

State of Oregon

Department of Environmental Quality

Onsite Permit ID: OS413046

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

DistributionType:

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.

email to Vicky 5 8/22/13

Application ID: 414803, Repair Permit - Single Family Dwelling-Major - Installer: Osburn-Olson, L.L.C.: dba Osburn-Olson, L.L.C.

Page 1 of 2 SCANNED AUG 2 2 2013

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.

Serviel off

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

For Official Use Only/Date Received:	

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 Informati	n: Township 06N, Range 1	IOM Section 10 BD
Name: Joan Emery	Clatsop County TaxLott	
Property 261 Spruce Ave., Gearnart Address:	James Posting , and Sa	
SECTION 2: System Component Specif	cations:	
A. Tanks/Pumps EXISTING TA	vpe: Sand Filter: Bottomless - Residenti	ial Water tight verification*
Tanks(1) Volume: 1000 Comparime	nis: Manufacturer: MICHAEL	S Date: #//A
Tanks(2) Volume: NA Comparime	nis: Manufacturer:	Date:
* Pump(s) HP: 2 Model/Manuf. PF500	5 Float(s)Type(1): 3 Model/Manuf	"A" ORENCO
	Float(s)Type(2): Model/Menuf.	
B. Piping		
Effluent Sewer (tank to drainfield) Yes	No Diameter: ASTM#/Other:	Length:
Pressure Transport Pipe Yes	No Dinmatos : 1/ // Lagranion	
C. Secondary Treatment Unit:		1785 Length:
Sand Filter* Yes No Type:	CONTROL / TECS ICONIA	iner Dimensions: 15/2001
Underdrain pipe Diameter. 3/1/ ASTM	When the same	
Manifold piping Diameter: 1 4/4 / ASTM		6 LATERK Length: 130 TOTA Length:: 12.5
Internal Pump HP: N/A Model	lanufacturer	1-20-30 19 19
Floats(1) Type: Model/	fanufacturer	
Floats(2) Type: Model/	lanufacturer .	
ATT Yes No Model:		
Certified Maint. Provider Name:		
Operation and Maint. Contract Received? Yes	No	-
O. Oralnfield Media		
Type (Gravel, Pipe or alternative?)		
Distribution Box Yes No 74d	DER PERGRAVEL, TYCHO D	250 00 0-015
Drop Box Yes No	Who DED SANA	DEQ DR ROCK
Distribution Pipe Yes No Diameter	ASTM#/Other:	Length:
& comment REPLACED DE	ma EVAMIT mora 1100	
A	MANIE WILL WELL	PF5005 Pump \$
'All Tanks(s) were lesled for water-lightness after insid "'Attach steve analysis for Understoin Media and Ellec	V MULC (W// Till	-1614
Attach sieve analysis for Underdrein Medie and Filter	Saud Tagoen in accordance with CNM 390-213-()n(2)(3)

Application ID: 414803, Repair Permit - Single Pamily Dwelling-Major, Owner Name: Joan Emery

Squirt 6

Page 1 of 2 DEO Rev: 4/8/2008

15'x24' Intermittent Sand Filter*



Configured for loading rates up to $1.25\,$ GPD/FT. 2 Follow appropriate intermittent sand litter design criteria.

112" 24

814 ARRAY AVENUE SUTHERLIN, ORECON 97479-9012

TELEPHONE: (541) 458-4449

FACSAVAE: (541) 459-2884

PVC Loteral

From OSI Effluent 9 15' FLUSHING VALNE

PLYWOOD SIDES

SIDE VIEW TOP VIEW PVC Online 5

STANDARD ORIFICE SHIELD DETAIL

18"

244

Orifice Shield

LUSHING VALVE ETAIL
SCALE: 1" = 1"-0"

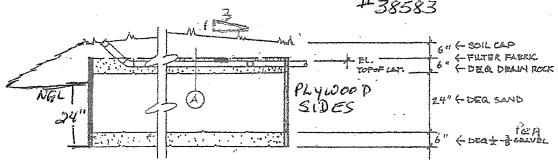
1-1/4" PVC Monifold

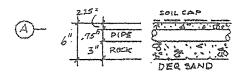
Potent § 5,350,555 @ 1998, Orenco Systems, Inc. Note: See additional delaits on NON-ISF-5-3

NDW-ISF-2024L-1

JOAN EMERY
6N-10W-10BD-702
0SBURD/OLSON LLC
#38583

TOP VIEW - 15'X24' BOTTOM LESS SAND FILTER W/84 ORIFICES





EL. NATURAL GRADE — 0.00',
EL. TOP OF MANAPOLD — T1.00'
EL. PUMP BASE — 4.50'

STATIC HEAD — 5.50

Pump Selection for a Pressurized System

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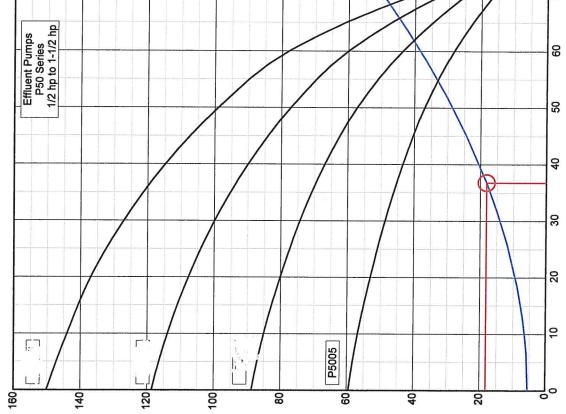
		rice in the second									_						
1/8 inches	5.0 feet	feet		feet	inches			feet	1.25 inches		5.5 feet	feet	1.25 inches		2.00 inches	None inches	0.0 feet
1/8	5.0	2.00 feet	7	22.0 feet	0.75	40	None	12.5 feet	1.25	40	5.5	24.0 feet	1.25	40	2.00	None	0.0
Orifice Size	Residual Head at Last Orifice	Orifice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

- Calculations

0.43 gpm 84	36.8 gpm 7	4.0 %	5.5 feet 5.0 feet	0.5 feet	0.6 feet	3.9 feet	2.7 feet	0.0 feet 0.0 feet	36.8 gpm 18.2 feet
0.43	36.	4, 1	i i	0 0	9 9	6	νi σ	9 9	36.8 18.2
Minimum Flow Rate per Orifice Number of Orifices per Zone	Total Actual Flow Rate Number of Lines per Zone	% Flow Differential 1st and Last Orifice	Lint to Manifold Residual Head at Last Orifice	Head Loss Through Distribution Makes	Head Loss in Manifold	Head Loss in Transport Pipe	Head Loss Through Discharge	read Loss Inrougn Flow Meter 'Add-on' Friction Losses	Total Flow Rate TDH
		% Flo		H			AU	G 2	I 2013

Total Dynamic Head (TDH), feet

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



www.orenco.com



SUTHERLIN, OREGON

814 AIRWAY AVENUE

97479

TOLL FREE:

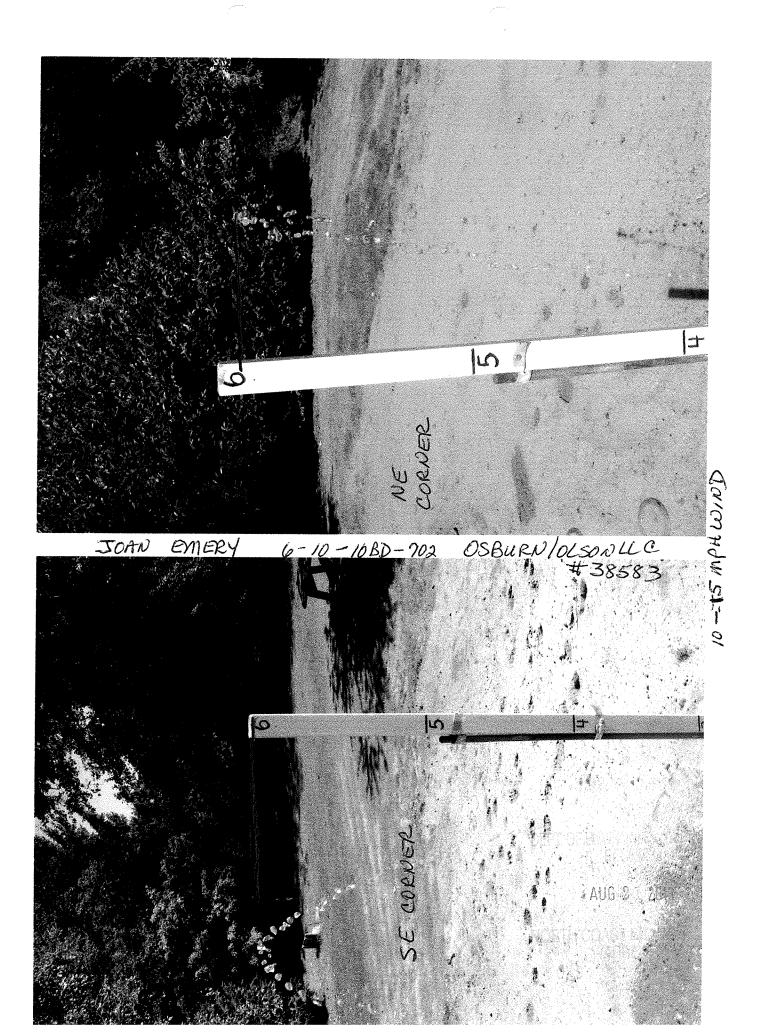
(800) 348-9843

(541) 459-4449 TELEPHONE

FACSIMILE

(541) 459-2884

Net Discharge, gpm



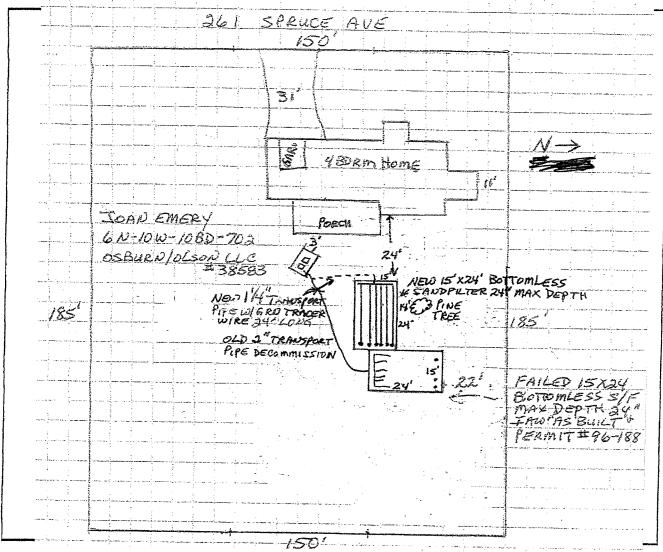
Pursuant to the requirements within ORS 454.665, OAR 3 permittee must notify the Department of Environmental Compair of a system for which a permit was issued is completed Department (or Agent) has 7 days to perform an inspection notice date, unless the Department (or Agent) elects to war and acceptance of this completed form by the Department pre-cover inspection. Faxed copies are acceptable for inspectificate of Satisfactory Completion is issued. Please co issued the permit. Forms that are determined to be incomp	40-071-0170 and OA quality (or its authoristed and prior to back to of the completed colore the inspection and (or Agent) establishmection request purposmplete sections 1 thr	AR 340-071 ized Agent) offilling or construction/ad authorized as the officions only. Officing the set of the cough 4 on the c	-0175, the system when the construction overing the installation following the system to be all notice date of your light to be reginals must be re-	installer and/or the tion, alteration or tion. The ing the official backfilled. Receipt our request for the eccived before a
SECTION 1: Owner/Permittee Information:	Township (06N, Rang	e 10W, Section 1	0 BD
Name: Joan Emery		-	ot#: Tax Lot 702	
Property 261 Spruce Ave., Gearhart Address:		•		
SECTION 2: System Component Specifications:				
A. Tanks/Pumps EXISTING TANK FUN	Filter: Bottomless	s - Reside	ntial	Water tight verification*
Tanks(1) Volume: 1000 Compartments:	Manufacturer: Mu	CHAE	LS	Date: N/A
Tanks(2) Volume: NA Compartments:	Manufacturer:			Date:
Pump(s) HP: //a Model/Manuf. PF3005	Float(s)Type(1): 3	Model/Mai		RENCO
	Float(s)Type(2):	Model/Mai	nuf.	
3. Piping				
Effluent Sewer (tank to drainfield) Yes No Dian	neter: ASTA	M#/Olher:		Length:
Pressure Transport Pipe Yest No Diam	neter: //4 " ASTA	M#/Other:	D1785	Length: 24 FT
C. Secondary Treatment Unit:		•		
Sand Filter** Yes No Type: BOTTOM	LESS	Cor	ntainer Dimensions:	15'xa4'
Underdrain pipe Diameter: 3/4 " ASTM#/Other:	71785	····	6 LATERAL	Length: 130 TOTAL
Manifold plping Diameter: 1 1/4 11 ASTM#/Other:	D 1785			Length:: 12.5
Internal Pump HP: 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				
Drainfield Media .				
Type (Gravel, Pipe or alternative?)				
Distribution Box Yes No 7yds Dec	PEAGRAVEL,	7 yds	DEQ DR.	Rnck
Drop Box Yes No V 38 Vdo	DED SANT	> /5-5	~ ~ ~ /	
Distribution Pipe Yes No / Diameter: / AS	TM#/Other:		Ler	igth:
* comment REPLACED PUMP & V	AUCT COIT	H NEW	PF3005	Pump &
13. mm	4 1 4 2 2 2	- ,/.	- ()	

For Official Use Only/Date Received:

*All Tanks(s) were tested for water-lightness after installation and passed in accordance with OAR 340-073-0025(3)
**Attach sieve analysis for Underdrein 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 Installe		1	REX OLS	ON/	OSBI	1RN-00	SON LLC
Licensed Installer:		License#: 38	583		Certification		,87	
Owner/ Certified Installer:	Signature:	<u>a</u>		Date:	2/13	Phone 50	# 3~7/7-	-3907
SECTION 5 - Off	ice Use Only:		MANUFACTURE ()	Installer/Owner		·		
Notice Accepted	es No	Date:		(Permittee) Notified:	Yes	No	Date:	
If No, Reason for No Acceptan				<u>.</u>	4			
Comme	ent:							
							AHG =	· 90 40

Pump Selection for a Pressurized System

Input Parameters		
Orifice Size	1/8	1/8 inches
Residual Head at Last Orifice	5.0	5.0 feet
Orifice Spacing	2.00 feet	feet
Number of Laterals per Cell	ര	
Lateral Length	22.0 feet	feet
Lateral Line Size	0.75	0.75 inches
Lateral Pipe Class/Schedule	40	
Distributing Valve Model	None	

Manifold Line Size Manifold Length 1.25 inches 40 12.5 feet

Manifold Pipe Class/Schedule

Transport Line Size Transport Length Lift to Manifold 24.0 feet 5.5 feet **1.25** inches

Transport Pipe Class/Schedule

None inches 1.25 inches

Discharge Assembly Size 'Add-on' Friction Losses Flow Meter 0.0 feet

Calculations -

Minimum Flow Rate per Orifice

0.43

gpm

Number of Orifices per Zone

% Flow Differential 1st and Last Orifice

Number of Lines per Zone

Total Actual Flow Rate

31.5

gpm

Head Loss Through Distributing Valve

0.0 feet

0.5 feet 5.0 feet 5.5 feet 4.0 %

Residual Head at Last Orifice

Lift to Manifold

Head Loss in Laterals

Head Loss Through Flow Meter

0.0 feet 0.0 feet

Total Flow Rate 'Add-on' Friction Losses

31.5 gpm

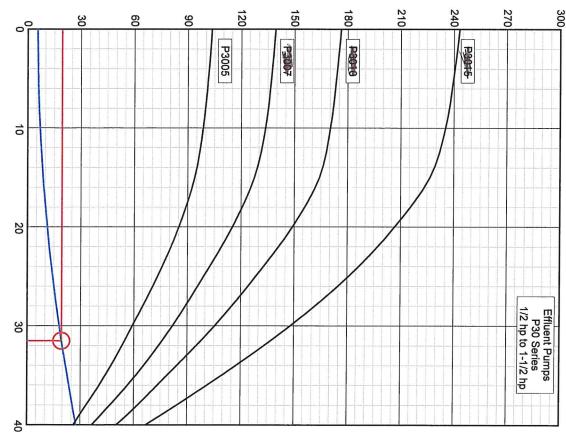
Head Loss Through Discharge

5.0 feet 2.9 feet 0.4 feet

Head Loss in Transport Pipe

Head Loss in Manifold

Total Dynamic Head (TDH), feet



www.orenco.com

(541) 459-2884

FACSIMILE:

(541) 459-4449

TELEPHONE:

Net Discharge, gpm

Incorporated Orenco System

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

814 AIRWAY AVENUE SUTHERLIN, OREGON

97479

TOLL FREE:

(800) 348-9843

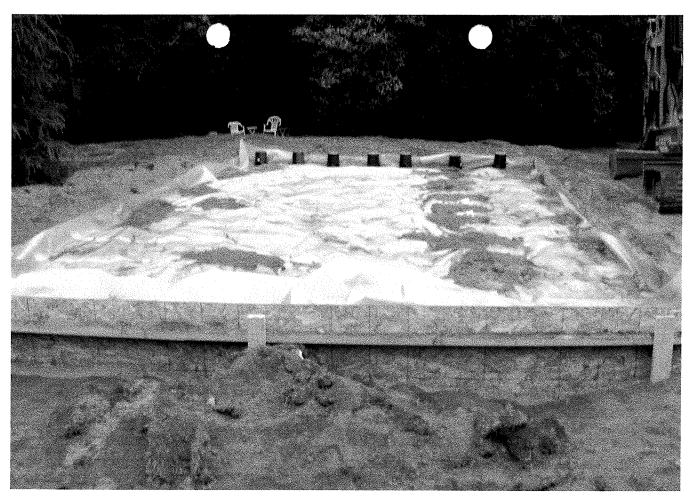






JOAN EMERY 6N-10W-10BD-702 OSBURN/OLSONLLC #38583





JOAN EMERY
6N-10W-10BD-702
OSBURN/OCSON LLC
#38503



State of Oregon

Department of Environmental Quality

Onsite ID: **OS413046** Expiration Date: 7/24/2014

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-MajorPermit OS413046 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner:

Joan Emery

Clatsop County

Sand Filter Replo

Property Location 261 Spruce Ave., Gearhart

Township 06N, Range 10W, Section 10 BD

Facility Type:

Single Family Dwelling

Tax Lot 702

4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Sand Filter: Bottomless - Residential

Design Flow:

