

OPERATION & MAINTENANCE SERVICE CONTRACT

Paid
277
JL

Date: ~~06/01/2017~~

Service Provider: Complete Septic Service
41092 Ziak-Gnat Creek Lane
Astoria, OR. 97103
Oregon DEQ Maintenance Provider License #RM134

Owner: Susana Huanosta

Billing Address: P.O. Box 387
Seaside, Or 97138

System Location: 3509 Hwy 101 N
Gearhart, Or 97138

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of one inspection/service visit (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

OWNER RESPONSIBILITIES:

1. **Vegetation Control.** The owner shall control vegetation around and on the tank and sandfilter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

COST/BILLING:

1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
2. **Billing.** Billing shall be sent to the Owner prior to the 1st of the month with payment due by the 10th of each month.
3. **Annual Report Fee.** The annual report fee (currently at \$62) shall be billed to the owner at the time as well.
4. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

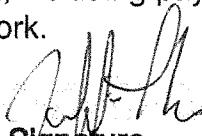
CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

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

ACCEPTANCE OF PROPOSAL


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

Jerry or Jeffery Lebo
Service Provider


Signature

11-3-23
Date

Sosana Huanosta
System Owner (print)


Signature

11-3-23
Date

(503) 440-1136
System Owner phone number

Next payment due 11-3-24

Two Year Service contract expires on 11-3-25



Certificate of Satisfactory Completion

Installation Permit - Commercial - Renewal

186-20-000357-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: 12/13/2023
Work Description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Applicant: Septic System Design Address: 89647 Manion Drive Warrenton OR 97145 Phone: 503-739-3221 Email: owensepticdesign@yahoo.com	Primary Contractor: Keith Keranen Excavating, Inc. Installer License: 38452 Address: 37194 Hwy 26 Seaside OR 97138-3615 Phone: (503) 717-2200 Email: kkeraneninc@hotmail.com
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Owner: Columbia Rentals LLC Address: P O Box 387 Seaside OR 97138 Parcel: 61010BA00602 - Primary	Property Address: 3458 Hwy 101, Gearhart, OR 97138 Township: 6 Range: 10 Section: 10BA
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Lot Size:	0.56 acre	Water Supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land Use Approval:	yes		

Category of Construction: Commercial

	Existing	Proposed
Use of Structure:	N/A	1 building with 20 offices
Number of Employees:	0	20
Number of Seating:	0	N/A

System Specifications

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

Drain Field Specifications

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

Special Requirements

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

Date Certificate Issued: 12/13/2023
Work Description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Conditions of Approval

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

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

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

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

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

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

For product approval information and manufacturer installation requirements see DEQ website at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

Maintain access to septic tank for pumping and service

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

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

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

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

In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.

The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering of the area with asphalt or concrete, filling, cutting or other soil modification activities.

This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after issuance of this Certification of Satisfactory Completion.

Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

Certificate of Satisfactory Completion

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

Comments: N/A

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: 186-20-000357-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: Columbia Rentals LLC

Twncshp: 6

Range: 10

Sect: 10BA

Lot: 00602

Property 0 lot on Hwy 101, Gearhart, OR 97138

Address:

SECTION 2: System Component Specifications:

A. Tanks/Pumps	System Type:			Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: A1 Concrete	Date: 1/12/23
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. Orenco	Float(s)Type(1):	Model/Manuf. PF500511
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/4 IN	ASTM#/Other: D1785	Length: 30FT

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: Bottomless	Container Dimensions: 10X36
Underdrain pipe	Diameter: 1 1/4 IN		ASTM#/Other: D1785	Length: 144 FT
Manifold piping	Diameter: 1 1/4 IN		ASTM#/Other: D1785	Length: 9 FT
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: Complete Septic Service			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 7 Yards DEQ pea gravel 28 yards DEQ sand 7 yards drain rock			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No	Diameter:	ASTM#/Other: Length:
Comment				

