



Certificate of Satisfactory Completion
Repair (Minor) - Residential - Renewal

186-501413-ONS

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: 08/31/2021

Work Description: Repair Permit - Minor - IVR NUMBER = 186900037703 ~ IVR PHONE = 1-888-299-2821

Primary Contractor: Complete Septic Service
Installer/Pumper License: 37864
Address: 41092 Ziak-Gnat Creek Lane
 Astoria OR 97103-8434
Phone: (503) 458-6870
Email: jeffreylebo@gmail.com

Owner: STUHR GLENN D/ELIZABETH P

Property Address: 92693 T T Larson Rd, Astoria, OR
 97103

Parcel: 80823B001400 - Primary

Township: 8 **Range:** 08 **Section:** 23

Lot Size: N/A **Water Supply:** Other - Public: Wickiup
Zoning: N/A **City/County/UGB:** N/A
Land Use Approval: N/A

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	Single Family Dwelling	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type: Tank Only
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** N/A
Special Tank Requirements: Design flow annotation: REPLACING STEEL TANK. Tank size annotation: NORWESCO POLY.

Special Requirements

Groundwater Type: Not Applicable **Groundwater Depth:** N/A

Date Certificate Issued: 08/31/2021
Work Description: Repair Permit - Minor - IVR NUMBER = 186900037703 ~ IVR PHONE = 1-888-299-2821

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

Lucas Marshall

Environmental Health Specialist I

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 – ONSITE ID: 501413

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

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AUG 31 2021
 CLATSOP CO: PUBLIC HEALTH

Section 1: Owner/Permittee Information:

Name: **Stuhr Glenn D/Elizabeth P**
 Property Address: **92693 T T Larson Rd, Astoria**
 Township **8** Range **08** Section **23B0** Tax Lot(s) **01400**

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 NORWESCO Date 8-30-21
 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 30-34 PVC Length 58"
 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

D. Drainfield Media

Type: Gravel, Pipe or Alternative? _____
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____
 Comment: _____

*Clatsop County Department
of Public Health
On-Site Waste Water Program*
 Approved By [Signature]
 Permit Length 501413
 Date 8/31/21

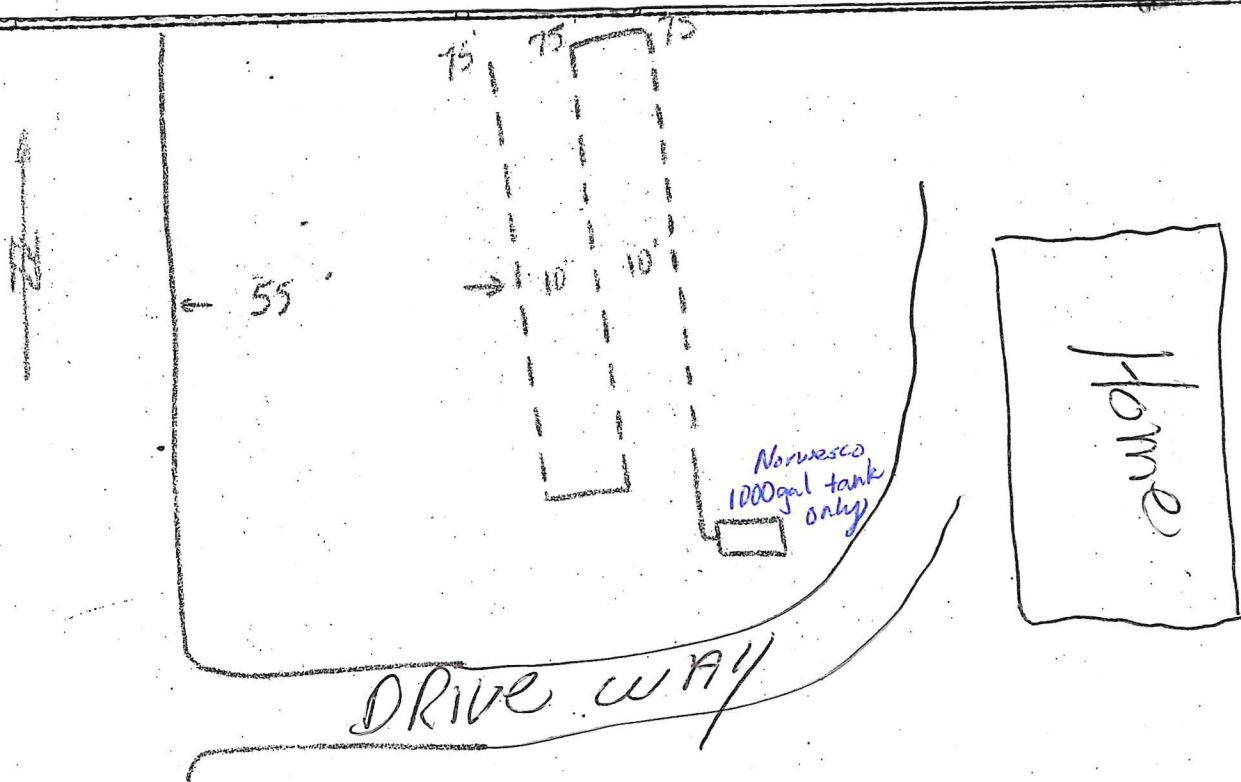
Section 3: As Built Plan of the Constructed System

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/Permitte/Certified Installer w/Certification # _____ Print Name: Complete septic service
 Licensed Installer Yes No License # 37864 Certification # R197
 Owner/Certified Installer Signature [Signature] Date 8-30-21
 Phone 458-6870 Phone _____ Email _____

Section 5: Office Use Only

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

Clatsop County Department
of Public Health

On-Site Waste Water Program

Approved By [Signature]

Permit No. 501413

Date 8/31/21

Comment _____



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

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 CLATSOP CO. PUBLIC HEALTH

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

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

Property Owner: ELIZABETH STUHR

Septic Tank Location: 92693 TT LARSON RD ASTORIA, OR

Legal Description: T 8 R 8 S 2380 Lot 1400

Date Tank Pumped: 8-30-21

By: [Signature] License #: 37864
 (signature of licensed pumper)

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

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

This septic tank was removed and properly disposed of.

