



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

186-23-000018-PRMT

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

**Date Certificate Issued:** 03/08/2023  
**Work Description:** Major Repair; tank and drainfield

<b>Applicant:</b> Nance, Justin <b>Address:</b> 37194 Hwy 26 Seaside OR 97138 <b>Phone:</b> 503-440-4182 <b>Email:</b> justinnancekke@yahoo.com	<b>Primary Contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 97138-3615 <b>Phone:</b> (503) 717-2200 <b>Email:</b> kkeraneninc@hotmail.com
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<b>Owner:</b> OREGON MILITARY DEPARTMENT/STATE OF OREGON <b>Address:</b> 33168 Patriot Way Warrenton OR 97146	<b>Property Address:</b> 91296 Hwy 101, Warrenton, OR 97146
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**Parcel:** 710040003100 - Primary      **Township:** 7    **Range:** 10      **Section:** 4

<b>Lot Size:</b> 9.88 acres	<b>Water Supply:</b> Community Water Supply
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County
<b>Land Use Approval:</b> N/A	

**Category of Construction:** Single Family Dwelling

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

**System Specifications**

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

**Drain Field Specifications**

<b>Drain Field Type:</b> Standard	<b>System Distribution Type:</b> Serial
<b>Drainfield Sizing:</b> N/A	<b>Distribution Method:</b> Serial
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.
<b>Trench Length:</b> 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> 30 in.	<b>Undisturbed Soil Between Trenches:</b> 8 ft.
<b>Min Depth:</b> 24 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A

**Special Requirements**

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

## Final Inspection Request and Notice - Septic ID: 186-23-000018-PRMT

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

**SECTION 1: Owner/Permittee Information:**

<b>Name:</b> OREGON MILITARY DEPARTMENT/STATE OF OREGON	<b>Twnshp:</b> 7	<b>Range:</b> 10	<b>Sect:</b> 4
<b>Property Address:</b> 91296 HWY 101, WARRENTON, OR 97146	<b>Lot:</b> 03100		

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1000    Compartments: 1    Manufacturer: A1 Concrete	Date: 3/3/23
Tanks(2)	Volume:    Compartments:    Manufacturer:	Date:
Pump(s)	HP:    Model/Manuf. N/A    Float(s)Type(1):    Model/Manuf.	
	Float(s)Type(2):    Model/Manuf.	

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4 IN	ASTM#/Other: PVC	Length: 30 FT
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	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	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No <input checked="" type="checkbox"/>	

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) DEQ drain rock and 4 IN perf pipe			
Distribution Box	Yes <input checked="" type="checkbox"/>	No		
Drop Box	Yes	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4 IN	ASTM#/Other: PVC    Length: 150 FT

