



**Certificate of Satisfactory Completion**  
**Repair (Major) - Residential - New**

186-22-000233-PRMT

Clatsop County Onsite  
 820 Exchange Street  
 Astoria, Oregon 97103  
 503-325-9302  
 Fax: 503-325-9303  
 health@co.clatsop.or.us  
 Website:  
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

**Date Certificate Issued:** 08/23/2022  
**Work Description:** Major Repair; drainfield only

<b>Applicant:</b> Vinson Brothers <b>Address:</b> 92740 Knappa Dock Road Astoria OR 97103 <b>Phone:</b> (503) 458-6561 <b>Email:</b> vbc.dennis@gmail.com	<b>Primary Contractor:</b> Vinson Brothers <b>Installer License:</b> 36845 <b>Address:</b> 92740 Knappa Dock Road Astoria OR 97103 <b>Phone:</b> (503) 458-6561 <b>Email:</b> vbc.dennis@gmail.com
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<b>Owner:</b> JAMES H MATLOCK <b>Address:</b> 91596 GEORGE HILL RD ASTORIA OR 97103-8216  <b>Owner:</b> CHRISTY L MATLOCK <b>Address:</b> 91596 GEORGE HILL RD ASTORIA OR 97103-8216	<b>Property Address:</b> 91596 George Hill Rd, Astoria, OR 97103
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<b>Parcel:</b> 80826CC00500 - Primary	<b>Township:</b> 8	<b>Range:</b> 08	<b>Section:</b> 26CC
<b>Lot Size:</b> 2.50 acres	<b>Water Supply:</b> Community Water Supply		
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County		
<b>Land Use Approval:</b> N/A			

**Category of Construction:** Residential

	Existing	Proposed
<b>Use of Structure:</b>	3 bedroom home	N/A
<b>Number of Bedrooms:</b>	3	N/A

**System Specifications**

<b>Type:</b> Standard	
<b>Max Peak Design Flow:</b> 450 gpd.	<b>Proposed Flow:</b> 375 gpd.
<b>Min Septic Tank Volume:</b> 1000 gal.	<b>Min Dosing Tank Volume:</b> N/A

**Drain Field Specifications**

<b>Drain Field Type:</b> Standard	<b>System Distribution Type:</b> Serial
<b>Drainfield Sizing:</b> 225 linear ft.	<b>Distribution Method:</b> Serial
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.
<b>Trench Length:</b> 225 linear ft.	<b>Rock Above Pipe:</b> 2 in.
<b>Total Rock Depth:</b> 12 in.	<b>Rock Below Pipe:</b> 6 in.
<b>Max Depth:</b> 30 in.	<b>Undisturbed Soil Between Trenches:</b> 8 ft.
<b>Min Depth:</b> 24 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A

**Special Requirements**

<b>Groundwater Type:</b> Temporary	<b>Groundwater Depth:</b> N/A
<b>Pump to Drainfield Required:</b> No	<b>Filter Fabric on Top of Drain Media:</b> Yes

Date Certificate Issued: 08/23/2022

Work Description: Major Repair; drainfield only

Conditions of Approval

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

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

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

Certificate of Satisfactory Completion

System Inspection: No      Operation of Law - 7 Days Notice: No      Pre-Cover Inspection Waived Per 340-071: No

Comments: N/A

Lucas Marshall

Environmental Health Specialist I

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

For Official Use Only/Date Received:

## Final Inspection Request and Notice - Septic ID: 186-22-000233-PRMT

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: CHRISTY L MATLOCK JAMES H MATLOCK

Twnshp: 8

Range: 08

Sect: 26CC

Lot: 00500

Property Address: 91596 GEORGE HILL RD, ASTORIA, OR 97103

### SECTION 2: System Component Specifications:

#### A. Tanks/Pumps

#### System Type:

Water tight verification\*

Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:
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: 4"	ASTM#/Other: 2034	Length: 155'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

#### C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?		Yes	No

#### D. Drainfield Media

Type	(Gravel, Pipe or alternative?) Infiltrator			
Distribution Box	Yes	No		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes	No	Diameter: 4"	ASTM#/Other: 2729
				Length: 228'