Clatsop County Department
of Public Health

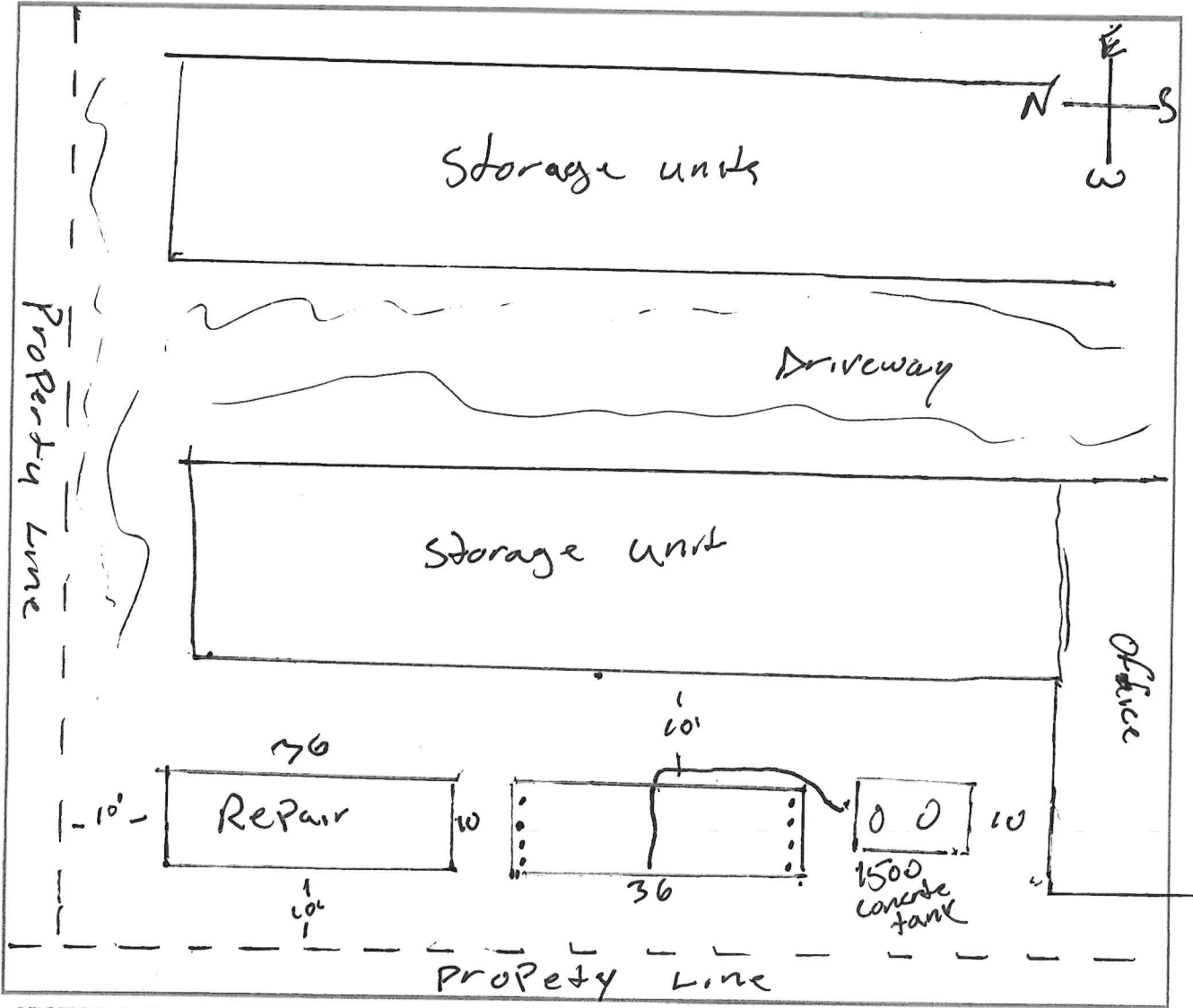
On-Site Waste Water Program

Approved By [Signature]
Permit No. 186-20-000357
Date 1/29/23

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

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

Owner/Permittee or Certified Installer w/Certification#:	Print Name: Keith Keranen Excavating		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 173131	Certification#: 38452
Owner/ Certified Installer:	Signature: <i>[Signature]</i>	Date: 1/17/23	Phone#: 503-717-2200

SECTION 5 - Office Use Only:

Notice Accepted: Yes No Date: _____

Installer/Owner (Permittee) Notified: Yes No Date: _____

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By: *[Signature]*
 Permit No. 186-20-000357
 Date 1/20/23



Septic Permit

Installation Permit - Commercial - Renewal

186-20-000357-PRMT

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

Date issued: 11/30/20 **Expiration date:** 11/30/23
Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Applicant: Septic System Design
Address: 89647 Manion Drive
 Warrenton OR 97145
Phone: 503-739-3221
Email: owensepticdesign@yahoo.com

Primary contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
 Seaside OR 97138-3615
Phone: (503) 717-2200
Email: kkeraneninc@hotmail.com

Business License: N/A

Owner: Columbia Rentals LLC
Address: P O Box 387
 Seaside OR 97138

Property address: 3458 Hwy 101, Gearhart, OR 97138

Parcel: 61010BA00602 - Primary **Township:** 6 **Range:** 10 **Section:** 10BA

Lot size:	0.56 acre	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land use approval:	yes	County:	N/A
Action:	Renewal	Type of application:	Construction Permit - Commercial
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Commercial

	Existing	Proposed
Use of structure:	N/A	1 building with 20 offices
Number of employees:	0	20
Number of seating:	0	N/A

System Specifications

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

Drain Field Specifications

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

CALL BEFORE YOU DIG...IT'S THE LAW

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Date issued: 11/30/20

Expiration date: 11/30/23

Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Special Requirements

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

Conditions of approval

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

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

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

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

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

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

For product approval information and manufacturer installation requirements see DEQ website at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

Maintain access to septic tank for pumping and service

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

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

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

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

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.

