



Certificate of Satisfactory Completion Installation Permit - Residential - New

186-20-000364-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 12/31/2020
Work Description: Construction/Installation; standard

Applicant: Russ Hanson Address: 3505 NW 129th Street Vancouver WA 98685 Phone: 360-600-6007 Email: russhanson1@msn.com	Primary Contractor: Vinson Brothers Installer License: 36845 Address: 92740 Knappa Dock Road Astoria OR 97103 Phone: (503) 458-6561 Email: vbc.dennis@gmail.com
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Owner: Hurtco LLC Address: 1212 SE 181st Ave Vancouver WA 98683 Parcel: 80823AA00305 - Primary	Property Address: 40890 Crest View Ln, Astoria, OR 97103 Township: 8 Range: 08 Section: 23AA
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Lot Size: 2.18 acres	Water Supply: Community Water Supply	
Zoning: RA-2	City/County/UGB: County	
Land Use Approval: yes		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	4 bedroom
Number of Bedrooms:	N/A	4

System Specifications

Type: Standard	
Max Peak Design Flow: 450 gpd.	Proposed Flow: 450 gpd.
Min Septic Tank Volume: 1000 gal.	Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Standard	System Distribution Type: Serial
Drainfield Sizing: 300 linear ft.	Distribution Method: Serial
Media Type: Rock/Pipe	Media Depth: N/A
Trench Length: 300 linear ft.	Rock Above Pipe: 2 in.
Total Rock Depth: 12 in.	Rock Below Pipe: 6 in.
Max Depth: 24 in.	Undisturbed Soil Between Trenches: 8 ft.
Min Depth: 12 in.	Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Not Applicable	Groundwater Depth: N/A
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Septic Permit 186-20-000364-PRMT

Date Certificate Issued: 12/31/2020
Work Description: Construction/Installation; standard

Conditions of Approval

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

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.

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 of the area with asphalt or concrete, filling, cutting or other soil modification activities.

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

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

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

June Hemingway

REHS

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-20-000364-PRMT

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 Department of Environmental Quality (or its authorized Agent) 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 Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (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 sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: Hurtco LLC

Twncshp: 8

Range: 08

Sect: 23AA

Lot: 00305

Property Address: 40890 Crest View LN, Astoria, OR 97103

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type:

Water tight verification*

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: A-1	Date: 12-27-20
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3034	Length: 21'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

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 Maint.	Provider Name:			
Operation and Maint.	Contract Received?		Yes	No

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <u>Bed of pipes 300'</u>			
Distribution Box	Yes	No		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3034
Comment	300' 12"-24"			

Clatsop County Department of Public Health

On-Site Waste Water Program

Approved By J Henning

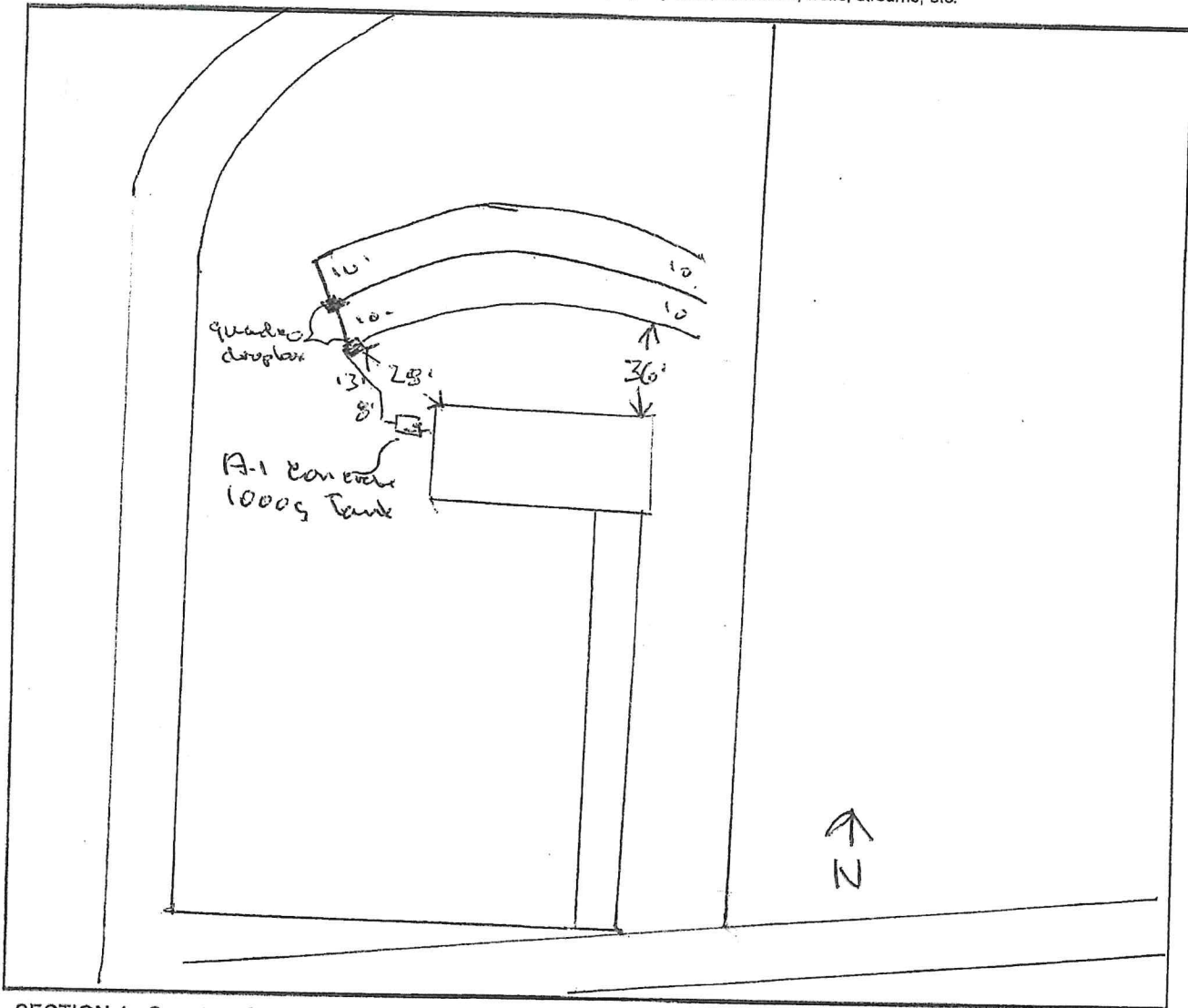
Permit No. 186-20-00364

Date 12-31-20

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
 **Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of 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/Permittee or Certified Installer w/Certification#:	Print Name: <u>Vincent Brothers Inc</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>360845</u>	Certification#: <u>RE 276</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>12-29-20</u>	Phone#: <u>503-741-0170</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By: [Signature]
 Permit No. 186-20-000364
 Date 12-31-20



Septic Permit Installation Permit - Residential - New

186-20-000364-PRMT

Clatsop County Onsite
820 Exchange Street
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health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 12/1/20	Expiration date: 12/1/21
Work description: Construction/Installation; standard	

Applicant: Russ Hanson
Address: 3505 NW 129th Street
Vancouver WA 98685
Phone: 360-600-6007
Email: russhanson1@msn.com

Primary contractor: Vinson Brothers
Installer License: 36845
Address: 92740 Knappa Dock Road
Astoria OR 97103
Phone: (503) 458-6561
Email: vbc.dennis@gmail.com

Business License: N/A

Owner: Hurtco LLC
Address: 1212 SE 181st Ave
Vancouver WA 98683

Property address: 40890 Crest View Ln, Astoria, OR
97103

Parcel: 80823AA00305 - Primary **Township:** 8 **Range:** 08 **Section:** 23AA

Lot size:	2.18 acres	Water supply:	Community Water Supply
Zoning:	RA-2	City/County/UGB:	County
Land use approval:	yes	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	4 bedroom
Number of bedrooms:	N/A	4

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Drainfield sizing:	300 linear ft.	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	N/A
Trench length:	300 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	24 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	12 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Not Applicable		

CALL BEFORE YOU DIG...IT'S THE LAW

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Date issued: 12/1/20

Expiration date: 12/1/21

Work description: Construction/Installation; standard

Conditions of approval

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

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.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

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

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.

Michael McNickle

Public Health Director

12/1/20



Clatsop County
Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

RECEIVED pd
 NOV 24 2020 Clk Cashier's ck

#186-20-000364

Processed on 12/1/20

CLATSOP CO. PUBLIC HEALTH
 \$1200⁰⁰

Hurtes LLC

Application for Onsite Sewage Treatment System

A. Property Owner Information

Russ Hanson 3505 NW 129th Vancouver, Wa. 98685 360-600-6007
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8 08 23 AA 00305 ~~00305~~ 2.18
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop New address issued Lot Block
 County Subdivision Name

Property Address: 40890 Crest View Lane Astoria Oregon 97103
 (Street, City, State, Zip)

Directions to Property old address was: 92692-92701 Ivy Station Rd, Astoria

C. Existing Facility / Proposed Facility / Water Information

Existing Facility	Proposed Facility	Water Supply
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public <u>Wickup</u>
Number of Bedrooms _____	Number of Bedrooms _____	Name
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private _____
		Well, Spring, Shared

D. Type of Application

- | | | |
|--|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input type="checkbox"/> Permit Repair | <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Compliance Record Review | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Major | | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> 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 Russ Hanson

Date 11/20/20

Applicant's Name (Please Print Legibly) Russell Hanson
 Applicant's Phone 360-600-6007

Applicant's E-Mail Address russ.hanson1@msn.com

Applicant's Mailing Address 3505 NW 129th Vancouver Wa. 98685

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Vinson Brothers DEQ# 36845
 Installer's Name

Land Use Compatibility Statement

RECEIVED

COMPLETED BY APPLICANT

#8-8-23AA-305

AUG 25 2020

1. Property Owner Name(s): Huctco LLC
Mailing Address: 1212 SE 1st AVE VANCOUVER WA 98643
Telephone 1: 360-600-6007 Telephone 2: #186-20-000364
Email Address: RUSSHANSON1@msn.com

CLATSOP CO. PUBLIC HEALTH

2. Applicant Name: RUSS HANSON
Mailing Address: 3505 NW 129th ST. VANCOUVER WA 98645
Telephone 1: 360-600-6007 Telephone 2:
Email Address: RUSSHANSON1@msn.com

3. Property Information:
Situs Address: 92692-92701 JUY STATION RD. ASTORIA OR 97103
Township 8N Range 8W Section 23 Tax Lot POP23AA00305
Subdivision Name (if applicable):

4. Proposed Development:
[checked] Single Family Dwelling [] Accessory Structure [] Other

5. Permit or Approval Requested:
Construction or Installation Permit: [checked] New Construction [] Repair [] Alteration
Authorization for Replacement of: [] Dwelling [] Bedroom Addition
[] Other:

email - 08-24-20 #60 payment

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID:

1. Property Zoning 1 RA-2 Property Zoning 2 Overlays

20-000529

2. Minimum Parcel Size 2.00 Actual Parcel Size 2.18 [] LOR needed LOR Permit #

3. The facility is located: [] Inside City Limits [] Inside a UGB [checked] Outside UGB (county jurisdiction)

4. Does the proposed facility comply with all applicable land use requirements: [checked] Yes [] No

5. Compliance is based on:

a. [checked] Compliance with local comprehensive plans and land use requirements. Citation: 3.204

b. [] Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.

c. [] Measure 49 Waiver - DLCD Approval Number:

