



Certificate of Satisfactory Completion
Repair (Major) - Residential - New

186-20-000057-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: 07/23/2020

Work Description: Major repair; drainfield & new tank; also removing mobile to replace with SFD

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

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

Owner: Palmrose Greg/Jane
Address: 33389 Perkins Ln
 Warrenton OR 97146-7242

Property Address: 33389 Perkins Ln, Warrenton, OR
 97146

Parcel: 81033D000600 - Primary **Township:** **8** **Range:** 10 **Section:** 33D

Lot Size: N/A **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:	double wide 3 bedroom	SFD 3 - 4 bedrooms
Number of Bedrooms:	3	4

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	N/A
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:	275 linear ft.	Distribution Method:	Equal
Media Type:	Rock/Pipe	Media Depth:	12 in.
Trench Length:	275 linear ft.	Rock Above Pipe:	2 in.
Total Rock Depth:	12 in.	Rock Below Pipe:	4 in.
Max Depth:	24 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type: Not Applicable **Groundwater Depth:** N/A

Date Certificate Issued: 07/23/2020

Work Description: Major repair, drainfield & new tank; also removing mobile to replace with SFD

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: 186-20-000057-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: Palmrose Greg/Jane

Twnshp: 8
Lot: 00600

Range: 10 Sect: 33D

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JUL 23 2020

Property Address: 33389 Perkins LN, Warrenton, OR 97146

CLATSOP CO. PUBLIC HEALTH

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: <u>STANDARD</u>	Water tight verification*
Tanks(1)	Volume: <u>1500</u>	Compartments: <u>1</u>	Manufacturer: <u>AZ Concrete</u>
Tanks(2)	Volume:	Compartments:	Manufacturer:
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):
			Model/Manuf.
			Float(s)Type(2):
			Model/Manuf.

B. Piping							
Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM#/Other: <u>3034</u>	Length: <u>9 Ft</u>		
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diameter:	ASTM#/Other:	Length:		

C. Secondary Treatment Unit:					
Sand Filter**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

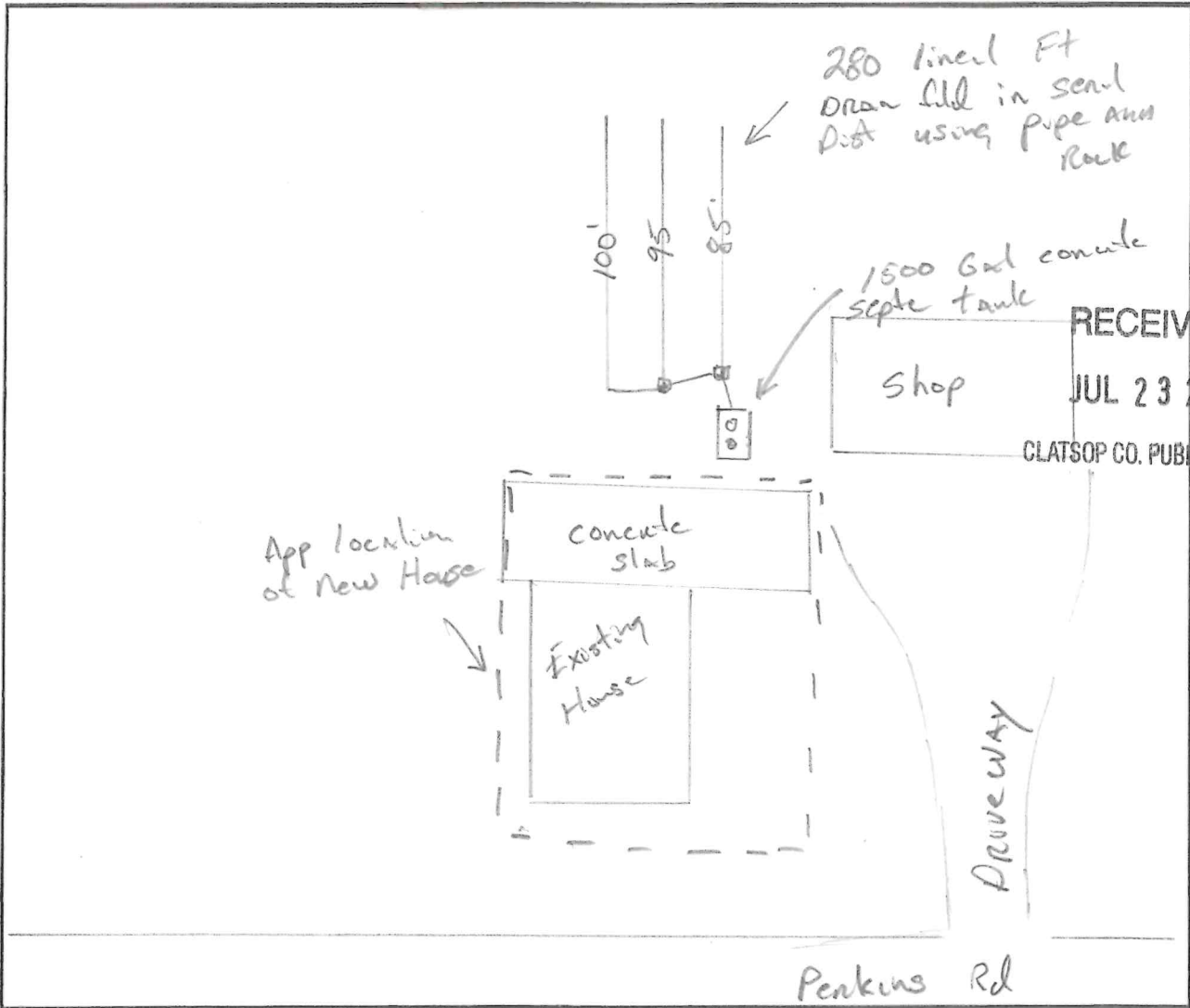
D. Drainfield Media					
Type	<u>(Gravel, Pipe or alternative?)</u>				
Distribution Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Drop Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM#/Other: <u>2729</u>	Length: <u>20 Ft</u>
Comment					

*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
 On-Site Waste Water Program
 Approved By: [Signature]
 Permit No. 186-20-000057
 Date 07/23/2020

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 Mantens</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>37547</u>	Certification#: <u>RI 338</u>
Owner/ Certified Installer:	Signature: <u>RA E MA</u>	Date: <u>7-23-20</u>	Phone#:

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: <u>07/23/2020</u>
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Installer/Owner (Permittee) Notified:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: <u>07/23/2020</u>
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If No, Reason for Non Acceptance: _____

Comment: Final inspection 07/23/2020, approved to cover

**Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By Alva Morken
Permit No. 186-20-000057
Date 07/23/2020 2**



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

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Community Development Department.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: Troy Allen Palmrose & Greg Palmrose

Septic Tank Location: 33389 Perkins Lane Warrenton, Oregon 97146

Legal Description: T 8 N R 10 W S 33 D0 Lot 00600

Date Tank Pumped: July 16, 2020

By: *Paul McDonald* License #: 34259
 (signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: _____ Date: _____
 (signature of operator/owner)

This septic tank was removed and properly disposed of.

By: *Ret E NTA* Date: 7-23-20
 (signature of operator/owner)

*Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By J. Van Nostran
 Permit No. 180-20-000057
 Date 7/23/20*

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed by approving agency.

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JUN 19 2020

CLATSOP CO. PUBLIC HEALTH

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

Job Site Address: 33389 Perkins Ln. City: Warrenton

Owner: Troy Palmrose / Greg Palmrose Phone:

Address: 33389 Perkins Ln Email: tlapalmrose@yahoo.com

Agent: Proposed Development/Construction: Manufacture home relocation & replacement of current home (4 bedrooms)

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 8 R 10 S 33D Tax Lot(s) 600

Permit Needed: Yes [X] No [] Site Approved: Yes [X] No []

Agency Signature: Date: 6/19/20

Remarks: Permit # 186-20-000057 issued on 3/2/20

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: NA

Agency Signature: Brian Crator Title: DRC Date: 6-19-2020

Remarks: This lot is already served by CW water. It will required a shutoff directly behind the water meter on the customers side

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 Fax (503) 986-0904 Water Master (Local Office) 4000 Blimp Blvd Ste 400 Tillamook, OR Phone (503) 815-1967 Fax (50) 815-1968

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

Water/Fire Flow: 1,766 GPM Number of Hydrants: 1 Hydrant Location(s): Perkins/Sunside

Agency Signature: Title: Fire Chief Date: 6-18-2020

Remarks: Builder/Home owner will add Fire sprinkler system.

