

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 500459 as follows:

Property Owner: **Adams Teena M** Township **8**, Range **10**, Section **33 B 0**
 Property Location: **91638 Smith Lake Rd, Warrenton** Tax Lot **01221**
 Facility Type:

System type:	Standard
Design Flow:	450.00 gals/day
Minimum Septic Tank Size:	1000.00 gals
Distribution Type:	Equal
Total Trench Length:	150.00 Linear feet
Trench Spacing:	8.00 feet*
Media Type:	Rock and Pipe
Maximum Trench Depth:	18.00 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

- 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.

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Onsite Wastewater Specialist

Title:

6/21/2016

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: 500459

RECEIVED

JUN 15 2016

CLATSOP CO. DEPT. OF PUBLIC HEALTH

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or 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: **Adams Teena M**
 Property Address: **91638 Smith Lake Rd, Warrenton**
 Township **8** Range **10** Section **33B0** Tax Lot(s) **01221**

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 1000 Compartments 1 Manufacturer A-1 Date 6-8-16
 Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
 Pumps: HP 1/3 Model/Manuf Liberty 250 Float(s)Type(1) _____ Model/Manuf Orencia MFPB
 Float(s)Type(2) _____ Model/Manuf STFS

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 70'

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? Pipe + Gravel
 Distribution Box Yes ☒ No ☐
 Drop Box Yes ☐ No ☐
 Distribution Pipe Yes ☒ No ☐ Diameter 4" ASTM#Other 3034 Length 20'
 Comment: Equal System, Elec. by Bosh Electric
Pump out by Complete Septic

Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By Nm
 Permit No. 500459
 Date 6/21/16

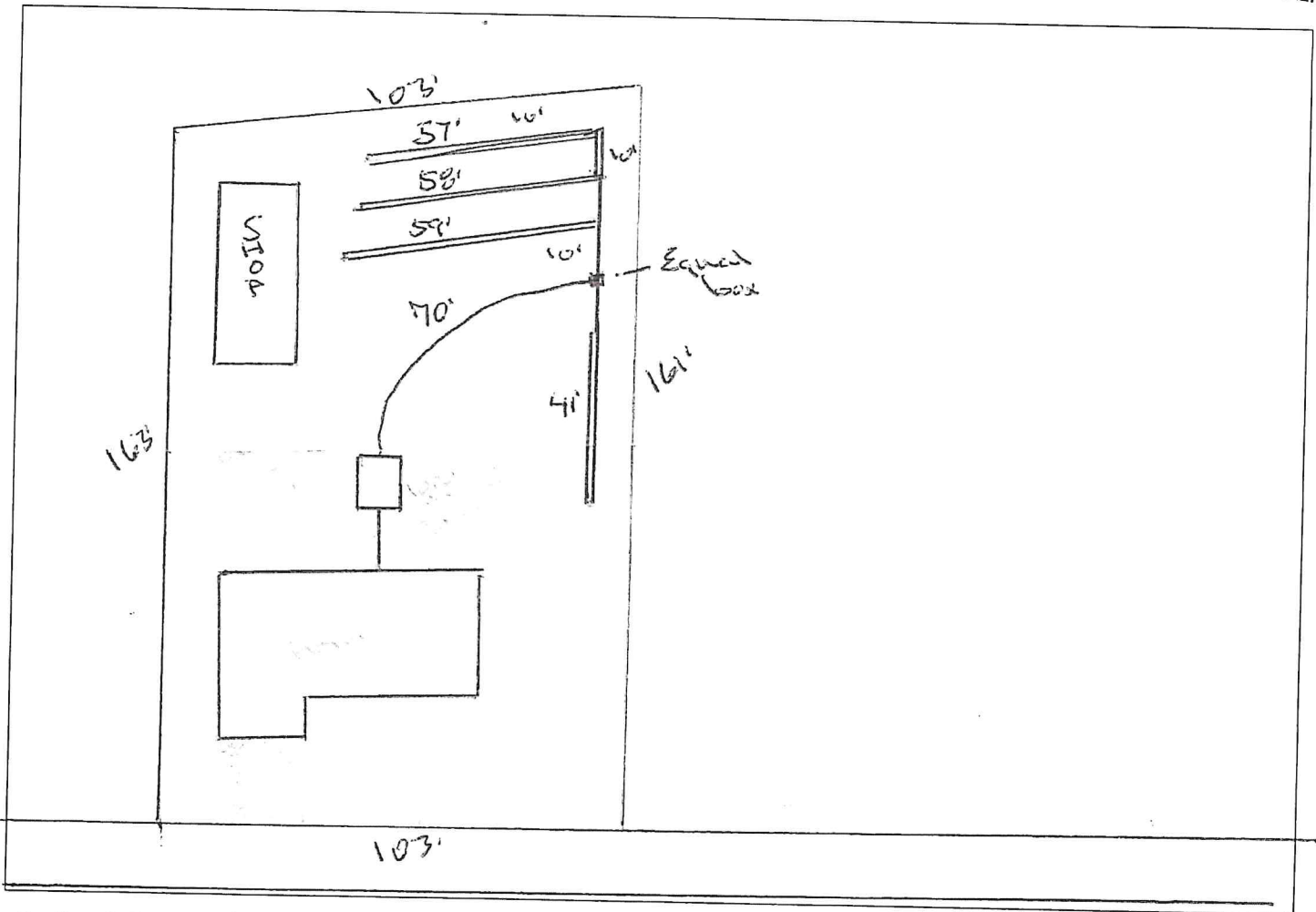
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JUN 15 2016

