

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS401025 as follows:

PROPERTY INFORMATION

Property Owner: **Dennis Rush And Linda Rush** Township **08N, Range 10W, Section 34**
Property Location: **Perkins Lane, Warrenton** Tax Lot **910**
Facility Type: **Single Family Dwelling** Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1000 gals**
Distribution Type: **Serial**
Total Trench Length: **375 Linear feet**
Trench Spacing: **8 feet***
Media Type: **Equalizer 24**
Maximum Trench Depth: **30 inches**
Minimum Trench Depth: **24 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

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

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Connie Schrandt on 8/25/2006

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

<u>Connie M. Schrandt</u>	Onsite Wastewater Specialist	8/25/2006
Authorized Agent:	Title	Date CSC Issued
Connie Schrandt		

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

State of Oregon
Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 401025

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify DEQ (or 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). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:

Dennis Rush And Linda Rush

Township 08N, Range 10W, Section 34

Clatsop County TaxLot#: Tax Lot 910

Perkins Lane, Warrenton

SECTION 2: Materials List - Identify and list all materials used in the system.

<u>Material Categories:</u>	<u>Brand Name:</u>	<u>Size:</u>	<u>Specifications</u>	<u>Amount of Material:</u>
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Pump(s): _____

Distribution Pipe: _____ 4" 2729 90'

Effluent Sewer Pipe: _____ 4" 3034 114'

Drain Media Type(s): INFILTRATOR 376'

Filter Material: _____

Other: MICHAEL'S 1000 GAL SEPTIC TANK, 4 TUFFITE BOXES

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

Property Owner/Permittee: Dennis Rush And Linda Rush

Sewage Disposal Service Business: _____ (Print Full Business Name) (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes No

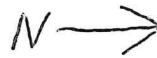
Date tanks(s) tested: 8/22-8/23 Date System Construction Completed: 8/24/06

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

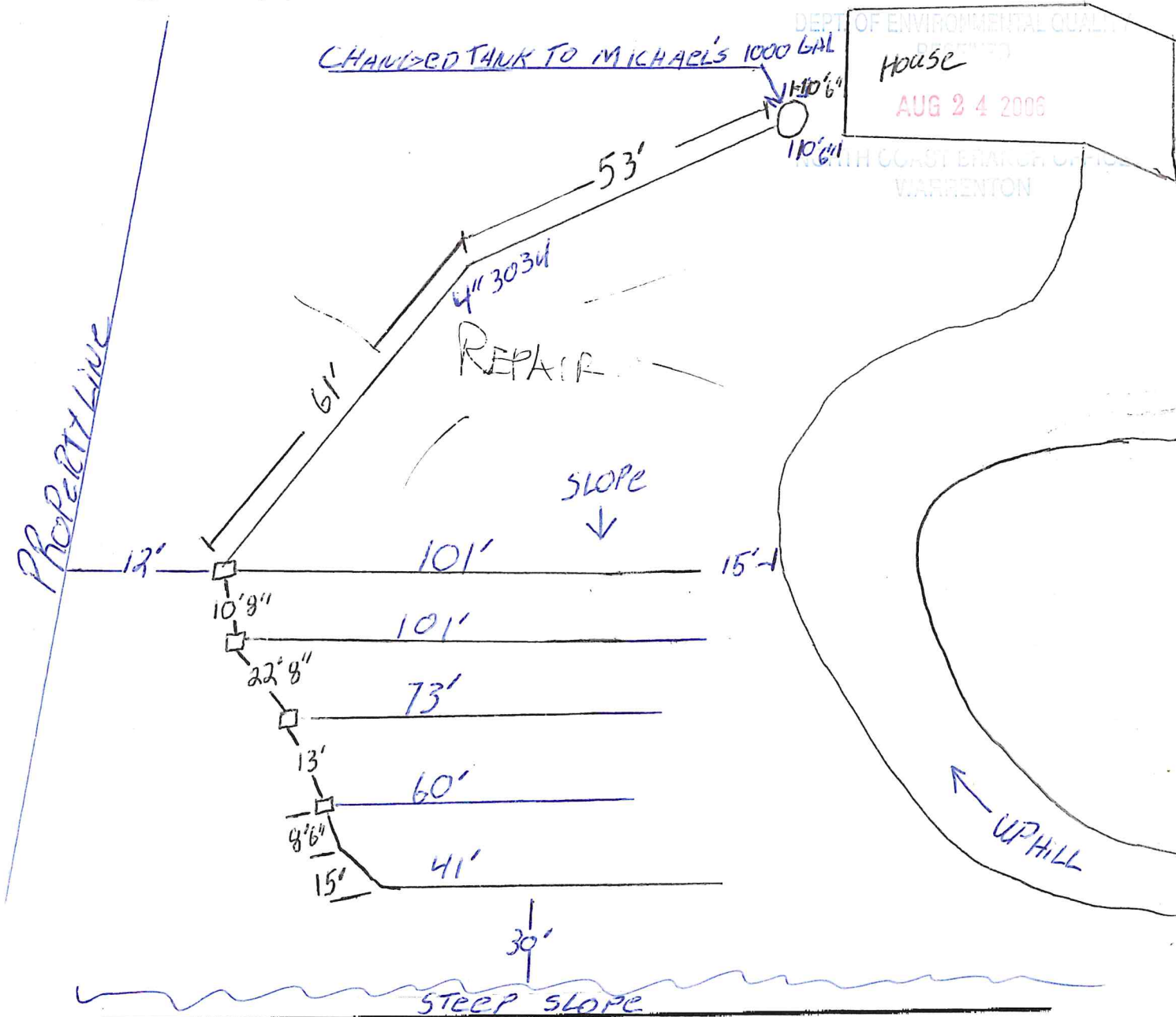
[Signature]
(System Installer's Signature-Property Owner or Certified Installer with Certification Number) (Title)

8/24/06
(Cert. #) (Date)

Installers Contact Phone Number: Office/Home 741-0194 Cell _____



SECTION 4: 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. Also include ground and pipe elevations, and setback distances from property lines and building structures.



