



CLATSOP COUNTY SHORT TERM RENTAL PERMIT APPLICATION

Clatsop County Assessment and Taxation
820 Exchange Street, Suite 210, Astoria, Oregon 97103
Phone: (503) 325-8522 Fax: (503) 338-3638
assessor@co.clatsop.or.us www.co.clatsop.or.us

186-27-000290

91889 Ridge Rd. Warrenton 8-10-33B-1229

Department Use Only -

Permit No. _____ Date Issued: _____ Authorization: _____

FEE \$550.00 _____

PUBLIC HEALTH APPROVAL

Sleeping Areas Authorized by Public Health: 4 bedrooms = 14 people max.

Date of Certificate of Compliance: 8/31/21

Public Health Signature: [Signature]

BUILDING CODES APPROVAL

Initial Inspection Date: _____

Requires Re-inspection? Y _____ N _____

Re-inspection date (if applicable): _____

Requires Re-inspection _____? (Additional fee required) Y _____ N _____

FEE \$125.00 _____

Building Codes Approval Date: _____

Building Codes Signature: _____

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AUG 30 2021

CLATSOP CO. PUBLIC HEALTH
#186-21-
000290



CLATSOP COUNTY SHORT TERM RENTAL APPLICANT STATEMENT

91889 Ridge Rd 8-10-338-1229

1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Clatsop County Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 (Arch Cape), Clatsop County Ordinance No. 18-01 (unincorporated Clatsop County, excluding Arch Cape) and/or any other applicable law.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD. The issuance of a short term rental permit by the Clatsop County Assessment and Taxation Director may be appealed within twenty (20) calendar days of the date of the notice of conditions, suspension or revocation. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by Clatsop County Building Codes and a new Clatsop County Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).

I have read and understand the APPLICANT'S STATEMENT and agree to abide by the terms.

I have met and will continue to comply with the standards under this ordinance.

Applicant Signature [Signature] Date: 4-21-2021



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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CLATSOP CO. PUBLIC HEALTH

#186-21-000290

Short Term Rental Land Use Compatibility Statement

Property Address: 91889 Ridge Road
WARRENTON OR. 97146

Base Zone: SFR-1 Overlay District(s): _____

Short-Term Rental Location:

T 8 R 10 S 33B TL 1229 Acres .25

Applicant Name: Sharon Helligso

Email: sharon.helligso@gmail.com

Address: 91889 Ridge Road

City/State/Zip: Warrenton OR 97146

Phone: _____

Phone: 503-791-8111

Owner Name: Sharon Helligso

Email: sharon.helligso@gmail.com

Address: 91889 Ridge Road

City/State/zip: Warrenton OR 97146

Phone: _____

Phone: 503-791-8111

Other Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____

Phone: _____

SIGNATURES:

Applicant: [Signature]

Date: 4-21-2021

Owner: [Signature]

Date: 4-21-2021

Agent/Other Billy Moon
5B3E5478FC404AA...

Date: 25-Aug-2021

Clatsop County Community Development:

Based upon the above zoning, it is determined that Short Term Rental is a use permitted in that zone. Short Term Rentals are subject to the regulations outlined in Ordinance 17-02 and Ordinance 19-04. These ordinances apply to Short Term Rentals located within the unincorporated areas of Clatsop County, including within the urban growth boundaries that are NOT subject to an Urban Growth Boundary Management Agreement.

Authorization: Clansie Adams

Date: 04/26/21

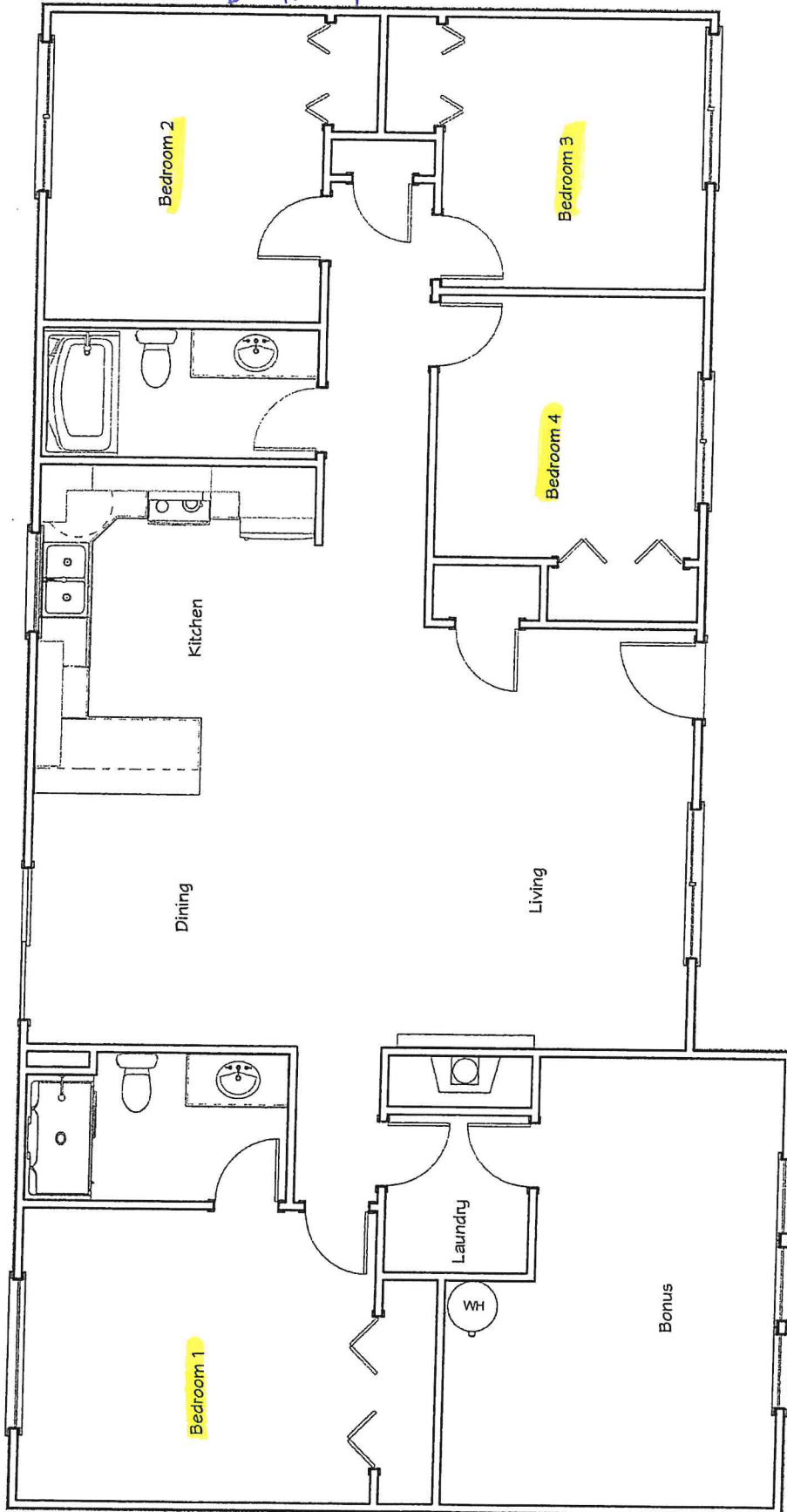
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CLATROP GO: PUBLIC HEALTH

#186-22-000290

8-10-338-1229





Transaction Receipt
Record ID: 186-21-000290-INQY
IVR Number: 186085995919

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

Receipt Number: 457220

Receipt Date: 8/30/21

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 91889 RIDGE RD, WARRENTON, OR 97146
Parcel: 81033B001229

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
8/30/21	1.00 Ea	Short Term Rental - Septic System review	81-7017	\$100.00	\$100.00

Payment Method: Journal Entry Payer: Clatsop Assessment & Taxation Payment Amount: \$100.00
Transaction Comment: see deposit slip D04080

