



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

AUTHORIZATION NOTICE

Application # **500798** Permit #: **500798**

T: 8 R: 08 S: 26 QS: C0 Tax Lot #: 00500

Date: **7/3/2017**

Property Owner: **Smith David**

Property address: **40313 Compass Ln, Astoria**

Mailing Address: **40313 Compass Ln, Astoria, OR 97103**

Purpose of Notice:

Type of System: **Standard** Inspection Date: _____

Disposal Trenches: Sq. Ft. _____ Lineal Ft. **300.00** Date Installed: _____ Permit # _____

Tank Size: **1000.00** Gallons System Designed to serve: **450.00** Gals/Day or **3** Bdrms.

All roof drains must be directed away from the system.
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.
Vehicular traffic and livestock must be restricted from the system area.
Meet all required setbacks.

- ☒ This notice establishes that the sewage system located on the property identified above appears adequate by () field inspection ☒ record review to serve a 3 bedrooms with a peak sewage flow of 450 g gallons per day.
- ☐ The sewage disposal system appears to be functioning satisfactorily at the date of inspection. However, it is the opinion of this Department that this system has the potential for a winter time malfunction due to inadequate soil conditions and/or high winter water table.
- ☐ The sewage disposal system does not appear to be functioning satisfactorily for the following reasons:

COMMENTS: _____

Clatsop County Authorization: Therese Van Nostran Date Issued: 7/14/2017
Expiration Date: 7/14/2018

Note: This Notice does not guarantee satisfactory or continuous operation of the sewage system.



#500798

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

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(pd) C# 2355

processed on 7/17/17 due to vacation

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name JANNA + DAVID Smith Mailing Address (Street, PO Box, City, State, Zip) 40313 Compass Ln. Astoria OR 97103 Phone Number 503-298-7769

B. Legal Property Description

Township 8 Range 8 Section 26C Tax Lot 500 Tax Account Number 21004 Acreage or Lot Size 6.0 AC.
County Clatsop Subdivision Name _____ Lot _____ Block _____

Property Address: 40313 Compass Ln. Astoria OR 97103
(Street, City, State, Zip)

Directions to Property Svensen Market Rd, left on George Hill Rd, left on Compass Ln, 1st Right (still Compass Ln), 2nd House on the left.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☒ Single Family Residence3

Number of Bedrooms

☐ Other _____

Proposed Facility

☒ Single Family Residence3

Number of Bedrooms

☐ Other _____

Water Supply

☒ Public Wickiup

Name

☐ Private _____

Well, Spring, Shared

D. Type of Application

☐ Site Evaluation☐ Construction☐ Permit Repair☐ Major☐ Minor☐ Alteration Permit☐ Major☐ Minor☐ Renewal Permit☐ Existing System Evaluation☐ Permit Transfer☐ Permit Reinstatement☒ 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

Janna Smith
Signature

David Smith
Signature

6/30/17
Date

JANNA Smith
Applicant's Name (Please Print Legibly)

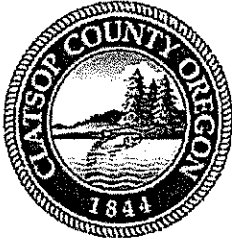
503-298-7769
Applicant's Phone

passupport@gmail.com
Applicant's E-Mail Address

40313 COMPASS LN, Astoria OR 97103
Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached

Installers Name _____



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

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Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
☒ Septic Tank ☒ Disposal Trenches ☐ Capping Fill ☐ Sand Filter
☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
☐ Other (describe): _____
2. When was your septic system installed? 8/3/95 _____
Date Permit Number
3. Tank material: ☒ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons): 1000
5. When was the septic tank last pumped? (Attach receipt if available) 6/16/17
6. Number of disposal trenches: 3
7. Total length of disposal trenches (in feet): 300
8. Do you propose to use the existing septic system? ☒ Yes ☐ No
9. Is your septic system currently in use? ☒ Yes ☐ No
If no, date of last use: _____
10. If the septic system currently serves a dwelling,
How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2
11. How many bedrooms will be in the proposed dwelling? 3 How many occupants? 2
12. If the septic system serves a business,
How many total employees are there? _____ Type of business: _____
13. Is there a proposed change of use of your structure (home or business)? ☐ Yes ☒ No
If yes, please explain: _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: _____

Date: 6/30/17

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PLOT PLAN

Property ID: _____ Site Address: 40313 COMPASS LN

Applicant Signature: [Signature] ASTORIA OR 97103

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

Date: 6/30/17

Date: 6/30/17

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



1 inch = 20 feet

See Attached

Site PLAN / Plot Map

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PARTITION PLAT NO.

THE S.W. 1/4 OF SECTION 25, T8N. R8W, W.M.
COUNTY OF CLATSOP, STATE OF OREGON.

DECLARATION:

KNOW ALL MEN BY THESE PRESENTS THAT I, WILHELM T. BATES, JR., LEANNE A. BATES, WILLIAM T. BATES, JR., LEANNE A. BATES, ROBERT L. BOEHM AND LESLEY K. BOEHM ARE THE OWNERS IN FEE SIMPLE OF PARCEL NO. 2 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 10 WEST, COUNTY OF WASHINGTON, STATE OF OREGON, AND THAT WE HAVE CAUSED SAID PARCEL TO BE PARTITIONED IN TO THREE PARCELS AS SHOWN ON THE ANNEXED PLAT THEREIN. NO WATER RIGHTS APPURTENANT TO THIS PROPERTY.

William T. Bates
WILLIAM T. BATES, JR.
Leanne A. Bates
LEANNE A. BATES
Robert L. Boehm
ROBERT L. BOEHM
Lesley A. Boehm
LESELY A. BOEHM

ACKNOWLEDGEMENT:

STATE OF OREGON, ss.
COUNTY OF CLATSOP,

KNOW ALL MEN BY THESE PRESENTS, ON THIS **18th** DAY OF **JULY**, 1992, THAT I, **JOHN W. BATES**, A MAJOR IN PERSONAL SERVICE, HAVE MADE THESE PRESENTS FOR **MYSELF** AND **MY** CO-DEFENDANTS, **DAVID L. BATES, JR., LEANNE A. BATES, ROBERT L. BATES AND LESLEY A. GOTHAM**, WHO BEING SWORN, DID SAY THAT THEY ARE THE IDENTICAL PERSONS NAMED **IN THE FOREGOING DECLARATION, AND THAT** SAID DECLARATION WAS EXECUTED ON THEIR BEHALF, AND THAT THEIR SIGNATURES WERE AFFIXED TO SAID DECLARATION IN THEIR PRESENCE.

NOTARY PUBLIC FOR THE STATE OF OREGON
Karen E. Campbell
 MY COMMISSION EXPIRES 11-28-94



APPROVALS:

APPROVED THIS 20 TH DAY OF MAY 1993
Walter Schneider
 DIRECTOR, CLATSOP COUNTY DEPT. OF
 PLANNING AND DEVELOPMENT

APPROVED THIS 14TH DAY OF
JULY 1993

Robert A. Hadden
CLATSOP COUNTY SHERIFF

STATE OF OREGON,) S.S.
COUNTY OF CLATSOP,)

I, DO HEREBY CERTIFY, THAT THE ATTACHED
PARTITION PLAT WAS RECEIVED FOR RECORD
ON THE 21ST DAY OF JULY
1993 AT TEN O'CLOCK P.M. AND RECORDED
AS PARTITION PLAY NO. 298-06 RECORD OF
PARTITION PLATS, CLATSOP COUNTY.

CLAYTON COUNTY CLERK
Davidson
NO 9340

NARRATIVE:

THE PURPOSE OF SURVEY IS TO PARTITION IN TWO PARCELS THAT TRACT OF LAND DESCRIBED AS PARCEL NO. 2 OF PARTITION PLAT NO. 1931-027 RECORD OF PARTITION PLATS, COUNTY OF CLATSOP, STATE OF OREGON, BASIS OF BEARINGS AND DISTANCES, BEARING OF 501°10'00" BETWEEN THE FOUND IRON PIPE MONUMENTS AT THE NORTHEAST AND SOUTHEAST CORNERS OF THAT TRACT OF LAND DESCRIBED IN BOOK 278, PAGE 481, DEED RECORDS CLATSOP COUNTY, OREGON, AND BEARING OF 191°10'00" BETWEEN THE FOUND IRON PIPE MONUMENTS AT THE SOUTHWEST AND NORTHEAST CORNERS OF THAT TRACT OF LAND DESCRIBED IN BOOK 278, PAGE 481, DEED RECORDS CLATSOP COUNTY, OREGON. THE PARTITION PLAT NO. 1931-027 AND PARTITIONED SAID PARCEL AS SHOWN ON THE ANNEXED PLAT.

SURVEYOR'S CERTIFICATE:

I, KARL F. FORSTIC, HEREBY CERTIFY THAT I HAVE CORRECTLY SURVEYED AND MARKED WITH POWER MOMENTS THE BOUNDARIES OF PARCELS NO. 1 AND NO. 2 SHOWN ON THE ANNEXED PLAT. I FURTHER CERTIFY THAT THE LAND COMPRISING SAID PARCELS IS ACCURATELY DESCRIBED AS PARCEL NO. 2, PARTITION PLAT NO. 1991-027, RECORD OF PARTITION PLATS, COUNTY OF CLATSOP, STATE OF OREGON.