SECTION 5 - Office Use Only: Notice Review Date: 8-24-06 Notice Accepted: Yes (X) No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance (X) Approval to backfill system

Date and time of notification: 8-25-06 10:15 am Additional Comments: _____

AGENCY REVIEW & APPROVAL FORM

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

1. JOB SITE INFORMATION (to be filled out by applicant/owner/agent):

Job Site Address: 33678 Perkins Ln City: Wauve-ton
Owner: Dennis & Linda Rush Phone: 503-861-1858
Owner's Address: P.O. Box 502 Wauve-ton, OR 97146
Agent: Wayne Allen
Proposed Development/Construction: New home

2. STATE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) (to be filled out and signed by DEQ):

Legal Description: T SW R 10W SEC 34 Tax lot(s) 910
Permit Needed - Yes () No () Site Approved - Yes () No ()
Signature: [Signature] Date: 6-15-06
Remarks: PERMIT 09401025 - SYSTEM SIZED FOR
MAXIMUM 4 BEDROOMS

DEQ North Coast Branch Office, 65 North Highway 101, Suite G, Warrenton, Oregon 97146 Phone: (503) 861-3280 FAX (503) 861-3259

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

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location (s): _____
Signature: [Signature] Title: Fire Chief Date: 5/10/2006
Remarks: Residence will be supplied w/ an approved Res. Sprinkler system / access ok

Contact the local RFPD having jurisdiction. Applicable to all CUP, partitions, subdivisions, and land use approvals issued after 1/01/03.

4. CLATSOP COUNTY COMMUNITY DEVELOPMENT DEPARTMENT (to be filled out and signed by Community Development):

Legal Description: T _____ R _____ SEC. _____ Tax Lot(s) _____
Zone: _____ Overlay District: _____
Development Permit - Yes () No () # _____
Flood Plain - Yes () No () Elevation Requirements: _____
Geologic Hazard - Yes () No () Special Construction Requirements? - Yes () No ()
Signature: _____ Title _____ Date: _____
Remarks: _____

Clatsop County Community Development, 800 Exchange, Suite 100, Astoria, Oregon 97103 Phone: (503) 325-8611 FAX (503) 338-3666

5. CLATSOP COUNTY BUILDING CODES (located at 800 Exchange Street, Suite 100, Astoria, Oregon) Phone: (503) 338-3697 FAX (503) 338-3666. Building Codes will review and issue the building permit.

Construction-Installation Permit

This Construction-Installation Permit OS401025 issued in accordance with Site Evaluation #400325 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner:	Dennis Rush And Linda Rush	Clatsop County
Property Location	Perkins Lane, Warrenton	Township 08N, Range 10W, Section 34
Facility Type:	Single Family Dwelling	Tax Lot 910
	3 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:	450 gals/day
Minimum Septic Tank Size:	1000 gals
DistributionType:	Serial
Total Trench Length:	375 Linear feet
Trench Spacing:	8 feet*
Media Type:	Equalizer 24
Maximum Trench Depth:	30 inches
Minimum Trench Depth:	24 inches

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- ¹ Each trench to be level and on contour.
- ² Meet all required setbacks.
- ³ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁴ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- ⁵ Vehicular traffic and livestock must be restricted from the system area.
- ⁶ All roof drains must be directed away from the system.
- ⁷ 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.

INSPECTION REQUIREMENTS

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

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

<u>Connie Schrandt</u>	<u>Onsite Wastewater Specialist</u>	<u>6/12/2006</u>	<u>6/12/2007</u>
Authorized Agent:	Title	Date Issued	Expiration Date

Connie Schrandt

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

See the Attachment 1 for additional information about your permit.

DEPT. OF ENVIRONMENTAL QUALITY
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JUN 08 2006

NORTH COAST BRANCH OFFICE
WARRENTON

- ✱ Not to Scale
- ✱ 1/2" Filterator
- Serial System
- ✱ Grade shots
- in Circles
- ✱ 6 or more Feet
- Drop From tanks
- to 1st Box

PROPERTY LINE

Dennis Rush
870-34-910
6/6/06

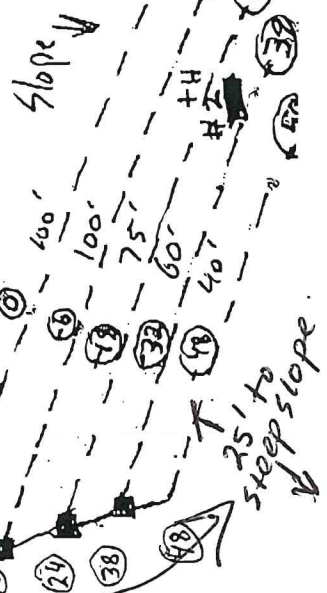
Willamette
Gray Stone
1000 Gal
tanked riser