Comments: one single family dwelling

Planning Official Signature Clancee Adams

Date 08.24.20

Plot Plan

Russ Hanson

40890 Crestview Dr. Astoria

Vinson Brothers Inc DEQ # 36845

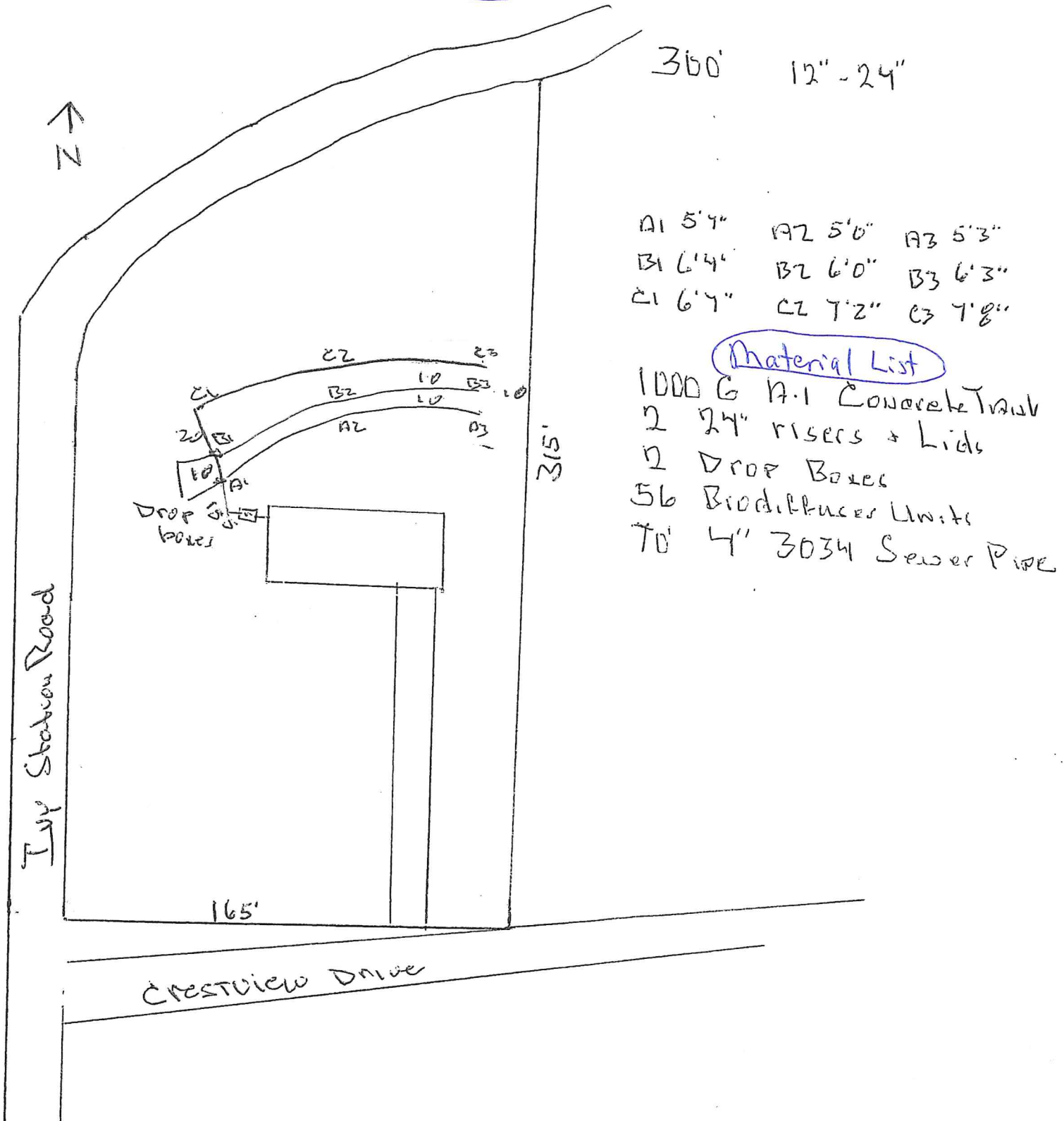
6N 6W Sec 23AAA T.L 305

RECEIVED

NOV 24 2020

GLATSOP CO. PUBLIC HEALTH

#186-20-000364



Material List

- 1000 G A-1 Concrete Trunk
- 2 24" risers + Lids
- 2 Drop Boxes
- 56 Bidiffuser Units
- 70' 4" 3034 Sewer Pipe

RECEIVED

NOV 24 2020

CLATSOP CO. PUBLIC HEALTH

Popup Panel

(1 of 1)

Taxlot: 80823/

Account

Taxmap

Owners

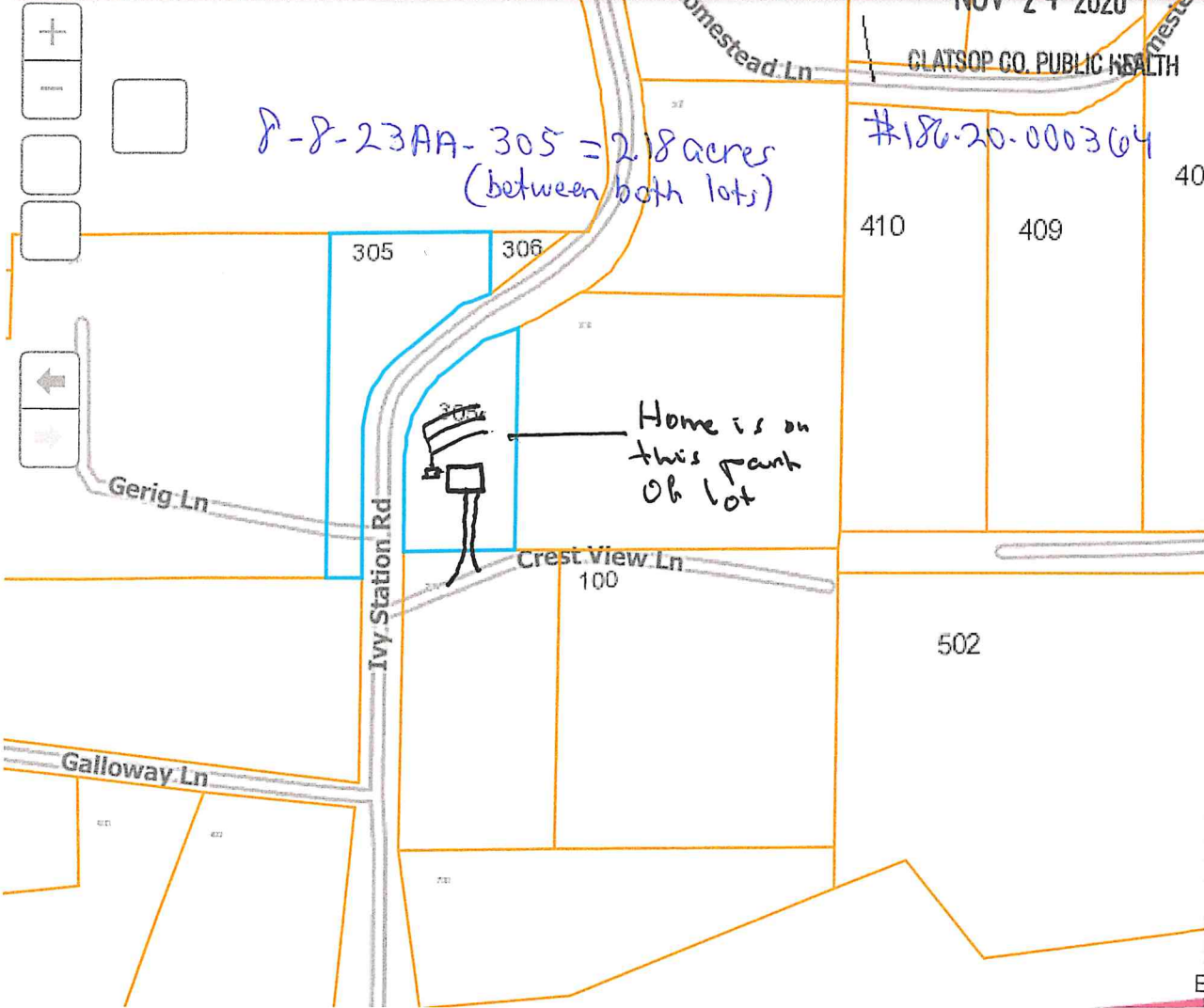
Mailing

Location

[Zoom to](#)



Clatsop County Webmaps



300ft

7,409,887.250 927,029.212 Feet



Transaction Receipt
Record ID: 186-20-000364-PRMT
IVR Number: 186012092645

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 454723

Receipt Date: 12/1/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 40890 Crest View LN, Astoria, OR 97103
Parcel: 80823AA00305

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
12/1/20	1.00 Ea	Install - Standard subsurface - by gallons per day	81-7203	\$1,091.00	\$1,091.00
12/1/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
12/1/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: Payer: Russ Hanson Payment Amount: \$1,200.00
cashiers check

Cashier: Annette Brodigan

Receipt Total: \$1,200.00

RECEIVED

OCT 19 2020

CLATSOP CO. PUBLIC HEALTH

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed by approving agency

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 92692-92701 IVY STATION RD. City: ASTORIA
Owner: HURTCO LLC Phone: 360-600-6007
Address: 1212 SE 181st AVE VANCOUVER WA 98683 Email: RUSSEHANSJON@msn.com
Agent:
Proposed Development/Construction: New SFH. 4 bdrms

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8N R 2W S 23AA Tax Lot(s) 80823 AA(305)
Permit Needed: Yes [X] No [] Site Approved: Yes [X] No []
Agency Signature: [Signature] Date: 10/19/20
Remarks: Construction/Installation permit is still REQUIRED

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: 30
Agency Signature: [Signature] Title: DRC Date: 8/20/2020
Remarks: EXISTING SERVICE

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 Fax (503) 986-0904
Water Master (Local Office) 4000 Blimp Blvd Ste 400 Tillamook, OR Phone (503) 815-1967 Fax (50) 815-1968

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: 124 gpm Number of Hydrants: 1 Hydrant Location(s): IVY STATION ROAD
Agency Signature: [Signature] Title: Fire Chief Date: 8/24/20
Remarks:

Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT ----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: Title: Date:
Remarks:

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638



Residential Septic Site Evaluation Approval

186-20-000258-EVAL

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 10/05/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD

Applicant: Russ Hanson
Address: 3505 NW 129th St
Vancouver WA 98685
Phone: 360-600-6007
Email: russhanson1@msn.com

Primary contractor: SEE PROPERTY OWNER INFORMATION
Owner (Property): OWNER

Owner: Hurtco LLC
Address: 1212 SE 181st Ave
Vancouver WA 98683

Property address: 92692 -92701 Ivy Station Rd,
Astoria, OR 97103

Parcel: 80823AA00305 - Primary **Township:** 8 **Range:** 08 **Section:** 23AA

Lot size: 2.18 acres **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** County

Proposed use of structure: 2 bedroom torn down being replaced with new 4 bedroom
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow: 450 gpd. **Proposed gallons per day:** 450 gpd.
Min septic tank volume: 1000 gal. **Min dosing tank volume:** N/A

System Specifications

System type:	<i>Initial System</i> Standard	<i>Replacement Area</i> Standard
System distribution type:	Serial	Serial
Distribution method:	Serial	Serial

Trench Specifications

Trench linear feet:	<i>Initial System</i> 300 linear ft.	<i>Replacement Area</i> 300 linear ft.
Max depth:	24 in.	24 in.
Min depth:	12 in.	12 in.

Special Requirements

Groundwater type:	<i>Initial System</i> Not Applicable	<i>Replacement Area</i> Not Applicable
Drainfield type:	Standard	Standard
Drainfield sizing:	300 linear ft/150 gal.	300 linear ft/150 gal.

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Date issued: 10/05/2020

Application status: Site Evaluation Approved

Work description: Site Evaluation; SFD

Conditions of approval:

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.

The system must be installed by the property owner or a licensed sewage disposal business (installer)

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent
All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

Green 18-gauge tracer wire required from tank to drainfield.

Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep.

Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded on undisturbed earth.

Maximum length of individual trench is 150-feet

Minimum distance of undisturbed earth between trenches is 8-ft

Serial distribution, each trench bottom to be level and on contour. Use Drop boxes.

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Michael McNickle

Public Health Director

10/5/20

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SITE EVALUATION REPORT

Date: October 5, 2020

Dear Hurtco, LLC:

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 construction 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: **Hurtco, LLC**

Application: # **186-20-000258**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 8W/ S 23A Tax Lot#: 00305

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

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



Mike McNickle, PhD, MPH, REHS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Hurtco, LLC** Application #: **186-20-000258** County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: **T 8N/ R 8W / S 23⁰⁰** Tax Lot#: **00305**

Commercial Facility: Yes No Parcel Size: 2.18 acres.

