

ON-SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT

Date: 21 MAY 2021

Service Provider: Bonney's Construction
P.O. Box 2723
Gearhart, Or 97138
Oregon DEQ Maintenance Provider License #M373
Oregon DEQ Installer License #I2453

Owner: CLASTOP ESTATES LLC
Phone Number: 503-717-3907
Email: grosburn@hotmail.com
System Location: 89354 ARROWHEAD RD WARRENTON OR 97146

RECEIVED
MAY 24 2021
GLATSOP CO. PUBLIC HEALTH
#150-24-000101

7-10-2788-800

DESCRIPTION OF WORK TO BE PROVIDED BY THE SERVICE PROVIDER

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

OWNER RESPONSIBILITIES:

- 1. Water Meter Readings.** The owner shall provide water meter readings and email the readings to the Service Provider.

2. **Vegetation Control.** The owner shall control vegetation around and, on the tank, and sand filter.
3. **Notification of System Failure.** The owner shall report evidence of any system failures to the DEQ office and to the Service Provider.

RECEIVED

MAY 24 2021

#186-21-000161

GLATSBOP GO. PUBLIC HEALTH

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. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a mark-up of 20%.
5. **Additional Services.** Extra service calls will be billed monthly.
6. **Tank Pumping.** Service Provider will advise owner when tank needs to be pumped and supply them with names and contact information of local pumping companies. Pumping the tank(s) shall be an additional charge and are usually required every 3 – 5 years.

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

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

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

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

ACCEPTANCE OF PROPOSAL

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

BONNEYS CONSTRUCTION LLC:

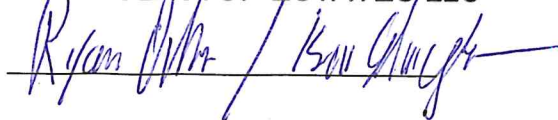
Shane Bonney Owner:



Date: 21 May 21

OWNER:

Name: CLASTOP ESTATES LLC



Date: 21 May 21



**Certificate of Satisfactory Completion
Installation Permit - Residential - New**

186-21-000161-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: 11/09/2021
Work Description: Construction/Installation; SFD; sandfilter

Applicant: Bonney's Construction	Primary Contractor: Osburn-Olson, L.L.C.
Address: PO Box 2723 Gearhart OR 97138	Installer License: 38583
Phone: 503-898-2278	Address: 33485 SW Old Pine Rd Warrenton OR 97146
Email: shane.bonney@gmail.com	Phone: (503) 717-3907
	Email: grosburn@hotmail.com

Owner: CLATSOP ESTATES LLC	Property Address: 89354 Arrowhead Rd, Warrenton, OR
Address: 350 9TH AVE #1 SEASIDE OR 97138	97146
Parcel: 71027BB00800 - Primary	Township: 7 Range: 10 Section: 27BB

Lot Size: 1.34 acre	Water Supply: Community Water Supply
Zoning: RA-5	City/County/UGB: County
Land Use Approval: yes	

Category of Construction: Single Family Dwelling

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

System Specifications

Type:	Bottomless Sand Filter		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	375 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	500 gal.
		Sand filter sqft:	360

Drain Field Specifications

Drain Field Type:	Bottomless Sand Filter	System Distribution Type:	Equal
Drainfield Sizing:	N/A	Distribution Method:	Pressurized
Seepage Bed Specs:	N/A	Bottomless sand filter sqft:	360
Media Type:	DEQ Sand	Media Depth:	24 in.
Max Depth:	36 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 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: 11/09/2021
Work Description: Construction/Installation; SFD; sandfilter

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.)

7 10 2703 800

For Official Use Only/Date Received:

Final Inspection Request and Notice - Septic ID: 186-21-000161-PRMT

RECEIVED

NOV 08 2021

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.

CLATSOP CO. PUBLIC HEALTH

SECTION 1: Owner/Permittee Information:

Name: CLATSOP ESTATES LLC

Twncshp: 7
Lot: 00800

Range: 10

Sect: 27BB

Property Address: 89354 ARROWHEAD RD, WARRENTON, OR 97146

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type:		Water tight verification*
Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: A1 RODIMITY	Date: 7 Nov 21
Tanks(2)	Volume: N/A	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. PF 5005 ORNCC	Float(s)Type(1): P3	Model/Manuf. MF ORNCC
			Float(s)Type(2): N/A	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: 1/4	ASTM#/Other: D1785	Length: 40'

C. Secondary Treatment Unit:

Sand Filter**	Yes <input checked="" type="checkbox"/>	No	Type: BioHamLog5	Container Dimensions: 18' x 20'
Underdrain pipe	Diameter: 1 1/4	ASTM#/Other: D1785	Length: 136'	
Manifold piping	Diameter: 1 1/4	ASTM#/Other: D1785	Length: 20'	
Internal Pump	HP: N/A	Model/Manufacturer:		
Floats(1)	Type: N/A	Model/Manufacturer:		
Floats(2)	Type: N/A	Model/Manufacturer:		
ATT	Yes	No <input checked="" type="checkbox"/>	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

Type	(Gravel, Pipe or alternative?) 25 yd DEQ Sand, 7 yd Deg Feagline and Drain Rock			
Distribution Box	Yes	No <input checked="" type="checkbox"/>		
Drop Box	Yes	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes	No <input checked="" type="checkbox"/>	Diameter:	ASTM#/Other: Length:
Comment	2 - 24" Risers (w/ LIDS), Filter F419			

Clatsop County Department of Public Health
On-Site Waste Water Program
Approved By *[Signature]*
Permit No. 186-21-000161
Date 11/9/21

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-071-0175
**Attach sieve analysis for Underdrain Media and Filter Sand

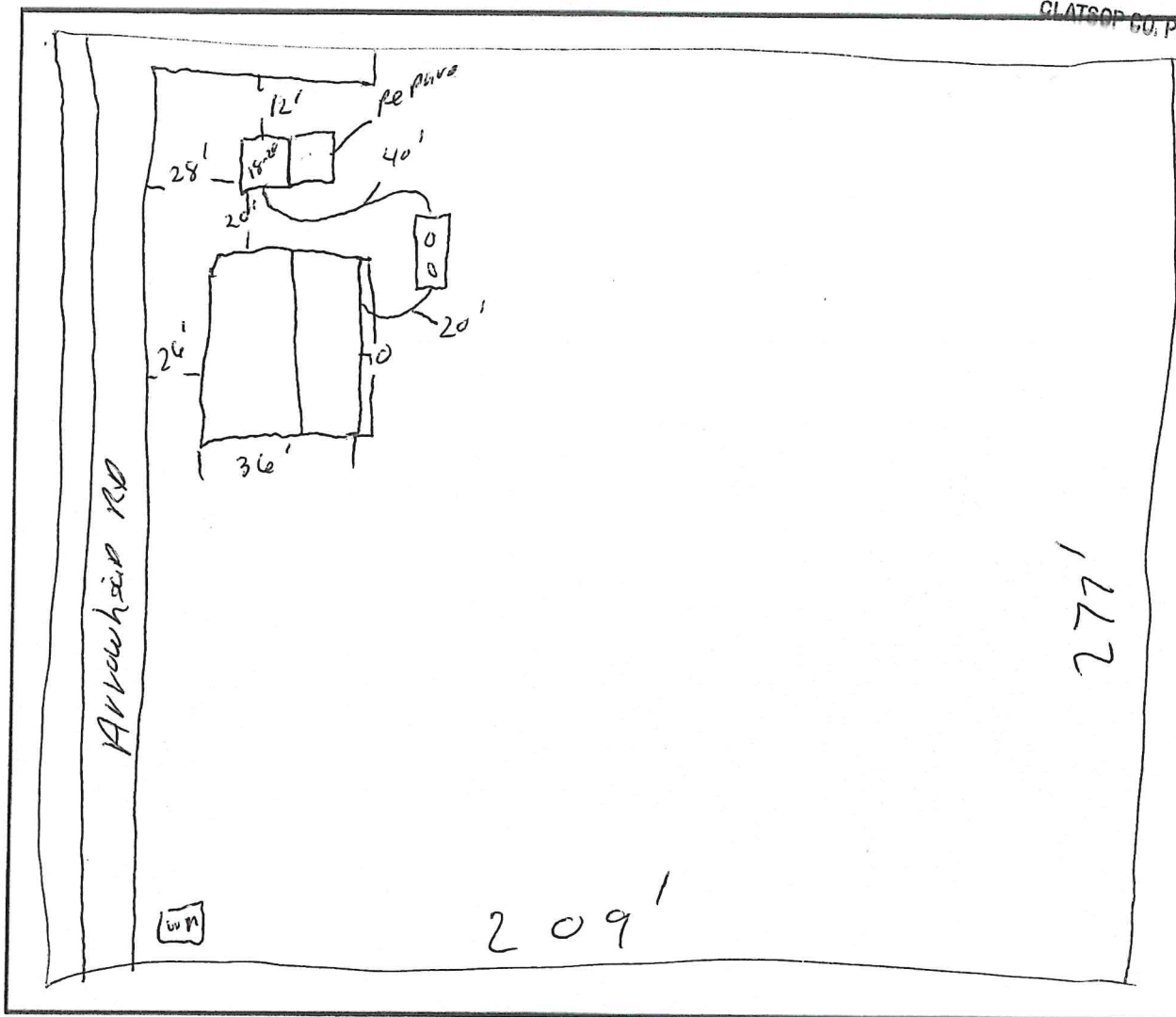
RECEIVED
NOV 08 2021

SECTION 3 - As Built Plan

7 10 2733 800

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 CO. PUBLIC HEALTH
scale



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: <u>Shane Benney OSBerrn 1/15/09</u>
Licensed Installer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License#: <u>38593</u> Certification#: <u>2453</u>
Owner/ Certified Installer:	Signature: <u>[Signature]</u> Date: <u>Nov 21</u> Phone#: <u>503 898 2275</u>

