

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

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

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



Authorized Agent:

Onsite Wastewater Specialist

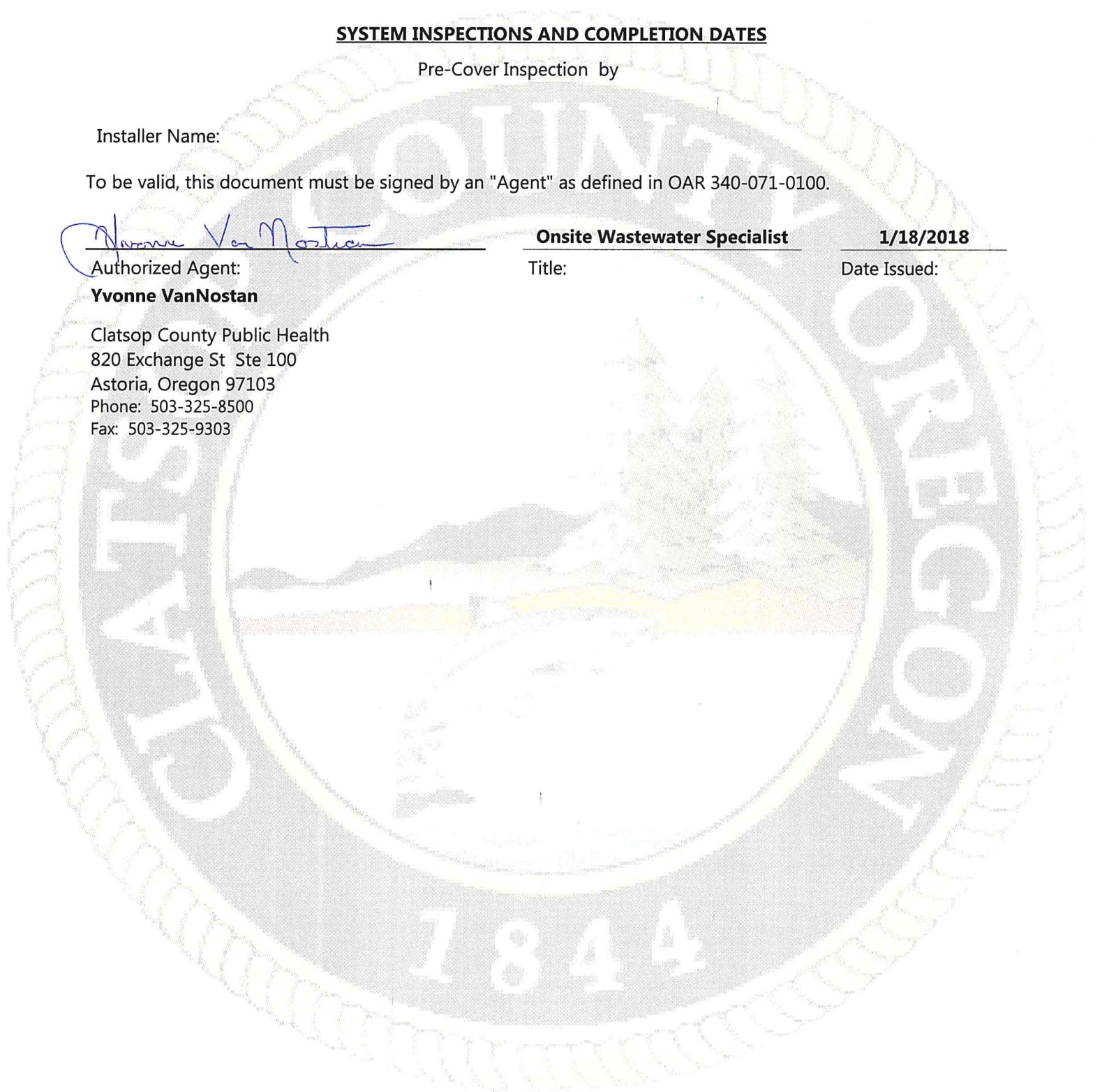
1/18/2018

Title:

Date Issued:

Yvonne VanNostan

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303



JAN 12 2018

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500786

CLATSOP CO. PUBLIC HEALTH

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: Jones Tanya M
Property Address: 93175 BROWNSMEAD HILL RD, Astoria
Township 8 Range 07 Section 1500 Tax Lot(s) 00801

Section 2: System Component Specifications: System Type: Sewer

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A-1 Date 1-4-18
Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
Pumps: HP _____ Model/Manuf _____ Float(s)Type(1) _____ Model/Manuf _____
Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes [X] No [] Diameter 4" ASTM#Other 3034 Length 50'
Pressure Transport Pipe Yes [] No [] Diameter _____ ASTM#Other _____ Length _____

C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

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 _____
Certified Maintenance Provider: Name _____
Operation & Maintenance Contract: Received? Yes [] No []

D. Drainfield Media

Type: Gravel, Pipe or Alternative? Brodiehuser
Distribution Box Yes [] No []
Drop Box Yes [X] No []
Distribution Pipe Yes [X] No [] Diameter 4" ASTM#Other 3034 Length 30

Comment: Sewer

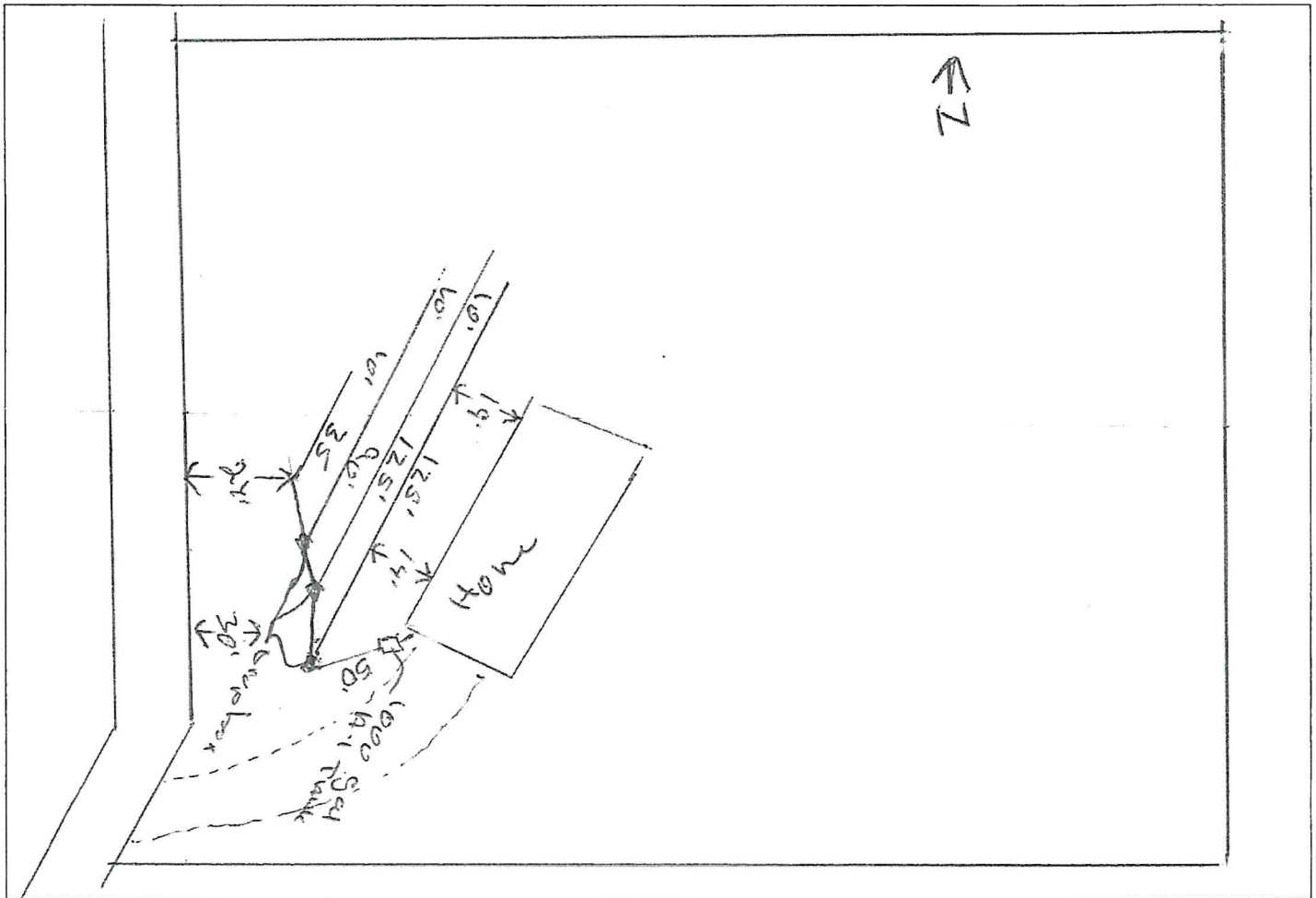
Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By Y. Van Nostran
Permit No. 500786
Date 1/18/18

JAN 12 2018

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

CLATSOP CO. PUBLIC HEALTH



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/Certified Installer w/Certification # _____ Print Name: Vinson Brothers Inc

Licensed Installer Yes No License # 36845 Certification # R.R. 246

Owner/Certified Installer Signature [Signature] Date 1-10-18

Phone 503-741-0170 Phone 503-452-6561 Email vbe@dennisegan.com

Section 5: Office Use Only

Notice Accepted Yes No Date 01/12/18

Installer /Owner /Permittee Notified Yes No Date 01/17/18

If no, reason for non-acceptance _____

Comment Final inspection 01/18/18

*Clatsop County Department
of Public Health*
On-Site Waste Water Program
Approved By V. Van Nustran
Permit No. 1500286
Date 1/18/18

Construction Permit

This Construction Permit, Permit #500786, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Jones Tanya M** Township **8**, Range **07**, Section **15 0 0**
Property Location: **93175 BROWNSMEAD HILL RD, Astoria** Tax Lot **00801**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **34.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Each trench to be level and on contour.
- 2 Meet all required setbacks.
- 3 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 4 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 5 Vehicular traffic and livestock must be restricted from the system area.
- 6 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.
- 7 All roof drains must be directed away from the system.
- 8 Filter fabric is required over the drain media.

INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

7/5/2017

Expiration Date:

7/5/2018

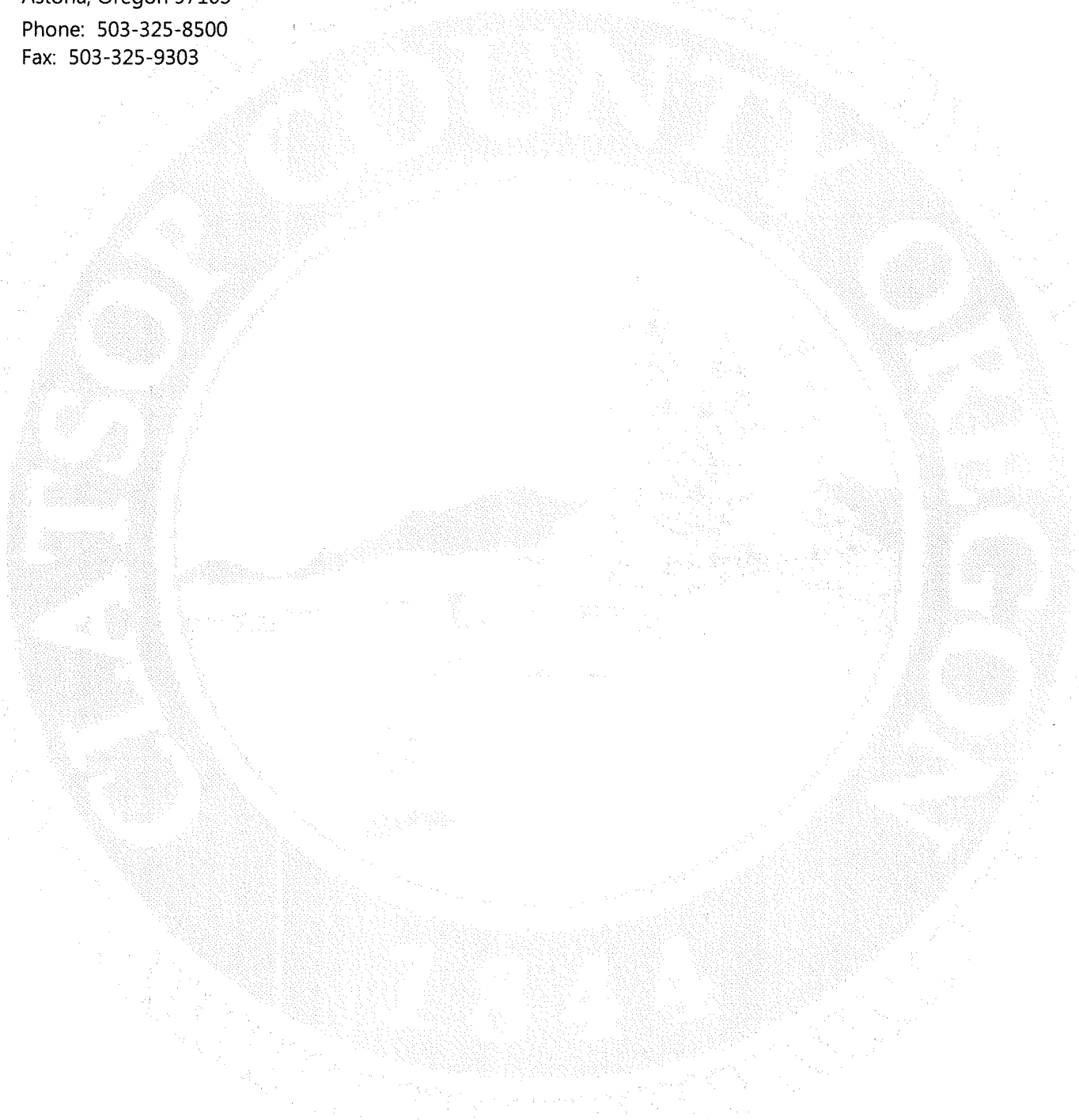
Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303





#500786

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED

JUN 26 2017

CLATSOP CO. PUBLIC HEALTH

(pd) Uk #1776
\$4,117.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

Tanya Jones Name
93159 Brownsmead Hill Rd Mailing Address (Street, PO-Box, City, State, Zip)
(503) 458-6619 Phone Number

B. Legal Property Description

8 Township
07 Range
15 00 Section
00801 Tax Lot
60036 Tax Account Number
2.42 + 5 Acreage or Lot Size
Clatsop County
Subdivision Name
Lot
Block

Property Address: 93175 Brownsmead Hill Rd Astoria OR 97103
(Street, City, State, Zip)

Directions to Property

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence
Proposed Facility: Single Family Residence
Water Supply: Public
Number of Bedrooms: 4

D. Type of Application

Construction
Alteration Permit
Renewal Permit
Existing System Evaluation
Permit Transfer
Permit Reinstatement
Authorization Notice for: Connecting to an Existing System Not In Use, Replacing a Mobile Home or House with Another, Mobile Home or House, The Addition of One or More Bedrooms, Personal Hardship, Temporary Housing

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

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Tanya M. Jones Signature
6/26/2017 Date
Tanya M Jones Applicant's Name (Please Print Legibly)
(503) 458-6619 Applicant's Phone
jetjones@gmail.com Applicant's E-Mail Address

93159 Brownsmead Hill Rd Astoria, OR 97103 Applicant's Mailing Address

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

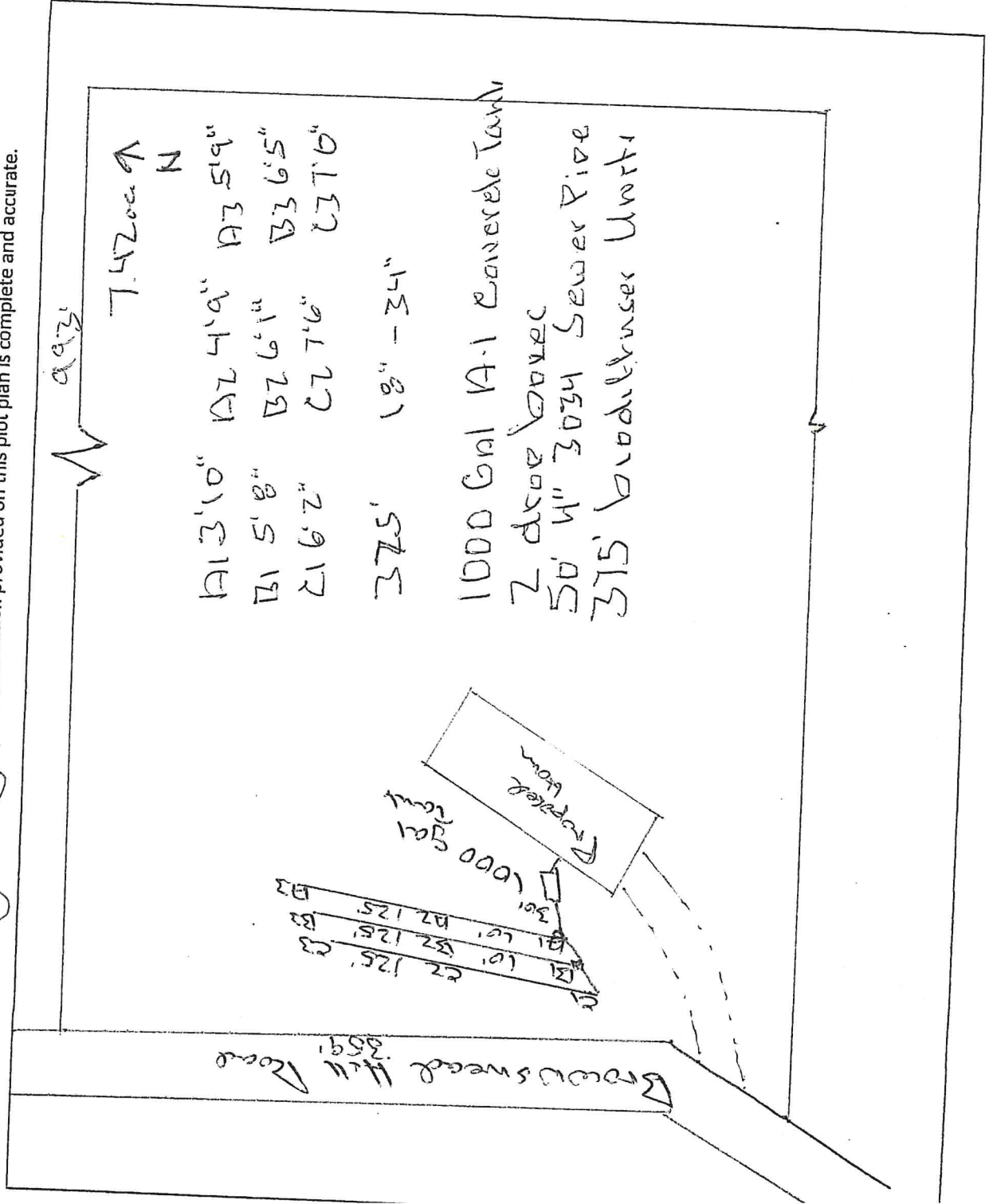
(Detailed)
PLOT PLAN

Property ID: 80715000020 Site Address: 93175 Brownsmead Hill Rd

Applicant Signature: *[Signature]*
By my signature, I certify the information provided on this plot plan is complete and accurate.

Date: 7/5/17

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/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- Wells
- Test Pits
- Drainage



1 inch = 20 feet

Basic
PLOT PLAN

RECEIVED

JUN 26 2017

CLATSOP CO. PUBLIC HEALTH

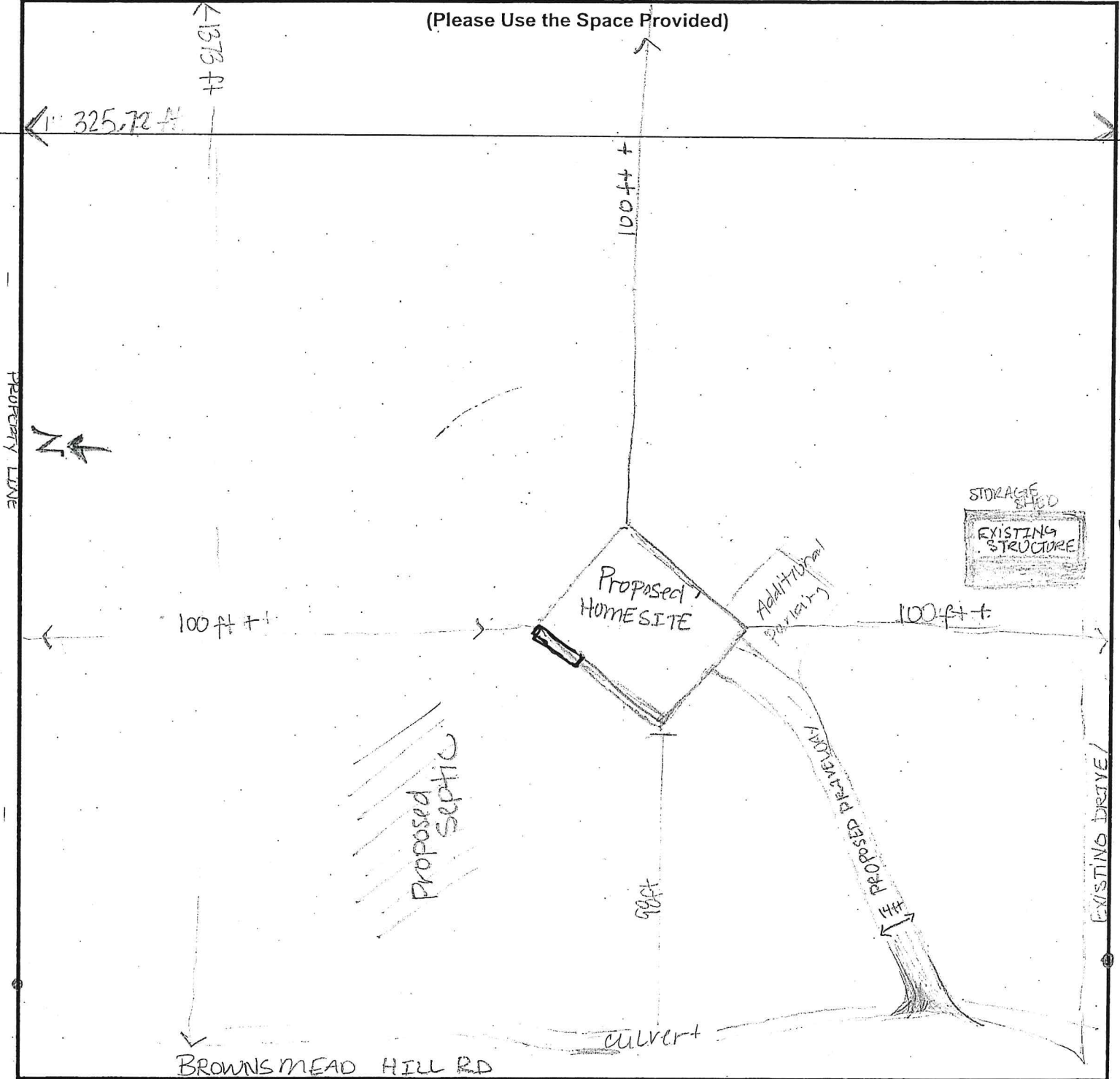
*Dennis to
Provide a detailed
plot plan*

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

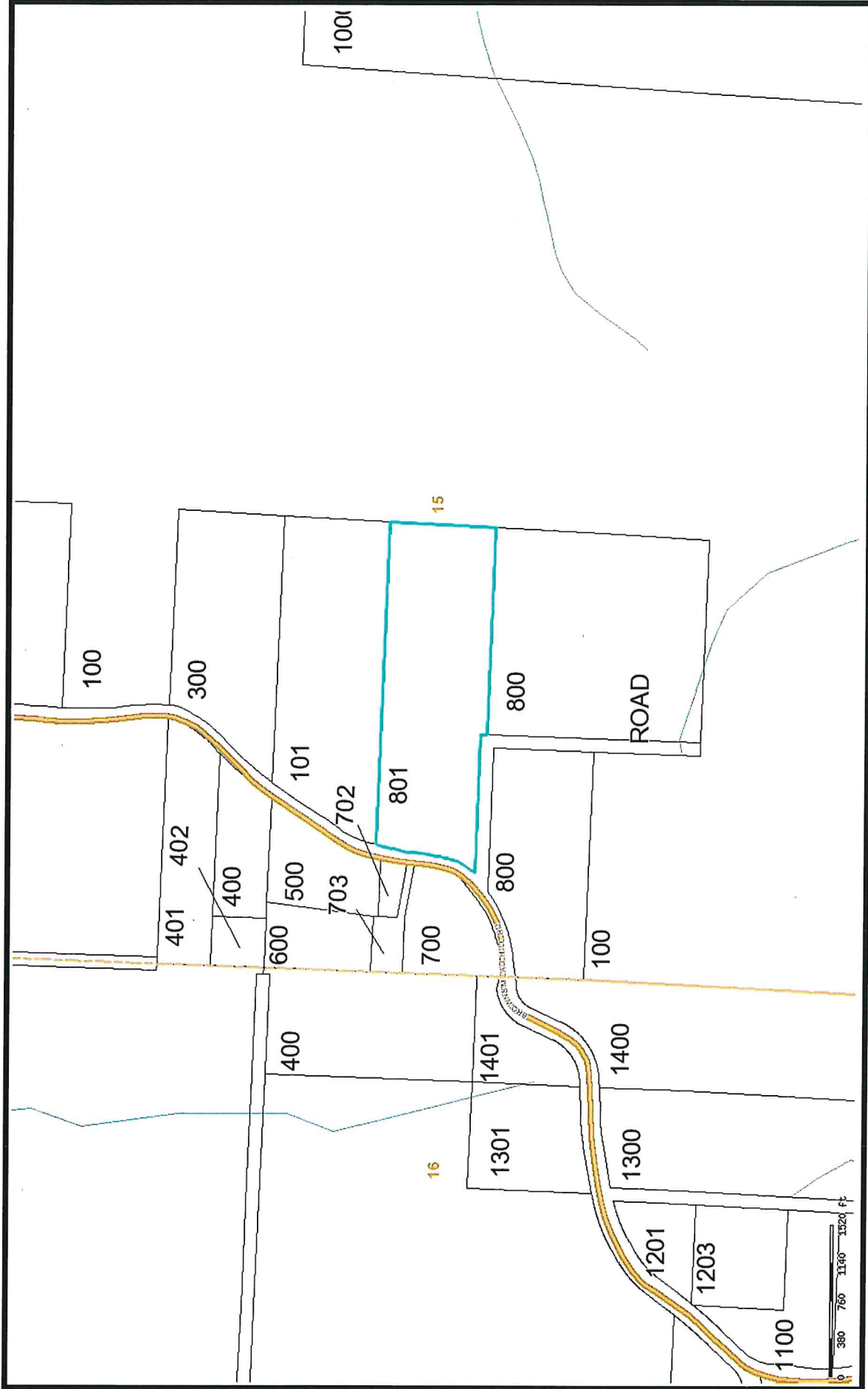
- Draw property lines and all existing and proposed structures on the property
- Draw and label all roads adjacent to or giving access to the site
- Draw all driveways on the site
- Include use of accessory structure
- Include a north arrow
- Identify any wetlands, streams, lakes, etc. on-site
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components including drainfield areas
- Show off-street parking spaces, if required (size, location, number)

8 7 15 801

(Please Use the Space Provided)



Map



Clatsop County Webmaps

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





Septic Application

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

For Department Use Only

Permit #: **500786**
 Permit Type: **Construction Perm**
 Entry Date: **6/26/2017**
 Issued By: **Annette Brodigan**
 Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	06/26/2017

Work Description

Work Description:

Remarks:

Owner

Name: **Jones Tanya M** Ph. #: (503) 458-6619 Cell: () -
 Address: 93159 Brownsmead Hill Rd E-Mail: Fax: () -
 City, State, Zip: Astoria, OR 97103

Applicant

Jones Tanya M Ph. 5034586619 Fax
 93159 Brownsmead Hill Rd Cell E-Mail
 Astoria, OR 97103

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,008.00	\$100.00	\$0.00	\$9.00	\$1,117.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Jones Tanya M	Check	1776	06/26/2017	\$1,117.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Site Evaluation - Single Family Dwelling

PROPERTY INFORMATION

Property Owner: **Jones Tanya M** Township **8**, Range **07**, Section **15 0 0**
Property Location: **93159 Brownsmead Hill Rd, Astoria** Tax Lot **00801**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

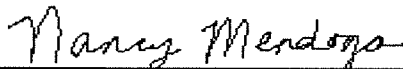
System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **34.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

INSPECTION REQUIREMENTS

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



Authorized Agent:
Nancy Mendoza

Title:
Onsite Wastewater Specialist

Date Issued:
6/21/2017

Expiration Date:

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303

SITE EVALUATION REPORT

Date: June 21, 2017

Dear Ms. Jones,

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

App. Name: Tanya Jones Application: # 500753 County: Clatsop

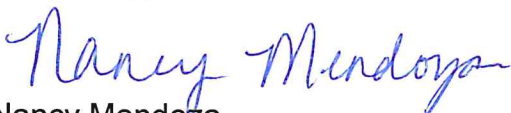
RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 7W/ S 15 Tax Lot#: 00801

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

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

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

Yours truly,



Nancy Mendoza
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: Tanya Jones Application #: 500753 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 7W / S 15 Tax Lot#: 00801

Commercial Facility: Yes No Parcel Size: 2.42 + 5 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System		Replacement System	
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Bottomless Sand Filter	<input checked="" type="checkbox"/> Standard
<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/> Other		<input type="checkbox"/> Capping Fill
			<input type="checkbox"/> Bottomless Sand Filter
Tank: <input checked="" type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.	<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other
<input type="checkbox"/> effluent pump required	<input type="checkbox"/> effluent filter required		
Distribution Method: <input type="checkbox"/> Equal		<input checked="" type="checkbox"/> Serial	
Absorption Facility: <u>375</u> linear. ft.		Absorption Facility: <u>375</u> linear. ft.	
Disposal sq. ft. facility:		Disposal facility: <u> </u> sq. ft.	
34 " Max Depth	18 " Min Depth	34 " Max Depth	18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOILD DEPT, ETC.
#1	0-24	SIL	0"-24" Silty Loam
	24-36	SICL	18"-24" Silty Clay Loam
	36-60	SL	24"-60" Sandy Loam
			Medium & fine roots to 36"
			Effective soil depth greater than 60"
			No water present
#2	0-18	SIL	0"-18" Silty Loam
	18-36	SICL	18"-36" Silty Clay Loam
	36-60	SL	36"-60" Sandy Loam
			Medium roots to 40"
			Effective soil depth at 40"
			Seasonal water table at 40"

Landscape Notes:

Slope: 5-8%

Aspect: North to South

Groundwater Type: Seasonal at test pit #2

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- *Drainfield must be staked prior to installation.**
- Recommend licensed installer install all system components.
- Construction of capping fills must occur between June 1 and October 1.
- Fill material must be evenly graded to a final depth of 16 inches over the drain media.

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

SITE EVALUATION FIELD WORKSHEET

Township: _____ Range: _____ Section: _____ Tax Reference: _____ Parcel Size: _____
 Owner/Applicant: _____ Evaluator: _____
 Inspection Date(s): _____ Application Number: _____

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-24	SIL Silty loam
	24-36	SICL Silty Clay loam
	36-60	SL Sandy loam
		No H ₂ O table, medium & fine roots to 36" Effective soil depth greater than 60"
Pit 2	0-18	SIL Silty loam
	18-36	SICL Silty Clay loam
	36-60	SL Sandy loam
		Seasonal H ₂ O table 40", medium roots to 40" Redox @ 40" Effective soil depth @ 40"
Pit 3		
Pit 4		

andscape Notes: _____
 Slope: 5-8% Aspect: North to South Groundwater Type: Seasonal at test pit #2
 Other Site Notes: _____

Design Flow: 450 gpd **SYSTEM SPECIFICATIONS**
 Initial System: Standard/Serial ATT Treatment Standard: _____
 Disposal Facility: 375 linear feet/square feet Maximum Depth: 34 inches Minimum Depth: 18 inches
 Replacement System: Standard/Serial ATT Treatment Standard: _____
 Disposal Facility: 375 linear feet/square feet Maximum Depth: 34 inches Minimum Depth: 18 inches
 Special Conditions: _____



#500753

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED

MAY 24 2017

CLATSOP CO. PUBLIC HEALTH

(Pd) Ck# 1740
8/18/17

Application for Onsite Sewage Treatment System

A. Property Owner Information

Tanya Jones
93159 Brownsmead Hill Rd Astoria, OR 97103
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number (503)458-6619

B. Legal Property Description

BH 7W 15 801 60036 2.42 + 5
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop County Subdivision Name Lot Block

Property Address: 93159 Brownsmead Hill Rd Astoria, OR 97103
(Street, City, State, Zip)

Directions to Property Hwy 30 (E) to Knappa L turn @ Valley Creek Rd
R turn onto Brownsmead Hill Lot is on the right below green house

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [x] Single Family Residence [] Public
Number of Bedrooms 4 Name
[] Other [] Other [] Private
Well, Spring, Shared

D. Type of Application

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

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

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Tanya M Jones
Signature Date
Tanya M Jones (503)458-6619 jetjones@gmail.com
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

Applicant's Mailing Address

Applicant is the [x] Owner [] Authorized Representative [] Licensed Septic Installer
[] Authorization Attached Vincent Brothers (Dennis Vincent)
Installers Name

SECTION 1 - TO BE COMPLETED BY APPLICANT

RECEIVED

1. Applicant Name/Property Owner: Tanya Jones MAY 24 2017
Mailing Address: 93159 Brownsmead Hill Rd CLATSOP CO. PUBLIC HEALTH
City/State/Zip: Astoria, OR 97103
Telephone: (503) 458-6619

2. Property Information:
County: Clatsop Tax Lot No: 801
Township: 8H Range: 7W Section: 15
Physical Address: lot on Brownsmead Hill Rd, Astoria
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: _____

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

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

5. Property Zoning: RA-5 Zoning Minimum Parcel Size 5.00 (7.42)
6. The facility is located: inside city limits inside UGB outside UGB
7. Does the proposed facility comply with all applicable local land use requirements: Yes No

If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact: NO-FHO/6HO
Single Family Dwelling 3.223

8. Planning Official Signature: Clancie Adams
Print Name: Clancie Adams Date: 05.24.17
Title: Permit Tech Telephone: _____



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

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

RECEIVED

MAY 24 2017

CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

I, Tanya Jones, have authorized
(Property Owner - Please Print)

Dennis Vincent (~~Dennis~~ Vincent Brothers Construction) 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

Property Situs or Road Address

And described in the records of Clatsop County as:

Township BH Range 7W Section 15A Tax Lot 801 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

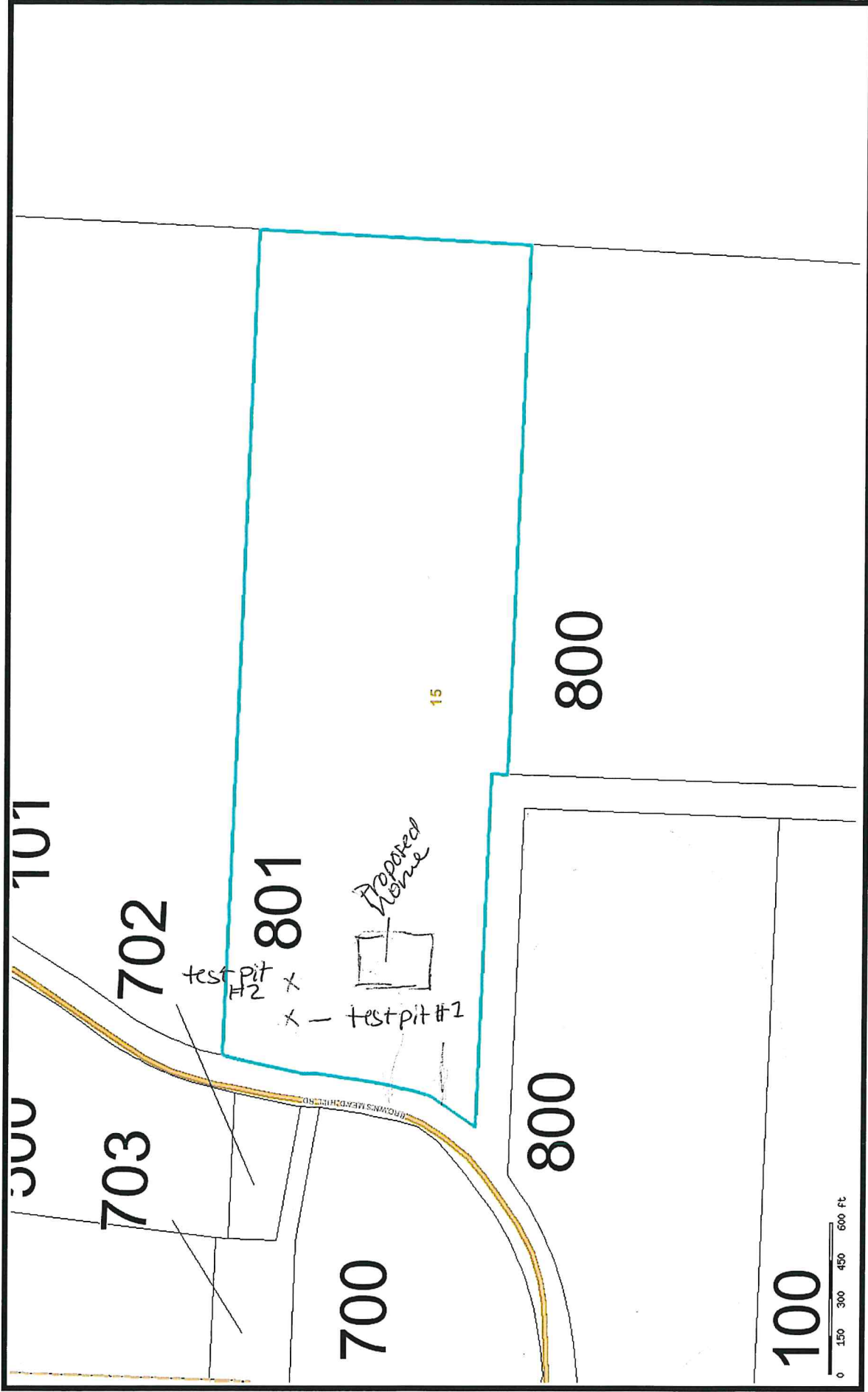
PROPERTY OWNER:

Name: Tanya Jones Email: jetjones@gmail.com
 Mail Address: 93159 Bronnsmead Hill Rd City/State/Zip Astoria, OR 97103
 Phone: (503) 458-6619 (503) 396-0544 FAX: _____
 Signature: [Signature] Date: _____

AUTHORIZED REPRESENTATIVE:

Name: Dennis Vincent Email: _____
 Mail Address: 92740 Knappa Dock Rd City/State/Zip Astoria, OR 97103
 Phone: (503) 458-6561 FAX: _____
 Signature: _____ Date: _____

Map



Clatsop County Webmaps

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





Septic Application

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

For Department Use Only

Permit #: 500753
 Permit Type: Site Evaluation
 Entry Date: 5/24/2017
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/24/2017

Work Description

Work Description:

Remarks:

Owner

Name: **Jones Tanya M** Ph. #: (503) 458-6619 Cell: () -
 Address: 93159 Brownsmead Hill Rd E-Mail: Fax: () -
 City, State, Zip: Astoria, OR 97103

Applicant

Jones Tanya M Ph. 5034586619 Fax
 93159 Brownsmead Hill Rd Cell E-Mail
 Astoria, OR 97103

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$680.00	\$100.00	\$0.00	\$9.00	\$789.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Jones Tanya M	Check	1740	05/24/2017	\$789.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

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

Job Site Address: 93159 Brownsmead Hill Rd

City: Knappa

Owner: Tanya Jones

Phone: 503-396-0544

Address: 93159 Brownsmead Hill Rd

Email: jetjones@gmail.com

Agent:

Proposed Development/Construction: new home - 4 bedrooms

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 7 S 15 Tax Lot(s) 00801

Permit Needed: Yes No

Site Approved: Yes No

Signature: *[Signature]*

Date: 5/24/17

Remarks:

Will require construction permit. Vinson Brothers to handle.
Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute:

Signature:

Title:

Date:

Remarks:

Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

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

Water/Fire Flow:

Number of Hydrants:

Hydrant Location(s):

Signature:

Title:

Date:

Remarks:

Contact the local RFPD having jurisdiction. (See page 5)

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

Signature: _____ Title: _____ Date: _____

Remarks:

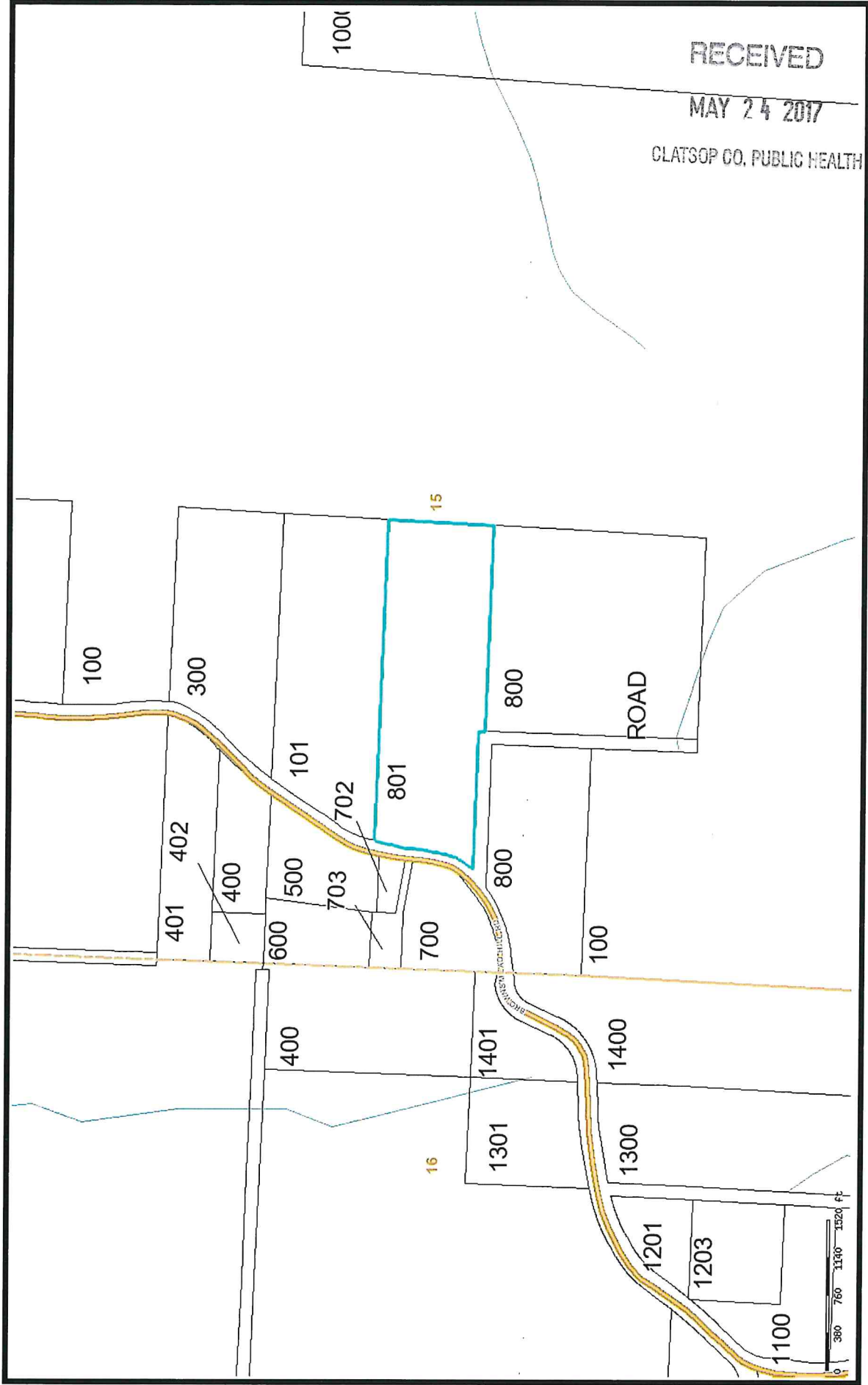
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

Internal Use Only:

- Proof of Legal Lot status (if substandard in size)
- Preliminary Geologic Hazard Report (if necessary)
- Pre-Elevation Certificate (if necessary)
- Application signed by the owner and applicant
- Plot Plan, indicating setbacks, parking, landscaping, etc.
- Erosion Control & Drainage Plan
- Road Access Permit from the County or ODOT

- Agency Sign-Off Sheet
- Proof of Potable Water
- Proof of DEQ Approved Sanitary System
- Average Grade Calculations
- Address Request (if necessary)
- Two (2) Sets of Building Plans
- National Wetlands Inventory: Notify/Receive approval from DSL?

Map



Clatsop County Webmaps

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