By: [Signature] Date: 8-30-21
 (signature of operator/owner)

**Clatsop County Department
 of Public Health
 On-Site Waste Water Program**
 Approved By [Signature]
 Permit No. 501413
 Date 8/31/21



Septic Permit

Repair (Minor) - Residential - Renewal

186-501413-ONS

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: 9/23/19	Expiration date: 5/27/22
Work description: Repair Permit - Minor - IVR NUMBER = 186900037703 ~ IVR PHONE = 1-888-299-2821	

Primary contractor: Complete Septic Service
Installer/Pumper License: 37864
Address: 41092 Ziak-Gnat Creek Lane
Astoria OR 97103-8434
Phone: (503) 458-6870
Email: jeffreylebo@gmail.com

Business License: N/A

Owner: STUHR GLENN D/ELIZABETH P	Property address: 92693 T T Larson Rd, Astoria, OR 97103
Parcel: 80823B001400 - Primary	Township: 8 Range: 08 Section: 23
Lot size: N/A	Water supply: Other - Public: Wickiup
Zoning: N/A	City/County/UGB: N/A
Land use approval: N/A	County: N/A
Action: Renewal	Type of application: Repair (Minor) - Residential
System failing: N/A	Septic tank last pumped: N/A
Comments: N/A	

Category of construction: Residential

	Existing	Proposed
Use of structure:	Single Family Dwelling	N/A
Number of bedrooms:	3	N/A

System Specifications

Type:	Tank Only	ATT description:	N/A
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A
Special tank rqmts: Design flow annotation: REPLACING STEEL TANK. Tank size annotation: NORWESCO POLY.			

Special Requirements

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

Conditions of approval

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.)

Date issued: 9/23/19

Expiration date: 5/27/22

Work description: Repair Permit - Minor - IVR NUMBER = 186900037703 ~ IVR PHONE = 1-888-299-2821

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.

Lucas Marshall

Environmental Health Specialist I

9/23/19



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

October 20, 2020

186-501413-002

(Pd)

CK# 11965

\$ 275⁰⁰

Reminder Permit Expiring

Glenn and Elizabeth Stuhr
92693 TT Larson Rd
Astoria, OR. 97103

Permit # 501413
Expiration Date: 09/22/2020
Property Description: 80823B001400

On 9/23/2019 Clatsop County issued septic permit #501413 for the above described property. The permit has expired on 9/22/2020. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to renew this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to reinstate this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for renewal or reinstate, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (NOTE: this option does not apply to repair permits). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a new permit must be obtained at the current permit fee price.

Signature: _____ Date: _____

Phone: _____ Email: _____



Transaction Receipt
Record ID: 186-501413-ONS
IVR Number: 186900037703

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

Receipt Number: 456451

Receipt Date: 5/27/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 92693 T T LARSON RD, ASTORIA, OR 97103
Parcel: 80823B001400

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
5/27/21	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
5/27/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
5/27/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Check number: 11965	Payer: COMPLETE SEPTIC SERVICE	Payment Amount:	\$275.00
-----------------	---------------------	--------------------------------	-----------------	----------

Cashier: Annette Brodigan

Receipt Total: \$275.00

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

Yvonne Van Nostran

Authorized Agent:

Title:

Date Issued:

