



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

186-22-000197-PRMT

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

Date Certificate Issued: 06/29/2022
Work Description: Major Repair; drainfield only

Applicant: Kinney & Sons Dump Trucking, LLC Address: 91569 George Hill Rd Astoria OR 97103 Phone: (503) 791-3481 Email: sdkinney@centurytel.net	Primary Contractor: Kinney & Sons Dump Trucking, LLC Installer License: 38893 Address: 91569 George Hill Rd Astoria OR 97103 Phone: (503) 791-3481 Email: sdkinney@centurytel.net
---	---

Owner: DANIEL L HICKS Address: 37724 PARKER LANE ASTORIA OR 97103 Owner: ALECIA M HICKS Address: 37724 PARKER LANE ASTORIA OR 97103	Property Address: 37724 Parker Ln, Astoria, OR 97103
--	---

Parcel: 80914DD00400 - Primary	Township: 8 Range: 09	Section: 14DD
Lot Size: 0.79 acre	Water Supply: Community Water Supply	
Zoning: N/A	City/County/UGB: County	
Land Use Approval: N/A		

Category of Construction: Single Family Dwelling

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

System Specifications

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

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Drainfield Sizing:	N/A	Distribution Method:	Serial
Media Type:	Infiltrator	Media Depth:	12 in.
Trench Length:	300 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

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

Date Certificate Issued: 06/29/2022
Work Description: Major Repair; drainfield only

Conditions of Approval

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

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

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

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

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

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

Certificate of Satisfactory Completion

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

Comments: N/A

Lucas Marshall

Environmental Health Specialist I

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

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

*Received
6/28/22*

Final Inspection Request and Notice - Septic ID: 186-22-000197-PRMT

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

SECTION 1: Owner/Permittee Information:

Name: ALECIA M HICKS DANIEL L HICKS

Twnshp: 8 Range: 09 Sect: 14DD
Lot: 00400

Property Address: 37724 PARKER LN, ASTORIA, OR 97103

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: <u>Existing Tank</u>			Water tight verification*
Tanks(1)	Volume: <u>1,000</u>	Compartments: <u>1</u>	Manufacturer: <u>N/A</u>	Date: <u>N/A</u>	
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: <u>4"</u>	ASTM#/Other: <u>30/34</u>	Length: <u>50'</u>
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?) <u>Infiltrator Baskets 305'</u>			
Distribution Box	Yes	No		
Drop Box	Yes <input checked="" type="checkbox"/>	No	<u>X4</u>	
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other: Length: <u>305'</u>
Comment				

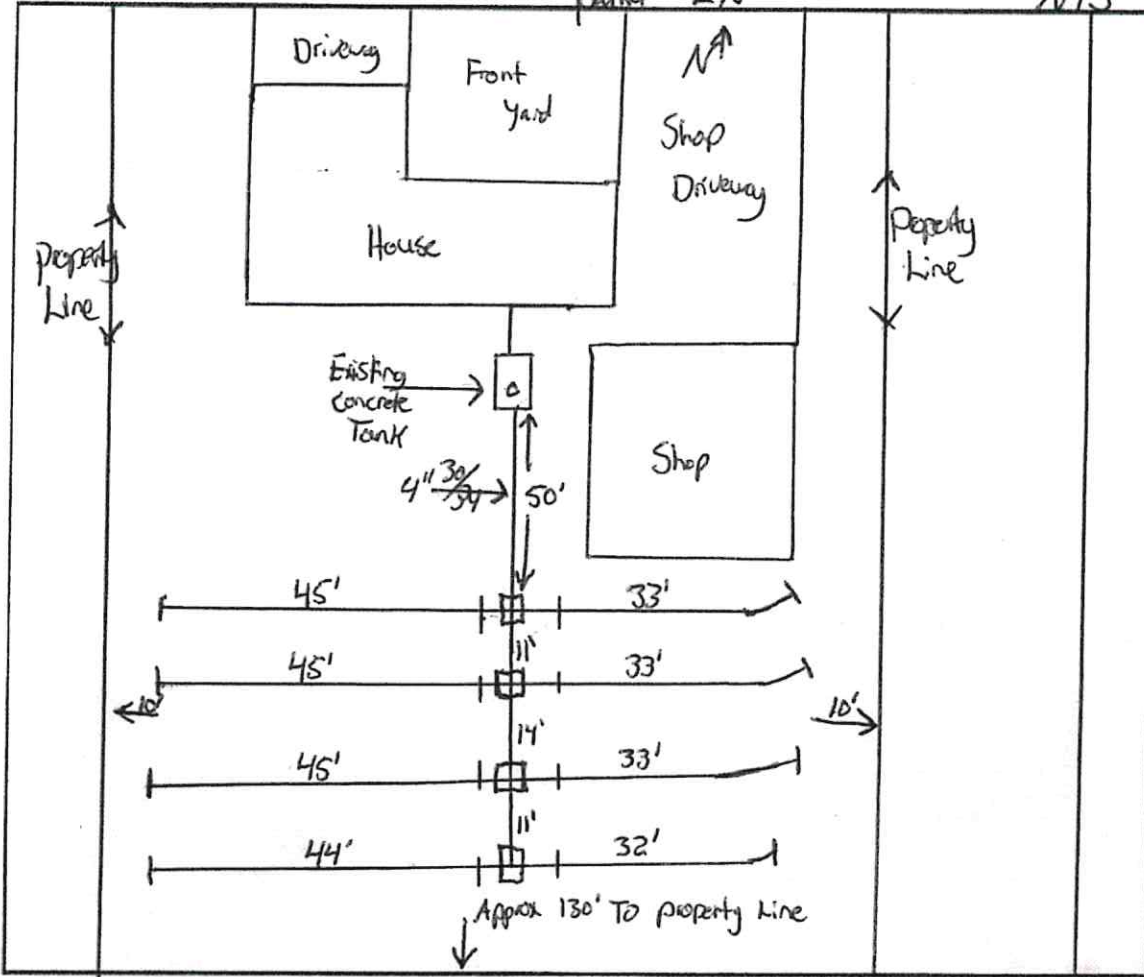
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

