

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 OS403978 as follows:

PROPERTY INFORMATION

Property Owner: **Paul Meunier And Roberta Meunier** Township 07N, Range 10W, Section 21 CD
Property Location: **89500 Ocean Drive, Warrenton** Tax Lot 700
Facility Type: **Single Family Dwelling** Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1000 gals**
Minimum Dosing Tank Size: **500 gals**
Distribution Type: **Equal**
Total Trench Length: **150 Linear feet**
Trench Spacing: **8 feet***
Media Type: **Equalizer 24**
Maximum Trench Depth: **36 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.

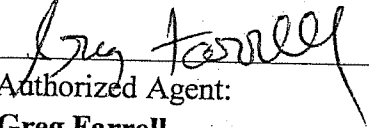
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Greg Farrell on 6/28/2007

Installer Name: Big River Construction, Inc.: dba Big River Excavating

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

	Onsite Wastewater Specialist	7/3/2007
Authorized Agent:	Title	Date CSC Issued
Greg Farrell		

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

State of Oregon
Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 403978

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 DEQ (or 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). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:
Paul Meunier And Roberta Meunier

Township 07N, Range 10W, Section 21 CD
Clatsop County TaxLot#: Tax Lot 700
89500 Ocean Drive, Warrenton

SECTION 2: Materials List - Identify and list all materials used in the system.

Material Categories:	Brand Name:	Size:	Specifications	Amount of Material:
Pump(s):	GRENCO	30 GPM	PUMP PACKAGE	
Distribution Pipe:	4" 3034	PVC		
Effluent Sewer Pipe:	1 1/4" PVC SCHD. 40			94 FT
Drain Media Type(s):	QUICK FOUR INFILTRATOR			38 SECTIONS
Filter Material:				
Other:	WILLAMETTE GRAYSTONE 1500 GAL SEPTIC/DROSETANK EXISTING.			

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Paul Meunier And Roberta Meunier

(X) Sewage Disposal Service Business: BIG RIVER EXCAVATING, 38236
(Print Full Business Name) (License Number)

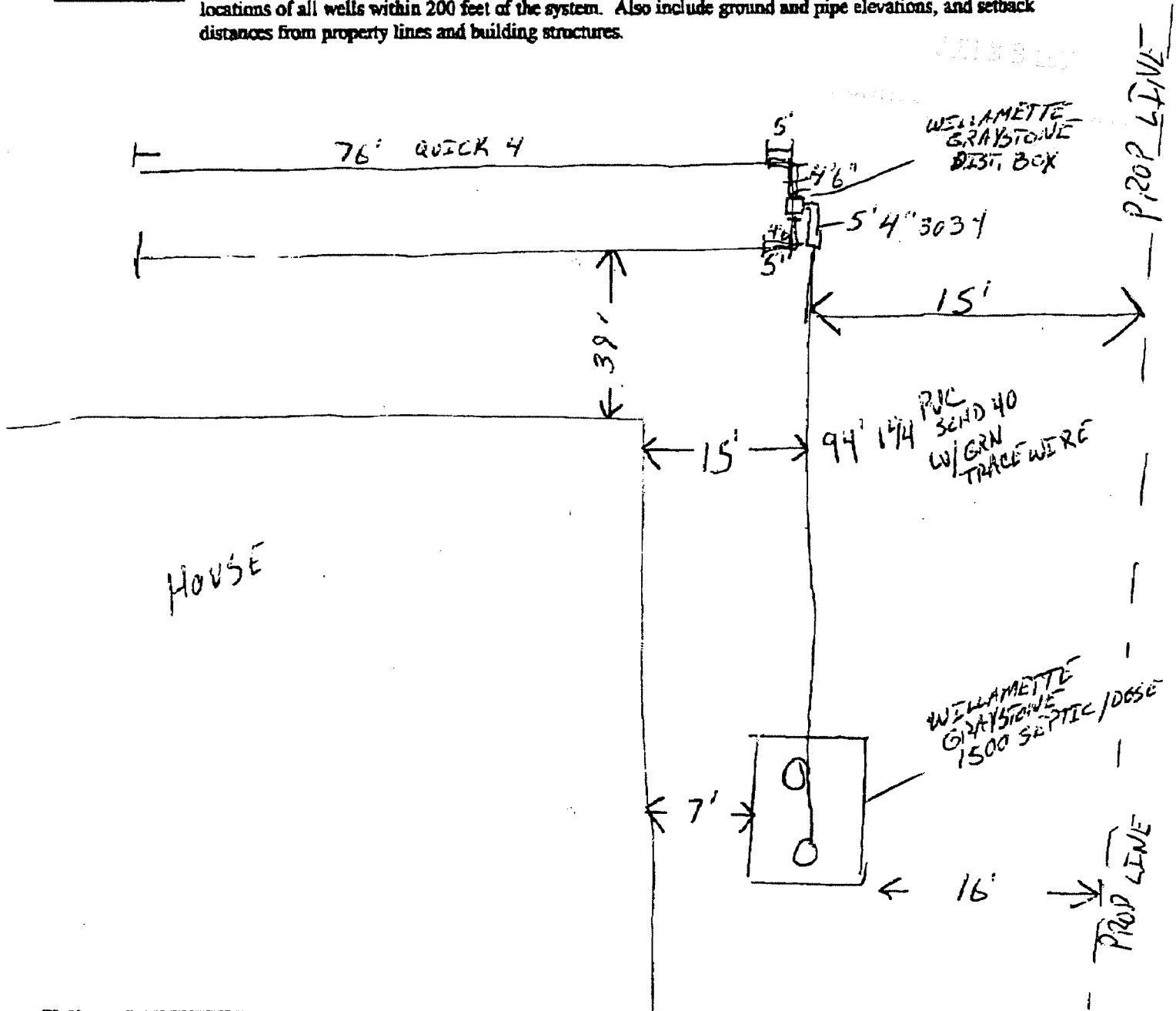
All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes (X) No ()

Date tank(s) tested: 6-20-07 Date System Construction Completed: 6-21-07

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Work Truck FIELD FOREMAN 1062 1-27-09
(System Installer's Signature-Property Owner or Certified (Title) (Cert. #) (Date)
Installer with Certification Number)
Installers Contact Phone Number: Office/Home 717-0459 Cell 741-0760

SECTION 4: 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. Also include ground and pipe elevations, and setback distances from property lines and building structures.



SECTION 5 - Office Use Only: Notice Review Date: 6-29-07 Notice Accepted: Yes ☒ No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance ☒ Approval to backfill system

Date and time of notification: 6-29-07 am/pm Additional Comments: _____

ED'S

Septic Tank Cleaning Service

Licensed & Bonded

92042 Koppisch Road

ASTORIA, OREGON 97103-8426

CLYDE McDONALD 458-6521

(800) 382-7380

DATE	6-14-07
NUMBER	717-0488

Constantin
North Shore Ghana

Big River Excavating

1050 Olney Avenue

Asteria Oregon 97103

Re: 87500 Ocean Ave
Wenatchee, Oregon

TERMS:

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE FORWARD	BALANCE
	1500 Gallon Concrete (Double Vault) Septic Tank		
6-14-07	Rumped Septic Tank Drain Fee	\$265. ⁰⁰ <u>165.⁰⁰</u>	
	TOTAL	\$430.⁰⁰	
	+ WASH TANK		

ED'S Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

AGENCY REVIEW & APPROVAL FORM
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):

Job Site Address: 89500 Marion Dr. City: Warrenton
Owner: Paul & Roberta Mennier Phone: 503-992-9955
Owner's Address: 48595 NW Hillside Rd, Forest Grove, OR 97116
Agent: Jason Kraushaar, North Shore Glass, LLC
Proposed Development/Construction: Single Family Dwelling w/ Attached Garage

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

Legal Description: T 7 R 10 SEC 21Cd Tax lot(s) 700
Permit Needed - Yes (☒) No () Site Approved - Yes (☒) No ()
Signature: T. Schell Date: 6/7/07
Remarks: OS # 403178

DEQ 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: 1844 Number of Hydrants: 1 Hydrant Location (s): within 500 ft.
Signature: BOHROG Title: Fire Chief Date: 4/26/2007
Remarks: Meets water supply requirements / meets access requirements

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

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

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 Community Development, 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.

