



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-progra
m

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

Table with columns: Existing, Proposed. Rows: Use of Structure (Commercial, N/A), Number of Bedrooms (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

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

Date Certificate Issued: 11/14/2023

Work Description: Construction Permit - - IVR NUMBER = 186900037016 ~ IVR PHONE = 1-888-299-2821

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

RECEIVED

Service Provider:

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

AUG 31 2020

CLATSOP CO. PUBLIC HEALTH

Owner:

Joel Morrison

System Location:

3096 HWY 101 N. System #2
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.

RECEIVED

AUG 31 2020

GLATSCOP CO. PUBLIC HEALTH

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

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

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


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

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

ACCEPTANCE OF PROPOSAL

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

COMPLETE SEPTIC:



Jerry Lebo, owner

Date: _____

OWNER:



Name: Joel Morrison

Date: 8/19/2020



Clatsop County Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

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

September 21, 2020

Joel Morrison
4804 NW Bethany Blvd. Suite I-2, #275
Portland, OR. 97229

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

RE: Certificate of Satisfactory Completion – Second Notice

Dear Mr. Morrison,

We have been notified by Complete Septic that the O&M contracts that you provided us are not valid due to lack of payment for the contracts. As you are aware, the Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released until we have two valid contracts (one for each system).

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

Thank you,

Annette Brodigan

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

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

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

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 501322

System # 2

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 # 2 (3100, 3102 Hwy 101A)

RECEIVED

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** CLATSOP CO. PUBLIC HEALTH
 JUN 29 2020

Section 2: System Component Specifications:

System Type: **Bottomless sand filter**

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 BSF 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

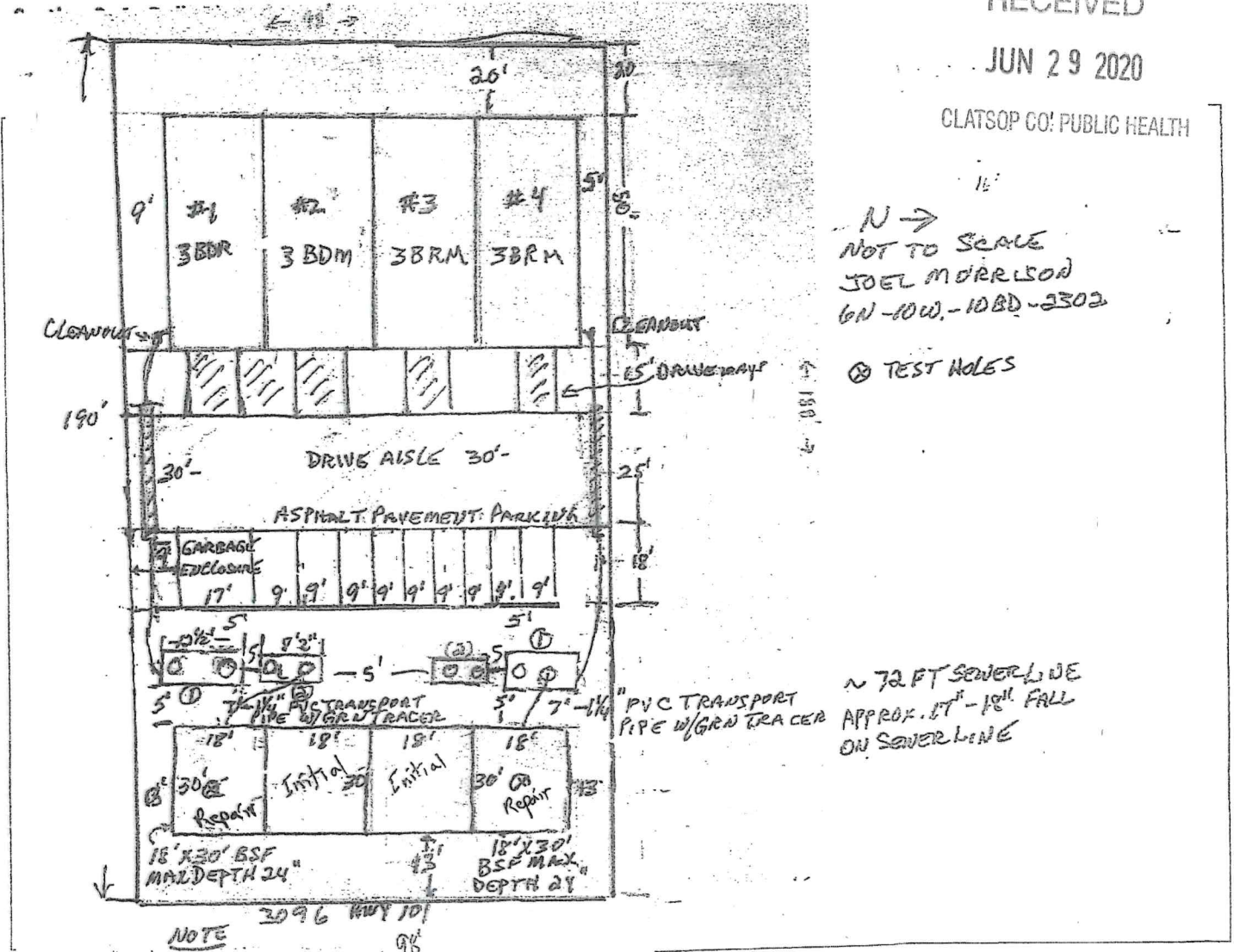
Type: Gravel, Pipe or Alternative? P-2 gravel = 10 yards / DEQ Sand = 40 yards / Drain Rock = 10 yards
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____ Length _____
 Comment: 24" DIA w/ lids. / Filter Fabric