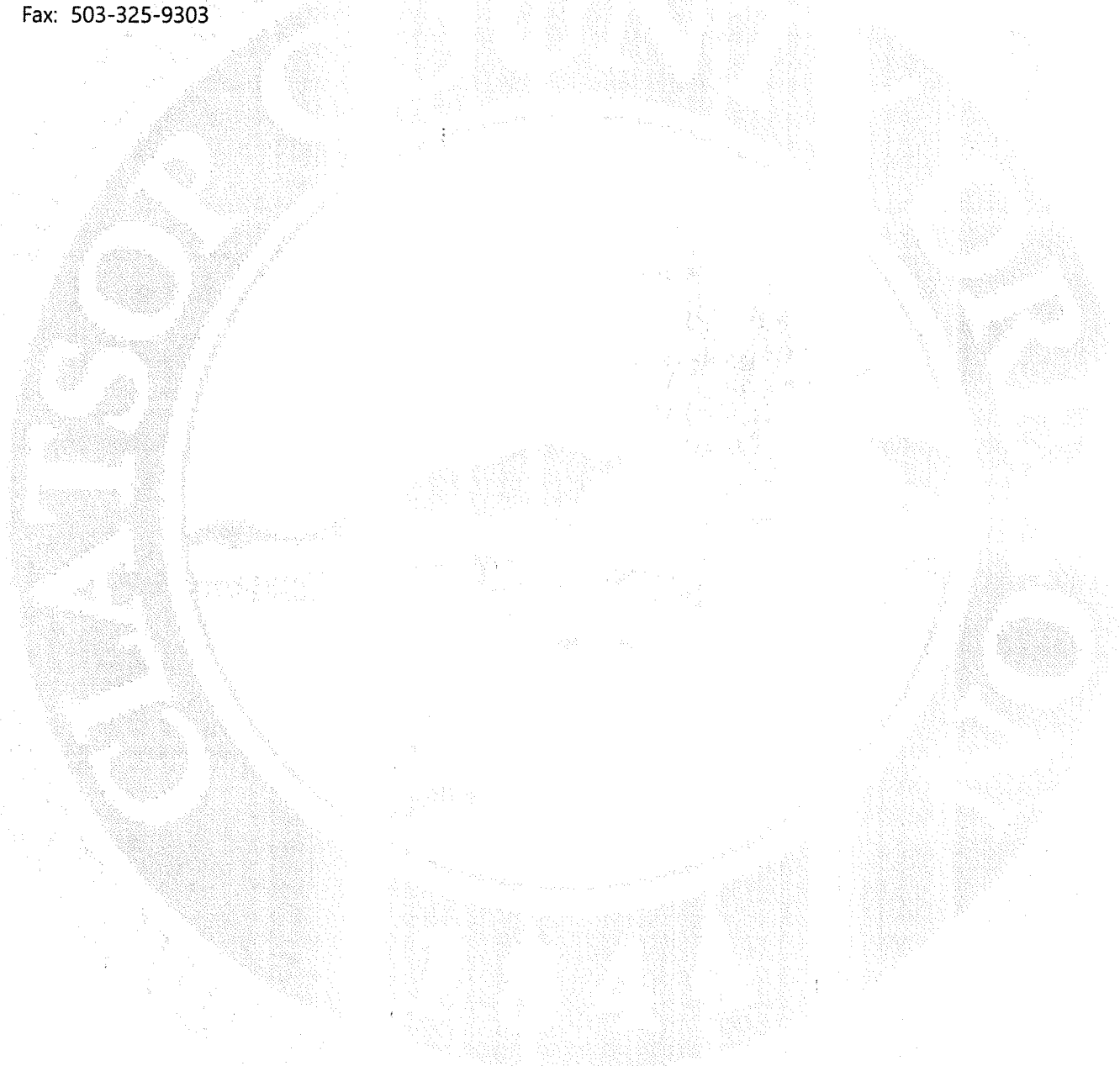
Expiration Date:

Yvonne Van Nostran

Environmental Health Specialist

9/23/2019

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





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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SEP 23 2019

CLATSOP CO. PUBLIC HEALTH
 (Pd) CK# 11378
 \$ 373⁰⁰

1501413

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: Betty Stahr Mailing Address (Street, PO Box, City, State, Zip): 92693 T.T. Larson Rd Phone Number: 458-6911

B. Legal Property Description

Township: 8 Range: 8 Section: 23B Tax Lot: 1400 Tax Account Number: 20625 Acreage or Lot Size: 2.47
 County: Clatsop Subdivision Name: _____ Lot: _____ Block: _____

Property Address: 92693 T.T. Larson Rd Astoria OR
 (Street, City, State, Zip)

Directions to Property: Hwy 30 East to Old Hwy 30 to Pearson Rd

C. Existing Facility / Proposed Facility / Water Information

Existing Facility	Proposed Facility	Water Supply
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name
Number of Bedrooms: _____	Number of Bedrooms: _____	<input type="checkbox"/> Private _____ Well, Spring, Shared
<input type="checkbox"/> Other: <u>3</u>	<input type="checkbox"/> Other: _____	

D. Type of Application

- | | | |
|---|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input checked="" 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 checked="" 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: Jenny Lebo Date: 9-23-19
 Applicant's Name (Please Print Legibly): Jenny Lebo Applicant's Phone: 458-6870 Applicant's E-Mail Address: _____
 Applicant's Mailing Address: 4102 ZIAK-GNATICR LN

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



Clatsop County
Onsite Septic System Program
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-9502
www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

#501413

Notice Authorizing Representative

X ELIZABETH STUHR have authorized

Complete Septic 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

92693 T. LARSON RD ASTORIA OR
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 8 Section 23B Tax Lot 1400 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

X Name: ELIZABETH STUHR Email: _____
Mail Address: 92693 T. LARSON RD City/State/Zip Astoria, Oregon, 97103
Phone: 458-6911 FAX: _____
Signature: Elizabeth Stuhr Date: Sep-9-2019

Name: Complete Septic Service Email: _____
Mail Address: 41092 ZIAK GNAICRIN City/State/Zip ASTORIA OR 97103
Phone: 458-6877 FAX: _____
Signature: [Signature] Date: 9-23-19



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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CLATSOP CO. PUBLIC HEALTH

#501413

8-8-238-1400

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? 1977 77-259
Date Permit Number
3. Tank material: Concrete Steel Plastic or Fiberglass Unknown
4. Septic tank volume (in gallons): 1000
5. When was the septic tank last pumped? (Attach receipt if available) _____
6. Number of disposal trenches: 3
7. Total length of disposal trenches (in feet): 225
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? 1
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: [Handwritten Signature]

