

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.

Yvonne Van Nostran

Environmental Health Specialist

9/12/2019

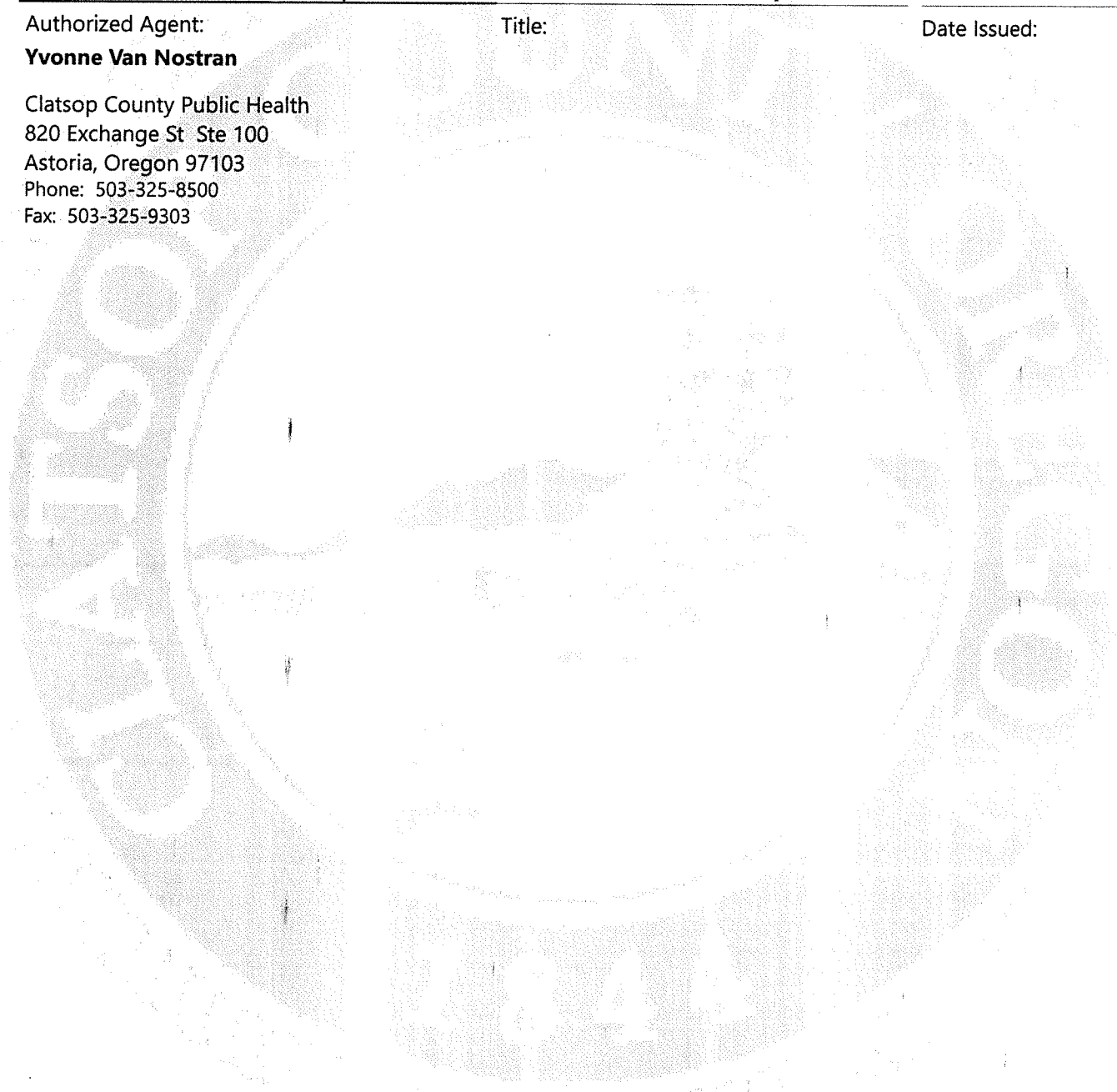
Authorized Agent:

Title:

Date Issued:

Yvonne Van Nostran

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 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: **Crow Richard D/Ellen A**
Property Address: **39702 Burnside Loop, Astoria**
Township **8** Range **08** Section **16DC** Tax Lot(s) **00301**

RECEIVED
SEP 11 2019
CLATSOP CO. PUBLIC HEALTH

Section 2: System Component Specifications: System Type:

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 CONCRETE Date 9/6/19
Tanks(2) Volume N/A Compartments _____ Manufacturer _____ Date _____
Pumps: HP N/A Model/Manuf _____ Float(s)Type(1) _____ Model/Manuf _____
Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter 4" ASTM#Other ABS Length 5FT
Pressure Transport Pipe Yes No Diameter _____ ASTM#Other _____ Length _____

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

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By J. Van Notten
Permit No. 501391
Date 9/12/19

D. Drainfield Media

Type: Gravel, Pipe or Alternative? 18yds DEQ DRAIN ROCK
Distribution Box Yes No
Drop Box Yes No
Distribution Pipe Yes No Diameter 4" ASTM#Other PVC D3034 Length 225 FT
Comment: 2-24" RISERS W/LDS; FILTER FABRIC

