Inc.
Project: NA
Sample Matrix: Soil

Date Collected: NA
Date Received: 8/17/2006
Service Request: K0606958

Dry Sieve Analysis

ASTM C-33 SAND

Units: Percent Passing

DEQ FILTER
SAND

Sample #:	6958-2
Wet Weight	171.406
Tare	8.3485
Dry Weight†	178.2949
% Solids	99.1

Sieve Size	Dry Weight	% Passing
3/8 in.	1.2408	99.9
No.4	67.8618	95.0
No.8	114.4029	86.7
No.18	312.0999	64.2
No.30	369.1945	37.5
No.50	441.2513	5.57
No.100	71.9101	0.37
No.200	4.5851	0.04
Pan	0.4890	(0.00)

1385.6

Total Weight = 1383.0354

% Recovered = 99.8

DEPT. OF ENVIRONMENTAL QUALITY
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85404329

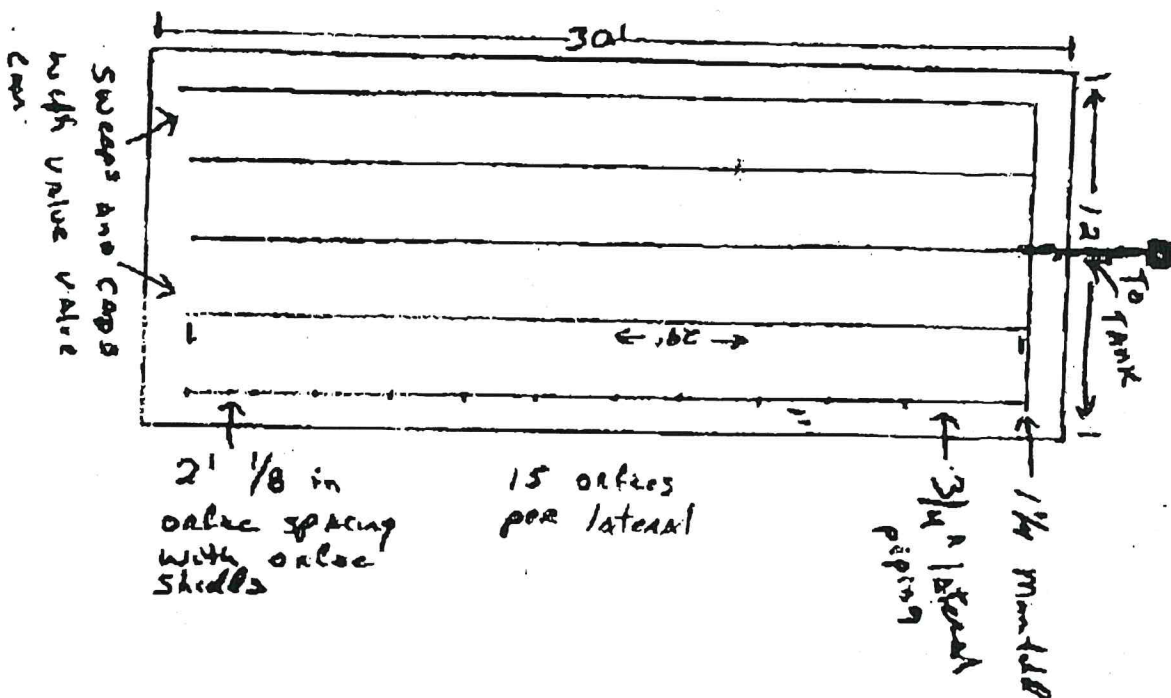
Andy Beckman
7-9-31-403

JUN 12 2007

NORTH COAST BRANCH OFFICE
WARRENTON

Top View

12X30 SAND FILTER



Rob
MA

Jun 06 2007 2:19PM HP LASERJET FAX

DEPT. OF ENVIRONMENTAL QUALITY
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JAY & Lindy
Breckman
7-9-31-403



Orisco Systems
Incorporated

274 HARWAY AVENUE
SUTHERLAND, OREGON
97148

TOLL FREE:
(800) 348-2840

TELEPHONE:
(503) 458-4488

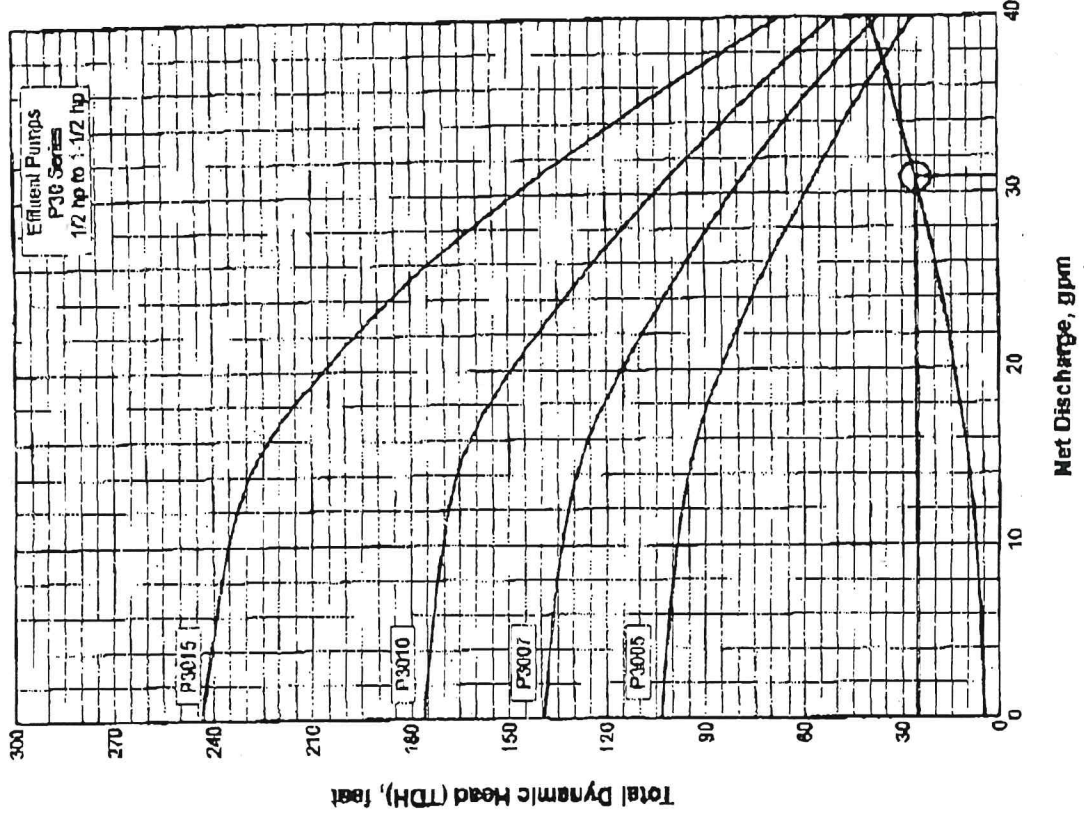
FACSIMILE:
(503) 458-2884

WWW.ORSICO.COM

NORTH COAST BRANCH OFFICE
WARRENTON

*Robert
M.B.*

Tank to 12x30 Sand Filter



Pump Selection for a Pressurized System

Input Parameters	Value
Orifice Size	1/8 inches
Residual Head at Last Orifice	6.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	5
Lateral Length	27.0 feet
Lateral Line Size	0.75 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.0 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	40.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None inches
'Add-on' Friction Losses	5.0 feet

