



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

186-23-000265-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: 11/30/2023
Work Description: Major Repair; tank and drainfield

Applicant: Septic System Design Address: 89647 Manion Drive Warrenton OR 97145 Phone: 503-739-3221 Email: owensepticdesign@yahoo.com	Primary Contractor: Osburn-Olson, L.L.C. Installer License: 38583 Address: 33485 SW Old Pine Rd Warrenton OR 97146 Phone: 5037173907 Email: grosburn@hotmail.com
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Owner: Roseanna and Markus Ojala Address: 281 SPRUCE AVE GEARHART OR 97138-4242 Parcel: 61010BD00700 - Primary	Property Address: 281 Spruce Ave, Gearhart, OR 97138 Township: 6 Range: 10 Section: 10BD
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Lot Size: 0.42 acre	Water Supply: Community Water Supply
Zoning: N/A	City/County/UGB: City
Land Use Approval: N/A	

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	4 bedroom home	N/A
Number of Bedrooms:	4	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 Approved Sand filter media	Media Depth: 24 in.
Max Depth:	36 in.	Undisturbed Soil Between Trenches: N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

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

Date Certificate Issued: 11/30/2023
Work Description: Major Repair; tank and drainfield

Conditions of Approval

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: 186-23-000265-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: Roseanna and Markus Ojala **Twnshp:** 6 **Range:** 10 **Sect:** 10BD
Lot: 00700

Property Address: 281 SPRUCE AVE, GEARHART, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: <u>1500</u>	Compartments: <u>2</u>	Manufacturer: <u>AL REDI MIX</u>	Date: <u>10/30/23</u>
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: <u>1/2</u>	Model/Manuf. <u>PFSO ORCVC</u>	Float(s)Type(1) <u>P 3ER</u>	Model/Manuf. <u>MFP ORCVC</u>
			Float(s)Type(2):	Model/Manuf.:

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: <u>1 1/4"</u>	ASTM#/Other: <u>D1785</u>	Length: <u>7 FT</u>

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: <u>BOTTOMLESS</u>	Container Dimensions: <u>15' x 24'</u>
LATERALS Underdrain pipe	Diameter: <u>1 1/4"</u>	ASTM#/Other: <u>D1785</u>	Length: <u>138 FT</u>	
Manifold piping	Diameter: <u>1 1/4"</u>	ASTM#/Other: <u>D1785</u>	Length: <u>12 1/2 FT</u>	
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: <u>COMPLETE SEPTIC SERVICE</u>			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

D. Drainfield Media

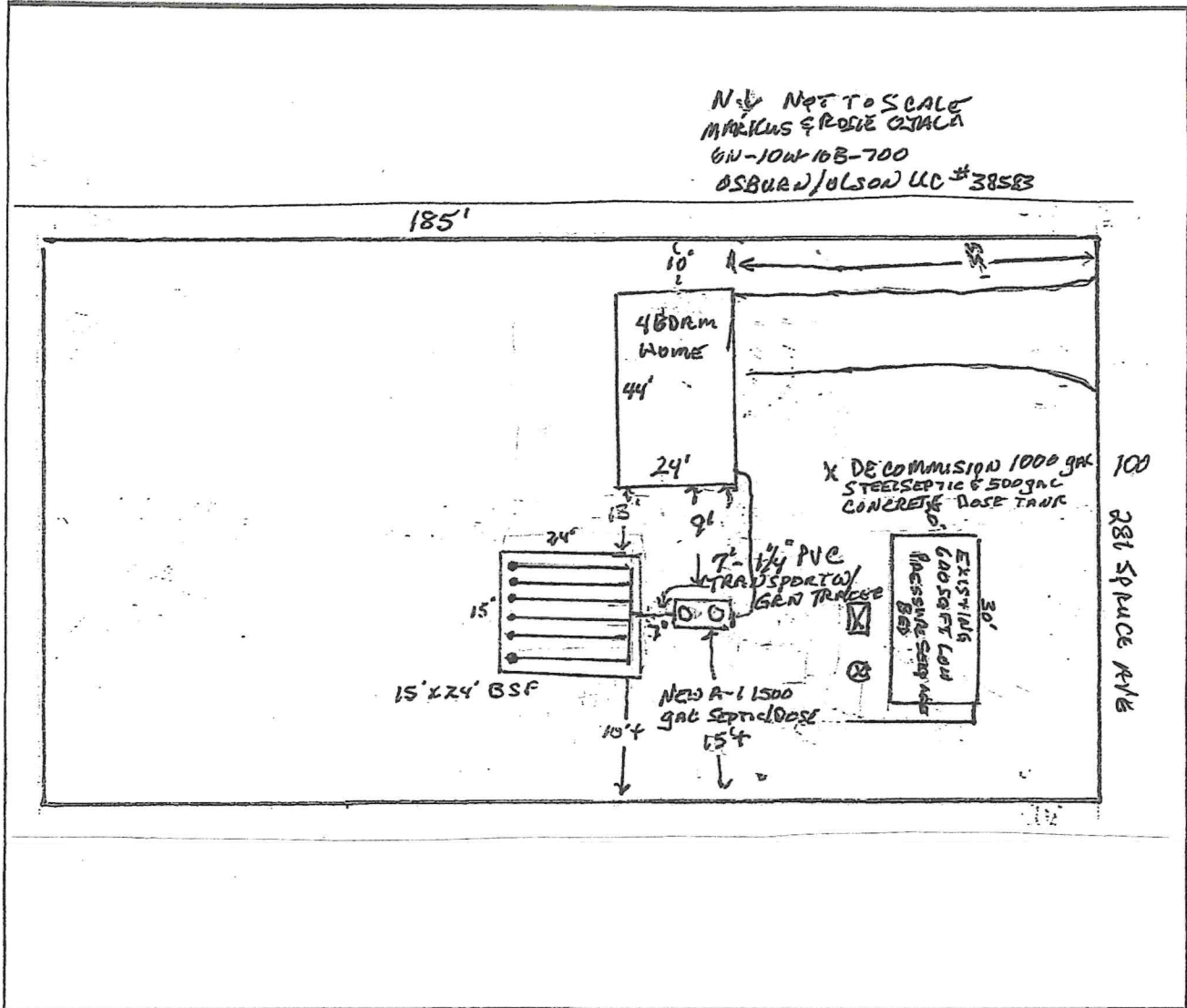
Type	(Gravel, Pipe or alternative?) <u>25yds DEQ SAND; 7yds on top GRAVEL & DR ROCK</u>			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other: <u>Clatsop County Department of Public Health</u>
Comment	<u>2-24" RISERS W/ LIDS; FILTER FABRIC</u>			