Cashier: Annette Brodigan **Receipt Total:** **\$100.00**



Certificate of Satisfactory Completion

Alteration (Major) - Residential - New

186-20-000104-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 04/13/2020
Work Description: Major Alteration; adding to drainfield

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

Owner: Shawn Helligso	Property Address: 91889 Ridge Rd, Warrenton, OR
Address: 1692 Heritage Way Gearhart OR 97138	97146
Parcel: 81033B001229 - Primary	Township: 8 Range: 10 Section: 33B
Lot Size: 0.25 acre	Water Supply: Community Water Supply
Zoning: N/A	City/County/UGB: N/A
Land Use Approval: N/A	

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 bedroom; adding on another making total of 4 bedroom	N/A
Number of Bedrooms:	3	4

System Specifications

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

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Equal
Drainfield Sizing:	200 linear ft.	Distribution Method:	Equal
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	50 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	6 in.
Max Depth:	18 in.	Undisturbed Soil Between Trenches:	8 ft.
Min Depth:	18 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Not Applicable	Groundwater Depth:	N/A
Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 04/13/2020
Work Description: Major Alteration; adding to drainfield

Conditions of Approval

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

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

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No

Comments: N/A

Yvonne Van Nostran

Onsite Inspector

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-20-000104-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: Shawn Helligso
Property Address: 91889 Ridge RD, Warrenton, OR 97146

Twnshp: 8
Lot: 01229

Range: 10 **Sect:** 33B

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CLATSOP CO. PUBLIC HEALTH

SECTION 2: System Component Specifications:

A. Tanks/Pumps

System Type: STANDARD

Water tight verification*

Tanks(1)	Volume:	Compartments:	Manufacturer:	Date:
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:	
Underdrain pipe	Diameter:		ASTM#/Other:	Length:	
Manifold piping	Diameter:		ASTM#/Other:	Length:	
Internal Pump	HP:		Model/Manufacturer		
Floats(1)	Type:		Model/Manufacturer		
Floats(2)	Type:		Model/Manufacturer		
ATT	Yes	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No			
	Drop Box	Yes	No		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other:	Length:

Comment: Added 50 lined ft to Existing Drainfield

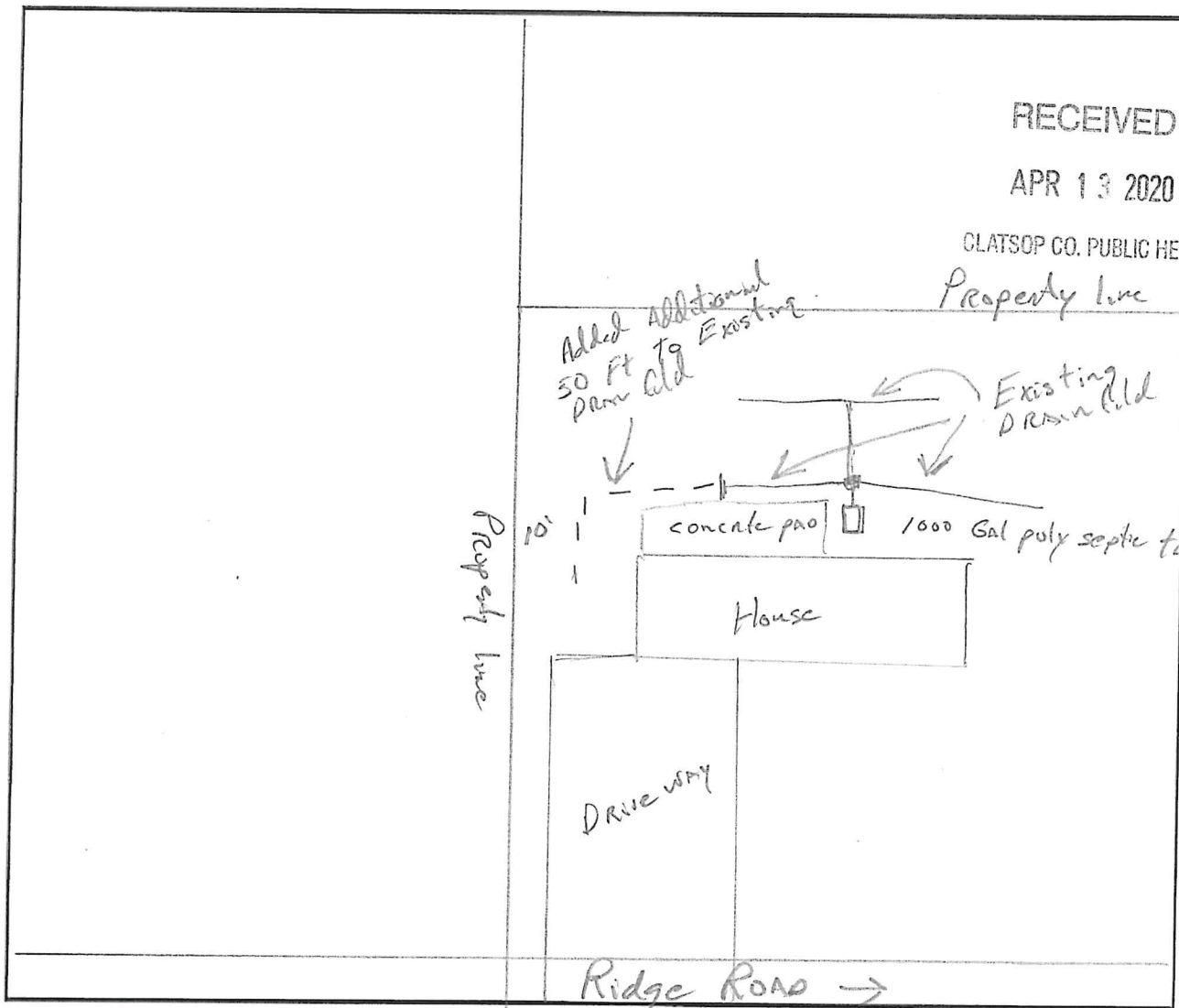
*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3).
 **Attach sieve analysis for Underdrain Media and Filter Sand

Clatsop County Department
of Public Health
Oil-Site Waste Water Program

Approved By Y. Van Nostran
 Permit No. 186-20-000104
 Date 4/13/20

SECTION 3 - As Built Plan

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



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <u>Robert Mertens</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>37547</u>	Certification#: <u>R.I 338</u>
Owner/ Certified Installer:	Signature: <u>RA E Mt</u>	Date: <u>4-12-20</u>	Phone#:

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: <u>04/13/2020</u>
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Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: <u>04/13/2020</u>
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If No, Reason for Non Acceptance: _____

Comment: Final inspection 04/13/2020 approved to cover
Clatsop County Department of Public Health

On-Site Waste Water Program
 Approved By J Van Nester
 Permit No. 186-20-000104
 Date 4/13/20



Septic Permit

Alteration (Major) - Residential - New

186-20-000104-PRMT

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

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

Date issued: 4/7/20 **Expiration date:** 4/7/21
Work description: Major Alteration; adding to drainfield

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

Business License: N/A

Owner: Shawn Helligso
Address: 1692 Heritage Way
 Gearhart OR 97138
Parcel: 81033B001229 - Primary

Property address: 91889 Ridge Rd, Warrenton, OR 97146

Township: 8 **Range:** 10 **Section:** 33B

Lot size:	0.25 acre	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	N/A
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Alteration (Major) - Residential
System failing:	N/A	Septic tank last pumped:	12/11/2019
Comments:	N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	3 bedroom; adding on another making total of 4 bedroom	N/A
Number of bedrooms:	3	4

System Specifications

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

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Equal
Drainfield sizing:	200 linear ft.	Distribution method:	Equal
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	50 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	6 in.
Max depth:	18 in.	Undisturbed soil between trenches:	8 ft.
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Stake out required: No

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 4/7/20	Expiration date: 4/7/21
Work description: Major Alteration; adding to drainfield	

