



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

186-24-000149-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 envhealth@clatsopcounty.gov
 Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-progra>
 m

Date Certificate Issued: 07/17/2024
Work Description: Major Repair, drainfield only

Applicant: Bob McEwan Construction, Inc	Contractor: Bob McEwan Construction, Inc.
Address: P.O. Box 2845 Gearhart OR 97138	Installer License: 37079
Phone: 5037383569	Address: 34154 Hwy 26 Seaside OR 97138-3611
Email: mmcewan3569@gmail.com	Phone: 5037383569
	Email: mmcewan3569@charter.net

Owner: MATTHEW CARLSON	Property Address: 89673 Manion Dr, Warrenton, OR
Address: 1814 N SHELBY MESA AZ 85207	97146
Parcel: 71021DA01900 - Primary	Township: 7 Range: 10 Section: 21DA

Lot Size: 1.31 acres	Water Supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land Use Approval: N/A	
Directions to Property: south on us 101, West on Sunset Beach Road, Sotuh on Lewis Road, continue past gate as road turns to Manion Dr.. Continue on Manion for about a mile. House is onthe left.	

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	5 bedroom home	N/A
Number of Bedrooms:	5	N/A

System Specifications

Type:	Standard		
Max Peak Design Flow:	525 gpd.	Proposed Flow:	525 gpd.
Min Septic Tank Volume:	1500 gal.	Min Dosing Tank Volume:	N/A

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	EZ Flo Gravelless	Media Depth:	12 in.
Trench Length:	175 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil BetweenTrenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of FIII Material:	N/A

Special Requirements

Groundwater Type:	Temporary	Groundwater Depth:	N/A
Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 07/17/2024
Work Description: Major Repair; drainfield only

Conditions of Approval

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

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.

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 of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

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

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

Issued By: Lucas Marshall, REHS, Environmental Health Supervisor

Effective Date: 07/17/2024

Lucas Marshall, REHS

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-24-000149-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: MATTHEW CARLSON

Twnshp: 7

Range: 10

Sect: 21DA

Lot: 01900

Property Address: 89673 MANION DR, WARRENTON, OR 97146

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1500 Gallon	Compartments: 1	Manufacturer: Infiltrator Poly tank	Date: Existing
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter:	ASTM#/Other: 30/34	Length: 8'
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

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

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) EZ Flow Alternative				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: EZ Flow Alternative	Length: 180'

Comment:

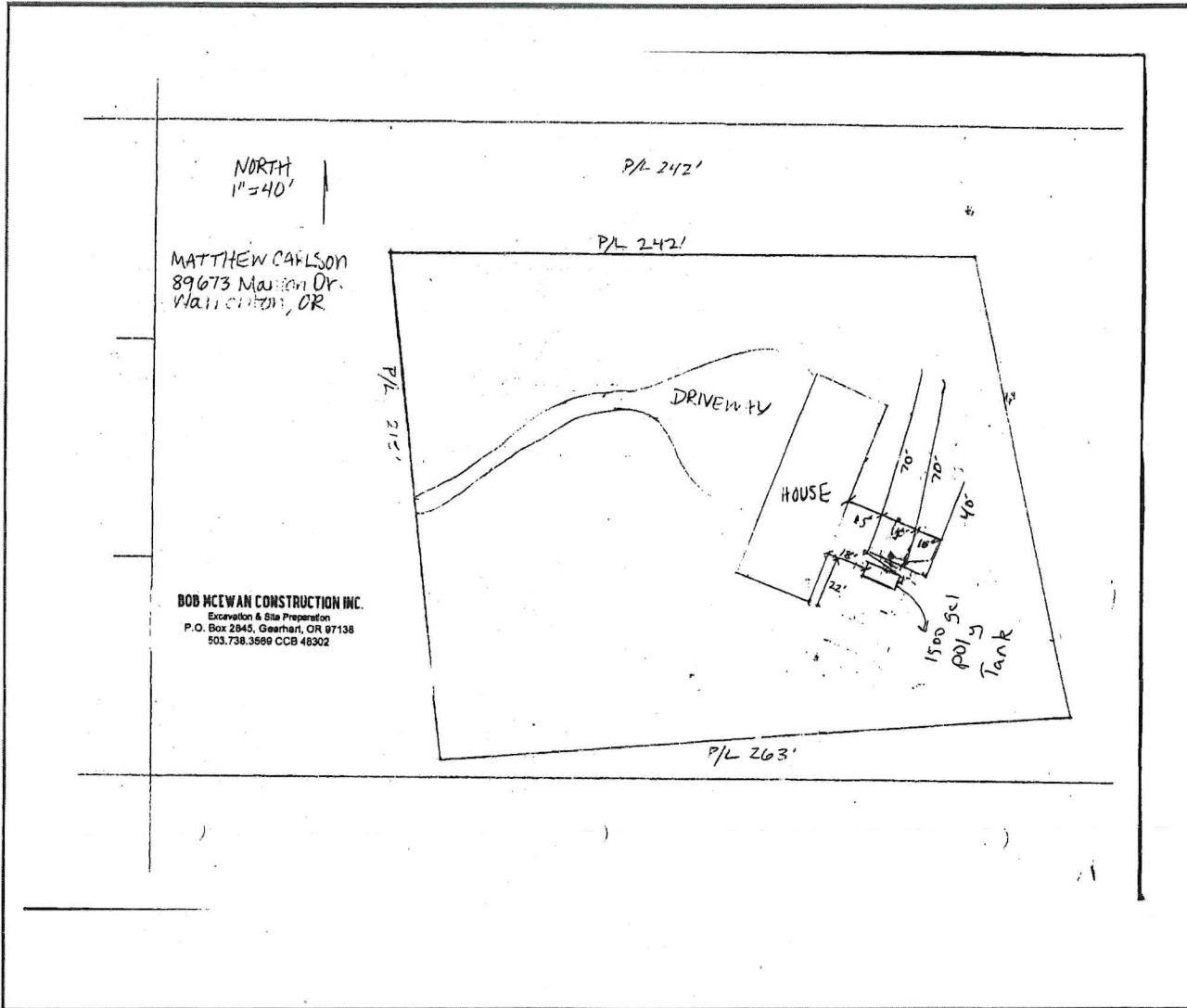
Clatsop County Department
of Public Health
On-Site Waste Water Program

