

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 500006 as follows:

PROPERTY INFORMATION

Property Owner: **Landwehr Nicholas H** Township **8**, Range **08**, Section **24 0 0**
Property Location: **41406 Old Hwy 30, Astoria** Tax Lot **03100**
Facility Type: **Single Family Dwelling**
2 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type:	Standard	
Design Flow:	300 gals/day	Cap material must be approved be
Minimum Septic Tank Size:	1000 gals	
Distribution Type:	Equal	Capping fill system
Total Trench Length:	294 Linear feet	Keep drainfield away from compact
Trench Spacing:	8 feet*	Do not park vehicles on drianfield
Media Type:	Rock and Pipe	
Maximum Trench Depth:	28 inches	
Minimum Trench Depth:	12 inches	
Drain Media Total Depth:	28 inches	
Drain Media Below Pipe:	4 inches	
Drain Media Above Pipe:	2 inches	

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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


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

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.



Authorized Agent:

Mike McNickle

Onsite Wastewater Specialist

Title:

10/6/15

Date CSC Issued:

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

For Official Use Only/Date Received: _____

Final Inspection Request and Notice - Onsite ID: 413808

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

SECTION 1: Owner/Permittee Information:

Name: *Nicholas Landwehr*
 Property Address: *41406 Old Hwy 30*
Historic 0197103

Township *8* Range *08* Section *24*
 Clatsop County TaxLot#: Tax Lot *03100*

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard			Water light verification*
Tanks(1)	Volume: <i>1000</i>	Compartments: <i>2</i>	Manufacturer: <i>DVK Longview</i>	Date: <i>9-28-14</i>	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.	
			Float(s)Type(2):	Model/Manuf.	

B. Piping				
Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/> No	Diameter: <i>4"</i>	ASTM#/Other: <i>ABS</i>	Length: <i>10'</i>
Pressure Transport Pipe	Yes No	Diameter:	ASTM#/Other:	Length:

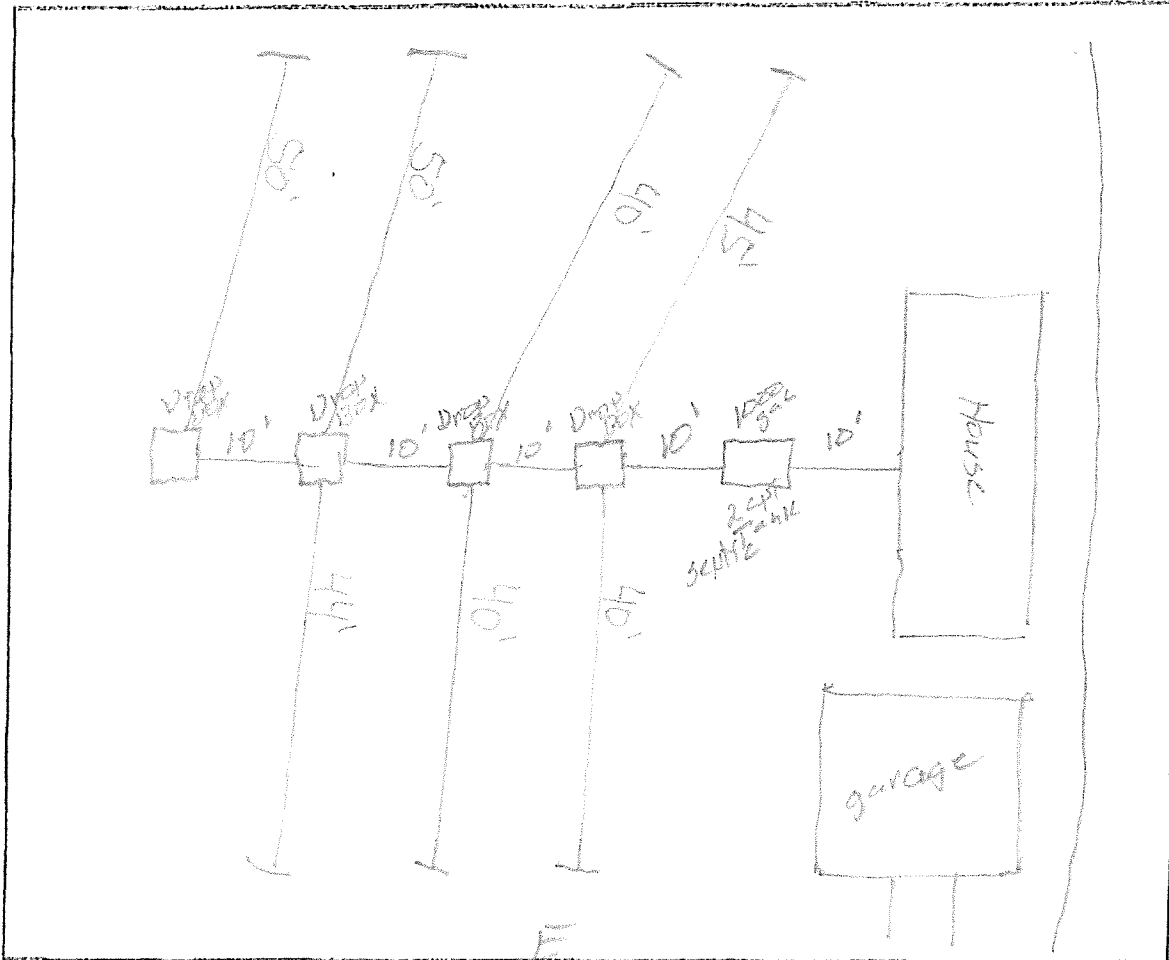
C. Secondary Treatment Unit:				
Sand Filter**	Yes No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:	Model/Manufacturer		
Floats(1)	Type:	Model/Manufacturer		
Floats(2)	Type:	Model/Manufacturer		
ATT	Yes No	Model:		
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes No		