KARL F. FOESTE LS 849
 Karl F. Foeste

REGISTERED
PROFESSIONAL
LAND SURVEYOR

OREGON
JUL 12 1964
KARL F. FOESTE
0848
RENEW'S 11/194

**SURVEY BY: KARL F. FOESTE, 361 S.W. MAIN CT.
WARRENTON OR. 97146**

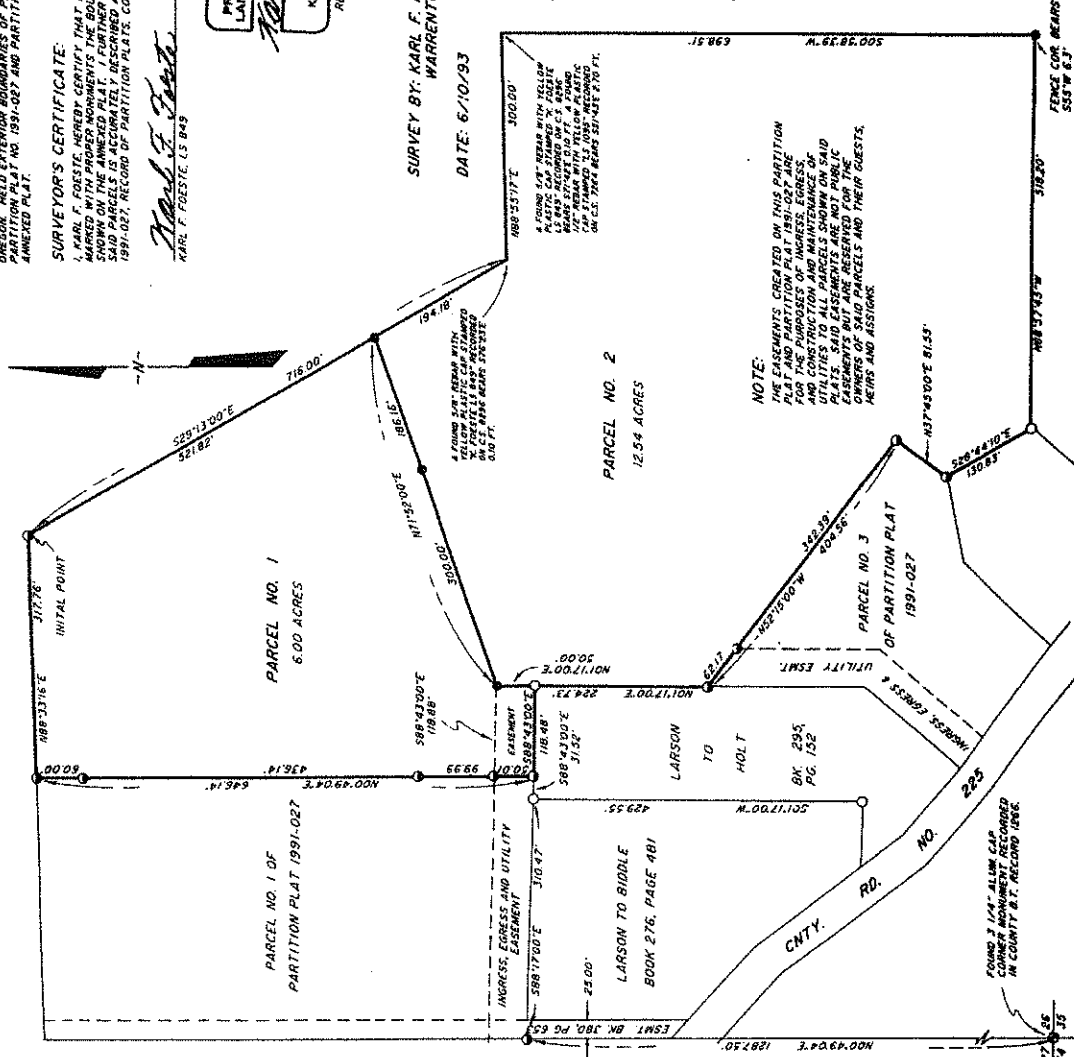
DATE: 6/10/93

SCALE: 1"=100'

LEGEND:

- FOUND FLUSH WITH GROUND A 3/8" REBAR WITH YELLOW PLASTIC CAP STAMPED "X. FOESITE LS 8493" RECORDED ON PARTITION PLAT NO. 1991-027.
- FOUND 1/2" IRON PIPE RECORDED ON COUNTY SURVEY 9434.
- SET FLUSH WITH GROUND A 3/8" X 36" REBAR WITH YELLOW PLASTIC CAP STAMPED "X. FOESITE LS 8493".
- 1 DEMONSTRATES RECORD VALUE

NOTE:
THE EASEMENTS CREATED ON THIS PARTITION
FLAT AND PARTITION FLAT 1991-027 ARE
FOR THE PURPOSES OF INGRESS, EGRESS,
AND CONSTRUCTION AND MAINTENANCE OF
UTILITIES TO ALL PARCELS SHOWN ON SAID
PLATS. SAID EASEMENTS ARE NOT PUBLIC
EASEMENTS BUT ARE RESERVED FOR THE
OWNERS OF SAID PARCELS AND THEIR GUESTS,
HEIRS AND ASSIGNS.



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Existing System Evaluation Report for Onsite Wastewater Systems



State of Oregon
Department of
Environmental
Quality

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>.

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): David and Janna Smith Telephone: Unknown

Site Address: 40313 Compass Lane City: Astoria, Or Zip Code: 97103

County: Clatsop Lot Size: 6.0 Acres Acres/Square Feet (circle units)

Legal Description: Taxlot Key: 80826C000500 Account #: 21004

Age of wastewater treatment system 22 (years) Is there a service contract for system components? no

Date the septic tank was last pumped 6/16/17 (please attach receipt if available)

Number of people occupying dwelling 2 If unoccupied, for how long has it been vacant? _____

Was this section completed by the evaluator because owner or agent was unavailable? yes

The above information is true and to the best of my knowledge.

June 16, 2017

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): Paul McDonald

Certification:

- | | |
|---|--|
| <input type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input checked="" type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: M 216

Business name McDonald's K & B Email eds_septic@yahoo.com

Business address 808 Glasgow Ave Astoria, Oregon 97103 Phone 503-458-6521

Date of Evaluation: June 16, 2017 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

June 16, 2017

Date (MM/DD/YYYY)


Signature of Qualified Septic System Evaluator

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1. General System Information

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system ☒ Yes ☐ No ☐ Unknown

- Permit Number(s) unknown
- Year original septic system installed: 8/3/95 (YYYY) ☐ No record of installation date
- Dates of subsequent repairs or alterations: N/A (YYYY)
- All plumbing fixtures are connected to the septic system ☒ Yes ☐ No ☐ Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. Overall Septic System Status

- Discharge of sewage to the ground surface ☐ Yes ☐ No ☒ None observed
- Discharge of sewage to surface waters ☐ Yes ☐ No ☒ None observed
- Sewage backup into plumbing fixtures ☐ Yes ☒ No ☐ Unknown
- Additional Comments:

3. Septic tank

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation ☒ Yes ☐ No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

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- The septic tank material is:

☒ Concrete
☐ Steel
☐ Plastic
☐ Fiberglass
☐ Other (explain) _____
☐ Unknown

- Is the septic tank accessible? ☒ Yes ☐ No
- Septic tank volume in gallons 1000
- Tank volume determined by: Check all that apply, add comments below as needed
☒ Permit Records ☒ Measured ☐ Stamped on Tank ☐ Other
- Septic tank risers are at ground level ☒ Yes ☐ No
- Tank appears to be free from defects, leaking and signs of deterioration ☒ Yes ☐ No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

- Septic tank lid(s) is intact ☒ Yes ☐ No
- Septic tank baffles are intact: Inlet ☒ Yes ☐ No Outlet ☒ Yes ☐ No
- Baffle material - Inlet ☐ Plastic ☒ Concrete ☐ Metal Outlet ☐ Plastic ☒ Concrete ☐ Metal
- Effluent filter is present ☐ Yes ☒ No
- Effluent filter is free of debris ☐ Yes ☐ No ☒ Not Applicable
- Liquid level in tank relative to invert of outlet ☒ At ☐ Above ☐ Below
If above or below invert outlet, please explain: _____
- Scum layer 12 (inches) Sludge layer 7 (inches)
- Scum and Sludge layer more than 35% of the total tank volume ☐ Yes ☒ No
Indicate where sludge measured from: ☒ Inlet ☐ Middle ☐ Outlet
- Additional Comments: _____

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

- The septic system has a dosing tank ☐ Yes ☒ No
(If "No," skip the rest of section 4)
- At the time of this evaluation the power was on to test the pump(s): ☐ Yes ☐ No

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- Dosing tank capacity _____ (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
☐ Permit Records ☐ Measured ☐ Stamped on Tank ☐ Other
- Dosing tank material _____
- Dosing tank appears to be watertight and in good condition ☐ Yes ☐ No
- Dosing tank lid is intact ☐ Yes ☐ No
- Electrical components are sealed and watertight ☐ Yes ☐ No
- Pump/ siphon is functional ☐ Yes ☐ No
- Type of Pump ☐ Demand dose ☐ Time dose
- Pump control mechanism is functional (floats, pressure transducer) ☐ Yes ☐ No
- There is a high water alarm ☐ Yes ☐ No
- The high water alarm (audible and visual) is working ☐ Yes ☐ No ☐ Not Applicable
- Type of screen _____
- Screen is clean and free of debris ☐ Yes ☐ No - Screen cleaned for this evaluation ☐ Yes ☐ No
- Scum/ sludge present in Dosing tank ☐ Yes ☐ No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system ☒ Yes ☐ No ☐ Unknown
- Was the soil absorption system part of the evaluation? ☒ Yes ☐ No ☐ See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution ☐ Equal ☐ Serial ☐ Pressure ☐ Equal via pressure *Drop Box*
- Absorption lines construction material:
☒ Gravel and pipe ☐ Chamber ☐ Tile ☐ Polystyrene foam and pipe ☐ Other _____
- Absorption distribution unit(s): ☒ dropbox ☐ hydrosplitter ☐ equal distribution box
- ☒ Intact ☐ Damaged ☐ N/A
- Absorption distribution unit(s) are free of debris or solids ☒ Yes ☐ No ☐ N/A

- Locate all drain lines in soil absorption system ☒ Yes ☐ No

Total length of drain lines 300 (ft)

