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: 15081 Lewis River Road Town Ariel

Permit Name: George E. Ham

Home Address: 15052 Lewis River Road

City Ariel State WA. Zip Code 98603

Section: 17 Township 6N Range 4E Tax Lot#6D Parcel No. ER1702006

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

Suggested layout of system:

Number of drainfield lines:	3		3
Length of drainfield lines:	67 feet	OR	100 feet
Width of distribution lines:	3 feet		3 feet

Trench Depth: Minimum 24 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 sahll 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 house drains will be channeled away from ~~the drainfield.~~

OTHER ITEMS

0-15" silt loam
15-48" medial silt loam to loam
48-60" gravelly sandy loam

slope flat

APPROVED BY: Don Olson DATE: May 20, 1982

MASTER APPLICATION

Print Legible — Press Hard

Appl/Permit NO. _____
Date _____ By ____
Plan Check NO. _____

APPLICANT George E. Ham TELEPHONE _____
ADDRESS 15052 Lewis River Rd. CITY Ariel STATE Wa ZIP 98603
PROPERTY OWNER Dorothy E. Ham TELEPHONE 231-4242
MAILING ADDRESS Same CITY _____ STATE ____ ZIP _____

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PROJECT ADDRESS NO. 15081 STREET LEWIS RIVER ROAD CITY ARIEL
SUBDIVISION — LOT — BLOCK —
SECTION 17 TOWNSHIP 6 RANGE 4E TAX LOT NO. T-6D
PARCEL NO. _____ ACRES 5.00 AUDITORS FEE NO. _____

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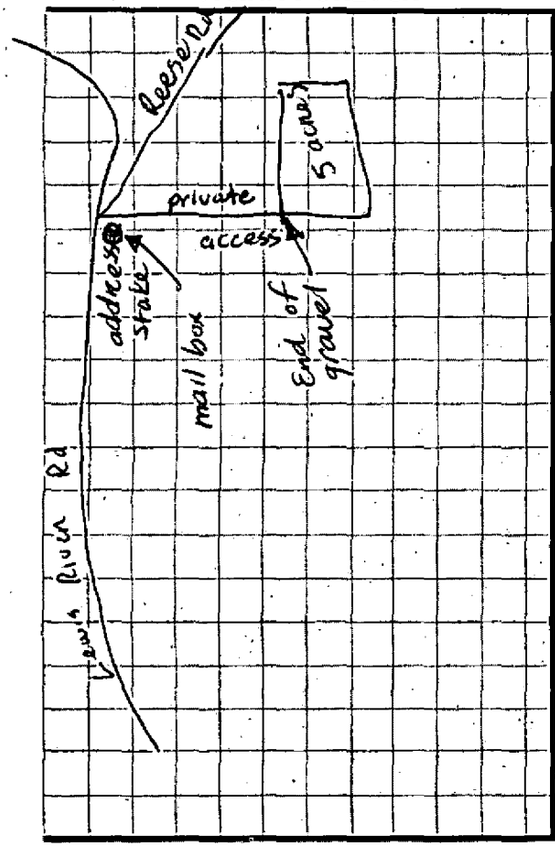
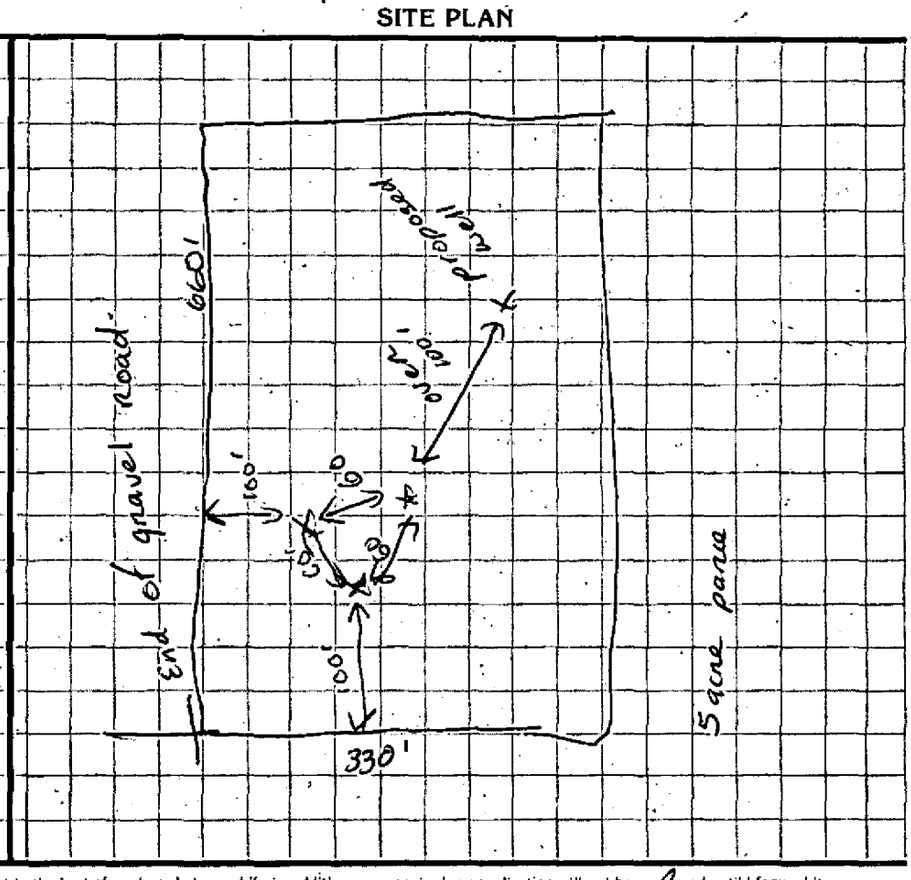
DESCRIBE PROJECT Perk Test & ADDRESS
NO. OF BDRMS. 3