D. Drainfield Media				
Type	(Gravel, Pipe or alternative?) <i>Gravel, Pipe</i>			
Distribution Box	Yes No			
Drop Box	Yes <input checked="" type="checkbox"/> No			
Distribution Pipe	Yes <input checked="" type="checkbox"/> No	Diameter: <i>4"</i>	ASTM#/Other: <i>3034 sewer pipe</i>	Length: <i>21' Headers</i>
Comment				

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

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Kimmy A Sons</u>
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>186315</u>
Signature: <u>[Signature]</u>	Certification#:
Owner/Certified Installer:	Date: <u>10-6-14</u>
	Phone#: <u>503-791-3481</u>

SECTION 5 - Office Use Only:

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

Comment: _____

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426

CLYDE McDONALD 458-6521
(800) 382-7380

STATEMENT

DATE 9-28-2014
 NUMBER (503) 298-0007

Nick Landwehr
41406 Old Hwy 30
Astoria, Oregon 97103

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	500 Gallon Concrete Septic Tank	BALANCE FORWARD
9-28-14	Pumped Septic Tank Dump Fee	\$228.50
		71.50
	Total	\$300.00
	PAID CASH	
	+ M/S	

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN



Clatsop County
 Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503-325-8611 Fax 503-338-3606
 comdev@co.clatsop.or.us www.co.clatsop.or.us

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 Community Development Department.

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: Nick Landwehr

Septic Tank Location: 41406 Old Hwy 30 Astoria, Or 97103

Legal Description: T 8 R 08 S 24 Lot 03100

Date Tank Pumped: 9-28-2014

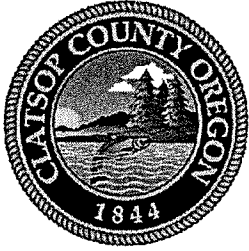
By: [Signature] License #: 34259
 (signature of licensed pumper)

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: 9-28-14
 (signature of operator/owner)



Clatsop County Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

Phone (503) 325-8500
Fax (503) 325-8678

September 9, 2014

Nicholas H. Lanwehr
41406 Old Hwy 30
Astoria, OR 97103

RE: Results of Application for On-Site Sewage System: **Approved**

Dear Mr. Landwehr:

After reviewing your application to construct a repaired on-site sewage system for your home located at 41406 Old Hwy 30 in Astoria, we have approved a capping fill system for the site. Based on the soils, conditions and setbacks of the site, the capping fill system will provide the best public health protection. The system must consist of a 1000 watertight septic tank and 300 linear feet of trench, which could include either rock and pipe or a chambered system for the disposal facility. The maximum depth of the trench cannot exceed 28 inches in order to maintain vertical separation. If a chambered system is used, rodent screening is required. The distribution system can be either serial or equal distribution, based on the slope gradient and contours of the site.