Lengths determined by ☒ Physically uncovering portions of system/probing ☒ Written records

☐ Fish tape ☐ Electronic locator ☐ camera

- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

☒ Yes ☐ No

If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts ☒ Yes ☐ No

- Evidence of ponding in absorption area or distribution unit(s) ☐ Yes ☒ No

- The soil absorption system replacement area assigned in the permit record appears to be intact:

☐ Yes ☐ No ☒ Replacement area not identified in permit record

If you answered "No," please explain below:

- Additional Comments:

6. Sand Filter System

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter ☐ Yes ☒ No

(If "No," skip the rest of section 6)

- Type of sand filter

☐ Intermittent
☐ Recirculating
☐ Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: ☐ Yes ☐ No

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- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

☐ Yes ☐ No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts ☐ Yes ☐ No
- Evidence of ponding in/ on sand filter media surface ☐ Yes ☐ No
- Surface access to manifold and valves ☐ Yes ☐ No
- Monitoring ports are present ☐ Yes ☐ No
- Lateral lines flushed and equal distribution verified ☐ Yes ☐ No
- The sand filter has a pump ☐ Yes ☐ No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition ☐ Yes ☐ No ☐ N/A
- Pump is functional ☐ Yes ☐ No
- Pump control mechanism is functional (floats, pressure transducer) ☐ Yes ☐ No
- High water alarm in pump vault (audible and visual) is working ☐ Yes ☐ No
- Pump electrical components are sealed and watertight ☐ Yes ☐ No

- Additional Comments:

7. Alternative Treatment Technology System

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** ☐ Yes ☐ No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name _____
System ID number _____
Manufacturer name _____

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- Previous two years of maintenance records are available ☐ Yes ☐ No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form ☐ Yes ☐ No
If you answered "No," please explain below:

- Additional Comments:

8. Please attach a copy of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:

See Exhibits A-B

9. Provide a Site Plan

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:

See Exhibit B

10. Disclaimer:

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

6/20/17

Date

[Signature]
Signature of Qualified Septic System Evaluator

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Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**

Same

as

(B)

KEVIN MCCARTHY

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By: VINSON BROS. CONST.
DNR # 36645

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I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REPRESENTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

Kevin McCarthy DATE 0/3/95

9/24/17

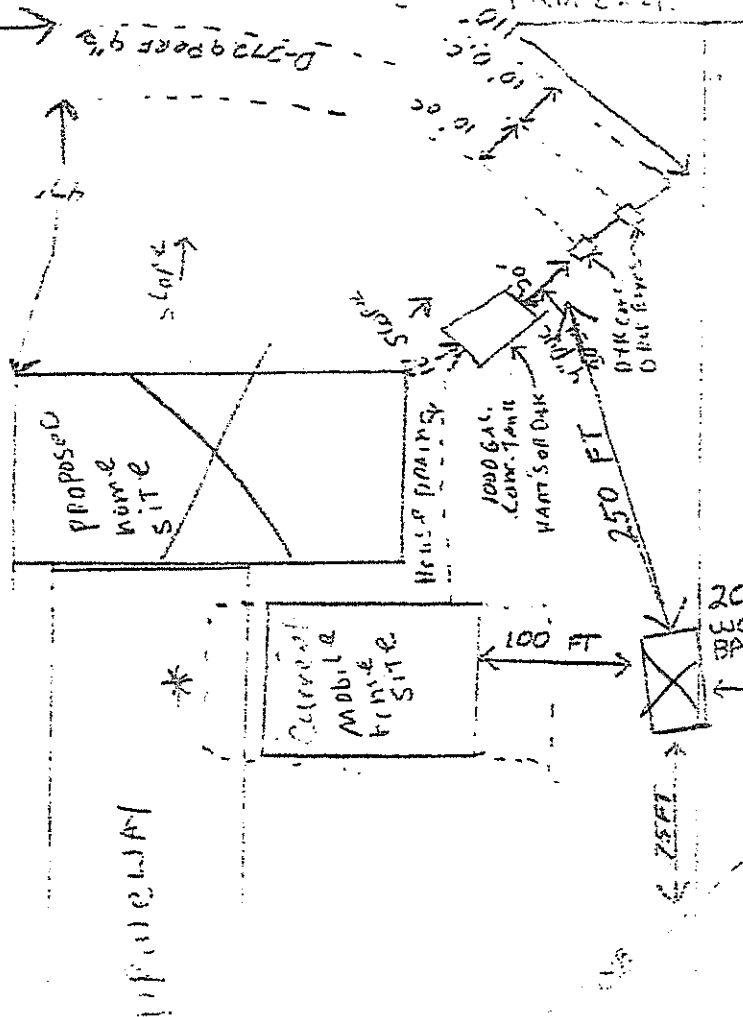
To: 12512 503-338-6001

From: David & Sarah Scott

Assupport@gmail.com

Estimate needed for Septic System Eval.

Prop Line



PARCEL 1

PLAT # 1993-016

SW 1/4 SECT 26

T8N R8W

CTO GEORGE HILLARY

PRIVATE
ACCESS ONLY

* PROPOSED ADD
TO EACH END OF CURRENT
44' x 27' 50" = 1200 SQ FT
HOME IS 68' 6" LONG

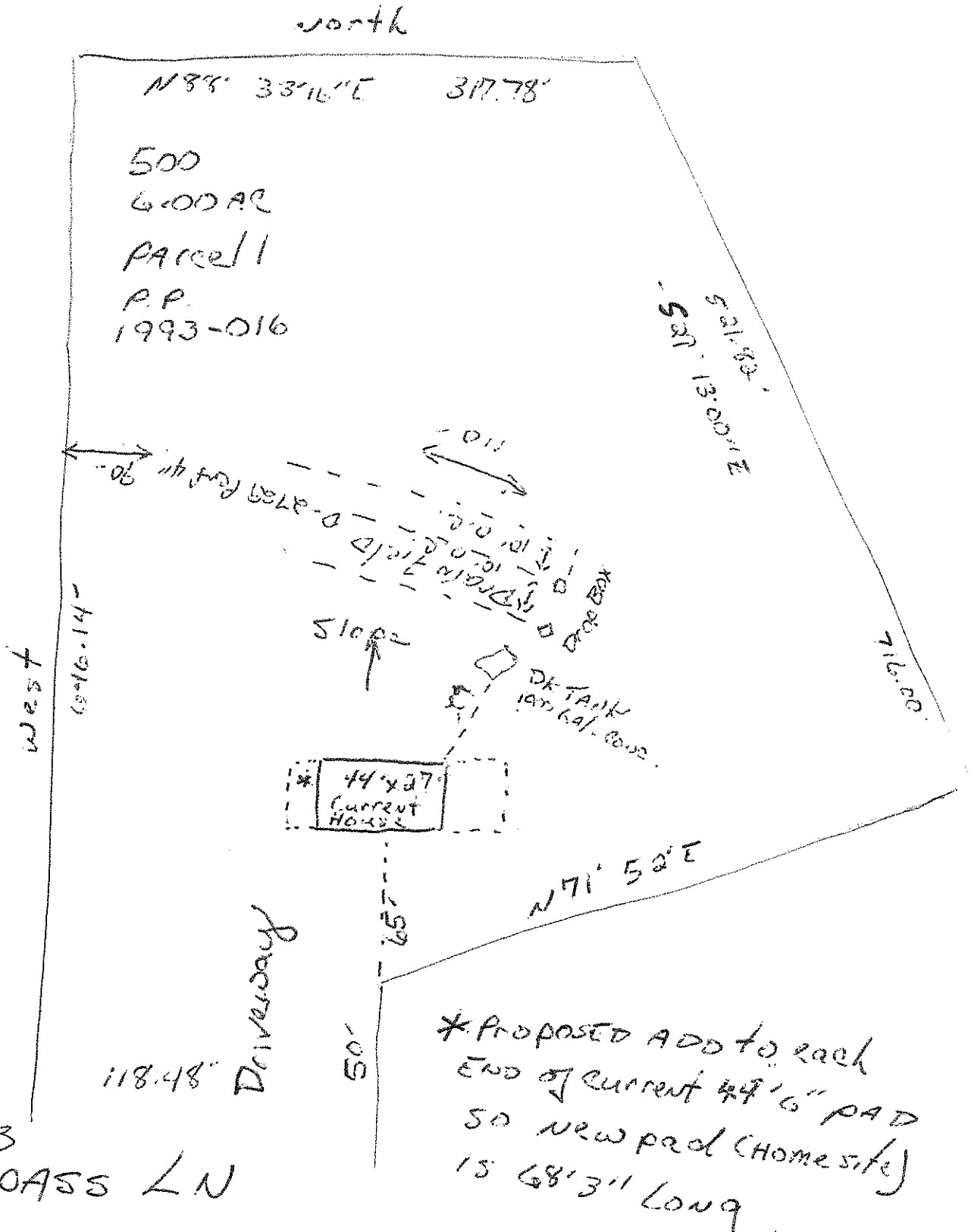
6/5/17

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JUL 03 2017

CLATSOP CO. PUBLIC HEALTH



40313
COMPASS LN
DAVID + JANNA SMITH



Septic Application

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

For Department Use Only

Permit #: 500798
Permit Type: Authorization Notice
Entry Date: 7/3/2017
Issued By: Nancy Mendoza
Permit Status: Entered

Permit Timeline

User	Status	Date
Nancy Mendoza	Entered	07/03/2017

Work Description

Work Description:

Remarks:

Owner

Name: **Smith David**
Address: 40313 Compass Ln
City, State, Zip: Astoria, OR 97103

Ph. #: (503) 298-7769 Cell: () -
E-Mail: fassupport@gmail.com Fax: () -

Applicant

Smith David
40313 Compass Ln
Astoria, OR 97103

Ph. 5032987769 Fax
Cell E-Mail fassupport@gmail.com

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	\$158.00	\$100.00	\$0.00	\$9.00	\$267.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Smith David	Check	2355	07/03/2017	\$267.00

