

## **Annette Brodigan**

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**Subject:** FW: Miller Addition Permit Agency review form  
**Attachments:** 807030000801 - Miller - Agency review.pdf; authorization\_pkt2020.pdf

-----Original Message-----

**From:** Lucas Marshall  
**Sent:** Friday, January 21, 2022 9:02 AM  
**To:** 'lee@burnardconstructionllc.com' <lee@burnardconstructionllc.com>  
**Cc:** Annette Brodigan <ABrodigan@co.clatsop.or.us>  
**Subject:** FW: Miller Addition Permit Agency review form

Good Morning,

Please find the attached signed agency review form for the proposed Miller addition. Please note that an Authorization Notice will be required for the proposed increase in # of bedrooms. I have attached a copy of the application for your information. Please complete and return to the our office with application fee of \$275. Please let me know if you have any questions.

Thanks

Lucas Marshall, REHST  
Environmental Health Specialist  
Onsite Septic Program/Environmental Health Clatsop County Dept. of Public Health  
820 Exchange St., Suite 100  
Astoria, OR 97103  
Phone: (503)-338-3687  
Email: lmarshall@co.clatsop.or.us

-----Original Message-----

**From:** lee@burnardconstructionllc.com <lee@burnardconstructionllc.com>  
**Sent:** Thursday, January 20, 2022 2:47 PM  
**To:** Annette Brodigan <ABrodigan@co.clatsop.or.us>  
**Subject:** Miller Addition Permit

Hi Annette,

Here is the paperwork we talked about earlier for the addition at 94134 Jackson Rd Astoria, OR for Jonathan Miller. I have sent over the drawings of the addition we are planning to do. The new addition will have an unfinished storage space on the first level, and one bedroom, one bathroom on the upper level. Let me know if you need more information than this.

Thank you,  
Megan Garlock  
Burnard Construction LLC  
(503)741-5907  
CCB 178142

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**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: 94134 Jackson Road City: Astoria  
 Owner: Jonathan Miller Phone: 503-791-4330  
 Address: 94134 Jackson Road Email: jmillercraft3.org  
 Agent: \_\_\_\_\_  
 Proposed Development/Construction: Addition of a storage room, bedroom, and bathroom on an existing home  
 Map ID: 8-7-3-801

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

Permit Needed: Yes  No  Site Approved: Yes  No

Agency Signature: [Signature] Title: Env Health Specialist Date: 1/21/22

Remarks: Authorization notice application required for proposed increase in bedrooms.  
 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: \_\_\_\_\_  
 Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

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: 360 gpm Number of Hydrants: 8 Hydrant Location(s): N/A  
 Agency Signature: [Signature] Title: Fire Chief Date: 1/5/22

Remarks: There are 8 hydrants near. A tender shuttle operation will be required.  
 Contact the local Fire Department serving your property

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

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

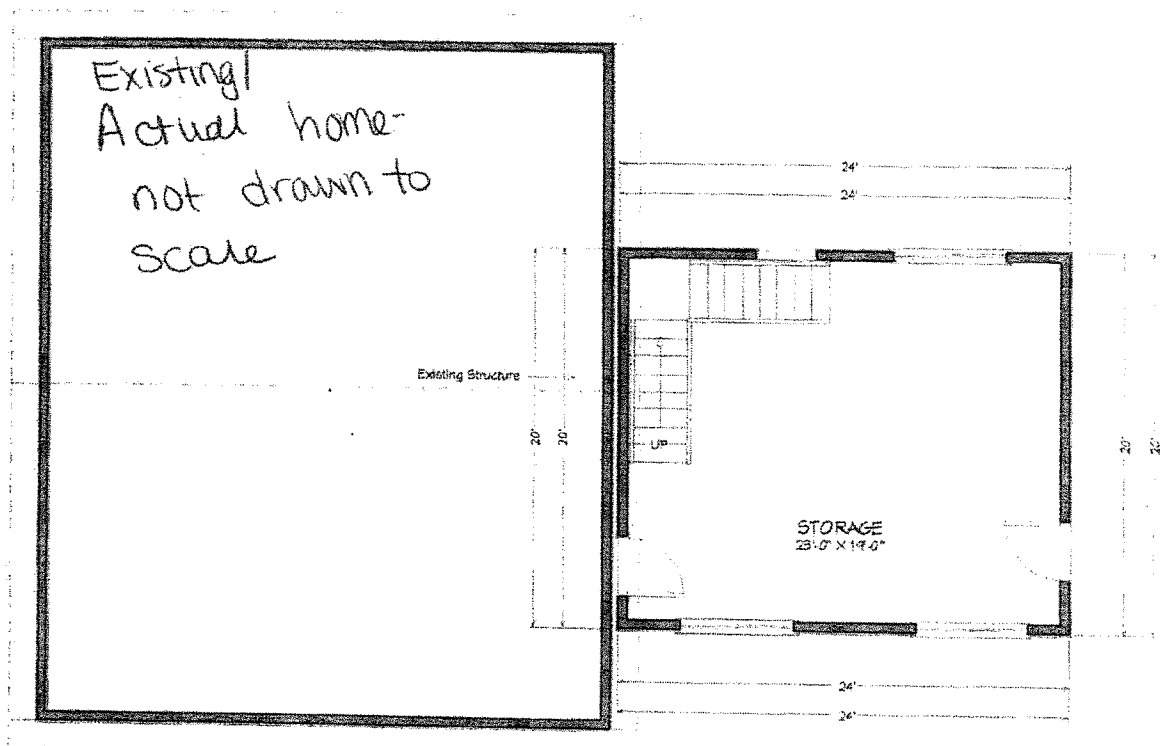
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 971

