

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 500763 as follows:

PROPERTY INFORMATION

Property Owner: **BISSON CASSANDRA** Township **8**, Range **07**, Section **20 C 0**
Property Location: **LOT ON FOREST CT, ASTORIA** Tax Lot **04000**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Capping Fill System**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **10.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **18.00 inches**
Minimum Trench Depth: **12.00 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 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 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.
- 3 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 the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 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.

Nancy Mendoza

Onsite Wastewater Specialist

12/11/2017

Authorized Agent:

Title:

Date Issued:

Nancy Mendoza

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

RECEIVED

NOV 27 2017

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500763

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or 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: **BISSON CASSANDRA**
 Property Address: **LOT ON FOREST CT, ASTORIA**
 Township **8** Range **07** Section **20C0** Tax Lot(s) **04000**

Section 2: System Component Specifications:

System Type: pump to septic gravity capping can

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 11-7-17
 Tanks(2) Volume 500 Compartments 1 Manufacturer Michael Date 11-16-17
 Pumps: HP 1/2 Model/Manuf Turbine PF30054 Float(s)Type(1) MF3p Model/Manuf Orencia
 Float(s)Type(2) MVPS 1/2 Bm Model/Manuf Orencia

B. Piping:

Effluent Sewer (tank to drainfield) Yes ☒ No ☐ Diameter _____ ASTM#Other _____ Length _____
 Pressure Transport Pipe Yes ☒ No ☐ Diameter 1 1/4" ASTM#Other 292 Sch 40 Length 60'

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 ☐

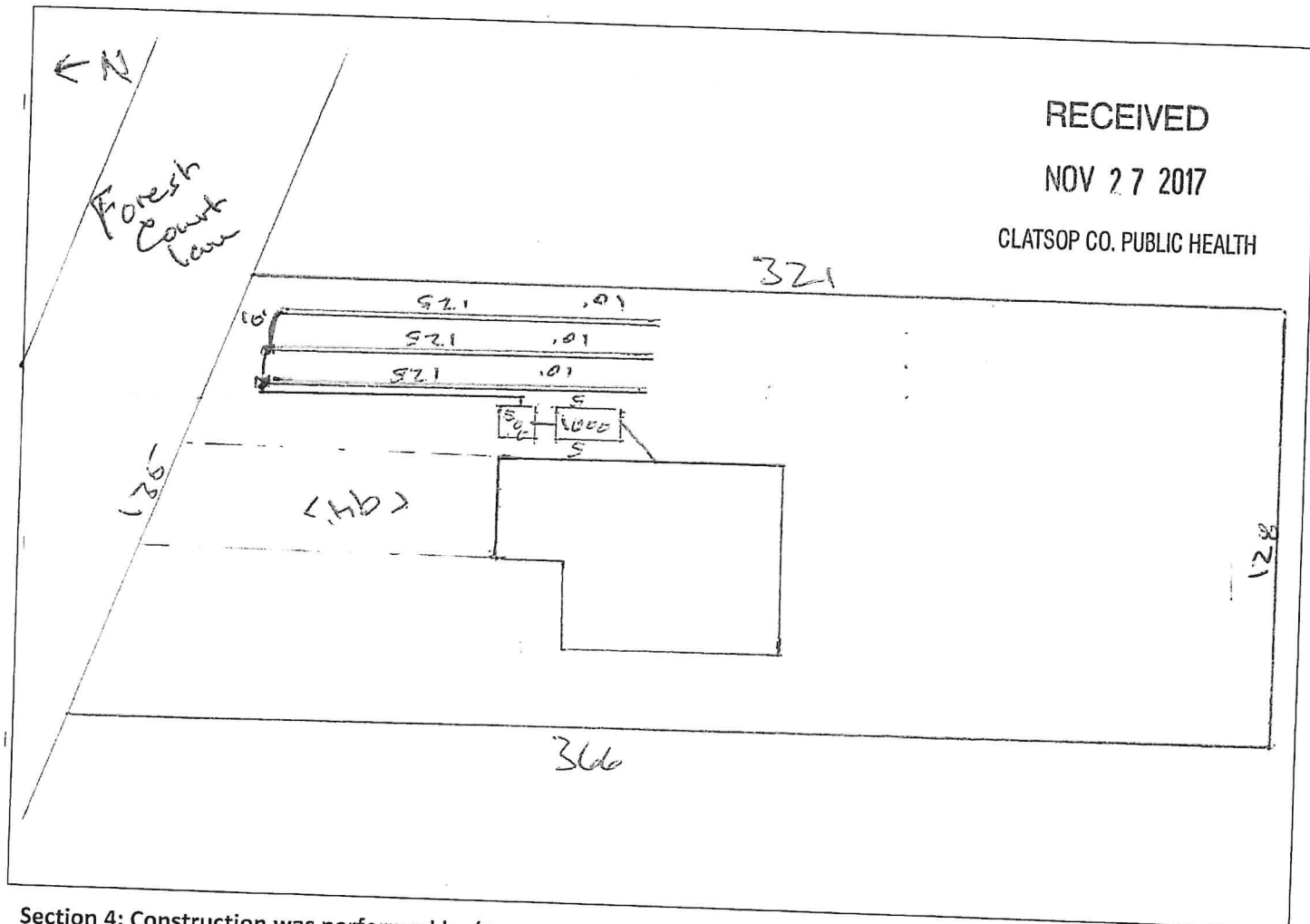
D. Drainfield Media

Type: Gravel, Pipe or Alternative? pipe & gravel
 Distribution Box Yes ☐ No ☐
 Drop Box Yes ☒ No ☐
 Distribution Pipe Yes ☒ No ☐ Diameter 4" ASTM#Other 3034 Length 20'
 Comment: pump to drop box, top soil cap

*Clatsop County Department
 of Public Health*
 On-Site Waste Water Program
 Approved By N. Mendoza
 Permit No. #500763
 Date 12-11-17

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.



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 Bros.