Approved By: Lu
Permit No. 186-24-000149
Date: 7/16/24

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name:	Michael R. McEwan	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079	Certification#: RI 83
Owner/ Certified Installer:	Signature: <u>Michael R. McEwan</u>	Date: 7/15/2024	Phone#: 503-440-0223

SECTION 5 - Office Use Only:

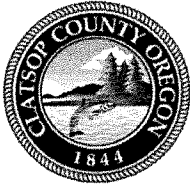
Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: _____

Comment: _____

*Clatsop County Department
of Public Health
On Site Waste Water Program*
Approved By [Signature]
Permit No. 186-24-000149
Date 7/16/24



Septic Permit

Repair (Major) - Residential - New

186-24-000149-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 envhealth@clatsopcounty.gov
 Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Date issued: 7/8/24 **Expiration date:** 7/8/25
Work description: Major Repair; drainfield only

Applicant: Bob McEwan Construction, Inc
Address: P.O. Box 2845
 Gearhart OR 97138
Phone: 5037383569
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
 Seaside OR 97138-3611
Phone: 5037383569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: MATTHEW CARLSON
Address: 1814 N SHELBY
 MESA AZ 85207

Property address: 89673 Manion Dr, Warrenton, OR 97146

Parcel: 71021DA01900 - Primary **Township:** **7 Range: 10** **Section:** **21DA**

Lot size:	1.31 acres	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	County
Land use approval:	N/A	County:	N/A
Accessory Dwelling Unit:	No		
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Directions to property: south on us 101, West on Sunset Beach Road, Sotuh on Lewis Road, continue past gate as road turns to Manion Dr.. Continue on Manion for about a mile. House is onthe left.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	5 bedroom home	N/A
Number of bedrooms:	5	N/A

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	525 gpd.	Proposed flow:	525 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	N/A	Distribution method:	Serial
Media type:	Other - Indicate Product/Manufacturer	Media depth:	12 in.
Media type description:	EZ Flo Gravelless		
Trench length:	175 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 7/8/24

Expiration date: 7/8/25

Work description: Major Repair; drainfield only

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Temporary	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	N/A		

Conditions of approval

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

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.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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.

