

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

-810360002701-

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

Job Site Address: 92430 Fort Clatsop Rd City: Astoria

Owner: Jama S. Hulton Phone: 861-9811

Owners Address: "Same"

Agent: _____

Proposed Development/Construction: Pole building

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

Legal Description: T 8 R 10 SEC 36 Tax Lot(s) 2701

Permit Needed - Yes () No (☒) Site Approved - Yes (☒) No ()

Signature: [Signature] Date: 10-1-04

Remarks: PROPOSES POLE BUILDING - NO OWNERSHIP

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:

Signature: _____ Title: _____ Date: _____

Remarks: _____

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.

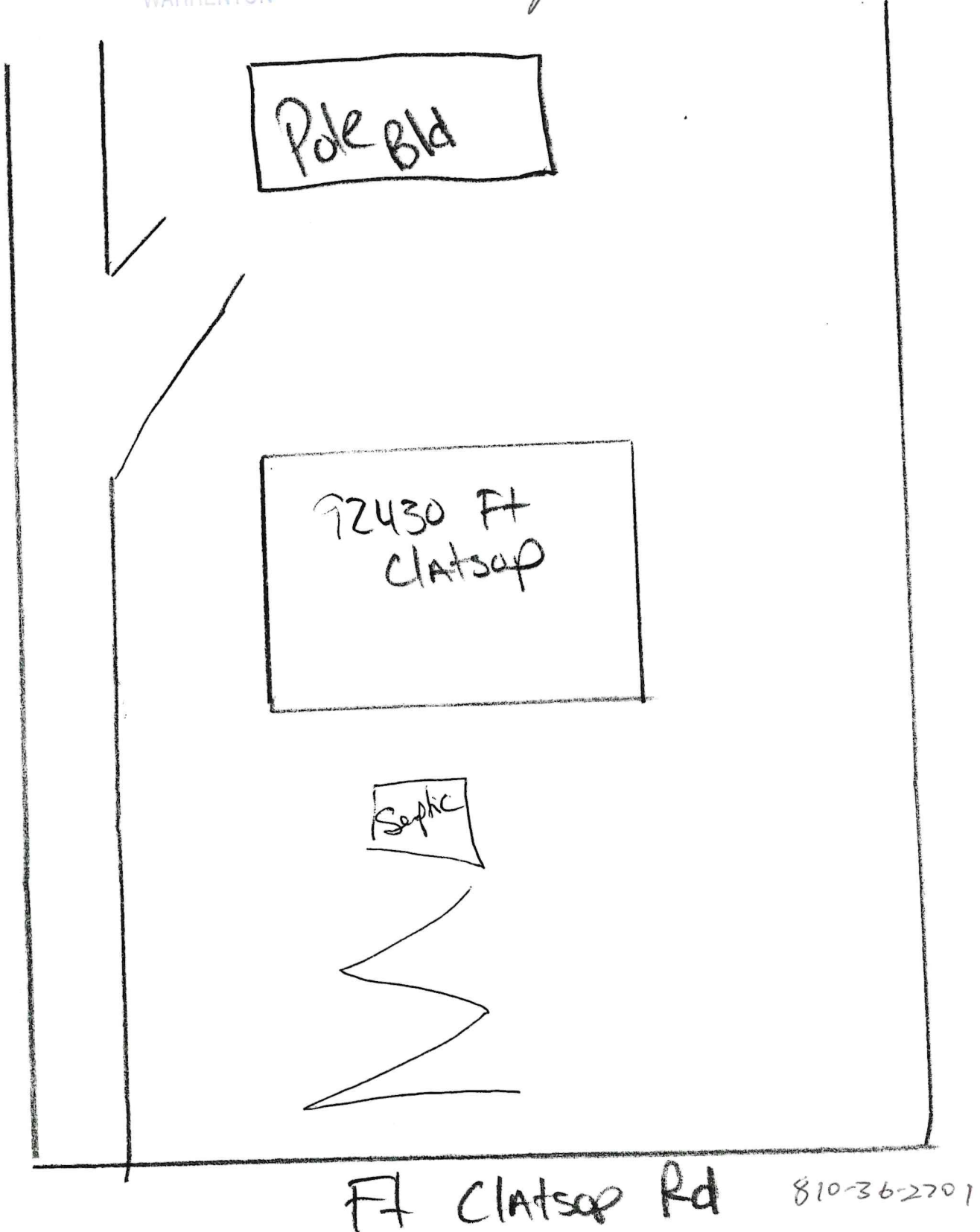
DEPT. OF ENVIRONMENTAL QUALITY
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OCT 07 2004

