



State of Oregon
Department of
Environmental
Quality

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

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FEB 02 2023
CLATSOP CO. PUBLIC HEALTH

PD OK# 7817
862-

Annual Operation and Maintenance Report Form

-610030000100-

General Information

Property Owner: Gearhart Partners, LLC Phone #: 503-738-3538
Site Address: 1157 N Marion Ave City: Gearhart
County: Clatsop Permit #: 500955 Startup Date: 04/19/2018
System Model #: BSF System Serial #: _____
Service Report Year: 2022

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

Approved by
Clatsop County
Public Health
Date Jan 4/14/23

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Dylan Walters

Certification #: M540 Certification Expiration Date: 08/30/2025

Signature: Dylan Walters Date: 1/13/23

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).



State of Oregon
Department of
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Quality

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Water Quality Division
Onsite Program

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FEB 25 2022

CLATSOP CO. PUBLIC HEALTH

PA ✓ # 7693

86200

Annual Operation and Maintenance Report Form

General Information

Property Owner: Gearhart Partners, LLC Phone #: 503-738-3538
Site Address: 1157 N Marion Ave City: Gearhart
County: Clatsop Permit #: 500955 Startup Date: 04/19/2018
System Model #: BSF System Serial #: _____
Service Report Year: 2021

186-21-000015 6-10-3-100

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

Approved by
Clatsop County
Public Health

Date 3/23/22 *JM*

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Steve Greenslate

Certification #: RM2 Certification Expiration Date: 02/28/2024

Signature: *Steve Greenslate* Date: 2/1/2022

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).

5 A



State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

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JAN 07 2021

CLATSOP CO. PUBLIC HEALTH

Handwritten initials and permit number: Pd, 959n

Handwritten number: 862

Annual Operation and Maintenance Report Form

General Information

Property Owner: Gearhart Partners, LLC Phone #: 503-738-3538
Site Address: 1157 N Marion Ave City: Gearhart
County: Clatsop Permit #: 500955 Startup Date: 04/19/2018
System Model #: BSF System Serial #:
Service Report Year: 2020

Handwritten note: 6-10-03-100

Onsite wastewater treatment system status:

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
Is the system operating in accordance with the agent-approved design specifications?
Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
Discharge of sewage to drain tiles or surface waters
Sewage backup into plumbing fixtures
If yes, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Maintenance Provider Name (please print): Steve Greenslate

Certification #: RM2 Certification Expiration Date: 02/28/2021

Signature: [Handwritten Signature] Date: 1/7/2021

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0345(14).

Handwritten initials: S, Ace

#500955



6.10.3.100

Clatsop County

Community Development

800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503-325-8611 Fax 503-338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

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MAR 11 2019

CLATSOP CO. PUBLIC HEALTH

PA OK # 17356
\$6000

Annual Operation and Maintenance Report Form

General Information

Dates of Service: 09/19/18 Time of Service: _____
 Property Owner(s): Gearhart Partners, LLC Telephone: 503-738-3538
 Site Address: 1157 1300 N. Marion Ave City: Gearhart Zip: 97138
 County: Clatsop System Ref #: 500955 Date System Constructed: April 2018
 Company Name: Environmental Management Systems, Inc. Contract period from: 09/2018 to 11/2020
 Maintenance Provider Name (please print): Steve Greenslate

Is the system failing?

- | | | |
|--------------------------|-------------------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to the ground surface |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge of sewage to drain tiles or surface waters |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage backup into plumbing fixtures |

Onsite wastewater treatment system status:

- | | | |
|---|---|--|
| <input type="checkbox"/> Failing | <input type="checkbox"/> Maintenance Required | <input type="checkbox"/> Owner has applied for repair permit |
| <input checked="" type="checkbox"/> Not Failing | <input checked="" type="checkbox"/> Maintenance Performed | |

Maintenance: Reference relevant recommendations, corrections, replacements, and/or upgrades of the onsite wastewater treatment system for all identified components in inspection report.

Approved by
Clatsop County
Public Health

Date 4/18/19

Individual inspections forms are required to be made available at the request of the agent.

I certify that I have performed O&M services in accordance with the requirements in OAR chapter 340, division 071, for the above reference property and that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Signature of maintenance provider (and cert. #):

Steve Greenslate # RMZ

Date: 1/30/2019

SP

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ENVIRONMENTAL
MANAGEMENT
SYSTEMS, INC.

CLATSOP CO. PUBLIC HEALTH

OR: 503-353-9691

FAX: 503-353-9695

WA: 360-735-1109

#500955

www.envmgtsys.com

4080 SE International Way

Suite B-112

Milwaukie, OR 97222

AGREEMENT FOR PROFESSIONAL SERVICES
(CHANGE ORDER)

Job# 14-0072OM-CO02 Date: November 29, 2018

Client:

Gearhart Partners, LLC

Attn: Jason Bangild

PO Box 2874

Gearhart, OR 97138

Project Site:

Address: 1157 N Marion Ave, Gearhart, OR 97138

Tax Description: T: 6N, R: 10W, Section 3, TL: 100

The above listed client ("Client") hereby contracts with Environmental Management Systems, Inc. ("EMS") to perform the following designated services and agrees to our terms and conditions.

1. General Scope of Project: EMS currently provides Operations, Maintenance & Monitoring Services for two existing wastewater treatment systems at the client site noted above. This change order agreement adds a third system to the contract, referred to herein and by the client as "The Sand Bar" system.

As described in Oregon Administrative Regulations (OAR) 340-071-0130(23 - 24) and as required by your Septic System Permit, EMS will perform consulting, inspection and certification work relating to the Operation, Maintenance & Monitoring (OM&M) of the above client's onsite wastewater treatment system, including the following specified services on a Semi-Annual basis for a Two Year Contract Term, ending in November 2020.

- Test & Inspect All System Components
- Adjust System Timing Parameters, as needed
- Provide Maintenance as Recommended by Designer
- Provide Written Report of Conditions & Recommendations

Oregon DEQ requires that you maintain an OM&M schedule for the operating life of your septic system. Subsequent agreements will provide for additional years of maintenance that meet

either (a) your system manufacturer's specifications, or (b) the state mandated minimum requirements.

Scope of services does not include items that are not specifically included in this agreement and does not include supervision of non-EMS personnel, payment of regulatory fees or physical construction of system components. Repair activities, parts and permits are outside the scope of this agreement.

EMS will notify client in writing about any improper system function that requires additional service calls to repair and provide a cost and time estimate for repairs.

Any necessary repairs will be performed under separate contract by a DEQ-Licensed Sewage System Contractor, and will comply with OAR 340-071-0275, 0290, 0302, 0345 and other applicable requirements. Regulatory inspections may be required, but do not substitute for EMS inspections.

2. Client / Operator Responsibilities:

2.1 Routine daily and monthly operation and maintenance services will be performed by the Client, in accordance with the permit and the maintenance manual / instructions to be provided by equipment manufacturers and EMS. Provide copies of maintenance activities and monthly records to EMS each month immediately following readings or reportable events.

2.2 Payments of All Laboratory Fees are the responsibility of the Client. Samples, if collected by EMS, will be delivered to a DEQ and EMS-acceptable laboratory for testing. EMS collected laboratory fees will be re-invoiced to the client for payment.

2.3 Client will ensure any necessary pumping will be performed under separate contracts by a DEQ-Licensed Sewage System Pumper, in accordance with appropriate regulations.

3.0 Payment

3.a **Charges:** The additional services provided herein will add **\$300** to the per visit rate of the agreement, making your per visit rate **\$1125.00** for the duration of the contract term.

Due to client's long-standing relationship with EMS, the standard requirement for a retainer payment at time of contract execution is waived.

EMS will file an annual evaluation report with Clatsop County on behalf of the client for this and every year for the term of this contract. The current annual fee for this report is \$60.00 and will be invoiced to the client as due. EMS will notify clients beginning in December every year with special instructions on how to submit payments.