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/Permitte/Certified Installer w/Certification # _____ Print Name: Vinson Brothers Construction
 Licensed Installer Yes ☒ No ☐ License # 36845 Certification # RI 246
 Owner/Certified Installer Signature [Signature] Date 6-14-16
 Phone 503-458-6561 Phone 503-741-0570 Email vbroadennic@gmail

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 NM
 Permit No. 500459
 Date 6/21/16

RECEIVED

MAY 17 2016

CLATSOP CO. PUBLIC HEALTH

Materials List Trena Adams
91632 Smith Lake Road D.S. # 500459
VINSON Brothers Construction D.E. # 36845

Pump & fill old tank with sand, 1/2 of tank
is under concrete

New A-1 concrete 1000 G Tank

DRENCO Pump Package, DRENCO valve
80' 2" effluent line

Equal distribution box

225' biotrickler units

45' 4" Sewer Pipe

Clatsop County Department
of Public Health

On-Site Waste Water Program

Approved By N.M.

Permit No. 500459

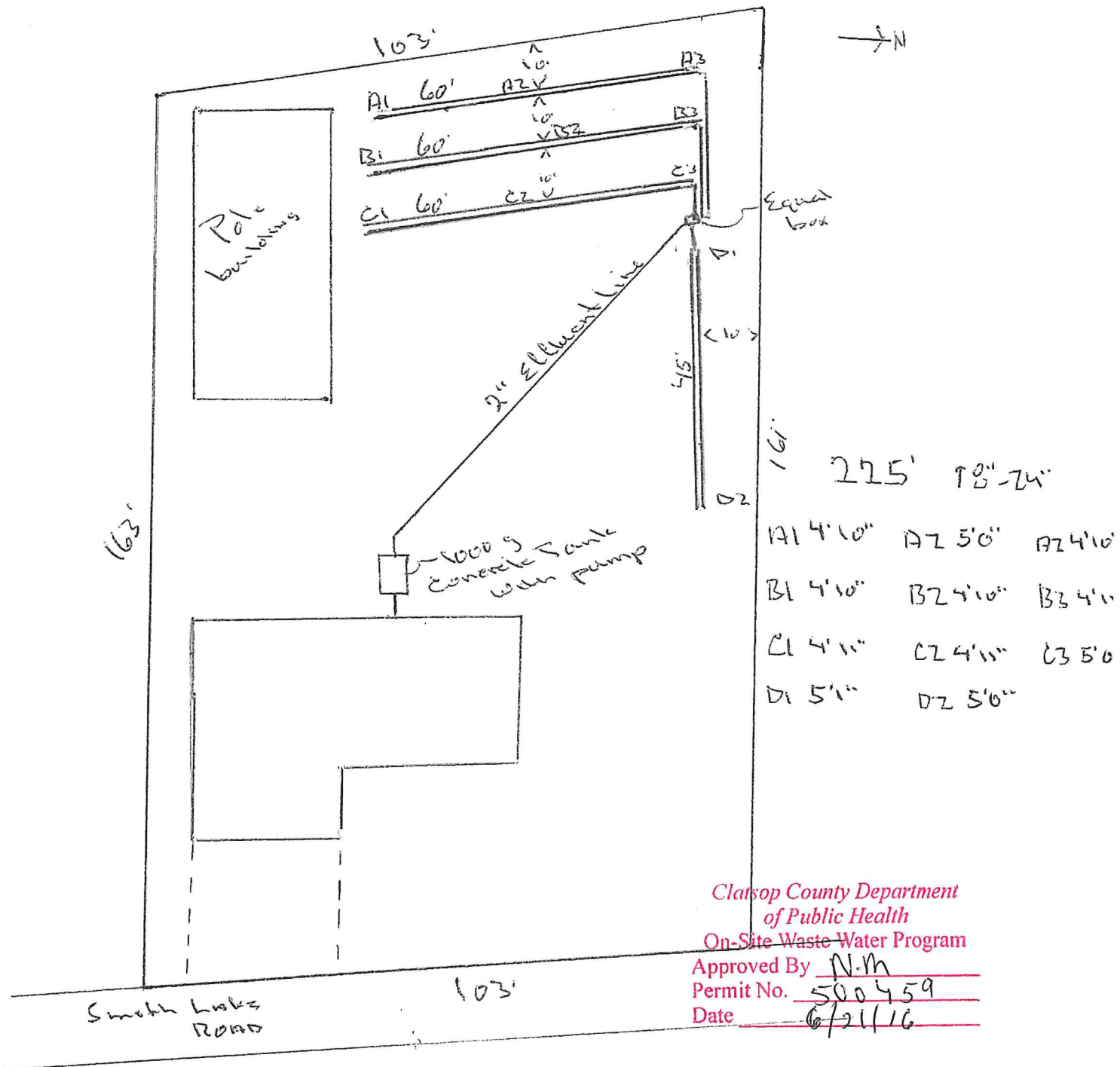
Date 6/21/16

RECEIVED

MAY 17 2016

CLATSOP CO. PUBLIC HEALTH

Site Plan TEENA Adams Mason repair
 91638 Smith Lake Road, Warrenton Or.
 VINSON Brothers Construction D.E.G. # 36845
 Onsite # 500459



Repair Permit - Major

This Repair Permit - Major Permit 500459, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Adams Teena M** Township **8**, Range **10**, Section **33 B 0**
Property Location: **91638 Smith Lake Rd, Warrenton** Tax Lot **01221**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Alternative Treatment Technology**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Equal**
Total Trench Length: **150.00 Linear feet**
Trench Spacing: **8.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **18.00 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

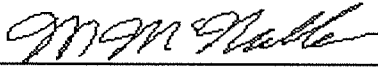
- 1 If the ATT aeration device fails, wastewater must be prevented from going into the drainfield.
- 2 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 3 Start up check list shall be submitted at completion of installation.