Date issued: 11/30/20

Expiration date: 11/30/23

Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Lucas Marshall

Environmental Health Specialist I

11/30/20



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

RECEIVED
NOV 15 2022
CLATSOP CO. PUBLIC HEALTH
Pd Visa
\$275.00

October 31, 2022

Reminder Permit Expiring – Second Renewal

Columbia Rentals, LLC
3458 Highway 101
Gearhart, OR 97138

Permit #
Expiration Date:
Property Description:

186-20-000357
11/30/2022
61010BA00602/5701

On 11/30/2020 Clatsop County issued septic permit #186-20-000357 for the above described property. The permit will expire on 11/30/2022. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to **renew** this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to **reinstate** this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for **renewal** or **reinstate**, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. **(this option does not apply to repair permits)**. I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a **new** permit must be obtained at the current permit fee price.

Signature: [Signature] Date: 11/11/22

Phone: 503-739-3055 Email: velazquez.painting.office@gmail.com



Transaction Receipt

Record ID: 186-20-000357-PRMT

IVR Number: 186073434895

Clatsop County Onsite

Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us

Receipt Number: 461229

Receipt Date: 11/15/22

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

Worksite address: 3458 HWY 101, GEARHART, OR 97138

Parcel: 61010BA00602

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/15/22	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
11/15/22	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/15/22	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Credit card authorization: 124462895	Payer: Columbia Rentals LLC	Payment Amount:	\$275.00
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Cashier: Annette Brodigan

Receipt Total:

\$275.00



Clatsop County
Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

December 20, 2021

Susana Huanosta Molina
PO Box 387
Seaside, OR 97138

RE: Double Payment

Dear Ms. Huanosta Molina,

Please find your check #11937 in the amount of \$275.00, it's being returned because we have already received payment for the permit renewal.

On December 8, 2020 we received check #205 for \$275 which was applied the renewal of permit #186-20-000357

Respectfully,

Annette Brodigan

Annette Brodigan
Permit Technician
Clatsop County Public Health
820 Exchange Street #100
Astoria,OR. 97103



Septic Permit

Installation Permit - Commercial - Renewal

186-20-000357-PRMT

Clatsop County Onsite
 820 Exchange Street
 Astoria, Oregon 97103
 503-325-9302
 Fax: 503-325-9303
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Business License: N/A

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Action:	Renewal	Type of application:	Construction Permit - Commercial
System failing:	N/A	Septic tank last pumped:	N/A
Comments: N/A			

Category of construction: Commercial

	Existing	Proposed
Use of structure:	N/A	1 building with 20 offices
Number of employees:	0	20
Number of seating:	0	N/A

System Specifications

Type:	Bottomless Sand Filter	ATT description:	N/A
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Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
		Sand filter sqft:	360

Drain Field Specifications

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

Special Requirements

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Date issued: 11/30/20	Expiration date: 11/30/22
Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots	

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

Conditions of approval

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

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

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

Maintain access to septic tank for pumping and service

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

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

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

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

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.

Onsite Permit 186-20-000357-PRMT

Date issued: 11/30/20

Expiration date: 11/30/22

Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Lucas Marshall

Environmental Health Specialist I

11/30/20



Clatsop County

Public Health/OnSite Septic System Program

820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

RECEIVED
DEC 08 2021
CLATSOP CO. PUBLIC HEALTH
Pd CK# 205
82754

November 4, 2021

Reminder Permit Expiring

Columbia Rental/Beach Development
Commercial lot on Hwy 101
Gearhart, OR. 97138

Permit # 186-20-000357
Expiration Date: 11/30/2021
Property Description: 610105A00602

On 11/30/2020 Clatsop County issued septic permit #186-20-000357 for the above described property. The permit will expire on 11/30/2021. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice" form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to renew this permit prior to the expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- I plan to reinstate this permit within one year of the original permit expiration date. I certify no changes have been made to the approved plans and a renewal application will not be required. No field visit is necessary, the fee is \$275.00.
- Changes have been made. A completed application for renewal or reinstate, an updated Land Use Compatibility (if required) and all other required documents shall be submitted. The fee is \$275.00
- I do not intend to install the onsite septic system at this time. (NOTE: this option does not apply to repair permits). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a new permit must be obtained at the current permit fee price.