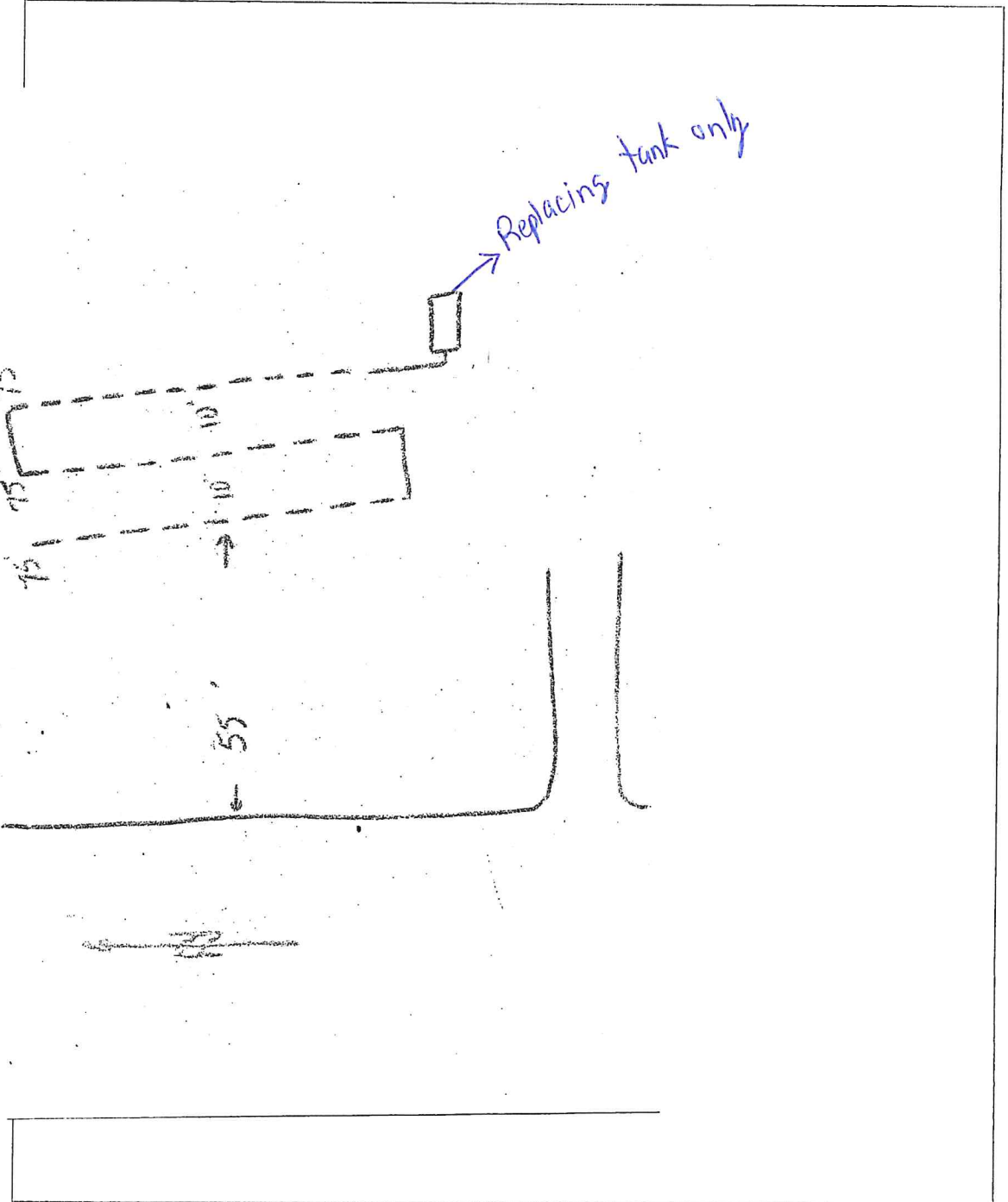
Date: 9-23-19

PLOT PLAN

Property ID: _____ Site Address: 92693 T.J. Larson Rd, Astoria Date: _____

Applicant Signature: _____ 8-8-23 B-1400 Date: _____

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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CLATSOP CO. PUBLIC HEALTH
#501113
1 inch = 20 feet



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 Onsite Septic System Program
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 Phone 503-325-9302
 www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

8-8-23B-1400

SEPTIC SYSTEM INSTALLED MATERIALS LIST:

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.

FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

Section 1

Property Owner: BETTY SUEHR Permit Number: 501413
 Township: 8 Range: 18 Section: 22B Tax Lot: 1400
 Situs Address: 92613 FT LARSON RD ASTORIA, OR

Section 2: COMPLETE, AS APPLICABLE:

****MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS****

Septic Tank: NORWESCO Capacity: 1000

Effluent Filter: _____

Effluent Sewer Pipe: PVC 3034

Dose Tank/Vault: _____ Capacity: _____

Tank Pump: _____

Float Settings (Provide inches from top of tank to water level @ float function):

Alarm: _____ On: _____ Off: _____ RO: _____

Pressure Pipe from Tank to Pretreatment and/or Drainfield: _____

Drop or Distribution Box: _____ Qty: _____

HydroSplitter Orifice Size(s): _____

Header Pipes: _____

Leach Lines: _____ Linear Ft: _____

Pressure Bed Dimensions: _____ Square Ft: _____

Capping Fill (Depth over top of drain media, in inches): _____

GWI or Tile Dewater System (Depth/Depth of gravel, in inches): _____

ATT: Manufacturer: _____ Make/Model: _____ Serial# _____

Sandfilter Type:

Bottomless In Ground Above Ground Dimension: _____ X _____ Ft

Control Panel: _____

Tank Timer Settings (Provide seconds on / minutes off):

Normal Operations: _____ Sec. _____ Min.

High Water Alarm Operations: : _____ Sec. _____ Min.

Pretreatment Pump:

(Inches below vault top): Alarm _____ On _____ Off

Inches from vault top to top of underdrain pipe: _____

Pump or Aerator Interlock Function:

Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO

Air Coil / Monitoring Ports: _____

Other: _____

Map



8-8-23A-1400 - 24th approx

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SEP 23 2019



CLATSOP CO. PUBLIC HEALTH

#501413

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.