Licensed Installer

Yes ☒ No ☐

License # 36845

Certification # RS 246

Owner/Certified Installer Signature [Signature]

Date 11-22-17

Phone 503-458-6561

Phone 503-741-0170

Email vbreedenners@gmail.com

Section 5: Office Use Only

Notice Accepted

Yes ☐ No ☐

Date _____

Installer/Owner/Permittee Notified

Yes ☐ No ☐

Date _____

If no, reason for non-acceptance _____

Comment _____

Clatsop County Department
of Public Health

On-Site Waste Water Program

Approved By N. Mendoza

Permit No. #500763

Date 12-11-17

Construction Permit

This Construction Permit, Permit #500763, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **BISSON CASSANDRA** Township **8**, Range **07**, Section **20 C 0**
Property Location: **LOT ON FOREST CT, ASTORIA** Tax Lot **04000**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Capping Fill System**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **10.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **18.00 inches**
Minimum Trench Depth: **12.00 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 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.
- 2 Meet all required setbacks.
- 3 All trenches must be at the same elevation.
- 4 Filter fabric is required over the drain media.
- 5 All roof drains must be directed away from the system.
- 6 Drainfield shall be installed only with dry soil conditions. Follow capping fill instructions and inspection schedule. Stake beginning and ends of trenches for final inspection.
- 7 Each trench to be level and on contour.
- 8 Install with dry soil conditions.
- 9 Vehicular traffic and livestock must be restricted from the system area.
- 10 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 11 The system must be installed by the property owner or a licensed sewage disposal business (installer).

INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

6/21/2017

Expiration Date:

6/21/2018

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



#500763

Clatsop County

www.co.clatsop.or.us

Onsite Septic System Program
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED

JUN 02 2017

CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Cassandra Bisson Mailing Address (Street, PO Box, City, State, Zip) 92142 KC Creek Rd Astoria, OR 97103 Phone Number 503 741 6939

B. Legal Property Description

Township 8 Range 7 Section 20C Tax Lot 4000 Tax Account Number 19739 Acreage or Lot Size 1.01
County Clatsop Subdivision Name _____ Lot _____ Block _____

Property Address: lot on Forest Ct (lot 16), Astoria
(Street, City, State, Zip)

Directions to Property Coming east from Astoria turn right onto hillcrest loop. Travel .9 mile until you reach forest court on Property on right. look for
Adair sign

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility

☒ Single Family Residence

Number of Bedrooms 3

☐ Other _____

Water Supply

☒ Public Knappa Water District
Name

☐ 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

☐ Ordinance 901 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

Date

Applicant's Name (Please Print Legibly)

Applicant's Phone

Applicant's E-Mail Address

Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☒ Licensed Septic Installer

☐ Authorization Attached

Installers Name

Vinson Brothers

RECEIVED

JUN 02 2017

AGENCY REVIEW & APPROVAL FORM

CLATSOP CO. PUBLIC HEALTH

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: TBD Forest Ct In Lot # 116 City: Astoria
 Owner: Cassandra & Jon Bisson Phone: 503 458 8032
 Address: 92142 KC Creek Rd Email: westc.2310@gmail.com
 Agent: _____

Proposed Development/Construction: building new home - 3 bedrooms

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 7 S 20C Tax Lot(s) 4000Permit Needed: Yes ☒ No ☐ Site Approved: Yes ☒ No ☐Signature: [Signature] Date: 6/2/17Remarks: Site Evaluation #500166 completed. Purchased construction permit # 500263
 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:

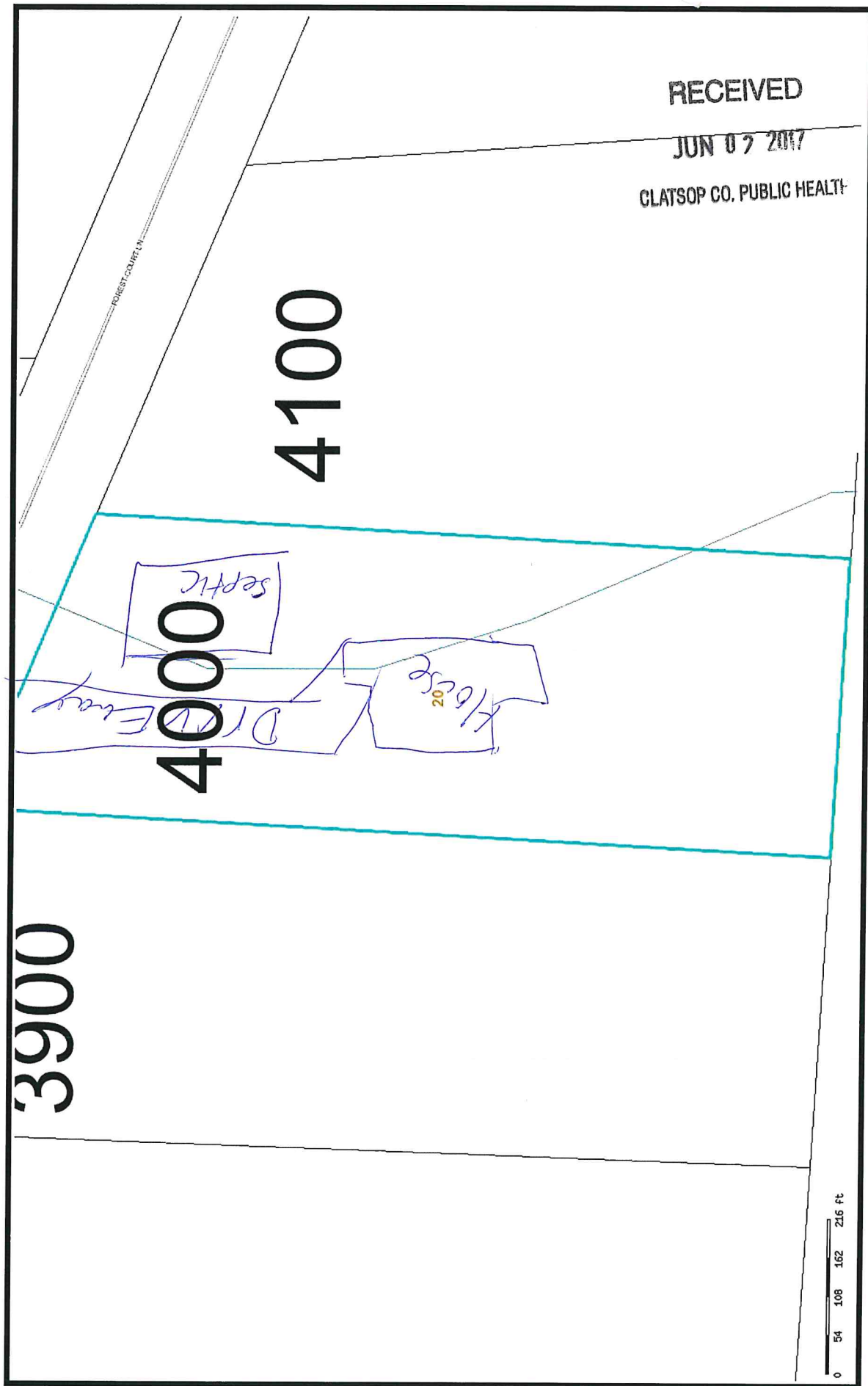
Signature: _____ Title: _____ Date: _____

