



Certificate of Satisfactory Completion

Repair (Major) - Residential - New

186-23-000156-PRMT

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: Major Repair; tank and drainfield

Applicant: Septic System Design Address: 89647 Manion Drive Warrenton OR 97145 Phone: 503-739-3221 Email: owensepticdesign@yahoo.com	Contractor: Osburn-Olson, L.L.C. Installer License: 38583 Address: 33485 SW Old Pine Rd Warrenton OR 97146 Phone: 5037173907 Email: grosburn@hotmail.com
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Owner: WILLIAM J SMITH Address: 1761 S Columbia St SEASIDE OR 97138 Owner: BRYN E SMITH Address: 1761 S Columbia St SEASIDE OR 97138	Property Address: 33638 Beerman Creek Ln, Seaside, OR 97138 Parcel: 61034AC00700 - Primary Township: 6 Range: 10 Section: 34AC
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Lot Size: 2.06 acres	Water Supply: Community Water Supply	
Zoning: N/A	City/County/UGB: County	
Land Use Approval: N/A		

Category of Construction: Single Family Dwelling

	Existing	Proposed
Use of Structure:	3 bedroom home	N/A
Number of Bedrooms:	3	N/A

System Specifications

Type: Alternative Treatment Technology (ATTs)	ATT Description: AS500
Max Peak Design Flow: 450 gpd.	Proposed Flow: 375 gpd.
Min Septic Tank Volume: 1000 gal.	Min Dosing Tank Volume: 500 gal.
Special Tank Requirements: Dosing Tank = ATT Unit	

Drain Field Specifications

Drain Field Type: Standard	System Distribution Type: Serial
Drainfield Sizing: N/A	Distribution Method: Serial
Media Type: Rock/Pipe	Media Depth: 12 in.
Trench Length: 150 linear ft.	Rock Above Pipe: 2 in.
Total Rock Depth: 12 in.	Rock Below Pipe: 6 in.
Max Depth: 18 in.	Undisturbed Soil Between Trenches: 8 ft.
Min Depth: 18 in.	Capping Fills-Min Depth of Fill Material: N/A

Special Requirements

Groundwater Type: Temporary	Groundwater Depth: N/A
Pump to Drainfield Required: Yes	Filter Fabric on Top of Drain Media: Yes

Date Certificate Issued: 11/14/2023
Work Description: Major Repair; tank and 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, REHS

Environmental Health Supervisor

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: 186-23-000156-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.

SECTION 1: Owner/Permittee Information:

Name: BRYN E SMITH WILLIAM J SMITH

Twnshp: 6

Range: 10

Sect: 34AC

Lot: 00700

Property Address: 33638 BEERMAN CREEK LN, SEASIDE, OR 97138

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:			Water tight verification*
Tanks(1)	Volume: 1000	Compartments: 1	Manufacturer: A-1 REDI-MIX	Date: 10-18-23	
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:	
Pump(s)	HP:	Model/Manuf. N/A	Float(s)Type(1):	Model/Manuf.	
			Float(s)Type(2):	Model/Manuf.	

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: D3034	Length: 4 FT
Pressure Transport Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other:	Length:

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 <input checked="" type="checkbox"/>	No	Model: WHITE WATER ETI 500 gal TESTED: 10-18-23	
Certified Maint.	Provider Name: COMPLETE SEPTIC SERVICE			
Operation and Maint.	Contract Received?	Yes <input checked="" type="checkbox"/>	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 12 yds DEQ DR. ROCK			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes <input checked="" type="checkbox"/>	No	POLYLOCK	
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No	Diameter: 4"	ASTM#/Other: PVC PERI Length: 150 FT
Comment	2-24" RISERS W/ LIDS; FILTER FABRIC			

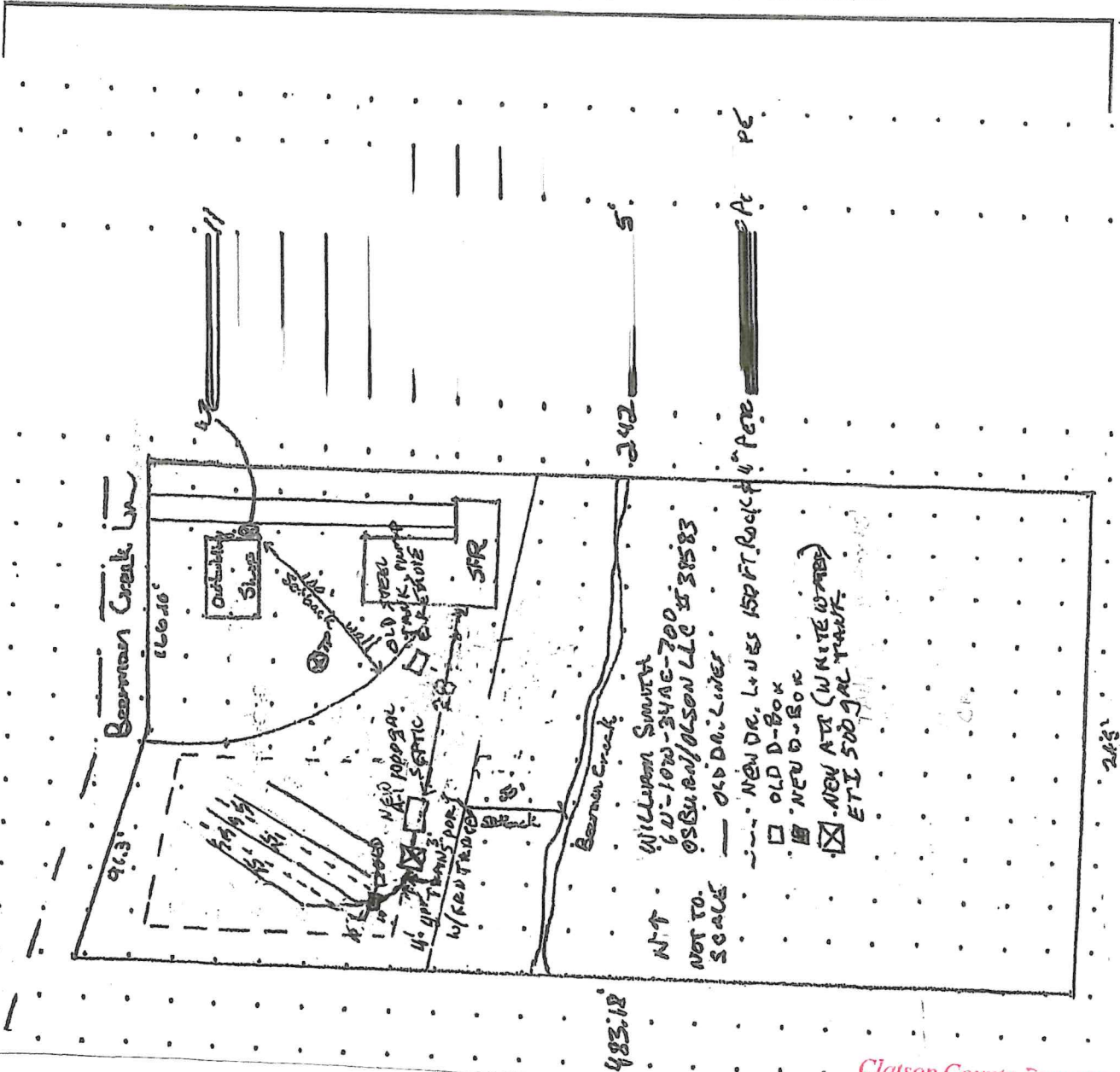
Clatsop County Department
 of Public Health
 On-Site Waste Water Program
 Approved By: *JM*
 Permit No. 186-23-000156
 Date: 11/13/23

*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.



Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By *[Signature]*
Permit No. 186725-000156
Date 11/13/23

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).