State of Oregon

Department of Environmental Quality

Onsite ID: **OS403978**

Expiration Date: **6/7/2008**

Alteration Permit - Single Family Dwelling-Major

This Alteration Permit - Single Family Dwelling-Major Permit OS403978 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Paul Meunier And Roberta Meunier** **Clatsop County**
Property Location **89500 Ocean Drive, Warrenton** **Township 07N, Range 10W, Section 21 CD**
Facility Type: **Single Family Dwelling** **Tax Lot 700**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

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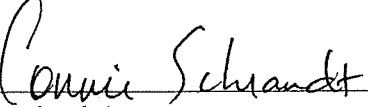
ADDITIONAL CONDITIONS

- ¹ An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- ² Each trench to be level and on contour.
- ³ Meet all required setbacks.
- ⁴ The alarm and pump must be on separate circuits in the control panel.
- ⁵ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁶ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- ⁷ Vehicular traffic and livestock must be restricted from the system area.
- ⁸ All roof drains must be directed away from the system.
- ⁹ All trenches must be at the same elevation.
- ¹⁰ 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.
- ³ A squirt test inspection of the pressurized piping system is required.

For pre-cover inspection information, contact your agent below:

	Onsite Wastewater Specialist	6/7/2007	6/7/2008
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.

TE EVALUATION FIELD WORKSHEET

Township: 7N Range: 10W Section: 21CD Tax Reference: 700 Parcel Size: 3.44 acres
 Owner/Applicant: Meunier / Kraushaar Evaluator: CMS
 Inspection Date(s): 5-24-07 & 5-10-07 Application Number: 404370/404572
MAJORCA

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	<u>0-3/5</u>	<u>VS</u>	<u>2.5Y 3/1-2; loose, sg; many v.f. roots to ~70" bgs</u>
	<u>3/5-74</u>	<u>↓</u>	<u>2.5Y 5-4/3-2; " "</u>
Pit 2			
Pit 3			
Pit 4			

Landscape Notes: Dune Sand
 Slope: ~1-2% Aspect: E Groundwater Type: NO evidence
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: Standard w/ effluent pump, equal dist. ATT Treatment Standard: 2
 Disposal Facility: 150 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 18 inches
 Replacement System: same as Initial System ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: Continued use of existing 500 gallon septic/drain tank allowed only if tank is water-tight after relocation (OAR 340-071).



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

June 7, 2007

Paul & Roberta Meunier
48595 NW Hillside Rd.
Forest Grove, OR 97116

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: Site Evaluation for Major Alteration of Onsite System en Route to Authorization
Township/Range/Section: T7N, R10W, S21CD; Tax Lot No. 700, Clatsop County
Onsite No.: 403978

Dear Paul & Roberta Meunier:

In response to your application for authorization to use the existing onsite (or septic) system for the proposed 3-bedroom house replacement on the above-described property, the Department conducted a field visit on the following date(s): May 24, 2007. During the visit, I confirmed that the proposed garage would be located over the existing septic tank and a portion of the existing disposal trenches. A major alteration of the existing onsite system is required before authorization can be issued. Based on this evaluation, the following onsite wastewater treatment system alterations are approved:

Initial system: Standard with Effluent Pump, 150 linear feet of disposal trenches
Replacement system: Standard with Effluent Pump, 150 linear feet of disposal trenches

Details of this site evaluation are included in the Site Evaluation Report that is enclosed. The report provides more specific information regarding site limitations and further conditions of the system approval.

A plan and specifications showing the proposed relocation of the existing 1500-gallon septic dosing tank and the installation of new disposal trenches was submitted to the Department's North Coast Branch Office (NCBO) on June 6, 2007. The required alteration permit is enclosed. Authorization or sign-off for your building permit is available at your convenience. Following receipt of the completed final inspection request and notice form from your installer and a favorable pre-cover inspection, a certificate of satisfactory completion will be issued.

Request for Variance

If you would like to apply for a Variance from one or more of the Onsite Wastewater Treatment Rules, you may apply for a Variance at a cost of \$1340. If you are interested in this action, please contact the undersigned for more details before you proceed.

I look forward to working with you in completing the necessary system alteration. If you have any questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resources Specialist

Enc: Site Evaluation Report

cc: Jason Kraushaar, North Shore Glass, LLC, P.O. Box 847, Seaside, OR 97138



**Site Evaluation Report for Suitability of
Onsite Wastewater Treatment System Alteration En
Route to Authorization**

Site Location: T7N, R10W, S21CD; Tax Lot No. 700, Clatsop County

Applicant: Jason Kraushaar

Application No.: 404572 Onsite ID No.: 403978

Date(s) of Site Evaluation: May 24, 2007

DEQ Onsite Specialist: Connie M. Schrandt

Date of Report: June 7, 2007

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An onsite wastewater treatment system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper functioning of an onsite system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils in an area that is large enough for both the initial and the replacement disposal areas. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on May 24, 2007. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites.
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of the onsite system.

Approved System

Based on the evaluation of the site and soil conditions, the following onsite wastewater treatment system alteration is approved:

Initial System: System Type: **Standard with effluent pump**

Minimum Septic Tank Size: 1000 gallons

Minimum Dosing Tank Size: 500 gallons

Total linear feet of disposal trenches: 150

Distribution Method: Equal

Trench Depths: Maximum - 36" and Minimum - 18"

Replacement System: Same as for Initial System

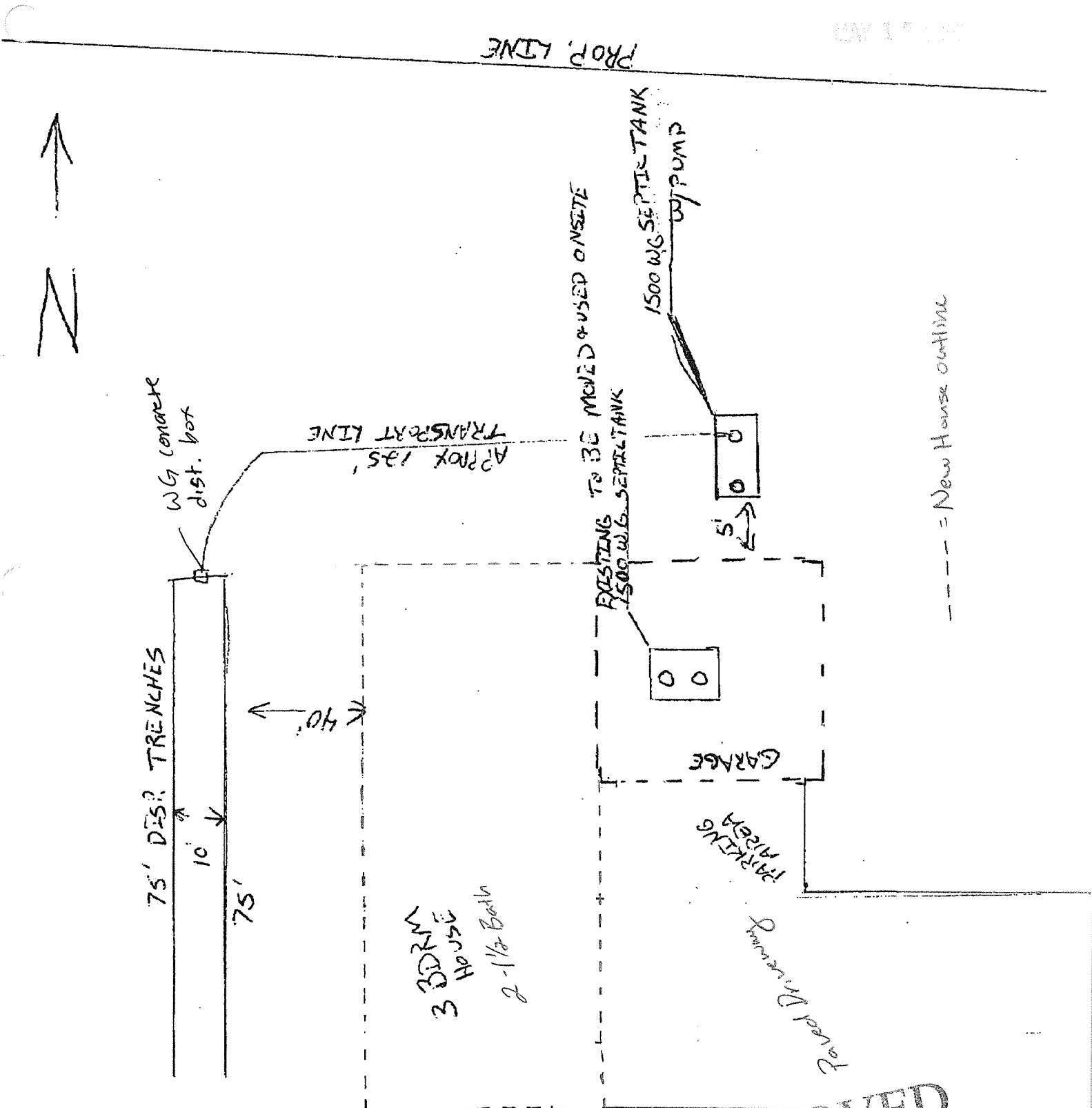
IMPORTANT NOTES: If the total fall in the effluent pipe between the septic tank outlet and the disposal trench inlet(s) is less than 8 inches (as required for gravity flow), an effluent pump with pressure piping will be required. Continued use of the existing 1500-gallon septic dosing tank is allowed, however the outlet in the existing tank must be plugged and the tank must be tested for water-tightness *after relocation* in accordance with OAR 340-073-0025.

