

ON-SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT

RECEIVED

Date: 21 September 2020

SEP 25 2020

Service Provider: Bonney's Construction
P.O. Box 2723
Gearhart, Or 97138
Oregon DEQ Maintenance Provider License #M373
Oregon DEQ Installer License #I2453

CLATSOP CO. PUBLIC HEALTH

#186-20-000295

Owner: Gearhart Meadows LLC
Phone Number: 503-200-0077
Email: gearhartmeadows@gmail.com
System Location: Lot 28 Creekside Ct, Gearhart, Or 97138
6N-10W-3CB Tax Lot 5900

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of one 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.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** 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. **Service Invoices.** 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. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

OWNER RESPONSIBILITIES:

1. **Water Meter Readings.** The owner shall provide water meter readings and email the readings to the Service Provider.
2. **Vegetation Control.** The owner shall control vegetation around and on the tank and

sand filter.

- 3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

RECEIVED

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#176-20-000295

CLATSOP CO. PUBLIC HEALTH

COST/BILLING:

- 1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
- 2. **Billing.** Billing shall be sent to the Owner prior to the 1st of the month with payment due by the 10th of each month.
- 3. **Annual Report Fee.** The annual report fee (currently at \$60) shall be billed to the owner at the time as well.
- 4. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%.
- 5. **Additional Services.** Extra service calls with be billed monthly.
- 6. **Tank Pumping.** Service Provider will advise owner when tank needs to be pumped and supply them with names and contact information of local pumping companies. Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years.

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

CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. 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.

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.

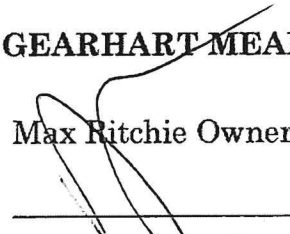
BONNEYS CONSTRUCTION LLC:

GEARHART MEADOWS LLC:

Shane Bonney Owner:

Max Ritchie Owner:





Date: 9 27 20

Date: 9.21.2020



Certificate of Satisfactory Completion
Installation Permit - Residential - New

186-20-000295-PRMT

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

Date Certificate Issued: 02/11/2021
Work Description: Construction/Installation; sandfilter

Applicant: Bonney's Construction Address: PO Box 2723 Gearhart OR 97138 Phone: 503-898-2278 Email: shane.bonney@gmail.com	Primary Contractor: Osburn-Olson, L.L.C. Installer License: 38583 Address: 33485 SW Old Pine Rd Warrenton OR 97146 Phone: (503) 717-3907 Email: grosburn@hotmail.com
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Owner: Gearhart Meadows / Max Ritchie Address: PO Box 2772 Gearhart OR 97138 Owner: Gearhart Meadows LLC Address: 1817 SW Hawthorne Ter Portland OR 97201-1735	Property Address: 0 Lot On Creekside Ct, Gearhart, OR 97138
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Parcel: 61003CB05900 - Primary **Township:** 6 **Range:** 10 **Section:** 3CB

Lot Size: 0.23 acre **Water Supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** City
Land Use Approval: yes

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	N/A	4 bedroom
Number of Bedrooms:	N/A	4

System Specifications

Type:	Bottomless Sand Filter	
Max Peak Design Flow:	450 gpd.	Proposed Flow: 450 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume: 500 gal.
		Sand filter sqft: 360

Drain Field Specifications

Drain Field Type:	Bottomless Sand Filter	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Pressurized
Seepage Bed Specs:	N/A	Bottomless sand filter sqft:	360
Media Type:	DEQ sand	Media Depth:	24 in.
Max Depth:	36 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Not Applicable	Groundwater Depth:	N/A
Pump to Drainfield Required:	No	Filter Fabric on Top of Drain Media:	Yes

Date Certificate Issued: 02/11/2021
Work Description: Construction/Installation; sandfilter

Conditions of Approval

The owner of a bottomless sandfilter system must maintain a contract with a certified maintenance provider to inspect, adjust and maintain the onsite system for the life of the system. The maintenance provider must submit an annual report and annual evaluation fee.

Filter fabric required over drain media (rapidly permeable soils).

Pressurized distribution rules at OAR 340-071-0275. Install sweep elbows at ends of lateral piping with acceptable threaded plugs or caps. Minimum head of 5-ft at remotest orifice, less than 10% variation.

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.

The system must be installed by the property owner or a licensed sewage disposal business (installer)

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent

All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

An electrical permit and inspection is required for all pump wiring installations

The pump and alarm shall be wired on separate circuits in the control panel

Maintain access to septic tank for pumping and service

Green 18-gauge tracer wire required from tank to drainfield.

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

Filter fabric is required over the drain media (sandy loam or coarser)

Sweep elbows at ends of lateral piping with acceptable threaded plugs or caps

Minimum head of 5-ft at remotest orifice, less than 10% variation.

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

June Hemingway

REHS

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: 186-20-000295-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.

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CLATSOP CO. PUBLIC HEALTH

SECTION 1: Owner/Permittee Information:

Twntshp: 6 Range: 10 Sect: 3CB
Lot: 05900

Name: Gearhart Meadows LLC Gearhart Meadows / Max Ritchie
Property Address: 0 lot on Creekside Ct, Gearhart, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: A1 Concrete	Date: 27 Jan 21
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. PF 50 ORNCC	Float(s)Type(1): 3	Model/Manuf. MF ORNCC
			Float(s)Type(2):	Model/Manuf.:

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Diameter: 1 1/4	ASTM#/Other: D1785	Length: 40'

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Type: Bottomless	Container Dimensions: 15 x 24
Underdrain pipe	Diameter: 1 1/4	ASTM#/Other: D1785	Length: 136'
Manifold piping	Diameter: 1 1/4	ASTM#/Other: D1785	Length: 15'
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 type="checkbox"/>	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 28 yr DFR sand, 7yr Resgravel on rock		
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: 2 24" Riser w/ lid Filter Fabric