- 4 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 5 Properly decommission the old septic tank in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 6 An electrical permit and inspection from Clatsop County Building Codes or the municipality with jurisdiction is required for all pump wiring installations.
- 7 This permit is for the installation of an Alternative Treatment Technology (ATT) system. This system is to be installed only by the property owner that has been certified by the system manufacturer or a licensed sewage disposal business (installer) that has been certified in accordance with OAR 340-071-600 AND 650.
- 8 Each trench to be level and on contour.
- 9 ATT treatment standard 2 required.
- 10 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.
- 11 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 12 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 13 Meet all required setbacks.

- 14 If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.
These steps must include the minimum:
1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
 3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 15 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.
- 16 Install with dry soil conditions.

INSPECTION REQUIREMENTS

- 1 A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- 2 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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



Authorized Agent:

Mike McNickle

Title:

Onsite Wastewater Specialist

Date Issued:

5/6/2016

Expiration Date:

5/6/2017

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

REPAIR EVALUATION REPORT

Date: May 6, 2016

Dear Ms. Teena Adams:

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 repair 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: Teena Adams Application: # 500459 County: Clatsop

RE: **REPAIR EVALUATION REPORT** for Township/Range/Section: T 8 / R 10 / S 33B Tax Lot#: 1221

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

This evaluation coincides with your application for a construction permit.

