

PAM

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MAY 27 2020

CLATSOP CO. PUBLIC HEALTH

#501254

**ON SITE SEPTIC SYSTEM MAINTENANCE AND SERVICE CONTRACT**

Date: 4-5-19

Service Provider: **COMPLETE SEPTIC SERVICE**  
41092 Ziak-Gnat Creek Lane  
Astoria, OR 97103  
Oregon DEQ Installer License #197  
Oregon DEQ Pumper License # 37804  
Oregon DEQ Maintenance Provider License # M238

8-10-33CA.1500

Owner: Russell maize

System Location: 32201 Columbia Beach Lane  
Warrenton, OR 97146

**DESCRIPTION OF WORK TO BE PROVIDED BY SERVICE PROVIDER**

1. **System Inspections.** We will provide a minimum of two inspections/service visits (per year) over the two-year period of this contract. This includes inspecting, adjusting and servicing the septic tank/closing 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 Warrenton 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) and suggest a DEQ licensed pumper for you to call.
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 Warrenton within 30 days if the service contract is not renewed or terminated.

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**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.

**CONTRACT TERMS:**

1. **Annual Rate.** The contract service work shall be charged ~~at \$200.00 per year.~~ *200.00 Per year*
2. **Billing.** Billings shall be sent to the Owner prior to the 1st of the month w/ payment due by the 10<sup>th</sup> of each month. *960 one time fee*
3. **Annual Report Fee.** The annual report fee (currently \$67.00) shall be billed to the owner at this time as well.
4. **Replacement Parts/Labor.** Any replacement parts and their installation shall be billed on a time and material basis with a ~~markup of 25%.~~ *markup of 25%*
5. **Additional Service.** Extra service calls will be billed monthly.
6. **Tank Pumping.** Pumping the tank(s) shall be an additional charge and are usually required every 3 - 5 years at a cost of \$900.00 (subject to change).

**CHANGES:** All changes in the contract shall be verified in written change order 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 the contract expiration.

**PAYMENT AGREEMENT:** Interest of 15% 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 WORK:**

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

COMPLETE SEPTIO:

*[Signature]*  
 \_\_\_\_\_  
 Jerry Long, Owner  
 Date: 4-3-19

OWNER:

*MAIZE, RUSSELL*

\_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: 4/14/2019 | 10:21 PM

## Certificate of Satisfactory Completion

*Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 501254 as follows:*

### PROPERTY INFORMATION

Property Owner: **Maize Patricia A** Township **8**, Range **10**, Section **33 C A**  
Property Location: **33201 Columbia Beach Ln, Warrenton** Tax Lot **01500**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

System type: **Sand Filter**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **6.00 inches**  
Minimum Trench Depth: **6.00 inches**  
Drain Media Total Depth:  
Drain Media Below Pipe:  
Drain Media Above Pipe:

\*Minimum undisturbed soil between trenches

### ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 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.
- 3 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 the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

- 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.

*Yvonne Van Nostran*

**Environmental Health Specialist**

**4/8/2019**

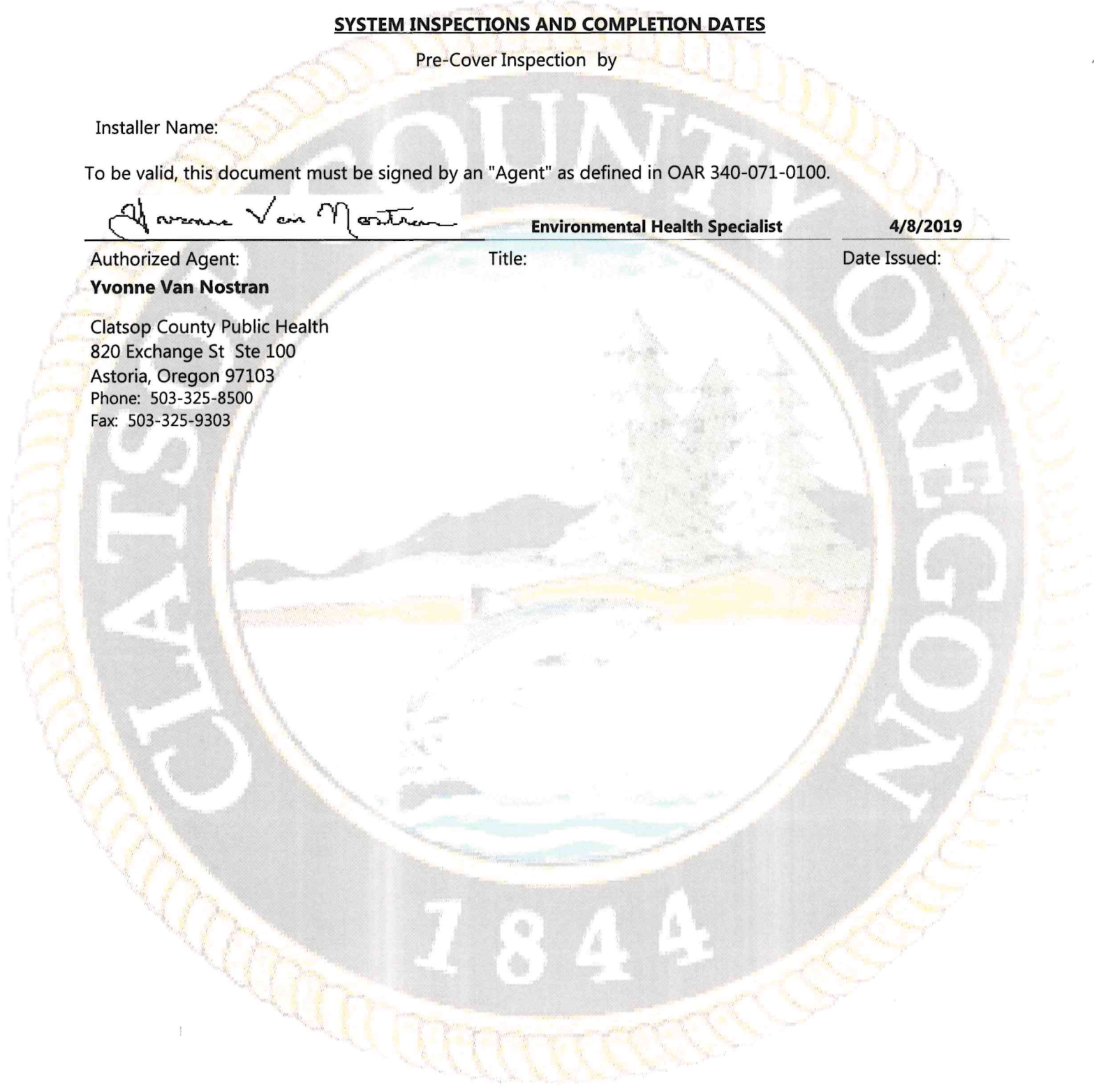
Authorized Agent:

Title:

Date Issued:

**Yvonne Van Nostran**

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: 501254

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.