450 gals/day

Minimum Septic Tank Size:

1100 gals

DistributionType:

Pressurized

Sand Filter:

360 SqFt

Maximum Trench Depth:

24 inches

ADDITIONAL CONDITIONS

- 1 New pump and vault with effluent screen to be installed.
- 2 Ok to use existing tank, however, owner must provide adequate maintenance of tank and sand filter system.
- 3 The alarm and pump must be on separate circuits in the control panel.
- 4 Vehicular traffic and livestock must be restricted from the system area.
- 5 An electrical permit and inspection from the Department of Consumer and Business Services, Building Codes Division or the municipality with jurisdiction is required for all pump wiring installation.
- 6 Meet all required setbacks.
- 7 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.

iled to Vicky 5 7

Application ID: 414803, Repair Permit - Single Family Dwelling-Major, Owner Name: Joan Emery

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
	31
	8 480Rm Home 1"=30"
	SBUEN/DLSON CLC 8/ NEW 15'X24' BOTTOMLESS
185	NEW 27 TRANSPORT WE SANDPILTER 24 MAX DEPTH NEW 186 WIRE OLD 3"TRANSPORT WIRE
	PRE DECOMMISSION IS' 27' FAILED 15X24 BOTTOMLESS S/F MAY DEPTH 34" IAW'AS BUILT PERMIT#96-188
	To be installed according to approved plan of permit # 0.5 4/3 046
	Bernie J. Dutty Date 150' Natural Resource Specialist Department of Environmental Quality
	BELLET THE CALL THE C
	Property of the property of th

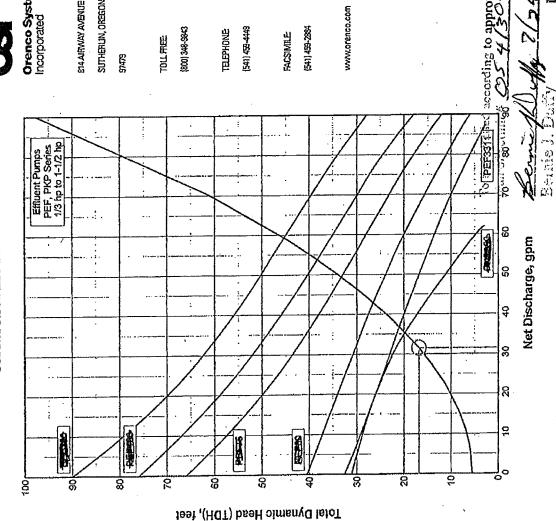
15'x24' Intermittent Sand Filter* Orenco Systema • # Consquest for protocol as the protocol of th SUOK YORA III PARTIE (1910)H ONTRE SHAM 1-1/4" PIC Doillold RECEIVE PLYWOOD SIDES (511) 159-1419 PASAND " (5(1) t31-2H1 30 -3/4" FIC LOLUGI (v/ 1/8" GO. ONTERS) FLUSIVAN VALYE From OSI Elflumi Pumping System PC Colored 1/8" Orifice i SIDE YIEH PIC OVER S STANDARD ORIFICE SHIELD DETAIL TOP VIEW - 15'X24' BOTTOM LESS SAND FILTER 10/72 ORIFICES Hote: Ste podlisnof deloits as HOW-15F-5-3 SCALE: F . F-0 HOW-ISF-2024L-1 Polent & \$,360,356 © 1998, Orenco Systems, Inc. JOAN EMERY 6N-10W-10BD-702 OSBURD/OLSON LLC #38583 611 CAP 6" (DEA DRUM ROCK PLYWOO'D SIDES 24 4 CORA SAND NGL To be installed according to approved plan of permit # 05 4/3 046 EL. NATURAL GRADE -EL. TOP OF MANAFOLD - + 1,00 Date Natural Resource Specialist EL. PUMP BABE -HEPT, OF FRANKING AND CHAINS Department of Environmental Quality 混CEMED JUL 2 4 2013 BOTTOMLESS SAND FILTER & MANAFOLD SECTION MORTH COAST (PANCE) OF THE Walterdickt

Pump Selection for a Pressurized System

Input Parameters Orifice Size	178	1/8 inches
Residual Head at Last Orifice	5,0	5.0 feet
Orifloe Spacing	2.00 feet	feet
Number of Laterals per Cell	49	
Lateral Length	22.0 feet	feet
Lateral Line Size	0.75	0.75 inches
Lateral Pipe Class/Schedule	4	
Distributing Valve Model	None	
Manifold Length	12.5 feet	feet
Manifold Line Size	1.25	inches
Manifold Pipe Class/Schedule	40	
Lift to Manifold	5.5	5.5 feet
Transport Length	27.0	27.0 feet
Transport Line Size	28	2.00 inches
Transport Pipe Class/Schedule	4	
Discharge Assembly Size	1.25	1.25 inches
Flow Meter	None	inches
'Add-on' Friction Losses	0.0	0.0 feet

Number of Orifices per Zone Total Actual Flow Rate Number of Lines per Zone % Flow Differential 1st and Last Orifice Lift to Manifold Residual Head Last Orifice Head Loss Through, Distributing Valve Head Loss Through Discharge Head Loss Through Blow Meter Head Loss Through Flow Meter	31.5 gpm 6 4.0 % 5.5 feet 5.0 feet 0.0 feet 0.4 feet
Number of Lines per Zone Number of Lines per Zone Flow Differential 1st and Last Orifice Lift to Manifold Residual Head at Last Orifice Head Loss in Laterals Head Loss Through Distributing Valve Head Loss Through Discharge Head Loss Through Flow Meter	31.5 gp 6 4.0 % 7.5 fee 6.0 fee 0.0 fee 0.4 fee
Number of Lines per Zone % Flow Differential 1st and Last Orifice Lift to Manifold Residual Head at Last Orifice Head Loss Through Distributing Valve Head Loss Through Distributing Valve Head Loss Through Discharge Head Loss Through Flow Meter **Add-on** Friction Losses	6 7.0 4.0 % % % % % % % % % % % % % % % % % % %
% Flow Differential 1st and Last Orifice Lift to Manifold Residual Head at Last Orifice Head Loss Through Distributing Valve Head Loss Through Distributing Valve Head Loss Through Discharge Head Loss Through Flow Meter	4.0 % fee 0.5 fee 0.0 fee 0.5
Lift to Manifold Residual Head at Last Orifice Head Loss in Laterals Head Loss Through Distributing Valve Head Loss in Transport Pipe Head Loss Through Flow Meter Head Loss Through Flow Meter	5.5 fee 5.0 fee 0.5 fee 0.4 fee 0.5 fee
Residual Head at Last Orifice Head Loss in Laterals Head Loss Through Distributing Valve Head Loss in Manifold Head Loss Through Discharge Head Loss Through Flow Meter Add-on? Friction Losses	5.0 fee 0.5 fee 0.4 fee
Head Loss in Laterals Head Loss Through Distributing Valve Head Loss in Manifold Head Loss Through Discharge Head Loss Through Findhon Losses	0.5 fee 0.0 fee 0.4 fee
Head Loss Through Distributing Valve Head Loss in Manifold Head Loss Through Discharge Head Loss Through Flow Meter Addon Friction Losses	0.0 fee 0.4 fee 0.5 fee
Head Loss in Manifold Head Loss Through Discharge Head Loss Through Find Meter Addon Friction Losses	0.5 fee
. .	0.5 fee
J.	
MA THE	5.0 feet
UL	0.0 feet
	0.0 feet
Total:Flow Rate	31.5 gpm
担 // 20	16.9 feet
013	,

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





Orenco System Incorporated

E14 AIRWAY AVENUE SUTHERUN, ORSEON

(·)

TOLAR

(800) 348-5843

TELEPHONE

(至) 在448

(541) 459-2884 FACSIMILE

www.ofenco.com

Department of Environmental Quality Natural Resource Specialist

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To: 15037178681

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
	225,9	19.11%	19.11%	80,89%	
3/8 1/4	531.4	44.95%	64.05%	35,95%	18 - 100
#4	230.8	20.03%	84,08%	15,92%	5 - 75
#&	164,7	13.93%	98.01%	1.99%	
#10	12.8	1,08%	99.09%	0,91%	24.0% max
#18	6.1	0.43%	99.53%	0.47%	2.0% max
#100	1,8	0.15%	99.68%	0.32%	1.0% max
PAN	1.18				
7.37	1182.3				

BTO

DRY WEIGHT BEFORE WASH
DRY WEIGHT AFTER WASH
ASTM TEST MEHTODS HC-117 AND HC-136 IN USE FOR ANALYSIS.