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:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size) | <input type="checkbox"/> Agency Sign-Off Sheet |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary) | <input type="checkbox"/> Proof of Potable Water |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary) | <input type="checkbox"/> Proof of DEQ Approved Sanitary System |
| <input type="checkbox"/> Application signed by the owner and applicant | <input type="checkbox"/> Average Grade Calculations |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary) |
| <input type="checkbox"/> Erosion Control & Drainage Plan | <input type="checkbox"/> Two (2) Sets of Building Plans |
| <input type="checkbox"/> Road Access Permit from the County or ODOT | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |

Map

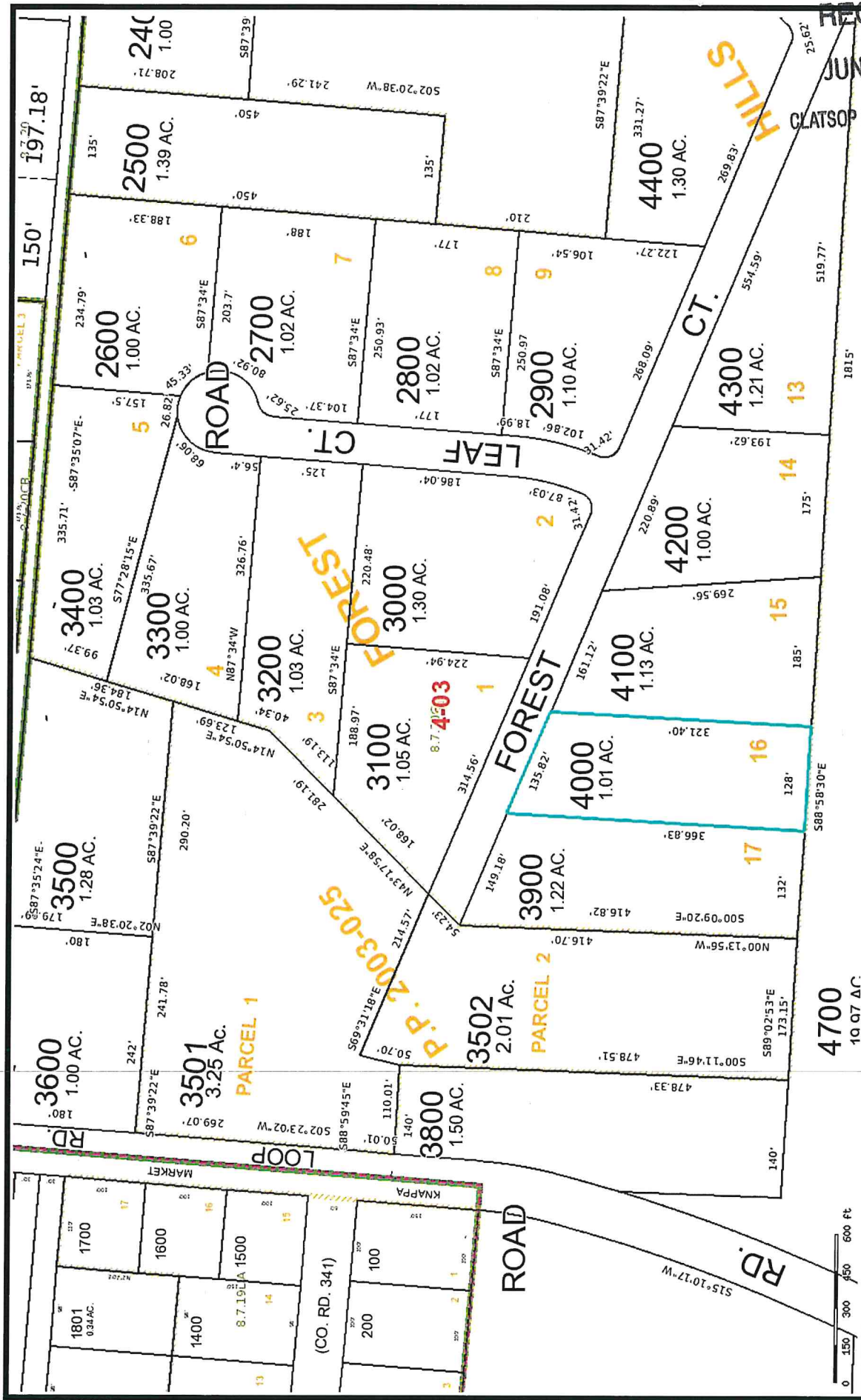


Clatsop County Webmaps

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.



