



State of Oregon
Department of
Environmental
Quality

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

RECEIVED
MAR 15 2021
CLATSOP CO. PUBLIC HEALTH

Annual Operation and Maintenance Report Form

7-10-208-228

PD 862-

General Information

Property Owner: Keep Phone #: _____
Site Address: 89182 Belmont RD City: WARRENTON
County: Clatsop Permit #: 19-000032 Startup Date: 2-10-20
System Model #: Bottomless Sand Filter System Serial #: Non-Proprietary
Service Report Year: 2020

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Jerry Lebo / Complete Septic

Certification #: RM134 Certification Expiration Date: 4/19/22

Signature: [Signature] Date: 3-15-21

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

ON-SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT

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FEB 12 2020
CLATSOP CO. PUBLIC HEALTH
186-19-000032

Date: FEB 10, 20

Service Provider: Complete Septic Service
41092 Ziak-Gnat Creek Lane
Astoria, OR. 97103
Oregon DEQ Installer License #197
Oregon DEQ Pumper License #37864
Oregon DEQ Maintenance Provider License #M238

Owner: KAREN & BYRON KEEP
7-10-278-228

System Location: 89182 BELMONT RD
WARRENTON, OR 97146

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of two inspections/service visits (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

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OWNER RESPONSIBILITIES:

1. **Water Meter Readings.** The owner shall provide water meter readings and email the readings to the Service Provider.
2. **Vegetation Control.** The owner shall control vegetation around and on the tank and sand filter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

COST/BILLING:

1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
2. **Billing.** Billing shall be sent to the Owner prior to the 1st of the month with payment due by the 10th of each month.
3. **Annual Report Fee.** The annual report fee (currently at \$60) shall be billed to the owner at the time as well.
4. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%.
5. **Additional Services.** Extra service calls with be billed monthly.
6. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

CHANGES: All changes in the contract shall be verified in written change orders prior to commencing the changed work.

CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

PAYMENT-INTEREST: Interest of 18% per annum shall be charged on all invoiced amounts not paid within 30 days of work invoice.

DISPUTES: All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

ACCEPTANCE OF PROPOSAL

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

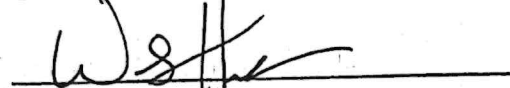
COMPLETE SEPTIC:



Jerry Lebo, owner

Date: FEB 10, 20

OWNER:



Name: WESLEY HOUCK

Date: FEB 10, 20



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

186-19-000032-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 12/18/2019
Work Description: construction/installation; bottomless sandfilter; SFD 3 bedroom

Applicant: Septic System Design Address: 89647 Manion Drive Warrenton OR 97146 Phone: 503-717-8681 Email: gntlmangeorge@gmail.com	Primary Contractor: Osburn-Olson, L.L.C. Installer License: 38583 Address: 33485 SW Old Pine Rd Warrenton OR 97146 Phone: (503) 717-3907 Email: grosburn@hotmail.com
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Owner: Evergreen Construction LLC Address: 80362 Polo Ridge Rd Warrenton OR 97146 Owner: Evergreen Construction LLC Address: 80362 Polo Ridge Rd Warrenton OR 97146	Property Address: 89182 Belmont Rd, Warrenton, OR 97146
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Parcel: 71027B000228 - Primary **Township:** 7 **Range:** 10 **Section:** 27B

Lot Size: 1.03 acre	Water Supply: Community Water Supply	
Zoning: N/A	City/County/UGB: County	
Land Use Approval: N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	residence 3 bedroom
Number of Bedrooms:	N/A	4

System Specifications

Type:	Bottomless Sand Filter		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	N/A
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.
		Sand filter sqft:	360

Drain Field Specifications

Drain Field Type:	Bottomless Sand Filter	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Pressurized
Seepage Bed Specs:	N/A	Bottomless sand filter sqft:	360
Max Depth:	36 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Not Applicable	Groundwater Depth:	N/A
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Date Certificate Issued: 12/18/2019

Work Description: construction/installation, bottomless sandfilter, SFD 3 bedroom

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

Yvonne Van Nostran

Onsite Inspector

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: 186-19-000032-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.

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SECTION 1: Owner/Permittee Information:

Name: Evergreen Construction LLC Evergreen Construction LLC
Property Address: 89182 Belmont RD, Warrenton, OR 97146

Twnshp: 7 **Range:** 10 **Sect:** 27B
Lot: 00228

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: A-1 CONCRETE	Date: 12/10/19
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. PF500511	Float(s) Type(1): P/B	Model/Manuf. MF ORENCO
			Float(s) Type(2): N/A	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/4"	ASTM#/Other: D1785	Length: 20 FT

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: BOTTOMLESS	Container Dimensions: 18' X 20'
LATERAL Underdrain pipe	Diameter: 1 1/4"		ASTM#/Other: D1785	Length: 136 FT
Manifold piping	Diameter: 1 1/4"		ASTM#/Other: D1785	Length: 17 1/2 FT
Internal Pump	HP: N/A		Model/Manufacturer:	
Floats(1)	Type: N/A		Model/Manufacturer:	
Floats(2)	Type: N/A		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?) 28 yds DEER SAND; 7 yds DEER GRAVEL & DR. ROCK			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other: Length:
Comment	2-24" POLY RISERS W/ LIDS, FILTER FABRIC			

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

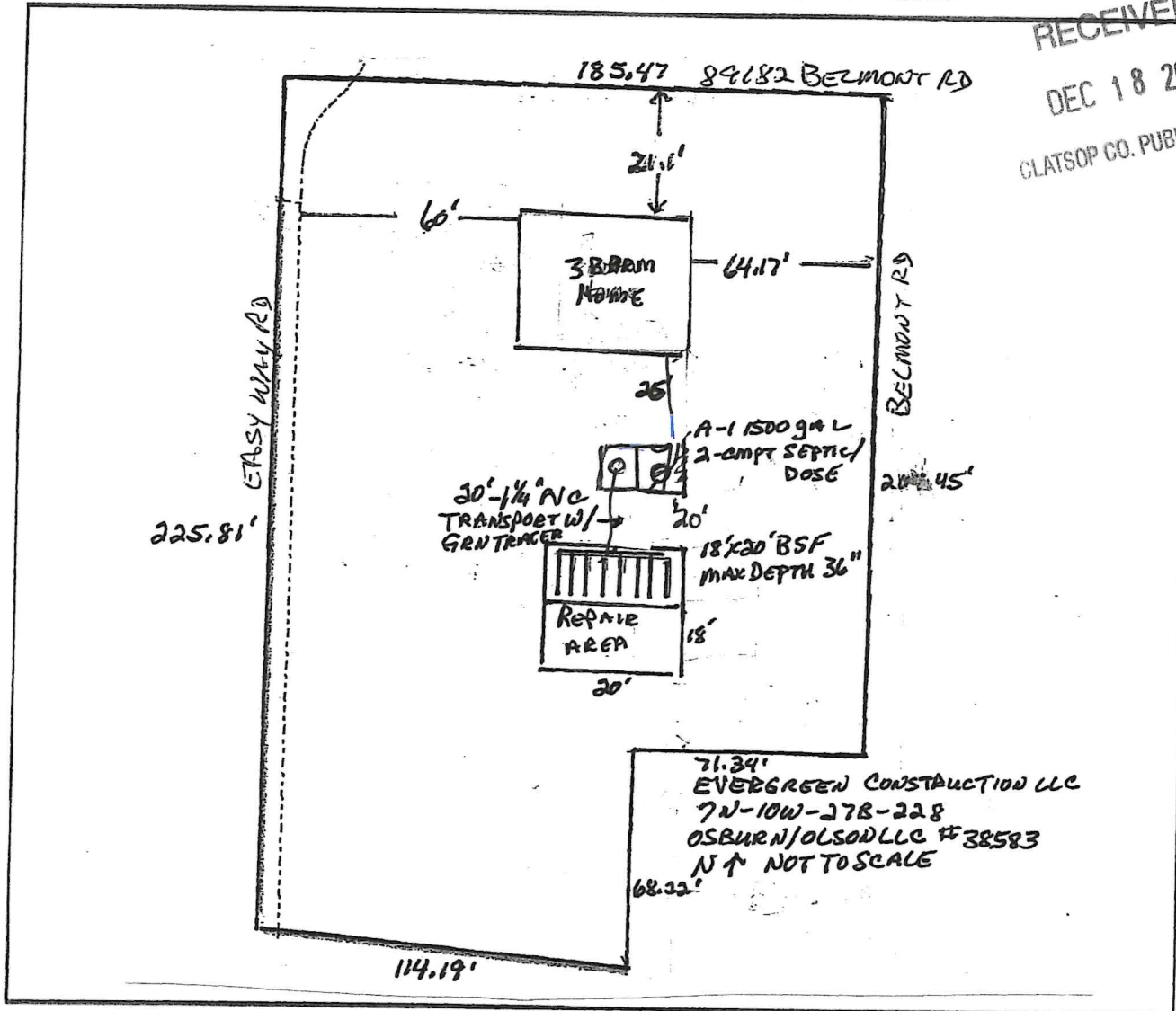
Approved By: [Signature]
Permit No. 186-19-000032-1
Date: 12/18/19

