



State of Oregon
Department of
Environmental
Quality

State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

RECEIVED
APR 10 2020
CLATSOP CO. PUBLIC HEALTH

Office Use Only
Date Rcv'd _____
Amt \$ _____
Ck # _____

Annual Operation and Maintenance Report Form

Owner did not pay renew

General Information (Complete ALL information)

Property Owner: Anderson Phone #: _____
 Site Address: 1135 McCormack GDS RD City: Gearhart
 County: Chasco Permit #: 500966 Startup Date: 5-16-18
 System Model #: ORenco System Serial #: _____
 Service Report Year: 2019
6 10 03DA 0010D

Onsite wastewater treatment system status: (Do not prefill and photocopy)

Yes No

- Was maintenance performed as required by septic system rules (OAR 340-071) and the manufacturer?
- Is the system operating in accordance with the agent-approved design specifications?
- Is the system currently under a service contract with a certified maintenance provider?

Is the system failing?

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to drain tiles or surface waters
- Sewage backup into plumbing fixtures
- If yes, was a repair permit obtained? If not, explain:

I certify that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

*Maintenance Provider Name (please print): Jerry Lebo

*Certification #: Rm124 *Certification Expiration Date: 4-19-22 (* Can be pre-filled & copied)

Original Signature: [Signature] Date: 3-31-20

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agent per OAR 340-071-0130(24).

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CLATSOP CO. PUBLIC HEALTH

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

#500966

Date: 5-16-18

Service Provider: **COMPLETE SEPTIC SERVICE**
41092 Zrak-Gnat Creek Lane
Astoria, OR 97103
Oregon DEQ Installer License #197
Oregon DEQ Pumper License # 37814
Oregon DEQ Maintenance Provider License # M238

6-10-3DA-100

Owner: Buddie Anderson
Seth Collins

System Location: 1135 McCORMACK GARDENS Rd
GEAR HART OR 97138

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/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 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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#500966

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.

COST/BILLING:

1. **Annual Rate.** The contract service work shall be charged at \$200.00 per year.
2. **Billings.** Billings shall be sent to the Owner prior to the 1st of the month w/ payment due by the 10th of each month.
3. **Annual Report fee.** The annual report fee (currently ~~\$57.00~~ ^{#60}) 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 mark-up of 20%.
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 \$600.00 (subject to change).

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

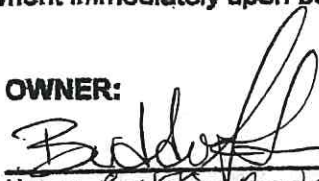
I agree to these terms of the contract, including payment immediately upon being invoiced. You are authorized to proceed with the work.

COMPLETE SEPTIC:



 Jerry Lebo, Owner
 Date: 5-16-18

OWNER:



 Name: Buddie Anderson
 Date: 5/17/18

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 500966 as follows:

PROPERTY INFORMATION

Property Owner: **Anderson Buddie Owens** Township **6**, Range **10**, Section **03 D A**
Property Location: **1135 McCormick Gardens Rd, Gearhart** Tax Lot **00100**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
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: **4.00 inches**
Minimum Trench Depth: **4.00 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.



Onsite Wastewater Specialist

4/30/2018

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: 500966

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Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the County when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: **Anderson Buddie Owens**
 Property Address: **1135 McCormick Gardens Rd, Gearhart**
 Township **6** Range **10** Section **03DA** Tax Lot(s) **00100**

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 4/26/18
 Tanks(2) Volume N/A Compartments _____ Manufacturer _____ Date _____
 Pumps: HP 1/2 Model/Manuf PF500SU Float(s)Type(1) P 3EA Model/Manuf MF ORESCO
 Float(s)Type(2) _____ 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 26 FT

C: Secondary Treatment Unit:

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

Sand Filter LATERAL Underdrain pipe Yes No Type BOTTOMLESS Container Dimensions 15' X 24'
 Diameter 1 1/4" ASTM#Other D1785 Length 132 FT
 Manifold Piping Diameter 1 1/4" ASTM#Other D1785 Length 12 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

D. Drainfield Media

Type: Gravel, Pipe or Alternative? 28yds DEQ SAND, 7yds EA DEQ PENGRANEL & DE. ROCK
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter _____ ASTM#Other _____ Length _____
 Comment: 2- 24" RISER W/LIDS FILTER FABRIC