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

Yours truly,



Michael McNickle, MPH, RS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: File

FIELD WORKSHEET

App. Name: Tena Adams Application #: 500459 County: Clatsop

RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 8 / R 10 / S 33B Tax Lot#: 1221

Commercial Facility: ☐ Yes ☒ No Parcel Size: 0.38 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd per lot Max # of bdrms: 3

Initial System	Repair System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input 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	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 type="checkbox"/> Serial	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial
Absorption facility: _____ linear. ft " Max Depth	Absorption facility: <u>150</u> linear. ft " Max Depth <u>18</u>
Disposal facility: _____ sq ft " Min Depth	Disposal facility: <u>300 sq. ft.</u> " Min Depth <u>12</u>

TEST PIT	DEPTH	TEXTURE	SOIL AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0 - 6" 19" - 48" 48" - 60"+	Loamy topsoil Sand Grey sand	Loamy sand (topsoil) and fill from 0-6 inches Sand from 6" - 48+ inches. Small fine roots H2O at 48" - likely permanent water table with redox features

Landscape Notes: tight lot

Slope: 0-1%

Aspect: north to south

Groundwater Type: 48"+ - permanent

Additional Conditions of Approval

1. ATT with treatment standard 2
2. Reduction to 150 linear feet of drainfield
3. O&M required prior to release of CSC.
4. Notice to Title required prior to release of CSC
5. All conditions of the construction permit must be followed.
6. Any alteration of natural soil conditions (i.e. cutting or filling) in the repair area may void this approval.
7. The disposal areas must be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
8. 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.
9. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.



#500459

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

(Pd) Visa = \$635.00
RECEIVED
MAY 02 2016

Application for Onsite Sewage Treatment System

CLATSOP CO. PUBLIC HEALTH

A. Property Owner Information

Name: Teena Adams Mailing Address (Street, PO Box, City, State, Zip): 91638 Smith Lake Rd. Warrenton Phone Number: 503-861-1109

B. Legal Property Description

Township: 8 Range: 10 Section: 33B Tax Lot: 1221 Tax Account Number: 32659 Acreage or Lot Size: .38
County: Clatsop Subdivision Name: _____ Lot: _____ Block: _____

Property Address: 91638 Smith Lake Rd. Warrenton 97146
(Street, City, State, Zip)
Directions to Property: West Smith Lake Rd. from us 104. Warrenton. Right on Smith Lake Rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☒ Single Family Residence

Number of Bedrooms: 3

☐ Other _____

Proposed Facility

☒ Single Family Residence

Number of Bedrooms: _____

☐ Other _____

Water Supply

☒ Public city Warrenton

☐ 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

Signature

Date

Teena Adams
Applicant's Name (Please Print Legibly)

503-861-1109
503-440-1261
Applicant's Phone

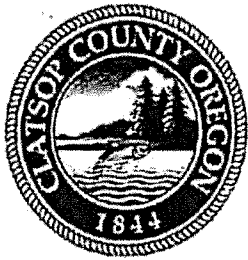
teenaadams@charter.net
Applicant's E-Mail Address

91638 Smith Lake Rd Warrenton OR 97146
Applicant's Mailing Address

Applicant is the ☒ Owner ☐ Authorized Representative
☐ Authorization Attached

☒ Licensed Septic Installer

Vinson Bros.
Installers Name



Clatsop County

www.co.clatsop.or.us

Environmental Health

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8500

mmcnickle@co.clatsop.or.us

RECEIVED

MAY 02 2016

CLATSOP CO. PUBLIC HEALTH

Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):

- ☒ Septic Tank ☐ Disposal Trenches ☐ Capping Fill ☐ Sand Filter
☒ Seepage Bed ☐ Cesspool or Pit ☐ Unknown
☐ Other (describe): _____