100' 4" 3034

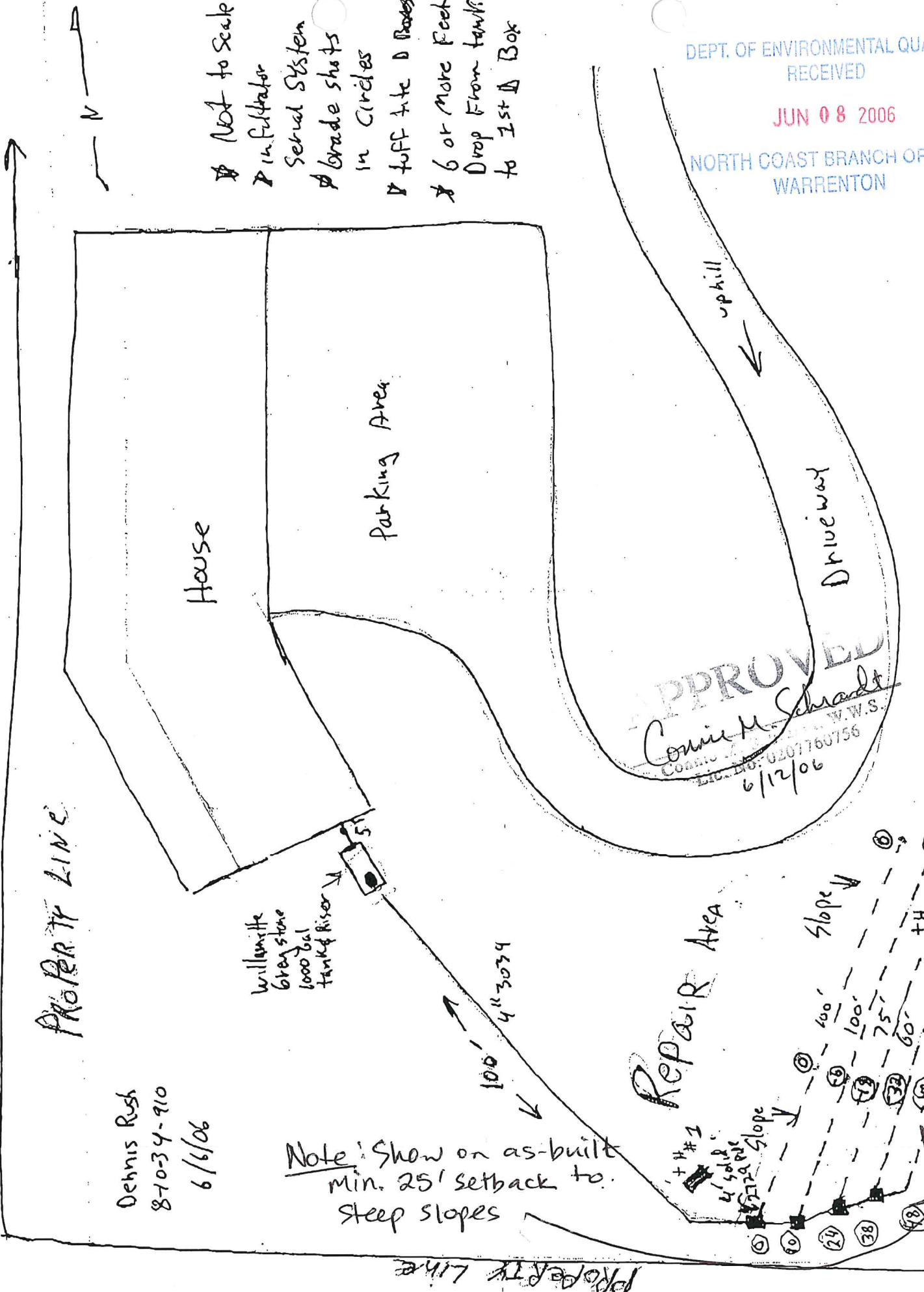
Note: Show on as-built
min. 25' setback to
steep slopes

Repair Area

APPROVED
Connie M. Schrader
COMM. ENGINEER - W.W.S.
LIC. NO: 0201760756
6/12/06



PROPERTY LINE



Attachment 1 to Construction-Installation Permit

BE CAREFUL and BE SAFE – CALL FOR UNDERGROUND UTILITY LOCATIONS BEFORE YOU DIG! (503) 232-1987 or 1-800-332-2344

Rules, Approved Material Listing, and Database of Licensed Installers can be accessed at:
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits

Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting 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 permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed **Final Inspection Request and Notice** form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a **Certificate of Satisfactory Completion** can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows:

- Only after the permitting agent has approved the construction installation,
- or the inspection has been waived
- or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

Initial and Replacement Areas – Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

8-10-30910

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

Dennis Rush
6/6/06

JUN 08 2006

NORTH COAST BRANCH OFFICE
WARRENTON

Serial Distribution

Approved System Designs

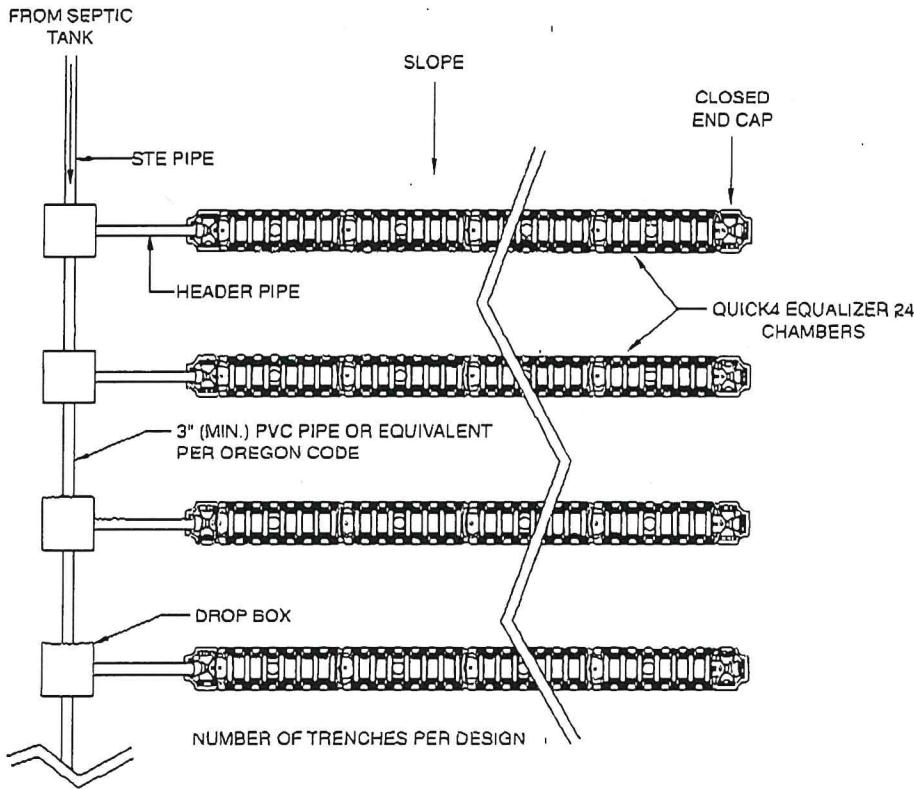
Infiltrator chambers using gravity-fed serial distribution methods may be laid out with the same-end inlet, center inlet, or alternate-end inlet. The figures on pages 6 and 7 illustrate some of these typical design options.

Note: Use of drop boxes is recommended by the Oregon DEQ.

Note: Drawings are for the Quick4 Equalizer 24 chambers. All Quick4 Equalizer 24 design applications also apply to the Quick4 Equalizer 36 chamber.

SERIAL DISTRIBUTION SAME-END INLET WITH DROP BOXES

PLAN VIEW
(not to scale)



APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 0207760756
 6/12/06



Carlson Contracting, Inc.