Groundwater type:	Not Applicable	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

Conditions of approval

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

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

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Michael McNickle

Public Health Director

4/7/20



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

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CLATSOP CO: PUBLIC HEALTH

(Pd) Visa
 \$678.00

#186-20-000104

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: Shawn Helligso Mailing Address (Street, PO Box, City, State, Zip): 1692 Heritage Way Gearhart OR 97138 Phone Number: 503-791-8111

B. Legal Property Description

Township: 8 Range: 10 Section: 33 Tax Lot: 1229 Tax Account Number: 32667 Acreage or Lot Size: .25
 County: Clatsop Subdivision Name: Smith Lake Estates #2 Lot: 15 Block: 2

Property Address: 91889 Ridge Road Warrenton OR 97146
 (Street, City, State, Zip)

Directions to Property: Take Hwy 101 South to the south end of Hwy 104 turn right onto Hwy 104, Turn left onto Columbia beach Ln. cont. on Ridge Rd.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence Number of Bedrooms: #3 adding another bedroom for total of 4 Other _____
 Proposed Facility: Single Family Residence Number of Bedrooms: _____ Other _____
 Water Supply: Public Warrenton Name: _____ Private Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
 - Major
 - Minor
- Alteration Permit
 - Major - adding to drainfield only
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- Authorization Notice for:
 - Connecting to an Existing System Not in Use
 - Replacing a Mobile Home or House with Another
 - Mobile Home or House
 - The Addition of One or More Bedrooms
 - Personal Hardship
 - Temporary Housing
 - Other-Please Specify _____

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

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

Signature: [Signature] Date: 6-4-20
 Applicant's Name (Please Print Legibly): Shawn Helligso Applicant's Phone: 503-791-8111 Applicant's E-Mail Address: shawnhelligso@gmail.com

Applicant's Mailing Address: 1692 Heritage Way Gearhart OR 97138

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
 Installer's Name: Robert Martens #37547

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SECTION 1 - TO BE COMPLETED BY APPLICANT

CLATSOP CO. PUBLIC HEALTH
186-20-000104

1. Applicant Name/Property Owner: Shawn Helligso
Mailing Address: 1692 Heritage Way
City/State/Zip: Gresham OR 97146
Telephone: 503-771-8111

2. Property Information:
County: Clatsop Tax Lot No: 1229
Township: 8 Range: 10 Section: 33B
Physical Address: 91889 Ridge Road Warrenton OR 97146
Block: 2 Lot: 15
Subdivision Name (if applicable): Smith Lake Estates

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products:

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

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

5. Property Zoning: SFR Zoning Minimum Parcel Size 0.25 (1.00)

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: 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:

3.164 (1)

8. Planning Official Signature: Clarence Adams

Print Name: _____ Date: 03.06.20
Title: Permit Tech Telephone: 503.325.8611



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

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CLATSOP CO. PUBLIC HEALTH

#186-20-000104

P-10-33B-1229

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? 6-28-02 02-73
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) 12-11-19

6. Number of disposal trenches: _____

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

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? 4 How many people occupy the dwelling? _____

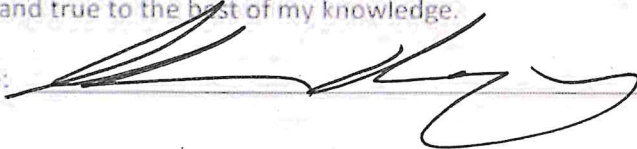
11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____

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: Adding a bedroom for a total of 4 bedrooms

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: 

Date: 4-6-02

Shawn Helligso

91889 Ridge Road

8 10 33 B 1229

Plot Plan

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CLATSOP CO. PUBLIC HEALTH

#186-20-000104

Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, OpenStreetMap contributors, and the GIS User Community

This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



Clatsop County

0.01

mi



1/2, 71

106.69'

16'

52'

102.56'

Driveway

101.66'

10'

18'

18'

20'

Ridge Road

8100V	8100W	8100X	8100Y	8100Z	8100A	8100B	8100C	8100D	8100E
8101V	8101W	8101X	8101Y	8101Z	8101A	8101B	8101C	8101D	8101E
8102V	8102W	8102X	8102Y	8102Z	8102A	8102B	8102C	8102D	8102E
8103V	8103W	8103X	8103Y	8103Z	8103A	8103B	8103C	8103D	8103E
8104V	8104W	8104X	8104Y	8104Z	8104A	8104B	8104C	8104D	8104E
8105V	8105W	8105X	8105Y	8105Z	8105A	8105B	8105C	8105D	8105E
8106V	8106W	8106X	8106Y	8106Z	8106A	8106B	8106C	8106D	8106E
8107V	8107W	8107X	8107Y	8107Z	8107A	8107B	8107C	8107D	8107E
8108V	8108W	8108X	8108Y	8108Z	8108A	8108B	8108C	8108D	8108E
8109V	8109W	8109X	8109Y	8109Z	8109A	8109B	8109C	8109D	8109E

4/6/2020 10:11 AM



Clatsop County

Onsite Septic System Program

820 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503-325-9302

www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

#180-20-000104

8-10-33B-1229

SEPTIC SYSTEM MATERIALS LIST:

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.
FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

Section 1

Property Owner: Shawn Helligso

Township: 8 Range: 10 Section: 33B Tax Lot: 1229

Situs Address: 91889 Ridge Road Warrenton OR 97146

Section 2: COMPLETE, AS APPLICABLE:

Adding 50' of Drainfield

****MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS****

Septic Tank: _____ Capacity: _____

Effluent Filter: _____

Effluent Sewer Pipe: _____

Dose Tank/Vault: _____ Capacity: _____

Tank Pump: _____

Float Settings (Provide inches from top of tank to water level @ float function):

Alarm: _____ On: _____ Off: _____ RO: _____

Pressure Pipe from Tank to Pretreatment and/or Drainfield: _____

Drop or Distribution Box: _____ Qty: _____

HydroSplitter Orifice Size(s): _____

Header Pipes: _____

Leach Lines: 4" Peef Pipe, Filter Fabric, 20yds Drain Rock Linear Ft: 50'

Pressure Bed Dimensions: _____ Square Ft: _____

Capping Fill (Depth over top of drain media, in inches): _____

GWI or Tile Dewater System (Depth/Depth of gravel, in inches): _____

ATT: Manufacturer: _____ Make/Model: _____ Serial# _____

Sandfilter Type:
 Bottomless In Ground Above Ground Dimension: _____ X _____ Ft

Control Panel: _____

Tank Timer Settings (Provide seconds on / minutes off):

Normal Operations: _____ Sec. _____ Min.

High Water Alarm Operations: : _____ Sec. _____ Min.

Pretreatment Pump:

(Inches below vault top): Alarm _____ On _____ Off

Inches from vault top to top of underdrain pipe: _____

Pump or Aerator Interlock Function:

Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO

Air Coil / Monitoring Ports: _____

Other: _____

50' 4" Peef Pipe
20yds Drain Rock
20x3' Filter Fabric



Transaction Receipt

186-20-000104-PRMT

IVR Number: 186043248699

Clatsop County Onsite

820 Exchange Street
Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 452661

Receipt Date: 4/6/20

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

Worksite address: 91889 Ridge RD, Warrenton, OR 97146

Parcel: 81033B001229

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
4/6/20	1.00 Ea	Alteration (major)	81-7204	\$569.00	\$569.00
4/6/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
4/6/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 73507064	Payer: Shawn Helligso	Payment Amount:	\$678.00
-----------------	--	-----------------------	-----------------	----------

Cashier: Annette Brodigan

Receipt Total: \$678.00

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

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CLATSOP CO. PUBLIC HEALTH

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

Job Site Address: 91889 Ridge Rd. City: Warrenton
Owner: Shawn Helligso Phone: 503-791-8111
Address: 1692 Heritage Way Gearhart oregon 97138 Email: shawnhelligso@gmail.com
Agent: _____
Proposed Development/Construction: Add a bathroom and a bedroom to the existing home = total of 4 bedrooms

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 10 S 33B Tax Lot(s) 1229
Permit Needed: Yes No Site Approved: Yes No
Signature: [Signature] Date: 1/23/20
Remarks: Alteration may be needed depending on soils near damfield - designation of riparian area requiring

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT (Signature of Water District required.)

