



# Certificate of Satisfactory Completion

## Installation Permit - Commercial - Renewal

186-501322-ONS

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

**Date Certificate Issued:** 11/14/2023  
**Work Description:** Construction Permit - - IVR NUMBER = 186900037016 ~ IVR PHONE = 1-888-299-2821

**Owner:** MORRISON JOEL **Property Address:** 3096 N Hwy 101, Gearhart, OR 97138  
**Parcel:** 61010BD02302 - Primary **Township:** 6 **Range:** 10 **Section:** 10  
**Lot Size:** N/A **Water Supply:** Other - Public: Gearhart  
**Zoning:** N/A **City/County/UGB:** City  
**Land Use Approval:** N/A  
**Category of Construction:** Commercial

	Existing	Proposed
<b>Use of Structure:</b>	Commercial	N/A
<b>Number of Bedrooms:</b>	12	N/A

**System Specifications**

**Type:** Bottomless Sandfilter  
**Max Peak Design Flow:** N/A **Proposed Flow:** 1800 gpd.  
**Min Septic Tank Volume:** 5000 gal. **Min Dosing Tank Volume:** N/A  
**Special Tank Requirements:** Tank size annotation: 2, 2000 gal. tanks, 2, 1000 pump tanks.

**Drain Field Specifications**

<b>Drain Field Type:</b>	Bottomless Sandfilter	<b>System Distribution Type:</b>	N/A
<b>Drainfield Sizing:</b>	N/A	<b>Distribution Method:</b>	Equal
<b>Media Type:</b>	Sand	<b>Media Depth:</b>	N/A
<b>Max Depth:</b>	24 in.	<b>Undisturbed Soil Between Trenches:</b>	N/A
<b>Min Depth:</b>	24 in.	<b>Capping Fills-Min Depth of Fill Material:</b>	N/A

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**Conditions of Approval**

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

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

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

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

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

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

**Certificate of Satisfactory Completion**

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

**Comments:** N/A

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

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

**ON-SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT**

Date:

8/19/2020

Service Provider:

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

Owner:

Joel Morrison

System Location:

3096 NW 4 101 N. - System 1  
Seaside/OR/97138

**DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER**

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



**OWNER RESPONSIBILITIES:**

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

**COST/BILLING:**

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

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

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


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

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

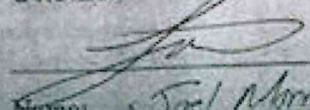
**ACCEPTANCE OF PROPOSAL**

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

**COMPLETE SEPTIC:**

  
\_\_\_\_\_  
Jerry Loba, owner  
Date: \_\_\_\_\_

**OWNER:**

  
\_\_\_\_\_  
Name: Joel Morrison  
Date: 8/19/2020



**FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 501322**

*System #1*

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

*System #1 (3096, 3098 Hwy 101 N)*

**Section 1: Owner/Permittee Information:**

Name: **Morrison Joel**  
 Property Address: **3096 N Hwy 101, Gearhart**  
 Township **6** Range **10** Section **10BD** Tax Lot(s) **02302**

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JUN 29 2020

**Section 2: System Component Specifications:**

System Type: *Bottomless Sand Filter*

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**A. Tanks/Pumps**

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1500 Compartments 1 Manufacturer A-1 Date \_\_\_\_\_  
 Tanks(2) Volume 1000 Compartments 1 Manufacturer A-1 Date \_\_\_\_\_  
 Pumps: HP 1/2 Model/Manuf PF5005 Float(s)Type(1) P-3 each Model/Manuf MF/Orenco  
 Float(s)Type(2) N/A Model/Manuf \_\_\_\_\_

**B. Piping:**

Effluent Sewer (tank to drainfield) Yes  No  Diameter 1.25" ASTM#Other D1785 Length \_\_\_\_\_  
 Pressure Transport Pipe Yes  No  Diameter 1.25" ASTM#Other D1785 Length 8'

**C. Secondary Treatment Unit:**

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes  No  Type RSF Container Dimensions 18' x 30'  
 Lateral Underdrain pipe Diameter 1.25" ASTM#Other D1785 Length 252'  
 Manifold Piping Diameter 1.25" ASTM#Other D1785 Length 16'  
 Internal Pump HP N/A Model/Manufacturer \_\_\_\_\_  
 Floats(1) Type \_\_\_\_\_ Model Manufacturer \_\_\_\_\_  
 Floats(2) Type \_\_\_\_\_ Model Manufacturer \_\_\_\_\_  
 ATT Yes  No  Model \_\_\_\_\_  
 Certified Maintenance Provider: Name N/A  
 Operation & Maintenance Contract: Received? Yes  No

**D. Drainfield Media**

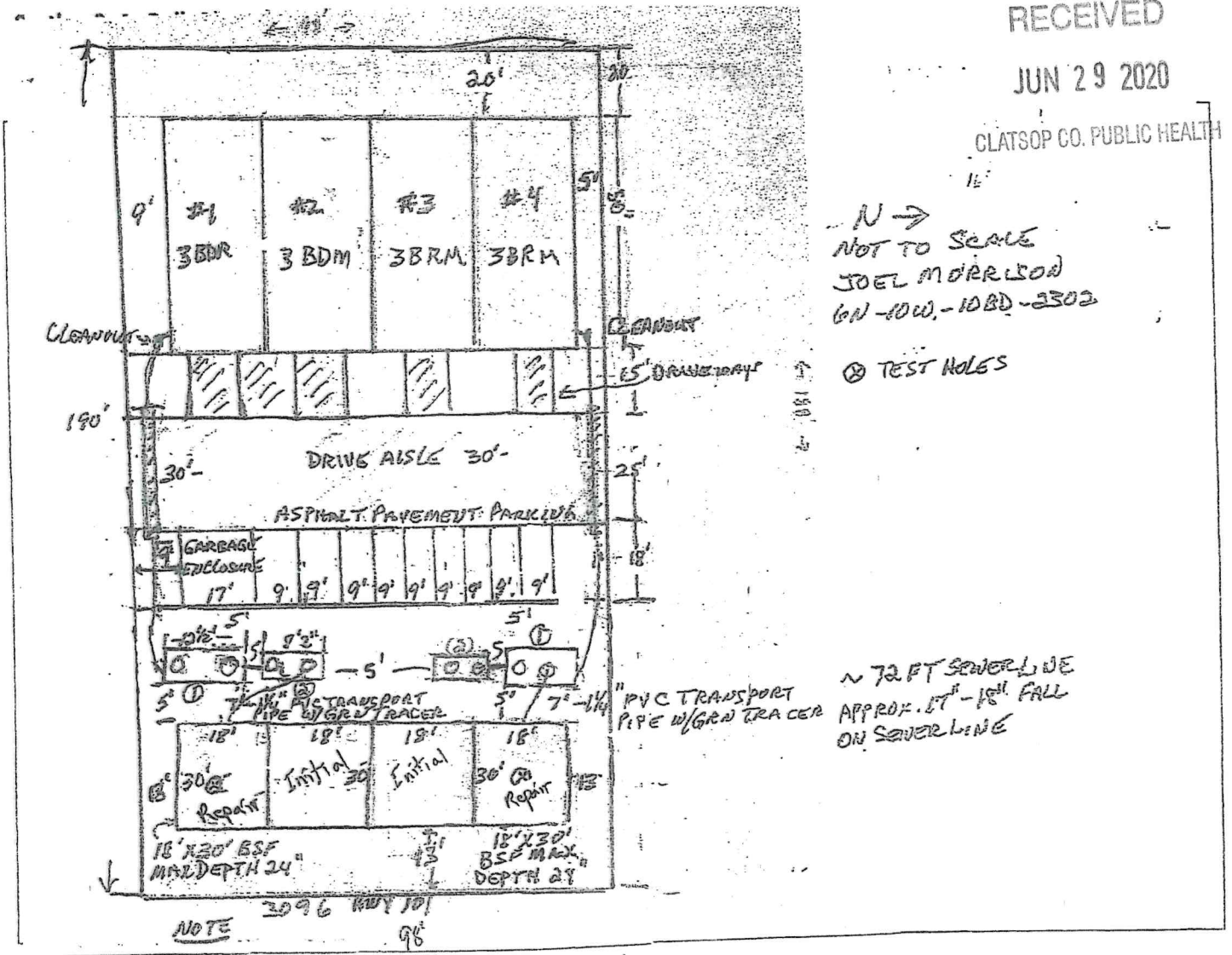
Type: Gravel, Pipe or Alternative? Pea Gravel = 10 yards / DEQ Sand = 40 yards / Drain Rock = 10 yards  
 Distribution Box Yes  No   
 Drop Box Yes  No   
 Distribution Pipe Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_  
 Comment: 24" DIA. w/ 1/4" / Filter Fabric