Calculations	Value
Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	70
Total Actual Flow Rate	30.8 gpm
Number of Lines per Zone	6
% Flow Differential 1st and Last Orifice	6.2 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.8 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.4 feet
Head Loss in Transport Pipe	4.7 feet
Head Loss Through Discharge	4.7 feet
Head Loss Through Flow Meter	0.9 feet
'Add-on' Friction Losses	5.0 feet
Total Flow Rate	30.8 gpm
TDH	25.6 feet



Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

State of Oregon
Department of
Environmental
Quality

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp: DEPT. OF ENVIRONMENTAL QUALITY RECEIVED JUN 13 2007 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>6-12-07</u> Fee Paid <u>990.00</u> Receipt Number <u>129977</u> Application Number <u>404761</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

A. Property Owner Information

Jay + Cindy Beckman P.O. Box 1159 Cannon Beach 440-0380
Name Mailing Address (Street or PO Box, City, State, Zip Code) 97110 Phone Number

B. Legal Property Description

7N 9W 31 403
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop
County Subdivision Name Lot Block

Property Address: _____
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public
Number of Bedrooms _____	Number of Bedrooms <u>3</u>	<input checked="" type="checkbox"/> Private Name <u>well</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Well, Spring, Shared

D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input checked="" type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> 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 the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Kelly Martens sec. 6-12-07
Signature Date
Kelly Martens sec. 503 325-0615
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
92859 Walluska Loop Astoria, OR 97103
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Robert Martens Excavation LTD
Installer's Name

503 440-2724

DEPT. OF ENVIRONMENTAL QUALITY
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JUL 08 2007

NORTH COAST BRANCH OFFICE
WARRENTON

New plans for
Jay and Cindy
Beckman

Requested by Greg

Paul
M



Department of Environmental Quality
Warrenton Office
65 N. Highway 101, Ste. G, Warrenton, OR 97146
(503) 861-3280/(503) 861-3259(Fax)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
JUN 13 2007
NORTH COAST BRANCH OFFICE
WARRENTON

NOTICE AUTHORIZING REPRESENTATIVE

I, Jay and Cindy Beckman, have authorized
(Property Owner/Print Name)
Robert Martens to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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 T7N Range R9W Section 403 ^{Sect 31} Map ID _____ Tax Lot #(s) _____
Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Cindy & Jay Beckman
Signature: C Beckman Date: 6/7/07
Address: PO BOX 1159 Phone: 503-440-0380
City, State, Zip: Cannon Beach OR 9710 Fax: 503-436-9525
E-mail Address: eseafod@puittier.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Robert Martens
Signature: R Martens Date: _____
Address: 92861 Walkski Loop Phone: 325-0615
City, State, Zip: Astoria OR 97103 Fax: 6-10-07
E-mail Address: _____

Hi Greg:

Our property is on the West Side of Lewis and Clark Road. It is on the hill side. There is a steep gravel driveway off Lewis and Clark Rd. As of last night there was an orange cone on the road at the base of the driveway. There is a chain across the driveway with a broken padlock that is dummy locked. You just unhook it and it is not locked.

The property is approximately 4 ½ miles from Wahanna Road in Seaside. Coming from Seaside the property is on the left; from Astoria the property is on the right.

Please let me know if you have any problems finding it and I can meet you.

Thank you so much for helping us get this done. We are in a holding pattern until we get your sign off and we are anxious to get the building permits turned in.

Again, thank you for inspecting our project.

Sincerely,

Cindy Beckman
503-440-0380 cell

Sorry! When printing directly from the browser your map may be incorrectly cropped. To print the entire map, try clicking the "Printer-Friendly" link at the top of your results page.

MAPQUEST







Start Les Schwab Tire Ctr: 503-861-3252
1167 Se Marlin Ave, Warrenton, OR
97146, US

End 87698 Lewis And Clark Rd
Astoria, OR 97103-8319, US

Total Est. Time:
19 minutes

Total Est. Distance:
13.04 miles

Maneuvers

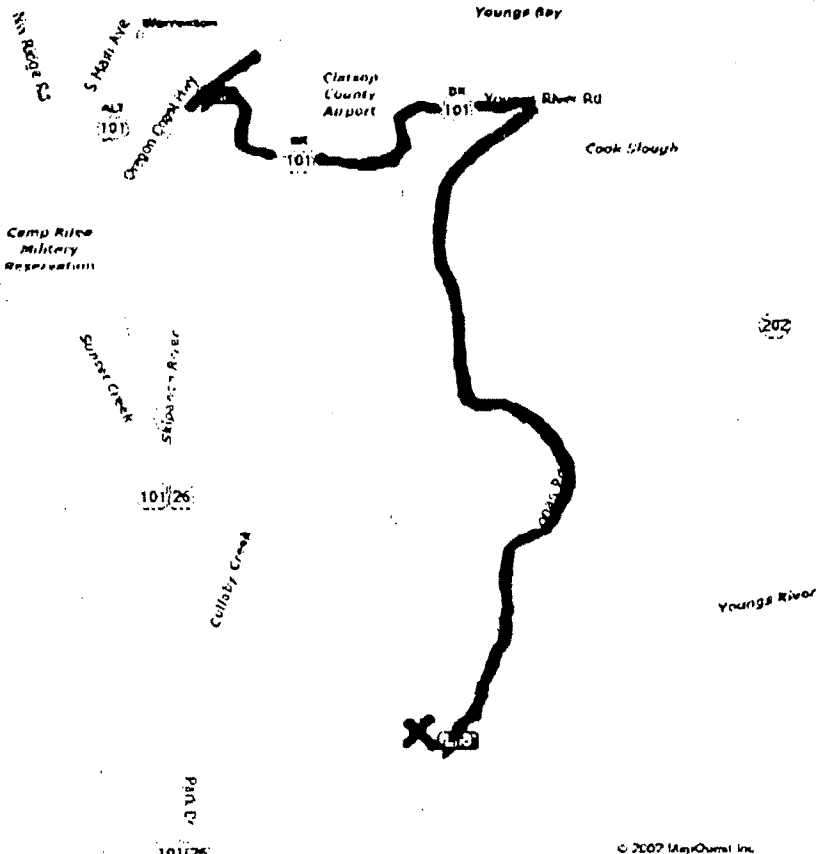
- | | | Distance |
|---|---|------------|
|  | 1: Start out going SOUTH on SE MARLIN AVE / WARRENTON-ASTORIA HWY toward US-101 BR. | <0.1 miles |
|  | 2: Turn LEFT onto US-101 BR / WARRENTON-ASTORIA HWY. | 4.1 miles |
|  | 3: Turn RIGHT onto LEWIS AND CLARK RD. | 3.7 miles |
|  | 4: Turn RIGHT to stay on LEWIS AND CLARK RD. | <0.1 miles |
|  | 5: Turn LEFT to stay on LEWIS AND CLARK RD. | 4.9 miles |
|  | 6: End at 87698 Lewis And Clark Rd
Astoria, OR 97103-8319, US | |

Total Est. Time: 19 minutes **Total Est. Distance:** 13.04 miles

← We don't have an actual address but this is close... From my GPS in car.