**RECEIVED**  
**APR 08 2019**  
CLATSOP CO. PUBLIC HEALTH

**Section 1: Owner/Permittee Information:**

Name: **Maize Patricia A**  
 Property Address: **33201 Columbia Beach Ln, Warrenton**  
 Township **8** Range **10** Section **33CA** Tax Lot(s) **01500**

**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 4/4/19  
 Tanks(2) Volume N/A Compartments \_\_\_\_\_ Manufacturer \_\_\_\_\_ Date \_\_\_\_\_  
 Pumps: HP 1/2 Model/Manuf PF5000S OREUCO Float(s) Type(1) P 3EA. Model/Manuf MF OREUCO  
 Float(s) Type(2) N/A Model/Manuf \_\_\_\_\_

**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 12 FT

**C: Secondary Treatment Unit:**

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

Sand Filter **LATERALS** Yes  No  Type BOTTOMLESS Container Dimensions 18' x 20'  
 Underdrain pipe Diameter 1 1/4" ASTM#Other D1785 Length 136 FT  
 Manifold Piping Diameter 1 1/4" ASTM#Other D1785 Length 17 1/2 FT

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

*Clatsop County Department  
of Public Health*  
**On-Site Waste Water Program**  
Approved By G. Van Nostran  
Permit No. 0501254  
Date 4/8/19

**D. Drainfield Media**

Type: Gravel, Pipe or Alternative? 28yds DEQ SAND; 7yds EA. DEQ PEAGRAVEL & DR. ROCK

Distribution Box Yes  No

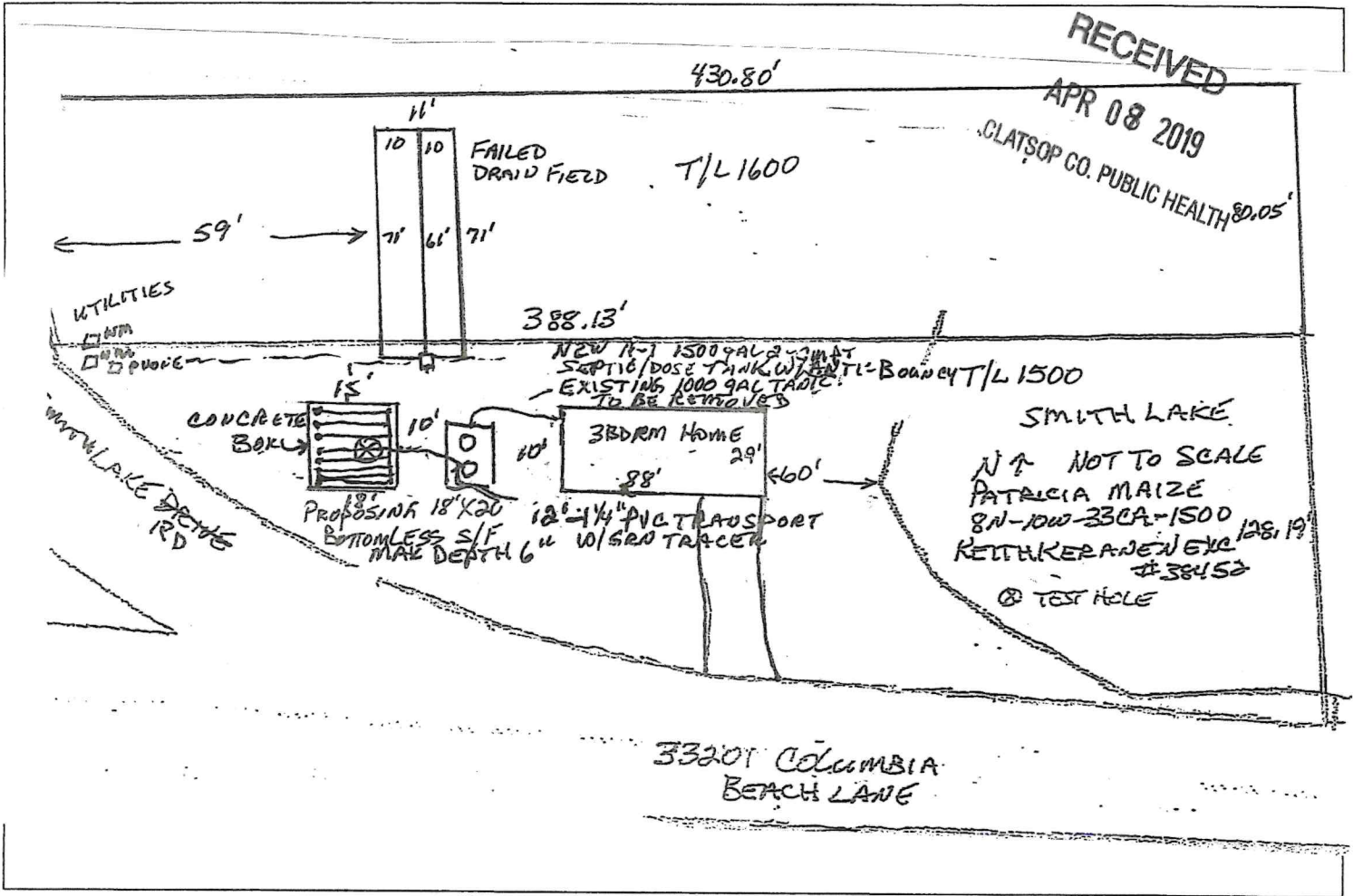
Drop Box Yes  No

Distribution Pipe Yes  No  Diameter \_\_\_\_\_ ASTM#Other \_\_\_\_\_ Length \_\_\_\_\_

Comment: 2 - 24" DIA RISERS W/LIDS; FILTER FABRIC

**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.



**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: KEITH KERANEN EXC.

Licensed Installer Yes  No  License # 38452 Certification # I 182

Owner/Certified Installer Signature \_\_\_\_\_ Date 4/8/19

Phone 503-717-2200 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Office Use Only**

Notice Accepted Yes  No  Date 04/08/19

Installer /Owner /Permittee Notified Yes  No  Date 04/08/19

If no, reason for non-acceptance \_\_\_\_\_

Comment Final inspection 04/08/19, approved to cover

Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By J. Van Nestran  
 Permit No. 501254  
 Date 4/8/19



# 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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CLATSOP CO. PUBLIC HEALTH

## Septic Tank Decommission

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

### Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

#### (2) Procedures for decommissioning

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

Property Owner: PATRICIA MAIZE

Septic Tank Location: 33201 COLUMBIA BEACH LANE

Legal Description: T 8N R 10W S 33CA Lot 1500

Date Tank Pumped: 4/3/19

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

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

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

This septic tank was removed and properly disposed of.

By: [Signature] Date: 4/3/19  
(signature of operator/owner)

Please Include:  
**PUMPING  
RECEIPT**

Clatsop County Department  
of Public Health  
On-Site Waste Water Program  
Approved By [Signature]  
Permit No. 501254  
Date 4/8/19



**COMPLETE SEPTIC SERVICE**  
 41092 ZIAK-GNAT CREEK LANE  
 ASTORIA, OREGON 97103  
 503-458-6870 • Toll Free 1-888-745-6726  
 "GUARANTEED LOWEST PRICES"

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DATE 4-3-19 CLATSOP CO. PUBLIC HEALTH

NAME Keranen MAIZE PHONE \_\_\_\_\_

ADDRESS 33201 COLUMBIA BCH LN WARRENTON

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

	DESCRIPTION	AMOUNT
	<u>Pump out &amp; CLEAN SEPTIC TANK</u>	<u>400.-</u>
	<u>8-10-33CA-1500</u>	
		<b>TOTAL</b> <u>400.-</u>

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

SERVICE CHARGE of 1 1/2% MONTHLY or 18% ANNUALLY on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

*Thank You*

Ordered By \_\_\_\_\_

*Clatsop County Department  
 of Public Health  
 On-Site Waste Water Program  
 Approved By J. VanNostran  
 Permit No. 0 507254  
 Date 4/8/19*



## Repair Permit - Major

*This Repair Permit - Major, Permit #501254, authorizes the property owner to construct an onsite wastewater system as follows:*

### PROPERTY INFORMATION

Property Owner: **Maize Patricia A** Township **8**, Range **10**, Section **33 C A**  
Property Location: **33201 Columbia Beach Ln, Warrenton** Tax Lot **01500**  
Facility Type:

### SPECIFICATIONS AND REQUIREMENTS

System type: **Sand Filter**  
Design Flow: **450.00 gals/day**  
Minimum Septic Tank Size: **1500.00 gals**  
Distribution Type: **Equal**  
Total Trench Length:  
Trench Spacing:  
Media Type: **Sand**  
Maximum Trench Depth: **6.00 inches**  
Minimum Trench Depth: **6.00 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 the Clatsop County Building Codes Division is required for all pump wiring installation.
- 2 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 3 If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.  
These steps must include the minimum:
  1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
  2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
  3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 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 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.
- 6 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 7 Meet all required setbacks.
- 8 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 9 Properly decommission the old septic tank in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.