Clatsop County Department of Public Health

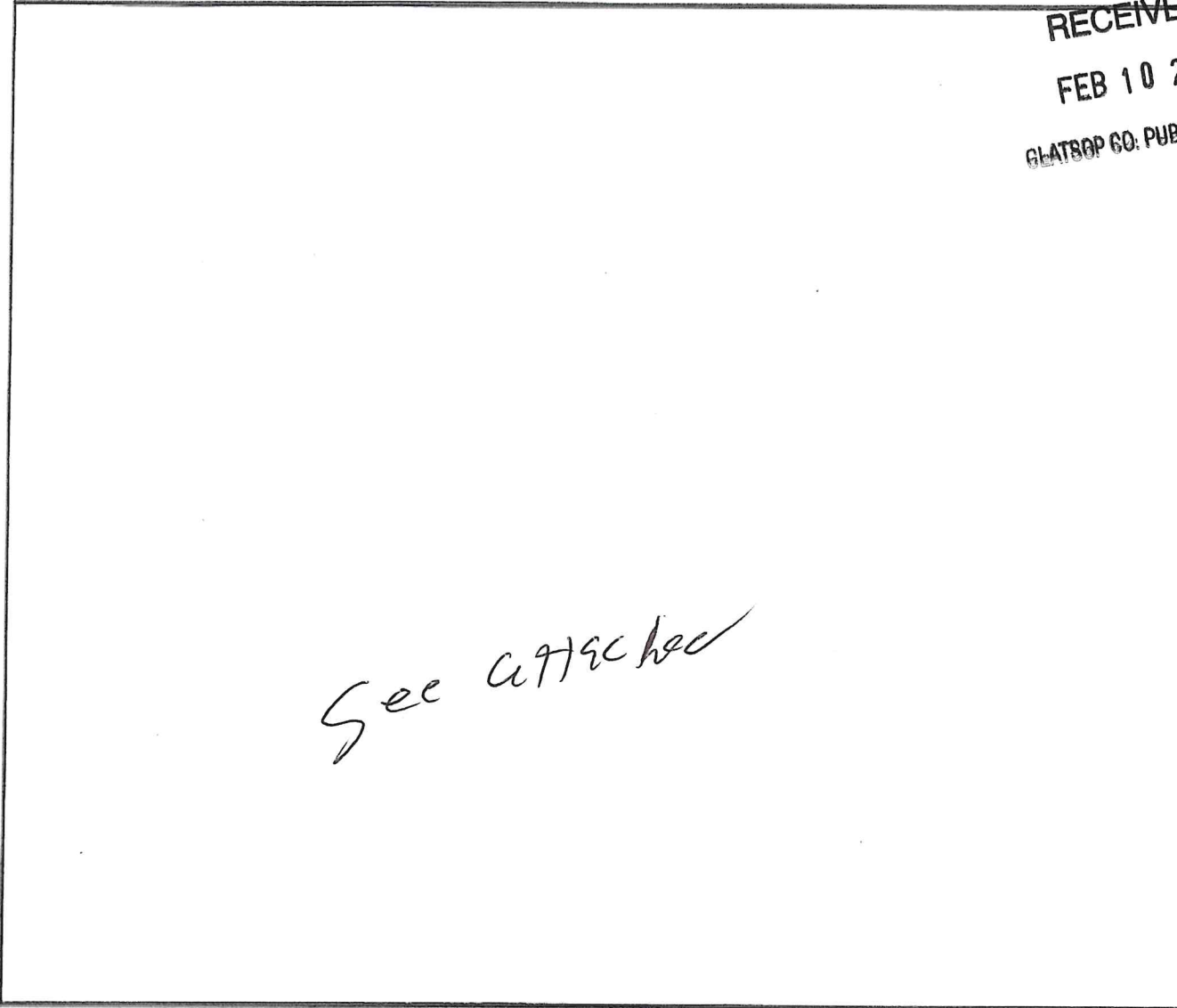
Site Waste Water Program
Approved By: J Hemingway
Permit No. 186-20-000295
Date: 2-11-21

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

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.

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 GLATSOP 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 or Certified Installer w/Certification#:		Print Name: <u>osburn olson</u>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38583</u>	Certification#: <u>I 2453</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u>	Date: <u>16 Feb 21</u>	Phone#: <u>503 717 3967</u>

SECTION 5 - Office Use Only:

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

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By J. Hemingway
 Permit No. 186-20-000295
 Date 2-11-21



Septic Permit Installation Permit - Residential - New

186-20-000295-PRMT

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

Date issued: 9/28/20 **Expiration date:** 9/28/21

Work description: Construction/Installation; sandfilter

Applicant: Bonney's Construction
Address: PO Box 2723
Gearhart OR 97138
Phone: 503-898-2278
Email: shane.bonney@gmail.com

Primary contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
Warrenton OR 97146
Phone: (503) 717-3907
Email: grosburn@hotmail.com

Business License: N/A

Owner: Gearhart Meadows / Max Ritchie
Address: PO Box 2772
Gearhart OR 97138
Owner: Gearhart Meadows LLC
Address: 1817 SW Hawthorne Ter
Portland OR 97201-1735

Property address: 0 Lot On Creekside Ct, Gearhart, OR
97138

Parcel: 61003CB05900 - Primary **Township:** 6 **Range:** 10 **Section:** 3CB

Lot size:	0.23 acre	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land use approval:	yes	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	4 bedroom
Number of bedrooms:	N/A	4

System Specifications

Type:	Bottomless Sand Filter	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
		Sand filter sqft:	360

Drain Field Specifications

Drain field type:	Bottomless Sand Filter	System distribution Ttpe:	Equal
Drainfield sizing:	N/A	Distribution method:	Pressurized
Seepage bed specs:	N/A	Bottomless sand filter sqft:	360
Media type:	Other - Indicate Product/Manufacturer	Media depth:	24 in.
Media type description:	DEQ sand		
Max depth:	36 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

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.)