Lucas Marshall, REHS

Environmental Health Supervisor

7/8/24



Clatsop County

Environmental Health/Onsite Septic Program

July 8, 2024

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
envhealth@clatsopcounty.gov email

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

RE: **Repair Evaluation Results** – Site Approval with Conditions
Subject: **186-24-000149** – Tax Lot Map ID – **71021DA01900** Parcel Size: **1.31 acre**
Property Address: **89673 Manion Dr, Warrenton, OR 97146**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **7/5/24**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: *Standard System – 175 Linear Ft disposal field*

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,

A handwritten signature in blue ink that reads "Lucas Marshall".

Lucas Marshall, REHS
Environmental Health Supervisor
Clatsop County Onsite Septic Program
lmarshall@clatsopcounty.gov

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **71021DA01900**.

Replacement System: System Type: **Standard System**
Minimum Septic Tank Size: **1500 gallons**
Minimum Dosing Tank Size: **N/A**
Distribution Method: **Serial Distribution**
Minimum Length of Disposal Trenches: **175 Linear Ft.**
Trench Depths: Min: **24 inches** Max: **30 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

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 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
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 parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

Site Evaluation - Field Worksheet

Design flow: **525 gpd** # of bedrooms: **5**

Replacement System:	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
Tank:	
<input type="checkbox"/> - 1,000 gal. <input checked="" type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
Distribution Method:	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
Absorption Disposal Facility:	175 Linear Ft
Maximum Trench Depth:	30
Minimum Trench Depth:	24

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-6"	SL	10YR 3/3	2-f,m	2-F-SBK	ESD = 60"
	6-18"	LS	10YR 4/3	1-f	1-F-SBK	No redox
	18-60"	S	10YR 5/3	1-f	SG	No water
Landscape Notes:			Slope:	Aspect:	Groundwater Type:	
Dunes			3-5%	105*E	Temporary	

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- System Description: Approval is for a Standard System with a 175 linear feet of disposal area for up to 5 bedrooms.
- Install in area of test pit. See field worksheet for further details.
- Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, foundations, and utility lines.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- All system components are required to be installed by a licensed onsite septic installer.

TE EVALUATION FIELD WORKSHEET

Township: 7 Range: 10 Section: 21DA Tax Reference: 1700 Parcel Size: 1.31 acre
 Owner/Applicant: Carlson Evaluator: Lucas Marshall
 Inspection Date(s): 7/5/24 Application Number: 186-24-000199

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-6"	SL	10YR 3/3	2-f,m	2-F-SBK
	6-18"	LS	10YR 4/3	1-f	1-F-SBK
	18-60"	S	10YR 5/3	1-f	SG
		ESD = 60" No water No redox			
Pit 2					
Pit 3					
Pit 4					

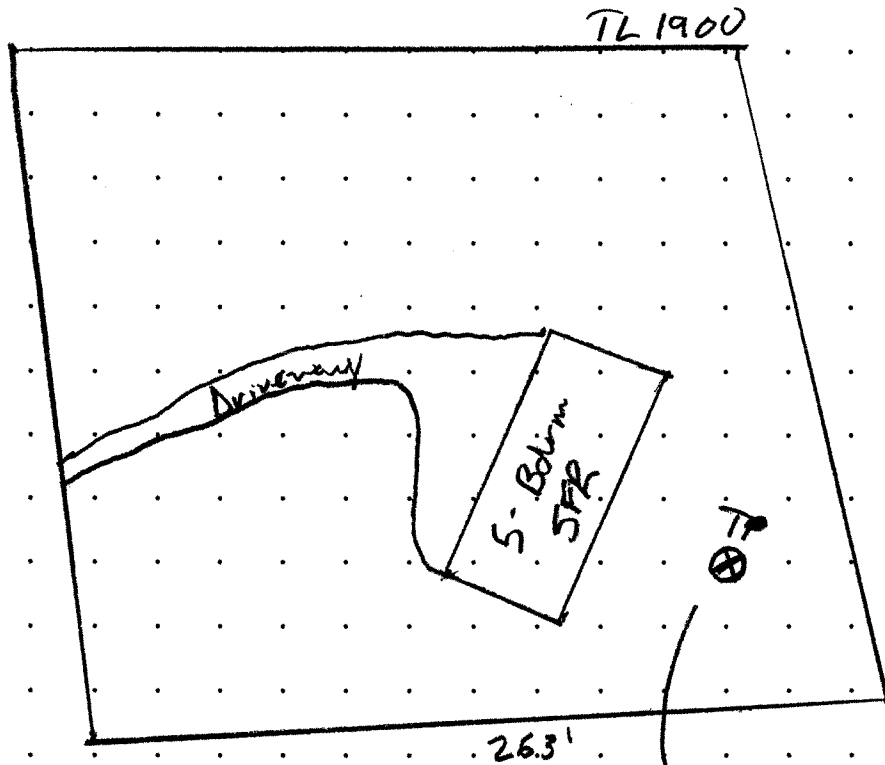
Landscape Notes: Clatsop Plains
 Slope: 3-5% Aspect: 105°E Groundwater Type: Temporary
 Other Site Notes: Dune sand

