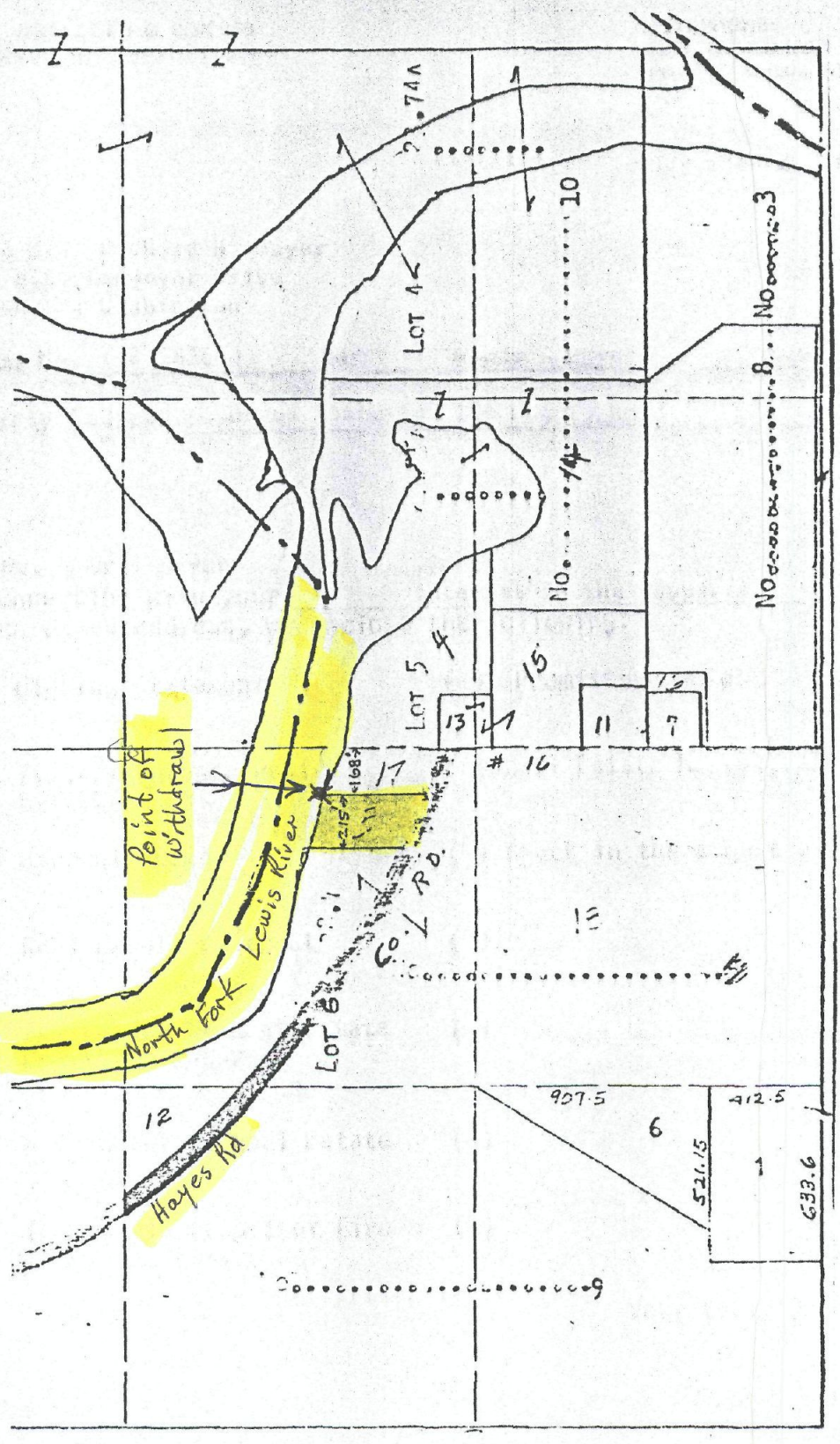
...or your aid in l... your land with reference to streets and oth... rcels. While it is believed to be ... Company assumes n... liability for any loss occurring by reason of rel... e thereon.

