



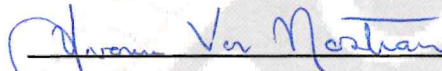
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

**SYSTEM INSPECTIONS AND COMPLETION DATES**

Pre-Cover Inspection by

Installer Name:

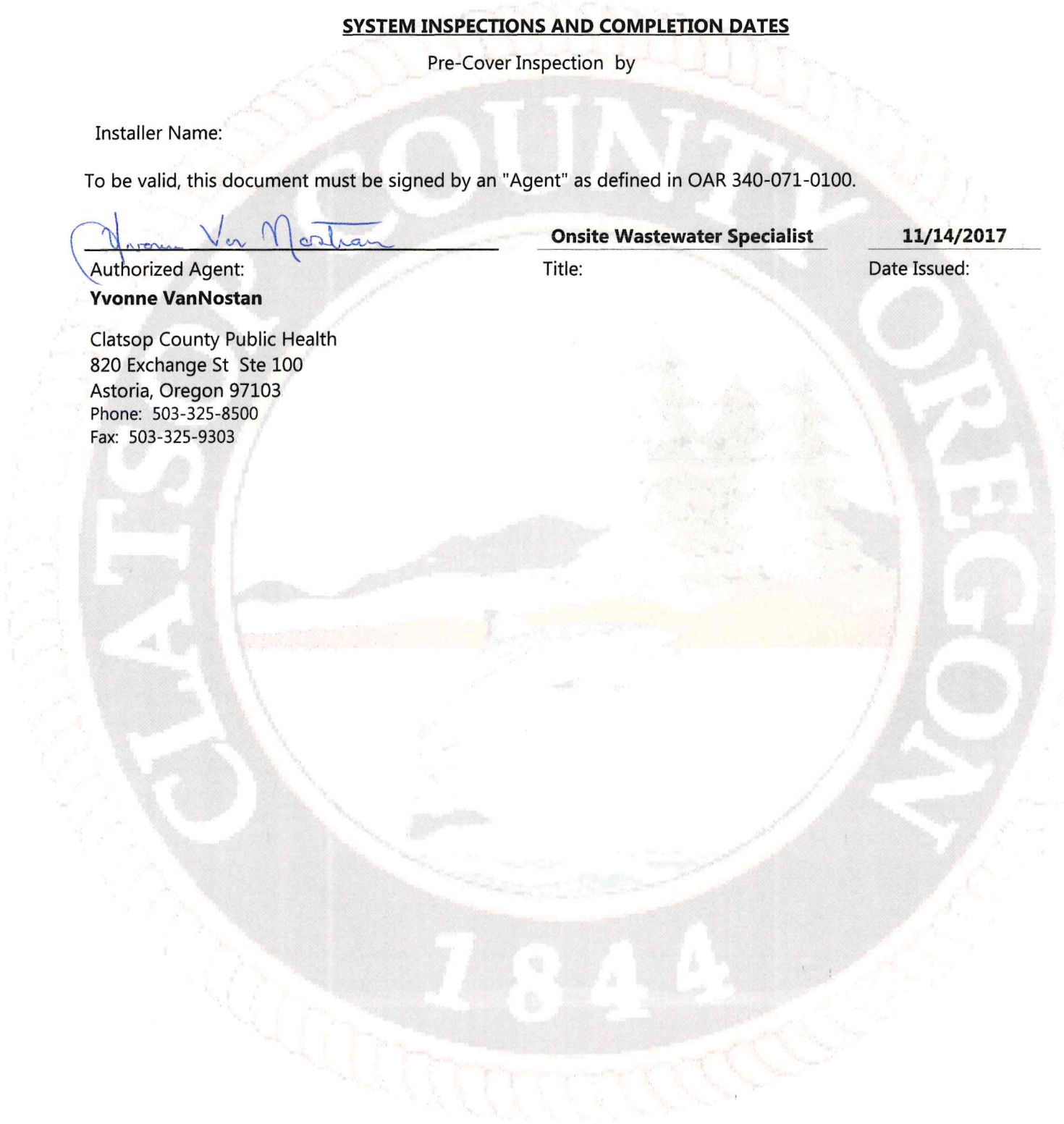
To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

  
\_\_\_\_\_  
Authorized Agent:  
**Yvonne VanNostan**

**Onsite Wastewater Specialist**  
\_\_\_\_\_  
Title:

**11/14/2017**  
\_\_\_\_\_  
Date Issued:

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303



FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500826

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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 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: Warrenton Fiber Company
Property Address: 33411 Highway 101 Bus, Astoria
Township 8 Range 10 Section 2600 Tax Lot(s) 00600

Section 2: System Component Specifications:

System Type: Capping Fill equal distribution

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 1000 gal Compartments 1 Manufacturer A-1 Ready Mix Date
Tanks(2) Volume Compartments Manufacturer Date
Pumps: HP Model/Manuf Float(s)Type(1) Model/Manuf
Float(s)Type(2) Model/Manuf

B. Piping:

Effluent Sewer (tank to drainfield) Yes [checked] No [ ] Diameter 4" ASTM#Other Sch 40 3034 Length 30'
Pressure Transport Pipe Yes [ ] No [ ] Diameter ASTM#Other Length

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? Quick 4 Equalizer 24 chambers
Distribution Box Yes [checked] No [ ]
Drop Box Yes [ ] No [ ]
Distribution Pipe Yes [ ] No [ ] Diameter ASTM#Other Length
Comment:

Clatsop County Department of Public Health
On Site Waste Water Program
Approved By Y. Van Nostran
Permit No. 500826
Date

**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.

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See Attached

**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: Dean Hartman/Hartman Construction Co.  
Licensed Installer Yes  No  License # 38331 Certification # RI 321  
Owner/Certified Installer Signature Dean Hartman Date 11-8-17  
Phone 503 440 2092 Phone \_\_\_\_\_ Email deanhartmanconstruction@gmail

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date 11/13/17  
Installer /Owner /Permittee Notified Yes  No  Date 11/13/17  
If no, reason for non-acceptance \_\_\_\_\_

Comment pre-cover inspection 11/14/17

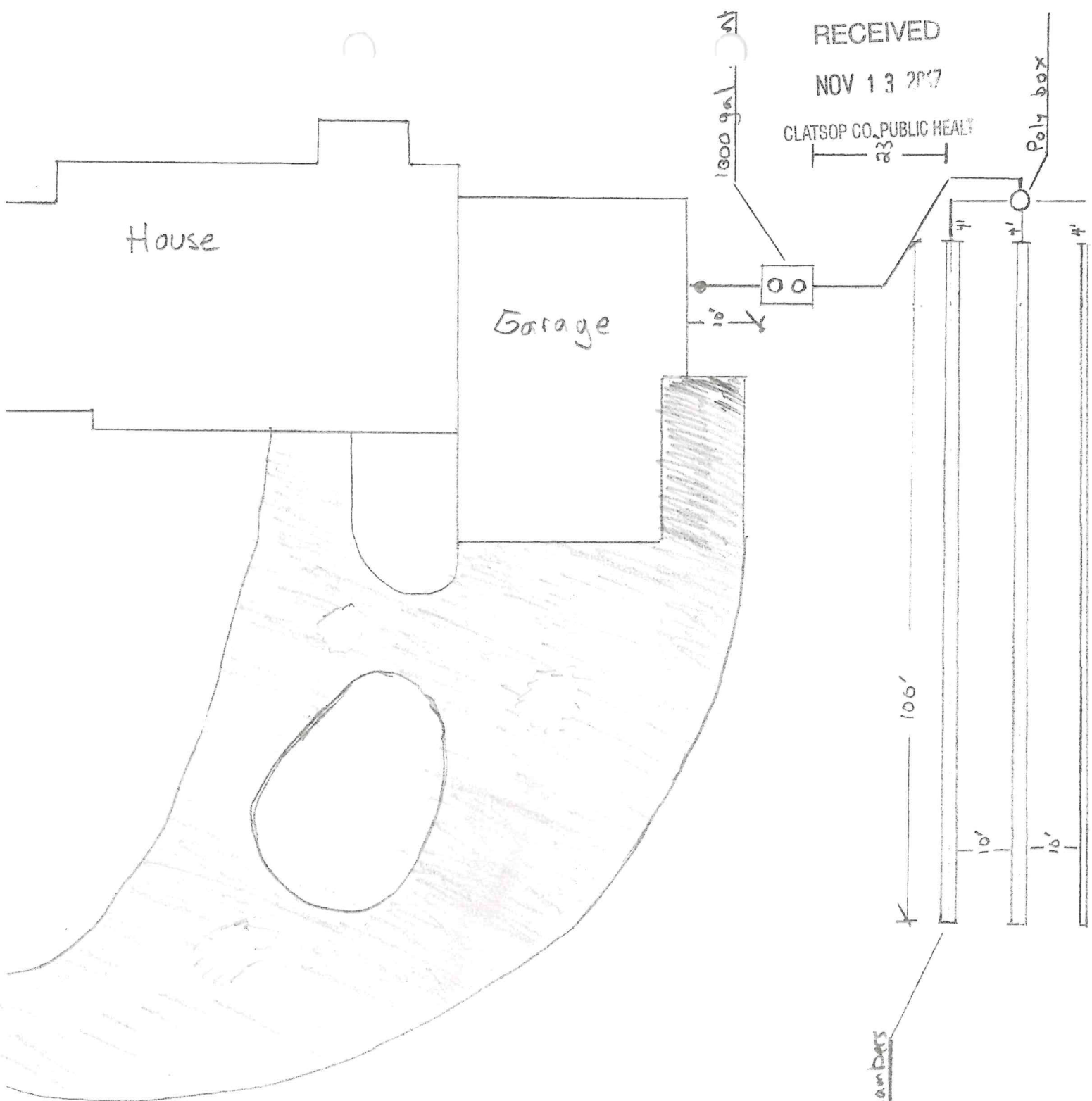
Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By J. Van Nostran  
Permit No. 0500826  
Date \_\_\_\_\_

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CLATSOP CO. PUBLIC HEALTH

Quick 4 Equalizer 24 Chambers



Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By J. Van Nostran  
Permit No. 500 226  
Date \_\_\_\_\_



*Nancy Mendoza*

Authorized Agent:  
**Nancy Mendoza**

Title:  
**Onsite Wastewater Specialist**

Date Issued:  
**8/8/2017**

Expiration Date:  
**8/8/2018**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303



#500826

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

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AUG 03 2017

CLATSOP CO. PUBLIC HEALTH

(Pd) CK # 2994
\$1381.00

Application for Onsite Sewage Treatment System

A. Property Owner Information

ADAM SVENSEN Box 716 ASTORIA, OR 97103 503-580-1567
Name WARRENTON FIBRE CO. Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

8N 10W 26 600 53616 38.72 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP Subdivision Name Lot Block
County

Property Address: 33411 Hwy 101 Business Astoria OR 97103
(Street, City, State, Zip)

Directions to Property TAKE Hwy 101 TO ENSIGN LN, FOLLOW BUS. 101 TO TOP OF HILL JUST PAST
PASSING LANE. TURN LFT ONTO GRAVEL RD. FOLLOW RD TO HOUSE.

