

Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Kirk Taylor Telephone: _____

Site Address: 88495 Anchor Ct City: Gearhart Zip Code: 97138

County: Clatsop Lot Size: 2.20 acres Acres/Square Feet (circle units)

Legal Description: Township 7N Range 10W Section 27

Age of wastewater treatment system 22 (years) Is there a service contract for system components? No

Date the septic tank was last pumped 10-6-23 (please attach receipt if available)

Number of people occupying dwelling _____ If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

10-06-2023

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Jeffrey Lebo

Certification:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input checked="" type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: RI197 RM134

Business name Complete septic service Email jeffreylebo@gmail.com


Business address 41092 Ziak-Gnat Cr Ln Astoria OR 97103 Phone 503-458-4870

Date of Evaluation: 10-06-2023 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

10-06-2023

Date (MM/DD/YYYY)


Signature of Qualified Septic System Evaluator

1. **General System Information**

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input checked="" type="checkbox"/> Dosing Tank | <input type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input checked="" type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) 01-107
- Year original septic system installed: 2001 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: Unknown (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown
- Additional Comments:

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

-
-
- The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

- Is the septic tank accessible? Yes No

- Septic tank volume in gallons 1000

- Tank volume determined by: Check all that apply, add comments below as needed

- Permit Records Measured Stamped on Tank Other

- Septic tank risers are at ground level Yes No

- Tank appears to be free from defects, leaking and signs of deterioration Yes No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact Yes No

- Septic tank baffles are intact: Inlet Yes No Outlet Yes No

- Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal
- Effluent filter is present Yes No

- Effluent filter is free of debris Yes No Not Applicable

- Liquid level in tank relative to invert of outlet At Above Below

If above or below invert outlet, please explain: _____

- Scum layer 3 (inches) Sludge layer 1 (inches)

- Scum and Sludge layer more than 35% of the *total* tank volume Yes No

Indicate where sludge measured from: Inlet Middle Outlet

- Additional Comments:
-

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank Yes No

(If "No," skip the rest of section 4)

- At the time of this evaluation the power was on to test the pump(s): Yes No

Oregon Department of Environmental Quality

- Dosing tank capacity 500 (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
 Permit Records Measured Stamped on Tank Other
- Dosing tank material Concrete
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen Orenco base screen
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- Scum layer 0 (inches) Sludge layer 0 (inches)
- Additional Comments:

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No See note below
If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

- Locate all drain lines in soil absorption system Yes No
Total length of drain lines _____ (ft)
Lengths determined by Physically uncovering portions of system/probing Written records
 Fish tape Electronic locator camera
- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.
 Yes No
If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in absorption area or distribution unit(s) Yes No
- The soil absorption system replacement area assigned in the permit record appears to be intact:
 Yes No Replacement area not identified in permit record
If you answered "No," please explain below:

- Additional Comments:

6. **Sand Filter System**

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter Yes No
(If "No," skip the rest of section 6)
- Type of sand filter
 Intermittent
 Recirculating
 Bottomless
- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in/ on sand filter media surface Yes No
- Surface access to manifold and valves Yes No
- Monitoring ports are present Yes No
- Lateral lines flushed and equal distribution verified Yes No
- The sand filter has a pump Yes No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition Yes No N/A
- Pump is functional Yes No
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- High water alarm in pump vault (audible and visual) is working Yes No
- Pump electrical components are sealed and watertight Yes No

- Additional Comments:

Bottomless sandfilter passed the water test and inspection.

Septic system passed the inspection and is working properly.

7. Alternative Treatment Technology System

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** Yes No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name _____
System ID number _____
Manufacturer name _____

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

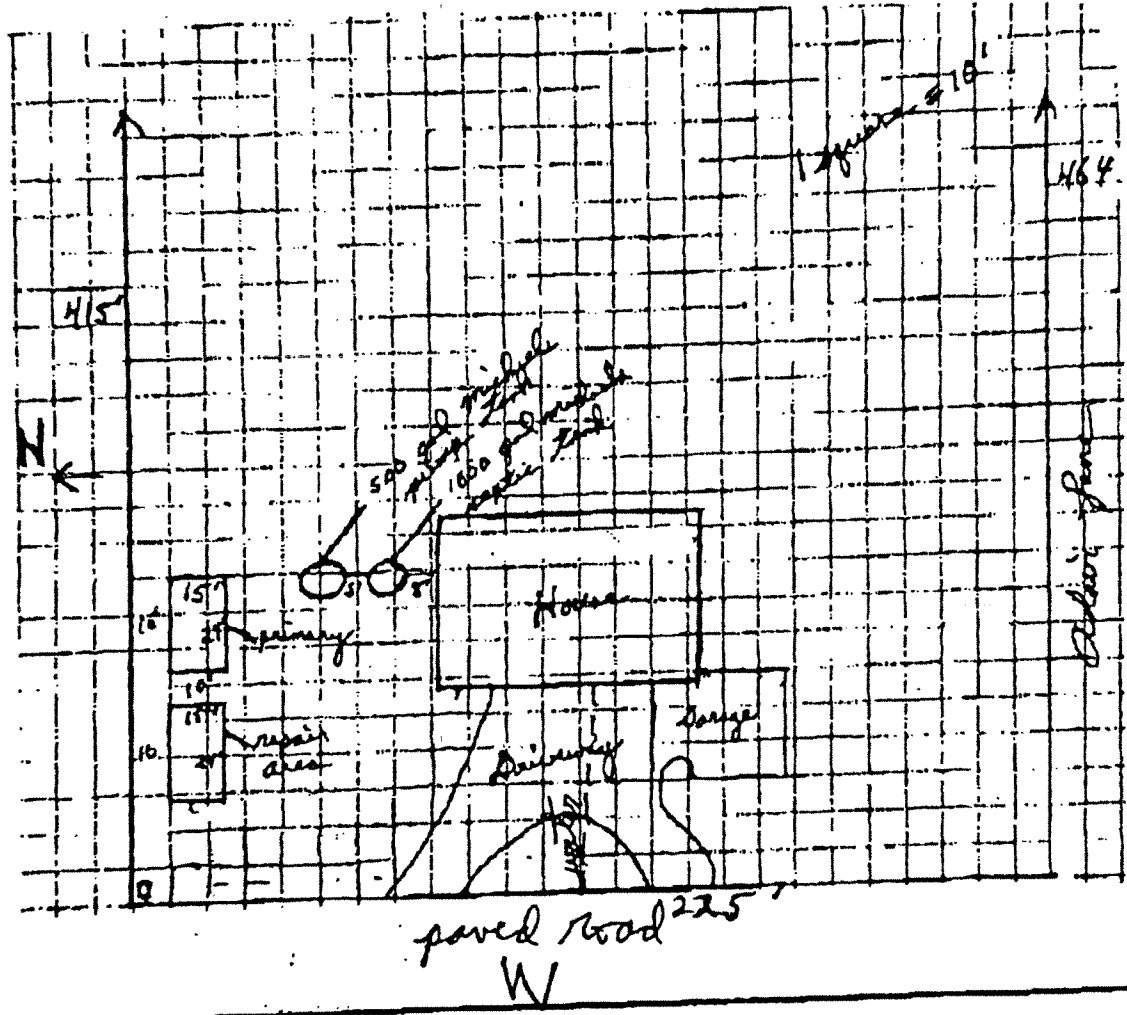
10-06-2023

Date


Signature of Qualified Septic System Evaluator

Property Owner Daniel Green Permit Number 01/107 County clatsop

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



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

Sewage Disposal Service Business: JOHNSON & SONS CONST. 33762
(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).

