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SOIL EVALUATION REPORT

#EC-308-92 DCD

OCT 30 1992

PROPERTY LOCATION 479 Agren Road

APPLICANT: Mr. and Mrs. H. C. Robison

PHONE: 636-2355

MAILING ADDRESS: # 2 Alpine Place

Longview

WA

98632

CITY

STATE

ZIP

SPECIFICATIONS:

FOR 3 BEDROOM DWELLING:

SEPTIC TANK 900 GALLON MINIMUM CAPACITY (TWO COMPARTMENT)

TYPE OF WATER SUPPLY:

DRAINFIELD 720 SQUARE FEET TOTAL MINIMUM (LENGTH X WIDTH OF TRENCHES)

private well

EXISTING _____ PROPOSED x

LAYOUT OF SYSTEM:

NUMBER OF DRAINFIELD LINES: 3 OR _____

LENGTH OF DRAINFIELD LINES: 80 OR _____

WIDTH OF DRAINFIELD LINES: 3 OR _____

TRENCH DEPTH: MINIMUM 18", MAXIMUM 24"

MINIMUM DISTANCE BETWEEN TRENCHES (CENTER TO CENTER): 7.5'

ADDITIONAL REQUIREMENTS:

NOTE:

This approval indicates that this site is suitable for septic tank and drainfield use. A septic tank permit will be issued by the Department of Community Development provided the site meets the requirements of other relevant regulations such as the County Comprehensive Plan, the Subdivision Ordinance, and the Shoreline Management Plan.

OFFICE COPY

SUBMITTED BY: *H. C. Robison*

DCD COPY

10 28 92

Date Sent _____

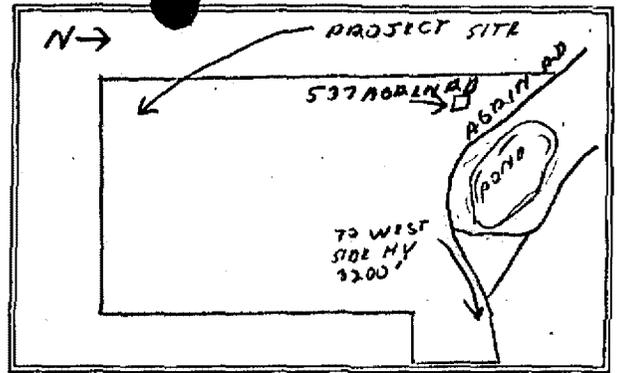
DATE

APPLICANT'S COPY

Date Sent _____

VICINITY MAP MUST SHOW:

1. Location of property. >
2. Directional arrow indicating north. >
3. Any adjacent property addresses and landmarks near subject property. >
4. Nearest intersecting roads. >



Robison

14, 14A-1, 15

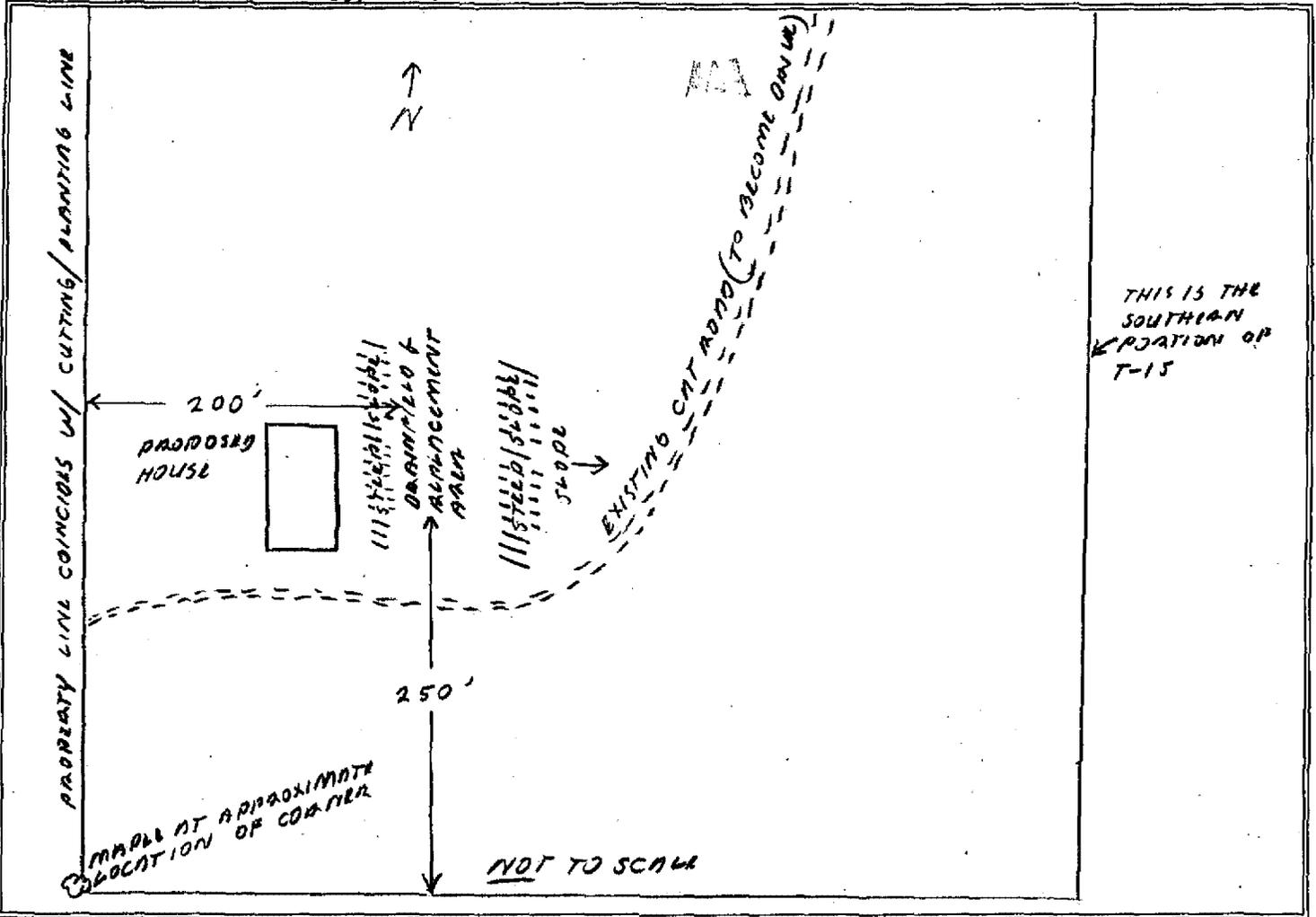
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419 Agreen Rd

