

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

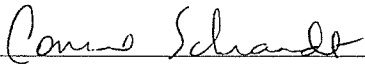
- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that 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.

	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
Property Address: 90713 Fort Clatsop Rd., Astoria

Township 07N, Range 10W, Section 12
 Clatsop County TaxLot#: Tax Lot 500

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard		Water tight verification*	
Tanks(1)	Volume: 1000	Compartments:	Manufacturer: Willamette grey 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 <input type="checkbox"/>	Diameter: 4	ASTM#/Other: 3034	Length: 300ft
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

D. Drainfield Media

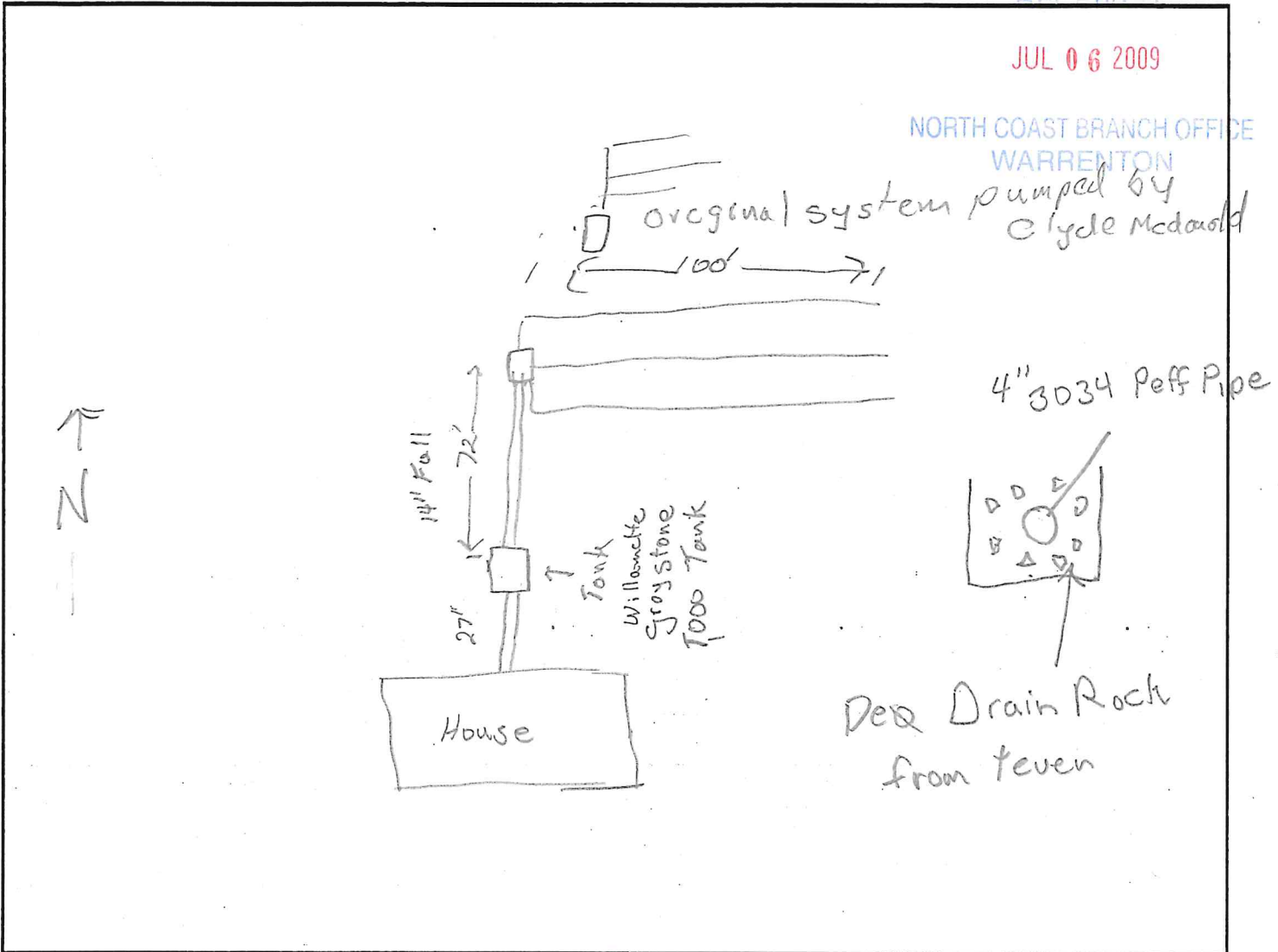
Type (Gravel, Pipe or alternative?)	4" 3034 Perf pipe Teven Dea Drain Pipe			
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Drop Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Distribution Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:		Print Name: <u>James J. Neikes</u>	
Licensed Installer:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	License#:	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>7-6-09</u>	Phone#: <u>503 338 8153</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date: <u>7-10-09</u>
Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date: <u>7-10-09</u>

If No, Reason for Non Acceptance: _____

Comment: _____

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

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OF
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ARCHITECTURE