Comment: Used existing land

Clatsop County Department  
of Public Health  
On-Site Waste Water Program

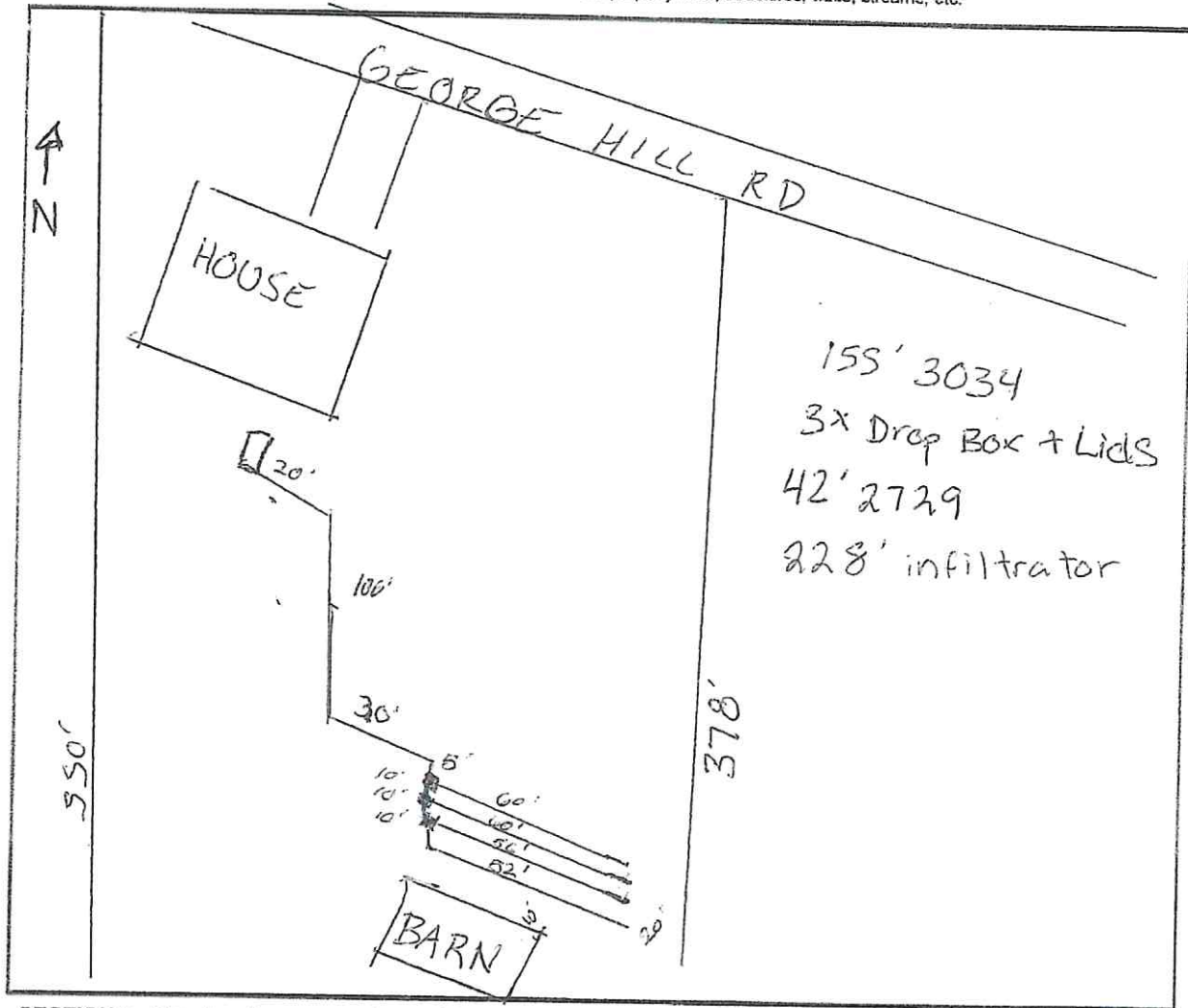
Approved By *[Signature]*

Permit No. 186-22-000233  
Date 8/23/22

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0023(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 onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Vinson Brothers</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>36845</u>	Certification#: <u>RI 246</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>8-16-22</u>	Phone#: <u>503-741-0120</u>

**SECTION 5 - Office Use Only:**

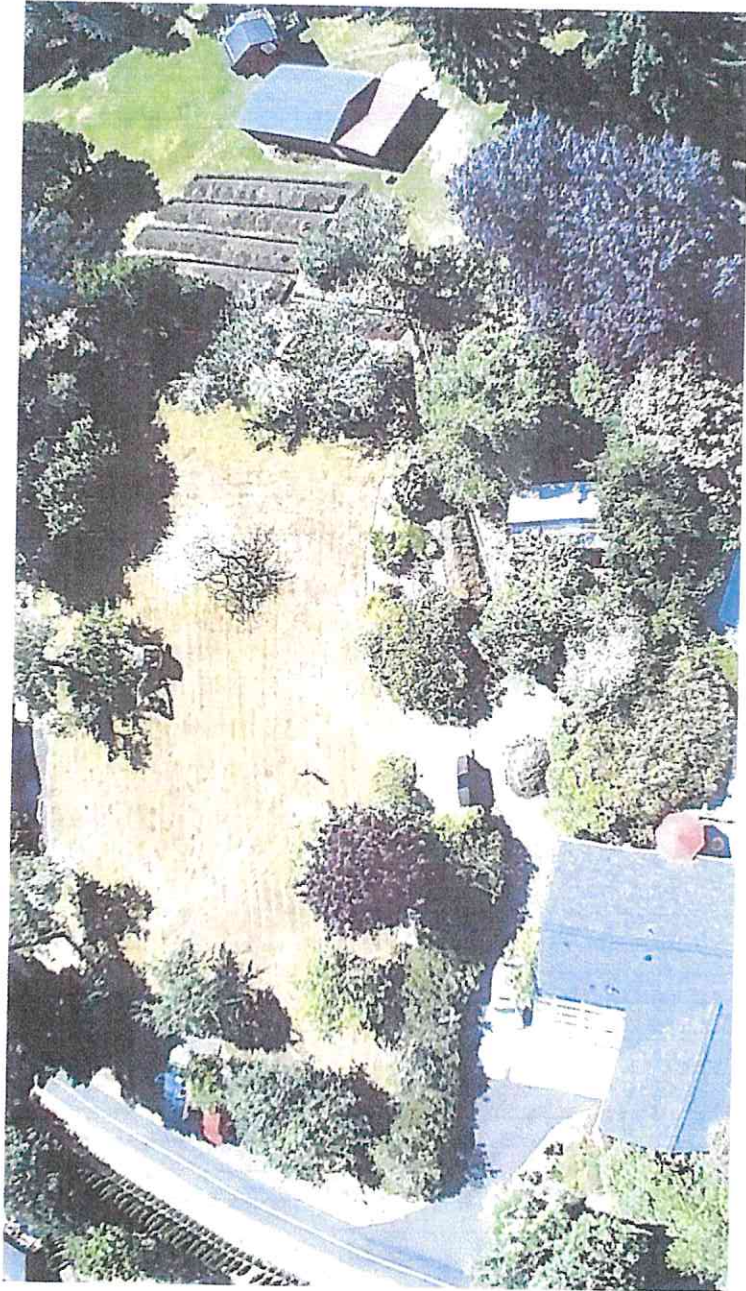
Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

*Clatsop County Department of Public Health*  
*On-Site Waste Water Program*

Approved By: [Signature]  
Permit No. 186-22-000233  
Date 8/23/22





# Septic Permit

## Repair (Major) - Residential - New

186-22-000233-PRMT

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

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 8/5/22	Expiration date: 8/5/23
Work description: Major Repair; drainfield only	

**Applicant:** Vinson Brothers  
**Address:** 92740 Knappa Dock Road  
 Astoria OR 97103  
**Phone:** (503) 458-6561  
**Email:** vbc.dennis@gmail.com

**Primary contractor:** Vinson Brothers  
**Installer License:** 36845  
**Address:** 92740 Knappa Dock Road  
 Astoria OR 97103  
**Phone:** (503) 458-6561  
**Email:** vbc.dennis@gmail.com

**Business License:** N/A

**Owner:** JAMES H MATLOCK  
**Address:** 91596 GEORGE HILL RD  
 ASTORIA OR 97103-8216  
**Owner:** CHRISTY L MATLOCK  
**Address:** 91596 GEORGE HILL RD  
 ASTORIA OR 97103-8216

**Property address:** 91596 George Hill Rd, Astoria, OR 97103

**Parcel:** 80826CC00500 - Primary      **Township:**      **8**      **Range:** 08      **Section:**      26CC

<b>Lot size:</b> 2.50 acres	<b>Water supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> County	
<b>Land use approval:</b> N/A	<b>County:</b> N/A	
<b>Action:</b> New	<b>Type of application:</b> Repair (Major) - Residential	
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> 03/31/2022	
<b>Comments:</b> N/A		