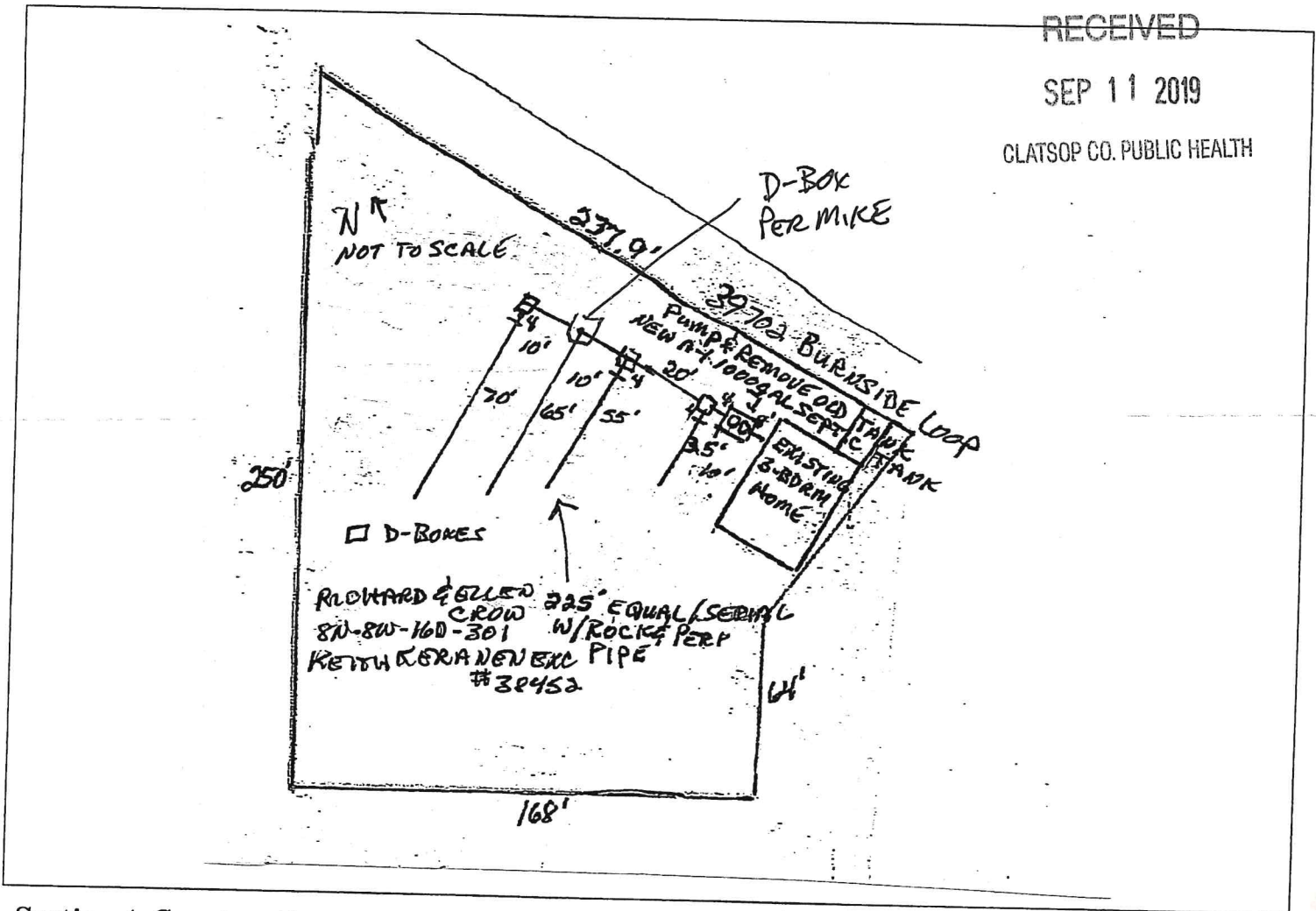
Section 3: As Built Plan of the Constructed System

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.

RECEIVED

SEP 11 2019

CLATSOP CO. PUBLIC HEALTH



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: KEITH KERANEN EXC
 Licensed Installer Yes No License # 38452 Certification # I182
 Owner/Certified Installer Signature [Signature] Date _____
 Phone 503-717-2200 Phone _____ Email _____

Section 5: Office Use Only

Notice Accepted Yes No Date 09/11/19
 Installer /Owner /Permittee Notified Yes No Date 09/11/19
 If no, reason for non-acceptance _____

*Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By Y. Van Nostran
 Permit No. 501391
 Date 9/2/19*

Comment final inspection 09/12/19, approved to cover; photo of added d-box to be sent



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

mmcnickie@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED

SEP 11 2019

CLATSOP CO. 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 tank is no longer in use. Please return the following form along 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 septage.
- 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 & ELLEN CROW

Septic Tank Location: 39702 BURNSIDE LOOP

Legal Description: T 8th R 8th S 1st Lot 301

Date Tank Pumped: 9-4-19

By: Complete Sewer Service License #: 37864
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: N/A Date: _____
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: George Owen Date: 9/5/19
(signature of operator/owner)

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By J. Van Nostran
Permit No. 50139
Date 9/12/19