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

RECEIVED

JUN 29 2020

CLATSOP CO. PUBLIC HEALTH



N →
 NOT TO SCALE
 JOEL MORRISON
 6N-10W-108D-2302

⊗ TEST HOLES

~ 12 FT SEWER LINE
 APPROX. 1" - 1 1/2" 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 Y. Van Norder
 Permit No. 507322
 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

RECEIVED
JUL 09 2020

HEALTH



Unit # 3100 k # 3102

system

(north system
501322

6-10-10BD-2302

RECEIVED

JUL 09 2020

LTH



Units # 3100 & # 3102

system

(north system)

501322

6-10-1080-2302

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 tar
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:

For pre cover inspection information, contact your agent below.

Yvonne Van Nostran

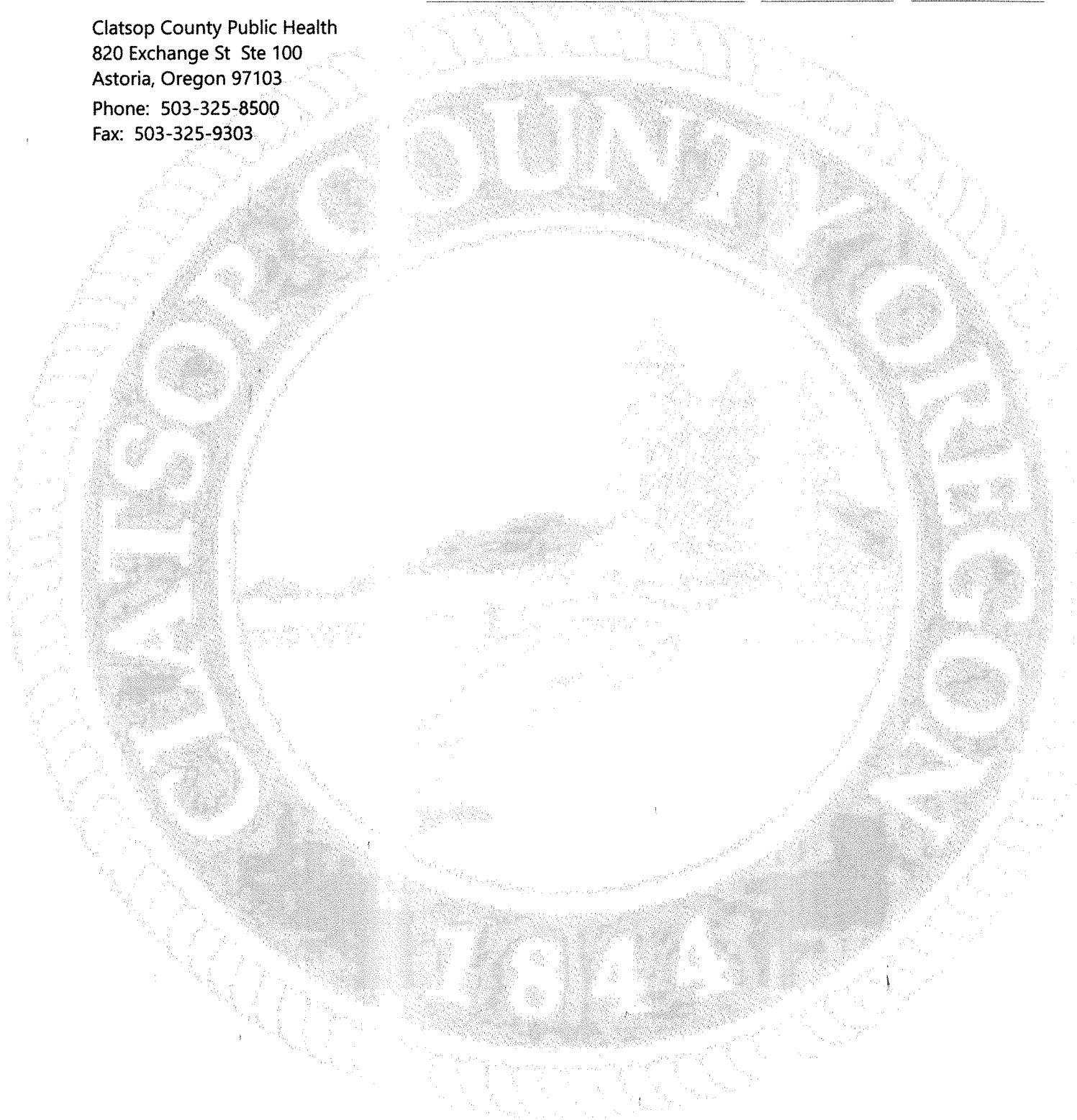
Authorized Agent:
Yvonne Van Nostran

Title:
Environmental Health Specialist

Date Issued:
6/5/2019

Expiration Date:
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

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

Thank you,

Annette Brodigan

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

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



Clatsop County
OnSite Septic System Program

RECEIVED
JUN 05 2020
CLATSOP CO. PUBLIC HEALTH

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

Pd Nija \$266.00

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: [Handwritten Signature]
Phone: 503-828-7828
Email: joel@morrisonbuilt.com

