

RECEIVED

SEP 18 2021

OPERATION & MAINTENANCE SERVICE CONTRACT

PLATSOP CO. PUBLIC HEALTH

Date: 9-1-21

#186-500903

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

Owner: Wes Houck

Billing Address: 80362 Polo Ridge Rd Warrenton OR
97146

System Location: 80362 Polo Ridge Rd Warrenton OR
97146

7-10-278-220

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.

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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 Jeffrey Lebo 9-1-21

Service Provider

Signature

Date

Wesley Hook
System Owner (print)

[Signature]
Signature

8/1/21
Date

503-440-0006
System Owner phone number

Service contract expires on 9-1-22

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

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

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



Onsite Wastewater Specialist

2/8/2018

Authorized Agent:

Title:

Date Issued:

Mike McNickle

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

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 500903

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CLATSOP CO. PUBLIC HEALTH

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.

Section 1: Owner/Permittee Information:

Name: **Evergreen Construction LLC**
 Property Address: **80362 Polo Ridge Rd, Warrenton**
 Township **7** Range **10** Section **27B0** Tax Lot(s) **00220**

Section 2: System Component Specifications: System Type:

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 2 Manufacturer A-1 CONCRETE Date 1/30/18
 Tanks(2) Volume N/A Compartments _____ Manufacturer _____ Date _____
 Pumps: HP 1/2 Model/Manuf _____ Float(s)Type(1) P 3EA Model/Manuf MF ORENCO
 Float(s)Type(2) N/A Model/Manuf N/A

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter _____ ASTM#Other _____ Length _____
 Pressure Transport Pipe Yes No Diameter 1 1/4" ASTM#Other D1785 Length 35'

C: Secondary Treatment Unit:

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

Sand Filter LATERALS Underdrain pipe Yes No Type BOTTOMLESS Container Dimensions 18' x 20'
 Diameter 1 1/4" ASTM#Other D1785 Length 128'
 Manifold Piping Diameter 1 1/4" ASTM#Other D1785 Length 17.5'
 Internal Pump HP N/A Model/Manufacturer _____
 Floats(1) Type N/A Model Manufacturer _____
 Floats(2) Type N/A Model Manufacturer _____
 ATT Yes No Model _____
 Certified Maintenance Provider: Name _____
 Operation & Maintenance Contract: Received? Yes No

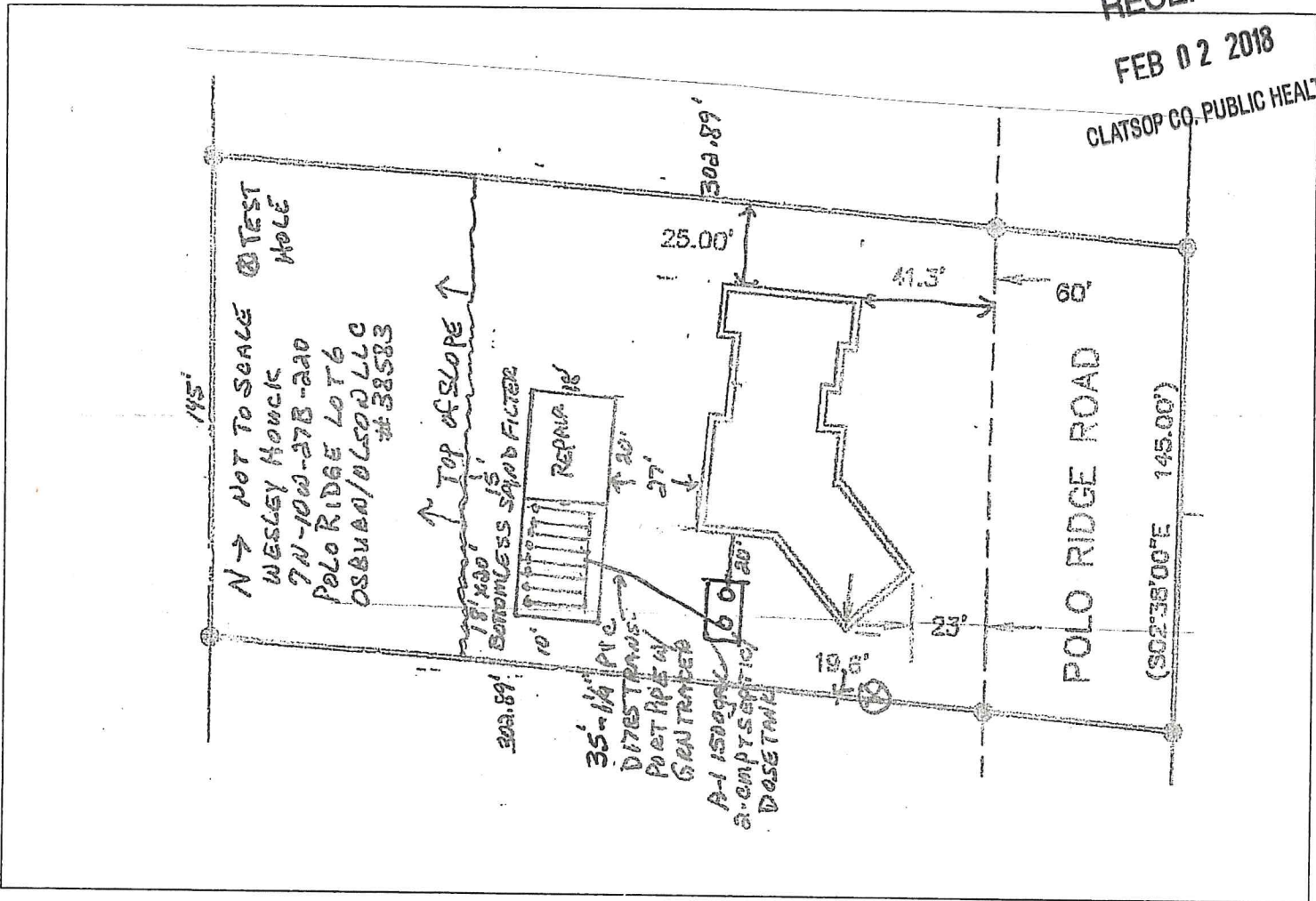
D. Drainfield Media

Type: Gravel, Pipe or Alternative? 28yds DEQ SAND; 7yds EA DEQ PEAGRAVEL & DR. ROUC
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____ Length _____
 Comment: 2- RISERS 24" DIA.

