

70739

Control No.

\$ 205.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 03-171

☐ New Construction☒ Minor
Repair☐ Other _____

Permit Issued To James Arnall 7N 10W 12 3300 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Ft. Clatsop Rd. Astoria 11-25-03
 (Road Location) (City) (Issued by - Signature) (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)

SPECIFICATIONS

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

Willamette Graystone with riser

Design Sewage Flow _____ Gallons/Day

Tank Volume 1000 Gallons Disposal 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 Locations

Installer Robert Martens
Excavation

Final Insp. Date _____

☐ Inspected By _____

☐ Issued by Operation of Law

☒ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

As-built & certification of final construction
received 11-29-03.
Pumping receipt received 12-1-03.

****SEE NOTE BELOW**

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)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 29 2003

NORTH COAST BRANCH OFFICE

WARRENTON

(Date Received)

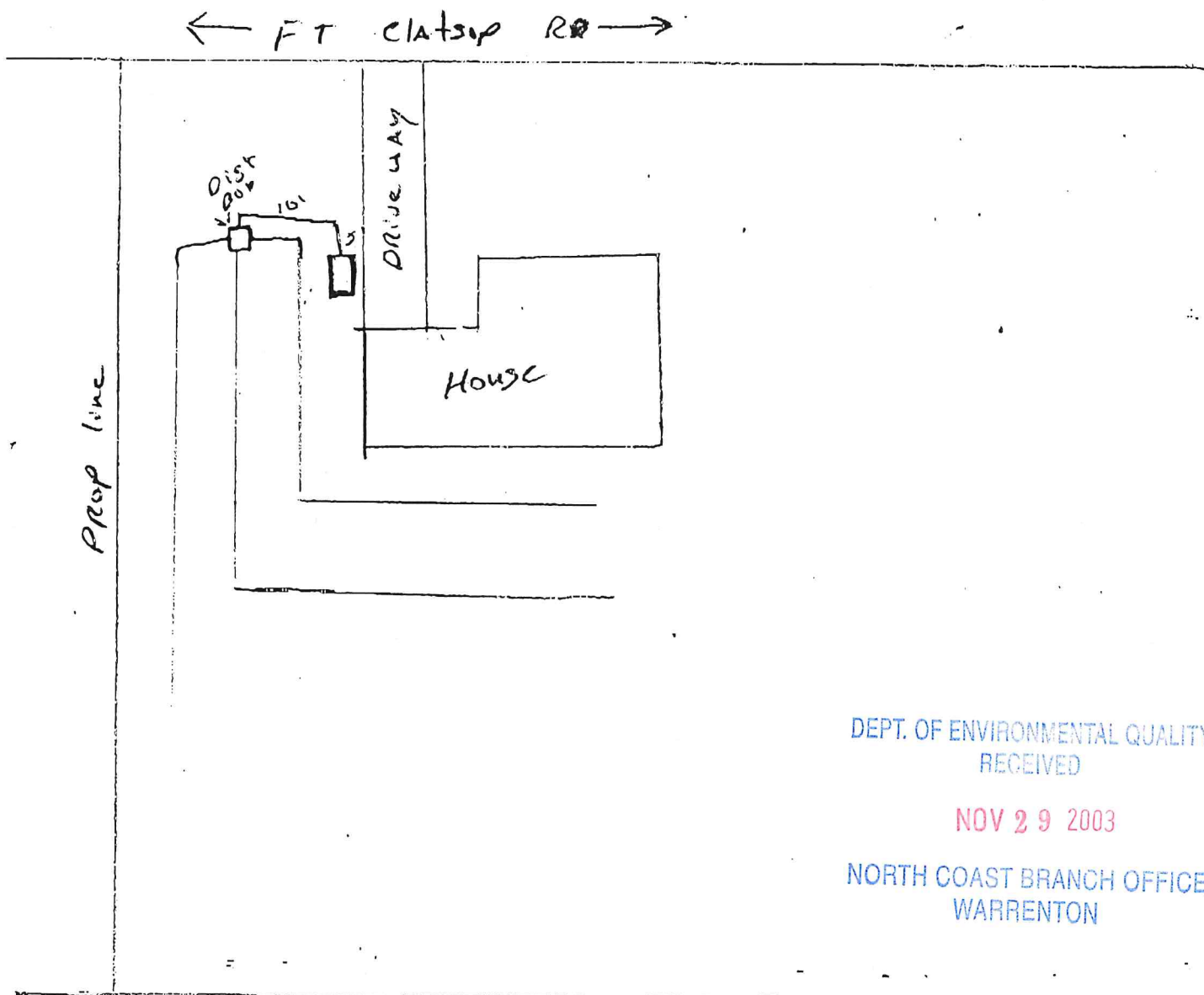
FINAL INSPECTION REQUEST AND NOTICE

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 ClatsopTownship 7N; Range 10W; Section 12; Tax Lot 3300; Tax Acct. # _____Job Location Ft Clatsop RoadDate System Construction Completed 11-28-03; Date Submitted to DEQ or Agent 11-29-03SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction1000 Gal Concrete Willamette Gray StoneSeptic tank12" orange Fiberglass Riser with lid6' - 4" 3039 Soler pipe

Property Owner James ArnallPermit Number 03-171 County ClatsopSECTION 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.

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NOV 29 2003

NORTH COAST BRANCH OFFICE