Map



RECEIVED
JUN 02 2017

CLATSOP CO. PUBLIC HEALTH



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 #: 500763
Permit Type: Construction Perm
Entry Date: 6/2/2017
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	06/02/2017

Work Description

Work Description:

Remarks:

Owner

Name: BISSON CASSANDRA	Ph. #: (503) 741-6939	Cell: () -
Address: 92142 KC CREEK RD	E-Mail:	Fax: () -
City, State, Zip: ASTORIA, OR 97103		

Applicant

BISSON CASSANDRA	Ph. 5037416939	Fax
92142 KC CREEK 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	\$1,235.00	\$100.00	\$0.00	\$9.00	\$1,344.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
BISSON CASSANDRA	Check	3265	06/02/2017	\$1,344.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Site Evaluation - Single Family Dwelling

PROPERTY INFORMATION

Property Owner: **BISSON JONATHAN** Township **8**, Range **07**, Section **20 C 0**
Property Location: **LOT ON FOREST CT, ASTORIA** Tax Lot **04000**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

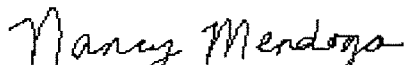
System type: **Capping Fill System**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal & Serial**
Total Trench Length: **375.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **12.00 inches**
Minimum Trench Depth: **12.00 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:

2/22/2017

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: February 21, 2017

Dear Mr. Bisson,

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: Jonathan Bisson Application: # 500666 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 7W/ S 20C Tax Lot#: 04000

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: Jonathan Bisson Application #: 500666 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 7W / S 20C Tax Lot#: 04000

Commercial Facility: ☐ Yes ☒ No Parcel Size: 1.01 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 3

Initial System	Replacement System
<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
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	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 Facility: _____ 375 _____ linear. ft. Disposal sq. ft. facility: _____	Absorption Facility: _____ linear. ft. Disposal facility: _____ 360 _____ sq. ft.
12 " Max Depth 12 Min Depth	18 " Max Depth 36 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPT, ETC.
#1	0-18 18-36 36-48	SCL SC C	0"-18" Silty Clay Loam 18"-36" Silty clay 36"-48" Clay Large and medium roots to 36" Water at 48" Seasonal water table to 36"
#2	0-18 18-42	SCL SC	0"-18" Silty Clay Loam 18"-42" Silty Clay Large and medium roots at 28"-30" Water at 42"

Landscape Notes:

Slope: 0%

Aspect: North to South

Groundwater Type: Permanent

Additional Conditions of Approval

1. ***A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
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. ***Drainfield must be staked prior to installation.**
7. **Grading of the property may change the approved system specifications. Please contact the regulating agency after any grading and prior to any installation**
8. Recommend licensed installer install all system components.
9. Construction of capping fills must occur between June 1 and October 1.
10. Fill material must be evenly graded to a final depth of 16 inches over the drain media.
11. Must use Sandy Loam or better for capping material.

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



500666

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
FEB 21 2017

CLATSOP CO. PUBLIC HEALTH

(Pd) Ck # 324
8789-

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Jonathan Bisson Mailing Address (Street, PO Box, City, State, Zip) 92142 KC Creek Rd, Astoria, OR 97103 Phone Number 503-458-5632

B. Legal Property Description

Township 8 Range 7 Section 20c Tax Lot 4000 Tax Account Number 16 Acreage or Lot Size 1.01 acre
County Clatsop Subdivision Name Forest Hills Lot 16 Block

Property Address: Forest Court in lot 16, Astoria, OR 97103
(Street, City, State, Zip)

Directions to Property Coming east from Astoria turn right onto Hillcrest Lp.
Travel .9 mile until you reach forest Court in. Property on right adjacent
104202

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
☐ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility
☒ Single Family Residence
Number of Bedrooms 3
☐ Other

Water Supply
☒ Public Knappa Water
Name
☐ 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
- ☐ 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 2/17/17
Applicant's Name (Please Print Legibly) Jonathan Bisson Applicant's Phone 503-248-0937 Applicant's E-Mail Address bissonj93@gmail.com

Applicant's Mailing Address 92142 KC Creek Rd Astoria, OR 97103

Applicant is the ☐ Owner ☒ Authorized Representative
☐ Authorization Attached

☒ Licensed Septic Installer
Vinson Brothers
Installers Name

SECTION 1 - TO BE COMPLETED BY APPLICANT

RECEIVED

FEB 21 2017

CLATSOP CO. PUBLIC HEALTH

1. Applicant Name/Property Owner: Jonathan BissonMailing Address: 92142 KC Creek RdCity/State/Zip: Astoria, OR 97103Telephone: 503 458 5632

2. Property Information:

County: Clatsop Tax Lot No: 4000Township: 8 Range: 7 Section: 20cPhysical Address: Forest Court in lot 11e, Astoria, OR 97103Block: _____ Lot: 11eSubdivision Name (if applicable): Forest Hills

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:

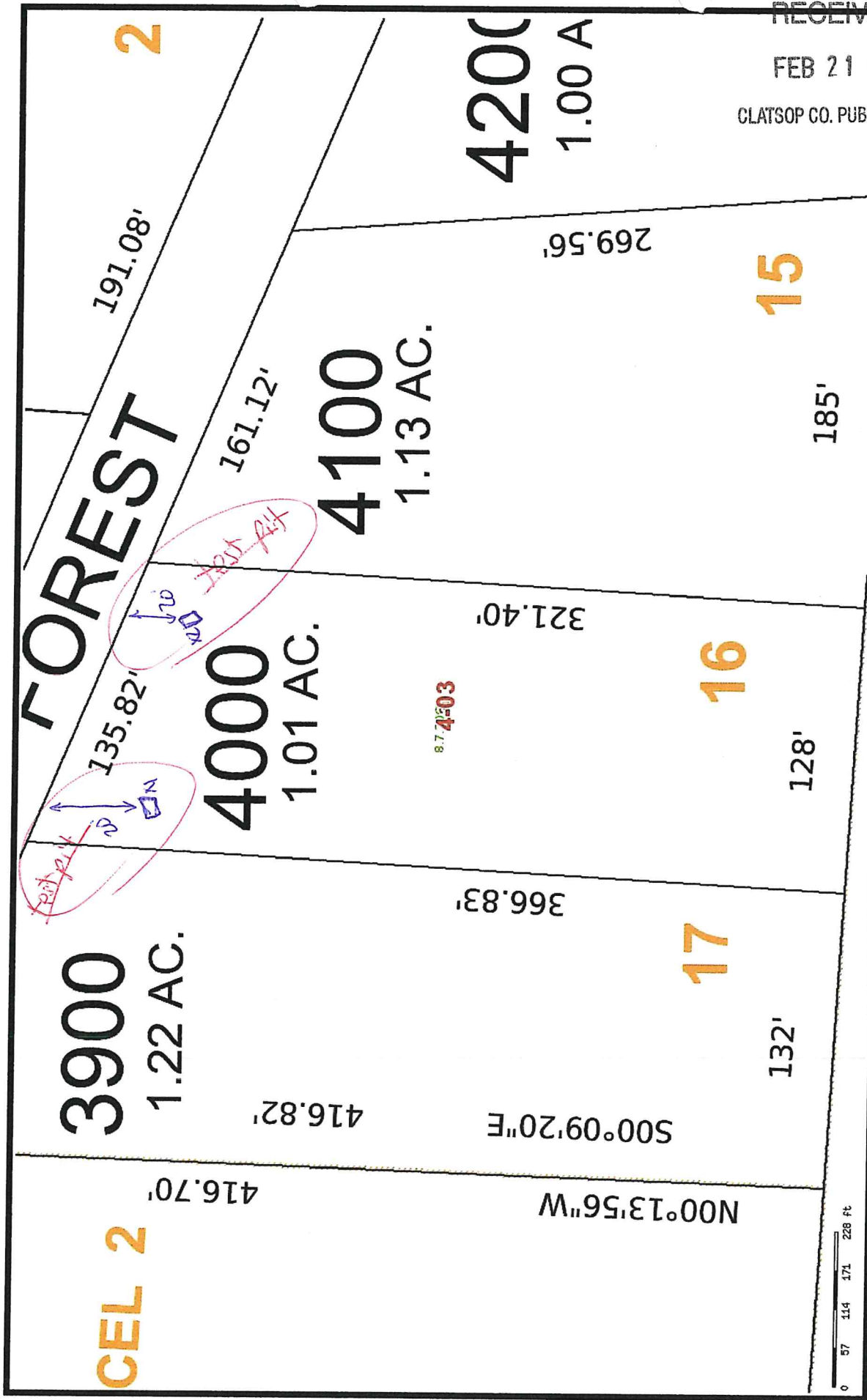
☒ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration☐ Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)☐ Authorization Notice for:☐ Replacement of dwelling☐ Bedroom Addition☐ Other changes in land use involving potential sewage flow increases**SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**5. Property Zoning: KS-RCR Zoning Minimum Parcel Size 1.06. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB7. 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:

LWDU 03.080 (KS-RCR Zone)SFD approved use in zone8. Planning Official Signature: Bart CaturingPrint Name: Bart CaturingDate: 2/21/17Title: PlannerTelephone: (503) 325-8611



RECEIVED
FEB 21 2017
CLATSOP CO. PUBLIC HEALTH



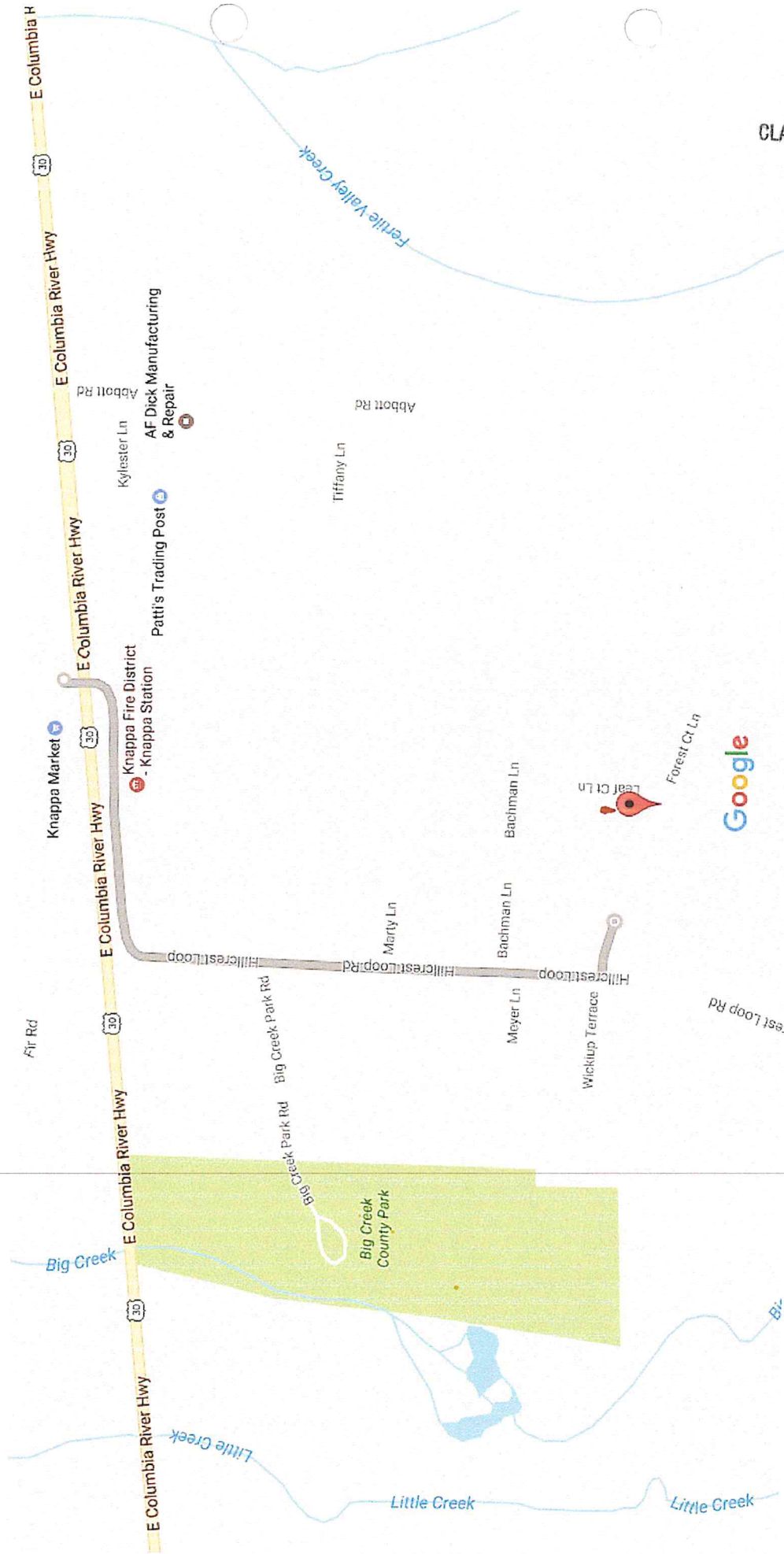
Clatsop County Webmaps

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.



