P.O. Box 83 Pierce, Idaho

Cowlitz County Dept of Community Development

~~COWLITZ-WAHKIAKUM COUNTIES HEALTH DISTRICT~~
~~1615 HUDSON~~
~~LONGVIEW, WASHINGTON 98632~~

ENVIRONMENTAL HEALTH SECTION

PHONE 577-3052

SEWAGE PERMIT APPROVAL

Property address: ~~1276 Ostrander Rd.~~ 155 Ballpark Drive pb. Town of: Kelso

County of: Cowlitz

Permit name: Emmett C. Bonner

Section 6 Township 8N Range 1E Subdivision Franklin Hts. (George Ball) Lot 11 Block

APPROVED FOR: Three bedroom house.

Specification requirements:

Septic tank: 900 gallon capacity total minimum Two Compartment

Drainfield: 540 square feet total minimum (length X width of trenches)

The suggested layout for this system is:

No. of drainfield lines: 3

Length of drainfield lines: 60 feet each Width of drainfield lines: 3 feet each

Other requirements: ① The drainfield area plus an equal additional area shall be provided with one foot of permiable fill material prior to installation of the drainfield. ② Distribution trenches shall follow the contour of the slope. ③ Trench bottoms shall be level. ④ Any trees within 10 feet of the drainfield shall be removed. ⑤ The drainfield shall be no closer than 10 feet to property lines, or closer than 5 feet to driveways.

Please Read

THIS APPROVAL IS ISSUED SUBJECT TO THE FOLLOWING:

1. Development approved only as shown on application form and any attachments. Install sewage system only in area approved for this purpose by Health District.
2. No filling or excavating in approved sewage system area is allowed unless prior written approval is given from Health District.
3. Sewage system to be installed according to Sanitary Code including any special requirements for your particular installation.
4. Present a copy of this form to sewage system installer along with any other written Health District requirements for installation of system.
5. Structure not to be occupied until final inspection done and approval given to cover system, and until system is actually covered (unless repair done to occupied structure). GIVE ~~HEALTH DISTRICT~~ Dept. of Community Development AT LEAST 24 HOURS' NOTICE BEFORE TIME FINAL INSPECTION WANTED.
6. THIS PERMIT IS NOT TRANSFERRABLE TO ANOTHER PERSON.
7. PRESENT THIS FORM FOR MOBILE HOME PLACEMENT PERMIT OR BUILDING PERMIT IN COWLITZ COUNTY.

COUNTY OR CITY: DO NOT ACCEPT THIS PERMIT APPROVAL IF ALTERED, OR IF INFORMATION YOU OBTAIN DOES NOT CORRESPOND WITH THIS PERMIT APPROVAL.

Approved by Craig E. Wells Date October 25, 1976

Permit Office

SOIL INFORMATION:

SOIL SERIES Olympic Silt Loam

HOLE NUMBER	1	2	3	4	5	6
DEPTH						
WATER LEVEL	None					
MOTTLING	48"					
SOIL CLASSIFICATION	0" to 36" Silt Loam (some Cobbles)					
	36" to 48"< Silty Clay Loam with Cobbles					

FALL IN INCHES						
PERC. RATE						

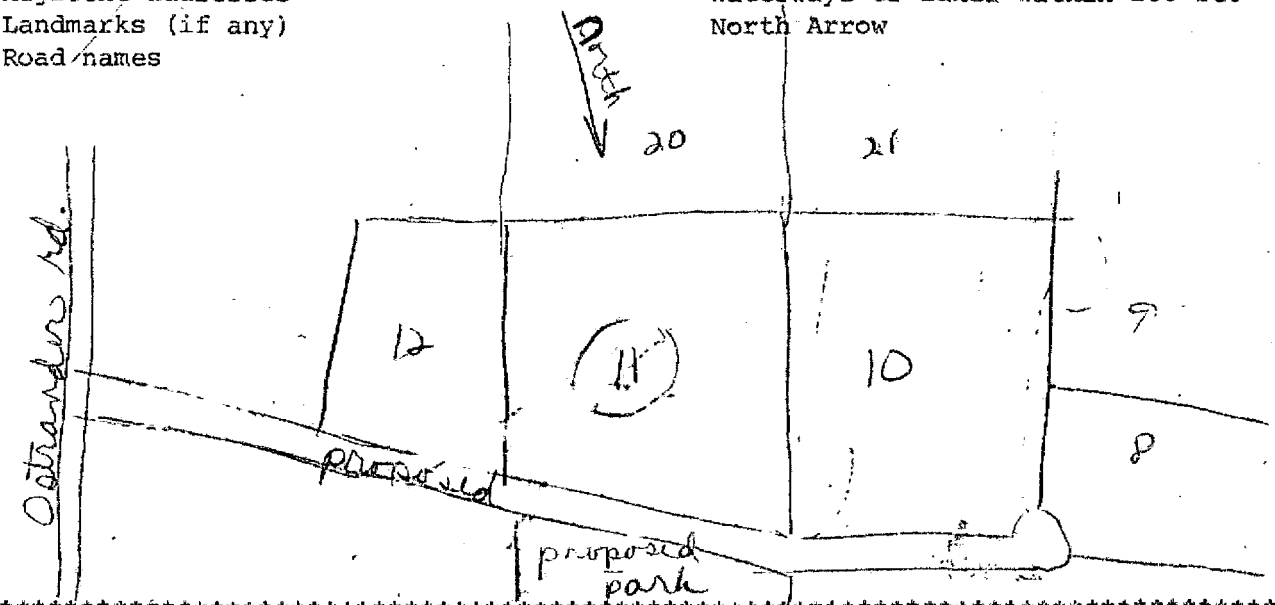
REMARKS:

VICINITY SKETCH: Show the following

Project NO._____

Nearest intersection
Adjacent addresses
Landmarks (if any)
Road names

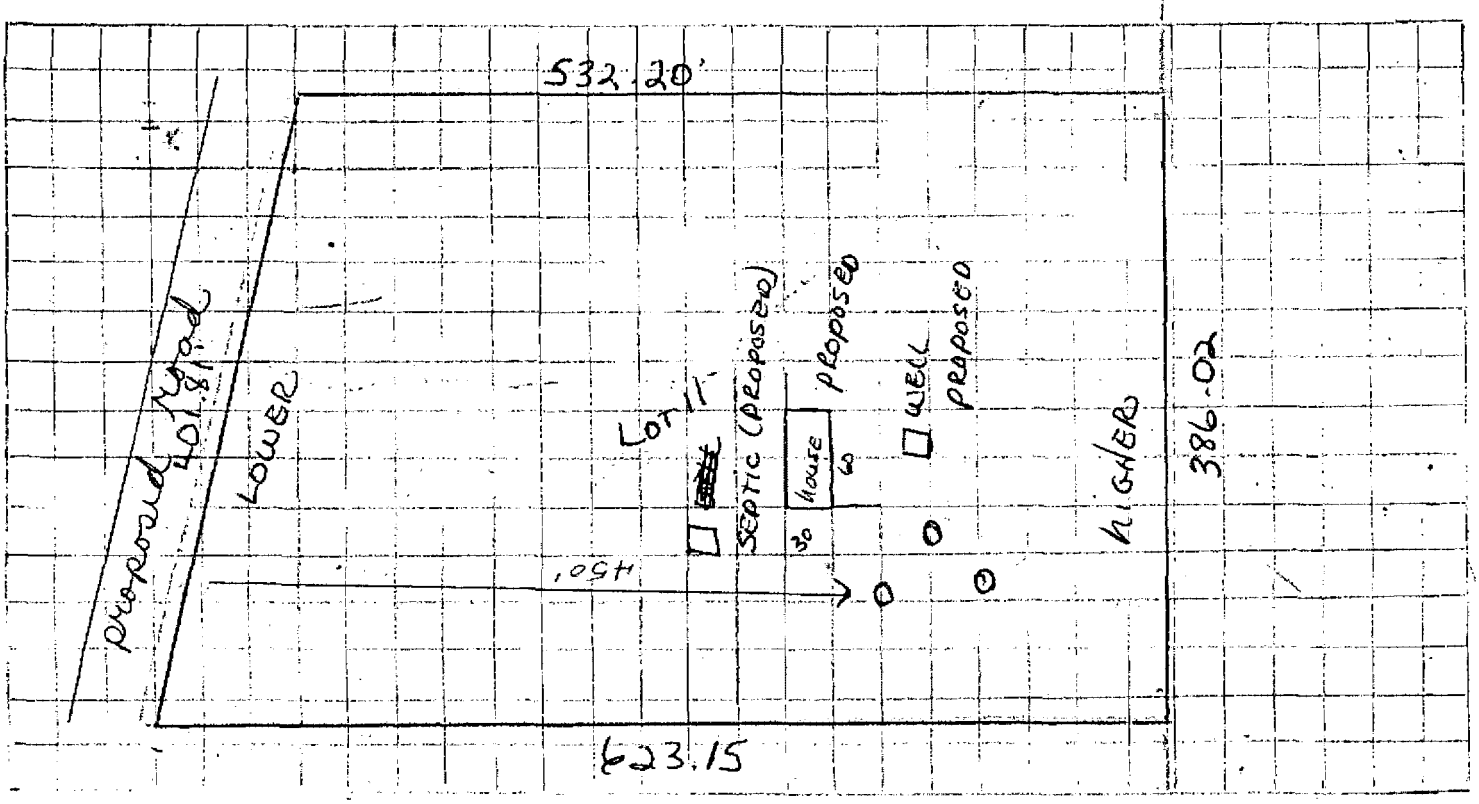
Show all distances (approximate)
Waterways or lakes within 200 ft.
North Arrow



PLOT PLAN: Show the following

Lot dimensions
Adjacent roads
Size and use of each building
Show all dimensions

Perc holes, show 3' holes with "X"
and 4' holes with "O"
Septic tank location (proposed or existing)
Well location (Proposed or existing)
Show general slope of property



THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE_____ SIGNATURE_____

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 051909
Unique Well I.D. # AAH945
Water Right Permit No.

