



Accurate. Reliable. On Time.
Pixis Labs

12423 NE Whitaker Way
Portland, OR 97230
503-254-1794

Job Number: 6080405
Report Date: 08/25/2016
ORELAP #: OR100028

Cover Letter

Carl Salo
Western Star Fur Farm
92326 Conroy Rd.
ASTORIA, OR 97103

Dear Carl Salo,

Enclosed please find Pixis Labs analytical report for samples received as order number 6080405 on 08/04/2016. Should you have any questions about this report or any other matter, please do not hesitate to contact us. We are here to help you.

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP and the Pixis quality assurance plan unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory. Samples will be kept a maximum of 15 days from the report date unless prior arrangements have been made.

Thank you for allowing Pixis to be of service to you, we appreciate your business.

Sincerely,

Signed
Richard Reid
Project Manager

Sample Results

Sample: Kitchen Wash Water

Collected: 08/02/16 16:00

Temp: 10 C

Matrix:
General
Water

Lab ID: 117004

Received: 08/04/16 09:15

Evidence of Cooling:Y

Analyte	Result	Units	MRL	Dil.	Batch	Start/Extract	Analyzed	Notes
Method: EPA200.7								
Potassium	212	mg/L	20.0	10	29132-24	08/09/16 17:13	08/11/16 13:27	
Method: EPA 1664A								
Non-polar Material (NPM)	ND	mg/L	11.4	1	29231-7	08/21/16 12:00	08/21/16 12:00	
Polar Oil & Grease	ND	mg/L	11.4	1	29231-7	08/21/16 12:00	08/21/16 12:00	
Total Oil & Grease	14.5	mg/L	11.4	1	29231-7	08/21/16 12:00	08/21/16 12:00	

Sample: Kitchen Wash Water

Collected: 08/03/16 15:00

Temp: 10 C

Matrix:
General
Water

Lab ID: 117005

Received: 08/04/16 09:15

Evidence of Cooling:Y

Analyte	Result	Units	MRL	Dil.	Batch	Start/Extract	Analyzed	Notes
Method: SM 4500-Norg-B								
Total Kjeldahl Nitrogen	1350	mg/L	1.00	1	29136-6		08/11/16 11:00	
Method: SM 5210-B								
Biochemical Oxygen Demand	1470	mg/L	200	100	29097-8	08/04/16 17:16	08/09/16 14:18	
Method: SM 2540-D								
Total Suspended Solids	128	mg/L	20.0	1	29079-10		08/05/16 11:50	
Method: SM 4500-NH3-B/C								
Ammonia Nitrogen	538	mg/L	1.00	1	29202-3		08/18/16 12:00	
Method: SM 4500-P-B5D								
Total Phosphorus	149	mg/L	10.0	10	29077-8	08/07/16 15:00	08/07/16 15:00	

Laboratory Quality Control Results

EPA200.7

QC - Initial Calibration Verif. -

Analyte	Result	Spike	Units	Recovery	Batch ID: 29132-2	Limits	RPD	Limit	Notes
Potassium	1.98	2.00	mg/L	99 %		95-105	---	---	

QC - Continuing Calibration Verif. - B

Analyte	Result	Spike	Units	Recovery	Batch ID: 29132-3	Limits	RPD	Limit	Notes
Potassium	20.1	20.0	mg/L	101 %		90-110	---	---	

QC - Continuing Calibration Verif. - A

Analyte	Result	Spike	Units	Recovery	Batch ID: 29132-25	Limits	RPD	Limit	Notes
Potassium	5.24	5.00	mg/L	105 %		90-110	---	---	

QC - Initial Calibration Blank -

Analyte	Result	Spike	Units	Recovery	Batch ID: 29132-5	Limits	RPD	Limit	Notes
Potassium	ND		mg/L	---		---	---	---	

QC - Laboratory Control Sample - Prep Batch: 1652

Analyte	Result	Spike	Units	Recovery	Batch ID: 29132-17	Limits	RPD	Limit	Notes
Potassium	3.16	3.00	mg/L	105 %		85-115	---	---	

