



Clatsop County  
 Department of Public Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500 Fax 503 325-8678

**Annual Operation and Maintenance Report Form – Fee \$60.00**

**Property Information**

Situs Address: 90260 PAR Rd  
Warden, Oregon 97146  
 Township 7 Range 10 Section 900

Business Name: Jason Palmberg  
Palmberg Development  
& Construction LLC  
 Tax Lot 4000

**Owner:**

Name: Stephen & Kellie McCoy

Email: \_\_\_\_\_

Mail Address: Po Box 1163  
Seaside, Oregon 97138

City/State/Zip Seaside, Oregon 97138

Phone: 231-455-6885

Phone: \_\_\_\_\_

Start-up Date: 7-14-16

System Model # 1000 gal Septic Tank

System Serial #: Bottomless Sand Filter

500 gal Dosing

**Onsite Wastewater Treatment System Status:**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| Yes                                 | No                       |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the system operating in accordance with the agent-approved design specifications?             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the system currently under a service contract with a certified maintenance provider?          |

**Is the system failing?**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to the ground surface              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to drain tiles or surface waters   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage backup into plumbing fixtures                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | If yes, was a repair permit obtained? If not, explain: |

**Maintenance Provider:**

Business Name: McDonald's K+B  
 Mail Address: 808 Glasgow Ave  
 Phone: (503) 458-6521  
 Certification # M 216

Contact Name: Paul McDonald  
 City/State/Zip Astoria, Oregon 97103  
 Email: eds\_septic@yahoo.com  
 Expiration Date 7-24-18

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Signature [Signature] Date 12.15.16

Note: Maintenance providers must maintain accurate records of their maintenance contracts customers, performance data and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).

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MAR 14 2017

CLATSOP CO. PUBLIC HEALTH

**OPERATION & MAINTENANCE SERVICE PROVIDER CONTRACT**

This service contract has been agreed upon by Jason Palmberg/Palmberg Development & Construction, LLC  
Address: PO box 173 Astoria, Oregon 97103 Phone: 503-791-1603

Property Address: 90260 Par Road Warrenton, Oregon 97146

Contracted By McDonald's K & B Paul McDonald Oregon DEQ Maintenance Provider  
ID # M 216

Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484  
on this 14th day of July 2016

With proper documents, install and permit requirements, required by DEQ.

The service provider has agreed to provide 2 visits at 12 intervals to perform operation and maintenance services for the owner's aerobic treatment unit. This includes the completion of any required reports required to maintain compliance with Oregon DEQ ATT rules and permit requirements. The service activities will be provided and completed in accordance with the terms and conditions attached to this agreement.

**\*\*SPECIAL NOTE:** Drain fields must be kept clear of all vegetation, IE: Blackberries, Shrubs, Gardens, etc. Tank lids must be accessible and free of all landscaping, vegetation, gardens, etc. Clearing of any of this will be paid extra at the rates provided under Terms and Conditions.

Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

- \*Determine if tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
- \*Inspect the tank and other components for water tight seals.
- \*Inspect any floats/switches, controls, pumps and electrical components in the system for correct operation and functionality.
- \*Inspect and clean the filters (if applicable).
- \*Inspect and flush the system piping (if applicable).
- \*Inspect the pumps and valves for proper operation, pressure, and/or flow (if applicable).
- \*Inspect any additional system components which have been added.
- \*Record pump cycles, flow, and all other relevant information or system problems.(if applicable).
- \*Complete the report and summarize the service performed, note any conditions which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the owner a copy of all the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and the time of completion.

This agreement shall last for the term of 24 Months

The fee for the service provided under this agreement shall be \$ 250 per Year

The fee to file with Clatsop County DEQ is \$ 60 per year





Recording Instrument #: 201605496  
 Recorded By: Clatsop County Clerk  
 # of Pages: 2 Fee: 52.00  
 Transaction date: 7/22/2016 11:50:23  
 Deputy: drush

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 MAR 14 2017  
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Return to Address:  
Palumbeg Dev. + Const.  
PO Box 173  
Astoria OR 97103

**"NOTICE TO TITLE AGREEMENT"**

FILED FOR THE RECORD AT THE REQUEST OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT  
 NOTICE FOR OPERATION AND MAINTENANCE REQUIREMENT

MAP AND TAX LOT #: 7 10 900 4000 TAX ACCT ID: 16237  
 SITUS ADDRESS: 90260 Par Ad. Warrenton OR 97146  
 ON-SITE SEWAGE SYSTEM PERMIT NUMBER: 500408

LEGAL DESCRIPTION REQUIRED:

*See attached*

Additional Legal Description Can Be Found On Page 2 Of This Document.

**ON-SITE SEWAGE SYSTEM: OPERATION & MAINTENANCE REQUIREMENT OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT.**

The residence or facility on this property utilizes an alternative method of sewage disposal, which requires regularly scheduled monitoring and maintenance. Monitoring and maintenance is required to be performed by a person certified by the Oregon Department of Environmental Quality as specified in the Oregon Administrative Rule OAR 340-071-0220.

*[Signature]*  
 Signature of property owner/grantor

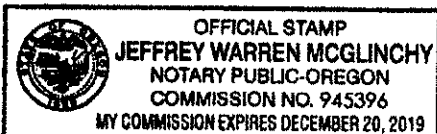
Jason Palumbeg - Palumbeg Dev. + Const.  
 Print name

State of OREGON  
 County of Clatsop

This instrument was acknowledged before me on the 22 day of July, 2016

by: *[Signature]*  
 Signature of Notary Public

(seal)



Additional Signatures Can Be Found On Page \_\_\_\_\_ of This Document.

