



Residential Septic Site Evaluation Approval

186-20-000307-EVAL

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 10/07/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD

Applicant: Matthew and Sara Steinman
Address: 547 17th Street, Apt A
Astoria OR 97103
Phone: 503-440-3704
Email: severs.sara@yahoo.com

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

Owner: Michael D Inniss
Address: 42151 Tiffany Lane
Astoria OR 97103
Owner: Ashley E Inniss
Address: 42151 Tiffany Lane
Astoria OR 97103

Property address: 0 Lot Off Tiffany Ln, Astoria, OR
97103

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

Lot size: 1.37 acres **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** County

Proposed use of structure: 5 bedroom
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	600 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1500 gal.	Min dosing tank volume:	0 gal.
Special tank reqmts:	1500 gallon tank required for 5 bedrooms		

System Specifications

System type:	Standard	Replacement Area	Standard
System distribution type:	Equal		Equal
Distribution method:	Equal		Equal

Trench Specifications

Trench linear feet:	450 linear ft.	Replacement Area	450 linear ft.
Max depth:	24 in.		24 in.
Min depth:	18 in.		18 in.

Special Requirements

Groundwater type:	Not Applicable	Replacement Area	Not Applicable
Drainfield type:	Standard		Standard
Drainfield sizing:	450 linear ft/150 gal.		450 linear ft/150 gal.

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: 10/07/2020
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Conditions of approval:

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.

The system must be installed by the property owner or a licensed sewage disposal business (installer)

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent

All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

For product approval information and manufacturer installation requirements see DEQ website at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

Maintain access to septic tank for pumping and service

Green 18-gauge tracer wire required from tank to drainfield.

Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep.

Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded on undisturbed earth.

Maximum length of individual trench is 150-feet

Equal Distribution, all trench bottoms must be at the same elevation. Use Distribution boxes.

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Michael McNickle

Public Health Director

10/7/20

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SITE EVALUATION REPORT

Date: October 7, 2020

Dear Matthew and Sara Steinman:

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: Steinman

Application: # 186-20-000307

County: Clatsop

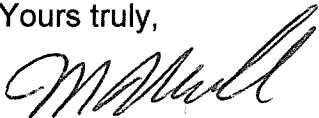
RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 7W/ S 20B Tax Lot#: 2810

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 503-338-3686.

Yours truly,



Mike McNickle, PhD, MPH, REHS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Steinman** Application #: **186-20-000307** County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: **T 8R 7W / S 20B** Tax Lot#: **2810**

Commercial Facility: Yes No Parcel Size: **1.37** acres.

APPROVED SYSTEM SPECIFICATIONS

Design flow: **600** gpd Max # of bdrms: **6**

Initial System	Replacement System
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" 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 checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial
Absorption Disposal Facility: <u>450</u> linear. ft Facility: <u>900</u> sq. ft. 24 " Max Depth 18 " Min Depth	Absorption Disposal Facility: <u>450</u> linear. ft Facility: <u>900</u> sq. ft. 24 " Max Depth 18 " Min Depth

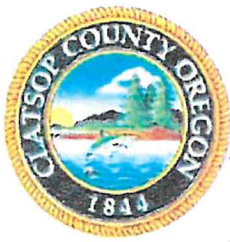
Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-60	SiL	Silty Loam 10 YR 4/4 Fine/Med/Large roots to 48" No redox
#2	0-48 48-60	SiL SiCIL	Silty Loam, 10 YR 5/4 Silty Clay Loam, marine seds, 7.5 YR 3/4 Roots to 38"

Landscape Notes: Slope: **0-1%** Aspect: **East to West** Groundwater Type: **Test pit #1 = N/A Test pit #2 = N/A**

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.**
- Initial system must be installed in area of Test Pit # 2 on drawing.**
- 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.
- Recommend licensed installer install all system components.

