

APR 25 2008

State of Oregon Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 405589

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify DEQ (or authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

NORTH OREGON BRANCH OFFICE WARRENTON

SECTION 1: Owner Information: Jack Miethe

Township 08N, Range 07W, Section 30 Clatsop County TaxLot#: Tax Lot 3003 Gehler Rd., Astoria

SECTION 2: Materials List - Identify and list all materials used in this system.

Material Categories: Brand Name: Size: Specifications Amount of Material:

Pump(s): N/A

Distribution Pipe: N/A

Effluent Sewer Pipe: Royal 4" 3034 52'

Drain Media Type(s): Brodtkorb 225'

Filter Material: N/A

Other: 1000 g DTK Concrete Tank, Overhead riser & lid 2 DTK Drapbox

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Jack Miethe

(X) Sewage Disposal Service Business: VINSON Bros, Inc (Print Full Business Name) 36845 (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes (X) No ()

Date tank(s) tested: 4-18-08 Date System Construction Completed: 4-18-08

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

[Signature] (System Installer's Signature-Property Owner or Certified Installer with Certification Number) (Title) 1731 (Cert. #) 4-25-08 (Date)

Installers Contact Phone Number: Office/Home 458-6561 Cell 741-0170

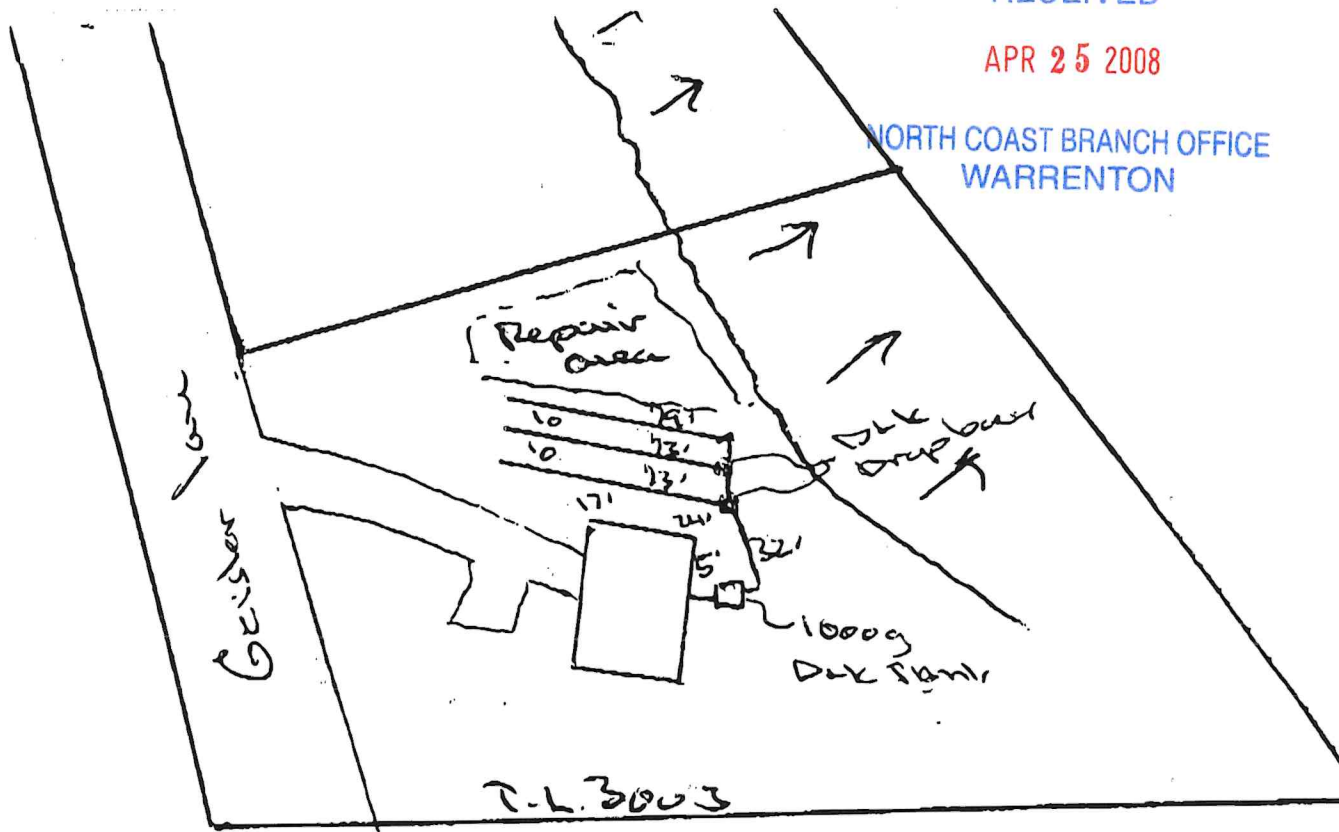
SECTION 4: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations, and setback distances from property lines and building structures.