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System	Replacement System
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	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 type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial
Absorption Facility: <u>300</u> linear. ft Disposal Facility: <u>600</u> sq. ft. 24 " Max Depth 12 Min Depth	Absorption Facility: <u>300</u> linear. ft Disposal Facility: <u>600</u> sq. ft. 24 " Max Depth 12 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-12 12-24 24-60	SiL SiCIL CIL	Silty Loam 10 YR 5/2 Silty Clay Loam 10 YR 5/6 Clay Loam 2.5 Y 5/4 Fine roots to 28"
#2	0-12 12-24 24-60	SiL SiCIL CIL	Silty Loam 10 YR 5/2 Silty Clay Loam 10 YR 5/6 Clay Loam 2.5 Y 5/4 Fine roots to 28"

Landscape Notes: Slope: 3-5% Aspect: East to West Groundwater Type: Test pit #1 = N/A

Additional Conditions of Approval

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Initial system must be installed in area of Test Pit # 1 on drawing.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

***Required prior to issuance of construction permit.**



Clatsop County
Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

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 AUG 25 2020

CLATSOP CO. PUBLIC HEALTH
 (Pd) Visa
 \$850.00

186-20-000258

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name HURTO LLC Mailing Address (Street, PO Box, City, State, Zip) 1212 SE 10th AVE VANCOUVER WA 98683 Phone Number 1503 938 8600

B. Legal Property Description

Township PN Range PW Section 23 Tax Lot 80823AA00305 Tax Account Number 60763 Acreage or Lot Size 2.18
 County CLATSOP Subdivision Name (8-8-23AA-305) Lot 305 Block _____

Property Address: 92692 - 92761 IUX STATION RD ASTORIA OR, 97103
 (Street, City, State, Zip)

Directions to Property Hwy 30 to IUX STATION RD

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
 Single Family Residence # 2 - torn down
 Number of Bedrooms _____
 Other _____

Proposed Facility
 Single Family Residence 4
 Number of Bedrooms _____
 Other _____

Water Supply
 Public WICKIUP
 Name _____
 Private _____
 Well, Spring, Shared _____

D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
 - Major
 - Minor
- Alteration Permit
 - Major
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- 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 Russ Hanson Date 8/20/20

Applicant's Name (Please Print Legibly) RUSS HANSON Applicant's Phone 360-600-6007 Applicant's E-Mail Address RUSSEHANSON1@MSN.COM

Applicant's Mailing Address 3505 NW 129TH ST. Vanc WA 98685

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
 Installers Name _____



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

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AUG 25 2020

CLATSOP CO. PUBLIC HEALTH

186-20-000 258

Notice Authorizing Representative

I, Bradley Hunt / Huxton LLC, have authorized
 (Property Owner - Please Print)

Russ Hanson 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

92692 - 92701 IVY STATION RD, ASTORIA OR, 97103
 Property Situs or Road Address

And described in the records of Clatsop County as: S-P-23AA-305
 Township PN Range PN Section 23 Tax Lot 23AA00305 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Bradley Hunt / Huxton LLC Email: -
 Mail Address: 1212 1212 S.E. 181st AVE City/State/Zip Vancouver, Wa. 98683
 Phone: 503-939-8600 FAX: -
 Signature: Bradley Hunt Date: 8-19-2020

AUTHORIZED REPRESENTATIVE:

Name: Russ Hanson Email: RUSSHANSON1@msn.com
 Mail Address: 3505 NW 129th ST City/State/Zip VANCOUVER, WA, 98685
 Phone: 360-600-6007 FAX: -
 Signature: Russ Hanson Date: 8/20/20

409
410

8-8-23AA-305

Plot Plan

502

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CLATSOP CO. PUBLIC HEALTH

#18620-
00258

County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community



Clatsop County

0.05



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305
306
305

Ivy Station Rd

SLOPE

PROPOSED DWELLING

130
60
75

GRAVEL DRIVEWAY

SLOPE

DRIVEWAY AND HOLES MARKED w/ ORANGE STAKES

Crest View 100

Ivy Station Rd

Trig Ln

810W	810V	810X	810Y	810Z
800W	800V	800X	800Y	800Z
790W	790V	790X	790Y	790Z
780W	780V	780X	780Y	780Z
770W	770V	770X	770Y	770Z
760W	760V	760X	760Y	760Z
750W	750V	750X	750Y	750Z
740W	740V	740X	740Y	740Z
730W	730V	730X	730Y	730Z
720W	720V	720X	720Y	720Z
710W	710V	710X	710Y	710Z
700W	700V	700X	700Y	700Z
690W	690V	690X	690Y	690Z
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670W	670V	670X	670Y	670Z
660W	660V	660X	660Y	660Z
650W	650V	650X	650Y	650Z
640W	640V	640X	640Y	640Z
630W	630V	630X	630Y	630Z
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610W	610V	610X	610Y	610Z
600W	600V	600X	600Y	600Z

8/25/2020 1:43 PM

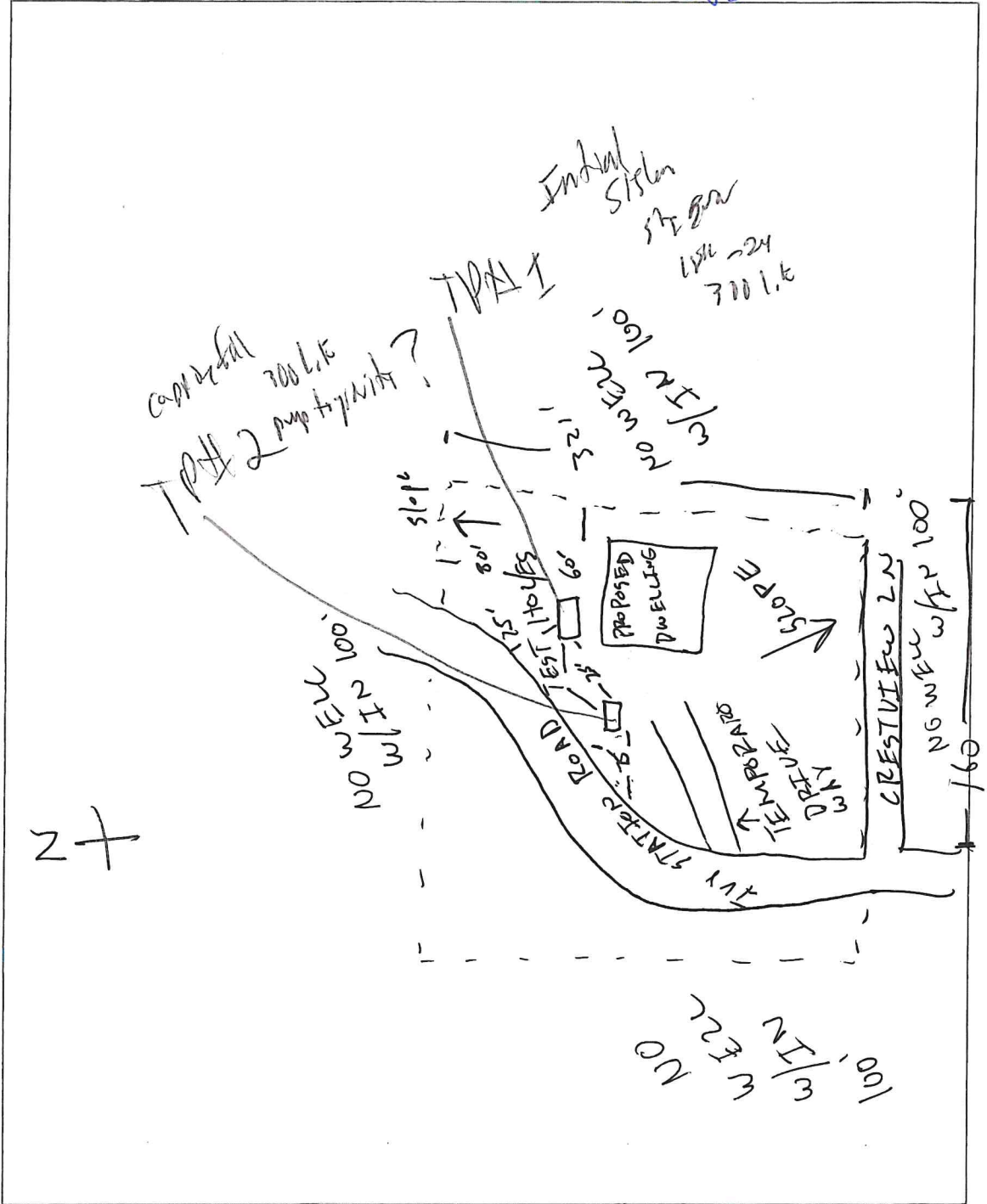
SITE DEVELOPMENT PLAN SHOWING TEST PITS LOCATION

Property ID: 80P23AA 00 305
 Applicant Signature: [Signature]

Site Address: 92692-92701 IUS STATION RD ASTORIA OR, 97103

Date: 8/20/20
 Date: 8/20/20

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/i 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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 AUG 25 2020

GLATSOP CO. PUBLIC HEALTH



1 inch = 20 feet

#180-20-000258

8-8.23AA-305



Transaction Receipt

Record ID: 186-20-000258-EVAL

IVR Number: 186039533857

Clatsop County Onsite

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 453890

Receipt Date: 8/25/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Parcel: 80823AA00305

Fees Paid

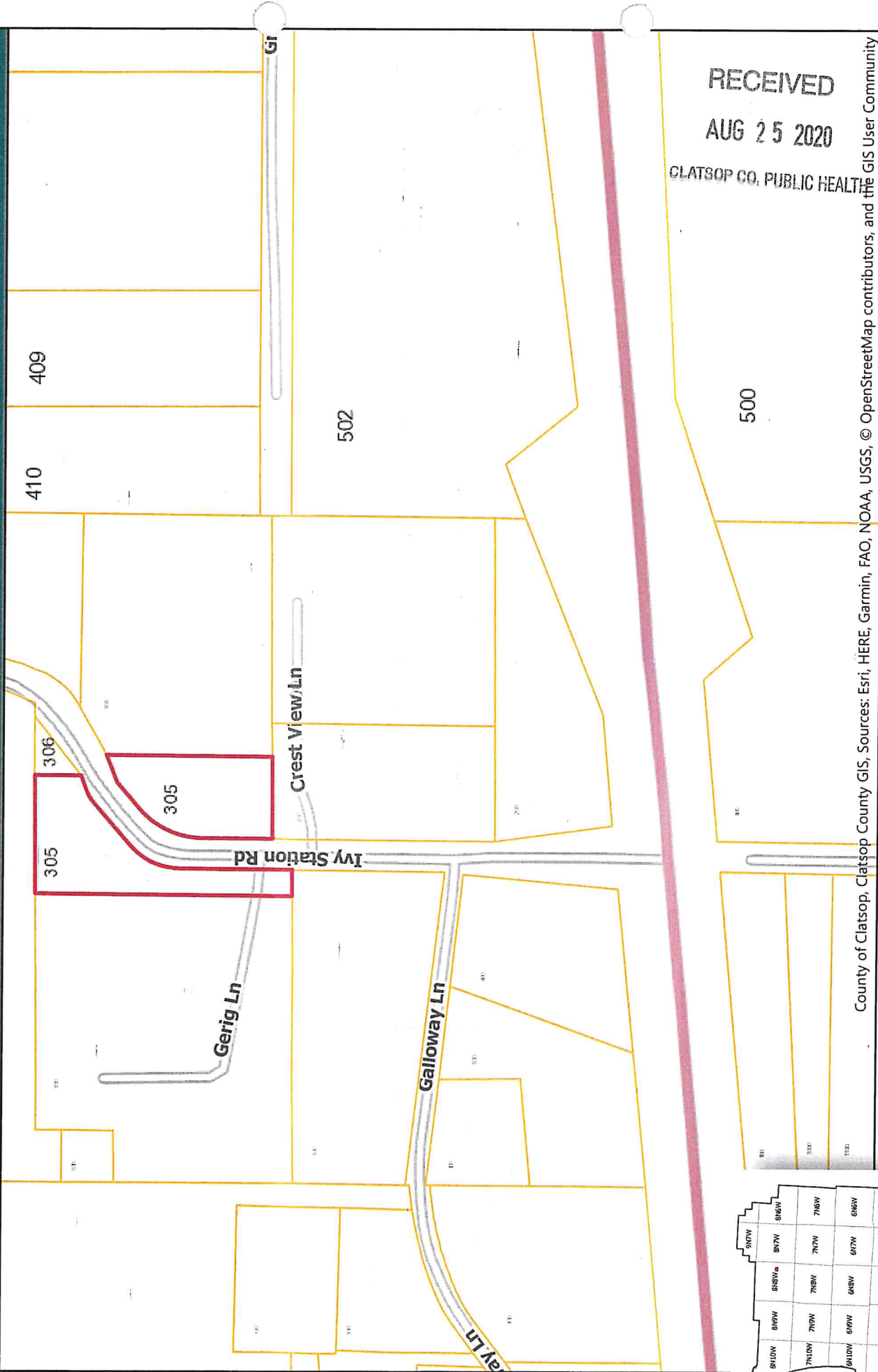
Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/25/20	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
8/25/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/25/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Credit card authorization: 80225031 Payer: Russ Hanson Payment Amount: \$850.00