Please note that the compacted soils adjacent to the north of the proposed drainfield area are not suitable for use, as that area has been used for vehicle driving/parking. It is vital that the system is installed in dry weather (after April 1 and before October 1), as wet-weather installs are difficult and if done improperly can shorten the lifespan of an on-site sewage system.

Your permit is valid until August 27, 2015.

If you have any questions, please do not hesitate to contact me.

Best regards,

Michael McNickle, MPH, RS
Clatsop County Public Health
820 Exchange Street
Astoria, OR 97103
Phone: 503-325-1000, ext. 1927

Repair Permit - Single Family Dwelling - Major

This Repair Permit - Single Family Dwelling - Major Permit 500006 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Landwehr Nicholas H** Township 8, Range **08**, Section **24**
Property Location: **41406 Old Hwy 30, Astoria** Tax Lot **03100**
Facility Type: **Single Family Dwelling**
2 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard** *Capping Fill System*
Design Flow: **300 gals/day** Cap material must be approved be
Minimum Septic Tank Size: **1000 gals**
Distribution Type: **Equal** Capping fill system
Total Trench Length: **300 Linear feet** Keep drainfield away from compact
Trench Spacing: **8 feet*** Do not park vehicles on drianfield
Media Type: **Rock and Pipe**
Maximum Trench Depth: **28 inches**
Minimum Trench Depth: **12 inches**
Drain Media Total Depth: **28 inches**
Drain Media Below Pipe: **4 inches**
Drain Media Above Pipe: **2 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

INSPECTION REQUIREMENTS

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



Authorized Agent:
Mike McNickle

Title:
Onsite Wastewater Specialist

Date Issued:
9/9/14

Expiration Date:
8/27/2015

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

★ see attached letter

SITE EVALUATION FIELD WORKSHEET

Township: 8N Range: 8W Section: 24 Tax Reference: 3 Parcel Size: 1.86
 Owner/Applicant: Landwehr, Nicholas Evaluator: _____
 Inspection Date(s): 09/03/2014 Application Number: 50006

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-6"	Duff light vegetation
		GPS coordinate { N 46" 09' 38.77" W 123" 37' 39.44"
	6"-34"	scl granular scl, 10yr 5/4
	34"-62"	cl Presence of Redoximorphic features
Pit 2		
		ONLY 1 T.P.
Pit 3		
Pit 4		

Landscape Notes: compacted soils to NW corner of property
 Slope: 10% Aspect: NW slopes Groundwater Type: Shallow
 Other Site Notes: _____

