

Scan ID
413651

State of Oregon
Department of Environmental Quality

Onsite Permit ID: OS412065

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 OS412065 as follows:

PROPERTY INFORMATION

Property Owner: David Quashnick Township 08N, Range 09W, Section 23 A
Property Location: 37572 Grimstad Lane, Astoria Tax Lot 1200
Facility Type: Single Family Dwelling Clatsop County
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: 450 gals/day
Minimum Septic Tank Size: 1000 gals
Distribution Type: Serial
Total Trench Length: 300 Linear feet
Trench Spacing: 8 feet*
Media Type: ADS ARC 18
Maximum Trench Depth: 30 inches
Minimum Trench Depth: 24 inches

← Revised for ARC 18

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Revised for ARC 18 chambers.
- 2 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.
- 3 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.
- 4 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.
- 6 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.

emailed to Vicki 5 3/14/13

SCANNED
MAR 14 2013

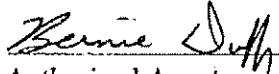
7 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection Waived by Bernie Duffy on 3/14/2013

Installer Name: Robert E. Martens: dba Robert Martens Excavation
Certificate Issued by Operation of Law.

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

	Onsite Wastewater Specialist	3/14/2013
Authorized Agent: Bernie Duffy	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

State of Oregon
Department of Environmental Quality

Onsite Permit ID: OS412065

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 OS412065 as follows:

PROPERTY INFORMATION

Property Owner:	David Quashnick	Township 08N, Range 09W, Section 23 A
Property Location:	37572 Grimstad Lane, Astoria	Tax Lot 1200
Facility Type:	Single Family Dwelling	Clatsop County
	4 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:	30 inches		
Minimum Trench Depth:	24 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
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revised to Vicki 5 3/14/13

Page **SCANNED**
MAR 14 2013

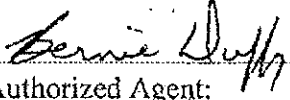
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SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection Waived by Bernie Duffy on 3/14/2013

Installer Name: Robert E. Martens: dba Robert Martens Excavation
Certificate Issued by Operation of Law.

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

	Onsite Wastewater Specialist	3/14/2013
Authorized Agent: Bernie Duffy	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/Date Received: _____

Final Inspection Request and Notice - Onsite ID: 412065

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: David Quashnick
 Property 37572 Grimstad Lane, Astoria
 Address:

Township 08N, Range 09W, Section 23 A
 Clatsop County TaxLot#: Tax Lot 1200

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Standard			Water Tight verification*
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: A1 Concrete	Date: 3-10-13	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP:	Model/Manuf.	Float(s) Type(1):	Model/Manuf.	
			Float(s) Type(2):	Model/Manuf.	

B. Piping					
Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM/Other: 3034	Length: 65 FT	
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:		
ATI	Yes No	Model:		
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes No		

D. Drainfield Media				
Type	(Gravel, Pipe or alternative?)	ARC 18		
Distribution Box	Yes No	Polylok		
Drop Box	Yes <input checked="" type="checkbox"/> No			
Distribution Pipe	Yes <input checked="" type="checkbox"/> No	Diameter: 4"	ASTM/Other: 2725	Length: 30 FT
Comment				

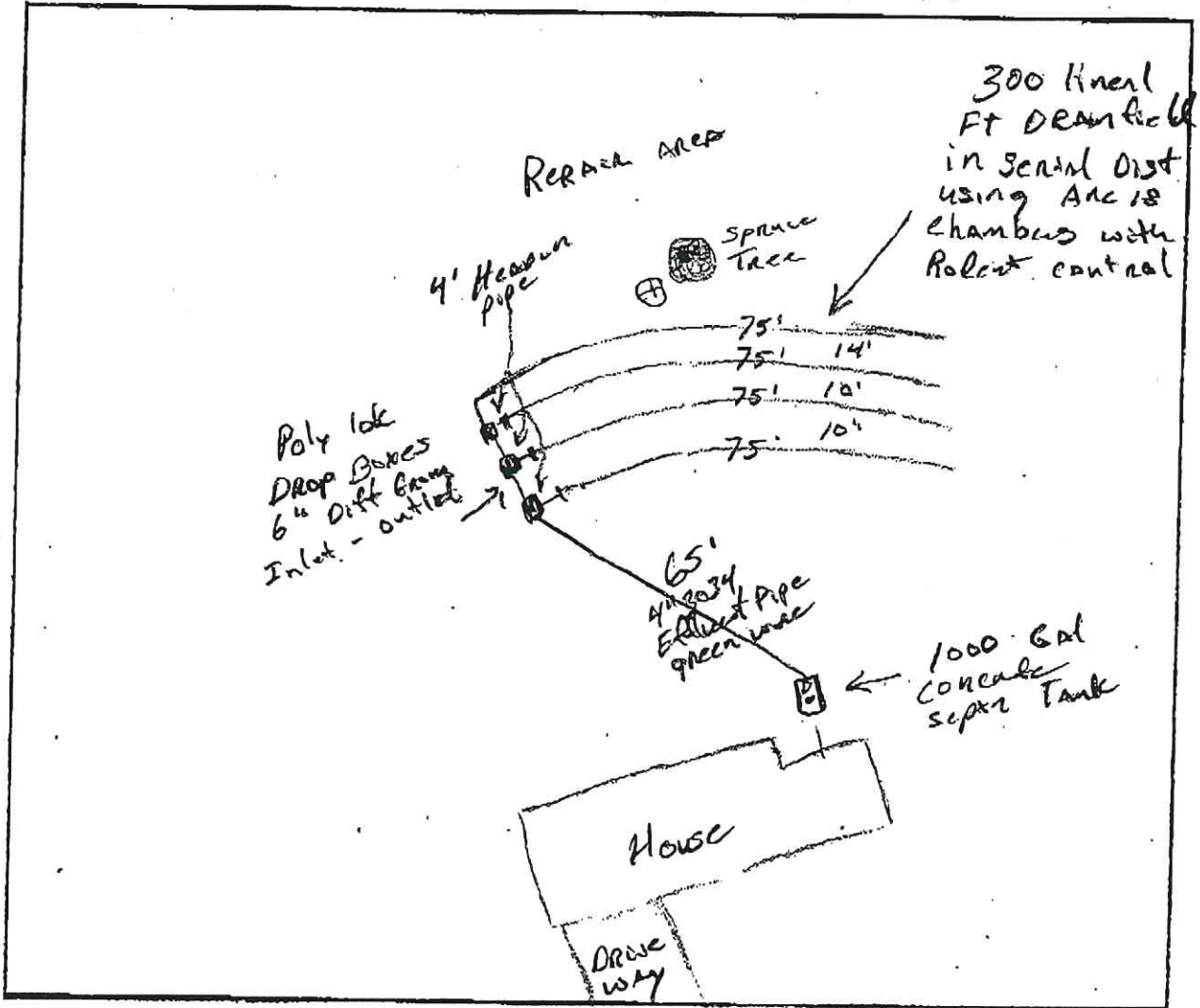
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MAR 11 2013

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0026(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: Robert Martens Exc LTD		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37547	Certification#: RI 338
Owner/Certified Installer:	Signature: <i>[Signature]</i>	Date: 3-10-13	Phone#: 503-440-2724

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:

Comments:

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INSPECTION REQUIREMENTS

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

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

	Onsite Wastewater Specialist	8/28/2012	8/28/2013
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.