Comment \_\_\_\_\_

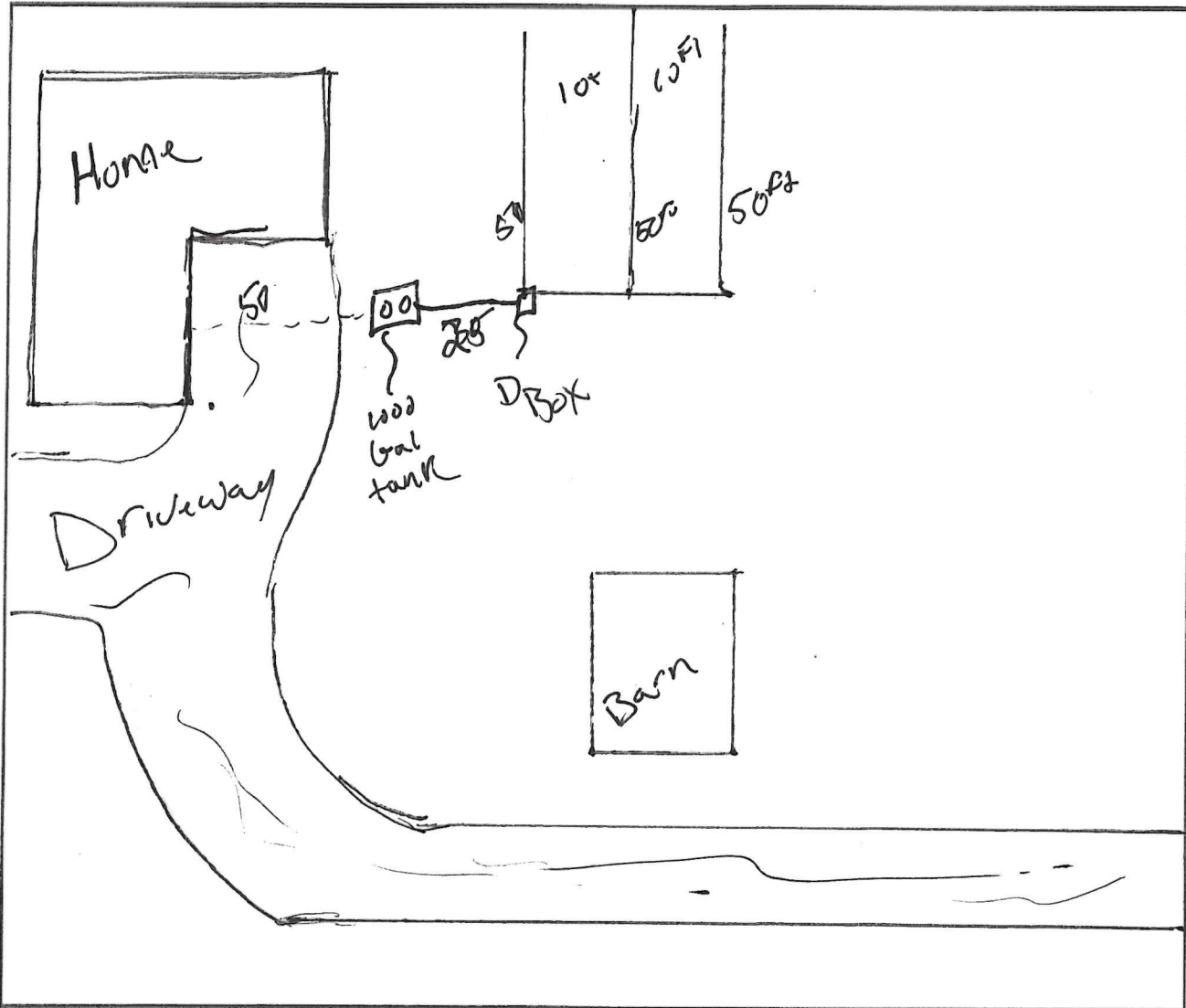
Clatsop County Department  
of Public Health  
On-Site Waste Water Program

Approved By: [Signature]  
Permit No: 186-23-000018  
Date: 3/8/23

\*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

**SECTION 3 - As Built Plan**

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



**SECTION 4 - Construction was performed by (Signature Required)**

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: Keith Keranen Excavating		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 173131	Certification#: 38452
Owner/ Certified Installer:	Signature:	Date: 03 06 23	Phone#: (503)717-2200

**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: \_\_\_\_\_

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

*Clatsop County Department of Public Health*  
**On-Site Waste Water Program**  
 Approved By:   
 Permit No. 186-23-000018  
 Date: 3/18/23





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

## Septic Tank Decommission

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

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

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

Property Owner: Oregon Military Department

Septic Tank Location: 91296 Hwy 101 Warrenton, OR, 97146

Legal Description: T 7 R 10 S 400 Lot 3100

Date Tank Pumped: 2/27/23

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

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

By: [Signature] Date: \_\_\_\_\_  
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: [Signature] Date: 03 06 23  
(signature of operator/owner)

Please Include:  
**PUMPING  
RECEIPT**



# Septic Permit

## Repair (Major) - Residential - New

186-23-000018-PRMT

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

<b>Date issued:</b> 2/13/23	<b>Expiration date:</b> 2/13/24
<b>Work description:</b> Major Repair; tank and drainfield	

<b>Applicant:</b> Nance, Justin <b>Address:</b> 37194 Hwy 26 Seaside OR 97138 <b>Phone:</b> 503-440-4182 <b>Email:</b> justinnancek@yaho.com	<b>Primary contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 97138-3615 <b>Phone:</b> (503) 717-2200 <b>Email:</b> kkeraneninc@hotmail.com
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**Business License:** N/A

<b>Owner:</b> OREGON MILITARY DEPARTMENT/STATE OF OREGON <b>Address:</b> 33168 Patriot Way Warrenton OR 97146	<b>Property address:</b> 91296 Hwy 101, Warrenton, OR 97146
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**Parcel:** 710040003100 - Primary      **Township:** 7    **Range:** 10      **Section:** 4

<b>Lot size:</b> 9.88 acres	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A	
<b>Comments:</b> N/A		

**Category of construction:** Single Family Dwelling

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

**System Specifications**

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

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Ttpe:</b> Serial	
<b>Drainfield sizing:</b> N/A	<b>Distribution method:</b> Serial	
<b>Media type:</b> Rock/Pipe	<b>Media depth:</b> 12 in.	
<b>Trench length:</b> 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> 30 in.	<b>Undisturbed soil between trenches:</b> 8 ft.	
<b>Min depth:</b> 24 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.)

