

70739

Control No.

\$ 205.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

03-171

PERMIT NO.

 New Construction Minor
Repair Other _____Permit Issued To James Arnall

(Property Owner's Name)

7N

10W

12

3300

Clatsop

(Township)

(Range)

(Section)

(Tax Lot / Acct. No.)

Ft. Clatsop Rd.

Astoria

(Road Location)

(City)

(Issued by - Signature)

11-25-03

(Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK
SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE.
(MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONSEXPIRATION DATE November 25, 2004TYPE OF SYSTEM Septic Tank replacement

Willamette Graystone with riser

Design Sewage Flow _____ Gallons/Day

Tank Volume 1000 GallonsDisposal Trenches Seepage Bed(s)

Square Feet _____

Maximum Depth _____ inches.

Minimum Depth _____ inches.

Linear Feet _____

Equal Loop Serial Pressurized Minimum Distance Between Trenches _____

Total Rock Depth _____ inches.

Below Pipe _____ inches. Above Pipe _____ inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 11-24-03. As-built with all notations on approved plan addressed & certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request.

PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- (503) 861-3280**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Robert Martens
Excavation

Final Insp. Date _____

As-built & certification of final construction
received 11-29-03.
Pumping receipt received 12-1-03.****SEE NOTE BELOW** Inspected By _____ Issued by Operation of Law Pre-cover inspection waived
pursuant to OAR 340,
Division 71

This Certificate of Satisfactory Completion is valid for a period of 5 years for connection of the system to the facility for which it was constructed. After the 5 year period, rules for Authorization Notices or Alteration Permits apply, which includes paying a fee as outlined in OAR 340-071-0205 and 340-071-0210.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

** Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature)

(Title)

(Date)

(Office)

NOV 29 2003

NORTH COAST BRANCH OFFICE
WARRENTON

(Date Received)

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner James Arnall Permit Number 03-171 County Clatsop

Township 7N; Range 10W; Section 12; Tax Lot 3300; Tax Acct. #

Job Location Ft Clatsop Road

Date System Construction Completed 11-28-03; Date Submitted to DEQ or Agent 11-29-03

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction

1000 Gal Concrete Willamette Graystone

Septic tank

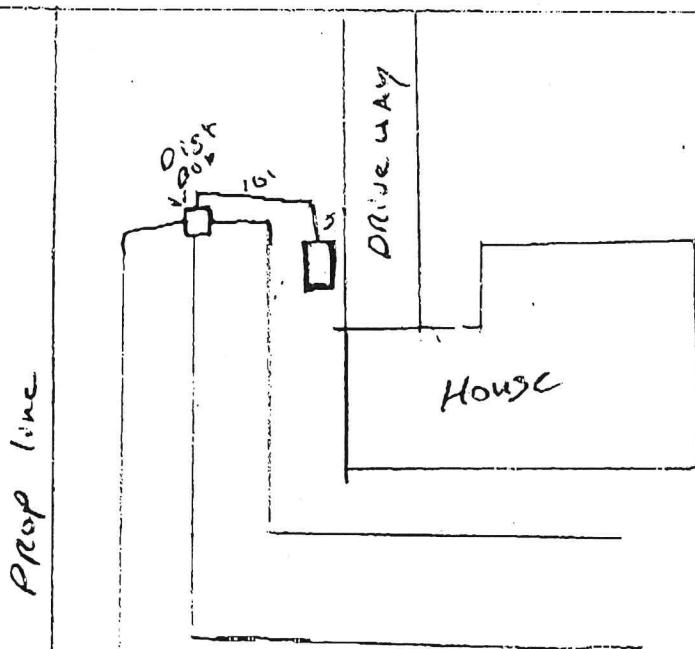
12" x 24" Fiberglass riser with 100

6' - 4" 3039 solid pipe

Property Owner James Arnall Permit Number 03-171 County C-Clatsop

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

← FT Clatsop Rd →



DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 29 2003

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

Sewage Disposal Service Business: Robert Martens Excavation 37547
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Robert Martens
(System Installer's Signature)

Owner
(Title)

11-29-03
(Date)

