

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit OS413046 as follows:

PROPERTY INFORMATION

Property Owner: Joan Emery	Township 06N, Range 10W, Section 10 BD
Property Location: 261 Spruce Ave., Gearhart	Tax Lot 702
Facility Type: Single Family Dwelling	Clatsop County
4 Bedrooms	

SPECIFICATIONS AND REQUIREMENTS

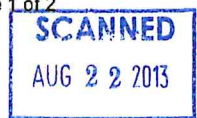
System type: Sand Filter: Bottomless - Residential

Design Flow:	450 gals/day
Minimum Septic Tank Size:	1100 gals
Distribution Type:	Pressurized
Sand Filter:	360 SqFt
Maximum Trench Depth:	24 inches

ADDITIONAL CONDITIONS

- 1 Owner is responsible for the operation and maintenance of the Sand Filter system
- 2 Pump and manifold details revised. 50 OSI pump installed, 6 ft squirt measured. Revised Final Insp request submitted 8/21/2013
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
- 6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.
- 7 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.

errands to Vicki 5 8/22/13



8 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.

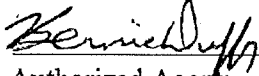
SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover - Correction Notice Issued by Bernie Duffy on 8/14/2013

Pre-Cover Inspection Waived by Bernie Duffy on 8/21/2013

Installer Name: Osburn-Olson, L.L.C.: dba Osburn-Olson, L.L.C.
Certificate Issued by Operation of Law.

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



Onsite Wastewater Specialist

8/22/2013

Authorized Agent:

Title

Date CSC Issued

Bernie Duffy

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

Final Inspection Request and Notice - Onsite ID: 413046

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: Joan Emery
 Property Address: 261 Spruce Ave., Gearhart

Township 06N, Range 10W, Section 10 BD
 Clatsop County Tax Lot#: Tax Lot 702

SECTION 2: System Component Specifications:

A. Tanks/Pumps				Water tight verification*
System Type: Sand Filter: Bottomless - Residential				
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: MICHAELS	Date: N/A
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:
* Pump(s)	HP: 1/2	Model/Manuf. PF5005	Float(s) Type(1): 3	Model/Manuf. "A" ORENCO
			Float(s) Type(2):	Model/Manuf.:

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

C. Secondary Treatment Unit:					
Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: BOTTOMLESS	Container Dimensions: 15' x 24'	
Underdrain pipe	Diameter: 3/4"	ASTM#/Other: D1785	6 LATERAL Length: 130' TOTAL		
Manifold piping	Diameter: 1 1/4"	ASTM#/Other: D1785	Length: 12.5'		
Internal Pump	HP: N/A	Model/Manufacturer:			
Floats(1)	Type:	Model/Manufacturer:			
Floats(2)	Type:	Model/Manufacturer:			
A/T	Yes	No	Model:		
Certified Maint.	Provider Name:				
Operation and Maint.	Contract Received?	Yes	No		

D. Drainfield Media					
Type	(Gravel, Pipe or alternative?)				
Distribution Box	Yes	No <input checked="" type="checkbox"/>	7 yds DEQ PEAGRAVEL, 7 yds DEQ DR ROCK		
Drop Box	Yes	No <input checked="" type="checkbox"/>	2 yds DEQ SAND		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
* Comment	REPLACED PUMP & VAULT WITH NEW PF5005 PUMP & VAULT W/FILTER				

*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

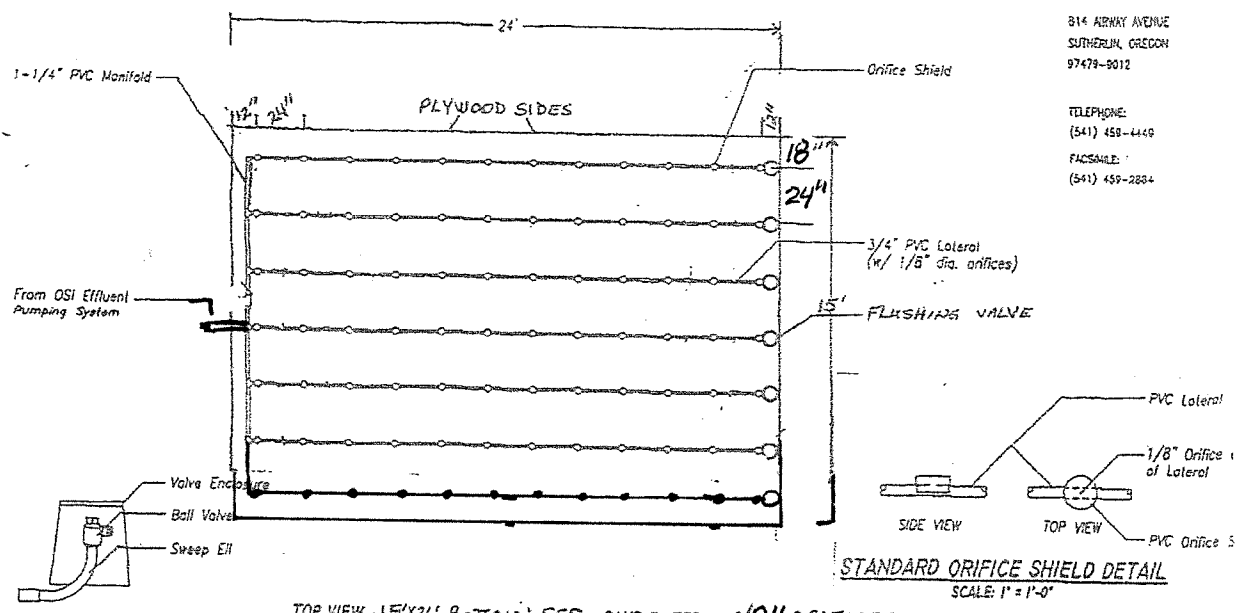
15'x24' Intermittent Sand Filter*

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



814 ARMY AVENUE
SUTHERLIN, GREGGON
97479-3012

TELEPHONE:
(541) 458-4440
FACSIMILE:
(541) 459-2884



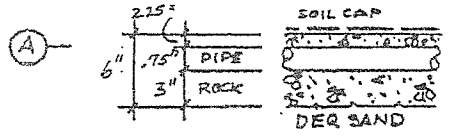
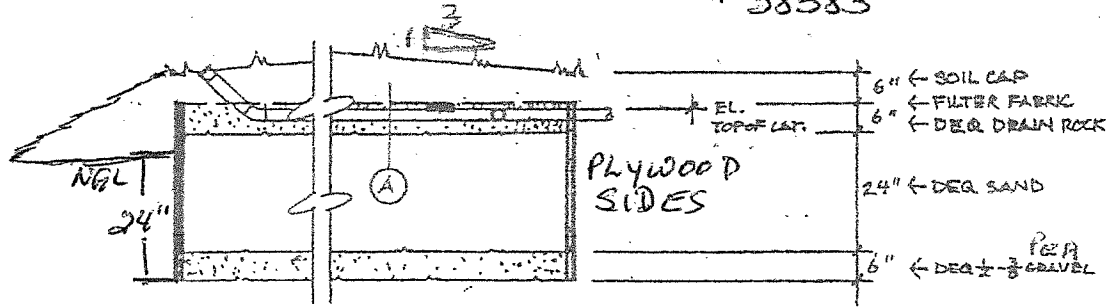
FLUSHING VALVE DETAIL
SCALE: 1" = 1'-0"
Patent # 5,360,556
© 1998, Oreco Systems, Inc.

TOP VIEW - 15'X24' BOTTOMLESS SAND FILTER w/84 ORIFICES

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

NDW-ISF-2024L-1

JOAN EMERY
6N-100-10BD-702
OS BURD/OLSON LLC
#38583



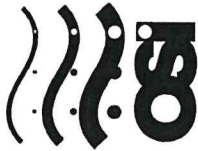
EL. NATURAL GRADE — 0.00'
EL. TOP OF MANIFOLD — +1.00'
EL. PUMP BASE — -4.50'
STATIC HEAD — = 5.50'

BOTTOMLESS SAND FILTER
& MANIFOLD SECTION

AUG 2 2013

Pump Selection for a Pressurized System

Joan Emery 6N-10W-10BD-702
Osburn/Olson LLC #38583



Orengo System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

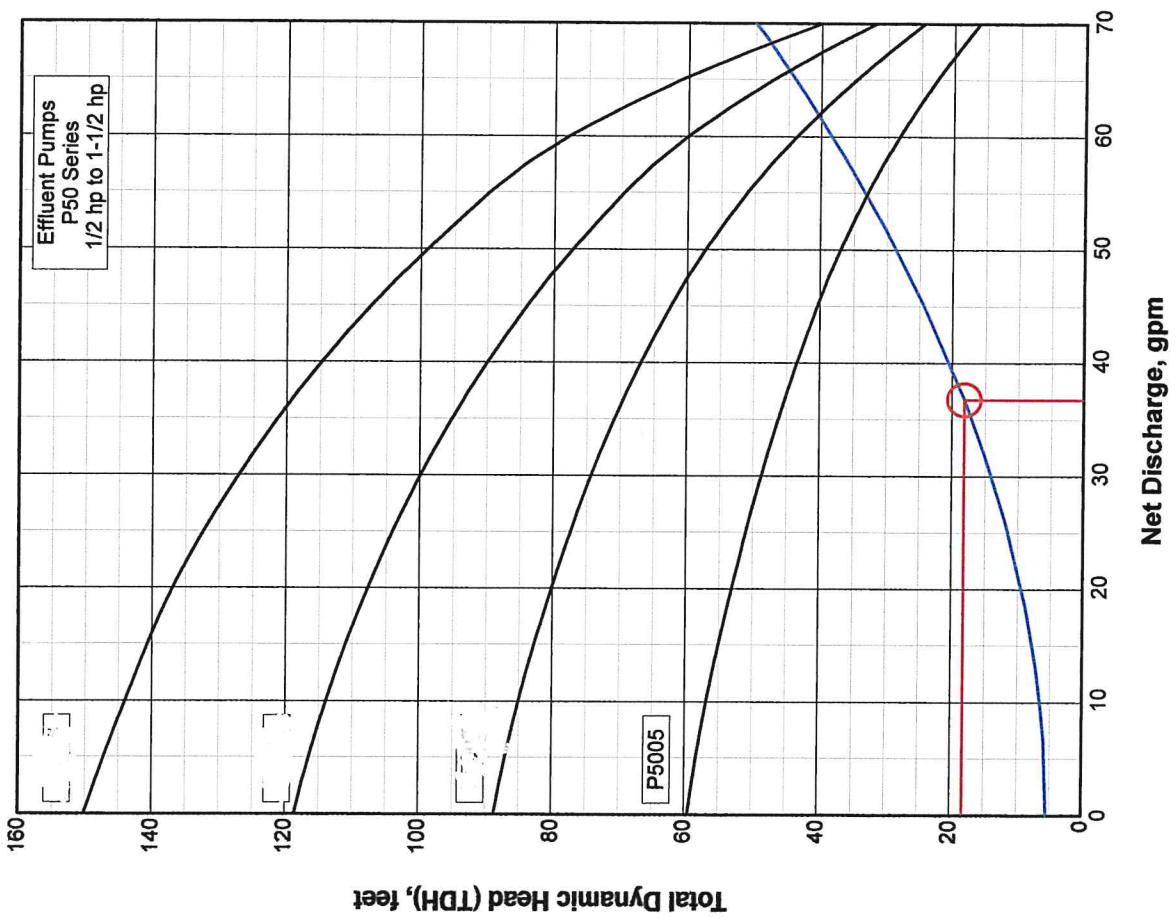
TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

www.orengo.com

Input Parameters	
Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	7
Lateral Length	22.0 feet
Lateral Line Size	0.75 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.5 feet
Transport Length	24.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	2.00 inches
Flow Meter	None
'Add-on' Friction Losses	0.0 feet

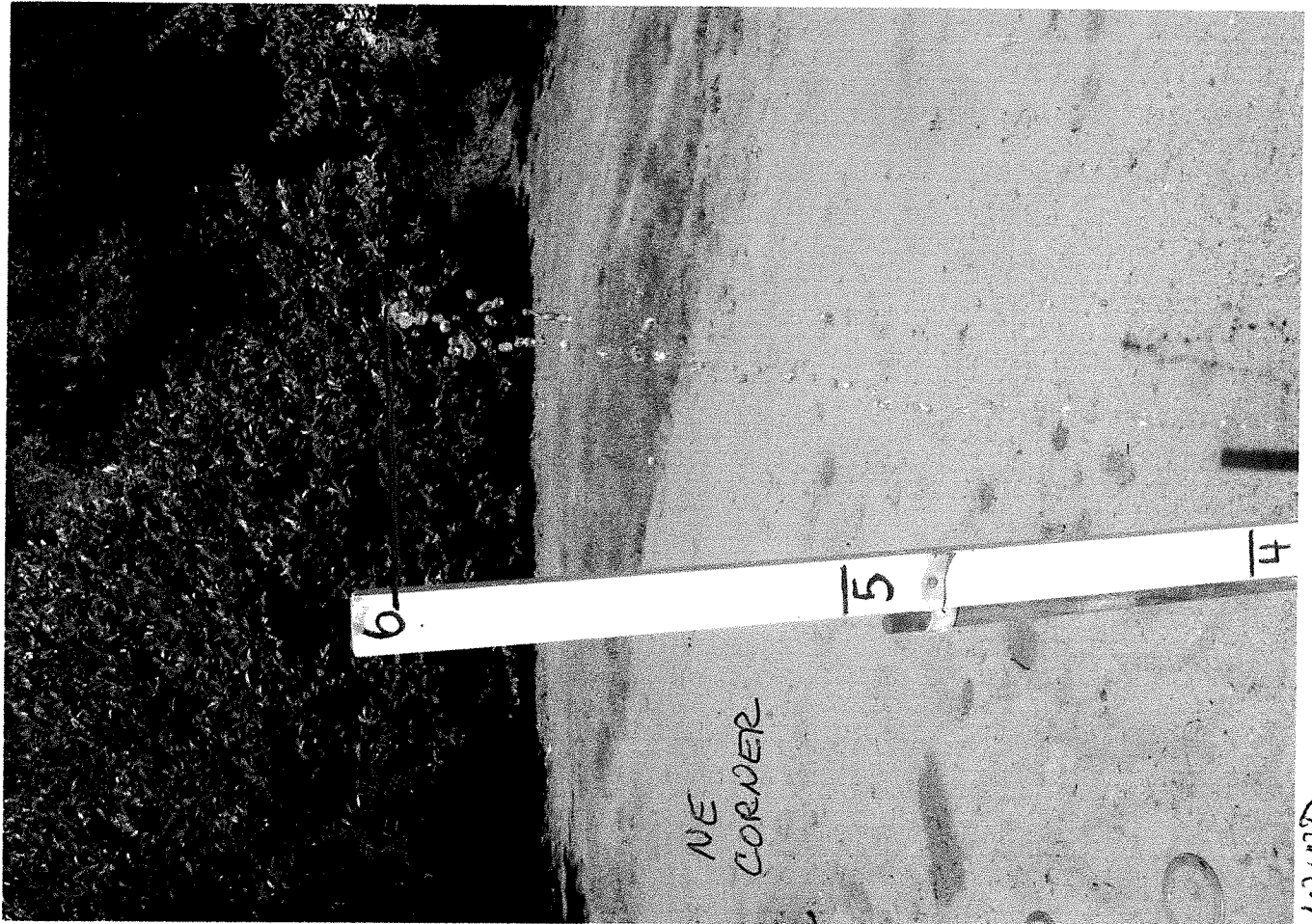
Calculations	
Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	84
Total Actual Flow Rate	36.8 gpm
Number of Lines per Zone	7
% Flow Differential 1st and Last Orifice	4.0 %
Lift to Manifold	5.5 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.6 feet
Head Loss in Transport Pipe	3.9 feet
Head Loss Through Discharge	2.7 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	36.8 gpm
TDH	18.2 feet



DESIGNING FOR QUALITY
SINCE 1962

AUG 21 2013

NORTH COAST BRANCH OFFICE
WADSWORTH, OR



JOAN EMERY 6-10-10BD-702 OSBURN/OLSON LLC #38583

10-15 MPH WIND

Final Inspection Request and Notice - Onsite ID: 413046

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.