QC - Method Blank - Prep Batch: 1652

Batch ID: 29132-16

Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Potassium	ND		mg/L					
EPA 1664A								
QC - Extraction Blank -					Batch ID: 29231-1			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Non-polar Material (NPM)	ND		mg/L	---	---	---	---	
Polar Oil & Grease	ND		mg/L	---	---	---	---	
Total Oil & Grease	ND		mg/L	---	---	---	---	
QC - Laboratory Control Sample -					Batch ID: 29231-2			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Non-polar Material (NPM)	17.5	20.3	mg/L	86 %	64-132	---	---	
Total Oil & Grease	37.7	40.6	mg/L	93 %	78-114	---	---	
QC - Sample Duplicate - of Sample 29231 - 5					Batch ID: 29231-6			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Non-polar Material (NPM)	37.7	39.2		mg/L	---	---	4	34
Total Oil & Grease	94.2	90.4		mg/L	---	---	4	18
SM 4500-Norg-B								
QC - Laboratory Control Sample -					Batch ID: 29136-2			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Kjeldahl Nitrogen	5.32	5.00	mg/L	106 %	80-120	---	---	
QC - Method Blank -					Batch ID: 29136-1			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Kjeldahl Nitrogen	ND		mg/L	---	---	---	---	
QC - Matrix Spike - of Sample 29136 - 7					Batch ID: 29136-16			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Total Kjeldahl Nitrogen	11.5	3.08	10.0	mg/L	84 %	80-120	---	---
QC - Sample Duplicate - of Sample 29136 - 7					Batch ID: 29136-15			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Total Kjeldahl Nitrogen	3.08	3.08		mg/L	---	---	0	20
SM 5210-B								
QC - Laboratory Control Sample -					Batch ID: 29097-2			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Biochemical Oxygen Demand	208	198	mg/L	105 %	85-115	---	---	
QC - Method Blank -					Batch ID: 29097-1			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Biochemical Oxygen Demand	ND		mg/L	---	---	---	---	
QC - Sample Duplicate - of Sample 29097 - 3					Batch ID: 29097-4			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Biochemical Oxygen Demand	1790	1630		mg/L	---	---	9	20 R2
SM 2540-D								
QC - Laboratory Control Sample -					Batch ID: 29079-2			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Suspended Solids	356	350	mg/L	102 %	85-115	---	---	
QC - Method Blank -					Batch ID: 29079-1			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Suspended Solids	ND		mg/L	---	---	---	---	
QC - Sample Duplicate - of Sample 29079 - 17					Batch ID: 29079-18			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Total Suspended Solids	536	532		mg/L	---	---	1	10
SM 4500-NH3-B/C								
QC - Laboratory Control Sample -					Batch ID: 29202-2			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Ammonia Nitrogen	5.04	5.00	mg/L	101 %	80-120	---	---	
QC - Method Blank -					Batch ID: 29202-1			
Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Ammonia Nitrogen	ND		mg/L	---	---	---	---	
QC - Matrix Spike - of Sample 29202 - 7					Batch ID: 29202-20			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Ammonia Nitrogen	15.7	5.60	10.0	mg/L	101 %	80-120	---	---
QC - Sample Duplicate - of Sample 29202 - 7					Batch ID: 29202-19			
Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit
Ammonia Nitrogen	5.32	5.60		mg/L	---	---	5	20

SM 4500-P-B5D

QC - Initial Calibration Verif. -

Batch ID: 29077-1

Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Phosphorus	0.547	0.500	mg/L	109 %	90-110	---	---	

QC - Continuing Calibration Verif. - A

Batch ID: 29077-13

Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Phosphorus	0.525	0.500	mg/L	105 %	90-110	---	---	

QC - Initial Calibration Blank -

Batch ID: 29077-2

Analyte	Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Phosphorus	ND		mg/L	---	---	---	---	

