



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

186-21-000291-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: 10/11/2021
Work Description: Installation/Construction; capping fill

Applicant: Robert Martens Excavation, Ltd.
Address: 92859 Walluski Loop Road
Astoria OR 97103
Phone: (503) 325-0615
Email: martens92861@charter.net

Primary Contractor: Robert Martens Excavation, Ltd.
Installer License: 37547
Address: 92859 Walluski Loop Road
Astoria OR 97103
Phone: (503) 325-0615
Email: martens92861@charter.net

Owner: JASON FARMER
Address: 919 GARA PLACE
ASTORIA OR 97103

Property Address: 35485 Wiley Ln, Astoria, OR 97103

Parcel: 809260000801 - Primary **Township:** 8 **Range:** 09 **Section:** 26

Lot Size: 4.03 acres **Water Supply:** Well
Zoning: AF **City/County/UGB:** County
Land Use Approval: yes

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	4 bedroom
Number of Bedrooms:	N/A	4

System Specifications

Type: Capping Fill
Max Peak Design Flow: 450 gpd. **Proposed Flow:** 450 gpd.
Min Septic Tank Volume: 1000 gal. **Min Dosing Tank Volume:** N/A

Drain Field Specifications

Drain Field Type:	Capping Fill	System Distribution Type:	Serial
Drainfield Sizing:	300 linear ft.	Distribution Method:	Serial
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	300 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	12 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	12 in.	Capping Fills-Min Depth of Fill Material:	16 in.

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: 10/11/2021
Work Description: Installation/Construction; capping fill

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.)

Final Inspection Request and Notice - Septic ID: 186-21-000291-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.

RECEIVED

SEP 16 2021

CLATSOP CO. PUBLIC HEALTH

SECTION 1: Owner/Permittee Information:

Twnshp: 8 **Range:** 09 **Sect:** 26
Lot: 00801

Name: JASON FARMER

Property Address: 35485 Wiley LN, Astoria, OR 97103

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: <i>CAPPING FILL</i>			Water tight verification*
Tanks(1)	Volume: <i>1000</i>	Compartments: <i>1</i>	Manufacturer: <i>AI Concrete</i>	Date:	
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:	
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.	
			Float(s)Type(2):	Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: <i>4"</i>	ASTM#/Other: <i>3034</i>	Length: <i>21 FT</i>
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