**Category of construction:** Residential

	Existing	Proposed
<b>Use of structure:</b>	3 bedroom home	N/A
<b>Number of bedrooms:</b>	3	N/A

**System Specifications**

<b>Type:</b> Standard	<b>ATT description:</b> N/A	
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 375 gpd.	
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> N/A	

**Drain Field Specifications**

<b>Drain field type:</b> Standard	<b>System distribution Ttpe:</b> Serial	
<b>Drainfield sizing:</b> 225 linear ft.	<b>Distribution method:</b> Serial	
<b>Media type:</b> Rock/Pipe	<b>Media depth:</b> 12 in.	
<b>Trench length:</b> 225 linear ft.	<b>Rock above pipe:</b> 2 in.	
<b>Total rock depth:</b> 12 in.	<b>Rock below pipe:</b> 6 in.	
<b>Max depth:</b> 30 in.	<b>Undisturbed soil between trenches:</b> 8 ft.	
<b>Min depth:</b> 24 in.	<b>Capping fills-min depth of fill material:</b> N/A	

CALL BEFORE YOU DIG...IT'S THE LAW

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<b>Date issued:</b> 8/5/22	<b>Expiration date:</b> 8/5/23
<b>Work description:</b> Major Repair; drainfield only	

**Special Requirements**

<b>Stake out required:</b>	No	<b>Groundwater depth:</b>	N/A
<b>Groundwater type:</b>	Temporary	<b>Filter fabric on top of drain media:</b>	Yes
<b>Pump to drainfield reqd:</b>	N/A		

**Conditions of approval**

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

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

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Lucas Marshall

Environmental Health Specialist I

8/5/22



# Clatsop County

## Environmental Health/Onsite Septic Program

August 5th, 2022

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax  
[EnvHealth@co.clatsop.or.us](mailto:EnvHealth@co.clatsop.or.us) email

**IMPORTANT DOCUMENT – PLEASE READ CAREFULLY**  
**-This is not a construction permit-**

RE: **Repair Evaluation Results** – Site Approval with Conditions  
Subject: **186-22-000233** – Tax Lot Map ID – **80826CC00500** Parcel Size: **2.50 acre**  
Property Address: **91596 George Hill Rd, Astoria, OR 97103**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **8/4/22**. Based on this evaluation, the following on-site sewage disposal systems are approved:

**Replacement System:**            *Standard System – 225 Linear Ft disposal field*

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

**Next Step – Applying for a Construction/Installation Permit**

When you are ready to proceed with system construction, contact this office to get a permit application packet. The permit must be issued by our office before you can start construction.

**Request for Site Evaluation Report Review or Request for Variance**

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

If you have any questions regarding this report, please contact me at 503-338-3687.

Regards,

A handwritten signature in blue ink that reads "Lucas Marshall".

*Lucas Marshall, REHST*  
*Environmental Health Supervisor*  
*Clatsop County Onsite Septic Program*

## Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **80826CC00500**.

**Replacement System:**      System Type: **Standard System**  
Minimum Septic Tank Size: **1000 gallons**  
Minimum Dosing Tank Size: **N/A**  
Distribution Method: **Serial Distribution**  
Minimum Length of Disposal Trenches: **225 Linear Ft.**  
Trench Depths: Min: **24 inches**    Max: **30 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

## Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 300 gallons per day, with an average sewage flow of not more than 150 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 2 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

**This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.**

Attachment: Field Worksheet

**Site Evaluation - Field Worksheet**

Design flow: 375 gpd # of bedrooms: 3

<b>Replacement System:</b>	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
<b>Tank:</b>	
<input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input type="checkbox"/> - Effluent pump required <input type="checkbox"/> - Effluent filter required	
<b>Distribution Method:</b>	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
<b>Absorption Disposal Facility:</b>	225 Linear Ft
<b>Maximum Trench Depth:</b>	30
<b>Minimum Trench Depth:</b>	24

Pit	Depth	Texture	Color	Roots	Structure	Comments: (ESD, Redox)
#1	0-6"	SiL	10YR 3/1	3-f,m	2-F-SBK	ESD = 48"
	6-18"	SiL	10YR 3/2	3-f,m	2-F-SBK	No redox
	18-36"	L	10YR 3/3	2-f,m	2-M-SBK	No water
	36-48"	SCL	10YR 5/4	1-f	2-M-SBK	
<b>Landscape Notes:</b>			<b>Slope:</b>	<b>Aspect:</b>	<b>Groundwater Type:</b>	
Terrace, hillslope			6-8%	211*SW	Temporary	

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.
2. System Description: Approval is for a Standard System with a 225 linear feet of disposal area.
3. Install in area of test pit. See field worksheet for further details.
4. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, foundations, and utility lines.**
5. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
6. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
7. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
9. All system components are required to be installed by a licensed onsite septic installer.

**SITE EVALUATION FIELD WORKSHEET**

Township: 8 Range: 8 Section: 26CC Tax Reference: 500 Parcel Size: 2.50 acre  
 Owner/Applicant: Matlock Evaluator: Lucas Marshall  
 Inspection Date(s): 8/4/22 Application Number: 186-22-000233

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-6"	SiL	10YR 3/1	3-F,m	2-F-SBK
	6-18"	SiL	10YR 3/2	3-F,m	2-F-SBK
	18-36"	L	10YR 3/3	2-F,m	2-M-SBK
	36-48"	SCL	10YR 5/4	1-F	2-M-SBK
		ESD ≈ 48" No water No redox			
Pit 2					
Pit 3					
Pit 4					

Landscape Notes: Hill slope  
 Slope: 6-8° Aspect: 211° SW Groundwater Type: Temp.  
 Other Site Notes: \_\_\_\_\_