Attached are the Field Worksheets and Plot Plan, which show the approved areas and other details of the site evaluation.

Additional Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than approximately half of the peak sewage flow. These flows are considered sufficient to serve a single-family dwelling with up to 4 bedrooms. Premature failure of the treatment system may occur if either of these flow limits is exceeded.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways and building down spouts.
5. This approval is given on the basis that the property described above will not be further partitioned or subdivided.
6. Field staking of disposal trenches for both the initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved systems.

This site approval is valid until the system described above is constructed in accordance with a DEQ construction/installation permit for major alteration. Authorization for your proposed structure will be available upon issuance of the alteration permit and will remain in effect for a period of one (1) year pursuant to OAR 340-071-0205.



APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
6-7-07

Pump Selection for a Non-Pressurized System

MEUNIER

710-21CD-700

BIG RIVER EXCAVATING

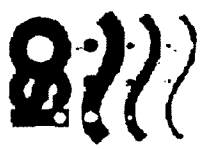
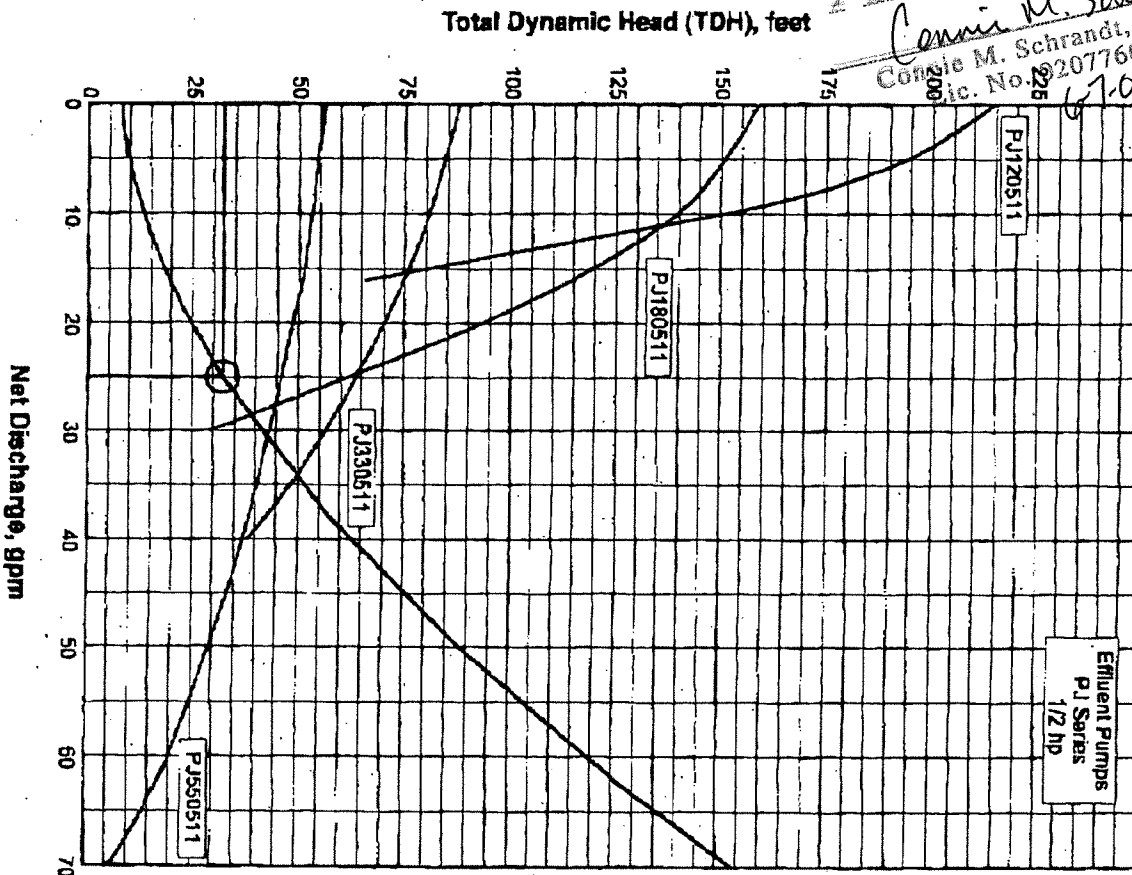
Input Parameters

Design Flow Rate	28 gpm
Distributing Valve Model	4404
Lift to Discharge	0.0 feet
Transport Length	150.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None
Add-on Friction Losses	0.0 feet

Calculations

Head Loss Through Distributing Valve	9.0 feet
Head Loss in Transport Pipe	12.0 feet
Head Loss Through Discharge	3.1 feet
Head Loss Through Flow Meter	0.0 feet
Add-on Friction Losses	0.0 feet
Total Flow Rate	25.0 gpm
TDH	32.2 feet

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 207760756



Oranco Systems
 Incorporated

814 AIRWAY AVENUE
 SUTHERLIN, OREGON
 97479

TOLL FREE
 (800) 348-9843

TELEPHONE:
 (541) 459-4449

FACSIMILE:
 (541) 459-2884

WWW.ORANCO.COM

Feb. 6. 2007 3:41PM

EQUIPER

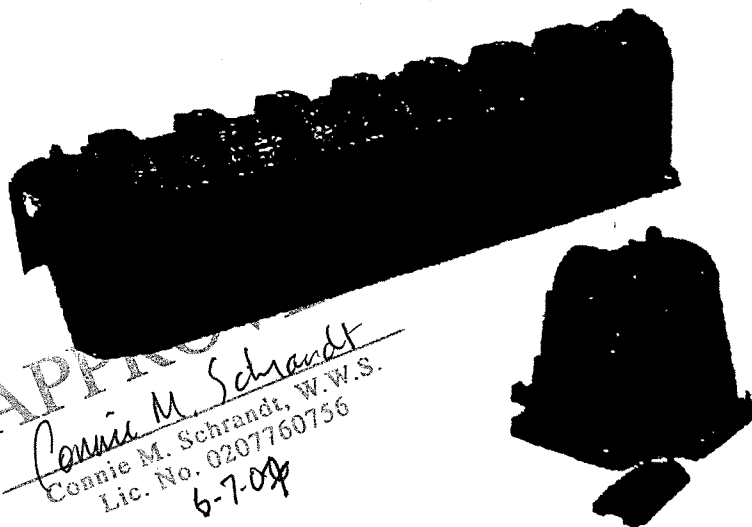
No. 1400 P. 2/6

710-21CD-700

BIG RIVER EXCAVATING

The Quick4® Equalizer® 24 Chamber

INFILTRATOR®
SYSTEMS NC
Environmental Onsite Wastewater Solutions™



The evolutionary patent-pending Quick4® Equalizer® 24 Chamber fits in a 18" wide trench and is ideal for curved or straight systems. It features the patent-pending Contour Swivel Connection™ which permits 15-degree turns, right or left. The MultiPort™ end cap allows multiple piping options and eliminates pipe fittings. The chamber's four-foot length provides optimal installation flexibility.

