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NOV 30 2017

CLATSOP CO. PUBLIC HEALTH

OPERATION & MAINTENANCE SERVICE PROVIDER AGREEMENT

#500758

This Service Contract has been agreed upon by Max Ritchie
Home Owner: Nordoff Pacific Capitol LLC
Address: 1817 SW Hawthorne Ter Portland, Oregon 97201-1735 Phone: 503-776-0629

Property Address: 724 10th Street Gearhart, Oregon 97138 Acres: 0.23
Permit #: 500731 Account#: 56557 Taxlot Key: 61003CB08200

Contracted by: McDonald's K & B Paul McDonald Oregon DEQ Maintenance Provider
ID# M 216

Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484
on this 10th day of November 2017

With proper Documents, Install and Permit requirements, required by DEQ.

The Service Provider has agreed to provide 2 visits at 12 Month intervals to perform operation and Maintenance Services for the Owner's Septic System. This includes the completion of any required reports to maintain compliance with Oregon DEQ rules and permit requirements. The service activities will be provided and completed in accordance with the Terms and Conditions attached to this Agreement.

***Special Note:** Drain Field must be kept clear of all vegetation, IE: Blackberries, Shrubs, Gardens, etc. Tank Lids must be accessible and free of all Landscaping, Vegetation, Gardens, etc. Clearing of any of this will be paid extra at the rates provided under the Terms and Conditions. Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

- *Determine if the tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
- *Inspect the Tank and other components for water tight seals.
- *Inspect any floats/switches, controls, pumps, and electrical components in the system for correct operation and functionality.
- *Inspect and clean the filters(if applicable)
- *Inspect and flush the system piping.
- *Inspect pumps and valves for proper operation, pressure and/or flow (if applicable)
- *Inspect any additional system components which have been added.
- *Record pump cycles, flow, and all other relevant information or system problems which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the Owner a copy of the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and time of completion.

This Agreement shall last for the term of 24 Months Auto Renewable /show any changes
The fee for the Service provided under this Agreement shall be \$100. per year

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Payment shall be made upon the signing of this Agreement.

Additional fees for any service, installations, or replacement parts shall be discussed and agreed upon before it is to be performed.

The Service Provider shall provide additional unscheduled services and materials upon notification of any condition that the Service Provider believes adversely affects the operation of the System.

The undersigned Owner acknowledges and agrees that the information above is correct and complete. The Owner also agrees to pay all charges under the agreement when done.

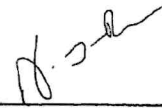
****Special Note:** Under this Agreement, as your **Operation & Maintenance Service Provider**, Under Penalty of Law, **Paul McDonald** is your **first point of contact** if service is needed, and the only one **authorized** to perform these services unless otherwise authorized by him. An Information Card will be provided.

Paul McDonald
Service Provider Printed Name


Signature

November 10, 2017
Date

Max Ritchie
Nordoff Pacific Capitol LLC
System Owner


Signature

11.27.17

Date

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 500758 as follows:

PROPERTY INFORMATION

Property Owner: **CREEKSIDE CAPITAL, LLC** Township **6**, Range **10**, Section **03 C B**
Property Location: **LOT ON 10TH ST, GEARHART** Tax Lot **08200**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

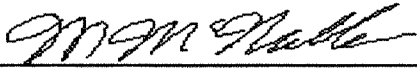
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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



Onsite Wastewater Specialist

10/16/2017

Authorized Agent:

Title:

Date Issued:

Mike McNickle

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

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500758

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Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installed and/or the permittee must notify the County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: **CREEKSIDE CAPITAL, LLC**
 Property Address: **LOT ON 10TH ST, GEARHART**
 Township **6** Range **10** Section **03CB** Tax Lot(s) **08200**

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Section 2: System Component Specifications: System Type: _____

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1500 Compartments 2 Manufacturer A-1 CONCRETE Date 10/9/17
 Tanks(2) Volume N/A Compartments _____ Manufacturer _____ Date _____
 Pumps: HP 1/2 Model/Manuf PF500511 Float(s)Type(1) P BEA Model/Manuf MF OREUCO
 Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter _____ ASTM#Other _____ Length _____
 Pressure Transport Pipe Yes No Diameter 1 1/4" ASTM#Other D1785 Length 34 FT

C. Secondary Treatment Unit:

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

Sand Filter Yes No Type BOTTOMLESS Container Dimensions 15' x 24'
 LATERALS Underdrain pipe Diameter 1 1/4" ASTM#Other D1785 Length 132 FT TOTAL
 Manifold Piping Diameter 1 1/4" ASTM#Other D1785 Length 12.5 FT
 Internal Pump HP N/A Model/Manufacturer _____
 Floats(1) Type N/A Model Manufacturer _____
 Floats(2) Type N/A Model Manufacturer _____
 ATT Yes No Model _____
 Certified Maintenance Provider: Name _____
 Operation & Maintenance Contract: Received? Yes No