SITE PLAN FOR PROPOSED SEPTIC REPAIR

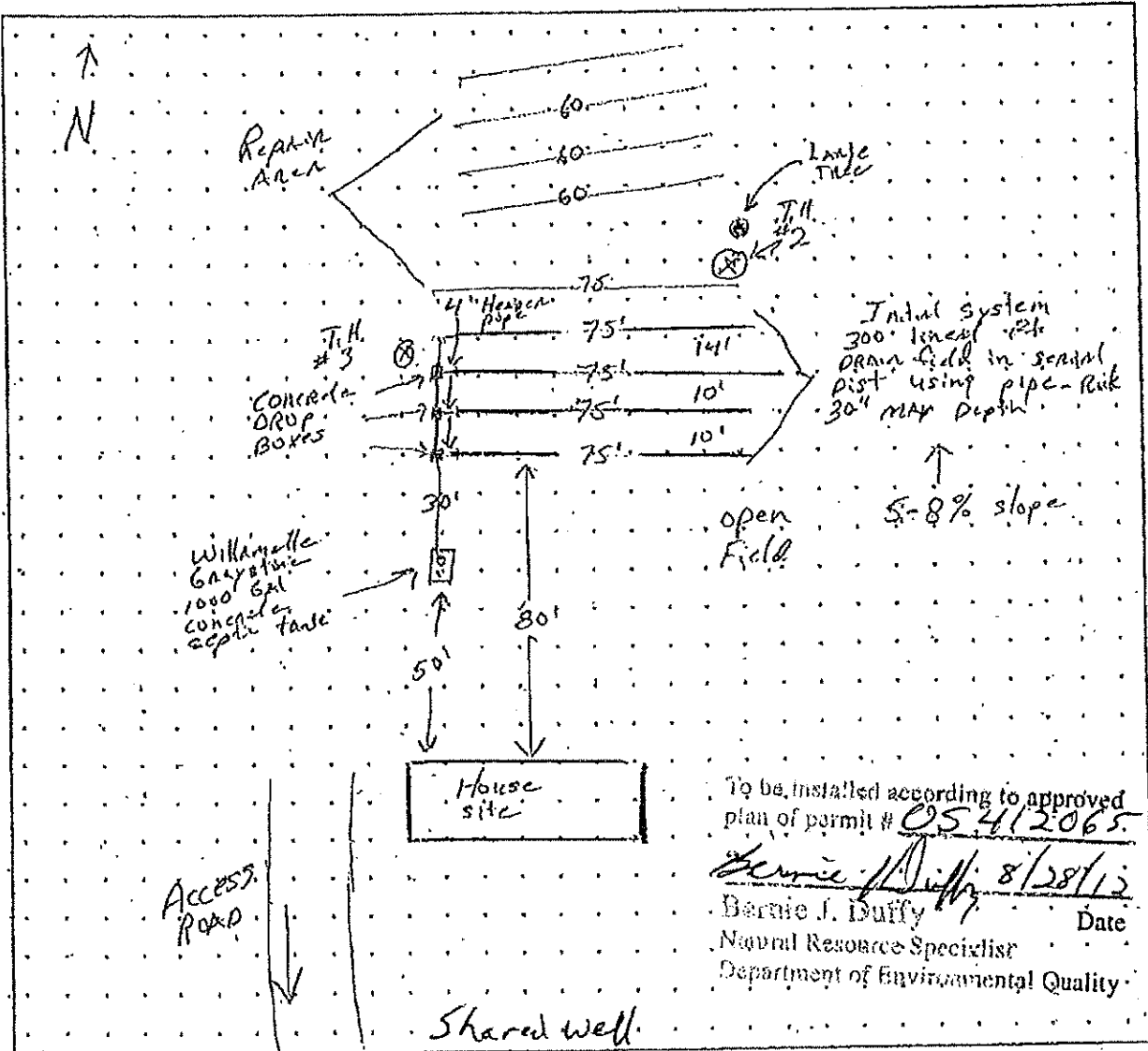
Site Plan Must Be Current

Site Address: Grimston Lane City: Astoria

Tax Lot#: 1200 Acres: _____ Subdivision: _____

Lot: _____ Block: _____ Property Owner: David Quaschnick

Scale: 1 Square = 10 Feet SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Rob E. Mart Date: 8-24-12 AUG 24 2012

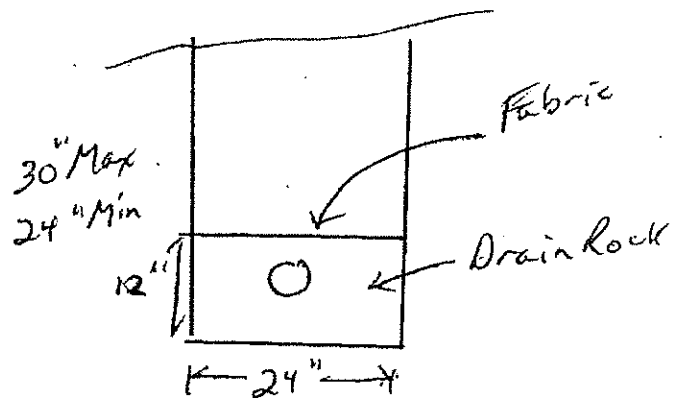
DEPT. OF ENVIRONMENTAL QUALITY
NORTH OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

DAVID Amosha
8-9-23A-1200

Materials list

- 1000 Gal Willamette Graystone concrete septic tank with Rose and lid
- 300 Ft 4" 2729 perst pipe
- 30 yds Teson - Fisher DEO DRAIN ROCK
- 40 Ft 4" solo pipe
- 30 Ft 4" 3034 Ebbwast pipe
- 3 Willamette Graystone concrete drop boxes

Trench Detail



To be installed according to approved
plan of permit # OS 412065
Bernie Duffy 8/28/12
Bernie J. Duffy Date
Natural Resource Specialist
Department of Environmental Quality

OFFICE OF PERMITS AND REGULATORY SERVICES
NORTH COAST REGION

AUG 28 2012

NORTH COAST REGION
WALDEN, WA

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

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

Job Site Address: 37572 Grimstad Lane City: Astoria

Owner: David & Sheleni Quashnick Phone: 503-791-4782

Owners Address: 40153 Riverview Terrace Lane - Astoria, OR 97103

Agent: _____

Proposed Development/Construction: New, SFR, one story w/attached garage, 4bdrm/2.5 bath

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

Legal Description: T 8 R 9 SEC 23A Tax Lot(s) 1200

Permit Needed - Yes () No () Site Approved - Yes () No ()

Signature: V. Schell Date: 8/30/12

Remarks: OS 412065

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 _____

Signature: _____ Title: _____ Date: _____

Remarks: Shared Well - See Well agreement

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: N/A Number of Hydrants: N/A Hydrant Location (s): N/A

Signature: [Signature] Title: Chief Date: 8-28-2012

Remarks: Meets NFPA 1142 Requirements

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

Internal Use Only:

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



State of Oregon
Department of
Environmental
Quality

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:

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AUG 24 2012

NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:

Date Received 8/24/12 413651
Fee Paid 1068⁰⁰
Receipt Number 149759
Application Number 413651
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

Scan ID

A. Property Owner Information

Name David Quashnick, Jr. Mailing Address (Street or PO Box, City, State, Zip Code) 40153 Riverview Terrace Ln. Phone Number 503-791-7579

B. Legal Property Description

Township 8 Range 9 Section 23A Tax Lot 1200 Tax Account Number _____ Acreage or Lot Size 11.59
County Clatsop Subdivision Name _____ Lot _____ Block _____

Property Address: 37572 Grimstad Lane Astoria OR 97103
Address City State Zip Code

Directions to Property: Head East out of Astoria towards John Day/Knapa
Turn (L) At John Day Bridge, (R) on Grimstad Ln. Last property, stay (L) on Road

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

- Single Family Residence
Number of Bedrooms _____
 Other _____

Proposed Facility:

- Single Family Residence
Number of Bedrooms 4
 Other _____

Water Supply:

- Public _____ Name _____
 Private Well (shared existing)
Well, Spring, Shared _____

D. Type of Application

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input checked="" 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 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.

Signature Sheleni Quashnick Date 8/22/12

Applicant's Name - Please Print Legibly

Applicant's Phone Number

Applicant's E-mail Address

Applicant's Mailing Address

- Applicant is the Owner Authorized Representative
 Authorization Attached

Licensed Septic Installer
Robert Martins
Installer's Name





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

NOTICE AUTHORIZING REPRESENTATIVE

I, David Quashnick, have authorized
 (Property Owner/Print Name)
Robert Mantens 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:

37570 Grimstad Lane Astoria OR — 40153 riverside terrace lane
 Property Situs or Road Address Astoria Oregon
97103

And described in the records of _____ County as:

Township 7N Range 9W Section 23A Map ID _____ Tax Lot #(s) 1200

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: David Quashnick

Signature: [Signature] Date: 6/6/12

Address: 37570 Grimstad Lane Phone: 503-791-7579

City, State, Zip: Astoria Oregon 97103 Fax: _____

E-mail Address: Shelton_Aiken22@hotmail.com

AUTHORIZED REPRESENTATIVE:

Printed Name: Robert Mantens

Signature: [Signature] Date: 5-28-12

Address: 92859 Wallusks Loop Phone: 503-440-2724

City, State, Zip: Astoria OR 97103 Fax: 503-325-0615

E-mail Address: _____

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

1. Applicant Name/Property Owner: DAVID QUASHNICK JR
Mailing Address: 40153 Riverview Terrace LN
City, State Zip Code: Astoria OR 97103
Telephone: 503-791-7579

2. Property Information:

County: Clatsop Tax Lot No.: 1200
Township: BN Range: 9W Section: _____
Physical Address: _____
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:

An individual, single-family dwelling
 Describe the type of development, business, or facility and the provided services or products: _____

4. Permit or approval being requested:

Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewage flow increases

Print Form

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

5. Property Zoning: AF / GHO Zoning Minimum Parcel Size: 80-ac

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:

Conditional Use Permit - Template Test Dwelling
Permit # 20120343

8. Planning Official Signature: Jennifer Bouch

Print Name: Jennifer Bouch

Title: Senior Planner

Date: 8-24-12

Telephone: 325-8611



SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current

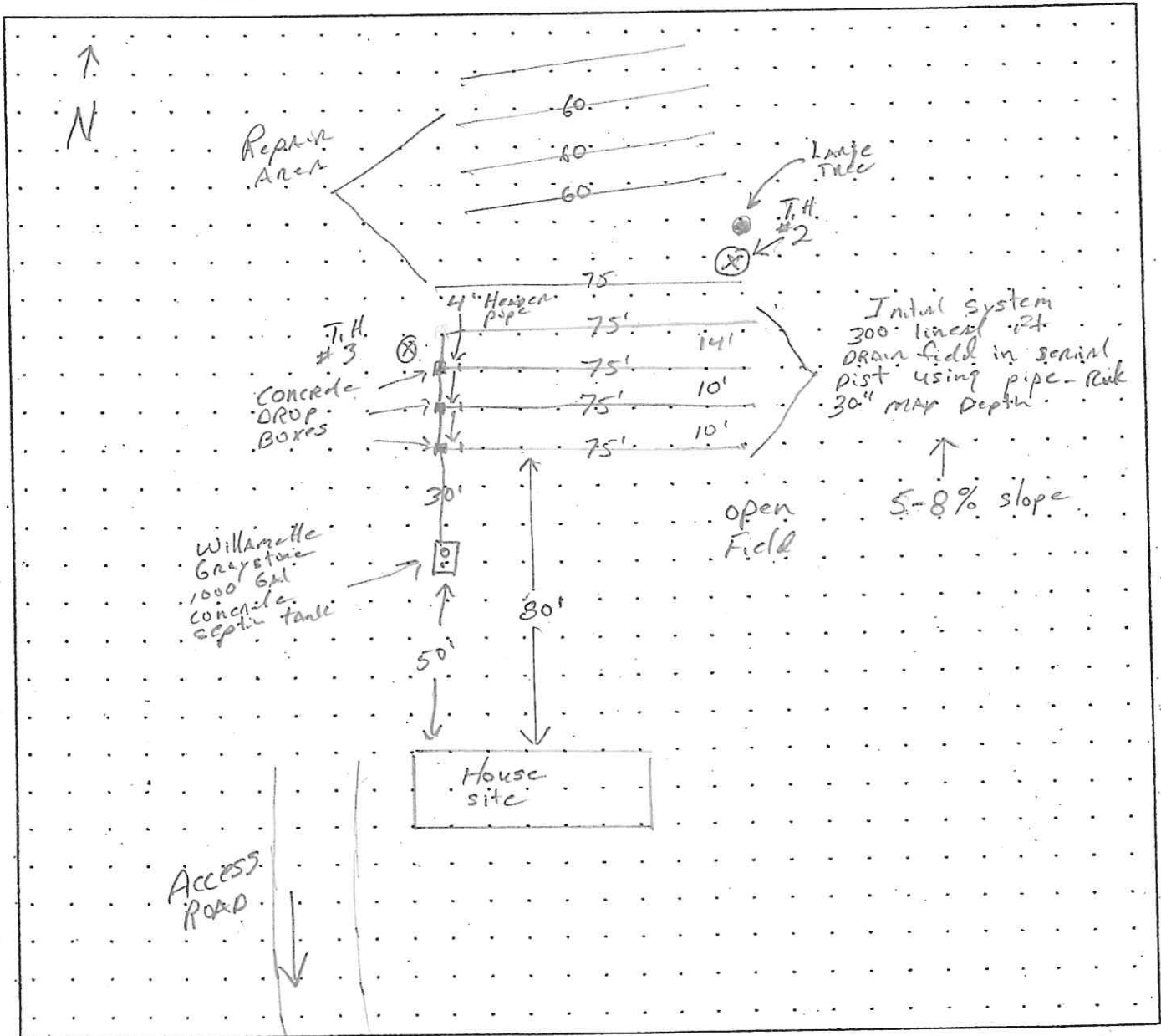
Site Address: Grimston Lane City: Astoria