NORTH COAST BRANCH OFFICE
WARRENTON

I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS
THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT
SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO GROUND
SURFACE OR PUBLIC WATER, AND THAT THE PROPOSED
CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

SIGNED Jana Hiler DATE 10/4/04



69153

Control No.

\$ 385.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 02-162

☐ New Construction☒ Major
Repair☐ Other _____

Permit Issued To Jama Hulon 8N 10W 36 2701 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)

Ft. Clatsop Rd. Astoria Cornie M. Schandt 11-5-02
 (Road Location) (City) (Issued by - Signature) (Date Issued)

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)

SPECIFICATIONSEXPIRATION DATE November 5, 2003TYPE OF SYSTEM Standard with Equalizer 24's

Existing Tank

Design Sewage Flow 450 Gallons/DayTank Volume 1000 Gallons Disposal Trenches ☒ Seepage Bed(s) ☐ _____ Square FeetMaximum Depth 26 inches. Minimum Depth 24 inches. 375 Linear FeetEqual ☐ Loop ☐ Serial ☒ Pressurized ☐ Minimum Distance Between Trenches 10' on centersTotal Rock Depth NA inches. Below Pipe NA inches. Above Pipe NA inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 11-4-02 & attached page. Honor all required setbacks. As-built with all notations on approved plan addressed and certification of final construction by installer required prior to pre-cover inspection request.

PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- 861-3280

CERTIFICATE OF SATISFACTORY COMPLETIONAs-Built Drawing
with Reference LocationsInstaller Robert Martens

Final Insp. Date _____

☐ Inspected By _____☐ Issued by Operation of Law
☒ Pre-cover inspection waived
 pursuant to OAR 340,
 Division 71
As-built & certification of final construction
received 11-16-02.

Pumping receipt received 11-16-02.

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.

(Authorized Signature)

(Title)

(Date)

(Office)

NOV 16 2002

NORTH COAST BRANCH OFFICE
WARRENTON (Date Received)FINAL INSPECTION REQUEST AND NOTICE

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 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 JAMA Hylon Permit Number 02-162 County ClatsopTownship 8N; Range 10W; Section 36; Tax Lot 2701; Tax Acct. # _____Job Location Ft Clatsop RoadDate System Construction Completed 11-15-02; Date Submitted to DEQ or Agent 11-16-02SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction375 lined Ft Infiltrators1-14"x24" Fiberglass Riser with lip50' 3034 4" Effluent Pipe80' 2729 4" Solid Pipeconcrete gravel box outlet fixand 10 gravel on Riser14 Raised End caps2 lower End caps



RECEIVED
1929

NOV 16 2002

503-458-6870 • Toll Free 1-888-745-6726

NORTH COAST BRANCH OFFICE

NAME

DEPT

DATE ~~WARRENTON~~ 2

ADDRESS

PHONE 791-1560

QTY	DESCRIPTION	UNIT	AMOUNT
	Pump out & Clean Septic TANK		200 ✓
PAID Jeny			
PAYMENT DUE UPON RECEIPT OF THIS INVOICE			TOTAL 200 ✓

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

Ordered By

Materials list

Hulon

8-10-36-2701
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NOV 4 2002

NORTH COAST BRANCH OFFICE
WARRENTON

375 Ft Infiltration

14 End CAPS 7 Raisen - 7 stamper

80' 4" 2729 solid pipe

60' 4" 3034 Effluent pipe

Concrete, grout Fittings
for outlet fixNot accepted see
attached page

APPROVED

Connie M. Schrandt

Connie M. Schrandt, W.W.S.