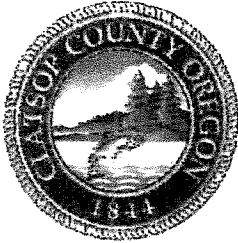
Owner/Permittee or Certified Installer w/Certification#:	Print Name: OSBURN/OLSON LLC		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 38583	Certification#: A1826
Owner/ Certified Installer:	Signature: <i>Scott Tomlin</i>	503-440-1210	Date: 10/27/23 Phone#: 503-717-3907

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
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Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
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If No, Reason for Non Acceptance: _____



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

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 Onsite Septic System Program.

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: WILLIAM SMITH

Septic Tank Location: 33638 BEERMAN CREEK LN SEASIDE, OR 97138

Legal Description: T 6N R 10W S 34AC Lot 700

Date Tank Pumped: MONTH AGO. UNABLE TO PUMP. TANK FULL OF DIRT

By: [Signature] License #: 37864
(signature of licensed pumper)

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

By: Scott Tomlin Date: 10-20-23
(signature of operator/owner)

This septic tank was removed and properly disposed of.

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

Please Include:
PUMPING
RECEIPT



Septic Permit Repair (Major) - Residential - New

186-23-000156-PRMT

Clatsop Co
820 Exch
Astoria, Ore
503
Fax: 503
envhealth@clatsop

<https://clatsopcounty.gov/publichealth/onsite-septic-system>

Expiration date:

Date issued: 10/12/23
Work description: Major Repair; tank and drainfield

Applicant: Septic System Design
Address: 89647 Manion Drive
Warrenton OR 97145
Phone: 503-739-3221
Email: owensepticdesign@yahoo.com

Contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
Warrenton OR 97146
Phone: 5037173907
Email: grosburn@hotmail.com

Business License: N/A

Owner: WILLIAM J SMITH
Address: 1761 S Columbia St
SEASIDE OR 97138
Owner: BRYN E SMITH
Address: 1761 S Columbia St
SEASIDE OR 97138
Parcel: 61034AC00700 - Primary

Property address: 33638 Beerman Creek Ln, Seaside, OR 97138

Lot size: 2.06 acres
Zoning: N/A
Land use approval: N/A
Action: New
System failing: N/A
Comments: N/A

Township: 6 Range: 10
Section: 34AC
Water supply: Community Water Supply
City/County/UGB: Co
County: Co
Type of application: Repair (Major) - Residential
Septic tank last pumped:

Category of construction: Single Family Dwelling

Use of structure: Existing
Number of bedrooms: 3 bedroom home
System Specifications

Type: Alternative Treatment Technology (ATTs)
Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.
Special tank reqmts: Dosing Tank = ATT Unit

ATT description: AS50
Proposed flow: 375 gpd
Min dosing tank volume: 500 gal

Drain Field Specifications

Drain field type: Standard
Drainfield sizing: N/A
Media type: Rock/Pipe
Trench length: 150 linear ft.
Total rock depth: 12 in.
Max depth: 18 in.

System distribution Ttype: Serial
Distribution method: Serial
Media depth: 12 in.
Rock above pipe: 2 in.
Rock below pipe: 6 in.
Undisturbed soil between trenches: 8 ft.

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administrative 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.)

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

2/23: 3:30:27PM

Onsite Permit 186-23-000156-PRMT

Date issued: 10/12/23	Expiration date: 10/11/24
Work description: Major Repair; tank and drainfield	

Min depth:	18 in.	Capping fills-min depth of fill material:	N/A
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Special Requirements

Stake out required:	No	Groundwater depth:	N/A
Groundwater type:	Temporary	Filter fabric on top of drain media:	Yes
Pump to drainfield reqd:	Yes		

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.

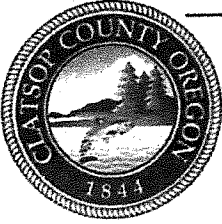
A pre-cover inspection of the installed absorption facility (prior to backfill) is required.

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, REHS

Environmental Health Supervisor

10/12/23



Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County
Onsite Septic Program
 820 Exchange St., Suite 100
 Astoria, OR 97103
 (503) 325-9302 phone
 (503) 325-9303 fax
 envhealth@clatsopcounty.gov email

Application for Onsite Sewage Treatment System

A. Property Owner Information

WILLIAM SMITH 33638 BEERMAN CREEK LN SEASIDE, OR 97138 503-440-2688
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

6N 10W 34AC 700 14464 2.06
 Township Range Section Tax Lot Tax Account Number (Acres) or Lot Size

CLATSOP _____
 County Subdivision Name Lot Block

Property Address: 33638 BEERMAN CREEK LN SEASIDE, OR 97138
 (Street, City, State, Zip)

Directions to Property GO SO. ON HWY 101 TO BEERMAN CREEK LN; TURN LFT.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility <input checked="" type="checkbox"/> Single Family Residence <u>3</u> Number of Bedrooms <input type="checkbox"/> Other _____	Proposed Facility <input type="checkbox"/> Single Family Residence _____ Number of Bedrooms <input type="checkbox"/> Other _____	Water Supply <input checked="" type="checkbox"/> Public Name _____ <input checked="" type="checkbox"/> Private <u>WELL</u> Well, Spring, Shared
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D. Type of Application

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

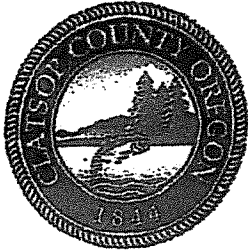
By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature [Signature] Date 10/12/23

Applicant's Name (Please Print Legibly) MATTHEW OWEN Applicant's Phone 503-739-3221 Applicant's E-Mail Address OWENSEPTICDESIGN@YAHOO.COM

Applicant's Mailing Address 3389 Hwy 101 SEASIDE, OR 97138

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

Notice Authorizing Representative

I, WILLIAM SMITH, have authorized
 (Property Owner - Please Print)
MATTHEW 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

33638 BEERMAN CREEK LN. SEASIDE, OR
 Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

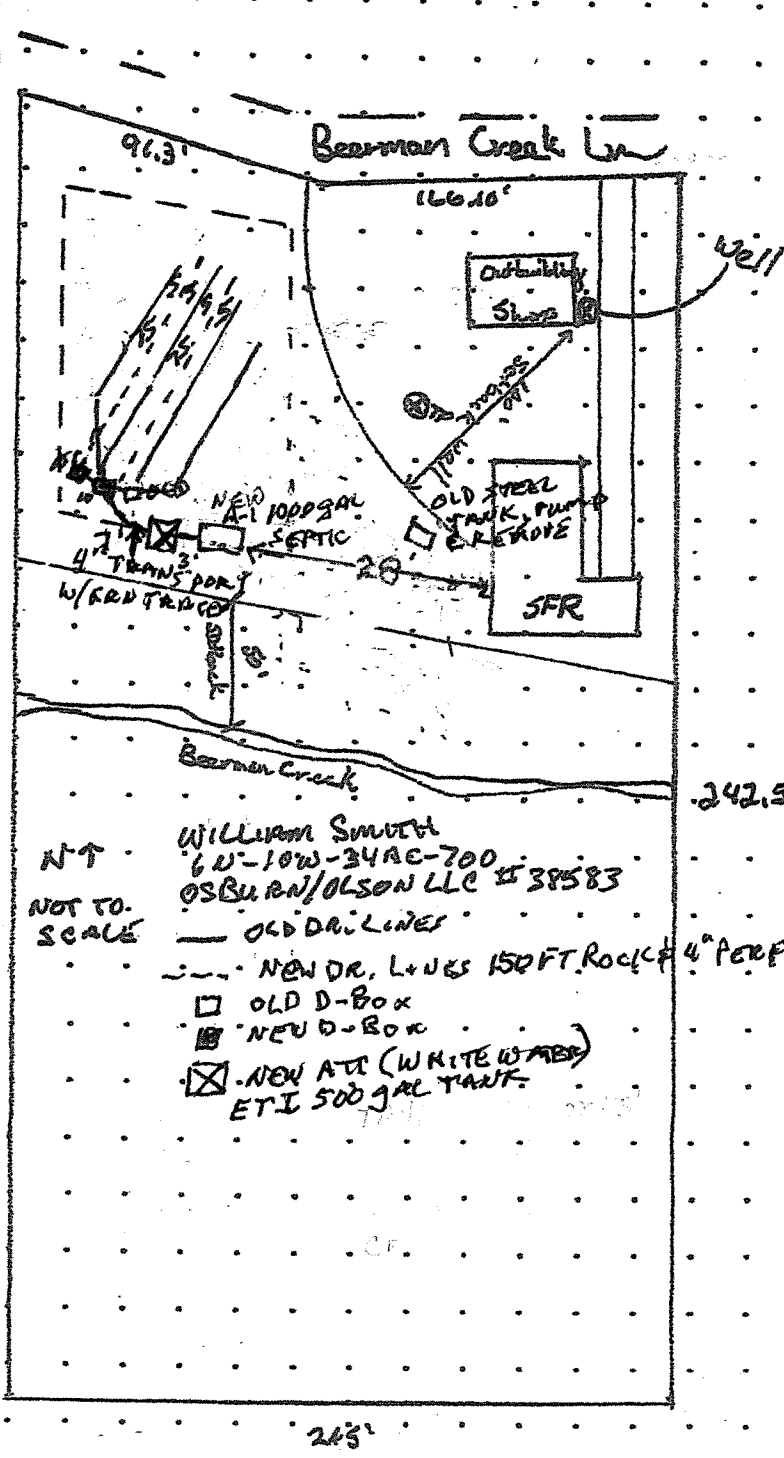
Township 6N Range 70W Section 34AC Tax Lot 700 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: WILLIAM SMITH Email: Joel.fiftyfive@yahoo.com
 Mail Address: 1761 S. Columbia City/State/Zip SEASIDE, OR 97138
 Phone: 503-440-2688 FAX: _____
 Signature: Joel Smith Date: 10/9/23