**Clatsop County Department of Public Health**  
**On-Site Waste Water Program**  
 Approved By J. Van Matran  
 Permit No. 501322  
 Date 10/9/20

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CLATSOP CO. PUBLIC HEALTH



N →  
 NOT TO SCALE  
 JOEL MORRISON  
 6N-10W-10BD-2302

⊗ TEST HOLES

~ 72 FT SEWER LINE  
 APPROX. 17" - 18" FALL  
 ON SEWER LINE

**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/Certified Installer w/Certification # \_\_\_\_\_ Print Name: Joel Morrison  
 Licensed Installer Yes  No  License # N/A Certification # N/A  
 Owner/Certified Installer Signature \_\_\_\_\_ Date 6/23/20  
 Phone 503-828-7828 Phone 503-828-7828 Email joel@morrisonbuilt.com

**Clatsop County Department  
 of Public Health**  
**On-Site Waste Water Program**  
 Approved By J Van Nostran  
 Permit No. 501322  
 Date 7/9/20

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date 06/29/2020  
 Installer /Owner /Permittee Notified Yes  No  Date 06/29/2020  
 If no, reason for non-acceptance \_\_\_\_\_

Comment Final inspection 07/01/2020, driveway sections not encased  
photos of driveway pipes covered 07/09/2020, approved to cover





Units # 3096 & #3098

system 1

(south system)

G-10-10BD-2302

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JUL 09 2020  
CLATSOP CO. PUBLIC HEALTH  
#501322





system 1 (south system)

Units # 3096 & # 3098

CLATSOP CO. PUBLIC HEALTH

JUL 09 2020

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#501322



## Construction Permit

*This Construction Permit, Permit #501322, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Morrison Joel** Township **6**, Range **10**, Section **10 B D**  
Property Location: **3096 N Hwy 101, Gearhart** Tax Lot **02302**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**  
Design Flow: **1800.00 gals/day**  
Minimum Septic Tank Size: **5000.00 gals** 2, 2000 gal. tanks, 2, 1000 pump tank  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **24.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

- 1 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 2 All roof drains must be directed away from the system.
- 3 Timed dosing required - must include timer and dose counter
- 4 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.
- 5 An electrical permit and inspection from Clatsop County Building Codes or the municipality with jurisdiction is required for all pump wiring installations.
- 6 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 The alarm and pump must be on separate circuits in the control panel.
- 9 Vehicular traffic and livestock must be restricted from the system area.
- 10 Meet all required setbacks.

### INSPECTION REQUIREMENTS

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

*Yvonne Van Nostran*

Authorized Agent:

Title:

Date Issued:

Expiration Date:

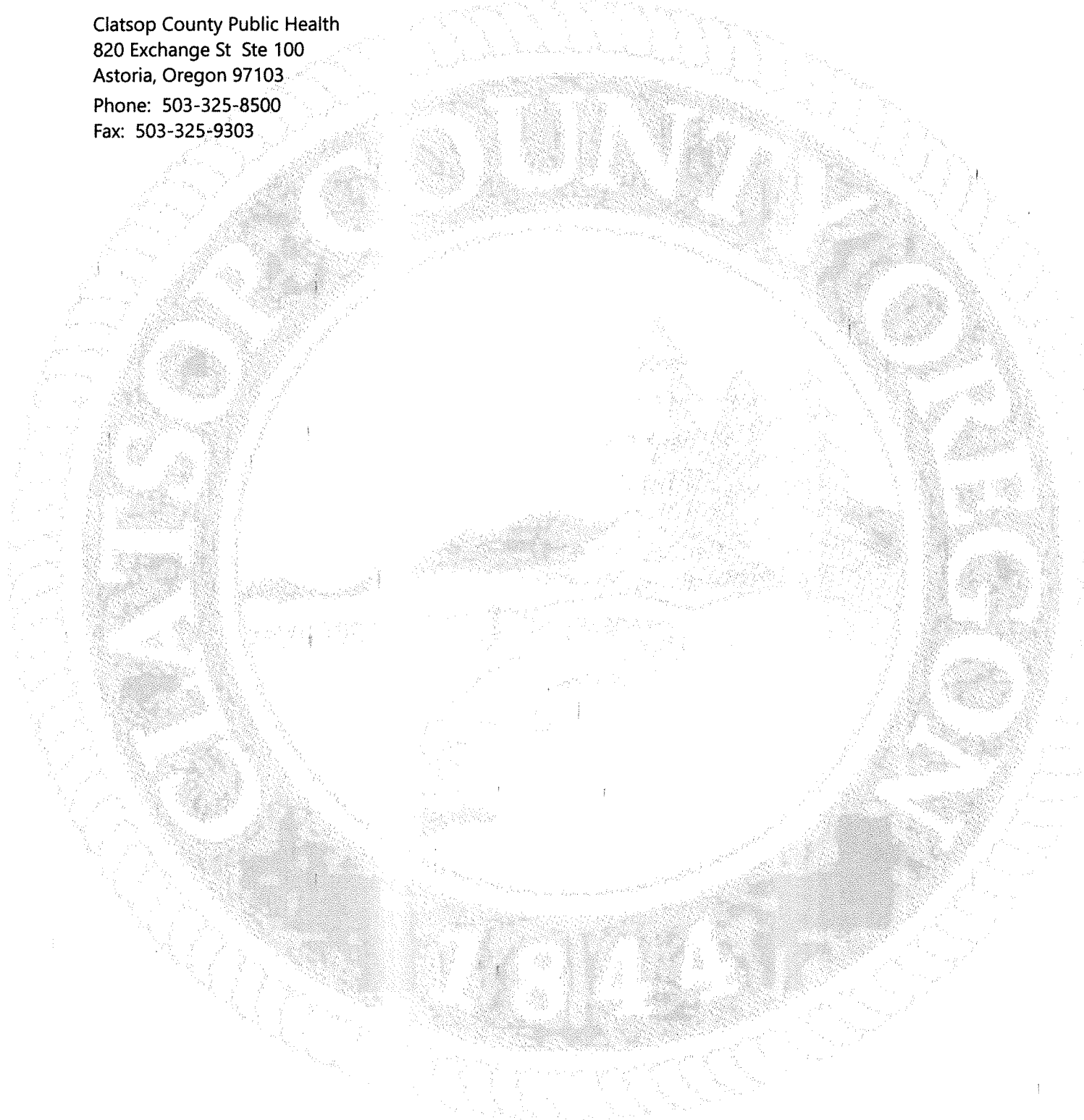
**Yvonne Van Nostran**

**Environmental Health Specialist**

**6/5/2019**

**6/5/2021**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303







# Clatsop County

## Department of Public Health

820 Exchange St., Suite 100  
Astoria, Oregon 97103

Phone (503) 325-9302  
Fax (503) 325-9303

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July 22, 2020

**Note:** You are required to maintain an O&M contract for both, System #1 & System #2

Joel Morrison  
Property address: 3096 Hwy 101 / #6-10-10BD-2302  
Gearhart, OR. 97138  
Permit #501322

**RE: Certificate of Satisfactory Completion**

Dear Mr. Morrison,

The Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released because one important document is missing and must be submitted first before the CSC can be mailed.

The State of Oregon requires that all pressurized septic systems, like the one installed on your property, must have an ongoing operation and maintenance (O&M) contract provided by a licensed provider. This is a signed contract between you (the owner) and a licensed O&M provider for the system. This contract has not been submitted. **This contract MUST be provided to Clatsop County in order to receive a CSC.** A list of O&M providers is enclosed if you do not already have a provider.

If you have any questions, please do not hesitate to contact Michael McNickle, Environmental Health Supervisor, at 503-338-3686 or email him at [mmcnickle@co.clatsop.or.us](mailto:mmcnickle@co.clatsop.or.us)

Thank you,

*Annette Brodigan*

Permit Technician  
Clatsop County Public Health  
Phone: 503-338-3681  
Email: [abrodigan@co.clatsop.or.us](mailto:abrodigan@co.clatsop.or.us)

Cc: Licensed Installer  
File  
Encl: O&M Providers List



**Clatsop County**  
OnSite Septic System Program

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JUN 05 2020

CLATSOP CO. PUBLIC HEALTH

*pd Visa \$266*

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

**Reminder Permit Expiring**

Morrison Joel  
Gronmark Kristi  
3096 N Hwy 101  
Gearhart, OR 97138

Permit # 501322  
Expiration Date: 6/5/2020  
Property Description: 610108D02302

On 06/05/2019 Clatsop County issued septic permit #501322 for the above described property. The permit will expire on 06/05/2020. In order for us to assist you with completion of your project, please review your files and check one of the options below. Please return all paperwork and applicable fees to Clatsop County Onsite Septic System Program.

- I plan to use this permit. I understand that to receive a certificate of satisfactory completion, I need to install the septic system according to the approved plans and submit a "Final Inspection Request and Notice form. These steps are required prior to covering the system as well as prior to the permit expiration date.
- I plan to renew this permit prior to the expiration date. A completed application for renewal, an updated Land Use Compatibility Statement (if required) and all other required documents shall be submitted. If no changes to the approved plans will be made and no field visit is necessary, the fee is \$266.00.
- I plan to reinstate this permit within one year of the original permit expiration date. A completed application for reinstatement, an updated Land Use Compatibility Statement (or LUCS - if required) and all other required documents shall be submitted. If no changes to the approved plans will be made and no field visit is necessary, the fee is \$266.00
- I certify no changes have been made to the approved plans and a renewal application will not be required.
- I do not intend to install the onsite septic system at this time (NOTE: this option does not apply to repair permits). I understand that the original permit is void one year after the expiration date, and cannot be renewed or reinstated. Should I change my plans and decide to install the system, a new permit must be obtained at the current permit fee price.

Signature: 

Date: 6/5/20

Phone: 503-828-7828

Email: joel@morrisonbuilt.com





# Transaction Receipt

186-501322-ONS

IVR Number: 186900037016

Clatsop County Onsite

820 Exchange Street

Astoria, Oregon 97103

503-325-9302

Fax: 503-325-9303

health@co.clatsop.or.us

**Receipt Number: 453156**

**Receipt Date: 6/8/20**

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

Worksite address: 3096 N HWY 101, GEARHART, OR 97138

Parcel: 61010BD02302

<b>Fees Paid</b>					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
6/8/20	1.00 Ea	Permit transfer, reinstatement or renewal - no field visit	81-7205	\$157.00	\$157.00
6/8/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
6/8/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method:	Credit card authorization: 76254312	Payer: MORRISON JOEL	Payment Amount:	\$266.00
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Cashier: Annette Brodigan

**Receipt Total:**

**\$266.00**

## Construction Permit

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Property Owner: **Morrison Joel** Township **6**, Range **10**, Section **10 B D**  
Property Location: **3096 N Hwy 101, Gearhart** Tax Lot **02302**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

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Total Trench Length:  
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Media Type: **Sand**  
Maximum Trench Depth: **24.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

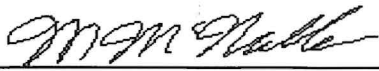
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### INSPECTION REQUIREMENTS

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- 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.



Authorized Agent:

**Mike McNickle**

Title:

**Environmental Health Supervisor**

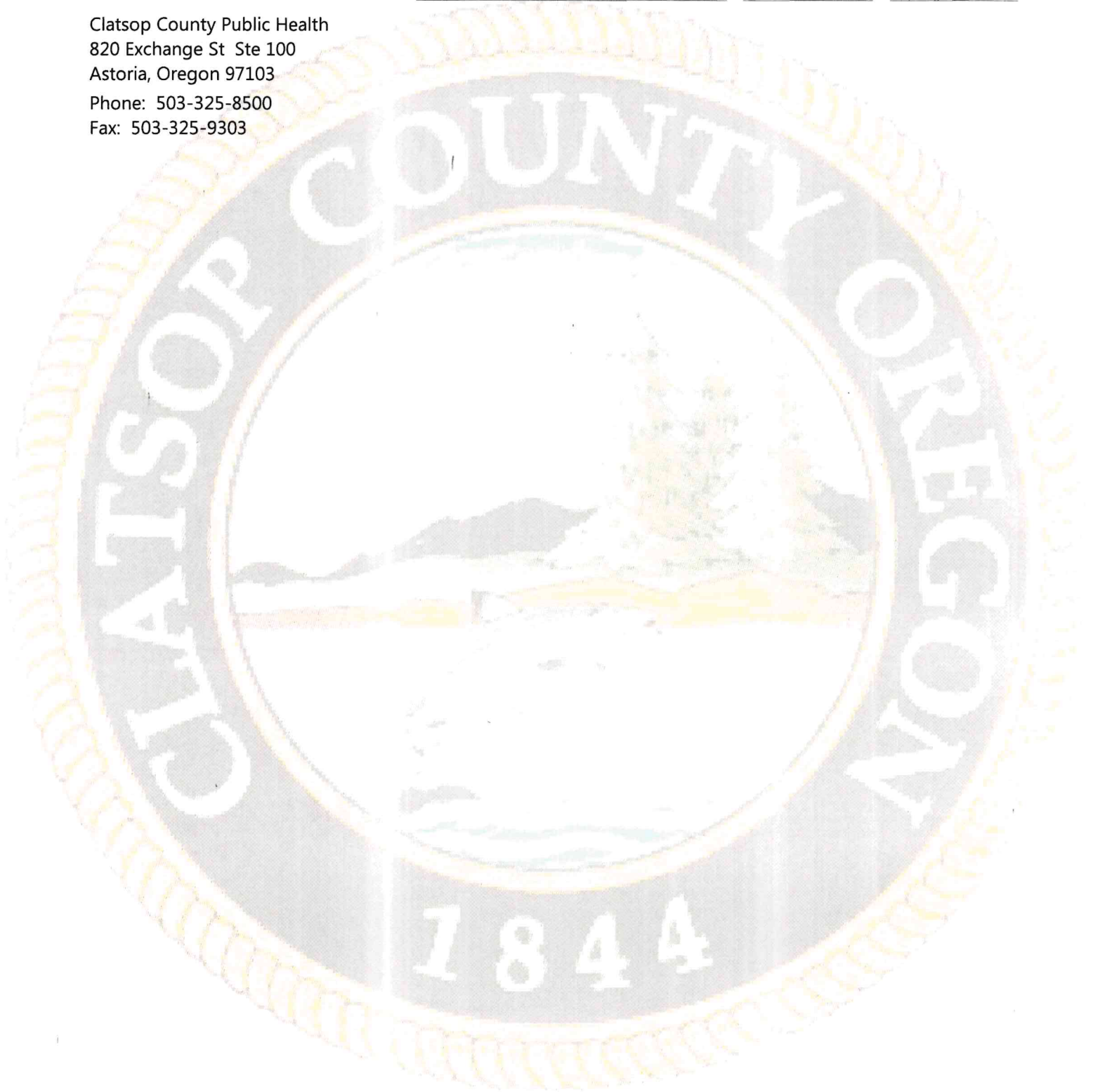
Date Issued:

**6/5/2019**

Expiration Date:

**6/5/2020**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303







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

RECEIVED  
 MAY 29 2019  
 CLATSOP CO. PUBLIC HEALTH

# 501322

**Application for Onsite Sewage Treatment System**

**A. Property Owner Information**

Name JOEL MORRISON Mailing Address (Street, PO Box, City, State, Zip) 4804 NW BETHANY BLVD I-2, #275 PORTLAND, OR 97229 Phone Number 1-501-828-7828

**B. Legal Property Description**

Township 6N Range 10W Section 10BD Tax Lot 2302 Tax Account Number \_\_\_\_\_ Acreage or Lot Size .43 ACRES  
 County CLATSOP Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: 3096 HWY 101 GEARHART, OR 97138  
 (Street, City, State, Zip)

Directions to Property Go So. on Hwy 101 into Gearhart past Pacific Way traffic light Prop. 150 N RT @ Yellow Ribbon

**C. Existing Facility / Proposed Facility / Water Information**

**Existing Facility**  
 Single Family Residence  
 Number of Bedrooms \_\_\_\_\_  
 Other \_\_\_\_\_

**Proposed Facility**  
 Single Family Residence  
 Number of Bedrooms \_\_\_\_\_  
 Other 4-plex 3BDMS IN EACH UNIT

**Water Supply**  
 Public GEARHART  
 Name \_\_\_\_\_  
 Private \_\_\_\_\_  
 Well, Spring, Shared \_\_\_\_\_

**D. Type of Application**

- Site Evaluation
- Construction BSF (2 EA)
- Permit Repair
  - Major
  - Minor
- Alteration Permit
  - Major
  - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Compliance Record Review
- Authorization Notice for:
  - Connecting to an Existing System Not in Use
  - Replacing a Mobile Home or House with Another
  - Mobile Home or House
    - The Addition of One or More Bedrooms
  - Personal Hardship
  - Temporary Housing
  - Other-Please Specify \_\_\_\_\_