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

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUN 08 2006

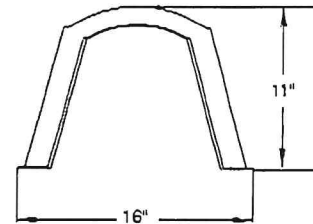
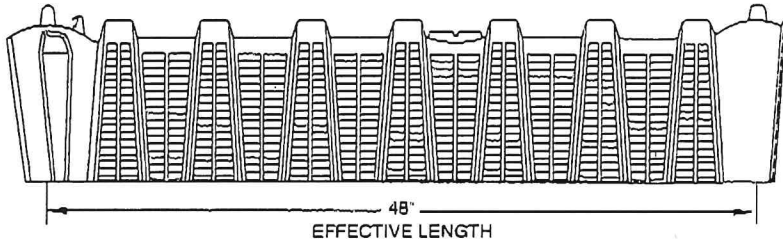
NORTH COAST BRANCH OFFICE
WARRENTON

Dehnis Rush
8-10-34-910
6/6/06

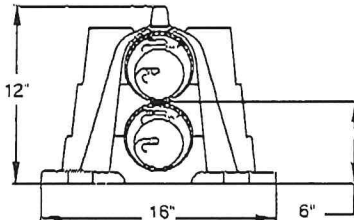
PRODUCTS

Quick4 Equalizer 24 Chambers

SIDE AND END VIEWS

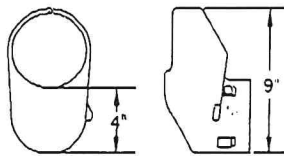


MULTI-PORT END CAP (not to scale)



PART # Q4EQ24E
(6" INVERT)

INVERT ADAPTER (not to scale)



PART # Q4EQ24A
(10" INVERT)

Nominal chamber specifications

Size (W x L x H)	16" x 48" x 11"
Storage Volume	20.4 gal

APPROVED
Connie M. Schrandt
 Connie M. Schrandt, W.W.S.
 Lic. No. 0207750756
 6/12/06



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp: DEPT. OF ENVIRONMENTAL QUALITY RECEIVED JUN 08 2006 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>6-8-06</u> Fee Paid <u>\$670.00</u> Receipt Number <u>123589</u> Application Number <u>401448</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

A. Property Owner Information

Dennis Rush Name P.O. Box 502 Warrenton OR 97146 Mailing Address (Street or PO Box, City, State, Zip Code) 503-861-1858 Phone Number

B. Legal Property Description

8 Township 10 Range 34 Section 00910 Tax Lot 51011 Tax Account Number 3.6 AC Acreage or Lot Size
Clatsop County _____ Subdivision Name _____ Lot _____ Block

Property Address: () Address Perkins Ln City Warrenton State OR 97146 Zip Code

Directions to Property: Turn off of 101 onto Perkins Ln go approx 1/2 mile
Around First Sharp corner go left up Rock Driveway

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>Warrenton</u> Name
Number of Bedrooms _____	Number of Bedrooms <u>3</u>	<input type="checkbox"/> Private _____ Well, Spring, Shared
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

D. Type of Application

<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input checked="" type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> The Addition of One or More Bedrooms
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> 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 the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Dennis Rush Signature 06/08/06 Date

Dennis Rush Applicant's Name - Please Print Legibly 503-861-1858 Applicant's Phone Number _____ Applicant's E-mail Address

P.O. Box 502 Warrenton, OR 97146 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached

Installer's Name _____

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SECTION 1 - TO BE FILLED OUT BY APPLICANT

JUN 09 2006

1. Applicant Name/Property Owner: Dennis Rush
Mailing Address: P.O. Box 502 Telephone: 503-861-1858
City: Warrenton State: OR Zip: 97146

NORTH COAST BRANCH OFFICE
WARRENTON

2. Property Information:
County: Clatsop Tax Lot Number: 910
Township: OBN Range: 10 W Section: 34
Property Address: _____
Block: _____ Lot: _____ Subdivision Name (if applicable): _____

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

4. Permit or approval being requested:
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases

2006 0263

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

5. The proposed facility is located: inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction

6. Property Zoning: RA-5 Zoning Minimum Parcel Size: 5 Acres

7. Is a public notice and hearing required? Yes No Hearing Date: _____

8. Does the proposed facility comply with all applicable local land use requirements: Yes No
Comments: Cluster partition lots are less than 5 acres

9. Planning Official Signature: Rd 00-0202 Patricia Getchell
Print Name: Patricia Getchell Title: Planning Technician
Telephone No.: 503-225-8611 Date: 5-5-06

* Planning Official Signature: _____
Print Name: _____ Title: _____
Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.

861-3259

Receipt Number: 123589

Oregon Department of Environmental Quality

Warrenton Office



65 N Highway 101, Suite G

Warrenton, OR 97146

Date Received 6/8/2006

Received From **Linda Rush**
(Check Name): **P.O. Box 502**
Warrenton, OR 97146

For **T08N R10W S34**
Property **TaxLot 910**
At: **Clatsop County**
Perkins Lane
Warrenton, OR 97146

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
670.00	Check	1654	96-228	670.00

Total Amount Applied \$670.00

Onsite Fees	
Base Fee:	630.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$670.00
Payments	
Previous Payments:	0.00
Current Payment:	670.00
Over Payment:	0.00
Total Payments:	\$670.00

Application Description
Application ID: 401448
Application Type: Construction-Installation Permit
Single Family Dwelling
System Type: Standard
Pump Evaluation: No
Flow: 450 gallons/day

Receipt Amount: \$670.00

Received By:

Dave Johns

Date of Entry:

6/8/2006



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

March 14, 2006

Dennis & Linda Rush
P.O. Box 502
Warrenton, OR 97146

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: Site Evaluation Results – Site Approval With Conditions
Township/Range/Section: T8N, R10W, S34; Tax Lot No. 910, Clatsop County

Dear Dennis & Linda Rush:

The above-described property was evaluated for suitability of onsite sewage disposal on the following date(s):
March 13, 2006. Based on this evaluation, the following onsite wastewater treatment systems are approved:

Initial system: Standard, 375 linear feet of disposal trenches
Replacement system: Standard, 375 linear feet of disposal trenches

Details of the site evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Next Step – Applying for a Construction/Installation Permit

When you are ready to proceed with system construction, contact this office to get a permit application package. The permit must be issued by DEQ before you can start construction.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review within 60 days of the site evaluation report issue date at a cost of \$440. If you would like to apply for a Variance from one or more of the Onsite Wastewater treatment rules, you may apply for a Variance at a cost of \$1340. If you are interested in either of these actions, please contact the undersigned for more details before you proceed.

