

## 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 OS405422 as follows:

### PROPERTY INFORMATION

Property Owner: **Robert Tikkala** Township 08N, Range 08W, Section 20  
Property Location: **Astoria** Tax Lot 602  
Facility Type: **Single Family Dwelling** Clatsop County  
**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: **375 Linear feet**  
Trench Spacing: **8 feet\***  
Media Type: **Equalizer 24**  
Maximum Trench Depth: **36 inches**  
Minimum Trench Depth: **24 inches**

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referred to herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

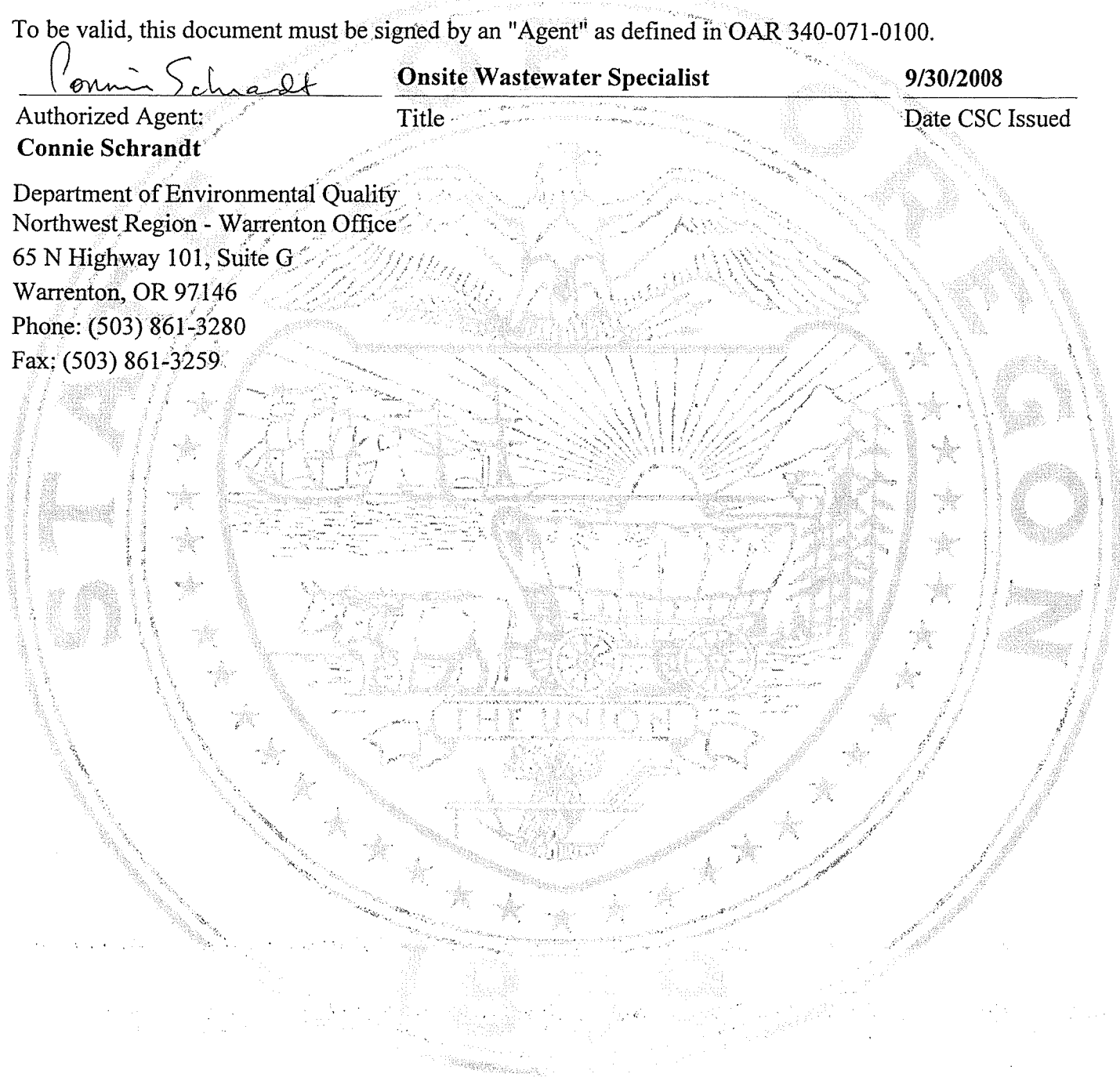
Pre-Cover Inspection Waived by Connie Schrandt on 9/30/2008

Installer Name: Robert E. Martens: dba Robert Martens Excavation  
Certificate Issued by Operation of Law.