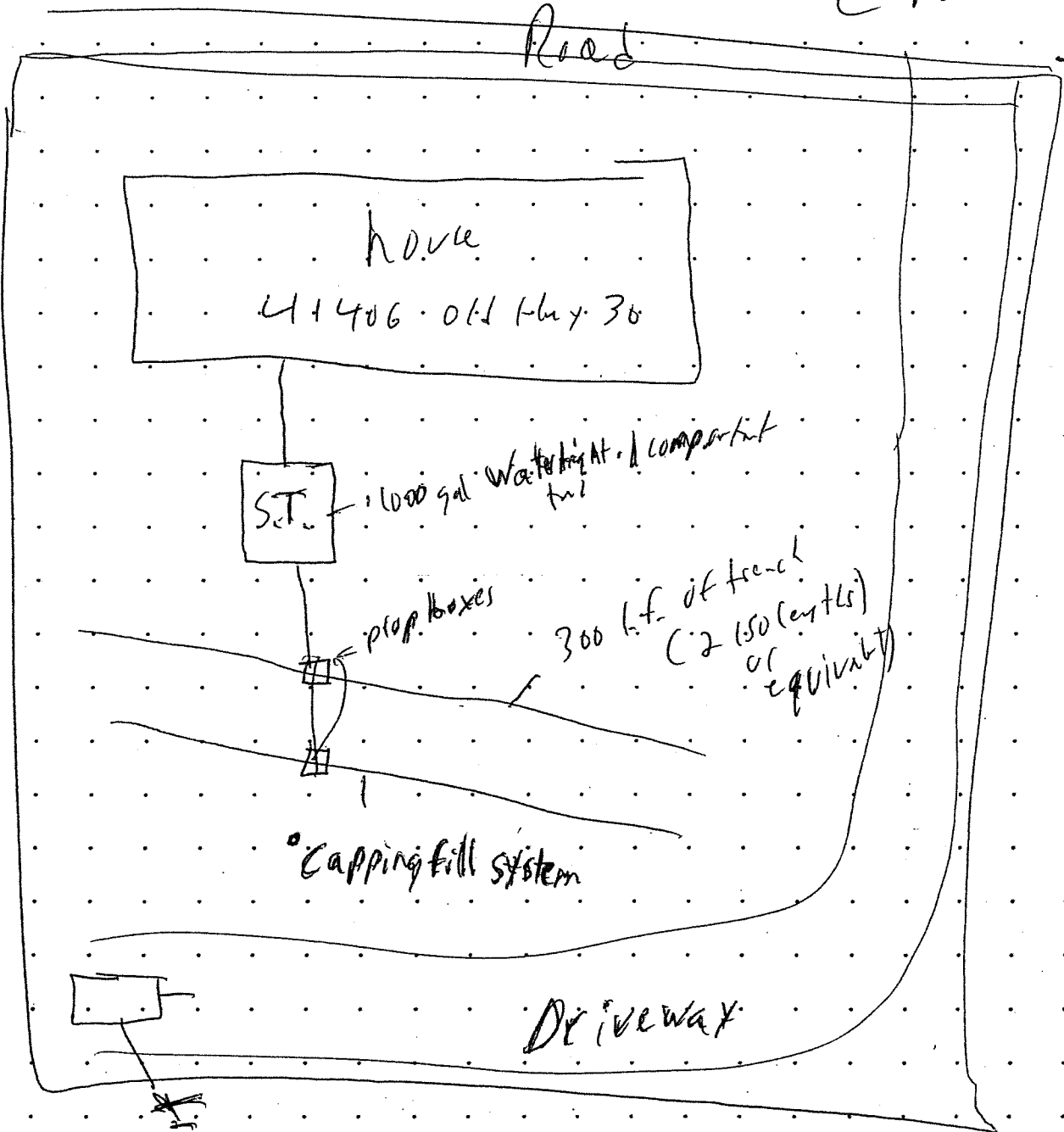
Design Flow: 300 gpd 26 Lpm SYSTEM SPECIFICATIONS
 Initial System: Capping fill ATT Treatment Standard: no
 Disposal Facility: A 300 gal linear feet/square feet Maximum Depth: 28 inches Minimum Depth: 1 inches
 Replacement System: same may need sand filter for 2nd rep ATT Treatment Standard: no
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: maintain trenches with contours - stay away from compacted soils near western side of property. when cars and other vehicles travel/park

Township: _____ Range: _____ Section: _____ Tax Reference: _____ Parcel Size: _____

Owner/Applicant: _____ Evaluator: _____

Inspection Date(s): _____ Application Number: _____

Not to Scale



- do not install in compacted soils
- capping fill system must meet all requirements of ORS + ORA
- maintain all setbacks



Clatsop County
www.co.clatsop.or.us

\$697.00

50006

Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

Public Health
 820 Exchange Street, Suite 100
 Astoria, OR 97103
 Phone 503-325-8500 FAX 803-325-8678
health@co.clatsop.or.us

Application for Onsite Sewage Treatment System

A. Property Owner Information

Nicholas Landwehr 41406 Old Hwy 30 Astoria Or 503-298-0007
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number
97103

B. Legal Property Description

8 North 8 West 24 3100 _____ 1.86
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop _____ _____ _____
 County Subdivision Name Lot Block

Property Address: 41406 Old Hwy 30 Astoria Or 97103
 (Street, City, State, Zip)

