



Certificate of Satisfactory Completion
Repair (Major) - Residential - New
186-21-000188-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:
<https://www.co.clatsop.or.us/publichealth/page/onsite-septic-system-program>

Date Certificate Issued: 08/02/2021

Work Description: Major Repair; AXRT tank, EZ flow Drainfield

Applicant: Bob McEwan Construction, Inc
Address: 34154 Hwy 26
Seaside OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Owner: JOHN A COVER
Address: 2420 NW MARSHALL ST #302
PORTLAND OR 97210

Property Address: 764 G St, Gearhart, OR 97138

Parcel: 61010CB00800 - Primary

Township:

6 Range: 10

Section:

10CB

Lot Size: 0.09 Water Supply: Community Water Supply
Zoning: N/A City/County/UGB: City
Land Use Approval: N/A
Directions to Property: South on US101, West on G Street, Continue Straight onto G Street, House is on the right.

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	2 bedroom	N/A
Number of Bedrooms:	2	N/A

System Specifications

Type: Alternative Treatment Technology (ATTs) ATT Description: AXRT
Max Peak Design Flow: 300 gpd. Proposed Flow: 300 gpd.
Min Septic Tank Volume: 1000 gal. Min Dosing Tank Volume: N/A

Drain Field Specifications

Drain Field Type: Gravelless System Distribution Type: Equal
Drainfield Sizing: 70 linear ft. Distribution Method: Pressurized
Media Type: EZ flow Media Depth: 12 in.
Trench Length: 70 linear ft. Rock Above Pipe: N/A
Max Depth: 18 in. Undisturbed Soil Between Trenches: N/A
Min Depth: 18 in. Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Permanent Groundwater Depth: N/A
Pump to Drainfield Required: Yes Filter Fabric on Top of Drain Media: No

Date Certificate Issued: 08/02/2021

Work Description: Major Repair, AXRT tank, EZ flow Drainfield

Conditions of Approval

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

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

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

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

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

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

Certificate of Satisfactory Completion

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

Comments: N/A

Lucas Marshall

Environmental Health Specialist I

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

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

Final Inspection Request and Notice - Septic ID: 186-21-000188-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection.

Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

RECEIVED**JUL 6 2021****CLATSOP CO. PUBLIC HEALTH****SECTION 1: Owner/Permittee Information:**

Twnshp: 6

Range: 10

Sect: 10CB

Name: JOHN A COVER

Lot: 00800

Property 764 G ST, GEARHART, OR 97138

Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type:**Water tight
verification*

Tanks(1)	Volume: 1000 gal	Compartments: 1	Manufacturer: Norwesco Poly Tank	Date:
Tanks(2)	Volume: —	Compartments: —	Manufacturer: —	Date: —
Pump(s)	HP:	Model/Manuf.	Float(s)Type(1):	Model/Manuf.
			Float(s)Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1-1/4"	ASTM#/Other: 2241	Length: 35'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No <input checked="" type="checkbox"/>	Type:	Container Dimensions:
Underdrain pipe	Diameter:		ASTM#/Other:	Length:
Manifold piping	Diameter:		ASTM#/Other:	Length:
Internal Pump	HP:		Model/Manufacturer	
Floats(1)	Type:		Model/Manufacturer	
Floats(2)	Type:		Model/Manufacturer	

ATT Yes ☒ No

Model: Advantex AX-RT

Certified Maint. Provider Name: Ed's Septic Tank Cleaning Service

Operation and Maint. Contract Received? Yes ☒ No**D. Drainfield Media**

Type	(Gravel, Pipe or alternative?) EZ Flow Alternative Drainfield				
Distribution Box	Yes	No <input checked="" type="checkbox"/>			
Drop Box	Yes	No <input checked="" type="checkbox"/>			
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 1-1/4"	ASTM#/Other: 2241	Length: 70'

