Public Health Department

Onsite ID: 501391 Issue Date: 9/12/2019

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 501391 as follows:

PROPERTY INFORMATION

Property Owner: Crow Richard D/Ellen A

Township 8, Range 08, Section 16 DC

Property Location: 39702 Burnside Loop, Astoria

Tax Lot 00301

Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type:

Standard

Design Flow:

450.00 gals/day

Minimum Septic Tank Size: 1000.00 gals

Distribution Type:

Equal

Total Trench Length:

225.00 Linear feet

Trench Spacing:

8.00 feet*

Media Type:

Rock and Pipe

Maximum Trench Depth:

24.00 inches

Minimum Trench Depth:

18.00 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 system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.
- 6 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.

Harane Van Mar	Environmental Health Specia	list 9/12/2019
Authorized Agent: Yvonne Van Nostran	Title:	Date Issued:
Clatsop County Public Health 820 Exchange St Ste 100 Astoria, Oregon 97103 Phone: 503-325-8500 Fax: 503-325-9303		

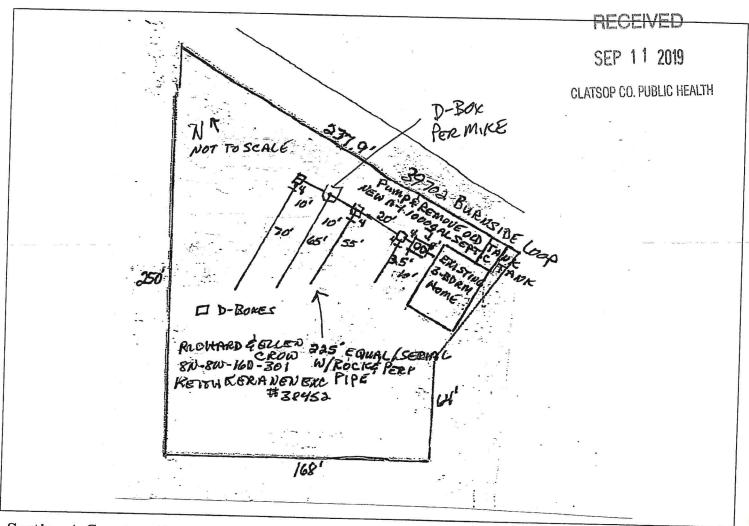
FINAL INSPECTION REQUEST AND NOTICE - ONSITE ID: 501391

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permitee 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. Recipe 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: C	Owner/Permitee	Information:			RECEIVED
Name:	Crow R	ichard D/Ellen	\mathbf{A}		SEP 1 1 2019
Property Addre	ss: 39702 B	Burnside Loop,	Astoria		SEP 11 2010
	Township	8 Range 08	Section 16DC	Tax Lot(s) 00301	CLATSOP CO. PUBLIC HEALTH
Section 2: S	ystem Compon	ent Specificati	ons: System Type	: :	Ormo
A. Tanks/Pu	ımps				
Water tight ve	erification - All tar	ıks were tested for	water tightness aft	er installation and pa	ssed in accordance with
	1100	O.A	AR 340.073.0025(3)		1.1
Tanks(1) Volum	meC	ompartmentsl	Manufacturer	A-1 CONCRETE	DateDate
Tanks(2) Volum	me N/A C	ompartments	Manufacturer		Date
Pumps: HP_	Model/Manuf_		Float(s)Type(1)	Model/I	Manuf
			Float(s)Type(2)	Model/I	Manuf
B. Piping:					
Effluent Sewer	(tank to drainfield)	Yes 🗖 No	Diameter 4 ASTM	W#Other ABS	Length SFT
	port Pipe Yes				Length
C: Secondar	ry Treatment U	nit:	-		
	Sand Filter	- Attach sieve and	alysis for Underdrai	n Media and Filter Sa	ınd
Sand Filter	Yes No K T	ype		Contair	ner Dimensions
Underdrain pipe	e DiameterA	STM#Other		Length	±
Manifold Piping	DiameterA	STM#Other		Length	
Internal Pump	HPM	odel/Manufacturer_			
Floats(1)	TypeM	odel Manufacturer_		×	
Floats(2)	TypeM	odel Manufacturer_			County Department
ATT	Yes 🗌 No 🔀 M	odel			Public Health Waste Water Program
Certified Mainte	enance Provider: Na	ame		Approved	By W Was Market
Operation & Ma	intenance Contract:	Received? Yes	No 🔀	Permit No	By W Van North
D. Drainfield	d Media	,			9/12/10
Гуре:	Gravel, Pipe or A	lternative? 18 yd	DER DRAIL	Rock	* .
Distribution Box		•			
Drop Box	Yes 🗌 No 🔲		A		
Distribution Pipe	e Yes 🛛 No 🗌 🗎	Diameter_ 4	ASTM#Other_PVC	D303Y Length	225 FT
Comment:	2-24"1	RISERS W/U	DS; FILTER	FABRIC	
			//		