3.b **Invoices:** When applicable, EMS invoices are due and payable upon receipt. Itemized invoices are mailed to clients on an as needed basis, but no less frequently than once a month. Payment in full is required prior to issuance of any final certification letters, reports or documentation.

3.c **Prompt Payment of Charges:** Client's failure to remit payment when due will result in a service fee assessed at the maximum allowable rate, and cessation of further services. EMS may institute collection proceedings. Interest shall accrue on any unpaid balances due to EMS at the rate of 12% per annum. Client shall be obligated to pay all attorney's fees and cost of collection.

3.d **Invalid Payments:** Any checks that are returned for Insufficient Funds will be collected at the maximum allowable statutory rate.

3.e **Troubleshooting:** The EMS maintenance provider may from time to time determine that minor parts may need replacement or repair to ensure proper system operation. We will make every attempt to contact the client before proceeding with these repairs, but if unsuccessful will consider these repairs "preapproved" up to a \$500 limit. Major repairs exceeding that amount will be handled on a Time & Materials basis under separate contract and only with client written authorization.

4.0 Modifications

4.a **Change Orders.** Changes in or additions to EMS scope of work shall be made only as agreed to between the parties confirmed by a written change order signed by both parties. There shall not be any increase in the Contract Price or change in EMS scope of work absent the execution of a written change order approved by both parties.

4.b **Changes by Client.** Client may request changes in EMS' work including additions, deletions or modifications to the scope of work expressly identified above. The contract terms and price shall be adjusted accordingly. All such changes in work, as well as the costs thereof, shall be agreed upon in writing between the Client and EMS prior to their execution. It shall be Client's responsibility to prepare and deliver any and all change orders to EMS within a reasonable time in advance of the commencement of scheduled subject work. Once scheduled subject work has commenced, it cannot be canceled via change order. Major changes may require additional regulatory review and fees.

4.c **Changes Required By a Public Body.** Any changes, alterations or additions to the project which may be required by any public body or regulatory inspector shall constitute a need for a change order. Client will need to approve such change orders prior to work by EMS.

4.d **Contractor Error or Substitution.** Any improper installations, substitutions, changes, alterations or additions shall constitute the need for a change order prior to any additional work being performed by EMS.

4.e **Force Majeure.** Work required by or as a result of Natural Calamity, Vandalism or other factors beyond the control of EMS shall constitute a need for a change order. Client will need to approve such change orders prior to work by EMS.

5.0 **Notices.** All notices required to be given hereunder shall be made in writing and shall be deemed to have been duly given, made, and received only (a) upon delivery, if personally delivered to a party; (b) one business day after the date of dispatch, if by facsimile transmission or e-mail; (c) one business day after deposit, if delivered by a nationally recognized courier service offering guaranteed overnight delivery; or (d) three business days after having been deposited in the United States mail, certified mail, postage prepaid, return receipt requested, at the addresses set forth herein.

6.0 **Legal Fees.** In the event EMS must retain the services of an attorney or collection agency to settle payment disputes, client shall be liable for any and all legal fees, including but not limited to: attorney's fees, the costs of searching records, the cost of discovery depositions, expert witness fees, agency and/or and legal assistant fees. Signing parties agree to submit any disputes arising out of or in connection with this Agreement to the exclusive jurisdiction of the Courts of Clackamas County, Oregon.

7.0 **Third Party Work.** EMS shall not supervise and shall not be responsible for and makes no warranty regarding any defects in workmanship or materials provided by non-EMS personnel, including but not limited to: Client, subcontractors or other consultants. All such subcontractors or

consultants obtained by Client must be licensed, bonded and must have worker's compensation coverage. CLATSOP CO. PUBLIC HEALTH

8.0 **Benefit.** This Agreement shall be binding on, and shall inure to the benefit of, the parties to it and their respective heirs, legal representatives, successors, and assigns.

9.0 **Counterparts.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

10.0 **Termination.** This Agreement may be terminated by either party with prior notice of not less than 30 days and not more than 60 days. Upon notification in accordance with paragraph 4 above, the notified party will cease work as quickly as possible. All work performed prior to receipt of notice of termination and work which is reasonably necessary to disengage from the project shall be subject to payment in accordance with this agreement.

11.0 **Entire Agreement.** This Agreement constitutes the entire Agreement between the parties pertaining to the subject matter contained in it and supersedes all prior and contemporaneous agreements, representations, and understandings of the parties. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing by all parties.

12.0 **Waiver.** Failure or delay on the part of either party to exercise any right provided for herein shall not act as a waiver of any right hereunder, nor shall any single or partial exercise of any right by any party preclude any other or further exercise thereof. No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver. Remedies herein are deemed as cumulative and non-exclusive of each other.

13.0 **Severability.** If any provision of this Agreement is held by a competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

14.0 **Further Acts.** Each party of this Agreement agrees to perform any further acts and to execute and deliver any documents that may be reasonably necessary to carry out the provisions of this Agreement.

15.0 **Third Party Beneficiaries.** Nothing contained herein nor the transactions contemplated hereby, express or implied, shall be deemed to inure to the benefit of any person or entity not a party to this Agreement, nor shall it confer upon any such party or entity any right or remedy of any nature whatsoever.

16.0 **Sale of Property.** If Client is the owner of the real property on which the Project Site is located, Client shall give notice to EMS within ten (10) days after any sale of any portion of the real estate. Notice shall include point of contact information for the buyer, so that EMS may offer them the opportunity to assume this Agreement for the balance of its term. Client shall remain liable for all work performed by EMS until such offers have been made. Client shall be responsible for all EMS charges incurred for work done hereunder prior to receipt of the sale notice required herein.

17.0 **EMS' Right to Repair.** The Client may not compel arbitration or commence a court action against EMS for any matter arising out of or relating to this agreement unless the Client first provides EMS with a written notice of defect identifying with particularity any alleged defect or deficiency with EMS' work and 90 days within which for EMS to inspect the alleged defects and take corrective action if appropriate as determined by EMS in its sole discretion.

This agreement is valid, if signed by both parties within 90 days of the date of authorship.


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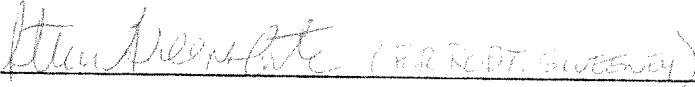
CLATSOP CO. PUBLIC HEALTH

This document is a legal contract. The client's signature below affirms that the client has read, understands and agrees to the contract's terms and conditions. The client hereby expressly represents that the undersigned has legal authority to enter into this agreement and has the funds available to complete the project. The undersigned hereby authorizes EMS, Inc. access to the property and to perform all research and investigation normally required to pursue this scope of work. Payment will be made upon receipt of invoices or statements.

CLIENT AUTHORIZED REPRESENTATIVE:

Signature:  Title: G.M. Phone #: 503.739.1037
Printed Name: JASON BADGLEY Date: 2.6.19
(Applicant or authorized representative)

EMS AUTHORIZED REPRESENTATIVE:

Signature:  (FOR ROOT SWEEPING) Date: 2/25/2019

Dave Bracken
Admin Manager
ENVIRONMENTAL MANAGEMENT SYSTEMS, INC.

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 500955 as follows:

PROPERTY INFORMATION

Property Owner: **Gearhart Partners LLC** Township **6**, Range **10**, Section **03 0 0**
Property Location: **1157 N Marion Ave, Gearhart** Tax Lot **00100**
Facility Type: **Commercial**

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **800.00 gals/day**
Minimum Septic Tank Size: **2000.00 gals** 1000 gal dosing tank
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*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.



Onsite Wastewater Specialist

4/24/2018

Authorized Agent:

Title:

Date Issued:

Yvonne Van Nostran

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

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500955

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: **Gearhart Partners LLC**
 Property Address: **1157 N Marion Ave, Gearhart**
 Township **6** Range **10** Section **0300** Tax Lot(s) **00100**

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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 2000 Compartments 1 Manufacturer WILLAMETTE GRAYSTONE Date 4/18/18
 Tanks(2) Volume 1000 Compartments 1 Manufacturer WILLAMETTE GRAYSTONE Date 4/18/18
 Pumps: HP 1/2 Model/Manuf PF5005H Float(s) Type(1) P 3EA Model/Manuf MF ORENCO
 Float(s) Type(2) N/A Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter _____ ASTM#Other _____ Length _____
 Pressure Transport Pipe Yes No Diameter 2" ASTM#Other D1785 Length 100 FT

C: Secondary Treatment Unit:

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

Sand Filter Yes No Type BOTTOMLESS Container Dimensions 20' x 36'
~~Underdrain pipe~~ LATERALS Diameter 1 1/4" ASTM#Other D1785 Length 372 FT
 Manifold Piping Diameter 1 1/4" ASTM#Other D1785 Length 17.5 FT
 Internal Pump HP N/A Model/Manufacturer _____
 Floats(1) Type N/A Model Manufacturer _____
 Floats(2) Type N/A Model Manufacturer _____
 ATT Yes No Model _____
 Certified Maintenance Provider: Name _____
 Operation & Maintenance Contract: Received? Yes No

D. Drainfield Media

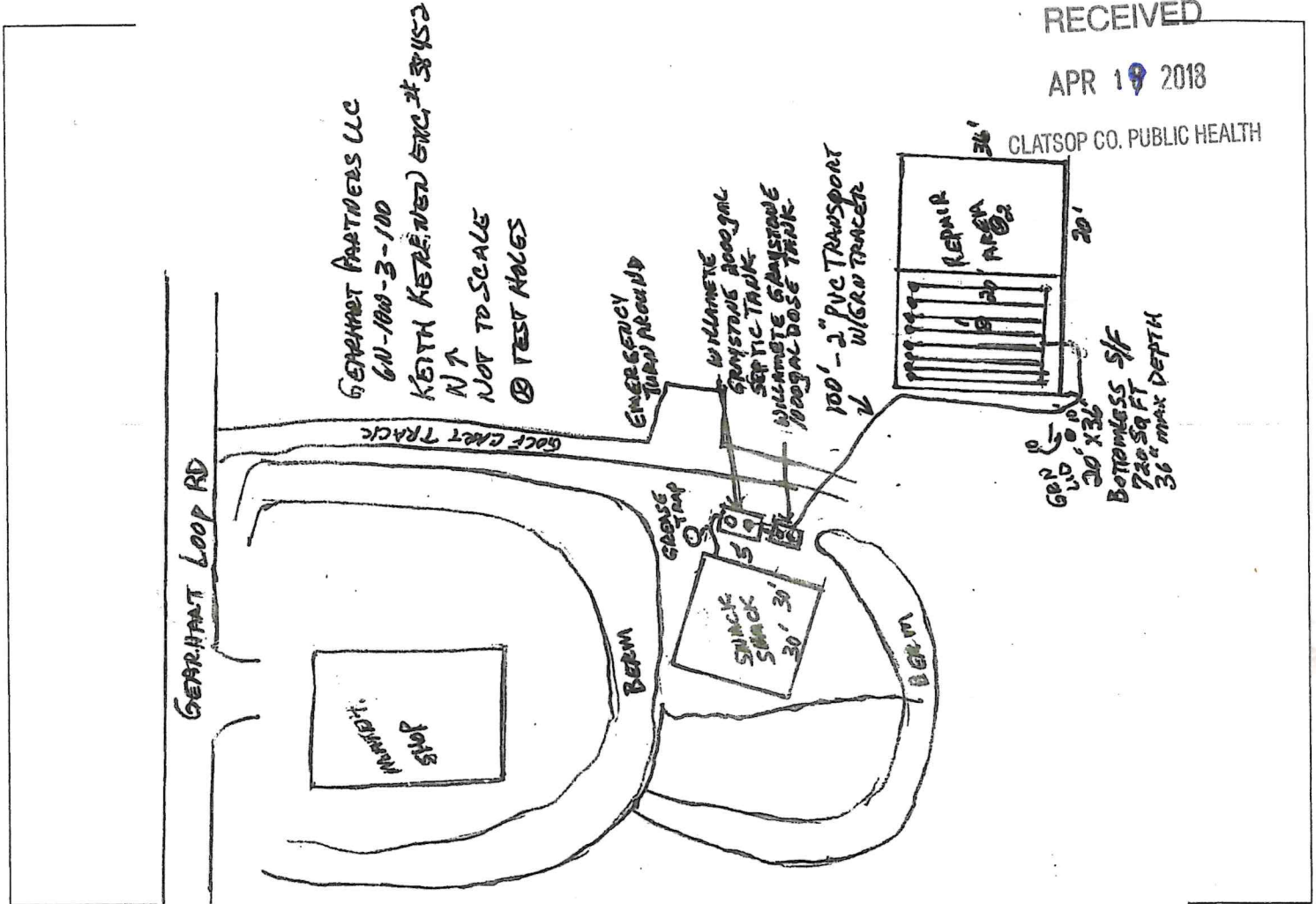
Type: Gravel, Pipe or Alternative? 14yds ENDED PENGRABEL & DR. ROCK 54yds DEQ SAND
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____ Length _____

Comment: 4-24" RISERS W/LIDS FILTER FABRIC ON S/F

Clatsop County Department of Public Health
On-Site Waste Water Program
 Approved By V. Van Nostran
 Permit No. 500955
 Date 4/24/18

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.



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APR 19 2018

CLATSOP CO. PUBLIC HEALTH

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/Certified Installer w/Certification # _____ Print Name: KEITH KORADEN EXC.
 Licensed Installer Yes No License # 38583 Certification # I182
 Owner/Certified Installer Signature _____ Date 04/19/18
 Phone 503-717-2200 Phone _____ Email _____

Section 5: Office Use Only

Notice Accepted Yes No Date 04/19/18
 Installer/Owner/Permittee Notified Yes No Date 04/19/18
 If no, reason for non-acceptance _____

Comment Final inspection 04/24/18

Clatsop County Department of Public Health
 On-Site Waste Water Program
 Approved By V. Van Natta
 Permit No. 500955
 Date 4/24/18



Clatsop County

Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

Phone (503) 338-3681
Fax (503) 325-9303

April 27, 2018

Gearhart Partners, LLC
Property address: 1157 N Marion Ave / # 6-10-3-100
Gearhart, OR. 97138
Permit #500955

RE: Certificate of Satisfactory Completion

To Whom It May Concern,

The Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released because one important document is missing and must be submitted first before the CSC can be mailed.

The State of Oregon requires that all alternative septic systems, like the one installed on your property, must have an ongoing operation and maintenance (O&M) contract provided by a licensed provider. This is a signed contract between you (the owner) and a licensed O&M provider for the system. This contract has not been submitted. **This contract MUST be provided to Clatsop County in order to receive a CSC.** A list of O&M providers is enclosed if you do not already have a provider.

If you have any questions, please do not hesitate to contact Michael McNickle, Environmental Health Supervisor, at 503-338- 3686 or email him at mmcnickle@co.clatsop.or.us

Thank you,

Annette Brodigan

Permit Tech
Clatsop County Public Health
Phone: 503-338-3681
Email: abrodigan@co.clatsop.or.us

Cc: Licensed Installer
File
Encl: O&M Providers List

Construction Permit

This Construction Permit, Permit #500955, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Gearhart Partners LLC** Township **6**, Range **10**, Section **03 0 0**
Property Location: **1157 N Marion Ave, Gearhart** Tax Lot **00100**
Facility Type: **Commercial**

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **800.00 gals/day**
Minimum Septic Tank Size: **2000.00 gals** 1000 dosing tank
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 2 Future repair may be a sandfilter or ATT
- 3 Timed dosing required - must include timer and dose counter
- 4 The alarm and pump must be on separate circuits in the control panel.
- 5 Vehicular traffic and livestock must be restricted from the system area.
- 6 Each pump shall be wired on a separate circuit.
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 Filter fabric is required over the drain media.
- 9 Meet all required setbacks.
- 10 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 11 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.
- 12 All roof drains must be directed away from the system.
- 13 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 14 The system must be installed by the property owner or a licensed sewage disposal business (installer).

INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

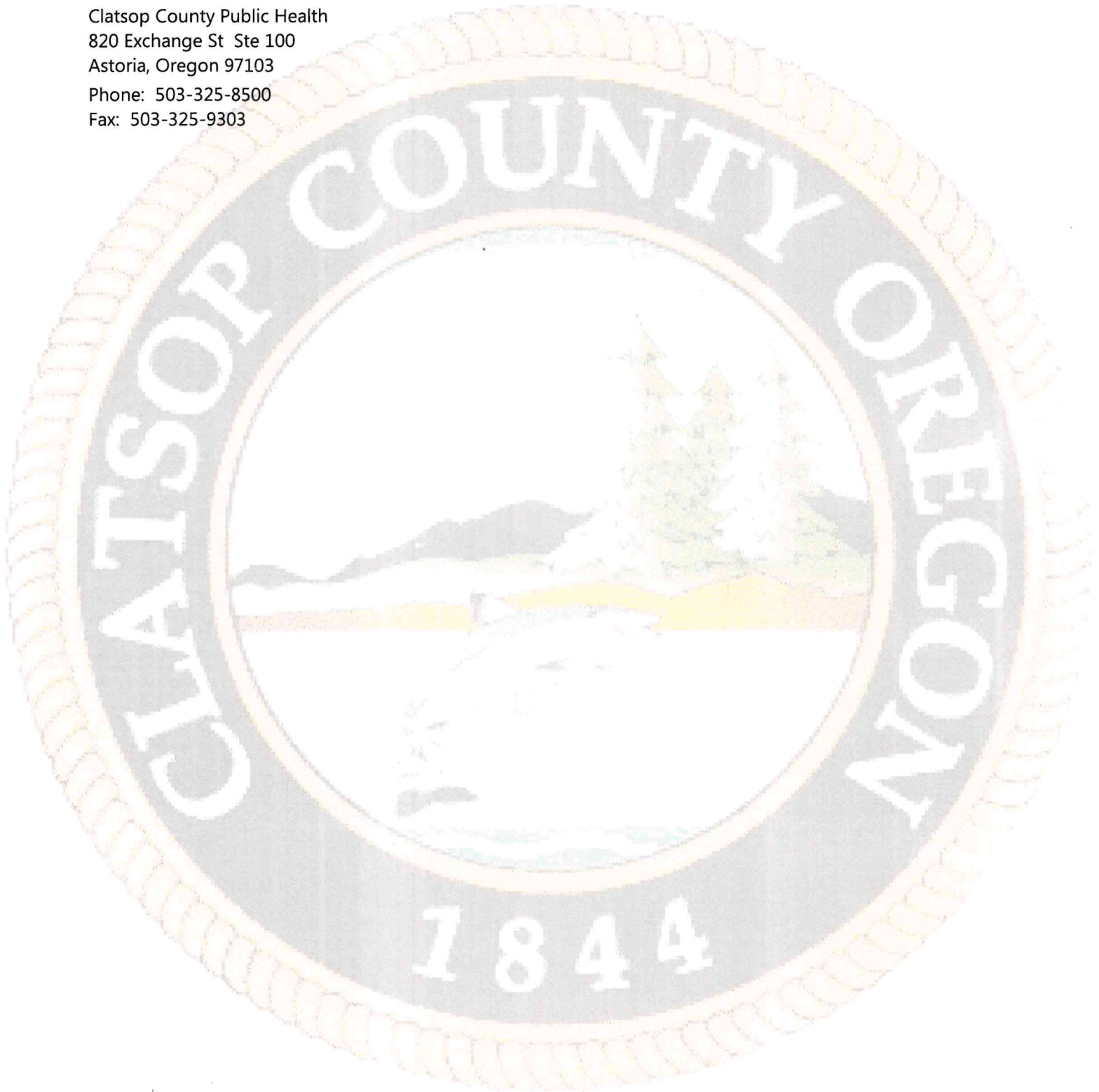
Date Issued:

3/27/2018

Expiration Date:

3/27/2019

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





#500955

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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MAR 20 2018

CLATSOP CO. PUBLIC HEALTH
(Pd) CK# 4196
8167400

Application for Onsite Sewage Treatment System

A. Property Owner Information

GEARHART PARTNERS LLC Name
Box 2824 PORTLAND, OR 97208 Mailing Address (Street, PO Box, City, State, Zip)
971-271-4146 Phone Number
CONTRACTOR

B. Legal Property Description

6N Township, 10W Range, 3 Section, 100 Tax Lot, 7821 Tax Account Number, 100.38 ACRES Acreage or Lot Size
CLATSOP County, Subdivision Name, Lot, Block

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

Directions to Property GO SO. ON Hwy 101 TO GEARHART LOOP RD, TURN RT. GO TO CURVE AND PROPERTY ON LFT.

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 SNACK SHACK 23 SEATS
Water Supply: Public GEARHART, Name, Private, Well, Spring, Shared

D. Type of Application

- Site Evaluation sand
Construction
Permit Repair
Alteration Permit
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

Signature: George Owen, Date: 3/20/18
Applicant's Name (Please Print Legibly): GEORGE OWEN, Applicant's Phone: 503-717-8681, Applicant's E-Mail Address: GNTLMAN@GMAIL.COM

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

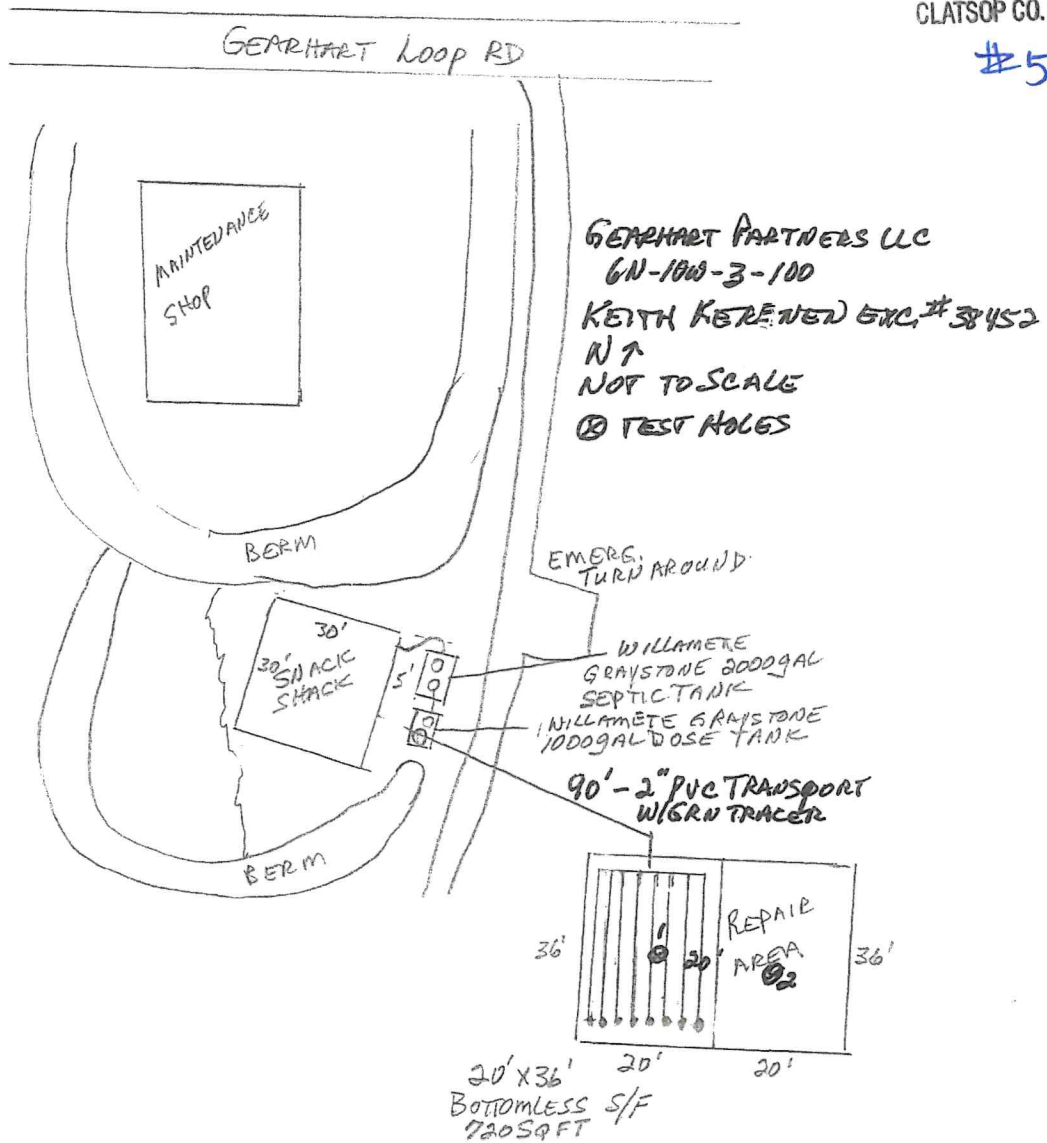
Applicant is the: Owner, Authorized Representative, Licensed Septic Installer
KERRA KERENOV EXC. #38452
Installers Name