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Name: Joan Emery
 Property Address: 261 Spruce Ave., Gearhart
 Township 06N, Range 10W, Section 10 BD
 Clatsop County TaxLot#: Tax Lot 702

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Sand Filter: Bottomless - Residential			Water tight verification*
<i>EXISTING TANK & PUMP</i>					
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: MICHAELS	Date: N/A	
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:	
* Pump(s)	HP: 1/2	Model/Manuf. PF3005	Float(s)Type(1): 3	Model/Manuf. "A" ORENCO	
			Float(s)Type(2):	Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1 1/4"	ASTM#/Other: D1785	Length: 24 FT

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: BOTTOMLESS	Container Dimensions: 15' X 24'
Underdrain pipe	Diameter: 3/4"	ASTM#/Other: D1785	6 LATERAL Length: 130' TOTAL	
Manifold piping	Diameter: 1 1/4"	ASTM#/Other: D1785	Length: 12.5'	
Internal Pump	HP: N/A	Model/Manufacturer:		
Floats(1)	Type:	Model/Manufacturer:		
Floats(2)	Type:	Model/Manufacturer:		
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?)			
Distribution Box	Yes	No <input checked="" type="checkbox"/>	7yds DEQ PEAGRAVEL, 7yds DEQ DR. ROCK	
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:
				Length:

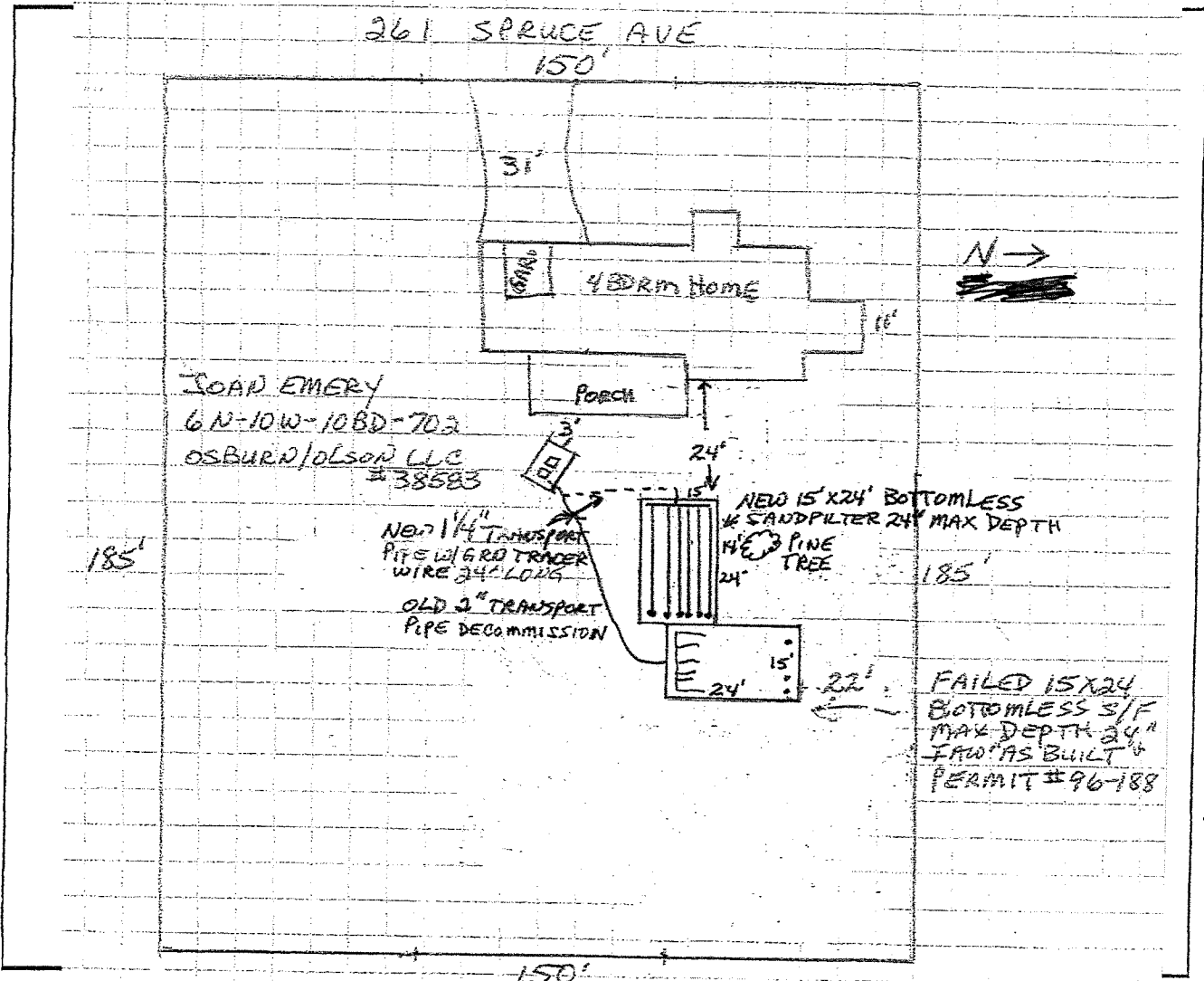
* Comment: REPLACED PUMP & VAULT WITH NEW PF3005 PUMP & VAULT W/FILTER

*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

AUG 7 2013

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: REX OLSON / OSBURN-OLSON LLC

Licensed Installer: Yes No License#: 38583 Certification#: J1687

Owner/ Certified Installer: Signature: [Signature] Date: 8/12/18 Phone#: 503-717-3907

SECTION 5 - Office Use Only:

Notice Accepted Yes No Date: _____

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

If No, Reason for Non Acceptance: _____

Comment: _____

AUG 15 2018

Pump Selection for a Pressurized System

Joan Emery 6N-10W-10BD-702
Osburn/Olson LLC #38583



Orenco System
Incorporated
814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

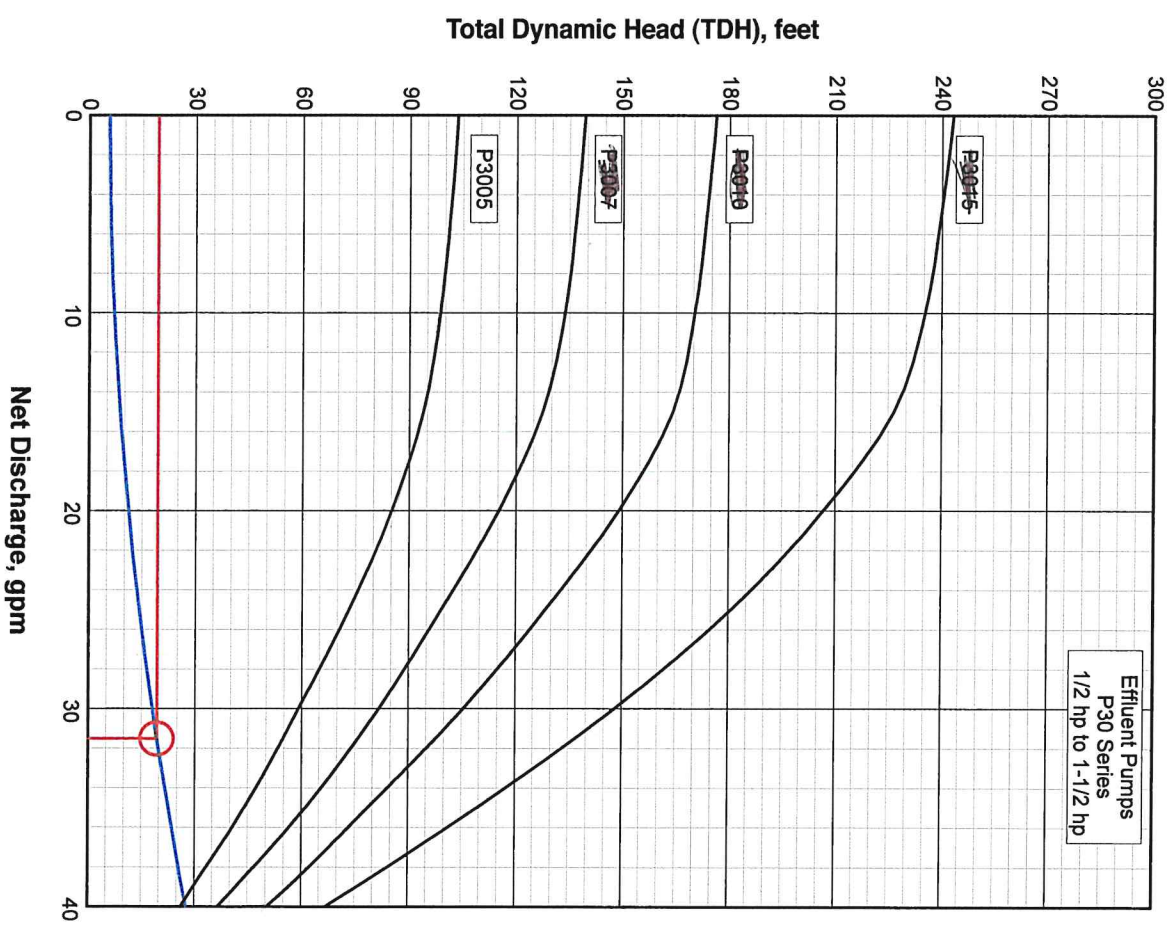
www.orenco.com

Input Parameters

Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	6
Lateral Length	22.0 feet
Lateral Line Size	0.75 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.5 feet
Transport Length	24.0 feet
Transport Line Size	1.25 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None
Add-on Friction Losses	0.0 feet

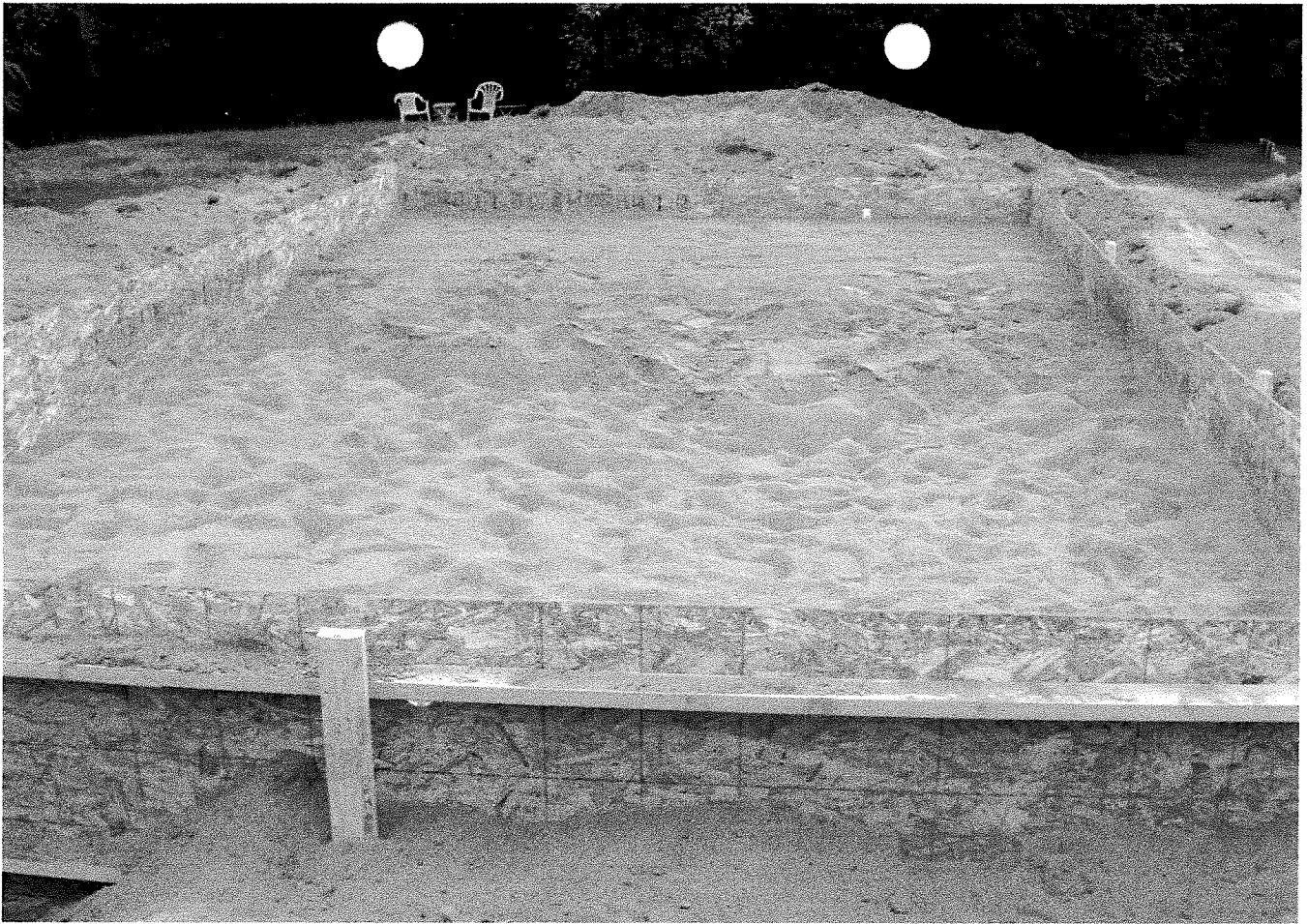
Calculations

Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	72
Total Actual Flow Rate	31.5 gpm
Number of Lines per Zone	6
% Flow Differential 1st and Last Orifice	4.0 %
Lift to Manifold	5.5 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.4 feet
Head Loss in Transport Pipe	2.9 feet
Head Loss Through Discharge	5.0 feet
Head Loss Through Flow Meter	0.0 feet
Add-on Friction Losses	0.0 feet
Total Flow Rate	31.5 gpm
TDH	19.3 feet



Net Discharge, gpm

Total Dynamic Head (TDH), feet



JOAN EMERY 6N-10W-10BD-702

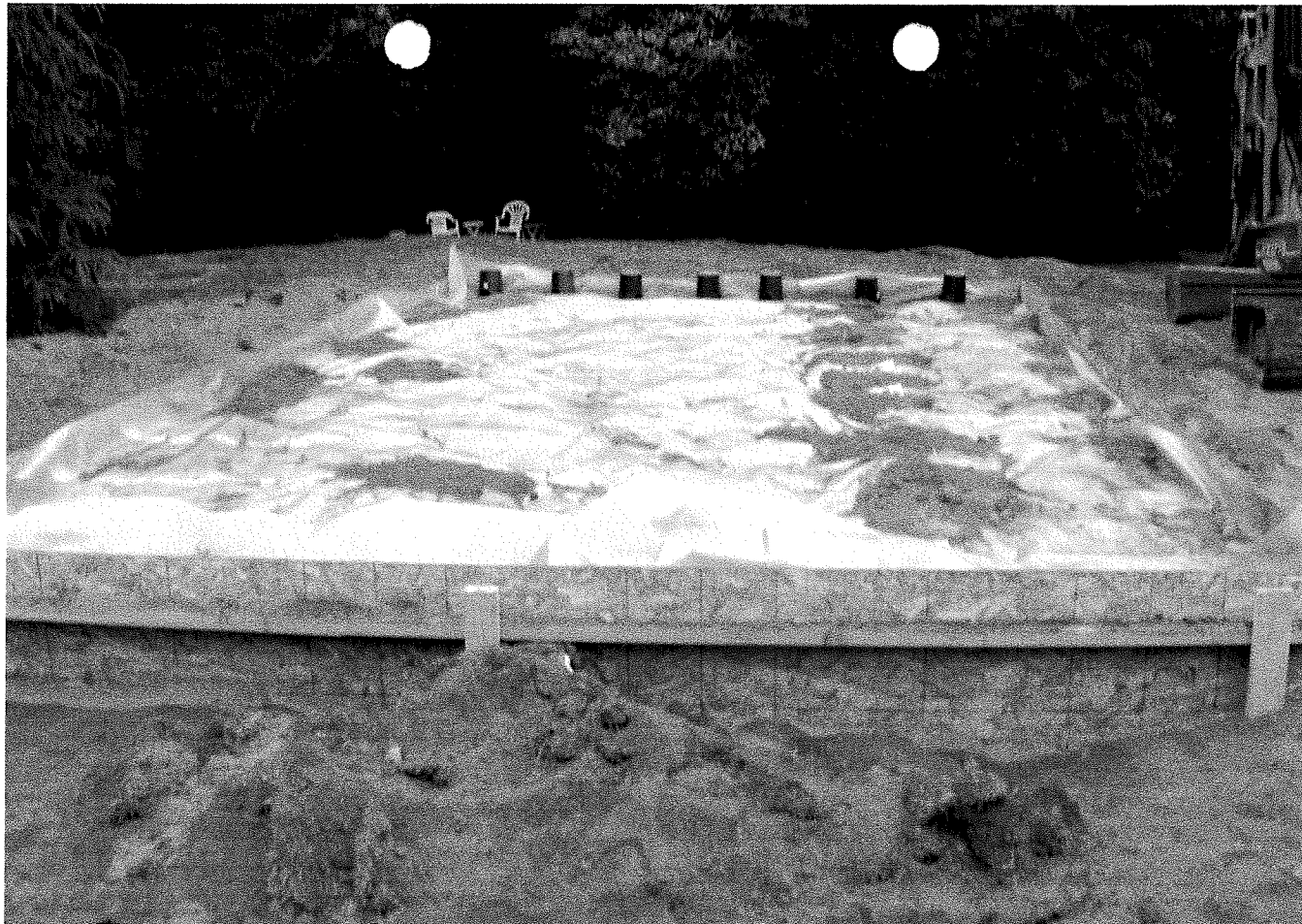


AUG 1 2003



JOAN EMERY 6N-10W-10BD-702 OSBURN/OLSON LLC #38583





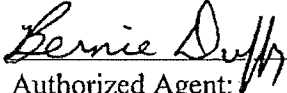
JOAN EMERY
6N-10W-10BD-702
OSBURN/OLSON LLC
38583

AUG 14 2013

INSPECTION REQUIREMENTS

- 1 A final inspection is required after landscaping or other erosion control measures are established.
- 2 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.
- 3 A squirt test inspection of the pressurized piping system is required.

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

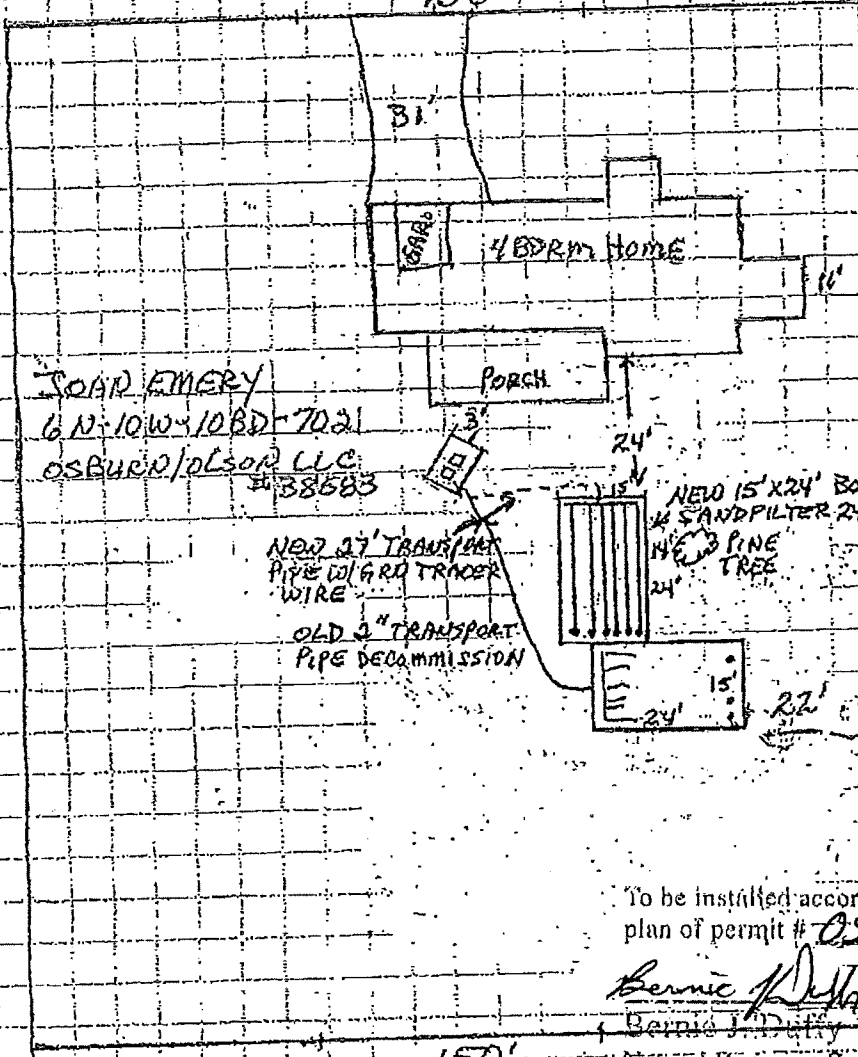
	Onsite Wastewater Specialist	7/24/2013	7/24/2014
Authorized Agent:	Title	Date Issued	Expiration Date

Bernie Duffy

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

See the Attachment 1 for additional information about your permit.