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/Permitte/Certified Installer w/Certification # Print Name: KEITH K	ERANON EXC
Licensed Installer Yes No License # 38 452 Certif	ication# 1182
Owner/Certified Installer Signature Phone 503-717-2200 Phone Email	Date
Section 5: Office Use Only	Glutsop County Department of Public Health
Notice Accepted Yes No Date OS/11/19 Installer /Owner /Permittee Notified Yes No Date OS/11/19	On-Site Waste Water Program Approved By U. Van Nortan Permit No. 501391
If no, reason for non-acceptance	Date 9/12/19
Comment Final inspection 09/12/19, approved to	rover; photo of



Clatsop County

Environmental Health 820 Exchange Street, Suite 100 Astoria, Oregon 97103 Phone 503-325-8500

mmcnickie@co.ciatsop.or.us

www.co.ciatsop.or.us

RECEIVED SEP 1 1 2019

GLATSOP GO. PUBLIC HEALTH

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tent is no language up Olanna entrem the fallendary farm with the pumping receipt to the Clatsop County Community Development Department.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

- (2) Procedures for decommissioning
 - a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all captage.
 - b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: RICHARD & ECLEN CROW
Septic Tank Location: 39702 BurusiDE Loop
Legal Description: 1 82 R 82 5 160 Lot 301
Date Tank Pumped: 9-4-19 Bur Com 150 56511 Selvice License #: 37864
By: Complete Says II Seking License #: D10 97 (signature of licensed pumper)
This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped. N/A Date:
By:
This septic tank was removed and properly disposed of.
By: Meage Own Date: 9/5/19 (signature of operator/owner)
(signature or operator/owner)

Clatsop County Department of Public Health On-Site Waste Water Program Approved By V Nan Nostran Permit No. __

RECEIVED



COMPLETE SEPTIC SERVICE SEP 1 1 2019

41092 ZIAK-GNAT CREEK LANEGLATSOP CO. PUBLIC 154TH 1 O ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

"GUARANTEED LOWEST PRICES"

DATE 9-4-19

NAME Repaired - Chow PHONE PHONE ADDRESS 29702 ROPUSION / PROPERTY AND ADDRESS 29702 ROPUSION / PROPERTY AND

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

DESCRIPTION	AMOUNT
(Hand)	Aldicolor.
(Homb our Selfic TAM)	400
	And the second s
THANK IN	
13/11/10/19	
Clutton Court D	
of Public Health	
On-Site Waste Water Program	
Clutsop County Department of Public Health On-Site Waste Water Program Approved By 4. (/an North Permit No. 7.0 (13 9) Date 9 12 19	Cina
Date Olamino	
4/12/19	
PAYMENT DUE UPON RECEIPT OF THIS INVOICE TO	TAL LAND

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

Ordered By____

Clatsop County

Public Health Department

Onsite ID: 501391 Expiration Date: 8/28/2020

Repair Permit - Major

This Repair Permit - Major, Permit #501391, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: Crow Richard D/Ellen A

Township 8, Range 08, Section 16 DC

Property Location: 39702 Burnside Loop, Astoria

Tax Lot 00301

Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type:

Standard

Design Flow:

450.00 gals/day

Minimum Septic Tank Size: 1000.00 gals

Distribution Type:

Equal

Total Trench Length:

225.00 Linear feet

Trench Spacing:

8.00 feet*

Media Type:

Rock and Pipe

Maximum Trench Depth:

24.00 inches

Minimum Trench Depth:

18.00 inches

Drain Media Total Depth:

12.00 inches

Drain Media Below Pipe:

6.00 inches

Drain Media Above Pipe:

2.00 inches

ADDITIONAL CONDITIONS

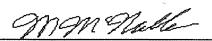
- 1 Filter fabric is required over the drain media.
- 2 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 3 Each trench to be level and on contour.
- 4 All roof drains must be directed away from the system.
- 5 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6 Vehicular traffic and livestock must be restricted from the system area.
- 7 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 8 Meet all required setbacks.
- 9 Install with dry soil conditions.

INSPECTION REQUIREMENTS

- 1 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 2 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.