Comment

**Clatsop County Department
of Public Health****On-Site Waste Water Program**Approved By *[Signature]*

Permit No. 186-21-000188

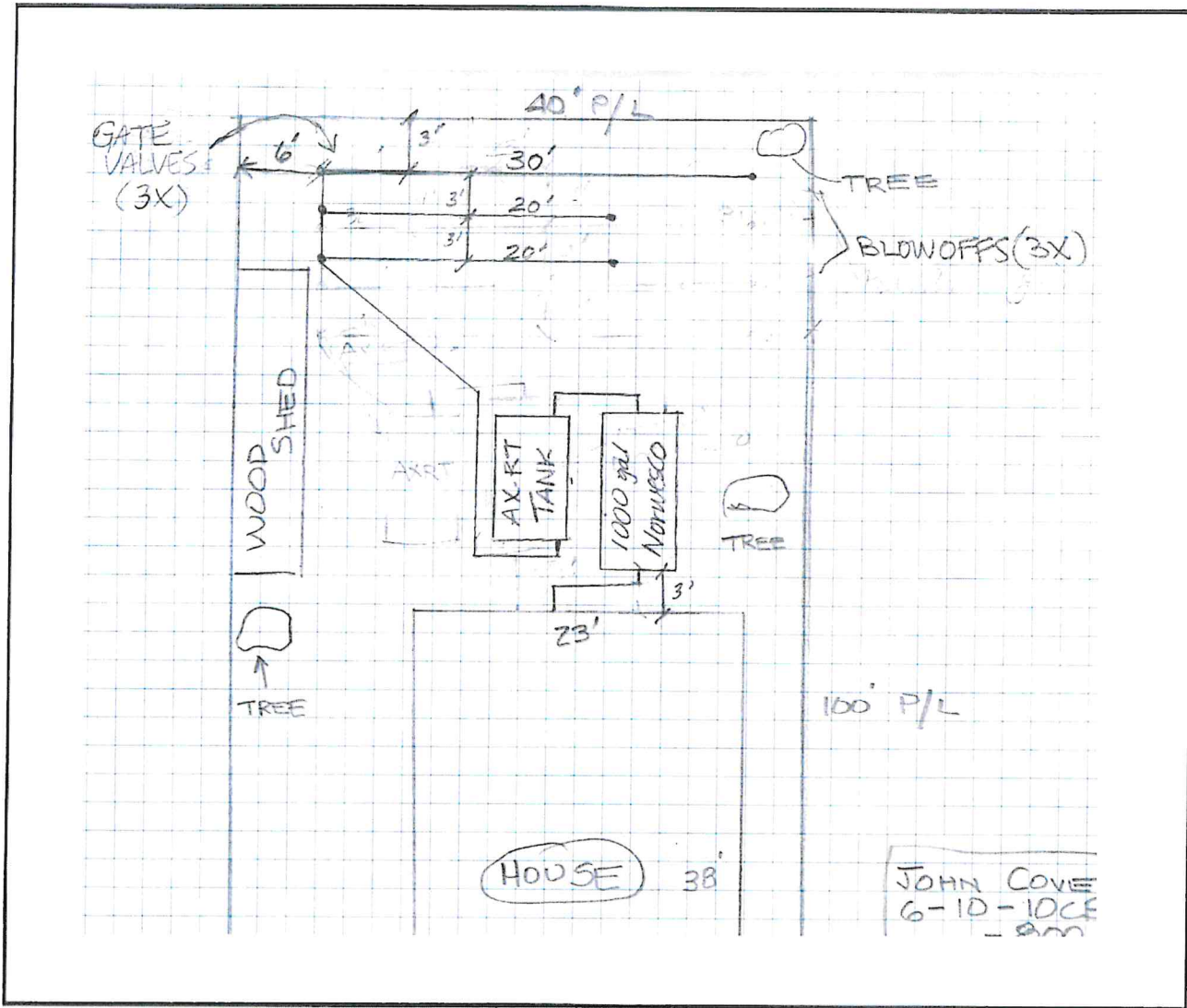
Date 8/2/21

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

**Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:		Print Name: Michael McEwan	
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079	Certification#: RI 83
Owner/ Certified Installer:	Signature: <i>Michael R. McEwan</i>		Date: 7.23.2021 Phone#: 503-440-0223

SECTION 5 - Office Use Only:

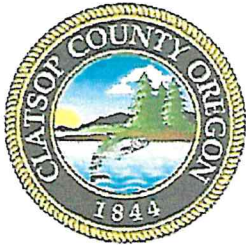
Notice Accepted	Yes	No	Date:
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Installer/Owner (Permittee) Notified:	Yes	No	Date:
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**If No, Reason for Non
Acceptance:**

Comment:

**Clatsop County Department
of Public Health**
On-Site Waste Water Program
Approved By [Signature]
Permit No. 186-21-000188
Date 8/2/21



Clatsop County
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-8611 Fax 503-338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

RECEIVED

JUL 26 2021

CLATSOP CO. PUBLIC HEALTH

Septic Tank Decommission

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

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

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

Property Owner: John A & Kathelene C Cover

Septic Tank Location: 764 G Street Gearhart, Oregon 97138

Legal Description: T 6 N R 10 W S 10 CB Lot 00800

Date Tank Pumped: July 20, 2021

By: *Paul McDonald* License #: 34259
(signature of licensed pumper)

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

By: *Michelle R. McEwan* Date: 7/20/2021
(signature of operator/owner)

This septic tank was removed and properly disposed of.

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

JUL 26 2021

Ed's

Cell- (503) 338-2291
Office- (503) 458-6521
eds_septic@yahoo.com

SOLD TO BOB McEwan Crusts vline Mike McEwan PO Box 2845 Gearhart, Oregon 97138 (503) 440-0223		DATE ORDERED 7/20/21 PHONE NO. (503) 741-6484 JOB LOCATION 764 G-St Gearhart JOB PHONE TERMS	ORDER TAKEN BY Paul McDonald CUSTOMER ORDER # STARTING DATE 97138
--	--	---	---

WORK ORDERED	<i>Thank you!</i>	TOTAL LABOR	<i>435</i>	<i>09</i>
DATE ORDERED		TOTAL MATERIALS		
DATE COMPLETED		TOTAL MISCELLANEOUS		
CUSTOMER	SUBTOTAL			
APPROVAL SIGNATURE	<i>Balance due</i>	TAX		
AUTHORIZED SIGNATURE		GRAND TOTAL	<i>435</i>	<i>09</i>

A-2917-3817 / T3965

10-11



Septic Permit
Repair (Major) - Residential - New
186-21-000188-PRMT

Clatsop County Onsite
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
health@co.clatsop.or.us
Website:

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

Date issued: 7/20/21

Expiration date: 7/20/22

Work description: Major Repair; AXRT tank, EZ flow Drainfield

Applicant: Bob McEwan Construction, Inc
Address: 34154 Hwy 26
Seaside OR 97138
Phone: 5034400223
Email: mmcewan3569@gmail.com

Contractor: Bob McEwan Construction, Inc.
Installer License: 37079
Address: 34154 Hwy 26
Seaside OR 97138-3611
Phone: (503) 738-3569
Email: mmcewan3569@charter.net

Business License: N/A

Owner: JOHN A COVER
Address: 2420 NW MARSHALL ST #302
PORTLAND OR 97210

Property address: 764 G St, Gearhart, OR 97138

Parcel: 61010CB00800 - Primary

Township: 6 Range: 10

Section: 10CB

Lot size:	0.09	Water supply:	Community Water Supply
Zoning:	N/A	City/County/UGB:	City
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Repair (Major) - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Directions to property: South on US101, West on G Street, Continue Straight onto G Street, House is on the right.

