

**CLATSOP COUNTY WEBMAPS**  
**Real Property Map Summary for the**  
**Current Tax Year**

**Reports:**[Current Tax Statement for Account 16619](#)[Annual Appraisal Report for Account 16619](#)[Payment and Appeal Instructions](#)**Account Info:**

Taxlot Key:	71010B001901	Property Class:	<a href="#">401</a>
Account Number:	16619	Structure Class:	<a href="#">141</a>
Neighborhood:	ME	Maintenance Area:	5
Primary Situs:	32608 TURLAY LN WARRENTON		
Tax Map PDF:	<a href="#">Click to View Image</a>		

**Owner Info:**

Owners: Harrison Lydia

Agents:

PO Box:

Mailing Address: 32608 Turlay Ln Warrenton, OR 97146-7239

**Land Size Info:**

Account Num:	Taxcode:	Acres:
16619	3006	2

**Property Info:**

Account Num:	Year Built:	Num Stories:	Sq Ft:	Num Bathrooms:	Num Bedrooms:	Property Diagram:
16619	1982	1	2652 3		3	<a href="#">Click to View Image</a>

**Recent Transactions:**

Account Num:	Sales Code:	Instrument Num:	Sale Date:	Sale Price:
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**Permits:**

Permit ID:	Document Type:	Document:
500317	APPLICATION	<a href="#">S500317-914.pdf</a>
500317	OTHER	<a href="#">S500317-921.pdf</a>
500317	PERMIT-CSC	<a href="#">S500317-999.pdf</a>
500317	LTR	<a href="#">S500317-1182.pdf</a>

**Special Interest Info:**

Account Num:                      Spec Int Type:                      Spec Int Num:  
16619

Contact the Clatsop County Assessor's Department for more information or questions about this report.  
503-325-8522  
assessor@co.clatsop.or.us

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T7N R10W SEC 10B WM  
CLATSOP COUNTY

Scale 1:2400



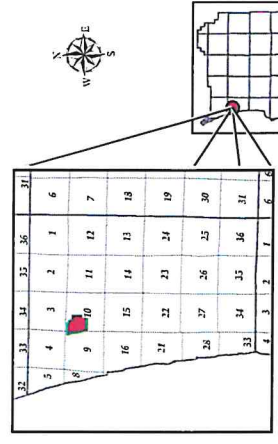
Cancelled Accounts:  
2302  
2312  
2314  
2315

June 06, 2018

7.10.10B



This map was prepared for assistance in the administration of the Clatsop County Assessor's Office. The data is maintained by Clatsop County Assessor's Office. Clatsop County Assessor's Office is not responsible for any inaccuracies, omissions, or errors that may appear hereon.



## **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 500317 as follows:*

### **PROPERTY INFORMATION**

Property Owner: **Harrison Clyde R/Lydia** Township **7**, Range **10**, Section **10 B 0**  
Property Location: **32608 TURLAY LN, WARRENTON** Tax Lot **01901**  
Facility Type:

### **SPECIFICATIONS AND REQUIREMENTS**

System type: **Pump to Gravity**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals** plus 500 pump tank  
Distribution Type: **Equal**  
Total Trench Length: **150.00 Linear feet**  
Trench Spacing: **10.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **30.00 inches**  
Minimum Trench Depth: **18.00 inches**  
Drain Media Total Depth: **12.00 inches**  
Drain Media Below Pipe: **6.00 inches**  
Drain Media Above Pipe: **2.00 inches**

\*Minimum undisturbed soil between trenches

### **ADDITIONAL CONDITIONS**

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

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


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**

**9/3/2015**

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

### FINAL INSPECTION REQUEST AND NOTICE – QNSITE ID: 500317

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: Harrison Clyde R/Lydia  
Property Address: 32608 TURLAY LN, WARRENTON  
Township 7 Range 10 Section 1080 Tax Lot(s) 01901

#### 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 1000 Compartments 1 Manufacturer Norweco Date 8-21-15  
Tanks(2) Volume \_\_\_\_\_ Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
Pumps: HP \_\_\_\_\_ Model/Manuf \_\_\_\_\_ Float(s)Type(1) \_\_\_\_\_ Model/Manuf \_\_\_\_\_  
Float(s)Type(2) \_\_\_\_\_ Model/Manuf \_\_\_\_\_