SAFECO TITLE INSURANCE COMPANY



N

(X) Woodland, Wa.

E½, SEC. 9, T5N, R1E, WM

S

1-5-6

TO-6 R1 1/74

KAISER PERMANENTE
Northwest Region

VANCOUVER MEDICAL OFFICE
2211 EAST MILL PLAIN BLVD.
Vancouver, WA. 98661-4399
(360) 418-6001

4/30/98 Health Record #: 4005-47-04

Richard Meyer
P O BOX 157
Woodland, WA 98674

To Whom it may concern: or Clark County Authorities
Re: Richard Meyers

Mr Meyer has been followed for chronic back problems for several years here at Kaiser Permanente. He has been disabled due to his back problems. He however, had a heart attack and underwent coroniary artery bypass surgery in March. His level of activity was low and the heart attack has caused it to be lower. He would benifit from having someone help him on his property.

Sincerely,

Theopolis Williams

Theopolis Williams, M.D.

0499

PERMIT NO. 2092

FILE NO.

CLARK COUNTY

PLACEMENT PERMIT APPLICATION

FOR ☒ MOBILE HOME 65'x28' ☐ MOTOR HOME

☐ TRAVEL TRAILER ☐ CAMPER

☐ OTHER _____ SPECIFY

Address: W. of Cl 16 abt 2¼ mi N. of Woodland.

Census	School Dist.	Lot	Block	Tract of Subdivision
402	102	5		9-5-1

	Owner	Mailing Address	Zip	Phone
1.	Richard N. Meyer	2216 NE Landover Dr.	98664	256-9533
2.				
3.	Contractor Metropolitan	01-16-78		

Comments and restrictions: 5/17/78

OK To Issue Mobile To Be 65'± of Rd County SEPA Requirement RWS Rev 4/3 R 2M 10-5-77

Permit Fee $ 25.00	USE Residence	USE ZONE FX

Appl. Accepted By CW. Plans Checked By _____ Appr. For Issnce By _____ ☐ See Spec. Cond. Attached

NOTICE

Per WAC 296-48-155 Travel Trailers, Campers, and Motor Homes are vehicular type units primarily designed as temporary living quarters for recreational camping or travel use.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of the performance of construction.

Richard N. Meyer 9/14/77

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (DATE)

SPECIAL CONDITIONS SA North Fork Lewis SB 50' ohwm

UNIT LENGTH 65 WIDTH 28

ZONING SETBACK

FRONT 65'cl 25'pl REAR 26'pl

RIGHT SIDE 10'pl LEFT SIDE 10'pl

Spec. Approvals	Req'd.	Rec'd.	Not Req.	By
Zoning				
Health Dept.	✓	✓		
Water Supply Lewis River				
Envrn. Impt. St.	✓			
Shoreline	50'SB from ohwm			DH
Air Pollution				
Drainage	✓	—		
Flood Plain	✓	DOE Section in Meyne Surveyship.		DH
Access Appr. (2)	✓ 20.00			
Prop. Access				

5-2978-0002.00 I

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION 5-2978-0002.00 N

SEWAGE DISPOSAL PERMIT APPLICATION

Southwest Washington Health District

2000 Ft. Vancouver Way, Vanc
P. O. Box 162, Stevenson
216 W. Main, Goldendale
P. O. Box 427, White Salmon

THIS FEE NOT REFUNDABLE

Hardship

☐ PAID
☐ PAID
Existing System $35.00 ☐ PAID

Date 8-29-85

Receipt No. 24759

Applicant's Name Richard H. Meyer
Please Print

Address Hayes Rt. Box 1938
Woodland, Wash 98674

Telephone 206-225-3791

Address of site Hayes Rt. Box [illegible] Woodland Wash Lot No. _____ Subdivision _____

