



Certificate of Satisfactory Completion
Repair (Minor) - Commercial - New

186-20-000338-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-pr
ogram

Date Certificate Issued: 11/16/2020
Work Description: Commercial Minor Repair; tank replacement; Gearhart Golf course man & women bathroom by 15th hole

Applicant: Septic System Design
Address: 89647 Manion Drive
Warrenton OR 97146
Phone: 503-717-8681
Email: ghtlmangeorge@gmail.com

Primary Contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
Seaside OR 97138-3615
Phone: (503) 717-2200
Email: kkeraneninc@hotmail.com

Owner: Gearhart Partners LLC
Address: PO Box 2824
Portland OR 97208

Property Address: 1157 N Marion Ave, Gearhart, OR
97138

Parcel: 610030000100 - Primary Township: 6 Range: 10 Section: 3

Lot Size: 100.38 acres Water Supply: Community Water Supply
Zoning: N/A City/County/UGB: City
Land Use Approval: N/A

Category of Construction: Commercial

Table with 2 columns: Existing, Proposed. Row: Use of Structure: golf course restroom, N/A

System Specifications

Type: Tank Only
Min Septic Tank Volume: 1000 gal. Min Dosing Tank Volume: N/A

Date Certificate Issued: 11/16/2020

Work Description: Commercial Minor Repair, tank replacement; Gearhart Golf course men & women bathroom by 15th hole

Conditions of Approval

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.

Vehicular traffic and livestock must be restricted from the system area

All tanks must be tested for watertightness.

Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep.

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

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.

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 of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

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

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

System Inspection: No Operation of Law - 7 Days Notice: No Pre-Cover Inspection Waived Per 340-071: No

Comments: N/A

Michael McNickle

Public Health Director

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Final Inspection Request and Notice - Septic ID: 186-20-000338-PRMT

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 the 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.

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CLATSOP CO. PUBLIC HEALTH

SECTION 1: Owner/Permittee Information:

Name: Gearhart Partners LLC

Twnshp: 6 Range: 10 Sect: 3
Lot: 00100

Property Address: 1157 N Marion AVE, Gearhart, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps System Type: TANK REPLACEMENT ONLY Water tight verification*

Tanks(1)	Volume: <u>1000</u>	Compartments: <u>1</u>	Manufacturer: <u>A-1 REDIMAX</u>	Date: <u>11/13/20</u>
Tanks(2)	Volume: <u>N/A</u>	Compartments:	Manufacturer:	Date:
Pump(s)	HP:	Model/Manuf. <u>N/A</u>	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>4"</u>	ASTM#/Other: <u>D3034</u>	Length: <u>5'</u>
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

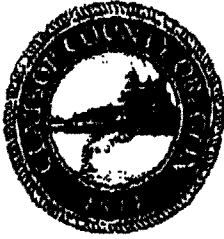
Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter: <u>N/A</u>		ASTM#/Other:	Length:
Manifold piping	Diameter: <u>N/A</u>		ASTM#/Other:	Length:
Internal Pump	HP: <u>N/A</u>		Model/Manufacturer:	
Floats(1)	Type: <u>N/A</u>		Model/Manufacturer:	
Floats(2)	Type: <u>N/A</u>		Model/Manufacturer:	
ATT	Yes	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No <input checked="" type="checkbox"/>	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>4"</u>	ASTM#/Other: <u>D3034</u> Length: <u>30 FT</u>
Comment	<u>2-24" DIA. RISER W/LIDS, 4" ZABLE FILTER</u>			

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By: Jane Hemingway
Permit No. 186-20-000338
Date 11-16-20

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(9)
**Attach sieve analysis for Underdrain Media and Filter Sand



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

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Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: GERMANT PARTNERS LLC

Septic Tank Location: 1157 N. MARION AVE GERMANT, OR 97138 (GOLF COURSE)

Legal Description: T 6N R 10W S 3 Lot 100

Date Tank Pumped: 10-30-20

By: [Signature] License #: 37864
 (signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: N/A Date: _____
 (signature of operator/owner)

This septic tank was removed and properly disposed of.