Cashier: Annette Brodigan

Receipt Total: \$850.00

Clatsop County, OR



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Clatsop County

0.1 mi



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810W	810E	810W	810E	810W	810E
710W	710E	710W	710E	710W	710E
610W	610E	610W	610E	610W	610E
510W	510E	510W	510E	510W	510E
410W	410E	410W	410E	410W	410E

8/25/2020 1:41 PM

Annette Brodigan

Subject: FW: Hurtco Partitions
Attachments: tp8_8_23ad.pdf; tp8_8_23aa.pdf

From: Eileen Ystad
Sent: Monday, January 28, 2019 10:00 AM
To: Annette Brodigan
Subject: RE: Hurtco Partitions

Hi Annette,

I was at a conference last week, just getting to my emails.

This was a very confusing transaction. They did a lot line adjustment first and removed a strip from account 80823AA – 300 and combined it into 80823-1200. Then Instrument 201809875 which is Partition Plat 2018-019 was recorded and we created a 1201, it is a two lot partition. We created a new map for the area and it is now on 8 8 23AD. The partition plat accounts are tax lot 100 and 200. I have attached a new map.

Instrument number 201809876 is Partition Plat 2018-020. The parent account is 80823AA – 300. Accounts 305 and 306 were created by the partition. There was a deed of dedication for part of the county road. I have attached a new map for that map also.

If you have more questions, feel free to contact me.

Eileen
503-338-3747

From: Eileen Ystad
Sent: Wednesday, January 16, 2019 3:15 PM
To: Adam Niles; Clancie Adams; Annette Brodigan; Dale Barrett; Carlson, Jodi; DeeAnne McCall (dee@pacifictitlecompany.com)
Subject: Hurtco Partitions

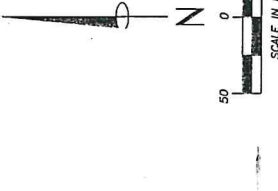
Two Partitions on this property, a lot line adjustment, a deed of dedication, and a new map.
Instrument number for pla is 201809518. It recorded 12/14/2018.
Instrument number for Deed of Dedication 201809697. It recorded 12/20/2018
Instrument number for Partition Plat 2018-19 201809875. It recorded 12/31/2018 – Created a new map 80823AD
Instrument number for Partition Plat 2018-20 201809876. It recorded 12/31/2018

If you have any questions, let me know.

Eileen Ystad

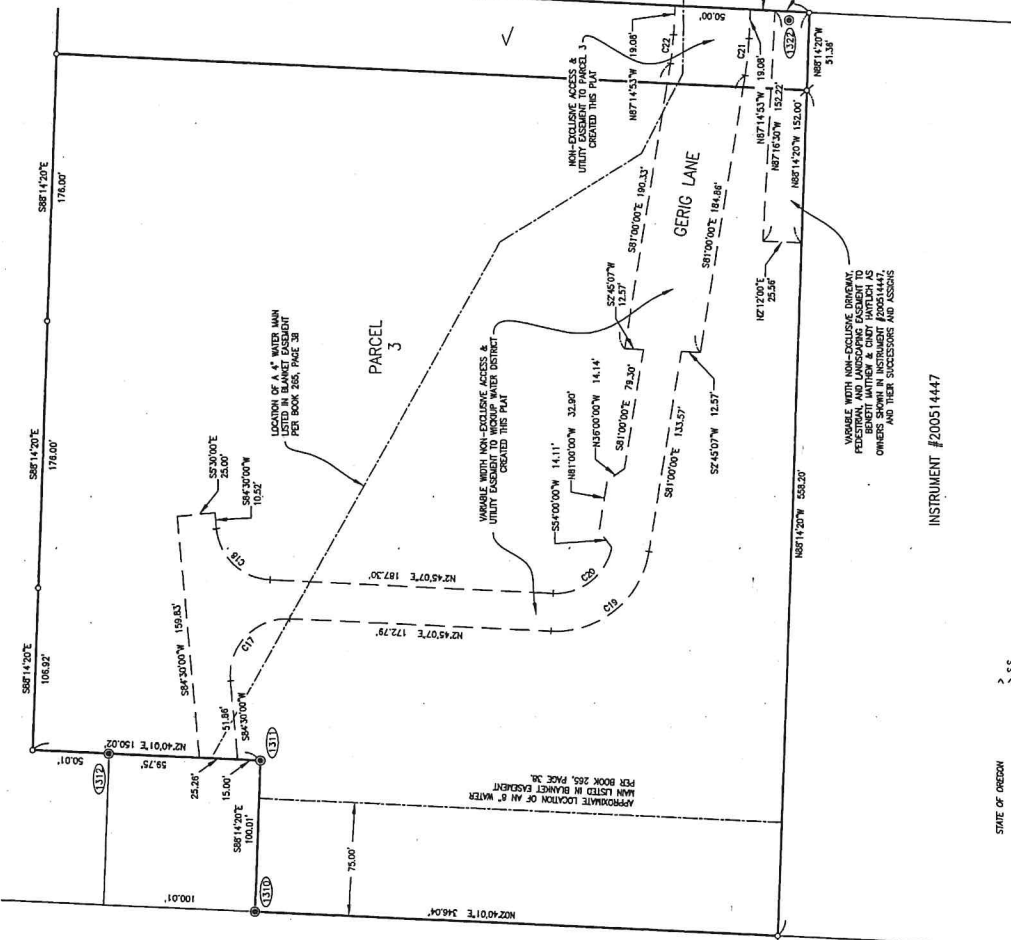
Eileen Ystad
Senior Cartographer
Clatsop County Assessment & Taxation
820 Exchange Street Suite 200
Astoria, OR 97103

CURVE #	LENGTH	RADIUS	DELTA	CHORD	CHORD DIRECTION
C17	64.31	37.50	81°15'08"	58.71	N46°22'25"W
C18	53.50	37.50	81°44'54"	49.00	S43°37'37"W
C19	91.36	62.50	83°50'07"	83.44	S37°07'27"E
C20	53.47	37.50	81°17'27"	49.05	S82°05'35"E
C21	24.54	25.00	61°14'31"	24.52	S84°07'26"E
C22	19.08	19.00	61°14'31"	19.07	S84°07'26"E
C23	4.97	50.00	44°11'18"	4.95	S65°53'41"E
C24	8.18	100.00	44°11'18"	8.18	S65°53'41"E
C25	77.31	125.00	35°29'03"	78.08	N76°45'26"E
C26	19.88	75.00	19°11'21"	19.82	N85°11'01"E
C27	40.35	75.00	30°44'47"	39.77	N76°23'17"E
C28	56.38	125.00	25°50'31"	55.90	N76°50'25"E
C29	41.17	26.50	86°00'31"	37.05	N47°15'24"E
C30	42.08	26.50	90°59'27"	37.00	S42°44'36"E



LEGEND

- INDICATES FOUND 3/4" REBAR WITH YELLOW PLASTIC CAP MARKED "S&F LAND SERVICES" SET ON SURVEY NUMBER 8-15594, FIELD FOR CONTROL.
- ⊙ INDICATES FOUND MONUMENT AS DESCRIBED IN MONUMENT NOTES ON SHEET 1.
- ⊙ INDICATES MONUMENT NUMBER - SEE MONUMENT NOTES ON SHEET 1.



STATE OF OREGON
 COUNTY OF CLATSOP
 I, DO HEREBY CERTIFY THAT THIS IS A FULL, COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED HEREON.

BY: *[Signature]*
 CLATSOP COUNTY CLERK/REGISTRAR CLERK

L. GARY P. CHRISTENSON, P.S. 2377, DO HEREBY CERTIFY THAT THIS IS A FULL, COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED HEREON.

[Signature]
 GARY P. CHRISTENSON, P.S. 2377

S&F Land Services
 405 W. BROAD STREET, SUITE A, ASTORIA, OREGON 97103
 PHONE: (503) 325-5200 FAX: (503) 325-5205
 WWW.SFLANDS.COM

HURTCO, LLC
 PARCEL 1, P.P. 2010-002
 N.E. 1/4 OF SECTION 23, T8N, R8W, W.M.
 CLATSOP COUNTY, OREGON

REGISTERED PROFESSIONAL LAND SURVEYOR
[Signature]
 JAMES P. HURT
 OREGON
 JANUARY 30, 1989
 GARY P. 2377
 RENEWS: DECEMBER 31, 2019

PARTITION PLAT NO. 2018-020

SURVEY FOR:

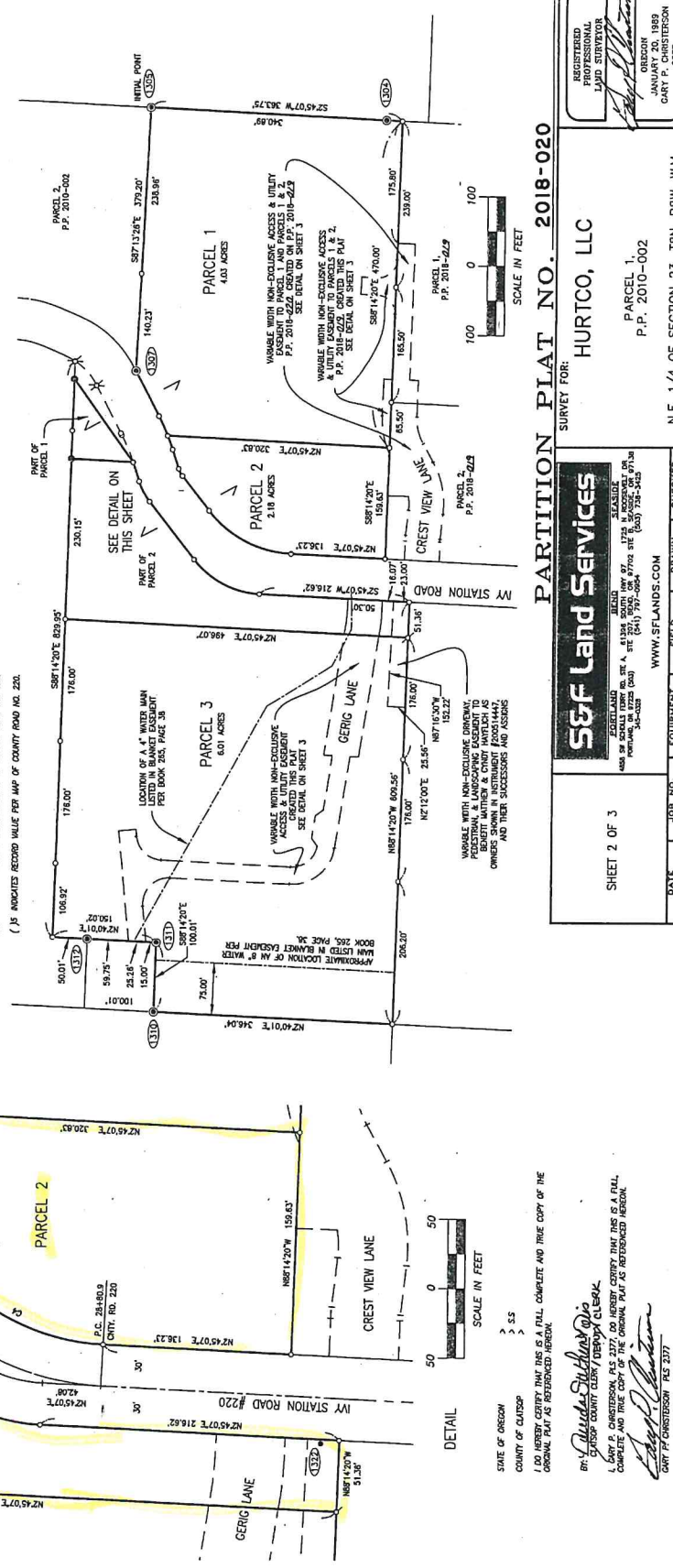
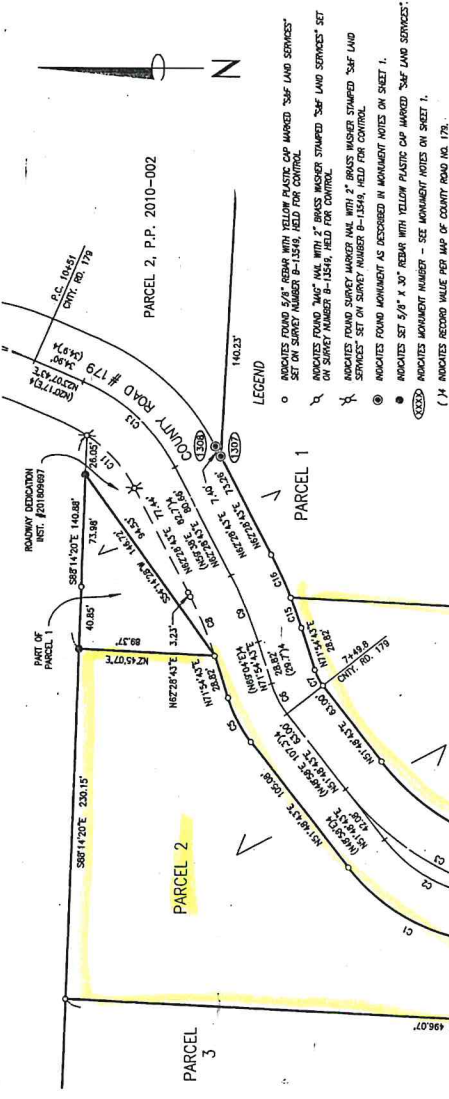
DATE: NOV. 15, 2018
 JOB NO.: 2018-0095-01
 INSTRUMENT #200514447

FIELD: NSW/ENG
 DRAWN: CC
 CHECKED: OPC

SHEET 3 OF 3
 EASEMENT DETAIL

BASIS OF BEARINGS
OREGON STATE PLANE COORDINATES, NORTH ZONE (8401), NAD 83(2011)
AS DETERMINED FROM GPS OBSERVATIONS.

CURVE #	DELTA	RECORD	POINTS	LENGTH	RECORD	BEARING	RECORD	DISTANCE	RECORD
C1	49°03'35"	110.37	128.78	N27°16'55"E	108.93'			108.93'	
C2	49°03'35"	497.674	88.78'	84.58'	N27°16'55"E	1042.200054	62.02'	62.3574	
C3	49°03'35"	557.1375	180.89'	163.33'	N27°16'55"E	1045.5330545	158.58'	158.1075	
C4	49°03'35"	160.99'	160.99'	137.85'	N27°16'55"E		133.67'		
C5	20°06'00"	20705.74	63.65'	22.33'	N81°51'43"E	105701.00754	22.22'	22.2274	
C6	20°06'00"	20705.74	33.66'	11.81'	N81°51'43"E		11.75'		
C7	20°06'00"	20705.74	256.46'	42.23'	N87°11'43"E		42.16'		
C8	20°06'00"	20705.74	292.83'	47.17'	N87°11'43"E		47.11'		
C9	20°06'00"	20705.74	316.46'	21.14'	N87°11'43"E		21.14'		
C10	20°06'00"	20705.74	309.8'	30.95'	N87°16'53"E		30.95'		



PARTITION PLAT NO. 2018-020
SURVEY FOR:
HURTCO, LLC
PARCEL 1,
P.P. 2010-002

S&F Land Services
S&F LAND SERVICES, LLC
2500 N. W. 12TH AVE., SUITE 200
DENVER, CO 80202
(303) 758-5425
WWW.SFLANDS.COM

SHEET 2 OF 3

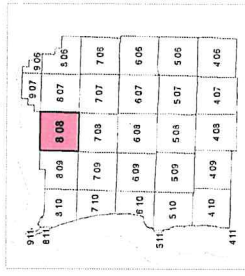
DATE	JOB NO.	EQUIPMENT	FIELD	CHECKED
NOV. 16, 2018	2018-0009-01	MSM/GBS	CC	GPC

STATE OF OREGON
COUNTY OF CLATSOP
I, DO HEREBY CERTIFY THAT THIS IS A FULL, COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS RETURNED HEREON.

BY: *[Signature]*
CLATSOP COUNTY CLERK / DEPUTY CLERK
I, GARY P. CHRISTENSEN, AS 2177, DO HEREBY CERTIFY THAT THIS IS A FULL, COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS RETURNED HEREON.

GARY P. CHRISTENSEN AS 2177

8 08 23 AA
 CLATSOP COUNTY
 NE 1/4 NE 1/4 SEC. 23 T8N R8W WM

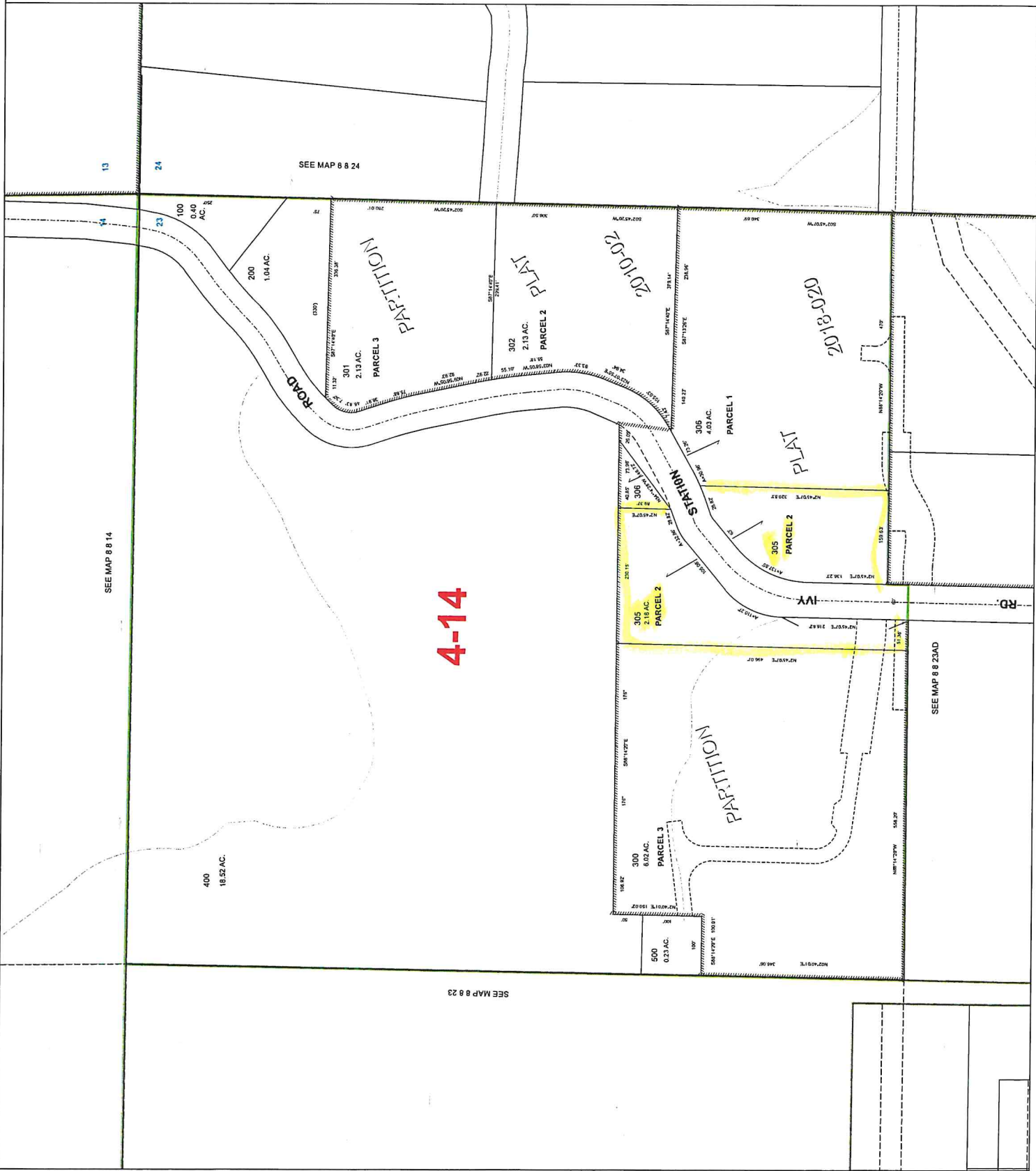


15	14	13
22	23	24
25	26	25

CANCELLED TAXLOT NUMBERS
 303 304



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us
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 PLOT DATE: 1/15/2019
 8 08 23 AA



SEE MAP 8 8 14

SEE MAP 8 8 24

SEE MAP 8 8 23AD

SEE MAP 8 8 23

**ED'S
Septic Tank Cleaning Service**
Licensed & Bonded
Rt. 4 Box 621
ASTORIA, OREGON 97103

CLYDE McDONALD 458-6521

STATEMENT

DATE 2-1-94
NUMBER

Hughes EXCAVATING
Rt 6, BOX 258
Astoria Oregon
Re: *Patricia Weirup*
TERMS: *Rt 6, BOX 69*
Astoria, Oregon

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
<i>2-1-94</i>	<i>1000 Gallon Steel Pumped To Reptace</i>	<i>\$100 00</i>

**ED'S
Septic Tank Cleaning Service**

Thank You PAY LAST AMOUNT
IN THIS COLUMN

PRODUCT 96-2/NEBS Inc. Groton, Mass. 01471 To Order PHONE TOLL FREE 1-800-225-6380

**DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED**

FEB 02 1994

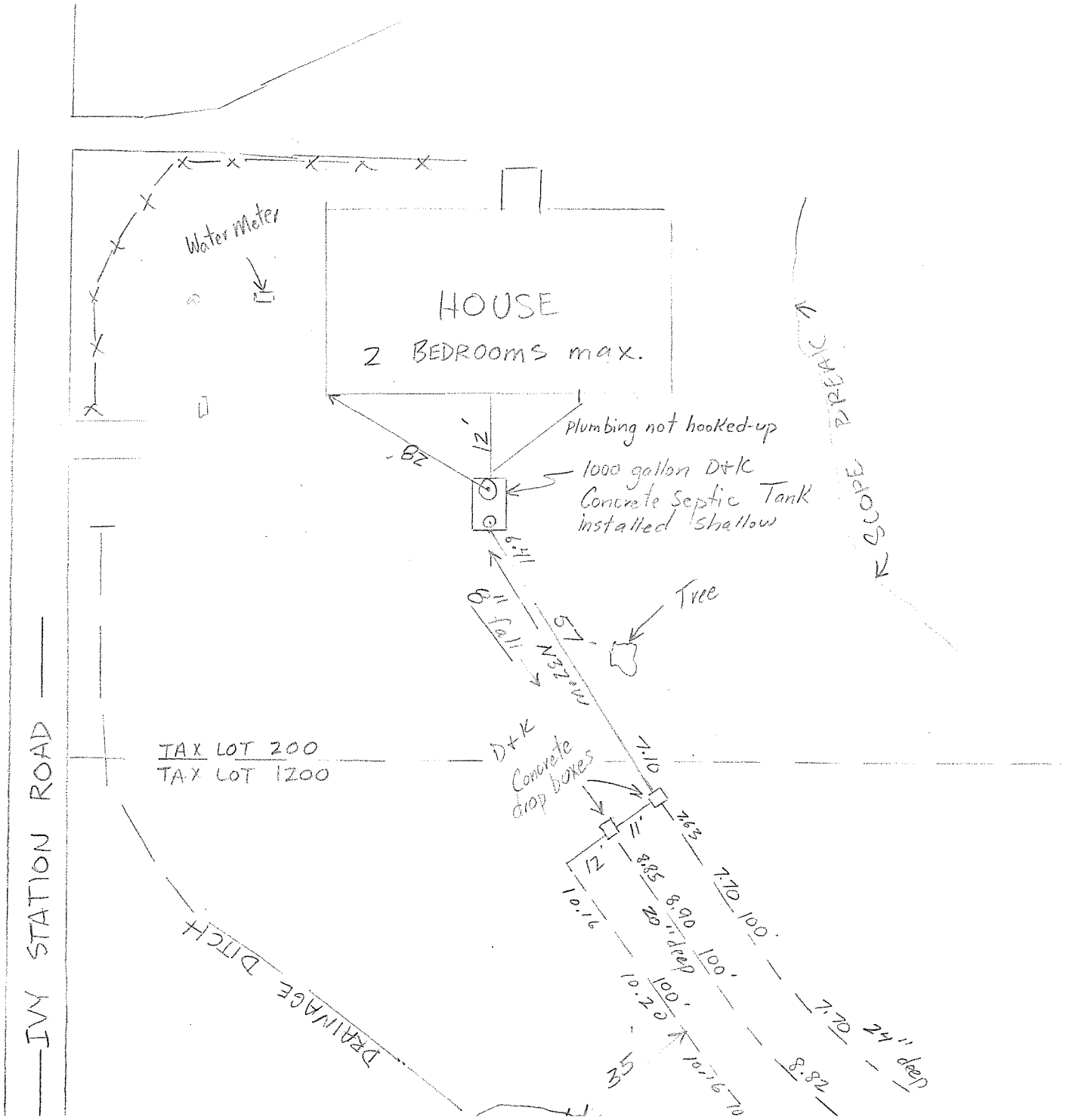
ASTORIA BRANCH OFFICE



Patricia Weirup
 808-23-200/1200
 # 94-05

Dewey Darold
 1-31-94
 As-built / Pre-cover Ins,
 (NTS)

MOBILE HOME



36478
Control No.
\$ 125.00
Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 94-05

New Construction Repair Other _____

Permit Issued To Patricia Weirup 8N 8W 23 200 & 1200 Clatsop
(Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
Ivy Station Road Svensen Dewey Darold 01-10-94
(Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE January 10, 1995 TYPE OF SYSTEM Standard

Average Daily Sewage Flow 150 Gallons/Day Design Peak Sewage Flow 300 Gallons/Day
New concrete Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) _____ Square Feet
Maximum Depth 24 inches. Minimum Depth 24 inches. 300 Linear Feet
Equal Loop Serial Pressurized Minimum Distance Between Trenches 10' on centers
Total Rock Depth 12 inches. Below Pipe 6 inches. Above Pipe 2 inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install as per plot plan and specifications submitted. Sized for a maximum two (2) bedroom residence. Septic tank to be properly abandon and submit copy of the pumping receipt.

PRE-COVER INSPECTION REQUIRED — CONTACT North Coast Branch Office - 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Bill C. Hughes Excavation

Final Insp. Date 2-2-94 See As-built plot plan in file.

Inspected By Dewey Darold

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340, Division 71

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Dewey Darold ES/RS 2-3-94 North Coast Branch
(Authorized Signature) (Title) (Date) (Office)

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

FOR OFFICE USE ONLY
Date Rec'd 11-8-93
Date Completed 1-6-94
Required Fee \$125.00
Receipt No. 59370
Control No. 36478

FOR APPLICANT'S USE - (PLEASE PRINT)

Patricia Weirup (Property Owner's Name)
Conrad Weirup (Applicant's Name if Different from Owner)
Lot Size (Acreage or Dimensions) 17.83
Legal Description of Property 8 (Township) 8 (Range) 23 (Section) 200-1200 (Tax Lot/Acct. No.) Clatsop (County)
For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

[] Single Family Residence _____ (Number of Bedrooms)
[] Other _____ (Specify)

Water Supply

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

Existing Facility

Single Family Residence 2 (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 bedrooms
[] 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.

Conrad Weirup
(Signature)

11-5-93
(Date)

Authorized Representative
[] Licensed Installer
License No. _____

Owner's Mailing Address

RT 6 BOX 67
ASTORIA ORE
97103

Applicant's Mailing Address (if different)

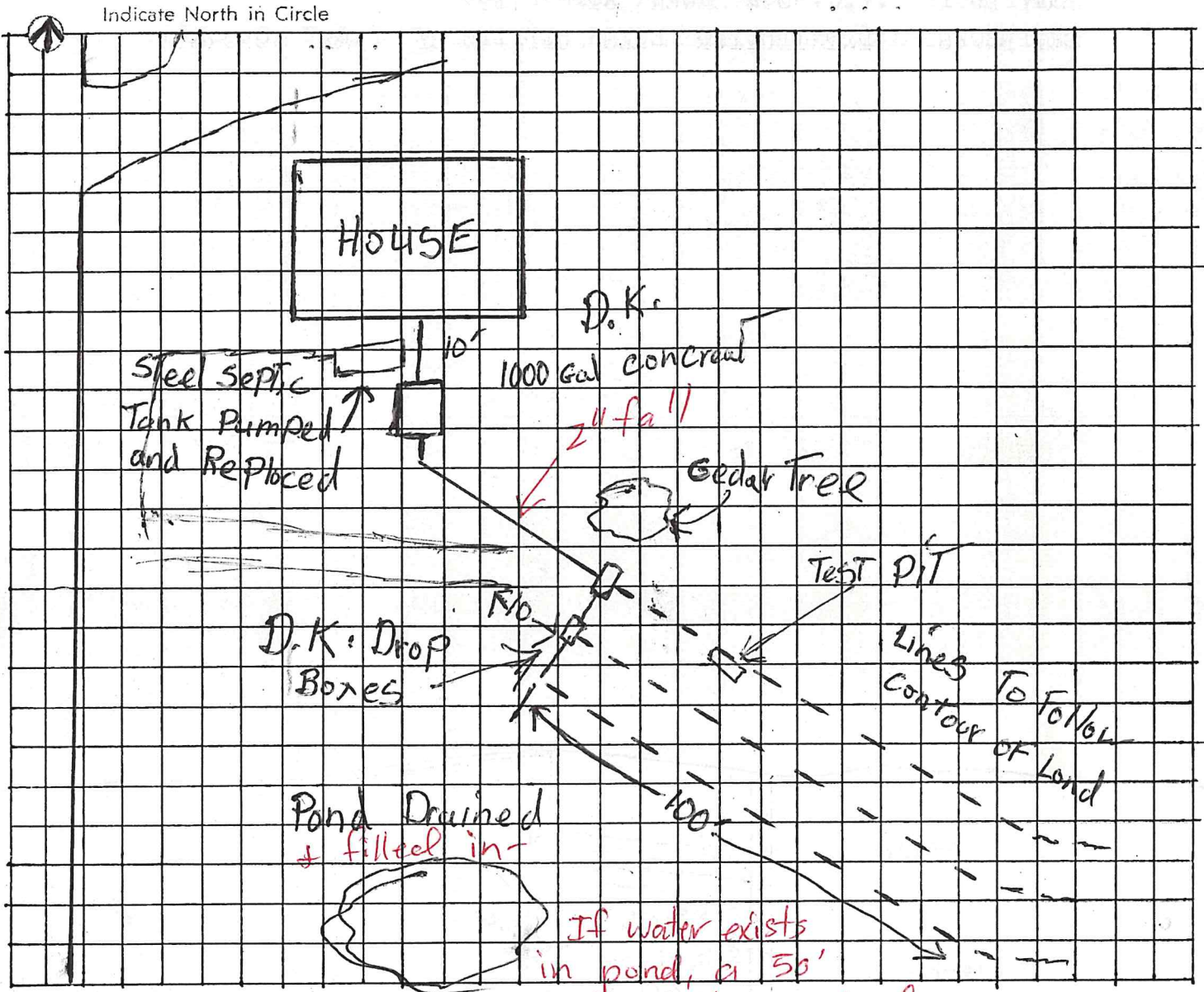
Phone 458-5141

Phone _____

IW\WC8\WC8690 (7-19-91)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner Patricia Weirup Date 1-3-94
Location: T. 8N R. 8W Sec. 23 Tax Lot/Acct. No. 200 & 1200



REMARKS: THIS SYSTEM WILL BE INSTALLED WITH D.E.Q. APPROVED MATERIALS AND RULES!

Biel Hunter

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

FOR DEQ USE ONLY

JAN 06 1994

- Approved
- Disapproved

Permit Number _____
By: _____ (SANITARIAN SIGNATURE)
(DATE)

ASTORIA BRANCH OFFICE

DEPARTMENT OF ENVIRONMENTAL QUALITY

North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

Date: November 17, 1993

Patricia Weirup
Route 6 Box 67
Astoria, OR 97103

Re: Evaluation Report for On-Site Sewage Disposal Repair
T8N, R8W, Section 23, Tax Lot 200 & 1200, Clatsop County,
East side of Ivy Station Road and south of mobile home.

Dear Patricia:

I have conducted an evaluation on the above described property for a repair (replacement) on-site sewage disposal system. This evaluation and report is based upon current Department of Environmental Quality regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) Chapter 340, Divisions 71, 72 & 73.

During the site visit on November 10, 1993, the steel septic tank lid was exposed. The lid was removed and sewage effluent was observed well above the top of the outlet invert and up to the level of the tank lid. Two disposal trenches were probed out. Sewage effluent was ponding downslope in the disposal field area. Gray water from the kitchen was observed ponding at a point where the connection between the septic tank inlet and the gray water discharge pipe was made.

An artificial pond has been created downslope of the drain field. It is not possible to maintain the minimum 100 foot setback to this surface water. As a result, this pond will need to be filled in with soil. Conrad Weirup agreed to abandoned the pond.

Since the septic system encompasses two separate tax lots, an easement between the two tax lots is required. You may be able to avoid the need for an easement by having the two separate lots combined. You can contact the Clatsop County Assessor's Office to determine if this is feasible. If not, then an easement form must be notarized, filed in the Clatsop County Clerk's office and recorded on the deed to the property. Please bring the easement form to our office before filing to make sure it has been filled out correctly. A copy of the easement form is enclosed.



Patricia Weirup
November 17, 1993
Page 2

Based upon the results of the study, on-site sewage disposal repair is feasible for the installation of a **Standard Serial Distribution System**, as described in the enclosed construction detail and setback sheets. Only a limited area of this property is available for sewage disposal without the use of an effluent pump system. The disposal field must be installed in the approved area (most upslope disposal trench located on test pit) as indicated on the enclosed site diagram. The existing steel septic tank must be properly abandoned and the new DEQ approved septic tank should be set as high as possible so as to maintain a setback to the drainage way which runs through the lower portion of the property.

Please note that this approval is site specific to the area tested and does not address or warrant the potential or feasibility of locating the system elsewhere on the property.

For repair permit issuance, a detailed and to-scale plot plan is required. The plot plan must show the layout of the entire system including setbacks to the property lines, water line, building foundations, etc. Also include a materials list giving type and capacity of septic tank to be used and manufacturer of drop boxes. The plot plan must show the test pit with the most upslope disposal trench being installed on the test pit. You can install the trenches further upslope, if possible. The completed plot plan must be submitted to our office by **November 30, 1993, and the system installed no later than December 15, 1993.** Failure to follow through with these compliance dates may result in our office referring your file onto the Department's Enforcement Section.

If you should have any questions, please feel welcome to contact me at 861-3280.

Sincerely.

