



Clatsop County
 Department of Public Health
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8500 Fax 503 325-8678

Annual Operation and Maintenance Report Form – Fee \$60.00

Property Information

Situs Address: 1102 SW Pine DR Business Name: _____
Warrenton, Oregon 97146
 Township 8 Range 10 Section 20 00 Tax Lot 00500
 Owner:
 Name: Kimberly Gonzales Email: _____
 Mail Address: 1102 SW Pine DR City/State/Zip Warrenton, OR-97
 Phone: 425-444-6446 Phone: _____
 Start-up Date: 8-3-16 System Model # A1 15000
 System Serial #: Pressure Distribution

Onsite Wastewater Treatment System Status:

- | | | |
|-------------------------------------|--------------------------|--|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the system operating in accordance with the agent-approved design specifications? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the system currently under a service contract with a certified maintenance provider? |

Is the system failing?

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to the ground surface |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to drain tiles or surface waters |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage backup into plumbing fixtures |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, was a repair permit obtained? If not, explain: |

Maintenance Provider:

Business Name: McDonald's K+B Contact Name: Paul McDonald
 Mail Address: 808 Glasgow Ave City/State/Zip Astoria, Oregon 97103
 Phone: (503) 458-6521 Email: eds-septic@yahoo.com
 Certification # M 216 Expiration Date 7-24-18

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Signature Paul McDonald Date 12/10/16

Note: Maintenance providers must maintain accurate records of their maintenance contracts customers, performance data and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).

OPERATION & MAINTENANCE SERVICE PROVIDER CONTRACT

This service contract has been agreed upon by Kimberly Sue Gonzales Trustee
Home Owner Kimberly S. Gonzales Revocable Living Trust
Address: 1102 S W Pine Dr Warrenton, Oregon 97146 Phone 425-444-6446

Property Address: 1102 S W Pine Dr Warrenton, Oregon 97146 Acres 0.96

Contracted By McDonald's K & B Paul McDonald Oregon DEQ Maintenance Provider
ID # M 216

Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484
on this 3rd day of August 2016

With proper documents, install and permit requirements, required by DEQ.

The service provider has agreed to provide 2 visits at 12 intervals to perform operation and maintenance services for the owner's aerobic treatment unit. This includes the completion of any required reports required to maintain compliance with Oregon DEQ ATT rules and permit requirements. The service activities will be provided and completed in accordance with the terms and conditions attached to this agreement.

****SPECIAL NOTE:** Drain fields must be kept clear of all vegetation, IE: Blackberries, Shrubs, Gardens, etc.

Tank lids must be accessible and free of all landscaping, vegetation, gardens, etc. Clearing of any of this will be paid extra at the rates provided under Terms and Conditions.

Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

*Determine if tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.

*Inspect the tank and other components for water tight seals.

*Inspect any floats/switches, controls, pumps and electrical components in the system for correct operation and functionality.

*Inspect and clean the filters (if applicable).

*Inspect and flush the system piping (if applicable).

*Inspect the pumps and valves for proper operation, pressure, and/or flow (if applicable).

*Inspect any additional system components which have been added.

*Record pump cycles, flow, and all other relevant information or system problems.(if applicable).

*Complete the report and summarize the service performed, note any conditions which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the owner a copy of all the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and the time of completion.

This agreement shall last for the term of 24 Months

The fee for the service provided under this agreement shall be \$ 250. per Year

The fee to file with Clatsop County DEQ is \$ 60. per year or current fee due to any increase by DEQ



Clatsop County
 Department of Public Health
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
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RECEIVED
 JAN 31 2018
 CLATSOP CO. PUBLIC HEALTH

Annual Operation and Maintenance Report Form – Fee \$60.00

Property Information

Situs Address: 1102 SW Pine Dr Warrenton, Oregon 97146 Business Name: Kimberly S Gonzales Rev Trust

Township 8 Range 10 Section 20 CD Tax Lot 00500

Owner:

Name: Kimberly Sue Gonzales Trustee Email: energyfitgirl@icloud.com

Mail Address: 1102 SW Pine Drive City/State/Zip Warrenton, Oregon 97146

Phone: 425-444-6446 Phone: N/A

Start-up Date: August 2016 System Model # 1500 Gal 2-Compartment A1 Septic

System Serial #: Pressurized Distribution Seepage Bed

Onsite Wastewater Treatment System Status:

- | | | |
|-------------------------------------|--------------------------|--|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer? |
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Is the system failing?

- | | | |
|--------------------------|-------------------------------------|--|
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Maintenance Provider:

Business Name: McDonald's K & B Contact Name: Paul McDonald

Mail Address: 808 Glasgow Ave City/State/Zip Astoria, Oregon 97103

Phone: 503-741-6484 Email: eds_septic@yahoo.com

Certification # M 216 Expiration Date July 24, 2018

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Signature *Paul McDonald* Date 1/14/17

Note: Maintenance providers must maintain accurate records of their maintenance contracts customers, performance data and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).

RECEIVED
AUG 03 2016
CLATSOP CO. PUBLIC HEALTH

OPERATION & MAINTENANCE SERVICE PROVIDER CONTRACT

This service contract has been agreed upon by Kimberly Sue Gonzales Trustee
Home Owner Kimberly S. Gonzales Revocable Living Trust
Address: 1102 S W Pine Dr Warrenton, Oregon 97146 Phone 425-444-6446

Property Address: 1102 S W Pine Dr Warrenton, Oregon 97146 Acres 0.96

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- *Determine if tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
- *Inspect the tank and other components for water tight seals.
- *Inspect any floats/switches, controls, pumps and electrical components in the system for correct operation and functionality.
- *Inspect and clean the filters (if applicable).
- *Inspect and flush the system piping (if applicable).
- *Inspect the pumps and valves for proper operation, pressure, and/or flow (if applicable).
- *Inspect any additional system components which have been added.
- *Record pump cycles, flow, and all other relevant information or system problems.(if applicable).
- *Complete the report and summarize the service performed, note any conditions which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the owner a copy of all the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and the time of completion.

This agreement shall last for the term of 24 Months
The fee for the service provided under this agreement shall be \$ 250. per Year
The fee to file with Clatsop County DEQ is \$ 60. per year or current fee due to any increase by DEQ



Recording Instrument #: 201605843
 Reco: By: Clatsop County Clerk
 # of Pages: 1 Fee: 47.00
 Transaction date: 8/3/2016 10:12:56
 Deputy: nstethem

Return to Address:
Kimberly Sue Gonzales Revocable Living Trust
7107 Strauf Avenue (Strauf)
Snouqualmie, WA 98065

"NOTICE TO TITLE AGREEMENT"

FILED FOR THE RECORD AT THE REQUEST OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT
 NOTICE FOR OPERATION AND MAINTENANCE REQUIREMENT

MAP AND TAX LOT #: 81020CD00500 TAX ACCT ID: 29952
 SITUS ADDRESS: 1102 SW Pine Dr. Warrenton, OR 97146
 ON-SITE SEWAGE SYSTEM PERMIT NUMBER: 500473

LEGAL DESCRIPTION REQUIRED:

Lot 2 Kyle Lake Estates NO. 1, in the City of Warrenton, County of Clatsop, State of Oregon, recorded October 22, 1998 in Plat Book 44 page 10, Clatsop County records.

Additional Legal Description Can Be Found On Page Of This Document.

ON-SITE SEWAGE SYSTEM: OPERATION & MAINTENANCE REQUIREMENT OF THE CLATSOP COUNTY PUBLIC HEALTH DEPARTMENT.

The residence or facility on this property utilizes an alternative method of sewage disposal, which requires regularly scheduled monitoring and maintenance. Monitoring and maintenance is required to be performed by a person certified by the Oregon Department of Environmental Quality as specified in the Oregon Administrative Rule OAR 340-071-0220.

Kimberly S. Gonzales
 Signature of property owner/grantor

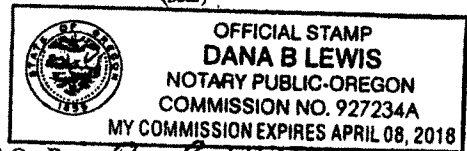
8/3/16

KIMBERLY S. GONZALES
 Print name

State of OREGON
 County of Clatsop

This instrument was acknowledged before me on the 3 day of August, 2016
 by: (Seal)

Dana B Lewis
 Signature of Notary Public



Additional Signatures Can Be Found On Page 01 of This Document.

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 500473 as follows:

PROPERTY INFORMATION

Property Owner: **Gonzales Kimberly S Rev Liv Trust** Township **8**, Range **10**, Section **20 C D**
Property Location: **1102 SW Pine Dr, Warrenton** Tax Lot **00500**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Pressure Distribution**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type: **Seepage Bed**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **24.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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



Authorized Agent:

Mike McNickle

Onsite Wastewater Specialist

Title:

6/27/2016

Date CSC Issued:

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500473

RECEIVED
AUG 02 2016
CLATSOP COUNTY DEPARTMENT OF PUBLIC HEALTH

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installed and/or the permittee must notify the County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: **Gonzales Kimberly S Rev Liv Trust**
Property Address: **1102 SW Pine Dr, Warrenton**
Township **8** Range **10** Section **20CD** Tax Lot(s) **00500**

Section 2: System Component Specifications: System Type:

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1500 Gal Compartments 2 Manufacturer A-1 Date 6/23/2016
Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
Pumps: HP 1/2 Model/Manuf Franklin Float(s)Type(1) A Float Model/Manuf ULE 46194
Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter _____ ASTM#Other _____ Length _____
Pressure Transport Pipe Yes No Diameter 1 1/4 ASTM#Other Sch 40 Length 28'

C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

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 Maintenance Provider: Name _____
Operation & Maintenance Contract: Received? Yes No

D. Drainfield Media

Type: Gravel, Pipe or Alternative? 360 sq ft Seepage Bed
Distribution Box Yes No
Drop Box Yes No
Distribution Pipe Yes No Diameter 1 1/4 ASTM#Other Sch 40 Length 28' 5 laterals
Comment: _____

Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By M.M.
Permit No. 500473
Date 6/29/16

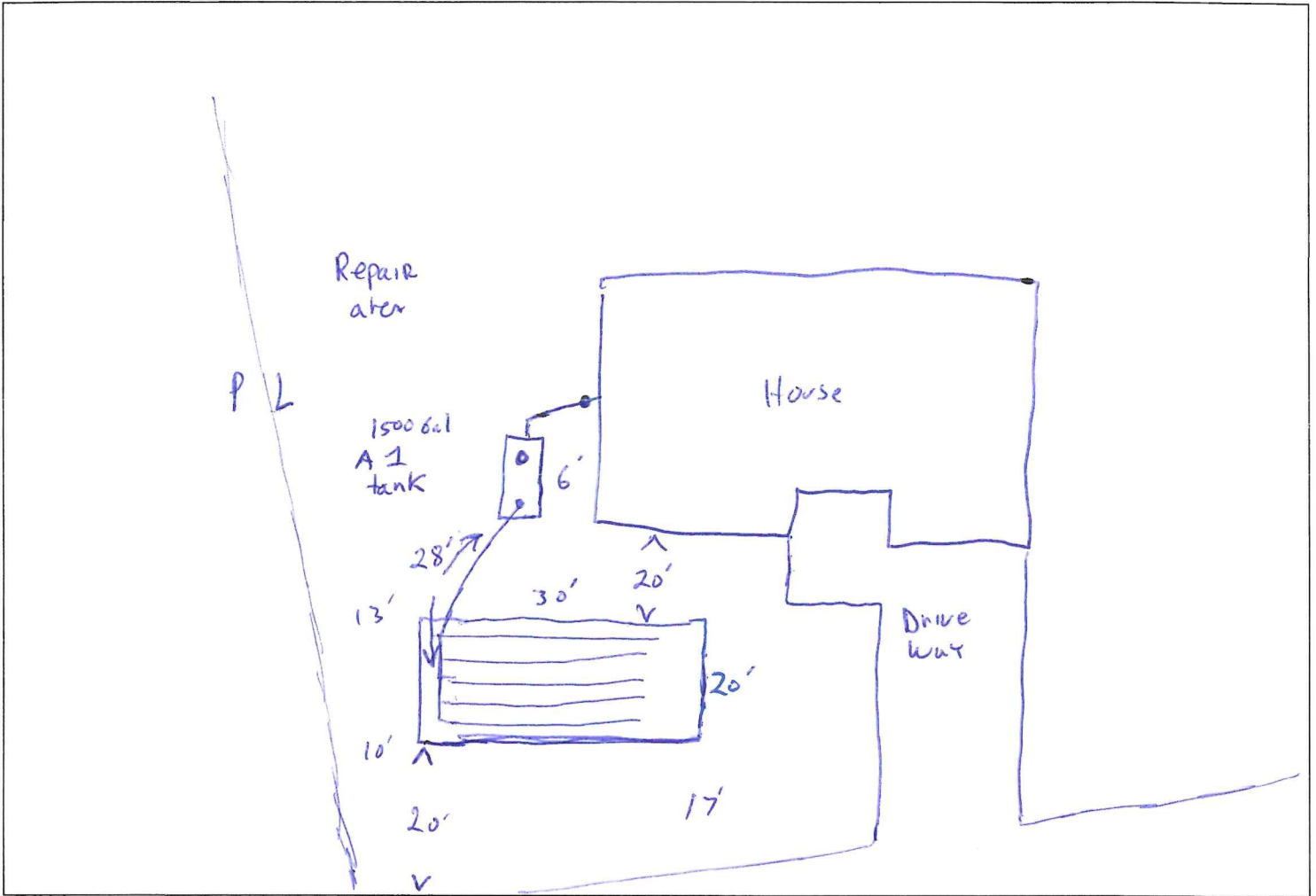
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AUG 02 2016

CLATSOP CO. PUBLIC HEALTH

Section 3: As Built Plan of the Constructed System

Indicate the direction 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/Certified Installer w/Certification # _____ Print Name: Carlson Contracting INC
 Licensed Installer Yes No License # 33563 Certification # RI 113
 Owner/Certified Installer Signature [Signature] Date 6/24/2016
 Phone 503-741-0409 Phone _____ Email CARLSON @ Pacificier.com

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. 500473

Date 6/29/16



Clatsop County Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

Phone (503) 325-8500
Fax (503) 325-8678

June 30, 2016

Kimberly Gonzales Rev Liv Trust / #8 10 20CD 500
1102 SW Pine Dr
Warrenton, OR. 97146
Permit #500473

RE: Certificate of Satisfactory Completion

Dear Ms. Gonzales,

As you may be aware, your licensed installer requested that Clatsop County Public Health inspect your recently installed septic system. At the time of the inspection, the inspector approved the installation and allowed the installer to cover the exposed components. However, the Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released because two important documents are missing and must be submitted first before the CSC can be mailed.

The State of Oregon requires that all alternative septic systems, like the one installed on your property, must have an ongoing operation and maintenance (O&M) contract provided by a licensed provider. This is a signed contract between you (the owner) and a licensed O&M provider for the system. This contract has not been submitted. **This contract MUST be provided to Clatsop County in order to receive a CSC.** A list of O&M providers is enclosed if you do not already have a provider.

Additionally, Clatsop County Public Health requires that a Notice to Title Agreement be submitted to the Clatsop County Clerk's Office. A Notice to Title Agreement is a one-time addendum to the property title file that must be submitted in a true-to-form format to the Clerk's Office. The form must be filled out in its entirety and a fee of \$47.00 for the first page (and \$5 for each additional page) must be paid to the Clerk's Office. This form has not been submitted. **The Notice to Title Agreement MUST be submitted to the Clerk's Office in order to receive a CSC.** A blank Notice to Title Agreement form is enclosed for your reference.

If you have any questions, please do not hesitate to contact Michael McNickle, Environmental Health Supervisor, at 503-338-3686 or email him at mmcnickle@co.clatsop.or.us

Thank you,

Annette Brodigan

Permit Tech
Clatsop County Public Health
Phone: 503-338-3681
Email: abrodigan@co.clatsop.or.us

Cc: Licensed Installer
File
Encl: O&M Providers List
Notice to Title Agreement Form

Construction Permit

This Construction Permit Permit 500473, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Gonzales Kimberly S Rev Liv Trust** Township **8**, Range **10**, Section **20 C D**
Property Location: **1102 SW Pine Dr, Warrenton** Tax Lot **00500**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Pressure Distribution**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
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Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **24.00 inches**
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Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

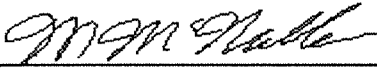
ADDITIONAL CONDITIONS

- 1 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.
- 2 Install with dry soil conditions.
- 3 All roof drains must be directed away from the system.
- 4 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.
- 5 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 6 Timed dosing required - must include timer and dose counter
- 7 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.
- 8 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 9 Filter fabric is required over the drain media.
- 10 Meet all required setbacks.
- 11 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 12 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 13 Vehicular traffic and livestock must be restricted from the system area.
- 14 The system must be installed by the property owner or a licensed sewage disposal business (installer).

INSPECTION REQUIREMENTS

- 1 A squirt test inspection of the pressurized piping system is required.
- 2 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.
- 3 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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



Authorized Agent:

Mike McNickle

Title:

Onsite Wastewater Specialist

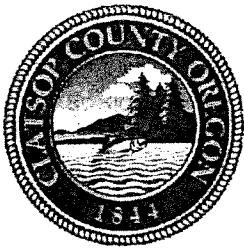
Date Issued:

5/25/2016

Expiration Date:

5/25/2017

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606



Clatsop County

www.co.clatsop.or.us

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

Public Health
820 Exchange Street, Suite 100
Astoria, OR 97103
Phone 503-325-8500 FAX 803-325-8678
health@co.clatsop.or.us

#500473

PK# 7343
8/335aw

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MAY 18 2016

CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

A. Property Owner Information

Kimberly Gonzales Trust 7107 Strout Ave SE Seaside, OR 97138
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8 10 2000 00500 29952 .96 Acre
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop Long Lake Estates
County Subdivision Name Lot Block

Property Address: 1102 SW Pine Drive Warrenton, OR 97146
(Street, City, State, Zip)

Directions to Property West on Dalura Beach Drive, From Lake Dr (Ridge Rd)
to SW Pine Drive, take Pine Dr North thru cul-de-sac to site on right

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [X] Single Family Residence [X] Public Now
Number of Bedrooms 3 Name
[] Other [] Other [] Private Well, Spring, Shared

D. Type of Application

- [X] Construction
[] Permit Repair
[] Alteration Permit
[] Site Evaluation
[] Renewal Permit
[] Existing System Evaluation
[] Permit Transfer
[] Permit Reinstatement
[] Authorization Notice for:
[] Connecting to an Existing System Not in Use
[] Replacing a Mobile Home or House with Another
[] Mobile Home or House
[] The Addition of One or More Bedrooms
[] Personal Hardship
[] Temporary Housing
[] Other-Please Specify

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

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

Signature Date
Carlson Contracting INC 5/7/2016

Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address
Carlson Contracting INC 503-8612408 CARON@Pacific.Co

Applicant's Mailing Address
P O Box 157 Hammond, OR 97121

Applicant is the [] Owner [] Authorized Representative [X] Licensed Septic Installer
[] Authorization Attached Flint Carlson
Installers Name



Clatsop County

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

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MAY 18 2016

CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

I, _____, have authorized
(Property Owner - Please Print)

Carlson Contracting Inc

(Authorized Representative - Please Print)

To act as my agent in performing

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

1102 SW Pine Drive Warrenton OR

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 10 Section 20 CD Tax Lot 00500

Map ID 29952

Township _____ Range _____ Section _____ Tax Lot _____

Map ID _____

PROPERTY OWNER:

Name: Kimberly S Gonzales Rev Living Trust

Email: Energyfitgirl@icloud.com

Mail Address: 7107 Strouf Ave SE

City/State/Zip Shogvale WA 98065

Phone: 425-444-6446

FAX: _____

Signature: [Signature]

Date: 5/17/2016 | 10:45 PT

AUTHORIZED REPRESENTATIVE:

Name: Carlson Contracting Inc

Email: carcon@pacifier.com

Mail Address: PO Box 157

City/State/Zip Hammoud, OR 97121

Phone: 503-861-2408

FAX: 848-260-5126

Signature: [Signature]

Date: 5/7/2016

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MAY 18 2016
CLATSOP CO. PUBLIC HEALTH

Lake

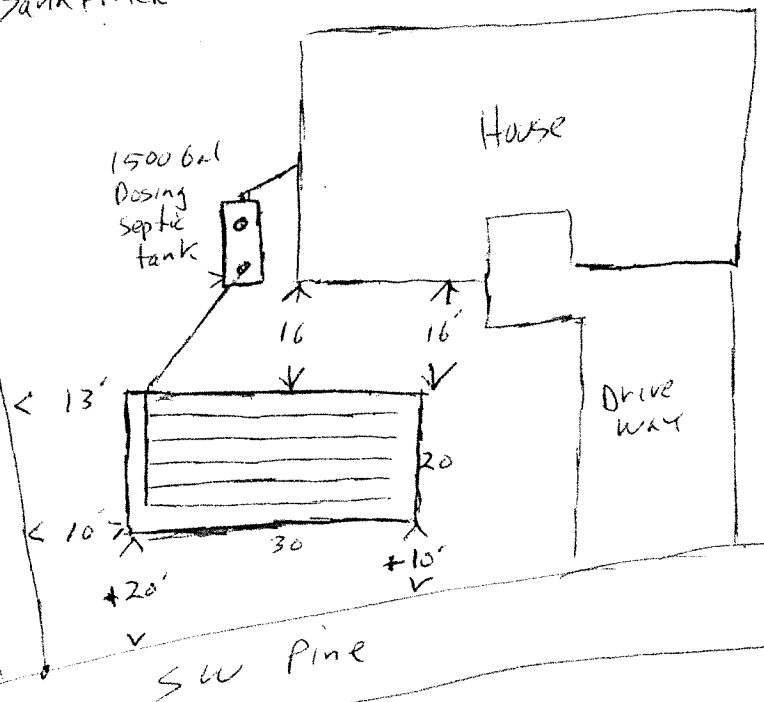
← 136 →

← N →

← 321' →

Repair Area
Bottomless
Sand Filter

Kimberly Gonzales Trust
8-10-20 CD 00500
5-7-2016



SW Pine

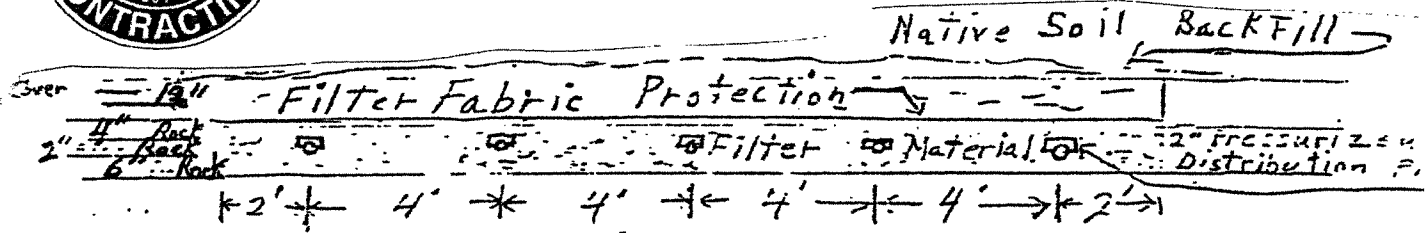


Carlson Contracting, Inc.

RECEIVED
MAY 18 2016

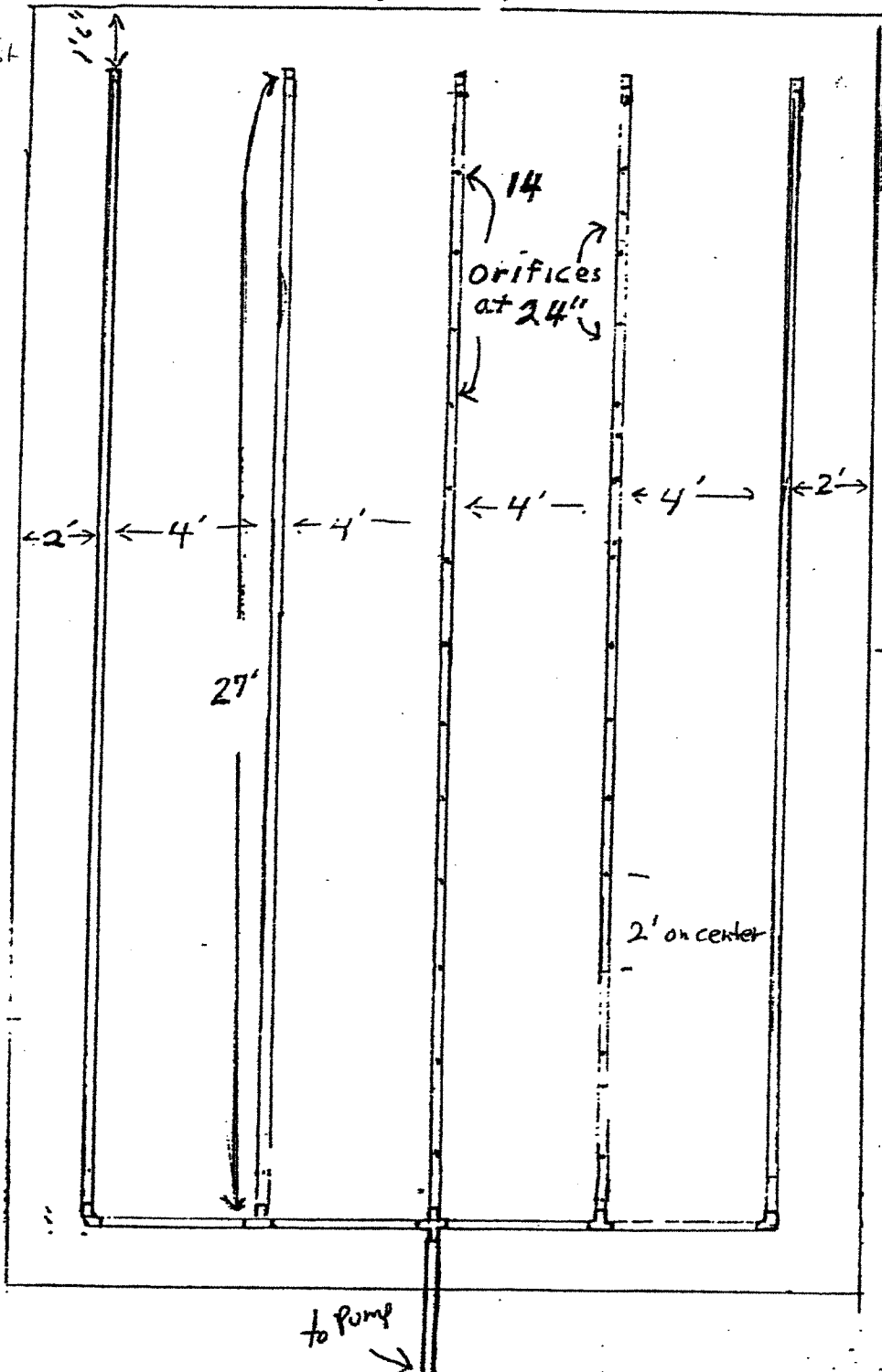
P.O. Box 157 • Hammond, Oregon 97121 • (503) 861-2408

CLATSOP COUNTY PUBLIC HEALTH



← 20' →

Kimberly Conzalez Trust
8-10-2000 00500
5/7/2016



1 1/4" P.V.C. Pipe
Class 160
Fittings P.V.C.
Sch. 40

12" Rock
12" Cover
14 orifices
per Run of
Pipe
70 total

30'

2' on center

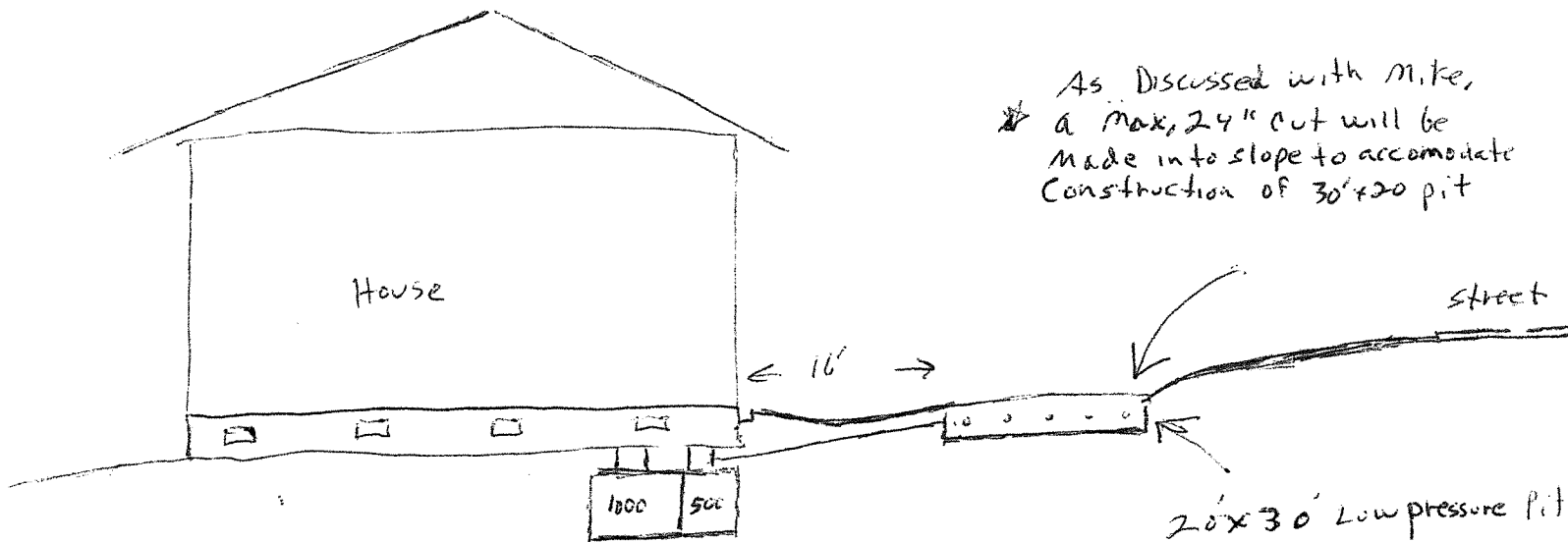
to Pump

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Carlson Contracting, Inc. MAY 18 2016



P.O. Box 157 • Hammond, Oregon 97121 • (503) 861-2408 • CLATSOP CO. PUBLIC HEALTH CCB #83416



As Discussed with Mike,
* a max, 24" cut will be
made into slope to accommodate
Construction of 30'x20 pit

Kimberly Gonzales Trust
8-10-20CD00500
5-7-2016

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CLATSOP CO. PUBLIC HEALTH

Pump Selection for a Pressurized System - Single Family Residence Project

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	36	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	8	feet
Manifold Length	17	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	5	
Lateral Length	28	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	75	
Total Flow Rate per Zone	32.5	gpm
Number of Laterals per Zone	5	
% Flow Differential 1st/Last Orifice	0.6	%
Transport Velocity	6.9	fps

Frictional Head Losses

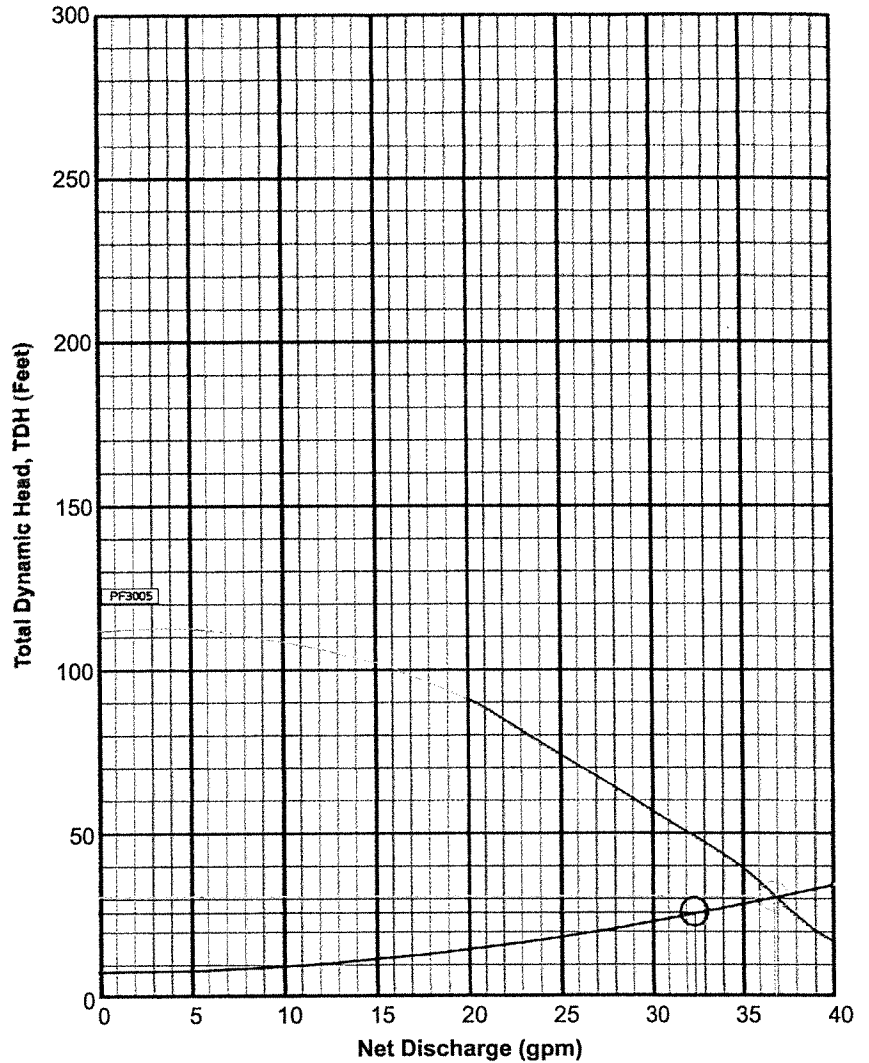
Loss through Discharge	7.4	feet
Loss in Transport	4.6	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.6	feet
Loss in Laterals	0.1	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	2.8	gals
Vol of Manifold	1.3	gals
Vol of Laterals per Zone	10.9	gals
Total Volume	14.9	gals

Minimum Pump Requirements

Design Flow Rate	32.5	gpm
Total Dynamic Head	25.7	feet



PumpData

PF3005 High Head Effluent Pump
 30 GPM, 1/2HP
 115/230V 1Ø 60Hz, 200V 3Ø 60Hz

Legend

System Curve:	—
Pump Curve:	- - - -
Pump Optimal Range:	—
Operating Point:	○
Design Point:	○