The Quick4 Equalizer 24 Chamber Offers You These Unique Benefits:

- Advanced contouring connections swivel 15-degrees right or left
- Compact nesting provides more trench length in an equivalent stack height
- Reinforced ribs provide increased structural capability and durability
- Four-foot chambers are easy to handle and install
- The Quick4 Equalizer 24 Chamber supports wheel loads of 16,000 lbs/ axle with only 12" of cover

The MultiPort End Cap Offers These Unique Benefits:

- Patent-pending tear-out seals on inlet ports provide a tight fit to the pipe
- Six molded-in inlets/outlets allow for maximum piping flexibility
- Multiple ports eliminate pipe fittings and make looping ends easy
- Patent-pending MultiPort end cap fits on either end of the Quick4 Equalizer 24 Chamber

Infiltrator is the number-one septic leachfield chamber system in the onsite industry, with over 27 million units in-ground in all 50 states and 24 countries.

Approved In _____

State of Oregon

Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 403978

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Clatsop County TaxLot#: Tax Lot 700

89500 Ocean Drive, Warrenton

SECTION 2: Materials List - Identify and list all materials used in the system.

<u>Material Categories:</u>	<u>Brand Name:</u>	<u>Size:</u>	<u>Specifications</u>	<u>Amount of Material:</u>
-----------------------------	--------------------	--------------	-----------------------	----------------------------

Pump(s): _____

Distribution Pipe: _____

Effluent Sewer Pipe: _____

Drain Media Type(s): _____

Filter Material: _____

Other: _____

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Paul Meunier And Roberta Meunier

() Sewage Disposal Service Business: _____ , _____
(Print Full Business Name (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes () No ()

Date tanks(s) tested: _____ Date System Construction Completed: _____

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

(System Installer's Signature-Property Owner or Certified Installer with Certification Number)	(Title)	(Cert. #)	(Date)
--	---------	-----------	--------

Installers Contact Phone Number: Office/Home _____ Cell _____

SECTION 4: 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. Also include ground and pipe elevations, and setback distances from property lines and building structures.

SECTION 5 - Office Use Only: Notice Review Date: _____ Notice Accepted: Yes (☐) No (☐)

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: (☐) Non Acceptance (☐) Approval to backfill system

Date and time of notification: _____:_____ am/pm Additional Comments: _____

Receipt Number: 129950

Oregon Department of Environmental Quality

Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received **5/18/2007**

Received From **North Shore Glass**
(Check Name): **Jason Kraushaar**
PO Box 847
Seaside, OR 97138

For **T07N R10W S21 CD**
Property **TaxLot 700**
At: **Clatsop County**
89500 Ocean Drive
Warrenton, OR 97146
Surf Pines

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: **404572**
Application Type: **Alteration 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 404370

Receipt Amount: \$0.00

Payments

Previous Payments:	0.00
Current Payment:	0.00
Over Payment:	0.00

Total Payments: \$0.00

Receipted By:

Date of Entry:

Connie Schrandt

5/18/2007



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
APR 26 2007
NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:

Date Received 4/26/07
Fee Paid 430⁰⁰
Receipt Number 129927
Application Number 404370
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Name Paul + Roberta Meunier Mailing Address (Street or PO Box, City, State, Zip Code) 48595 NW Hillside Rd, Forest Grove, OR 97116 Phone Number 503-992-9955

B. Legal Property Description

Township 7 Range 10 Section 21cd Tax Lot 700 Tax Account Number _____ Acreage or Lot Size 3.44
County Clatsop Subdivision Name Surf Pines Lot _____ Block _____
Property Address: 89500 Ocean Dr. City Warrenton State OR Zip Code 97146

Directions to Property: Surf Pines to Ocean Drive

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

3
Number of Bedrooms _____

☐ Other _____

Water Supply:

☒ Public Warrenton
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 it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature Jason Kraushaar North Shore Glass

Applicant's Name - Please Print Legibly Jason Kraushaar North Shore Glass

Applicant's Mailing Address Po Box 847, Seaside, OR 97138

Date 4-26-07
503-739-6043
503-738-7722
Applicant's Phone Number

Applicant's E-mail Address _____

Applicant is the ☐ Owner ☒ Authorized Representative

☐ Authorization Attached

☒ Licensed Septic Installer

Big River Excavating
Installer's Name



Department of Environmental Quality
North Coast Office
88 N. Highway 101, Suite G
Warrenton, OR 97146
Telephone: (503) 861-3280 Fax: (503) 861-3259

Attn: Dr. Meunier
Please fill out + Fax Back To
503-861-3259

NOTICE AUTHORIZING REPRESENTATIVE

I, Paul or Roberta Meunier, have authorized
(Property Owner/Print Name)
Jason Kraushaar North Shore Glass, LLC. to act as my agent in performing
(Authorized Representative/ Print Name)
the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 21C4 Map ID _____ Tax Lot #(s) 700

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Paul and Roberta Meunier

Signature: Roberta L Meunier Date: 4-26-07

Address: 48595 NW Hillside Rd Phone: 503 992 9955

City, State, Zip: Forest Grove OR 97116 Fax: 503 619 1101

E-mail Address: lbrk@msn.com or pmeunier@bodyimagingradiology.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Jason Kraushaar North Shore Glass, LLC

Signature: Jason Kraushaar Date: 4-26-07

Address: PB Box 847 Phone: 503-738-6043

City, State, Zip: Seaside, OR, 97138 Fax: 503-738-7723

E-mail Address: northshoreglass@msn.com



EXISTING SEPTIC SYSTEM DESCRIPTION

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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? 8-24-04 04-129
(Date) (Permit Number)
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons) 1500 gal
5. When was the septic tank last pumped? _____ Attach receipt if available.
6. Number of disposal trenches 2
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? 4
11. How many bedrooms will be in the proposed dwelling? 3 How many occupants? 4
12. If the septic system serves a business:
How many total employees are there? 0
Type of business NA
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.

4-26-07
(Date)

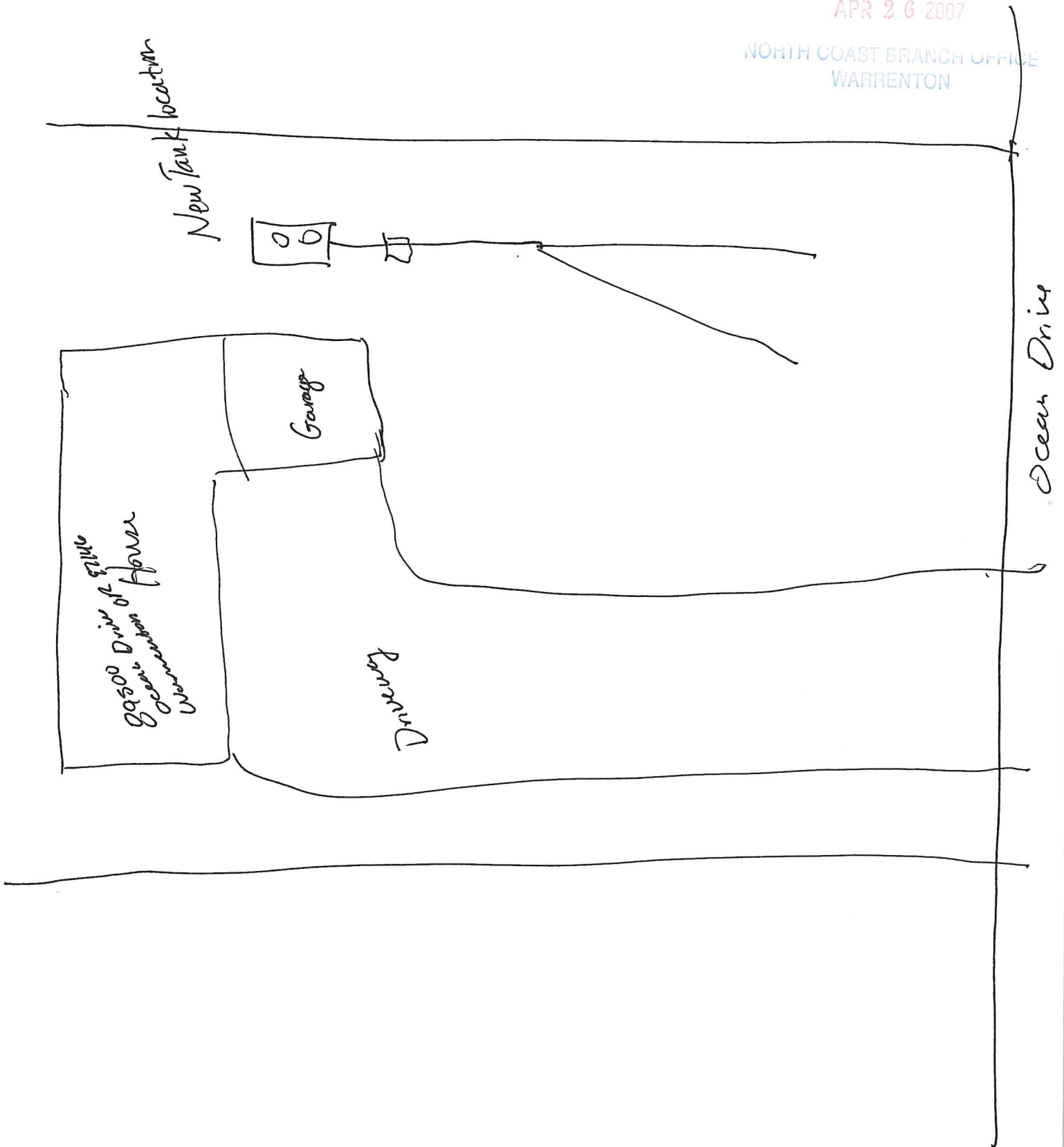
[Signature]
Signature of Property Owner or Legally Authorized Representative