ED'S

Septic Tank Cleaning Service

Licensed & Bonded

92042 Koppisch Road

ASTORIA, OREGON 97103-8426

CLYDE McDONALD 458-6521

(800) 382-7380

DATE _____
NUMBER 5

7-1-09

NUMBER 33

Tim Nickes

34755 Hwy 101 Business
Astoria, Oregon 97103

Rev. 90713 FHC/soy Del
ED TO Astoria, Oregon

TERMS:

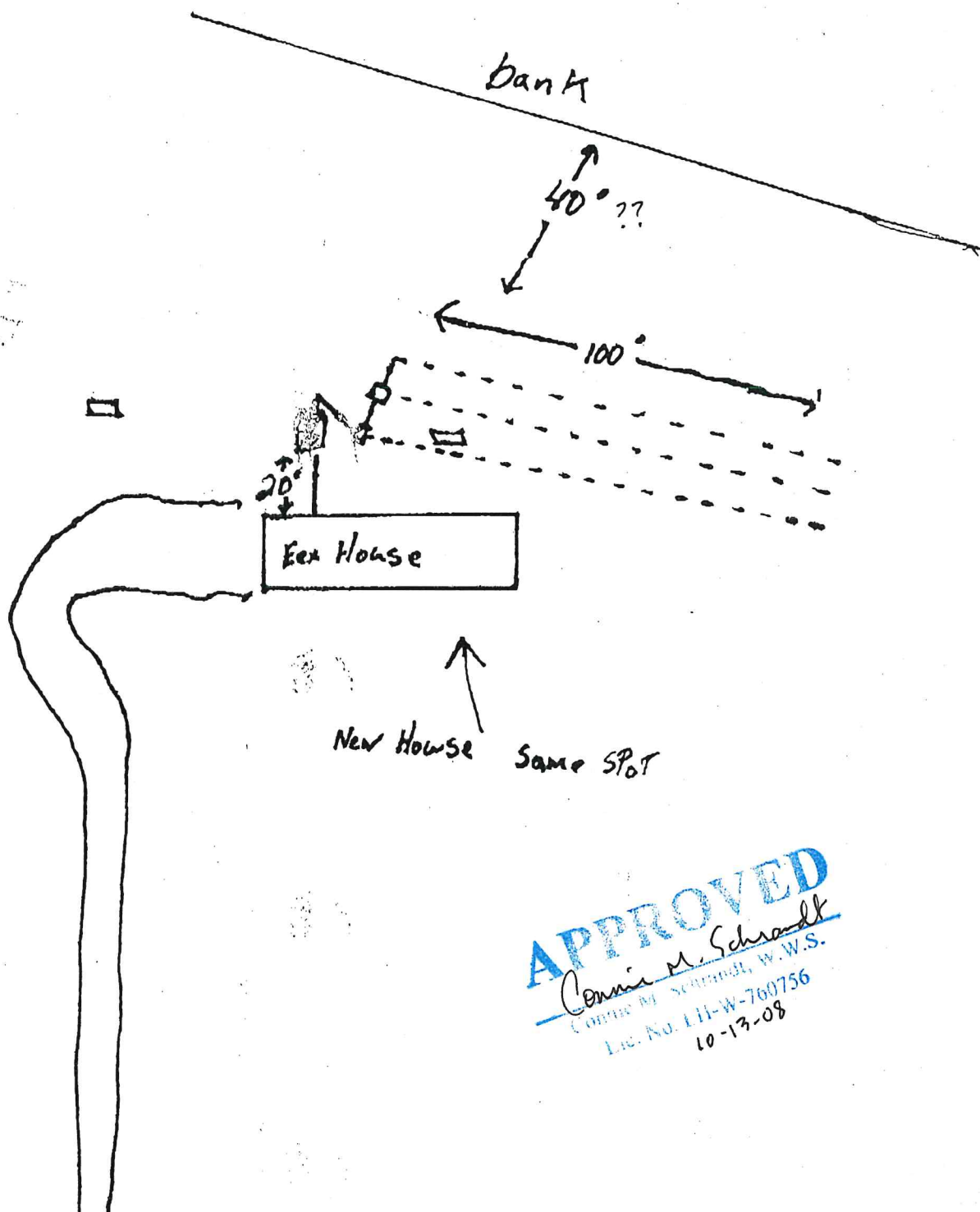
**A \$20.00 SERVICE CHARGE
ON ALL RETURNED CHECKS.**

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	1000 Sal/bw Phosphate Septic Tank	
7-1-09	Pumped Septic Tank Dump Fee	1220 ac 128 ac
	Total	\$350 ac
	DEPT OF ENVIRONMENTAL QUALITY RECEIVED	
	JUL 06 2009	
	NORTH COAST BRANCH OFFICE	

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVEDSTATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN
OCT 13 2008NORTH COAST BRANCH OFFICE
WARRENTONPROPERTY OWNER James Neikes DATE 9-25-08LOCATION: TWN 7N RNG 10W SECT 12 TAX LOT 500

INDICATE NORTH IN CIRCLE

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 111-W-760756
10-13-08

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 26 2008

NORTH COAST BRANCH OFFICE
WARRENTON**SECTION 1: BASIC INFORMATION.**

Property Owner James Neikes Permit Number 05406745 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
☐ DENNIS & CA 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 779 12'
☐ 4" PVC PERFORATED ASTM D 2729 SEWER PIPE
☒ 4" PVC SOLID ASTM D 2729 SEWER PIPE 35'
☐ 7/8" - 1/2" CRUSHED DRAIN ROCK
☐ 50lb. KRAFT PAPER
☐ FILTER FABRIC
☒ 300' Rock & Pipe