Directions from Les Schwab Tires

Sorry! When printing directly from the browser your map may be incorrectly cropped. To print the entire map, try clicking the "Printer-Friendly" link at the top of your results page.



MAPQUEST

© 2007 MapQuest Inc.

0 1000 ft
0 1000 ft
© 2007 NAVTEQ

All rights reserved. Use Subject to License/Copyright
These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

DEPT. OF ENVIRONMENTAL QUALITY
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JUN 13 2007

NORTH COAST BRANCH OFFICE
WARRENTON

Jay & Cindy
Bakeman
7-9-31-403

150' Ft 1 1/4"
PRESSURIZED DRAIN
With 14" Top Soil
CNP

30" French Drain

staked
Yellow
Ribbon

staked
orange
Ribbon

P.L

150'

Very uneven
Area, because
of old Root
Balls

12x30
Sand
Filter

100

1500 Gal
W-6 concrete
tank

APP 10' from
of House

Average
Ground
Elev

80

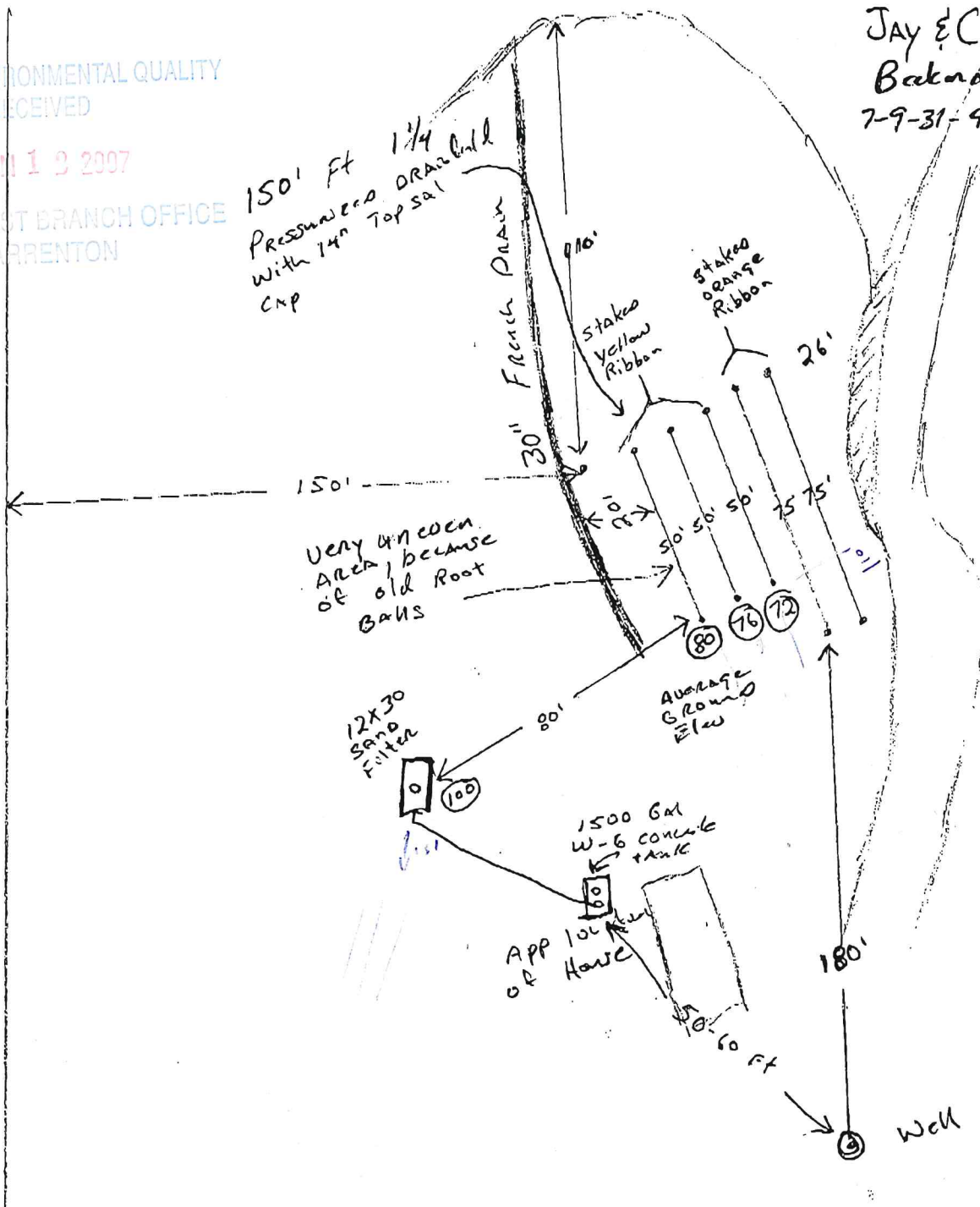
76

72

180'

Well

Robert
Martens



JUN 19 2007

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Applicant Name/Property Owner: Jay & Cindy Beckman
Mailing Address: PO Box 1159 Telephone: 440-0380
City: Cannon Beach State: OR Zip: 97110

2. Property Information:
County: Clatsop Tax Lot Number: 403
Township: 7N Range: 9W Section: 31
Property Address: _____
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

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

4. Permit or approval being requested:
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL #20070382

5. The proposed facility is located: inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction

6. Property Zoning: AF Zoning Minimum Parcel Size: 80 Acre

7. Is a public notice and hearing required? Yes No Hearing Date: _____

8. Does the proposed facility comply with all applicable local land use requirements: Yes No
Comments: conditional use permit RLO #06-108

9. Planning Official Signature: Pat Getchell
Print Name: PAT GETCHELL Title: PLANNING TECHNICIAN
Telephone No.: _____ Date: _____

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.