*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.

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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#: OSBURN/OLSON LLC	Print Name:
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> License#: 38583	Certification#: I826
Owner/ Certified Installer: Signature: <i>Scott Tomlin</i>	Date: 12/18/19 Phone#: 503-717-3907

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 12/18/19	Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 12/18/19
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If No, Reason for Non Acceptance: _____

Comment: Final inspection 12/18/19, approved to cover

Clatsop County Department of Public Health

On-Site Waste Water Program
Approved By: *Van Norstran*
Permit No. **186-19-000032**
Date **12/18/19**



Septic Permit Installation Permit - Residential - New

186-19-000032-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 11/15/19	Expiration date: 11/14/20
Work description: construction/installation; bottomless sandfilter; SFD 3 bedroom	

Applicant: Septic System Design
Address: 89647 Manion Drive
Warrenton OR 97146
Phone: 503-717-8681
Email: gntlmangeorge@gmail.com

Primary contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
Warrenton OR 97146
Phone: (503) 717-3907
Email: grosburn@hotmail.com

Business License: N/A

Owner: Evergreen Construction LLC
Address: 80362 Polo Ridge Rd
Warrenton OR 97146
Owner: Evergreen Construction LLC
Address: 80362 Polo Ridge Rd
Warrenton OR 97146

Property address: 89182 Belmont Rd, Warrenton, OR
97146

Parcel: 71027B000228 - Primary **Township:** 7 **Range:** 10 **Section:** 27

Lot size: 1.03 acre	Water supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land use approval: N/A	County: N/A
Action: New	Type of application: Construction Permit - Residential
System failing: N/A	Septic tank last pumped: N/A
Comments: N/A	

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	residence 3 bedroom
Number of bedrooms:	N/A	4

System Specifications

Type: Bottomless Sand Filter	ATT description: N/A
Max peak design flow: 450 gpd.	Proposed flow: N/A
Min septic tank volume: 1000 gal.	Min dosing tank volume: 500 gal.
	Sand filter sqft: 360

Drain Field Specifications

Drain field type: Bottomless Sand Filter	System distribution Ttpe: Equal
Drainfield sizing: N/A	Distribution method: Pressurized
Seepage bed specs: N/A	Bottomless sand filter sqft: 360
Max depth: 36 in.	Undisturbed soil between trenches: N/A
Min depth: 18 in.	Capping fills-min depth of fill material: N/A

Special Requirements

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: 11/15/19	Expiration date: 11/14/20
Work description: construction/installation; bottomless sandfilter; SFD 3 bedroom	

Stake out required: No
Groundwater type: Not Applicable **Groundwater depth:** 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.

11/15/19



Clatsop County

www.co.clatsop.or.us

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

mmcknickle@co.clatsop.or.us

186-19-000032

#32

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Application for Onsite Sewage Treatment System

A. Property Owner Information

EVERGREEN CONSTRUCTION LLC 80362 POLO RIDGE RD WARRENTON, OR 97146 503-440-0006

B. Legal Property Description

7N Township, 10W Range, 27B Section, 228 Tax Lot, Tax Account Number, 1.03 Acreage or Lot Size, CLATSOP County, POLO RIDGE No. 3 Subdivision Name, 28 Lot, Block

Property Address: 89182 BELMONT RD WARRENTON, OR 97146

Directions to Property: Go So. on Hwy 101 to Surf Pines Rd, turn RT. Turn RT. on Polo Ridge Rd. Go straight onto Belmont Rd. Go around to left. 2nd house on left

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, Proposed Facility: Single Family Residence, Water Supply: Public WARRENTON

D. Type of Application

- Site Evaluation, Construction BSF, Permit Repair, Alteration Permit, 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 Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: George Owen, Date: 11/15/19

Applicant's Name: GEORGE OWEN, Applicant's Phone: 503-717-8681, Applicant's E-Mail Address: GNTCLMAN6GEORGE@GMAIL.COM

Applicant's Mailing Address: 89647 MANIOW DR. WARRENTON, OR 97146

Applicant is the: Owner, Authorized Representative, Licensed Septic Installer OSBURN/OLSON LLC #38583



Clatsop County

Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

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#186-19-000032

Notice Authorizing Representative

I, EVERGREEN CONSTRUCTION LLC, have authorized
(Property Owner - Please Print)

GEORGE OWEN To act as my agent in performing
(Authorized Representative - Please Print)

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

89182 BELMONT RD WARRENTON

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 7N Range 10W Section 27B Tax Lot 228 Map ID

Township Range Section Tax Lot Map ID

PROPERTY OWNER:

Name: WESLEY HOUCK Email: WESLEY.HOUCK@LIVE.COM

Mail Address: 80362 POLO RIDGE RD City/State/Zip WARRENTON, OR 97146

Phone: 503-440-0006 FAX:

Signature: [Signature] Date: 11/13/19

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN Email: GENTLMAN.GEORGE@GMAIL.COM

Mail Address: 89647 MANION DR City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681 FAX: 503-717-8681

Signature: [Signature] Date: 11/13/19

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: EVERGREEN CONSTRUCTION LLC
Mailing Address: 80362 POLO RIDGE RD.
City/State/Zip: WARRENTON, OR 97146
Telephone: 503-440-0006

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#186-19-000032

2. Property Information:

County: CLATSOP Tax Lot No: 228
Township: 7N Range: 10W Section: 27B
Physical Address: 89182 BELMONT RD WARRENTON, OR 97146
Block: _____ Lot: 28
Subdivision Name (if applicable): POLO RIDGE No.3

3. This proposed facility is for:

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

4. Permit or approval being requested:

Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

503-717-2477
gntmangeorge@gmail.com
#2169

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RA-5 Zoning Minimum Parcel Size 5.00

6. The facility is located: inside city limits inside UGB outside UGB

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

If you answered "Yes" above, was this compliance based on:

Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: 3.223(1)