JOAN EMERY

6 N-10W-10BD-702

OSBURN/QLSONUC #38583

Dute

COMPANY NAME: GLACIER NORTHWEST, INC. CALPORTLAND COMPANY

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361

To be installed according to approved plan of permit # 05 4(3046

Ro. - 18 11 7/2 16

Bernie J. Duffy
Natural Resource Specialist

Department of Environmental Quality

JUL 2 4 2013

/福祉中 一种。 陈建筑(1990年1月25日) 西岛(1944年) ()

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

SIEVE	IND. WT. RETAINED	IND. % HETAINED	ACC. % RETAINED	ACC. % PASSING	Spec
3/8	0.0	0.00%	0.00%	100.00%	160
#4	21.4	2.15%	2.15%	97.85%	95-106
#6	85,6	8,61%	10:76%	89.24%	80-100
#16	224.7	22,60%	33,37%	66.63%	45-85
#3¤	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
#\$00	2,1	0.21%	99.60%	0.40%	· · · · · · · · · · · · · · · · · · ·
PAN	1.6				
	994.1	F.M.	2.97	Annua sonsuphijos 222783	

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DRY WEIGHT BEFORE WASH -	994.1
DRYWEIGHT AFTER WASH-	990.1
ASTM TEST MEHTODS #C-117 AND #C-136 IN	USE FOR ANALYSIS.
JOAN EMER	Υ
6N-10W-10B	D-702
OSBURN/OLS	on LLC #38583

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

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361

To be installed according to approved plan of permit # 054/3046

Bernie J. Duffy

Date

Natural Resource Specialist

Department of Environmental Quality

MPROPERTY OF THE PROPERTY OF T

JUL 2 4 2013

| 東京社社会を行う。1992年1月1日 | 1992年1月1日 | 1992年1日 |



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

	Scan ID
Date Stamp://RONAENTAL QUALT	For DEQ Use Only:
RECEIVED	Date Received
MECETAED	Fee Paid 595
	Receipt Number 150792
JUL 2 4 2013	Application Number 419803
002 2 2010	Date of 1st Response
	Date of 2nd Response
RTH COAST BRANCH OFFICE	Date of Final Response
WARRENTON	Date of Completion
KALLI SI SPORT S A POST A	Scanned Data Entry

that the second second	A. Property	Owner Information						
Joan Emery	1656 Pacific Way Gearh		206-369-1324					
Name	Mailing Address (Street or PO Bo	ox, City, State, Zip Code)	Phone Number					
	B. Legal Pr	operty Description						
6N 10W	10BD 702	2	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 Spr	uce Ave	Gearhart	OR 97138					
Address		City	State Zip Code					
Directions to Property:G	io So. on Hwy 101 N to Pacific	Way, turn Right. Go to Spruce Ave	and turn Left.					
Property will be on left side	e of road.							
	C. Existing Facility / Propo	osed Facility / Water Information	n					
Existing Facility:	Proposed Facility							
✓ Single Family Residence	☐ Single Family	Residence Public	Gearhart					
4			Name					
Number of Bedrooms	Number of Bedro	oms Private Well, Spring, Shared						
Other	☐ Other	well, Spring, Snared						
建设设施设施	D. Type	of Application						
☐ Site Evaluation ☐ Construction Permit ☑ Repair Permit ☑ Major ☐ Minor ☐ Alteration Permit ☐ Major ☐ Minor	Renewal Permit Existing System Evaluatio Permit Transfer Permit Reinstatement	Authorization Notice : Connecting to an Existing Replacing a Mobile Homory House The Addition of One or Market Personal Hardship Temporary Housing Other – Please Specify	s System Not in Use e or House with Another Mobile Home					
	nents are not included with this app to the entrance to the property. Flag	plication, it will be returned to you as ing and number the test holes.	ncomplete. Post a flag or sign					
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. Signature George Owen 503-717-8681								
Applicant's Name - Please Print Legi	bly	Applicant's Phone Number Applicant's E-mail Address						
89647 Manion Dr Warrento Applicant's Mailing Address	n, OR 97146							
Applicant is the Owner	Authorized Representative	Licensed Septic Installer						
	✓ Authorization Attached	Osburn/Olson LLC #38583	3					
		Installer's Name						

NC



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

1, Tim Bently	, have authorized
George Owen (Property Owner/Print Name)	
(Authorized Representative/ Print Name)	as my agent in performing
the activities necessary to obtain site evaluations, permits, and ot	her onsite wastewater
treatment program services provided by the Department of Enviro	
property described below in accordance with OAR chapter 340, d	livision 071. I agree that any
costs not satisfied by the Authorized Representative are my response	onsibility.
PROPERTY IDENTIFICATION:	
Drawarta Citara an Drawl Addison	
Property Situs or Road Address	
And described in the records of Clatsop County as:	
Township 60 Range 100 Section 1080 Map ID	Tax Lot #(s)
Township Range Section Map ID	Tax Lot #(s)
PROPERTY OWNER:	
PROFERIT OWNER.	
Printed Name: Report escalative 7,1-2 Signature: 145242 Back Cre 1244	Beel
Signature:	_ Date:
Address: 16521/2 Macitre waly	Phone: 503 7387689
City, State, Zip: Cecentral CM 9713	Fax:
E-mail Address: Construct Time & G. W	ckil.com
AUTHORIZED REPRESENTATIVE:	
George Owen	
Printed Name:	
Signature: Liorge M. (Iwen)	Date:
Address: 89647 Marlion Dr	Phone: 503-717-8681/717-2477
City, State, Zip: Warrenton, OR 97146	Fax: 503-717-8681
E-mail Address:	

Warrenton DEQ Onsite Authorization Letter- December 2005

DEPT. OF ENVIRONME GAL QUALITY RECEIVED

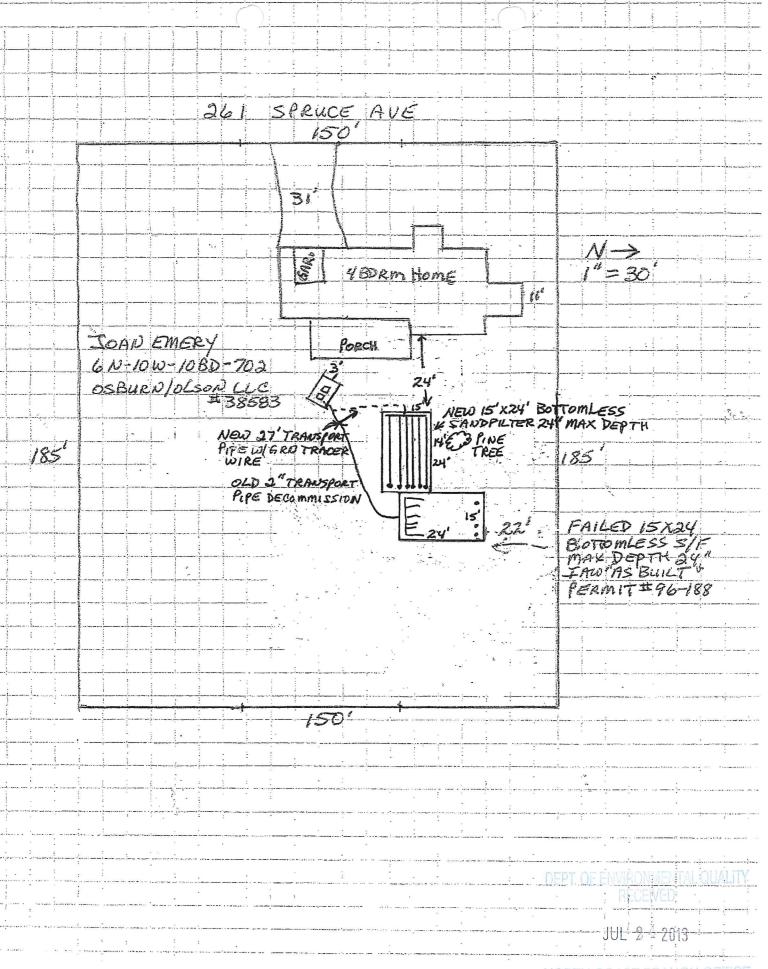
JUL 2 4 2013

	SECTION 1 - 10 BE CONTLETED BY AFFEIGANT (may be fined in electronically by tabbling 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: R Zoning Minimum Parcel Size: 10000 39 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 appropriate Ware? shows you this samplicable local land use requirements:
	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:
	A .
8.	Planning Official Signature:
	Print Name: Clark Sweet Title: Cit-1 Adaministrator
	Telephone: 603 738 550 Date: 07/22/2013

OnsiteLUCS 2/28/2008

DEQ-08-WQ-008

JUL 2 4 2013



15'x24' Intermittent Sand Filter* **Configured for loading rates up to 1.25 GPD/FT.2 Follow appropriate Intermittant sand filter design criteria.

112 24

1-1/4" PVC Manifold



Orenco Systems®

814 ARWAY AVENUE SUTHERLIN, CRECON 97479-9012

TELEPHONE: (541) 459-4449

FACSONILE: 1 (541) 459-2884

PVC Lateral

1/8" Orifice of

PVC Orifice 5

Lateral

Orifice Shield

SIDE VIEW

15"

30"

From OSI Elfluent
Pumping System

3/4" PVC. Lateral
(w/ 1/8" dia. onlices)

PLYWOOD SIDES



SCALE: 1' = 1'-0"

© 1998, Orenco Systems, Inc.

