



# Certificate of Satisfactory Completion

## Installation Permit - Residential - New

186-23-000239-PRMT

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov  
Website:  
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-progra>  
m

**Date Certificate Issued:** 02/20/2024  
**Work Description:** Installation/Construction; SFD

<b>Applicant:</b> Bob McEwan Construction, Inc. <b>Address:</b> P.O. Box 2845 Gearhart Oregon 97138 <b>Phone:</b> 5037383569 <b>Email:</b> mmcewan3569@gmail.com	<b>Contractor:</b> Bob McEwan Construction, Inc. <b>Installer License:</b> 37079 <b>Address:</b> 34154 Hwy 26 Seaside OR 97138-3611 <b>Phone:</b> 5037383569 <b>Email:</b> mmcewan3569@charter.net
--	---

<b>Owner:</b> TOM MULFLUR / GEARDEV LLC <b>Address:</b> 1451 SW HIGHLAND RD PORTLAND OR 97221 <b>Parcel:</b> 61004AD01902 - Primary	<b>Property Address:</b> 1400 N Ocean Ave, Gearhart, OR 97138 <b>Township:</b> 6 <b>Range:</b> 10 <b>Section:</b> 4AD
--	---

<b>Lot Size:</b> 0.97 acres	<b>Water Supply:</b> Community Water Supply	
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> City	
<b>Land Use Approval:</b> yes		
<b>Directions to Property:</b> South on US101, West on Gearhart Loop Road, continue on N Marion Ave, Slight right to turn right on Sea Breeze Blvd, Left on Ocean Ave, House will be on the right.		

**Category of Construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of Structure:</b>	N/A	4 bedroom home
<b>Number of Bedrooms:</b>	N/A	4

**System Specifications**

<b>Type:</b> Pressure Distribution		
<b>Max Peak Design Flow:</b> 450 gpd.	<b>Proposed Flow:</b>	450 gpd.
<b>Min Septic Tank Volume:</b> 1000 gal.	<b>Min Dosing Tank Volume:</b>	500 gal.

**Drain Field Specifications**

<b>Drain Field Type:</b> Pressure Distribution	<b>System Distribution Type:</b> Equal	
<b>Drainfield Sizing:</b> N/A	<b>Distribution Method:</b> Pressurized	
<b>Seepage Bed Specs:</b> 20ft x 30ft seepage bed = 600 sq ft	<b>Bottomless sand filter sqft:</b> N/A	
<b>Media Type:</b> Rock/Pipe	<b>Media Depth:</b> 12 in.	
<b>Total Rock Depth:</b> 12 in.	<b>Rock Below Pipe:</b> 6 in.	
<b>Max Depth:</b> 30 in.	<b>Undisturbed Soil Between Trenches:</b> N/A	
<b>Min Depth:</b> 24 in.	<b>Capping Fills-Min Depth of Fill Material:</b> N/A	

**Special Requirements**

<b>Groundwater Type:</b> Permanent	<b>Groundwater Depth:</b> N/A	
<b>Pump to Drainfield Required:</b> Yes	<b>Filter Fabric on Top of Drain Media:</b> Yes	

<b>Date Certificate Issued:</b> 02/20/2024 <b>Work Description:</b> Installation/Construction; SFD
---

<b>Conditions of Approval</b>
-------------------------------

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.

<b>Certificate of Satisfactory Completion</b>
---

**System Inspection:** No     
 **Operation of Law - 7 Days Notice:** No     
 **Pre-Cover Inspection Waived Per 340-071:** No  
**Comments:** N/A

Lucas Marshall, REHS

Environmental Health Supervisor

**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: 186-23-000239-PRMT

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

**SECTION 1: Owner/Permittee Information:**

Name: TOM MULFLUR / GEARDEV LLC

Twnshp: 6      Range: 10      Sect: 4AD  
 Lot: 01902

Property Address: 1400 N OCEAN AVE, GEARHART, OR 97138

**SECTION 2: System Component Specifications:**

A. Tanks/Pumps	System Type:	Water tight verification*
Tanks(1)	Volume: 1000 gallon    Compartments: 1    Manufacturer: Waite Concrete	Date: 2/13/2024
Tanks(2)	Volume: 500 gallon    Compartments: 1    Manufacturer: Waite Concrete	Date: 2/13/2024
Pump(s)	HP: 1/2    Model/Manuf. Franklin	Float(s) Type(1): 3A    Model/Manuf. 5005
		Float(s) Type(2):    Model/Manuf.

**B. Piping**

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25"	ASTM#/Other: 2241	Length: 13'

**C. Secondary Treatment Unit:**

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter: 1.25 "		ASTM#/Other: 2241	Length: 17.5'
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	
ATT	Yes	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name: Ed's Septic Tank Cleaning Service, LLC			
Operation and Maint.	Contract Received?		Yes <input checked="" type="checkbox"/>	No

**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) 20' X 30' Seepage Bed Graveless Alternative EZ Flow				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1.25"	ASTM#/Other: 2241	Length: 150'
Comment					

\*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

Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By *[Signature]* 1  
 Permit No. 186-23-000239  
 Date 2/20/24



**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: <b>Michael R. McEwan</b>	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <b>37079</b>	Certification#: <b>RI 83</b>
Owner/ Certified Installer:	Signature: <i>Michael R. McEwan</i>	Date: <b>2/16/2024</b>	Phone#: <b>503-440-0223</b>

**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:
---------------------------------------	------------------------------	-----------------------------	-------