Directions to Property Old Hwy 30 Across from Knappa
High School Football Field

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 checked="" type="checkbox"/> Public <u>Wierup Water</u>
Number of Bedrooms _____	Number of Bedrooms _____	Name
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private _____
		Well, Spring, Shared

D. Type of Application

- | | | |
|---|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input 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 checked="" type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input type="checkbox"/> Minor | | <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

Steve Kinney _____
 Signature Date

Steve Kinney Kinney & Sons 503-791-3481 sdkinney@Centurytel.net
 Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

91569 George Hill Rd Astoria Or 97103
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Kinney & Sons Steve Kinney
 Installers Name



Clatsop County
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

Notice Authorizing Representative

I, Nicholas Landwehr, have authorized
(Property Owner – Please Print)

Kenny and Son's Exc. 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

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 North Range 8 West Section 24 Tax Lot 3100 Map ID _____

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Nicholas Landwehr

Email: Nick.Landwehr@yahoo.com

Mail Address: 41406 Old Hwy 30

City/State/Zip Astoria/Oregon/97103

Phone: 503-298-0007

FAX: _____

Signature: [Handwritten Signature]

Date: _____

AUTHORIZED REPRESENTATIVE:

Name: Steve Kinney Kinney & Sons

Email: sd1kinney@centurytel.net

Mail Address: 91569 George Hill Rd

City/State/Zip Astoria OR 97103

Phone: 503-791-3481

FAX: 503-458-5458

Signature: [Handwritten Signature]

Date: _____



SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current.

Site Address: 41406 Old Hwy 30 City: Astoria

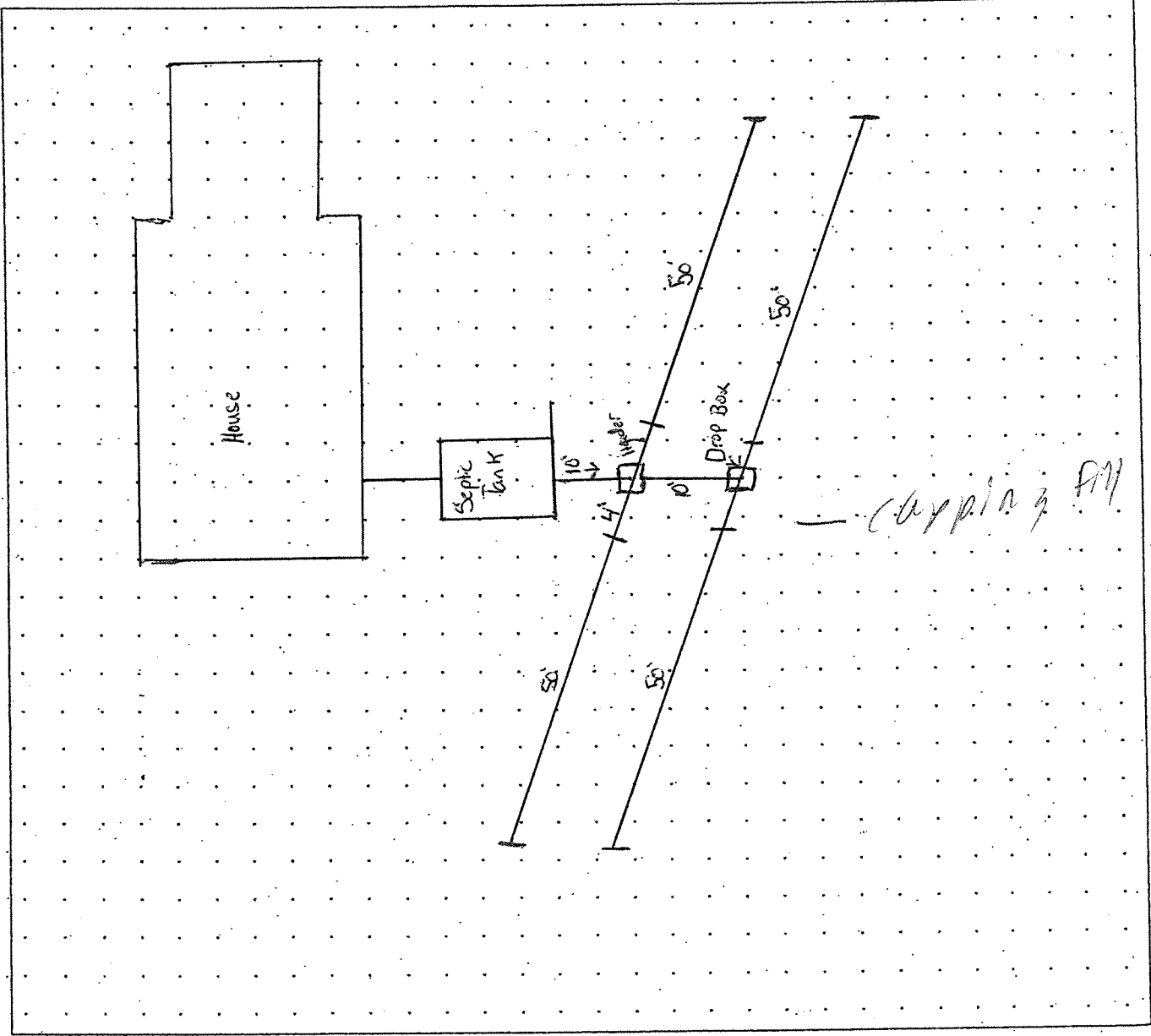
Tax Lot#: 3100 Acres: 1.86 Subdivision: _____