Septic Application

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

For Department Use Only

Permit #: 501413
Permit Type: Construction Perm
Entry Date: 9/23/2019
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	09/23/2019

Work Description

Work Description:

Remarks:

Owner

Name: Stuhr Glenn D/Elizabeth P	Ph. #: (503) 458-6911	Cell: () -
Address: 92693 TT Larson Rd	E-Mail:	Fax: () -
City, State, Zip: Astoria, OR 97103-8626		

Applicant

COMPLETE SEPTIC SERVICE	Ph. 5034586870	Fax 5034585289
41092 Ziak-Gnat Creek Ln	Cell 5033388722	E-Mail
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	\$264.00	\$100.00	\$0.00	\$9.00	\$373.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
COMPLETE SEPTIC SERVICE	Check	11378	09/23/2019	\$373.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature:  **Date:** 9-23-19

Owner Signature: _____ **Date:** _____

Property History

Account ID:20625

Legal Description:

Legal Type

TIP/ix

Additional Information:

SVENSEN S 198' OF THE N 413' OF TR 32 EXC RD

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
20625	808230002500	20625	80823B001400	2009

Owner(s):

<u>Current Ownership:</u>	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Stuhr Glenn D/Elizabeth P		

Voucher History:

Voucher 1	Source: Clerk	Effective Date: 02/09/2017	Map Key: 80823B001400
Document Type Code: Transfer on Dea	Operation: Posting Only	Date Created: 02/14/2017	Instrument Id: 201701031
Operation Type: Information	Completed Date: 02/14/2017	Voucher Type: Assessment	Book:
Completeness Status: Completed	Consideration:	Status: Active	Page:
Partition Flag: No	Remarks: Transfer on Death Deed		
User Id: HCHAPMAN			
Voucher 2	Source: Assessment	Effective Date: 01/01/2009	Map Key: 808230001301
Document Type Code: Cartography	Operation: Map Change	Date Created: 11/18/2008	Instrument Id:
Operation Type: Map	Completed Date: 11/18/2008	Voucher Type: Assessment	Book:
Completeness Status: Completed	Consideration:	Status: Active	Page:
Partition Flag: No	Remarks: Map Change from 80823		
User Id: MCASEBOURN			

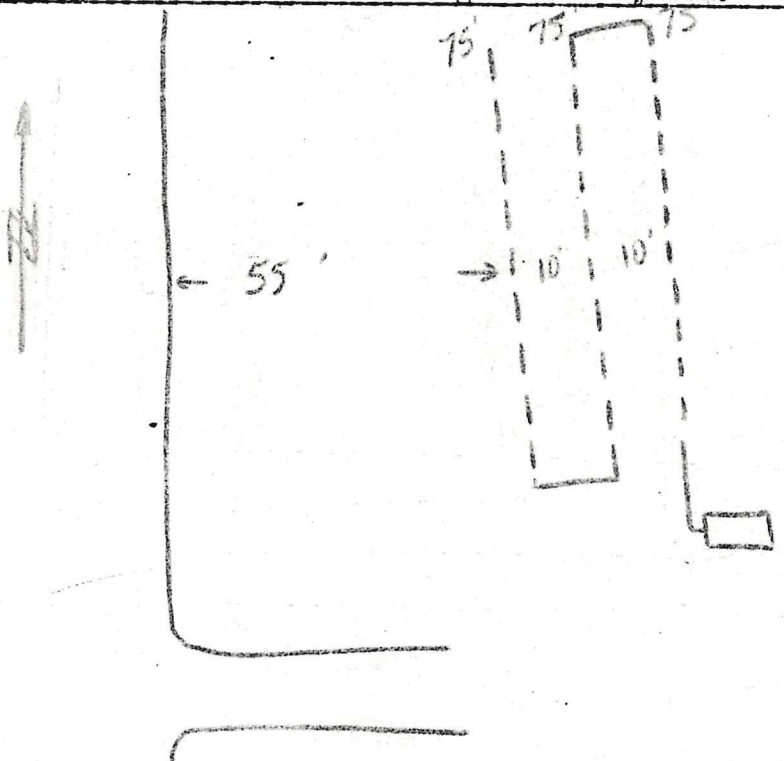
CLATSOP COUNTY HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

808-23-2500 C

PERMIT NO. 77-259

OWNER'S NAME GLENN STUHR ADDRESS RT. 3 BOX 202-A Astoria
 PROPERTY ADDRESS 808-23-2500 INSTALLER H. MIDDLETON
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 2
 WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION C-10/11M
 SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS
 STONE: SIZE 3/4-2 1/2", WASHED , BELOW TILE 6 IN., ABOVE TILE 2"
 TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.
 TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL ASTM

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.
 REMARKS: _____
 DATE: OCT. 25, 1977 SANITARIAN B. J. Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