0-7-30-3003

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APR 25 2008

NORTH COAST BRANCH OFFICE
WARRENTON



SECTION 5 - Office Use Only: Notice Review Date: 4-28-08 Notice Accepted: Yes () No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance () Approval to backfill system

Date and time of notification: 4-28-08 1:15 am/pm Additional Comments: _____

Precover inspection waived CWS

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: _____ City: _____
Owner: JACK MIETHE Phone: 503-791-6530
Owner's Address: 92204 Simonson RD Astoria OR 97103
Agent: _____
Proposed Development/Construction: SINGLE FAMILY DWELLING

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 8 R 7 SEC 30 Tax lot(s) 3003
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: V. Schiele Date: 2/25/08
Remarks: OS # 405589

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

3. 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. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC _____ Tax Lot(s) _____
Zone: _____ Overlay District: _____
Development Permit - Yes () No () # _____
Flood Plain - Yes () No () Elevation Requirements: _____
Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
Signature: _____ Title _____ Date: _____
Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

Construction-Installation Permit

This Construction-Installation Permit OS405589 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: Jack Miethe	Clatsop County
Property Location Geisler Rd., Astoria	Township 08N, Range 07W, Section 30
Facility Type: Single Family Dwelling	Tax Lot 3003
3 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:	450 gals/day
Minimum Septic Tank Size:	1000 gals
Distribution Type:	Serial
Total Trench Length:	225 Linear feet
Trench Spacing:	8 feet*
Media Type:	BioDiffuser 2
Maximum Trench Depth:	30 inches
Minimum Trench Depth:	24 inches

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

Attachment 1 to Construction-Installation Permit

BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344

Rules, Approved Material Listing, and Database of Licensed Installers can be accessed at: <http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed **Final Inspection Request and Notice** form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a **Certificate of Satisfactory Completion** can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows:

- Only after the permitting agent has approved the construction installation,
- or the inspection has been waived
- or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

