

## 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 OS408525 as follows:*

### PROPERTY INFORMATION

Property Owner: **Tim Boyle** Township **06N, Range 10W, Section 03**  
Property Location: **1157 N. Marion, Gearhart** Tax Lot **100**  
Facility Type: **Commercial** Clatsop County  
**Golf Course building**

### SPECIFICATIONS AND REQUIREMENTS

System type: Standard **BSF**

Design Flow: **450 gals/day**  
Minimum Septic Tank Size: **1000 gals**  
Maximum Trench Depth: **30 inches**  
Minimum Trench Depth: **18 inches**

### 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.







## Final Inspection Request and Notice - Onsite ID: 408525

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

### SECTION 1: Owner/Permittee Information:

**Name:** Tim Boyle  
**Property Address:** 1157 N. Marion, Gearhart

Township 06N, Range 10W, Section 03  
 Clatsop County TaxLot#: Tax Lot 100

### SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type: Standard			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: WILLAMETTE GRAYSTONE	Date: 11/24/09
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf.:	Float(s)Type(1):	Model/Manuf. ORENCO
	4" PI SERIES SUBMERSIBLE		Float(s)Type(2):	Model/Manuf.:

#### B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 1/4	SCH 40	16'

#### C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Type: BOTTOM LESS	Container Dimensions: 18' x 20'
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter: 1 1/4		ASTM#/Other: CLASS 160 SCH 40	Length: 18' 6"
Internal Pump	HP:		Model/Manufacturer:	
Floats(1)	Type:		Model/Manufacturer:	
Floats(2)	Type:		Model/Manufacturer:	
ATT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

#### D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:
Comment				

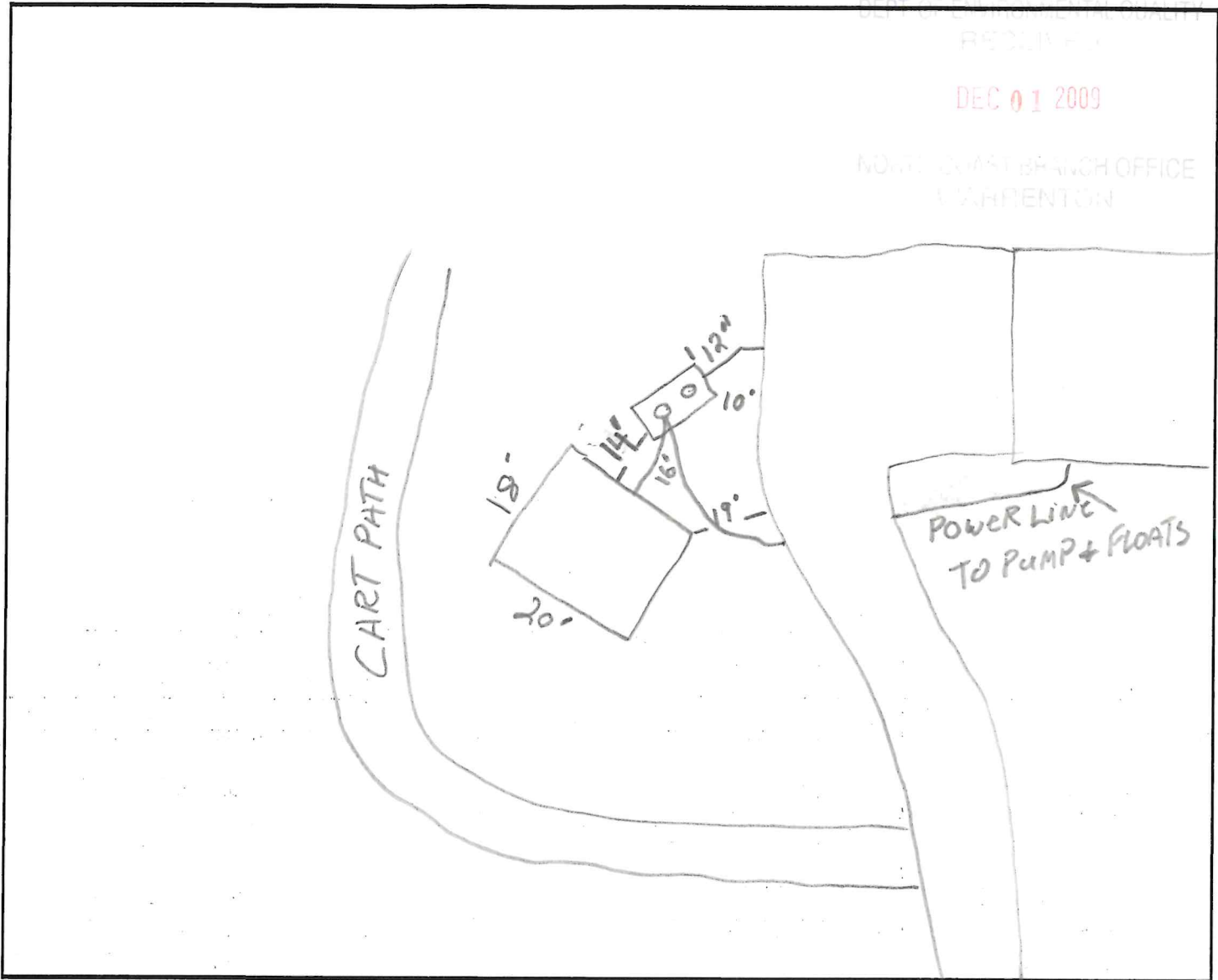
\*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