Mike McNickle

Authorized Agent:

Mike McNickle

Title:

Environmental Health Supervisor

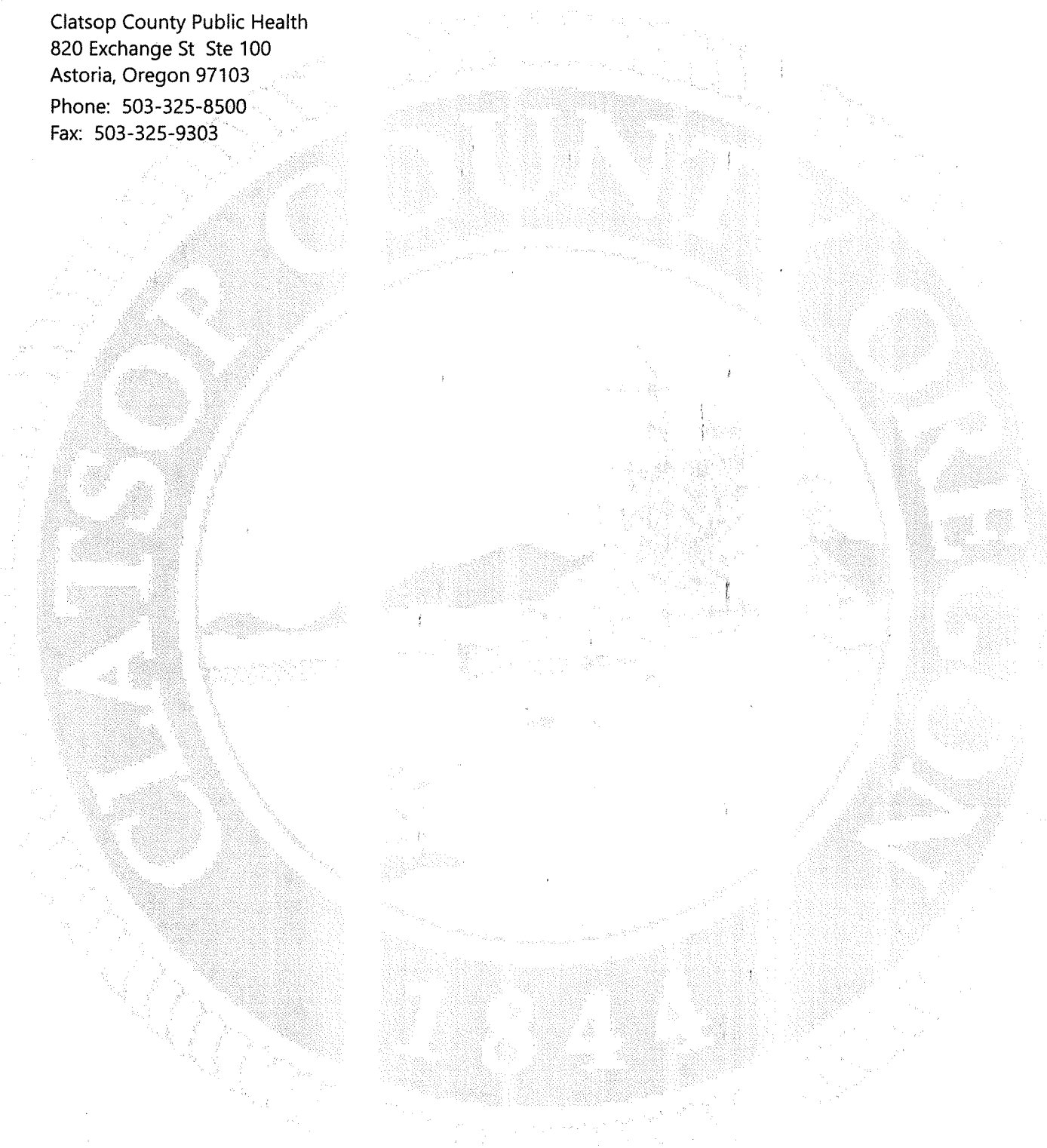
Date Issued:

8/28/2019

Expiration Date:

8/28/2020

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





6/19/19

16E105A



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

(Pd) CK# 4330
\$ 660.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

RICHARD & ELLEN CROW 39702 BURNSIDE LOOP ASTORIA, OR 97103 503-791-0536
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8N 8W 16DC 301 20049 .77
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP
County Subdivision Name Lot Block

Property Address: 39702 BURNSIDE LOOP ASTORIA, OR 97103
(Street, City, State, Zip)

Directions to Property GO EAST ON HWY 30 TO 2ND BURNSIDE LOOP, TURN LEFT GO 1/2 MILE.

