1250 Abernathy Cr. Rd.

ENVIRONMENTAL HEALTH SECTION

COWLITZ-WAHKIAKUM COUNTIES HEALTH DISTRICT
1615 HUDSON
LONGVIEW, WASHINGTON 98632

PHONE, 425-7400

SEWAGE PERMIT APPROVAL

Town of: Longview

Property address: 1250 Abernathy Cr. Rd. County of: Cowlitz

Permit name: Charles Golden

Section 35 Township 9N Range 4W Subdivision _____ Lot ____ Block ____

APPROVED FOR: Two bedroom house - Repair - system replacement

Specification requirements:

Septic tank: 750 gallon capacity total minimum Two Compartment

Drainfield: 300 square feet total minimum (length X width of trenches)

The suggested layout for this system is:

No. of drainfield lines: 2

Length of drainfield lines: 50 feet each Width of drainfield lines: 3 feet each

Other requirements: (1) The drainfield shall be in the area shown on enclosed sketch. (2) drainfield lines shall follow the slope contour. (3) Trench bottoms shall be level. (4) Perforated pipe shall have a maximum downward slope of 3 inches per 50 feet. (5) The drainfield area shall be fenced or in some other way protected from cattle or vehicles.

See enclosed sketches

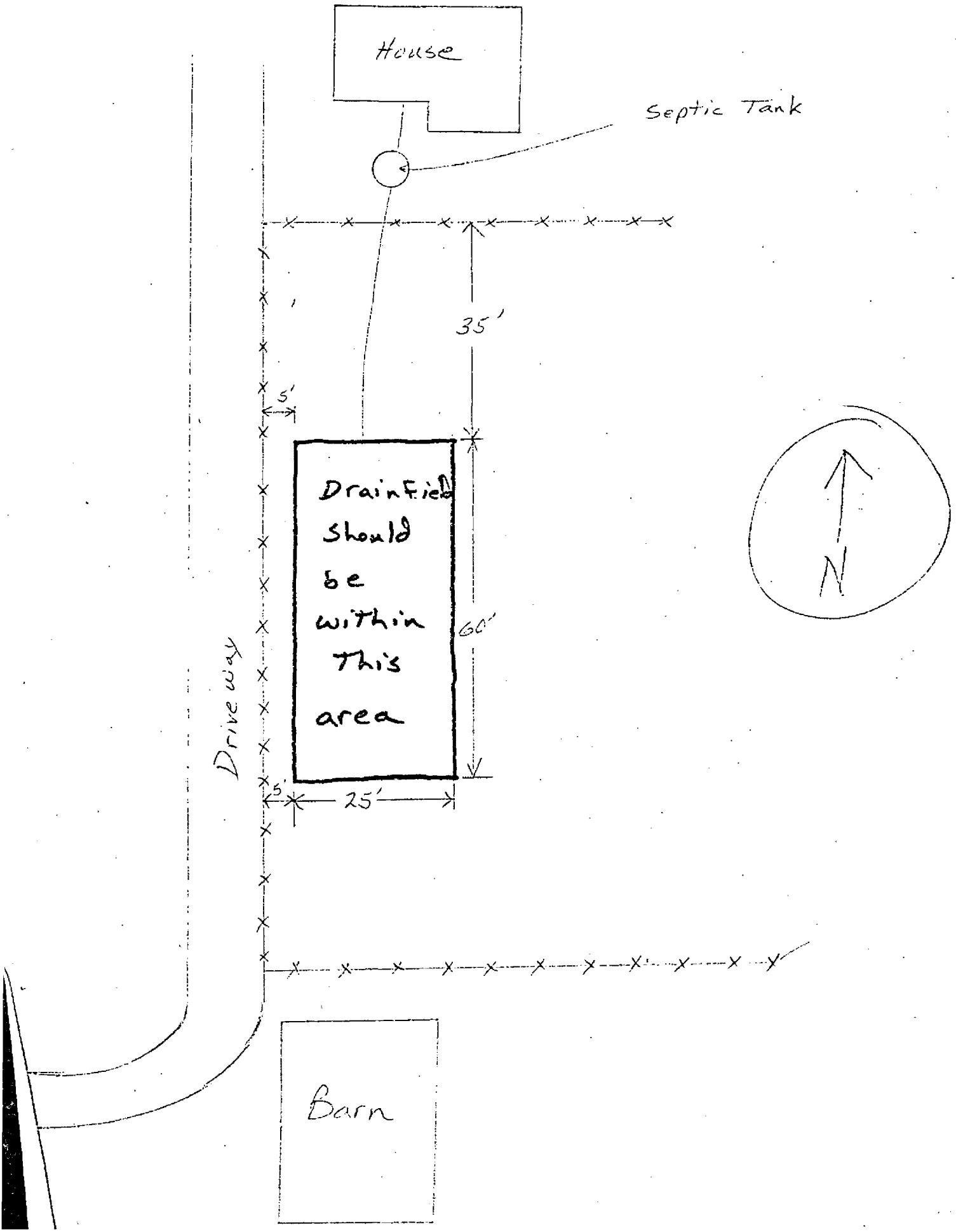
THIS APPROVAL IS ISSUED SUBJECT TO THE FOLLOWING:

1. Development approved only as shown on application form and any attachments. Install sewage system only in area approved for this purpose by Health District.
2. No filling or excavating in approved sewage system area is allowed unless prior written approval is given from Health District.
3. Sewage system to be installed according to Sanitary Code including any special requirements for your particular installation.
4. Present a copy of this form to sewage system installer along with any other written Health District requirements for installation of system.
5. Structure not to be occupied until final inspection done and approval given to cover system, and until system is actually covered (unless repair done to occupied structure). GIVE HEALTH DISTRICT AT LEAST 24 HOURS' NOTICE BEFORE TIME FINAL INSPECTION WANTED.
6. THIS PERMIT IS NOT TRANSFERRABLE TO ANOTHER PERSON.
7. PRESENT THIS FORM FOR MOBILE HOME PLACEMENT PERMIT OR BUILDING PERMIT IN COWLITZ COUNTY.

COUNTY OR CITY: DO NOT ACCEPT THIS PERMIT APPROVAL IF ALTERED, OR IF INFORMATION YOU OBTAIN DOES NOT CORRESPOND WITH THIS PERMIT APPROVAL.

Approved by Craig E. Wells Date June 22, 1976

Permit Office


House
Septic Tank
35'
5'
Drainfield should be within this area
60'
5'
25'
Drive way
N
Barn

SOIL INFORMATION:

SOIL SERIES Camas Cobby Loam

HOLE NUMBER	1	2	3	4	5	6
DEPTH						
WATER LEVEL	None					
MOTTLING	None					
SOIL CLASSIFICATION	Cobby ~~loa~~ Sandy Loam 0"-3'					
	Coarse Sand 3'<					

PERCOLATION TEST						
TIME: START						
TIME: END						
ELAPSED TIME						
DEPTH: START						
DEPTH: END						
FALL IN INCHES						
PERC. RATE						

REMARKS: