

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 OS405525 as follows:

PROPERTY INFORMATION

Property Owner: **Gordon Sondland** Township **06N, Range 10W, Section 09 AC**
Property Location: **302 S. Ocean, Gearhart** Tax Lot **500**
Facility Type: **Single Family Dwelling** Clatsop County
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1000 gals**

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.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection Waived by Connie Schrandt on 7/17/2008

Installer Name: Bob McEwan Construction, Inc.
Certificate Issued by Operation of Law.

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

	Onsite Wastewater Specialist	7/17/2008
Authorized Agent:	Title	Date CSC Issued
Connie Schrandt		

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

State of Oregon

Department of Environmental Quality

Onsite ID: **OS405525**
Expiration Date: **2/4/2009**

Alteration Permit - Single Family Dwelling-Minor

This Alteration Permit - Single Family Dwelling-Minor Permit OS405525 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner:	Gordon Sondland	Clatsop County
Property Location	302 S. Ocean, Gearhart	Township 06N, Range 10W, Section 09 AC
Facility Type:	Single Family Dwelling	Tax Lot 500
	4 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1000 gals**

ADDITIONAL CONDITIONS

- ¹ Meet all required setbacks.
- ² Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- ³ The system must be installed by the property owner or a licensed sewage disposal business (installer).
- ⁴ The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- ⁵ Vehicular traffic and livestock must be restricted from the system area.
- ⁶ All roof drains must be directed away from the system.
- ⁷ All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

INSPECTION REQUIREMENTS

- ¹ A final inspection 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.
- ² A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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

<u>Connie Schrandt</u>	<u>Onsite Wastewater Specialist</u>	<u>2/4/2008</u>	<u>2/4/2009</u>
Authorized Agent:	Title	Date Issued	Expiration Date

Connie Schrandt

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

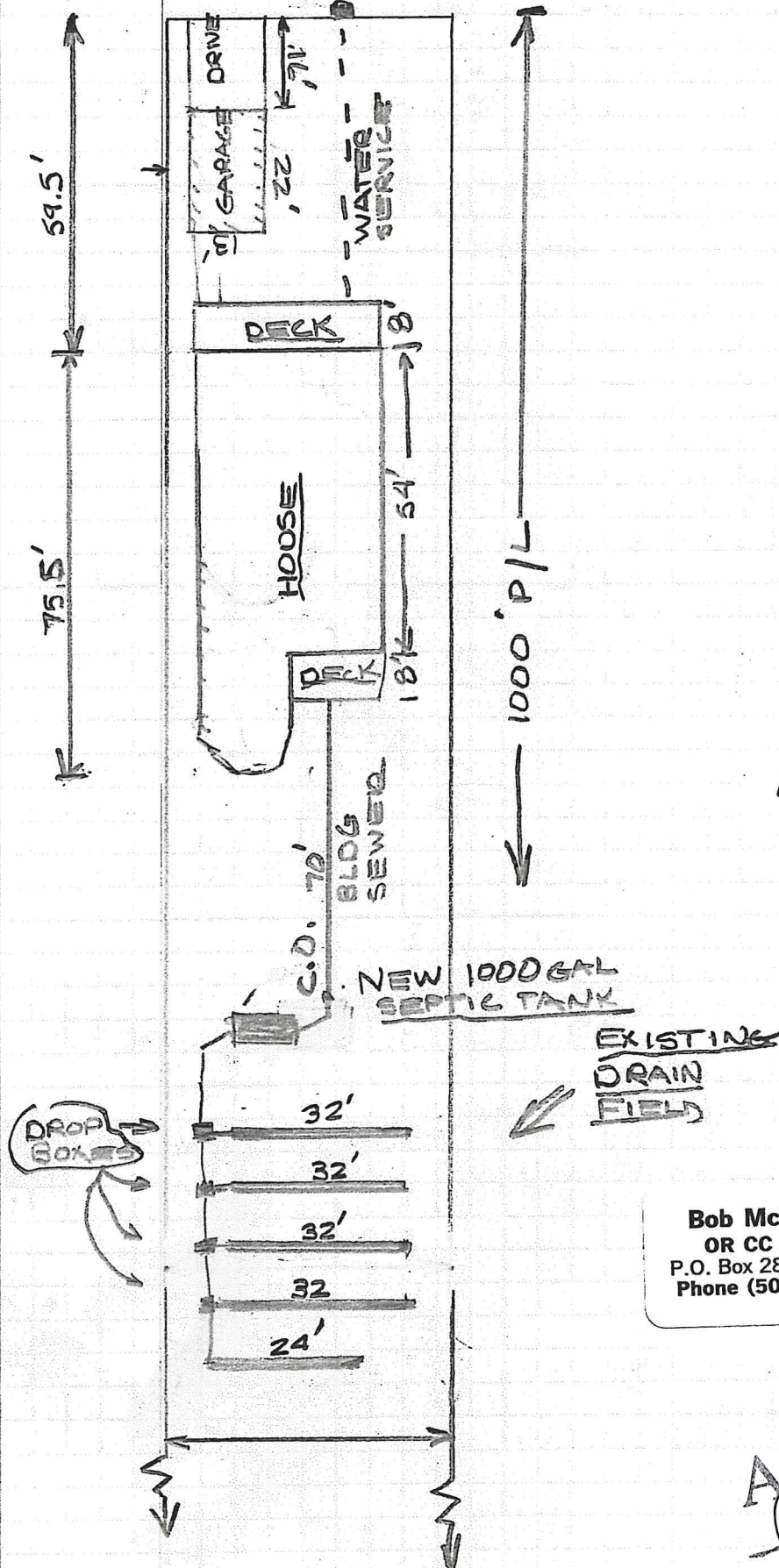
See the Attachment 1 for additional information about your permit.

SOUTH OCEAN AVE.

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 15 2008

NORTH COAST BRANCH OFFICE
WARRENTON



Site visit
1/31/08
CWS

GORDON SONDLAND
6-10-9AL-500

Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
2/4/08

JUL 16 2008

State of Oregon

Department of Environmental Quality (DEQ)

Final Inspection Request and Notice - Onsite ID: 405525

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify DEQ (or authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). DEQ (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless DEQ (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by DEQ (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 all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned.

SECTION 1: Owner Information:

Gordon Sondland

Township 06N, Range 10W, Section 09 AC

Clatsop County TaxLot#: Tax Lot 500

302 S. Ocean, Gearhart

SECTION 2: Materials List - Identify and list all materials used in the system.

Material Categories:	Brand Name:	Size:	Specifications	Amount of Material:
----------------------	-------------	-------	----------------	---------------------

Pump(s): —

Distribution Pipe: EXISTING

Effluent Sewer Pipe: 4" Ø ABS PIPE - 20' 1-45° 1-90° 1-COUPPLINGS, 1-FLEX CPLG

Drain Media Type(s): EXISTING

Filter Material: "

Other: 1000 GAL ORENCO FIBERGLAS TANK w/ 30"x24" RISE

NOTE: Unless previously submitted, you must attach copies of the sieve analysis for the "Filter Media" and "Underdrain Media" used in this system.

SECTION 3: Construction was performed by (signature required):

() Property Owner/Permittee: Gordon Sondland

() Sewage Disposal Service Business: BOB MCEWAN CONST., INC., 37079
(Print Full Business Name) (License Number)

All Tank(s) were tested for water-tightness after installation and passed in accordance with OAR 340-73-025(3): Yes () No ()

Date tank(s) tested: 7/10/08

Date System Construction Completed: 7/10/08

I certify that the information provided on both sides 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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Mike McEwan PRES.
(System Installer's Signature-Property Owner or Certified Installer with Certification Number) (Title)E717 2/1/09
(Cert. #) (Date)

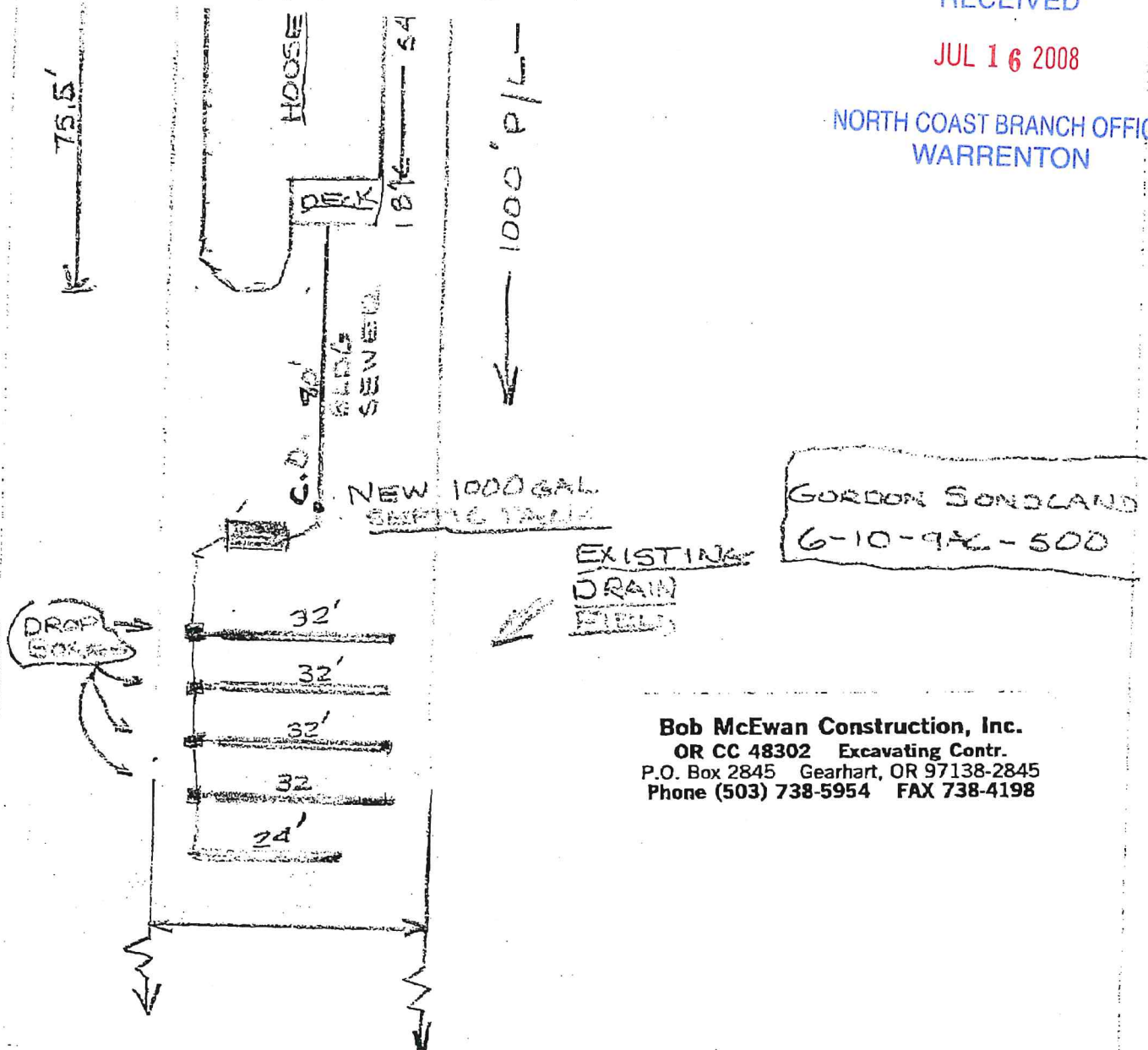
Installers Contact Phone Number: Office/Home 503-738-3561 Cell 440-0223

SECTION 4: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include ground and pipe elevations, and setback distances from property lines and building structures.

DEPT OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 16 2008

NORTH COAST BRANCH OFFICE
WARRENTON



Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

SECTION 5 - Office Use Only: Notice Review Date: 7-17-08 Notice Accepted: Yes (X) No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance (X) Approval to backfill system

Date and time of notification: 7-17-08 10:45 am/pm Additional Comments: _____

Precover Inspection Waived CMS

ED'S

Licensed & Bonded

CLYDE McDONALD 458-6521
(800) 382-7380

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

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

Gerhardt, Megan 4/11/30
Pay: Gordon Sondland
\$ 302.50. Ocean
Gerhardt, Megan \$

DATE	CHARGES AND CREDITS	BALANCE
	1000 Gnl/bal P Instn Septic Tank	BALANCE FORWARD
4-19-08	Revised Septic Tank Charge Fee	\$183.00
		117.00
		704ml \$300.00

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 15 2008

NORTH COAST BRANCH OFFICE
WARRENTON

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

January 14, 2008

Installer: Bob McEwan Const., Inc.
PO Box 2845
Gearhart, OR 97138-2845
OR CC 48302
DEQ Installer #37079

Prepared For: Gordon Sondland
420 NW 11th Ave., Suite 822
Portland, OR 97209

Job Site: T6N, R10W, SEC. 9AC, T.L. 500; S. Ocean Ave., Gearhart
Plans Drawn By: Mike McEwan

Elevations:

Top of ground at septic tank	100.0'
Top of septic tank	98.6'
Top of building sewer at septic tank	98.1'
Top of ground at building	110.8'
Top of building sewer at building	98.8'

Materials List:

1000 gal Orenco Fiberglas tank	1
4" abs two-way clean-out	1
4" abs sch 40 pipe	80 ft.
4" abs sch 40 45 deg els	4
4" flex coupling	2

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
2/4/08

Receipt Number: 133062

Oregon Department of Environmental Quality

Warrenton Office



65 N Highway 101, Suite G

Warrenton, OR 97146

Date Received **1/31/2008**

Received From **Bob McEwan Construction,**
(Check Name): **Inc.**
Gordon Sondland
PO Box 2845
Gearhart, OR 97138

For **T06N R10W S09 AC**
Property **TaxLot 500**
At: **Clatsop County**
302 S. Ocean
Gearhart, OR 97138
Lot 15, Kruses 1st Addition

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
0.00	Fee Waived			0.00

Total Amount Applied **\$0.00**

Onsite Fees	
Base Fee:	0.00
Surcharge Fee:	0.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$0.00
Payments	
Previous Payments:	0.00
Current Payment:	0.00
Over Payment:	0.00
Total Payments:	\$0.00

Application Description
Application ID: 406336
Application Type: Repair Permit
Single Family Dwelling-Minor
System Type: Unknown
Pump Evaluation: No
Flow: 450 gallons/day

Note: The Fees for this application have been waived due to credit from Application ID 406268

Receipt Amount: \$0.00

Receipted By:

Vicky Schiele

Date of Entry:

1/31/2008



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

Department of Environmental Quality
65 N Highway 101, Suite G
Warrenton, OR 97146

Phone/TTY: (503) 861-3280
Fax: (503) 861-3259

Date Stamp:

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 15 2008

NORTH COAST BRANCH OFFICE
WARRENTON

For DEQ Use Only:

Date Received 1-15-08
Fee Paid 430.00
Receipt Number 133040
Application Number 4062108
Date of 1st Response _____
Date of 2nd Response _____
Date of Final Response _____
Date of Completion _____
Scanned _____ Data Entry _____

A. Property Owner Information

Name Gordon Sandland Mailing Address (Street or PO Box, City, State, Zip Code) 420 NW 11th Ave Suite 822 Portland, OR 97209 Phone Number (503) 222-1515

B. Legal Property Description

Township 6N Range 10W Section 9AC Tax Lot 500 Tax Account Number 15 Acreage or Lot Size 1.12
County Clatsop Subdivision Name Kruze's First Addition to Gearhart Park Lot 4 Block 4
Property Address: 302 S. Ocean City Gearhart State OR Zip Code 97138

Directions to Property: US 101, WEST ON PACIFIC WAY TO OCEAN AVE / SOUTH TO 302 S. OCEAN ON WEST SIDE.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☒ Single Family Residence

Number of Bedrooms 1

☐ Other _____

Proposed Facility:

☒ Single Family Residence

Number of Bedrooms 1

☐ Other _____

Water Supply:

☒ Public Gearhart

Name

☐ Private

Well, Spring, Shared

D. Type of Application

☐ Site Evaluation
☐ Construction Permit
☐ Repair Permit
☐ Alteration Permit
Major ☐ Minor ☐

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement

Authorization Notice for:

☐ Connecting to an Existing System Not in Use
☒ Replacing a Mobile Home or House with Another Mobile Home or House
☐ The Addition of One or More Bedrooms
☐ Personal Hardship
☐ Temporary Housing
☐ Other - Please Specify CONNECT NEW TANK

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

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

Signature Michael R. McEwan

Date 1/10/08

Applicant's Name - Please Print Legibly BOB MCEWAN CONST., INC.

Applicant's Phone Number 503-738-5954

Applicant's E-mail Address mcewanmc@pacifier.com

Applicant's Mailing Address P.O. Box 2845, GEARHART, OR 97138-2845

Applicant is the ☐ Owner ☒ Authorized Representative

☐ Authorization Attached

☒ Licensed Septic Installer

Installer's Name Mike McEwan

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SECTION 1 - TO BE FILLED OUT BY APPLICANT

JAN 15 2008

1. Applicant Name/Property Owner: GORDON S. NORTHLAND
 Mailing Address: 427 NW 11th AVE SUITE 200 Telephone: 503-228-1515
 City: PORTLAND State: OR Zip: 97209

2. Property Information:
 County: CLATSOP Tax Lot Number: 500
 Township: 6N Range: 10W Section: 9AC
 Property Address: 302 S. OCEAN AVE., GEARHART
 Block: _____ Lot: _____ Subdivision Name (if applicable): _____

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

4. Permit or approval being requested:
☒ On-site construction-installation permit for: ☒ New construction ☐ Repairs ☒ Alterations
☐ Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
☐ On-site Authorization Notices for: ☐ Replacement of dwelling ☐ Bedroom addition
☐ Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: ☒ inside city limits ☐ inside UGB ☐ outside UGB
 If inside the UGB, the proposed facility is subject to:
☐ City jurisdiction ☐ County jurisdiction ☐ Shared city/county jurisdiction

6. Property Zoning: R-1 Zoning Minimum Parcel Size: 10000

7. Is a public notice and hearing required? ☐ Yes ☒ No Hearing Date: _____

8. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
 Comments: _____

9. Planning Official Signature: D.J. McVally
 Print Name: D.J. McVALLY Title: CA
 Telephone No.: 738-5501 Date: 1-8-08

* Planning Official Signature: _____
 Print Name: _____ Title: _____
 Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.