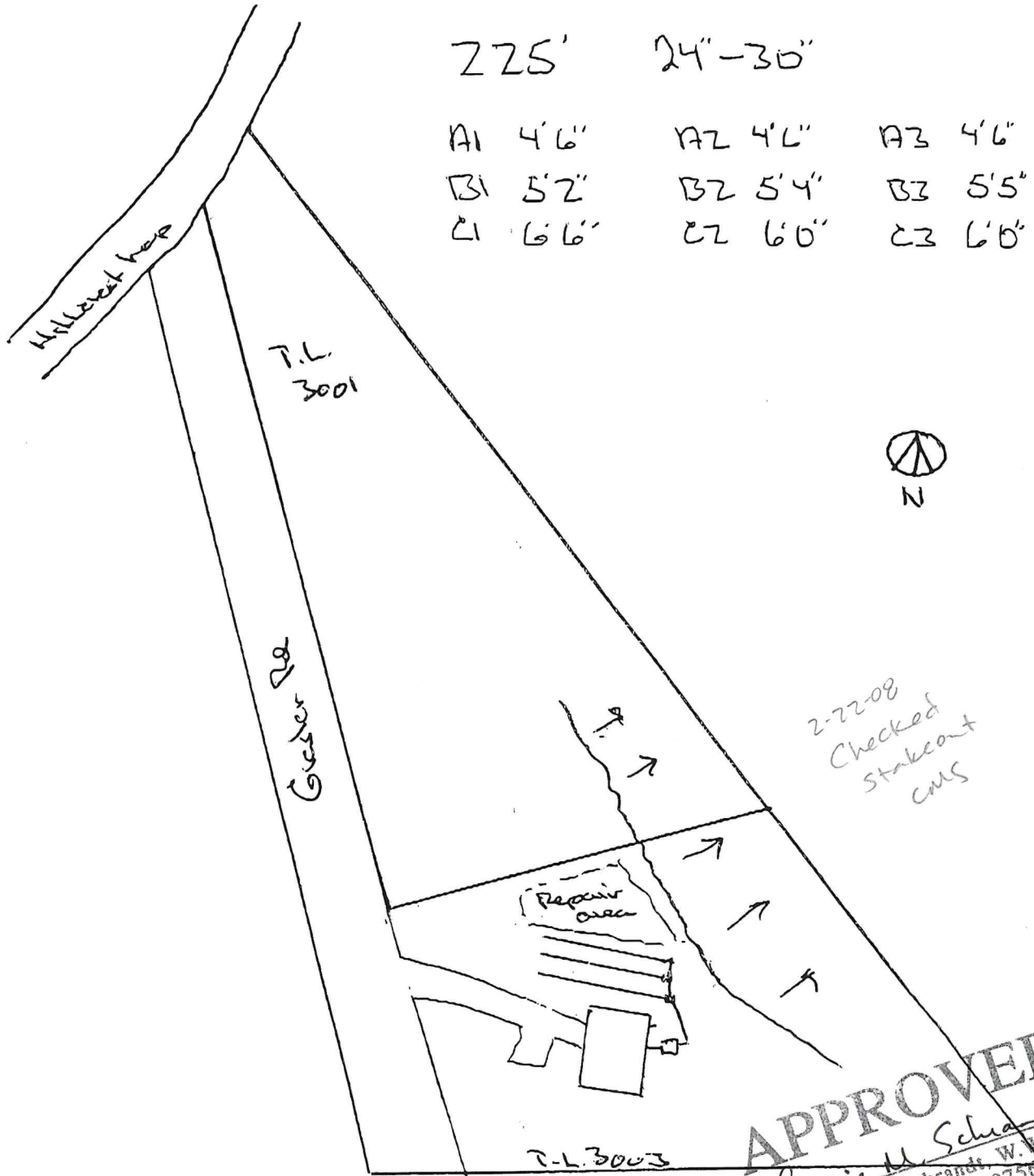
Initial and Replacement Areas – Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

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FEB 22 2008

NORTH COAST BRANCH OFFICE
WARRENTON
2-22-08

Site Plan Jack Mittle New Home
T3N RTW Sec 30 T.L. 3003
Vinson Bros. Inc DEQ # 36845



APPROVED
Connie M. Schrandt
Lic. No. 0207760756
2-25-08

DEPT. OF ENVIRONMENTAL QUALITY
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Materials List Jack Matthe

New Home
JAN 22 2008

T&N RTW Sec 30 T.L. 3003

NORTH COAST BRANCH OFFICE
WARRENTON

VINSON Bros. Inc. D.E.Q. # 36945

1000 Gal Concrete DHC Septic Tank

Oreoco Riser & lid

DHC Concrete Drop Box

50' 4" 3034 Sewer Pipe

27 Biodiffusers

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
2-25-08

State of Oregon

Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 405589

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify DEQ (or authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:

Jack Mieth

Township 08N, Range 07W, Section 30

Clatsop County TaxLot#: Tax Lot 3003

Geisler Rd., Astoria

SECTION 2: Materials List - Identify and list all materials used in the system.