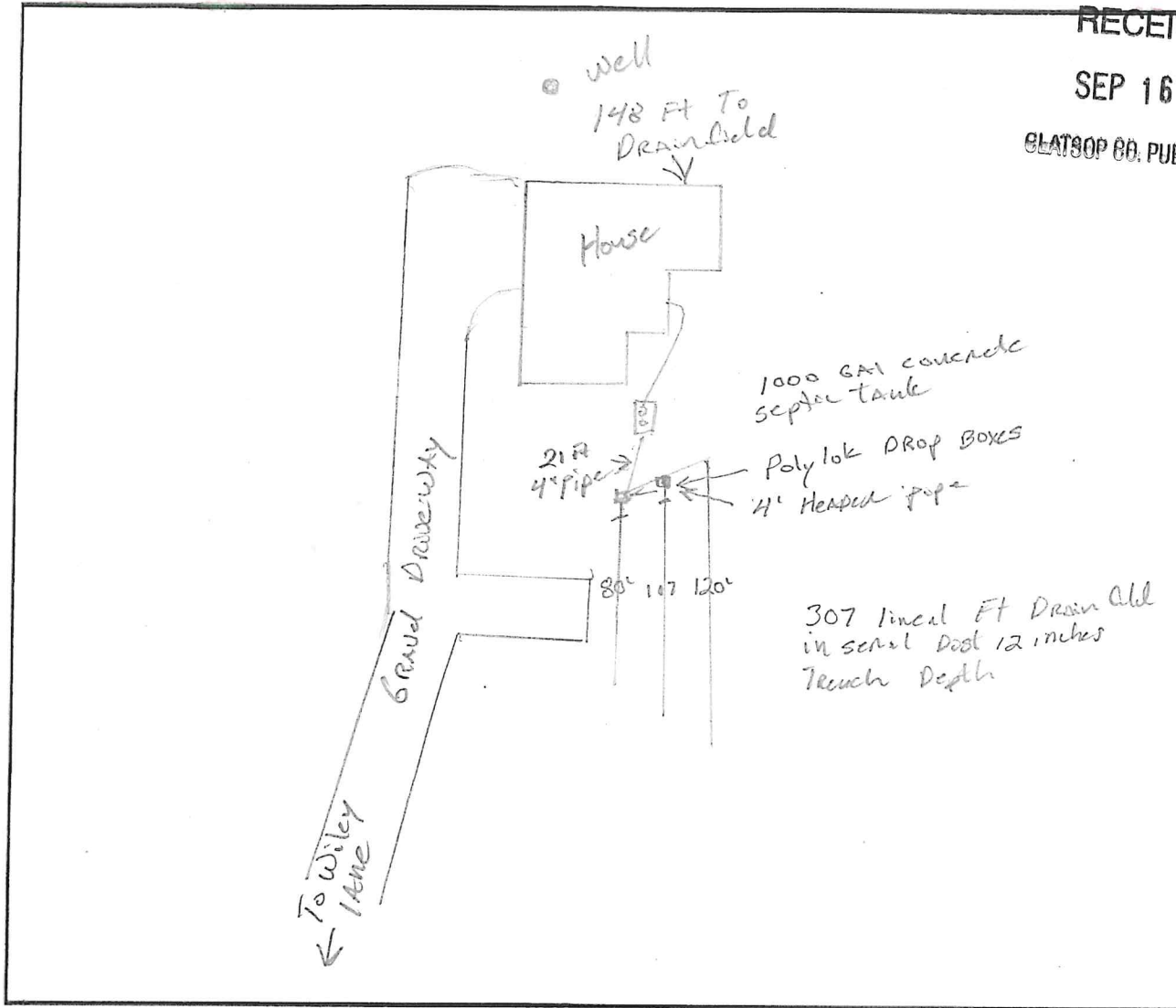
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
Drop Box	Yes <input checked="" type="checkbox"/>	No			
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:
Comment					

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By *[Signature]*
 Permit No. *186-21-000291*
 Date *10/11/21*

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
 **Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

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



RECEIVED
 SEP 16 2021
 CLATSOP CO. PUBLIC HEALTH

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>Robert Martens</u>
Licensed Installer: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>37547</u> Certification#: <u>RT 338</u>
Owner/ Certified Installer: Signature: <u>R.E. Martens</u>	Date: <u>9-17-21</u> Phone#: <u>503-440-2724</u>

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By [Signature]
 Permit No. 186-21-00029.1
 Date 10/11/21



Septic Permit Installation Permit - Residential - New 186-21-000291-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: 9/3/21	Expiration date: 9/3/22
Work description: Installation/Construction; capping fill	

Applicant: Robert Martens Excavation, Ltd. Address: 92859 Walluski Loop Road Astoria OR 97103 Phone: (503) 325-0615 Email: martens92861@charter.net Business License: N/A	Primary contractor: Robert Martens Excavation, Ltd. Installer License: 37547 Address: 92859 Walluski Loop Road Astoria OR 97103 Phone: (503) 325-0615 Email: martens92861@charter.net
---	---

Owner: JASON FARMER Address: 919 GARA PLACE ASTORIA OR 97103	Property address: 35485 Wiley Ln, Astoria, OR 97103
--	--

Parcel: 809260000801 - Primary **Township:** 8 **Range:** 09 **Section:** 26

Lot size:	4.03 acres	Water supply:	Well
Zoning:	AF	City/County/UGB:	County
Land use approval:	yes	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments: N/A			

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	4 bedroom
Number of bedrooms:	N/A	4

System Specifications

Type:	Capping Fill	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Capping Fill	System distribution Ttpe:	Serial
Drainfield sizing:	300 linear ft.	Distribution method:	Serial
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	300 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	12 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	12 in.	Capping fills-min depth of fill material:	16 in.