QC - Matrix Spike - of Sample 29077 - 9

Batch ID: 29077-10

Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Phosphorus	1.14	0.0880	1.00	mg/L	105 %	80-120	---	---	

QC - Matrix Spike Duplicate - of Sample 29077 - 9

Batch ID: 29077-11

Analyte	Result	Org.Result	Spike	Units	Recovery	Limits	RPD	Limit	Notes
Total Phosphorus	1.22	0.0880	1.00	mg/L	113 %	80-120	7	20	

Abbreviations

MRL	Method Reporting Limit
ND	None Detected at or above the MRL
RPD	Relative Percent Difference

Data Qualifiers

R2	Sample replicates RPD non-calculable, as only one replicate is within analytical range.
----	---

Units of Measure:

mg/L	Milligrams Per Liter
------	----------------------

PIXIS Labs

Accurate. Reliable. On Time.

12423 NE Whitaker Way
Portland, OR 97230
Phone: (503) 254-1794 Fax: (503) 254-1452
www.pixislabs.com



Western Star Fur Farm

Chain of Custody Record

Page 1 of 2

Please inform us if you know or suspect that
your sample contains hazardous chemicals.

Some or all of this analyses may be
subcontracted to an ORELAP accredited lab.

Company: <u>WESTERN STAR FUR FARM</u> Contact: <u>CARL SALO</u> Address: <u>92326 COURDY RD</u> <u>ASTORIA, OR</u> Email: <u>carlsalo@yahoo.com</u> Phone: <u>(503) 522-7805</u> Fax: <u>()</u> Billing (if different): _____		Analysis Requested Total N* <input checked="" type="checkbox"/> Ammonia N <input checked="" type="checkbox"/> Phosphorus <input checked="" type="checkbox"/> Potassium <input checked="" type="checkbox"/>				Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions: <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____						
Field ID	Date/Time Collected	Matrix	Comments	#Chr	Time	Date	Received By:	Time	Date	Relinquished By:	Time	Collected By:
11	11 8/16/2016		Dates & times collected per Carl Salo (phoned) - mail 8/14/2016									<input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard)
Kitchen wash water, 8/13/16 1500 *TKN per Carl Salo - mail 8/14/2016												
Lab Use Only: <u>Western Star 02</u> Client Alias: <u>6080405</u> Order Number: <u>6080405</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition 10.4°C <input type="checkbox"/> Temperature 4±2°C <input type="checkbox"/> Shipped Via: <u>Mail</u> Evidence of cooling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

PLS LABS SAMPLE RECEIPT FORM

Page 2 of 2

Order Number: 6080405

Client Alias: Western Star

Samples/Cooler received on: 8-3-16 and opened on (if different than received date) _____

Received By: MWL MRH RDR OTHER: _____

1) Were custody seals on outside of cooler? _____ YES NO NA
If YES, how many and where? _____

Were signature and date correct? _____ YES NO NA

2) Were custody papers taped to lid inside cooler? _____ YES NO NA

3) Were custody papers properly filled out (ink, sign, time date) _____ YES NO NA

4) Did you sign custody papers in the appropriate place? _____ YES NO NA

5) How was the cooler delivered?
UPS FEDEX CLIENT COURIER OTHER: Mail

Tracking Number: EL17792281US

6) What kind of packing material was used?
Peanuts Bubble Wrap Foam Paper Other:

7) Was sufficient ice used (if appropriate)? _____ YES NO NA
What kind?

