



# Certificate of Satisfactory Completion

## Installation Permit - Residential - New

186-21-000342-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: 10/28/2022

Work Description: Construction/Installation; standard

**Applicant:** Chris Boerste  
**Address:** 16460 SW Snowy Owl Ln  
Beaverton OR 97007  
**Phone:** 5039229055  
**Email:** hillcrest\_homes@msn.com

**Primary Contractor:** Elkhorn Construction, LLC  
**Installer License:** 39107  
**Address:** PO Box 2061  
Sandy OR 97055  
**Phone:** (503) 880-4388  
**Email:** elkhorncon@aol.com

**Owner:** MICHAEL J TERRELL  
**Address:** 61475 SKENE TRAIL  
BEND OR 97702  
**Owner:** LINDA M TERRELL  
**Address:** 61475 SKENE TRAIL  
BEND OR 97702

**Property Address:** 88884 Pinehurst Rd, Seaside, OR  
97138

**Parcel:** 71033A000114 - Primary **Township:** 7 **Range:** 10 **Section:** 33A

**Lot Size:** 1.02 **Water Supply:** Community Water Supply  
**Zoning:** RA-5 **City/County/UGB:** County  
**Land Use Approval:** yes  
**Directions to Property:** HWY 101 to Highlands Dr to Pinehurst Rd

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	N/A	3 bedroom
<b>Number of Bedrooms:</b>	N/A	3

### System Specifications

**Type:** Standard  
**Max Peak Design Flow:** 450 gpd. **Proposed Flow:** 375 gpd.  
**Min Septic Tank Volume:** 1000 gal. **Min Dosing Tank Volume:** N/A

### Drain Field Specifications

**Drain Field Type:** Gravelless **System Distribution Type:** Serial  
**Drainfield Sizing:** N/A **Distribution Method:** Serial  
**Media Type:** EZ Flo gravelless **Media Depth:** 12 in.  
**Trench Length:** 150 linear ft. **Rock Above Pipe:** N/A  
**Max Depth:** 36 in. **Undisturbed Soil Between Trenches:** 8 ft.  
**Min Depth:** 24 in. **Capping Fills-Min Depth of Fill Material:** N/A

### Special Requirements

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

**Date Certificate Issued:** 10/28/2022

**Work Description:** Construction/Installation; standard

**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

Lucas Marshall

Environmental Health Specialist I

**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.)

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CLATSOP CO. PUBLIC HEALTH**Final Inspection Request and Notice - Septic ID: 186-21-000342-PRMT**

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

**SECTION 1: Owner/Permittee Information:**

Twnshp: 7

Range: 10

Sect: 33A

Name: LINDA M TERRELL MICHAEL J TERRELL

Lot: 00114

Property 88884 Pinehurst RD, Seaside, OR 97138

Address:

**SECTION 2: System Component Specifications:****A. Tanks/Pumps****System Type:**Water tight  
verification\*

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: Michaels Precast	Date: 10/21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes	No	Diameter: 4"	ASTM#/Other: 30/34 ABS	Length: 121
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe	Diameter:	ASTM#/Other:	Length:	
Manifold piping	Diameter:	ASTM#/Other:	Length:	
Internal Pump	HP:	Model/Manufacturer		
Floats(1)	Type:	Model/Manufacturer		
Floats(2)	Type:	Model/Manufacturer		

ATT	Yes	No	Model:	Clatsop County Department of Public Health
Certified Maint.	Provider Name:		On-Site Waste Water Program	
Operation and Maint.	Contract Received?	Yes	No	Approved By [Signature]

Permit No. 186-21-000342  
Date 10/28/22**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 3-50' easy lay
				Length: 150
Comment				