Patent # 5.360.556

TOP VIEW - 15'X24' BOTTOM LESS SAND FILTER W/72 ORIFICES

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

NDW-ISF-2024L-1

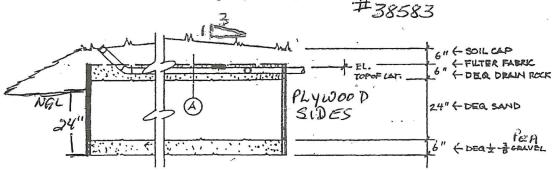
TOP VIE

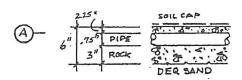
STANDARD ORIFICE SHIELD DETAIL

SCALE: 1° = 1'-0°

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

OSBURD/OLSON LLC #38583





EL. NATURAL GRADE — 0,00

EL. TOP OF MANAFOLD — 71,00

EL. PUMP BASE — 4,50

STATIC HEAD — 5,50

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 2 4 2013

BOTTOMLESS SAND FILTER É MANAFOLD SECTION

NORTH COAST BRANCH OFFICE WARRENTON

Pump Selection for a Pressurized System

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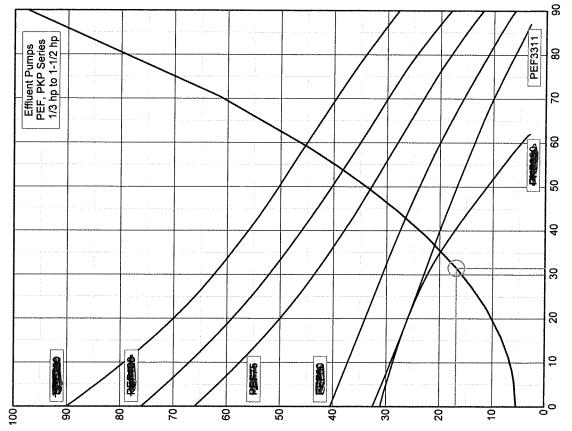
1/8 inches	5.0 feet	feet		feet	0.75 inches			feet	1.25 inches		5.5 feet	feet	2.00 inches		1.25 inches	None inches	0.0 feet	
1/8	5.0	2.00 feet	9	22.0 feet	0.75	40	None	12.5 feet	1.25	40	5.5	27.0 feet	2.00	4	1.25	None	0.0	
Orifice Size	Residual Head at Last Orifice	Orifice Spacing	Number of Laterals per Cell	Lateral Length	Lateral Line Size	Lateral Pipe Class/Schedule	Distributing Valve Model	Manifold Length	Manifold Line Size	Manifold Pipe Class/Schedule	Lift to Manifold	Transport Length	Transport Line Size	Transport Pipe Class/Schedule	Discharge Assembly Size	Flow Meter	'Add-on' Friction Losses	

Calculations

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

Total Dynamic Head (TDH), feet

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



Net Discharge, gpm



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

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 -	1162.3						
DRY WEIGHT AFTER WASH -	1179.6						
ASTM TEST MEHTODS #C-117 AND #C-136 IN USE FOR ANALYSIS.							
J	DAN EMERY						
6N	1-10W-10BD-702						
09	BURN/OLSONLLC#38583						

COMPANY NAME: GLACIER NORTHWEST, INC. CALPORTLAND COMPANY

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361

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

3606944909

SIEVE	IND. WT.	IND. %	ACC. %	ACC. %						
	RETAINED	RETAINED	RETAINED	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							
			and the second second							
DRY WEIGHT	BEFORE WASH -	:	99 4.1							
DRY WEIGHT	AFTER WASH-		990.1							
ASTM TEST M	EHTODS #C-117	AND #C-136 IN US	E FOR ANALY	31S.						
JOAN EMERY										
6N-10W-10BD-702										
	OSBURN/OLSON LLC #38583									
Market Committee										

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

CERTIFIED TECH: LYNN RINGHEIM (MARQUARDT) ODOT# 41361



EXISTING SEPTIC SYSTEM DESCRIPTION

JOAN EMERY 60-10W-106D-702

Please answer the following questions as completely as possible, and to the best of your knowledge.

1.	Your existing septic system consists of (check all that apply): ☑ Septic Tank ☐ Disposal Trenches ☐ Capping Fill ☑ Sandfilter ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown ☐ Other (Describe)				
2.	When was your septic system installed? 10-23-96 96-188 (Permit Number)				
3.	Tank material: ☑ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown				
4.	. Septic tank volume (in gallons) 1100 septic/dose				
5.	5. When was the septic tank last pumped? Attach receipt if available.				
6.	Number of disposal trenches $\frac{\mathcal{N}/A}{}$				
7.	7. Total length of disposal trenches (in feet) 15' X 24' S/F MAX DEPTH 34"				
	Do you propose to use the existing septic system? Yes ☑ No□				
9.	. Is your septic system currently in use? Yes 🗹 No 🗌 If no, date of last use				
10.	If the septic system currently serves a dwelling: How many bedrooms are in the dwelling? 4 How many people occupy the dwelling? 3				
11.	How many bedrooms will be in the proposed dwelling? N/A How many occupants? N/A				
12.	If the septic system serves a business: How many total employees are there? N/A Type of business				
13.	Is there a proposed change of use of your structure (home or business)? Yes \(\subseteq \) No \(\subseteq \) If yes, please explain \(\subseteq \)				
14.	Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.				
	my signature, I certify that the above information and the plot plan on the reverse side of this form are				
acc	curate and true to the best of my knowledge				
	7/18/13 (Date) Course (Iven) Signature of Property Owner or Legally Authorized Representative				
	Q use only: Record of existing system: Yes □ No □ Attached □ Date Issued				
Othe	r file information: JUL 2 4 2013				



PERKS TO SURFACE

JOAN EMERY
6N-10W-10BD-702
OSBURN/OLSON LLC
#38583
DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED

JUL 2 4 2013

Receipt Number: 150792

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

Payment Type

Date Received 7/24/2013

Amount Paid

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

FOR TOON R10W S10 BD Property TaxLot 702

At: Clatsop County 261 Spruce Ave. Gearhart, OR 97138

Current Payment

Check # Money Order #

Purchase Order 17250

Bank Number

Amount Applied

24-7038

595.00

Total Amount Applied

\$595.00

Onsite Fees

Base Fee:

535.00

Surcharge Fee:

595.00 Check

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

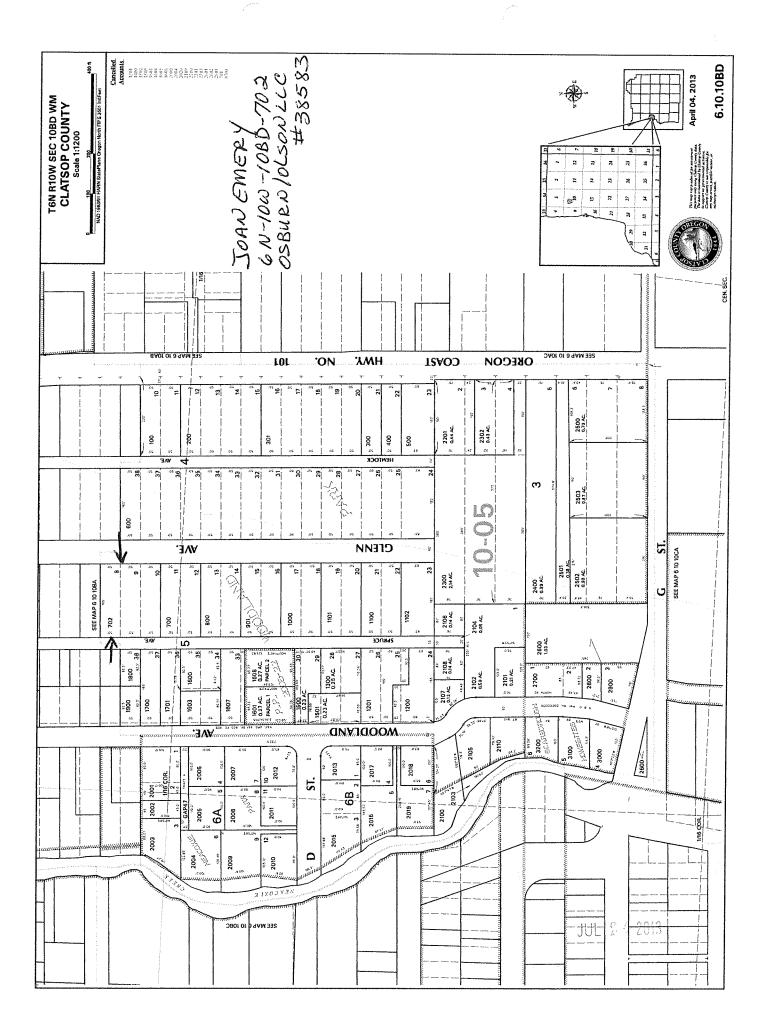
Receipted By:

Date of Entry:

Vicky Schiele

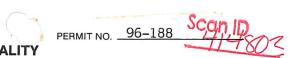
7/24/2013

JUL 5 - 2813



47849 Control No. \$ 480.00

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY



\$ 480.00 DEPART	MENT OF ENVIRO	ONMENTAL QUALIT	Y	11780
New Construction	Repair	X Other _	Alteration	
Permit Issued To John & Joan Emery (Property Owner's Name) Spruce Ave. Gearh (Road Location) (City)	6N (Township	10W 10BD (Section (Section (Issued by - Signature)		ct. No.) Clatsop (County) 10-23-96 (Date Issued)
,	PERTY OWNER OR	TRANSFERABLE MINISTRATIVE RULES BY LICENSED SEWAG	GE DISPOSAL SE	WORK ERVICE.
EXPIRATION DATE October 23, 1	SPECIFICA 997	TIONS TYPE OF SYSTEM .	Alternative- Bottomless Sa	and Filter
Equal Loop Serial	imum Depth 6 Pressurized 1 Mini Pipe inches. Install in acceptic tank and any water lines or property lines of the control of the co	Seepage Bed(s) inches. mum Distance Between Tre Above Pipe ordance with plan submit copy of pu and 5' to any pr s, water lines or field. NORTH COM	inches. Rak as & specifica amping receipt coperty lines underground ST BRANCH OFF	Square Feet Linear Feet The Sidewall Septic tank to or building utilities from FICE 861-3280.
As-Built Drawing with Reference Locations	DATISTA		MP LL I ION	
Installer Seacoast Nursery Const.	Se	ee as-built plot plomitted by instal	olan ller.	
Final Insp. Date 10-31-96 Main 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 45 sewage disposal system at the location identified Issuance of this Certificate does not constitute without failure.	d above.	itee that this on-site disp	posal system will f	
(Authorized Signature)	(Title)			(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 gasked on viser for pump status 2) Inform owners of new for functional high level
3) Complete soul filter cap installation-use
- MD FINE Than loam for cop-plant to
DX to cover-ranspection 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 EMERY Sacras Township Range Section Tax Lot / Acct. No.)
INSPECTION
TIME 3,49 P.M.
DATE 19/3/96 CONTACT: Wasterson Office
BY STULE N. HENNESSI (508) 861-3280