Ron Johnson Installer 12/10/01
(System Installer's Signature) (Title) (Date)

Property History

Account ID:17833

Legal Description:

<u>Legal Type</u>	<u>Twنشp</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	7	10	27	C	D	02000	71027CD02000

Additional Information:
PARCEL 2 PARTITION PLAT 1997-024
 '15 Map change per Cartography

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
17833	710270003117	17833	71027CD02000	2015

Owner(s):

Current Ownership:	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Taylor Peggyjo		Husband & Wife
	Taylor D Kirk		Husband & Wife

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
09/06/2001	07/23/2001	200107426	Casterline Exchange Service Co	Corporation
12/03/2001	10/19/2001	200110548	Green Daniel E	Owner
07/12/2003	05/26/2003	200307920	Spaeth Michael A	Husband & Wife
07/12/2003	05/26/2003	200307920	Spaeth Colleen E	Husband & Wife
06/02/2006	05/22/2006	200606147	Taylor Dennis Kirk	Owner
07/25/2006	07/19/2006	200608198	Taylor Dennis Kirk	Husband & Wife
07/25/2006	07/19/2006	200608198	Taylor Peggyjo	Husband & Wife
02/12/2009	02/04/2009	200901141	Taylor Peggyjo	Husband & Wife
02/12/2009	02/04/2009	200901141	Taylor D Kirk	Husband & Wife

Voucher History:

Voucher 1 Source: Assessment Document Type Code: Cartography Operation: Map Change Operation Type: Map Completeness Status: Completed Partition Flag: No User Id: JHARTILL	Effective Date: 01/01/2015 Date Created: 05/21/2015 Completed Date: 05/21/2015 Voucher Type: Assessment Consideration: Remarks: From 71027-3117 to 71027CD-2000	Map Key: Instrument Id: Book: Page: Status: Active
Voucher 2 Source: Clerk Document Type Code: Bargain & Sale Operation: Name Change Operation Type: Name Completeness Status: Completed Partition Flag: No User Id: SRADFORD	Effective Date: 02/04/2009 Date Created: 02/12/2009 Completed Date: 02/12/2009 Voucher Type: Assessment Consideration: \$0 Remarks:	Map Key: 710270003117 Instrument Id: 200901141 Book: Page: Status: Active

64927

Control No.

\$ 990.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 01-107

[X] New Construction

[] Repair

[] Other

Permit Issued To Daniel Green (Property Owner's Name) 7N (Township) 10W (Range) 27 (Section) 3117 (Tax Lot / Acct. No.) Clatsop (County) Adair Lane Seaside (Road Location) (City) Connie M. Schmitt (Issued by - Signature) 7-27-01 (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONS

EXPIRATION DATE July 27, 2002

TYPE OF SYSTEM Alternative-Bottomless Sand Filter

Michael's concrete & 500 gallon dosing tank with risers

Design Sewage Flow 450 Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches []

Seepage Bed(s) []

360

Square Feet

Sand Filter

Maximum Depth 24 inches.

Minimum Depth - inches.

Linear Feet

Equal [] Loop [] Serial []

Pressurized [X]

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 7-27-01. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of electrical permit required prior to pre-cover PRE-COVER INSPECTION REQUIRED - CONTACT inspection request. NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Ron Johnson

As-built & certification of final construction received 12-11-01.

Final Insp. Date

Electrical permit received 12-13-01.

[] Inspected By

[] Issued by Operation of Law

[X] Pre-cover inspection waived pursuant to OAR 340, Division 71

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

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

(Authorized Signature)

(Title)

(Date)

(Office)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

DEC 11 2001 (Received)

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OFFICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system ^{WARRENTON} Insulation and cover. 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 Daniel Green Permit Number 01-107 County Clatsop
Township 7N; Range 10W; Section 27; Tax Lot 3117; Tax Acct. # _____
Job Location Adair Lane - Seaside
Date System Construction Completed 12/11/01; Date Submitted to DEQ or Agent 12/11/01

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

Tanks:

- _____ 1,000 gal. Norwesco poly
- _____ 1,000 gal. Rototech poly
- 1,000 gal. Michaels Septic ~~_____~~
- 500 gal Michaels Base

Blowers:

- Orenco
- _____ Norwesco
- _____ Rototech

Filter Protection

- Typar 3201 Filter Fabric

Pipe:

- _____ 1" PVC-200 class
- 1 1/4" PVC- 200 class
- _____ 3034 PVC
- _____ Drainline ASTM 2729
- _____ Drainline ASTM F810

Distribution Material:

- _____ Tuf-Tite Distribution Box
- _____ Tuf-Tite Drop Boxes
- _____ Infiltrator
- _____ Hydrosplitter

Pumps:

- Grundfos PEF33
- _____ High Head P300515HHF 1/2hp

Filter Material:

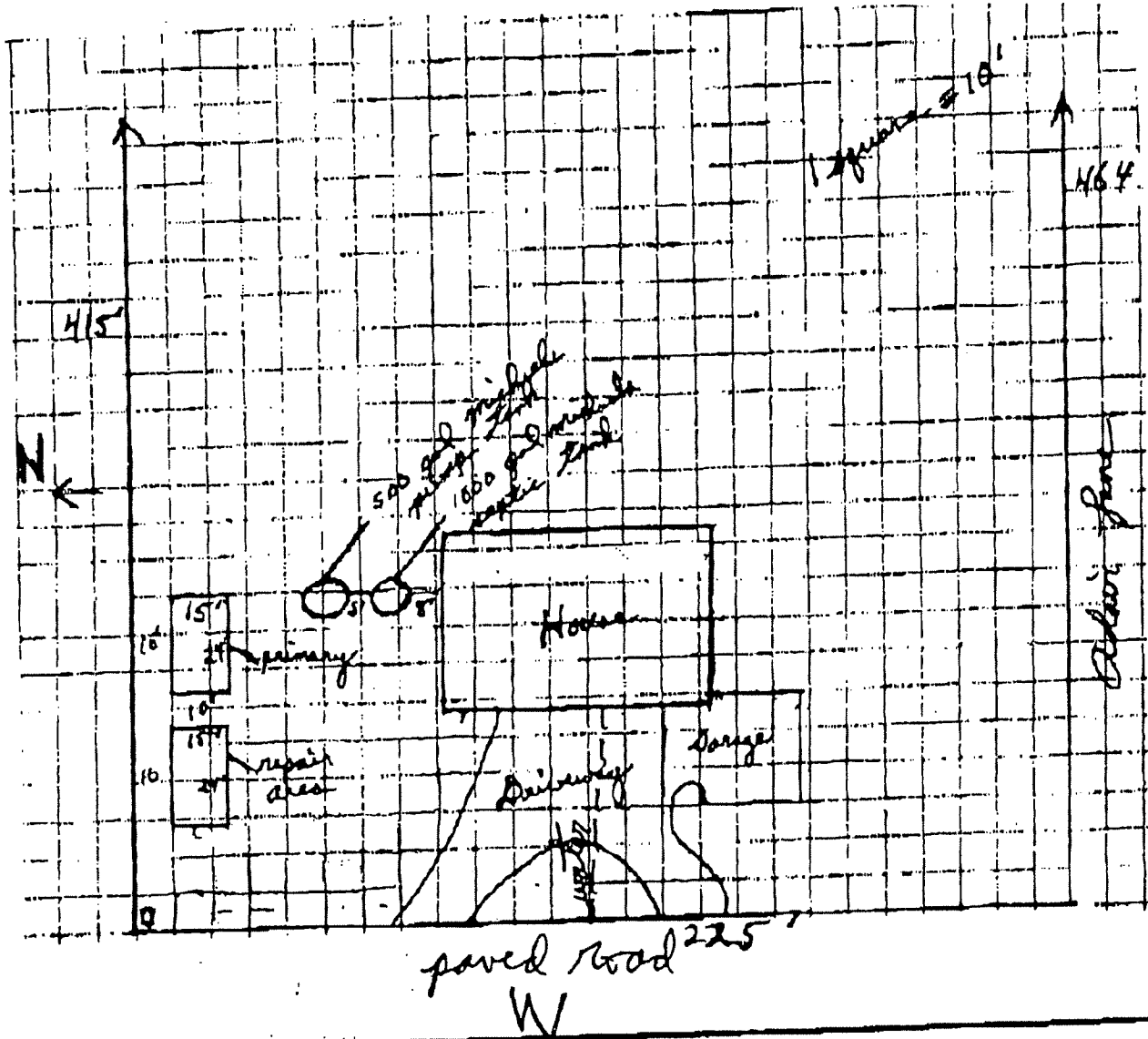
- 3/4"-1 1/2" crushed rock
- _____ 1/4"-1/2" crushed rock
- Columbia River Sand & Gravel-
Filter Sand
- _____ Naselle Sand & Gravel-
Filter Sand
- pea gravel

Miscellaneous:

- Nylon pull rope
- Orifice shields
- Orenco floats & alarms
- End Sweep on each line
- Screw -on caps on each line
- _____
- _____
- _____
- _____

Property Owner Daniel Green Permit Number 01/107 County Clatsop

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



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

X Sewage Disposal Service Business: JOHNSON & SONS CONST. 33762
(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).