Date issued: 9/28/20

Expiration date: 9/28/21

Work description: Construction/Installation; sandfilter

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Not Applicable	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	N/A		

Conditions of approval

The owner of a bottomless sandfilter system must maintain a contract with a certified maintenance provider to inspect, adjust and maintain the onsite system for the life of the system. The maintenance provider must submit an annual report and annual evaluation fee.

Filter fabric required over drain media (rapidly permeable soils).

Pressurized distribution rules at OAR 340-071-0275. Install sweep elbows at ends of lateral piping with acceptable threaded plugs or caps. Minimum head of 5-ft at remotest orifice, less than 10% variation.

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.

The system must be installed by the property owner or a licensed sewage disposal business (installer)

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent

All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without written approval

An electrical permit and inspection is required for all pump wiring installations

The pump and alarm shall be wired on separate circuits in the control panel

Maintain access to septic tank for pumping and service

Green 18-gauge tracer wire required from tank to drainfield.

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

Thirty-inch minimum diameter if greater than 36-in deep.

Filter fabric is required over the drain media (sandy loam or coarser)

Sweep elbows at ends of lateral piping with acceptable threaded plugs or caps

Minimum head of 5-ft at remotest orifice, less than 10% variation.

Date issued: 9/28/20

Expiration date: 9/28/21

Work description: Construction/Installation; sandfilter

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

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

All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.

Michael McNickle

Public Health Director

9/28/20



#186-20-000 295

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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SEP 25 2020

CLATSOP CO. PUBLIC HEALTH

(Pd) UK# 3229
\$1750

Application for Onsite Sewage Treatment System

A. Property Owner Information

Gearhart Meadows LLC PO Box 2772 Gearhart OR 97138 503 200 0077
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6h 10w 3CB 5900 56534 0.23
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop Gearhart Meadows 28
County Subdivision Name Lot Block

Property Address: Creekside Ct Gearhart OR 97138
(Street, City, State, Zip)

Directions to Property South on 101 ~~left~~ Rt Gearhart Ln Lt on Co Horse Ave,
Left on Creekside Lt on Creekside RNDOT Road

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [x] Single Family Residence [] Public City of Gearhart
Number of Bedrooms Number of Bedrooms Name
[] Other [] Other [] Private
Well, Spring, Shared

D. Type of Application

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

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

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature Date
Shane Bonney 21 SEP 20

Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address
Shane Bonney 503 898 2278 Shane.Bonney@gmail.com

Applicant's Mailing Address
PO Box 2723 Gearhart OR 97138

Applicant is the [] Owner [x] Authorized Representative [x] Licensed Septic Installer
[] Authorization Attached OSBum/olson # 38583
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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 CLATSOP CO. PUBLIC HEALTH
 #186-20-000295

Notice Authorizing Representative

I, max Ritchie Gearhart meadows LLC, have authorized
 (Property Owner - Please Print)

Shane Bonney 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

Greekside Ct Gearhart OR 97138
 Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section 3CB Tax Lot 5900 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Gearhart meadows LLC
 Mail Address: Po Box 2772
 Phone: 503 200 0077
 Signature: [Signature]

Email: Coastalhomesnw@gmail.com
gearhartmeadows@gmail.com
 City/State/Zip Gearhart OR 97138
 FAX: _____
 Date: 9.22.2020

AUTHORIZED REPRESENTATIVE:

Name: Shane Bonney
 Mail Address: Po Box 2723
 Phone: 503 898 2278
 Signature: [Signature]

Email: Shane.Bonney@gmail.com
 City/State/Zip Gearhart OR 97138
 FAX: _____
 Date: 21 sep 20

D. Land Use Compatibility Statement

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SEP 25 2020

COMPLETED BY APPLICANT

1. Property Owner Name(s): Gearhart Meadows LLC
Mailing Address: PO Box 2772 Gearhart OR 97138
Telephone 1: 503 200 0077 Telephone 2:
Email Address: GearhartMeadows@gmail.com

CLATSOP CO. PUBLIC HEALTH
186-20-000295

2. Applicant Name: Shane Bonney
Mailing Address: PO Box 2729 Gearhart OR 97138
Telephone 1: 503 898 2778 Telephone 2:
Email Address:

3. Property Information:
Situs Address: Creekside Ct Gearhart OR 97138
Township 6N Range 10W Section 3CB Tax Lot 5900
Subdivision Name (if applicable): Gearhart Meadows

4. Proposed Development:
[checked] Single Family Dwelling [] Accessory Structure [] Other

5. Permit or Approval Requested:
Construction or Installation Permit: [checked] New Construction [] Repair [] Alteration
Authorization for Replacement of: [] Dwelling [] Bedroom Addition
[] Other:

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID:

1. Property Zoning TR1 ~~RUPD~~ Property Zoning 2 Overlays

2. Minimum Parcel Size 10,000sqft Actual Parcel Size [] LOR needed LOR Permit #

3. The facility is located: [checked] Inside City Limits [] Inside a UGB [] Outside UGB (county jurisdiction)

4. Does the proposed facility comply with all applicable land use requirements: [checked] Yes [] No

5. Compliance is based on:
a. [checked] Compliance with local comprehensive plans and land use requirements. Citation:
b. [] Conditional Approval - Findings and citation attached or a copy of the applicable land use decision is attached.
c. [] Measure 49 Waiver - DLCD Approval Number:

Handwritten signature and initials with a checkmark and the number 335.

