



Existing System Evaluation Guide

Items required to process your application:

1. **Completed Application Form and Fee:**

Make sure your application is complete. Incomplete applications cannot be accepted and will be returned.

2. **Vicinity / Locator Map:**

On an 8½ by 11 inch sheet of white paper, indicate directions on how to locate the property. If the property is remote or hard to find, please flag the entrance to your property. If you have a large parcel, indication on a sketch the location of the test hole(s) or project area.

3. **A Detailed Site Plan:**

Draw a site plan from actual measurements indicating the location of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, drainage areas and other physical features. Make sure the location of the septic tank, distribution box or drop boxes and drain lines are clearly indicated.

4. **Tax Lot Map:**

A tax lot map obtained at your local county assessor's or planning department.

5. **Location of Existing System:**

If required by the inspector:

- Uncover the septic tank lid. (Do not remove the lid.)
- Uncover the distribution box or drop boxes.
- Stake the ends of the disposal field lines.
- If the system was installed under a permit and has received a Certificate of Satisfactory Completion, call the County before uncovering it.

6. **Other Information:**

Include your name, township, range, section, and tax lot or account number on all submitted paperwork, maps and drawings.

Submit completed applications and fees to:

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



Clatsop County

www.co.clatsop.or.us

Community Development

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Application for Onsite Sewage Treatment System

A. Property Owner Information

Name _____

Mailing Address (Street, PO Box, City, State, Zip) _____

Phone Number _____

B. Legal Property Description

Township _____

Range _____

Section _____

Tax Lot _____

Tax Account Number _____

Acreage or Lot Size _____

County _____

Subdivision Name _____

Lot _____

Block _____

Property Address: _____

(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

Single Family Residence

Number of Bedrooms _____

Other _____

Proposed Facility

Single Family Residence

Number of Bedrooms _____

Other _____

Water Supply

Public _____
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 _____

Date _____

Applicant's Name (Please Print Legibly) _____

Applicant's Phone _____

Applicant's E-Mail Address _____

Applicant's Mailing Address _____

Applicant is the

Owner

Authorized Representative

Licensed Septic Installer

Authorization Attached

Installers Name _____



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Notice Authorizing Representative

I, _____, have authorized
(Property Owner – Please Print)

_____ To act as my agent in performing
(Authorized Representative – Please Print)

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

Property Situs or Road Address

And described in the records of Clatsop County as:

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

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

PROPERTY OWNER:

Name: _____ Email: _____

Mail Address: _____ City/State/Zip _____

Phone: _____ FAX: _____

Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE:

Name: _____ Email: _____

Mail Address: _____ City/State/Zip _____

Phone: _____ FAX: _____

Signature: _____ Date: _____



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Existing Septic System Description

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

1. Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 Seepage Bed Cesspool or Pit Unknown
 Other (describe): _____
2. When was your septic system installed? _____

Date Permit Number
3. Tank material: Concrete Steel Plastic or Fiberglass Unknown
4. Septic tank volume (in gallons): _____
5. When was the septic tank last pumped? (Attach receipt if available) _____
6. Number of disposal trenches: _____
7. Total length of disposal trenches (in feet): _____
8. Do you propose to use the existing septic system? Yes No
9. Is your septic system currently in use? Yes No
If no, date of last use: _____
10. If the septic system currently serves a dwelling,
How many bedrooms in the dwelling? _____ How many people occupy the dwelling? _____
11. How many bedrooms will be in the proposed dwelling? _____ How many occupants? _____
12. If the septic system serves a business,
How many total employees are there? _____ Type of business: _____
13. Is there a proposed change of use of your structure (home or business)? Yes No
If yes, please explain: _____
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

Signature: _____ Date: _____

PLOT PLAN

Property ID: _____ Site Address: _____ Date: _____

Applicant Signature: _____ Date: _____

By my signature, I certify the information provided on this plot plan is complete and accurate.

Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- O Wells
- Test Pits
- Drainage



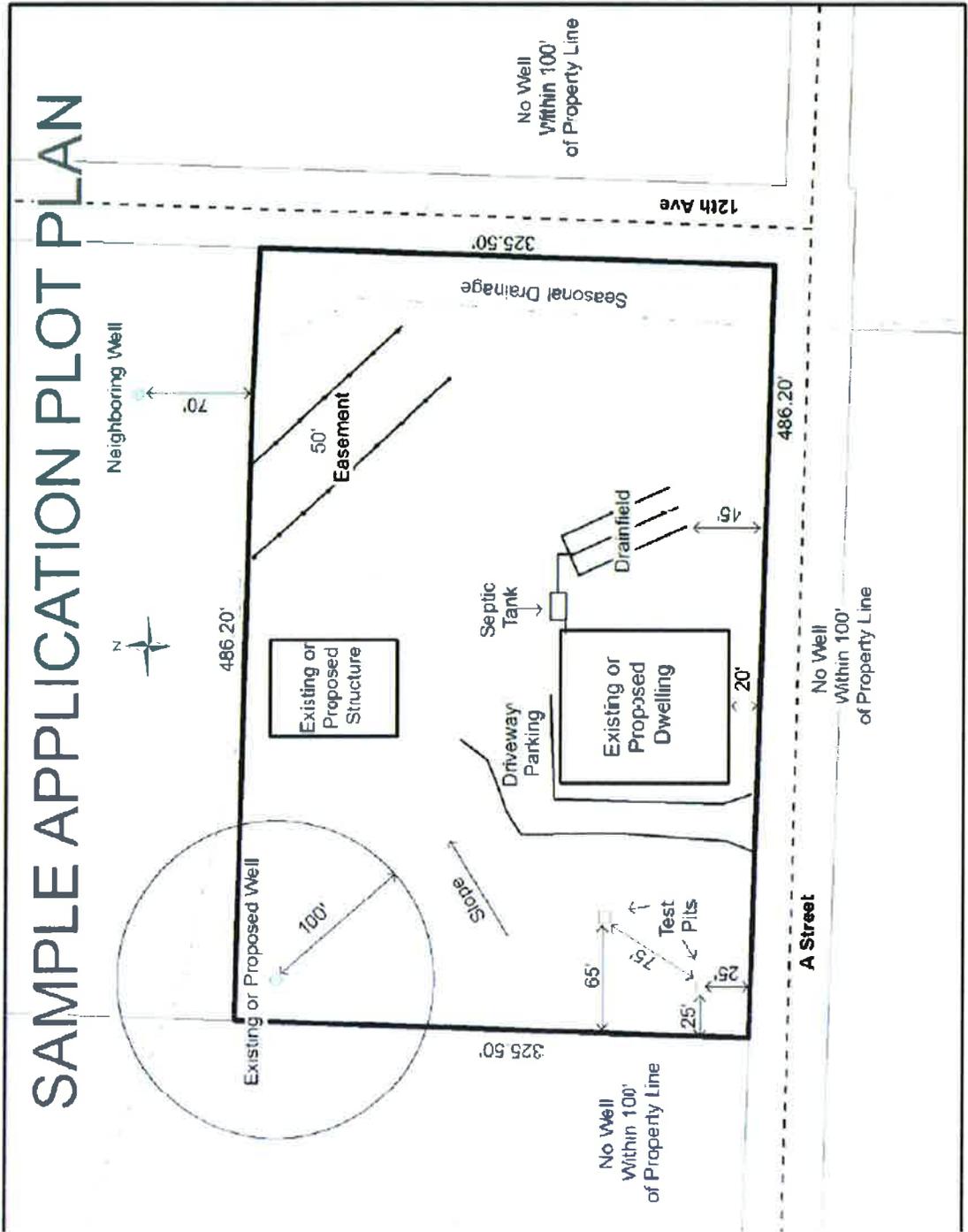
1 inch = 20 feet

SAMPLE PLOT PLAN

Property ID: _____ Site Address: _____ Date: _____

Applicant Signature: _____ Date: _____

By my signature, I certify the information provided on this plot plan is complete and accurate.



Required Information

- ✓ Owner name
- ✓ Legal description, map number
- ✓ North arrow
- ✓ Property dimensions
- ✓ Neighboring wells w/in 100'
- ✓ All wells/waterlines on property
- ✓ Roads, driveways, parking areas
- ✓ Buildings and fences
- ✓ Septic and pump tank(s) and drainfield(s)
- ✓ Areas of excavation (cuts, fills)
- ✓ Easements, deed restrictions, etc.
- ✓ Lakes, springs, streams, ditches, etc.
- ✓ Water bodies w/in 100' of proposed drainfield
- ✓ Field drainage tiles (French/curtain drains, etc.)
- ✓ Test pits with distance to property lines
- ✓ Direction of slope