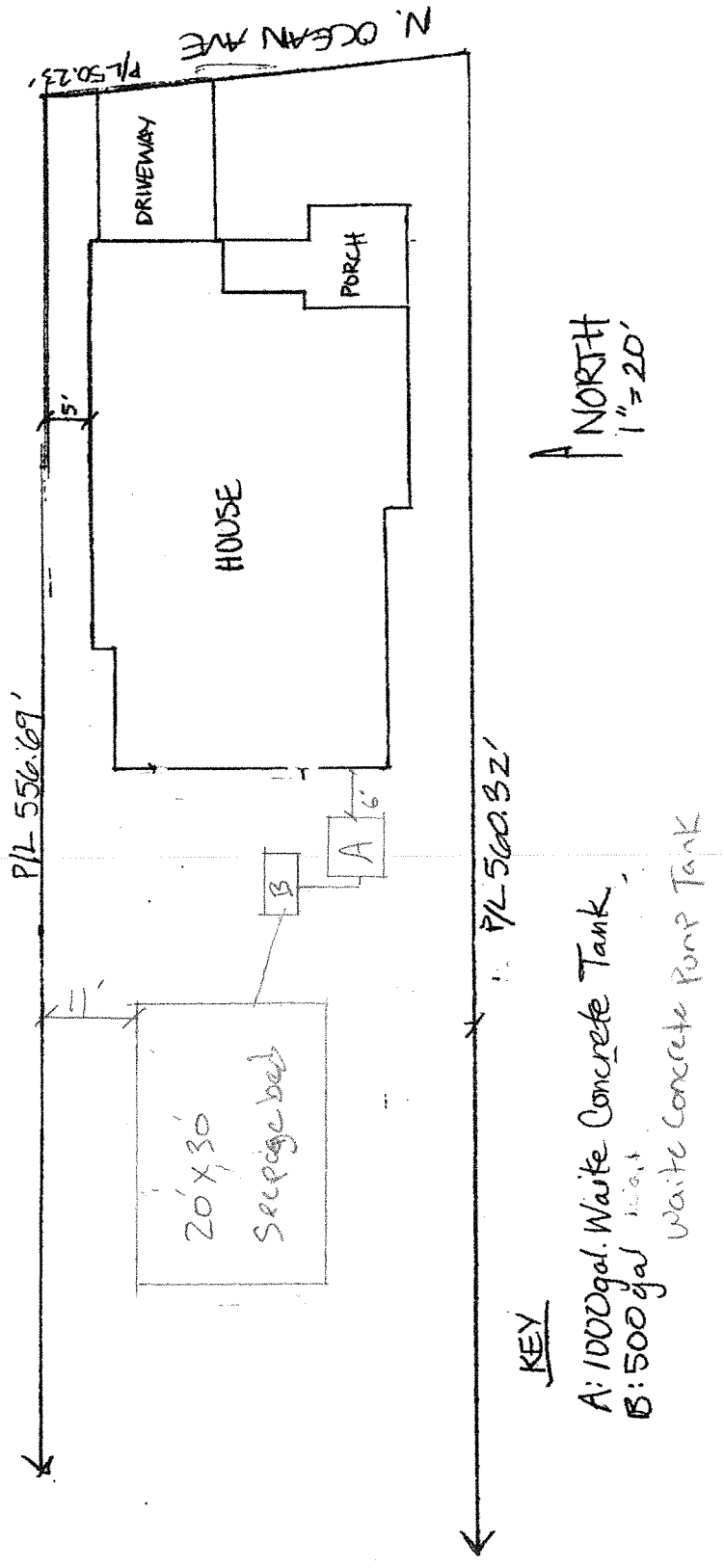
If No, Reason for Non Acceptance: \_\_\_\_\_

Comment: \_\_\_\_\_

*Clatsop County Department  
of Public Health  
On-Site Waste Water Program*  
 Approved By *YM*  
 Permit No. 186-23-000239  
 Date 2/20/24

**BOB MCEWAN CONSTRUCTION INC.**  
 Excavation & Site Preparation  
 P.O. Box 2845, Gearhart, OR 97138  
 503.738.3569 CCB 48302

GEARDEV  
 1400 N OCEAN AVE  
 GEARHART, OR  
 61004AD0190Z





# Septic Permit

## Installation Permit - Residential - New

### 186-23-000239-PRMT

Clatsop County Onsite  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov  
Website:  
<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

<b>Date issued:</b> 9/25/23	<b>Expiration date:</b> 9/24/24
<b>Work description:</b> Installation/Construction; SFD	

**Applicant:** Bob McEwan Construction, Inc.  
**Address:** P.O. Box 2845  
Gearhart Oregon 97138  
**Phone:** 5037383569  
**Email:** mmcewan3569@gmail.com

**Contractor:** Bob McEwan Construction, Inc.  
**Installer License:** 37079  
**Address:** 34154 Hwy 26  
Seaside OR 97138-3611  
**Phone:** 5037383569  
**Email:** mmcewan3569@charter.net

**Business License:** N/A

**Owner:** TOM MULFLUR / GEARDEV LLC  
**Address:** 1451 SW HIGHLAND RD  
PORTLAND OR 97221

**Property address:** 1400 N Ocean Ave, Gearhart, OR 97138

**Parcel:** 61004AD01902 - Primary      **Township:** 6      **Range:** 10      **Section:** 4AD

<b>Lot size:</b> 0.97 acres	<b>Water supply:</b> Community Water Supply
<b>Zoning:</b> N/A	<b>City/County/UGB:</b> City
<b>Land use approval:</b> yes	<b>County:</b> N/A
<b>Action:</b> New	<b>Type of application:</b> Construction Permit - Residential
<b>System failing:</b> N/A	<b>Septic tank last pumped:</b> N/A
<b>Comments:</b> N/A	

**Directions to property:** South on US101, West on Gearhart Loop Road, continue on N Marion Ave, Slight right to turn right on Sea Breeze Blvd, Left on Ocean Ave, House will be on the right.

**Category of construction:** Single Family Dwelling

	Existing	Proposed
<b>Use of structure:</b>	N/A	4 bedroom home
<b>Number of bedrooms:</b>	N/A	4

**System Specifications**

<b>Type:</b> Pressure Distribution	<b>ATT description:</b> N/A
<b>Max peak design flow:</b> 450 gpd.	<b>Proposed flow:</b> 450 gpd.
<b>Min septic tank volume:</b> 1000 gal.	<b>Min dosing tank volume:</b> 500 gal.