Ron Johnson
(System Installer's Signature)

Installer
(Title)

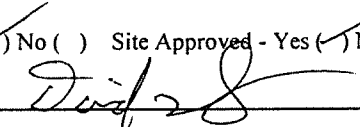
12/10/01
(Date)

AGENCY REVIEW & APPROVAL FORM
(STRUCTURE AND MOBILE HOME PLACEMENT)
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: _____ City: CLATSOP COUNTY
Owner: DANIEL GIBSON Phone: 503-738-5018
Owners Address: 36454 HWY 26 SEASIDE OR
Agent: _____
Proposed Development/Construction: SINGLE FAMILY RES

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

Legal Description: T 72 R 10 W SEC. 27 Tax Lot(s) 3117
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature:  Date: 7-27-01
Remarks: PERMIT 01-107

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. CLATSOP COUNTY PLANNING DEPARTMENT (to be filled out and signed by Planning):

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 Dept. Of Planning and Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611
FAX (503) 338-3666

4. CLATSOP COUNTY BUILDING CODES DEPARTMENT (located at Premarq Shopping Center, 2nd Floor, Clatsop County Building Codes Department, 65 N. Highway 101, Suite F, Warrenton, Oregon). Phone: (503) 861-7140 FAX (503) 861-7324. Building Codes will review and issue the building permit.



Electrical Permit Application

Department of Consumer & Business Services
Building Codes Division

DEC 13 2001

NORTH COAST BRANCH OFFICE
WARRENTON

FOR DEPARTMENT USE ONLY

Permit no. 801-78
 Label no. 319776
 Date issued: 8-1-01
 Issued by: LB
 Office: CC

LOCATION OF INSTALLATION

Address: Lot 3117
 City: Seaside State: OR ZIP: 97138
 County: Clatsop
 Directions: ADAIR Lane
 Job description: 2530 SF + LV

Is property inside city limits? Yes No
 Permits are non-transferable and non-refundable and expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CONTRACTOR INSTALLATION

Electrical contractor: Green Elec Shop LLC
 Address: 36454 Hwy 26
 City: Seaside State: OR ZIP: 97138
 Date: 8-1-01 Job no.: _____
 Property owner: Green
 Contractor's license no.: 69669
 Contractor's board reg. no.: 4-241-C
 Signature of supervising electrician: [Signature]
 License no.: 4128-S Phone: 738-5018

OWNER INSTALLATION

Owner's name (print): _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____
 The installation is being made on property I own, which is not intended for sale, lease, rent, or exchange.
 I have read and understand the attached "Information Notice to Property Owners About Construction Responsibilities."
 Owner's signature: _____

Visa MasterCard

Credit card number: _____ Expiration date: _____
 Name of cardholder as shown on credit card: _____
 Cardholder signature: _____ Amount: \$ _____

LOCAL GOVERNMENT APPROVALS

Zoning information verified? Yes No
 Sanitation information verified? Yes No

FEE SCHEDULE

Residential per unit service included:	Number of inspections per permit allowed		↓
	Items	Cost (ea.)	
1,000 sq. ft. or less	1	\$106.00	106- 4
Each additional 500 sq. ft. or portion thereof	4	\$19.00	76- 76
Limited energy		\$25.00	25- 1
Each manufactured-home or modular dwelling service or feeder		\$50.00	2
Services or feeders: installation, alterations, or relocation			
200 amps or less		\$63.00	2
201 amps to 400 amps		\$75.00	2
401 amps to 600 amps		\$125.00	2
601 amps to 1,000 amps		\$163.00	2
Over 1,000 amps or volts		\$375.00	2
Reconnect only		\$50.00	2
Temporary services or feeders: installation, alteration or relocation			
200 amps or less		\$50.00	2
201 amps to 400 amps		\$69.00	2
401 amps to 600 amps		\$100.00	2
Over 600 amps or 1,000 volts see services or feeders section above			
Branch circuits: new, alteration or extension per panel			
a. The fee for branch circuits with purchase of service or feeder fee:			
Each branch circuit		\$3.00	
b. The fee for branch circuits without purchase of a service or feeder fee:			
First branch circuit		\$43.00	
Each additional branch circuit		\$3.00	
Miscellaneous (service or feeder not included):			
Each pump or irrigation circle		\$50.00	2
Each sign or outline lighting		\$50.00	2
Signal circuit(s) or a limited energy, panel, alteration, or extension		\$50.00	2
Each additional inspection over the allowable in any of the above, per inspection:			
		\$44.00	

Fees collected:

A. Enter total of above fees \$ 207- 1195
 B. Enter 6% surcharge (.06 x total above) \$ 14.49 1251
 C. Enter 1% surcharge (.01 x total above) \$ 2.07 1261
 D. If required (see plan review section), enter 25% of line A for plan review \$ _____ 1212
Total fees: \$ 221.49
 Less bulk label fee (if applicable) <25.00>
 Less fee collected: Check Money order \$ 221.49
Balance due: \$ 0

FOR FISCAL USE ONLY 70110/0600

OK # 2010

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 7-26-01
 Date Completed 7-27-01
 Required Fee \$490.00
 Receipt No. 98478
 Control No. 64927

FOR APPLICANT'S USE - (PLEASE PRINT)

2.20 AC

Lot Size (Acreage or Dimensions)

DANIEL GREEN

 (Property Owner's Name)

 (Applicant's Name if Different from Owner)

Legal Description of Property 7N 10W 27 3117 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 3
 (Number of Bedrooms)

Other _____
 (Specify)

Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence _____
 (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

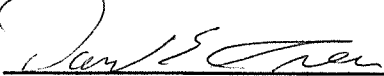
Personal hardship

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.


 (Signature)

7-26-01
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
36454 HWY.26
SEASIDE, OR 97138

Applicant's Mailing Address (if different)

Phone 738-5018 (HOME/FAX)