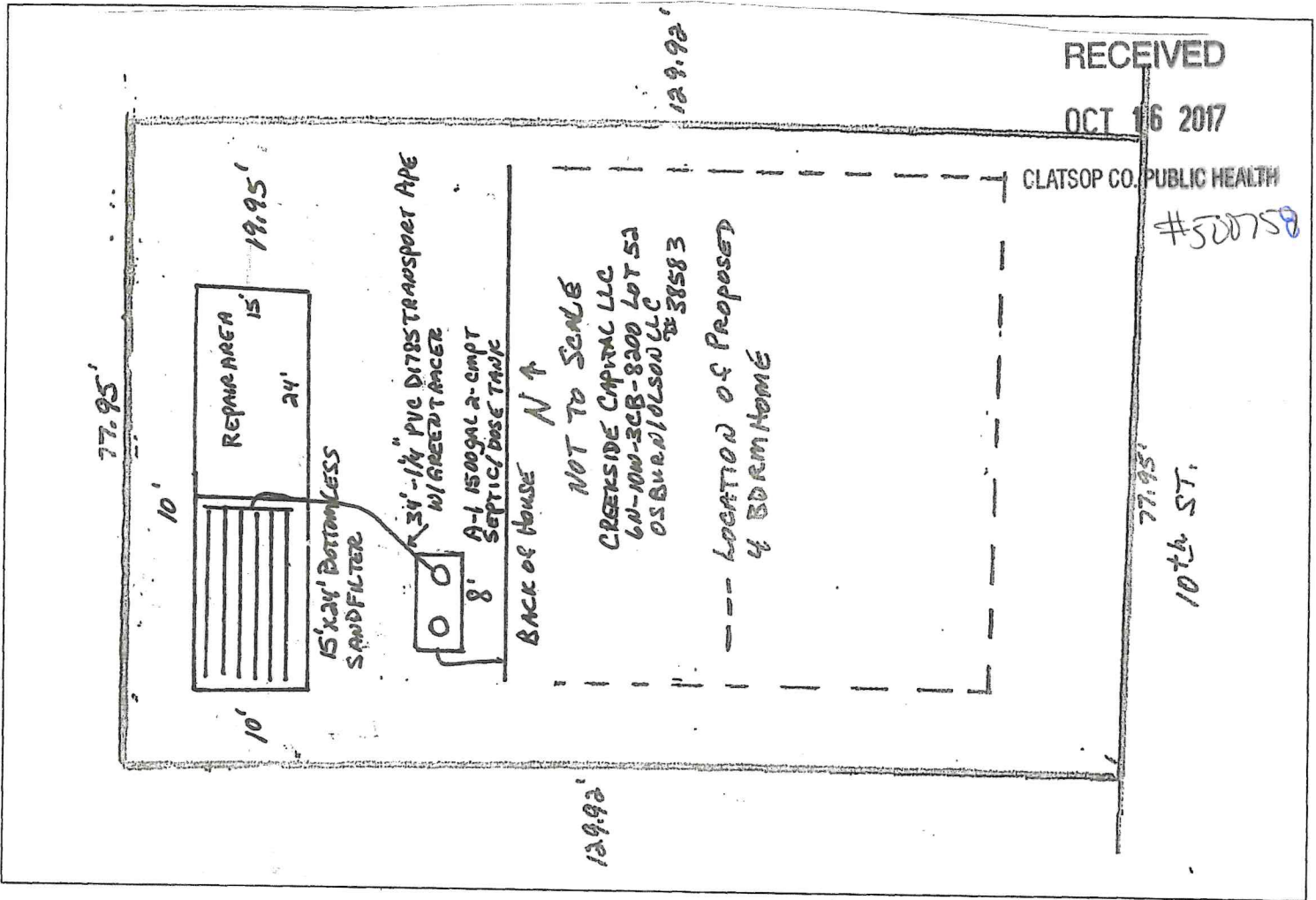
D. Drainfield Media

Type: Gravel, Pipe or Alternative? 27 yds DEQ SAND, 7 yds EA. DEQ PEAGRAVEL & DR. ROCK
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____ Length _____
 Comment: FILTER FABRIC 2-24" RISERS w/LIDS

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By M Henckle
Permit No. 500758
Date 10/16/17

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



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#500758

Section 4: Construction was performed by (Signature Required):

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems. (OAR Chapter 340, Divisions 71 and 73)

Owner/Permittee/Certified Installer w/Certification # _____ Print Name: OSBURN/DOLSON LLC SCOTT TOMLIN
 Licensed Installer Yes No License # 38583 Certification # IA128
 Owner/Certified Installer Signature Scott Tomlin 503-440-1210 Date 10/13/17
 Phone 503-717-3907 Phone _____ Email _____

Section 5: Office Use Only

Notice Accepted Yes No Date 10/16/17
 Installer /Owner /Permittee Notified Yes No Date 10/16/17
 If no, reason for non-acceptance _____

Comment Final inspection 10/16/17

Clatsop County Department
 of Public Health
 On Site Waste Water Program
 Approved By M. Mepikle
 Permit No. 500758
 Date 10/16/17



Clatsop County

Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

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

November 20, 2017

Creekside Capital / Max Ritchie
Property address: lot on 10th Street / # 6-10-3CB-8200
Gearhart, OR. 97138
Permit #500758

RE: Certificate of Satisfactory Completion

Dear Mr. Ritchie,

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

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

We have received your Notice to Title Agreement that was filed with the County Clerk's Office which is another document required, so at this time the only document missing is the O&M contract.