DO NOT REMOVE THIS NOTICE FROM SITE

0CT-29-96 |UE 02:16 PM 5EHCUH5:FNUK5EK:FCCM3:F

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED
(Date Received)

FINAL INSPECTION REQUEST AND NOTICE CT 2 9 1996

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, No system Casales and the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all four sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1:	BASIC INFORMATION. 州ハ本びみ EMERY Permit Number 96-188 County <u>CLATSO</u> P
	; Range 10W; Section 10BD; Tax Lot 70Z; Tax Acct. #
	RUCE AVE GENRHURT
Date System Const	ruction Completed 10-25-96; Date Submitted to DEQ or Agent 10-28-96
v	MATERIALS LIST. Identify and list all materials used in the system's construction. CONC. DOSING SEPTIC TANK W/CONC. RISERS \$ UDS
•	CE W/4" ABS SCH, 40 & FERNCO COURLE TO INLET
	PUMP, VAULT, SCREEN & CONTROLES
	SCH 40 TRANSPORT PIPE
, '	15 XZ4 SAND FILTER W/PLYWOOD BOX AND
Z" ABS S	eat 40 laterals
	,

SECTION 4:

CONSTRUCTION WAS PERFORMED BY:

Property Owner (Permittee)

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

1 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).

(System (ustaller) Signature)

PME (Tide)

10-28-96

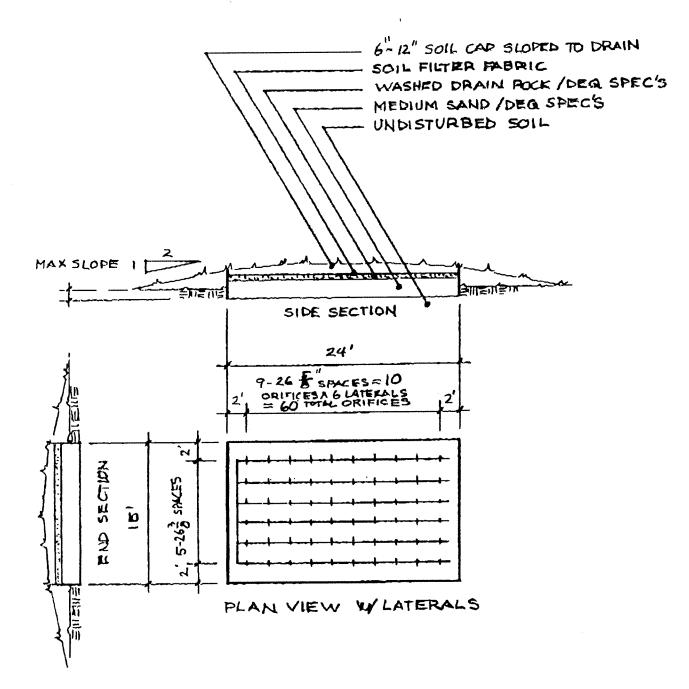
SOND FILTER REPORT 3604

D-2. TRANSPORT PIPE

ост-ост 22 '95" 04: 3epm выйс

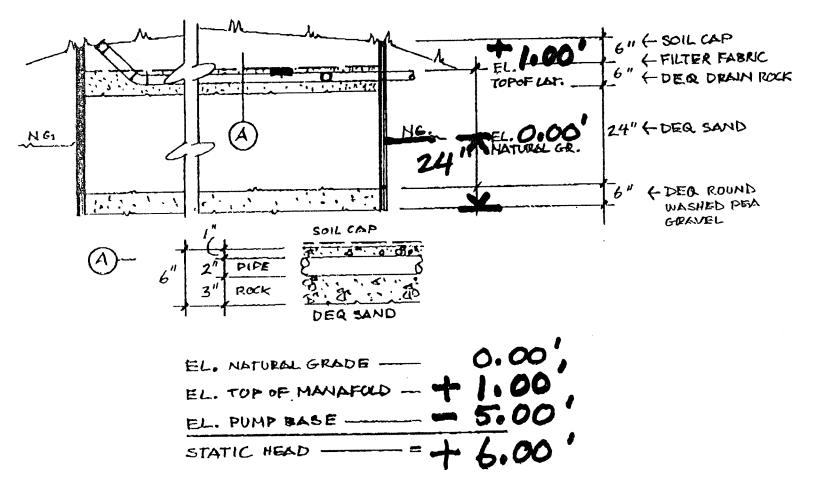
SI I DEG

THE TO THE THE TOTAL PLACE CONT. TEN P. 2/3 DEPT. OF ENVIRONMENTAL QUALITY RECEIVED OCT 1 0 1996 NORTH COAST BRANCH OFFICE WARRENTON \$4.00° V DI TO BE PLACED ON HIGHER GROOND UHBRE TEST PITS ARE APPROVED SPRUE 10' FROM PROP. LLINES 155105 7 15 W 76' LOT -1100 GAL COME DOSINGSEPTIC -360\$ SAID FILTER (PROPERTO)



SCALE

BOTTOMLESS
SAND FILTER
15 x 24 = 360 \$\psi'
60 ORIFICES

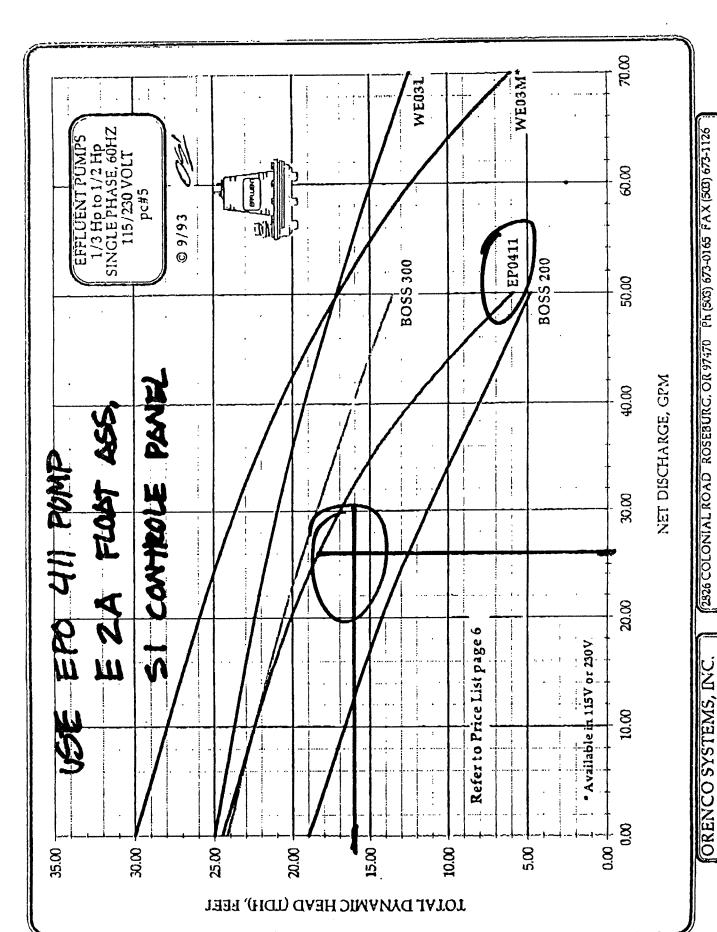


BOTTOMLESS SAND FILTER 単 MANAFOLD SECTION

SYSTEM HEAD CALCULATIONS

1.	STATIC HEAD: (vertical elevation difference from the pump base to the pressure distribution laterals) feet
2.	SYSTEM ALLOWANCE: (includes distribution piping losses and a five foot residual head discharge at the distribution laterals)
	10* feet
3.	PRICTION HEAD: (transport pipe friction loss at flow rate)
	(a) Calculate Flow rate:
	Diameter of orifices inch
	Number of orifices = N = 60
	Orifice discharge rate = R = 41 gpm
	Total gallons per minute $\approx N \times R = 24.6$ gpm
	(b) Calculate Friction Head Loss:
	Length of transport pipe = P (in feet)
	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 0 TDH
	BRAND:
	MODEL: EPO 411 HORSEPOWER:
	CAPACITY: TDH @ GPM, and
	GPM @TDI(

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



6/7

COLUMBIA RIVER SAND & GRAVEL



mess: 3907 NW LOWER RIVER RD.

P.O. BOX B1428 VANCOUVEH, WA PRIBER

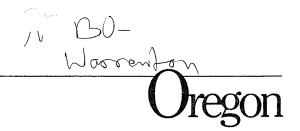
TELEPHONEL 205-894-1627

FAX: 206-894-4909

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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.

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

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.