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CLATSOP CO. PUBLIC HEALTH

#500955



20'x36' Bottomless Sand Filter[®]

as Configured for loading rate

0.25 GPD/FT.²

Follow appropriate bottomless sand filter design criteria.



Oranco Systems[®]
Manufacturing

814 ARROW ROAD
SUNNYVALE, OREGON
97479-3012

TELEPHONE:
(503) 439-1400

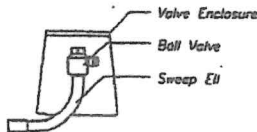
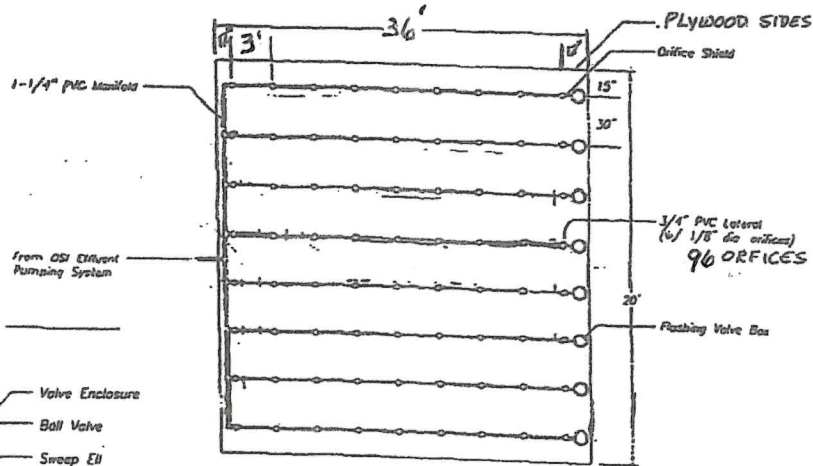
FACSIMILE

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#500955



FLUSHING VALVE DETAIL
SCALE: 1" = 1'-0"

Patent # 5,360,556
© 1998 Oranco Systems, Inc

TOP VIEW - 20'x36' BOTTOMLESS SAND FILTER
SCALE: 1" = 5'-0"

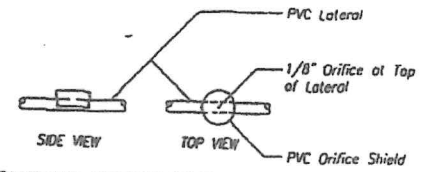
Note: See additional details on
NOR-151-5-3

SAND TRAP SNACK SHACK

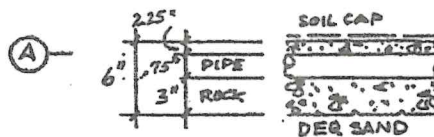
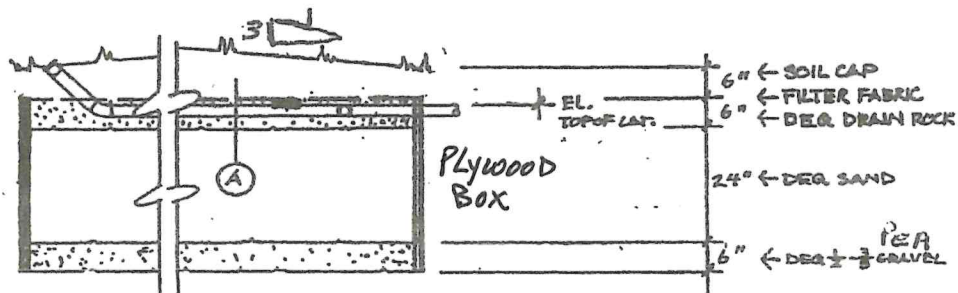
6N-10W-3-100

KETH KEREWED EXC

#38452



STANDARD ORIFICE SHIELD DETAIL



EL. NATURAL GRADE — 0.00'
 EL. TOP OF MANIFOLD — -0.50'
 EL. PUMP BASE — -4.50'
 STATIC HEAD — = 5.00'

**BOTTOMLESS SAND FILTER
MANIFOLD SECTION**

Pump Selection for a Pressurized System

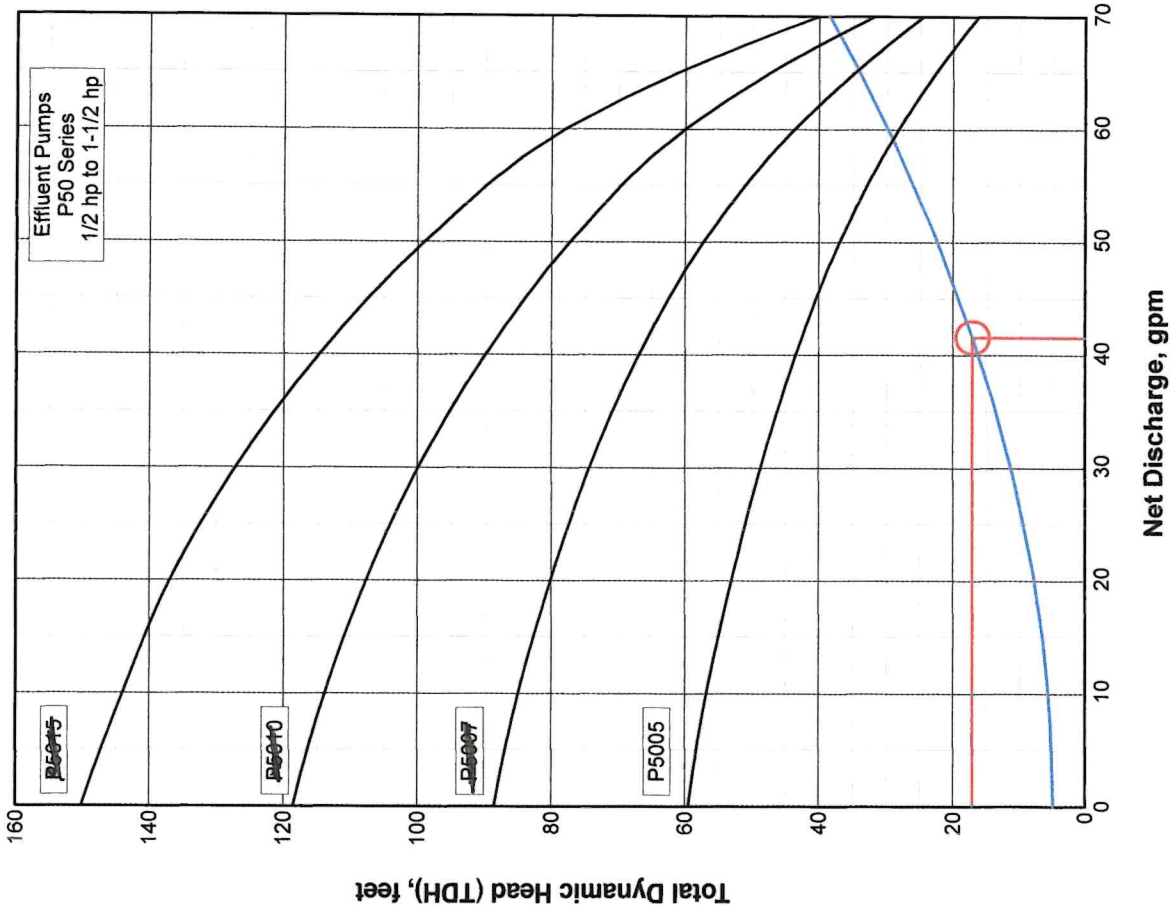
Input Parameters

Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	3.00 feet
Number of Laterals per Cell	8
Lateral Length	34.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	17.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	90.0 feet
Transport Line Size	2.00 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	2.00 inches
Flow Meter	None
'Add-on' Friction Losses	0.0 feet