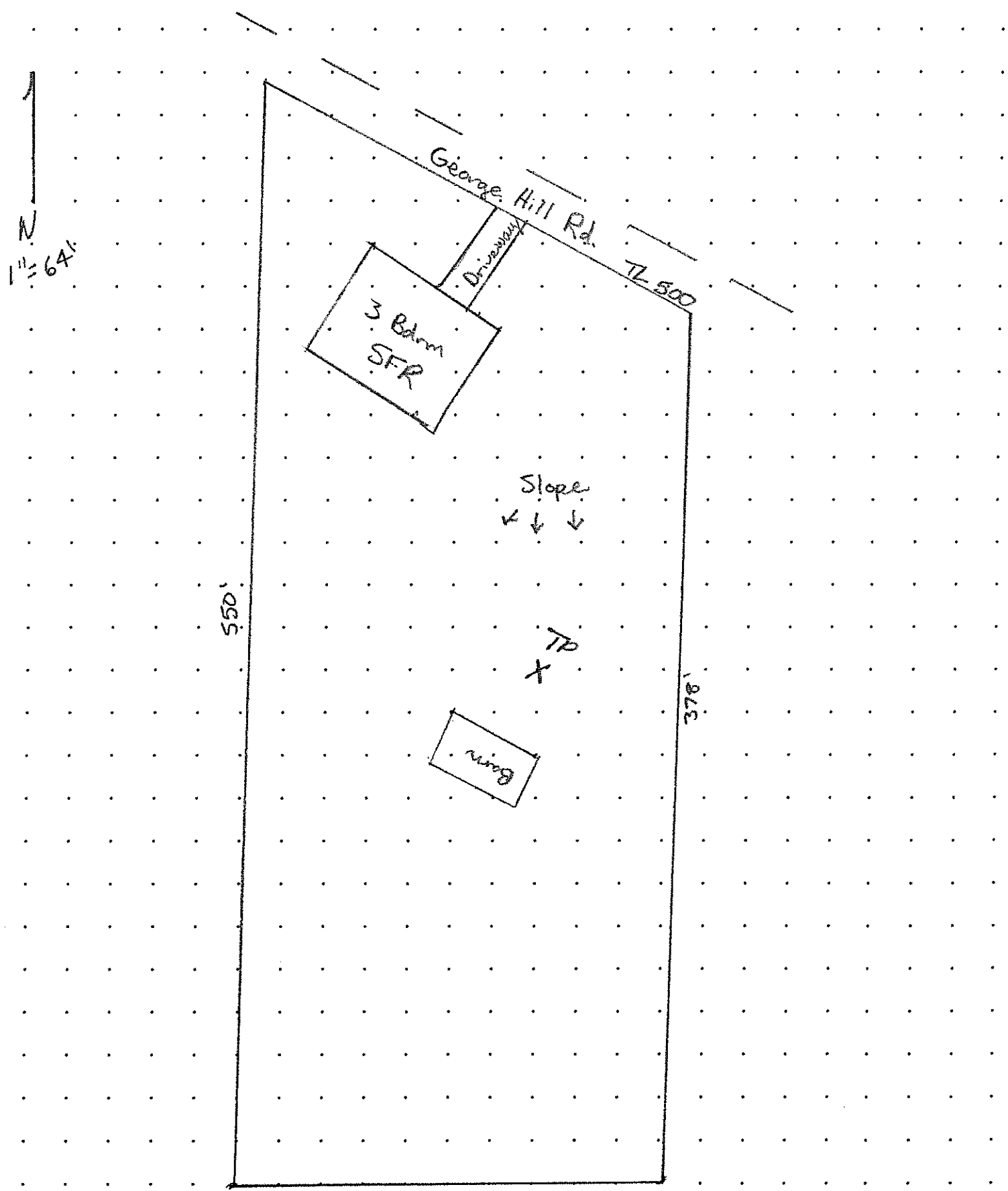
**SYSTEM SPECIFICATIONS**

Design Flow: 450 gpd  
 Initial System: \_\_\_\_\_ ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 Replacement System: Standard System ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: 225 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches  
 Special Conditions: Maintain required setbacks to property lines, foundations, + utilities.

Township: 8 Range: 8 Section: 26CC Tax Reference: 500 Parcel Size: 2.50 acre

Owner/Applicant: Matlock Evaluator: Lucas Marshall

Inspection Date(s): 2/4/22 Application Number: 186-22-000233







# Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

AUG 01 2022

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

[EnvHealth@co.clatsop.or.us](mailto:EnvHealth@co.clatsop.or.us) email

# 22-000233

## Notice Authorizing Representative

I, Jim Matlock, have authorized  
(Property Owner - Please Print)

Dennis Vinson 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

91596 George Hill Road Astoria  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 8 Section 26 Tax Lot 500 Map ID \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

### PROPERTY OWNER:

Name: Jim Matlock Email: \_\_\_\_\_  
Mail Address: 91596 George Hill City/State/Zip Astoria, Or 97103  
Phone: 503-458-5332 FAX: \_\_\_\_\_  
Signature: Jim Matlock Date: 7-29-22

### AUTHORIZED REPRESENTATIVE:

Name: Dennis Vinson Email: vbe@dennisc@gmail.com  
Mail Address: 92440 Knappa Deck City/State/Zip Astoria, Or 97103  
Phone: 503-741-0170 FAX: \_\_\_\_\_  
Signature: Dennis Vinson Date: 7-28-22



# Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County  
 Onsite Septic Program  
 820 Exchange St., Suite 100  
 Astoria, OR 97103  
 (503) 325-9302 phone  
 (503) 325-9303 fax

EnvHealth@clatsopcounty.gov

8-8-2600-500

RECEIVED

AUG 01 2022

## Existing Septic System Description

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

CLATSOP CO. PUBLIC HEALTH

# 22-000233

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? \_\_\_\_\_  
Date Permit Number

3. Tank material:       Concrete       Steel       Plastic or Fiberglass       Unknown

4. Septic tank volume (in gallons): 1000 g

5. When was the septic tank last pumped? (Attach receipt if available) 2022 - March

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? 3      How many people occupy the dwelling? 2

11. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_

12. If the septic system serves a business,  
 How many total employees are there? \_\_\_\_\_ Type of business: \_\_\_\_\_

13. Is there a proposed change of use of your structure (home or business)?       Yes       No  
 If yes, please explain: \_\_\_\_\_

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: [Signature]      Date: 7-27-22