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

Thank you,

Annette Brodigan

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

Cc: Licensed Installer
File

Encl: O&M Providers List

Construction Permit

This Construction Permit, Permit #500758, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **CREEKSIDE CAPITAL, LLC** Township **6**, Range **10**, Section **03 C B**
Property Location: **LOT ON 10TH ST, GEARHART** Tax Lot **08200**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:


*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

INSPECTION REQUIREMENTS

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



Authorized Agent:

Yvonne Van Nostran

Title:

Onsite Wastewater Specialist

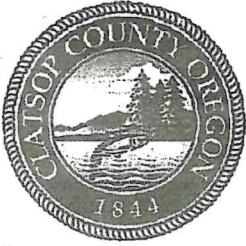
Date Issued:

6/1/2017

Expiration Date:

6/1/2018

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



#500758

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

pd #1292
8 1629

A. Property Owner Information

CREEKSIDE CAPITAL LLC 1817 SW Hawthorne Ter Portland, OR 503-776-0629
Name Mailing Address (Street, PO Box, City, State, Zip) 97201-1735 Phone Number

B. Legal Property Description

6N 10W 3CB 8200 .23 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP Subdivision Name Lot Block

Property Address: 10th St. Gearhart, OR 97138
(Street, City, State, Zip)

Directions to Property Go So. on Hwy 101, turn RT @ U-Haul. Go to Cottage Ave, turn LFT
Go to 10th St, turn LFT prop @ end on LFT

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
Single Family Residence Single Family Residence Public Gearhart
Number of Bedrooms 4
Other Other Well, Spring, Shared

D. Type of Application

- Site Evaluation
Construction
Permit Repair
Alteration Permit
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.

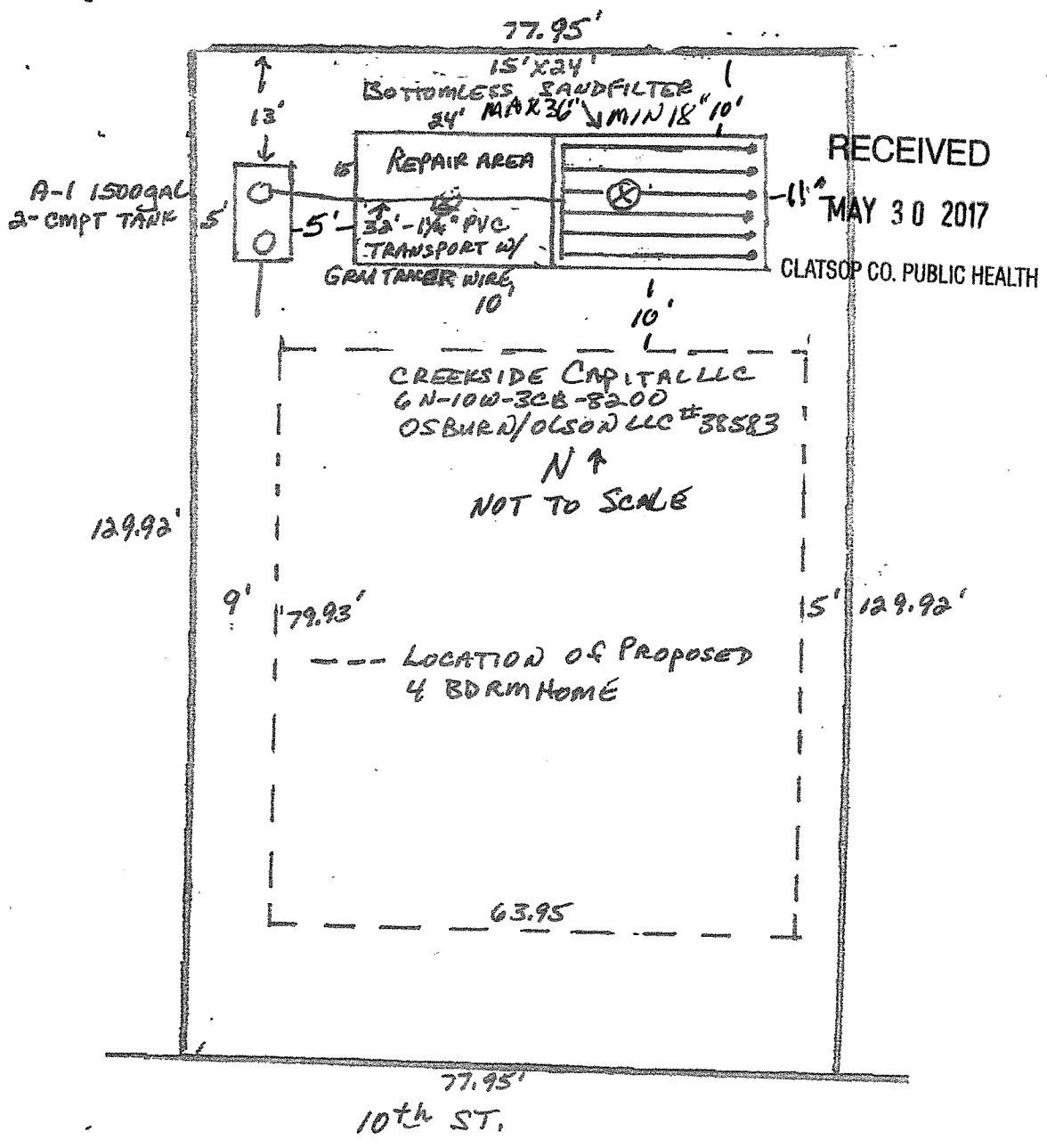
By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature George Owen Date 5/30/17

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

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

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached OSBURN/OLSON LLC #38583
Installers Name



77.95'

15'x24'

BOTTOMLESS SANDFILTER
24' MAX 36' MIN 18' 10'

REPAIR AREA

A-1 1500 GAL
2-EMPT TANK

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CLATSOP CO. PUBLIC HEALTH

32'-1 1/4" PVC
TRANSPORT W/
GRANTNER WIRE

CREEKSIDE CAPITAL LLC
6 N-10W-30E-82.00
OSBURN/OLSON LLC #38583

N ↑

NOT TO SCALE

129.92'

9' 79.93'

--- LOCATION OF PROPOSED
4 BDRM HOME

5' 129.92'

63.95'

77.95'

10th ST.