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By Y. Van Nasteran
Permit No. 500966
Date 4/30/18

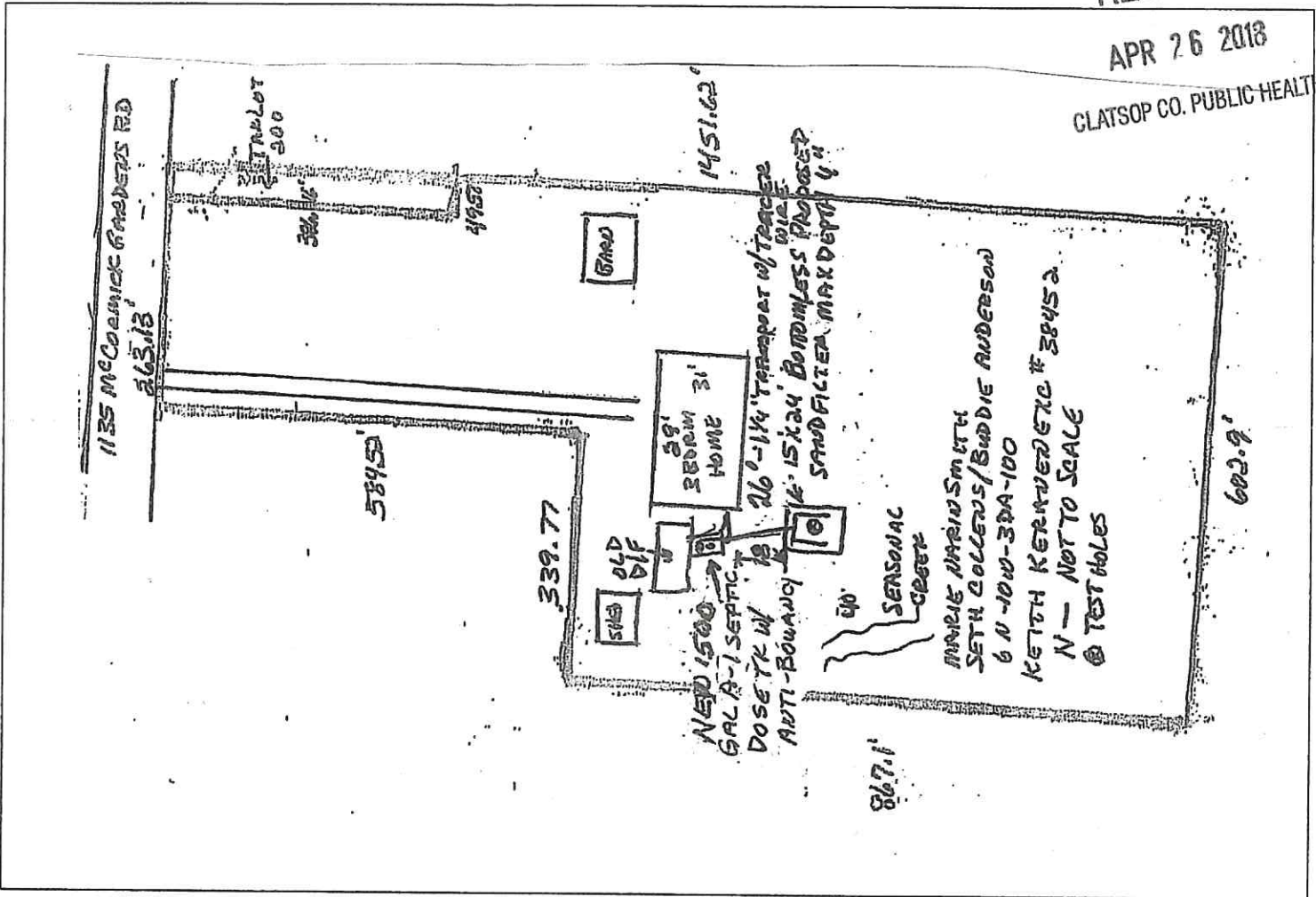
Section 3: As Built Plan of the Constructed System

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

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Section 4: Construction was performed by (Signature Required):

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

Owner/Permittee/Certified Installer w/Certification # _____ Print Name: KEITH KERANEN EXC.
 Licensed Installer Yes No License # 38452 Certification # _____
 Owner/Certified Installer Signature [Signature] Date 4/26/18
 Phone 503-717-2200 Phone _____ Email _____

