

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 OS413991 as follows:

PROPERTY INFORMATION

Property Owner: **Frank Roystan** Township **06N, Range 10W, Section 03 A**
Property Location: **88308 McCormick Garden Road,** Tax Lot **700**
Seaside
Facility Type: **Single Family Dwelling** Clatsop County
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Pressure Distribution

Design Flow:	450 gals/day	Drain Media Total Depth:	12 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	6 inches
Minimum Dosing Tank Size:	500 gals	Drain Media Above Pipe:	2 inches
Distribution Type:	Pressurized		
Total Trench Length:	225 Linear feet		
Trench Spacing:	8 feet*		
Media Type:	Rock and Pipe		
Maximum Trench Depth:	14 inches		
Minimum Trench Depth:	12 inches		

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Maintain a contract with a Certified Maintenance Provider that does onsite maintenance at least twice a year.
- 2 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.
- 3 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.
- 4 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 5 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.

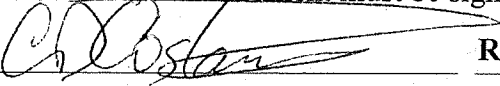
- 6 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 7 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by Bernie Duffy on 6/3/2014

Pre-Cover Inspection by Chuck Costanzo on 6/26/2014

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

	Regional Onsite Wastewater Specialist	7/8/2014
Authorized Agent:	Title	Date CSC Issued
Chuck Costanzo		

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

For Official Use Only/Date Received:

Final Inspection Request and Notice - Onsite ID: 413991

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: Frank Roystan
Property Address: 88308 McCormick Garden Road, Seaside
Township: 06N, Range 10W, Section 03 A
Clatsop County TaxLot#: Tax Lot 700

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Pressure Distribution			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: A1 Concrete		Date: 5-25-14
Tanks(2)	Volume:	Compartments:	Manufacturer:		Date:
Pump(s)	HP: 1/2	Model/Manuf: PF30 ORNCO	Float(s) Type(1): 3	Model/Manuf: A" ORNCO	
			Float(s) Type(2): 1	Model/Manuf: T" ORNCO	

B. Piping		Yes	No	Diameter:	ASTM#/Other:	Length:
Effluent Sewer (tank to drainfield)						
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/2	ASTM#/Other: PVC SCH 40	Length: 75'	

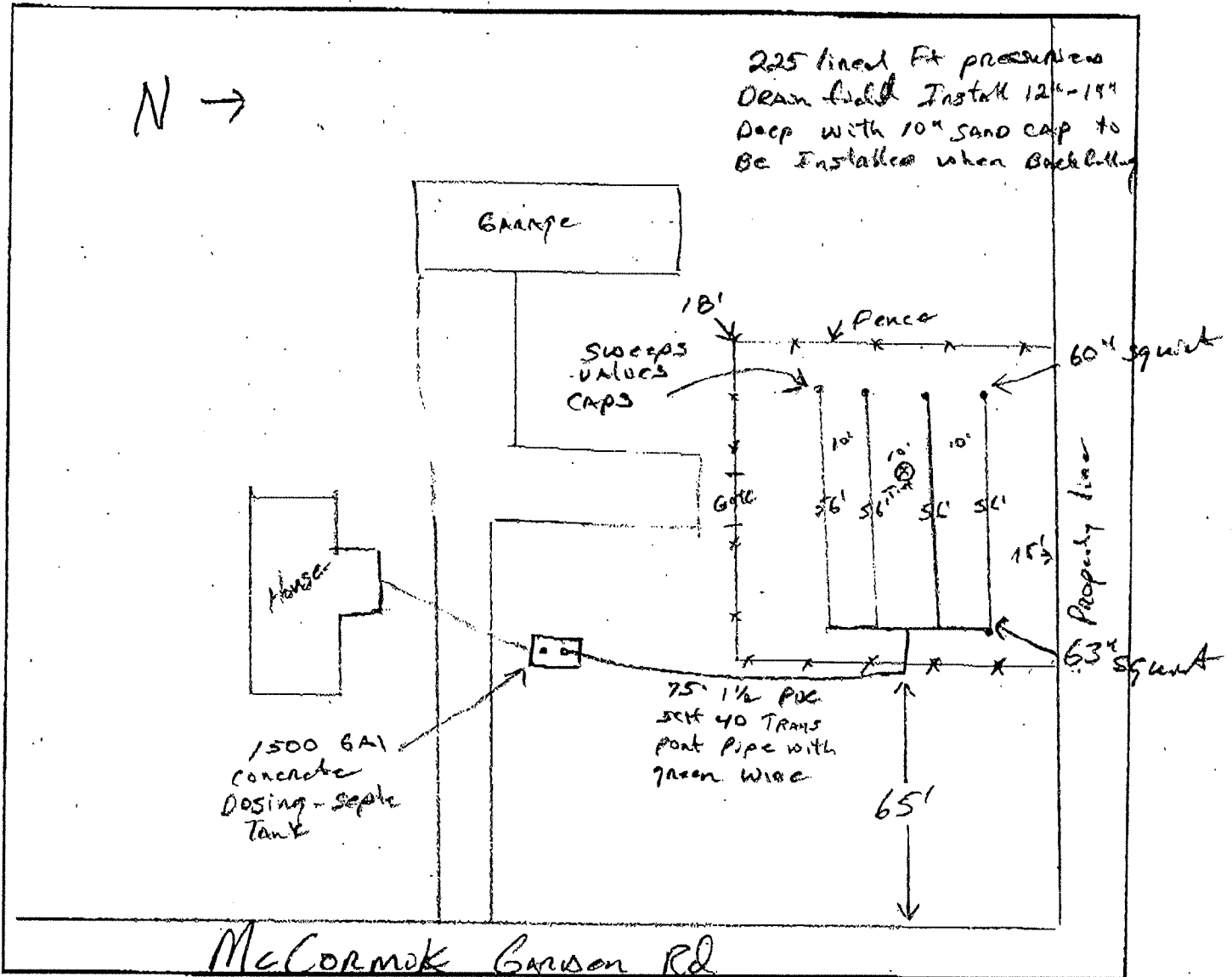
C. Secondary Treatment Unit:		Yes	No	Type:	Container Dimensions:
Sand Filter**					
Underdrain pipe	Diameter:	ASTM#/Other:			Length:
Manifold piping	Diameter:	ASTM#/Other:			Length:
Internal Pump	HP:	Model/Manufacturer:			
Floats(1)	Type:	Model/Manufacturer:			
Floats(2)	Type:	Model/Manufacturer:			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

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	No	Diameter:	ASTM#/Other:	Length:
Comment	225 Ft 1" laterals Pressure Dist				

*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:	Robert Madson	
Licensed Installer:	Yes	No	License#: 37547
			Certification#: RI 338
Owner/ Certified Installer:	Signature:	Date:	Phone#:
	<i>Robert Madson</i>	5-30-14	503-440-2724

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:
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Installer/Owner (Permittee) Notified:	Yes	No	Date:
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If No, Reason for Non Acceptance: _____

Comment: _____



State of Oregon
Department of
Environmental
Quality

Onsite Sewage System Installation Notice of Inspection

Department of Environmental Quality
700 SE Emigrant, Suite 330
Pendleton, OR 97801

Phone/TTY: (541) 276-4063
Fax: (541) 278-0168

An inspection of this onsite sewage disposal system has identified the following:

Pump + Alarms ok - 5 ft squirt
Orifice - 3' spacing
Drain field ok - Scarify perimeter prior
to capping fill placement - 10ft in all
directions
Place cap - 10" ~~deep~~ deep - over
drain field.
Stake beginning + end of each
trench for final inspection.

Property owner's name: Frank Roystan

Permit number: OS 413991

Township: 6N Range: 10W Section: 3A Tax lot: 700

Inspection date: 6/3/14 Inspection time: 1:20PM

Inspector's signature: Bernie Duff

State of Oregon
Department of Environmental Quality

Onsite ID: **OS413991**
Expiration Date: **5/16/2015**

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-Major Permit OS413991 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Frank Roystan** Clatsop County
Property Location **88308 McCormick Garden Road, Seaside** Township 06N, Range 10W, Section 03 A
Facility Type: **Single Family Dwelling** Tax Lot **700**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: **Pressure Distribution**

Dry soil installation required between: Jun 1 2014 And Oct 1 2014.

Design Flow:	450 gals/day	Drain Media Total Depth:	12 inches
Minimum Septic Tank Size:	1000 gals	Drain Media Below Pipe:	6 inches
Minimum Dosing Tank Size:	500 gals	Drain Media Above Pipe:	2 inches
Distribution Type:	Pressurized		
Total Trench Length:	225 Linear feet		
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Media Type:	Rock and Pipe		
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ADDITIONAL CONDITIONS

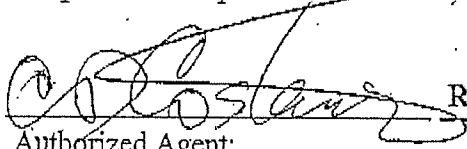
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- 2 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 3 All roof drains must be directed away from the system.
- *4 An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- 5 Filter fabric is required over the drain media.
- 6 Meet all required setbacks.
- 7 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- *8 The alarm and pump must be on separate circuits in the control panel.
- 9 The cap material must be evenly graded to a final depth of 10 inches over the drain media.

