

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 501177 as follows:

PROPERTY INFORMATION

Property Owner: **Bocook Charles** Township **8**, Range **08**, Section **23 D 0**
Property Location: **92404 Conroy Rd, Astoria** Tax Lot **02300**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **225.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **24.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

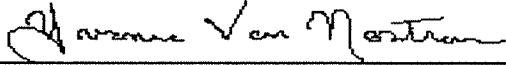
- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 6 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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



Environmental Health Specialist

6/27/2019

Authorized Agent:

Title:

Date Issued:

Yvonne Van Nostran

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

FINAL INSPECTION REQUEST AND NOTICE - ONSITE ID: 501177

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

Section 1: Owner/Permittee Information:

Name: **Bocook Charles**
Property Address: **92404 Conroy Rd, Astoria**
Township **8** Range **08** Section **23D0** Tax Lot(s) **02300**

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JUN 27 2019

CLATSOP CO. PUBLIC HEALTH

Section 2: System Component Specifications: System Type:

A. Tanks/Pumps

Water tight verification - All tanks were tested for water tightness after installation and passed in accordance with

OAR 340.073.0025(3)
Tanks(1) Volume 1500 Compartments #1 Manufacturer A1 Date 6-24-19
Tanks(2) Volume Compartments Manufacturer Date
Pumps: HP Model/Manuf Float(s) Type(1) Model/Manuf
Float(s) Type(2) Model/Manuf

B. Piping:

Effluent Sewer (tank to drainfield) Yes ☒ No ☐ Diameter 4" ASTM#Other 3034 PVC Length 8'
Pressure Transport Pipe Yes ☐ No ☒ Diameter ASTM#Other Length

C: Secondary Treatment Unit:

Sand Filter - Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes ☐ No ☐ Type Container Dimensions
Underdrain pipe Diameter ASTM#Other Length
Manifold Piping Diameter ASTM#Other Length
Internal Pump HP Model/Manufacturer
Floats(1) Type Model Manufacturer
Floats(2) Type Model Manufacturer
ATT Yes ☐ No ☐ Model
Certified Maintenance Provider: Name
Operation & Maintenance Contract: Received? Yes ☐ No ☒

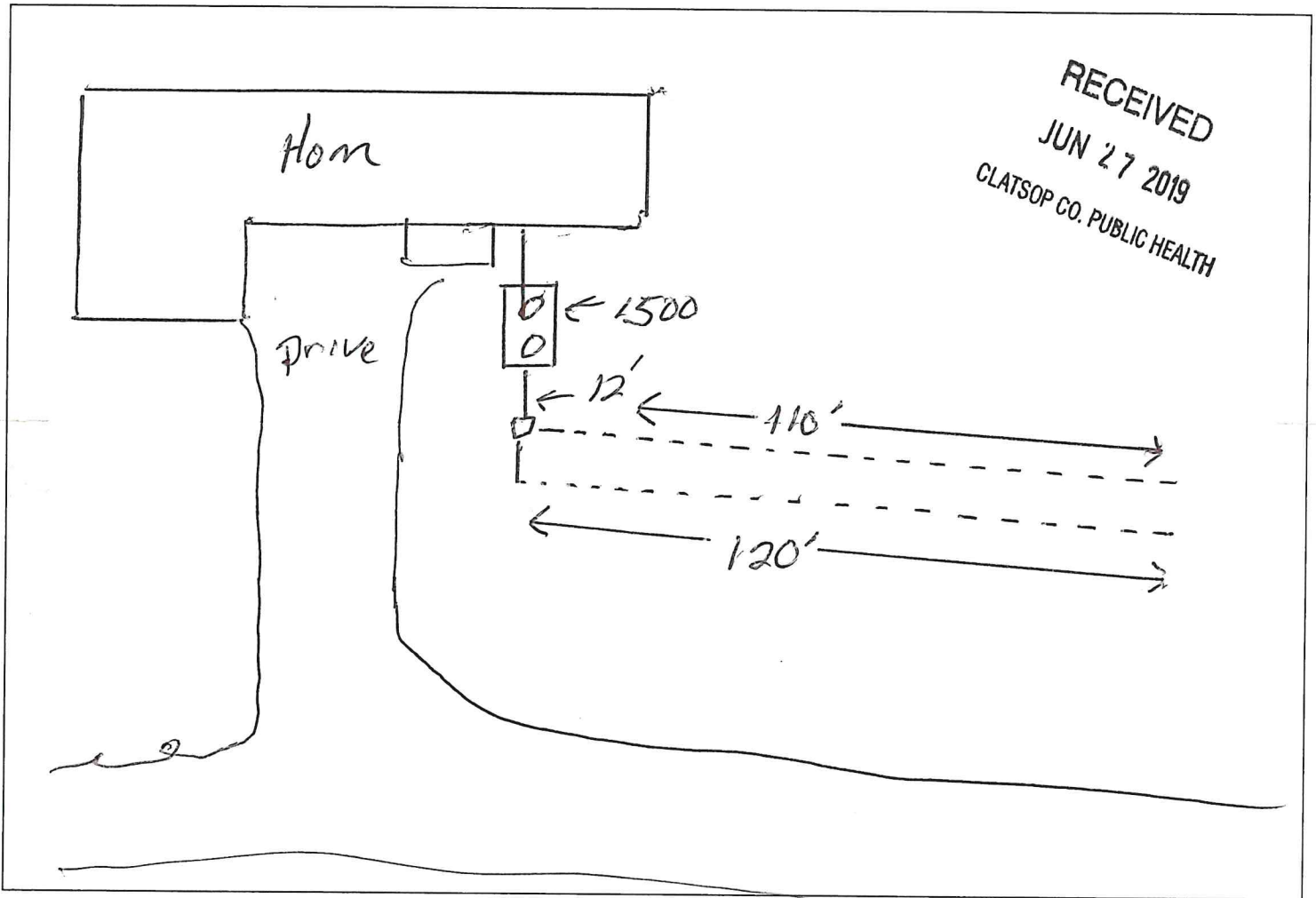
Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By [Signature]
Permit No. 501177
Date 06/27/19

D. Drainfield Media

Type: Gravel, Pipe or Alternative? Gravel & Pipe
Distribution Box Yes ☒ No ☐ #1
Drop Box Yes ☐ No ☐
Distribution Pipe Yes ☐ No ☐ Diameter 4" ASTM#Other PVC Length 5' 8 10'
Comment:

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



Section 4: Construction was performed by (Signature Required):

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems. (OAR Chapter 340, Divisions 71 and 73)

Owner/Permittee/Certified Installer w/Certification # _____ Print Name: Bill Hughes Exc LLC
Licensed Installer Yes ☒ No ☐ License # 036171 Certification # RI 223
Owner/Certified Installer Signature Bill Hughes Date 6-27-19
Phone 503 741 6706 Phone _____ Email _____

*Clatsop County Department
of Public Health*

Section 5: Office Use Only

Notice Accepted Yes ☒ No ☐ Date 06/27/19
Installer /Owner /Permittee Notified Yes ☒ No ☐ Date 06/27/19
If no, reason for non-acceptance _____

*On-Site Waste Water Program
Approved By [Signature]
Permit No. 501177
Date 06/27/19*

Comment final inspection 6/27/19, approved to cover
adding tracer wire to d-box, and liner over drain rock

Construction Permit

This Construction Permit, Permit #501177, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Bocook Charles** Township **8**, Range **08**, Section **23 D 0**
Property Location: **92404 Conroy Rd, Astoria** Tax Lot **02300**
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*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Vehicular traffic and livestock must be restricted from the system area.
- 2 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 3 Each trench to be level and on contour.
- 4 All roof drains must be directed away from the system.
- 5 Meet all required setbacks.
- 6 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.
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 Filter fabric is required over the drain media.

