

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 501123 as follows:

PROPERTY INFORMATION

Property Owner: **Affolter Ernest J** Township **9**, Range **07**, Section **35 0 0**
Property Location: **94566 Mustonen Rd, Astoria** Tax Lot **00802**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **300.00 Linear feet**
Trench Spacing: **10.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **20.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

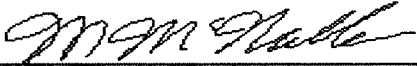
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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



Authorized Agent:

Mike McNickle

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303

Onsite Wastewater Specialist

Title:

9/13/2018

Date Issued:

RECEIVED

SEP 11 2018

CLATSOP CO. PUBLIC HEALTH

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 501123

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 County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: Affolter Ernest J
 Property Address: 94566 Mustonen Rd, Astoria
 Township 9 Range 07 Section 3500 Tax Lot(s) 00802

Section 2: System Component Specifications: System Type:

A. Tanks/Pumps

Water tight verification - All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A-1 Date 8-23-18
 Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
 Pumps: 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 4" ASTM#Other 3034 Length 47'
 Pressure Transport Pipe Yes ☐ No ☐ Diameter _____ ASTM#Other _____ Length _____

C: Secondary Treatment Unit:

Sand Filter - Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes ☐ No ☐ Type _____ Container Dimensions _____
 Underdrain pipe Diameter _____ ASTM#Other _____ Length _____
 Manifold Piping Diameter _____ ASTM#Other _____ Length _____
 Internal Pump HP _____ Model/Manufacturer _____
 Floats(1) Type _____ Model Manufacturer _____
 Floats(2) Type _____ Model Manufacturer _____
 ATT Yes ☐ No ☐ Model _____
 Certified Maintenance Provider: Name _____
 Operation & Maintenance Contract: Received? Yes ☐ No ☐

D. Drainfield Media

Type: Gravel, Pipe or Alternative? Bradbury
 Distribution Box Yes ☐ No ☐
 Drop Box Yes ☒ No ☐
 Distribution Pipe Yes ☒ No ☐ Diameter 4" ASTM#Other 3034 Length 56'
 Comment: 90' GWI

