MASTER APPLICATION

Print Legible — Press Hard

Permit NO. _____
Date _____ By _____

APPLICANT Robert E Johanson TELEPHONE 636-1085
ADDRESS 1201 south 3rd CITY Kelso STATE Wa ZIP 98626
PROPERTY OWNER Same TELEPHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

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PROJECT ADDRESS NO. 16B STREET ASTRO DRIVE CITY Kelso
SUBDIVISION _____ LOT _____ BLOCK _____
SECTION 6 & 7 TOWNSHIP 8N RANGE 1W TAX LOT NO. T-18
PARCEL NO. WE06 11011 ACRES 5 A/L AUDITORS FEE NO. _____

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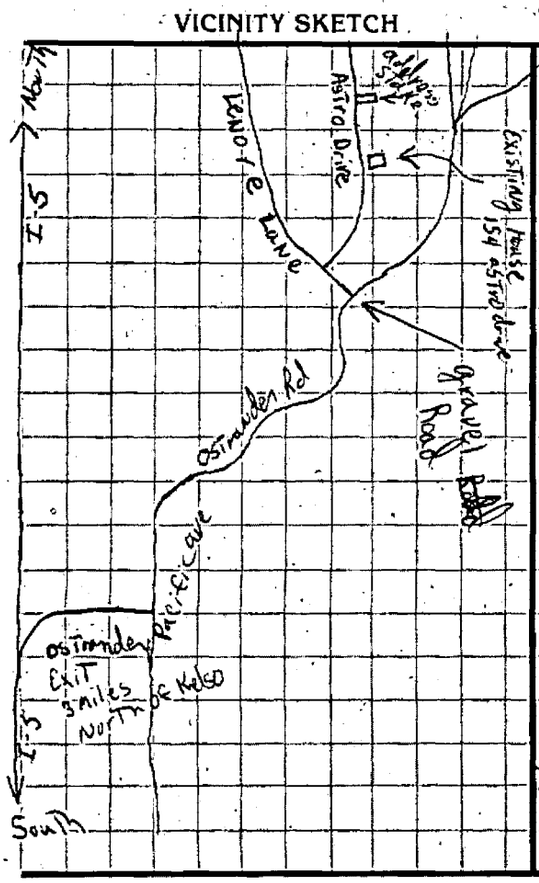
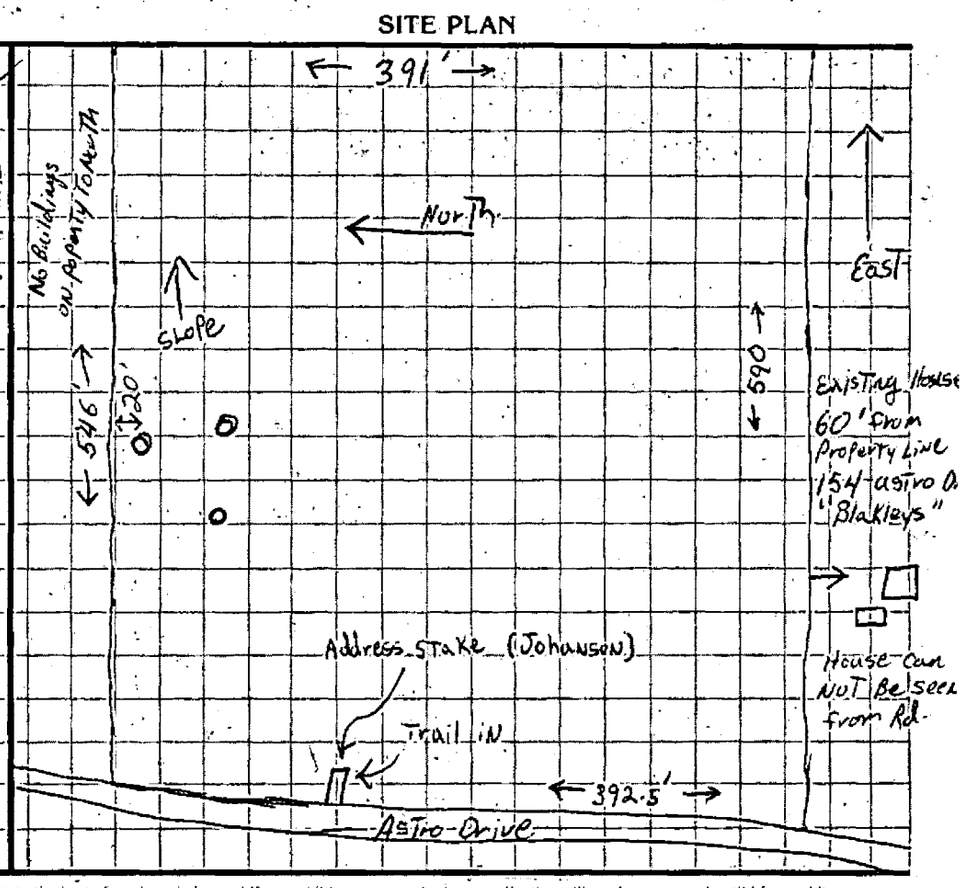
DESCRIBE PROJECT Soil Test 3 bedroom Home
NO. OF BDRMS. 3