Signature: Susana Huanosta Date: 11/25/21

Phone: (503) 739-3055 Email: velazquezant@aol.com



Clatsop County Onsite

Transaction Receipt

Record ID: 186-20-000357-PRMT

IVR Number: 186073434895

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

Receipt Number: 458051

Receipt Date: 12/8/21

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

Worksite address: 0 lot on Hwy 101, Gearhart, OR 97138

Parcel: 61010BA00602

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
12/8/21	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$166.00	\$166.00
12/8/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
12/8/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 205 Payer: Columbia Rentals
Transaction Comment: 34074 W Campbell Loop
Seaside, OR 97138

Payment Amount: \$275.00

Cashier: Annette Brodigan

Receipt Total: \$275.00



Septic Permit

Installation Permit - Commercial - New

186-20-000357-PRMT

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

Date issued: 11/30/20 **Expiration date:** 11/30/21
Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots

Applicant: Septic System Design
Address: 89647 Manion Drive
 Warrenton OR 97145
Phone: 503-739-3221
Email: owensepticdesign@yahoo.com

Primary contractor: Keith Keranen Excavating, Inc.
Installer License: 38452
Address: 37194 Hwy 26
 Seaside OR 97138-3615
Phone: (503) 717-2200
Email: kkeraneninc@hotmail.com

Business License: N/A

Owner: Columbia Rentals LLC **Property address:** ³⁴⁵⁸ 0 Lot On Hwy 101, Gearhart, OR 97138
Parcel: 61010BA00602 - Primary **Township:** 6 Range: 10 Section: 10BA

Lot size: 0.56 acre **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** City
Land use approval: yes **County:** N/A
Action: New **Type of application:** Construction Permit - Commercial
System failing: N/A **Septic tank last pumped:** N/A
Comments: N/A

Category of construction: Commercial

	Existing	Proposed
Use of structure:	N/A	1 building with 20 offices
Number of employees:	0	20
Number of seating:	0	N/A

System Specifications

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

Drain Field Specifications

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

Special Requirements

Stake out required: No

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: 11/30/20	Expiration date: 11/30/21
Work description: Construction/Installation; Commercial; sandfilter; building on two lots: #602 & 5701 - adjoining lots	

Groundwater type:	Not Applicable	Groundwater depth:	N/A
Pump to drainfield reqd:	N/A	Filter fabric on top of drain media:	Yes

Conditions of approval

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

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

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

Install system in area shown on approved site plan

Vehicular traffic and livestock must be restricted from the system area

All roof drains must be directed away from the system

All tanks must be tested for watertightness.

Meet all required setbacks

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

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

For product approval information and manufacturer installation requirements see DEQ website at:

<http://www.deq.state.or.us/wq/onsite/onsite.htm>

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

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

Maintain access to septic tank for pumping and service

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

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

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

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

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Michael McNickle

Public Health Director

11/30/20



Clatsop County
Onsite Septic System Program
 820 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-9502
 www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

(Pd) CK# 106

\$1750⁰⁰

Application for Onsite Sewage Treatment System

A. Property Owner Information

Columbia Rentals LLC PO Box 387 Seaside OR 97138 503-717-4240
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6N 10W 10BA 602 & 5701 53940 & 9377 0.28 + 0.28 = 0.56
 Township Range Section Tax Lot Tax Account Number (Acreage) or Lot Size
Clatsop Gearhart Hwy Tracts Lot Block
 County Subdivision Name

Property Address: 0 Lot on Hwy 101 Gearhart OR 97138
 (Street, City, State, Zip)

Directions to Property head south on Hwy 101 turn left at Dollar General
go past parking lot Property on left side at end of road

C. Existing Facility / Proposed Facility / Water Information

Existing Facility	Proposed Facility	Water Supply
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>Gearhart</u>
Number of Bedrooms _____	Number of Bedrooms _____	Name
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>20 offices w/Brm</u>	<input type="checkbox"/> Private _____
		Well, Spring, Shared

D. Type of Application

- | | | |
|--|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input checked="" type="checkbox"/> Construction <u>BSF/Tank</u> | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input type="checkbox"/> Permit Repair <u>Comm. Sys.</u> | <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Compliance Record Review | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Major | | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> Other-Please Specify _____ |

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

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

Signature [Signature] Date 11-4-20

Applicant's Name (Please Print Legibly) Matthew Owen Applicant's Phone 503 739 3221 Applicant's E-Mail Address owensepticdesign@yahoo.com

Applicant's Mailing Address 89647 Manion Dr Warrenton OR 97146

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Keith Keranen Exc LLC # 38452
 Installers Name

ON-SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT

Date: 11/11/20

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Service Provider: Complete Septic Service
41092 Ziak-Gnat Creek Lane
Astoria, OR. 97103
Oregon DEQ Installer License #197
Oregon DEQ Pumper License #37864
Oregon DEQ Maintenance Provider License #M238

