

*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):**

- 80827001000 -

Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_  
 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 8 R 08 SEC 27 Tax Lot(s) 1000  
 Permit Needed - Yes ( ) No (  ) Site Approved - Yes (  ) No ( )  
 Signature: J. Schell Date: \_\_\_\_\_  
 Remarks: GS 411701

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, 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 30  
 Signature: Z Zik Title: DRC Date: 11-5-13  
 Remarks: METER ALREADY INSTALLED

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

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

Water Fire Flow: 1800 GPM Number of Hydrants: 1 Hydrant Location (s): 2nd Hill Rd  
 Signature: [Signature] Title: Chief Date: 10-23-13  
 Remarks: MOORE RFPD 1142 Reg. CRISTINA, CAJ.

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

**Internal Use Only:**

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

NOV 20 2013

State of Oregon  
Department of Environmental Quality

Onsite Permit ID: OS411701

**Certificate of Satisfactory Completion**

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS411701 as follows:

**PROPERTY INFORMATION**

Property Owner: Mr. & Mrs. Patrick & Sandra Killion      Township 08N, Range 08W, Section 27 D  
Property Location: 91873 George Hill Road, Astoria      Tax Lot 1000  
Facility Type: Single Family Dwelling      Clatsop County  
3 Bedrooms

**SPECIFICATIONS AND REQUIREMENTS**

System type: Standard

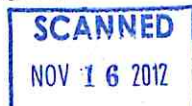
Design Flow: 450 gals/day      Drain Media Total Depth: 12 inches  
Minimum Septic Tank Size: 1000 gals      Drain Media Below Pipe: 6 inches  
Distribution Type: Serial      Drain Media Above Pipe: 2 inches  
Total Trench Length: 300 Linear feet  
Trench Spacing: 8 feet\*  
Media Type: Rock and Pipe  
Maximum Trench Depth: 24 inches  
Minimum Trench Depth: 24 inches

\*Minimum undisturbed soil between trenches

**ADDITIONAL CONDITIONS**

- 1 New drainlines installed 11/9/2012 are 60 ft, 70 ft and 70 ft in length.
- 2 New drop box and headers connected to existing disposal trenches.
- 3 200 ft of new drainfield installed by Bill Hughes, for a total of 300 ft of drainfield.
- 4 Upgraded to major repair en-route to authorization.
- 5 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.
- 6 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.
- 7 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.

*emailed to Vicki 5 11/14/12*



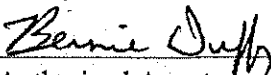
- 8 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 9 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 10 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 Inspection Waived by Bernie Duffy on 8/30/2012  
 Pre-Cover Inspection Waived by Bernie Duffy on 11/13/2012

Installer Name: Bill Hughes Excavation, L.L.C.  
 Certificate Issued by Operation of Law.

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

	<b>Onsite Wastewater Specialist</b>	<b>11/14/2012</b>
Authorized Agent: <b>Bernie Duffy</b>	Title	Date CSC Issued

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

For Official Use Only/Data Received:

NOV 2012

### Final Inspection Request and Notice - Onsite ID: 411701

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: Mr. & Mrs. Patrick & Sandra Killion  
 Property Address: 91873 George Hill Road, Astoria

Township 06N, Range 06W, Section 27 D  
 Clatsop County Tax Lot#: Tax Lot 1000

**SECTION 2: System Component Specifications:**

**A. Tanks/Pumps** System Type: Standard Water tight verification?

Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: D&K	Date: 8-20-12
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: PVC 2034	Length: 11'
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	

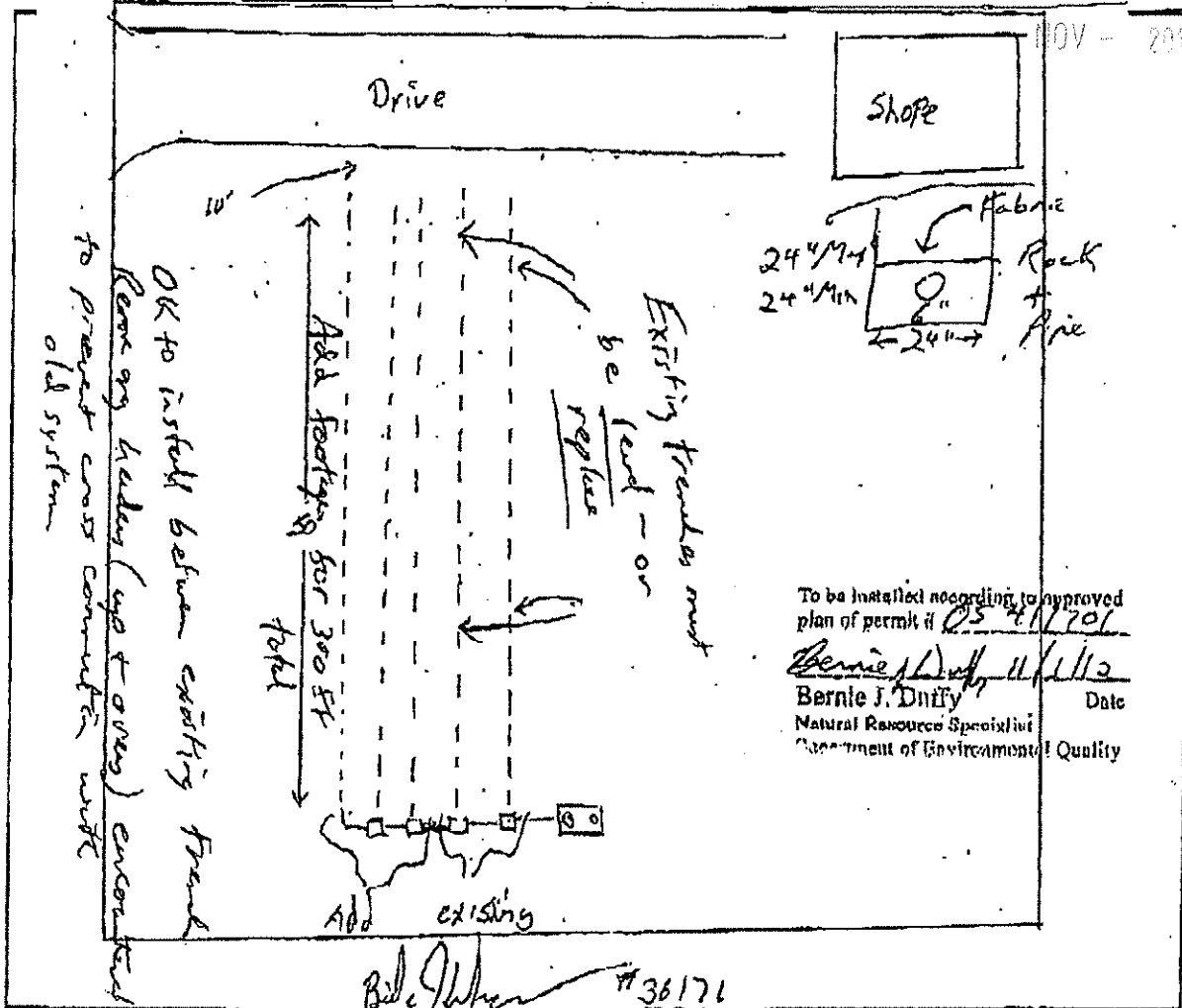
**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes No	#4		
Drop Box	Yes <input checked="" type="checkbox"/> No			
Distribution Pipe	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM#/Other: PVC Add 200'	Length: Total 300'
Comment	Added 200' PVC Rack & Pipe			

\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0025(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: Bill C. Hughes Exc LLC

Licensed Installer: Yes  No  License#: 36171 Certification#: RI 223

Owner/Certified Installer: Signature: Bill C. Hughes Date: 11-9-12 Phone#: (503) 741 6706

**SECTION 5 - Office Use Only:**

Notice Accepted: Yes  No  Date: \_\_\_\_\_

Installer/Owner (Permittee) Notified: Yes  No  Date: \_\_\_\_\_

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

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

State of Oregon  
Department of Environmental Quality

Onsite ID: OS411701  
Expiration Date: 11/1/2013

**Repair Permit - Single Family Dwelling-~~Minor~~ Major**

This Repair Permit - Single Family Dwelling-Minor Permit OS411701 authorizes the property owner to construct an onsite wastewater system as follows:

**PROPERTY INFORMATION**

Property Owner: Mr. & Mrs. Patrick & Sandra Killion      Clatsop County  
Property Location 91873 George Hill Road, Astoria      Township 08N, Range 08W, Section 27 D  
Facility Type: Single Family Dwelling      Tax Lot 1000  
3 Bedrooms

**SPECIFICATIONS AND REQUIREMENTS**

**System Type: Standard**

Design Flow: 450 gals/day      Drain Media Total Depth: 12 inches  
Minimum Septic Tank Size: 1000 gals      Drain Media Below Pipe: 6 inches  
Distribution Type: Serial      Drain Media Above Pipe: 2 inches  
Total Trench Length: 300 Linear feet  
Trench Spacing: 8 feet\*  
Media Type: Rock and Pipe  
Maximum Trench Depth: 24 inches  
Minimum Trench Depth: 24 inches

\*Minimum undisturbed soil between trenches

**ADDITIONAL CONDITIONS**

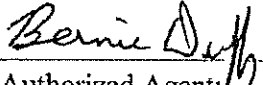
- 1 300 ft of drainfield required based on old permit information.
- 2 Authorization for replacement of old MH with future new SFR. Major repair shall be completed prior to Authorization.
- 3 Existing trenches ( infiltrator ) shall be verified to be installed level.
- 4 Install only with dry weather conditions.
- 5 Remove and disrupt any old headers, up and overs, encountered during installation to prevent cross flow with old system.
- 6 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 7 Vehicular traffic and livestock must be restricted from the system area.
- 8 Meet all required setbacks.
- 9 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 10 Each trench to be level and on contour.
- 11 All roof drains must be directed away from the system.
- 12 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.

*emailed to Vicki S 11/1/12*

**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>11/1/2012</b>	<b>11/1/2013</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.