Date: 6/5/20



Clatsop County Onsite

Transaction Receipt

186-501322-ONS

IVR Number: 186900037016

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

| Fees Paid | | | | | |
|------------------|---------|--|--------------|------------|-------------|
| 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 |
|-----------------|--|----------------------|-----------------|----------|

Cashier: Annette Brodigan

Receipt Total: \$266.00

Construction Permit

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Total Trench Length:
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Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

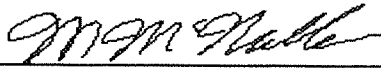
ADDITIONAL CONDITIONS

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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.



Authorized Agent:

Title:

Date Issued:

Expiration Date:

Mike McNickle

Environmental Health Supervisor

6/5/2019

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: 10B 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. is on Rt @ Yellow Ribbon

C. Existing Facility / Proposed Facility / Water Information

| | | |
|--|---|--|
| Existing Facility | Proposed Facility | Water Supply |
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Single Family Residence | <input checked="" type="checkbox"/> Public <u>GEARHART</u> |
| Number of Bedrooms: _____ | Number of Bedrooms: _____ | Name: _____ |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>4-PLEX 3BDRMS IN EACH UNIT</u> | <input type="checkbox"/> Private _____ |
| | | Well, Spring, Shared |

D. Type of Application

- | | | |
|--|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: - |
| <input checked="" type="checkbox"/> Construction <u>BSF (2 SA)</u> | <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: 5/29/19

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

Applicant's Mailing Address: 89647 MARION DR WARRENTON, OR 97146

Applicant is the Owner Authorized Representative Licensed Septic Installer self install per Joel
 Authorization Attached OSDUEW/0680NLLC #38583 6/1/2020
 Installer's Name



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

RECEIVED
 MAY 20 2019
 CLATSOP CO. PUBLIC HEALTH

Notice Authorizing Representative

1501322

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

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

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

PROPERTY IDENTIFICATION

3096 Hwy 101 GEARMAET
 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: BUTMANGEORGE@GMAIL.COM
 Mail Address: 89647 MANION DR City/State/Zip WARRENTON, OR 97146
 Phone: 503-717-8681 FAX: 503-717-8681
 Signature: George Owen 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 BLVD 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

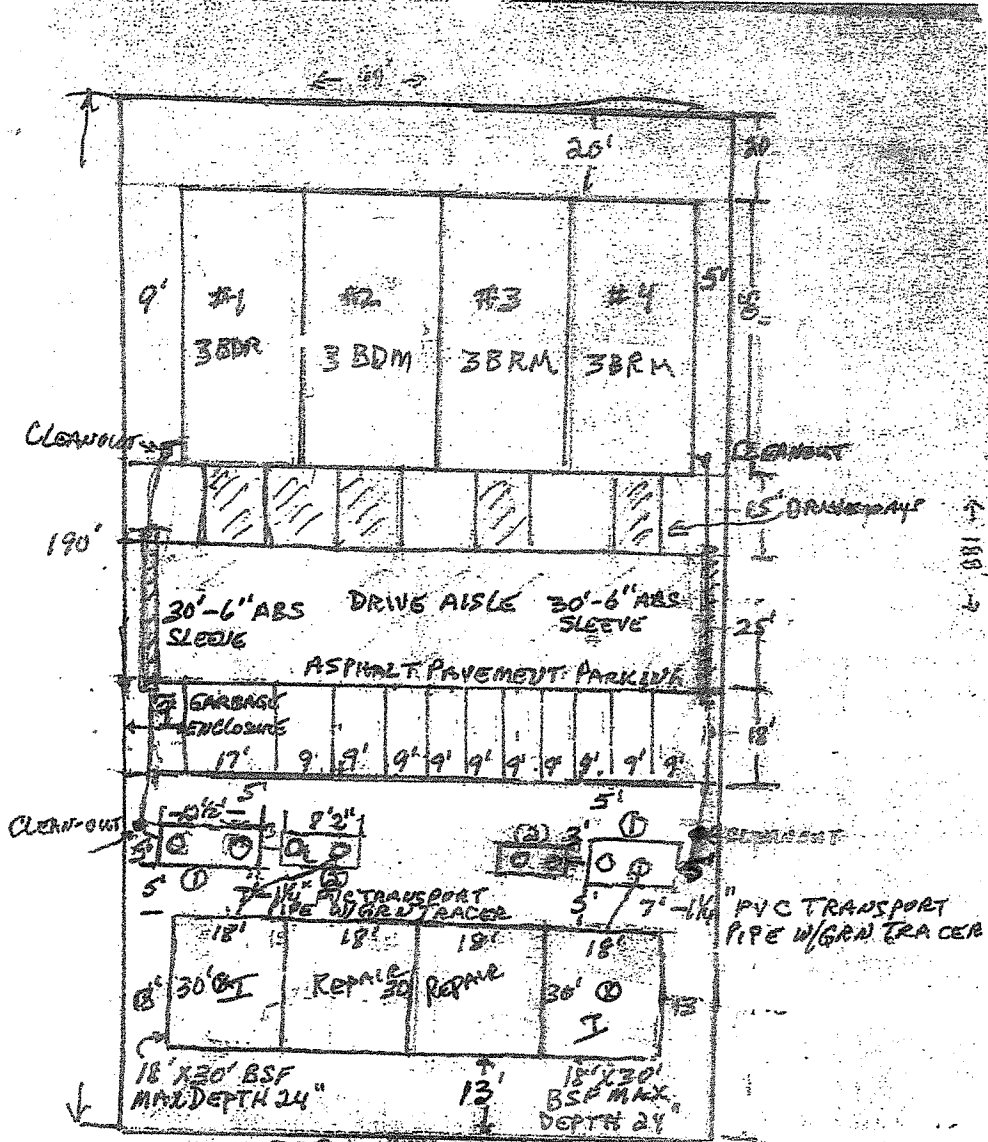
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CLATSOP CO. PUBLIC HEALTH