PROPERTY ON LFT

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[X] Single Family Residence [] Single Family Residence [X] Public BURNSIDE WATER
Number of Bedrooms Number of Bedrooms Name ASSOCIATION
[] Other [] Other [] Private
Well, Spring, Shared

D. Type of Application

- [] Site Evaluation [] Renewal Permit [] Authorization Notice for:
[] Construction [] Existing System Evaluation [] Connecting to an Existing System Not in Use
[X] Permit Repair [] Permit Transfer [] Replacing a Mobile Home or House with Another
[X] Major tank & drainfield [] Permit Reinstatement [] Mobile Home or House
[] Minor [] Other-Please Specify
[] Alteration Permit [] Major [] The Addition of One or More Bedrooms
[] Minor [] Temporary Housing

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 George Owen Date 8/21/19

Applicant's Name (Please Print Legibly) GEORGE OWEN Applicant's Phone 503-717-8681 Applicant's E-Mail Address GNTLMAN GEORGE@GMAIL.COM

Applicant's Mailing Address 89647 MANION DR WARRENTON, OR 97146

Applicant is the [] Owner [X] Authorized Representative [X] Licensed Septic Installer
[] Authorization Attached [X] Installation Attached
Installers Name KETH KERANEN EXC #38452



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

RECEIVED

AUG 21 2019

CLATSOP CO. PUBLIC HEALTH

#501391

Notice Authorizing Representative

I, RICHARD & ELLEN CROW, have authorized
(Property Owner - Please Print)

GEORGE OWEN To act as my agent in performing
(Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

39702 BURNSIDE LOOP

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 8N Range 10W Section 16DC Tax Lot 301

Map ID _____

Township _____ Range _____ Section _____ Tax Lot _____

Map ID _____

PROPERTY OWNER:

Name: RICHARD & ELLEN CROW

Email: _____

Mail Address: 39702 BURNSIDE LOOP

City/State/Zip ASTORIA, OR 97103

Phone: 503-791-0536

FAX: _____

*Signature Richard Crow
DocuSigned by: Richard Crow
E4BEDD2399A14D0...

Date: 8/16/2019

Ellen Crow
DocuSigned by: Ellen Crow
E4BEDD2399A14D0...

