

**State of Oregon**  
Department of Environmental Quality

Onsite Permit ID: OS412203

**Certificate of Satisfactory Completion** -80826CL00600

*Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS412203 as follows:*

**PROPERTY INFORMATION**

Property Owner: **Richard Long** Township 08N, Range 08W, Section 26  
Property Location: **91578 George Hill Road, Astoria** Tax Lot 600  
Facility Type: **Single Family Dwelling** Clatsop County  
**3 Bedrooms**

**SPECIFICATIONS AND REQUIREMENTS**

System type: Standard

Design Flow:	450 gals/day	Rake Sidewall:	Required
Minimum Septic Tank Size:	1000-gals		
Distribution Type:	Serial		
Total Trench Length:	300 Linear feet		
Trench Spacing:	8 feet*		
Media Type:	BioDiffuser 2		
Maximum Trench Depth:	30 inches		
Minimum Trench Depth:	24 inches		

\*Minimum undisturbed soil between trenches

**ADDITIONAL CONDITIONS**

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

emailed to Vicki 5  
6/3/13

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

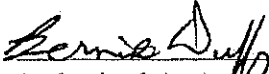
**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover - Correction Notice Issued by Bernie Duffy on 5/14/2013

Pre-Cover Inspection Waived by Bernie Duffy on 5/22/2013

Certificate Issued by Operation of Law.

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

	Onsite Wastewater Specialist	6/3/2013
Authorized Agent	Title	Date CSC Issued
<b>Bernie Duffy</b>		

Department of Environmental Quality  
Northwest Region - Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259

# Ed's

## Septic Tank Cleaning Service

92042 KOPPISCH ROAD  
ASTORIA, OR 97103

### Septic Tank Inspection Report

#### SEPTIC TANK CONDITION

GOOD X

FAIR \_\_\_\_\_

NEEDS TO BE REPLACED \_\_\_\_\_

STRUCTURE TYPE STEEL \_\_\_\_\_ CONCRETE X

VOLUME 1000 GALLONS

(Double Vault)

#### DRAINFIELD CONDITIONS

GOOD X Brand New.

FAIR \_\_\_\_\_

NEEDS TO BE REPLACED \_\_\_\_\_

#### DOSING TANK

STRUCTURE TYPE N/A

GOOD N/A

FAIR N/A

NEEDS TO BE REPLACED \_\_\_\_\_

PLASTIC \_\_\_\_\_

VOLUME \_\_\_\_\_ GALLONS

#### GENERAL COMMENTS:

AT THIS TIME THE SEPTIC TANK IS IN  
GOOD CONDITION.

#### DATE PUMPED & INSPECTED

5-14-2013

#### ADDRESS OF INSPECTED TANK

91578 George Hill Road  
Astoria, Oregon

#### NAME OF RECORDED OWNER

Richard and Joni Denlong

[Signature]  
SIGNATURE - LICENSED PUMPER

CLYDE McDONALD - OWNER

D.E.Q. SS#

34259

## Final Inspection Request and Notice - Onsite ID: 412203

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: Richard Long  
Property 91578 George Hill Road, Astoria  
Address:

Township 08N, Range 08W, Section 26  
Clatsop County TaxLot#: Tax Lot 600

### SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard		Water tight verification*	
Tanks(1)	Volume: 1000	Compartments: 2	Manufacturer: Cement	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: 3034	Length: 55'
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

#### C. Secondary Treatment Unit:

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

#### D. Drainfield Media

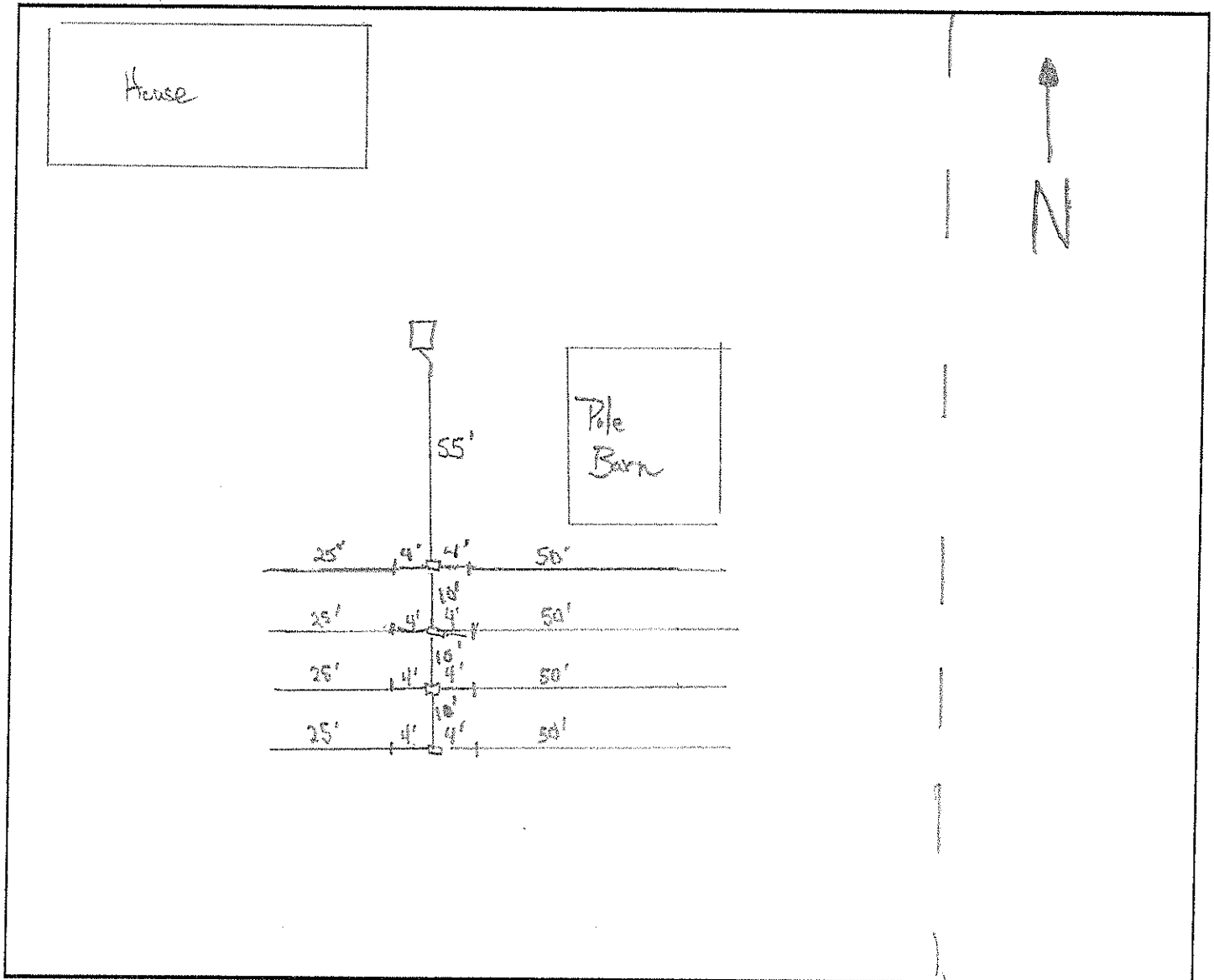
Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3034 Header Pipe
				Length: 4'
Comment	AIRC 18 Septic Chamber			