\*\*Attach sieve analysis for Underdrain Media and Filter Sand

**SECTION 3 - As Built Plan:**

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

DEPT. OF ENVIRONMENTAL QUALITY  
 PERMIT #  
 DEC 01 2009  
 NORTH OREGON BRANCH OFFICE  
 ASTORIA



**SECTION 4 - Construction was performed by (Signature Required)**

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: <i>Robert Rush</i>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <i>38813</i>	Certification#: <i>R1484</i>
Owner/ Certified Installer:	Signature:	Date:	Phone#:

**SECTION 5 - Office Use Only:**

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: B.C.X. Inc.  
Project: Gravel  
Sample Matrix: Soil

Service Request: K0906685  
Date Collected: 7/27/2009  
Date Received: 7/27/2009  
Date Analyzed: 7/30/2009

ENVIRONMENTAL QUALITY RECEIVED

DEC 01 2009

NORTH COAST BRANCH OFFICE  
WARRENTON

Dry Sieve Analysis  
ASTM C-33 SAND  
Units: Percent Passing

~~XXXXXXXXXXXXXXXXXXXX~~

DEQ

Sample #:	6685-001DP
Wet Weight:	75.0964
Tare:	106.5441
Dry Weight:	176.3441
% Solids:	95.1

Sieve Size	Dry Weight	% Passing	% Retained	Cumulative Retained
3/8 in.	0.0000	100.0		
No.4	2.0311	97.0	2.975652421	2.9757
No.6	3.6708	91.6	5.377886321	8.3535
No.16	8.5611	79.1	12.54239473	20.8959
No.30	19.2717	50.9	28.23390319	49.1298
No.50	29.1594	8.2	42.7198263	91.8497
No.100	5.1712	0.6	7.576039486	99.4257
No.200	0.3149	0.1	-	-
Pan	0.0771	-	-	272.6303

Total Weight = 68.2573

% Recovered = 97.5

Fineness Modulus of Aggregate:

2.73

Approved By: HK Date: 8/3/09

6685DRY8/3/2009

Specific Gravity 2.79

Page No.:

WT Conversion

2.35 <sup>Short</sup> Ton / CU YARD

Pea Gravel (#8)