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

If No, Reason for Non Acceptance: _____

Comment: _____

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By [Signature]
Permit No. 186-21-000161
Date 11/9/21 2



Septic Permit

Installation Permit - Residential - New

186-21-000161-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 issued: 6/3/21	Expiration date: 6/3/22
Work description: Construction/Installation; SFD; sandfilter	

Applicant: Bonney's Construction
Address: PO Box 2723
 Gearhart OR 97138
Phone: 503-898-2278
Email: shane.bonney@gmail.com

Primary contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
 Warrenton OR 97146
Phone: (503) 717-3907
Email: grosburn@hotmail.com

Business License: N/A

Owner: CLATSOP ESTATES LLC
Address: 350 9TH AVE #1
 SEASIDE OR 97138

Property address: 89354 Arrowhead Rd, Warrenton, OR
 97146

Parcel: 71027BB00800 - Primary **Township:** **7** **Range:** 10 **Section:** **27BB**

Lot size: 1.34 acre	Water supply: Community Water Supply	
Zoning: RA-5	City/County/UGB: County	
Land use approval: yes	County: N/A	
Action: New	Type of application: Construction Permit - Residential	
System failing: N/A	Septic tank last pumped: N/A	
Comments: N/A		

Category of construction: Single Family Dwelling

	Existing	Proposed
Use of structure:	N/A	3 bedroom
Number of bedrooms:	N/A	3

System Specifications

Type: Bottomless Sand Filter	ATT description:	N/A
Max peak design flow: 450 gpd.	Proposed flow:	375 gpd.
Min septic tank volume: 1000 gal.	Min dosing tank volume:	500 gal.
	Sand filter sqft:	360

Drain Field Specifications

Drain field type: Bottomless Sand Filter	System distribution Ttpe:	Equal
Drainfield sizing: N/A	Distribution method:	Pressurized
Seepage bed specs: N/A	Bottomless sand filter sqft:	360
Media type: Other - Indicate Product/Manufacturer	Media depth:	24 in.
Media type description: DEQ Sand		
Max depth: 36 in.	Undisturbed soil between trenches:	N/A
Min depth: 24 in.	Capping fills-min depth of fill material:	N/A

Special Requirements

Stake out required: No

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.)

Date issued: 6/3/21

Expiration date: 6/3/22

Work description: Construction/Installation; SFD; sandfilter

Groundwater type:	Temporary	Groundwater depth:	N/A
Pump to drainfield reqd:	Yes	Filter fabric on top of drain media:	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

Environmental Health Specialist I

6/3/21



#186-21-000161

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

RECEIVED
MAY 24 2021

CLATSOP CO. PUBLIC HEALTH
RD #1702
81950-

Application for Onsite Sewage Treatment System

A. Property Owner Information

Clatsop Estates LLC Name
350 9th Ave #1, Seaside, Or 97138 Mailing Address (Street, PO Box, City, State, Zip)
503-717-3907 Phone Number

B. Legal Property Description

7 Township
10 Range
27BB Section
800 Tax Lot
61195 Tax Account Number
1.34 Acreage or Lot Size
CLATSOP County
GEARHART MEADOW Subdivision Name
6 Lot
Block

Property Address: 89354 ARROWHEAD RD., WARRENTON OR 97146
(Street, City, State, Zip)

Directions to Property: SOUTH ON 101, RIGHT ON ARROWHEAR RD KEEP RIGHT ON ARROWHEAD TO PROPERTY ON RIGHT SIDE

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
[] Single Family Residence
[] Other
Proposed Facility
[] Single Family Residence
3 Number of Bedrooms
[] Other
Water Supply
[] Public WARRENTON CITY Name
[] Private Well, Spring, Shared

D. Type of Application

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

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

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

Signature
Date 21 May 21

BONNEYS CONSTRUCTION LLC, SHANE BONNEY OWNER Applicant's Name (Please Print Legibly)
503-898-2278 Applicant's Phone
shane.bonney@gmail.com Applicant's E-Mail Address

P.O. BOX 2723 GEARHART, OR 97138 Applicant's Mailing Address

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



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
 MAY 24 2021

CLATSOP CO. PUBLIC HEALTH
 #186-21-000161

Notice Authorizing Representative

I, Clatsop Estates LLC, have authorized
 (Property Owner – Please Print)

Shane Bonney 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

Property Situs or Road Address

And described in the records of Clatsop County as:

Township 7 Range 10 Section 2788 Tax Lot 800 Map ID 61195
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Clatsop Estates LLC Email: grubburn@hotmail.com
 Mail Address: 350 9th Ave #1 City/State/Zip Seaside OR 97138
 Phone: 503 717 3907 FAX: _____
 Signature: Ryan [Signature] - Ken [Signature] Date: 21 May 21

AUTHORIZED REPRESENTATIVE:

Name: Shane Bonney Email: Shane.Bonney@gmail.com
 Mail Address: PO Box 2723 City/State/Zip Gowanus OR 97138
 Phone: 503 998 2278 FAX: _____
 Signature: [Signature] Date: 21 May 21

RECEIVED

MAY 24 2021

#186-21-000161

CLATSOP CO. PUBLIC HEALTH

SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)

1. **Applicant Name/Property Owner:** CLATSOP ESTATES LLC
Mailing Address: 350 9TH AVE #1 **Telephone:** 503-717-3907
City: SEASIDE **State:** OR **Zip:** 97138

2. **Property Information:**
County: CLATSOP **Tax Lot Number:** 800
Township: 7 **Range:** 10 **Section:** 27BB
Property Address: 89354 ARROWHEAD RD WARRENTON OR 97146
Block: _____ **Lot:** 6 **Subdivision Name (if applicable):** _____

3. **This proposed facility is for:**
 An individual, single-family dwelling.
 Other. Describe the type of development, business, or facility and the provided services or products:

4. **Permit or approval being requested:**
 On-site construction-installation permit for: New construction Repairs Alterations
 Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds).
 On-site Authorization Notices for: Replacement of dwelling Bedroom addition
 Other changes in land use involving potential sewer flow increases SFD

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. **The proposed facility is located:** inside city limits inside UGB outside UGB
If inside the UGB, the proposed facility is subject to:
 City jurisdiction County jurisdiction Shared city/county jurisdiction

6. **Property Zoning:** RA-5 **Zoning Minimum Parcel Size:** NWI

7. **Is a public notice and hearing required?** Yes No **Hearing Date:** West Dunes

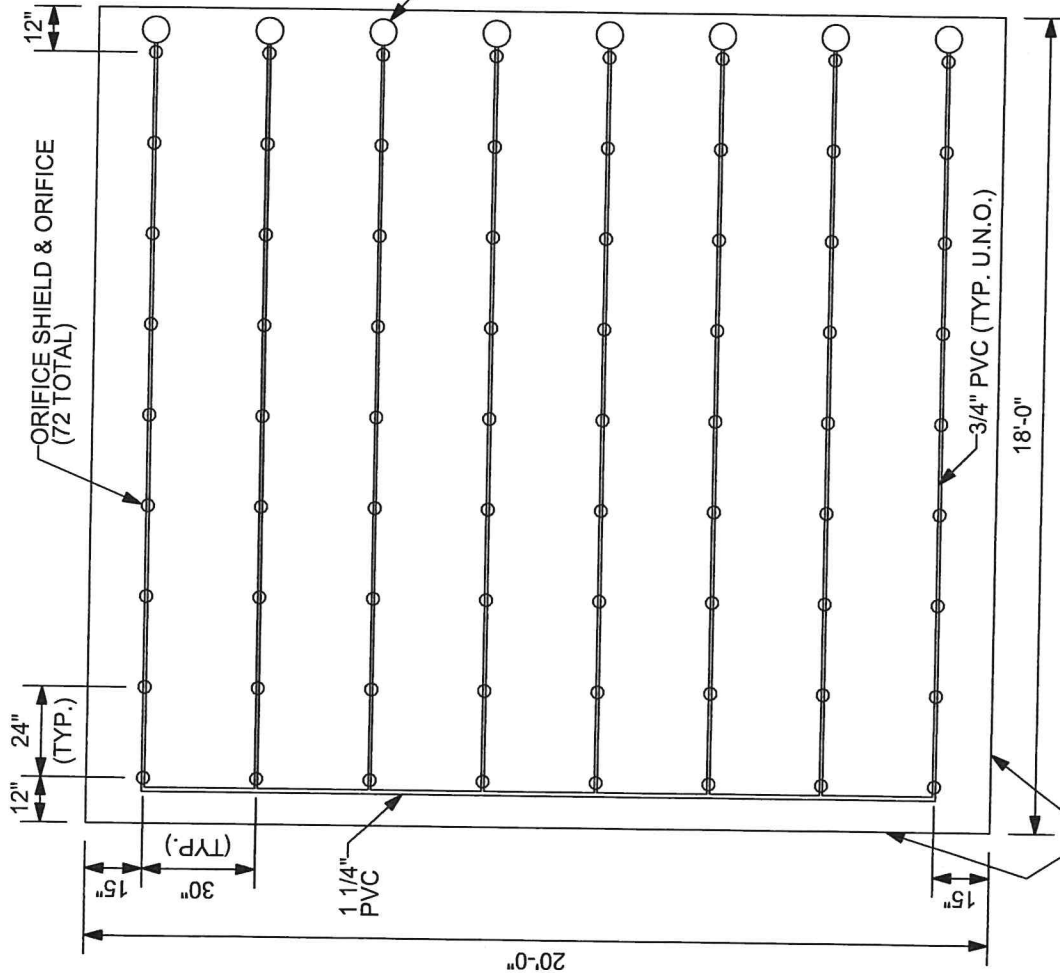
8. **Does the proposed facility comply with all applicable local land use requirements:** Yes No
Comments: _____