WARRENTONSECTION 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 Waddell

Wells Fargo Bank
1218 Commercial Street
Astoria, Oregon 97103

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

Re: James Arnall
90786 Ft Clatsop Rd
Astoria, Oregon

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallon BALANCE FORWARD	
	Steel Septic Tank	
	Poor Condition	
11-9-03	Pumped Septic Tank	\$170.00
	Dump Fee	94.00
	Dug Tank Lid Outlet	
	Pipe and Snake Outlet	
	Main Line	100.00
	Total	\$364.00
	See Inspection Report	
	Dated 11-9-2003	

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

70739

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 03-171

\$ 205.00

Fee

☐ New Construction☒ Minor
Repair☐ Other

Permit Issued To James Arnall

7N

10W

12

3300

Clatsop

(Property Owner's Name)

Ft. Clatsop Rd. SITE SEWAGE

(Road Location)

(City)

Demi C. Cunningham

(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)

SPECIFICATIONS

EXPIRATION DATE November 25, 2004

TYPE OF SYSTEM Septic Tank replacement

Willamette Graystone with riser

Design Sewage Flow _____ Gallons/Day

Tank Volume 1000

Gallons

Disposal 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 COMPLETIONAs-Built Drawing
with Reference Locations

Installer _____

Final Insp. Date _____

☐ Inspected By _____☐ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

In accordance with Oregon Revised Statute 454.085, 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)

DEPT. OF ENVIRONMENTAL QUALITY

RECEIVED

NOV 24 2003

Fort Clatsop Road

NORTH COAST BRANCH OFFICE
WARRENTON

11/25/03
Approved
NWR-DEQ

This line
not in plan
but has opening
in O corr comes
this way

Plastic Dist
Box Exposed

10'

Driveway

Replace 1000 Gal
sted septic tank
with 1000 Gal
w/c concrete
septic tank
Decommission old
steel tank