- 10 Properly decommission the old drainfield in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 11 Anti-buoyancy required for new tank
- 12 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 13 The alarm and pump must be on separate circuits in the control panel.
- 14 Filter fabric is required over the drain media.
- 15 max depth is 6 inches - concrete containment box required

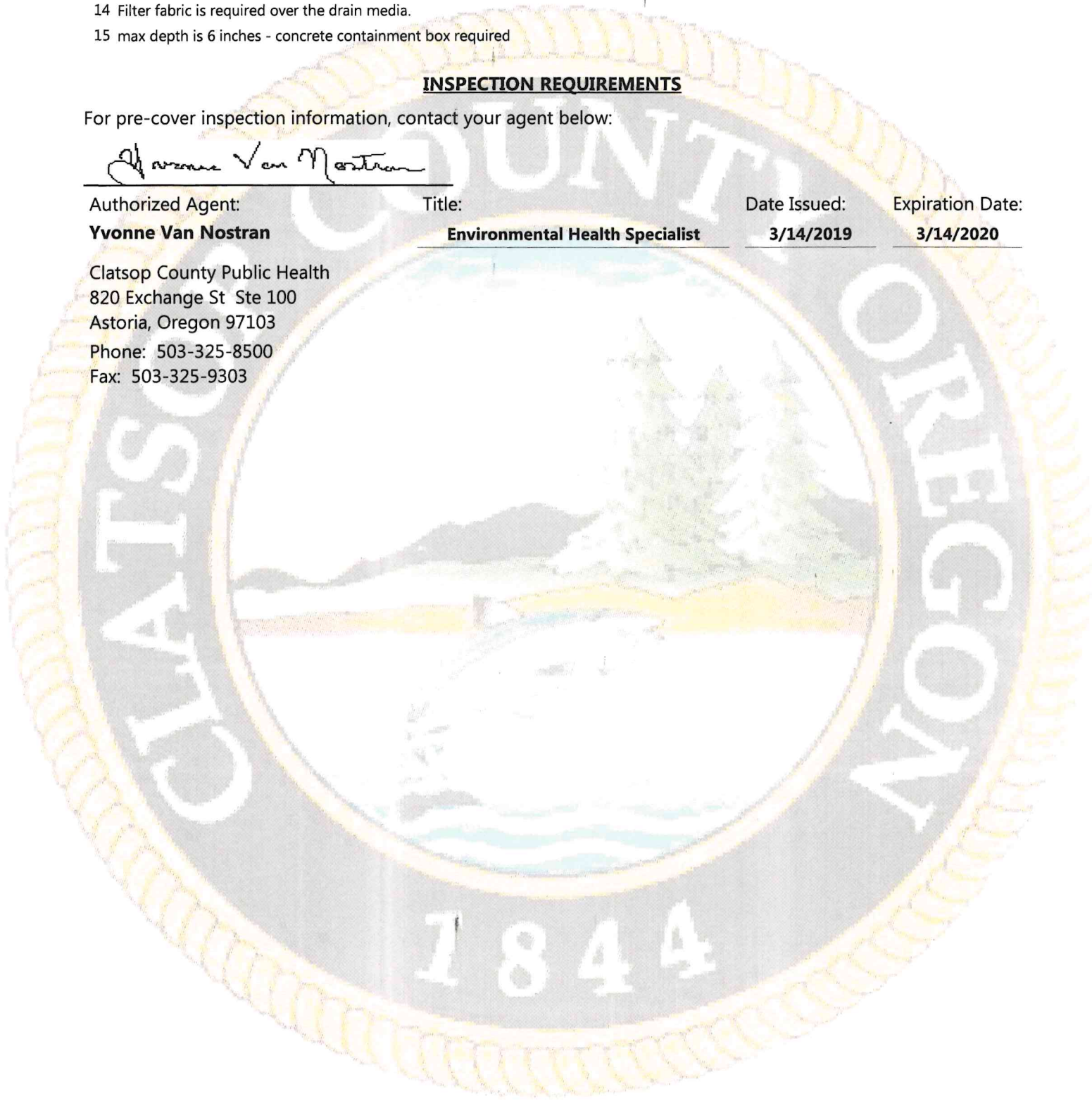
**INSPECTION REQUIREMENTS**

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

*Yvonne Van Nostran*

Authorized Agent:	Title:	Date Issued:	Expiration Date:
<b>Yvonne Van Nostran</b>	<b>Environmental Health Specialist</b>	<b>3/14/2019</b>	<b>3/14/2020</b>

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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**MAR 11 2019**

CLATSOP CO. PUBLIC HEALTH

(Pd) CK# 4301  
 \$660<sup>00</sup>

**Application for Onsite Sewage Treatment System**

**A. Property Owner Information**

PATRICIA MAIZE      Box 961 Longview, WA 98631      503-784-4654  
 Name      Mailing Address (Street, PO Box, City, State, Zip)      Phone Number

**B. Legal Property Description**

8N      10W      33CA      1500      32961      .84 ACRES  
 Township      Range      Section      Tax Lot      Tax Account Number      Acreage or Lot Size

CLATSOP      SMITH LAKE ESTATES      1  
 County      Subdivision Name      Lot      Block

Property Address: 33201 COLUMBIA BEACH LANE WARRENTON, OR 97146  
 (Street, City, State, Zip)

Directions to Property Go So. on Hwy 101, TURN RT ON Hwy 104. TURN LFT ON COLUMBIA BEACH LD.  
FIRST HSE ON LEFT @ CORNER OF COLUMBIA BEACH & LAKE DR.

**C. Existing Facility / Proposed Facility / Water Information**

<b>Existing Facility</b>	<b>Proposed Facility</b>	<b>Water Supply</b>
<input checked="" type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> Public <u>WARRENTON</u>
Number of Bedrooms <u>3</u>	Number of Bedrooms _____	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 type="checkbox"/> Construction                                    | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use   |
| <input checked="" type="checkbox"/> Permit Repair                        | <input type="checkbox"/> Permit Transfer            | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input checked="" type="checkbox"/> Major <u>-tank &amp; drain field</u> | <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 M. Owen      Date 3/11/19

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

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

Applicant is the  Owner     Authorized Representative     Licensed Septic Installer

Authorization Attached      KEITH KERANEN EXC. #38452  
 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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#501254

Notice Authorizing Representative

I, PATRICIA A. MAIZE (Property Owner - Please Print), have authorized

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

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

PROPERTY IDENTIFICATION

33201 COLUMBIA BEACH LANE WARRENTON
Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 8N Range 10W Section 33CA Tax Lot 1500 Map ID
Township Range Section Tax Lot Map ID

\*PROPERTY OWNER:

Name: Russell Maize Email: rfmaize@aol.com

Mail Address: P.O. Box 961 City/State/Zip Long Beach, WA 98631

Phone: 503-784-4654 FAX:

Signature: [Signature] Date: 3/2/19

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN Email: GNTLMAN@GMAIL.COM

Mail Address: 89647 MARION DR City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681 FAX: 503-717-8681