Calculations

Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	96
Total Actual Flow Rate	41.6 gpm
Number of Lines per Zone	8
% Flow Differential 1st and Last Orifice	0.5 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.1 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	1.0 feet
Head Loss in Transport Pipe	2.6 feet
Head Loss Through Discharge	3.5 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	41.6 gpm
TDH	17.1 feet

Sand Rrap Snack Shack 6N-10W-3-100
Keith Keranen Exc. #38452



Orengo System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

www.orengo.com

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CLATSOP CO. PUBLIC HEALTH

#500955

**PARTS LIST
SAND TRAP SNACK SHACK
6N-10W-3-100
Keith Keranen Excavating #38452**

- 1 Willamette Graystone 2000 gal septic tank
- 1 Willamette Graystone 1000 gal dose tank
- 3 24" x 24" poly risers
- 3 24" poly lids w/screws
- 3 ADH100 Adhesive
- 1 2" grommet
- 1 PF500511 pump package w/timed dose control panel
- 92 1¼" orifice shields
- 14yds DEQ drain rock
- 14yds DEQ peagravel
- 54vds DEQ sand
- ~~440~~ft 1¼" PVC pipe
- 2 1¼" PVC 90 ells
- 7 1¼" PVC "T"
- 1 1¼" x 2" PVC bushing
- 18 1¼" PVC 45 ells
- 8 1¼" PVC shut-off valves slip/slip
- 8 7" round valve covers
- 1roll Filter fabric 3' wide
- 1 Can PVC glue
- 40ft 3" PVC pipe for sleeve

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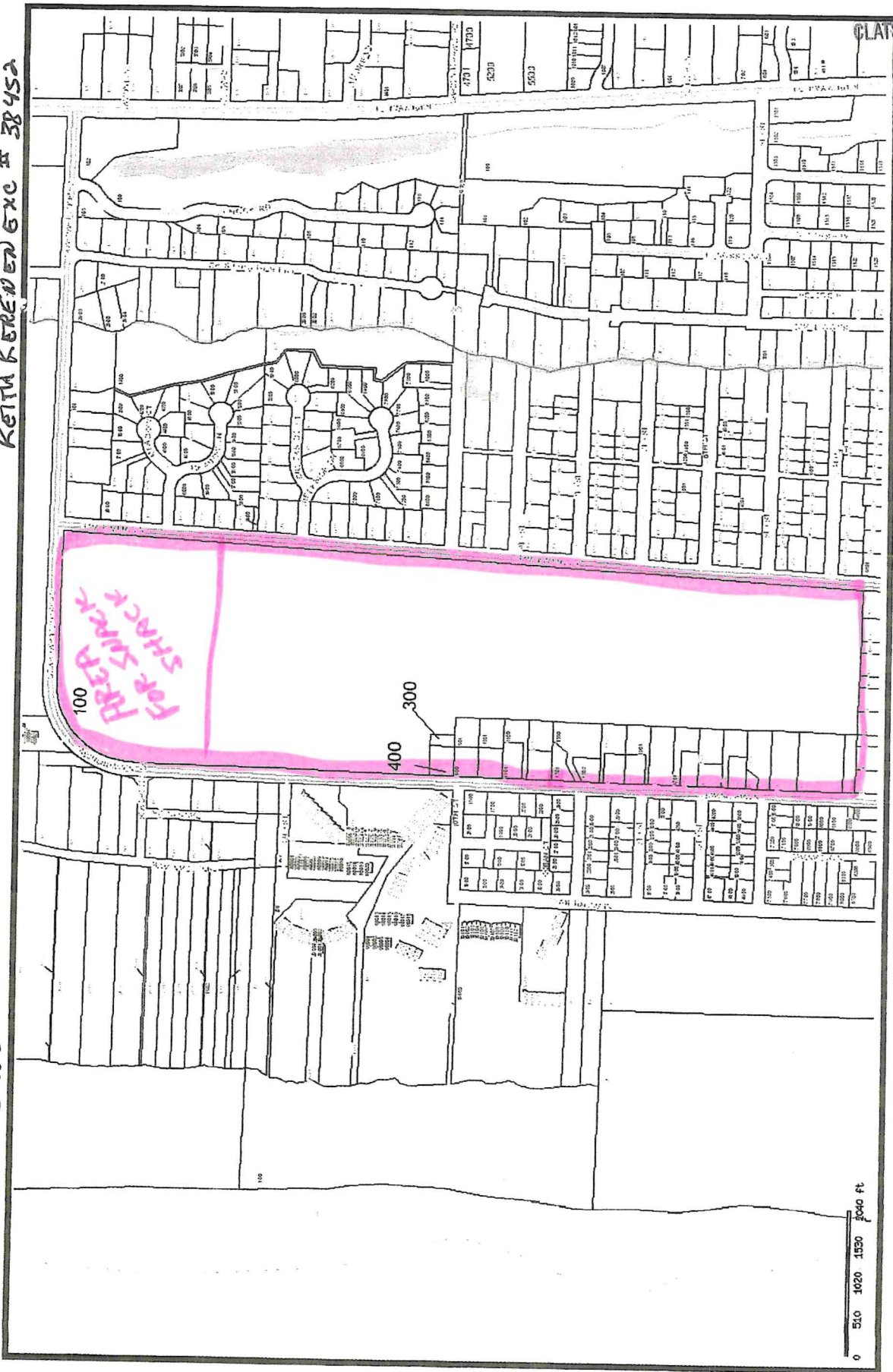
CLATSOP CO. PUBLIC HEALTH

#5009155

KEITH KERNEDER GXC # 38452

GEARHAET PARTNERS LLC
6N-10W-3-100

Map



0 500 1000 1500 2000 ft

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.





Septic Application

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

For Department Use Only

Permit #: 500955
 Permit Type: Construction Perm
 Entry Date: 3/20/2018
 Issued By: Annette Brodigan
 Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	03/20/2018

Work Description

Work Description:

Remarks:

Owner

Name: **Gearhart Partners LLC** Ph. #: () - Cell: () -
 Address: E-Mail: Fax: () -
 City, State, Zip: Portland, OR 97208

Applicant

George Owen Ph. 5037178681 Fax
 89647 Manion Dr Cell E-Mail
 Warrenton, OR 97146

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	\$1,565.00	\$100.00	\$0.00	\$9.00	\$1,674.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
KEITH KERANEN EXCAVATING	Check	4196	03/20/2018	\$1,674.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: *George Owen* **Date:** 3/20/18
Owner Signature: _____ **Date:** _____

SITE EVALUATION REPORT

Date: March 27, 2018

Dear Gearhart Partners LLC:

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 repair 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: Gearhart Partners LLC Application: # 500954 County: Clatsop

RE: REPAIR EVALUATION REPORT for Township/Range/Section: T 6 / R 10W / S 3 Tax Lot#: 00100

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact my office for more details.