INSPECTION REQUIREMENTS

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

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

Mike McNickle

Authorized Agent:

Mike McNickle

Title:

Environmental Health Supervisor

Date Issued:

11/14/2018

Expiration Date:

11/14/2019

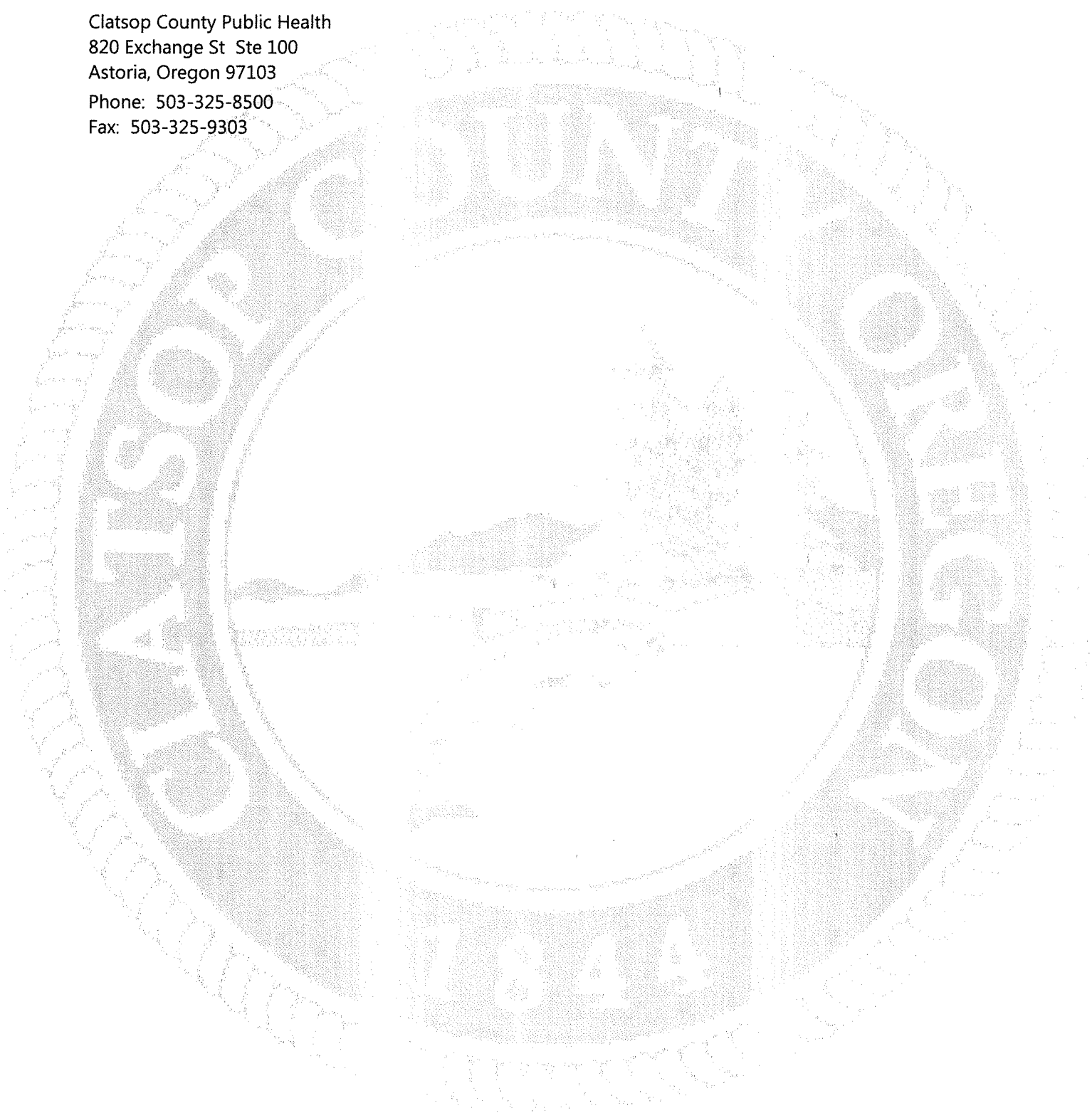
Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303





#501177

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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NOV 13 2018

CLATSOP CO. PUBLIC HEALTH

(Pd) OK #1131
811482

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Charles Bocook Mailing Address (Street, PO Box, City, State, Zip) 1198 E Avenida Grande CASA Grande AZ 85122 Phone Number 602-492-0971

B. Legal Property Description

Township 8 Range 08 Section 23D Tax Lot 02300 Tax Account Number 20666 Acreage or Lot Size 16.95
County Clatsop Subdivision Name N/A Lot Block

Property Address: 92404 Conroy Rd Astoria Oregon 97103
(Street, City, State, Zip)

Directions to Property Hwy 30 turn South on old Hwy 30, take to west, turn South on Conroy Rd, Property 700' up on Right

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

- ☐ Single Family Residence
Number of Bedrooms
☐ Other

Proposed Facility

- ☒ Single Family Residence
Number of Bedrooms 4
☐ Other

Water Supply

- ☒ Public Wikiup
Name
☐ 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 <u></u> |

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 [Signature] Date 11-2-18

Applicant's Name (Please Print Legibly) Charles Bocook Applicant's Phone 602-492-0971 Applicant's E-Mail Address cbocook@westusa.com

Applicant's Mailing Address 1198 E Avenida Grande CASA Grande AZ 85122

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached Bill Hughes
Installer's Name

SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Charles Bocook & Jennifer Wöler-Bocook
Mailing Address: 1198 E Avenida Grande
City/State/Zip: Casa Grande AZ 85122
Telephone: 602-492-0971
2. Property Information:
County: Clatsop Tax Lot No: 80823D002300
Township: 8 Range: 08 Section: 230
Physical Address: 92404 Conroy Rd Astoria Oregon 97103
Block: _____ Lot: _____
Subdivision Name (if applicable): N/A
3. This proposed facility is for:
☒ An individual, single family dwelling
☐ Describe the type of development, business or facility and the provided services or products: _____
4. Permit or approval being requested:
☒ Construction-Installation permit for: ☒ New Construction ☐ Repair ☐ Alteration
☐ Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom Addition
☐ Other changes in land use involving potential sewage flow increases

SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RA-2 Zoning Minimum Parcel Size 2 Ac
6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB
7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

If you answered "Yes" above, was this compliance based on:

- ☒ Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: _____

8. Planning Official Signature: Ian Sisson
Print Name: IAN SISSON Date: 11/13/2018
Title: PLANNER Telephone: 503-338-3789