9. **Planning Official Signature:** Clarence Adams
Print Name: _____ **Title:** Permit Specialist
Telephone No.: 503-325-8611 **Date:** 05.24.21

* **Planning Official Signature:** _____
Print Name: _____ **Title:** _____
Telephone No.: _____ **Date:** _____

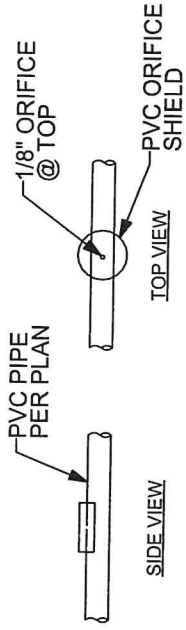
* Both city and county planning officials may need to sign if use is within a UGB. #1701

20'X18' BOTTOMLESS SAND FILTER DETAILS

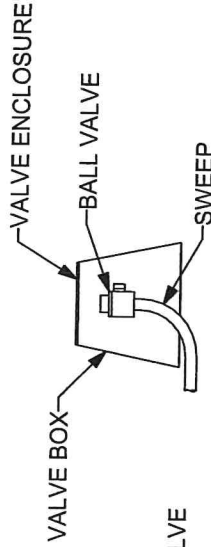


(A) TOP VIEW
SCALE: 1/4" = 1'-0"

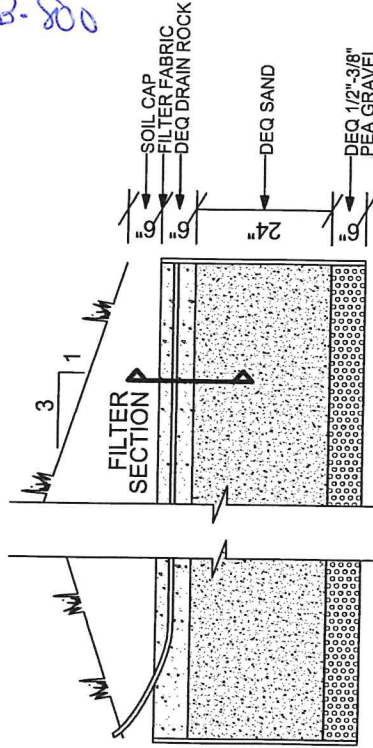
EL. NATURAL GRADE	= 0.00'
EL. TOP OF MANIFOLD	= 4.50'
EL. PUMP BASE	= 5.00'
STATIC HEAD	= 5.00'



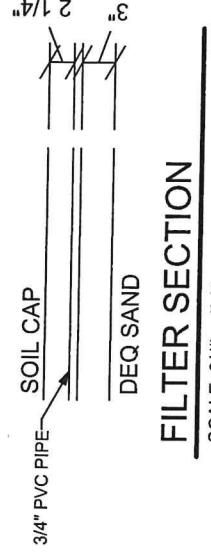
ORIFICE SHIELD DETAIL
N.T.S.



FLUSHING VALVE DETAIL
N.T.S.



(B) ELEVATION
SCALE: 3/8" = 1'-0"



FILTER SECTION
SCALE: 3/4" = 1'-0"

7-10-21BB-800

7 10 27 BB 800

RECEIVED

MAY 24 2021

CLATSOP CO. PUBLIC HEALTH

#186-21-000161

Pump Selection for a Pressurized System - Single Family Residence Project

RECEIVED
MAY 24 2021
CLATSOP CO. PUBLIC HEALTH

186-21-000161

Parameters

Discharge Assembly Size	2.00	inches
Transport Length	16	feet
Transport Pipe Class	40	
Transport Line Size	1.25	inches
Distributing Valve Model	None	
Max Elevation Lift	0	feet
Manifold Length	8	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	8	
Lateral Length	17	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	72	
Total Flow Rate per Zone	31.2	gpm
Number of Laterals per Zone	8	
% Flow Differential 1st/Last Orifice	0.1	%
Transport Velocity	6.7	fps

Frictional Head Losses

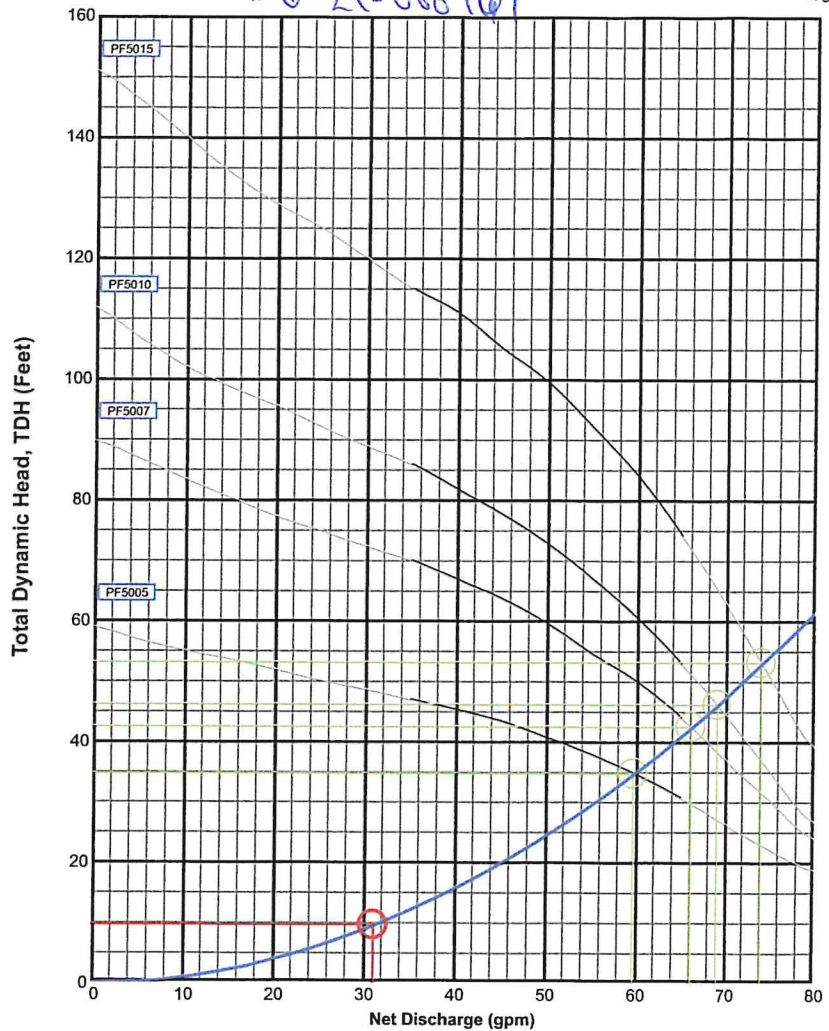
Loss through Discharge	1.9	feet
Loss in Transport	1.9	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.3	feet
Loss in Laterals	0.0	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

Pipe Volumes

Vol of Transport Line	1.2	gals
Vol of Manifold	0.6	gals
Vol of Laterals per Zone	10.6	gals
Total Volume	12.8	gals

Minimum Pump Requirements

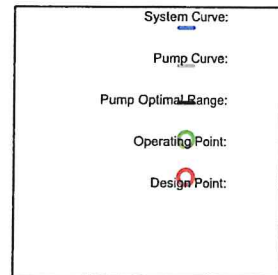
Design Flow Rate	31.2	gpm
Total Dynamic Head	9.7	feet



PumpData

- PF5005 High Head Effluent Pump
50 GPM, 1/2HP
115/230V 1Ø 60Hz, 200/230V 3Ø 60Hz
- PF5007 High Head Effluent Pump
50 GPM, 3/4HP
230V 1Ø 60Hz, 200/230/460V 3Ø 60Hz
- PF5010 High Head Effluent Pump
50 GPM, 1HP
230V 1Ø 60Hz, 200/460V 3Ø 60Hz
- PF5015 High Head Effluent Pump
50 GPM, 1-1/2HP
230V 1Ø 60Hz, 200V 3Ø 60Hz