Best wishes on a successful project. If you have any other questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resource Specialist

Enc: Site Evaluation Report



Site Evaluation Report For Onsite Wastewater Treatment System Suitability

Site Location: T8N, R10W, S34; Tax Lot No. 910, Clatsop County

Applicant: Dennis Rush

Date(s) of Site Evaluation: March 13, 2006

DEQ Onsite Specialist: Connie M. Schrandt

Date of Report: March 14, 2006

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An onsite wastewater treatment system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper functioning of an onsite system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils in an area that is large enough for both the initial and the replacement disposal areas. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on March 13, 2006. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites.
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of the onsite system.



Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater treatment systems are approved:

Initial System: System Type: **Standard**
Minimum Septic Tank Size: 1000 gallons
Total linear feet of disposal trenches: 375
Distribution Method: Serial
Trench Depths: Maximum - 30" and Minimum - 24"

Replacement System: Same as for Initial System

Attached are the Field Worksheet and Plot Plan, which show the approved areas and other details of the site evaluation.

Additional Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than approximately half of the peak sewage flow. This is normally sufficient to serve a single family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow limits are exceeded.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development or other potential disturbance of natural soil conditions.
4. 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.
5. This approval is given on the basis that the property described above will not be further partitioned or subdivided.
6. Field staking of disposal trenches for both the initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved systems.

This site approval is valid until the system approved above is constructed in accordance with a DEQ construction permit. Technical rule changes shall not invalidate this approval, but may require use of a different kind of system. If there is a technical rule change affecting this site approval, the Department will attempt to notify in writing the current property owner as identified by the county assessor's records. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet and Plot Plan

SITE EVALUATION FIELD WORKSHEET

Township: 8N Range: 10W Section: 34 Tax Reference: 91 Parcel Size: 3.6 acres
 Owner/Applicant: Dennis Rush Evaluator: CMS
 Inspection Date(s): 3-13-06 Application Number: 4000285

	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-12	sil	10YR ^{3/1} ; f ₂ m 1SBR; many v.f.f, m&c roots
	12-36	↓	10YR ^{3/2} ; " " " ; common f, m & c roots to ~54" bgs
	36-70	sic1/sap	10YR ^{4/4} w/variegated colors (7.5YR ^{5/6-8} & 10YR ^{5/2}); m&f 3SBR
		* 28-34' on	West sidewall - 10YR ^{3/2} w/common m&c faint RMFS (10YR ^{4/2} & 4/6)
Pit 2	0-18	sil	} similar to Pit 1 except common f, m & c roots to ~42" bgs & few vc root channels to ~47" bgs
	18-31	↓	
	31-67	sap/sic1	
		- North sidewall - 0-23"	similar to 18-31"
Pit 3			
Pit 4			

Landscape Notes: hillside - convex linear
 Slope: ~11-14% Aspect: E-NE Groundwater Type: Temporary
 Other Site Notes: * RMFS associated w/organic decomposition

SYSTEM SPECIFICATIONS

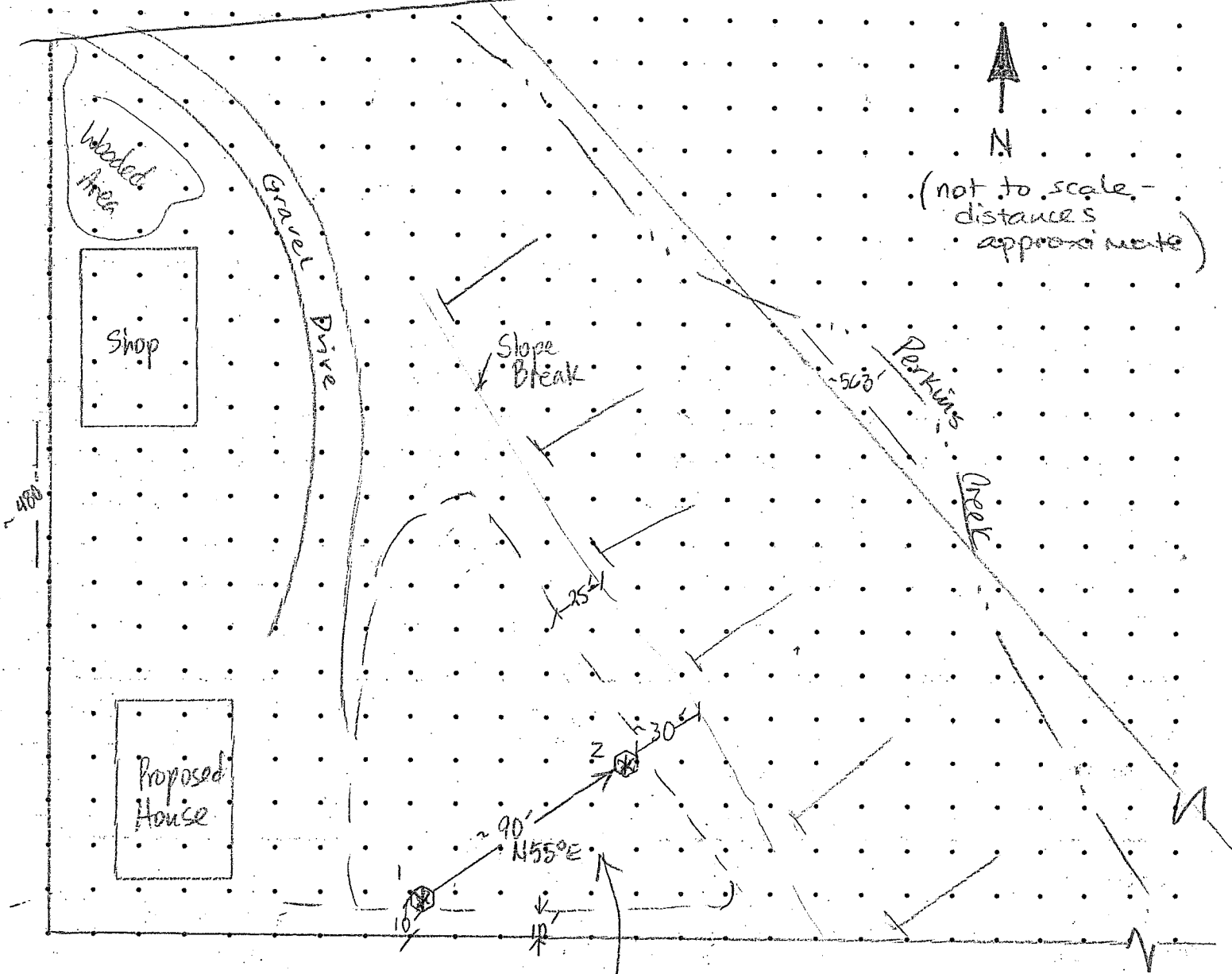
Design Flow: 450 gpd
 Initial System: Standard - serial distribution ATT Treatment Standard: 1
 Disposal Facility: 375 linear feet/square feet Maximum Depth: 30 inches Minimum Depth: 24 inches
 Replacement System: Same as Initial system ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: Maintain 25' setback to escarpments or slopes ≥50% ±100' from year-round surface waters or 50' from seasonal surface waters