PLOT PLAN

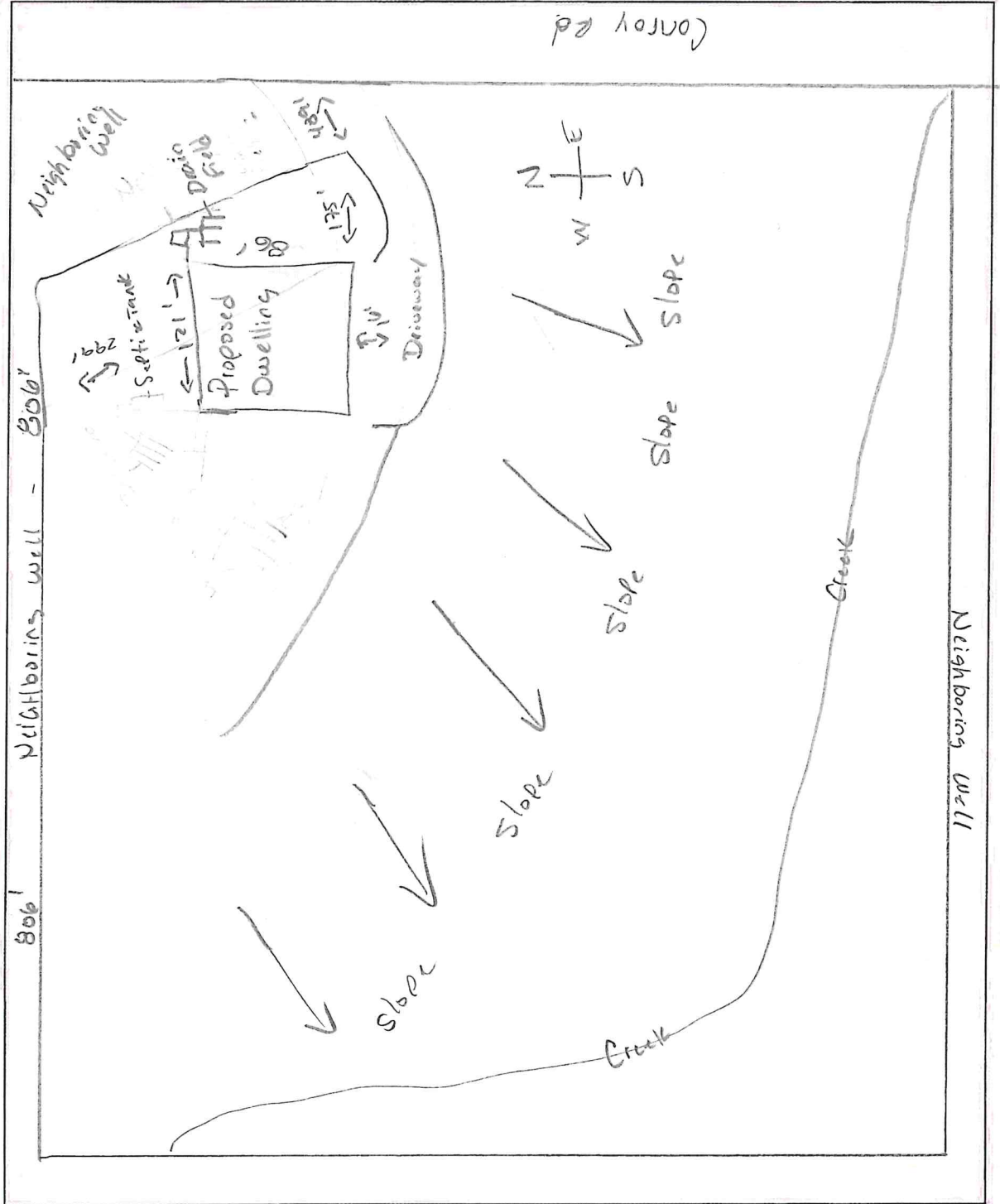
Property ID: 80823D002300 Site Address: 92404 Carvey Rd Astoria OR 97103

Date: 11-2-18

Applicant Signature: [Signature]

Date: 11-2-18

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



Required Information

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

Legend

- Wells
- Test Pits
- ... Drainage

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CLATSOP CO. PUBLIC HEALTH

#501177

8-8-230-2300

1 inch = 20 feet



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
#501177

SEPTIC SYSTEM INSTALLED MATERIALS LIST: 8-8-230-2300

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: Charles Bocook & Jennifer Wisler-Bocook Permit Number: 501177
Township: B Range: 08 Section: 23 Tax Lot: 80823D002300
Situs Address: 92404 Conroy Rd Astoria OR 97103

Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: A-1 Capacity: 1500
Effluent Filter: O.S.I
Effluent Sewer Pipe: 3034 / 4"
Dose Tank/Vault: N/A Capacity: N/A
Tank Pump: N/A
Float Settings (Provide inches from top of tank to water level @ float function):
Alarm: N/A On: _____ Off: _____ RO: _____
Pressure Pipe from Tank to Pretreatment and/or Drainfield: N/A
Drop or Distribution Box: N/A Qty: _____
HydroSplitter Orifice Size(s): N/A
Header Pipes: N/A
Leach Lines: N/A Linear Ft: N/A
Pressure Bed Dimensions: N/A Square Ft: _____
Capping Fill (Depth over top of drain media, in inches): N/A
GWI or Tile Dewater System (Depth/Depth of gravel, in inches): _____

ATT: Manufacturer: N/A 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: N/A Sec. _____ Min. _____

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

Pretreatment Pump:

(Inches below vault top): Alarm N/A 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: N/A

Other: _____

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NOV 13 2018

CLATSOP CO. PUBLIC HEALTH

#501177

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

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

Job Site Address: 2300 Conroy Road City: Astoria
 Owner: Charles Bocook & Jennifer Wisler-Bocook Phone: 602-492-0971
 Address: 1198 E Avenida Grande Casa Grande, AZ 85122 Email: cbocook@westusa.com
 Agent: _____
 Proposed Development/Construction: New Single Family Dwelling Structure

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 8 S 23D Tax Lot(s) 2300
 Permit Needed: Yes ☐ No ☒ Site Approved: Yes ☒ No ☐
 Signature: [Signature] Date: 11/13/18
 Remarks: Required Construction permit #501177 has been purchased
 Clatsop County Public Health, 820 Exchange St. Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:
(Signature of Water District required.)

Gallons per minute: 30 GPM
 Signature: [Signature] Title: DRC Date: 10/11/18
 Remarks: EXISTING SERVICE
 Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

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

Water/Fire Flow: 1000 GPM Number of Hydrants: 1 Hydrant Location(s): Conroy Rd
 Signature: [Signature] Title: Chief Date: 10-8-18
 Remarks: Drive way must meet A-16 standard w/ Pullout of 10' x 30'. Approach
 Contact the local RFPD having jurisdiction. (See page 5) From Conroy 25'

Internal Use Only:

- ☐ Proof of Legal Lot status (if substandard in size)
- ☐ Preliminary Geologic Hazard Report (if necessary)
- ☐ Pre-Elevation Certificate (if necessary)
- ☐ Application signed by the owner and applicant
- ☐ Plot Plan, indicating setbacks, parking, landscaping, etc.
- ☐ Erosion Control & Drainage Plan
- ☐ Road Access Permit from the County or ODOT