Legend



71027 B/B 800

Parts List
18'X20' Bottomless Sand filter

RECEIVED
MAY 24 2021
CLATSOP CO. PUBLIC HEALTH
#186-21-000161

- 1 A-1 Concrete 1500 gallon 2 compt septic
- 2 24"x24" poly risers
- 2 24" poly lids with screws
- 2 ADH200 adhesive
- 1 PF500511 pump, 115v
- 1 MVP-S1/DM control panel, 115v timed dose
- 1 SBEX4 splice box (external)
- 1 HV200BCX hose and valve assy
- 1 MF3P floats and stem - 27" stem for vault
- 72 OS125 (1.25" orifice shields
- 1 GL2 grommet
- 200' 1.25 PVC D1785 pipe
- 2 1.25" PVC "T"
- 2 1.25" PVC 90 degree elbows
- 20 1.25" PVC 45 degree elbows
- 8 1.25" PVC valve
- 1 2"x1.25" PVC reducer
- 8 7" round valve covers
- 10 yds DEQ pea gravel
- 28 yds DEQ sand
- 10 yds DEQ drain rock
- filter fabric
- plywood and boards to build sand filter box

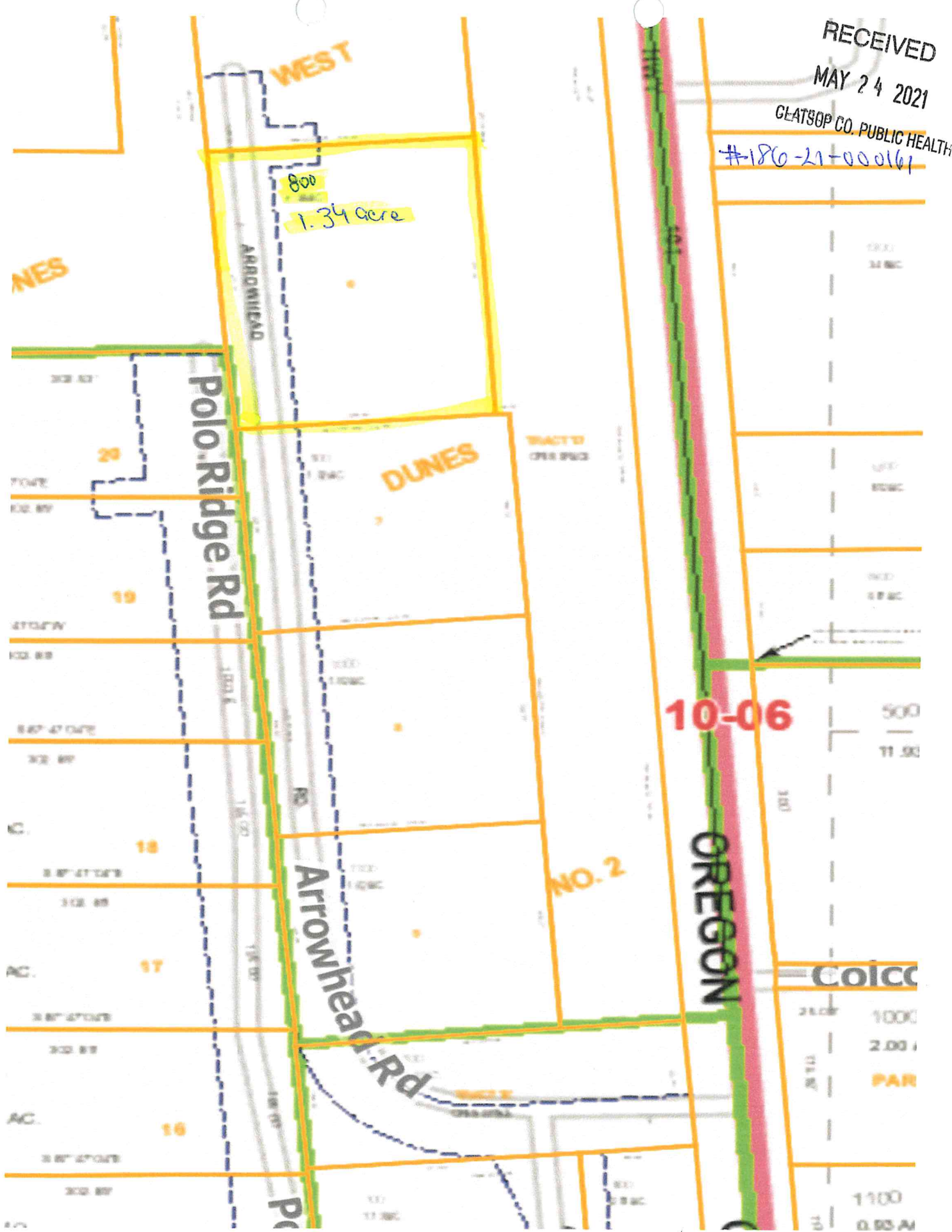
7 10 27 BB 800

RECEIVED

MAY 24 2021

CLATSOP CO. PUBLIC HEALTH

#180-21-000161



not to scale

710 2733 800



Transaction Receipt
Record ID: 186-21-000161-PRMT
IVR Number: 186040956750

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

Receipt Number: 456390

Receipt Date: 5/24/21

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

Worksite address: 89354 ARROWHEAD RD, WARRENTON, OR 97146

Parcel: 71027BB00800

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
5/24/21	1.00 Ea	Install - Sand filter - by gallons per day	81-7203	\$1,641.00	\$1,641.00
5/24/21	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
5/24/21	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 1750.00 Payer: Shane Bonney Payment Amount: \$1,750.00

Cashier: Annette Brodigan

Receipt Total: \$1,750.00

AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency JAN 07 2021

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

Job Site Address: lot on Arrowhead Rd City: Gearhart Clatsop Co. Public Health
Owner Clatsop Estates LLC Phone: 503 717 3907
Address: 350 9th ave #1, Seaside, OR 97138 Email: grosburn@hotmail.com
Agent: N/A
Proposed Development/Construction: Residential Dwelling / single family / 3 bedroom
Map ID: D1027BB00800

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes [X] No [] Site Approved: Yes [X] No []
Agency Signature: [Signature] Title: Permit Tech Date: 1/7/21
Remarks: Construction / Installation permit is still REQUIRED.

Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute:
Agency Signature: Title: Date:
Remarks:

Contact the local Water District serving your property OR
Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

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

Water/Fire Flow: Number of Hydrants: Hydrant Location(s):
Agency Signature: Title: Date:
Remarks:

Contact the local Fire Department serving your property

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: Title: Date:
Remarks:

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 971

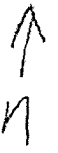
RECEIVED

JAN 07 2021

3020108.E

Clatsop Co. Public Health

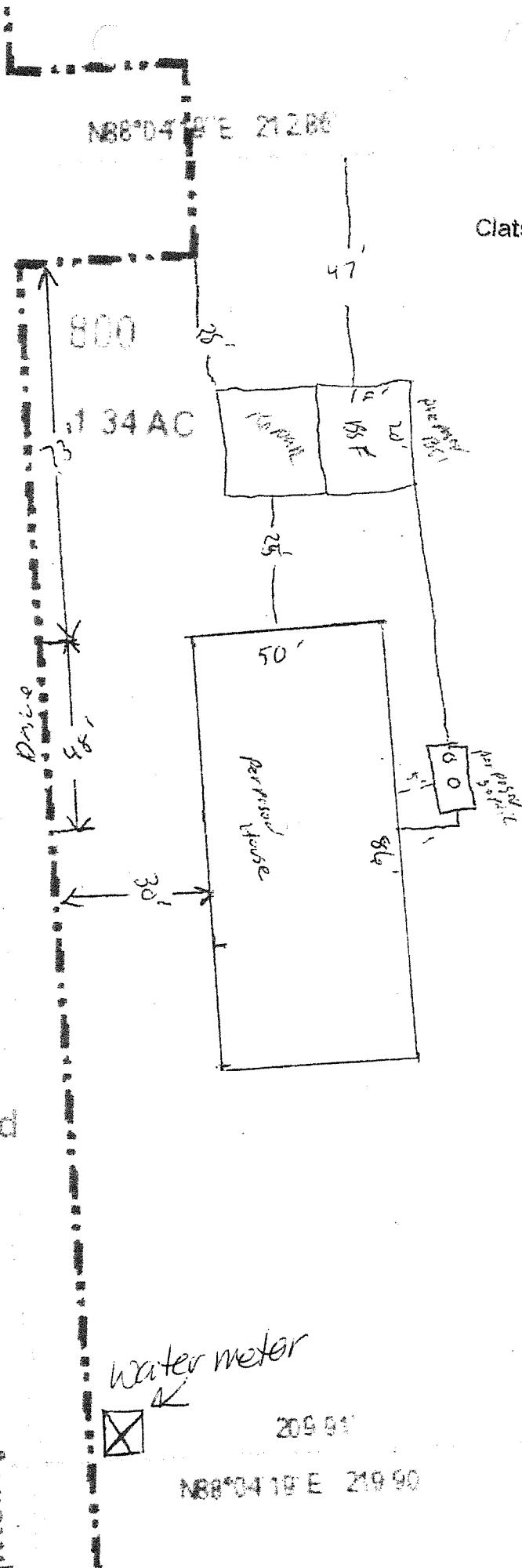
Not
to
Scale



Arrowhead Rd
5123143 E

ARROWHEAD

277 14



7 10 2788

277 12

104

8 Polo Ridge Rd

146.69'

ARROWHEAD

Water meter



209 91

N88°04'19\" E 219 90

10 00

Annette Brodigan

From: Adam Niles
Sent: Tuesday, May 26, 2020 4:44 PM
To: Scott@CKI; 'Ryan Osburn'; Alejandro Bancke; Annette Brodigan; Clancie Adams; DeeAnne McCall; Jodi Carlson; Julia Decker; Paul Putkey; Vance Swenson
Subject: Plat of "West Dunes No. 2"
Attachments: West Dunes No 2.pdf; tp7_10_27bb.pdf; tp7_10_27bc.pdf

Hello Everybody,

The plat of "West Dunes No. 2" was recorded Wednesday, May 20th for Clatsop Estates, LLC as Instrument No. 202003712. The CC&Rs were recorded as Inst. No. 202003711, and the Road Maintenance Agreement was recorded as Inst. No. 202003806.