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

- [X] Construction
[ ] Site Evaluation
[ ] Renewal Permit
[ ] Authorization Notice for:
[ ] Connecting to an Existing System Not in Use
[ ] Existing System Evaluation
[ ] Replacing a Mobile Home or House with Another
[ ] Permit Repair
[ ] Permit Transfer
[ ] Mobile Home or House
[ ] Major
[ ] Minor
[ ] Alteration Permit
[ ] Major
[ ] Minor
[ ] Permit Reinstatement
[ ] 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

George Owen
Signature Date

GEORGE OWEN 503-717-8681 GNTLMAN@GMAIL.COM
Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address

89647 MARION DR
Applicant's Mailing Address

Applicant is the [X] Authorized Representative [X] Licensed Septic Installer
[ ] Owner [X] Authorization Attached HARTMAN CONST. CO. # 38331
Installers Name





Clatsop County  
 Environmental Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500


[mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us) [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

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CLATSOP CO. PUBLIC HEALTH  
 #500826

**Notice Authorizing Representative**

I, , have authorized  
 \_\_\_\_\_  
 (Property Owner – Please Print)

GEORGE OWEN 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**

33411 Hwy 101 Business

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 8N Range 10W Section 26 Tax Lot 600 Map ID \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Adam Svensen Email: northriverhomesllc@hotmail.com

Mail Address: Po Box 716 City/State/Zip Astoria, OR 97103

Phone: 503-580-1567 FAX: \_\_\_\_\_

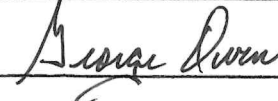
Signature:  Date: 7/27/17

**AUTHORIZED REPRESENTATIVE:**

Name: GEORGE OWEN Email: GNTLMAN@GEORGE@GMAIL.COM

Mail Address: 89647 MANION DR City/State/Zip Warrenton, OR 97146

Phone: 503-217-8681 FAX: 503-217-8681

Signature:  Date: 7/27/17

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CLATSOP CO. PUBLIC HEALTH

#500826

600  
38.72 AC.

N →  
NOT TO SCALE  
WARREN TOWN FIBRE Comp.  
ADAM SVEENSEN  
8N-10W-26-600  
DEAN HARTMAN  
HARTMAN CONST. CO.  
#38331

REPAIR  
AREA

BLUE RIBBON: INITIAL  
GRN RIBBON: REPAIR

Hwy 101 BUSINESS

94.13'

584.91'

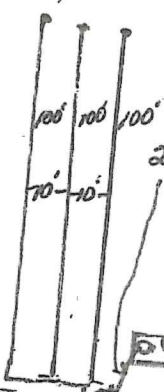
1680.40'

699.89'

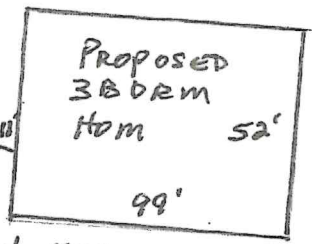
408.15'

216.76'

842.40'



28' 4" PVC TRANSPORT PIPE  
w/ GRN TRACER WIRE



A-1 1500 GAL 3-CMPT  
SEPTIC/DOSE TANK  
300 LFT SERIAL DIST. INFILTRATOR  
MAX DEPTH 16"  
MIN DEPTH 12"

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CLATSOP CO. PUBLIC HEALTH

#500826

**PARTS LIST**  
**Adam Svensen**  
**Warrenton Fiber Comp.**  
**8N-10W-26-600**

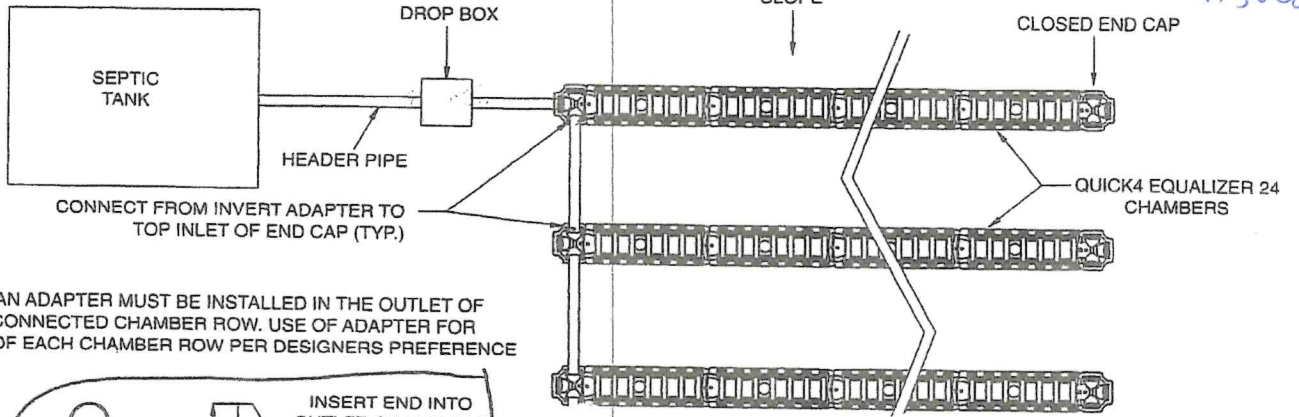
- 1 A-1 1500 gal septic/dose tank
- 2 24" x 24" poly risers
- 2 24" poly lids w/screws
- 1 DROP BOX
- 300 ft INFILTRATOR
- 6 INFILTRATOR END CAPS
- 2 INFILTRATOR ADAPTER