Blue Ice Ice Cooler Packs

8) Were all bottles sealed in separate plastic bags? _____ YES NO NA

9) Did all bottles arrive in good condition? _____ YES NO NA

10) Were all bottle labels complete? labeled from cgc YES NO NA

11) Did all bottle labels and tags agree with custody papers? _____ YES NO NA

12) Were correct bottles used for the tests indicated? _____ YES NO NA

13) Were VOA vials checked for absence of air bubbles and noted if found? YES NO NA

14) Was a sufficient amount of sample sent in each bottle? _____ YES NO NA

15) Temperature of the cooler upon receipt ($4 \pm 2^{\circ}\text{C}$) 10.4^{\circ}\text{C}

Explain any discrepancies: _____

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 500370 as follows:

PROPERTY INFORMATION

Property Owner: **SALO CARL A** Township **8**, Range **08**, Section **23 D 0**
Property Location: **40801 SAVOLA LN, ASTORIA** Tax Lot **02600**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Pump to Gravity**
Design Flow:
Minimum Septic Tank Size:
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Rock and Pipe**
Maximum Trench Depth:
Minimum Trench Depth:
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

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


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

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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



Onsite Wastewater Specialist

11/20/2015

Authorized Agent:

Title:

Date CSC Issued:

Mike McNickle

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500370

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: **SALO CARL A**
Property Address: **40801 SAVOLA LN, ASTORIA**
Township **8** Range **08** Section **23D0** Tax Lot(s) **02600**

RECEIVED
DEC 10 2015
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 2 Manufacturer A1 Ready Mix Date 7/2015
Tanks(2) Volume 1500 Compartments 2 Manufacturer A1 Ready Mix Date 2007
Pumps: HP 1 Model/Manuf ORENCO Float(s)Type(1) _____ Model/Manuf ORENCO
Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes ☒ No ☐ Diameter 4" ASTM#Other _____ Length 6'
Pressure Transport Pipe Yes ☒ No ☐ Diameter 2" ASTM#Other _____ Length 250'