Township: 8N Range: 10W Section: 34 Tax Reference: 910 Parcel Size: 3.6 acres
Owner/Applicant: Dennis Rush Evaluator: CMS
Inspection Date(s): 3-19-06 Application Number: 400285

Perkins Road



(not to scale -
distances
approximate)



Acceptable Area for
Onsite Sewage Disposal
(Initial + Replacement)



Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp: FEB 17 2006	For DEQ Use Only:
	Date Received <u>2-17-06</u>
	Fee Paid <u>\$465.00</u>
	Receipt Number <u>121957</u>
	Application Number <u>400285</u>
	Date of 1st Response <u>3-13-06</u>
	Date of 2nd Response _____
	Date of Final Response _____
	Date of Completion _____
	Scanned _____ Data Entry _____

A. Property Owner Information

Dennis Rush P.O. Box 502, Warrenton, OR 97146 503-861-1858
 Name LINDA Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

8 10 34 00910 51011 3.6 Ac
 Township Range Section Tax Lot Tax Account Number Acreage of Lot Size
Clatsop _____ Perkins Ln Warrenton _____ OR 97146
 County Subdivision Name Lot Block

Property Address: _____
 Address City State Zip Code

Directions to Property: Turn off of 101 onto Perkins Ln go approx. 1 mile around first sharp corner go left up back Dr.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence
 Number of Bedrooms _____
 Other _____

Proposed Facility: Single Family Residence
3
 Number of Bedrooms
 Other _____

Water Supply: Public Warrenton
 Name
 Private _____
 Well, Spring, Shared

D. Type of Application

Site Evaluation
 Construction Permit
 Repair Permit
 Major Minor
 Alteration Permit
 Major Minor

Renewal Permit
 Existing System Evaluation
 Permit Transfer
 Permit Reinstatement

Authorization Notice for:
 Connecting to an Existing System Not in Use
 Replacing a Mobile Home or House with Another Mobile Home or House
 The Addition of One or More Bedrooms
 Personal Hardship
 Temporary Housing
 Other - Please Specify _____

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

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Dennis Rush 2/14/06
 Signature Date
Dennis Rush 503-861-1858 _____
 Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address
P.O. Box 502 Warrenton OR 97146
 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached John M. [Signature]
 Installer's Name