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN

Email: GNTLMAN GEORGE @ GMAIL . COM

Mail Address: 89647 MADISON DR

City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681

FAX: 503-717-8681

Signature: George M. Owen

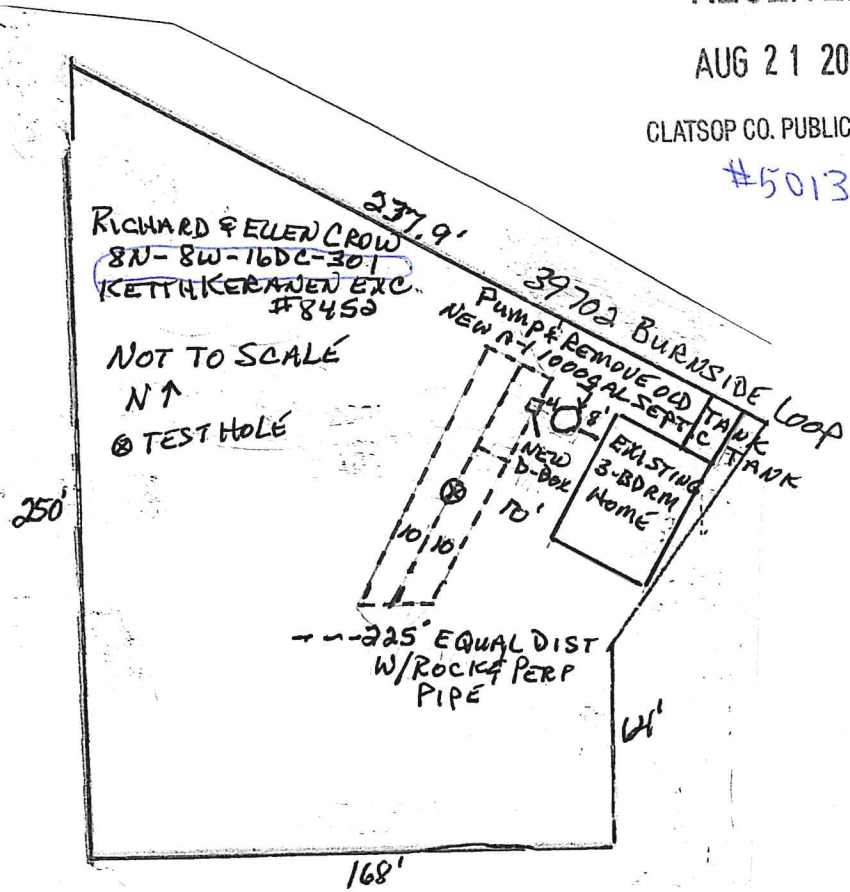
Date: 8/16/19

RECEIVED

AUG 21 2019

CLATSOP CO. PUBLIC HEALTH

#501391

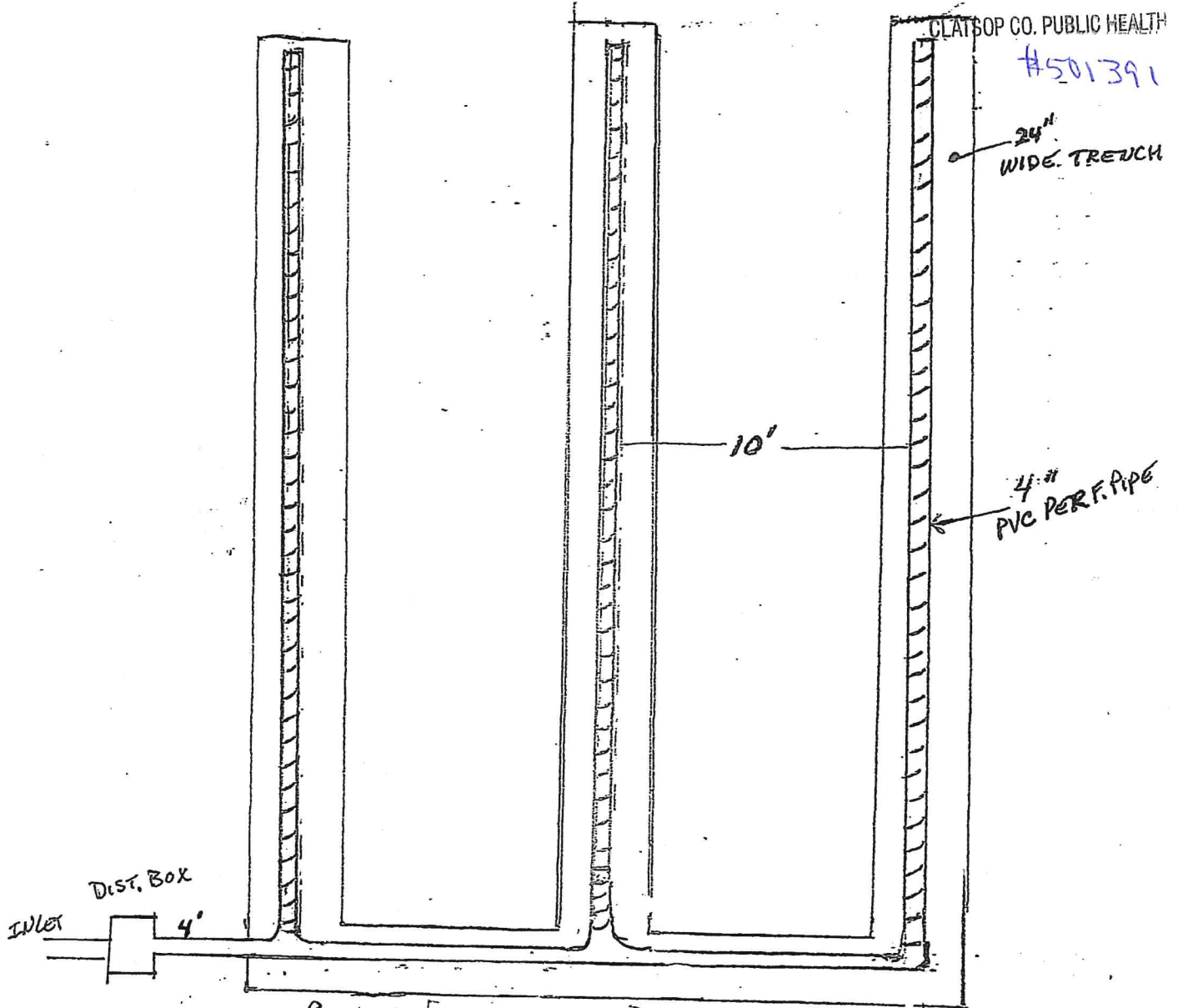


RECEIVED

AUG 21 2019

CLATSOP CO. PUBLIC HEALTH

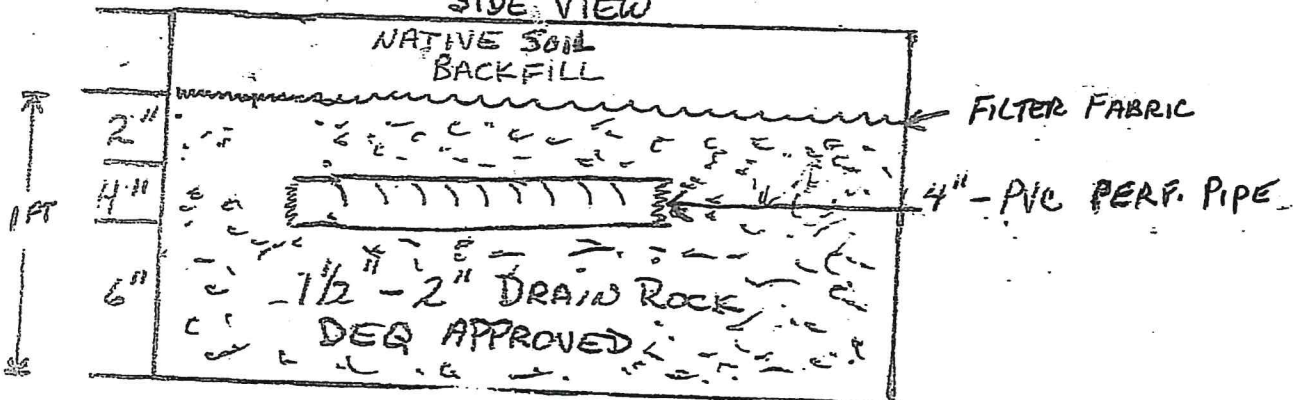
#501391



RICHARD & ELLEN CROW
8N-8N-16DC-301

EQUAL DISTRIBUTION
GRAVITY DRAIN FIELD
W/ 4" PVC PERF. DRAIN PIPE
& DEQ DRAIN ROCK

SIDE VIEW



RECEIVED

AUG 21 2019

CLATSOP CO. PUBLIC HEALTH

#501391

PARTS LIST

Richard & Ellen Crow

39702 Burnside Loop

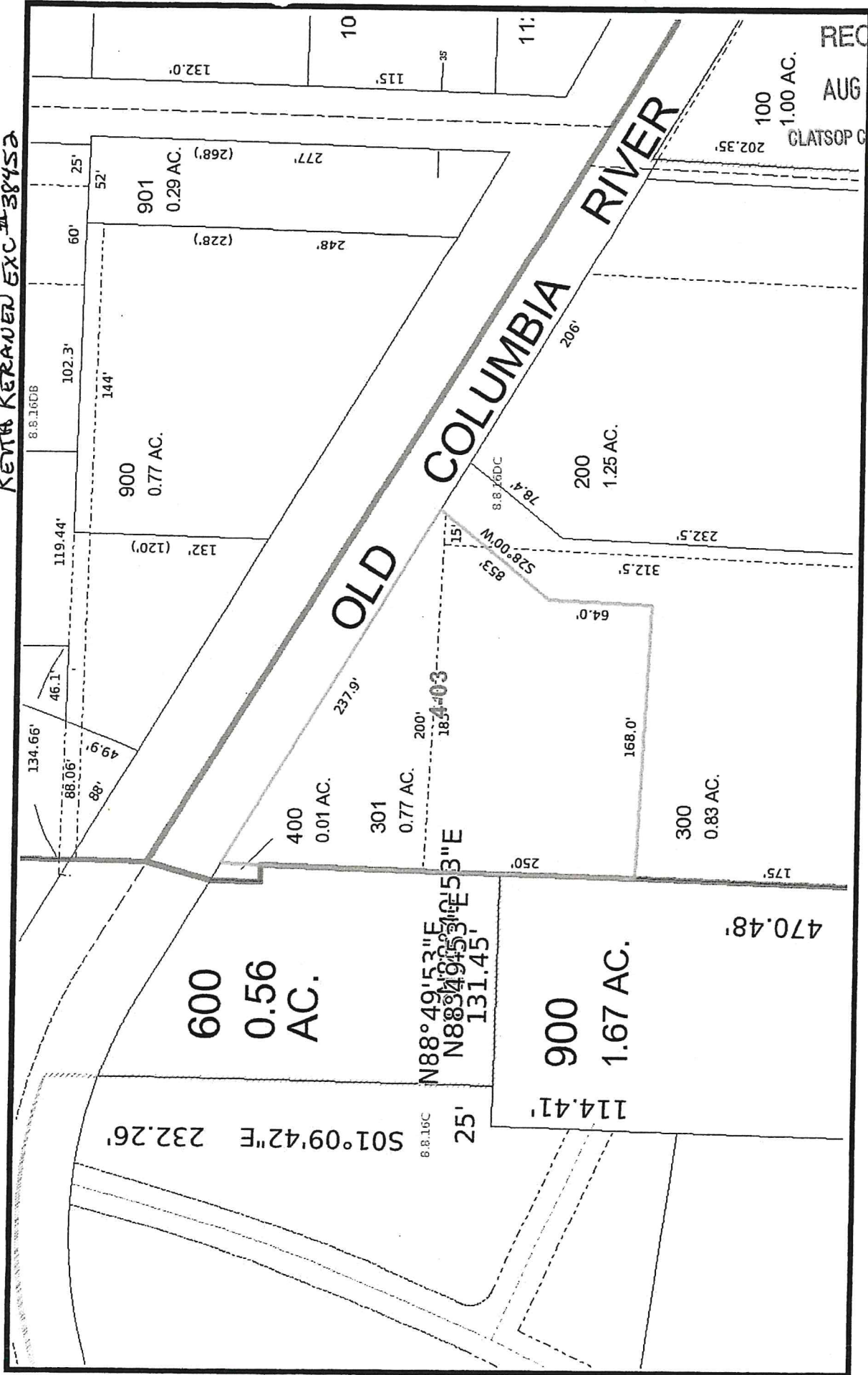
8N-8W-16DC-301

- 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**

Map

RICHARD FELLEW CROW
82-BW-16 DC-301

KENTA KERANED EXC. #38452



RECEIVED
AUG 21 2019



CLATSOP CO. PUBLIC HEALTH

#501391

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.



8-8-16 AC-301 = DA



Septic Application

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

For Department Use Only

Permit #: 501391
 Permit Type: Repair Permit
 Entry Date: 8/21/2019
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/21/2019

Work Description

Work Description:

Remarks:

Owner

Name: **Crow Richard D/Ellen A** Ph. #: (503) 791-0536 Cell: () -
 Address: 39702 Burnside Loop E-Mail: Fax: () -
 City, State, Zip: Astoria, OR 97103-8230

Applicant

George Owen Ph. 5037178681 Fax
 89647 Manion Dr Cell E-Mail
 Warrenton, OR 97146

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	\$551.00	\$100.00	\$0.00	\$9.00	\$660.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
KEITH KERANEN EXCAVATING	Check	4330	08/21/2019	\$660.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: *George Owen* **Date:** 8/21/19
Owner Signature: _____ **Date:** _____