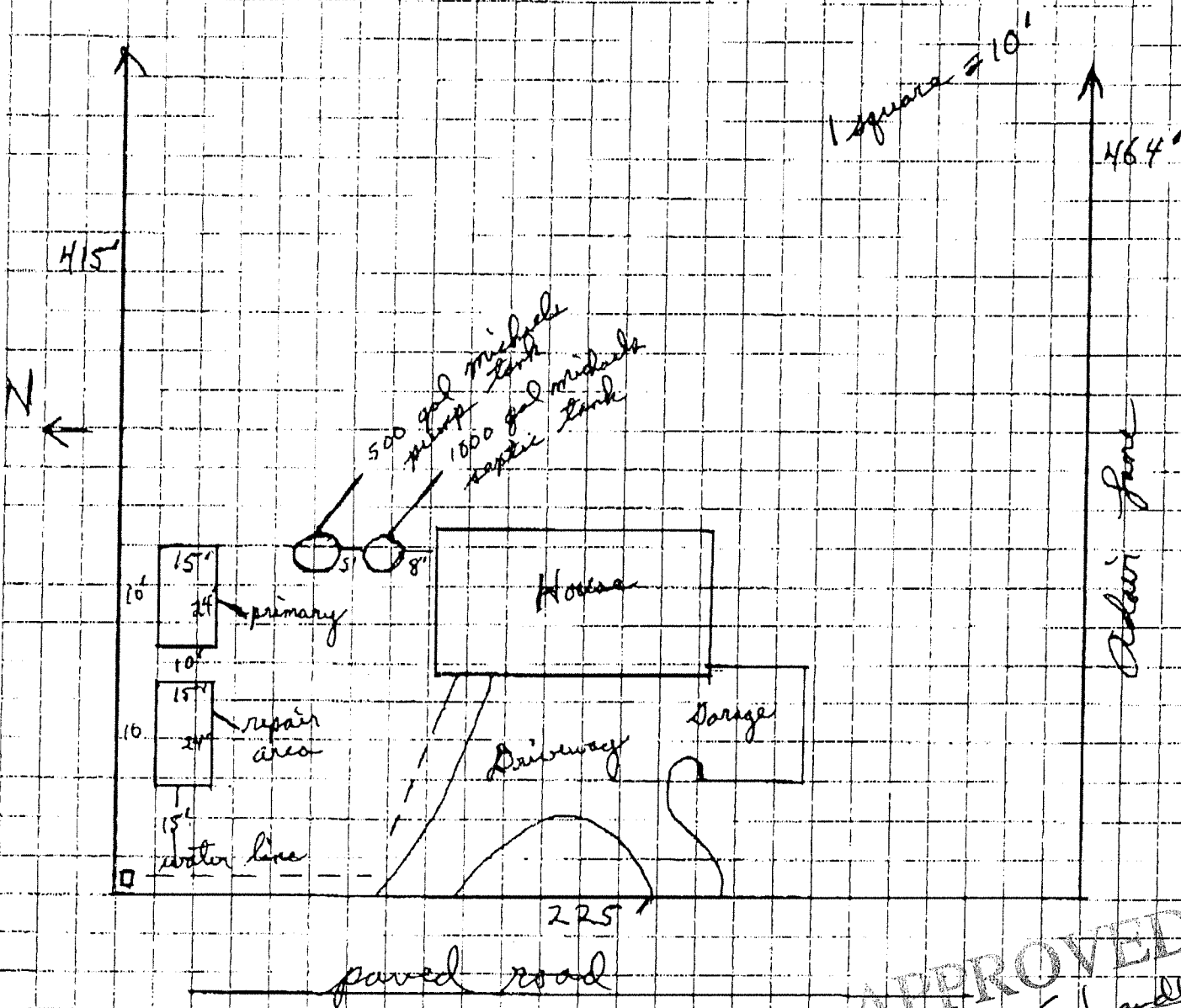
Phone _____ IW\WC8\WC8690 (7-19-91)

Plot Plan for
Dane Green
by Bob Johnson

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 27 2001

NORTH COAST BRANCH OFFICE
WARRENTON



APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 6207760758
7/27/01

Don Green

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 27 2001

NORTH COAST BRANCH OFFICE
WARRENTON

SYSTEM HEAD CALCULATIONS

1. STATIC HEAD: (vertical elevation difference from the pump base to the pressure distribution laterals) 5 feet

2. SYSTEM ALLOWANCE: (includes distribution piping losses and a five foot residual head discharge at the distribution laterals) 10* feet

3. FRICTION HEAD: (transport pipe friction loss at flow rate)

(a) Calculate Flow rate:

Diameter of orifices..... 1/8 inch

Number of orifices = N = 66

Orifice discharge rate = R = 141 gpm

Total gallons per minute = N X R = 27.06 gpm

(b) Calculate Friction Head Loss:

Length of transport pipe = P (in feet) 20

Friction loss coefficient = L (see reverse side) 5.95

Friction Head = P X L = 1.19 feet

4. TOTAL DYNAMIC HEAD (TDH): (sum of static head, system allowance and friction head) 16.19 feet

5. HYDRAULIC SPECIFICATIONS:

PUMP DUTY: 27.06 gpm @ 16.19 TDH

BRAND: M Grundfos

MODEL: PEF 33 HORSEPOWER: 1/3

CAPACITY: 16.19 TDH @ 56 GPM, and

27.06 GPM @ 24 TDH

Footnote: * in absence of specific head loss calculations, use 10 feet for this factor.

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
7/27/01

Howard E. Johnson & Sons Construction

CRUSHED ROCK & SCOOP WORK
Hamlet Rt., Box 271
Telephone 738-7328
SEASIDE, OREGON 97138

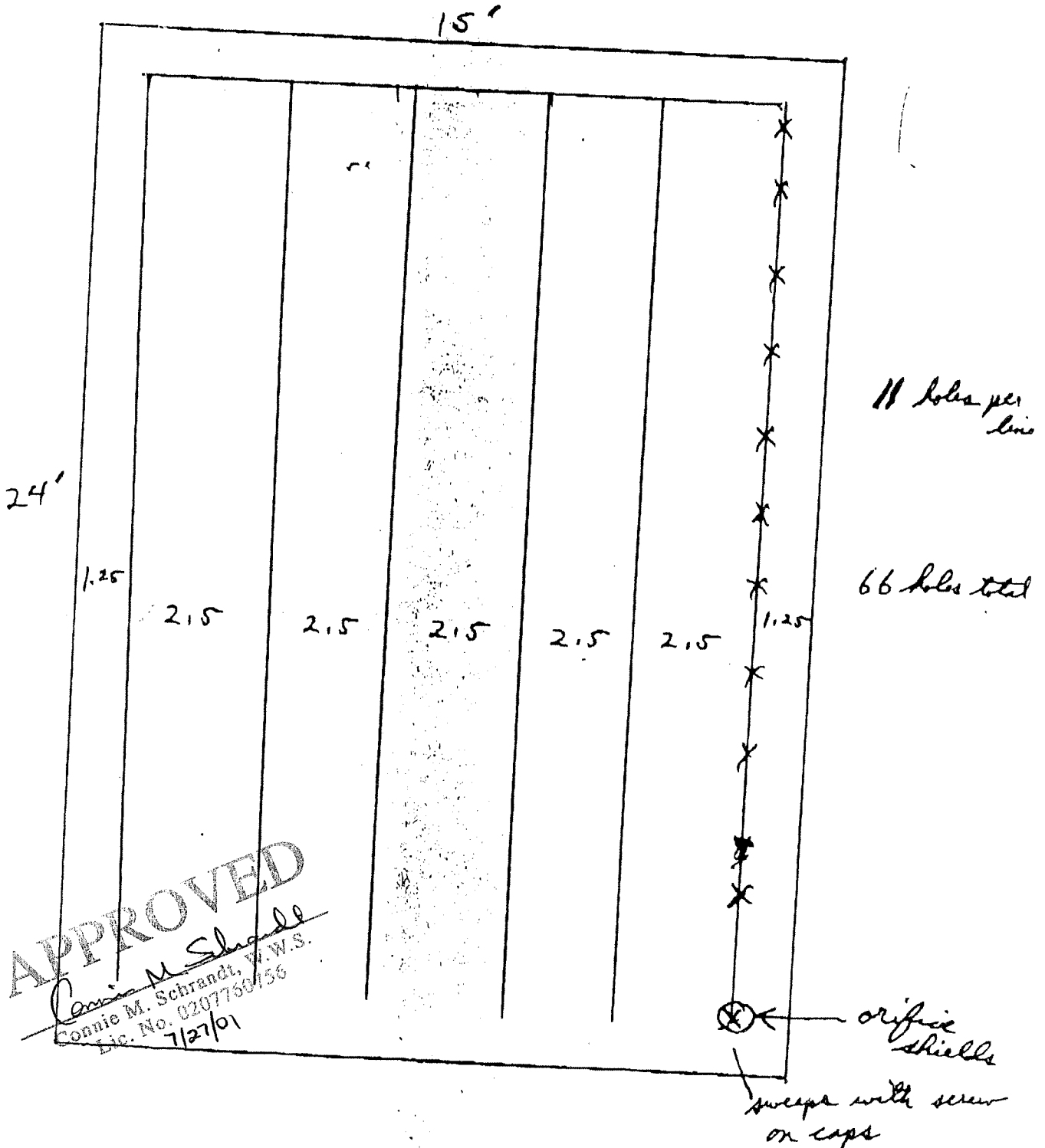
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 27 2001