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CLATSOP CO. PUBLIC HEALTH

**EXHIBIT "A"**

A portion of Section 9, Township 7 North, Range 10 West, Willamette Meridian, in the County of Clatsop, State of Oregon, described as follows:

Beginning at the Southeast corner of Lot 29, Sunset Terrace; thence North  $78^{\circ}20'$  East a distance of 125 feet, more or less, to the Easterly line of that certain tract conveyed to the City of Astoria by Deed recorded November 21, 1957 in Book 243, page 257, Instrument No. 196487; thence North  $11^{\circ}11'$  West along the Easterly line of said City of Astoria tract a distance of 100 feet; thence South  $78^{\circ}20'$  West a distance of 125 feet, more or less, to the Northeast corner of said Lot 29; thence South along the East line of Lot 29 a distance of 100 feet, more or less, to the point of beginning.

TOGETHER WITH an easement for ingress and egress purposes, created by Easement Grant recorded December 29, 2015 as Instrument No. 201510372, Clatsop County Records.

## 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 500408 as follows:*

### PROPERTY INFORMATION

Property Owner: **Palmberg Dev and Construction LLC** Township **7**, Range **10**, Section **09 D D**  
Property Location: **90260 PAR RD, WARRENTON** Tax Lot **04000**  
Facility Type: **Single Family Dwelling**  
**4 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Seepage Bed**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **36.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*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.

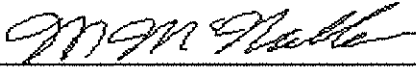
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

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



**Onsite Wastewater Specialist**

**7/22/2016**

Authorized Agent:

Title:

Date CSC Issued:

**Mike McNickle**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-338-3606



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CLATSOP COUNTY PUBLIC HEALTH

# FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500408

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

## Section 1: Owner/Permittee Information:

Name: **Palmberg Dev and Construction LLC**  
Property Address: **90260 PAR RD, WARRENTON**  
Township **7** Range **10** Section **09DD** Tax Lot(s) **04000**

## Section 2: System Component Specifications: System Type:

### A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1500 gal Compartments 2 Manufacturer A-1 Ready Mix Date 6-30-16  
Tanks(2) Volume \_\_\_\_\_ Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
Pumps: HP 1/2 Model/Manuf Franklin/PI-300511 Float(s)Type(1) A Model/Manuf O.ENCE  
Float(s)Type(2) \_\_\_\_\_ Model/Manuf \_\_\_\_\_

### B. Piping:

Effluent Sewer (tank to drainfield) Yes  No  Diameter 1 1/4" PVC ASTM#Other Sch 40 Length \_\_\_\_\_  
Pressure Transport Pipe Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_

### C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes  No  Type Bottomless Container Dimensions 12 x 30  
Underdrain pipe Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_  
Manifold Piping Diameter 3/4" ASTM#Other PVC Sch 40 Length 28'  
Internal Pump HP \_\_\_\_\_ Model/Manufacturer \_\_\_\_\_  
Floats(1) Type \_\_\_\_\_ Model Manufacturer \_\_\_\_\_  
Floats(2) Type \_\_\_\_\_ Model Manufacturer \_\_\_\_\_  
ATT Yes  No  Model \_\_\_\_\_  
Certified Maintenance Provider: Name \_\_\_\_\_  
Operation & Maintenance Contract: Received? Yes  No

### D. Drainfield Media

Type: Gravel, Pipe or Alternative? \_\_\_\_\_  
Distribution Box Yes  No   
Drop Box Yes  No   
Distribution Pipe Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_  
Comment: \_\_\_\_\_

Clatsop County Department  
Public Health  
On-Site Waste Water Program  
Approved By [Signature]  
Permit No. 500408  
Date 7/22/16



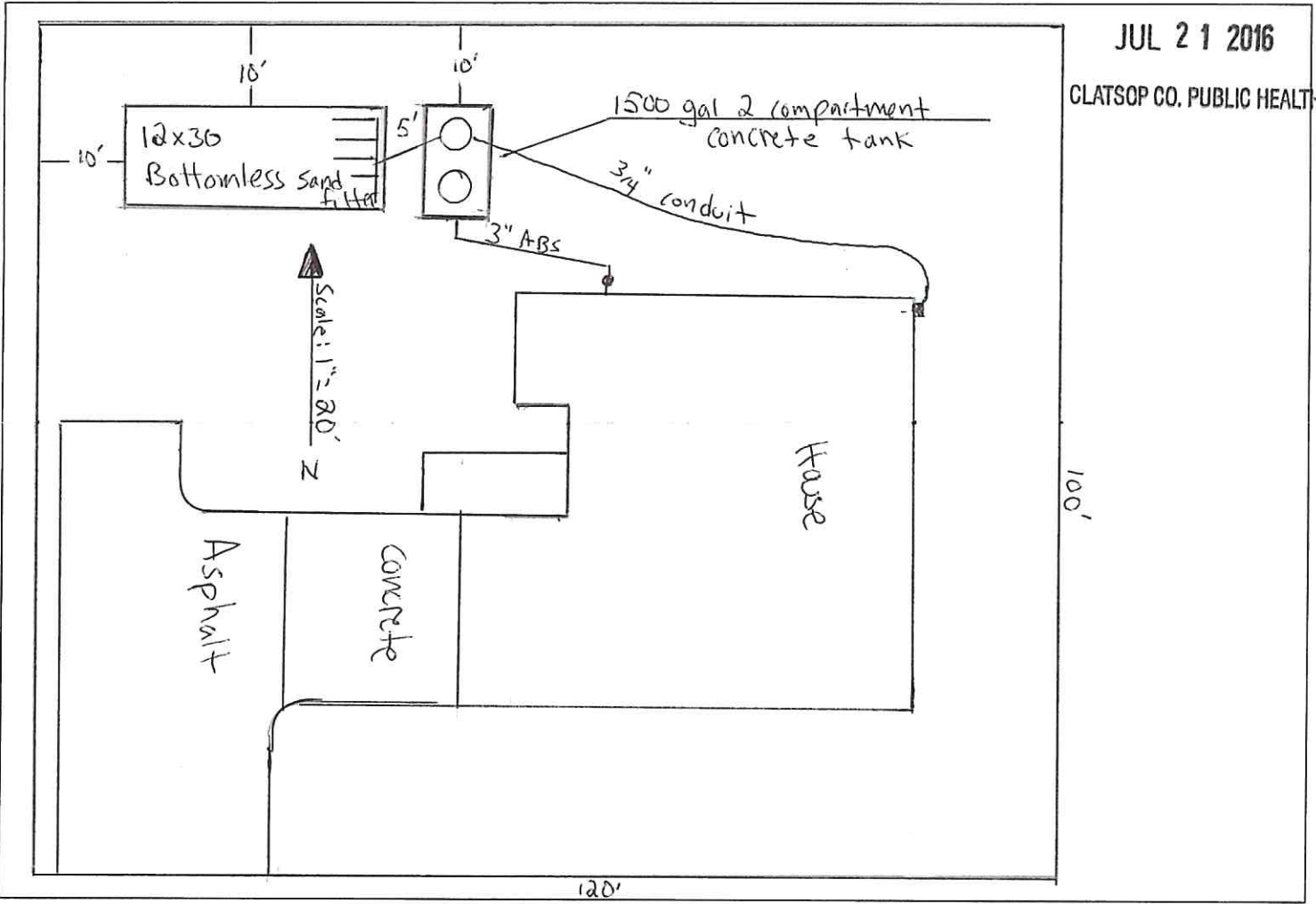
**Section 3: As Built Plan of the Constructed System**