SYSTEM SPECIFICATIONS

Design Flow: 525 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: Standard System ATT Treatment Standard: _____
 Disposal Facility: 175 (linear feet) square feet Maximum Depth: 30 inches Minimum Depth: 24 inches
 Special Conditions: Maintain required setbacks to property lines, foundations, + utilities.

Township: 7 Range: 10 Section: 21 DA Tax Reference: 1900 Parcel Size: 1.31 acre
Owner/Applicant: Carlson Evaluator: Lucas Marshall
Inspection Date(s): 7/5/24 Application Number: 186-24-000149

↑
N
1" = 62'



Approved
Repair
Area


RECEIVED

JUL 03 2024

CLATSOP CO. PUBLIC HEALTH

Pd Credit card \$690-

Online Application submitted by Mike McEwan

186-24-000149-PRMT 
71021DA01900
Major Repair; drainfield only

STATUS
> App Submitted
07/02/2024 by ADMIN ADMIN

LOCATION
> 89673 MANION DR
WARRENTON, OR 97146

Project Name: 71021DA01900

Description of Work: Major Repair; drainfield only

Application Detail: Detail

Application Type: Onsite Permit

Assigned To: Lucas Marshall, REHS

Address: 89673 MANION DR, WARRENTON, OR 97146

Owner Name: MATTHEW CARLSON

Owner Address: 1814 N SHELBY, MESA, AZ 85207

Parcel No: 71021DA01900

Onsite Permit

GENERAL INFORMATION

Type of Application Repair (Major) - Residential	Action New	System is Failing	Zoning	Access:
Category of Construction Single Family Dwelling	City/County/UGB County	Expiration Letter Sent	Allow Inspections Prior to Perm N/A	
Septic Tank Last Pumped	Acreage or Lot Size 1.31 acres	Land Use Approval N/A	Previous Permit Number 186-21-000328	Previous Permit Issued Date 11/15/2021
Existing Use of Structure 5 bedroom home	Proposed Use of Structure	Water Supply Community Water Supply		



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

RECEIVED
 JUL 03 2024
 GLATSOP CO. PUBLIC HEALTH
 #24-000149

Notice Authorizing Representative

I, Matthew Carlson,

 (Property Owner – Please Print), have authorized

Bob McEwan Construction, Inc

 (Authorized Representative – Please Print) To act as my agent in performing

the activities. necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County 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

89673 Manion Drive, Warrenton, OR 97146

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 21DA Tax Lot 1900 Map ID 71021DA01900
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Matthew Carlson Email: mcarlson031@gmail.com
 Mail Address: 1814 NnShelby City/State/Zip Mesa/Arizona/85207
 Phone: 2064094867 FAX: _____
 Signature: Date: Jun 27, 2024

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138
 Phone: 503.738.3569 FAX: 503-738-4198
 Signature: Date: Jun 27, 2024

7-10-21DA-1960

RECEIVED

JUL 03 2024

OLATOP CO. PUBLIC HEALTH

#24-000149

P/L 242'

P/L 242'

