

SUBSURFACE SEWAGE DISPOSAL PERMIT # CC-235-93

Property Address: 1798 Rose Valley Road Town Kelso

Permit Name: Allen & Jill McGrath
Mailing Address: P.O. Box 893
Kelso, WA 98626

Property Description: Sec 8 T 7N R 1W TL# 7D-2 Parcel # WD 0801008
Subd. _____ Lot # _____ Blk# _____
Acres 5.0 Square Ft. _____

PERMIT Requested: New XXXX Repair _____ Transfer _____ Renewal _____
Building Information: Home _____ Mobile XXXX No. of Bedrooms 3-4
Other _____ Gal/Day _____

Data Submitted By: Expired Permit 9/29/80 J. Gloyd Certified Designer

Subsurface Sewage Disposal Permit: **APPROVED XXXX DISAPPROVED _____

Minimum Requirements:
Septic Tank Capacity 9000 Gal., Pump Chamber _____ Gal.
Trenches: Square Ft. 960 Width 36" Length 320 Ft., Depth 12 inches
Equal _____ Loop _____ Serial XXXX, Capping Fill 12 inches

**Special Instructions and Conditions: Approval was based on a waiver of WAC248-96-096 which requires a minimum of 5 acres remain with this system.

The drainfield requires a 12" topsoil capping fill and a 5-6 ft. deep curtain drain to protect it.

Approved By: Pedro Escobar Jr. DATE OF ISSUE: 10/22/93
THIS PERMIT EXPIRES ON: 10/22/94
Soil Specialist (Agent of Health Officer, Cowlitz-Wahkiakum Health District)

This Permit is Issued Subject To The Following:

1. Development is approved only as shown on the application form and any attachments.
2. No filling or excavating in the approved sewage system area is allowed unless prior written approval has been given.
3. The sewage system is to be installed according to the Sanitary Code and any special requirements that pertain to your particular system.
4. Present a copy of this form, along with any other written requirements to the certified installer who will do the installation.
5. The system shall not be covered until a Final Inspection of the drainfield has been completed, and approval given to cover.

NOTE: Contact the Department of Community Development at least 24 hours before the Final Inspection is needed.

6. The structure shall not be occupied until the system has been covered.
 7. This permit is not transferable without written approval from The Department of Community Development.
- upon at any time.

OTHER ITEMS Approval for onsite sewage disposal has been issued on the basis of a five acre minimum lot size, under the provisions of WAC-248-96-096. Any division of this property shall be done in such a way that no less than five acres remains with the approved drainfield.

30-37 Set loam
37-40" Silt, clay loam
40" Clay loam to clay
Water table 30"

ENCLOSURES

APPROVED BY: Jim Gloyd DATE: Sept. 29, 1980

MASTER APPLICATION

(Please Print)

Permit No. 60
Date 8-15-80 By 10

APPLICANT David B. Hawkins TELEPHONE 577-0886
ADDRESS 3903 Ocean Beach Hwy #13 Longview STATE WV ZIP 26032
PROPERTY OWNER Marjorie Harper - Ralph Armstrong TELEPHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