Contact the local RFPD having jurisdiction.

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

Agency Signature: Title: Date:

Remarks:



Septic Permit

Repair (Major) - Residential - New

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

Date issued: 3/2/20 **Expiration date:** 3/2/21
Work description: Major repair; replacing drainfield & new tank; also removing mobile to replace with SFD

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

Owner: Palmrose Greg/Jane Address: 33389 Perkins Ln Warrenton OR 97146-7242	Property address: 33389 Perkins Ln, Warrenton, OR 97146
---	---

Parcel: 81033D000600 - Primary **Township:** 8 **Range:** 10 **Section:** 33D

Lot size:	N/A	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:	Repair (Major) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments: N/A			

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	double wide 3 bedroom	SFD 3 - 4 bedrooms
Number of bedrooms:	3	4

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	N/A
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:	275 linear ft.	Distribution method:	Equal
Media type:	Rock/Pipe	Media depth:	12 in.
Trench length:	275 linear ft.	Rock above pipe:	2 in.
Total rock depth:	12 in.	Rock below pipe:	4 in.
Max depth:	24 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Stake out required:	No	
Groundwater type:	Not Applicable	Groundwater depth: N/A

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: 3/2/20

Expiration date: 3/2/21

Work description: Major repair, replacing drainfield & new tank; also removing mobile to replace with SFD

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

3/2/20

REPAIR EVALUATION REPORT

Date: March 3, 2020

Dear Greg and Jane Palmrose:

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

App. Name: **Palmrose**

Application: # **186-20-000057**

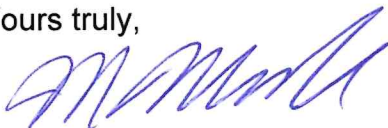
County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 8N/ R 10W/ S 33D Tax Lot#: 600

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

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

Yours truly,



Mike McNickle, PhD, MPH, REHS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Palmrose**

Application #: **186-20-000057**

County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 10W / S 33D Tax Lot#: 600

Commercial Facility: Yes No Parcel Size: 0.17 acre

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 3

Initial System		Replacement System	
<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> ATT	<input type="checkbox"/> Standard
<input type="checkbox"/> Bottomless Sand Filter			<input type="checkbox"/> Capping Fill
			<input checked="" type="checkbox"/> Bottomless Sand Filter
			<input type="checkbox"/> ATT
			<input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal.	<input type="checkbox"/> 1,500 gal.		Tank: <input checked="" type="checkbox"/> 1,000 gal.
<input type="checkbox"/> 2 compartment	<input type="checkbox"/> Other		<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	Disposal Facility: _____ sq. ft.		Absorption Facility: <u>275</u> linear. ft
			Disposal Facility: <u>550</u> sq. ft.
" Max Depth	Min Depth		24 " Max Depth
			24 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-12 12-60	SL F/VF/Sand	Sandy loam, 10 YR 3/4, roots to 14 Fine, Very Fine Dune Sand ESD = 60+" No Redox No H2O

Landscape Notes:

Slope: 0%

Aspect: East to West

Groundwater Type: N/A

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

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



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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FEB 24 2020

CLATSOP CO. PUBLIC HEALTH

PACK # 12183

\$660.00

#186-20-000057

Application for Onsite Sewage Treatment System

A. Property Owner Information
 Name: Greg Palmrose Mailing Address (Street, PO Box, City, State, Zip): 33389 Perkins Rd LN Warrenton 97146 Phone Number: 503-861-2022