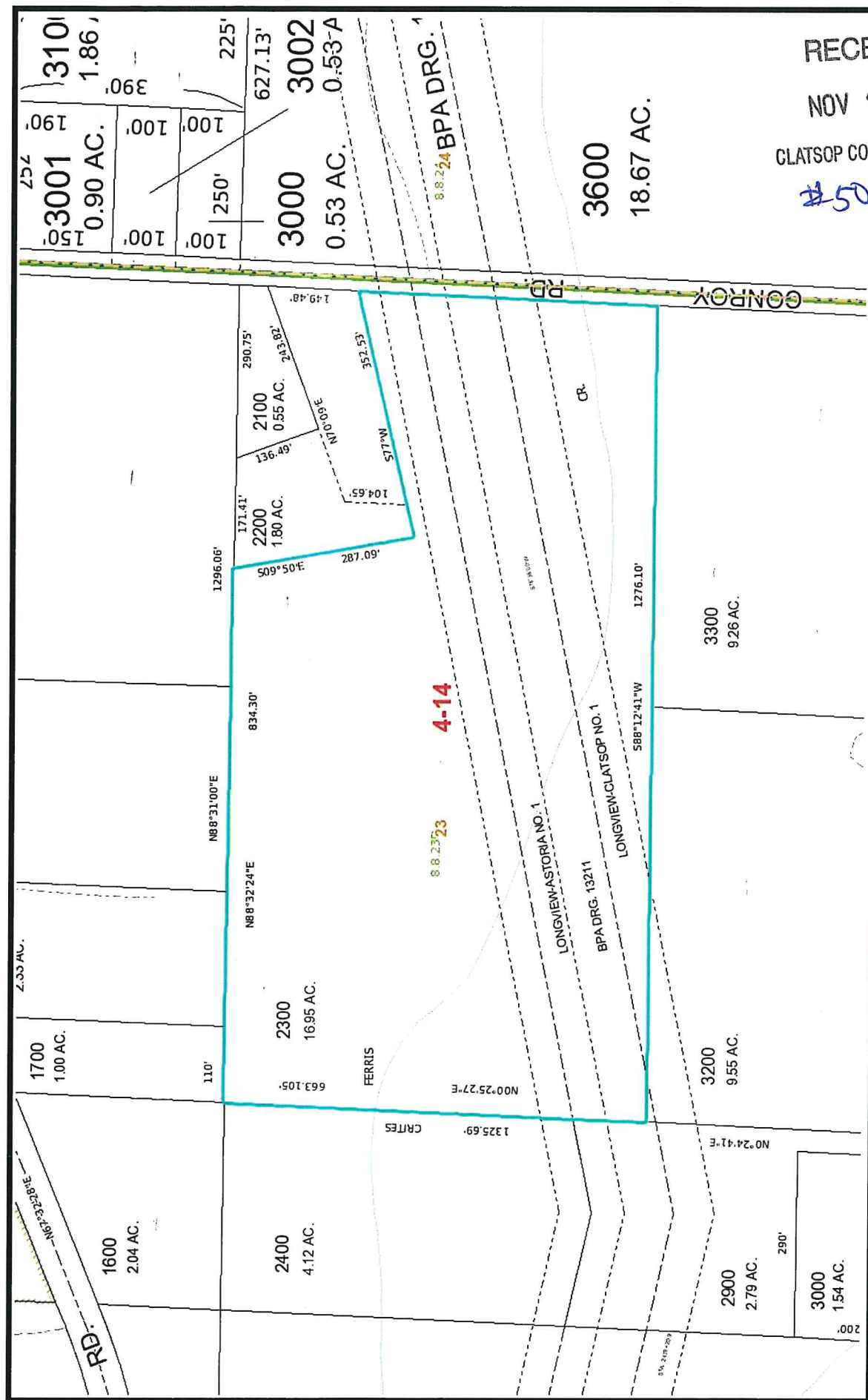
- ☐ Agency Sign-Off Sheet
- ☐ Proof of Potable Water
- ☐ Proof of DEQ Approved Sanitary System
- ☐ Average Grade Calculations
- ☐ Address Request (if necessary)
- ☐ Two (2) Sets of Building Plans
- ☐ National Wetlands inventory: Notify/Receive approval from DSL?

The seal of Clatsop County, Oregon, is a circular emblem. It features a central illustration of a river scene with a large evergreen tree on the left bank, a small boat with a person in the middle of the river, and a sun or moon on the right. The text "CLATSOP COUNTY OREGON" is written in a circle around the top, and "1844" is on the right side. The seal is surrounded by a decorative border.

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.

NOV 13 2018

CLATSOP CO. PUBLIC HEALTH



8-8-230-2300 = 16.95 acres



Septic Application

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

For Department Use Only

Permit #: 501177
Permit Type: Construction Perm
Entry Date: 11/13/2018
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	11/13/2018

Work Description

Work Description:

Remarks:

Owner

Name: **Bocook Charles**
Address: 1198 E Avenida Grande
City, State, Zip: Casa Grande, AZ 85122

Ph. #: (602) 492-0971
E-Mail:

Cell: () -
Fax: () -

Applicant

Bocook Charles
1198 E Avenida Grande
Casa Grande, AZ 85122

Ph. 6024920971
Cell
Fax
E-Mail

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	\$1,039.00	\$100.00	\$0.00	\$9.00	\$1,148.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Bocook Charles	Check	1131	11/13/2018	\$1,148.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____

Date: 11-13-18

Owner Signature: _____

Date: _____

Site Evaluation - Single Family Dwelling

PROPERTY INFORMATION

Property Owner: **Bocook Charles** Township **8**, Range **08**, Section **23 D 0**
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*Minimum undisturbed soil between trenches

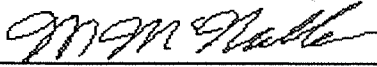
ADDITIONAL CONDITIONS

- 1 Install with dry soil conditions.
- 2 All roof drains must be directed away from the system.
- 3 Meet all required setbacks.
- 4 Each trench to be level and on contour.
- 5 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 6 Vehicular traffic and livestock must be restricted from the system area.
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 Filter fabric is required over the drain media.

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

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



Authorized Agent:

Mike McNickle

Title:

Environmental Health Supervisor

Date Issued:

11/1/2018

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303

SITE EVALUATION REPORT

Date: November 1, 2018

Dear Charles and Michael Bocook:

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: Bocook

Application: #501163

County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 8W/ S 23D Tax Lot#: 2300

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 503-338-3685.

Yours truly,



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

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: Bocook Application #: 501163 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 8W / S 23D Tax Lot#: 2300

Commercial Facility: ☐ Yes ☒ No Parcel Size: 16.95 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 checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input 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>225</u> linear. ft Disposal Facility: <u>450</u> sq. ft. 24 " Max Depth 18 Min Depth	Absorption Facility: <u>225</u> linear. ft Disposal Facility: <u>450</u> sq. ft. 24 " Max Depth 18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-18 18-32 32 - 60	SL SiCIL SiCIL	10YR 4/2, 10 YR 6/4 10YR 5/4 VC&C roots to 36" ESD 60"
#2			Same as test pit 1

Landscape Notes:

Slope: 10- 15%

Aspect: East to West

Groundwater Type: None present

Additional Conditions of Approval

1. **Install in dry soil conditions.**
2. **A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
3. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
4. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
5. 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.
6. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
7. ***Drainfield must be staked prior to installation.**
8. 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

RECEIVED

OCT 24 2018

CLATSOP CO. PUBLIC HEALTH

PK CK# 1121
\$810.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name Charles & Jennifer Bocook Mailing Address (Street, PO Box, City, State, Zip) 1198 E Avenida Grande Casa 85122 Grande, AZ Phone Number 602-492-0971

B. Legal Property Description

Township 8 Range 08 Section 23D Tax Lot 2300 Tax Account Number 20666 Acreage or Lot Size 16.98
 County Clatsop Subdivision Name N/A Lot 02300 Block _____

Property Address: 92404 Conroy Road Astoria OR 97103
 (Street, City, State, Zip)

Directions to Property Columbia River Hwy - turn (S) on old US Hwy 30, then turn S onto Conroy Rd. 2300 site up on right.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
☐ Single Family Residence
 Number of Bedrooms _____
☐ Other _____

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

Water Supply
☒ Public Wikiup
 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 [Signature] Date 9-26-18

Applicant's Name (Please Print Legibly) Charles Michael Bocook Applicant's Phone 602-492-0971 Applicant's E-Mail Address cbocook@westox.com

Applicant's Mailing Address 1198 E Avenida Grand Casa Grande, AZ 85122

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached Bill Hughes
 Installers Name

