# SOIL EVALUATION REPORT

PROPERTY LOCATION Rose Valley Road

APPLICANT: Clifford Schostal PHONE: 577-4461

MAILING ADDRESS: 1503 21st Longview, WA 98632
CITY STATE ZIP

SPECIFICATIONS:

FOR 3 BEDROOM DWELLING:

SEPTIC TANK 900 GALLON MINIMUM CAPACITY (TWO COMPARTMENT)

TYPE OF WATER SUPPLY:

private well

EXISTING ____ PROPOSED X

DRAINFIELD 810 SQUARE FEET TOTAL MINIMUM (LENGTH X WIDTH OF TRENCHES)

LAYOUT OF SYSTEM:

NUMBER OF DRAINFIELD LINES: 3 OR 4

LENGTH OF DRAINFIELD LINES: 90' OR 68'

WIDTH OF DRAINFIELD LINES: 3' OR 3'

TRENCH DEPTH: MINIMUM 18"+, MAXIMUM 24"+

MINIMUM DISTANCE BETWEEN TRENCHES (CENTER TO CENTER): 7.5'

*measured from top of fill

ADDITIONAL REQUIREMENTS:

A 5' deep drainage curtain shall be installed 10' up the slope from the top drainfield line to outfall below the system. A 1' thick layer of topsoil shall be placed over the drainfield and reserve area and for 10' in all directions (110' x ~~40~~ 60' or 90' x 70') prior to the drainfield being installed.

NOTE:

This approval indicates that this site is suitable for septic tank and drainfield use. A septic tank permit will be issued by the Department of Community Development provided the site meets the requirements of other relevant regulations such as the County Comprehensive Plan, the Subdivision Ordinance, and the Shoreline Management Plan.

/__/ OFFICE COPY

/__/ DCD COPY ____
Date Sent

/__/ APPLICANT'S COPY ____
Date Sent

SUBMITTED BY: William Dennis

DATE 11/2/81

-SITE CHARACTERISTICS

Topography: General Topographic Chracteristics east facing slope near crest
Drainage Characteristics: no streams

Slopes: General 0-30 %; Proposed Drainfield Location 5 %

Geology: Type of Bedrock & Depth no data

Vegetation: mixed second growth

Distance to, and type of, nearest surface water: NA
(If Less than 250 Feet)

Distance to nearby wells: NA
(If Less than 250 Feet)

Distance to public sewers: NA
(If Less than 500 Feet)

Other structures on property: NA

-SOIL SERIES

As mapped by U.S. Soil Conservation Service: Olympic silt loam

Appears to be (if different from S.C.S. Classification):

-SOIL LOGS

| Depth | Description | Comments |
|---|---|---|
| 0"-12" | silt loam | dark brown |
| 12"-24" | silt loam | light brown |
| 24"-36" | silty clay loam | mottled |
| 36"-48"+ | silty clay | |

| Depth | Description | Comments |
|---|---|---|
| 0"-10" | silt loam | dark brown |
| 10"-24" | silt loam | light brown |
| 24"-30" | silty clay loam | mottled |
| 30"-48"+ | silty clay | |

| Depth | Description | Comments |
|---|---|---|
| 0"-12" | silt loam | dark brown |
| 12"-26" | silt loam | light brown |
| 26"-48" | silty clay loam | mottled |

-MAXIMUM SEASONAL GROUNDWATER ELEVATION

Soil Mottling 24"-26" (Depth Found & Degree of Development)

Water Table not found (Depth to Standing Water)

COMMENTS: prominent below 30

# MASTER APPLICATION

Print Legible — Press Hard

Permit NO. _____
Date _____ By _____

APPLICANT ~~Clifford Schostal~~ William C Gooding TELEPHONE 577-4461
ADDRESS 1776 ~~1502 21st~~ Rose Valley Road CITY ~~Longview~~ Kelso STATE WA ZIP ~~98632~~
PROPERTY OWNER Same as above TELEPHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