Approved By [Signature]
 Permit No. 186-23-000265
 Date 11/15/23

*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: <u>OSBURN/OLSON LLC</u>		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: <u>38583</u>	Certification#: <u>RI826</u>
Owner/ Certified Installer:	Signature: <u>Scott Tomlin</u>	Phone#: <u>503-490-1280</u>	Date: <u>11/7/23</u> Phone#: <u>503-707-3907</u>

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. 186-23-000265
 Date: 11/15/23



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

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: ROSEANA & MARKUS OJALA

Septic Tank Location: 281 SPRUCE ST GEARART, OR 97138

Legal Description: T 6N R 10W S 70RD Lot 700

Date Tank Pumped: 11/6/23

By: [Signature] License #: 37864
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: [Signature] Date: 11/6/23
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: N/A Date: _____
(signature of operator/owner)

Please Include:
PUMPING
RECEIPT



Septic Permit

Repair (Major) - Residential - New

186-23-000265-PRMT

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

Date issued: 10/23/23	Expiration date: 10/22/24
Work description: Major Repair; tank and drainfield	

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

Primary contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
Warrenton OR 97146
Phone: 5037173907
Email: grosburn@hotmail.com

Business License: N/A

Owner: Roseanna and Markus Ojala
Address: 281 SPRUCE AVE
GEARHART OR 97138-4242

Property address: 281 Spruce Ave, Gearhart, OR 97138

Parcel: 61010BD00700 - Primary **Township:** 6 **Range:** 10 **Section:** 10BD

Lot size:	0.42 acre	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	4 bedroom home	N/A
Number of bedrooms:	4	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 Approved Sand filter media		
Max depth:	36 in.	Undisturbed soil between trenches:	N/A
Min depth:	24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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

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Onsite Permit 186-23-000265-PRMT

Date issued: 10/23/23	Expiration date: 10/22/24
Work description: Major Repair; tank and drainfield	

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

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall, REHS

Environmental Health Supervisor

10/23/23



Clatsop County

Environmental Health/Onsite Septic Program

October 23, 2023

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

EnvHealth@clatsopcounty.gov email

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY

-This is not a construction permit-

RE: **Repair Evaluation Results** – Site Approval with Conditions

Subject: **186-23-000265** – Tax Lot Map ID – **61010B000700** Parcel Size: **0.42 acre**

Property Address: **281 Spruce Ave, Gearhart, OR 97138**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **10/19/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: *Bottomless Sand Filter System – 360 Sq. Ft Disposal Area*

Details of the site evaluation are included in the Repair Evaluation Report enclosed.

Request for Repair Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Repair Evaluation Report Review with Oregon DEQ. 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 with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

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

Regards,

Lucas Marshall, REHS
Environmental Health Supervisor
Clatsop County Onsite Septic Program
lmarshall@clatsopcounty.gov

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **61010B000700**.