- 10 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 11 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 12 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

- 1 A final inspection is required after landscaping or other erosion control measures are established.
- 2 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.
- 3 A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- 4 A site inspection of both the absorption area and the borrow material is required prior to cap construction
- 5 A squirt test inspection of the pressurized piping system is required.
- 6 An inspection of the constructed cap is required.

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

	Regional Onsite Wastewater Specialist	5/16/2014	5/16/2015
Authorized Agent:	Title	Date Issued	Expiration Date

Chuck Costanzo

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

See the Attachment 1 for additional information about your permit.

Frank Rogstad
6-10-3A-700

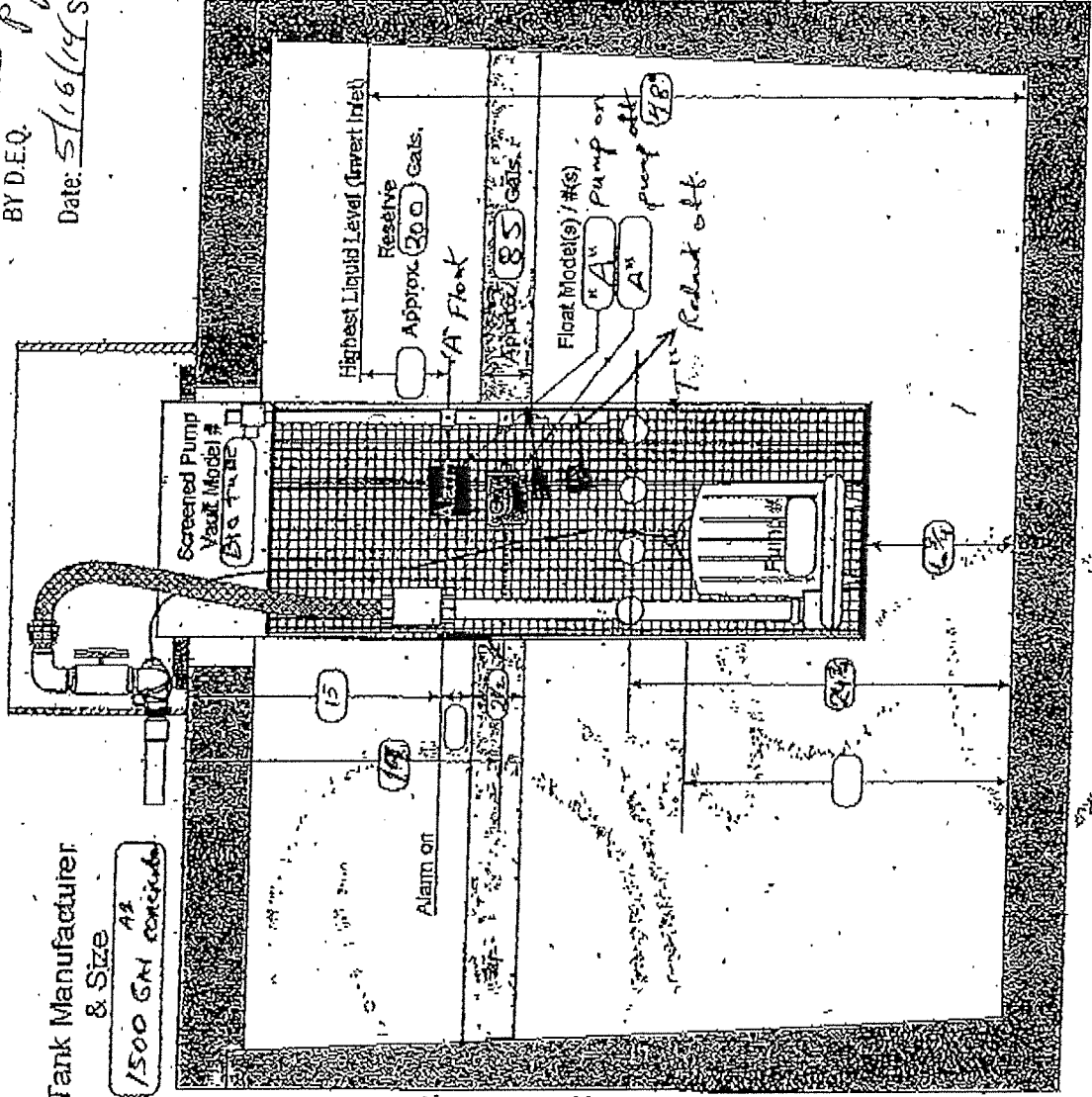
Float Setting Worksheet On-Demand Dosing

An electrical permit and inspection from the appropriate state or local jurisdiction (Building Dept.) is required for sewage pump wiring installation.

PLAN APPROVED
BY D.E.Q.

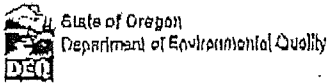
Pg 2 of 4

Date: 5/16/14 Signed: [Signature]



A 1500 Gal concrete dosing-septic tank flow-thru design 34 gals per float when floats are set 2 1/2" apart you get 85 GNL per pass

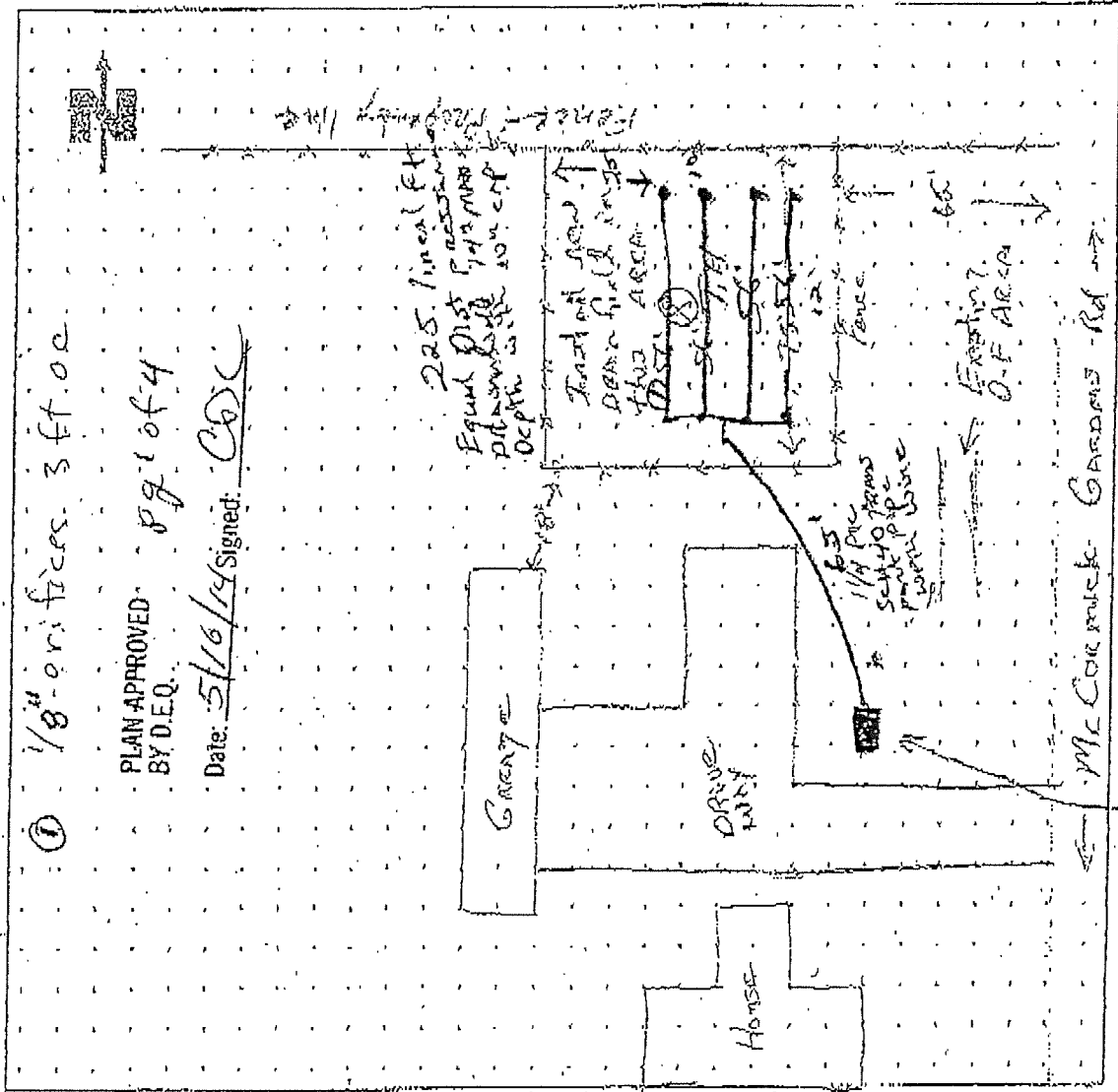
Robert
Mast...



SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current. Property Owner: FRANK ROYALTON Site ID: _____
Site Address: 86308 McCormick City: Seaside County: Clatsop
Township: 6N Range: 10W Section: 3A Tax Lot: 700
Acre(s) 1 Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet. SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



① 1/8" orifices. 3 ft. o.c.
PLAN APPROVED BY D.E.Q. pg. 1 of 4
Date: 5/16/14 Signed: COX

Pump and Ana Replace Existing 1000 Gal steel septic tank with 1500 Gal concrete septic dosing tank

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Rob E Martens Date: 4-22-14

Frank Ruystar

Pump Selection for a Pressurized System - Single Family Residence Project

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	85	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	30	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Lateral per Coll	4	
Lateral Length	65	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.00	inches
Orifice Size	1/2	inches
Orifice Spacing	3	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	76	
Total Flow Rate per Zone	33.5	gpm
Number of Laterals per Zone	4	
% Flow Differential to Last Orifice	8.9	%
Transport Velocity	7.2	fps

Frictional Head Losses

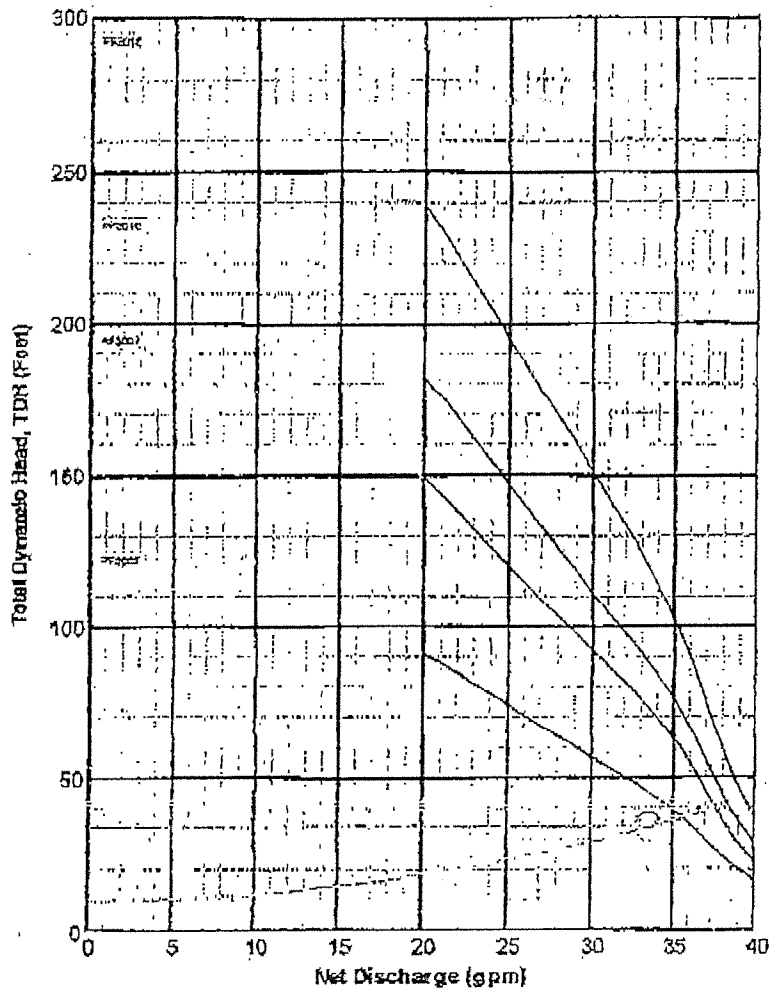
Loss through Discharge	7.9	feet
Loss in Transport	8.8	feet
Loss through Valve	0.0	feet
Loss in Manifold	1.1	feet
Loss in Laterals	0.8	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	5.1	gals
Vol of Manifold	2.3	gals
Vol of Laterals per Zone	10.1	gals
Total Volume	17.4	gals

Minimum Pump Requirements

Design Flow Rate	33.5	gpm
Total Dynamic Head	33.7	feet



Pump Data

PF3005 High Head Effluent Pump
30 GPM, 1/2HP
115/230V 75 60Hz 200V 30 60Hz

PF3007 High Head Effluent Pump
30 GPM, 3/4HP
230V 10 60Hz 200/460V 30 60Hz

PF3010 High Head Effluent Pump
30 GPM, 1HP
230V 10 60Hz, 200/460V 30 60Hz

PF3016 High Head Effluent Pump
30 GPM, 1-1/2HP
230V 10 60Hz, 200/230/460V 30 60Hz

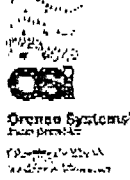
Legend

System Curve	---
Pump Curve	---
Pump Optimal Range	---
Operating Point	●
Design Point	○

PLAN APPROVED BY D.E.Q.

pg 4 of 4

Date: 5/16/14 Signed: [Signature]



Robert Martins

Materials list

PLAN APPROVED
BY D.E.Q.

Pg 3 of 4

Date: 5/16/14 Signed: CDC

- 1500 Gal A1 Concrete Dosing - septa
Tank with two Oranco Fiberglass
Risers and lids
30 Ft 1 1/4" Mineral piping
225 Ft 1" PVC scvt 40 lateral piping
76 1" Oranco shields
4 6" Oranco valves
24 yds Tecan Fisher DEQ Drain Rock
225 x 3' Typar Filter Fabric
1- Bio tube pump unit
1 1/2 1/2 hp 30 BPM Oranco pump
1/4" hose and valves
S1RO Control panel
Elect splice Box
4 Float Assemblies
65 Ft 1 1/4" Transport pipe with green wire

Robert
Martens



State of Oregon
Department of
Environmental
Quality

SEPTIC TANK ABANDONMENT FORM

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 our office at 221 Stewart Avenue, Suite 201, Medford, OR 97501. If you have any questions, please call 541-776-6010.

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 FRANK ROYSTAN

Septic tank location 88308 McCORMICK GARDENS RD

Legal Description: Twp: 6N Range 10W Section 3A TL # 700

Date tank pumped: 5-23-14

By: _____ License # _____
(signature of licensed pumper)

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

By: REMT Date: 5-30-14
(signature of operator/owner)

ED'S
Septic Tank Cleaning Service
 Licensed & Bonded
 92042 Koppisch Road
 ASTORIA, OREGON 97103-8426
 CLYDE McDONALD 458-6521
 (800) 382-7380

STATEMENT

DATE 5-23-2014
 NUMBER 5033250615

Robert Marden, Escrow Agent
92859 Walkuski Loop
ASTORIA, OREGON 97103

TERMS: A \$20.00 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED CHECKS

Let Frank Rye, 508 W. Cornice Granddass Road
Seaside, Oregon

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	1000 GYLOW	
	SEAL SEPTIC TANK	
5-23-14	Rumped Septic TANK	\$252.00
	DUMP FEE	143.00
	TOTAL	\$395.00
STATEMENT		

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

ON-SITE SEPTIC SYSTEM MAINTENANCE/SERVICE CONTRACT

Date

SERVICE PROVIDER

OWNER(S)

Michael R. McEwan
Bob McEwan Construction, Inc.
PO Box 2845
Gearhart, OR 97138-2845
Phone: 503-738-5954
E-mail Address: mmcewan3569@charter.net
OR CC #48302
Oregon DEQ Maintenance Provider M 166
DEQ Installers #37079

SYSTEM LOCATION:

*38308 McCormick Garden Rd.
Gearhart, OR 97138*

DESCRIPTION OF WORK PROVIDED BY MICHAEL MCEWAN/BOB MCEWAN CONSTRUCTION:

1. We will provide a minimum of two inspections/service visits (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sand filter, seepage bed, or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions, and calibrating the effluent pump. We will visually assess color, turbidity, and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost. Any replacement parts and their installation required for the system shall be billed on a time and material basis plus a mark-up of 20%.
2. We will submit the annual required report to the DEQ office in Warrenton along with the required fee.
3. We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. We will provide emergency service of the septic system components within 48 hours of your service request.
5. We will advise you of the need to pump a tank(s) and suggest a DEQ licensed pumper for you to call.
6. We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. We will notify the DEQ office in Warrenton within 30 days if the service contract is not renewed or terminated.

OWNER RESPONSIBILITIES:

1. The owner shall provide water meter readings and email the readings to Michael McEwan/Bob McEwan Construction.
2. The owner shall control vegetation around and on the tank and sand filter.
3. The owner shall report evidence of any system failures to the DEQ office and our office.



COST/BILLING: The contract service work shall be charged at \$250.00 per year. Billings shall be sent to the owner prior to the 1st of the month w/ payment due by the 10th. The annual report fee of \$60.00 shall be billed to the owner at this time as well. Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%. Extra service calls will be billed monthly. Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600.00.