8. Planning Official Signature: Clarence Adams

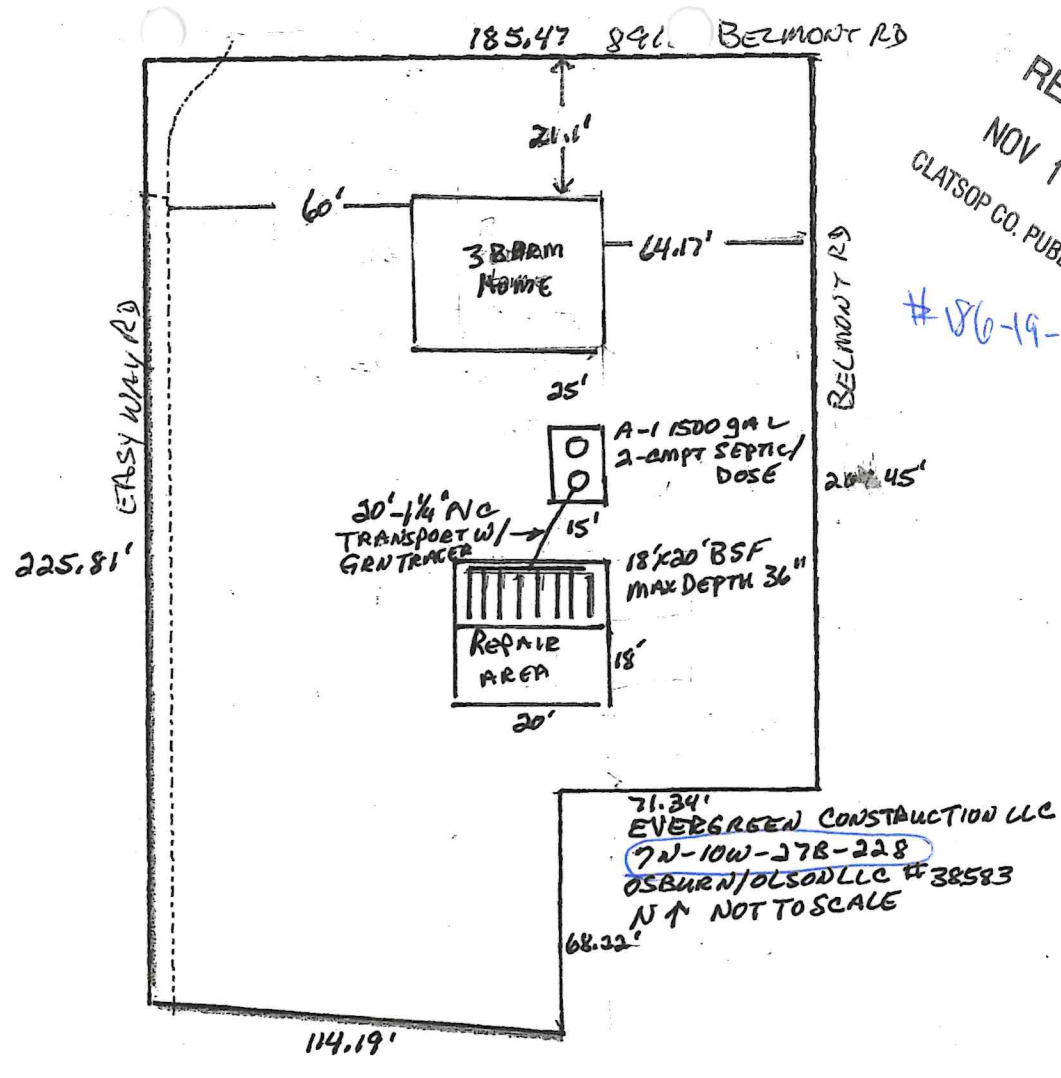
Print Name: _____

Date: 11/15/19

Title: _____

Telephone: _____

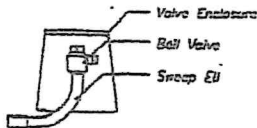
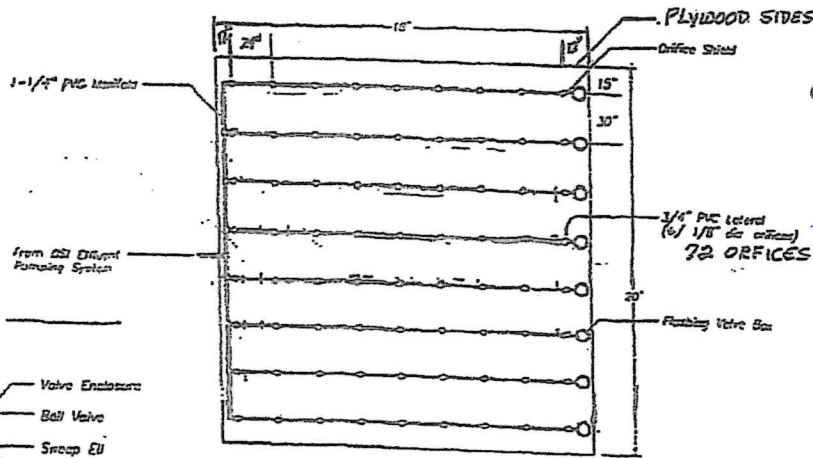
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20'x18' Bottomless Sand Filter

Designed for loading capacity of 25 GPD/FT.² Filter appropriate for use in the design details.

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 CLATSOP CO. PUBLIC HEALTH
 #186-19-000032

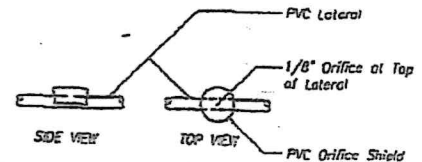


FLUSHING VALVE DETAIL
 SCALE: 1" = 1'-0"

Patent # 5,120,555
 © 1992, Oranco Systems, Inc.

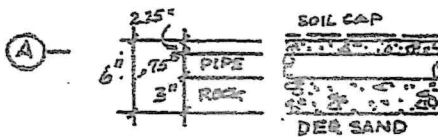
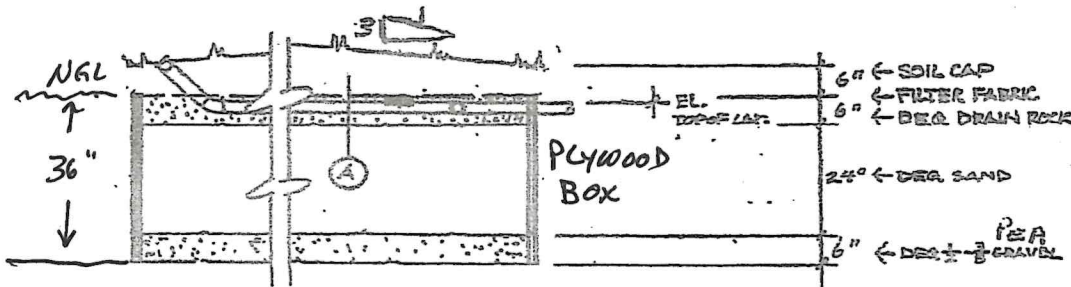
TOP VIEW - 20'x18' BOTTOMLESS SAND FILTER
 SCALE: 1" = 5'-0"

Note: See additional details on
 NPT-52-5-3



STANDARD ORIFICE SHIELD DETAIL

EVERGREEN CONSTRUCTION LLC
 7N-10W-27B-228
 OSBURN/OLSON LLC #38583



EL. NATURAL GRADE — 0.00'
 EL. TOP OF MANIFOLD — 0.50'
 EL. PUMP BASE — 4.50'
 STATIC HEAD — = 5.00'

**BOTTOMLESS SAND FILTER
 & MANIFOLD SECTION**

Pump Selection for a Pressurized System - Single Family Residence Project

Evergreen Construction LLC 7N-10W-27B-228 / OOsburn/Olson LLC #38583

#186-19-000032

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Parameters

Discharge Assembly Size	2.00	inches
Transport Length	20	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	17.5	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	8	
Lateral Length	16	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	72	
Total Flow Rate per Zone	31.2	gpm
Number of Laterals per Zone	8	
% Flow Differential 1st/Last Orifice	0.1	%
Transport Velocity	6.7	fps