DEPT. OF ENVIRONMENTAL QUALITY
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DEC 01 2003

NORTH COAST BRANCH OFFICE
WARRENTON

STATEMENT

**ED'S
Septic Tank Cleaning Service
Licensed & Bonded
92042 Koppisch Road
ASTORIA, OREGON 97103-8426**

**CLYDE McDONALD 458-6521
(800) 382-7380**

DATE 11-9-2003
NUMBER 325-3628

Buyer: Jeanine Wolden

Wells Fargo Bank
1218 Commercial Street
Astoria, Oregon 97103

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

RE: James Arnall
LIED TO 90786 Ft Clatsop Rel
ASTONIA, Oregon
TH YOUR REMITTANCE

ED'S Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

DEPT. OF ENVIRONMENTAL QUALITY

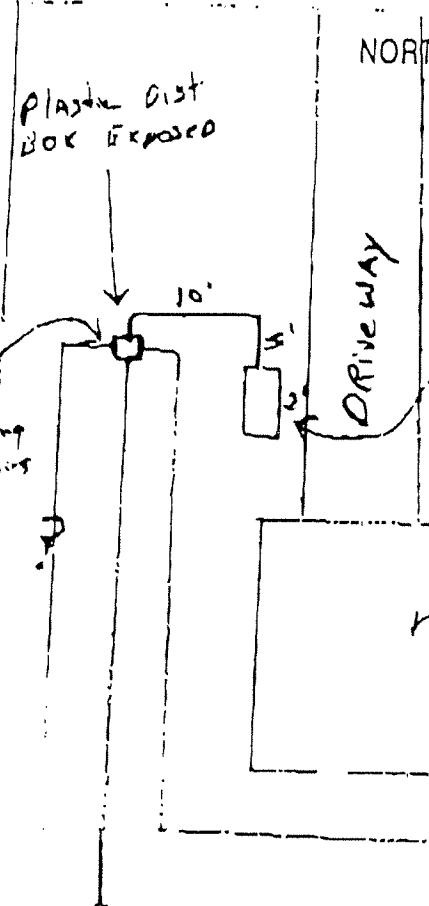
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NOV 24 2003

Fort Clatsop Road

11/25/03
AP Approved
Allen, Michigan
NWR-DEQ

This line
not in plan
but has opening
in O corner
this way



NORTH COAST BRANCH OFFICE
WARRENTON

Replace 1000 Gal
steel Septic tank
with 1000 Gal
w/b concrete
Septic tank
Decommission old
Steel tank