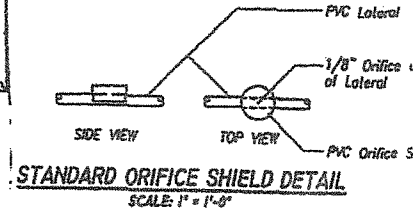
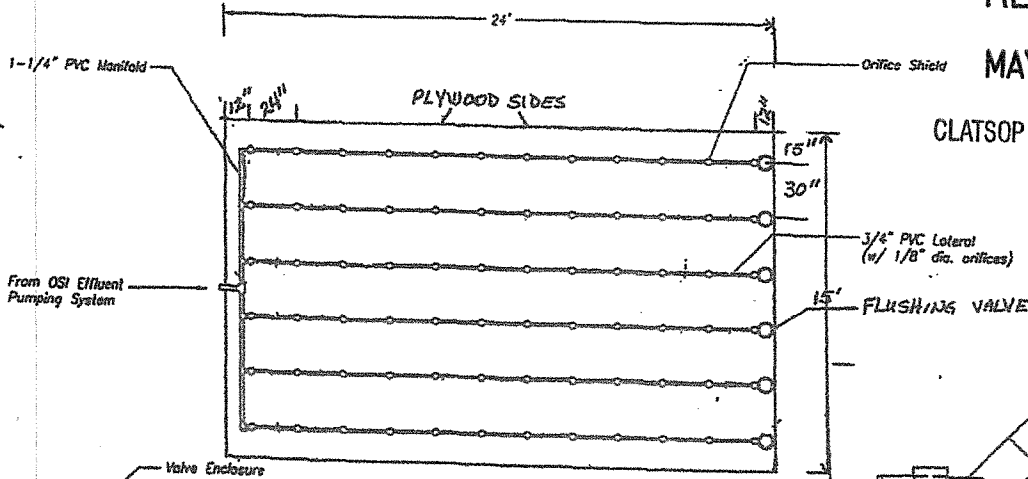
15'x24' Intermittent Sand Filter[®]

* Configured for loading rates up to 1.25 GPD/FT.² Follow appropriate intermittent sand filter design criteria.



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 Oranco Systems[®]
 814 HENRY AVENUE
 SHERBORN, OREGON
 97139-6000
MAY 30 2017

TELEPHONE:
CLATSOP CO. PUBLIC HEALTH
 FACSIMILE:
 (541) 459-2884



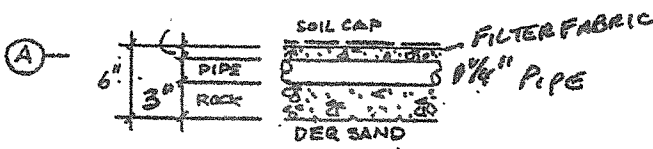
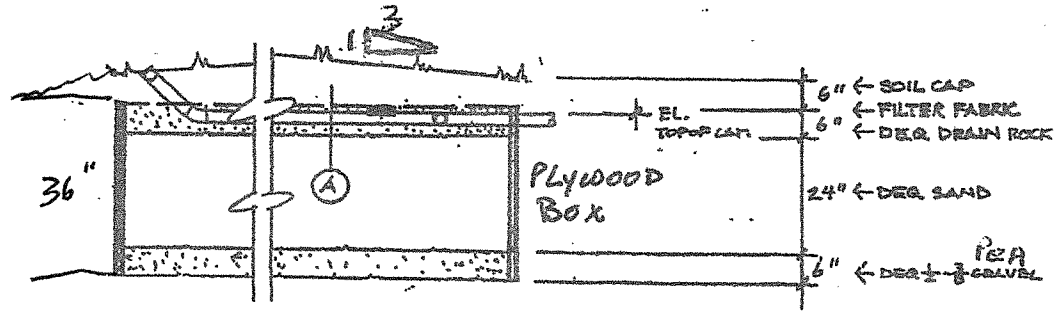
FLUSHING VALVE DETAIL
 SCALE: 1" = 1'-0"

TOP VIEW - 15'x24' BOTTOMLESS SAND FILTER w/ 72 ORIFICES

Note: See additional details on NDW-ISF-S-3

CREEKSIDE CAPITAL LLC
 6 N-10W-30B-8200
 OSBORN/OLSON LLC # 38583

NDW-ISF-2024L-1



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

**BOTTOMLESS SAND FILTER
 MANIFOLD SECTION**

Pump Selection for a Pressurized System

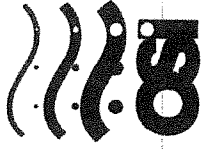
Creekside Capital LLC 6N-10W-3CB-8200
Osburn/Olson LLC #38583

Input Parameters

Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	6
Lateral Length	22.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	32.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	2.00 inches
Flow Meter	None inches
'Add-on' Friction Losses	0.0 feet

Calculations

Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	72
Total Actual Flow Rate	31.2 gpm
Number of Lines per Zone	6
% Flow Differential 1st and Last Orifice	0.3 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.0 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.4 feet
Head Loss in Transport Pipe	3.8 feet
Head Loss Through Discharge	1.9 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	31.2 gpm
TDH	16.2 feet