CLATSOP CO. PUBLIC HEALTH

#186-20-000 357

Owner: Jose Antonio Velazquez

Box 387 SEASIDE, OR 97138

System Location: LOTS ON Hwy 101 6-10-10BA-602 & 5701
SEASIDE, OR 97138

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of ~~two~~ ^{one} inspections/service visits (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/dosing tank, effluent filters, pumps, controls; and inspecting the bottomless sandfilter, seepage bed or seepage trenches which are part of the system. Also included is measuring the sludge and scum depth in the tank, cleaning screens, testing float functions and calibrating the effluent pump. We will visually assess color, turbidity and scum overflow and smell for odors. Performance assessment and operation may include sampling for proper operation of the facility. Any samples collected for testing will not be done without advising you first of their need and cost.
2. **DEQ Annual Report.** We will submit the annual required report to the DEQ office in Astoria along with the required fee.
3. **Record Keeping.** We will maintain accurate records of performance data and inspections. These records will be available for inspection upon request by the DEQ.
4. **Emergency Service.** We will provide emergency service of the septic system components within 48 hours of your service request.
5. **Notification of Tank Pumping.** We will advise you of the need to pump a tank(s).
6. **Rate Increases.** We will advise within 30 days of the current contract expiration of any proposed increase in the rates for the coming two-year period.
7. **Service Invoices.** We will invoice you after each scheduled service. If the system is improperly functioning and cannot be remedied during the time of inspection, we shall notify you of when the correction shall be made.
8. **DEQ Notification of Termination.** We will notify the DEQ office in Astoria within 30 days if the service contract is not renewed or terminated.

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OWNER RESPONSIBILITIES:

1. **Water Meter Readings.** The owner shall provide water meter readings and send the readings to the Service Provider.
2. **Vegetation Control.** The owner shall control vegetation around and on the tank sand filter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

AUG 10 2020
 GLATSOP CO. PUBLIC HEALTH
 #186-20-000357

COST/BILLING:

1. **Annual Fee.** The contract service work shall be charged at \$200 per year.
2. **Billing.** Billing shall be sent to the Owner prior to the 1st of the month with payment due by the 10th of each month.
3. **Annual Report Fee.** The annual report fee (currently at \$60) shall be billed to the owner at the time as well.
4. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%.
5. **Additional Services.** Extra service calls will be billed monthly.
6. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years at a cost of \$600 (subject to change).

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

CONTRACT TERM: The commencement date of this contract shall be the date the Service Provider receives the fully signed contract from the Owner. The service contract shall run for two years from the commencement date. We require contract renewal for the next two year period within 30 days of this contract expiration.

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

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

ACCEPTANCE OF PROPOSAL

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

COMPLETE SEPTIC:



Jerry Lebo, owner

Date: 11/11/20

OWNER:



Name: Jose Antonio Velazquez

Date: 11/11/20



Clatsop County

Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

mmcnicke@co.clatsop.or.us www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

#186-20-000357

Notice Authorizing Representative

I, Jose Antonio Velazquez, have authorized
(Property Owner - Please Print)

Matthew Owen 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

0 Lot on Hwy 101 Gearhart, OR 97138
Property Situs or Road Address

And described in the records of Clatsop County as: Clatsop
Township 6N Range 10W Section 10BA Tax Lot 602 Map ID
Township 6N Range 10W Section 10BA Tax Lot 5701 Map ID

PROPERTY OWNER:

Name: Jose Antonio Velazquez Email: velazquezante@aol.com
Mail Address: P.O. Box 387 City/State/Zip Seaside OR, 97138
Phone: 503-717-4240 FAX:
Signature: Date: 10/30/20

AUTHORIZED REPRESENTATIVE:

Name: Matthew Owen Email: owensepticdesign@yahoo.com
Mail Address: 89647 Manion Dr City/State/Zip Warrenton OR 97146
Phone: 503-739-3221 FAX: 503-717-8681
Signature: Date: 11-4-20

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SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Jose Antonio Velazquez
 Mailing Address: P.O. Box 387
 City/State/Zip: Seaside OR 97138
 Telephone: 503-717-4240

CLATSOP CO. PUBLIC HEALTH
 #186-20-000357

2. Property Information:
 County: Clatsop Tax Lot No: 602 & 5701
 Township: 6N Range: 10W Section: 10BA
 Physical Address: 0 Lot on Hwy 101 Gearhart OR 97138
 Block: _____ Lot: _____
 Subdivision Name (if applicable): Gearhart Highway Tracts

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

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

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

5. Property Zoning: C2 Zoning Minimum Parcel Size None

6. The facility is located: inside city limits inside UGB outside UGB

7. Does the proposed facility comply with all applicable local land use requirements: Yes No

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

8. Planning Official Signature: C. Sweet
 Print Name: C. Sweet Date: 11/17/2020
 Title: City Administrator Telephone: 503-738-5501