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

<i>Connie Schrandt</i>	<b>Onsite Wastewater Specialist</b>	<b>9/30/2008</b>
Authorized Agent:	Title	Date CSC Issued
<b>Connie Schrandt</b>		

Department of Environmental Quality  
Northwest Region - Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259



State of Oregon  
Department of Environmental Quality (DEQ)

SEP 29 2008

Final Inspection Request and Notice - Onsite ID: 405422

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 EAST BRANCH OFFICE  
WARRENTON

SECTION 1: Owner Information:

Robert Tikkala

Township 08N, Range 08W, Section 20  
Clatsop County TaxLot#: Tax Lot 602  
Astoria

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

Material Categories:	Brand Name:	Size:	Specifications	Amount of Material:
Pump(s):				
Distribution Pipe:				
Effluent Sewer Pipe:	PVC	4"	3034	6 FT
Drain Media Type(s):	Infiltrator	4'	Quik 4	390 FT
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: Robert Tikkala

( ) Sewage Disposal Service Business: Robert Martens Excavation 37547  
(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: 9-27-08 Date System Construction Completed: 9-28-08

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).

Robert E. Martens President J 725 9-29-08  
(System Installer's Signature-Property Owner or Certified (Title) (Cert. #) (Date)  
Installer with Certification Number)

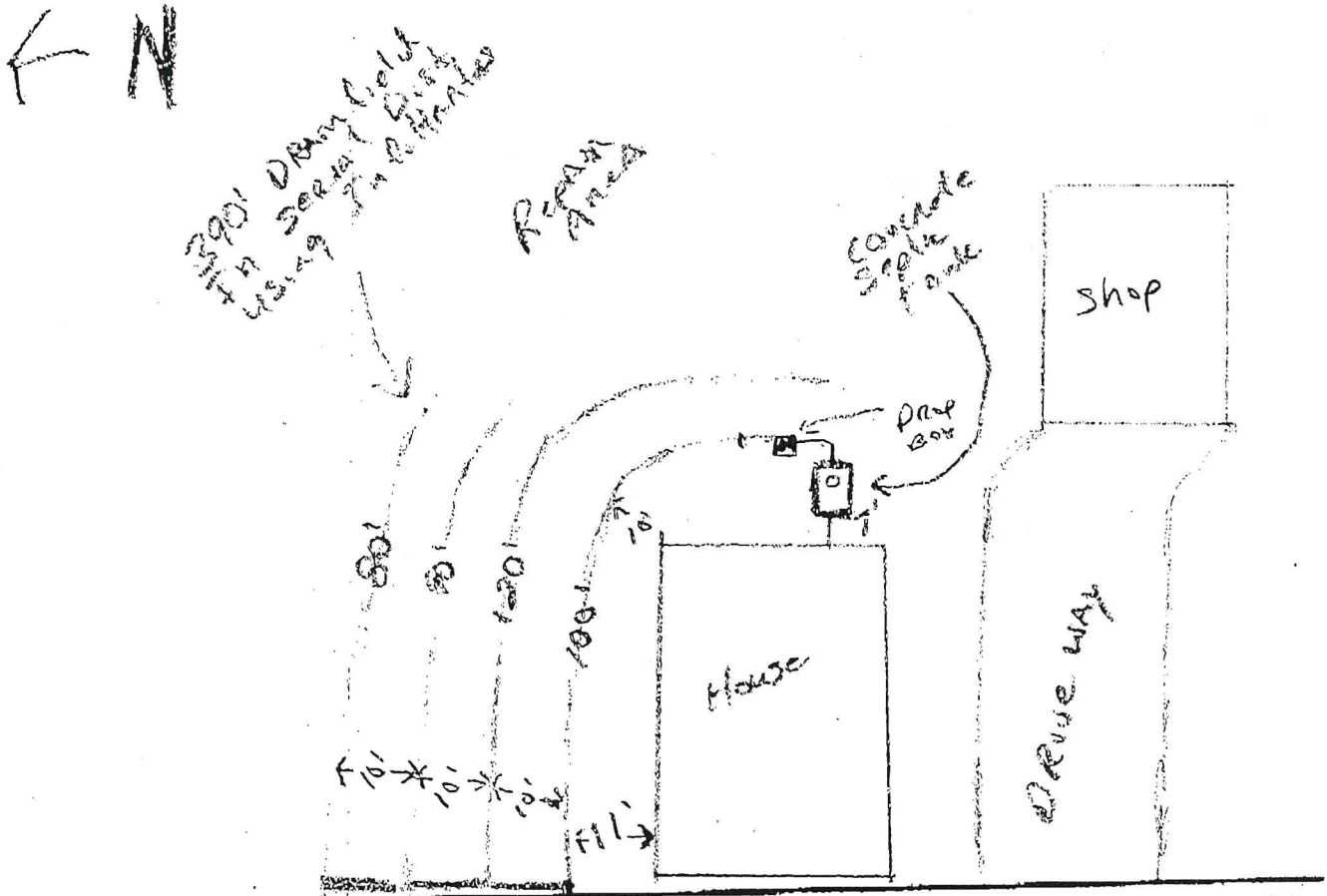
Installers Contact Phone Number: Office/Home 503 325 0615 Cell 503 440 2729