**Drain Field Specifications**

<b>Drain field type:</b> Pressure Distribution	<b>System distribution Ttpe:</b> Equal
<b>Drainfield sizing:</b> N/A	<b>Distribution method:</b> Pressurized
<b>Seepage bed specs:</b> 20ft x 30ft seepage bed = 600 sq ft	<b>Bottomless sand filter sqft:</b> N/A
<b>Media type:</b> Rock/Pipe	<b>Media depth:</b> 12 in.
<b>Total rock depth:</b> 12 in.	<b>Rock below pipe:</b> 6 in.
<b>Max depth:</b> 30 in.	<b>Undisturbed soil between trenches:</b> N/A
<b>Min depth:</b> 24 in.	<b>Capping fills-min depth of fill material:</b> 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: 9/25/23

Expiration date: 9/24/24

Work description: Installation/Construction; SFD

Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Permanent	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	Yes		

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

9/25/23

# Online Application submitted by Mike McEwan

RECEIVED  
SEP 25 2023

PLATSOP CO. PUBLIC HEALTH

Pol credit card  
\$1450<sup>00</sup>

186-23-000239-PRMT  
Geardev / Tpm Mulflur  
Installation/Construction; SFD

STATUS  
> App Submitted  
09/22/2023 by ADMIN ADMIN

LOCATION  
> 1400 N OCEAN AVE  
GEARHART, OR 97138

Project Name: Geardev / Tpm Mulflur

Description of Work: Installation/Construction; SFD

Application Detail: Detail

Application Type: Onsite Permit

Assigned To: Lucas Marshall, REHS

Address: 1400 N OCEAN AVE, GEARHART, OR 97138

Owner Name: GEARDEV LLC

Owner Address: 1451 SW HIGHLAND RD, PORTLAND, OR 97221

Parcel No: 61004AD01902

Onsite Permit

## GENERAL INFORMATION

Type of Application  
Construction Permit - Residential

Action  
New

System is Failing

Zoning

Category of Construction  
Single Family Dwelling

City/County/UGB  
City

Expiration Letter Sent

Allow Inspections Pri

Land Use Approval  
yes

Previous Permit Number  
186-21-000086 site eval

Previous Permit Issu  
04/05/2021

Septic Tank Last Pumped

Acreage or Lot Size  
0.97 acres

Existing Use of Structure

Proposed Use of Structure  
4 bedroom home

Water Supply  
Community Water Supply



RECEIVED

SEP 25 2023

CLATSOP CO. PUBLIC HEALTH

**OPERATION & MAINTENANCE SERVICE PROVIDER AGREEMENT**

#186-23-000239

This Service Contract has been agreed upon by Tom Mulflur  
Home Owner: Geardev LLC  
Address: 1451 SW Highland Road Portland, Oregon 97221 Phone: 503-333-4590  
Email: tom.mulflur@gmail.com  
Property Address: 1400 N Ocean Ave Gearhart, Oregon 97138 Acres: 0.97  
Permit #: TBD Account#: 60395 Taxlot Key: 61004AD01902

Contracted by: Ed's Septic Tank Cleaning Service LLC Paul McDonald  
**Oregon DEQ Maintenance Provider** ID# RM 123  
Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484  
on this 12th day of September 2023  
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 \$200. per year  
The fee to file with the Clatsop County DEQ is \$62 per year or current fee do to any increase by DEQ

RECEIVED  
SEP 25 2023  
GLATSPY CO, PUBLIC HEALTH

Payment for 2 Years 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 due.

**\*\*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

September 12, 2023  
Date

Tom Muller  
Gearder LLC  
System Owner



Signature

9-22-23  
Date



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

RECEIVED  
 SEP 25 2023  
 CLATSOP CO. PUBLIC HEALTH  
 #23-000239

**Notice Authorizing Representative**

I, Tom Mulflur,  
(Property Owner - Please Print) have authorized

Bob McEwan Construction, Inc  
(Authorized Representative - Please Print) To act as my agent in performing

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**

1400 N Ocean Avenue, Gearhart, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 4AD Tax Lot 1902 Map ID 61004AD01902  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Tom Mulflur Email: tom.mulflur@gmail.com  
 Mail Address: 1451 SW Highland Rd City/State/Zip Portland OR. 97221  
 Phone: 503-333-4590 FAX: \_\_\_\_\_  
 Signature: *Tom Mulflur* Date: Mar 3, 2021  
Tom Mulflur (Mar 3, 2021 13:40 PST)

**AUTHORIZED REPRESENTATIVE:**

Name: Michael McEwan Email: mmcewan3569@gmail.com  
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138  
 Phone: 503.738.3569 FAX: 503-738-4198  
 Signature: *Michael R. McEwan* Date: 3.3.2021



### DEQ Land Use Compatibility Statement

**PAID**  
\$45.00  
CHK# 6213

**COMPLETED BY APPLICANT**

**RECEIVED**  
SEP 25 2023  
CLATSOP CO. PUBLIC HEALTH  
#23-000239

- 1. Property Owner Name(s): Tom Mulflur (Geardev LLC)  
 Mailing Address: 1451 SW Highland Road, Portland, OR 97221  
 Telephone 1: 503-333-4590 Telephone 2: \_\_\_\_\_  
 Email Address: tom.mulflur@gmail.com
- 2. Applicant Name: Bob McEwan Construction, Inc  
 Mailing Address: PO BOX 2845, Gearhart, OR 97138  
 Telephone 1: 503-738-3569 Telephone 2: 503-440-0223  
 Email Address: mmcewan3569@gmail.com

- 3. **Property Information:**  
 Situs Address: 1400 N Ocean Avenue, Gearhart, OR 97138  
 Township 6 Range 10 Section 4AD Tax Lot 1902  
 Subdivision Name (if applicable): \_\_\_\_\_

- 4. **Proposed Development:**  
 Single Family Dwelling     Accessory Structure     Other \_\_\_\_\_

- 5. **Permit or Approval Requested:**  
 Construction or Installation Permit:     New Construction     Repair     Alteration  
 Authorization for Replacement of:     Dwelling     Bedroom Addition  
 Other: \_\_\_\_\_

**COMPLETED BY COUNTY PLANNING OFFICIAL**      PERMIT #: \_\_\_\_\_      PAYMENT ID: \_\_\_\_\_

- 1. Property Zoning 1 R-1    Property Zoning 2 \_\_\_\_\_    Overlays X-Zone
- 2. Minimum Parcel Size 10,000 Sq Ft. Actual Parcel Size 42022 Sq Ft.     LOR needed    LOR Permit # \_\_\_\_\_
- 3. The facility is located:     Inside City Limits     Inside a UGB     Outside UGB (county jurisdiction)
- 4. Does the proposed facility comply with all applicable land use requirements:     Yes     No
- 5. **Compliance is based on:**
  - a.  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: \_\_\_\_\_