AUTHORIZED REPRESENTATIVE:

Name: Matthew Owen Email: Owensepticdesign@yahoo.com
 Mail Address: 89647 Manion Dr City/State/Zip Warenton OR 97
 Phone: 503 739 3221 FAX: 503 717 8681
 Signature: [Signature] Date: 10/9/23



NT
NOT TO
SCALE

WILLIAM SMITH
62-10W-24AC-700
OSBURN/OLSON LLC #38583

- OLD DR. LINES
- - - NEW DR. LINES 150 FT. ROCK # 4" PER PIPE
- OLD D-BOX
- NEW D-BOX
- ⊗ NEW ATT (WHITE WATER) ETI 500 GAL TANK

INSIDE ENCLOSURE
1/4" SCHEDULE 40 PVC
NOT MORE THAN 100 FT
FROM PLANT

1/2" PVC SIZES 40 NOT
MORE THAN 100 FT FROM PLANT

COMPRESSOR
MIXED LIQUOR
SAMPLE PORT 4"

AIRLINE
INLET

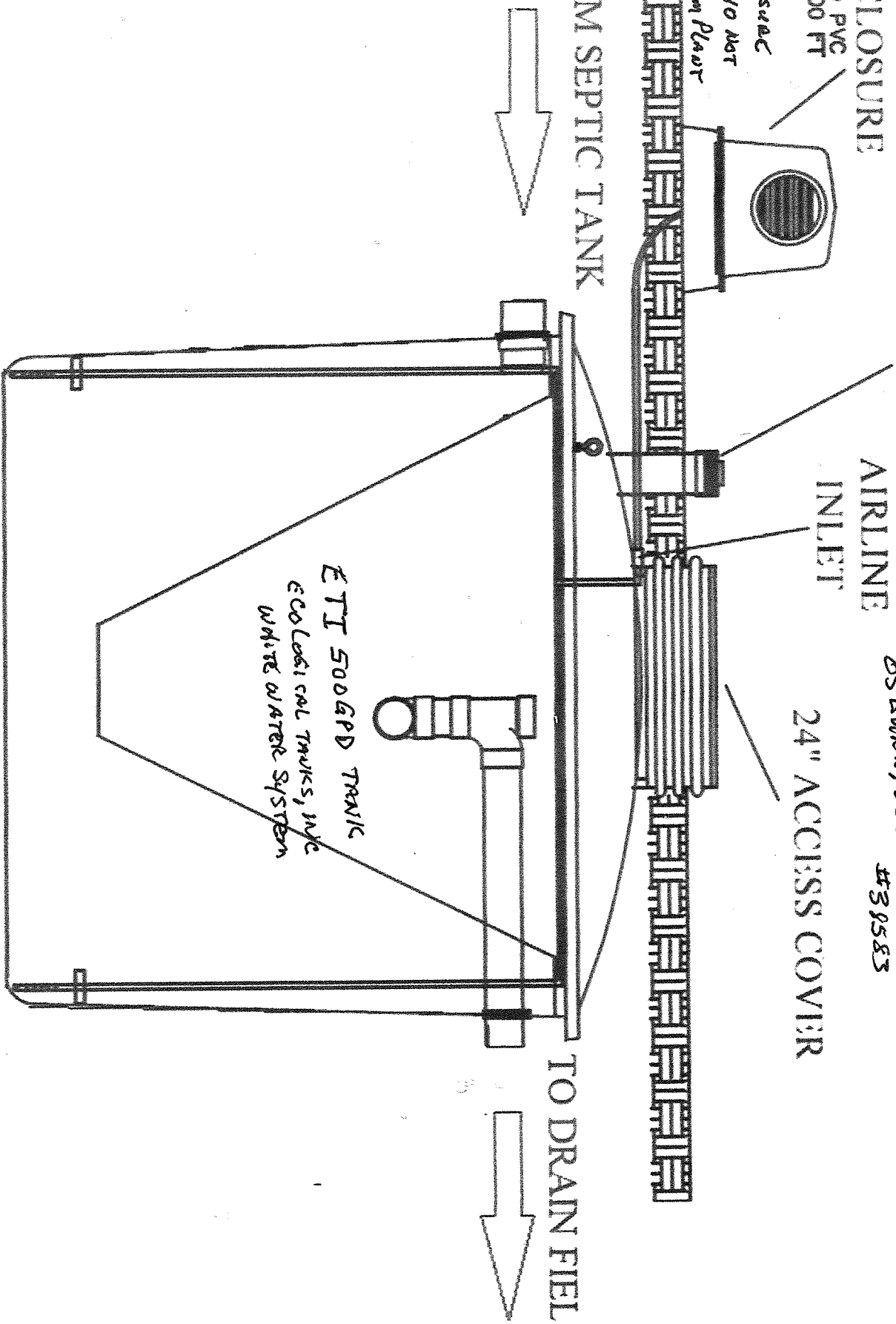
24" ACCESS COVER

WILLIAM SMITH
60-10 W-34 AC-700
DS BUREAU/OLSON LLC
#39583

FROM SEPTIC TANK

TO DRAIN FIELD

ETI 500 GPD TRANK
ECOLOGICAL TRANKS, INC
WHITE WATER SYSTEM



PARTS LIST

150ft serial dist. w/4" PVC perf. Pipe & dr. rock

William Smith

6N-10W-34AC-700

Osburn/Olson LLC #38583

1- ETI 500 gal tank (white water)