**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.

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

SEP 29 2008

NORTH COAST BRANCH OFFICE  
WARRENTON



**SECTION 5 - Office Use Only:** Notice Review Date: 9-30-08 Notice Accepted: Yes (X) No ( )

If No, Reason for Non Acceptance: \_\_\_\_\_

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

Date and time of notification: 9-30-08 9:00 am/pm Additional Comments: \_\_\_\_\_

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 40114 Hwy 30 City: ASTORIA
Owner: ROBERT TRKKALA Phone: 503-438-7140
Owner's Address: 93011 ENVY STATION ASTORIA OR 97103
Agent:
Proposed Development/Construction: Pole Barn

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

Legal Description: T 8 R 8 SEC 20 Tax lot(s) 602
Permit Needed - Yes ( ) No (x) Site Approved - Yes (x) No ( )
Signature: T. Schell Date: 7/24/08
Remarks: Onsite permit #405422
Pole barn - no plumbing

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 LAND USE PLANNING DEPARTMENT (to be filled out and signed by Land Use Planning):

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 Land Use Planning, 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.

# 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: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Proposed Development/Construction: \_\_\_\_\_

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

Legal Description: T 8 R 8 SEC 20 Tax lot(s) 1002  
Permit Needed - Yes () No ( ) Site Approved - Yes () No ( )  
Signature: V. Schell Date: 12/31/07  
Remarks: OS #405422

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.



**INSPECTION REQUIREMENTS**

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

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

<u>Connie Schrandt</u>	<u>Onsite Wastewater Specialist</u>	<u>12/28/2007</u>	<u>12/28/2008</u>
Authorized Agent:	Title	Date Issued	Expiration Date

**Connie Schrandt**

Department of Environmental Quality  
Northwest Region, Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



# 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.

Tikkala

8-8-20-602



Well to be  
drilled this  
way min 125'

more than 10' ft  
to property line

Repair Area  
220 ft stakes  
out SAND FILTER  
for Replacement  
AREA

concrete  
DRAP  
BOX

1000 Gal  
Well Gray  
concrete  
septic tank

Ground  
Elev

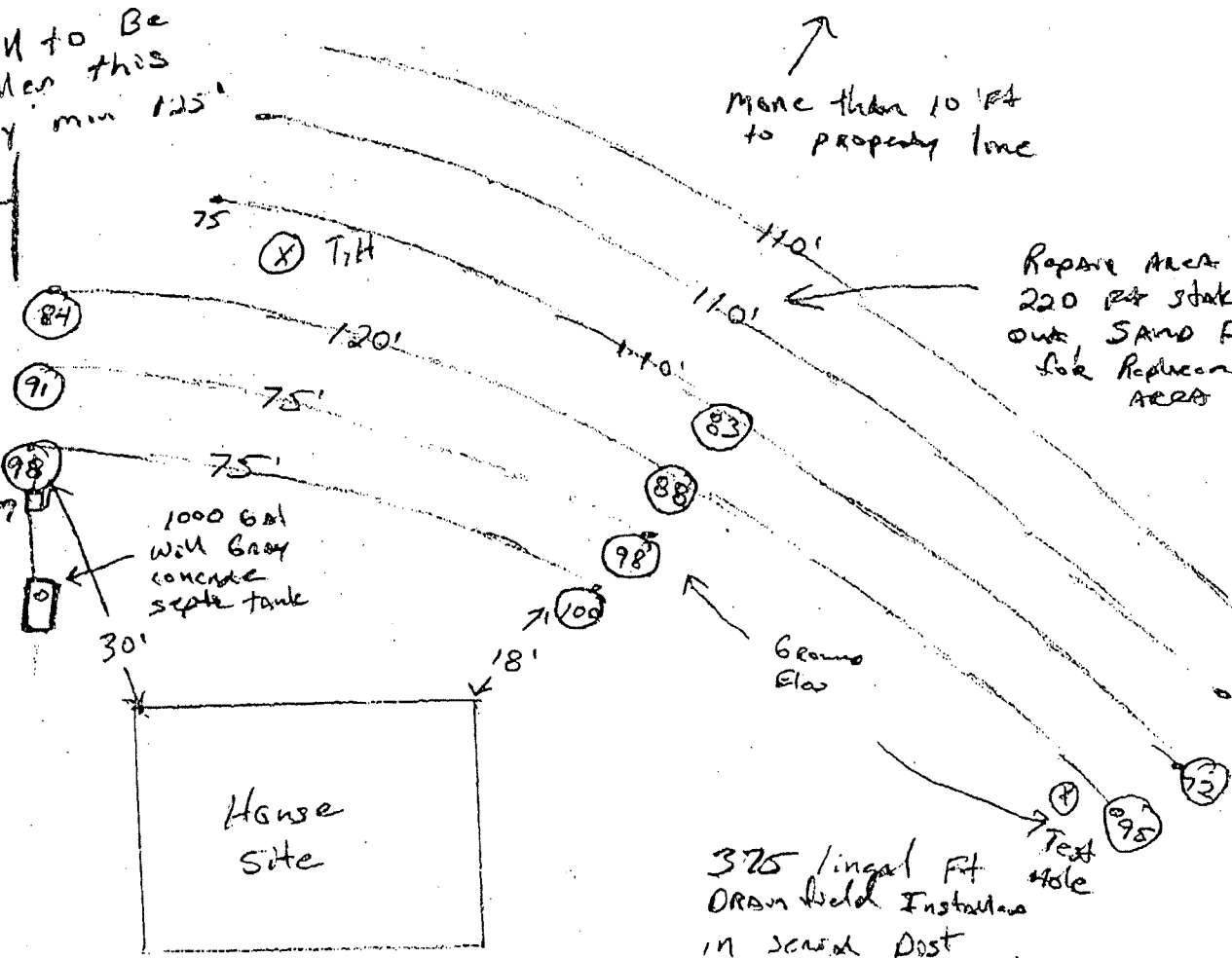
House  
site

375 linear Ft  
DRAP field Installation  
in sand dust  
no deeper than 36"  
using Infiltrates

**APPROVED**

Connie M. Schandt  
Connie M. Schandt, N.W.S.  
Lic. No. 0207100756  
12/26/07

Rest  
Mst



# Materials list

1000 Gal Willamette Graystone concrete septic  
tank with orange Fiberglass riser and lid

375 linear FT Infiltrators with end caps

1- concrete Will. Gray. Deep box

30 FT 4" 3034 Effluent pipe

40 FT 4" 2724 solid pipe

APPROVED  
Connie M. Schrandt  
Connie M. Schrandt, W.W.S.  
Lic. No. 0207760756  
12/26/07



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:

For DEQ Use Only:

Date Received 12/14/07  
Fee Paid 670<sup>05</sup>  
Receipt Number 133036  
Application Number 406202  
Date of 1st Response \_\_\_\_\_  
Date of 2nd Response \_\_\_\_\_  
Date of Final Response \_\_\_\_\_  
Date of Completion \_\_\_\_\_  
Scanned \_\_\_\_\_ Data Entry \_\_\_\_\_

## A. Property Owner Information

ROBERT T. KICK 93011 IRVINGTON AVE, ASTORIA, OR, 97103 503-458-7140  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

## B. Legal Property Description

T8 8 20 602 654  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
CLAYTON \_\_\_\_\_  
County Subdivision Name Lot Block

Property Address: \_\_\_\_\_  
Address City State Zip Code

Directions to Property: 101 TO HWY 30 GO EAST IN 2000 FT 88  
RIGHT SIDE

## C. Existing Facility / Proposed Facility / Water Information

### Existing Facility:

- Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_

### Proposed Facility:

- Single Family Residence  
3  
Number of Bedrooms  
 Other \_\_\_\_\_

### Water Supply:

- Public \_\_\_\_\_  
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.

Robert T. Kick 12-14-07  
Signature Date

ROBERT T. KICK \_\_\_\_\_  
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

Applicant's Mailing Address

- Applicant is the  Owner  Authorized Representative  
 Authorization Attached

Licensed Septic Installer

ROBERT MARTENS  
Installer's Name



**SECTION 1 - TO BE FILLED OUT BY APPLICANT** (may be filled in electronically using Tab key to move to each field)

1. Applicant Name/Property Owner: ROBERT TIKKALA  
Mailing Address: 930117th STATION Telephone: 503-458-8140  
City: ASTORIA State: OR Zip: 97123

2. Property Information:  
County: CLATSOP Tax Lot Number: 602  
Township: T&N Range: RRW Section: 20  
Property Address: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:  
 An individual, single-family dwelling.  
 Other. Describe the type of development, business, or facility and the provided services or products:  
\_\_\_\_\_  
\_\_\_\_\_

4. Permit or approval being requested:  
 On-site construction-installation permit for:  New construction  Repairs  Alterations  
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).  
 On-site Authorization Notices for:  Replacement of dwelling  Bedroom addition  
 Other changes in land use involving potential sewer flow increases

**SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL**

5. The proposed facility is located:  inside city limits  inside UGB  outside UGB  
If inside the UGB, the proposed facility is subject to:  
 City jurisdiction  County jurisdiction  Shared city/county jurisdiction

6. Property Zoning: RA-5 Zoning Minimum Parcel Size: 5 acres

7. Is a public notice and hearing required?  Yes  No Hearing Date: \_\_\_\_\_

8. Does the proposed facility comply with all applicable local land use requirements:  Yes  No  
Comments: (BHO) OVERLAY ZONE

9. Planning Official Signature: [Signature]  
Print Name: John E. [unclear] Title: PLANNER  
Telephone No.: 503-325-8111 Date: 12/14/07

\* Planning Official Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

\* Both city and county planning officials may need to sign if use is within a UGB.