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

\*\*Attach sieve analysis for Underdrain Media and Filter Sand

### SECTION 3 - As Built Plan

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



### SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:		Print Name: <u>Steve Himmy</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38893</u>	Certification#:
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date:	Phone#: <u>503-291-3481</u>

### SECTION 5 - Office Use Only:

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

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

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

CLYDE McDONALD 458-8521  
(800) 382-7380

DATE  
5-14-2018

NUMBER  
803/468-5301

Richard & Jennifer Long  
91579 George Hill North  
Astoria, Oregon 97103

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

§ \_\_\_\_\_

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	1000 Galloway	
	Bacardi (Double Vault)	
	Sepia Tank	
5-16-13	Rounded Sepia Tank	* 260 <sup>00</sup>
	Dump Fee	140 <sup>00</sup>
	TOTAL	\$400 <sup>00</sup>
	Paid Check #1958	

DUPLICATE

Thank You

PAY LAST AMOUNT  
IN THIS COLUMN



Page 142

Trench #1 6.15' 5.50  
#2 7.10' 6.80  
#3 8.35' 8.35'

Scan ID  
4137124

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
ON-SITE SEWAGE SYSTEM INSTALLATION

← Centy  
↑  
West  
end  
of trenches

# CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

- ① Tracer wire - wire shall be green, blue not acceptable - indicates water. ② Drop boxes + headers OK. ③ Trench construction - east 1/2 is marginal - somewhat shallow but I will allow - back fill with minimum of 16 inches soil cover over chambers top. Stake ends of trenches. West half will need to be reconstructed. Trenches are 36 to 40 inches deep at west end. Trenches #1 + 2 (west) are out of grade. (See elevations above) 30" max trench depth. Remove old pipe + rock, replace with soil. The pipe + rock will cause short circuit.

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection. Submit new Insp. Request.

PERMIT NO. 05412203 8N 8W 26 600  
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 2:20 PM  
DATE 5/14/13  
BY Bernie Juff  
(Signature)

Richard Long.

CONTACT: DEQ  
503-861-3280

## DO NOT REMOVE THIS NOTICE FROM SITE

MAY 14 2013

MAY 15 2013

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
ON-SITE SEWAGE SYSTEM INSTALLATION

# CORRECTION NOTICE

An Inspection of this On-Site Sewage System has identified the following deficiencies:

(cont.) West end - remove chambers to point where trenches are 30 inch max. depth, backfill trenches. You will need to lay out grades before you re-construct. To be at 30" deep to 24", west end of trenches shall follow contour which is down the slope.

Soil backfilled in trench shall be slightly compacted.

#4 See permit - submit written report by DEQ installer or pumpers regarding tank condition - are baffles intact?