# PLOT PLAN

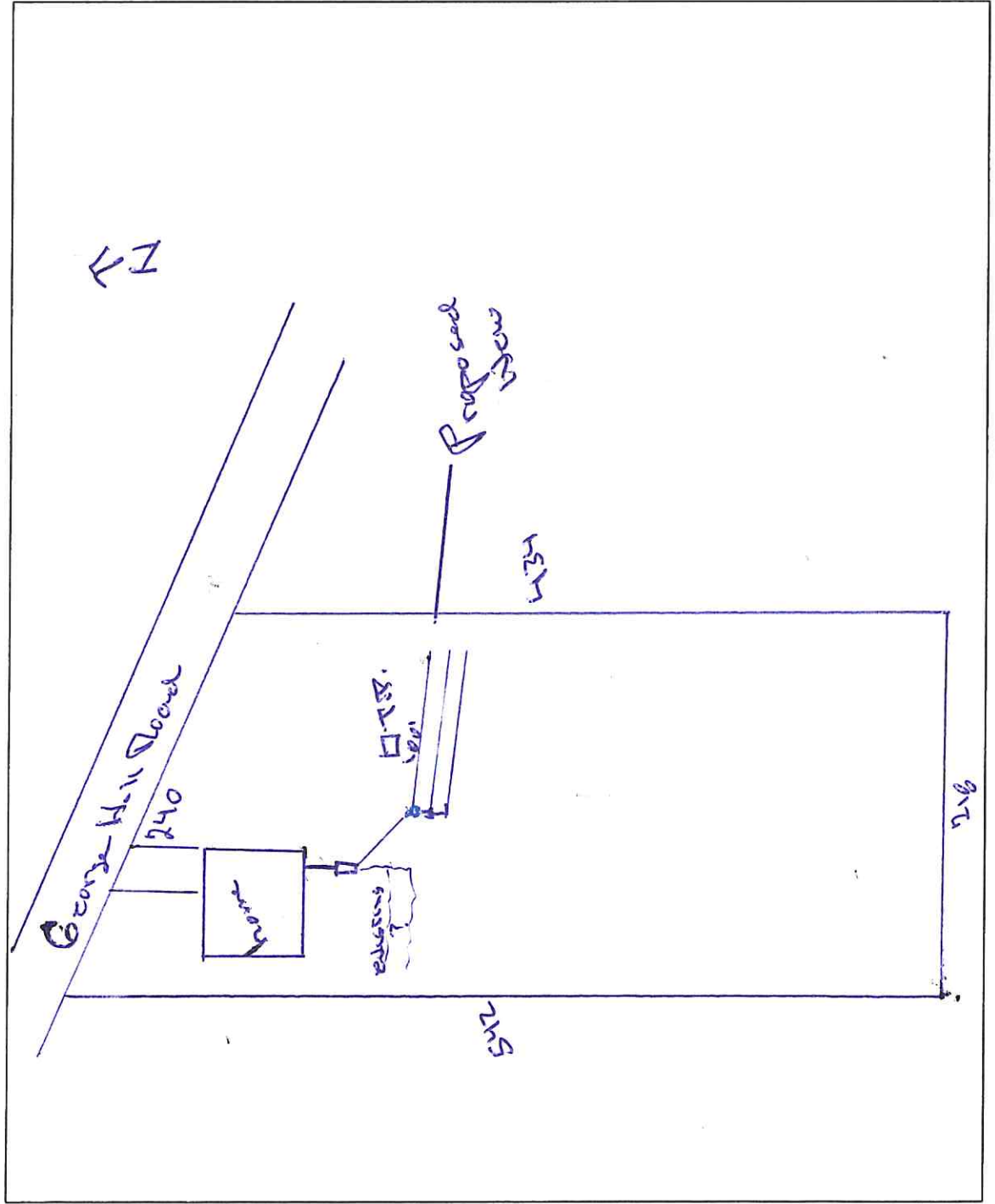
Property ID: 88 2622 500

Site Address: 91596 George Hill Acton, Or

Applicant Signature: [Signature]

Date: \_\_\_\_\_

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



## Required Information

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

## Legend

- Wells
- Test Pits
- .... Drainage



1 inch = 20 feet

# 22-000233

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AUG 01 2022

CLATSOP CO, PUBLIC HEALTH



# Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County  
Onsite Septic Program  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-9302 phone  
(503) 325-9303 fax

[EnvHealth@co.clatsop.or.us](mailto:EnvHealth@co.clatsop.or.us) email

## SEPTIC SYSTEM MATERIALS LIST:

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

FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

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### Section 1

Property Owner: Jim Mathbet CLATSOP CO. PUBLIC HEALTH  
Township: 9 Range: 9 Section: 26 E2 Tax Lot: 500 #22-000233  
Situs Address: 91596 George Hill Astoria

### Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: 1000g Well return Capacity: \_\_\_\_\_

Effluent Filter: \_\_\_\_\_

Effluent Sewer Pipe: \_\_\_\_\_

Dose Tank/Vault: \_\_\_\_\_ Capacity: \_\_\_\_\_

Tank Pump: \_\_\_\_\_

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

Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_

Pressure Pipe from Tank to Pretreatment and/or Drainfield: \_\_\_\_\_

Drop or Distribution Box: Drop Qty: 2

HydroSplitter Orifice Size(s): \_\_\_\_\_

Header Pipes: 5'

Leach Lines: 300' Linear Ft: 300

Pressure Bed Dimensions: \_\_\_\_\_ Square Ft: \_\_\_\_\_

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

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

ATT: Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Serial# \_\_\_\_\_

Sand Filter Type: Bottomless  Conventional  Dimension: \_\_\_\_\_ X \_\_\_\_\_ Ft

Control Panel: \_\_\_\_\_

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

Normal Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

High Water Alarm Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

Pretreatment Pump:

Inches below vault top: Alarm \_\_\_\_\_ On \_\_\_\_\_ Off

Inches from vault top to top of underdrain pipe: \_\_\_\_\_

Pump or Aerator Interlock Function:

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

Air Coil / Monitoring Ports: \_\_\_\_\_

Other: draw bid replacement only



# Clatsop County Webmaps

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Layer List

AUG 01 2022

CLATSOP CO. PUBLIC HEALTH  
Forester/la

#22-000233  
Geologi



8-8-26cc-500

Landslid

Landslid

Mainten

Neighbc

Overlays

Planning

Precincts

Soils

[Zoom to](#)