Rev 8-14-03 bjt
 Gate locked Please Call H 861-1858
 C 741-0194

HWY 101

Dennis Rush

W
+
E
S N

FEB 17 2006

8-10-39-910

2/17/06

PERKINS LAKE

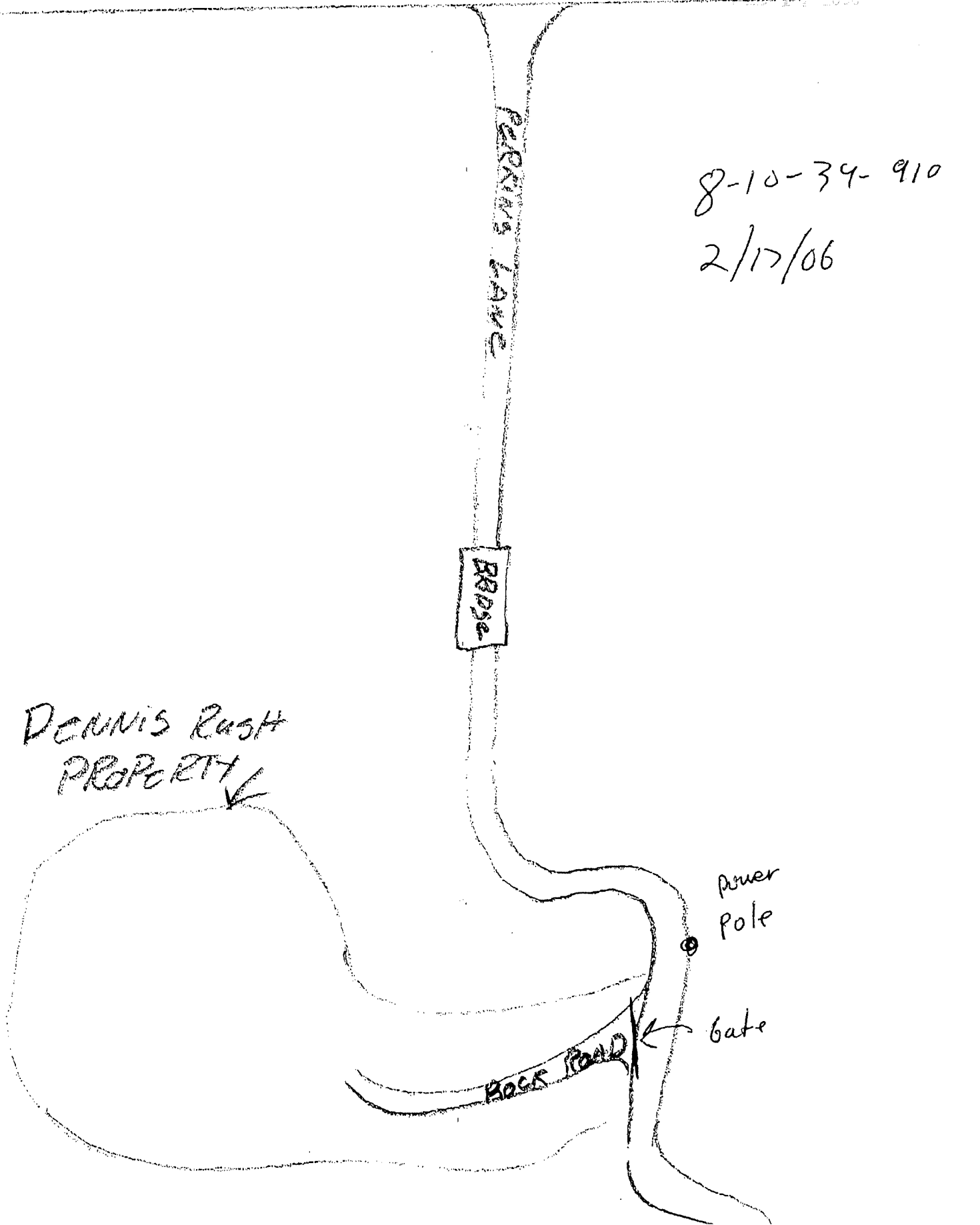
BRIDGE

DENNIS RUSH
PROPERTY

power
pole

gate

ROCK ROAD





Department of Environmental Quality
Warrenton Office
65 N. Highway 101, Ste. G, Warrenton, OR 97146
(503) 861-3280/(503) 861-3259(Fax)

02 17 2006

NOTICE AUTHORIZING REPRESENTATIVE

I, Dennis Rush, have authorized
(Property Owner/Print Name)
Carlson Contracting to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality 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:

Property Situs or Road Address _____
And described in the records of Clatsop County as:
Township B Range 10 Section 34 Map ID 910 Tax Lot #(s) 51011
Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Dennis Rush
Signature: Dennis Rush Date: 2/17/06
Address: P.O. Box 502 Phone: 503-861-1858
City, State, Zip Warrenton, OR Fax: 503-861-9340
E-mail Address _____ Call 503-741-0194

AUTHORIZED REPRESENTATIVE:

Printed Name: Carlson Contracting
Signature: [Signature] Date: 2/17/06
Address: PO Box 157 Phone: 861-2408
City, State, Zip Hammond, OR 97121 Fax: 861-2789
E-mail Address _____

CARLSON CONTRACTING

8-10-39/910

Dennis Rush

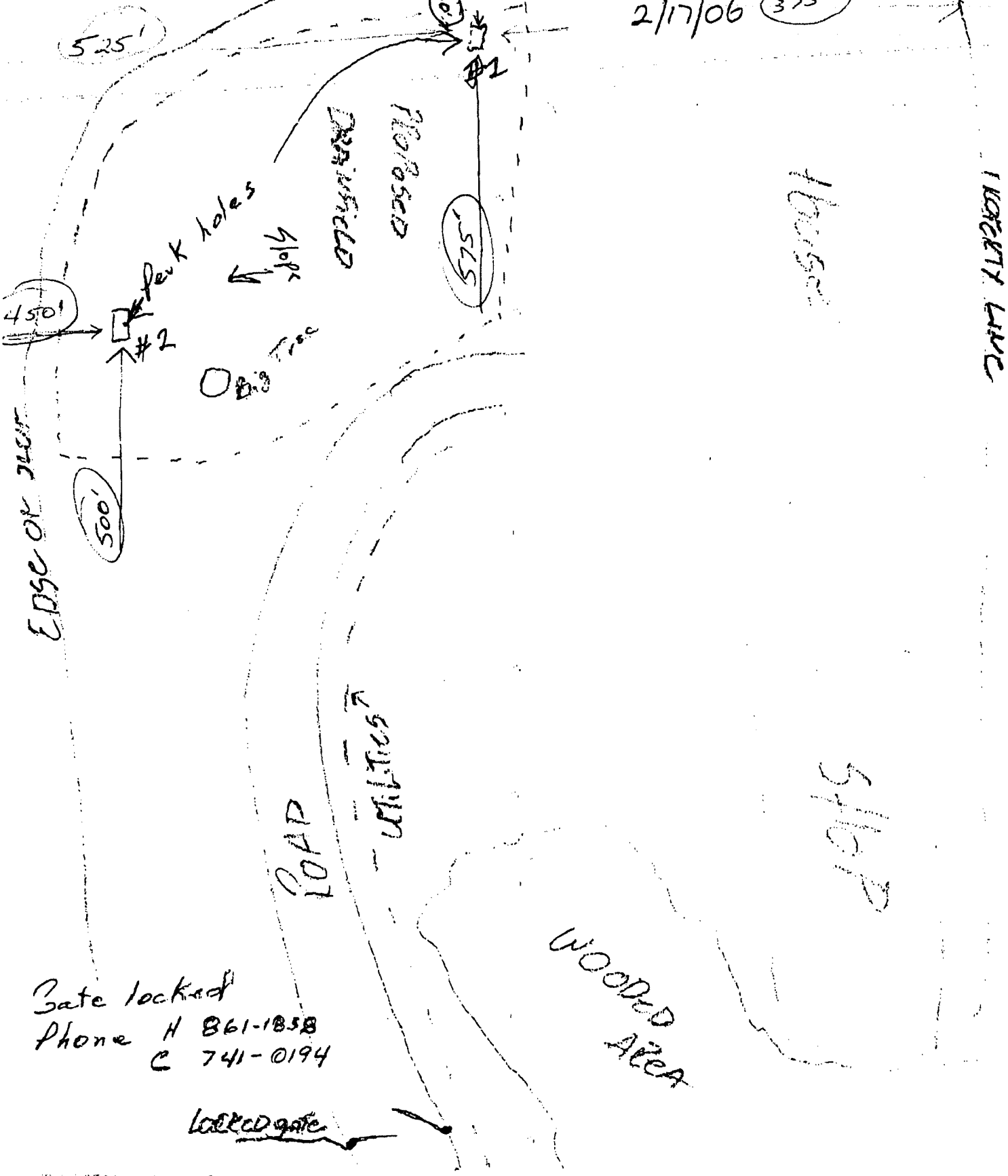
PC:RN 0007/11/20 2/17/06

S E N

PROPERTY LINE

2/17/06

375'