2. When was your septic system installed? 1977 76-179
Date Permit Number

3. Tank material: ☐ Concrete ☒ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons): 1000

5. When was the septic tank last pumped? (Attach receipt if available) 5-10-13

6. Number of disposal trenches: 3

7. Total length of disposal trenches (in feet): 70

8. Do you propose to use the existing septic system? ☐ Yes ☒ No

9. Is your septic system currently in use? ☒ Yes ☐ No
If no, date of last use: _____

10. If the septic system currently serves a dwelling,

How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 1

11. How many bedrooms will be in the proposed dwelling? 3 How many occupants? ?

12. If the septic system serves a business,

How many total employees are there? _____ Type of business: _____

13. Is there a proposed change of use of your structure (home or business)? ☐ Yes ☒ No
If yes, please explain: _____

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

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

Signature: Leann Rast Adams

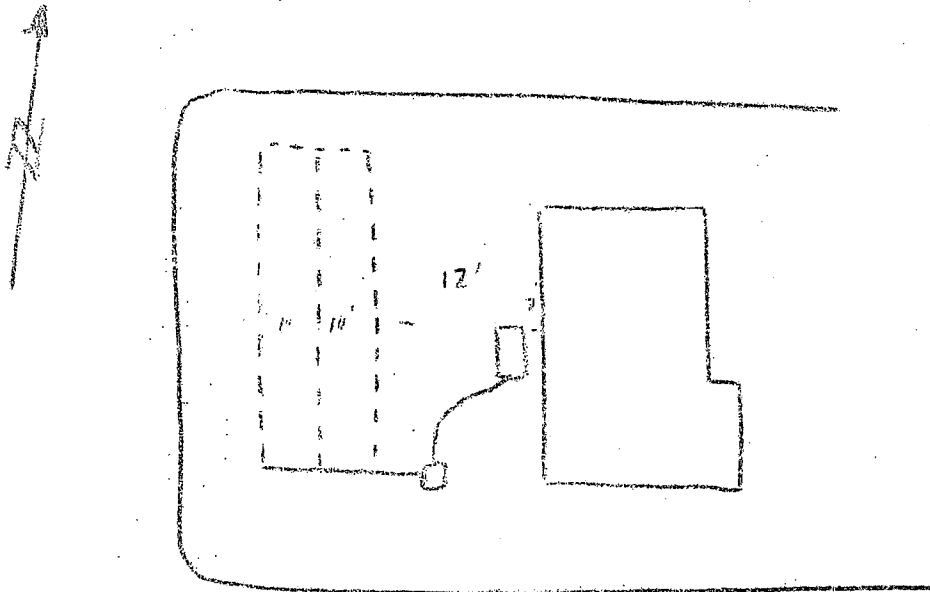
Date: 5-2-2016

STATE OF OREGON HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7441 EXT. 35
SUBSURFACE DRAINAGE DETECTION SYSTEM
FINAL INSPECTION

PERMIT NO. 76-179

OWNER'S NAME W.M. GLOSSUP ADDRESS 217 BEDROW KELSO WA.
PROPERTY ADDRESS 810-338-1221 ESTABLER 98626
RESIDENTIAL ☒; COMMERCIAL ☐; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3
WATER SUPPLY: PUBLIC ☐; COMMUNITY ☒; PRIVATE ☐. TYPE OF WELL _____
DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION SAND
SEPTIC TANK: STEEL ☒; CONCRETE ☐; CAPACITY 1000 GALLONS
STONE: SIZE 3/4-2", WASHED ☒; BELOW TILE 6 IN., ABOVE TILE 2"
TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 460 SQ. FT.
TILE: CONCRETE ☐; CLAY ☐; PLASTIC ☒; BUILDING SEWER: MATERIAL N.A.

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



5/2/16
Adams using
original drawing
for map.

☒ APPROVED: Installation conforms to DEQ Requirements.
☐ DISAPPROVED: Installation does not conform to DEQ Regulations.
REMARKS: _____

DATE: 3-28-77

SANITARIAN Bill Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.



Septic Application

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

For Department Use Only

Permit #: **500459**
Permit Type: **Repair Permit**
Entry Date: **5/2/2016**
Issued By: **Annette Brodigan**
Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/02/2016

Work Description

Work Description:

Remarks:

Owner

Name: **Adams Teena M**
Address: 91638 Smith Lake Rd
City, State, Zip: Warrenton, OR 97146

Ph. #: (503) 861-1109
E-Mail:

Cell: () -
Fax: () -

Applicant

Adams Teena M
91638 Smith Lake Rd
Warrenton, OR 97146

Ph. 5038611109 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	\$535.00	\$100.00	\$0.00	\$0.00	\$635.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Adams Teena M	Credit Card		05/02/2016	\$635.00
				\$635.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