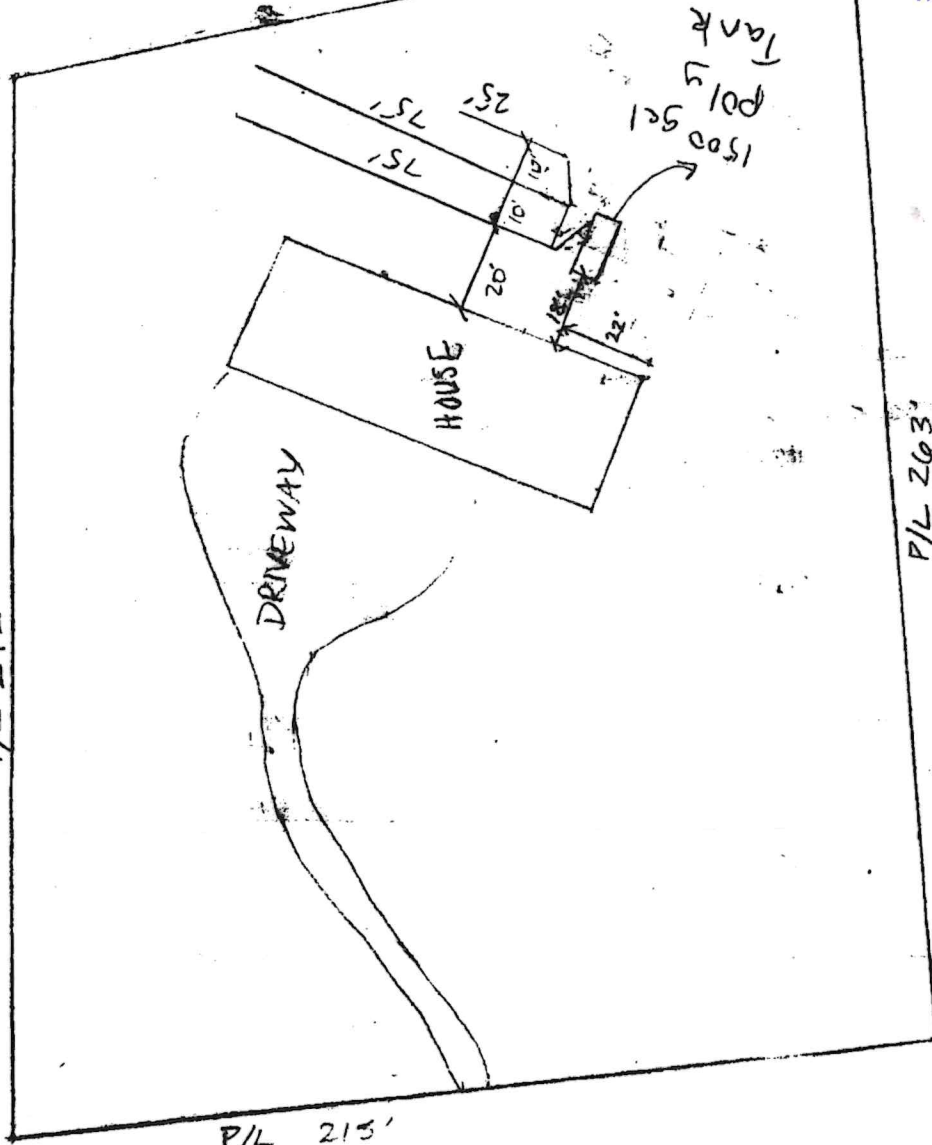
P/L 215'

P/L 263'

NORTH
1" = 40'

MATTHEW CARLSON
89673 Marion Dr.
Warrenton, OR

BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3588 CCB 48302



ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: June 28, 2024

Installer: Bob McEwan Construction, Inc
P.O. Box 2845
Gearhart, OR 97138-2845
CCB #48302
DEQ Installer #37079

Prepared for: Matthew and Anna Carlson
89673 Manion Drive
Warrenton, Ore
97146

RECEIVED
JUL 03 2024

Job Site: T7N, R10W, SEC. 21DA, T.L. 2900

Warrenton, OR 97146

CLATSOP CO. PUBLIC HEALTH
#24-000149

Plans Drawn By: Laurence Thompson

7-10-21DA-1900

Materials: T7N, R10W, SEC. 21DA, T.L. 01900;