Frictional Head Losses

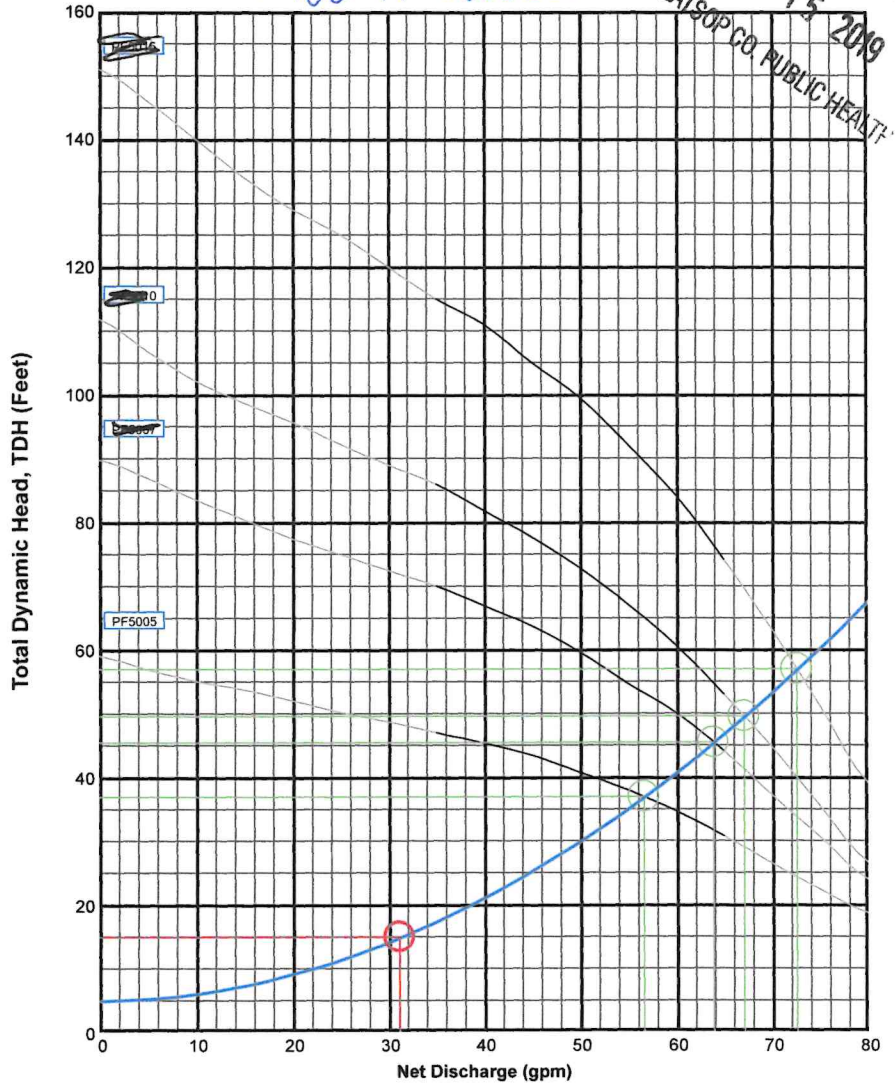
Loss through Discharge	1.9	feet
Loss in Transport	2.4	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.6	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.6	gals
Vol of Manifold	1.4	gals
Vol of Laterals per Zone	9.9	gals
Total Volume	12.9	gals

Minimum Pump Requirements

Design Flow Rate	31.2	gpm
Total Dynamic Head	14.9	feet



PumpData

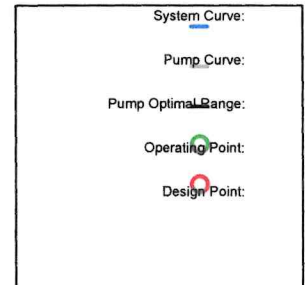
PF5005 High Head Effluent Pump
50 GPM, 1/2HP
115/230V 1Ø 60Hz, 200/230V 3Ø 60Hz

PF5007 High Head Effluent Pump
50 GPM, 3/4HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz

PF5010 High Head Effluent Pump
50 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF5015 High Head Effluent Pump
50 GPM, 1-1/2HP
230V 1Ø 60Hz, 200V 3Ø 60Hz

Legend



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CALPORTLAND
 Quality Test Report

Plant 544A-Santosh
 Product AOR8036-3/8" - #8 PEA GRAVEL
 Specification AOR8036 3/8" - #8 PEA GRAVEL



1810911092

#186-19-000032

Sample Information

Sample No 1810911092
 Date Sampled 05/29/2019 15:48
 Sampled By Eric Egge
 Type Shipping
 Method Belt-Cut

Split Sample
 Resample

Test Note
 Front Ave.

Gradation Results

Date Completed 05/29/2019 15:48
 Tested By Eric Egge

Unit	Moist Mass	Dry Mass	Wash Mass	Moisture %	Wash Loss %	Procedure
g	2110.00	2047.70	2042.20	3.0	0.3	

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	8.60	8.60	0	0	100		100-100	
3/8" (9.5mm)	252.10	260.70	12	13	87		80-100	
1/4" (6.3mm)	1048.10	1308.80	51	64	36			
#4 (4.75mm)	519.80	1828.60	25	89	11		0-20	
#8 (2.36mm)	208.80	2037.40	10	99	1		0-10	
#16 (1.18mm)	2.90	2040.30	0	100	0		0-5	
#30 (0.6mm)	0.40	2040.70	0	100	0			
#50 (0.3mm)	0.30	2041.00	0	100	0			
#100 (0.15mm)	0.20	2041.20	0	100	0			
#200 (75µm)	0.10	2041.30	0.0	99.7	0.3		0-1	
Pan	0.50	2041.80	0.3	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
FM	05/29/2019 15:48	6.00				
Grad Loss	05/29/2019 15:48	0.020	%			

EVERGREEN CONSTRUCTION LLC
 7N-10W-27B-228
 OSBURN/OLSON LLC #38583



CALPORTLAND
Quality Test Report

Plant 544A-Santosh
Product AOR8364-CCF Sand
Specification CalPortland

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CLATSOP CO. PUBLIC HEALTH

#186-19-000832



Sample Information

Sample No 1697096265
Date Sampled 04/01/2019 10:39
Sampled By Eric Egge
Type Production
Method Stockpile

Split Sample
Resample

Test Note
Classifier batch

Gradation Results

Date Completed 04/01/2019 10:39
Tested By Eric Egge

Unit	Moist Mass	Dry Mass	Wash Mass	Moisture %	Wash Loss %	Procedure
g	1890.00	1782.70	1762.70	7.2	0.0	

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100			
3/8" (9.5mm)	0.00	0.00	0	0	100		100-100	
1/4" (6.3mm)	3.40	3.40	0	0	100			
#4 (4.75mm)	12.10	15.50	1	1	99		95-100	
#8 (2.36mm)	67.10	82.60	4	5	95		80-100	
#16 (1.18mm)	288.80	351.40	15	20	80		45-85	
#30 (0.6mm)	623.70	975.10	35	55	45		15-60	
#50 (0.3mm)	556.70	1531.80	32	87	13		3-15	
#100 (0.15mm)	224.50	1756.30	13	100	0		0-4	
#200 (75µm)	5.60	1761.90	0.3	100.0	0.0			
Pan	1.50	1763.40	0.0	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
					Tested By	
-#200 (75µm)	04/01/2019 10:39	0.09	%		Eric Egge	
FM	04/01/2019 10:39	2.67			Eric Egge	
Grad Loss	04/01/2019 10:39	-0.040	%		Eric Egge	
Total Moisture	04/01/2019 10:39	7.22	%		Eric Egge	
					Eric Egge	

EVERGREEN CONSTRUCTION LLC
7N-10W-27B-228
 OSBURN/OLSON LLC #38583

Evergreen Construction LLC
7N-10W-27B-218
PARTS LIST
18' x 20' Bottomless Sandfilter
Osburn/Olson LLC #38583