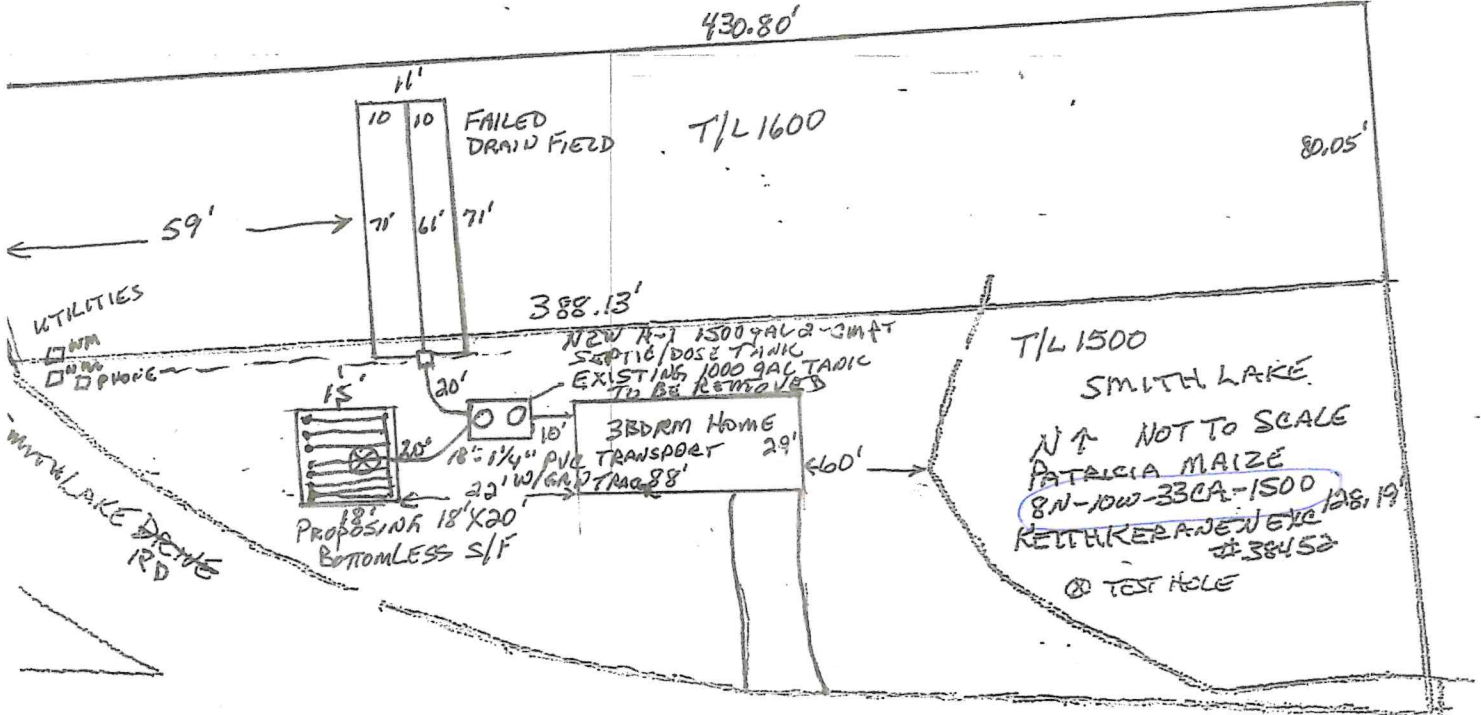
Signature: [Signature] Date: 3/4/19

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#501254



33201 COLUMBIA  
BEACH LANE

# 20'x18' Bottomless Sand Filter<sup>®</sup>

is Certified for loading rates

25 GPD/FT<sup>2</sup>

Follow appropriate international sand filter design code.



Oranco Systems<sup>®</sup>

688 AMBER ROAD  
SUNNYVALE, OREGON  
97477-1017

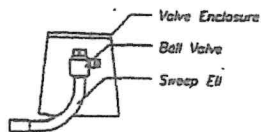
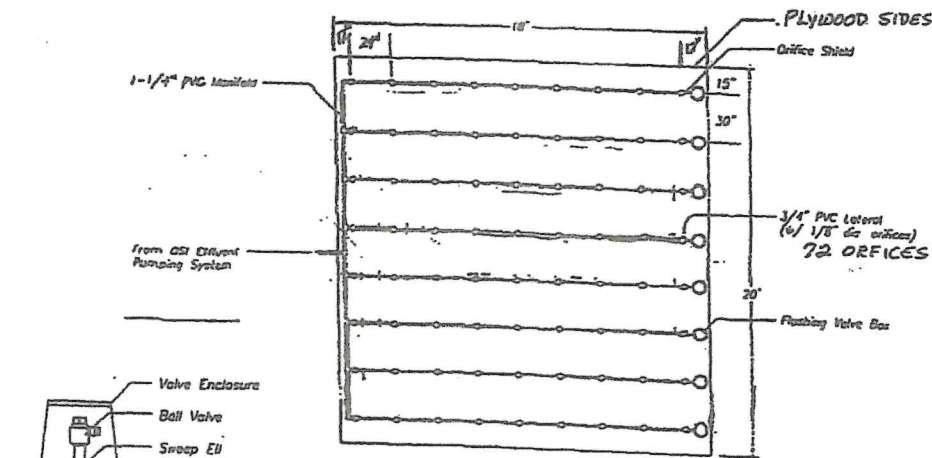
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#501254



**FLUSHING VALVE DETAIL**

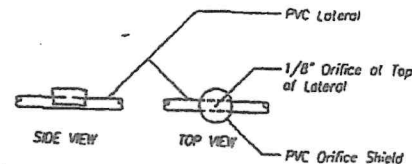
SCALE: 1" = 1'-0"

Form of S.160,556  
© 1998 Oranco Systems, Inc

**TOP VIEW - 20'X18' BOTTOMLESS SAND FILTER**

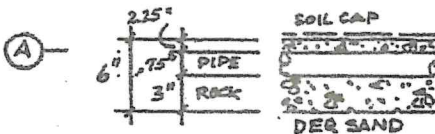
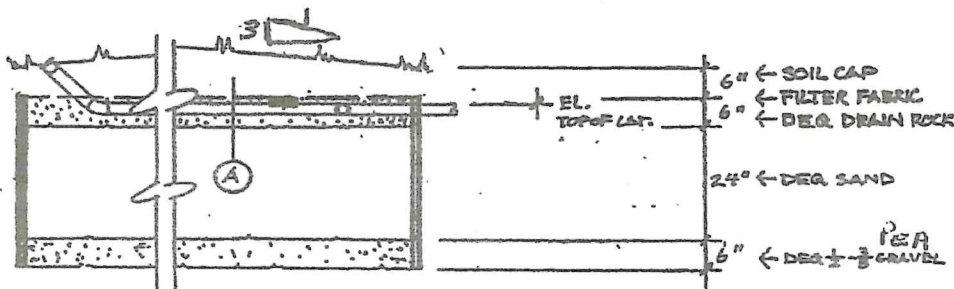
SCALE: 1" = 3'-0"