7859

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,

Dennis C. Illingworth, R.S. Environmental Specialist

DCI:dci

Cc: NCBO:DEQ

Enclosure:

UNTY 6/9/3		311	E EVALUAT	ION - FIEL	D NOTES			
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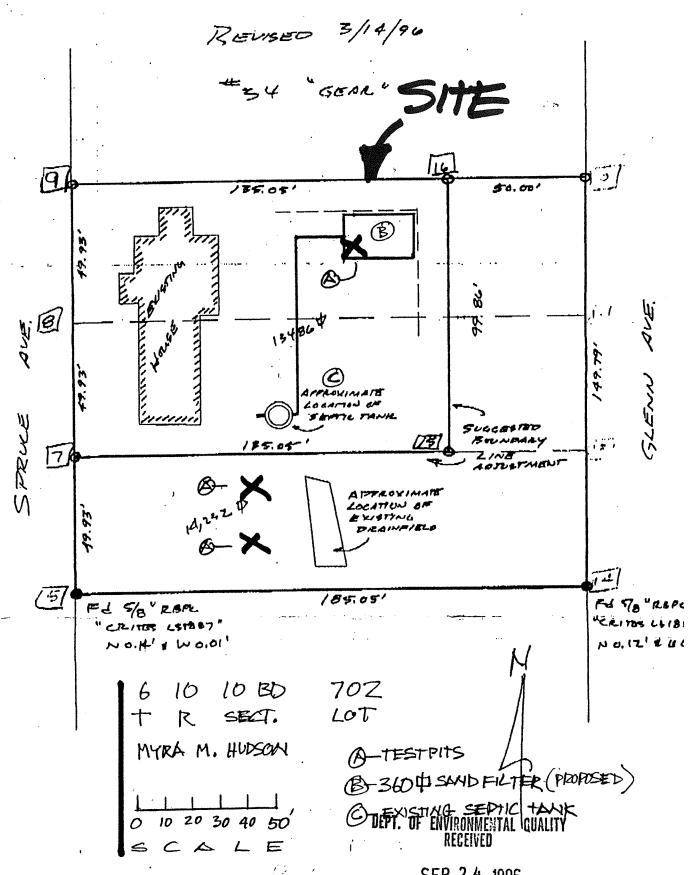
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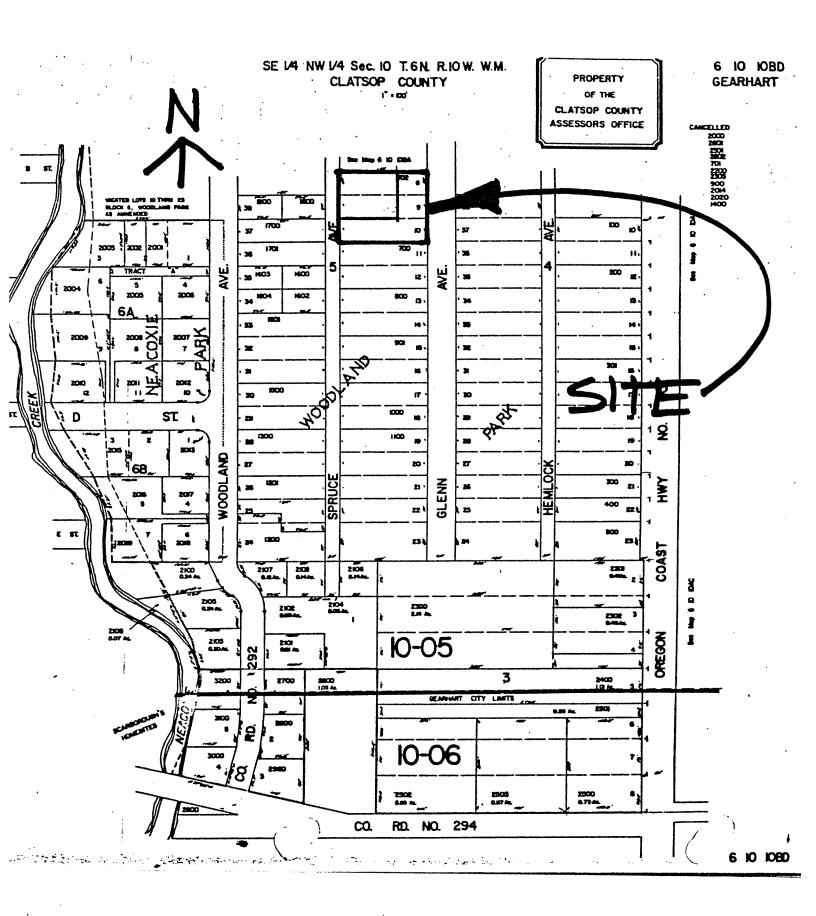
DEPARTMENT OF ENVIOURE TOE NORTH COAST ICE 17 N. Highway 101 Warrenton, OR 97146 (503) 861-3280	Completed 9-24-96 Completed 10-23-96 Required Fee \$ 78000 Receipt No. 75346 Control No. 47849
FOR APPLICANT'S USE - (PLEASE PRINT)	19 X 135 1.64 AC Lot Size (Acreage or Dimensions)
TOAN & JOHN EMERY	
(Property Owner's Name) (Appl	icant's Name if Different from Owner)
egal Description $\frac{b}{\text{(Township)}} \frac{70}{\text{(Range)}} \frac{70}{\text{(Se}}$	ction) (Tax Lot/Acct. No.) (County)
For Parcels in Platted	(Lot Number) (Block Number)
Proposed Facility	Water Supply
[] Single Family Residence(Number of Bedrooms	
(Specify)	(Indicate: Well, Spring, Etc.
(Specify)	
Existing Facility	
\bowtie Single Family Residence $\dfrac{3}{\text{(Number of Bedrooms)}}$)
(Specify)	
APPLICATION FOR [] Site Evaluation Report [] Permit to Construct On-Site Sewage Disposal [] Permit to Repair On-Site Sewage Disposal Sy Permit for Alteration of On-Site Sewage Dis [] Permit Renewal [] Existing System Report [] Plan Review [] Other (Specify)	[] Authorization Notice Purpose of Authorization Notice System [] Connect to an existing system not currently in use
This application will be returned if it is not propriate fee and attachments required in the providing to instructions in the guidance packet by my signature. I certify that the information	MITHER TO THE PARTY OF THE PROPERTY OF THE PRO
the Department of Environmental Quality and its above described property for the purpose of the	1 I have furnished is correct, and hereby grants authorized agent permission to entergonto the
above described property for the purpose of the	1 I have furnished is correct, and hereby grants authorized agent permission to entersonto the
(Signature)	I have furnished is correct, and hereby grants authorized agent permission to enter onto the sapplication. [] Authorized Representative [] Licensed Installer
(Signature) Owner's Mailing Address A	I have furnished is correct, and hereby grants authorized agent permission to enter onto the sapplication. Authorized Representative Licensed Installer License No. \$3079
Owner's Mailing Address JOHN E JOHN EMERY SEE 115 BIG BEAR PLACE N.W. 311	I have furnished is correct, and hereby grants authorized agent permission to enter onto the sapplication. Authorized Representative Licensed Installer License No. 33079
Owner's Mailing Address JOAN & JOHN EMFRY SEA ISSAQUAH, WA 98027 SEA	I have furnished is correct, and hereby grants authorized agent permission to enter onto the sapplication. Authorized Representative Licensed Installer License No. \$3079

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John Emery	Issaquah, WA	98027	
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TOWNSHIP	RANGE	SECTION	TAX LOT OR ACCT NO
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SUBDIVISION/PROJECT	LOT	8Lock	COUNTY
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PROPERTY IS A LOT OF	F RECORD CREATED BEFORE AUGUST 1,	1981	•
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SEP 2 4 1996

NORTH COAST BRANCH OFFICE WARRENTON



NCBO-Warrenton

Oregon

October 1, 1996

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

NORTHWEST REGION

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 potion 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 DEO-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,

Dennis C. Illingworth, R.S. Environmental Specialist

DCI:dci

Cc: NCBO:DEQ

Enclosure:

COUNTY (14/50p	SITE EVALUATION - FIEI	D NOTES		
	$_{\text{TL}} = \frac{702 \left(\text{por}\right)}{7000}$	#F \ -	- Merv	
			9/20/ac	
SIZEEVALUATOR	1 Ingworth	DATE	9726/16	
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DEPTH (inches) TEXTURE COLOR		NOTES: structure, % lo features, water	ose rock, roots, redoximorphic, llesd, etc.	
1 0-6 fs/ 10xr ² /1 6-36 5 10yr ³ /3 36-48 5 2.5y ⁵ /3 48-60 5 2.5y ⁵ /2	many very few fine	fine roots		
notes H2O 78 be exped 2 Similar to #1	cted @ 48	" due to Colo	r & landscape pos	70 h
notes				
SLOPE ~ /evel ASPECT	GROUNDWAT	ER NA; TEMPOR	ARY; PERMANENT	
SYSTEM TYPE: initial: Bottomless sand filter	replacement:	design sewage flo	•	
disposal field sizing: 360 sqt /450q	/150 g disposal field siz	ing: <u>Same</u>	/150 g	
max. depth absorption facility: 24 special conditions:/comments / imited are	inches max. depth abso	rption facility: <u>SQME</u>	·	
				<u>.</u>