501322

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



~ 72 FT SEWER LINE
APPROX. 1" - 1 1/2" FALL
ON SEWER LINE

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

18' X 30' BOTTOMLESS SAND FILTER

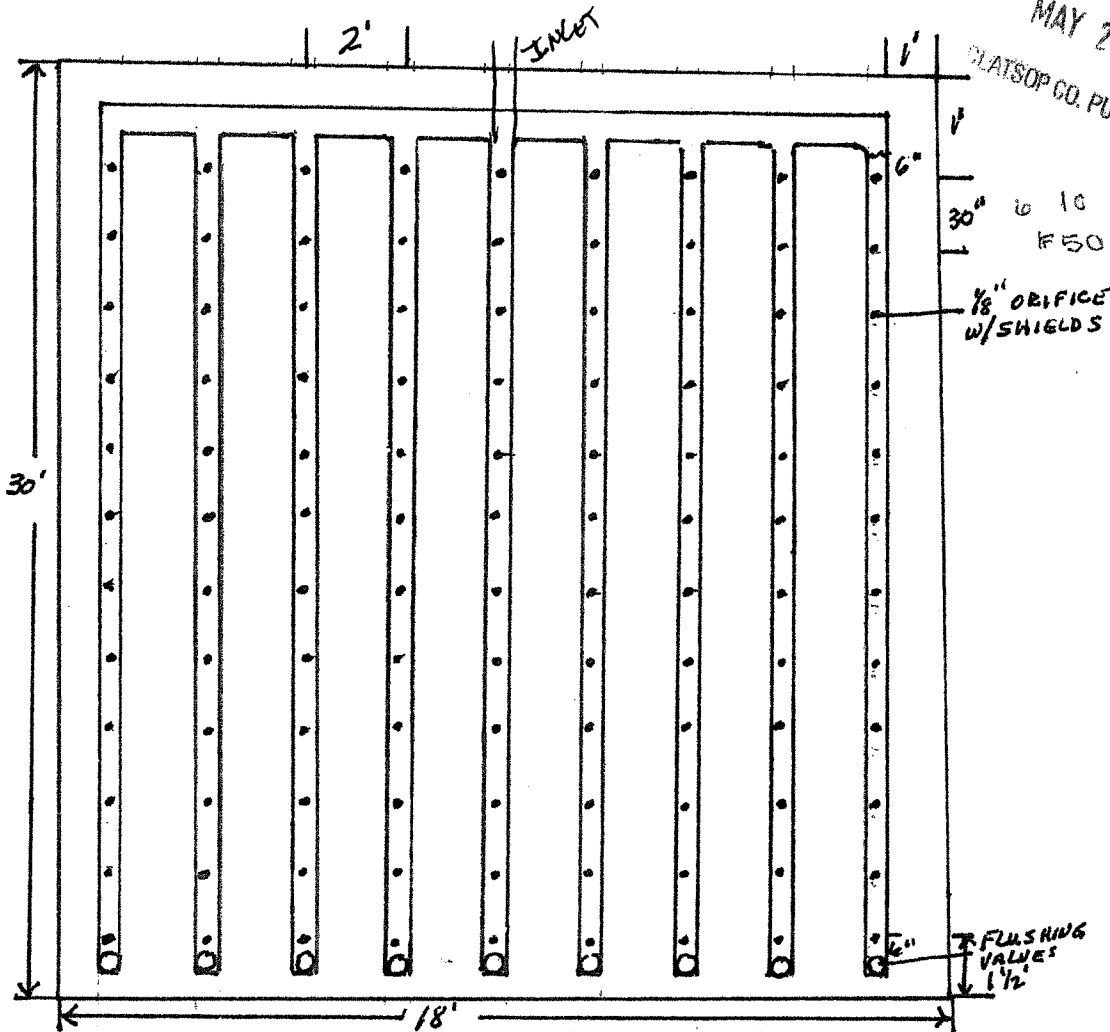
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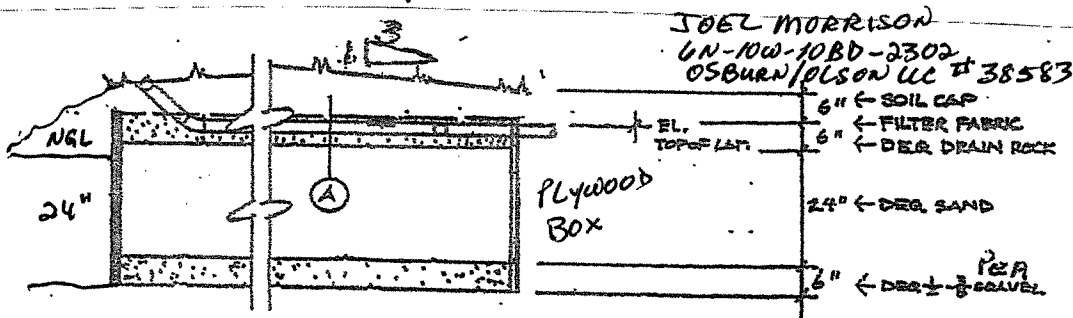
CLATSOP CO. PUBLIC HEALTH