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: _____

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APR 26 2007

NORTH COAST BRANCH OFFICE
WARRENTON



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APR 26 2007

NORTH COAST PLANNING OFFICE
WARRENTON**SECTION 1 - TO BE FILLED OUT BY APPLICANT**

1. Applicant Name/Property Owner: Paul & Roberts Meunier
 Mailing Address: 48595 NW Hillard Loop Telephone: 503-992-9955
 City: Forest Grove State: OR Zip: 97116

2. Property Information:
 County: Clatsop Tax Lot Number: 700
 Township: 7 Range: 10 Section: 21C4
 Property Address: 89500 Ocean Drive
 Block: _____ Lot: _____ Subdivision Name (if applicable): Surfemes

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

6. Property Zoning: CBR Zoning Minimum Parcel Size: 1 Acre

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

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

9. Planning Official Signature: Patricia Getchell
 Print Name: PATRICIA GETCHELL Title: Planning Technician
 Telephone No.: 503-325-8611 Date: 4-26-07

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

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

Receipt Number: 129927

Oregon Department of Environmental Quality

Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

APR 26 2007

NORTH COAST BRANCH OFFICE

Date Received 4/26/2007

Received From **North Shore Glass**
(Check Name): **Jason Kraushaar**
PO Box 847
Seaside, OR 97138

For **T07N R10W S21 CD**
Property **TaxLot 700**
At: **Clatsop County**
89500 Ocean Drive
Warrenton, OR 97146
Surf Pines

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
430.00	Check	4853	98-770	430.00

Total Amount Applied \$430.00

Onsite Fees

Base Fee:	390.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$430.00

Application Description

Application ID:	404370
Application Type:	Authorization Notice
	with Field Visit
System Type:	Unknown
Pump Evaluation:	No
Flow:	450 gallons/day

Payments

Previous Payments:	0.00
Current Payment:	430.00
Over Payment:	0.00
Total Payments:	\$430.00

Receipt Amount: \$430.00

Received By:

Vicky Schiele

Date of Entry:

4/26/2007

74629

Control No.

\$ 205.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 04-129

☐ New Construction☒ Minor
Repair☐ Other _____

Permit Issued To Paul & Roberta Meunier 7N 10W 21CD 700 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Ocean Dr. Warrenton Cornie M. Schmandt 8-12-04
 (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)

SPECIFICATIONSEXPIRATION DATE August 12, 2005TYPE OF SYSTEM Septic tank replacement only

Willamette Graystone with riser

Design Sewage Flow _____ Gallons/Day

Tank Volume 1500 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 8-12-04. As-built with all notations on approved plans 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) 867-3280

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 8-25-04.
 Pumping receipt received 10-18-04.

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)

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AUG 25 2004

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.

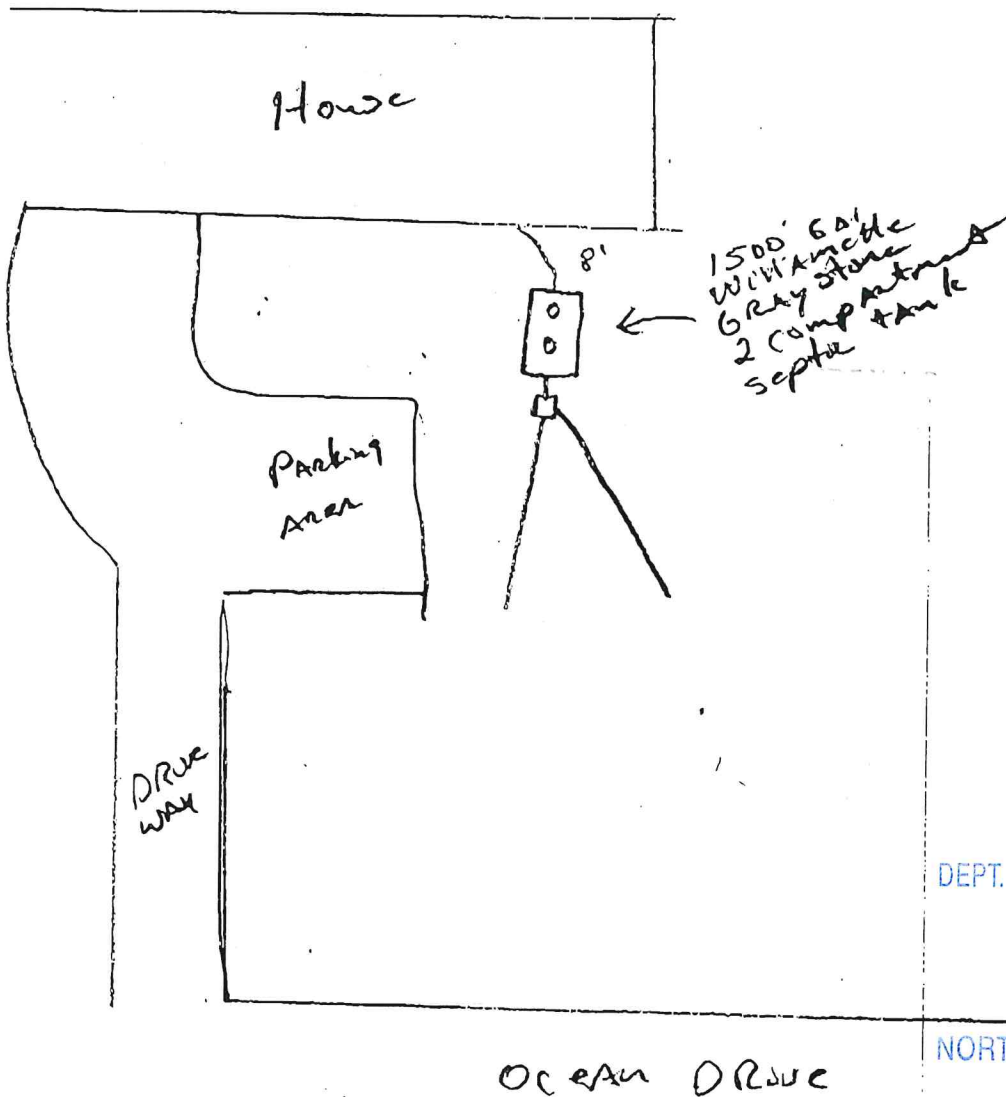
Property Owner Paul & Roberta Meunier Permit Number 04-129 County Clatsop
Township 7N ; Range 10W ; Section 21CD ; Tax Lot 700 ; Tax Acct. # _____
Job Location Ocean Drive - Sunset Pines Warrenton
Date System Construction Completed 8-29-04 ; Date Submitted to DEQ or Agent 8-25-04

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

1500 Gal concrete 2 compartment Williamsite
Gray stone septic tank
2 - 12" x 24" Oranco Fiberglass Risers with lids
15' 4" ABS pipe
1 - Williamsite Gray stone concrete Dist Box

Property Owner Paul & Roberta
MartensPermit Number 04-129 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.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 25 2004

NORTH COAST BRANCH OFFICE
WARRENTONSECTION 4:

CONSTRUCTION WAS PERFORMED BY:

X Property Owner (Permittee)
Sewage Disposal Service Business: Robert Martens 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 E. Martens
(System Installer's Signature)

Owner
(Title)

8-25-04
(Date)

CLYDE McDONALD 458-6521
(800) 382-7380

STATEMENT

DATA

8-24-04

NUMBER 4

440-2724

325-0165

DEPT. OF ENVIRONMENTAL QUALITY
0165 RECEIVED

OCT 18 2004

NORTH COAST BRANCH OFFICE
WARRENTON

Robert Martens Excavating
92861 WA Huski Loop
Astoria, Oregon 97103
B. Paul M.