Receipt Number: 129977

Oregon Department of Environmental Quality
Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 6/12/2007

Received From **Robert Martens Excavation**
(Check Name): **92861 Walluski Loop**
Astoria, OR 97103

For **T07N R09W S31**
Property **TaxLot 403**
At: **Clatsop County**
Lewis & Clark Rd.
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
990.00	Check	7027	96-7420	990.00

Total Amount Applied \$990.00

Onsite Fees	
Base Fee:	950.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$990.00
Payments	
Previous Payments:	0.00
Current Payment:	990.00
Over Payment:	0.00
Total Payments:	\$990.00

Application Description
Application ID: 404761
Application Type: Construction-Installation Permit
Single Family Dwelling
System Type: Sand Filter: Conventional - Residential
Pump Evaluation: No
Flow: 450 gallons/day

Receipt Amount: \$990.00

Received By:

Date of Entry:

Connie Schrandt

6/12/2007

May 16, 1996

SUSAN SNAIR
1256 AVENUE E
SEASIDE OR 97138

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

RE: OSS:NWR: CLATSOP COUNTY:
SITE EVALUATION REPORT: TWN 7N, RNG 9W, SEC
31, TAX LOT 403. NORTHWEST REGION

Dear Ms. Snair:

In response to your recent application for site evaluation, the above-described property was examined on April 17, 1996, to determine the methods of on-site sewage disposal for which it is suited. This visit was in response to a request to review the site within the 90 day period after it had been denied. The date of the site evaluation denial was January 19, 1996. The denial letter allowed for a stake out of the system to determine if there was adequate area. At the time of the visit, it was agreed to stake out a drainfield that would be sized for a sand filter. This was subsequently done and reviewed. The area evaluated originally, can be approved for a on-site sewage disposal system utilizing a sand filter and drainfield. However it must be carefully installed to meet all requirements.

The system would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded.

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The system will consist of an 1100 gallon dosing septic tank, effluent lift pump, associated controls and alarm and a drainfield of 150 feet. The drainfield shall be installed not deeper than 14 inches into the native soil and have a capping fill placed over it when completed. The replacement system shall be of the same type. A groundwater interceptor (GWI) shall be installed around the system at a minimum depth of 30 inches. The GWI shall daylight out over the bank.**

A construction-installation permit is required to install the sewage system on the approved site. Please contact North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280.

John A. Kitzhaber
Governor



This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

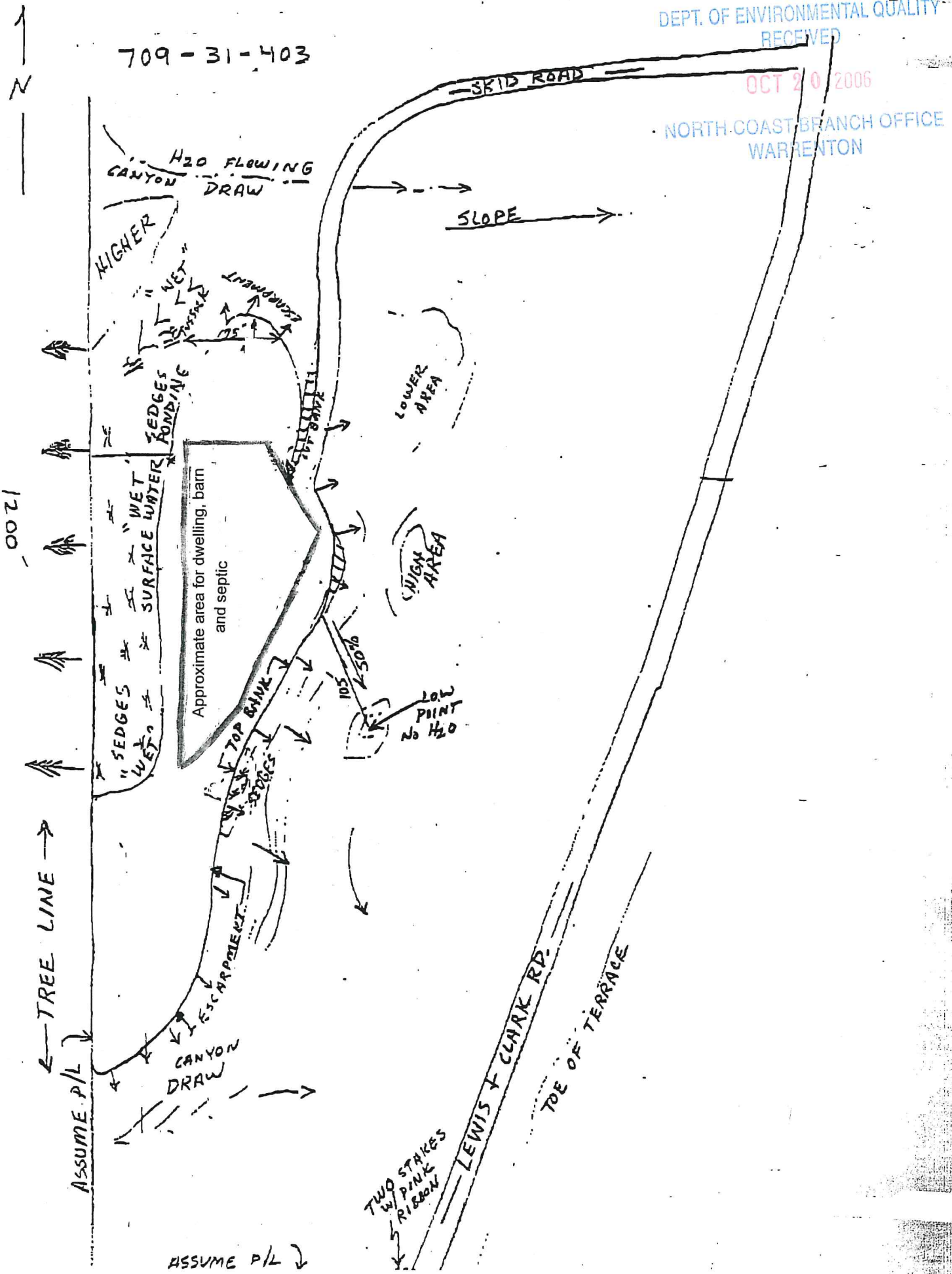
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471
DEQ-1

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OCT 20 2006

NORTH COAST BRANCH OFFICE
WARRENTON

709-31-403



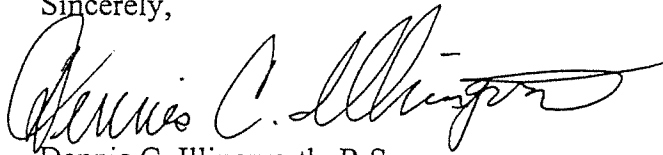
May 20, 1996

Page 2

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction-installation permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

If you have any questions you can call me at this office. The phone number is 503-229-6345.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dennis C. Illingworth".