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CLATSOP CO. PUBLIC HEALTH

180-20-000359

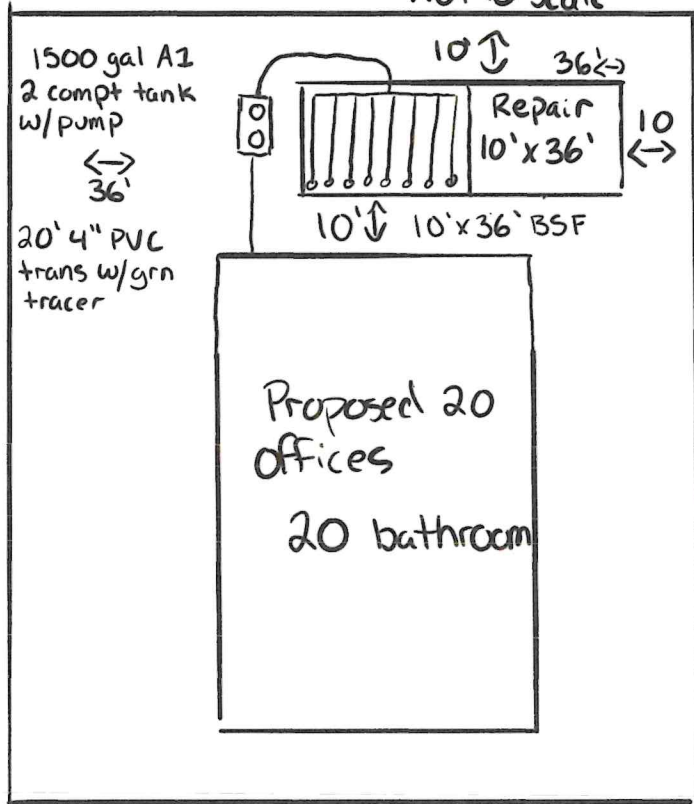
Jose Antonio Velazquez

6-10-10BA-602 & 5701

Keith Keranan Exc LLC

38452

not to scale N ↑



Columbia Rentals LLC

6N-10W-103A-602 & 5701

Keith Keranen Exc LLC # 38452

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10'x36' Intermittent Sand Filter[®]

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



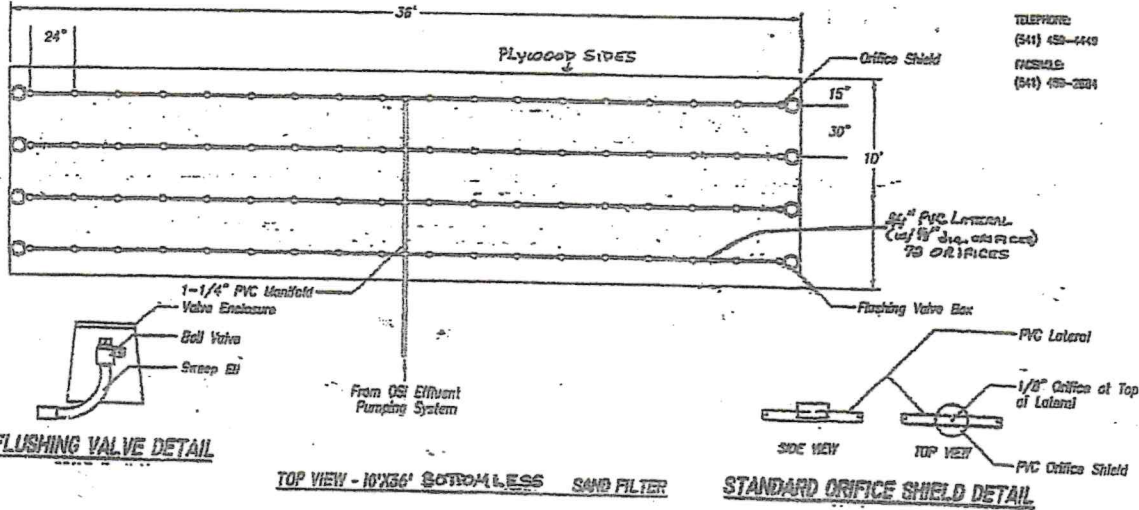
CLATSOP CO. PUBLIC HEALTH

Oranco Systems[®]
Incorporated

814 HENRY AVENUE
SUNBURM, OREGON
97178-6012

TELEPHONE
(541) 459-4449
FACSIMILE
(541) 459-2884

#186-20-000357



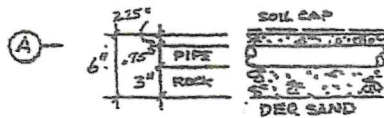
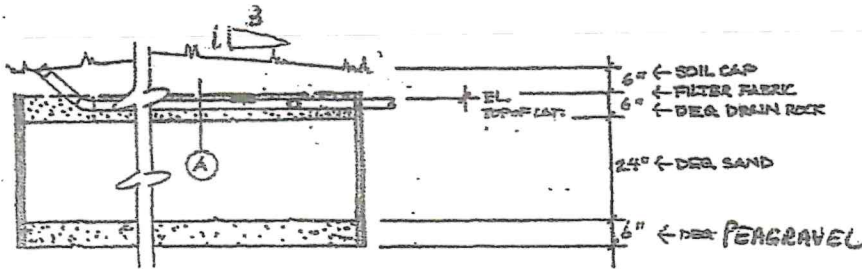
FLUSHING VALVE DETAIL

TOP VIEW - 10'x36' BOTTOMLESS SAND FILTER

STANDARD ORIFICE SHIELD DETAIL

Patent # 5,360,556
© 1998, Oranco Systems, Inc.