1 – A-1 1000 gal septic tank

2 24" poly risers

2- 24" poly lids w/screws

2- ADH200 adhesive

1– Zabel 4" bio-tube filter

2- Polylok drop boxes

150 ft PVC 4" perf. Pipe

30 ft PVC 4" solid pipe

2 PVC 4" end caps

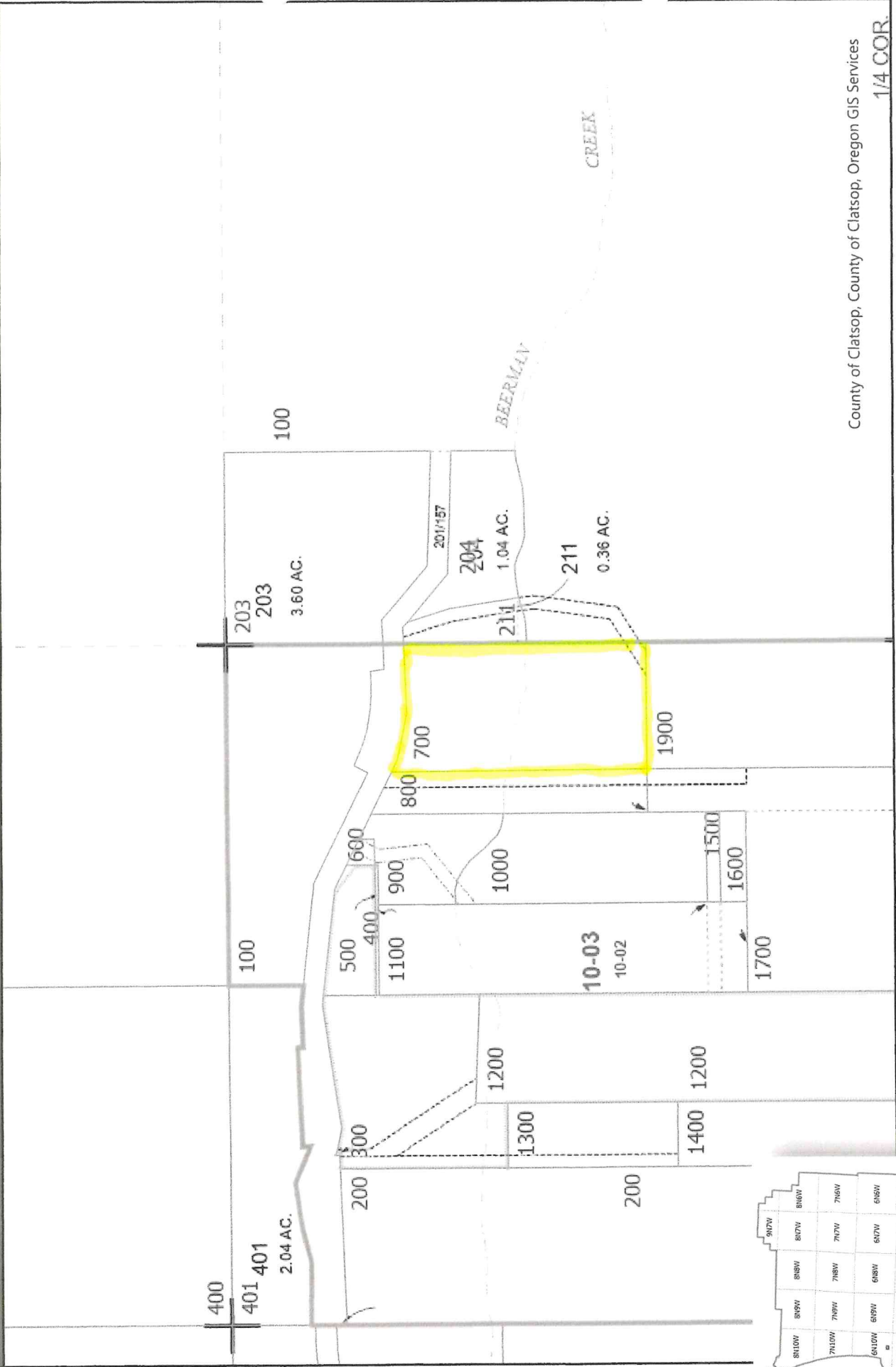
12yds DEQ drain rock

Filter fabric

William Smith
6N-10W-34AC-700

OSBURN/OLSON LLC #38583

Clatsop County Webmaps



County of Clatsop, County of Clatsop, Oregon GIS Services



Clatsop County



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



10/6/2023 7:27 AM

OPERATION & MAINTENANCE SERVICE CONTRACT

Date: 5/31/23

Service-Provider: Complete Septic Service
41092 Ziak-Gnat Creek Lane
Astoria, OR. 97103
Oregon DEQ Maintenance Provider License #RM134

Owner: WILLIAM JOEL SMITH AND BRYN ELLYN SMITH

Billing Address: 33638 BEERMAN CREEK LN
SEASIDE OR 97138

System Location: 33638 BEERMAN CREEK LN
SEASIDE, OR 97138

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

1. **Systems Inspections.** We will provide a minimum of one inspection/service visit (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. **Vegetation Control.** The owner shall control vegetation around and on the tank and sandfilter.
- 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 \$62) shall be billed to the owner at the time as well.
- 4. **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).

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.

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.

Jerry or Jeffery Lebo
Service Provider

[Signature]
Signature

6-3-23
Date

BRUN E SMITH
System Owner (print)
BRUN

[Signature]
Signature

5/31/23
Date

503-577-7548 503-440-2088
System Owner phone number

Next payment due _____

Two Year Service contract expires on _____



Clatsop County

Environmental Health/Onsite Septic Program

August 11, 2023

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
envhealth@clatsopcounty.gov email

IMPORTANT DOCUMENT – PLEASE READ CAREFULLY
-This is not a construction permit-

RE: **Repair Evaluation Results** – Site Approval with Conditions
Subject: **186-23-000156** – Tax Lot Map ID – **61034AC00700** Parcel Size: **2.06 acre**
Property Address: **33638 Beerman Creek Ln, Seaside, OR 97138**

The above-described property was evaluated for suitability of an onsite wastewater disposal system on the following date: **8/9/23**. Based on this evaluation, the following on-site sewage disposal systems are approved:

Replacement System: *ATT System – 150 Linear Ft disposal field*

Details of the repair evaluation are included in the Site Evaluation Report that is enclosed. The Site Evaluation Report also includes more specific information and further conditions of site approval.

Request for Site Evaluation Report Review or Request for Variance

If you believe that an error was made in the evaluation of your property, you may apply for a Site Evaluation Report Review with Oregon DEQ. If you would like to apply for a Variance from one or more of the On-Site Sewage Disposal rules, you may apply for a Variance with Oregon DEQ. If you are interested in either of these options, please contact our office for further details before you proceed.

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

Regards,

Lucas Marshall, REHS
Environmental Health Supervisor
Clatsop County Onsite Septic Program
lmarshall@clatsopcounty.gov

Approved Systems

Based on the evaluation of the site and soil conditions, the following onsite wastewater systems are approved for lot **61034AC00700**.

Replacement System: System Type: **ATT System**
Minimum Septic Tank Size: **1000 gallons**
Minimum Dosing Tank Size: **500 gallons – ATT Unit**
Distribution Method: **Serial Distribution**
Minimum Length of Disposal Trenches: **150 Linear Ft.**
Trench Depths: Min: **18 inches** Max: **18 inches**

Attached is the Site Evaluation Field Worksheet, which show the approved areas and additional details of the site visit.

Conditions of Site Approval

1. This site is approved for the type of disposal system described above. Peak sewage flow into the system is limited to a maximum of 450 gallons per day, with an average sewage flow of not more than 225 gallons per day. This is normally sufficient to serve a single-family dwelling with a maximum of 4 bedrooms. Premature failure of the treatment system may occur if either of these flow quantities is exceeded. If for some reason you expect your domestic household water use may exceed these flows, it may be advisable to increase the size of the treatment system.
2. Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
3. Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
4. 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.
5. This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
6. Placement of a well within 100 feet of the approved areas may invalidate this approval.
7. A physical stakeout of both initial and replacement disposal areas may be required prior to issuance of a permit to construct the approved system.

This site approval is valid until the system approved above is constructed in accordance with a construction installation permit. Technical rule changes shall not invalidate this approval, but may require use of a different type of system. The site approval runs with the land and will automatically benefit subsequent owners.