Receipt Number: 133030

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



Date Received 12/14/2007

Received From **Robert Tikkala**  
(Check Name): **93011 Ivy Station Road**  
**Astoria, OR 97103**

For **T08N R08W S20**  
Property **TaxLot 602**  
At: **Clatsop County**  
**Astoria, OR 97103**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
670.00	Check	1687	96-228	670.00

Total Amount Applied \$670.00

Onsite Fees	
Base Fee:	<b>630.00</b>
Surcharge Fee:	<b>40.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$670.00</b>
Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>670.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$670.00</b>

Application Description
Application ID: <b>406202</b>
Application Type: <b>Construction-Installation Permit</b>
<b>Single Family Dwelling</b>
System Type: <b>Standard</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Receipt Amount: \$670.00

Received By:

Date of Entry:

Vicky Schiele

12/14/2007

North Coast Branch  
Office -  
Warrenton

Oregon

August 15, 1996

MR & MRS LEWIS WILSON  
RT 2 BOX 990  
ASTORIA OR 97103

DEPARTMENT OF  
ENVIRONMENTAL  
QUALITY

NORTHWEST REGION

RE: OSS- Clatsop County  
T8N, R8W, Section 20, T.L. 602, 6.54 acres  
Site Evaluation Report

Dear Mr. and Mrs. Wilson:

In response to your recent application for site evaluation, the above-described property was examined on June 13, 1996, to determine the methods of on-site sewage disposal for which it is suited. The site was found to comply with established criteria for a standard septic tank-disposal field system.

The system would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. If you expect your family's water use to exceed these flows, it is recommended that the system be made larger.

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The system will consist of 375 lineal feet of drainfield for a 4 bedroom dwelling, serial distribution with drop boxes, trenches 24 to 36 inches, maximum excavated trench depth. The system must be installed in natural soils, not in any area that has been cut, filled or modified in any other way. The approved area is the natural slope to the south of the home site area. Do not install on slopes over 30%.**

A construction-installation permit is required to install the sewage system on the approved site. Please contact the North Coast Branch Office in Warrenton at 861-3280.

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 the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

John A. Kitzhaber  
Governor



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



August 15, 1996

Page 2

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

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Cox". The signature is fluid and cursive, written in a professional style.

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

cc: North Coast Branch Office

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

T 8N R 8W S 20 TL 002 APPLICANT L+C Wilson

SIZE 0.54 Ac EVALUATOR Cox/Killingsworth DATE 6/13/96

st -stones & stony	fs -fine sand	sl -sandy loam	scl -sandy clay loam	w -weathered	pl -platy
cob -cobble & cobbly	vfs -very fine sand	fsl -fine sandy loam	cl -clay loam	fx -fractured	pr -prismatic
g -gravel & gravely	cos -loamy coarse sand	vfsl -very fine loamy sand	sicl -silty clay loam	sed -sedimentary	bk -blocky
vcos -very coarse sand	ls -loamy sand	l -loam	sc -sandy clay	0 -no structure	abk -angular
cos -coarse sand	lfs -loamy fine sand	si -silt	c -clay	1 -weak	blocky
s -sand	cosl -coarse sandy loam	sil -silt loam	llesd -layer limiting effective soil depth	2 -moderate	sbk -subangular
				3 -strong	blocky

NOTES: structure, % loose rock, roots, redoximorphic features, water, llesd, etc.

DEPTH (inches) TEXTURE COLOR

1 0-8 - fill  
8-18 - 4/3 sil on 10YR gran  
18-5:00 5/6 on 10YR blocky, intermittent weathered saprolite  
60" hole depth - no mottles or E.S.D.

