



SEWAGE PERMIT APPROVAL

Property Address: 584 Neimi Road Town Woodland

Permit Name: A. Hvlak

Home Address: 291 Island Air Drive

City Woodland State Washington Zip Code 98674

Section: 2 Township 5 North Range 1 East Tax Lot# _____ Parcel No. _____

Subdivision _____ Lot _____ Block _____

Lot Size Approx. 578 x 580 Number of Acres 5.12

APPROVED FOR: Three Bedroom Dwelling

Septic Tank: 900 Gallon minimum Capacity (two compartment)

Drainfield: 585 Sq. Ft., Total minimum (length X width of trenches)

Suggested layout of system:

Number of drainfield lines:	<u>3</u>	} OR {	<u>4</u>
Length of drainfield lines:	<u>65 feet</u>		<u>49 feet</u>
Width of distribution lines:	<u>3 feet</u>		<u>3 feet</u>

Trench Depth: Minimum 18 inches Maximum 24 inches Depth into natural ground _____

Minimum distance between Trenches — Center to Center 7 1/2 feet

OTHER REQUIREMENTS No further down slope than lowest test holes

1/ Drainfield will be established along contours of the slope, lines will remain level.

2/ Drainfield will remain a minimum of 100 feet from all surface waters and wells, including those on adjoining properties.

3/ Drainfield will remain a minimum of 10 feet from all property boundaries, trees, and buildings.

4/ Drainfield will not be driven upon, and nor shall it be grazed by cattle and/or horses.

OTHER ITEMS

- slope about 8/12 %
- about 0/12 inches silt loam
- about 12/32-36 inches silty clay loam
- about 32-36/48 inches clay loam

ENCLOSURES

APPROVED BY: [Signature] DATE: July 21, 1978

MASTER APPLICATION

(Please Print)

Permit No. _____

Date 7/11/78 By D.P.

APPLICANT MR HYLAK (FRED ALBRECHT 225 9486) TELEPHONE _____

ADDRESS 291 ISLAND AIR DR, SP 37 CITY WOODLAND STATE CA ZIP 98674

PROPERTY OWNER ANTON TELEPHONE _____

ADDRESS 291 ISLAND AIR DR, SP 37 CITY WOODLAND STATE CA ZIP _____

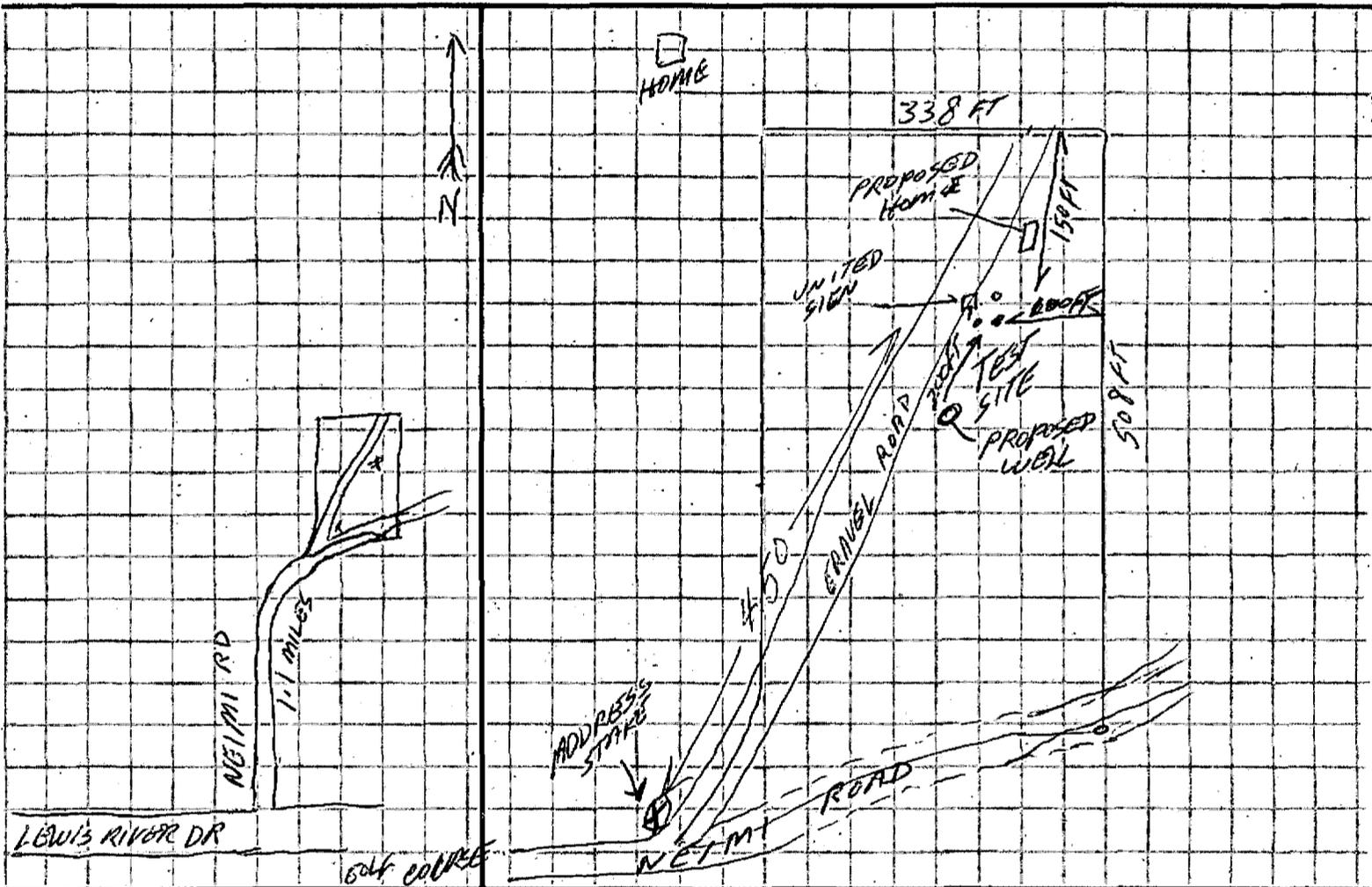
 ADDRESS 584 Miami Rd. CITY Woodland.
 PROJECT SUBDIVISION _____ LOT _____ BLOCK _____
 LOCATION SECTION 2 TOWNSHIP T5N RANGE R1E TAX LOT NO. _____
 LOT DIMENSIONS 338 X 580 PARCEL _____ ACRES 5.12

BUILDER Owner LICENSE NO. _____
 DESCRIBE PROJECT ADDRESS STAKE, SOIL TEST FOR 3 BR HOME

Type of Heating EHA Fair Market Value \$ 40,000
 No. of Structures in Project 1 Bedrooms 3
 Water Supplied by WELL Private Public _____ Existing _____ Proposed
 Sewage disposed by SEPTIC Private Public _____ Existing _____ Proposed

VICINITY SKETCH

PLOT 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 7/10/78

App. Signature Fred Albrecht

PERMIT FEES

Building _____
 Plan Check _____ %
 Mobile Home _____
 Plumb/Mech _____
 Sewage App 10.00
 Other _____
 TOTAL _____

OFFICE USE ONLY

Land Use District R.F. - ep Occupancy R1 Address Stake Up 7/11/78
 Address 584 Miami Rd. By Fred Soil Test _____

SPECIAL NOTES:

MINIMUM SPECIFICATIONS:

ISSUE CENTER

Date _____ Permit Approved By: _____