**APPROVED**
Cornie W. Schmitt
Cornie W. Schmitt, W.W.S.
Lic. No. L11-W-760756
10-13-08

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


DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

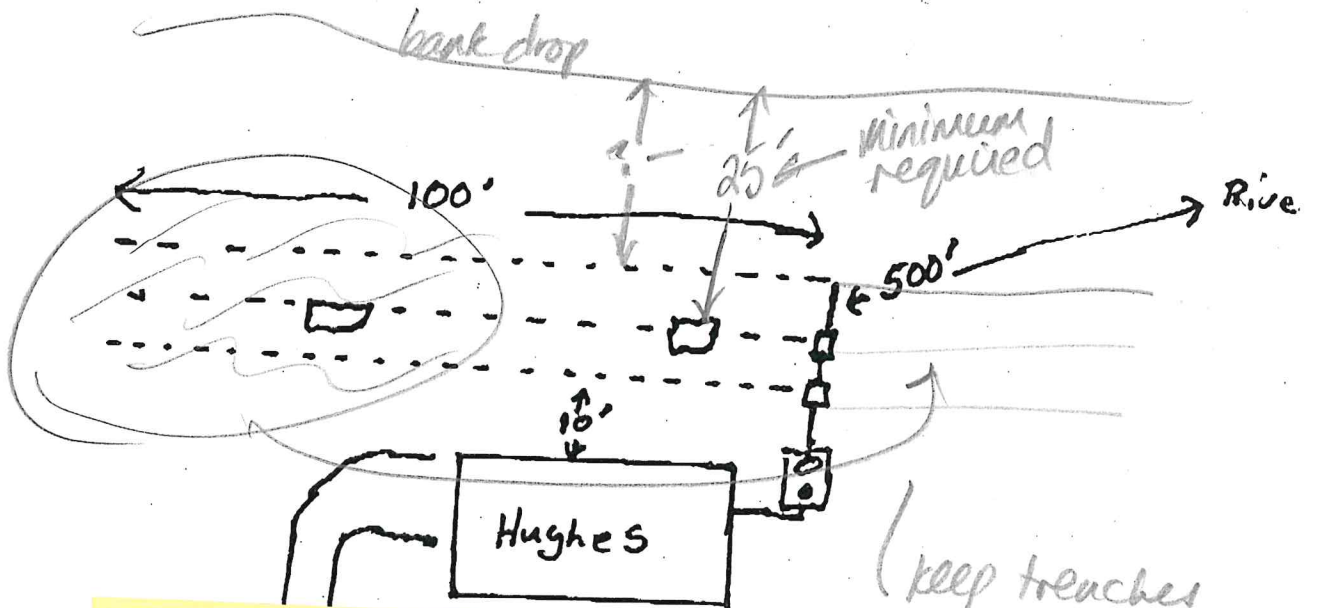
SEP 26 2008

NORTH COAST BRANCH OFFICE
WARRENTON

PROPERTY OWNER James Neikes DATE 9-25-08

LOCATION: TWN 7N RNG 10W SECT 12 TAX LOT 500

 INDICATE NORTH IN CIRCLE



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

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

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's Address: _____
Proposed Development/Construction: _____

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: V. Schell Date: 9/25/08
Remarks: OS # 406745

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

FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: 1 Hydrant Location (s): 300 feet
Signature: Shirley 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:

	Onsite Wastewater Specialist	9/22/2008	9/22/2009
Authorized Agent:	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.

STTM EVALUATION FIELD WORKSHEET

Township: 7 N Range: 10 W section: 12 Tax Reference: 500 Parcel Size: 69.4 acres
 Owner/Applicant: Neikes Evaluator: Ponnie 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...
Pit 1	0-20	sl	10YR ^{3/2-3} ; c,vc + m 1SBK; many vf + f + common m roots
	20-55	sic	Mix of void colors*; f+m 3SBK → massive
Pit 2	0-23/26	sil	10YR ^{3/2} ; many vf + f + common m, c + vc roots; m,vc + c 1SBK;
	23/26-51	sicl	10YR ^{4/4} ; m + f 2-3 SBK; wavy boundary
Pit 3			
Pit 4			

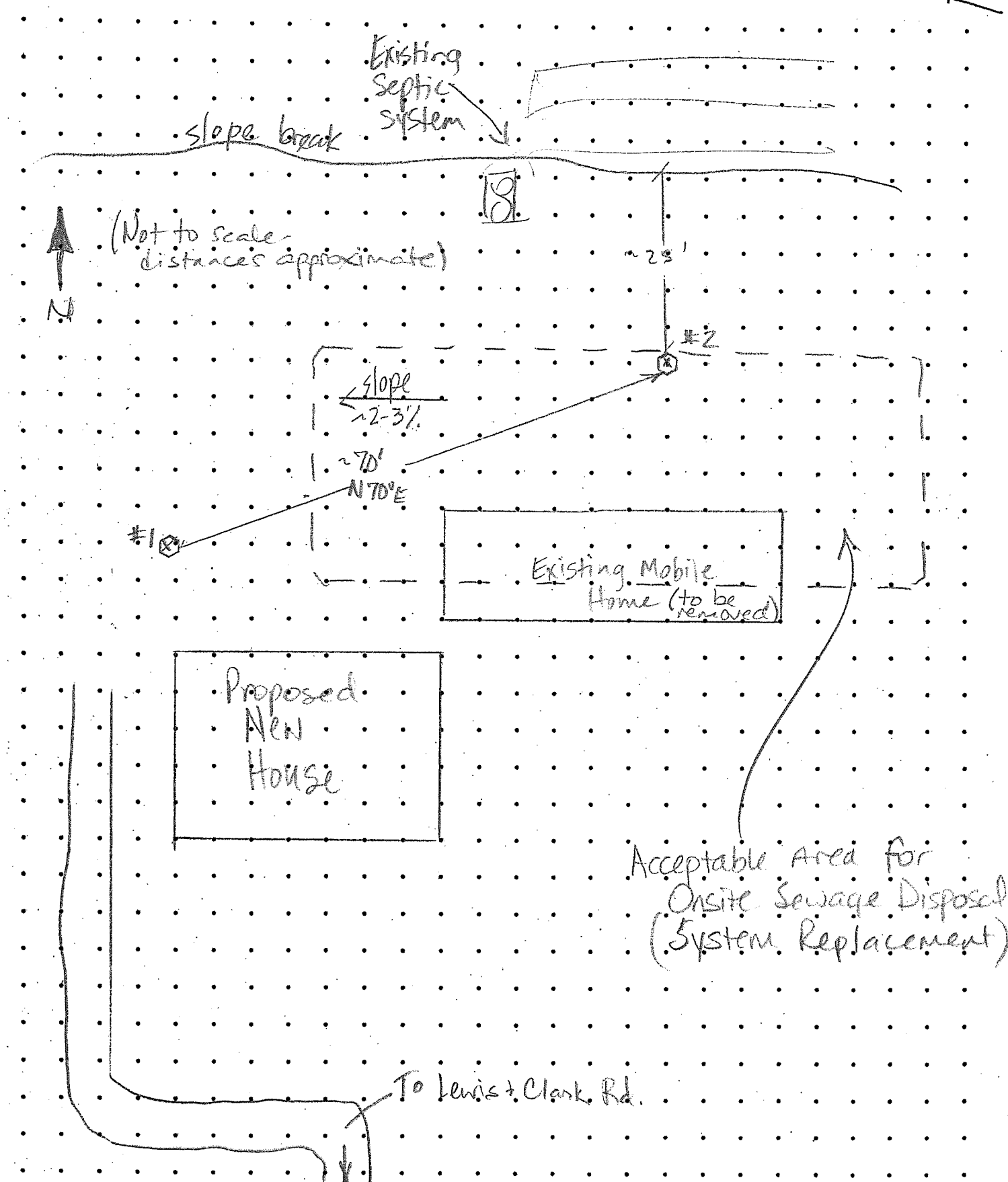
Landscape Notes: 2° terrace - adjacent floodplains to N - convex linear
 Slope: ~2-3% Aspect: W Groundwater Type: Temporary
 Other Site Notes: * 10YR^{5/2}, 7.5YR^{5/6} grades to 10YR^{4/2}, 10YR^{7/1} + 7.5YR^{5/6} w/depth

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 precover inspection

Township: 7 N Range: 10 W Section: 12 Tax Reference: -00 Parcel Size: 69.4 acres
Owner/Applicant: Nelles Evaluator: Cornie Schrandt
Inspection Date(s): 9-18-08 Application Number: 407617

Repair





Receipt Number: 136110
Oregon Department of Environmental Quality
Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146

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

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

Received By:

Connie Schrandt

Date of Entry:

9/11/2008



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

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 450.00
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

Name Jim Neikes Mailing Address (Street or PO Box, City, State, Zip Code) 39755 101 Bous Astoria Or Phone Number 503 338 8153

B. Legal Property Description

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

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 Penew Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence
Number of Bedrooms 3
☐ 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 ☐ Renewal Permit ☒ Authorization Notice for:
☐ Construction Permit ☐ Existing System Evaluation ☐ Connecting to an Existing System Not in Use
☐ Repair Permit ☐ Permit Transfer ☒ Replacing a Mobile Home or House with Another Mobile Home or House
☐ Alteration Permit ☐ Permit Reinstatement ☐ The Addition of One or More Bedrooms
☐ Major ☐ Minor ☐ Personal Hardship
☐ Major ☐ Minor ☐ 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 it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature [Signature]

Date 8-24-08

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: James Neikes
 Mailing Address: 34755 Hwy 101 Bus
 City, State Zip Code: Astoria Ore
 Telephone: 503 338 8153

NORTH COAST BRANCH OFFICE
WARRENTON

2. Property Information:

County: Clatsop Tax Lot No.: 500
 Township: 7 Range: 10 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
☐ Other changes in land use involving potential sewage flow increases

Print Form

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: Michael Weston

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.