Orencia System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

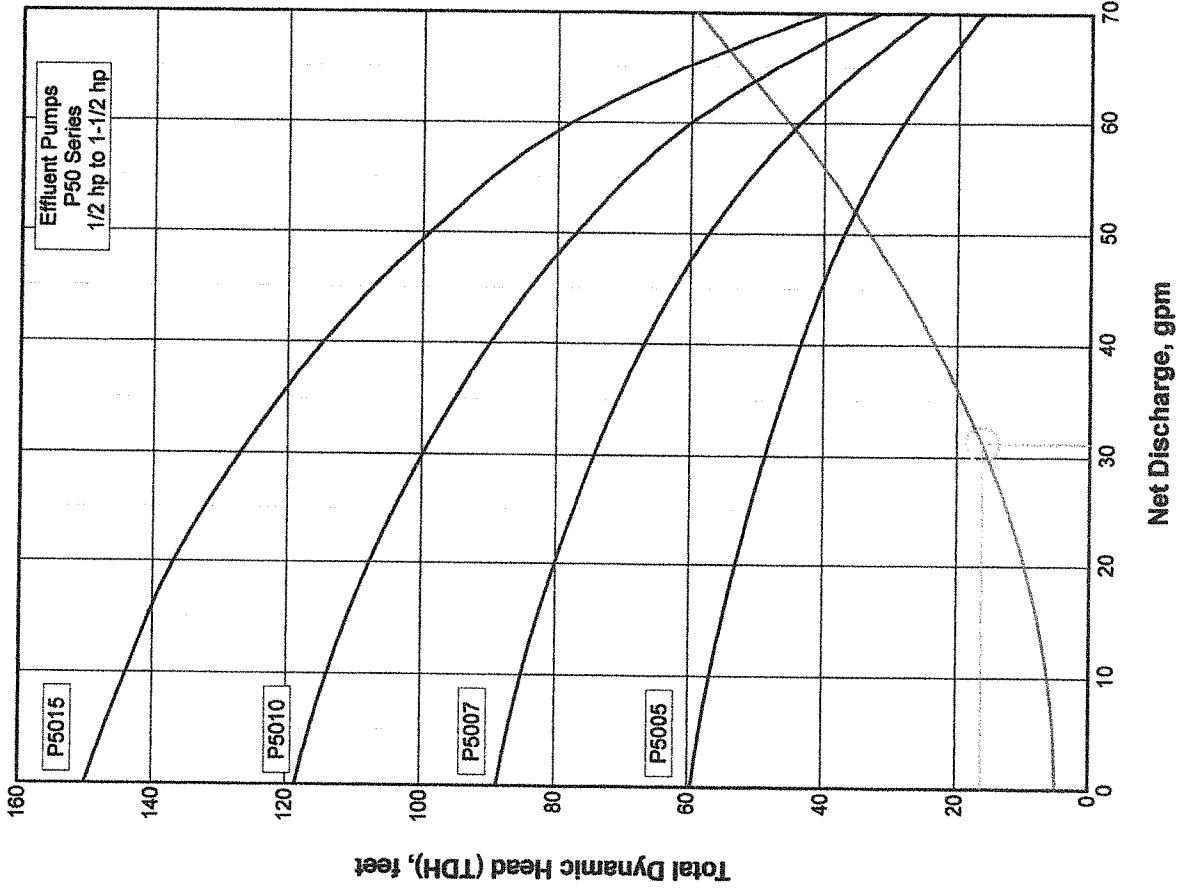
TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

www.orencia.com

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**PARTS LIST
15' x 24' Sandfilter
Creekside Capital LLC
6N-10W-3CB-8200**

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CLATSOP CO. PUBLIC HEALTH

- 1 A-1 1500 gal 2-cmpt septic/dose tank**
- 2 24" x 24" poly risers**
- 2 24" poly lids w/screws**
- 2 ADH100 adhesive**
- 1 PF500511 pump, ½hp, 115v. (Orenco)**
- 1 PVU57-1819 pump vault**
- 1 MVP-S1/DM control panel (time dosed)**
- 1 SBEX4 splice box (external)**
- 1 HV200BCX hose & valve assembly**
- 1 MF3P Float stem**
- 1 G2L grommet**
- 72 ea 1¼" OS125 orifice shields**
- 27yds DEQ sand**
- 7yds DEQ peagravel**
- 7yds DEQ drain Rock**
- 180ft 1¼" PVC solid pipe for manifold kit**
- 32 ft 1¼" PVC solid pipe for transport**
- 14 1¼" PVC 45° ells**
- 2 1¼" PVC 90° ells**
- 5 1¼" PVC "T"**
- 6 7" round valve covers**
- 6 1¼" PVC shut-off valves**
- 1 2" x 1¼" PVC reducer**
- Filter fabric**
- Plywood and 2 x 4 boards for sandfilter box**

**CLACKAMAS COUNTY "UNDERDRAIN MEDIA"
OAR 340-071-100 (173)**

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4/1/2017

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SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	SPEC LIMITS
1/2	0.0	0.00%	0.00%	100.00%	100
3/8	145.8	13.62%	13.62%	86.38%	
1/4	529.8	49.51%	63.13%	36.87%	18 - 100
#4	281.3	26.29%	89.42%	10.58%	5 - 75
#8	90.1	8.42%	97.84%	2.16%	
#10	9.9	0.93%	98.77%	1.23%	24.0% max
#16	2.9	0.27%	99.04%	0.96%	2.0% max
#100	1.1	0.10%	99.14%	0.86%	1.0% max
PAN	1.1				
1070.1		dry weight			

DRY WEIGHT BEFORE WASH - 1070.1

DRY WEIGHT AFTER WASH - 1062.0

ASTM TEST MEHTODS #C-117 AND #C-136 IN USE FOR ANALYSIS.