Section 5: Office Use Only

Notice Accepted Yes No Date 04/26/18
 Installer/Owner/Permittee Notified Yes No Date 04/27/18
 If no, reason for non-acceptance _____

Comment final inspection 04/30/18

Clatsop County Department
of Public Health

On-Site Waste Water Program
Approved By J. Van Nostran
Permit No. 500966
Date 4/30/18



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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CLATSOP CO. PUBLIC HEALTH

DATE 4-24-18

NAME Kelogen excavation PHONE _____

ADDRESS 1135 McGORMACK GDS GEARHART OR

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

BURDIE ANDERSON

	DESCRIPTION	AMOUNT
	<u>Pump out & clean septic tank</u>	<u>400-</u>

THANK YOU

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

TOTAL 400-

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. Van Nostran
Permit No. 500966
Date 4/30/18



Clatsop County

Department of Public Health

820 Exchange St., Suite 100
Astoria, Oregon 97103

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

May 1, 2018

Buddie Anderson
Property address: 1135 McCormick Gardens Rd / # 6-10-3DA-100
Gearhart, OR. 97138
Permit #500966

RE: Certificate of Satisfactory Completion

Dear Mr. Anderson,

The Certificate of Satisfactory Completion (CSC), the document indicating the septic system installation process has been completed, cannot be released because one important document is missing and must be submitted first before the CSC can be mailed.

The State of Oregon requires that all alternative septic systems, like the one installed on your property, must have an ongoing operation and maintenance (O&M) contract provided by a licensed provider. This is a signed contract between you (the owner) and a licensed O&M provider for the system. This contract has not been submitted. **This contract MUST be provided to Clatsop County in order to receive a CSC.** A list of O&M providers is enclosed if you do not already have a provider.

If you have any questions, please do not hesitate to contact Michael McNickle, Environmental Health Supervisor, at 503-338- 3686 or email him at mmcnickle@co.clatsop.or.us

Thank you,

Annette Brodigan

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

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

Repair Permit - Major

This Repair Permit - Major, Permit #500966, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Anderson Buddie Owens** Township **6**, Range **10**, Section **03 DA**
Property Location: **1135 McCormick Gardens Rd, Gearhart** Tax Lot **00100**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Bottomless Sandfilter**
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: **4.00 inches**
Minimum Trench Depth: **4.00 inches**
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 Vehicular traffic and livestock must be restricted from the system area.
- 2 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 3 Timed dosing required - must include timer and dose counter
- 4 Filter fabric is required over the drain media.
- 5 All roof drains must be directed away from the system.
- 6 Properly decommission the old septic system in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 An electrical permit and inspection from the Clatsop County Building Codes Division is required for all pump wiring installation.
- 8 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.
- 9 The owner shall maintain an ongoing service contract with a DEQ certified Maintenance Provider.
- 10 A completed Operation and Maintenance Agreement must be submitted prior to the issuance of a Certificate of Satisfactory Completion
- 11 The alarm and pump must be on separate circuits in the control panel.
- 12 Each pump shall be wired on a separate circuit.
- 13 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 14 Meet all required setbacks.
- 15 Future repair may be a sandfilter or ATT

INSPECTION REQUIREMENTS

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

Nancy Mendoza

Authorized Agent:

Nancy Mendoza

Title:

Onsite Wastewater Specialist

Date Issued:

4/11/2018

Expiration Date:

4/11/2019

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-325-9303



#500966

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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CLATSOP CO. PUBLIC HEALTH
pd ck# 13
\$10600

Application for Onsite Sewage Treatment System

A. Property Owner Information

Name: MARIE MARIN SMITH OWNER / BUDDIE ANDERSON - BUYER
Mailing Address: 135 M^c CORMICK GARDENS RD SEASIDE, OR 97138
Phone Number: 503-440-1942

B. Legal Property Description

6N Township, 10W Range, 3DA Section, 100 Tax Lot, 1006 & 1002 Tax Account Number, 15.69 ACRES Acreage or Lot Size
CLATSOP County, Subdivision Name, Lot, Block

Property Address: 135 M^c CORMICK GARDENS RD. GEARHART, OR 97138

Directions to Property: GO SO. ON HWY 101 TO HILLICA RD, TURN LEFT, GO TO M^c CORMICK GARDENS TURN RT. PROP. IS 2ND LOT ON LEFT PAST SALMINEN ROAD.