NDW-ISF-103E
Rev. 1.0 (2/98)



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

BOTTOMLESS SAND FILTER
& MANAFOLD SECTION

Pump Selection for a Pressurized Sys - Single Family Residence Project

Columbia Rentasls LLC 6N-10W-10BA-602& 5701 / Keith Keranen Exc. #38452

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#186-20-000357

Parameters

Discharge Assembly Size	2.00	inches
Transport Length	15	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	7.5	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	8	
Lateral Length	17	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	72	
Total Flow Rate per Zone	31.2	gpm
Number of Laterals per Zone	8	
% Flow Differential 1st/Last Orifice	0.1	%
Transport Velocity	6.7	fps

Frictional Head Losses

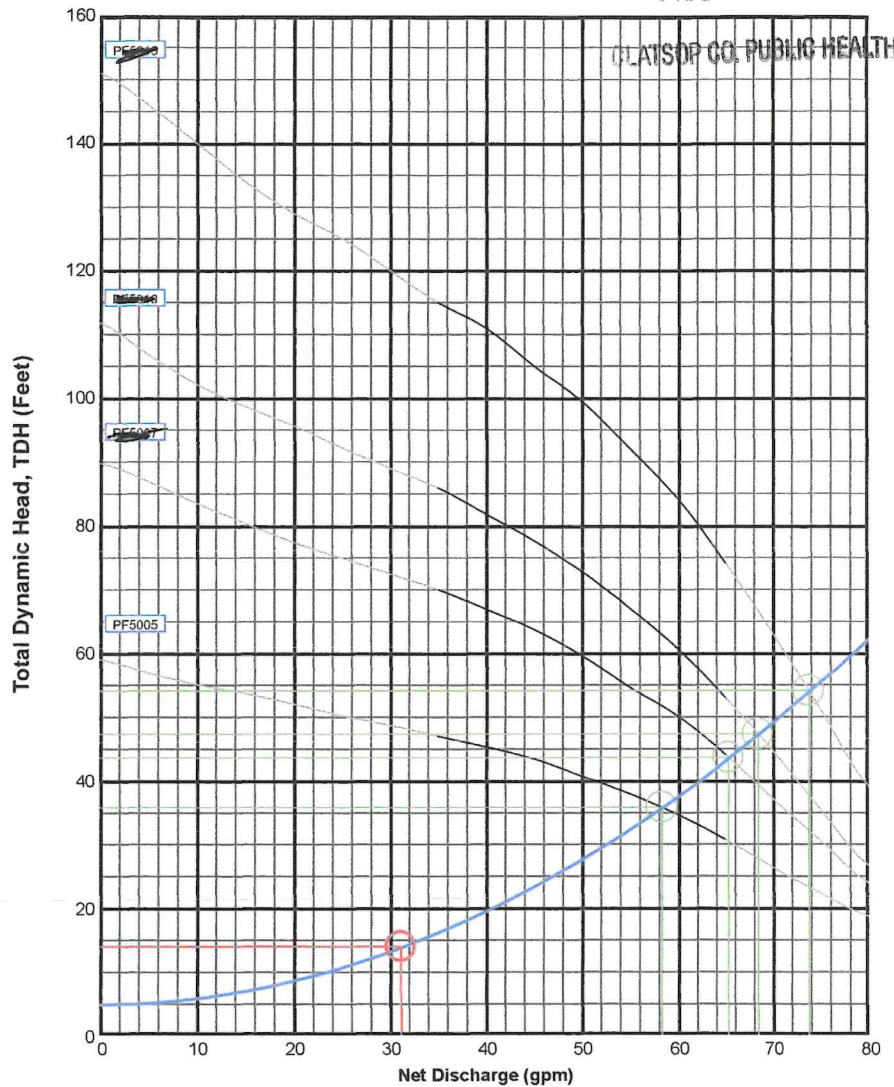
Loss through Discharge	1.9	feet
Loss in Transport	1.8	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.2	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.2	gals
Vol of Manifold	0.6	gals
Vol of Laterals per Zone	10.6	gals
Total Volume	12.3	gals

Minimum Pump Requirements

Design Flow Rate	31.2	gpm
Total Dynamic Head	13.9	feet



PumpData

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

Legend

System Curve: (solid blue line)
 Pump Curve: (dashed line)
 Pump Optimal Range: (green shaded area)
 Operating Point: (green circle)
 Design Point: (red circle)



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GLATSOP CO. PUBLIC HEALTH:

186-20-000357

PARTS LIST 10'x36' sandfilter
Columbia Rentals LLC
6N-10W-10BA-602 & 5701
Keith Keranen EXC LLC

- 1 A-1 Concrete 1500 2-cmpt septic/dose tank
 - 2 24" x 24" Poly risers
 - 2 24" poly lids w/screws
 - 1 PF500511 pump package w/S-1 timed dose control panel
 - 1 G2L grommet
 - 2 ADH200 Adhesive
 - 72 ea 1¼" OS125 orifice shields
 - 28yds DEQ sand
 - 7yds DEQ peagravel
 - 7yds DEQ drain Rock
 - 210ft 1¼" PVC solid pipe for manifold kit/transport pipe
 - 18 1¼" PVC 45° ells
 - 3 1¼" PVC four-way
 - 1 1¼" PVC "T"
 - 8 7" round valve covers
 - 8 1¼" PVC shut-off valves
 - 1 2" x 1¼" PVC reducer
- Filter fabric
Plywood (12 ea) and 2" x 4" x 8' (7 ea) boards for sandfilter box