Attachment: Field Worksheet

Site Evaluation - Field Worksheet

Design flow: **450 gpd** Max # of bedrooms: **4**

Replacement System:	
<input type="checkbox"/> - Standard <input type="checkbox"/> - Capping Fill <input checked="" type="checkbox"/> - ATT <input type="checkbox"/> - Sand Filter - Bottomless <input type="checkbox"/> - Sand Filter - Conventional	
Tank:	
<input checked="" type="checkbox"/> - 1,000 gal. <input type="checkbox"/> - 1,500 gal. <input type="checkbox"/> - 2 compartment tank – 1500 gal. <input checked="" type="checkbox"/> - Effluent pump required <input checked="" type="checkbox"/> - Effluent filter required	
Distribution Method:	
<input type="checkbox"/> Equal <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized	
Absorption Disposal Facility:	150 Linear Ft
Maximum Trench Depth:	18
Minimum Trench Depth:	18

<u>Pit</u>	<u>Depth</u>	<u>Texture</u>	<u>Color</u>	<u>Roots</u>	<u>Structure</u>	<u>Comments: (ESD, Redox)</u>
#1	0-12"	SiL	10YR 3/1	3-f,m	2-M-SBK	ESD = 24"
	12-24"	SiCL	10YR 3/3	2-f,m	3-M-SBK	No Water
	24-60"	SiCL	10YR (5/2,5/6)	1-f,m	3-M-SBK	Redox @ 24"
Landscape Notes:			Slope:	Aspect:	Groundwater Type:	
Flood Terrace			3-5%	230*SW	Temporary	

- A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- System Description: Approval is for an ATT System with a 150 linear feet of disposal area.
- Maintain all required setbacks to wells, surface waters, road cuts, escarpments, property lines, utilities, and foundations. **100' setback to well, 50' setback to creek, 10' setback to property lines, foundations, and utilities.**
- Install in approved area. See field worksheet for further details.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the approved 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.
- All system components are required to be installed by a licensed onsite septic installer.

SITE EVALUATION FIELD WORKSHEET

Township: 6 Range: 10 Section: 34AC Tax Reference: 700 Parcel Size: 2.06 ac
 Owner/Applicant: Smith Evaluator: Lucas Marshall
 Inspection Date(s): 8/9/23 Application Number: 186-23-000156

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC...		
Pit 1	0-12"	S: L	10YR 3/1	3-f,m 2-M-SBK
	12-24"	S: CL	10YR 3/3	2-f,m 3-M-SBK
	24-60"	S: CL	10YR(5/2, 5/6)	1-f,m 3-M-SBK
			Redox @ 24" ESD = 24" No water	
Pit 2				
Pit 3				
Pit 4				

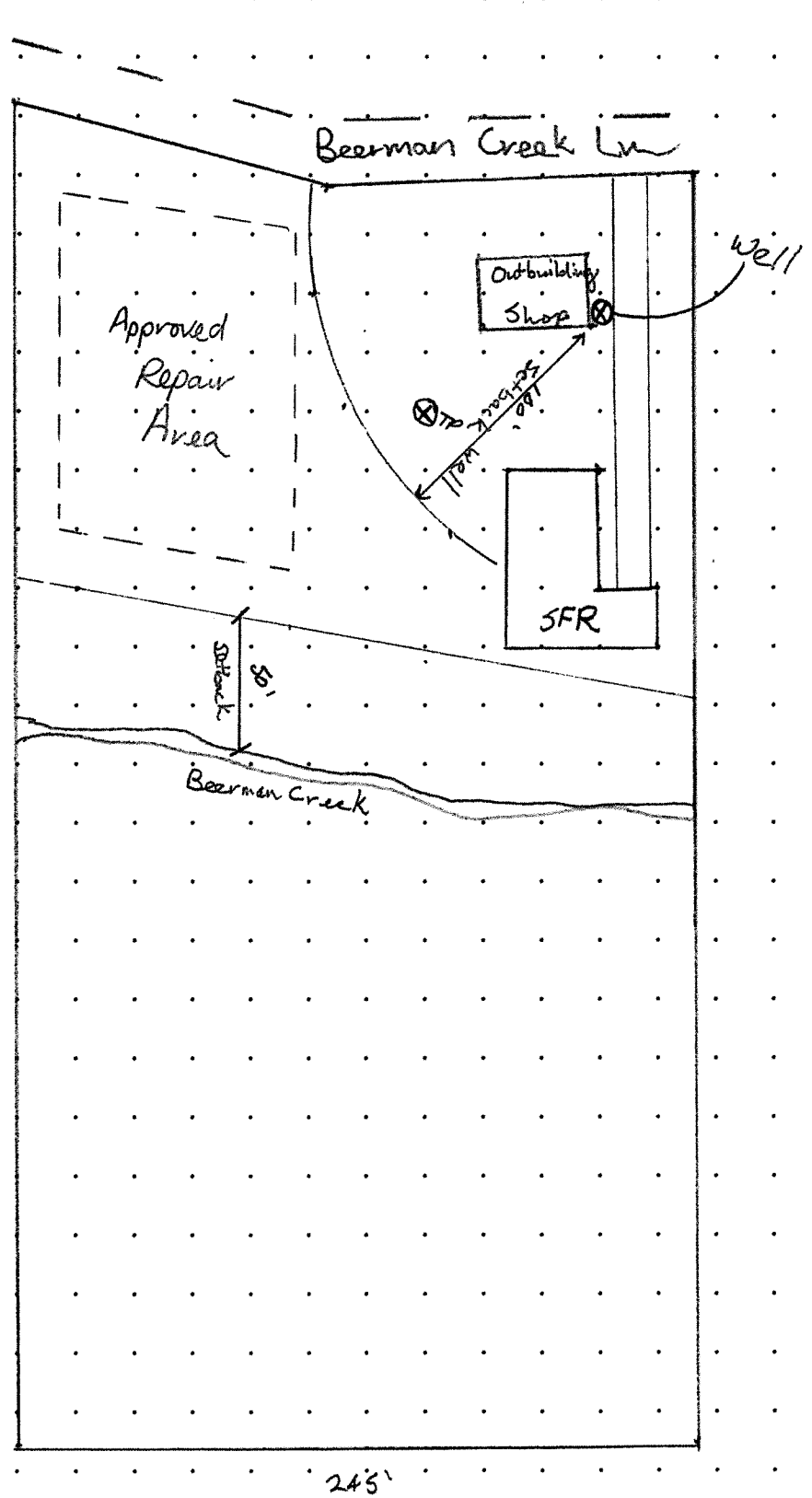
Landscape Notes: Flood plain
 Slope: 3-5% Aspect: 230° SW Groundwater Type: Temporary
 Other Site Notes: _____

SYSTEM SPECIFICATIONS

Design Flow: 450 gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: ATT System ATT Treatment Standard: _____
 Disposal Facility: 150 (linear feet) square feet Maximum Depth: 18 inches Minimum Depth: 18 inches
 Special Conditions: 100' setback to well, 50' setback to creek utilizing ATT system.

Township: 6 Range: 1 Section: 34AC Tax Reference: 700 Parcel Size: 2.06 acres
Owner/Applicant: Smith Evaluator: Lucas Marshall
Inspection Date(s): 8/9/23 Application Number: 186-23-000156

N
1" = 65'





Clatsop County

Environmental Health/Onsite Septic Program

#186-23-000156

Application for Onsite Sewage Treatment System

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CLATSOP CO. PUBLIC HEALTH

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

(Pd) OK # 4678
#6090-

A. Property Owner Information

William J / Bryn E Smith	1761 S Columbia St Seaside OR 97138	503-440-2688
Name	Mailing Address (Street, PO Box, City, State, Zip)	Phone Number

B. Legal Property Description

6	10	34AC	700	14464	2,06
Township	Range	Section	Tax Lot	Tax Account Number	Acreage or Lot Size
Clatsop					
County		Subdivision Name		Lot	Block

Property Address: 33638 Beerman Creek Ln Seaside OR 97138
(Street, City, State, Zip)

Directions to Property: From Hwy 101 turn East on Beerman creek RD at the end of road property is to the South