<b>Date issued:</b> 2/13/23	<b>Expiration date:</b> 2/13/24
<b>Work description:</b> Major Repair; tank and drainfield	

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

**Conditions of approval**

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

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

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

2/13/23

### PLOT PLAN

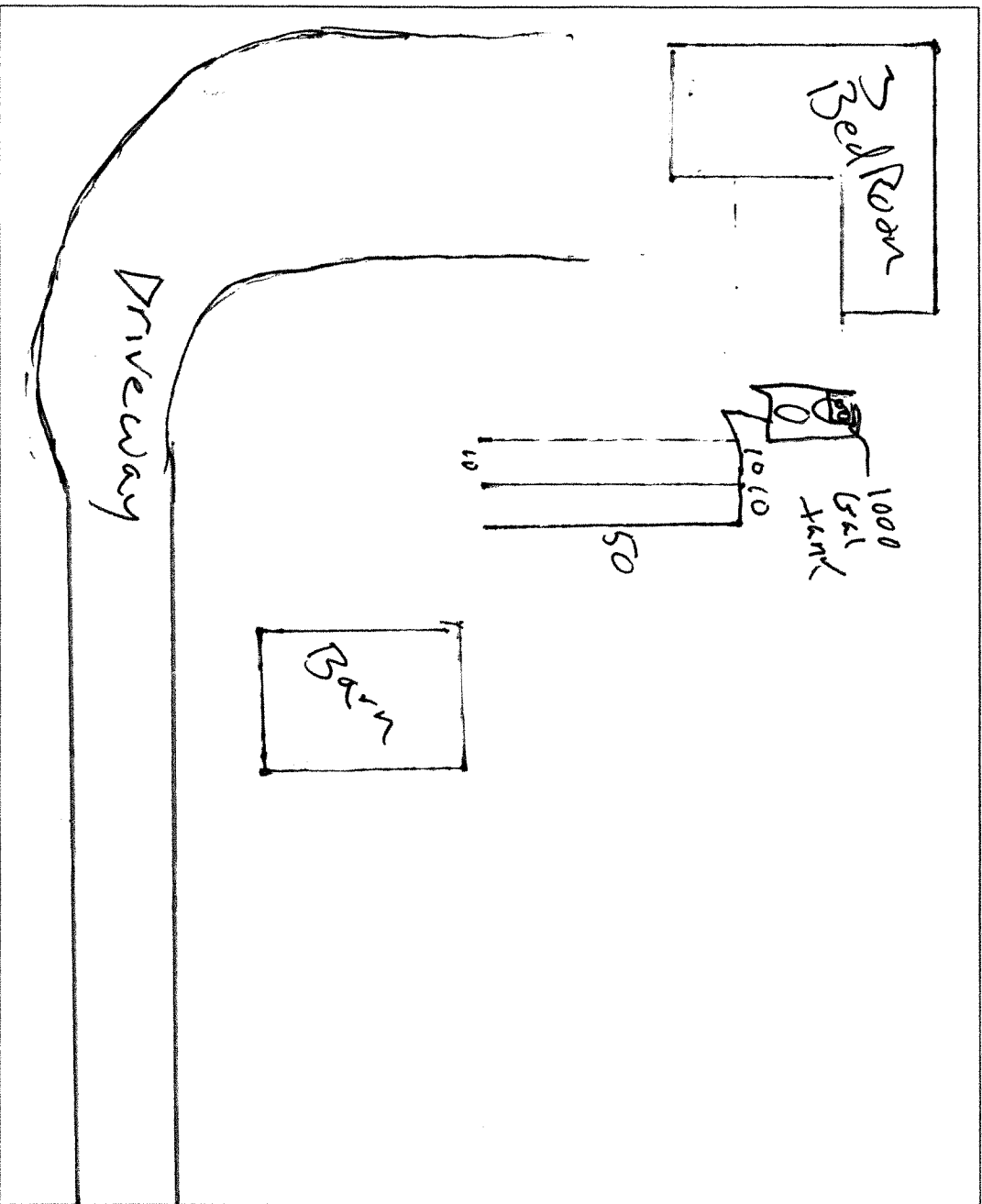
Property ID: 7-10-400-3100

Site Address: 91296 Hwy 101, Warrenton OR 97146

Applicant Signature: \_\_\_\_\_

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

Date: 2/13/23



#### Required Information

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

#### Legend

- Wells
- Test Pits
- ..... Drainage







# Clatsop County

## Environmental Health/Onsite Septic Program

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

### SEPTIC SYSTEM MATERIALS LIST:

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

#### Section 1

Property Owner: Oregon Military Department  
 Township: 7 Range: 10 Section: 400 Tax Lot: 3100  
 Situs Address: 91296 Hwy 101, Warrenton OR 97146

#### Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: A1 Concrete Capacity: 1000 Gal.  
 Effluent Filter: zabell  
 Effluent Sewer Pipe: 4IN  
 Dose Tank/Vault: N/A Capacity: \_\_\_\_\_  
 Tank Pump: N/A  
 Float Settings (Provide inches from top of tank to water level @ float function):  
 Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_  
 Pressure Pipe from Tank to Pretreatment and/or Drainfield: N/A  
 Drop or Distribution Box: Polylock Qty: 2  
 HydroSplitter Orifice Size(s): N/A  
 Header Pipes: \_\_\_\_\_  
 Leach Lines: 4IN pvc Linear Ft: 150  
 Pressure Bed Dimensions: N/A Square Ft: \_\_\_\_\_  
 Capping Fill (Depth over top of drain media, in inches): \_\_\_\_\_  
 GWI or Tile Dewater System (Depth/Depth of gravel, in inches): \_\_\_\_\_

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





# Clatsop County

## Environmental Health/Onsite Septic Program

February 1, 2023

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

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

RE: **Repair Evaluation Results** – Site Approval with Conditions  
Subject: **186-23-000018** – Tax Lot Map ID – **710040003100** Parcel Size: **9.88 acre**  
Property Address: **91296 Highway 101, Warrenton, OR 97146**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **1/26/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

**Replacement System:**            *Standard System – 150 Linear Ft disposal field*

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

**Next Step – Applying for a Construction/Installation Permit**

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

**Request for Site Evaluation Report Review or Request for Variance**

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

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

Regards,

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

## **Approved Systems**

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **710040003100**.

**Replacement System:**            System Type: **Standard System**  
Minimum Septic Tank Size: **1000 gallons**  
Minimum Dosing Tank Size: **N/A**  
Distribution Method: **Serial Distribution**  
Minimum Length of Disposal Trenches: **150 Linear Ft.**  
Trench Depths: Min: **24 inches**    Max: **30 inches**

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

## **Conditions of Site Approval**

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

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

Attachment: Field Worksheet

## Site Evaluation - Field Worksheet

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

<b>Replacement System:</b>	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
<b>Tank:</b>	
<input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input type="checkbox"/> - Effluent pump required <input type="checkbox"/> - Effluent filter required	
<b>Distribution Method:</b>	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
<b>Absorption Disposal Facility:</b>	<b>150 Linear Ft</b>
<b>Maximum Trench Depth:</b>	30
<b>Minimum Trench Depth:</b>	24

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-8"	SL	10YR 2/1	3-f,m,c	1-F-SBK	ESD = 60" No redox No water
	8-13"	LS	10YR 3/3	2-f,m	1-F-SBK	
	13-25"	SL	10YR 2/1	2-f,m	1-F-SBK	
	25-34"	LS	7.5YR 3/3	2-f,m	1-F-SBK	
	34-60"	S	7.5YR 4/3	1-f	SG	
<b>Landscape Notes:</b>			<b>Slope:</b>	<b>Aspect:</b>	<b>Groundwater Type:</b>	
Dune sand			8-10%	117*SE	Temporary	

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- System Description: Approval is for a Standard System with a 150 linear feet of disposal area.
- Install in area of test pit. See field worksheet for further details.
- Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, foundations, and utility lines.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- All system components are required to be installed by a licensed onsite septic installer.