*Clatsop County Department
of Public Health*
On-Site Waste Water Program
Approved By ZM
Permit No. 186-22-000197
Date 6/29/22

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, walls, 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 Kinney</u>
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: _____ Certification#: _____
Owner/ Certified Installer: Signature: <u>[Signature]</u>	Date: <u>6-29-22</u> Phone#: _____

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: _____

Application ID: 186-22-000197-PRMT, Owner Name: ALECIA M HICKS DANIEL L HICKS

Clatsop County Department of Public Health
On-Site Waste Water Program 2
 Approved By [Signature]
 Permit No. 186-22-000197
 Date 6/29/22



Septic Permit

Repair (Major) - Residential - New

186-22-000197-PRMT

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

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

Date issued: 6/24/22	Expiration date: 6/24/23
Work description: Major Repair; drainfield only	

Applicant: Kinney & Sons Dump Trucking, LLC
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: (503) 791-3481
Email: sdkinney@centurytel.net

Primary contractor: Kinney & Sons Dump Trucking, LLC
Installer License: 38893
Address: 91569 George Hill Rd
Astoria OR 97103
Phone: (503) 791-3481
Email: sdkinney@centurytel.net

Business License: N/A

Owner: DANIEL L HICKS
Address: 37724 PARKER LANE
ASTORIA OR 97103
Owner: ALECIA M HICKS
Address: 37724 PARKER LANE
ASTORIA OR 97103

Property address: 37724 Parker Ln, Astoria, OR 97103

Parcel: 80914DD00400 - Primary **Township:** 8 **Range:** 09 **Section:** 14DD

Lot size: 0.79 acre	Water supply: Community Water Supply
Zoning: N/A	City/County/UGB: County
Land use approval: N/A	County: N/A
Action: New	Type of application: Repair (Major) - Residential
System failing: N/A	Septic tank last pumped: 06/01/2022
Comments: N/A	

Category of construction: Single Family Dwelling

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

System Specifications

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

Drain Field Specifications

Drain field type: Standard	System distribution Ttpe: Serial
Drainfield sizing: N/A	Distribution method: Serial
Media type: Other - Indicate Product/Manufacturer	Media depth: 12 in.
Media type description: Infiltrator	
Trench length: 300 linear ft.	Rock above pipe: N/A
Max depth: 30 in.	Undisturbed soil between trenches: 8 ft.
Min depth: 24 in.	Capping fills-min depth of fill material: N/A

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

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

Date issued: 6/24/22	Expiration date: 6/24/23
Work description: Major Repair; drainfield only	

Special Requirements

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

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall

Environmental Health Specialist I

6/24/22



Clatsop County

Environmental Health/Onsite Septic Program

June 24th, 2022

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

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

RE: **Repair Evaluation Results** – Site Approval with Conditions
Subject: **186-22-000197** – Tax Lot Map ID – **80914DD00400** Parcel Size: **0.79 acre**
Property Address: **37724 Parker Ln, Astoria, OR 97103**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **6/24/22**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: *Standard System – 300 Linear Ft disposal field*

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

Next Step – Applying for a Construction/Installation Permit

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

Request for Site Evaluation Report Review or Request for Variance

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

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

Regards,

Lucas Marshall, REHST
Environmental Health Specialist
Clatsop County Onsite Septic Program

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **80914DD00400**.

Replacement System: System Type: **Standard System**
Minimum Septic Tank Size: **1000 gallons**
Minimum Dosing Tank Size: **N/A**
Distribution Method: **Serial Distribution**
Minimum Length of Disposal Trenches: **300 Linear Ft.**
Trench Depths: Min: **24 inches** Max: **30 inches**

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

Conditions of Site Approval

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

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

Attachment: Field Worksheet

Site Evaluation - Field Worksheet

Design flow: 375 gpd Max # of bedrooms: 3

Replacement System:	
<input checked="" type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
Tank:	
<input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input type="checkbox"/> - Effluent pump required <input type="checkbox"/> - Effluent filter required	
Distribution Method:	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
Absorption Disposal Facility:	300 Linear Ft
Maximum Trench Depth:	30
Minimum Trench Depth:	24

Pit	Depth	Texture	Color	Roots	Structure	Comments: (ESD, Redox)
#1	0-4"	SiL	10YR 3/2	3-f,m	2-M-SBK	ESD = 48"
	4-23"	SiL	10YR 3/3	2-f,m	2-M-SBK	No redox
	23-48"	SiCL	10YR 4/4	1-f,m	3-M-SBK	No water
Landscape Notes:			Slope:	Aspect:	Groundwater Type:	
Stream terrace			4-6%	173*S	Temporary	