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

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

Signature George Owen Date 5/29/19

Applicant's Name (Please Print Legibly) GEORGE OWEN Applicant's Phone 503-717-8681 Applicant's E-Mail Address FNTELMAN@GMAIL.COM

Applicant's Mailing Address 89647 MANION DR WARRENTON, OR 97146

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer self install per Joel  
 Authorization Attached OSBORN/OLSON LLC #38583 6/1/2020  
 Installers Name



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

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 MAY 20 2019  
 CLATSOP CO. PUBLIC HEALTH

#501322

**Notice Authorizing Representative**

I, JOEL MORRISON (Property Owner - Please Print), have authorized  
GEORGE OWEN (Authorized Representative - Please Print) To act as my agent in performing

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

**PROPERTY IDENTIFICATION**

3096 Hwy 101 GETARMAST  
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 10BD Tax Lot 2302 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Joel Morrison Email: joel@morrisonbuilt.com  
 Mail Address: 4804 N.W. Bethany Blvd City/State/Zip Portland, OR 97229  
Suite I-2, #275  
 Phone: 1-503-828-7828 FAX: N/A  
 Signature: \_\_\_\_\_ Date: 5/17/19

**AUTHORIZED REPRESENTATIVE:**

Name: GEORGE OWEN Email: GWTLMAN6GEORGE@GMAIL.COM  
 Mail Address: 89647 MANION DR City/State/Zip WARRENTON, OR 97146  
 Phone: 503-717-8681 FAX: 503-717-8681  
 Signature: \_\_\_\_\_ Date: 5/17/19

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CLATSOP CO. PUBLIC HEALTH

# 501322

SECTION 1 - TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: JOEL MORRISON  
 Mailing Address: 4804 NW BETHANY BLD I-2, #275  
 City/State/Zip: PORTLAND, OR 97229  
 Telephone: 503-828-7828

2. Property Information:  
 County: CLATSOP Tax Lot No: 2302  
 Township: 6N Range: 10W Section: 10BD  
 Physical Address: 3096 Hwy 101 Gearhart, OR 97138  
 Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:  
 An individual, single family dwelling  
 Describe the type of development, business or facility and the provided services or products: 4- PLEX W/3 BDRMS IN EACH UNIT

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: R2 Zoning Minimum Parcel Size 15,000 sf for 4 plex  
 6. The facility is located:  inside city limits  inside UGB  outside UGB  
 7. Does the proposed facility comply with all applicable local land use requirements:  Yes  No

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

8. Planning Official Signature: Chad Sweet  
 Print Name: Chad Sweet Date: 05/29/19



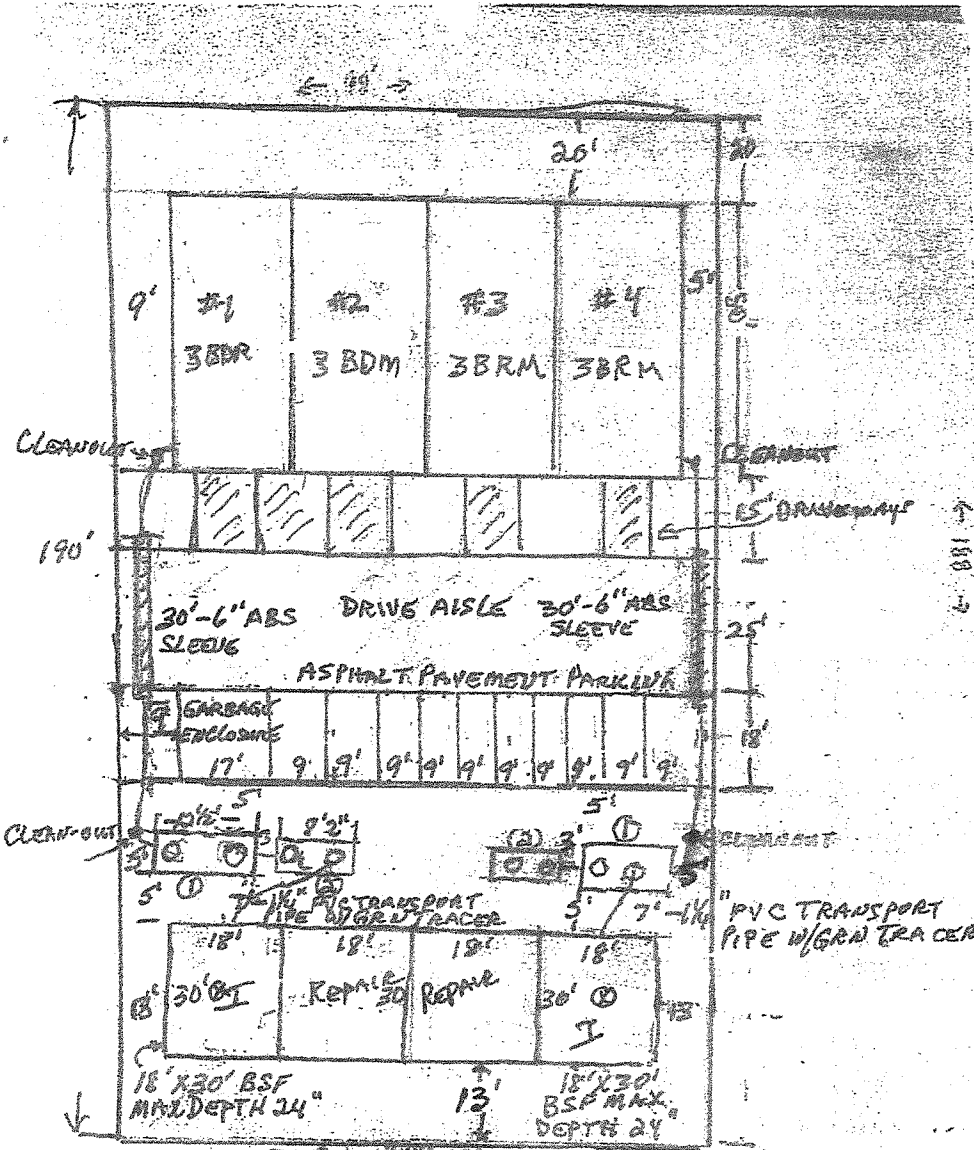
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CLATSOP CO. PUBLIC HEALTH

# 501322

N →  
NOT TO SCALE  
JOEL MORRISON  
6N-10W-10BD-2302  
OSBORN/OLSON LLC #38583  
⊙ TEST HOLES



N. 7.2 FT SEWER LINE  
APPROX. 5" - 12" FALL  
ON SEWER LINE

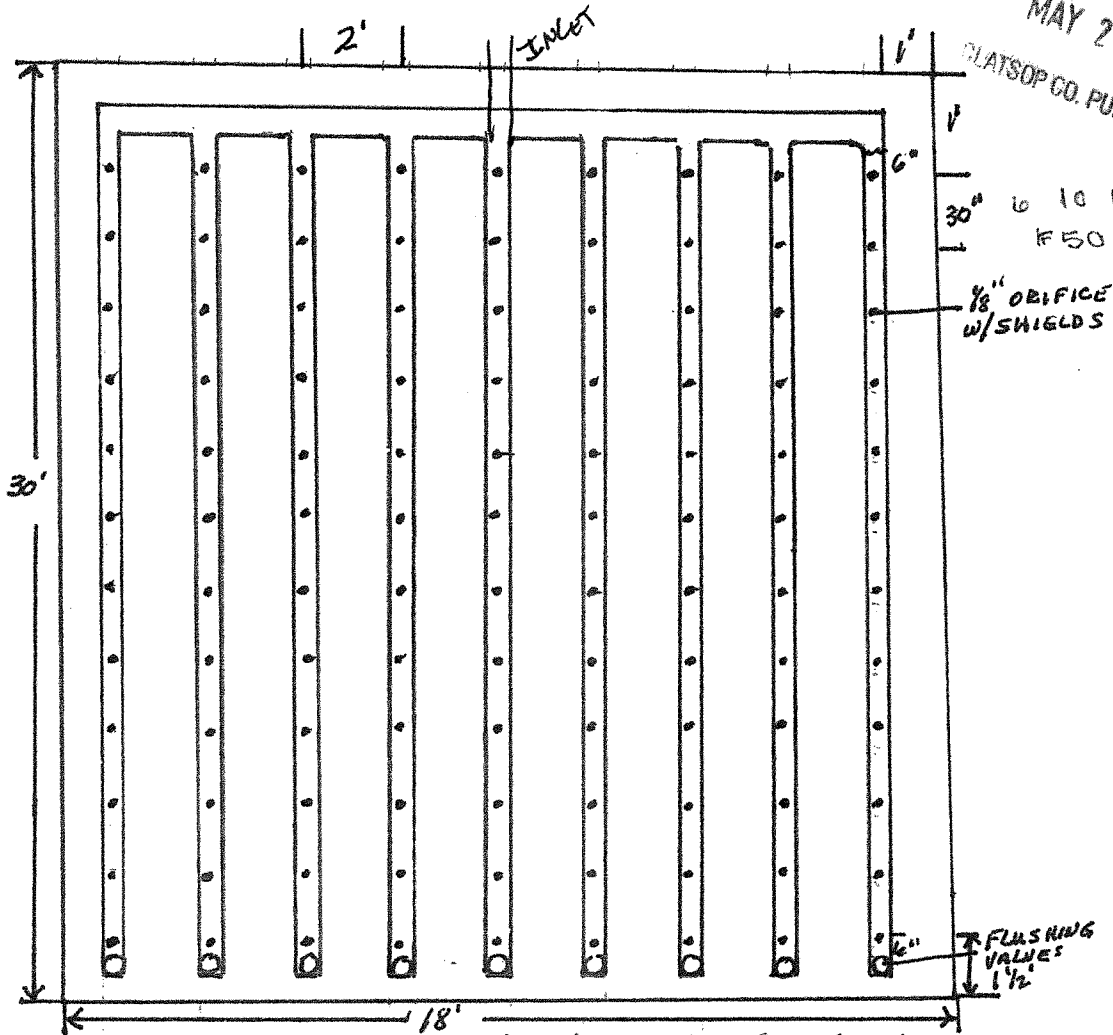
- NOTE 3096 HWY 101 98'
- ① 2000 GAL SEPTIC TANK WILLAMETTE GRAYSTONE
  - ② 1000 GAL DOSE TANK... A-1

