

## 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 500979 as follows:*

### PROPERTY INFORMATION

Property Owner: **Swenson David Bernard/Joan D**                      Township **8**, Range **08**, Section **22 B 0**  
Property Location: **92911 Island View Rd, Astoria**                      Tax Lot **00601**  
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: **36.00 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 onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

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

*Nancy Mendoza*

**Onsite Wastewater Specialist**

**5/21/2018**

Authorized Agent:

Title:

Date Issued:

**Nancy Mendoza**

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

# FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500979

**RECEIVED**  
MAY 21 2018  
CLATSOP CO. PUBLIC HEALTH

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 complete 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: **Swenson David Bernard/Joan D**  
 Property Address: **92911 Island View Rd, Astoria**  
 Township **8** Range **08** Section **22B0** Tax Lot(s) **00601**

**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 \_\_\_\_\_ Date \_\_\_\_\_  
 Tanks(2) Volume \_\_\_\_\_ Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
 Pumps: HP \_\_\_\_\_ 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 3034 Length 10'  
 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 N. Mendoza  
 Permit No. 500979  
 Date 5/21/18

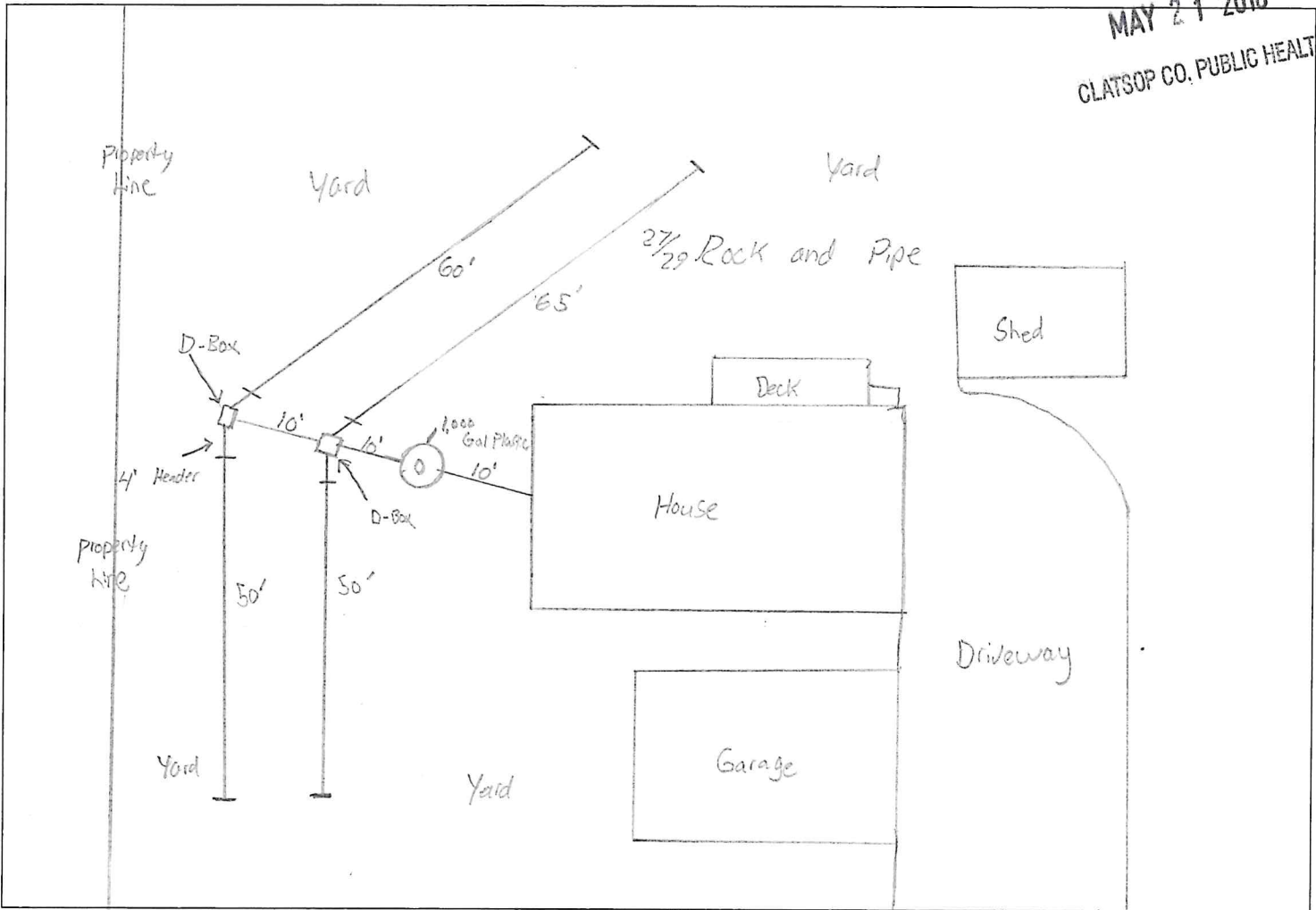
**D. Drainfield Media**

Type: Gravel, Pipe or Alternative? rock & pipe  
 Distribution Box Yes  No  2 boxes  
 Drop Box Yes  No   
 Distribution Pipe Yes  No  Diameter 4" ASTM#Other 2729 Length 225'  
 Comment: \_\_\_\_\_

**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.

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**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: Steve Kinney / Hanna & Sons  
 Licensed Installer Yes  No  License # 38843 Certification # 1928  
 Owner/Certified Installer Signature [Signature] Date 5-21-18  
 Phone 503-791-3481 Phone \_\_\_\_\_ Email sdkinney@centurytel.net

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date \_\_\_\_\_  
 Installer /Owner /Permittee Notified Yes  No  Date \_\_\_\_\_  
 If no, reason for non-acceptance \_\_\_\_\_

Comment \_\_\_\_\_

**Clatsop County Department  
of Public Health**  
**On-Site Waste Water Program**  
 Approved By N. Mendoza  
 Permit No. 500979  
 Date 5/21/18

## Repair Permit - Major

*This Repair Permit - Major, Permit #500979, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Swenson David Bernard/Joan D**                      Township **8**, Range **08**, Section **22 B 0**  
Property Location: **92911 Island View Rd, Astoria**                      Tax Lot **00601**  