Forest Ct Ln

coming east from Astoria, take right onto Hillcrest Loop. Travel .9 mile and take left onto Forest Court Ln. Property adjacent to 42023 Forest Court Ln. Look for Remax sign.



RECEIVED

FEB 21 2017

CLATSOP CO. PUBLIC HEALTH

Map data ©2017 Google

Directions



Septic Application

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

For Department Use Only

Permit #: **500666**
Permit Type: **Site Evaluation**
Entry Date: **2/21/2017**
Issued By: **Annette Brodigan**
Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	02/21/2017

Work Description

Work Description:

Remarks:

Owner

Name: **BISSON JONATHAN** Ph. #: (503) 458-5632 Cell: () -
Address: 92142 KC CREEK RD E-Mail: Fax: () -
City, State, Zip: ASTORIA, OR 97103

Applicant

BISSON JONATHAN Ph. 5034585632 Fax
92142 KC CREEK 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>
BISSON JONATHAN	Check	324	02/21/2017	\$789.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

8_07_20_C_04000 0401

53-01

4-01-99

OFFICIAL RECORD OF DESCRIPTIONS
OF REAL PROPERTY
COUNTY ASSESSOR'S OFFICE

MAP NUMBER	CODE NUMBER REAL PROP.	CODE AREA NUMBER
TAX LOT NUMBER		
FORMERLY PART OF 807 20 - 601		

Indent each new course to this point	DESCRIPTION AND RECORD OF CHANGE	Date of entry on this card	Deed Record Vol.	PG.	Acres Remaining
	Lt 16 Forest Hills Subdiv	10/21/96	014	066	9/26/96
	N.W. Living Homes, Inc., an OR Corp WD		882	603	9/25/95
					1.01 ac.
	Rd Maint	10/21/96	913	852	10/2/96
	Dec/Cond/Cov	10/21/96	913	855	10/2/96
	Abramson, Carol C. Trustee of the Abramson, Carol C. Revocable Living Trust BSD	11-14-96	916	310	10-30-96
	Abramson, Carol C. TR Abramson, Carol C. Revocable Living Trust %Dyer, Darrell R. (C) Cont	12-13-96	918	665	12-13-96
	ABRAMSON, CAROL C. ABRAMSON, CAROL C TR ABRAMSON, CAROL C Revocable Living Trust 1/2 BSD	09-01-98	977	168	07-23-98
	Abramson, Carol C. TR Abramson, Carol C. Revocable Living Trust QCD	05-21-99	1012	051	03-15-99

November 25, 1996

DARRELL DYER
NORTHWEST LIVING HOMES
POB 25
SEASIDE OR 97138-0025

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

RE: OS-Clatsop County
T8N, R7W, Section 20, T.L. 601, 22.29 ac.
17 Lot Proposed Subdivision
Forest Hills Subdivision
Site Evaluation Report

NORTHWEST REGION

Dear Mr. Dyer:

Your proposed subdivision of 17 lots has been evaluated. Lot 6 has been given a separate approval letter. This report covers the other 16 lots.

In response to your application for site evaluations of the proposed Forest Hills Subdivision, the above-described property was examined on August 7, 1996, to determine the methods of on-site sewage disposal for which it is suited. This evaluation report consists of three (3) pages, and the sketch of approved areas for the 16 lots addressed by this report.

Please refer to the enclosed field worksheet for each lot for information about the site observations and location of the disposal system (including the future repair/replacement disposal system).

The system for each lot addressed in this approval would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. All drainfields and replacement areas must maintain a 10 foot setback from property lines and from easement boundaries.

The following lot(s) have been found suitable for a standard subsurface disposal system:

Lots 2, 3, 4, 5, 7, 8, and 9.

A septic tank with minimum capacity of 1,000 gallons is required for each of these lots. Specific lot approval requirements follow:

Lot 2: 375 lineal feet of drainfield, 375 lineal feet for replacement system, trenches 24 to 30 inches maximum excavated trench depth. Stay 50 feet from swale.

John A. Kitzhaber
Governor



2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471
DEQ-1

November 25, 1996

Page 2

Lots 3, 7 and 8: 375 lineal feet of drainfield, 375 lineal feet for replacement system, trenches 24 to 30 inches, maximum excavated trench depth.

Lots 4, 5 and 9: 300 lineal feet of drainfield, 300 lineal feet for replacement system, trenches 24 to 30 inches, maximum excavated trench depth.

The following lot(s) have been found suitable for a sand filter system:

Lots 10, 11, 12, 13, 14, 15, 16, and 17

The initial system for each lot will consist of either an 1,100 gallon dosing septic tank or a 1,000 gallon septic tank followed by a 500 gallon dosing tank; a sand filter with at least 360 square feet of sand surface area; and a final disposal trench system of 150 lineal feet of drainfield.

The final disposal area (initial and replacement) for Lot 11 has been conveyed by easement to an area of about 84'x178' on the eastern part of Lot 9. For the Lot 11 disposal field (to be constructed on Lot 9), trenches shall be 24 to 30 inches maximum excavated trench depth. Maintain a 10 foot setback from water lines and from utility easement along the east lot line.

Maximum excavated trench depth for the other sand filter approvals is 24 inches. Capping fill is required where the excavated trench depth is less than 24 inches. The drainfield and replacement field must be planned/constructed in the septic approved area shown on the field worksheet.

The replacement system when needed will consist of tank(s) and sand filter as per the initial system, followed by 150 lineal feet of final disposal trench, again as per the conditions of the initial system.

A scale drawing representing a stakeout of Lot 12's system and replacement is on file with the Department.

The following lot has been found suitable for pressurized distribution, with sand filter replacement:

Lot 1.

Due to limited area and irregular terrain, Lot 1 is approved for equal distribution by low pressure distribution, with replacement by sand filter. The initial system will consist of either an 1,100 gallon dosing septic tank or a 1,000 gallon septic tank followed by a 500 gallon dosing tank; and a final disposal trench system of 375 lineal feet of drainfield, with trenches 18 to 24 inches, maximum excavated trench depth. The sand filter replacement drainfield will consist of 150 lineal feet of drainfield, trenches 24 to 30 inches deep.