Gallons per minute: _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

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

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction.

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

Signature: _____ Title: _____ Date: _____
Remarks: _____

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CLATSOP CO. PUBLIC HEALTH



Existing System Evaluation Report for Onsite Wastewater Systems

State of Oregon Department of Environmental Quality
Onsite Program
165 East Seventh Ave, Suite 100
Eugene, OR 97401

8-10-33B-1229

Please answer the following questions completely. Do not leave any blank responses. Write unknown if unknown. Refer to Oregon Administrative Rule 340-071-0155 for more information, and please visit: <http://www.oregon.gov/deq/Residential/Pages/Septic-Smart.aspx>

Septic System Owner-Provided Information:

Property Owner(s)(Sellers): Shawn Helligso (buyer) Telephone: 1-503-791-8111

Site Address: 91889 Ridge Rd City: Warrenton Zip Code: 97146

County: Clatsop Lot Size: NA Acres/Square Feet (circle units)

Legal Description: 08-10-33-1229

Age of wastewater treatment system 17 (years) Is there a service contract for system components? No

Date the septic tank was last pumped NA (please attach receipt if available)

Number of people occupying dwelling Unoccupied If unoccupied, for how long has it been vacant? NA

Was this section completed by the evaluator because owner or agent was unavailable? Yes

The above information is true and to the best of my knowledge.

Date (MM/DD/YYYY)

Signature of Owner, or agent if present

Name of person performing evaluation (please print): David Gustafson

Certification:

- | | |
|--|--|
| <input type="checkbox"/> Installer | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Environmental Health Specialist |
| <input checked="" type="checkbox"/> National Association of Wastewater Technicians | <input type="checkbox"/> Waste Water Specialist |
| <input type="checkbox"/> Other: DEQ approved in writing (please describe) _____ | |

Certification Number: 13658ITC

Business name Terry's Septic Email david@terryssepticllc.com

Business address 415 Gateway Ave Astoria, OR 97103 Phone 503-325-5180

Date of Evaluation: 12/11/2019 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system evaluations in the state of Oregon pursuant to OAR 340-071-0155.

12/11/2019

David Gustafson

Date (MM/DD/YYYY)

Signature of Qualified Septic System Evaluator

1. **General System Information**

The Existing System Evaluation Report form contains 8 pages. Some of the questions on this form may not pertain to the system being evaluated, as there are many system designs. If you (the septic system evaluator) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the evaluation was completed.

- The existing septic system consists of (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Dosing Tank | <input checked="" type="checkbox"/> Disposal Trenches/ Leach Lines |
| <input type="checkbox"/> Multi-compartment Tank | <input type="checkbox"/> Capping Fill |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other _____ | |

Note: Cesspools may be used only to serve existing sewage loads and if failing only be replaced with a seepage pit system on lots that are too small to accommodate a standard system or other alternative onsite system.

There is a permit for the septic system Yes No Unknown

- Permit Number(s) 02-73
- Year original septic system installed: 2002 (YYYY) No record of installation date
- Dates of subsequent repairs or alterations: NA (YYYY)
- All plumbing fixtures are connected to the septic system Yes No Unknown

If you answered "No" or "unknown," please describe below:

- Additional Comments:

2. **Overall Septic System Status**

- Discharge of sewage to the ground surface Yes No None observed
- Discharge of sewage to surface waters Yes No None observed
- Sewage backup into plumbing fixtures Yes No Unknown

- Additional Comments:

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of *this* evaluation.

- Septic tank was pumped during the course of *this* evaluation Yes No
- If the septic tank was **NOT pumped** during the course of *this* evaluation, please explain (e.g. septic system owner declined to have the tank pumped etc):

JAN 23 2020

CLATSOP CO. PUBLIC HEALTH

• The septic tank material is:

- Concrete
- Steel
- Plastic
- Fiberglass
- Other (explain) _____
- Unknown

• Is the septic tank accessible? Yes No

• Septic tank volume in gallons 1000

• Tank volume determined by: Check all that apply, add comments below as needed

Permit Records Measured Stamped on Tank Other

• Septic tank risers are at ground level Yes No

• Tank appears to be free from defects, leaking and signs of deterioration Yes No

If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

• Septic tank lid(s) is intact Yes No

• Septic tank baffles are intact: Inlet Yes No Outlet Yes No

• Baffle material - Inlet Plastic Concrete Metal Outlet Plastic Concrete Metal

Effluent filter is present Yes No

• Effluent filter is free of debris Yes No Not Applicable

• Liquid level in tank relative to invert of outlet At Above Below

If above or below invert outlet, please explain: _____

• Scum layer 2 (inches) Sludge layer 6 (inches)

• Scum and Sludge layer more than 35% of the total tank volume Yes No

Indicate where sludge measured from: Inlet Middle Outlet

• Additional Comments:

4. Dosing tank / Pump Basin

Dosing tanks use a pump to send effluent to a treatment unit or a soil absorption field.

• The septic system has a dosing tank Yes No

(If "No," skip the rest of section 4)

• At the time of this evaluation the power was on to test the pump(s): Yes No

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- Dosing tank capacity _____ (gallons)
- Tank volume determined by: Check all that apply, add comments below as needed
 - Permit Records Measured Stamped on Tank Other
- Dosing tank material _____
- Dosing tank appears to be watertight and in good condition Yes No
- Dosing tank lid is intact Yes No
- Electrical components are sealed and watertight Yes No
- Pump/ siphon is functional Yes No
- Type of Pump Demand dose Time dose
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- There is a high water alarm Yes No
- The high water alarm (audible and visual) is working Yes No Not Applicable
- Type of screen _____
- Screen is clean and free of debris Yes No - Screen cleaned for this evaluation Yes No
- Scum/ sludge present in Dosing tank Yes No
- Scum layer _____ (inches) Sludge layer _____ (inches)
- Additional Comments:

5. Soil absorption system

The soil absorption system is a set of trenches that receives effluent from the septic tank and filters the effluent before it enters the groundwater.

- The septic system has a soil absorption system Yes No Unknown
- Was the soil absorption system part of the evaluation? Yes No See note below

If the soil absorption system was not evaluated, please explain below (for example unable to locate, client did not authorize this part of the evaluation):

- Absorption distribution Equal Serial Pressure Equal via pressure
- Absorption lines construction material:
 - Gravel and pipe Chamber Tile Polystyrene foam and pipe Other _____
- Absorption distribution unit(s): dropbox hydrosplitter equal distribution box
- Intact Damaged N/A
- Absorption distribution unit(s) are free of debris or solids Yes No N/A

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CLATSOP CO. PUBLIC HEALTH

- Locate all drain lines in soil absorption system Yes No
 Total length of drain lines 200 aprx(ft)
 Lengths determined by Physically uncovering portions of system/probing Written records
 Fish tape Electronic locator camera
- Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.
 Yes No

If you answered "No," please describe below:

- Absorption area appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in absorption area or distribution unit(s) Yes No
- The soil absorption system replacement area assigned in the permit record appears to be intact:
 Yes No Replacement area not identified in permit record

If you answered "No," please explain below:

- Additional Comments:

6. **Sand Filter System**

There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **permitted on or after January 2, 2014 must** maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

- The septic system has a sand filter Yes No

(If "No," skip the rest of section 6)

- Type of sand filter

- Intermittent
- Recirculating
- Bottomless

- Sand filter container appears free from defects, leaks and signs of deterioration: Yes No

- Sand filter unit appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

- Sand filter appears to be **free** from surface water runoff and down spouts Yes No
- Evidence of ponding in/ on sand filter media surface Yes No
- Surface access to manifold and valves Yes No
- Monitoring ports are present Yes No
- Lateral lines flushed and equal distribution verified Yes No
- The sand filter has a pump Yes No

(If "No", skip the rest of section 6)

- Pump vault appears to be watertight and in good condition Yes No N/A
- Pump is functional Yes No
- Pump control mechanism is functional (floats, pressure transducer) Yes No
- High water alarm in pump vault (audible and visual) is working Yes No
- Pump electrical components are sealed and watertight Yes No

- Additional Comments:

7. Alternative Treatment Technology System

The owner of an ATT system *must* maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this evaluation form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

- The septic system has an **Alternative Treatment Technology (ATT)** Yes No
(If "No," skip the rest of section 7)
- Please provide the product name, system ID number, and manufacturer name below:

Product name

System ID number

Manufacturer name

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- Previous two years of maintenance records are available Yes No
If you answered "No," please explain below:

- Previous two years of maintenance records are attached to this form Yes No
If you answered "No," please explain below:

- Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.