C. Existing Facility / Proposed Facility / Water Information

Existing Facility <input checked="" type="checkbox"/> Single Family Residence Number of Bedrooms: <u>3</u> <input type="checkbox"/> Other _____	Proposed Facility <input type="checkbox"/> Single Family Residence Number of Bedrooms _____ <input type="checkbox"/> Other _____	Water Supply <input checked="" type="checkbox"/> Public Seaside Name _____ <input type="checkbox"/> Private _____ Well, Spring, Shared _____
---	--	---

D. Type of Application

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

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

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

Signature: [Signature] Date: 7/25/23

Applicant's Name (Please Print Legibly): Justin Nance Applicant's Phone: (503)440-4182 Applicant's E-Mail Address: justinnancekke@yahoo.com
 Applicant's Mailing Address: 37194 HWY 26 Seaside OR 97138

Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached
 Installers Name: Keith Keranen Excavating # 38452



Clatsop County
Environmental Health/Onsite Septic Program

Clatsop County
Onsite Septic Program
820 Exchange St., Suite 100
Astoria, OR 97103
(503) 325-9302 phone
(503) 325-9303 fax
EnvHealth@co.clatsop.or.us email

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Notice Authorizing Representative

I, William Joel Smith, have authorized

(Property Owner – Please Print)

Keith Keranen Excavating (Justin Nance)

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

33638 Beerman Creek Ln, Seaside OR 97138
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 6 Range 10 Section 34AC Tax Lot 700 Map ID 14464
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: William Joel Smith Email: Joel.fiftyfive@yahoo.com
Mail Address: 1761 S. Columbia St City/State/Zip Seaside, OR 97138
Phone: 503.440.2688 FAX: _____
Signature: Joel Smith Date: 5/26/23

AUTHORIZED REPRESENTATIVE:

Name: Justin Nance Email: justinnancekke@yahoo.com
Mail Address: 37194 HWY 26 City/State/Zip Seaside/OR/97138
Phone: (503)440-4182 FAX: _____
Signature: [Signature] Date: 5/26/23



Clatsop County

Environmental Health/Onsite Septic Program

Clatsop County
 Onsite Septic Program
 820 Exchange St., Suite 100
 Astoria, OR 97103
 (503) 325-9302 phone
 (503) 325-9303 fax
 EnvHealth@co.clatsop.or.us

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23-000156

Existing Septic System Description

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

- Your existing septic system consists of (check all that apply):

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Disposal Trenches	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Cesspool or Pit	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (describe): _____			
- When was your septic system installed? _____
- Tank material: Concrete Steel Plastic or Fiberglass Unknown wood
- Septic tank volume (in gallons): 1000
- When was the septic tank last pumped? (Attach receipt if available) _____
- Number of disposal trenches: 4
- Total length of disposal trenches (in feet): 270
- Do you propose to use the existing septic system? Yes No
- Is your septic system currently in use? Yes No
 If no, date of last use: _____
- If the septic system currently serves a dwelling,
 How many bedrooms in the dwelling? 4 How many people occupy the dwelling? 3
- How many bedrooms will be in the proposed dwelling? _____ How many occupants? 2
- If the septic system serves a business,
 How many total employees are there? NA Type of business: NA
- Is there a proposed change of use of your structure (home or business)? Yes No
 If yes, please explain: _____
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

Signature: _____

Date: 7/25/23

Smith

PLOT PLAN

33638 Beerman Creek LN, Seaside OR 97138

Site Address:

6-10-34AC-700

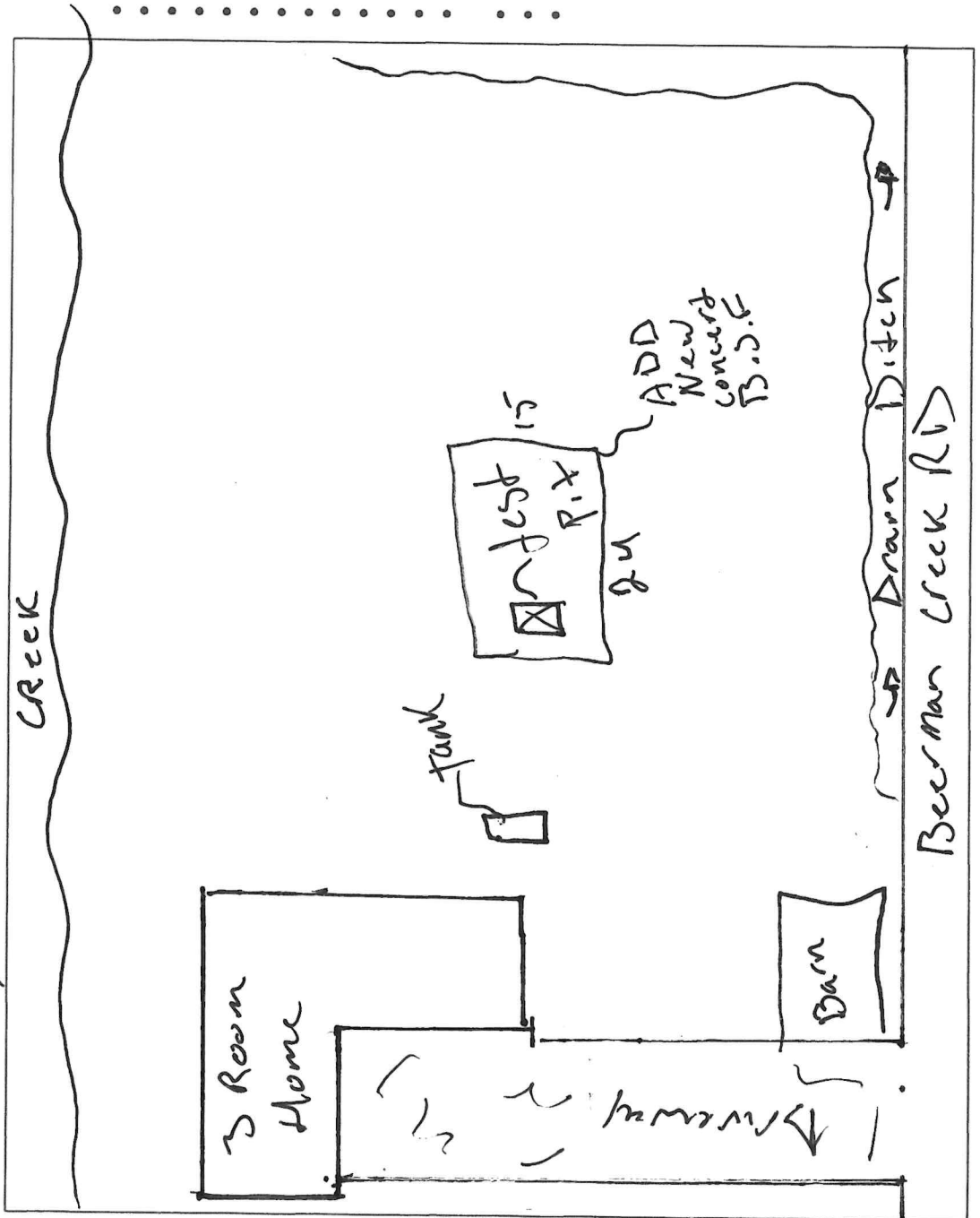
Property ID:

[Handwritten Signature]

Applicant Signature:

By my signature, I certify the information provided on this plot plan is complete and accurate.