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.
2. System Description: Approval is for a Standard System with a 300 linear feet of disposal area.
3. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, foundations, and utility lines.**
4. Install in the area of test pit. See field worksheet for further details.
5. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
6. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
7. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
8. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
9. All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 8 Range: 9 Section: 14N Tax Reference: 400 Parcel Size: 0.79 acre
 Owner/Applicant: Hicks Evaluator: Lucas Marshall
 Inspection Date(s): 6/24/22 Application Number: 186-22-000197

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-4"	10YR 3/2 3-f,m 2-M-SBK
	4-23"	10YR 3/3 2-f,m 2-M-SBK
	23-48"	10YR 4/4 1-f,m 3-M-SBK
		ESD ≥ 60" No H ₂ O, No redox
Pit 2		
Pit 3		
Pit 4		

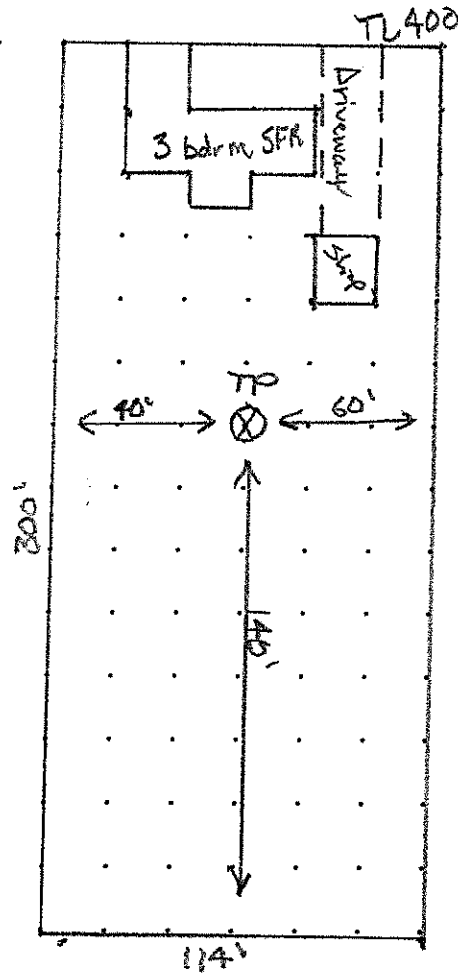
Landscape Notes: Stream terrace, gently sloping
 Slope: 4-6% Aspect: 173°S Groundwater Type: Temp
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 375 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: Standard System ATT Treatment Standard: _____
 Disposal Facility: 300 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches
 Special Conditions: _____

Township: 8 Range: 9 Section: 1400 Tax Reference: 400 Parcel Size: 0.77 acre
Owner/Applicant: Hicks Evaluator: Lucas Marshall
Inspection Date(s): 6/24/22 Application Number: 186-22-000197

N
1" = 60'





Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED
JUN 21 2022

CLATSOP CO. PUBLIC HEALTH
Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

#176-22-000197

Application for Onsite Sewage Treatment System

(Pd) OK # 2210
#6900

A. Property Owner Information

Name: Alicia Hicks Mailing Address (Street, PO Box, City, State, Zip): 37724 Palmet LN Astoria OR 97103 Phone Number: _____

B. Legal Property Description

Township: 8 Range: 09 Section: 1400 Tax Lot: 400 Tax Account Number: 24759 Acreage or Lot Size: 0.79
County: Clatsop Subdivision Name: _____ Lot: _____ Block: _____

Property Address: 37724 Palmet LN Astoria OR 97103
(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

- Single Family Residence
Number of Bedrooms: 3
- Other _____

Proposed Facility

- Single Family Residence
Number of Bedrooms: _____
- Other _____

Water Supply

- Public John Drey
Name: _____
- Private _____
Well, Spring, Shared

D. Type of Application

- Site Evaluation previous Septic Records
- Construction
- Permit Repair
 - Major - drainfield only
 - Minor
- Alteration Permit
 - Major
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- Authorization Notice for:
 - Connecting to an Existing System Not in Use
 - Replacing a Mobile Home or House with Another
 - Mobile Home or House
 - The Addition of One or More Bedrooms
 - Personal Hardship
 - Temporary Housing
 - Other-Please Specify _____

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

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature: [Signature]

Date: 6-20-22

Applicant's Name (Please Print Legibly): Steve Kinney

Applicant's Phone: 503-791-3481

Applicant's E-Mail Address: SKinney@centurytel.net

Applicant's Mailing Address: 91569 George Hill Rd Astoria OR 97103

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Steve Kinney & Sons #38893
Installers Name



Clatsop County
Environmental Health/Onsite Septic Program

RECEIVED

JUN 21 2022

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

EnvHealth@co.clatsop.or.us email

#180-22-000197

Notice Authorizing Representative

I, Alecia + Daniel Hicks, have authorized
(Property Owner - Please Print)

Kinney and Sons Dump Trucking LLC To act as my agent in performing
(Authorized Representative - Please Print)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 09 Section 1400 Tax Lot 400 Map ID
Township Range Section Tax Lot Map ID