Dewey Darold

Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region
Water Quality

enc: Site Diagram
Construction Detail Sheet
Setback Sheet
Easement Form

cc: Conrad Weirup
Bill C. Hughes, Bill C. Hughes Excavation

STANDARD SYSTEM CONSTRUCTION I TAIL SHEET

Date 11-17-93

Applicant Patricia Weirup

Tax Lot 200 + 1200 Section 23 Twp 8 Rng 8 Acreage 17.83/5.57

X 1. For the installation of an STANDARD SEWAGE DISPOSAL SYSTEM on the above property, the following construction specifications shall apply:

X The septic tank shall have minimum liquid capacity of 1000 gallons.

X The disposal field shall be constructed in Serial distribution with a MAXIMUM TRENCH DEPTH of 24 inches and a minimum trench depth of 24 inches. There must be at least 12 inches of backfill over the top of the drainrock, measured from the natural ground surface.

X With the soil conditions on this site, 150 lineal feet of disposal trench will be required per 150 gallons maximum projected daily sewage flow. For the proposed development, a minimum of 300 total lineal feet of disposal trench is required. Disposal trenches shall be constructed 2 feet wide on 10 foot minimum centers with no individual trench exceeding 125 feet in length. The trenches and distribution piping shall be installed within one (1) inch of level, contoured to the natural ground surface.

_____ A curtain drain is required as a component of this system. This groundwater interceptor shall be constructed 12 inches wide by _____ inches deep with _____ inches of clean drainrock placed over a 4 inch perforated collection pipe. The trench and collection pipe shall be constructed on a grade of 0.2 to 0.4 feet of fall per 100 feet of line. A minimum 10 foot upslope setback must be maintained from the disposal trenches. The collection piping shall be exhausted by a non-perforated pipe to a point below and away from the disposal field. The end of the outfall shall consist of heavy duty pipe with the outlet protected by a flap gate or grate.

_____ An effluent lift pump may be necessary to construct the disposal field in the approved area at the correct trench depths.

_____ The top of the disposal trench drainrock shall be protected by filter fabric.

X Specific construction setback requirements are outlined in the enclosed listing.

_____ 2. The following conditions shall apply to this system installation:

_____ For sanitation purposes, the minimum lot size for this single building site is _____.

_____ This lot size will require an approved off-site public or community water supply.

_____ This system shall not be installed on slopes in excess of _____ percent.

_____ Construction of this system is limited to the summer months (June through September) with dry soil and site conditions.

_____ No part of the system shall be installed within the _____ easement or right-of-way.

 3. Special Conditions: System sized for a maximum two
bedroom residence.

Dewey Donald
Sanitarian, DEQ Astoria Branch Office

MINIMUM SETBACK REQUIREMENTS

Date 11-17-93

Applicant Patricia Weirup

Tax Lot 200+1200 Section 23 Twp 8 Rng 8 Acreage 17.83/5.57

SETBACK REQUIRED (as marked)	DISPOSAL FIELD OR AREA ¹	TREATMENT AND DISTRIBUTION UNITS ²
<input checked="" type="checkbox"/> Groundwater Supplies (wells) ³	100'	50'
<input type="checkbox"/> Springs		
Upslope from system	50'	50'
Downslope from system	100'	50'
<input type="checkbox"/> Surface Public Waters ⁴	100'	50'
For Sand Filter System (only)	50'	50'
<input checked="" type="checkbox"/> Intermittent Streams ⁵	<u>50'</u>	<u>50'</u>
<input checked="" type="checkbox"/> Groundwater Interceptors ⁶		
On a slope 3% or less	20'	<u>20'</u>
On a slope greater than 3%		
- Upslope from system	10'	10'
- Downslope from system	<u>50'</u>	25'
<input type="checkbox"/> Cuts Manmade ⁷	_____'	_____'
<input type="checkbox"/> Escarpments ⁸	_____'	_____'
<input type="checkbox"/> Curtain Drains		
Upslope from system	10'	10'
Downslope from system	50'	25'
<input checked="" type="checkbox"/> Property Lines	10'	10'
<input checked="" type="checkbox"/> Water Lines	10'	10'
<input checked="" type="checkbox"/> Building Foundations (all)	10'	5'
<input type="checkbox"/> Other _____	_____'	_____'

Special Conditions: Artificial pond to be abandoned + filled in.
stay 25' feet from this abandoned pond.

¹ Includes all disposal trenches, "bottomless" sand filter, seepage beds and replacement area.

² Includes septic tank, effluent sewer, header pipes, drop boxes, distribution box, sand filter, dosing tank, pressure line, etc.

- 3 Includes temporarily abandoned wells, agricultural wells, etc.
- 4 Means creeks, streams, rivers, lakes, bays, ponds, marshes, reservoirs, etc.; public or private, natural or manmade setback measured from bank drop-off or mean yearly high water mark.
- 5 Drainageway or groundwater interceptor that continuously flows water for a period of greater than 2 months but not continuously for any year.
- 6 Any natural or artificial groundwater or surface water drainage system including footing drains, agricultural drain tile, ditches, etc.
- 7 Land surface as a result of mechanical land shaping where the modified slope exceeds 50 percent, and the depth of the cut exceeds thirty (30) inches or the effective soil depth.
- 8 Natural occurring slopes greater than 50% which extend vertically 6 feet or more calculated from top to toe characterized by a cliff or steep hillside; setback is measured from top of slope break.

Dewey Donald

Sanitarian, DEQ Astoria Branch Office

SOIL EVALUATION FIELD WORKSHEET

Tax Reference: 808-23-200 + 1200 Evaluator: Lewey Darold
 Applicant: Patricia Weirup Date: 11-10-93 Parcel Size: 17.83 Acres / 5.57 Acres

DEPTH	TEXTURE	SOIL MATRIX COLOR AND MOTTLING (NOTATION), % COARSE FRAGMENTS, ROOTS, STRUCTURE, LAYER LIMITING EFFECTIVE SOIL DEPTH, ETC.
Pit 1	0"-10"	SiL 10YR 3/2 v. dk. grayish brown, mod fine gran, fri
	10"-21"	SiCL 10YR 4/4 dk. yellowish brown, wk ^{med} SBK, fri - firm -
	21"-24"	SCL 10YR 5/6 yellowish brown.
	24"-40"	SCL 10YR 7/1 lt. gray w/ 7.5 YR 4/6 strong brown, faint few mottles
	40"-60"	SL 10YR 7/1 w 7.5 YR 6/8 reddish yellow mottles / variegated
Pit 2		
Pit 3		
Pit 4		

Landscape Notes: Mountain Hilltop
 Slope: 0-7% Aspect: S Groundwater Type: Temporary
 Other Site Notes: Mr. Conrad Weirup on-site. Severson Gries - Sandstone

SYSTEM SPECIFICATIONS

Peak Daily Flow: _____ gpd Average Daily Flow: _____ gpd

- Initial System: _____ Disposal Facility: _____ (linear feet/square feet) Max. Depth: _____ inches
- Replacement System: _____ Disposal Facility: _____ (linear feet/square feet) Max. Depth: _____ inches

Special Conditions: _____

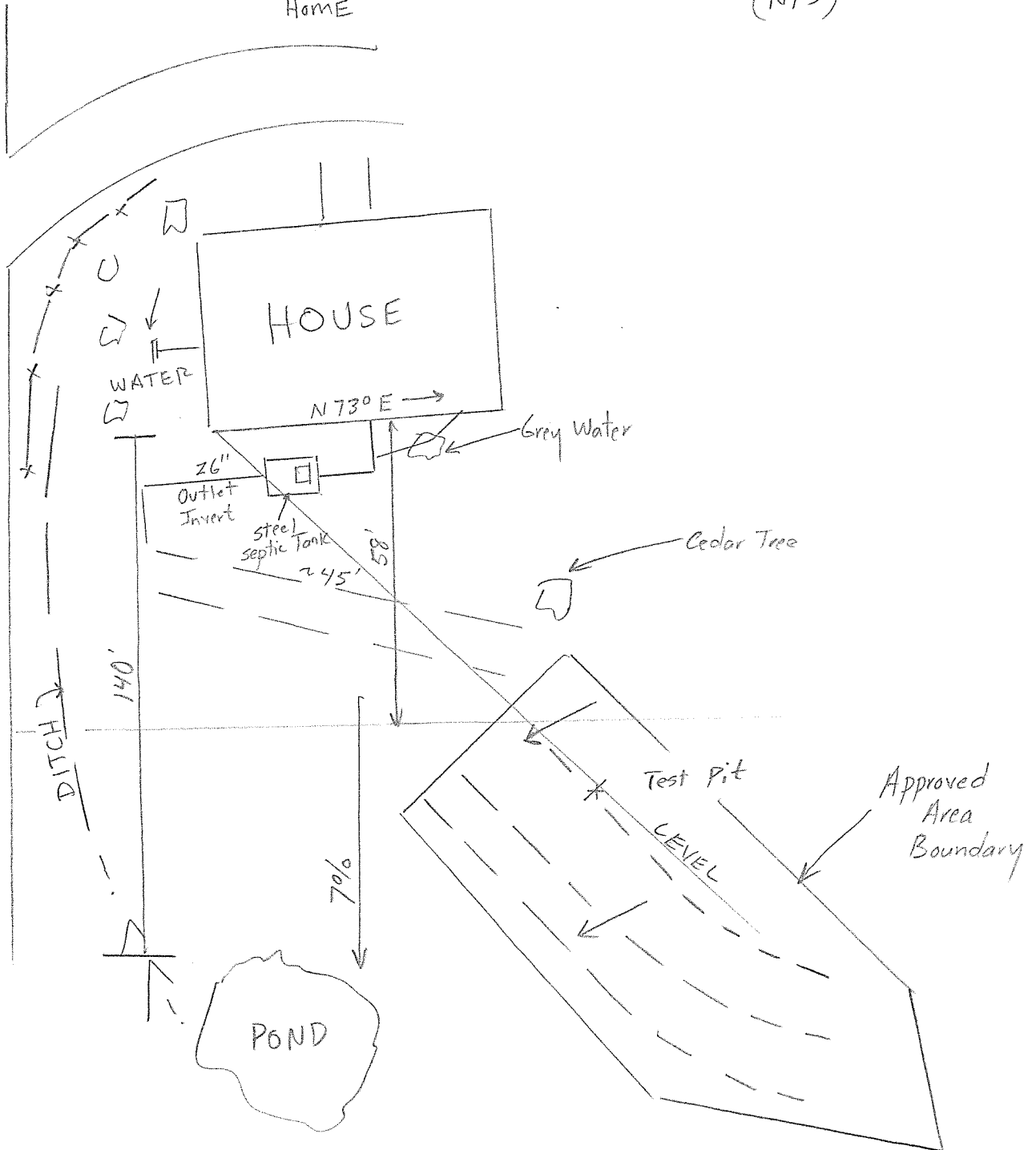
PLOT PLAN ON REVERSE SIDE



Patricia Weirup
808-23-200 + 1200

Dewey Dorold
11-10-93
R.P.
(NTS)

MOBILE HOME



Tax Lot 200
Tax Lot 1200

DEPARTMENT OF ENVIRONMENTAL QUALITY

North Coast Branch Office
17 North Highway 101
Warrenton, OR 97146
Phone (503) 861-3280

Date: November 1, 1993

TO: Patricia Weirup
T8N,R8W,S23,TL200 17.83 Acres
Ivy Station Road

FROM: Dewey W. Darold, R.S.
Environmental Specialist

SUBJECT: Complaint Investigation

On November 1, 1993, at 4:15 pm, I stopped by the above described property to investigate a sewage complaint. At that time, I spoke with a Mr. Conrad Wierup. I observed sewage effluent on the ground surface about 30 to 40 feet south of the house which is south of the mobile home on the east side of Ivy Station Road. I told Mr. Weirup that we would need to have him come into our office and make application for a Department repair permit. He said that he was aware of the sewage problem. His mother, Patricia, is the deed holder of the property.