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



#186-20-000307

Clatsop County
Onsite Septic System Prog
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-9302
www.co.clatsop.or.us

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OCT 05 2020

CLATSOP CO, PUBLIC HEALTH

(Pd) Uk# 2020
\$850⁰⁰

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: Michael Ashley Inness Mailing Address (Street, PO Box, City, State, Zip): 42151 Tiffany Ln Astoria OR 97103 Phone Number: 503-741-1873

B. Legal Property Description

Township: 1-58208 Range: 467 Section: 166 20B Tax Lot: 80720B002810 Tax Account Number: 51673 Acreage or Lot Size: 1.37
County: Clatsop Subdivision Name: 8-7-20B-2810 Lot: _____ Block: _____

Property Address: No current address lot off of Tiffany Ln
(Street, City, State, Zip)

Directions to Property: turn south off Hwy 30 on Abbott Road then turn west on Tiffany Ln @ End of Gravel Road property is on far right (North side)

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

Single Family Residence

Number of Bedrooms: _____

Other Vacant Land

Proposed Facility

Single Family Residence

Number of Bedrooms: 5

Other _____

Water Supply

Public Knappa Water Assn

Private _____

Well, Spring, Shared

D. Type of Application

Site Evaluation

Construction

Permit Repair

Major

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: Sara Steinman / Matthew Steinman

Date: 10/1/20

Applicant's Name (Please Print Legibly): Sara Steinman & Matthew Steinman Applicant's Phone: 503 440-3704

Applicant's E-Mail Address: Severs.Sara@yaho.com

Applicant's Mailing Address: 511 17th St Apt A Astoria, OR 97103

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached

Installers Name: _____



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 Onsite Septic System Program
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 www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

#186-20-000307

Notice Authorizing Representative

owner → I, Michael Inniss & Ashley Inniss, have authorized
 (Property Owner - Please Print)

buyers → Matthew and/or Sara Steinman 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

Vacant land off Hwy 30 south side down Abbott road @ the End of Tiff
 Property Situs or Road Address

And described in the records of Clatsop County as:

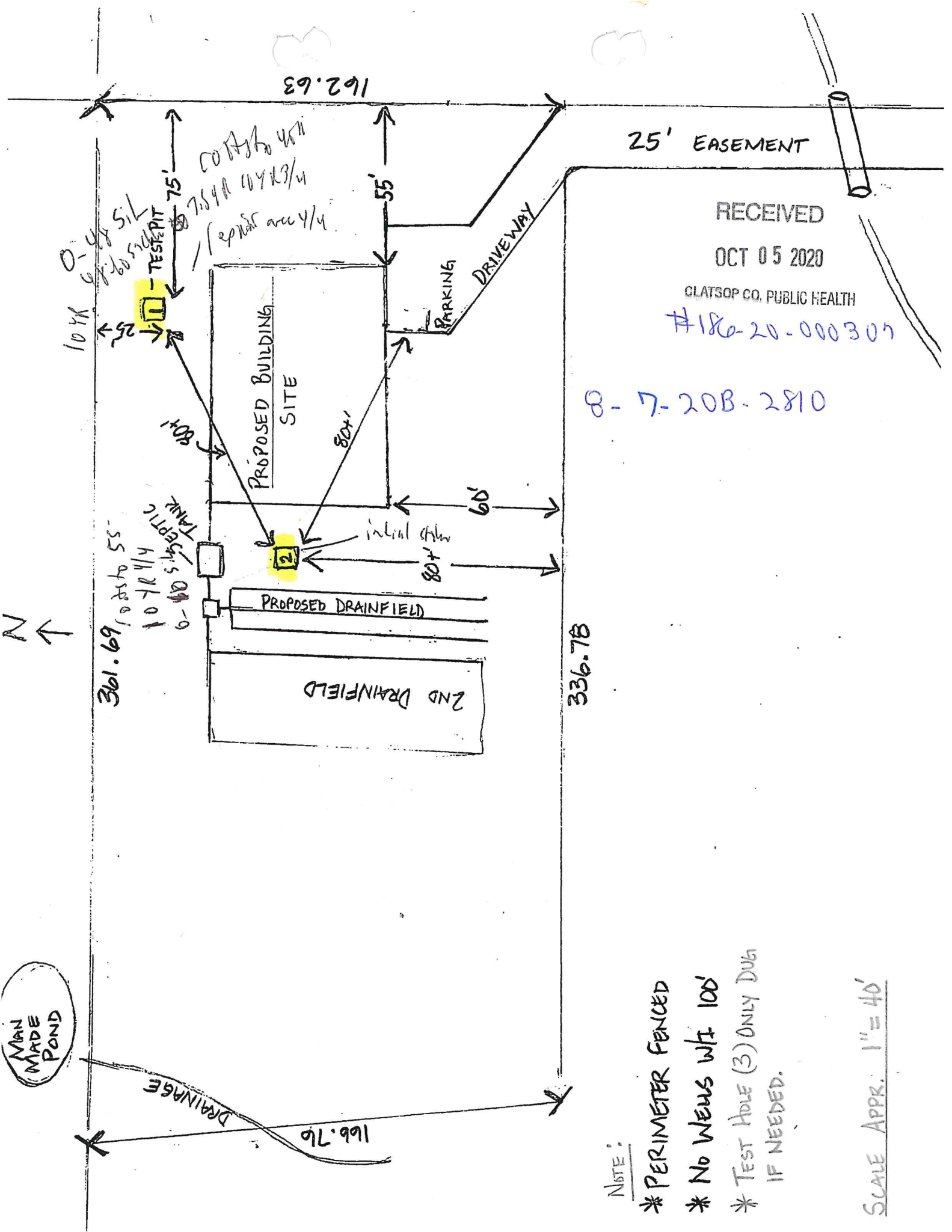
Township 43-580 Range 46 Section 7 Tax Lot 80720800280 Map ID 51673
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Michael & Ashley Inniss Email: Budinniss@yahoo.com
 Mail Address: 42151 Tiffany Ln City/State/Zip Astoria OR 97103
 Phone: 503-741-1873 FAX: _____
 Signature: [Signature] Date: 9/27/20 9-27-20