Special Requirements

Stake out required: No

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.)

Onsite Permit 186-21-000291-PRMT

Date issued: 9/3/21	Expiration date: 9/3/22
Work description: Installation/Construction; capping fill	

Groundwater type:	Temporary	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

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

9/3/21



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

RECEIVED

AUG 27 2021

CLATSOP CO. PUBLIC HEALTH

Pd ck# 12658
81450

#186-21-000291

Proposed 8/31

Application for Onsite Sewage Treatment System

A. Property Owner Information

Jason Farmer 919 Green Place Astoria OR 97103 720-244-3966
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8 9 26 801 55311 4.03
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop _____
 County Subdivision Name Lot Block

Property Address: 35485 Wiley Lane
 (Street, City, State, Zip)

Directions to Property 202 to Walluski loop to little
Walluski to Wiley lane

C. Existing Facility / Proposed Facility / Water Information

Existing Facility	Proposed Facility	Water Supply
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____
Number of Bedrooms _____	Number of Bedrooms <u>4</u>	Name _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Private <u>Well</u>
		Well, Spring, Shared

D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another
<input type="checkbox"/> Major	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Mobile Home or House
<input type="checkbox"/> Minor	<input type="checkbox"/> Compliance Record Review	<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"/> Temporary Housing
<input type="checkbox"/> Minor		<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.

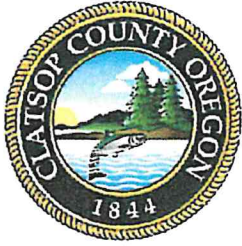
By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Robert Mantens 8-24-21
 Signature Date

Robert Mantens 503-440-2724 mantens928d@
 Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

92859 Walluski loop
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Robert Mantens #37547
 Installers Name



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

RECEIVED

AUG 27 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000291

Notice Authorizing Representative

I, Jason Farmer, have authorized
 (Property Owner – Please Print)

Robert Martens Excavation 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

35485 Wiley Lane, Astoria Oregon 97103

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 9 Section 26 Tax Lot 801 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Jason Farmer Email: jasonf728@gmail.com

Mail Address: 919 Gara Place City/State/Zip Astoria OR. 97103

Phone: 720-244-3966 FAX: _____

Signature: Jason Farmer Date: 08/24/2021
Jason Farmer (Aug 25, 2021 10:24 PDT)

AUTHORIZED REPRESENTATIVE:

Name: Robert Martens Email: martens928101@charter.net

Mail Address: 92859 Wallulus Loop City/State/Zip Astoria OR 97103

Phone: 503-440-2724 FAX: _____

Signature: Rt Martens Date: 8-26-21

RECEIVED

AUG 27 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000291

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Applicant Name/Property Owner: Robert Mantous
 Mailing Address: 92859 Wallstreet Loop Telephone: 503-440-2724
 City: Astoria State: OR Zip: 97103
2. Property Information:
 County: Clatsop Tax Lot Number: 801
 Township: 8 1 Range: 9 Section: 26
 Property Address: _____
 Block: _____ Lot: _____ Subdivision Name (if applicable): _____
3. This proposed facility is for:
 An individual, single-family dwelling. Jason + Kerry Farmer
 Other. Describe the type of development, business, or facility and the provided services or products:
919 Gara Pl Astoria
4. Permit or approval being requested:
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: inside city limits inside UGB outside UGB #12657
 If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction
6. Property Zoning: AF Zoning Minimum Parcel Size: 80
7. Is a public notice and hearing required? Yes No Hearing Date: GHO
8. Does the proposed facility comply with all applicable local land use requirements: Yes No
 Comments: per permit # 21-000334
and per TUP #
9. Planning Official Signature: _____
 Print Name: _____ Title: _____
 Telephone No.: _____ Date: _____
- * Planning Official Signature: Clance Adams
 Print Name: _____ Title: _____
 Telephone No.: _____ Date: 08-26-21