House

Property line

Drain lid not
staked, Installation
about 3' cover

Materials list

1000 Gal Willamette
Gray stone concrete septic
tank

Oreco 12" riser with lid

6' 4" 3034 Effluent Pipe

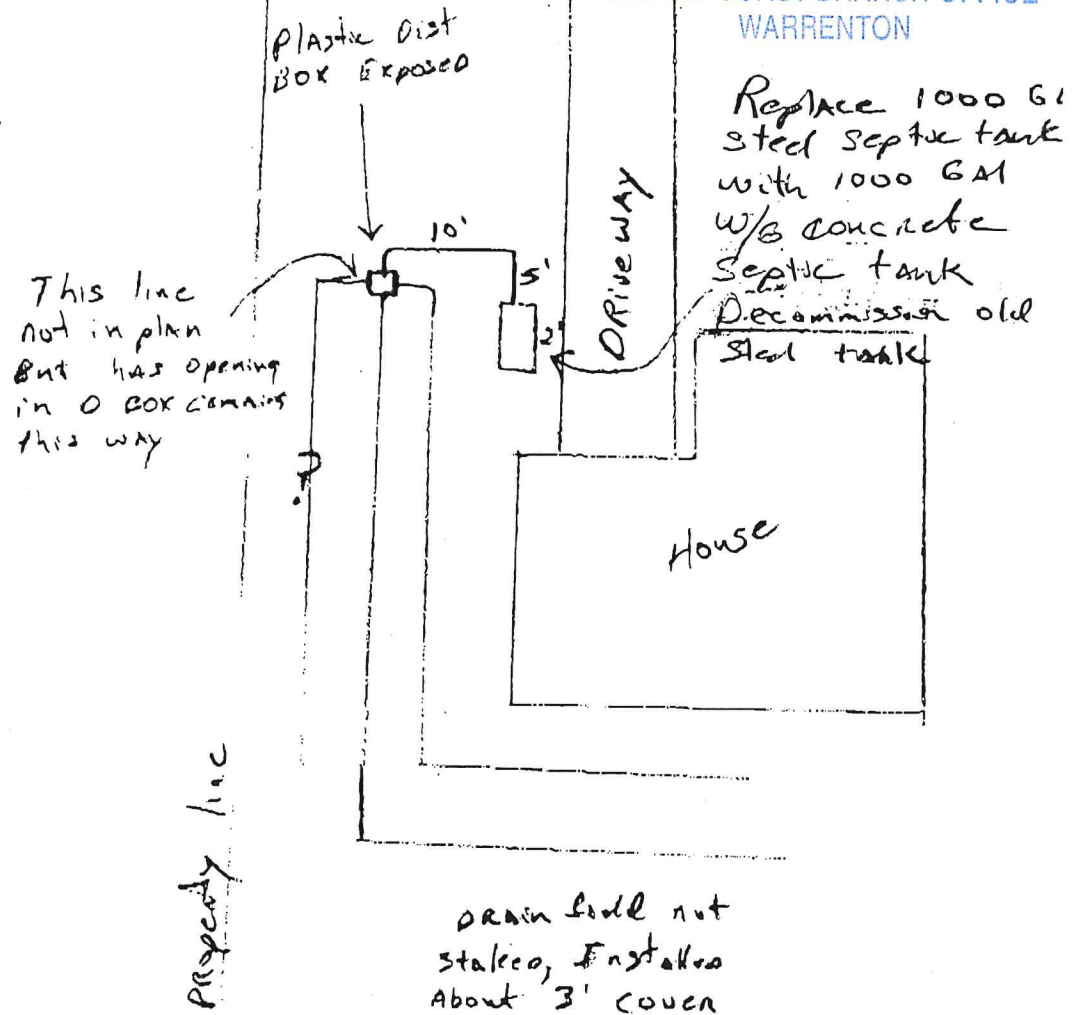
Rolt
M.B.

James Anheer

7-10-12-3300
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 24 2003

Fort Clatsop Road

NORTH COAST BRANCH OFFICE
WARRENTON

Materials list

1000 Gal Willamette
Gray stone concrete septic
tank

Oreco 12" riser with lid
6' 4" 3034 Effluent Pipe

Rolt
M.B.



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.



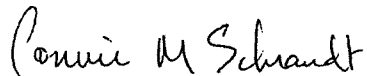
A plot plan showing the proposed installation of a new DEQ-approved, 1000-gallon septic tank, including materials to be used and the tank manufacturer's name, must be submitted to obtain a repair permit from this office. Any person other than the property owner must be licensed by the DEQ to construct, 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. 109775
Control No. 70739
1953

FOR APPLICANT'S USE - (PLEASE PRINT)

James Arnall
(Property Owner's Name)

22
Lot Size (Acreage or Dimensions)

Robert Martens Excavation
(Applicant's Name if Different from Owner)

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)
☐ Other (Specify)

☒ Public (Community System)
☐ 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 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)

11-25-03
(Date)

☐ Authorized Representative
☒ Licensed Installer
License No. 37547

Owner's Mailing Address

90786 Ft. Clatsop Rd
Astoria OR 97103

Applicant's Mailing Address (if different)