STATE OF OREGON  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 PLOT PLAN

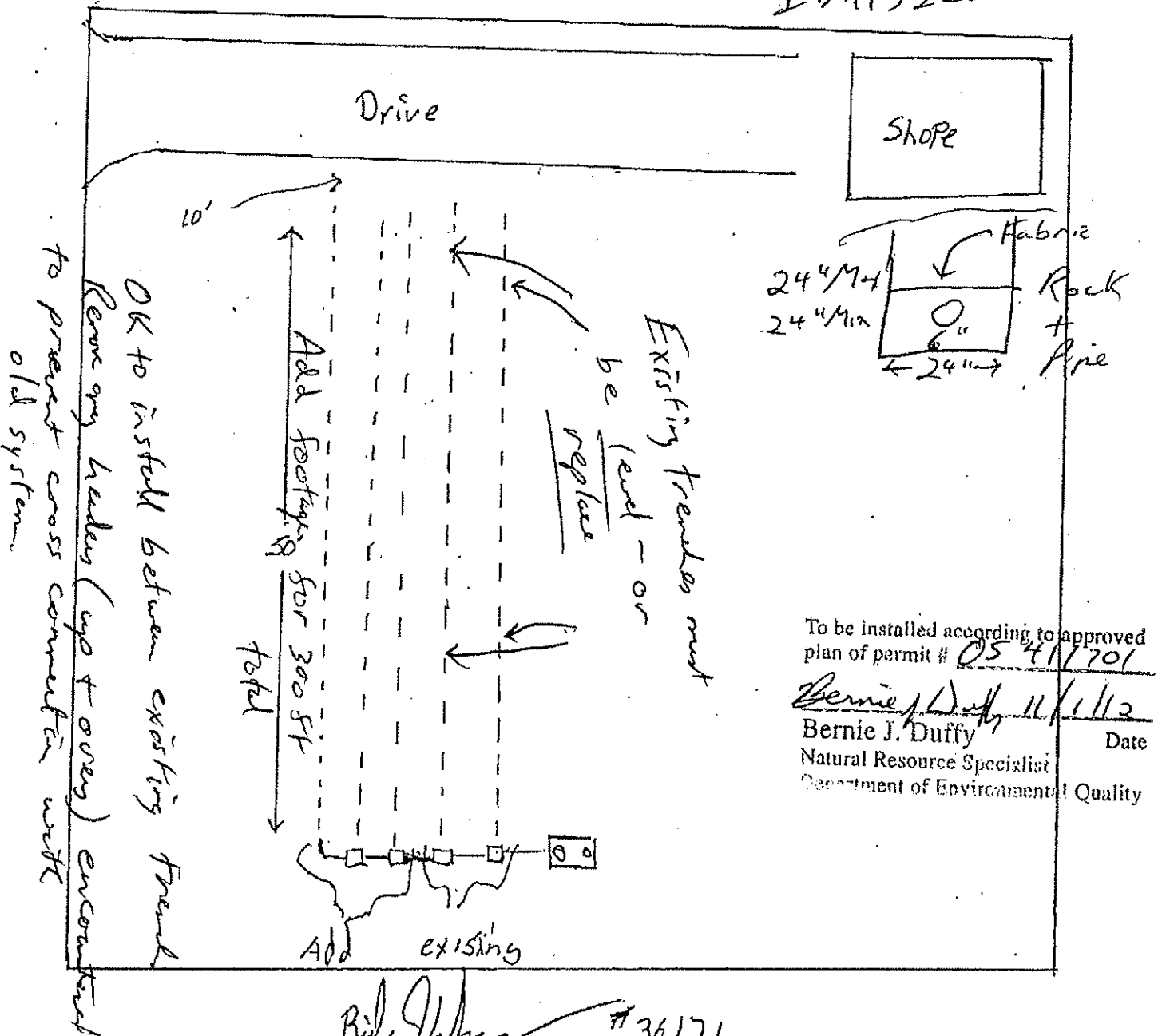
Rem 10/24/12

OCT 6 2012

PROPERTY OWNER Pat & Sandy Killian DATE 10-24-12  
 LOCATION: TWN 8 RNG 8 SECT 27D TAX LOT 1000

○ INDICATE NORTH IN CIRCLE

I 0413225





Pat Killian - New Owner 2012

Additional Conditions of Approval M. Hansen ID# 413225 by BJ Duffy

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.

Conditions to upgrade to major repair - for Authorization

- ① A total of 300 linear ft of drainfield - including existing infiltrator system.
- ② Trench depth - 24" maximum / 24" minimum
- ③ Remove any old headers - 'up and overs' if encountered.
- ④ Avoid old drainfield as much as possible.
- ⑤ Chamber systems require rodent protection.

Submit repair (major) plan within 15 days.

cc: Bill Hughes

To be installed according to approved  
plan of permit # 05411201

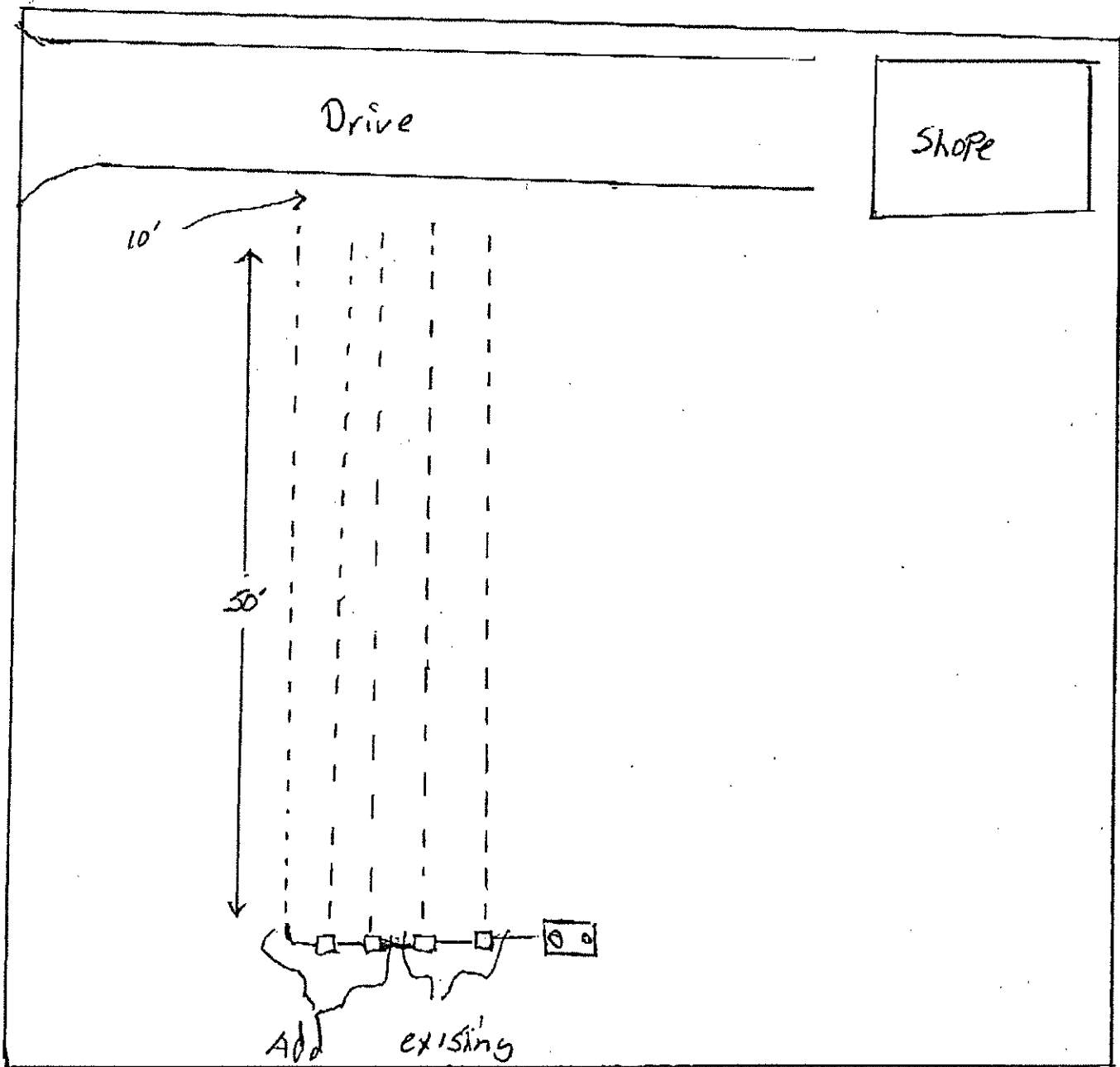
Bernie J. Duffy 11/1/12  
Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

STATE OF OREGON  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
PLOT PLAN

PROPERTY OWNER PAT & Sandy Killion DATE 10-24-12

LOCATION: TWN 8 RNG 8 SECT 27D TAX LOT 1000

○ INDICATE NORTH IN CIRCLE



Bill Johnson #36171



# Oregon

John A. Kitzhaber, MD, Governor

ID # 413225

Department of Environmental Quality

Eastern Region - Pendleton Office

700 SE Emigrant Ave, Suite 330

Pendleton, OR 97801

Phone: (541) 276-4063

Fax: (541) 278-0168

Relay Service: 711

September 26, 2012

Michael S. Hansen  
21529 146<sup>th</sup> St. E.  
Bonney Lake, WA 98391

Re: Septic Permit Requirements – upgrade to major repair  
91873 George Hill Road, Astoria  
T 08N –R 08W –S 27D, TL#1000, Clatsop County

Dear Mr. Hansen:

This letter is regarding the repair to the existing onsite wastewater treatment (septic) system at the subject location. On April 16, 2012, the Department received an application from you for an Authorization Notice for the future placement of a proposed 3 bedroom single family residence. At the time of your application, DEQ was notified that you intended to replace the existing septic tank and connect to the existing drainfield.

On May 17, 2012, I issued a minor repair permit for the replacement of the tank. The repair permit was also for the replacement of the existing header system which consisted of “up and overs” as installed in the final inspection by the Clatsop County Health Department, dated November 15, 1976.

On August 29, 2012, Bill Hughes, of Bill Hughes Excavation, LLC, submitted a Final Inspection Request and Notice, along with photos of the system installation. Bill indicated that the drainfield system that he connected the new pipes and headers to consisted of Infiltrator EQ chambers. This drainfield system appears to have been installed without the required permits and approvals as required by Oregon Administrative Rule (OAR) 340-071-0130(15)(a). DEQ does not have any record or permits for the installation of the infiltrator chamber system at this site.

The unpermitted system, according to your system installer, consists of approximately 110 to 120 ft of chamber system. The original septic permit required a minimum of 300 linear ft of 2 ft. wide drainfield trenches.

At this time DEQ cannot give final approval and issue a Certificate of Satisfactory Completion (CSC) as the drainfield connected to the new tank and drop box system is undersized and does not meet DEQ requirements. You will be required to install additional drainfield to meet the minimum of 300 linear ft of drainfield. **DEQ cannot sign off on any Building Codes forms until a DEQ permit is issued and a CSC is issued. Connection of a replacement dwelling to the existing septic system, is not authorized at this time.**

To install the required drainfield, your minor repair permit must be upgraded to a major repair permit. To receive a permit, please submit an acceptable/approvable detailed site development plan of the proposed system showing that a minimum of 300 linear ft of drainfield will be installed, including the existing chamber system.

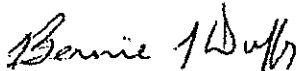


The plan must identify (itemized materials list) all materials to be used, cross section detail of the proposed drainfield trench, and show dimensionally all setbacks are satisfied. In essence, the plan must be sufficient in detail for a contractor to construct the system once approved by DEQ. Please see the attached additional conditions for information.

It is expected that the detailed site plan be submitted to DEQ within 15 days of this letter. The drainfield installation shall be completed no later than October 25, 2012.

If you have questions regarding this letter or the requirements, please contact me at 541-278-4601. The phone number for DEQ's Warrenton office is 503-861-3280.

Sincerely,



Bernie J. Duffy WWS  
Onsite Wastewater Specialist  
Eastern region

Enc: Additional Conditions

Cc: Clatsop Co. Planning Dept. A 800 Exchange Street, Suite 100, Astoria, OR 97103  
Bill Hughes Excavation LLC, 42824 Old Hwy 30, Astoria, OR 97103  
Vicky Schiele, DEQ, Warrenton

Additional Conditions of Approval M. Hansen ID# 413225 by BSJ/uff

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.

Conditions to upgrade to major repair - for Authorization

- ① A total of 300 linear ft of drainfield - including existing infiltrator system.
- ② Trench depth - 24" maximum / 24" minimum
- ③ Remove any old headers - 'up and overs' if encountered.
- ④ Avoid old drainfield as much as possible.
- ⑤ Chamber systems require rodent protection.