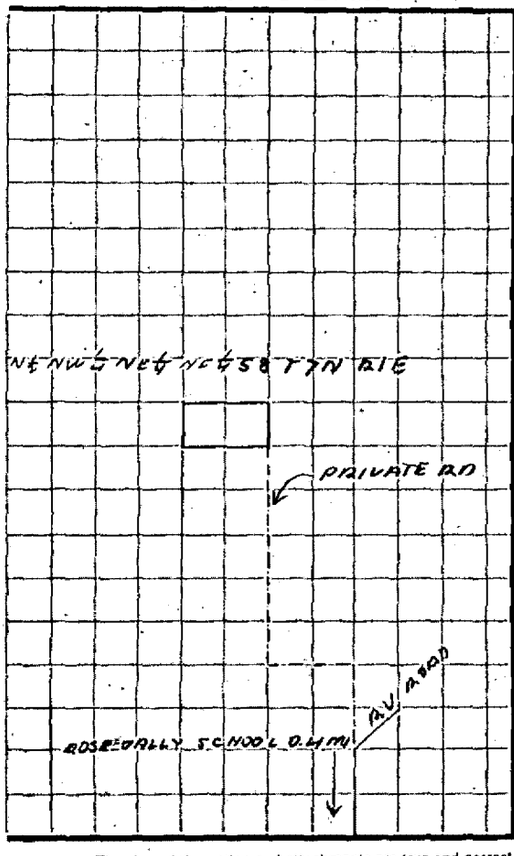
**********

PROJECT ADDRESS NO. 1776 STREET Rose Valley Road CITY Kelso
SUBDIVISION _____ LOT _____ BLOCK _____
SECTION 8 TOWNSHIP 7N RANGE 1W TAX LOT NO. 1 & 7
PARCEL NO. WD08-01-001 ACRES 5 AUDITORS FEE NO. 800,818,048

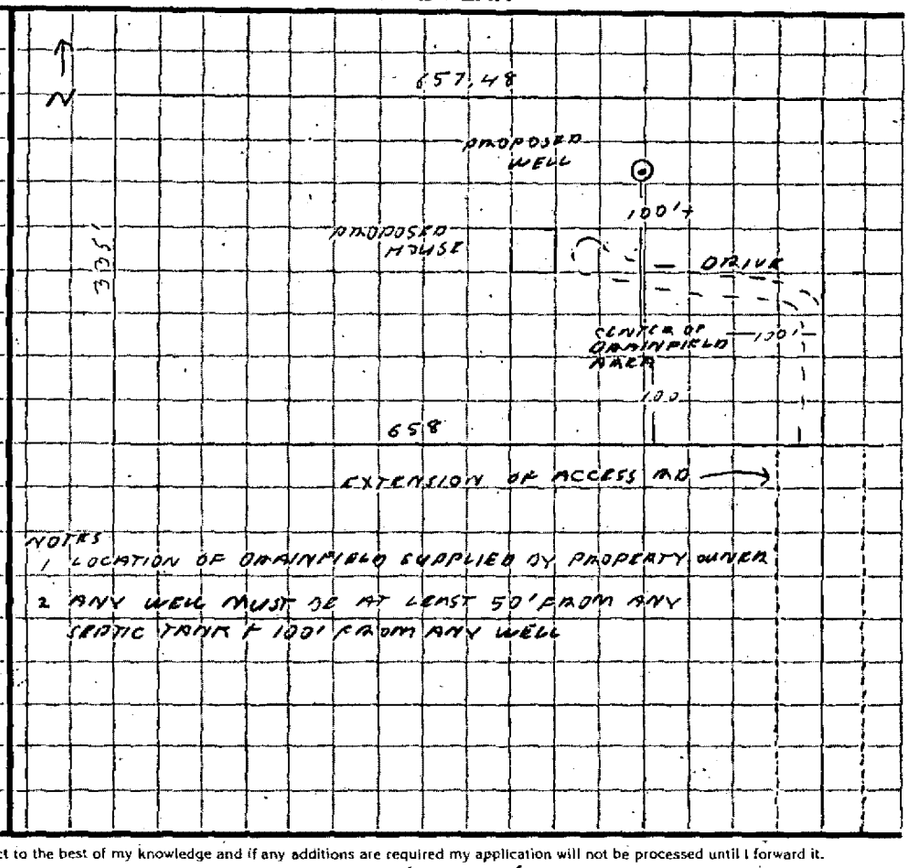
**********

DESCRIBE PROJECT Address request; soil evaluation conducted by Dennis and Associates, Inc.
(See attached paperwork) NO. OF BDRMS. 3
WATER SUPPLIED BY: well Private X Public ____ Existing ____ New X
SEWAGE DISPOSED BY: septic system 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 11/2/81 Applicants Signature [signature]

PLEASE NOTE BACK OF CARD FOR BUILDING INSPECTION REQUIREMENTS

## MINIMUM SPECIFICATIONS

## SEWAGE APPROVAL TRANSFER

**I have received the conditions and specifications of this sewage approval and hereby agree to comply with these requirements.**

Date _____ Permit Approved By _____ **Dated** _____ **Signed** _____

| | PERMIT FEES | CODE | BY |
|---|---|---|---|
| Soil Evaluation | 10.00 | SD | BB |
| Final Inspection | | | |
| Transfer | | | |
| Building | | | |
| Plan Check | | | |
| Plmb/Mech | | | |
| Mobile Home | | | |
| Other | | | |
| TOTAL | | | |

1. Receipt No. 009147 Date 11-3-81
2. Receipt No. _____ Date _____
3. Receipt No. _____ Date _____

Zoning FR Comp Plan _____ Flood Plain _____
Type of Occupancy: Existing _____ Proposed _____
Address stake will be placed-Date: _____ By: [illegible] Date: 11-4-81
Address Assigned: 1776 Rose Valley Rd
Soil Test Date _____ Re-test _____
**SPECIAL NOTES:**

NO ISSUANCE OF APPROVAL TILL SEGREGATION

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