ROBERT MARTENS EXCAVATION
92861 WALLUSKI LOOP
ASTORIA, OR 97103

Phone 325-5817

Phone 325-0665

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

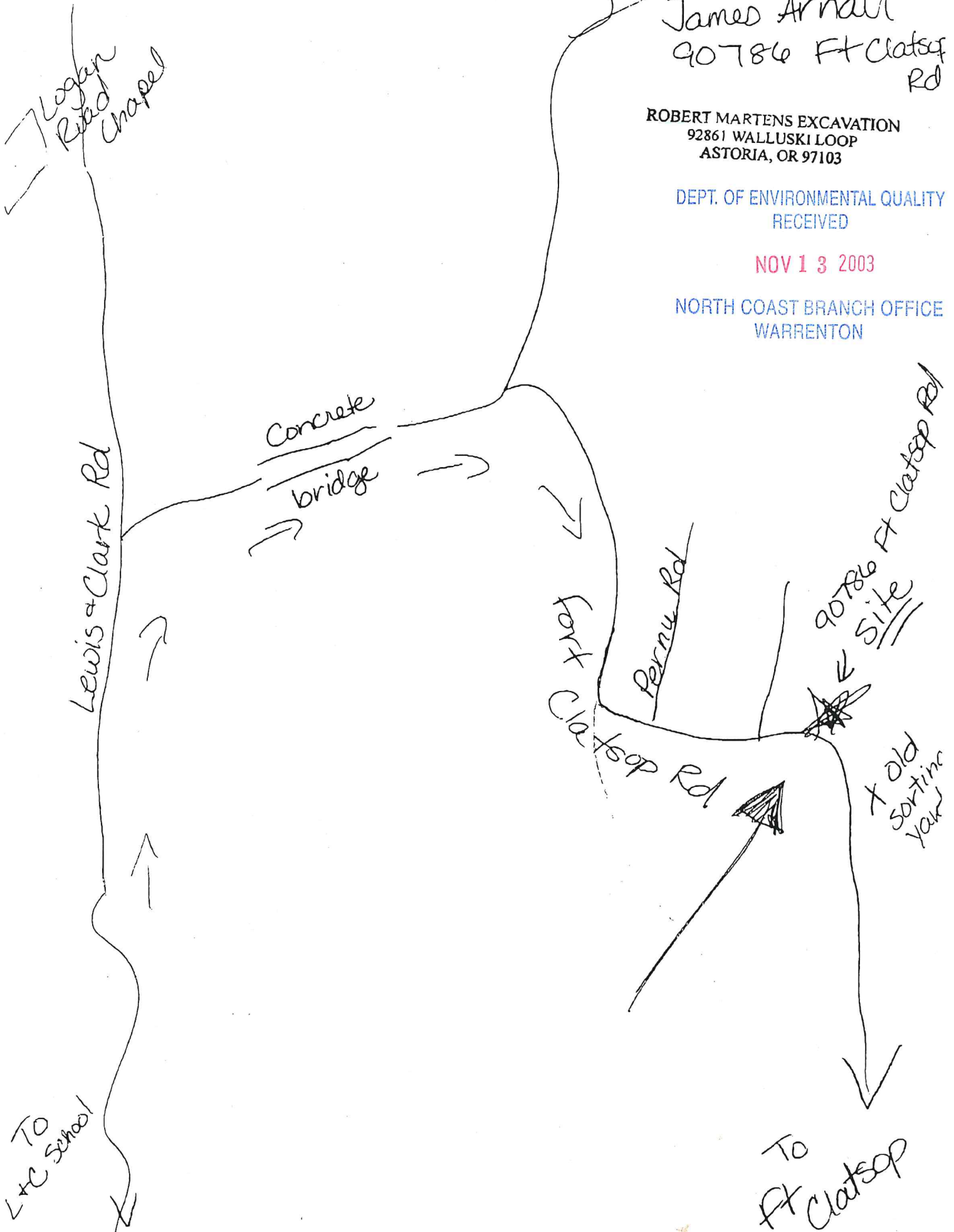
James Arnall
90786 Ft Clatsop Rd

ROBERT MARTENS EXCAVATION
92861 WALLUSKI LOOP
ASTORIA, OR 97103

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 13 2003

NORTH COAST BRANCH OFFICE
WARRENTON



NOV 12 2003

03-548

SECTION 1 - TO BE FILLED OUT BY APPLICANT

NORTH COAST BRANCH OFFICE

- Applicant Name/Property Owner: James Armatton
Mailing Address: 90786 Ft Clatsop Rd Telephone: 325-5817
City: Astoria State: OR Zip: 97103
- Property Information:
County: Clatsop Tax Lot Number: 3300
Township: 7 Range: 10 Section: 12
Property Address: 90786 Ft Clatsop Rd Astoria, OR
Block: _____ Lot: _____ Subdivision Name (if applicable): _____
- 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:

- 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

- 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"
 - Property Zoning: RA-5 Zoning Minimum Parcel Size: 5 ACRES 02-1067
 - Is a public notice and hearing required? ☐ Yes ☒ No Hearing Date: _____
 - Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
Comments: _____
 - Planning Official Signature: Patricia Getchell
Print Name: Patricia Getchell Title: Planning Technician
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.