261 SPRUCE AVE
150'



N →
1" = 30'

JOAN EMERY
6 N. 10 W. 10 BD - 7021
OSBURN/OLSON LLC
#38583

NEW 27' TRANSMIT
PIPE W/ GND TRADER
WIRE
OLD 2" TRANSPORT
PIPE DECOMMISSION

NEW 15' X 24' BOTTOMLESS
SANDPILER 24" MAX DEPTH
NEW PINE
TREE

FAILED 15' X 24'
BOTTOMLESS S/F
MAX DEPTH 24"
FAD AS BUILT
PERMIT #96-188

To be installed according to approved
plan of permit # 05 413046

Bernie Duffy 7/24/13
Bernie J. Duffy Date

Natural Resource Specialist
Department of Environmental Quality

JUL 24 2013

DEPARTMENT OF ENVIRONMENTAL QUALITY
NATURAL RESOURCE SPECIALIST

15'x24' Intermittent Sand Filter*

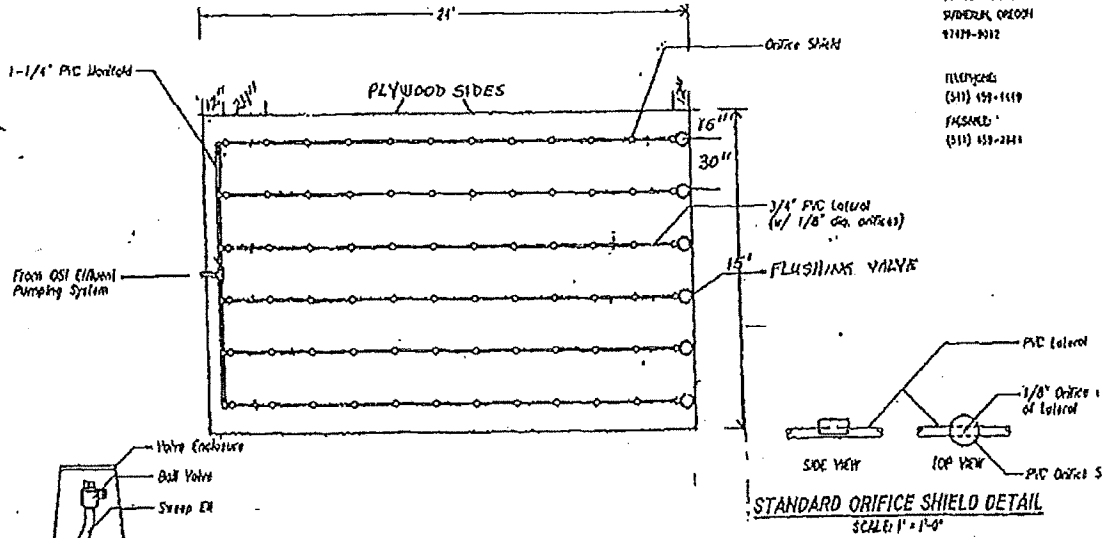
* Configured for loading rates up to 1.25 GPD/FT.² Refer appropriate permit and flow design criteria.



Oranco Systems
Incorporated

311 ARROYO ROAD
SUNDELL, OREGON 97131
503-233-2012

TEL: 503-233-2012
FAX: 503-233-2011



LUSHING VALVE DETAIL

SCALE: 1" = 1'-0"
Patent # 5,320,355
© 1998, Oranco Systems, Inc.

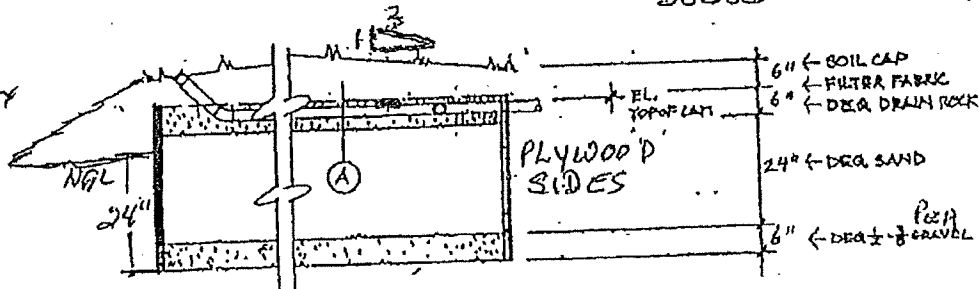
TOP VIEW - 15'x24' BOTTOMLESS SAND FILTER w/72 ORIFICES

Note: See additional details on
HOW-15F-5-3

HOW-15F-2024L-1

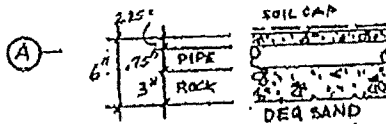
JOAN EMERY
6N-10W-10BD-702
OSBURD/OLSON LLC
#38583

Depth
24" Max



To be installed according to approved
plan of permit # OS 413 046

Bernie J. Duffy 7/24/13
Bernie J. Duffy Date
Natural Resource Specialist
Department of Environmental Quality



EL. NATURAL GRADE — 0.00'
EL. TOP OF MANIFOLD — +1.00'
EL. PUMP BASE — — 4.50'
STATIC HEAD — = 5.50'

DEPT. OF ENVIRONMENTAL QUALITY
PC 04100

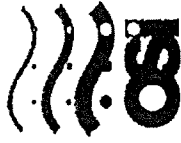
JUL 26 2013

BOTTOMLESS SAND FILTER
& MANIFOLD SECTION

NORTH COAST WASTEWATER TREATMENT
WASTEWATER

Pump Selection for a Pressurized System

Joan Emery 6N-10W-10BD-702
Osburn/Olson LLC #38583



Orengo System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE

(800) 348-9943

TELEPHONE

(541) 459-4449

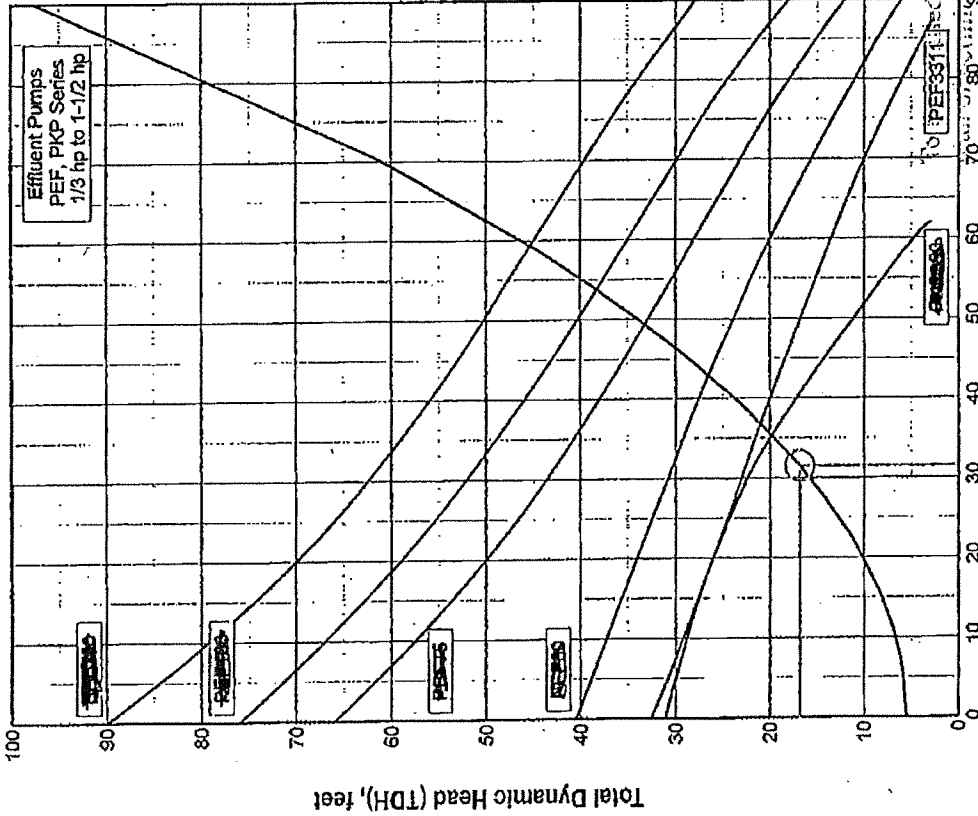
FACSIMILE

(541) 459-2884

www.orengo.com

Input Parameters	
Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	6
Lateral Length	22.0 feet
Lateral Line Size	0.75 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.5 feet
Transport Length	27.0 feet
Transport Line Size	2.00 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None inches
'Add-on' Friction Losses	0.0 feet

Calculations	
Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	72
Total Actual Flow Rate	31.5 gpm
Number of Lines per Zone	6
% Flow Differential 1st and Last Orifice	4.0 %
Lift to Manifold	5.5 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.4 feet
Head Loss in Transport Pipe	0.5 feet
Head Loss Through Discharge	5.0 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	31.5 gpm
TDH	16.9 feet



according to approved
05413046

Bernie Duffy 7/24/13
Bernie J. Duffy Date
Natural Resource Specialist
Department of Environmental Quality

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

4/23/2013

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	SPEC LIMITS
1/2	0.0	0.00%	0.00%	100.00%	100
3/8	225.9	19.11%	19.11%	80.89%	
1/4	531.4	44.95%	64.06%	35.95%	18 - 100
#4	236.8	20.03%	84.08%	15.92%	5 - 75
#8	164.7	13.93%	98.01%	1.99%	
#10	12.8	1.08%	99.09%	0.91%	24.0% max
#16	5.1	0.43%	99.53%	0.47%	2.0% max
#100	1.8	0.15%	99.68%	0.32%	1.0% max
PAN	1.1				
	1182.3				

OK
BTD

DRY WEIGHT BEFORE WASH - 1182.3

DRY WEIGHT AFTER WASH - 1179.8

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

JOAN EMERY

6N-10W-10BD-702

OSBORN/OLSON LLC #38583

COMPANY NAME: GLACIER NORTHWEST, INC.
CALPORTLAND COMPANY

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41381

To be installed according to approved
plan of permit # OS 413046

Bernie J. Duffy 7/24/13
Bernie J. Duffy Date

Natural Resource Specialist
Department of Environmental Quality

CLACKAMAS COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY
300 N.W. 10TH AVENUE
PORTLAND, OREGON 97209

JUL 24 2013

CLACKAMAS COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY
300 N.W. 10TH AVENUE
PORTLAND, OREGON 97209

CLACKAMAS COUNTY FILTER SAND
4/23/2013
" MEDIUM-SAND"

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	<i>Spec</i>
3/8	0.0	0.00%	0.00%	100.00%	100
#4	21.4	2.15%	2.15%	97.85%	95-100
#6	85.6	8.61%	10.76%	89.24%	80-100
#16	224.7	22.60%	33.37%	66.63%	45-85
#30	281.3	28.30%	61.66%	38.34%	15-60
#50	279.6	28.13%	89.79%	10.21%	3-15
#100	95.4	9.60%	99.39%	0.61%	0-4
#200	2.1	0.21%	99.60%	0.40%	
PAN	1.6				
	994.1	F.M.	2.97		

DRY WEIGHT BEFORE WASH - 994.1

DRY WEIGHT AFTER WASH - 990.1

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

JOAN EMERY

6N-10W-10BD-702

OSBURN/OLSON LLC #38583

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

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361

To be installed according to approved
plan of permit # *05413046*

Bernie J. Duff *7/24/13*
Bernie J. Duff Date
Natural Resource Specialist
Department of Environmental Quality

DEPARTMENT OF ENVIRONMENTAL QUALITY
PREPARED

JUL 24 2013

DEPARTMENT OF ENVIRONMENTAL QUALITY
RECEIVED



State of Oregon
Department of
Environmental
Quality

Application for Onsite Sewage Treatment System

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

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

Date Stamp: RECEIVED JUL 24 2013 NORTH COAST BRANCH OFFICE WARRENTON	For DEQ Use Only:
	Date Received <u>7/24/13</u> Fee Paid <u>595.00</u> Receipt Number <u>150792</u> Application Number <u>414803</u> Date of 1st Response _____ Date of 2nd Response _____ Date of Final Response _____ Date of Completion _____ Scanned _____ Data Entry _____

Scan ID
414803

A. Property Owner Information

Joan Emery 1656 Pacific Way Gearhart, OR 97138 206-369-1324
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number

B. Legal Property Description

6N 10W 10BD 702 150' X 185"
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
Clatsop Woodland Park 8, 9, 10
County Subdivision Name Lot Block

Property Address: 261 Spruce Ave Gearhart OR 97138
Address City State Zip Code

Directions to Property: Go So. on Hwy 101 N to Pacific Way, turn Right. Go to Spruce Ave and turn Left.

Property will be on left side of road.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:	Proposed Facility:	Water Supply:
<input checked="" type="checkbox"/> Single Family Residence <u>4</u> Number of Bedrooms	<input type="checkbox"/> Single Family Residence Number of Bedrooms _____	<input checked="" type="checkbox"/> Public <u>Gearhart</u> Name
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 type="checkbox"/> Construction Permit	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input checked="" type="checkbox"/> Repair Permit	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<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"/> Minor		<input type="checkbox"/> Temporary Housing
		<input type="checkbox"/> Other - Please Specify _____

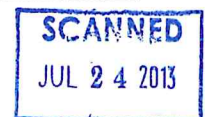
If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

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

George M. Owen 7/22/13
Signature Date
George Owen 503-717-8681
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address

89647 Manion Dr Warrenton, OR 97146
Applicant's Mailing Address

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached Osburn/Olson LLC #38583
Installer's Name





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

NOTICE AUTHORIZING REPRESENTATIVE

I, Tim Beatty, have authorized
George Owen (Property Owner/Print Name)
 _____ to act as my agent in performing
 (Authorized Representative/ Print Name)

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

PROPERTY IDENTIFICATION:

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6N Range 10W Section 10BD Map ID _____ Tax Lot #(s) 702

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

PROPERTY OWNER:

Printed Name: Representative Tim Beatty
 Signature: [Signature] Date: 7-22-13
 Address: 165242 Pacific Hwy Phone: 503 238-2689
 City, State, Zip: Warrenton OR 97138 Fax: _____
 E-mail Address: Coastal Tim @ G. Owen's . com

AUTHORIZED REPRESENTATIVE:

Printed Name: George Owen
 Signature: [Signature] Date: 7/22/13
 Address: 89647 Marion Dr Phone: 503-717-8681/717-2477
 City, State, Zip: Warrenton, OR 97146 Fax: 503-717-8681
 E-mail Address: _____

DEPT. OF ENVIRONMENTAL QUALITY
 RECEIVED

JUL 24 2013

NORTH COAST BRANCH OFFICE
 WARRENTON

SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)

1. Applicant Name/Property Owner: Joan Emery
Mailing Address: 1656 Pacific Way
City, State, Zip: Gearhart, OR 97138
Telephone: 206-369-1324

2. Property Information:
County: Clatsop Tax Lot No.: 702
Township: 6N Range: 10W Section: 10BD
Physical Address: 261 Spruce Ave. Gearhart, OR 97138
Block: _____ Lot: 8, 9, 10
Subdivision Name (if applicable): Woodland Park

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

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

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

5. Property Zoning: R1 Zoning Minimum Parcel Size: 10000 sq ft

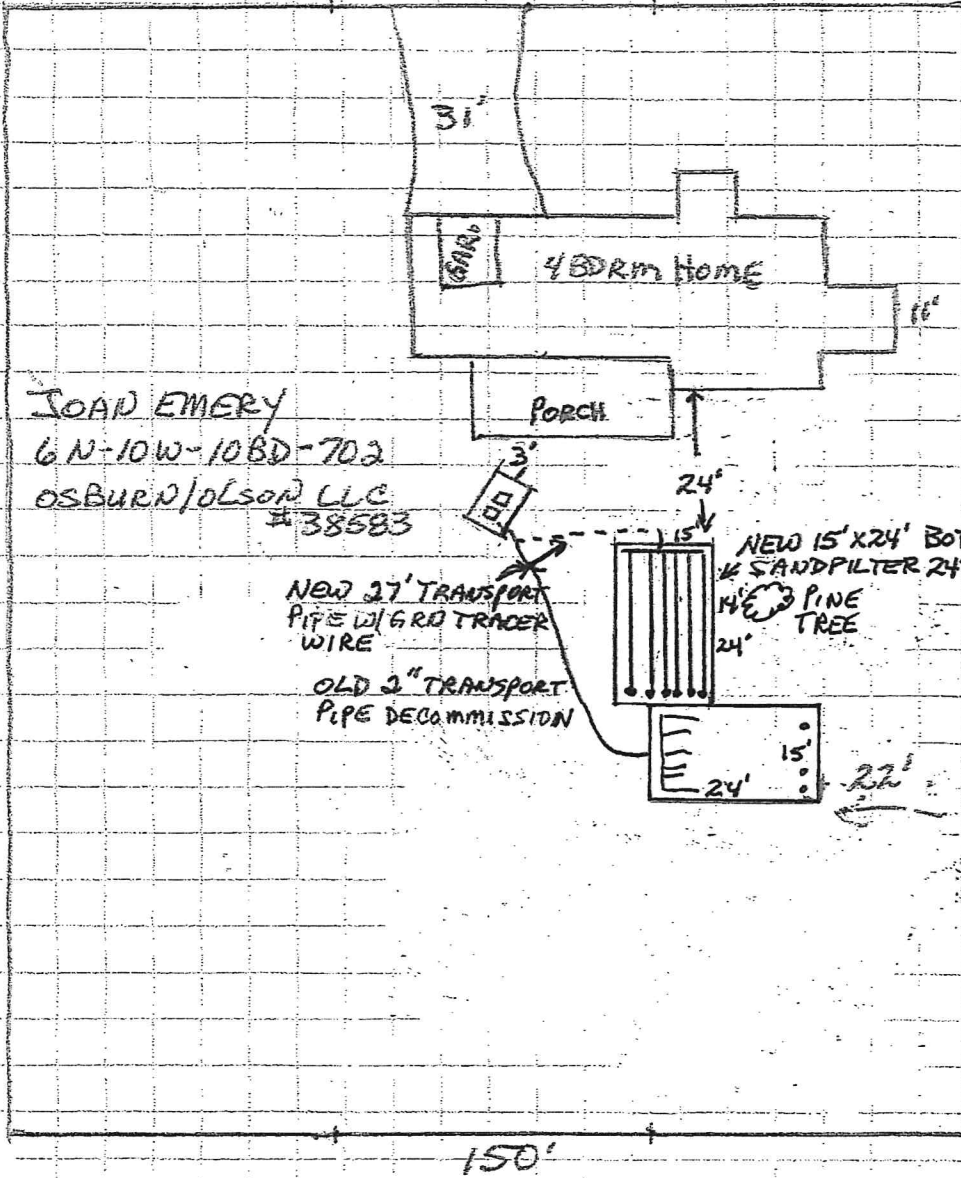
6. The facility is located: inside city limits inside UGB outside UGB
If inside UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared City/County jurisdiction