AUTHORIZED REPRESENTATIVE:

Name: Matthew & Sara Steinman Email: severs.sara@ymail.com
 Mail Address: 5717th St Apt A City/State/Zip Astoria, OR 97103
 Phone: 503-440-3704 FAX: _____
 Signature: [Signature] Date: 10/1/20



162.63

25' EASEMENT

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CLATSOP CO. PUBLIC HEALTH

#180-20-000307

8-7-208-2810

PROPOSED BUILDING SITE

PROPOSED DRAINFIELD

2ND DRAINFIELD

5' - 5" SEPTIC TANK

TEST PIT

PARKING

DRIVEWAY

N ↑

301.69

336.78

MAN MADE POND

DRAINAGE

166.76

NOTE:

- * PERIMETER FENCED
- * NO WEWS W/ 100'
- * TEST HOLE (3) ONLY DUG IF NEEDED.

SCALE APPR. 1" = 40'

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CLATSOP CO. PUBLIC HEALTH

#180-20-00030n

8-7-2013-2510

LOUISIANA

S87°26'57"E

2810

1.37 AC.

PARCEL 1

S88°06'12"E

336.78

2800

361.69'

162.63

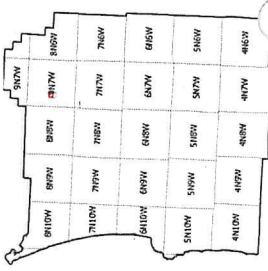
300.26'

28
22

125'