**Elma Pit**  
Pea Gravel 3/8"

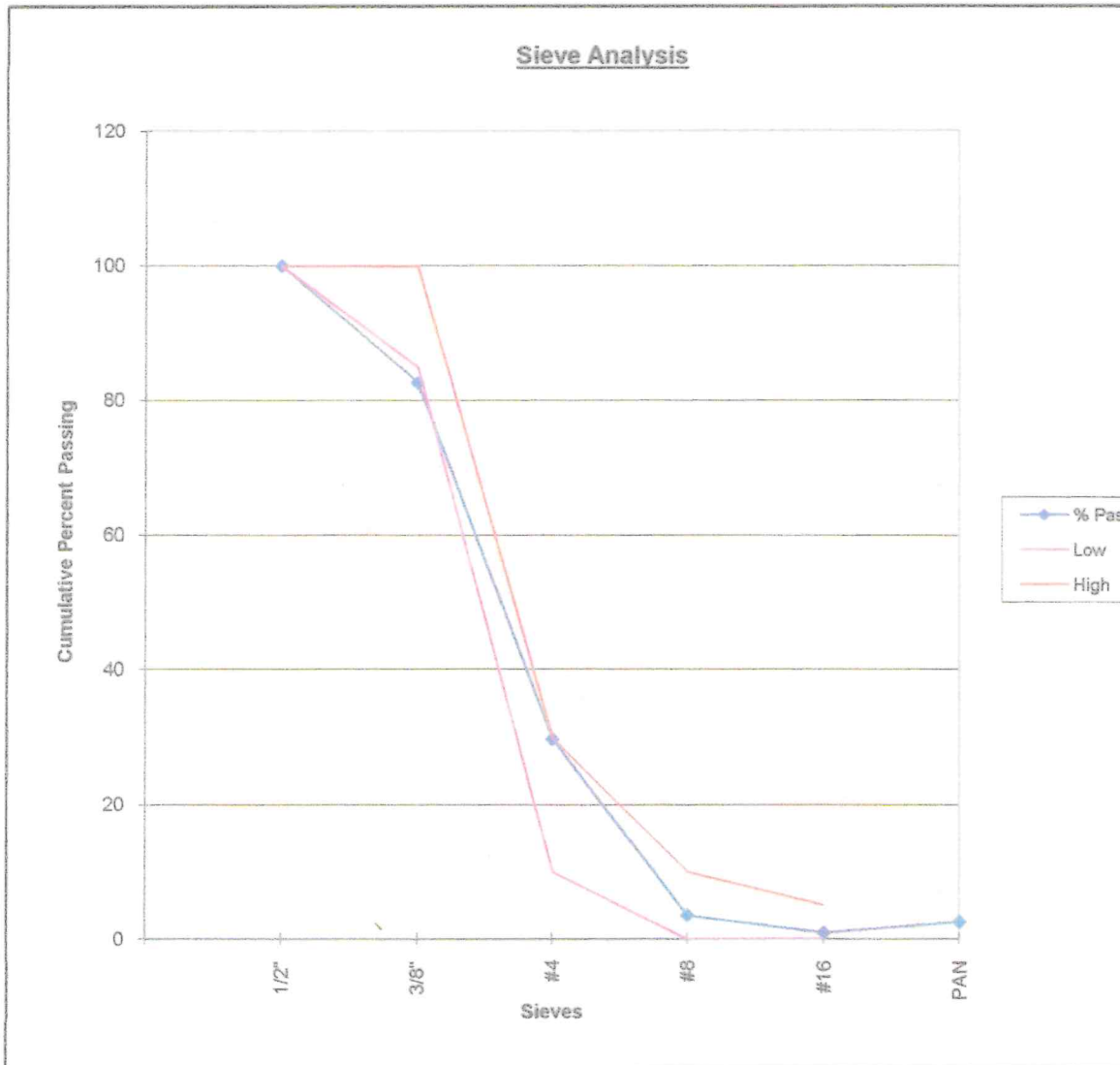
Sample: **Pea Gravel**  
Date: **17-Dec-07**

DEPT OF ENVIRONMENTAL QUALITY  
RECEIVED

DEC 01 2009

SOUTH COAST BRANCH OFFICE  
WARRENTON

Sieve	Weight Retained	Percent Retained	Cumulative % Retained	Cumulative % Passing	ASTM C 33	
					Low	High
1/2"	0.0	0.00	0.00	100.00	100	100
3/8"	381.5	17.35	17.35	82.65	85	100
#4	1162.2	52.86	70.21	29.79	10	30
#8	577.0	26.24	96.45	3.55	0	10
#16	56.8	2.58	99.03	0.97	0	5
PAN	21.3	0.97	97.42	2.58	0	0
<b>Total</b>	<b>2198.8</b>					



**Repair Permit - Commercial Facility-Major**

This Repair Permit - Commercial Facility-Major Permit OS408525 authorizes the property owner to construct an onsite wastewater system as follows:

DEC 01 2009

**PROPERTY INFORMATION**

Property Owner:	<b>Tim Boyle</b>	<b>Clatsop County</b>
Property Location:	<b>1157 N. Marion, Gearhart</b>	<b>Township 06N, Range 10W, Section 03</b>
Facility Type:	<b>Commercial</b>	<b>Tax Lot 100</b>
	<b>Golf Course building</b>	

**SPECIFICATIONS AND REQUIREMENTS**

System Type: Standard **BSF**

Design Flow: **450 gals/day**

Minimum Septic Tank Size: **1000 gals**

Maximum Trench Depth: **30 inches**

Minimum Trench Depth: **18 inches**

**ADDITIONAL CONDITIONS**

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

EXISTING  
5HP

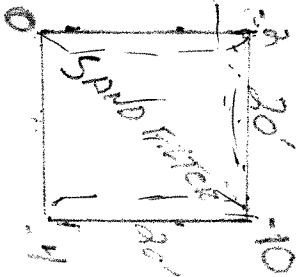
11-17-09

Power for  
PUMP + FLOATS

OLD TANK

4' 30" 30'  
10'  
1500 GALL  
DOSING TANK  
1502

1/2" Pump  
LINE  
15'



CARP PATH

### Repair Permit - Commercial Facility-Major

*This Repair Permit - Commercial Facility-Major Permit OS408525 authorizes the property owner to construct an onsite wastewater system as follows:*

#### PROPERTY INFORMATION

Property Owner: **Tim Boyle** **Clatsop County**  
Property Location: **1157 N. Marion, Gearhart** **Township 06N, Range 10W, Section 03**  
Facility Type: **Commercial** **Tax Lot 100**  
**Golf Course building**

#### SPECIFICATIONS AND REQUIREMENTS

**System Type: Standard BSF**

Design Flow: **450 gals/day**  
Minimum Septic Tank Size: **1000 gals**  
Maximum Trench Depth: **30 inches**  
Minimum Trench Depth: **18 inches**

#### ADDITIONAL CONDITIONS

- 1 All roof drains must be directed away from the system.
- 2 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 3 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 4 Vehicular traffic and livestock must be restricted from the system area.
- 5 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**

<sup>1</sup> 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.

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

	<b>Onsite Wastewater Specialist</b>	<b>11/17/2009</b>	<b>11/17/2010</b>
Authorized Agent:	Title	Date Issued	Expiration Date

**Del Cline**

Department of Environmental Quality  
Northwest Region, Warrenton Office  
65 N Highway 101, Suite G  
Warrenton, OR 97146  
Phone: (503) 861-3280 X25  
Fax: (503) 861-3259

See the Attachment 1 for additional information about your permit.



DEQ

State of Oregon  
Department of  
Environmental  
Quality

### 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:

NOV 03 2009

NORTH COAST BRANCH OFFICE  
WARRENTON

For DEQ Use Only:

Date Received 11/6/09  
Fee Paid 670  
Receipt Number 140780  
Application Number 409659  
Date of 1st Response \_\_\_\_\_  
Date of 2nd Response \_\_\_\_\_  
Date of Final Response \_\_\_\_\_  
Date of Completion \_\_\_\_\_  
Scanned \_\_\_\_\_ Data Entry \_\_\_\_\_

### A. Property Owner Information

Name Tim Boyle Mailing Address (Street or PO Box, City, State, Zip Code) PO 2874 Gearhart, OR 97138 Phone Number 503-717-0917

### B. Legal Property Description

Township 6 Range 10 Section 3 Tax Lot 100 Tax Account Number \_\_\_\_\_ Accrual or Lot Size 100.38  
County Clatsop Subdivision Name N/A Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: 1157 N MARION GEARHART OR 97138  
Address City State Zip Code

Directions to Property: 4 Blocks West of HWY 101, left hand side off Gearhart loop Rd.

### C. Existing Facility / Proposed Facility / Water Information

Existing Facility:  Single Family Residence Proposed Facility:  Single Family Residence Water Supply:  Public City of Gearhart  
 Other \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_  Private \_\_\_\_\_ Well, Spring, Shared \_\_\_\_\_  
 Other Gearhart Maintenance Building

### D. Type of Application

Site Evaluation  Renewal Permit  Authorization Notice for:  
 Construction Permit  Existing System Evaluation  Connecting to an Existing System Not in Use  
 Repair Permit  Permit Transfer  Replacing a Mobile Home or House with Another Mobile Home or House  
 Major  Minor  Permit Reinstatement  The Addition of One or More Bedrooms  
 Alteration Permit  Personal Hardship  
 Major  Minor  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 it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature [Signature] Date 11/1/09  
Applicant's Name - Please Print Legibly JASON G. KUNDE Applicant's Phone Number 503-739-3296 Applicant's E-mail Address jason@gearhartgolflinks.com  
Applicant's Mailing Address P.O. Box 2874 GEARHART OR 97138

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached

Installer's Name \_\_\_\_\_



Department of Environmental Quality  
 North Coast Office  
 65 N. Highway 101, Suite G  
 Warrenton, OR 97146  
 Telephone: (503) 861-3280 Fax: (503) 861-3259

DEPT OF ENVIRONMENTAL QUALITY  
 RECEIVED

NOV 06 2009

NORTH COAST BRANCH OFFICE  
 WARRENTON

**NOTICE AUTHORIZING REPRESENTATIVE**

I, JASON KUNDE, have authorized  
 (Property Owner/Print Name)  
Robert Rush 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 6 Range 10 Section 3 Map ID \_\_\_\_\_ Tax Lot #(s) 100

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: Gearhart Golf Links LLC

Signature: [Signature] Date: 11/5/09

Address: 1157 N. Marion Phone: 503 738-3538

City, State, Zip: Gearhart, OR 97138 Fax: 503 717-0265

E-mail Address: Kundej@gearhartgolflinks.com

jason@gearhartgolflinks.com Cell # 503 739-3296

**AUTHORIZED REPRESENTATIVE:**

Printed Name: Robert Rush

Signature: [Signature] Date: 11/3/09

Address: 540 SW Juniper Ave Phone: 503 298-8654

City, State, Zip: WARRENTON OR 97146 Fax: \_\_\_\_\_

E-mail Address: nrpx@charter.net

SECTION 1. TO BE COMPLETED BY APPLICANT ONLY (PLEASE PRINT OR TYPE IN CAPITAL LETTERS)

1. Applicant Name/Property Owner: GEARHART GOLF LINKS L.L.C.

Mailing Address: P.O. Box 2874

City, State Zip Code: GEARHART OR 97138

Telephone: 503-738-3538

DEPT OF ENVIRONMENTAL QUALITY RECEIVED

NOV 06 2009

2. Property Information:

County: Clatsop

Tax Lot No.: 100

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Section: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

Subdivision Name (if applicable): N/A

NORTH COAST BRANCH OFFICE WARRENTON

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:

Golf Course maintenance building

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

SECTION 2. TO BE COMPLETED BY THE CITY OF WARRENTON (PLEASE PRINT OR TYPE IN CAPITAL LETTERS)

5. Property Zoning: P

Zoning Minimum Parcel Size: N/A

6. The facility is located:  inside city limits

inside UGB

outside UGB

If inside UGB, the proposed facility is subject to:

City jurisdiction

County jurisdiction

Shared City/County jurisdiction

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: \_\_\_\_\_

8. Planning Official Signature: [Signature]

Print Name: D.J. McALLY

Title: CA

Date: 11-3-09

Telephone: 738-5501

Robert Rush 503 298-8654

**EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION**

Answer the following as best you can.