15 Not approved for use.

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection. Submit new insp. request

PERMIT NO. 05412203 8N 8W 26 600  
Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 2:20 PM

DATE 5/14/13

BY Bernie Duff  
(Signature)

R Long  
CONTACT: DEQ  
503-861-3280

MAY 14 2013

## DO NOT REMOVE THIS NOTICE FROM SITE



## Final Inspection Request and Notice - Onsite ID: 412203

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:**

Township 08N, Range 08W, Section 26

Name: Richard Long

Clatsop County TaxLot#: Tax Lot 600

Property 91578 George Hill Road, Astoria  
Address:

**SECTION 2: System Component Specifications:**
**A. Tanks/Pumps**

System Type: Standard

Water tight  
verification\*

Tanks(1)	Volume: 1000gal.	Compartments: 2	Manufacturer: Cement	Date: 5/8/13
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: 3034	Length: 55'
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**

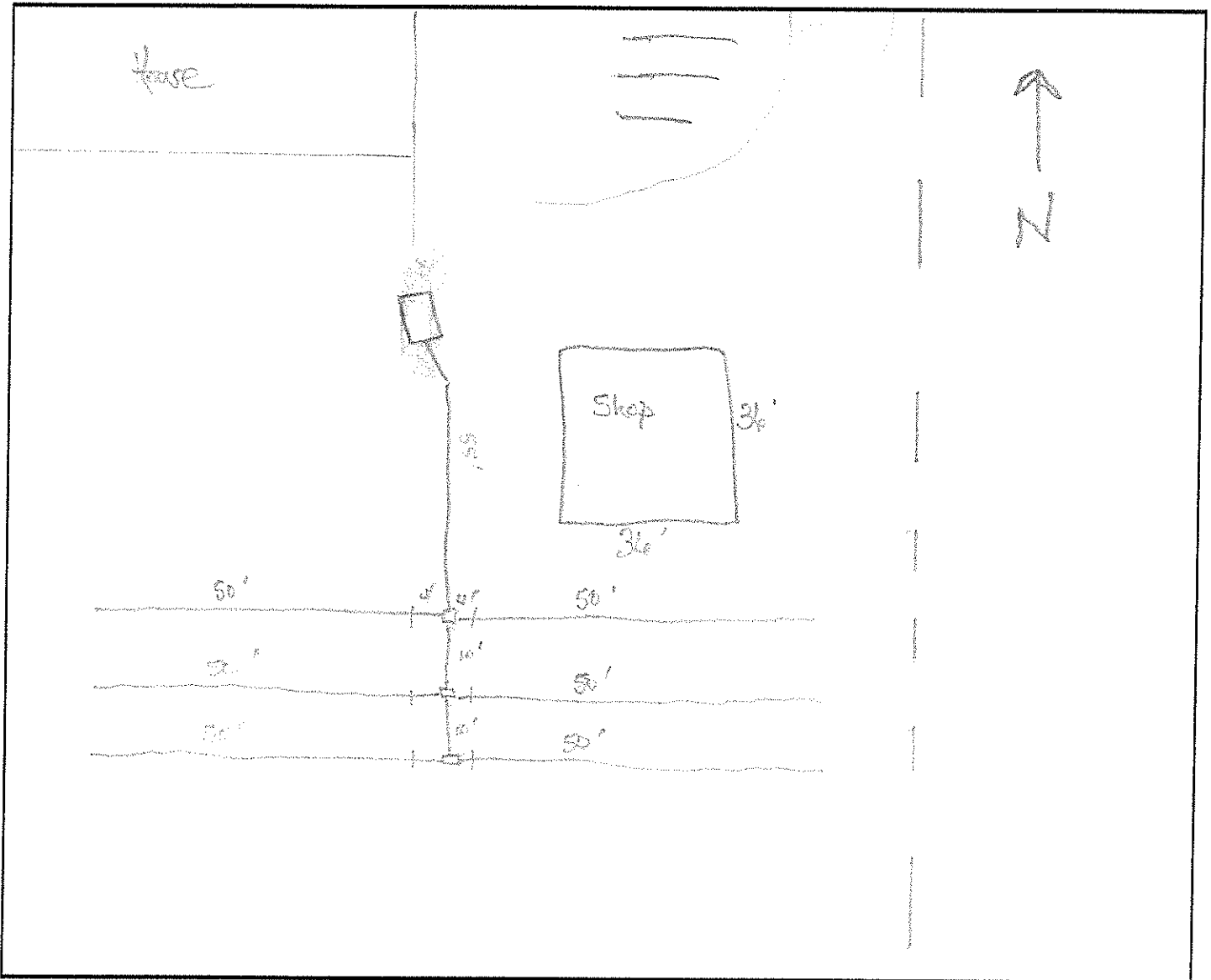
Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No		
Drop Box	Yes <input checked="" type="checkbox"/>	No		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: 3034
Length:	24'			
Comment	Used ARC 18 Septic Chambers			

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

\*\*Attach sieve analysis for Underdrain Media and Filter Sand

### SECTION 3 - As Built Plan

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



### SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:		Print Name: Steve Kinney (Kinney and Sons)	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 38893	Certification#: Control#52806
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 5-8-13	Phone#: 503-791-3481

### SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 5/10/13	(Installer/Owner) (Permittee)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 5/14/13
	Notified:				

If No, Reason for Non Acceptance: Needs to reconstruct trench

Comment: Left Correction Notice @ Box #1

MAY 09 2013

Scan ID  
413766

**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: 91578 Georgehill Road City: Astoria  
Owner: Richard W Long Phone: 503-458-5301 or 503-741-0066  
Owners Address: 91578 Georgehill Road Astoria, OR 97103  
Agent: \_\_\_\_\_  
Proposed Development/Construction: \_\_\_\_\_

**2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ)** (to be filled out and signed by DEQ) OR LOCAL SEWER DISTRICT:

Legal Description: T 8N R 8W SEC 26 Tax Lot(s) 600

Permit Needed - Yes ( ☒ ) No ( ) e. Approved - Yes ( ) No ( )

Signature: Bernie Vuthy DEQ Date: 10/25/12

Remarks: Proposed pole shed over old drainfield (existing Repair / Alteration permit required to move system)

DEQ North Coast Branch Office, 65 North Highway 101, Suite 202, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