notes

2 Similar to #1, soils more compact - denser in profile

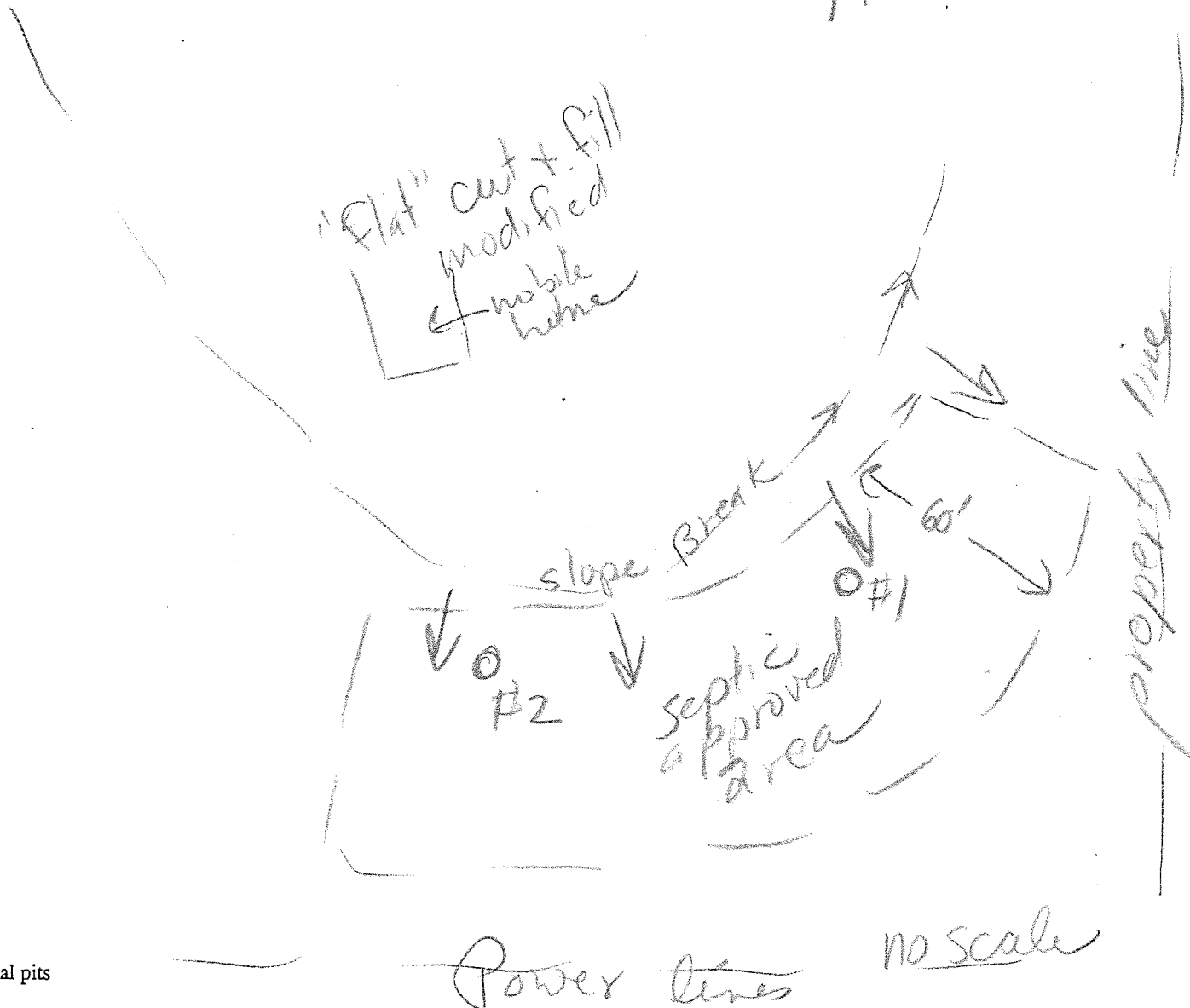
notes

SLOPE 28% ASPECT easterly GROUNDWATER NA TEMPORARY; PERMANENT  
SYSTEM TYPE: design sewage flow 450 gpd  
initial: Std serial w/dropboxes replacement: Std serial w/dropboxes  
disposal field sizing: 125 /150 gpd disposal field sizing: 125 /150 gpd  
max. depth absorption facility: 24-36 inches max. depth absorption facility: 24-36 inches

Special conditions/comments Recently cleared area  
Install in natural soils - not cut or fill - on slopes  
to south of cleared area - Max slope 30%