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	2 bedroom	N/A
Number of bedrooms:	2	N/A

System Specifications

Type:	Alternative Treatment Technology (ATTs)	ATT description:	AXRT
Max peak design flow:	300 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A

Drain Field Specifications

Drain field type:	Gravelless	System distribution Ttpe:	Equal
Drainfield sizing:	70 linear ft.	Distribution method:	Pressurized
Media type:	Other - Indicate Product/Manufacturer	Media depth:	12 in.
Media type description:	EZ flow		
Trench length:	70 linear ft.	Rock above pipe:	N/A
Max depth:	18 in.	Undisturbed soil between trenches:	N/A
Min depth:	18 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

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

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Onsite Permit 186-21-000188-PRMT

Page 2 of 2

Date issued: 7/20/21

Expiration date: 7/20/22

Work description: Major Repair; AXRT tank, EZ flow Drainfield

Stake out required: No

Groundwater type: Permanent

Groundwater depth: N/A

Pump to drainfield reqd: Yes

Filter fabric on top of drain media: N/A

Conditions of approval

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

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

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

Install with dry soil conditions.

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

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

Meet all required setbacks.

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

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

Lucas Marshall

Environmental Health Specialist I

7/20/21



Clatsop County

Public Health/OnSite Septic System Program

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

REPAIR EVALUATION REPORT

Date: June 15, 2021

Dear John Cover,

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: John Cover /Michael McEwan Application: # 186-21-000188 County: Clatsop RE: SITE EVALUATION REPORT for: Township/Range/Section: T 6N/ R 10W/ S10CB Tax Lot#: 00800

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.

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

Regards,

Larry Olander, WWS
Wastewater Specialist
Clatsop County Public Health

Attachments: Field Worksheet

cc: Michael McEwan

FIELD WORKSHEET

App. Name: John Cover/ Michael McEwan Application #: **186-21-000188** County: **Clatsop**
RE: SITE EVALUATION REPORT for Township/Range/Section: T 6N/ R 10W / S 10CB Tax Lot#: 00800
Commercial Facility: ☐ Yes ☒ No Parcel Size: 0.09 acre

APPROVED SYSTEM SPECIFICATIONS

Design flow: 300 gpd Max # of bedrooms: 2

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> Bottomless Sand Filter <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	Tank: <input checked="" type="checkbox"/> 1,000 gal. <input type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input checked="" type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Serial
Absorption Facility: _____ linear. ft	Absorption Facility: <u>70</u> linear. ft
Disposal Facility: _____ sq. ft.	Disposal Facility: _____ sq. ft.
" Max Depth Min Depth	18" Max Depth 18" Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-2" 2-33"	SL LS	10 YR 3/2; 1-f,m,c-M, 1-f-SBK 10 YR 5/3; 1-f,m,c,-P, 1-m,c-SBK-Sg ESD \geq 33"

Landscape Notes:

Slope: 5%

Aspect: N15°E

Groundwater Type: Perm

Additional Conditions of Approval

1. ***A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
2. ATT Treatment Std 2, followed by a Low-Pressure Distribution trench system.
3. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
4. The replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
5. 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.
6. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.

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

WTE EVALUATION FIELD WORKSHEET

Township: 6 Range: 10 Section: 10CB Tax Reference: 00800 Parcel Size: 0.09
 Owner/Applicant: John Cover / Michael McEwan Evaluator: L. Olander
 Inspection Date(s): 06-01-21 Application Number: 186-21-000

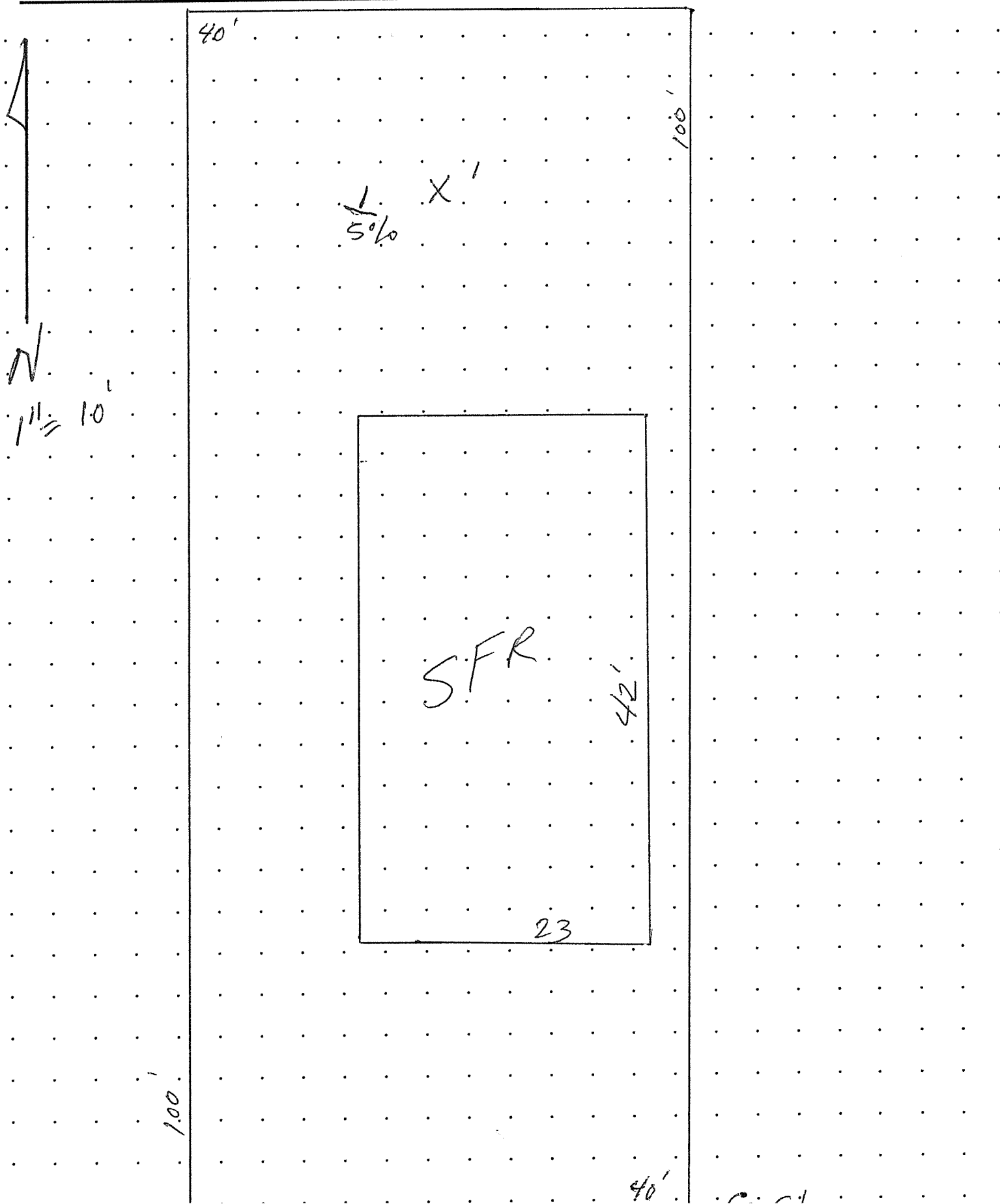
	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...
Pit 1	0-2"	SL	10YR 3/2 1-F-SBK-Sg 3-FM, C-M
	2-33"	LS	10YR 5/3 1-M, C-SBK-Sg 1-FM, C-P
		ESD	≥ 33"
Pit 2			
Pit 3			
Pit 4			