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

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CLATSOP CO. PUBLIC HEALTH



**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/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Dean Hartman/Hartman Construction Co.  
 Licensed Installer Yes  No  License # 38331 Certification # R1 321  
 Owner/Certified Installer Signature Dean Hartman Date 7-19-16  
 Phone 503 440 2092 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date \_\_\_\_\_

Installer /Owner /Permittee Notified Yes  No  Date \_\_\_\_\_

If no, reason for non-acceptance \_\_\_\_\_

Comment \_\_\_\_\_

Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By M.M.  
 Permit No. 500408  
 Date 7/23/16

## Construction Permit

*This Construction Permit Permit 500408 authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Palmberg Dev and Construction LLC**      Township **7**, Range **10**, Section **09 D D**  
Property Location: **90260 PAR RD, WARRENTON**      Tax Lot **04000**  
Facility Type: **Single Family Dwelling**  
**4 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

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Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Seepage Bed**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **36.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS


- 1 Timed dosing required - must include timer and dose counter
- 2 Meet all required setbacks.
- 3 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.
- 4 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 5 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6 Vehicular traffic and livestock must be restricted from the system area.
- 7 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 8 Install with dry soil conditions.
- 9 All roof drains must be directed away from the system.
- 10 The alarm and pump must be on separate circuits in the control panel.
- 11 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.
- 12 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.

### INSPECTION REQUIREMENTS

- 1 A squirt test inspection of the pressurized piping system is required.
- 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.

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



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**1/26/2016**

Expiration Date:

**1/26/2017**

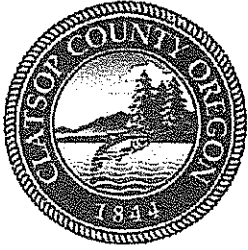
Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



**Clatsop County**  
 www.co.clatsop.or.us  
 Environmental Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500  
 mmcknickle@co.clatsop.or.us

**RECEIVED**  
**JAN 25 2016**

#500408

CLATSOP CO. PUBLIC HEALTH

**Application for Onsite Sewage Treatment System**

(PJ) Uk# 50462816200

**A. Property Owner Information**

JASON PALMBERG Box 173 ASTORIA, OR 97103 503-791-1603  
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

**B. Legal Property Description**

7N 10W 9DD 4000 .23 ACRES  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
CLATSOP 6 N. M. P. RD WARRENTON, OR 97146  
 County Subdivision Name Lot Block

Property Address: 90270 PAR RD WARRENTON, OR 97146  
 (Street, City, State, Zip)

Directions to Property GO SO. ON 101 TO SUNSET BEACH RD. TURN RT, TURN RT INTO COUNTRY CLUB. STAY TO LEFT AND FOLLOW RD TO END. PROPERTY AT END OF ROAD

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

**Existing Facility**  Single Family Residence  Other \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_  
**Proposed Facility**  Single Family Residence  Other \_\_\_\_\_  
 Number of Bedrooms 4  
**Water Supply**  Public WARRENTON  Private \_\_\_\_\_  
 Name Well, Spring, Shared

**D. Type of Application**

- Site Evaluation
- Construction
- Permit Repair
  - Major
  - Minor
- Alteration Permit
  - Major
  - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notice for:
  - Connecting to an Existing System Not in Use
  - Replacing a Mobile Home or House with Another
  - Mobile Home or House
  - The Addition of One or More Bedrooms
  - Personal Hardship
  - Temporary Housing
  - Other-Please Specify \_\_\_\_\_

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature George Owen Date 1/25/16

Applicant's Name (Please Print Legibly) GEORGE OWEN Applicant's Phone 503-717-8681 Applicant's E-Mail Address GNTUMANGEOURGE@GMAIL.COM

Applicant's Mailing Address 89647 MANION DR. WARRENTON, OR 97146

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached HARTMAN CONST. CO. #38311  
 Installers Name



# Clatsop County

Community Development  
800 Exchange Street, Suite 100  
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606  
comdev@co.clatsop.or.us www.co.clatsop.or.us

## Notice Authorizing Representative

I, \* JASON PALMBERG have authorized  
GEORGE M. OWEN (Property Owner - Please Print)