Tax Lot#: 1200 Acres: _____ Subdivision: _____

Lot: _____ Block: _____ Property Owner: David Quashnick

Scale: 1 Square = 10 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



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

I am the [] Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Rob E Mart Date: 8-24-12

AUG 24 2012

NORTH COAST BRANCH OFFICE
WARRENTON

Materials list

DAVID ANISH
8-9-23A-1200

1000 Gnl Willamette Graystone concrete septic tank with Rosch aus lid

300 Ft 4" 2729 pent pipe

30 yds Tecon - Fisher DEO DRAIN ROCK

40 Ft 4" soluo pipe

30 Ft 4" 3034 Effluent pipe

3 Willamette Graystone concrete Drop Boxes

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NORTH COAST BRANCH OFFICE
WARRENTON, OR

Ret
mt



Receipt Number: 149759

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

Date Received 8/24/2012

Received From **David Quashnick**
(Check Name): **40153 Riverview Terrace Lane**
Astoria, OR 97103

For **T08N R09W S23 A**
Property **TaxLot 1200**
At: **Clatsop County**
37572 Grimstad Lane
Astoria, OR 97103

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
1,068.00	Check	0652900269	11-24	1,068.00

Total Amount Applied \$1,068.00

Onsite Fees	
Base Fee:	1,008.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$1,068.00
Payments	
Previous Payments:	0.00
Current Payment:	1,068.00
Over Payment:	0.00
Total Payments:	\$1,068.00

Application Description	
Application ID:	413651
Application Type:	Construction-Installation Permit
	Single Family Dwelling
System Type:	Standard
Pump Evaluation:	No
Flow:	450 gallons/day

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AUG 24 2012

Receipt Amount: \$1,068.00

NORTH COAST BRANCH OFFICE
WARRENTON

Received By:

Vicky Schiele

Date of Entry:

8/24/2012

COPY

Scan ID
413051



Clatsop County
Community Development Department
800 Exchange Street, Suite 100
Astoria, OR 97103

www.co.clatsop.or.us
ph: 503-325-8611
fx: 503-338-3666
em: comdev@co.clatsop.or.us

Notice Issuance of Warning

David Carl Quashnick Jr.
92296 Willow Rd.
Astoria, OR 97103

RE: Complaint: building accessory structure without permits; living in RV's unpermitted
T8N, R9W, §23A, Tax Lot 1200

Dear Mr. Quashnick,

A complaint has been filed with the Department of Transportation and Development alleging an accessory structure is being built without planning or building permits. Pictures of the site documented that there are two RV's that are lived in along with a small structure housing an unpermitted wood stove. The property is located at the end of Grimstad Road (T8N, R9W, §23A, Tax Lot 1200) and is located in an Agriculture Forestry Zone (AF) and Geologic Hazard Overlay District (GHO).

Per the Clatsop County Development and Use Ordinance # 80-14 (LWDUO):

- Section 2050 (1) development and building permits required (unpermitted accessory structures including small structure with wood stove)
- Section 2052 (10) living in recreational vehicles not permitted (two RV's on site)
- Section 3519 (5) conditional use permit required for accessory structure used in conjunction with forest practices
- Section 4.040 geologic report required as property is in a geologic hazard overlay district

Per the Clatsop County Code of Regulations (CCCR, Section 36):

- Section 36.1.10 public nuisance (violation of county ordinance)

The Clatsop County Building Official has posted the accessory structure with a "Stop Work" order. No further work on the accessory structure may be completed until all planning and building permits have been issued and approved by the Building Official.

It is evident in the photos that people are living in two recreational vehicles (including dish satellite) which appear to have electrical, and septic hook ups without permits. Please provide documentation to this office that no one is living on site.

We understand you have met with Mike Weston and Julia Decker, planners, and you have been given the necessary paperwork to complete the conditional use permit for the accessory structure. Because there is a

violation regarding people living in RV's on the property we are unable to process the conditional use application until proof is provided that no one is living in RV's on the site.

It is my understanding that there are plans to build a house after completing the template test process. If you plan to build the house on the same property as the accessory structure and all applications are approved you may at the time you apply for a dwelling request a temporary use permit to live in a (one) recreation vehicle for a period of one year during construction of the dwelling. If you would like additional information regarding these permits please contact a planner at our office at 503-325-8611.

Please contact this office in writing within fifteen (15) days from the date of this letter advising action you will take to remove the recreational vehicles. If we don't hear from you within this time period we will proceed to the next step in the code compliance process, which is to issue a "Notice of Violation". If action is not taken in a timely manner the next step would be to issue a Code Compliance Order, which could include fines, which become your personal responsibility. If you have questions contact me at 503-325-8611.

Date: 3/3/10

W. Caplinger
Will Caplinger
Code Compliance Specialist

Cc: Clatsop County Building Official, Jim Byerley

Scan ID
413051



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

May 14, 2002

Erling & Patricia Grimstad
1891 Yaquina Bay Road
Newport, OR 97365

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

RE: Site Evaluation Results – Site Approval With Conditions
Township/Range/Section: T8N, R9W, S23A; Tax Lot No. 1200, Clatsop County

Dear Erling & Patricia Grimstad:

Your site was evaluated for suitability of on-site sewage disposal systems on the following date(s): 4-24-02. Based on this evaluation, the following on-site sewage disposal systems are approved:

Initial system: Standard, 300 linear feet drainfield
Replacement system: Standard, 300 linear feet drainfield

Details of the site 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 package. The permit must be issued by DEQ 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 within 30 days of the site evaluation report issue date at a cost of \$440. 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 at a cost of \$1340. If you are interested in either of these actions, please contact the undersigned for more details before you proceed.

Best wishes on a successful project. If you have any other questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resource Specialist

Enclosure: Site Evaluation Report



**Site Evaluation Report
For On-Site Sewage Disposal System Suitability**

Site Location: T8N, R9W, S23A; Tax Lot No. 1200, Clatsop County
Applicant: Erling & Patricia Grimstad
Date(s) of Site Evaluation: 4-24-02
DEQ Onsite Specialist: Connie M. Schrandt
Date of Report: May 14, 2002

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An on-site sewage disposal system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper treatment in an on-site system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils in an area that is large enough for both the initial drainfield area and the replacement drainfield area. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on 4-30-02. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites.
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of the on-site system.