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:
 Outright 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: Chad Sweet
Print Name: Chad Sweet Title: City Administrator
Telephone: 503 738 5501 Date: 07/22/2013

261 SPRUCE AVE
150'



N →
1" = 30'

JOAN EMERY
6 N-10 W-108 D-702
OSBURN/OLSON LLC
#38583

NEW 27' TRANSPORT
PIPE W/ GROUND TRACER
WIRE

OLD 2" TRANSPORT
PIPE DECOMMISSION

NEW 15' X 24' BOTTOMLESS
SAND FILTER 24' MAX DEPTH

14' PINE
TREE

22'
22'
24' 15'
24'
185'
185'
150'

FAILED 15 X 24
BOTTOMLESS S/F
MAX DEPTH 24"
FAW AS BUILT
PERMIT #96-188

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 24 2013

NORTH COAST BRANCH OFFICE
WARRENTON

15'x24' Intermittent Sand Filter*

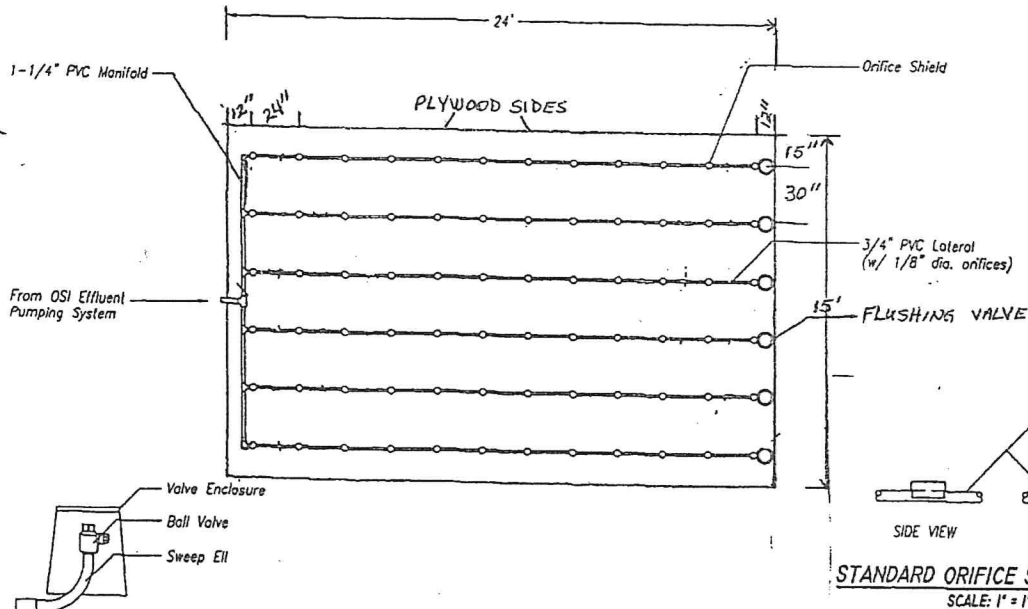
* Configured for loading rates up to 1.25 GPD/FT.² Follow appropriate Intermittent sand filter design criteria.



Oreco Systems[®]
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479-9012

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



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

LUSHING VALVE DETAIL

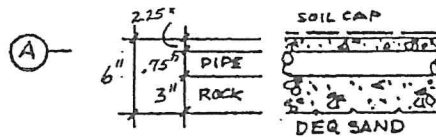
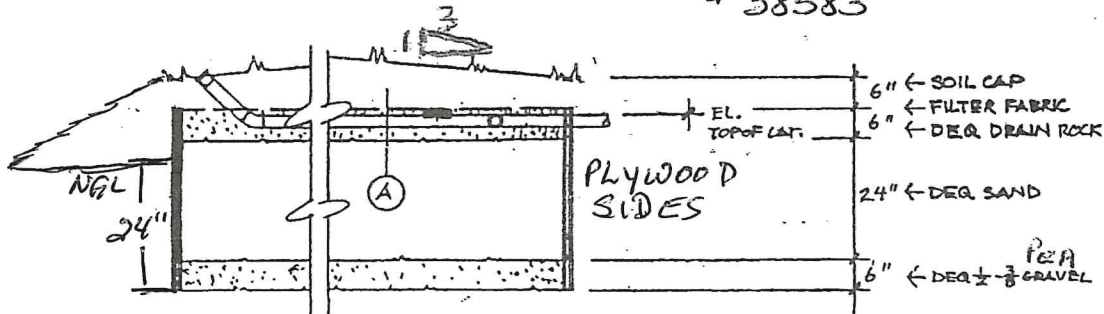
SCALE: 1" = 1'-0"

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

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

NDW-ISF-2024L-1

JOAN EMERY
6N-10W-10BD-702
OSBURD/OLSON LLC
#38583



EL. NATURAL GRADE — 0.00'
EL. TOP OF MANIFOLD — +1.00'
EL. PUMP BASE — -4.50'
STATIC HEAD — = 5.50'

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 24 2013

BOTTOMLESS SAND FILTER
MANIFOLD SECTION

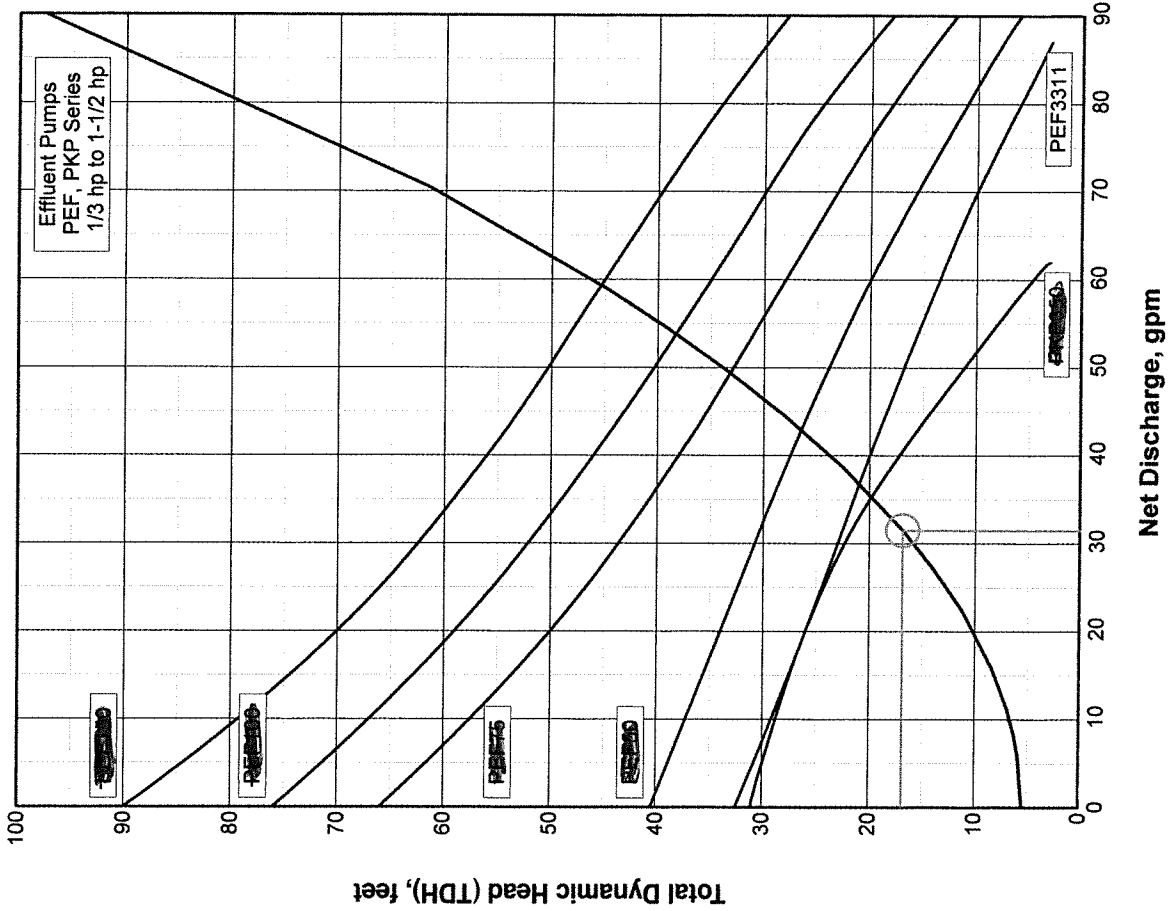
NORTH COAST BRANCH OFFICE
WARRENTON

Pump Selection for a Pressurized System

Joan Emery 6N-10W-10BD-702
Osburn/Olson LLC #38583

Input Parameters	
Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	6
Lateral Length	22.0 feet
Lateral Line Size	0.75 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.5 feet
Transport Length	27.0 feet
Transport Line Size	2.00 inches
Transport Pipe Class/Schedule	40
Discharge Assembly Size	1.25 inches
Flow Meter	None
'Add-on' Friction Losses	0.0 feet

Calculations	
Minimum Flow Rate per Orifice	0.43 gpm
Number of Orifices per Zone	72
Total Actual Flow Rate	31.5 gpm
Number of Lines per Zone	6
% Flow Differential 1st and Last Orifice	4.0 %
Lift to Manifold	5.5 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.5 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.4 feet
Head Loss in Transport Pipe	0.5 feet
Head Loss Through Discharge	5.0 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	31.5 gpm
TDH	16.9 feet



Orenco System
Incorporated

814 AIRWAY AVENUE

SUTHERLIN, OREGON

97479

TOLL FREE:

(800) 348-9843

TELEPHONE:

(541) 459-4449

FACSIMILE:

(541) 459-2884

www.orenco.com

UL 24 2013

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

4/23/2013

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	SPEC LIMITS
1/2	0.0	0.00%	0.00%	100.00%	100
3/8	225.9	19.11%	19.11%	80.89%	
1/4	531.4	44.95%	64.05%	35.95%	18 - 100
#4	236.8	20.03%	84.08%	15.92%	5 - 75
#8	164.7	13.93%	98.01%	1.99%	
#10	12.8	1.08%	99.09%	0.91%	24.0% max
#16	5.1	0.43%	99.53%	0.47%	2.0% max
#100	1.8	0.15%	99.68%	0.32%	1.0% max
PAN	1.1				
	1182.3				

DRY WEIGHT BEFORE WASH - 1182.3

DRY WEIGHT AFTER WASH - 1179.6

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

JOAN EMERY

6N-10W-10BD-702

OSBURN/OLSON LLC #38583

COMPANY NAME: GLACIER NORTHWEST, INC.
CALPORTLAND COMPANY

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361

JUL 24 2013

**CLACKAMAS COUNTY FILTER SAND
4/23/2013
" MEDIUM-SAND"**

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING
3/8	0.0	0.00%	0.00%	100.00%
#4	21.4	2.15%	2.15%	97.85%
#8	85.6	8.61%	10.76%	89.24%
#16	224.7	22.60%	33.37%	66.63%
#30	281.3	28.30%	61.66%	38.34%
#50	279.6	28.13%	89.79%	10.21%
#100	95.4	9.60%	99.39%	0.61%
#200	2.1	0.21%	99.60%	0.40%
PAN	1.6			
	994.1	F.M.	2.97	

DRY WEIGHT BEFORE WASH - 994.1

DRY WEIGHT AFTER WASH - 990.1

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

JOAN EMERY
6N-10W-10BD-702
OSBURN/OLSON LLC #38583

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

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361



PEBBLES TO
SURFACE

JOAN EMERY
6N-10W-10BD-702
OSBURN/OLSON LLC
#38583

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 24 2013

NORTH COAST BRANCH OFFICE
WARRENTON

Receipt Number: 150792



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

Date Received 7/24/2013

Received From **Tim Beatty Builder**
(Check Name): **Timothy Beatty**
PO Box 505
Seaside, OR 97138

For **T06N R10W S10 BD**
Property **TaxLot 702**
At: **Clatsop County**
261 Spruce Ave.
Gearhart, OR 97138

Current Payment

Amount Paid	Payment Type	Check # Money Order # Purchase Order	Bank Number	Amount Applied
595.00	Check	17250	24-7038	595.00

Total Amount Applied \$595.00

Onsite Fees

Base Fee:	535.00
Surcharge Fee:	60.00
Plan Review Flow Fee:	
Pump Evaluation Fee:	
Flow Fee:	
Reinspection Fee:	
Total Fee	\$595.00

Application Description

Application ID:	414803
Application Type:	Repair Permit
Single Family Dwelling-Major	
System Type:	Sand Filter: Bottomless - Residential
Pump Evaluation:	No
Flow:	450 gallons/day

Payments

Previous Payments:	0.00
Current Payment:	595.00
Over Payment:	0.00
Total Payments:	\$595.00

Receipt Amount: \$595.00

Received By:

Date of Entry:

Vicky Schiele

7/24/2013

JUL 24 2013

T6N R10W SEC 10BD WM
CLATSOP COUNTY

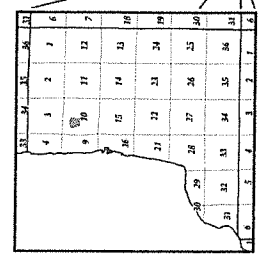
Scale 1:1200



Cancelled
Accounts:

- 1701
- 1702
- 1703
- 1704
- 1705
- 1706
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- 1709
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- 1718
- 1719
- 1720

JOAN EMERY
6N-10W-10BD-702
OSBURN OLSON LLC
#38583

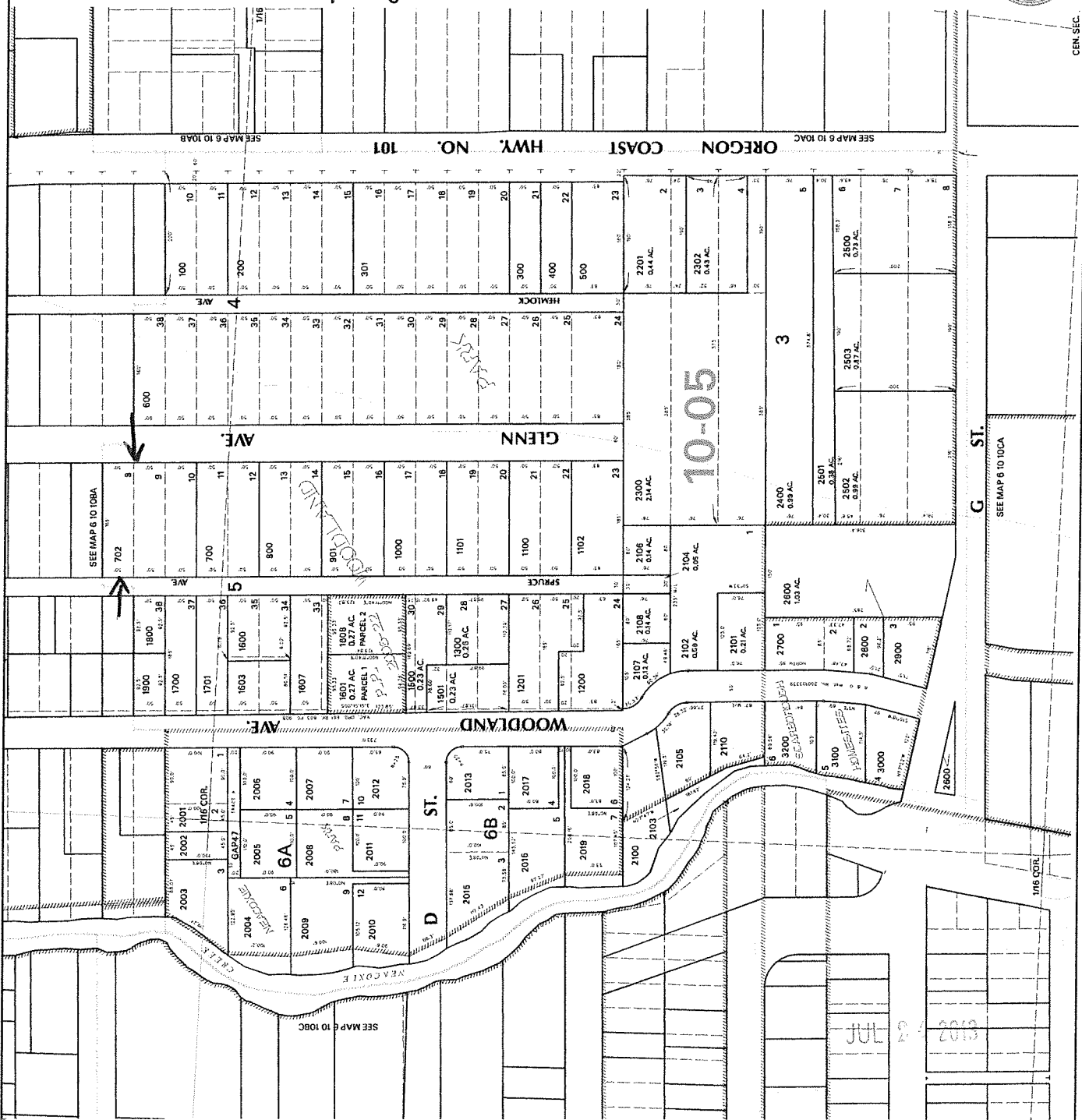


April 04, 2013

6.10.10BD



This map is published for information only. It is not intended to be used for any purpose other than that for which it was prepared. The Clatsop County Auditor is not responsible for any errors or omissions in this map.



CEN. SEC.

47849

Control No.