# 18' X 30' BOTTOMLESS SAND FILTER

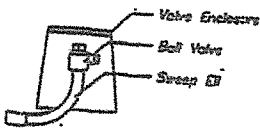
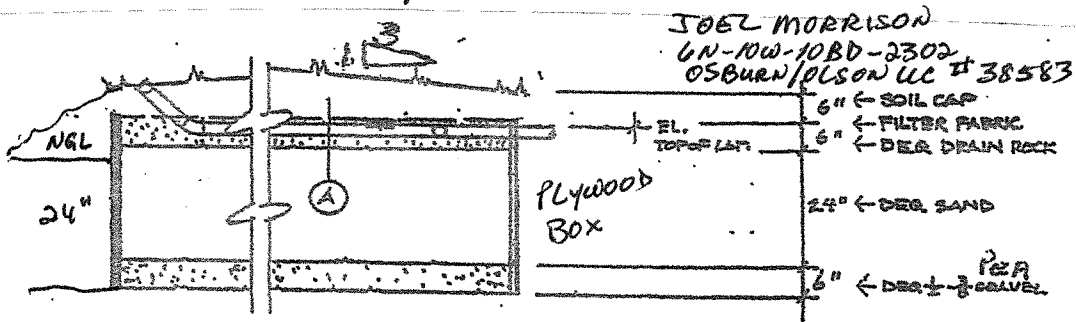
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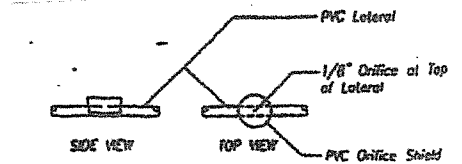
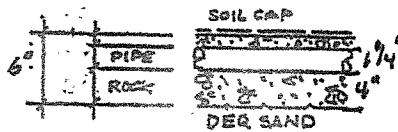
6N-10W-10BD-2302  
R501322



TOP VIEW - 18' X 30' BOTTOMLESS SAND FILTER  
W/108 TOTAL ORIFICES 9 LATERALS  
W/12 ORIFICES EACH



FLUSHING VALVE DETAIL  
SCALE 1" = 1'-0"



STANDARD ORIFICE SHIELD DETAIL

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

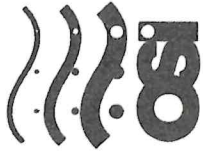
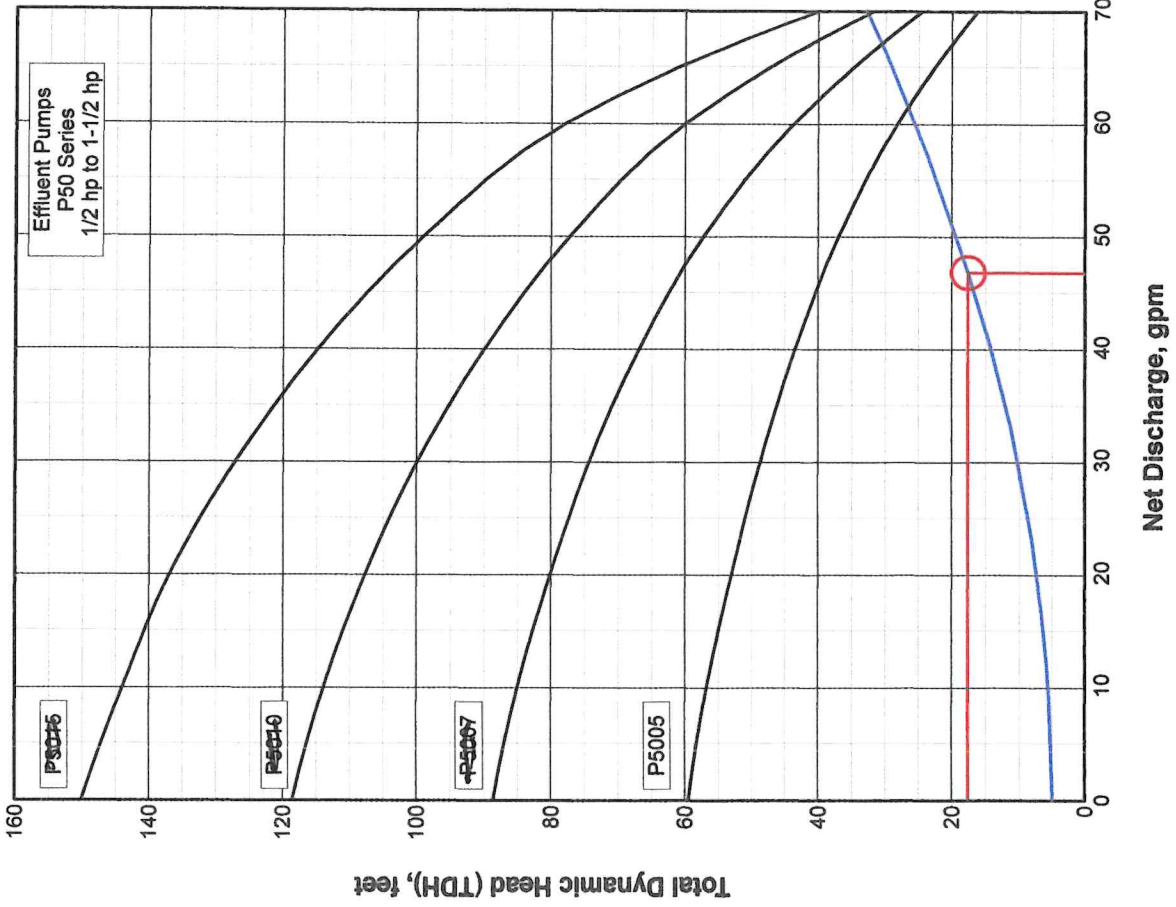


# Pump Selection for a Pressurized System

Joel Morrison 6N-10W-10DB-2302  
Osburn/Olson LLC #38583

Input Parameters	
Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.5 feet
Number of Laterals per Cell	9
Lateral Length	28.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	16.0 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	8.0 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	108
Total Actual Flow Rate	46.8 gpm
Number of Lines per Zone	9
% Flow Differential 1st and Last Orifice	0.4 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.1 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	1.1 feet
Head Loss in Transport Pipe	2.0 feet
Head Loss Through Discharge	4.4 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
<b>Total Flow Rate</b>	<b>46.8 gpm</b>
<b>TDH</b>	<b>17.6 feet</b>



