



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

186-20-000186-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 Certificate Issued:** 06/19/2020  
**Work Description:** Commercial Minor Repair; tank only; golf course

**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

**Owner:** Gearhart Partners LLC  
**Property Address:** 1157 N Marion Ave, Gearhart, OR 97138  
**Parcel:** 610030000100 - Primary      **Township:** 6      **Range:** 10      **Section:** 3

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

**Category of Construction:** Commercial

	Existing	Proposed
<b>Use of Structure:</b>	Gearhart Golf Course	N/A

Date Certificate Issued: 06/19/2020

Work Description: Commercial Minor Repair; tank only; golf course

Conditions of Approval

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

Yvonne Van Nostran

Onsite Inspector

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: 186-20-000186-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 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: Gearhart Partners LLC

Twnshp: 6  
Lot: 00100

Range: 10 **RECEIVED** Sept: 9

**JUN 19 2020**

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

CLATSOP CO. PUBLIC HEALTH

**SECTION 2: System Component Specifications:** *SEPTIC TANK ONLY*

System Type:				Water tight verification*	
A. Tanks/Pumps	Tanks(1)	Volume: <i>1000</i>	Compartments: <i>1</i>	Manufacturer: <i>NORWESCO</i>	Date: <i>6/19/20</i>
	Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
	Pump(s)	HP:	Model/Manuf.	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 <input type="checkbox"/>	Diameter: <i>4"</i>	ASTM#/Other: <i>PVC</i>	Length: <i>10'</i>
Pressure Transport Pipe	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

C. Secondary Treatment Unit:

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

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <i>NONE</i>				
Distribution Box	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Drop Box	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

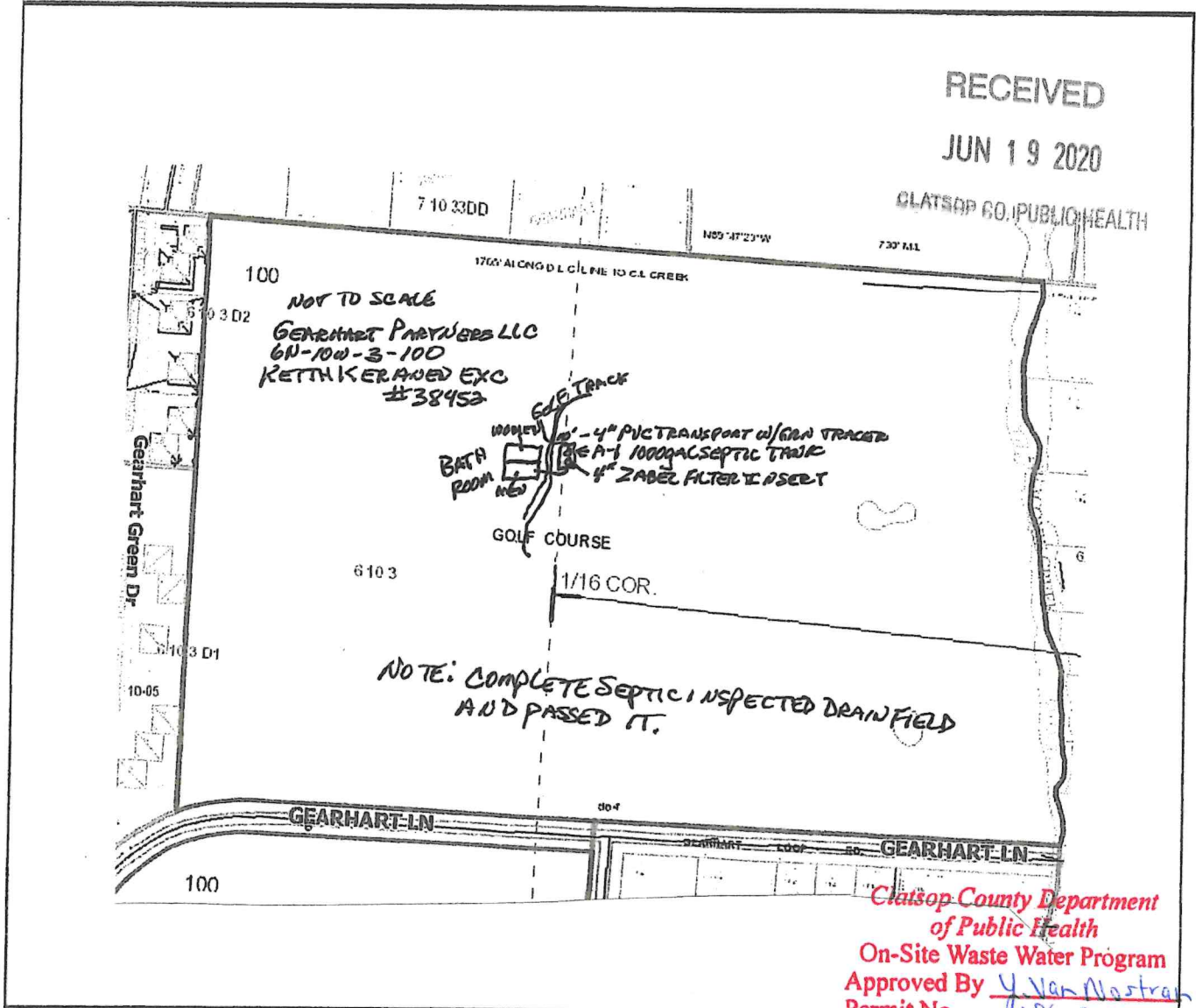
Comment *BIO FILTER INSERT, 2 POLY RISERS*