Kimberly Gonzales Trust
 8-10/2008 00500
 5/7/2016

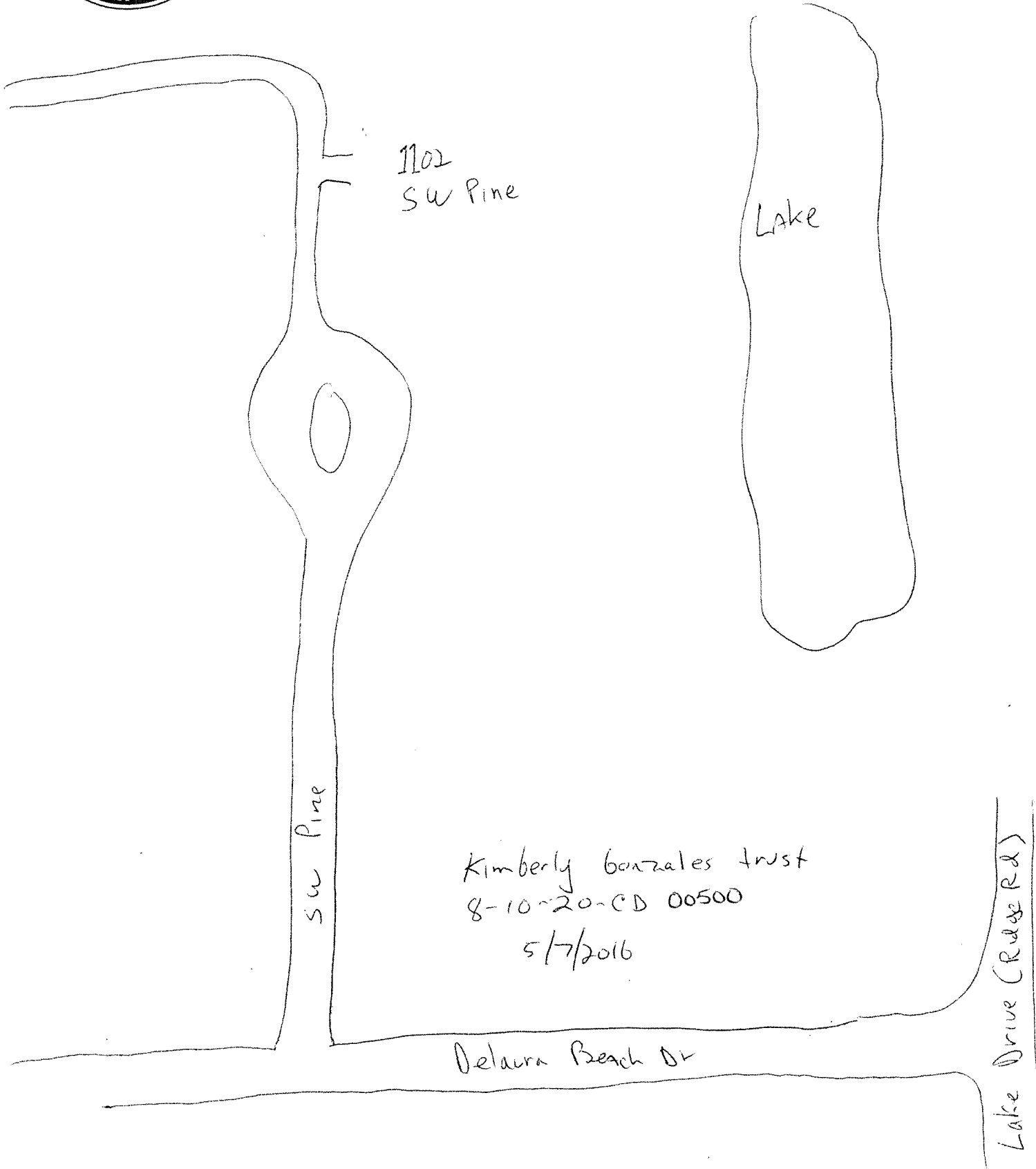


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Septic Application

Clatsop County Public Health Department
 820 Exchange St Ste 100
 Astoria, OR 97103
 Ph. (503) 325-8500

For Department Use Only

Permit #: **500473**
 Permit Type: **Construction Perm**
 Entry Date: **5/18/2016**
 Issued By: **Annette Brodigan**
 Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/18/2016

Work Description

Work Description:

Remarks:

Owner

Name: **Gonzales Kimberly S Rev Liv Trust**
 Address: 7107 Strouf Ave SE
 City, State, Zip: Snoqualmie, WA 98065

Ph. #: (425) 444-6446
 E-Mail:

Cell: () -
 Fax: () -

Applicant

Steven Ackley Construction
 1570 SW Pine Ct
 Warrenton, OR 97146
 Ph. 5034402631 Fax
 Cell E-Mail

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,235.00	\$100.00	\$0.00	\$0.00	\$1,335.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	Check	7343	05/18/2016	\$1,335.00
				\$1,335.00
	Balance Due:			<u>\$0.00</u>

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Memorandum

To: DEQ Warrenton OSS File

From: Connie Schrandt CS

Re: Amended On-site System Approval, Loren Gramson, 810-20CD-500

4-23-01

Mr. Gramson called regarding site evaluation report dated July 27, 1998. The letter approves a bottomless sand filter system for both initial and replacement based on a preliminary lot layout, phase #4, dated 1-31-98. The letter states, "The property may also qualify for a pressurized disposal trench system utilizing flow control orifices if a field stake-out shows adequate separation distance to groundwater can be met." Apparently, the trenches could be approved in the vicinity of Test Pit 2 and would require a maximum depth that does not exceed the ground elevation at Test Pit 1. I advised Mr. Gramson to contact a licensed installer to develop a plan for an alternative low-pressure distribution system that I would then review.

5-3-01

Mr. Gramson notified NCBO that a stake-out for a proposed pressurized seepage bed was available for my review. He was reminded that a plan showing the proposed system would also be needed.

5-7-01

NCBO received a proposed plan for an initial pressurized seepage bed system and a replacement bottomless sand filter system, both currently staked out on the property.

5-11-01

I reviewed the plan and physical stakeout of the proposed systems on the property. The proposed stake-out and plan is approved for construction/installation, based on the following information:

- Mr. Gramson informed me on site and I verified that the installer's elevation shot (using laser level) at the northeast corner of the proposed seepage bed was the *same* as that of the lowest pressurized disposal trench for the on-site system serving the parcel directly south of Lot 8 (Parcel 3 of preliminary lot layout, Lienenweber Lake Phase 4).
- An auger hole was established near the lowest portion of the staked seepage bed, revealing fine sand with 2.5Y 4/2-5/2 color to a total depth of 66 inches below ground surface. Saturated soil conditions were not indicated. The auger hole was located approximately 25 feet east and down-gradient of Test Pit 2.
- The site evaluation reports the upper level of permanent groundwater (2.5Y5/1) at 66 inches below ground surface in Test Pit 1. Based on slopes and distances reported on the field worksheet (dated 7-9-98 and 7-24-98), the location of Test Pit 2 is estimated to be approximately 2.5' higher in elevation than that of Test Pit 1. Groundwater would therefore not be expected to rise within the vertical separation distance of 4 feet from the bottom of a pressurized seepage bed set at a maximum depth of 36 inches below ground surface.

Jean Gramson
810-29-1200

Howard E. Johnson & Sons Construction

CRUSHED ROCK & SCOOP WORK
HCR 63, Box 271
Telephone 738-7328
SEASIDE, OREGON 97138

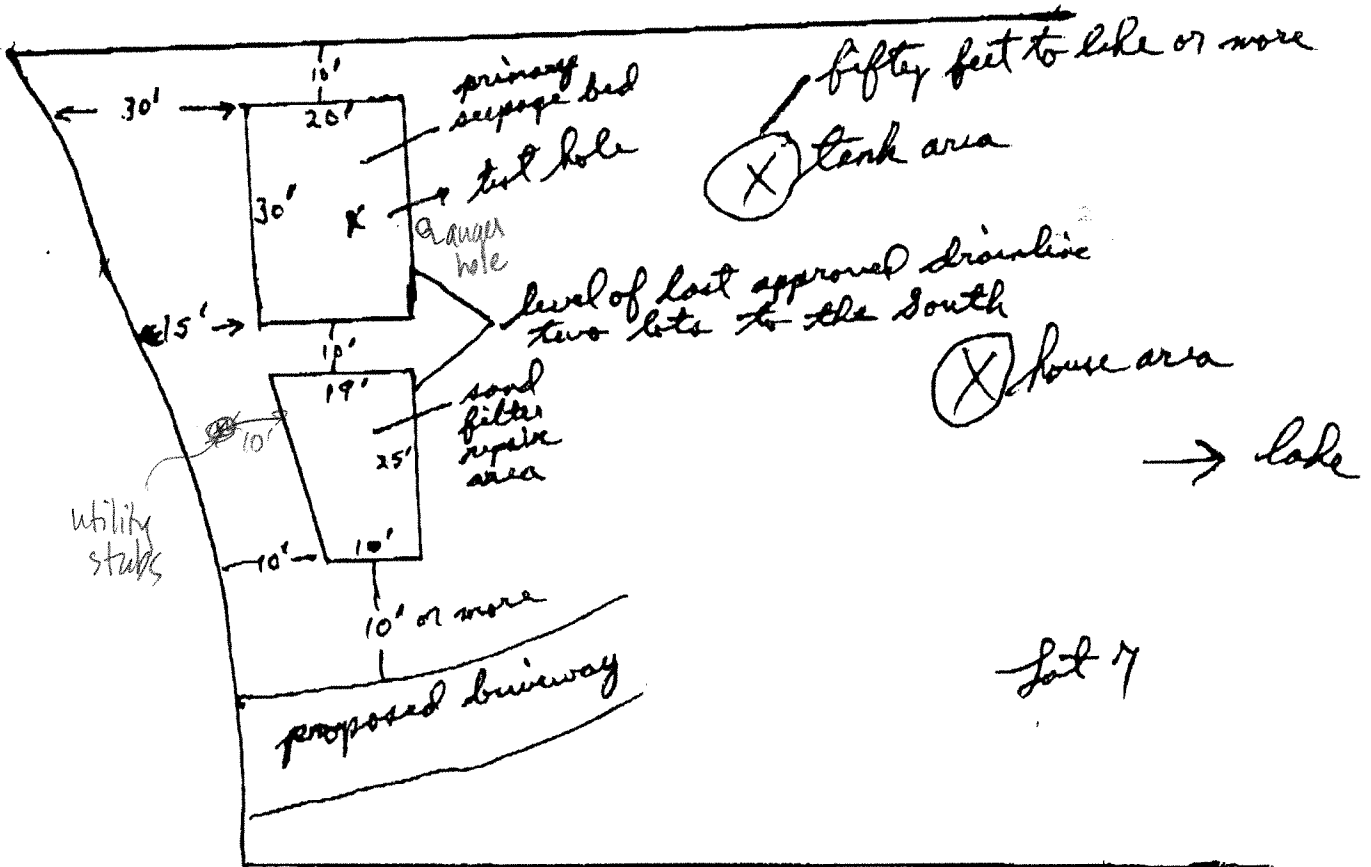
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MAY 7 2001