6 N 10 10 BD 2302

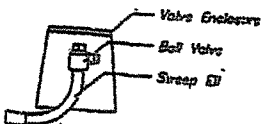
R501322



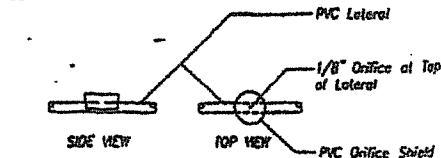
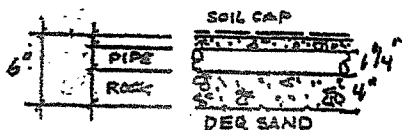
TOP VIEW - 18' X 30' BOTTOMLESS SAND FILTER
W/108 TOTAL ORIFICES 9 LATERALS
W/12 ORIFICES EACH



JOEL MORRISON
6N-10W-10BD-2302
OSBURN/OLSON LLC # 38583



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



STANDARD ORIFICE SHIELD DETAIL

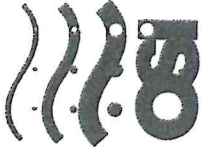
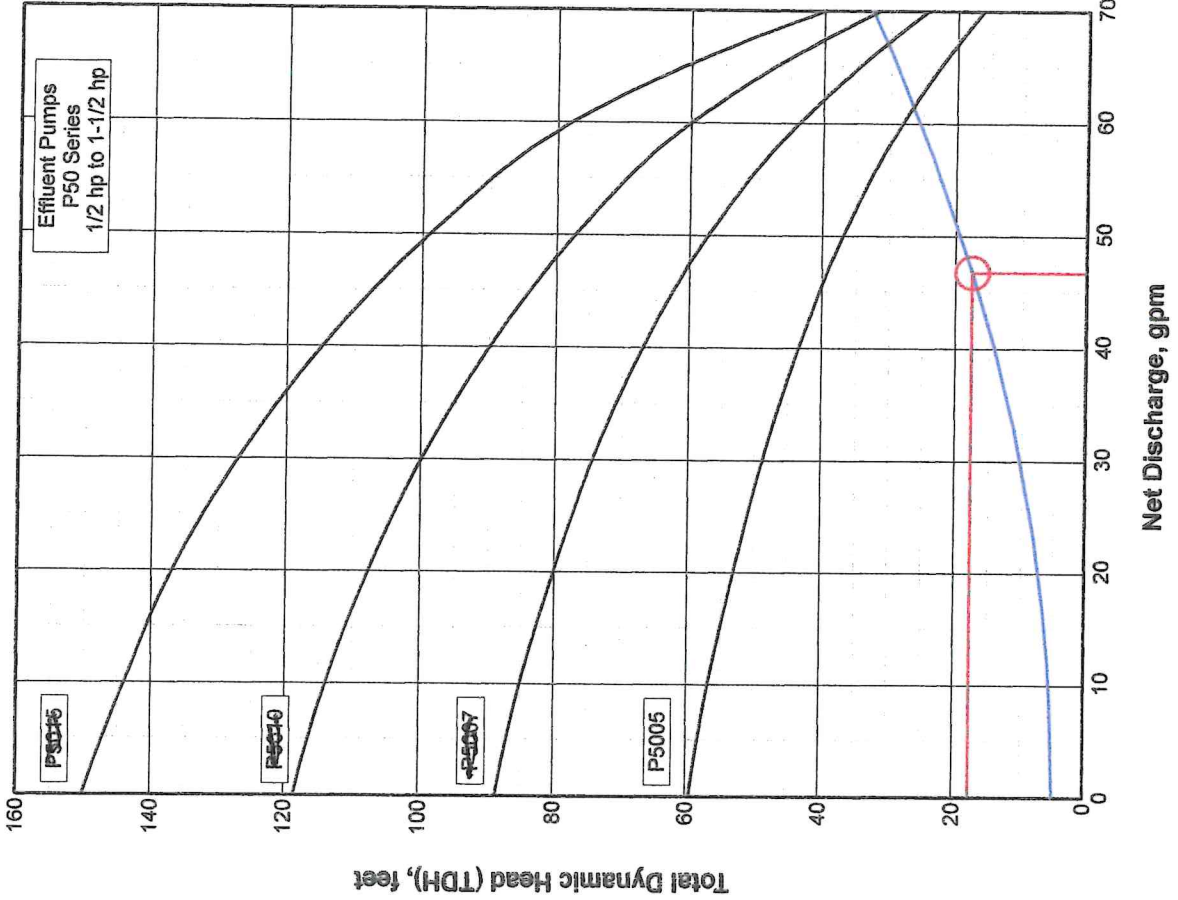
EL. NATURAL GRADE ——— 0.00'
EL. TOP OF MANAFOLD ——— -0.50'
EL. PUMP BASE ——— -4.50'
STATIC HEAD ——— = 5.00'