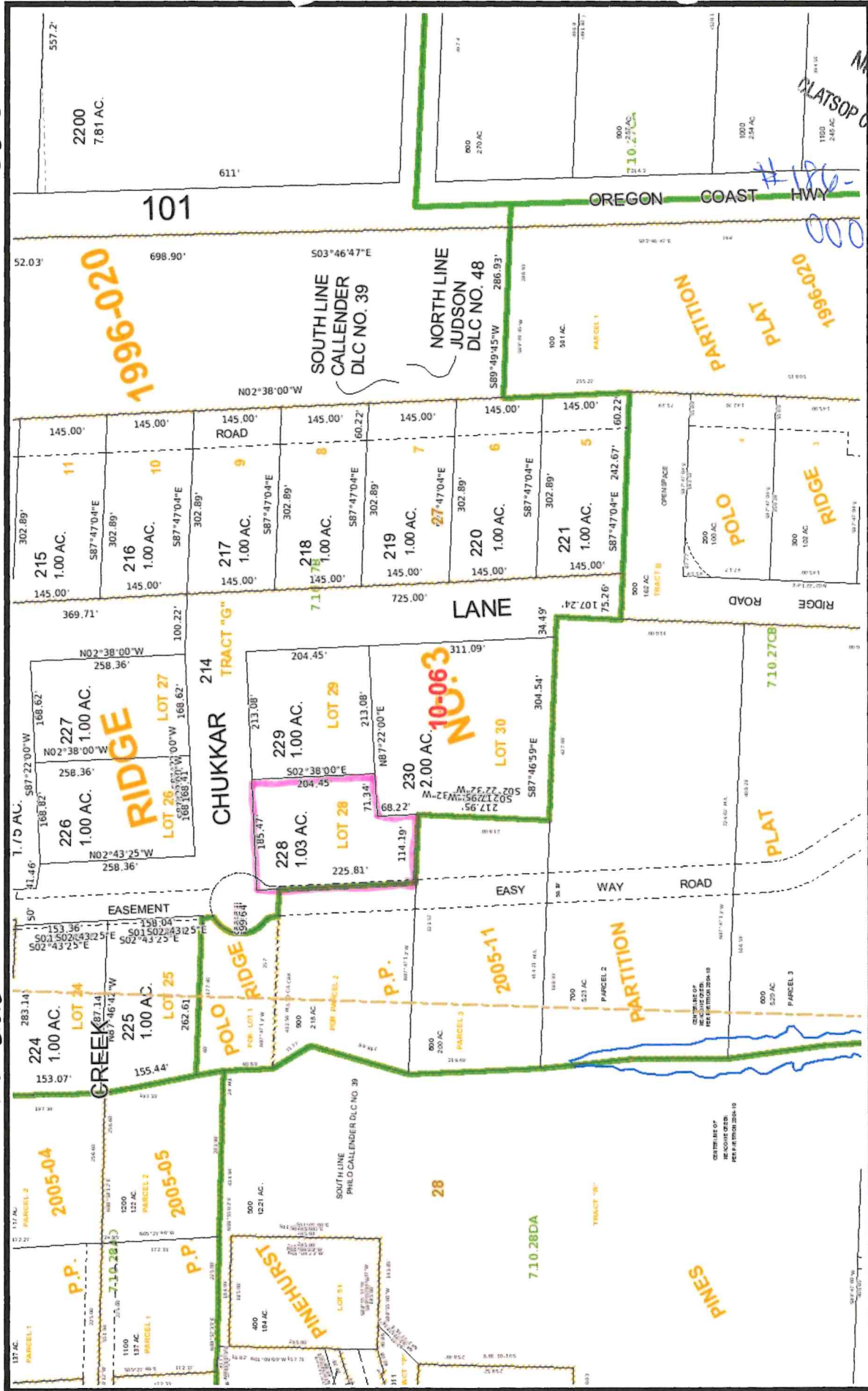
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CLATSOP CO. PUBLIC HEALTH

#186-19-00032

1 A-1 Concrete 1500 gal 2-compt septic/dose tank
2 24" x 24" poly risers
2 24" poly lids w/screws
2 ADH200 adhesive
1 PF500511 pump, 115v.
1 PVU57-1819 pump vault
1 MVP-S1/DM control panel, 115v. (Timed dose)
1 SBEX4 splice box (external)
1 HV200BCX hose & valve assy.
1 MF3P floats and stem - 27" stem for vault
72 OS125 (1¼") orifice shields
1 GL2 grommet
200ft 1¼" PVC D1785 pipe
7 1¼" PVC "T"
2 1¼" PVC 90° ells
18 1¼" 45° PVC ells
8 7" round valve covers
8 1¼" shut-off valves
1 2" x 1¼" reducer
7yds DEQ Peagravel
7yds DEQ Drain Rock
28yds DEQ Sand
Filter fabric
10ea- Plywood and 6- 2"x4" x 8' boards for sand filter box

Map EVERGREEN CONSTRUCTION LLC
7N-10W-27B-228

OS BURN/OLSON LLC #38583



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CLATSOP CO. PUBLIC HEALTH

Clatsop County Webmaps
Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



7-10-27B-228 = 1.03 acre



<https://www.co.clatsop.or.us/publichealth/page/onsite-septic->

Transaction Receipt

186-19-00032-PRMT

Receipt Number: 451604

Receipt Date: 11/15/19

Clatsop County Onsite

820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Parcel: 71027B000228

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/15/19	1.00 Ea	Install - Sand filter - by gallons per day	81-7203	\$1,566.00	\$1,566.00
11/15/19	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/15/19	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 2168	Payer: Evergreen Construction LLC	Payment Amount:	\$1,675.00
------------------------------------	-----------------------------------	-----------------	------------

Cashier: Annette Brodigan

Receipt Total: \$1,675.00

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed by approving agency.

RECEIVED
MAR 25 2019
CLATSOP CO. PUBLIC HEALTH

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: LOT 28, POLO RIDGE RD City: WARRENTON
Owner: EVERGREEN CONSTRUCTION Phone: (503) 440-0006
Address: 80362 POLO RIDGE RD, WARRENTON, OR 97146 Email: wesleyhouck@live.com
Agent: WESLEY HOUCK
Proposed Development/Construction: NEW SFR CONSTRUCTION

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 7 R 10 S 27B Tax Lot(s) 000228
Permit Needed: Yes No Site Approved: Yes No
Agency Signature: [Signature] Date: 3/25/19
Remarks: Construction permit is REQUIRED George Owen to purchase

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: _____
Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: 1050 Number of Hydrants: 1 Hydrant Location(s): within 100 ft
Agency Signature: [Signature] Title: Fire Chief Date: 3/25/2019
Remarks: Meets water supply requirements - Access Rd 14 ft min improved surface
to premise
Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638

Site Evaluation - Single Family Dwelling -

PROPERTY INFORMATION

Property Owner: **3 Js Real Estate LLC** Township **7**, Range **10**, Section **27 B 0**
Property Location: **LOT ON BELMONT RD, WARRENTON** Tax Lot **00228**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Each pump shall be wired on a separate circuit.
- 2 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.
- 3 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 4 Meet all required setbacks.
- 5 The alarm and pump must be on separate circuits in the control panel.
- 6 All roof drains must be directed away from the system.
- 7 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 8 Filter fabric is required over the drain media.
- 9 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 10 Vehicular traffic and livestock must be restricted from the system area.
- 11 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 12 Timed dosing required - must include timer and dose counter
- 13 Future repair may be a sandfilter or ATT
- 14 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion

INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

6/28/2018

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303

SITE EVALUATION REPORT

Date: June 28, 2018

Dear Mr. Palmberg,

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Jason Palmberg Application: # 501040 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7N/ R 10W/ S 27B Tax Lot#: 00228

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3685.

Yours truly,



Nancy Mendoza
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: Jason Palmberg Application #: 501040 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7N/ R 10W / S 27B Tax Lot#: 00228

Commercial Facility: Yes No Parcel Size: 1.03 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System		Replacement System	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/>	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/>
Other		Other	
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/>	Other	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required			
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.	Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.
36 " Max Depth	18 Min Depth	36 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-10 10-60	FS FS	10YR 3/2, f roots to 16" 2.5YR 5/3 ESD greater than 60"
#2			

Landscape Notes:

Slope: 0-1%

Aspect:

Groundwater Type: None present

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable 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.
- *Drainfield must be staked prior to installation.**
- Recommend licensed installer install all system components.
- Construction of capping fills must occur between June 1 and October 1.
- Fill material must be evenly graded to a final depth of 16 inches over the drain media.
- Must use Sandy Loam or better for capping material.