Detailed directions to site [illegible] County Rd #16

Lot Size 1 acre Residence ✓ Mobile Home _____ No. Bedrooms 2 Basement _____ Commercial Type _____

Water supply: Public _____ Private ✓ Community _____ Well _____ Spring _____ Other Fire [illegible] existing house

Owner of water supply [illegible] Number of residences served _____

Distance to nearest sewer (estimate) _____ Where sewer planned for this area _____

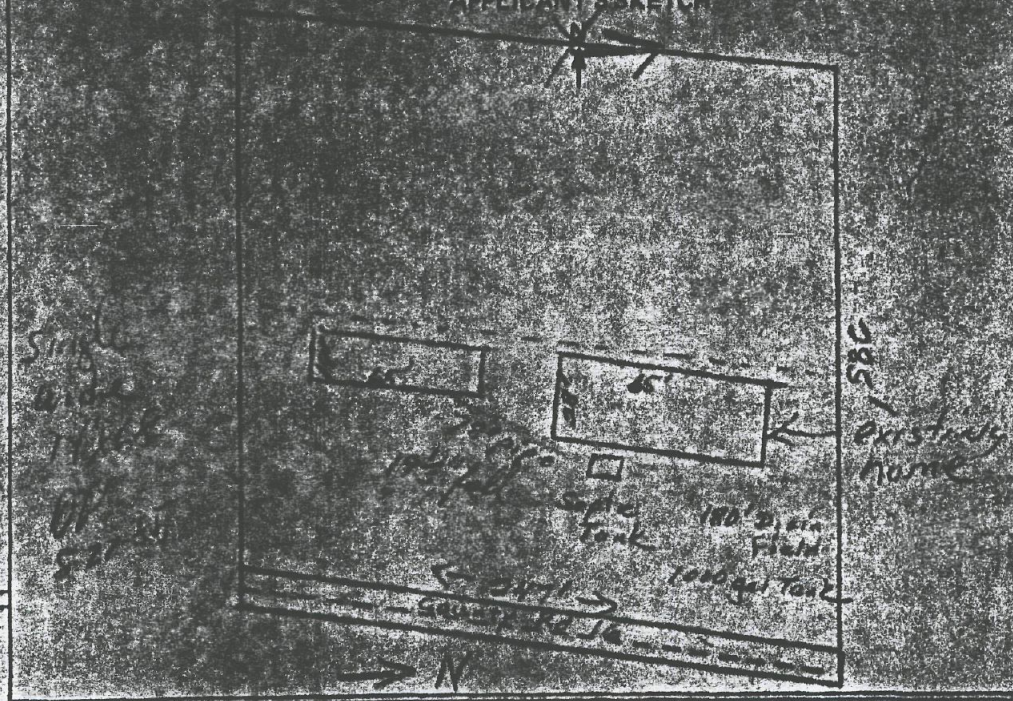
Present property owner [illegible] Applicant's Signature [illegible]

Tax Serial No. [illegible] Legal Description: QUARTER _____ SEC. 9 TWN. _____ RANGE 1

INDICATE ON SKETCH
Please Check

- ☐ 1. Building, size & location.
- ☐ 2. Driveways & Patios.
- ☐ 3. Water system & pipes.
- ☐ 4. Domestic drinking water supplies within 100' of property.
- ☐ 5. Bodies of water within 100' of property (including seasonal).
- ☐ 6. Property size, property lines.
- ☐ 7. Adjacent roads (include name).
- ☐ 8. Surface drainage (show direction of slope).
- ☐ 9. Locate large trees to remain in drainfield area.
- ☐ 10. General area intended for the sewage system.
- ☐ 11. Location of test holes.