Comments: \_\_\_\_\_

Planning Official Signature [Signature]      Date 9/25/23



RECEIVED

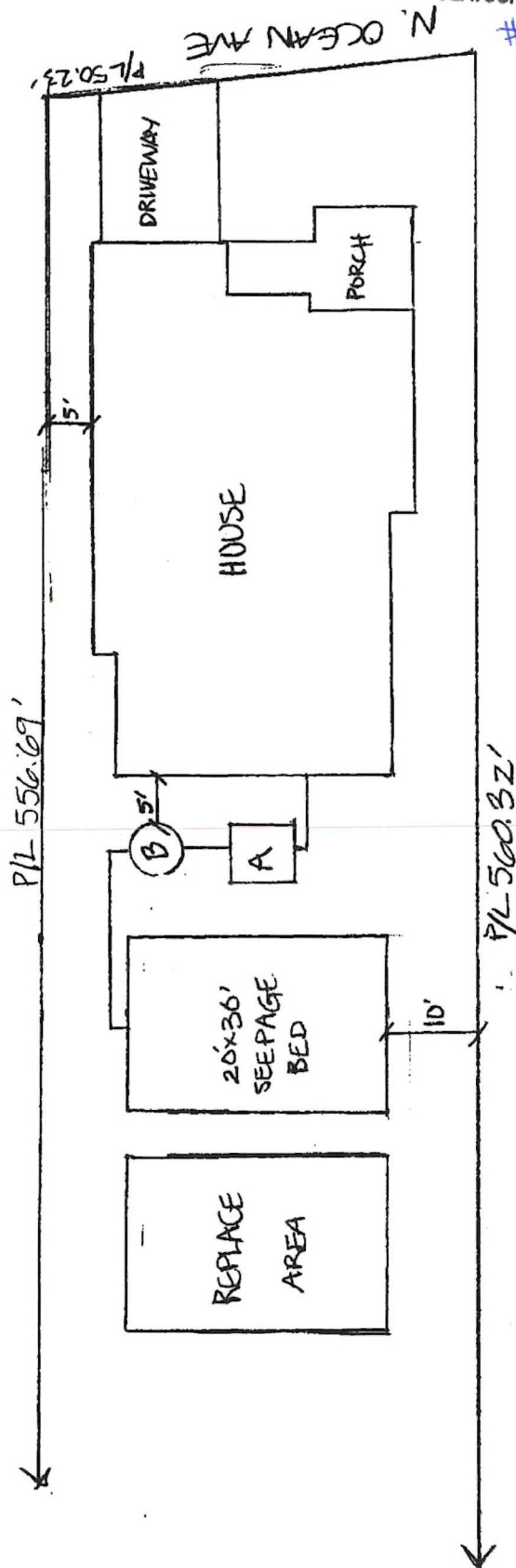
SEP 25 2023

CLATSOP CO. PUBLIC HEALTH

#23-000239

GEARDEV  
1400 N OCEAN AVE  
GEARHART, OR  
61004AD0190Z

**BOB MCEWAN CONSTRUCTION INC.**  
Excavation & Site Preparation  
P.O. Box 2845, Gearhart, OR 97138  
503.738.3569 CCB 48302



NORTH  
1" = 20'

KEY

A: 1000 gal. Waste Concrete Tank  
B: 500 gal Norwesco Pump Tank

RECEIVED

SEP 25 2023

OLATOP CO. PUBLIC HEALTH

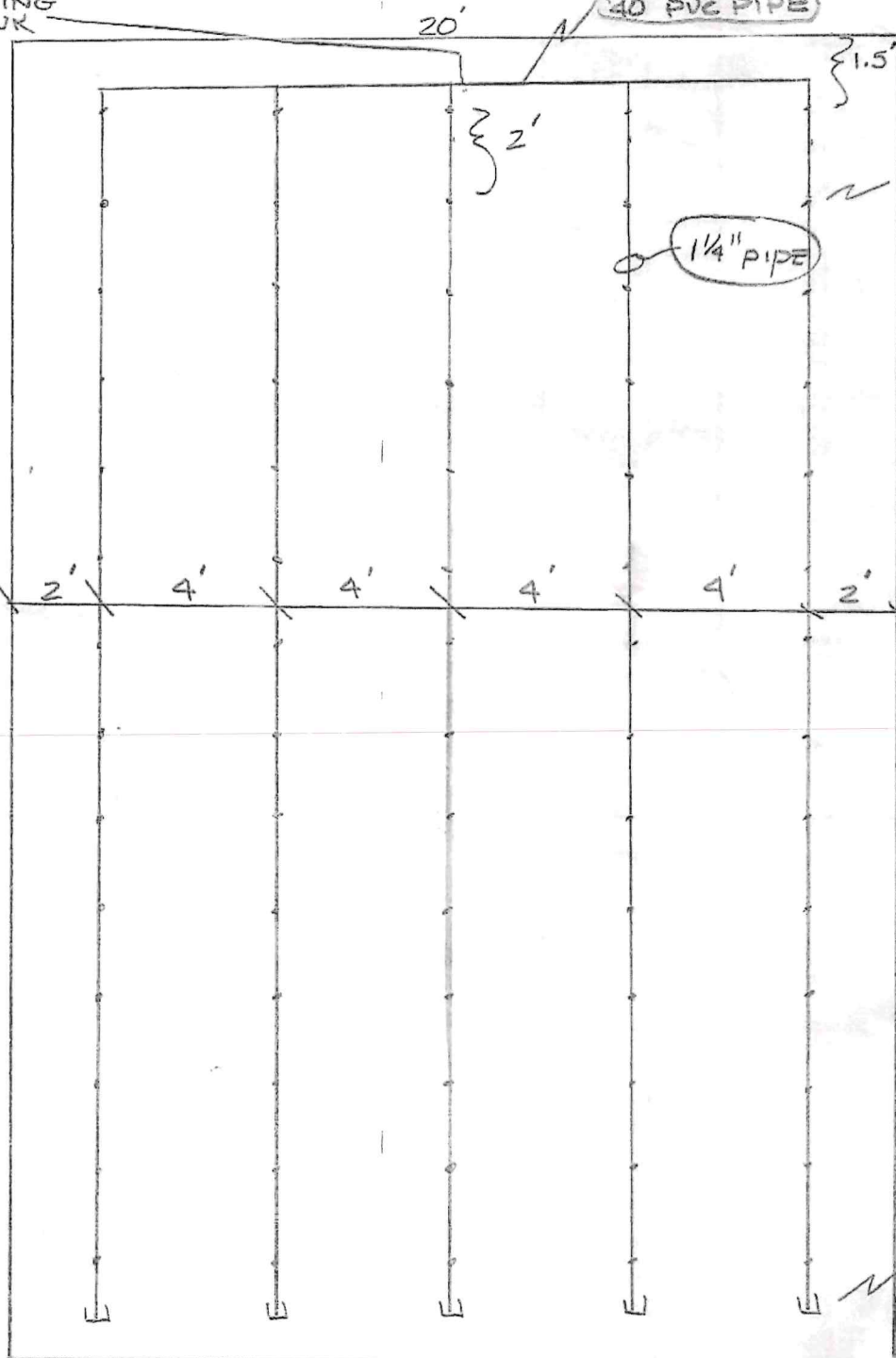
#23-000239

LOW PRESSURE BED  
PLAN

20' x 30' SEEPAGE

SCALE 1" = 4'