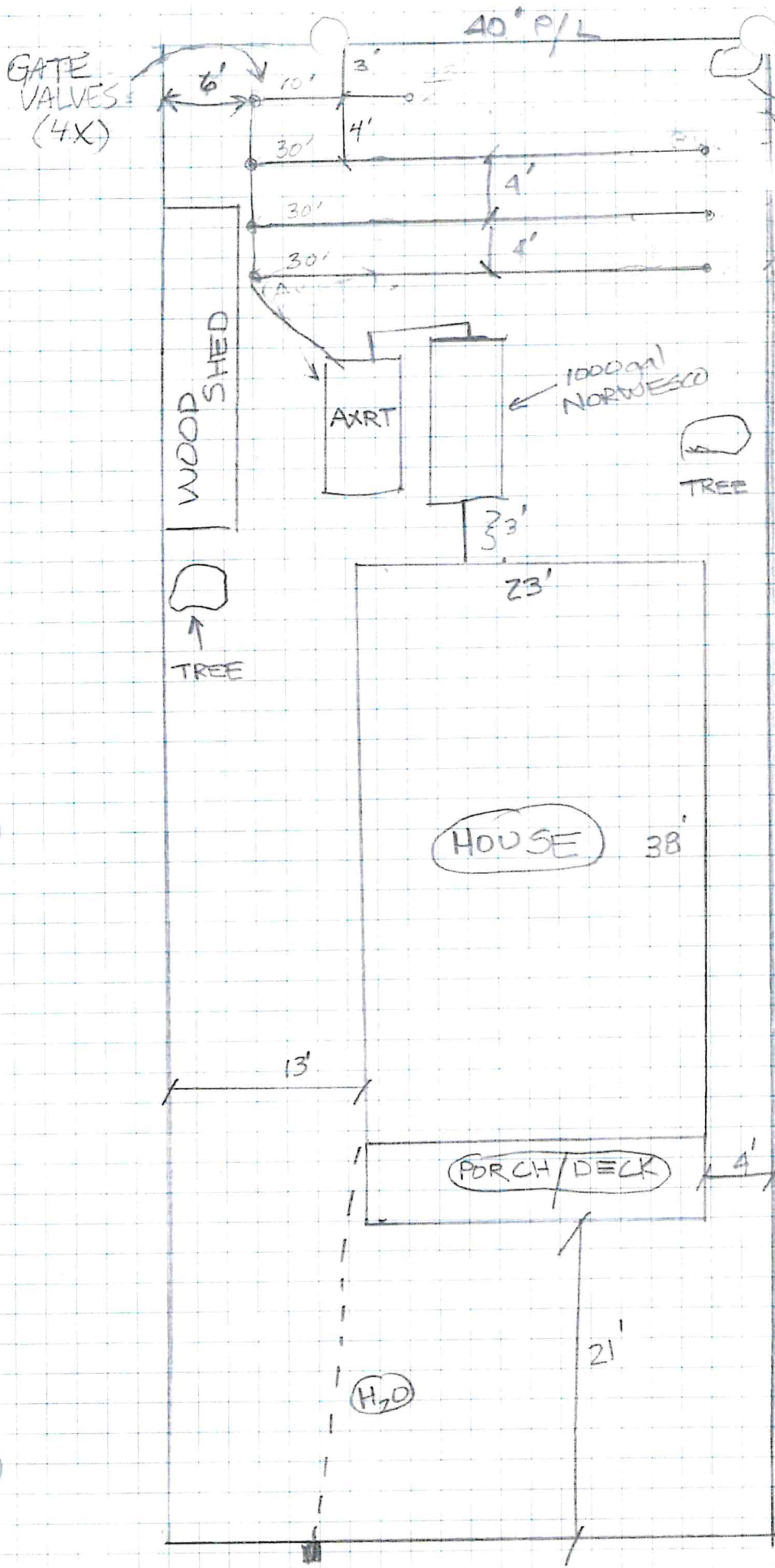
Landscape Notes: Dunes
 Slope: 5% Aspect: N 15° E Groundwater Type: Perm.
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 300 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: ATT ATT Treatment Standard: 2
 Disposal Facility: 70 linear feet/square feet Maximum Depth: 18 inches Minimum Depth: 18 inches
 Special Conditions: Low Pressure distribution drain field
2-Bedroom SFR = 300 gpd