Lot: _____ Block: _____ Property Owner: Nikolas Landwehr



Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the [] Owner or [X] Authorized Agent Name (please print): Stacy Kinney Waring & Sons

Signature: [Signature] Date: 8-26-14

Kinney & Sons Dump Trucking LLC
91569 George Hill Rd.
Astoria, Oregon 97103
503-791-3481

Estimate

Parts List

Bill To
Nick Landwhere
41406 Old Highway 30
Astoria OR, 97103
PARTS LIST

Number E63
Date 8/26/2014

PO Number	Terms	Customer #	Service Rep	Project
3357		3357	Nate	PARTS LIST

Description	Quantity/Hours	Price/Rate	Amount
4" perf pipe FT	200.00		\$0.00
30/34 sewer pipe FT	30.00		\$0.00
Drop Boxes	2.00		\$0.00
Drain Rock	2.00		\$0.00
Filter fabric FT	200.00		\$0.00
Tracer wire FT	250.00		\$0.00

Sub Total \$0.00
Total \$0.00

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Nicholas Landwehr / Steve Kitzney
Mailing Address: 91569 George Hill Rd
City/State/Zip: Astoria, OR 97103
Telephone: 503-791-3481

2. Property Information:
County: Clatsop Tax Lot No: 3100
Township: 8 Mouth Range: 8 West Section: 24
Physical Address: 41406 Old Hwy 30 Astoria OR 97103
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

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: _____
new drain field

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 acres
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: _____
LWDKO #80-14, Sec. 3.200 - year built: 1944

8. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Date: 8/27/14
Title: PLANNER Telephone: 503/325-8611

STATEMENT

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426
CLYDE McDONALD 458-6521
(800) 382-7380