NORTH COAST BRANCH OFFICE
WARRENTON

*Pipe layout
for sand - filter*

Don Green



Dan Green

JUL-27-2001

Effluent Pumps
1/3 to 1/2 Hp
Single Phase, 60 Hertz
115 / 230 Volt
Curve pc5a



Oreco Systems
Incorporated

814 AIRWAY AVENUE

SUMMERLIN OREGON

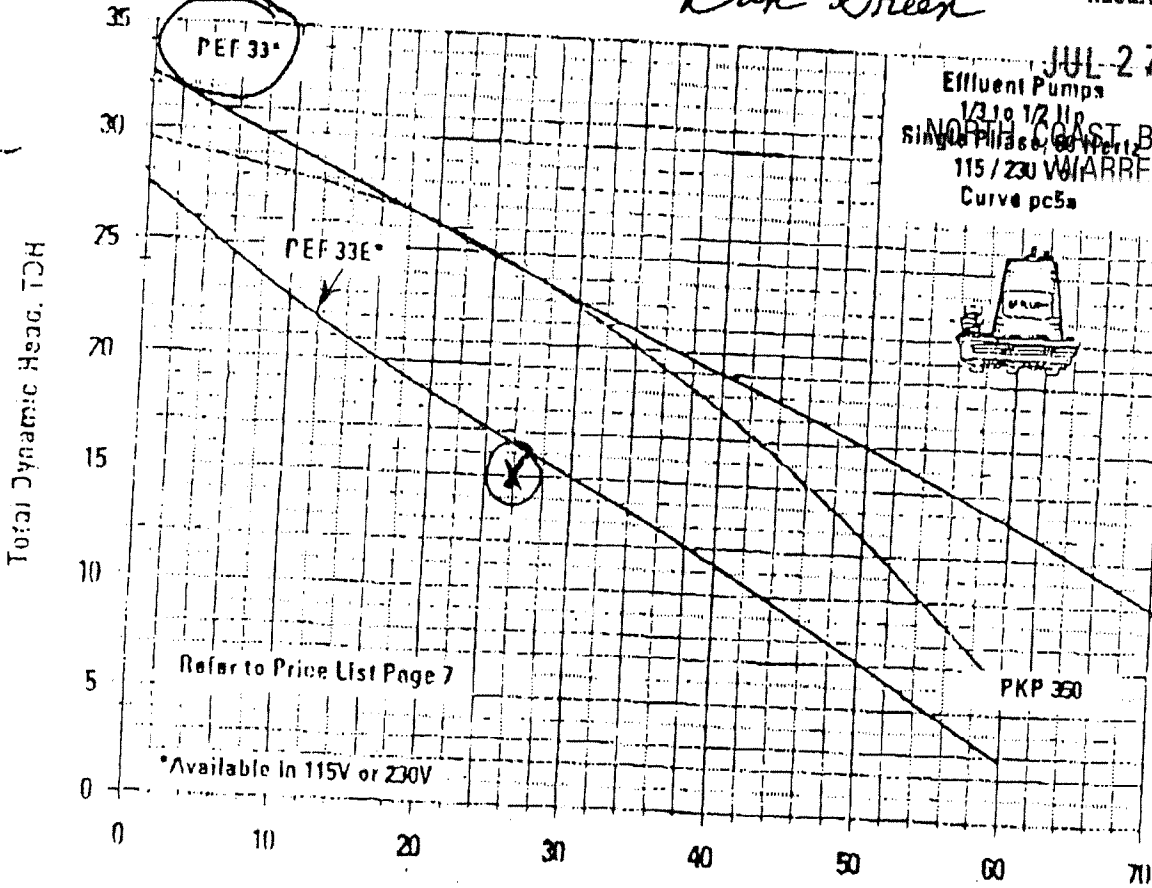
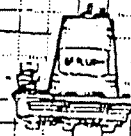
97479 8012