Comments:

Planning Official Signature [Signature] Date 09/23/2020

Gearhart Meadows
 6h 10w 3 CB 5900
 OSBurn/olson # 38583

not to scale

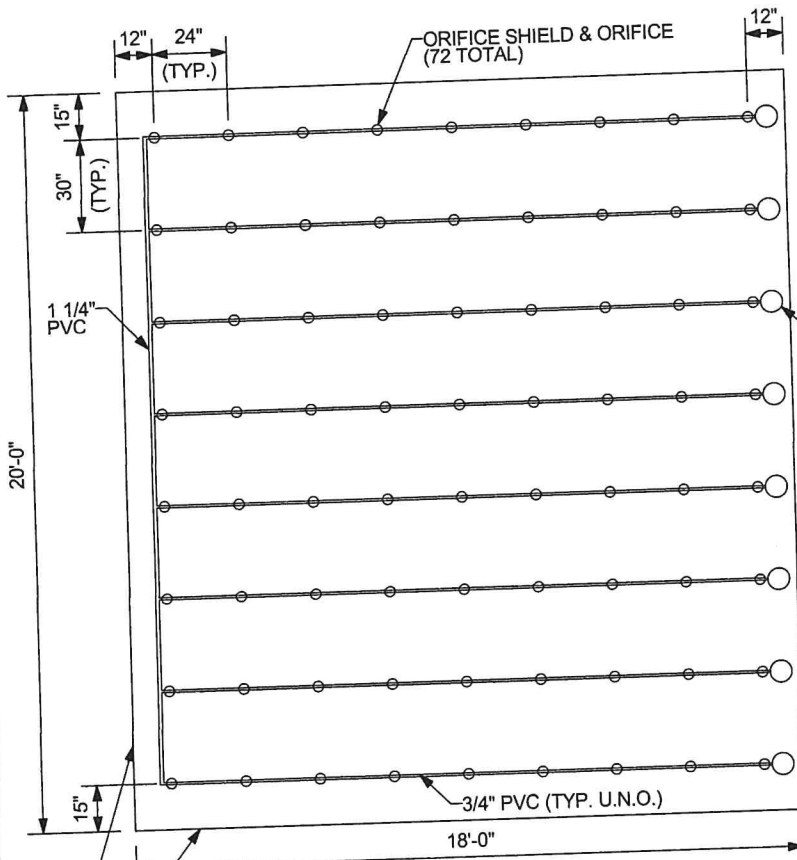
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SEP 25 2020

CLATSOP CO. PUBLIC HEALTH

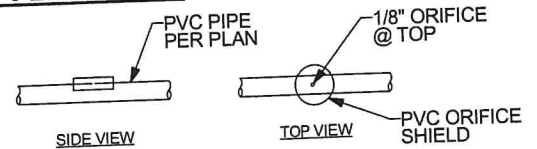
#186-20-000295

20'X18' BOTTOMLESS SAND FILTER DETAILS

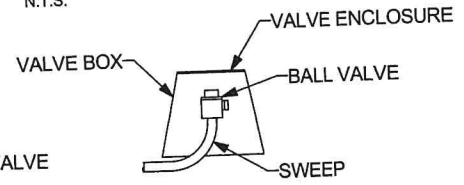


(A) TOP VIEW
 SCALE: 1/4" = 1'-0"

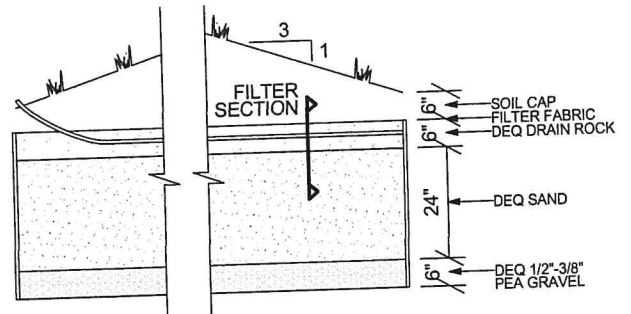
EL. NATURAL GRADE	= 0.00'
EL. TOP OF MANIFOLD	= 0.50'
EL. PUMP BASE	= 4.50'
STATIC HEAD	= 5.00'



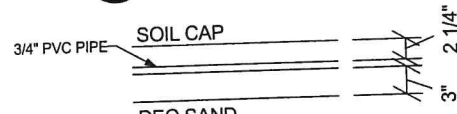
ORIFICE SHIELD DETAIL
 N.T.S.



FLUSHING VALVE DETAIL
 N.T.S.



(B) ELEVATION
 SCALE: 3/8" = 1'-0"



FILTER SECTION
 SCALE: 3/4" = 1'-0"

#186-20-000295

GLATSOP CO. PUBLIC HEALTH

Parameters

Discharge Assembly Size	2.00	inches
Transport Length	16	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	0	feet
Manifold Length	8	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	8	
Lateral Length	17	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	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	72	
Total Flow Rate per Zone	31.2	gpm
Number of Laterals per Zone	8	
% Flow Differential 1st/Last Orifice	0.1	%
Transport Velocity	6.7	fps