- The septic system permit(s) to this form, if available
- The as-built drawing(s) to this form, if available
- The Certificate of Satisfactory Completion to this form, if available
- Additional Comments:
See attached

9. **Provide a Site Plan**

- Please provide a sketch of the complete system (show only system components that were evaluated) on page 8 of this form, if a copy of the original "as-built" drawing is *not* available.
- Please provide a sketch of the complete system on page 8 of this form if the original "as-built" drawing is *not* accurate or representative of the existing system.
- If the original "as-built" drawing is available for copy, and the original appears to be accurate and representative of the existing system, write "see attached as-built" on page 8 of this form, redrawing the system is unnecessary.
- Additional Comments:
See attached

10. **Disclaimer:**

This evaluation report describes the septic system as it exists on the date of evaluation and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

12/11/2019

David Gustafson

Date

Signature of Qualified Septic System Evaluator

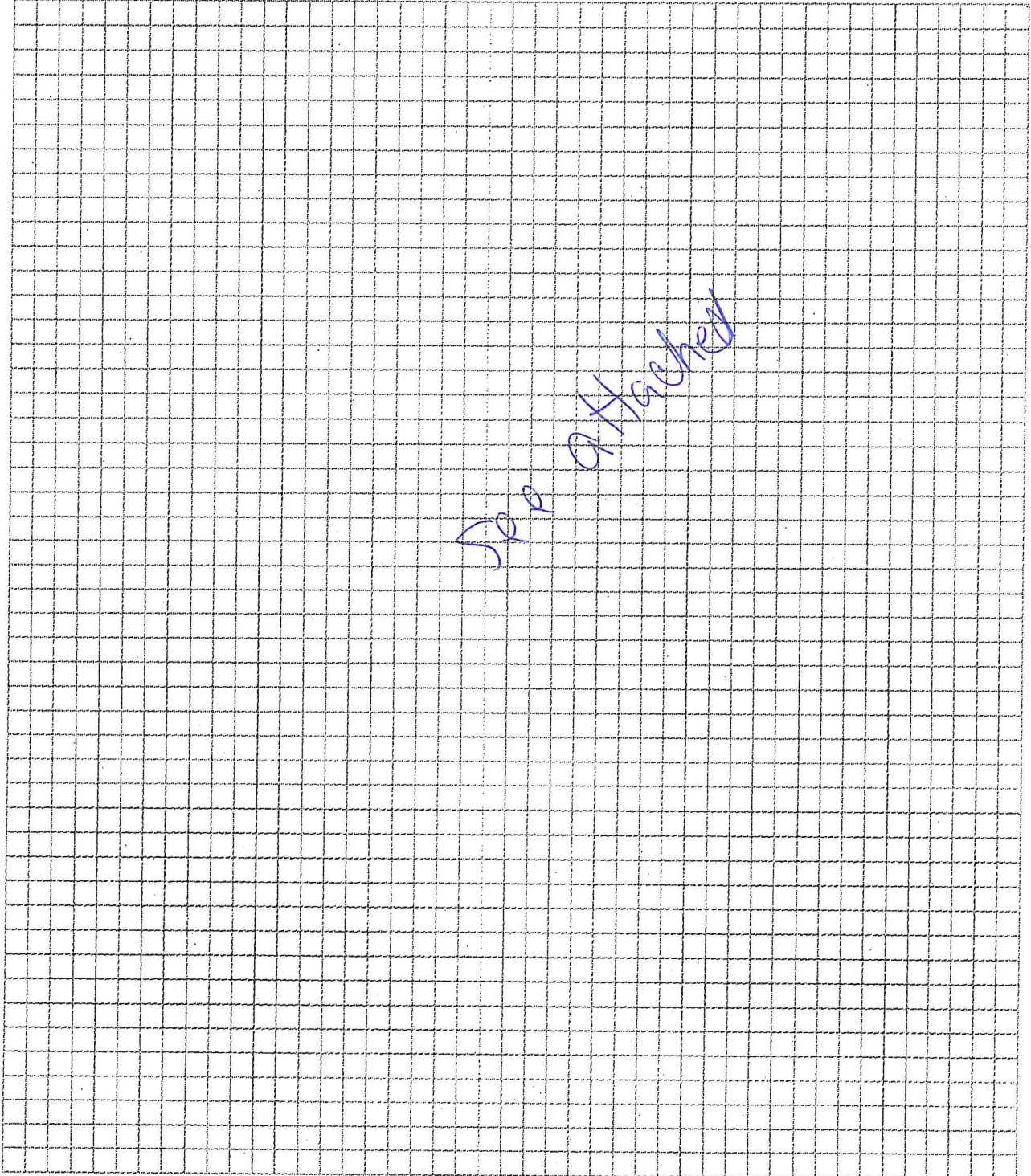
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Oregon Department of Environmental Quality

JAN 23 2020

CLATSOP CO. PUBLIC HEALTH

Provide a Site Plan in the space below: Show the actual or best estimate measurements of components that were confirmed during this evaluation; septic tank, soil absorption system, property lines (if known), easements (if known), existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



66702

Control No.

\$ 205.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 02-73

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JAN 23 2020

[] New Construction

[X] Minor Repair

[] Other

Permit Issued To Ray & Carolyn Strobel

8N

10W

33B

1229

CLATSOP CO. PUBLIC HEALTH Clatsop

(Property Owner's Name)

(Township)

(Range)

(Section)

(Tax Lot / Acct. No.)

(County)

Ridge Road (Road Location)

(City)

(Issued by - Signature)

(Date Issued)

ON-SITE SEWAGE DISPOSAL SYSTEM

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE June 26, 2003

TYPE OF SYSTEM Tank replacement

Norwesco with riser

Design Sewage Flow Gallons/Day

Tank Volume 1000 Gallons

Disposal Trenches []

Seepage Bed(s) [] Square Feet

Maximum Depth inches.

Minimum Depth inches.

Linear Feet

Equal [] Loop [] Serial []

Pressurized []

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

[] Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 6-12-02. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover PRE-COVER INSPECTION REQUIRED - CONTACT inspection request. NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing

with Reference Locations

Installer Earl Scott

Final Insp. Date 6-28-02

[X] Inspected By Connie Schramdt

[] Issued by Operation of Law

[] Pre-cover inspection waived pursuant to OAR 340, Division 71

Grid containing handwritten notes: As-built & certification of final construction received 6-28-02. Pumping receipt received 6-28-02. System components installed as per approved as-built. OK to cover system. **See Note below.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

** Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Signature of Connie M. Schramdt

(Authorized Signature)

Natural Resource Specialist

(Title)

6-28-02

(Date)

DEQ NCBO Warrenton

(Office)

(Date Received)
JUN 28 2002

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OFFICE
WARRENTON

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer at the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

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JAN 23 2020
CLATSOP CO. PUBLIC HEALTH
247507

SECTION 1: BASIC INFORMATION.

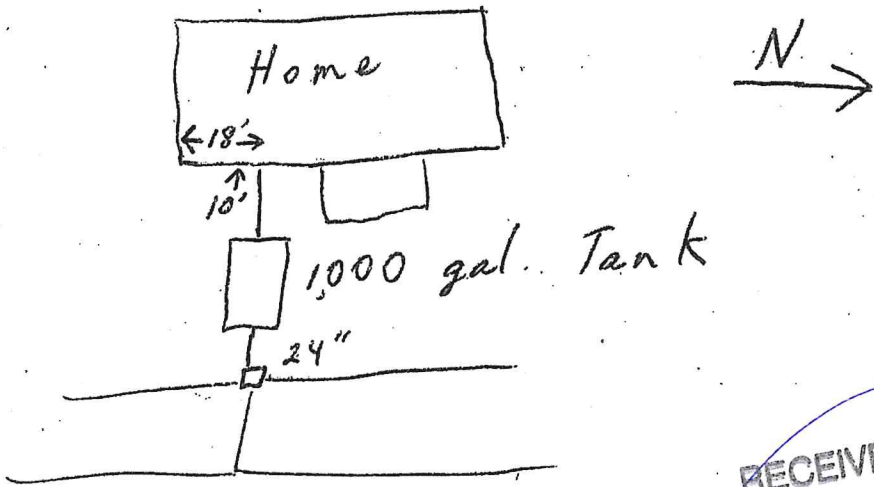
Property Owner Ray & Carolyn STROBEL Permit Number 02-73 County CLATSOP
Township 8; Range 10; Section 33; Tax Lot 1339; Tax Acct. # 73852
Job Location: 91889 Ridge Rd. WARRENTON, OR 97146
Date System Construction Completed 6-28-02; Date Submitted to DEQ or Agent 6-28-02

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1,000 gal Norwesco
- poly Tank
- 2 20" Risers
- 24" 4" 3034
- 36" 4" ABS
- 3 4" rubber cuplers
- Flo Regulator

Property Owner Ray Strobel Permit Number 02-73 County Clatsop

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



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CLATSOP CO. PUBLIC HEALTH

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

___ Property Owner (Permittee)

X Sewage Disposal Service Business: Earl Scott, 37412
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Earl Scott

66762

Control No.

\$ 205.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 02-73

New Construction

Minor Repair

Other

Permit Issued To Ray & Carolyn Strobel 8N 10W 33B 1229 Clatsop
(Ridge Rd. Warrenton) (Issued by - Signature Connie M. Schramdt) (Date Issued 6-26-02)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONS

EXPIRATION DATE June 26, 2003 TYPE OF SYSTEM Tank replacement

Norwesco with riser Design Sewage Flow Gallons/Day
Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) Square Feet
Maximum Depth inches. Minimum Depth inches. Linear Feet
Equal Loop Serial Pressurized Minimum Distance Between Trenches
Total Rock Depth inches. Below Pipe inches. Above Pipe inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 6-12-02. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer along with copy of pumping receipt required prior to pre-cover PRE-COVER INSPECTION REQUIRED - CONTACT inspection request. NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations
Installer Earl Scott
Final Insp. Date 6-28-02
Inspected By Connie Schramdt
Issued by Operation of Law
Pre-cover inspection waived pursuant to OAR 340, Division 71
As-built & certification of final construction received 6-28-02.
Pumping receipt received 6-28-02.
System components installed as per approved as-built.
OK to cover system.
**See Note below.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

** Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Signature: Connie M. Schramdt, Title: Natural Resource Specialist, Date: 6-28-02, Office: DEQ NCBO Warrenton

JUN 28 2002 (Date Received)

FINAL INSPECTION REQUEST AND NOTICE

NORTH COAST BRANCH OFFICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system ~~WARRANTY~~ at the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

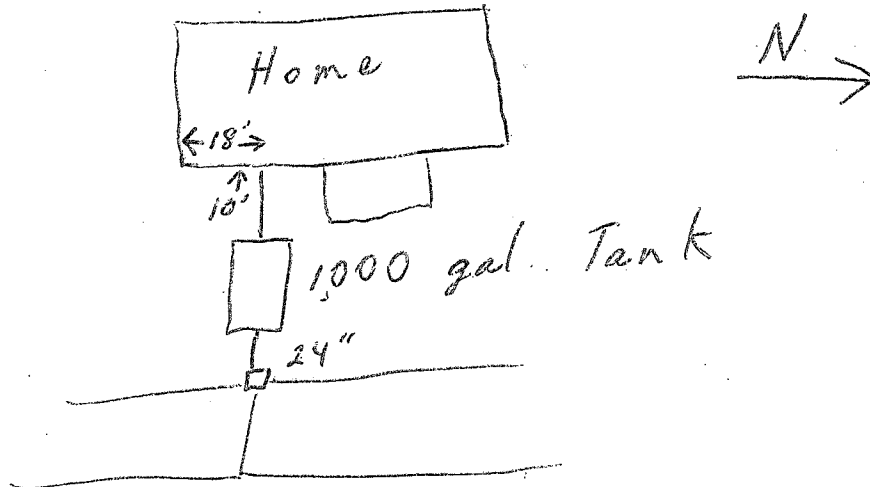
Property Owner Ray + Carolyn STRABEL Permit Number 02-73 County CLATSOP
Township 8; Range 10; Section 33; Tax Lot 1229 ~~15~~; Tax Acct. # 73852
Job Location 91889 Ridge Rd. WARRENTON, OR 97146
Date System Construction Completed 6-28-02; Date Submitted to DEQ or Agent 6-28-02

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

- 1,000 gal Norwesco
- poly Tank
- 2 20" Risers
- 24" 4" 3034
- 36" 4" ABS
- 3 4" rubber couplers
- Flo Regulator

Property Owner Ray Strobel Permit Number 02-73 County Clatsop

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



SECTION 4: CONSTRUCTION WAS PERFORMED BY:

___ Property Owner (Permittee)

✓ Sewage Disposal Service Business: Earl Scott, 37412
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Earl Scott

6-27-02

DEPT. OF ENVIRONMENTAL QUALITY
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JUN 28 2002

ED'S
Septic Tank Cleaning Service
Licensed & Bonded
92042 Koppisch Road
ASTORIA, OREGON 97103-8426

NORTH COAST BRANCH OFFICE
WARRENTON

STATEMENT

DATE	6-27-02
NUMBER	861-2927

CLYDE McDONALD 458-6521
(800) 382-7380

RAY & CAROLYN Strobel
91889 Ridge Road
Warrenton, Oregon 97146

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS.

\$ _____

DATE	CHARGES AND CREDITS	BALANCE	
	1000.00 <i>on 11/01</i> BALANCE FORWARD		
	Steel Septic Tank		
6-27-02	Pumped Septic Tank	\$ 170	00
	Dump Fee	80	00
6-14-02	DUG TANK Lid	50	00
	TOTAL	\$ 300	00
	<i>X Ray Strobel</i>		
	<i>Pd Check # 4544</i>		

DUPLICATE

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

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

FOR OFFICE USE ONLY
 Date Rec'd 6-17-02
 Date Completed 6-26-02
 Required Fee \$ 205.00
 Receipt No. 102186
 Control No. 66762
 V2301LT 1969

FOR APPLICANT'S USE - (PLEASE PRINT)

Ray Strobel (Property Owner's Name) Earl Scott (Applicant's Name if Different from Owner) .25 AC Lot Size (Acreage or Dimensions)
 Legal Description of Property 8 (Township) 10 (Range) 33B (Section) 12 29 (Tax Lot/Acct. No.) CLATSOP (County)
 For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

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

Water Supply

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

Existing Facility

Single Family Residence 3 (Number of Bedrooms)
 Other (Specify)

APPLICATION FOR:

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

- Authorization Notice Purpose of Authorization Notice
- Connect to an existing system not currently in use
- Replace one mobile home with another or a house
- Replace or rebuild a house
- Addition of one or more bedroom
- Personal hardship
- Temporary housing
- Other (Specify) 37147

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.

Earl Scott
 (Signature)

6-17-02
 (Date)

Authorized Representative
 Licensed Installer 37412
 License No. 37147

Owner's Mailing Address
Ray Strobel
PO Box 297
Warrenton 97146
 Phone 861 2927

Applicant's Mailing Address (if different)
Earl Scott
76658 Heath rd
Rainier Or 97048
 Phone 503-556-9674 IW\WC8\WC8690 (7-19-91)
360-431-1154 CELL 556-2460



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TTY (503) 229-6993

Department of Environmental Quality
Northwest Region, Warrenton Office
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280/(503) 861-3259(FAX)

June 26, 2002

Ray & Carolyn Strobel
P.O. Box 297
Warrenton, OR 97146

Re: Minor Repair Permit
T8N-R10W-S33B; TL# 1229
Clatsop County

Dear Ray & Carolyn Strobel:

In response to a repair permit application submitted on June 17, 2002 to the North Coast Branch Office (NCBO) in Warrenton, a field visit and record review of the above-described property has been completed to confirm the extent of repair to the septic system necessary for continued use in compliance with the requirements of Oregon Administrative Rules (OAR), Division 340, Chapters 71 and 73.

There is no record on file at the NCBO of the septic system serving this property. A field inspection conducted on June 25, 2002, revealed a steel septic tank with many holes in the top and lid, a concrete distribution box and 2 disposal trenches, each approximately 60 feet in length. The top of the drain media measured approximately 12 to 16 inches below ground surface as identified by probing the ground surface above each line. The distribution box showed an accumulation of sewage solids measuring 1 to 2 inches deep in the bottom. No visible signs of surfacing sewage were noted in the vicinity of the drainfield. However, thicker grass growth was observed above the lower disposal trench. Sufficient area is available on the property for future drainfield replacement.

Based upon the information described above, replacement of the septic tank is necessary for continued use of the existing on-site sewage disposal system. A 1000-gallon, DEQ-approved septic tank equipped with a maintenance riser (minimum 20 inches in diameter) to ground surface and sealed for water-tightness is required. The "flow-regulator" pipe fitting, which was provided to you during the field inspection, should be placed inside the distribution box on the outlet pipe to the lower trench. This will serve to maximize flow from the distribution box into the upper trench and may help sustain the functional capacity of the drainfield. The existing septic tank must be decommissioned in accordance with Oregon Administrative Rules (OAR) 340-071-0185 and a copy of the pumping receipt submitted to the NCBO.

IMPORTANT NOTE: This repair does not guarantee satisfactory or continuous operation of the existing on-site sewage disposal system. Any future repairs or alterations to the existing system or changes to the existing dwelling on this property will require full compliance with the current rules for on-site sewage treatment and disposal.

As with any on-site system, periodic maintenance is a necessity and can prolong the effective life of the system. To prevent clogging the drainfield with solids, septic tanks need to be pumped out every three to five years, depending on usage and number of persons occupying the home. The use of a garbage disposal is discouraged and water conservation measures should be considered. Vehicles, concentrated livestock, stored items, traffic, and other potential soil or surface disturbance in the drainfield area is also discouraged.

A plot plan specifying the proposed installation of a new 1000-gallon septic tank was submitted by Earl Scott along with your application. The plan is approved and the repair permit (issued on June 26, 2002) is enclosed. Upon receipt of final certification from the installer that the system repair is complete and following a favorable pre-cover inspection, a certificate of satisfactory completion (CSC) will be issued.

If you have any questions concerning this report, please feel free to contact the NCBO at (503) 861-3280.

Sincerely,



Connie M. Schrandt
Natural Resource Specialist
Northwest Region, Water Quality

Enc. Repair Permit
Request for Inspection & Final Certification

cc: Earl Scott, 76658 Heath Rd., Rainier, OR 97048

JUN 17 2002

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

NORTH COAST BRANCH OFFICE
WARRENTON

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

- Septic Tank Disposal Trenches () Unknown
() Seepage Bed () Cesspool or Pit
() Other ---
(Describe) _____

2. When was your sewage disposal system installed? 69? _____
(Year) (Permit No.)

3. Tank material:

- Steel () Concrete () Fiberglass
() Polyethylene () Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? ? (Attach receipt)

6. Number of disposal trenches: 2

7. Total length of disposal trenches (feet): 150?

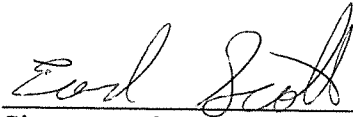
8. Is your sewage disposal system currently in use? Yes No ()
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the
Dwelling? 3 How many people occupy the dwelling? 2

10. If the sewage disposal system serves a business, how many employees do you
employ? NA Type of business: _____

By my signature, I certify the above information is accurate and true to the best of
My knowledge.

6-17-02
Date


Signature of Property owner or
Legally Authorized Representative

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED 579

DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND USE COMPATIBILITY STATEMENT (LUCS)
For On-Site Sewage Disposal System Permits

JUN 17 2002

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of Applicant Ray Strobel Telephone () 861-2927
Mailing Address PO Box 297

City Warrenton State Or Zip 97146

2. Property Information:
County Clatsop
Township 8 Range 10 Section 33B Tax Lot # 1229
Property Address 91889 Ridge rd Warrenton
Subdivision name if applicable Smith Lake Block _____ Lot _____

3. This proposal is for:
 An individual single family residence
 Other (if other, describe type of development, business or facility and the provided services or products) _____

4. Check type of permit or approval you are requesting:
 On-Site Construction-Installation permit for new construction, repairs or alterations (circle one)
 Non-Water carried facility requests, i.e. pit privies/vault toilets for camp grounds
On-Site Authorization Notices for:
 Replacement of dwelling
 Bedroom addition
 Other change in land use involving potential sewer flow increases

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

5. The facility proposal is located: Inside city limits Inside the UGB outside UGB

If inside the UGB, the facility is subject to:

- City jurisdiction, or
- County jurisdiction, or
- Shared city/county jurisdiction.

6. Is a public notice and hearing required? yes no Hearing Date _____

7. The business or facility complies with all applicable local land use requirements: yes no

Comments: SER1 / BDO

Signatures: (both county and city planning officials may need to sign if use is within a UGB)

Planning Official (county)	Print Planning Official's Name	Title	Phone	Date
<u>Chris Hoth</u>	CHRIS HOTH	PLANNING TECH	525-8611	6/17/2002
Planning Official (city)	Print Planning Official's Name	Title	Phone	Date