TELEPHONE

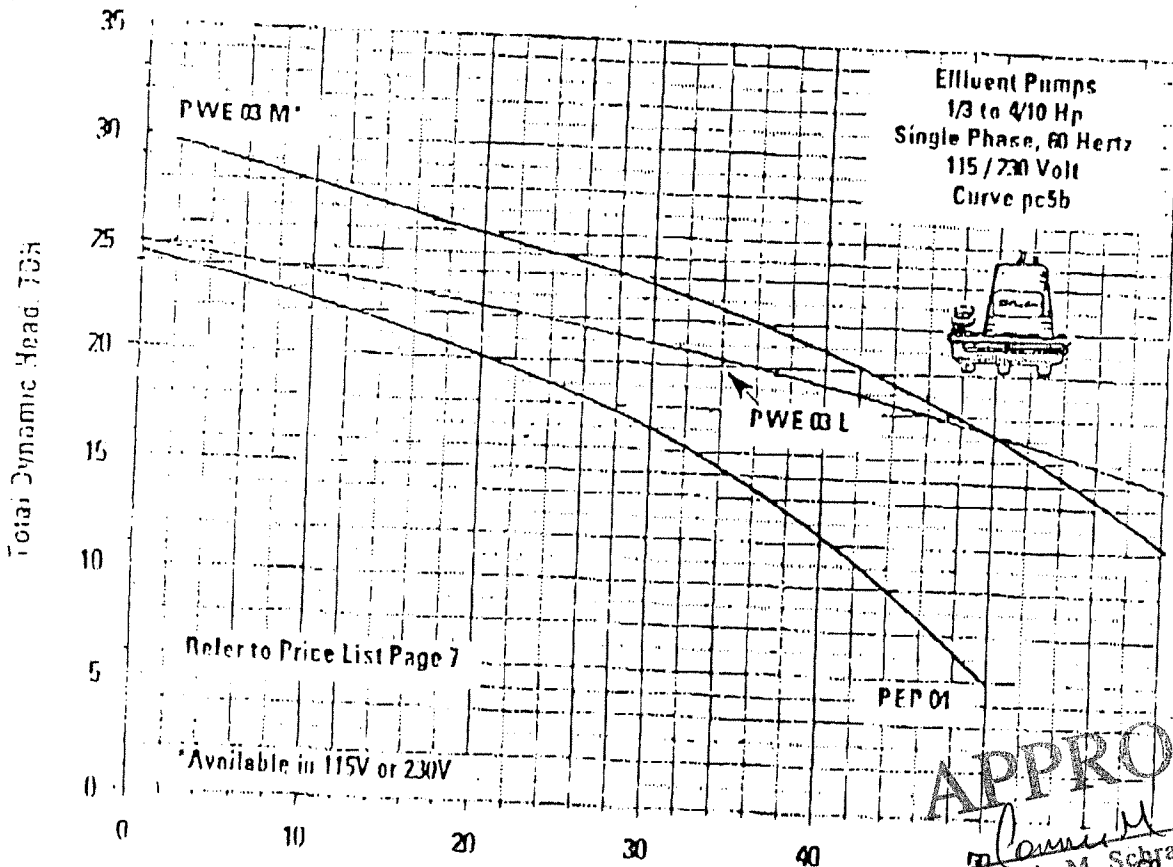
(541) 459-4449

FACSIMILE

(541) 459-2881



Net Discharge, GPM



Net Discharge, GPM

APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
7/27/01

JUL 27 2001

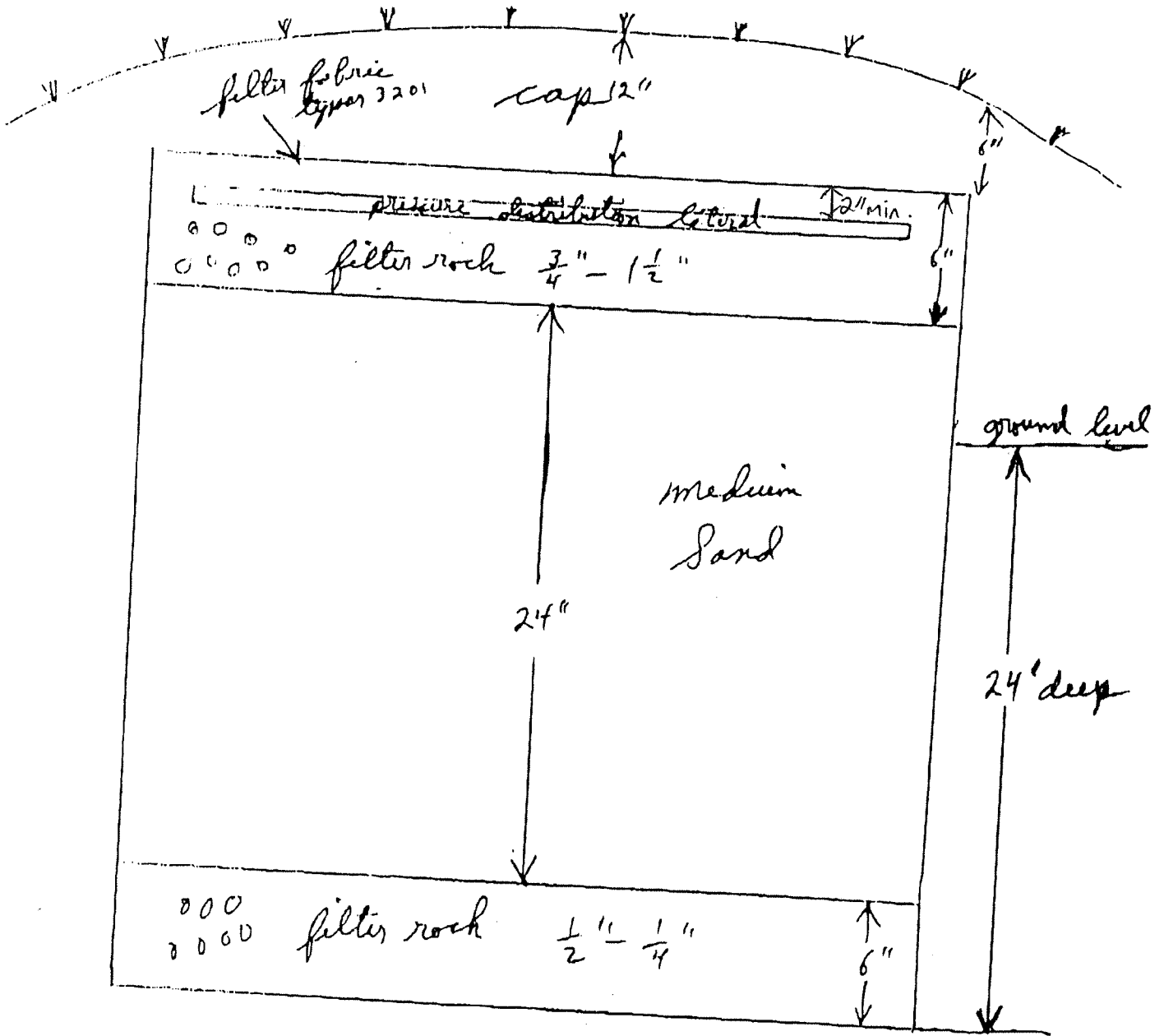
*Sanitary Land Filter
Side View*

Howard E. Johnson & Sons Construction

CRUSHED ROCK & SCOOP WORK
Hamlet Rt., Box 271
Telephone 738-7328
SEASIDE, OREGON 97138

NORTH COAST BRANCH OFFICE
WARRENTON

Dan Green



APPROVED

Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
7/27/01

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 27 2001

NORTH COAST BRANCH OFFICE
WARRENTON

Dan Green

CLACKAMAS COUNTY FILTER SAND
1/5/01

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING
#4	24.3	1.97%	1.97%	98.03%
#8	47.7	3.86%	5.83%	94.17%
#16	150.6	12.19%	18.01%	81.99%
#30	408.2	33.03%	51.05%	48.95%
#50	491.3	39.76%	90.81%	9.19%
#100	90.9	7.36%	98.16%	1.84%
#200	12.1	0.98%	99.14%	0.86%
PAN	4.2	0.34%	99.48%	0.52%
	1235.7	F.M.	2.66	

DRY WEIGHT BEFORE WASH - 1235.7

DRY WEIGHT AFTER WASH - 1229.3

ASTM TEST MEHTODS #C-117 AND #C-136 IN USE FOR ANALYSIS.

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
7/29/01

DEPARTMENT OF ENVIRONMENTAL QUALITY OF ENVIRONMENTAL QUALITY
LAND USE COMPATIBILITY STATEMENT (LUCS) RECEIVED
For On-Site Sewage Disposal System Permits

01-555

JUL 26 2001

SECTION 1: TO BE FILLED OUT BY APPLICANT

new owner
(GREEN)

1. Name of applicant chesnut marie Telephone North Coast Branch Office
WARRENTON
Mailing address PO Box 47
City Seaside State OR Zip 97138

2. Property Information:

County clatsop
Township 7 Range 10 Section 22 Tax Lot # 3117
Subdivision name if applicable: _____ Block _____ Lot _____

3. This proposal is for,

- An Individual Single Family Residence, or
- Other (If other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:

- On-Site Construction-Installation permit (Includes new construction, repairs or alterations)
- On-Site Authorization Notices (such as replacement of dwellings, bedroom additions, or change land use involving potential sewer flow increases)
- Non-water carried facility requests (includes pit privies, vault toilets)

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

5. The facility proposal is located: Inside city limits; Inside the UGB; outside UGB

If inside the UGB, the facility is subject to;

- city jurisdiction, or
- county jurisdiction, or
- shared city/county jurisdiction.

6. Is a public notice and hearing required? yes no hearing date _____

7. The business or facility complies with all applicable local land use requirements: yes no

Comments: RA-2, LW

SIGNATURES; (both county and city planning officials may need to sign if use is within a UGB)

Pat Bettsell Pherry Technum 7/26/01 325-8611

Planning Official (county) Print Planning Official's Name Title Phone Date

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

July 25, 2001

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

Marie Chestnut
P.O. Box 43
Seaside, OR 97138

Re: **Site Evaluation Report**
T7N-R10W-S27; TL# 3117
Clatsop County

Dear Marie Chestnut:

This document is a technical report of a site evaluation that was done to determine the suitability of the above-referenced property for on-site sewage disposal. This report is not a construction permit but may be used to obtain a permit for the parcel once a completed application is submitted and is found to comply with the requirements of Oregon Administrative Rules (OAR) 340-071-0160 Permit Application Procedures – General Requirements.

Two soil test pits evaluated during the site visit on July 18, 2001, revealed a soil column of fine sandy loam and fine sand to an average depth of 64 inches below ground surface. Conditions associated with saturated soils were noted at upper levels of 48 inches and 38 inches below ground surface in Pits #1 and #2, respectively. An auger hole established in the bottom of Pit #2 revealed water standing at a depth of 100 inches below ground surface. The natural slope in the vicinity of the test pits ranged from approximately 1 to 3 percent.

The area indicated on the enclosed plot plan as ‘acceptable area’ is approved for an alternative bottomless sand filter system with a maximum design flow of 450 gallons per day for both the initial system and the future replacement area. Minimum requirements for a bottomless sand filter system are as follows:

- 360 square feet of sand filter bottom area,
- A DEQ-approved 1000 gallon septic tank and a 500 gallon dosing tank (or a DEQ-approved 1500 gallon 2-compartment dosing/septic tank) equipped with risers to ground surface and sealed for water-tightness and



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1



- Maximum depth of the bottom of the filter of 24 inches below ground surface.

The approved system would have the capacity to serve a single family dwelling with a maximum of 4 bedrooms. Peak sewage flow into the system is limited to 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. In order to prolong the life of the sewage disposal system, the septic tank should be inspected for solids accumulation and the need for pumping on an annual basis. Septic tanks require pumping every 3 to 5 years, depending on usage and number of persons occupying the home. Use of a garbage disposal is discouraged. Water conservation measures should be practiced as well.