\*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

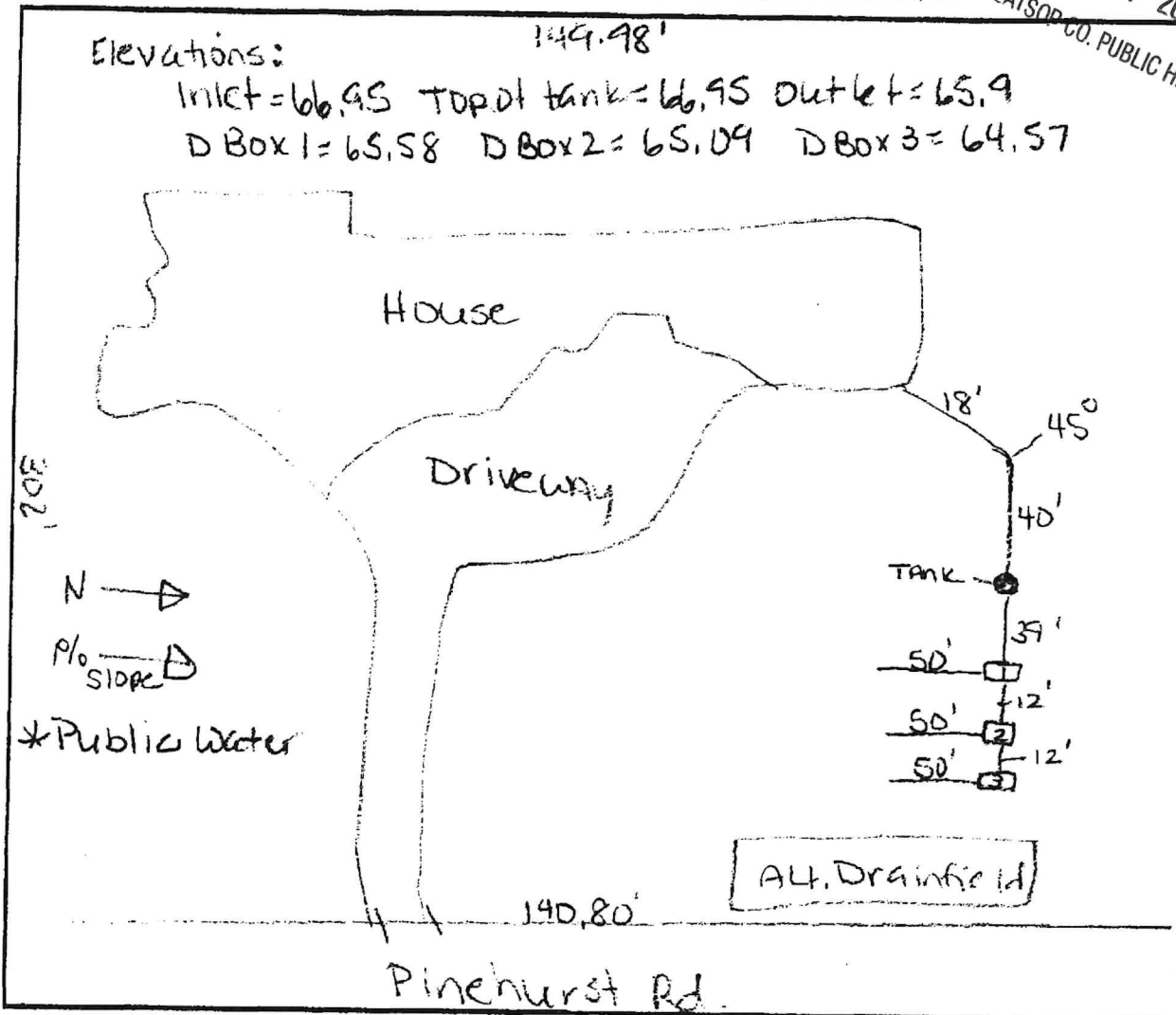


### SECTION 3 - As Built Plan

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#:		Print Name: Charles Thompson Jr	
Licensed Installer:	<input checked="" type="radio"/> Yes <input type="radio"/> No	License#: 39107	Certification#: I 2286
Owner/ Certified Installer:	Signature: <i>Charles Thompson Jr</i>	Date: 10/26/22	Phone#: 503-880-4388

### SECTION 5 - Office Use Only:

Notice Accepted	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date:
-----------------	---	-------

Installer/Owner (Permittee) Notified:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date:
---------------------------------------	---	-------

If No, Reason for Non Acceptance:

Comment:

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By *[Signature]*  
Permit No. 186-21-000342  
Date 10/28/22



**Septic Permit**  
**Installation Permit - Residential - New**  
**186-21-000342-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: 10/27/21

Expiration date: 10/27/22

Work description: Construction/Installation; standard

**Applicant:** Chris Boerste  
**Address:** 16460 SW Snowy Owl Ln  
Beaverton OR 97007  
**Phone:** 5039229055  
**Email:** hillcrest\_homes@msn.com

**Primary contractor:** Elk Mountain Construction Inc.  
**Installer License:** 38517  
**Address:** 22735 S.E. Firwood  
Sandy OR 97055  
**Phone:** (503) 849-8343  
**Email:** elkmt34@gmail.com