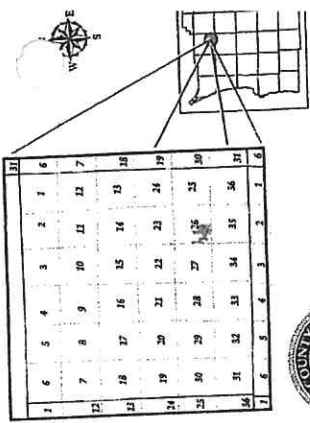
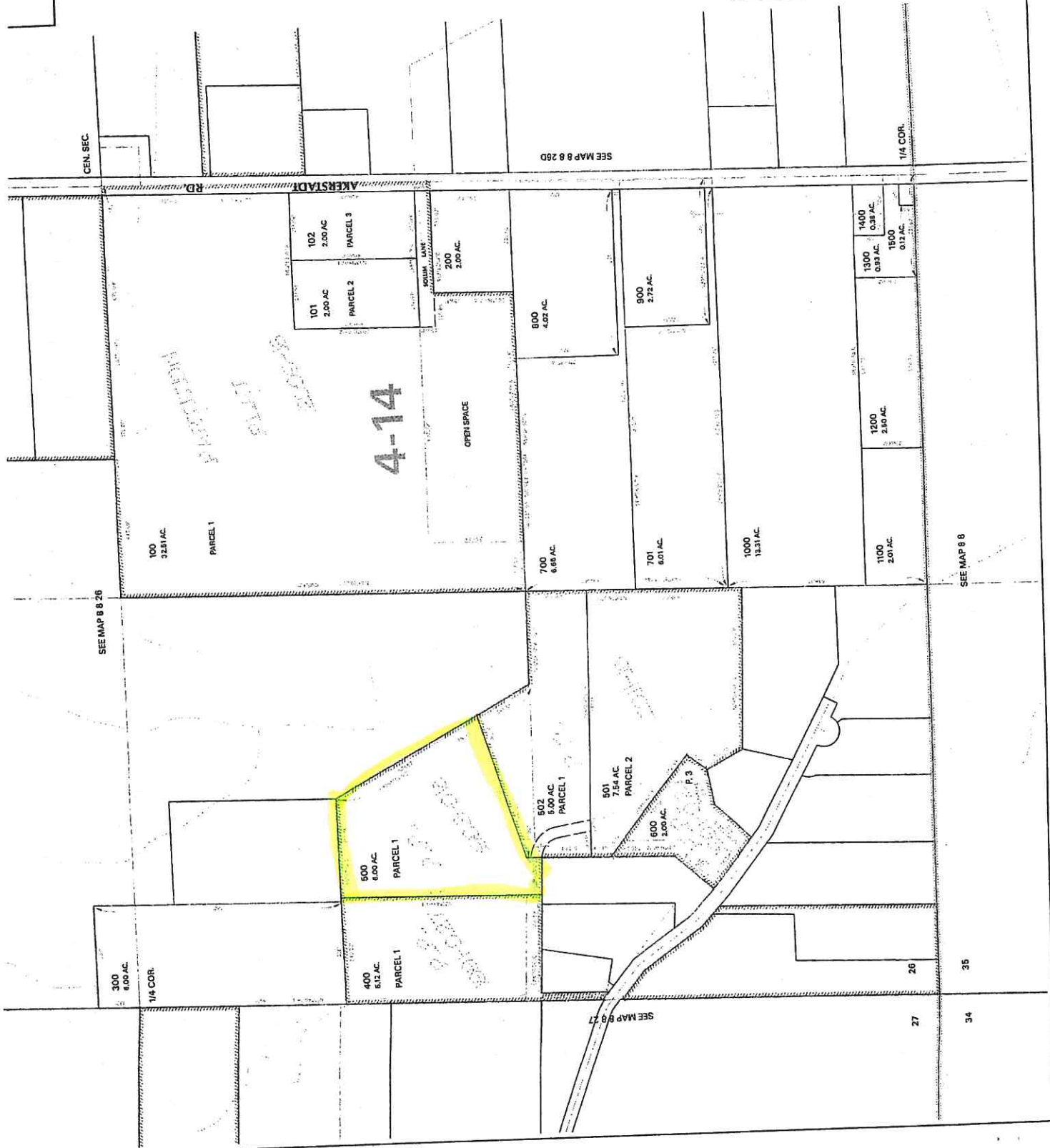
Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____



This map was produced for assistance
in preparing and selling Clatsop County, Oreg.
land. It is not intended to be a warranty
of the data or the government's authority.
Clatsop County is not responsible for
any map errors, possible omissions, or
misinterpretations.

8.8.

88

Please submit in _____

STATE OF OREGON
BUILDING CODES AGENCY

**FARM
AGRICULTURAL
BUILDING
EXEMPTION
CERTIFICATE**

For Agency Use Only:
ZONING AUTHORIZATION:

No: _____
Zone: _____ Area: _____
By: _____ Title: _____
County: _____ Date: _____



Owner: Kevin McCarthy
Address: Rt 2 Box 777B Astoria
Directions to Site: Hwy 30 to SVENSEN, MKT RD TO G.H. ROAD, PAST 5 TURNS, FIRST GVL DRIVEWAY TO LEFT, 2nd LANE
Telephone No.: 458-5118 Use of Building: Barn

I am the owner / lessee of the above-noted structure to be erected, located on Tax Lot 560 Township 8 Range 8 Section 26C and do hereby declare said structure is an agriculture building as defined in Section 402, State Structural Specialty Code (definition on back of this form) and is exempt from the State Structural Specialty Code. Plans will not be required to be submitted and a Building Permit will not be required. Electrical, plumbing, mechanical, elevator, and boiler permits are required. (Reference ORS 455.315)

- declare that said building is not:
- a. A dwelling.
 - b. A structure used for a purpose other than growing plants in which persons perform more than 144 man-hours of labor a week.
 - c. A structure regulated by the State Fire Marshal pursuant to ORS Chapter 476.
 - d. A place used by the public.
 - e. Located in a designated Flood Zone.

further declare that prior to any change in use of said structure that would remove said structure from the exemption building permit will be obtained and the structure will be made to conform to all requirements of the State Structural Specialty Code as required for the new use.

STATE OF OREGON
County of _____
I, _____, do hereby swear and affirm under the penalty of perjury that the above statement is true and correct.
Date: _____ Signature of Applicant: _____
Subscribed and sworn to before me on this _____ day of _____, 19 _____

Notary Public of State of Oregon
My commission expires _____

BCA District Office

cc: ☐ Applicant ☐ BCA ☐ Local Zoning

35976

Control No.

\$ 255.00

Fee

**STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY**

PERMIT NO. 93-171☒ New Construction☐ Repair☐ Other _____

Permit Issued To Kevin F. & Katherine A. McCarthy 8N 8W 26C 500 Parcel #1 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Off George Hill Co. Road Knappa/Svensen Dewey Donald 10-20-93
 (Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONSEXPIRATION DATE October 20, 1994TYPE OF SYSTEM StandardAverage Daily Sewage Flow 225 Gallons/DayDesign Peak Sewage Flow 450 Gallons/DayTank Volume 1000 GallonsDisposal Trenches ☒Seepage Bed(s) ☐ _____ Square FeetMaximum Depth 30 inches.Minimum Depth 24 inches.375 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on centersTotal Rock Depth 12 inches.Below Pipe 6 inches.Above Pipe 2 inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install as per approved plot plan. Downspouts routed away from disposal field.

PRE-COVER INSPECTION REQUIRED — CONTACT North Coast Branch Office - 861-3280.**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Doug VinsonFinal Insp. Date 1-21-94See As-built plot plan
in file.☒ Inspected By Dewey Donald☐ Issued by Operation of Law
☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

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

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

Dewey Donald
 (Authorized Signature)

ES/RS
 (Title)

1-21-94
 (Date)

North Coast Branch
 (Office)

KEVIN. MCCARTHY

By: Vinson Bros. Const.
DEQ # 36845

↑ NORTH

I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS
THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT
SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO GROUND
SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED
CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SIGNED Kevin McCarthy DATE 8/3/95

WEST PROP. LINE

90'

47'

SLOPE

PROPOSED
HOME
SITE

HOUSE DRAINAGE

1000 GAL.
LOW. TANK

HANT'S OR DUK

250 FT

DYK COR.
DYE EYES

TEMP.
MOBILE
HOME
SITE

100 FT

20X16
WOOD FR
BARN.