Township: 6 Range: 10 Section: 10CB Tax Reference: 0-300 Parcel Size: 0.09
Owner/Applicant: John Cover / Michael McEwan Evaluator: L. Olander
Inspection Date(s): 06-01-21 Application Number: 186-21-008





TRE RECEIVED
JUL 20 2021
B. CLATSOP CO. PUBLIC HEALTH

Revised
Plot Plan

JOHN COVER
6-10-10CB
-800

BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: July 20, 2021

Installer: Bob McEwan Construction, Inc
P.O. Box 2845
Gearhart, OR 97138-2845
CCB #48302
DEQ Installer #37079

Prepared for: Cover, John
2420 NW Marshall St. #302
Portland, Or 97210

RECEIVED

JUL 20 2021

Job Site: T6N, R10W, SEC.10CB,T.L.800: 746 G. St., Gearhart, OR 97138

CLATSOP CO. PUBLIC HEALTH

Plans Drawn By: Mike McEwan

Revised parts

Elevations:

Top of ground AX RT Tank	100.0'
Top of AX RT Tank Inlet	100.0'
Pump inlet in dosing tank	95.0'
Top of the ground at building	100.0'
Top of the bldg. sewer at building	99.0'
Pressurized Drain Field Line-#1	99.0'

List

Materials:

AX RT Att Orenco Tank	1
4" abs pipe	5'
Orenco MVP panel with timed dose	1
1 1/4" dia. sch. 40 PVC pipe	<i>130'</i>
1 1/4" dia. sch. 40 PVC 45° elbows	8
1 1/4" dia. sch. 40 PVC 90° elbows	2
1 1/4" dia. sch. 40 PVC tees	3
1 1/4" dia. sch. 40 PVC thread x slip adapt.	4
1 1/4" dia. sch. 40 PVC threaded end caps	4
6" dia pe valve boxes	8
Green tracer wire	160
Gate Valve	4
EZ Flow without Pipe	<i>110'</i>
EZ Flow with Pipe	<i>110'</i>
Norwesco tank Part 43496	1

Online Application

Record ID: 186-21-000188-PRMT

RECEIVED

JUN 07 2021

GEARHART CO. PUBLIC HEALTH

(Pd) Visa
#690-

Application Status: App Accepted/In Review

Opened Date: 06/04/2021

IVR Tracking #: 186051597743

Project Name: Cover

Description of Work: Major Repair; AXRT tank. EZ flow Drainfield

Application Detail: Detail

Application Type: Onsite Permit

Assigned To: Lucas Marshall

Address: 764 G ST, GEARHART, OR 97138

Owner Name: JOHN A COVER

Owner Address: 2420 NW MARSHALL ST #302, PORTLAND, OR 97210

previous septic
Records - 1928 home

Parcel No: 61010CB00800

Custom Fields: Onsite Permit

GENERAL INFORMATION

Type of Application
Repair (Major) - Residential

Action
New

System is Failing

Zoning

Category of Construction
Single Family Dwelling

City/County/UGB
City

Expiration Letter Sent

Allow Inspections Prior to Permit Issuance

Land Use Approval

Previous Permit Number
none

Previous Permit Issued Date

Septic Tank Last Pumped

Acresage or Lot Size
0.09

Existing Use of Structure
2 bedroom

Proposed Use of Structure

Water Supply
Community Water Supply

Directions to Property

South on US101, West on G Street, Continue Straight onto G Street, House is on the right.

Comments

RECEIVED
JUN 07 2021
CLATSOP CO. PUBLIC HEALTH

OPERATION & MAINTENANCE SERVICE PROVIDER AGREEMENT

#186-21-000188

This Service Contract has been agreed upon by John A Cover
Home Owner: Cover Family Trust
Address: 2420 NW Marshall St #302 Portland, Oregon 97210 Phone: 503-880-0627
Email: cvjk1929@gmail.com
Property Address: 764 G Street Gearhart, Oregon 97138 Acres: 0.09
Permit #: TBD Account#: 9726 Taxlot Key: 61010CB00800

Contracted by: Ed's Septic Tank Cleaning Service LLC Paul McDonald
Oregon DEQ Maintenance Provider ID# RM 123
Address: 808 Glasgow Ave Astoria, Oregon 97103 Phone: 503-741-6484
on this 26th day of May 2021
With proper Documents, Install and Permit requirements, required by DEQ.

The Service Provider has agreed to provide 2 visits at 12 Month intervals to perform operation and Maintenance Services for the Owner's Septic System. This includes the completion of any required reports to maintain compliance with Oregon DEQ rules and permit requirements. The service activities will be provided and completed in accordance with the Terms and Conditions attached to this Agreement.

***Special Note:** Drain Field must be kept clear of all vegetation, IE: Blackberries, Shrubs, Gardens, etc. Tank Lids must be accessible and free of all Landscaping, Vegetation, Gardens, etc. Clearing of any of this will be paid extra at the rates provided under the Terms and Conditions. Specific activities are listed in the "12 Month Service Checklist" form and should also include the following:

- *Determine if the tank pumping is needed by measuring the sludge in the pre-treatment and treatment compartment.
- *Inspect the Tank and other components for water tight seals.
- *Inspect any floats/switches, controls, pumps, and electrical components in the system for correct operation and functionality.
- *Inspect and clean the filters(if applicable)
- *Inspect and flush the system piping.
- *Inspect pumps and valves for proper operation, pressure and/or flow (if applicable)
- *Inspect any additional system components which have been added.
- *Record pump cycles, flow, and all other relevant information or system problems which may require additional attention, document any corrections made and any recommendations you may see fit. Provide the Owner a copy of the paperwork.