House

drain field not
staked, Engstrom
about 3' cover

Materials list

1000 Gal Willamette
Gray stone concrete septic
tank
Oreaco 12" Riser with lid
6' 4" 3034 Elkhart Pvc

Rolt
M.L.S

James Arnett

7-10-12-3300

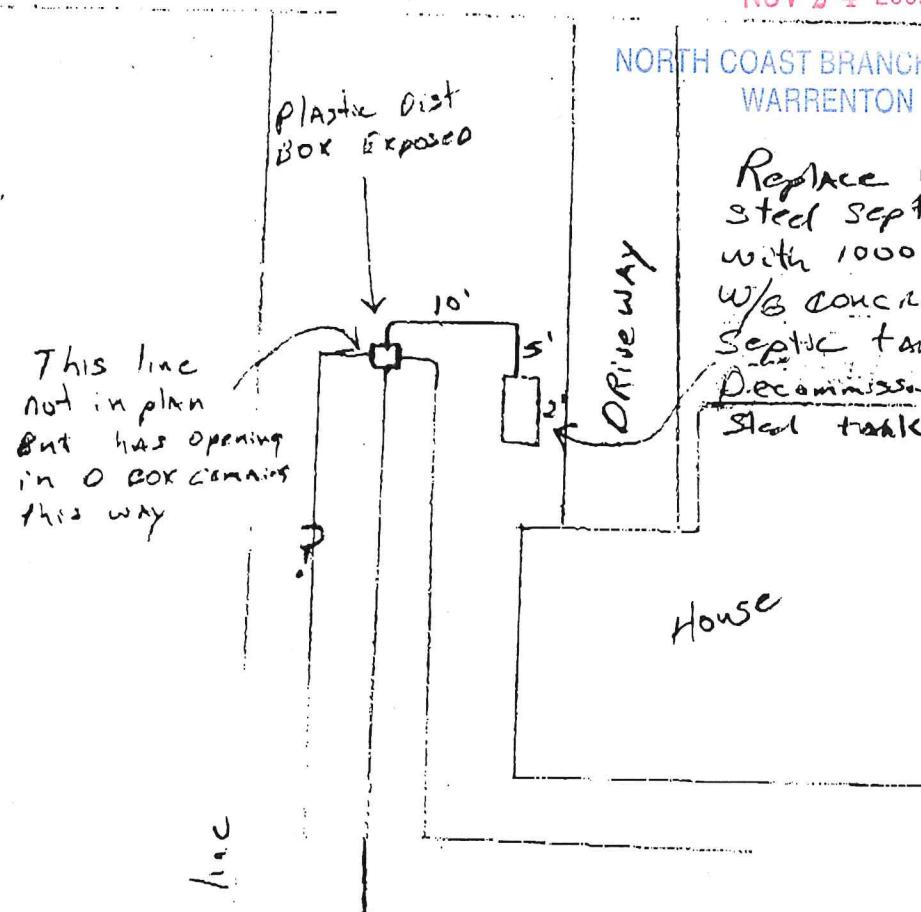
RECEIVED

NOV 24 2003

Fort Clatsop Roads

NORTH COAST BRANCH OFFICE
WARRENTON

Replace 1000 Gal
Steel Septic tank
with 1000 Gal
W/S concrete
Septic tank
Decommission old
Steel tank



Drain field not
staked, Engtakos
About 3' cover

Materials List

1000 Gal Willamette
Gray stone concrete septic
tank

ORenco 12" Riser with lid
6' 4" 3034 Elbow Pipe

Rolt
Mats



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

811 SW Sixth Avenue
Portland, OR 97204-1390
503-229-5696
TTY 503-229-6993

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

November 24, 2003

James Arnall
90786 Ft. Clatsop Rd.
Astoria, OR 97103

**Re: Information for Minor Repair
T7N-R10W-S12; TL# 3300
Clatsop County**

Dear James Arnall,

In response to a repair permit application received on November 5, 2003, a field inspection and record review of the above-described property has been completed. The purpose for the Department's evaluation was to determine the extent of repair to the existing on-site sewage disposal system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

Records on file at the NCBO indicate the existing on-site sewage disposal system was installed as a repair in 1978 and consisted of a 1000-gallon steel septic tank, a concrete distribution box and 150 linear feet of disposal trenches installed as 2 lines in equal distribution.

The existing system was inspected during the field visit on November 21, 2003. The existing steel septic tank was very corroded, however no visible holes were observed in the exposed portions of the tank. The distribution box was in good condition and the liquid level inside the box was noted just below the outlet pipes. No signs of surfacing sewage were noted in the vicinity of the existing drainfield. Area available for future system repairs is extremely limited, and an alternative on-site system may be required when the existing drainfield fails.

Based upon the information described above, replacement of the septic tank is necessary for continued use of the existing on-site sewage disposal system. A 1000-gallon, DEQ-approved septic tank equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface and sealed for water-tightness is required. The existing septic tank must be decommissioned in accordance with OAR 340-071-0185 and a copy of the associated pumping receipt submitted to the NCBO.



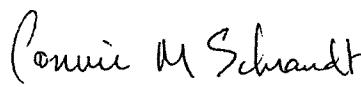
A plot plan showing the proposed installation of a new DEQ-approved, 1000-gallon septic tank, including materials to be used and the tank manufacturer's name, must be submitted to obtain a repair permit from this office. Any person other than the property owner must be licensed by the DEQ to construct, install, alter or repair an on-site sewage treatment and disposal system. No work can take place on the system until a permit has been secured. After the permit is issued and a favorable pre-cover inspection has been performed on the new septic tank installation, a Certificate of Satisfactory Completion (CSC) will be issued.