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dcj

Cc: ✓ NCBO:DEQ

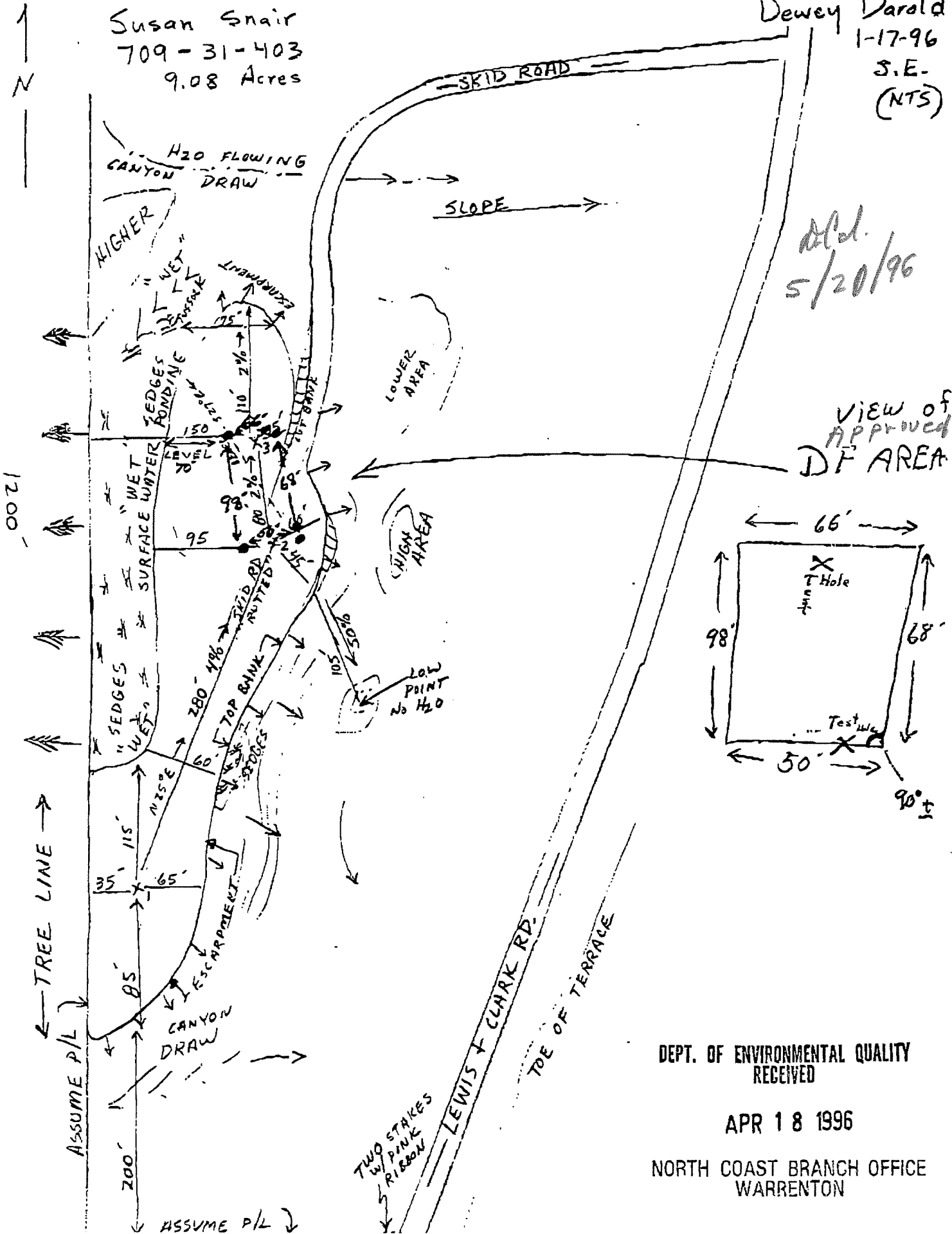
Enclosure

Susan Snair
709-31-403
9.08 Acres

Dewey Darold
1-17-96
S.E.
(NTS)

add.
5/20/96

VIEW of
APPROVED
DF AREA



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 18 1996

NORTH COAST BRANCH OFFICE
WARRENTON

TO: DENNIS ILLINGWORTH, NW REGION, DEQ
FROM: DAVID DARLING SEACOAST CONSTRUCTION
SUBJECT: SUSAN SNAR EVALUATION DENIAL JAN. 19-96

DEAR DENNIS, THIS IS A REQUEST TO SCHEDULE A MEETING AT THE SITE WITH YOU, ME AND MY EXCAVATOR.

I BELIEVE THIS WILL BE THE MOST EFFECTIVE WAY TO EVALUATE THE SNAR SITE

THANKS *David*

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FEB 5 1996

NORTH COAST BRANCH OFFICE
WARRENTON

DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

January 19, 1996

SUSAN SNAIR
1256 AVENUE E
SEASIDE, OR 97138

Re: Site Evaluation Denial for On-Site Sewage Disposal
Twn 7N, Rng 9W, Section 31, Tax Lot 403: Clatsop County:
9.08 Acres.

Dear Ms. Snair:

In response to an application for a site evaluation, the above described property located off of Lewis & Clark Road was examined on January 17, 1996 to determine methods of on-site sewage disposal for which it may be suited. Based upon the results of this study, neither standard or alternative methods of on-site sewage disposal appear feasible. The conditions on the site do not meet current minimum requirements of the State regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Division 71, Sections 100 through 600, including Tables 1 through 8. As a result your application request must be denied.

Three test pits were located on the property and were found to have soils that consisted of moderately fine and fine textures. Effective soil depths (soils that can adequately treat and dispose of sewage effluent) were limited to about 35 inches to 40 inches. The natural slope in the area of the test pits ranged from 2 to 4 percent. Please refer to the enclosed field worksheet for information about the site observations.

The site was found to not comply with the minimum standards established for placement of a standard system or any of the alternative sewage disposal systems authorized for use within the state. Specifically, the site does not meet the following requirements:



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1



Susan Snair
January 19, 1996
Page 2

1. OAR 340-71-150(4)(a)(B), which requires the site have sufficient area available for placement of an initial system and a full repair/replacement system, both systems to comply fully with all criteria for siting as established in OAR Chapter 340, Division 71. With the physical site features present; surface waters along the western edge of the property and an escarpment located east of the test pits, setbacks to these features restrict area available for two complete systems.
2. OAR 340-71-260(1), which limits the use of alternative sewage disposal systems to sites that comply with all rules pertaining to siting, construction, and maintenance of standard systems, unless otherwise allowed by a specific alternative system rule.

The property in the vicinity of the test pits may be able to support an alternative conventional sand filter capping fill serial distribution sewage disposal system. Please note that a drainfield stake-out does not guarantee an automatic approval. If it can be demonstrated within ninety (90) days from the date of this report, by way of a field stake-out that adequate area does exist for two systems, this office would be happy to re-visit the site without any additional fee. A minimum 300 lineal feet of disposal trench would need to be staked following natural ground contours while keeping a minimum and maximum disposal trench depth limit of 12"/14", respectively. A 360 ft² filter should also be staked along with house site and tank location.

