COWLITZ COUNTY

DEPARTMENT OF COMMUNITY DEVELOPMENT

COUNTY ADMINISTRATION BLDG.—207 FOURTH AVENUE, NORTH
KELSO, WASHINGTON 98626 TEL. NO. 577-3052

SEWAGE PERMIT APPROVAL

Property Address: ~~355 SyRedMill~~ 597 Agren Road Town Castle Rock

Permit Name: Bob G. Redmill

Home Address: 315 Adan Street

City Castle Rock State WA. Zip Code 98611

Section: 5 Township 10N Range 2W Tax Lot# Parcel No. T-11B

Subdivision Lot Block

Lot Size Number of Acres 5.0 acres

APPROVED FOR: THREE BEDROOM DWELLING SEPTIC SYSTEM

Septic Tank: 900 Gallon minimum Capacity (two compartment)

Drainfield: 630 Sq. Ft., Total minimum (length X width of trenches)

Suggested layout of system:

Number of drainfield lines:	3		4
Length of drainfield lines:	70 feet	OR	53 feet
Width of distribution lines:	3 feet		3 feet

Trench Depth: Minimum 20 inches Maximum 32 inches Depth into natural ground ----------

Minimum distance between Trenches — Center to Center 7½ feet

OTHER REQUIREMENTS:

1/ The drainfield shall remain a minimum distance of 100 feet from all wells ~~and surface waters, including those located on adjacent properties.~~

2/ The drainfield shall remain a minimum distance of 10 feet from all property boundaries, trees, water lines under pressure and buildings.

3/ ~~The drainfield shall be established along slope contours, trench bottoms~~ shall remain level and not be driven nor grazed upon at any time.

4/ All house downspouts and other surface drains shall be diverted away from ~~the drainfield area.~~

OTHER ITEMS

0-36" reddish brown silt loam

36-54" reddish brown light silty clay loam

highly oxidized - no mottles - well drained

slope 5%

APPROVED BY: Don Olson DATE: 7-2-82

MASTER APPLICATION

Print Legible — Press Hard

Appl/Permit NO. 1187
Date 7-9-82 By
Plan Check NO. 82-06-62

APPLICANT Bob G. Redmill TELEPHONE 274-4535
ADDRESS 315 Aden St CITY Castle Rock STATE Wash ZIP 98611
PROPERTY OWNER Same TELEPHONE
MAILING ADDRESS 593 Agren Rd CITY Castle Rock STATE Wash ZIP 98611

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PROJECT ADDRESS NO. ~~593~~ 597 STREET Agren Rd CITY Castle Rock
SUBDIVISION LOT BLOCK NW1/4SW1/4
SECTION 5 T10NR2WWM TOWNSHIP Castle Rock 10 RANGE T10N R2W WM TAX LOT NO. 7-11-B
PARCEL NO. WK0511003 ACRES 5 AUDITORS FEE NO. 810, 128, 001