Approved Systems

Based on the evaluation of the site conditions, the following on-site sewage disposal systems are approved:

Initial System:	System Type: Standard Minimum Septic Tank Size: 1000 gallons Linear feet of drainfield: 300 Distribution Method: Serial Trench Depths: Maximum - 30" and Minimum - 24"
Replacement System:	Same as for Initial System

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

Additional 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 450 gallons per day, with an average sewage flow of not more than approximately half of the peak sewage flow. This is normally sufficient to serve a single family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow limits are 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. A physical stake-out of both the initial and replacement disposal areas must be reviewed prior to issuance of a permit to construct the approved systems.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor's records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet



FIELD WORKSHEET

Tax Reference T&H R9W S23A TL #1200 Clatsop Co. Evaluator CMS
 Applicant Erling & Patricia Christstad Date 4-24-02 Parcel Size 11.34 acres

	Depth (in.)	Texture	Soil Matrix Color and Redoxymorphic Features, %Coarse Fragments, Roots, Pores, Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 1	0-15	duff/sil	10YR 3/1 + 3/2; crumbly; common vf. f. m. & l. roots	1
	15-30	sil	10YR 4/3; 1SBK; few vf. f. m. roots to 30" bgs	
	30-57	sick	10YR 5/4 w/ few coarse or coarse, from RDFS assoc'd w/ root brown position; 2SBK	
Pit 2			> similar to Pit 1	2
Pit 3				
Pit 4	0-15	sil/duff	10YR 3/1 to 10YR 4/2 w/ depth; 1SBK	
	15-65	sick	variegated w/ 10YR 5/4 matrix; 2SBK	
Pit 5	0-9		} Similar to Pit 1	3
	9-38			
	38-57			

Landscape Notes mountainous slope; convex linear - heavy vegetation & forested
 Slope variable Aspect NW-N Groundwater Type No evidence
~7-10%

Other Site Notes: Drainfield areas to be 100 ft. from any groundwater or year-round surface water, 50 ft. from intermittent surface waters. Septic tank to be 50 ft. from any groundwater or surface water, 10 ft. from foundations, property lines and utility lines

SYSTEM SPECIFICATIONS

Type System: **STANDARD** Design Flow: 450 gpd Disposal Field Size: 300 total linear ft.

Initial serial System Sizing: 100 linear ft/150gpd Max/Min Depths Required (in): 30/24
 Replacement " System Sizing: " linear ft/150gpd Max/Min Depths Required (in): " "

Special Conditions:

- A detailed site development plan of proposed system construction (located within area of approved test holes) is required with permit application. The plan must show proposed system placement as it relates to existing and/or proposed structures, wells, waterways, roads and parking areas.
- Honor all required setbacks (OAR 340-071, Table 1) and required separation distances.
- Disposal areas to be kept free of cover, traffic, development or other potential disturbance of soil conditions described.

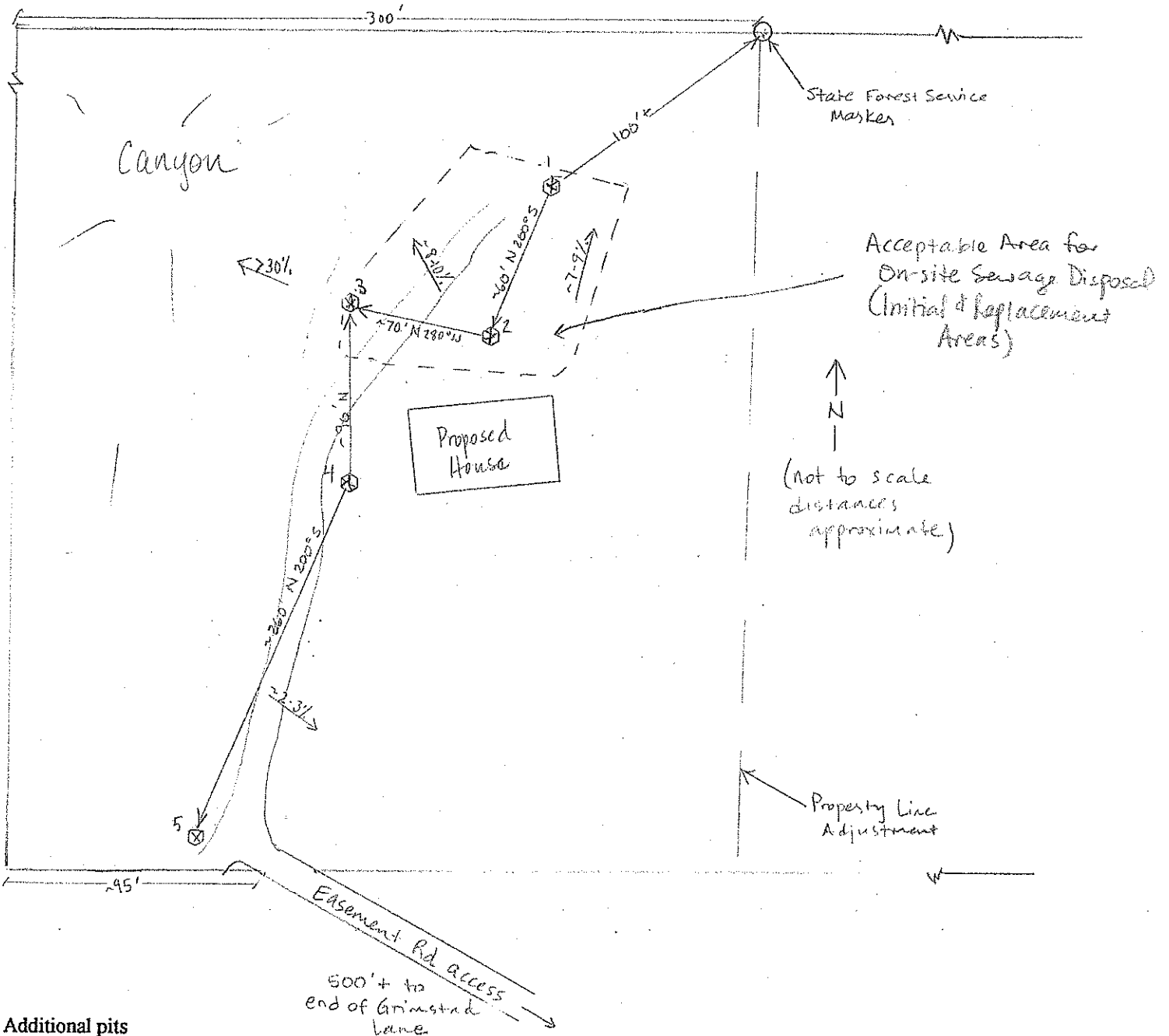
We recommend a DEQ licensed sewage disposal business prepare plans for DEQ construction/installation permit and install/repair/alter system following permit issuance. Please call 503-861-3280 if you have questions.

Physical stakeout of both initial & replacement disposal areas required for permit to construct approved system