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:        **36.00 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 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2 Vehicular traffic and livestock must be restricted from the system area.
- 3 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 4 Filter fabric is required over the drain media.
- 5 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 6 Meet all required setbacks.
- 7 Each trench to be level and on contour.
- 8 All roof drains must be directed away from the system.

### INSPECTION REQUIREMENTS

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

*Nancy Mendoza*

Authorized Agent:

**Nancy Mendoza**

Title:

**Onsite Wastewater Specialist**

Date Issued:

**5/10/2018**

Expiration Date:

**5/10/2019**

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



Major

## REPAIR EVALUATION REPORT

Date: May 14, 2018

Dear Mr. Swenson:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County repair permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: David Bernard Swenson Application: # 500979 County: Clatsop

RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 8 / R 8 / S 22B Tax Lot#: 00601

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact my office for more details.

This repair evaluation coincides with your application for a repair permit.

If you have any questions regarding this report, please contact me at 503-338-3685.

Yours truly,



Nancy Mendoza, REHS  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

App. Name: David Bernard Swenson Application #: 500979 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8 / R8 / S 22B Tax Lot#: 00600

Commercial Facility:  Yes  No Parcel Size: .72 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max # of bdrms: 3

<b>Initial System</b>		<b>Repair System</b>	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required		Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required	
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption facility: _____ linear. ft Disposal facility: _____ " Max Depth " Min Depth		Absorption facility: <u>225</u> linear. ft Disposal facility: _____ sq. ft. <u>36</u> " Max Depth <u>18</u> " Min Depth	

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE EFFECTIVE SOILD DEPT, ETC.
#1	0-24 24-60	SiL SiL	10YR 2/1, F roots to 24", SBK, ESD>60" 10yr 3/3

Landscape Notes: Flat site with chicken coop at far end of drainfield.

Slope: 0-1%

Aspect: west to east

Groundwater Type; none

**Additional Conditions of Approval**

1. Maximum trench depth is 36 inches; minimum depth is 18 inches.
2. Setbacks must be maintained.
3. Must be installed in dry soil conditions.
4. Any alteration of natural soil conditions (i.e. cutting or filling) in the repair area may void this approval.
5. The repair disposal area must be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
6. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
7. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.