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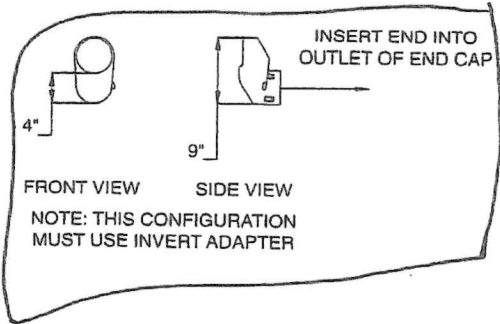
AUG 03 2017

CLATSOP CO. PUBLIC HEALTH  
#500826

**SERIAL DISTRIBUTION SAME-END INLET WITHOUT DROP BOXES**  
**PLAN VIEW**  
(not to scale)



NOTE: AN ADAPTER MUST BE INSTALLED IN THE OUTLET OF EACH CONNECTED CHAMBER ROW. USE OF ADAPTER FOR INLET OF EACH CHAMBER ROW PER DESIGNERS PREFERENCE



ADAM SVENSEN  
8N-10W-26-600  
HARTMAN CONST. COMP.  
# 38331

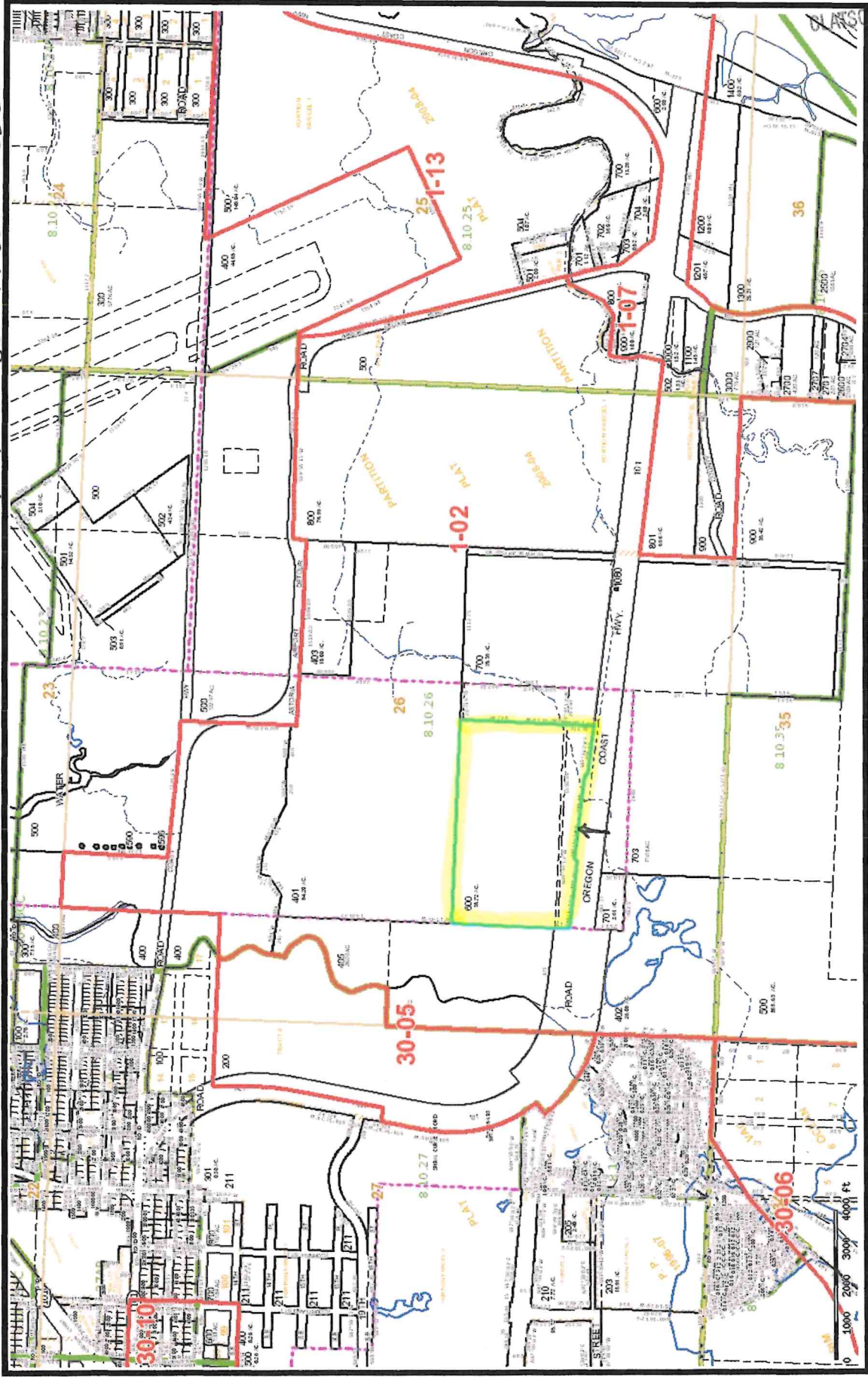
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AUG 03 2017