Clatsop County Department
 of Public Health

On-Site Waste Water Program

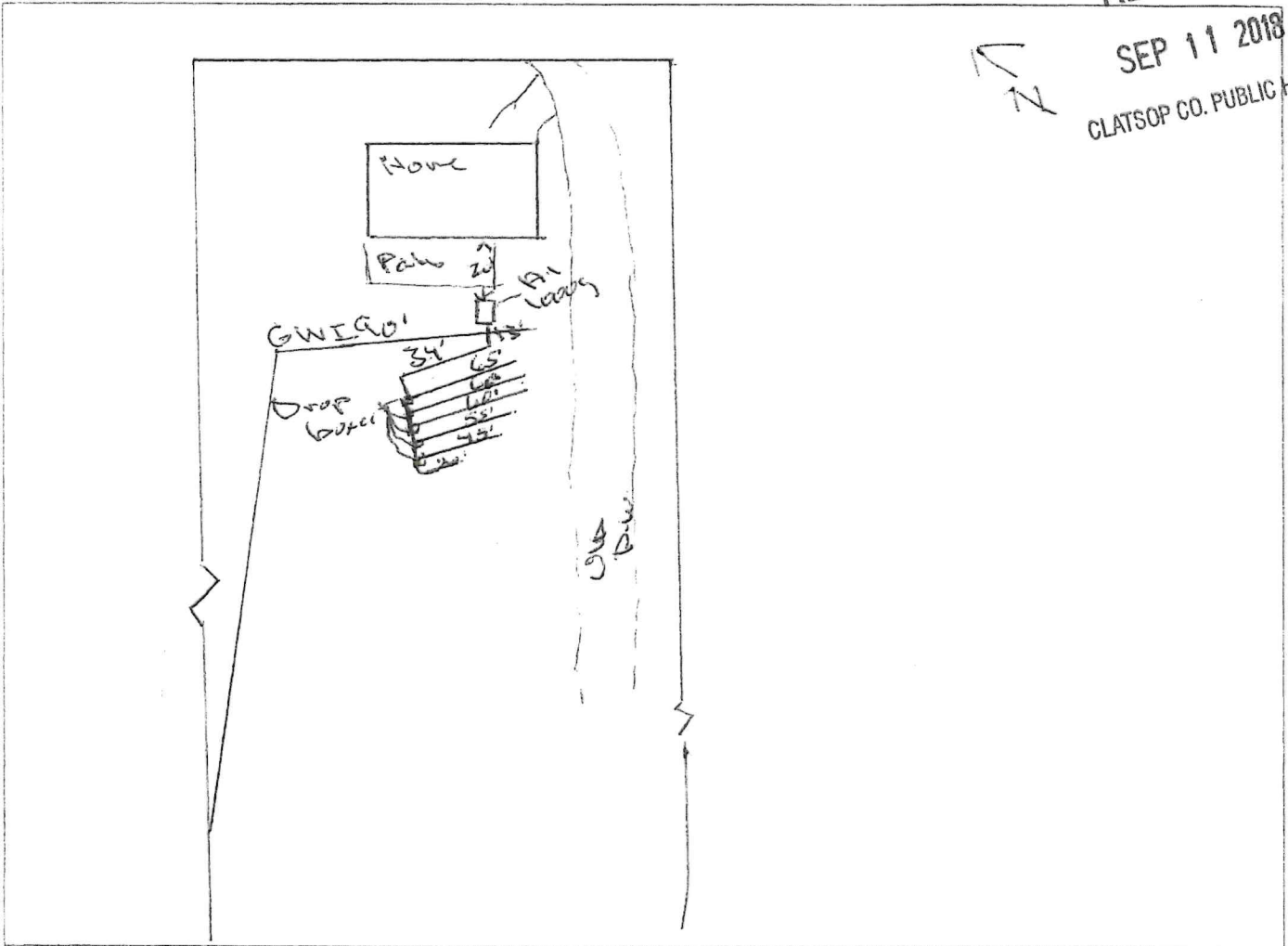
Approved By: M. McNickle

Permit No. 501123

Date 9/13/18

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



Section 4: Construction was performed by (Signature Required):

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

Owner/Permitte/Certified Installer w/Certification # _____ Print Name: Vincent Bratton
Licensed Installer Yes ☒ No ☐ License # 36845 Certification # RI246
Owner/Certified Installer Signature [Signature] Date 9-11-18
Phone 503-741-0170 Phone 503-758-6561 Email vbratton@gmail.com

Section 5: Office Use Only

Notice Accepted Yes ☐ No ☐ Date _____

Installer /Owner /Permittee Notified Yes ☐ No ☐ Date _____

If no, reason for non-acceptance _____

Comment:

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By M. McNickle
Permit No. 501123
Date 9/13/18

Construction Permit

This Construction Permit, Permit #501123, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Affolter Ernest J**
Property Location: **94566 Mustonen Rd, Astoria**
Facility Type: **Single Family Dwelling**
4 Bedrooms

Township **9**, Range **07**, Section **35 0 0**
Tax Lot **00802**

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1000.00 gals**
Distribution Type: **Serial**
Total Trench Length: **300.00 Linear feet**
Trench Spacing: **10.00 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth: **20.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Meet all required setbacks.
- 2 Filter fabric is required over the drain media.
- 3 Each trench to be level and on contour.
- 4 Vehicular traffic and livestock must be restricted from the system area.
- 5 Install with dry soil conditions.
- 6 Each trench to be level and on contour.
- 7 All roof drains must be directed away from the system.
- 8 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:

Mike McNickle

Authorized Agent:

Mike McNickle

Title:

Onsite Wastewater Specialist

Date Issued:

9/6/2018

Expiration Date:

9/6/2019

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



#501123

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

RECEIVED

SEP 04 2018

CLATSOP CO. PUBLIC HEALTH

(Pg) Uk# 6672
\$114800

Application for Onsite Sewage Treatment System

A. Property Owner Information

Ernest Affolter 18099 S Edgewood ST Oregon City 503-901-2897
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number
97045

B. Legal Property Description

9 7 35 802 33064 4.44
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop Subdivision Name Lot Block
County

Property Address: 94566 Mustonen Rd, Astoria
(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

☒ Single Family Residence
3 bdrm
Number of Bedrooms
☐ Other _____

Proposed Facility

☐ Single Family Residence
Number of Bedrooms
☐ Other _____

Water Supply

☒ Public Knappa
Name
☐ Private
Well, Spring, Shared

D. Type of Application

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

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement
☐ 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

Shawn Helligso
Signature

9-4-18
Date

Shawn Helligso
Applicant's Name (Please Print Legibly)

503-721-8111
Applicant's Phone

shawn.helligso@gmail.com
Applicant's E-Mail Address

34046 West Campbell Loop Suislaw OR 97103
Applicant's Mailing Address

Applicant is the ☐ Owner ☒ Authorized Representative
☒ Authorization Attached

☒ Licensed Septic Installer
Vinson Brothers
Installers Name



Clatsop County

Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED

SEP 04 2018

CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

501123

I, Ernest Affolter, have authorized
(Property Owner - Please Print)

Shawn Helligso/Shawn Helligso Construction Inc.

(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

94566 Mustonen Rd, Astoria, Oregon 97103

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 9 Range 07 Section 35 Tax Lot 00802 Map ID _____

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Ernest John Affolter

Email: duckhunter@ccqmail.net

Mail Address: 16099 S. Edgewood St.