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

^{*}Minimum undisturbed soil between trenches



Authorized Agent:

Mike McNickle

Title:

Date Issued:

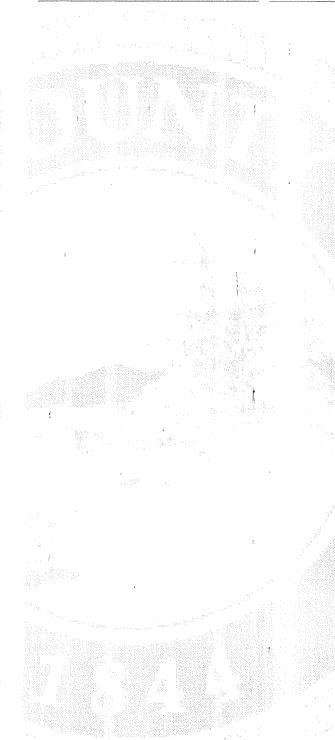
Expiration Date:

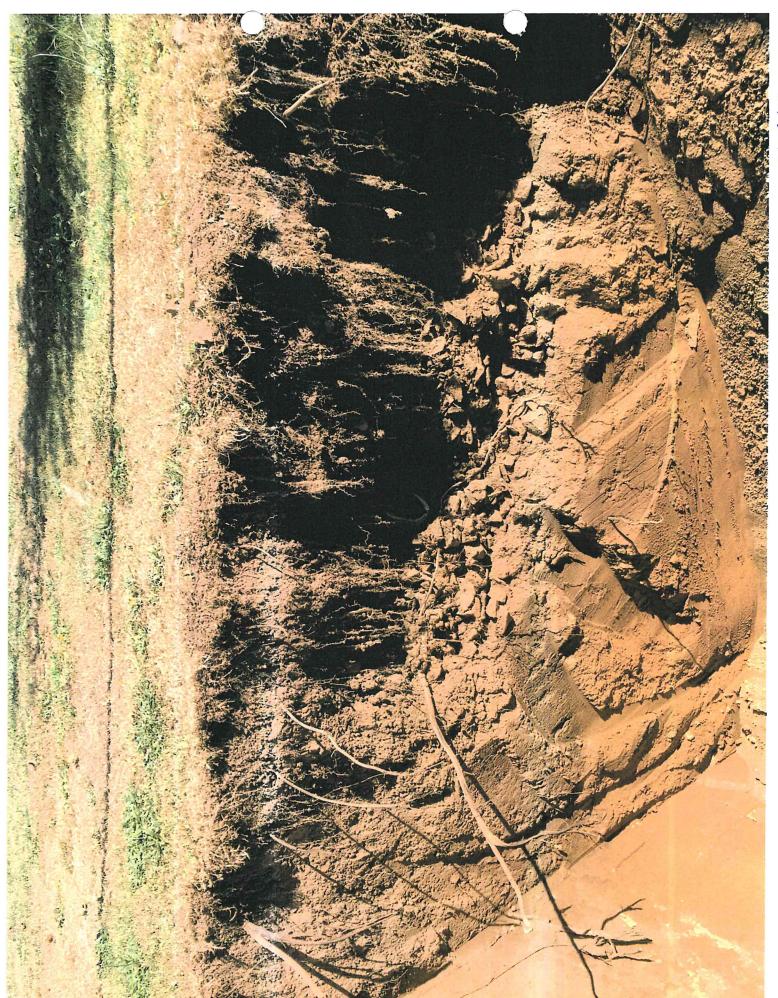
Environmental Health Supervisor

8/28/2019

8/28/2020

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







501391

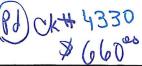
Clatsop County

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

AUG 21 2019.