A construction-installation permit is required to install each sewage system on an approved site. Please contact the North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280.

November 25, 1996

Page 3

This approval is given on the basis that each lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction-installation permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

If you have questions, please contact me at (503) 229-6653.

Sincerely,



Anne Cox, R.S.
Environmental Specialist
Water Quality Source Control
Northwest Region

Enclosures: site maps.

cc: DEQ/NCBO
John Smits, Smits & Associates

SMITS & ASSOCIATES, INC.

P.O. Box 116

Clackamas, OR 97015-0116

(503) 659-5623 Facsimile (503) 659-1666

To: File

June 4, 1996

From: John L. Smits, R.S.

Re: Evaluation of Soil
Forest Hills Preliminary Plat
17 Lots Darrell Dyer
T. 8N., R. 7W., Sec. 20., Tax lot 601 (22.3 ac.)
Napa Area
Clatsop County

Soil Profile Descriptions:

Lot 16:

Pit No. 1

0-17" Dk. Brn., good structure.
17-28" Dk. Yel. Brn. w/ faint parting to prominent Gray (10YR 6/2) and strng. Brn. (7.5YR 4/6) above Gray Sic., blocky to moderate parting to weak blocky structure w/ thin clay films on pit surfaces few f. roots into the Sic. No water in the pit—no sign there has been water in the pit. The effective soil depth would appear to be greater than 30" on a flat site.

Handwritten notes: Sil 5' @ 0-7" OK (BID) Demul 0-13 sat top soil 5" size 13" 4/1 mottles on 4/2 matrix

Pit No. 2

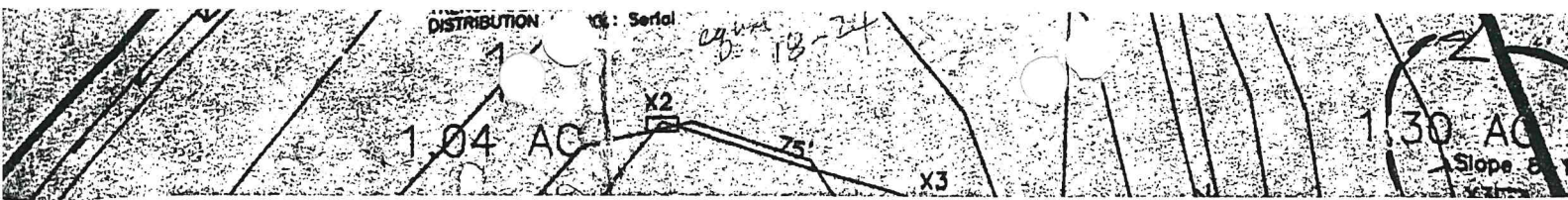
0-14" V. Dk. Brn. (10YR 3/3) Sil., Strng. m. & f. Sbk, many m. to c. roots.
14-26" Dk. Gray Brn. (10YR 4/2) Sil.
26-36" Fair limit of effective soil depth, would probably barely make 24" to temporary water. Rust in siliceous root channels of topsoil - surface sat 4/1 10YR matrix
ESD maybe 35" sil

Pit No. 3

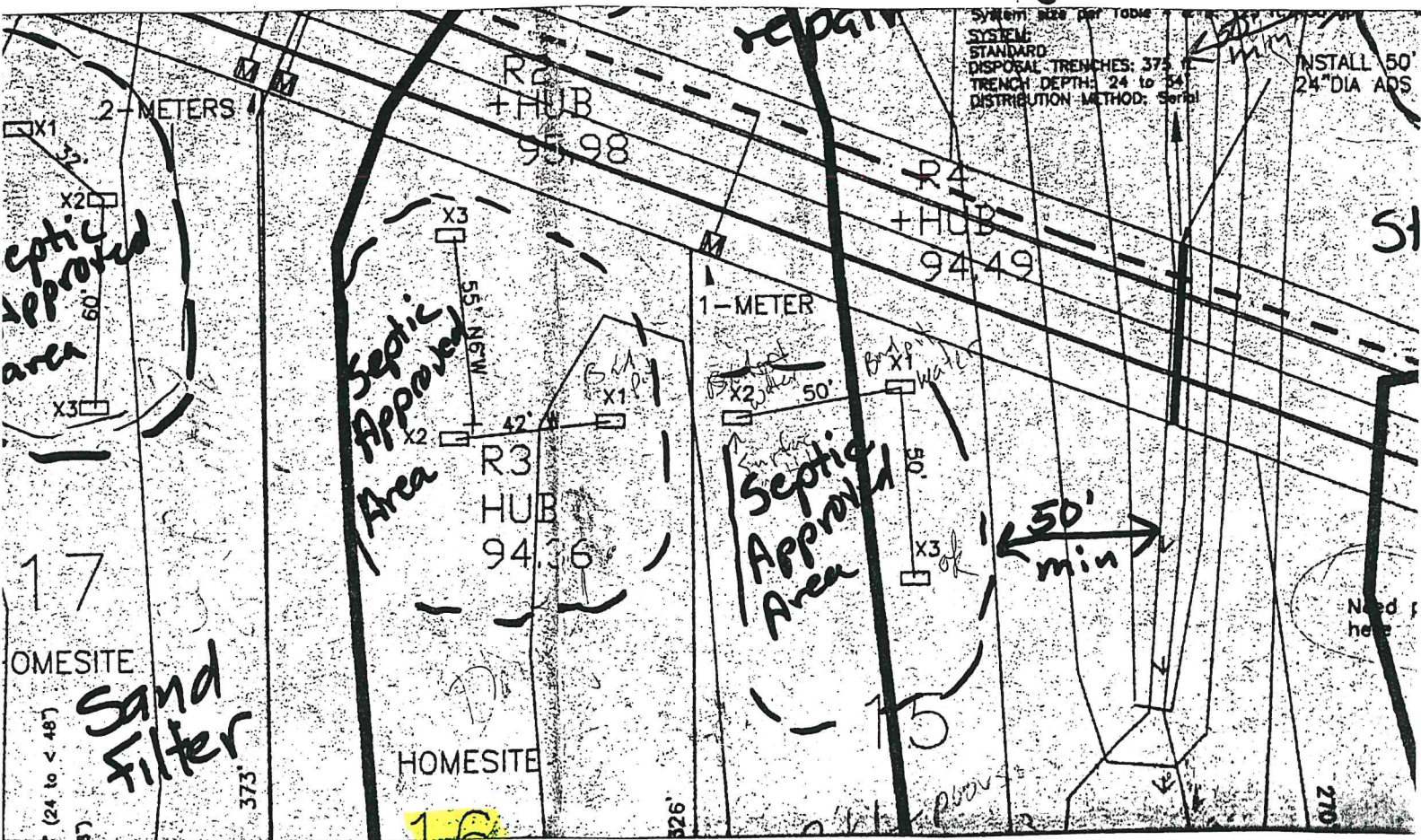
0-11" V. Dk. Brn. (10YR 3/3) Sil., Strng. m. & f. Sbk, many m. to c. roots.
11-22" 19/20" faint Gray and strng. Brn. saturation mottles becoming more distinct and then prominent w/ depth.
22-36" Prominent @ 30". mottles @ 18" sil