SOIL EVALUATION FIELD WORKSHEET

*Nate in Knappa  
Site eval  
major repair*

Township: 8 Range: 8 Section: 22B Tax Reference: 00601 Parcel Size: \_\_\_\_\_  
 Owner/Applicant: David Bernard Swenson Evaluator: \_\_\_\_\_  
 Inspection Date(s): \_\_\_\_\_ Application Number: 500979

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1 0-24	SIL	SBL, F roots to 24' 10YR 7/211 loam
24-60	Sil	10YR 4/6 SBL clay loam
Pit 2		
Pit 3		
Pit 4		

andscape Notes: \_\_\_\_\_  
 slope: 0-1% Aspect: \_\_\_\_\_ Groundwater Type: None

her Site Notes: \_\_\_\_\_

sign Flow: 458 gpd SYSTEM SPECIFICATIONS  
 tial System: \_\_\_\_\_ ATT Treatment Standard: \_\_\_\_\_  
 posal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 placement System: Standard ATT Treatment Standard: \_\_\_\_\_  
 posal Facility: 225 linear feet/square feet Maximum Depth: 36 inches Minimum Depth: 18 inches  
 cial Conditions: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Reference: \_\_\_\_\_ Parcel Size: \_\_\_\_\_

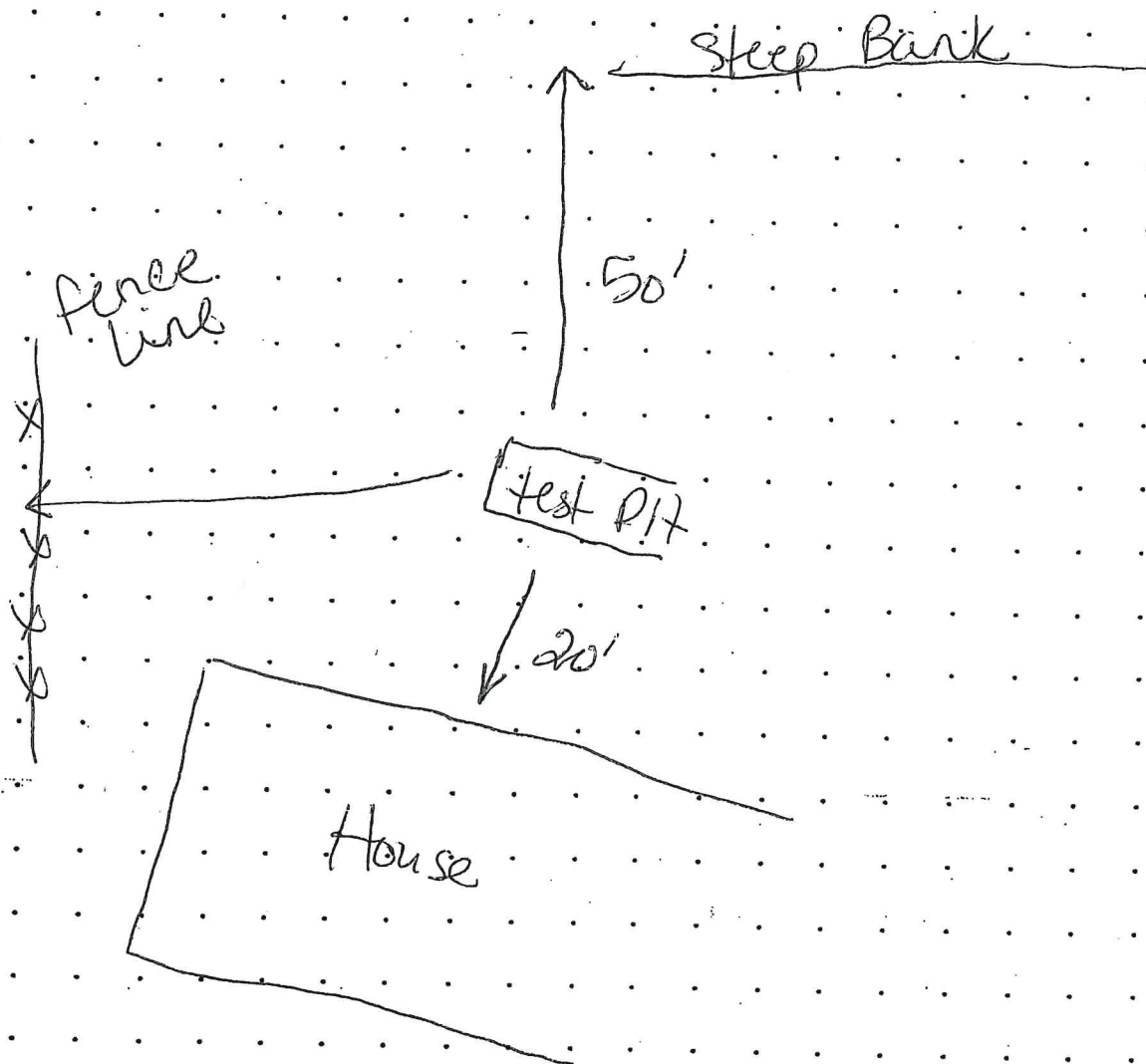
Owner/Applicant: \_\_\_\_\_ Evaluator: \_\_\_\_\_