There will not be any additional fees if this office is notified that additional test pits are available for evaluation in another area of the property within 90 days from the date of this letter. We recommend that you continue to work with your state licensed installer who can help you design and lay-out an on-site sewage disposal system which will meet the Department's rules and regulations.

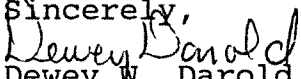
In accordance with Oregon Administrative Rules, (OAR Chap. 340-71), you have two possible options:

1. This site may be eligible for a variance through the Department's On-Site Sewage Disposal Program. The variance procedure allows for consideration where strict compliance with a rule or rules is inappropriate for cause or where special physical conditions render strict compliance unreasonable, burdensome or impractical. The burden of proof rests with the variance applicant. In this regard, many seek professional assistance. A variance application fee of \$255.00 is required.

Susan Snair
January 19, 1996
Page 3

2. If you feel an error has been made or if you desire a review of the findings and determination, you may request an evaluation by the Department's Northwest Region. Such a review requires an application and fee of \$320.00. A report review request should be made to the Department of Environmental Quality, Northwest Region, 2020 SW 4th Avenue, Suite 400, Portland, OR 97201.

Technical information pertaining to this report is available upon request. If you should have any questions, please feel welcome to contact the DEQ North Coast Branch Office at (503) 861-3280.

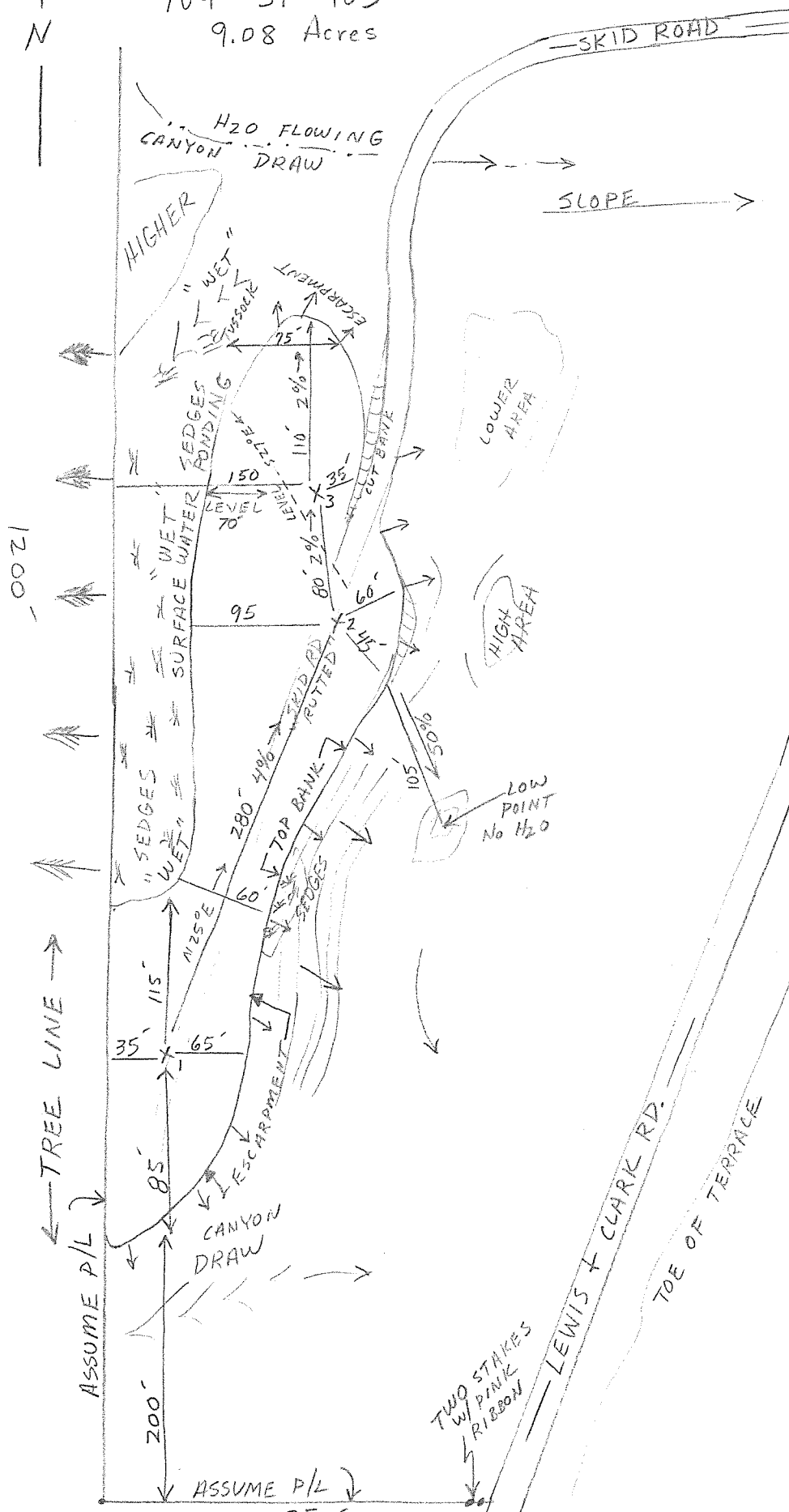
Sincerely,

Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region

Enclosures:
cc: Northwest Region, WQ/DEQ
Seacoast Nursery Construction, Inc.



Susan Snair
709-31-403
9.08 Acres

Dewey Darold
1-17-96
S.E.
(NTS)