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By M. McVickie
Permit No. 500903
Date 2/18/18

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



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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: OSBURN/OSBORN LLC
 Licensed Installer Yes No License # 38583 Certification # I128
 Owner/Certified Installer Signature Scott Tomlin Date 2/1/18
 Phone 503-717-3907 Phone _____ Email _____

Section 5: Office Use Only

Notice Accepted Yes No Date _____
 Installer /Owner /Permittee Notified Yes No Date _____
 If no, reason for non-acceptance _____

Comment _____

*Clatsop County Department
of Public Health*
 On-Site Waste Water Program
 Approved By M. McNickle
 Permit No. 500903
 Date 2/8/18



Clatsop County

On-Site Septic System Program

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

March 28, 2019

Evergreen Construction LLC / Wesley Houck
80362 Polo Ridge Rd
Warrenton, OR 97146

RE: **NON-COMPLIANCE FOR OPERATION AND MAINTENANCE CONTRACT**
80362 Polo Ridge, Warrenton
Township 7, Range 10, Section 27 B O
Taxlot 00220
Permit #500903

Dear Property Owner(s):

It has been brought to our attention that there is no valid contract with a service provider for the on-site septic system located at the above address. The Oregon Department of Environmental Quality (DEQ) requires the owner(s) of a pressurized septic system to maintain a contact with a maintenance provider certified by the State of Oregon to service and maintain the onsite system per the Oregon Administrative Rules (OAR) 340-071-0345, 0302, 0290.

To correct this violation, you must submit the following:

- Copy of the contract that includes the provider's contact information and maintenance provider number.

As the owner of this property, you must correct the violation(s) with **thirty (30) days** from the date of this letter, or this will be referred to the Compliance Services Section for enforcement action.

If you have further questions or require additional information, please contact our office by calling 503-812-9302.

Sincerely,

Michael McNickle, PhD., MPH, REHS
Public Health Director

Encl: O&M Providers List
cc: File



Clatsop County

Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

Phone (503) 338-3681
Fax (503) 325-9303

February 12, 2018

Evergreen Construction / Wesley Houck
Property address: 80362 Polo Ridge Rd / # 7-10-27B-220
Warrenton, OR. 97146
Permit #500903

RE: Certificate of Satisfactory Completion

Dear Mr. Houck,

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

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

Construction Permit

This Construction Permit, Permit #500903, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Evergreen Construction LLC** Township **7**, Range **10**, Section **27 B 0**
Property Location: **80362 Polo Ridge Rd, Warrenton** Tax Lot **00220**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type:
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

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

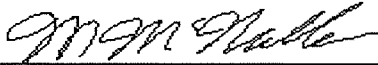
INSPECTION REQUIREMENTS

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

3 A squirt test inspection of the pressurized piping system is required.

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



Authorized Agent:

Mike McNickle

Title:

Onsite Wastewater Specialist

Date Issued:

12/27/2017

Expiration Date:

12/27/2018

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

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#500903

(Pd) Vpa
 \$1675.00

Application for Onsite Sewage Treatment System

Evergreen Construction

A. Property Owner Information

WESLEY HOUCK 818 COMMERCIAL ST #301 ASTORIA, OR 97103 440-0006
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

7N 10W 27B 220 59770 1.0 ACRES
 Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP POLO RIDGE 6
 County Subdivision Name Lot Block

Property Address: 80362 POLO RIDGE WARRENTON, OR 97146
 (Street, City, State, Zip)

Directions to Property GO SO. ON HWY 101 TO SURF PINES RD, TURN LEFT. GO TO POLO RIDGE
TURN RT. GO TO TOP & GO LEFT; LOT ON LEFT.

C. Existing Facility / Proposed Facility / Water Information

Existing Facility	Proposed Facility	Water Supply
<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>WARRENTON</u>
Number of Bedrooms _____	Number of Bedrooms <u>3</u>	Name
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 - Sand Filter | <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 12/27/17

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

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

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

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 #500903

Notice Authorizing Representative

I, WESLEY HOUCK, have authorized
(Property Owner - Please Print)
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

POLO RIDGE LOT 6

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 7N Range 10W Section 27B Tax Lot 220 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: WESLEY HOUCK Email: _____
 Mail Address: 818 COMMERCIAL ST #301 City/State/Zip ASTORIA, OR 97103
 Phone: 503-440-0006 FAX: _____
 Signature: [Signature] Date: 12/20/17

AUTHORIZED REPRESENTATIVE:

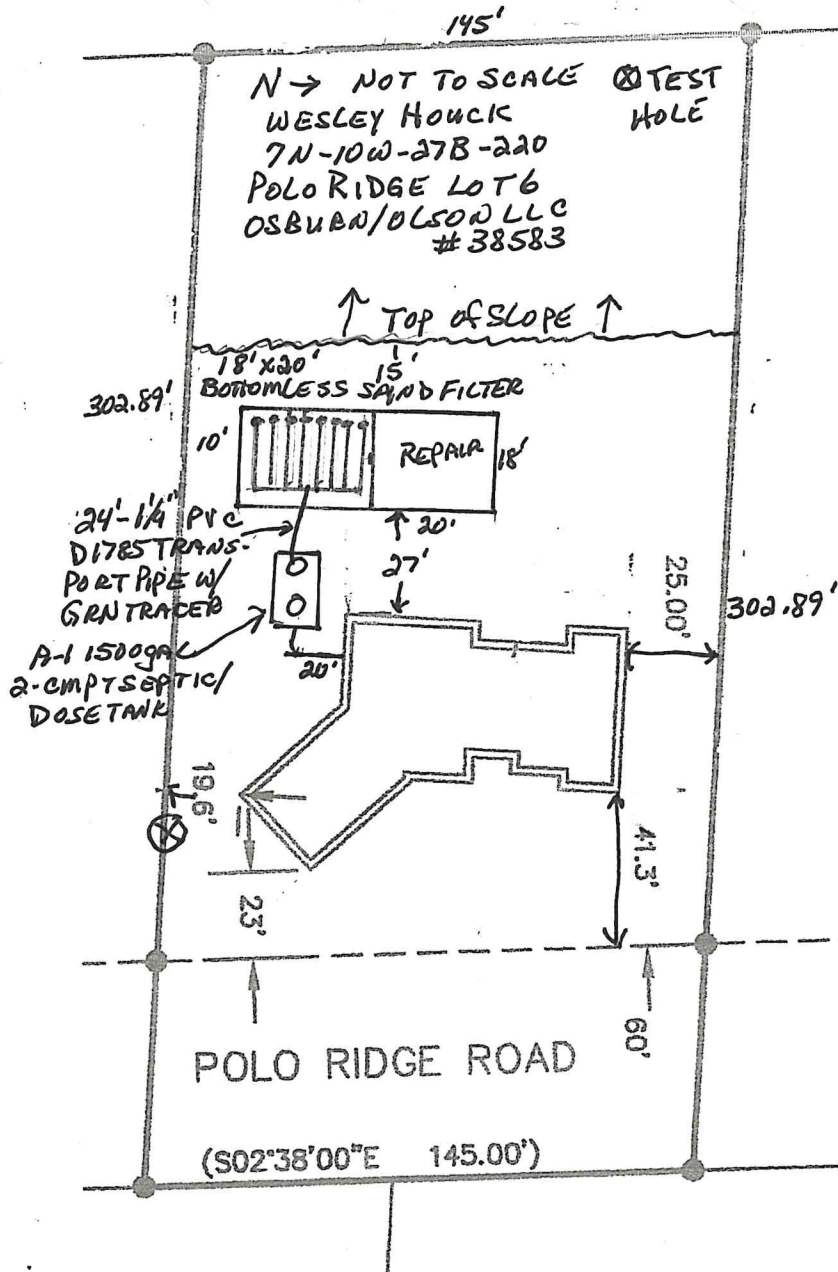
Name: GEORGE OWEN Email: GWYLMAN@GMAIL.COM
 Mail Address: 89647 MARION DR City/State/Zip WARRENTON, OR 97146
 Phone: 503-717-8681 FAX: _____
 Signature: [Signature] Date: 12/20/17

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CLATSOP CO, PUBLIC HEALTH

#500903



20'x18' Bottomless Sand Filter[®]

* Configured for loading rates of .25 GPD/FT.² Follow appropriate laboratory sand filter design checks.