Department of Environmental Quality
North Coast Office
65 N. Highway 101, Suite G
Warrenton, OR 97146
Telephone: (503) 861-3280 Fax: (503) 861-3259

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JAN 15 2008

NORTH COAST BRANCH OFFICE
WARRENTON

NOTICE AUTHORIZING REPRESENTATIVE

I, Gordon Sondland, have authorized

(Property Owner/Print Name)
Bob McEwan Construction / Mike McEwan to act as my agent in performing
(Authorized Representative/Print Name)

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

PROPERTY IDENTIFICATION:

302 S. Ocean Gearhart Oregon 97138
Property Situs or Road Address

And described in the records of Clatsop County as:

Township GN Range 10W Section 9AC Map ID _____ Tax Lot #(s) 500

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

PROPERTY OWNER:

Printed Name: Gordon Sondland

Signature: [Signature] Date: 1-11-08

Address: 420 NW 11th Ave., Suite 822 Phone: 503-222-1515

City, State, Zip: Portland OR 97209 Fax: 503-217-6750

E-mail Address: gordon@gsperiinvestments.com

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: P.O. Box 2845 Phone: 738-5954

City, State, Zip: Gearhart Fax: 738-4198

E-mail Address: mcewanmcepacifier.com



Receipt Number: 133040

Oregon Department of Environmental Quality
Warrenton Office
65 N Highway 101, Suite G
Warrenton, OR 97146

Date Received 1/15/2008

Received From **Bob McEwan Construction,**
(Check Name): **Inc.**
PO Box 2845
Gearhart, OR 97138

For **T06N R10W S09 AC**
Property **TaxLot 500**
At: **Clatsop County**
302 S. Ocean
Gearhart, OR 97138
Lot 15, Kruses 1st Addition

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
430.00	Check	3327	123000220	430.00

Total Amount Applied \$430.00

Onsite Fees

Base Fee:	390.00
Surcharge Fee:	40.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$430.00

Payments

Previous Payments:	0.00
Current Payment:	430.00
Over Payment:	0.00
Total Payments:	\$430.00

Application Description

Application ID: **406268**
Application Type: **Authorization Notice**
with Field Visit

System Type: **Standard**
Pump Evaluation: **No**
Flow: **450** gallons/day

Receipt Amount: **\$430.00**

Received By:

Connie Schrandt

Date of Entry:

1/15/2008



POLLUTION COMPLAINT

State of Oregon
Department of Environmental Quality
2020SW 4th Ave., Suite 400
Portland, OR 97201-4987

Complaint Number

NWR-2004-0617

Received By:

Dave Johns

COMPLAINT INFORMATION

Date Received 09/07/2004 Time Received 4:25 PM When Observed ONGOING
Pollution Source PIPE DISCHARGING
Pollution Location 302 S. OCEAN, GEARHART, OR 97138
City Name Gearhart Zip Code 97138- Count CLATSOP
Description: PIPE DISCHARGING ON WEST SIDE OF HOUSE. PIPE EXPOSED DURING RECENT EXCAVATION ON PROPERTY. 610-9AC-500.

REFERRAL

CONNIE SCHRANDT, DEQ, WARRENTON

Program

Program Contact

COMPLAINANT

Name _____
Address _____
City _____ State OR Zip Code _____
Home Phone _____ Work Phone _____

Confidential? ☒
Anonymous? ☒

POTENTIAL RESPONSIBLE PARTY

Confirmed as Resp. Party? ☒

Name LINDA ZAPP
Address 4030 SW PATRICK PLACE Phone () - Ext _____
City Portland State OR Zip Code 97239

FOLLOWUP ACTION

Priority ☒ High ☐ Medium ☐ Low

*Notification of complaint letter mailed to owner 10-4-04; *Site visit on 10-14-04
confirmed damage to existing drainfield by excavation & terracing of
yard; NON for unlawful sewage release mailed 10-18-04 w/ requirement
to apply for repair by 10-22-04
Repair permit application received 10/22/04, permit issued 11-17-04
final certification of repairs by installer received 11-23-04 & CSC
issued*

** see photos in file*

Complainant Contacted? ☐

Complainant Contact Date _____

Site Visit Date: 10-14-04

Site Inspector: Pennie Schrandt

Resolution Date: 10-22-04

Resol. Days: 0 Staff Hours: 0 2.5

NON Issue Date: 10-18-04

NON Number: _____

Enf. Referral Date: _____

Permit No: _____ Facility/Site ID: _____

Entered By Dave Johns

Date Entered 9/28/2004 10:47:02 AM

Last Updated By Dave Johns

Last Update 9/28/2004 10:54:31 AM

76142

Control No.

\$ 385.00

Fee

**STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY**

PERMIT NO. 04-192

☐ New Construction☒ Major
Repair☐ Other _____

Permit Issued To Linda Zapp 6N 10W 9AC 500 Clatsop
 (Property Owner's Name) (Township) (Range) (Section) (Tax Lot / Acct. No.) (County)
S. Ocean Avenue Gearhart Conner M. Schardt 11-17-04
 (Road Location) (City) (Issued by - Signature) (Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONSEXPIRATION DATE November 17, 2005 TYPE OF SYSTEM Standard with Equalizer 24s

Existing Design Sewage Flow 450 Gallons/Day
 Tank Volume 1000 Gallons Disposal Trenches ☒ Seepage Bed(s) ☐ _____ Square Feet
 Maximum Depth 36 inches. Minimum Depth 24 inches. 150 Linear Feet
 Equal ☐ Loop ☐ Serial ☒ Pressurized ☐ Minimum Distance Between Trenches 10' on center
 Total Rock Depth NA inches. Below Pipe NA inches. Above Pipe NA inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted 11-10-04. As-built with all notations on approved plans addressed & certification of final construction by installer along with copy of pumping receipt required prior to pre-cover inspection request.
 PRE-COVER INSPECTION REQUIRED — CONTACT NCBO -- (503) 861-3280

CERTIFICATE OF SATISFACTORY COMPLETIONAs-Built Drawing
with Reference LocationsInstaller Osburn Brothers
Rock LLC

Final Insp. Date _____

☐ Inspected By _____☐ Issued by Operation of Law☒ Pre-cover inspection waived
pursuant to OAR 340,
Division 71As-built & certification of final
construction received 11-23-04.

This Certificate of Satisfactory Completion is valid for a period of 5 years for connection of the system to the facility for which it was constructed. After the 5 year period, rules for Authorization Notices or Alteration Permits apply, which includes paying a fee, as outlined in OAR 340-071-0205 and 340-071-0210.

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

(Authorized Signature)

(Title)

(Date)

(Office)

NOV 23 2004

(Date Received)

NORTH COAST BRANCH OFFICE
WARRENTONFINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, 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 (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. 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. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION.

Property Owner RAY & LINDA ZAPP Permit Number 04-192 County CLATSOP
Township 6N; Range 10W; Section 9AC; Tax Lot 500; Tax Acct. # _____
Job Location 302 S. OCEAN AVE GEARHART, OR 97138
Date System Construction Completed 11/23/04; Date Submitted to DEQ or Agent 11/23/04

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system's construction.

19 EA INFILTRATOR 24'S
10 EA INFILTRATOR 24 END-CAPS
4 EA MICHAEL'S CONCRETE DROP BOX w/LIDS
102 FT 4" PVC 3034 PIPE w/FITTINGS

Property Owner RAY & LINDA ZAPP Permit Number 04-192 County CLATSOP

SECTION 3:

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.

"SEE ENCLOSED"

ELECTRICIAN: NOT REQUIRED

NOV 23 2004

NORTH COAST BRANCH OFFICE
WARRENTON

SECTION 4:

CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

☒ Sewage Disposal Service Business: OSBURN BROTHERS ROCK LLC , 38339
(Print Full Business Name) (License Number)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

George M. Owen
(System Installer's Signature)

OFFICE MANAGER
(Title)

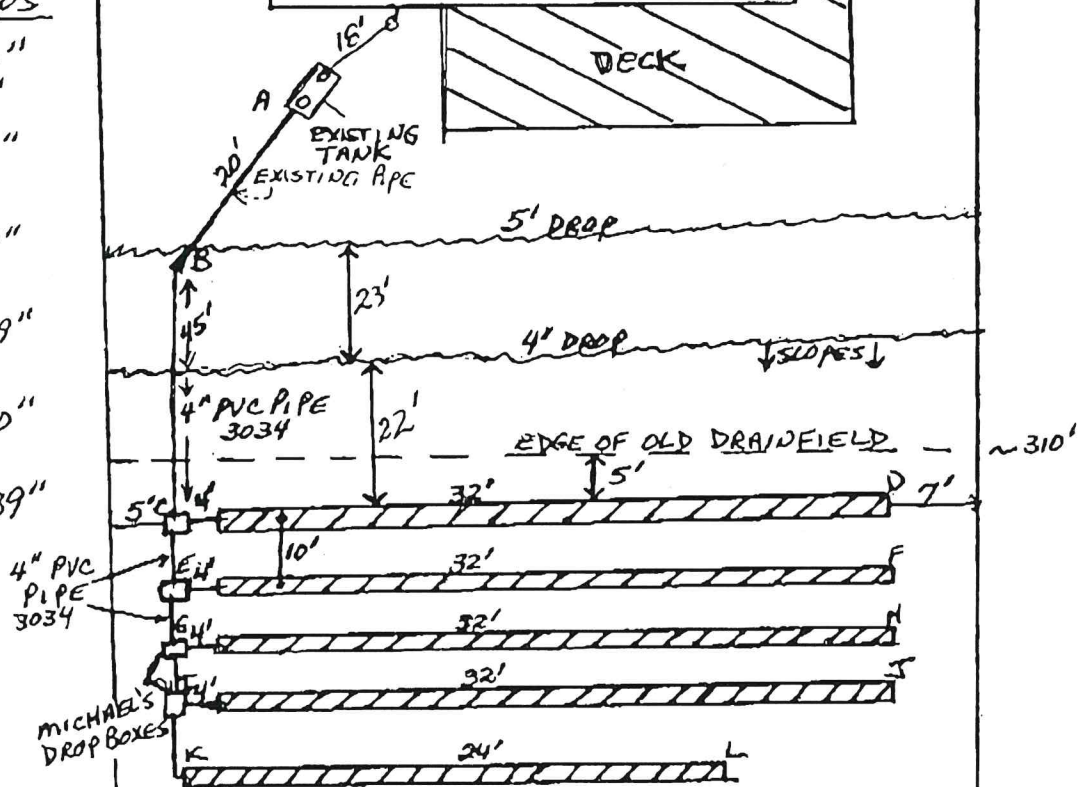
11/23/04
(Date)

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 23 2004

NORTH COAST BRANCH OFFICE
WARRENTONRAY & LINDA ZAPP
6N-10W-9AC-500
OSBURN BROTHERS ROCK LLC302 S. OCEAN AVE
50'ELEVATIONS

A = 0.00"
 B = -45"
 C = -163"
 D = -189"
 E = -209"
 F = -220"
 G = -239"
 H = -239"
 I = -239"
 J = -239"
 K = -239"
 L = -239"



152 LIFT SERIAL
 DISTRIBUTION SAME-END
 INLET W/INFILTRATOR 24
 MAX DEPTH: 36"
 MIN. DEPTH: 24"

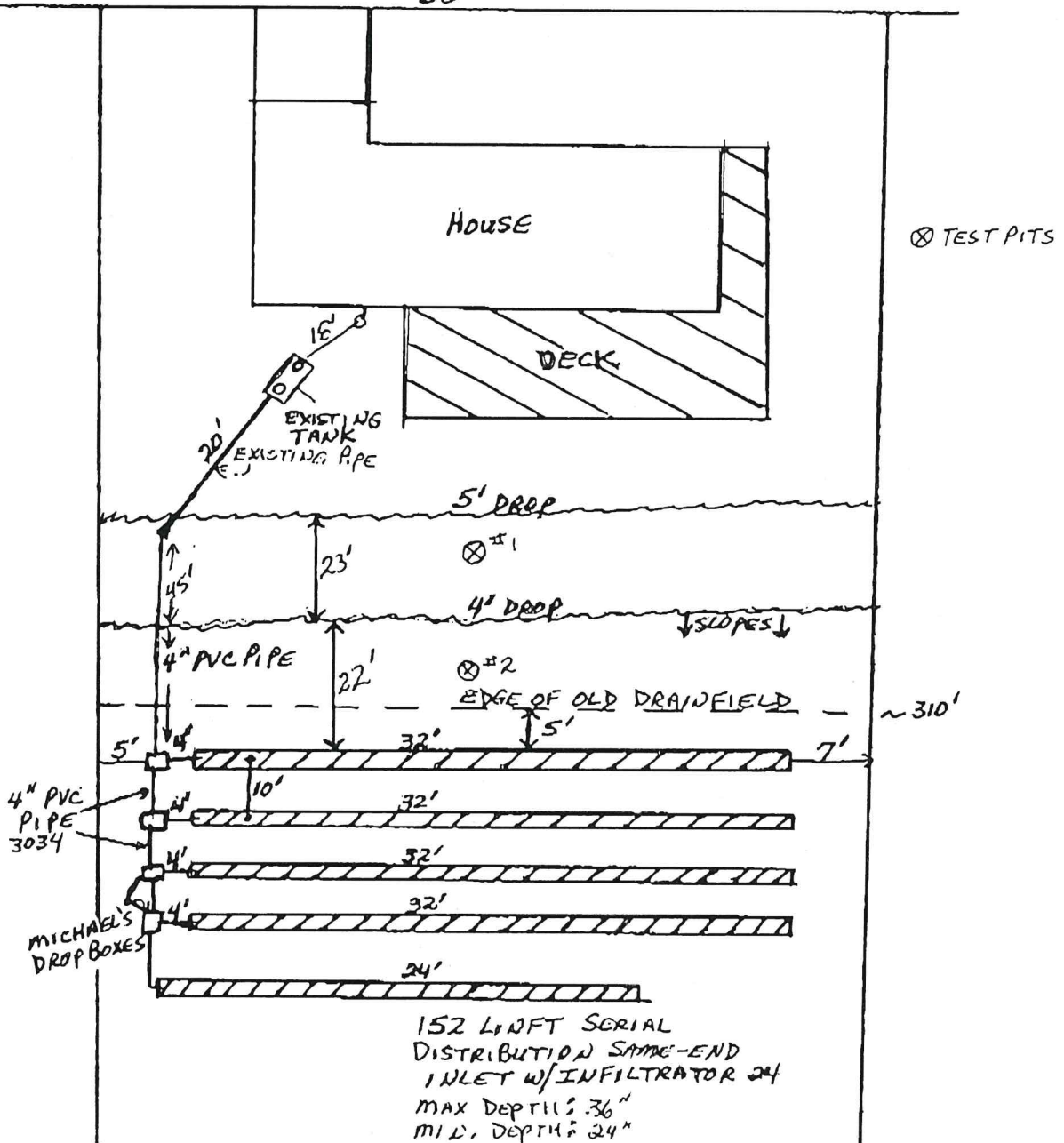
RAY & LINDA ZAPP
6N-10W-9AC-500
OSBURN BROTHERS ROCK LLC

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 10 2004

302 S. OCEAN AVE
50'

NORTH COAST BRANCH OFFICE
WARRENTON



APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
11/16/04

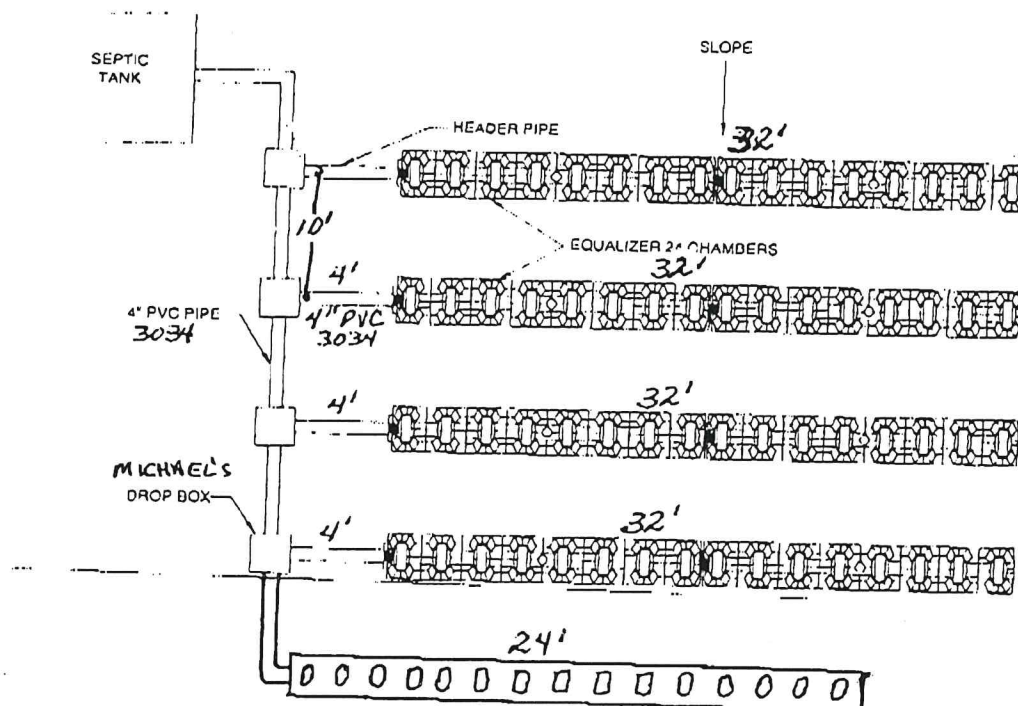
CHAMBER CONFIGURATIONS

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 10 2004

NORTH COAST BRANCH OFFICE
WARRENTONSerial Distribution**Approved System Designs**

Equalizer 24 chambers using gravity-fed serial distribution methods may be laid out with the same-end inlet, center inlet, or alternate-end inlet. The figures below illustrate some of those typical design options.