CLATSOP CO. PUBLIC HEALTH  
#500820



WARRENTON FIBER Company  
8N-10W-26-600  
HARTMAN Const. Co. #38331

Map



**Clatsop County Webmaps**

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



# Septic Application

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

### For Department Use Only

Permit #: **500826**  
 Permit Type: **Construction Perm**  
 Entry Date: **8/3/2017**  
 Issued By: **Annette Brodigan**  
 Permit Status: **Entered**

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/03/2017

### Work Description

Work Description:

Remarks:

### Owner

Name: **Warrenton Fiber Company** Ph. #: (503) 580-1567 Cell: ( ) -  
 Address: PO BOX 716 E-Mail: Fax: ( ) -  
 City, State, Zip: ASTORIA, OR 97103

### Applicant

George Owen Ph. 5037178681 Fax  
 89647 Manion Dr Cell E-Mail  
 Warrenton, OR 97146

### 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	\$1,272.00	\$100.00	\$0.00	\$9.00	\$1,381.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Warrenton Fiber Company	Check	2994	08/03/2017	\$1,381.00

**Balance Due: \$0.00**

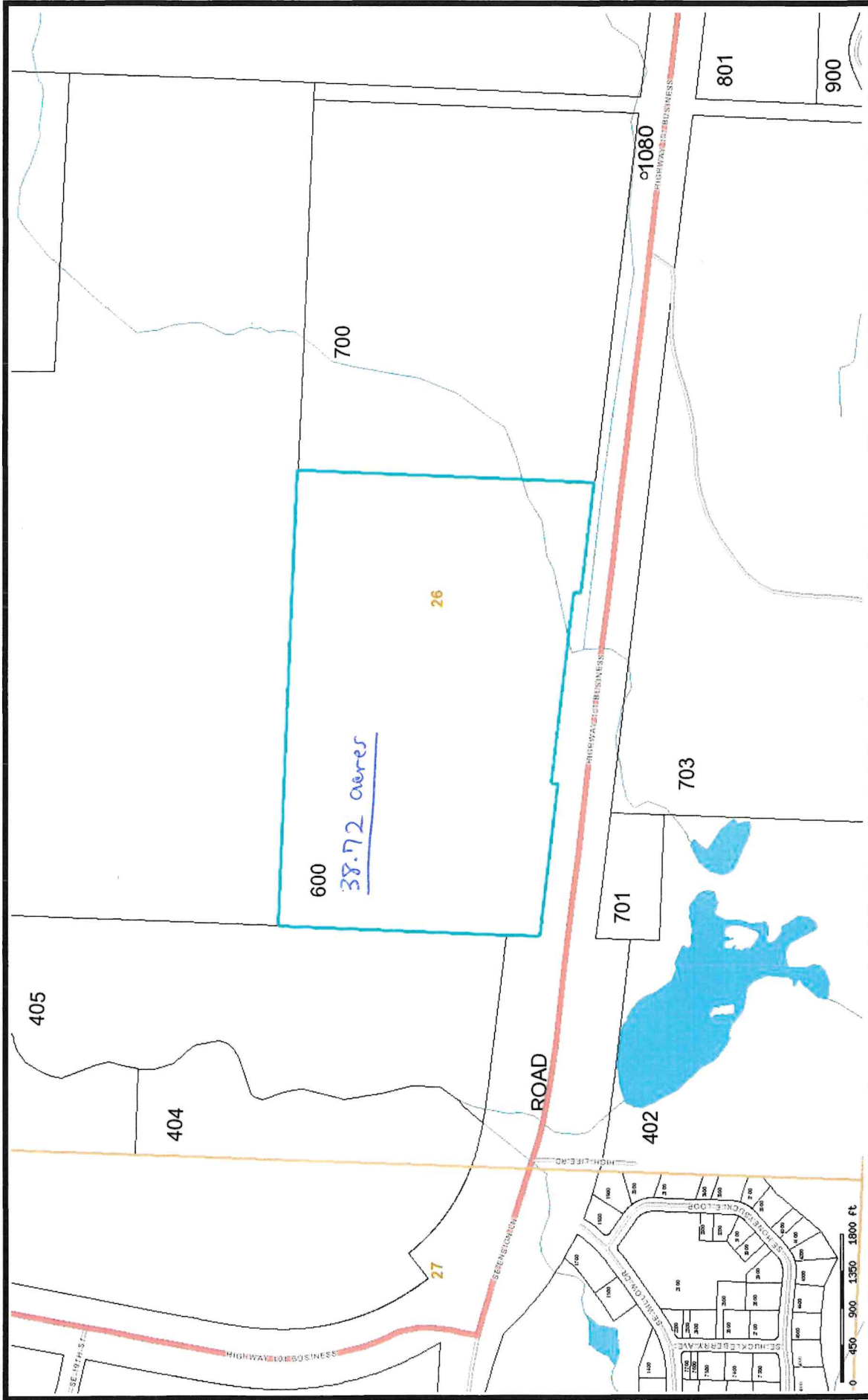
### Compliance/Permit Requirements

### Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Map



## Clatsop County Webmaps

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# AGENCY REVIEW & APPROVAL FORM

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

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

Job Site Address: 8-10-26 600 City: \_\_\_\_\_  
 Owner: Warrenton Fiber Phone: 503-580-1567  
 Address: Po Box 716 Astoria OR 97103 Email: northriverchamesslc@astoria.com  
 Agent: Adam Svendsen  
 Proposed Development/Construction: SFR - building 3 bdrm home / resident

**2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:**

Legal Description: T 8 R 10 S 26 Tax Lot(s) 600 503-580-1567  
 Permit Needed: Yes  No  Site Approved: Yes  No   
 Signature: [Signature] Date: 8/25/16  
 Remarks: Will need construction permit to install approved septic system.  
 Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

**3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:**

(Signature of Water District required.)