**Oreco System**  
Incorporated

814 AIRWAY AVENUE  
SUTHERLIN, OREGON  
97479

TOLL FREE:  
(800) 348-9843

TELEPHONE:  
(541) 459-4449

FACSIMILE:  
(541) 459-2884

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# 501322

**CLACKANAS COUNTY FILTER SAND  
2/1/2019  
" MEDIUM-SAND "**

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CLATSOP CO. PUBLIC HEALTH

# 501322

SPEC	SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING
100	3/8	0.0	0.00%	0.00%	100.00%
95 - 100	#4	15.5	1.21%	1.21%	98.79%
80 - 100	#8	53.9	4.19%	5.40%	94.60%
45 - 85	#16	169.1	13.15%	18.54%	81.46%
15 - 60	#30	396.1	30.80%	49.34%	50.66%
3 - 15	#50	513.9	39.96%	89.30%	10.70%
0 - 4	#100	118.6	9.22%	98.52%	1.48%
	#200	11.7	0.91%	99.43%	0.57%
	PAN	0.8			
	dry weight	1286.1	F.M.	2.62	

DRY WEIGHT BEFORE WASH - 1286.1g

DRY WEIGHT AFTER WASH - 1279.9g

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

*JOEL MORRISON*

*6N-10W-10BD-2302*

*OSBURN/OCSON LLC #38583*

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

CERTIFIED TECH: Eric Egge #50816



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

1/28/2019

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#501322

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	SPEC LIMITS
1/2	6.7	0.29%	0.29%	99.71%	100
3/8	248.6	10.92%	11.22%	88.78%	
1/4	1048.2	46.05%	57.26%	42.74%	18 - 100
#4	671.8	29.51%	86.77%	13.23%	5 - 75
#8	291.9	12.82%	99.60%	0.40%	
#10	0.0	0.00%	99.60%	0.40%	24.0% max
#16	1.5	0.07%	99.66%	0.34%	2.0% max
#100	1.0	0.04%	99.71%	0.29%	1.0% max
FAN	0.7				

2276.4 dry weight

DRY WEIGHT BEFORE WASH - 2276.4g

DRY WEIGHT AFTER WASH - 2270.3g

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

JOEL MORRISON

6N-10W-10BD-3302

OSBURN/OLSOD LLC #38583

COMPANY NAME: GLACIER NORTHWEST, INC.  
CALPORTLAND COMPANY

CERTIFIED TECH: Eric Egge #50816

**Parts list  
Joel Morrison  
6N-10W-10BD-2302  
Osburn/Olson LLC #38583**

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GLATSOP CO. PUBLIC HEALTH**

#501322

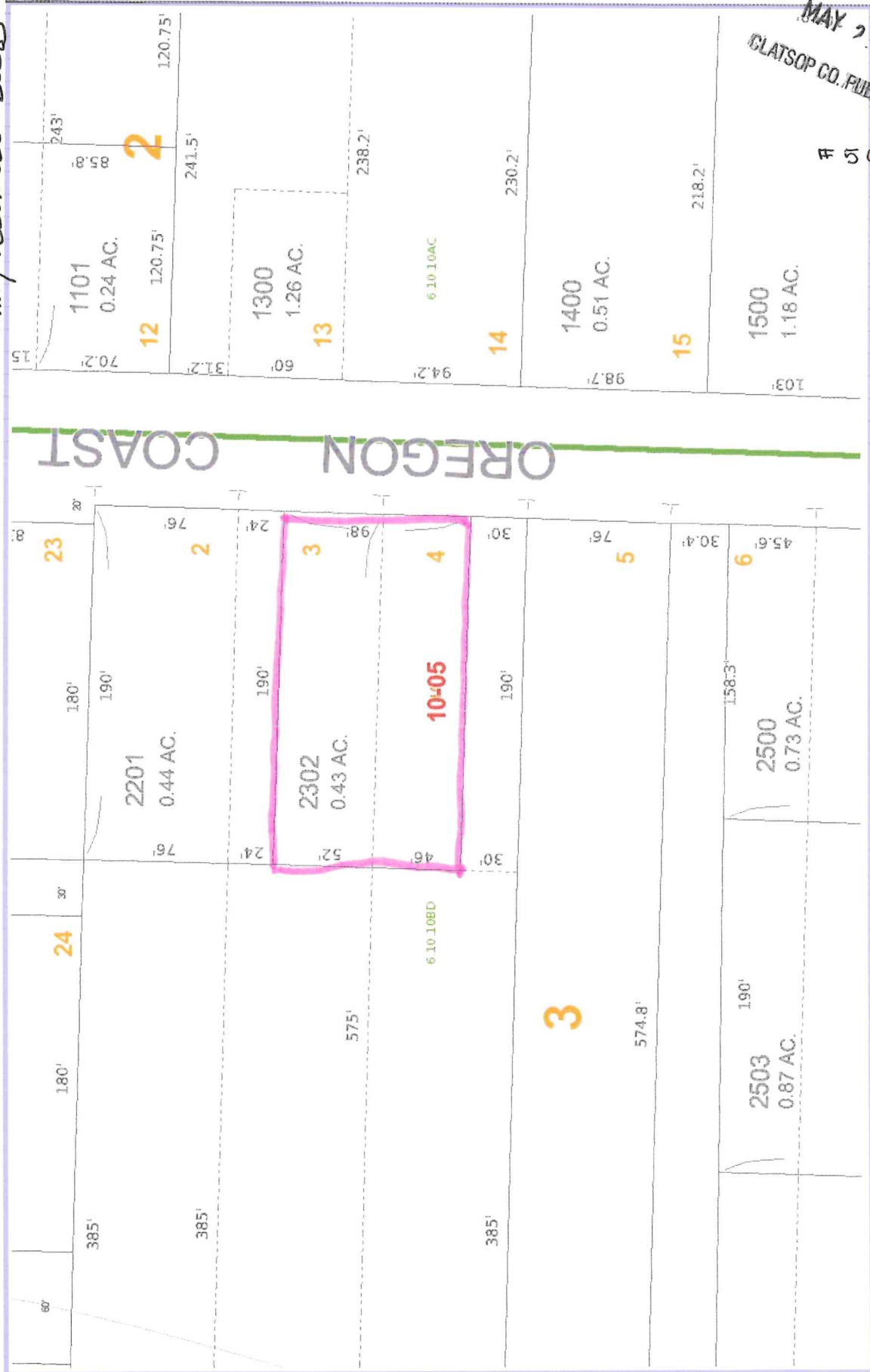
- 2 Willamette Graystone 2000 gal septic tank**
- 2 A-1 1000 gal dose tank**
- 4 24" x 24" poly risers**
- 4 24" poly lids w/screws**
- 4 ADH100 adhesive**
- 2 2" grommet**
- 2 Box 1¼" orifice shields**
- 600ft 1¼" PVC pipe for bsf and transport**
- 4 1¼" PVC 90 ells**
- 12 1¼" PVC "T"**
- 2 1¼" PVC 4-way**
- 18 1¼" PVC shut-off valves**
- 40 1¼" PVC 45 ells**
- 18 7" round valve covers**
- 2 rolls Filter fabric 3' x 300' each**
- 22yds DEQ peagravel**
- 22yds DEQ drain rock**
- 82yds DEQ sand**



Map

JOEL MORRISON  
6N-10W-10BD-2302

OSBURN/ALSON LLC #38583



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CLATSOP CO. PUBLIC HEALTH  
# 501322



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



# Septic Application

Clatsop County Public Health Department  
 820 Exchange St Ste 100  
 Astoria, OR 97103  
 Ph. (503) 325-8500

## For Department Use Only

Permit #: **501322**  
 Permit Type: **Construction Perm**  
 Entry Date: **5/29/2019**  
 Issued By: **Mike McNickle**  
 Permit Status: **Issued**

## Permit Timeline

User	Status	Date
Yvonne Van Nostran	Entered	05/29/2019
Mike McNickle	Assigned	05/29/2019
Mike McNickle	Issued	06/05/2019

## Work Description

Work Description:

Remarks:

## Owner

Name: **Morrison Joel** Ph. #: ( ) - Cell: (501) 828-7828  
 Address: 4804 NW BETHANY BLVD, I-2, #27 E-Mail: Fax: ( ) -  
 City, State, Zip: Portland, OR 97229

## Applicant

George Owen Ph. 5037178681 Fax  
 89647 Manion Dr Cell E-Mail  
 Warrenton, OR 97146

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$1,736.00	\$100.00	\$0.00	(\$17.00)	\$1,819.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Morrison Joel	Check	3179	06/05/2019	\$1,819.00

**Balance Due: \$0.00**

## Compliance/Permit Requirements

### Permit Requirements

### Details

Construction Permit	Meet all required setbacks.
Construction Permit	An electrical permit and inspection from Clatsop County Building Codes or the municipality with jurisdiction is required for all pump wiring installations.
Construction Permit	Timed dosing required - must include timer and dose counter
Construction Permit	The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
Construction Permit	All roof drains must be directed away from the system.
Construction Permit	Vehicular traffic and livestock must be restricted from the system area.
Construction Permit	The system must be installed by the property owner or a licensed sewage disposal business (installer).
Construction Permit	The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
Construction Permit	The alarm and pump must be on separate circuits in the control panel.
Construction Permit	All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
Inspection Requirements	A squirt test inspection of the pressurized piping system is required.
Inspection Requirements	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.