DATE: 3-8-2014
 NUMBER: 6031298-0007

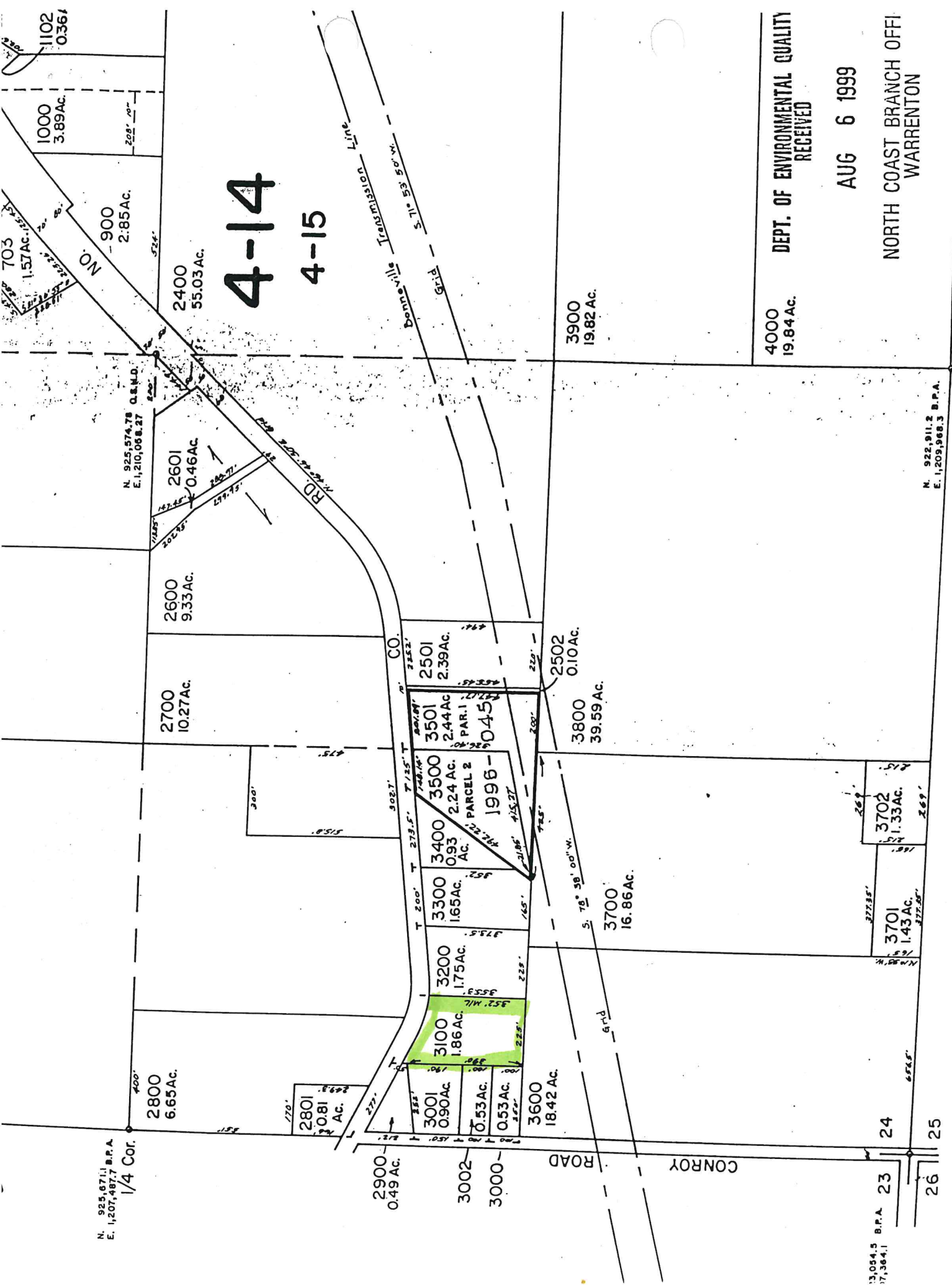
RECEIVED
 Clatsop County
 AUG 27 2014
 Land Use/Planning

Nick Landwehr
 40157 Hunt Lane
 Astoria, Oregon 97103

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.
 Estimated by Veyno Johnson
 8/27/14
 Astoria, Oregon

DATE	CHARGES AND CREDITS	BALANCE FORWARD	BALANCE
	500 Gallon Concrete Septic Tank		
3-8-14	Bumped Septic Tank	262.00	
	Dumped Tank	143.00	
	Replaced And Dug Tank		
	had to locate And Dig		
	Distribution Box	127.50	
	TOTAL	532.50	
	See Inspection Report Dated 3-8-2014		
	F.M.M.		

ED'S Septic Tank Cleaning Service
 Thank You
 PAY LAST AMOUNT IN THIS COLUMN



4-14

4-15

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

AUG 6 1999

NORTH COAST BRANCH OFFICE
WARRENTON

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

1/4 Cor.

3,054.5 B.P.A.
7,364.1

26 25 24

N. 922,911.2 B.P.A.
E. 1,209,968.3