Columbia Rentals LLC
6N-10W-10BA-602 and 5701
 Keith Keranen Exc LLC #38452

#186-20-000357



CALPORTLAND
 Quality Test Report

Plant 544A-Santosh
 Product AOR8036D-3/8" - #8 PEA GRAVEL
 Specification AOR8036 3/8" - #8 PEA GRAVEL



Sample Information

Sample No 931621653
 Date Sampled 08/28/2020 17:33
 Sampled By Eric Egge
 Type Shipping
 Method Belt-Cut
 Split Sample
 Resample
 Test Note:
 Port of Vancouver
 ASTM methods C-117 & C-136 in use for analysis

Gradation Results

Date Completed 08/28/2020 17:33
 Tested By Eric Egge

Unit	Moist Mass	Dry Mass	Wash Mass	Moisture %	Wash Loss %	Procedure
g	2155.00	2064.70	2062.40	4.4	0.1	

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100		100-100	
3/8" (9.5mm)	175.20	175.20	8	8	92		80-100	
1/4" (6.3mm)	1029.00	1204.20	50	58	42			
#4 (4.75mm)	627.00	1831.20	30	89	11			0-20
#8 (2.36mm)	228.90	2060.10	11	100	0			0-10
#16 (1.18mm)	1.10	2061.20	0	100	0			0-5
#30 (.6mm)	0.50	2061.70	0	100	0			
#50 (.3mm)	0.30	2062.00	0	100	0			
#100 (.15mm)	0.00	2062.00	0	100	0			
#200 (75µm)	0.80	2062.80	0.0	99.9	0.1			0-1
Pan	0.50	2063.10	0.1	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
FM	08/28/2020 17:33	5.96				
	Procedure	Lab			Tested By	
		Santosh			Eric Egge	
Grad Loss	08/28/2020 17:33	-0.034	%			
		Santosh			Eric Egge	

Columbia Rentals LLC
6N-10W-10BA-602 and 5701
 Keith Keranen Exc LLC # 38452

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AUG 18 2020

CLATSOP CO. PUBLIC HEALTH

#186-20-000357



Plant 544A-Santosh
 Product AOR8364-CC Filter Sand
 Specification CalPortland



Sample Information

Sample No 1985040748
 Date Sampled 06/22/2020 17:33
 Sampled By Eric Egge
 Type Investigative
 Method Stockpile

Split Sample
 Resample

Test Note
 ASTM methods C-117 & C-136 in use for analysis

Gradation Results

Date Completed 06/22/2020 17:33

Tested By Eric Egge

Unit g Moist Mass 910.00 Dry Mass 847.70 Wash Mass 835.30 Moisture % 7.3 Wash Loss % 1.5 Procedure

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100			
3/8" (9.5mm)	0.00	0.00	0	0	100		100-100	
1/4" (6.3mm)	4.10	4.10	0	0	100			
#4 (4.75mm)	12.20	16.30	1	2	98		95-100	
#8 (2.36mm)	44.70	61.00	5	7	93		80-100	
#16 (1.18mm)	122.70	183.70	14	22	78		45-85	
#30 (.6mm)	281.30	465.00	33	55	45		15-60	
#50 (.3mm)	269.60	734.60	32	87	13		3-15	
#100 (.15mm)	84.40	819.00	10	97	3		0-4	
#200 (75µm)	13.80	832.80	1.6	98.2	1.8			
Pan	1.90	834.70	1.8	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
	Procedure	Lab			Tested By	
#200 (75µm)	06/22/2020 17:33	1.89	%			
FM	06/22/2020 17:33	2.89			Eric Egge	
Grad Loss	06/22/2020 17:33	0.071	%		Eric Egge	
Total Moisture	06/22/2020 17:33	7.35	%		Eric Egge	
		Santosh			Eric Egge	

COLUMBIA RENTALS LLC

6N-10W-10BA-602&6501

KETTA KERRANEN EXC #38450

Clatsop County, OR



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#186-20-000357

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Clatsop County

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11/15/2020 11:19 AM

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Transaction Receipt
Record ID: 186-20-000357-PRMT
IVR Number: 186073434895

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

Receipt Number: 454668

Receipt Date: 11/20/20

<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>
Parcel: 61010BA00602

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
11/20/20	1,000.00 GPD	Install COM - Sand filter - by gallons per day	81-7206	\$1,641.00	\$1,641.00
11/20/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
11/20/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 166 Payer: Columbia Rentals LLC Payment Amount: \$1,750.00

Cashier: Annette Brodigan

Receipt Total: \$1,750.00