\$ 480.00

Fee

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 96-188

Scgn ID 114803

New Construction

Repair

Other Alteration

Permit Issued To John & Joan Emery (Property Owner's Name) 6N (Township) 10W (Range) 10BD (Section) 702 (Tax Lot / Acct. No.) Clatsop (County) Spruce Ave. (Road Location) Gearhart (City) (Issued by - Signature) 10-23-96 (Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONS

Alternative-

EXPIRATION DATE October 23, 1997

TYPE OF SYSTEM Bottomless Sand Filter

Dosing

Design Sewage Flow 450 Gallons/Day

Tank Volume 1100 Gallons

Disposal Trenches

Seepage Bed(s) 360 Square Feet

Maximum Depth 24 inches.

Minimum Depth 6 inches.

Linear Feet

Equal Loop Serial

Pressurized

Minimum Distance Between Trenches

Total Rock Depth inches.

Below Pipe inches.

Above Pipe inches.

Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Install in accordance with plans & specifications submitted. Properly decommission existing septic tank and submit copy of pumping receipt. Septic tank to be set back a minimum of 10' to any water lines and 5' to any property lines or building foundation. 10' setback from any property lines, water lines or underground utilities from PRE-COVER INSPECTION REQUIRED - CONTACT disposal field. NORTH COAST BRANCH OFFICE 861-3280.

CERTIFICATE OF SATISFACTORY COMPLETION

As-Built Drawing with Reference Locations

Installer Seacoast Nursery Const.

See as-built plot plan submitted by installer.

Final Insp. Date 10-31-96

Inspected By Bruce W. Henderson

Issued by Operation of Law

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



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

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

Bruce W. Henderson (Authorized Signature)

Environmental Specialist (Title)

10-31-96 (Date)

DEQ, NWR, Portland (Office)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
ON-SITE SEWAGE SYSTEM INSTALLATION

~~Inspection~~ **CORRECTION NOTICE**

An Inspection of this On-Site Sewage System has identified the following deficiencies:

- 1) Tank - install gasket on riser for pump station
- 2) Inform owners of need for functional high level alarm
- 3) Complete sand filter cap installation - use no finer than 10mm for cap - plant to grass

OK to cover - reinspection not required

Under the provisions of the OREGON ADMINISTRATIVE RULES, all deficiencies listed above must be corrected within 30 days, and a CERTIFICATE OF SATISFACTORY COMPLETION must be issued prior to use of this system. When corrections have been completed, call for inspection.

PERMIT NO. 96-188 6N 10W 10BD 702 Clatsop
Emery/Succas Township Range Section Tax Lot / Acct. No.

INSPECTION:

TIME 3:40 P.M.

DATE 10/31/96

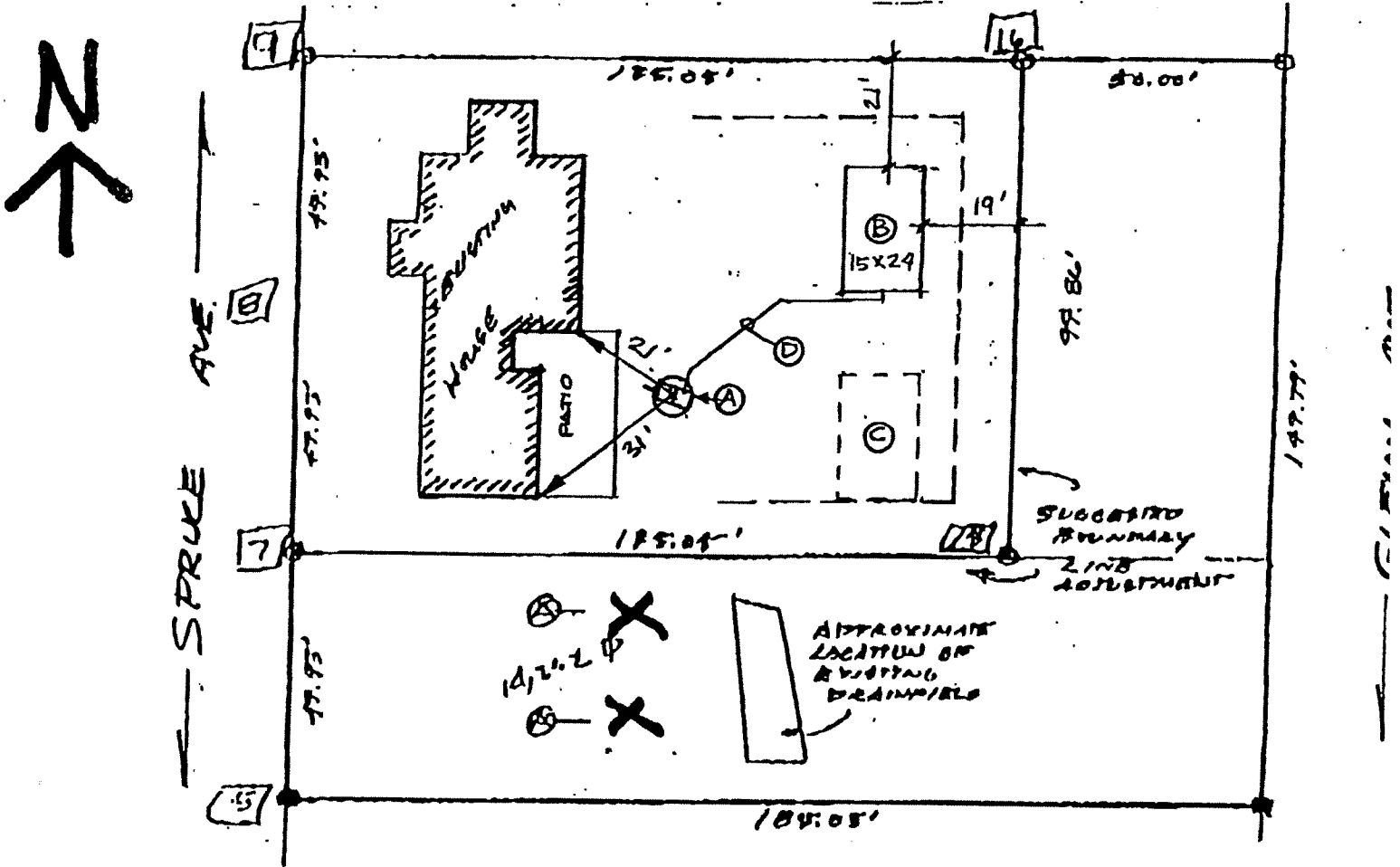
BY Bruce W. Henderson
 (Signature) (503) 229-5616

CONTACT: Warrenton Office
(503) 861-3280

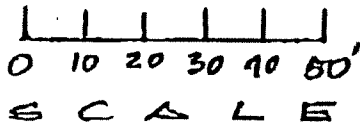
DO NOT REMOVE THIS NOTICE FROM SITE

Property Owner JOHN & JILL MERT Permit Number 1-2-3 County CLATSOP

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system.



6 10 10BD 702
T R. SEC. LOT



- (A) 1100 GGL CONC. DOSING-SEPTIC TANK
- (B) 360 # SAND FILTER
- (C) 360 # SAND FILTER REPAIR
- (D) 2" ABS SCH. 40 TRANSPORT PIPE

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee)

Sewage Disposal Service Business: SEACAST CONSTRUCTION, 33079
 (Print Full Business Name) (License Number)

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

[Signature]
 (System Installer) Signature

RME
 (Title)

10-28-96
 (Date)

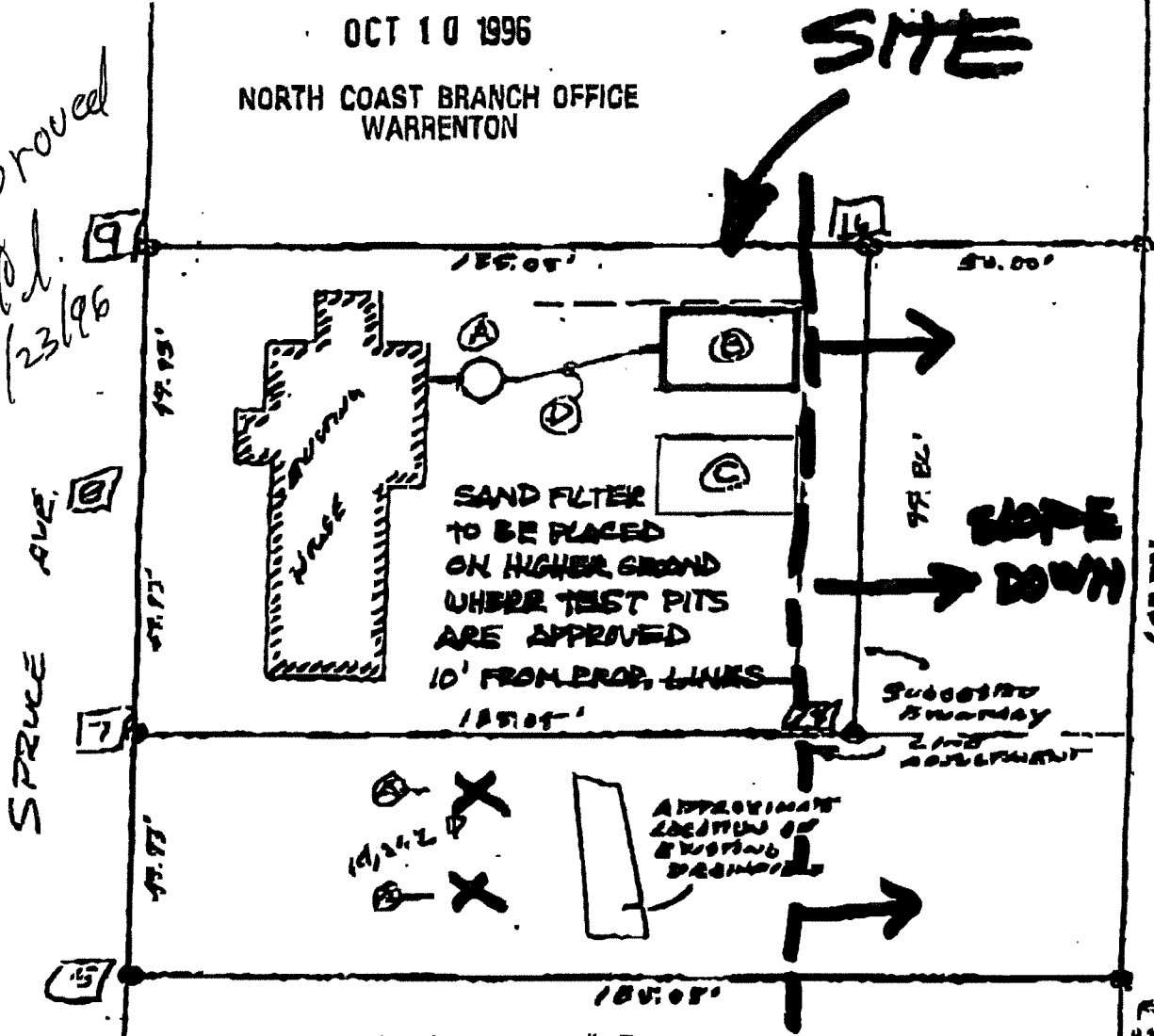
2/7

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

OCT 10 1996

NORTH COAST BRANCH OFFICE
WARRENTON

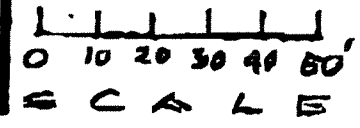
Approved
10/23/96



EMERY
6 10 10BD

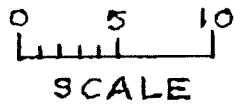
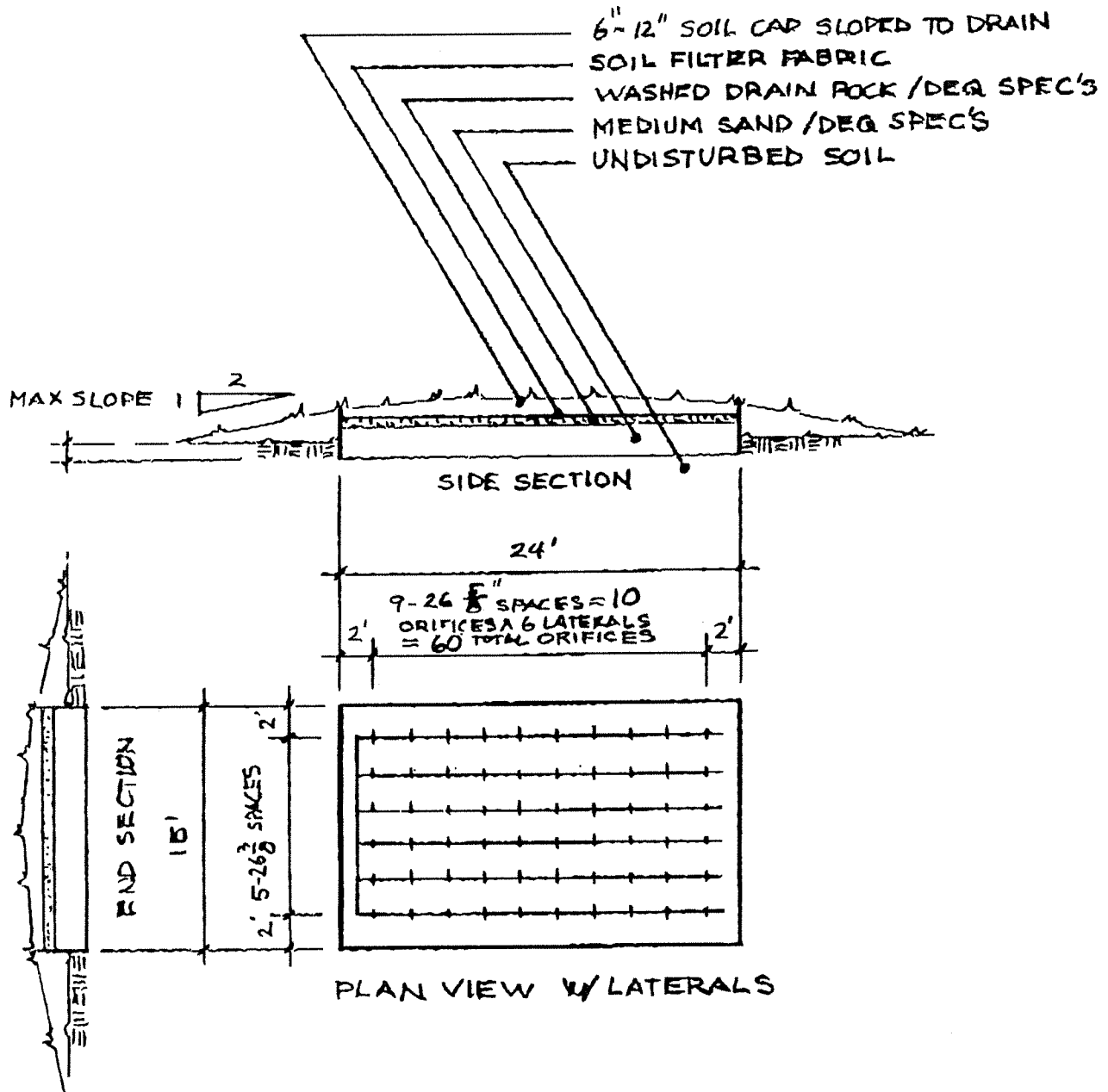
6 10 10 BD
+ R SECT.
MYRA M. HUDSON

702
LOT

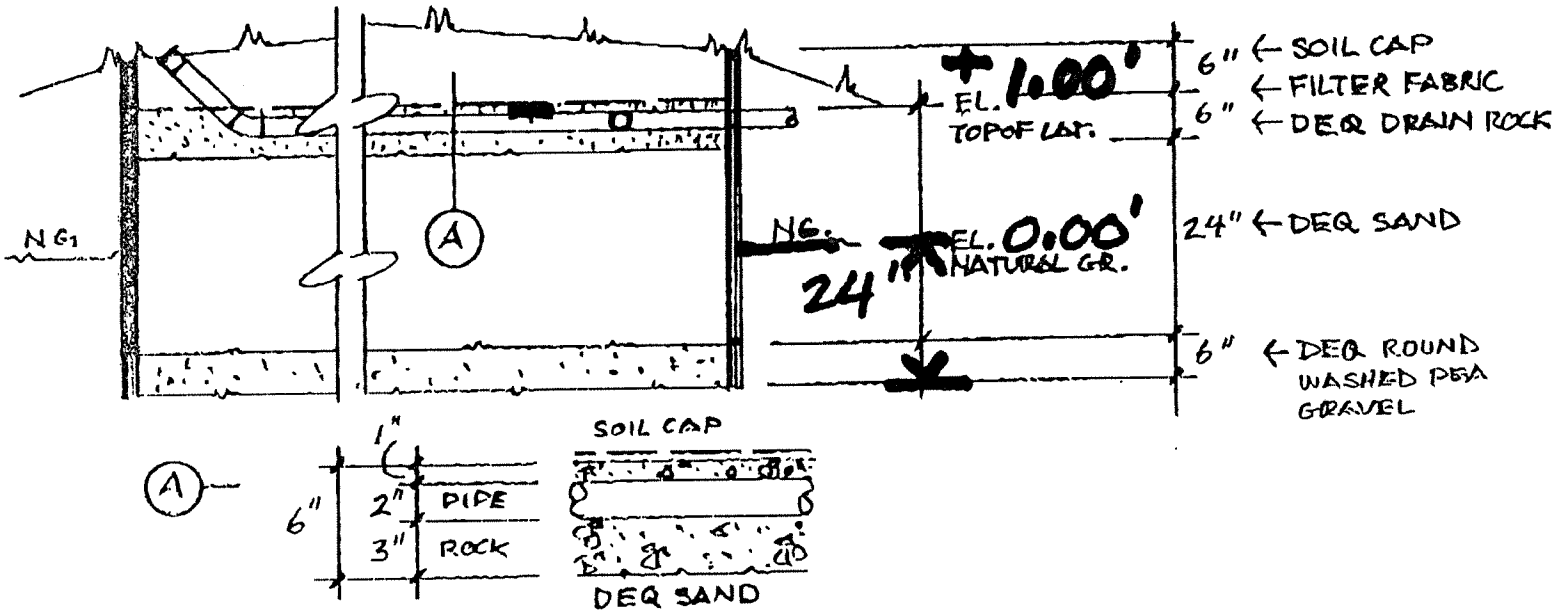


- Ⓐ - 1100 GAL CONC. DISINF. SEPTIC
- Ⓑ - 360# SAND FILTER (PROPOSED)
- Ⓒ - SAND FILTER REPAIR 360#
- Ⓓ - 2" TRANSPORT PIPE





