



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

186-24-000081-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov
Website:

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 04/19/2024

Work Description: Major Repair; drainfield only

Applicant: Kinney & Sons Dump Trucking, LLC
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: 5037913481
Email: sdkinney@centurytel.net

Primary Contractor: Kinney & Sons Dump Trucking, LLC
Installer License: 38893
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: 5037913481
Email: sdkinney@centurytel.net

Owner: KETCHAM CHRISTOPHER R/DIANE M
Address: 41965 WICKIUP TERRACE LN
ASTORIA OR 97103-8433

Property Address: 41965 Wickiup Terrace Ln, Astoria, OR 97103

Parcel: 80719DA01200 - Primary **Township:** 8 **Range:** 07 **Section:** 19DA

Lot Size: 0.34 acre **Water Supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** County
Land Use Approval: N/A

Category of Construction: Single Family Dwelling

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

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:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Equal
Media Type:	Chambers	Media Depth:	12 in.
Trench Length:	225 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Temporary **Groundwater Depth:** N/A

Septic Permit 186-24-000081-PRMT

Page 2 of 2

Date Certificate Issued: 04/19/2024

Work Description: Major Repair; drainfield only

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, REHS

Environmental Health Supervisor

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.)

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 186-24-000081-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: KETCHAM CHRISTOPHER R/DIANE M

Twnshp: 8

Range: 07

Sect: 19DA

Lot: 01200

Property Address: 41965 WICKIUP TERRACE LN, ASTORIA, OR 97103

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1,000	Compartments: 1	Manufacturer: N/A Existing TANK	Date:
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 <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 30/34	Length:
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:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Infiltrators			
Distribution Box	Yes <input checked="" type="checkbox"/>	No		
Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other: Length: 237'
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

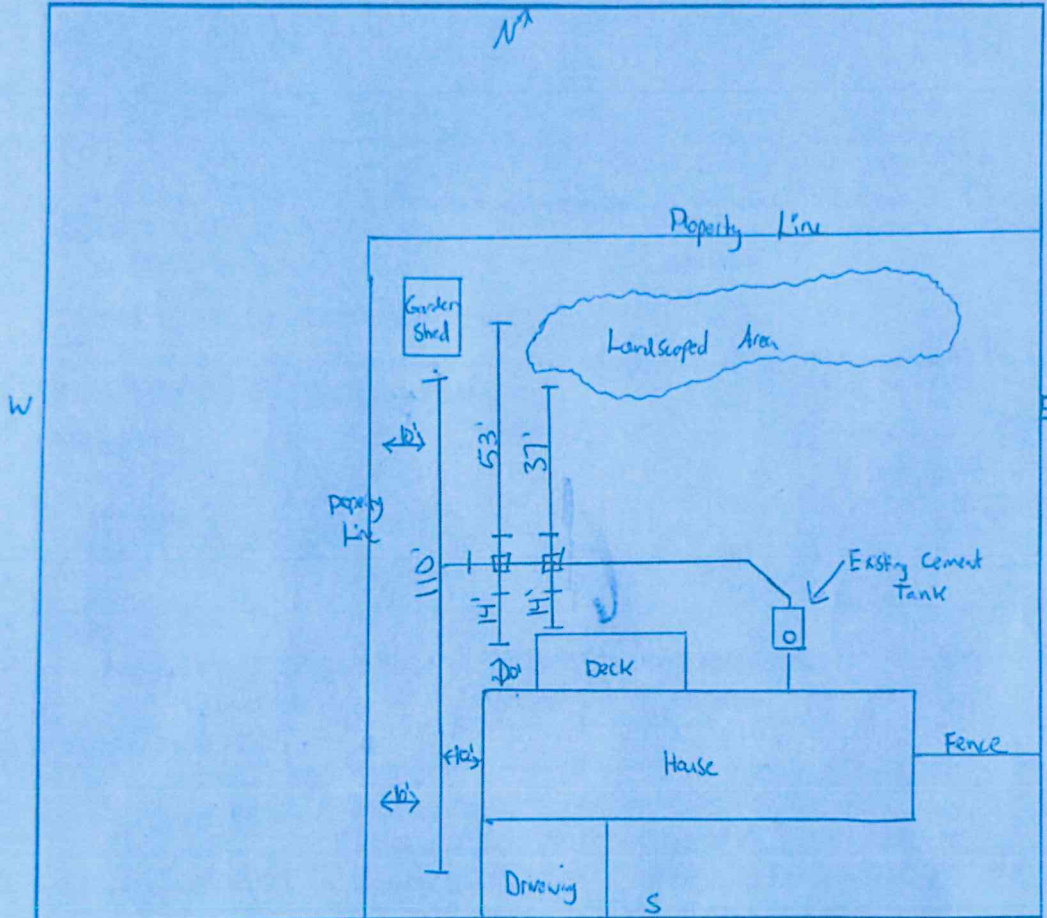
Application ID: 186-24-000081-PRMT, Owner Name: KETCHAM CHRISTOPHER R/DIANE M

Clatsop County Department
 of Public Health

On-Site Waste Water Program
 Approved By: *[Signature]*
 Permit No. 186-24-000081
 Date: 4/9/24

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.



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: <u>Steve Koney</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#:	Certification#:
Owner/Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>4-15-24</u>	Phone# <u>503-721-3421</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

Application ID: 186-24-000081-PRMT, Owner Name: KETCHAM CHRISTOPHER R/DIANE M

Clatsop County Department
of Public Health 2
On-Site Waste Water Program
Approved By [Signature]
Permit No. 186-24-000081
Date 4/19/24



Septic Permit
Repair (Major) - Residential - New
186-24-000081-PRMT

Clatsop County Onsite
820 Exchange Street
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Fax: 503-325-9303
envhealth@clatsopcounty.gov
Website:
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Date issued: 4/10/24

Expiration date: 4/10/25

Work description: Major Repair; drainfield only

Applicant: Kinney & Sons Dump Trucking, LLC
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: 5037913481
Email: sdkinney@centurytel.net

Primary contractor: Kinney & Sons Dump Trucking, LLC
Installer License: 38893
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: 5037913481
Email: sdkinney@centurytel.net

Business License: N/A

Owner: KETCHAM CHRISTOPHER R/DIANE
M
Address: 41965 WICKIUP TERRACE LN
ASTORIA OR 97103-8433

Property address: 41965 Wickiup Terrace Ln, Astoria, OR
97103

Parcel: 80719DA01200 - Primary

Township:

8 Range: 07

Section: 19DA

Lot size: 0.34 acre
Zoning: N/A
Land use approval: N/A
Accessory Dwelling Unit: No
Action: New
System failing: N/A
Comments: N/A

Water supply: Community Water Supply
City/County/UGB: County
County: N/A
Type of application: Repair (Major) - Residential
Septic tank last pumped: N/A

Category of construction: Single Family Dwelling

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

System Specifications

Type:	Standard	ATT description:	N/A
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 Ttpe:	Equal
Drainfield sizing:	N/A	Distribution method:	Equal
Media type:	Other - Indicate Product/Manufacturer	Media depth:	12 in.
Media type description:	Chambers		
Trench length:	225 linear ft.	Rock above pipe:	N/A
Max depth:	30 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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

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4/10/24: 4:25:29PM

ONS_OnsitePermit_pr

Onsite Permit 186-24-000081-PRMT

Page 2 of 2

Date issued: 4/10/24

Expiration date: 4/10/25

Work description: Major Repair; drainfield only

Special Requirements

Stake out required:

No

Groundwater type:

Temporary

Groundwater depth:

N/A

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

4/10/24



Clatsop County

Environmental Health/Onsite Septic Program

April 10, 2024

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

envhealth@clatsopcounty.gov email

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY

-This is not a construction permit-

RE: Repair Evaluation Results – Site Approval with Conditions
Subject: 186-24-000081 – Tax Lot Map ID – 80719DA01200 Parcel Size: 0.34 acre
Property Address: 41965 Wickiup Terrace Ln, Astoria, OR 97103

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **4/10/24**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: ***Standard System – 225 Linear Ft disposal field***

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,

A handwritten signature in blue ink that reads "Lucas Marshall".

Lucas Marshall, REHS
Environmental Health Supervisor
Clatsop County Onsite Septic Program
lmarshall@clatsopcounty.gov

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **80719DA01200**.