City/State/Zip Oregon City OR 97045

Phone: 503-631-2904

FAX: _____

Signature: Ernest John Affolter

Date: 10.17.17

AUTHORIZED REPRESENTATIVE:

Name: Shawn Helligso

Email: shawnhelligso@gmail.com

Mail Address: 1336 Olney Ave

City/State/Zip Astoria, Oregon 97103

Phone: 503-791-8111

FAX: _____

Signature: Shawn Helligso

Date: 10/16/2017

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SEP 14 2018

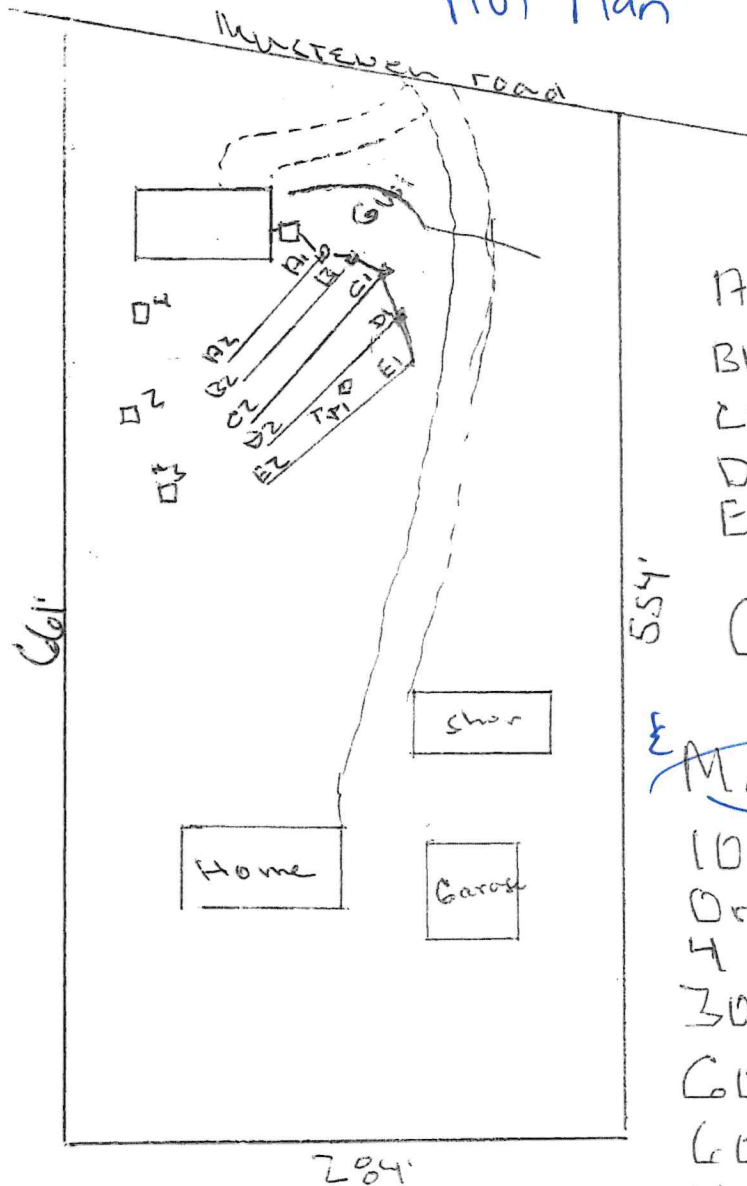
Ernest A. Poltor
New Home
VINCOB BROS. DEB #36845

T8N R8W Sec. 16D2 T.L. 502

CLATSOP CO. PUBLIC HEALTH

#501123

Plot Plan



300' 18"-20"

A1 28"	A2 31"	53'
B1 29"	B2 34"	53'
C1 47"	C2 51"	63'
D1 62"	D2 65"	57'
E1 69"	E2 73"	75'

GW 60' 36" deep

Materials List

1000 gal A-1 Tank
Drexco risers & lids
4 Quadco drop boxes
300' Biodieuser Units
60' G.W.I
60' Perk Pipe 4"
40' 4" 3034
Rodent Cap
10 Yds drain rock