This repair evaluation coincides with your application for a repair permit.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,

Nancy Mendoza, REHS
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: GGEarth Partners LLC Application #: 500954 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 6 / R 10W / S 3 Tax Lot#: 00100

Commercial Facility: Yes No Parcel Size: 100.38 acres

APPROVED SYSTEM SPECIFICATIONS

#2	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
	Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input checked="" type="checkbox"/> effluent filter required
	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial
	Absorption facility: _____ linear. ft Disposal facility: 720 sq. ft. 36 " Max Depth 18 " Min Depth	Absorption facility: _____ linear. ft Disposal facility: <u>720</u> sq. ft. 36 " Max Depth 18 " Min Depth

Design flow: 800 gpd Max # of bdrms:

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOILD DEPT, ETC.
#1	0-60"	FS	0"-60" 10 YR 5/6, no roots present, GR, ESD greater than 60"
#2	0-60"	FS	0"-60" 10YR 5/6, no roots present, GR, ESD greater than 60"

Landscape Notes: Flat site with chicken coop at far end of drainfield.

Slope: 0-7%

Aspect: North to South

Groundwater Type; None present

Additional Conditions of Approval

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.**



#500954

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) CK # 4194
\$81000

Application for Onsite Sewage Treatment System

A. Property Owner Information

GEARHART PARTNERS LLC Box 2824 PORTLAND, OR 97208 971-271-4146
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number CONTRACTOR

B. Legal Property Description

6N 10W 3 100 7821 100.38 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP County Subdivision Name Lot Block

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

Directions to Property GO SO. ON HWY 101 TO GEARHART LOOP RD, TURN RT. GO TO CURVE AND PROPERTY ON LFT.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
Single Family Residence Single Family Residence Public GEARHART
Number of Bedrooms Number of Bedrooms Name
Other MCMENAMIN'S Private Well, Spring, Shared
Other SNACK SHACK 22 SEATS

D. Type of Application

- Site Evaluation
Construction
Permit Repair
Alteration Permit
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

Signature George Owen Date 3/19/18

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

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

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached KETRA KERAVEN EXC. #38452
Installers Name

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MAR 19 2018

CLATSOP CO. PUBLIC HEALTH

#500 954



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

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

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-B@GearhartPartners.com

Mail Address: Box 2824

City/State/Zip PORTLAND, OR 97208

Phone: 971-271-4146

FAX:

Signature: [Handwritten Signature]

Date: 3/15/18

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN

Email: GNTLMANGEORGE@GMAIL.COM

Mail Address: 89647 MARION DR

City/State/Zip WARRETON, OR 97146

Phone: 503-717-8681

FAX: 503-717-8681

Signature: [Handwritten Signature]

Date: 3/15/18

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CLATSOP CO. PUBLIC HEALTH

#500954

6-10.3-100

SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: GEARHART PARTNERS LLC
Mailing Address: Box 2824
City/State/Zip: PORTLAND, OR 97208
Telephone: 971-

2. Property Information:
County: CLATSOP Tax Lot No: 100
Township: 6N-271-4146 Range: 10W Section: 3
Physical Address: 1157 N. MARION AVE GEARHART, OR 97138
Block: _____ Lot: _____
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: M^c MENAMU'S SNACK SHACK

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 CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: P Zoning Minimum Parcel Size N/A