WATER SUPPLIED BY: Well Private X Public ____ Existing ____ New X
SEWAGE DISPOSED BY: septic Private X Public ____ Existing ____ New X
BUILDER _____ CONTRACTORS LICENSE NO. _____
TYPE OF HEATING _____ 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 5/17/82 Applicants Signature George Ham

PLEASE NOTE BACK OF CARD FOR BUILDING INSPECTION REQUIREMENTS

MINIMUM SPECIFICATIONS

Date _____ Permit Approved By _____

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

1. Receipt No. 009854 Date 5-17-82
2. Receipt No. _____ Date _____
3. Receipt No. _____ Date _____

Zoning _____ Comp Plan RR-2 Flood Plain _____
Type of Occupancy: Existing _____ Proposed _____
Address stake will be placed-Date: _____ By: [illegible] Date: 5-19-82
Address Assigned: 15081 Lewis River Rd
Soil Test Date 5-19-82 Re-test _____
SPECIAL NOTES:

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

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

Start Card No. 013764

Water Right Permit No. _____

(1) OWNER: Name Robert Pankratz Address 134 Tucker Rd, Ethel, Wa. 98542

(2) LOCATION OF WELL: County Cowlitz SE ¼ SW ¼ of NE ¼ Sec. 17 T. 6 N. N., R. 4 E. W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) 185 Aultman Rd, Ariel, Wa. 98603

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 60 feet. Depth of completed well 56 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +1'10" ft. to 51 ft.
Welded ☒ 5 " riser pipe Diam. from 48'6 ft. to 51 ft.
Liner installed ☐
Threaded ☐ " Diam. from ft. to ft.

Perforations: Yes ☐ 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: Yes ☒ No ☐
Manufacturer's Name Johnson
Type telescoping Model No. stainless steel
Diam. 6 Slot size 25 from 51 ft. to 56 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? 19 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 30 ft. below top of well Date 11-25-88
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? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " "
" " " "

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.
Airtest 30 gal./min. with stem set at 48 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

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 information.

MATERIAL	FROM	TO
Top soil	0	2
Sandy-clay	2	8
Sand w/binder	8	16
Sands & some gravel	16	23
Pumus sand & pumus	23	56
Gravel water bearing		
Pumus gravel	56	58
Clay & gravel	58	60

Work started Nov. 23, 1988, 19. Completed Nov. 25, 1988

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 Dale McGhee & Sons Well Drilling, Inc. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 3032 Allen Street Kelso, Wa. 98626

(Signed) J. Dale McGhee (WELL DRILLER) License No. 0298
Contractor's Registration No. DALEMI*212MC Date November 30, 1988

(USE ADDITIONAL SHEETS IF NECESSARY)