Columbia River JUN 17 2002

NORTH COAST BRANCH OFFICE
WARRENTON

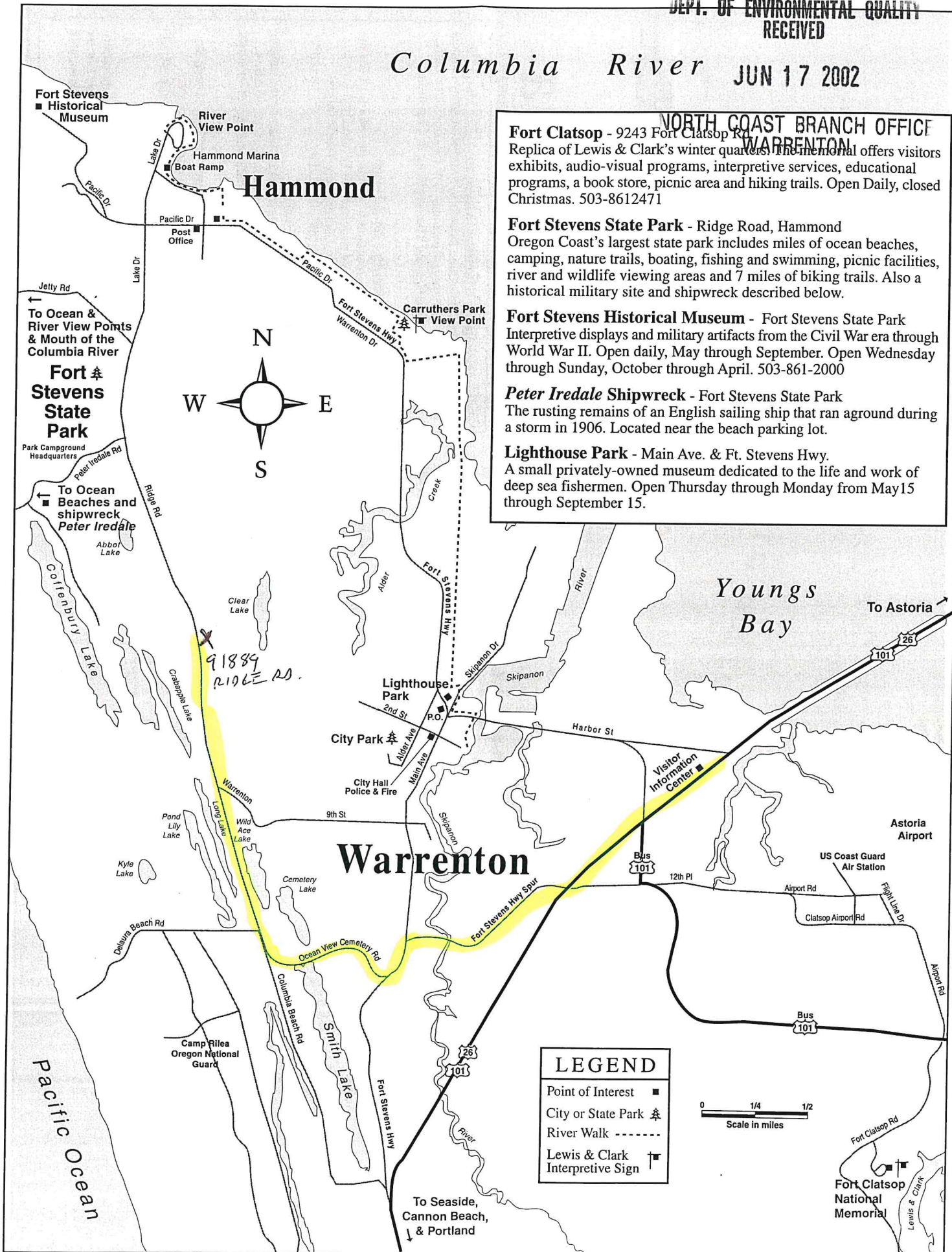
Fort Clatsop - 9243 Fort Clatsop Rd
Replica of Lewis & Clark's winter quarters. The memorial offers visitors exhibits, audio-visual programs, interpretive services, educational programs, a book store, picnic area and hiking trails. Open Daily, closed Christmas. 503-8612471

Fort Stevens State Park - Ridge Road, Hammond
Oregon Coast's largest state park includes miles of ocean beaches, camping, nature trails, boating, fishing and swimming, picnic facilities, river and wildlife viewing areas and 7 miles of biking trails. Also a historical military site and shipwreck described below.

Fort Stevens Historical Museum - Fort Stevens State Park
Interpretive displays and military artifacts from the Civil War era through World War II. Open daily, May through September. Open Wednesday through Sunday, October through April. 503-861-2000

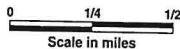
Peter Iredale Shipwreck - Fort Stevens State Park
The rusting remains of an English sailing ship that ran aground during a storm in 1906. Located near the beach parking lot.

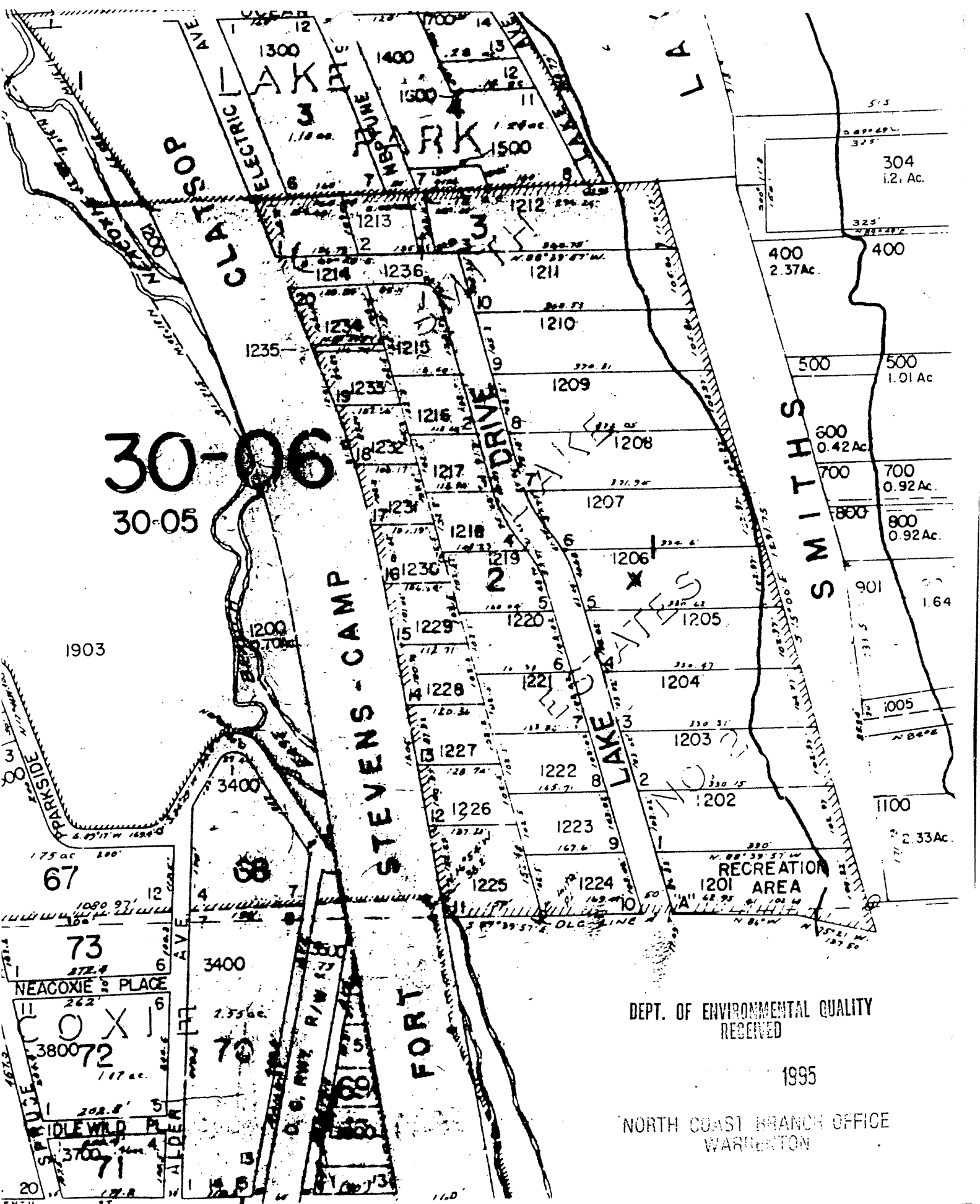
Lighthouse Park - Main Ave. & Ft. Stevens Hwy.
A small privately-owned museum dedicated to the life and work of deep sea fishermen. Open Thursday through Monday from May 15 through September 15.



LEGEND

- Point of Interest ■
- City or State Park ☙
- River Walk - - - - -
- Lewis & Clark Interpretive Sign 🚩





30-06

30-05

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

1995

NORTH COAST BRANCH OFFICE
WARRENTON