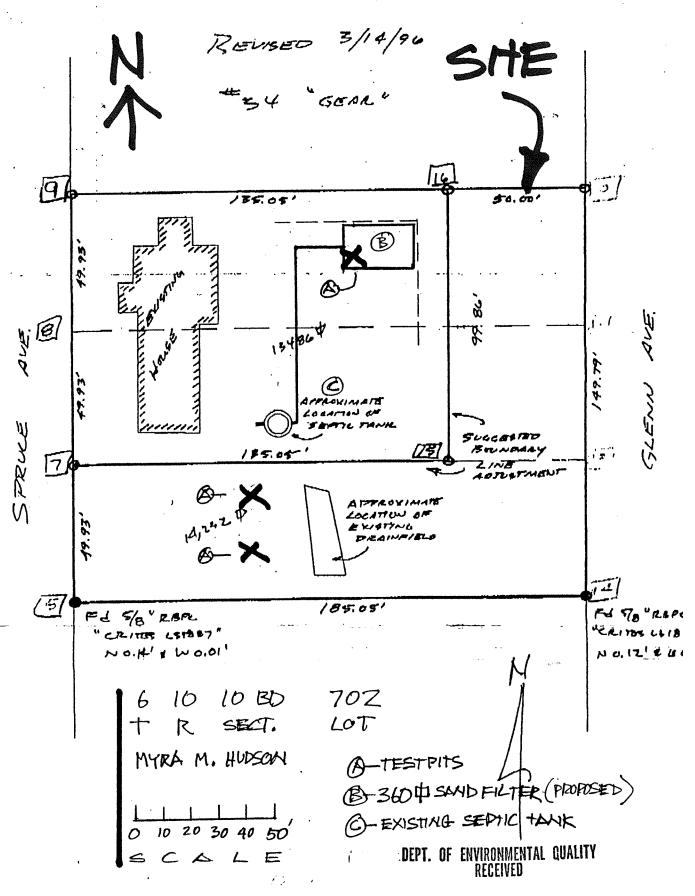
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SPRUCE A	Nw portion TL 702 St E portion	- 11 702	level 1 /	170	lowertion	
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TUR UPFICE USE UNLI STATE OF OREGON Data Rec'd 9-24-96 DEPARTMENT OF ENVIRONMENTAL QUALITY Completed . 10-1-96 NORTH COAST FICE Required Fee __ 17 N. Highway 101 Receipt No. 75346 Warrenton, OR 97146 Control No. (503) 861-3280 DWELLING 1955 FOR APPLICANT'S USE - (PLEASE PRINT) Lot Size (Acreage or Dimensions) YAZMZ WHOE & MERY (Applicant's Name if Different from Owner) (Property Owner's Name) 10 10 BD 702 CLA+SOP Legal Description ____ (Township) (Range) (Section) (Tax Lot/Acct. No.) (County) of Property For Parcels in Platted (Block Number) Subdivisions, Indicate (Subdivision Name) (Lot Number) Water Supply Proposed Facility (Number of Bedrooms)
(Specify) |X| Public (Community System) [| Single Family Residence . [] Private (Indicate: Well, Spring, Etc Existing Facility Single Family Residence (Number of Bedrooms) (Specify) APPLICATION FOR: [] Authorization Notice Purpose of Authorization Notice Site Evaluation Report [] Connect to an existing syste [] Permit to Construct On-Site Sewage Disposal System not currently in use [] Permit to Repair On-Site Sewage Disposal System [8] Permit for Alteration of On-Site Sewage Disposal System [] Replace one mobile home with with another or a house **夢門Permit Renewal** [] Replace or rebuild a house Existing System Report [] Addition of one or more bed [[] Plan Review Other (Specify)_____ [] Personal hardship | | Temporary housing [] Other (Specify) __ This application will be returned if it is not filled out completely and accompanied by the propriate fee and attachments required in the guidance packet. Your site must be prepared curding 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 grature the Department of Environmental Quality and its authorized agent permission to enterion to above described property for the purpose of this application.] Authorized Representative License No. 33079 Applicant's Mailing Address (if different) Owner's Mailing Address TOAN & JOHN EMERY SELCORST CONSTRUCTION 3111 HWY 101 NORTH 115 BIG BELL PLACE N.W. SEASIDE OR 97138

PHONE 503-738-6401

206-392-2821



SEP 2 4 1996

NORTH COAST BRANCH OFFICE WARRENTON

1	1	7	7	2
Con	trol	No	١.	

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO	84-49	

-	Control No.
\$	35.00
_	Fee

XNew Construction	Repair	Other	-

Permit Issued To <u>Myra Hudson</u>
(Property Owner's Name)

(Township) (Range)

10BD (Section)

702 (Tax Lot / Acct. No.) Clatsop (County)

261 pSpruce St. (Road Location)

Gearhart (City)

John L. 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 <u>Standard</u> Design Sewage Flow <u>375</u> Gal's/Day							
Tank Volume 1000 Gallons Disposal Trenches ☒	Seepage Bed(s)□Square Feet							
Maximum Depth 36 inches. Minimum Depth	18 inches. 125 Linear Feet							
Equal ☑ Loop ☐ Serial ☐ Pressurized ☐	Minimum Distance Between Trenches 10 feet on center	rs						
Total Rock Depth <u>12</u> Inches. Below Pipe <u>6</u> In	ches. 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

3 bedroom As-Built Drawing home with Reference Locations PATIO Installer_Johnson and Sons Construction Co. 44" Final Insp. Date June 18, 1984 ocogal steel septic tonk ☐ Issued by Operation of Law concrete 34"deep ☐ Pre-cover inspection waived 24" deep pursuant to OAR 340-71-170(2) This system was designed NORTH and installed to serve the existing three (3) bedroom 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. Smils RS.
(Authorized Signature)

Environemental Analyst

June 19, 1984

DEQ-Astoria

(Title)

(Date)

(Office)

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

PLOT PLAN

Property Owner _	Myra	M. 18 md	son	Date	6/8/84	
Location: T. 6/	O R	Sec.	10	Tax Lot/Acct. No	6/8/84 610 10 BD 00 70	2
Indicate 1	North in Circle					
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REMARKS: Filte	FAbric dos	wa French Sia	bustle a	nd over rock -	Try to raise build	lin
<u> enser m our</u>	to rep	Trenure S	(USA I BOX)			
		F	OR DEQ USE ON	LY		
Approved		Permit Numb				
Disapproved		By: John	(SANITARIAN SI	GNATURE)	June 18, 19	484

FOR OFFIC	CE USE ONLY
Date Rec'd	6-12-84
Date Comple	ted 6-18-84
Required Fee	35,00
Receipt No.	21300
Control No	

FOR OFFICE USE ONLY	STATE OF	OREGON		FOR OFFICE USE O	NLY	
	Department of Env	rironmental Quality	Date Rec'd 6-12-84			
				Date Completed 6-/	8-84	
Date Test Holes Ready				Required Fee 35.00 Receipt No. 27300		
	APPLICAT	TION FOR:		Control No.		
	☐ Site Evaluation Report					
	Permit to Construct On-Sit Permit to Repair On-Site S Permit for Alteration of On Permit Renewal Authorization Notice Other (Specify)	Sewage Disposal System n-Site Sewage Disposal S	ystem			
(Requir	red fee and land use compatibility	statement must accompany	application	n)		
FOR OFFICE USE ONLY:						
PLOT PLAN REQUIRED	X YES	□ NO	ATTAC	CHED 🛛 YES	□ NO	
VICINITY OR TAX LOT MAP REQ		□ NO		CHED TYES	□ NC	
TEST HOLES REQUIRED		□ NO				
LAND USE COMPATIBILITY STA	TEMENT TYES	□ NO	ATTAC	CHED YES		
ADDITIONAL ITEM(S) REQUIRED			-			
****	***				***	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*********	*****	*******	*******	
For Applicant's Use — (Please Print)						
Mypa M. Hudson (Property/Owner's Name)	n					
	16					
(Township) 10 west (Range)	(Section)	610 10 B D00 (Tax Lot/Acct. No.)	102	(C+-)		
(tunge)	(Section)	(Tax Lot/Acct. No.)		(County) 150 × 18	701	
(Subdivision Name)	(Lot No.)	(Block No.)		(Lot Size)		
_ gles						
(Public Water Supply)		(Private Water Supply, Specif	y Type)			
(Single Family Residence — Number of Bed	drooms)	(Other — Specify)				
Directions to Property:	1001115)	(Other — Specify)				
Executions to 1 roperty.						
1 1 1 1						
By my signature, I certify tha Environmental Quality and its a this application.	t the information I have full	urnished is correct, and to enter into the above d	l hereby escribed	grant the Depart	ment of irpose of	
Δ · · · · · · · · · · · · · · · · · · ·		1-10-		wner		
(Signature)	son	6/8/84		uthorized Represent	tative	
(Signature)		(Date)	⊠ s	.D.S. License No. 🗲	173	
Ourney's Mailing Address		4 1: 4 26 1: 4 1	1	3	3762	
Owner's Mailing Address		Applicant's Mailing Add	dress (if di	fferent)		
myra M. Nuds	on	N. E. Johns	ion of	Long		
261 Spruce 8%	t	Hamlet A	t. 1	Box 271		
Genhart, Ore		Sensibe	C	re: 911	138	
Phone 738 -6017		Phone 738-73	28			

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	PROPERTY	OF THE	CLATSOP COUNTY ASSESSORS OFFICE		450 - 378	450x = 315 x = 833 4c	odinc shot	\$ 00 001	<u>"</u>	200 12,	13:	. 41	চ	301	. 21	81
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