C. Existing Facility / Proposed Facility / Water Information

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

D. Type of Application

[] Site Evaluation, [] Construction, [X] Permit Repair (Major), [] 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: GEORGE DWEN, Date:
Applicant's Name (Please Print Legibly): GEORGE DWEN, Applicant's Phone: 503-717-8681, Applicant's E-Mail Address: GUNTLMAN@GEORGE@GMAIL.COM

Applicant's Mailing Address: 89647 MARIAN DR WARRENTON, OR

Applicant is the: [] Owner, [X] Authorized Representative, [X] Licensed Septic Installer
[] Authorization Attached, Installers Name: KEITH KERADEN EXC. #38452



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
 # 500966

Notice Authorizing Representative

I, Buddie Owens Anderson, have authorized
(Property Owner - Please Print)

GEORGE OWEN

(Authorized Representative - Please Print)

To act as my agent in performing

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

PROPERTY IDENTIFICATION

1135 M^cCORMICK GARDENS RD GEARHART

Property Situs or Road Address

And described in the records of Clatsop County as: CLATSOP

Township 6N Range 10W Section 3DA Tax Lot 100 Map ID _____
 Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: BUDDIE ANDERSON
MARIE WARIN SMITH

Email: aladybud@hotmail.com

Mail Address: 1135 M^cCORMICK GARDENS RD

City/State/Zip SEASIDE, OR 97138

Phone: 503-440-1942 / 971-241-3864

FAX: _____

Signature: [Signature]

Date: 4/2/18

AUTHORIZED REPRESENTATIVE:

Name: GEORGE OWEN

Email: GNTLMAN GEORGE@GMAIL.COM

Mail Address: 89647 MANION DR

City/State/Zip WARRENTON, OR 97146

Phone: 503-717-8681

FAX: 503-717-8681

Signature: [Signature]

Date: 4/2/18

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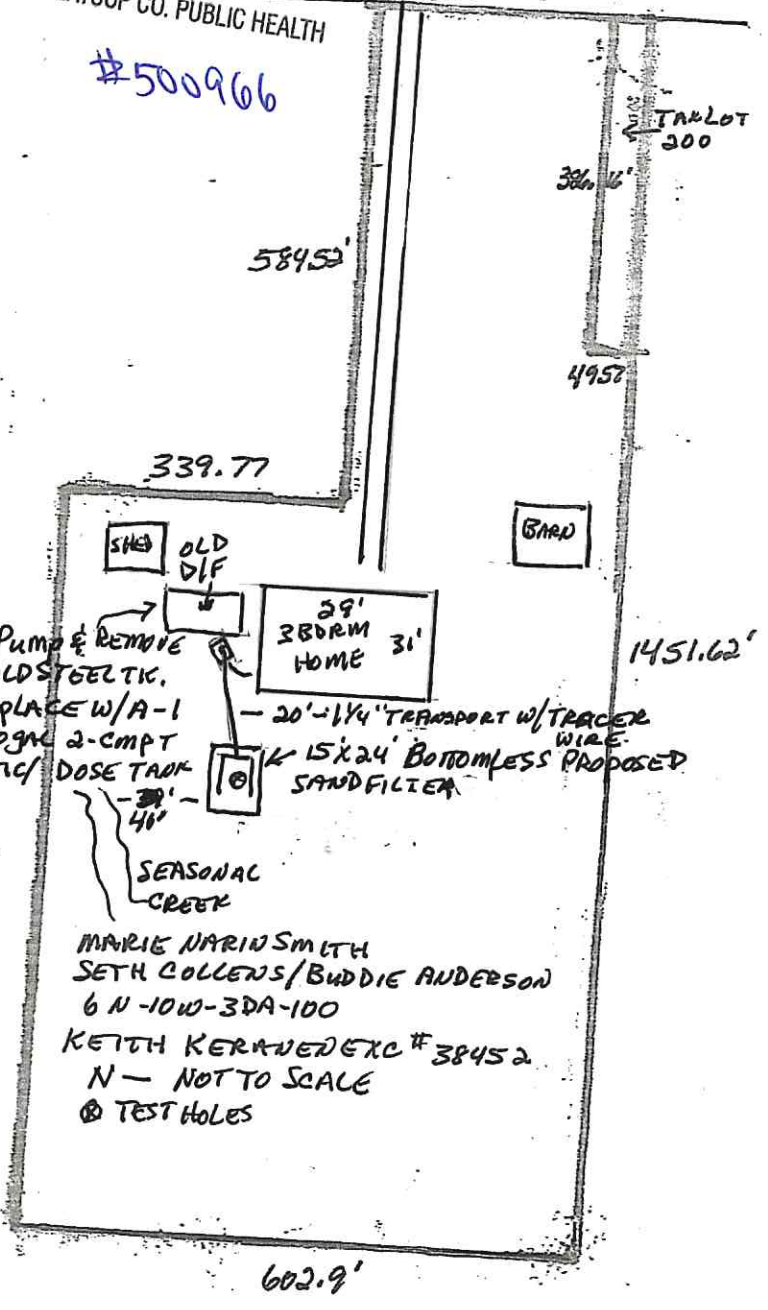
APR 06 2018