APPLICANT'S SKETCH



Soil log and mottling

Map No. _____

Soil type _____

Water table _____

Below for Health Department Use

Evaluation Conclusions / Conditions	Evaluation Recommendations	Inspection Data
New residence to to have separate pump + chlorinator for temporary residence Convert to septic tank	Satisfactory _____ Unsatisfactory Hardship	
	Tank size _____	
	Field size _____	
	Gravel _____	
	Depth _____	
	Date 8-22-85 By DP	

INSTALLATION INSPECTION: Installed By _____

Date(s) inspected _____ Meets permit specifications Yes _____ No _____

Remarks _____ Inspected by _____ Date _____

PUBLIC WORKS
COUNTY

0499
PERMIT NO.
20192
FILE NO.

CLARK COUNTY

PLACEMENT PERMIT APPLICATION

FOR ☒ MOBILE HOME 65'x28' ☐ MOTOR HOME

☐ TRAVEL TRAILER ☐ CAMPER

☐ OTHER _____ SPECIFY

Address: W. si CR16 abt 2¾ mi N. of Woodland.

Census	School Dist.	Lot	Block	Tract of Subdivision
402	102	5		9-5-1

	Owner	Mailing Address	Zip	Phone
1.	Richard H. Meyer	2216 NE Landover Dr.	98664	256-2533
2.				
3.	Contractor Metropolitan	01-16128		

Comments and restrictions 5/17/78

OK To Issue Mobile To Be 55'cl of old County SEPA Requirement R/W Per HOR DM 10-5-77

Permit Fee $	USE	USE ZONE
25.00	Residence	FX

Appl. Accepted By CW. Plans Checked By Appr. For Issnce By MJ ☐ See Spec. Cond. Attached

NOTICE

Per WAC 296-48-155 Travel Trailers, Campers, and Motor Homes are vehicular type units primarily designed as temporary living quarters for recreational camping or travel use.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of the performance of construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

Richard H. Meyer 9/14/77

SIGNATURE OF OWNER (DATE)

SPECIAL CONDITIONS SA North Fork Lewis SB 50' ohm

UNIT LENGTH 65 WIDTH 28

ZONING SETBACK

FRONT 25'cl 25'pl REAR 25'pl

RIGHT SIDE 10'pl LEFT SIDE 10'pl

Spec. Approvals	Req'd.	Rec'd.	Not Req.	By
Zoning				
Health Dept.	✓	✓		
Water Supply	Lewis River			
Envrn. Impt. St.	✓			
Shoreline	50' SB from ohm			DW
Air Pollution				
Drainage	✓	—		
Flood Plain	~~[illegible]~~	DOE confirm in Meyers		DW
Access Appr. (2)	✓ 20.00	✓ ownership		
Prop. Access				

-5 DEC 2978 -*0025.00 I

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION -5 DEC 2978 -*0020.00 IV

SEWAGE DISPOSAL PERMIT APPLICATION

Southwest Washington Health District

2000 Ft. Vancouver Way, Vanc.
P. O. Box 162, Stevenson
216 W. Main, Goldendale
P. O. Box 427, White Salmon

THIS FEE NOT REFUNDABLE

☐ PAID
$350.00 ☐ PAID
Repair Existing System $35.00 ☑ PAID

Hardship

Date 8-9-85
Receipt No. 24759

Applicant's Name Richard H. Meyer (Please Print)
Address Hayes Rt. Box 198B Woodland, Wa 98674
Telephone 206-225-3991