Note: See additional details on  
NWF-57-S-3



**STANDARD ORIFICE SHIELD DETAIL**

PATRICIA MAIZE  
80-100-33CA-1500



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

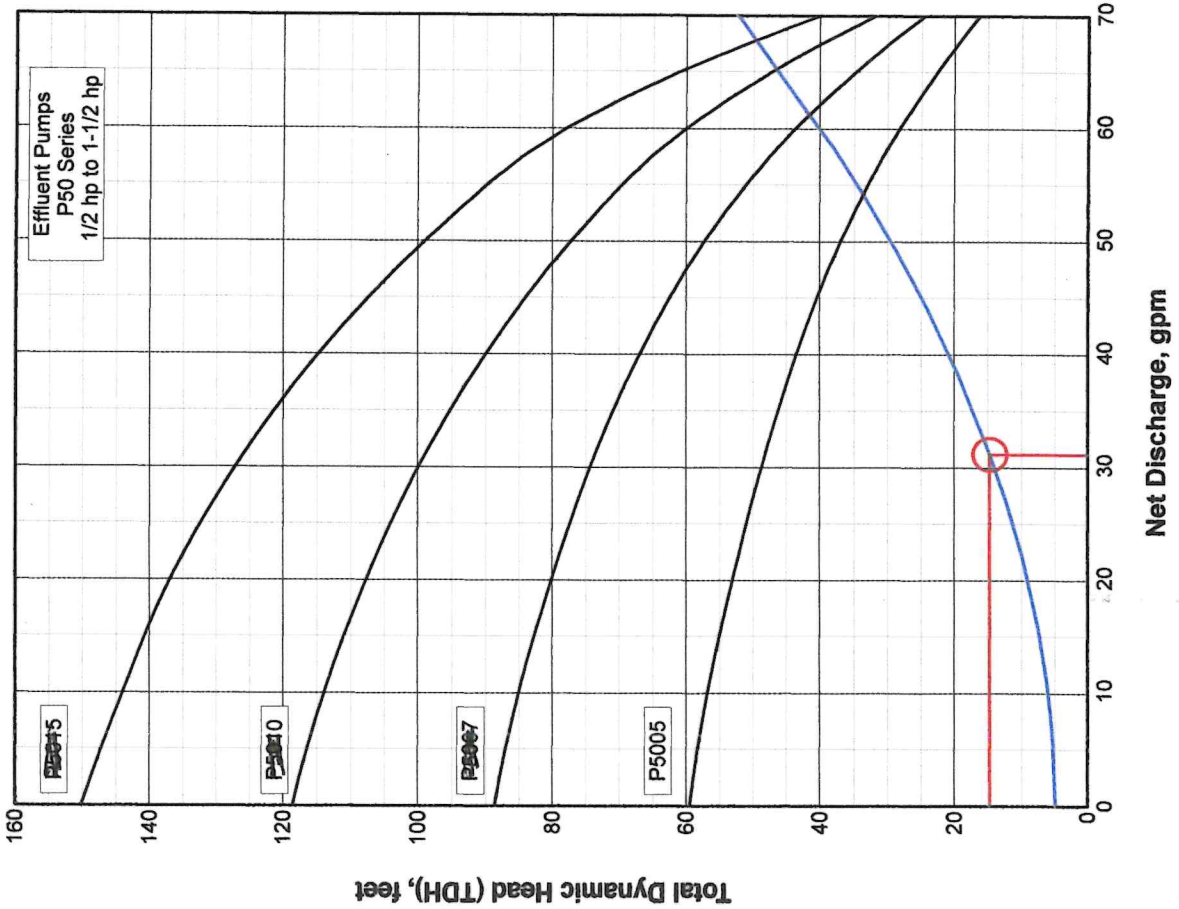
**BOTTOMLESS SAND FILTER  
& MANFOLD SECTION**

# Pump Selection for a Pressurized System

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	18.0 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	2.2 feet
Head Loss Through Discharge	1.9 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
<b>Total Flow Rate</b>	<b>31.2 gpm</b>
<b>TDH</b>	<b>14.7 feet</b>

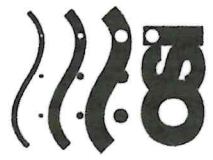
Patricia Maize 8N-10W-33CA-1500  
Keith Keranen Exc. #38452



**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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#501254



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CLATSOP CO. PUBLIC HEALTH

#501 254

Patricia Maize

8N-10W-33CA-1500

PARTS LIST

18' x 20' Bottomless Sandfilter

Keith Keranen Exc. #38452

- 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
- 200ft 1¼" PVC D1785 pipe
- 7 1¼" PVC "T"
- 2 1¼" PVC 90° ells
- 20 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
- 10ea- Plywood and 6- 2"x4" x 8' boards for sand filter box





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CLATSOP CO. PUBLIC HEALTH

#501254

CLACKAMAS COUNTY "UNDERDRAIN MEDIA"  
OAR 340-071-100 (173)

1/28/2019

SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING	SPEC LIMITS
1/2	6.7	0.29%	0.29%	99.71%	100
3/8	248.6	10.92%	11.22%	88.78%	
1/4	1048.2	46.05%	57.26%	42.74%	18 - 100
#4	671.8	29.51%	86.77%	13.23%	5 - 75
#8	291.9	12.82%	99.60%	0.40%	
#10	0.0	0.00%	99.60%	0.40%	24.0% max
#16	1.5	0.07%	99.66%	0.34%	2.0% max
#100	1.0	0.04%	99.71%	0.29%	1.0% max
PAN	0.7				
2276.4		dry weight			

DRY WEIGHT BEFORE WASH - 2276.4g

DRY WEIGHT AFTER WASH - 2270.3g

ASTM TEST MEHTODS #C-117 AND #C-136 IN USE FOR ANALYSIS.

PATRICIA MAIZE

8 N-100-33CA-1500

REITH KERAUED EXC #38452

COMPANY NAME: GLACIER NORTHWEST, INC.  
CALPORTLAND COMPANY

CERTIFIED TECH: Eric Egge #50816

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MAR 11 2019

GLATSOP CO. PUBLIC HEALTH

#501254

CLACKAMAS COUNTY FILTER SAND  
2/1/2019  
" MEDIUM-SAND "

SPEC	SIEVE	IND. WT. RETAINED	IND. % RETAINED	ACC. % RETAINED	ACC. % PASSING
100	3/8	0.0	0.00%	0.00%	100.00%
95 - 100	#4	15.5	1.21%	1.21%	98.79%
80 - 100	#8	53.9	4.19%	5.40%	94.60%
45 - 85	#16	169.1	13.15%	18.54%	81.46%
15 - 60	#30	396.1	30.80%	49.34%	50.66%
3 - 15	#50	513.9	39.96%	89.30%	10.70%
0 - 4	#100	118.6	9.22%	98.52%	1.48%
	#200	11.7	0.91%	99.43%	0.57%
	FAN	0.8			
	dry weight	1286.1	F.M.	2.62	

DRY WEIGHT BEFORE WASH - 1286.1g

DRY WEIGHT AFTER WASH - 1279.9g

ASTM TEST MEHTODS #C-117 AND #C-136 IN USE FOR ANALYSIS.

PATRICIA MAIZE

80-100-33CA-1500

KEITH KERANED EXC #38452

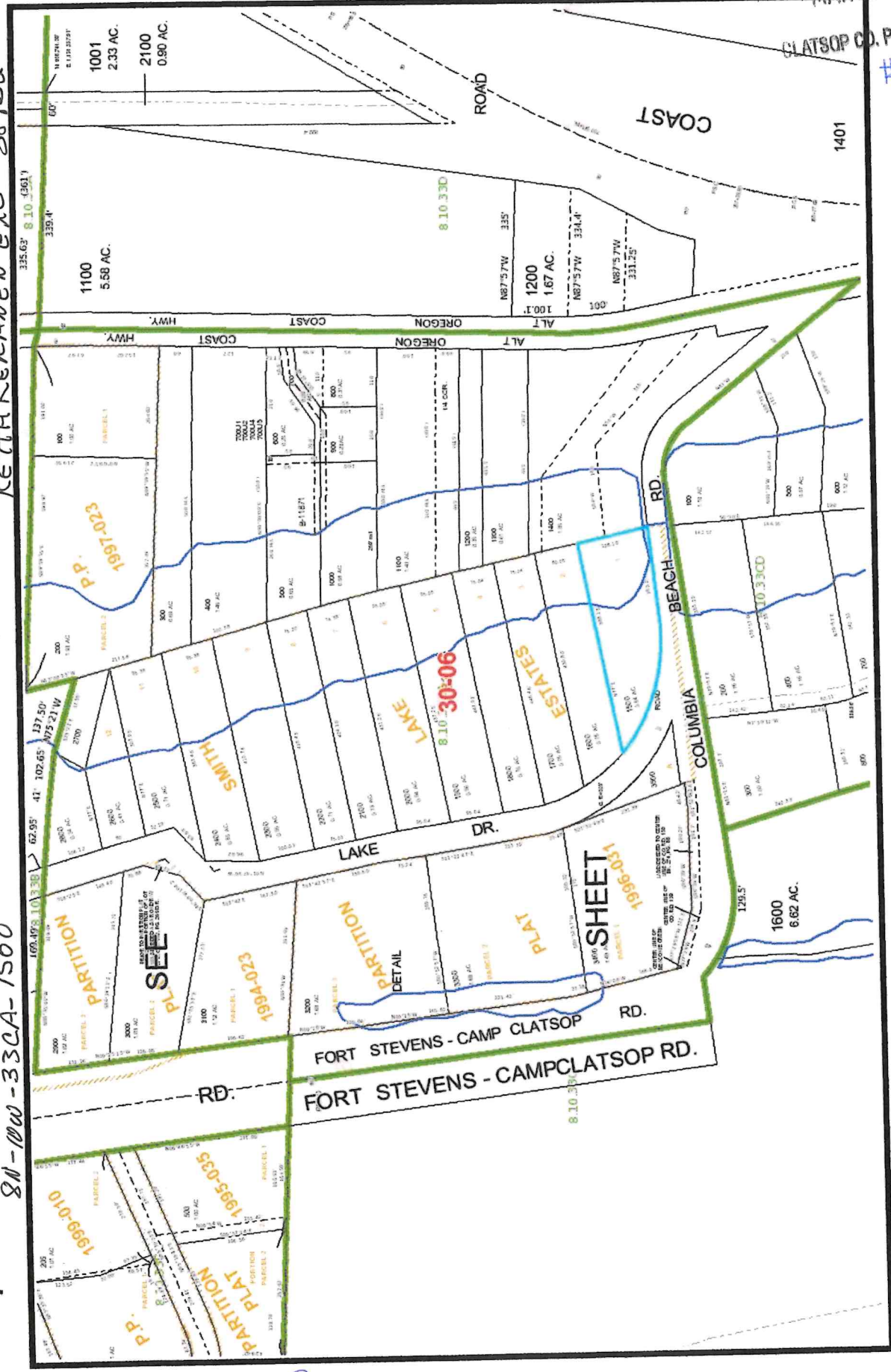
COMPANY NAME: GLACIER NORTHWEST, INC.  
CALPORTLAND COMPANY  
COLMUMBIA RIVER SAND