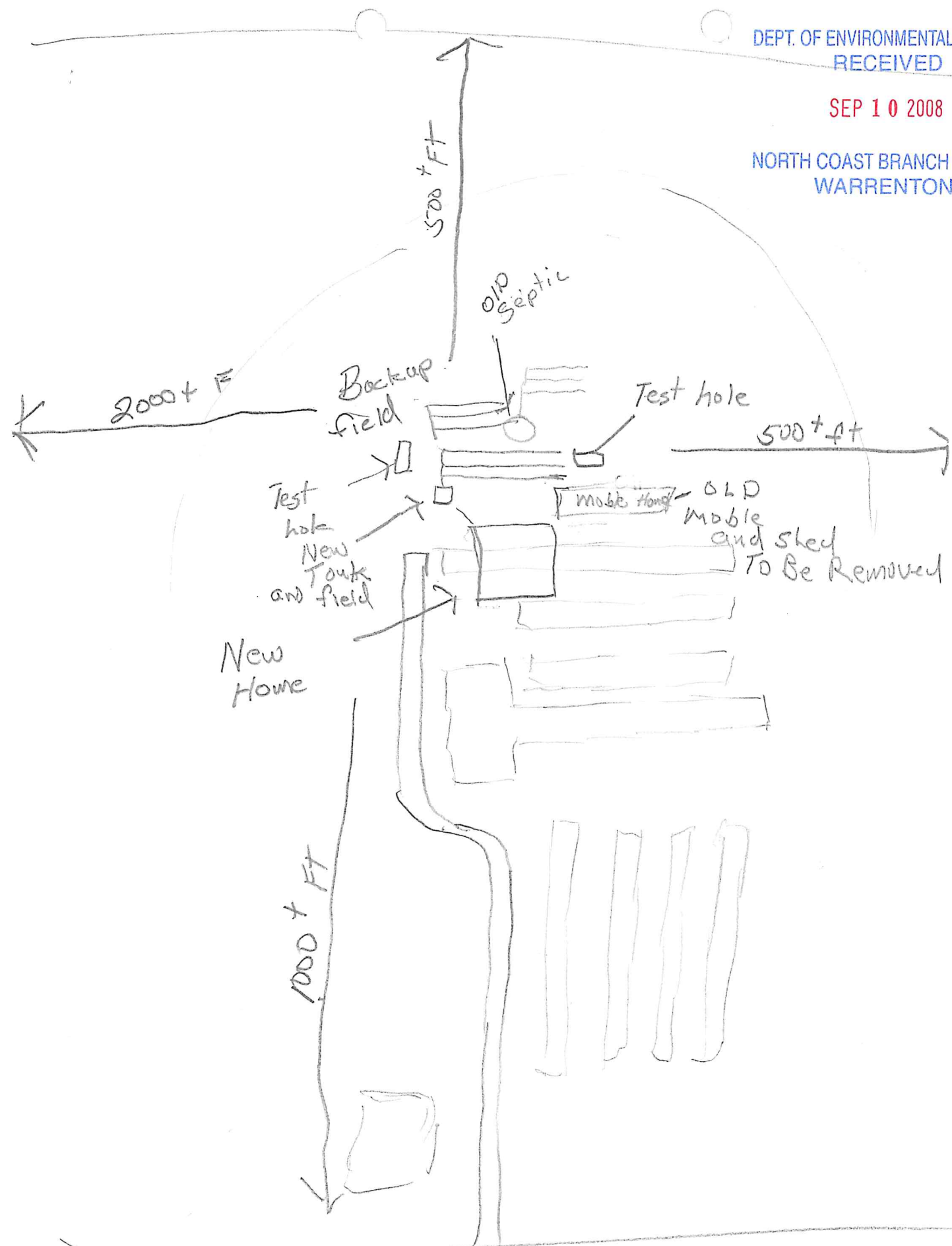
By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

(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: _____

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

Payments

Previous Payments:	0.00
Current Payment:	450.00
Over Payment:	0.00
Total Payments:	\$450.00