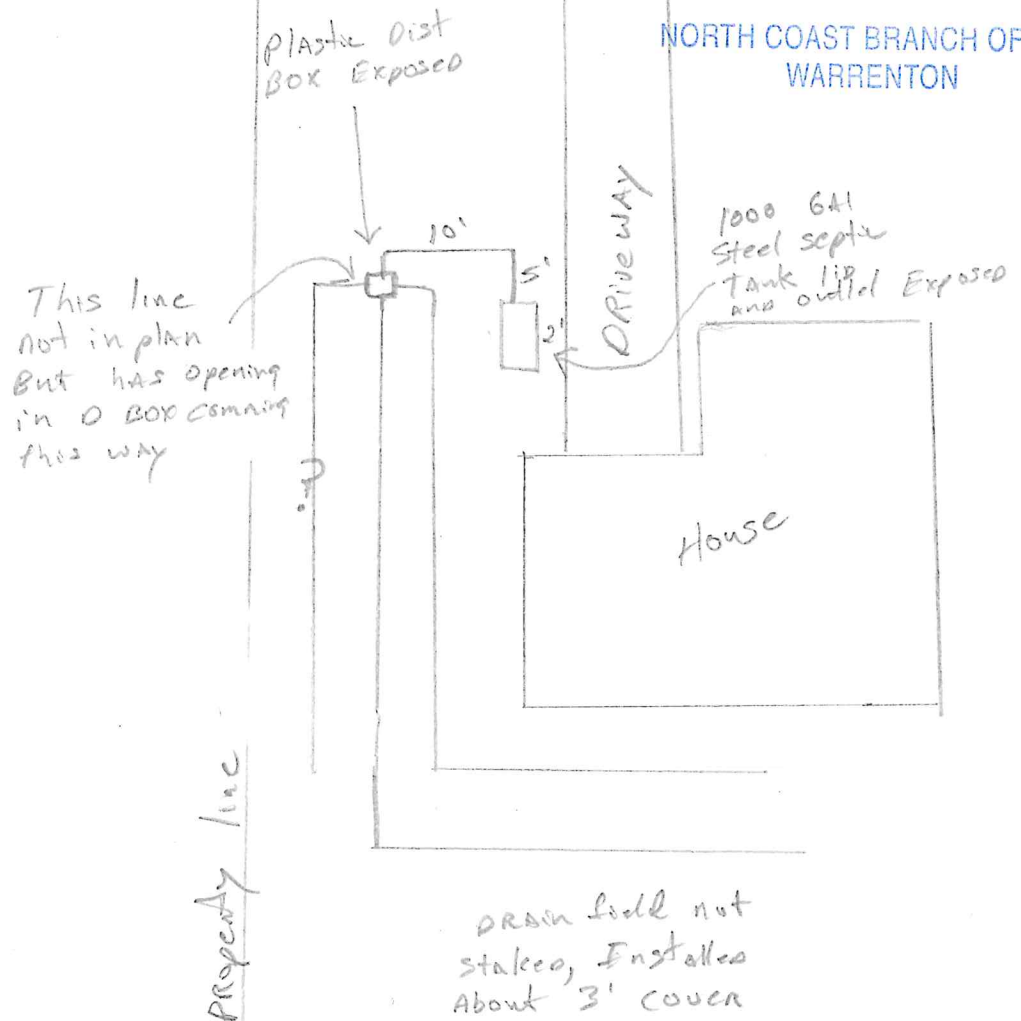
JAMES ANNELL
7-10-12-3300

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FORT CLATSOP ROAD

NOV 12 2003

NORTH COAST BRANCH OFFICE
WARRENTON



Minor
Tank Replacement

ROBERT MARTENS EXCAVATION
92861 WALLUSKI LOOP
ASTORIA, OR 97103

Robt
M. J.