Taxcode

Taxmap

Unimprc

Tsunami

Tsunami

National

Wetland

Wetland

Clatsop

Zoning

City aeri

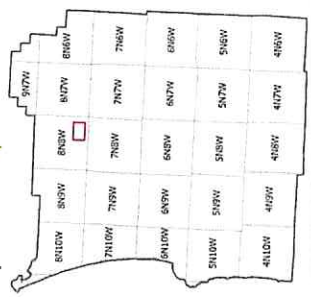
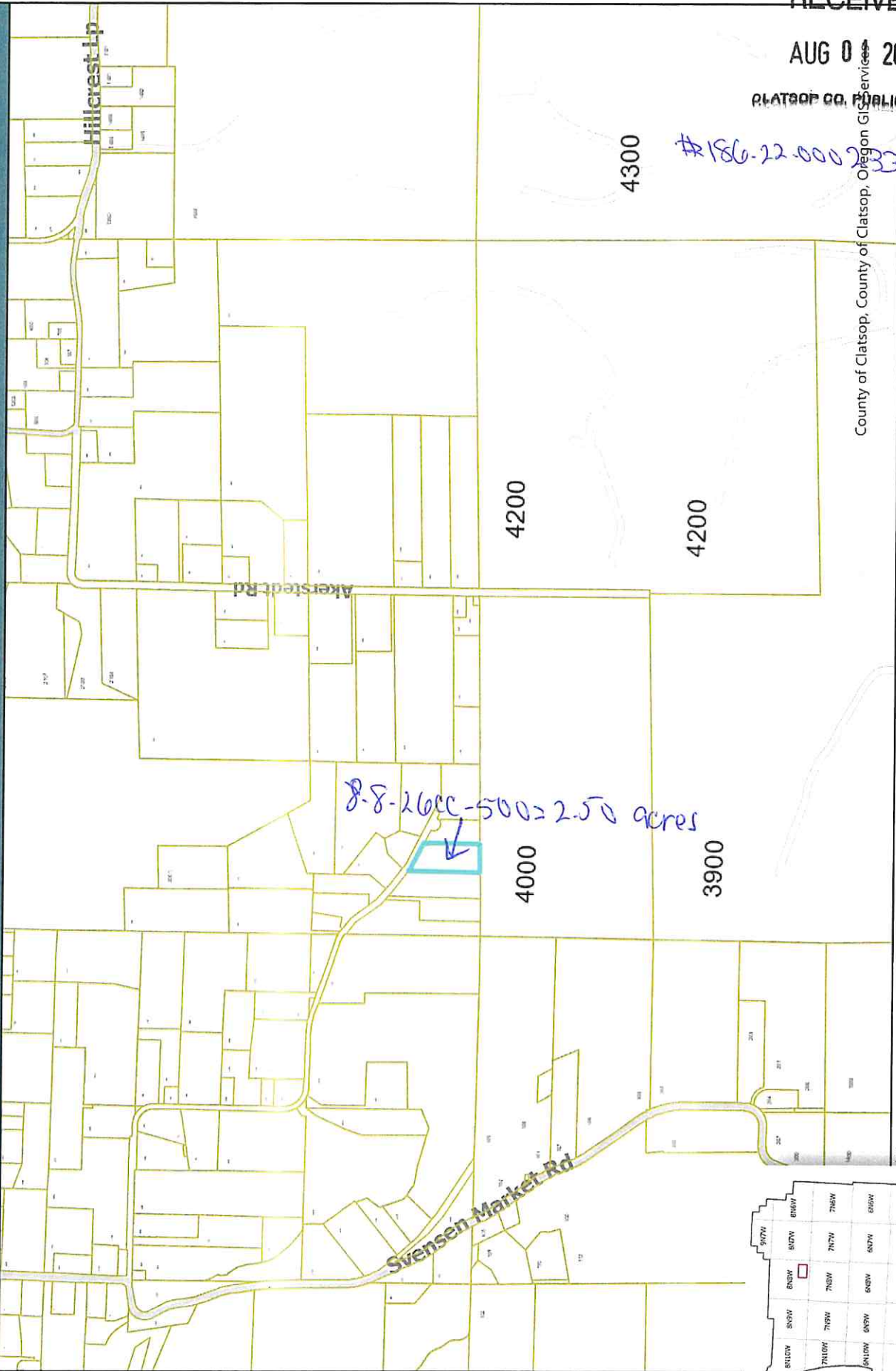
County e

Hillshad

100ft

-123.646 46.142 Degrees

# Clatsop County Webmaps



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AUG 04 2022

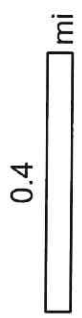
PLATSOP CO. PUBLIC HEALTH SERVICES

#186-22-000-33

County of Clatsop, Oregon GIS Services



## Clatsop County



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

8/1/2022 3:48 PM



**Transaction Receipt**  
**Record ID: 186-22-000233-PRMT**  
**IVR Number: 186027978202**

Clatsop County Onsite

Office: Not Applicable  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
health@co.clatsop.or.us

**Receipt Number: 460310**

**Receipt Date: 8/1/22**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Worksite address: 91596 GEORGE HILL RD, ASTORIA, OR 97103

Parcel: 80826CC00500

<b>Fees Paid</b>					
<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
8/1/22	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
8/1/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/1/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 31290 Payer: Vinson Brothers Payment Amount: \$690.00

Cashier: Annette Brodigan

**Receipt Total: \$690.00**

# AGENCY REVIEW & APPROVAL FORM

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

### 1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 91596 George Hill Rd City: ASTORIA  
 Owner: JAMES AND CHRISTY MATLOCK Phone: 503 468 5332  
 Owners Address: 91596 George Hill Rd  
 Agent: \_\_\_\_\_  
 Proposed Development/Construction: enclosed porch

### 2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T 80826CC<sup>0500</sup> 8 SEC 26 CC Tax Lot(s) 500  
 Permit Needed - Yes ( ) No (  ) Site Approved - Yes ( ) No (  )  
 Signature: [Signature] Date: 9-3-04  
 Remarks: PROPOSED PORCH - OK

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

### 3. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Signature: [Signature] Title: CH Date: 9-3-04  
 Remarks: NONE

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

### 4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T \_\_\_\_\_ R \_\_\_\_\_ SEC \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_  
 Zone: \_\_\_\_\_ Overlay District: \_\_\_\_\_  
 Development Permit - Yes ( ) No (  )#  
 Flood Plain - Yes ( ) No ( ) Elevation Requirements: \_\_\_\_\_  
 Geologic Hazard - Yes ( ) No ( ) Special Construction Requirements? - Yes ( ) No ( )  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