NORTH COAST BRANCH OFFICE
WARRENTON



W



Lot 7

*Plot Plan for
drain area
by Ron Johnson*



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

July 27, 1998

Loren B. Gramson
1149 SW Pine Drive
Warrenton, OR 97146

Re: OSS: NWR: Clatsop County: Site Evaluation Report: Twn 8N, Rng 10W, Section 29, Portion of Tax Lot 1200: Partition Plat No. 1990-005: LOT # 7: 0.92 Acres: Lienenweber Lake Estates Phase # 4

Dear Mr. Gramson:

In response to an application for a site evaluation, Dewey W. Darold, R.S., examined the above-described property (located in Lienenweber Lake Estates) on July 9, 1998, and July 24, 1998, to determine methods of on-site sewage disposal for which it may be suited. This evaluation and report is based upon current DEQ regulations governing on-site sewage disposal, Oregon Administrative Rules (OAR) 340, Divisions 71 and 73.

Two test pits were evaluated in the southwest portion of the parcel on high ground. These interdunal terrace lake soils consist of loamy sands and fine sands. The expected depth to the top of the water table during the wet season at test pit # 1 is about 66 inches below the ground. The natural slope between the test pits measured 3 to 4 percent.

Based on the results of the study, the site meets established criteria for an alternative bottomless sand filter treatment and disposal system. The initial system will consist of an 1,100 gallon dosing septic tank or equivalent, an effluent lift pump, associated controls and alarm, and a 360 sq. foot filter installed no deeper than 42 inches into natural ground surface at test pit # 1. The replacement system, when needed in the future, will consist of a bottomless sand filter system. This approval is based on the preliminary lot layout, phase # 4, dated 1-31-98. The property may also qualify for a pressurized disposal trench system utilizing flow control orifices if a field stake-out shows adequate separation distance to groundwater can be met. However, limited area is available on this parcel to install 150 linear feet of pressurized disposal trenches and meet applicable setbacks to the access road, property lines, house, driveway, utilities, etc. Several short sections of disposal trenches (25 to 30 foot in length) may be feasible on higher ground above test pit # 2. All disposal trenches could not extend any lower than the existing ground surface elevation at test pit # 1.

The system would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. The definition of a "bedroom" means any room within a dwelling which meets minimum habitation criteria as interpreted and administered by the local building official. Peak daily sewage flow into each system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded. In order to prolong the life of the filter/drainfield, the dosing septic tank should be pumped-out every four or five years depending on usage and number of persons occupying the home. Use of a garbage disposal is discouraged. Periodic maintenance such as cleaning pump screen and flushing distribution laterals can prolong the life expectancy of the system. As always, water conservation measures should be practiced.

Loren B. Gramson
July 27, 1998
Page 2

Please refer to the enclosed soil field worksheet for information about site observations and location of the disposal system (including the future repair/replacement disposal system).

Detailed plans and specifications must be submitted, reviewed and approved prior to permit issuance. A construction-installation permit is required to install the sewage disposal system at the approved site. Please contact the North Coast Branch Office of the Department of Environmental Quality, 19 North, Highway 101, Warrenton, OR 97146, for information regarding permit application procedures and necessary fees. The phone number is 503-861-3280.

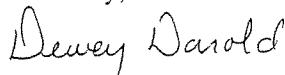
This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with ORS 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit only if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction-installation permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

When the construction phase begins, careful planning with building contractor, homeowner and the installer is necessary to assure the sewage disposal system is properly sited. Only a DEQ state licensed installer or the owner of the property can install the septic system. On another note, stakes marked the location of the new road right-of-way to this subdivision. If this new road encumbers any portion of the lot where the septic system is located, another evaluation may be needed or the type of system may change. The site of the initial and replacement absorption facility shall not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surface, driveways, roads, and roof drains.

Technical information pertaining to this report is available upon request. If you should have any questions or would like to discuss matters further, please feel welcome to contact me at 503-229-6313.

Sincerely,



Dewey W. Darold, R.S.
Natural Resource Specialist
Northwest Region, Water Quality

DWD:dwd
Encl: Site Diagram/Soil Field Worksheet

cc: NCBO/DEQ/Warrenton

SITE EVALUATION FIELD WORKSHEET

Tax Reference: 810-29-1200 LOTS 7+8 Evaluator: Dewey Darold
 Applicant: Loren B. Gramson Date: 7-9-98 Parcel Size: 0.92 Acres each
7-24-98

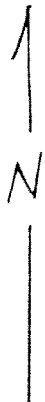
DEPTH	TEXTURE	SOIL MATRIX COLOR AND MOTTLING (NOTATION), % COARSE FRAGMENTS, ROOTS, STRUCTURE, LAYER LIMITING EFFECTIVE SOIL DEPTH, ETC.
Pit 1 Augered	0"-8"	LS 2.5Y ³ / ₂ , wk. sbk. fri, com. v. fine roots
	8"-24"	FS 10YR ³ / ₂ , single grain
	24"-58"	FS 2.5Y ⁵ / ₂
	58"-66"	FS 2.5Y ⁵ / ₂
SAT → 66"-103"		FS 2.5Y ⁵ / ₁ + Fe stains, 86" 2.5Y ⁷ / ₁ + moist 103" Free H ₂ O
Pit 2 Auger	0"-8"	LS 10YR ² / ₁ , wk. sbk. fri, com. v. fine roots,
	8"-29"	FS 10YR ³ / ₃ + 2.5Y ⁵ / ₂ OLD FILL
	29"-55"	FS 2.5Y ⁵ / ₂
	55"-66"	FS 2.5Y ⁵ / ₂
66"-98"		2.5Y ⁵ / ₁ , 84" moist 98" Free H ₂ O
Pit 3 Auger	0"-14"	LS 10YR ² / ₁ ,
	14"-20"	FS 2.5Y ⁵ / ₂ OLD FILL
	20"-27"	LS 10YR ² / ₁ OLD FILL
	27"-55"	FS 2.5Y ⁵ / ₂
55"-66"		2.5Y ⁵ / ₂ ~ 66" 2.5Y ⁵ / ₁ ,
Pit 4	0"-12"	LS 10YR ² / ₁ ,
	12"-50"	FS 2.5Y ⁵ / ₂

Landscape Notes: Stabilized Sand Dune terrace boarding Lake
 Slope: 3-16% Aspect: NE-E Groundwater Type: Permanent
 Other Site Notes: Upper portion lots old fill. Area less than one acre minus submerged lands.