Replacement System: System Type: **Bottomless Sand Filter System**
Minimum Septic Tank Size: **1000 gallons**
Minimum Dosing Tank Size: **500 gallons**
Distribution Method: **Equal Distribution, Pressurized**
Minimum Length of Disposal Trenches: **360 Sq. Ft.**
Trench Depths: Min: **24 inches** Max: **36 inches**

Attached is the Repair Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

Conditions of Site Approval

1. This site is approved for the type of disposal 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 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

Field Worksheet

Design flow: **450 gpd** # of bedrooms: **4**

Replacement System:	
<input type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input type="checkbox"/> - ATT <input checked="" type="checkbox"/> - Bottomless Sand Filter <input type="checkbox"/> - Conventional Sand Filter	
Tank:	
<input type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input checked="" type="checkbox"/> - 2 compartment tank – 1500 gal <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
Distribution Method:	
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial <input checked="" type="checkbox"/> Pressurized	
Absorption Disposal Facility:	360 Sq. Ft.
Maximum Trench Depth:	36 inches
Minimum Trench Depth:	24 inches

Test Pit	Depth	Texture	Color	Structure	Roots	Comments: (ESD, Redox)
#1	0-12"	SL	10YR 3/1	1-F-SBK	2-f,m,c	ESD = 60"
	12-24"	LS	10YR 4/6	1-F-SBK	1-f,m	No Redox
	24-60"	S	10YR 5/3	1-F-SBK	1-f	No water

Landscape Notes:	Slope:	Aspect:	Groundwater Type:
Dune Sand	2-4%	93*E	Permanent

1. A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.
2. System Description: Approval is for a Bottomless Sand Filter System with 360 square feet of disposal area.
3. Install in area of test pit. See Field worksheet for further details.
4. Any alteration of natural soil conditions (i.e. cutting or filling) in the approved area may void this approval.
5. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
6. 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.
7. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
8. Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **10ft setback to property lines, utilities, and foundation.**
9. All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHE

Township: C Range: 10 Section: 10B Tax Reference: 700 Parcel Size: 0.42 acre
 Owner/Applicant: Ojala Evaluator: Lucas Marshall
 Inspection Date(s): 10/19/23 Application Number: 186-23-000265

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...			
Pit 1	0-12"	SL	10YR 3/1	2-f, m, c	1-F-SBK
	12-24"	LS	10YR 4/6	1-f, m	1-F-SBK
	24-60"	S	10YR 5/3	1-f	1-F-SBK
		ESD = 60" No water No redox			
Pit 2					
Pit 3					
Pit 4					

Landscape Notes: Dunes
 Slope: 2-4% Aspect: 93°E Groundwater Type: Permanent
 Other Site Notes: _____

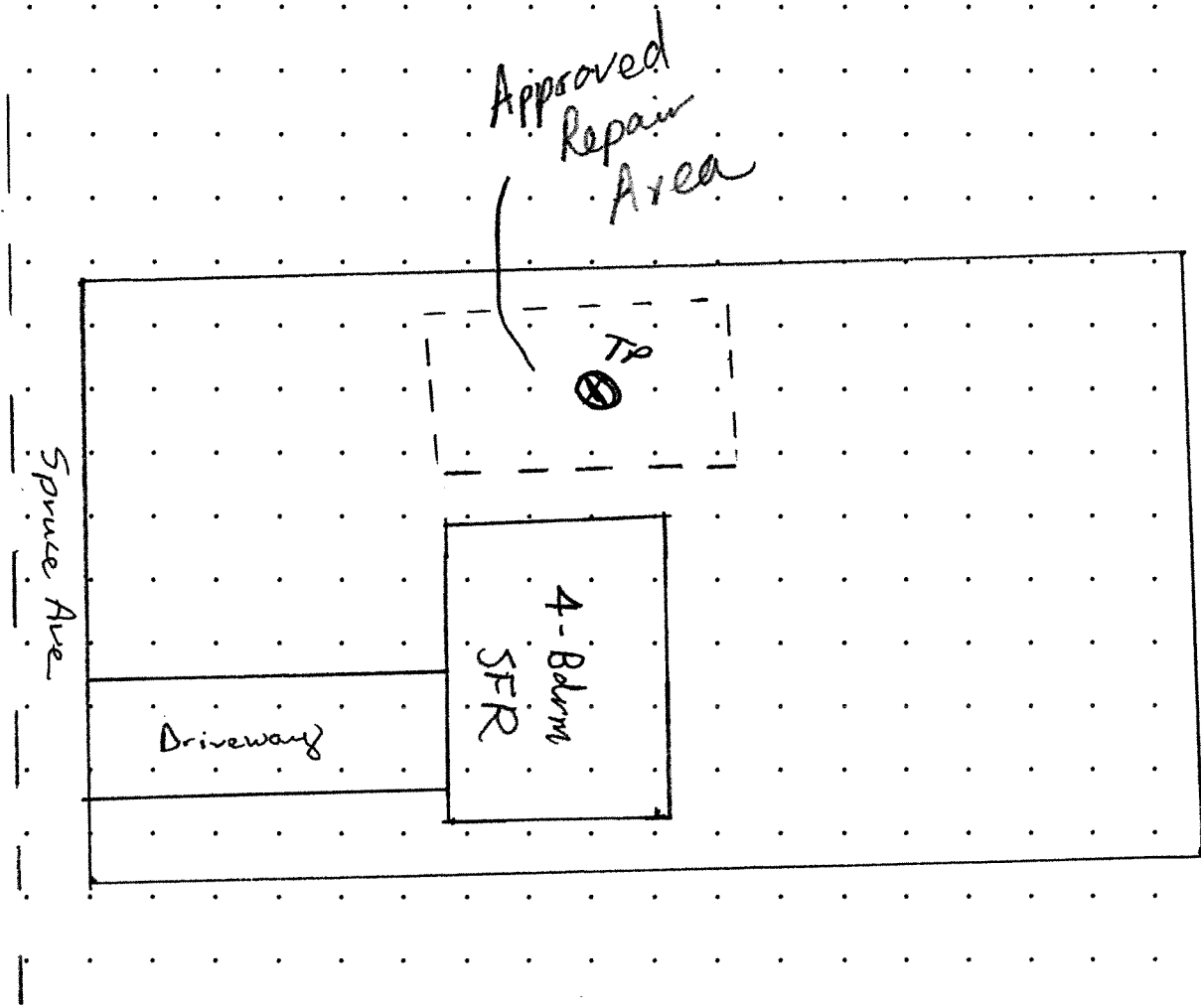
SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: Bottomless Sand Filter ATT Treatment Standard: _____
 Disposal Facility: 360 linear feet square feet Maximum Depth: 36 inches Minimum Depth: 24 inches
 Special Conditions: Maintain setbacks to property lines, foundations, & utilities.