DEPT. OF ENVIRONMENTAL QUALITY  
REC. 1470  
NOV 06 2009  
NORTH COAST BRANCH OFFICE  
WARRENTON

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? \_\_\_\_\_ (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? \_\_\_\_\_ (Attach receipt)

6. Number of disposal trenches: \_\_\_\_\_

7. Total length of disposal trenches (feet): \_\_\_\_\_

8. Is your sewage disposal system currently in use? Yes (X)      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? N/A      How many people occupy the dwelling? N/A

10. If the sewage disposal system serves a business, how many employees do you employ? 9      Type of business: Golf Course

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

11/1/09  
Date

[Signature]  
Signature of Property owner or Legally Authorized Representative

80 linear ft  
Equal Distribution  
if possible

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

Comm. major repair  
stad 1090  
Comm. -  
Sand filter 690

Kelly

East Dev. Co.

Date 11/24/98

10W

Sec. 3

Tax Lot/Acct. No. 100

DEPT OF ENVIRONMENTAL QUALITY

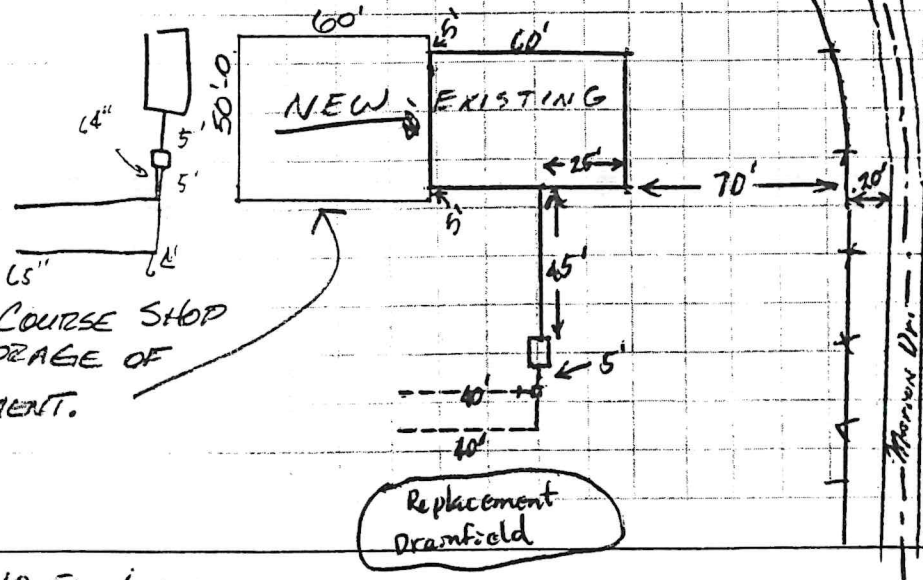
NOV 06 2009

NORTH COAST DIVISION 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 Mark Kelly DATE 1/22/98

Mark Kelly 1/22/98



ADDITION TO GOLF COURSE SHOP  
FOR REPAIR & STORAGE OF  
GROUNDS EQUIPMENT.

REMARKS:

Maximum Use: 10 Employees

No showers, laundry facilities, or cooking

12" Capping fill may be used over part of the drainfield

FOR DEQ USE ONLY

Approved

Permit Number 81-6764

Disapproved

By: Donald Campbell  
(SANITARIAN SIGNATURE)

Dec 11, 1998  
(DATE)



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

Receipt Number: 140780

DEPT OF ENVIRONMENTAL QUALITY  
 RECEIVED  
 NOV 06 2009  
 Date Received 11/6/2009  
 NORTH COAST BRANCH OFFICE

Received From: **Rush Development, LLC**  
 (Check Name): **Robert Rush**  
**580 SW Juniper Ave.**  
**Warrenton, OR 97146**

For **T06N R10W S03**  
 Property **TaxLot 100**  
 At: **Clatsop County**  
**1157 N. Marion**  
**Gearhart, OR 97138**

**Current Payment**

Amount Paid	Payment Type	Check # Money Order # Purchase Order #	Bank Number	Amount Applied
690.00	Check	1561	98-770	690.00

Total Amount Applied: \$690.00

Onsite Fees	
Base Fee:	<b>630.00</b>
Surcharge Fee:	<b>60.00</b>
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
<b>Total Fee:</b>	<b>\$690.00</b>
Payments	
Previous Payments:	<b>0.00</b>
Current Payment:	<b>690.00</b>
Over Payment:	<b>0.00</b>
<b>Total Payments:</b>	<b>\$690.00</b>

