MASTER APPLICATION

Pri[illegible]ible — Press Hard

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

APPLICANT Stephen A Decker TELEPHONE 231-4259
ADDRESS 11001 Lewis River Rd CITY Ariel STATE WA ZIP 98603
PROPERTY OWNER Same TELEPHONE _____
MAILING ADDRESS _____ CITY _____ STATE ____ ZIP ____

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PROJECT ADDRESS NO. 359 STREET Baker Road (Private Road Extention) CITY Ariel
SUBDIVISION _____ LOT _____ BLOCK _____
SECTION 23 TOWNSHIP 6 N RANGE 3 E TAX LOT NO. T-7E
PARCEL NO. EM23-07-004 ACRES 5.0 AUDITORS FEE NO. _____

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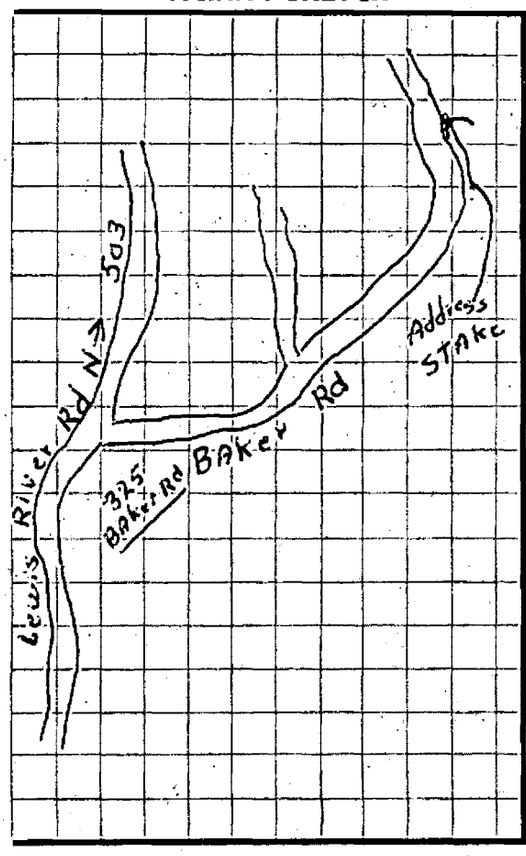
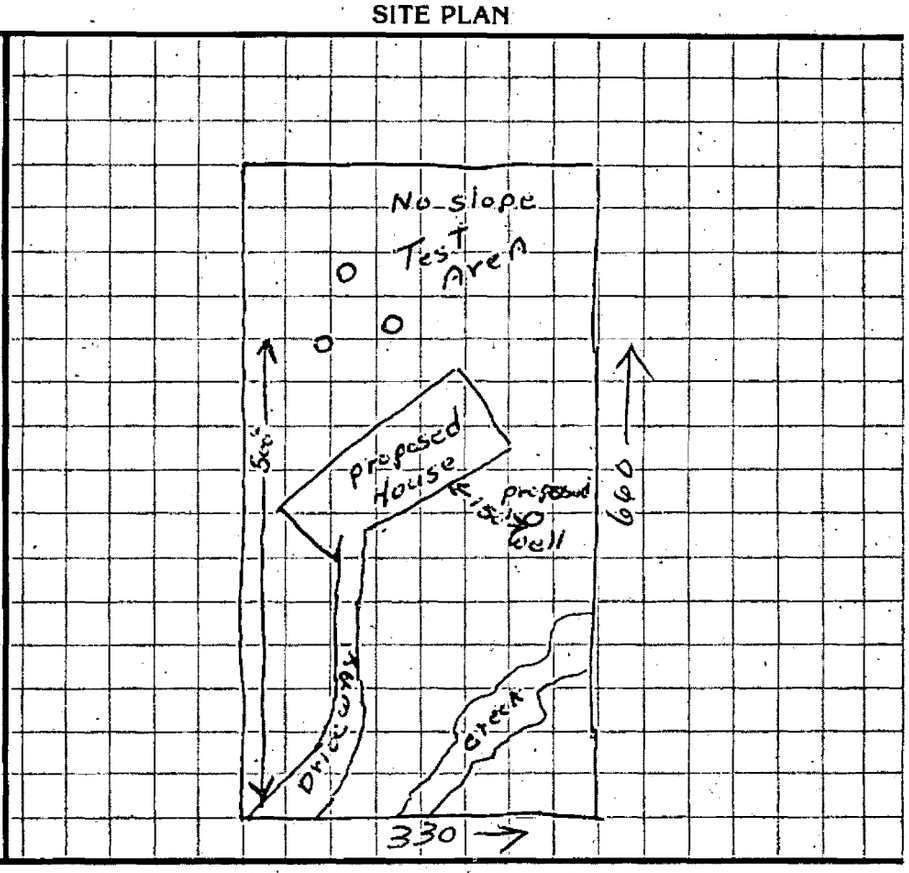
DESCRIBE PROJECT Soil Test 3 Bedroom Home & ADDRESS
NO. OF BDRMS. 3

WATER SUPPLIED BY: well Private X Public ____ Existing ____ New ____
SEWAGE DISPOSED BY: Septic TANK Private X Public ____ Existing ____ New ____
BUILDER _____ CONTRACTORS LICENSE NO. _____
TYPE OF HEATING Electric 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 7-12-82 Applicants Signature Stephen A Decker

PLEASE NOTE BACK OF CARD FOR BUILDING INSPECTION REQUIREMENTS

MINIMUM SPECIFICATIONS

Date _____ Permit Approved By _____

	PERMIT FEES	CODE	BY
Soil Evaluation	25.00	SAI	[illegible]
Final Inspection			
Transfer			
Building			
Plan Check			
Plmb/Mech			
Mobile Home			
Other			
TOTAL			

Zoning _____ Comp Plan RR-2 Flood Plain _____
Type of Occupancy: Existing _____ Proposed _____
Address stake will be placed-Date: 7-13-82 By: _____ Date: _____
Address Assigned: 359 BAKER ROAD EXTENTION
Soil Test Date 7-14-82 Re-test _____
SPECIAL NOTES:

1. Receipt No. 06001 Date 7-12-82
2. Receipt No. _____ Date _____
3. Receipt 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: 359 Baker Road Town Ariel

Permit Name: Stephen A. Decker

Home Address: 11001 Lewis River Road

City Ariel State WA. Zip Code 98603

Section 23 Township 6N Range 3E Tax Lot# T-7E Parcel No. EM23-07-004

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		4
Length of drainfield lines:	67 feet	OR	100 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 remain a minimum distance of 100 feet from all wells ~~and surface waters, inlcuding those located on adjacent ppopertoes.~~

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 shall 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 surface drains shall be diverted away from ~~the drainfield.~~

OTHER ITEMS

0-6" organic loam
6-48" loamy sand cobbley to gravelly in places
48-60" med- sandy loam

Slope 3-4%

APPROVED BY: Don Olson DATE: 7-16-82