SERIAL DISTRIBUTION SAME-END INLET

RAY & LINDA ZAPP
6N-10W-9AC-500
OSBURN BROTHERS ROCK LLC

APPROVED
Connie M. Schrandt
Connie M. Schrandt, W.W.S.
Lic. No. 0207760756
11/16/04

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 16 2004

Complete Septic Service, Inc.Jerry Lebo, Owner * DEQ SS# 37864
41092 Ziak-Gnat Creek Lane * Astoria OR 97103
(503)458-6870

NORTH COAST BRANCH OFFICE

INSPECTION REPORTRecorded Owner Ray ZAPP Phone 799-1100
Address of Inspection 302 S. Ocean Ave. Gearhart OR 97138
Street City State Zip**SEPTIC TANK**

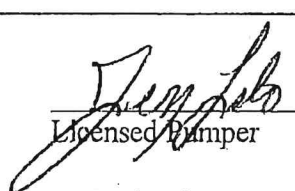
Volume	Type	Condition	Needs replacement
<u>1000</u>	Steel	<input type="checkbox"/> Good	<input checked="" type="checkbox"/>
gallons	Concrete	<input type="checkbox"/> Fair	<input type="checkbox"/>
	Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DOSING TANK

Volume	Type	Condition	Needs replacement
<u>0</u>	Steel	<input type="checkbox"/> Good	<input type="checkbox"/>
gallons	Concrete	<input type="checkbox"/> Fair	<input type="checkbox"/>
	Plastic	<input type="checkbox"/>	<input type="checkbox"/>

DRAIN FIELD

Condition	Needs replacement
Good <input type="checkbox"/>	<input type="checkbox"/>
Fair <input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTSDate 10-22-04
Pumped ☒ Inspected ☒
Licensed Pumper

No guarantees expressed or implied.



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Northwest Region North Coast Branch Office

65 N Highway 101, Suite G

Warrenton, OR 97146

(503) 861-3280

FAX (503) 861-3259

November 9, 2004

Linda Zapp
4030 SW Patrick Place
Portland, OR 97239

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY

-This is not a construction permit-

RE: **Site Evaluation for On-Site Sewage Disposal System Repair**
Township/Range/Section: T6N, R10W, S9AC; Tax Lot No. 500, Clatsop County

Dear Linda Zapp:

The above-described property was evaluated for suitability of a repair to the existing septic system on the following date(s): November 2, 2004. Based on this evaluation, the following on-site sewage disposal system is approved:

Replacement system: Standard, 150 linear feet of disposal trenches

Details of this site evaluation are included in the Site Evaluation Report that is enclosed. The report also provides more specific information and further conditions of site approval.

Next Step – Providing Detailed Plans for System Replacement and Obtaining the Repair Permit

Prior to start of construction, you are required to submit detailed plans, specifications and installation information for the type and size of system approved in this letter and report. The permit must be issued by DEQ before you can start construction of the replacement system.

Request for Variance

If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance at a cost of \$1340. If you are interested in this action, please contact the undersigned for more details before you proceed.

I look forward to working with you on completing the necessary system replacement. If you have any other questions about this report, please feel free to call me at (503) 861-3280.

Sincerely,

Connie M. Schrandt
Natural Resources Specialist

Enc: Site Evaluation Report

cc: Osburn Bros. Rock, LLC, 3111 Hwy 101 N, Seaside, OR 97138



Site Evaluation Report for Suitability of On-Site Sewage Disposal System Repair

Site Location: T6N, R10W, S9AC; Tax Lot No. 500, Clatsop County
Applicant: Osburn Bros. Rock, LLC
Date(s) of Site Evaluation: November 2, 2004
DEQ Onsite Specialist: Connie M. Schrandt
Date of Report: November 9, 2004

General Description of Site Evaluations

Sewage contains disease-causing organisms and other pollutants that can cause adverse impacts to human health and the environment. An on-site sewage disposal system must treat and dispose of sewage in a way that will not cause a public health hazard, contaminate drinking water supplies, or pollute public waters.

Proper treatment in an on-site system begins with primary treatment in the septic tank. The septic tank separates the solid particles in sewage from the liquid. The liquid that comes out of the septic tank is called effluent. The effluent may then be dispersed in the soil for further treatment or discharged into a secondary treatment device such as a sand filter or aerobic treatment unit prior to dispersal in the soil. For proper treatment, the effluent must slowly infiltrate into the underlying soil. Dissolved wastes and bacteria in the effluent are trapped or adsorbed to soil particles or decomposed by microorganisms. This process removes disease-causing organisms, organic matter, and most nutrients. Effluent that comes to the ground surface (through poor soils or other problems with the system) can be a possible health hazard because it may still contain some disease-causing organisms. Soil that drains too quickly may not give the effluent enough treatment and may result in groundwater contamination.

The purpose of the evaluation was to locate suitable soils and site conditions in an area that is large enough for the disposal or drainfield area associated with an on-site system replacement. The criteria used for this site evaluation can be found in Oregon Administrative Rules (OAR) 340-071.

Soil test pits and other site features were evaluated during the site visit on November 2, 2004. In the site inspection, the following features were evaluated:

- Soil types - how well they drain and other evidence of good soil structure for treatment
- Depth to groundwater
- Wells located on the site or adjacent sites
- Slopes, escarpments, ground surface variations, topography
- Creeks or springs on the site or adjacent properties
- Whether the soils have been disturbed
- Setbacks from property lines, buildings, water lines, and other utilities
- Other site features that could affect the placement of your on-site system

Approved System

Based on the evaluation of site and soil conditions, the following on-site sewage disposal replacement system is approved:

System Type: **Standard**

Minimum Septic Tank Size: 1000 gallons

Total linear feet of disposal trenches: 150

Distribution Method: Serial or Equal

Trench Depths: Maximum - 36" and Minimum - 24" for serial (or 18" for equal)

Continued use of the existing septic tank will be considered only if the tank is pumped, the baffles and tank interior are inspected, and a report of good tank condition from a licensed sewage pumping service is submitted to the NCBO. Otherwise, the existing septic tank must be decommissioned in accordance with OAR 340-071-0185(2), with a copy of the associated pumping receipt submitted to the NCBO.

Attached are the Field Worksheet and Plot Plan, which show the approved area and other details of the site evaluation.

Additional Conditions of Site Approval

1. This site is approved for the type of on-site system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than approximately half of the peak sewage flow. This is normally sufficient to serve a single-family dwelling with a maximum of four bedrooms. Premature failure of the treatment system may occur if either of these flow limits is exceeded.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. The replacement disposal area is 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.

This site approval is valid until the system described above is constructed in accordance with a DEQ construction/installation permit for major repair. The Department feels a reasonable time limit of thirty (30) days is sufficient to submit the above information/plan for review.

Attachment: Field Worksheet and Plot Plan

FIELD WORKSHEET

Repair

Tax reference T6N R10W Sec 9AC; TL# 500 Clatsop Co Evaluator CMS
Applicant Dyuman Bros. Rock, LLC Date 11-7-04 Parcel Size 1.16 acres

	Depth (in.)	Texture	Soil Matrix Color and Redoxymorphic Features, %Coarse Fragments, Roots, Pores, Structure, Layer Limiting Effective Soil Depth, etc.	
Pit 1	<u>0-40</u>	<u>S</u>	<u>2.5Y 5-4/3; loose, sg; common vf & f roots to ~36" bgs</u>	<u>1</u>
Pit 2	<u>Similar to Pit 1</u>			<u>2</u>
Pit 3			<u>Note - Test Pits 1 were dug through existing disposal trenches</u>	<u>3</u>

Landscape Notes Stabilized dune
Slope ~3% Aspect W Groundwater Type No evidence

Other Site Notes: Drainfield areas to be 100 ft. from any groundwater or year-round surface water, 50' from intermittent surface waters and 10' from foundations, property lines and utility lines. Septic tank to be 50' from any groundwater or surface water, 5' from foundations, property lines and utility lines.

SYSTEM SPECIFICATIONS

Type System: **STANDARD** Design Flow: 450 gpd Disposal Field Size: 150 total linear ft.

Initial NA System Sizing: NA linear ft/150gpd Max/Min Depths Required (in): NA
Replacement equal or serial System Sizing: 50 linear ft/150gpd Max/Min Depths Required (in): 36"/18" equal
124" serial

Special Conditions:

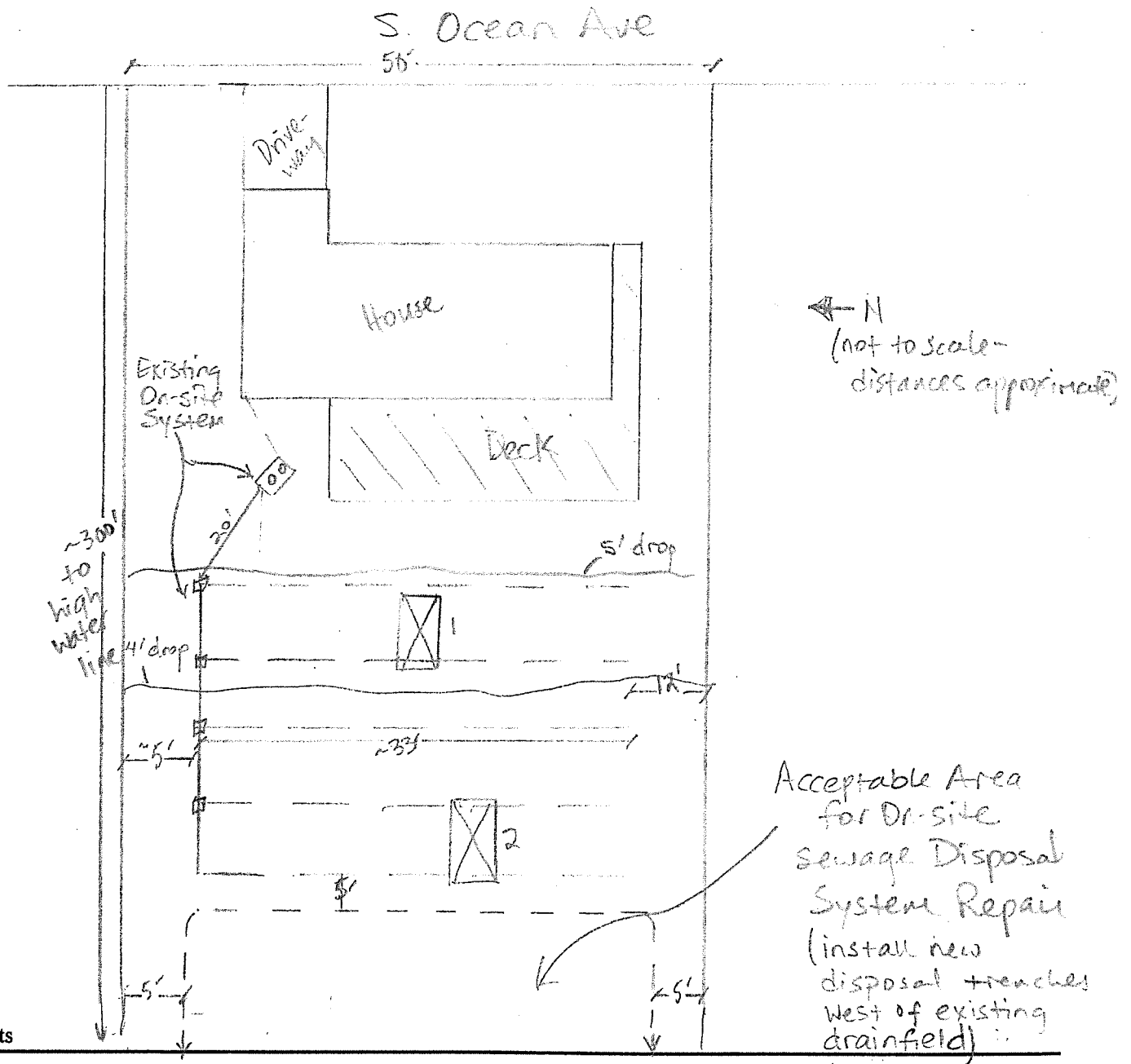
- A detailed site development plan of proposed system construction (located within area of approved test holes) is required with permit application. The plan must show proposed system placement as it relates to existing and/or proposed structures, wells, waterways, roads and parking areas.
- Honor all required setbacks (OAR 340-071, Table 1) and required separation distances.
- Disposal areas to be kept free of cover, traffic, development or other potential disturbance of soil conditions described.

We recommend a DEQ licensed sewage disposal business prepare plans for DEQ construction/installation permit and install/repair/alter system following permit issuance. Please call 503-861-3280 if you have questions.

PLOT PLAN ON REVERSE SIDE

NAME Linda Zapp

T 6N R 10W S 9AC TL# 5000



Additional pits

4

5

Notes

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
65 N. Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280

FOR OFFICE USE ONLY
Date Rec'd 10-22-04
Date Completed 11-17-04
Required Fee 385.00
Receipt No. 114060
Control No. 76142

FOR APPLICANT'S USE - (PLEASE PRINT)

.78 ACRES + 501.38 acres
Lot Size (Acreage or Dimensions) 1.16 acres

LINDA RAY ZAPP
(Property Owner's Name)
Legal Description 6N 10W 9AC 500 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

☒ Single Family Residence (Number of Bedrooms)
☐ Other (Specify)

☒ Public (Community System)
☐ Private (Indicate: Well, Spring, Etc.)

Existing Facility

☒ Single Family Residence 2
(Number of Bedrooms)
☐ Other (Specify)

APPLICATION FOR:

☐ Site Evaluation Report
☐ Permit to Construct On-Site Sewage Disposal System
☒ Permit to Repair On-Site Sewage Disposal System
☐ Permit for Alteration of On-Site Sewage Disposal System
☐ Permit Renewal
☐ Existing System Report
☐ Plan Review
☒ Other (Specify) MAJOR - DRAINFIELD AREA

☐ Authorization Notice
Purpose of Authorization Notice
☐ Connect to an existing system not currently in use
☐ Replace one mobile home with another or a house
☐ Replace or rebuild a house
☐ Addition of one or more bedroom
☐ Personal hardship
☐ Temporary housing
☐ Other (Specify)

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

George M. Owen
(Signature)

10/22/04
(Date)

☐ Authorized Representative
☒ Licensed Installer
License No. 38339

Owner's Mailing Address

RAY ZAPP
4030 SW PATRICK PL
PORTLAND, OR 97238

Phone 503-799-1100

Applicant's Mailing Address (if different)

OSBURN BROTHERS ROCK LLC
3111 Hwy 101 N
SEASIDE, OR 97138

Phone 717-0489

IW\WC8\WC8690 (7-19-91)

302 S. OCEAN AVE
0.78 ACRES

2 B/R HOUSE

EXISTING
100 gal. NORWESCO
SEPTIC TANK

5 1/4" FALL
20'

SEWER
PIPE
EXPOSED AT END

5' DROP

DRAINFIELD AREA PRIOR TO
BEING REMOVED BY LANDSCAPER =
23' 5 LINES

⊗ #1

35'

10'

SLOPES

4' DROP

⊗ #2

← 50' →

RAY ZAPP
6N-10W-9AC-500
OSBURN BROTHERS ROCK

⊗ TEST HOLES
N ←

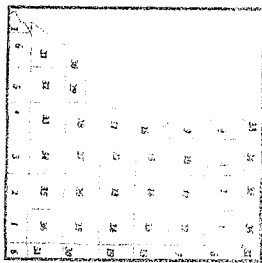
16N 110W SEC 8AC WM
CLATSOP COUNTY

Scale 1:1200

0 100 200
Feet
1400 1200 1000 800 600 400 200 0
North Arrow

RAY ZAPP
6N-10W-9AC-500
OSBURN BROTHERS RACK

CCT 2 3 2003

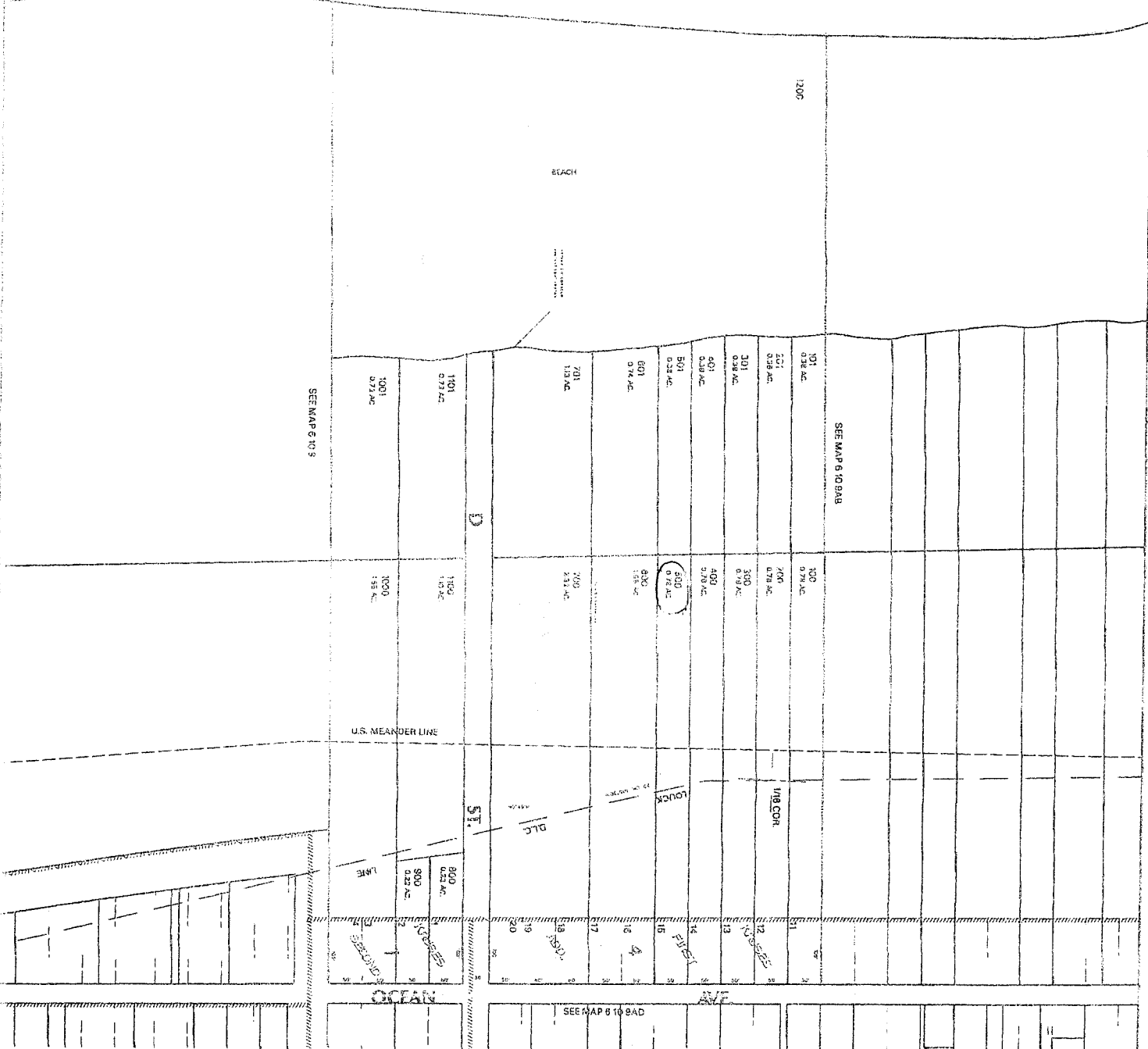


June 20, 2003

6.10.9AC



This map was prepared by a professional land surveyor and is subject to the provisions of the Clatsop County Land Survey Act. The map is not to be used for any other purpose without the written consent of the surveyor.





DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

NOV 10 2004

NORTH COAST BRANCH OFFICE
WARRENTON**SECTION 1 - TO BE FILLED OUT BY APPLICANT**

1. Applicant Name/Property Owner: LINDA ZAPP
 Mailing Address: 4030 SW PATRICK PL. Telephone: 503-799-1100
 City: PORTLAND State: OR Zip: 97239
2. Property Information:
 County: CLATSOP Tax Lot Number: 500
 Township: 6N Range: 10W Section: 9AC
 Property Address: 302 S. OCEAN
 Block: _____ Lot: _____ Subdivision Name (if applicable): _____
3. This proposed facility is for:
☐ An individual, single-family dwelling.
☐ Other. Describe the type of development, business, or facility and the provided services or products:

4. Permit or approval being requested:
☒ On-site construction-installation permit for: ☐ New construction ☒ Repairs ☐ Alterations
☐ Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
☐ On-site Authorization Notices for: ☐ Replacement of dwelling ☐ Bedroom addition
☐ Other changes in land use involving potential sewer flow increases

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The proposed facility is located: ☒ inside city limits ☐ inside UGB ☐ outside UGB
 If inside the UGB, the proposed facility is subject to:
☒ City jurisdiction ☐ County jurisdiction ☐ Shared city/county jurisdiction
6. Property Zoning: R-1 Zoning Minimum Parcel Size: 10,000
7. Is a public notice and hearing required? ☐ Yes ☒ No Hearing Date: _____
8. Does the proposed facility comply with all applicable local land use requirements: ☒ Yes ☐ No
 Comments: _____
9. Planning Official Signature: [Signature]
 Print Name: D.J. McNEAL Title: CA
 Telephone No.: 738-5501 Date: 11-10-04
- * Planning Official Signature: _____
 Print Name: _____ Title: _____
 Telephone No.: _____ Date: _____

* Both city and county planning officials may need to sign if use is within a UGB.

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check):

☒ Septic Tank ☒ Disposal Trenches () Unknown
() Seepage Bed () Cesspool or Pit
☒ Other

(Describe) DISPOSAL TRENCHES INADVERTLY COMPLETELY
REMOVED WHEN OWNER HAD SOME TERRACE WORK
DONE IN DRAIDFIELD AREA

2. When was your sewage disposal system installed? 1993 93-25
(Year) (Permit No.)

3. Tank material:

() Steel ☒ Concrete () Fiberglass
() Polyethylene () Unknown

4. Volume of the septic tank in gallons: 1000

5. When was the septic tank last pumped? 10/22/04 (Attach receipt)

6. Number of disposal trenches: 5 (was)

7. Total length of disposal trenches (feet): 150

8. Is your sewage disposal system currently in use? Yes ☒ No ()
If no, how long has the system been out of use? _____

9. If the sewage disposal system serves a dwelling, how many bedrooms in the
Dwelling? _____ How many people occupy the dwelling? 2 (PART-TIME)

10. If the sewage disposal system serves a business, how many employees do you
employ? NA Type of business: _____

By my signature, I certify the above information is accurate and true to the best of
My knowledge.

Date

10/22/04

George M. Owen
Signature of Property owner or
Legally Authorized Representative





36013

Control No.

\$ 125.00

Fee

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 93-25

☐ New Construction☒ Repair☐ OtherPermit Issued To Frank Beckett et al

(Property Owner's Name)

6N

(Township)

10W

(Range)

9AC

(Section)

500

(Tax Lot / Acct. No.)

Clatsop

(County)

Ocean Ave.

(Road Location)

Gearhart

(City)

(Issued by - Signature)

(Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONSEXPIRATION DATE March 05, 1994TYPE OF SYSTEM StandardAverage Daily Sewage Flow 225 Gallons/DayDesign Peak Sewage Flow 450 Gallons/Day

New concrete

Tank Volume 1000 GallonsDisposal Trenches ☒Seepage Bed(s) ☐

Square Feet

Maximum Depth 36 inches.Minimum Depth 24 inches.150 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on centersTotal Rock Depth 12 inches.Below Pipe 6 inches.Above Pipe 2 inches. ☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install as per approved plot plan. 100' setback to all wells, 10' setback to property lines.

PRE-COVER INSPECTION REQUIRED -- CONTACT Astoria DEQ - 325-8660.**CERTIFICATE OF SATISFACTORY COMPLETION**

As-Built Drawing

with Reference Locations

Installer Dave Darling, Seacoast Nursery Const, IncFinal Insp. Date 3-12-93☒ Inspected By Dewey DonaldSee the As-Built plot plan
in file☐ Issued by Operation of Law
☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Dewey Donald
(Authorized Signature)

ES/RS
(Title)

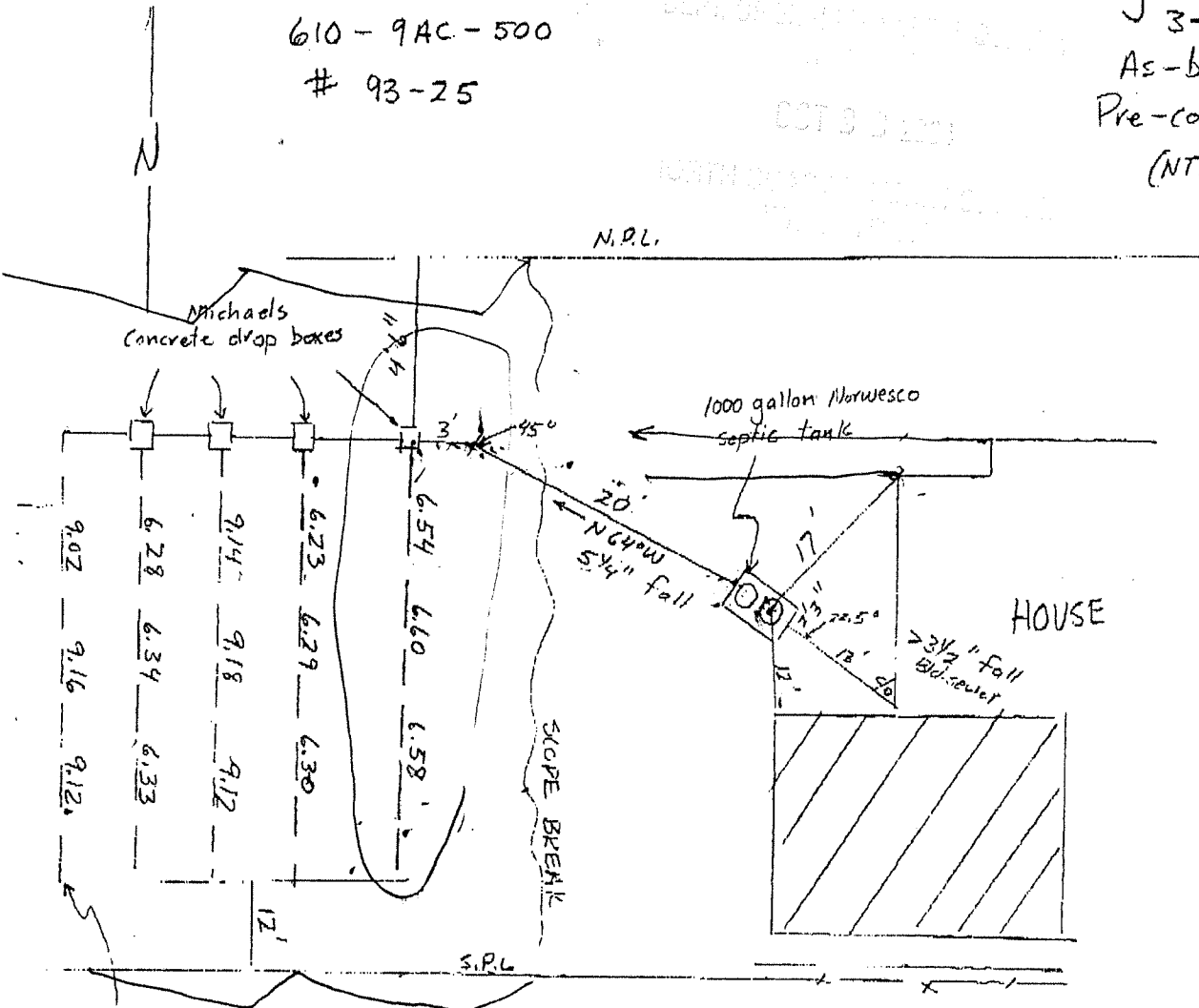
3-15-93
(Date)

Astoria Branch
(Office)

Frank Beckett
610-9AC-500
93-25

Dewey Darold
3-12-93
As-built
Pre-cover
(NTS)

DEPT OF TRANSPORTATION
OCT 8 2003
NORTH OREGON
WARRENTON



OCEAN DRIVE

Brad Sweet.
Alec Pater
Clyde West

19 7/2
16 1/2
3.3 1/2
38
5
150



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality
Northwest Region North Coast Branch Office
65 N Highway 101, Suite G
Warrenton, OR 97146
(503) 861-3280
FAX (503) 861-3259

October 18, 2004

Linda Zapp
4030 SW Patrick Place
Portland, OR 97239

Re: NOTICE OF NONCOMPLIANCE - Sewage Discharge to Ground Surface
Township/Range/Section: T6N-R10W-S9AC; Tax Lot No. 500, Clatsop County
NWR-WQ/O-04-0161

Dear Linda Zapp:

In response to a complaint received by the Department's North Coast Branch Office (NCBO) on September 7, 2004, the alleged discharge of sewage from a pipe exposed during recent excavation activity on the west side of the house has been confirmed.

Records on file at the NCBO indicate the existing on-site system serving the house on your property was repaired in 1993 under Permit #93-25 and consisted of a 1000-gallon poly septic tank, 4 drop boxes and 150 linear feet of disposal trenches configured as 5 parallel lines in serial distribution.

Department staff visited the above-described property on October 14, 2004, to investigate the complaint. The release of sewage from the exposed effluent pipe and the apparent excavation and removal of the on-site system disposal area (or drainfield) was observed and photographed. The existing disposal trenches appear to have been removed to form a terraced cut approximately 3-4 feet lower than the original ground surface to the east. The effluent pipe was broken and sticking out from the west face of the cut. Chunks of concrete (presumably broken pieces of the drop boxes) placed across the terrace and bits of torn filter fabric and drain rock were exposed throughout the excavated area. Another terrace cut approximately 40 to 50 feet further west of the first cut also exposed the broken end of a perforated pipe. Signs of sewage discharge were noted from both of the exposed pipes. The septic tank area was covered with a large plexiglass board. Septage odors were also noted.

The discharge of sewage onto the ground surface constitutes a potential public health and environmental hazard and is also a violation of Oregon Administrative Rules (OAR) and regulations. In accordance with OAR 340-071-120(2), the property owner is responsible for 1) disposing of sewage on that property in conformance with the rules of the Department, 2) connecting all plumbing fixtures on the property from which sewage is or may be discharged to a sewage facility or an approved on-site sewage disposal system and 3) maintaining, repairing, and/or replacing the system as necessary to assure proper operation of the system. OAR 340-071-215(1) requires the immediate repair of a failing system.

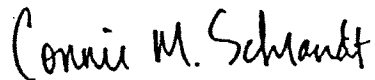
These violations are Class 1 violations and are considered to be significant violations of Oregon environmental law, requiring immediate corrective action. Failure to correct these violations will result in a referral to the Department's Office of Compliance and Enforcement for further action.

You are required to submit an application for repair of the existing on-site system to the NCBO in Warrenton. The septic tank must be pumped immediately and further discharge of sewage to ground surface must not occur. Eliminating the discharge can be accomplished by having a licensed DEQ sewage disposal service pump and service the septic tank as needed. Until the existing system is repaired, all pumping receipts associated with eliminating the septic tank discharge must also be made available to the NCBO.

Please provide a completed repair permit application to the NCBO **by October 22, 2004**. An application fee, site preparation (including a test pit) and other exhibits are needed to complete the repair permit application and proceed with system repair. We recommend you contact a state-licensed installer who can help with site preparation. A repair permit application guide is enclosed for your use.

Failure to immediately address the requirements stated above will result in further enforcement action, which may include a civil penalty assessment. If you have any questions or would like to discuss this matter further, please contact me at this office. The NCBO number is (503) 861-3280.

Sincerely,



Connie M. Schrandt
Natural Resources Specialist
Northwest Region, Water Quality

Enc. Repair Permit Application Guide

cc: Andy Schaedel, DEQ-NWR, Water Quality
Dick Pedersen, DEQ-NWR
Office of Compliance & Enforcement, DEQ-HQ



Oregon

Theodore Kulongoski, Governor

Department of Environmental Quality

Northwest Region North Coast Branch Office

65 N. Highway 101, Suite G

Warrenton, OR 97146

(503) 861-3280

FAX (503) 861-3259

October 4, 2004

Linda Zapp
4030 SW Patrick Place
Portland, OR 97239

RE: ALLEGED POLLUTION COMPLAINT

Township, Range, Section: T6N-R10W-S9AC; Tax Lot No. 500
Clatsop County

The North Coast Branch Office (NCBO) of the Oregon Department of Environmental Quality (DEQ) recently received a pollution complaint. The complaint alleges that there is a pipe located on the west side of the house located on the above-described property that may be discharging sewage onto the ground surface, and that the pipe was exposed recently during excavation and/or grading activity.

Our field staff has yet to investigate the facts of this complaint. This letter is addressed to you as the owner of the property on record with the Clatsop County Assessor's Office and is being sent to provide you with advanced notice that if these facts are as alleged, you would be in violation of Oregon Law.

We ask your cooperation. If there is a violation our intent is to obtain voluntary compliance.

If you feel that this complaint is invalid, if you have any questions, or if you are in need of a septic system repair or replacement, please call me at (503) 861-3280.

Sincerely,

Connie Schrandt
Natural Resource Specialist



32679

Control No.

STATE OF OREGON

PERMIT NO. 93-25

\$ 125.00

Fee

DEPARTMENT OF ENVIRONMENTAL QUALITY

☐ New Construction☒ Repair☐ OtherPermit Issued To Frank Beckett et al

6N

10W

9AC

500

Clatsop

(Property Owner's Name)

(Township)

(Range)

(Section)

(Tax Lot / Acct. No.)

(County)

Ocean Ave.

Gearhart

Dewey Darold

03-05-93

(Road Location)

(City)

(Issued by - Signature)

(Date Issued)

PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

SPECIFICATIONSEXPIRATION DATE March 05, 1994TYPE OF SYSTEM StandardAverage Daily Sewage Flow 225 Gallons/DayDesign Peak Sewage Flow 450 Gallons/Day

New concrete

Tank Volume 1000 GallonsDisposal Trenches ☒Seepage Bed(s) ☐ Square FeetMaximum Depth 36 inches.Minimum Depth 24 inches.150 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on centersTotal Rock Depth 12 inches.Below Pipe 6 inches.Above Pipe 2 inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install as per approved plot plan. 100' setback to all wells, 10' setback to property lines.

PRE-COVER INSPECTION REQUIRED — CONTACT Astoria DEQ - 325-8660.**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller Dave Darling, Seacoast Nursery Const, Inc.Final Insp. Date 3-12-93☒ Inspected By Dewey DaroldSee the As-Built plot plan
in file.☐ Issued by Operation of Law

☐ Pre-cover inspection waived
pursuant to OAR 340,
Division 71

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Issuance of this Certificate does not constitute a warranty or guarantee that this on-site disposal system will function indefinitely without failure.

Dewey Darold
(Authorized Signature)

ES/RS
(Title)

3-15-93
(Date)

Astoria Branch
(Office)

Dewey Darold
3-12-93
As-built
Pre-cover
(NTS)



610-9AC-500

SEACOAST NURSERY CONSTRUCTION, INC.