Application Description

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

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

Receipt Amount: \$450.00

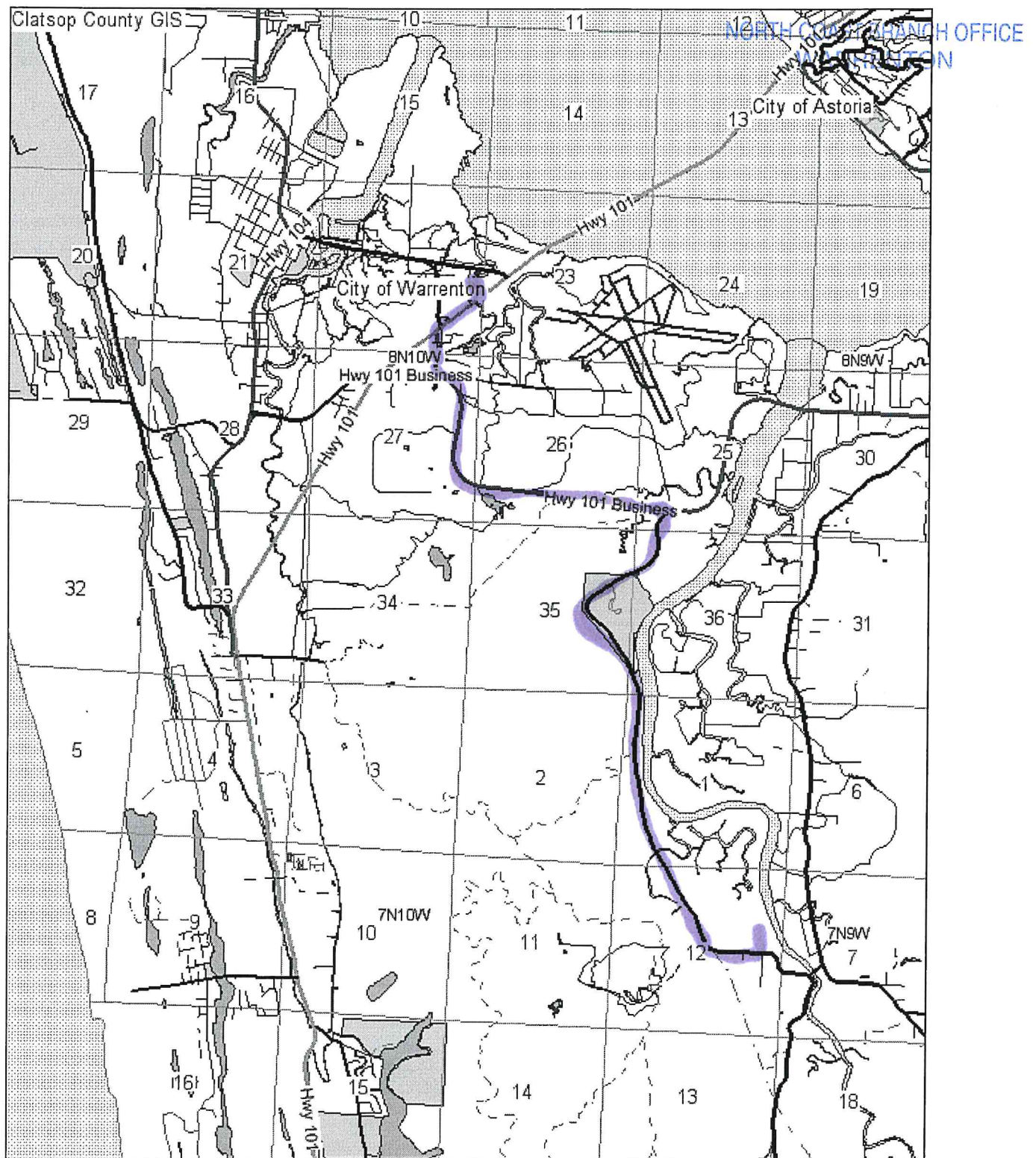
Receipted By:

Vicky Schiele

Date of Entry:

9/4/2008

SEP 04 2008



Clatsop County Map

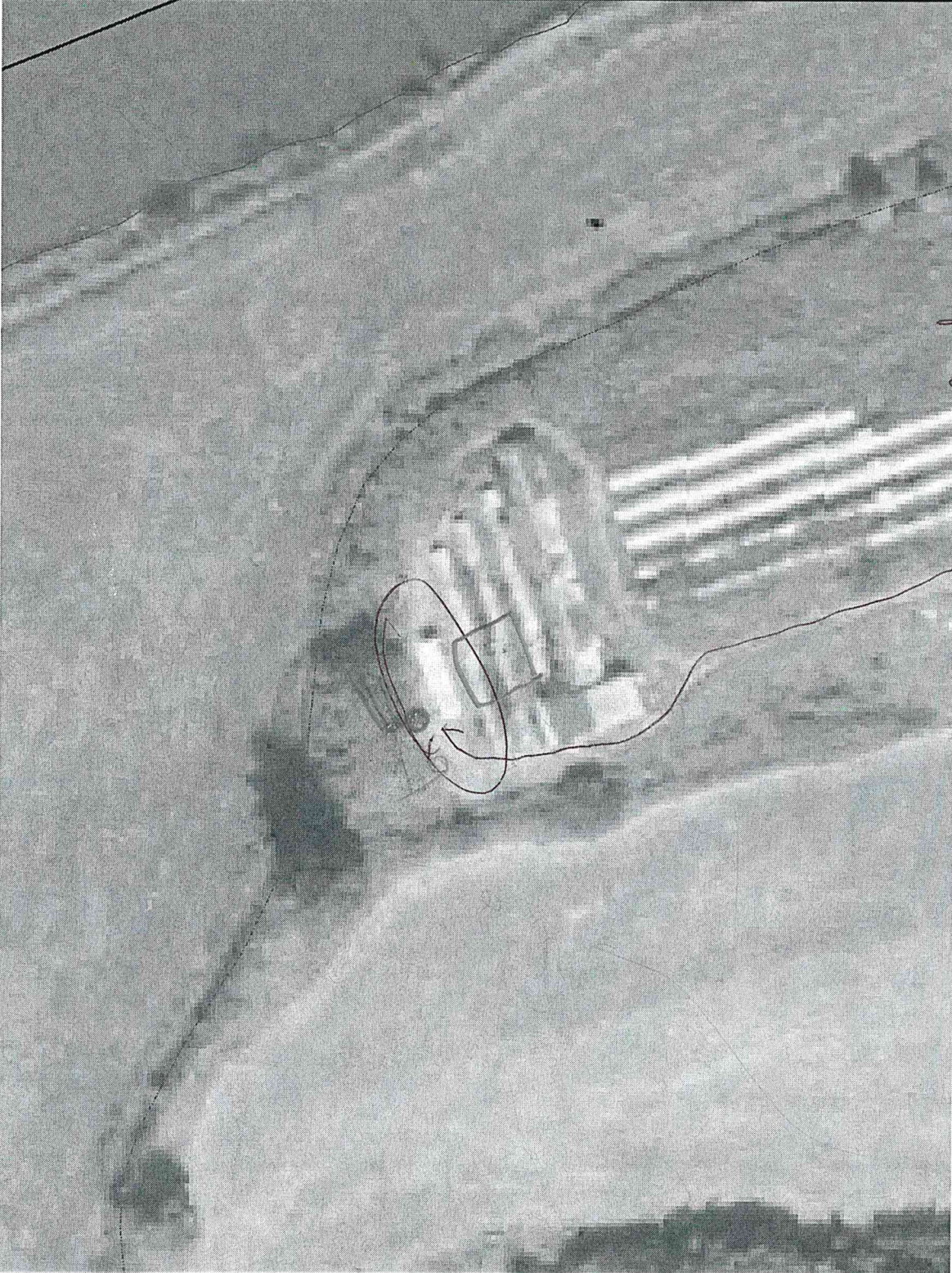
- PLS
- PLS
- PLS Townships
- Tax Lot Arrows
- Tax Map
- River
- Creek
- Parcel Boundary