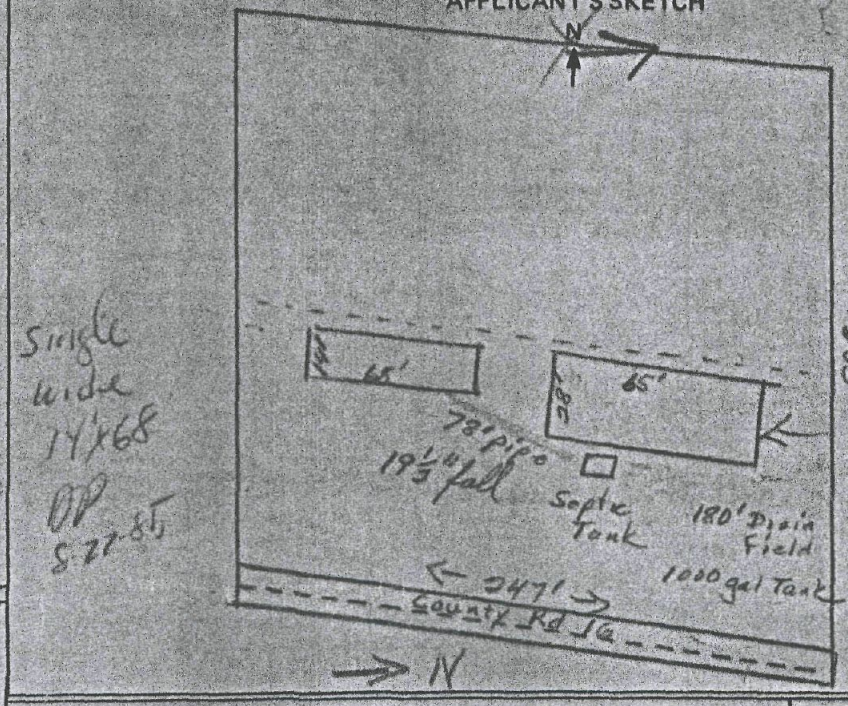
Address of site Hayes Rt. Box 198B, Woodland Wa Lot No. _____ Subdivision _____
Detailed directions to site 3½ miles E. of Woodland on County Rd #16

Lot Size 1 acre Residence _____ Mobile Home ✓ No. Bedrooms 2 Basement _____ Commercial Type _____
Water supply: Public _____ Private ✓ Community _____ Well _____ Spring _____ Other River Separate pump from existing house
Owner of water supply Same Number of residences served _____
Distance to nearest sewer (estimate) _____ When is sewer planned for this area _____
Present property owner Same Applicant's Signature X Dorothy M. Meyer
Tax Serial No. 252017 Legal Description: QUARTER SE SEC. 9 TWN. 5 RANGE 1

INDICATE ON SKETCH
Please Check

- ☐ 1. Building: size & location.
- ☐ 2. Driveways & Patios.
- ☐ 3. Water system & pipes.
- ☐ 4. Domestic drinking water supplies within 100' of property.
- ☐ 5. Bodies of water within 100' of property (including seasonal).
- ☐ 6. Property size, property lines.
- ☐ 7. Adjacent roads. (include name)
- ☐ 8. Surface drainage. (show direction of slope)
- ☐ 9. Locate large trees to remain in drainfield area.
- ☐ 10. General area intended for the sewage system.
- ☐ 11. Location of test holes

APPLICANT'S SKETCH



Single wide 14'x68'
OP 8-27-85

Soil log and mottling

Map No. _____
Soil type _____
Water table _____

Below for Health Department Use

Evaluation Conclusions / Conditions

New residence to to have separate pump + chlorinator for temporary residence Connect to Septic tank

Evaluation Recommendations

Satisfactory _____
Unsatisfactory Hardship
Tank size _____
Field size _____
Gravel _____
Depth _____
Date 8-27-85 By DP