PROPERTY OWNER:

Name: Alecia Hicks Email: Alecia.M.Hicks@gmail.com
Mail Address: 37724 Parker Ln City/State/Zip Astoria, OR 97103
Phone: 503-896-2444 FAX:
Signature: Date: 70 Jun 22

AUTHORIZED REPRESENTATIVE:

Name: Kinney and Sons Dump Trucking, LLC Email: sdkinney@cectruking.tcl.net
Mail Address: 91569 George Hill Rd City/State/Zip Astoria OR 97103
Phone: 503-791-3481 FAX:
Signature: Date: 6-20-22



Clatsop County

Environmental Health/Onsite Septic Program

8-9-1455-400

RECEIVED
JUN 21 2022

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

#186-22-000197

Existing Septic System Description

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 Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
- When was your septic system installed? N/A _____
Date Permit Number
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons): 1,000 _____
- When was the septic tank last pumped? (Attach receipt if available) 6-22 _____
- Number of disposal trenches: 2 (1 working) _____
- Total length of disposal trenches (in feet): N/A _____
- 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 in the dwelling? 3 How many people occupy the dwelling? 4
- How many bedrooms will be in the proposed dwelling? _____ 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 north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: [Signature] Date: 6-20-22

PLOT PLAN

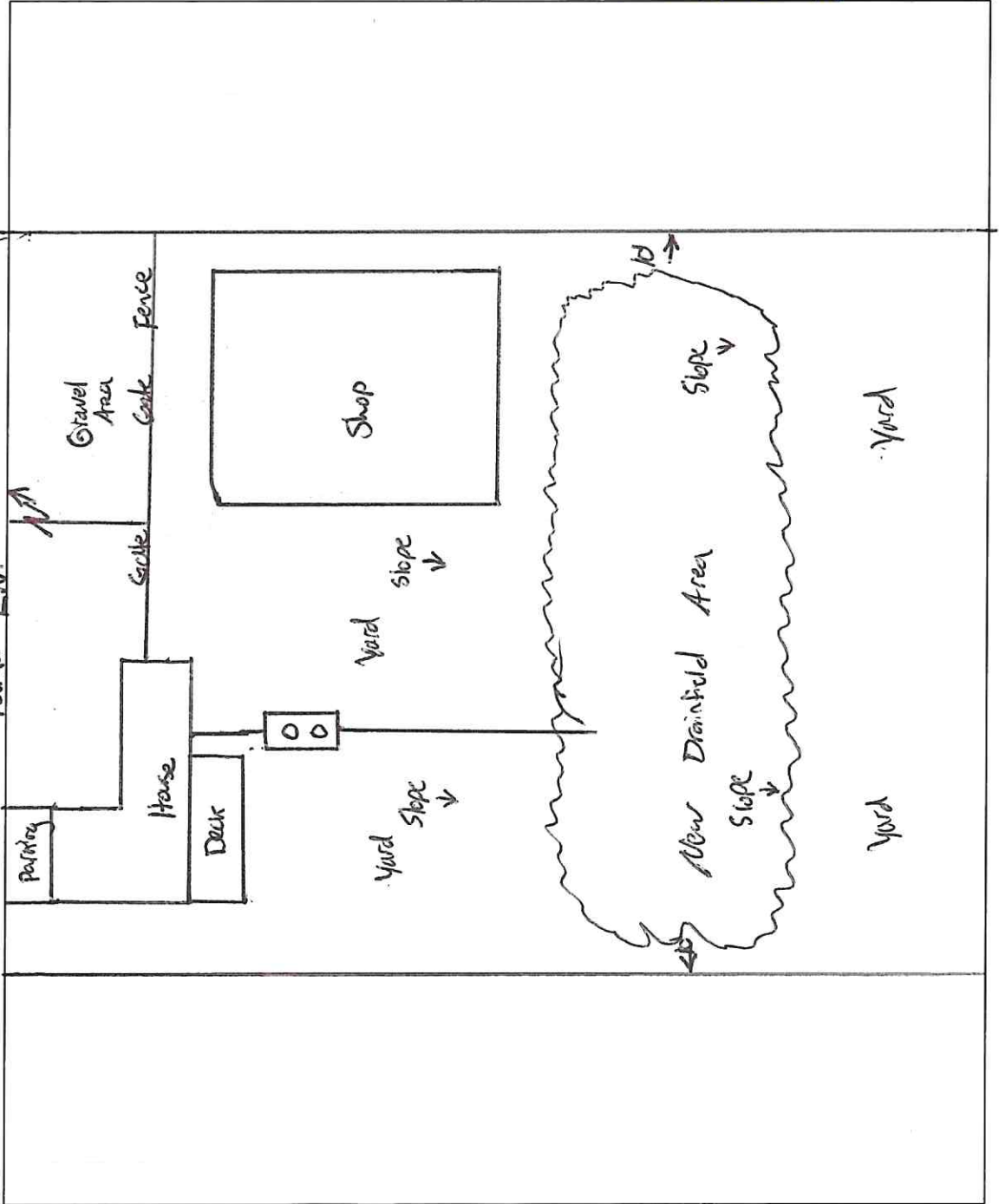
Property ID: _____

Site Address: 37724 Parker LN Astoria OR 97103

Applicant Signature: _____

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

Date: 6-20-22



Required Information

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

Legend

- Wells
- Test Pits
- Drainage



1 inch = 20 feet

RECEIVED
JUN 21 2022

CLATSOP CO. PUBLIC HEALTH

186-22-000197

8-9-1400-400



Clatsop County

Environmental Health/Onsite Septic Program

RECEIVED

JUN 21 2022

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

#186-22-000197

SEPTIC SYSTEM MATERIALS LIST:

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

Section 1

Property Owner: Alecia Hicks
Township: 8 Range: 08 Section: 1400 Tax Lot: 400
Situs Address: 37724 Parker LN Astoria OR 97103

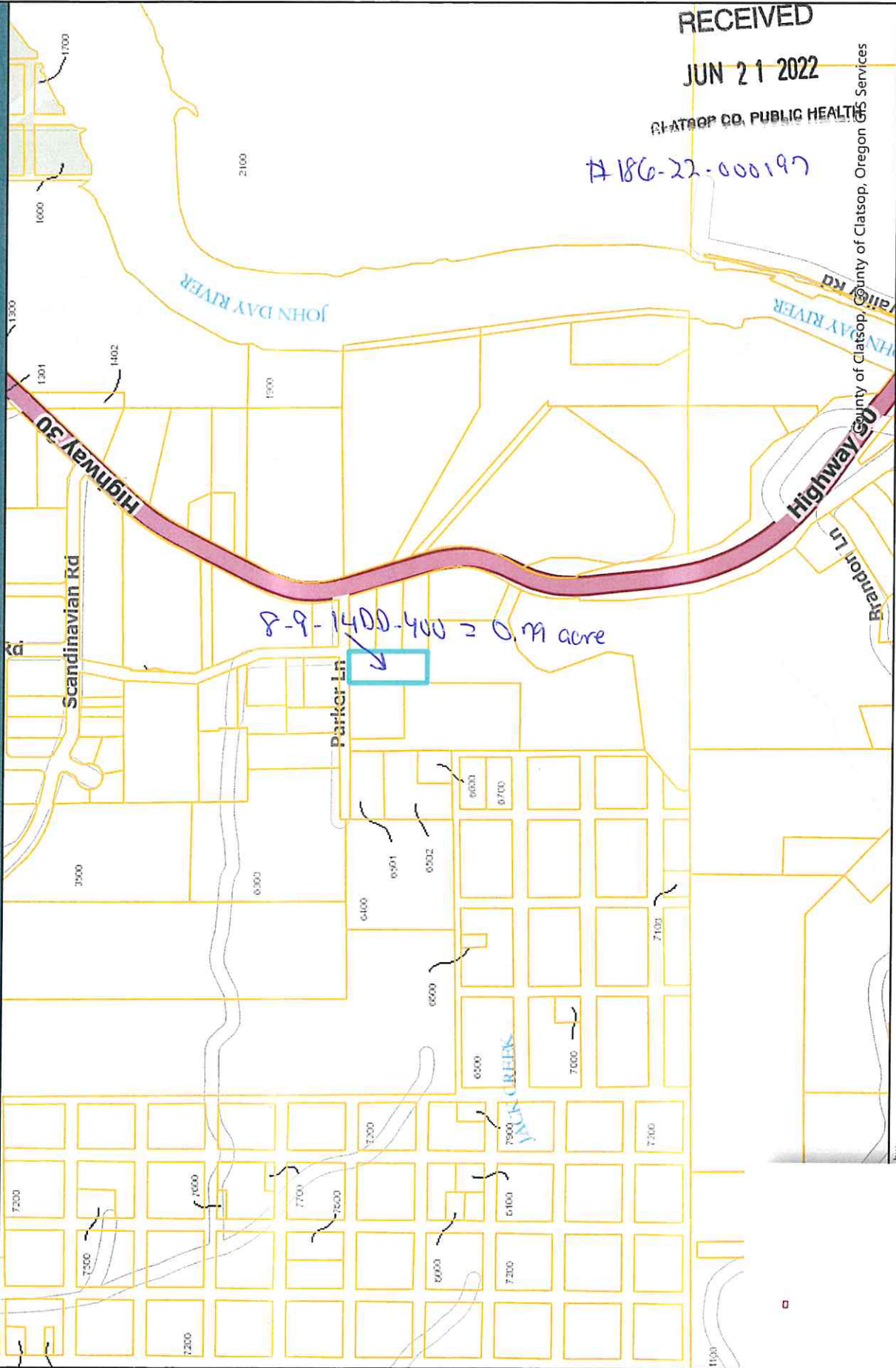
Section 2: COMPLETE, AS APPLICABLE:

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

Septic Tank: Existing Capacity: 1,000
Effluent Filter: _____
Effluent Sewer Pipe: _____
Dose Tank/Vault: _____ Capacity: _____
Tank Pump: _____
Float Settings (Provide inches from top of tank to water level @ float function):
Alarm: _____ On: _____ Off: _____ RO: _____
Pressure Pipe from Tank to Pretreatment and/or Drainfield: _____
Drop or Distribution Box: _____ Qty: 4
HydroSplitter Orifice Size(s): _____
Header Pipes: _____
Leach Lines: Infiltrators Linear Ft: _____
Pressure Bed Dimensions: _____ Square Ft: _____
Capping Fill (Depth over top of drain media, in inches): _____
GWI or Tile Dewater System (Depth/Depth of gravel, in inches): _____