510^{3/4} 69^{1/4} 79^{1/2} 87^{3/4}

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

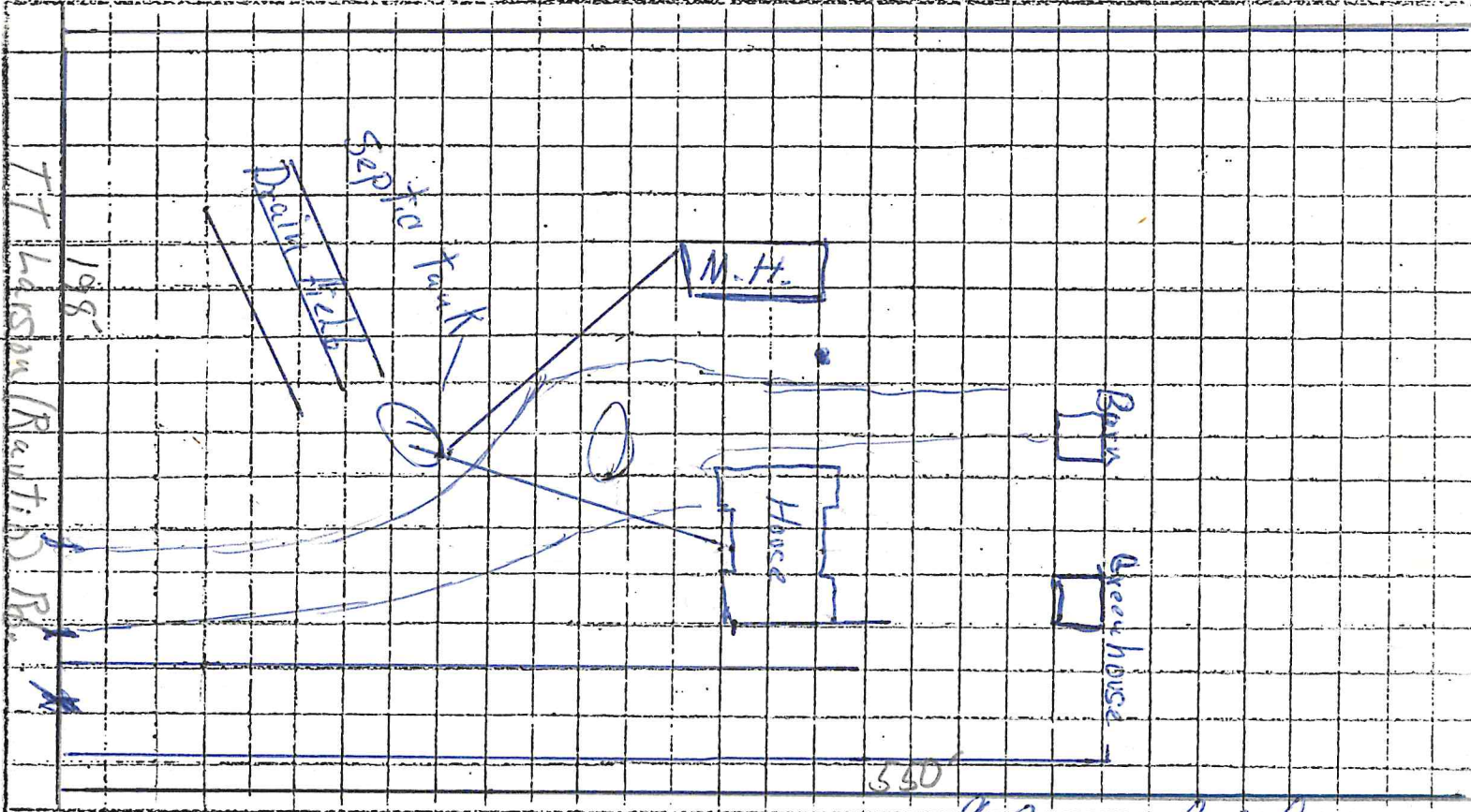
Installer: Complete top part of form to signature and submit both copies with application.

(Exhibit No. 1)

Permit No. 77-259

Installer's Name <i>Asa Middleton</i>		Property Address <i>RT 4 Box 105-A 808-23-2500</i>					
No. Living Units	Bedrooms <i>2</i>	Baths <i>2</i>	Basement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Water Supply Community <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other-Li		
Septic Tank: Ft. from well <i>NA</i>		Steel <input checked="" type="checkbox"/>	Concrete <input type="checkbox"/>	No. Compartments		Gal. Capacity <i>1000</i>	
Inside Dimensions: Ft. Length Width Diameter Depth				Tile Disposal Field: Distribution Box: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Applicant Name <i>Glenn Stuhir</i>				Other Distribution - Type <i>Serial</i>			
Mailing Address <i>RT 3 Box 202A</i>				Feet from Well Foundation			
Address <i>Astoria, Oregon 97103</i>				Lot Line Front <i>198'</i> Side <i>550'</i> Rear <i>198'</i>			
Length of Lines - Ft. 1. 2. <i>3</i> 4. 5. 6.		Trench Width <i>24</i>	Total sq. ft. <i>450</i>	Ft. between lines <i>10</i>	Filter Type	Filter Depth above tile <i>2 in.</i> below tile <i>6"</i>	

Plot Plan (See instructions):



Date *10-17-77* Signature *Glenn Stuhir*

For Sanitarian Use Only:

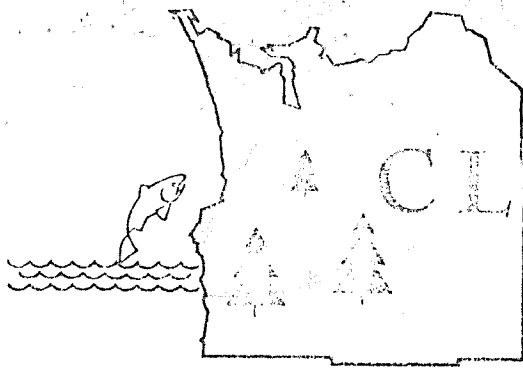
- Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal
- Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks:

Date:

Bill Mason

Sanitarian's Signature



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

February 3, 1976

Mr. Raymond Ala
2044 S. E. "D" Street
Astoria, OR 97103

Re: Sec. 23 T8N, R8W #2500

Dear Mr. Ala:

On January 29, 1976, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Oregon Administrative Rules Pertaining to Standards for Subsurface and Alternative Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

A handwritten signature in cursive script that reads "Bill D. Mason".