The plat covers two taxlots, 71027B000400 (tax account ID 17873) AND 71027BB00606 (tax account ID 60231.) Those taxlot numbers will be canceled, below is a list of the new map & taxlot numbers.

Attached are copies of the plat, and the updated Assessor maps. Please let me know if you have any questions.

LOT OR TRACT	MAP & TAXLOT NO.	ACREAGE
5	71027BB00700	1.36
6	71027BB00800	1.34
7	71027BB00900	1.02
8	71027BB01000	1.02
9	71027BB01100	1.02
10	71027BC00100	1.13
11	71027BC00200	1.07
12	71027BC00300	1.05
13	71027BC00400	1.17
14	71027BC00500	1.14
15	71027BC00600	1.18
C	71027BB01200	0.26
D	71027BB01300	2.79
E	71027BC00700	0.89
F	71027BC00800	2.91

Partition completed -
New T/R/S/Tlot# issued

Thank you,

Adam Niles – Cartographer
Clatsop County Assessment & Taxation
820 Exchange St., Suite 210
Astoria, OR 97103
(503) 338-3673

WEST DUNES NO. 2

REPLAT OF TRACT "B" WEST DUNES AND PARCEL 2, PARTITION PLAT NO. 1996-020 LOCATED IN THE NORTHWEST 1/4 & SOUTHWEST 1/4 OF SECTION 27, T7N, R10W, W.M., CLATSOP COUNTY, OREGON
DATE: MARCH 15, 2020 SCALE 1" = 100'

NARRATIVE
THE PURPOSE OF THIS SURVEY IS TO SURVEY THE SUBJECT PROPERTY INTO LOTS AND TRACTS AS SHOWN HEREON. THE SUBJECT PROPERTY IS DESCRIBED AS PARCELS 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 AND PARCEL 2, PARTITION PLAT NO. 1996-020, PLAT RECORDS, CLATSOP COUNTY, OREGON. BEARINGS ARE BASED ON THE LINE BETWEEN MONUMENTS 82 AND 122 AS SHOWN HEREON. FROM STATE PLANE COORDINATES DERIVED FROM GPS OBSERVATIONS, MADE IN 2011, EPOCH 2010.00 OREGON NORTH ZONAL DATUM, THE DATA WAS CORRECTED USING THE ORIGIN SYSTEM BASED ON STATION "SEAS" PID 288 LOCATED IN SEASIDE, OREGON.
THE BOUNDARIES OF THE SUBJECT PROPERTY ARE BASED ON FEASIBLE AND BEST MONUMENTS PER THE PLAT OF POLO RIDGE NO. 2, PARTITION PLAT NO. 1996-020, AND MAP B-13321, CLATSOP COUNTY SURVEY AND PLAT RECORDS.

SURVEYOR'S CERTIFICATE
I, THE UNDERSIGNED, CERTIFY THAT I HAVE CORRECTLY SURVEYED AND MARKED WITH PROPER MONUMENTS THE LAND DESCRIBED ON THE ATTACHED SUBDIVISION PLAT, SAID LAND BEING DESCRIBED AS FOLLOWS:
A TRACT 6.36 ACRES MORE OR LESS IN THE NORTHWEST 1/4 AND SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 7 NORTH, RANGE 10 WEST, MERIDIAN 10 WEST, WILLAMETTE BASIN, CLATSOP COUNTY, OREGON AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:
TRACT "B", WEST DUNES AND PARCEL 2, PARTITION PLAT 1996-020, CLATSOP COUNTY PLAT RECORDS, CONTAINING 18.36 ACRES MORE OR LESS.

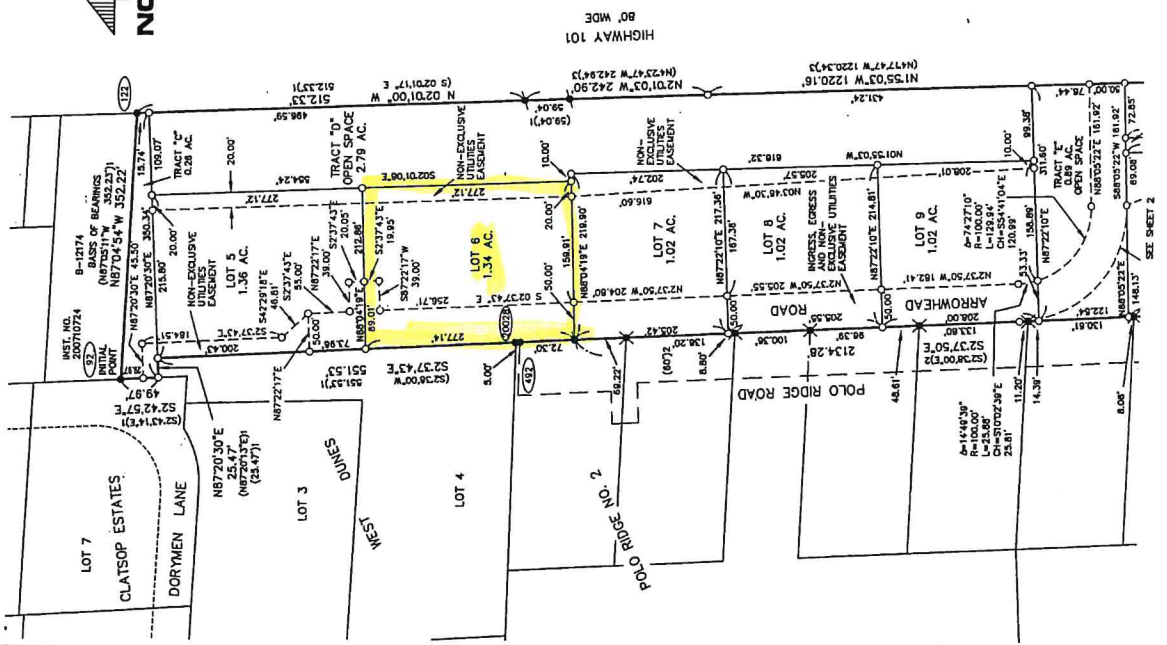
STATE OF OREGON
COUNTY OF CLATSOP
I, SCOTT S. COOPER, DO HEREBY CERTIFY THAT THIS IS A FULL COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED ABOVE.
BY: *[Signature]*
SCOTT S. COOPER, PLS 2829
CLATSOP COUNTY CLERK

REGISTERED PROFESSIONAL LAND SURVEYOR
OREGON
SCOTT S. COOPER
PLS 2829
RENEWS 12/31/21

PLAT NOTES:
1) PROPERTY WITHIN THIS SUBDIVISION IS SUBJECT TO THE CONDITIONS, COVENANTS AND RESTRICTIONS AS RECORDED IN INSTRUMENT NO. 202003711 CLATSOP COUNTY DEED RECORDS.
2) TRACT "D", "E" AND "F" ARE PERMANENT OPEN SPACE.
3) THE EASEMENT SHOWN HEREON AS "BROOKFIELD ROAD" IS GRANTED FOR ACCESS, EGRESS AND NON-EXCLUSIVE UTILITIES FOR THE BENEFIT OF LOTS 7, 8, 9 AND 10. THE EASEMENT IS SUBJECT TO THE MAINTENANCE AGREEMENT RECORDED IN INSTRUMENT NO. 202003712.
4) TRACTS "D", "E" & "F" WILL HAVE AN EASEMENT FOR NON-EXCLUSIVE UTILITIES OVER THEIR ENTIRETY.
5) TRACT "C" WILL REMAIN IN PRIVATE OWNERSHIP. THE OWNERS(S) OF TRACT "C" UNDERSTANDS THAT THIS IS NOT A BIDDABLE UNIT OF LAND.



DRAWING NAME 19-00752B DATE OF PLOT: 5/21/20
SURVEY FOR:
RYAN OSBURN
SURVEY BY:
CKI
P.O. BOX 2699
GEARHART, OR 97138
503 738 4320 PHONE
503 738 7854 FAX



- LEGEND**
- FOUND MONUMENT AS SHOWN HEREON
 - SET 5/8" ØP 30" IRON ROD WITH YELLOW PLASTIC CAP MARKED "06 OR L5029"
 - (1) RECORD VALUE FOR THE PLAT OF WEST DUNES
 - (12) RECORD VALUE FOR POLO RIDGE NO. 2
 - (13) RECORD VALUE FOR PARTITION PLAT NO. 1996-020
 - ✓ FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "06 OR L5029" IN L5029, FIELD PER THE PLAT OF WEST DUNES.
 - ✗ FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "06 OR L5029" IN L5029, FIELD PER THE PLAT OF POLO RIDGE NO. 2.
 - ✗ FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "06 OR L5029" IN L5029, FIELD PER MAP B-13321, HELD.