**Business License:** N/A

**Owner:** MICHAEL J TERRELL  
**Address:** 61475 SKENE TRAIL  
BEND OR 97702  
**Owner:** LINDA M TERRELL  
**Address:** 61475 SKENE TRAIL  
BEND OR 97702

**Property address:** 88884 Pinehurst Rd, Seaside, OR 97138

**Parcel:** 71033A000114 - Primary **Township:** 7 **Range:** 10 **Section:** 33A

<b>Lot size:</b>	1.02	<b>Water supply:</b>	Community Water Supply
<b>Zoning:</b>	RA-5	<b>City/County/UGB:</b>	County
<b>Land use approval:</b>	yes	<b>County:</b>	N/A
<b>Action:</b>	New	<b>Type of application:</b>	Construction Permit - Residential
<b>System failing:</b>	N/A	<b>Septic tank last pumped:</b>	N/A

**Comments:** Installation to meet all required setbacks.  
Must maintain 25ft setback to escarpment.

**Directions to property:** HWY 101 to Highlands Dr to Pinehurst Rd

**Category of construction:** Single Family Dwelling

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

**System Specifications**

<b>Type:</b>	Standard	<b>ATT description:</b>	N/A
<b>Max peak design flow:</b>	450 gpd.	<b>Proposed flow:</b>	375 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	N/A

**Drain Field Specifications**

<b>Drain field type:</b>	Gravelless	<b>System distribution Ttype:</b>	Serial
<b>Drainfield sizing:</b>	N/A	<b>Distribution method:</b>	Serial
<b>Media type:</b>	Other - Indicate Product/Manufacturer	<b>Media depth:</b>	12 in.
<b>Media type description:</b>	EZ Flo gravelless		
<b>Trench length:</b>	150 linear ft.	<b>Rock above pipe:</b>	N/A

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

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

10/27/21:10:23:41AM

ONS\_OnsitePermit\_pr

**Onsite Permit 186-21-000342-PRMT**

Page 2 of 2

<b>Date issued:</b> 10/27/21	<b>Expiration date:</b> 10/27/22
<b>Work description:</b> Construction/Installation; standard	

<b>Max depth:</b>	36 in.	<b>Undisturbed soil between trenches:</b>	8 ft.
<b>Min depth:</b>	24 in.	<b>Capping fills-min depth of fill material:</b>	N/A

**Special Requirements**

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

**Conditions of approval**

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

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

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

10/27/21

## AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency

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

Job Site Address: 88884 Pinehurst Rd City: Gearhart  
Owner: Terrell 1998 Family Trust Phone: 408-429-9212  
Address: \_\_\_\_\_ Email: mterrell@accesschannel.net  
Agent: \_\_\_\_\_  
Proposed Development/Construction: New Single Family Residence  
Map ID: 7-10-33A-114

### 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes ☒ No ☐ Site Approved: Yes ☒ No ☐

Agency Signature: [Signature] Title: Env. Health Specialist Date: 10/26/21

Remarks: Construction/Installation permit # 186-21-000342

Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

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

Gallons per minute: NA  
Agency Signature: [Signature] Title: DRC Date: \_\_\_\_\_

Remarks: IF Home is 2 stories above water meter, a backflow device will need to be installed on customer side of meter (example spring checks)

Contact the local Water District serving your property OR  
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: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Contact the local Fire Department serving your property

### 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 971



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CLATSOP CO. PUBLIC HEALTH



State of Oregon  
Department of  
Environmental  
Quality

## Application for Onsite Sewage Treatment System

Department of Environmental Quality  
65 N Highway 101, Suite 202  
Warrenton, OR 97146

Phone/TTY: (503) 861-3280  
Fax: (503) 861-3259

Date Stamp:	For DEQ Use Only:
	Date Received
	Fee Paid
	Receipt Number
	Application Number
	Date of 1st Response
	Date of 2nd Response
	Date of Final Response
	Date of Completion
	Scanned

### A. Property Owner Information

Name: Michael Terrell Mailing Address (Street or PO Box, City, State, Zip Code): 88884 Pinchurst Road, Seaside, OR Phone Number: 408-429-9212

### B. Legal Property Description

Township: T7N Range: R10W Section: 33A Tax Lot: 114 Tax Account Number: 18036 Acreage or Lot Size: 1.02 Ac  
County: Clatsop Subdivision Name: Pinchurst Estates Lot: 40 Block:

Property Address: 88884 Pinchurst Rd Seaside OR  
Address City State Zip Code

Directions to Property: Hwy 101 → Highlands Lane → Pinchurst Road

### C. Existing Facility Proposed Facility Water Information

Existing Facility: ☐ Single Family Residence ☐ Other  
Number of Bedrooms:   
Proposed Facility: ☒ Single Family Residence ☐ Other  
Number of Bedrooms: 3  
Water Supply: ☒ Public City of Warrenton Name:   
☐ Private Well, Spring, Shared

### D. Type of Application

☐ Site Evaluation ☐ Renewal Permit ☐ Authorization Notice for:  
☒ Construction Permit ☐ Existing System Evaluation ☐ Connecting to an Existing System Not in Use  
☐ Repair Permit ☐ Permit Transfer ☐ Replacing a Mobile Home or House with Another Mobile Home or House  
☐ Major ☐ Minor ☐ Permit Reinstatement ☐ The Addition of One or More Bedrooms  
☐ Alteration Permit ☐ Personal Hardship  
☐ Major ☐ Minor ☐ Temporary Housing  
☐ Other - Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature: [Signature] Date: 09/29/2021  
Applicant's Name - Please Print Legibly: Michael Terrell Applicant's Phone Number: 408-429-9212 Applicant's E-mail Address: intervell@acrosschannel.net  
Applicant's Mailing Address: 88884 Pinchurst Rd, Seaside, OR

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer  
☐ Authorization Attached

Installer's Name: ELK Horn Construction #39107





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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CLATSOP CO. PUBLIC HEALTH

### Notice Authorizing Representative

I, Michael Tennell, have authorized  
(Property Owner - Please Print)  
Mahana Homes and Consulting LLC - Chris Boers 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

88884 Pinchot Rd, Warrenton  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 33A Tax Lot 114 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

#### PROPERTY OWNER:

Name: Tennell 1998 Family Trust Email: mtennell@accesschannel.net  
Mail Address: 88884 Pinchot Rd City/State/Zip Beaverton, OR  
Phone: 408-429-9212 FAX: \_\_\_\_\_  
Signature: [Signature] Date: 10/12/21

#### AUTHORIZED REPRESENTATIVE:

Name: Chris Boers Email: hillcrest-homes@msn.com  
Mail Address: 16460 SW Snowy Owl Ln City/State/Zip Beaverton, OR 97007  
Phone: 503-922-9055 FAX: \_\_\_\_\_  
Signature: [Signature] Date: 10/11/2021

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## DEQ Land Use Compatibility Statement

CLATSOP CO. PUBLIC HEALTH

## COMPLETED BY APPLICANT

1. Property Owner Name(s): Tennell 1998 Family Trust  
 Mailing Address: 88884 Pinehurst Rd Beaverton, OR  
 Telephone 1: 408-429-9212 Telephone 2: \_\_\_\_\_  
 Email Address: ntennell@accesschannel.net
2. Applicant Name: Tennell 1998 Family Trust  
 Mailing Address: \_\_\_\_\_  
 Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
3. Property Information:  
 Situs Address: 88884 Pinehurst Rd  
 Township 7 Range 10 Section 33A Tax Lot 00114  
 Subdivision Name (if applicable): Pinehurst Estates
4. Proposed Development:  
☒ Single Family Dwelling ☐ Accessory Structure ☐ Other \_\_\_\_\_
5. Permit or Approval Requested:  
 Construction or Installation Permit: ☒ New Construction ☐ Repair ☐ Alteration  
 Authorization for Replacement of: ☐ Dwelling ☐ Bedroom Addition  
☐ Other: \_\_\_\_\_

## COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID:

1. Property Zoning 1 RA-5 Property Zoning 2 \_\_\_\_\_ Overlays n/a
2. Minimum Parcel Size 5.00 Actual Parcel Size 1.02 ☐ LOR needed LOR Permit # Pinehurst Estates Subdivision
3. The facility is located: ☐ Inside City Limits ☐ Inside a UGB ☒ Outside UGB (county jurisdiction)
4. Does the proposed facility comply with all applicable land use requirements: ☒ Yes ☐ No
5. Compliance is based on:  
 a. ☒ Compliance with local comprehensive plans and land use requirements. Citation: LAWDUC 4.2720  
 b. ☐ Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.  
 c. ☐ Measure 49 Waiver - DLCD Approval Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Planning Official Signature

Clarence Adams

Date

10.13.21

# PLOT PLAN

Property ID: \_\_\_\_\_

Site Address: 88884 Pinehurst Rd.