IMPORTANT NOTE: This repair does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Any future repairs or alterations to the existing system or changes to the existing dwelling on this property will require full compliance with the current rules for on-site sewage treatment and disposal.

As with any on-site system, periodic maintenance is a necessity and can prolong the effective life of the system. Normally, septic tanks need to be pumped out every three to five years to prevent clogging of the drainfield. The use of a garbage disposal is discouraged and water conservation measures should be considered. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is also discouraged.

The Department feels a reasonable time limit of **thirty (30) days** is sufficient to submit the above information/plan. If you have any questions regarding this matter, please call this office. The NCBO number is (503) 861-3280.

Sincerely,


Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

cc: Robert Martens Excavation, 92861 Walluski Loop Rd., Astoria, OR 97103

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280

FOR OFFICE USE ONLY
Date Rec'd 11-12-03
Date Completed 11-25-03
Required Fee \$205.00
Receipt No. 609775
Control No. 70739
1953

FOR APPLICANT'S USE - (PLEASE PRINT)

James Arnall

(Property Owner's Name)

Legal Description of Property 7 10 12 3300 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence (Number of Bedrooms) Public (Community System)
 Other (Specify) Private (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence 3 (Number of Bedrooms)

Other

(Specify)

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
 Existing System Report
 Plan Review
 Other (Specify) minor tank replacement

Authorization Notice
 Purpose of Authorization Notice
 Connect to an existing system
 not currently in use
 Replace one mobile home with
 with another or a house
 Replace or rebuild a house
 Addition of one or more bedroom
 Personal hardship
 Temporary housing
 Other (Specify)

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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 onto the above described property for the purpose of this application.

Robert Martens

(Signature)

Owner's Mailing Address

90786 Ft. Clatsop Rd
Astoria, OR 97103

11-12-03

(Date)

Authorized Representative

Licensed Installer

License No. 37547

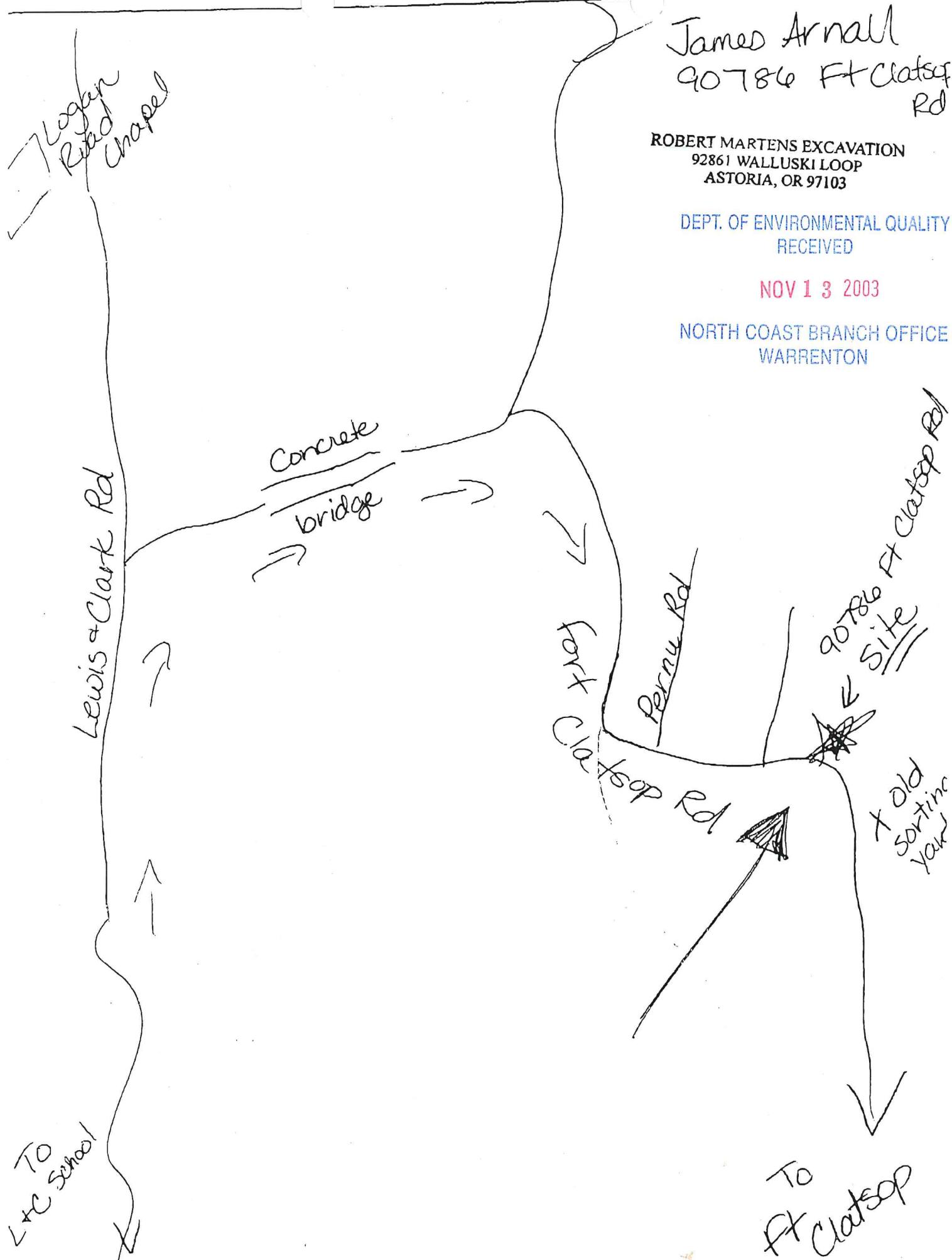
Applicant's Mailing Address (if different)