94566 Mustonen Rd
9.07.35. 802

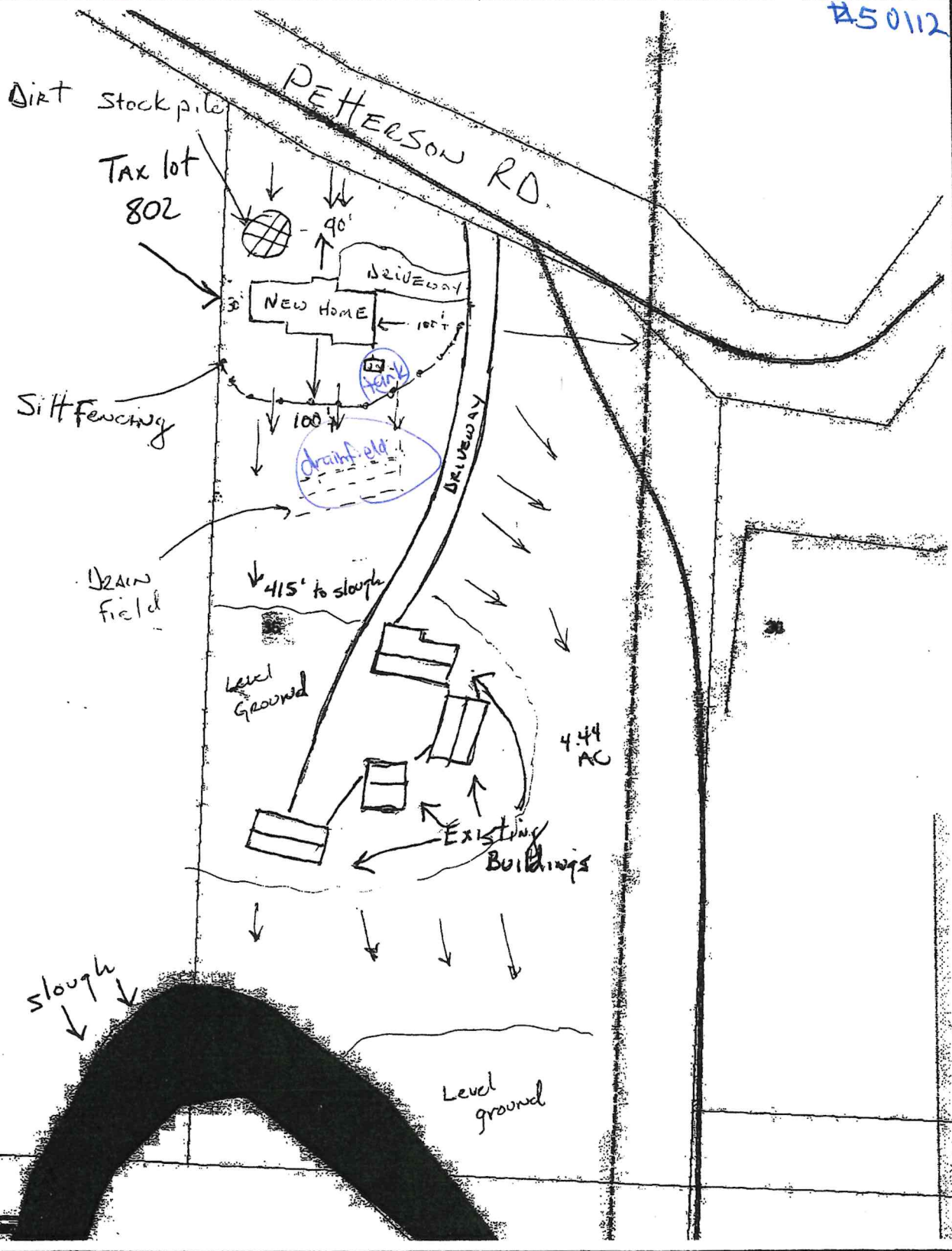
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SEP 04 2018

CLATSOP CO. PUBLIC HEALTH

Plot PLAN with EROSIONS control

1501123



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with tax lots.



RECEIVED

SEP 04 2018

CLATSOP CO. PUBLIC HEALTH

AGENCY REVIEW & APPROVAL FORM

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

#501123

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

Job Site Address: 94566 Mustonen Rd City: Astoria
 Owner: Ernest Affolter Phone: 503-901-2897
 Address: 19454 Sunset Springs Ave. Oregon City, OR 97045 Email: ernesta@McKinstry.com
 Agent: Shawn Helligso / Shawn Helligso Construction Inc.
 Proposed Development/Construction: 2400 sqft SFR with a daylight Basement

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 9 R 7 S 35 Tax Lot(s) 802
 Permit Needed: Yes ☒ No ☐ Site Approved: Yes ☒ No ☐
 Signature: [Signature] Date: 1-11-18
 Remarks: Vinson Brothers will be responsible to purchase Construction permit
 Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678 once house is built

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: _____

Signature: _____ Title: _____ Date: _____

Remarks: _____

Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

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

Water/Fire Flow: 1000 GPM Number of Hydrants: 1 Hydrant Location(s): Petersen Rd
 Signature: [Signature] Title: Chief Date: 1-11-18
 Remarks: Meets NFPA 1142 Requirements
 Contact the local RFPD having jurisdiction. (See page 5)

Internal Use Only:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size) | <input type="checkbox"/> Agency Sign-Off Sheet |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary) | <input type="checkbox"/> Proof of Potable Water |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary) | <input type="checkbox"/> Proof of DEQ Approved Sanitary System |
| <input type="checkbox"/> Application signed by the owner and applicant | <input type="checkbox"/> Average Grade Calculations |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary) |
| <input type="checkbox"/> Erosion Control & Drainage Plan | <input type="checkbox"/> Two (2) Sets of Building Plans |
| <input type="checkbox"/> Road Access Permit from the County or ODOT | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |



Septic Application

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

For Department Use Only

Permit #: 501123
Permit Type: Construction Perm
Entry Date: 9/4/2018
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	09/04/2018

Work Description

Work Description:

Remarks:

Owner

Name: **Affolter Ernest J**
Address: 18099 S EDGEWOOD ST
City, State, Zip: Oregon City, OR 97045

Ph. #: (503) 631-2904
E-Mail:

Cell: () -
Fax: () -

Applicant

Shawn Helligso
34046 West Campbell Loop
Seaside, OR 97138

Ph. 5037918111
Cell
Fax
E-Mail

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,039.00	\$100.00	\$0.00	\$9.00	\$1,148.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Shawn Helligso	Check	6672	09/04/2018	\$1,148.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____

Date: 9.4.18

Owner Signature: _____

Date: _____

Site Evaluation - Single Family Dwelling

PROPERTY INFORMATION

Property Owner: **Affolter Ernest J Jr/Ovie Hope** Township **9**, Range **07**, Section **35 0 0**
Property Location: **94566 Mustonen Rd, Astoria** Tax Lot **00802**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
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Drain Media Total Depth: **12.00 inches**
Drain Media Below Pipe: **6.00 inches**
Drain Media Above Pipe: **2.00 inches**

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Each trench to be level and on contour.
- 2 Filter fabric is required over the drain media.
- 3 All roof drains must be directed away from the system.
- 4 No drainfield at test pit #2, #3, or #4
- 5 Vehicular traffic and livestock must be restricted from the system area.
- 6 A curtain drain is required as shown on the field worksheet.
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 Meet all required setbacks.
- 9 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

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303

Title:

Onsite Wastewater Specialist

Date Issued:

12/15/2017

Expiration Date:

SITE EVALUATION REPORT

Date: November 8, 2017

Dear Mr. Affolter,

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: Ernest Affolter Application: # 500875 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 9N/ R 7W/ S 35 Tax Lot#: 00802

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.

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3685.

Yours truly,



Nancy Mendoza
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

FIELD WORKSHEET

App. Name: William Pitts Application #: 500849 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 8N/ R 8W / S 16DC Tax Lot#: 00502

Commercial Facility: ☐ Yes ☒ No Parcel Size: 4.44 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____ Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Replacement System <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other _____ Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other _____ <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial	Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial
Absorption Facility: _____ 225 _____ linear. ft Disposal Facility: _____ sq. ft. 20 _____ " Max Depth 18 _____ Min Depth	Absorption Facility: _____ 225 _____ linear. ft Disposal Facility: _____ sq. ft. 20 _____ " Max Depth 18 _____ Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-18 18-32 32-60	CL CL SICL	10 YR 3/2 v/f roots SBK 10YR 3/4 SBK 10YR 4/4 SBK ESD greater than 48" Conditions associated with saturation at 26"
#2			No drainfield at #2, #3, or #4

Landscape Notes:

Slope: 3-8%

Aspect: North to South

Groundwater Type: Temporary

Additional Conditions of Approval

1. ***A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
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 parcel described above will not be further partitioned or subdivided.
6. ***Drainfield must be staked prior to installation.**
7. Recommend licensed installer install all system components.
8. Construction of capping fills must occur between June 1 and October 1.
9. Fill material must be evenly graded to a final depth of 16 inches over the drain media.
10. Must use Sandy Loam or better for capping material.

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



#500895

Clatsop County
www.co.clatsop.or.us
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-8611 Fax 503-338-3606
comdev@co.clatsop.or.us

RECEIVED

NOV 01 2017

CLATSOP CO. PUBLIC HEALTH

(Pd) ck#5170
881000

Application for Onsite Sewage Treatment System

A. Property Owner Information
Name Ernest John Affolter Mailing Address (Street, PO Box, City, State, Zip) 18099 S. Edgewood St. Oregon City 97045 Phone Number 503-901-2897

B. Legal Property Description
Township 9 Range 07 Section 35 Tax Lot 802 Tax Account Number 33064 Acreage or Lot Size 4.44
County Clatsop Co. Subdivision Name _____ Lot _____ Block _____

Property Address: 94566 Mustonen Rd Astoria, OR 97103
(Street, City, State, Zip)Directions to Property Aldridge Point Rd. Right on Peterson Rd. Right on Mustonen Rd., 1st Driveway on Right

C. Existing Facility / Proposed Facility / Water Information
Existing Facility ☒ Single Family Residence Number of Bedrooms _____
☐ Other _____
Proposed Facility ☒ Single Family Residence Number of Bedrooms 4
☐ Other _____
Water Supply ☒ Public Knappa Name _____
☐ Private _____ Well, Spring, Shared _____

D. Type of Application
☒ Site Evaluation
☐ Construction
☐ Permit Repair
☐ Major
☐ Minor
☐ Alteration Permit
☐ Major
☐ Minor
☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement
☐ Authorization Notice for:
☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another
☐ Mobile Home or House
☐ The Addition of One or More Bedrooms
☐ Personal Hardship
☐ Temporary Housing
☐ Other-Please Specify _____

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

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

Signature Ernie AffolterApplicant's Name (Please Print Legibly) Ernie AffolterApplicant's Mailing Address 19454 Sunset Springs Dr. Oregon City OR 97045Date 10-9-17Applicant's Phone 503-901-2897Applicant's E-Mail Address ernesta@mcKinstry.comApplicant is the ☐ Owner ☒ Authorized Representative
☐ Authorization Attached☐ Licensed Septic Installer
Installers Name Vinson Brothers