Township: 6 Range: 10 Section: 10B Tax Reference: '00 Parcel Size: 0.42 acre

Owner/Applicant: Ojala Evaluator: Lucas Marshall

Inspection Date(s): 10/19/23 Application Number: 186-23-000265





Clatsop County

Environmental Health/Onsite Septic Program

Application for Onsite Sewage Treatment System

RECEIVED

OCT 19 2023

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax

envhealth@clatsopcounty.gov email

#186-23-000265

(PD) CK# 8322
8690-

A. Property Owner Information

CHENELLE KUNDE - SELLER 281 SPRUCE LN GEARHART, OR 97138 503-339-9332
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number
MARIUS FROSIE - BUYER

B. Legal Property Description

6N Township 10W Range 10B Section 700 Tax Lot 9605 Tax Account Number 11602 Acreage of Lot Size 0.42
CLATSOP County SPRUCE Subdivision Name Lot Block

Property Address: 281 SPRUCE AVE GEARHART, OR 97138
(Street, City, State, Zip)

Directions to Property: Go So. on Hwy 101, TURN RT ON PACIFIC AVE. TURN LFT ON SPRUCE AVE. HOUSE ON LFT YELLOW RIBBON

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: Single Family Residence Number of Bedrooms: 4 Other
Proposed Facility: Single Family Residence Number of Bedrooms: Other
Water Supply: Public GEARHART Name Private Well, Spring, Shared

D. Type of Application

- Site Evaluation Renewal Permit 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
- Construction Existing System Evaluation
- Permit Repair Major BSP & TANK Permit Transfer Permit Reinstatement
- Minor Compliance Record Review
- Alteration Permit Major Minor

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: 10/19/23

Applicant's Name (Please Print Legibly): MATTHEW OWEN Applicant's Phone: 503-739-3221 Applicant's E-Mail Address: OWEN-SEPTICDESIGN@YAHOO.COM

Applicant's Mailing Address: 3389 Hwy 101 SEASIDE, OR 97138

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

OPERATION & MAINTENANCE SERVICE CONTRACT

Date: 10/19/23

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

Owner: MARKUS & ROSIE OTALA

Billing Address: 281 SPRUCE AVE
GEARHART, OR 97138

System Location: SAME AS ABOVE
6 N-10W-10B-700

Pd # 8321

JU

RECEIVED

OCT 19 2023

CLATSOP CO. PUBLIC HEALTH

186-23-000265

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.

RECEIVED

OCT 19 2023

CLATSOP CO. PUBLIC HEARING

23-000205

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]
Signature

10/19/23
Date

Markus Ojala
System Owner (print)

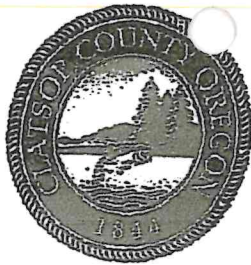
[Signature]
Signature

10/19/23
Date

971-227-7765
System Owner phone number

Next payment due 10/19/24

Two Year Service contract expires on 10/19/25



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

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 OCT 19 2023
 CLATSOP CO. PUBLIC HEALTH
 # 23-000265

Notice Authorizing Representative

I, MARKUS OJALA, (Property Owner - Please Print) have authorize
MATTHEW OWEN (Authorized Representative - Please Print) To act as my agent in performi

the activities. necessary to obtain site evaluations, permits, and other onsite wastewater treatment progr
 services provided by Clatsop County on the property described below in accordance with OAR chapter 34
 division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

281 SPRUCE AVE GEARHART
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 10B Tax Lot 700 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Markus Ojala Email: markusoj@gmail.com
 Mail Address: 281 Spruce Ave. G City/State/Zip Gearhart OR 97138
 Phone: 971-227-7765 FAX: _____
 Signature: [Signature] Date: 10-17-23

AUTHORIZED REPRESENTATIVE:

Name: Matthew Owen Email: Owensepticdesign@yahoo
 Mail Address: 89647 Manion Dr City/State/Zip Warrenton OR 97
 Phone: 503 739 3221 FAX: 503 717 8681
 Signature: [Signature] Date: 10/17/23

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OCT 19 2023

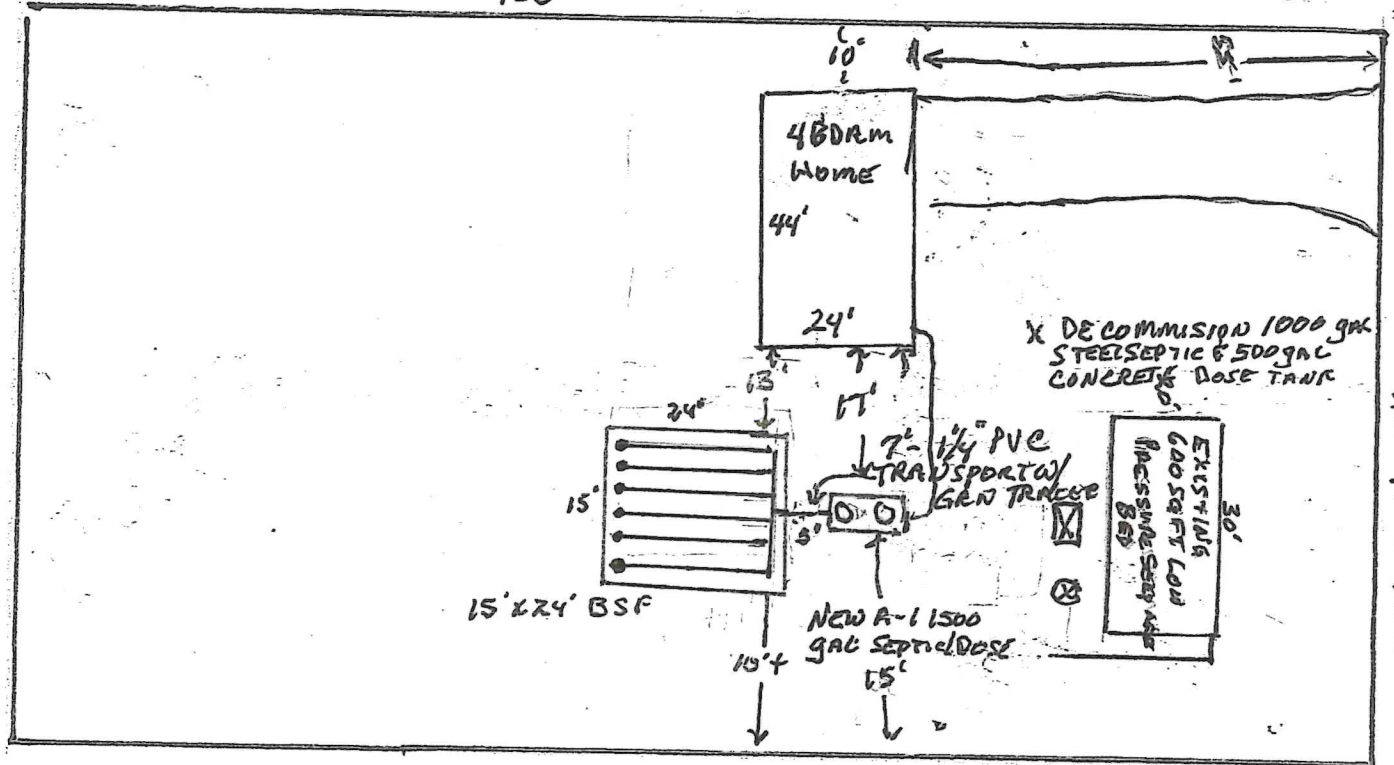
GLATSOP CO. PUBLIC HEALTH
#23-00265

N ↓ NOT TO SCALE
MARKUS & ROBE CT/CA

6W-10W10B-700

OSBURN/OLSON LLC #38583

185'