##### B. Piping:

Effluent Sewer (tank to drainfield) Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_  
Pressure Transport Pipe Yes  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 \_\_\_\_\_ 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 Maintenance Provider: Name \_\_\_\_\_  
Operation & Maintenance Contract: Received? Yes  No

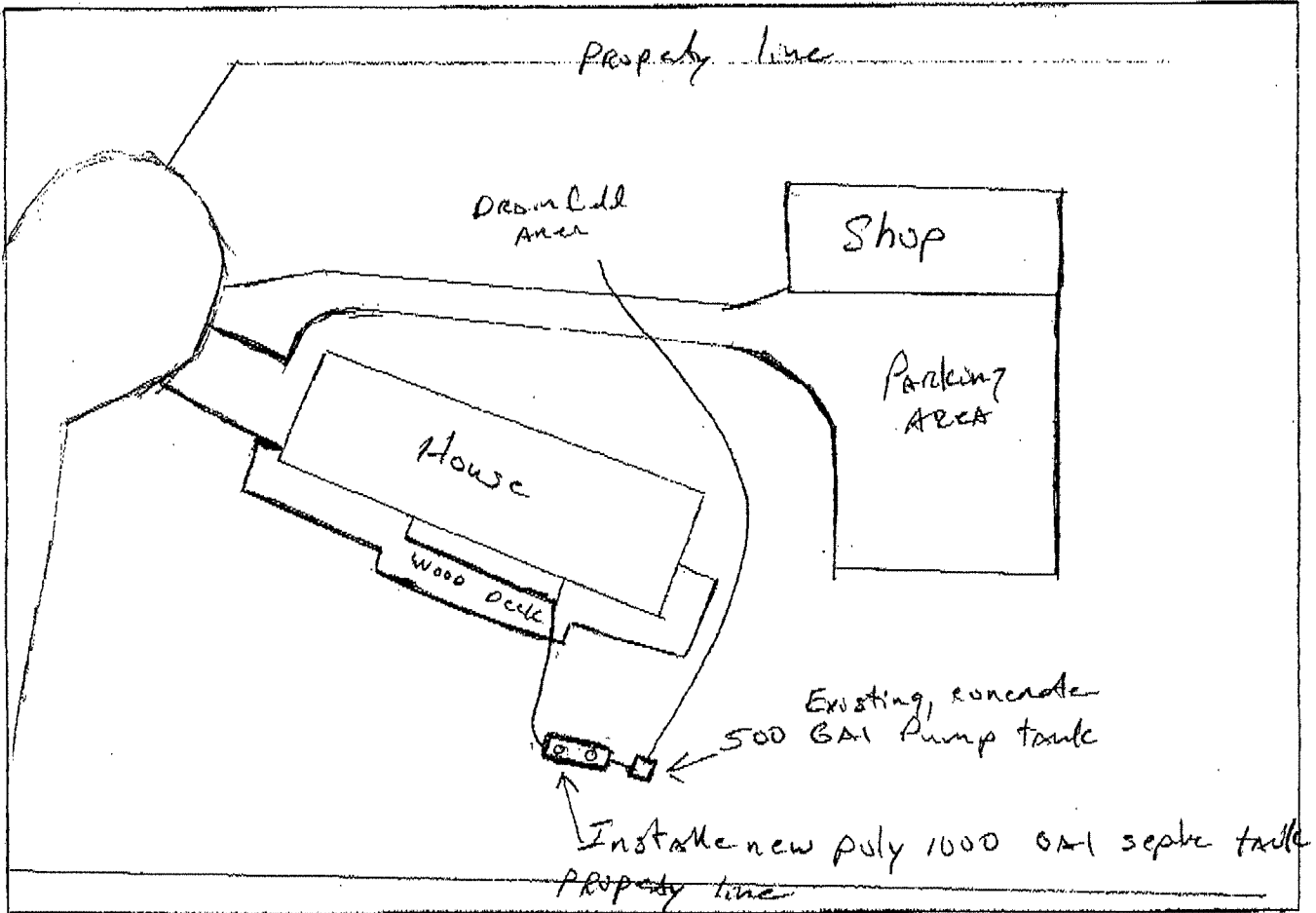
##### D. Drainfield Media

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

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

**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.



**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 840, Divisions 71 and 73)

Owner/Permittee/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Robert Martens  
Licensed Installer Yes  No  License # 37547 Certification # R.I. 338  
Owner/Certified Installer Signature: Rt Z Mt Date 9-2-15  
Phone 503-440-2724 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 \_\_\_\_\_