OR 97146

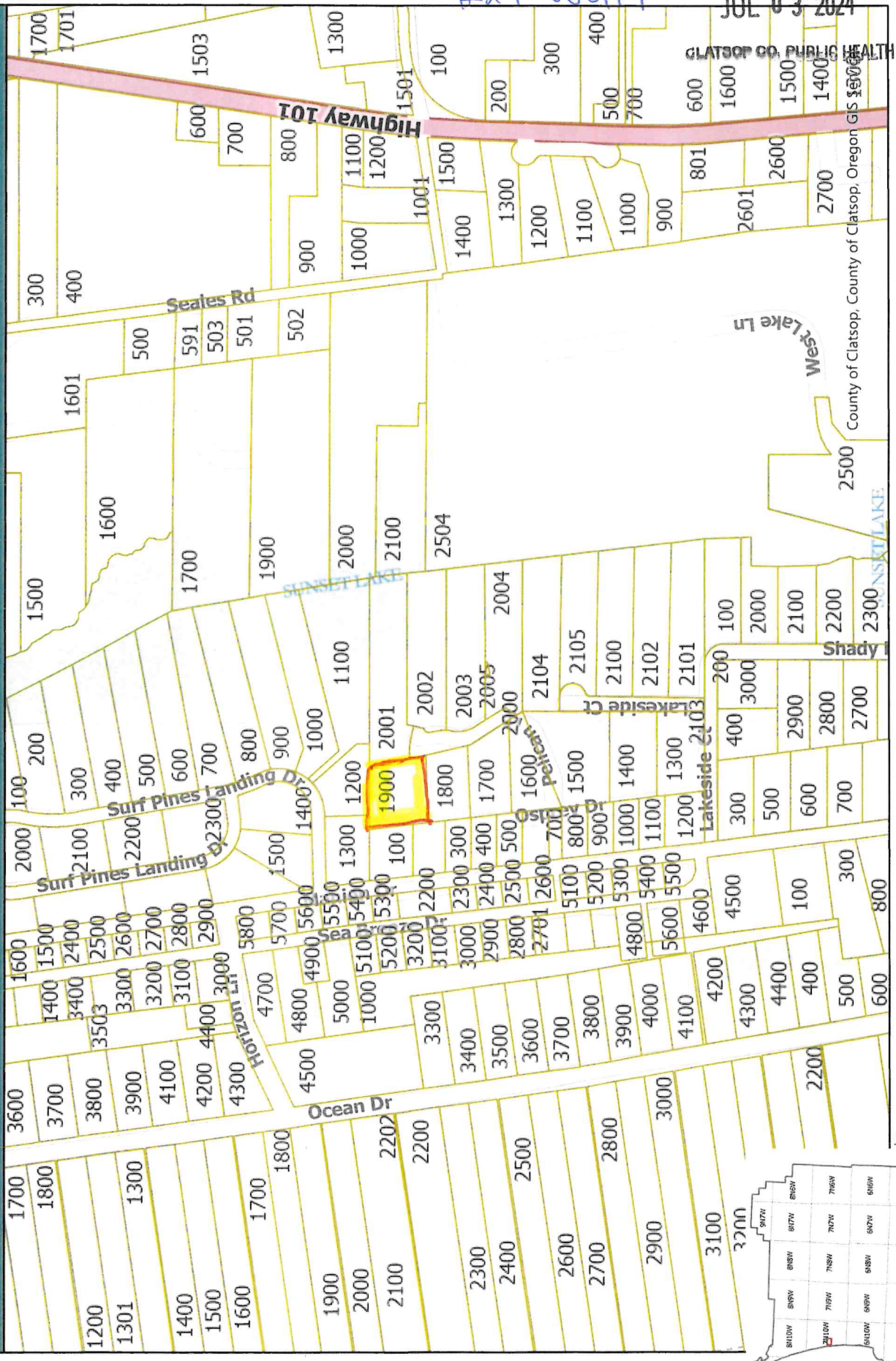
Poly Lock Distribution Box	2
Green Tracer Wire	8'
4" flex coupling	150'
4" dia. 3034 PVC pipe	8'
EZ Flow without Pipe	175'
EZ Flow with Pipe	175'
ADS Couplers	14

RECEIVED

#24-000194

JUL 03 2024

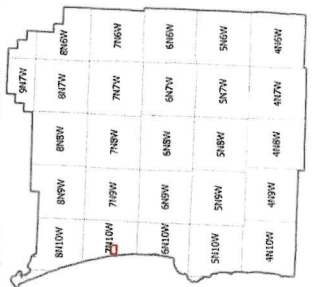
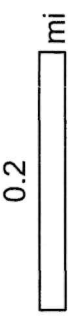
Clatsop County Webmaps



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



Clatsop County



7/3/2024 1:44 PM



Transaction Receipt
Record ID: 186-24-000149-PRMT
IVR Number: 186044288876

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 465809

Receipt Date: 7/3/24

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>
Worksite address: 89673 MANION DR, WARRENTON, OR 97146
Parcel: 71021DA01900
Due upon Receipt.

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/3/24	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
7/3/24	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
7/3/24	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Credit card authorization: 158655823
Payer: Michael McEwan
Payment Amount: \$690.00

Cashier: Annette Brodigan

Receipt Total: \$690.00