Existing System Evaluation Report for Onsite Wastewater Systems

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

RECEIVED
AUG 21 2019
CLATSOP CO. PUBLIC HEALTH

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/deq/Residential/Pages/Septic-Smart.aspx>.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Richard D & Ellen A Crow Telephone: 503-791-0536

Site Address: 39702 Burnside Loop City: Astoria Zip Code: 97103

County: Clatsop Lot Size: 0.77 Acres Acres/Square Feet (circle units)

Legal Description: Taxlot Key: 80816DC00301 Account #: 20049

Age of wastewater treatment system No DEQ (years) Is there a service contract for system components? No

Date the septic tank was last pumped Unknown (please attach receipt if available)

Number of people occupying dwelling 2 If unoccupied, for how long has it been vacant? N/A

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

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) _____
- 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

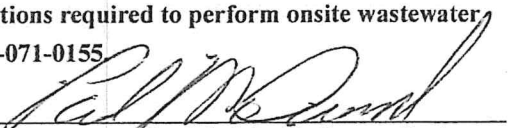
Business address 808 Glasgow Ave Astoria, Oregon 97103 Phone 503-458-6521

Date of Evaluation: July 30, 2019 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

July 30, 2019

Date (MM/DD/YYYY)


Signature of Qualified Septic System Evaluator

RECEIVED
AUG 7 2019
CLATSOP CO PUBLIC HEALTH

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, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) _____
- Year original septic system installed: _____ (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: unknown (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**

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown
- Additional Comments:

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

RECEIVED
AUG 7 1 2019
CLATSOP CO. PUBLIC HEALTH

• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

• Is the septic tank accessible? 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

• Tank appears to be free from defects, leaking and signs of deterioration Yes 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 TARACON
Effluent filter is present Yes No

• Effluent filter is free of debris Yes 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 2 (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

RECEIVED
AUG 21 2019
CLATSOP CO. PUBLIC HEALTH

- 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 _____
- Dosing tank appears to be watertight and in good condition Yes No
- 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
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- 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
- Scum/ sludge present in Dosing tank Yes No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

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? Yes No See note below
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):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- 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

RECEIVED
AUG 21 2019
CLATSOP COUNTY PUBLIC HEALTH

- 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

- 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:

- 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.**

- The septic system has a sand filter Yes No

(If "No," skip the rest of section 6)

- Type of sand filter

Intermittent
 Recirculating
 Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

RECEIVED
AUG 21 2019
CLATSOP CO. PUBLIC HEALTH

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.
 Yes No

If you answered "No," please describe below:

- 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 _____

RECEIVED
AUG 21 2019
CLATSOP CO. PUBLIC HEALTH

- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health 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:

none on Record

9. **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-built" 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 and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

see Map

10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

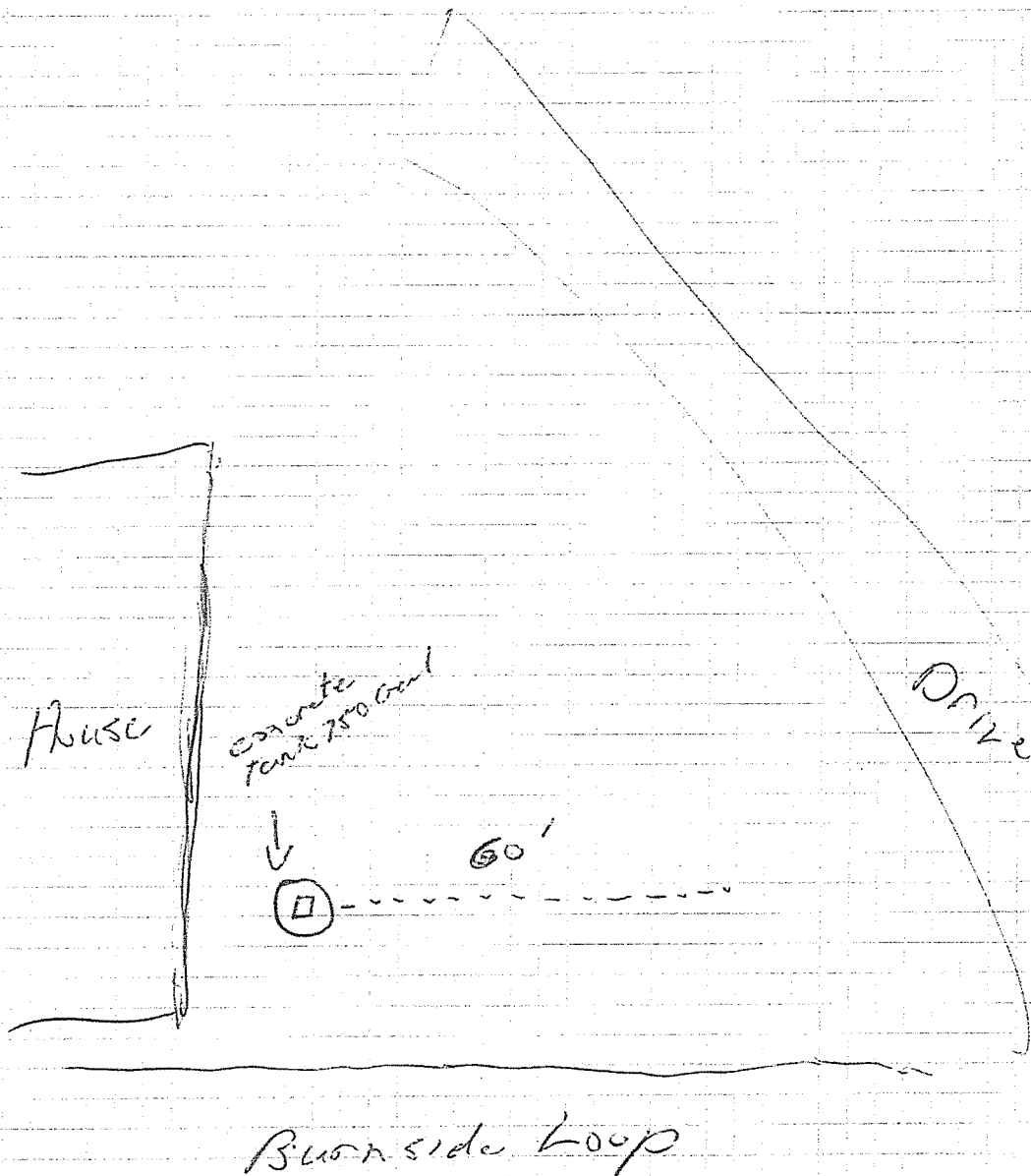
- 11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