* Both city and county planning officials may need to sign if use is within a UGB.*

FARMER
8-9-26-801

RECEIVED

AUG 27 2021

GLATSOP CO. PUBLIC HEALTH

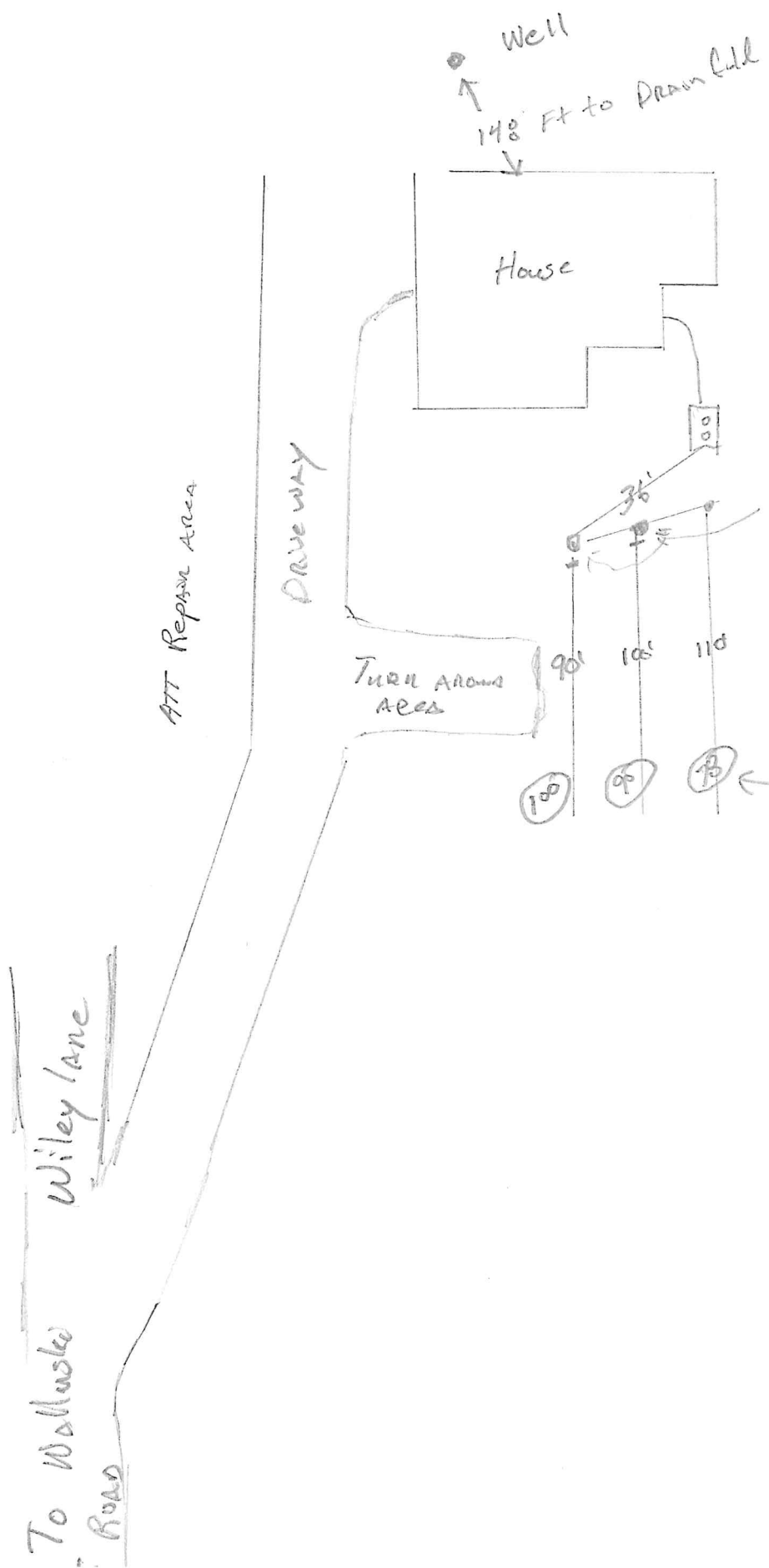
#186-21-000291

8-9-26-801

1000 GAL concrete
septic tank

poly lok Dist Boxes

300 lined pt drain field
in sand dist using pipe
and rock 12" deep and
installing 16" top soil cap