ATT: Manufacturer: _____	Make/Model: _____	Serial# _____
Sand Filter Type: Bottomless <input type="checkbox"/> Conventional <input type="checkbox"/> Dimension: _____ X _____ Ft		
Control Panel: _____		
Tank Timer Settings (Provide seconds on / minutes off):		
Normal Operations: _____ Sec. _____ Min.		
High Water Alarm Operations: _____ Sec. _____ Min.		
Pretreatment Pump:		
Inches below vault top: Alarm _____ On _____ Off		
Inches from vault top to top of underdrain pipe: _____		
Pump or Aerator Interlock Function:		
Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO		
Air Coil / Monitoring Ports: _____		
Other: _____		

Clatsop County Webmaps



RECEIVED

JUN 21 2022

CLATSOP CO. PUBLIC HEALTH

#186-22-000197



Clatsop County



0.2 mi

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



Transaction Receipt
Record ID: 186-22-000197-PRMT
IVR Number: 186001217193

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

Receipt Number: 459982

Receipt Date: 6/23/22

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 37724 PARKER LN, ASTORIA, OR 97103
Parcel: 80914DD00400

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/23/22	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
6/23/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/23/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 2210 Payer: Kinney & Sons Dump Trucking, LLC Payment Amount: \$690.00
Transaction Comment: Astoria Downtown Market LLC

Cashier: Annette Brodigan

Receipt Total: \$690.00

AGENCY REVIEW & APPROVAL FORM

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

RECEIVED
JUL 16 2020
CLATSOP CO. PUBLIC HEALTH

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: 37724 Parker Ln. City: Astoria OR 97103

Owner: Don and Alecia Hicks Phone: _____

Address: 37724 Parker Ln. Astoria OR 97103 Email: _____

Agent: _____

Proposed Development/Construction: 30x40 Pole Building - plumbing

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 9 S 1400 Tax Lot(s) 400

Permit Needed: Yes No Site Approved: Yes No

Signature: _____ Date: 7/16/20

Remarks: No Onsite Wastewater requirements for the proposal.
previous septic records - home built in 1957

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT (Signature of Water District required.)

Gallons per minute: _____

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: 168 gpm Number of Hydrants: 1 Hydrant Location(s): Scan can 9 Hwy 30

Signature: _____ Title: Fire Chief Date: 7/16/20

Remarks: _____
Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: _____ Title: _____ Date: _____

Remarks: _____
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638

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 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"/> Two (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? |

PLOT PLAN

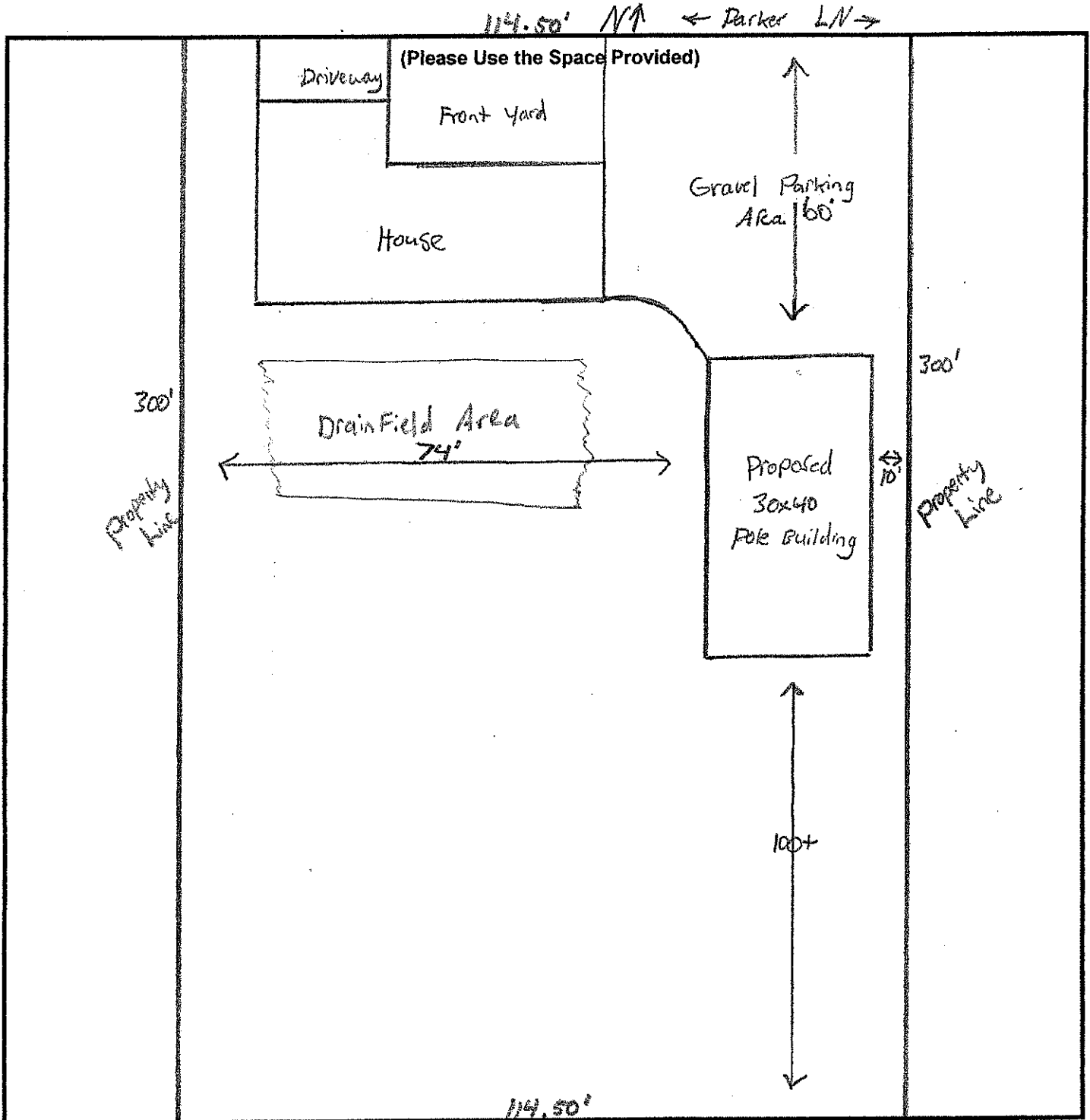
Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw property lines and all existing and proposed structures on the property
- Draw and label all roads adjacent to or giving access to the site
- Draw all driveways on the site
- Include use of accessory structure
- Include a north arrow
- Identify any wetlands, streams, lakes, etc. on-site
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components including drainfield areas
- Show off-street parking spaces, if required (size, location, number)