0-13 Topsoil 3/1 10YR - wet grasses 32 ESD - inc. tight
13-25 Supt. change matrix 4/2 on 10YR - smooth int. faces on peds
Wet grasses by pit.
Surface sat?

Sand filter



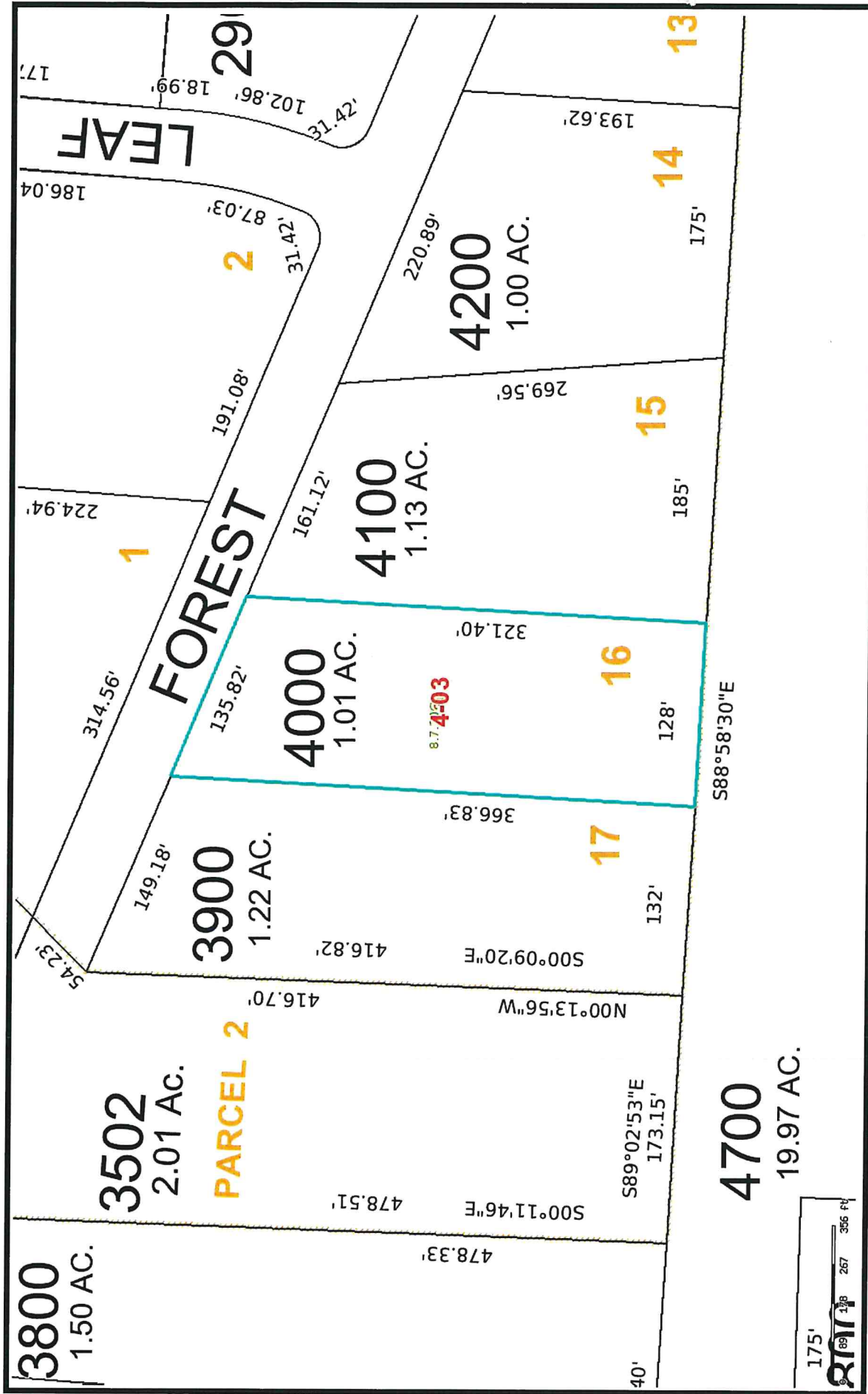
COUNTY Clatsop SCALE 1" = 50' Forest Hills Sub.
T 8N R 7W S 20 TL 16 4000 APPLICANT Dyer
SITE SIZE 1.01 AC. EVALUATOR Anne Cox DATE August 7, 1996



SLOPE 3% ASPECT irr - S GROUNDWATER NA; TEMPORARY ☒ PERMANENT
SYSTEM TYPE: design sewage flow 450 gpd
initial: Sand filter replacement: Sand filter
disposal field sizing: 50 /150 g disposal field sizing: 50 /150 g
max. depth absorption facility: 18-24 inches max. depth absorption facility: 18-24 inches
special conditions:/comments See Soil notes by John Smits - Capping fill required
where exc. trench depth is less than 24" -
May be installed equal dist trenches 18-24 no cap if grade
all 1045. See approval letter



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.