ROBERT MARTENS EXCAVATION
92861 WALLUSKI LOOP
ASTORIA, OR 97103

Phone 325-5817

Phone 325-0105

IW\WC8\WC8690 (7-19-91)



NOV 12 2003

03-548

SECTION 1 - TO BE FILLED OUT BY APPLICANT

NORTH COAST BRANCH OFFICE

1. Applicant Name/Property Owner: James Arman
Mailing Address: 90784 Ft Clatsop Rd Telephone: 325-5817
City: Astoria State: OR Zip: 97103

2. Property Information:

County: Clatsop Tax Lot Number: 3300
Township: 7 Range: 10 Section: 12
Property Address: 90784 Ft Clatsop Rd Astoria, OR
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

3. This proposed facility is for:

- An individual, single-family dwelling.
 Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:

- On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:

City jurisdiction County jurisdiction Shared city/county jurisdiction

Lot of Record
"LOR"

6. Property Zoning: RA-5 Zoning Minimum Parcel Size: 5 ACRES 02-1067

7. Is a public notice and hearing required? Yes Hearing Date: _____
 No

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

9. Planning Official Signature: Patricia Betchell
Print Name: Patricia Betchell Title: Planning Techn. C.
Telephone No.: 503-325-8611 Date: 11-12-03

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.