614 428-2242
5000 W. ORANCO
97177-5017

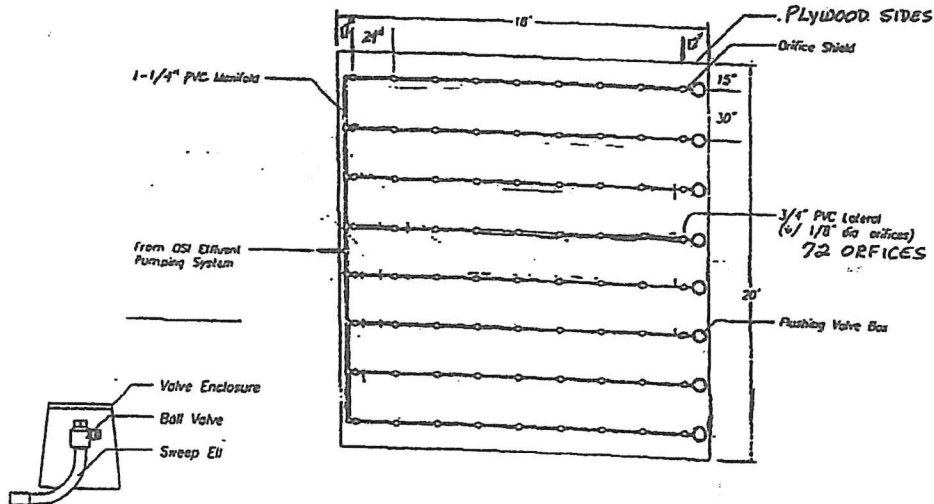
TELEPHONE:
(541) 428-2242

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#500903

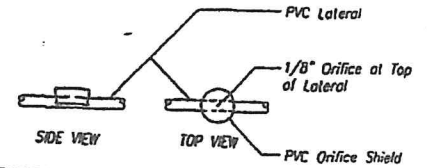


FLUSHING VALVE DETAIL
SCALE: 1" = 1'-0"

Patent # 5,360,556
© 1998 Oranco Systems, Inc

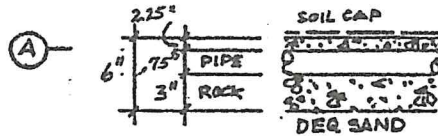
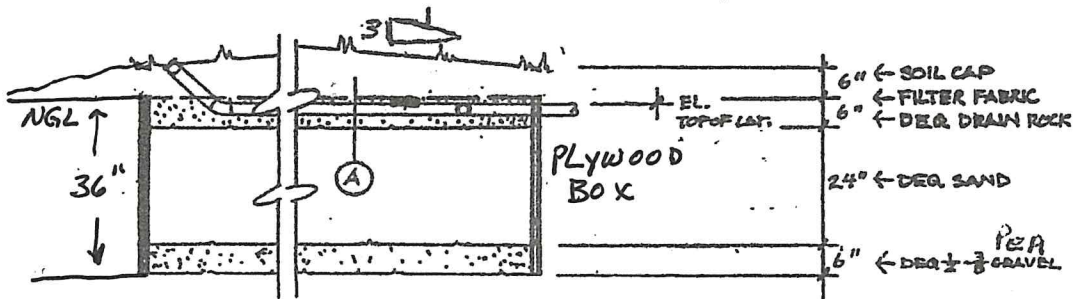
TOP VIEW - 20'X18' BOTTOMLESS SAND FILTER
SCALE: 1" = 3'-0"

Note: See additional details on
NDF-131-5-3



STANDARD ORIFICE SHIELD DETAIL

WESLEY HOUK
7N-100-27B-220
OSBURN/OLSON LLC
#38583
POLO RIDGE LOT 6

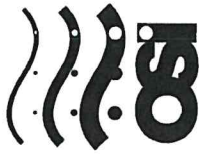


EL. NATURAL GRADE ——— 0.00'
EL. TOP OF MANIFOLD ——— 0.50'
EL. PUMP BASE ——— 4.50'
STATIC HEAD ——— = 5.00'

**BOTTOMLESS SAND FILTER
& MANIFOLD SECTION**

Pump Selection for a Pressurized System

Wesley Houck 7N-10W-27B-220 Polo Ridge Lot 6
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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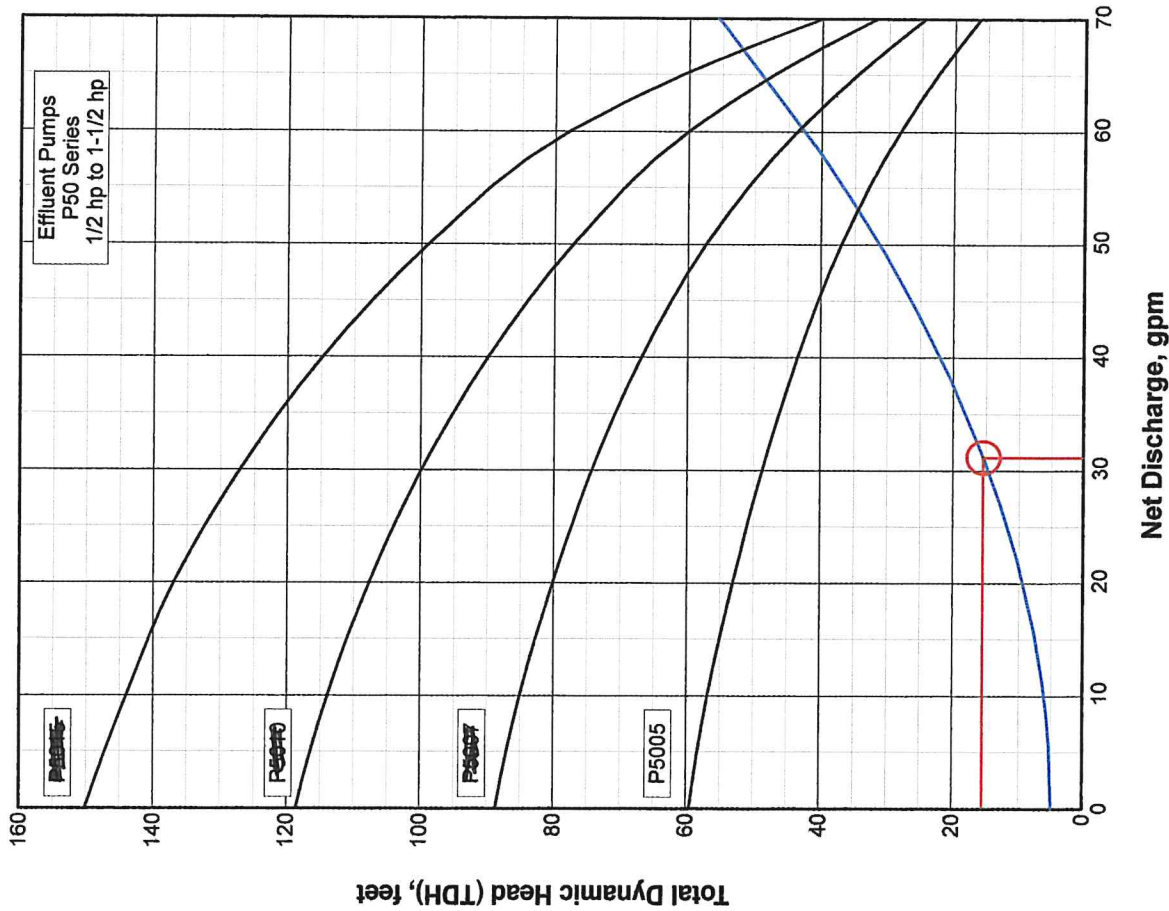
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#500 903