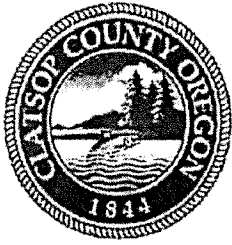
Inspection Date(s): \_\_\_\_\_ Application Number: \_\_\_\_\_

#500979

8-8-228-001

N ↑





#500979

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

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APR 30 2018

CLATSOP CO. PUBLIC HEALTH

(Pd) ck# 3381
8660

Application for Onsite Sewage Treatment System

A. Property Owner Information

Dave Swenson
92911 Island View Rd, Astoria OR, 97108
(503) 791-2908
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8 8 228 601 20421 .72
Township Range Section Tax Lot Tax Account Number Area or Lot Size
Clatsop County Subdivision Name Lot Block

Property Address: 92911 Island View Rd, Astoria OR, 97108
(Street, City, State, Zip)

Directions to Property

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence, 3 Bedrooms
Proposed Facility: Single Family Residence
Water Supply: Public, Wikip

D. Type of Application

- Site Evaluation, Construction, Permit Repair (Major), Alteration Permit (Major/Minor), Renewal Permit, Existing System Evaluation, Permit Transfer, Permit Reinstatement, Authorization Notice for: Connecting to an Existing System Not in Use, Replacing a Mobile Home or House with Another, Mobile Home or House, The Addition of One or More Bedrooms, Personal Hardship, Temporary Housing, Other-Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: Steve Kinney Date: 4-27-18

Applicant's Name (Please Print Legibly): Steve Kinney Applicant's Phone: (503) 791-3481 Applicant's E-Mail Address: Sdkinney@centurytel.net

Applicant's Mailing Address: 91569 George Hill Rd Astoria OR, 97103

Applicant is the: Owner, Authorized Representative, Licensed Septic Installer
Authorization Attached: Steve Kinney
Installers Name



**Clatsop County**

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

[mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us) [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

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APR 30 2018

CLATSOP CO. PUBLIC HEALTH

#500979

**Notice Authorizing Representative**

I, Dave Swenson, have authorized  
(Property Owner - Please Print)

Steve Kinney Kinney & Sons 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**

92911 Island View Rd Astoria Or 97103  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 8 Section 22B Tax Lot 601 Map ID \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Dave Swenson Email: Jswen@hotmail.com

Mail Address: 92911 Island View Rd City/State/Zip Astoria Or 97103

Phone: 503-791-2908 FAX: \_\_\_\_\_

Signature: David B. Swenson Date: 4-25-18

**AUTHORIZED REPRESENTATIVE:**

Name: Steve Kinney Kinney & Sons Email: on file

Mail Address: 91569 Gram Hill City/State/Zip Astoria Or 97103

Phone: 503-791-3481 FAX: 503-458-5458

Signature: [Signature] Date: 4-25-18





Clatsop County  
 www.co.clatsop.or.us  
 Environmental Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500  
 mmcnicke@co.clatsop.or.us

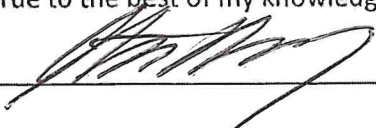
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 CLATSOP CO. PUBLIC HEALTH  
 # 500 979  
 8-8-22B-601

### Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):  
 Septic Tank       Disposal Trenches       Capping Fill       Sand Filter  
 Seepage Bed       Cesspool or Pit       Unknown  
 Other (describe): \_\_\_\_\_
2. When was your septic system installed? 1986 \_\_\_\_\_  
Date Permit Number
3. Tank material:       Concrete       Steel       Plastic or Fiberglass       Unknown
4. Septic tank volume (in gallons): 1,000 Gal \_\_\_\_\_
5. When was the septic tank last pumped? (Attach receipt if available) 4-18 \_\_\_\_\_
6. Number of disposal trenches: 3 \_\_\_\_\_
7. Total length of disposal trenches (in feet): 275' \_\_\_\_\_
8. Do you propose to use the existing septic system?       Yes       No
9. Is your septic system currently in use?       Yes       No  
 If no, date of last use: \_\_\_\_\_
10. If the septic system currently serves a dwelling,  
 How many bedrooms in the dwelling? 3      How many people occupy the dwelling? 4
11. How many bedrooms will be in the proposed dwelling? —      How many occupants? —
12. If the septic system serves a business,  
 How many total employees are there? —      Type of business: —
13. Is there a proposed change of use of your structure (home or business)?       Yes       No  
 If yes, please explain: \_\_\_\_\_
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

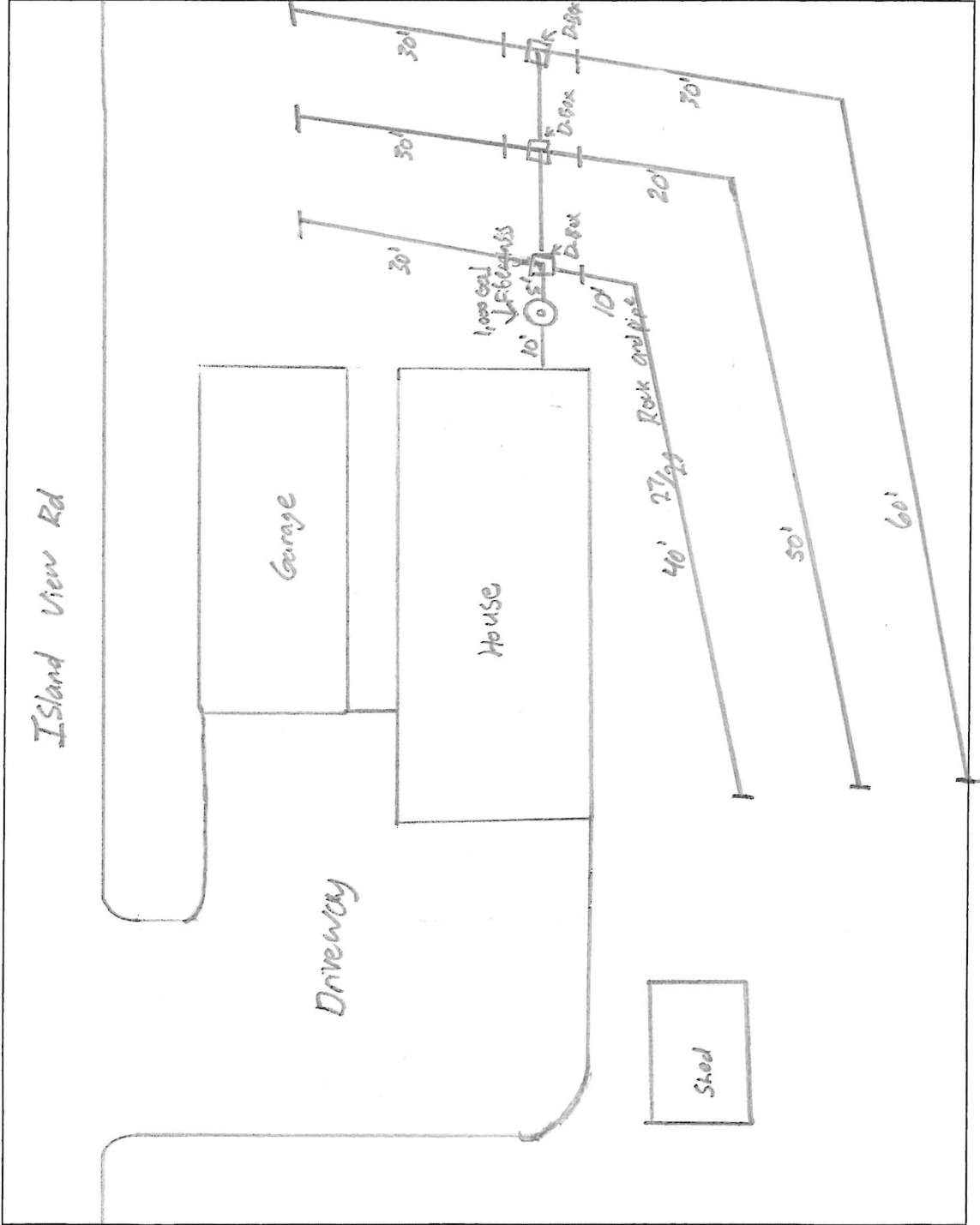
Signature:       Date: 4-27-18

# PLOT PLAN

Property ID: \_\_\_\_\_ Site Address: 22911 Island View Rd, Astoria OR, 97103 Date: 4-27-18

Applicant Signature: \_\_\_\_\_ Date: 4-27-18

By my signature, I certify the information provided on this plot plan is complete and accurate.



## Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/ 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

## Legend

- Wells
- Test Pits
- .... Drainage

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CLATSOP CO. PUBLIC HEALTH

#500979

8-8-228-604

# Map



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APR 30 2018

CLATSOP COUNTY PUBLIC HEALTH



## Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



8-8-2018 10:00 AM





# Septic Application

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

### For Department Use Only

Permit #: 500979  
Permit Type: Repair Permit  
Entry Date: 4/30/2018  
Issued By: Annette Brodigan  
Permit Status: Entered

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	04/30/2018

### Work Description

Work Description:

Remarks:

### Owner

Name: <b>Swenson David Bernard/Joan D</b>	Ph. #: (503) 791-2908	Cell: ( ) -
Address: 92911 Island View Rd	E-Mail:	Fax: ( ) -
City, State, Zip: Astoria, OR 97103-8614		

### Applicant

KINNEY & SONS	Ph. 5037913481	Fax
91569 George Hill Rd	Cell 5034400842	E-Mail sdkinney@centurytel.net
Astoria, OR 97103		

### Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$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>
KINNEY & SONS	Check	3381	04/30/2018	\$660.00

**Balance Due: \$0.00**

### Compliance/Permit Requirements

### Signatures

**Applicant Signature:**  **Date:** 4-30-18

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

808-22B-601



STATE OF OREGON

DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE OF SATISFACTORY COMPLETION

SUBSURFACE OR ALTERNATIVE SEWAGE SYSTEM

OWNER David Swenson PERMIT NO. 79-122

LOCATION 808-22B-601

In accordance with Oregon Revised Statute 454.665 this certificate is issued as evidence of satisfactory completion of a subsurface or alternative sewage disposal system at the above location.

Ray T. Franklin

Sanitarian

7-19-79

Date

DEQ - Clatsop

County

Date Rec'd \_\_\_\_\_ Amt. Rec'd \$ \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_  
Date Appl. Completed \_\_\_\_\_  
Site Inspection Date \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Pre-Cover Inspection Date \_\_\_\_\_

**APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM**

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1.  Site Evaluation Report for New System (\$75.00)
2.  Permit to Construct New System (\$25.00) (Site Evaluation (No. 1) Required) *Repair pd. for*
3.  Permit to Repair Malfunctioning System (\$25.00)
4.  Permit to Connect New or Altered Structure to Existing System (\$25.00)
5.  Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6.  Permit Renewal (\$25.00)
7.  Existing System Evaluation
8.  Other (Specify) \_\_\_\_\_

**REFERENCE INFORMATION (Please Print)**

DAVID SWENSON / Ken CARLSON  
NAME OF APPLICANT  
Rt. 1 Box 629  
ADDRESS  
ASTORIA 97103  
CITY ZIP CODE  
325-1436  
PHONE

DAVID SWENSON  
NAME OF PROPERTY OWNER  
Rt 2 Box 579-A  
ADDRESS  
ASTORIA, ORE. 97103  
CITY ZIP CODE  
PHONE

**PROPERTY DESCRIPTION**

8 8 22 B 601 CLATSOP  
Township Range Section Tax Lot/Account Number County  
Subdivision/Area Tract Block Lot Lot Size

**PROPOSAL DESCRIPTION**

PLANNED USE: House \_\_\_\_\_ Mobile/Modular Home  Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_  
No. of Bedrooms 4 Water Supply Community (Describe)

**APPLICANT MUST PROVIDE**

1. Test Holes (For 1, \_\_\_\_\_). Date Ready \_\_\_\_\_
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.  
Signature and Name of Zoning Agency \_\_\_\_\_
3. Plot Plan.
4. Other \_\_\_\_\_

**DIRECTIONS TO SITE: (A Map Would Help)**

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE Ken Carlson  
DEQ/WQ-415 1/78 (Contract Purchaser/Owner/Installer)

DATE 6/6/79