Application Description
Application ID: <b>409656</b>
Application Type: <b>Repair Permit</b>
<b>Commercial Facility-Major</b>
System Type: <b>Standard</b>
Pump Evaluation: <b>No</b>
Flow: <b>450</b> gallons/day

Receipt Amount: \$690.00

Received By:	Date of Entry:
<b>Vicky Schiele</b>	<b>11/6/2009</b>

12313

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 84-89

\$ 230.00

Fee

New Construction

Repair

Other

Permit Issued To Orson KELLY (Property Owner's Name) 6 N (Township) 10 W (Range) 3 (Section) 100 (Tax Lot / Acct. No.) Clatsop (County)

Gearhart Golf Course back 9 by 4th tee (Road Location) 16th green (City) John L. Smith Rd. (Issued by - Signature) Aug. 17, 1984 (Date Issued)

Back 9 Restroom Bldg.

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)

SPECIFICATIONS

EXPIRATION DATE Aug. 17, 1985

TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gal's/Day

Tank Volume 1000 Gallons Disposal Trenches X Seepage Bed(s) 300 Square Feet

Maximum Depth 30 inches. Minimum Depth 18 inches. 150 Linear Feet

Equal XX Loop Serial Pressurized Minimum Distance Between Trenches 10 feet on centers

Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 4 Inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Trenches & tank 10 feet to water line. Use filter fabric about drainfield rock and down the trench sidewall.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

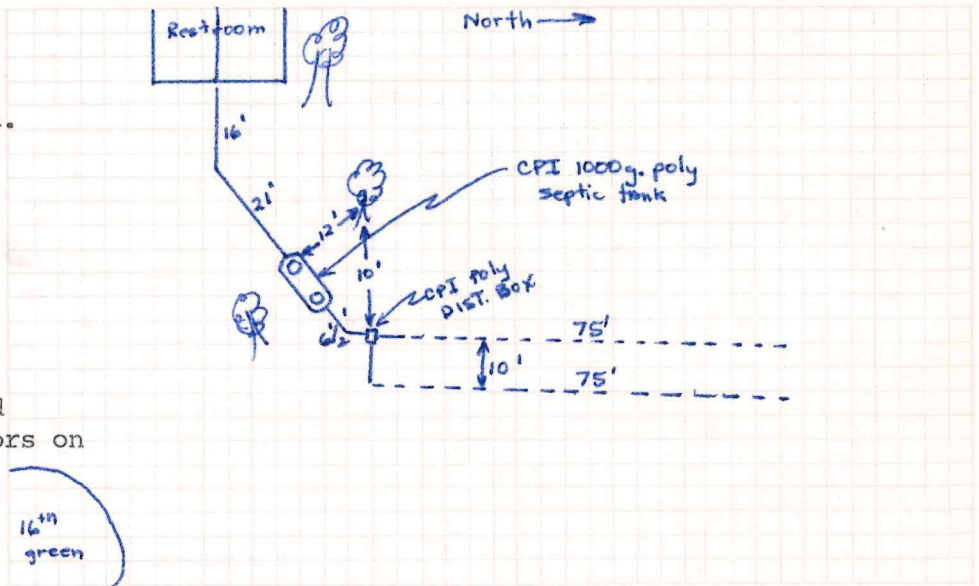
Installer Seacoast Nursery Const.

Final Insp. Date Sept. 4, 1984

Issued by Operation of Law

Pre-cover inspection waived pursuant to OAR 340-71-170(2)

System designed and installed to serve players and spectators on Golf Course. 450 gallons per day.



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. The 1000 gallon septic tank should be pumped every four (4) to five (5) years.