Re: Paul Meunier
89500 So. Occan
Warrenton, Oregon

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

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gallon Steel Septic Tank	BALANCE FORWARD
8-24-04	Pumped Septic Tank To Replnle	240.00
		✓ 5002 99-04

DUPLICATE

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

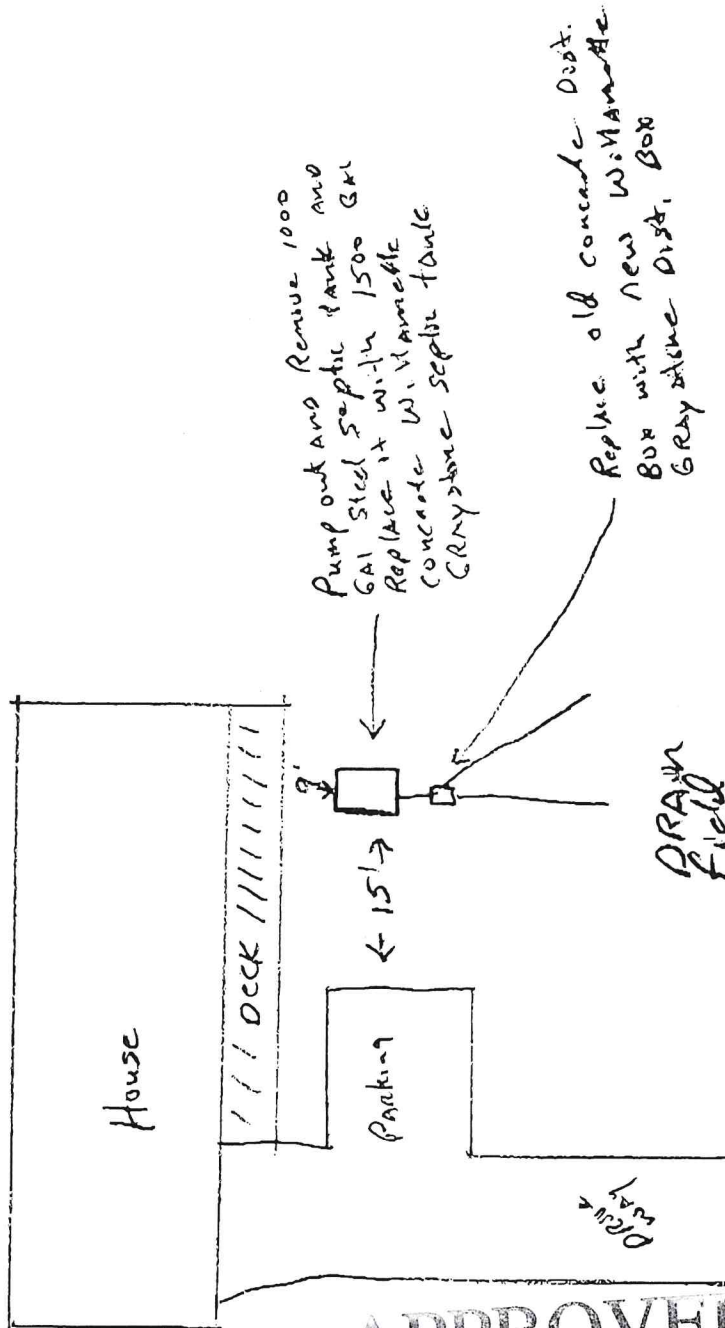
Paul & Roberta Meinert
7-10-21CD - 700

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AUG 12 2004

NORTH COAST BRANCH OFFICE
WARRENTON

Robt
Mjt



APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756

8/12/04

N ↑

Materials list

Paul & Robert Martens
7-10-21 CD-700

1500 Gal 2 compartment concrete standars
Willamette Graystone septic tank

2- 12" x 24" orange Risers with lids

1- Willamette Graystone concrete Dorr Box

5' 3034 4" Effluent Pipe

Robt
Mto

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
8/12/04

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AUG 12 2004

NORTH COAST BRANCH OFFICE
WARRENTON



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Northwest Region North Coast Branch Office

65 N Highway 101, Suite G

Warrenton, OR 97146

(503) 861-3280

FAX (503) 861-3259

August 2, 2004

Paul & Roberta Meunier
48595 NW Hillside Rd.
Forest Grove, OR 97116

Re: Information for Minor Repair
Township/Range/Section: T7N, R10W, S21CD, Tax Lot No. 700, Clatsop County

Dear Paul & Roberta Meunier:

In response to a repair permit application received on July 14, 2004, 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 for this property at the North Coast Branch Office (NCBO) indicates a septic tank replacement was completed in 1986 under Permit #86-11, but no other records of the septic system were found. The system was inspected during a field visit on July 29, 2004. The steel septic tank, where exposed, was rusted and corroded, and holes were visible in the tank sidewalls. The concrete distribution box was in poor condition, with 1 of the 2 outlet pipes disconnected from the box and the port for a third outlet hole (never used) deteriorated. The disposal trenches were not identified or flagged, and, though the area of the existing drainfield was probed in several places, the location and lengths of the two disposal trenches could not be identified.

Based upon the information described above, replacement of the septic tank and distribution box 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.

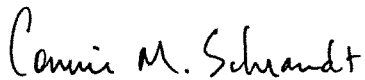
A plot plan showing the proposed installation of a new 1000-gallon septic tank and distribution box, including materials to be used and the tank and box manufacturers' name(s), must be submitted to obtain a repair permit from this office. Any person other than the property owner must be licensed by the DEQ to construct, install, alter or repair an on-site sewage treatment and disposal system. No work can take place on the septic 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 and distribution box installations, 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,

A handwritten signature in cursive script that reads "Connie M. Schrandt".

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

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 7-14-04
Date Completed 8-12-04
Required Fee \$205.00
Receipt No. 112775
Control No. 24629
YR BUILT 1972

FOR APPLICANT'S USE - (PLEASE PRINT)

PAUL & ROBERTA MEUNIER
(Property Owner's Name)

3.44 AC
Lot Size (Acreage or Dimensions)

(Applicant's Name if Different from Owner)

Legal Description of Property 7 10 2100 700 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)

- ☐ 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 L Meunier
(Signature)

7-14-04
(Date)

☐ Authorized Representative
☐ Licensed Installer
License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

48595 NW HILLSIDE RD.

FOREST GROVE, OR 97116

4-503-992-9955

Phone H-WARRENTON-503-717-9047

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

SECTION 1 - TO BE FILLED OUT BY APPLICANT

#04-441

1. Applicant Name/Property Owner: PAUL & ROBERTA MEUNIER
 Mailing Address: 48595 NW Hillside Rd. Telephone: 503-992-9955
 City: FOREST GROVE State: OR Zip: 97116
 WARRENTON PHONE NO. 503-717-9047
2. Property Information:
 County: CLATSOP Tax Lot Number: 700
 Township: 7 Range: 10 Section: 21 CN
 Property Address: 89500 OCEAN DR
 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

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 14 2004

NORTH COAST BRANCH OFFICE
WARRENTON

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
6. Property Zoning: CBR/B20 Zoning Minimum Parcel Size: 1 Acre
7. Is a public notice and hearing required? ☐ Yes ☒ No Hearing Date: _____
8. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
 Comments: _____
9. Planning Official Signature: Patricia Getcheu
 Print Name: PATRICIA GETCHEU Title: PLANNING Technician
 Telephone No.: 503-325-8611 Date: 7-14-04
- * 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.

EXAMPLE A

VICINITY MAP
Clatsop County

Please be specific with the directions to the property. If directions are unclear and the sanitarian cannot make it to the site then the processing of your application will be delayed.

Use a city or community on a major Highway as the starting point (Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.) (Hwy. 26, 30, 53, 101, 102, 102, 202). Give as exact distances as possible (i.e. 1.5 miles, 2.2 miles., etc). Give any landmarks that may help locate the site. Directional indicators (N,S,E,W) are also helpful. Thank you.

101 - South to SURF PINES

LEFT ON SURF PINES.