The on-site sewage disposal system must be installed in the “acceptable area” indicated on the enclosed plot plan. 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. Also, 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.

A PERMIT must be obtained from the North Coast Branch Office (NCBO) in Warrenton prior to installation of the system. To obtain a Construction-Installation Permit, the following items must be submitted for the parcel along with a completed and signed application form:

1. A detailed plot plan drawn to scale. The plot plan must include at least the property lines, house foundation lines, driveway, septic tank, dosing tank, and the initial and replacement sand filters.
2. Detailed plans and specifications for the sand filter, including hydraulic calculations for the pressurized distribution system.
3. A current sieve analysis of the medium sand to be used.
4. An application bearing a Land Use Compatibility Statement signed by the Clatsop County Planning Department.
5. Permit fee: \$990.

Please refer to the enclosed field worksheet and plot plan for assistance in plan preparation. Any person other than the property owner must be licensed by the DEQ to construct/install an on-site sewage treatment and disposal system.

This approval is given on the basis that the parcel described above will not be further partitioned or subdivided and the conditions on the subject property or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with Oregon Revised Statutes (ORS) 454.605 through 454.755 and OAR 340-071. Any such subdivision, partitioning or alteration may void this report.

Chestnut – Site Evaluation Report
July 25, 2001
Page 3 of 3

This report is valid until the system described above is installed pursuant to a construction permit obtained from the DEQ, or until earlier cancellation, pursuant to Environmental Quality Commission (EQC) rules, with written notice thereof by the Department to the owners according to Department records or County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

If you have any questions or need assistance, please feel free to contact the NCBO at (503) 861-3280.

Sincerely,



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

Enc. Field Worksheet with Plot Plan

cc: Daniel E. Green, 36454 Hwy 26, Seaside, OR 97138

FIELD WORKSHEET

Tax reference T7N R10W S27 TL# 3117 Platsop Co. Evaluator CMS
 Applicant Marie Chestnut Date 7-18-01 Parcel Size 2.2 acres

Depth (in.)	Texture	Soil Matrix Color and Redoxymorphic Features, %Coarse Fragments, Roots, Pores, Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 1			
<u>0-12</u>	<u>fsl</u>	<u>10YR 3/2; 1 SBK; common vf, f & m roots</u>	<u>1</u>
<u>12-37</u>	<u>fs</u>	<u>2.5Y 4/3; single grain; few vf & f roots to 23" bgs</u>	
<u>37-48</u>	<u> </u>	<u>2.5Y 4-5/3; 1 SBK → sq.</u>	
<u>48-63</u>	<u>↓</u>	<u>2.5Y 5/2 w/ common med prom RDEs (2.5Y 5/1)</u>	
Pit 2			
<u>0-8</u>	<u>fsl</u>	<u>10YR 3/2; 1 SBK (slight compaction), roots similar to Pit 1</u>	<u>2</u>
<u>8-38</u>	<u>fs</u>	<u>2.5Y 4/3, "</u>	
<u>38-72</u>	<u> </u>	<u>2.5Y 4/3-5/3 w/few prom med. RDEs (2.5Y 5/2-5/1) below 64"</u>	
<u>augered to 103"</u>	<u>↓</u>	<u>2.5Y 5/2; soil saturated @ 87" bgs, standing water @ 100" bgs</u>	
Pit 3			<u>3</u>

Landscape Notes Stabilized dune with wetlands to east
 Slope ~1-3% Aspect E-SE Groundwater Type Permanent - est'd upper level @ 48" in Pit 1 & 38" in Pit 2
 Other Site Notes: Sand filter to be 100 ft. from any groundwater or surface water. Septic tank to be 50 ft. from any groundwater or surface water and 10 ft. from foundations, property lines and utility lines.
sand in Pit 1 dry, auger hole couldn't be maintained

SYSTEM SPECIFICATIONS

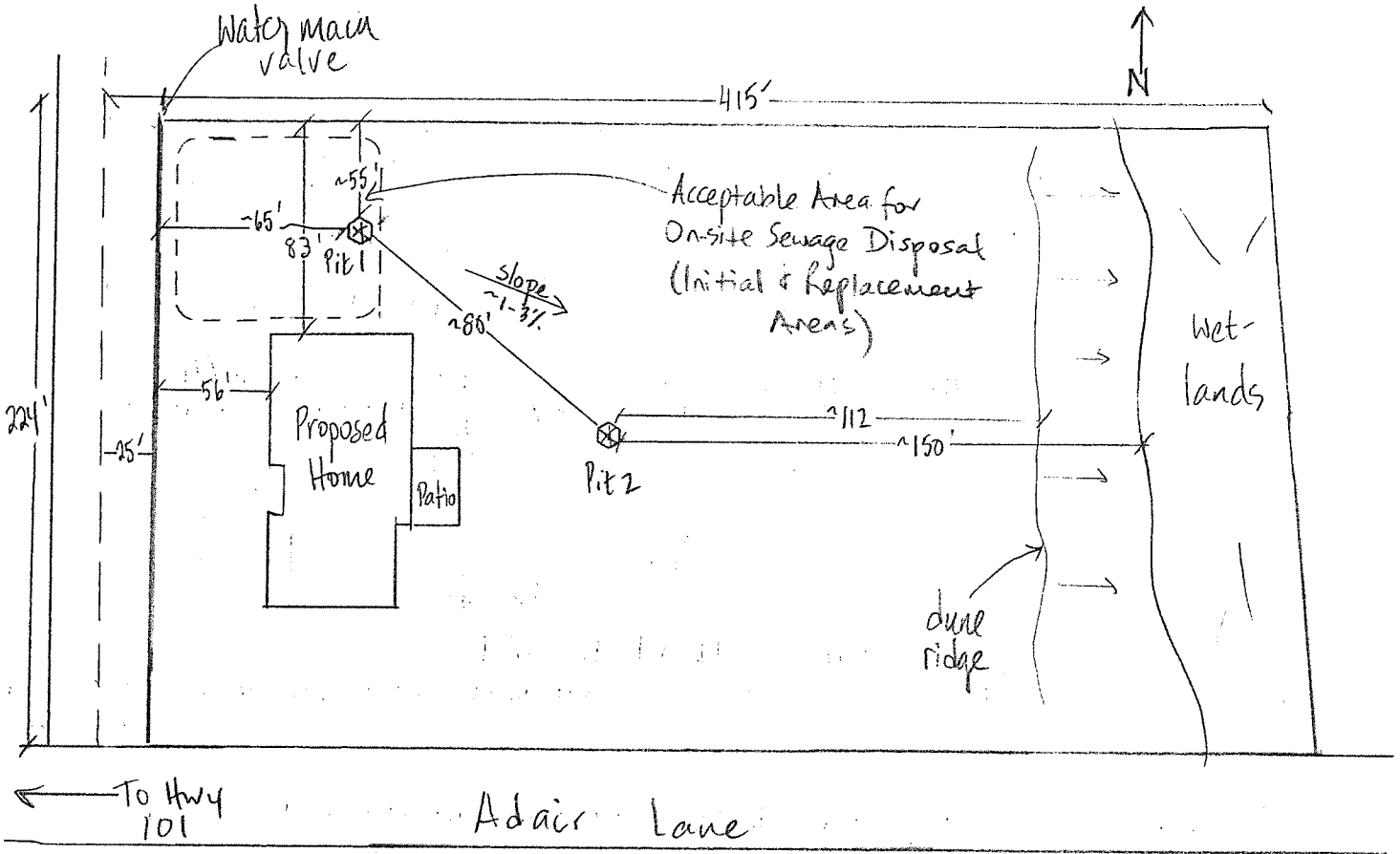
Type System: **BOTTOMLESS SAND FILTER** Design Flow: 450 gpd
 System Size (bottom surface area): 360 sq. ft. OR 18 x 20 container
 Septic Tank Size (Min. Required): 1000 gallons Dosing Tank Size (Min. Required): 500 gallons
 Bottom of sand filter not to exceed 24 inches below ground surface
 Special Conditions:

- Watertight maintenance risers required on Septic Tank and Dosing Tank; 2 compartments may also be required.
- A detailed site development plan of proposed system construction (located within area of approved test holes) is required with permit application. The plan must show proposed system placement as it relates to existing and/or proposed structures, wells, waterways, roads and parking areas.
- Honor all required setbacks (OAR 340-071, Table 1) and required separation distances.
- Disposal areas to be kept free of cover, traffic, development or other potential disturbance of soil conditions described.