PLOT PLAN ON REVERSE SIDE

NAME Erling & Patricia Grimstad

T 8N R 9W S 23A TL# 1200



Additional pits

4 _____

5 _____

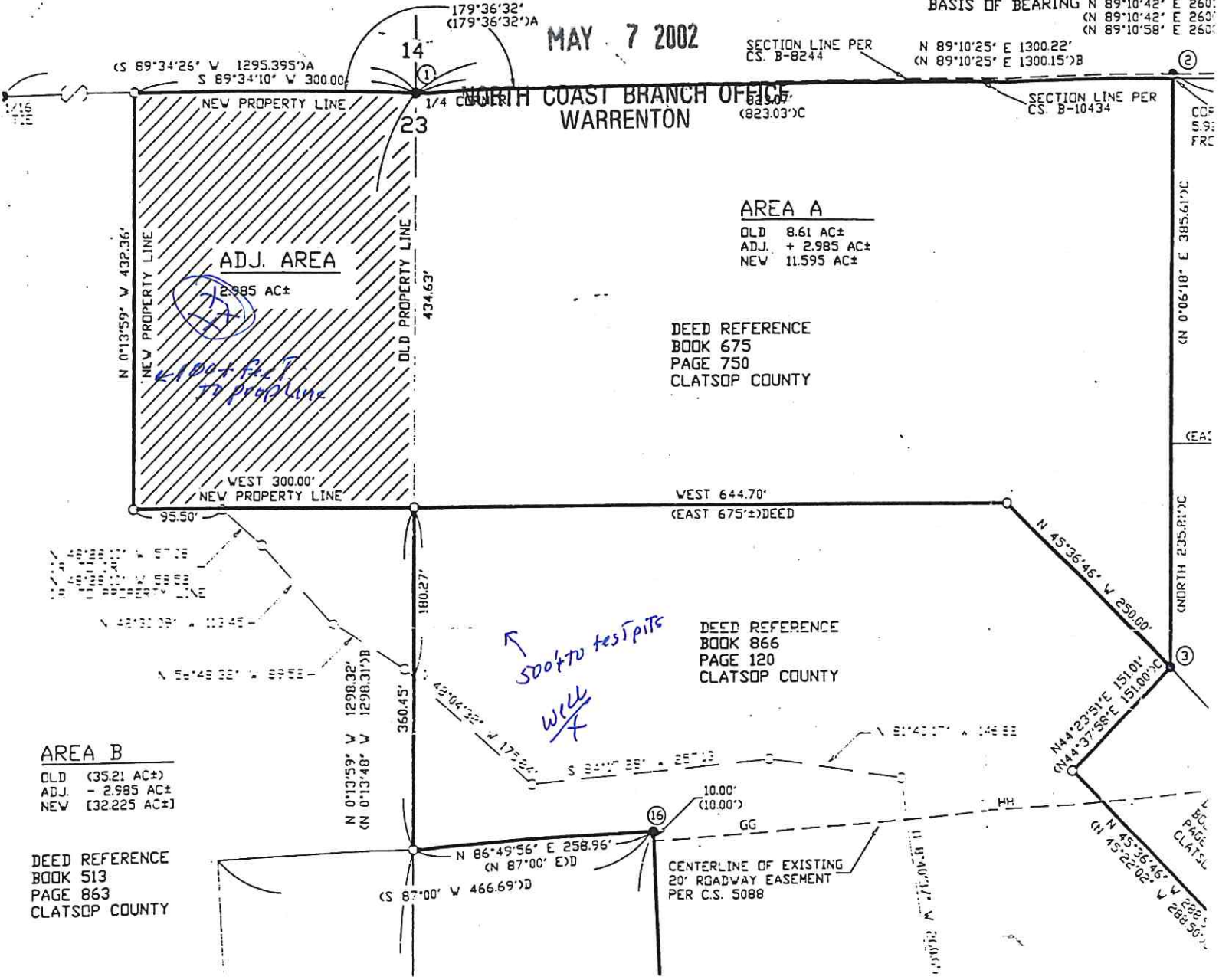
Notes _____

LATSOP COUNTY
 SURVEYOR
 RECEIVED
 JAN. 28, 1998
 FILED 3-23-98 B.S.C.
 STORIA, OREGON

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

PROPERTY LINE ADJUSTMENT /
 BERLING GRIMS
 NW 1/4 AND NE 1/4 SEC. 23,
 CLATSOP COUNTY, OF
 SCALE: 1" = 100'
 BASIS OF BEARING N 89°10'42" E 260.0'
 (N 89°10'42" E 260.0')
 (N 89°10'58" E 260.0')

MAY 7 2002



AREA A
 OLD 8.61 AC±
 ADJ. + 2.985 AC±
 NEW 11.595 AC±

DEED REFERENCE
 BOOK 675
 PAGE 750
 CLATSOP COUNTY

DEED REFERENCE
 BOOK 866
 PAGE 120
 CLATSOP COUNTY

AREA B
 OLD (35.21 AC±)
 ADJ. - 2.985 AC±
 NEW (32.225 AC±)

DEED REFERENCE
 BOOK 513
 PAGE 863
 CLATSOP COUNTY

Exhibit # ^{one} EMR 576925

JAC. TSC
 buyers
 10/23/00

E.H. 11-9-00

Sellers

Date:

whelan

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NORTH COAST OFFICE
 65 N. Highway 101, Suite G
 Warrenton, OR 97146
 (503) 861-3280

FOR OFFICE USE ONLY
 Date Rec'd 3-28-02
 Date Completed _____
 Required Fee \$465.00
 Receipt No. 102115
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

11.34 acres +/-
 Lot Size (Acreage or Dimensions)

Gerimstad, Erling + Patricia
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property 8 9 23A 1200
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility

Water Supply

Single Family Residence Four
 (Number of Bedrooms)
 Other _____
 (Specify)

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

Located more than 200'
from test area

Existing Facility

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

APPLICATION FOR:

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

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

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

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

Erling Gerimstad, Patricia Gerimstad
 (Signature) owner

3-25-02
 (Date)

Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
1891 Yaguin's Bay Road
Newport, Oregon 97365

Applicant's Mailing Address (if different)