***Required prior to issuance of construction permit.**

SEWAGE EVALUATION FIELD WORKSHEET

Township: 7N Range: 10W Section: 27B Tax Reference: 228 Parcel Size: 1.03
 Owner/Applicant: 3 J's Real Estate LLC Evaluator: Nancy Mendoza
 Inspection Date(s): 06/25/18 Application Number: 501040

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 0-10	FS	10 yr 3/2, roots to 16"
10-60	FS	2.5 y 5/3
		ESD Greater than 60"

Landscape Notes: _____
 Slope: 0-1% Aspect: _____ Groundwater Type: None

Other Site Notes: _____

Inlet Flow: 450 gpd SYSTEM SPECIFICATIONS

Collection System: Bottomless Sand Filter ATT Treatment Standard: _____

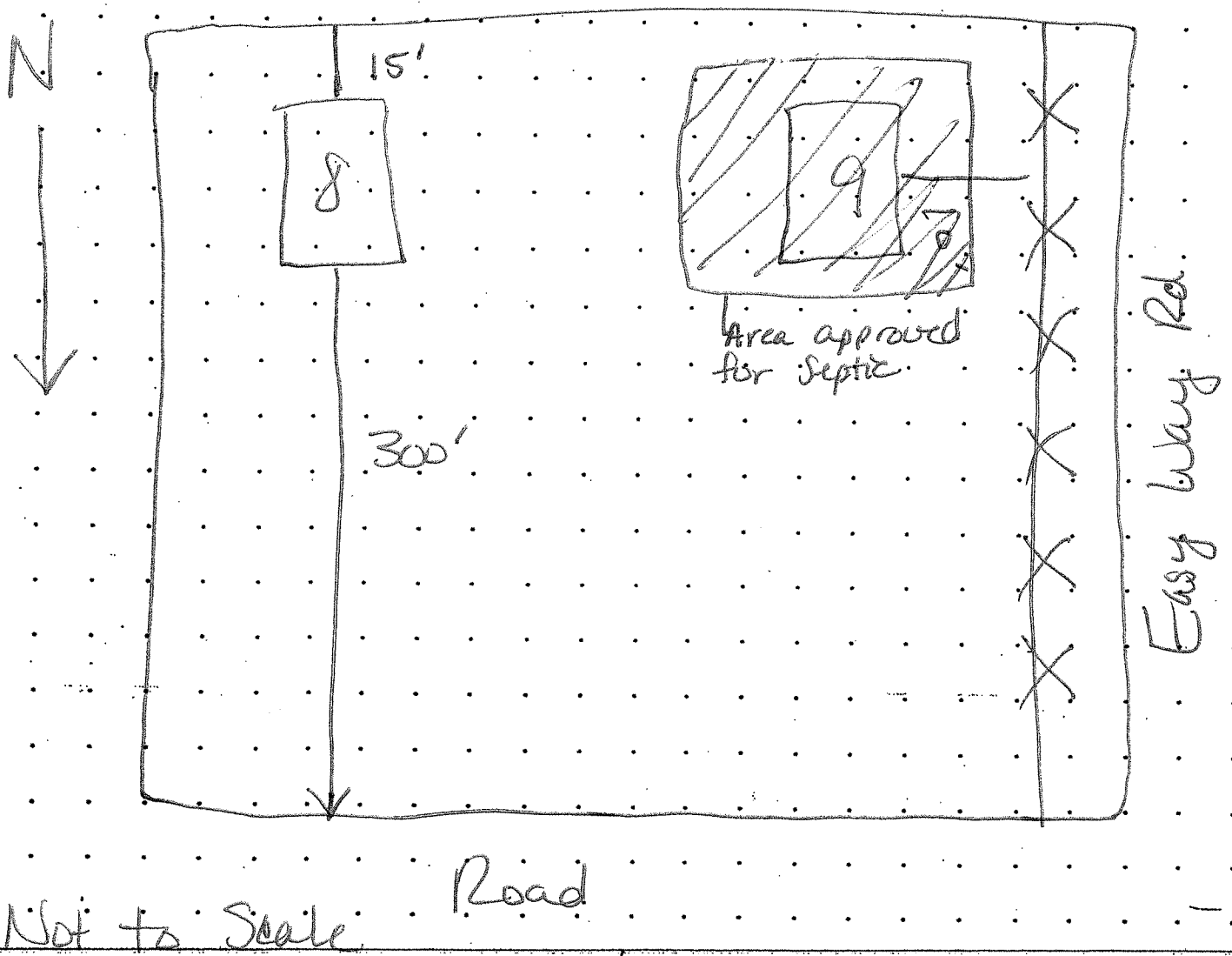
Installation Facility: 360 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 18 inches

Placement System: Bottomless Sand filter ATT Treatment Standard: _____

Installation Facility: 360 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 18 inches

Installation Conditions: _____

Township: 7N Range: 10W Section: 27B Tax Reference: 208 Parcel Size: 1.03
Owner/Applicant: 3 J's Real Estate LLC Evaluator: Nancy Mendoza
Inspection Date(s): 06/25/18 Application Number: _____





#501040

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

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JUN 21 2018

CLATSOP CO. PUBLIC HEALTH

PK CK# 1386
\$81000

Application for Onsite Sewage Treatment System

A. Property Owner Information

3 J's Real Estate LLC PO Box 173 Astoria OR 97103 503-791-1603
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

Twp 7N Range 10W Section 28B Tax Lot 228 Phrase 60339 Acreage or Lot Size 1.03 Acre
County Clatsop Subdivision Name Polo Ridge #3 Lot 28 Block

Property Address: lot on Belmont Rd., Warrenton
(Street, City, State, Zip)

Directions to Property South on Hwy 101 west on Surf View Ln - North on Polo Ridge Rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, Number of Bedrooms
Proposed Facility: Single Family Residence, Number of Bedrooms
Water Supply: Public City of Warrenton, Private Well, Spring, Shared

D. Type of Application

- Site Evaluation, Construction, Permit Repair, Alteration Permit, Renewal Permit, Existing System Evaluation, Permit Transfer, Permit Reinstatement, Compliance Record Review, 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 Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature Date 6-21-18

Jason Palumbo for 3 J's Real Estate LLC 791-1603
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

PO Box
Applicant's Mailing Address

Applicant is the Owner, Authorized Representative, Licensed Septic Installer, Authorization Attached
Installers Name