Mobile
Age 1973

DEPT. OF ENVIRONMENTAL QUALITY
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NORTH COAST BRANCH OFFICE
WARRENTON



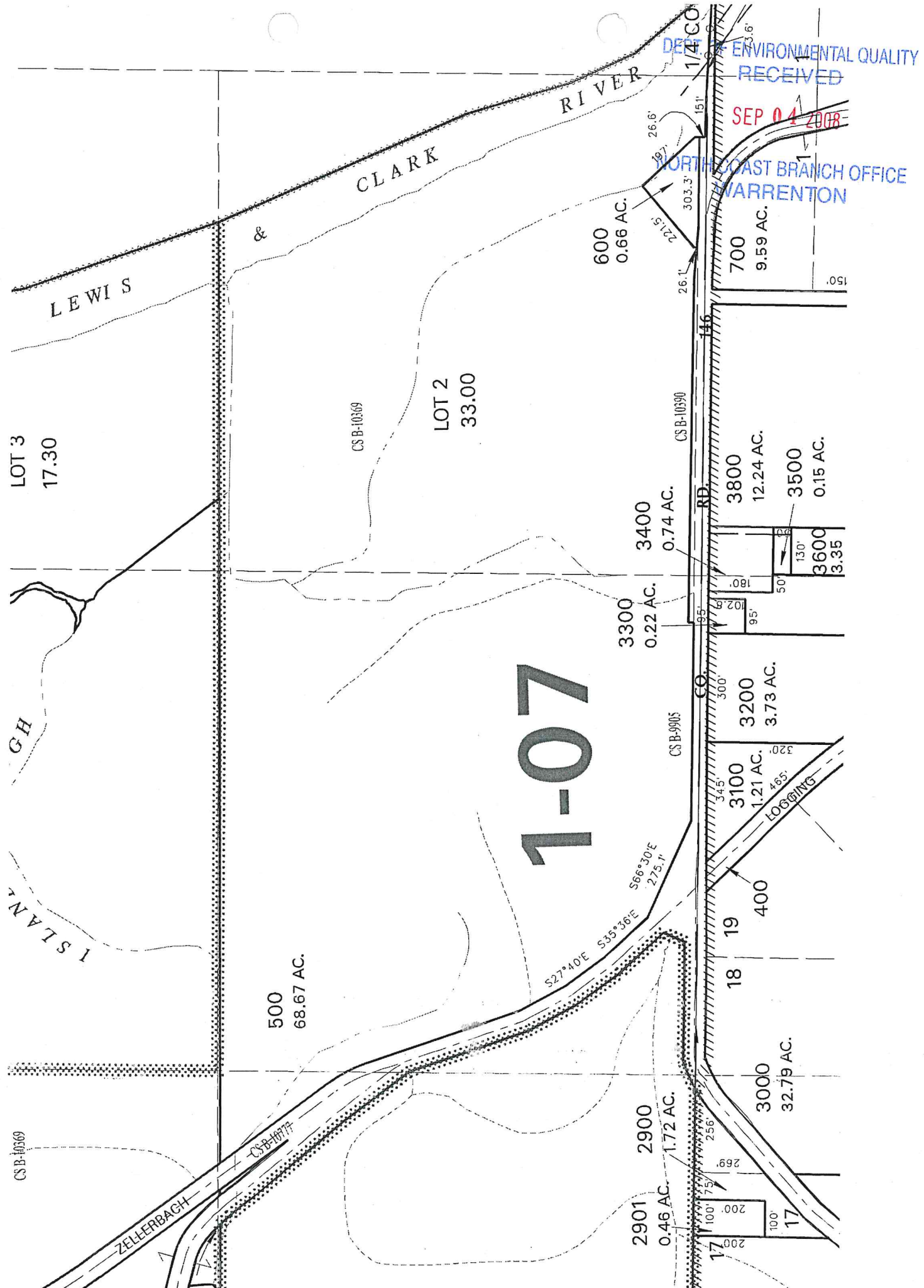
8/25/2008



Fort Clatsop Road

1 in. = 114 ft

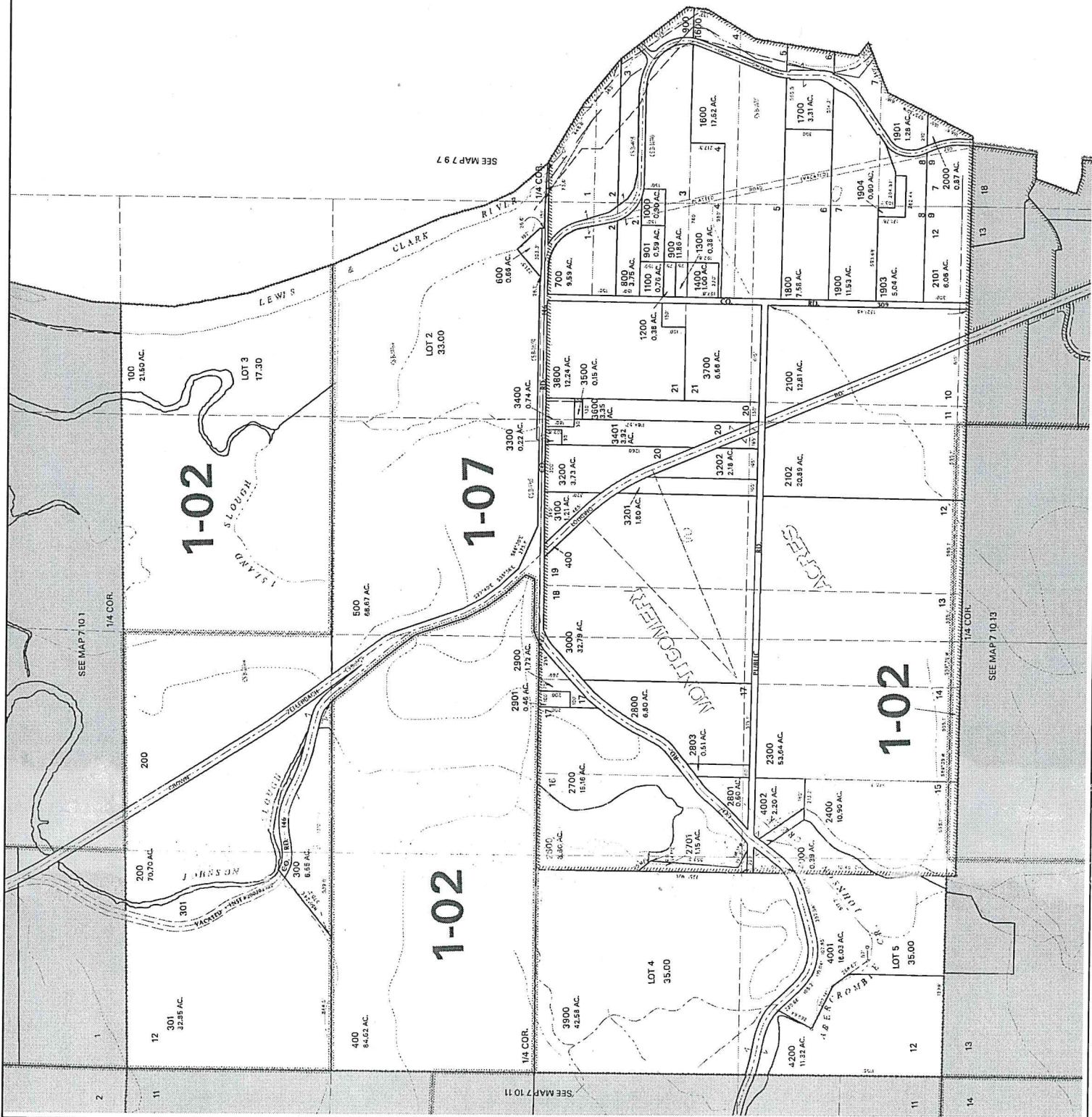
This map was produced using the Clatsop County GIS data. The GIS data is maintained by the county to support its governmental activities. The county is not responsible for map errors, omissions, misuse or misinterpretation.



T7N R10W SEC 12 WM
CLATSOP COUNTY
Scale 1:4800

0 400 800 1600 ft
MAD 1983291 HARN StatePlane Oregon North FIPS 3011 Int'l Feet

Cancelled
Accounts
1500
1902
2100
2300
2400
2500
2600
2700
2800
2900
3000
3100
3200
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DEPT. OF ENVIRONMENTAL QUALITY
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SEP 04 2008
NORTH COAST BRANCH OF
WARRENTON

June 17, 2008
7.10.12

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