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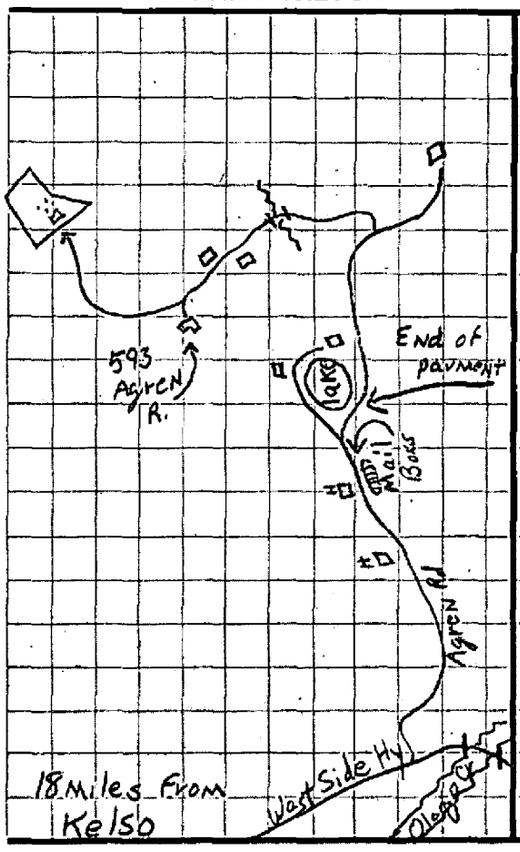
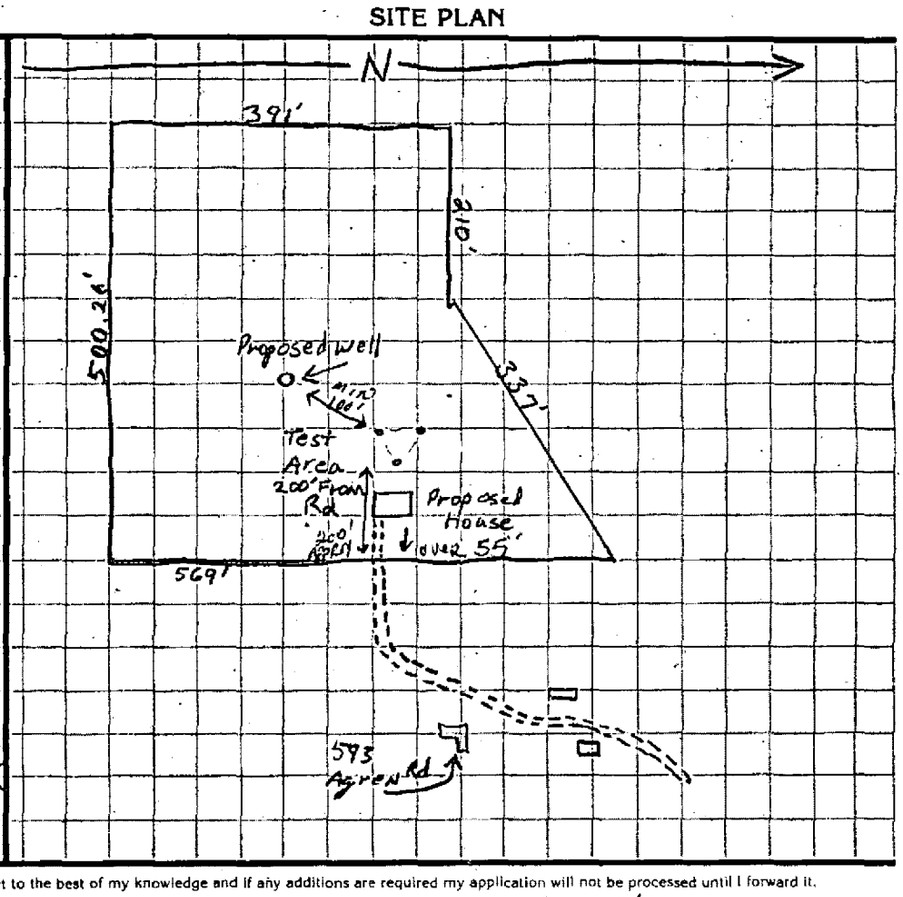
DESCRIBE PROJECT Soil Test & Address
3 Bedroom Home -
NO. OF BDRMS. 3

WATER SUPPLIED BY: Well Private X Public ___ Existing ___ New X
SEWAGE DISPOSED BY: Septic Tank Private X Public ___ Existing ___ New X
BUILDER Bob Redmill CONTRACTORS LICENSE NO. N.A.
TYPE OF HEATING Elec. Heat Pump FAIR MARKET VALUE OF PROJECT $ 23,000.00

VICINITY SKETCH



SITE PLAN



The above information and attachments are true and correct to the best of my knowledge and if any additions are required my application will not be processed until I forward it.