75 FT

PROP. LINE

PROP. LINE

DRIVEWAY

PARCEL 1
PLAT # 1993-016
SW 1/4 SECT 26
T8N R8W

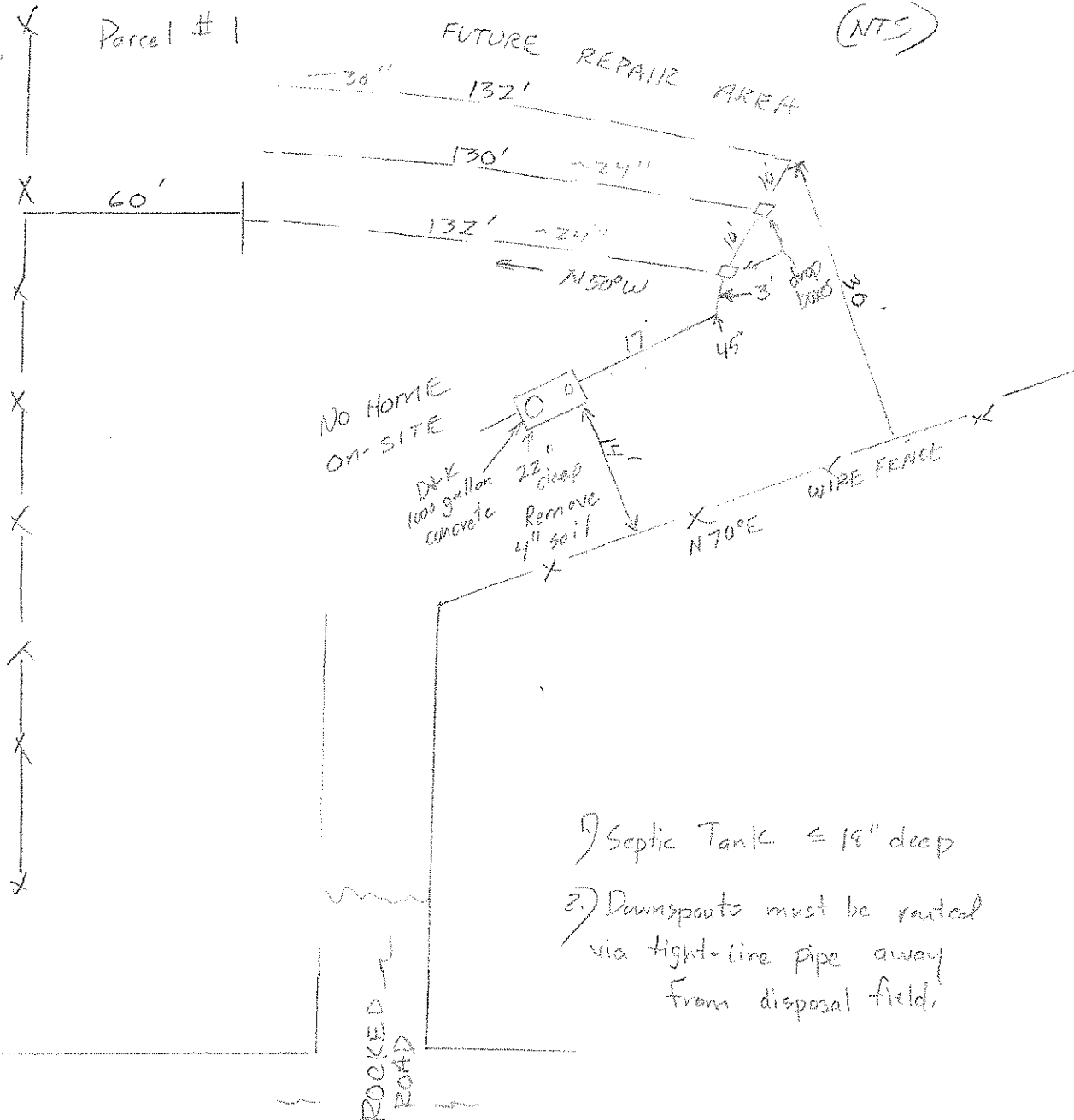
(TO GEORGETOWN CO. RD.)

PRIVATE
ACCESS RD.
GRAVEL.

↑
N
|

Kevin F. + Kathrine A. McCarthy
808-260-500
93-171
Parcel # 1

Dewey Darold
1-21-94
As-built / Pre-cover Ins.
(NTS)





BUILDING CODES
17 N HWY 101
Warrenton, OR 97146
(503) 861-3159
Fax # (503) 861-3259

BUILDING PERMIT APPLICATION

RESIDENTIAL

JOB LOCATION/ADDRESS
ROUTE 2 BOX 777B

CITY COUNTY
ASTORIA, OREGON CLATSOP

DIRECTIONS TO JOB SITE
HIWAY 30 TO SVENSEN JCT. SOUTH ON MARKET TO G. HILL ROAD. APPX 1.5 MILES TO PRIVATE DRIVE ON LEFT

KEVIN F. MCCARTHY
KATHERINE A. MCCARTHY

OWNER
ROUTE 6 BOX 1042

ADDRESS
ASTORIA, OREGON CLATSOP 97103

CITY COUNTY ZIP CODE
ASTORIA, OREGON CLATSOP 97103

DESCRIBE WORK CODE

☐ NEW CONSTRUCTION
☐ ADDITION
☐ REMODEL
☒ MOBILE HOME Set up 130.25
☐ PRE FAB
☐ ACCESS. BLDG.
☐ OTHER specify

1100 \$ 27,500.00
TOTAL SQUARE FT. CONSTRUCTION VALUE

PERMIT / JOB #
OFFICE

ZONING LOCAL GOVERNMENT APPROVALS

USE ZONE FLOOD ZONE ☐ YES ☐ NO TWNSHP RG TL PERMIT #

BY: TITLE

PHONE DATE

SANITATION
808-266-500 Parcel 1
PUBLIC PRIVATE ☒ #1
DEQ PERMIT # 93-171
BY: Betty Hoffmann OC
861-3280 1-3-94
PHONE DATE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
N/A				
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
N/A				
PLUMBING	ADDRESS	PHONE	REG #	EXP
N/A				
MOBILE HOME	ADDRESS	PHONE	REG #	EXP
Admiral Mobile Homes	17665 S.E. Mcloughlin, Milwaukie Or	6544179		

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

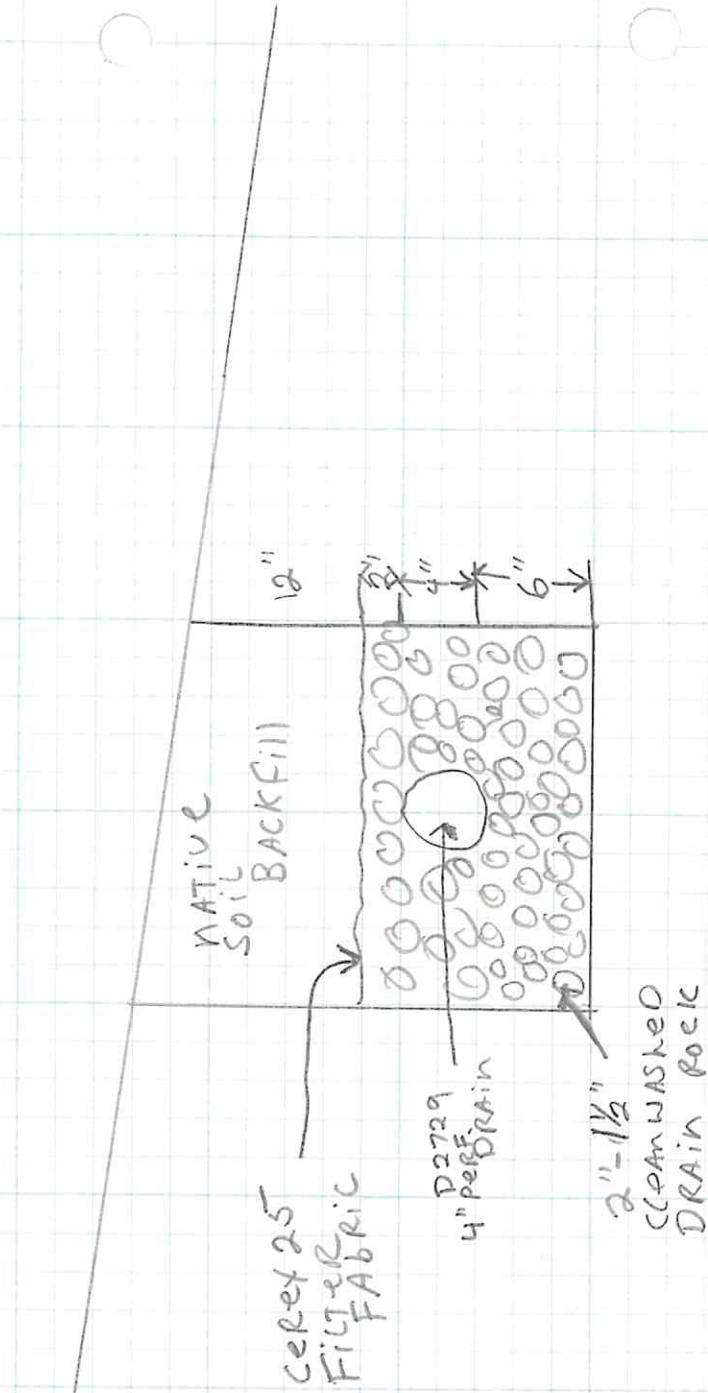
☒ I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.
☐ ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.
☐ I AM REGISTERED WITH THE BUILDERS BOARD REG # EXP

SIGNATURE OF PERMIT APPLICANT

3 JAN 94
DATE

ASTORIA BRANCH OFFICE

CROSS DETAIL OF DISPOSAL TRENCH



Dewey Darold
Approved
10-20-93

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

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

Date: October 15, 1993

Katherine A. McCarthy
Kevin F. McCarthy
Route 6 Box 1042
Astoria, OR 97103

Re: OSS-Clatsop County
T8N,R8W,S26CC,TL500 Parcel # 1
Construction/Installation Permit

Dear Katherine & Kevin:

Our office has received plans and specifications for the construction of an on-site sewage disposal system on the above described property. The plan can not be approved at this time. Please submit the following requested additional information.

- 1) Please show the location of the two test pits on the plot plan. The disposal trenches must be centered on the two test pits.
- 2) Show the distance from the property line to the disposal field on the east side of the property.
- 3) Indicate the location of the proposed water line.
- 4) Indicate the source of filter material and specify the type of filter fabric to be used in the construction.
- 5) Show a cross sectional view of the disposal trench.

Once the above information has been submitted and reviewed, a construction permit can be issued. If you should have any questions, please feel welcome to contact me at 861-3280.