NAME Wilson T EN R SW S 20 TL 602  
6.54 AC

↑ N



Additional pits

3

notes

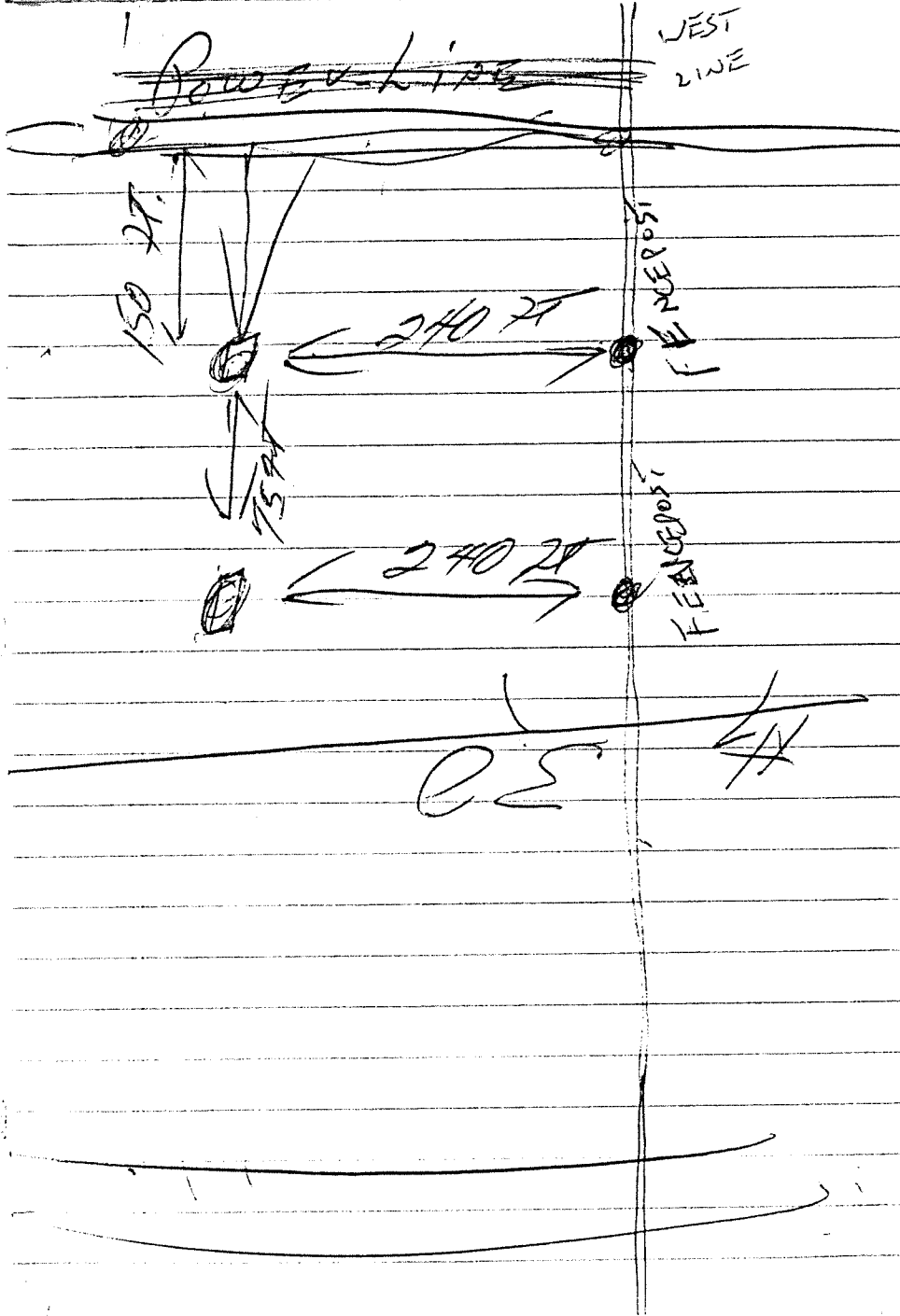
4

notes

JUL 09 1996

NORTH COAST BRANCH OFFICE  
WARRENTON

PERFORATED PAD • 5 in. x 8 in. • Legal Ruled • 50 Sheets • Canary • No. 22221



STATE OF OREGON  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 NORTH COAST OFFICE  
 17 N. Highway 101  
 Warrenton, OR 97146  
 (503) 861-3280

OFFICE USE ONLY  
 Date Rec'd 6-7-96  
 Date Completed \_\_\_\_\_  
 Required Fee \$365.00  
 Receipt No. 74433  
 Control No. \_\_\_\_\_

FOR APPLICANT'S USE - (PLEASE PRINT)

6-5/4  
 Lot Size (Acreage or Dimensions)

LEWIS + CHARLOTTE WILSON  
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 8 8 20 602 Clatsop  
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence 3  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

Public (Community System)  
 Private  
 (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence \_\_\_\_\_  
 (Number of Bedrooms)  
 Other \_\_\_\_\_  
 (Specify)

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) \_\_\_\_\_

- Authorization Notice Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- Other (Specify) \_\_\_\_\_

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Lewis Wilson  
 (Signature)

6-7-96  
 (Date)

Authorized Representative  
 Licensed Installer  
 License No. \_\_\_\_\_

Owner's Mailing Address

Applicant's Mailing Address (if different)

RT 2 Box 990  
ASTORIA OR

RT #2 Box 990  
ASTORIA OR - 97103

Phone 325-7117

Phone 325-7117 IW\WC8\WC8690 (7-19-91)

1200  
3.50  
Ac.

1100  
3.49  
Ac.

602  
6.54 Ac.

50  
4.9

Ac.

3

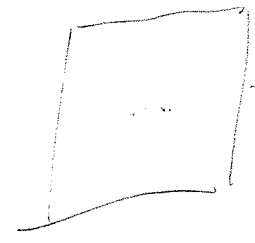
165

165

3.40'

900'

741



50 ft  
LIT  
LIT

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

JUN 7 1996

NORTH COAST BRANCH OFFICE  
WARRENTON

N. 25° 30' 00" W

29

Hx 30

360'

300 ft  
Burrhead  
West Exit

Hx 30

VICINITY MAP  
Clatsop County

Please be specific with the directions to the property. Assume this map is for a big screen TV being delivered to your site and you don't want it lost.