Submit repair (major) plan within 15 days.

cc: Bill Hughes

# FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

## SECTION 1: BASIC INFORMATION.

Property Owner Michael Hansen Permit Number OS411701 County Clatsop  
Township 08; Range 08W; Section 27D; Tax Lot 1000; Tax Acct. # \_\_\_\_\_  
Job Location 91873 George Hill Rd  
Date System Construction Completed 8-24-12; Date Submitted to DEQ or Agent 8-27-12

## SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- D&K 1000 gal. CONCRETE TANK & RISER w/LID
- DENNIS & Co. 1000 gal. CONCRETE TANK & RISER w/LID
- 1000 gal. POLY TANK & RISER w/LID
- D&K CONCRETE DISTRIBUTION BOXES
- D&K CONCRETE DROP BOXES # 1
- 3034 4" SEWER ASTM D 789 10'
- 4" PVC PERFORATED ASTM D 2729 SEWER PIPE
- 4" PVC SOLID ASTM D 2729 SEWER PIPE 14'
- 7/8" - 1 1/2" CAUSHED DRAIN ROCK
- 50lb. KRAFT PAPER
- FILTER FABRIC
- INFILTRATORS

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

AUG 29 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

Scan ID  
413091

For Official Use Only/Date Received:

## Final Inspection Request and Notice - Onsite ID: 411701

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: Michael Hansen  
 Property Address: 91873 George Hill Road, Astoria

Township 08N, Range 08W, Section 27 D  
 Clatsop County TaxLot#: Tax Lot 1000

**SECTION 2: System Component Specifications:**

System Type: Standard				Water tight verification*
A. Tanks/Pumps	Tanks(1) Volume: 1000	Compartments: 1	Manufacturer: DQK	Date: 8-23
	Tanks(2) Volume: NA	Compartments:	Manufacturer:	Date:
	Pump(s) HP: Model/Manuf. NA	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 PVC	Length: 10'
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>		
Drop Box	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Diameter: 4"	ASTM#/Other: PVC Length: 10'
Comment				

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

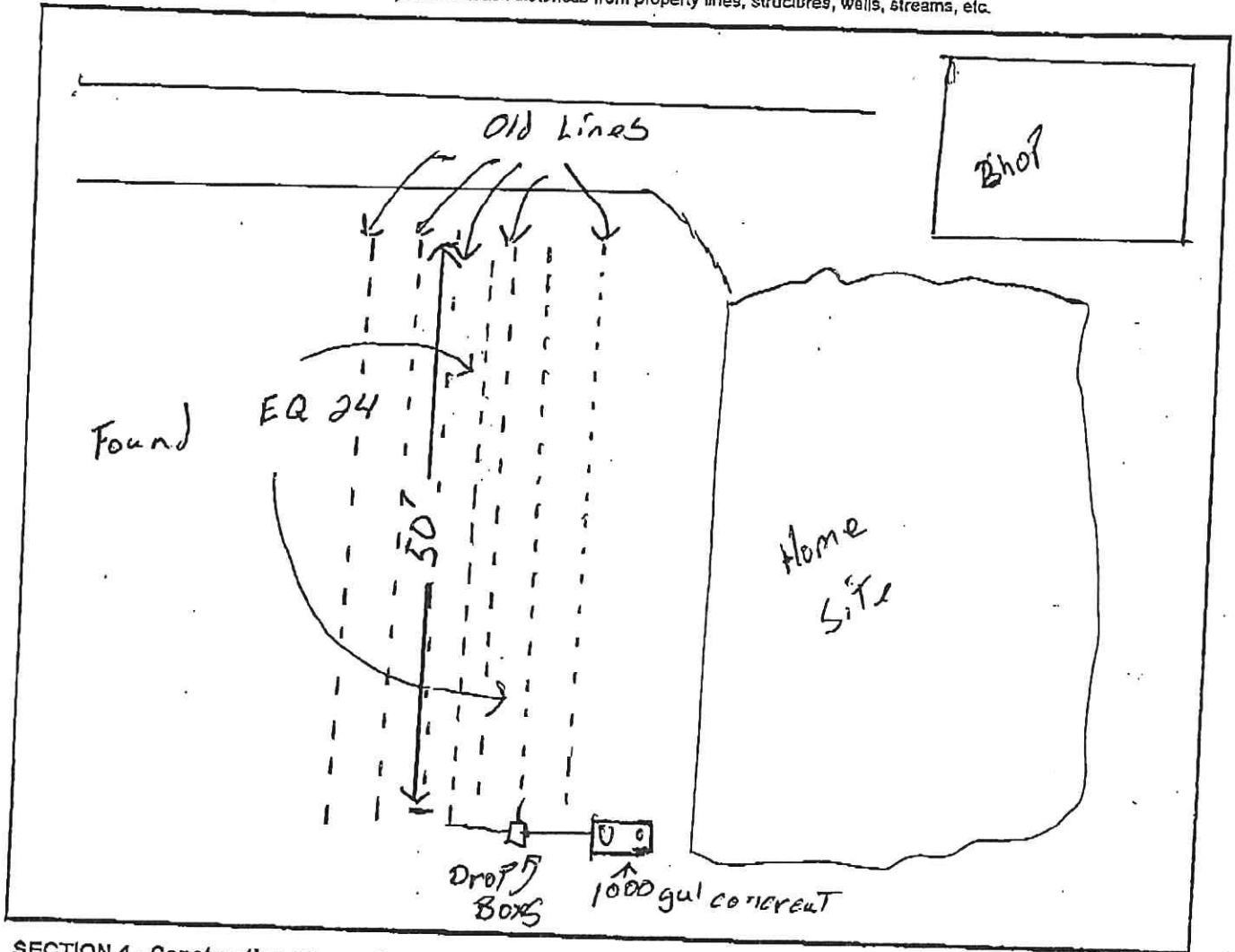
\*\*Attach sieve analysis for Underdrain Media and Filter Sand

SCANNED  
 SEP 26 2012

DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED  
 AUG 29 2012  
 NORTH OREGON BRANCH OFFICE  
 WARRENTON

**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: Bill - Hughes Exc LLC

Licensed Installer: Yes  No  License#: 36171 Certification#: RI 223

Owner/ Certified Installer: Signature: Bil Hughes Date: 8-28-12 Phone#: 503-7416786

**SECTION 5 - Office Use Only:**

Notice Accepted: Yes  No  Date: \_\_\_\_\_

Installer/Owner (Permittee) Notified: Yes  No  Date: \_\_\_\_\_

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

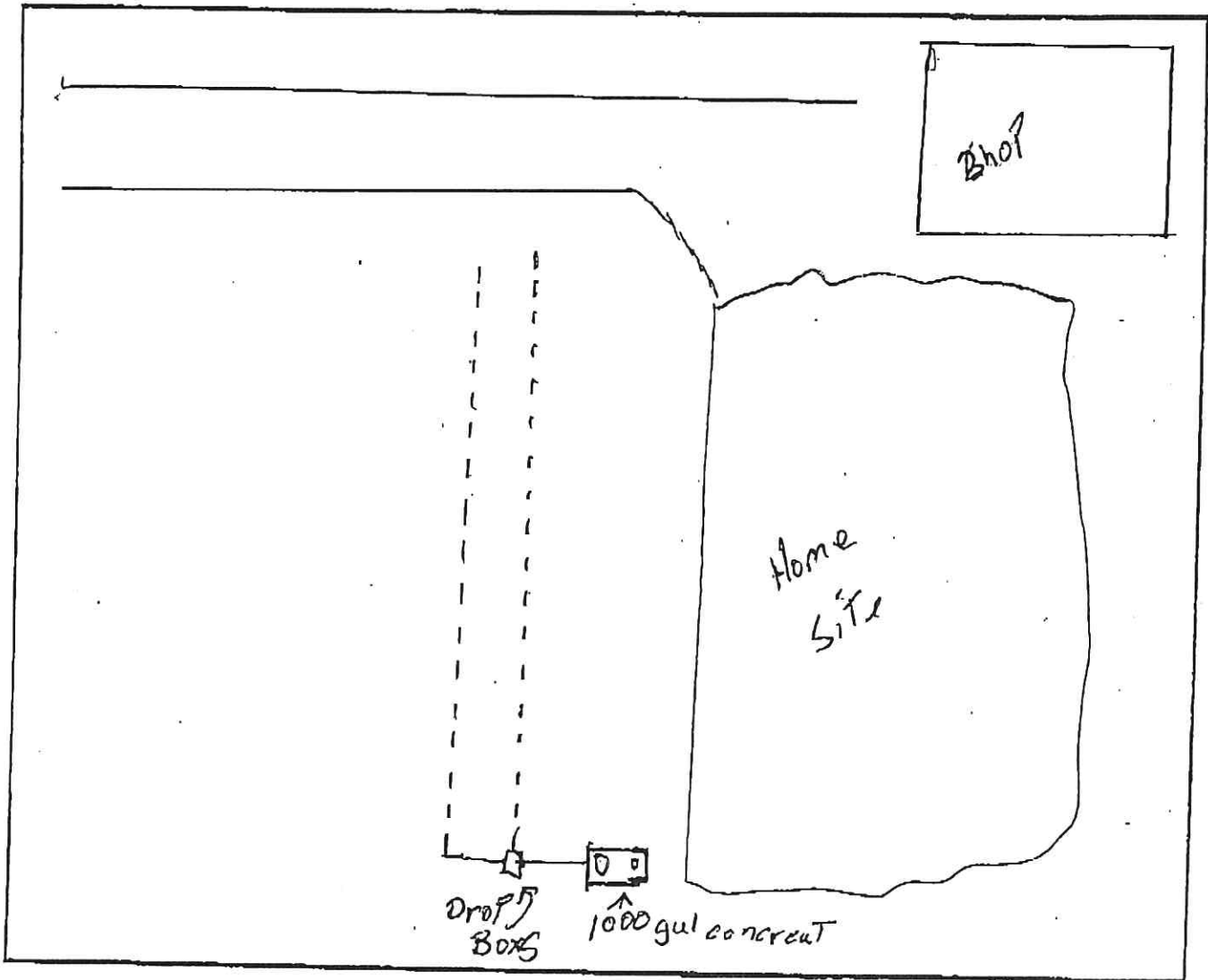
Comment: \_\_\_\_\_

DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED  
 Page 2 of 2  
 DEO Rev: 4/8/2008  
 AUG 30 2012  
 NORTH COAST BRANCH OFFICE  
 WARRENTON



**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:	Bill - Hughes Exc LLC		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#:	36171	
Owner/ Certified Installer:	Signature:	Date:	Certification#:	81 223
	<i>Bill Hughes</i>	8-28-12	Phone#:	503-7416786

**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: \_\_\_\_\_

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED  
AUG 29 2012  
NORTH COAST BRANCH OFFICE





**SCHIELE Vicky**

---

**From:** DUFFY Bernie  
**Sent:** Thursday, August 30, 2012 9:52 AM  
**To:** SCHIELE Vicky  
**Subject:** RE: Hansen, app 413091

I advised Bill Hughes that I cannot signoff on the final certificate. Someone boot legged in an infiltrator system between the old trenches. Bill will document what he found and I will write a letter to the owner and real estate agent.