CREEKSIDE CAPITAL LLC

6N-100-3CB-8200

OSBURN/OLSON LLC # 38583

COMPANY NAME: GLACIER NORTHWEST, INC.
CALPORTLAND COMPANY

CERTIFIED TECH: Wyatt Roseman

CLACKAMAS COUNTY FILTER SAND
4/1/2017
" MEDIUM-SAND "

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	SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING
100	3/8	0.0	0.00%	0.00%	100.00%
95 - 100	#4	26.9	3.83%	3.83%	96.17%
80 - 100	#8	64.1	9.14%	12.97%	87.03%
45 - 85	#16	200.1	28.52%	41.49%	58.51%
15 - 60	#30	176.9	25.21%	66.70%	33.30%
3 - 15	#50	140.2	19.98%	86.69%	13.31%
0 - 4	#100	68.9	9.82%	96.51%	3.49%
	#200	20.1	2.86%	99.37%	0.63%
	PAN	0.6			
	dry weight	701.6	F.M.	3.08	

DRY WEIGHT BEFORE WASH - 701.6

DRY WEIGHT AFTER WASH - 697.8

ASTM TEST MEHTQDS #C-117 AND #C-136 IN USE FOR ANALYSIS.

CREEKSIDE CAPITAL LLC

60-10W-3CB-8200

OSBURN/OLSON LLC #38583

COMPANY NAME: GLACIER NORTHWEST, INC.
 CALPORTLAND COMPANY
 COLUMBIA RIVER SAND

CERTIFIED TECH: LYNN RINGHEIM



Septic Application

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

For Department Use Only

Permit #: **500758**
 Permit Type: **Construction Perm**
 Entry Date: **5/30/2017**
 Issued By: **Annette Brodigan**
 Permit Status: **Entered**

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/30/2017

Work Description

Work Description:

Remarks:

Owner

Name: **Gearhart Meadows LLC** Ph. #: (503) 776-0629 Cell: () -
 Address: 1817 SW Hawthorne Ter E-Mail: Fax: () -
 City, State, Zip: Portland, OR 97201

Applicant

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

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,520.00	\$100.00	\$0.00	\$9.00	\$1,629.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Gearhart Meadows LLC	Check	1292	05/30/2017	\$1,629.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Site Evaluation - Single Family Dwelling -

PROPERTY INFORMATION

Property Owner: **Creekside Captial LLC** Township **6**, Range **10**, Section **03 C B**
Property Location: **LOT - 10TH STREET, GEARHART** Tax Lot **08200**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

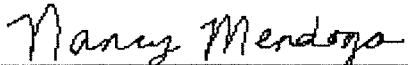
System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type: **Equal**
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

INSPECTION REQUIREMENTS

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



Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

5/25/2017

Expiration Date:

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

SITE EVALUATION REPORT

Date: May 24, 2017

Creekside Capital LLC:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: Creekside Capital LLC Application: # 500731 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 6N/ R 10W/ S 3CB Tax Lot#: 08200

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

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3687.

Yours truly,



Yvonne Van Nostran
Environmental Health Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: Creekside Capital LLC Application #: 500731 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 6N/ R 10W / S 3CB Tax Lot#: 08200

Commercial Facility: Yes No Parcel Size: 0.23 acres

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System		Replacement System	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	<input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial	
Absorption facility: _____ linear. ft	Disposal facility: _____ 360 sq. ft.	Absorption facility: _____ linear. ft	Disposal facility: _____ 360 sq. ft.
36" Max Depth	18" Min Depth	36" Max Depth	18" Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-60	FS	0"-60" Fine Sand Medium roots to 18" Effective soil depth greater than 60"
#2	0-60	FS	0"-60" Fine Sand Medium roots to 6" Effective soil depth greater than 60"

Landscape Notes:

Slope: 0%

Aspect: North to South

Groundwater Type: None present

Additional Conditions of Approval

1. ***A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. ***Drainfield must be staked prior to installation.**
7. Recommend licensed installer install all system components.
8. Construction of capping fills must occur between June 1 and October 1.
9. Fill material must be evenly graded to a final depth of 16 inches over the drain media.
10. Must use Sandy Loam or better for capping material.

***Required prior to issuance of construction permit.**



#500731
CK#1285
\$789⁰⁰

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED
MAY 10 2017
CLATSOP CO. PUBLIC HEALTH

Application for Onsite Sewage Treatment System

#500731

A. Property Owner Information

CREEKSIDE CAPITAL LLC 1817 SW HAWTHORDE TER PORTLAND, OR 503-776-0629
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number
97201-1735

B. Legal Property Description

6N 10W 3CB 8200 56559 .23 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP
County Subdivision Name Lot Block

Property Address: 10th ST GEARHART, OR 97138
(Street, City, State, Zip)

Directions to Property GO SO. ON HWY 101, TURN RT @ U-HAUL. GO TO COTTAGE AVE, TURN LFT
GO TO 10th ST, TURN LFT. PROP @ END ON LFT

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
 Single Family Residence Single Family Residence Public: GEARHART
Number of Bedrooms Number of Bedrooms Name
 Other Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
 - Major
 - Minor
- 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 Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Signature George Owen Date 5/9/17