SYSTEM SPECIFICATIONS

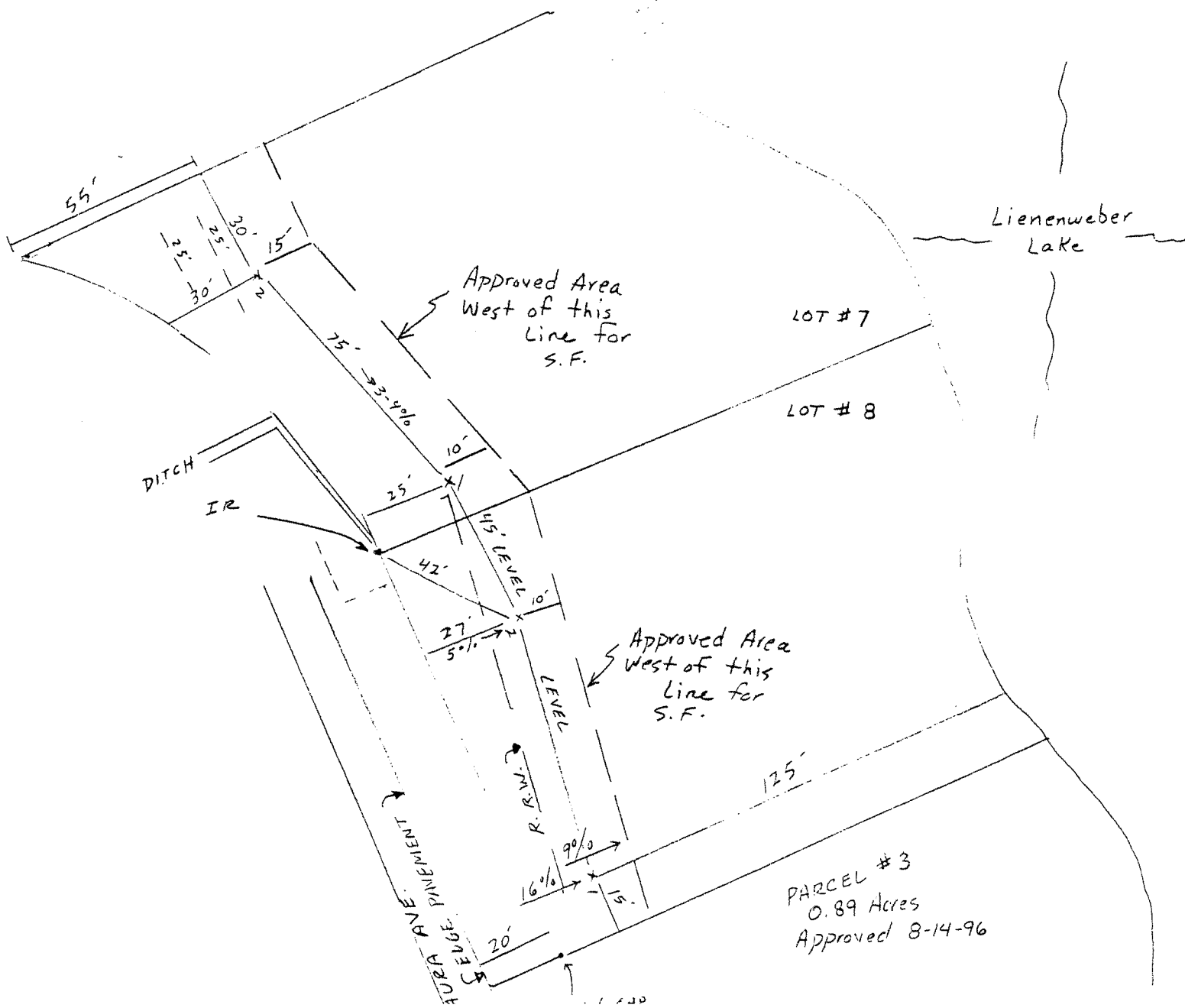
Peak Daily Flow: 450 gpd Average Daily Flow: 225 gpd
 Alt. Bottomless S.F.
 1. Initial System: system Disposal Facility: 360 (linear feet/square feet) Max. Depth: 42 inches
 2. Replacement System: same Disposal Facility: 360 (linear feet/square feet) Max. Depth: 42 inches

Special Conditions: Sand Filter system depth 30"-10 feet downslope pit # 1 & 2.
system to meet 10 Foot setback to any property lines (except tank + pressure line)
water line + underground. Stake-out required for disposal trenches. A 100
foot setback required from high water mark @ Lake to disposal trenches.
Pressure trenches no further downslope than pits 1 + 2 lot 8, pit #1 lot 7



Loren Gramson
810-29-1200
0.92 Acres

Dewey Darold
7-9-98/7-24-9
S.E.
~ 1" = 40'



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

F **OFFICE USE ONLY**
 Date Rec'd 6-10-98
 Date Completed 7-27-98
 Required Fee \$235.00
 Receipt No. 83287
 Control No. _____

FOR APPLICANT'S USE - (PLEASE PRINT)

40,451 sq. ft. .92 A.
 Lot Size (Acreage or Dimensions)

LOREN B. GRAMSON
 (Property Owner's Name)
 Legal Description 8N 10W 29 1200 73133 Clatsop
 of Property (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
 For Parcels in Platted Lieneweber 7 _____
 Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

[] Single Family Residence 4
 (Number of Bedrooms)
 [] Other _____
 (Specify)

[x] Public (Community System)
 [] Private _____
 (Indicate: Well, Spring, Etc.)

Existing Facility

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

APPLICATION FOR:

- | | |
|---|-------------------------------------|
| [x] Site Evaluation Report | [] Authorization Notice |
| [] Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| [] Permit to Repair On-Site Sewage Disposal System | [] Connect to an existing system |
| [] Permit for Alteration of On-Site Sewage Disposal System | not currently in use |
| [] Permit Renewal | [] Replace one mobile home with |
| [] Existing System Report | with another or a house |
| [] Plan Review | [] Replace or rebuild a house |
| [] Other (Specify) _____ | [] 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.

Loren B. Gramson
 (Signature)

6-4-98
 (Date)

[] Authorized Representative
 [] Licensed Installer
 License No. _____

Owner's Mailing Address
1149 SW Pine Dr
WARRENTON, OR
97146

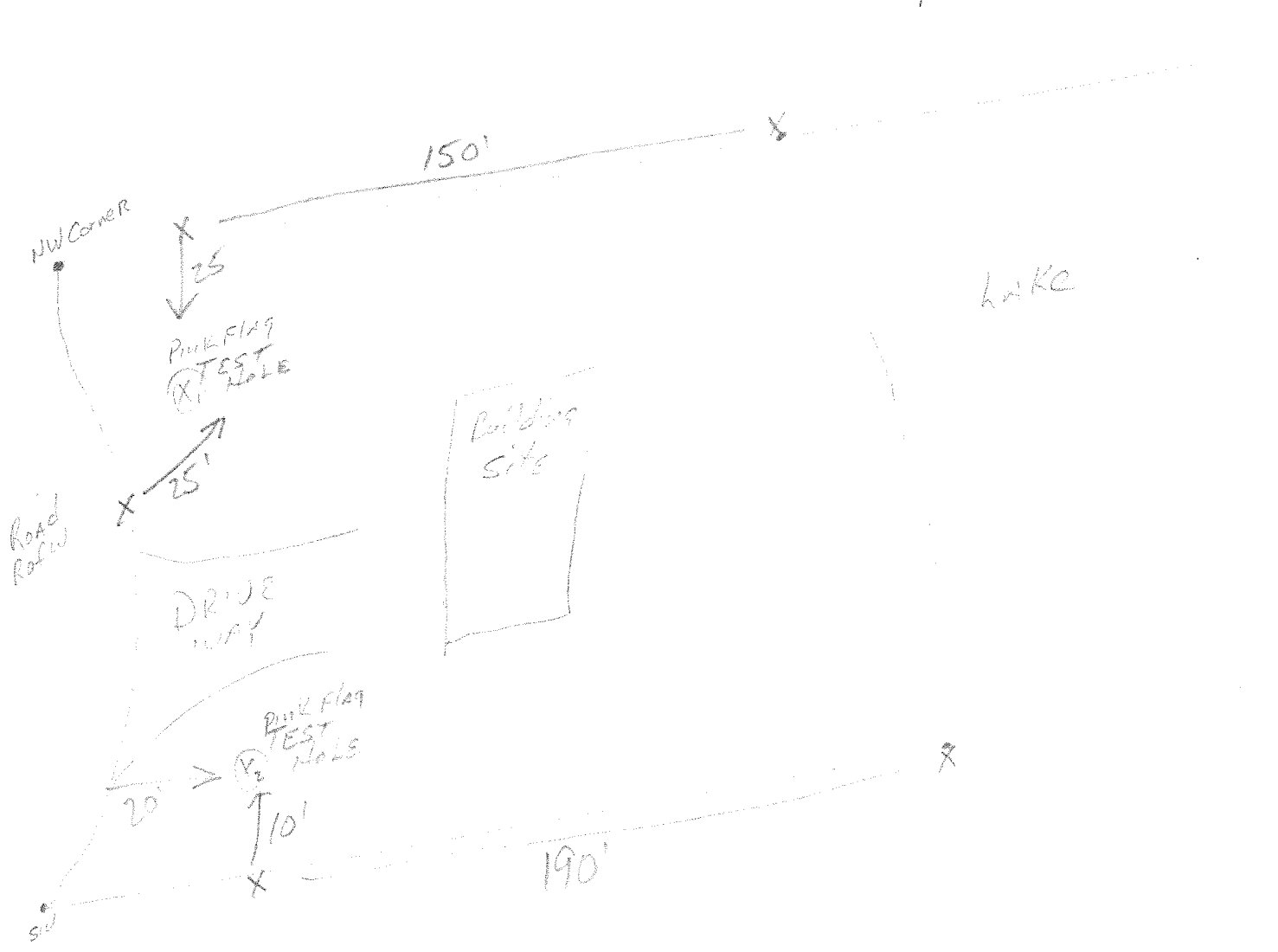
Applicant's Mailing Address (if different)

Phone 861-1759

Phone _____ IW\WC8\WC8690 (7-19-91)

Site Plan

Lot 7



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NORTH COAST BRANCH OFFICE
WARRENTON

DIRECTIONS

Hwy 101 South to Ft Stevens exit
at old Hwy 101

Go PAST Warrenton High School, turn
right at Coke plant toward Ocean View
Cemetery to Ridge Road.

Turn left immediately on Delaura Beach Road.

Go west on Delaura Beach Road to SW Pine Drive.
turn right (north)
Proceed on SW Pine DR to Culdesac, follow
driveway past mail boxes to property site.