Lic. No. 0207760756

11/5/02

Rolt
M



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)

October 24, 2002

Jama Hulon
6215 Lake Labish Rd. NE
Salem, OR 97305

Re: Information for Repair Permit
T8N-R10W-S36; TL# 2701
Clatsop County

Dear Jama Hulon,

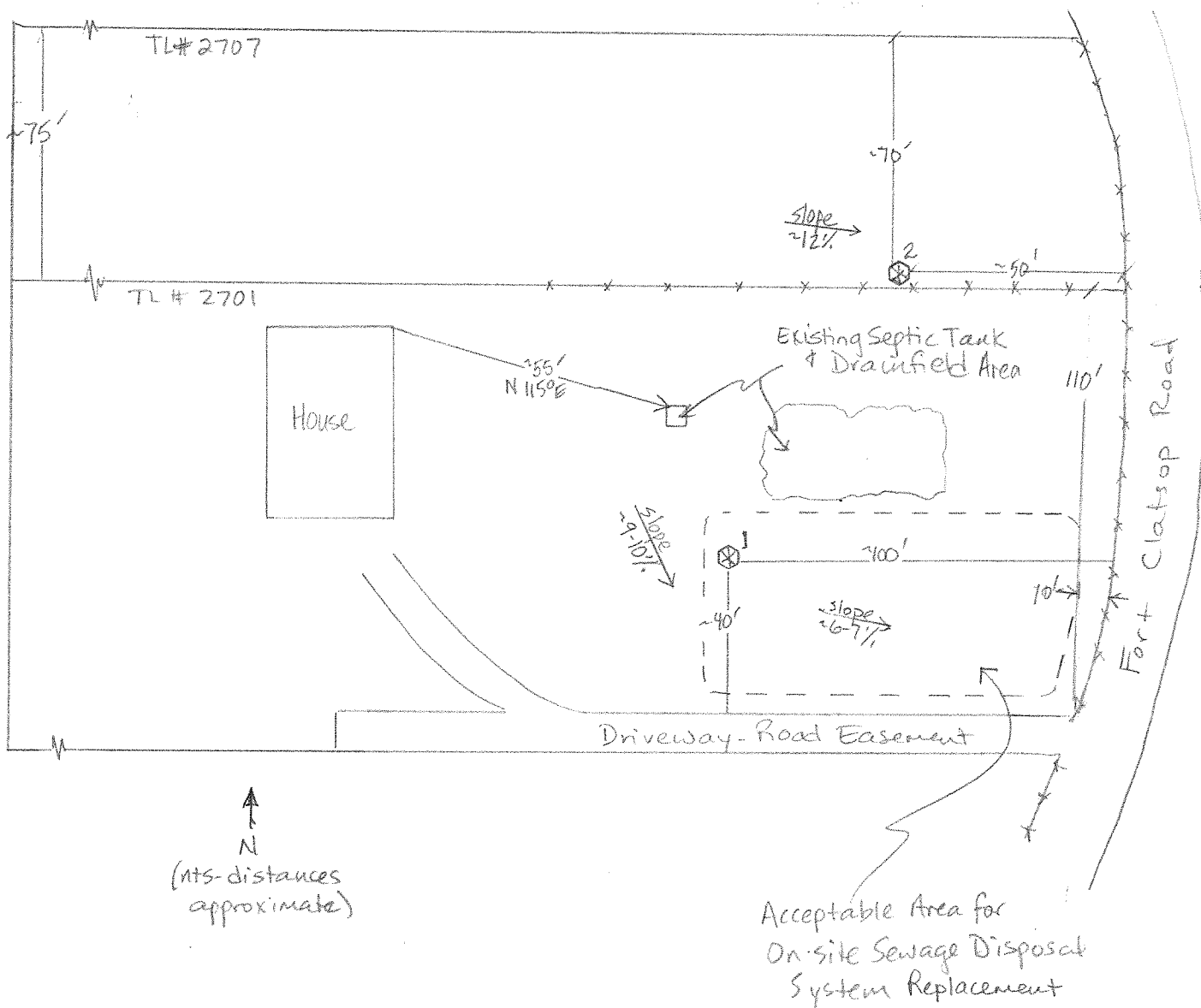
In response to an application submitted on October 7, 2002 to the North Coast Branch Office (NCBO) in Warrenton, an evaluation of the above-described property was made to determine if a repair to the failing on-site sewage disposal system could be located on the parcel in compliance with the State of Oregon On-Site Sewage Disposal Rules.