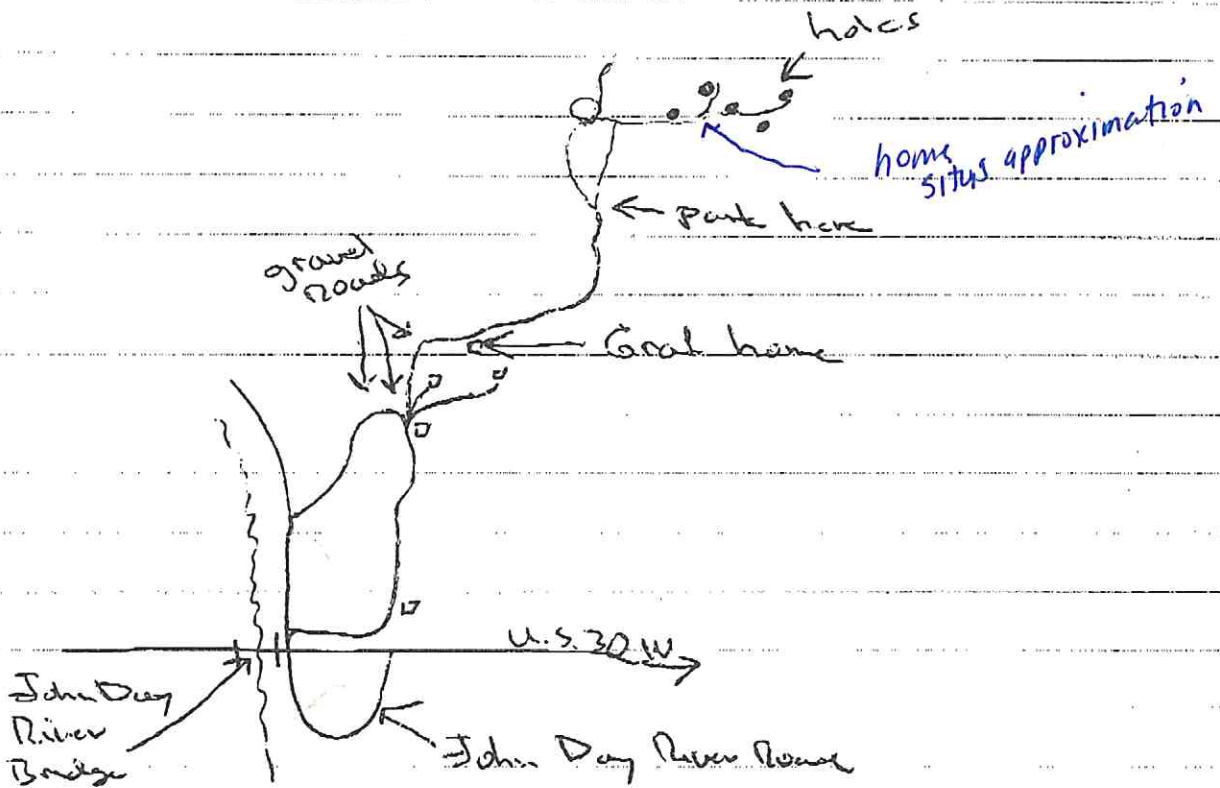
Entering Grimsland

Septic perc holes map

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 28 2002

NORTH COAST BRANCH OFFICE
WARRENTON

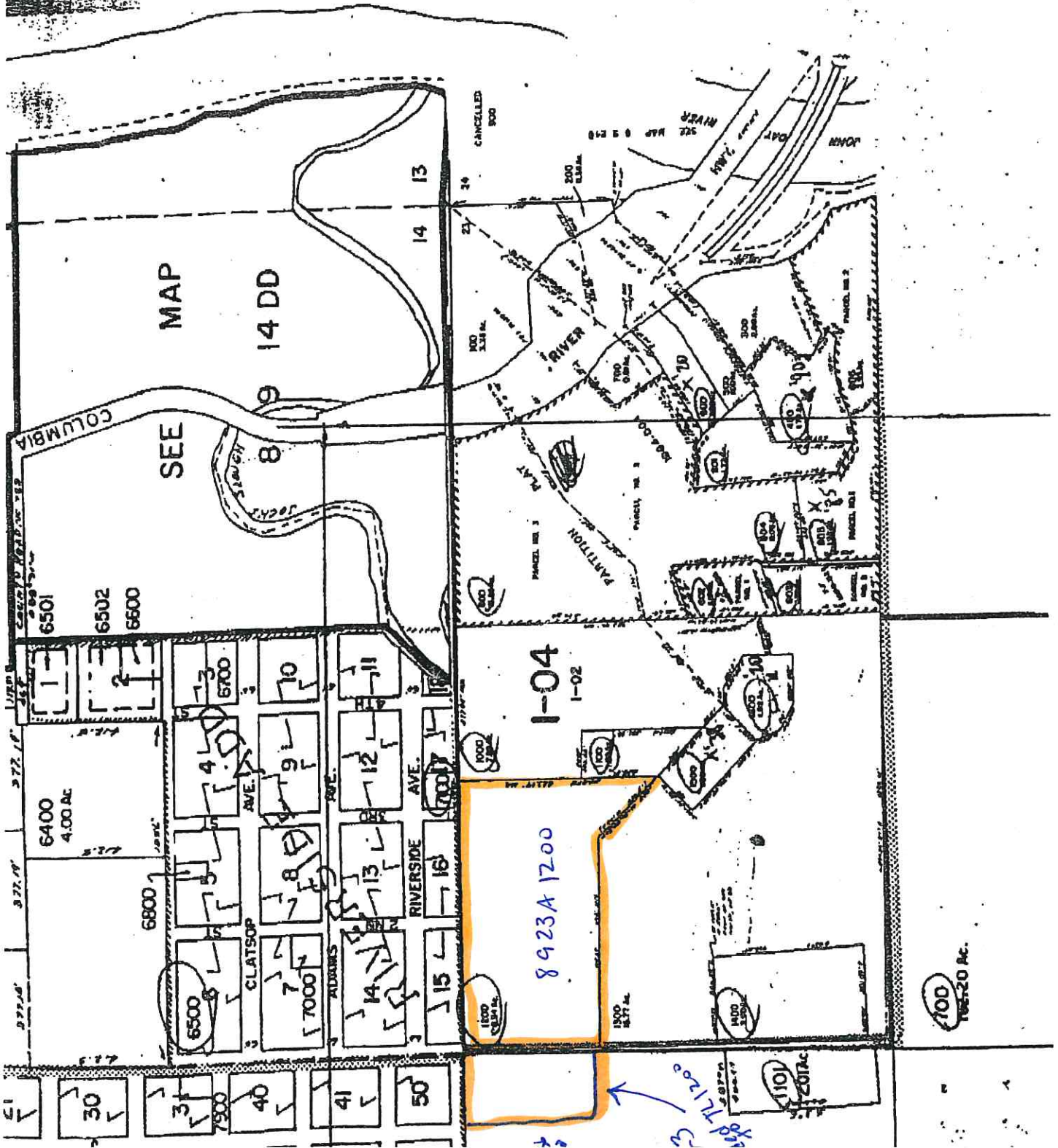


DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 28 2002

NORTH COAST BRANCH OFFICE
WARRENTON

Wrimstad Evaluation



DEPT. OF ENVIRONMENTAL QUALITY
EXAMPLE A RECEIVED

MAR 28 2002

NORTH COAST BRANCH OFFICE
WARRENTON

VICINITY MAP
Clatsop County

Please be specific with the directions to the property. If directions are unclear and the sanitarian cannot make it to the site then the processing of your application will be delayed.

Use a city or community on a major Highway as the starting point (Elsie, Knappa, Arch Cape, Jewell, Warrenton, etc.) (Hwy. 26, 30, 53, 101, 102, 102, 202). Give as exact distances as possible (i.e. 1.5 miles, 2.2 miles., etc). Give any landmarks that may help locate the site. Directional indicators (N,S,E,W) are also helpful. Thank you.

Site is remote and difficult to find. Please call Bill Fornas at Pete Anderson Realty 325-0285 and he will assist you at the property.