Replacement System: System Type: **Standard System**
Minimum Septic Tank Size: **1000 gallons**
Minimum Dosing Tank Size: **N/A**
Distribution Method: **Equal Distribution**
Minimum Length of Disposal Trenches: **225 Linear Ft.**
Trench Depths: Min: **18 inches** Max: **30 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. 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.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

Site Evaluation - Field Worksheet

Design flow: **450 gpd** # of bedrooms: **4**

Replacement System:	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
Tank:	
<input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
Distribution Method:	
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
Absorption Disposal Facility:	225 Linear Ft
Maximum Trench Depth:	30
Minimum Trench Depth:	18

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-24" 24-51"	SiL SiCL	10YR 3/1 10YR 4/2	2-f,m 1-f,m	2-M-SBK 3-M-SBK	ESD = 60" No water, No Redox
Landscape Notes:			Slope:	Aspect:	Groundwater Type:	
			0-1%	N/A	Temporary	

1. Updated plot plan with scaled drawing indicating all needed measurements and components is required before repair permit can be issued.
2. System Description: Approval is for a Standard System with a 225 linear feet of disposal area.
3. Install in approved repair area. See field worksheet for further details.
4. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10' setback to property lines, foundations, and utility lines.**
5. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
6. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
7. 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.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
9. All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 8 Range: 7 Section: 19A Tax Reference: 1200 Parcel Size: 0.34 acre
 Owner/Applicant: Ketcham Evaluator: Lucas Marshall
 Inspection Date(s): 4/10/24 Application Number: 186-24-000081

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...		
Pit 1	0-24"	SiL	10YR 3/1	3-f,m	2-M-SBK
	24-51"	SiCl	10YR 4/2	1-f,m	3-M-SBK
			ESD = 60" No water No redox		
Pit 2					
Pit 3					
Pit 4					

Landscape Notes:

Slope: 0-1% Aspect: N/A Groundwater Type: Temp

Other Site Notes:

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd

Initial System: _____ ATT Treatment Standard: _____

Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches

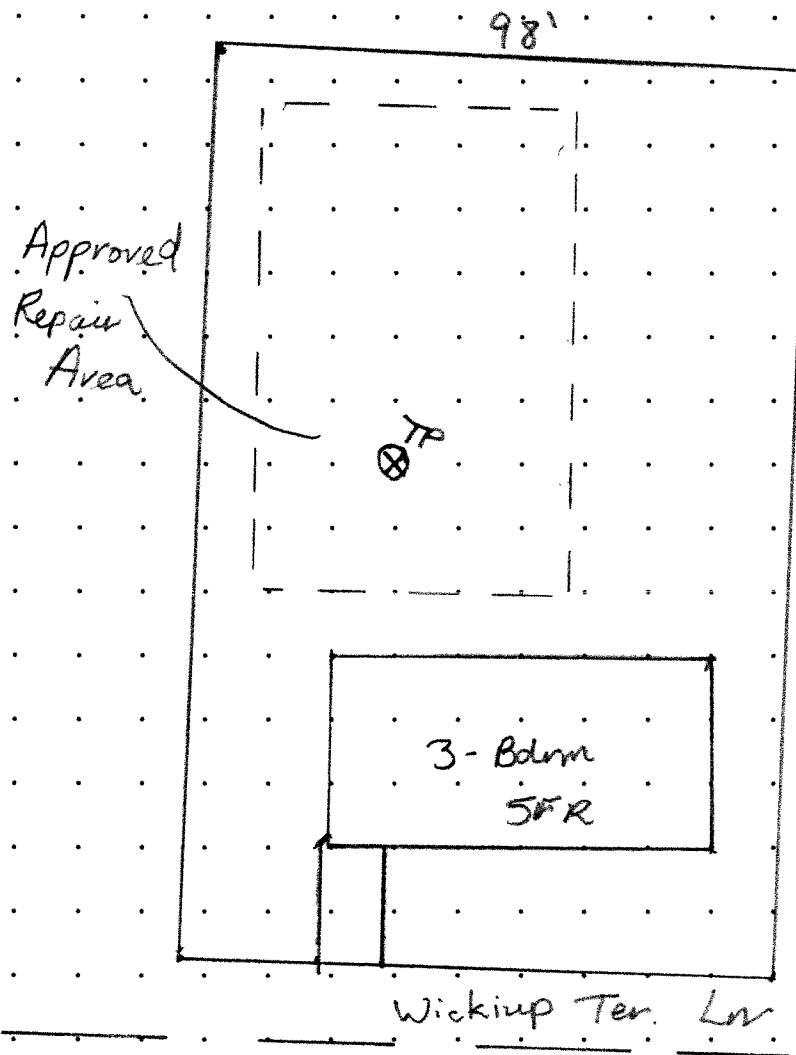
Replacement System: Standard System ATT Treatment Standard: _____

Disposal Facility: 225 (linear feet)/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches

Special Conditions: Maintain setbacks to property lines, foundations, + utilities

Township: 8 Range: - Section: 19DA Tax Reference: 200 Parcel Size: 0.34 ac
Owner/Applicant: Ketcham Evaluator: Lucas Marshall
Inspection Date(s): 4/10/24 Application Number: 186-24-000081

N
1" = 32'





Clatsop County

Environmental Health/Onsite Septic Program

#186-24-000081

RECEIVED
APR 04 2024

CLATSOP CO. PUBLIC HEALTH

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

PK #83 on
#690-

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Christopher and Dana Ketchum Mailing Address (Street, PO Box, City, State, Zip) 41865 Wickup Terrace L.N. Astoria OR 97103 Phone Number 503-739-3852

B. Legal Property Description

Township 8 Range 07 Section 12DA Tax Lot 1200 Tax Account Number 19521 Acreage or Lot Size 0.34
County Clatsop Subdivision Name _____ Lot _____ Block _____

Property Address: 41865 Wickup Terrace L.N. Astoria OR 97103
(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☒ Single Family Residence
Number of Bedrooms 3
☐ Other _____

Proposed Facility

☐ Single Family Residence
Number of Bedrooms _____
☐ Other _____

Water Supply

☒ Public Knappton
Name _____
☐ Private _____
Well, Spring, Shared _____

D. Type of Application

☐ Site Evaluation
☐ Construction
☒ Permit Repair
 ☒ Major D/F only
 ☐ Minor
☐ Alteration Permit
 ☐ Major
 ☐ Minor

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement
☐ Compliance Record Review

☐ Authorization Notice for:
 ☐ Connecting to an Existing System Not in Use
 ☐ Replacing a Mobile Home or House with Another
 ☐ Mobile Home or House
 ☐ The Addition of One or More Bedrooms
 ☐ Personal Hardship
 ☐ Temporary Housing
 ☐ Other-Please Specify _____

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

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

Signature [Signature] Date 4-3-24

Applicant's Name (Please Print Legibly) Steve Hiney Applicant's Phone 503-701-3481 Applicant's E-Mail Address shhiney@centurytel.net

Applicant's Mailing Address 91869 George Hill Rd Astoria OR 97103

Applicant is the ☐ Owner ☒ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached
Installers Name Steve Hiney #38893



Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us

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APR 04 2024
CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

I, Christina M Ketcham & Diane M Ketcham, have authorized
(Property Owner – Please Print)

Nate & Steve Kinney / Kinney & Sons Dump Trucking & Excavation LLC 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

Property Situs or Road Address

And described in the records of Clatsop County as: 41965 Wickiup Terrace Lane, Astoria, OR 97103

Township 8 Range 7 Section 19DA Tax Lot 80719DA01200 Map ID Clatsop Tax Account: 19521
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Christina M Ketcham & Diane M Ketcham Email: cketcham60@gmail.com & ketchamx4@gmail.com
Mail Address: 41965 Wickiup Terrace Lane City/State/Zip Astoria, OR 97103
Phone: (503) 739-3852 & (503) 298-3055 FAX: _____
Signature: [Signature] Date: 04/03/2024
DocuSigned by: [Signature]

AUTHORIZED REPRESENTATIVE:

Name: Nate & Steve Kinney / Kinney & Sons Dump Trucking & Excavation LLC Email: sdkinney@centurytel.net
Mail Address: 91569 George Hill Road City/State/Zip Astoria OR 97103
Phone: (503) 791-3481 FAX: _____
Signature: [Signature] Date: 04/03/2024
DocuSigned by: [Signature]