We recommend a DEQ licensed sewage disposal business prepare plans for DEQ construction/installation permit and install/repair/alter system following permit issuance. Please call 503-861-3280 if you have questions.

NAME Marie Chestnut

T 7N R 10W S 27 TL# 3117



Additional pits

- 4 _____
- _____
- _____
- 5 _____
- _____
- _____

Notes

- _____
- _____
- _____
- _____

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 7-2-01
 Date Completed 7-25-01
 Required Fee \$465.00
 Receipt No. 98454
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

chesnut, MARYE
 (Property Owner's Name)

2.20 AC
 Lot Size (Acreage or Dimensions)
Daniel E Green
 (Applicant's Name if Different from Owner)

Legal Description of Property 7 10 22 3117 clatsop
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

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

Water Supply

Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedroom |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> 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.

[Signature]
 (Signature)

7-2-01
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
chesnut PO Box 43
738-58-45 SEASIDE OR
97138

Applicant's Mailing Address (if different)
36454 Hwy 26
Sea Side OR 97132

Phone 738-5845

Phone 738-5018

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

738-5018 FAX

JUL 2 2001

NORTH COAST BRANCH OFFICE
WARRENTON

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.

HWY 101 SOUTH TO ADAIR LANE.
TURN LEFT. PROPERTY ON LEFT.

<u>Road Name</u>	<u>Zone</u>	<u>Location</u> <u>(Directions)</u>	<u>Run</u> <u>Numbers</u>	<u>Own</u> <u>ship</u>
Abbie Lane	2	From Hwy 105 at MP 5.7, turn East onto Youngs River Road then turn East at MP 2.1	35911-35955	Private
Abbott Road	1	From Hwy 30 turn either North or South at MP 81.7	92330-92766	County
Adair Lane	2	From Hwy 101 turn East at MP 16.7	33538-33625	Public
Airport Lane	2	From Hwy 105 turn East near MP 3.5	34607-34662	County
Akerstadt Road	1	From Hwy 30 at MP 82, turn South onto Hillcrest Loop to MP 3.9 then turn West	91668-92085	County
Alder Lane	4	From Hwy 26 at MP 20.4, turn North onto Rud Bluff Road then turn West at MP 0.6	41918-41948	
Alderwood Road	1	From Hwy 30 at MP 70.7, turn South onto Hungry Hollow Loop then turn West at MP 0.1 onto McLean Hill Road,	90657-90888	Public

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

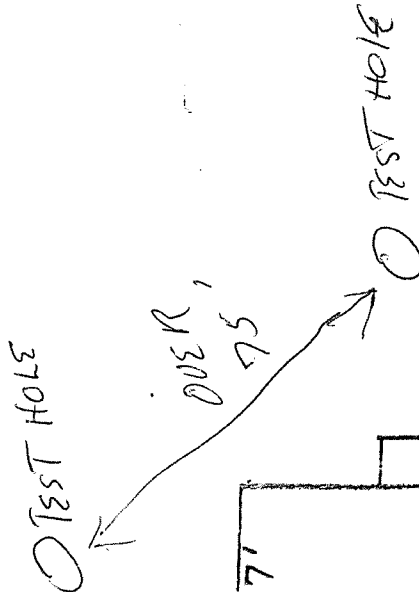
JUL 2 2001

SCALE 1" = 40'

NORTH COAST BRANCH OFFICE
WARRENTON

S89°47'14" W

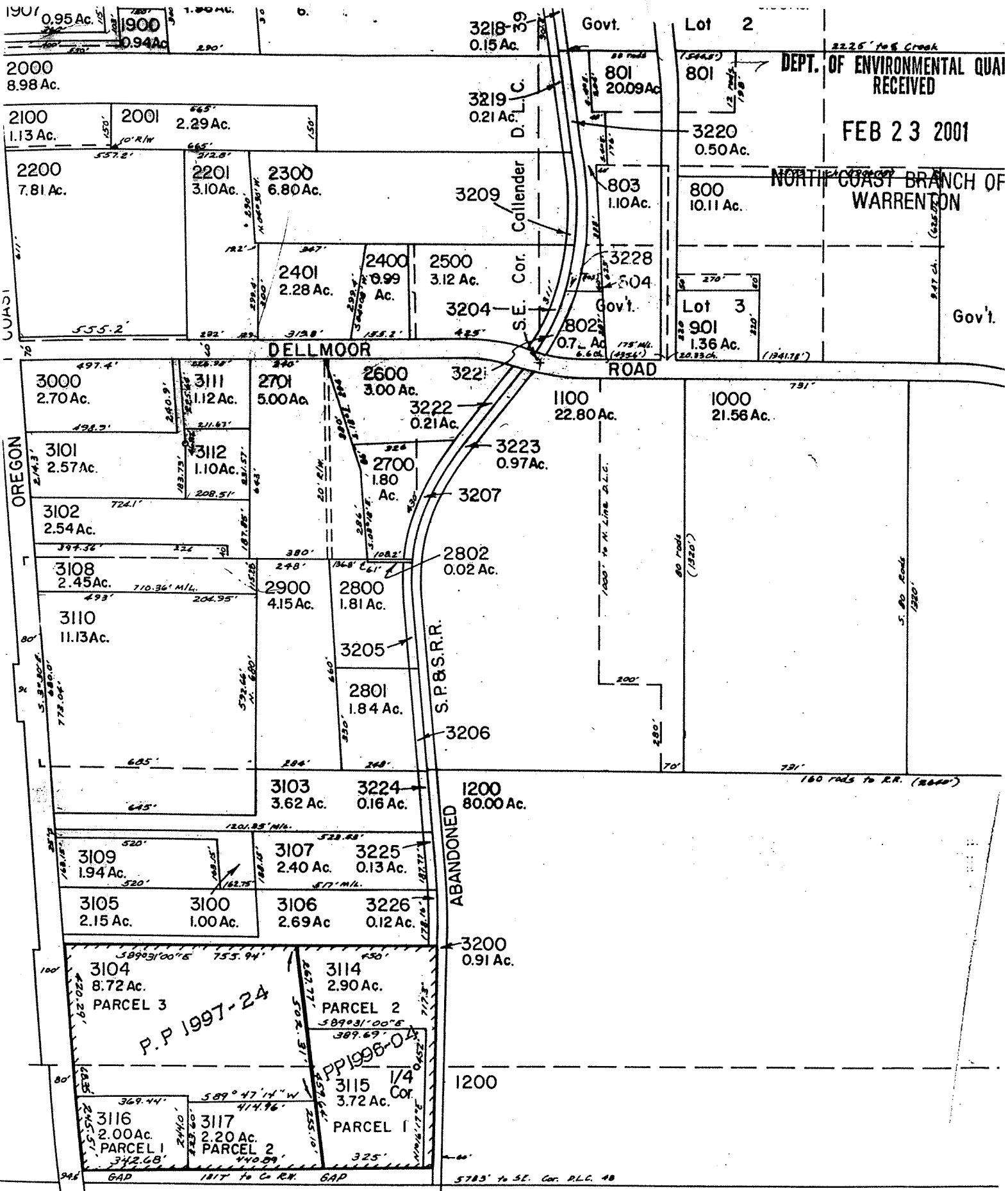
415'



10X17 COVERED PATIO

464.42'

~~ADAIR~~ ADAIR LLC



DEPT. OF ENVIRONMENTAL QUALITY RECEIVED
FEB 23 2001

NORTH COAST BRANCH OF WARRENTON

P.P 1997-24

P.P 1998-04

710 27