3111 Hwy. 101 North
SEASIDE, OREGON 97138
Phone 738-6401

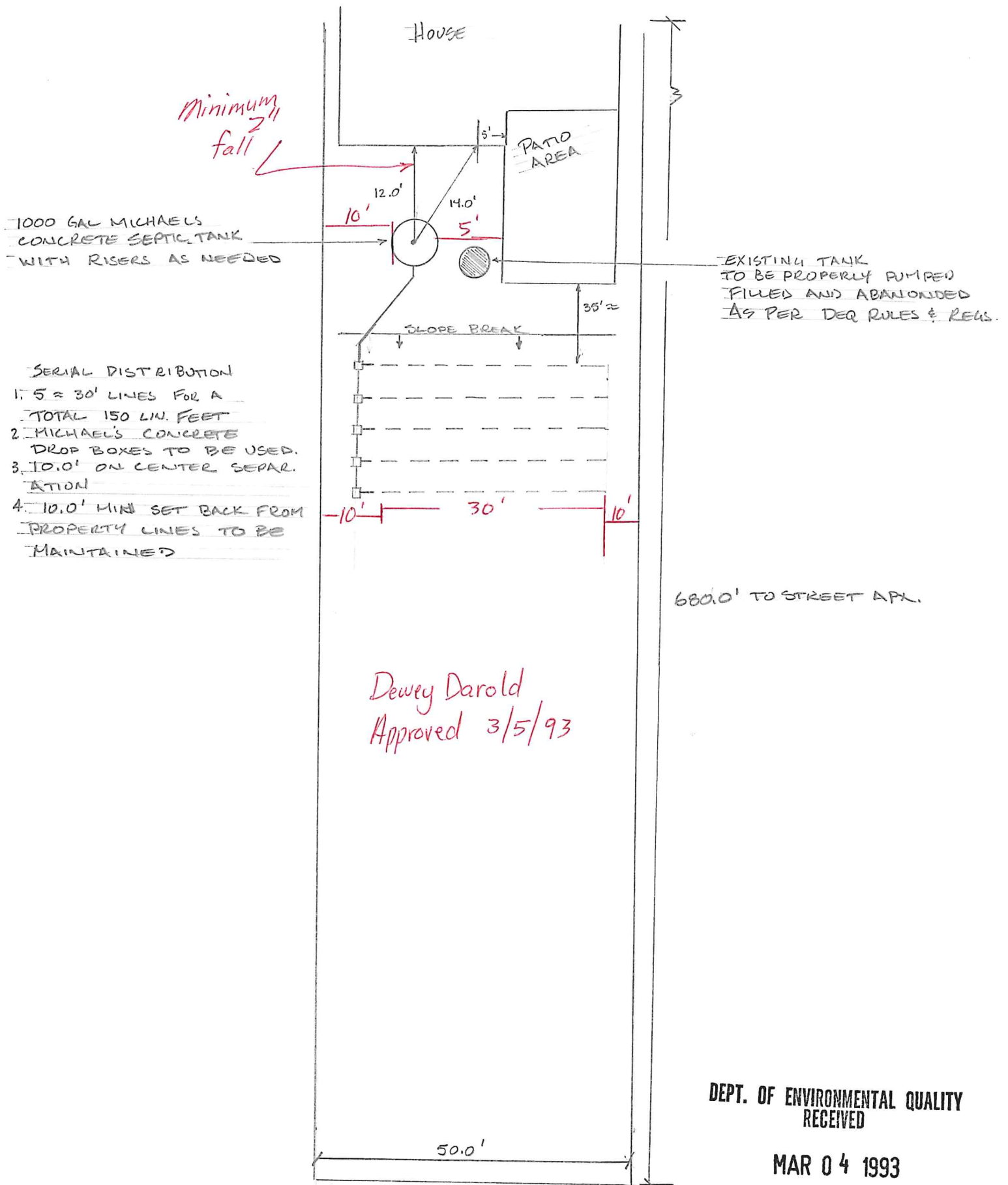
CUSTOMER'S ORDER NO.		PHONE		DATE	
				3-16-93	
NAME Frank Beckett					
ADDRESS General Del. Gearhart Ore 97138					
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	PAID OUT
QTY.	DESCRIPTION			PRICE	AMOUNT
	302 S. ocean ave Gearhart, Ore				
	Septic System Repair				
1	1000 gal poly tank				
1	clean out				
	hook to existing inlet				
150	lin ft Drainfield.				
	D.E.Q. permit				
	Drop Boxes				
	Risers & lids.				
	Tight Line				
	Backfill				
				3-16-93	
RECEIVED BY				TAX	
CH 490				TOTAL	3327.12

All claims and returned goods
MUST be accompanied by this bill.

15467

PRODUCT 610

Thank You



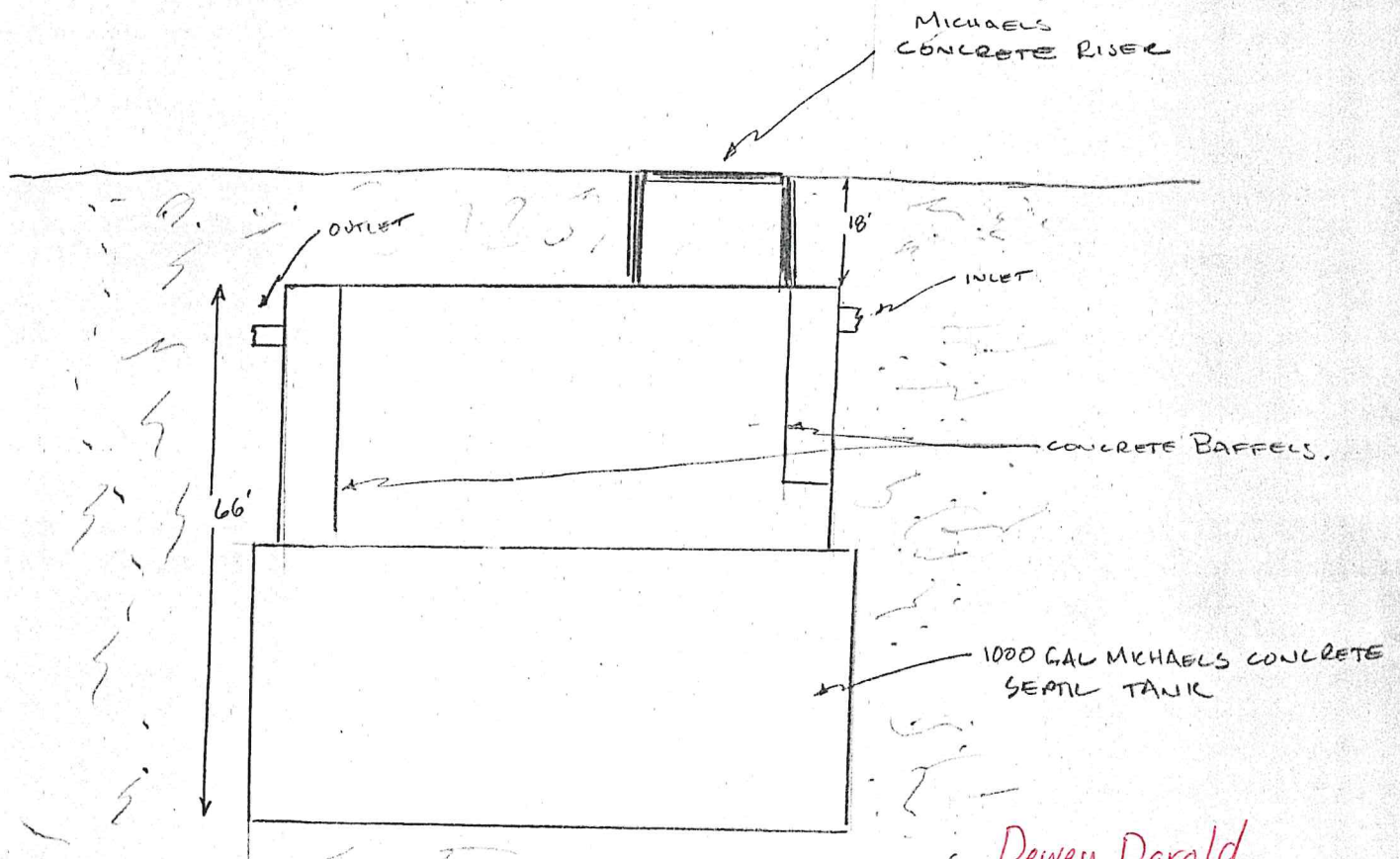
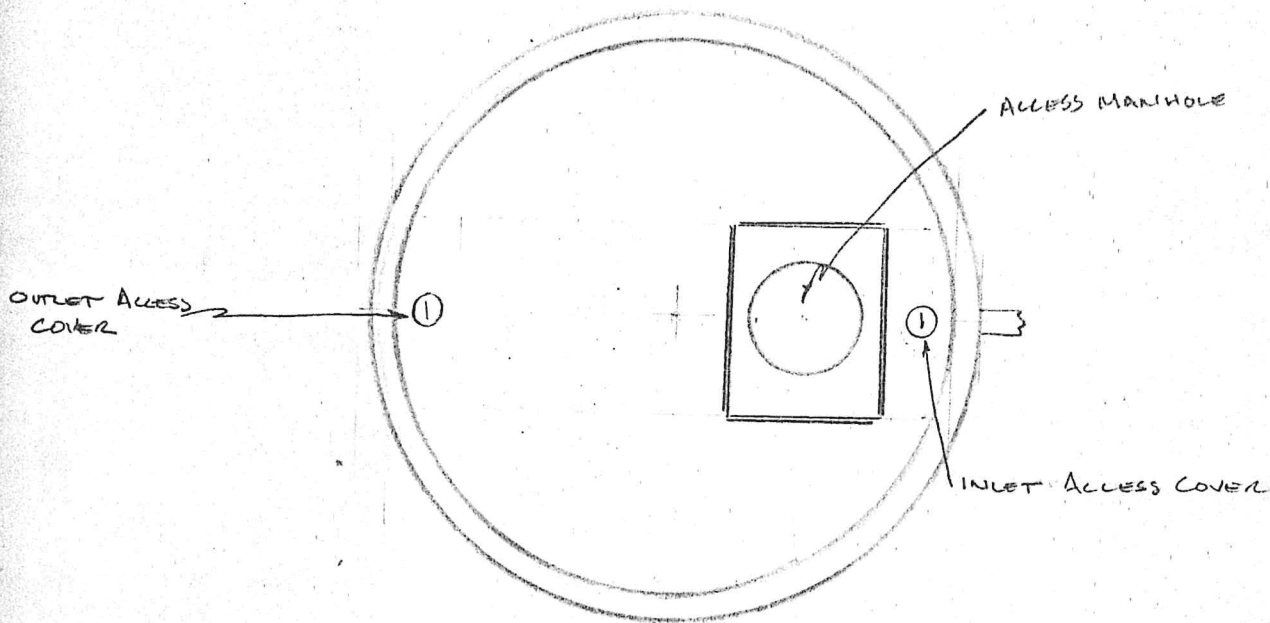
Dewey Darold
Approved 3/5/93

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

MAR 04 1993

ASTORIA BRANCH OFFICE

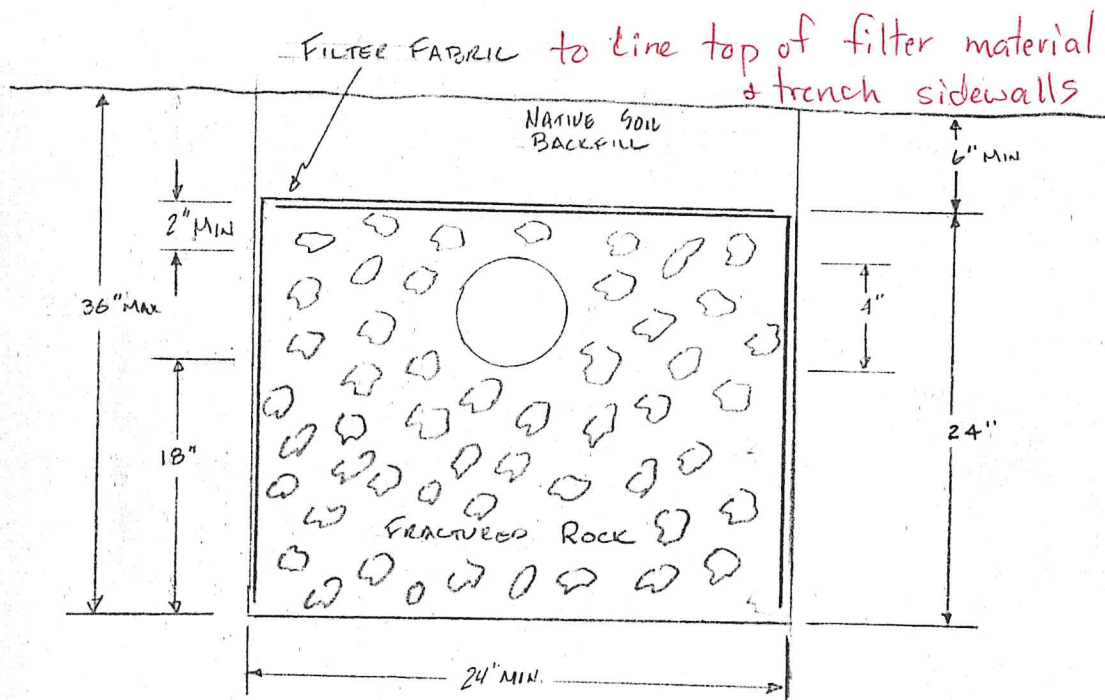
11



Dewey Darold
Approved 3/5/93

TANK AND RISER TO
BE SEALED TO MAINTAIN WATER-
TIGHTNESS AS REQUIRED BY
DEQ RULES AND REGS.

TYPICAL CROSS-SECTION
FOR MICHAELS CONC.
SEPTIC TANK



TYPICAL DISPOSAL
TRENCH CROSS SECTION

Dewey Darold
Approved
3-5-93

MATERIALS LIST

1. 1000 GAL CONCRETE SEPTIC TANK / MICHAELS CONC. PRODUCTS
2. RISERS AS NEEDED APX 3 1" CONCRETE MANHC BY MICHAELS CONCRETE. *make risers watertight.*
4. TYPAR FILTER PAPER - ~~AS NEEDED~~ *Required*
5. 4" PVC 12454 B TYPE SDR 35 ASTM 3034
6. 150' PERFORATED
40' SOLID } PVC 12454 B TYPE SDR 35
ASTM D 2729
7. DROP BOXES (5) CONCRETE — MICHAELS CONC PRODUCTS.
Drop boxes must be grouted inside & out.

WHEREAS FRANK BECKETT ET AL ("GRANTOR") is the owner of the following two lots (or parcels) of real property located in CLATSOP County, Oregon, to wit:

Lot I:

T. 6N R. 10W Sec. 9AC T.L. 501
Lot 15 Block 4 ; Kruses First Add

CC ORDINANCE 801-2 REQUIRES:

Assessor's Account #: 610 9AC 500, 501

Lot II:

Site Address: 302 S. Ocean, Gearhart

T. 6N R. 10W Sec. 9AC T.L. 500
Lot 15 Block 4 ; Kruses First Add

WHEREAS GRANTOR has applied to the State of Oregon through its Department of Environmental Quality ("State" or "GRANTEE") for a report of site evaluation for the proposed construction of an individual on-site sewage disposal system ("Report") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules, 340-71-130(11)(b) and 340-71-150(4)(a) require GRANTOR to execute an easement and covenant in favor of the State as a condition precedent to issuance of a favorable report concerning the construction of a system on one lot intended to serve another lot;

NOW THEREFORE, in consideration of the issuance of the report to GRANTOR by the State, and other good and valuable consideration, receipt of which is hereby acknowledged, GRANTOR hereby conveys to the State ("GRANTEE"), its successors and assigns, a perpetual, non-exclusive, appurtenant easement in, upon, and running with Lot I allowing the GRANTEE'S officers, agents, employees and representatives to enter and inspect, including by excavation, the on-site sewage disposal system on Lot I serving Lot II.

GRANTORS, for themselves and their heirs, successors and assigns, covenant and agree:

1. To grant or reserve, and record a utility easement, in a form approved by the GRANTEE, in favor of the owner of Lot II upon severance of the above described lots; and

2. That Lot I shall not be put to any use which would be detrimental to the permitted system or contrary to any law (including an administrative rule) applicable to the permitted system.

IN WITNESS WHEREOF, the GRANTOR executed this easement on this 3
day of March, 1993.

(Grantors)

STATE OF OREGON)
County of Clatsop) SS
March 3, 1993)

Personally appeared the above-named FRANK BECKETT

and acknowledged the foregoing instrument to be their voluntary act.

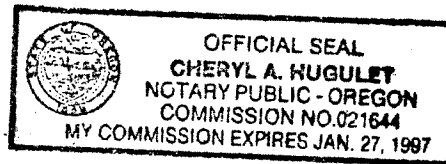
Before me:

Frank Beckett

Cheryl A. Huguley
NOTARY PUBLIC FOR OREGON

My Commission Expires: 1-27-93

SEACREST NURSERY CONST
3111 N HWY 101
SEASIDE OR 97138



XL3443

I hereby certify that the within instrument was received for the record and recorded in Clatsop County, State of Oregon, Book of Records as indicated herein.

93 MAR -4 11:20

931815

Lori D. Davidson by *SP*
LORI D. DAVIDSON, Clatsop County Clerk

Document Type:	D
FEE: (ORS 205.320)	
2 page(s) @ \$5 =	10
\$10 PLCP Ord =	10
\$20 Trans Fee =	20
\$20 TAI Ord =	
Other:	
TOTAL FEES PAID =	40
Cash/Check#	2455
Billing Code	
From:	
C:	

Oregon

Astoria Branch Office
P.O. Box 869
Astoria, OR 97103
Phone (503) 325-8660

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

NORTHWEST REGION

DATE: March 2, 1993

Frank Beckett
General Delivery
Gearhart, OR 97138

Re: OSS-Clatsop County
T6N,R10W,S9AC,TL500
Repair Permit

Dear Mr. Beckett:

As you know, on March 1, 1993, Department personnel conducted a field visit to the above described property for the purpose of evaluating an existing on-site sewage disposal system repair.