CHANGES: All changes in the contract shall be verified in written change orders prior to commencing the changed work.

PERFORMANCE TIME: The contract shall begin after our office receives the contract with the appropriate signatures. The service contract shall run for a two years from the signature date at the bottom of this page. We require contract renewal for the next two year period within 30 days of this contract expiration.

PAYMENT-INTEREST: Interest of 18% per annum shall be charged on all invoiced amounts not paid within 30 days of work invoice.

DISPUTES: All disputes arising out of or related to this contract shall be settled by arbitration administered by the American Arbitration Association, and judgment on the arbitration award may be entered in any court having jurisdiction. The prevailing party in the arbitration shall be entitled to reasonable attorney fees.

If you have any questions regarding the contract, please let me know. Please sign this proposal, and initial and date all pages and return to our office.

Service Provider's Signature:

Michael R. McEwan

Date:

5/28/14

ACCEPTANCE OF PROPOSAL

I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

Owner's Signature:

Frank Roystan

Date:

5-28-14

FRANK ROYSTAN

Repair Permit - Single Family Dwelling-Major

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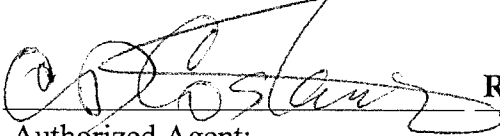
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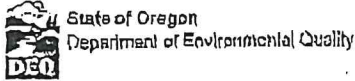
For pre-cover inspection information, contact your agent below:

	Regional Onsite Wastewater Specialist	5/16/2014	5/16/2015
Authorized Agent:	Title	Date Issued	Expiration Date

Chuck Costanzo

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

See the Attachment 1 for additional information about your permit.

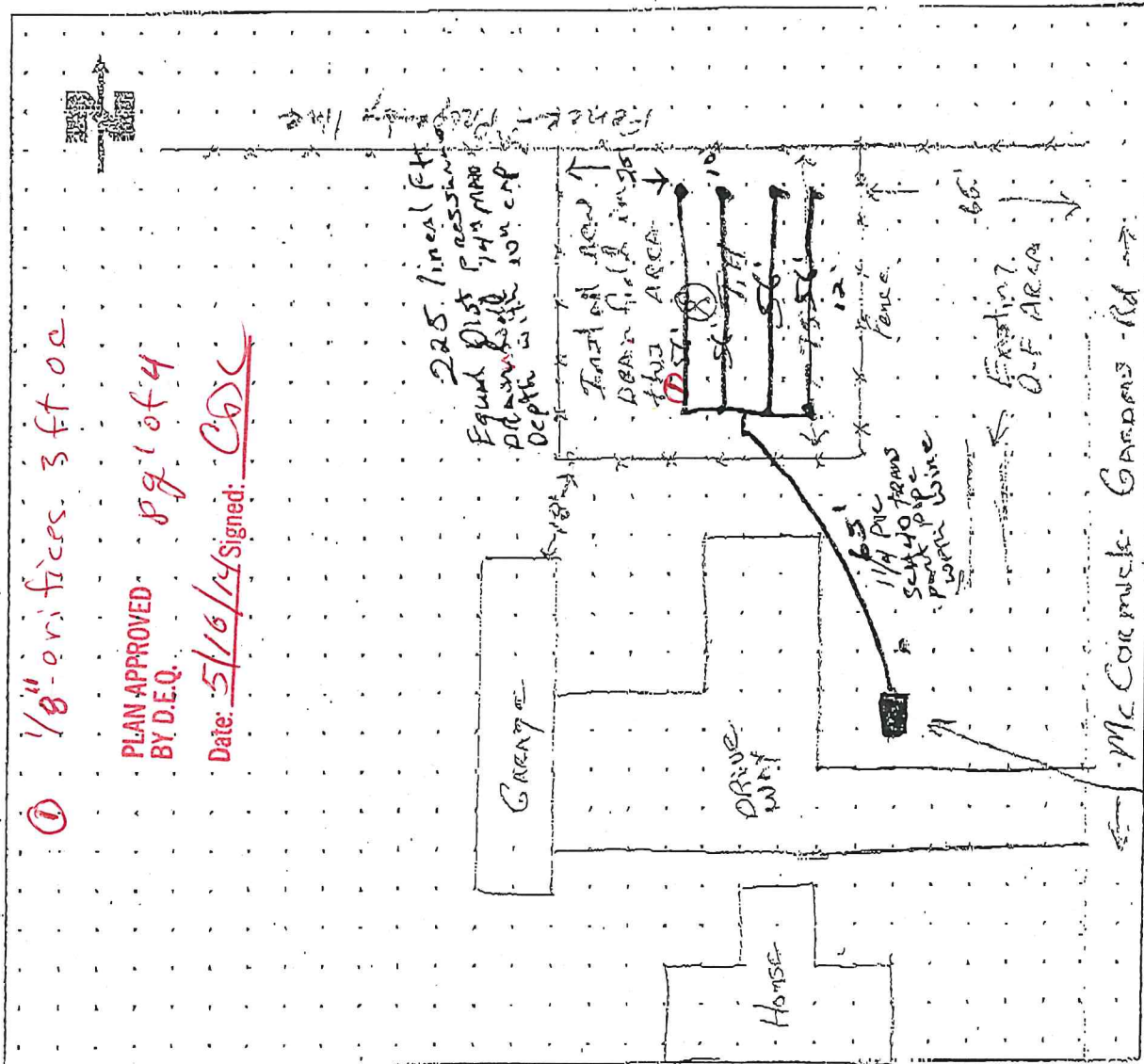


SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current. Property Owner: FRANK ROYSTER Site ID: _____
Site Address: 88308 McCormick Greens Rd. City: Seaside County: Clatsop
Township: 6N Range: 10W Section: 3A Tax Lot: 700
Acres: 1 Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



① 1/8" orifices 3 ft. o.c.
PLAN APPROVED BY D.E.Q. pg. 1 of 4
Date: 5/16/14 Signed: C.D.C.

Mc Cormick Gardens - Rd →
Pump out and Replace Existing 1000 Gal steel septic tank with 1500 Gal concrete septic tank

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Ret E [Signature] Date: 4-22-14

Frank Ruystra
6-10-3A-700

PLAN APPROVED
BY D.E.Q.