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GLATFISH CO. PUBLIC HEALTH

#23-000265

15'x24' Intermittent Sand Filter

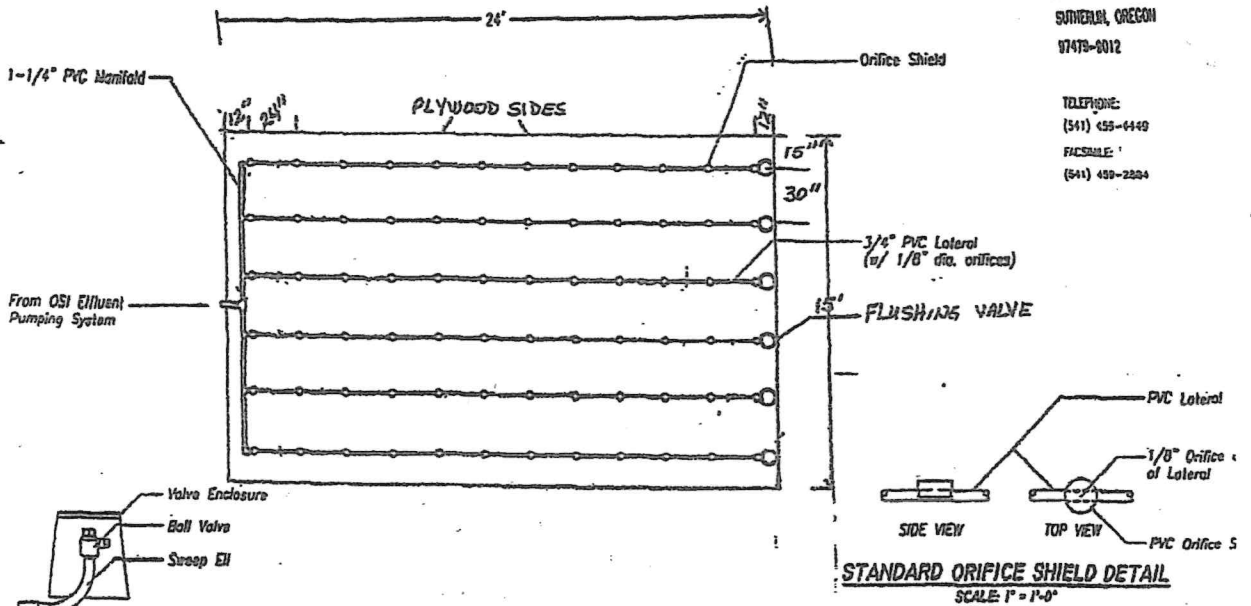
6-10-10B-700

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

OSI
Orenco Systems[®]
Interpreted

014 ARWAY AVENUE
SUNNYSIDE, OREGON
97470-8012

TELEPHONE:
(541) 455-4449
FACSIMILE:
(541) 459-2204



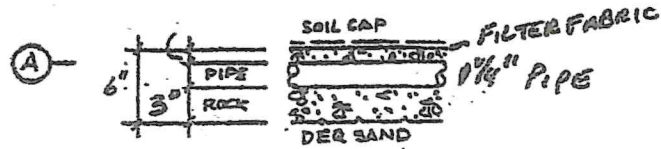
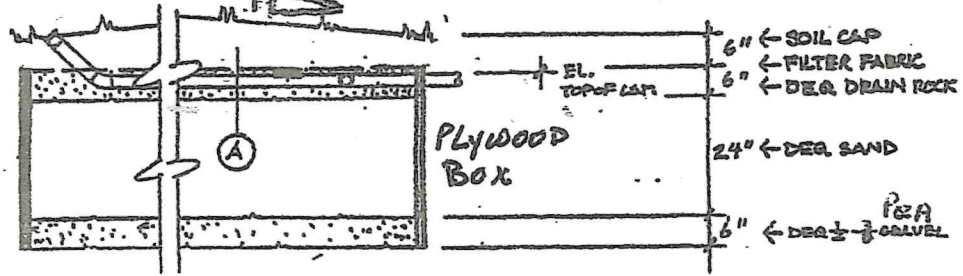
FLUSHING VALVE DETAIL
SCALE: 1" = 1'-0"
Patent # 5,380,556
© 1998, Orenco Systems, Inc.

TOP VIEW - 15'x24' BOTTOMLESS SAND FILTER w/ 1/2\"/>

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

NDW-ISF-2024L-1

MARKUS & ROSIEDATA
 601-101-10B-700
 OSBARN/OLESON LLC
 #38583



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

Pump Selection for a Pressurized System - Single Family Residence Project

Marcus & Rosie Ojala 6N-10W-10B-700 Osburn/Olson LLC #38583

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#23-000265

CLATSOP CO. PUBLIC HEALTH

Parameters

Discharge Assembly Size	2.00	inches
Transport Length	7	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	12.5	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	6	
Lateral Length	23	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	6	
% Flow Differential 1st/Last Orifice	0.3	%
Transport Velocity	6.7	fps