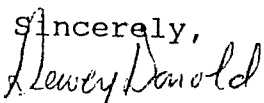
At that time, I mentioned to you that the site would be feasible for a standard type serial distribution system, provided that you could obtain an easement for tax lot 501 to the west. Since the property is within a geographic area, lots less than one acre are required to be pressurized distribution. However, when the two lots are combined through a common ownership easement, the total acreage will be over one acre.

Enclosed is an easement form which needs to be notarized, filed in the Clatsop County Clerk's Office and recorded on the deed to the property. We would need of copy of the completed easement form, after it has been recorded.

Once the easement has been filed and recorded and a plot plan submitted and approved, a repair permit can be issued.

If you should have any questions, please feel free to contact me at 325-8660.

Sincerely,



Dewey W. Darold, R.S.
Environmental Specialist
Northwest Region
Water Quality

cc: Seacoast Nursery Construction, Inc.

enc: Easement Form



1500 SW First Avenue
Suite 750
Portland, OR 97201-5884
(503) 229-5263
DEQ-1

Send General Delivery

Frank Beckett

610-94C-500

0.78 AC

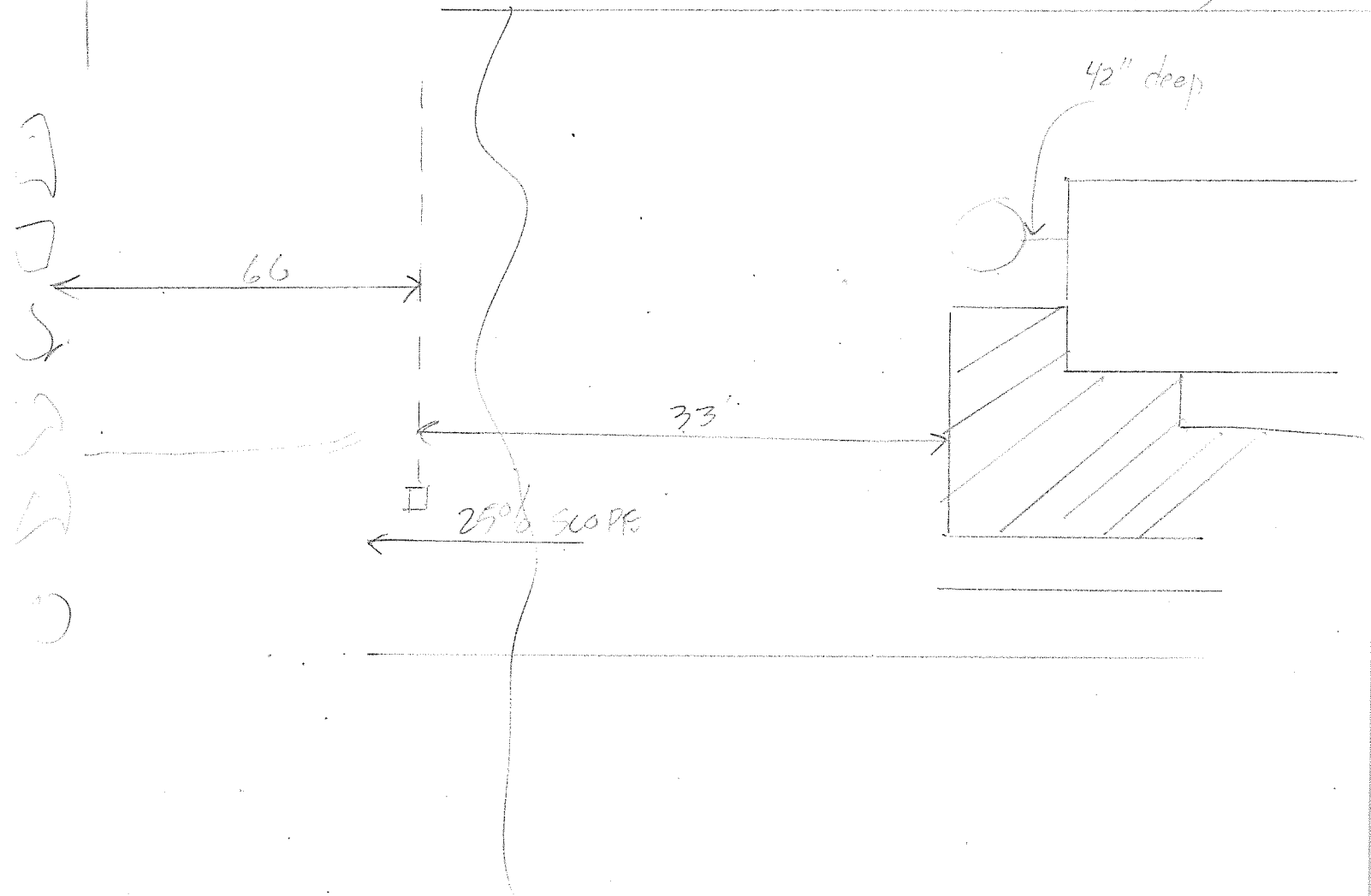
Dewey Darold

3-1-93

R.P.

(NTS)

N
↑



STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTH COAST OFFICE
749 Commercial, P.O. Box 869
Astoria, Oregon 97701
325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
Date Rec'd 2-26-93
Date Completed 3-26-93
Required Fee 125.00
Receipt No. 55875
Control No. 32679

FOR APPLICANT'S USE (PLEASE PRINT)

FRANK BECKETT ET. AL
(Property Owner's Name)

0.78 AC
Lot Size (Acreage or Dimensions)
SEACOAST NURSERY CONIT
(Applicant's Name if Different from Owner)

Legal Description of Property 6 10 9AC 0500 CLATSOP
(Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

- ☐ Single Family Residence (Number of Bedrooms)
☐ Other (Specify)

Water Supply

- ☒ Public (Community System)
☐ Private (Indicate: Well, Spring, Etc.)

Existing Facility

- ☒ Single Family Residence 4BDR.
(Number of Bedrooms)
☐ Other (Specify)

APPLICATION FOR:

- ☐ Site Evaluation Report
☐ Permit to Construct On-Site Sewage Disposal System
☒ Permit to Repair On-Site Sewage Disposal System
☐ Permit for Alteration of On-Site Sewage Disposal System
☐ Permit Renewal
☐ Existing System Report
☐ Plan Review
☐ Other (Specify)
☐ Authorization Notice
Purpose of Authorization Notice
☐ Connect to an existing system not currently in use
☐ Replace one mobile home with another or a house
☐ Replace or rebuild a house
☐ Addition of one or more bedroom
☐ Personal hardship
☐ Temporary housing
☐ Other (Specify)

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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

David Daley
(Signature)

2-26-93
(Date)

☒ Authorized Representative
☒ Licensed Installer
License No. 33079P

Owner's Mailing Address

FRANK BECKETT

302 S OCEAN

GEARHART OR 97133

Phone 738-5338

Applicant's Mailing Address (if different)

SEACOAST NURSERY CONIT INC

3111 N HWY 101

SEASIDE OR 97138

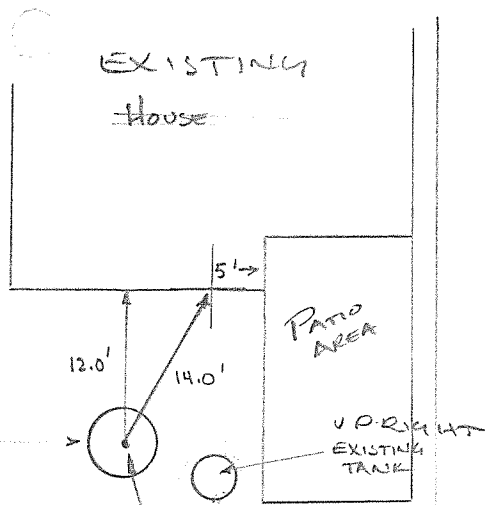
Phone 738-6401

1W\WC8\WC8690 (7-19-91)

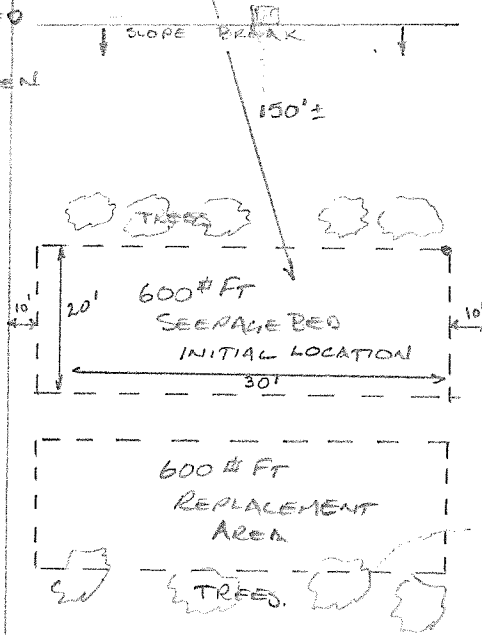
FRANK BECKETT ET AL
6 10 9AC 0500

1000 GAL MICHAELS
CONCRETE
SEPTIC TANK

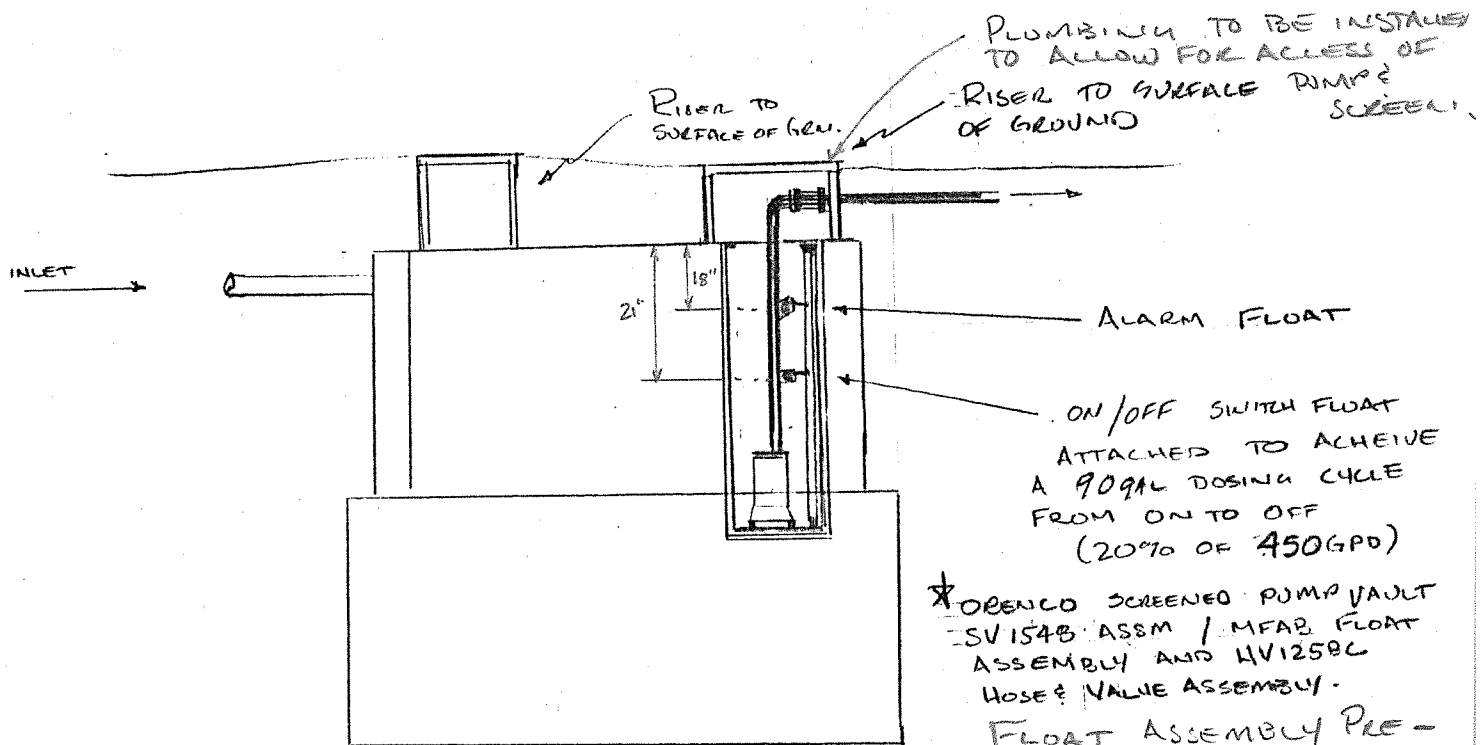
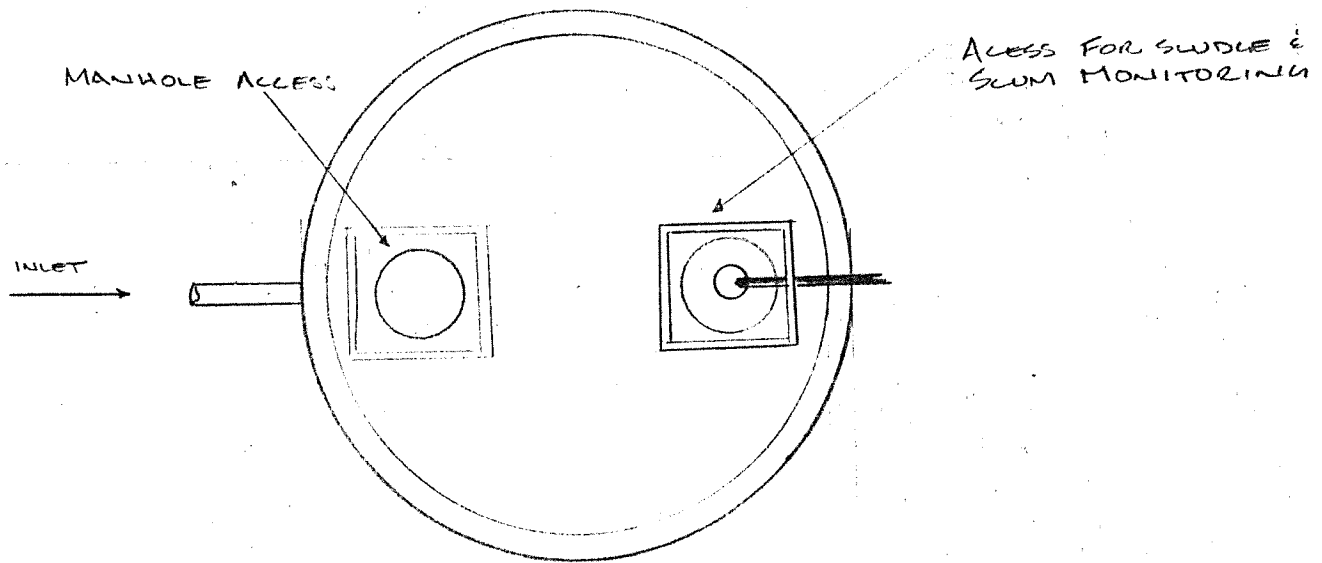
ANTI-SIPHON VALVE
TO BE INSTALLED
AND WILL BE PLUMBED
TO ALLOW EASY
REMOVAL OF SCREEN
AND 1/AULT



680' ~~TO~~ TO STREET



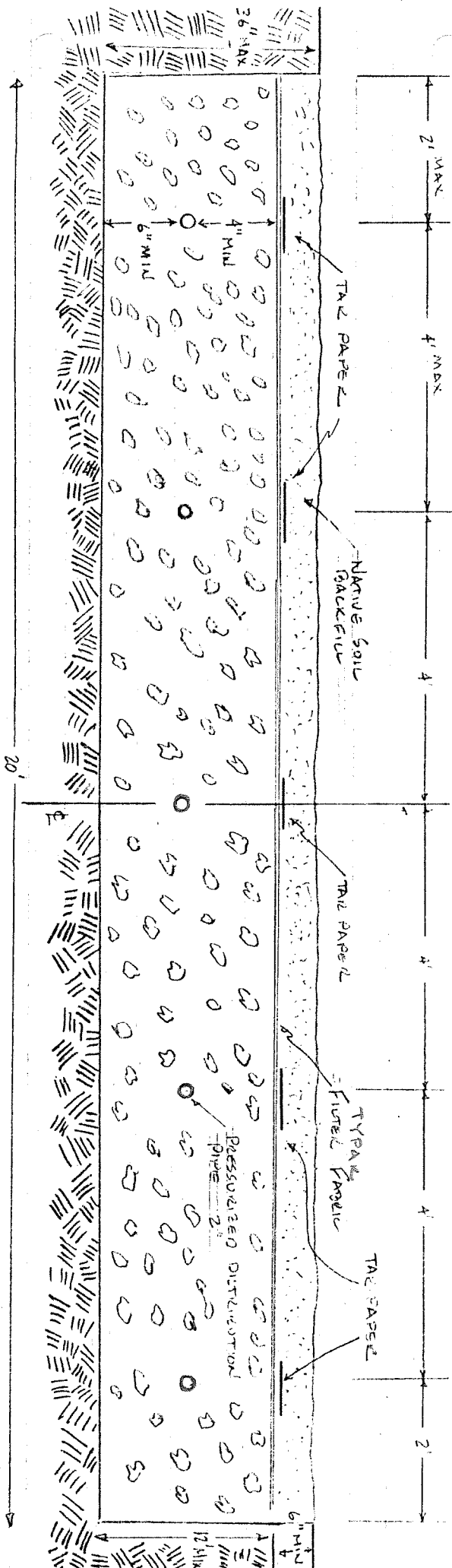
CONCRETE RISERS TO BE
INSTALLED WITH WATER TIGHT
SEAL ON ALL SEAMS AND
LIDS SEALED



1000 GAL MICHAELS CONCRETE
DOSING SEPTIC TANK

* ORENCO SCREENED PUMP VAULT
SV154B ASSM / MFAB FLOAT
ASSEMBLY AND HV125BC
HOSE & VALVE ASSEMBLY.