Lower Level

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LIVING AREA  
1075 SQ FT

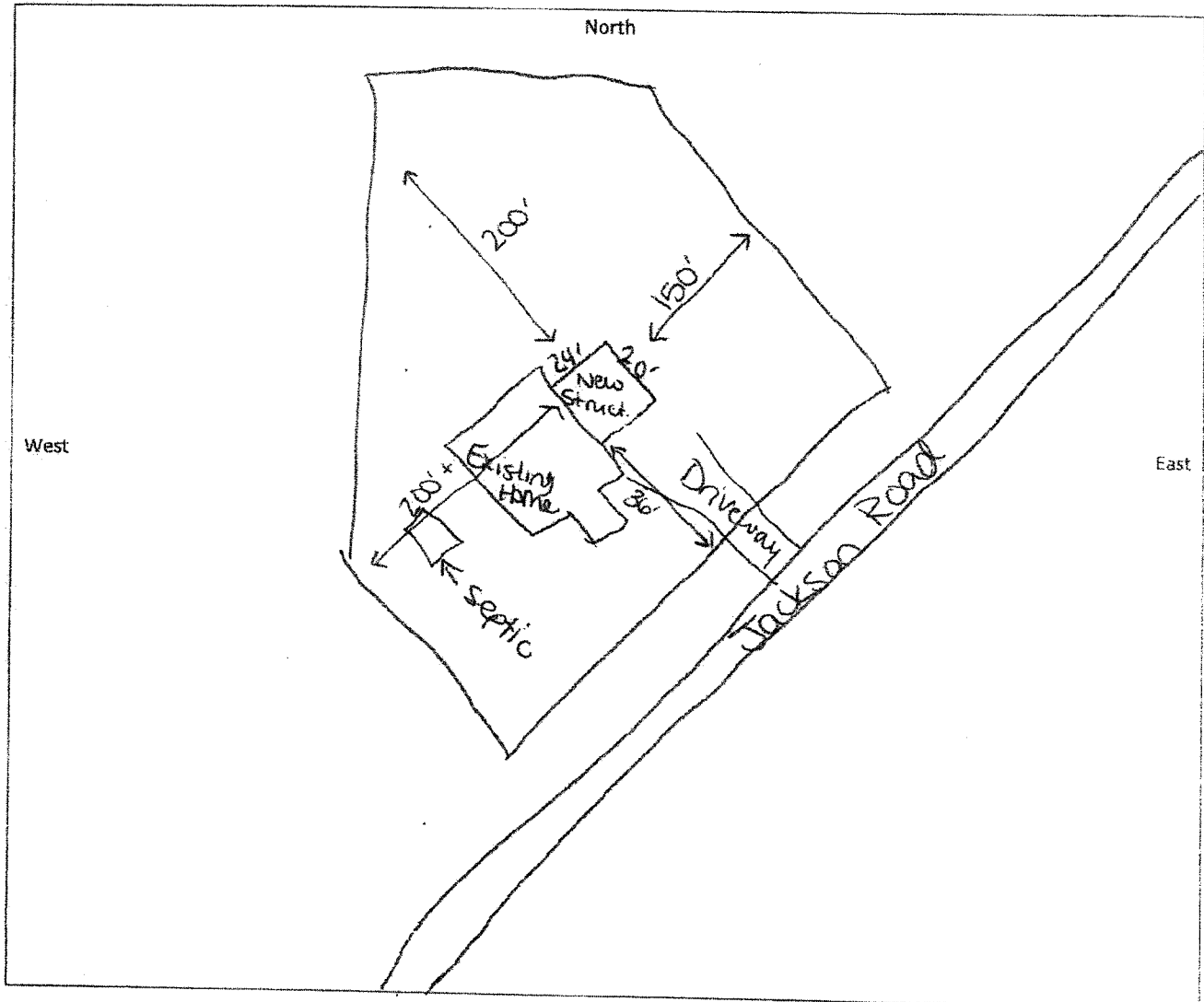


# Residential Plot Plan

Proposed Use: Addition of a storage room, bedroom, and bathroom on an existing home  
Owner(s): Jonathan Miller  
Applicant: Burnard Construction LLC  
MAP ID: \_\_\_\_\_  
Situs Address: 94134 Jackson Road Astoria, OR 97103

**Must include all of the following information in the space provided below**

- All property lines
- Location of all existing and proposed structures and distances of each structure from ALL property lines
- Distance of all structures from surface waters (lakes, streams, wetlands, etc.)
- Location of all waste water systems, including septic tanks, drain fields, holding tanks, etc.
- Location of all access roads, driveways, parking and easements
- Storm water drainage plan. Show locations of downspouts, dry wells, culverts and the direction of surface water flow.
- Identify the location(s) and type(s) of outdoor lighting to be installed
- Attach a specification sheet for each outdoor fixture type to be used.



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# 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

*Previous septic records*

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): Jonathan Miller Telephone: 503-791-4330

Site Address: 94134 Jackson Rd City: Astoria Zip Code: 97103

County: Clatsop Lot Size: \_\_\_\_\_ Acres/Square Feet (circle units)

Legal Description: 8-9-3-801

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

Date the septic tank was last pumped 6-1-21 (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.

10-07-2021

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 Oregon 97103 Phone 503-458-6870

Date of Evaluation: 10-07-2021 (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.

10-07-2021

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):

- Septic Tank, Dosing Tank, Multi-compartment Tank, Seepage Bed, Other, Cesspool, Disposal Trenches/ Leach Lines, Capping Fill, Sand Filter

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), Year original septic system installed, Dates of subsequent repairs or alterations, All plumbing fixtures are connected to the septic system

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

The occupant was not available at the time of septic inspection.

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface, Discharge of sewage to surface waters, Sewage backup into plumbing fixtures

- 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, If the septic tank was NOT pumped during the course of this evaluation, please explain

I pumped out and cleaned the septic tank back in 6-01-2021

- 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 5 (inches) Sludge layer 3 (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



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- Dosing tank capacity \_\_\_\_\_(gallons)
- Tank volume determined by: Check all that apply, add comments below as needed  
 Permit Records  Measured  Stamped on Tank  Other
- Dosing tank material \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_(inches)      **Sludge** layer \_\_\_\_\_(inches)
- Additional Comments:

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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):

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- 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

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- Locate all drain lines in soil absorption system  Yes  No  
 Total length of drain lines 200 (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:

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- 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:

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- Additional Comments:  
Soil absorption system has passed the water test.

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Septic system is working properly.

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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

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- 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:

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- 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:

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**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 \_\_\_\_\_

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

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

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- Additional Comments:

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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:

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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:

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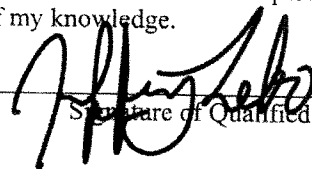
10. **Disclaimer:**

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.