Clatsop County
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

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NOV 01 2017

CLATSOP CO. PUBLIC HEALTH

#500875

Notice Authorizing Representative

I, Ernest Affolter, have authorized
(Property Owner - Please Print)

Shawn Helligso/Shawn Helligso Construction Inc.
(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

94566 Mustonen Rd, Astoria, Oregon 97103

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 9 Range 07 Section 35 Tax Lot 00802 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Ernest John Affolter Email: duckhunter@ccqmail.net
Mail Address: 16099 S. Edgewood St. City/State/Zip Oregon City, OR 97045
Phone: 503-631-2904 FAX: _____
Signature: [Signature] Date: 10.17.17

AUTHORIZED REPRESENTATIVE:

Name: Shawn Helligso Email: shawnhelligso@gmail.com
Mail Address: 1336 Olney Ave City/State/Zip Astoria, Oregon 97103
Phone: 503-791-8111 FAX: _____
Signature: [Signature] Date: 10/16/2017

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Shawn Helligso / Ernest John Affolter
Mailing Address: 18099 S. Edgewood ST
City/State/Zip: Oregon City 97045
Telephone: 503-901-2897
2. Property Information:
County: Clatsop Tax Lot No: 802
Township: 9 Range: 07 Section: 35
Physical Address: 94566 Mustonen Rd Astoria OR 97103
Block: _____ Lot: 00802
Subdivision Name (if applicable): _____
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

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

5. Property Zoning: ~~RA~~ EFU Zoning Minimum Parcel Size 5 acres
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:
Conditional approval pending for Health Hardships
& SFD. (LWDuo § ~~3.566(1) + (16)~~).
3.566(10)
8. Planning Official Signature: W. Caplinger
Print Name: Will Caplinger Date: 10/31/17
Title: Planning Manager Telephone: 503-325-8611

94566 Mustonen Rd
9.07.35. 802

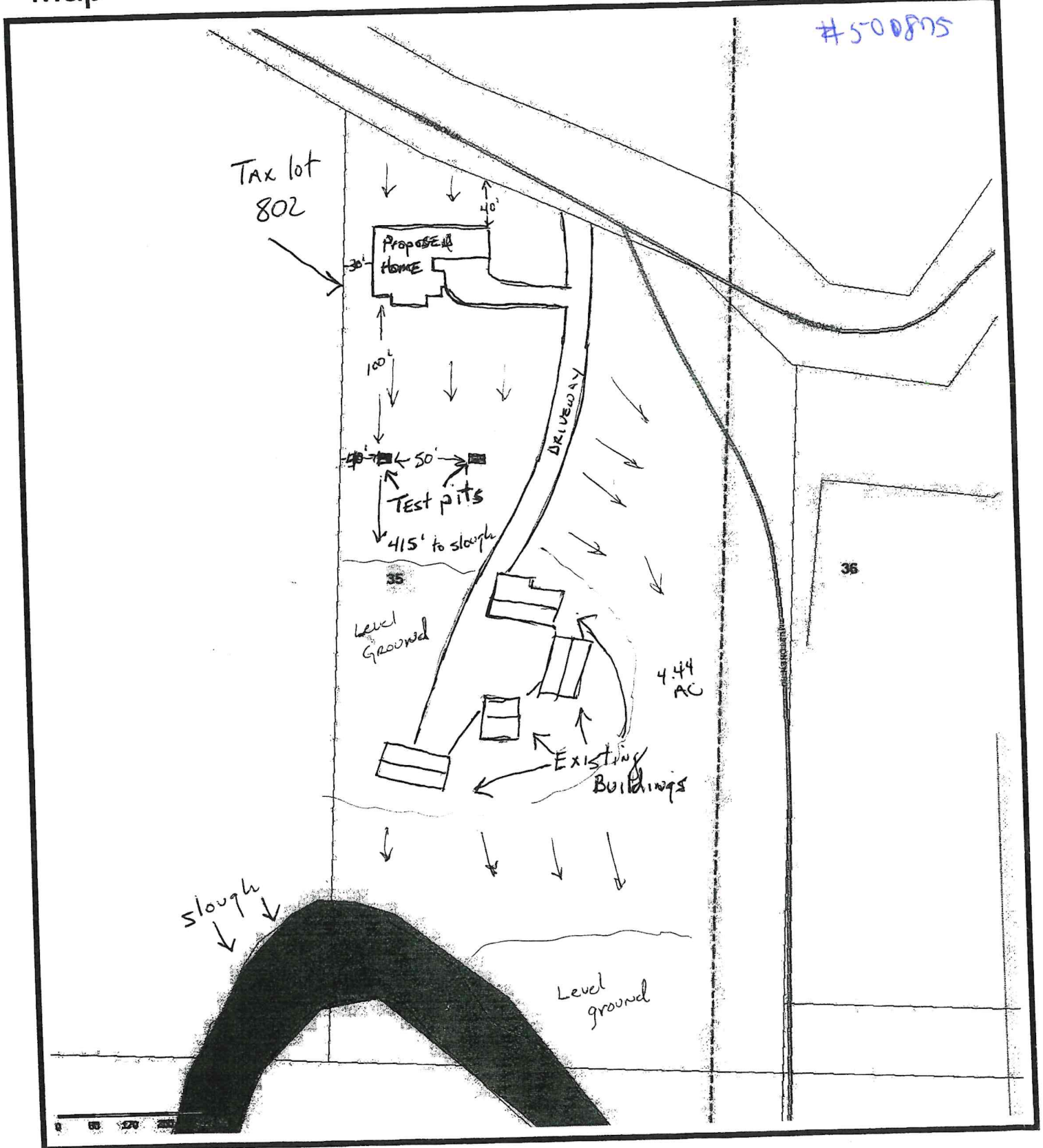
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CLATSOP CO. PUBLIC HEALTH