Pump Selection for a Pressurized System

| 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 |
| Total Flow Rate | 46.8 gpm |
| TDH | 17.6 feet |

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



Orengo System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

www.orengo.com

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501322
6 10 10815 2302

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

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MAY 29 2019
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% |
| | FAN | 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/OLSON 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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MAY 29 2019
CLATSOP CO. PUBLIC HEALTH

#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 |
| PAN | 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

ON-10W-10BD-5302

OSBURN/OLSOO 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**

**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**

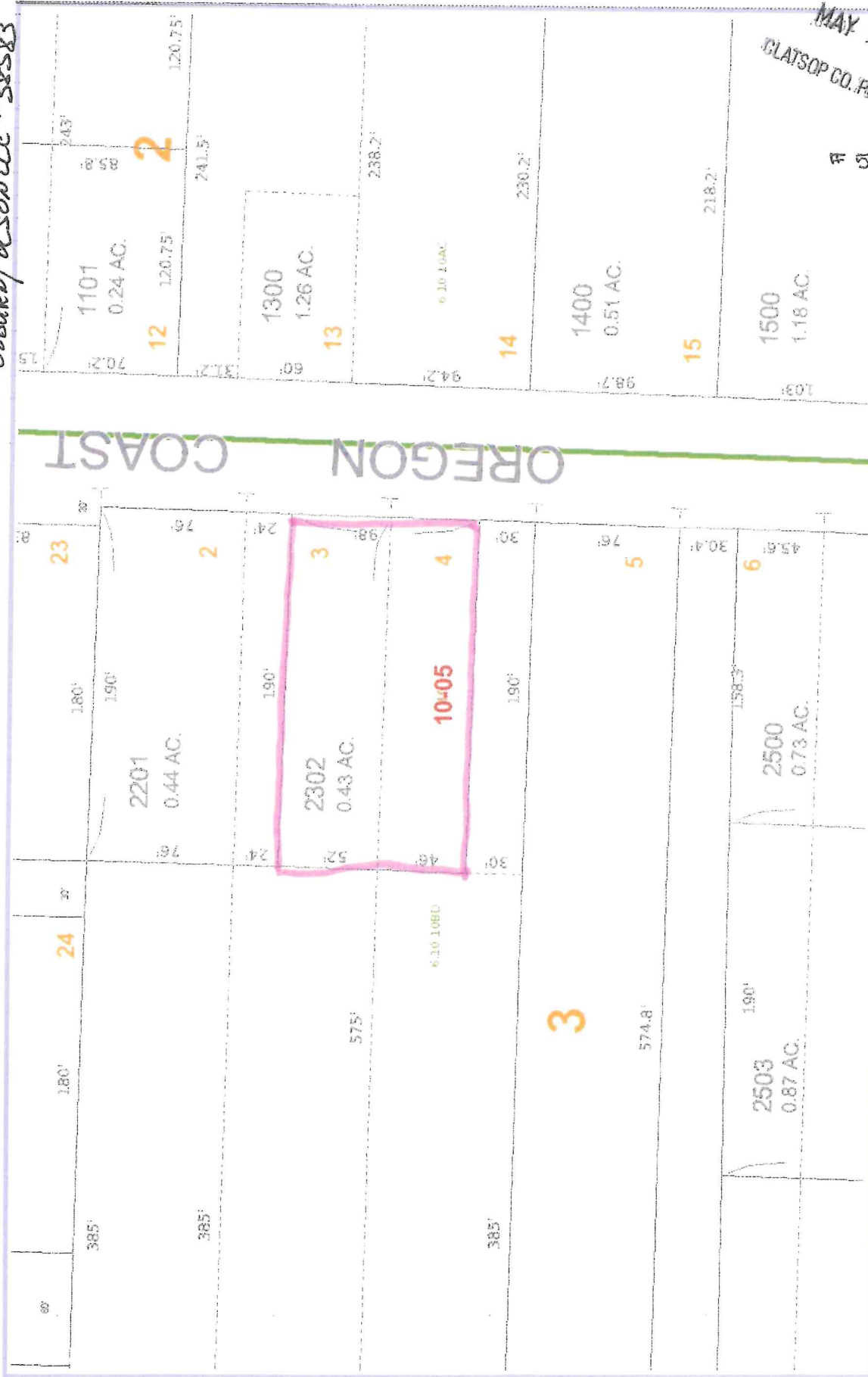
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CLATSOP CO. PUBLIC HEALTH**

#601322

Map

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

OSBURN/ALSONVILLE #38583



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CLATSOP CO. PUBLIC HEALTH

501322



Clatsop County Webmaps

Disclaimer: This map was produced using County GIS data. The GIS data is provided "as is" and Clatsop County is not responsible for any errors or omissions. This map should not be used for any purpose other than general information. It is not a substitute for a professional survey. Any use of this map is at the user's own risk.