CLATSOP CO. PUBLIC HEALTH



Application for Onsite Sewage Treatment System

Miles Trible		$\mathbb{A} = \mathbb{A}_{\mathbb{A}^{n}} /$	A. Pro	perty O	wner Information			
RICHARD & E	LED CRE	00 3976	2 Buen	SIPEL	DOD ASTORI	A, OR 970	3 503	791-0536
Name					x, City, State, Zip)	/	Phone Nun	
			B. Le	egal Prop	erty Description	A Section		
8N	8W	16	DC	-3	01	200	46	-27
Township	Range		Section		Tax Lot	Tax Accour		Acreage or Lot Size
CLA	TSOP			*				
Cou	v			Subdiv	vision Name	-	Lot	Block
	2974	n Buen	SINCI	200	ACTARIO	1007	12	
Property Address:	3710	a lourn	or Me C	IST	reet City State 7in)	, 00 111		
Directions to Prop	GD	FACE AN	Hwy 30	FA 30	Bue 115 185	LOND TU	ENIFT	CONIMILE
-	erty_t/2	6108	1100 / 200	100	Duiens inc	2007 100		10 1146.
PROPERTY	ON LF1				8			
		C. Existi	ng Facility /	Propose	ed Facility / Wate	r Informatjor		
Existing Facility			Pro	posed Fa	acility	·	Water Supp	nlv
★ Single Family F	Residence				amily Residence			MENSIDE WATER
3			~					ne ASSOCIATION
Number of Bedroom	5		N	umber of E	searooms		☐ Private We	ll, Spring, Shared
Other				Other _				
		10327	D	. Type of	Application			
☐ Site Evaluation	, 1	Ε	Renewal P	ermit		☐ Authoriza	ition Notice fo	or:
□ Construction			Existing Sy	stem Eva	aluation	☐ Conne	cting to an Existir	ng System Not in Use
Permit Repair			Permit Tra	nsfer	*	☐ Replac	ing a Mobile Hon	ne or House with Another
Major tank	E drawin	eld c] Permit Rei	nstatem	ent		Home or House	
☐ Minor						9 mm - 000 min	ldition of One or	More Bedrooms
☐ Alteration Perr ☐ Major	nit						nal Hardship	
☐ Minor		*				☐ Other-Pleas	orary Housing e Specify	w.
If the required fe	e and attach	ments are not in	cluded with t	his applic	ation, it will be retu			ost a flag or sign with
our name and addre							moon present	see hab or sign with
					rect and hereby gra		nty and its' auti	horized agents
permission to enter o	ofto the above	e described prop	erty for the s	ole purpo	ose of this application	n	- /	1
	word	Owen					8/21	19
ignature							Date	
GEDRAGE	(Auga)			1U3-	717-8681	GNIL	mas 6500	PORA COMMIL.CO
applicant's Name (Please	Print Legibly)		-		717~8681 Applicant's Phone		Applicant	s E-Mail Address
	1964-	MADIO	-		RENTON O			
pplicant's Mailing Addre		71 11 110 701		VO /1-	1-310 1010 01	71110		
	□ Owner	★ Authorized	Renresent	ative	∠Licensed S	entic Installe	-	
ippriodite io tito	_ 0ICI		Ţ.					C#38452
		Authorizat	ion Attache	d	Installers Name	in here	NEN EX	C 30700
					maranera maine			



Clatsop County

Environmental Health 820 Exchange Street, Suite 100 Astoria, Oregon 97103 Phone 503 325-8500

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

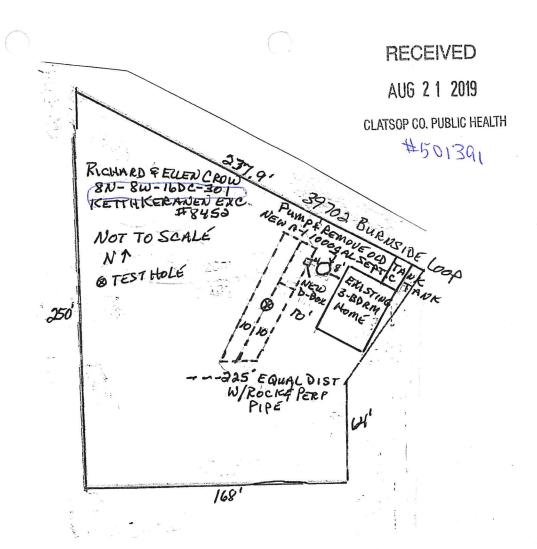
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AUG 2 1 2019

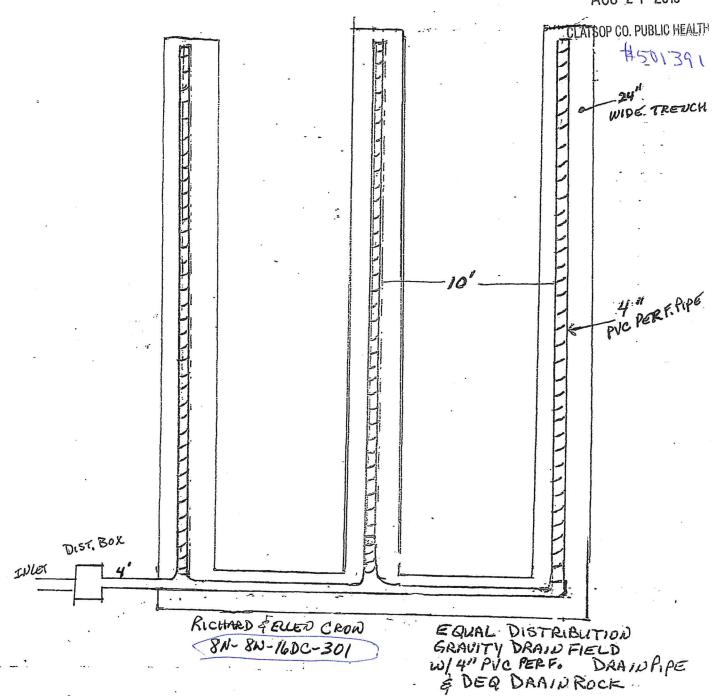
CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