#500875

Map



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



Scale 1:4800

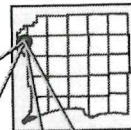
Cancelled
Accounts

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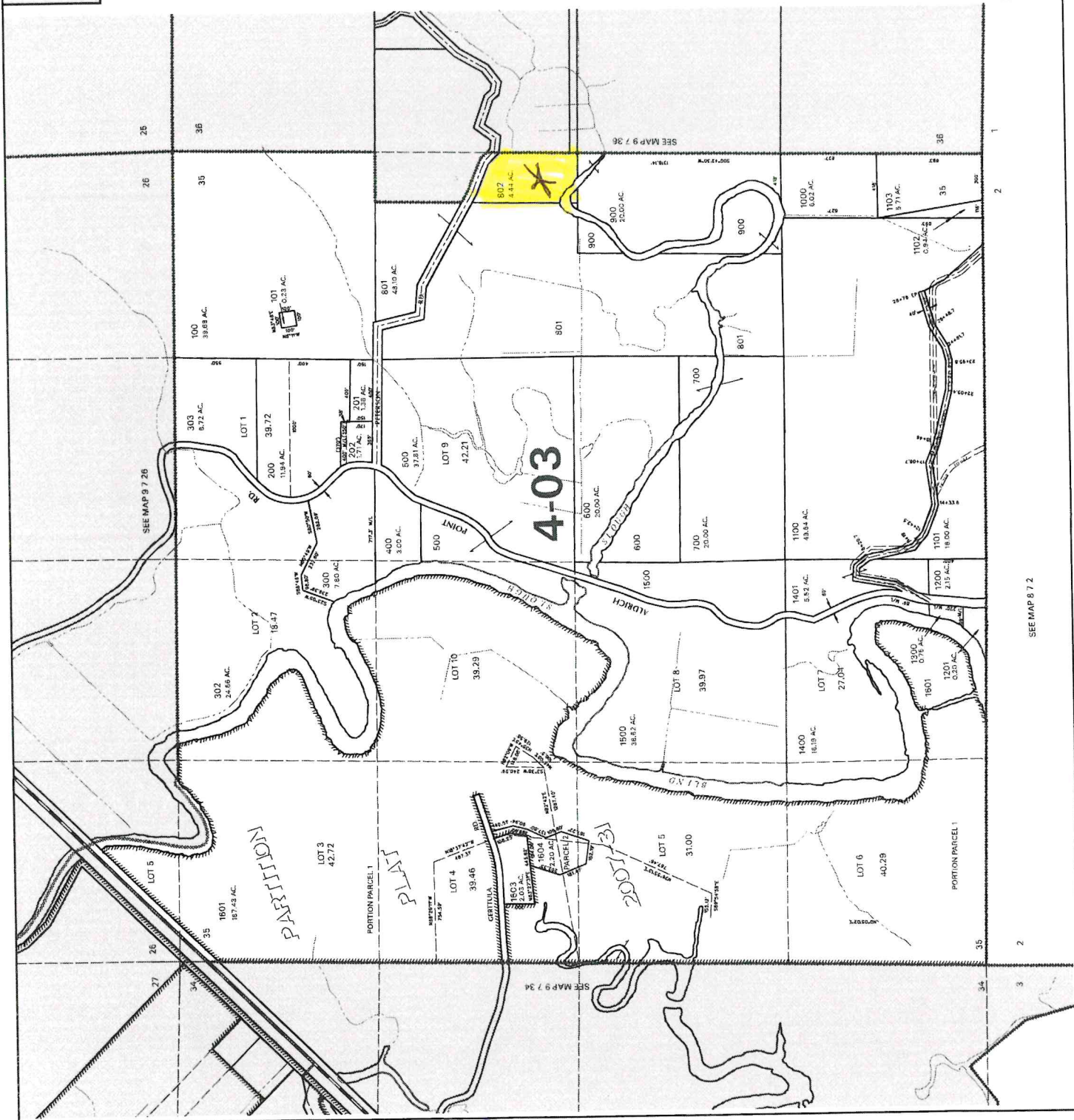
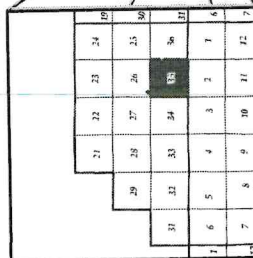
CLATSOP CO. PUBLIC HEALTH

