

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 OS406745 as follows:

PROPERTY INFORMATION

Property Owner: **James Neikes** Township 07N, Range 10W, Section 12
Property Location: **90713 Fort Clatsop Rd., Astoria** Tax Lot 500
Facility Type: **Single Family Dwelling** Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow:	450 gals/day	Drain Media Total Depth:	12 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	6 inches
Distribution Type:	Equal	Drain Media Above Pipe:	2 inches
Total Trench Length:	300 Linear feet		
Trench Spacing:	8 feet*		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	24 inches		
Minimum Trench Depth:	18 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

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

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Connie Schrandt on 7/9/2009

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

<u>Connie Schrandt</u>	Onsite Wastewater Specialist	7/10/2009
Authorized Agent:	Title	Date CSC Issued

Connie Schrandt

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

Final Inspection Request and Notice - Onsite ID: 406745

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: James Neikes

Township 07N, Range 10W, Section 12

Property 90713 Fort Clatsop Rd., Astoria
Address:

Clatsop County TaxLot#: Tax Lot 500

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type: Standard**

Water tight verification*

Tanks(1)	Volumé: 1000	Compartments:	Manufacturer: Willawette gray stone	Date: 6-30-09
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 <input checked="" type="checkbox"/>	No	Diameter: 4	ASTM#/Other: 3030	Length: 300 ft
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

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 Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			4" 3034 Perf pipe T even Dea drain Pipe
Distribution Box	Yes	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:

Length:

Comment _____

*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.

RECEIVED

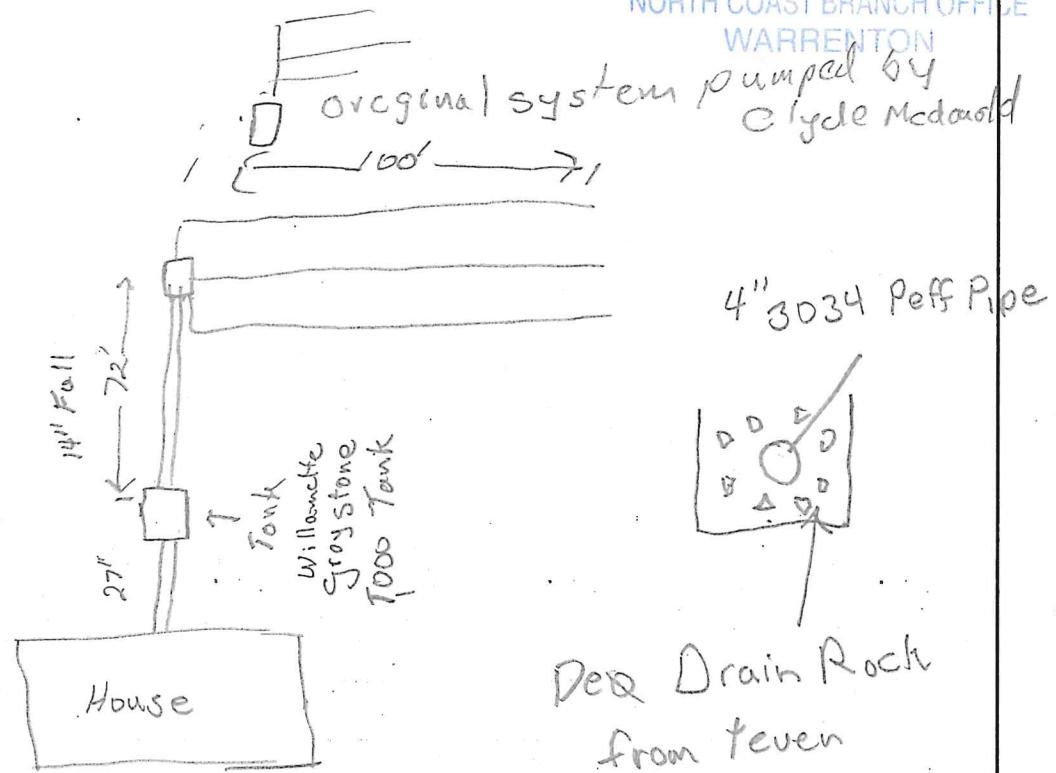
JUL 06 2009

NORTH COAST BRANCH OFFICE
WARRENTON

DEPARTMENT OF ENVIRONMENTAL QUALITY

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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:

James J Neikes

Licensed Installer: Yes No License#: _____ Certification#: _____

Owner/ Certified
Installer: Signature:  Date: 7-6-09 Phone#: 503 338 8153

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: 7-10-09

Installer/Owner
(Permittee)
Notified: Yes No Date: 7-10-09

If No, Reason for Non
Acceptance: _____

Comment: _____

Use with 772 DU-O-VUE® Envelope – saves addressing time

STATEMENT

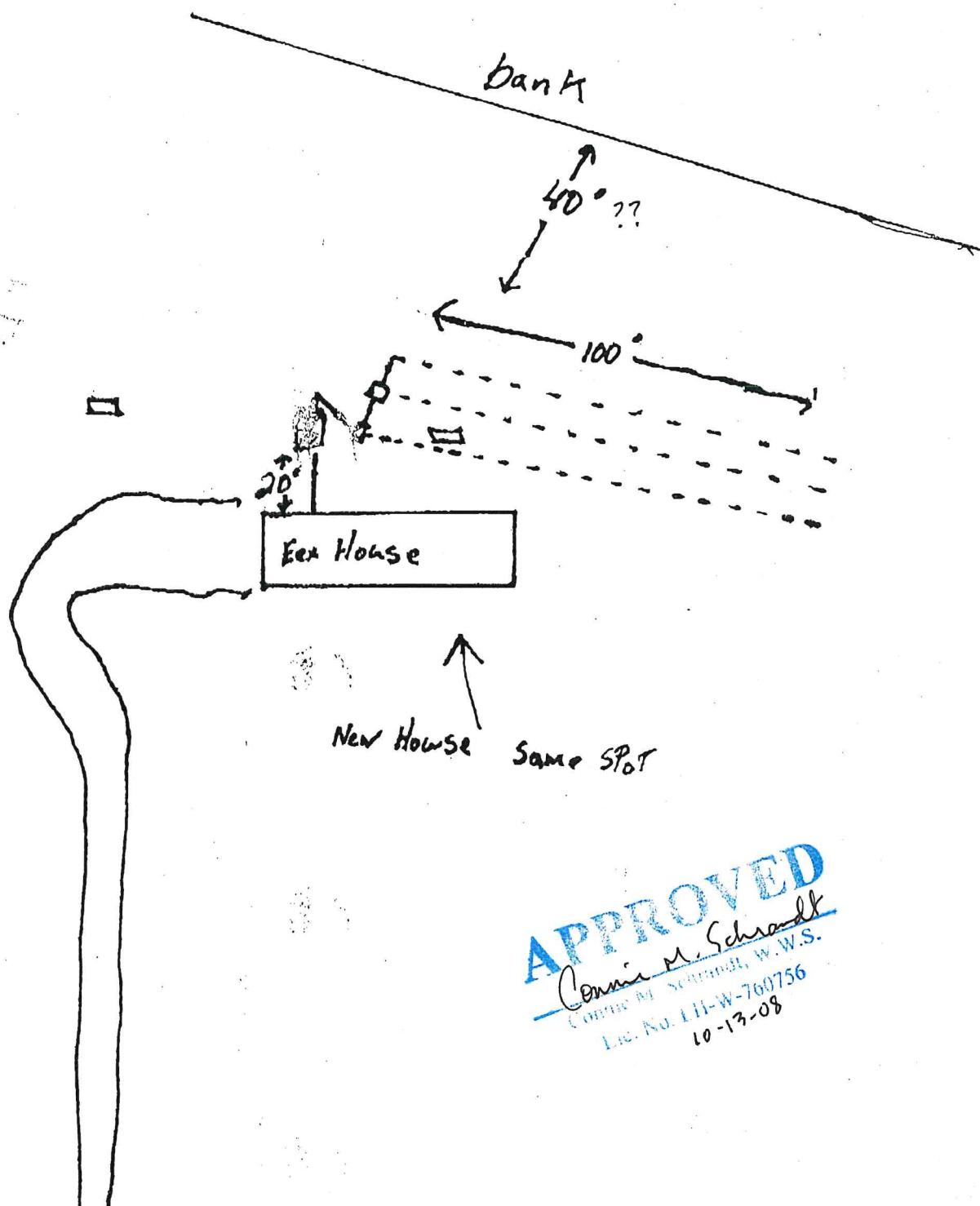
**ED'S
Septic Tank Cleaning Service**
Licensed & Bonded
92042 Kopisch Road
ASTORIA, OREGON 97103-8426
**CLYDE McDONALD 458-6521
(800) 382-7380**

Tim Nickels
34755 Hwy 101 Business
Posterior, Oregon 97103

**A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL
TERMS.
ALL RETURNED CHECKS.**

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVEDSTATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLANNORTH COAST BRANCH OFFICE
WARRENTONPROPERTY OWNER James Neikes DATE 9-25-08LOCATION: TWN 7 N RNG 10 W SECT 12 TAX LOT 500

① INDICATE NORTH IN CIRCLE



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 26 2008

NORTH COAST BRANCH OFFICE
WARRENTONSECTION 1: BASIC INFORMATION

Property Owner James Neikes Permit Number OS 406745 County Clatsop
Township 7N; Range 10W; Section 12; Tax Lot 500; Tax Acct. # _____
Job Location 90713 Fort Clatsop Rd. Astoria Or
Date System Construction Completed _____; Date Submitted to DEQ or Agent _____

SECTION 2:

MATERIALS LIST. Identify and list all materials used in the system's construction.