<u>Material Categories:</u>	<u>Brand Name:</u>	<u>Size:</u>	<u>Specifications</u>	<u>Amount of Material:</u>
-----------------------------	--------------------	--------------	-----------------------	----------------------------

Pump(s): _____

Distribution Pipe: _____

Effluent Sewer Pipe: _____

Drain Media Type(s): _____

Filter Material: _____

Other: _____

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Jack Mieth

() Sewage Disposal Service Business: _____, _____
(Print Full Business Name (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes () No ()

Date tanks(s) tested: _____ Date System Construction Completed: _____

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

(System Installer's Signature-Property Owner or Certified (Title) (Cert. #) (Date)
Installer with Certification Number)

Installers Contact Phone Number: Office/Home _____ Cell _____

SECTION 4: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations, and setback distances from property lines and building structures.

SECTION 5 - Office Use Only: Notice Review Date: _____ Notice Accepted: Yes () No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance () Approval to backfill system

Date and time of notification: _____ : _____ am/pm Additional Comments: _____



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp:
**DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED**
FEB 13 2008
**NORTH COAST BRANCH OFFICE
WARRENTON**

For DEQ Use Only:
Date Received 2/13/08
Fee Paid 670⁰⁰
Receipt Number 133074
Application Number 406371
Date of 1st Response 2-22-08
Date of 2nd Response _____
Date of Final Response _____
Date of Completion 2-25-08
Scanned _____
Data Entry _____

A. Property Owner Information

JACK MIETHE 92204 Simonsen RD ASTORIA OR 97103 503-741-6530
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

8 7 30 3003 20261
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP 2
County Subdivision Name Lot Block

Property Address: _____
Address City State Zip Code

Directions to Property: HWY 30 TO KNAPPA - RIGHT AT CAMP NINE INTERSECTION - LEFT AT GEISLER RD ABOVE BIG CREEK FISH HATCHERY

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence
Number of Bedrooms _____
 Other _____

Proposed Facility: Single Family Residence
3 BEDROOMS
Number of Bedrooms _____
 Other _____

Water Supply: Public KNAPPA
Name _____
 Private _____
Well, Spring, Shared _____

D. Type of Application

Site Evaluation
 Construction Permit
 Repair Permit
 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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

[Signature] 2-13-08
Signature Date
JACK MIETHE 503-741-6530 JACKMIETHE@YAHOO.COM
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

92204 Simonsen RD ASTORIA OR 97103
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson BRO'S
Installer's Name

RECEIVED

FEB 13 2008

Receipt Number: 133074

Oregon Department of Environmental Quality
 Warrenton Office
 65 N Highway 101, Suite G
 Warrenton, OR 97146



NORTH COAST BRANCH OFFICE
 Date Received 2/13/2008
 WARRENTON

Received From **Jack Miethe**
 (Check Name): **92204 Simonsen Road**
Astoria, OR 97103

For **T08N R07W S30**
 Property **TaxLot 3003**
 At: **Clatsop County**
Astoria, OR 97103
Lot 2,

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
1,340.00	Check	2004	96-7420	670.00

Total Amount Applied \$670.00

Onsite Fees	
Base Fee:	630.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$670.00

Payments	
Previous Payments:	0.00
Current Payment:	670.00
Over Payment:	0.00
Total Payments:	\$670.00

Application Description
Application ID: 406371
Application Type: Construction-Installation Permit
Single Family Dwelling
System Type: Standard
Pump Evaluation: No
Flow: 450 gallons/day

Receipt Amount: **\$670.00**

Received By:

Date of Entry:

Vicky Schiele

2/13/2008



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality
North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

March 10, 2006

John Kelly
40951 Savola Rd.
Astoria, OR 97103

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: Site Evaluation Results – Site Approval With Conditions
Township/Range/Section: T8N, R7W, S30; Tax Lot No. 3001, Parcel 1 (North), Clatsop County

Dear John Kelly:

The above-described property was evaluated for suitability of onsite sewage disposal on the following date(s): February 7 and March 2, 2006. The property was previously approved for onsite sewage disposal in a site evaluation report dated October 12, 1978. The purpose for the re-evaluation was to verify that current site and soil conditions are suited for onsite sewage disposal and to determine the system design specifications appropriate for the site approval. Based on this evaluation, the following onsite wastewater treatment systems are approved:

Initial system: Standard, 225 linear feet of disposal trenches
Replacement system: Standard, 225 linear feet of disposal trenches

Details of the site 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 package. The permit must be issued by DEQ 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 within 60 days of the site evaluation report issue date at a cost of \$440. If you would like to apply for a Variance from one or more of the Onsite Wastewater treatment rules, you may apply for a Variance at a cost of \$1340. If you are interested in either of these actions, please contact the undersigned for more details before you proceed.

Best wishes on a successful project. If you have any other questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M Schrandt

Connie M. Schrandt
Natural Resource Specialist

Enc: Site Evaluation Report



Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater treatment systems are approved:

Initial System: System Type: Standard
Minimum Septic Tank Size: 1000 gallons
Total linear feet of disposal trenches: 225
Distribution Method: Serial
Trench Depths: Maximum - 30" and Minimum - 24"

Replacement System: Same as for Initial System

Attached are the Field Worksheet and Plot Plan, which show the approved areas and other details of the site evaluation.

Additional 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 approximately half of the peak sewage flow. This is normally sufficient to serve a single family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow limits are exceeded.
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 property described above will not be further partitioned or subdivided.
6. Field staking of disposal trenches for both the initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved systems.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor's records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet and Plot Plan



E EVALUATION FIELD WORKSHEET

Township: 8N Range: 7W Section: 30 Tax Reference: 3001 Parcel 2 (5) Parcel Size: - 2.0 acres
 Owner/Applicant: John Kelly Evaluator: CMS of 4.04 acres
 Inspection Date(s): 2-7-06 & 3-2-06 Application Number: 0504-069

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-1 1/16	sil	10YR 3/2; f & m 1SBK; many v.f.f, m & c roots
	1 1/16-30	↓	10YR 3/3; " " " ; <20% coarse fragments; common f & m roots
	30-38	↓	10YR 4/4; " " 2SBK ↓
Pit 2	0-18	sil	} similar to Pit 1 except common v.f.f & m roots to ~30" base
	18-30	↓	
	30-37	↓	10YR 4/4 w/ common m & c faint RMFs (10YR 5/8 & 10YR 4/2); m & f 2SBK
Pit 3			
Pit 4			

Landscape Notes: Upland slopes - linear convex
 Slope: 28-10% → ~3-4% Aspect: NE & E Groundwater Type: No evidence
 Other Site Notes: RMFs associated w/ mature sediment parent material

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: Standard, serial distribution ATT Treatment Standard: 1
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches
 Replacement System: Same as Initial system ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: Maintain all required setbacks; physical staking of both initial and future replacement disposal areas required for review and approval prior to permit issuance