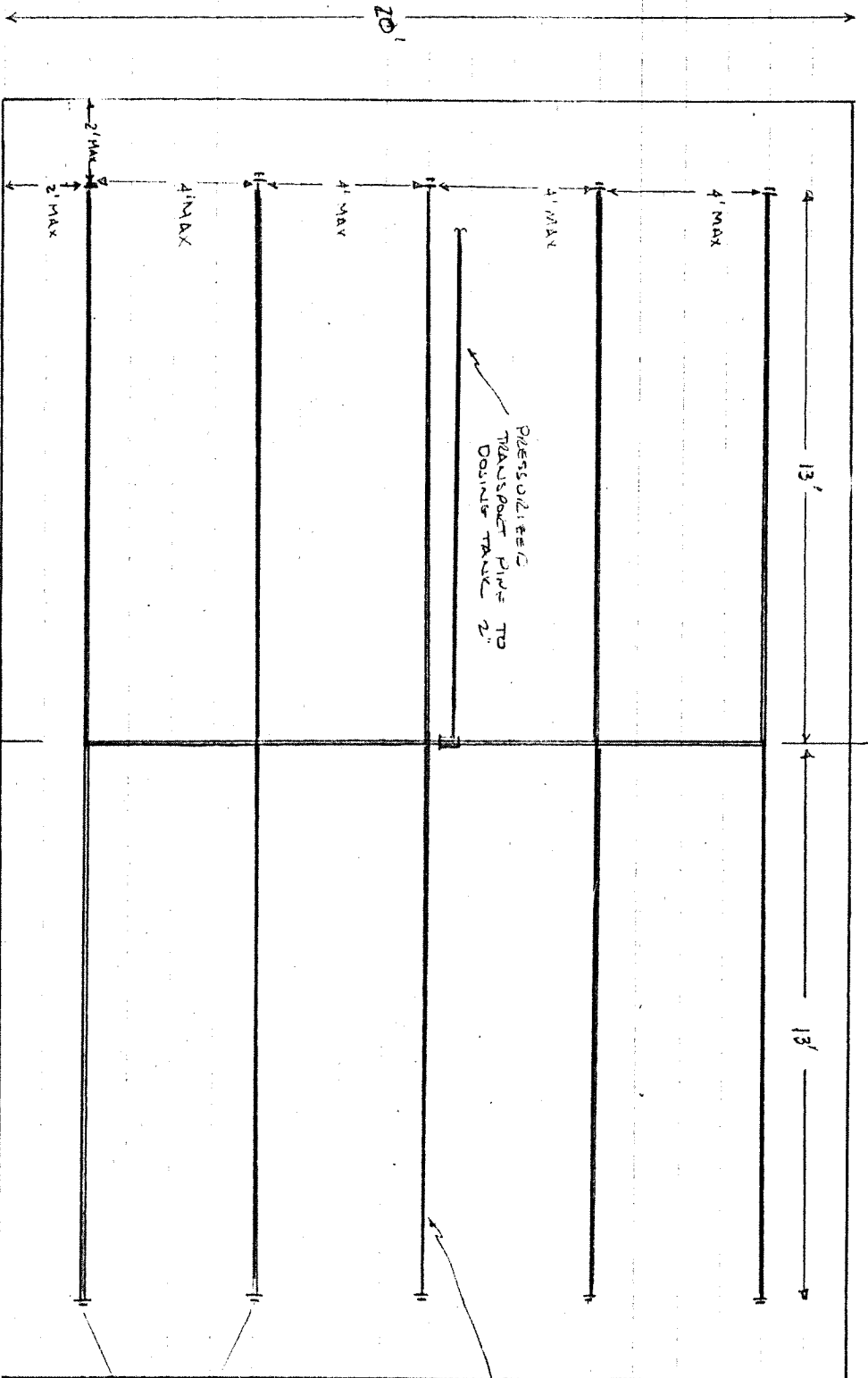
FLOAT ASSEMBLY PRE-
SET BY ORENCO FOR
MICHAELS CONCRETE
DOSING SEPTIC TANK
POLY PULL ROPE WILL
BE INSTALLED



TYPICAL CROSS SECTION
LOW PRESSURE SYSTEM

SCALE 1/4" = 6"

30'



SCALE 1/4" = 1'

TYPICAL LOW PRESSURE SYSTEM

ALL LINES TO BE LEVEL IN ALL DIRECTIONS.

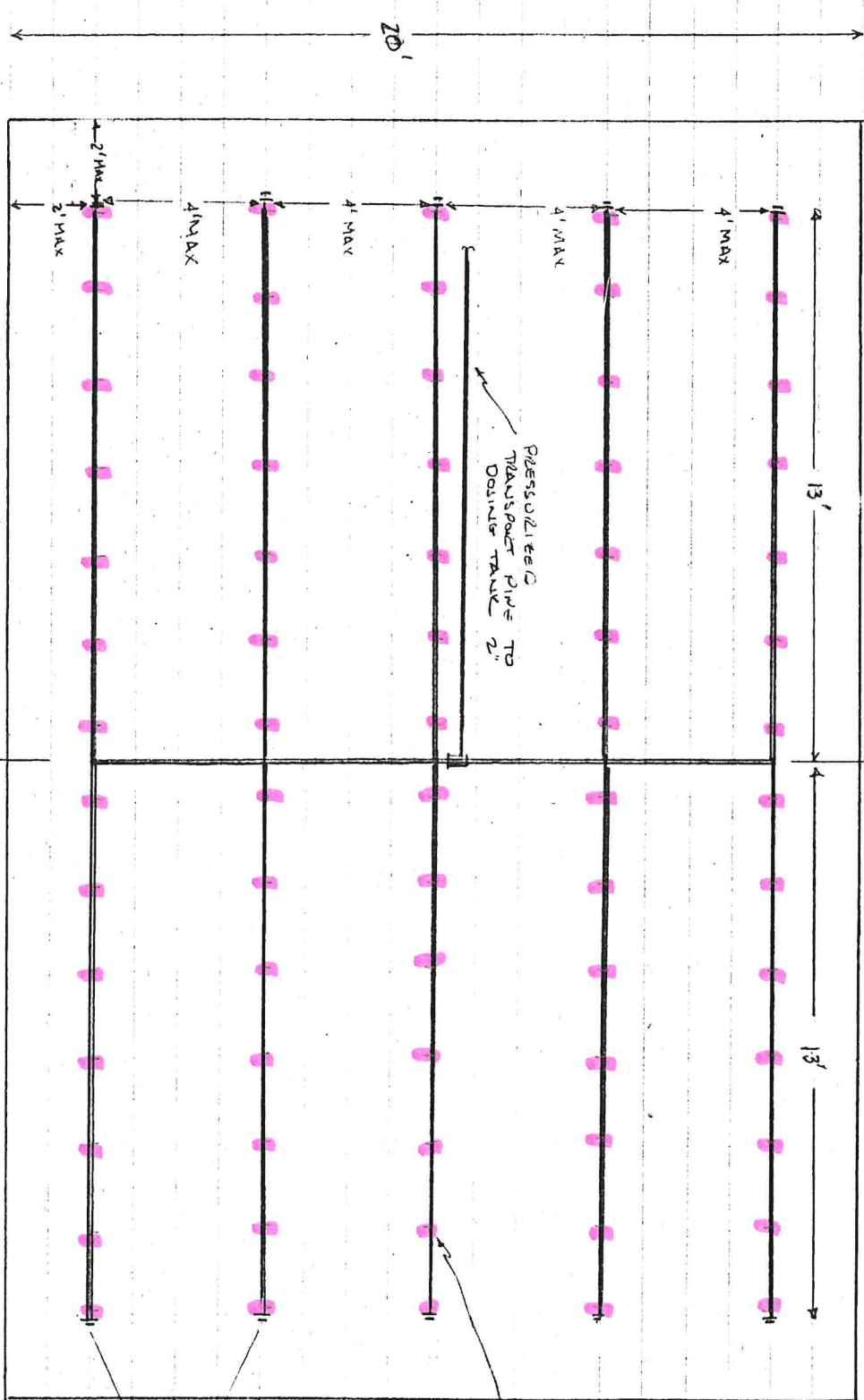
TOTAL AREA 600 SQ FT

THREADED CAPS ON ENDS OF EACH LATERAL 10 TOTAL

PRESSURIZED DISTRIBUTION PIPES 2"

PRESSURIZED TRANSPORT PIPE TO DOWNSTREAM 2"

30'



TOTAL AREA 600 7 FT

LOCATION OF 10" OFFICES ON

TYPICAL LOW PRESSURE SYSTEM

TOTAL 70 OFFICES

SCALE 1/4" = 1'

THREADED C ON ENDS OF EACH LATERAL 10 TOTAL

PRESSURIZED DISTRIBUTION PIPES 2"

SYSTEM HEAD CALCULATIONS

1. **STATIC HEAD:** (vertical elevation difference from the pump base to the pressure distribution laterals) 0 feet

2. **SYSTEM ALLOWANCE:** (includes distribution piping losses and a five foot residual head discharge at the distribution laterals) 10* feet

3. **FRICITION HEAD:** (transport pipe friction loss at flow rate)

(a) Calculate Flow rate:

Diameter of orifices..... 1/8 inch

Number of orifices = N = 70

Orifice discharge rate = R = .41 gpm

Total gallons per minute = N X R = 28.7 gpm

(b) Calculate Friction Head Loss:

Length of transport pipe = P (in feet) 150' $100 \div 150 = 0.666$

Friction loss coefficient = L (see reverse side) 1.14

Friction Head = P X L = 0.7524 feet 0.7524

4. **TOTAL DYNAMIC HEAD (TDH):** (sum of static head, system allowance and friction head) 0 + 10 + 0.7524 10.7524 feet

5. **HYDRAULIC SPECIFICATIONS:**

PUMP DUTY: 28.7 gpm @ 10.7524 TDH

BRAND: Goulds

MODEL: 3871 SERIES EPO411A HORSEPOWER: 1/4

CAPACITY: 10.7524 TDH @ 28.7 GPM, and

55 GPM @ 24 TDH

Footnote: * in absence of specific head loss calculations, use 10 feet for this factor.

ORIFICE DISCHARGE RATE R

Orifice Diameter	1/8	9/64	5/32	11/64	3/16	13/64	7/32	15/64	1/4 inch
GPM per Orifice	.41	.52	.64	.78	.93	1.09	1.26	1.45	1.65 GPM

FRICTION LOSS COEFFICIENT F

(Friction head in feet / 100 feet pipe @ C = 150*)

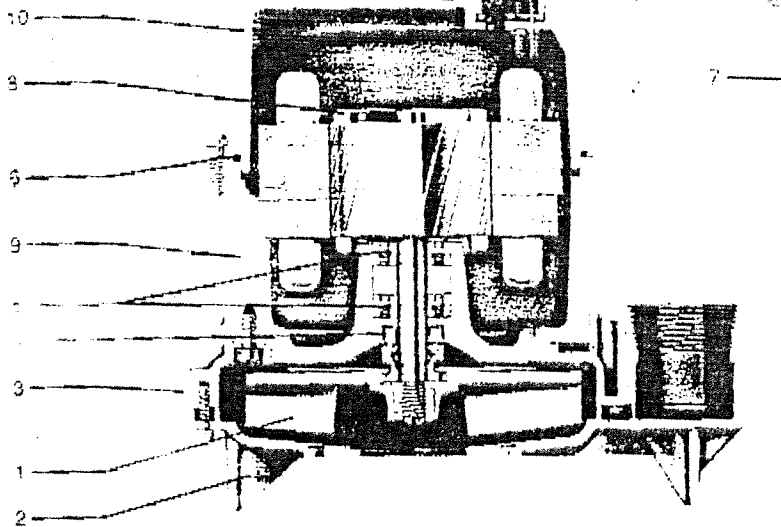
Flow Gals/Min	1-1/4"	Pipe Diameter 2"	2-1/2"	Flow Gal/Min	Pipe 2"	Diameter 2-1/2"
15	1.96	0.33	0.13	32	1.37	0.53
16	2.24	0.40	0.15	33	1.45	0.57
17	2.52	0.44	0.17	35	1.61	0.63
18	2.79	0.48	0.18	39	1.97	0.77
19	3.06	0.52	0.20	40	2.06	0.81
20	3.34	0.57	0.22	42	2.26	0.89
22	4.02	0.68	0.27	45	2.56	1.00
23	4.36	0.74	0.29	48	2.89	1.09
24	4.70	0.80	0.32	50	3.11	1.22
25	5.04	0.86	0.34	55	3.73	1.46
26	5.45	0.93	0.37	60	4.36	1.71
27	5.95	1.00	0.39	65	5.08	1.99
28	6.26	1.07	0.42	70	5.80	2.27
29	6.66	1.14	0.44	75	6.60	2.58
30	7.07	1.21	0.47	80	7.43	2.91

* Hazen & Williams Coefficient

Submersible Effluent Pumps

MODEL

3871

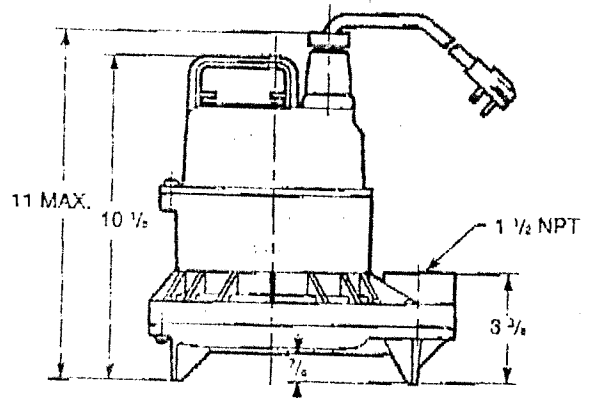
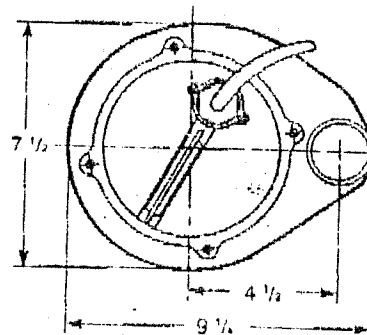


PARTS

1. Impeller
2. Rugged thermoplastic base
3. Rugged thermoplastic pump casing
4. Mechanical seal
5. Ball bearings
6. O-Rings
7. Power cord
8. Oil filled motor
9. Cast iron motor housing/stator assembly
10. Thermoplastic motor cover

DIMENSIONS

(All dimensions in inches. Do not use for construction purposes.)



PERFORMANCE RATINGS

Total Head (FT of Water)	Gallons Per Minute
5	53
10	46
15	36
20	21
24	0

MODELS

Series	HP	Volts	Phase	Max. Amps	RPM	Solids Handling	Power Cord Length	Wts. (lbs.)
EP0411		115		12			10'	20
EP0412		230		6			10'	
EP0411A	1/2	115	1	12	1550	3/4"	10'	21
EP0411F		115		12			20'	20
EP0412F		230		6			20'	20
EP0411AC		115		12			20'	21



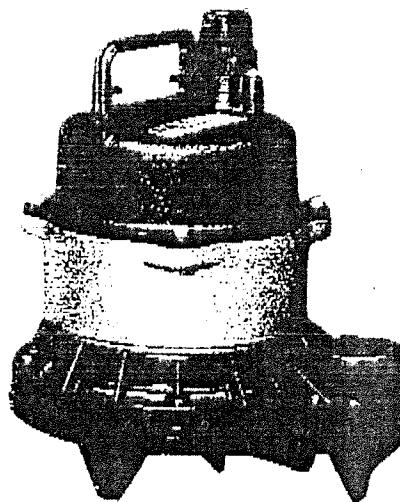
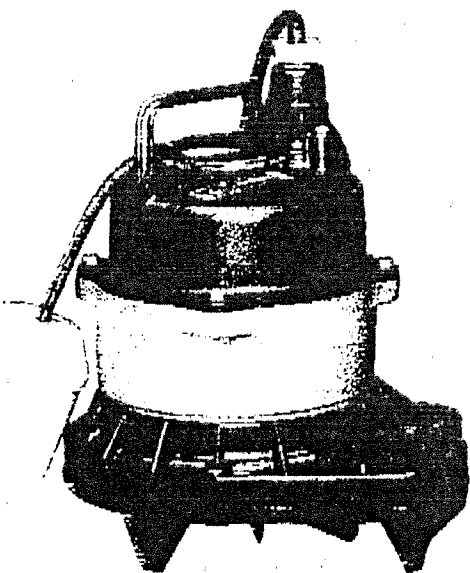
SENECA FALLS, NEW YORK 13140

SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

PRINTED IN U.S.A.

09/04/92 08:01

003



Goulds Submersible Effluent Pumps

MODEL
3871

FEATURES

Impeller: Thermoplastic Semi-Vortex design with pump out vanes for mechanical seal protection.

Casing and Base: Rugged thermoplastic design provides superior strength and corrosion resistance.

Motor Cover: Thermoplastic cover with integral handle and float switch attachment points.

Power Cable: Severe-duty rated oil and water resistant.

O-Ring: Provides positive sealing. No gaskets to replace during maintenance.

Stainless steel fasteners.

SPECIFICATIONS

Pump:

- Solids handling capability: $\frac{3}{4}$ " Maximum
- Capacities: Up to 55 GPM
- Total Heads: Up to 24 feet
- Discharge Size: 1 $\frac{1}{2}$ " NPT
- Mechanical Seal: Carbon-Rotary Head/Ceramic-Stationary Seat, Buna N Elastomers.
- Temperature: 140°F (60°C) Maximum.
- Fasteners: 300 Series Stainless Steel.
- Capable of running dry without damage to components.

MOTOR

- Single Phase: 0.4HP, 115 or 230 Volt, 60Hz, 1550 RPM, built in overload with automatic reset.
- Power Cord: 10 foot standard length, 16/3 SJTO with Nema 5-15P 3 prong grounding plug. Optional 20' length, 16/3 SJTW with Nema 5-15P 3 prong grounding plug.
- Fully submerged in high-grade turbine oil for lubrication and efficient heat transfer.