D&K 1000 gal CONCRETE TANK & RISER w/LID

DENNIES & CO 1000 gal CONCRETE TANK & RISER w/LID

1000 gal Poly TANK & RISER w/LID

D&K CONCRETE DISTRIBUTION BOXES

D&K CONCRETE DROP BOXES # 2

3034 4" SEWER ASTM D 709 12'

4" PVC PERFORATED ASTM D 2729 SEWER PIPE

4" PVC SOLID ASTM D 2729 SEWER PIPE 35'

2/8"-1 1/2" CRUSHED DRILL ROCK

50lb KRAFT PAPER

FILTER FABRIC

300' Rock & P.P.



APPROVED
Connie M. Schmidt, W.W.S.
Lic. No. L.H.W-760756
10-13-08

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 PLOT PLAN

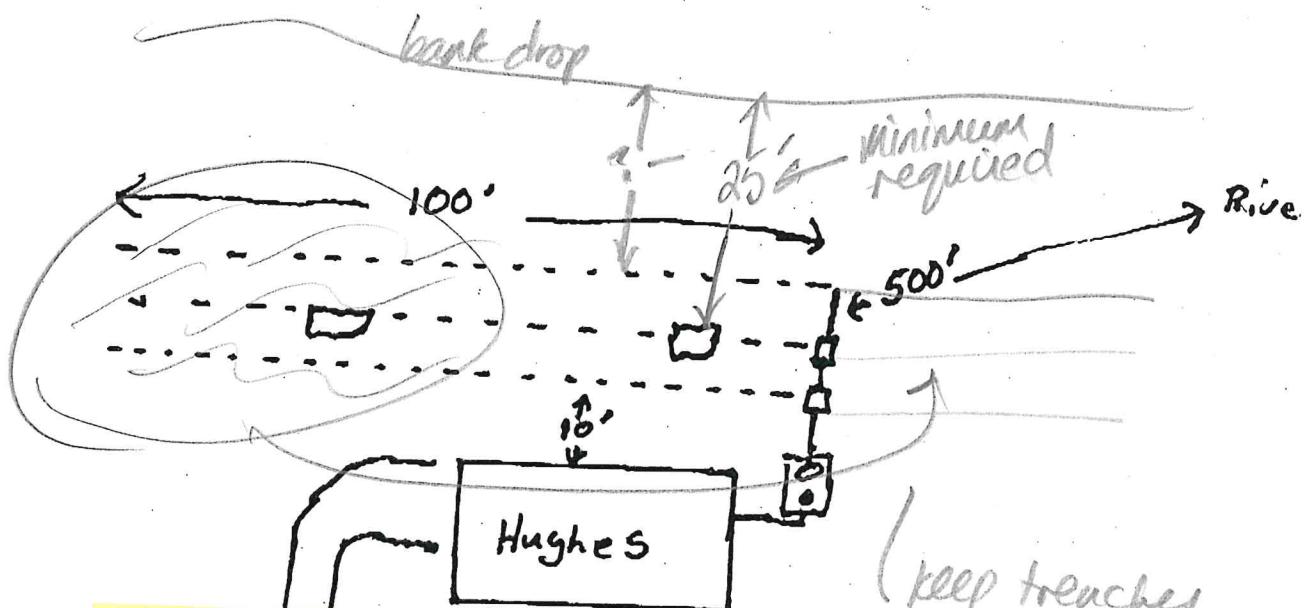
DEPT. OF ENVIRONMENTAL QUALITY

RECEIVED

SEP 26 2008

NORTH COAST BRANCH OFFICE
 WARRENTONPROPERTY OWNER JAMES NEIKES DATE 9-25-08LOCATION: TWN 7N RNG 10W SEC 12 TAX LOT 500

① INDICATE NORTH IN CIRCLE



Bill - Please resubmit plan w/details indicated in my notes CMS called 10/2/08 9/30/08

also - show location of existing mobile home

Information on this form must be filled out and signed in this order

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

Site Address: 90713 Fort Clatsop Rd. City: Astoria
Owner: Jim Neikes Phone: _____
Owner's Address: _____
Agent: _____
Proposed Development/Construction: _____

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

Legal Description: T 7 R 10 SEC 12 Tax lot(s) 500
Permit Needed - Yes No Site Approved - Yes No
Signature: J. Schell Date: 9/25/08
Remarks: OS # 4040745

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

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

Water/Fire Flow: _____ Number of Hydrants: 1 Hydrant Location(s): 300 feet
Signature: Mark Thompson Title: Deputy chief Date: 9-18-08
Remarks: _____

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

4. CLATSOP COUNTY LAND USE PLANNING DEPARTMENT (to be filled out and signed by Land Use Planning):

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

Clatsop County Land Use Planning, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666
5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-Major Permit OS406745 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **James Neikes**

Clatsop County

Property Location: **90713 Fort Clatsop Rd., Astoria**

Township 07N, Range 10W, Section 12

Facility Type: **Single Family Dwelling**

Tax Lot 500

3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:

450 gals/day

Drain Media Total Depth:

12 inches

Minimum Septic Tank Size:

1000 gals

Drain Media Below Pipe:

6 inches

Distribution Type:

Equal

Drain Media Above Pipe:

2 inches

Total Trench Length:

300 Linear feet

Trench Spacing:

8 feet*

Media Type:

Rock and Pipe

Maximum Trench Depth:

24 inches

Minimum Trench Depth:

18 inches

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1** **IMPORTANT:** Construction is not to proceed without prior plan review and approval from the DEQ. The plan must show that the system will be constructed in the approved area shown on the field worksheet and plot plan.
- 2** 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.
- 3** 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 at a 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.