Frictional Head Losses

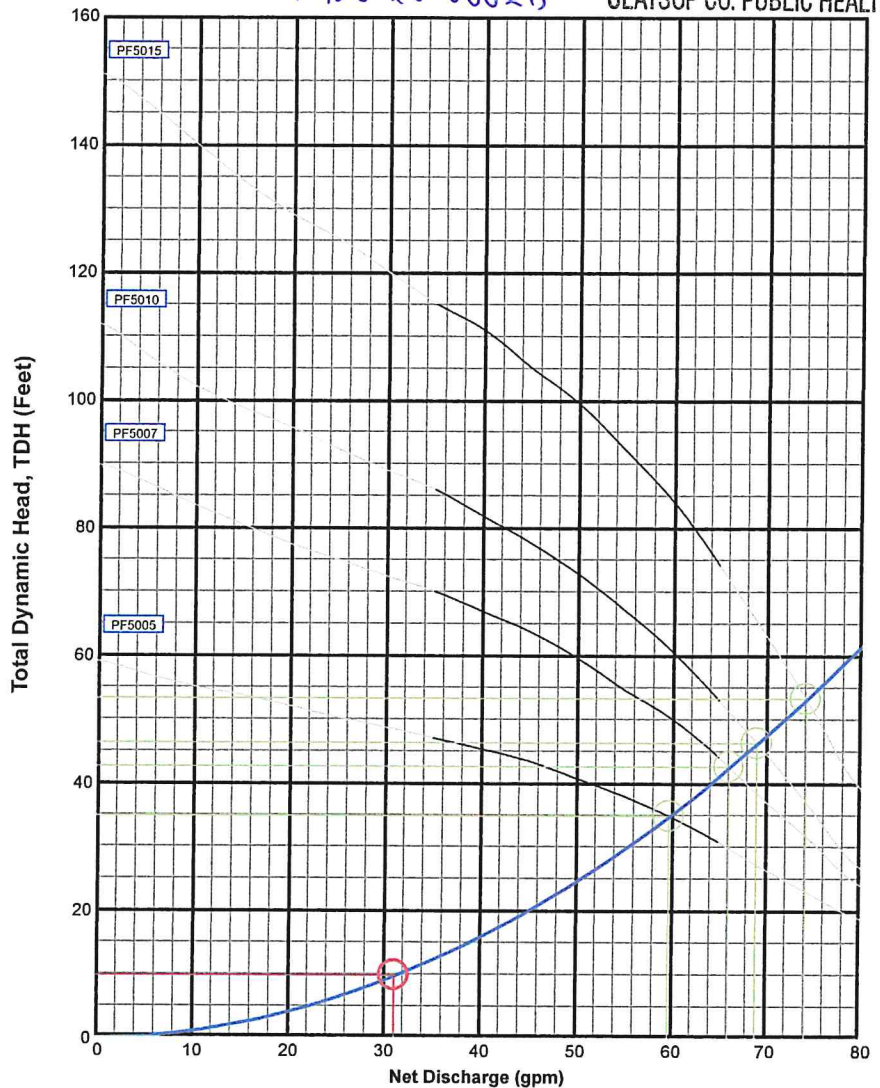
Loss through Discharge	1.9	feet
Loss in Transport	1.9	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.3	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.2	gals
Vol of Manifold	0.6	gals
Vol of Laterals per Zone	10.6	gals
Total Volume	12.8	gals

Minimum Pump Requirements

Design Flow Rate	31.2	gpm
Total Dynamic Head	9.7	feet



Gearhart Meadows

6h 10w 30B 5900

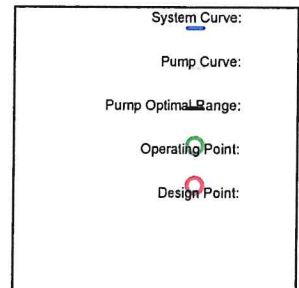
CSBarn/olson LLC

38583

PumpData

- PF5005 High Head Effluent Pump
50 GPM, 1/2HP
115/230V 1Ø 60Hz, 200/230V 3Ø 60Hz
- PF5007 High Head Effluent Pump
50 GPM, 3/4HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz
- PF5010 High Head Effluent Pump
50 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz
- PF5015 High Head Effluent Pump
50 GPM, 1-1/2HP
230V 1Ø 60Hz, 200V 3Ø 60Hz

Legend



Gearhart Meadows LLC

6N-10W-3CB-5900

Parts List

18'X20' Bottomless Sand filter

Osburn/Olson LLC #38583

RECEIVED

SEP 25 2020

GLATSOP CO. PUBLIC HEALTH

#186-20-000295

- 1 A-1 Concrete 1500 gallon 1 compt septic
- 2 24"x24" poly risers
- 2 24" poly lids with screws
- 2 ADH200 adhesive
- 1 PF500511 pump, 115v
- 1 MVP-S1/DM control panel, 115v timed dose
- 1 SBEX4 splice box (external)
- 1 HV200BCX hose and valve assy
- 1 MF3P floats and stem - 27" stem for vault
- 72 OS125 (1.25" orifice shields
- 1 GL2 grommet
- 200' 1.25 PVC D1785 pipe
- 2 1.25" PVC "T"
- 2 1.25" PVC 90 degree elbows
- 20 1.25" PVC 45 degree elbows
- 8 1.25" PVC valve
- 1 2"x1.25" PVC reducer
- 8 7" round valve covers
- 10 yds DEQ pea gravel
- 28 yds DEQ sand
- 10 yds DEQ drain rock
- filter fabric
- plywood and boards to build sand filter box