B. Legal Property Description
 Township: 8N Range: 10W Section: 33D Tax Lot: 600 Tax Account Number: _____
 County: Clatsop Subdivision Name: _____ Lot: _____ Block: 091
 Property Address: 33389 Perkins Rd LN, Warrenton
 (Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility <input checked="" type="checkbox"/> Single Family Residence <u>3 mobile</u> → Replacing w/ SFD Number of Bedrooms <input type="checkbox"/> Other <u>previous file</u>	Proposed Facility <input type="checkbox"/> Single Family Residence <u>3-4</u> Number of Bedrooms <input type="checkbox"/> Other _____	Water Supply <input checked="" type="checkbox"/> Public <u>Warrenton</u> Name <input type="checkbox"/> Private _____ Well, Spring, Shared
--	--	--

D. Type of Application

<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Permit Repair - <u>Tank replacement - moving drainfield</u> <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement <input type="checkbox"/> Compliance Record Review	<input type="checkbox"/> Authorization Notice for: <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another <input type="checkbox"/> Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other-Please Specify _____
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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.

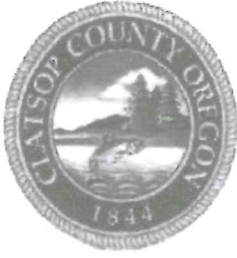
By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature: Robert Mantens Date: 2-19-20

Applicant's Name (Please Print Legibly): Robert Mantens Applicant's Phone: 503-446-2724 Applicant's E-Mail Address: _____

Applicant's Mailing Address _____

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



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 Onsite Septic System Program
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 CLATSOP CO. PUBLIC HEALTH
 #186-20-000057

Notice Authorizing Representative

I, Greg PALMROSE (Property Owner - Please Print), have authorized Robert Martens (Authorized Representative - Please Print) To act as my agent in performing the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

33389 PERKINS LN. WARRENTON OR 97146
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8N Range 10W Section 33D Tax Lot 666 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Greg PALMROSE Email: gregpalmrose@charter.net
 Mail Address: 33389 PERKINS City/State/Zip WARRENTON OR 97146
 Phone: 503-861-2022 FAX: _____
 Signature: Greg Palmrose Date: 2-16-20

AUTHORIZED REPRESENTATIVE:

Name: Robert Martens Email: _____
 Mail Address: 92859 WALLUSKES LOOP City/State/Zip ASTORIA OR 97103
 Phone: 503-440-2729 FAX: _____
 Signature: Rob E Martens Date: 2-19-20



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

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FEB 24 2020

CLATSOP CO. PUBLIC HEALTH

186-20-000057

8-10-330-000

Existing Septic System Description

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

- 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): _____
- When was your septic system installed? _____
Date
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
Permit Number
- Septic tank volume (in gallons): 1000
- When was the septic tank last pumped? (Attach receipt if available) ?
- Number of disposal trenches: 1?
- Total length of disposal trenches (in feet): _____
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No
 If no, date of last use: _____
- If the septic system currently serves a dwelling,
 How many bedrooms in the dwelling? 3 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? 3-4 How many occupants? 2
- If the septic system serves a business,
 How many total employees are there? 0 Type of business: —
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain: _____
- 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: Rt E mt