Inspection Requirements

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

**Signatures**

**Applicant Signature:** George Drew

**Date:** 5/29/19

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Site Evaluation - Commercial -

### PROPERTY INFORMATION

Property Owner: **Morrison Joel** Township **6**, Range **10**, Section **10 B D**  
Property Location: **3096 N Hwy 101, Gearhart** Tax Lot **02302**  
Facility Type: **Commercial**  
**12 Bedrooms**

### SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**  
Design Flow: **1800.00 gals/day**  
Minimum Septic Tank Size: **5000.00 gals** 2, 2000 gallon septic tanks, 2, 1000  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **24.00 inches**  
Minimum Trench Depth: **24.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

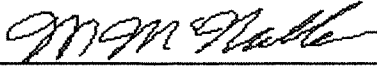
- 1 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 2 Install with dry soil conditions.
- 3 The alarm and pump must be on separate circuits in the control panel.
- 4 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 5 All roof drains must be directed away from the system.
- 6 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 7 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 8 Filter fabric is required over the drain media.
- 9 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 10 Vehicular traffic and livestock must be restricted from the system area.
- 11 The alarm and pump must be on separate circuits in the control panel.
- 12 Timed dosing required - must include timer and dose counter
- 13 Meet all required setbacks.

### INSPECTION REQUIREMENTS

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

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

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



Authorized Agent:

Title:

Date Issued:

Expiration Date:

**Mike McNickle**

**Environmental Health Supervisor**

**5/9/2019**

Clatsop County Public Health  
820 Exchange St Ste 100  
Astoria, Oregon 97103  
Phone: 503-325-8500  
Fax: 503-325-9303

## COMMERCIAL SITE EVALUATION REPORT

Date: May 9, 2019

Dear Joel Morrison:

I evaluated the property referenced below to determine if an onsite wastewater disposal system that complies with State of Oregon Rules could be located on the parcel. I **approved** this site for the systems described in the "Approved System Specifications" section of the Field Worksheet. This approval runs with the land and will automatically benefit subsequent owners. The approval is valid until the approved system is constructed under a Clatsop County construction permit or unless the site is altered without approval from this office (excavation that could affect setbacks, placement of wells or utilities, etc.). **Alterations made to the site may invalidate this approval.**

App. Name: **Morrison**

Application: # **501290**

County: **Clatsop**

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 6N/ R 10W/ S 10BD Tax Lot#: 2302

If you believe the site evaluation is in error or that a variance from approval conditions is necessary, please contact our office for more details.

A Construction/Installation permit is required before you construct your system. Please submit the enclosed Construction/Installation permit application, accompanying attachments and fee to apply for a permit. Please note that a construction permit is still required for each lot.

If you have any questions regarding this report, please contact me at 503-338-3686.

Yours truly,

Mike McNickle, PhD, MPH, REHS  
Environmental Health Supervisor  
Clatsop County Public Health

Attachments: Field Worksheet

cc: Planning Department



**FIELD WORKSHEET**

App. Name: Morrison Application #: <sup>501290</sup>5012390 County: Clatsop

**RE: SITE EVALUATION REPORT** for Township/Range/Section: T 6N/ R 10W / S 10BD Tax Lot#: 2302

Commercial Facility:  Yes  No Parcel Size: 0.43 acres

**APPROVED SYSTEM SPECIFICATIONS**

Design flow: 1800 gpd Max # of bdrms: 12

Initial System		Replacement System	
<input type="checkbox"/> Standard	<input type="checkbox"/> Capping Fill	<input checked="" type="checkbox"/> Bottomless Sand Filter	<input checked="" type="checkbox"/> Bottomless Sand Filter
<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/>	<input type="checkbox"/> Conventional Sand Filter/ATT	<input type="checkbox"/>
Other		Other	
Tank: <input checked="" type="checkbox"/> Two 1,000 gal. pump tanks <input checked="" type="checkbox"/> Two 2,000 gal. septic tanks		Tank: <input checked="" type="checkbox"/> Two 1,000 gal. pump tanks <input checked="" type="checkbox"/> Two 2,000 gal. septic tanks	
Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial		Distribution Method: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial	
Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.	Absorption Facility: _____ linear. ft	Disposal Facility: _____ sq. ft.
24 " Max Depth	24 " Min Depth	24 " Max Depth	24 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-60	Dune sand (FS)	Roots to 8" ESD = 60"+ No redox No H2O 10 YR 8/2 throughout
#2			Similar to #1

Landscape Notes:

Slope: 1-2%

Aspect: North to South

Groundwater Type: None

**Additional Conditions of Approval**

- \*A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- O & M required
- Timed dosing required
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- \*Drainfield must be staked prior to installation.**
- Recommend licensed installer install all system components.

**\*Required prior to issuance of construction permit.**



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

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MAY 07 2019

#501290

CLATSOP CO. PUBLIC HEALTH  
 (Pd) OK #31403 810°  
 +cash = \$190°

**Application for Onsite Sewage Treatment System**

**A. Property Owner Information**

JOEL MORRISON 4804 NW BETHANY BLVD I-2, #275 PORTLAND, OR 503-828-7828  
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number  
97229

**B. Legal Property Description**

6N 10W 10BD 2302 9654 .43 ACRES  
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size  
CLATSOP  
 County Subdivision Name Lot Block

Property Address: 3086 Hwy 101 Gearhart, OR 97138  
 (Street, City, State, Zip)

Directions to Property Go So. on Hwy 101 to Gearhart. Go thru Pacific Stop Lite. Property  
on right. Yellow Ribbon. Turn Right

**C. Existing Facility / Proposed Facility / Water Information**

<b>Existing Facility</b>	<b>Proposed Facility</b>	<b>Water Supply</b>
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>Gearhart</u>
Number of Bedrooms _____	Number of Bedrooms _____	Name
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>4-plex 12BDMS TOTAL</u>	<input type="checkbox"/> Private _____
	<u>3 BDMS EA. UNIT</u>	Well, Spring, Shared

**D. Type of Application**

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

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

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

Signature George Owen Date 5/7/19

Applicant's Name (Please Print Legibly) GEORGE OWEN Applicant's Phone 503-717-8681 Applicant's E-Mail Address GNTLMAKEDAYS@GMAIL.COM

Applicant's Mailing Address 89647 MANION DR Warrenton, OR 97146

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



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

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MAY 07 2019

CLATSOP CO. PUBLIC HEALTH

#501290

**Notice Authorizing Representative**

I, JOEL MORRISON (Property Owner - Please Print), have authorized

GEORGE OWEN

(Authorized Representative - Please Print) To act as my agent in performing

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

**PROPERTY IDENTIFICATION**

3096 Hwy 101 GETSMART  
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 10BD Tax Lot 2302 Map ID \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Map ID \_\_\_\_\_

**PROPERTY OWNER:**

Name: Joel Morrison Email: joel@morrisonbuilt.com  
 Mail Address: 4804 N.W. Bethany Blvd City/State/Zip Portland, OR 97229  
Suite I-2, #275  
 Phone: 503-828-7828 FAX: N/A  
 Signature: \_\_\_\_\_ Date: 4/30/19