**SITE EVALUATION FIELD WORKSHE**

Township: 7 Range: 10 Section: 4 Tax Reference: 3100 Parcel Size: 9.88 acres  
 Owner/Applicant: Or Military Evaluator: Lucas Marshall  
 Inspection Date(s): 1/26/23 Application Number: 186-23-002018

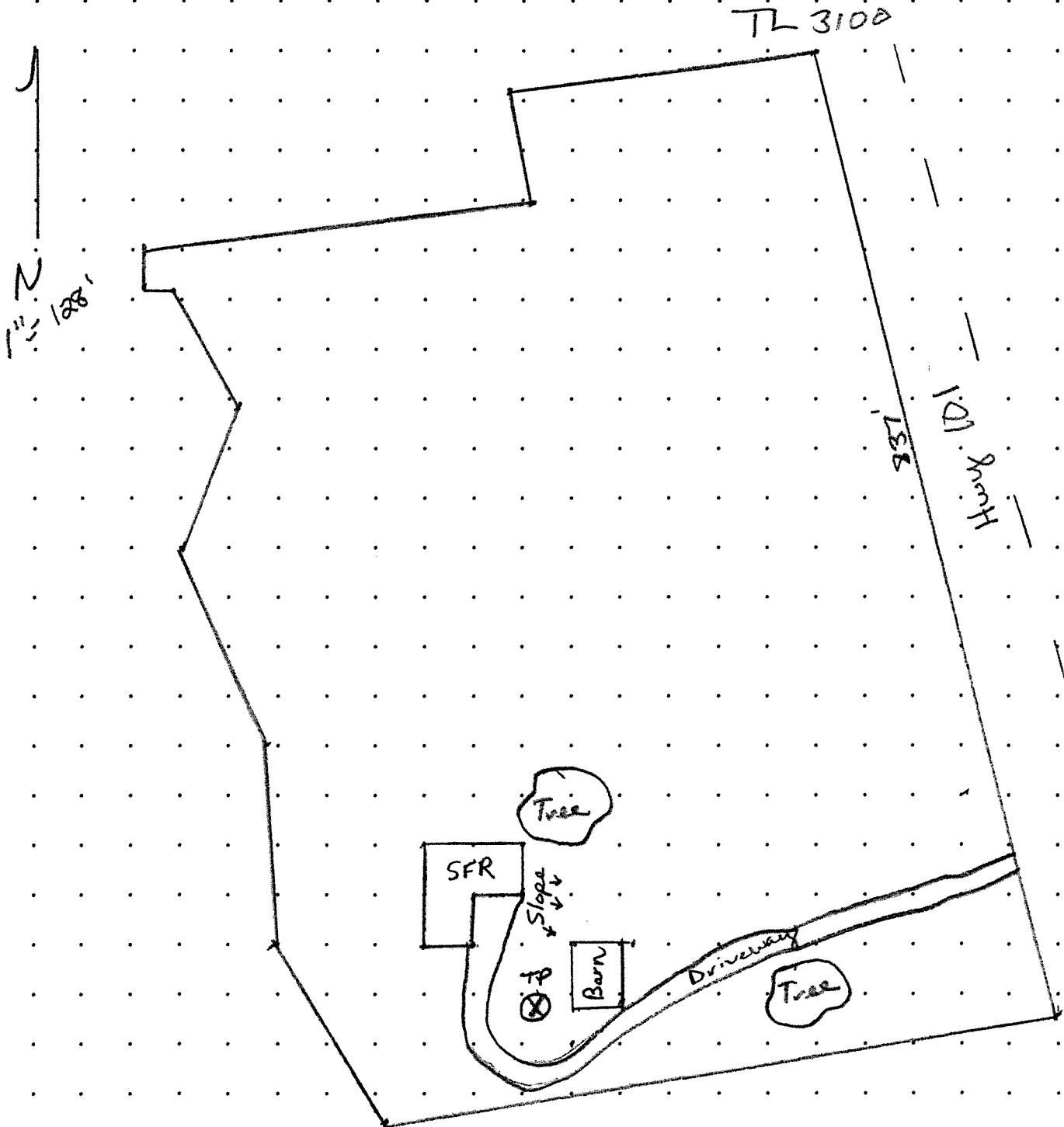
DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-8"	SL	10YR 2/1	3-f, m, c	1-F-SBK
	8-13"	LS	10YR 3/3	2-f, m	1-F-SBK
	13-25"	SL	10YR 2/1	2-f, m	1-F-SBK
	25-34"	LS	7.5YR 3/3	2-f, m	1-F-SBK
	34-60"	S	7.5YR 4/3	1-f	SG
Pit 2			No water, No redox, ESD=60"		
Pit 3					
Pit 4					

Landscape Notes: Dune  
 Slope: 8-10°/D Aspect: 117°SE Groundwater Type: Perm  
 Other Site Notes: SFR purchased by Camp Riley

**SYSTEM SPECIFICATIONS**

Design Flow: 450 gpd  
 Initial System: \_\_\_\_\_ ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 Replacement System: Standard System ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: 150 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches  
 Special Conditions: Maintain setbacks. Install in area of test pit.