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: _____

Pol # 21195 3/19/18

8. Planning Official Signature: Chad Sweet

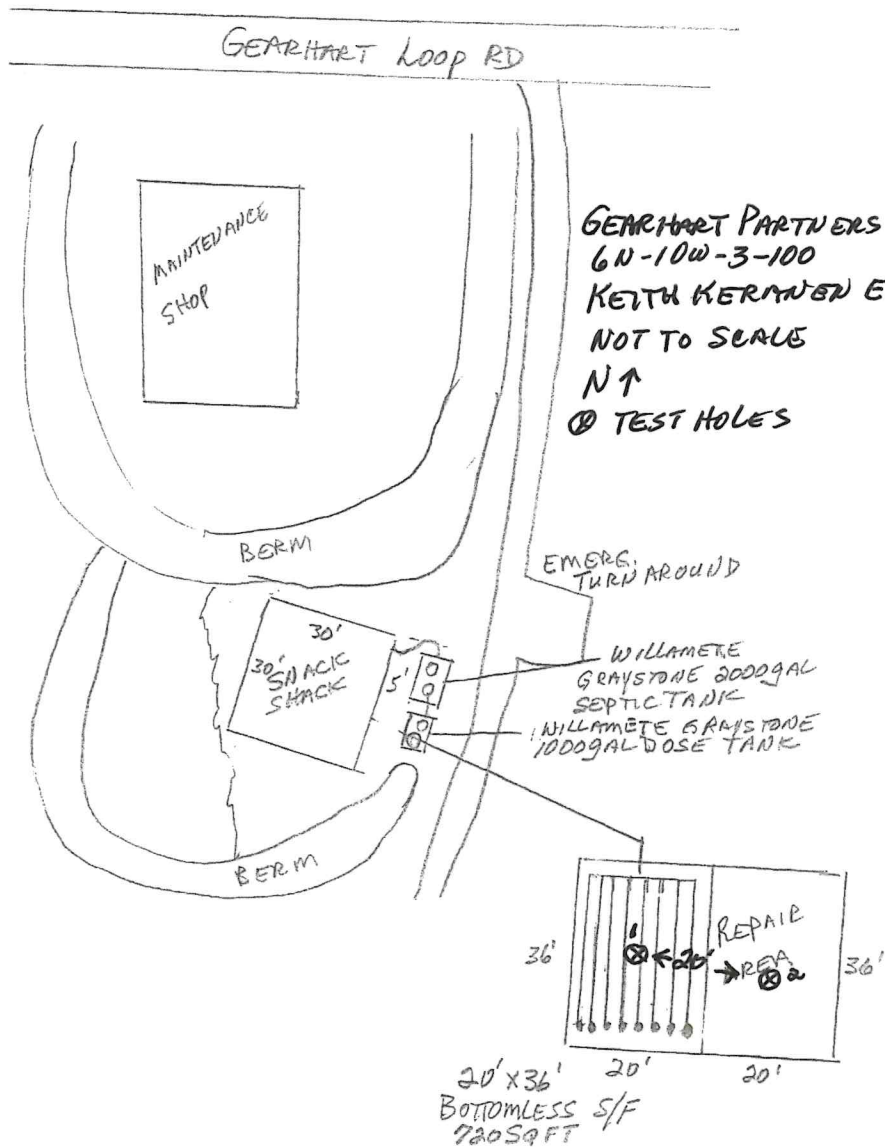
Print Name: Chad Sweet Date: 3/19/18

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MAR 19 2018

CLATSOP CO. PUBLIC HEALTH

#500954



GEARHART PARTNERS LLC
6N-10W-3-100
KEITH KERNER EXC #38452
NOT TO SCALE
N ↑
⊗ TEST HOLES

WILLAMETTE
GRAYSTONE 3000 GAL
SEPTIC TANK
WILLAMETTE GRAYSTONE
1000 GAL DOSE TANK

20' x 36'
BOTTOMLESS S/F
720 SQ FT

RECEIVED

MAR 19 2018

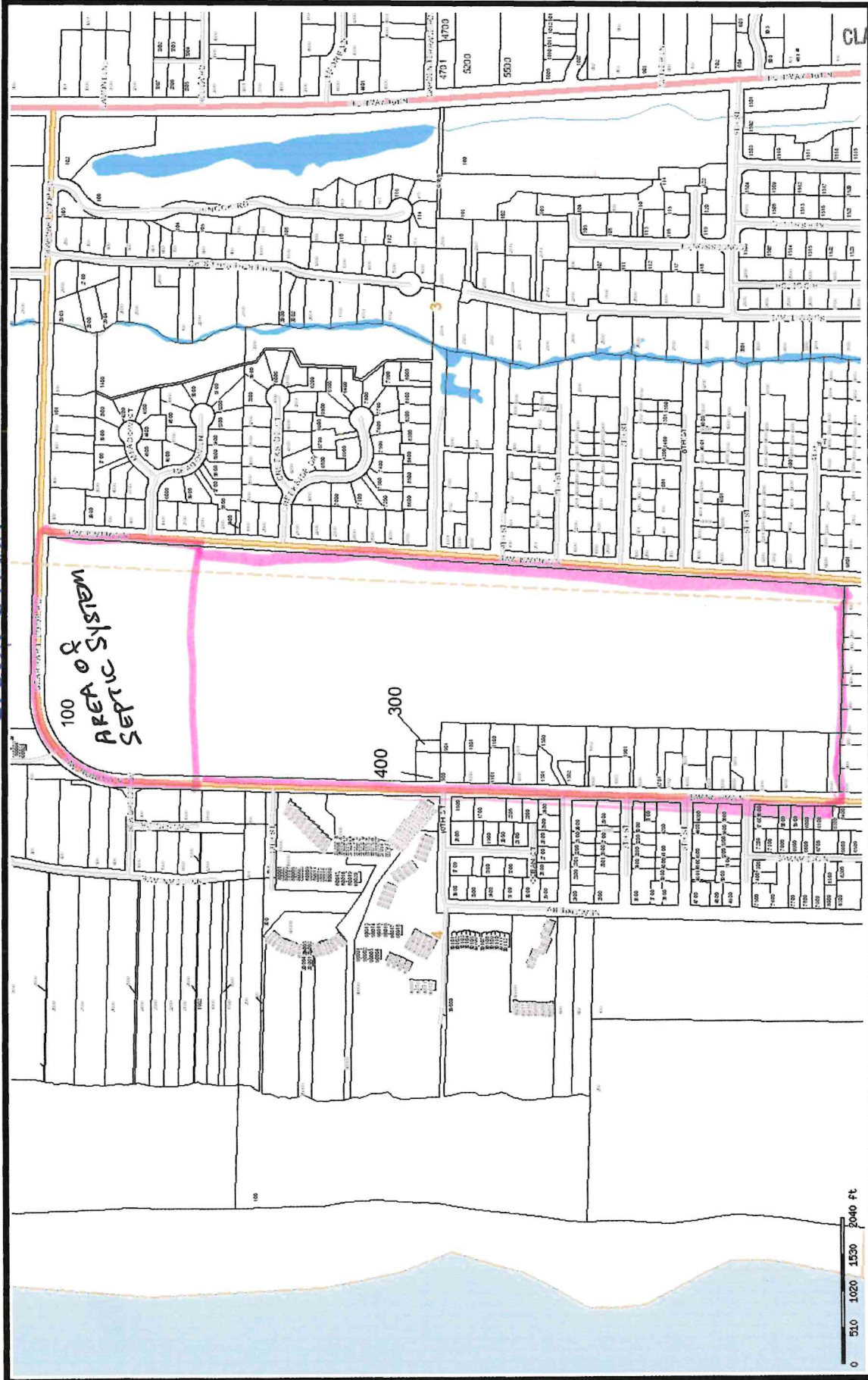
CLATSOP CO. PUBLIC HEALTH

\$500 95 9

Map
GERHAAT PARTNERS LLC
6N-10W-3-100

Sand Trap
Snack Shack

KETTA KERAUED EXC # 38452



6-10-3-100 = 100.38 acres

Clatsop County Webmaps

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Septic Application

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

For Department Use Only

Permit #: **500954**
 Permit Type: **Site Evaluation**
 Entry Date: **3/19/2018**
 Issued By: **Annette Brodigan**
 Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	03/19/2018

Work Description

Work Description:

Remarks:

Owner

Name: **Gearhart Partners LLC**
 Address: PO BOX 2824
 City, State, Zip: Portland, OR 97208

Ph. #: (971) 271-4141
 E-Mail:
 Cell: () -
 Fax: () -

Applicant

George Owen
 89647 Manion Dr
 Warrenton, OR 97146

Ph. 5037178681
 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	\$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>
KEITH KERANEN EXCAVATING	Check	4194	03/19/2018	\$810.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____

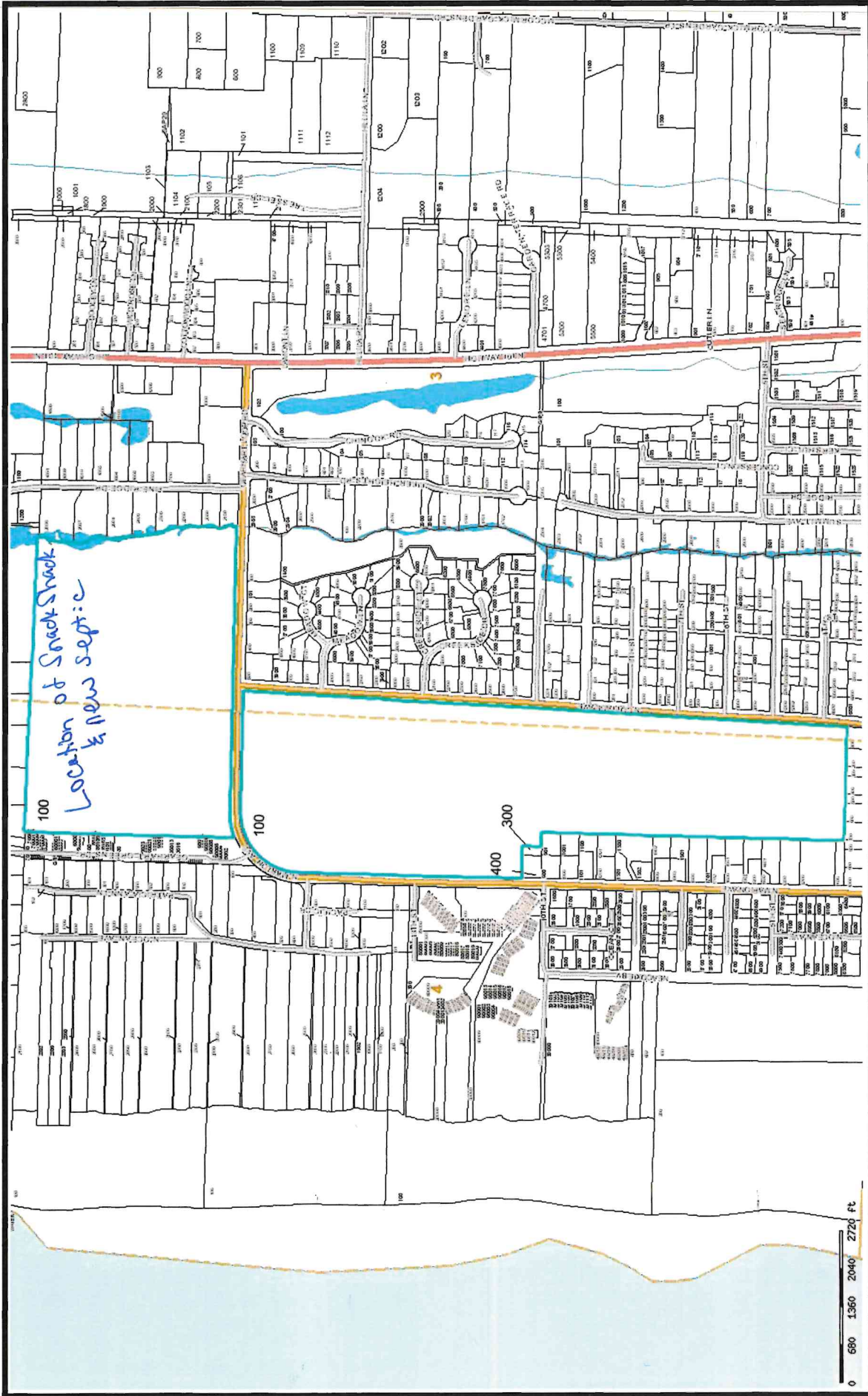
Date: _____

3/19/18

Owner Signature: _____

Date: _____

Map



$$6-10-3-100 = 100.38 \text{ acres}$$



Clatsop County Webmaps

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