Use a City or Community on a major Highway as the starting point.

(Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.)

(HWY 26, 30, 53, 101, 102, 103, 202).

Give as exact distances as possible, ( i.e. 1.5 mi, 2.2 mi)

Give any landmarks that may help locate the site.

North direction would be helpful

FROM WARRENTON:

HWY 30 EAST TO 88 MILE POST -

TURN RIGHT TO SITE (APPROX 500')

SHOULD BE FLAG AT ENTRANCE.

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

JUN 7 1996

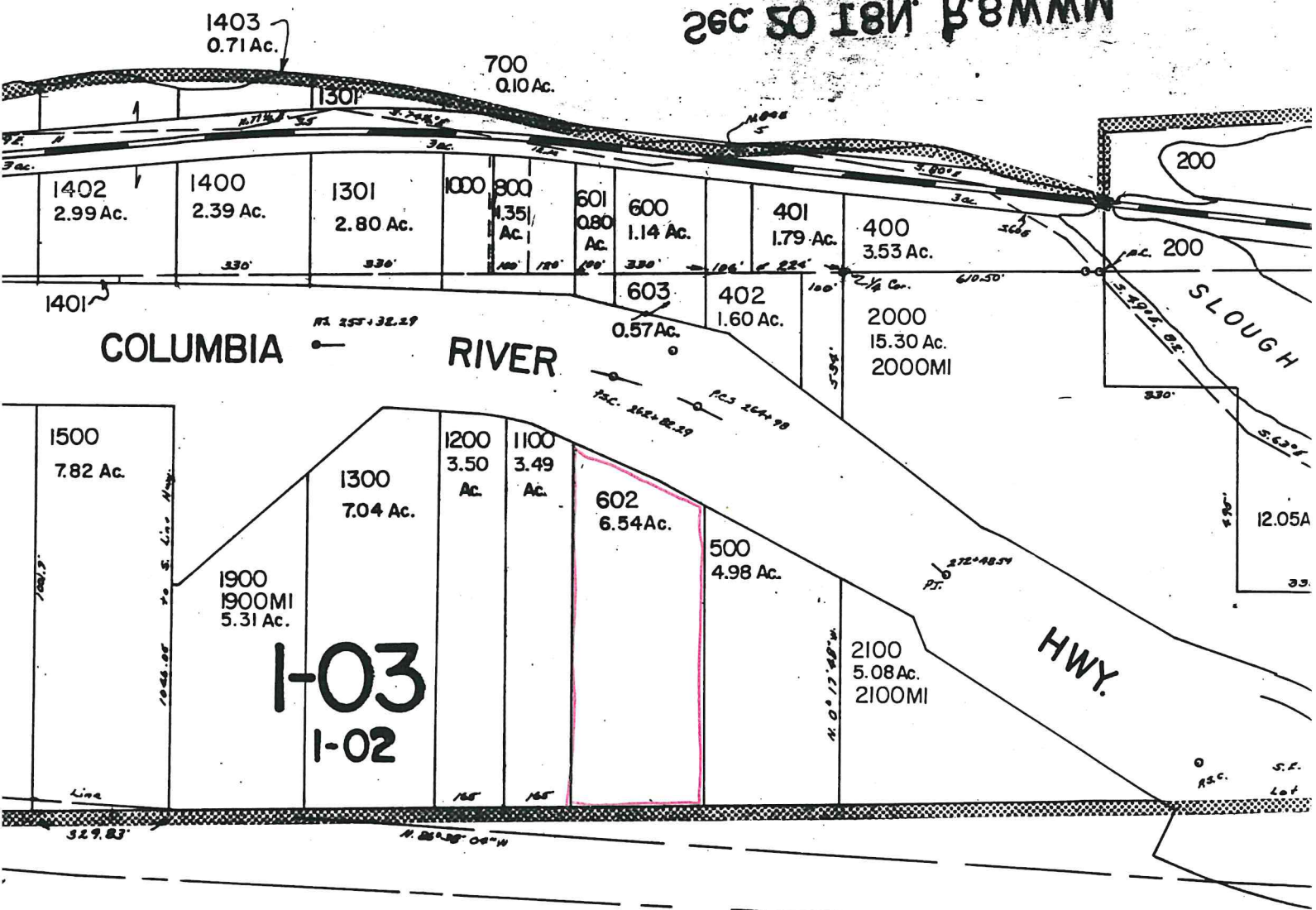
NORTH COAST BRANCH OFFICE  
WARRENTON

RECEIVED  
 JUN 28 1994  
 ASSESSOR

80820 601

INNER CHANNEL COLUMBIA RIVER

COLUMBIA COUNTY  
 26C 50 18N 8'MMM



SEE MAP 8 8

N. 65° 03' 10" W.

DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED

SEP 30 1994

NORTH COAST BRANCH OFFICE  
 WARRENTON