Township: 7 Range: 11 Section: 4 Tax Reference: 100 Parcel Size: 9.88 acre  
Owner/Applicant: OR Military Evaluator: Lucas Marshall  
Inspection Date(s): 1/26/23 Application Number: 186-23-000018





# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED  
JAN 18 2023

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

#186-23-00008  
**Application for Onsite Sewage Treatment System**

(PD) CK# 4664  
& 690-

A. Property Owner Information		
Oregon Military Department	33168 Patriot Way, Warrenton OR 97146	(971)355-4507
Name	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number

B. Legal Property Description						
7	10	04	3100	16118 E	16119	9.88
Township	Range	Section	Tax Lot	Subdivision Name	Tax Account Number	Acreage or Lot Size
Clatsop						
County						

Property Address: 91296 Hwy 101, Warrenton OR 97146  
(Street, City, State, Zip)

Directions to Property: West on HWY 101 1/4 Mile south from Camp Rliea

C. Existing Facility / Proposed Facility / Water Information		
<b>Existing Facility</b>	<b>Proposed Facility</b>	<b>Water Supply</b>
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public Warrenton
3		Name
Number of Bedrooms	Number of Bedrooms	<input type="checkbox"/> Private
<input type="checkbox"/> Other	<input type="checkbox"/> Other	Well, Spring, Shared

previous septic records found

D. Type of Application		
<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input checked="" type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another
<input checked="" type="checkbox"/> Major tank & drain lines	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Mobile Home or House
<input type="checkbox"/> Minor	<input type="checkbox"/> Compliance Record Review	<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"/> Temporary Housing
<input type="checkbox"/> Minor		<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 Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature: Justin Nance

Date: 1/16/23

Applicant's Name (Please Print Legibly): Justin Nance

Applicant's Phone: (503)440-4182

Applicant's E-Mail Address: justinnancek@ yahoo.com

Applicant's Mailing Address: 37194 HWY 26 Seaside OR 97138

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached  Keith Keranen Excavating

Installers Name: # 38452





**Clatsop County**  
Environmental Health/Onsite Septic Program

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

RECEIVED  
JAN 18 2023  
CLATSOP CO. PUBLIC HEALTH  
# 23-000018

**Notice Authorizing Representative**

I, Hermogenis Idica aka Henry \_\_\_\_\_, have authorized \_\_\_\_\_  
(Property Owner - Please Print)  
Keith Keranen Excavating (Justin Nance) \_\_\_\_\_  
(Authorized Representative - Please Print) To act as my agent in performing  
the activities. necessary to obtain site evaluations, permits, and other onsite wastewater treatment program  
services provided by Clatsop County on the property described below in accordance with OAR chapter 340,  
division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

**PROPERTY IDENTIFICATION**

91296 HWY 101, Warrenton OR 97146

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 04 Tax Lot 3100 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Oregon Military Dept, Hermogenis Idica Email: hermogenis.p.idica@army.mil  
Mail Address: 33168 Patriot Way City/State/Zip Warrenton, OR 97146  
Phone: (971)355-4507 FAX: \_\_\_\_\_  
Signature: IDICA.HERMOGENIS.P Digitally signed by IDICA.HERMOGENIS.PHILPE.IV.14  
PHILPE.IV.1470062270 70062270 Date: 09JAN2023  
Date: 2023.01.09 09:33:49 -08'00'

**AUTHORIZED REPRESENTATIVE:**

Name: Justin Nance Email: justinnancekce@yahoo.com  
Mail Address: 37194 HWY 26 City/State/Zip Seaside/OR/97138  
Phone: (503)440-4182 FAX: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 1/16/23



# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JAN 18 2023

Clatsop County  
Onsite Septic Program  
827 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

CLATSOP CO. PUBLIC HEALTH  
EnvHealth@co.clatsop.or.us email

7-10-4-3100

#23-000018

## Existing Septic System Description

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

- Your existing septic system consists of (check all that apply):
 