WATER SUPPLIED BY: Well Private X Public ____ Existing ____ New ____
SEWAGE DISPOSED BY: Septic Tank Private X Public ____ Existing ____ New ____
BUILDER Owner CONTRACTORS LICENSE NO. _____
TYPE OF HEATING Heat Pump FAIR MARKET VALUE OF PROJECT _____

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 Aug 8, 1981 Applicants Signature Robert E Johanson

PLEASE NOTE BACK OF CARD FOR BUILDING INSPECTION REQUIREMENTS

MINIMUM SPECIFICATIONS

Date _____ Permit Approved By _____

	PERMIT FEES	CODE	BY
Soil Evaluation	25.00	SN	K.L.
Final Inspection			
Transfer			
Building			
Plan Check			
Plmb/Mech			
Mobile Home			
Other			
TOTAL			

Zoning _____ Comp Plan _____ Flood Plain _____
Type of Occupancy: Existing _____ Proposed _____
Address stake will be placed Date: _____ By: Rw Date: 8-10-81
Address Assigned: 16B ASTRO DRIVE
Soil Test Date Aug 18, 1981 Re-test _____
SPECIAL NOTES:

No. 00870 Date 8/10/81
No. _____ Date _____
No. _____ Date _____

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

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: 168 Astro Drive Town Kelso

Permit Name: Robert E. Johanson

Home Address: 2201 South 3rd.

City Kelso State WA. Zip Code 98626

Section: 6 Township 8N Range 1W Tax Lot# 12G Parcel No. WE0611011

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

Suggested layout of system:

Number of drainfield lines:	3		4
Length of drainfield lines:	65 feet	OR	49 feet
Width of distribution lines:	3 feet		3 feet

Trench Depth: Minimum 20 inches Maximum 30 inches Depth into natural ground ----------

Minimum distance between Trenches — Center to Center 7½ feet

OTHER REQUIREMENTS:

1/ The drainfield shall be installed in the approved location.
2/ The drainfield shall remain a minimum distance of 100 feet from all wells and surface waters, including those located on adjacent properties.
3/ The drainfield shall remain a minimum distance of 10 feet from all property boundaries, trees, water lines under pressure and buildings.
4/ The drainfield shall be established along slope contours, trench bottoms shall remain level and not be driven nor grazed upon at any time.
5/ All house downspouts and other house footing drains shall be channeled away from the drainfield.

OTHER ITEMS Evaluated 8-18-81

0-30" brn Silt loam
30-42" heavy silt loam to light s.c.l.
42-48" silty clay loam

Slope 15-18%

ENCLOSURES _____

APPROVED BY: Don Olson DATE: June 15, 1983