Sincerely,

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

cc: Vinson Brothers Construction
enc: Site Diagram



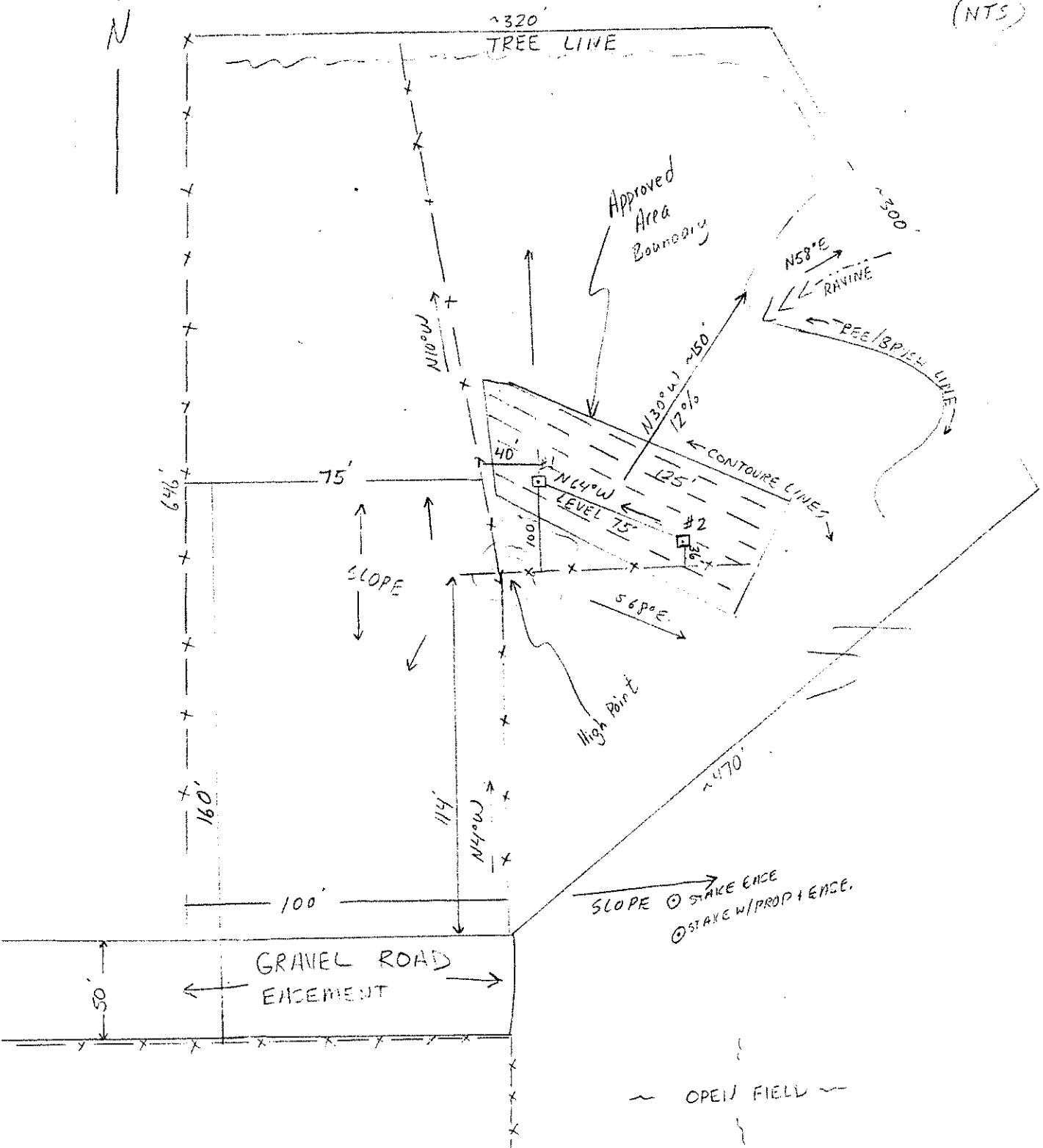
811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1

808-260-500
Lesley + Robert Boehm
Tom + Leanne Bates
6.0 Acres/Parcel #1

Dewey Darold
6-1-93

S.E.
(NTS)

N



Bates/Boehm

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97103
325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Rec'd 10-8-93
Date Completed 10-19-93
Required Fee 255.00
Receipt No. 59339
Control No. 35976

FOR APPLICANT'S USE - (PLEASE PRINT)

KATHERINE A. MCCARTHY
KEVIN F. MCCARTHY

6.0 ACRES

Lot Size (Acreage or Dimensions)

(Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description
of Property

T8N

R8W

26C

500

Parcel #1

CLATSOP

(Township)

(Range)

(Section)

(Tax Lot/Acct. No.)

(County)

For Parcels in Platted
Subdivisions, Indicate

(Subdivision Name)

(Lot Number)

(Block Number)

Proposed Facility

Water Supply

☒ Single Family Residence 4
(Number of Bedrooms)

☒ Public (Community System)

☐ Other _____
(Specify)

☐ Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

☐ Single Family Residence _____
(Number of Bedrooms)

☐ Other _____
(Specify)

APPLICATION FOR:

- ☐ Site Evaluation Report
☒ Permit to Construct On-Site Sewage Disposal System
☐ Permit to Repair On-Site Sewage Disposal System
☐ Permit for Alteration of On-Site Sewage Disposal System
☐ Permit Renewal
☐ Existing System Report
☐ Plan Review
☐ Other (Specify) _____

- ☐ Authorization Notice
Purpose of Authorization Notice
☐ Connect to an existing system
not currently in use
☐ Replace one mobile home with
with another or a house
☐ Replace or rebuild a house
☐ Addition of one or more bedroom
☐ Personal hardship
☐ Temporary housing
☐ Other (Specify) _____

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

(Signature)

(Date)

☒ Authorized Representative
☐ Licensed Installer
License No. _____

Owner's Mailing Address

Route 6 Box 1042
Astoria, Or. 97103

Applicant's Mailing Address (if different)

Phone 4585118

Phone _____

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

call when permit done

By: Vinson Bros. Const.
DEQ # 36845

West Prop Line

proposed
home
site

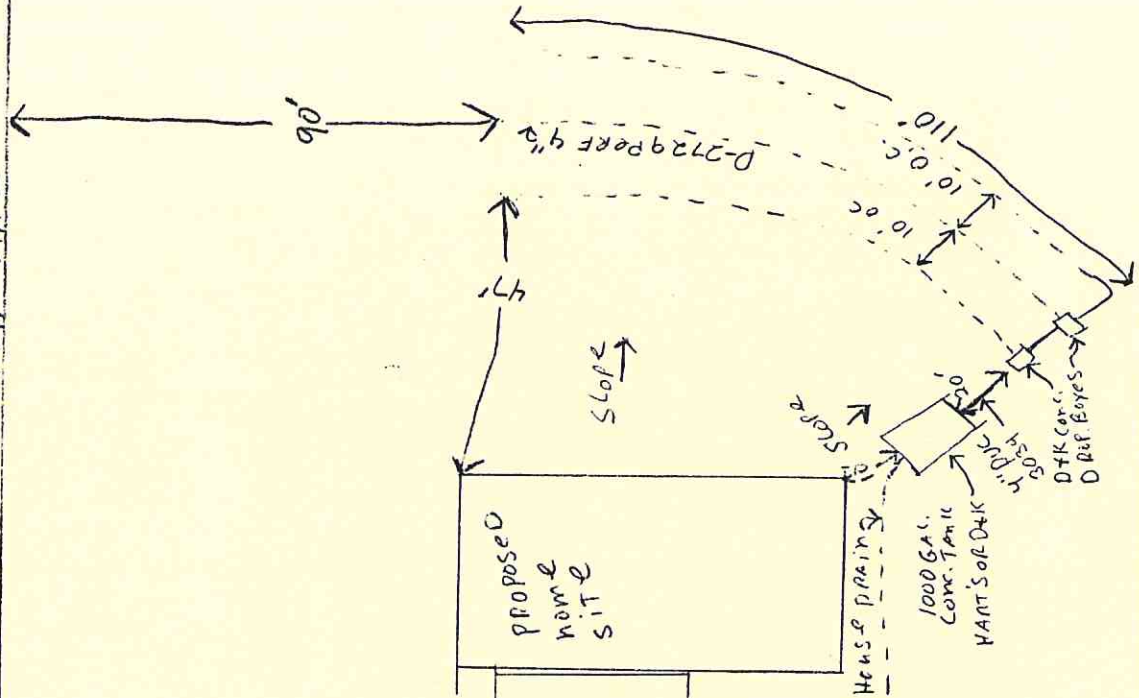
Temp.
mobile
home
site

DRIVEWAY

(TO Georgetown, D.C.)

PRIVATE
ACCESS RD.
GRAVEL.

5w
CO. net



FOR DEQ USE ONLY

LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

APPLICANT'S NAME CATHERINE MCCARTHY EVIN MCCARTHY		MAILING ADDRESS ROUTE 6 BOX 1042 ASTORIA, OR 97103 CITY STATE ZIP		PHONE 458 5118
L O C A T I O N	TOWNSHIP 8	RANGE 8	SECTION 26C	TAX LOT OR ACCT NO 500
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY Clatsop
	<input type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			
PROPOSED LAND USE SINGLE FAMILY DWELLING				

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY
(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION
RA-5

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

☒ COMPATIBLE WITH THE LCDC ACKNOWLEDGED
COMPREHENSIVE PLAN

☐ CONSISTENT WITH THE
STATEWIDE PLANNING GOALS

☐ NOT COMPATIBLE WITH THE LCDC
ACKNOWLEDGED COMPREHENSIVE PLAN

OR

☐ NOT CONSISTENT WITH THE
STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

Allowed Use in the Zone / Meets Minimum Lot Size

PROPERTY IS LOCATED: (check one)