SITE EVALUATION FIELD WORKSHEET

Tax Reference 709-31-403

Evaluator Dewey Dardold

Applicant Susan Snair

Date 1-17-96

Parcel Size 9.08 Acres

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

0-2" O horizon

Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1 "SAT"	0"-8"	SiL 10YR ³ / ₃ , wk granular, V. fri, common med. + coarse roots
	8"-20"	SiL 10YR ³ / ₃ + ⁴ / ₃ w/ marine sediments, wk → mod. fine sbk, few med. roots
	20"-35"	SiCL 2.5YR ⁵ / ₂ w/ 7.5YR ⁴ / ₄ + ⁴ / ₆ distinct mottles, mod. fine sbk, fri.
	35"-48"	SiC/C 10YR ⁶ / ₁ w/ 7.5YR ⁵ / ₈ prominent mottles, wk sbk → massive, ⁴⁵ / ₅ " saprolite
	48"	Free H ₂ O 5-10% gravels
Pit 2 "SAT"	0"-4"	SiL 10YR ³ / ₃ , wk gran. V. fri, common V. fine roots
	4"-19"	SiL 10YR ⁴ / ₃ , wk sbk, fri, few med. roots, interior soil peds wet
	19"-26"	SiCL 2.5Y ⁶ / ₂ w/ 7.5YR ⁵ / ₈ mottles, wk sbk → massive siltstone interior peds wet
	26"-68"	SiC 10YR ⁶ / ₁ w/ 7.5YR ⁵ / ₈ prominent mottles, massive, firm
	68"	Free H ₂ O Test pit #2 → massive variegated peds SiCL to W/E 2" of soil surface.
Pit 3 "SAT"	0"-7"	SiL Same as test pit #2, "A" horizon
	7"-14"	SiL 10YR ⁵ / ₄ , wk sbk, fri
	14"-20"	SiCL 10YR ⁶ / ₂ w/ 7.5YR ⁵ / ₆ distinct mottles, mod. fine sbk
	20"-56"	SiC → SiCL 10YR ⁶ / ₁ w/ 7.5YR ⁴ / ₆ prominent mottles, wk sbk → massive, firm
	56"	Free H ₂ O Roots to 45". Ring @ 14"
Pit 4		Soil peds moist @ 20"
		Variable topography through-out area.

Landscape Notes Top of river escarpment w/narrow steep sided valleys dissecting eastward

Slope 0-4% Aspect N + E Groundwater Type Temporary

Other Site Notes Test pit #1 scum ring @ 20". one side pit soils modified. Soil moist @ 15"
Test pit #2 scum ring @ 33". test pit highly variable. 7.5YR⁵/₈ bands present from (26"-35") (42"-47") (53"-56") grays 10YR⁶/₁ between strong brown colors.

SYSTEM SPECIFICATIONS

Type System: _____ Design Flow _____ gpd Disposal Field Size _____ Linear Feet
 Initial _____ System Sizing _____ /150 g. Max. Depth Absorption Facility (in) _____
 Replacement _____ System Sizing _____ /150 g. Max. Depth Absorption Facility (in) _____

Special Conditions _____

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NORTH COAST OFFICE
 17 N. Highway 101
 Warrenton, OR 97146
 (503) 861-3280

FOR OFFICE USE ONLY
 Date Rec'd 11-27-95
 Date Completed 1
 Required Fee \$365.00
 Receipt No. 70631
 Control No. _____

2

9.08 ACRES

FOR APPLICANT'S USE - (PLEASE PRINT)

SOE SNAIR
 (Property Owner's Name)

SEACOAST NURSERY CONSTRUCTION INC.
 (Applicant's Name if Different from Owner)

Legal Description of Property 7 9 31 403 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 3
 (Number of Bedrooms)
 Other _____
 (Specify)

Public (Community System)
 Private WELL
 (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence _____
 (Number of Bedrooms)
 Other _____
 (Specify)

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) _____

- Authorization Notice
- Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

David Dalry
 (Signature)

11-21-95 (Date)
 Authorized Representative
 Licensed Installer
 License No. P33097

Owner's Mailing Address
Susan Snair
1256 AVE E.
SEASIDE OR 97138

SEACOAST NURSERY CONSTR.
 Applicant's Mailing Address (if different)
3111 HWY 101 NORTH
SEASIDE OR 97138

Phone 8-4076

Phone 503-738-6401 IW\WC8\WC8690 (7-19-91)

SNAR SITE



* SEE POWER POLE NUMBER

PPL0709
310200

PPL0709
6

WITH 3 RIBONS ON IT

TEST PIT # 1

2

3

Tom
Jettens
Garden

OLD
RED
BARN

OLD
RED
BARN

~~20931~~
403

Seaside
SEWAGE
TREATMENT
SITE.

LEWIS & CLARK RD

3.2 MI

1.5 MI +

HWY 101

SEASIDE

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DEC 20 1995

NORTH COAST BRANCH OFFICE
WARRENTON

DEPARTMENT OF ENVIRONMENTAL QUALITY
North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

December 13, 1995

SEACOAST NURSERY CONSTRUCTION
3111 HWY 101. N.
SEASIDE, OR 97138

Re: OSS-Clatsop County
Twn 7N, Rng 9W, Section 31, Tax
Lot 403: Site evaluation
Application: 9.08 Acres

Dear Seacoast:

On December 13, 1995, Department personnel conducted a site visit to the above described property to evaluate site and soil conditions for suitability of an on-site sewage disposal system. After canvassing the property, test pits were not able to be located. This office requests that the test pit locations on the property be clearly marked and a more detailed preliminary site development plan be submitted. Property corners must also be staked and easily visible. These items are needed in order for the DEQ North Coast Branch to finish their work. Please refer to the enclosed guidance packet for specific instructions on site preparation.

Until the above is submitted and completed, no further action will be taken on this application. If you should have any questions, please feel welcome to contact the DEQ North Coast Branch Office at (503) 861-3280.

Sincerely, *Dewey Darold*
Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region

cc: Susan Snair



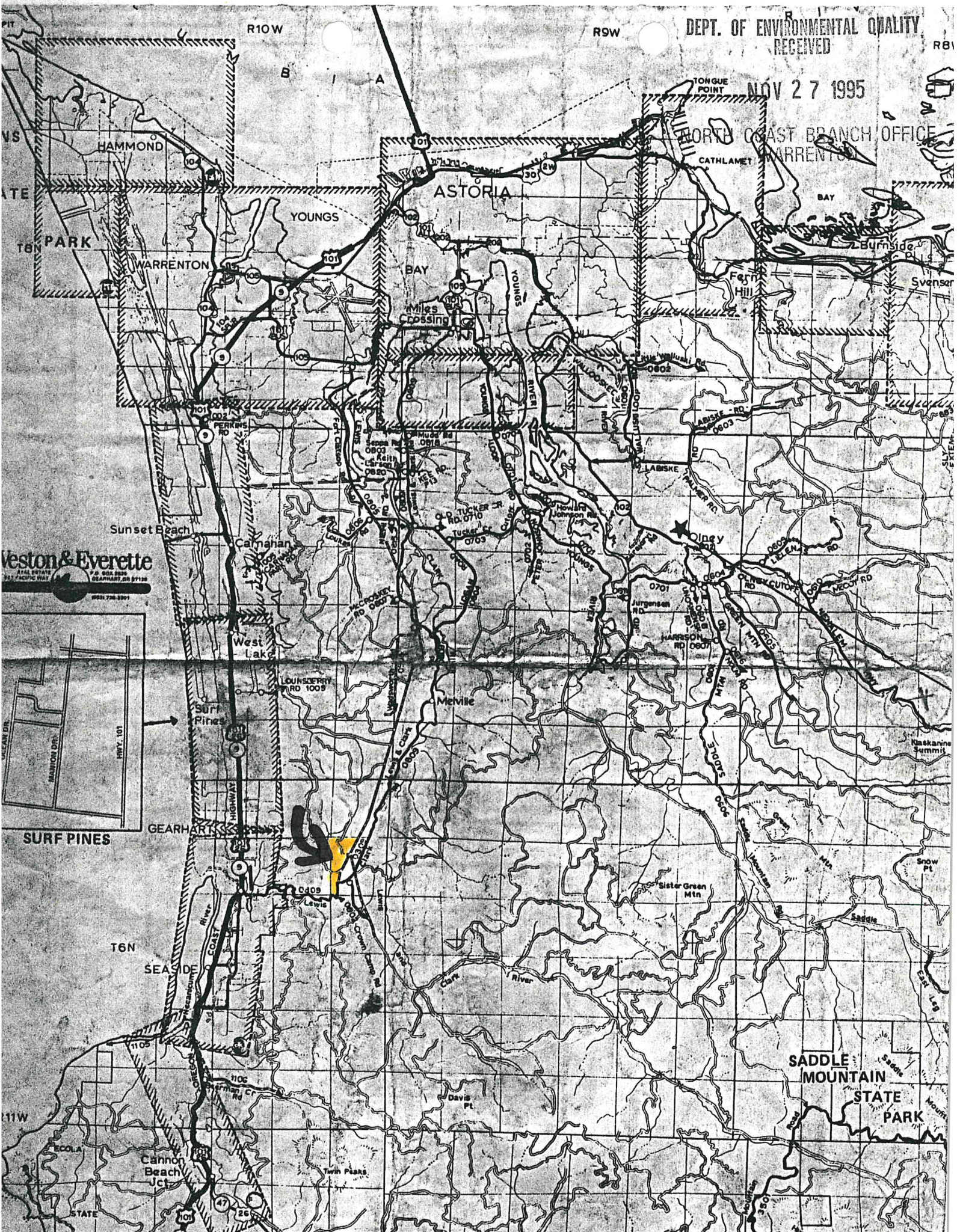
811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1