*Ed's*

**SEPTIC TANK CLEANING SERVICE**

**Paul McDonald**  
 Billing/Mailing Address  
 808 Glasgow Ave  
 Astoria, Or 97103

Cell- 503-741-6484  
 Office- 503-338-2291  
 eds\_septic@yahoo.com

**Job Invoice**

DATE ORDERED <i>8/20/15</i>	ORDER TAKEN BY
PHONE NO.	CUSTOMER ORDER #
JOB LOCATION <i>32606 Turley Ln Warrenton</i>	STARTING DATE
JOB PHONE	
TERMS	

SOLD TO  
*Robert Martin*

QTY.	MATERIAL	UNIT	AMOUNT	DESCRIPTION OF WORK
	<i>Clyde Harrison</i>			<i>Pumped 1000 gal steel</i>
	<i>32606 Turley Ln</i>			<i>septic tank</i>
	<i>Warrenton</i>			
<b>MISCELLANEOUS CHARGES</b>				
<b>TOTAL MISCELLANEOUS</b>				
		<b>LABOR</b>	<b>HRS.</b>	<b>RATE</b>
				<b>AMOUNT</b>
<b>TOTAL MATERIALS</b>				<b>TOTAL LABOR</b>

WORK ORDERED	TOTAL LABOR
DATE ORDERED	TOTAL MATERIALS
DATE COMPLETED	TOTAL MISCELLANEOUS
CUSTOMER APPROVAL SIGNATURE	SUBTOTAL
AUTHORIZED SIGNATURE	TAX
	GRAND TOTAL

*Not a Bill*



## Repair Permit - - Minor

*This Repair Permit - - Minor Permit 500317 authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Harrison Clyde R/Lydia** Township **7**, Range **10**, Section **10 B 0**  
Property Location: **32608 TURLAY LN, WARRENTON** Tax Lot **01901**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

System type: **Pump to Gravity**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals** plus 500 pump tank  
Distribution Type: **Equal**  
Total Trench Length: **150.00 Linear feet**  
Trench Spacing: **10.00 feet\***  
Media Type: **Rock and Pipe**  
Maximum Trench Depth: **30.00 inches**  
Minimum Trench Depth: **18.00 inches**  
Drain Media Total Depth: **12.00 inches**  
Drain Media Below Pipe: **6.00 inches**  
Drain Media Above Pipe: **2.00 inches**

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

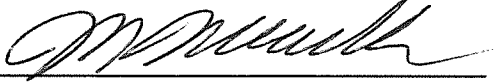
- 1 If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.  
These steps must include the minimum:
  1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
  2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
  3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 2 All roof drains must be directed away from the system.
- 3 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 4 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 5 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 6 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 7 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.
- 8 Minor repair to replace septic tank
- 9 Vehicular traffic and livestock must be restricted from the system area.

10 Meet all required setbacks.

**INSPECTION REQUIREMENTS**

1 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:

**8/3/2015**

Expiration Date:

**8/3/2016**

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



500317

### Clatsop County

[www.co.clatsop.or.us](http://www.co.clatsop.or.us)

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

[mmcknickle@co.clatsop.or.us](mailto:mmcknickle@co.clatsop.or.us)

pd 8/2/15  
ck# 10208  
8356

## Application for Onsite Sewage Treatment System

### A. Property Owner Information

Clyde Hansson 32608 Turley Rd 503-791-3096  
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

### B. Legal Property Description

7N 10W 10B 1901  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Clatsop Turley RD Waneta OR 971  
County Subdivision Name Lot Block

Property Address: 32608 Turley Rd Waneta OR 971  
(Street, City, State, Zip)