RICHARD & ELLEN CROW	, have authorized
RICHAED & ELLEN CROW (Property Owner- GEORGE OWEN (Authorized Representative – Please Print) the activities. necessary to obtain site evaluations, permiservices provided by Clatsop County on the property designation of the	To act as my agent in performing its, and other onsite wastewater treatment program cribed below in accordance with OAR chapter 340,
PROPERTY IDENTIFICATION 39702 Burns Property Situs or	
And described in the records of Clatsop County as: CL Township <u>& N</u> Range <u>/0 W</u> Section <u>/6 DC</u> Township Range Section	_Tax Lot _30/
PROPERTY OWNER: Name: _ Richard & ELED CROW Mail Address: _ 39702 BURNSIDE LOOP	Email:City/State/Zip _ASTORにみ, OR 97 ЮЗ
Phone:	FAX:
Name: GEORGE OWER Mail Address: 89647 MAWION DR	Email: GNTLMANGEORGE @ GMAIL.COM City/State/Zip WARRENTON, OR 97146
Phone: 503-717-8681 Signature: Leonge M. Owen	FAX: 503-717-8681 Date: 8/16/19



AUG 2 1 2019



SIDE VIEW

NATIVE SOIL

BACKFILL

2" "- PIC PERF. PIPE

6" - 1/2 - 2" DRAIN ROCK

DEQ APPROVED:

PARTS LIST

Richard & Ellen Crow

39702 Burnside Loop

8N-8W-16DC-301

1	A1	1000	gal	septic	tank
---	----	------	-----	--------	------

- 2 24" x 24" poly risers
- 2 24" poly lids
- 2 ADH200 Adhesive
- 1 PolyLok distribution w/three inserts

230ft 4" PVC perforated pipe

20 ft 4" PVC solid pipe

4 4" PVC T

3 4" PVC 90 ells

4 4" 45 ells

20 yds DEQ drain rock

Filter fabric

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CLATSOP GO. PUBLIC HEALTH

\$501391

10 7 REC CLATSOP A 132.0' SII 2 1 2019 AUG KENTA KERANED EXC#38453 202,35° 0.29 AC. (1892) 112 25 52 901 .09 (1822) 248 102.3 144 8.8.16DB 1.25 AC. 0.77 AC. 119.44 232.5 (150,) JBS 312.5 0.49 46.1 168,0 134.66 0.77 AC. 0.83 AC. 0.01 AC. 301 400 300 .057 .SLT 184.074 1.67 AC. 0.56 AC. 009 8 N- BW-16 DC-301 IId'tII 25 8.8.16C 3"54'90°102 192,282

Clatsop County Webmaps
Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to He County to H 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.

EIVED

RICHARD & ELLEU CROW

Map



Septic Application

Clatsop County Public Health Department 820 Exchange St Ste 100 Astoria, OR 97103

Ph. (503) 325-8500

	For	Department	Use	Only
--	-----	------------	-----	------

501391

Permit Type: Repair Permit Entry Date: 8/21/2019

Issued By: Annette Brodigan

Permit

Permit #:

Status:

Entered

User Status Date Annette Brodigan 08/21/2019 Entered

Permit Timeline

Work Description

Work Description:

Remarks:

Owner

Name: Crow Richard D/Ellen A

Address: 39702 Burnside Loop

City, State, Zip: Astoria, OR 97103-8230

Ph. #: (503) 791-0536 E-Mail:

Cell: () -

Fax: () -

Applicant

George Owen 89647 Manion Dr

5037178681 Ph.

Fax

Cell

E-Mail

\$0.00

Warrenton, OR 97146

Fees

Fee Type: Septic

\$551.00

Permit Fee: DEQ Surcharge: \$100.00

Planning Dept:

Other Fee's: Permit Fee Total:

\$9.00 \$660.00

Receipt

Payor Name:

Pymnt Type Check #:

Pymnt Date

Pymnt Amount:

KEITH KERANEN EXCAVATING

Check

4330

08/21/2019

\$660.00

Balance Due: _

\$0.00

Compliance/Permit Requirements

Applicant Signature: rouge (wen)	Date:
Owner Signature:	Date:



Existing System Evaluation Report for Onsite Wastewater Systems

RECEIVED

CLATSOP CO. PUBLIC HEALTH

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit http://www.oregon.gov/deg/Residential/Pages/Septic-Smart.aspx.