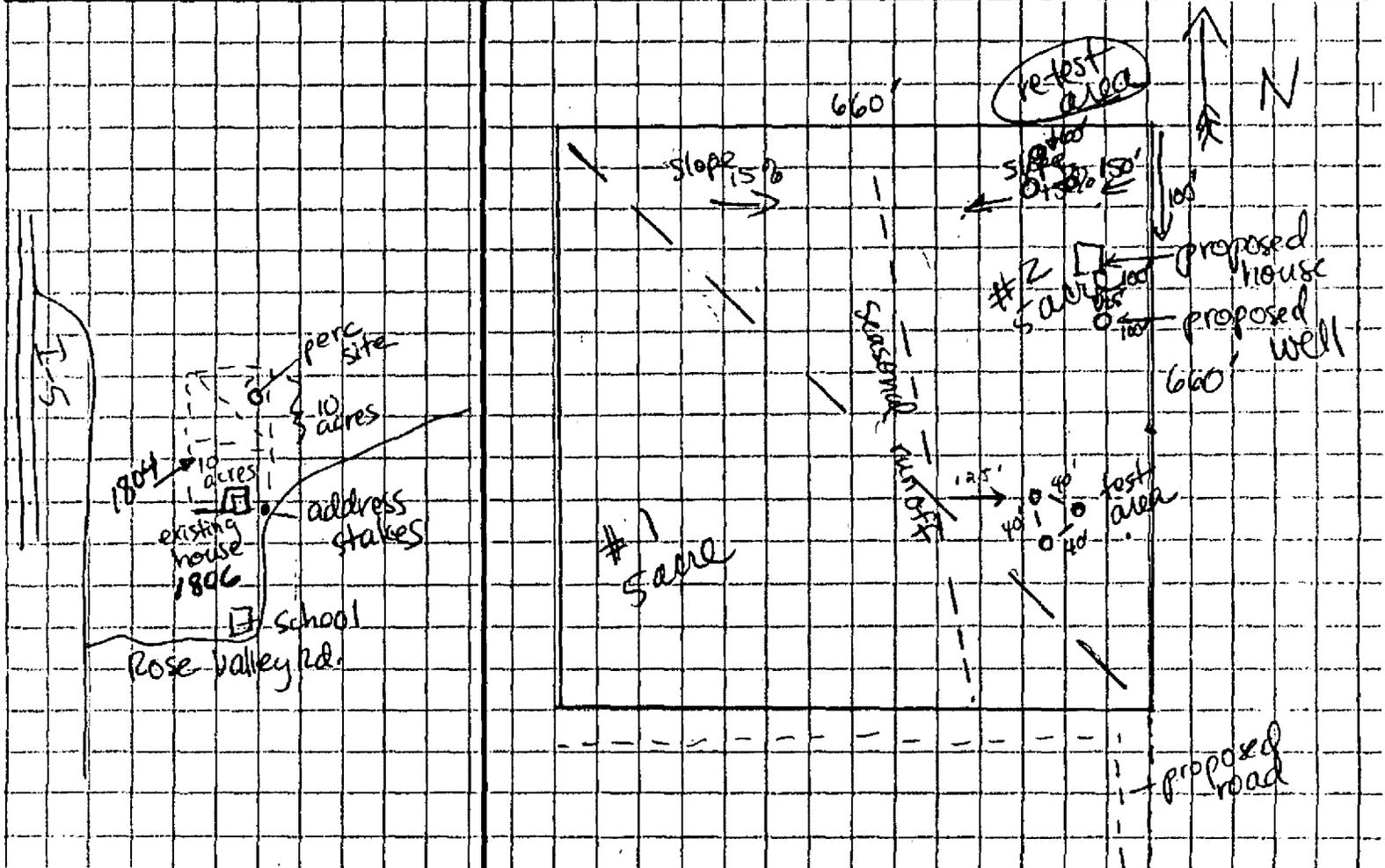
ADDRESS 1798 Rose Valley Rd CITY Longview Kols
PROJECT SUBDIVISION NE quarter of SE quarter of NE quarter of one 1/4 section, Meridian BLOCK _____
LOCATION SECTION 8 TOWNSHIP 9 N RANGE 1-W TAX LOT NO. _____
LOT DIMENSIONS _____ PARCEL 000980101 ACRES 5
W00801001 out of 70 acres

BUILDER _____ LICENSE NO. _____
DESCRIBE PROJECT 3 Bdrm house soil test - address

Type of Heating _____ Fair Market Value \$ _____
No. of Structures in Project _____ Bedrooms _____
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 8/15/80 App. Signature Diane C. Hawkins

PERMIT FEES

OFFICE USE ONLY

Building _____
Plan Check _____ %
Mobile Home _____

Land Use District FR Occupancy _____ Address Stake Up 8-15-80
Address 1798 Rose Valley Rd By flwr Soil Test 8-19-80

SPECIAL NOTES: Need map of recorded deed

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 13010
UNIQUE WELL I.D. # AAH 751

Water Right Permit No. _____

(1) OWNER: Name Alan McGrath Address 1790 Rose Valley Rd

(2) LOCATION OF WELL: County Cowlitz SE 1/4 NE 1/4 Sec 8 T. 7 N. R. 14 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 1790 Rose Valley Rd Kdsol, Wn. 98626

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

(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.

(4) TYPE OF WORK: Owner's number of well (if more than one) 1

Abandoned New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 545 feet. Depth of completed well 545 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 Diam. from +1 ft. to 67 ft.
Welded 4 1/2 Diam. from 45 ft. to 545 ft.
Liner installed
Threaded Diam. from _____ ft. to _____ ft.

MATERIAL	FROM	TO
TOP SOIL		
TOP SOIL	0	2
Clay Brown	2	20
Clay Grey	20	35
Rock Grey soft	35	40
Rock Black Hard	60	160
Sandstone Grey med.	160	300
Rock Black Hard	300	420
Sandstone Grey med.	420	445
Rock Black	445	545

Perforations: Yes No
Type of perforator used Saw
SIZE of perforations 1 1/4 in. by 4 in.
100 perforations from 165 ft. to 545 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? 67 ft.
Material used in seal Cement + Bestonite
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Grundfos
Type: 7515-26 H.P. 1 1/2

(8) WATER LEVELS: Land-surface elevation above mean sea level 400 ft.
Static level 140 ft. below top of well Date 7-30-93
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 If yes, by whom? IKH
Yield: 8 gal./min. with 400 ft. drawdown after 2 hrs.
" data 11-18-93 " " " " " " " " " " " "

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 7-30-93
Ball test 1 1/2 gal./min. with _____ ft. drawdown after _____ hrs.
Air test 1 1/2 gal./min. with stem set at 545 ft. for 2 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 49 Was a chemical analysis made? Yes No

Work started 8-23-93 Completed 8-30-93

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 IRA Bopp Pump + well (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 2106 S-Pacific Kelso, wa
(Signed) IRA Bopp License No. 1237
Jerry Bopp (WELL DRILLER) License No. 1785
Contractor's Registration No. IKH Bopp Well Dr. Date 8-30-93

(USE ADDITIONAL SHEETS IF NECESSARY)