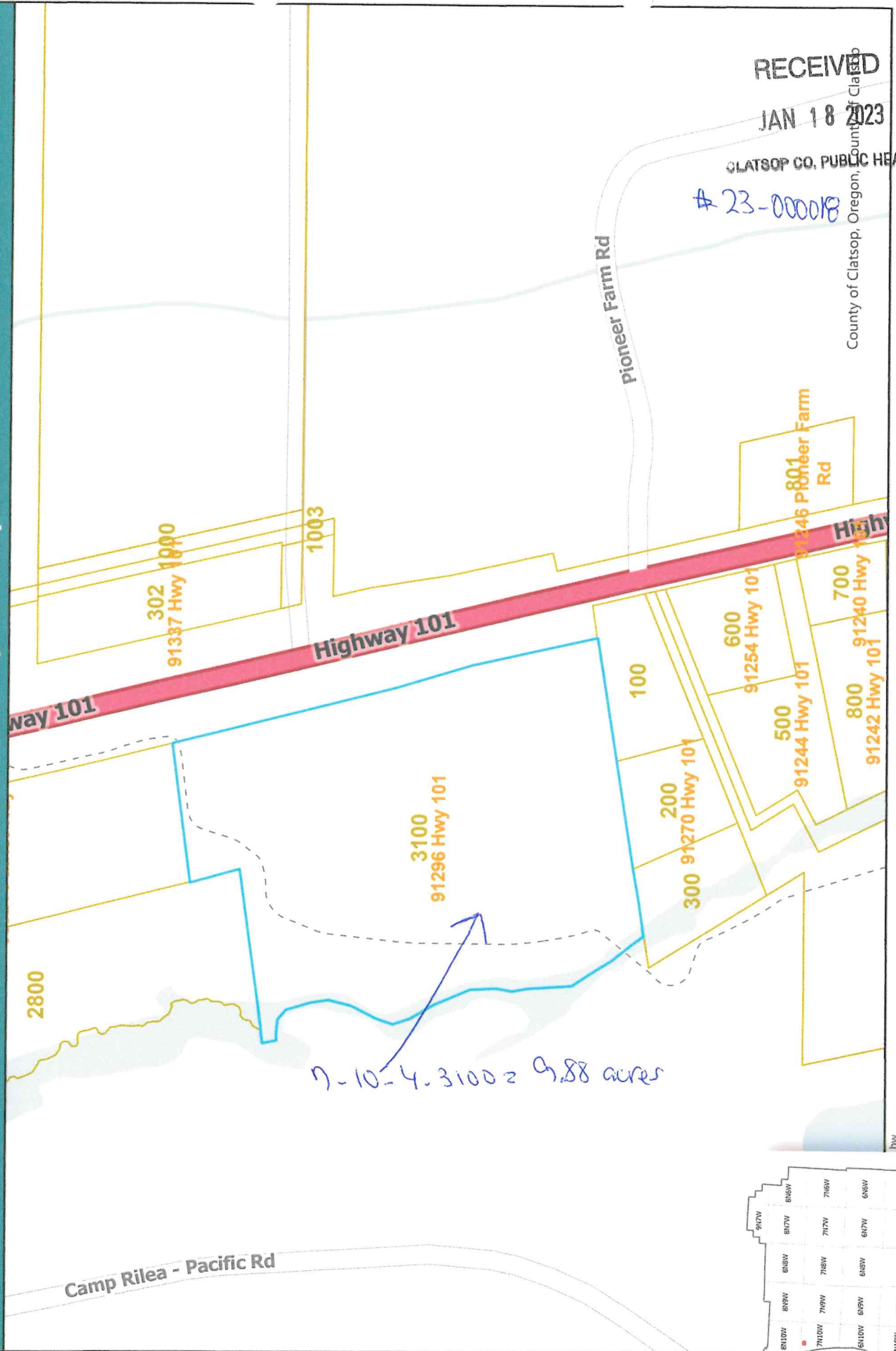
<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Disposal Trenches	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Cesspool or Pit	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (describe): _____			
- When was your septic system installed? N/A
- Tank material:  Concrete  Steel  Plastic or Fiberglass  Unknown
- Septic tank volume (in gallons): 1000
- When was the septic tank last pumped? (Attach receipt if available) \_\_\_\_\_
- Number of disposal trenches: N/A
- Total length of disposal trenches (in feet): \_\_\_\_\_
- Do you propose to use the existing septic system?  Yes  No
- Is your septic system currently in use?  Yes  No  
If no, date of last use: \_\_\_\_\_
- If the septic system currently serves a dwelling,  
How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
- If the septic system serves a business,  
How many total employees are there? NA Type of business: NA
- Is there a proposed change of use of your structure (home or business)?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: [Signature]

Date: 1/16/23

# Clatsop County Webmaps



Clatsop County  
0.1 mi



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.