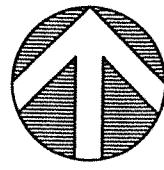
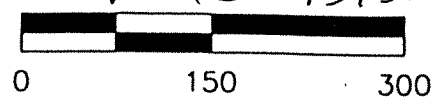
See Attached Plat map

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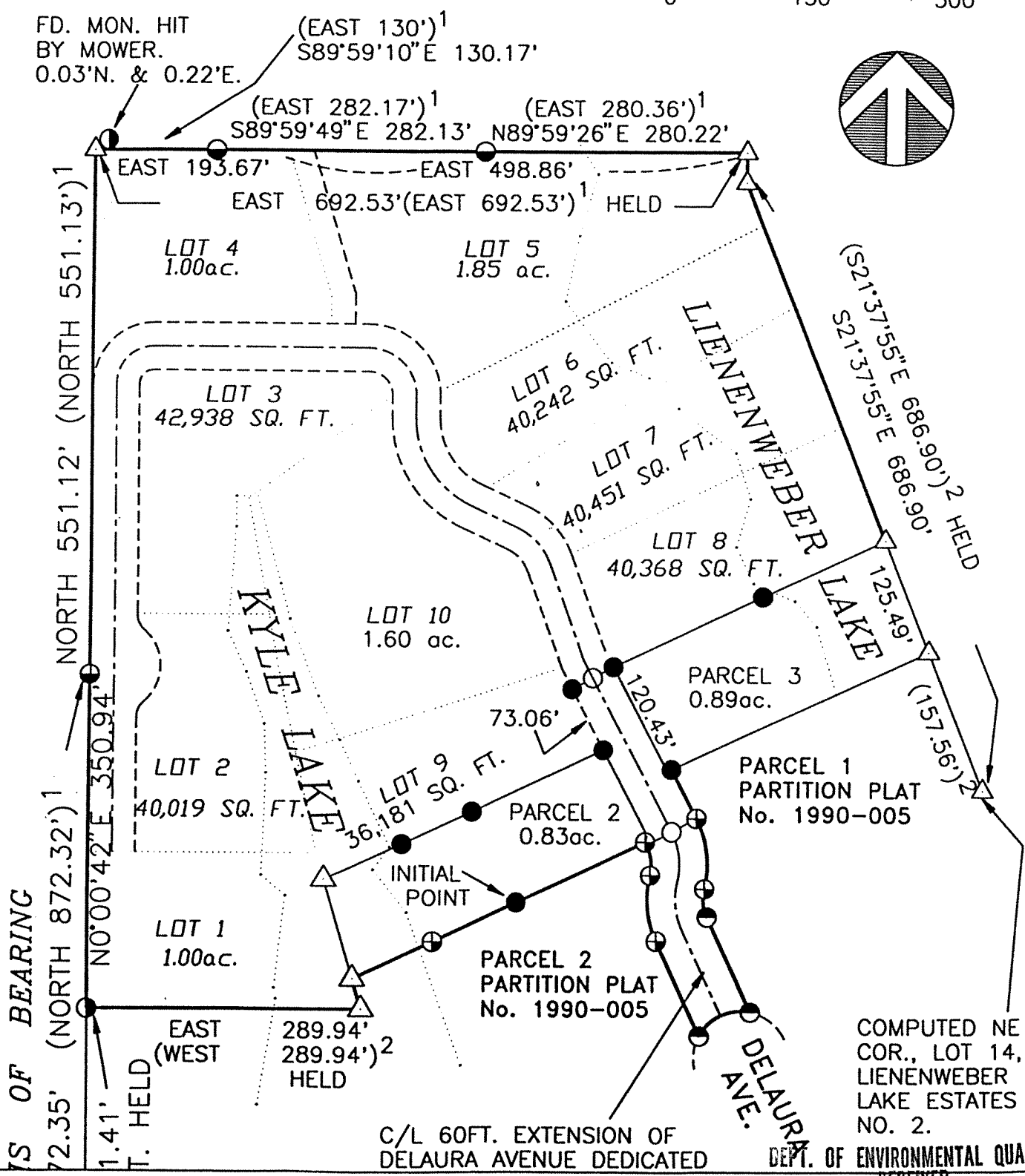
JUN 10 1998

NORTH COAST BRANCH OFFICE
WARRENTON

Request # 7-13938, Lot 9-1393884
 Lot 8-1393881 Parcel 3-1393887



FD. MON. HIT BY MOWER. 0.03'N. & 0.22'E.



REGISTERED PROFESSIONAL LAND SURVEYOR

OREGON JULY 18, 1980 GREGORY A. CRITES 1887

PROJECT: EXHIBIT MAP 1
 TITLE: PRELIMINARY LOT LAYOUT
 LIENENWEBER LAKE ESTATES PHASE 4
 EAST BRANCH OF IC WARRENTON
 JUN 10 1998
 DEPT. OF ENVIRONMENTAL QUALITY RECEIVED SHEET 1
 DRAWN BY: LLAKENO4 GAC
 DESIGN BY: GAC
 SCALE: 1" = 150'
 DATE: 1-31-98

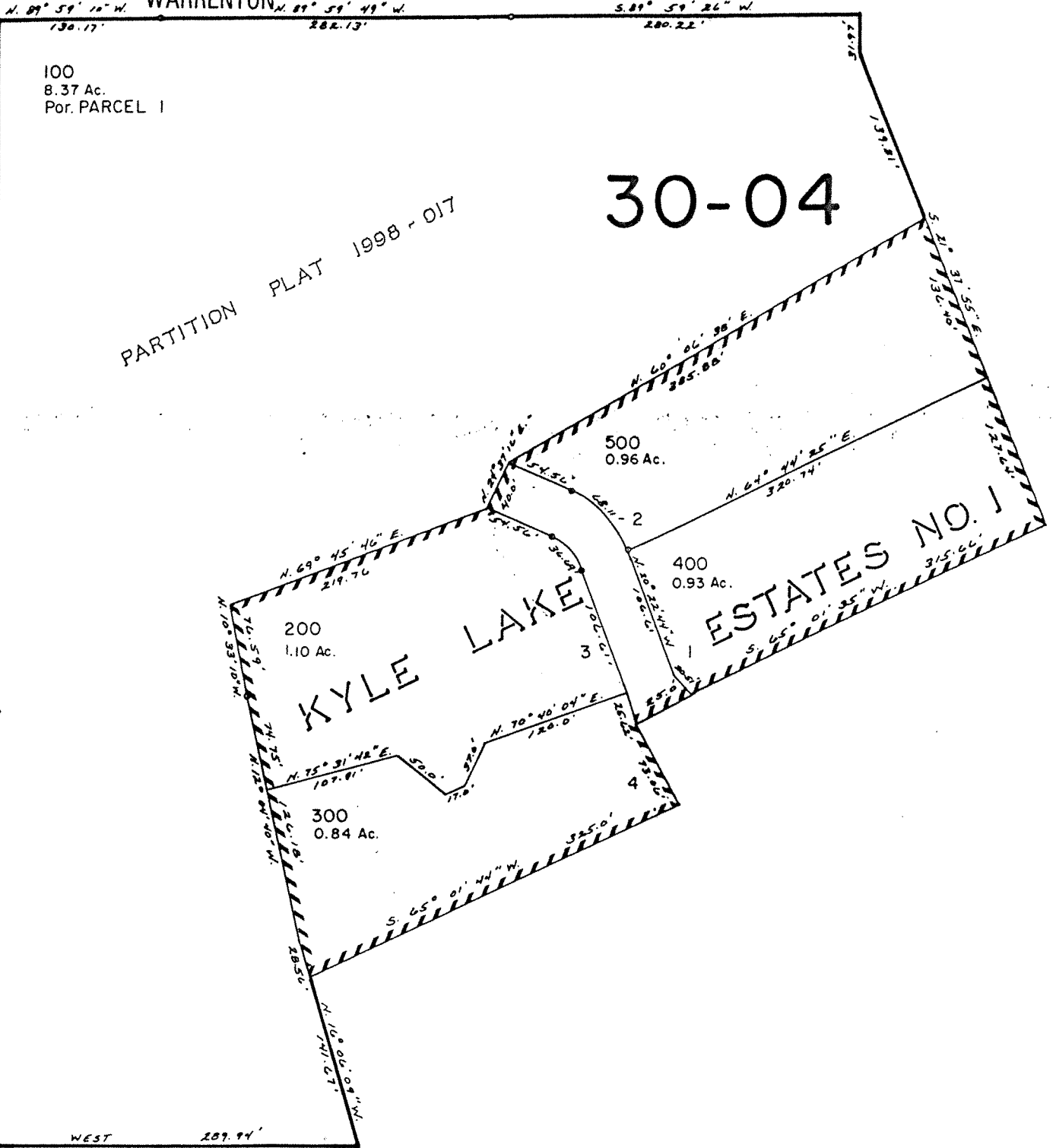
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81020 CD

APR 24 2000

See Map 8 10 20

NORTH COAST BRANCH OFFICE
WARRENTON



See Map 8 10 29

See Map 8 10 29BA