GEORGE M. OWEN (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

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 7N Range 10W Section 9DD Tax Lot 4000 Map ID \_\_\_\_\_

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

### \* PROPERTY OWNER:

Name: JASON PALMBERG

Email: jwpalMBERG

Mail Address: PO Box 173

City/State/Zip ASTORIA OR 97103

Phone: 503-791-1603

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

Signature: [Signature]

Date: 1/21/16

### AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN

Email: GUTLMAN@GEORGE@GMAIL.COM

Mail Address: 82647 MARION DR

City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681

FAX: 503-717-8681

Signature: George M. Owen

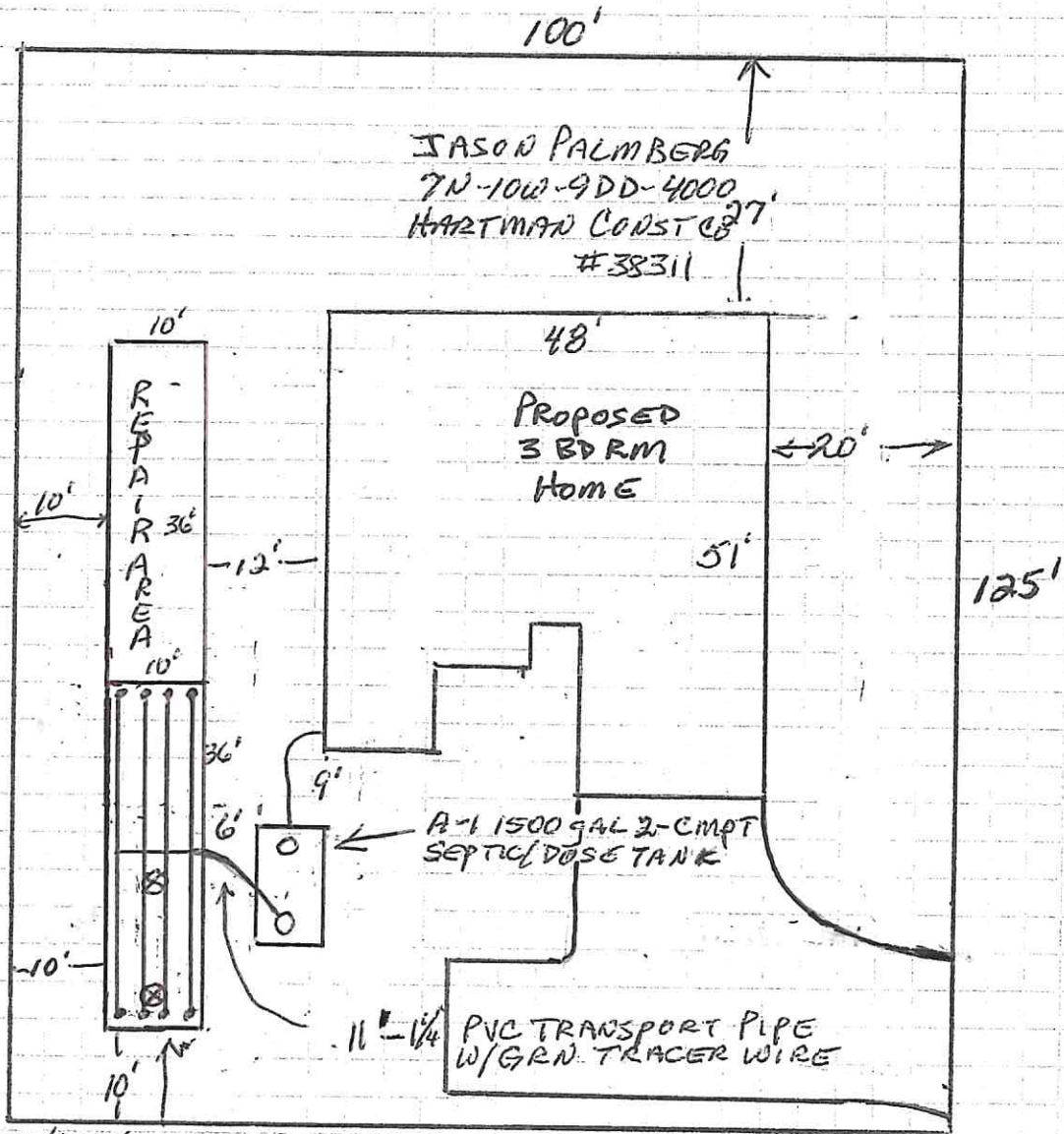
Date: 1/21/16

**PARTS LIST 15'x24' sandfilter  
Palmberg Dev. & Const. LLC  
7N-10W-9DD-4000**

- 1 A1 1500 gal septic/dose tank
- 2 24" x 24" Poly risers
- 2 24" poly lids w/screws
- 1 PF300511 pump, ½hp, 115v.
- 1 PVU57-1819 pump vault
- 1 MVP-S1/DM control panel (on demand)
- 1 SBEX4 splice box (external)
- 1 HV125BCX hose & valve assembly
- 1 MF3A Float stem
- 1 G125L grommet
- 2 ADH100 Adhesive
- 72 ea 1¼" OS125 orifice shields
- 28yds DEQ sand
- 7yds DEQ peagravel
- 7yds DEQ drain Rock
- 145ft 1¼" PVC solid pipe for manifold kit
- 11ft 1¼" PVC pipe for transport pipe
- 72 ea 1¼" OS125 orifice shields
- 16 1¼" PVC 45° ells
- 4 1¼" PVC four-way
- 2 1¼" PVC 45° ells for transport pipe
- 8 7" round valve covers
- 8 1¼" PVC shut-off valves
- Filter fabric
- Plywood and 2 x 4 boards for sandfilter box