NOV-13-2003 09:33

DEQ WARRENTON

15039613259 P.32/02

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED**EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION**

NOV 13 2003

NORTH COAST BRANCH OFFICE
WARRENTON

Answer the following as best you can.

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 78-112
(Year) (Permit No.)

3. Tank material:

- ☒ Steel () Concrete () Fiberglass
() Polyethylene () Unknown

4. Volume of the septic tank in gallons: 10005. When was the septic tank last pumped? 11-10-03 (Attach receipt)6. Number of disposal trenches: 2 or 37. 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
DateRobert Martens
Signature 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 ASTORIA
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 KILOAM

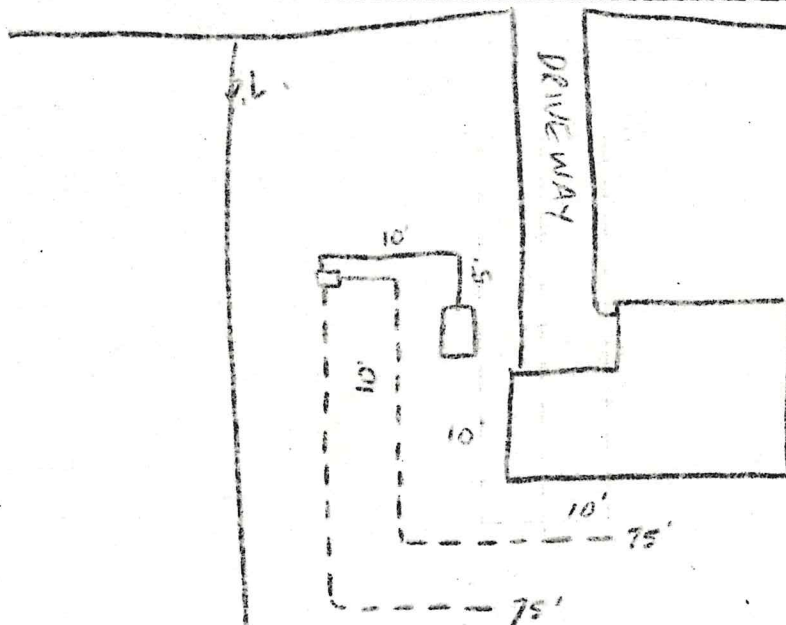
SEPTIC TANK: STEEL ☒, CONCRETE ☐, CAPACITY 1000 GALLONS

STONE: SIZE 3/4-2 1/2, 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.



72' 71'
✓ 71'
72' 71 3/4'

(☒) APPROVED: Installation conforms to DEQ Requirements.
() DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS: _____

DATE: JULY 18, 1978

SANITARIAN Bill D. Mason

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.

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

Installer: Complete top part of form to
signature and submit both copies with
application.

