345 19 Th. Longview

Cowlitz County Dept. of Community Development

~~COWLITZ-WAHKIAKUM COUNTIES HEALTH DISTRICT~~
~~1019 HUBBARD~~
~~LONGVIEW, WASHINGTON 98632~~

ENVIRONMENTAL HEALTH SECTION

PHONE ~~423-7400~~ 577-3052

SEWAGE PERMIT APPROVAL

Property address: ~~1316 Ostrander Rd.~~ 179 Ball Park Drive

Town of: Kelso

County of: Cowlitz

Permit name: Gordon Lynn Jacobsen

Section 6 Township 8N Range 1W Subdivision _____ Lot ____ 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: 2 (or 3 lines, 60 feet long)

Length of drainfield lines: 90 feet each Width of drainfield lines: 3 feet each

Other requirements: ① Drainfield lines shall follow the slope contour ② Distribution trench bottoms shall be level ③ Perforated distribution pipe shall have a maximum downward slope of 6 inches per 100 feet. ④ All trees within 10 feet of the drainfield shall be removed. ⑤ Maintain 100 foot separation between drainfield and well.

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 C. Wells Date August 4, 1976

Permit office

Project NO._____

VICINITY SKETCH: Show the following

Nearest intersection
Adjacent addresses
Landmarks (if any)
Road names

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

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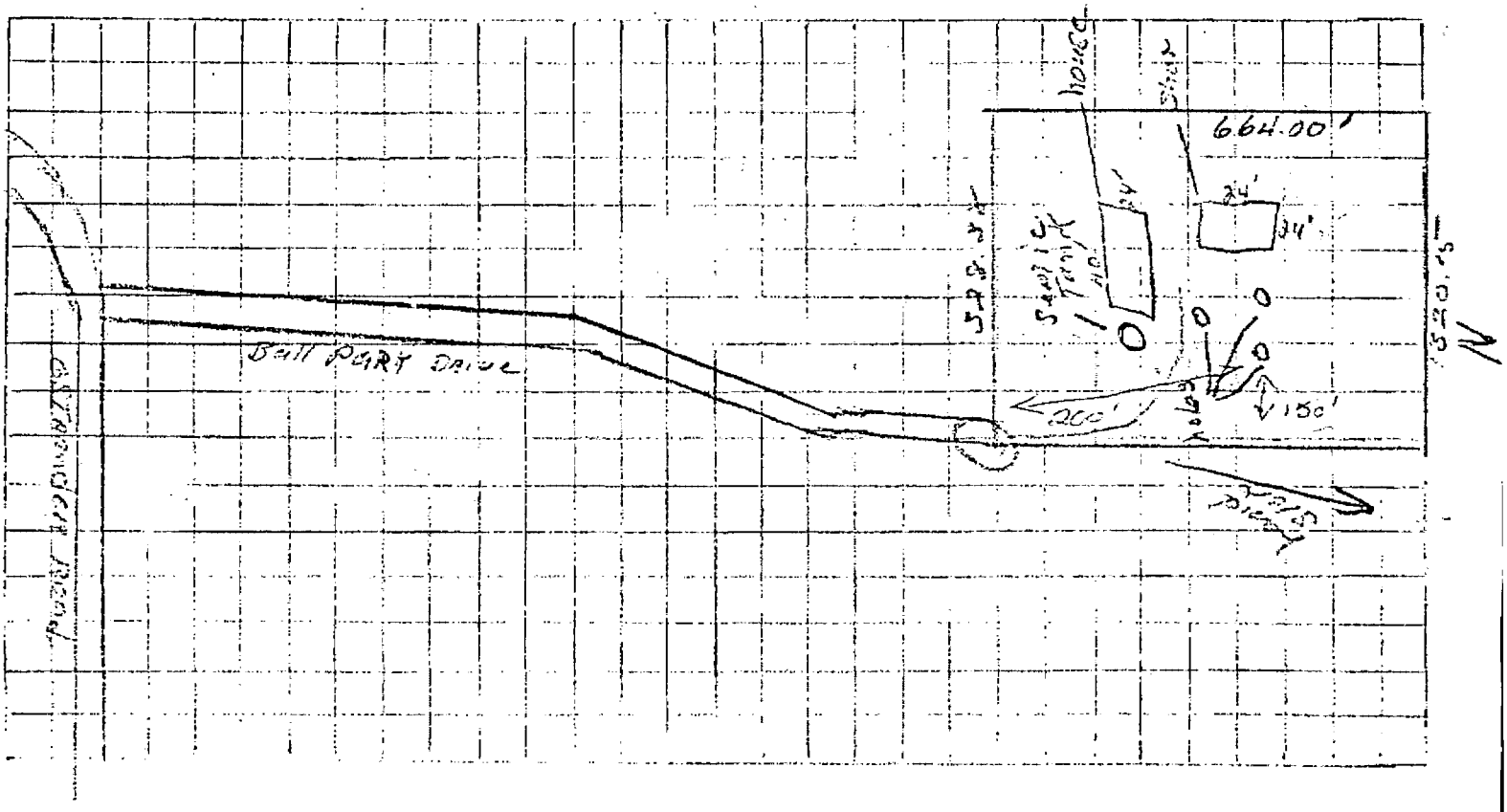
PLOT PLAN: Show the following

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_____

SOIL INFORMATION:

SOIL SERIES Olympic Silt Loam

HOLE NUMBER	1	2	3	4	5	6
DEPTH						
WATER LEVEL	None					
MOTTLING	None	identifiable				
SOIL CLASSIFICATION	0" to	36"	Silt	Loam		
	36" to	48"	Silty	Clay	Loam	
DEPTH: END						
FALL IN INCHES						
PERC. RATE						

REMARKS: 5% to 10% Slope
Trees