THROUGH GATE CODE #612 ? OR CALL ME

H - WARRENTON - 717 - 9047

C - 503 - 992 - 9955

THROUGH GATES TURN RIGHT

~~LEFT ON OCEAN~~

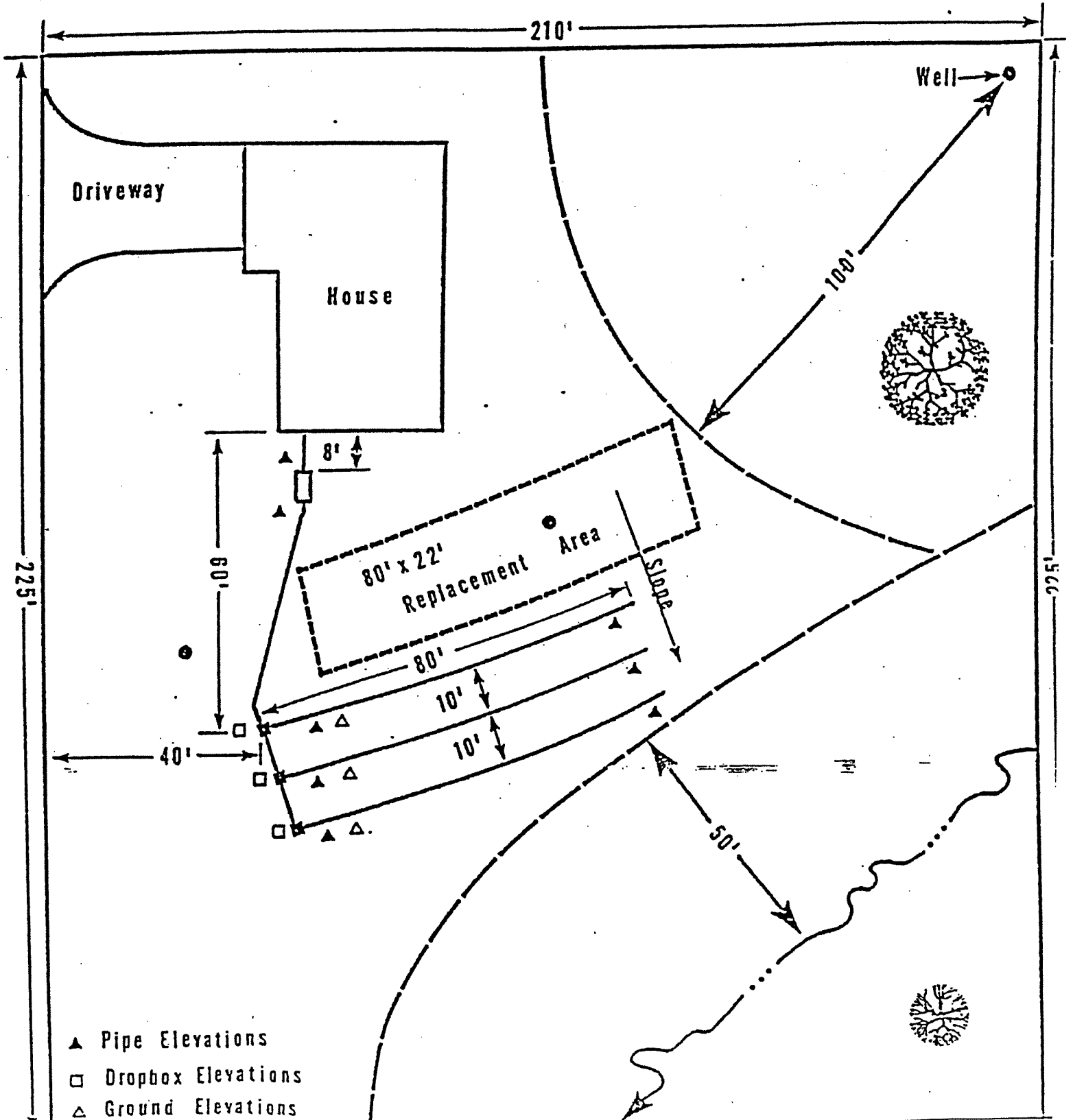
MAKE 1st LEFT

RIGHT ON OCEAN DRIVE Down 1-2 miles

89500 OCEAN DRIVE, WARRENTON



SITE DEVELOPMENT PLAN



- ▲ Pipe Elevations
- Dropbox Elevations
- △ Ground Elevations

Ed's

Septic Tank Cleaning Service

92042 KOPFISCH ROAD
ASTORIA, OR 97103

Septic Tank Inspection Report

SEPTIC TANK CONDITION

GOOD _____

FAIR _____

NEEDS TO BE REPLACED X

STRUCTURE TYPE STEEL X CONCRETE _____

VOLUME _____ GALLONS

DOSING TANK

STRUCTURE TYPE N/A

GOOD _____

FAIR _____

NEEDS TO BE REPLACED _____

PLASTIC _____

VOLUME _____ GALLONS

DRAINFIELD CONDITIONS

GOOD _____

FAIR See comments below

NEEDS TO BE REPLACED _____

GENERAL COMMENTS: This Report is an update of The
Inspection Dated 7-5-2004. The Drain Field
Has Been Jetted and A Gallonage Test To
Each Leg of The Drain Field Has Been Done.
The Drain Field is Accepting Effluent Properly.

DATE 7-6-2004 INSPECTED _____

ADDRESS OF INSPECTED TANK 89500 Ocean Drive

Warrenton, Oregon 97146

NAME OF RECORDED OWNER William and Barbara Mapletrope

[Signature]

SIGNATURE - LICENSED PUMPER

CLYDE McDONALD - OWNER

D.E.Q. SS# 34259

Ed's

Septic Tank Cleaning Service

92042 KOPPISCH ROAD
ASTORIA, OR 97103

Septic Tank Inspection Report

SEPTIC TANK CONDITION

GOOD _____

FAIR _____

NEEDS TO BE REPLACED X

Holes Below and Above Waterline

STRUCTURE TYPE STEEL X CONCRETE _____

VOLUME 1000 GALLONS

DOSING TANK

STRUCTURE TYPE N/A

GOOD _____

FAIR _____

NEEDS TO BE REPLACED _____

PLASTIC _____

VOLUME _____ GALLONS

DRAINFIELD CONDITIONS

GOOD _____

FAIR _____

NEEDS TO BE REPLACED _____

GENERAL COMMENTS: AT THIS TIME THE INLET PIPE FROM
THE HOUSE TO THE SEPTIC TANK NEEDS TO BE REPLACED
THE SEPTIC TANK NEEDS TO BE REPLACED. THE
DISTRIBUTION BOX NEEDS TO BE REPAIRED OR REPLACED
AND THE DRAINFIELD NEEDS TO BE JETTED OR REPLACED.

DATE PUMPED & INSPECTED 7-5-2004

ADDRESS OF INSPECTED TANK 89500 Ocean Drive

Warrenton Oregon 97146

NAME OF RECORDED OWNER William AND BARBARA Maple Thorpe

SIGNATURE - LICENSED PUMPER

CLYDE McDONALD - OWNER

D.E.Q. SS# 34259

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

B

STATEMENT

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

CLYDE McDONALD 458-6521
(800) 382-7380

Buyers: PAUL & ROBERTA McNICIE

DATE 7-5-2004
NUMBER (503) 992-9955

(503) 267-6104

Windermere / Cranin & Caplin
P.O. Box 2729
Garhart, Oregon 97138

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

Re: William and Barbara
Maple Thorne
8950 Ocean Drive
Wenderton, Oregon

ED'S		STATEMENT	
	1000 Gallon	BALANCE FORWARD	
	Steel Septic Tank		
	Poor Condition		
	Distribution Box Needs		
	Repairs. Drainfield		
	Needs To Be Jetted.		
7-5-04	Pumped Septic Tank	\$ 173.00	
	Dump Fee	97.00	
	Dug Tank Lid	50.00	
	Dug Distribution Box	25.00	
	Total	\$ 345.00	
	See Inspection Report		
	Dated 7-5-2004		

ED'S
Septic Tank Cleaning Service

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

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? 1986

(Tank Only) (Year)

86-11
(Permit No.)