- MONUMENT NOTES**
- (32) FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "HUB & ASSOC. INC.", TOP 0.7' BELOW SURFACE, HELD. SEE MAP B-10332.
 - (32) FOUND 5/8" IRON ROD WITH ORANGE PLASTIC CAP MARKED "BUDRONWALL L5 2001", HELD PER MAP B-10066.
 - (32) FOUND 5/8" IRON ROD WITH NO CAP, INSIDE PVC, PER THE PLAT OF POLO RIDGE NO. 2, HELD.
 - (32) FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "HUB & ASSOC. INC.", HELD AS NORTHEAST CORNER OF PARCEL 1 OF PARTITION PLAT NO. 2004-10.
 - (32) FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP STAMPED "HUB & ASSOC. INC.", HELD PER PARTITION PLAT NO. 1996-020.
 - (32) FOUND 5/8" IRON ROD WITH NO CAP, PLACED NEW YELLOW PLASTIC CAP STAMPED "ON AN LEGAS", HELD. PER PARTITION PLAT NO. 1996-020.

SEE SHEET 2



Residential Septic Site Evaluation Approval

186-20-000122-EVAL

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 issued: 04/29/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD; lot 6; being done before partition is finalized

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

Primary contractor: Osburn-Olson, L.L.C.
Installer License: 38583
Address: 33485 SW Old Pine Rd
Warrenton OR 97146
Phone: (503) 717-3907
Email: grosburn@hotmail.com

Owner: Clatsop Estates LLC
Address: 350 9th Ave #1
Seaside OR 97138

Property address: 0 Lot On Arrowhead Rd, Warrenton,
OR 97146

Parcel: 71027BB00606 - Primary **Township:** 7 **Range:** 10 **Section:** 27BB

Lot size: lot 6 = 1.34 acres **Water supply:** Community Water Supply
Zoning: N/A **City/County/UGB:** N/A

Proposed use of structure: 3-4 bedroom
Category of construction: Single Family Dwelling

General Specifications

Max peak design flow:	450 gpd.	Proposed gallons per day:	450 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	500 gal.
Media depth:	24 in.		

System Specifications

System type:	Initial System	Replacement Area
System distribution type:	Bottomless Sand Filter	Bottomless Sand Filter
Distribution method:	Equal	Equal
	Pressurized	Pressurized

Trench Specifications

Max depth:	Initial System	Replacement Area
	36 in.	36 in.
Min depth:	24 in.	24 in.

Special Requirements

Groundwater type:	Initial System	Replacement Area
	Not Applicable	Not Applicable
Drainfield type:	Bottomless Sand Filter	Bottomless Sand Filter

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.)

Date issued: 04/29/2020
Application status: Site Evaluation Approved
Work description: Site Evaluation; SFD; lot 6; being done before partition is finalized

Changes in technical rule requirements may not invalidate a site approval but may require changes in design or a different type of system.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a DEQ construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

Michael McNickle

Public Health Director

4/29/20

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.)

SITE EVALUATION REPORT

Date: April 29, 2020

Dear Clatsop Estates, LLC.:

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: Clatsop Estates Lot 6 Application: # 186-20-000122 County: Clatsop

RE: SITE EVALUATION REPORT for: Township/Range/Section: T 7N/ R 10W/ S 27BB Tax Lot#: 606

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

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

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

Yours truly,



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

Attachments: Field Worksheet

cc: Planning Department

FIELD WORKSHEET

App. Name: **Clatsop Estates Lot 6** Application #: **186-20-000122** County: **Clatsop**

RE: SITE EVALUATION REPORT for Township/Range/Section: **T 7N/ R 10W / S 27BB** Tax Lot#: **606**

Commercial Facility: Yes No Parcel Size: 1.34 acres.

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max # of bdrms: 4

Initial System	Replacement System
<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input checked="" type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> Bottomless Sand Filter <input type="checkbox"/> ATT <input type="checkbox"/> Other
Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other	Tank: <input type="checkbox"/> 1,000 gal. <input checked="" type="checkbox"/> 1,500 gal. <input type="checkbox"/> 2 compartment <input type="checkbox"/> Other <input type="checkbox"/> effluent pump required <input type="checkbox"/> effluent filter required
Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial	Distribution Method: <input type="checkbox"/> Equal <input type="checkbox"/> Serial
Absorption Facility: _____ linear. ft 36 " Max Depth	Absorption Facility: _____ linear. ft 36 " Max Depth
Disposal Facility: 360 sq. ft. 24 Min Depth	Disposal Facility: 360 sq. ft. 24 " Min Depth

Test Pit	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.
#1	0-60	VF/F/S	Very Fine and Fine Sand 2.5 Y 5/2 Roots to 18"
#2	0-60	VF/F/S	Very Fine and Fine Sand 2.5 Y 5/2 Roots to 42"

Landscape Notes: Slope: 1-2% Aspect: East to West Groundwater Type: Test pit #1 = N/A Test pit #2 = N/A

Additional Conditions of Approval

- *A complete site plan with scaled drawing indicating all needed measurements and components is required before construction permit can be issued.**
- Initial system must be installed in area of Test Pit # 1 on drawing.
- Initial system shall be a serial or equal distribution, capping fill system installed at a depth no greater than 18".
- Capping material must be sandy loam/loamy sand.
- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- This approval is given on the basis that the parcel described above will not be further partitioned or subdivided.
- Recommend licensed installer install all system components.

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



#186-20-000122

Clatsop County
www.co.clatsop.or.us
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500
mmcknickle@co.clatsop.or.us

RECEIVED

APR 21 2020

CLATSOP CO. PUBLIC HEALTH

(Pd) OK# 4202

\$8100

Application for Onsite Sewage Treatment System

A. Property Owner Information

CLATSOP ESTATES LLC 350 9th AVE #1 SEASIDE, OR 97138 503-717-3907
Name Mailing Address (Street, PO Box, City, State, Zip) Phone Number

B. Legal Property Description

9N 10W 27BB 606 1134
Township Range Section Tax Lot Tax Account Number Acreage or Lot Size
CLATSOP WEST DUNES 6
County Subdivision Name Lot Block

Property Address: ARROWHEAD RD. WARRENTON, OR 97146
(Street, City, State, Zip)

Directions to Property GO SO. ON HWY 101 TOWARDS SURF PINES RD. PROPERTY WILL BE ON RT.
@ YELLOW RIBBON ~ 1/2 m. BEFORE SURF PINES

C. Existing Facility / Proposed Facility / Water Information

Existing Facility Proposed Facility Water Supply
[] Single Family Residence [] Single Family Residence [X] Public WARRENTON
Number of Bedrooms Number of Bedrooms Name
[] Other [] Other [] Private
Well, Spring, Shared

D. Type of Application

[X] Site Evaluation [] Renewal Permit [] Authorization Notice for:
[] Construction [] Existing System Evaluation [] Connecting to an Existing System Not in Use
[] Permit Repair [] Permit Transfer [] Replacing a Mobile Home or House with Another
[] Major [] Permit Reinstatement [] Mobile Home or House
[] Minor [] The Addition of One or More Bedrooms
[] Alteration Permit [] Personal Hardship
[] Major [] Temporary Housing
[] Minor [] 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 Date
Matthew Owen 4/20/20

Applicant's Name (Please Print Legibly) Applicant's Phone Applicant's E-Mail Address
Matthew Owen 503 739 3221 owensepticdesign@yahoo.com

Applicant's Mailing Address
888 89647 Manion Dr Warrenton OR 97146

Applicant is the [] Owner [X] Authorized Representative [X] Licensed Septic Installer
[] Authorization Attached OSBURN/OLSON LLC #38583
Installers Name

APR 21 2020

CLATSOP CO. PUBLIC HEALTH

SHEET OF 2

Osburn/Olson LLC #38583

WEST DUNES NO. 2

REPLAT OF TRACT "B" WEST DUNES AND PARCEL 2, PARTITION PLAT NO. 1996-020 LOCATED IN THE NORTHWEST 1/4 & SOUTHWEST 1/4 OF SECTION 27, T7N, R10W, W.M., CLATSOP COUNTY, OREGON.
 DATE: NOVEMBER 24, 2019 SCALE 1" = 100'

NARRATIVE
 THE PURPOSE OF THIS SURVEY IS TO SUBDIVIDE THE SUBJECT PROPERTY INTO LOTS AND TRACTS AS SHOWN HEREON. THE SUBJECT PROPERTY IS AS TRACT "B" OF THE PLAT OF WEST DUNES AND PARCEL 2, PARTITION PLAT NO. 1996-020, PLAT RECORDS, CLATSOP COUNTY, OREGON.
 BEARINGS ARE BASED ON THE LINE BETWEEN MONUMENTS 82 AND 122 AS SHOWN HEREON PER MAP THE PLAT OF WEST DUNES ROTATED TO BEARINGS FROM STATE PLANE COORDINATES DERIVED FROM GPS OBSERVATIONS, NAD 83(2011) EPOCH 2010.00 OREGON NORTH ZONE #501 CORRECTED USING THE ORIGIN SYSTEM BASED ON STATION "SEAS" PD 288 LOCATED IN SEASIDE, OREGON.
 THE BOUNDARIES OF THE SUBJECT PROPERTY ARE BASED ON FOUND AND SET MONUMENTS PER THE PLAT OF POLO RIDGE NO. 2, PARTITION PLAT 1996-020, AND MAP B-13321, CLATSOP COUNTY SURVEY AND PLAT RECORDS.