*Clatsop County Department  
of Public Health*  
On-Site Waste Water Program  
Approved By M.M.  
Permit No. 500 408  
Date 1-26-16





JASON PALMBERG  
 7N-10W-9DD-4000  
 HARTMAN CONST CO  
 #38311

PROPOSED  
 3 BDRM  
 HOME

REPAIR  
 AREA

APX 1500 GAL 2-CMPT  
 SEPTIC/DOSE TANK

11 1/4" PVC TRANSPORT PIPE  
 W/GRN TRACER WIRE

10' X 36' BOTTOMLESS  
 SAND FILTER JASON PALMBERG DEV. & CONST. LLC  
 MAX DEPTH 36"  
 MIN. DEPTH 24"  
 7N-10W-9DD-4000  
 HARTMAN CONST. CO.  
 #38331

SCALE:  
 1" = 20'  
 ← N  
 ⊗ TEST HOLES

Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By M.M.  
 Permit No. 500408  
 Date 1-26-18



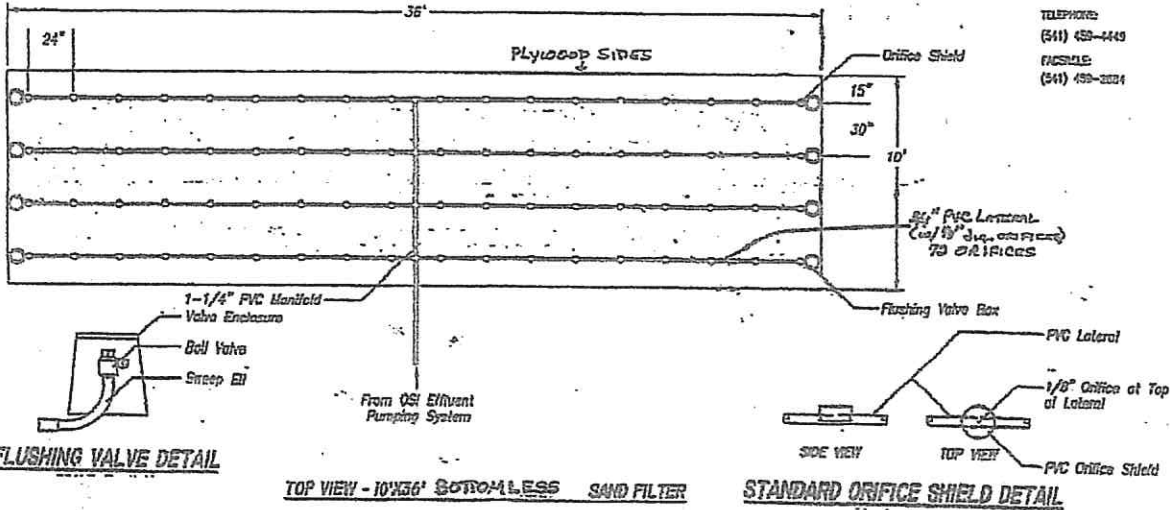
# 10'x36' Intermittent Sand Filter

Configured for loading rates up to 1.25 GPD/FT<sup>2</sup>. Follow appropriate intermittent sand filter design criteria.



014 ARROY AVENUE  
SUNBURST, OREGON  
97170-5012

TELEPHONE:  
(541) 453-4449  
FACSIMILE:  
(541) 453-2824



**FLUSHING VALVE DETAIL**

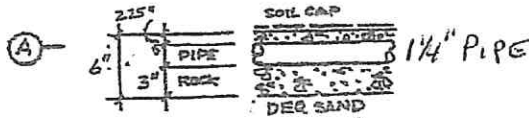
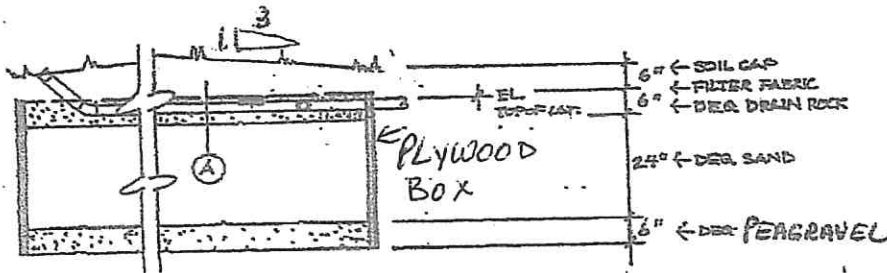
**TOP VIEW - 10'x36' BOTTOMLESS SAND FILTER**

**STANDARD ORIFICE SHIELD DETAIL**

Patent # 5,380,556  
© 1998, Oreco Systems, Inc.

PALMBERG DEV. & CONST LLC  
7N-10W-9DD-4000  
HARTMAN CONST. CO.  
#38331

NDW-ISF-103E  
Rev. 1.0 (2/98)



EL. NATURAL GRADE — 0.00'  
EL. TOP OF MANIFOLD — -0.50'  
EL. PUMP BASE — -4.50'  
STATIC HEAD — = 5.00'

**BOTTOMLESS SAND FILTER  
& MANIFOLD SECTION**

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By M.M.  
Permit No. 500408  
Date 1-26-16