Septic System Owner-Provided Information:	
Property Owner(s)(Sellers): Richard D & Ellen A C	ow Telephone: 503-791-0536
Site Address: 39702 Burnside Loop	City: Astoria Zip Code: 97103
County: Clatsop Lot Size: 0.77 Ac	
Legal Description: Taxlot Key: 80816DC0	0301 Account #: 20049
Age of wastewater treatment system No DEQ (years) Is th	ere a service contract for system components? No
Date the septic tank was last pumped Unknown (please a	
Number of people occupying dwelling 2 If un	
Was this section completed by the evaluator because owner	
The above information is true and to the best of my known	
July 30, 2019	No DEQ Documentation file
Date (MM/DD/YYYY)	Signature of Owner, or agent if present
Name of person performing evaluation (please print):	Paul McDonald
Certification: Installer Maintenance Provider National Association of Wastewater Technicians Other: DEQ approved in writing (please describe) RM 123	Professional Engineer Environmental Health Specialist Waste Water Specialist
Certification Number: RM 123	-
Business name Ed's Septic Tank Cleaning Service LLC	Email eds_septic@yahoo.com
Business address 808 Glasgow Ave Astoria, Oregon	
Date of Evaluation: July 30, 2019	(MM/DD/YYYY)
I hereby certify, by my signature, that I meet all of the q system evaluations in the state of Oregon pursuant to O	
July 30, 2019	
Date (MM/DD/YYYY)	Signature of Qualified Septic System Evaluator

egon	Department of Environmental Quality
1.	General System Information The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you the septic system evaluator) are unable to answer any of the questions on this form please indicate, writing, why this information was not available at the time the evaluation was completed.
•	The existing septic system consists of (check all that apply):
	Septic Tank
a se	te: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with sepage pit system on lots that are too small to accommodate a standard system or other alternative site system. ere is a permit for the septic system Yes No Unknown
•	Permit Number(s)
0	Year original septic system installed:(YYYY) No record of installation date
0	Dates of subsequent repairs or alterations:(YYYY)
•	All plumbing fixtures are connected to the septic system Yes No Unknown
	If you answered "No" or "unknown," please describe below:
•	Additional Comments:
2.	Overall Septic System Status
0	Discharge of sewage to the ground surface Yes No None observed
•	Discharge of sewage to surface waters Yes None observed
0	Sewage backup into plumbing fixtures Yes No Unknown
•	Additional Comments:
3.	Septic tank
In o	rder to fully describe the condition of the tank, the septic tank may need to be pumped. Please
indi	cate below if the septic system tank was pumped during the course of <i>this</i> evaluation. Septic tank was pumped during the course of <i>this</i> evaluation Yes No
	If the septic tank was NOT pumped during the course of this evaluation, please explain (e.g.
0	If the septic tank was 1401 pumped during the course of this evaluation, please explain (e.g.

septic system owner declined to have the tank pumped etc):

Oregon	Department of Environmental Quality
	A. CEN
	CLAND VED
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
•	The septic tank material is:
	The septic tank material is:  Concrete Steel Plastic Piberglass Other (explain) Unknown Is the septic tank accessible? X Yes No
-	
•	Septic tank volume in gallons 750
•	Tank volume determined by: Check all that apply, add comments below as needed
	Permit Records Measured Stamped on Tank Other
•	Septic tank risers are at ground level Yes No
0	Tank appears to be free from defects, leaking and signs of deterioration \(\begin{align*} \text{Yes}  \text{No} \\ \text{No} \\ \text{No} \\ \text{Tank appears to be free from defects, leaking and signs of deterioration \(\begin{align*} \text{Yes}  \text{No} \\
	If you answered "No," please describe the condition of the septic tank below. For example,
	evidence of gas corrosion, cracks, leaks, etc.
•	Septic tank lid(s) is intact Yes No
•	Septic tank baffles are intact: Inlet ⊠Yes ☐No Outlet ☑Yes ☐No
•	Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal (TARAC
	Effluent filter is present Yes No
•	Effluent filter is free of debris Yes No No Not Applicable
•	Liquid level in tank relative to invert of outlet At Above Below
	If above or below invert outlet, please explain:
•	Scum layer 3 (inches) Sludge layer 3 (inches)
•	Scum and Sludge layer more than 35% of the total tank volume Yes No
	Indicate where sludge measured from: Inlet Middle Outlet
•	Additional Comments:
4.	Dosing tank / Pump Basin
,	Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.
•	The septic system has a dosing tank Yes No
	(If "No," skip the rest of section 4)
	At the time of this evaluation the power was on to test the pump(s): Yes No