By: George Owen Date: 11/12/20
 (signature of operator/owner)

Please Include:
 RECEIPT
 RECEIPT

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GLATSOP CO. PUBLIC HEALTH



GERARDT PARTNERS LLC
LN-10W-3-100
KETTA KERANEN EXC #38452



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NOV 18 2020

CLATSOP CO. PUBLIC HEALTH



GEARHART PARTNERS LLC 6N-10W-3-100 KEITH KERANEN EXC #38452





Septic Permit
Repair (Minor) - Commercial - New
 186-20-000338-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
 health@co.clatsop.or.us
 Website:

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date issued: 11/3/20 **Expiration date:** 11/3/21
Work description: Commercial Minor Repair; tank replacement; Gearhart Golf course men & women bathroom by 15th hole

Applicant: Septic System Design
Address: 89647 Manion Drive
 Warrenton OR 97146
Phone: 503-717-8681
Email: gntlmangeorge@gmail.com

Primary contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
 Seaside OR 97138-3615
Phone: (503) 717-2200
Email: kkeraneninc@hotmail.com

Business License: N/A

Owner: Gearhart Partners LLC
Address: PO Box 2824
 Portland OR 97208

Property address: 1157 N Marion Ave, Gearhart, OR
 97138

Parcel: 610030000100 - Primary **Township:** 6 **Range:** 10 **Section:** 3

Lot size:	100.38 acres	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Minor) - Commercial
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Commercial

	Existing	Proposed
Use of structure:	golf course restroom	N/A

System Specifications

Type:	Tank Only	ATT description:	N/A
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Special Requirements

Stake out required: No

Conditions of approval

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.
 Vehicular traffic and livestock must be restricted from the system area
 All tanks must be tested for watertightness.
 Tank to have water-tight riser to ground surface. Twenty- inch minimum diameter if less than 36-in deep.
 Thirty-inch minimum diameter if greater than 36-in deep.

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Date issued: 11/3/20

Expiration date: 11/3/21

Work description: Commercial Minor Repair, tank replacement, Gearhart Golf course men & women bathroom by 15th hole

Have a copy of the approved plot plan and permit on site during construction and for all inspections. Submit a complete As-Built and Materials list form prior to final inspection on all construction-installation permits.

Modifications to the approved plan or proposed use need to be approved prior to installation. A construction-installation permit is valid for one year from the date of issuance.

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.

Install with dry soil conditions.

Vehicular traffic and livestock must be restricted from the system area.

All roof drains must be directed away from the system area.

Meet all required setbacks.

A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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.

Michael McNickle

Public Health Director

11/3/20



Clatsop County

Onsite Septic System Program
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-9502
www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

(Pd) Ch # 4426

\$600.00

Application for Onsite Sewage Treatment System

#186-20-000338

A. Property Owner Information

GEARHART PARTNERS LLC BOX 2824 PORTLAND, OR 97208 503-739-5077
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6N 10W 3 100 100.38
Township Range Section Tax Lot Acreage or Lot Size
CLATSOP Subdivision Name Lot Block
County

Property Address: 1157 N. MARION AVE GEARHART, OR 97138
(Street, City, State, Zip)

Directions to Property GO SO. ON HWY 101, TURN RT ON GEARHART LN, TURN RT ON COTTAGE AVE. GO TO YELLOW RIBBON ON TREE RT SIDE, BATHROOMS OVER THE HILL

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [] Single Family Residence [X] Public GEARHART
Number of Bedrooms (Northside) Number of Bedrooms Name LESS THAN 150 GPD
[X] Other BATH ROOM MEN & WOMENS ~ 150 GPD [] Private Well, Spring, Shared

D. Type of Application

- [] Site Evaluation [] Renewal Permit [] Authorization Notice for:
[] Construction [] Existing System Evaluation [] Connecting to an Existing System Not in Use
[] Permit Repair Commercial [] Permit Transfer [] Replacing a Mobile Home or House with Another
[] Major [] Permit Reinstatement [] Mobile Home or House
[X] Minor TANK ONLY [] Compliance Record Review [] The Addition of One or More Bedrooms
[] Alteration Permit [] Personal Hardship
[] Major [] Temporary Housing
[] Minor [] 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 George M. Owen Date 10/30/20

Applicant's Name (Please Print Legibly) GEORGE OWEN Applicant's Phone 503-717-8681 Applicant's E-Mail Address GNTLMAN@GEORGE@GMAIL.COM

Applicant's Mailing Address 89647 MARION DR WARRENTON, OR 97146

Applicant is the [] Owner [X] Authorized Representative [X] Licensed Septic Installer
[] Authorization Attached [X] KETH KERANG EXC #38952
Installers Name



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

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186-20-000338

Notice Authorizing Representative

I, GEARHART PARTNERS LLC, have authorized
 (Property Owner - Please Print)

GEORGE OWEN 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

1157 N. MARION AVE GEARHART
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 3 Tax Lot 100 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

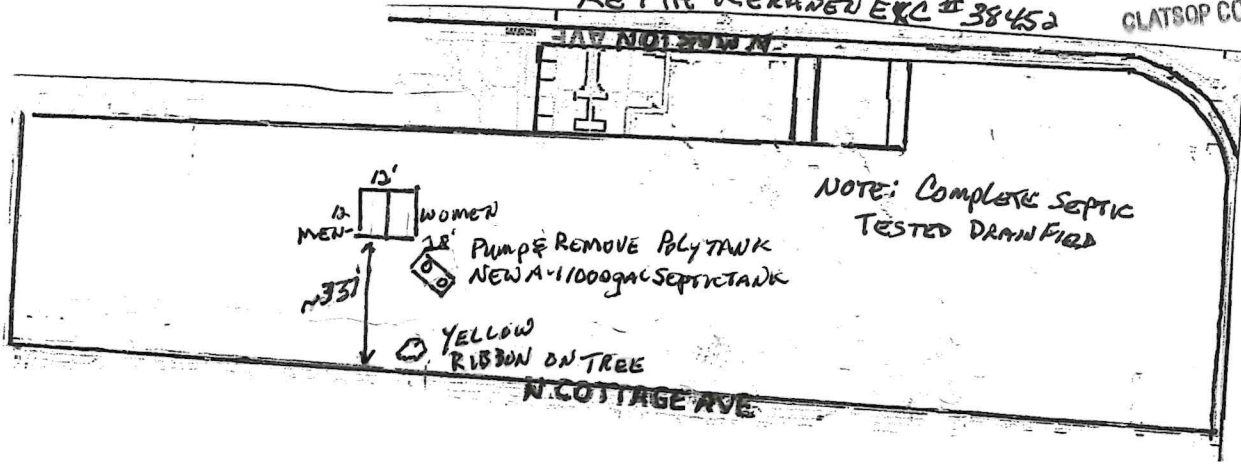
Name: GEARHART PARTNERS LLC Email: Jason@GearhartGoItLks.com
 Mail Address: Box 2824 City/State/Zip PORTLAND, OR 97208
 Phone: 503-739-5077 FAX: _____
 Signature: [Signature] Date: 10/30/20

AUTHORIZED REPRESENTATIVE:

Name: George Owen Email: GINTLMAN GEORGE@GMAIL.COM
 Mail Address: 89647 MARION DR City/State/Zip WIAWRENTON, OR 97146
 Phone: 503-717-8681 FAX: 503-717-8681
 Signature: [Signature] Date: 10/30/20

NOT TO SCALE N →
GERRHART PARTNERS LLC
6N-100-3-100
KEITH KERANEV EPC #38452

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CLATSOP CO. PUBLIC HEALTH



#186-20-000338

Gearhart Partners LLC

6N/10W-3-100

Keith Keranen Excavating #38452

- 1 A1 1000 gal septic tank
 - 2 24" x 24" poly risers
 - 2 24" dia. Lids w/screws
 - 1 4" ZARBLE FILTER
- Misc. pipe & fittings