Applicant Signature: \_\_\_\_\_

By my signature, I certify the information provided on this plot plan is complete and accurate.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/ 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

## Legend

- O Wells
- Test Pits
- .... Drainage



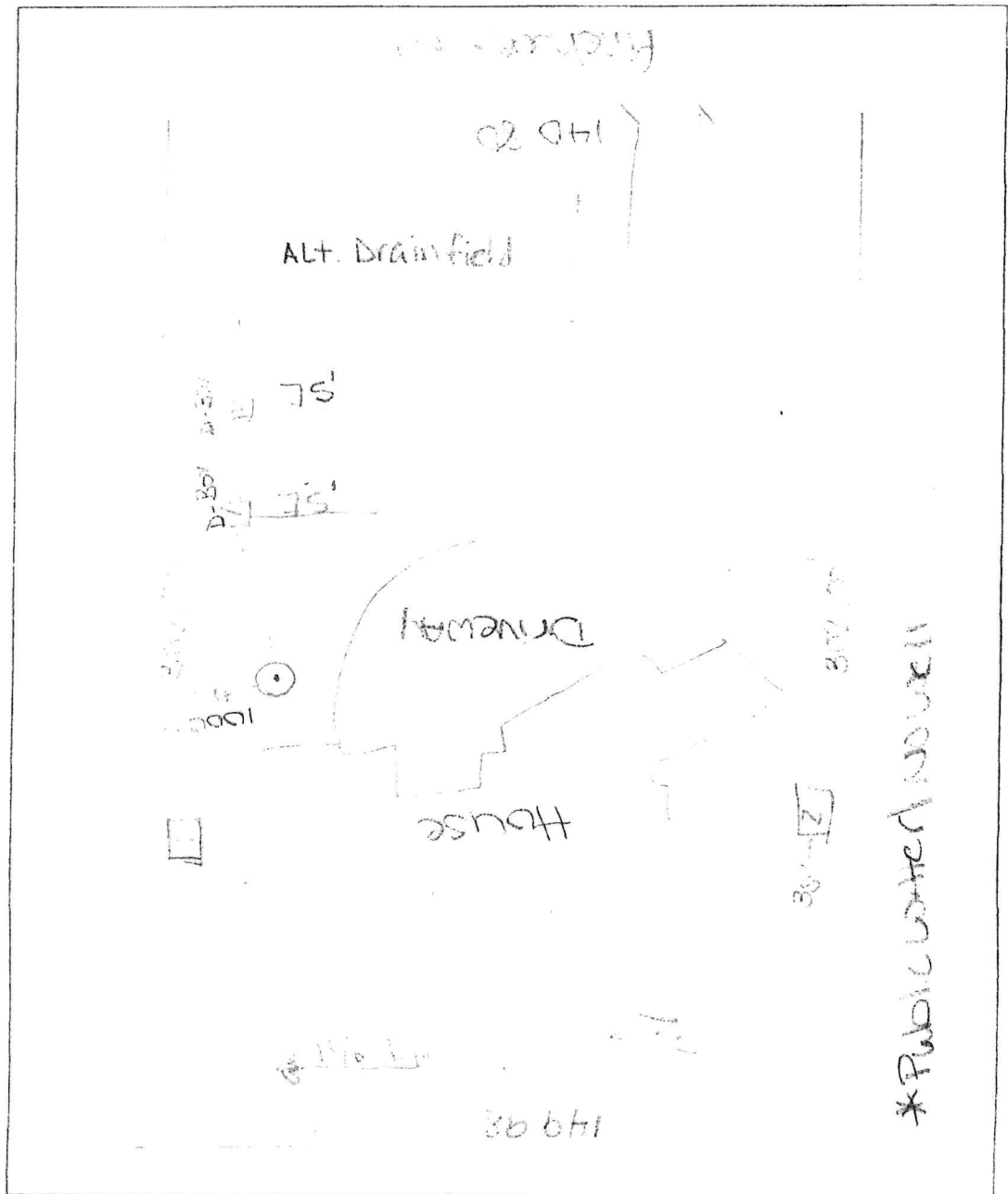
1 inch = 20 feet

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OCT 18 2021

GLATSBOP CO. PUBLIC HEALTH

9-10-33A-114







## 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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OCT 18 2021

CLATSOP CO. PUBLIC HEALTH

7-10-33A-114

### SEPTIC SYSTEM MATERIALS LIST:

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.  
FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

#### Section 1

Property Owner: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_  
Situs Address: 88884 Pinhurst Rd

