



Certificate of Satisfactory Completion

Repair (Minor) - Residential - New

186-23-000303-PRMT

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

Date Certificate Issued: 05/07/2024
Work Description: Minor Repair - Septic Tank Replacement

Applicant: BURG MICHAEL S/MARJORIE P,
Michael
Phone: 503-338-9356

Primary Contractor: V B Construction, Inc.
Installer License: 36845
Address: 92740 Knappa Dock Road
Astoria OR 97103
Phone: 5034586561
Email: vbc.dennis@gmail.com

Owner: BURG MICHAEL S/MARJORIE P

Property Address: 90452 Lewis Rd, Warrenton, OR
97146

Parcel: 71009DC07000 - Primary **Township:** 7 **Range:** 10 **Section:** 9DC

Lot Size: 0.12 acre **Water Supply:** Community Water Supply

Zoning: N/A **City/County/UGB:** N/A

Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	2 Bedroom Home	N/A
Number of Bedrooms:	2	N/A

System Specifications

Type: Septic Tank Replacement
Max Peak Design Flow: 450 gpd. **Proposed Flow:** 300 gpd.
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** N/A
Special Tank Requirements: Replace steel tank with new 1000 gal poly septic tank

Drain Field Specifications

Drain Field Type: Not Applicable **System Distribution Type:** N/A

Date Certificate Issued: 05/07/2024
Work Description: Minor Repair - Septic Tank Replacement

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, REHS

Environmental Health Supervisor

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

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

Final Inspection Request and Notice - Septic ID: 186-23-000303-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: BURG MICHAEL S/MARJORIE P

Twncshp: 7

Range: 10

Sect: 9DC

Lot: 07000

Property Address: 90452 LEWIS RD, WARRENTON, OR 97146

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: Tank Replacement

Water tight verification*

Tanks(1)	Volume: <u>1000</u>	Compartments: <u>1</u>	Manufacturer: <u>Quades</u>	Date: <u>12-2-23</u>
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 <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type: <u>N/A</u>	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	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?		Yes	No

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No	<u>N/A</u>		
	Yes	No			
Drop Box	Yes	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment					