Gallons per minute: \_\_\_\_\_  
 Signature: [Signature] Title: PW Dir. Date: 8/25/16  
 Remarks: Involves waterline extension  
 Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

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

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_  
 Signature: [Signature] Title: Fire Chief Date: 8/24/16  
 Remarks: Access - OK road/drive w/turnaround at top, Water Supply - 2000 Gal holding tank or install hydrant from highway capable of 500 GPM w/130 speaker system. OK  
 Contact the local RFPD having jurisdiction. (See page 5)

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

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



## Site Evaluation - Single Family Dwelling

### PROPERTY INFORMATION

Property Owner: **Warrenton Fiber Company**                      Township **8**, Range **10**, Section **26 0 0**  
Property Location: **LOT ON AIRPORT RD, ASTORIA**                      Tax Lot **00600**  
Facility Type:            **Single Family Dwelling**  
                                 **3 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type:                      **Capping Fill System**  
Design Flow:                      **450.00 gals/day**  
Minimum Septic Tank Size: **1000.00 gals**  
Distribution Type:                **Serial**  
Total Trench Length:            **300.00 Linear feet**  
Trench Spacing:                 **10.00 feet\***  
Media Type:                        **Rock and Pipe**  
Maximum Trench Depth:        **16.00 inches**  
Minimum Trench Depth:        **12.00 inches**  
Drain Media Total Depth:      **12.00 inches**  
Drain Media Below Pipe:       **6.00 inches**  
Drain Media Above Pipe:       **2.00 inches**

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

### INSPECTION REQUIREMENTS

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



Authorized Agent:  
**Nancy Mendoza**

Title:  
**Onsite Wastewater Specialist**

Date Issued:                      **8/11/2016**

Expiration Date:

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

## SITE EVALUATION REPORT

Date: August 11, 2016

Dear Mr. Svensen

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: Adam Svensen Application: # 500522 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8 / R 10W / S 26 Tax Lot#: 600

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 503-338-3685.

Yours truly,



Nancy Mendoza  
Environmental Health Specialist  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

**FIELD WORKSHEET**

App. Name: Adam Svensen    Application #: 500522    County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8 / R 10W / S 26 Tax Lot#: 600

Commercial Facility:     Yes     No    Parcel Size: 40 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd    Max # of bdrms: 3

<b>Initial System</b>		<b>Replacement System</b>	
<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"/> Capping Fill
			<input type="checkbox"/> Bottomless Sand Filter
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		
Distribution Method: <input type="checkbox"/> Equal		<input checked="" type="checkbox"/> Serial	
Absorption facility: _____ 300 _____ linear. ft		Disposal facility: _____ linear. ft	
16"    " Max Depth		12"    " Min Depth	

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE EFFECTIVE SOILD DEPT, ETC.
#1	0-24 24-60	SL C	0"-24" Sandy Loam 24"-60" Clay Roots to 24" Effective soil depth =24"
#2	0-12 12-24 24-60	SL SCL C	0"-12" Sandy Loam 12"-24" Silty, Clay loam 24"-60" Clay Roots to 24-28" Effective soil depth =24"
#3	0-12 12-24 24-60	SL CL C	0"-12" Sandy Loam 12"-24" Clay Loam 24"-60" Clay Roots to 12" Effective soil depth=24"

Landscape Notes: Seasonal ground water indicators at 24". No drain field at pit #3.

Slope: 3-4%

Aspect: North to South

Groundwater Type: Seasonal

**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.**
- 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.

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



#500522

### Clatsop County

www.co.clatsop.or.us  
Environmental Health  
820 Exchange Street, Suite 100  
Astoria, Oregon 97103  
Phone 503 325-8500  
mmcknickle@co.clatsop.or.us

RECEIVED

AUG 08 2016

CLATSOP CO. PUBLIC HEALTH  
(P) CK# 2632  
8780

## Application for Onsite Sewage Treatment System

### A. Property Owner Information

Adam Swensen / Po Box 716 Astoria, OR 97103 / 503-580-1567  
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number  
Warrenton Fiber

### B. Legal Property Description

8N 10W 26 000 53616 40  
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
Clatsop County  
Subdivision Name: Air Port Lot Block

Property Address: 40 acres on Airport rd, Astoria  
(Street, City, State, Zip)

Directions to Property: Matt Sapko 503-440-4220 = call when ready for site eval.

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

**Existing Facility**  
 Single Family Residence  
Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_

**Proposed Facility**  
 Single Family Residence  
3  
Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_

**Water Supply**  
 Public \_\_\_\_\_  
Name \_\_\_\_\_  
 Private  
Well, Spring, Shared

### D. Type of Application

Site Evaluation  
 Construction  
 Permit Repair  
 Major  
 Minor  
 Alteration Permit  
 Major  
 Minor

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

Dean Hartman Signature 8-2-16 Date

Dean Hartman Applicant's Name (Please Print Legibly) 503 440 2092 Applicant's Phone deanhartmanconstruction@gmail.com Applicant's E-Mail Address

P.O. Box 158 Warrenton OR 97146 Applicant's Mailing Address

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached Dean Hartman / Hartman Construction Co. Installers Name