FROM TANK #1 to TANK #2

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 ☐

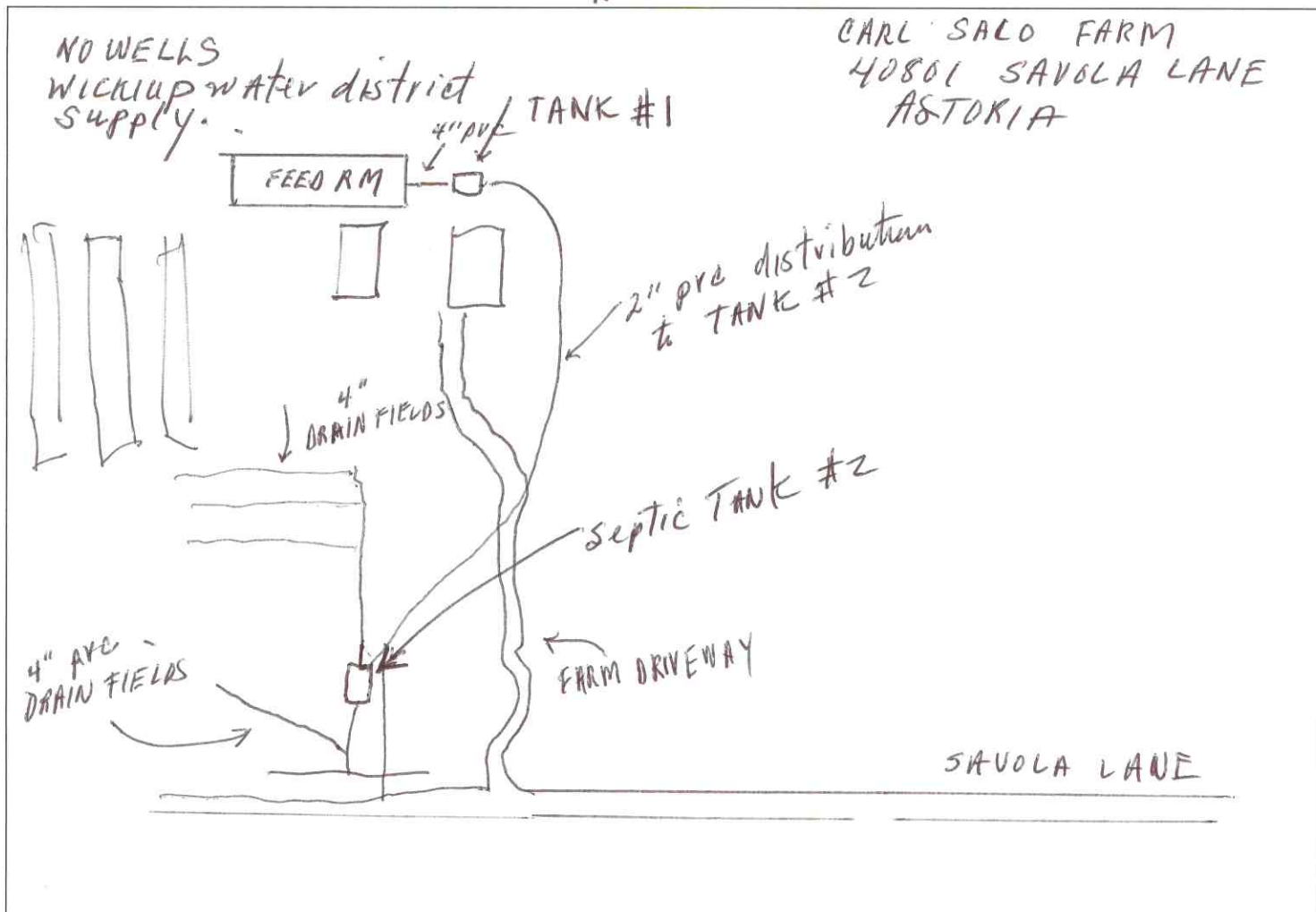
D. Drainfield Media

Type: Gravel, Pipe or Alternative? 4" perforated PVC in 1 1/2" drain rock
Distribution Box Yes ☒ No ☐
Drop Box Yes ☐ No ☒
Distribution Pipe Yes ☒ No ☐ Diameter 4" ASTM#Other _____ Length 320'
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.

N



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

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 Excavation / inspected, certified - tested, installation

Licensed Installer Yes ☒ No ☐

License # *DEQ SS #36171* Certification #

Owner/Certified Installer Signature

Carl Salo

Date *12/02/15*

Phone *503-522-7805*

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

Comment

Repair Permit - - Minor

This Repair Permit - - Minor Permit 500370 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **SALO CARL A** Township **8**, Range **08**, Section **23 D0**
Property Location: **40801 SAVOLA LN, ASTORIA** Tax Lot **02600**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Pump to Gravity**
Design Flow:
Minimum Septic Tank Size:
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Rock and Pipe**
Maximum Trench Depth:
Minimum Trench Depth:
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 2 Minor repair to replace septic tank
- 3 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.
- 4 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.

INSPECTION REQUIREMENTS

- 1 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:



Authorized Agent:

Mike McNickle

Title:

Onsite Wastewater Specialist

Date Issued:

11/20/2015

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606



#506370

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

Commercial
352.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name CARL SALO Mailing Address (Street, PO Box, City, State, Zip) 92326 CONROY RD ASTORIA, OR Phone Number 503-458-5167
503-522-7805-cell

B. Legal Property Description

Township 8 Range 8 Section 23D Tax Lot 2600 Tax Account Number 10 Acres Acreage or Lot Size
County Clatsop Subdivision Name _____ Lot _____ Block _____

Property Address: 40801 SAVOLA LANE Astoria, OR 97103
(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☐ Single Family Residence

Number of Bedrooms _____

☒ Other Commercial

Proposed Facility

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Water Supply

☒ Public Kappa
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

☐ 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

Carl Salo

Date

11/14/15

Applicant's Name (Please Print Legibly)

CARL SALO

Applicant's Phone

503-522-7805

Applicant's E-Mail Address

carlsalo@yahoo.com

Applicant's Mailing Address

92326 CONROY RD Astoria, OR 97103

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization Attached

Installers Name

Bill Hughes



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

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

Notice Authorizing Representative

I, CARL SALO, have authorized
(Property Owner – Please Print)