Clatsop County

Environmental Health/Onsite Septic Program

8-7-19 DA-1200

Clatsop County
Onsite Septic Program

820 Exchange St., Suite 100
Astoria, OR 97103

(503) 325-9302 phone

(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

RECEIVED

APR 04 2024

CLATSOP CO. PUBLIC HEALTH

Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
☒ Septic Tank ☒ Disposal Trenches ☐ Capping Fill ☐ Sand Filter
☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
☐ Other (describe): _____
- When was your septic system installed? 1968 Date Permit Number
- Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
- Septic tank volume (in gallons): 1,000
- When was the septic tank last pumped? (Attach receipt if available) 3/24
- Number of disposal trenches: 3
- Total length of disposal trenches (in feet): 150'
- Do you propose to use the existing septic system? ☐ Yes ☒ No
- Is your septic system currently in use? ☒ Yes ☐ No
If no, date of last use: _____
- If the septic system currently serves a dwelling,
How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____
- If the septic system serves a business,
How many total employees are there? _____ Type of business: _____
- Is there a proposed change of use of your structure (home or business)? ☐ Yes ☒ No
If yes, please explain: _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

Signature: [Signature]

Date: 4-3-24

PLOT PLAN

Property ID: _____

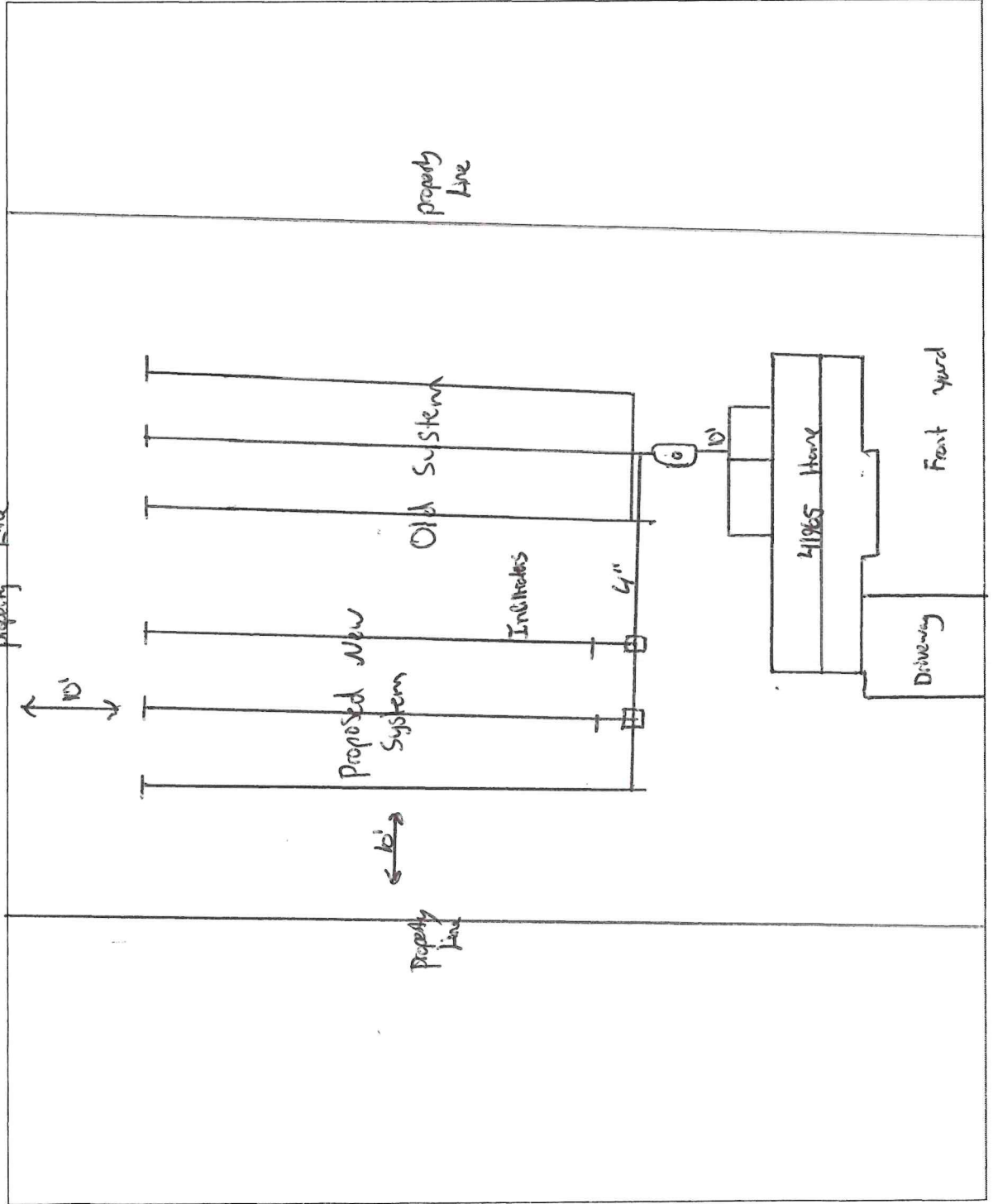
Site Address: 41965 Winding Terrace

Applicant Signature: _____

[Signature]

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

Date: 4-3-24



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/in 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



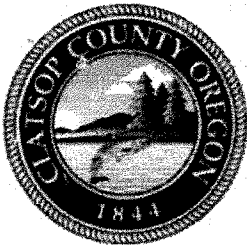
RECEIVED

APR 04 2024

CLATCOOP CO. PUBLIC HEALTH

1 inch = 20 feet

8.7-19DA-1200



Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County Onsite Septic Program

820 Exchange St., Suite 100

Astoria, OR 97103

(503) 325-9302 phone

(503) 325-9303 fax

EnvHealth@co.clatsop.or.us email

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.

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APR 04 2024

CLATSOP CO. PUBLIC HEALTH

Section 1

Property Owner: Christopher Ketchum
Township: 8 Range: 07 Section: 12D A Tax Lot: 1200
Situs Address: 41265 Wickup Terrace LN. Astoria OR 97103