I showed Conrad where to dig a test pit and told him that it would need to be a minimum 100 feet from the pond downslope. Also, told him that he would need to uncover the septic tank lid. They said that they were going to fill the pond in. I told them that would be alright but would still like to maintain a minimum 50 foot setback and could not install a new disposal field in the area which is already septic. Told him that I would not write a NON if we receive a repair application within one week. Conrad said that he would be in by one week. Conrad's wife and his mother were on-site, I suspect.

Bk 830 Pg 992

DEPT. OF ENVIRONMENTAL QUALITY
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EASEMENT

DEC 17 1993

ASTORIA BRANCH OFFICE

WHEREAS PATRICIA M. WEIRUP ("GRANTOR") is the owner of the following two lots (or parcels) of real property located in _____ County, Oregon, to wit:

system

Lot I: ^{TAX LOT} 1200-200 Township 8N Range 8W Sec. 2

dwellling

Lot II: ^{TAX LOT} 200 Township 8N Range 8W Sec 2E

WHEREAS GRANTOR has applied to the State of Oregon through its Department of Environmental Quality ("State" or "GRANTEE") for a report of site evaluation for the proposed construction of an individual on-site sewage disposal system ("Report") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules, 340-71-130(11)(b) and 340-71-150(4)(a) require GRANTOR to execute an easement and covenant in favor of the State as a condition precedent to issuance of a favorable report concerning the construction of a system on one lot intended to serve another lot;

NOW THEREFORE, in consideration of the issuance of the report to GRANTOR by the State, and other good and valuable consideration, receipt of which is hereby acknowledged, GRANTOR hereby conveys to the State ("GRANTEE"), its successors and assigns, a perpetual, non-exclusive, appurtenant easement in, upon, and running with Lot I allowing the GRANTEE'S officers, agents, employees and representatives to enter and inspect, including by excavation, the on-site sewage disposal system on Lot I serving Lot II.

GRANTORS, for themselves and their heirs, successors and assigns, covenant and agree:

- 1. To grant or reserve, and record a utility easement, in a form approved by the GRANTEE, in favor of the owner of Lot II upon severance of the above described lots; and

Bk 830 pg 993

2. That Lot I shall not be put to any use which would be detrimental to the permitted system or contrary to any law (including an administrative rule) applicable to the permitted system.

Patricia M. Weisup

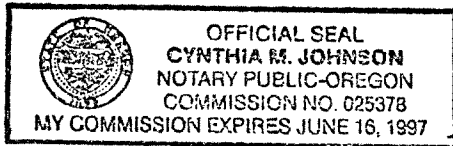
IN WITNESS WHEREOF, the GRANTOR executed this easement on this 16th day of December, 1993.

(Grantors)

STATE OF OREGON)
County of Clatsop) SS
Dreille, 1993)

Personally appeared the above-named Patricia M. Weisup and acknowledged the foregoing instrument to be their voluntary act.

Before me:



Cynthia M. Johnson
NOTARY PUBLIC FOR OREGON
My Commission Expires: 6/16/97

Return to
XL3443
Patricia Weisup
Rt 6 Box 67
Astoria

I certify that the within instrument was received for the record and recorded in Clatsop County, State of Oregon.

93 DEC 16 14:58

9311099

By *Lori D. Davidson* (initials)
LORI D. DAVIDSON, Clatsop County Clerk

FEE: (ORS 205.320)		
2 pages(s) @ \$5 =	10	
\$10 PLCP Ord	=	10
\$20 Trans Fee	=	20
\$5 Judgment	=	
\$5 Misc.	=	
\$20 TAI Ord	=	
Other:		
TOTAL FEES PAID =	40	
Cash/Check #		
From: <i>C. Weisup</i>		Billing Code

CLATSOP COUNTY HEALTH DEPARTMENT
Sewage Disposal Plot Plan

72-358
~~72-358~~

Date:

Owner: *Wetzel, Conrad*

Building Application #

Installer

Instructions: All plans shall be drawn to scale showing direction and approximate slope of the surface, location of wells and water supply lines, areas intended for vehicular use, and all structures on the plot. It shall also show the number of bedrooms in each structure, and the location of the proposed subsurface sewage disposal system with respect to lot lines and structures. (See example on reverse side.) Show a reserved area for repair or expansion of the disposal system. This area shall be located in adequate soil and be at least equal to the area required for the original system.



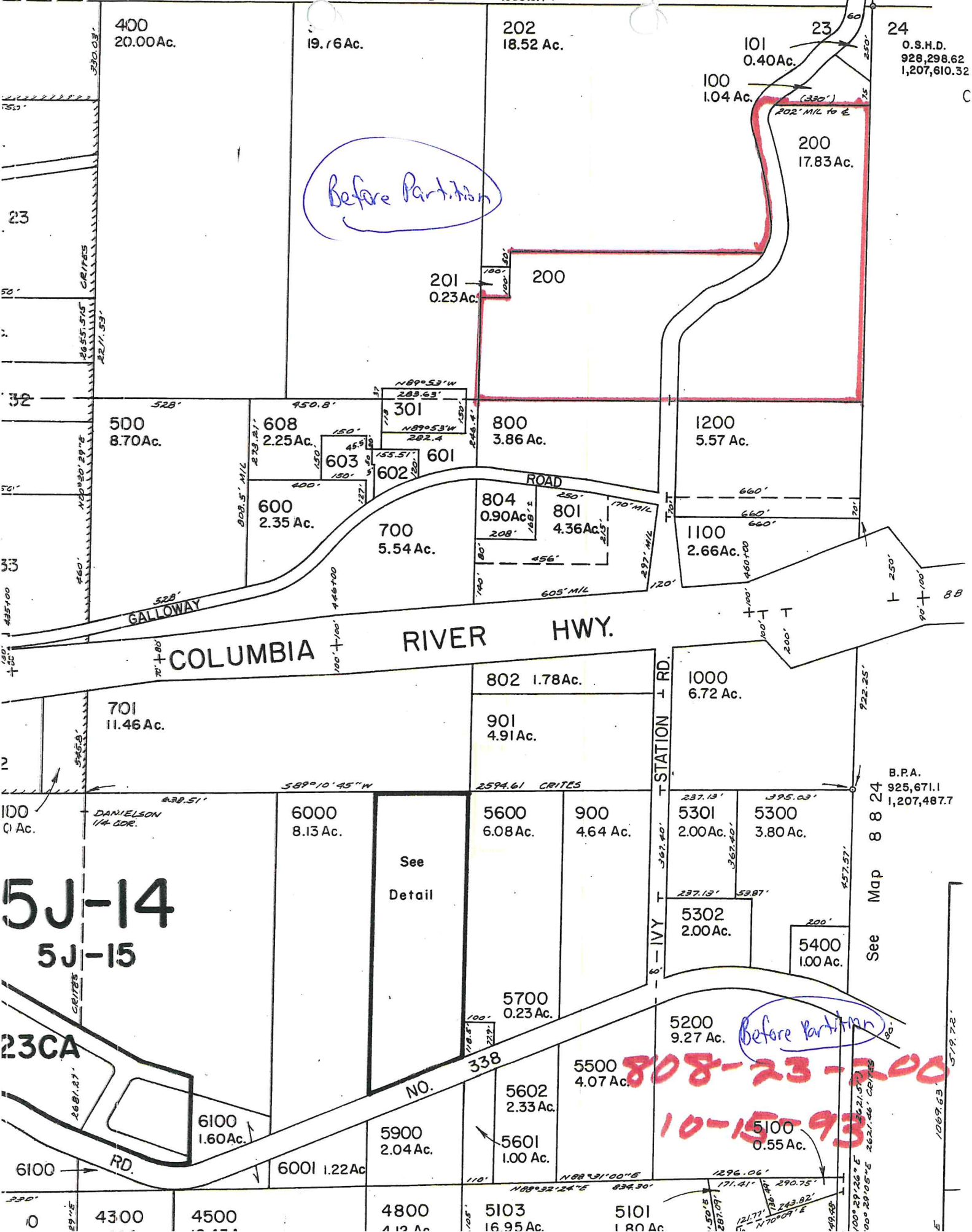
Approved: County Sanitarian

By *David W. O'Rourke*

Date *12-21-72*

Scale: One square equals 10 feet

N 89° 42' 47" E 2602.44'



Before Partition

Before Partition

808-23-200

10-15-93

5J-14
5J-15

23CA

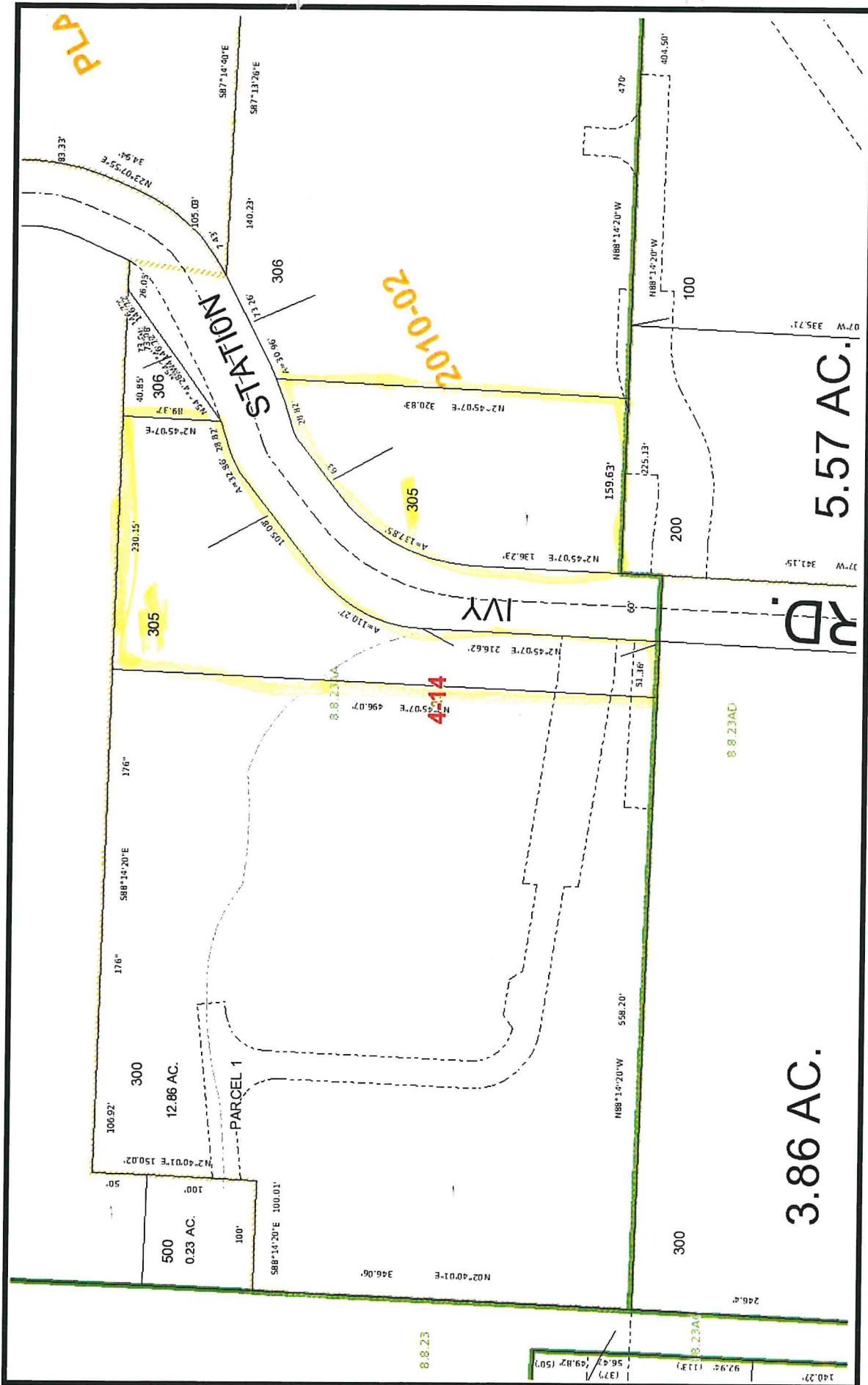
O.S.H.D.
928,298.62
1,207,610.32

B.P.A.
925,671.1
1,207,487.7

See Map 8 8 24

1069.63 5719.72

Map



8-8.23AA-305 = 2.8 acres



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.