Clatsop County

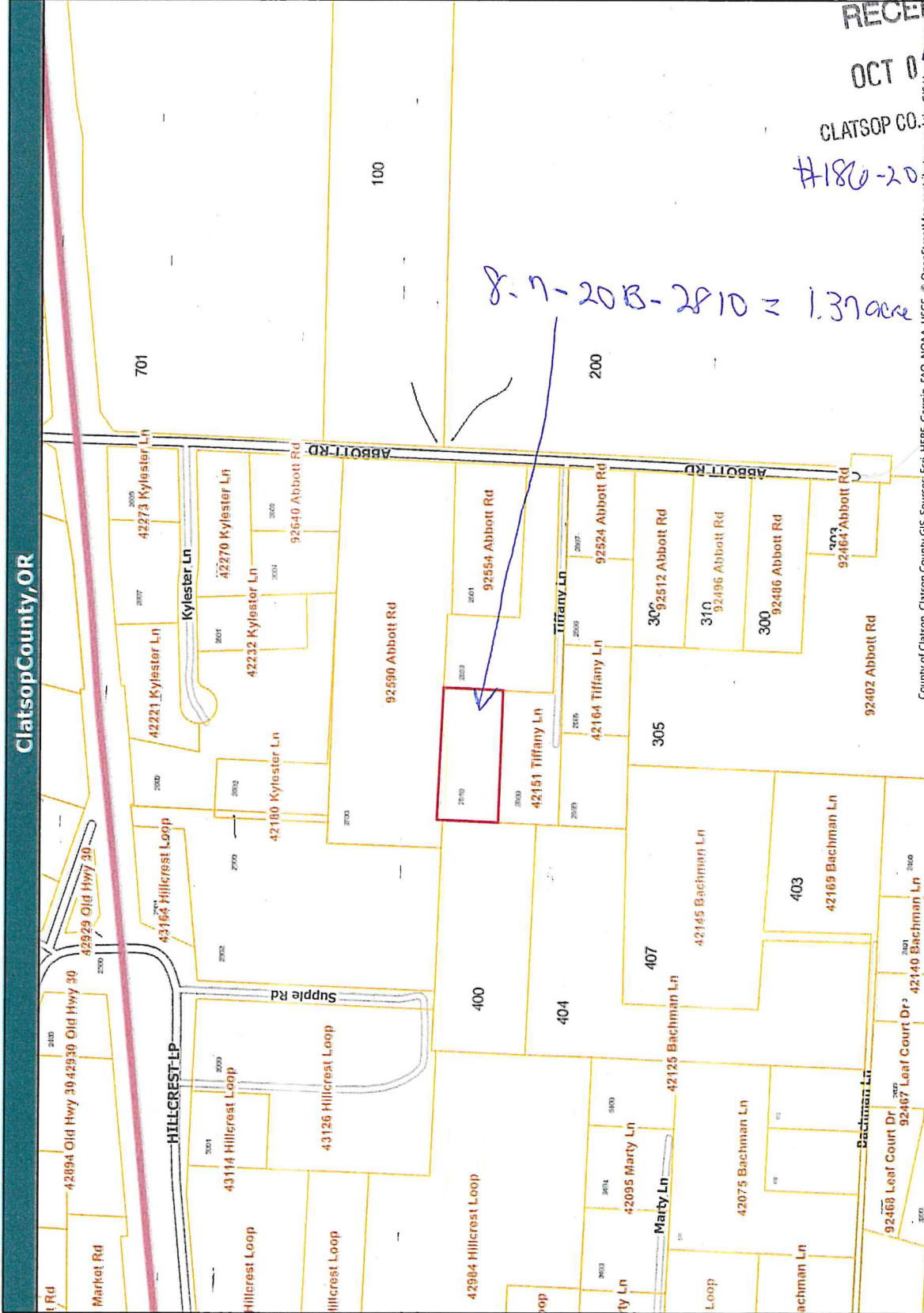


0.1 mi

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10/5/2020 4:10 PM bw



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CLATSOP COUNTY PUBLIC HEALTH

#186-20 000309

County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community



Transaction Receipt
Record ID: 186-20-000307-EVAL
IVR Number: 186009144808

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

Receipt Number: 454253

Receipt Date: 10/5/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Parcel: 80720B002810

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
10/5/20	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
10/5/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
10/5/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Check number: 2020			Payer: Matthew and S Steinman	Payment Amount:	\$850.00

Cashier: Annette Brodigan

Receipt Total: \$850.00