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

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

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached OSBURN/OLSON LLC #38583
Installers Name



Clatsop County
 Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8611 Fax 503 338-2606
 comdev@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED
 MAY 10 2017
 CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

I, BRUCE RITCHIE (Property Owner - Please Print)
GEORGE OWEN (Authorized Representative - Please Print) To act as my agent in connection with

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment services provided by Clatsop County on the property described below in accordance with OAR chapter 333 division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP
 Township 6N Range 10W Section 3CB Tax Lot 8200 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Bruce Ritchie Email: _____
 Mail Address: 1817 SW HAWTHORNE TERR City/State/Zip PORTLAND, OR 97201
 Phone: 503-776-0629 FAX: _____
 Signature: [Signature] Date: 5/5/17

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN Email: ENTLMAN@GEORGE@GMAIL.COM
 Mail Address: 89647 MANION DR City/State/Zip WARRENTON, OR 97146
 Phone: 503-717-8681 FAX: 503-717-8681
 Signature: [Signature] Date: 5/5/17

SECTION 1 – TO BE COMPLETED BY APPLICANT

RECEIVED

1. Applicant Name/Property Owner: CREEKSIDE CAPITAL LLC MAY 10 2017
 Mailing Address: 1817 SW HAWTHORDE TER CLATSOP CO. PUBLIC HEALTH
 City/State/Zip: PORTLAND, OR 97201-1735
 Telephone: 503-776-0629

2. Property Information:
 County: CLATSOP Tax Lot No: 8200
 Township: 6N Range: 10W Section: 3CB
 Physical Address: 10th ST GEARHART, OR 97138
 Block: _____ Lot: _____
 Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: _____

4. Permit or approval being requested:
 Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: R1 Zoning Minimum Parcel Size ~~10,000~~ 10,000
 6. The facility is located: inside city limits inside UGB outside UGB
 7. Does the proposed facility comply with all applicable local land use requirements: Yes No

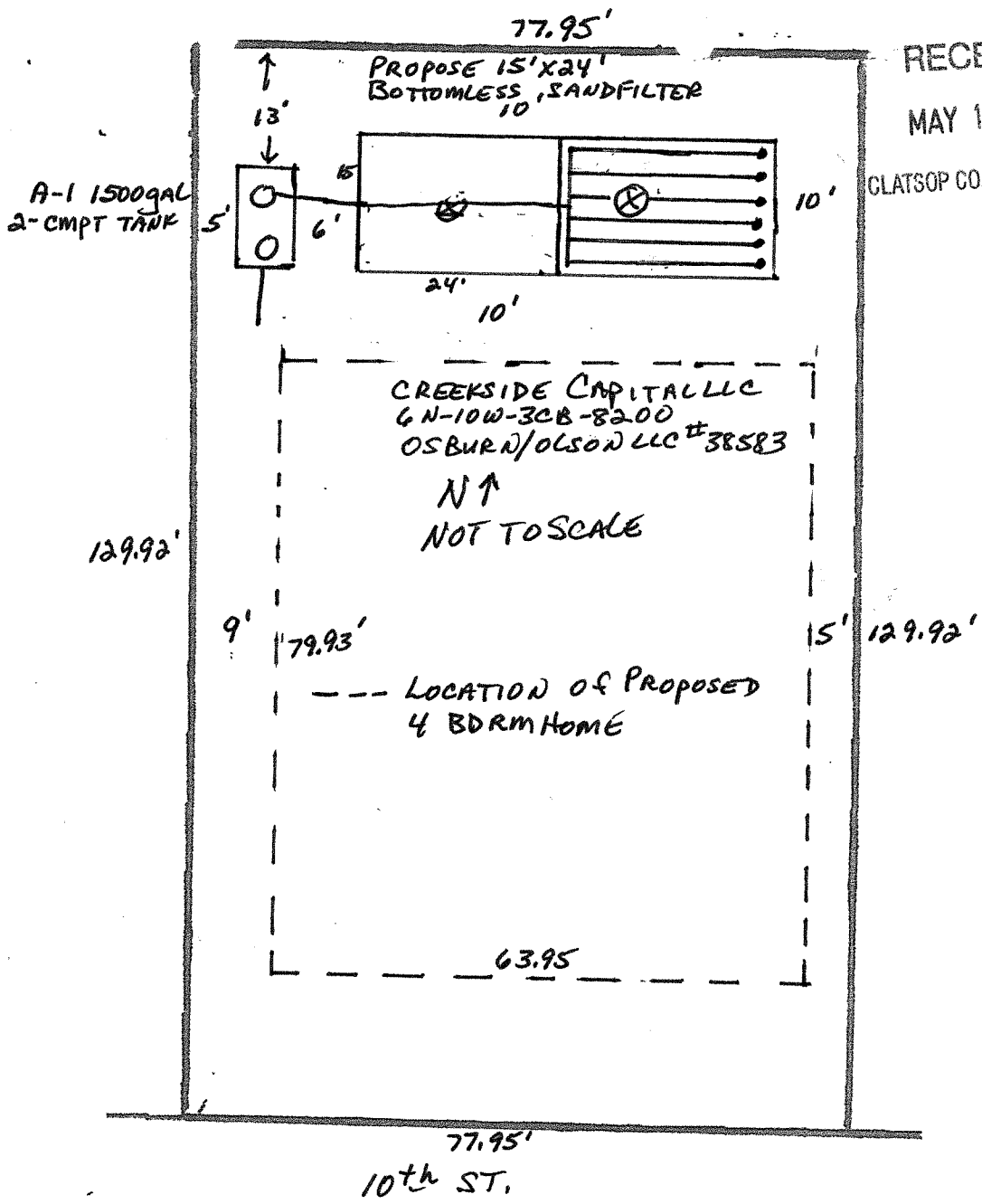
If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
 Either provide reasons for affirmative compliance decision or attach findings of fact: _____