1135 MCCORMICK GARDENS RD

263.13'

CLATSOP CO. PUBLIC HEALTH

#500966



15'x24' Intermittent Sand Filter*

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

5009 Lep

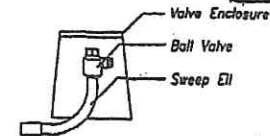
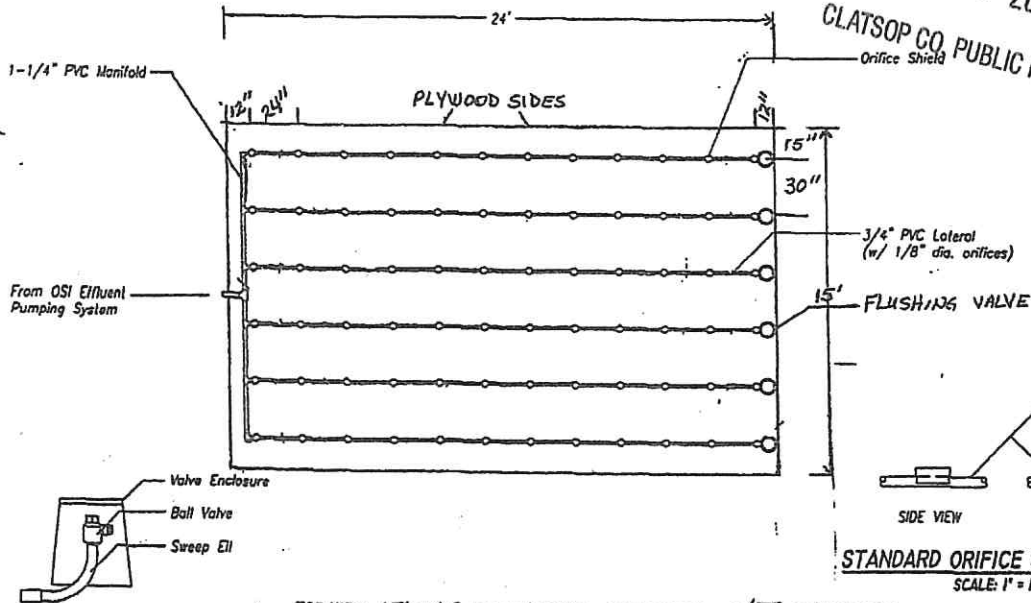
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Oreco Systems[®]
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479-9012
TELEPHONE:
(541) 455-4449
FACSIMILE:
(541) 455-2884

CLATSOP CO. PUBLIC HEALTH



FLUSHING VALVE DETAIL

SCALE: 1" = 1'-0"