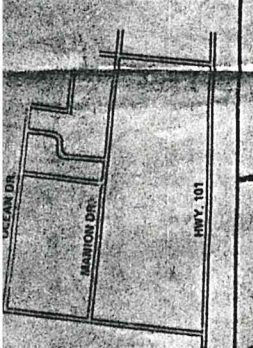


NOV 27 1995

NORTH COAST BRANCH OFFICE
CATHLAMET WARRENTON



Weston & Everett
STATE DEPT.
2142 PACIFIC WAY
SEASIDE, OR 97138
503.736.5997



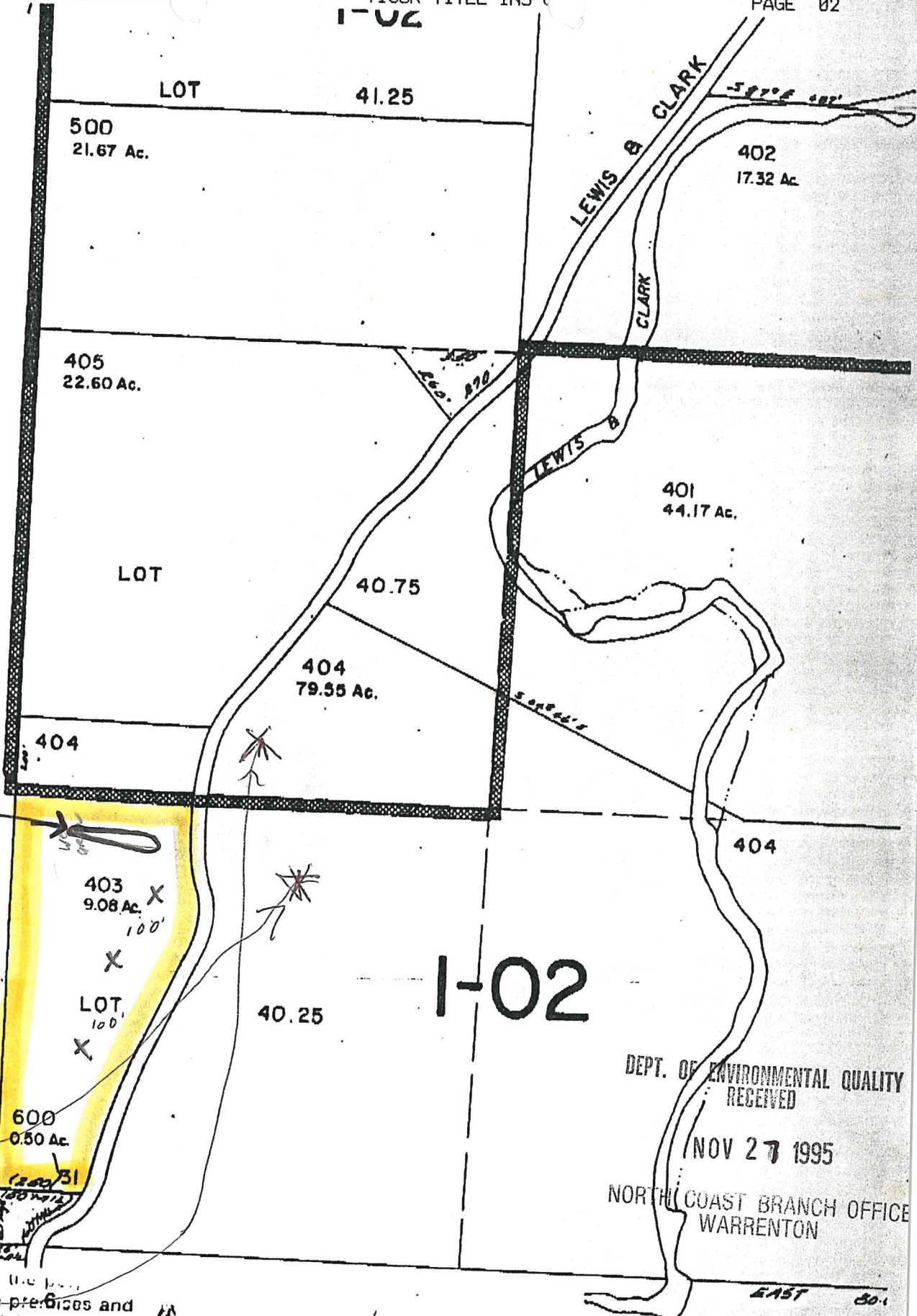
SURF PINES

T6N

T11W

STATE

SEE MAP 7 10 36



PROPOSED WATERWELL LOCATION

X = TEST PITS

red barn

red mailboxes

Not to be used as a basis for the party...
in locating sale premises and
Company assumes no liability for
dimensions and lo-
n, ascertained by actual survey.



TITLE INSURANCE COMPANY

I'll flag
cat Rd.
& pit on top of Hill

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
NOV 27 1995
NORTH COAST BRANCH OFFICE
WARRENTON

EAST 301

SEE