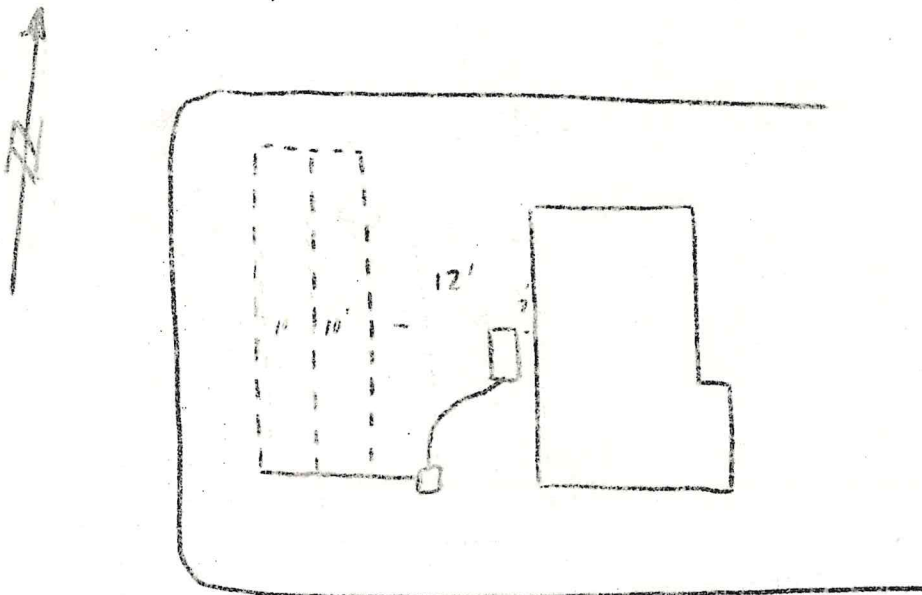
CLATSOP COUNTY HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7443 EXT. 35
SUBSURFACE WASTE DISPOSAL SYSTEM
FINAL INSPECTION

810-33B-1221

PERMIT NO. 76-179

OWNER'S NAME W.M. GLOSSUP ADDRESS 217 REDROW KELSO, WA.
PROPERTY ADDRESS 810-33B-1221 INSTALLER 98626
RESIDENTIAL ☒; COMMERCIAL ☐; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3
WATER SUPPLY: PUBLIC ☐; COMMUNITY ☒; PRIVATE ☐ TYPE OF WELL _____
DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION SAND
SEPTIC TANK: STEEL ☒; CONCRETE ☐; CAPACITY 1000 GALLONS
STONE: SIZE 3/4-2", WASHED ☒; BELOW TILE 6 IN., ABOVE TILE 2"
TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 460 SQ. FT.
TILE: CONCRETE ☐; CLAY ☐; PLASTIC ☒; BUILDING SEWER: MATERIAL N.A.

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



☒ APPROVED: Installation conforms to DEQ Requirements.
☐ DISAPPROVED: Installation does not conform to DEQ Regulations.
REMARKS: _____

DATE: 3-28-77

SANITARIAN

Bill Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Installer: Complete top part of form to
 signature and submit both copies with
 application.

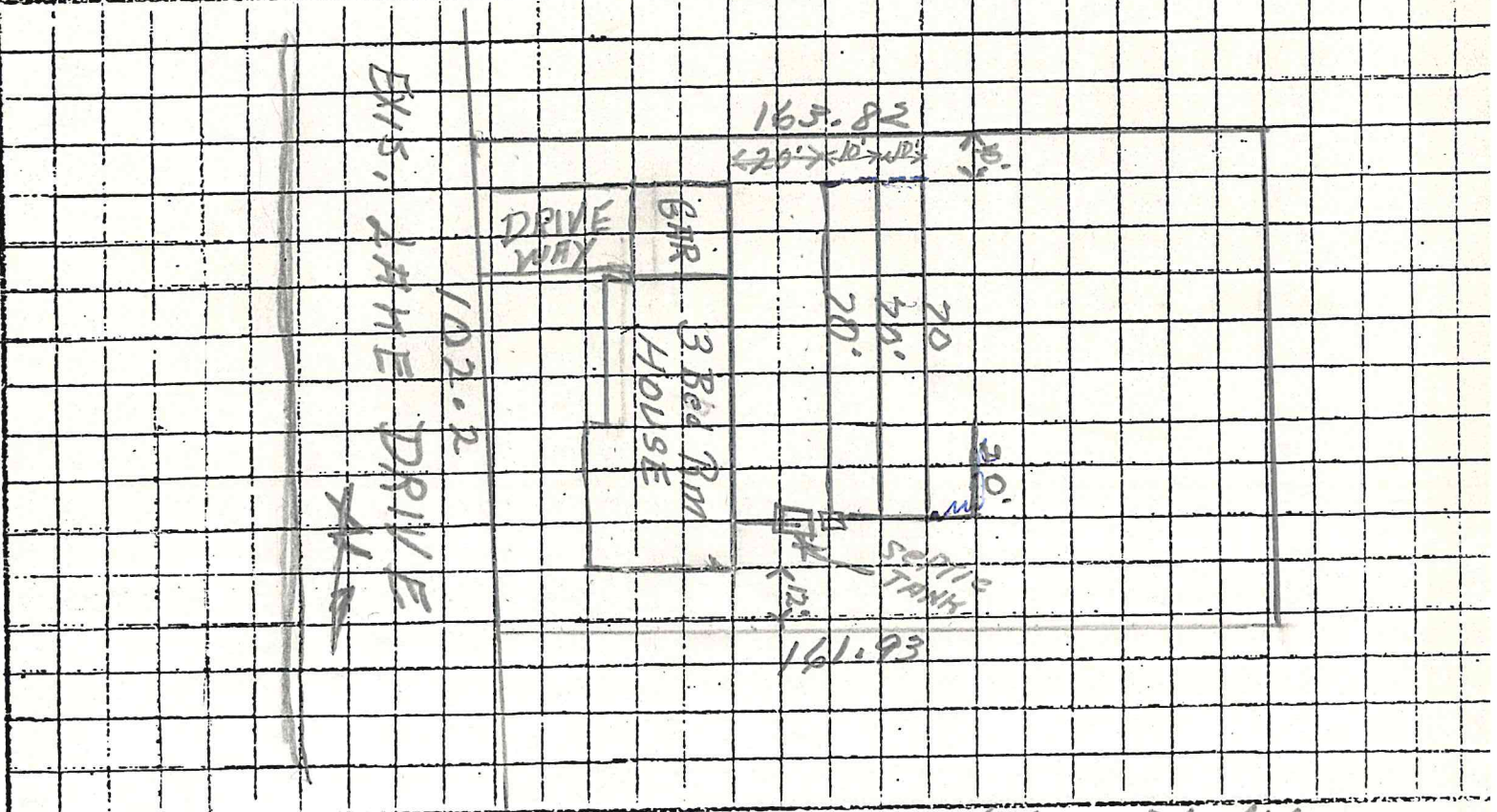
RECEIVED
 JUN 29 1976
 CLATSOP COUNTY HEALTH DEPT.
 Permit No.