**3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT** (signature of water district required)

Gallons per minute X  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

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

Water/Fire Flow: 1000 Gpm Number of Hydrants: 1 Hydrant Location (s): George Hill Rd

Signature: [Signature] Title: Chief Date: 9-17-2012

Remarks: Existing Home site meets NFPA 1142 Requirements

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

**Internal Use Only:**

<input type="checkbox"/> Proof of Legal Lot Status (if substandard in size)	<input type="checkbox"/> Agency Sign-Off Sheet
<input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)	<input type="checkbox"/> Proof of Potable Water
<input type="checkbox"/> Pre-Elevation Certificate (if necessary)	<input type="checkbox"/> Proof of a DEQ Approved Sanitary System
<input type="checkbox"/> Application signed by the owner and applicant	<input type="checkbox"/> Average Grade Calculations
<input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc.	<input type="checkbox"/> Address Request (if necessary)
<input type="checkbox"/> Erosion Control & Drainage Plan	<input type="checkbox"/> 2 Sets of Building Plans
<input type="checkbox"/> Road Access Permit from the County or ODOT	<input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL?

SCANNED  
OCT 26 2012

# State of Oregon

Department of Environmental Quality

Scan ID  
413766

Onsite ID: OS412203  
Expiration Date: 10/24/2013

## Repair Permit - Single Family Dwelling-Major

*This Repair Permit - Single Family Dwelling-Major Permit OS412203 authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Richard Long** Clatsop County  
Property Location: **91578 George Hill Road, Astoria** Township 08N, Range 08W, Section 26  
Facility Type: **Single Family Dwelling** Tax Lot 600  
**3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

#### System Type: Standard

Design Flow:	<b>450 gals/day</b>	Rake Sidewall:	<b>Required</b>
Minimum Septic Tank Size:	<b>1000 gals</b>		
Distribution Type:	<b>Serial</b>		
Total Trench Length:	<b>300 Linear feet</b>		
Trench Spacing:	<b>8 feet*</b>		
Media Type:	<b>BioDiffuser 2</b>		
Maximum Trench Depth:	<b>30 inches</b>		
Minimum Trench Depth:	<b>24 inches</b>		

See Setback list

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

- 1 All headers shall be founded on undisturbed soil. Drop boxes with 4 ft solid level headers required at the start of each disposal trench.
- 2 Chamber systems require rodent protection. Screen shall be as recommended by manufacturer or supplier.
- 3 Divert storm water away from drainfield.
- 4 Installer shall verify the condition of the septic tank.
- 5 Maintain 10 ft setback to existing drainfield and required setbacks to new pole shed.
- 6 Tracer wire required.
- 7 Vehicular traffic and livestock must be restricted from the system area.
- 8 Meet all required setbacks.
- 9 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 10 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 11 Each trench to be level and on contour.
- 12 All roof drains must be directed away from the system.
- 13 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.



### INSPECTION REQUIREMENTS

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

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

	<b>Onsite Wastewater Specialist</b>	<b>10/24/2012</b>	<b>10/24/2013</b>
Authorized Agent:	Title	Date Issued	Expiration Date

**Bernie Duffy**

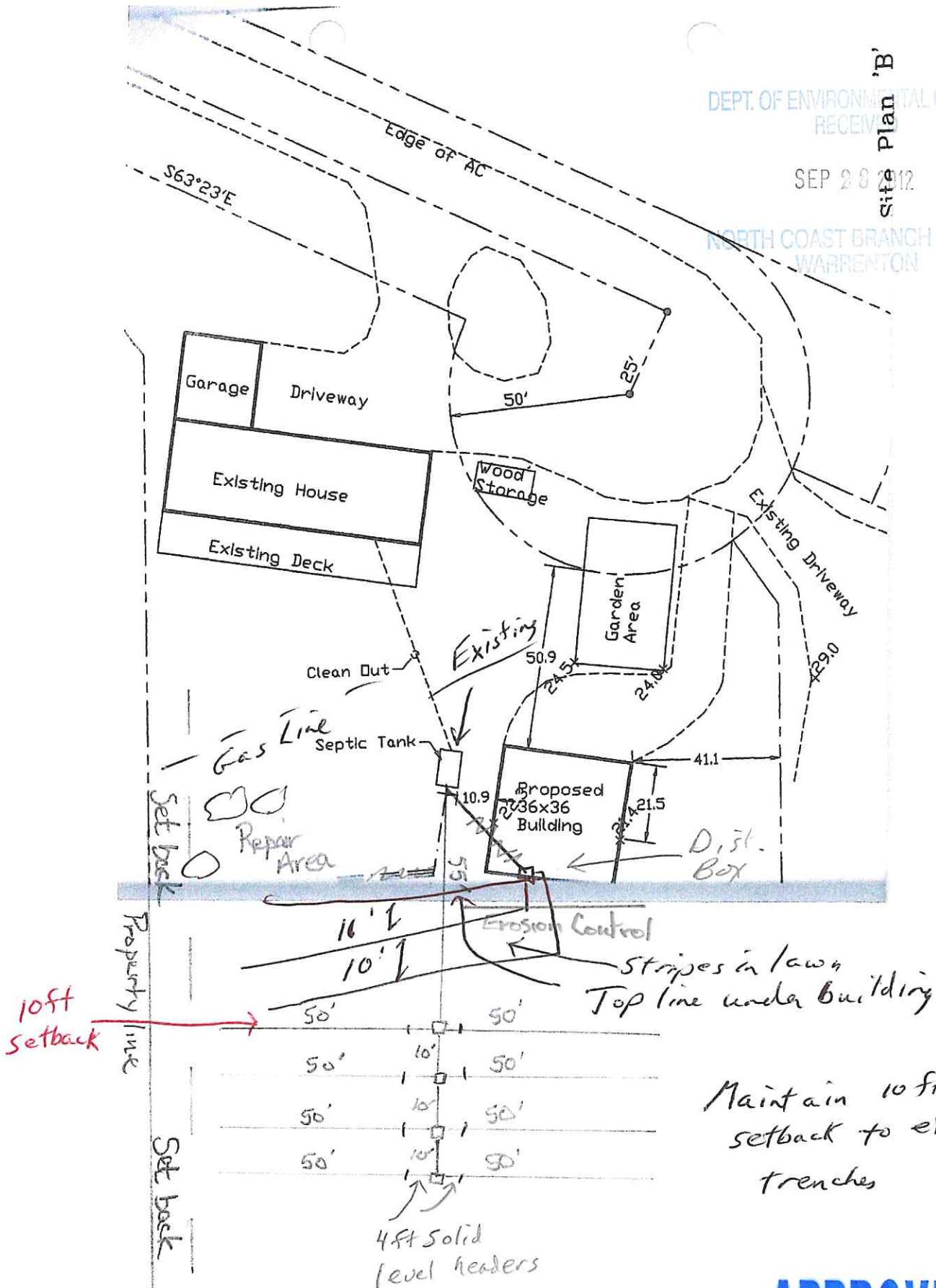
Department of Environmental Quality  
Northwest Region, Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280  
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.