*[Handwritten signature]*

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CLATSOP CO. PUBLIC HEALTH

SECTION 1 - TO BE COMPLETED APPLICANT

1. Applicant Name/Property Owner: Dean Hartman
Mailing Address: P.O. Box 158
City/State/Zip: Warrenton OR 97146
Telephone: 503 440 2092

2. Property Information:
County: Clatsop Tax Lot No: 600
Township: 8N Range: 10W Section: 26
Physical Address: none right now
Block: Lot:
Subdivision Name (if applicable):

3. This proposed facility is for:
[X] 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:
[X] Construction-Installation permit for: [X] 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



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

5. Property Zoning: AF Zoning Minimum Parcel Size: 80 acres

6. The facility is located: [ ] inside city limits [ ] inside UGB [ ] outside UGB

7. Does the proposed facility comply with all applicable local land use requirements: [X] 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: Template Test Dwelling
LWDNO #80-14, Sec. 3.518(1A) vested 12/2/15

8. Planning Official Signature: Julia Decker

Print Name: JULIA DECKER Date: 8/5/2016

Title: PLANNER Telephone: 503-325-8611



Clatsop County  
 Environmental Health  
 820 Exchange Street, Suite 100  
 Astoria, Oregon 97103  
 Phone 503 325-8500  
[mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us) [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

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**Notice Authorizing Representative**

I, Adam Swensen, have authorized  
 (Property Owner – Please Print)

Dean Hartman 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**

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

And described in the records of Clatsop County as:

Township 8N Range 10W Section 26 Tax Lot 600 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Adam Swensen/Warrenton Fiber Email: northriverhomes11c@hotmail.com  
 Mail Address: Po Box 716 City/State/Zip Astoria, OR 97103  
 Phone: 503-580-1567 FAX: \_\_\_\_\_  
 Signature: [Signature] Date: Aug 1, 2016

**AUTHORIZED REPRESENTATIVE:**

Name: Dean Hartman Email: dean.hartman.construction@gmail.com  
 Mail Address: P.O. Box 158 Warrenton City/State/Zip Warrenton OR 97146  
 Phone: 503 440 2092 FAX: \_\_\_\_\_  
 Signature: Dean Hartman Date: 8-2-16

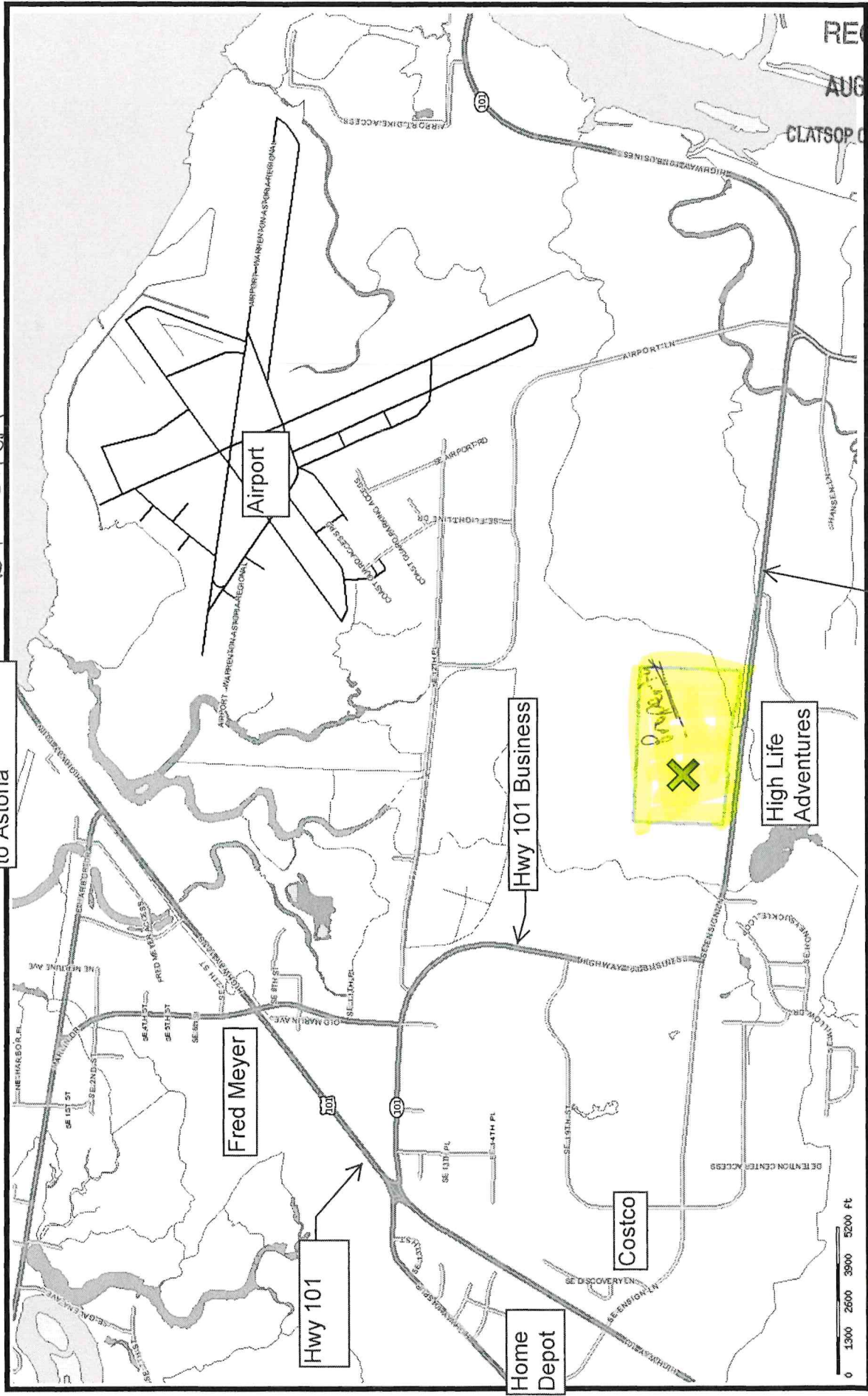
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CLATSOP CO. PUBLIC HEALTH