FROM  
DOSING  
TANK



1/8" Ø ORIFICES  
W/ SHIELDS

1/4" PIPE

30'

THREADED  
END CAPS  
3' W/ SWEERS

**BOB MCEWAN CONSTRUCTION INC.**  
Excavation & Site Preparation  
P.O. Box 2845, Gearhart, OR 97138  
503.738.3569 CCB 48302



**ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION**

Date: September 22, 2023

Installer: Bob McEwan Construction, Inc  
 P.O. Box 2845  
 Gearhart, OR 97138-2845  
 CCB #48302  
 DEQ Installer #37079

Prepared for: Geardev LLC  
 1451 SW Highland Road  
 Portland, OR 97221

Job Site: T6N, R10W, SEC. 4AD, T.L. 1902, 1400 N Ocean Avenue, Gearhart, OR 97138

Plans Drawn By: Mike McEwan

RECEIVED

SEP 25 2023

GLATSOP CO. PUBLIC HEALTH  
 #13-000239

Elevations:

Top of ground at Norwesco 500gal pump tank	100.0'
Top of Norwesco 500gal pump tank	98.0'
Pump inlet in pump tank	93.0'
Top of ground at building	100.0'
Top of bldg. sewer at building	99.0'
Seepage bed manifold	98.0'

Materials:

1000 gallon Waite Concrete Tank	1
500 gallon Norwesco Poly Pump Tank	1
24" dia pvc riser with lid	2
4" abs pipe	5'
4" flex coupling	2
Orenco MVP panel with timed dose	1
PL 50 OSI 05 HHF 1/2 hp effluent pump	1
PVC - SBEX4 - (Splice Box)	1
3A float tree with 3 floats	1
1/4" PVC check valve and 1/4" flex hose	1
15" dia. Screen vault with biotube	1
1/4" dia. sch. 40 PVC pipe	200'
1/4" dia. sch. 40 PVC 45° elbows	7
1/4" dia. sch. 40 PVC 90° elbows	4
1/4" dia. sch. 40 PVC tees	4
1/4" dia. sch. 40 PVC thread x slip adapt.	5
1/4" dia. sch. 40 PVC threaded end caps	5
7" dia pe valve boxes	5
Pipe Holders	24
1/8" orifice shields	70
Teevin 1/2" drain rock	25yd <sup>3</sup>
Typar 3201 filter fabric	1 roll









Clatsop County Onsite

# Transaction Receipt

Record ID: 186-23-000239-PRMT

IVR Number: 186020894942

Office: Not Applicable  
820 Exchange Street  
Astoria, Oregon 97103  
503-325-9302  
Fax: 503-325-9303  
envhealth@clatsopcounty.gov

Receipt Number: 463644

Receipt Date: 9/25/23

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 1400 N OCEAN AVE, GEARHART, OR 97138

Parcel: 61004AD01902

## Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
9/25/23	1.00 Ea	Install - Pressurized distribution - by gallons per day	81-7203	\$1,341.00	\$1,341.00
9/25/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
9/25/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Credit card authorization: 143107441	Payer: Michael McEwan	Payment Amount:	\$1,450.00
--	-----------------------	-----------------	------------

Cashier: Annette Brodigan

Receipt Total: \$1,450.00



# Residential Septic Site Evaluation Approval

## 186-21-000086-EVAL

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:** 04/05/2021  
**Application status:** Site Evaluation Approved  
**Work description:** Site Evaluation; SFD

**Applicant:** Bob McEwan Construction, Inc  
**Address:** P.O. Box 2845  
Gearhart OR 97138  
**Phone:** 5037383569  
**Email:** mmcewan3569@gmail.com

**Contractor:** Bob McEwan Construction, Inc.  
**Installer License:** 37079  
**Address:** 34154 Hwy 26  
Seaside OR 97138-3611  
**Phone:** (503) 738-3569  
**Email:** mmcewan3569@charter.net

**Owner:** GEARDEV LLC / Tom Mulflur  
**Address:** 1451 SW HIGHLAND RD  
PORTLAND OR 97221

**Property address:** 0 <sup>1400 N.</sup> Lot On Ocean Ave, Gearhart, OR  
97138

**Parcel:** 61004AD01902 - Primary      **Township:**      **6**    **Range:** 10      **Section:**      **4AD**

**Lot size:** 0.97 acre      **Water supply:** Community Water Supply  
**Zoning:** N/A      **City/County/UGB:** City  
**Directions to Property:** South on US 101, West on Gearhart Loop, Follow loop to Sea Breeze Blvd, Right onto semi-circular road, head west to end of road, take left on Ocean avenue. The empty lots on the right immediately after last house.

**Proposed use of structure:** N/A  
**Category of construction:** Single Family Dwelling

**General Specifications**

<b>Max peak design flow:</b>	450 gpd.	<b>Proposed gallons per day:</b>	450 gpd.
<b>Min septic tank volume:</b>	1000 gal.	<b>Min dosing tank volume:</b>	500 gal.
<b>Media depth:</b>	24 in.		

**System Specifications**

<b>System type:</b>	<b>Initial System</b>	<b>Replacement Area</b>
<b>System distribution type:</b>	Bottomless Sand Filter	Bottomless Sand Filter
<b>Distribution method:</b>	Equal	Equal
	Pressurized	Pressurized

**Trench Specifications**

<b>Max depth:</b>	<b>Initial System</b>	<b>Replacement Area</b>
<b>Min depth:</b>	24 in.	24 in.
	18 in.	18 in.

**Special Requirements**

<b>Drainfield type:</b>	<b>Initial System</b>	<b>Replacement Area</b>
<b>Drainfield sizing:</b>	Bottomless Sand Filter	Bottomless Sand Filter
	360 linear ft/150 gal.	360 linear ft/150 gal.