Date: 7/25/23



Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- Wells
- Test Pits
- Drainage

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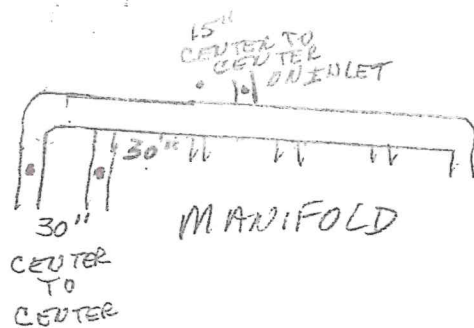
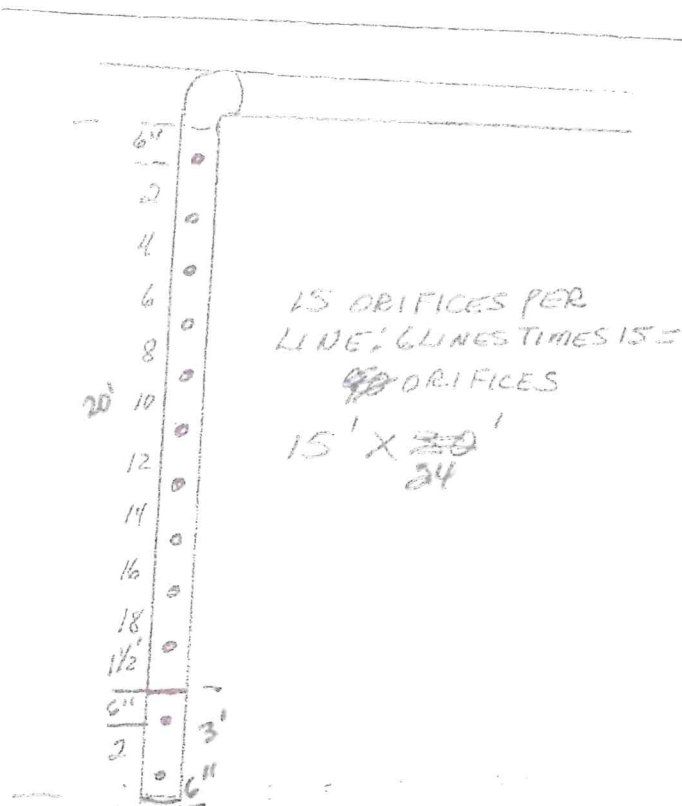
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15'x24' Intermittent Sand Filter*

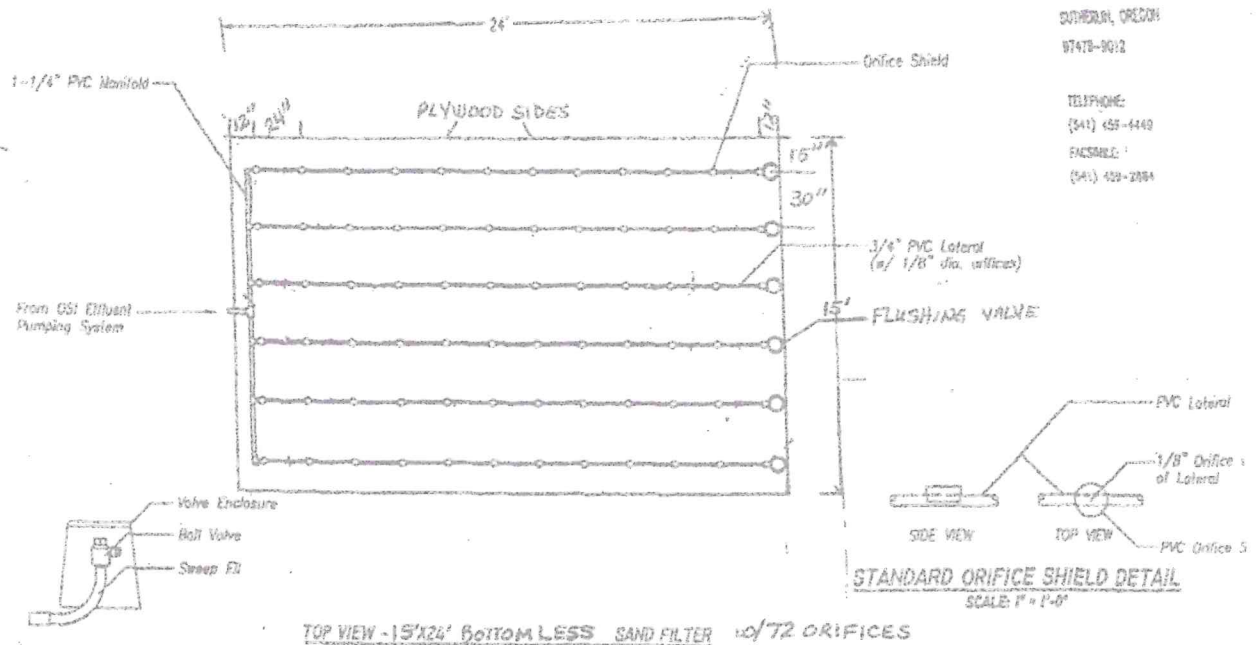
#23-000156

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

Oranco Systems®
 Incorporated

814 ARWAY AVENUE
 CATHLAMET, OREGON
 97148-9012

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

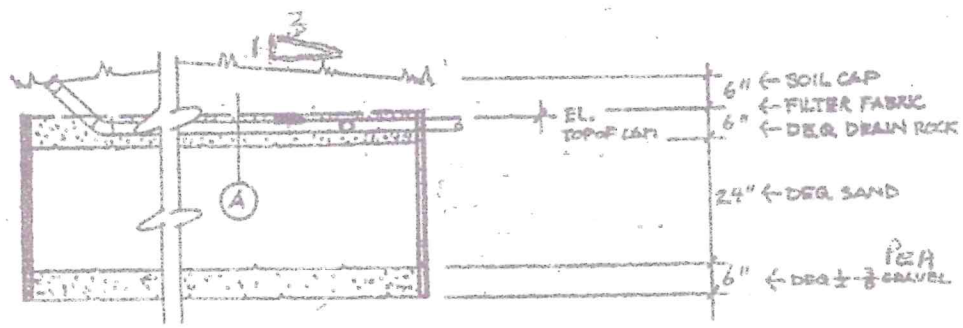


FLUSHING VALVE DETAIL
 SCALE: 1" = 1'-0"
 Patent # 5,350,556
 © 1998, Oranco Systems, Inc.

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

Note: See additional details on
 NDW-15F-S-3

NDW-15F-2024L-1



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

PARTS LIST
15x28 sand Filter
William J / Bryn E Smith

6-10-34AC-700

Keith Keranen Excavating #38452

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#23-000156

- 1 A-1 1500 gal 2 compartment
- 4 24" x 24" Poly Risers
- 4 24" Poly Lids w/ screws
- 2 ADH200 adhesive
- 1 P5005 Pump Package
- 1 G2L Grommet
- 135 1 ¼" OS125 Orifice Shields
- 35yds. DEQ Sand
- 10 yds. DEQ Pea Gravel
- 10 yds. DEQ Drain Rock
- 300ft. 1 ¼" PVC Solid Pipe
- 16 1 ¼" PVC 45° ells
- 2 1 ¼" PVC 90° ells
- 5 1 ¼" PVC "T"
- 6 7" Round Valve Covers
- 6 1 ¼" PVC Shut-off Valves
- 1 2" x 1 ¼" PVC Reducer

Filter Fabric

Plywood and 2 x 4 boards for sand filter box



CALPORTLAND
Quality Test Report

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CLATSOP CO. PUBLIC HEALTH
#23-000156

Plant 544A-Santosh
Product AOR8036D-3/8" - #8 PEA GRAVEL
Specification ODOT Other PCC Separated 3/8"- No. 8



1390268221

Sample Information

Sample No 1390268221
Date Sampled 04/01/2023 16:36
Sampled By Eric Egge
Type Shipping
Method Bolt-Cut

Split Sample
Resample

Gradation Results

Date Completed 04/01/2023 16:36
Tested By Eric Egge

Unit g
Moist Mass 1395.00
Dry Mass 1341.80
Wash Mass 1341.50
Moisture % 4.0
Wash Loss % 0.0
Procedure