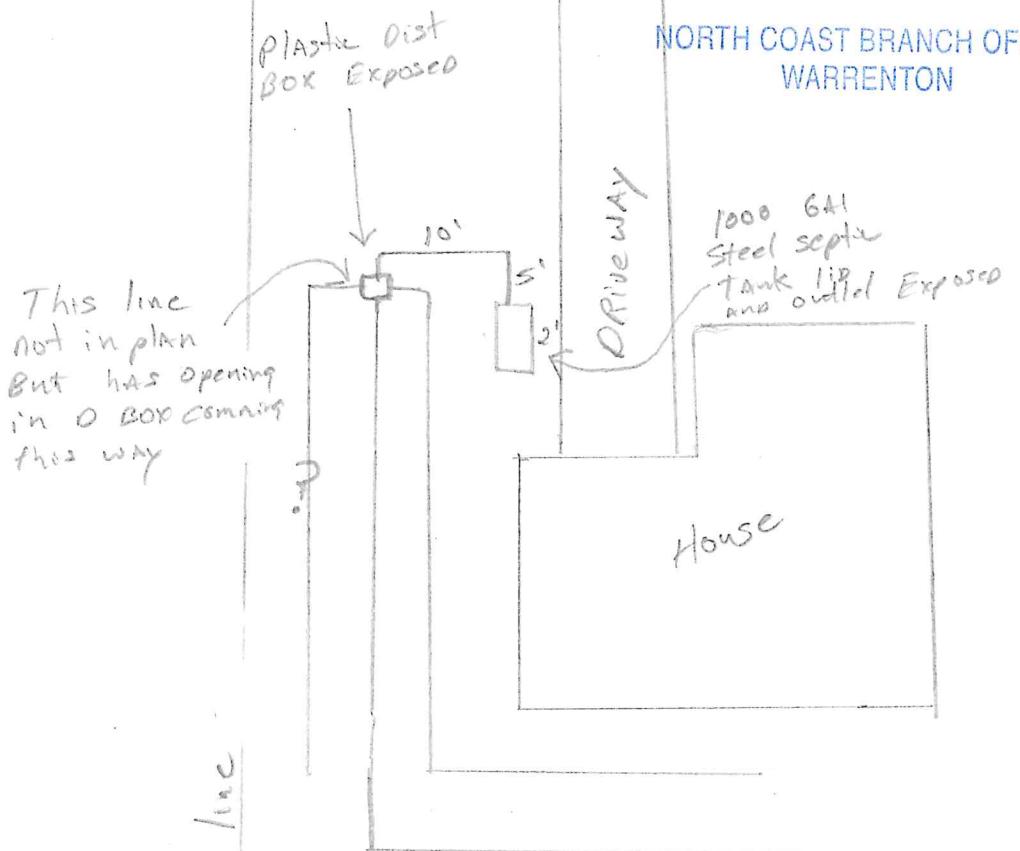
JAMES ANNELL
7-10-12-3300

DEPT. OF ENVIRONMENTAL QUALITY
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FORT CLATSOP ROAD

NOV 12 2003

NORTH COAST BRANCH OFFICE
WARRENTON



Drain field not
staked, Installed
About 3' cover

Minor
TANK Replacement

ROBERT MARTENS EXCAVATION
92861 WALLUSKI LOOP
ASTORIA, OR 97103

Rob
McT

NOV-13-2003 09:33

DEQ WARRENTON

15039613259 P.02/02

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVEDEXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

NOV 13 2003

Answer the following as best you can.

NORTH COAST BRANCH OFFICE
WARRENTON

1. The existing sewage disposal system consists of (check):

Septic Tank Disposal Trenches Unknown
 Seepage Bed Cesspool or Pit
 Other —
 (Describe) _____

2. When was your sewage disposal system installed?

1978
(Year)78-112
(Permit No.)

3. Tank material:

Steel Concrete Fiberglass
 Polyethylene Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 11-10-03 (Attach receipt)

6. Number of disposal trenches: 2 or 3

7. Total length of disposal trenches (feet): 150
300

8. Is your sewage disposal system currently in use? Yes () No
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? 3 How many people occupy the dwelling? _____

10. If the sewage disposal system serves a business, how many employees do you employ? _____ Type of business: _____

By my signature, I certify the above information is accurate and true to the best of My knowledge.

11-13-03

Date

Bob MartensSignature of Property owner or
Legally Authorized Representative

ATSOP COUNTY HEALTH DEPT.
 857 COMMERCIAL STREET
 ASTORIA, OR. 97103
 TELEPHONE 325-7441 EXT. 35
 SUBSURFACE SEWAGE DISPOSAL SYSTEM
 FINAL INSPECTION

710-12-3300

PERMIT NO. 78-112

OWNER'S NAME JAMES ARNALL ADDRESS RT. 3 BOX 562 ASTOR.
 PROPERTY ADDRESS 710-12-3300 INSTALLER G. CARLSON
 RESIDENTIAL ✓; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC , COMMUNITY ✓, PRIVATE . TYPE OF WELL
 DEPTH FT., ISOLATION DISTANCE FT.; SOIL CLASSIFICATION SOIL A