BILL D. MASON, R.S.
Clatsop County Sanitarian

RESTRICTIONS:

1. Provide an absorption area of 225 square feet per bedroom with a septic tank of at least 750 for two bedrooms or 900 gallons capacity for a three bedroom structure.
2. Area displaying best characteristics for absorption was in the lower elevations of the lot.
3. Alteration of the natural soil or landscape conditions in the area approved may void this approval.
4. Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction.
5. This approval is void if in conflict with any local building or planning regulations.

BDM:bm

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

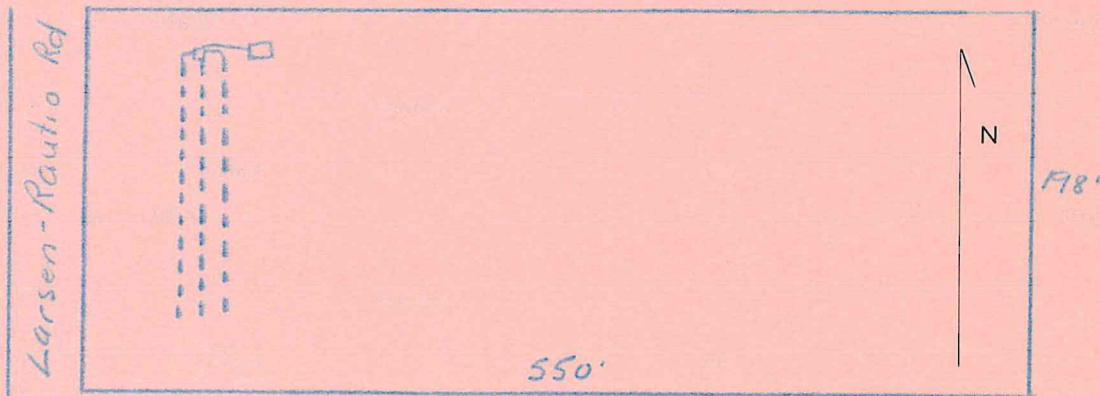
This is to certify that the following described property

Sec. 23, T8N, R8W #2500

has been evaluated on January 30, 1976 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

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

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



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

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

Issued: February 3, 1976
Date

To: Raymond Ala
Landowner

2044 S.E. "O" St.
Address

Astoria, Or. 97103
City State Zip

By Bill Mason RS
DEQ or Contract Agent

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Land Quality
County

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New ~~150.00~~ ^{75.00} Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Raymond ALA
Name of Applicant

Section 23 T 8N R 8W

2044 S.E. D ST.
Address

Tax Lot or Account # 2500

ASTORIA, OREGON 97103
City

Location Knappa
Installers Name

B. GENERAL DESCRIPTION

New Construction Repair

Installation will serve: House Mobile Home Mobile Home Park

Commercial Building Other (Explain)

No. of Living Units 1 No. Bedrooms 1

Water Supply: Public Community Private Garbage Disposal?

C. REQUIRED EXHIBITS

- Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
- Planning Evaluation - Building Permit (Local Option)
- Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Ray ALA
Signature (Owner/Installer)