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

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

#### Existing Facility

Single Family Residence  
3  
Number of Bedrooms  
 Other \_\_\_\_\_

#### Proposed Facility

Single Family Residence  
Number of Bedrooms  
 Other \_\_\_\_\_

#### Water Supply

Public Waneta  
Name  
 Private \_\_\_\_\_  
Well, Spring, Shared

### D. Type of Application

Site Evaluation  
 Construction  
 Permit Repair  
 Major  
 Minor  
 Alteration Permit  
 Major  
 Minor  
 Renewal Permit  
 Existing System Evaluation  
 Permit Transfer  
 Permit Reinstatement  
 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

Robert Mantus 8-3-15  
Signature Date

Robert Mantus 503-440-2724  
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

92857 Waneta Loop  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached Robert Mantus  
Installers Name



# Clatsop County

[www.co.clatsop.or.us](http://www.co.clatsop.or.us)  
Environmental Health  
820 Exchange Street, Suite 100  
Astoria, Oregon 97103  
Phone 503 325-8500  
[mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us)

## 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? \_\_\_\_\_  
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) ?
- Number of disposal trenches: 3
- Total length of disposal trenches (in feet): App 200
- 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? 0      Type of business: 0
- 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: Rt Z Mt      Date: 8-3-10





**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, Clyde R. Harrison, have authorized  
(Property Owner – Please Print)

Robert Mantens 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**

32608 Turkey Ln Warrenton, Or. 97146  
Property Situs or Road Address

And described in the records of Clatsop County as:

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

**PROPERTY OWNER:**

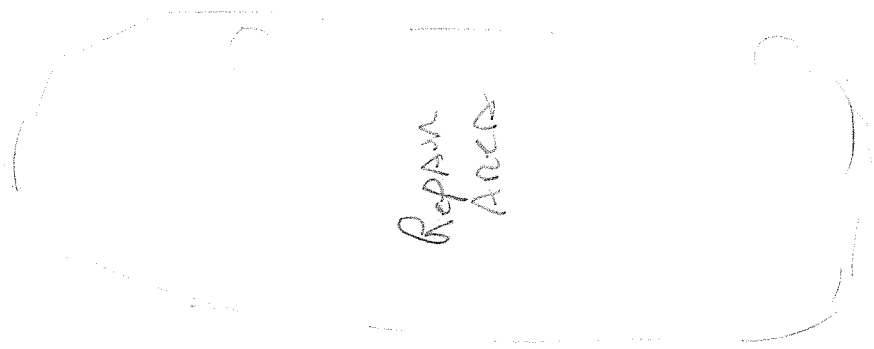
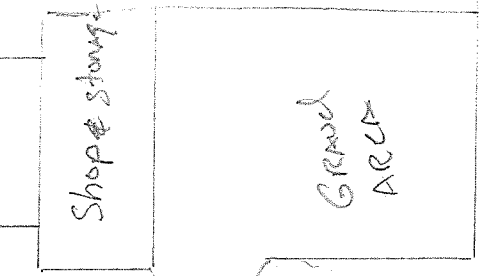
Name: Clyde R. Harrison Email: \_\_\_\_\_  
 Mail Address: 32608 Turkey Ln City/State/Zip WARRENTON, OR.  
 Phone: 503 791-3096 FAX: \_\_\_\_\_  
 Signature: Clyde R. Harrison Date: 2-9-15