CERTIFIED TECH: Eric Egge #50816

Map

PATRICIA MAIZÉ  
8N-10W-33CA-1500

KETH KERAVEN EXC #38452



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MAP 11 2019

CLATSOP CO. PUBLIC HEALTH

#501254



**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.



P-10-33CA-1500-184 GIVE



# Septic Application

Clatsop County Public Health Department  
 820 Exchange St Ste 100  
 Astoria, OR 97103  
 Ph. (503) 325-8500

## For Department Use Only

Permit #: **501254**  
 Permit Type: **Repair Permit**  
 Entry Date: **3/11/2019**  
 Issued By: **Annette Brodigan**  
 Permit Status: **Entered**

## Permit Timeline

User	Status	Date
Annette Brodigan	Entered	03/11/2019

## Work Description

Work Description:

Remarks:

## Owner

Name: **Maize Patricia A** Ph. #: (503) 784-4654 Cell: ( ) -  
 Address: PO BOX 961 E-Mail: Fax: ( ) -  
 City, State, Zip: Long Beach, WA 98631-0961

## 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	\$551.00	\$100.00	\$0.00	\$9.00	\$660.00

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
KEITH KERANEN EXCAVATING	Check	4301	03/11/2019	\$660.00

**Balance Due: \$0.00**

## Compliance/Permit Requirements

## Signatures

**Applicant Signature:** George Owen **Date:** 3/11/19

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CLATSOP COUNTY HEALTH DEPT.  
 857 COMMERCIAL STREET  
 ASTORIA, OR. 97103  
 TELEPHONE 325-7441 EXT. 35  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 FINAL INSPECTION

810 33C 2300

PERMIT NO. 75-81  
REPAIR

OWNER'S NAME RICHARD MAIZE ADDRESS SMITH LAKE ESTATES  
 PROPERTY ADDRESS COLUMBIA BEACH RD. INSTALLER \_\_\_\_\_  
 RESIDENTIAL ; COMMERCIAL \_\_\_\_\_; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3

WATER SUPPLY: PUBLIC \_\_\_\_\_, COMMUNITY , PRIVATE \_\_\_\_\_. TYPE OF WELL \_\_\_\_\_  
 DEPTH \_\_\_\_\_ FT., ISOLATION DISTANCE \_\_\_\_\_ FT.; SOIL CLASSIFICATION \_\_\_\_\_

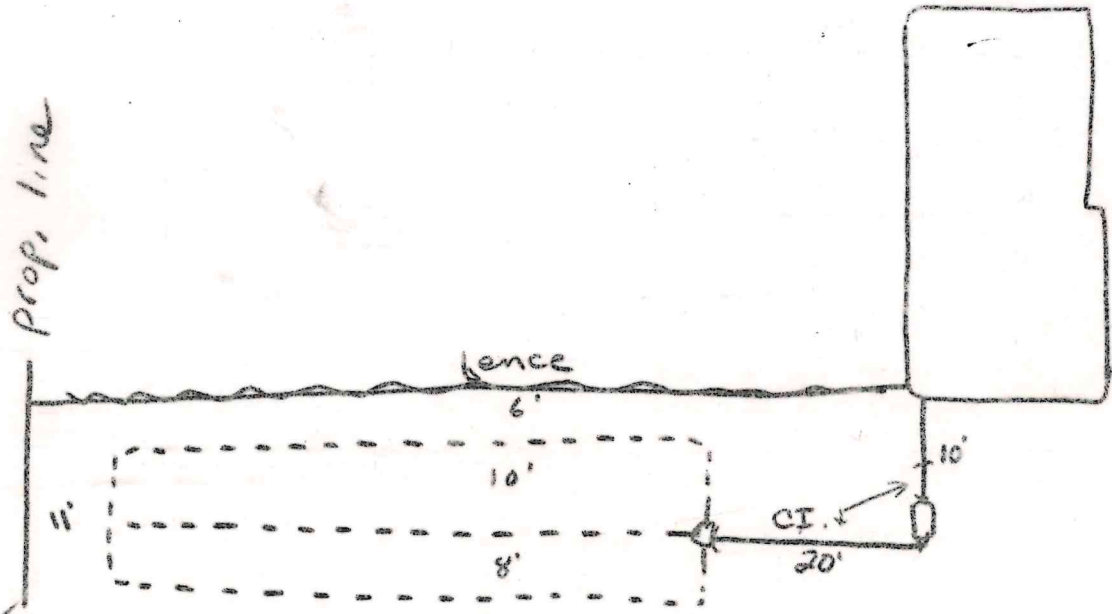
SEPTIC TANK: STEEL ~~1000~~, CONCRETE \_\_\_\_\_, CAPACITY 1000 GALLONS

STONE: SIZE 3/4-2 1/4", WASHED \_\_\_\_\_, BELOW TILE 6 IN., ABOVE TILE 2

TRENCH WIDTH 24 IN; TRENCH 8 FT. ON CENTER; TOTAL SQ. FT. 450 SQ. FT.

TILE: CONCRETE \_\_\_\_\_, CLAY \_\_\_\_\_, PLASTIC ; BUILDING SEWER: MATERIAL C.I.

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.  
 DISAPPROVED: Installation does not conform to DEQ Regulations.  
 REMARKS: \_\_\_\_\_

DATE: 6/12/75 SANITARIAN Bee D Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include grade or the final backfilling operation.

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 Installer: Complete top part of form to  
 signature and submit both copies with  
 application.