Oregon Department of Environmental Quality

•	Dosing tank capacity(gallons)  Tank volume determined by: Check all that apply, add comments below as needed  Permit Records Measured Stamped on Tank Other  Dosing tank material
6	Tank volume determined by: Check all that apply, add comments below as needed
	Permit Records Measured Stamped on Tank Other
•	Dosing tank material
9	Dosing tank appears to be watertight and in good condition Yes No
9	Dosing tank lid is intact Yes No
	Electrical components are sealed and watertight Yes No
•	Pump/ siphon is functional Yes No
•	Type of Pump Demand dose Time dose
٥	Pump control mechanism is functional (floats, pressure transducer) Yes No
•	There is a high water alarm Yes No
0	The high water alarm (audible and visual) is working Yes No Not Applicable
•	Type of screen
•	Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
0	Scum/ sludge present in Dosing tank Yes No
6	Scum layer(inches) Sludge layer(inches)
9	Additional Comments:
r	
5.	Soil absorption system  The soil absorption system is a set of trenches that receives effluent from the septic tank and
	filters the effluent before it enters the groundwater.
	The septic system has a soil absorption system Yes _No _Unknown
•	Was the soil absorption system part of the evaluation? XYes No See note below
0	If the soil absorption system was not evaluated, please explain below (for example unable to
	locate, client did not authorize this part of the evaluation):
0	Absorption distribution Equal Serial Pressure Equal via pressure
•	Absorption lines construction material:
V	Gravel and pipe
•	Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
	Intact Damaged N/A
•	Absorption distribution unit(s) are free of debris or solids , Yes No N/A

gon	Department of Environmental Quality
•	Locate all drain lines in soil absorption system Yes No  Total length of drain lines 60 (ft)  Lengths determined by Physically uncovering portions of system/probing Written records  Fish tape Electronic locator camera  Absorption area appears to be free from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.  Yes No  If you answered "No," please describe below:
•	Absorption area appears to be free from surface water runoff and down spouts Yes No
0	Evidence of ponding in absorption area or distribution unit(s) Yes No
•	The soil absorption system replacement area assigned in the permit record appears to be intact:
	Yes No Replacement area not identified in permit record
	If you answered "No," please explain below:
9	Additional Comments:
6.	Sand Filter System  There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system permitted on or after January 2, 2014 must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form.
9	The septic system has a sand filter Yes XNo
	(If "No," skip the rest of section 6)
0	Type of sand filter
	☐ Intermittent ☐ Recirculating ☐ Bottomless
9	Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

Department of Environmental Quality

Sand filter unit appears to be free from roads, vehicular traffic, structures, livestock, deep-robbid

Co. Phys. Phys. Co. Phys. Sand filter appears to be free from surface water runoff and down spouts Yes No Evidence of ponding in/ on sand filter media surface Yes No Surface access to manifold and valves Yes No Monitoring ports are present Yes No Lateral lines flushed and equal distribution verified Yes No The sand filter has a pump Yes No (If "No", skip the rest of section 6) Pump vault appears to be watertight and in good condition Yes No N/A Pump is functional Yes No Pump control mechanism is functional (floats, pressure transducer) Yes No High water alarm in pump vault (audible and visual) is working Yes No Pump electrical components are sealed and watertight Yes No Additional Comments: 7. Alternative Treatment Technology System The owner of an ATT system must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. Please attach copies of the previous two years of maintenance records to this evaluation form. Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit. The septic system has an Alternative Treatment Technology (ATT) Yes No (If "No," skip the rest of section 7) Please provide the product name, system ID number, and manufacturer name below: Product name System ID number Manufacturer name