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. |

Permit Requirements

Details

Inspection Requirements

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

Signatures

Applicant Signature:

George Owen

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

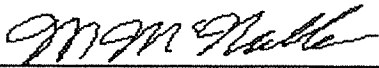
- 1 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 2 Install with dry soil conditions.
- 3 The alarm and pump must be on separate circuits in the 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:

Mike McNickle

Title:

Environmental Health Supervisor

Date Issued:

5/9/2019

Expiration Date:

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 #: ⁵⁰¹²⁹⁰ 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 type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> Other | | <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> Conventional Sand Filter/ATT <input type="checkbox"/> 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 24 " Max Depth | | Disposal Facility: <u>540</u> sq. ft. 24 " Min Depth | |
| Absorption Facility: _____ linear. ft 24 " Max Depth | | Disposal Facility: <u>540</u> sq. ft. 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.**



#501290

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 07 2019

CLATSOP CO. PUBLIC HEALTH
Pd Ck # 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 91654 .43 ACRES
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP Subdivision Name Lot Block
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

Existing Facility Proposed Facility Water Supply
Single Family Residence Single Family Residence Public Gearhart
Number of Bedrooms Number of Bedrooms Private Well, Spring, Shared
Other Other 4-plex 12BDMS TOTAL 3BDMS EA UNIT

D. Type of Application

- Site Evaluation
Construction
Permit Repair
Alteration Permit
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: 5/7/19
Applicant's Name (Please Print Legibly): GEORGE OWEN Applicant's Phone: 503-717-8681 Applicant's E-Mail Address: GNTLMAKES@GMAIL.COM

Applicant's Mailing Address: 89647 MANIOW DR Warrenton, OR 97146

Applicant is the Owner Authorized Representative Licensed Septic Installer
Authorization Attached OSBain / 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

RECEIVED

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 GEMINART
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 10BD Tax Lot 2300 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 1-2, #275
 Phone: 503-828-7828 FAX: N/A
 Signature: _____ Date: 4/30/19

AUTHORIZED REPRESENTATIVE:

Name: George Owen Email: FWTUMAWGEORGE@GMAIL.COM
 Mail Address: 89647 MARION DR City/State/zip WARRENTON, OR 97146
 Phone: 503-717-8681 FAX: 503-717-8681
 Signature: _____ Date: _____