#### Section 2: COMPLETE, AS APPLICABLE:

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS\*\***

Septic Tank: Michaelis Precast Capacity: 1000 GAL  
Effluent Filter: Domestek N/A  
Effluent Sewer Pipe: 30134 4"  
Dose Tank/Vault: N/A Capacity: \_\_\_\_\_  
Tank Pump: N/A  
Float Settings (Provide inches from top of tank to water level @ float function): N/A  
Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_  
Pressure Pipe from Tank to Pretreatment and/or Drainfield: N/A  
Drop or Distribution Box: Drop Qty: \_\_\_\_\_  
HydroSplitter Orifice Size(s): N/A  
Header Pipes: 30134 4"  
Leach Lines: 2- 75' Easy Lay Linear Ft: 150  
Pressure Bed Dimensions: N/A Square Ft: \_\_\_\_\_  
Capping Fill (Depth over top of drain media, in inches): N/A  
GWI or Tile Dewater System (Depth/Depth of gravel, in inches): N/A

ATT: Manufacturer: N/A Make/Model: \_\_\_\_\_ Serial# \_\_\_\_\_

#### Sandfilter Type:

☐ Bottomless ☐ In Ground ☐ Above Ground Dimension: \_\_\_\_\_ X \_\_\_\_\_ Ft

#### Control Panel:

Tank Timer Settings (Provide seconds on / minutes off): N/A

Normal Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

High Water Alarm Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

Pretreatment Pump: N/A

(Inches below vault top): Alarm \_\_\_\_\_ On \_\_\_\_\_ Off

Inches from vault top to top of underdrain pipe: \_\_\_\_\_

Pump or Aerator Interlock Function: N/A

Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO

Air Coil / Monitoring Ports: N/A

Other: \_\_\_\_\_

# Clatsop County



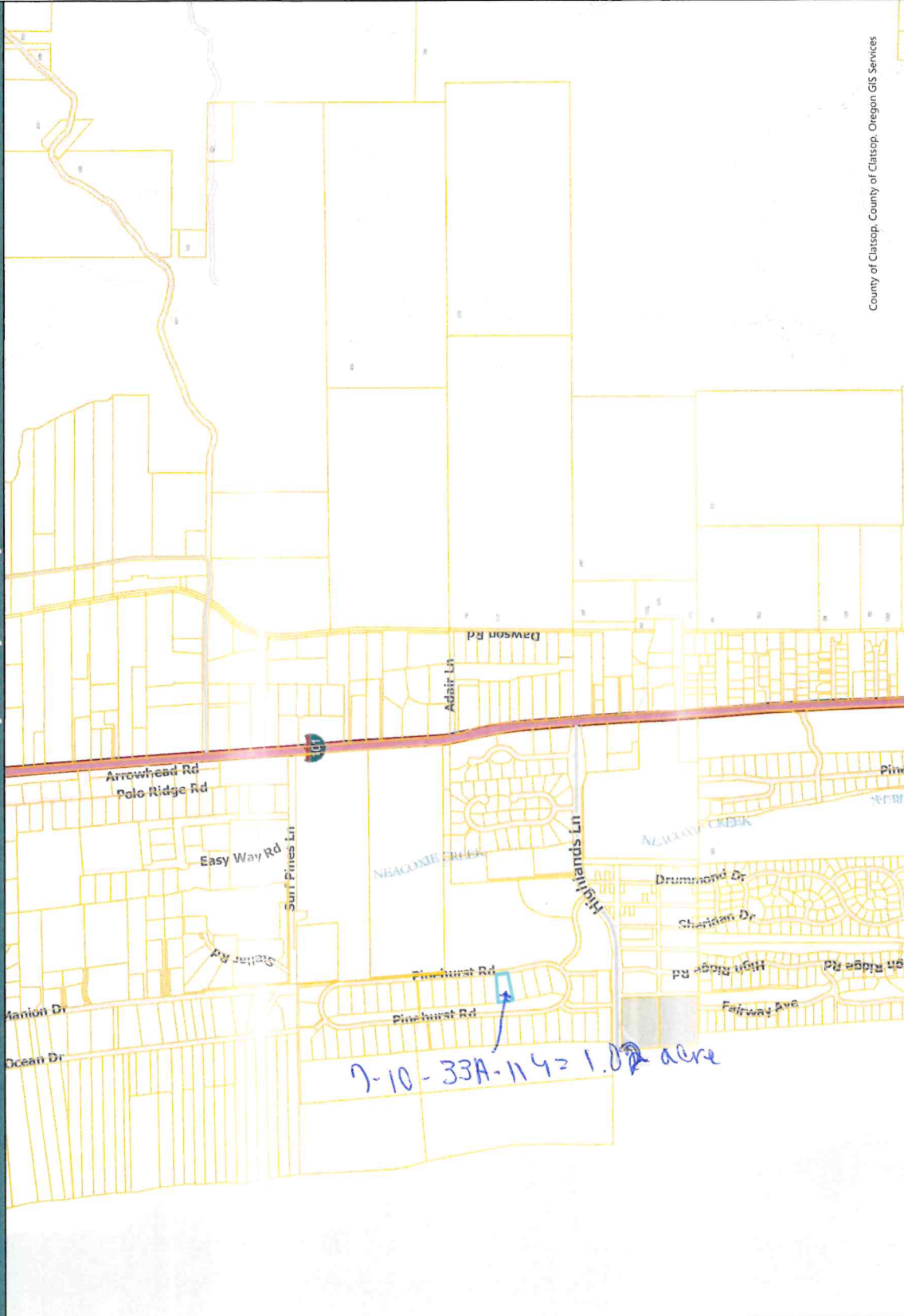
0.45 mi

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

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OCT 10 2021

CLATSOP CO. PUBLIC HEALTH

## ClatsopCountyWebmaps



County of Clatsop, County of Clatsop, Oregon GIS Services



**Transaction Receipt**  
**Record ID: 186-21-000342-PRMT**  
**IVR Number: 186056191745**

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

**Receipt Number: 457698**

**Receipt Date: 10/21/21**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 88884 Pinehurst RD, Seaside, OR 97138  
Parcel: 71033A000114

**Fees Paid**

Transaction date	Units	Description	Account code	Fee amount	Paid amount
10/21/21	1.00 Ea	Install - Standard subsurface - by gallons per day	81-7203	\$1,091.00	\$1,091.00
10/21/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
10/21/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 215	Payer: MICHAEL J TERRELL	Payment Amount:	\$1,200.00
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Cashier: Annette Brodigan

**Receipt Total: \$1,200.00**





# Oregon

John A. Kitzhaber, M.D., Governor

## Department of Environmental Quality

Northwest Region  
2020 SW Fourth Avenue  
Suite 400  
Portland, OR 97201-4987  
(503) 229-5263 Voice  
TTY (503) 229-5471

May 18, 1998

lot # 40  