8. Planning Official Signature: CS
 Print Name: Chad Sweet Date: 5/10/17

RECEIVED

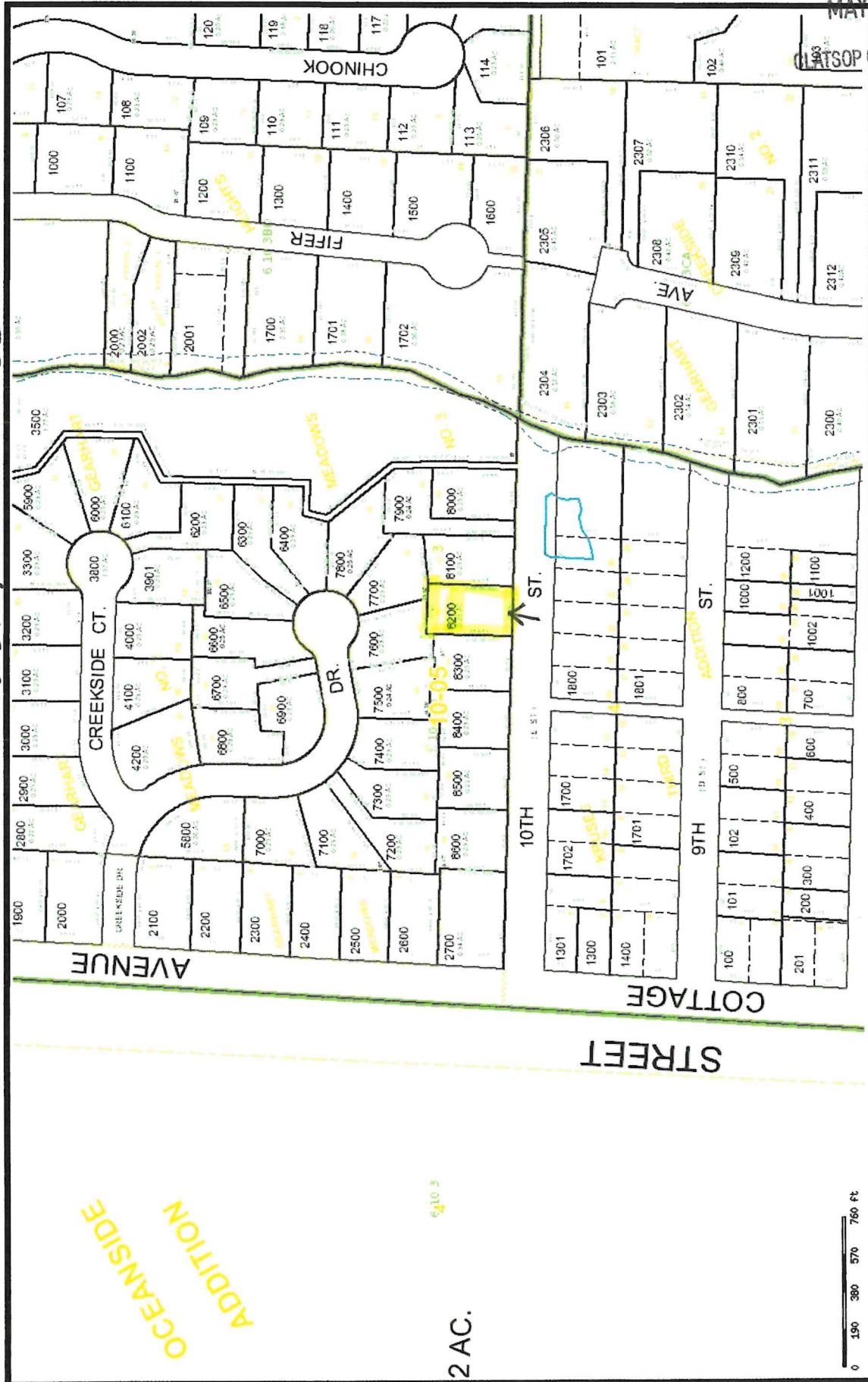
MAY 10 2017

GLATSOP CO. PUBLIC HEALTH



Map CREEKSIDE CAPITAL LLC
 6 N-10W-30B-8200

OSBURN/OLSON LLC #38583



2 AC.

RECEIVED
 MAY 10 2017

CLATSOP COUNTY PUBLIC HEALTH

Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





Septic Application

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

For Department Use Only

Permit #: 500731
Permit Type: Site Evaluation
Entry Date: 5/10/2017
Issued By: Nancy Mendoza
Permit Status: Pending

Permit Timeline

User	Status	Date
Nancy Mendoza	Entered	05/10/2017

Work Description

Work Description:

Remarks:

Owner

Name: Creekside Captial LLC	Ph. #: () -	Cell: () -
Address: 1817 SW Hawthorne Ter	E-Mail:	Fax: () -
City, State, Zip: Portland, OR 97201-1735		

Applicant

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

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$680.00	\$100.00	\$0.00	\$9.00	\$789.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Creekside Captial LLC	Check	1285	05/10/2017	\$789.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____