**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:** 04/05/2021  
**Application status:** Site Evaluation Approved  
**Work description:** Site Evaluation; SFD

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Lucas Marshall

Environmental Health Specialist I

4/5/21

**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.)

## SITE EVALUATION REPORT

Date: April 2nd, 2021

Dear Tom Mulfur:

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: **Mulflur**

Application: # **186-21-000086**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 6N/ R 10W/ S 04AD Tax Lot#:1902

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,

Nancy Mendoza, REHS  
Lucas Marshall, REHST  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department



**FIELD WORKSHEET**

App. Name: **Mulflur**

Application #: **186-21-000086** County: **Clatsop**

**RE: SITE EVALUATION REPORT** for Township/Range/Section: **T 6N/ R 10W / S 04AD** Tax Lot#: **1902**

Commercial Facility:  Yes  No Parcel Size: 0.97 acres.

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 450 gpd Max # of bdrms: 4

<b>Initial System</b>		<b>Replacement System</b>	
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input checked="" type="checkbox"/> Bottomless Sand Filter		<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> 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		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: <u>linear. ft</u> 24 " Max Depth	Disposal Facility: 360 sq. ft. 18 " Min Depth	Absorption Facility: <u>linear. ft</u> 24 " Max Depth	Disposal Facility: 360 sq. ft. 18 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-60"	Sand	Fine Sand Fine to Medium roots 0-12" ESD = 60"
#2	0-60"	Sand	Fine Sand Fine to Medium roots 0-12" ESD = 60"

Landscape Notes: Slope: 3-5% Aspect: East to West Groundwater Type:

**Additional Conditions of Approval**

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Initial system must be installed in area of Test Pit # 2 on drawing.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- 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.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

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

**SITE EVALUATION FIELD WORKSHEET**

Township: 6 Range: 10 Section: 4AΔ Tax Reference: 1902 Parcel Size: 0.97 acre  
 Owner/Applicant: Tom Mulflur Evaluator: Marshall/Mendoza  
 Inspection Date(s): 3/29/21 Application Number: 186-21-000086

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-60"	Sand
		F/VE Dune Sand
		Roots: F/M 0-12"
		EFS: 0-60"
Pit 2	0-60"	Sand
		F/VE Dune Sand
		Roots: F/M 0-12"
		EFS: 0-60"
Pit 3		
Pit 4		

Landscape Notes: Dunes, Eolian Sand  
 Slope: 3-5% Aspect: North South Groundwater Type: None  
 Other Site Notes: \_\_\_\_\_

**SYSTEM SPECIFICATIONS**

Design Flow: 450 gpd  
 Initial System: Bottomless Sand Filter ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: 360sq ft linear feet/square feet Maximum Depth: 24 inches Minimum Depth: 18 inches  
 Replacement System: Same as initial system ATT Treatment Standard: \_\_\_\_\_  
 Disposal Facility: \_\_\_\_\_ linear feet/square feet Maximum Depth: \_\_\_\_\_ inches Minimum Depth: \_\_\_\_\_ inches  
 Special Conditions: \_\_\_\_\_

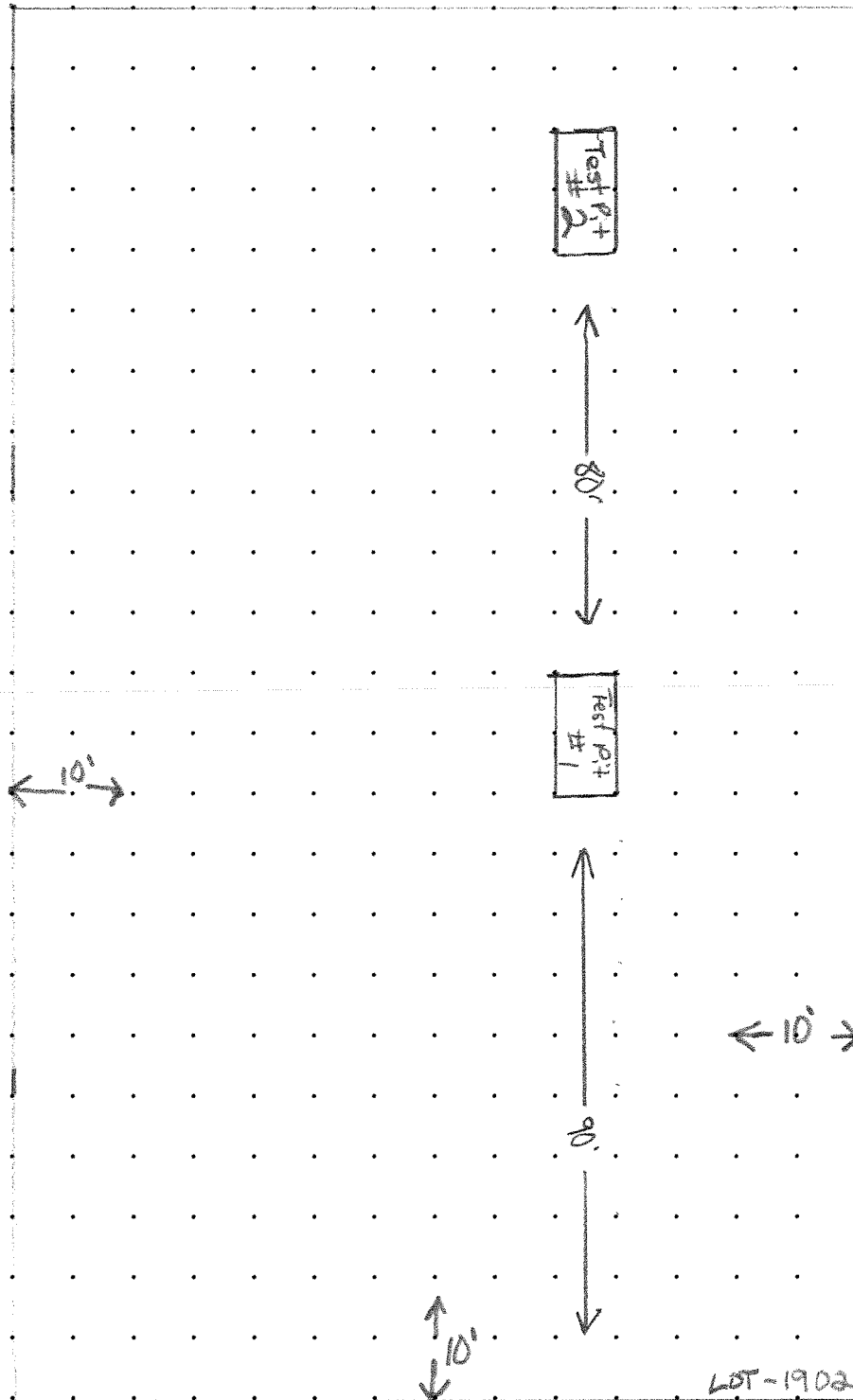
Township: 6 Range: 10 Section: 4AD Tax Reference: 152 Parcel Size: 0.97