7/30/19
Date

[Signature]
Signature of Qualified Septic System Evaluator

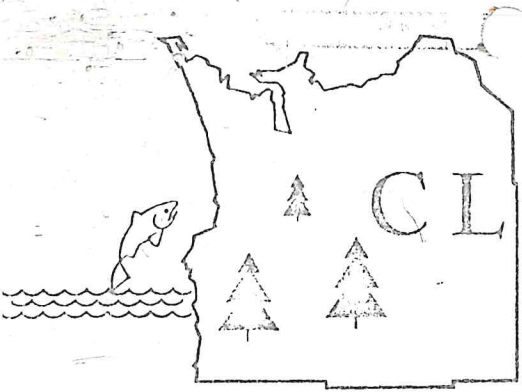
RECEIVED
August 27 2019
STATE OF OREGON
DEPARTMENT OF PUBLIC HEALTH

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). Draw to scale and indicate the direction north.



808-16DC-301

file



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-XXXX EXT. 30

7441

April 1, 1977

808-16DC-301

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

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

Dear Mr. Crow:

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.

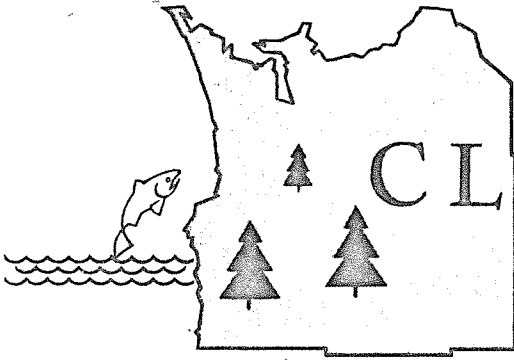
If this office does not hear from you regarding this matter, your expired permit application will be filed for future reference.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

BRUCE MASON
Clatsop County Sanitarian

BM:ks



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 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 sub-surface 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)

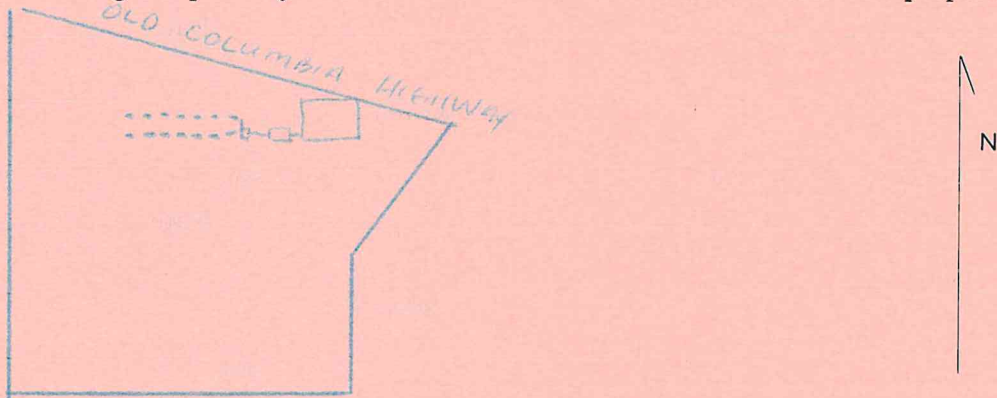
This is to certify that the following described property

5J-03 808 160C-301

has been evaluated on April 6, 1976 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Clatsop County Health Department or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: April 8, 1976
Date

To: Richard D. Crow
Landowner

Rt. 2 Box 395
Address

Astoria, Or. 97103
City State Zip

By Lillian Mason
DEQ or Contract Agent



See Map 8

See Map 8 8 16

5J-03

343

RE-LOC

COLUMBIA RIVER

RIVER

HWY