BOTTOMLESS
 SAND FILTER
 15 X 24 = 360 #'
 60 ORIFICES



EL. NATURAL GRADE	————	0.00'
EL. TOP OF MANAFOLD	— +	1.00'
EL. PUMP BASE	— -	5.00'
STATIC HEAD	———— =	+ 6.00'

BOTTOMLESS SAND FILTER
MANAFOLD SECTION

SYSTEM HEAD CALCULATIONS

1. STATIC HEAD: (vertical elevation difference from the pump base to the pressure distribution laterals) 6 feet

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

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

(a) Calculate Flow rate:

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

Number of orifices = N = 60

Orifice discharge rate = R = .41 gpm

Total gallons per minute = N X R = 24.6 gpm

(b) Calculate Friction Head Loss:

Length of transport pipe = P (in feet) 50'

Friction loss coefficient = L (see reverse side)

Friction Head = .86 P X L 50 = .43 feet

4. TOTAL DYNAMIC HEAD (TDH): (sum of static head, system allowance and friction head) 16.43 feet

5. HYDRAULIC SPECIFICATIONS:

PUMP DUTY: _____ gpm @ _____ TDH

BRAND: _____

MODEL: EPO 411 HORSEPOWER: _____

CAPACITY: _____ TDH @ _____ GPM, and

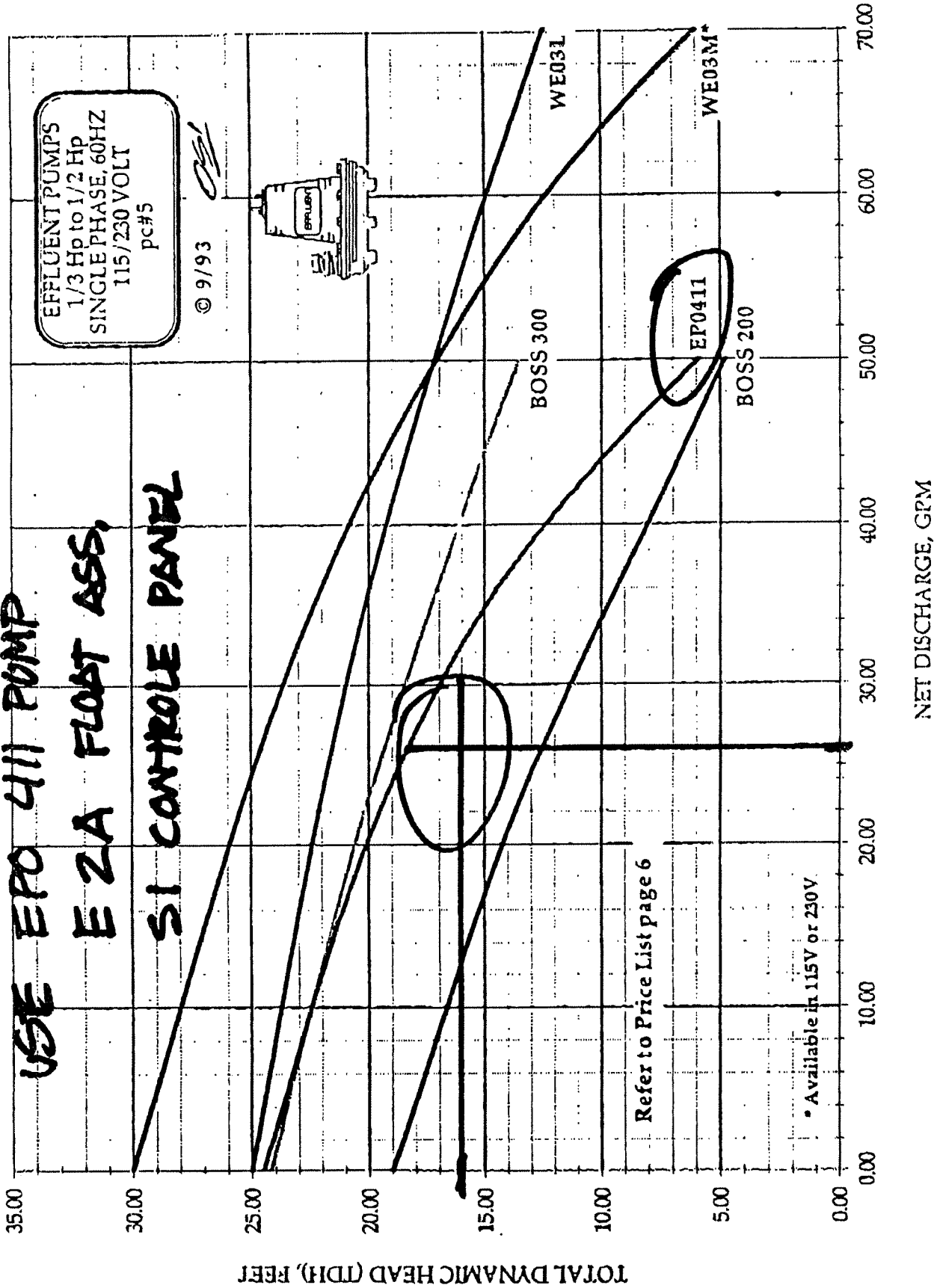
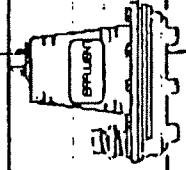
_____ GPM @ _____ TDH

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

**USE EPO 411 PUMP
E 2A FLOAT ASS,
SI CONTROLE PANEL**

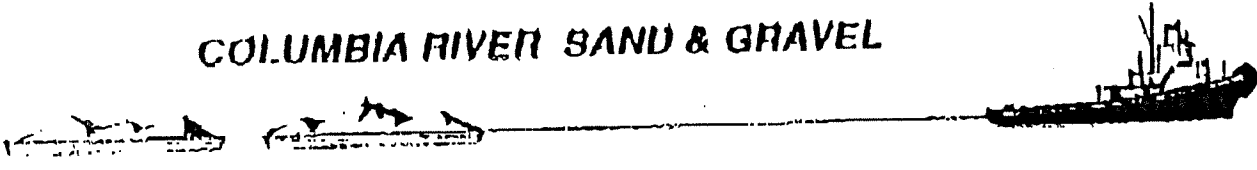
EFFLUENT PUMPS
1/3 Hp to 1/2 Hp
SINGLE PHASE, 60HZ
115/230 VOLT
pc#5

© 9/93



7/7

COLUMBIA RIVER SAND & GRAVEL



ADDRESS: 1907 NW LOWER RIVER RD.

P.O. BOX 61420 VANCOUVER, WA 98660

TELEPHONE: 206-894-1677

FAX: 206-894-4909

	IND. WT. RETAINED	IND % RETAINED	ACC % RETAINED	ACC % PASSING
#4	16.5	2.40%	2.40%	97.52%
#10	22.0	4.00%	7.20%	92.72%
#16	31.0	10.65%	20.93%	79.07%
#20	212.0	31.01%	52.74%	47.25%
#30	249.0	37.36%	90.10%	9.90%
#100	56.0	0.40%	90.50%	1.50%
#200	7.0	1.05%	99.55%	0.45%
PAN	31.0	0.45%	100.00%	0.00%
TOTAL	667	T. H.	2.72	

ASTM C-33

#4	95%	100%
#10	80%	100%
#16	50%	95%
#20	25%	60%
#30	10%	30%
#100	2%	10%
#200	0%	2%

11 B0-
Warrenton



October 1, 1996

JOAN & JOHN EMERY
115 BIG BEAR PLACE N.W.
ISSAQUAH WA 98027

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

RE: OSS:NWR: CLATSOP COUNTY: ALTERATION
PERMIT REPORT: TWN 6N, RNG 10W, SEC 10BD,
TAX LOT 702, NORTHWEST PORTION.

NORTHWEST REGION

Dear Joan & John Emery:

In response to your recent application for an alteration permit, the above-described property was examined on September 26, 1996, to determine the methods of on-site sewage disposal for which it is suited. Although the site does not comply with established criteria for a standard septic tank-disposal field system, the site has been found suitable for a conventional sand filter treatment and disposal system. This lot is a part of a proposed partition of the existing tax lot 702. Creating this lot requires that the site have adequate area for both an initial and replacement system. Oregon Administrative Rules allow small lots such as this to be served by on-site sewage disposal, when the lot is within the Clatsop Plains as this lot is. This proposed lot will be approximately 13,400 sq. ft. in area. There is an existing house on the property. The existing drainfield for the house is on the other proposed lot to the south. A system will need to be installed for the existing home on the NW lot, before a construction permit can be issued for the other proposed lot to the south and east.

The on-site sewage disposal system would have the capacity to serve the existing single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded.

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The initial system will consist of an 1100 gallon dosing septic tank, an effluent lift pump with associated controls and alarm and a 360 sq.ft. bottomless sand filter. The replacement system when needed in the future will consist of the same type as the initial. Due to the limited size of this proposed lot, careful consideration for the placement of the on-site system is necessary.**

John A. Kitzhaber
Governor



A construction-installation permit is required to install the sewage system on the approved site. Please contact North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280.

2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471
DEQ-1

October 1, 1996

Page 2

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction-installation permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis C. Illingworth", with a long horizontal flourish extending to the right.

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dc

Cc: NCBO:DEQ

Enclosure:

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

GN R 10W S 10BD TL 702 ^{NW} partition APPLICANT Emery

SIZE ~13,000 sqft EVALUATOR Illingworth DATE 9/26/90

ob -stones & stony	fs -fine sand	sl -sandy loam	scl -sandy clay loam	w -weathered	pl -platy
ob -cobbles & cobbly	vfs -very fine sand	fsl -fine sandy loam	cl -clay loam	fx -fractured	pr -prismatic
-gravel & gravelly	lcos -loamy coarse sand	vfsi -very fine loamy sand	sicl -silty clay loam	sed -sedimentary	bk -blocky
cos -very coarse sand	ls -loamy sand	l -loam	sc -sandy clay	0 -no structure	abk -angular
os -coarse sand	lfs -loamy fine sand	si -silt	sic -silty clay	1 -weak	blocky
-sand	cosl -coarse sandy loam	sil -silt loam	c -clay	2 -moderate	sbk -subangular
			llesd -layer limiting	3 -strong	blocky
			effective soil depth		

NOTES: structure, % loose rock, roots, redoximorphic features, water, llesd, etc.

DEPTH (inches) TEXTURE COLOR

0-8	fsl	10yr 2/2	many fine roots
8-36	s	10yr 3/3	
36-42	s	10yr 2.5yr 5/3	
42-51	s	2.5yr 5/3	damp
51	s	2.5yr 5/2	

Notes H2O expected @ ~51" due to color & landscape position

tes

POPE level ASPECT _____

GROUNDWATER NA; TEMPORARY; PERMANENT

STEM TYPE: design sewage flow 450 gpd

trial: Bottomless sand filter replacement: same

positional field sizing: 360 sqft / 450g /150 g disposal field sizing: same /150 g

max. depth absorption facility: 24 inches max. depth absorption facility: same inches

social conditions/comments limited area - existing house - new lot due to partitioning

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

Date Rec'd 9-24-96
 Completed 10-23-96
 Required Fee \$180.00
 Receipt No. 75346
 Control No. 47849
 PWELLER 1955

FOR APPLICANT'S USE - (PLEASE PRINT)

99' X 135' / .64 AC
 Lot Size (Acreage or Dimensions)

JOAN & JOHN EMERY
 (Property Owner's Name) (Applicant's Name if Different from Owner)

Legal Description of Property 6 10 10 BD 702 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

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

Proposed Facility **Water Supply**

[] Single Family Residence _____ (Number of Bedrooms) Public (Community System)
 [] Other _____ (Specify) [] Private _____ (Indicate: Well, Spring, Etc.)

Existing Facility

Single Family Residence 3 (Number of Bedrooms)
 [] Other _____ (Specify)

APPLICATION FOR:

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

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

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

[Signature]
 (Signature)

9-23-96
 (Date)

Authorized Representative
 Licensed Installer
 License No. 33079

Owner's Mailing Address
JOAN & JOHN EMERY
115 BIG BEAR PLACE N.W.
ISSAQUAH, WA 98027
 PHONE 206-392-2821

Applicant's Mailing Address (if different)
SEACREST CONSTRUCTION
3111 HWY 101 NORTH
SEASIDE OR 97138
 PHONE 503-738-6401

Geahart

261 Spruce

Geahart OR 97138

FOR DEQ USE ONLY

**LAND USE COMPATIBILITY STATEMENT
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS**

LICITANT'S NAME <i>John Emery</i>		MAILING ADDRESS <i>115 Big Bear Placw NW</i> <i>Issaquah, WA 98027</i>		PHONE <i>206-392-2821</i>
CITY		STATE	ZIP	
L O C A T I O N	TOWNSHIP <i>6</i>	RANGE <i>10</i>	SECTION <i>10BD</i>	TAX LOT OR ACCT NO <i>702</i>
	SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY <i>Clastop</i>
	<input checked="" type="checkbox"/> PROPERTY IS A LOT OF RECORD CREATED BEFORE AUGUST 1, 1981.			

PROPOSED LAND USE
Existing Septic System Repair - Residential

STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY
(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION
R-1

ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

<input checked="" type="checkbox"/> COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN	OR	<input checked="" type="checkbox"/> CONSISTENT WITH THE STATEWIDE PLANNING GOALS
<input type="checkbox"/> NOT COMPATIBLE WITH THE LCDC ACKNOWLEDGED COMPREHENSIVE PLAN		<input type="checkbox"/> NOT CONSISTENT WITH THE STATEWIDE PLANNING GOALS

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

PROPERTY IS LOCATED: (check one)

<input type="checkbox"/> INSIDE CITY	<input type="checkbox"/> INSIDE URBAN GROWTH BOUNDARY OUTSIDE CITY LIMITS	<input type="checkbox"/> OUTSIDE URBAN GROWTH BOUNDARY
--------------------------------------	--	---

LAND USE AUTHORITY
City of Geahart

BY <i>Dennis McNally 1513</i>	TITLE <i>City Administrator</i>	DATE <i>092496</i>
----------------------------------	------------------------------------	-----------------------

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

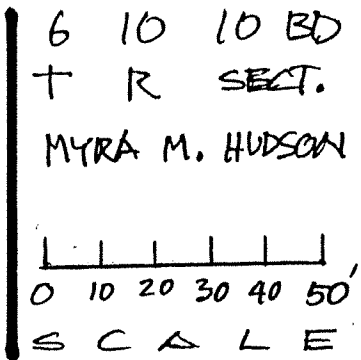
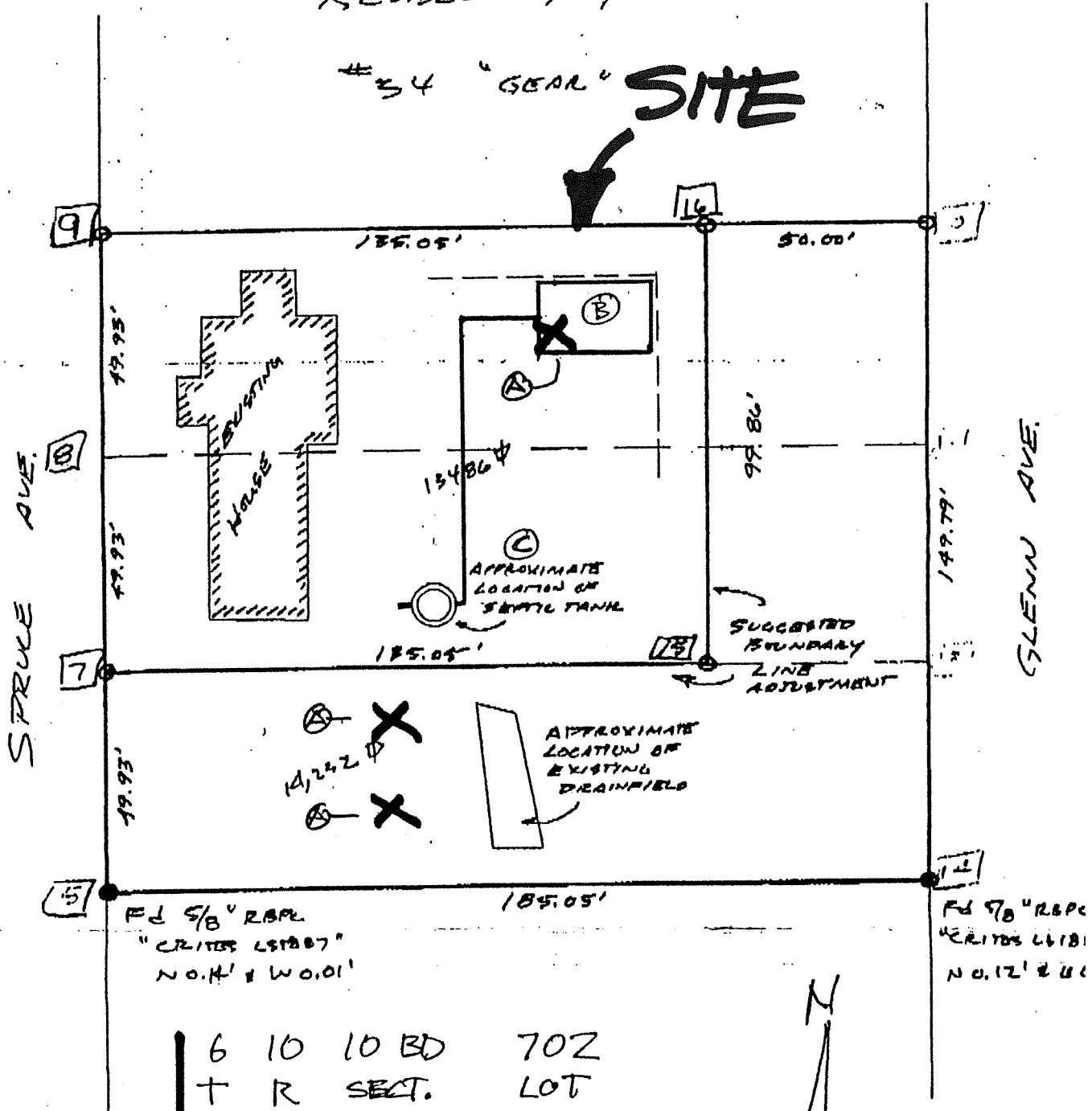
CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY

SEP 24 1996

BY	TITLE	DATE
		NORTH COAST BRANCH OFFICE
		WARRENTON

REVISED 3/14/96

#34 "GEAR" SITE



- (A) TESTPITS
 - (B) 360" SAND FILTER (PROPOSED)
 - (C) EXISTING SEPTIC TANK
- DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 24 1996