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

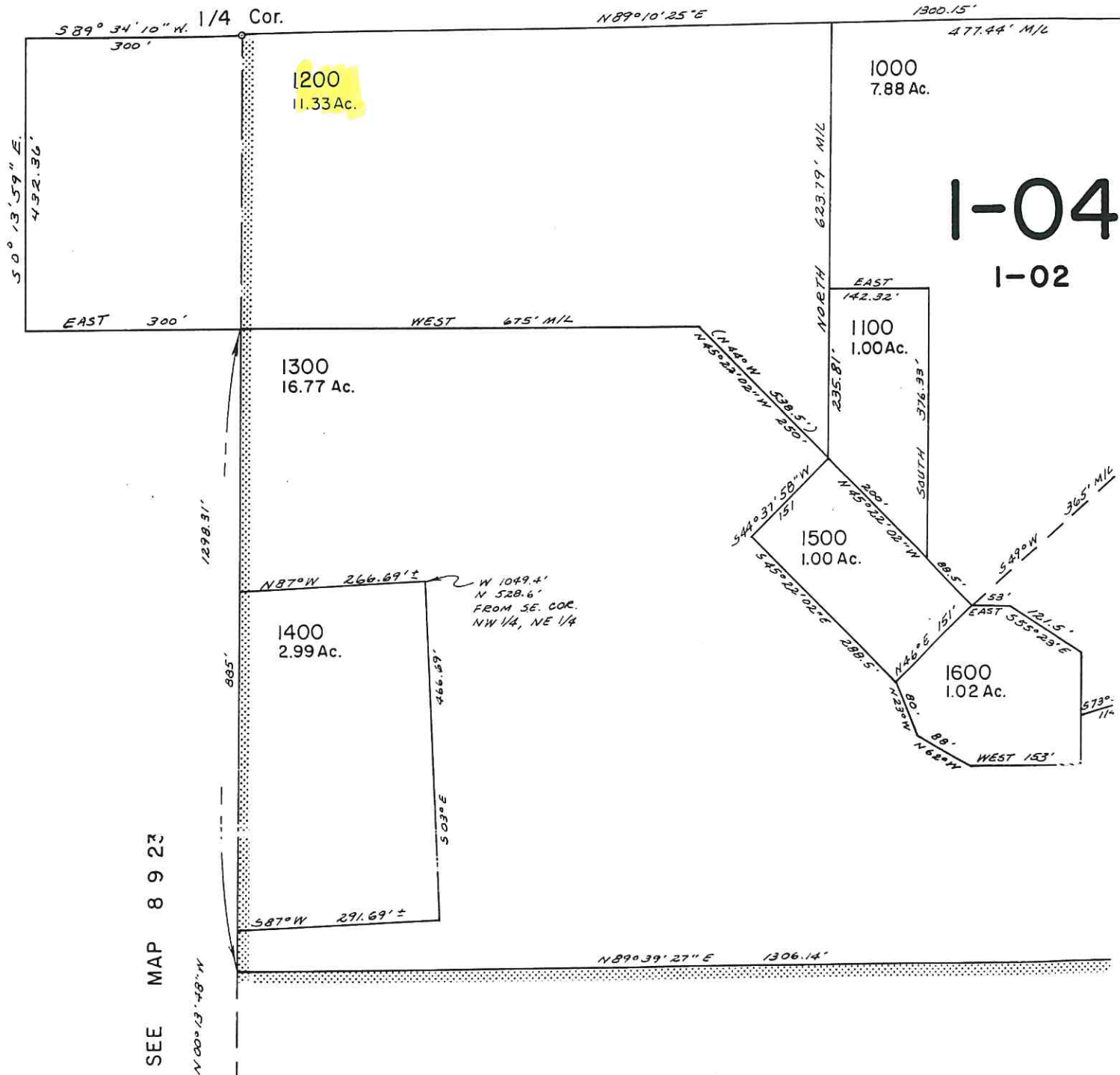
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

CLATS

MAR 29 2002

NORTH COAST BRANCH OFFICE
WARRENTON

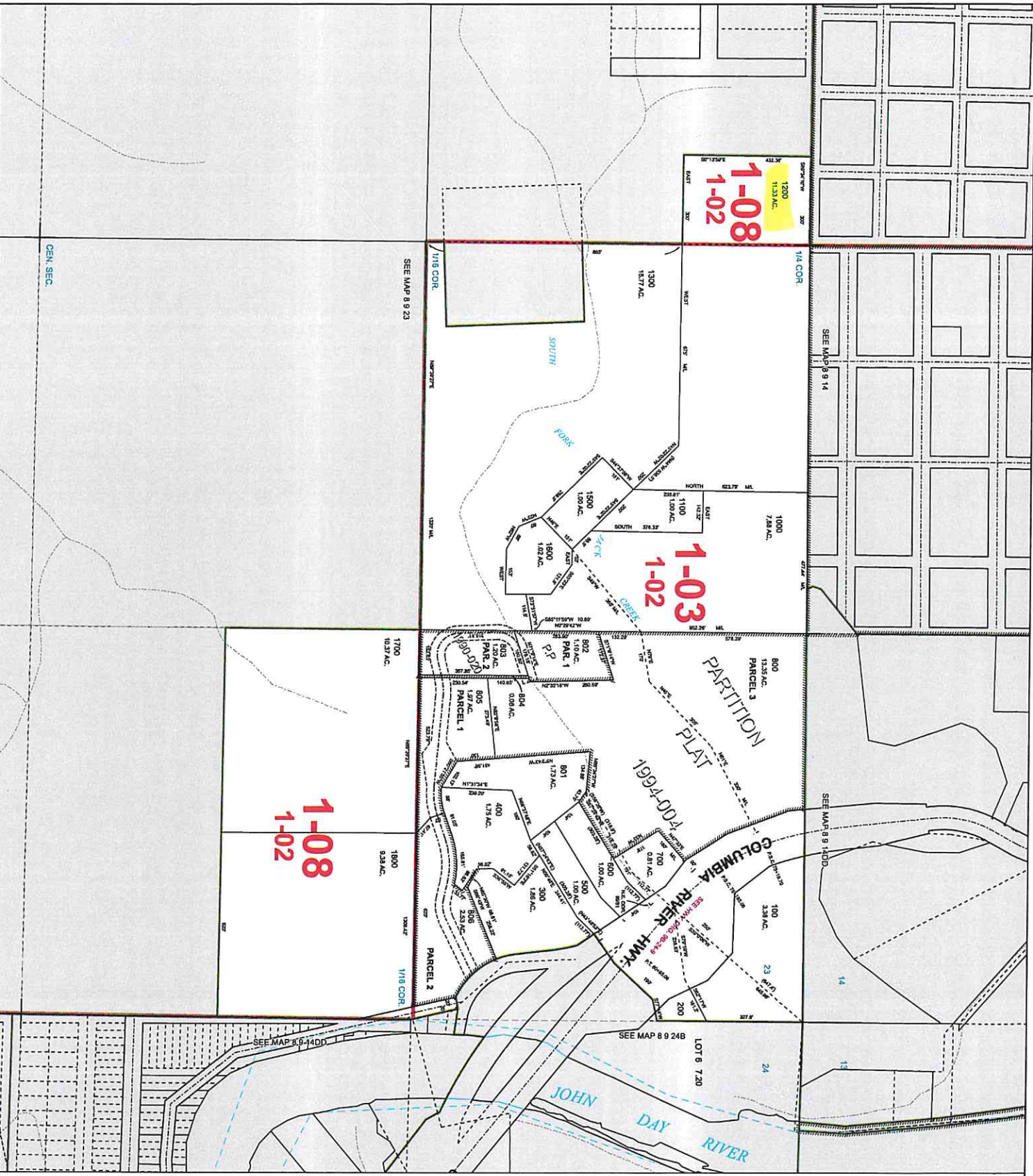
SEE



1-04
1-02

SEE MAP 8 9 23

8923A



GEN. SEC.

SEE MAP 8 9 23

SEE MAP 8 9 14

SEE MAP 8 9 14 DD

SEE MAP 8 9 24 B

SEE MAP 8 9 14 DD

8 09 23 A
CLATSOP COUNTY
 NE 1/4 SEC. 23 T8N R9W WM

Scale 1:2,400

0 125 250 500 ft



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

CANCELLED TAXLOT NUMBERS
 700M1 1400

15	16	17	18	19	20
21	22	23	24	25	26
27	28	29	30	31	32



FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT
www.co.clatsop.or.us

This map was produced using Clatsop County GIS data. Clatsop County is not responsible for any map errors, possible misuses, or misinterpretation.

PLOT DATE: 8/29/2021
8 09 23 A