# Pump Selection for a Pressurized System

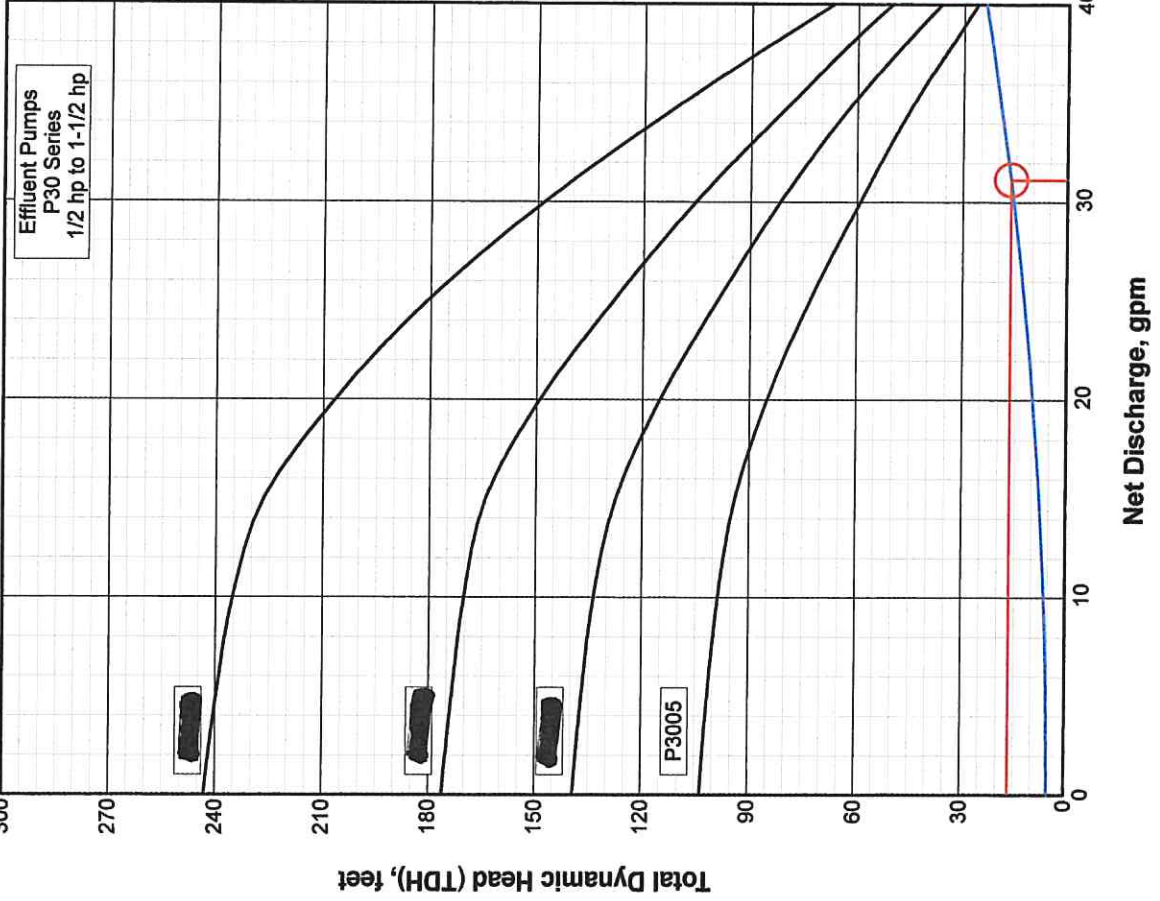
## Input Parameters

Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	8
Lateral Length	17.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	7.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	11.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None
'Add-on' Friction Losses	0.0 feet

## Calculations

Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	72
Total Actual Flow Rate	31.2 gpm
Number of Lines per Zone	8
% Flow Differential 1st and Last Orifice	0.1 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.0 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.2 feet
Head Loss in Transport Pipe	1.3 feet
Head Loss Through Discharge	4.9 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
<b>Total Flow Rate</b>	<b>31.2 gpm</b>
<b>TDH</b>	<b>16.4 feet</b>

Palmberg Dev. & Const. LLC 7N-10W-9DD-4000  
Hartman Construction Co. #38331



**Orenco System**  
Incorporated

814 AIRWAY AVENUE  
SUTHERLIN, OREGON  
97479

TOLL FREE:  
(800) 348-9843

TELEPHONE:  
(541) 459-4449

FACSIMILE:  
(541) 459-2884

www.orenco.com

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By M.H.  
Permit No. 500408  
Date 4-26-16



# Map

RALMBERG DEV. & CONST. LLC

7U-10W-9DD-4000

HARTMAN CONST. CO. #38331



## Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





# Septic Application

Clatsop County Planning and Development  
800 Exchange St Ste 100  
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

## For Department Use Only

Permit #: 500408  
Permit Type: Construction Perm  
Entry Date: 1/25/2016  
Issued By: Annette Brodigan  
Permit Status: Entered

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	01/25/2016

## Work Description

Work Description:

Remarks:

## Owner

Name: <b>Palmberg Dev and Construction LLC</b>	Ph. #: (503) 791-1603	Cell: ( ) -
Address: 1790 SE 3rd Street #	E-Mail:	Fax: ( ) -
City, State, Zip: Astoria, OR 97103		

## Applicant

George Owen  
89647 Manion Dr  
Warrenton, OR 97146  
Ph. 5037178681 Fax  
Cell E-Mail

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,520.00	\$100.00	\$0.00	\$0.00	\$1,620.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Palmberg Dev and Construction LLC	Check	5046	01/25/2016	\$1,620.00
				<b>\$1,620.00</b>
<b>Balance Due:</b>				<b><u>\$0.00</u></b>

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Site Evaluation - Single Family Dwelling -

*This Site Evaluation - Single Family Dwelling - Permit 500389 authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **PALMBERG, JASON** Township **7**, Range **10**, Section **09 D D**  
Property Location: **LOT ON PAR ROAD, WARRENTON** Tax Lot **04000**  
Facility Type: **Single Family Dwelling**  
**3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Seepage Bed**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **36.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

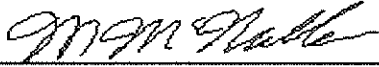
- 1 The alarm and pump must be on separate circuits in the control panel.
- 2 Vehicular traffic and livestock must be restricted from the system area.
- 3 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 4 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.
- 5 An electrical permit and inspection from Clatsop County Building Codes or the municipality with jurisdiction is required for all pump wiring installations.
- 6 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 7 Install with dry soil conditions.
- 8 Filter fabric is required over the drain media.
- 9 Meet all required setbacks.
- 10 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 11 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 12 All roof drains must be directed away from the system.
- 13 Timed dosing required - must include timer and dose counter

### INSPECTION REQUIREMENTS

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

- 2 A squirt test inspection of the pressurized piping system is required.
- 3 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.