Oregon Department of Environmental Quality

Department to locate these items.  The septic system permit(s) to this form, if available  The as-built drawing(s) to this form, if available  The Certificate of Satisfactory Completion to this form, if available  Additional Comments:	Iealth
Please attach a copy of the following items to this form. Contact the DEQ, or the local Heal Department to locate these items.  The septic system permit(s) to this form, if available The as-built drawing(s) to this form, if available The Certificate of Satisfactory Completion to this form, if available Additional Comments:  Provide a Site Plan Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is not available Please provide a sketch of the complete system on page 8 of this form if the original "as-build drawing is not accurate or representative of the existing system.  If the original "as-built" drawing is available for copy, and the original appears to be accurate	Iealth
If you answered "No," please explain below:    Additional Comments:	Iealth
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redrawing the system is unnecessary.	
Additional Comments:	
see Map	
Disclaimer:	
This evaluation report describes the septic system as it exists on the date of evaluation and to	
extent that components and operation of the system are reasonably observable. DEQ recognize	d to the
that this evaluation report does not provide assurance or any warranty that the system will op	gnizes
properly in the future.	gnizes
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this form are accurate and true to the best of my knowledge.	gnizes I operate
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ATSOP COUNTY

#### CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET

P. O. BOX 206, ASTORIA, OREGON 97103

TELEPHONE 325 XXXI EXT. 30

April 1,1977

808-1600-301

Mr. Richard D. Crow Route 2, Box 395 Astoria, Oregon 97103

Re: DEQ Subsurface Sewage Construction Permit. #76-61

Dear Mr. Crows

On April 22,1977 the Subsurface Sewage Construction Permit issued to you one year ago will expire. If you intend to install a subsurface sewage system under your current permit, it must be completed prior to the above captioned date. If you cannot install your subsurface sewage system prior to this expiration date, an extension permit is required as outlined in ORS 454. 745. This same statute establishes a \$15.00 maximum fee for the extension permit. As with the original DEQ permit, this extension permit is valid for one year from date of issue.

If this office does not hear from you regarding this matter, your expired permit application will be filed for future reference.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

BRUCE MASON

Clatsop County Sanitarian

BM: ks

POSED SUBSURFACE SEWAGE DISP L SYSTEM
Installer: Complete top part of form to
signature and submit both copies with
application.

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# ATSOP COUNTY

#### CLATSOP COUNTY HEALTH DEPARTMENT

657 COMMERCIAL STREET
P. O. BOX 206. ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

April 9, 1976

Mr. & Mrs. Richard D. Crow Route 2, Box 395 Astoria, Oregon 97103

RE: 5J-03, 808, 16DC - 301

Dear Mr. Crow:

On April 6, 1976, this department made an evaluation of the above referenced lot so that we might be able to determine the feasibility relative to subsurface sewage disposal.

The soil structure is acceptable in structure and texture, and displays very good absorptive qualities.

In designing a subsurface disposal system for your meat cutting operation we will recommend:

- 1) 750 gallon tank @ 5' from foundation.
- 2) Two 50! drainfield lines; 24"-36" in depth.
- 3) Place the drainfield in the area discussed.
- 4) Submit a plot plan and obtain a sewage disposal construction permit through this office prior to construction.
- 5) This approval is void if in conflict with any local building or planning regulation.

Sincerely,

Bill D. Mason, R. S.

Clatsop County Sanitarian

BDM/jmd

# State of Oregon DEPARTMENT OF ENVIRONMENTAL QUALITY

#### CERTIFICATE

# OF FAVORABLE SITE EVALUATION FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

(Not a permit for construction)

5J-03 808 160C-301

This is to certify that the following described property

has been evaluated on 1976 subsurface sewage disposal system in accordance with of the Environmental Quality Commission promulgate	
This approval is given on the basis that the lot of tioned or subdivided and that conditions on subject of manner which would prohibit issuance of a permit und division, partitioning or alteration voids this certificat	der the statutes and rules noted above. Any such sub-
The subsurface sewage disposal system is to be	located on the above-described property as follows:
The substitute sewage disposal system is to be	
men Hear	
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A system to be located anywhere on the lot or additional site evaluation along with an additional fe	parcel other than as described above will require an
This certification is valid until a subsurface sewa	ge disposal system is installed pursuant to a permit
bursuant to Commission rules, with written notice the	
he then owners according to Department records or the Subject to the foregoing, this certification runs with	
owners of the land.	and and will automatically benefit subsequent
Ssued: April 8 1976	
Richard O Cross	
Co: Landowner Landowner	
M. 2 DOX 3 95 Address	$\mathcal{L} = \mathcal{L} = \mathcal{L} = \mathcal{L}$
Astoca Or 97103	By Della Marca To
City State Zip	DEQ or Contract Agent