SITE DEVELOPMENT PLAN SHOWING TEST PITS LOCATION

Property ID: 0823D002300

Site Address: 2300 Conroy Rd

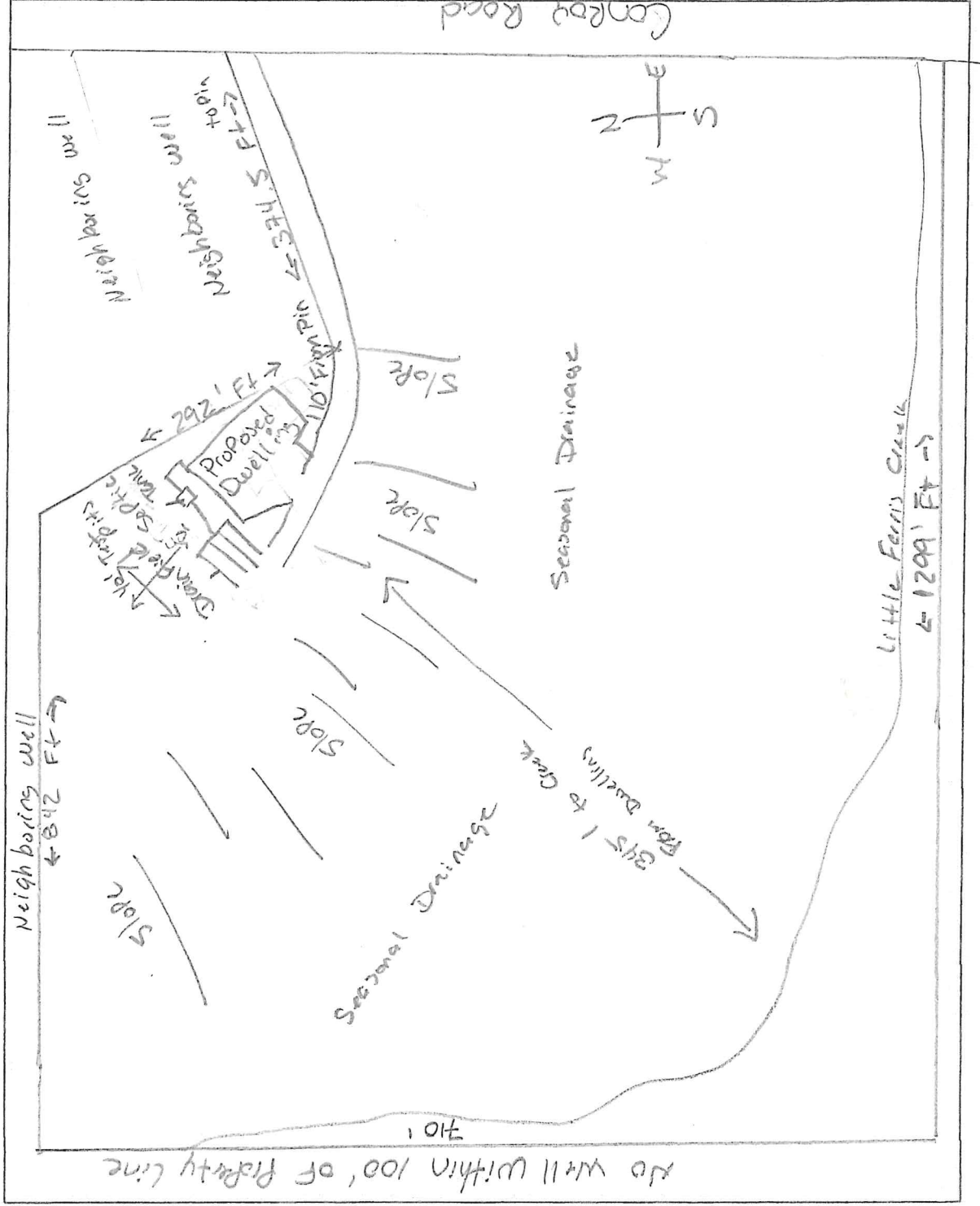
Date: 9-26-18

Applicant Signature: _____

[Signature]

Date: 9-26-18

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



Required Information

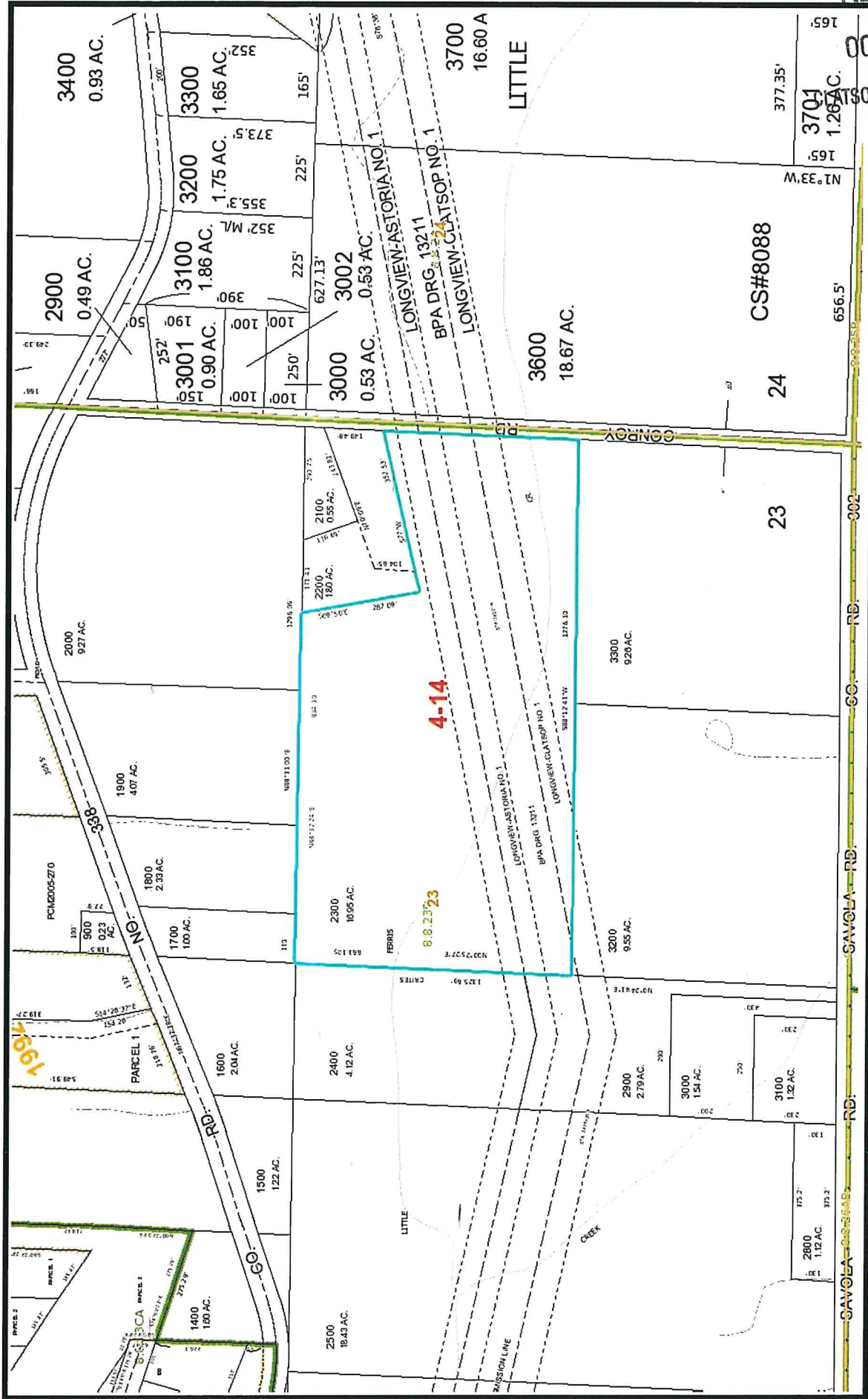
- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/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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OCT 24 2018
CLATSOP CO. PUBLIC HEALTH
1 inch = 20 feet