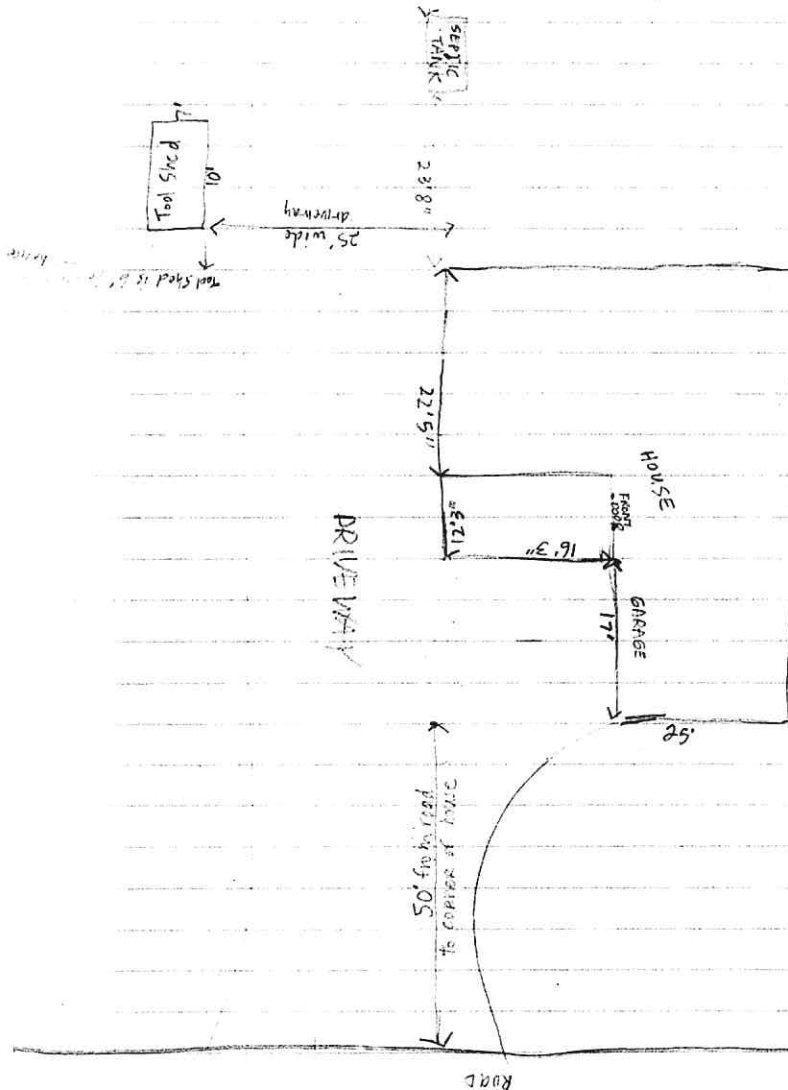
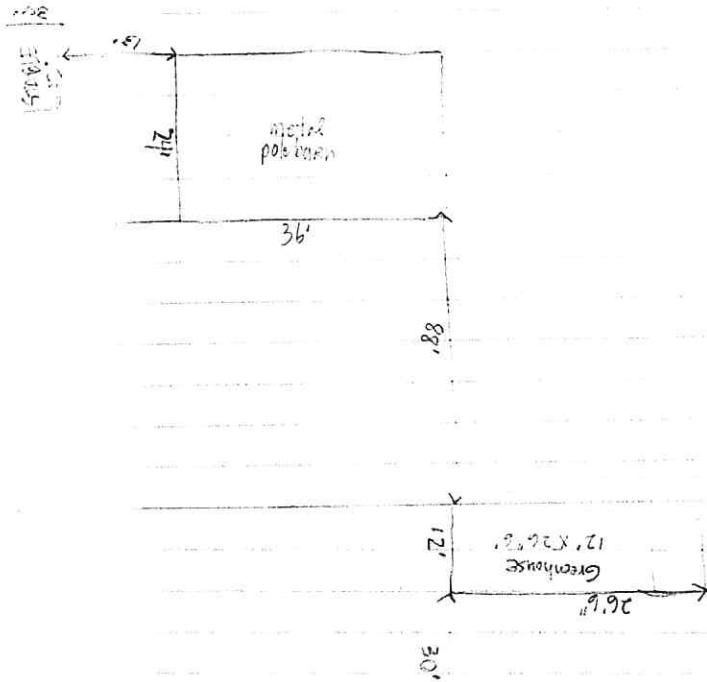
Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

SEP 03 2004

NORTH COAST BRANCH OFFICE  
WARRENTON



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 Justin Phillips Mettke DATE 9-03-04

808-26CC-500

31.69' County Rd. 212.44'

58'

Proposed Garage

32'  
26'

52'

43'

62'

55'