SURVEYOR'S CERTIFICATE
 I, SCOTT S. COOTER, CERTIFY THAT I HAVE CORRECTLY SURVEYED AND MARKED WITH PROPER MONUMENTS THE LAND REPRESENTED ON THE ATTACHED SUBDIVISION PLAT, SAID LAND BEING DESCRIBED AS FOLLOWS:
 A TRACT OF LAND LOCATED IN THE NORTHWEST 1/4 AND SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 7 NORTH, RANGE 10 WEST, WILLAMETTE MERIDIAN, CLATSOP COUNTY, OREGON AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:
 TRACT "B", WEST DUNES AND PARCEL 2, PARTITION PLAT 1996-020, CLATSOP COUNTY PLAT RECORDS, CONTAINING 18.35 ACRES MORE OR LESS.

STATE OF OREGON
 COUNTY OF CLATSOP
 I, SCOTT S. COOTER, DO HEREBY CERTIFY THAT THIS IS A FULL, COMPLETE AND TRUE COPY OF THE ORIGINAL PLAT AS REFERENCED ABOVE.
 BY: CLATSOP COUNTY CLERK
 SCOTT S. COOTER, PLS 2829
 RENEWS 12/31/17

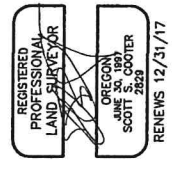
PLAT NOTES:
 1) PROPERTY WITHIN THIS SUBDIVISION IS SUBJECT TO THE CONDITIONS, COVENANTS AND RESTRICTIONS AS RECORDED IN INSTRUMENT NO. _____ CLATSOP COUNTY DEED RECORDS.
 2) TRACT "D", "E" AND "F" ARE PERMANENT OPEN SPACE. THESE TRACTS SHALL REMAIN IN A NATURAL STATE. EACH OWNER OF LOTS 5 THROUGH 15 OF WEST DUNES NO. 2 SHALL HAVE COMMON RIGHT OF ACCESS OVER TRACT "D", "E" & "F" TO THE SEASIDE BEACH AND SHALL HAVE RIGHTS OF PEDESTRIAN ACCESS. NO VEHICULAR ACCESS SHALL BE GRANTED TO THE OWNERS OF LOTS 5 THROUGH 15. THE OWNER(S) OF TRACT "D", "E" & "F" SHALL HAVE RIGHTS OF VEHICULAR AND PEDESTRIAN ACCESS. TRACTS "D", "E" & "F" WILL BE AN EASEMENT FOR ELECTRICAL UTILITIES.



DRAWING NAME: 19-007518 DATE OF PLOT: 11/7/19

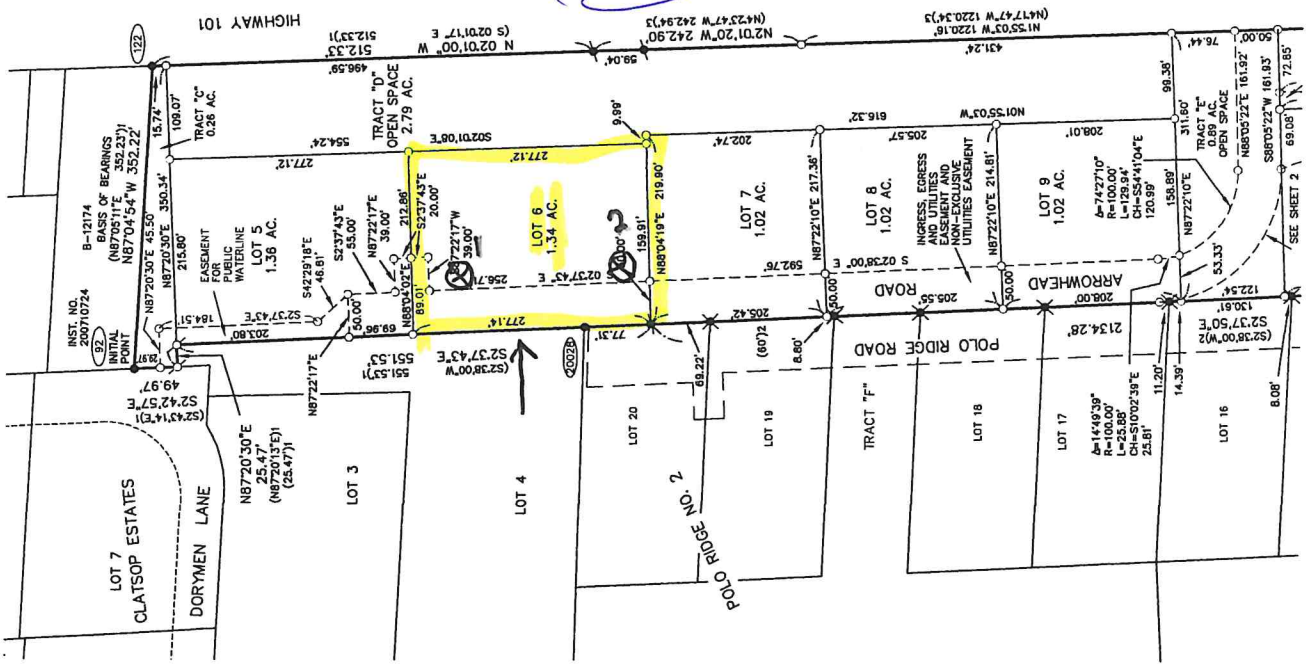
SURVEY FOR:
 RYAN OSBURN

SURVEY BY:
 CKI
 P.O. BOX 2699
 GEARHART, OR 97138
 503 738 4320 PHONE
 503 738 7894 FAX



- LEGEND**
- FOUND MONUMENT AS SHOWN HEREON
 - SET 5/8" BY 30" IRON ROD WITH YELLOW PLASTIC CAP MARKED "CH" OR "LS2829" WA LS40819"
 - ✕ SET BERNSTEIN ASPHALT NAIL WITH 1 1/2" STAINLESS STEEL WASHER STAMPED "CH" PLS 2829"
 - () RECORD VALUE PER THE PLAT OF WEST DUNES
 - () RECORD VALUE PER POLO RIDGE NO. 2
 - () RECORD VALUE PER PARTITION PLAT NO. 1996-020.
 - FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "CH" OR "LS2829" WA LS40819", HELD PER THE PLAT OF WEST DUNES
 - FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "CH" OR "LS2829" WA LS40819", HELD PER THE PLAT OF POLO RIDGE NO. 2, HELD.
 - FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "CH" OR "LS2829" WA LS40819", PER MAP B-13321, HELD.

- MONUMENT NOTES**
- FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "HLB & ASSOC. INC.", HELD, SEE MAP B-10832.
 - FOUND 5/8" IRON ROD WITH ORANGE PLASTIC CAP MARKED "MENDENHALL LS 2001", HELD PER MAP B-12060.
 - FOUND 5/8" IRON ROD WITH YELLOW PLASTIC CAP MARKED "HLB & ASSOC. INC.", HELD AS NORTHEAST CORNER OF PARCEL 1 OF PARTITION PLAT NO. 2004-10.



7N-10W-27BB-606 Lot 6

7-10-27BB-606 Lot 6

Site evaluation completed before Partition finalized (Lot 6)

Clatsop County, OR

RECEIVED
APR 21 2020

CLATSOP CO. PUBLIC HEALTH

#196-20-000122

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.