A field inspection of the existing septic system, including an evaluation of two test pits provided, was conducted on October 16, 2002. Surfacing sewage was noted in the same area of the front yard as was reported in the complaint investigation letter dated September 18, 2002. The concrete septic tank of approximately 1000 gallons capacity was exposed for inspection. The tank appeared to be in good condition, although the outlet pipe was clogged and in need of replacement. The test pits revealed a soil column of silt loam underlain with silty clay loam at depths of 24 to 26 inches below ground surface. Conditions associated with soil saturation, indicating the upper level to which groundwater is expected to rise during the wet season, were observed in both test pits. For further details of the site and soil conditions evaluated, please refer to the enclosed field worksheet and plot plan.

The area indicated on the enclosed plot plan as 'acceptable area' is approved for a standard system with a maximum design flow of 450 gallons per day (gpd). Requirements for the standard system repair are as follows:

1. A minimum of 375 linear feet of disposal trenches;
2. Maximum trench depth of 26 inches and minimum trench depth of 24 inches;
3. If drain media is used, filter fabric meeting Oregon Administrative Rules (OAR) 340-073-0041 to cover the drain media-top only.
4. Continued use of the existing concrete septic tank is acceptable but the tank must be sealed for water tightness and be equipped with a maintenance riser (minimum 20 inches diameter) for access from ground surface.

NAME Jama Hulon T 8N R 10W S 36 TL# 2701



Additional pits

4

5

Notes

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 10-7-02
Date Completed 11-8-02
Required Fee \$ 385.00
Receipt No. 105903
Control No. 69153

FOR APPLICANT'S USE - (PLEASE PRINT)

Approx 2 AC
Lot Size (Acreage or Dimensions)

Jama Hulon
(Property Owner's Name)
(Applicant's Name if Different from Owner)
Legal Description of Property 8 10 36 2701 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

[] Single Family Residence (Number of Bedrooms)
[] Other (Specify)

☒ 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) _____

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.

[] Authorized Representative
[] Licensed Installer
License No. _____

Jama Hulon
(Signature)

(Date)

Owner's Mailing Address

6215 LAKE LABISH RD NE
SALEM OR 97305

Applicant's Mailing Address (if different)

Phone 503-791-1560

Phone _____

IW\WC8\WC8690 (7-19-91)

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SEP 30 2002

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

NORTH OREGON BRANCH OFFICE 503-325-8611 012-943

SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Name of Applicant Jama Hulon Telephone (503) 791-1560
Mailing Address 6215 LAKE LABISH RD. NECity SALEM State OR Zip 97305

2. Property Information:

County CLATSOPTownship 8 Range 10 Section 36 Tax Lot # 2701Property Address 92430 FT CLATSOP RD. ASTORIA OR 97103

Subdivision name if applicable _____ 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 ☐ noComments: ZONE RA-1

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

Patricia Getchell PATRICIA GETCHELL PLANNING TECHNICIAN 503-325-8611 9/30/02
 Planning Official (county) Print Planning Official's Name Title Phone Date

 Planning Official (city) Print Planning Official's Name Title Phone Date

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OCT 7 2002

NORTH COAST BRANCH OFFICE
WARRENTON

Teste
H₂O₂ X

North
S.C.