Directions

Youngs Bay Bridge  
to Astoria



Hwy 101 Business

### Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



0 1300 2600 3900 5200 ft



# Septic Application

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

### For Department Use Only

Permit #: **500522**  
 Permit Type: **Site Evaluation**  
 Entry Date: **8/8/2016**  
 Issued By: **Annette Brodigan**  
 Permit Status: **Entered**

### Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/08/2016

### Work Description

Work Description:

Remarks:

### Owner

Name: **Warrenton Fiber Company** Ph. #: (503) 580-1567 Cell: ( ) -  
 Address: E-Mail: Fax: ( ) -  
 City, State, Zip: Warrenton, OR 97146

### Applicant

Warrenton Fiber Company Ph. 5035801567 Fax  
 Cell E-Mail  
 Warrenton, OR 97146

### 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	\$680.00	\$100.00	\$0.00	\$0.00	\$780.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Warrenton Fiber Company	Check	2632	08/08/2016	\$780.00

**Balance Due: \$0.00**

### Compliance/Permit Requirements

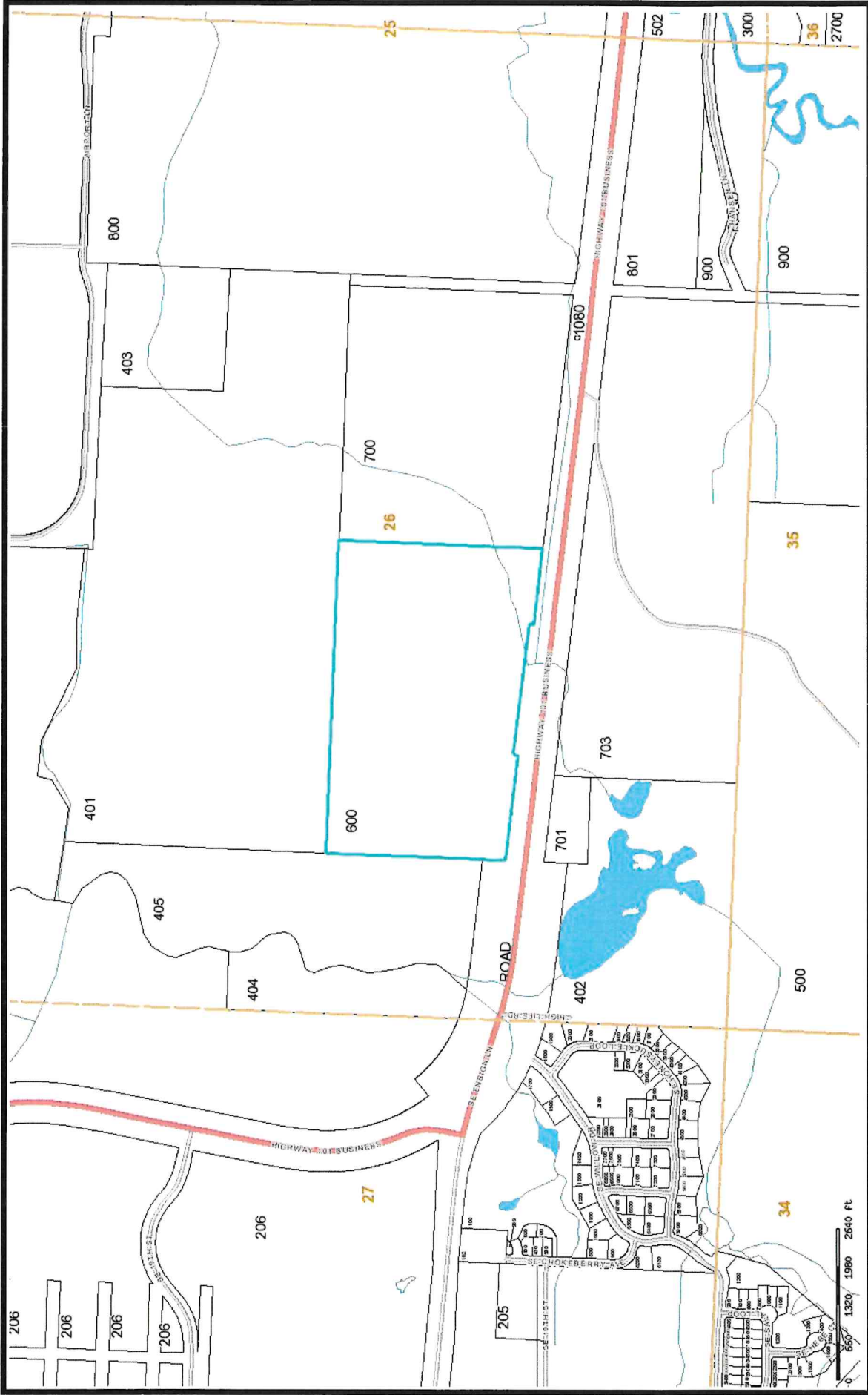
### Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Map



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