SEP 28 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

Site Plan 'B'



Maintain 10ft  
setback to existing  
trenches

**APPROVED**

OS 412 203

BTKuff 10/25/12



SEP 28 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

## MATERIAL LIST

100' - 4" SEWER PIPE ( SCHEDULE 40)

Effluent Sewer

1 ea. - ~~DISTRIBUTION BOX~~

No Distribution boxes

3 ea. - DROP BOXES —

Tuff Tite (4)

300' - BIO DEFENSER CHAMBERS —

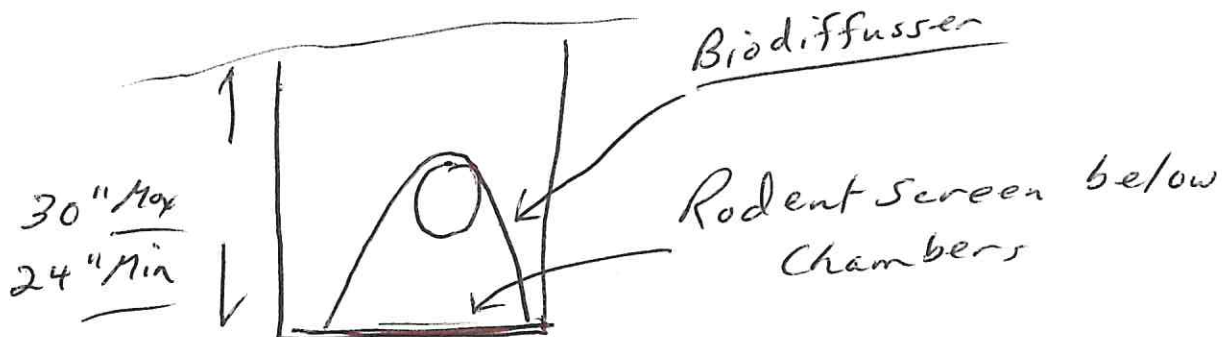
Biodiffuser

12 ea. - END CAPS

300' - ~~FILTER FABRIC~~

No Fabric

\* Rodent Screen for Chamber system



**APPROVED**

05 412 203

B. J. Duff 10/25/12

## FIELD WORKSHEET

App. Name: Richard Long Application # 413766 County Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N / R 8W / S 26, Tax Lot#: 600

Commercial Facility: ☐ Yes ☒ No Parcel Size: 1-8 2/24/12 BTD

## APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd      Max # of bdrms: 3-4      Max # of Employees:           

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial
Absorption facility: _____ linear. ft   Disposal facility: _____ 150/g  " Max Depth   " Min Depth	Absorption facility: <u>300</u> linear. ft   Disposal facility: <u>100</u> 150/g  <u>30</u> " Max Depth <u>24</u> " Min Depth

[illegible]

Landscape Notes: Wooded slopes, Grass Lawn

Slope: 8-12% Aspect: 5 Groundwater Type: ☐ Permanent ☐ Temporary

Other Site Notes: Exist. Dist Box in pole shed footprint

Rain wet

Additional Conditions of Approval

R. Long

TD #413766

by  
BJSW/1/17

1. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
2. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
3. 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.
4. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
5. Placement of a well within 100 feet of the approved areas may invalidate this approval.

- ① Installer or pumper shall verify condition septic tank.
- ② Tracer wire required. - Effluent sewer
- ③ Chamber systems require rodent protection.
- ④ Maintain 10ft setback to old drain field.
- ⑤ Maintain setbacks to new pole shed, with effluent sewer.
- ⑥ Divert storm water away from drain field.
- ⑦ Scarify Trench walls.
- ⑧ Drop boxes required, not distribution box.