92/30 PROHIBITED

House

SCHMIDT

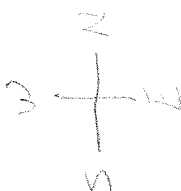
FIELD

Teste
H₂O₂ X

92/30 PROHIBITED

North Coast

WARRENTON
HOUSE



OCT 7 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? 1955 (Year) (Permit No.)

3. Tank material:

☐ Steel ☒ Concrete ☐ Fiberglass
☐ Polyethylene ☐ Unknown

4. Volume of the septic tank in gallons: _____

5. When was the septic tank last pumped? 3 years ago (Attach receipt)

6. Number of disposal trenches: _____

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

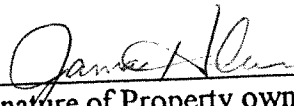
8. Is your sewage disposal system currently in use? Yes ☒ No ☐
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the Dwelling? 3 How many people occupy the dwelling? 8

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

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

10/2/02
Date


Signature of Property owner or
Legally Authorized Representative



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)

September 18, 2002

Jama Hulon
6215 Lake Labisch Rd. NE
Salem, OR 97035

Re: Complaint Investigation
T8N-R10W-S36; TL# 2701
Clatsop County

Dear Jama Hulon:

On August 2, 2002, the North Coast Branch Office (NCBO) of the Department of Environmental Quality (DEQ) received an anonymous complaint regarding on-site sewage disposal on the above-described property. The complaint alleges ongoing, strong sewage odors from an area of surfacing sewage in the front yard. This letter is addressed to you as the owner of the property on record with the Clatsop County Assessor's Office.

There is no record at the NCBO of the septic system serving this property. On August 28, 2002, DEQ staff visited the property for the purpose of determining the condition of the sewage disposal system serving the existing residence. The person who answered the door indicated that they rent the house and allowed DEQ staff access to the front yard.

An area of dense, tall grass and weed growth covering saturated ground was observed near the bottom of a hill slope below the house. Ponded areas were noted on the ground surface beneath the tall grass, and the liquid had the appearance and odor of sewage. The liquid was observed flowing from the upper portions of the affected area. The renter, when asked if water was currently being used inside the house, stated that a bathtub was in use. The source of the liquid observed in the front yard was confirmed to be household wastewater. The location and/or type of septic system serving the residence was not evaluated during the site visit.

Please be aware that the discharge of sewage onto the ground surface constitutes a potential public health and environmental hazard and is a violation of Oregon Administrative Rules (OAR) and regulations. As the property owner, you are responsible for maintaining, repairing, and/or replacing the system as necessary to assure proper operation of the system (OAR 340-071-120(2)). OAR 340-071-215(1) requires the immediate repair of a failing system. Also, OAR 340-071-130(3) prohibits the discharge of untreated or partially treated sewage or septic tank effluent directly or indirectly onto the ground surface or into public waters.



810 26

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DEC 29 1999

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION

CLA

- TIDELANDS TAX LOT
- 1 S 29°51'W - 475.47'
 - 2 S 47°58'W - 684.7'
 - 3 S 18°17'W - 130.37'
 - 4 S 58°46'E - 79.57'
 - 5 S 54°55'W - 208.65'
 - 6 S 37°58'W - 87.85'
 - 7 S 34°15'W - 686.70'
 - 8 N 54°00'W - 47.70'
 - 9 N 31°20'E - 1581.20'
 - 10 N 89°10'E - 88'

- TIDELANDS TAX LOT
- 1 S 25°06'W - 306.3'
 - 2 S 66°36'W - 180.2'
 - 3 S 44°50'W - 555.0'
 - 4 S 49°10'W - 239.6'
 - 5 S 53°18'W - 667.6'
 - 6 N 45°00'W - 104.0'
 - 7 N 50°10'E - 1650.3'