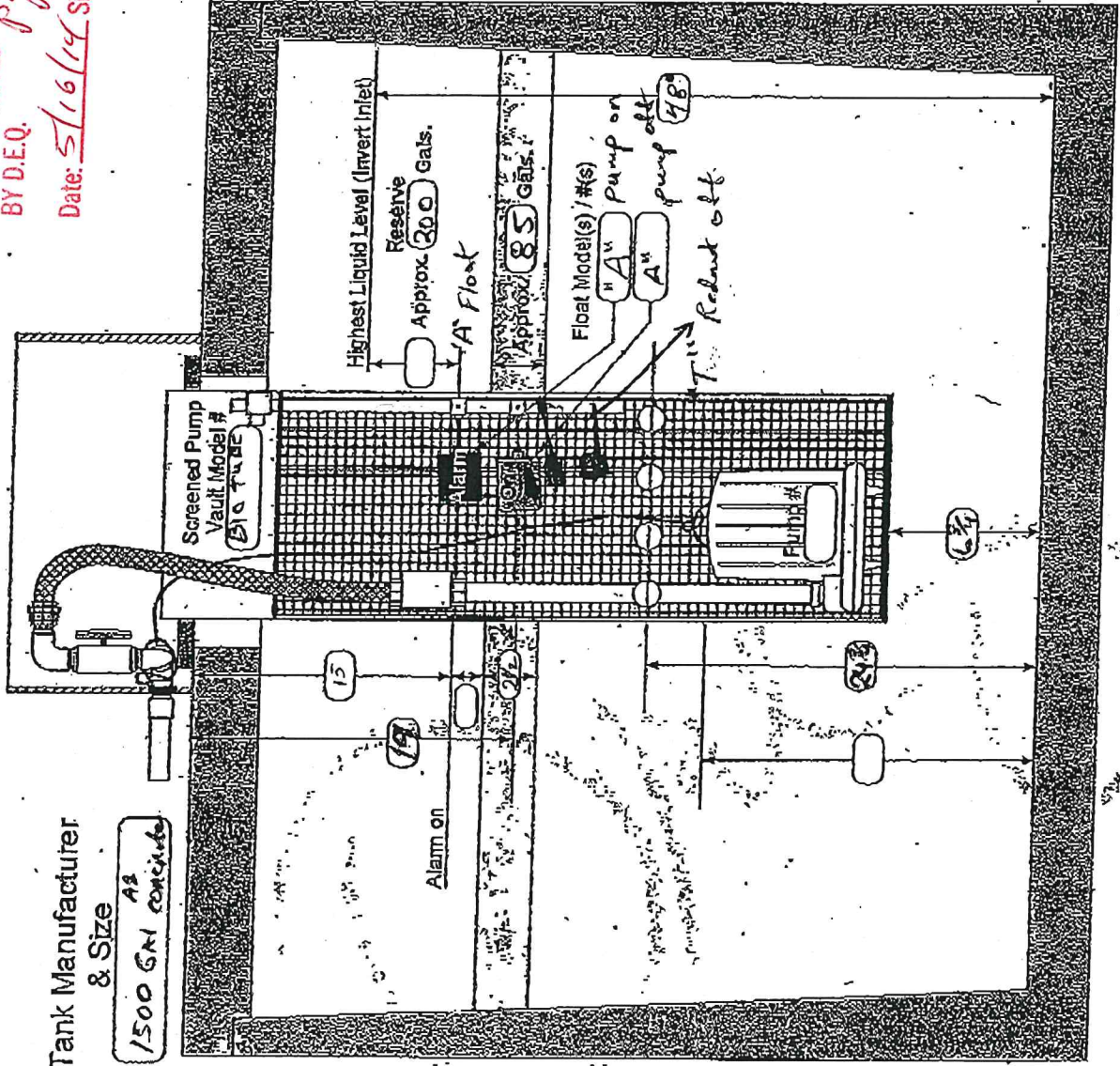
pg 2 of 4

Date: 5/16/14 Signed: *CR*

Robert
Mackay

Float Setting Worksheet On-Demand Dosing

An electrical permit and inspection from the appropriate state or local jurisdiction (Building Dept.) is required for sewage pump wiring installation.



Tank Manufacturer & Size
A3 1500 GNI Concrete

A3 1500 Gal Concrete
Dosing-septic tank
Flow-thru Design 34'x41'
per Inlet when Floats
are set 2 1/2" apart
you get 85 Gals per pass

Frank Roystan

Materials list

PLAN APPROVED
BY D.E.Q.

Pg 3 of 4

Date: 5/16/14 Signed: CDC

1500 Gal A1 Concrete Dosing - septic
Tank with two Orenco Fiberglass

Risers and lids

30 Ft 1 1/4" Manhole piping

225 Ft 1" PVC scot 40 lateral piping

76 1" orifice shields

4 6" Valve caps

24 yds Tecum Fisher DEO Drain Rock

225 x 3' Typan Filter Fabric

1- Bio tube pump unit

1 1/2 1/2 hp 30 GPM Orenco pump

1/4" hose and valve

51 RO Control panel

Elect splice Box

4 Float Assemblies

65 Ft 1 1/4" Transport pipe with green wire

Robert
Martens

Frank Roystar

Pump Selection for a Pressurized System - Single Family Residence Project

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	65	feet
Transport Pipe Class	40	
Transport Line Size	1.25	Inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	30	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	4	
Lateral Length	56	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.00	inches
Orifice Size	1/8	Inches
Orifice Spacing	3	feet
Residual Head	5	feet
Flow Meter	None	Inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	76	
Total Flow Rate per Zone	33.5	gpm
Number of Laterals per Zone	4	
% Flow Differential 1st/Last Orifice	6.9	%
Transport Velocity	7.2	fps

Frictional Head Losses

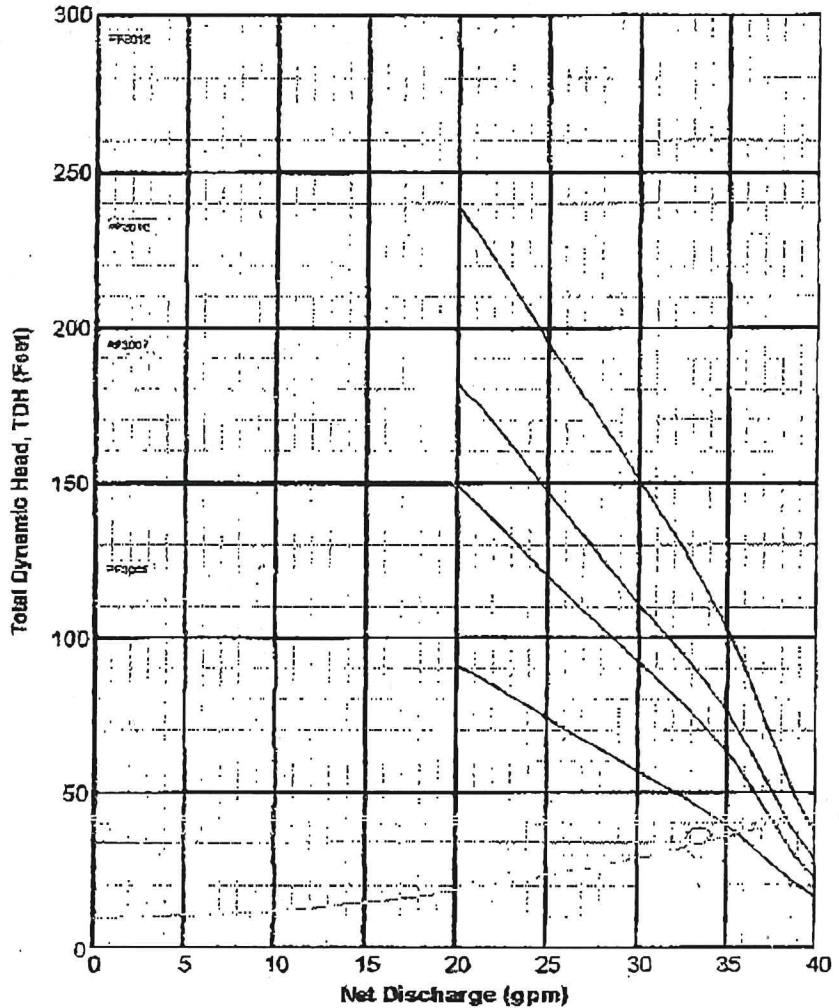
Loss through Discharge	7.9	feet
Loss in Transport	8.8	feet
Loss through Valve	0.0	feet
Loss in Manifold	1.1	feet
Loss in Laterals	0.8	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	5.1	gals
Vol of Manifold	2.3	gals
Vol of Laterals per Zone	10.1	gals
Total Volume	17.4	gals

Minimum Pump Requirements

Design Flow Rate	33.5	gpm
Total Dynamic Head	33.7	feet



PumpData

PF3005 High Head Effluent Pump
30 GPM, 1/2HP
115/230V 1Ø 60Hz, 200V 3Ø 60Hz

PF3007 High Head Effluent Pump
30 GPM, 3/4HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3010 High Head Effluent Pump
30 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3015 High Head Effluent Pump
30 GPM, 1-1/2HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz

Legend

System Curve:	
Pump Curve:	
Pump Optimal Range:	
Operating Point:	
Design Point:	

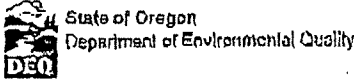
PLAN APPROVED
BY D.E.Q.