#500875



October 06, 2017

9.7.35

[illegible]

SEE MAP 872

9-7-35-PA2



Septic Application

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

For Department Use Only

Permit #: **500875**
Permit Type: **Site Evaluation**
Entry Date: **11/1/2017**
Issued By: **Annette Brodigan**
Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	11/01/2017

Work Description

Work Description:

Remarks:

Owner

Name: **Affolter Ernest J Jr/Ovie Hope**
Address: 18099 S Edgewood St
City, State, Zip: Oregon City, OR 97045-9276

Ph. #: (503) 901-2897
E-Mail:

Cell: () -
Fax: () -

Applicant

Shawn Helligso
1336 Olney Ave
Astoria, OR 97103

Ph. 5037918111 Fax
Cell E-Mail

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$701.00	\$100.00	\$0.00	\$9.00	\$810.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Shawn Helligso	Check	5170	11/01/2017	\$810.00

Balance Due: \$0.00

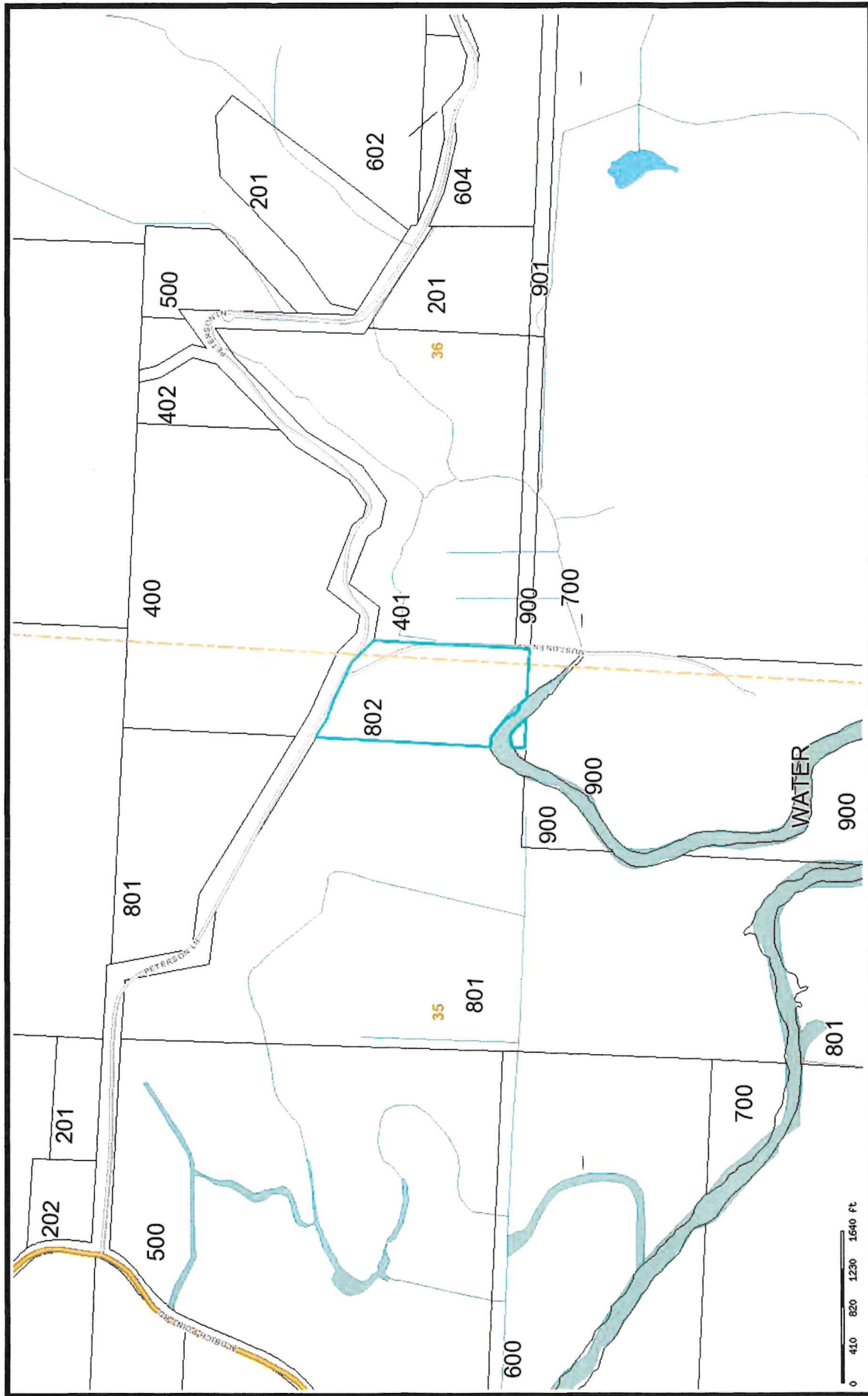
Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Map



9-7-35-802



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