Available for automatic and manual operation. Automatic models include Mercury Float Switch assembled and preset at the factory.

APPLICATIONS

Specifically designed for the following uses:

- Effluent systems
- Homes
- Farms
- Heavy duty sump
- Water transfer
- Dewatering

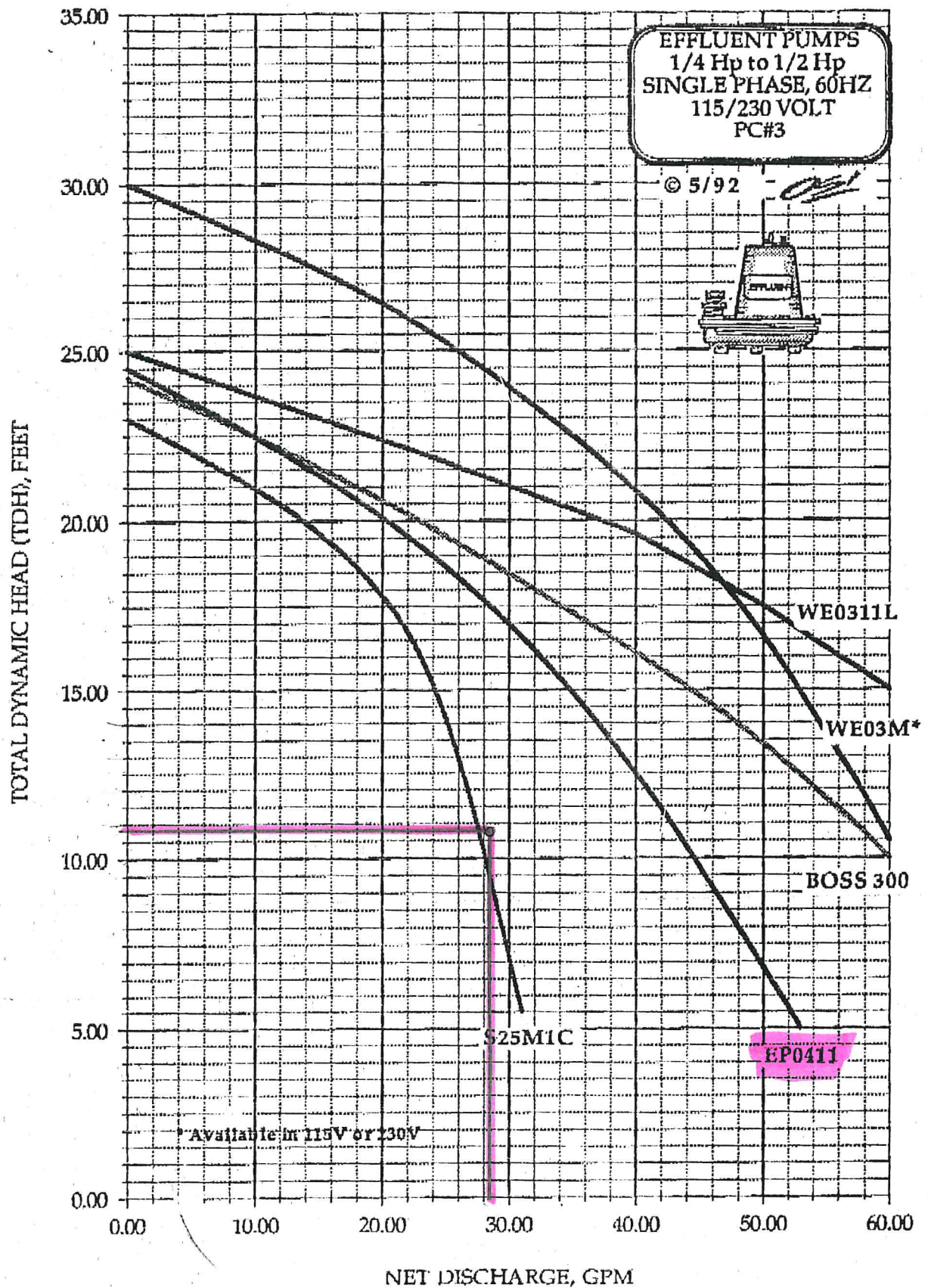
Post-It™ brand fax transmittal memo 7671 # of pages ▶ 3

To <i>Sea Coast</i>	From <i>Mark</i>
Co.	Co.
Dept.	Phone #
Fax # <i>503-738-5133</i>	Fax #



09/04/92 08:01

003



PARTS LIST

1. 1000 GAL CONCRETE SEPTIC DRAIN TANK MANFL BY
MICHAELS CONCRETE
2. RISERS AS NEEDED AOX 3 1' CONCRETE MANFL BY
MICHAELS CONCRETE
3. GOULD EPO 411A PUMP
4. TYPAR FILTER PAPER
5. ORENCO SCREENED VAULT & FLOAT SET-UP
PRESET BY MANFL. FOR MICHAELS DRAIN SEPTIC
6. 300' + 2" ABS CELLULAR CORE DWV ASTM F-628-85
ABS TYPE 1 GRADE 2 RIMP 2 SCH 40
7. 4" PVC 12454 B TYPE SDR 35 ASTM D-3034

PETS

TOYS

FLOWERS

GARDEN

"RESTING PLACE"

CARDS ACCEPTED
(FROM THRIFTWAY)

3-5752

SEASIDE, OR 97138

(503) 738-3813

DON'S RV

SHAW - OWNERS

PLIES & SERVICE

STOVE DEALER

1 North, Gearhart, OR

\$19.95

-5537

FILTER SPECIAL

GEARHART, OR

Coast
HARDWARE

- ★ HOUSEWARES
- ★ PLUMBING
- ★ ELECTRICAL

HIGHWAY LOCATION



738-5491

Scooter Bikes Skates

RENTALS

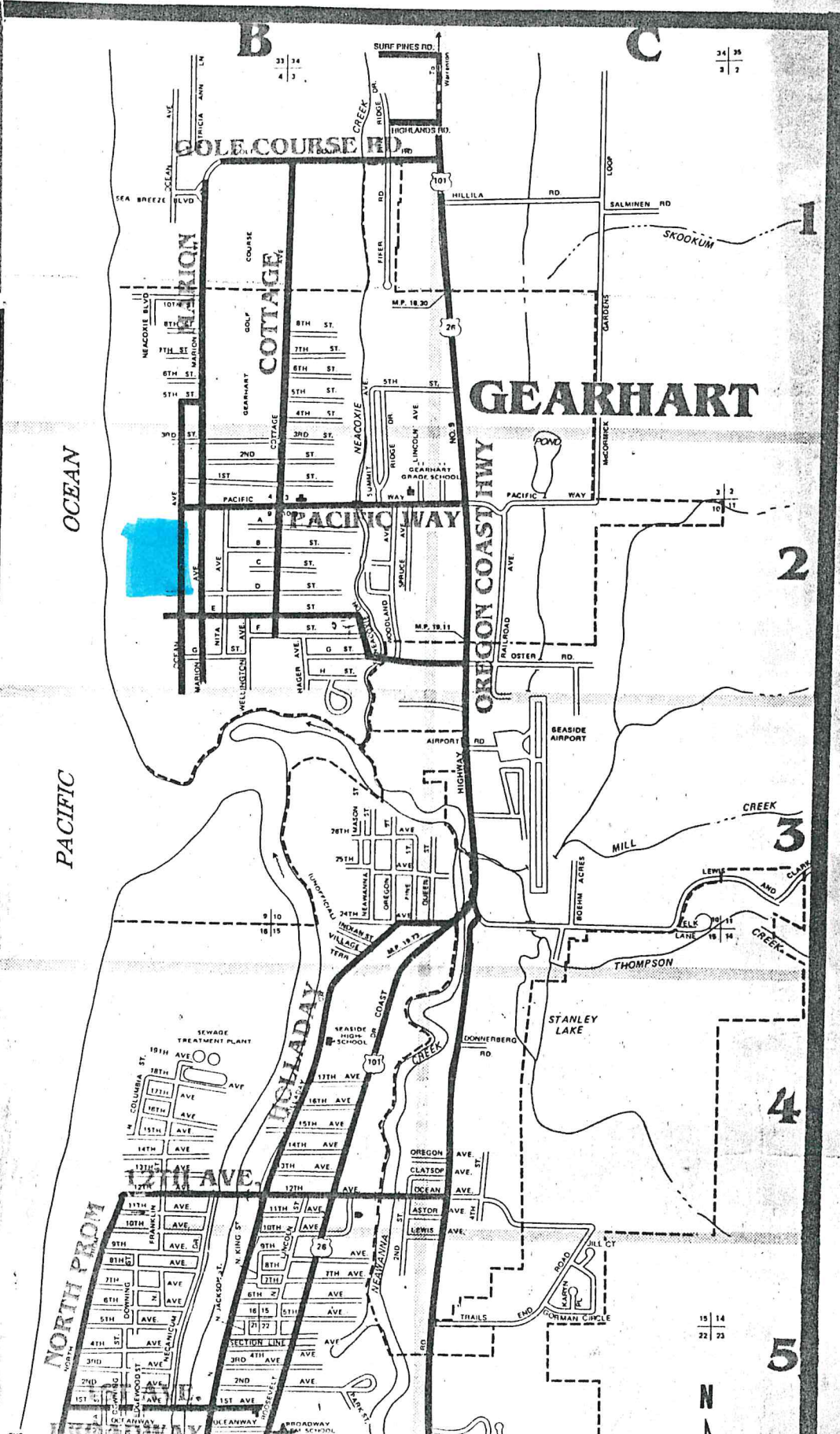
ALL YEAR

Daily, Weekend & Weekly rates

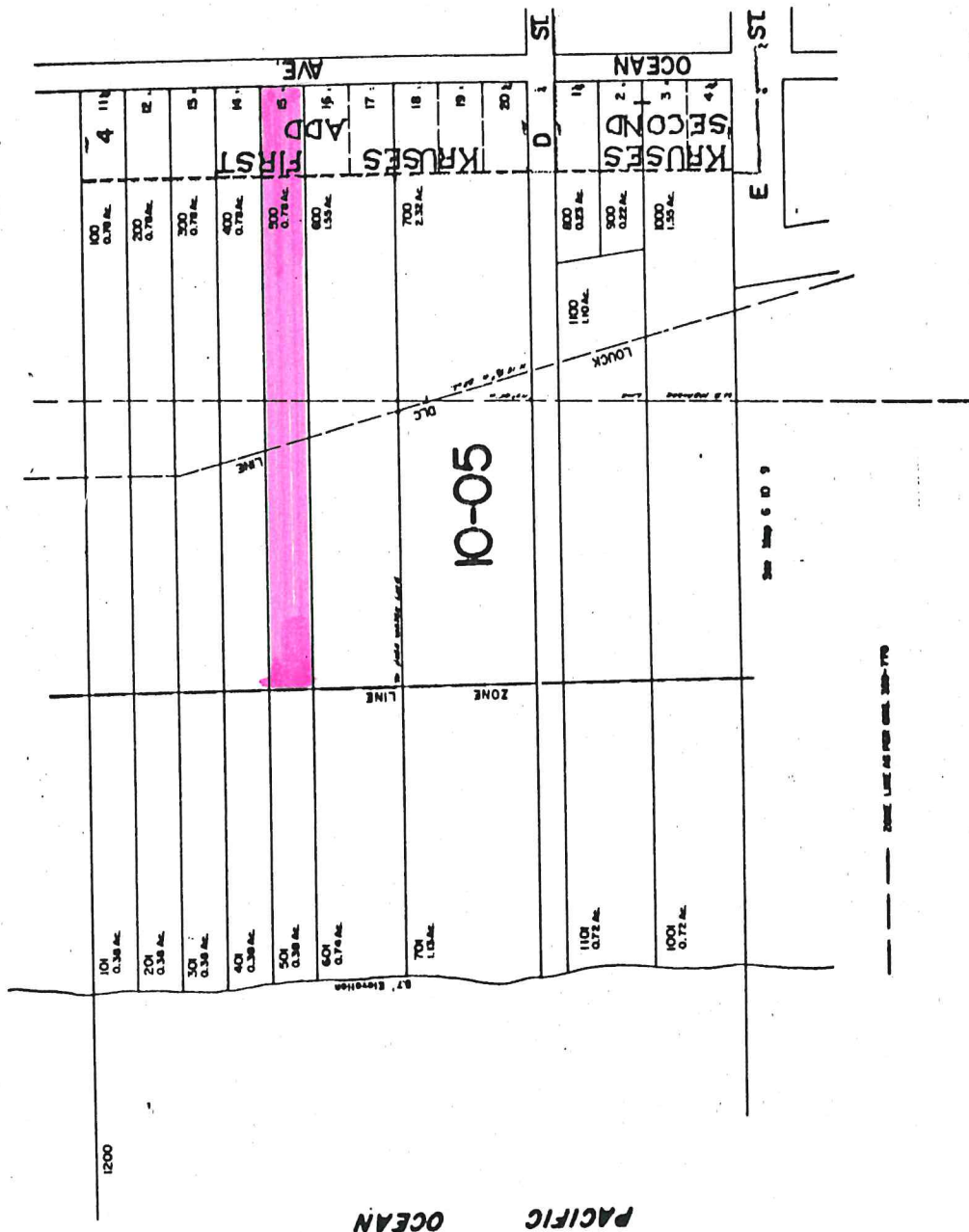
7 Days a Week 10 to 7.

SALES & SERVICE

PROM



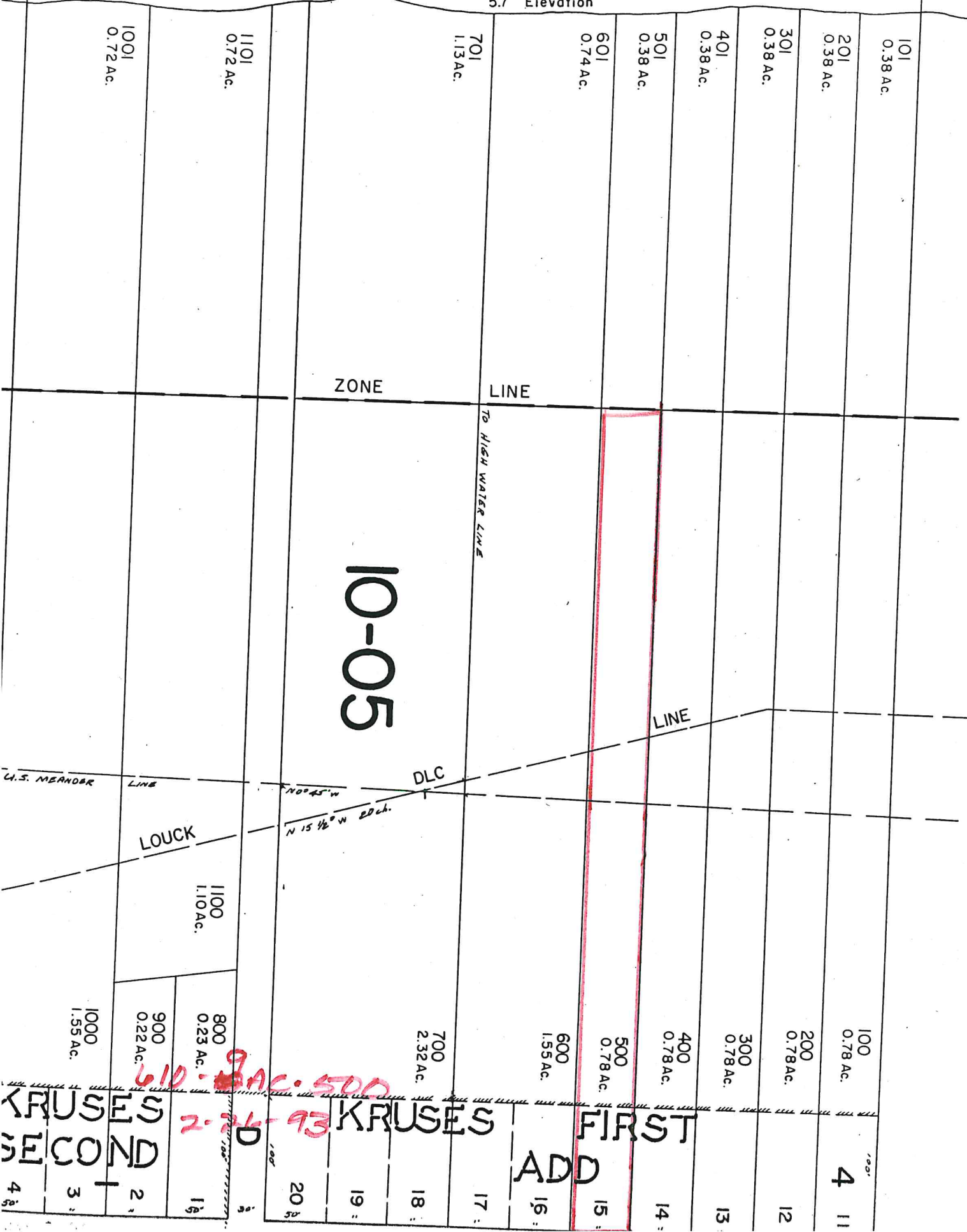
See Map 6 D 940



See Map 6 D 940

6109AC

5.7' Elevation



10-05

LINE

TO HIGH WATER LINE

LINE

DLC

LOUCK

U.S. MEANDER

KRUSES
SECOND

4

3

2

1

D

20

19

18

17

ADD

16

FIRST

15

14

13

4

11

6109AC. 500

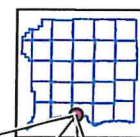
2-24-93

Scale 1:1200



NOV 08 2004

NORTH COAST BRANCH OFFICE
WARRENTON



June 04, 2004

6.10.9AC



This map was produced for assessment purposes only using Clatsop County data. The data is submitted by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible omissions, or misinterpretations.