RECEIVED

SEP 25 2020

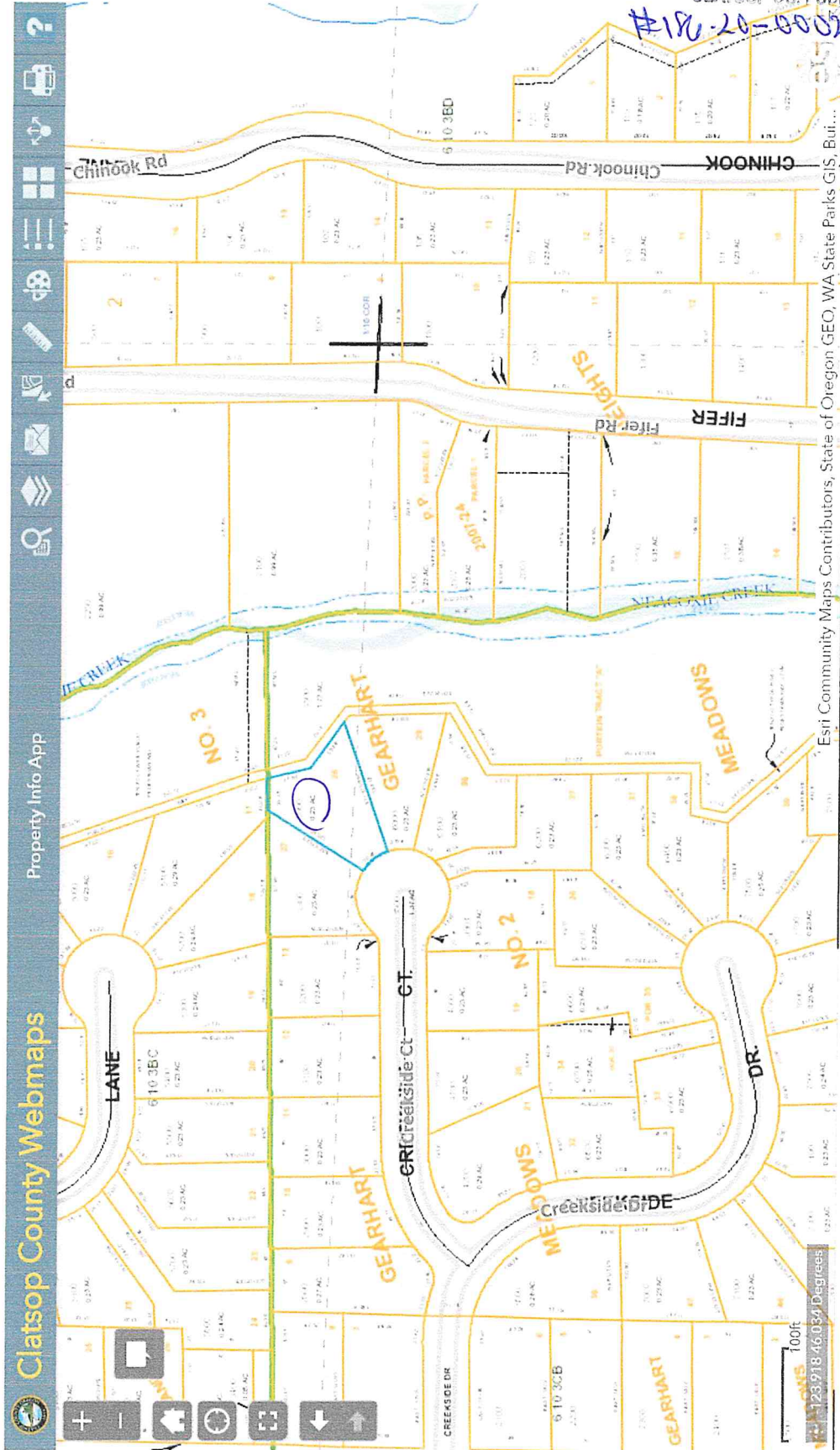
CLATSOP CO. PUBLIC HEALTH

#18-20-000295

GEARHART MEADOWS LLC

6N-10W-3CB-5900 = 0.23 acre

OSBURN/OLSON #38583



Esri Community Maps Contributors, State of Oregon GEO, WA State Parks GIS, Bui...



Transaction Receipt
Record ID: 186-20-000295-PRMT
IVR Number: 186041193571

Clatsop County Onsite

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

Receipt Number: 454176

Receipt Date: 9/25/20

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

Worksite address: 0 Creekside Ct, Gearhart, OR 97138

Parcel: 61003CB05900

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
9/25/20	1.00 Ea	Install - Sand filter - by gallons per day	81-7203	\$1,641.00	\$1,641.00
9/25/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
9/25/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00


Payment Method: Check number: 3229 Payer: Coastal Homes NW Payment Amount: \$1,750.00

Cashier: Annette Brodigan

Receipt Total: \$1,750.00

Gearhart Meadows Paper Trail

1. Started as 6-10-3B-2900 (one parcel partitioned into 28 lots)
2. Changed to 6-10-3CB-3300 = lot 7
3. Now 6-10-3CB-5900 = lot 28

1. 

2 & 3

Legal Description:

<u>Legal Type</u>	<u>Twship</u>	<u>Range</u>	<u>Sec</u>	<u>QSec</u>	<u>QQSec</u>	<u>TaxLot</u>	<u>TaxMapKey</u>
Metes and Bounds	6	10	3	C	B	05900	61003CB05900
<u>Additional Information:</u>							
*07 Seg from TL 3300 Lot 28 Gearhart Meadows No 3							

Astoria Branch Office
PO Box 869
Astoria, OR 97103
Phone (503) 325-8660

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

July 22, 1992

Ritchie Development
PO Box 19267
Portland, OR 97219

Re: OSS-Clatsop County
Site Evaluations
Gearhart Meadows
Stage II
T6N, R10W, S3B, TL2900
Lots 1 through 28

Dear Mr. Ritchie:

The Department has completed a site evaluation on lots 1 through 28 referenced to the above described property known as the "Gearhart Meadows-Stage II" development. Each individual lot will either be approved for an alternative type of system or be denied entirely. Many lots will be approved for different types of systems depending on location relating to ground elevations.

Soil evaluation field worksheets show recorded measurements for demarcation, saturated sands and water table levels inside each test pit. These measurements are in inches from ground surface to the corresponding site characteristic inside each of the test pits.

As you can see with the observed water table levels inside each test pit and corresponding demarcation, it is reasonable to assume that the water table levels fluctuate seasonally at least two feet, and perhaps as much as three feet or more. The past year's "91-92" mild winter, with low precipitation this spring and summer, has left the water table levels significantly lower than in previous years. The Clatsop Plains dunal aquifer relies heavily on precipitation for its recharge. It may be surprising to observe water table levels during the winter months when peak recharge occurs.



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1

Ritchie Development
July 22, 1992
Page 2

It's interesting to note that these dunal sands are young in geological ages and have not had time to develop significant demarcation, a condition associated with saturation. Morphological signatures (iron stains, iron segregation, reducing conditions, etc.) occur where the seasonal high of the water table exists. This particular soil characteristic provides the basis for determining vertical separation distances and depths of filters and beds.

Specific approvals are based upon ground elevations. Elevations lower than 13 feet are denied entirely for sewage disposal. Elevations between 13 and 17 feet are approved for bottomless sand filter systems. Elevations above 17 feet are approved for capping-fill pressurized seepage beds and elevations above 18 feet are approved for pressurized seepage beds.