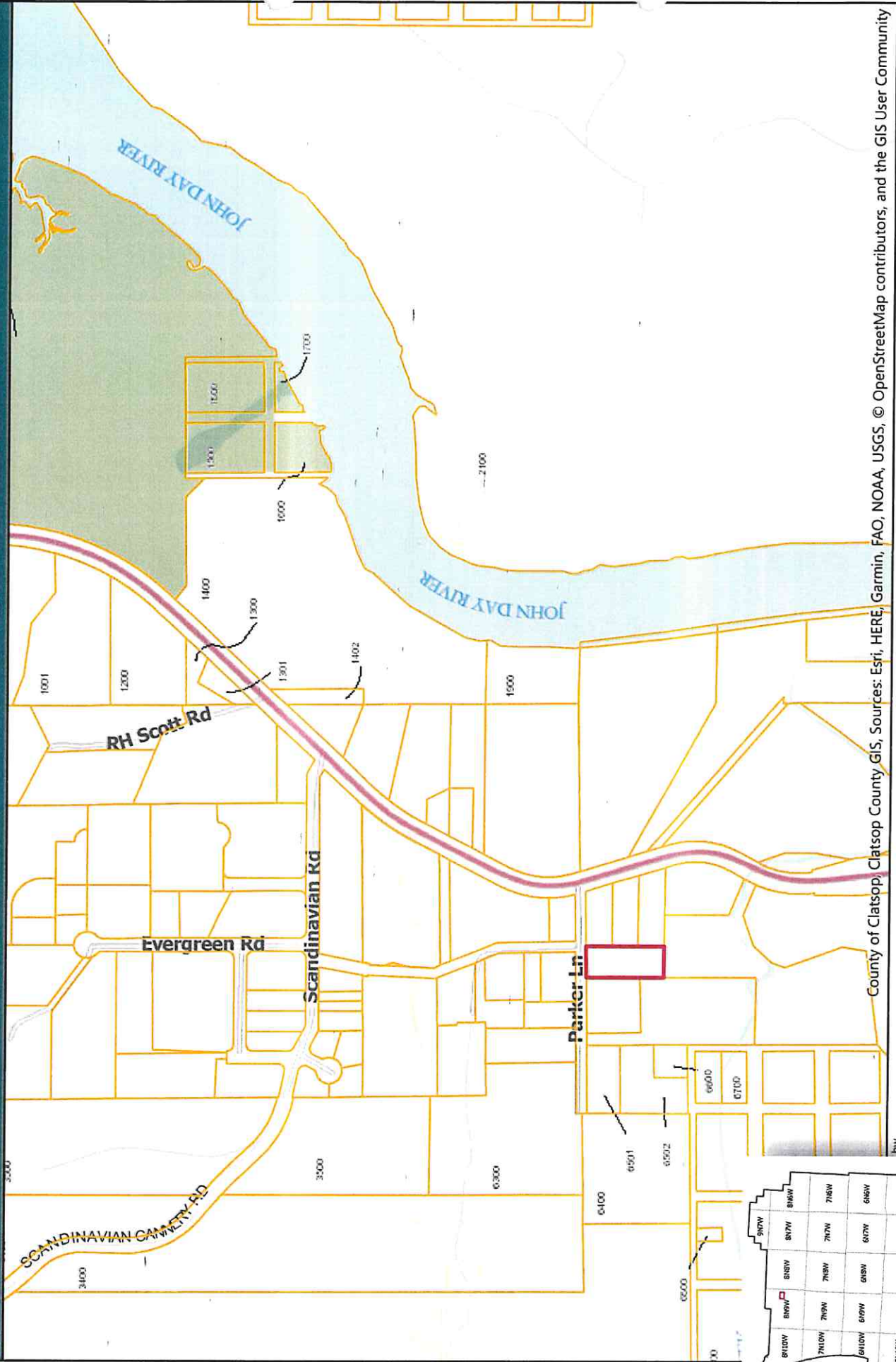
RECEIVED

JUL 16 2020

CLATSOP CO. PUBLIC HEALTH



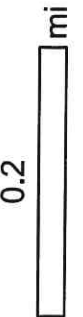
Clatsop County, OR



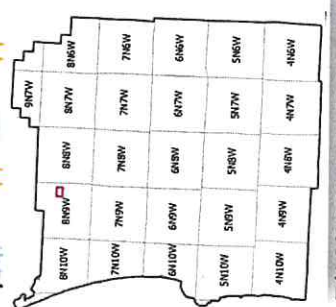
County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community