Clatsop County Department of Public Health

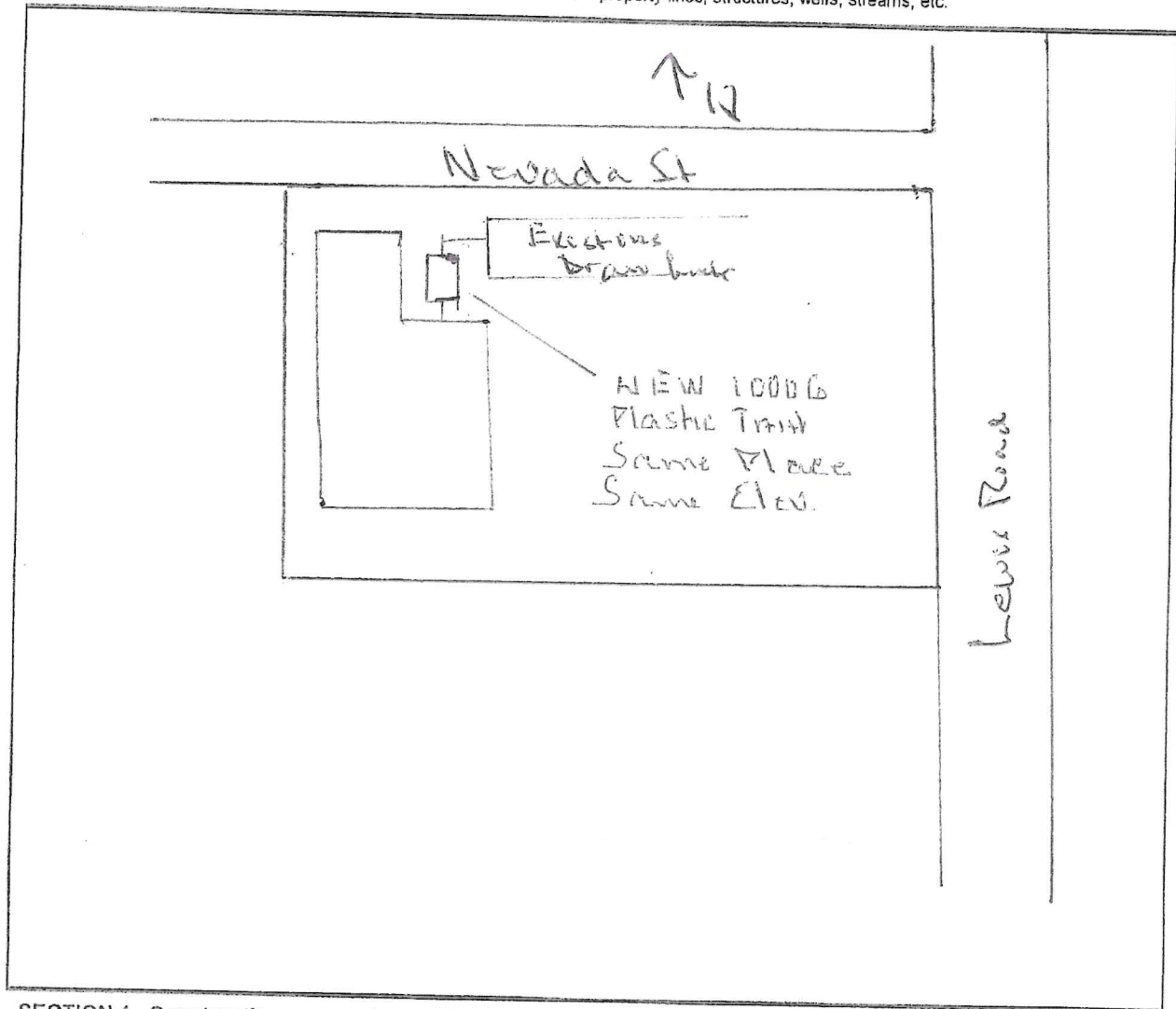
On-Site Waste Water Program

Approved By [Signature]
Permit No. 186-23-000303
Date 2/21/24 1

*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: <u>VINSON BROTHERS</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>36845</u>	Certification#: <u>RI246</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>12-13-23</u>	Phone#: <u>503 941 0170</u>

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By: [Signature]
 Permit No. 190-23-000343
 Date 2/21/24



Septic Permit

Repair (Minor) - Residential - New

186-23-000303-PRMT

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

Date issued: 11/29/23	Expiration date: 11/28/24
Work description: Minor Repair - Septic Tank Replacement	

Applicant: BURG MICHAEL S/MARJORIE P, Michael Phone: 503-338-9356 Business License: N/A	Primary contractor: V B Construction, Inc. Installer License: 36845 Address: 92740 Knappa Dock Road Astoria OR 97103 Phone: 5034586561 Email: vbc.dennis@gmail.com
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Owner: BURG MICHAEL S/MARJORIE P	Property address: 90452 Lewis Rd, Warrenton, OR 97146
Parcel: 71009DC07000 - Primary	Township: 7 Range: 10 Section: 9DC

Lot size:	0.12 acre	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Minor) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments: N/A			

Category of construction: Residential

	Existing	Proposed
Use of structure:	2 Bedroom Home	N/A
Number of bedrooms:	2	N/A

System Specifications

Type:	Septic Tank Replacement	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A
Special tank rqmts: Replace steel tank with new 1000 gal poly septic tank			

Drain Field Specifications

Drain field type:	Not Applicable	System distribution Ttpe:	N/A
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Conditions of approval

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: 11/29/23

Expiration date: 11/28/24

Work description: Minor Repair - Septic Tank Replacement

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.

11/29/23



Clatsop County

Environmental Health/Onsite Septic Program

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

(P) \$390
 Check
 8376

Application for Onsite Sewage Treatment System

186-23-000303

A. Property Owner Information

Michael Burg P.O. Box 218 Rainier, Or. 97048 503-338-9356
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7 10 9002 7000 16498 0.1200
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop
 County Subdivision Name Lot Block

Property Address: 90452 Lewis Rd. Warrenton, Or.
 (Street, City, State, Zip)

Directions to Property 101 S. right on Sweet beach Rd left on Lewis Rd, address is on the right

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

Single Family Residence
2
 Number of Bedrooms
 Other _____

Proposed Facility

Single Family Residence
 Number of Bedrooms
 Other _____

Water Supply

Public Warrenton
 Name
 Private _____
 Well, Spring, Shared

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 type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input checked="" 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

Michael A. Burg Marjorie Burg 11-28-2023
 Signature Date

Michael and Marjorie Burg 338-9356 Kuehlessentials@gmail.com
 Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