(Exhibit No. 1)

Installer's Name		Property Address	
No. Living Units		Bedrooms	Baths
1	3	1 3/4	Basement
		Yes	No
		Water Supply	
		Community	
		Public	
		Other-Lis	

Septic Tank:		Ft. from well		Steel		Concrete		No. Compartments		Gal. Capacity	
		NONE		X				2		1000	
Inside Dimensions:		Ft.		Tile Disposal Field:		Distribution Box:		Yes		No	
Length		Width		Diameter		Depth					
Applicant Name		Mailing Address		Other Distribution - Type		Feet from Well		Foundation		Lot Line	
William N. Glossup		217 Redrow				NONE				Front	
Kelso Wash. 98626										Side	
										Rear	
Length of Lines - Ft.		Trench Width		Total sq. ft.		Ft. between Filter		Filter Type		Filter Depth	
1. 2. 3. 4. 5. 6.		2'		480		10		1 1/2" ROLL		6 in.	

Plot Plan (See instructions):



Date June 27- 1976 Signature William N. Glossup

For Sanitarian Use Only:
☒ Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal
☐ Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: Per approved Date: 7-26-76
 Sanitarian's Signature [Signature]
 State of Oregon

William Crossup
217 Row

STATE OF OREGON

T 7 Bk 2
Smith Lane

Kilco, WA
98626

Department of Environmental Quality

Re 8 10 333 1221

Permit No. 76-179

Expiration Date 7-1-80

PERMIT

- * PRIOR APPROVAL
- * PLACE TRENCHES AT 12" WITH 12 IN OF SAND FILL
- * LOOP SYSTEM

TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

All work to conform to requirements of Oregon administrative rules governing subsurface sewage disposal. All work shall be performed by property owner personally or by a licensed septic tank installer.

Tank Capacity 1000 Gallons

Drain Field 460 Sq. Ft.

PERMITS NOT TRANSFERABLE

POST ON PREMISES UNTIL COMPLETED

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

Bldg Permit No. 77-58	Date Issued 3-9-77
Valuation \$ 22,000	Basic Fee 104.02
Area—1st Floor 1145 sq	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J 312
Additional Area	Plan Checking Fee
Area—Type V J	TOTAL 1107.2

CALLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
Final	Finish	Final

SPECIAL INFORMATION

If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.

Special information: **5-7-17-26-32**
INSULATION

Size of Septic Tank **1000 GAL** gals.