Date 6/20/82 Applicants Signature Bob Redmill

PLEASE NOTE BACK OF CARD FOR BUILDING INSPECTION REQUIREMENTS

MINIMUM SPECIFICATIONS

Date 7-8-82 Permit Approved By Hanen

	PERMIT FEES	CODE	BY
Soil Evaluation	25.00	SN	BB
Final Inspection			
Transfer			
Building	292.00	S.F.	Elton
Plan Check	40% 116.80		
Plmb/Mech	Incl. in permit		
Mobile Home			
Other			
TOTAL	408.80		

1. Receipt No. 009961 Date 6-29-82
2. Receipt No. 009995 Date 7-9-82
3. Receipt No. ___ Date ___

Zoning ___ Comp Plan F-op-sp. Flood Plain ___
Type of Occupancy: Existing ___ Proposed R-3
Address stake will be placed-Date: ___ By: ___ Date: 7-2-82
Address Assigned: 597 Agren Rd
Soil Test Date 7-1-82 Re-test ___

SPECIAL NOTES:

Process for Bldg. Permit 7-2-82
Be sure to call for Req. insp.

FINAL inspection approval soil: Date ___ By ___
FINAL inspection approval bldg: Date ___ By ___

Log 948

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT
STATE OF WASHINGTON

Application No. .....
Permit No. .....

(1) OWNER: Name Bob Redmill Address 593 Agren Rd Castle Rock

(2) LOCATION OF WELL: County Cowlitz — NW¼ SW¼ Sec. 5 T. 10 N., R. 2W W.M.

Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☑ Industrial ☐ Municipal ☐ Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) .....
New well ☑ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☑ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 201 ft. Depth of completed well 201 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from +1 ft. to 99'8" ft.
Threaded ☐ 5" Diam. from 90 ft. to 201 ft.
Welded ☑ ....." Diam. from ..... ft. to ..... ft.

Perforations: Yes ☑ No ☐
Type of perforator used Torch cut
SIZE of perforations 1/4 in. by 6 in.
18 perforations from 141 ft. to 201 ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.

Screens: Yes ☐ No ☑
Manufacturer's Name .....
Type ..... Model No. .....
Diam. ..... Slot size ..... from ..... ft. to ..... ft.
Diam. ..... Slot size ..... from ..... ft. to ..... ft.

Gravel packed: Yes ☐ No ☑ Size of gravel: .....
Gravel placed from ..... ft. to ..... ft.

Surface seal: Yes ☑ No ☐ To what depth? 60 ft.
Material used in seal cement grout
Did any strata contain unusable water? Yes ☐ No ☑
Type of water? ..... Depth of strata .....
Method of sealing strata off .....

(7) PUMP: Manufacturer's Name .....
Type: ..... H.P. .....

(8) WATER LEVELS: Land-surface elevation above mean sea level .... ft.
Static level 127 ft. below top of well Date 9-15-82
Artesian pressure ..... lbs. per square inch Date .....
Artesian water is controlled by ..... (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☑ No ☐ If yes, by whom? Driller
Yield: 5.6 gal./min. with 73 ft. drawdown after 1 hrs.
Air rotary tested at 200 feet
" @ 336 G.P.H. "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test .....
Bailer test ..... gal./min. with ..... ft. drawdown after ..... hrs.
Artesian flow ..... g.p.m. Date .....
Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☑

(10) WELL LOG:

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 of formation.

MATERIAL	FROM	TO
top soil	0	2
clay reddish brown	2	35
boulders + basalt rock	35	51
clay blue	51	72
silt stone blue gray	72	89
rock black	89	145
shale rock reddish black medium	145	185
rock black medium	185	201

Work started Sept. 14, 1982 Completed Sept. 15, 1982

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Dale McGhee + Sons Well Drilling
(Person, firm, or corporation) (Type or print)

Address 3032 Allen St. Kelso

[Signed] J. Steve McGhee
(Well Driller)

License No. 0298 Date Sept. 17, 1982

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20