Date: 5/16/14 Signed: *[Signature]*



Oranco Systems
Manufactured in
Yonkers, NY

Robert
Martens

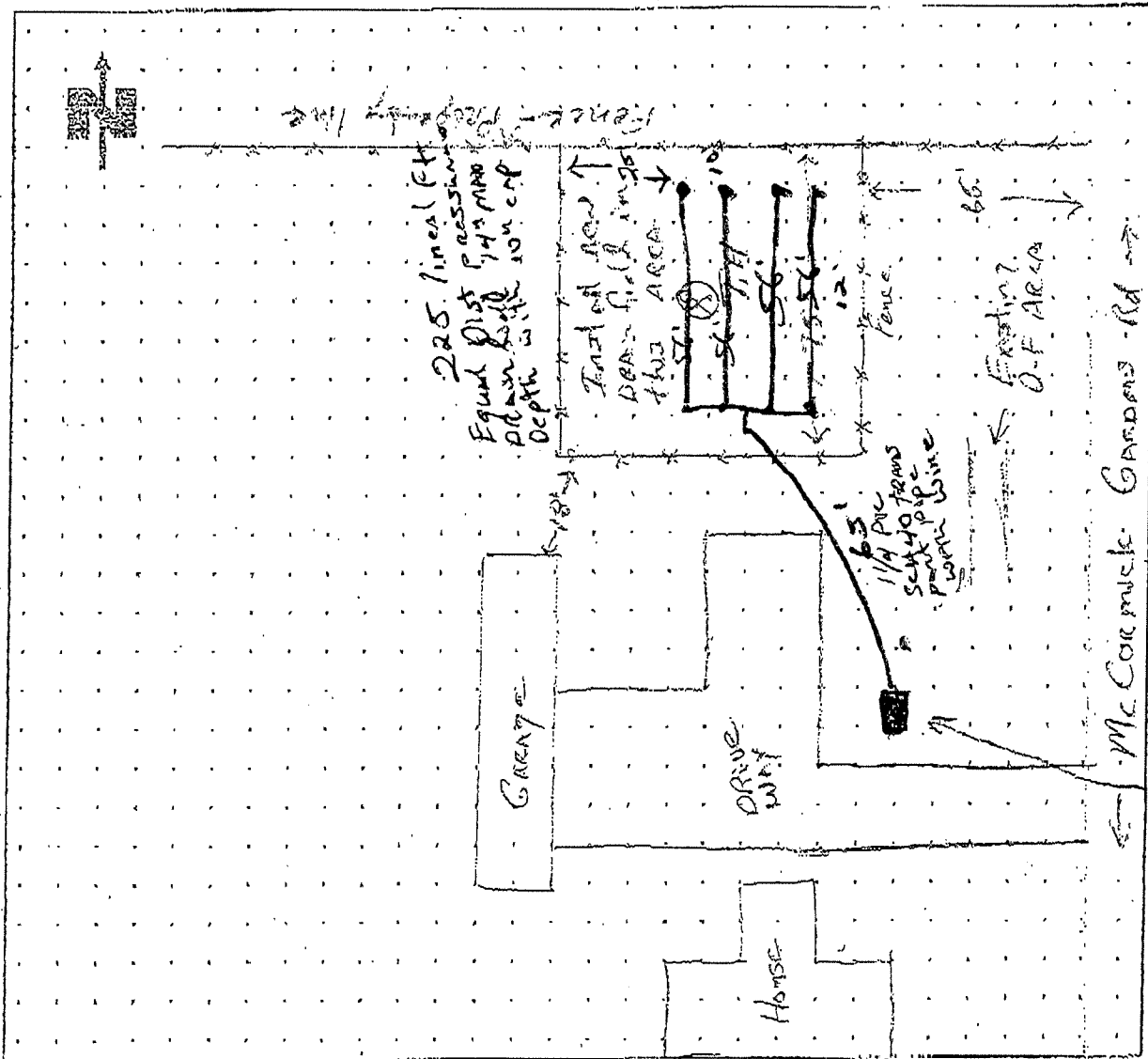


SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current Property Owner: FRANK ROYSTER Site ID: _____
Site Address: 85306 Mc Cormick City: Seaside County: CLATSOP
GRANDS RD.
Township: 6N Range: 10 W Section: 3A Tax Lot: 700
Acres: 1 Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Robert Martens Date: 4-22-14

Township: _____ Range: _____ Section: _____ Tax Reference: _____ Parcel Size: _____
 Owner/Applicant: Frank Royston Evaluator: Costanzo
 Inspection Date(s): 5-1-2014 Application Number: 415 780

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-12	10 YR 3/2 H ₂ O @ 44
	12-24	" 3/6 mod sbk water line @ 35"
	24-35	mod → str sbk
		ESD = 35" Pockets very hard! COM m → mod roots to 35" ↓
Pit 2		
Pit 3		
Pit 4		

Landscape Notes: _____
 Slope: _____ Aspect: _____ Groundwater Type: Permanent @ 35" ±
 Other Site Notes: _____

Design Flow: _____ gpd
 Initial System: PD capp fill ATT Treatment Standard: 2
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: _____



State of Oregon Department of Environmental Quality

Application for Onsite Sewage Treatment System

Water Quality Onsite Eastern Region DEQ Pendleton Office 800 SF Emigrant, Suite 330 Pendleton, OR 97801 Phone (541) 276-4063 Fax (541) 278-0168 (800) 304-3513

Date Stamp: APR 23 2014 For DEQ Use Only: Date Received 4/23/14 Fee Paid 135 Receipt Number 155603 Application Number 415780

A. Property Owner Information

Frank Roystan 88308 McCormick Gardens SEASIDE OR 97138 503-738-7313

B. Legal Property Description

6N 10W 3A 700 1.00 Townshp Range Section Tax Lot Tax Account Number Acreage or Lot Size County Subdivision Name Lot Block Property Address: 88308 McCormick Gardens RD SEASIDE OR 97138 City State Zip Code Directions to Property: SEE ATTACHED

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: [X] Single Family Residence 3 Number of Bedrooms [] Other Proposed Facility: [] Single Family Residence Number of Bedrooms [] Other Water Supply: [X] Public Warrenton Name [] Private Well, Spring, Shared

D. Type of Application

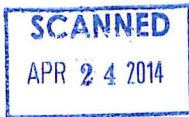
[] Site Evaluation [] Construction Permit [X] Repair Permit [] Alteration Permit [] Major [] Minor [] Renewal Permit [] Existing System Evaluation [] Permit Transfer [] Permit Reinstatement [] Authorization Notice for: [] Connecting to an Existing System Not in Use [] Replacing a Mobile Home or House with Another Mobile Home or House [] The Addition of One or More Bedrooms [] Personal Hardship [] Temporary Housing [] Other - Please Specify

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Robert Martens Signature Date 4-23-14 Applicant's Name: Please Print Legibly Applicant's Phone Number 503-440-2724 Applicant's E-mail Address Applicant's Mailing Address 92859 WALLUSKI LOOP

Applicant is the [] Owner [X] Authorized Representative [X] Licensed Septio Installer [] Authorization Attached Installer's Name Robert Martens





Department of Environmental Quality
Eastern Region Offices

4/23/2014

NOTICE AUTHORIZING REPRESENTATIVE

I, FRANK E. ROYSTON, have authorized
(Property Owner/Print Name)
Robert Martens to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

88308 McCormick Gardens
Property Situs or Road Address

And described in the records of _____ County as:

Township 6N Range 10W Section 3A Map ID _____ Tax Lot #(s) 700

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: FRANK E ROYSTON

Signature: [Signature] Date: _____

Address: 88308 McCormick Gardens Rd Phone: 503-738-7313

City, State, Zip: Seaside, Ore. 97138 Fax: _____

E-mail Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: Robert Martens

Signature: [Signature] Date: 4-22-14

Address: 92859 Walluska loop Phone: 503-440-2724

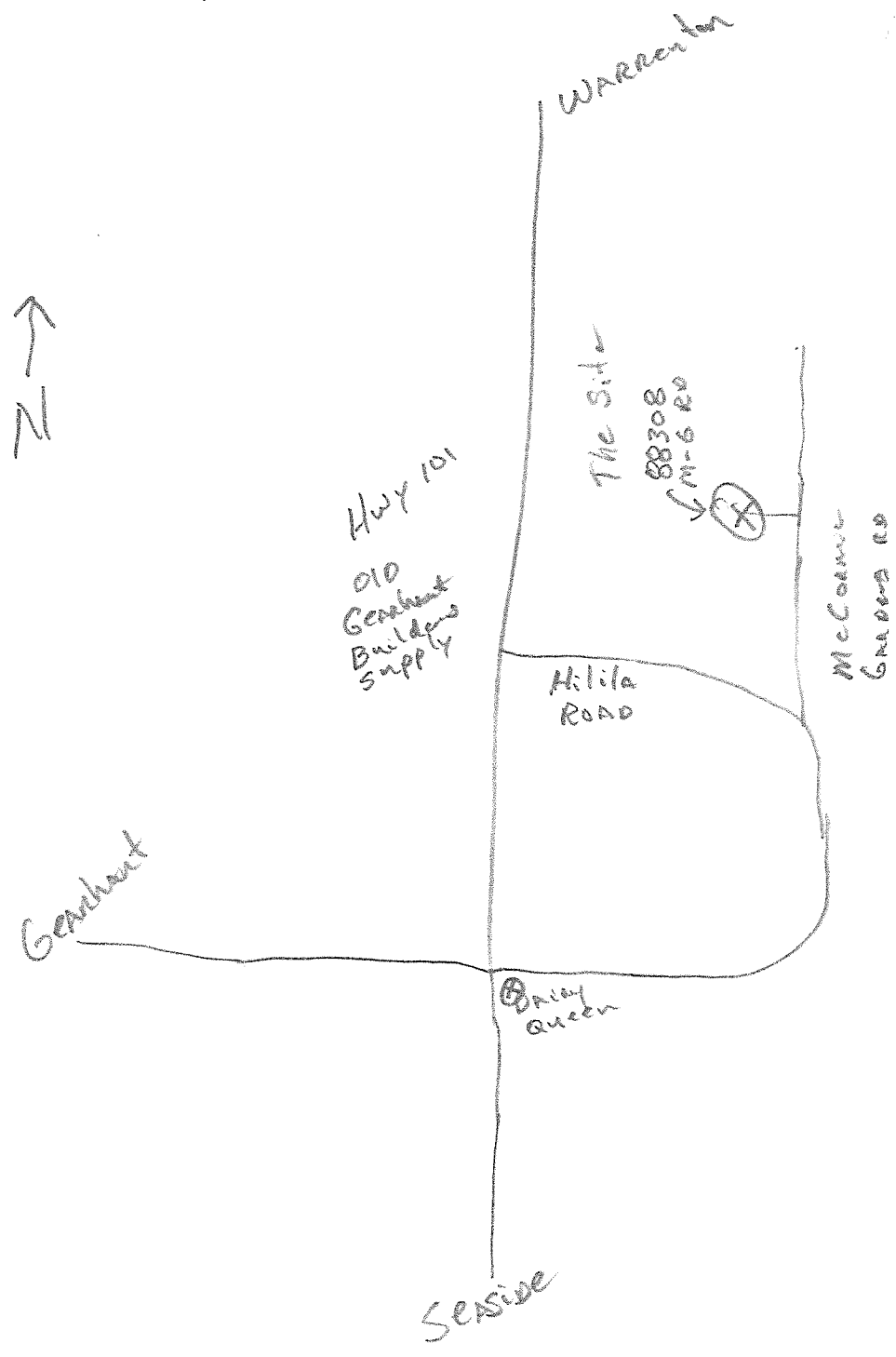
City, State, Zip: ASTORIA OR 97103 Fax: 503-325-0615