(Exhibit No. 1)

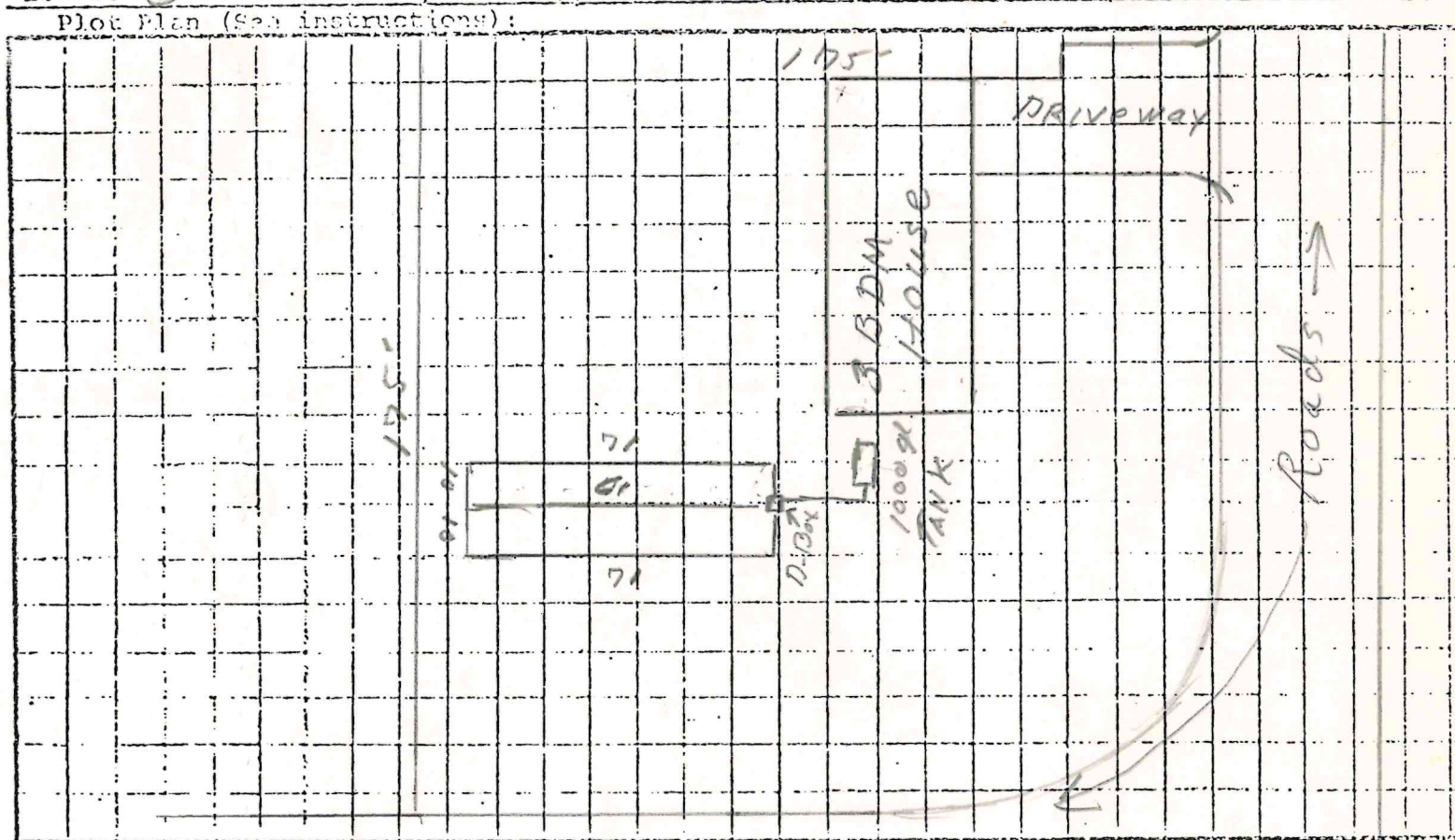
Permit No.

Installer's Name <i>John Carlson</i>		Property Address			
No. Living Units 1	Bedrooms 3	Baths	Basement Yes ___ No <u>X</u>	Water Supply Community ___ Public <u>X</u> Other-L	

Septic Tank:  
 Ft. from well Steel X Concrete \_\_\_ No. Compartments 1 Gal. Capacity 1000  
 Inside Dimensions: Ft.  
 Length 8' Width 58" Diameter 58" Depth 58"

Applicant Name <i>Richard MAIZE</i>	Tile Disposal Field: Distribution Box: Yes <u>X</u> No
Mailing Address <i>PO BOX 366 WARRENTON OREGON</i>	Other Distribution - Type
Address <i>SMITH LAKE ESTATS LOT 1+2</i>	Feet from Well Foundation 20 Lot Line Front 125 Side 125 Rear

Length of Lines - Ft.						Trench Width	Total sq. ft.	Ft. between Filter	Filter Type	Filter Depth above tile	Filter Depth below tile
1.	2.	3.	4.	5.	6.	24"	450	10	1/2	2 in.	6



Date *6/11/75* Signature *John Carlson*

For Sanitarian Use Only:  
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal  
 Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal

Remarks: \_\_\_\_\_ Date: \_\_\_\_\_

Sold to: MAIZE, Richard

Smith Lake, Lot 1  
Warrenton

# BUILDING DEPARTMENT

CLATSOP COUNTY, OREGON

8 10 33C 200  
AJ

BUILDING ADDRESS	LOT 1 Smith Lake Estate		CLASS OF WORK					
	LOCALITY	LOT #1 Smith Lake Estate		New	<input checked="" type="checkbox"/> Demolish			
NEAREST CROSS STREET	COR. Columbia Beach Road 12th Drive.		Alteration	<input type="checkbox"/> Repair				
PERMITS	Name	William N. Glossup		Addition	<input type="checkbox"/> Move			
	Address	Rt 4 Box 551		Use of Building	Residence			
ARCHITECT	City	Astoria	Tel. No.	454-4151	Size of Building	2360 sq ft	Height	14'
	Name			No. of Rooms	5	No. of Families	1	
CONTRACTOR	Address			No. of Floors	1	Size of Lot		
	City			No. of Bldgs.	1	Use of Bldg.	Residence	
LEGAL DESCRIPTION	State Lic. No.			Now on Lot	NONE	Now on Lot		
	Name	William N. Glossup		SPECIFICATIONS				
	Address	Rt 4 Box 551		FOUNDATION				
	City	Astoria Oregon		Material	Exterior	Piers		
	State Lic. No.			Width of Top	6"	16"X16"		
				Width of Bottom	14"			
				Depth in Ground	8" +	8" +		
				R. W. Plate	Size	Spacing	Span	
				Girders	4x6	4'	6'	
				Joist—1st Floor				
				Joist—2nd Floor				
				Joist—Ceiling	SEE TRUSS DETAIL			
				Exterior Studs	2x4	16"		
				Interior Studs	2x4	16"		
				Roof Rafters	SEE TRUSS DETAIL			
				Bearing Walls	2x4	16"		
				COVERING				
				Exterior Walls	Wood Sheeting	Roof	Cedar Shakes	
				Interior Walls	Sheet Rock	Reroofing		
				FLUES				
				Fireplace	BRICK	Fl. Furnace	12'X16"	
				Kitchen		Water Heater		
				Furnace	Gas	Oil		
				I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.				
				Signature of Permittee <i>William N. Glossup</i>				
				By <i>12-14-67</i>				

Type of Construction: I, II, III, IV, V.

Occupancy Group: A, B, C, D, E, F, G, H, I, J.

Division 1, 2, 3, 4.

Use of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3,

M1, M2.

Fire Zone: 1, 2, 3.