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



Authorized Agent:

**Mike McNickle**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**12/23/2015**

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

## SITE EVALUATION REPORT

Date: December 23, 2015

Dear Mr. Jason Palmberg:

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

App. Name: Jason Palmberg Application: # 500389 County: Clatsop

RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 7 / R 10 / S 9 Tax Lot#: 4000

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

This evaluation coincides with your application for a construction permit.

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

Yours truly,

Michael McNickle, MPH, RS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Site Evaluations

cc: Planning Department



**FIELD WORKSHEET**

App. Name: Jason Palmberg    Application #: 500389    County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7 / R 10 / S 9 Tax Lot#: 4000

Commercial Facility:     Yes     No    Parcel Size: 100 x 125 sq ft

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd per lot    Max # of bdrms: 3

<b>Initial System</b>		<b>Repair System</b>	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other		<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required		Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption facility: _____ linear. ft Disposal facility: 360 sq ft 36    " Max Depth    18    " Min Depth		Absorption facility: _____ linear. ft Disposal facility: 360 q. ft. 36    " Max Depth    18    " Min Depth	

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPT, ETC.
#1	60"+	Fine sand	0" – 4" top soil, 5" – 60"+ fine sand – no redox, no roots
#1	60"+	Fine sand	0" – 4" top soil, 5" – 60"+ fine sand – no redox, no roots

Landscape Notes: Lightly brushed and with some small trees

Slope: 2 - 10%

Aspect: south to north

Groundwater Type: N/A

**Additional Conditions of Approval**

1. Bottomless sandfilters fort both the initial and replacement system.
2. Initial system must be staked and verified by agent for appropriateness prior to installation.
3. All conditions of the construction permit must be followed.
4. A parcel survey is recommended prior to construction to assure property line locations.
5. Any alteration of natural soil conditions (i.e. cutting or filling) in the initial and repair area may void this approval.
6. The disposal areas must be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
7. 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.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.



Clatsop County

www.co.clatsop.or.us

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

mmcknickle@co.clatsop.or.us

RECEIVED

DEC 18 2015

CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

PD #5025 = 3780

#500389

A. Property Owner Information

Name: Palumbo Dev. + Const. Mailing Address: PO Box 173 Astoria OR 97103 Phone Number: 503-791-1603

B. Legal Property Description

Township: 7w Range: 10w Section: 9 000 Tax Lot: 4000 Tax Account Number: 100X125 Acreage or Lot Size: 100X125 County: Clatsop Subdivision Name: Lot: Block:

Property Address: lot on Par Rd. (Street, City, State, Zip)

Directions to Property: South on Hwy 101 from Warrenton - West on Sunset Beach Rd Left on Par Blvd - Follow Asphalt To property @ End of Rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [ ] Single Family Residence [ ] Other Proposed Facility: [x] Single Family Residence Number of Bedrooms: 3 [ ] Other Water Supply: [x] Public Name: Warrenton [ ] Private Well, Spring, Shared

D. Type of Application

- [x] Site Evaluation [ ] Construction [ ] Permit Repair [ ] Alteration Permit [ ] Renewal Permit [ ] Existing System Evaluation [ ] Permit Transfer [ ] Permit Reinstatement [ ] Authorization Notice for: [ ] Connecting to an Existing System Not in Use [ ] Replacing a Mobile Home or House with Another [ ] Mobile Home or House [ ] The Addition of One or More Bedrooms [ ] Personal Hardship [ ] Temporary Housing [ ] Other-Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: Jason Palumbo

Date: 12-17-15

Applicant's Name (Please Print Legibly): Jason Palumbo

Applicant's Phone: 791-1603

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

Applicant's Mailing Address: PO Box 173 Astoria OR 97103

Applicant is the [x] Owner [ ] Authorized Representative [ ] Licensed Septic Installer

[ ] Authorization Attached

Installers Name:

20150565

SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Palmberg Dev & Const. LLC  
Mailing Address: PO Box 173  
City/State/Zip: Astoria OR 97103  
Telephone: 503-791-1603

2. Property Information:  
County: Clatsop Tax Lot No: 4000  
Township: 7r Range: 10w Section: 9 SA  
Physical Address: Adj To 90270 Pac Rd - Warrenton OR 97146  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_

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

4. Permit or approval being requested:  
 Construction-Installation permit for:  New Construction  Repair  Alteration  
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)  
 Authorization Notice for:  Replacement of dwelling  Bedroom Addition  
 Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RA-1 Zoning Minimum Parcel Size 2ac

6. The facility is located:  inside city limits  inside UGB  outside UGB

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

If you answered "Yes" above, was this compliance based on:  
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)  
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)  
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)  
Either provide reasons for affirmative compliance decision or attach findings of fact: \_\_\_\_\_

3.184 (1)