(1) OWNER: Name OLES JOHN/ SILER JOHNEVA Address 148 LONE OAK RD. LONGVIEW, WA 98632-

(2) LOCATION OF WELL: County COWLITZ - E 1/4 SW 1/4 Sec 6 T 8N N., R 1W WM
(2a) STREET ADDRESS OF WELL (or nearest address) 155 BALL PARK DRIVE, KELSO

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well (If more than one)
NEW WELL Method: ROTARY

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 322 ft. Depth of completed well 322 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Dia. from +1 ft. to 54.8 ft.
PVC LINER 4.5 " Dia. from 42 ft. to 322 ft.
" Dia. from ft. to ft.

Perforations: YES
Type of perforator used SAW
SIZE of perforations 3/8 in. by 6 in.
23 perforations from 242 ft. to 321 ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: NO
Manufacturer's Name
Type Model No.
Diam. slot size from ft. to ft.
Diam. slot size from ft. to ft.

Gravel packed: NO Size of gravel
Gravel placed from ft. to ft.

Surface seal: YES To what depth? 54 ft.
Material used in seal CEMENT/HOLE PLG
Did any strata contain unusable water? NO
Type of water? Depth of strata ft.
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 150 ft. below top of well Date 12/08/94
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? NO If yes, by whom?
Yield: gal./min with ft. drawdown after hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level

Date of test / /
Bailer test gal/min. ft. drawdown after hrs.
Air test 10 gal/min. w/ stem set at 321 ft. for 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? NO

(10) WELL LOG

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 in formation.

MATERIAL	FROM	TO
PIT RUN	0	1
CLAY BROWN	1	4
CLAY W/SOME ROCK	4	8
RED AND BLUE	4	8
ROCK SLIGHT BROKEN	8	14
BLUE AND RED	8	14
ROCK BLUE AND	14	25
RED MEDIUM	14	25
SHALE ROCK RED MED. SOFT	25	33
ROCK BLUE MEDIUM	33	44
SHALE ROCK BLUE-GRAY MED. SOFT	44	46
ROCK BLUE MEDIUM	46	69
SHALE ROCK RED MED. SOFT	69	87
ROCK BLUE W/SOME	87	92
GREEN SLIGHTLY BROKEN	87	92
SHALE ROCK RED MED. SOFT	92	133
ROCK BLUE MEDIUM	133	164
ROCK BLUE AND	164	198
RED MEDIUM	164	198
ROCK BLUE MEDIUM	198	217
ROCK BLUE AND	217	251
RED MEDIUM	217	251
ROCK BLUE - GREEN MED. HARD	251	273
ROCK BLUE-GRAY MEDIUM	273	294
ROCK BLUE WITH SLIGHT	294	322
WHITE HARD	294	322
	322	

Work started 12/05/94 Completed 12/08/94

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, INC.
(Person, firm, or corporation) (Type or print)

ADDRESS 3032 ALLEN ST. KELSO, WA.

[SIGNED] Chas R McGhee License No. 2115

Contractor's
Registration No. DALEMI#212MC Date 12/09/94

COLUMBIA ANALYTICAL SERVICES, INC.
Lab Number 017
Analytical Report

Client:	Johneva Siler	**Date Collected :**	4/17/95
Project:	Shared Well	**Date Received:**	4/17/95
Matrix:	Water	**Work Order No.:**	K9502305

Cowlitz County Well Program

ANALYSES	Maximum Contaminate Level *	RESULTS milligrams per liter or parts per million
Arsenic	0.050	< 0.005
Mercury	0.002	< 0.0002
Cadmium	0.005	< 0.003
Chromium	0.10	< 0.005
Iron	0.30	< 0.02
Manganese	0.050	< 0.005
Nickel	0.10	< 0.020
Sodium	**	8.1
Zinc	5.0	0.385
Chloride	250	2.1
Fluoride	2.0	< 0.2
Nitrate as Nitrogen	10.0	< 0.2
Sulfate	250	0.6

* The highest permissible concentration of a substance allowed in drinking water as established by the State of Washington , July1994
** The Washington State Board of Health has not established MCL's for this element.

GEN2B.W(1,2,3)03-13-92

Approved: J. Brown

Date: 4/26/95 Page No.: