



**Certificate of Satisfactory Completion  
Installation Permit - Residential - New**

186-21-000139-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>

<b>Date Certificate Issued:</b> 08/19/2021
<b>Work Description:</b> construction/installation; standard

<b>Applicant:</b> STEINMAN, SARA	<b>Primary Contractor:</b> SEE PROPERTY OWNER INFORMATION
<b>Address:</b> 547 17TH ST #A ASTORIA OR 97103	<b>Owner (Property):</b> OWNER
<b>Phone:</b> 503 440 3704	
<b>Email:</b> severs.sara@yahoo.com	

<b>Owner:</b> SARA STEINMAN	<b>Property Address:</b> 42157 Tiffany Ln, Astoria, OR 97103
<b>Address:</b> 547 17TH ST #A ASTORIA OR 97103	
<b>Owner:</b> MATTHEW STEINMAN	
<b>Address:</b> 547 17TH ST #A ASTORIA OR 97103	

**Parcel:** 80720B002810 - Primary      **Township:** 8    **Range:** 07      **Section:** 20B

<b>Lot Size:</b> 1.37 Acres	<b>Water Supply:</b> Community Water Supply
<b>Zoning:</b> KS-RCR	<b>City/County/UGB:</b> County
<b>Land Use Approval:</b> yes	

**Category of Construction:** Residential

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

**System Specifications**

<b>Type:</b> Standard	
<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> Standard	<b>System Distribution Type:</b> Equal
<b>Drainfield Sizing:</b> 375 linear ft.	<b>Distribution Method:</b> Equal
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.
<b>Trench Length:</b> 375 linear ft.	<b>Rock Above Pipe:</b> 2 in.
<b>Total Rock Depth:</b> 12 in.	<b>Rock Below Pipe:</b> 6 in.
<b>Max Depth:</b> 24 in.	<b>Undisturbed Soil Between Trenches:</b> 8 ft.
<b>Min Depth:</b> 18 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A

**Special Requirements**

<b>Groundwater Type:</b> Temporary	<b>Groundwater Depth:</b> N/A
<b>Pump to Drainfield Required:</b> No	<b>Filter Fabric on Top of Drain Media:</b> Yes

Date Certificate Issued: 08/19/2021  
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.)

## Final Inspection Request and Notice - Septic ID: 186-21-000139-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: MATTHEW STEINMAN SARA STEINMAN

Property Address: 42157 TIFFANY LN, ASTORIA, OR 97103

Twnshp: 8  
Lot: 02810

Range: 07 RECEIVED Sect: 20B

AUG 17 2021

CLATSOP CO. PUBLIC HEALTH

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1500 g Compartments: 1 Manufacturer: A1 READY MIX	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: F628-12	Length: 5' 4"
Pressure Transport Pipe	Yes	No	Diameter: 4"	ASTM#/Other: D3034	Length: 45'

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type: —	Container Dimensions: —
Underdrain pipe	Diameter: —		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP: N/A		Model/Manufacturer	
Floats(1)	Type: N/A		Model/Manufacturer	
Floats(2)	Type: N/A		Model/Manufacturer	
ATT	Yes	No <input checked="" type="checkbox"/>	Model: —	
Certified Maint.	Provider Name: —			
Operation and Maint.	Contract Received?		Yes	No <input checked="" type="checkbox"/>

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) 1" / 1 1/2" CLEAN DRAIN ROCK ; D2729 LEACH PIPE.			
Distribution Box	Yes <input checked="" type="checkbox"/>	No	CONCRETE D BOX MANUFACTURED BY A1 READY MIX	
Drop Box	Yes	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: D2729 Length: 375'
Comment				

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By *[Signature]*  
Permit No. 186-21-000139  
Date 8/19/21

\*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.

See attached  
As Built

**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).

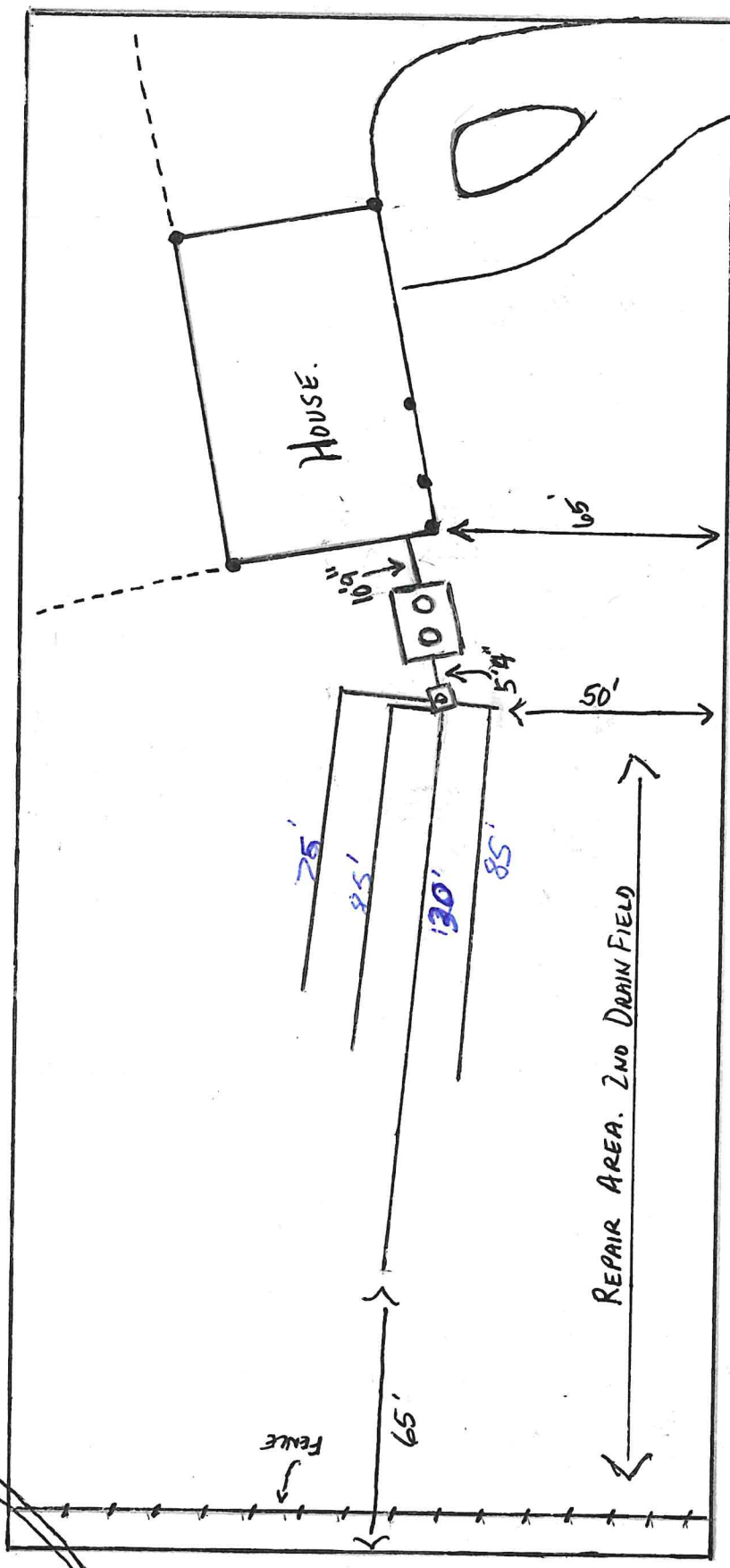
Owner/Permittee or Certified Installer w/Certification#:		Print Name: <u>MATTHEW STEINMAN</u>	
Licensed Installer:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	License#:	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8.16.2021</u>	Phone#: <u>(503) 298-8076</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:				<b>Clatsop County Department of Public Health</b> <b>On-Site Waste Water Program</b> Approved By <u>[Signature]</u> Permit No. <u>186-21-000139</u> Date <u>8/19/21</u>			
Comment:							

N.

MAN MADE POND.



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Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By [Signature]  
Permit No. 18C-21-000139  
Date 8/19/21

- \* NO WELLS
- - RAIN DRAINS GUTTERS
- RAIN DRAIN FLOW.

NOTE: SLIGHT SLOPE IN DRAIN FIELD AREA.



# Septic Permit

## Installation Permit - Residential - New

186-21-000139-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>

<b>Date issued:</b> 5/3/21	<b>Expiration date:</b> 5/3/22
<b>Work description:</b> construction/installation; standard	

**Applicant:** STEINMAN, SARA  
**Address:** 547 17TH ST #A  
 ASTORIA OR 97103  
**Phone:** 503 440 3704  
**Email:** severs.sara@yahoo.com  
**Business License:** N/A

**Primary contractor:** SEE PROPERTY OWNER INFORMATION  
**Owner (Property):** OWNER

**Owner:** SARA STEINMAN  
**Address:** 547 17TH ST #A  
 ASTORIA OR 97103  
**Owner:** MATTHEW STEINMAN  
**Address:** 547 17TH ST #A  
 ASTORIA OR 97103

**Property address:** 42157 Tiffany Ln, Astoria, OR 97103

**Parcel:** 80720B002810 - Primary      **Township:** 8    **Range:** 07      **Section:** 20B

<b>Lot size:</b>	1.37 Acres	<b>Water supply:</b>	Community Water Supply
<b>Zoning:</b>	KS-RCR	<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
<b>Comments:</b> N/A			

**Category of construction:** Residential

	Existing	Proposed
<b>Use of structure:</b>	N/A	3 Bedrooms
<b>Number of bedrooms:</b>	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>	Standard	<b>System distribution Ttpe:</b>	Equal
<b>Drainfield sizing:</b>	375 linear ft.	<b>Distribution method:</b>	Equal
<b>Media type:</b>	Rock/Pipe	<b>Media depth:</b>	12 in.
<b>Media type description:</b>	Infiltrator	<b>Rock above pipe:</b>	2 in.
<b>Trench length:</b>	375 linear ft.	<b>Rock below pipe:</b>	6 in.
<b>Total rock depth:</b>	12 in.	<b>Undisturbed soil between trenches:</b>	8 ft.
<b>Max depth:</b>	24 in.	<b>Capping fills-min depth of fill material:</b>	N/A
<b>Min depth:</b>	18 in.		

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.)

Date issued: 5/3/21

Expiration date: 5/3/22

Work description: construction/installation; standard

**Special Requirements**

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

Environmental Health Specialist I

5/3/21



156-21-000139

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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APR 23 2021

CLATSOP CO. PUBLIC HEALTH
pd # 11200
ck # 501

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: MATTHEW & SARA STEINMAN
Mailing Address (Street, PO Box, City, State, Zip): 547 17th St. Apt. A Astoria OR 97103
Phone Number: (503) 440-3704

B. Legal Property Description

Township: 8 Range: 07 Section: 20B Tax Lot: B0720B002910 Tax Account Number: 51673 Acreage or Lot Size: 1.37
County: CLATSOP Subdivision Name: Lot: Block:

Property Address: 42157 TIFFANY LN Astoria OR 97103
(Street, City, State, Zip)

Directions to Property: FROM ASTORIA EAST ON HWY 30 RIGHT ON ABBOT RD. TO RIGHT ON TIFFANY LANE.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

- Single Family Residence
Number of Bedrooms
Other

Proposed Facility

- Single Family Residence \* (3-4 (sized for 5 br))
Number of Bedrooms
Other \* possible future bedroom in shop

Water Supply

- Public KNAPPA WATER ASSOCIATION
Name
Private
Well, Spring, Shared

D. Type of Application

- Site Evaluation
Construction
Permit Repair
Alteration Permit
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: Sara Steinman

Date: 4/26/21

Applicant's Name (Please Print Legibly): Sara Steinman

Applicant's Phone: 503-440-3704

Applicant's E-Mail Address: severs.sara@yahoo.com

Applicant's Mailing Address: 547 17th St Apt A Astoria, OR 97103

- Applicant is the Owner
Authorized Representative
Authorization Attached

Installers Name: Matthew Steinman



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DEQ Land Use Compatibility Statement

APR 23 2021

COMPLETED BY APPLICANT

CLATSOP CO. PUBLIC HEALTH

186-21-000139

1. Property Owner Name(s): MATTHEW & SARA STEINMAN  
 Mailing Address: 547 17<sup>th</sup> ST. APT A ASTORIA OR 97103  
 Telephone 1: (503) 298-8076 Telephone 2: \_\_\_\_\_  
 Email Address: TinySteiny1977@gmail.com ; SEVER.SARA@yahoo.com

2. Applicant Name: SARA STEINMAN  
 Mailing Address: 547 17<sup>th</sup> ST APT. A ASTORIA OR 97103  
 Telephone 1: (503) 440-3704 Telephone 2: \_\_\_\_\_  
 Email Address: SEVER.SARA@YAHOO.COM