1 inch = 100 feet

TABLE 1
OAR 340-071-0220

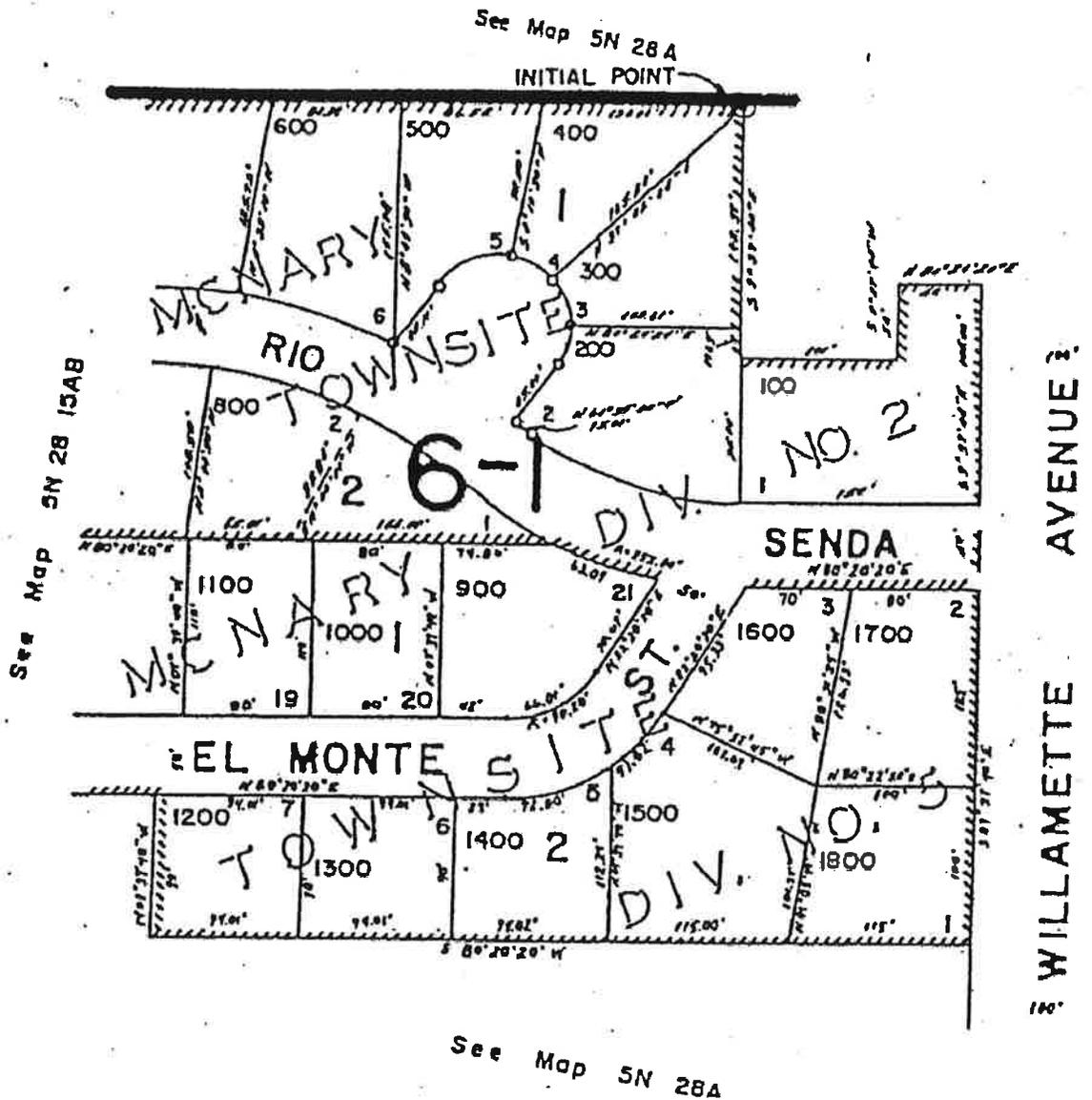
MINIMUM SEPARATION DISTANCES

Items Requiring Setback	From Subsurface Absorption Area Including Replacement Area	From Septic Tank and Other Treatment Units, Effluent Sewer and Distribution Units
1. Groundwater Supplies and Wells.	*100'	50'
2. Springs: • Upgradient. • Downgradient.	50' 100'	50' 50'
**3. Surface Public Waters: • Year round. • Seasonal.	100' 50'	50' 50'
4. Intermittent Streams: • Piped (watertight not less than 25' from any part of the on-site system). • Unpiped.	20' 50'	20' 50'
5. Groundwater Interceptors: • On a slope of 3% or less. • On a slope greater than 3%: • Upgradient. • Downgradient.	20' 10' 50'	10' 5' 10'
6. Irrigation Canals: • Lined (watertight canal). • Unlined: • Upgradient. • Downgradient.	25' 25' 50'	25' 25' 50'