Septic Test Holes

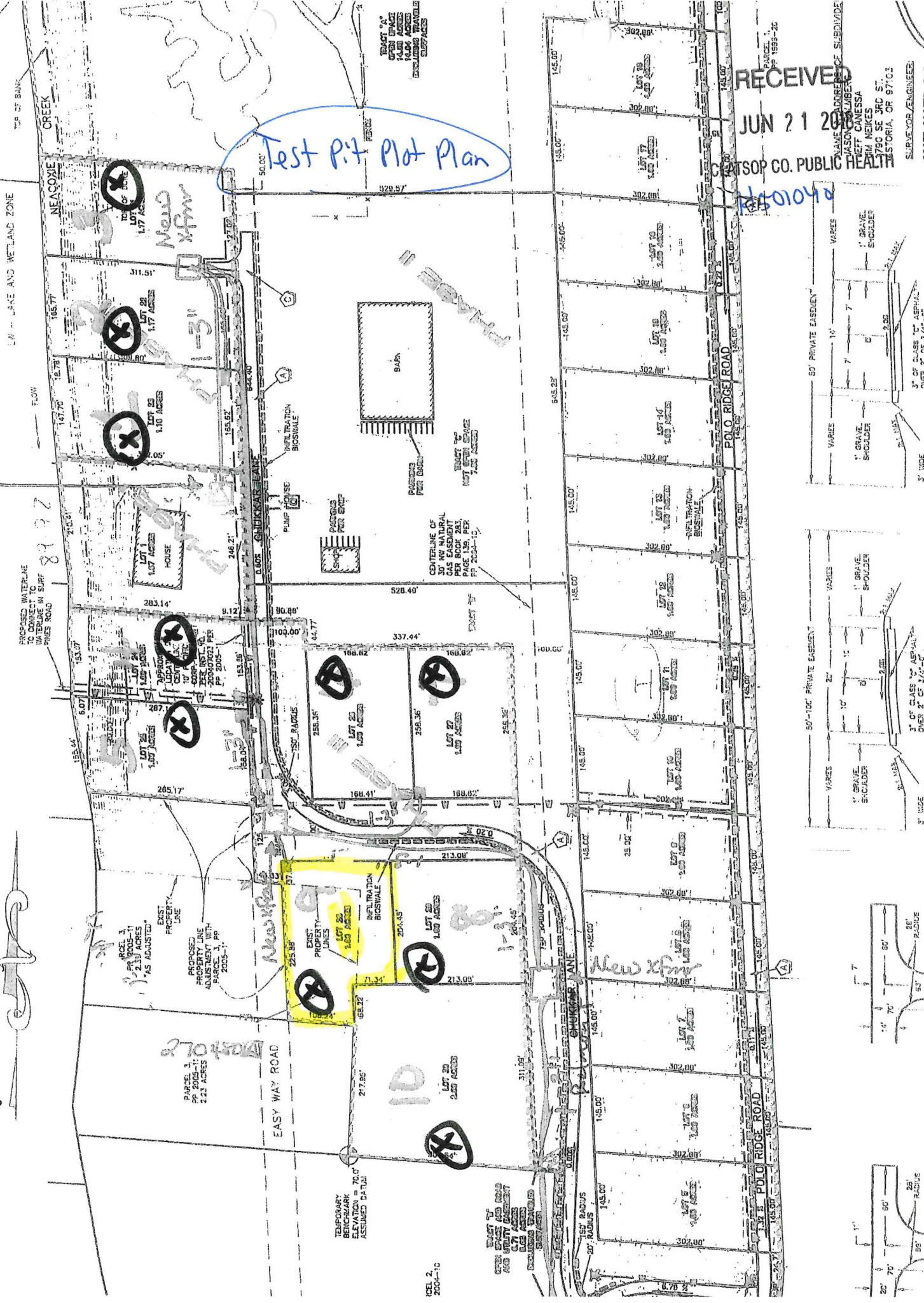
ng
former
0680

CROSSED AS 4-11-11
PROPOSED WATER LINE
PROPOSED FIRE HYDRANT
PROPOSED EASEMENT LINE
EXIST/PROPOSED ROAD GRADE

2. EASE. 94-9, RESIDENTIAL 5 ACRES MAXIMUM

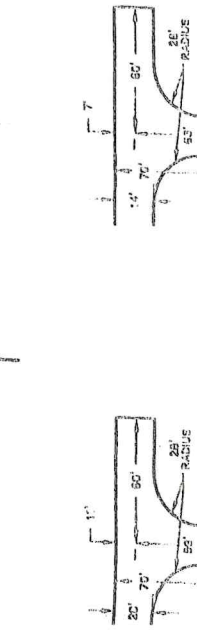
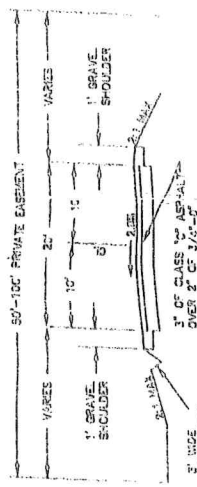
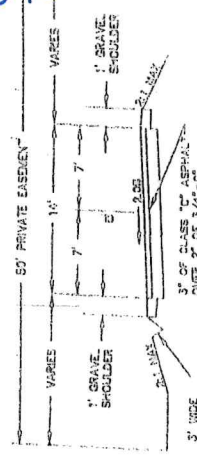


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JUN 21 2018
SOP CO. PUBLIC HEALTH

1501040



DEEL 2, 2004-10

NAME ADDRESS OF SUBMITTER
JASON GILBERT
JEFF CANESSA
TRAM MEIKES
17790 SE 3RD ST.
ASTORIA, OR 97103

DATE RECEIVED

PROJECT NUMBER

DATE OF PLAN

SCALE

BY

CHECKED BY

APPROVED BY

DATE

PROJECT

LOCATION

OWNER

PREPARED BY

DATE

SCALE

BY

CHECKED BY

APPROVED BY

DATE

PROJECT

LOCATION

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PREPARED BY

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LOCATION

OWNER

PREPARED BY

DATE

SCALE

BY

CHECKED BY

APPROVED BY

DATE

PROJECT

LOCATION

OWNER

PREPARED BY

DATE



Septic Application

Clatsop County Public Health Department
 820 Exchange St Ste 100
 Astoria, OR 97103
 Ph. (503) 325-8500

For Department Use Only

Permit #: 501040
 Permit Type: Site Evaluation
 Entry Date: 6/21/2018
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	06/21/2018

Work Description

Work Description:

Remarks:

Owner

Name: **3 Js Real Estate LLC** Ph. #: (503) 791-1603 Cell: () -
 Address: PO BOX 173 E-Mail: Fax: () -
 City, State, Zip: Astoria, OR 97103

Applicant

3 Js Real Estate LLC Ph. 5037911603 Fax
 PO BOX 173 Cell E-Mail
 Astoria, OR 97103

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$701.00	\$100.00	\$0.00	\$9.00	\$810.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
3 Js Real Estate LLC	Check	1386	06/21/2018	\$810.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

REVISED PRELIMINARY PLAT Scott
POLO RIDGE

503739-2600

A PART OF 37th AND TRACT 7th, ROLL 208
 LOCATED IN THE WEST 1/2 OF SECTION 27, EAST 1/2 OF SECTION
 28, T4N, R10W, AM, CLATSOP COUNTY, OREGON