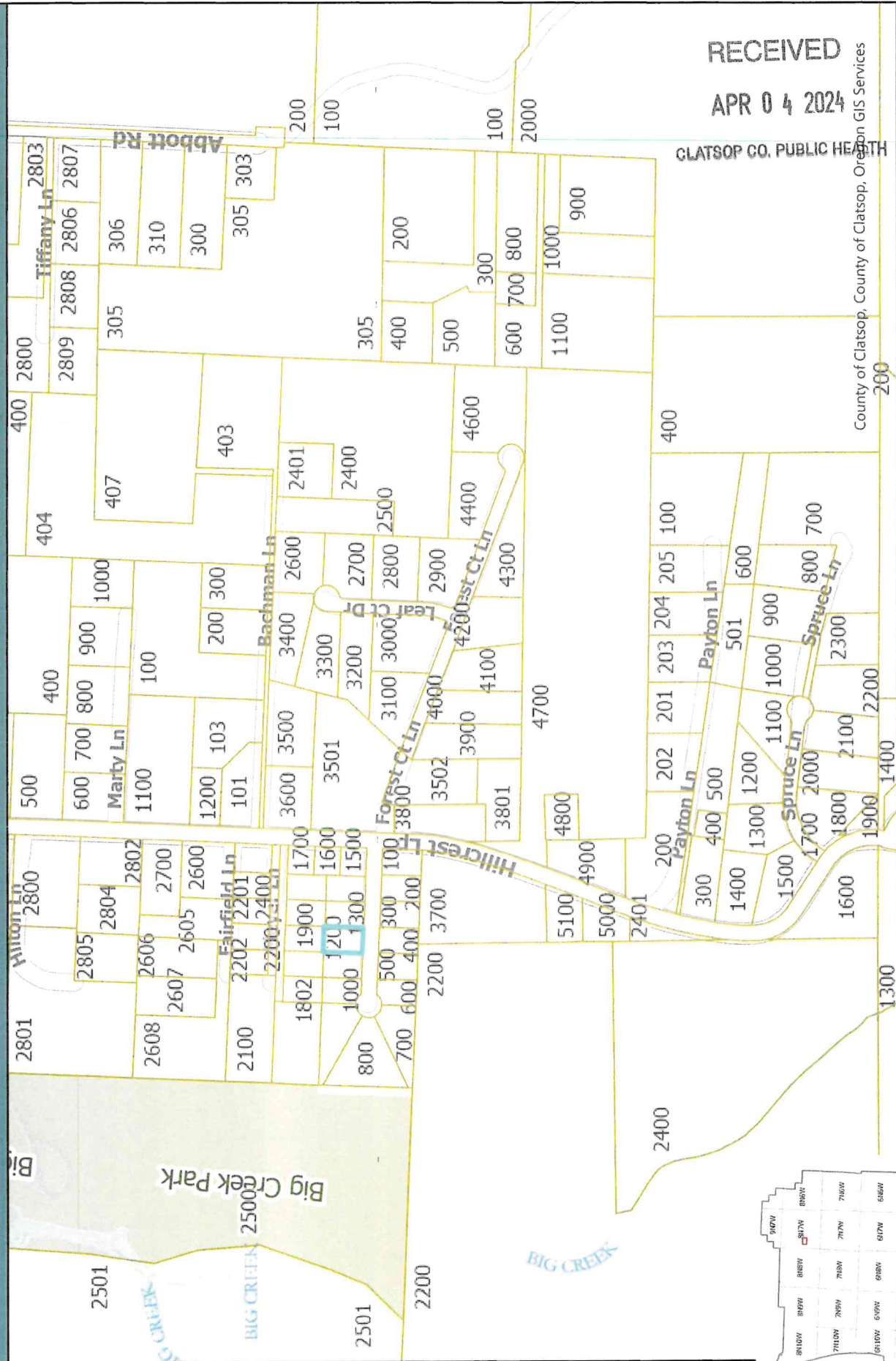
Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: Existing 1,000 gal Capacity: 1,000
Effluent Filter: _____
Effluent Sewer Pipe: _____
Dose Tank/Vault: _____ Capacity: _____
Tank Pump: _____
Float Settings (Provide inches from top of tank to water level @ float function): _____
Alarm: _____ On: _____ Off: _____ RO: _____
Pressure Pipe from Tank to Pretreatment and/or Drainfield: _____
Drop or Distribution Box: Distribution Box Qty: 2
HydroSplitter Orifice Size(s): _____
Header Pipes: _____
Leach Lines: Installables Linear Ft: County's Approval
Pressure Bed Dimensions: _____ Square Ft: _____
Capping Fill (Depth over top of drain media, in inches): _____
GWL or Tile Dewater System (Depth/Depth of gravel, in inches): _____

ATT: Manufacturer: _____	Make/Model: _____	Serial# _____
Sand Filter Type: Bottomless <input type="checkbox"/> Conventional <input type="checkbox"/> Dimension: _____ X _____ Ft		
Control Panel: _____		
Tank Timer Settings (Provide seconds on / minutes off):		
Normal Operations: _____ Sec. _____ Min.		
High Water Alarm Operations: _____ Sec. _____ Min.		
Pretreatment Pump:		
Inches below vault top: Alarm _____ On _____ Off		
Inches from vault top to top of underdrain pipe: _____		
Pump or Aerator Interlock Function:		
Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO		
Air Coil / Monitoring Ports: _____		
Other: _____		

Clatsop County Webmaps

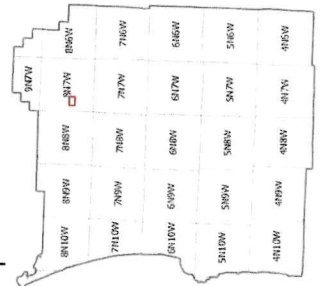


Clatsop County

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.



4/4/2024 8:56 AM



Transaction Receipt
Record ID: 186-24-000081-PRMT
IVR Number: 186042626060

Clatsop County Onsite
Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 465110

Receipt Date: 4/4/24

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 41965 WICKIUP TERRACE LN, ASTORIA, OR 97103

Parcel: 80719DA01200

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
4/4/24	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
4/4/24	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
4/4/24	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Check number: 8307				Payment Amount:	\$690.00
Payer: Kinney & Sons Dump Trucking, LLC					

Cashier: Annette Brodigan

Receipt Total:

\$690.00