SEPTIC TANK

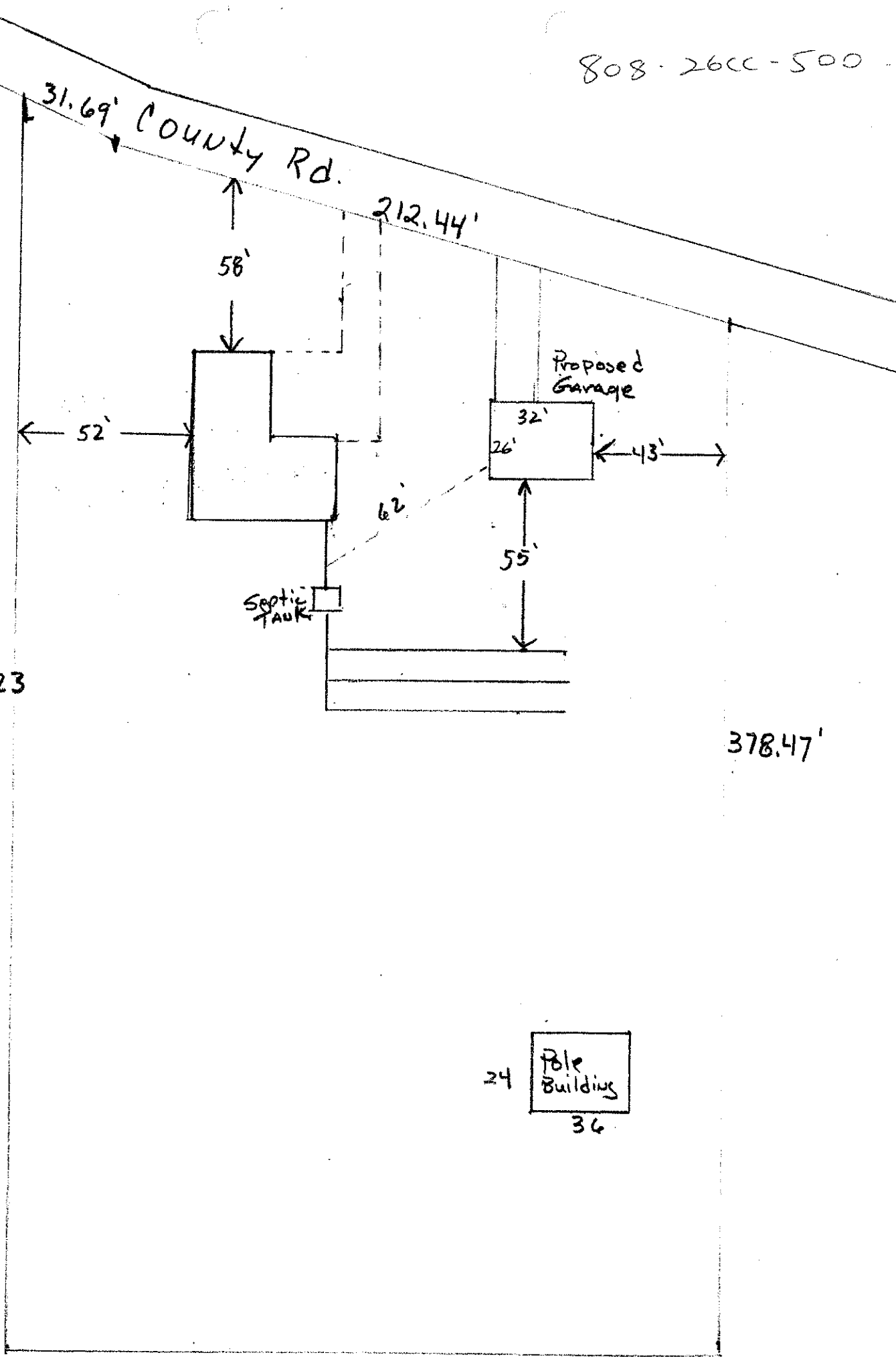
550.23

378.47'

24

Pole Building  
36

225.14'





DEPARTMENT OF COMMERCE  
BUILDING CODES DIVISION  
401 LABOR & INDUSTRIES BLDG.  
SALEM, OREGON 97310  
PHONE 378-4133

808-2600-500  
**BUILDING PERMIT APPLICATION**

**RESIDENTIAL** Bud

Rt 2 Box 775C  
JOB LOCATION / ADDRESS  
Astoria 97103 Clatsop  
CITY COUNTY

DIRECTIONS TO JOB SITE

Larry Smith  
OWNER  
same  
ADDRESS

CITY COUNTY ZIP CODE HOME: 458-6505 WORK: —  
TELEPHONE

DESCRIBE WORK

NEW CONSTRUCTION Pole Bldg CODE 1.78

ADDITION 44.50

REMODEL 46.28

MOBILE HOME

PRE FAB

ACCESS. BLDG.

OTHER \_\_\_\_\_ specify \_\_\_\_\_

864 TOTAL SQUARE FT. 3500.<sup>00</sup> CONSTRUCTION VALUE

Ast PERMIT / JOB #  
OFFICE

ZONING LOCAL GOVERNMENT APPROVALS

USE ZONE RA-2 8 8 2600 500  
FLOOD ZONE  YES  NO  
TWN SHP RG TL  
PERMIT # 86-107

BY: Carl Schneider PLANNING DIRECTOR  
TITLE  
PHONE 325-8611 ama only DATE 2 JULY 86

SANITATION

PUBLIC \_\_\_\_\_ PRIVATE X

DEQ PERMIT # No records available - information by owner.

BY: Cindy Van Arsdall Sec.  
TITLE  
PHONE 325-8660 DATE 7-2-86

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR	ADDRESS	PHONE	REG #	EXP
ELECTRICAL	ADDRESS	PHONE	REG #	EXP
PLUMBING	ADDRESS	PHONE	REG #	EXP
MOBILE HOME	ADDRESS	PHONE	REG #	EXP

I HEREBY CERTIFY THAT, TO THE BEST OF 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 \_\_\_\_\_

Larry Smith SIGNATURE OF PERMIT APPLICANT 7-2-86 DATE

# CLATSOP COUNTY - LAND and WATER DEVELOPMENT PERMIT

Name: LARRY SMITH  
 Address: RR 2 Box 7250  
 Telephone: 458-6507  
 Signature: [Signature]

FILE NUMBER (for office use only)  
T 8 R 8 Sec 2000 TL 500 No. 86-107

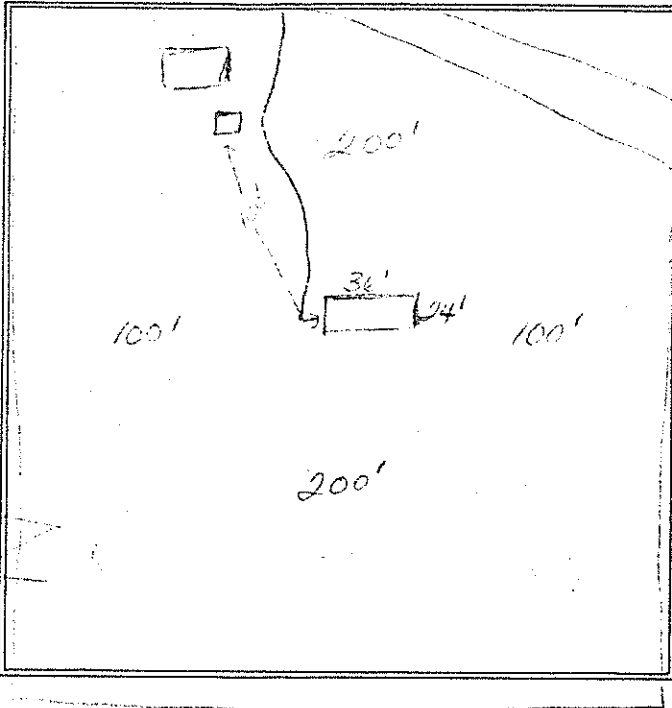
Proposed Use or Activity:  
STORAGE (864 sq ft)

Department of Planning and Development  
 Clatsop County Courthouse  
 P.O. Box 179  
 Astoria, Oregon 97103. Phone: 325-8611

## FINDINGS

### Plot Plan

Please show location of all property boundaries, water courses, wetlands, buildings, septic systems, driveways, roads, etc. Include setbacks from property lines.



1. Zoning: RA-2
2. Area of Lot: 2.9 ac.
3. Water Source: n/a
4. Building Height (max): 18'
5. Septic Approval (Y/N): n/a
6. Minimum Setbacks from Property Lines:  
 Front: 200'  
 Side: 100'  
 Rear: 200'
7. Other Setbacks (Resource Zones, (Rip. Veg, etc.): \_\_\_\_\_
8. Access to Property: Off  
George Hill Rd.
9. Other: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ APPROVED WITH CONDITIONS X

CONDITIONS OF DEVELOPMENT: no closer than 50' from back property line 10' from either side but none on 200' from front property line

(Any Additional Conditions Attached)

Approval of Development Permit based on information submitted by the applicant as outlined above. Any change of plans or incorrect information submitted may result in revocation of permit.

NOTE: Permit Void if Conditions of Development Detached

Signed: [Signature]  
 Date: 2 July 1986

N  
↑