Bernie

---

**From:** SCHIELE Vicky  
**Sent:** Wednesday, August 29, 2012 10:39 AM  
**To:** DUFFY Bernie  
**Subject:** Hansen, app 413091

Vicky Schiele  
Oregon Department of Environmental Quality  
North Coast Branch Office  
503-861-3280 / fax 503-861-3259  
[schiele.vicky@deq.state.or.us](mailto:schiele.vicky@deq.state.or.us)

State of Oregon  
Department of Environmental Quality

Onsite ID: OS411701  
Expiration Date: 5/17/2013

**Repair Permit - Single Family Dwelling-Minor**

*This Repair Permit - Single Family Dwelling-Minor Permit OS411701 authorizes the property owner to construct an onsite wastewater system as follows:*

**PROPERTY INFORMATION**

Property Owner: Michael Hansen Clatsop County  
Property Location 91873 George Hill Road, Astoria Township 08N, Range 08W, Section 27 D  
Facility Type: Single Family Dwelling Tax Lot 1000  
3 Bedrooms

**SPECIFICATIONS AND REQUIREMENTS**

System Type: Standard

Design Flow: 450 gals/day

Minimum Septic Tank Size: 1000 gals

Tank + distribution system only

**ADDITIONAL CONDITIONS**

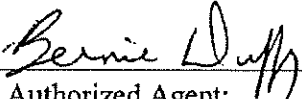
- 1 Authorization for replacement of old MH with future new SFR.
- 2 Minor repair permit to replace existing septic tank and to install new drop boxes and headers. Drop box system will replace existing up and overs.
- 3 Remove old up and over headers from existing drain lines. Provide 4 ft solid level headers at the start of each trench.
- 4 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 5 Vehicular traffic and livestock must be restricted from the system area.
- 6 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 Each trench to be level and on contour.
- 8 Meet all required setbacks.
- 9 All roof drains must be directed away from the system.
- 10 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>5/17/2012</b>	<b>5/17/2013</b>
Authorized Agent:	Title	Date Issued	Expiration Date
<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

See the Attachment 1 for additional information about your permit.

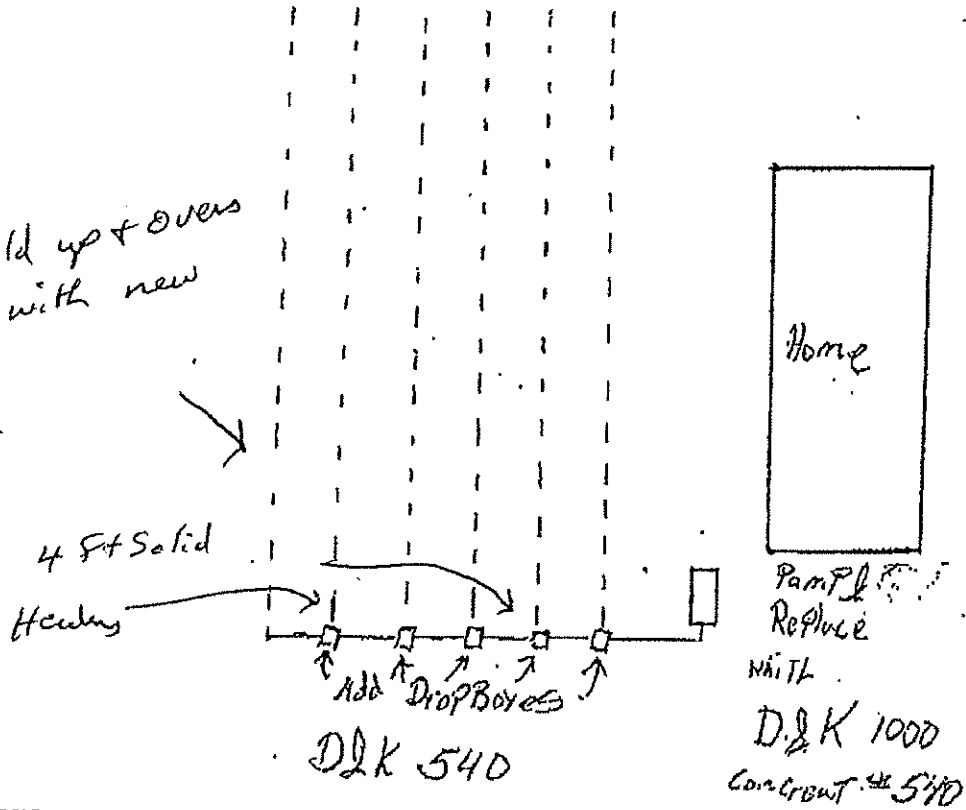
①

To be installed according to approved  
plan of permit # OS 411701

Bernie J. Duffy 5/17/12  
Bernie J. Duffy Date

Natural Resource Specialist  
Department of Environmental Quality

Remove old up & overs  
and replace with new  
headers



Installer -  
Bill Hughes

REQUIRED

1. DEQ Certification of Abandonment Form for old septic tank.
2. Pump Receipt

RECEIVED  
MAY 17 2012

State of Oregon  
Dept. of Environmental Quality  
Eastern Region - Pendleton

App #  
IO 413091

**SECTION 1: BASIC INFORMATION.**

Property Owner MARTIN HANSEN Permit Number \_\_\_\_\_ County Clatsop  
Township B; Range 8; Section 270; Tax Lot 1000; Tax Acct. # \_\_\_\_\_  
Job Location \_\_\_\_\_  
Date System Construction Completed \_\_\_\_\_; Date Submitted to DEQ or Agent \_\_\_\_\_

**SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.**

- D&K 1000 gal. CONCRETE TANK & RISER w/LID
- DENNIS & Co. 1000 gal. CONCRETE TANK & RISER w/LID
- 1000 gal. POLY TANK & RISER w/LID
- D&K CONCRETE DISTRIBUTION BOXES
- D&K CONCRETE DROP BOXES 5
- 303M 4" SEWER ASTM D 719 10'
- 4" PVC PERFORATED ASTM D 2729 SEWER PIPE
- 4" PVC SOLID ASTM D 2729 SEWER PIPE 60'
- 7/8" - 1/2" CRUSHED DRIVEN ROCK
- 50lb. KRAFT PAPER
- FILTER FABRIC
- 

To be installed according to approved  
plan of permit # 05-411-701

Bernie J. Duffy 5/17/12  
Bernie J. Duffy Date  
Natural Resource Specialist  
Department of Environmental Quality

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MAY 17 2012



OLATOP COUNTY HEALTH DEPT.  
457 COMMERCIAL STREET  
ASTORIA, OR. 97103  
TELEPHONE 325-7444 EXT. 35  
SURFACE WASTE DISPOSAL SYSTEM  
FINAL INSPECTION

PERMIT NO. 76-255

OWNER'S NAME MARTIN HANSEN ADDRESS 137 1/2 1st St  
PROPERTY ADDRESS 308 320-1000 INSTALLER MIDWEST  
RESIDENTIAL  COMMERCIAL  NO. OF LIVING UNITS 1 NO. OF APARTMENTS 3

WATER SUPPLY: PUBLIC  COMMUNITY  PRIVATE  TYPE OF WELL \_\_\_\_\_  
DEPTH FT. ISOLATION DISTANCE \_\_\_\_\_ FT. SOIL CLASSIFICATION (C-1) 1.1

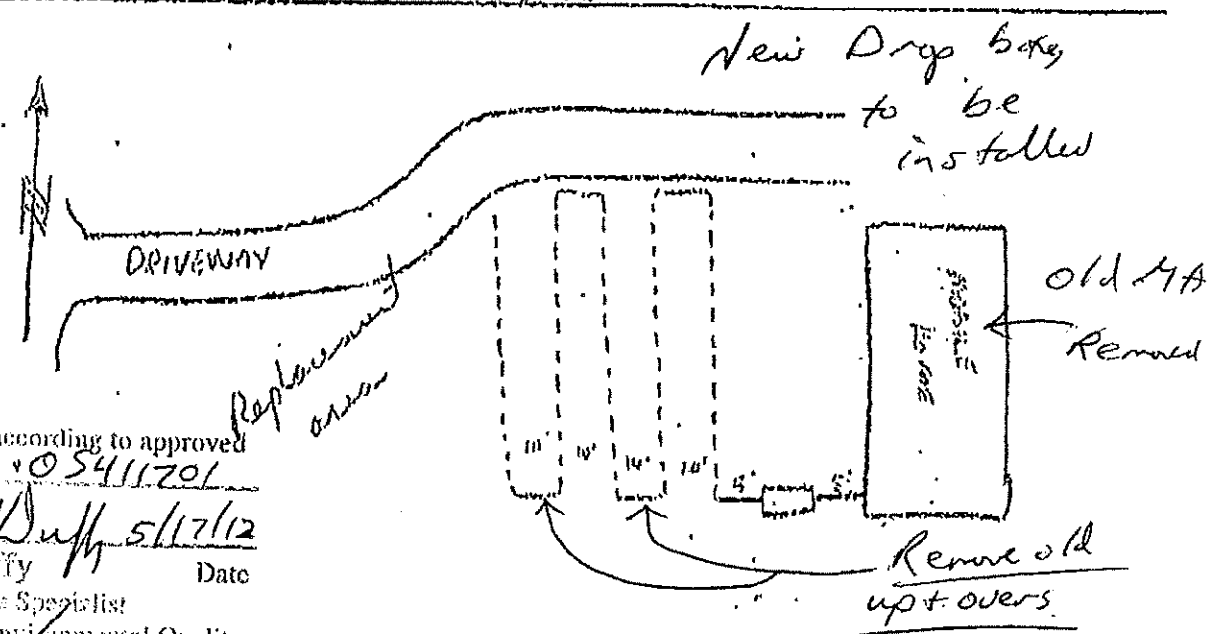
SEPTIC TANK: STEEL  CONCRETE  CAPACITY 1000 GALLONS

STONE: SIZE 3/4 7/8 WASHED  BELOW TIE (IN.) ABOVE TILE 2

TRENCH WIDTH 34 IN. TRENCH 10 FT. ON CENTER TOTAL SQ. FT. 6.75 SQ. FT.

TILE: CONCRETE  OYAY  PLASTIC  BUILDING SINDER MATERIAL

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



To be installed according to approved plan of permit # 05411701  
Bernie Duffy 5/17/12  
Bernie J. Duffy Date  
Natural Resources Specialist  
Department of Environmental Quality

APPROVED: Installation conforms to DEQ Requirements.  
 DENIED: Installation does not conform to DEQ Regulations.  
REMARKS: \_\_\_\_\_  
DATE: May 15, 1976 SANITARIAN: [Signature]

NOTE: This inspection was made to determine the amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

RECEIVED  
MAY 17 2012



Oregon Department of Environmental Quality  
 Pendleton Office  
 700 SE Emigrant, Suite 330  
 Pendleton, OR 97801

Receipt Number: 150418

Date Received 5/17/2012

Received From **Michael Hansen**  
 (Check Name): **21529 146th St. E.**  
**Bonney Lake, OR 98391**

For **T08N R08W S27 D**  
 Property **TaxLot 1000**  
 At: **Clatsop County**  
**91873 George Hill Road**  
**Astoria, OR 97103**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
0.00	Fee Waived			0.00

Total Amount Applied \$0.00

Onsite Fees	
Base Fee:	0.00
Surcharge Fee:	0.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$0.00</b>

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

Application Description
Application ID: <b>413225</b>
Application Type: <b>Repair Permit</b>
<b>Single Family Dwelling-Minor</b>
System Type: <b>Standard</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Note: The Fees for this application have been waived due to credit from Application ID 413091

**Receipt Amount: \$0.00**

Received By:

Date of Entry:

**Bernard Duffy**

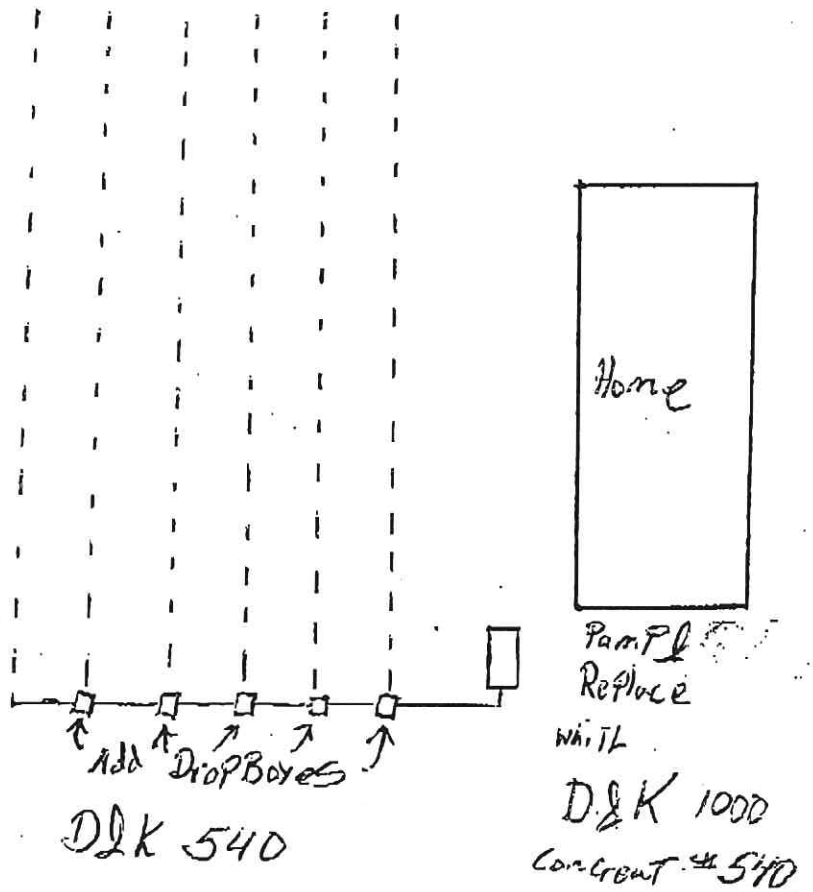
**5/17/2012**



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MAY 15 2012

NORTH COAST BRANCH OFFICE  
WARRENTON



MAY 15 2012

**SECTION 1: BASIC INFORMATION.**

NORTH COAST BRANCH OFFICE  
WARRENTON

Property Owner MARTIN HANSON Permit Number \_\_\_\_\_ County CLATSOP

Township B ; Range B ; Section 270 ; Tax Lot 1000 ; Tax Acct. # \_\_\_\_\_

Job Location \_\_\_\_\_

Date System Construction Completed \_\_\_\_\_ ; Date Submitted to DEQ or Agent \_\_\_\_\_

**SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.**

- D&K 1000 gal. CONCRETE TANK & RISER w/LID
- DENNIS & Co. 1000 gal. CONCRETE TANK & RISER w/LID
- 1000 gal. FOLY TANK & RISER w/LID
- D&K CONCRETE DISTRIBUTION BOXES
- D&K CONCRETE DROP BOXES 5
- 3054 4" SEWER ASTM D 709 10'
- 4" PVC PERFORATED ASTM D 2729 SEWER PIPE
- 4" PVC SOLID ASTM D 2729 SEWER PIPE 60'
- 7/8" - 1/2" CRUSHED DRAIN ROCK
- 50lb. KRAFT PAPER
- FILTER FABRIC
-

CLATSOP COUNTY HEALTH DEPT.  
857 COMMERCIAL STREET  
ASTORIA, OR. 97103  
TELEPHONE 325-7441 EXT. 35  
SUBSURFACE WASTE DISPOSAL SYSTEM  
FINAL INSPECTION

MAY 15 1976

PERMIT NO. 76-235  
NORTH COAST BRANCH OFFICE  
WARRENTON

OWNER'S NAME MARTIN HANSEN ADDRESS Rt. 1 Box 187  
PROPERTY ADDRESS 308-270-1000 INSTALLER BRIDGECREST  
RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL \_\_\_\_\_  
DEPTH \_\_\_\_\_ FT., ISOLATION DISTANCE \_\_\_\_\_ FT., SOIL CLASSIFICATION C-107m

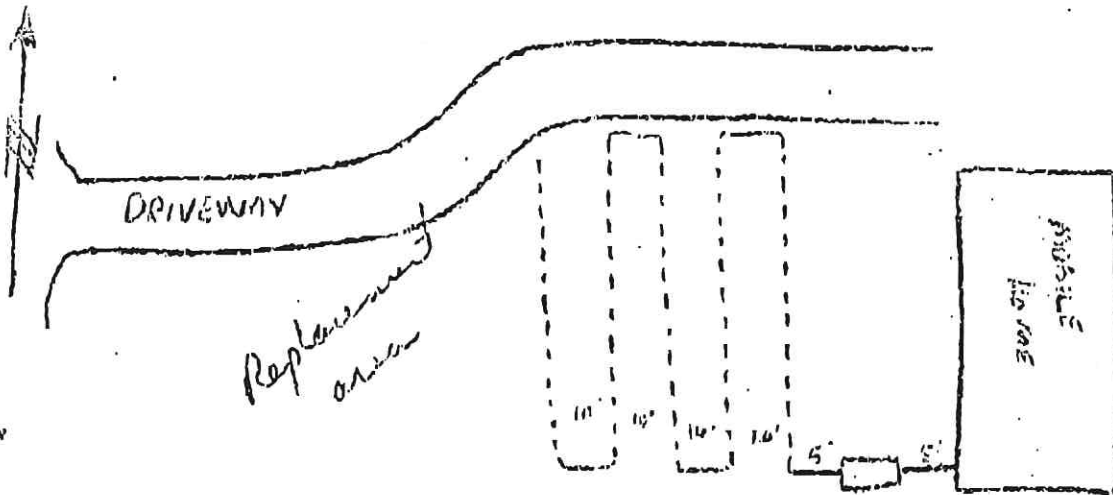
SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS

STONE: SIZE 2 1/2 WASHED , BELOW TILE 6 IN., ABOVE TILE 2

TRENCH WIDTH 24 IN.; TRENCH 1/8 FT. ON CENTER; TOTAL SQ. FT. 675 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SLEWER: MATERIAL \_\_\_\_\_

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.  
DISAPPROVED: Installation does not conform to DEQ Regulations.  
REMARKS: \_\_\_\_\_

DATE: Nov. 15, 1976 SANITARIAN: [Signature]

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

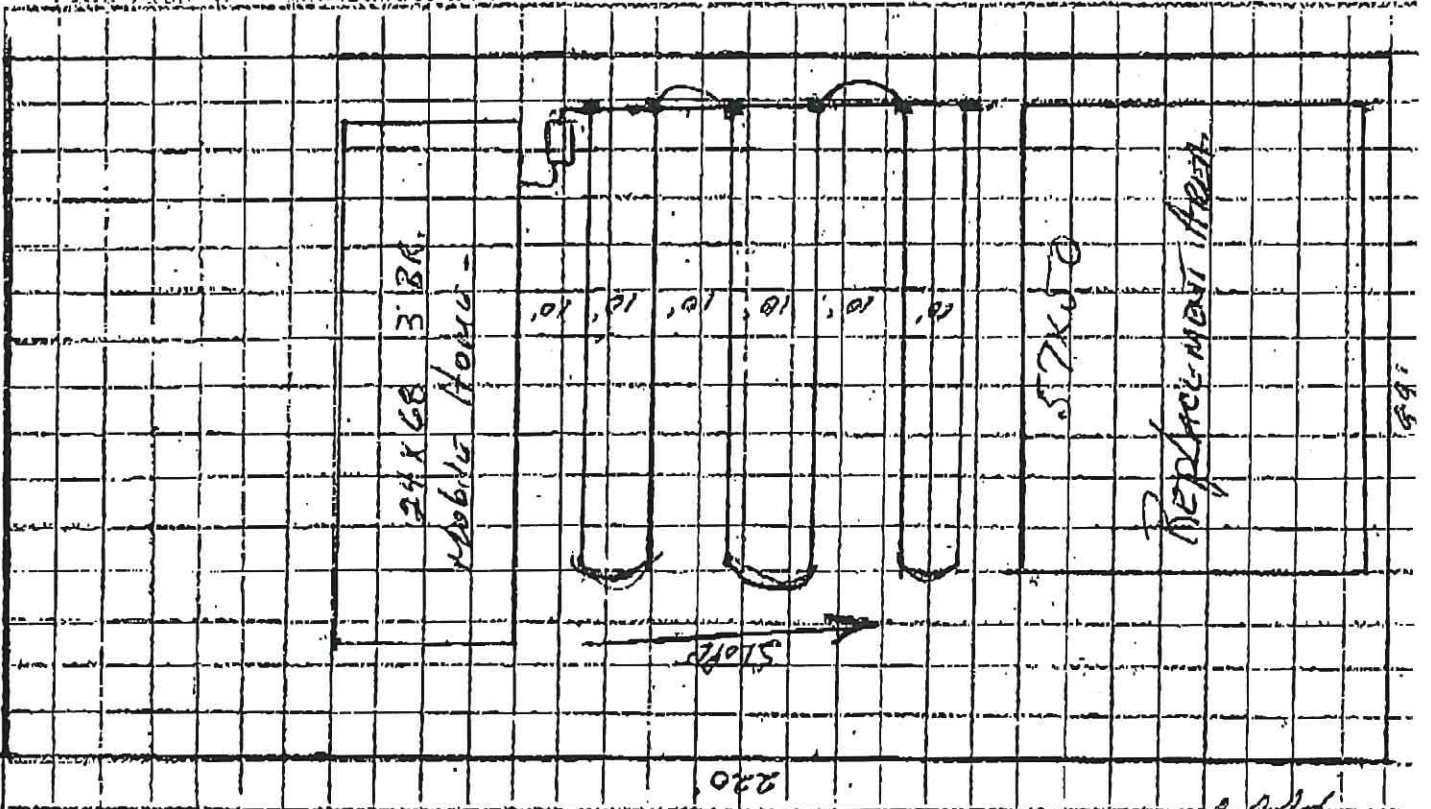
Signature and submit both copies with application.

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(Exhibit No. 1)

Permit No. 76-255  
MAY 15 1976

Installer's Name <i>Joe Middleton</i>		Property Address <i>T. 8 R. 8 SEC 27D - 1000</i>		
Nb. Living Units <i>1</i>	Bedrooms <i>3</i>	Baths <i>2</i>	Basement Yes... No. <i>X</i>	Water Supply Community... <u>Public</u> Other... <i>Li</i>
Septic Tank: Pt. from well		Steel <i>1000</i> Concrete	No. Compartments	Gal. Capacity <i>1000</i>
Inside Dimensions: Ft.				Tile Disposal Field: Distribution Box: Yes... No.
Length	Width	Diameter	Depth	
Applicant Name <i>Martin Hansen &amp; Schneider</i>				Other Distribution - Type <i>Serial</i>
Mailing Address <i>Rt. 1 Box 187</i>				Feet Iron Wall Foundation
Address <i>Warrenton, Ore</i>				Lot Line Front Side Rear
Length of Lines - Ft. 60		Trench Width	Total sq. Ft. <i>675</i>	Pt. between lines <i>10</i>
1.	2.	3.	4.	5.