7. Cuts Manmade in Excess of 30 Inches (top of downslope cut): • Which Intersect Layers that Limit Effective Soil Depth Within 48 Inches of Surface. • Which Do Not Intersect Layers that Limit Effective Soil Depth.	50' 25'	25' 10'
8. Escarpments: • Which Intersect Layers that Limit Effective Soil Depth. • Which Do Not Intersect Layers that Limit Effective Soil Depth.	50' 25'	10' 10'
9. Property Lines.	10'	5'
10. Water Lines.	10'	10'
11. Foundation Lines of any Building, Including Garages and Out Buildings.	10'	5'
12. Underground Utilities.	10'	—
<p>* 50-foot setback for wells constructed with special standards granted by WRD. **This does not prevent stream crossings of pressure effluent sewers.</p>		

TAX LOT MAP

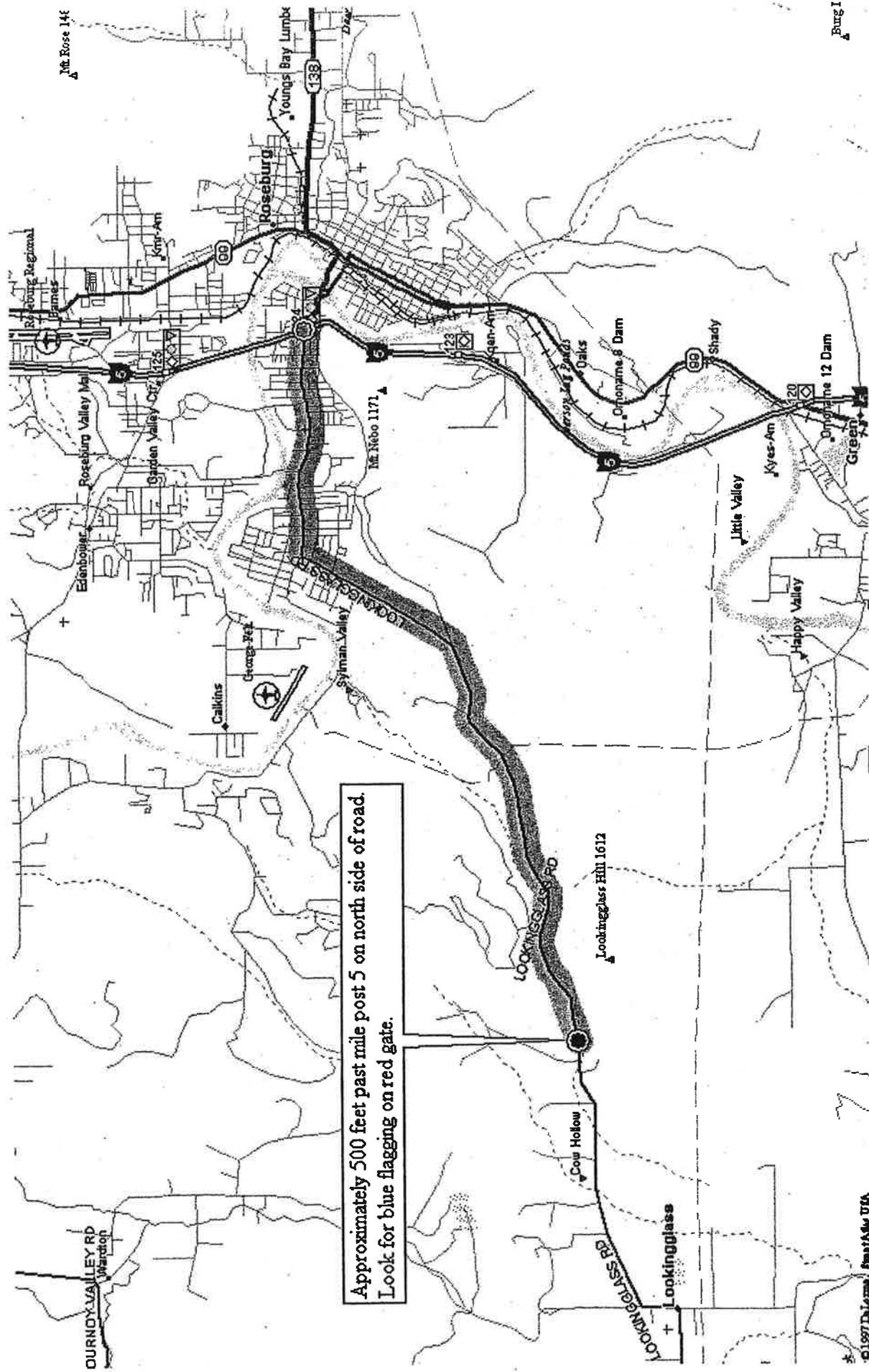
NE ¼ NE ¼ Sec. 15 T.5N R.28E.W.M.