- 4 Each trench to be level and on contour.
- 5 Filter fabric is required over the drain media.
- 6 All roof drains must be directed away from the system.
- 7 All trenches must be at the same elevation.
- 8 Meet all required setbacks.
- 9 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 10 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 11 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 12 Vehicular traffic and livestock must be restricted from the system area.
- 13 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

- ¹ A final inspection 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.
- ² 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:	Onsite Wastewater Specialist	9/22/2008	9/22/2009
	Title	Date Issued	Expiration Date
Connie Schrandt			
Department of Environmental Quality Northwest Region, Warrenton Office 65 N Highway 101, Suite G Warrenton, OR 97146 Phone: (503) 861-3280 Fax: (503) 861-3259			

See the Attachment 1 for additional information about your permit.

SITTM EVALUATION FIELD WORKSHEET

Township: 7 N Range: 10 W Section: 12 Tax Reference: 500 Parcel Size: 69.4 acres
 Owner/Applicant: NE, KES Evaluator: Connie Schrandt
 Inspection Date(s): 9-18-08 Application Number: 407586 Repair

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
0-20	sil	10YR 3/2-3; c, vc + m 1SBK; many vf + f + common m roots
Pit 1	20-55	Mix of void colors*; f + m 3SBK → massive
0- ²³ / ₂₆	sil	10YR 3/2; many vf + f + common m, c, vc roots; m, vc & c 1SBK;
Pit 2	²³ / ₂₆ -51	²³ / ₂₆ -51 10YR 4/4; m + f 2-3 SBK; wavy boundary
Pit 3		
Pit 4		

Landscape Notes: 2^o terrace - adjacent floodplains to N - convex linear

Slope: ~2-3% Aspect: W Groundwater Type: Temporary

Other Site Notes: * 10YR 5/2, 7.5YR 5/6 grades to 10YR 4/2, 10YR 7/1 + 7.5YR 5/8 w/depth

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System: NA ATT Treatment Standard: —

Disposal Facility: — linear feet/square feet Maximum Depth: — inches Minimum Depth: — inches

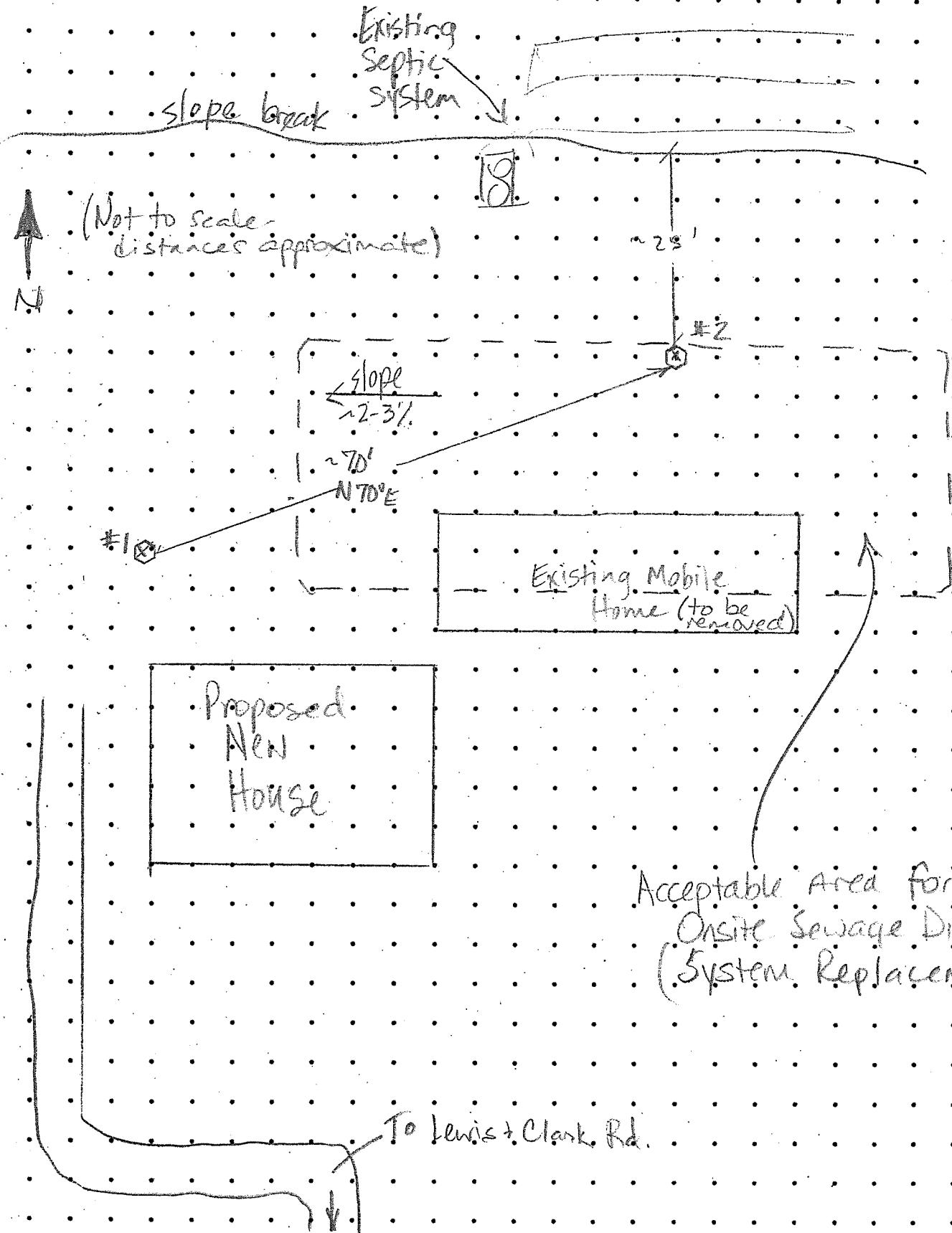
Replacement System: Standard, equal distribution ATT Treatment Standard: —