Input Parameters	
Orifice Size	1/8 inches
Residual Head at Last Orifice	5.0 feet
Orifice Spacing	2.00 feet
Number of Laterals per Cell	8
Lateral Length	16.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	17.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	5.0 feet
Transport Length	24.0 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	72
Total Actual Flow Rate	31.2 gpm
Number of Lines per Zone	8
% Flow Differential 1st and Last Orifice	0.1 %
Lift to Manifold	5.0 feet
Residual Head at Last Orifice	5.0 feet
Head Loss in Laterals	0.0 feet
Head Loss Through Distributing Valve	0.0 feet
Head Loss in Manifold	0.6 feet
Head Loss in Transport Pipe	2.9 feet
Head Loss Through Discharge	1.9 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	31.2 gpm
TDH	15.4 feet



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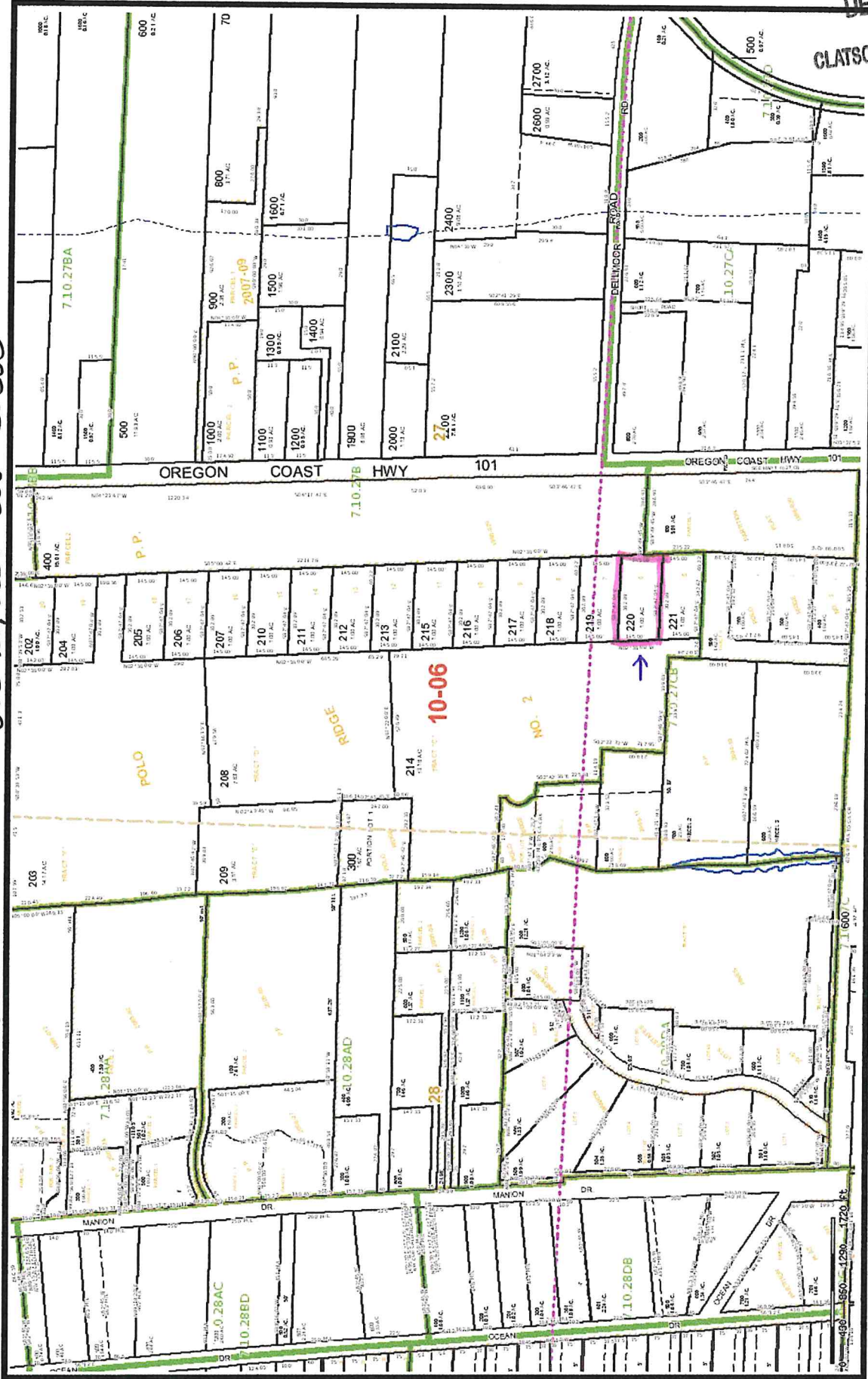
#500903

Wesley Houck
7N-10W-27B-220
PARTS LIST
18' x 20' Bottomless Sandfilter
Osburn/Olson LLC #38583

- 1 A-1 Concrete 1500 gal 2-compt septic/dose tank
- 2 24" x 24" poly risers
- 2 24" poly lids w/screws
- 2 ADH100 adhesive
- 1 PF500511 pump, 115v.
- 1 PVU57-1819 pump vault
- 1 MVP-S1/DM control panel, 115v. (Timed dose)
- 1 SBEX4 splice box (external)
- 1 HV200BCX hose & valve assy.
- 1 MF3P floats and stem - 27" stem for vault
- 72 OS125 (1¼") orifice shields
- 1 GL2 grommet
- 30 ft 1¼" PVC D1785 solid pipe for transport pipe
- 180ft 1¼" PVC D1785 pipe (For manifold)
- 7 1¼" PVC "T"
- 2 1¼" PVC 90° ells
- 18 1¼" 45° PVC ells
- 8 7" round valve covers
- 8 1¼" shut-off valves
- 1 2" x 1¼" reducer
- 7yds DEQ Peagravel
- 7yds DEQ Drain Rock
- 28yds DEQ Sand
- Filter fabric
- 10- Plywood and 6- 2"x4" boards for sand filter box

Map WESLEY HOWCK
7N-10W-27B-220

OSBURN/OLSON/OLLO #38583



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#500903

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 #: 500903
Permit Type: Construction Perm
Entry Date: 12/27/2017
Issued By: Annette Brodigan
Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	12/27/2017

Work Description

Work Description:

Remarks:

Owner

Name: Evergreen Construction LLC	Ph. #: (503) 440-0006	Cell: () -
Address: 835 Ave S #E	E-Mail:	Fax: () -
City, State, Zip: Seaside, OR 97138		

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	\$1,566.00	\$100.00	\$0.00	\$9.00	\$1,675.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Evergreen Construction LLC	Credit Card		12/27/2017	\$1,675.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: *George M. Owen* **Date:** 12/27/17

Owner Signature: _____ **Date:** _____

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: Polo Ridge Rd lot # 220, Gearhart City: GEARHART
Owner: EVERGREEN CONSTRUCTION, LLC Phone: (503) 440-0006
Address: 835 AVE S, STE E, SEASIDE, OR 97138 Email: wesleyhouck@live.com
Agent: WESLEY HOUCK
Proposed Development/Construction: NEW CONSTRUCTION

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 7 R 10 S 27B Tax Lot(s) 220
Permit Needed: Yes No Site Approved: Yes No
Signature: [Signature] Date: 11/13/17
Remarks: Construction Installation Permit must be purchased. Ryan Osburn will do install
Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: _____
Signature: _____ Title: _____ Date: _____
Remarks: _____
Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____
Contact the local RFPD having jurisdiction. (See page 5)

Internal Use Only:	
<input type="checkbox"/> Proof of Legal Lot status (if substandard in size)	<input type="checkbox"/> Agency Sign-Off Sheet
<input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)	<input type="checkbox"/> Proof of Potable Water
<input type="checkbox"/> Pre-Elevation Certificate (if necessary)	<input type="checkbox"/> Proof of DEQ Approved Sanitary System
<input type="checkbox"/> Application signed by the owner and applicant	<input type="checkbox"/> Average Grade Calculations
<input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc.	<input type="checkbox"/> Address Request (if necessary)
<input type="checkbox"/> Erosion Control & Drainage Plan	<input type="checkbox"/> Two (2) Sets of Building Plans
<input type="checkbox"/> Road Access Permit from the County or ODOT	<input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL?

Property History

Account ID:59770

Legal Description:

<u>Legal Type</u>	<u>Subdivision</u>	<u>Lot</u>	<u>Block</u>	<u>Tract</u>
Lot Block	Polo Ridge No 2	6		

Additional Information:

'16 Formerly part of TL 71027B-200 mpdaf: Lot 6, Polo Ridge No 2 Subdivision

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
54359	710270003500	59520	710270003505	2015
59630	710270003506	59520	710270003505	2015
59520	710270003505	59521	710270003505	2015
59521	710270003505	59521	71027B000200	2015
54359	710270003500	59520	710270003505	2015
59630	710270003506	59520	710270003505	2015
59520	710270003505	59520	71027B000200	2015
54357	71027C000100	59678	71027C000101	2015
59678	71027C000101	59520	71027B000200	2015
59520	71027B000200	59521	71027B000200	2016
59521	71027B000200	59770	71027B000220	2016

Owner(s):

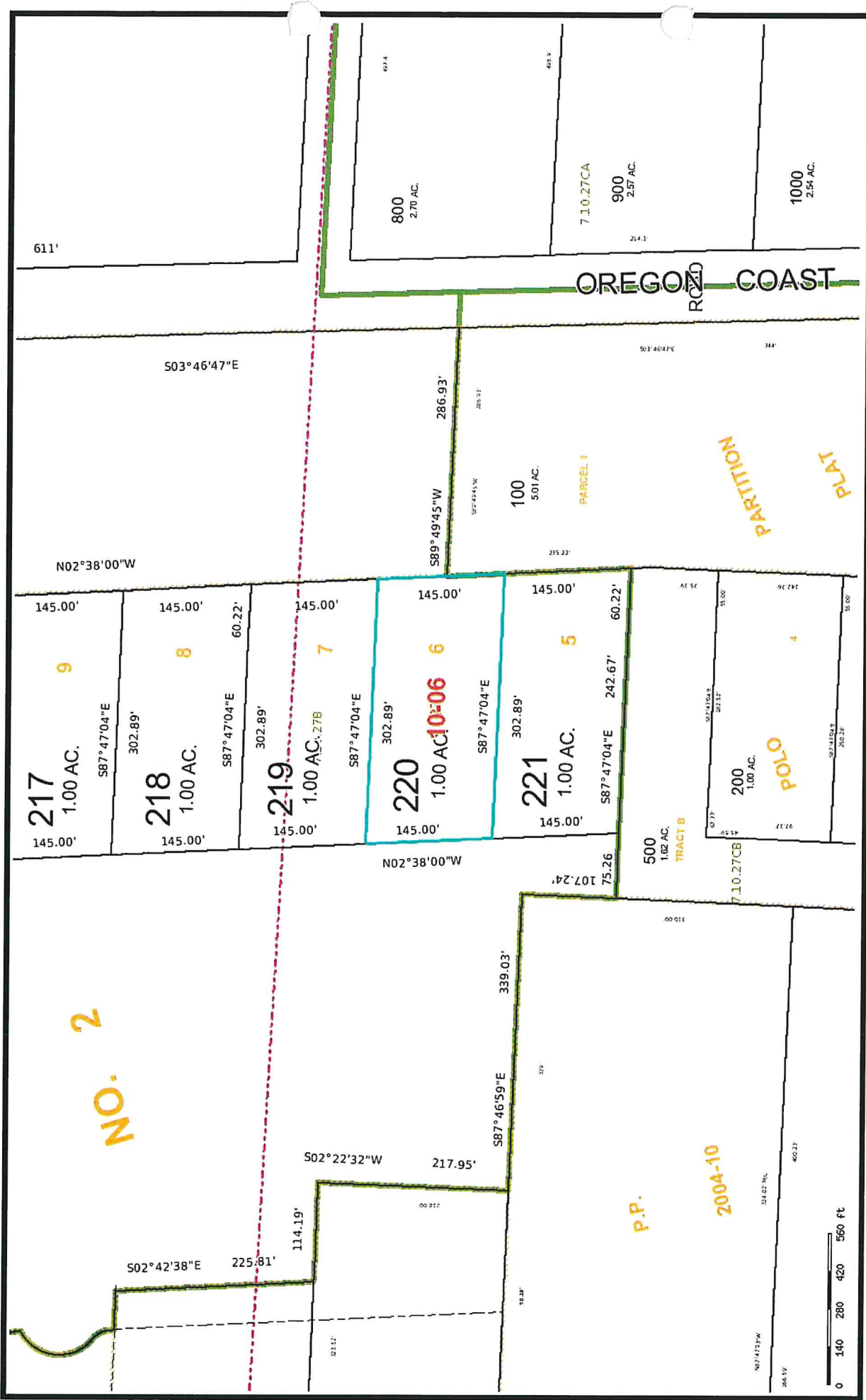
Current Ownership:

<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
3 Js Real Estate LLC		LLC

Voucher History:

Voucher 1	Source: Clerk	Effective Date: 11/16/2015	Map Key:
Document Type Code: Subdivision	Operation: New Account	Date Created: 12/04/2015	Instrument Id: 201509358
Operation Type: Segregation	Completed Date: 12/04/2015	Voucher Type: Assessment	Book:
Completeness Status: Completed	Partition Flag: Yes	Consideration:	Page:
User Id: JHARTILL		Remarks: Formerly part of TL 71027B-200	Status: Active

Map



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.



Site Evaluation - Single Family Dwelling -

This Site Evaluation - Single Family Dwelling - Permit 500231 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **3J'S REAL ESTATE LLC** Township **7**, Range **10**, Section **27 0 0**
Property Location: Tax Lot **03505**
Facility Type: **Single Family Dwelling**
4 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
Design Flow: **450.00 gals/day**
Minimum Septic Tank Size: **1500.00 gals**
Distribution Type:
Total Trench Length:
Trench Spacing:
Media Type: **Sand**
Maximum Trench Depth: **36.00 inches**
Minimum Trench Depth: **18.00 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 Filter fabric is required over the drain media.
- 3 The alarm and pump must be on separate circuits in the control panel.
- 4 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 5 Meet all required setbacks.
- 6 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 7 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 8 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 9 Timed dosing required - must include timer and dose counter
- 10 A Notice to Title Agreement must be signed, notarized, and recorded with the Clatsop County Clerk's Office prior to issuance of a Certificate of Satisfactory Completion.
- 11 All roof drains must be directed away from the system.
- 12 Install with dry soil conditions.

INSPECTION REQUIREMENTS

- 1 A squirt test inspection of the pressurized piping system 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 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:

Onsite Wastewater Specialist

Date Issued:

6/8/2015

Expiration Date:

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

SITE EVALUATION REPORT

Date: June 8, 2015

Dear Mr. Jason Palmberg:

I evaluated the properties 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** the site for the system described in the "Approved System Specifications" section of the Field worksheet. This site approval runs with the land and will automatically benefit subsequent owners. The site 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: Jason Palmberg, 3 J's real estate, LLC Application: # 500226-500245 County: Clatsop

RE: SITE EVALUATION REPORT for Township/Range/Section: T 7 / R 10 / S 27 Tax Lot#: 3505

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,



Michael McNickle, MPH, RS
Environmental Health Supervisor
Clatsop County Public Health

Attachments: Site Evaluations

cc: Planning Department



500231
Clatsop County

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

\$680.00
✓ 1137

Application for Onsite Sewage Treatment System

A. Property Owner Information

3 J's Real Estate LLC PO Box 173 Astoria OR 503-791-1603
 Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number (JASON)

B. Legal Property Description

Township: 7w Range: 10w Section: 27 Tax Lot: 3505 Tax Account Number: 59521 Acreage or Lot Size: 1
 County: Clatsop Subdivision Name: Polo Ridge Lot: 6 Block:

Property Address: Polo Ridge Rd.
 (Street, City, State, Zip)

Directions to Property: South on Hwy 101

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

<input checked="" type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connecting to an Existing System Not in Use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> Replacing a Mobile Home or House with Another
<input type="checkbox"/> Major	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Mobile Home or House
<input type="checkbox"/> Minor		<input type="checkbox"/> 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: Jason Palmberg Date: 5-13-15

Applicant's Name (Please Print Legibly): Jason Palmberg Applicant's Phone: 503-791-1603 Applicant's E-Mail Address: jwpalmberg@yahoo.com

Applicant's Mailing Address: PO Box 173 Astoria OR 97103

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization Attached

Installers Name: _____

REVISED PRELIMINARY PLAT

POLO RIDGE

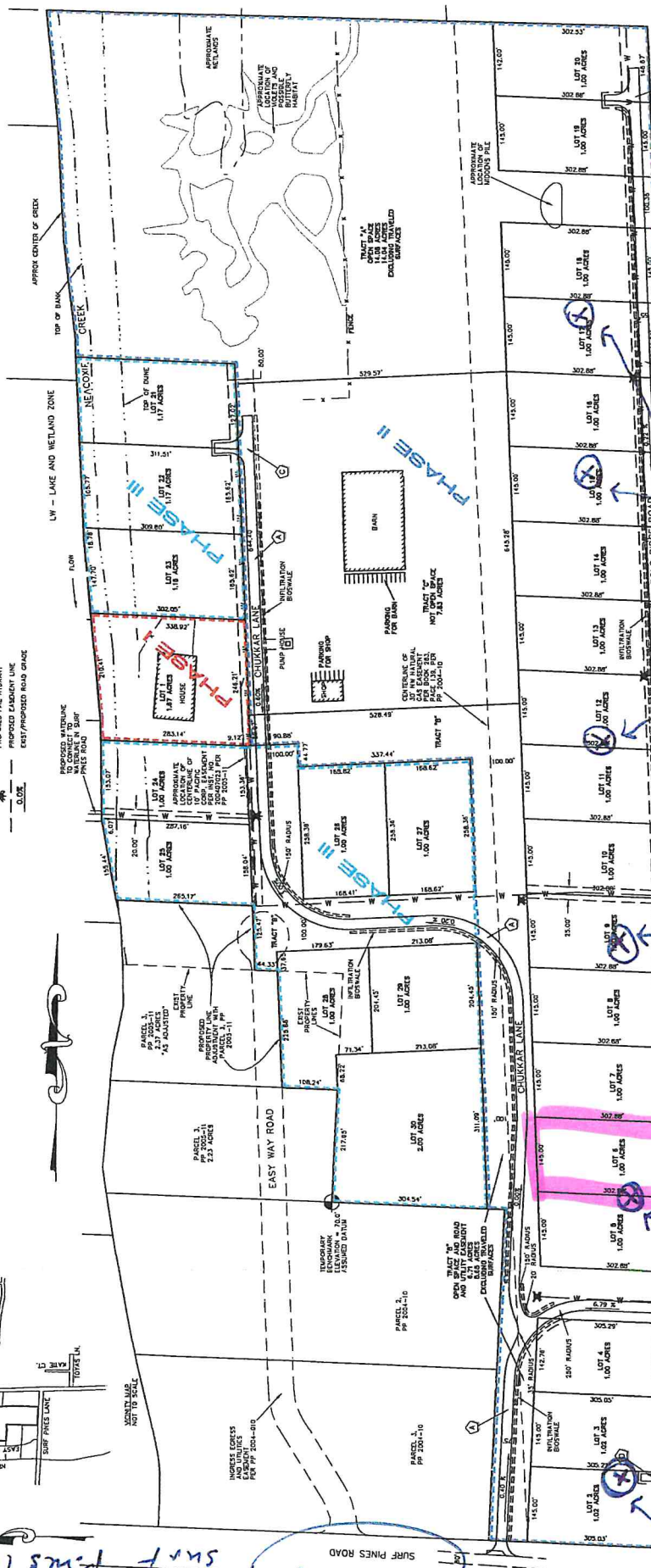
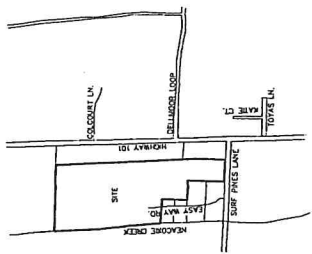
A REPLAT OF LOT 7 AND TRACT 'A', POLO RIDGE
 LOCATED IN THE WEST 1/2 SECTION 27, EAST 1/2 OF SECTION
 28, T7N, W12E, CLATSOP COUNTY, OREGON