The summarized report must include any repairs that must be made outside of the current visit and an estimate of the cost of the repairs and time of completion.

This Agreement shall last for the term of 24 Months Auto Renewable /show any changes

The fee for the Service provided under this Agreement shall be \$200. per year

The fee to file with the Clatsop County DEQ is \$62 per year or current fee do to any increase by DEQ

RECEIVED

JUN 07 2021

GLATSOP CO. PUBLIC HEALTH

#186-24-000188

Payment for 2 Years shall be made upon the signing of this Agreement.

Additional fees for any service, installations, or replacement parts shall be discussed and agreed upon before it is to be performed.

The Service Provider shall provide additional unscheduled services and materials upon notification of any condition that the Service Provider believes adversely affects the operation of the System.

The undersigned Owner acknowledges and agrees that the information above is correct and complete. The Owner also agrees to pay all charges under the agreement when done.

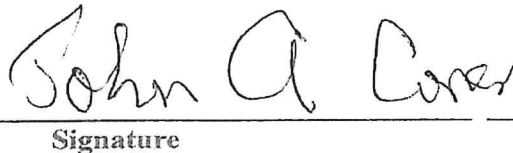
****Special Note:** Under this Agreement, as your Operation & Maintenance Service Provider, Under Penalty of Law, Paul McDonald is your first point of contact if service is needed, and the only one authorized to perform these services unless otherwise authorized by him. An Information Card will be provided.

Paul McDonald
Service Provider Printed Name


Signature

May 26, 2021
Date

John A Cover
System Owner


Signature

5/26/2021
Date

JUN 07 2021

CLATSOP CO. PUBLIC HEALTH



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

#186-21-000188

Notice Authorizing Representative

I, JOHN A COVER, have authorized
(Property Owner - Please Print)

Bob McEwan Construction, Inc

(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

764 G Street, Gearhart, OR 97138

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 10CB Tax Lot 800 Map ID 61010CB00800
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: JOHN A COVER Email: cvjk1929@gmail.com
Mail Address: 2420 NW Marshall St. City/State/Zip Portland, OR 97210
Phone: 503 880 0621 #302 FAX: _____
Signature: John A Cover Date: May 18, 2021

AUTHORIZED REPRESENTATIVE:

Name: Michael McEwan Email: mmcewan3569@gmail.com
Mail Address: P.O. Box 2845 City/State/Zip Gearhart, OR 97138
Phone: 503.738.3569 FAX: 503-738-4198
Signature: Michael R. McEwan Date: 5/18/2021

cvjk1929@gmail.com

Click here to sign

May 18, 2021

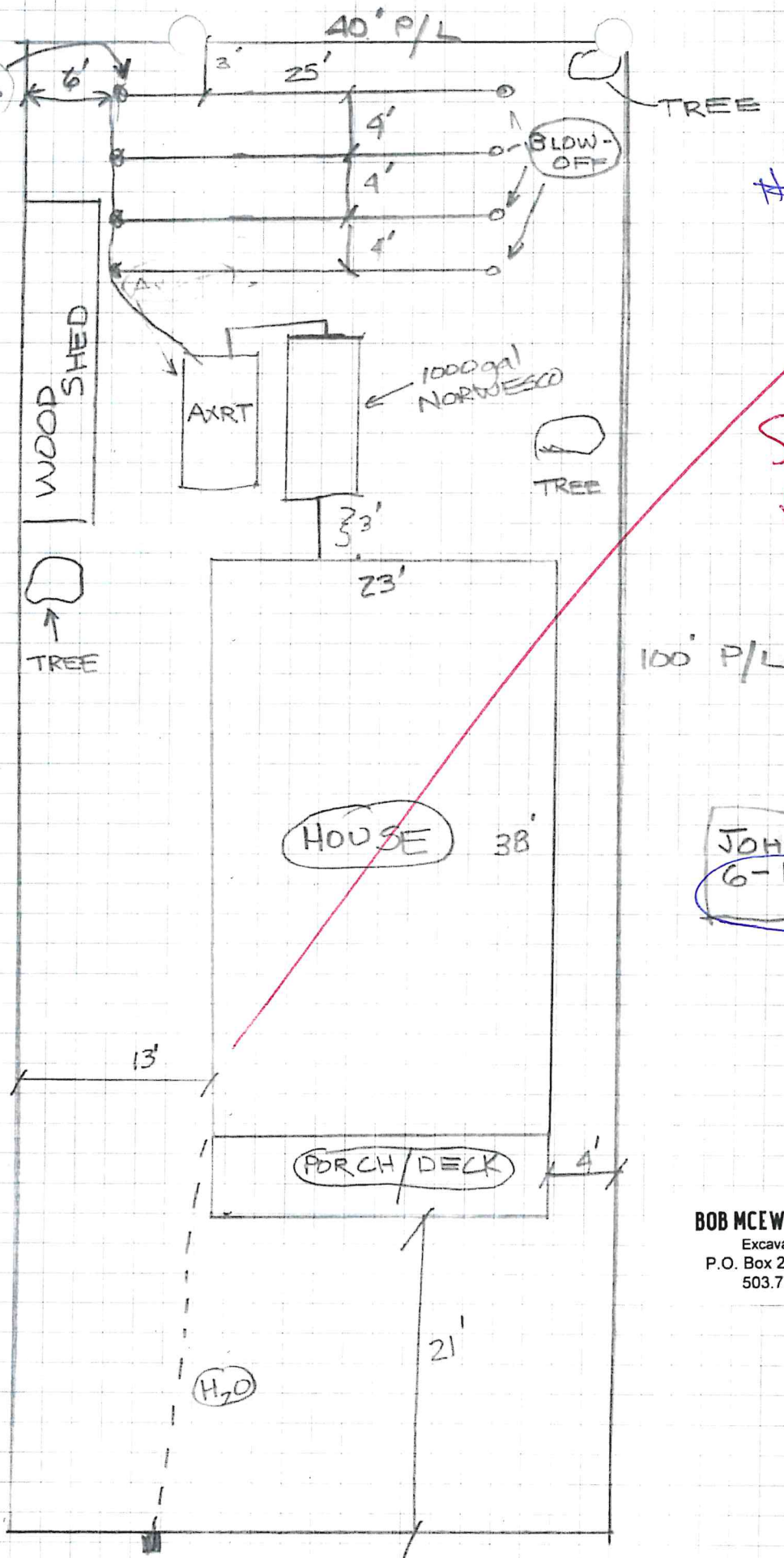
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See
Revised