Disposal Facility: 300 linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches

Special Conditions: Existing septic tank to be decommissioned in accordance with OAR 340-071-0185(2) with a copy of associated pumping receipt submitted with final notice & request for 'pre-crews' inspection

Township: 7 N Range: 10 W Section: 12 Tax Reference: 700 Parcel Size: 69.4 acres
Owner/Applicant: Neikes Evaluator: Connie Schrandt
Inspection Date(s): 9-18-08 Application Number: 407617

Repair





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

Receipt Number: 136110

Date Received 9/11/2008

Received From **James Neikes**
(Check Name): **34755 Hwy. 101 Business**
Astoria, OR 97103

For **T07N R10W S12**
Property **TaxLot 500**
At: **Clatsop County**
90713 Fort Clatsop Rd.
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check #	Money Order #	Purchase Order	Bank Number	Amount Applied
0.00	Fee Waived					0.00

Total Amount Applied \$0.00

Onsite Fees

Base Fee:	0.00
Surcharge Fee:	0.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$0.00

Application Description

Application ID: 407617
Application Type: Repair Permit
Single Family Dwelling-Major
System Type: Unknown
Pump Evaluation: No
Flow: 450 gallons/day

Note: The Fees for this application have been waived due to credit from Application ID 407586

Receipt Amount: \$0.00

Payments

Previous Payments:	0.00
Current Payment:	0.00
Over Payment:	0.00
Total Payments:	\$0.00

Received By:

Connie Schrandt

Date of Entry:

9/11/2008



Application for Onsite Sewage Treatment System

State of Oregon
Department of Environmental Quality

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

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

Date Stamp: DEPT. OF ENVIRONMENTAL QUALITY RECEIVED
SEP 04 2008
NORTH COAST BRANCH OFFICE WARRENTON

For DEQ Use Only:
Date Received 9/4/08
Fee Paid 450
Receipt Number 136106
Application Number 407586
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Jim Neikes

34755 101 Bns Astoria Or

503 338 8153

Name

Mailing Address (Street or PO Box, City, State, Zip Code)

Phone Number

B. Legal Property Description

7 10 12 500 69.4 Acres
Clatsop County Subdivision Name Lot Block
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

Property Address: 90713 Fort Clatsop Rd Astoria Ore 97103
Address City State Zip Code

Directions to Property: Fort Clatsop Rd Post Fort Clatsop about
2 miles on Right across from Pennew Rd

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 Lewis Clark Name
 Private Well, Spring, Shared

D. Type of Application

Site Evaluation
 Construction Permit
 Repair Permit
 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 the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

Date

Applicant's Name – Please Print Legibly

Applicant's Phone Number

Applicant's E-mail Address

Applicant's Mailing Address

Applicant is the Owner Authorized Representative

Licensed Septic Installer

Authorization Attached

Installer's Name

RECEIVED

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

SEP 04 2008

1. Applicant Name/Property Owner: Jones Neikes

Mailing Address: 34755 Hwy 101 Bns

City, State Zip Code: Astoria Or

Telephone: 503 338 8153

NORTH COAST BRANCH OFFICE
WARRENTON

2. Property Information:

County: Clatsop

Tax Lot No.: 500

Township: 7

Range: 16

Section: 12

Physical Address: 90713 Fort Clatsop Rd

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

Print Form

Other changes in land use involving potential sewage flow increases

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

5. Property Zoning: EFU / Partial FHO Zoning Minimum Parcel Size: 80

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

If inside UGB, the proposed facility is subject to:

City jurisdiction County jurisdiction Shared City/County jurisdiction

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: Replacement

Dwelling in a Resource Zone

8. Planning Official Signature:

Print Name: Michael Weston Date: 8-25-08

Title: Planner Telephone: 503-325-8611



SEP 04 2008

EXISTING SEPTIC SYSTEM DESCRIPTION

NORTH COAST BRANCH OFFICE
WARRENTON

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

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

Septic Tank Disposal Trenches Capping Fill Sandfilter
 Seepage Bed Cesspool or Pit Unknown
 Other (Describe) _____

2. When was your septic system installed? 1973 _____
(Date) _____ (Permit Number) _____

3. Tank material: Concrete Steel Plastic or Fiberglass Unknown

4. Septic tank volume (in gallons) _____

5. When was the septic tank last pumped? _____ Attach receipt if available.

6. Number of disposal trenches _____

7. Total length of disposal trenches (in feet) _____

8. Do you propose to use the existing septic system? Yes No

9. Is your septic system currently in use? Yes No If no, date of last use _____

10. If the septic system currently serves a dwelling:
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? _____

11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____

12. If the septic system serves a business:
How many total employees are there? _____
Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain _____

14. 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 of 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.

(Date) _____

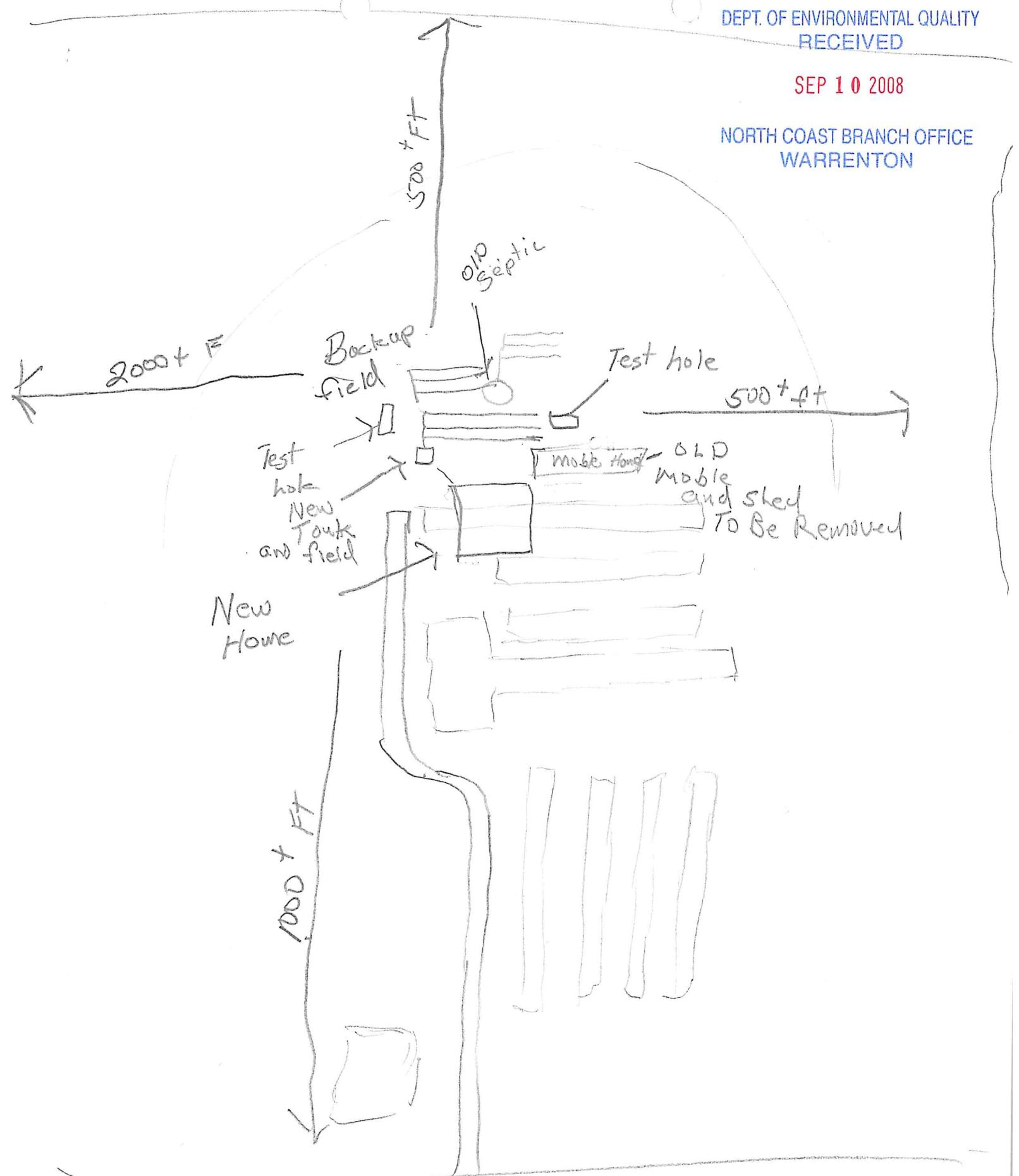
Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes No Attached Date Issued _____
Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials _____
Other file information: _____