Scan ID  
4137660



State of Oregon  
Department of  
Environmental  
Quality

## Application for Onsite Sewage Treatment System

Department of Environmental Quality

65 N Highway 101, Suite 202

Warrenton, OR 97146

Phone/TTY: (503) 861-3280

Fax: (503) 861-3259

Date Stamp: RECEIVED SEP 28 2012 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>9/28/12</u> Fee Paid <u>595</u> Receipt Number <u>149778</u> Application Number <u>413766</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

### A. Property Owner Information

Richard Long

Name

91578 George Hill Road, Astoria, OR, 97103

Mailing Address (Street or PO Box, City, State, Zip Code)

503-458-5301 or 503-741

Phone Number

### B. Legal Property Description

8 North

Township

Clatsop

County

8 West

Range

26

Section

N/A

Subdivision Name

600

Tax Lot

0414 80826CC

Tax Account Number

1.8 acres

Acreage or Lot Size

Lot

Block

Property Address: 91578 George Hill Road

Address

Astoria

City

OR

State

97103

Zip Code

Directions to Property: Turn off Highway 30 at Svenson Market Road. Go 2 miles on Market Road until road

Tees. Turn Left on George Hill Rd. Go 1 mile last house on the right.

### C. Existing Facility / Proposed Facility / Water Information

#### Existing Facility:

☐ Single Family Residence

3

Number of Bedrooms

☐ Other

#### Proposed Facility:

☒ Single Family Residence

3

Number of Bedrooms

☐ Other

#### Water Supply:

☒ Public Wickiup Water District

Name

☐ Private

Well, Spring, Shared

### D. Type of Application

☐ Site Evaluation

☐ Construction Permit

☒ Repair Permit

☒ 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 the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Richard Long  
Signature

9/25/12

Date

Richard Long

Applicant's Name - Please Print Legibly

503-458-5301 or 503-741-0066

Applicant's Phone Number

rjlong35@msn.com

Applicant's E-mail Address

91578 George Hill Road Astoria, OR, 97103

Applicant's Mailing Address

Applicant is the



Owner



Authorized Representative



Authorization Attached



Licensed Septic Installer

Steve Kinney  
Installer's Name

Steve Kinney

503-791-3481

SCANNED

SEP 28 2012





Department of Environmental Quality  
North Coast Office  
65 N. Highway 101, Suite 202  
Warrenton, OR 97146  
Telephone: (503) 861-3280 Fax: (503) 861-3259

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SEP 28 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

### NOTICE AUTHORIZING REPRESENTATIVE

I, Richard Long, have authorized  
(Property Owner/Print Name)  
Steve Kinney to act as my agent in performing  
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:

91578 George Hill Rd. Astoria, OR 97103  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8N Range 8W Section 26 Map ID \_\_\_\_\_ Tax Lot #(s) 600

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

### PROPERTY OWNER:

Printed Name: Richard Long  
Signature: Richard W Long Date: 9/25/12  
Address: 91578 George Hill Rd. Phone: 503-458-5301 or 503-741-0066  
City, State, Zip: Astoria, OR, 97103 Fax: \_\_\_\_\_  
E-mail Address: r.long35@msn.com

### AUTHORIZED REPRESENTATIVE:

Printed Name: Steve Kinney (Kinney and Sons Dump Trucking, LLC)  
Signature: Steve Kinney Date: \_\_\_\_\_  
Address: 91569 George Hill Rd Phone: 503-458-5458  
City, State, Zip: Astoria, OR, 97103 Fax: 503-458-5458  
E-mail Address: sdkinney@centurytel.net

**SECTION 1 - TO BE COMPLETED BY APPLICANT** (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: Richard Long

Mailing Address: 91578 George Hill Road

SEP 28 2012

City, State Zip Code: Astoria, OR 97103

Telephone: 503-458-5301 or 503-741-0066

NORTH COAST BRANCH OFFICE  
WARRENTON

2. Property Information:

County: Clatsop

Tax Lot No.: 600

Township: 8 North

Range: 8 West

Section: 26 CC

Physical Address: 91578 George Hill Road Astoria, OR 97103

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:

☒ An individual, single-family dwelling

☐ Describe the type of development, business, or facility and the provided services or products: \_\_\_\_\_

4. Permit or approval being requested:

☐ Construction-Installation permit for: ☐ New Construction ☒ Repair ☐ Alteration

☐ Non-water -carried facility requests (for example, pit privy/vault toilet for campgrounds)

☐ Authorization Notice for: ☐ Replacement of dwelling ☐ Bedroom addition

**Print Form**

☐ Other changes in land use involving potential sewage flow increases

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

5. Property Zoning: RA-2 Zoning Minimum Parcel Size: 2 acre min

6. The facility is located: ☐ inside city limits ☐ inside UGB ☒ outside UGB

If inside UGB, the proposed facility is subject to:

☐ City jurisdiction

☒ County jurisdiction

☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No

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

☒ Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

☐ Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

☐ Measure 49 waiver (provide Department of Land Conservation and Development approval number)

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

LWDuo 80-14, Sec. 3.200

8. Planning Official Signature: Julia Decker

Print Name: JULIA DECKER

Title: PLANNER

Date: 9-26-2012

Telephone: 503-325-8611





## EXISTING SEPTIC SYSTEM DESCRIPTION

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NORTH COAST BRANCH OFFICE  
WARRENTON

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      ☐ Sandfilter  
☐ Seepage Bed      ☐ Cesspool or Pit      ☐ Unknown  
☐ Other (Describe) 2 compartment 1000gal. concrete tank
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 gallons
5. When was the septic tank last pumped? May 2011      Attach receipt if available.
6. Number of disposal trenches 3 ?
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 are in the dwelling? 3      How many people occupy the dwelling? 3
11. How many bedrooms will be in the proposed dwelling? 3      How many occupants ? 3
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 of 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.