(Authorized Representative – Please Print) To act as my agent in performing
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

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 08 Section 23 Tax Lot 02600 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: CARL SALO Email: carlsalo@yahoo.com
PROPERTY Address: 40801 SAVOLA LANE City/State/Zip ASTORIA, OR 97103
MAIL ADDRESS 92326 CONROY RD
Phone: ASTORIA OR, 97103 FAX: _____
Signature: Carl Salo Date: 11/13/15

AUTHORIZED REPRESENTATIVE:

Name: _____ Email: _____
Mail Address: _____ City/State/Zip _____
Phone: _____ FAX: _____
Signature: _____ Date: _____



Clatsop County

www.co.clatsop.or.us

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

mmcnickle@co.clatsop.or.us

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):
 - 2 ☒ Septic Tanks ☐ Disposal Trenches ☐ Capping Fill ☐ Sand Filter
 - ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
 - ☐ Other (describe): 2 Tanks for thorough filtering Second tank added sept 2015
2. When was your septic system installed? 2003 Date Permit Number
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons): 1500 + 1500
5. When was the septic tank last pumped? (Attach receipt if available)
6. Number of disposal trenches:
7. Total length of disposal trenches (in feet):
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? How many people occupy the dwelling?
11. How many bedrooms will be in the proposed dwelling? How many occupants?
12. If the septic system serves a business, NOT FOR HUMAN USE
How many total employees are there? Type of business: FARM
13. Is there a proposed change of use of your structure (home or business)? ☐ Yes ☒ No
If yes, please explain:
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

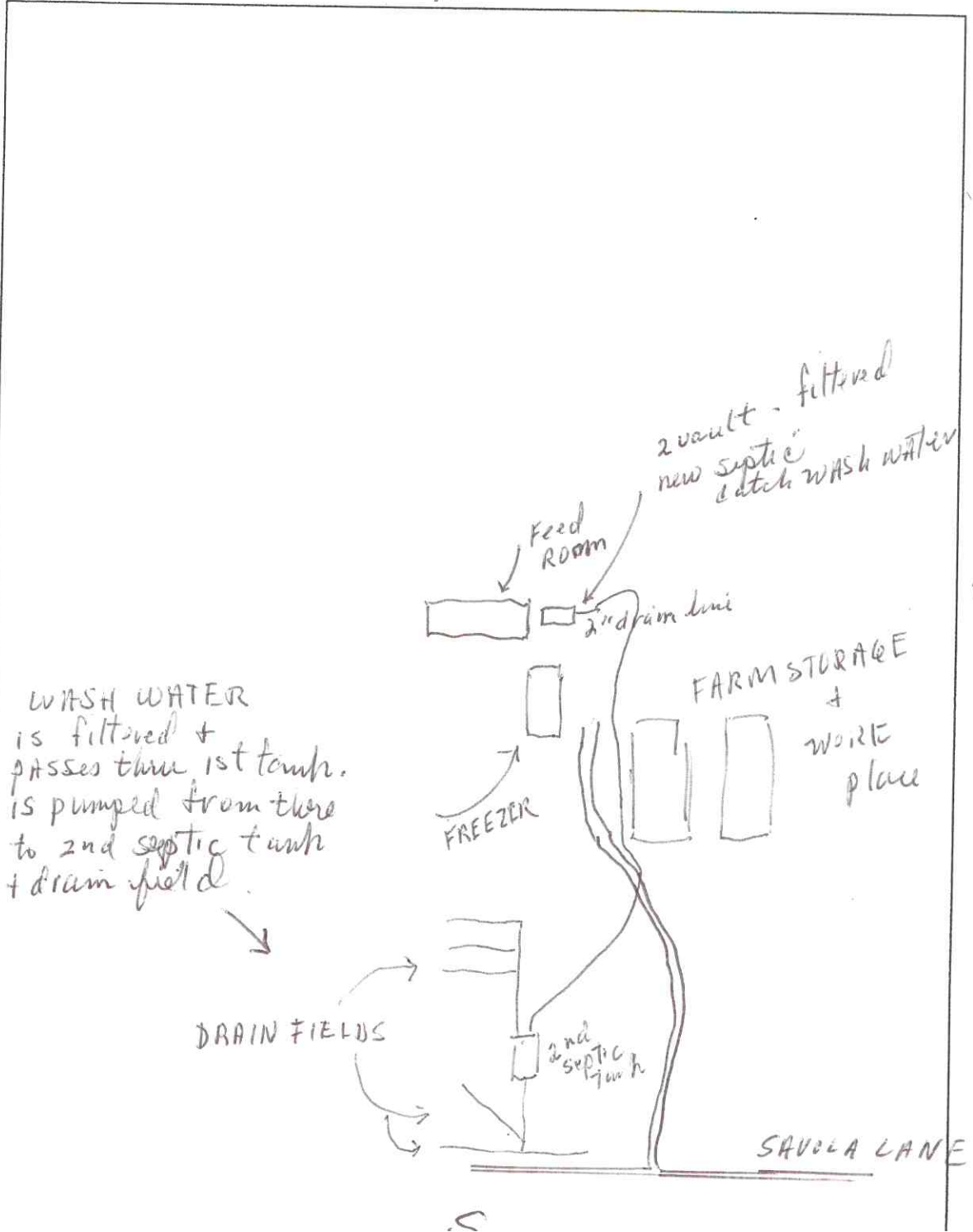
Signature:

Date: 11/13/15

PLOT PLAN

Property ID: TAX LOT 02600 Site Address: 40801 SAVOLA LANE Date: 11/13/15
 Applicant Signature: [Signature] ASTORIA, OR Date: 11/13/15

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/in 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



1 inch = 20 feet

**BILL HUGHES EXCAVATION
&
SEPTIC TANK PUMPING AND CLEANING**

41901 Old Hwy 30
Astoria, OR 97103
503-458-6706 – office
503-741-6706 – cell

Septic Tank Inspection Request

SEPTIC TANK CONDITION

Good # New 1500 gal

Fair _____

Needs to be replaced _____

DOSING TANK

Structure Type Concrete 1500

Good _____

Fair _____

Needs to be replaced _____

Structure Type Steel _____ Concrete X

Volume 1500 gallons

Plastic _____

Volume 1500 gallons

DRAINFIELD CONDITION

Good X Fair _____

Needs Replaced _____

GENERAL COMMENTS:

Farm Wastewater

DATE PUMPED & INSPECTED

10-10-15

MAIL ADDRESS:

ADDRESS OF INSPECTED TANK

92326 Conroy Rd Astoria Or

LOCATION = 40801 SAVOLA LANE

ASTORIA 97103

97103

NAME OF RECORDED OWNER

Carl Salo

Bill Hughes

Signature – LICENSED PUMPER

BILL HUGHES – Owner

D. E. Q. SS# 36171

*****No GUARANTIES EXPRESSED OR IMPLIED*****



Septic Application

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

For Department Use Only

Permit #: **500370**
Permit Type: **Repair Permit**
Entry Date: **11/12/2015**
Issued By: **Annette Brodigan**
Permit Status: **Review**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	11/12/2015

Work Description

Work Description:

Remarks:

Owner

Name: **Salo Carl A/Patricia L**
Address: 92326 Conroy Rd
City, State, Zip: Astoria, OR 97103-8605

Ph. #: (503) 522-7805
E-Mail:

Cell: (503) 458-5167
Fax: () -

Applicant

Salo Carl A/Patricia L
92326 Conroy Rd
Astoria, OR 97103-8605

Ph. 5035227805 Fax
Cell 5034585167 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	\$252.00	\$100.00	\$0.00	\$0.00	\$352.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Salo Carl A/Patricia L	Check	4349	11/12/2015	\$352.00
				\$352.00