Frictional Head Losses

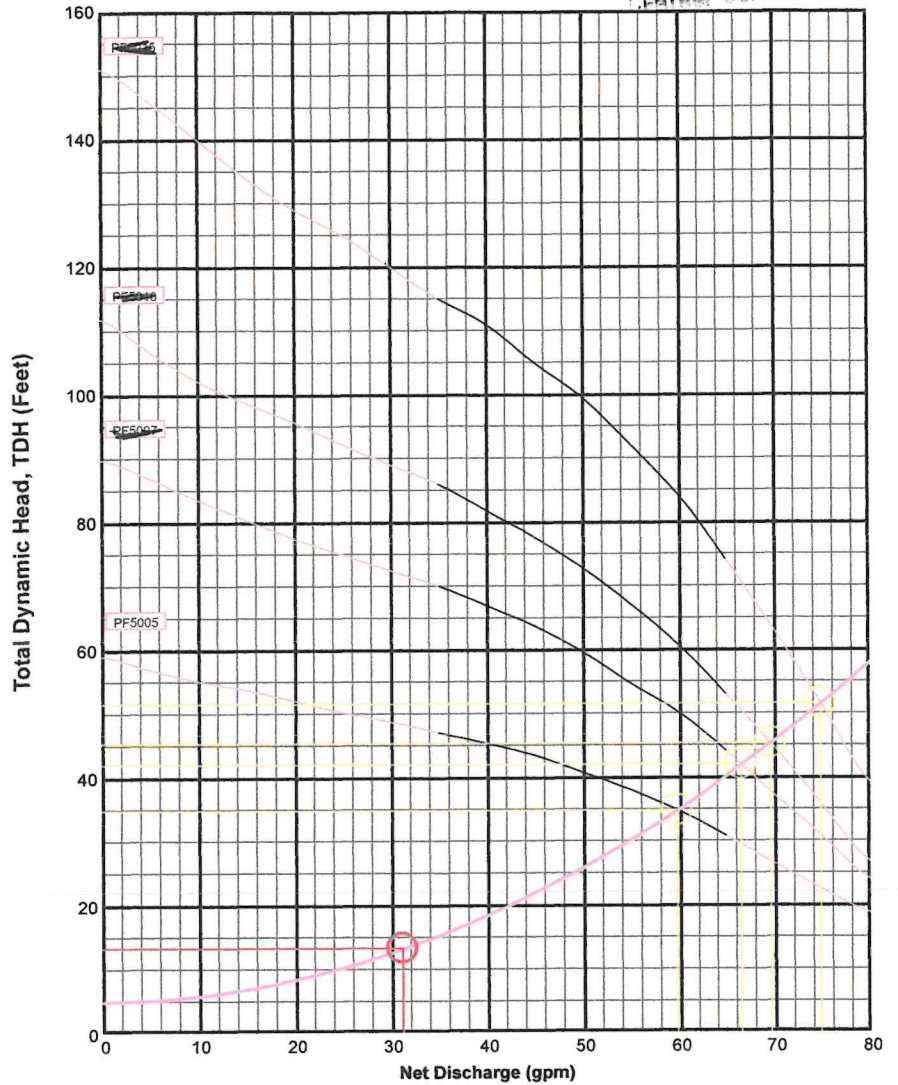
Loss through Discharge	1.9	feet
Loss in Transport	0.8	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.4	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	0.5	gals
Vol of Manifold	0.9	gals
Vol of Laterals per Zone	10.7	gals
Total Volume	12.2	gals

Minimum Pump Requirements

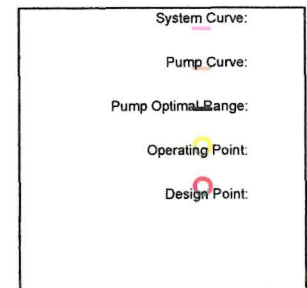
Design Flow Rate	31.2	gpm
Total Dynamic Head	13.2	feet



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



PARTS LIST
15' x 24' Sandfilter
Marcus & Rosie Ojala
6N-10W-10B-700
Osburn/Olson LLC #38583

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OCT 19 2023
GLATFOP CO. PUBLIC HEALTH
#23-000265

- 1 A1 1500 gal 2-cmpt septic/dose tank\
- 2 24" poly risers
- 2 24" poly lids
- 2 ADH200 adhesive
- 1 PF50 pump package, 1/2 hp, 115v.
- 1 G2L grommet
- 72 ea 1 1/4" OS125 orifice shields
- 28yds DEQ sand
- 8yds DEQ peagravel
- 8yds DEQ drain Rock
- 180ft 1 1/4" PVC solid pipe
- 14 1 1/4" PVC 45° ells
- 2 1 1/4" PVC 90° ells
- 5 1 1/4" PVC "T"
- 6 7" round valve covers
- 6 1 1/4" PVC shut-off valves
- 1 2" x 1 1/4" PVC reducer
- Filter fabric
- Plywood and 2 x 4 boards for sandfilter box



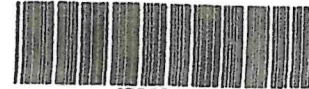
CALPORTLAND
Quality Test Report

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

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OCT 19 2023

CLATSOP CO. PUBLIC HEALTH
#23-000265



675332361

Sample Information

Sample No 675332361
Date Sampled 07/07/2023 15:25
Sampled By Eric Egge
Type Control
Method Stockpile

Split Sample
Resample

Gradation Results

Date Completed 07/07/2023 15:25

Tested By Eric Egge

Unit	Moist Mass	Dry Mass	Wash Mass	Moisture %	Wash Loss %	Procedure
g	735.00	688.30	679.30	6.8	1.3	

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)	4.80	4.80	1	1	99			
#4 (4.75mm)	7.50	12.30	1	2	98		95-100	
#8 (2.36mm)	61.20	73.50	9	11	89		80-100	
#16 (1.18mm)	147.70	221.20	21	32	68		45-85	
#30 (.6mm)	198.10	419.30	29	61	39		15-60	
#50 (.3mm)	191.30	610.60	28	89	11		3-15	
#100 (.15mm)	61.50	672.10	9	98	2		0-4	
#200 (75µm)	6.40	678.50	0.9	98.6	1.4			
Pan	0.70	679.20	1.4	100.0	0.0			

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
#200 (75µm)	07/07/2023 15:25	1.41	%			
FM	07/07/2023 15:25	2.92			Eric Egge	
Grad Loss	07/07/2023 15:25	0.015	%		Eric Egge	
Total Moisture	07/07/2023 15:25	6.78	%		Eric Egge	
Wash Loss (#200/75µm)	07/07/2023 15:25	1.3	%		Eric Egge	
		Santosh			Eric Egge	