**AUTHORIZED REPRESENTATIVE:**

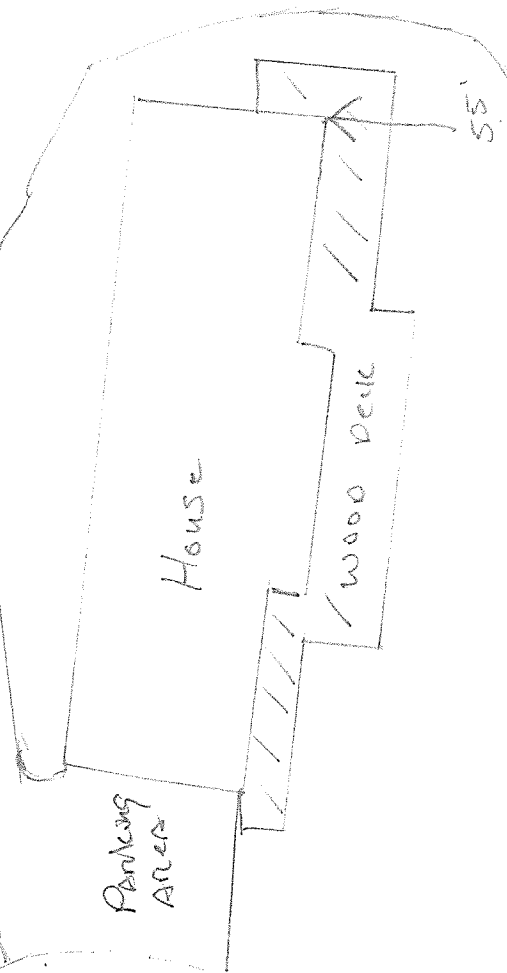
Name: Robert Mantens Email: \_\_\_\_\_  
 Mail Address: 92059 Wallusk Loop City/State/Zip Astoria OR 97103  
 Phone: 503-440-2724 FAX: 503-325-0615  
 Signature: RM Date: 2-9-15

Clyde Haenson  
7-10-10-1901

Property line



Ernsting Drain field



Parking Area

55'

500 Gal concrete Pump



1000 Gal steel  
septic tank to be  
pumped and replaced  
with 1000 Gal Poly  
septic tank

Property line

Robert  
Madsen

Clyde Harrison

7-10-10-1901

## Materials list

1000 Gal Nonwoco Poly septic tank  
with risers and lips

10 Ft 4" 3034 Effluent pipe

Robert  
Mantous



# 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 #: 500317  
Permit Type: Repair Permit  
Entry Date: 8/3/2015  
Issued By: Annette Brodigan  
Permit Status: Review

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/03/2015

## Work Description

Work Description:

Remarks:

## Owner

Name: **Harrison Clyde R/Lydia**  
Address: 32608 Turlay Ln  
City, State, Zip: Warrenton, OR 97146-7239

Ph. #: (503) 791-3096  
E-Mail:

Cell: ( ) -  
Fax: ( ) -

## Applicant

ROBERT MARTENS EXCAVATION  
92859 Walluski Loop Rd  
Astoria, OR 97103

Ph. 5033250615  
Cell 5034402724

Fax 5033250615  
E-Mail martens92861@charter.net

## 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	\$256.00	\$100.00	\$0.00	\$0.00	\$356.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
ROBERT MARTENS EXCAVATION	Check	10208	08/03/2015	\$356.00
				<b>\$356.00</b>

Balance Due: \$0.00

## Compliance/Permit Requirements

## Signatures

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

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



STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

Control # 6782

Property Owner Clyde R. Harrison  
T. 7N R. 10W Sec. 10B Tax Lot/Acct. No. 1901 (2.0ac)  
Loc./Road \_\_\_\_\_

Permit Number 82-6782  
Expiration Date April 16, 1982  
Issued By John L. Smith Rd.

# PERMIT

[NOT TRANSFERABLE]

New Construction of  Repair of  Connection of  Alteration of

Std. System - sand - over 1.0 acres

## A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

### SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches 300 Square ft. 150 Lineal ft.  
Maximum trench depth 30 inches Minimum trench depth 18 inches  
 Loop  Equal  Serial Distance between lines on center 10ft.  
Total rock depth 12 inches Below pipe 6 inches Above pipe 2 inches  Rake sidewalls  
Special Conditions. [Follow Attached Plot Plan]. 500 gal dosing tank required - fiberglass permitted see attached.  
1/3 hp. Submersible pump should be sufficient

PRE-COVER INSPECTION REQUIRED - CONTACT:

# POST ON SITE

DEQ/WQ-404 Rev. 1/78 (REGION COPY)

SP\*54377-340

7-10-10B - 1901 (2AC)