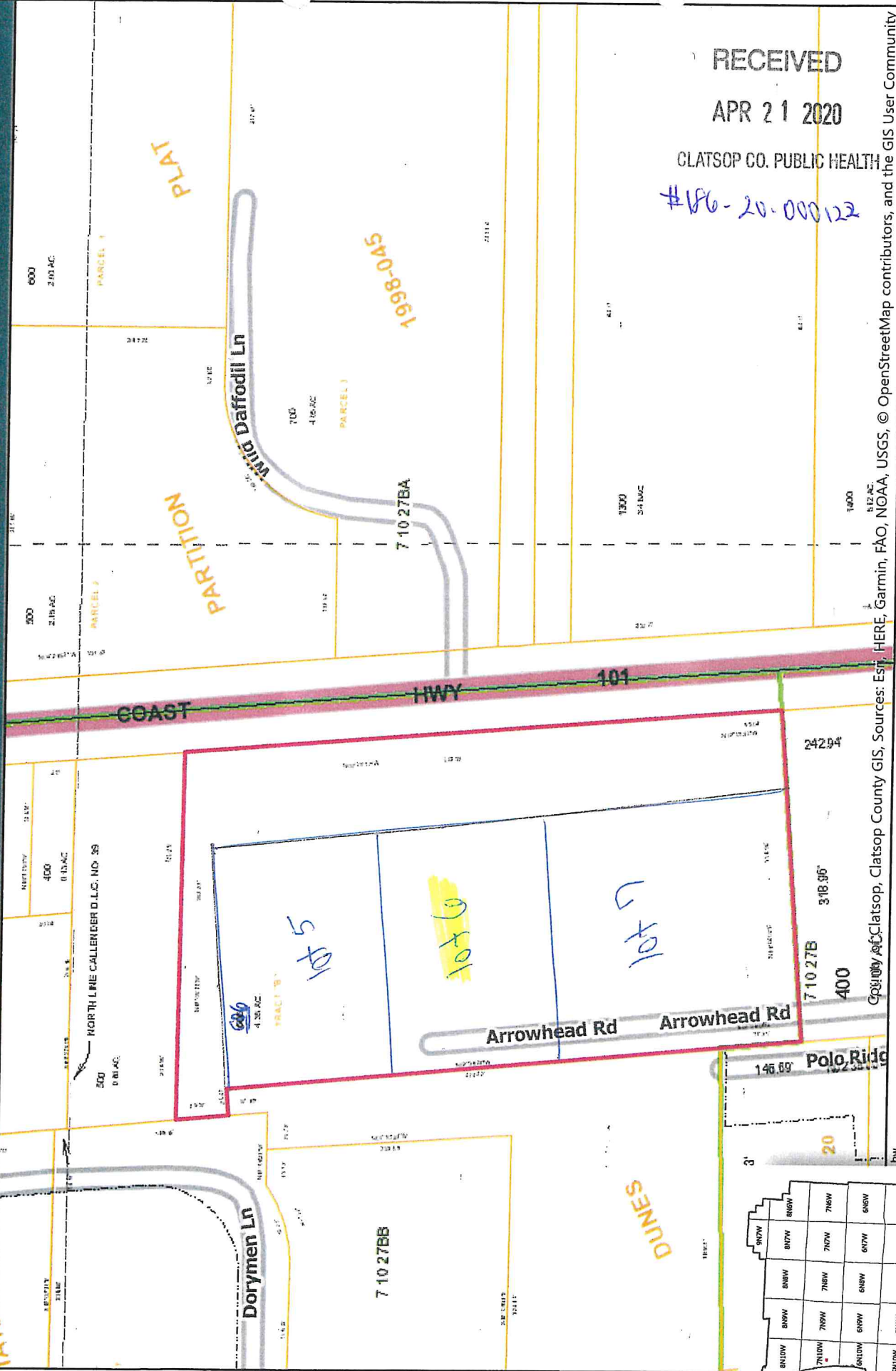


Clatsop County

0.05 mi



4/21/2020 1:10 PM



Proposed Partition for D-10 2020

5N0W	5N1W	5N2W	5N3W	5N4W	5N5W	5N6W	5N7W	5N8W	5N9W
6N0W	6N1W	6N2W	6N3W	6N4W	6N5W	6N6W	6N7W	6N8W	6N9W
7N0W	7N1W	7N2W	7N3W	7N4W	7N5W	7N6W	7N7W	7N8W	7N9W
8N0W	8N1W	8N2W	8N3W	8N4W	8N5W	8N6W	8N7W	8N8W	8N9W
9N0W	9N1W	9N2W	9N3W	9N4W	9N5W	9N6W	9N7W	9N8W	9N9W



Transaction Receipt
186-20-000122-EVAL
IVR Number: 186045882047

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

Receipt Number: 452785

Receipt Date: 4/21/20

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

Parcel: 71027BB00606

Fees Paid					
Transaction date	Units	Description	Account code	Fee amount	Paid amount
4/21/20	1.00 Lots	Site evaluation - Single family dwelling, per lot - enter # of lots for initial visit	81-7201	\$701.00	\$701.00
4/21/20	1.00	GIS fee - Onsite	81-7045	\$9.00	\$9.00
4/21/20	1.00	DEQ Surcharge	78-9934	\$100.00	\$100.00

Payment Method: Check number: 4202 Payer: Osburn-Olson, L.L.C. Payment Amount: \$810.00

Cashier: Annette Brodigan

Receipt Total: \$810.00

7 10 27 BB

CLATSOP COUNTY

NW 1/4 NW 1/4 SEC. 27 T7N R10W WM

Scale 1:1,200

0 62.5 125 250 R

611	612	613	614	615
616	617	618	619	620
621	622	623	624	625
626	627	628	629	630
631	632	633	634	635
636	637	638	639	640
641	642	643	644	645
646	647	648	649	650
651	652	653	654	655
656	657	658	659	660

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

21	22	23
24	25	26
27	28	29
30	31	32
33	34	35
36	37	38
39	40	41
42	43	44
45	46	47
48	49	50
51	52	53
54	55	56
57	58	59
60	61	62
63	64	65
66	67	68
69	70	71
72	73	74
75	76	77
78	79	80
81	82	83
84	85	86
87	88	89
90	91	92
93	94	95
96	97	98
99	100	101

CANCELLED TAXLOT NUMBERS

801 606

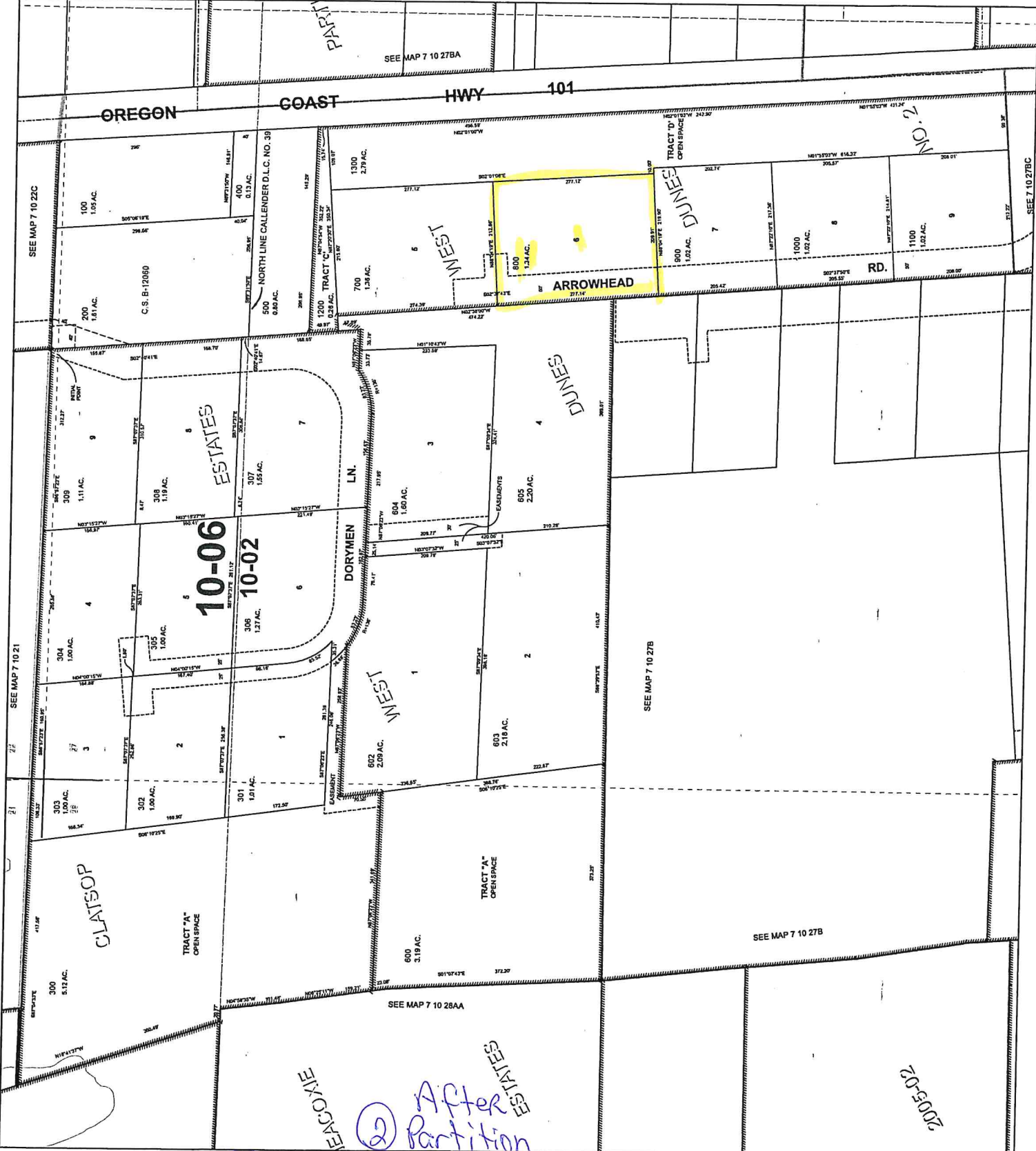


FOR ADDITIONAL MAPS VISIT OUR WEBSITE AT www.co.clatsop.or.us

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 misuses, or misinterpretation.

PILOT DATE: 5/26/2020

7 10 27 BB



2005-02
② After Partition
DOW 7-10-27BB-800 = 1.74 acres