Clatsop County

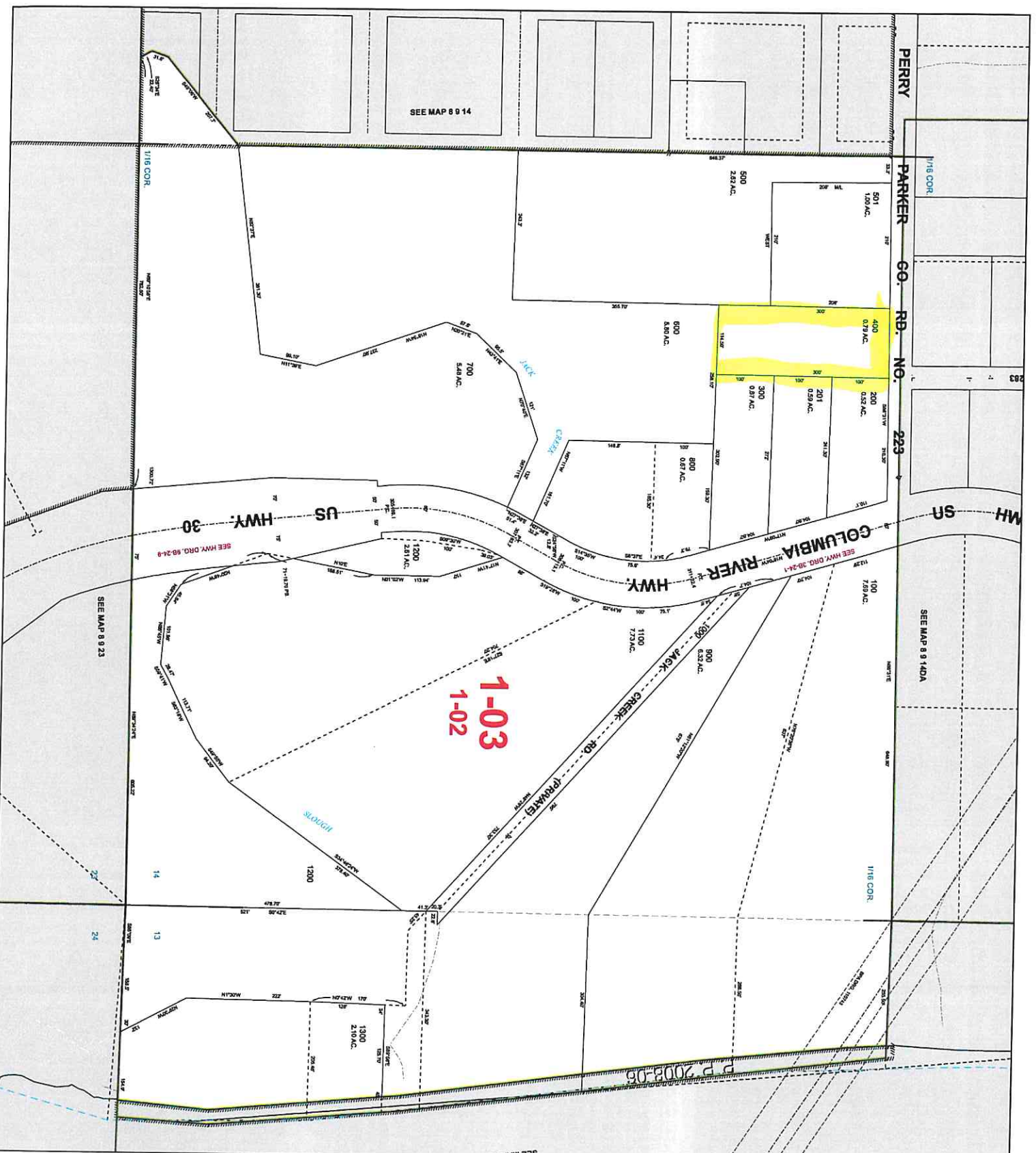


This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



7/16/2020 4:25 PM

0 0 11 00 100 5 00 200



8 09 14 DD
CLATSOP COUNTY
 SE 1/4 SE 1/4 SEC. 14 T8N R3W WM
 0 62.5 125 250 R
 Scale 1:1,200



7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

10	11	12
13	14	15
16	17	18
19	20	21
22	23	24

CANCELLED TAXLOT NUMBERS
 600U1 600U3 700U2 701 1201
 600U2 700U1 700U3 1101



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us
 This map was produced using Clatsop County GIS data. This data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuses, or misinterpretation.
 PLOT DATE: 11/02/2021
8 09 14 DD