Map



8-8.23D-2300 = 16.95 acres

RECEIVED

OCT 24 2018
CLATSOP CO. PUBLIC HEALTH

Clatsop County Webmaps

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





Septic Application

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

For Department Use Only

Permit #: 501163
Permit Type: Site Evaluation
Entry Date: 10/24/2018
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	10/24/2018

Work Description

Work Description:

Remarks:

Owner

Name: **Bocook Charles**
Address: 1198 E Avenida Grande
City, State, Zip: Casa Grande, AZ 85122

Ph. #: (602) 492-0971
E-Mail:

Cell: () -
Fax: () -

Applicant

Bocook Charles
1198 E Avenida Grande
Casa Grande, AZ 85122

Ph. 6024920971
Cell
Fax
E-Mail

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	\$701.00	\$100.00	\$0.00	\$9.00	\$810.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Bocook Charles	Check	1121	10/24/2018	\$810.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: Application & check was mailed Date: 10/24/18
Owner Signature: _____ Date: _____

Property History

Account ID:20666

Legal Description:

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>
20666	808230005103	20666	80823D002300	2009
20665	808230005103	20665	80823D002300	2009
20665	80823D002300	20666	80823D002300	2018

Owner(s):

Current Ownership:

<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
Bocook Charles		Tenants Entirety
Wisler Bocook Jennifer		Tenants Entirety

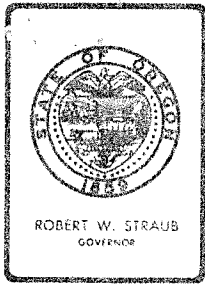
Ownership History: Book 530, Page 949

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
04/21/2009	06/27/2007	200903503	Floyd Donald M	Trustee
04/21/2009	06/27/2007	200903503	Denney Floyd Marilyn	Trustee
04/21/2009	06/27/2007	200903503	Floyd Family Trust	Trust
02/21/2018	01/01/2018		Floyd Family Trust	Trust
02/21/2018	01/01/2018		Denney Floyd Marilyn	Trustee
02/21/2018	01/01/2018		Floyd Donald M	Trustee
02/22/2018	06/26/2007	200903503	Denney Floyd Marilyn	Trustee
02/22/2018	06/26/2007	200903503	Floyd Donald M	Trustee
02/22/2018	06/26/2007	200903503	Floyd Family Living Trust	Trust
10/11/2018	09/26/2018	201807575	Bocook Charles	Tenants Entirety
10/11/2018	09/26/2018	201807575	Wisler Bocook Jennifer	Tenants Entirety

Voucher History:

Voucher 1 Source: Clerk Effective Date: 09/26/2018 Map Key: 80823D002300
 Document Type Code: Warranty Deed Date Created: 10/11/2018 Instrument Id: 201807575
 Operation: Name Change Completed Date: 10/11/2018 Book:
 Operation Type: Name Voucher Type: Assessment Page:
 Completeness Status: Completed Consideration: \$192,500 Status: Active
 Partition Flag: No Remarks:
 User Id: HCHAPMAN

Voucher 2 Source: Misc Effective Date: 06/26/2007 Map Key: 80823D002300
 Document Type Code: Scrivener Error Date Created: 02/22/2018 Instrument Id: 200903503
 Operation: Name Change Completed Date: 02/22/2018 Book:
 Operation Type: Name Voucher Type: Assessment Page:
 Completeness Status: Completed Consideration: Status: Active
 Partition Flag: No Remarks: To correct trust name
 User Id: HCHAPMAN



Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch - 857 Commercial, Astoria, Oregon 97103 (503) 325-8660

August 19, 1981

MEMORANDUM

To: Nick Chase
Clatsop County Planning Dept.

From: Gerald R. Campbell
DEQ

Subject: Septic System Area Available
808-23-5103 - Clatsop County

Donald Floyd asked me to verify that there is not sufficient area on this taxlot for more than three separate septic systems.

There are several features on the lot that restrict the area available for construction of septic systems. These include the following:

1. High ground water
2. Bonneville Power line easement
3. Slopes steeper than 30%
4. Setback distances from roadcuts and streams

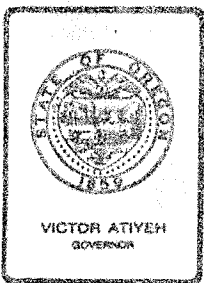
I believe that there is not sufficient area for more than 3 septic systems on the Northeast portion of the taxlot where these restrictions are not present.

Gerald R. Campbell *GRC*

GRC/jm

Copy: Donald Floyd





Department of Environmental Quality

522 S.W. 5th AVENUE, P.O. BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-
Astoria Branch, 857 Commercial, Astoria, Oregon 97103 (503) 325-7441 X35

June 15, 1981

Donald M. Floyd
Route 2, Box 684
Astoria, Oregon 97103

RE: SS - 808-23-5103
Clatsop County

Dear Mr. Floyd,

On 6-12-81, I performed an on site evaluation of the property referenced above to determine whether a subsurface disposal permit could be issued.

As a result of this evaluation, I 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. An approved evaluation report shall remain in effect until issuance of a permit to construct, unless in the meantime conditions on subject or adjacent properties have been altered in any manner which would prohibit issuance of a permit in which case the evaluation report shall be considered null and void. A permit will be granted when the required plot plan and fee are received by the Department. Please note RESTRICTIONS LISTED BELOW:

Sincerely,

Gerald R. Campbell
Waste Management Specialist - DEQ

RESTRICTIONS:

- 1) Provide an absorption area of 600 square feet with a minimum septic tank capacity of 1000 gallons for the proposed 1-3 bedroom house.
- 2) Place the drainfield in the approved area.
- 3) Maximum trench depth is NOT to exceed 30" in the site near hole #2 and is NOT to exceed 24" in the site near hole #1.
- 4) Primary drainfield is to be placed in the area of hole #2.
- 5) SERIAL DISTRIBUTION design will be required for the drainfield.
- 6) Any extreme alteration of the natural soil profile in the approved area could void this approval.
- 7) Submit a detailed plot plan and obtain a sewage disposal system construction permit prior to construction (application, plot plan form enclosed).
- 8) This approval void if in conflict with any local planning or building regulations.