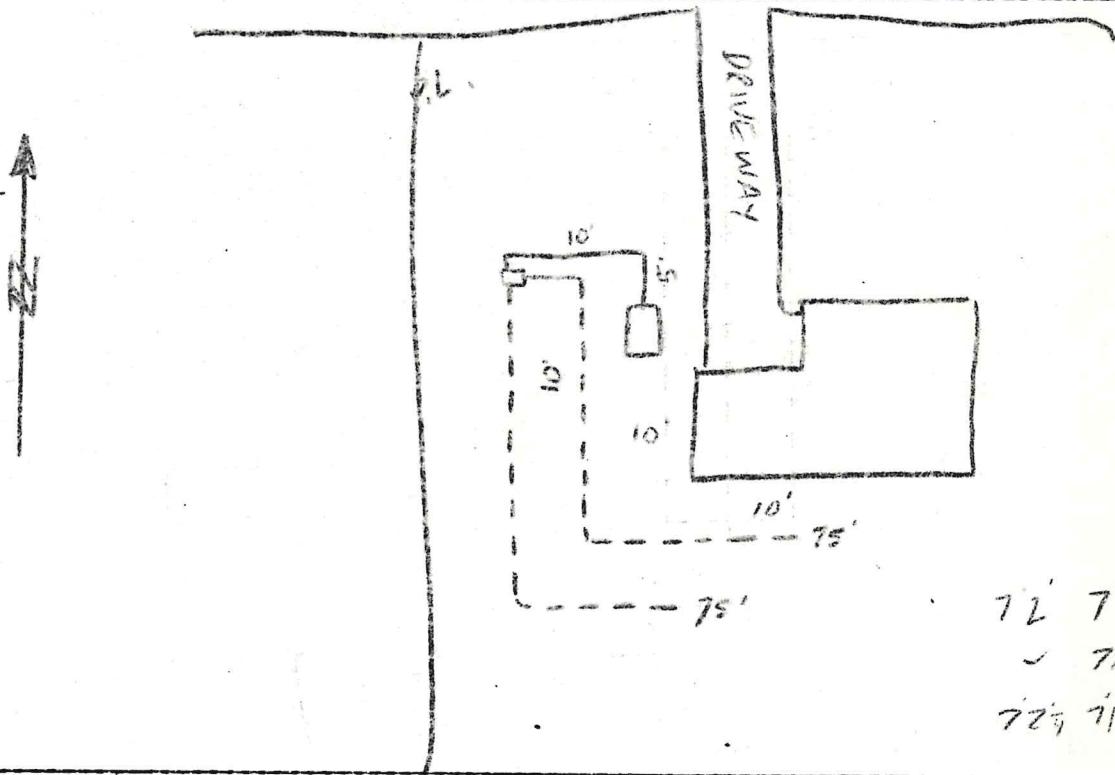
SEPTIC TANK: STEEL ✓, CONCRETE , CAPACITY 1000 GALLONS

STONE: SIZE 4-2½, WASHED ✓, BELOW TILE 6 IN., ABOVE TILE 2"

TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 300 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ✓; BUILDING SEWER: MATERIAL ASTM 3034

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.

DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS:

DATE: JULY 18, 1978

SANITARIAN

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

STATE OF OREGON

Department of Environmental Quality

JAMES ARNALL
RT. 3 Box 562
ASTORIA, OR.
TE: 710-12-3300

Permit No. 78-112

Expiration Date 9-1-78

PERMIT

TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

All work to conform to requirements of Oregon administrative rules governing subsurface sewage disposal. All work shall be performed by property owner personally or by a licensed septic tank installer.

Tank Capacity 1000 Gallons

Drain Field 300 Sq. Ft.

PERMITS NOT TRANSFERABLE
POST ON PREMISES UNTIL COMPLETED

DEPT. OF ENVIRONMENT **RECEIVED** **QUALITY**

AUG 19 1997

NORTH COAST BRANCH OFFICE
WARRENTON

PROPERTY

OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

-07

I-02

Gov't Lot 2

3100 3300
1.21 Ac. 0.22 Ac.

3400
0.66 Ac.

NO

600
0.66 Ac.

700
12,334

100

2 800

1100
0.76Ac

25

4

— 1 —

5

1800

6 7.58

1900

1000

1903
5.04 A

1000

9

650

See Map 797