JOHN COVER
6-10-10CB
-800

BOB MCEWAN CONSTRUCTION INC.
Excavation & Site Preparation
P.O. Box 2845, Gearhart, OR 97138
503.738.3569 CCB 48302

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Pump Selection for a Pressurized System - Single Family Residence Project

John Cover / 641 2nd St., Gearhart

6-10-1000-800

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186-21-00188

Parameters

Discharge Assembly Size	1.25	inches
Transport Length	20	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	5	feet
Manifold Length	12	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	4	
Lateral Length	23	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.25	inches
Orifice Size	1/8	inches
Orifice Spacing	2	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	48	
Total Flow Rate per Zone	20.8	gpm
Number of Laterals per Zone	4	
% Flow Differential 1st/Last Orifice	0.3	%
Transport Velocity	4.5	fps

Frictional Head Losses

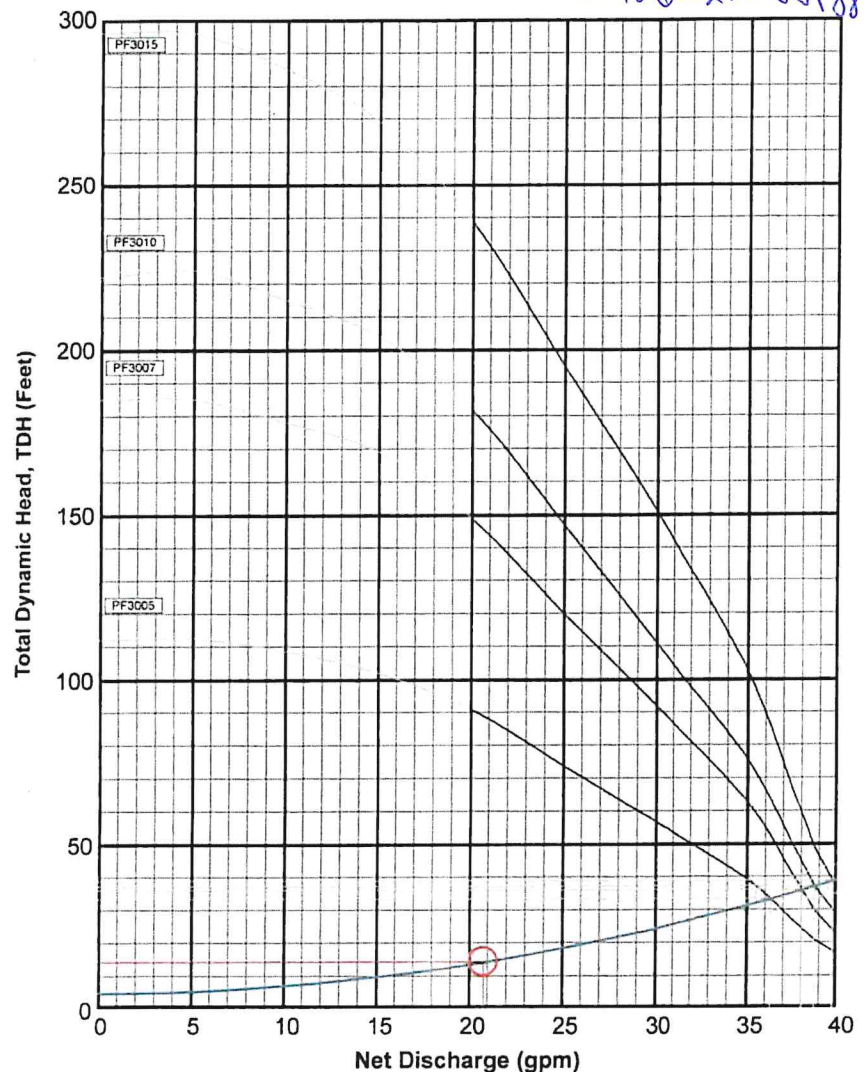
Loss through Discharge	3.0	feet
Loss in Transport	1.1	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.2	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.6	gals
Vol of Manifold	0.9	gals
Vol of Laterals per Zone	7.1	gals
Total Volume	9.6	gals

Minimum Pump Requirements

Design Flow Rate	20.8	gpm
Total Dynamic Head	14.4	feet



PumpData

PF3005 High Head Effluent Pump
30 GPM, 1/2HP
115/230V 1Ø 60Hz, 200V 3Ø 60Hz

PF3007 High Head Effluent Pump
30 GPM, 3/4HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3010 High Head Effluent Pump
30 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz

PF3015 High Head Effluent Pump
30 GPM, 1-1/2HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz

Legend

System Curve:	—
Pump Curve:	—
Pump Optimal Range:	—
Operating Point:	●
Design Point:	○



ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Date: May 25, 2021

Installer: Bob McEwan Construction, Inc
P.O. Box 2845
Gearhart, OR 97138-2845
CCB #48302
DEQ Installer #37079

Prepared for: Cover, John
2420 NW Marshall St. #302
Portland, Or 97210

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Job Site: T6N, R10W, SEC.10CB, T.L.800; 746 G. St., Gearhart, OR 97138

Plans Drawn By: Mike McEwan

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#186-21-000188

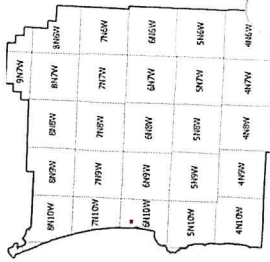
Elevations:

Top of ground AX RT Tank	100.0'
Top of AX RT Tank Inlet	100.0'
Pump inlet in dosing tank	95.0'
Top of the ground at building	100.0'
Top of the bldg. sewer at building	99.0'
Pressurized Drain Field Line-#1	99.0'

Materials:

AX RT Att Orenco Tank	1
4" abs pipe	5'
Orenco MVP panel with timed dose	1
1 1/4" dia. sch. 40 PVC pipe	100
1 1/4" dia. sch. 40 PVC 45° elbows	8
1 1/4" dia. sch. 40 PVC 90° elbows	2
1 1/4" dia. sch. 40 PVC tees	3
1 1/4" dia. sch. 40 PVC thread x slip adapt.	4
1 1/4" dia. sch. 40 PVC threaded end caps	4
6" dia pe valve boxes	8
Green tracer wire	160
Gate Valve	4
EZ Flow without Pipe	100
EZ Flow with Pipe	100
Norwesco tank Part 43496	1

See
Revised

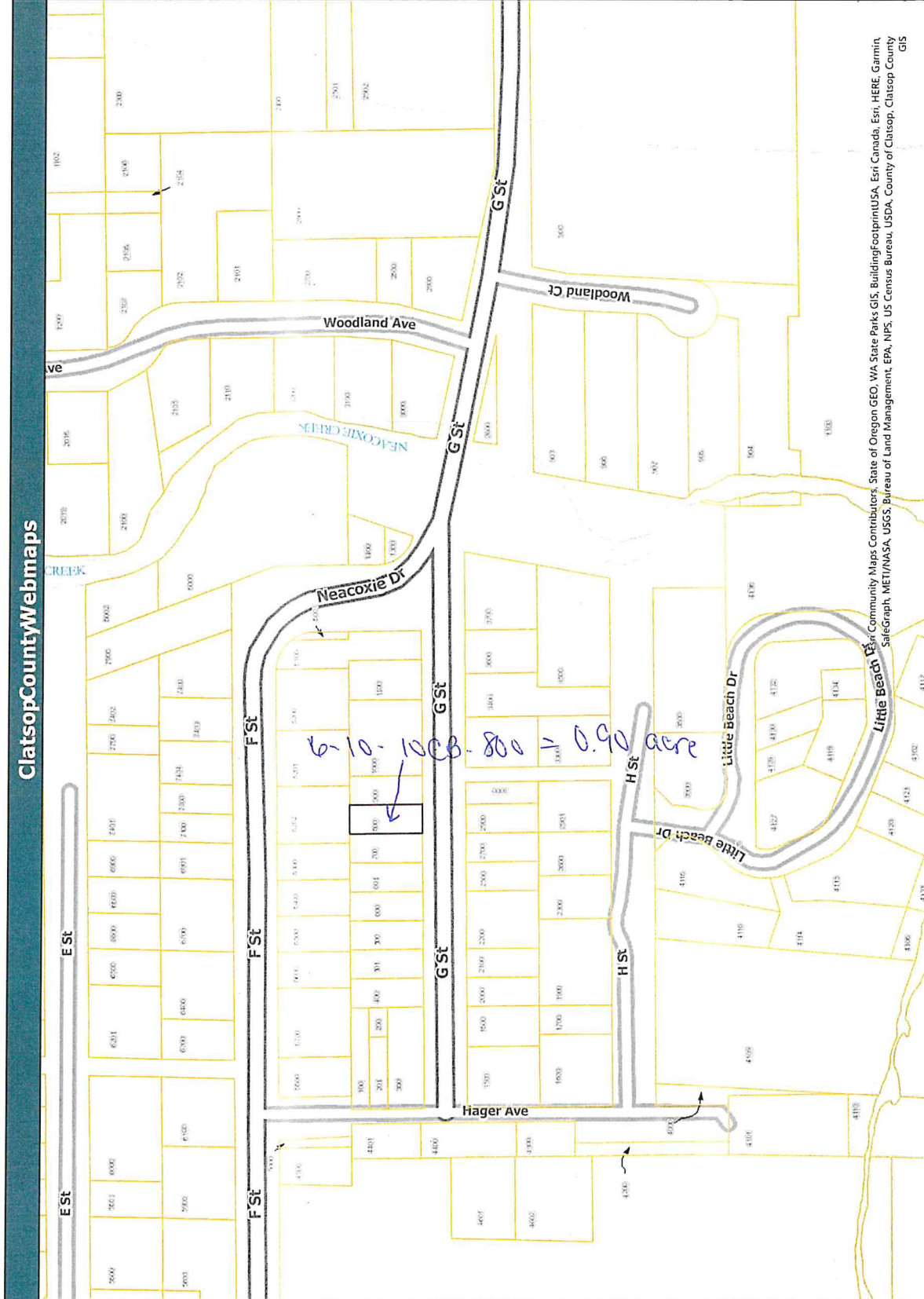


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