Robert
Martens

RECEIVED

AUG 27 2021

CLATSOP CO. PUBLIC HEALTH

186-21-000291

Materials list

8-9-26-801

1000 Gal A-1 Concrete septic tank

2 Oranco Fiberglass Risers and lids

300 Ft 4" perst Pipe

2 Polylok Drop Boxes

30 yds DEQ DRAIN rock

300'x3' Typar Filter Fabric

40 Ft 4" 3034 Effluent pipe

Robert
Martens



Transaction Receipt
Record ID: 186-21-000291-PRMT
IVR Number: 186061657166

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

Receipt Number: 457223

Receipt Date: 8/31/21

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

Worksite address: 35485 Wiley LN, Astoria, OR 97103

Parcel: 809260000801

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/31/21	1.00 Ea	Install - Capping fill - by gallons per day	81-7203	\$1,341.00	\$1,341.00
8/31/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
8/31/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 12658 Payer: Robert Martens Payment Amount: \$1,450.00
Excavation, Ltd.

Cashier: Annette Brodigan

Receipt Total: \$1,450.00

RECEIVED

JUL 08 2020

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order CLATSOP CO. PUBLIC HEALTH

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

Job Site Address: TBA - 8N 9W 26 801 City: ASTORIA

Owner: SHAWN HELLIGSD + WENNY BOONE Phone: 503-791-8111

Owners Address: 91889 Ridge Road, WARRENTON OR 97146

Agent:

Proposed Development/Construction: NEW Single Family Home + Shop

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 26 Tax Lot(s) 801

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

Signature: Shawn Van Martin Date: 07/08/2020

Remarks: construction permit to be purchased, Robert Mertens to install

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

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

Gallons per minute

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: Number of Hydrants: Hydrant Location (s):

Signature: Title: FIRE CHIEF Date: 6-3-30

Remarks: 12' WIDE U/TURN AROUND AT TOP

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?



Residential Septic Site Evaluation Approval

186-20-000182-EVAL

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: 07/01/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD

Applicant: helligso, shawn
Phone: 503-791-8111
Email: shawnhelligso@gmail.com

Primary contractor: Robert Martens Excavation, Ltd.
Installer License: 37547
Address: 92859 Walluski Loop Road
Astoria OR 97103
Phone: (503) 325-0615
Email: martens92861@charter.net

Owner: Shawn Helligso
Address: 91889 Ridge Rd
Warrenton OR 97146

Property address: 35485 Wiley Ln, Astoria, OR 97103

Parcel: 809260000801 - Primary **Township:** **8** **Range:** 09 **Section:** **26**

Lot size: 4.03 acres **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** County

Proposed use of structure: 4 bedroom
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

System Specifications

System type:	Initial System	Replacement Area
System distribution type:	Capping Fill	Capping Fill
Distribution method:	Equal	N/A
	Equal	N/A

Trench Specifications

Trench linear feet:	Initial System	Replacement Area
	300 linear ft.	300 linear ft.
Max depth:	12 in.	12 in.
Min depth:	12 in.	12 in.
Capping fills-min depth of fill material:	10 in.	10 in.

Special Requirements

Stakeout required:	Initial System	Replacement Area
	Yes	Yes
Groundwater type:	Temporary	Temporary
Drainfield type:	Capping Fill	Capping Fill
Drainfield sizing:	300 linear ft/150 gal.	300 linear ft/150 gal.

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: 07/01/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Michael McNickle

Public Health Director

7/1/20

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.)