Date: 2-19-20



Greg Palmese

8-10-330 600

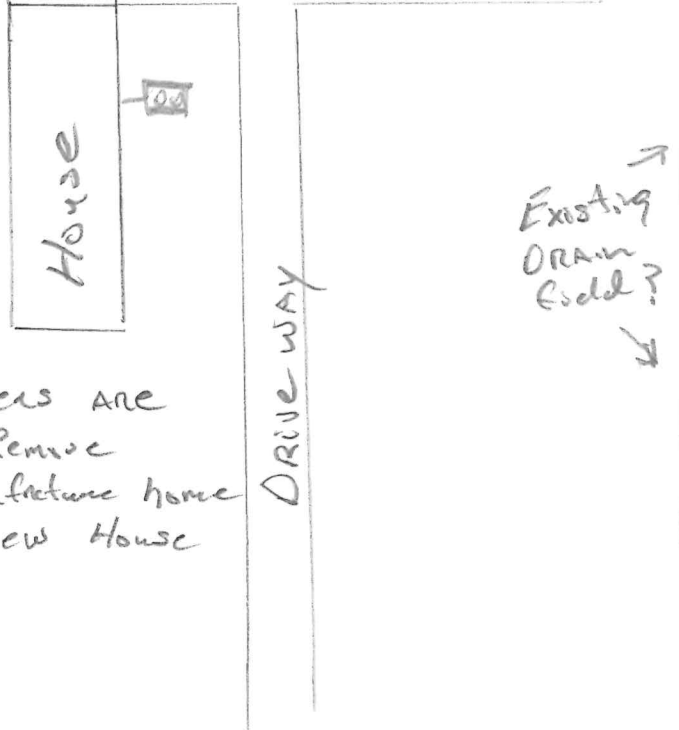
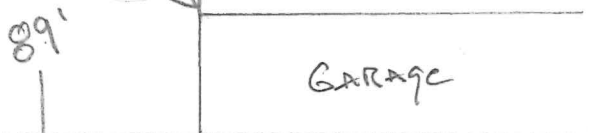
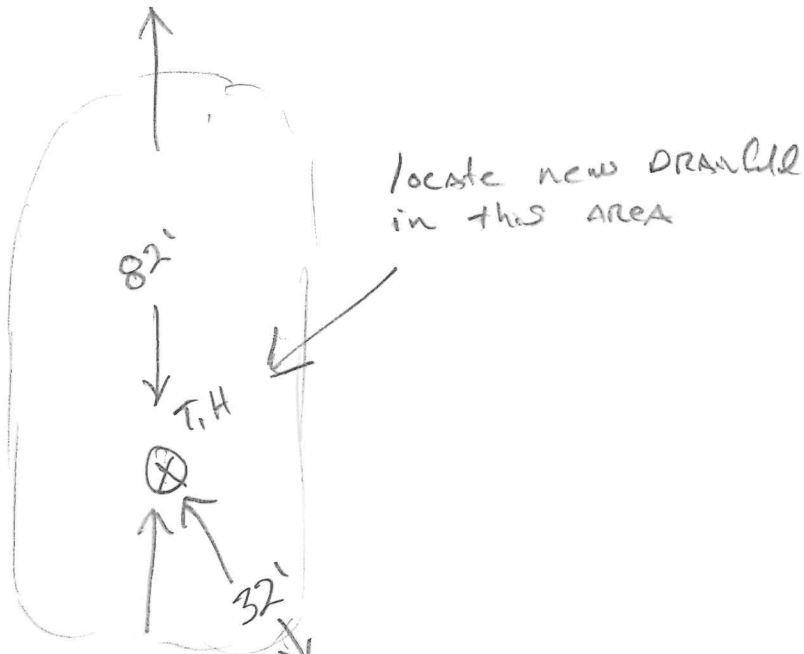
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CLATSOP CO. PUBLIC HEALTH

#186-20-00057

Property line



Home owners are going to remove existing Manufacture home AND Build New House

Robert Mantens

Greg Palmese

Materials list

#8-10-330-000

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MAR 27 2020

CLATSOP CO. PUBLIC HEALTH

#186-20-000057

1000 Gal concrete septic tank
with Risers and lids

2 poly lok DRUP boxes

275 linear FT 4" perst pipe

30 yds DRAIN ROCK

275'x3' Typar Filter Fabric

Robert
Mantous



Transaction Receipt

186-20-00057-PRMT

IVR Number: 186065193996

Clatsop County Onsite

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 452277

Receipt Date: 2/24/20

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

Worksite address: 33389 Perkins LN, Warrenton, OR 97146

Parcel: 81033D000600

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
2/24/20	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$551.00	\$551.00
2/24/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
2/24/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 12183	Payer: Robert Martens Excavation, Ltd.	Payment Amount:	\$660.00
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Cashier: Annette Brodigan

Receipt Total: \$660.00