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100		100-100	
3/8" (9.5mm)	128.30	128.30	10	10	90		85-100	
1/4" (6.3mm)	677.30	805.60	50	60	40			
#4 (4.75mm)	394.90	1200.50	29	89	11		10-30	
#8 (2.36mm)	138.20	1338.70	10	100	0		0-10	
#16 (1.18mm)	0.80	1339.50	0	100	0		0-5	
#30 (.6mm)	0.20	1339.70	0	100	0			
#50 (.3mm)	0.30	1340.00	0	100	0			
#100 (.15mm)	0.40	1340.40	0	100	0			
#200 (75µm)	0.20	1340.60	0.0	99.9	0.1			
Pan	0.40	1341.00	0.1	100.0	0.0		0-1	

Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
	Procedure	Lab			Tested By	
FM	04/01/2023 16:30	5.98				
Grad Loss	04/01/2023 16:36	Santosh 0.037	%		Eric Egge	
Total Moisture	04/01/2023 16:36	Santosh 3.96	%		Eric Egge	
		Santosh			Eric Egge	



CALPORTLAND
Quality Test Report

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JUL 25 2023

Plant 544A-Santosh
Product ADR8364-CC Filter Sand
Specification CalPortland



Sample Information

Sample No 1255648994
Date Sampled 03/31/2023 10:27
Sampled By Eric Egge
Type Control
Method Stockpile

Split Sample
Resample

Gradation Results

Date Completed 03/31/2023 10:27
Tested By Eric Egge

Unit	Moist Mass	Dry Mass	Wash Mass	Moisture %	Wash Loss %	Procedure
g	695.00	662.70	658.10	4.9	0.7	

Sieve	Mass Retained	Cum Mass Retained	Ind % Retained	% Retained	% Passing	Target	Specification	Comment
1/2" (12.5mm)	0.00	0.00	0	0	100			
3/8" (9.5mm)	1.20	1.20	0	0	100		100-100	
1/4" (6.3mm)	4.70	5.90	1	1	99			
#4 (4.75mm)	8.20	14.10	1	2	98		95-100	
#8 (2.36mm)	56.70	70.80	9	11	89		80-100	
#16 (1.18mm)	145.80	216.60	22	33	67		45-85	
#30 (.6mm)	189.70	406.30	29	61	39		15-60	
#50 (.3mm)	183.10	589.40	28	89	11		3-15	
#100 (.15mm)	64.40	653.80	10	99	1		0-4	
#200 (75µm)	3.40	657.20	0.5	99.2	0.8			
Pan	0.80	658.00	0.8	100.0	0.0			

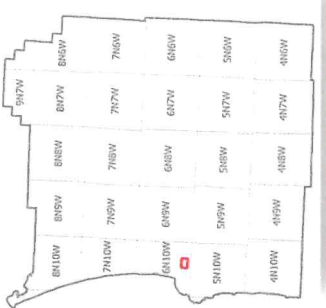
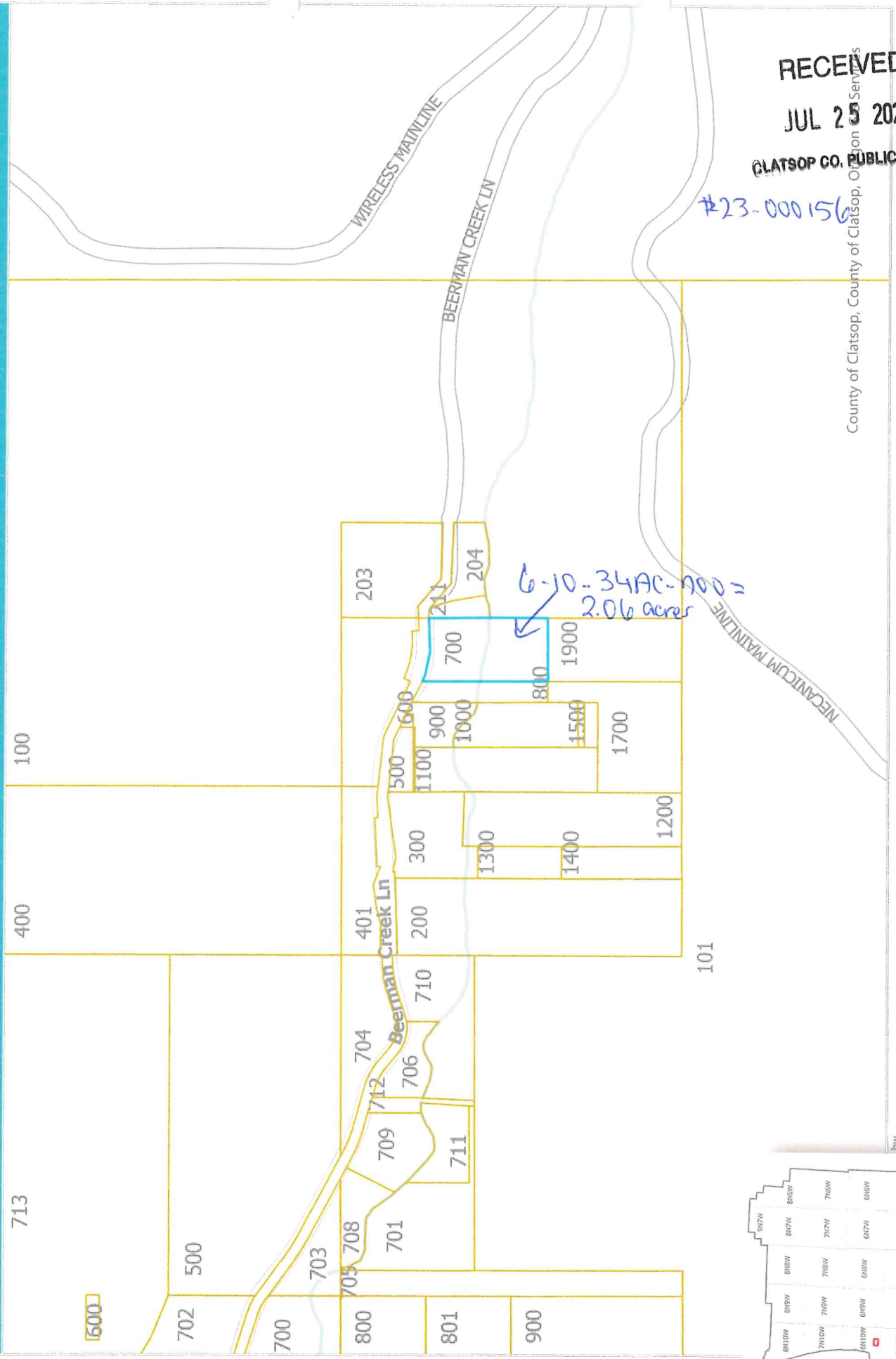
Other Test Results

Test Name	Date	Result	Unit	Target	Specification	Comment
	Procedure	Lab			Tested By	
#200 (75µm)	03/31/2023 10:27	0.81	%		Eric Egge	
FM	03/31/2023 10:27	2.95			Eric Egge	
Grad Loss	03/31/2023 10:27	0.015	%		Eric Egge	
Total Moisture	03/31/2023 10:27	4.87	%		Eric Egge	
		Santosh			Eric Egge	

Smith

6-10-34 AC - 700

Clatsop County Webmaps



7/17/2023 10:36 PM

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CLATSOP CO. PUBLIC HEALTH

County of Clatsop, Oregon

This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.



Clatsop County





Transaction Receipt
Record ID: 186-23-000156-PRMT
IVR Number: 186088288704

Clatsop County Onsite
Office: Not Applicable
820 Exchange Street
Astoria, Oregon 97103
503-325-9302
Fax: 503-325-9303
envhealth@clatsopcounty.gov

Receipt Number: 463106

Receipt Date: 7/28/23

<https://clatsopcounty.gov/publichealth/page/onsite-septic-system-program>

Worksite address: 33638 BEERMAN CREEK LN, SEASIDE, OR 97138

Parcel: 61034AC00700

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/28/23	1.00 Ea	Repair (major) - single family dwelling	81-7204	\$581.00	\$581.00
7/28/23	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
7/28/23	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4678 Payer: Keith Keranen Payment Amount: \$690.00
Excavating, Inc.

Cashier: Annette Brodigan

Receipt Total:

\$690.00