1/8/2023 7:10 PM





Clatsop County Onsite

# Transaction Receipt

Record ID: 186-23-000018-PRMT

IVR Number: 186033509529

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

Receipt Number: 461625

Receipt Date: 1/20/23

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>  
Worksite address: 91296 HWY 101, WARRENTON, OR 97146  
Parcel: 710040003100

## Fees Paid

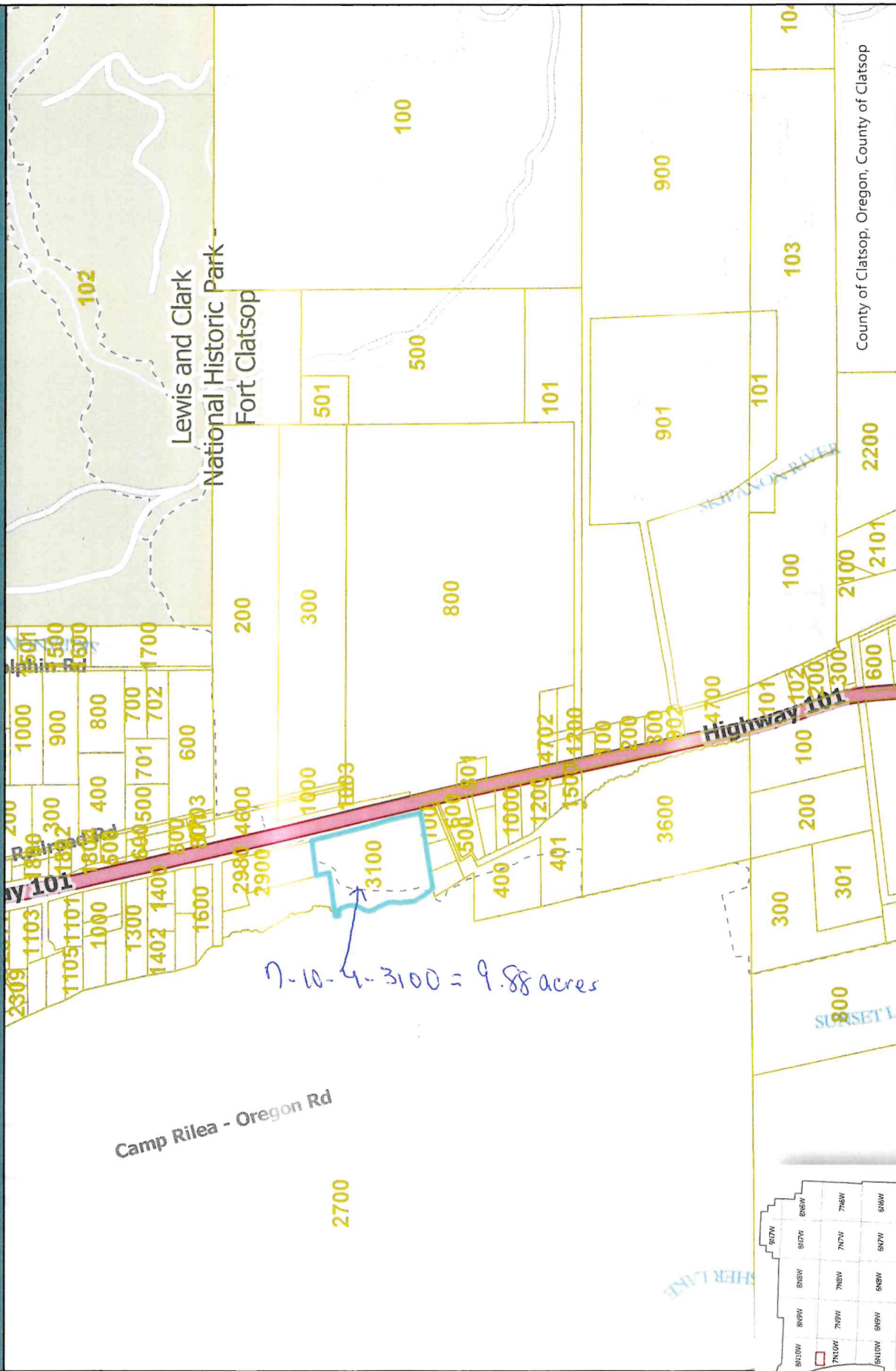
Transaction date	Units	Description	Account code	Fee amount	Paid amount
1/20/23	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
1/20/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
1/20/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4664      Payer: Keith Keranen      Payment Amount: \$690.00  
Excavating, Inc.

Cashier: Annette Brodigan

Receipt Total: \$690.00

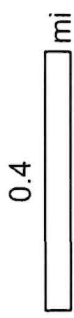
# Clatsop County Webmaps



*7-10-4-3100 = 9.88 acres*



## Clatsop County



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