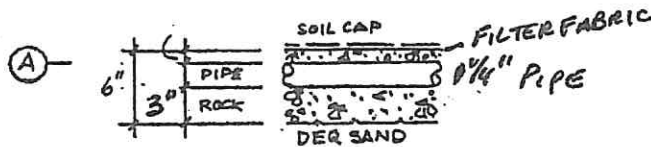
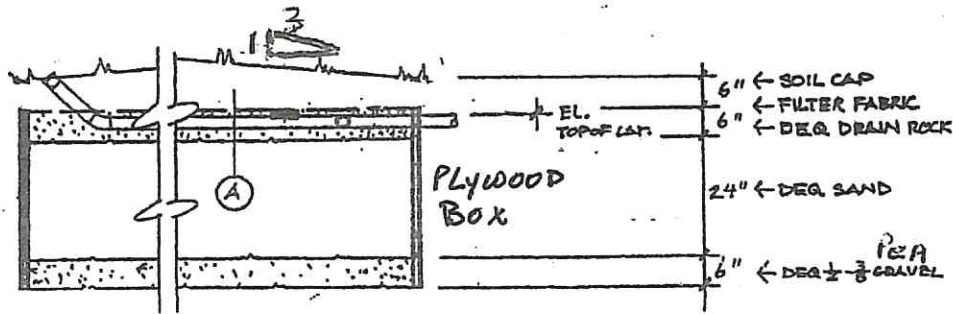
Patent # 5,360,556
© 1998, Oreco Systems, Inc.

TOP VIEW - 15'X24' BOTTOMLESS SAND FILTER w/72 ORIFICES

Note: See additional details on
NDW-ISF-5-3

BUDDIE ANDERSON
6N-10W-30A-100
KETH KERRAN EXC. #38452

NDW-ISF-2024L-1



EL. NATURAL GRADE	0.00'
EL. TOP OF MANAFOLD	+3.00'
EL. PUMP BASE	-4.50'
STATIC HEAD	= 7.50'

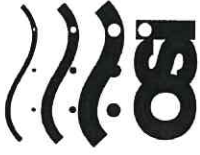
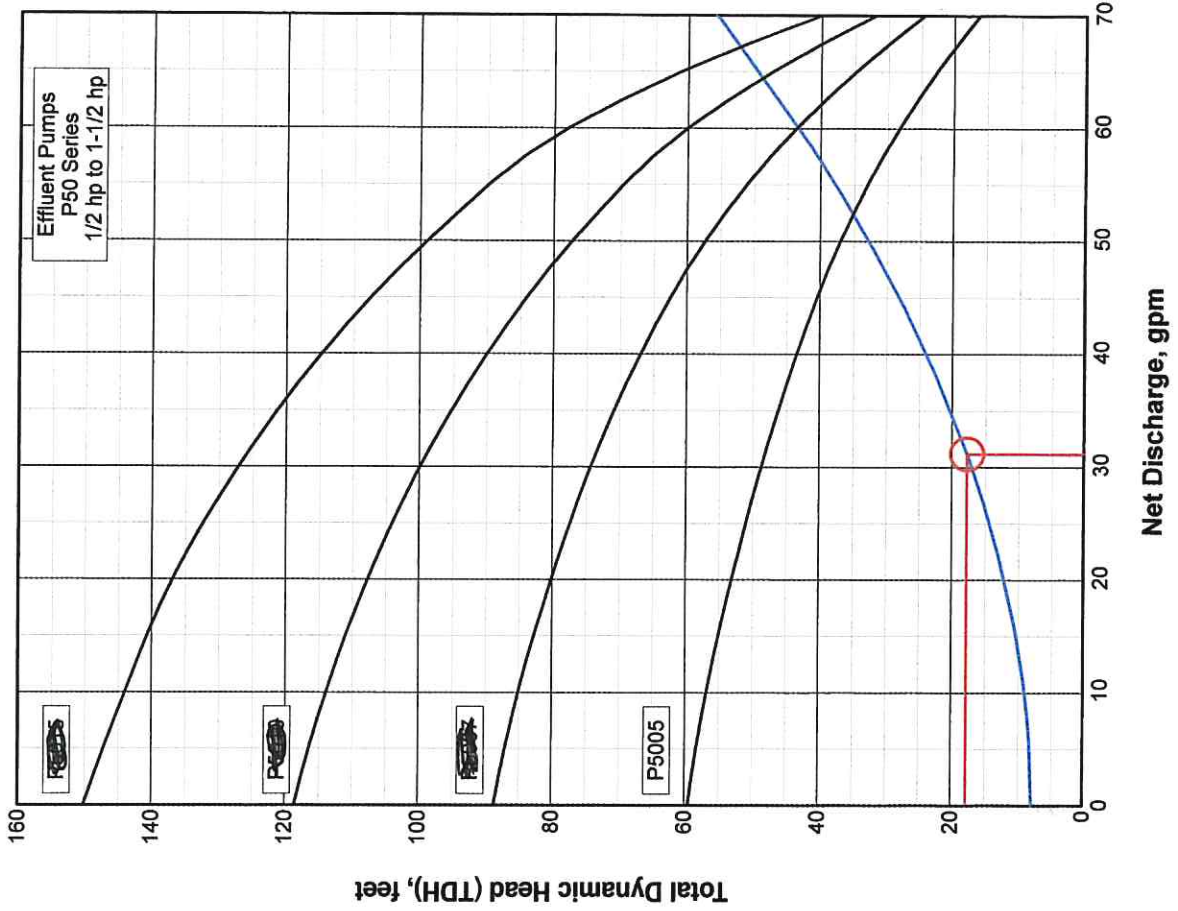
BOTTOMLESS SAND FILTER
MANAFOLD SECTION