Owner/Applicant: Tom Mulflur Evaluator: Mendoza / Marshall

Inspection Date(s): 3/29/21 Application Number: 186-21-000086

Ocean  $\uparrow$  ~1000ft

$\rightarrow$  N



Road - Ocean Ave

LOT-1902

Not to Scale

Online Application

RECEIVED

MAR 09 2021

Record ID: 186-21-000086-EVAL

CLATSOP CO. PUBLIC HEALTH

Menu Reports Help

Proceed on 3/11/21

PD Visa 8850-

Application Status: [App Submitted](#)

Opened Date: [03/09/2021](#)

IVR Tracking #: [186076371007](#)

Condition Status: Name Short Comments Status Api

Conditions of Approval: Group Type Condition Name

Record

Project Name: [Geardev / Mulflur](#)

Description of Work: [Site Evaluation; SFD](#)

Application Detail: [Detail](#)

Application Type: [Onsite Site Evaluation](#)

Assigned To:

Address: [0 lot on Ocean Ave, Gearhart, OR 97138](#)

Owner Name: [GEARDEV LLC / Tom Mulflur](#)

Owner Address: [1451 SW HIGHLAND RD, PORTLAND, OR 97221](#)

Parcel No: [61004AD01902](#)

Custom Fields: Onsite Site Eval

GENERAL INFORMATION

Type of Application  
[Residential Site Evaluation](#)

Site Ready for Inspection  
[Yes](#)

Category of Construction  
[Single Family Dwelling](#)

Water Supply  
[Community Water Supply](#)

Proposed Use of Structure  
-

Directions to Property  
[South on US 101, West on](#)

From:  
Bob McEwan  
# 37079

RESIDENTIAL USE	--Applies to Single Family Dwelling Only--	COMM
# of Bedrooms (Existing)	# of Bedrooms (Proposed Total)	
-	4	

Min Septic Tank Volume (Gallons) Max Peak Design Flow - (Gallons/Day)  
- -

Special Tank Requirements Seepage Bed Specifications  
- -





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

RECEIVED

MAR 09 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000086

**Notice Authorizing Representative**

I, Tom Mulflur, have authorized  
 (Property Owner – Please Print)

Bob McEwan Construction, Inc 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**

1400 N Ocean Avenue, Gearhart, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 4AD Tax Lot 1902 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

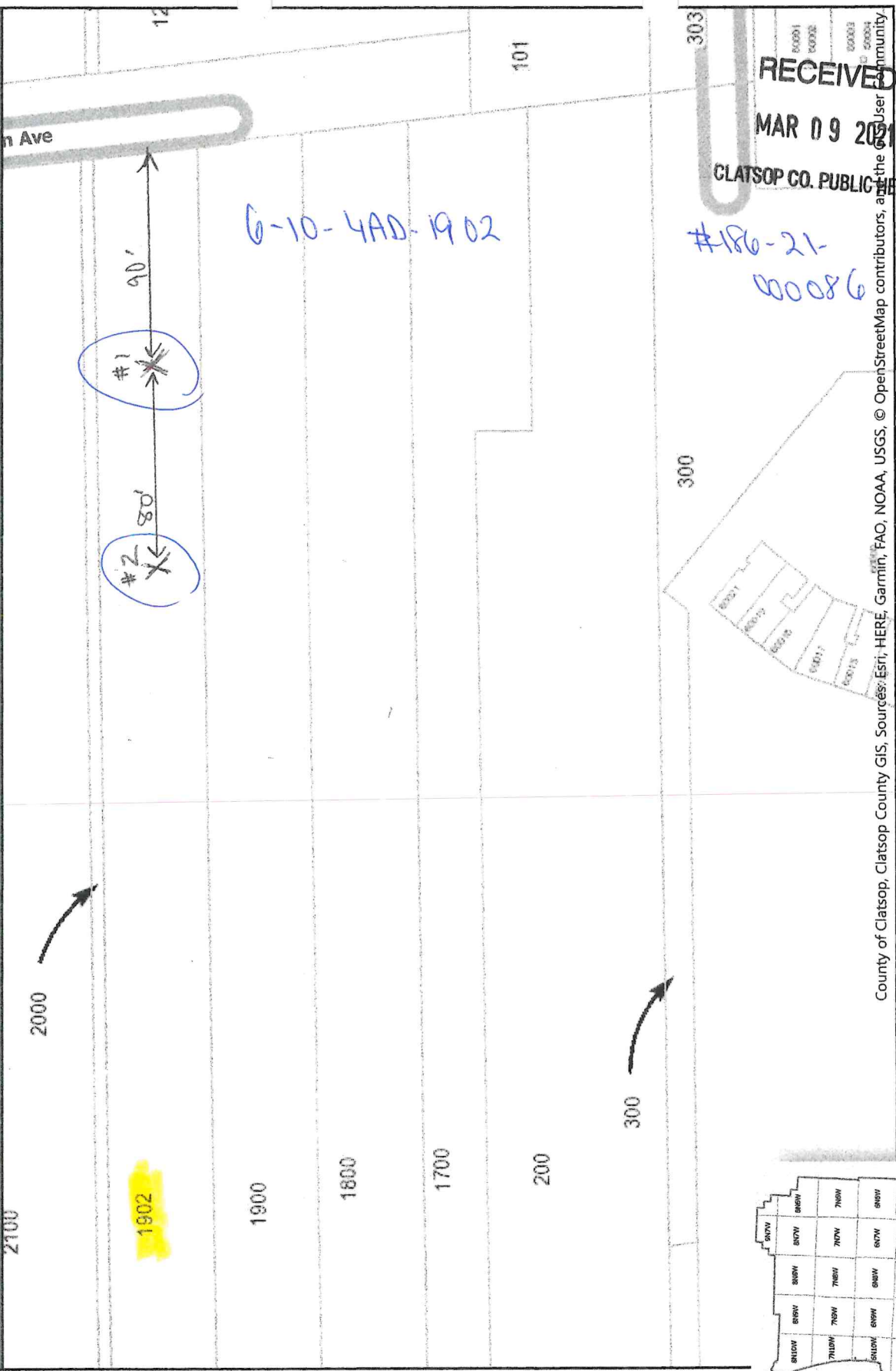
Name: Tom Mulflur Email: tom.mulflur@gmail.com  
 Mail Address: 1451 SW Highland Rd City/State/Zip Portland OR 97221  
 Phone: 503-333-4590 FAX: \_\_\_\_\_  
 Signature: *Tom Mulflur* Date: Mar 3, 2021  
Tom Mulflur (Mar 3, 2021 13:35 PST)