Permit No. _____

Date 1-29-76

Issued _____
Date

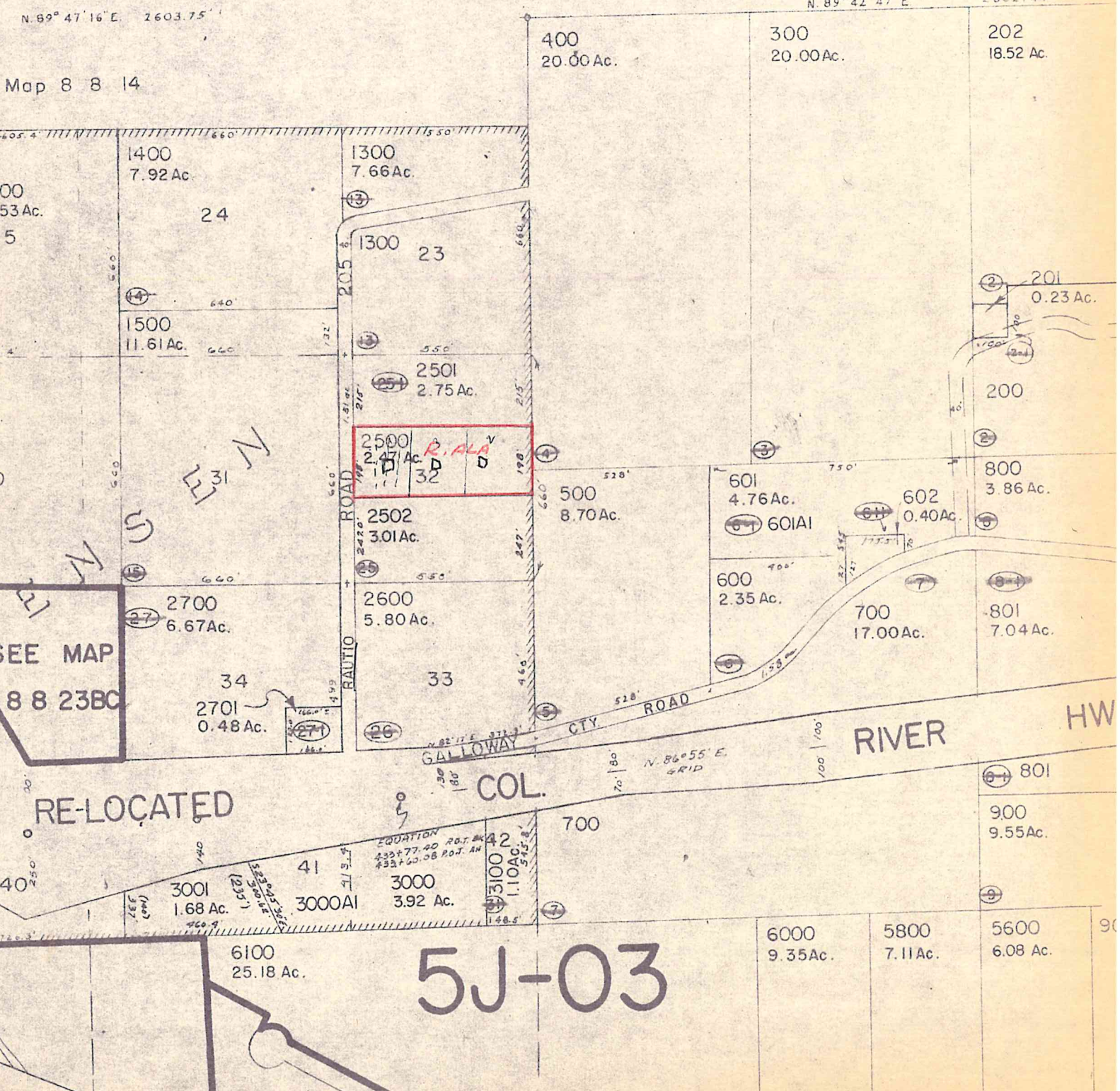
Interim Form #1

CLATSOP COUNTY
Section 23 T.8N. R.8W. W.M.

8-8-23

1" = 400'

See Map 8 8 14



BUILDING PERMIT APPLICATION
STAKE GREEN

508-23-2500
Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

SPECIAL INFORMATION

If access to a County Road is necessary an Approach Permit obtainable from the Clatsop County Road Department Office will be required before construction is commenced.

Comments: *This is completed*

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with County Ordinances and State Laws regarding building construction.

Applicant: *[Signature]*

By: _____

THIS SPACE FOR OFFICE USE ONLY

Date Received: *10-17-77*

APPROVED: COUNTY PLANNING & DEVELOPMENT

By: *[Signature]*

Date: *10-17-77*

APPROVED: COUNTY SANITARIAN

By: *[Signature]*

Date: *10-17-77*

APPROVED: BUILDING OFFICIAL

By: *[Signature]*

Date: *6-19-78*

Valuation	77,341	Date Issued	6-21-78
Basic Fee	27,100	Mechanical Fee	484
% Surcharge	7	Plan Checking Fee	9,258
TOTAL	121,000		

TYPE OF WORK		M	Mechanical	Type BTU's or lpm
S Structural				
New				
Residence				
Addition				
Alteration				
Repair				
Garage				
Shed				
Mobile Home				
Size of Building	65' x 34'	Height	ft.	
No. of bedrooms	2	No. of floors	1 + Basement	

SPECIFICATIONS			
Foundation Material	Concrete	Wall width	8"
Size of footing	8x16	Spacing	Span
Joists	2x6	Studs	2x4
Rafters	2x6	Trusses	2x6
Type of Roofing	Comp 290	Type of Siding	Asph/Flt

PLANNING AND ZONING

Comp. Plan Designation: *Residential - 1st*

Zone: *RA*

Area of Lot: *2.47 Ac.*

Front Yard Setback: *156'*

Side Yard Setback: *R 45'*

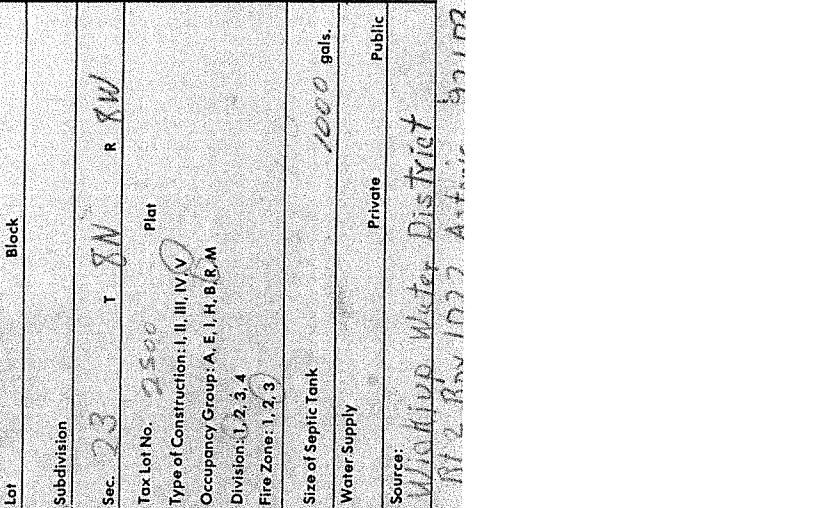
Rear Yard Setback: *100'*

Access (Name of Rd. or Esmt.): *T Larson (Ravine) Road*

Min. Frontage on Public Road: *Yes*

Comments: *Mobile Home - being placed on lot temporarily while construction of new home within Section 4.050 (b)(6) CCZO sub-2. Must be removed when home is complete.*

Building Address	774 Box 105-A
Locality	Astoria, Oregon 97103
Name	Blayne Stuber
Address	Rt 3 Box 202A
City	Astoria
Zip	97103
Block	8N
Subdivision	R 8W
Size of Septic Tank	1000 gals.
Water Supply	Private
Source	Windup Water District



Larson Ravine Rd

O.S.H.D.
928,486.38
1,202,408.02

See Map 8 8 14