Umatilla County



Example

EXAMPLE A
VICINITY LOCATOR MAP



Approximately 500 feet past mile post 5 on north side of road.
Look for blue flagging on red gate.

Example

Licensed Sewage Disposal Services

Carlson Contracting, Inc.

Flint Carlson #33563

PO Box 157, Hammond, OR 97121

Phone: 503-861-2408

FAX: 503-861-2408

Cell: 503-741-0409

carcon@pacifier.com

Complete Septic Service

Jerry Lebo #37864

41092 Ziak-Gnat Creek Lane, Astoria, OR 97103

Phone: 503-458-6870

FAX: 503-458-5289

Cell: 503-338-8722

George Owen

Septic System Design

89647 Manion Drive, Warrenton, OR 97145

Phone: 503-717-8681

Cell: 503-717-2477

gntlmangeorge@gmail.com

Keith Keranen Excavating, Inc.

Keith Keranen #38452

37194 Highway 26, Seaside, OR 97138

Phone: 503-717-2200

FAX: 1-800-446-0263

kkeraneninc@hotmail.com

Kinney & Sons

Steve Kinney #186315

91569 George Hill Road, Astoria, OR 97103

Cell: 503-791-3481

sdkinney@centurytel.net

Hartman Construction Co.

Dean Hartman #38331

PO Box 158, Warrenton, OR 97146

Cell: 503-440-2092

Bill Hughes Excavation LLC

Bill Hughes #36171

42824 Old Highway 30, Astoria, OR 97103

Phone: 503-458-6706

FAX: 503-458-6706

Cell: 503-741-6706

Bchexc@gmail.com

Robert Martens Excavation

Robert Martens #37547

92859 Walluski Loop Road, Astoria, OR 97103

Phone: 503-325-0615

FAX: 503-325-0615

Cell: 503-440-2724

Martens92861@charter.net

Bob McEwan Construction, Inc.

Michael McEwan #37079

PO Box 2845, Gearhart, OR 97138

Phone: 503-738-3569

FAX: 503-738-4198

Cell: 503-440-0223

mmcewan3569@charter.net

Osburn-Olson, LLC

Ryan Osburn #38583

1369 Stillwater Court

Seaside, OR 97138

Phone: 503-717-3907

FAX: 503-717-8613

grosburn@hotmail.com

Cascade Phillips dba Seacoast Portable, Inc.

Bruce Phillips #38164

34781 Beeline Lane

Astoria, OR 97103

Phone: 503-325-9071

FAX: 503-325-9118

Bruce.phillips@unitedsiteservices.com

Dave Roberts Contracting, Inc #38149

PO Box 3424, Bay City, OR 97107

Phone: 503-377-4444

FAX: 503-377-4112

Cell: 503-801-1316

Sweet Septic & Portable Service

Brad Sweet #37303

PO Box 67, Manzanita, OR 97130

Phone: 503-436-9759

sweetseptic@charter.net

Vinson Brothers

Dennis Vinson #36845

92740 Knappa Dock Road, Astoria, OR 97103

Phone: 503-458-6561

FAX: 503-458-6763

Cell: 503-741-0170

Vbc.dennis@gmail.com

Ed's Septic Tank Cleaning Services

Clyde McDonald

92042 Koppisch Road

Astoria, OR 97103

Phone: 503-458-6521

Phone: 503-741-0673