9/25/12

(Date)

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued \_\_\_\_\_  
Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials \_\_\_\_\_  
Other file information: \_\_\_\_\_



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# SITE PLAN FOR PROPOSED SEPTIC REPAIR

SEP 28 2012

Site Plan Must Be Current.

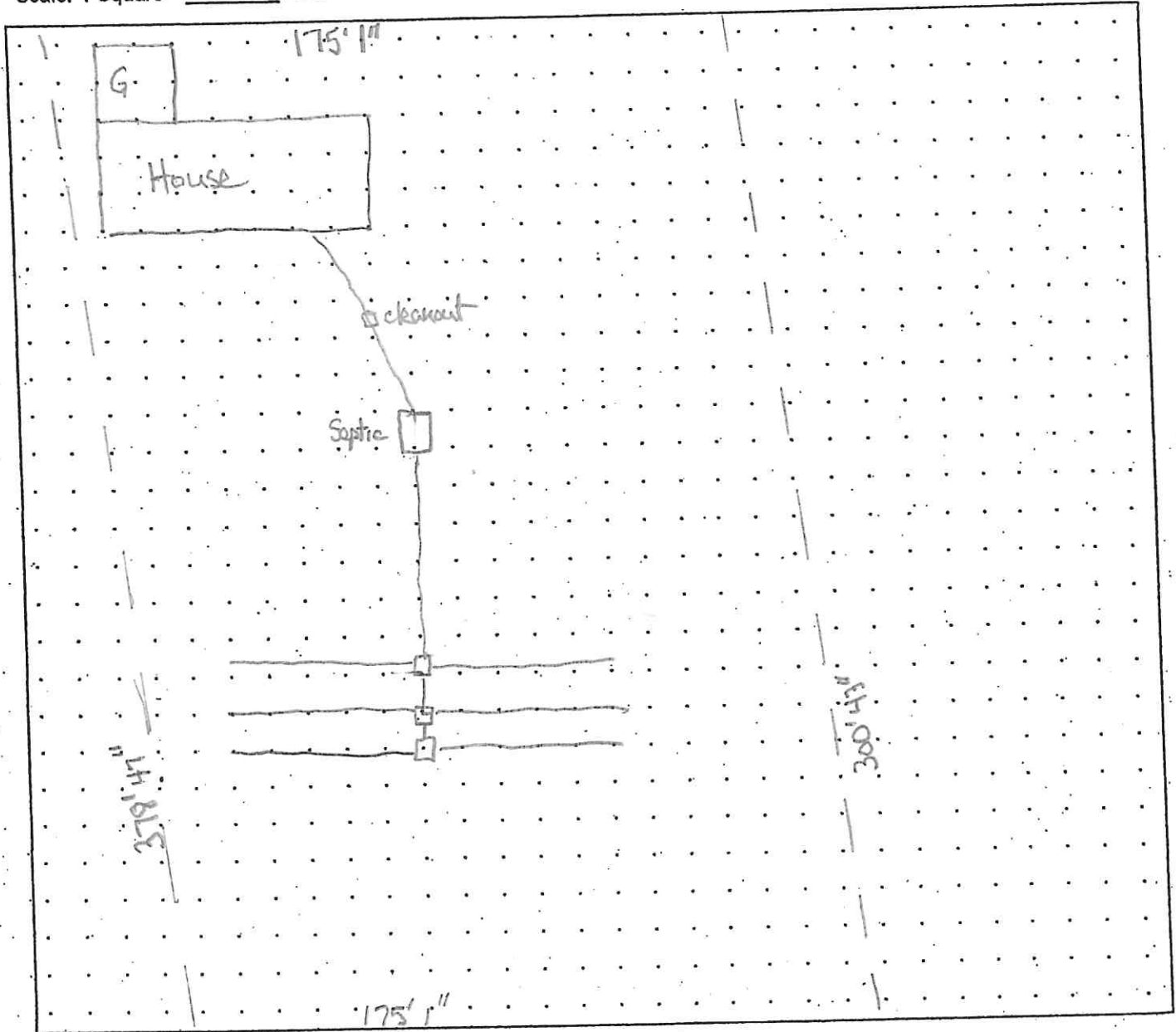
Site Address: 91578 Georgehill Road City: Ashtoria

Tax Lot#: \_\_\_\_\_ Acres: 1.8 Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Property Owner: Richard Long

Scale: 1 Square = 10 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the ☒ Owner or ☐ Authorized Agent. Name (please print): \_\_\_\_\_

Signature: Richard Long Date: 9/28/12



Oregon Department of Environmental Quality  
Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146

Receipt Number: 149778

SEP 28 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

Date Received 9/28/2012

Received From **Richard Long**  
(Check Name): **91578 George Hill Road**  
**Astoria, OR 97103**

For **T08N R08W S26**  
Property **TaxLot 600**  
At: **Clatsop County**  
**91578 George Hill Road**  
**Astoria, OR 97103**

## Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
595.00	Check	1838	34-827	595.00

Total Amount Applied \$595.00

## Onsite Fees

Base Fee:	535.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$595.00</b>

## Application Description

Application ID: **413766**  
Application Type: **Repair Permit**  
**Single Family Dwelling-Major**  
  
System Type: **Standard**  
Pump Evaluation: **No**  
Flow: **450** gallons/day

## Payments

Previous Payments:	0.00
Current Payment:	595.00
Over Payment:	0.00
<b>Total Payments:</b>	<b>\$595.00</b>

Receipt Amount: \$595.00

Receipted By:

Date of Entry:

Vicky Schiele

9/28/2012



SEP 26 2012

NORTH COAST BRANCH OFFICE

This map is made solely for the purpose  
of assisting in locating sale premises and  
the Company assumes no liability for  
variations, if any, in dimensions and  
location ascertained by actual survey.