SITE EVALUATION REPORT

Date: June 29, 2020

Shawn Helligso:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Shawn Helligso Application: # 186-20-000182 County: Clatsop


RE: SITE EVALUATION REPORT for Township/Range/Section: T 8/ R 9/ S 26 Tax Lot#: 801

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,



June Hemingway, REHS
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

FIELD WORKSHEET

App. Name: Shawn Helligso Application #: 186-20-000182 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8/ R 9 / S 26 Tax Lot#: 801

Commercial Facility: Yes No Parcel Size: 4.03 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System		Replacement System	
<input type="checkbox"/> Standard	<input checked="" type="checkbox"/> Capping Fill	<input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Standard
<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Conventional Sand Filter/ATT
Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other		Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	
<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required		<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	
Distribution Method: <input checked="" type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial	
Absorption facility: <u> 300 </u> linear. ft	Disposal facility: <u> 600 </u> sq. ft.	Absorption facility: <u> 300 </u> linear. ft	Disposal facility: <u> 600 </u> sq. ft.
12" Max Depth	12" Min Depth	12" Max Depth	12" Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUC EFFECTIVE SOIL DEPTH, ETC.
#1	0-24 24 - 48	SCL CL	0"-24" Silt Clay Loam 24" – 48" Clay Loam Medium & fine roots to 20"
#2	0-10 10 - 48	SLC SCL	0"-10" Silty Loam Clay 10" – 48" Silty Clay Loam Medium roots to 24"

Landscape Notes:

Slope:

Aspect: north south

Groundwater Type: None present

Additional Conditions of Approval

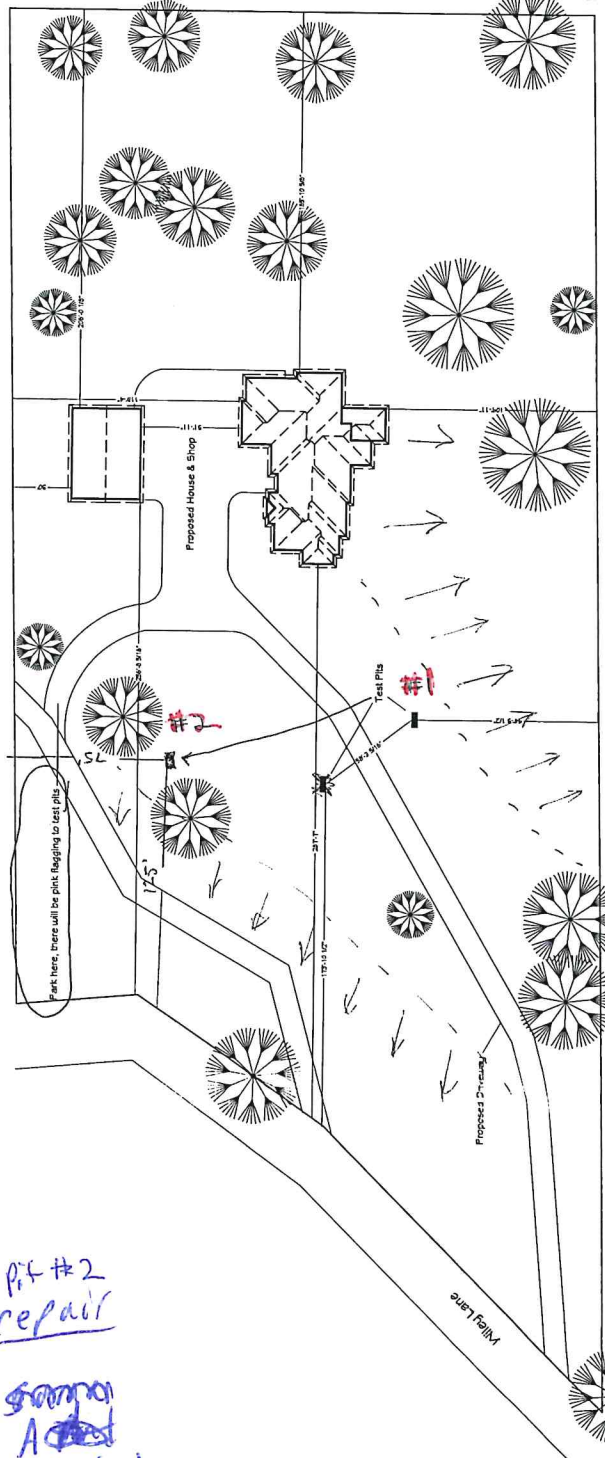
- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Pump may be required if elevation does not allow for gravity from tank to drainfield**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- *Drainfield must be staked prior to installation.**
- Recommend licensed installer install all system components.
- Construction of capping fills must occur between June 1 and October 1.
- Fill material must be evenly graded to a final depth of 16 inches over the drain media.
- Must use Sandy Loam or better for capping material.