**AUTHORIZED REPRESENTATIVE:**

Name: GEORGE OWEN Email: FWTLMAN6GEORGE@GMAIL.COM  
 Mail Address: 89647 MANION DR City/State/Zip WARRENTON, OR 97146  
 Phone: 503-717-8681 FAX: 503-717-8681  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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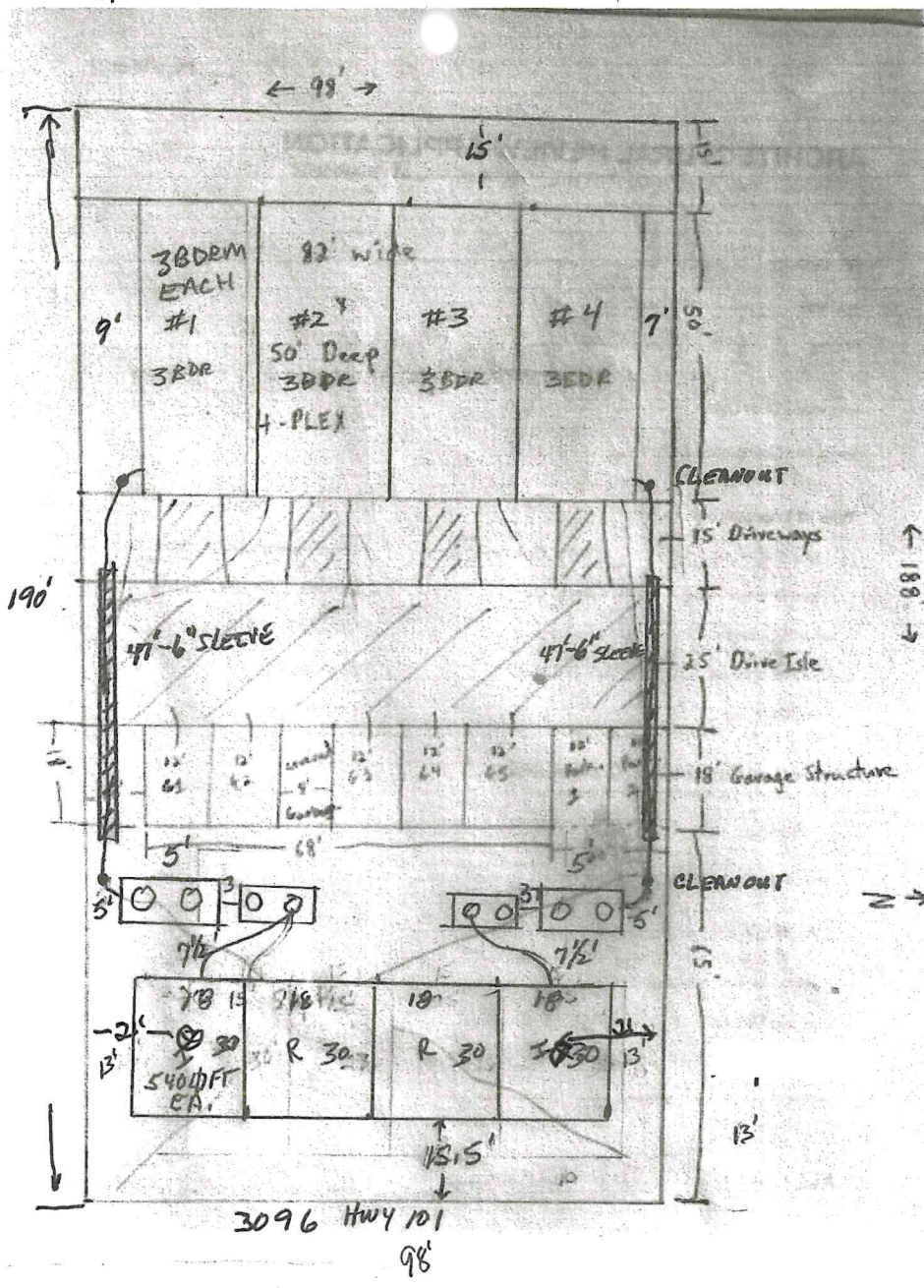
MAY 07 2019

CLATSOP CO. PUBLIC HEALTH

#501290

N →  
NOT TO SCALE  
JOEL MORRISON  
6N-10W-10BD-2302

→ NOT TO SCALE  
~ 69 FT SEWER LINE  
APPROX. 17" - 18" FALL  
ON SEWER LINE

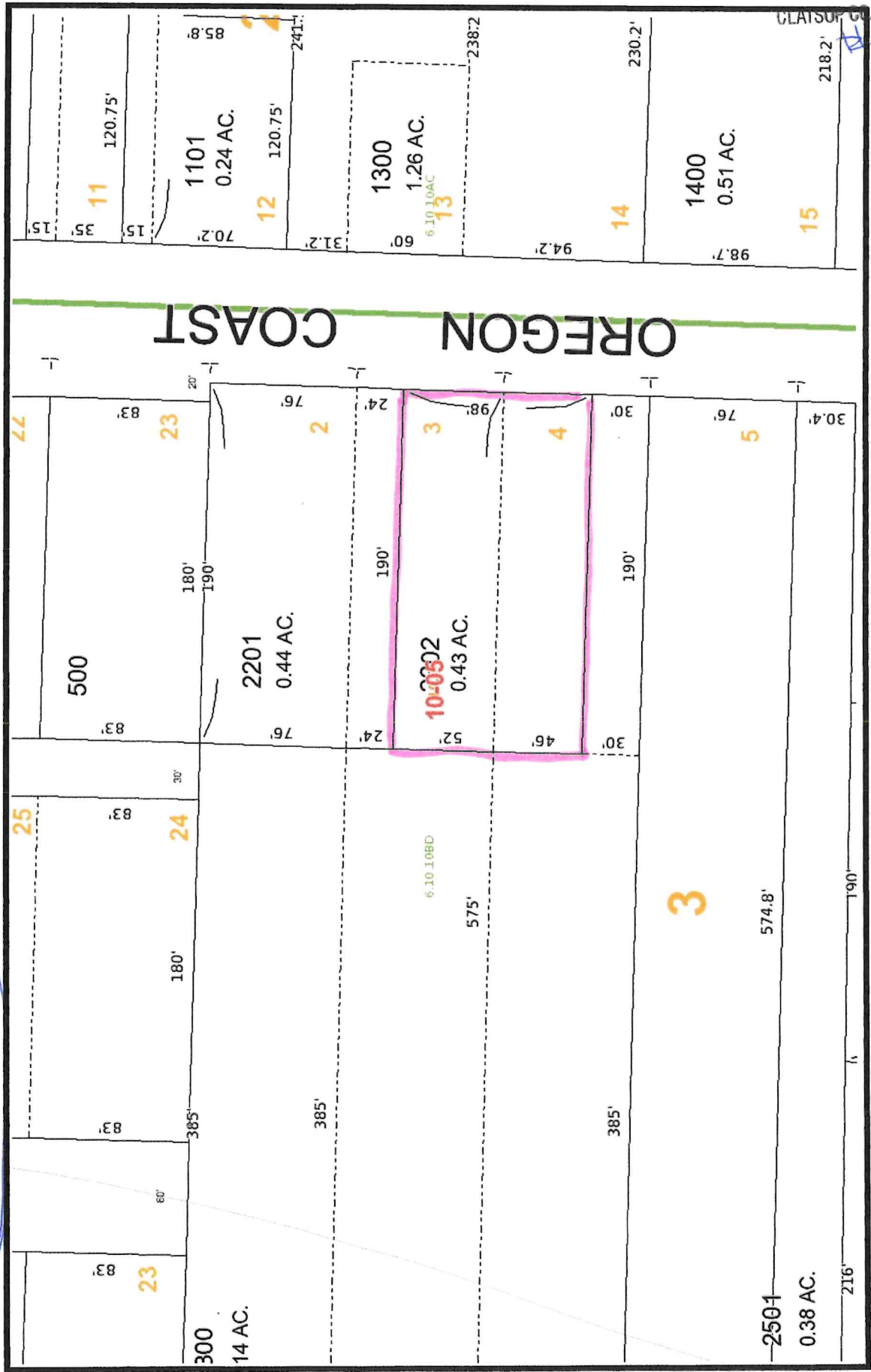


RECEIVED  
MAY 07 2019

CLATSOP CO. PUBLIC HEALTH  
#501290



Map  
JULIE MORRISON  
6N-10W-10BD-2302



### Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





# Septic Application

Clatsop County Public Health Department  
 820 Exchange St Ste 100  
 Astoria, OR 97103  
 Ph. (503) 325-8500

## For Department Use Only

Permit #: **501290**  
 Permit Type: **Site Evaluation**  
 Entry Date: **5/7/2019**  
 Issued By: **Annette Brodigan**  
 Permit Status: **Entered**

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	05/07/2019

## Work Description

Work Description: **4 plex = total of 12 bedrooms**

Remarks:

## Owner

Name: **Morrison Joel** Ph. #: (503) 828-7828 Cell: ( ) -  
 Address: 4804 NW BETHANY BLVD, SUITE I- E-Mail:  
 City, State, Zip: Portland, OR 97229 Fax: ( ) -

## Applicant

George Owen Ph. 5037178681 Fax  
 89647 Manion Dr Cell E-Mail  
 Warrenton, OR 97146

## Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$881.00	\$100.00	\$0.00	\$9.00	\$990.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
George Owen	Cash		05/07/2019	\$180.00
Morrison Joel	Check	3140	05/07/2019	\$810.00
				<b>\$990.00</b>
<b>Balance Due:</b>				<b><u>\$0.00</u></b>

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Map



6-10-10BD-2302 = .43 acre



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