NORTH COAST BRANCH OFFICE
WARRENTON

33 14
4 3

UGB

MARION DRIVE

RAI

LW

LW RAI

GEARHART CITY LIMITS



NECOTIE CREEK

SITE

GEARHART CITY LIMITS

GEARHART

PACIFIC AVE

GEARHART CITY LIMITS

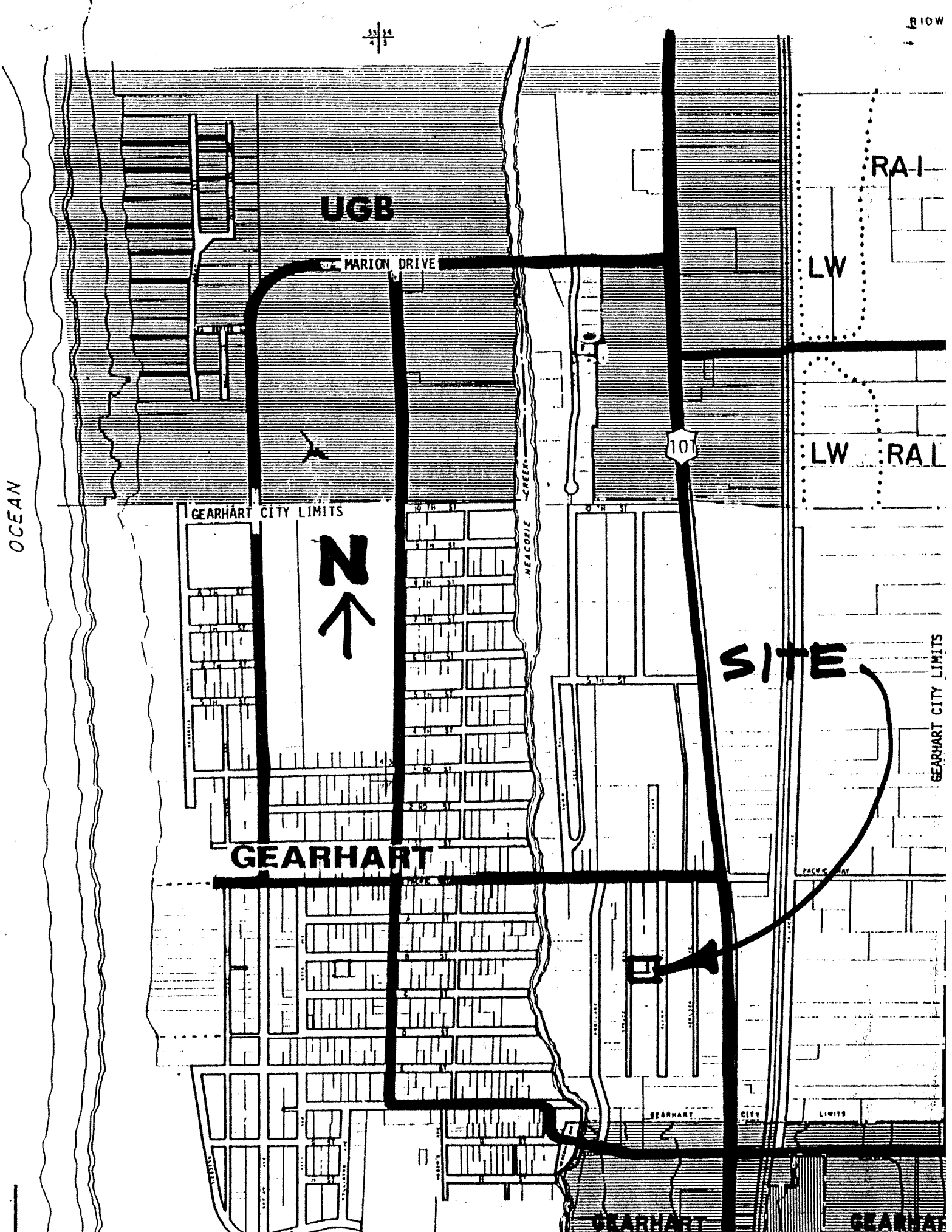
LIMITS

GEARHART

GEARHART

OCEAN

1



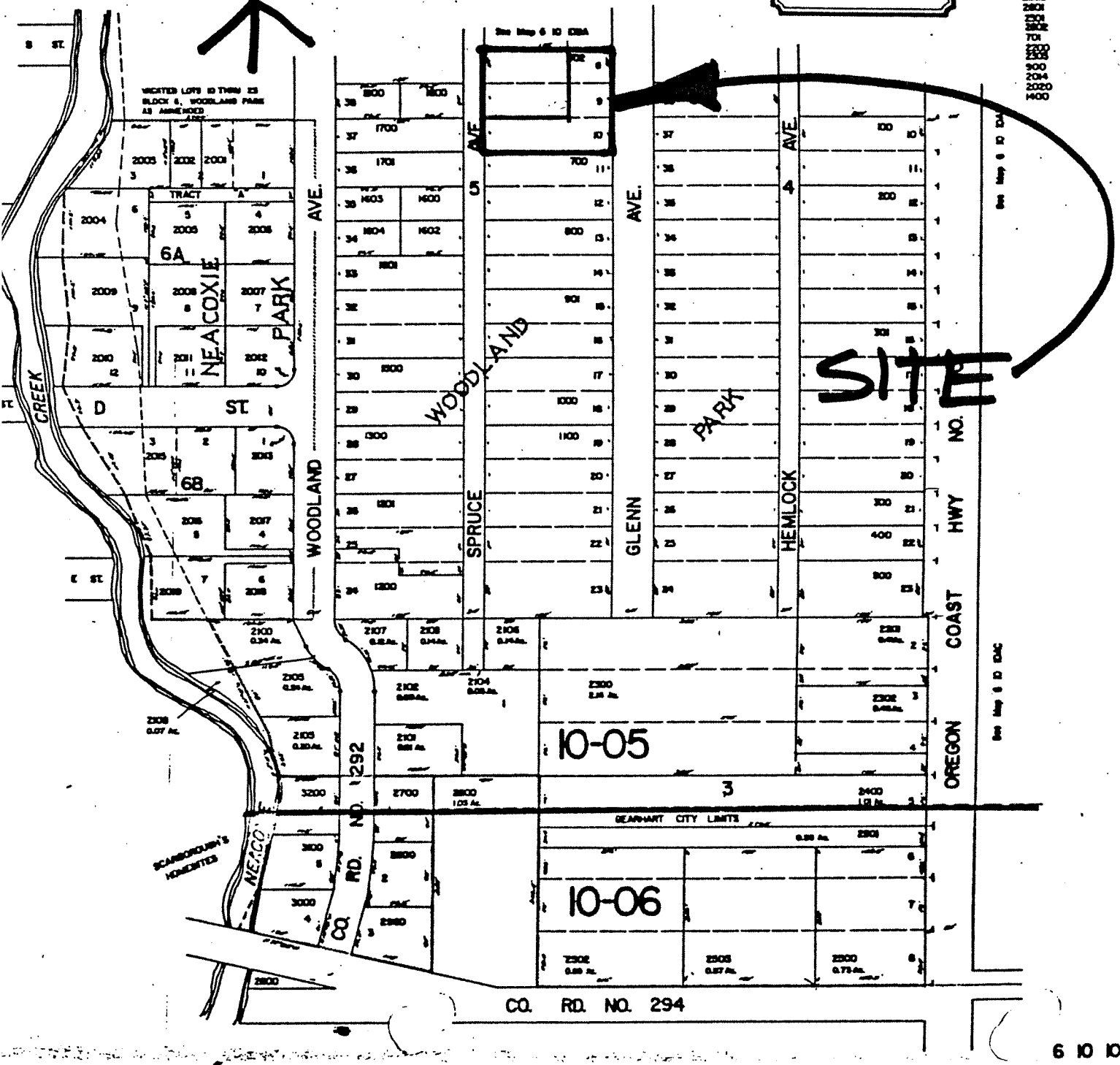
SE 1/4 NW 1/4 Sec. 10 T.6N. R.10W. W.M.
CLATSOP COUNTY

1" = 100'

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

6 10 10BD
GEARHART

CANCELLED
2008-01-10
2008-01-10
2008-01-10
2008-01-10



6 10 10BD

October 1, 1996

JOAN & JOHN EMERY
115 BIG BEAR PLACE N.W.
ISSAQUAH WA 98027

RE: OSS:NWR: CLATSOP COUNTY: SITE
EVALUATION REPORT: TWN 6N, RNG 10W, SEC
10BD, TAX LOT 702, SOUTH AND EAST PORTION.

Dear Joan & John Emery:

In response to your recent application for site evaluation, the above-described property was examined on September 26, 1996, to determine the methods of on-site sewage disposal for which it is suited. Although the site does not comply with established criteria for a standard septic tank-disposal field system, the site has been found suitable for a conventional sand filter treatment and disposal system.

The system would have the capacity to serve a single family dwelling, with no more than 4 bedrooms. Peak daily sewage flow into the system is limited to 450 gallons, with an average daily sewage flow of not more than approximately 225 gallons per day. Premature system failure may occur if either flow limit is exceeded.

Please refer to the enclosed field worksheet for information about the site observations and location of the disposal system (including the future repair/replacement disposal system). **The initial system will consist of an 1100 gallon dosing septic tank, an effluent lift pump with associated controls and alarm and a 360 sq.ft. bottomless sand filter. The replacement system when needed in the future will consist of the same type as the initial. Due to the limited size of this proposed lot, careful consideration for the placement of both the residence and on-site system is necessary.**

A construction-installation permit is required to install the sewage system on the approved site. Please contact North Coast Branch Office of the Department of Environmental Quality for information regarding permit procedures and necessary fees. The phone number is 503-861-3280. An existing drainfield serving the house on the proposed NW lot is located on this lot. *Before a permit can be issued to install a system on this lot, a new system to serve the existing house will need to be installed. Please refer to the October 1, 1996 letter regarding the NW portion of tax lot 702 for further information.*

John A. Kitzhaber
Governor



2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

DEQ-1

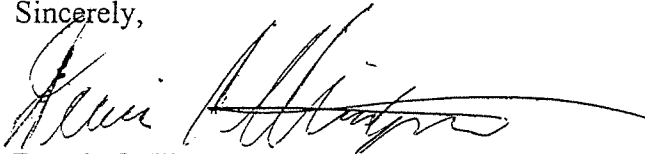
October 1, 1996

Page 2

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided, and that conditions on the subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.745 and Administrative Rules of the Environmental Quality Commission (EQC). Any such subdivision, partitioning or alteration may void this report.

WARNING: This is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of permit application, the property has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The report will remain valid until an on-site sewage system is installed pursuant to a construction-installation permit obtained from the Department of Environmental Quality, or until earlier cancellation, pursuant to EQC rules, with written notice thereof by the Department to the owners according to DEQ records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis C. Illingworth", with a long horizontal flourish extending to the right.

Dennis C. Illingworth, R.S.
Environmental Specialist

DCI:dcj

Cc: NCBO:DEQ

Enclosure:

COUNTY Clatsop

SITE EVALUATION - FIELD NOTES

T 6N R 10W S 10B0

TL 702 (S+E partition)

APPLICANT Emery

SIZE _____ EVALUATOR Illingworth

DATE 9/26/96

- | | | | | | |
|------------------------|-------------------------|----------------------------|--|------------------|------------------------|
| st -stones & stony | fs -fine sand | sl -sandy loam | scl -sandy clay loam | w -weathered | pl -platy |
| cob -cobble & cobbly | vfs -very fine sand | fsl -fine sandy loam | cl -clay loam | fx -fractured | pr -prismatic |
| g -gravel & gravelly | lcos -loamy coarse sand | vfsl -very fine loamy sand | sicl -silty clay loam | sed -sedimentary | bk -blocky |
| vcos -very coarse sand | ls -loamy sand | l -loam | sc -sandy clay | 0 -no structure | abk -angular blocky |
| cos -coarse sand | lfs -loamy fine sand | si -silt | sic -silty clay | 1 -weak | |
| s -sand | cosl -coarse sandy loam | sil -silt loam | c -clay | 2 -moderate | sbk -subangular blocky |
| | | | llesd -layer limiting effective soil depth | 3 -strong | |

NOTES: structure, % loose rock, roots, redoximorphic features, water, llesd, etc.

DEPTH (inches) TEXTURE COLOR

1	0-6	fsl	10yr ² /1	many very fine roots
	6-36	s	10yr ³ /3	few fine roots
	36-48	s	2.5y ⁵ /3	
	48-60	s	2.5y ⁵ /2	

notes H₂O to be expected @ 48" due to color & landscape position

2 similar to #1

notes

SLOPE ~ level ASPECT _____

GROUNDWATER NA; TEMPORARY; PERMANENT

SYSTEM TYPE:

design sewage flow 450 gpd

initial: Bottomless sand filter

replacement: same

disposal field sizing: 360 sqft/450g /150 g

disposal field sizing: same /150 g

max. depth absorption facility: 24 inches

max. depth absorption facility: same inches

special conditions:/comments limited area

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

FOR OFFICE USE ONLY
 Date Rec'd 9-24-96
 Date Completed 10-1-96
 Required Fee \$ 365.00
 Receipt No. 75346
 Control No. _____
DWELLING 1955

FOR APPLICANT'S USE - (PLEASE PRINT)

79' X 135' / .64 AC
 Lot Size (Acreage or Dimensions)

JOAN & JOHN EMERY
 (Property Owner's Name) (Applicant's Name if Different from Owner)
 Legal Description of Property 6 10 10 BD 702 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)
 For Parcels in Platted Subdivisions, Indicate (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility

Water Supply

Single Family Residence _____
 (Number of Bedrooms)
 Other _____
 (Specify)

Public (Community System)
 Private _____
 (Indicate: Well, Spring, Etc)

Existing Facility

Single Family Residence 4
 (Number of Bedrooms)
 Other _____
 (Specify)

APPLICATION FOR:

- Site Evaluation Report
- Permit to Construct On-Site Sewage Disposal System
- Permit to Repair On-Site Sewage Disposal System
- Permit for Alteration of On-Site Sewage Disposal System
- Permit Renewal
- Existing System Report
- Plan Review
- Other (Specify) _____

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

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

[Signature]
 (Signature)

9-23-96
 (Date)

Authorized Representative
 Licensed Installer
 License No. 33079

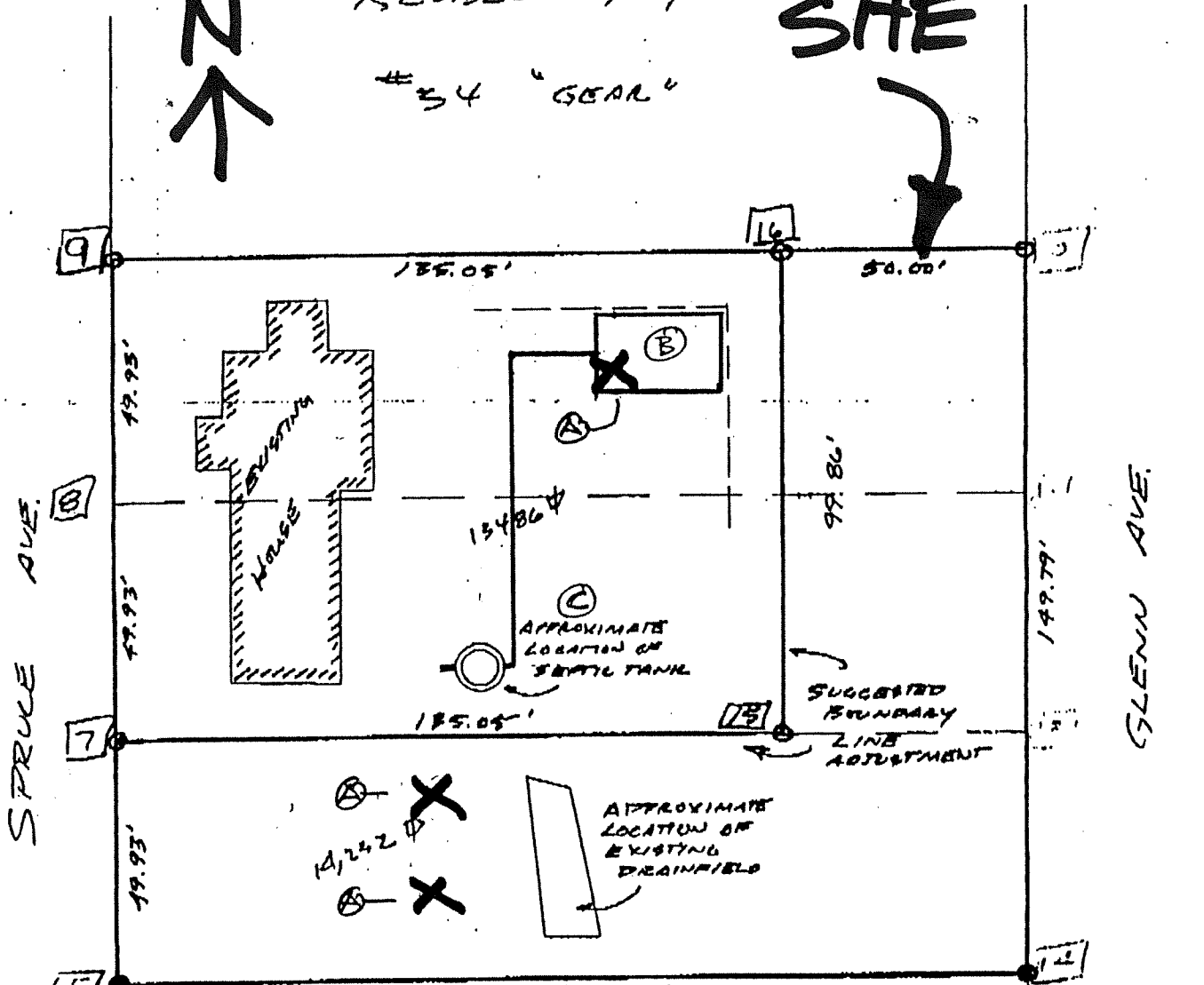
Owner's Mailing Address
JOAN & JOHN EMERY
115 BIG BEAR PLACE N.W.
ISSAQUAH, WA 98027
 PHONE 206-392-2821

Applicant's Mailing Address (if different)
SEACREST CONSTRUCTION
3111 HWY 101 NORTH
SEASIDE OR 97138
 PHONE 503-738-6401

REVISED 3/14/96

SITE

#54 "GEAR"



SPRUCE AVE.