***Required prior to issuance of construction permit.**

SHAWN HELLIGSD
8-9-26-801



RECEIVED
JUN 16 2020
CLATSOP CO. PUBLIC HEALTH
#186-20-000182



Scale 1" = 50'

Pit #1
Partial

+ 300 L.F.
+ Capping fill
+ may need
pump bucket
elevations ..

Pit #2
repair

sample
AFT to
capping fill
- 300 L.F.



#186-20-000182

Clatsop County
Onsite Septic System Program
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-9302
www.co.clatsop.or.us

RECEIVED
JUN 16 2020

CLATSOP CO. PUBLIC HEALTH
(Pd) Visa
\$87 new

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: SHAWN HELLIGSO, WENDY BOONE
Mailing Address: 91889 Ridge Road Warrenton OR 97146
Phone Number: 503-791-8111

B. Legal Property Description

Township: 8, Range: 9, Section: 26, Tax Lot: 801, Tax Account Number: 55311, Acreage or Lot Size: 4.03
County: Clatsop, Subdivision Name: Walluski Acres, Lot: 21, Block:

Property Address: (TBD) 1st Wiley Lane, Astoria
Directions to Property: Hwy 202 East to Walluski loop to Little Walluski Rd
Take left on Wiley Lane, Property is on Right at End of Wiley

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence
Proposed Facility: Single Family Residence
Water Supply: Public Olney-Walluski

D. Type of Application

- Site Evaluation, Construction, Permit Repair, Alteration Permit, Renewal Permit, Existing System Evaluation, Permit Transfer, 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: Wendy Boone, Date: 6-16-20

Applicant's Name: Shawn Helligso, Applicant's Phone: 503-791-8111, Applicant's E-Mail Address: shawnhelligso@gmail.com

Applicant's Mailing Address: 91889 Ridge Road Warrenton OR 97146

Applicant is the Owner, Authorized Representative, Licensed Septic Installer, Authorization Attached, Installers Name: Robert Martens Excavation

37547



Clatsop County
 Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9302
 www.co.clatsop.or.us

RECEIVED

JUN 16 2020

CLATSOP CO. PUBLIC HEALTH

#186-20-000182

Notice Authorizing Representative

I, Shawn Helligso, have authorized
 (Property Owner - Please Print)

Robert Martens 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 9 Section 26 Tax Lot 801 Map ID 809266000801
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Shawn Helligso Email: shawnhelligso@gmail.com
 Mail Address: 91889 Ridge Road City/State/Zip Warrenton OR 97146
 Phone: 503-791-8111 FAX: _____
 Signature: [Signature] Date: 6-16-20

AUTHORIZED REPRESENTATIVE:

Name: Robert Martens Email: _____
 Mail Address: 92859 Walruski loop City/State/Zip Astoria OR
 Phone: 503-440-2724 FAX: _____
 Signature: [Signature] Date: 6-15-20



Transaction Receipt

186-20-000182-EVAL

IVR Number: 186003915146

Clatsop County Onsite

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 453217

Receipt Date: 6/16/20

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

Parcel: 809260000801

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/16/20	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$701.00	\$701.00
6/16/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/16/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Credit card authorization: 76623435 Payer: shawn helligso Payment Amount: \$810.00

Cashier: Annette Brodigan

Receipt Total: \$810.00