Each lot is approved for the following type of sewage disposal system:

Lot # 1 Above 18 feet pressurized seepage bed. Below 18 feet capping fill pressurized seepage bed.

Lot # 2 Above 18 feet pressurized seepage bed. Below 18 feet capping fill pressurized seepage bed.

Lot # 3 Entire lot bottomless sand filter.

Lot # 4 Entire lot bottomless sand filter.

Lot # 5 Above 18 feet pressurized seepage bed. Below 18 feet bottomless sand filter.

Lot # 6 Above 18 feet pressurized seepage bed. Between 17 and 18 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.

Lot # 7 Above 13 feet bottomless sand filter.

Lot # 8 Above 13 feet bottomless sand filter.

Lot # 9 Above 13 feet bottomless sand filter.

- Lot # 10 Above 13 feet bottomless sand filter.
- Lot # 11 Entire lot bottomless sand filter.
- Lot # 12 Entire lot bottomless sand filter.
- Lot # 13 Entire lot bottomless sand filter.
- Lot # 14 Entire lot bottomless sand filter.
- Lot # 15 Entire lot bottomless sand filter.
- Lot # 16 Entire lot bottomless sand filter.
- Lot # 17 Entire lot bottomless sand filter.
- Lot # 18 Above 14 feet bottomless sand filter.
- Lot # 19 Denied.
- Lot # 20 Above 13 feet bottomless sand filter.
- Lot # 21 Above 13 feet bottomless sand filter.
- Lot # 22 Entire lot bottomless sand filter.
- Lot # 23 Above 18 feet pressurized seepage bed. Between 17 feet and 18 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.
- *Lot # 24 Above 17 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.
- Lot # 25 Above 17 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.
- Lot # 26 Above 17 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.
- Lot # 27 Above 17 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.
- Lot # 28 Above 18 feet pressurized seepage bed. Between 17 feet and 18 feet capping fill pressurized seepage bed. Below 17 feet bottomless sand filter.

Ritchie Development
July 22, 1992
Page 4

The reason for the denial on Lot # 19 is that the initial and replacement system(s) will be located at an elevation somewhere between 11 and 12 feet, possibly even lower. This places the systems in an area where the vertical separation distances of 24 inches can not be met. After a full winter recheck and a stake out of the systems, our Department may reconsider this denial.

Each test pit location is referenced to a specific elevation from a known benchmark which is taken on lot ~~29~~ with a cap stamped "K Foeste LS 849". Elevation = 11.40 N.G.V.D. *19 cms 6/23/05*

These approved evaluation reports are not permits to construct the systems. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. Keep in mind that each individual lot must not be filled or graded in the area where the sewage disposal system is to be located. If the ground surface elevations change or the soils are modified or altered in a way that original soil surface has been removed, this could change the type of system or could possibly even result in the lot being denied. However, some minor filling and leveling may be necessary where stumps and brush have been cleared and/or removed.

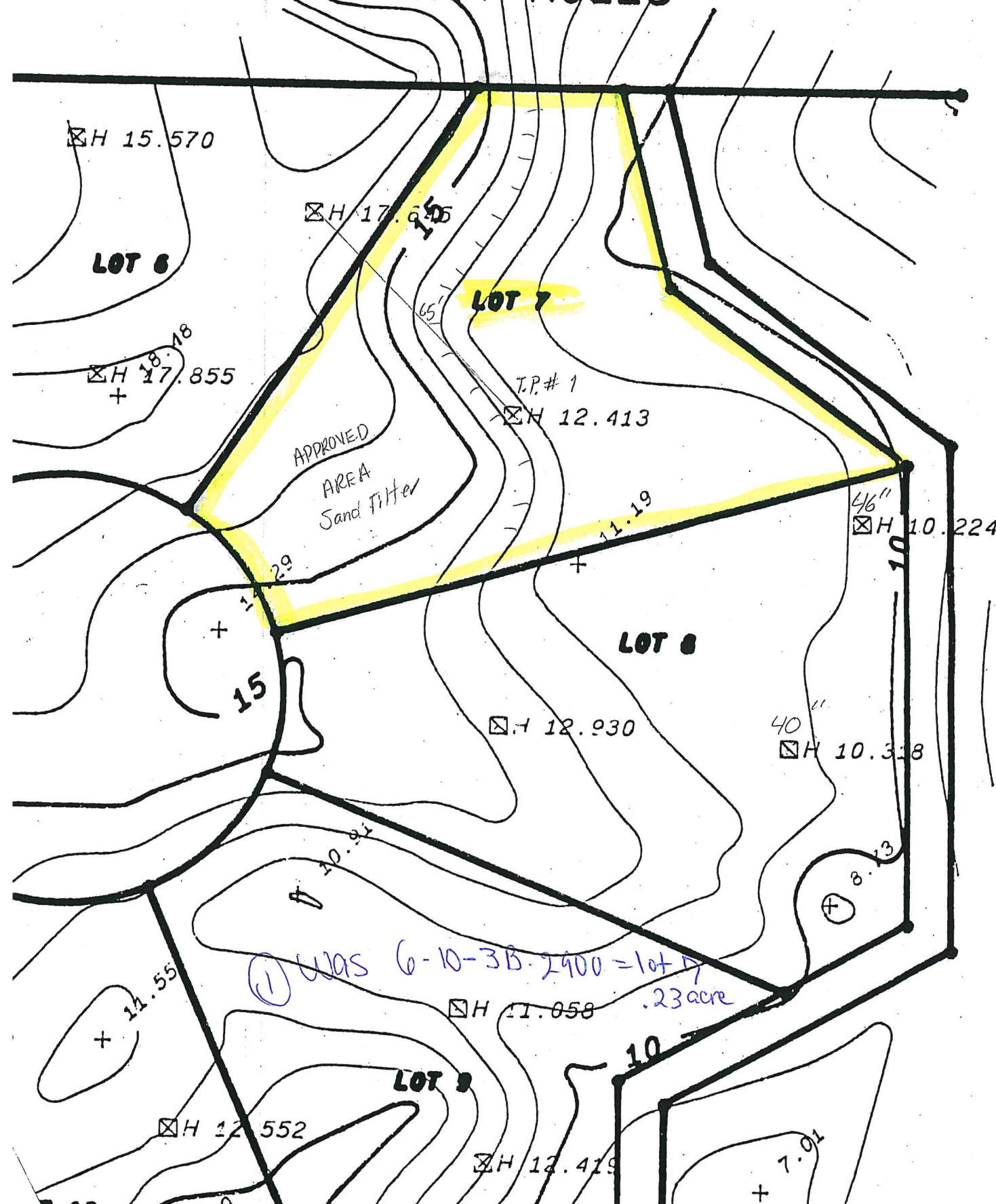
Lots 7, 8, 9, 18, 20 and 21 along tract "A" Wetlands Natural Area have significant elevation differences towards Neacoxie Creek. The lower portions of the lots to the east are not suitable for sewage disposal. The highest ground to the west will be the only area where the systems can be located maintaining 10 feet to property lines and driveways. All of these lots will need to maintain a 50 foot setback to the mean yearly highwater mark or to any standing water. The 100 year floodplain is not considered significant reason to preclude the siting of the systems within the floodplain. There is not a required setback to a floodplain.