DATE: JANUARY 6, 2015 SCALE: 1" = 100'

LEGEND

- PROPERTY LINE
- EXISTING CHAIN CONTAINERS
- EXISTING EDGE OF FANOUT
- EXISTING WATER LINE
- EXISTING FENCE LINE
- PROPOSED AC PAVING
- PROPOSED WATER LINE
- PROPOSED FIRE HYDRANT
- PROPOSED EASEMENT LINE
- EXIST/PROPOSED ROAD GRADE

- NOTES:**
- EXISTING USE PASTURE LAND, PLOD FIELD, RESIDENTIAL.
 - ZONE R-A-3, RESIDENTIAL 3 ACRE MINIMUM.



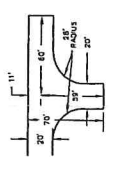
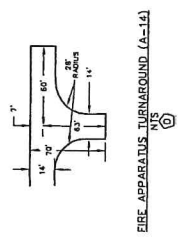
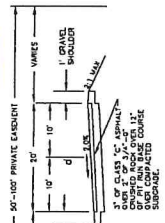
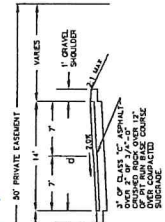
REGISTERED
 LAND SURVEYOR
PRELIMINARY
 SCOTT B. BISHOP
 RENEWS 12/31/15

CKI
 LAND SURVEYING - PLANNING
 CIVIL ENGINEERING

DATE OF PLOT: 1-6-15
 DRAWING NAME: 10-008

NAME & ADDRESS OF SUBMITTER:
 TIM ANDERSON
 1000 W. 10TH ST.
 ASTORIA, OR 97103

SUBMITTER'S ENGINEER:
 SCOTT BISHOP, P.E.
 DEAN KERNAN, P.E.
 P.O. BOX 309
 SEASIDE, OR 97138
 FAX: 503 738 7854



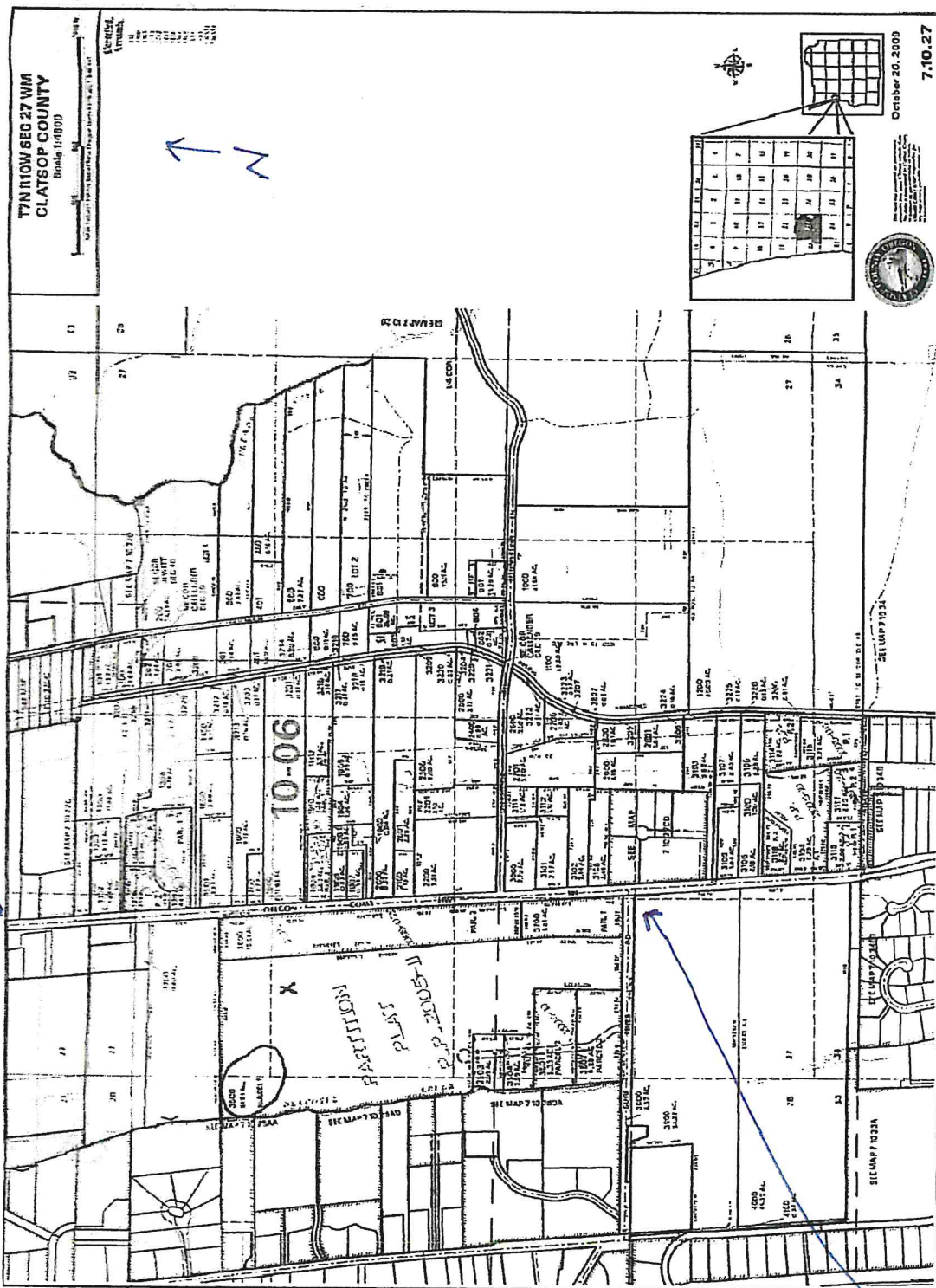
AREA	TABLE
LOT 1	1.00 AC.
LOT 2	1.00 AC.
LOT 3	1.00 AC.
LOT 4	1.00 AC.
LOT 5	1.00 AC.
LOT 6	1.00 AC.
LOT 7	1.00 AC.
LOT 8	1.00 AC.
LOT 9	1.00 AC.
LOT 10	1.00 AC.
LOT 11	1.00 AC.
LOT 12	1.00 AC.
LOT 13	1.00 AC.
LOT 14	1.00 AC.
LOT 15	1.00 AC.
LOT 16	1.00 AC.
LOT 17	1.00 AC.
LOT 18	1.00 AC.
LOT 19	1.00 AC.
LOT 20	1.00 AC.