Date *11-4-76* Signature *Joe Middleton*

For Sanitarian Use Only:  
 Approved: System Installation conforms to DEQ Rules for Subsurface Sewage Disposal  
 Disapproved: Does not conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: \_\_\_\_\_ Date: *Richard Mason*  
 Sanitarian's Signature

MAY 15 2016 76-255

(Exhibit No. 1)

Installer's Name <i>ACE MIDDLETON</i>		Property Address <i>T. 8 R. 8 SEC 27D - 1000</i>			
Nb. Living Units <i>1</i>	Bedrooms <i>3</i>	Baths <i>2</i>	Basement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Water Supply Community <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/>	

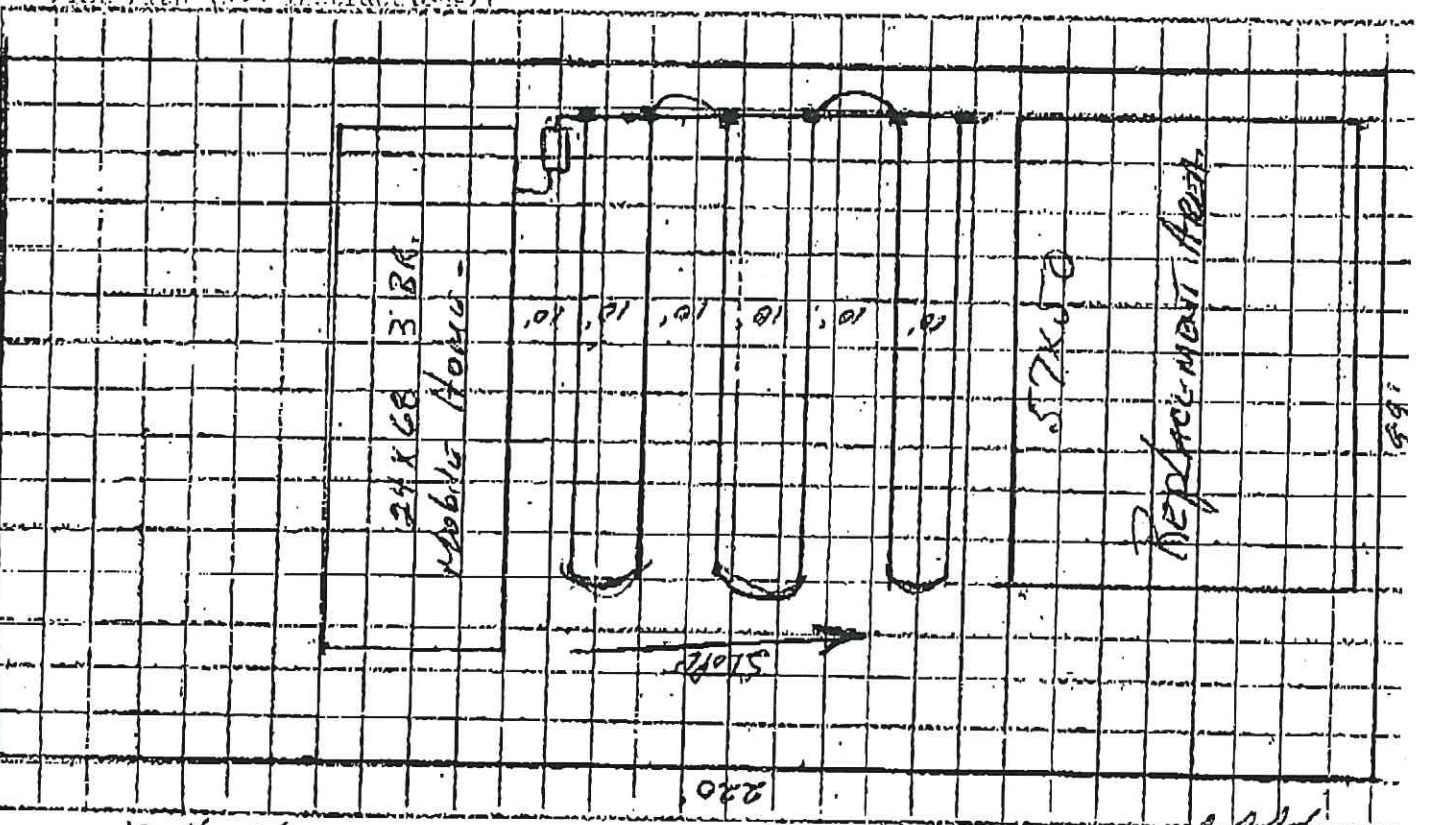
COAST BRANCH OFFICE  
WARRENTON

Septic Tank:  
 Ft. from Well \_\_\_\_\_ Steel  Concrete \_\_\_\_\_ No. Compartments \_\_\_\_\_ Gal. Capacity *1000*

Inside Dimensions: Ft.  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_

Applicant Name <i>Martin Hansen &amp; Schneider</i>	Tile Disposal Field: Distribution Box: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address <i>Rt. 1 Box 187 Warrenton, Ore</i>	Other Distribution - Type <i>Serial</i>
Length of Lines - Ft. 60	Feet from Wall _____ Foundation _____
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Lot Line Front _____ Side _____ Rear _____

Trench Width <i>24</i>	Total sq. Ft. <i>675</i>	Ft. between Filter Lines <i>10</i>	Filter Type _____	Filter Depth _____	Filter Spacing _____
------------------------	--------------------------	------------------------------------	-------------------	--------------------	----------------------



Date *12-4-76* Signature *ACE MIDDLETON*

For Sanitarian Use Only:  
 Approved: System Installation conforms to DEQ Rules for Subsurface Sewage Disposal  
 Disapproved: Does not conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: \_\_\_\_\_ Date: *[Signature]*  
 Sanitarian's Signature



# Application for Onsite Sewage Treatment System

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

Phone/TTY: (503) 861-3280  
Fax: (503) 861-3259

Date Stamp: <b>DEPT. OF ENVIRONMENTAL QUALITY RECEIVED</b>  APR 16 2012  <b>NORTH COAST BRANCH OF DEPT. OF ENVIRONMENTAL QUALITY WARRENTON</b>	For DEQ Use Only: Date Received <u>4/16/2012</u>
	Fee Paid <u>684.00</u>
	Receipt Number <u>147273</u>
	Application Number <u>413091</u>
	Date of 1st Response _____
	Date of 2nd Response _____
	Date of Final Response _____
	Date of Completion _____
	Scanned _____ Data Entry _____

### A. Property Owner Information

Michael S. Hansen 21529 146th St E Bonney Lake WA 98391 360-897-2682  
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

### B. Legal Property Description

8 8 27D 1000  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size

County \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: 91873 George Hill Rd Astoria OR 97103  
Address City State Zip Code

Directions to Property: Hy 30 EAST to SWENSON turn Right go to stop sign go STRAIGHT ON MARKET Rd turn Left on George Hill Rd 5<sup>th</sup> House ON Left

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

Existing Facility: <input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other _____	Proposed Facility: <input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other <u>same location as old plot plan</u>	Water Supply: <input checked="" type="checkbox"/> Public <u>NAPA Water Dist.</u> Name <input type="checkbox"/> Private _____ Well, Spring, Shared
---	---	---

### D. Type of Application

<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input checked="" type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input checked="" type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other - Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant 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.

Michael S. Hansen 4-13-12  
Signature Date

Michael S. HANSEN 360-897-2682  
Applicant's Name - Please Print Legibly Applicant's Phone Number

21529 146th St E. Bonney Lake WA 98391  
Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer

Authorization Attached Bill Hughes  
Installer's Name







State of Oregon  
Department of  
Environmental  
Quality

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

DEPT. OF ENVIRONMENTAL QUALITY  
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APR 16 2012

NORTH COAST BRANCH OFFICE  
WARRENTON

**NOTICE AUTHORIZING REPRESENTATIVE**

I, Darlene D. Hansen, have authorized  
(Property Owner/Print Name)

Michael S. Hansen 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:**

\_\_\_\_\_ Property Situs or Road Address

And described in the records of \_\_\_\_\_ County as:

Township 8 Range 8 Section 27D Map ID \_\_\_\_\_ Tax Lot #(s) 1000

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

**PROPERTY OWNER:**

Printed Name: Darlene D. HANSEN

Signature: POA Michael S. Hansen Date: 4-13-12

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Printed Name: Michael S. Hansen

Signature: Michael S. Hansen Date: 4-13-12

Address: 21529 146th St E. Phone: \_\_\_\_\_

City, State, Zip: BONNEY LAKE WA 98391 Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED

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

1. Applicant Name/Property Owner: Michael S. Hansen APR 16 2012  
Mailing Address: 21529 146th St E  
City, State Zip Code: Bonney Lake WA 98391  
Telephone: 360-897-2682

NORTH COAST BRANCH OFFICE  
WARRENTON

2. Property Information:

County: \_\_\_\_\_ Tax Lot No.: \_\_\_\_\_  
Township: 8 Range: 8 Section: 27D  
Physical Address: 91873 George Hill Rd Astoria OR  
Block: \_\_\_\_\_ Lot: 1000  
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  
 Platform  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 zone Zoning Minimum Parcel Size: 2 acres

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: LWDUD 80-14, Section 3.200

8. Planning Official Signature: Julia Decker

Print Name: JULIA DECKER Date: 4-13-2012

Title: PLANNER Telephone: 503-325-8611



DEPT. OF ENVIRONMENTAL QUALITY  
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# EXISTING SEPTIC SYSTEM DESCRIPTION

APR 16 2012

NORTH COAST BRANCH OFFICE  
ASTORIA, OREGON

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

- 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) \_\_\_\_\_
- When was your septic system installed? 1977 (Date) \_\_\_\_\_ (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) 1000 GAL
- When was the septic tank last pumped? 1994 Attach receipt if available.
- Number of disposal trenches 5
- Total length of disposal trenches (in feet) 675 SQ FT
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use \_\_\_\_\_
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? 3 How many occupants? \_\_\_\_\_
- If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- 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.

4-13-12  
(Date)

Michael S. Hansen  
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: \_\_\_\_\_

DEPT. OF ENVIRONMENTAL QUALITY  
RECEIVED



Receipt Number: 147273  
Oregon Department of Environmental Quality  
Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146

APR 16 2012

NORTH COAST BRANCH OFFICE  
Date Received 4/16/2012

Received From **Michael Hansen**  
(Check Name): **21529 146th St. E.**  
**Bonney Lake, OR 98391**

For **T08N R08W S27 D**  
Property **TaxLot 1000**  
At: **Clatsop County**  
**91873 George Hill Road**  
**Astoria, OR 97103**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
684.00	Check	10736	19-2	684.00

Total Amount Applied \$684.00

Onsite Fees	
Base Fee:	<b>624.00</b>
Surcharge Fee:	<b>60.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee</b>	<b>\$684.00</b>

Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>684.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$684.00</b>

Application Description	
Application ID:	<b>413091</b>
Application Type:	<b>Authorization Notice</b>
	<b>with Field Visit</b>
System Type:	<b>Standard</b>
Pump Evaluation:	<b>No</b>
Flow:	<b>450</b> gallons/day

Receipt Amount: \$684.00

Received By:

Date of Entry:

Vicky Schiele

4/16/2012



DEPARTMENT OF COMMERCE  
BUILDING CODES DIVISION  
401 LABOR AND INDUSTRIES BUILDING  
SALEM, OREGON 97310

# APPLICATION FOR BUILDING PERMIT

808-27D-1000

SDICTION

Scan ID  
413091

STATE OFFICE

ADDRESS

TELEPHONE

Applicant to complete numbered spaces only.