As per John Smits letter to you, dated November 6, 1991, he indicated that there are two wells encumbering lot # 1 and lot # 26. The septic systems will need to meet a 100 foot setback to the wells.

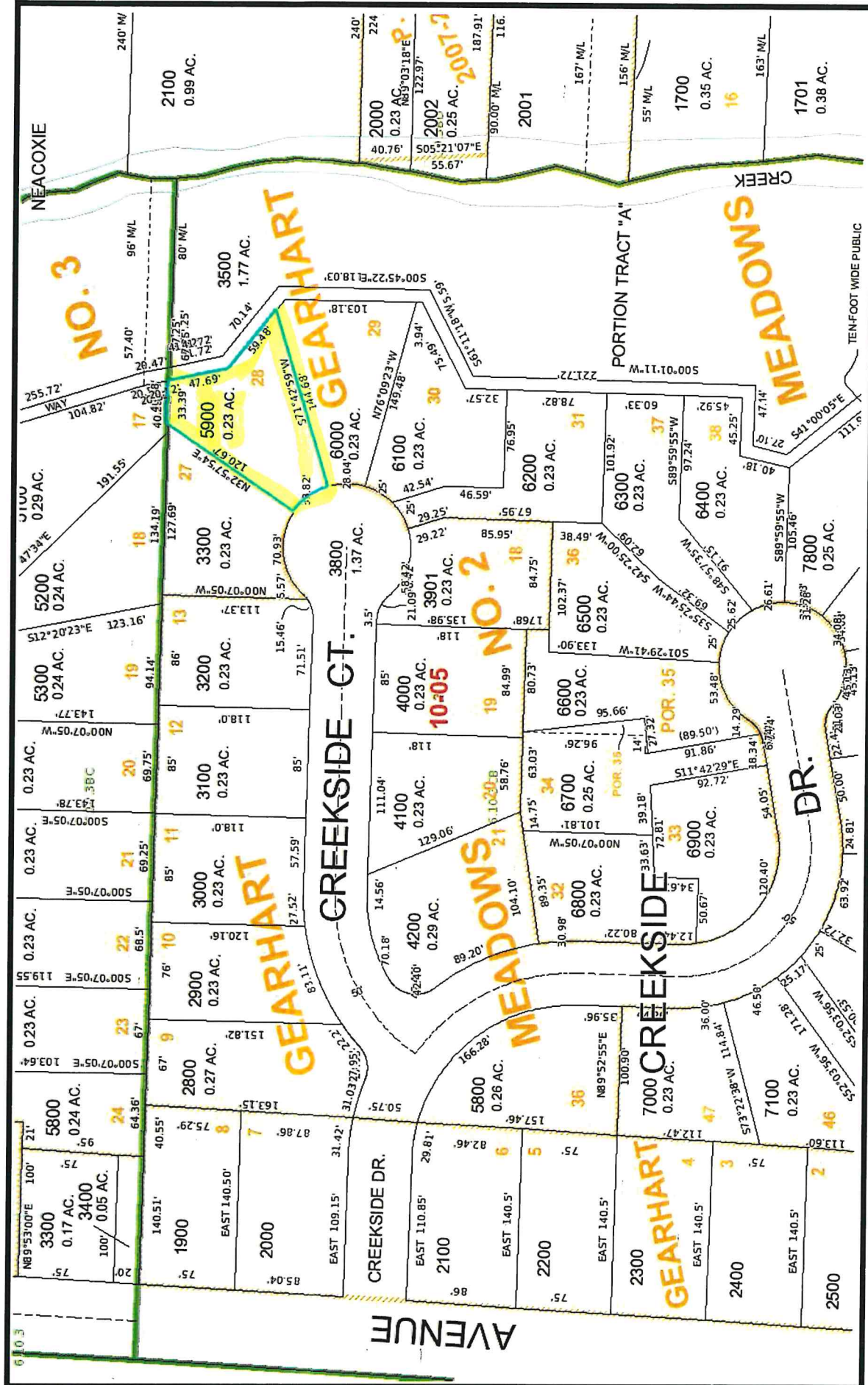
When the construction phase begins, careful planning will need to be exercised so that the systems are located in the specific area as indicated in the approval. If any part of the system is located at an elevation lower than that specified, then the Department may require the use of a different type of system. Individual lot staking of each system should be done before a construction-installation permit can be secured.

MEADOWS - STAGE

SHOWING D.E.Q. TEST HOLES



Map



Now 6-10-308-5900 = lot 28 = .23 acre



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.