John L. Smith Rd. (Authorized Signature)

Environmental Analyst (Title)

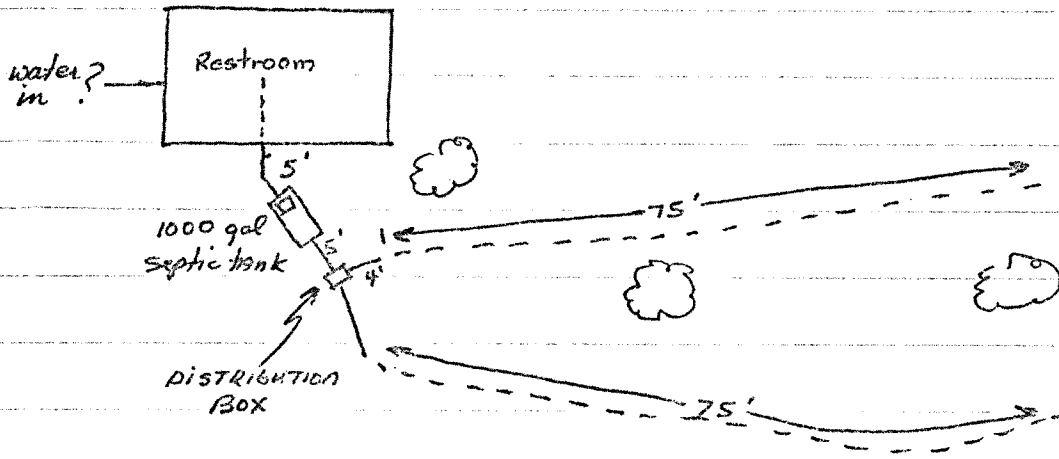
Aug. 5, 1984 (Date)

DEQ-Astoria (Office)

Orson Kelly  
Golf Course Restroom Bldg.  
T.6N., R.10W., Sec. 3 T.L. 100

North →

Back 9 adjacent to 16<sup>th</sup> green  
and the 4<sup>th</sup> tee



\* USE filter fabric above drainfield  
rock and down the trench sidewall

16<sup>th</sup>  
green

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd Aug 8, 1984
Date Completed Aug 17, 1984
Required Fee \$230.00
Receipt No. 30050
Control No.

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
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES NO ATTACHED YES NO
VICINITY OR TAX LOT MAP REQUIRED YES NO ATTACHED YES NO
TEST HOLES REQUIRED YES NO ATTACHED YES NO
LAND USE COMPATIBILITY STATEMENT YES NO ATTACHED YES NO

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE - (Please Print)

Orson Kelly (Property Owner's Name)
6 North 10 West 3 (Township, Range, Section)
100 (Tax Lot/Acct. No.) Clatsop (County)
(Subdivision Name, Lot No., Block No., Lot Size)
(Public Water Supply, Private Water Supply, Specify Type)

Single Family Residence (Number of Bedrooms) Other Golf Course Restroom Bldg. (Specify)

Directions to Property: South part of golf course - BACK AREA 9 off (west) of first to adjacent to the 4th tee - 16th green

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.

Signature: Orson Kelly

Date: 8/8/84
Owner
Authorized Representative
S.D.S. License No.

Owner's Mailing Address: P.O. Box 2758, Gearhart Or 97138

Applicant's Mailing Address (if different)

Phone: 738-8331

Phone

NW COR  
GEARHART  
DLC 40

SEE MAP 6 10 4A

SEE MAP 6 10 3  
SUPPLEMENTAL NO. 1

SEE MAP 6 10 3 SUPP. 2

GOLF COURSE

SEE  
6

10-06

PH. 13 3290.7' N  
# 795.7' N From  
S.E. Cor. Sec. 4

COUNTY ROAD

GOLF COURSE

SEE MAP

SEE M

6 10 3B

6 10 3

SUNSET BEACH

H STREET  
(VACATED)  
OCEANSIDE 18  
6 ST. VAC.

1/4 COR.

COTTAGE C.R. 301 STREET

NEACOXIE CREEK

MARION ADD. 17

300  
0.12Ac.

GEARHART

CITY LIMITS

400  
0.29Ac.

SE Cor BIK 17  
Oceanside Addn

SEE MAP

D STREET

6 10 3CB

SEE M

C STREET

6 10

B STREET

SEE MAP

A STREET

6 10 3CC

1ST

1ST STREET

AVENUE DRIVE

SEE

U.S. Meander Line N0°45'E 76.39

SEE MAP 6 10 4D

N 107 1/2  
LINE OF HOUSES 320 ADDN GEARHART PARK ADDN