E-mail Address: _____

Directions

FRANK ROYSTAN

APR 23 2014



Robert Mantous



EXISTING SEPTIC SYSTEM DESCRIPTION

APR 23 2014

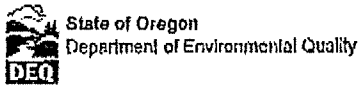
Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):
 Septic Tank Disposal Trenches Capping Fill Sandfilter
 Seepage Bed Cesspool or Pit Unknown
 Other (Describe) _____
- When was your septic system installed? 2-11-80 (Date) _____ (Permit Number)
- Tank material: Concrete Steel Plastic or Fiberglass Unknown
- Septic tank volume (in gallons) 1000
- When was the septic tank last pumped? ? Attach receipt if available.
- Number of disposal trenches 3
- Total length of disposal trenches (in feet) 150
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No If no, date of last use _____
- If the septic system currently serves a dwelling:
 How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 2
- How many bedrooms will be in the proposed dwelling? 3 How many occupants? _____
- If the septic system serves a business:
 How many total employees are there? 0
 Type of business _____
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

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

4-23-14 (Date) Ret E Mt Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes No Attached Date Issued _____
 Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials _____
 Other file information: _____



SITE PLAN FOR CONSTRUCTION / INSTALLATION

APR 23 2014

Site Plan Must Be Current

Property Owner: FRANK ROYSTON Site ID: _____

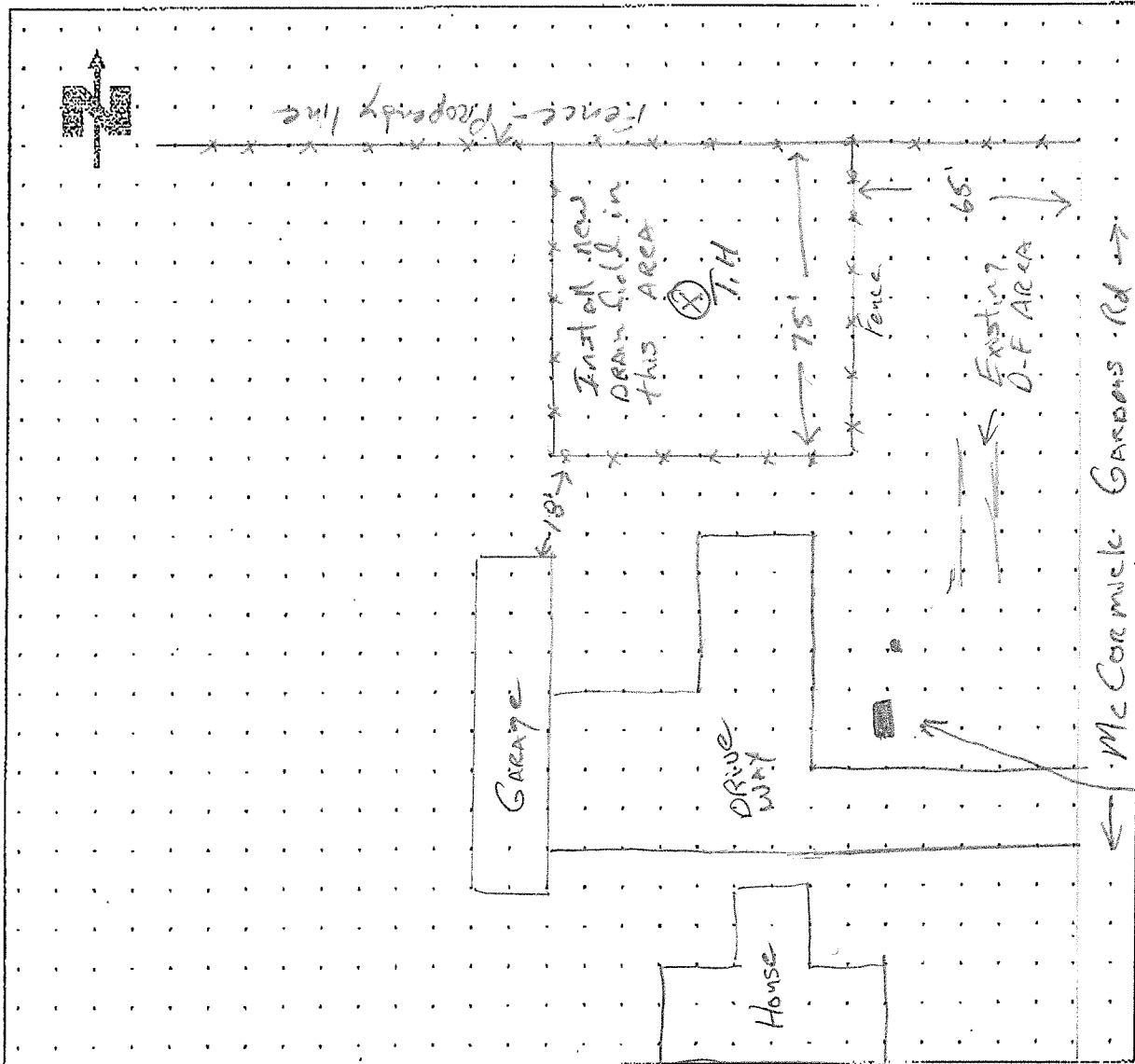
Site Address: 88308 McCormick City: Seaside County: Clatsop
GAEDZUS RD

Township: 6N Range: 10W Section: 3A Tax Lot: 700

Acres: 1 Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS



Pump out and Replace Existing 1000 Gal steel septic tank with 1500 Gal concrete septic Dosing TANK

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): Robert Martens

Signature: Rob E Mart Date: 4-22-14

Receipt Number: 155603

Oregon Department of Environmental Quality
Warrenton Office



65 N Highway 101, Suite G
Warrenton, OR 97146

APR 23 2014

Date Received 4/23/2014

Received From **Robert Martens Excavation,**
(Check Name): **LTD**
Robert Martens
92859 Walluski Loop
Astoria, OR 97103

For **T06N R10W S03 A**
Property **TaxLot 700**
At: **Clatsop County**
88308 McCormick Garden Road
Seaside, OR 97138

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
635.00	Check	9723	96-7420	635.00

Total Amount Applied \$635.00

Onsite Fees

Base Fee:	535.00
Surcharge Fee:	100.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$635.00

Application Description

Application ID:	415780
Application Type:	Repair Permit
	Single Family Dwelling-Major
System Type:	Unknown
Pump Evaluation:	No
Flow:	450 gallons/day

Payments

Previous Payments:	0.00
Current Payment:	635.00
Over Payment:	0.00
Total Payments:	\$635.00

Receipt Amount: \$635.00

Received By:

Date of Entry:

Vicky Schiele

4/23/2014

Date Rec'd 2-4-80 Amt. Rec'd \$ 2500
Receipt No. 15627 Permit No. _____
Date Appl. Completed _____
Site Inspection Date _____
Approved _____ Disapproved _____
Pre-Cover Inspection Date _____

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

(NON-REFUNDABLE FEES MUST ACCOMPANY THIS APPLICATION)

1. Site Evaluation Report for New System (\$75.00)
2. Permit to Construct New System (\$25.00) (Site Evaluation (No. 1) Required)
3. Permit to Repair Malfunctioning System (\$25.00)
4. Permit to Connect New or Altered Structure to Existing System (\$25.00)
5. Permit to Connect Mobile/Modular Home to Existing System (\$25.00)
6. Permit Renewal (\$25.00)
7. Existing System Evaluation
8. Other (Specify) _____

REFERENCE INFORMATION (Please Print)

FRANK ROYSTON
NAME OF APPLICANT
RT. 1, Box 585
ADDRESS
SEASIDE 97138
CITY ZIP CODE
738-7313
PHONE

NAME OF PROPERTY OWNER
ADDRESS
CITY ZIP CODE
PHONE

PROPERTY DESCRIPTION

6N 10W 10 800 CLATSOP
Township Range Section Tax Lot/Account Number County
Subdivision/Area Tract Block Lot Lot Size

PROPOSAL DESCRIPTION

PLANNED USE: House Mobile/Modular Home _____ Commercial _____ Industrial _____ Other _____
No. of Bedrooms 3 Water Supply WELL
(Describe)