Test Pits

Test Pits

HWY 101

To Warrenton
 ↑
 Hwy 101
 ↓



↓ Gear Hwy (1/2 mile to south)

Surf Pines Ln.

Clatsop County property map.

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: JASON PALMERS, 3 J's Real Estate LLC
Mailing Address: PO Box 173
City/State/Zip: Astoria OR 97103
Telephone: 503-791-1603
2. Property Information:
County: CLATSOP Tax Lot No: 3505
Township: 7N Range: 10W Section: 27
Physical Address: v/L Easy Way Rd / Polo Ridge Rd.
Block: _____ Lot: _____
Subdivision Name (if applicable): Polo Ridge
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. 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: RA-5 Zoning Minimum Parcel Size 5 acres
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:
LWDNO #80-14, Sec. 3.220, Sect. 3.227 (14) Cluster
development, subject to 53.150-53.161
BOC Ordinance #10-05, Doc. # 2010100025
8. Planning Official Signature: Julia Decker
Print Name: JULIA DECKER Date: 5/27/2015
Title: PLANNER Telephone: 503-325-8611



Septic Application

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

For Department Use Only

Permit #: 500231
Permit Type: Site Evaluation
Entry Date: 5/27/2015
Issued By: Clancie Adams
Permit Status: Review

Permit Timeline

User	Status	Date
Clancie Adams	Entered	05/27/2015

Work Description

Work Description:

Remarks:

Owner

Name: 3J'S REAL ESTATE LLC
Address: PO BOX 173
City, State, Zip: ASTORIA, OR 97103

Ph. #: (503) 791-1603 Cell: () -
E-Mail: jwplamberg@yahoo.com Fax: () -

Applicant

3J'S REAL ESTATE LLC
PO BOX 173
ASTORIA, OR 97103
Ph. 5037911603 Fax
Cell E-Mail

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	\$680.00	\$0.00	\$0.00	\$0.00	\$680.00

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
3J'S REAL ESTATE LLC	Check	1137	05/27/2015	\$680.00
				\$680.00

Balance Due: \$0.00

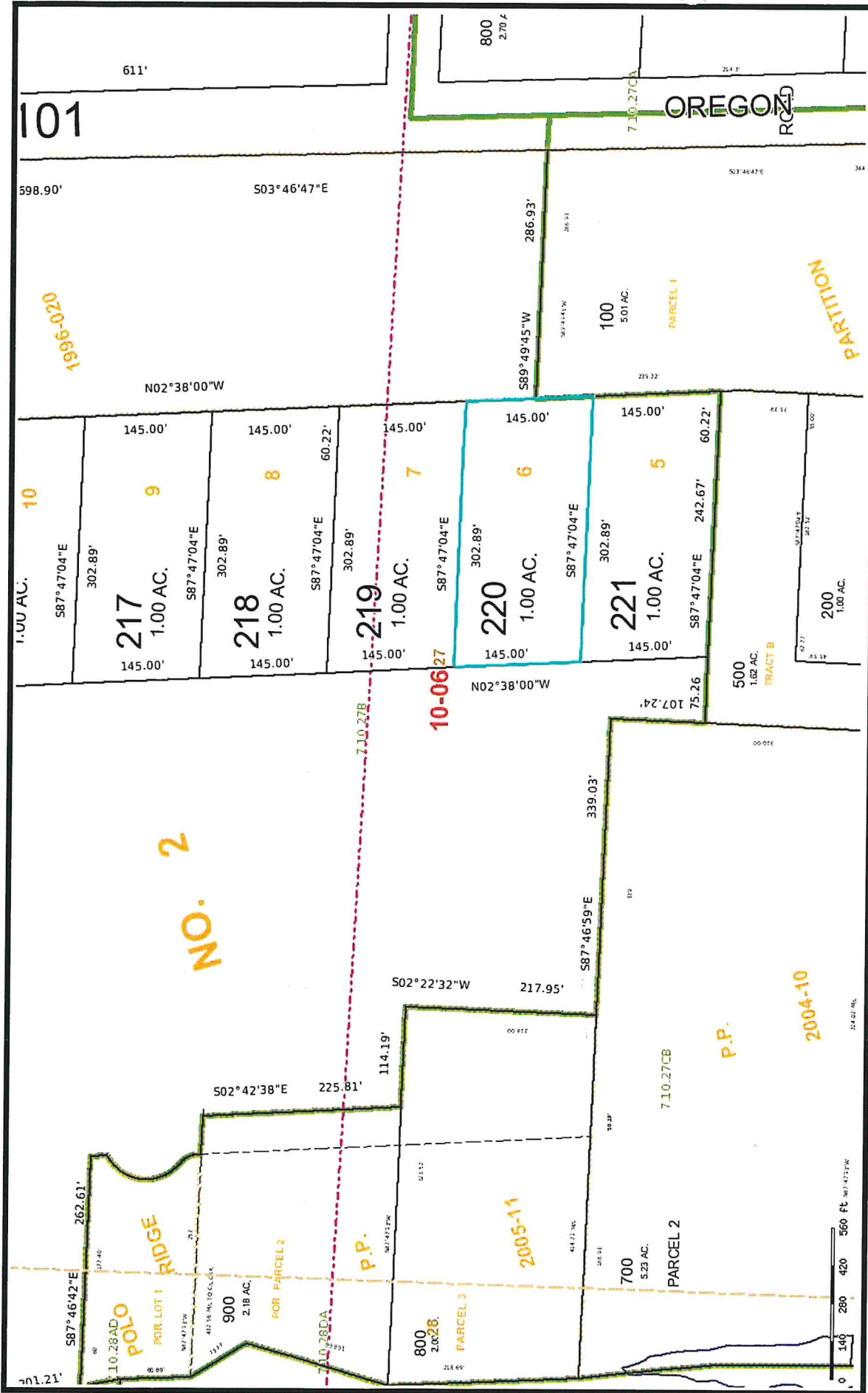
Compliance/Permit Requirements

Signatures

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Map



Clatsop County Webmaps

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