8. Planning Official Signature: Clancie Jo Adams

Print Name: Clance Adams Date: 12/18/15

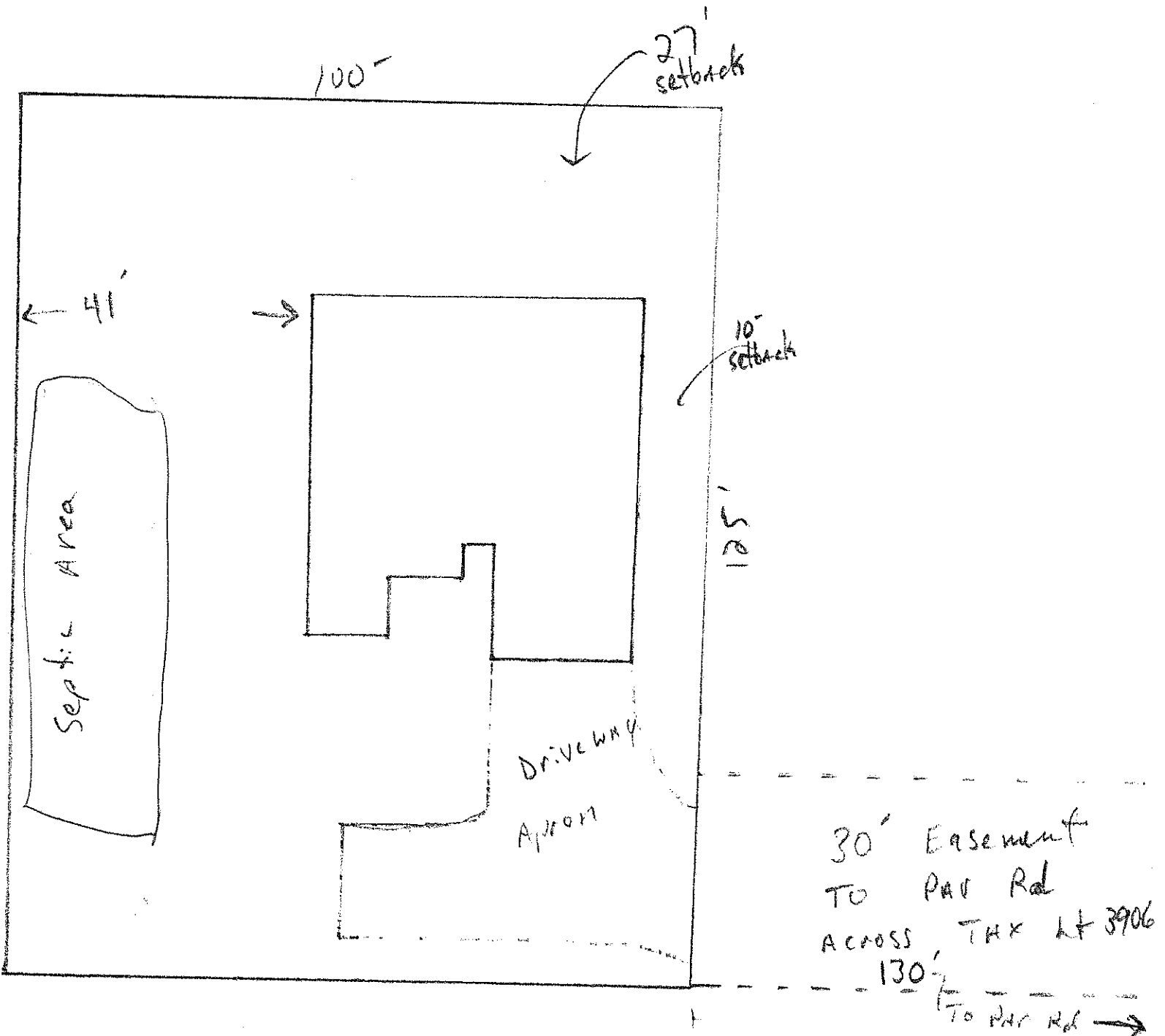
Title: Permit Tech Telephone: 503-325-8611

Site Plan: Parberg Dev. + Const. LLC

↑ N  
1" = 20'

PAR Rd.  
Warrenton OR 97146

T 7N R 10W 900  
TAX Lot 4000



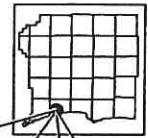




Cancelled  
ACCOUNT  
NO.

*Hay 10/1*

*Parcel 3  
1999-32*



April 02, 2015

7.10.9DD

32	33	34	35	36	37	38	39	40
1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45

This map was prepared for submission to the Clatsop County Planning Commission. It is not intended to be used for any other purpose. Clatsop County is not responsible for any errors or omissions on this map.



SEE MAP 7 10 9

SEE MAP 7 10 9

SEE MAP 7 10 10

SEE MAP 7 10 10

SEE MAP 7 10 9DC

SUNSET

RD.

PAR

BIRDIE CT.

BIRDIE

30-08

PAR CT.

10-17 BLVD.

10-06

TERRACE ST.

EAST ST.

LAKE ST.

SUNSET

ST.

SEE MAP 7 10 9DC

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SEE MAP 7 10 9DC

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# Map



## Clatsop County Webmaps

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# Septic Application

Clatsop County Planning and Development  
800 Exchange St Ste 100  
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

## For Department Use Only

Permit #: 500389  
Permit Type: Site Evaluation  
Entry Date: 12/18/2015  
Issued By: Annette Brodigan  
Permit Status: Entered

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	12/18/2015

## Work Description

Work Description:

Remarks:

## Owner

Name: PALMBERG, JASON  
Address: PO BOX 173  
City, State, Zip: ASTORIA, OR 97103

Ph. #: (503) 791-1603 Cell: ( ) -  
E-Mail: jwpalMBERG@yahoo.com Fax: ( ) -

## Applicant

PALMBERG, JASON  
PO BOX 173  
ASTORIA, OR 97103  
Ph. 5037911603 Fax  
Cell E-Mail jwpalMBERG@yahoo.com

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$680.00	\$100.00	\$0.00	\$0.00	\$780.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
PALMBERG, JASON	Check	5025	12/18/2015	\$780.00
				<b>\$780.00</b>
			<b>Balance Due:</b>	<b><u>\$0.00</u></b>

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_