☐ INSIDE CITY

☐ INSIDE URBAN GROWTH BOUNDARY
OUTSIDE CITY LIMITS

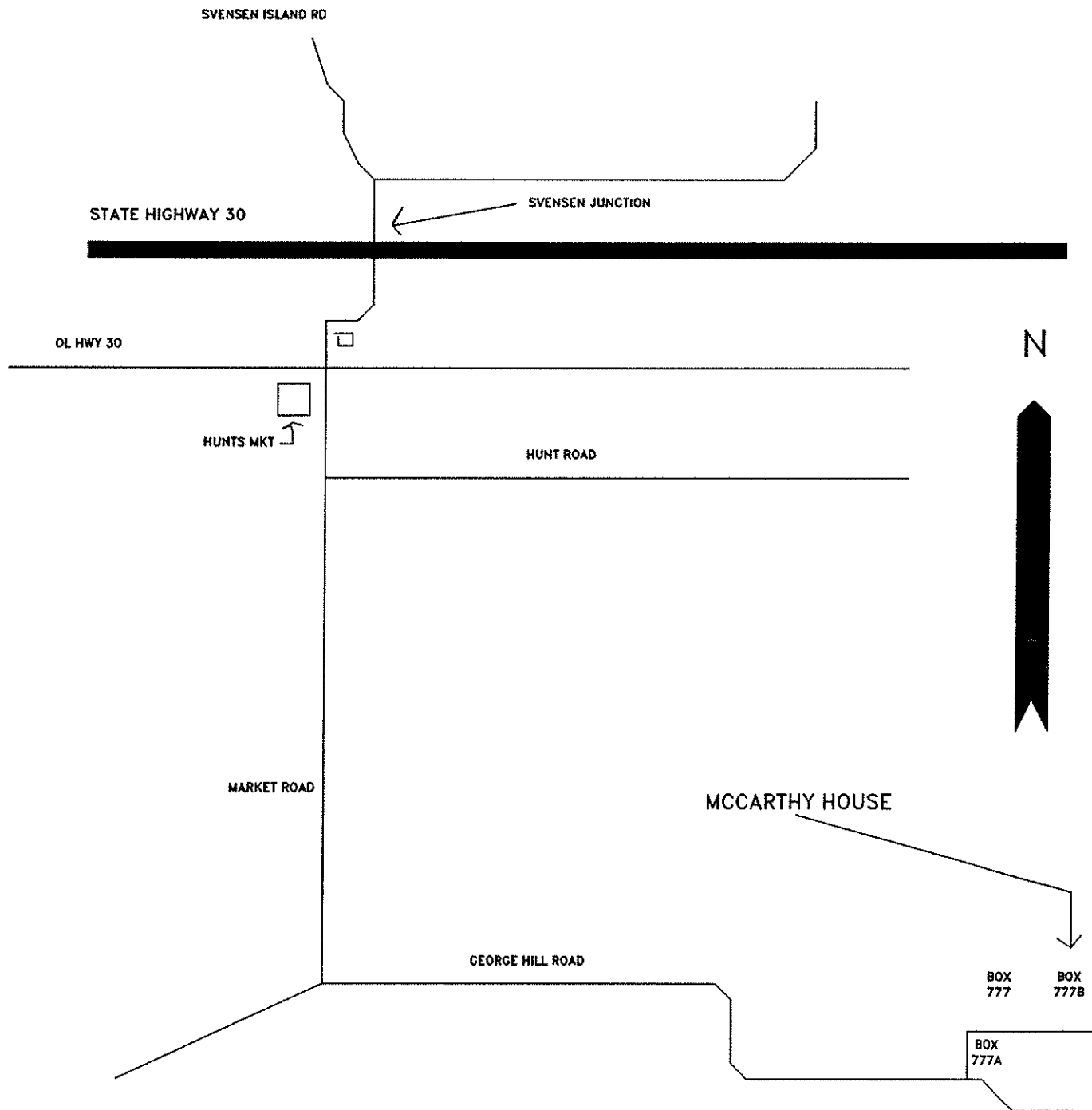
☒ OUTSIDE URBAN
GROWTH BOUNDARY

LOCAL USE AUTHORITY

Clatsop County Planning and Development		
SIGNED Diana C. Nelson	TITLE Planner	DATE 8/6/93

CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SIGNED	TITLE	DATE
--------	-------	------



ASTORIA BRANCH OFFICE
PO Box 869, Astoria, OR 97103

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

Date: June 2, 1993

NORTHWEST REGION

Lesley & Robert Boehm
Tom & Leanne Bates
22726 Cedar grove Road
Clatskanie, OR 97016

Re: Site Evaluation Approval for On-Site Sewage Disposal
T8N, R8W, Section 26C, Tax Lot 500, Clatsop County
6.0 Acres.

Dear Mr. & Mrs. Boehm & Bates:

I have conducted an evaluation on the above described property for a single family residential building site in the area you proposed for on-site sewage disposal. This evaluation and report is based upon current Department of Environmental Quality regulations governing on-site sewage disposal, OAR Chapter 340, Divisions 71, 72 & 73.

Based upon the results of this study, on-site sewage disposal appears feasible for the installation of a **Standard Serial Distribution System**, as described in the enclosed construction detail and setback sheets.

Only a limited area of this property appears suitable for on-site sewage disposal. Please refer to the enclosed diagram for specifics concerning the location, boundaries and/or special conditions of the specific approved site. Initial disposal field to be centered on test pits 1 and 2.

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

This approval is limited to a dwelling of **four (4)** bedrooms, maximum. The definition of "bedroom" means any room within a dwelling which meets minimum habitation criteria as interpreted and administered by the local building official.

A septic construction permit is required before any work can begin or take place on the system or any part thereof. A detailed scale drawn plot plan of the proposed development and the system must accompany the permit application. The current permit fee totals \$255.00 for this type of system (fees are subject to change without notice). Only the property owner or a State licensed installer can construct or participate in the construction of any on-site sewage disposal system installation or part thereof.



1500 SW First Avenue
Suite 750
Portland, OR 97201-5884
(503) 229-5263

Lesley & Robert Boehm
Tom & Leanne Bates
June 2, 1993

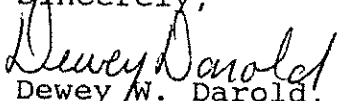
This approval runs with the land as identified and is transferable. Technical rule changes will not invalidate the approval; however, a different type system may be required in accordance with the rules in effect at the time of property development.

This approval will remain valid until the system is installed and approved. However, if conditions on the subject property or adjacent properties are changed or altered in any manner which would prohibit issuance of a construction permit because of a conflict with current State rules, this approval would be considered null and void.

The approval of this property and the conditions set forth in no way waive or supersede requirements established by the zoning of the area. A construction permit will be subject to review and approval by the Clatsop County Planning Department.

Technical information pertaining to the site evaluation is available upon request. If you have any questions, or would like further information, please feel welcome to contact the DEQ Astoria Branch Office at (503) 325-8660.

Sincerely,


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

enc: Site Diagram
Construction Detail Sheet
Setback Listing

STANDARD SEWAGE TREATMENT SYSTEM CONSTRUCTION DETAIL SHEET

Date 6-2-93

Applicant Lesley + Robert Boehm, Tom + Leanne Bates

Tax Lot 500 Section 26C Twp 8 Rng 8 Acreage 6.0

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

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

X The disposal field shall be constructed in Serial distribution with a MAXIMUM TRENCH DEPTH of 30 inches and a minimum trench depth of 24 inches. There must be at least 12 inches of backfill over the top of the drainrock, measured from the natural ground surface.

X With the soil conditions on this site, 125 lineal feet of disposal trench will be required per 150 gallons maximum projected daily sewage flow. For the proposed development, a minimum of 375 total lineal feet of disposal trench is required. Disposal trenches shall be constructed 2 feet wide on 10 foot minimum centers with no individual trench exceeding 125 feet in length. The trenches and distribution piping shall be installed within one (1) inch of level, contoured to the natural ground surface.

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

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

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

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

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

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

SEE OTHER SIDE

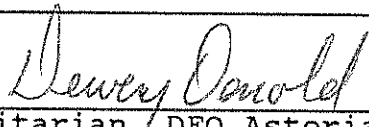
_____ This _____ size will require an approved off-site public or community water supply.

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

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

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

_____ 3. Special Conditions: _____



Sanitarian, DEQ Astoria Branch Office

MINIMUM SETBACK REQUIREMENTS

Date 6-2-93

Applicant Lesley + Robert Boehm, Tom + Leanne Bates

Tax Lot 500 Section 26 C Twp 8 Rng 8 Acreage 6.0

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

Special Conditions: _____

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

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

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


Sanitarian, DEQ Astoria Branch Office

SITE EVALUATION FIELD WORKSHEET

Tax Reference 808-26C-500 Evaluator Dewey Darold
 Applicant Lesley/Robert Boehm Tom/Leanna Bates Date 6-1-93 Parcel Size 6.0 Acres

	Depth	Texture	Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.
Pit 1	0"-13"	SIL	10YR2/1 black, s. fine sbk, v. fri.
	13"-28"	SIL	10YR 5/3 brown, w. fine sbk. fri
	28"-52"	SICL	10YR 5/4 yellowish brown, massive → w. fine sbk. fri
			some 10Y 4/7 1/1 + 7.5Y 5/8 variegated mixed colors
Pit 2	0"-24"	SL	10YR 3/2 v. dk. grayish brown, m. fine granular + some burnt debris + tree roots on one side
	25"-56"	SICL	Same as test pit #1, "BW" horizon
			"A" horizon soil re-worked + old fill
Pit 3			
Pit 4			

Landscape Notes Sideslope of mountainous hillslope
 Slope 0-12% Aspect NW-Variable Groundwater Type Temporary - No indication
 Other Site Notes Pasture land w/ rolling hillside. Pasture grass