Balance Due: \$0.00

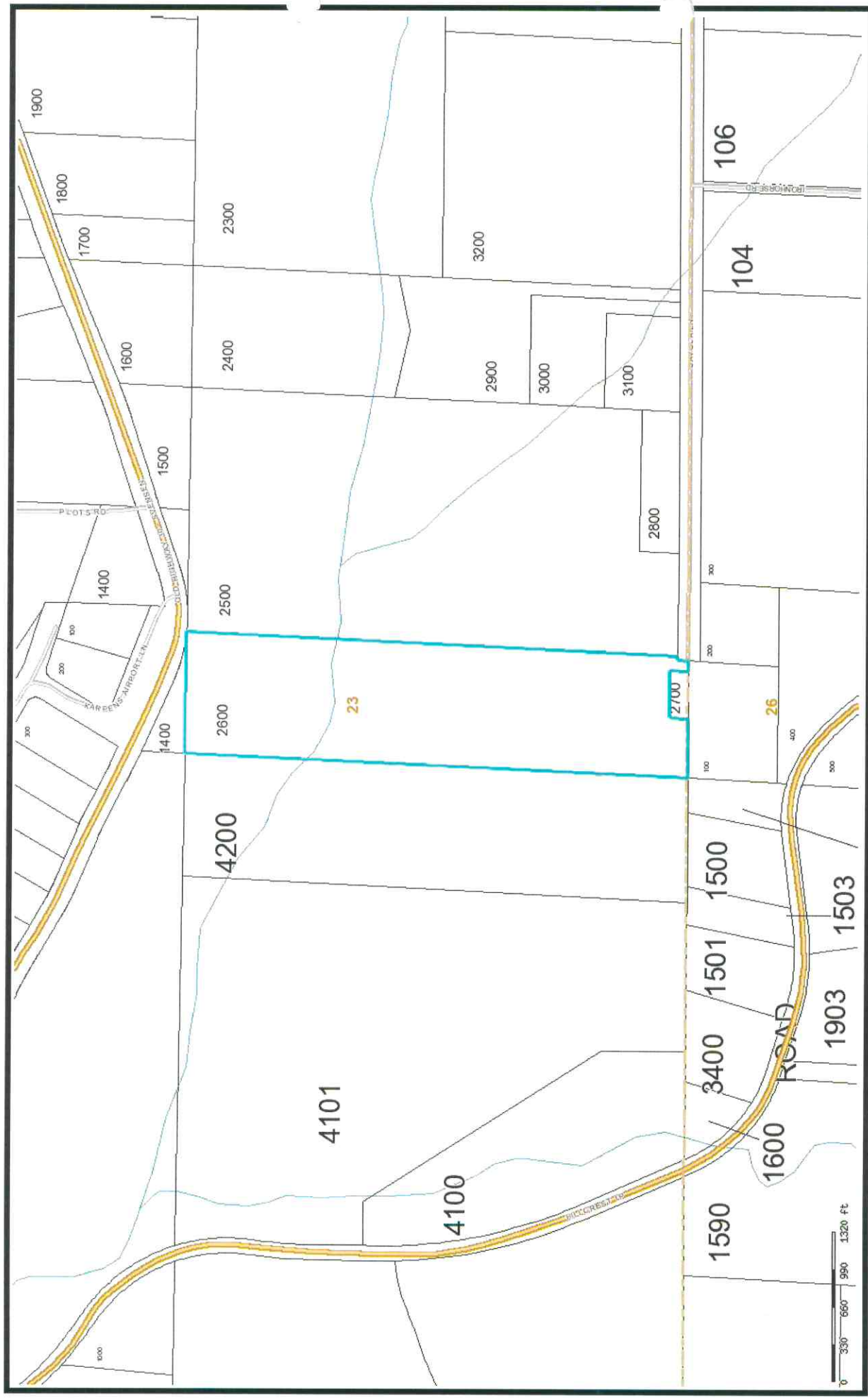
Compliance/Permit Requirements

Signatures

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Map



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.