Repair

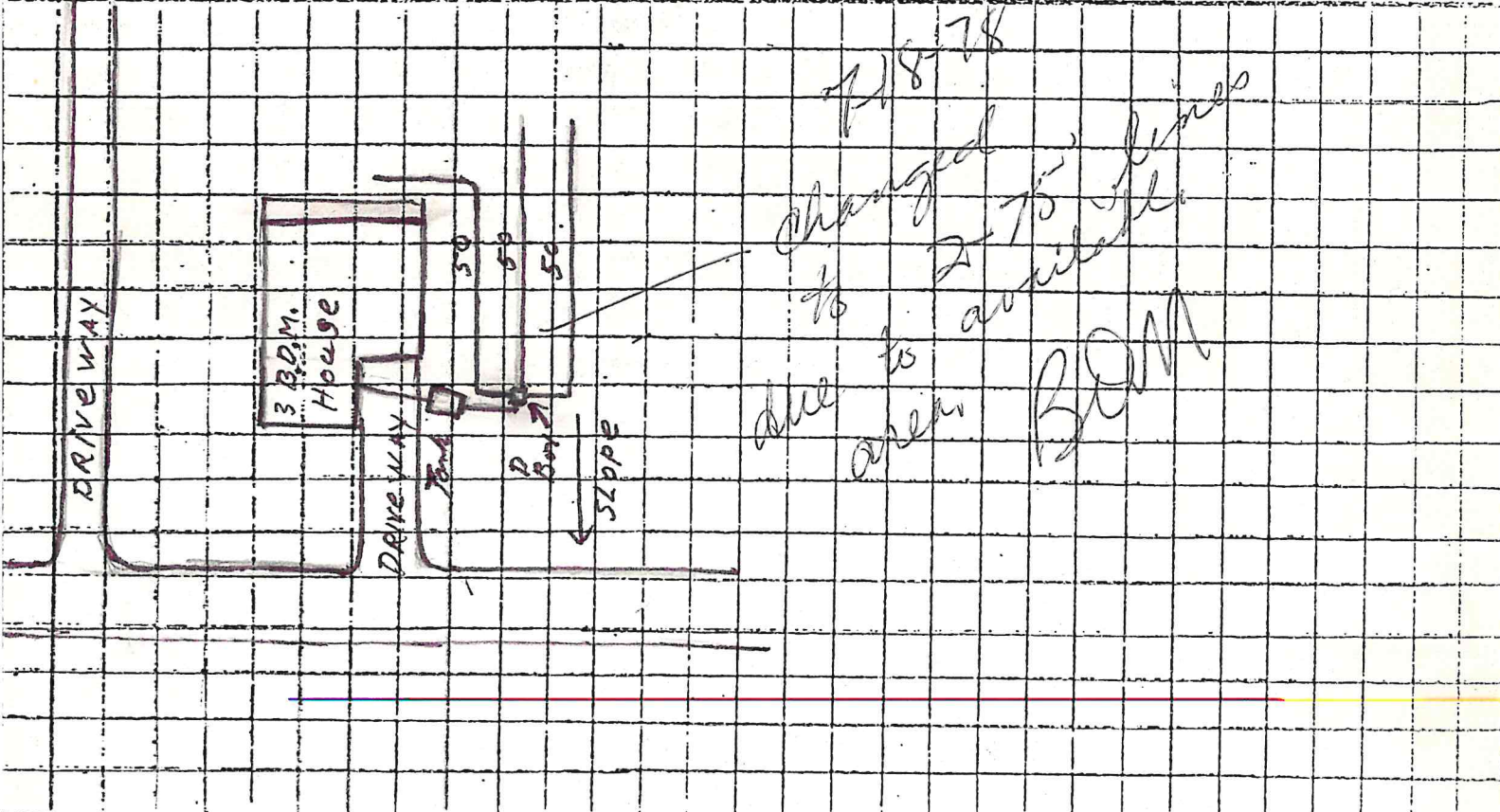
710-12-3300

Permit No. 78-112

(Exhibit No. 1)

Installer's Name <i>Carlon Cont</i>			Property Address <i>Rt. 3, Box 562, Astoria, Ore.</i>		
No. Living Units <i>1</i>	Bedrooms <i>3</i>	Baths <i>1</i>	Basement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Water Supply Community <input type="checkbox"/> Public <input checked="" type="checkbox"/> Other-Li	
Septic Tank: Ft. from well Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> No. Compartments <i>1</i> Gal. Capacity <i>1000</i>			Tile Disposal Field: Distribution Box: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Inside Dimensions: Ft. Length <i>8</i> Width <i>5</i> Diameter <i>5</i> Depth					
Applicant Name <i>James B. Arnall</i>			Other Distribution - Type		
Mailing Address <i>Rt 3, Box 562</i>			Feet from Well <i>10</i> Foundation <i>10</i>		
Address <i>Astoria, Oregon 97103</i>			Lot Line Front <i>10</i> Side <i>10</i> Rear <i>10</i>		
Length of Lines - Ft. <i>50</i>		Trench Width <i>24</i>	Total sq. ft. <i>300</i>	Ft. between Filter lines <i>10</i>	Filter Type <i>1 1/2</i>
1. 2. 3. 4. 5. 6.					Filter Depth <i>2</i> in. <i>6</i>

Plot Plan (See instructions):



Date *7/11/78*

Signature *Glenn Carlon*

For Sanitarian Use Only:

☒ Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal

☐ Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks:

Date: *7-14-78*

Bill Mason
Sanitarian's Signature

State of Oregon

STATE OF OREGON

Department of Environmental Quality

JAMES ARNALL
RT. 3 Box 562
ASTORIA, OR.

Permit No. 78-112

Expiration Date 9-1-78

TE: 710-12-3300

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