7-10.33A-114  
(Now) 88884 Pinehurst, Gearhart

Richard T. Charlton  
5426 Burning Tree Court  
Portland, OR 97229

Re: OSS: NWR: Clatsop County: Site Evaluation Report for Pinehurst Estates  
Subdivision: LOTS 1 Through 51: Twn 7N, Rng 10W, Section 28, Tax Lots  
1000, 1100, 1400. Twn 7N, Rng 10W, Section 33A, Tax Lots 100, 200, 300,  
700, 1000, 1100, 1300, 1400, 1500, 1600, 1700, 1701, 1800, 1900, 1901 & 2000:  
197.30 Acres

Dear Mr. Charlton:

In response to your application for site evaluations of a proposed 51 lot subdivision, the above-described property was examined by Dewey W. Darold, R.S., and Larry Brown, R.S., on February 24, 1998 and February 25, 1998, to determine the methods of on-site sewage disposal for which each lot is suited. This evaluation report consists of three pages, and the map of test pit locations for each lot. This evaluation and report is based upon current DEQ regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) 340, Divisions 71 and 73, and also the preliminary partition map showing test pit locations dated January 8, 1998, and February 9, 1998. Please note that if the property lines or acreage changes after the final plat map is approved, the approvals will be considered voided and another site evaluation will be required.

**In accordance with OAR 340-71-220(1)(C)-3-, all lots (LOTS 1 THROUGH 51) have been found suitable for a standard sewage disposal system utilizing either equal or serial distribution.**

The system for each lot would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into each system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded.

**The initial systems will each consist of a 1000 gallon septic tank and 150 lineal feet of disposal trench. The disposal trenches shall not be installed any deeper than 36 inches into the natural soil. The replacement systems when needed in the future, may consist of the same type of system. The following conditions apply:**

- 1) **The disposal fields must meet the minimum 25 foot setback to any downslope cutbanks and escarpments. Also, setbacks to any groundwater interceptors as required in Table 2 must be met.**

- 2) **Each approved site must not be filled or graded in the area where the soil absorption facilities are to be located. If the soils become altered or modified to the extent where the original soil surface has been significantly removed, it can change the type of system or even be denied outright.**
- 3) **If the setbacks cannot be maintained, the site evaluation will be void or another system may be required that can maintain the setback at the Departments option.**

Please note that the ground surface elevations are variable on many of these lots. As such, placement of the systems must be carefully considered. If an effluent lift pump is used, pressurized distribution is recommended.