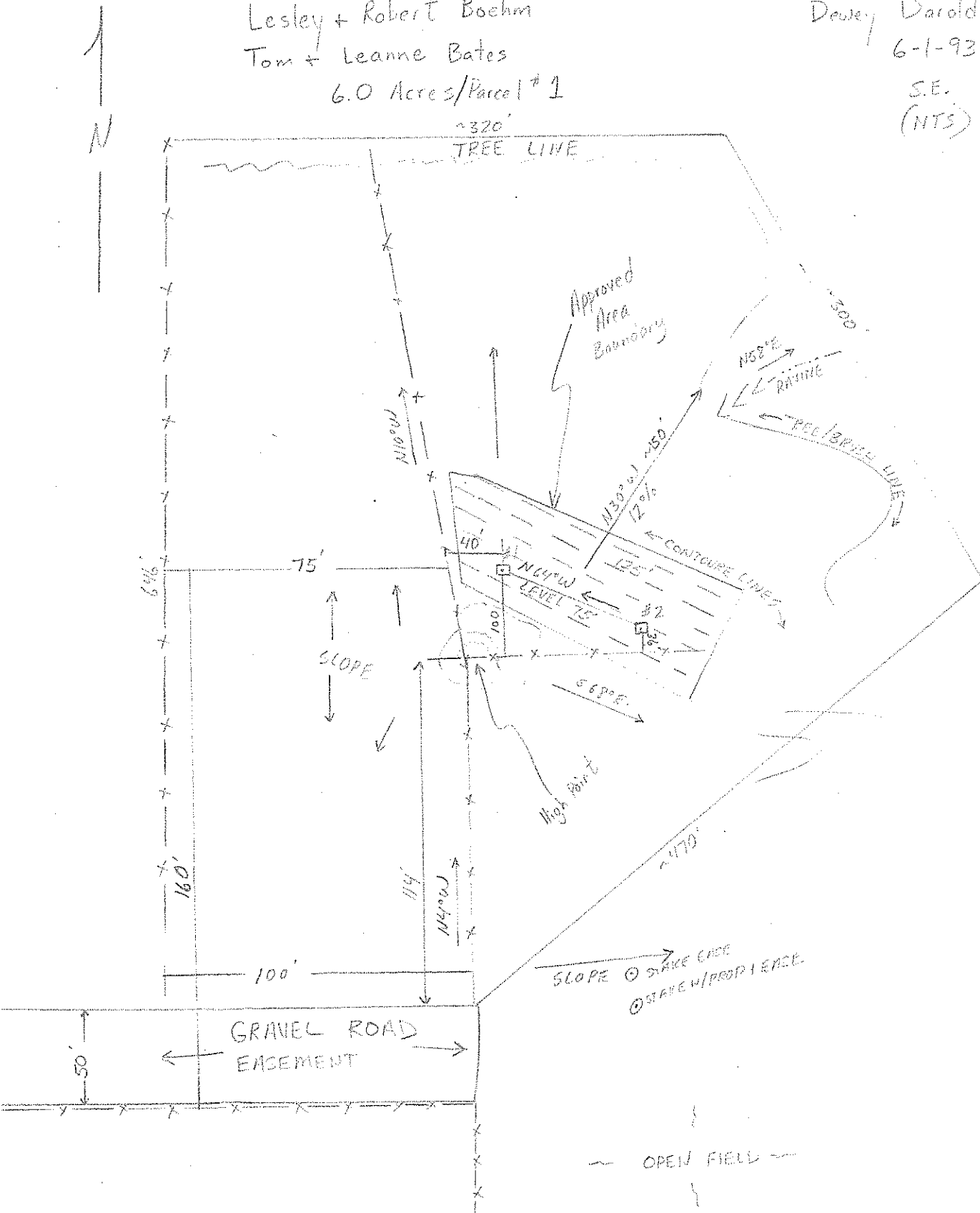
SYSTEM SPECIFICATIONS

Type System: Std. Serial Design Flow _____ gpd Disposal Field Size 375 Linear Feet
 Initial Dist. System System Sizing 125 /150 g. Max. Depth Absorption Facility (in) 30 / 24 mini
 Replacement Same System Sizing Same /150 g. Max. Depth Absorption Facility (in) Same

Special Conditions _____

808-26C-500
 Lesley + Robert Boehm
 Tom + Leanne Bates
 6.0 Acres/Parcel #1

Dewey Darold
 6-1-93
 S.E.
 (NTS)



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97101
325-8660 or 1-800-452-4011

OFFICE USE ONLY
Date Rec'd 5-13-93
Date Completed 5-13-93
Required Fee 245.00
Receipt No. 570612
Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

Lesley & Robert Boehm, Tom & Heanne Bates
(Property Owner's Name)
6 acres
Lot Size (Acreage or Dimensions)
same
(Applicant's Name if Different from Owner)

Legal Description of Property
8N 8W 26C 500 Clatsop
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate
(Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

☒ Single Family Residence 4
(Number of Bedrooms)
☐ Other _____
(Specify)

Water Supply

☒ Public (Community System)
☐ Private _____
(Indicate: Well, Spring, Etc.)

Existing Facility

☒ Single Family Residence _____
(Number of Bedrooms)
☐ Other _____
(Specify)

APPLICATION FOR:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedroom |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Heanne Bates Lesley Boehm
Tom Bates Bob Boehm
(Signature)

4/19/93
(Date)

☐ Authorized Representative
☐ Licensed Installer
License No. _____

Owner's Mailing Address (Bates)

22726 Cedar Grove Rd
Clatskanie, OR 97016

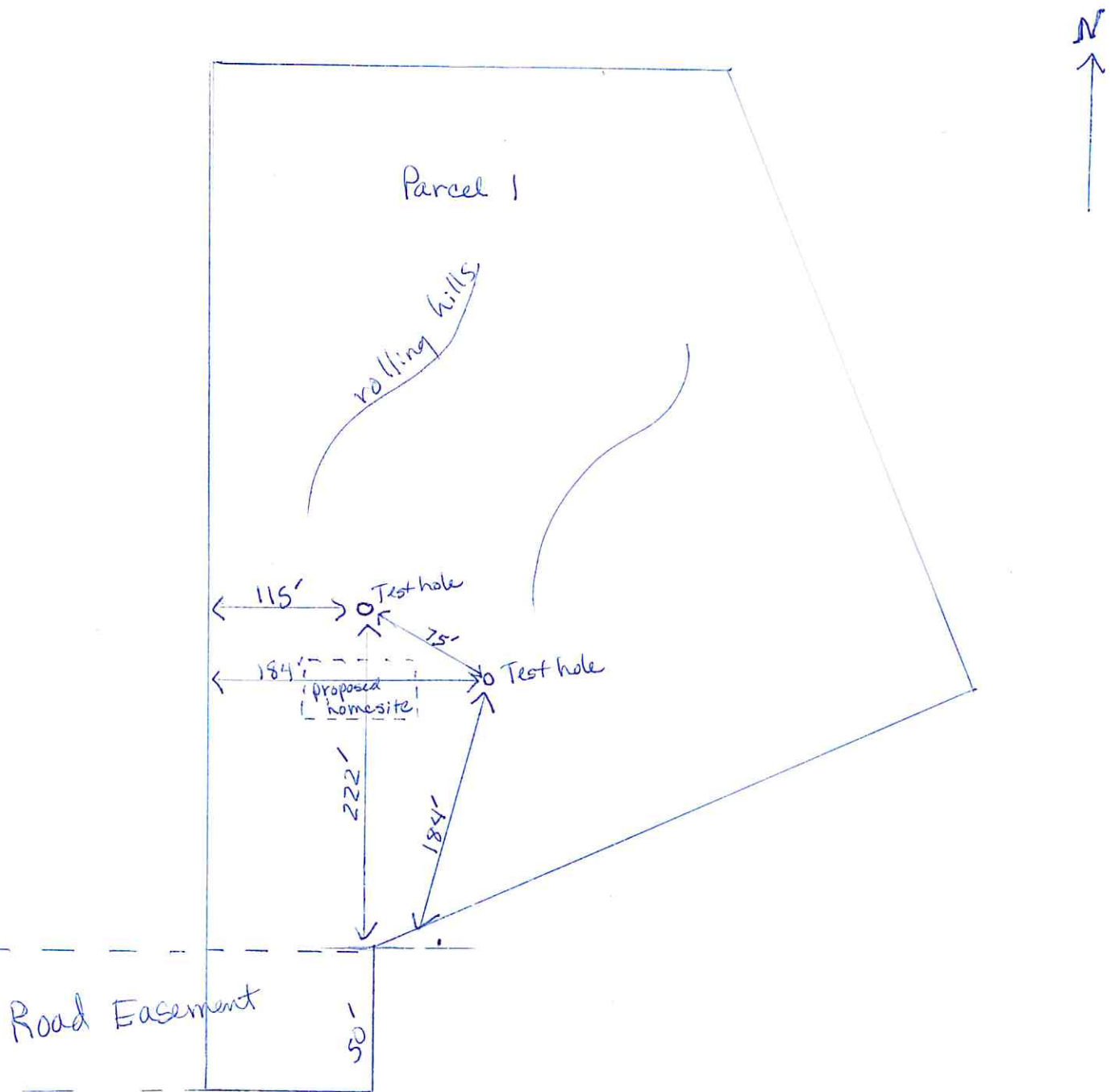
Applicant's Mailing Address (if different)

same

Phone 728-3027 or 455-2337
728-2031

Phone _____

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



From Astoria: East on Hwy 30 to Svensen. South at Hunts Market on Market Rd approx $1\frac{1}{4}$ mile to George Hill Rd. Left on George Hill Rd approx $1\frac{1}{2}$ mi to blue shop on left. Follow gravel driveway in to property

5J
5J

400
512 Ac.

500
18.54 Ac.

PARCEL NO. 1

PARCEL NO. 2

PARTITION
PLAT

1991-027

SEE

Book 776
page 517

8826C
500.

700
12.89 Ac.

600
2.00 Ac.

PARCEL NO. 3

MAP

1000
13.31 Ac.

8 8 26CC

KEY TITLE COMPANY

THIS COPY OF ASSESSOR'S MAP IS
PROVIDED SOLELY TO ASSIST IN LO-
CATING SUBJECT PROPERTY. NO
LIABILITY IS ASSUMED BY KEY FOR
DISCREPANCIES IN THIS MAP AS OUT-
LINED AND THE ACCOMPANYING
LEGAL DESCRIPTION.

1100
2.01 Ac.

26

35

808-26-500

See Map 8 8