3. Property Information:  
 Situs Address: 42157 TIFFANY LANE ASTORIA OR 97103  
 Township B Range 07 Section 20B Tax Lot 80720B002810  
 Subdivision Name (if applicable): \_\_\_\_\_

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 #: 21-000294

PAYMENT ID: \$500

1. Property Zoning 1 KS-RCR Property Zoning 2 \_\_\_\_\_ Overlays SW1, Hydrolic Soils

2. Minimum Parcel Size 1 AC Actual Parcel Size 1.37 AC  LOR needed LOR Permit # \_\_\_\_\_

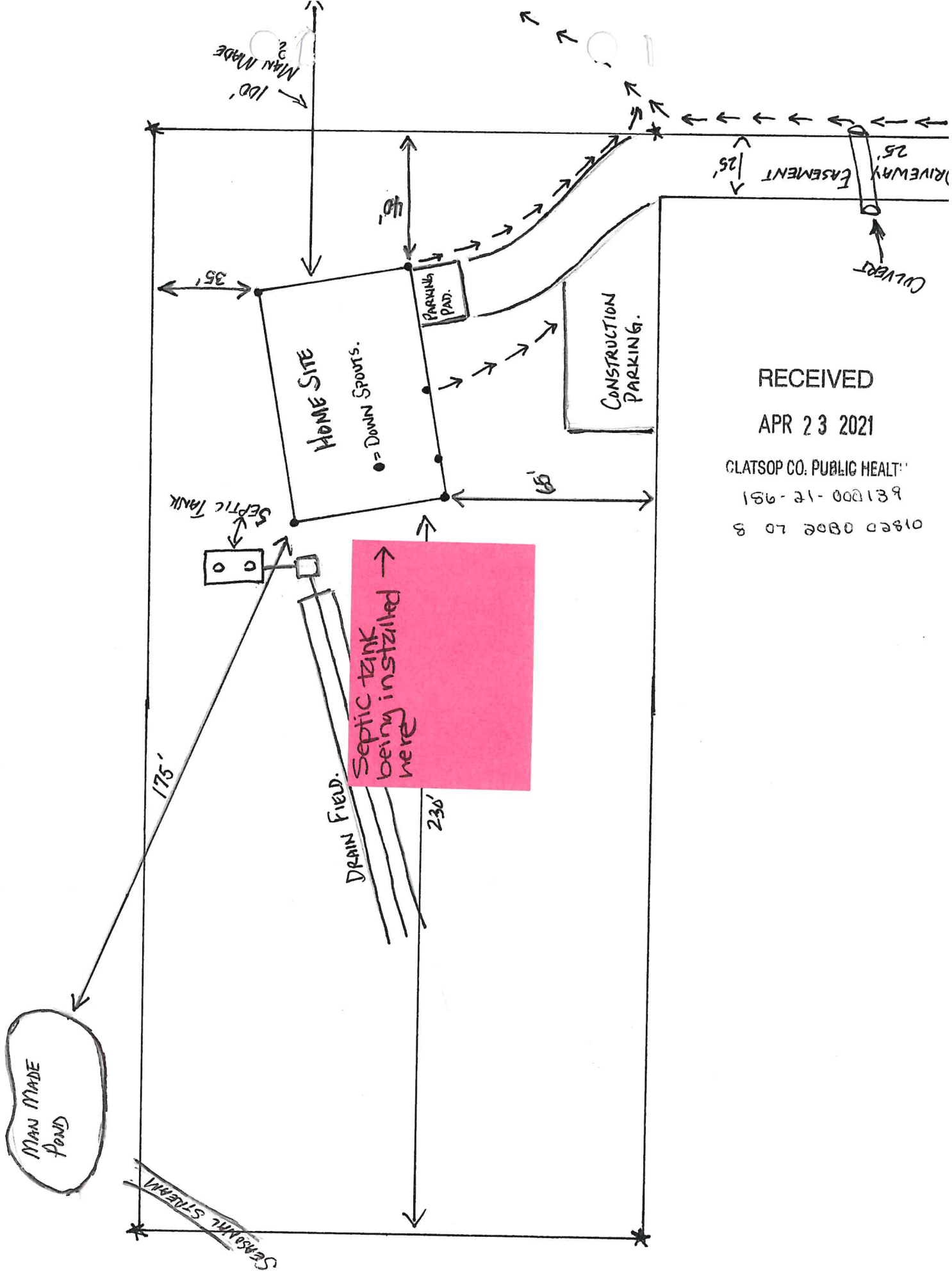
3. The facility is located:  Inside City Limits  Inside a UGB  Outside UGB (county jurisdiction)

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, Section 4.1000  
 b.  Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached. Kruppa/Svenson Rural Community Residential  
 c.  Measure 49 Waiver - DLCD Approval Number: \_\_\_\_\_

Comments: Any future development requires a development permit per the standard of LAWDUC, Section 2.0100 Development Permit

Planning Official Signature: J Powell Date: 4/26/2021



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GLATSOP CO. PUBLIC HEALTH  
 81000-14-981  
 0180 0802 0 8



**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

186-21-000139

**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: MATTHEW & SARA STEINMAN 80720B002810  
 Township: B Range: 07 Section: 20B Tax Lot: 2810  
 Situs Address: 42157 TIFFANY LANE ASTORIA OR 97103

**Section 2: COMPLETE, AS APPLICABLE:**

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

Septic Tank: CONCRETE Capacity: 1500 gal  
 Effluent Filter: N/A  
 Effluent Sewer Pipe: 4" 3034 D  
 Dose Tank/Vault: N/A Capacity: \_\_\_\_\_  
 Tank Pump: N/A  
 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: CONCRETE DISTRIBUTION Qty: 1  
 HydroSplitter Orifice Size(s): N/A  
 Header Pipes: \_\_\_\_\_  
 Leach Lines: INFILTRATOR Linear Ft: 450 FT  
 Pressure Bed Dimensions: \_\_\_\_\_ Square Ft: \_\_\_\_\_  
 Capping Fill (Depth over top of drain media, in inches): \_\_\_\_\_  
 GWI or Tile Dewater System (Depth/Depth of gravel, in inches): \_\_\_\_\_

ATT: Manufacturer: _____	Make/Model: _____	Serial# _____
Sandfilter Type:		
<input type="checkbox"/> Bottomless	<input type="checkbox"/> In Ground	<input type="checkbox"/> Above Ground
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: \_\_\_\_\_

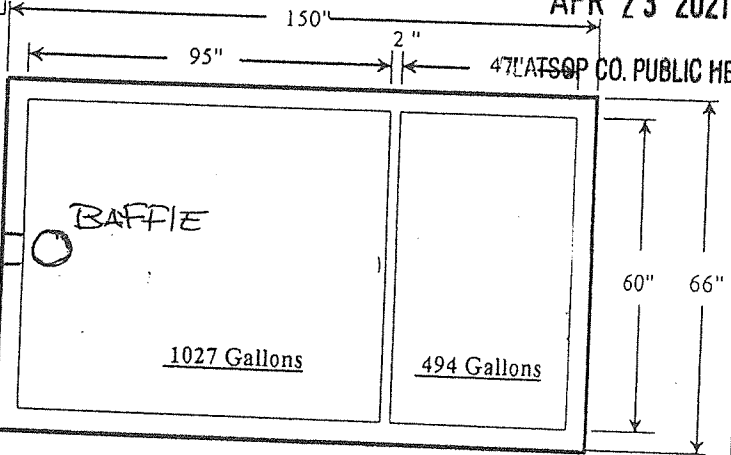
Other: \_\_\_\_\_

2015 1500 Gallon  
2-Compartment

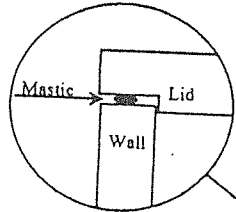
TOP VIEW

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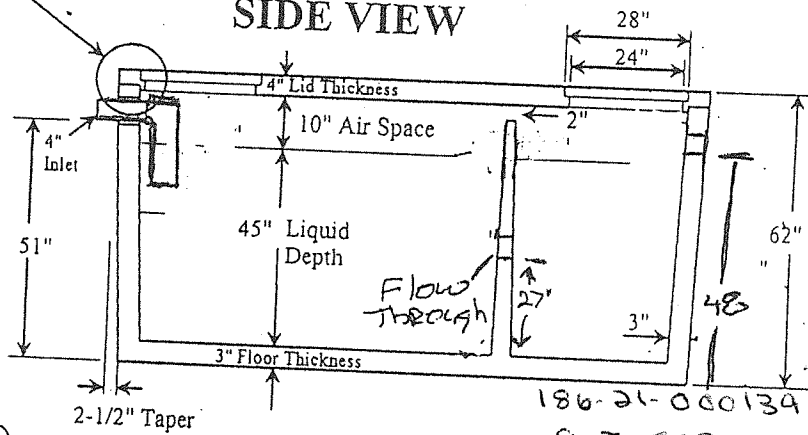
APR 23 2021



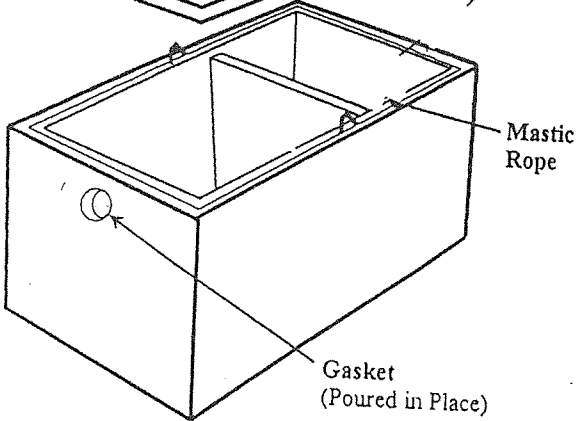
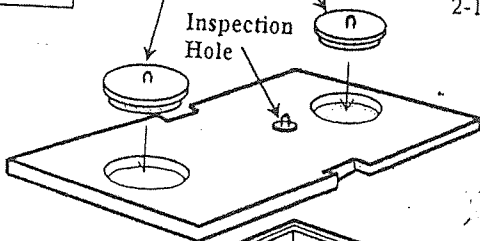
Enlarged Detail



SIDE VIEW



Manhole Openings



This is proprietary information, and remains the property of Del Zotto Products of Minnesota, Inc. These Drawings and Dimensions have been drawn especially for:

██████████  
402 W. Northhead Road  
Ilwaco, WA 98624  
360-942-2427  
360-942-2932

Drawing Approved By: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

The Company/Persons named above shall be given written permission upon purchase of the Concrete Form to duplicate and promote sales literature on this septic tank by:

**Del Zotto Products of Minnesota, Inc.**  
1500 - Gallon 2-Compartment Septic Tank  
Drawing: DZ-1500 2cmp  
Drawing by: JEB Date: 08-19-05

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APR 23 2021



Mesher Supply  
Seaside, OR

2/22/2021

8 7 200 2810

186-21-000139

Certificate of Conformance

This is to certify that Cresline Northwest LLC's standard inspection procedures were used in the inspection of the material covered by this order. The inspection indicates that the products noted below have been manufactured in accordance with the specific requirements of the appropriate standards and/or specifications.

- ( ) ½" – 12" PVC SDR 13.5, SDR 32.5, SDR 41, SDR 21, SDR 26, SDR 64 per ASTM D 2241; NSF listed
- ( ) ½" – 12" PVC SCH 40 per ASTM D 1785; NSF listed; Per ASTM D-1785; NSF listed, NSF-61 approved
- ( ) ½" – 12" PVC SCH 80 per ASTM D 1785; NSF listed
- ( ) ½" – 2" PVC SCH 120 per ASTM D 1785; NSF listed
- ( ) 1¼" – 12" PVC SCH 40 Drain, Waste and Vent (DWV) per ASTM D 2665; NSF-DWV
- ( ) 1½" – 12" PVC Cellular Core DWV and DWV Cell Core Perf per ASTM F 891; NSF-DWV
- ( ) 4" – 8" PVC Well Casing per ASTM F 480; NSF listed
- ( ) ½" – 2" CPVC and CPVC Flow Guard Gold per ASTM D 2846; NSF listed
- ( ) 3" – 6" PVC Drain and Sewer Solid and Perforated per ASTM D 2729
- ( X ) 4" - 12" PVC Sewer SDR 35 Solid and Perforated and Gasketed and per ASTM D 3034.
- ( ) 4" – 12" PVC Sewer SDR26 per ASTM D3034, Gaskets conform to ASTM F-477
- ( ) ½" – 6" PVC SCH 40 Electrical Conduit per UL 651, NEMA TC-2; NSF listed
- ( ) 1 ½" – 12" PVC SCH40 Gas Sleeve per ASTM D 1785
- ( X ) All gaskets per ASTM F 477

Cresline produces this PVC Pipe Product in Chehalis Washington, USA. This pipe meets the requirement of Buy America. All material is 100% manufactured in the United States.

Sincerely,

Denise Campbell  
Sales Manager



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**ADS ARC™ SEPTIC LEACHING CHAMBER SPECIFICATIONS**

APR 23 2021

**Scope**

This specification describes the Arc chamber units for use in onsite wastewater disposal applications.

CLATSOP CO. PUBLIC HEALTH  
180-21-000139  
§ 7 208 2810

**Chamber Requirements**

Arc chambers are manufactured from high-density polyethylene with an open bottom, solid top and louvered sidewalls. Sidewall louvers shall be designed to minimize soil intrusion.

Chamber shall meet the load rating of H-10 (16,000 lb per axle) with a minimum of 12 inches of cover when tested in accordance with IAPMO PS 63 and installed in accordance with manufacturers installation procedures.

**Chamber Connection**

Each chamber shall interlock with an integral articulating joint. Articulating joints shall have a free range of horizontal rotation of 20 degrees, with a maximum of 10 degrees in either direction. Articulating joint shall be constructed by placing the dome with engaging knuckle of the incoming chamber over the post end of the previously-installed chamber.

**Material Properties**

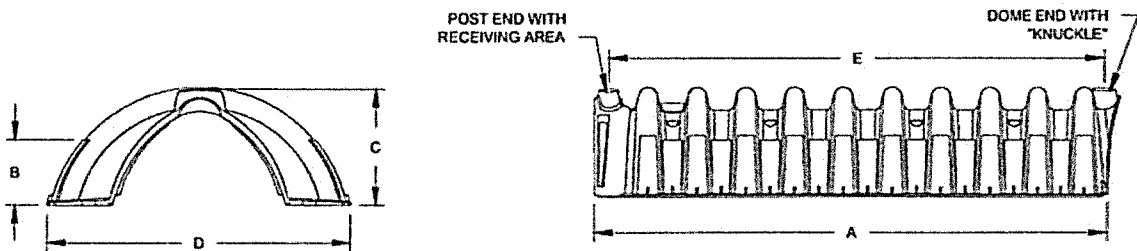
Each chamber shall be manufactured from high-density polyethylene as defined and described in IAPMO PS 63.

**Installation**

Installation shall be in accordance with ADS installation procedures as well as all state and local health department regulations.

	Arc 18	Arc 24	Arc 36	Arc 36 HC	Arc 36 LP
Length (A)	67 in	67 in	63 in	63 in	63 in
Repeat Length (E)	60 in	60 in	60 in	60 in	60 in
Side Wall Height (B)	7.7 in	7.5 in	7.13 in	10.75 in	5.5 in
Overall Height (C)	12 in	12 in	13 in	16 in	8 in
Overall Width (D)	16 in	22.5 in	34 in	34 in	34 in
Capacity	3.42 cu ft (25.6 gal)	5.02 cu ft (37.5 gal)	8 cu ft (60.1 gal)	10.7 cu ft (80 gal)	5.80 cu ft (43.4 gal)
Pallet Quantity	135 chambers	120 chambers	70 chambers	60 chambers	60 chambers
Truck Load Quantity*	16 pallets	16 Pallets	24 Pallets	24 Pallets	24 Pallets

\*End Caps may reduce truck load pallet quantity.







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DEC 17 2020

AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency CLATSOP COUNTY PUBLIC HEALTH

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

Job Site Address: 42157 Tiffany Lane City: Astoria
Owner: Matthew & Sara Steinman Phone: 503-440-3704
Address: 547 17th St unit A Astoria, OR 97103 Email: savers.sara@yaho.com
Agent:
Proposed Development/Construction: building SFD - 5 bdrms
Map ID: 8-9-20B-2810

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes [X] No [ ] Site Approved: Yes [X] No [ ]
Agency Signature: [Signature] Title: Permit Tech Date: 12/17/20
Remarks: Construction/Installation permit is still REQUIRED.

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: 730
Agency Signature: Carl Bartlett Title: Office Mgr. Date: 12/17/2020
Remarks: adequate service available to property site.

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: N/A

Agency Signature: Title: Date:
Remarks:

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