APPLICANT MUST PROVIDE

1. Test Holes (For 1, _____). Date Ready _____
2. Zoning Approval (Except 1, 3, 6 and 7) you may attach a copy of your Zoning Permit or obtain the signature of the appropriate County, City or Indian Planning Commission.
Signature and Name of Zoning Agency _____
3. Plot Plan.
4. Other _____

DIRECTIONS TO SITE: (A Map Would Help)

SIGNATURE Bill Bergerson
(Contract/Purchaser/Owner/Installer)

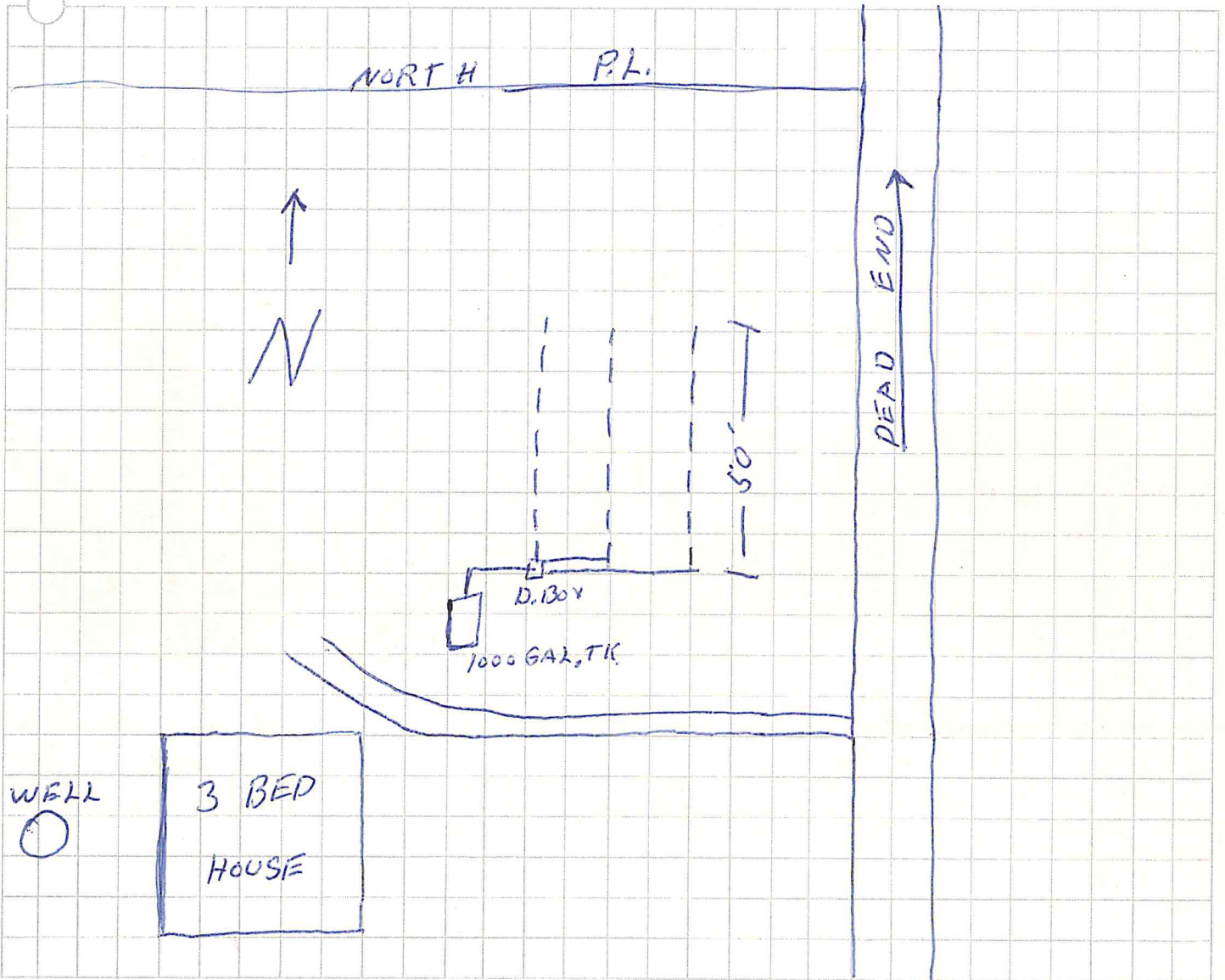
DATE 2-4-80

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner FRANK ROYSTON Date 2-4-80

Location: T. 6N R. 10W Sec. 10 Tax Lot/Acct. No. 800

Indicate North in Circle



REMARKS: _____

FOR DEQ USE ONLY

Approved

Disapproved

Permit Number 80-66

By: Ray T. Frankles 2/8/80
(SANITARIAN SIGNATURE) (DATE)

BUILDING PERMIT APPLICATION
 ROYSTON, FEEL

Clatsop County Building Dept.
 P.O. Box 179, Astoria, Ore.

11, Ext. 70

5P L INFORMATION

If access to a County Road is necessary an Approach Permit obtainable from the Clatsop County Road Department Office will be required before construction is commenced.

Comments:

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with County Ordinances and State Laws regarding building construction.

Applicant _____
 By _____

THIS SPACE FOR OFFICE USE ONLY

Date Received: _____
 APPROVED: COUNTY PLANNING & DEVELOPMENT

By _____
 Date: _____

APPROVED: COUNTY SANITARIAN
 By _____
 Date: _____

APPROVED: BUILDING OFFICIAL
 By _____
 Date: _____

Valuation	Date Issued
Basic Fee	
Area - 1st Floor	Mechanical Fee
Area - 2nd Floor	% Surcharge
Additional Area	Plan Checking Fee
Area - Type M	TOTAL

TYPE OF WORK	
S Structural	M Mechanical
New	Heating
Residence	Refrigeration
Addition	Air Conditioning
Alteration	Vacuum
Repair	Incineration
Garage	Other
Shed	
Mobile Home	

Size of Building	x	Height	ft.
No. of bedrooms		No. of floors	
SPECIFICATIONS			
Foundation Material			
Size of footing	Wall width	Height	
Girders	Size	Spacing	Span
Joists	X		ft. in.
Studs	X		
Rafters	X		ft. in.
Trusses	X		ft. in.
Type of Roofing			
Type of Siding			

Comp. Plan Designation:	PLANNING AND ZONING
Zone:	R L
Area of Lot	
Front Yard Setback	
Side Yard Setback	
Rear Yard Setback	
Access (Name of Rd. or Esmt.)	
Min. Frontage on Public Road:	Yes No
Comments:	
PLOT PLAN Plot Plan should show location of all buildings, water service, sewer lines, and disposal area.	

Building Address	Locality
Nearest Cross Street	
Name	
Address	
City	Zip
Tel. No.	
Name	
Address	
City	Zip
Tel. No.	
Lot	Block
Subdivision	
Sec.	T R
Tax Lot No.	Plat
Type of Construction:	I, II, III, IV, V
Occupancy Group:	A, E, I, H, B, R, M
Division:	1, 2, 3, 4
Fire Zone:	1, 2, 3
Size of Septic Tank	gals.
Water Supply	Private Public
Source:	

1800
0.08 Ac.

1000
0.05 Ac.

OFFICE OF ENVIRONMENTAL QUALITY
RECEIVED

NE COR.
PART DLC 40

6103A

JUN 21 1995

NORTH COAST BRANCH OFFICE
WARRENTON

1900
0.34 Ac.

1001
13.09 Ac.

EAST LINE OF GEARHART
D.L.C. 40.

100
9.88 Ac.

200
35.82 Ac.

2000

1103
0.01 Ac.

AREA OF QUESTIONABLE
OWNERSHIP 62/675

900
2.00 Ac.

2100
0.10 Ac.

1104
1.21 Ac.

1102
5.66 Ac.

800
1.00

700
1.00

2200
0.10 Ac.

1105
1.21 Ac.

PARTITION

2301
0.02 Ac.

1106
0.24 Ac.

2300
0.01 Ac.

2302
0.48 Ac.

1108
4.67 Ac.

1101
1.13 Ac.

PARCEL NO. 1

600
2.00

ACERAGE FROM C.S. B. 9007

PLAT

1100
1.00 Ac. PARTITION

300
3.99 Ac.

1111
1.86 Ac. PARCEL NO. 2

1109
1.01 Ac. PLAT

1112
2.85 Ac. PARCEL NO. 3

1110
1.00 Ac. 1993-017

1994-021

500
5.00 Ac.

HILLILA ROAD (CO. RD.)

2400
0.27 Ac.

1200
4.00 Ac.

1201
1.00 Ac.

2500
0.11 Ac.

1300
4.12 Ac.

1400
2.32 Ac.

CIRCLED NUMBERS
AT RIGHT CORNER
IDENTIFY PARCELS
TO ORIGINAL T.L.
AS SHOWN ON OLD MAP
6 10 3