Water Supply **WARRENTON** Private Public

Source:

PLANNING AND ZONING

Type of Occupancy	Residence
Total Floor Area	1145 sq
No. Stories	1
Total Height	12'
Area of Lot	16,040
Front Yard Setback	20 FT.
Side Yard Setback	10 FT.
Rear Yard Setback	100 FT.
New Const.	X
Alter.	
Change of Occupancy From	
To	

Date Received: **3-9-77**

APPROVED: COUNTY SANITARIAN
 By **Bill L. Mason R.S.**

Date: **3-9-77** DEQ# **76-179**

APPROVED: COUNTY PLANNING COMM.
 By **Arthur D. Kibbe**

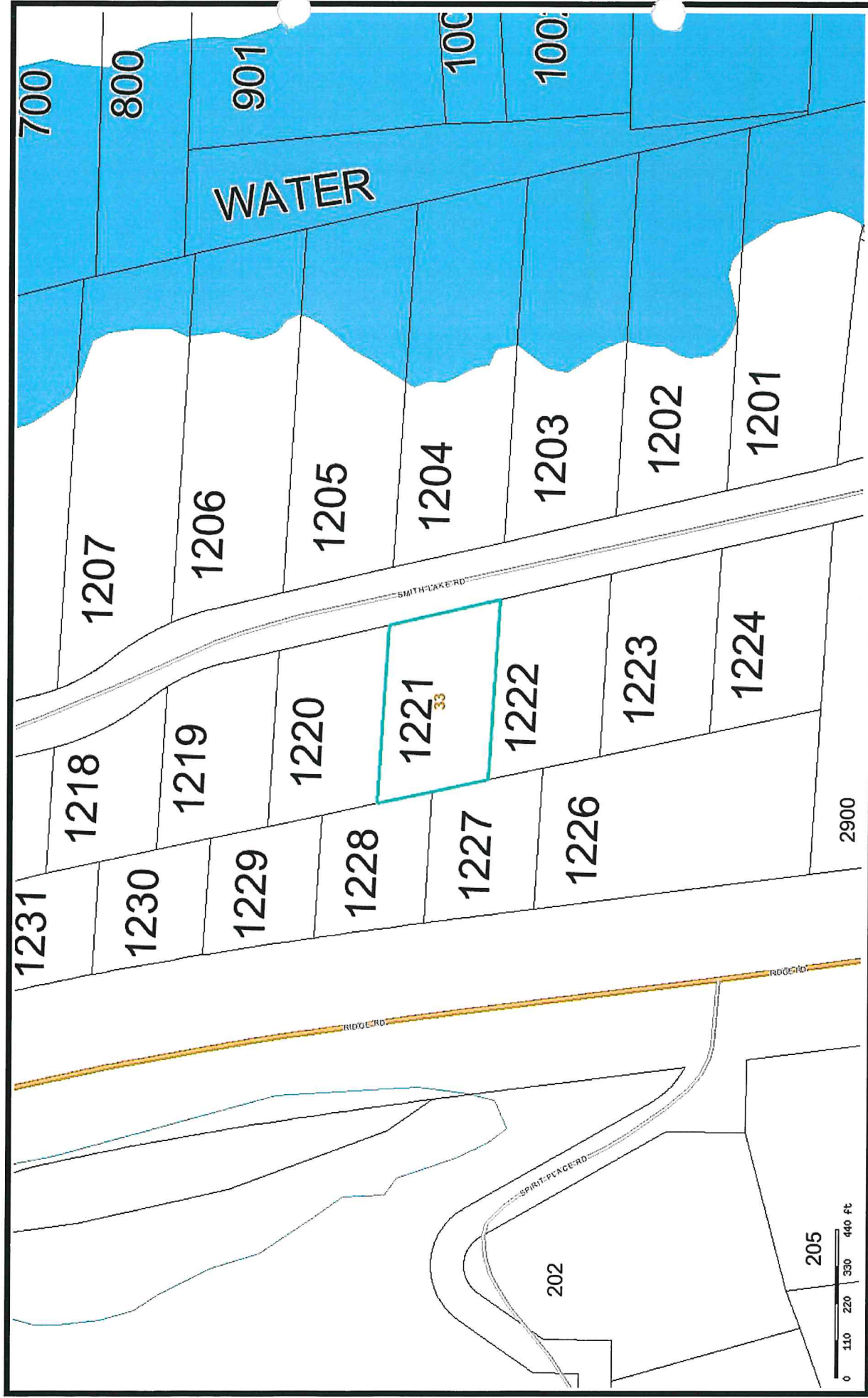
Date: **3-9-77**

APPROVED: BUILDING OFFICIAL
 By **Jeffrey Carlson**

Date: **3-9-77**



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.