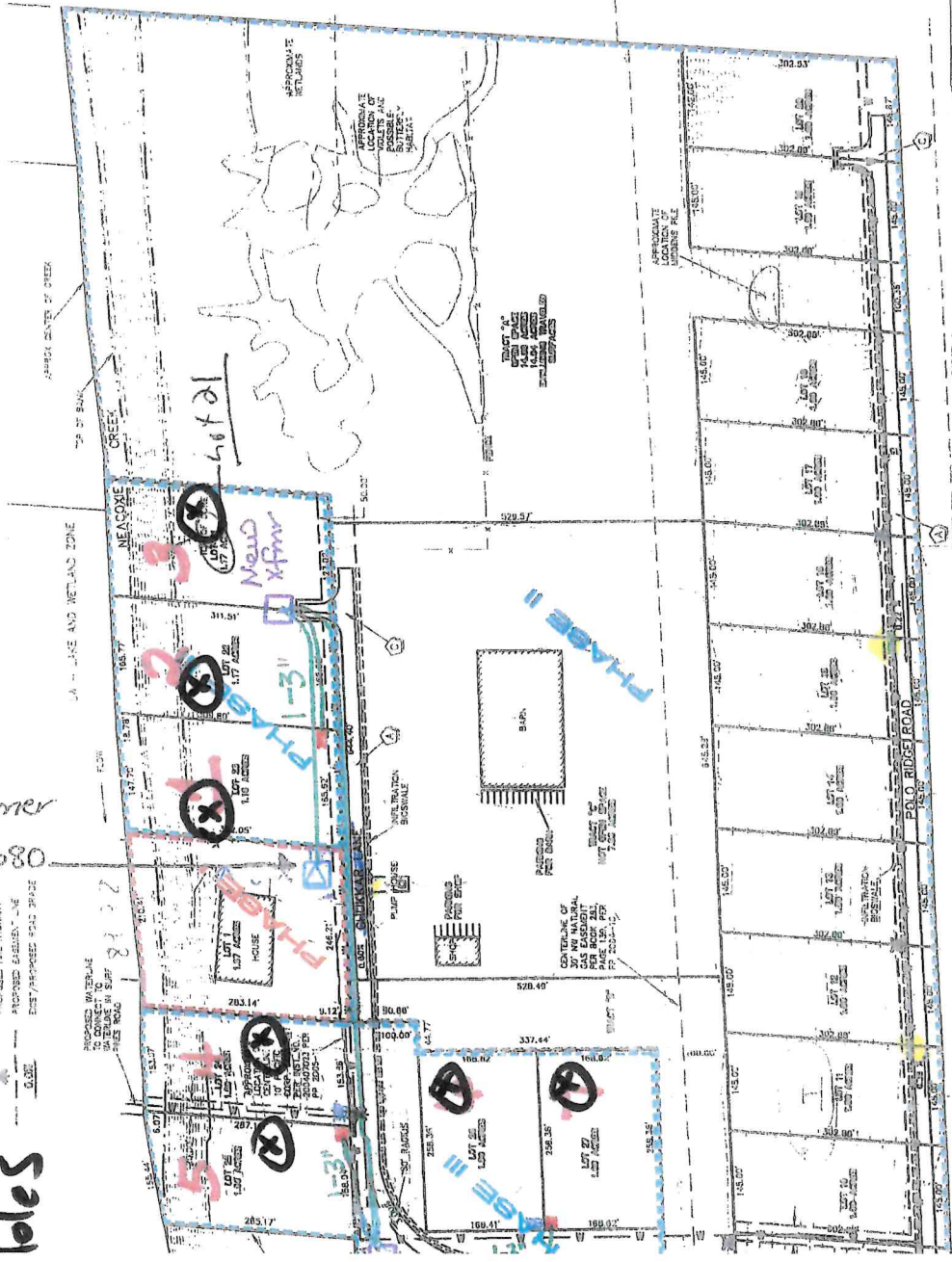
DATE: JANUARY 8, 2015 SCALE: 1" = 100'

- LEGEND**
- PROPERTY LINE
 - EXISTING EASEMENT
 - EXISTING DRIVE CENTERLINE
 - EXISTING SIDE OF HIGHWAY
 - EXISTING WATER LINE
 - EXISTING DRAINAGE
 - PROPOSED ASSESSING
 - PROPOSED WATER LINE
 - PROPOSED FIRE HYDRANT
 - PROPOSED EASEMENT LINE
 - EXIST/PROPOSED ROAD GRADE

270680

Existing Transformer

boles



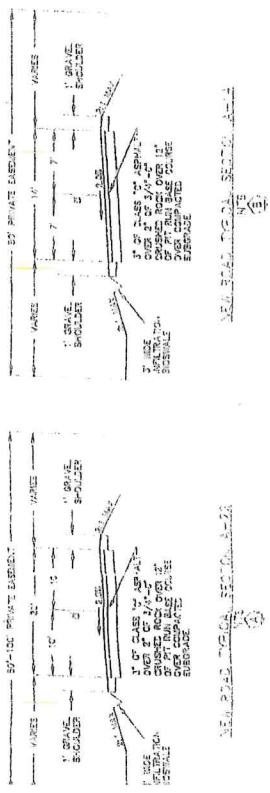
REGISTERED PROFESSIONAL LAND SURVEYOR
PRELIMINARY
 OREGON
 DATE OF LAST REGISTERED: 12/31/13
 REVIEWS: 12/31/13

NAME & ADDRESS OF SUBMITTER:
 JASON PALUSZAK
 104 N. W. 10th St.
 Astoria, OR 97103

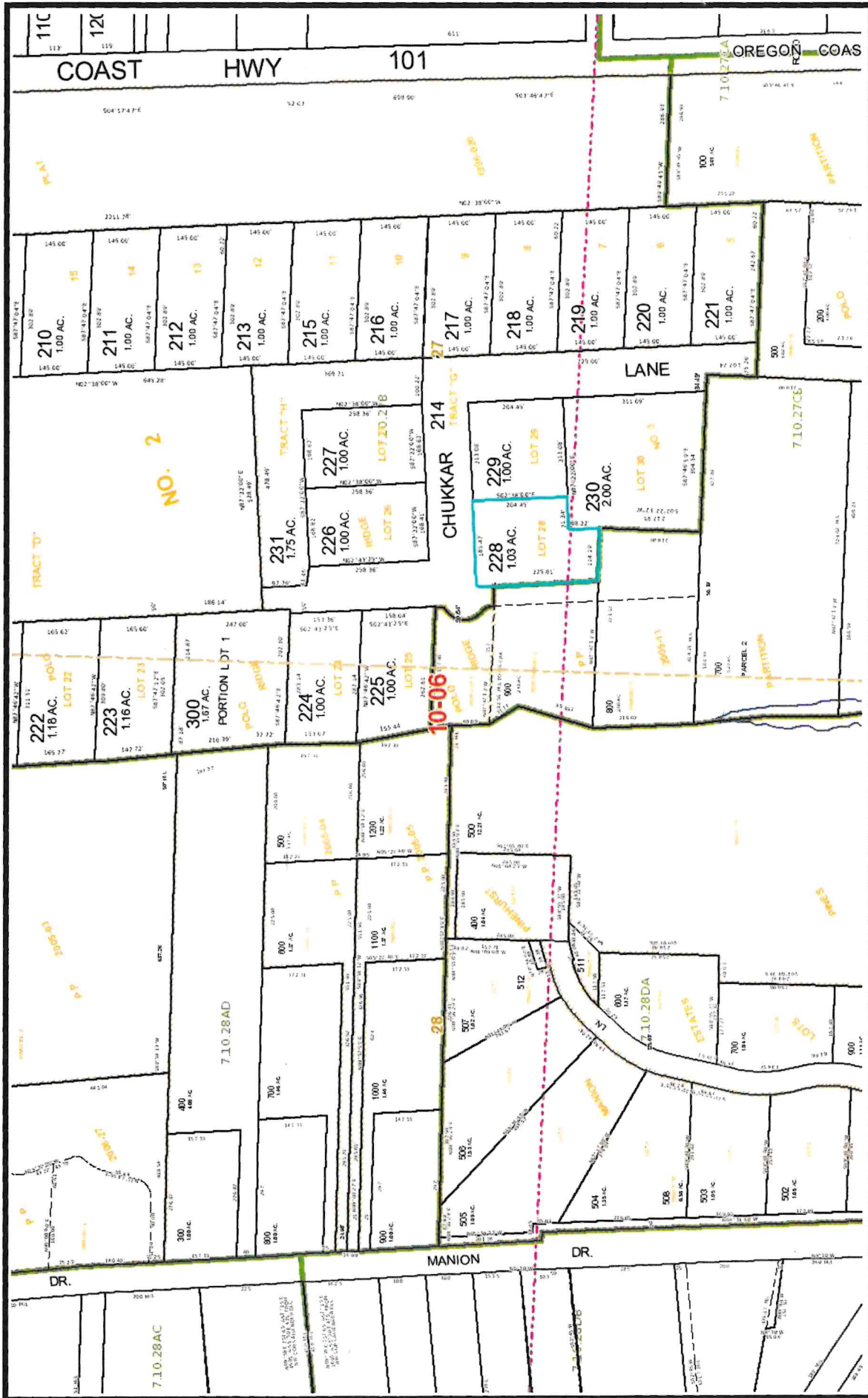
SUBMITTER'S LICENSE:
 SCOTT COOPER, PLS
 104 N. W. 10th St.
 Astoria, OR 97103
 P.C. 807 309
 SEASIDE OF 97138
 TOLSON 724 4924
 FAX: 503 738 7654

CKI
 LAND SURVEYING - PLANNING
 CIVIL ENGINEERING

DRAWING NAME: 10-002 DATE OF PLOT: 1-8-15



Map



9-10-27B-228 = 1.03 acres



Clatsop County Webmaps

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