*Clatsop County Department of Public Health*  
**On-Site Waste Water Program**  
Approved By *J. Van Nostran*  
Permit No. *186-20-000186*  
Date *6/19/20*

\*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.



**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: KETH KERAUEN EXC

Licensed Installer: Yes  No  License#: 38452 Certification#: I 182

Owner/ Certified Installer: Signature: [Signature] Date: 6/19/20 Phone#: 503-717-8681

**SECTION 5 - Office Use Only:**

Notice Accepted Yes  No  Date: 6/19/2020

Installer/Owner (Permittee) Notified: Yes  No  Date: 6/19/2020

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

Comment: photos received in lieu of final inspection 6/19/2020



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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CLATSOP CO. PUBLIC HEALTH

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. 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: GEAROLF NORTH RESTROOM

Septic Tank Location: 1157 N. MARION AVE GEARHART, OR 97138

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

Date Tank Pumped: 6/9/20

By: [Signature] License #: 37824
(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: [Signature] Date: 6/10/20
(signature of operator/owner)

Please Include:
PUMPING
RECEIPT

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By Y. Van Nostran
Permit No. 186-20-000166
Date 6/19/20

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JUN 19 2020

CLATSOP CO. PUBLIC HEALTH



**COMPLETE SEPTIC SERVICE**

41092 ZIAK-GNAT CREEK LANE

ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

"GUARANTEED LOWEST PRICES"

05420

DATE 6-9-20

NAME Keranon - Golf course PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

DESCRIPTION	AMOUNT
<u>Pump out clean septic tank</u>	<u>400</u> ✓
<b>PAYMENT DUE UPON RECEIPT OF THIS INVOICE</b>	<b>TOTAL</b> <u>400</u> ✓

THANK YOU

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By J. Van Nostran  
Permit No. 186-20-000186  
Date 6/19/20

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

*Thank You*

Ordered By \_\_\_\_\_



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JUN 19 2020

CLATSOP CO. PUBLIC HEALTH

#186-20-000186

GEARHART PARTNERS LLC #60-100-3-100

KETHA KERAVEN EXC #38452





GEARHART PARTNERS LLC 60-100-3-100

KETH KERANED EXC #38457





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

KEITH KERAVED EXC #38452

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JUN 19 2020  
GLATSOP CO. PUBLIC HEALTH  
#186-20-000186



**Septic Permit**  
**Repair (Minor) - Commercial - New**  
**186-20-000186-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>

<b>Date issued:</b> 6/17/20	<b>Expiration date:</b> 6/17/21
<b>Work description:</b> Commercial Minor Repair; tank only; golf course	

<b>Applicant:</b> Septic System Design <b>Address:</b> 89647 Manion Drive Warrenton OR 97146 <b>Phone:</b> 503-717-8681 <b>Email:</b> gntlmangeorge@gmail.com  <b>Business License:</b> N/A	<b>Primary contractor:</b> Keith Keranen Excavating, Inc. <b>Installer License:</b> 38452 <b>Address:</b> 37194 Hwy 26 Seaside OR 97138-3615 <b>Phone:</b> (503) 717-2200 <b>Email:</b> kkeraneninc@hotmail.com
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<b>Owner:</b> Gearhart Partners LLC	<b>Property address:</b> 1157 N Marion Ave, Gearhart, OR 97138
<b>Parcel:</b> 610030000100 - Primary	<b>Township:</b> 6 <b>Range:</b> 10 <b>Section:</b> 3
<b>Lot size:</b> N/A	<b>Water supply:</b> Community Water Supply
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> City
<b>Land use approval:</b> N/A	<b>County:</b> N/A
<b>Action:</b> New	<b>Type of application:</b> Repair (Minor) - Commercial
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A
<b>Comments:</b> N/A	

**Category of construction:** Commercial

	Existing	Proposed
<b>Use of structure:</b>	Gearhart Golf Course	N/A

**Conditions of approval**

- 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.