GRC:pkm

Enclosures



Contains
Recycled
Materials
9/80
DEQ-1

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

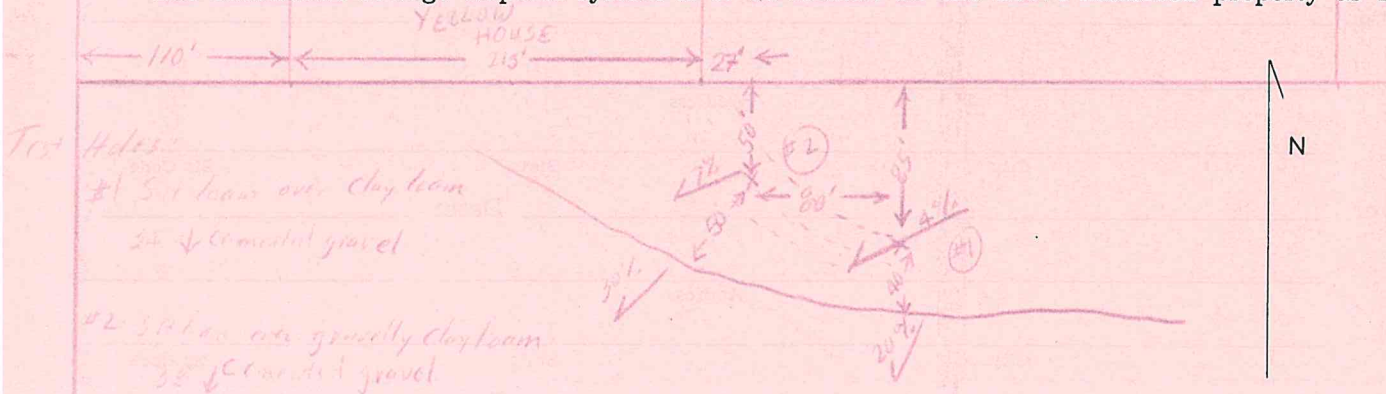
This is to certify that the following described property

808-23-5103 CLATSOP COUNTY OREGON

has been evaluated on June 12, 1981 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 Department of Environmental Quality 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.

6-15-81

Issued: Donald M. FLOYD Date

To: Route 2, Box 684 Landowner

Astoria, Oregon 97103 Address

City State Zip

By David R. Gault DEQ or Contract Agent

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

FOR DEQ USE ONLY

Date Rec'd 6-5-81 Amt. Rec'd \$
Receipt No. 20535 Permit No.
Date Appl. Completed
Site Inspection Date June 12, 1981
Approved X Disapproved
Pre-Cover Inspection Date

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM
(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

Site Evaluation Report for New System (~~\$75.00~~) \$120.00
Construct New System (~~\$25.00~~) (Site Evaluation (No. 1) Required) \$40.00
Repair Malfunctioning System (\$25.00)
Connect New or Altered Structure to Existing System (~~\$25.00~~) \$40.00
Connect Mobile/Modular Home to Existing System (\$25.00)
Renewal (\$25.00)
System Evaluation \$40.00
Specify)

X ASSESSORS MAP 2

OWNER INFORMATION (Please Print)

Donald M. Floyd
Box 684
OREG 97103
ZIP CODE

Donald M. Floyd
NAME OF PROPERTY OWNER
RT 2 Box 684
ADDRESS
Astoria, OREG 9
CITY ZIP
458-6350
PHONE

8 23 5103 CLATS
Range Section Tax Lot/Account Number County
 5 ACRES
Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

X PLANNED USE: House Mobile/Modular Home X Commercial Industrial Other
X No. of Bedrooms 3 X Water Supply hookup water (Describe)

APPLICANT MUST PROVIDE

X Test Holes (For 1,). Date Ready 6/5/81
X Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the si
the appropriate County, City or Indian Planning Commission.

Signature and Name of Zoning Agency

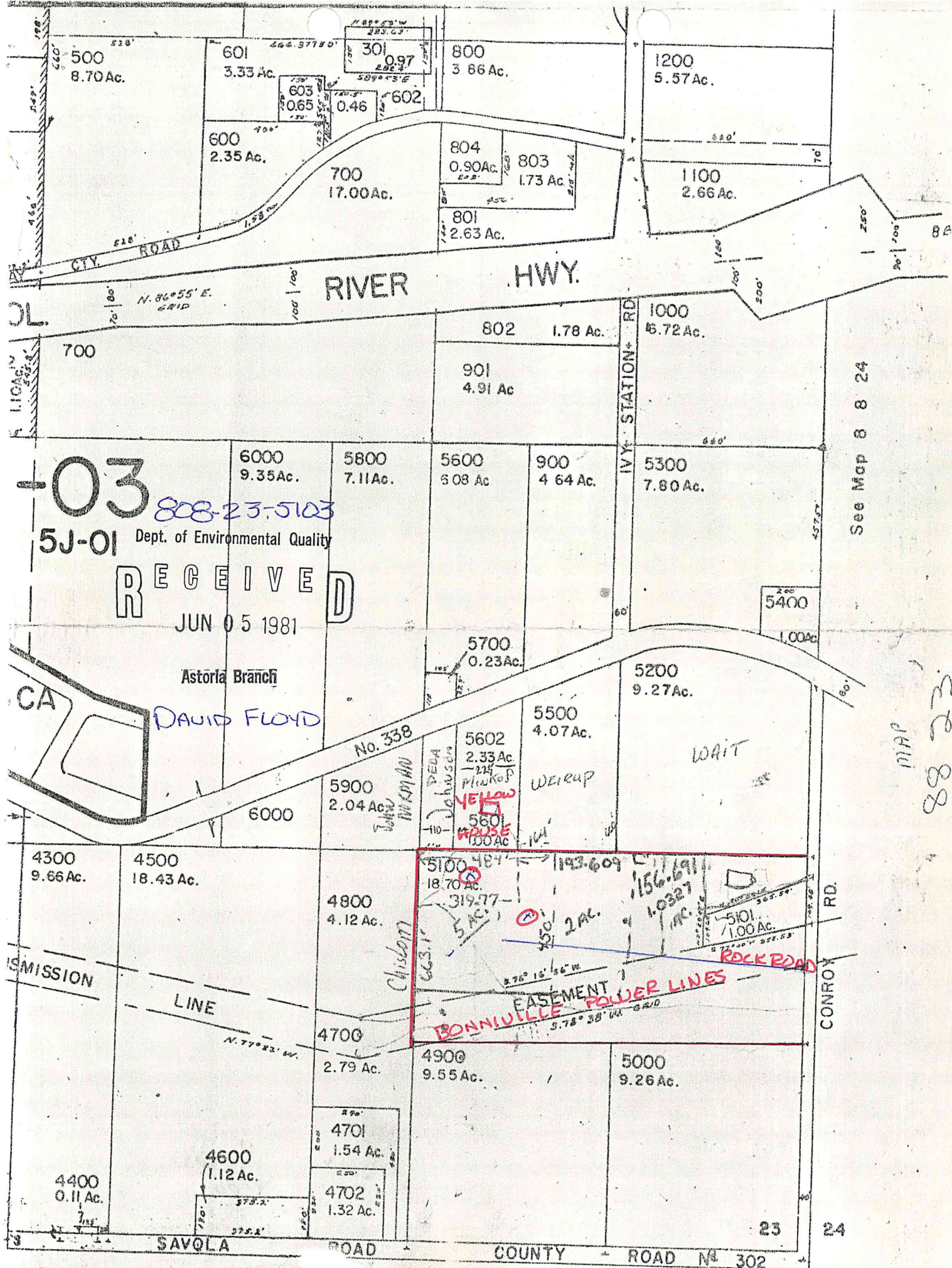
3. Plot Plan.