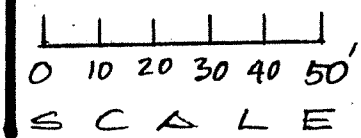
GLENN AVE.

FD 5/8" RABP
"CRITERS L51287"
NO. 4' x W 0.01'

FD 5/8" RABP
"CRITERS L618"
NO. 12' x 6'

6 10 10 BD
T R SECT.
MYRA M. HUDSON

70Z
LOT



- Ⓐ - TESTPITS
- Ⓑ - 360# SAND FILTER (PROPOSED)
- Ⓒ - EXISTING SEPTIC TANK

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

SEP 24 1996

NORTH COAST BRANCH OFFICE
WARRENTON

11772

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 84-49

\$ 35.00
Fee

New Construction

Repair

Other

Permit Issued To Myra Hudson
(Property Owner's Name)

6 North 10 West 10BD
(Township) (Range) (Section)

702
(Tax Lot / Acct. No.)

Clatsop
(County)

261 pSpruce St.
(Road Location)

Gearhart
(City)

John L. Smith, P.E.
(Issued by - Signature)

June 18, 1984
(Date Issued)

PERMITS ARE NOT TRANSFERABLE

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

SPECIFICATIONS

EXPIRATION DATE June 18, 1985

TYPE OF SYSTEM Standard

Design Sewage Flow 375 Gal's/Day

Tank Volume 1000 Gallons Disposal Trenches Seepage Bed(s) 250 Square Feet

Maximum Depth 36 inches. Minimum Depth 18 inches. 125 Linear Feet

Equal Loop Serial Pressurized Minimum Distance Between Trenches 10 feet on centers

Total Rock Depth 12 Inches. Below Pipe 6 Inches. Above Pipe 2 Inches. Rake Sidewall

Special Conditions (Follow Attached Plot Plan) Filter fabric above rock and down trench sidewalls.

Try to raise building sewer in order to ins tall shallow disposal trenches.

PRE-COVER INSPECTION REQUIRED - CONTACT North Coast Branch Office 325-8660

CERTIFICATE OF SATISFACTORY COMPLETION

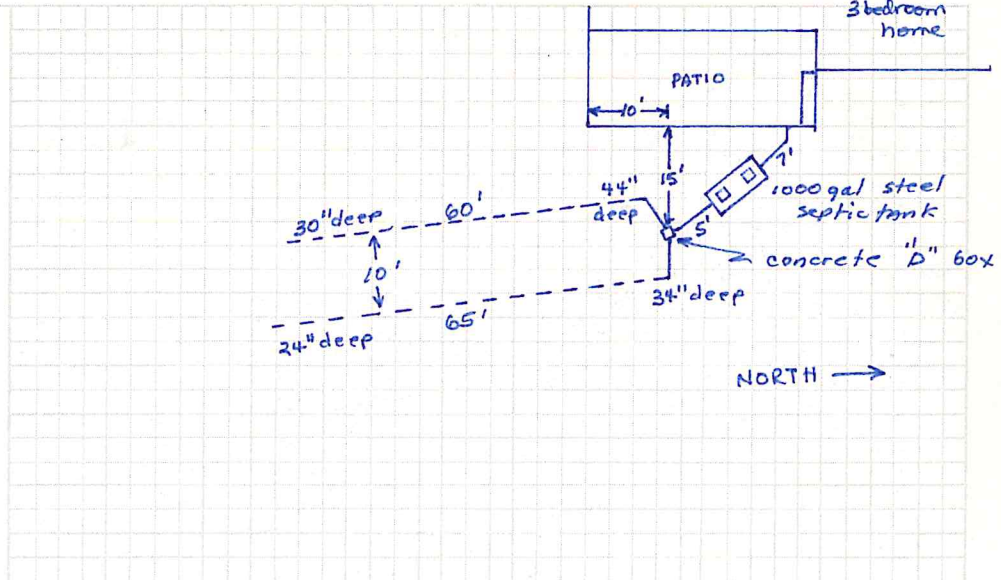
As-Built Drawing
with Reference Locations

Installer Johnson and Sons
Construction Co.

Final Insp. Date June 18, 1984

Issued by Operation of Law

Pre-cover inspection waived
pursuant to OAR 340-71-170(2)
This system was designed
and installed to serve the
existing three (3) bed-
room home.



In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above. The 1000 gallon septic tank should be pumped every four to five years. Help protect the Clatsop Plains Groundwater Aquifer, don't put strong chemicals into the septic tank system.

John L. Smith, P.E.
(Authorized Signature)

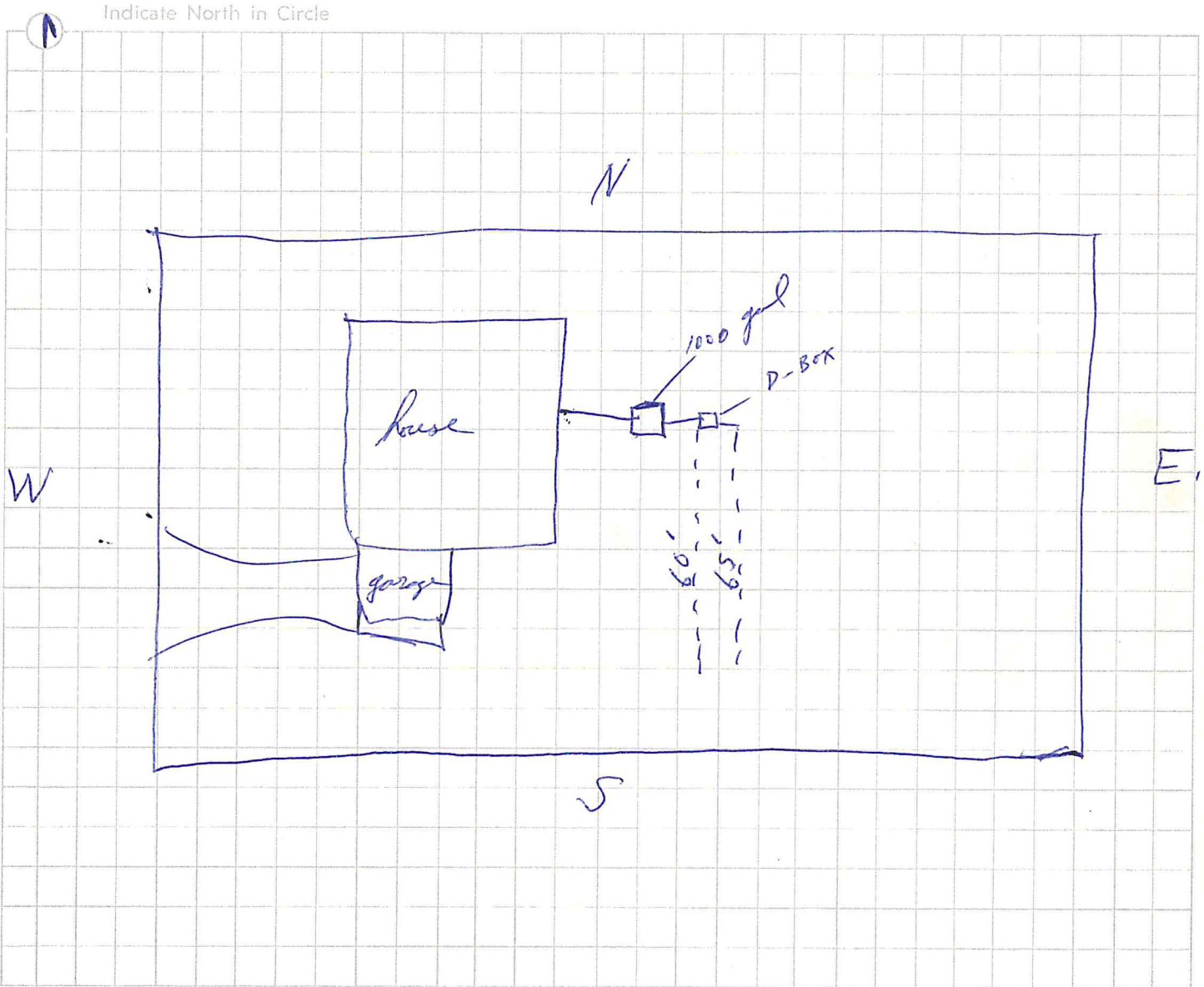
Environmental Analyst
(Title)

June 19, 1984
(Date)

DEQ-Astoria
(Office)

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
PLOT PLAN

Property Owner Myra M. Hudson Date 6/8/84
Location: T. 610 R. _____ Sec. 10 Tax Lot/Acct. No. 61010BD00702



REMARKS: Filter fabric down trench sidewalls and over rock - Try to raise building sewer in order to keep trencher shallow

FOR DEQ USE ONLY

- Approved
- Disapproved

Permit Number _____
By: John L. Smith (SANITARIAN SIGNATURE)
June 18, 1984 (DATE)

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 6-12-84
Date Completed 6-18-84
Required Fee 35.00
Receipt No. 27300
Control No.

APPLICATION FOR:

- Site Evaluation Report
Permit to Construct On-Site Sewage Disposal System
Permit to Repair On-Site Sewage Disposal System
Permit for Alteration of On-Site Sewage Disposal System
Permit Renewal
Authorization Notice
Other (Specify)

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED YES NO ATTACHED YES NO
VICINITY OR TAX LOT MAP REQUIRED YES NO ATTACHED YES NO
TEST HOLES REQUIRED YES NO ATTACHED YES NO
LAND USE COMPATIBILITY STATEMENT YES NO ATTACHED YES NO

ADDITIONAL ITEM(S) REQUIRED

For Applicant's Use - (Please Print)

Myra M. Hudson
610 10west 10 610 10 B D 00702
150' x 180'
yes
yes - 3

Directions to Property:

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

Ronald E. Johnson
6/8/84
Owner
Authorized Representative
S.D.S. License No. 33762

Owner's Mailing Address
myra M. Hudson
261 Spruce St.
Gearhart, Ore.
Phone 738-6017

Applicant's Mailing Address (if different)
H.E. Johnson & Sons
Hamlet Pt. Box 271
Seaside, Ore. 97138
Phone 738-7328

NW 1/4 Sec. 10 T.6N. R.10W. W.M.
 CLATSOP COUNTY

1" = 100'

Allan Hudson
 261 Spruce St.

637 AC.

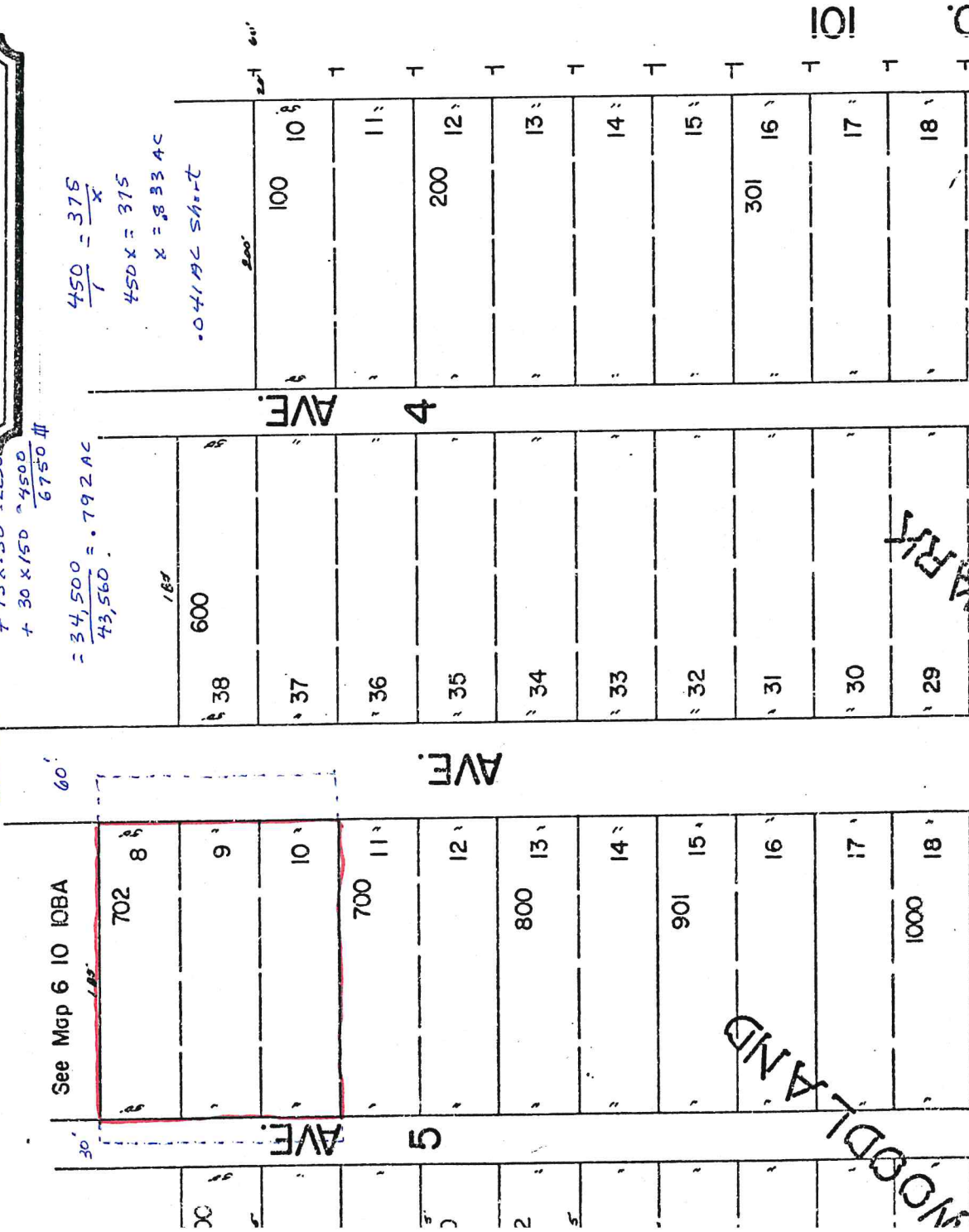
+ 15 x 150 = 2250
 + 30 x 150 = 4500
 6750 ÷

= $\frac{34,500}{43,560} = .792 \text{ AC}$

PROPERTY
 OF THE
 CLATSOP COUNTY
 ASSESSORS OFFICE

CANCELLED
 2000
 2601
 2301
 2602
 701
 2200
 2303
 900
 2014
 2020
 1400

See Map 6 10 10AB



6 10 10BD
 GEARHART

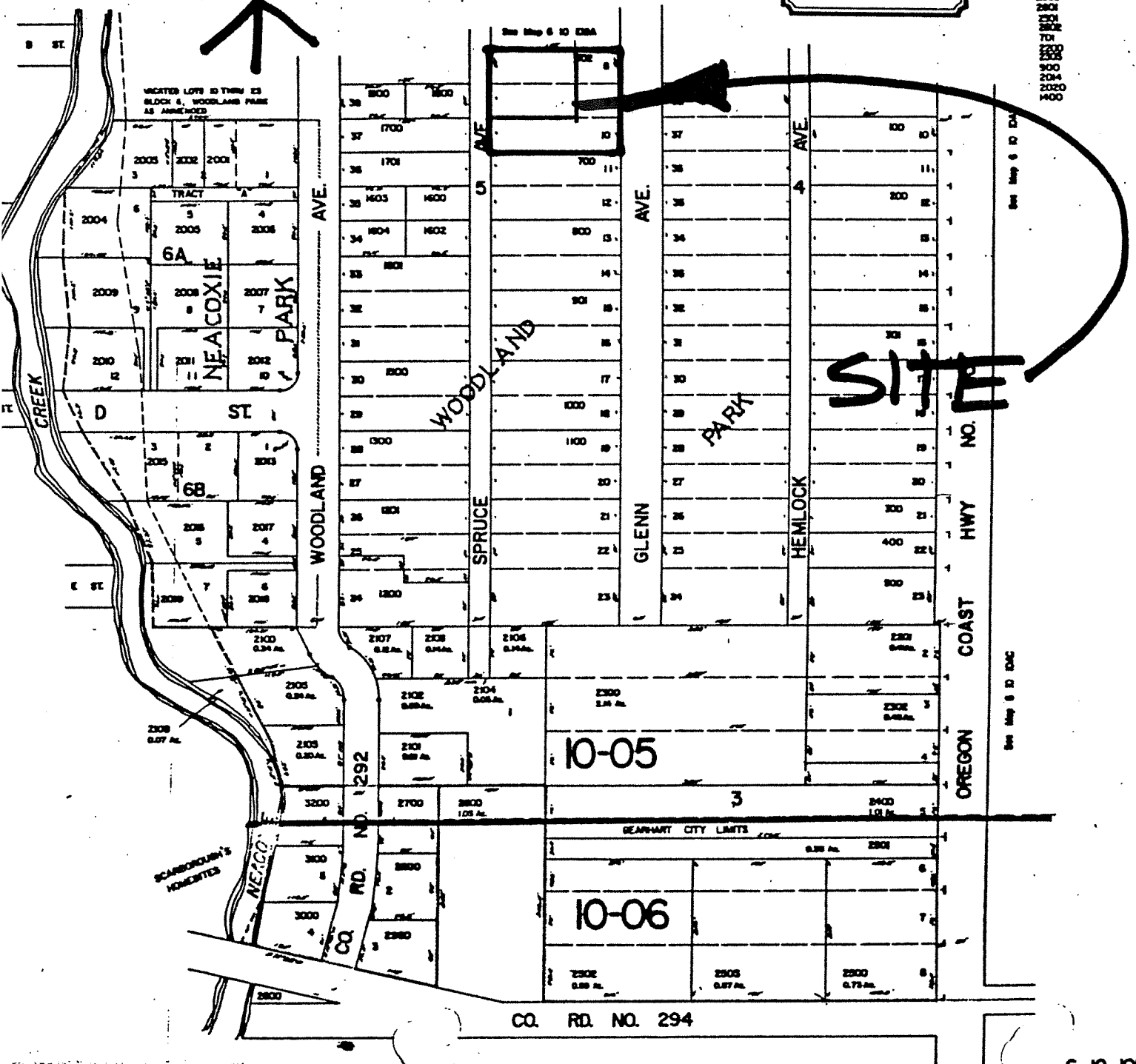
SE 1/4 NW 1/4 Sec. 10 T.6N. R.10W. W.M.
CLATSOP COUNTY

1" = 60'

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

6 10 10BD
GEARHART

CANCELLED
2800
2801
2802
2803
2804
2805
2806
2807
2808
2809
2810



SITE

10-05

10-06

CO. RD. NO. 294

6 10 10BD