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	6
Lateral Length	22.0 feet
Lateral Line Size	1.25 inches
Lateral Pipe Class/Schedule	40
Distributing Valve Model	None
Manifold Length	12.5 feet
Manifold Line Size	1.25 inches
Manifold Pipe Class/Schedule	40
Lift to Manifold	8.0 feet
Transport Length	20.0 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	6
% Flow Differential 1st and Last Orifice	0.3 %
Lift to Manifold	8.0 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	0.4 feet
Head Loss in Transport Pipe	2.4 feet
Head Loss Through Discharge	1.9 feet
Head Loss Through Flow Meter	0.0 feet
'Add-on' Friction Losses	0.0 feet
Total Flow Rate	31.2 gpm
TDH	17.8 feet

Buddie Anderson 6N-10W-3DA-100
Keith Keranen Exc. #38452



Orencia System
Incorporated

814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479

TOLL FREE:
(800) 348-9843

TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884

www.orencd.com

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**PARTS LIST
15' x 24' Sandfilter
Buddie Anderson
6N-10W-3DA-100**

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- 1 A-1 1500 gal 2-cmpt septic/dose tank
- 2 24" x 24" poly risers
- 2 24" poly lids w/screws
- 2 ADH100 adhesive
- 1 PF500511 pump, ½hp, 115v. (Orenco)
- 1 PVU57-1819 pump vault
- 1 MVP-S1/DM control panel (time dosed)
- 1 SBEX4 splice box (external)
- 1 HV200BCX hose & valve assembly
- 1 MF3P Float stem
- 1 G2L grommet
- 72 ea 1¼" OS125 orifice shields
- 27yds DEQ sand
- 7yds DEQ peagravel
- 7yds DEQ drain Rock
- 180ft 1¼" PVC solid pipe
- 14 1¼" PVC 45° ells
- 2 1¼" PVC 90° ells
- 5 1¼" PVC "T"
- 6 7" round valve covers
- 6 1¼" PVC shut-off valves
- 1 2" x 1¼" PVC reducer
- Filter fabric
- Plywood and 2 x 4 boards for sandfilter box

MARIE MARIN SMITH
BUDDIE ANDERSON
6U-10W-3DA-100

Map

KEITH KERANGL EXC #38452



6U-10-3DA-100 = 15.64 acres

S18°E
110

300946
RECEIVED
APR 26 2018
CLATSOP CO. PUBLIC HEALTH



Clatsop County Webmaps

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Septic Application

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

For Department Use Only

Permit # **500966**
 Permit Type: **Repair Permit**
 Entry Date: **4/6/2018**
 Issued By: **Bryan Hall**
 Permit Status: **Assigned**

Permit Timeline

User	Status	Date
Bryan Hall	Entered	04/06/2018
Nancy Mendoza	Assigned	04/06/2018

Work Description

Work Description: **Major Repair**

Remarks:

Owner

Name: **Anderson Buddie Owens** Ph. #: () - Cell: () -
 Address: 1135 McCormick Gardens Rd E-Mail: Fax: () -
 City, State, Zip: Seaside, OR 97138

Applicant

George Owen Ph. 5037178681 Fax
 89647 Manion Dr Cell E-Mail
 Warrenton, OR 97146

Fees

<u>Fee Type:</u>	<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
Septic	\$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>
	Check	13	04/06/2018	\$660.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: *George Owen* **Date:** 4/6/18
Owner Signature: _____ **Date:** _____

Map



6-10-30A-100 = 15.69 acres



Clatsop County Webmaps

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