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

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**Date issued:** 6/17/20

**Expiration date:** 6/17/21

**Work description:** Commercial Minor Repair, tank only, golf course

Yvonne Van Nostran

Onsite Inspector

6/17/20



**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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 JUN 16 2020

CLATSOP CO. PUBLIC HEALTH

pd # 4414

\$587.00

#186-20-000186

**Application for Onsite Sewage Treatment System**

**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  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
CLATSOP CLATSOP 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, TURN RT ON GEARHART LN GO TO JUST BEFORE GOLF MAINT. SHOP. RESTROOMS ARE N. SIDE OF GEARHART LN IN MIDDLE OF COURSE

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

<b>Existing Facility</b>	<b>Proposed Facility</b>	<b>Water Supply</b>
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>GEARHART</u>
Number of Bedrooms <u>(Northside)</u>	Number of Bedrooms	Name <u>LESS THAN 150 GPD</u>
<input checked="" type="checkbox"/> Other <u>BATH ROOM at Gearhart Golf Course</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Private
		Well, Spring, Shared

**D. Type of Application**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Site Evaluation                        | <input type="checkbox"/> Renewal Permit             | <input type="checkbox"/> Authorization Notice for:                     |
| <input type="checkbox"/> Construction                           | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use   |
| <input type="checkbox"/> Permit Repair                          | <input type="checkbox"/> Permit Transfer            | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input type="checkbox"/> Major                                  | <input type="checkbox"/> Permit Reinstatement       | <input type="checkbox"/> Mobile Home or House                          |
| <input checked="" type="checkbox"/> Minor <u>TANK ONLY WPCF</u> | <input type="checkbox"/> Compliance Record Review   | <input type="checkbox"/> The Addition of One or More Bedrooms          |
| <input type="checkbox"/> Alteration Permit                      |   | <input type="checkbox"/> Personal Hardship                             |
| <input type="checkbox"/> Major                                  |   | <input type="checkbox"/> Temporary Housing                             |
| <input type="checkbox"/> Minor                                  |   | <input type="checkbox"/> 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 6/12/20

Applicant's Name (Please Print Legibly) George Owen Applicant's Phone 503-717-8681 Applicant's E-Mail Address GEORGEOWEN@GMAIL.COM

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

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer  
 Authorization Attached KEITH KERANEV 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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 JUN 16 2020

CLATSOP CO. PUBLIC HEALTH  
 #186-20-000186

**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: VasonB@GearhartCoILC.com

Mail Address: Box 2824

City/State/Zip PORTLAND, OR 97208

Phone: 503-739-5077

FAX: \_\_\_\_\_

Signature: [Signature]