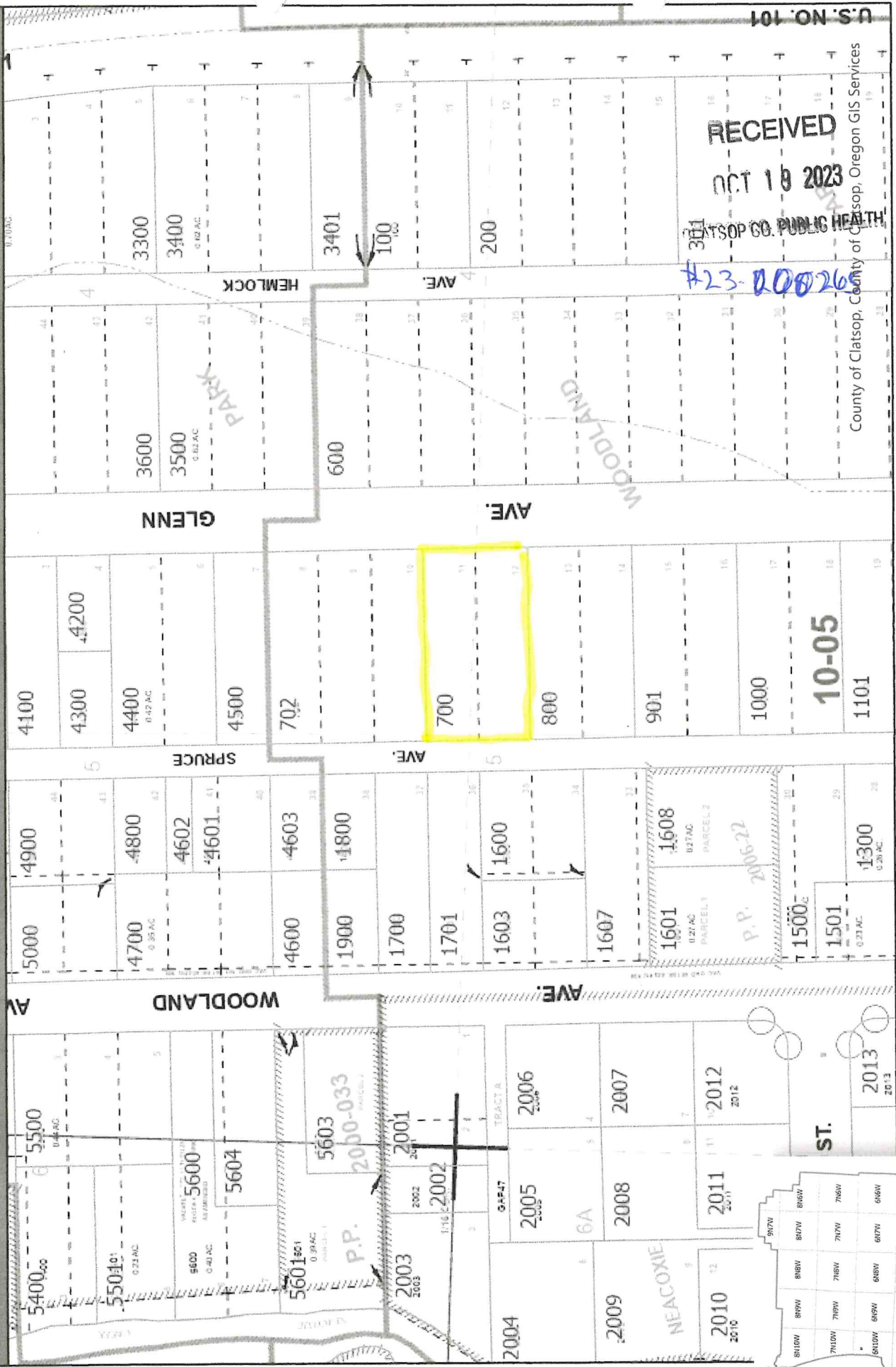
MARKUS & ROSIE OTACA
6N-10W-10B-700
OSBURN/OLSON LLC #38583

OSBURN/OLSON LLC #38583

MARKUS & ROSIE OJACA

6N-10W-10B-700

Clatsop County Webmaps



Clatsop County

0.05 mi



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

507W	507W	507W	507W	507W	507W	507W	507W	507W	507W
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516W	516W	516W	516W	516W	516W	516W	516W	516W	516W

10/16/2023 2:51 PM



Clatsop County Onsite

Transaction Receipt

Record ID: 186-23-000265-PRMT

IVR Number: 186059385527

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

Receipt Number: 463819

Receipt Date: 10/20/23

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

Worksite address: 281 SPRUCE AVE, GEARHART, OR 97138

Parcel: 61010BD00700

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
10/20/23	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
10/20/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
10/20/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 8322 Payer: Roseanna and Markus Payment Amount: \$690.00

Cashier: Annette Brodigan

Receipt Total: \$690.00