# APPLICATION FOR BUILDING PERMIT

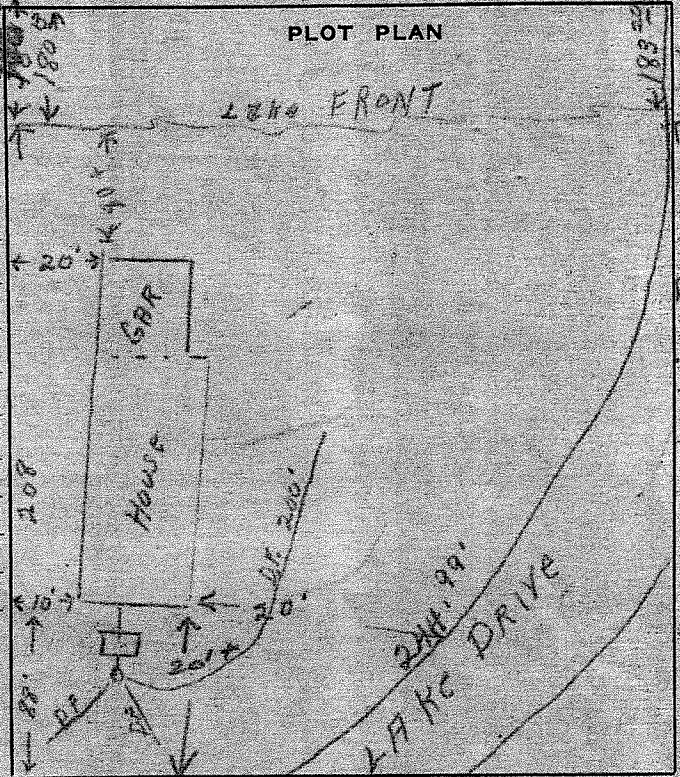
Bldg Permit No. <i>67-194</i>	Date Issued
Valuation \$ <i>23,398</i>	Basic Fee <i>75.00</i>
Area—1st Floor <i>1736</i>	(+) 50% I, II, III
Area—2nd Floor	(-) 50% V, J
Additional Area	Plan Checking Fee
Area—Type V J <i>624</i>	TOTAL <i>75.00</i>

### CALLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough <input checked="" type="checkbox"/>	Rough
Frame	Septic Tank	Finish
Plaster	Sewer	Fixtures
Flues	Gas	Motors
Final	Finish	Final

### SPECIAL INFORMATION

If access to a County Road is necessary, an Approach Permit, obtainable from the Clatsop County Road Department Office, Clatsop County Courthouse will be required before starting construction.



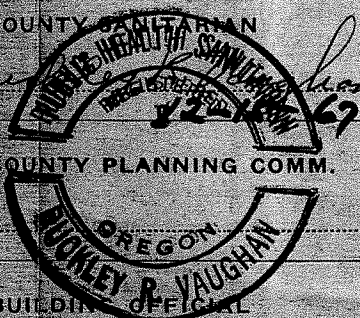
*3 bedrooms  
100 gal S.T.  
Dist Box  
150' x 6' Trenches 3' wide*

Map No. \_\_\_\_\_  
 St. No. Assigned \_\_\_\_\_  
 Field Check by \_\_\_\_\_  
 Date \_\_\_\_\_

### PLANNING AND ZONING

Type of Occupancy	<i>Residence</i>	
Total Floor Area	_____	
No. Stories	<i>1</i>	Total Height <i>14'</i>
Area of Lot	<i>approx 20,000 sq. ft.</i>	
Front Yard Setback	<i>20' +</i>	
Side Yard Setback	<i>10' - 20' +</i>	
Rear Yard Setback	<i>80'</i>	
New Const.	<input checked="" type="checkbox"/>	Alter. _____
Change of Occupancy From	_____	
To	_____	

APPROVED: COUNTY SANITARIAN  
 By *Buonley & Vaughan*



APPROVED: COUNTY PLANNING COMM.  
 By \_\_\_\_\_

APPROVED: BUILDING OFFICIAL  
 By \_\_\_\_\_

*Rec  
D.R.V.*

DATE

ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS

WORKER

- 12-15-67 F.V. dump for Co Bldg permit # 67-194. Plans call for 1000 gal septic tank, dist Box, 200' tile, trenches 3' wide. will call for sweep before back filling. signed Co Bldg permit. BRV
- 4-68 F.V. System installed by Robt Bridgman. metal septic tank. BRV  
House been sold to Richard Meize. BRV

1/4 Sec 33 T 8 N. R 10 W. W. M.  
 CLATSOP COUNTY

8 10 33C

DEPT. OF ENVIRONMENTAL QUALITY  
 RECEIVED

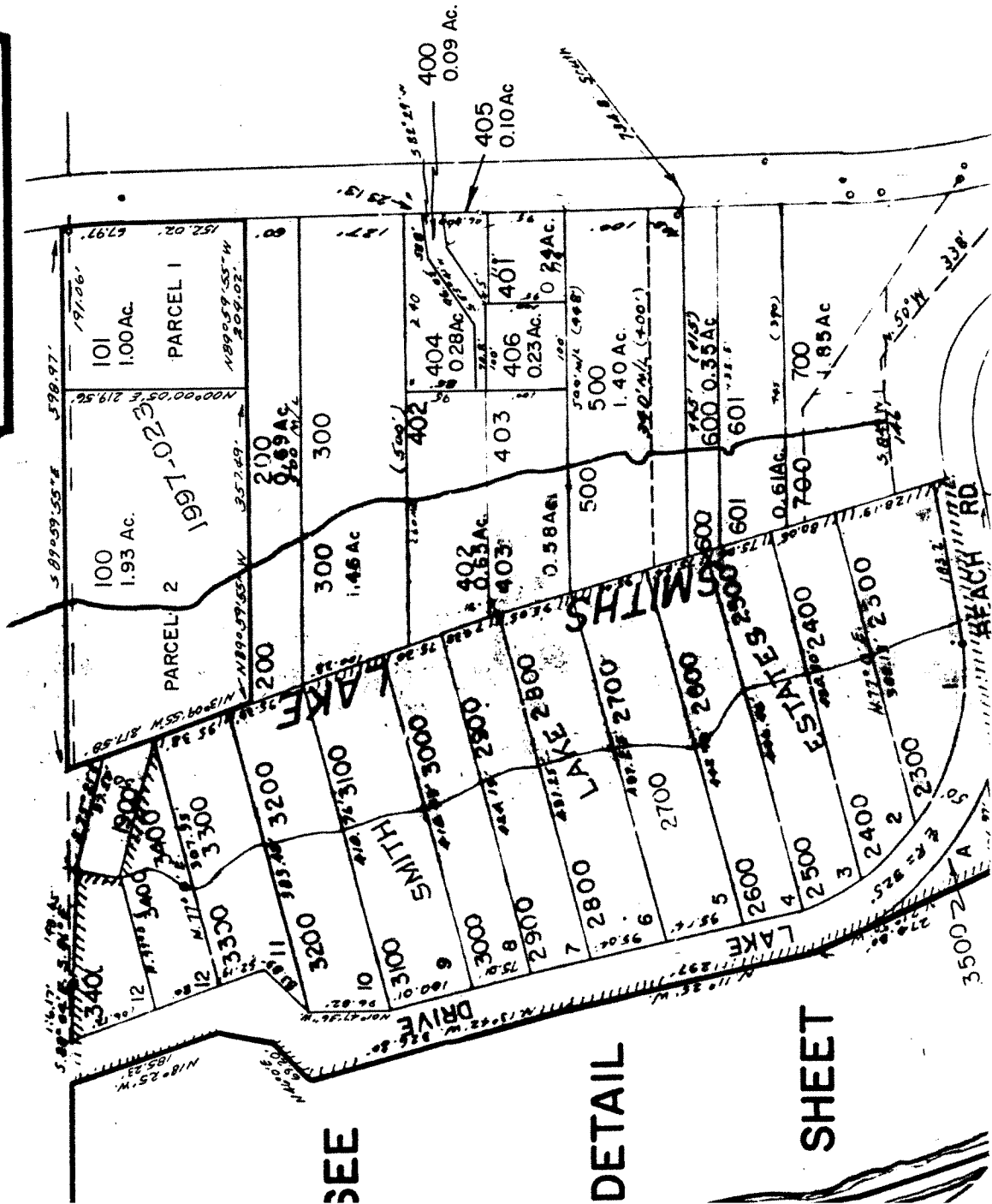
1" = 200'

PROPERTY  
 OF THE  
 CLATSOP COUNTY  
 ASSESSORS OFFICE

OCT 23 1997

NORTH COAST BRANCH OFFICE  
 WARRENTON

See Map No 8 10 33B



SEE

DETAIL

SHEET