Please refer to the enclosed site diagrams (test pit locations) for information about the site observations and location of the specific approved boundaries for both systems.

A construction-installation permit is required to install each sewage system at the approved site. Please contact the North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is (503) 861-3280.

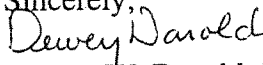
This report is valid for each approved lot until an on-site sewage system is installed on that lot, pursuant to a construction permit issued by *staff with the Department's North Coast Branch Office*, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the county tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners. Any alteration of the natural conditions in the approved areas approved for on-site systems or replacement areas may void the approval. Further each approval is given on the basis that each lot described above will not be further partitioned or subdivided, and that conditions on each lot or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

**WARNING:** This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. Technical rule changes shall not invalidate a favorable site evaluation, but may require use of a different kind of system.

Richard T. Charlton  
May 18, 1998  
Page 3

When the construction phase begins, careful planning will need to be exercised so that each system is installed in the specific approved areas. A stake-out of both the initial and replacement drainfields may be requested on any of the lots. Only a state licensed installer or the owner of the property can install the sewage disposal system.

Technical information pertaining to this report is available upon request. If you should have any questions or would like to discuss matters further, please feel welcome to contact me at 503-229-6313.

Sincerely,  
  
Dewey W. Darold, R.S.  
Natural Resource Specialist  
Northwest Region

DWD:dwd  
Encl: Site Diagrams  
cc: NCBO: DEQ

Clatsop County Dept. of Planning and Development  
800 Exchange, Suite 100  
Astoria OR 97103

Karl F. Foeste  
Coast Surveying  
P.O. Box 807  
Warrenton, OR 97146

Richard T. Schroeder  
2701 NW Vaughn, Suite 442  
Portland, OR 97210



# TE EVALUATION FIELD WORKSHEET

Tax Reference: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Parcel Size: \_\_\_\_\_

LOT # 39

DEPTH	TEXTURE	SOIL MATRIX COLOR AND MOTTILING (NOTATION), % COARSE FRAGMENTS, ROOTS, STRUCTURE, LAYER LIMITING EFFECTIVE SOIL DEPTH, ETC.
0'-3"	N/A	"O" horizon
3'-60"	FS	2.5 Y 5/2 Fire roots to 40"

0'-3"	N/A	"O" horizon
3'-60"	FS	2.5 Y 5/2

LOT # 40

0'-3"	N/A	"O" horizon
3'-60"	FS	2.5 Y 5/2

0'-3"	N/A	"O" horizon
3'-72"	FS	2.5 Y 5/2

Landscape Notes: \_\_\_\_\_  
 Slope: \_\_\_\_\_ Aspect: \_\_\_\_\_ Groundwater Type: \_\_\_\_\_  
 Other Site Notes: \_\_\_\_\_

## SYSTEM SPECIFICATIONS

Peak Daily Flow: \_\_\_\_\_ gpd Average Daily Flow: \_\_\_\_\_ gpd

- Initial System: \_\_\_\_\_ Disposal Facility: \_\_\_\_\_ (linear feet/square feet) Max. Depth: \_\_\_\_\_ inches
- Replacement System: \_\_\_\_\_ Disposal Facility: \_\_\_\_\_ (linear feet/square feet) Max. Depth: \_\_\_\_\_ inches

Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLOT PLAN ON REVERSE SIDE

N 11°31'02" W<sup>10</sup> N 08°38'16" W<sup>37</sup> N 05°24'03" W<sup>35</sup>

149.98'

154.04'

154.04'

302.00'

302.00'

302.00'

302.00'

302.00'

302.00'

302.00'

302.00'

302.00'

302.00'

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302.00'

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302.00'

302.00'

302.00'

302.00'

Approved Sewage Disposal Area EAST OF THIS LINE

Approved Sewage Disposal Area EAST OF THIS LINE

Approved Sewage Disposal Area EAST OF THIS LINE

Approved Sewage Disposal Area East of this line

15'

15'

15'

15'

15'

1%

4%

3%

8%

1%

3.8%

22%

50%

54%

35%

38

39

40

N

137.00' 336

137.00' 338

73.80' 339

67.00' 296

302.00'