EDGE OF PICK HOLES

PICK HOLES

4/10/02

OLD TREE

DRAINAGE

HOUSE

PROPERTY LINE

ROAD

UTILITIES

WOODED AREA

546P

Gate locked
Phone H 861-1838
C 741-0194

locked gate

PERKINS ROAD

Receipt Number: 121957

Oregon Department of Environmental Quality
Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 2/17/2006

Received From **Linda Rush**
(Check Name): **PO Box 502**
Warrenton, OR 97146

For **T08N R10W S34**
Property **TaxLot 910**
At: **Clatsop County**
Perkins Lane
Warrenton, OR 97146

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
465.00	Check	1572	96-228	465.00

Total Amount Applied \$465.00

Onsite Fees	
Base Fee:	425.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$465.00
Payments	
Previous Payments:	0.00
Current Payment:	465.00
Over Payment:	0.00
Total Payments:	\$465.00

Application Description	
Application ID:	400285
Application Type:	New Site Evaluation
	Single Family Dwelling
System Type:	Unknown
Pump Evaluation:	No
Flow:	0 gallons/day

Receipt Amount: \$465.00

Received By:

Date of Receipt:

Dave Johns

2/17/2006

T8N R10W SEC 34 WM
CLATSOP COUNTY
Scale 1:4800

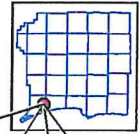
1600 R
0 400 800
MAD 188951: HARRIS SubPhase Oregon Highways 5601 Intersect

Canceled
Accidents

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DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
FEB 17 2006
NORTH COAST BRANCH OF
WARRENTON

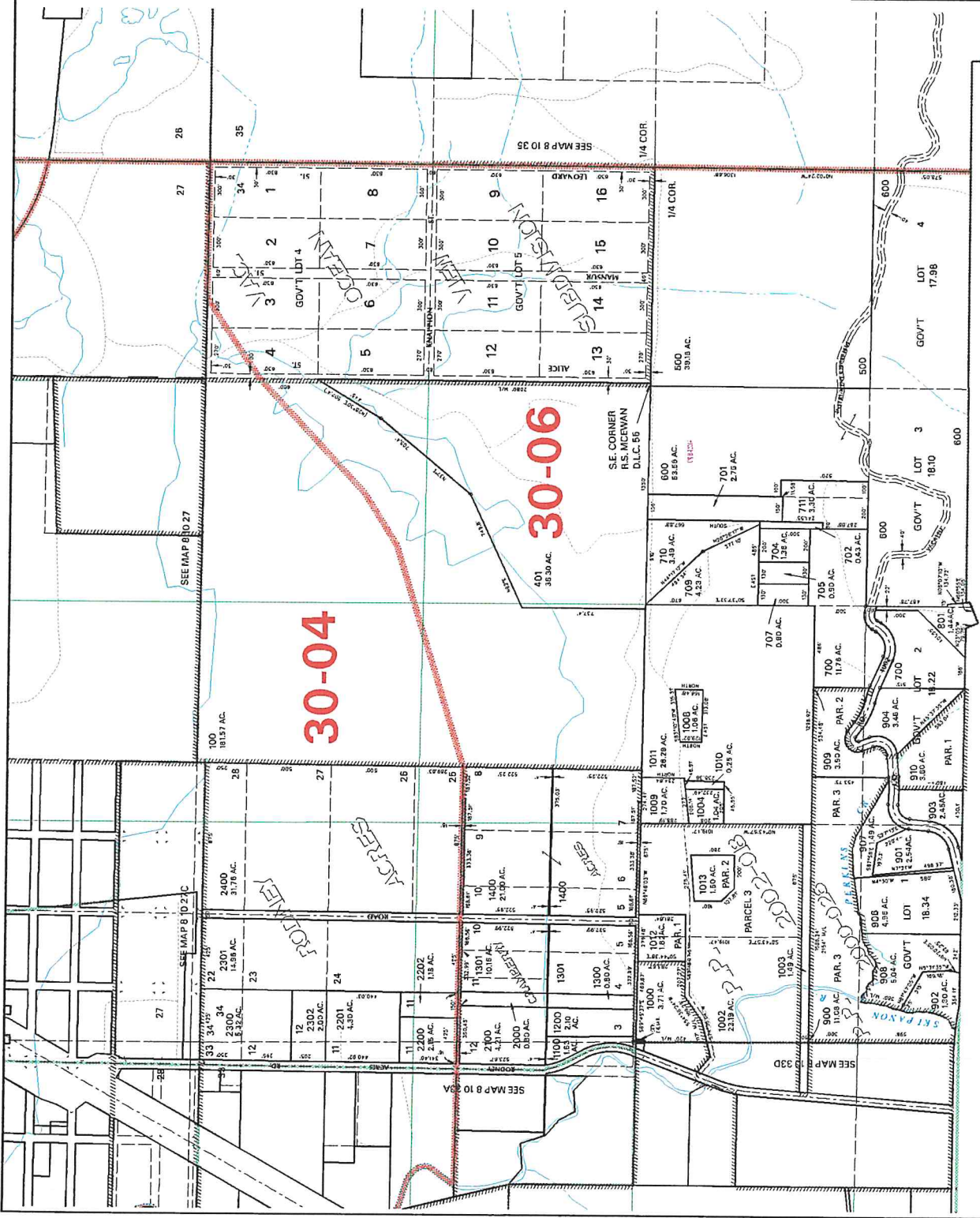


January 06, 2006

8.10.34



This map is published for information only. It does not constitute an official record. The state of Oregon is divided into counties. Clatsop County is one of the counties of the state of Oregon. The map is published for information only and does not constitute an official record.



SEE MAP 7 103