Date: 6/12/20

**AUTHORIZED REPRESENTATIVE:**

Name: GEORGE OWEN

Email: GUTLMAN GEORGE@GMAIL.COM

Mail Address: 89647 MARION DR

City/State/Zip WARRENTON, OR 97146

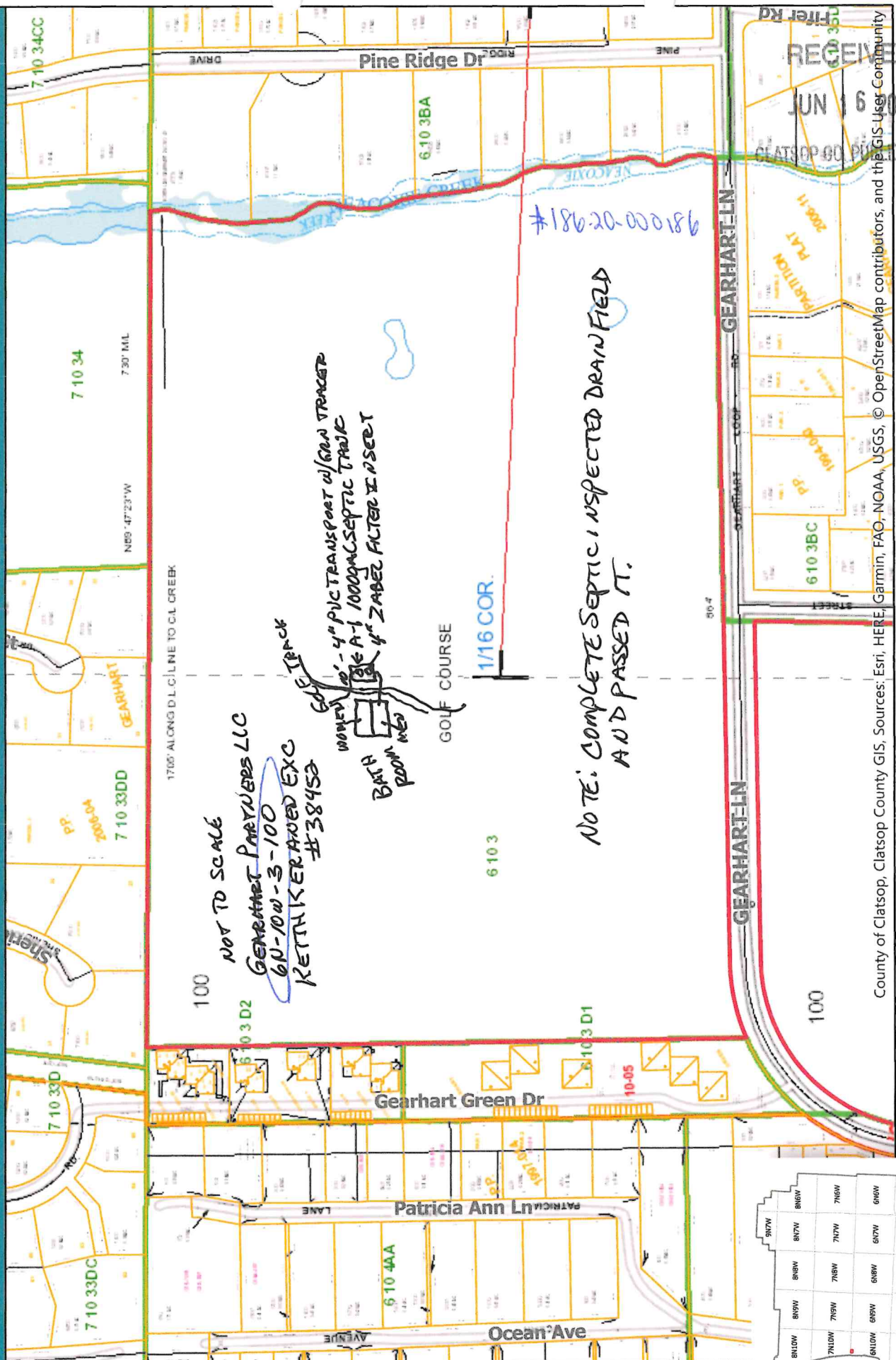
Phone: 503-717-8681

FAX: 503-717-8681

Signature: [Signature]

Date: 6/11/20

# Clatsop County, OR



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

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## Clatsop County

0.1  mi



8N7W	8N7W	8N6W	7N6W	6N6W	5N6W	4N6W
8N5W	8N5W	7N5W	6N5W	5N5W	4N5W	3N5W
7N5W	7N5W	6N5W	5N5W	4N5W	3N5W	2N5W
6N5W	6N5W	5N5W	4N5W	3N5W	2N5W	1N5W
5N5W	5N5W	4N5W	3N5W	2N5W	1N5W	0N5W
4N5W	4N5W	3N5W	2N5W	1N5W	0N5W	0N5W

**Parts list**

**Gearhart Properties LLC**

**Keith Keranen Exc. #38452**

- 1      A1 1000 gal septic tank
- 2      24" dia. Risers
- 2      24" poly lids
- 1      Zabel 4" biofilter insert