3. Tank material:

- ☒ Steel ☐ Concrete ☐ Fiberglass
☐ Polyethylene ☐ Unknown

4. Volume of the septic tank in gallons: 1,000

5. When was the septic tank last pumped? July 2004 (Attach receipt)

6. Number of disposal trenches: ?

7. Total length of disposal trenches (feet): ?

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? 2-7

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

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

7-14-04
Date

Robert L. Merwin
Signature of Property owner or
Legally Authorized Representative

15249

Control No.

\$ 35.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 86-11

☐ New Construction☒ Repair☐ Other Replace tankPermit Issued To W.S. Mapletorpe
(Property Owner's Name)7 N
(Township)10 W
(Range)21 CD
(Section)700 & 701
(Tax Lot / Acct. No.)Clatsop
(County)2228 Ocean Drive
(Road Location)Surf Pines
(City)Charles H. Gray
(Issued by - Signature)Feb. 4, 1986
(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 February 4, 1987TYPE OF SYSTEM Replace tank

Design Sewage Flow _____ Gal's/Day

Tank Volume _____ Gallons

Disposal Trenches ☐Seepage Bed(s) ☐

_____ Square Feet

Maximum Depth _____ inches.

Minimum Depth _____ inches.

_____ Linear Feet

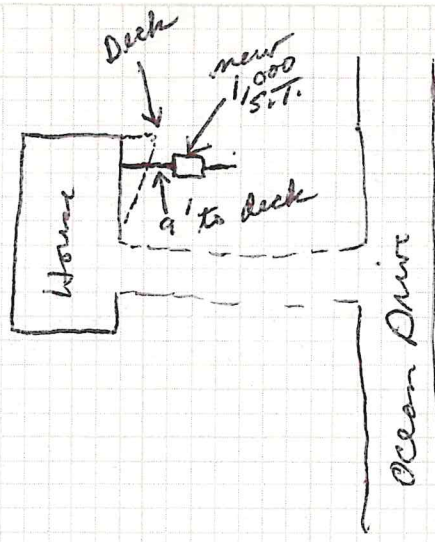
Equal ☐ Loop ☐ Serial ☐Pressurized ☐

Minimum Distance Between Trenches _____

Total Rock Depth _____ Inches.

Below Pipe _____ Inches.

Above Pipe _____ Inches.

☐ Rake SidewallSpecial Conditions (Follow Attached Plot Plan) Replace tank only.PRE-COVER INSPECTION REQUIRED - CONTACT Astoria, - DEQ 325-8660**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Ron JohnsonFinal Insp. Date 2-7-86☐ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340-71-170(2)

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.

Charles H. Gray
(Authorized Signature)Reg. Supervisor
(Title)2-7-86
(Date)Astoria
(Office)

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 1-23-86
Date Completed 2-7-86
Required Fee 3500
Receipt No. 33809
Control No. 15249

APPLICATION FOR:

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

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

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VICINITY OR TAX LOT MAP REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TEST HOLES REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LAND USE COMPATIBILITY STATEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL ITEM(S) REQUIRED _____

For Applicant's Use — (Please Print)

W. S. MAPLE THORPE
 (Property Owner's Name)

<u>Tn</u> (Township)	<u>1040</u> (Range)	<u>21CD</u> (Section)	<u>700, 701</u> (Tax Lot/Acct. No.)	<u>CLATSOP</u> (County)
<u>SURF PINES</u> (Subdivision Name)	<u>3</u> (Lot No.)	<u>2228</u> (Block No.)	<u>2nd & 3rd</u> (Lot Size)	
<u>SURF PINES WATER</u> (Public Water Supply)				

(Single Family Residence — Number of Bedrooms) 3
 (Other — Specify) _____

Directions to Property: 2228 Ocean Drive
lower road in Surf Pines between the 2nd & 3rd
down road

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

Ronald E. Johnson
 (Signature)

1/22/86
 (Date)

- ☐ Owner
☒ Authorized Representative
☐ S.D.S. License No. _____

Owner's Mailing Address

Applicant's Mailing Address (if different)

Howard E. Johnson & Sons
Hamlet Rd. Box 271
Seaside, Ore. 97138
 Phone 738-7328

Phone _____

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

 $1'' = 100'$

58°28'E 68°0.6' EAST 226' f
57°E 602.3' f 330°N 430' f
56°5'N 402.3' f N 8°W 5' f 582'W
56°5'N 402.3' f 310°E 908'
FROM NW COR OF JOHN
JBWITT DGC

ROAD

LOT 4 18.50

26012.W | 59.6 | 180.5 | 1.5 | 2

1700
0.59Ac

10-2
10-24

NOTE: ZONE LINE AS PER OREGON
STATE HWY DEPT. AERIAL PHOTO
OF JUNE 4, 1967 ESTABLISHED BY
ORS. 390-770

APPROX
1/4 COR.

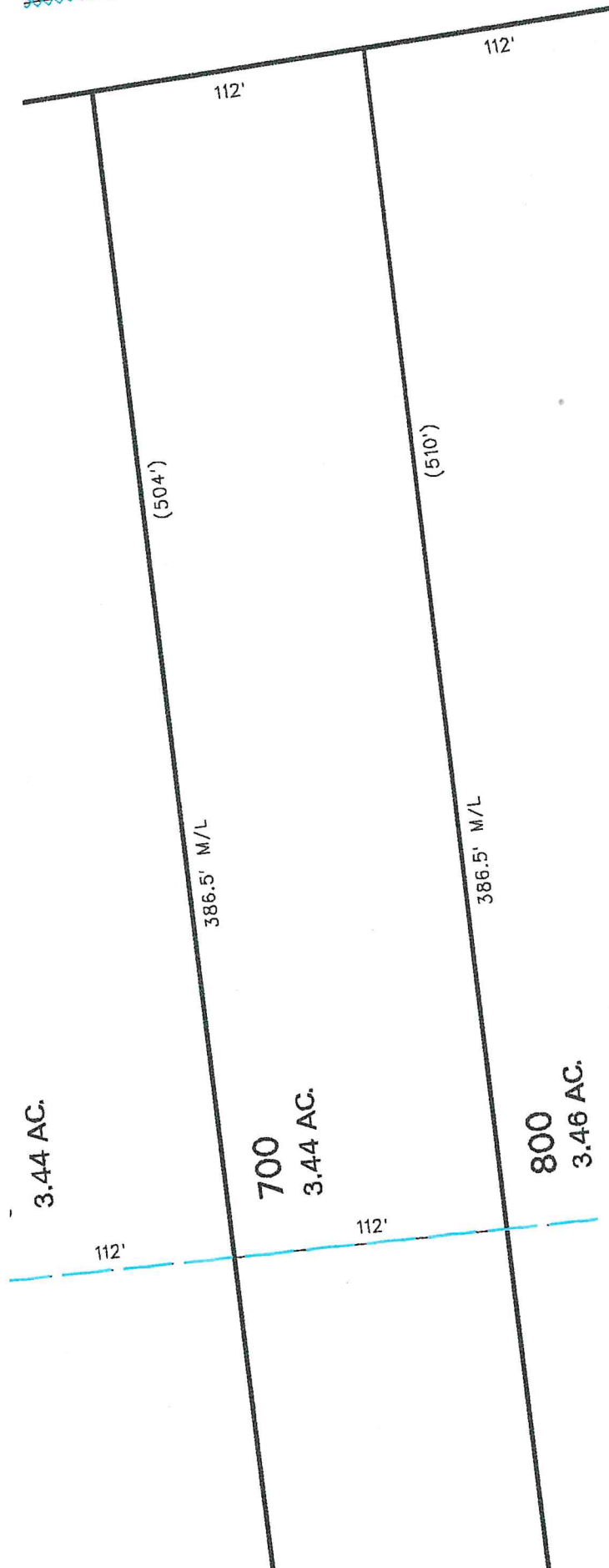
PACIFIC OCEAN

OCLIN

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 15 2004

NORTH COAST BRANCH OFFICE
WARRENTON



400 ft
200
100
NAD 1983/91 HARN StatePlane Oregon North FIPS 3601 IndFeet

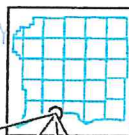
Cancelled
Accounts

[illegible]

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 15 2004

31	6	7	18	19
36	1	12	13	24



June 04, 2004

7.10.21CD

32	33	34	35	36	37
5	4	8	2	1	6
8	9	10	11	12	7
	16	15	14	13	18
	21	23	23	24	19
	28	27	26	25	30
	33	34	35	36	31
	4	5	2	3	1

This map was produced for assessment purposes only using Clatsop County data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible omissions, or any other inaccuracies.