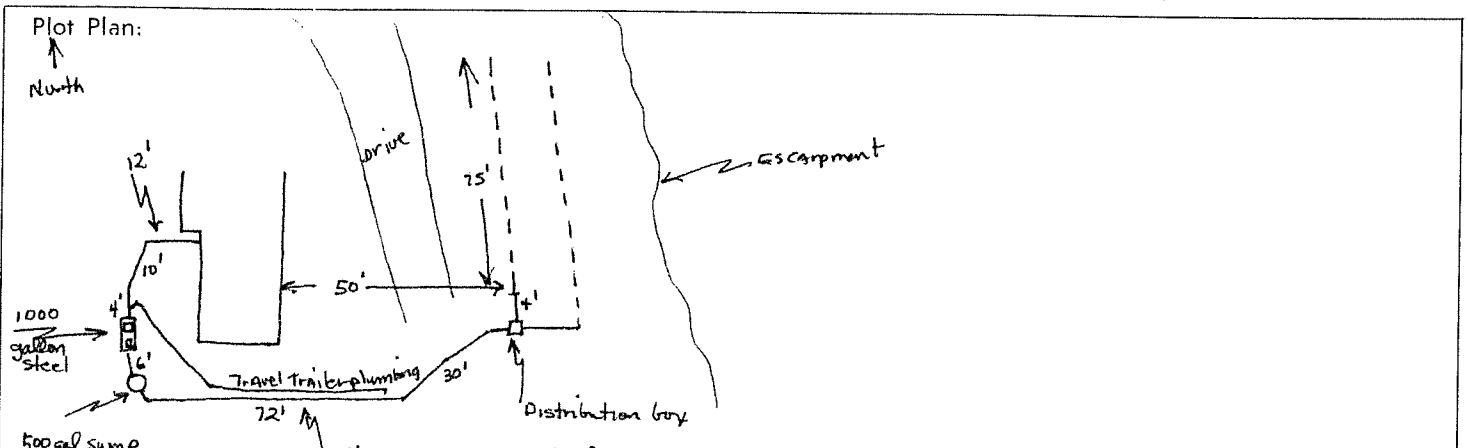
## STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY SUBSURFACE SEWAGE SYSTEM CERTIFICATE OF SATISFACTORY COMPLETION

Property Owner Clyde R. Harrison  
T. 7N R. 10W Sec. 10B Tax Lot/Acct. No. 1901 (2AC)  
Loc./Road Off 101 Turley Rd.  
Installer Owner & Dave Larson Const

Permit Number 82-6782  
Date of Final Insp. April 26, 1982  
Approved By John L. Smith  
Title Environmental Analyst