5-10-2W

OCT 30 1992

WK0514001



SITE PLAN MUST SHOW:

1. Lot dimensions and property lines.
2. Directional arrow indicating north.
3. Road location and any existing or proposed driveways.
4. All proposed and existing structures, their dimensions and distances to each other, to property lines and to centerline of road.
5. Location of soil test area, drainfield, reserve drainfield area, slope of land, well, and their distances to proposed structures or projects.
6. Location and amount of any fill or grading.
7. Location of address stake, if applicable.
8. All bodies of water, natural and manmade (streams, creeks, rivers, ditches, etc.), and distance to proposed structures or development.
9. All easements (utility, access, etc.)
10. Adjacent property addresses and uses.
11. Draw to scale, if possible.

WATER WELL REPORT
STATE OF WASHINGTON

UWID AAG-810
Start Card No. W 30776
Water Right Permit No.

(1) OWNER: Name **ROBISON, H.C.** Address **537 AGRON RD. CASTLE ROCK, WA 98611-**

(2) LOCATION OF WELL: County **COWLITZ**
(2a) STREET ADDRESS OF WELL (or nearest address) **479 AGRON RD.** - SB 1/4 SE 1/4 Sec 5 T 10 N., R 2 W

(3) PROPOSED USE: **DOMESTIC**

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well
(If more than one)
NEW WELL Method: **ROTARY AIR**

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **71** ft. Depth of completed well **71** ft.

MATERIAL	FROM	TO
TOPSOIL BROWN	0	5
CLAY GRITTY GREY	5	15
BOULDERS W/ CLAY BROWN	15	30
CLAY W/ BROKEN ROCK BROWN	30	52
CLAYSTONE GREY	52	61
ROCK-BROKEN GREY WATER BEARING	61	71

(6) CONSTRUCTION DETAILS:
Casing installed: **6** * Dia. from **+1** ft. to **68** ft.
STBBL * Dia. from ft. to ft.
* Dia. from ft. to ft.

TDS **35**
HARDNESS **5**
IRON **1**
PH **7.5**

Perforations: **NO**
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: **NO**
Manufacturer's Name
Type Model No.
Diam. slot size from ft. to ft.
Diam. slot size from ft. to ft.

Gravel packed: **NO** Size of gravel
Gravel placed from ft. to ft.

Surface seal: **YES** To what depth? **25** ft.
Material used in seal **CEMENT GROUT**
Did any strata contain unusable water? **NO**
Type of water? Depth of strata **N/A** ft.
Method of sealing strata off **PRESSURE GROUT**

(7) PUMP: Manufacturer's Name **N/A**
Type **N/A** H.P.

(8) WATER LEVELS: Land-surface elevation
Static level **40** ft. above mean sea level ... **200** ft.
Artesian Pressure lbs. per square inch Date **03/28/94**
Artesian water controlled by **N/A**

Work started **3/28/94** Completed **03/28/94**

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? **NO** If yes, by whom?
Yield: gal./min with ft. drawdown after hrs.

WELL CONSTRUCTOR CERTIFICATION:
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME **EDGELL WELL DRILLING INC.**
(Person, firm, or corporation) (Type or print)

ADDRESS **P O BX 695 CASTLE ROCK WA**

[SIGNED]  License No. **2165**

Contractor's Registration No. **RONEDWD065D1** Date **03/28/94**

Recovery data
Time Water Level Time Water Level Time Water Level

Date of test **1/1**
Bailer test gal./min. ft. drawdown after hrs.
Air test **28** gal./min. w/ stem set at **68** ft. for **1** hrs.
Artesian flow g.p.m. Date
Temperature of water **51** Was a chemical analysis made? **YES**