JOB ADDRESS 1 <u>Rt. 2, Box 758 - Ast. 97103</u>		is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IDENTIFYING NAME OF BUILDING 2 <u>SFD</u>		COUNTY <u>Clatsop</u>	
LEGAL DESCR. 3	LOT NO. <u>1000</u>	BLOCK Township <u>8</u>	TRACT Range <u>8</u> W.M. Section No. <u>27D</u>
OWNER 4 <u>Martin Hansen</u>	MAIL ADDRESS <u>Same</u>	ZIP	PHONE <u>458-6534</u>
CONTRACTOR 5 <u>Self</u>	MAIL ADDRESS	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER 6 <u>-</u>	MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER 7 <u>-</u>	MAIL ADDRESS	PHONE	LICENSE NO.
USE OF BUILDING 8 <u>Res Access</u>			
9 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. _____			
10 Describe work: <u>Construct garage-shop-storage bldg. of 616 sq ft 1st floor + 176 sq ft 2nd floor</u>			
11 Change of use from _____ to _____			
12 Total area <u>616</u> sq. ft. No. of stories <u>2</u>		No. of bedrooms _____ No. of living units or apts. <u>1</u> Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13 Declaration of Valuation of work \$ <u>792 total</u> #8790		14 LOCAL GOVERNMENT APPROVALS	
15 Signature Required to Become Valid		SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		ZONING Use Zone <u>RA-2</u> Fire Zone _____ Zoning Permit No. <u>84-002</u> Date _____ Signature <u>[Signature]</u>	
		SANITATION Public _____ Private <input checked="" type="checkbox"/> DEQ Permit No. <u>existing d. field on opposite side of main lot from garage</u> Date <u>Jan 4, 1983</u> Signature <u>[Signature]</u>	
Signature of Contractor <u>[Signature]</u> (Date) <u>1-3-84</u>		DEPT. OF HUMAN RESOURCES - HEALTH DIVISION Public Swimming Pool No. _____ Date _____ Signature _____	
Signature of Owner (If Owner Builder) _____ (Date) _____		16 Directions to job-site. Draw map if necessary. <u>On George Hill Road in Svensen. (Take main Svensen turnoff - go out past groc. store).</u> <u>2.98</u> <u>74.50</u> <u>48.43</u> <u>\$125.91</u> <u>- 2 sets plans</u> <u>- Separate permits for electrical, plumbing, mechanical work.</u>	

OFFICE USE ONLY

#97016

Plans reviewed for:

Plan Review - Structural and F&LS.

Plan Review - Structural Only.

Name _____	Date _____
Name _____	Date _____

Plan Review No. \_\_\_\_\_

Permit No. 8829-84

Application 110 . . . at

6-16-81

Telephone: 325-8611

FILE NUMBER fo. (office use only)  
TL 1000 T 2 R 2 Sec. 70 No. 24-002

Department of Planning and Development  
Courthouse  
P. O. Box 179  
Astoria, Oregon, 97103

CLATSOP COUNTY

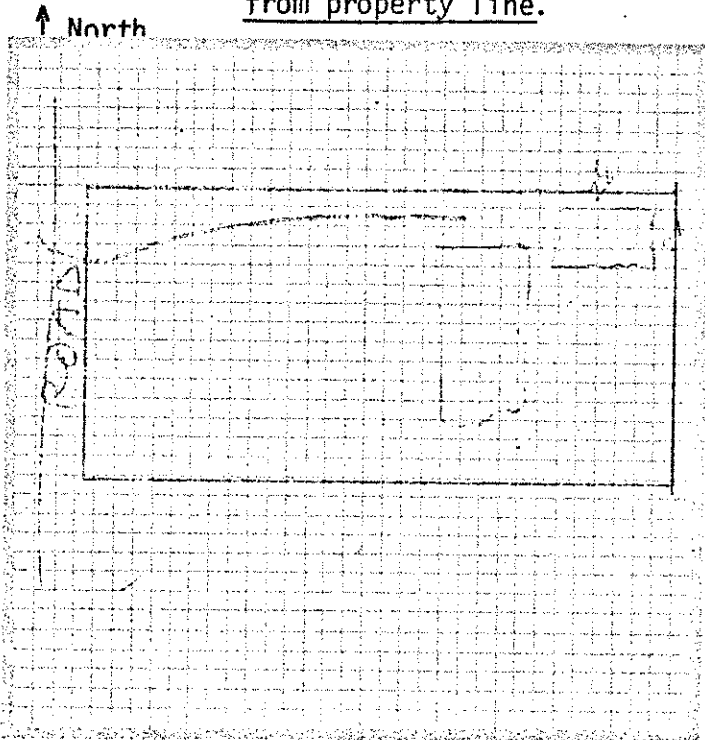
WATER AND LAND DEVELOPMENT PERMIT

Please Print Name Martin Hanson Signature Martin Hanson  
Address 1000 2nd St SE Ast 97103  
Telephone 457-6534

Proposed Use or Activity  
CONSTRUCT 2-5100 RESIDENTIAL ACCESSORY BLDG OF 2000 SQ FT FOR  
SMALL STORAGE, SHOP USE

FINDINGS

1. Plot Plan. Please show the location of all water courses wetlands, buildings, septic tank and drainfield, driveways, roads, etc. Include setbacks from property line.



- 2. Area of lot .50 acres
- 3. Setbacks (from property line or road easement)  
Front yard: Left 5 Right 5  
Side yard: Left 0 Right 0
- 4. Water Source:  
Private well or stream \_\_\_\_\_  
Community water system \_\_\_\_\_  
District \_\_\_\_\_
- 5. Building Height 8 feet
- 6. Other \_\_\_\_\_

The Dept. of Planning and Development will assist you with the following information:

- 7. Zoning Designation R-1-2
- 8. Hazards: Floodplain: Yes \_\_\_ No X If yes, floodplain elevation \_\_\_\_\_  
Geological: Yes \_\_\_ No X If yes, type and conditions \_\_\_\_\_
- 9. Access to property is from: State Hwy \_\_\_ County Road \_\_\_ Easement \_\_\_  
Other \_\_\_\_\_
- 10. Comments: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED (see attachment) \_\_\_\_\_ APPROVED WITH CONDITIONS X  
CONDITIONS OF DEVELOPMENT accessory bldg for personal use  
only, not for commercial use  
(NOTE: Development Permit is void if Condi- Signed \_\_\_\_\_)

808 270-1000 e✓

CLATSOP COUNTY HEALTH DEPT.  
857 COMMERCIAL STREET  
ASTORIA, OR. 97103  
TELEPHONE 325-7441 EXT. 35  
SUBSURFACE SEWAGE DISPOSAL SYSTEM  
FINAL INSPECTION

PERMIT NO. 76-255

OWNER'S NAME MARTIN HANSEN ADDRESS Rt. 1 Box 187  
PROPERTY ADDRESS 808-270-1000 INSTALLER MIDDLETON  
RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL \_\_\_\_\_  
DEPTH \_\_\_\_\_ FT., ISOLATION DISTANCE \_\_\_\_\_ FT.; SOIL CLASSIFICATION C-LOAM

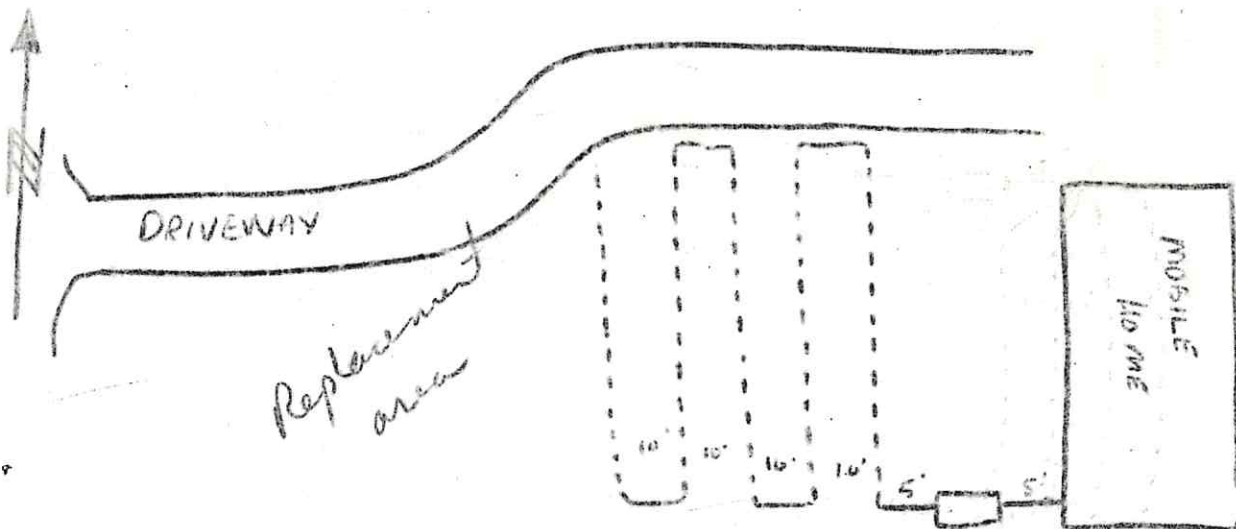
SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS

STONE: SIZE 3/4 2 1/2 WASHED , BELOW TILE 6 IN., ABOVE TILE 2

TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 675 SQ. FT.

TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL \_\_\_\_\_

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.  
 DISAPPROVED: Installation does not conform to DEQ Regulations.

REMARKS: \_\_\_\_\_

DATE: Nov. 15, 1976 SANITARIAN: Bill Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

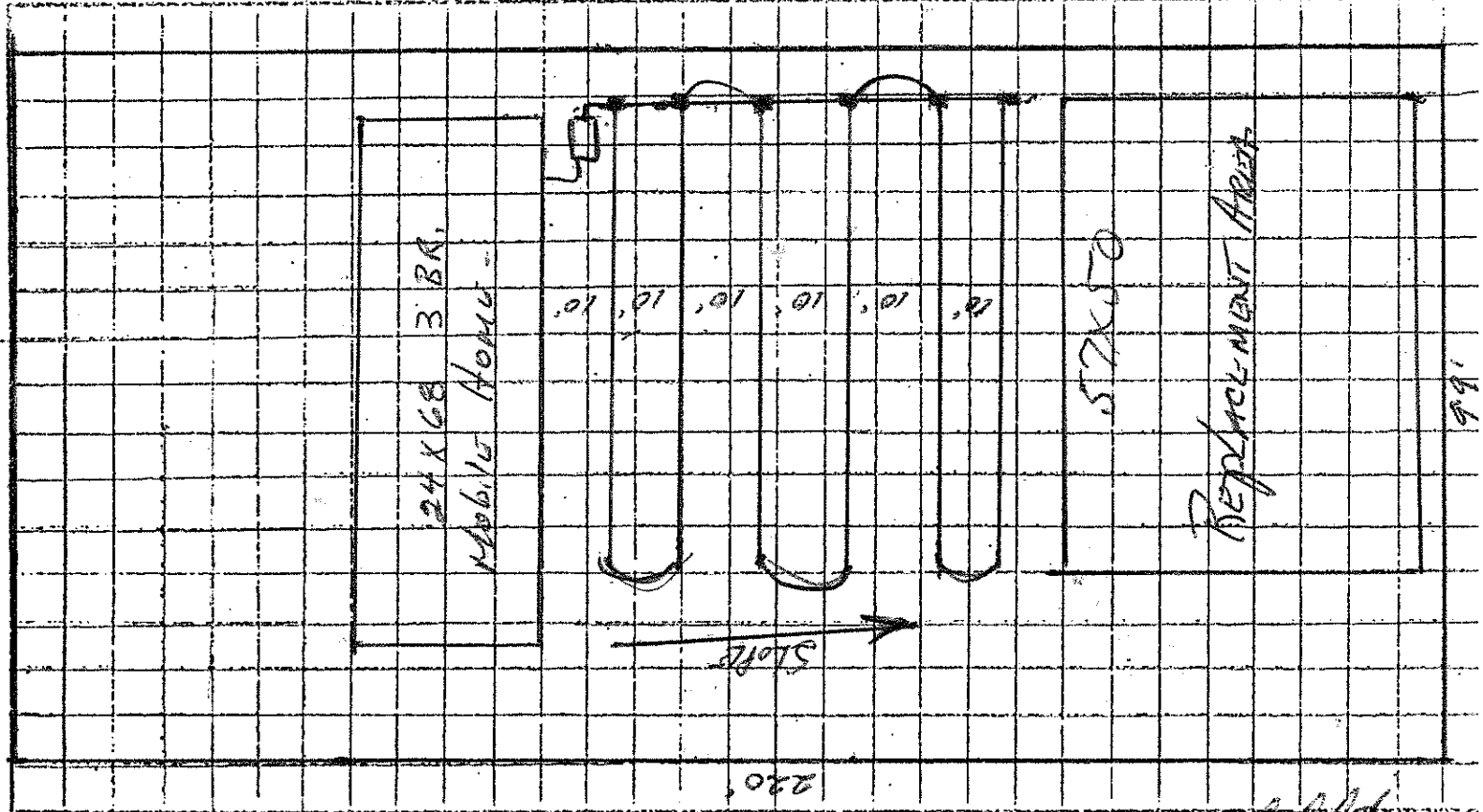
In all : Complete top part of signature and submit both copies with application.

(Exhibit No. 1)

Permit No. 76-255

Installer's Name <i>ACE MIDDLETON</i>		Property Address <i>T. 8 R. 8 SEC 27D - 1000</i>					
Nb. Living Units <i>1</i>	Bedrooms <i>3</i>	Baths <i>2</i>	Basement Yes ___ No <i>X</i>	Water Supply Community ___ <u>Public</u> ___ Other-Li			
Septic Tank: Ft. from well		Steel <i>1000</i> Concrete ___	No. Compartments		Gal. Capacity <i>1000</i>		
Inside Dimensions: Ft. Length      Width      Diameter      Depth				Tile Disposal Field: Distribution Box: Yes ___ No ___			
Applicant Name <i>Martin Hansen % Schneider</i>		Other Distribution - Type <i>Serial</i>					
Mailing Address <i>Rt. 1 Box 187</i>		Ft. from Well		Foundation			
Address <i>Warrenton, Ore</i>		Lot Line		Front      Side      Rear			
Length of Lines - Ft. 60		Trench Width <i>24</i>	Total sq. ft. <i>675</i>	Ft. between Filter lines <i>10</i>	Filter Type	Filter Depth above tile in.	Filter tile

Plot Plan (See instructions):

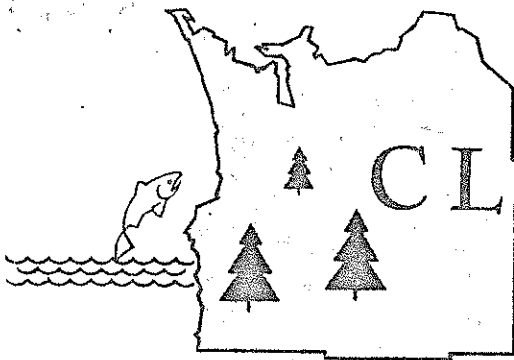


Date *11-4-76*      Signature *ACE MIDDLETON*

For Sanitarian Use Only:  
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal  
 Disapproved: Does not conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: \_\_\_\_\_ Date: *Dec 1976*  
*Richard Mason*





# CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT  
857 COMMERCIAL STREET  
P. O. BOX 206 ASTORIA OREGON 97103  
TELEPHONE 325-7441 EXT. 30

August 9, 1976

Mr. & Mrs. Martin Hansen  
C/O Shirley Schnieder  
Route 1, Box 187-N  
Warrenton, Oregon 97146

RE: 808 - 27D - 1000

Dear Mr. & Mrs. Hansen:

On August 9, 1976, this office conducted an on site evaluation to determine the feasibility for a subsurface sewage disposal system.

This letter will serve as an approval for subsurface sewage disposal on the above referenced land parcel only if the following restrictions are met:

- 1) Provide an absorption area of 225 square feet per bedroom and a septic tank of at least 900 gallon capacity.
- 2) The drainfield shall be placed in the area discussed with you. The drainfield will be 57 feet by 50 feet. A replacement area of the same size shall be provided.
- 3) Alteration of the natural soil or landscape conditions in the area approved may void this approval.
- 4) Submit a detailed plot plan and obtain a sewage disposal construction permit through this office prior to construction (application enclosed).
- 5) This approval is void if in conflict with any local building or planning regulations.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason, R. S.  
Clatsop County Sanitarian

BDM/jmd

State of Oregon  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
**CERTIFICATE**  
**OF FAVORABLE SITE EVALUATION FOR**  
**INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**  
(Not a permit for construction)

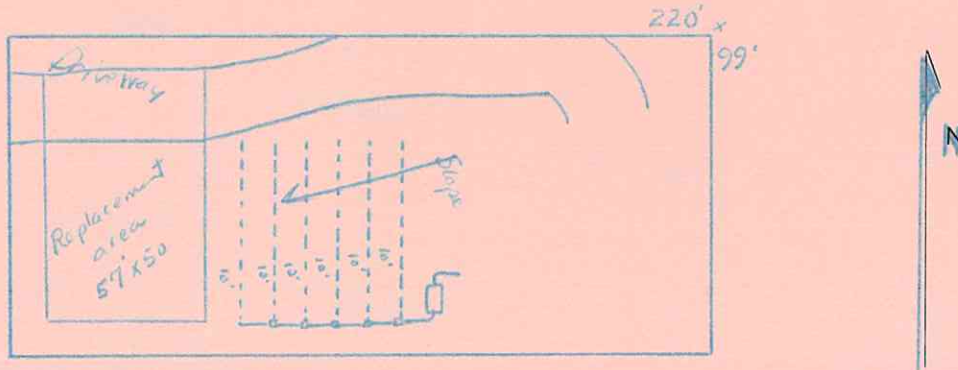
This is to certify that the following described property

T.8 R.8 Sec. 27D - 1000

has been evaluated on Aug. 9, 1976 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from Clatsop County Health Department or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: August 9, 1976

Date

To: Shirley Schrieder

Landowner

RT. 1 Box 187 N

Address

WARRENTON ORE. 97146

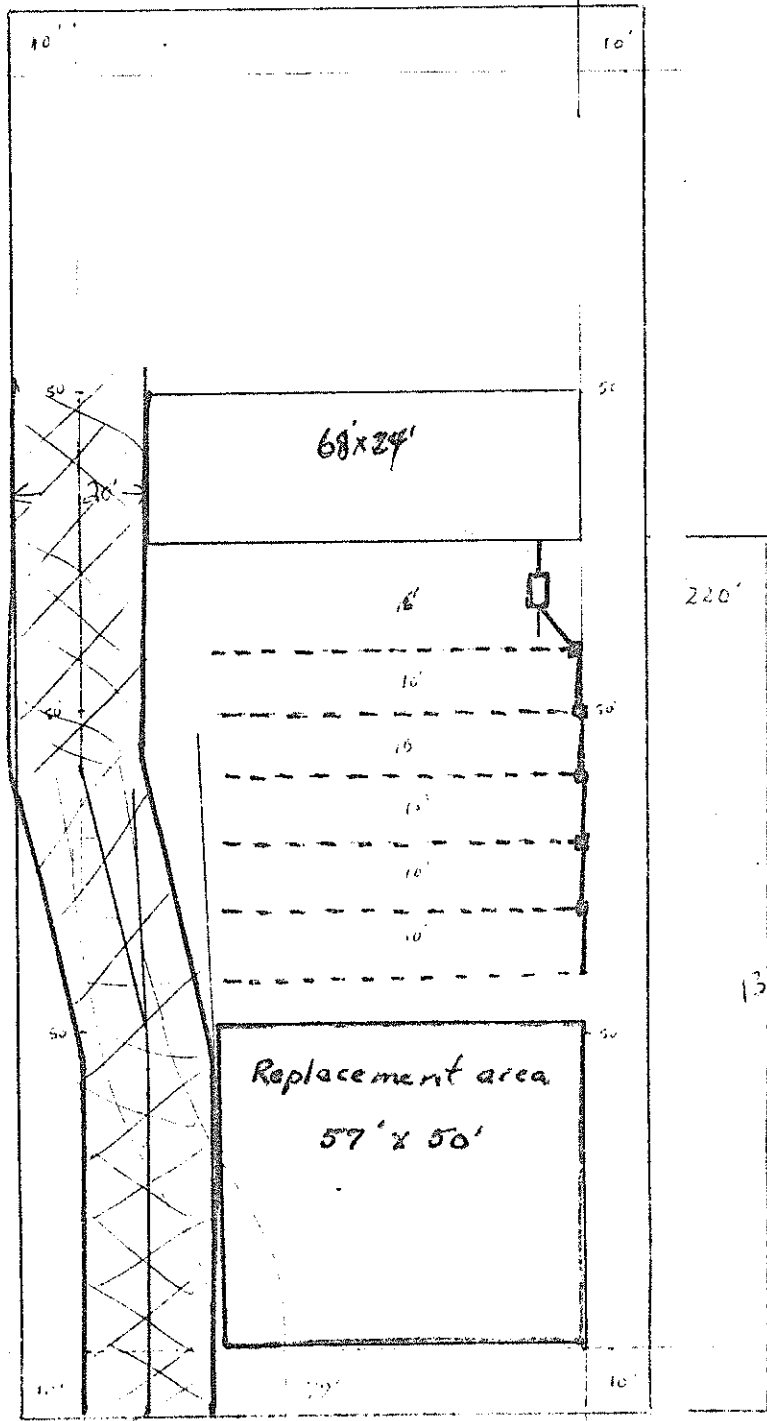
City

State

Zip

By: Bill D. Mason R.S.

DEQ or Contract Agent



Department of Environmental Quality  
1234 S. W. Morrison  
Portland, Oregon 97205

Land Quality  
County

Application to the Department of Environmental Quality  
for a Permit to Construct a  
New or Repair a Subsurface Sewage  
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

Shirley Schneider Section 270 T 8 R 8  
Name of Applicant  
Rt. 1 Box 1870 Tax Lot or Account # 1000  
Address  
Warrenton, Oregon 97146 Location Swensen  
City N.A.  
Installers Name

B. GENERAL DESCRIPTION

New Construction  Repair   
Installation will serve: House  Mobile Home  Mobile Home Park   
Commercial Building  Other (Explain)   
No. of Living Units 1 No. Bedrooms 3  
Water Supply: Public  Community  Private  Garbage Disposal?

C. REQUIRED EXHIBITS

- Proposed Subsurface Sewage Disposal System DEQ Interim Form #2
- Planning Evaluation - Building Permit (Local Option)
- Other (Local Option) \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Hilma Heinlein Mather  
Signature (Owner/Installer)

Permit No. \_\_\_\_\_

Date 7-29-1976

Issued \_\_\_\_\_

1/4 COR.

0A0

484

34

J-03  
5J-01

620 HILL RD

100  
1.97 Ac.

200  
7.93 Ac.

900  
9.85 Ac.

1000  
0.50 Ac.

1500  
9.64 Ac.

1600  
6.67 Ac.

1100  
0.84 Ac.

1200  
0.50 Ac.

1300  
1.05 Ac.

1400  
0.05 Ac.

1900  
13.25 Ac.

1802  
0.07 Ac.

1800  
12.06 Ac.

1701  
1.28 Ac.

1700  
12.41 Ac.

( CO. RD. NO. 225 )