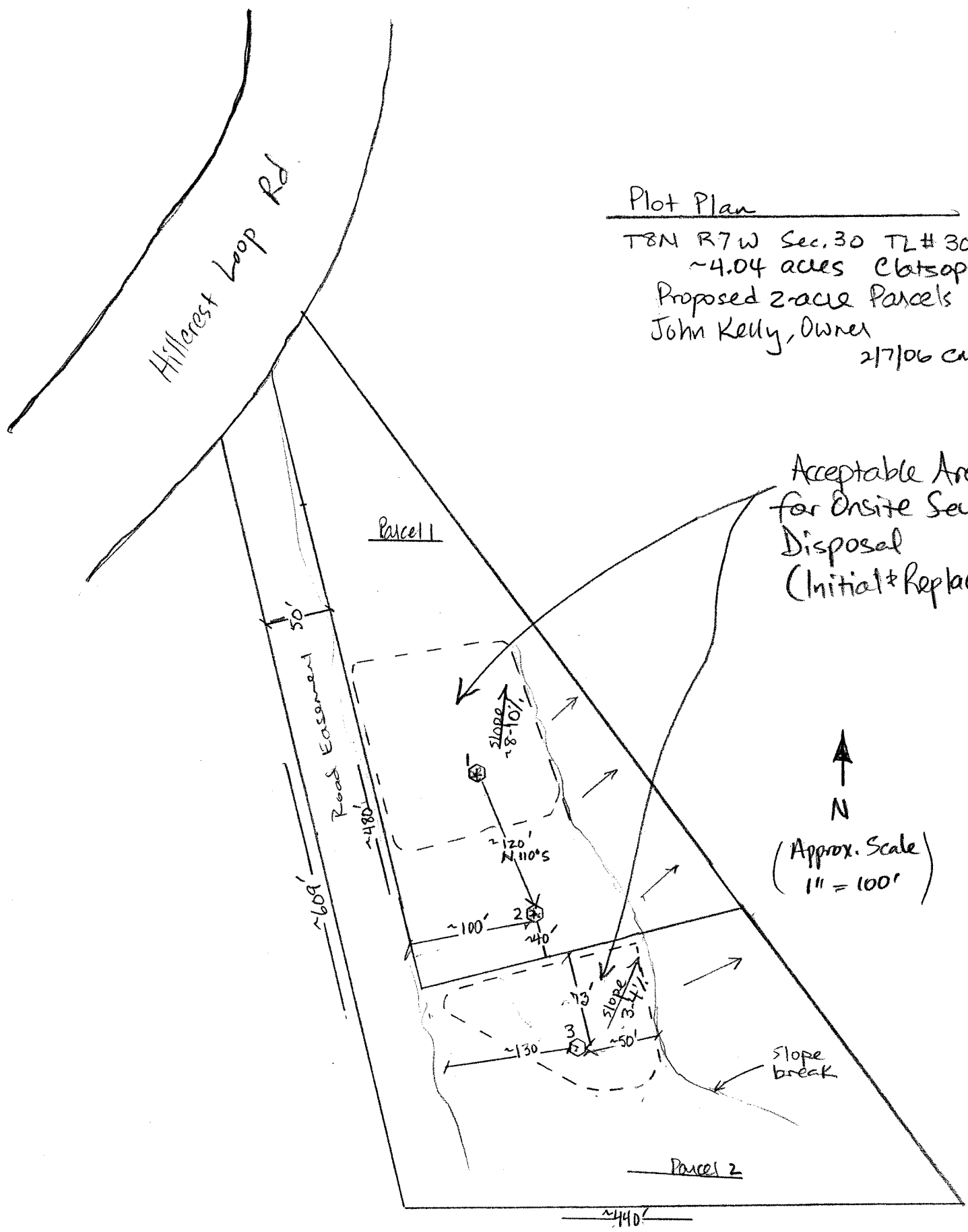
Hillcrest Loop Rd

Plot Plan

T8N R7W Sec. 30 TL# 3001
~4.04 acres Clatsop Co.
Proposed 2-acre Parcels 1 & 2
John Kelly, Owner
2/7/06 cms

Acceptable Areas
for Onsite Sewage
Disposal
(Initial & Replacement)

↑
N
(Approx. Scale)
1" = 100'



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NORTH COAST BRANCH OFFICE
WARRENTON