P.O. Box 218 Rainier, Or. 97048
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson Brothers
 Installers Name



Clatsop County

Environmental Health/Onsite Septic Program

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

186-23-000303

Notice Authorizing Representative

I, Michael & Marjorie Burg, have authorized
(Property Owner - Please Print)

Dennis Vinson 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

90452 Lewis Rd Warrenton, Or
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 9DE Tax Lot 1000 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Michael Marjorie Burg Email: Kuehlessentials@gmail
Mail Address: P.O. Box 218 Rainier, Or City/State/Zip 97048
Phone: 503-338-9356 FAX: _____
503-556-1065
Signature: Michael & Marjorie Burg Date: 11-28-2024

AUTHORIZED REPRESENTATIVE:

Name: Dennis Vinson Email: vbc.dennic@gmail
Mail Address: 92440 Knappa Dck City/State/Zip Astoria, Or. 97103
Phone: 503-741-0170 FAX: _____
Signature: D. Vinson Date: 11-22-23

EQ Land Use Compatibility State

COMPLETED BY APPLICANT

1. Property Owner Name(s): Michael + Marjorie Burg
Mailing Address: P.O. box 218 Rainier, Or. 97048
Telephone 1: 503-338-9356 Telephone 2
Email Address: kwehlccentrak@gmail

2. Applicant Name: Dennis Vincon
Mailing Address: 92440 Klappan Beach Rd Astoria
Telephone 1: 503-741-0170 Telephone 2
Email Address: vbe@dennis@gmail

3. Property Information:
Situs Address: 90452 Lewis Rd Warrenton, Or. 97146
Township 7 Range 10 Section 902 Tax Lot 7000
Subdivision Name (if applicable):

4. Proposed Development:
Single Family Dwelling Accessory Structure Other New septic tank only

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

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID: 146711652

1. Property Zoning 1 RA-1 Property Zoning 2 Overlays Beach 3 done

2. Minimum Parcel Size 2 Actual Parcel Size 0.12 LOR needed LOR Permit #

3. The facility is located: Inside City Limits Inside a UGB Outside UGB (county jurisdiction)

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

5. Compliance is based on:
a. Compliance with local comprehensive plans and land use requirements. Citation: 4.2520
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 Date 11/28/23



Clatsop County

Environmental Health/Onsite Septic Program

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

EnvHealth@co.clatsop.or.us email

Existing Septic System Description

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

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
- When was your septic system installed? 7 _____
Date Permit Number
- 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) Oct. 23 _____
- Number of disposal trenches: 2 _____
- Total length of disposal trenches (in feet): 1.50 _____
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No
 If no, date of last use: _____
- If the septic system currently serves a dwelling,
 How many bedrooms in the dwelling? 2 How many people occupy the dwelling? 1
- 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? _____ Type of business: _____
- 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: Michael J. Burg Marjorie Burg Date: 11-28-2023



Clatsop County

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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: Michael + Marjorie Burg
Township: 7 Range: 10 Section: 902 Tax Lot: 7006
Situs Address: 90457 Lewis Rd Warrenton

Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: SPR plastic Capacity: 1000
Effluent Filter: N/A
Effluent Sewer Pipe: N/A
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: _____
Drop or Distribution Box: _____ Qty: _____
HydroSplitter Orifice Size(s): _____
Header Pipes: _____
Leach Lines: _____ Linear Ft: _____
Pressure Bed Dimensions: _____ 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: <u>TANK Replacement only</u>		

PLOT PLAN

Property ID: 7109227000

Site Address: 80452 Lewis Rd Danvers, Or

Applicant Signature:

Michael Bury *Maureen Bury*

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

Date: 2/2/20

Required Information

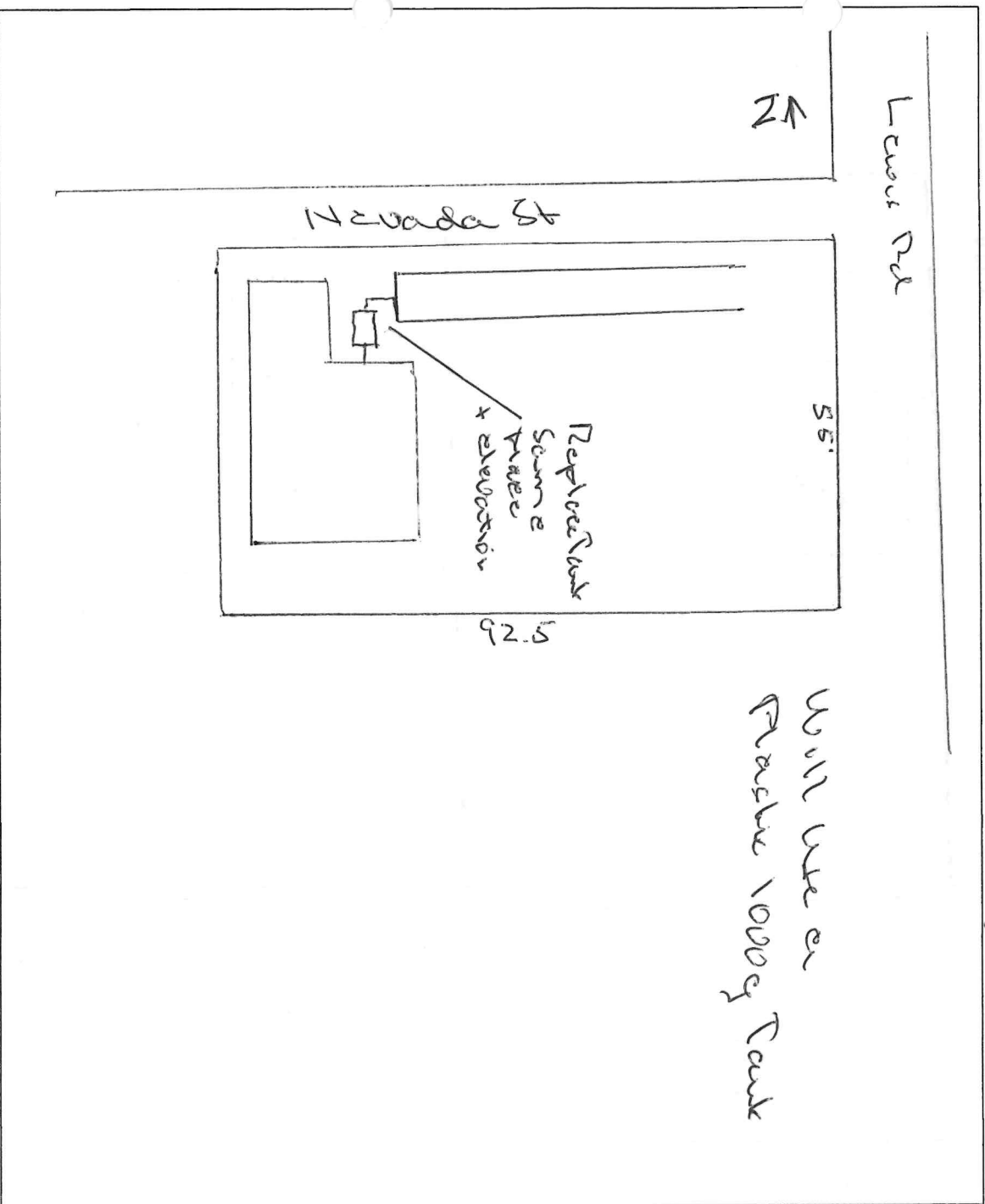
- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, 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



1 inch = 20 feet





Transaction Receipt
Record ID: 186-23-000303-PRMT
IVR Number: 186015151555

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

Receipt Number: 464132

Receipt Date: 11/29/23

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

Worksite address: 90452 LEWIS RD, WARRENTON, OR 97146

Parcel: 71009DC07000

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/29/23	1.00 Ea	Repair (minor) - single family dwelling	81-7204	\$281.00	\$281.00
11/29/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/29/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 8376 Payer: Michael Burg Payment Amount: \$390.00

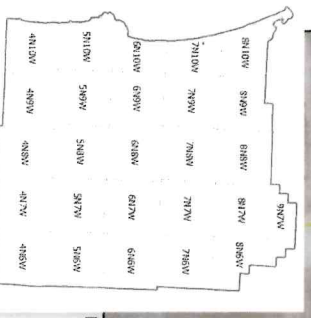
Cashier: Lucas Marshall, Rehs

Receipt Total: \$390.00

Clatsop County Webmaps




County of Clatsop, © 2023 Microsoft Corporation © 2023 Maxar © CNES (2022) Distribution
 Atlas DS, County of Clatsop, Oregon GIS Services



11/29/2023 3:28 PM



Clatsop County

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