DEPT. OF ENVIRONMENTAL QUALITY
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SEP 10 2008

NORTH COAST BRANCH OFFICE
WARRENTON





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

Receipt Number: 136106

SEP 04 2008

NORTH COAST BRANCH OFFICE
WARRENTON
Date Received 9/4/2008

Received From **James Neikes**
(Check Name): **34755 Hwy. 101 Business**
Astoria, OR 97103

For **T07N R10W S12**
Property **TaxLot 500**
At: **Clatsop County**
90713 Fort Clatsop
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check #	Money Order #	Purchase Order #	Bank Number	Amount Applied
450.00	Check	2085			96-228	450.00

Total Amount Applied: \$450.00

Onsite Fees

Base Fee: **390.00**
Surcharge Fee: **60.00**
Plan Review Flow Fee:
Pump Evaluation Fee:
Flow Fee:
Reinspection Fee:

Total Fee: \$450.00

Application Description

Application ID: **407586**
Application Type: **Authorization Notice**
with Field Visit

System Type: **Unknown**
Pump Evaluation: **No**
Flow: **450** gallons/day

Payments

Previous Payments: **0.00**
Current Payment: **450.00**
Over Payment: **0.00**

Total Payments: \$450.00

Receipt Amount: \$450.00

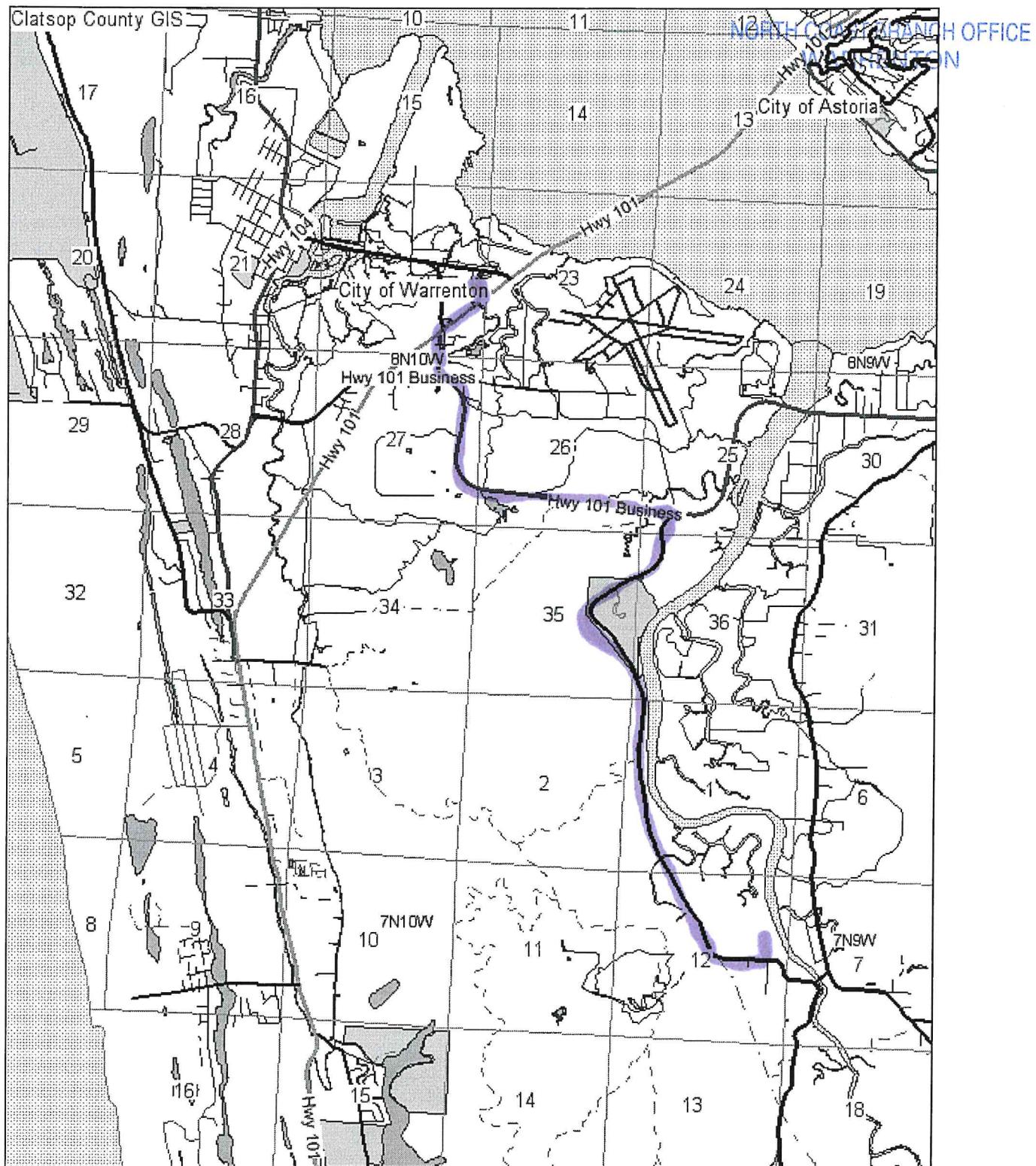
Received By:

Date of Entry:

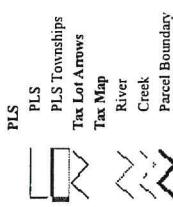
Vicky Schiele

9/4/2008

SEP 04 2008



Clatsop County Map



Mobile
Age 1973

DEPT. OF ENVIRONMENTAL QUALITY

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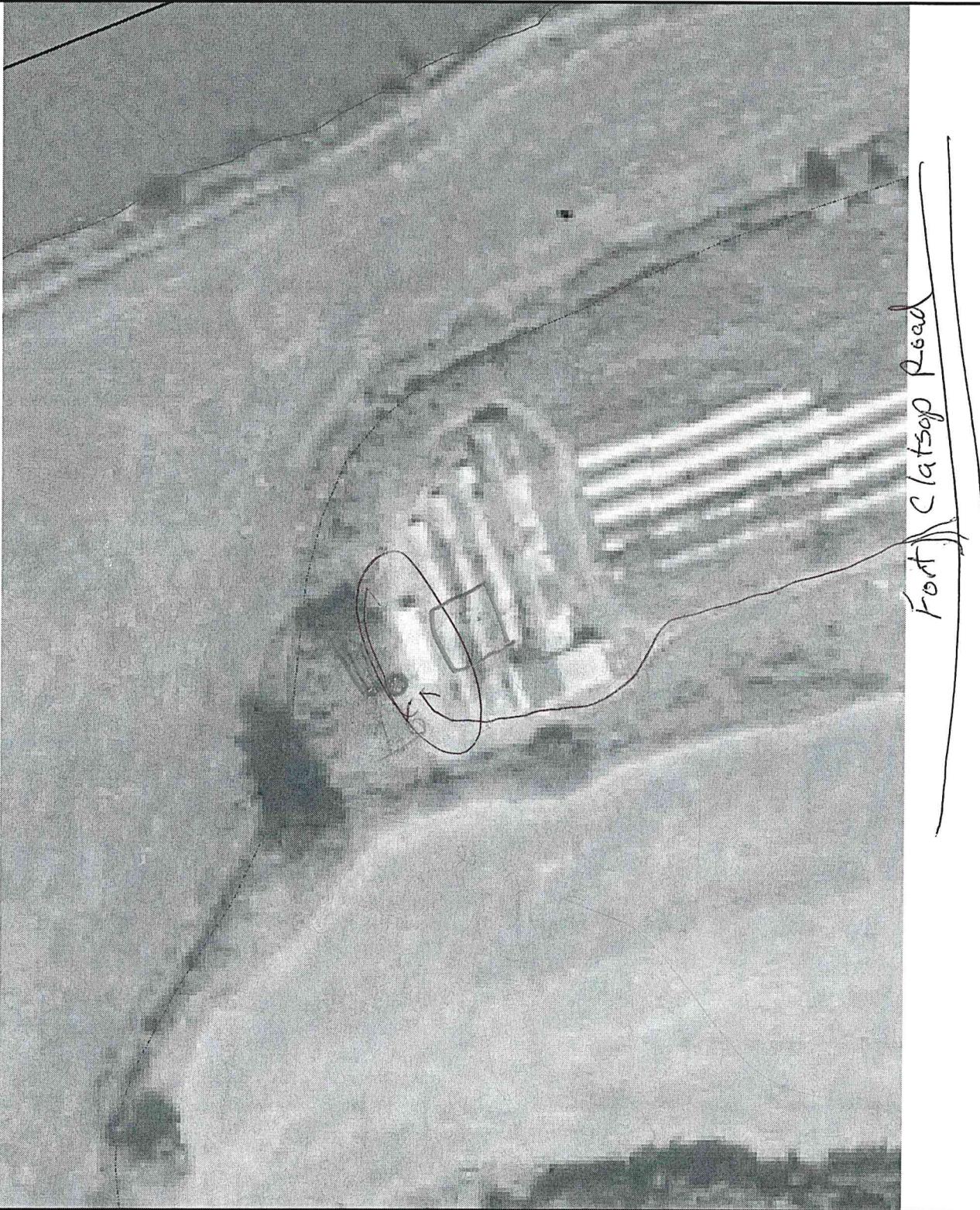
NORTH COAST BRANCH OFFICE
WARRENTON



8/25/2008



1 in. = 114 ft



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