10-07-2021

Date



Signature of Qualified Septic System Evaluator

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**Provide a Site Plan in the space below:** Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

Left Blank  
of Previous Septic  
Records

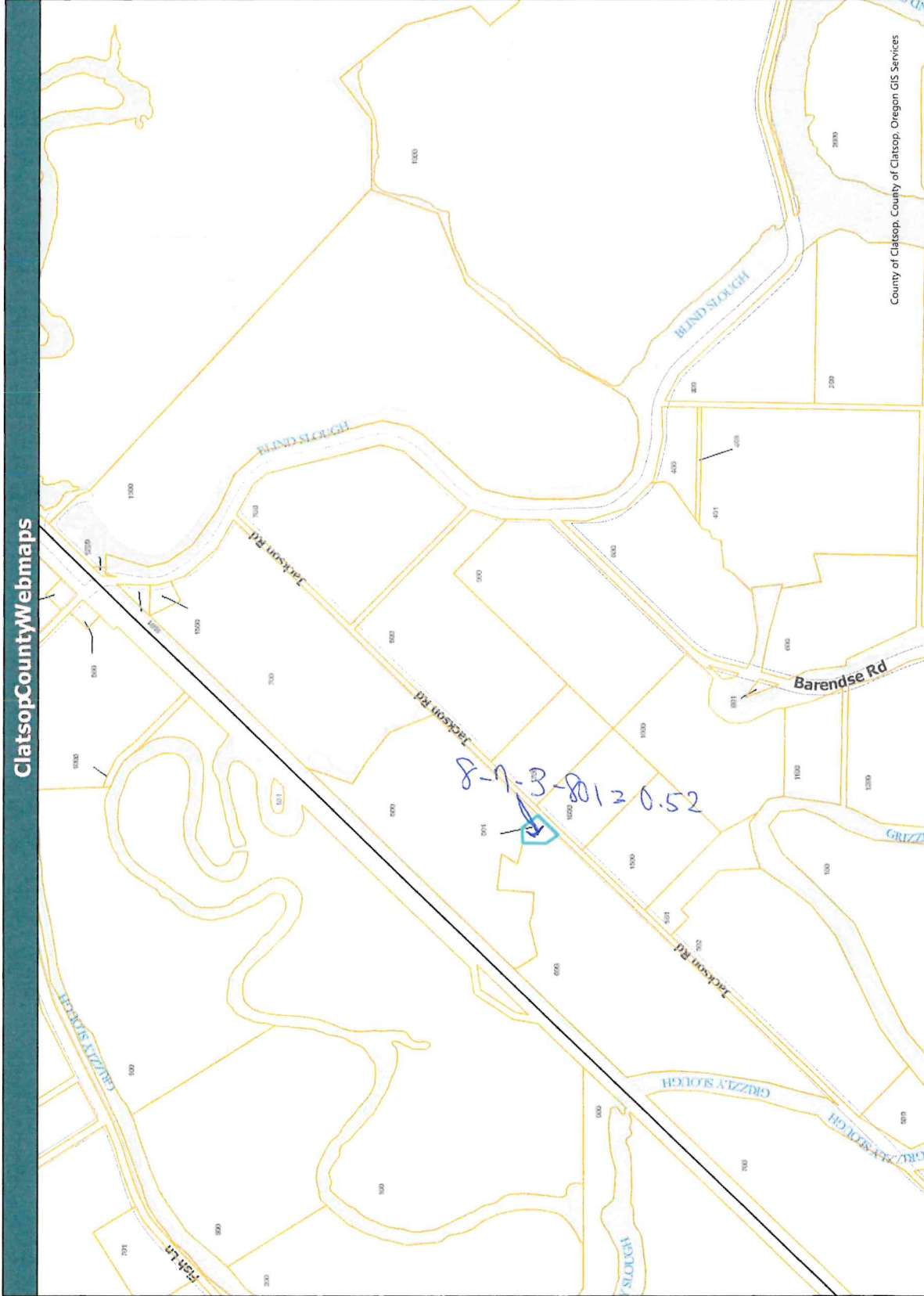


0.2 mi

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.



1/21/2022 8:57 AM bw



County of Clatsop, Oregon GIS Services