SEE MAP 8.8

TICOR TITLE INSURANCE COMPANY

S88°33'E

800  
3.68 AC.

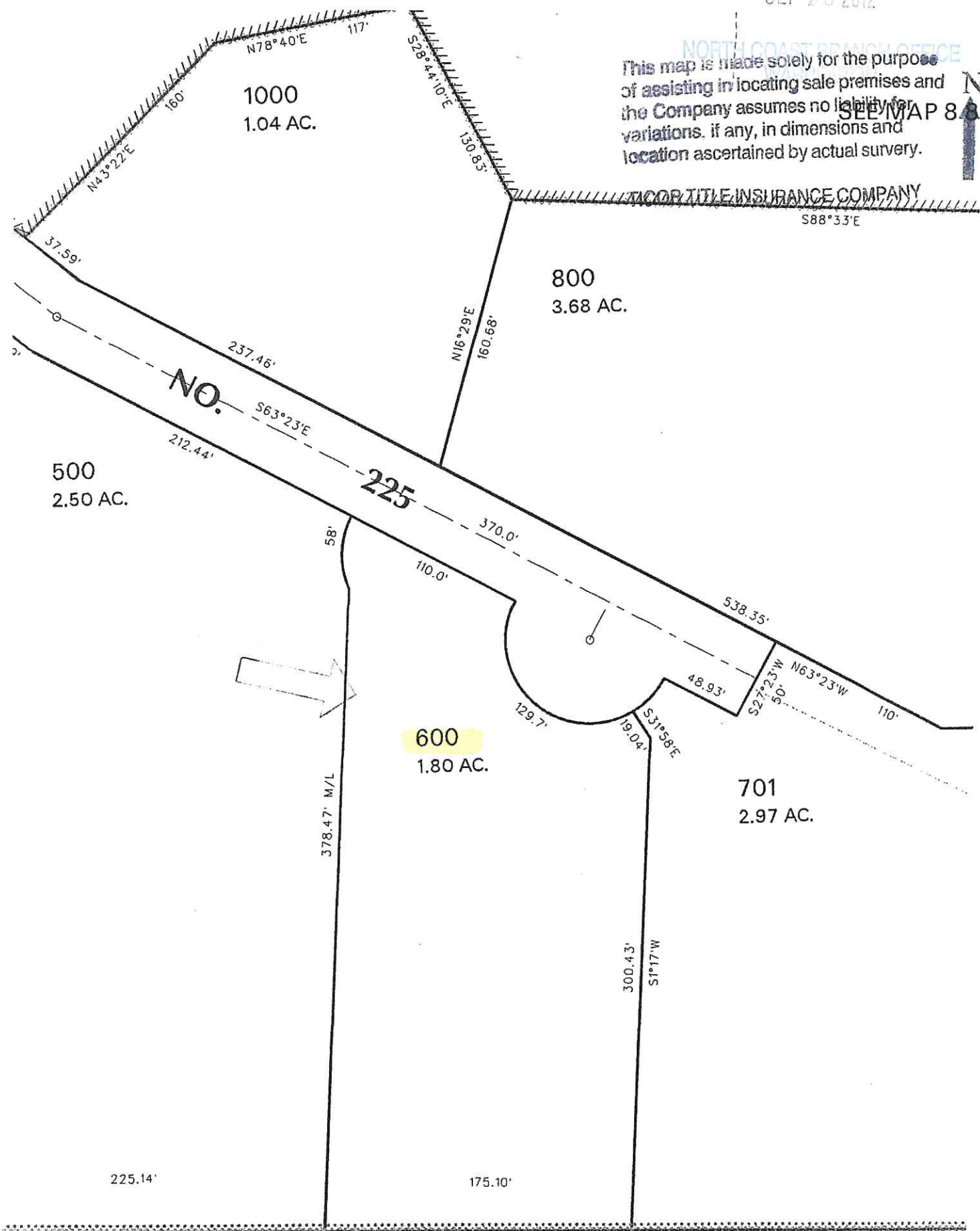
500  
2.50 AC.

600  
1.80 AC.

701  
2.97 AC.

225.14'

175.10'



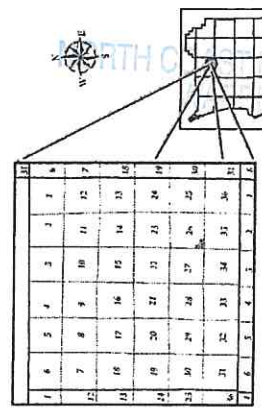
**T8N R8W SEC 26CC WM  
CLATSOP COUNTY**  
Scale 1:1200



Cancelled Accounts  
2007  
2008  
2009

This map is made solely for the purpose of assisting in locating sale premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

**TICOR TITLE INSURANCE COMPANY**



December 28, 2007

8.8.26CC