4. Other

X DIRECTIONS TO SITE: (A Map Would Help) FLAG TEST HOLES!! (3'x3'x4' deep)

X Conroy Road, Svensen

X SIGNATURE Donald M. Floyd X DATE 6/5/81
DEQ/WQ-415 1/78 (Contract Purchaser/Owner/Installer)



See also

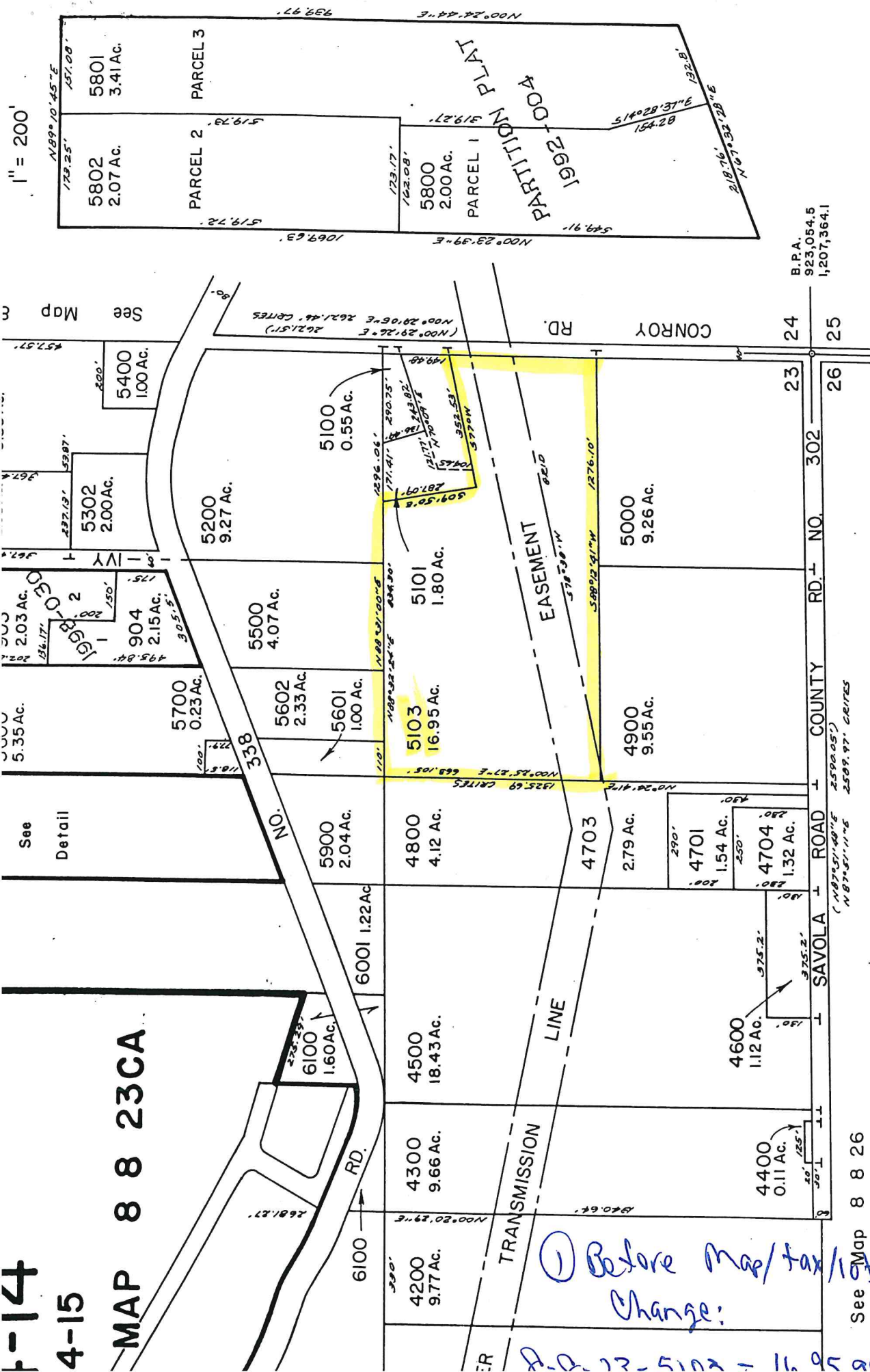
8800

26

25.

4-15

MAP 8 8 23CA



① Before map/tax/105
Change:

A.O. 13-5102 - 11.95 acres

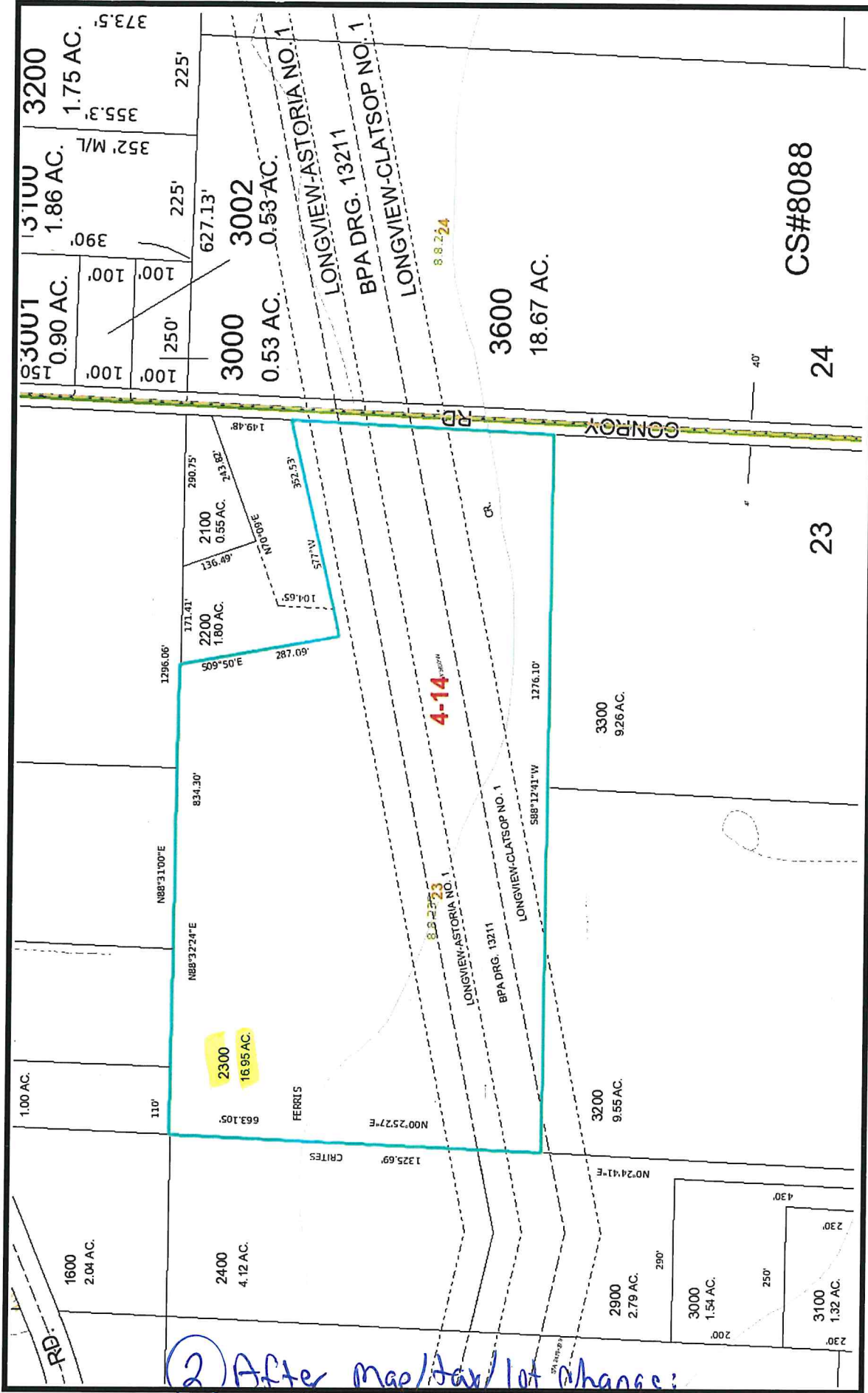
See Map 8 8 26

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

APR 30 2001

NORTH COAST BRANCH OFFICE
WARRENTON

Map



Clatsop County Webmaps

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