RECEIVED

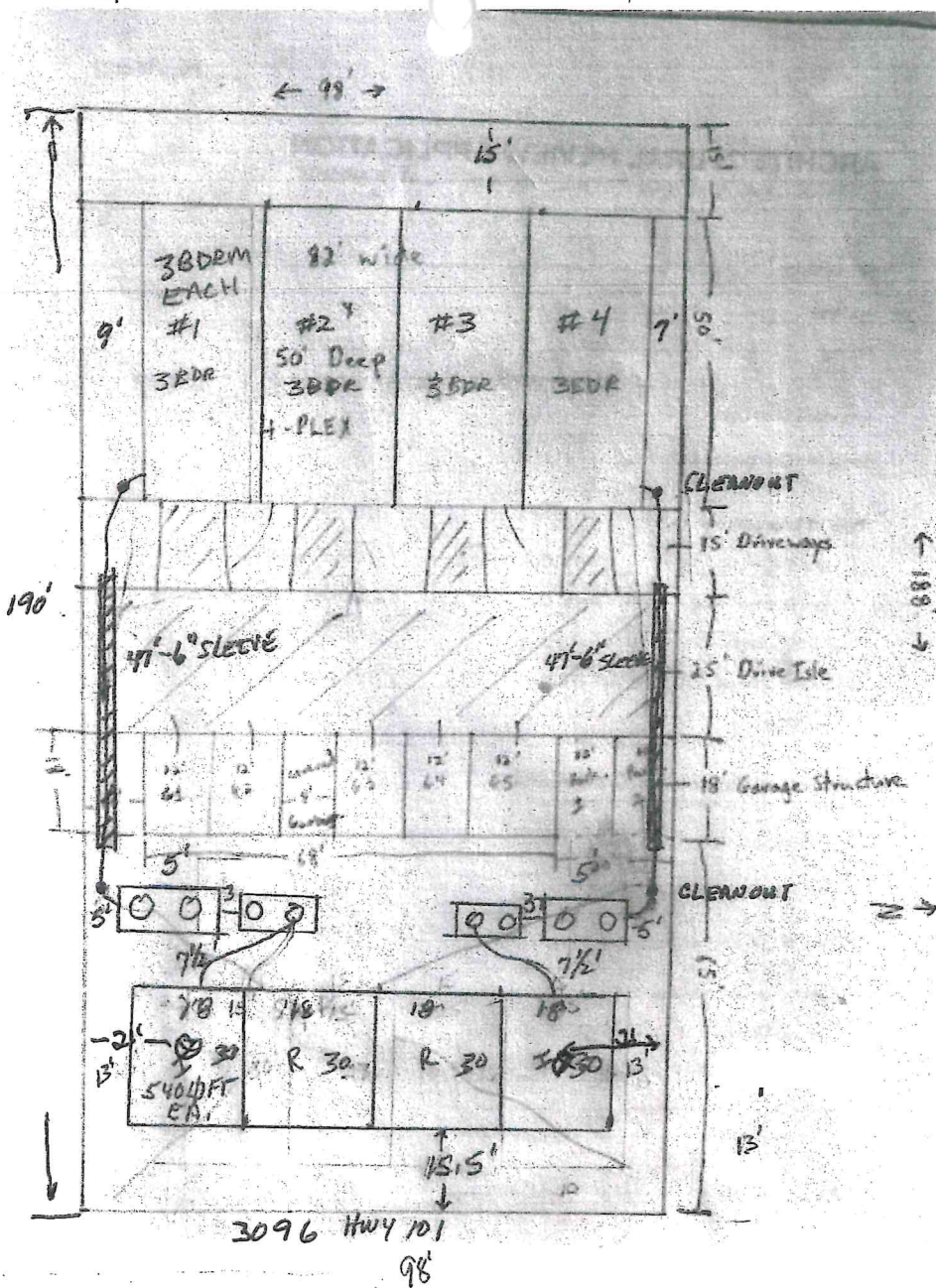
MAY 07 2019

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



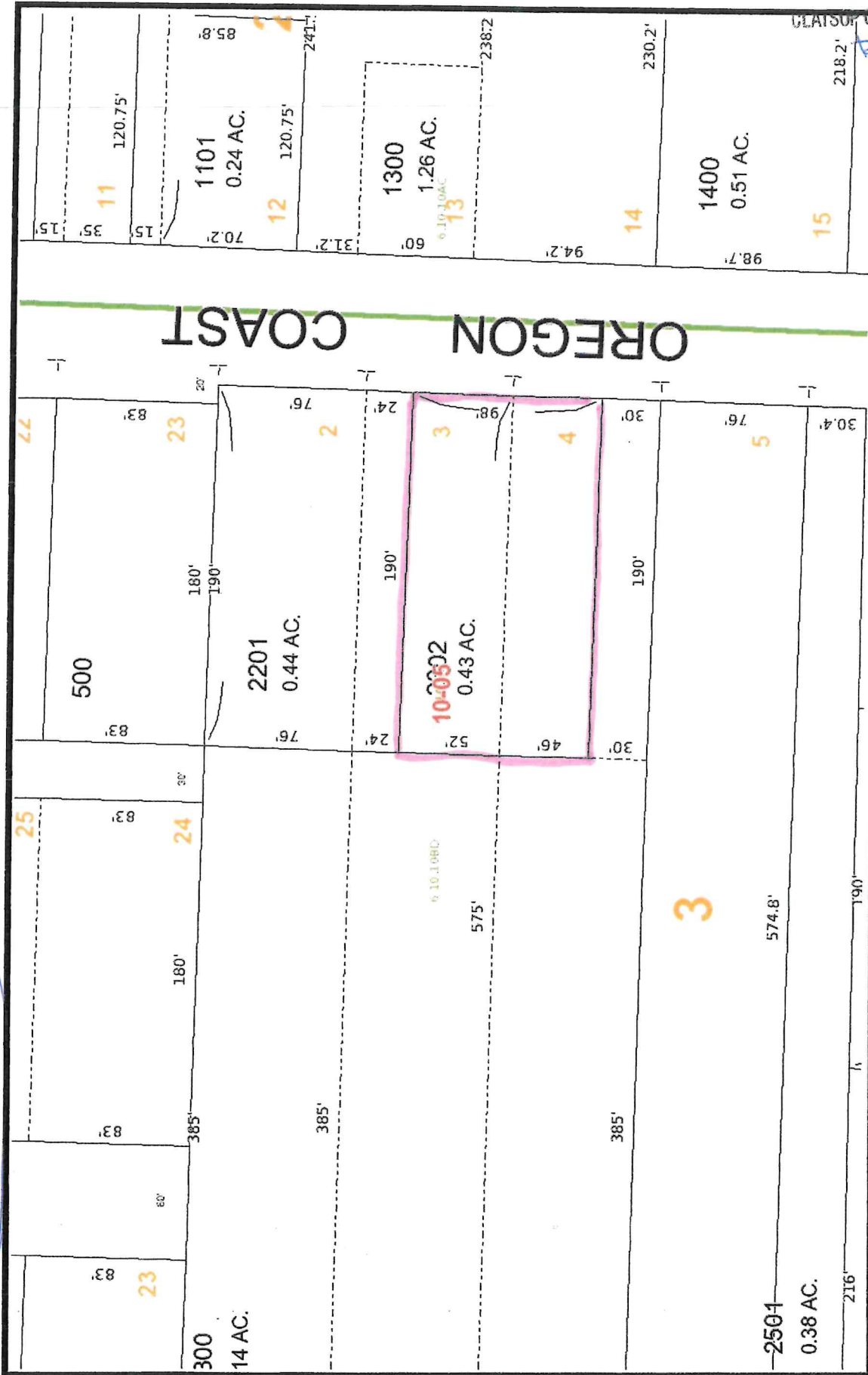
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MAY 07 2019

CLATSOP COUNTY PUBLIC HEALTH

#501290 

Map
JUEL 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: | 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 | \$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 |
| | | | | \$990.00 |
| | | | Balance Due: | \$0.00 |

Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Map



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



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