**Misc. pipe & fittings**

6-10-3-100

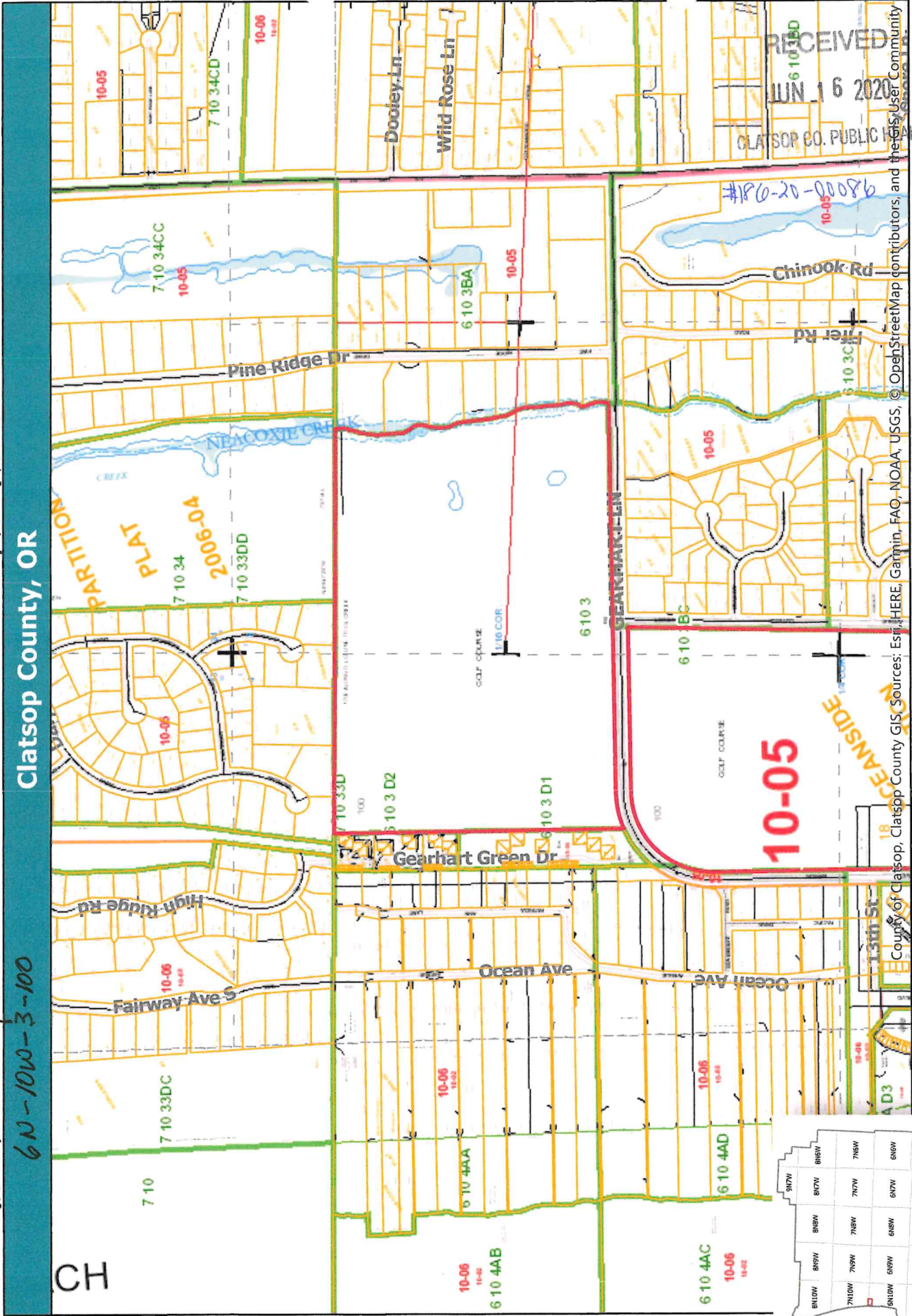
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#186-20-000186

GEARHART PROPERTIES LLC

6N-10W-3-100

KETH KERRANEN DEC #38452

Clatsop County, OR

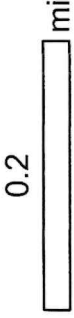


6-10-3-100 Golf course

8N7W	8N6W	8N5W	8N4W	8N3W	8N2W	8N1W
7N7W	7N6W	7N5W	7N4W	7N3W	7N2W	7N1W
6N7W	6N6W	6N5W	6N4W	6N3W	6N2W	6N1W
5N7W	5N6W	5N5W	5N4W	5N3W	5N2W	5N1W
4N7W	4N6W	4N5W	4N4W	4N3W	4N2W	4N1W



Clatsop County



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6/11/2020 12:57 PM



# Transaction Receipt

186-20-000186-PRMT

IVR Number: 186047478109

Clatsop County Onsite

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

Receipt Number: 453225

Receipt Date: 6/16/20

<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
6/16/20	1.00 Ea	Repair (minor) - commercial facility	81-7207	\$478.00	\$478.00
6/16/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/16/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4414

Payer: Keith Keranen  
Excavating, Inc.

Payment Amount:

\$587.00

Cashier: Annette Brodigan

Receipt Total:

\$587.00