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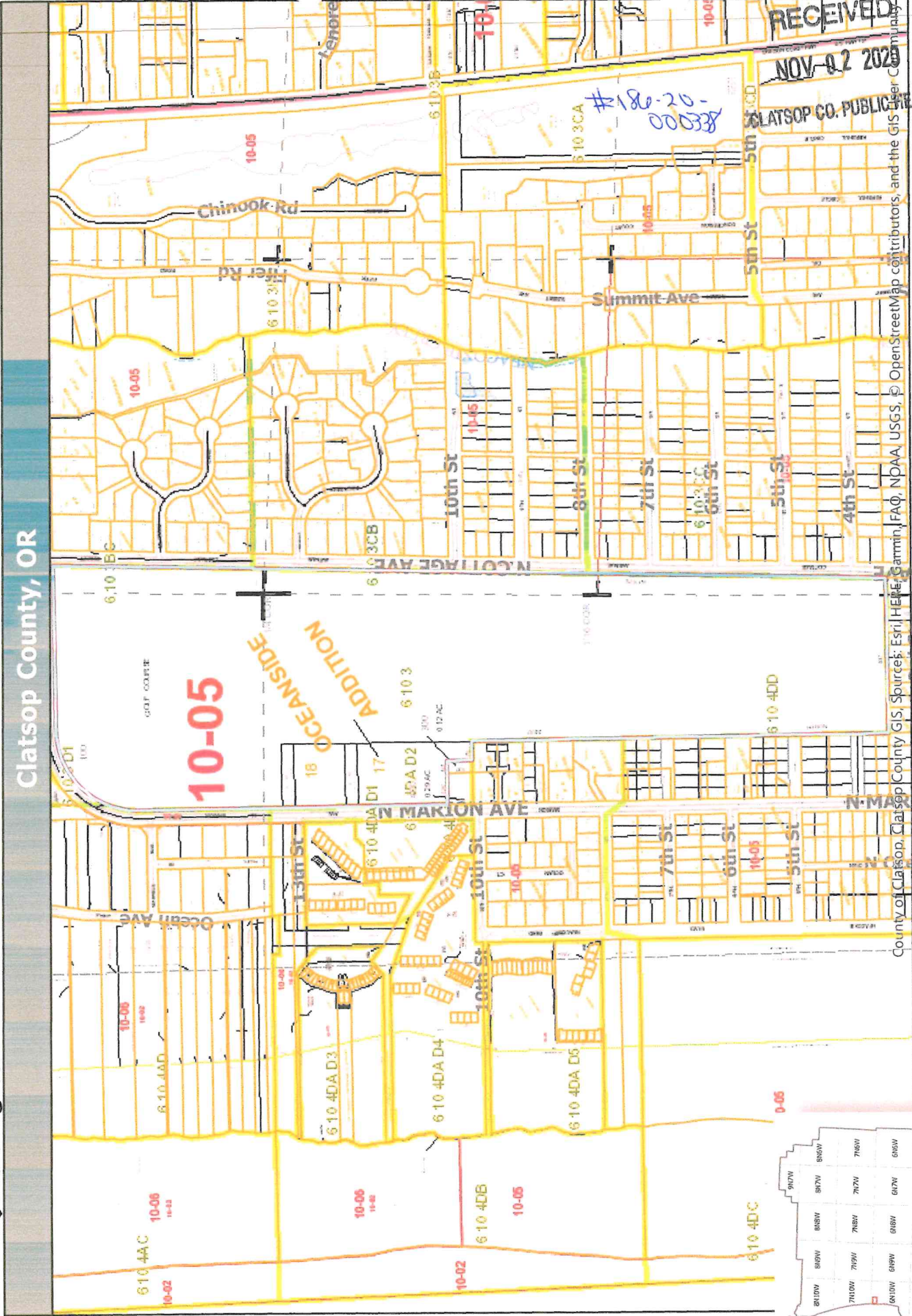
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#186-20-010338

GENERAL PARTNERS LLC
6 N-100-3-100

KENTH KERAMEN EXE #38453

Clatsop County, OR



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#180-20-000338

County of Clatsop, Clatsop County GIS, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

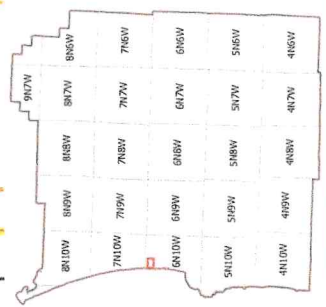


Clatsop County

0.2 mi



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10/30/2020 12:37 PM



Clatsop County Onsite

Transaction Receipt
Record ID: 186-20-000338-PRMT
IVR Number: 186074751470

820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 454489

Receipt Date: 11/2/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Worksite address: 1157 N Marion AVE, Gearhart, OR 97138
Parcel: 610030000100

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/2/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/2/20	1.00 Ea	Repair (minor) - commercial facility	81-7207	\$491.00	\$491.00
11/2/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4426 Payer: Keith Keranen Payment Amount: \$600.00
Excavating, Inc.

Cashier: Annette Brodigan

Receipt Total: \$600.00