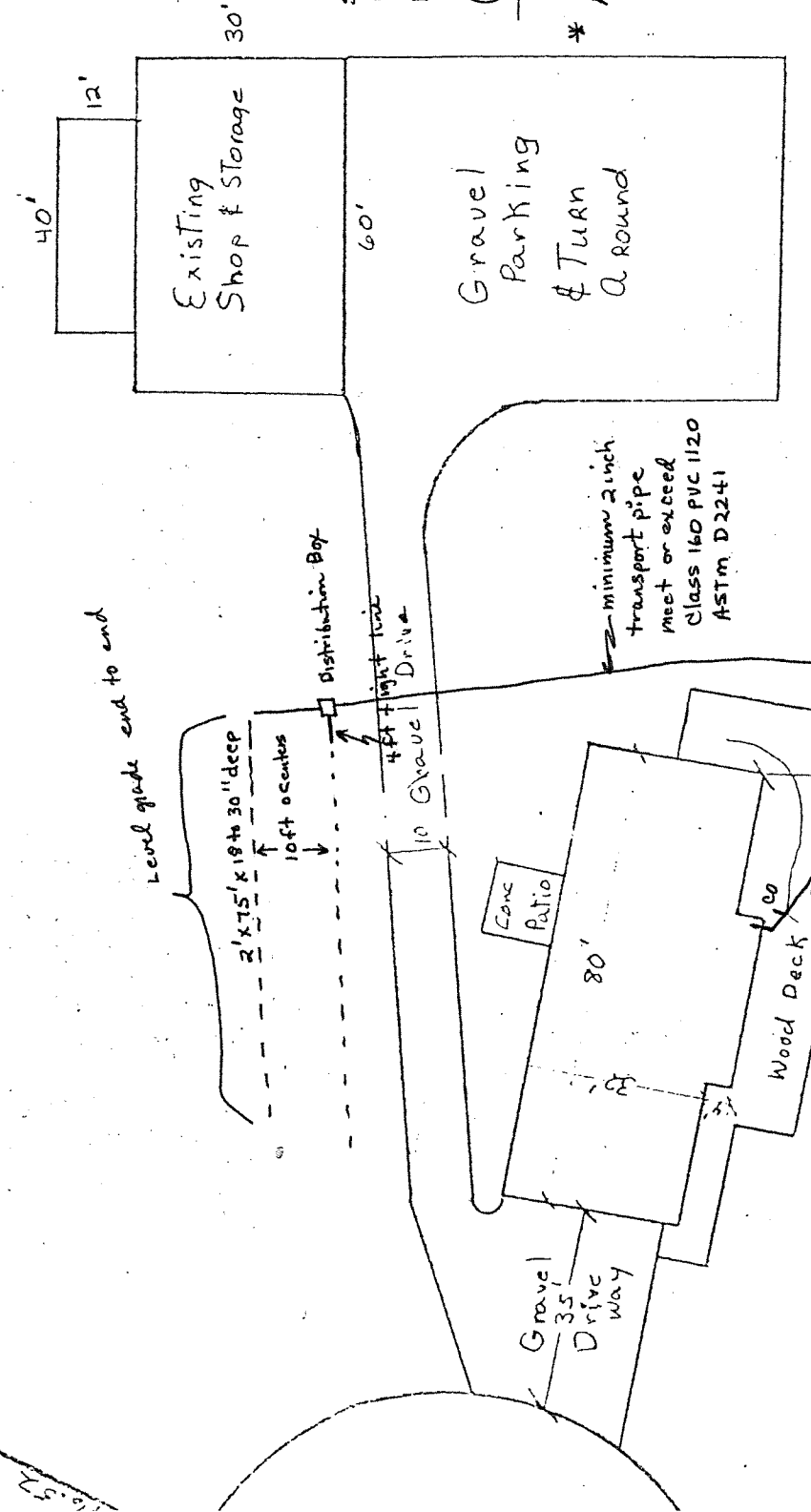
Disposal Trenches: 300 Square Ft. 150 Lineal Ft.

Tank Size: 1000 Gallons. System Designed to Serve 4 bedroom (450 gpd flow)





436.00 S 25-22-45E



Pump needs  
 Static lift = 12ft conservative head  
 Head @ discharge 1ft  
 Head loss thru  
 2" pipe = 110ft x .008 = 1ft  
 @ c-140  
 Total head loss 14ft

\* A Hydromatic SP-33 (1/2 hp pump) or equivalent will be sufficient

Check valve then gate valve on transport line out, inside sump.

500 gal dosing - Both audible + visible high level alarms required tank to riser to in sump - locate in garage or basement sub. ground surface for pump access pump enclosed in at least 12 5/8 ft of screen with 1/8 inch mesh

1000 gal septic tank at least 5ft from foundation line

7-10-10B-1901

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd
Date Completed 4-30-82
Required Fee
Receipt No.
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES NO ATTACHED YES NO
VICINITY OR TAX LOT MAP REQUIRED YES NO ATTACHED YES NO
TEST HOLES REQUIRED YES NO ATTACHED YES NO
LAND USE COMPATIBILITY STATEMENT YES NO ATTACHED YES NO

ADDITIONAL ITEM(S) REQUIRED

X PA-1 zoning Designation - No FLOOD PLAIN - AIZ 15/3/82

For Applicant's Use - (Please Print)

Clyde R. Harrison
(Township) 7 (Range) 10 (Section) 10B (Tax Lot/Acct. No.) 1901 (County) Clatsop
(Subdivision Name) (Lot No.) (Block No.) 2.0 Acres
(Public Water Supply) (Private Water Supply, Specify Type)

(Single Family Residence - Number of Bedrooms) 4 max (Other - Specify)

Directions to Property: Site Evaluation approval Nov. 12, 1975 (Turley Place)

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

Clyde R. Harrison (Signature) 2-15-82 (Date) Owner Authorized Representative S.D.S. License No.

Owner's Mailing Address # 3 Turley Rd Warrenton, Or. 97146 Phone 503-325-0293
Applicant's Mailing Address (if different)
Phone



30-05  
30-06

710-10B-1901  
6-2-92