**AUTHORIZED REPRESENTATIVE:**

Name: Michael McEwan Email: mmcewan3569@gmail.com  
 Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138  
 Phone: 503.738.3569 FAX: 503-738-4198  
 Signature: *Michael R. McEwan* Date: 3.3.2021

TL 1902

Clatsop County, OR



RECEIVED  
 MAR 09 2021  
 CLATSOP CO. PUBLIC HEALTH

#186-21-00086

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

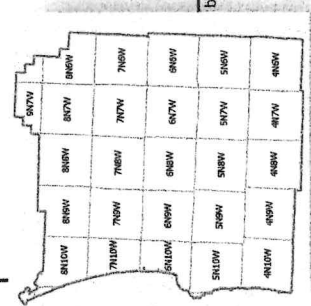


Clatsop County

0.03



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



3/8/2021 3:11 PM



**Transaction Receipt**  
**Record ID: 186-21-000086-EVAL**  
**IVR Number: 186076371007**

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

**Receipt Number: 455644**

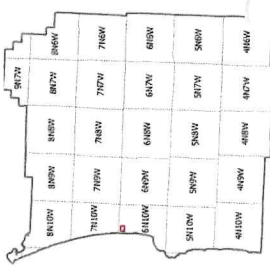
**Receipt Date: 3/11/21**

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>  
Worksite address: 0 lot on Ocean Ave, Gearhart, OR 97138  
Parcel: 61004AD01902

<b>Fees Paid</b>					
<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
3/11/21	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$741.00	\$741.00
3/11/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
3/11/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00
Payment Method: Credit card authorization: 90376392		Payer: Michael McEwan		Payment Amount:	\$850.00
Cashier: Annette Brodigan			<b>Receipt Total:</b>	<b>\$850.00</b>	



# Clatsop County

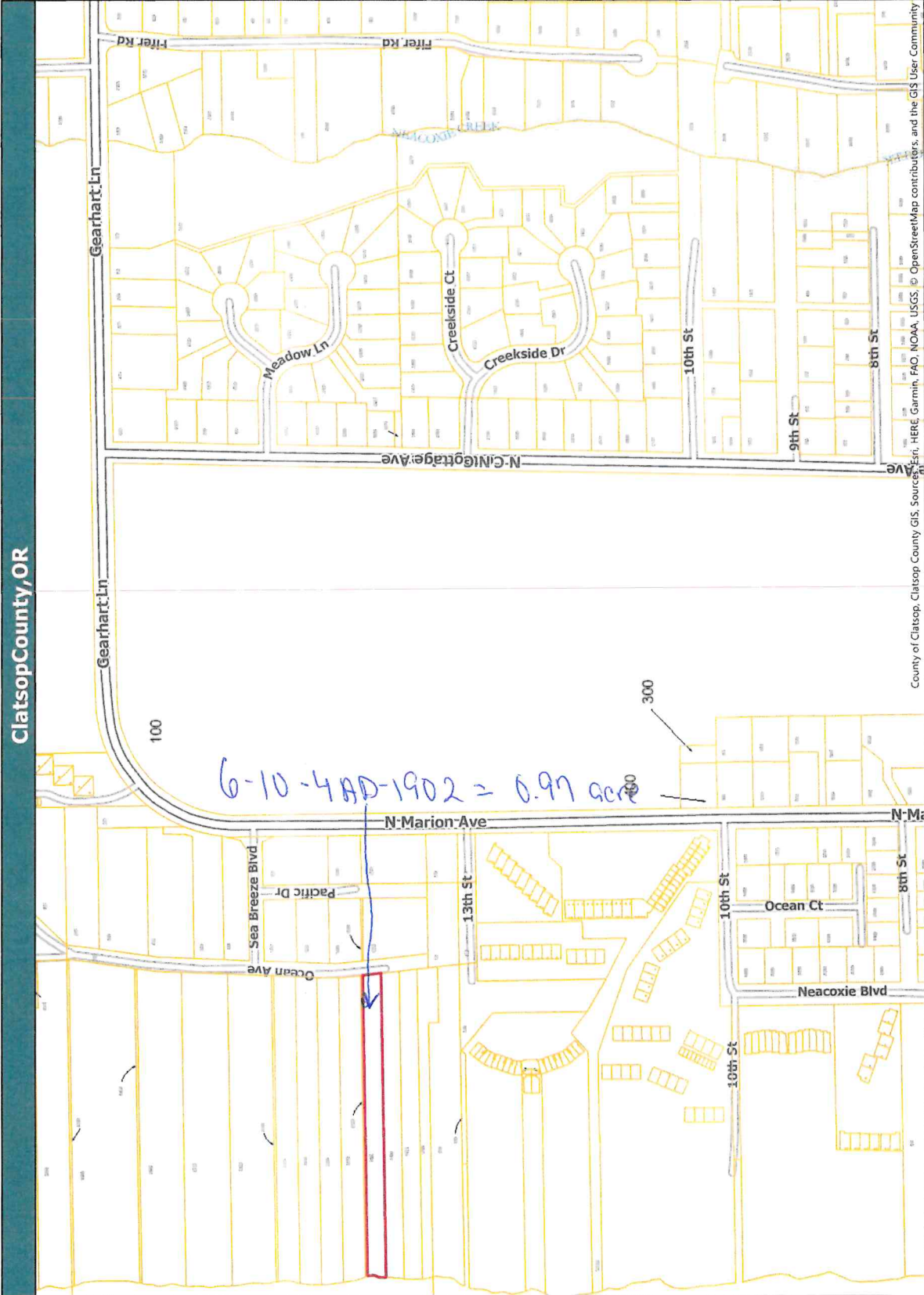


0.1  mi

This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



3/11/2021 1:28 PM bw



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