Inspection Data

5

INSTALLATION INSPECTION: Installed By _____

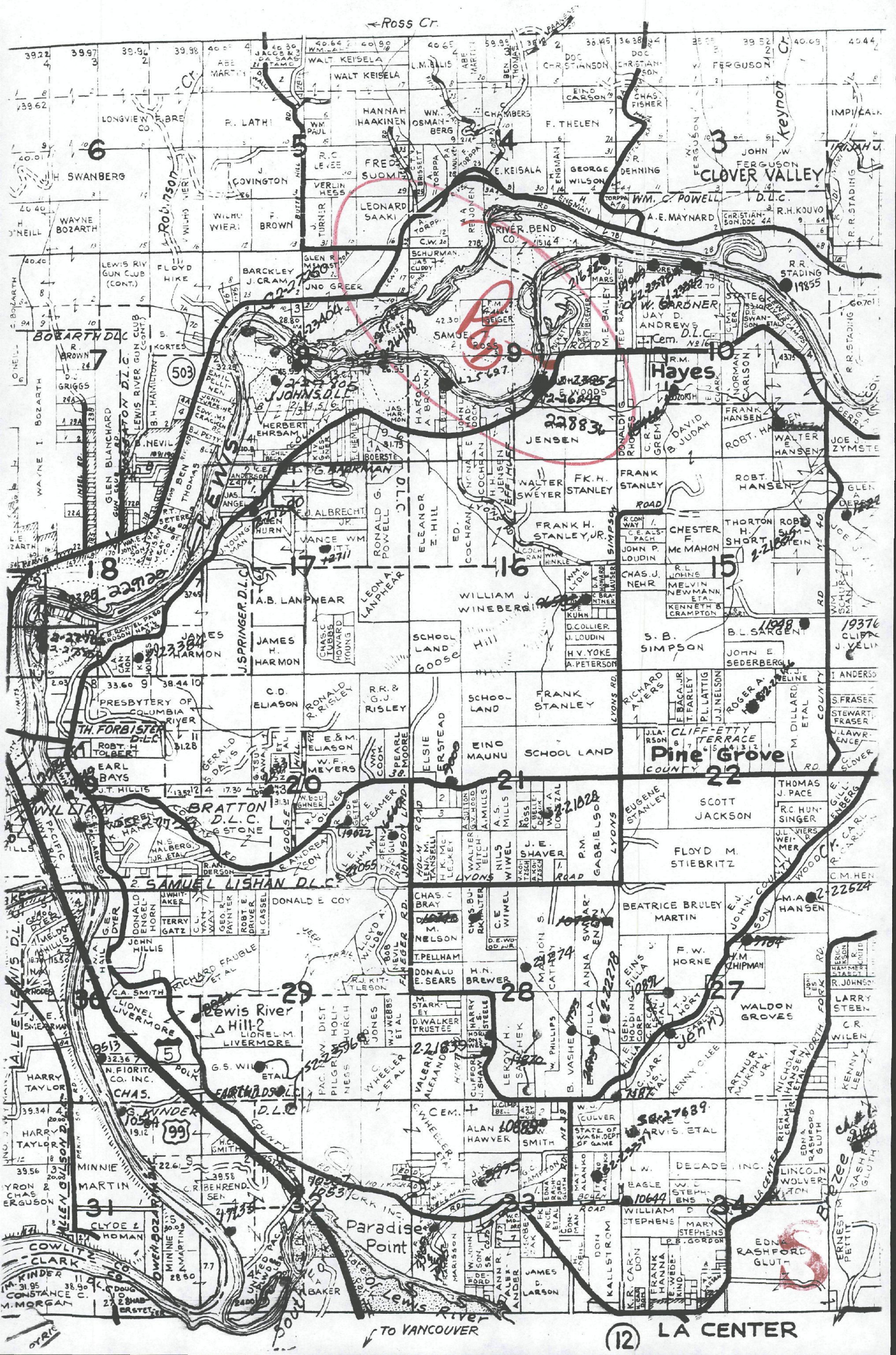
Date(s) inspected _____ Meets permit specifications Yes _____ No _____

Remarks _____ Inspected by _____ Date _____

FOR SALE BY
METSKER MAPS
0. TENTH ST., TACOMA, WASHINGTON
THIRD AVE., SEATTLE, WASHINGTON
SCALE 2 IN. = 1 MILE

TOWNSHIP 5 N., COWLITZ + CLARK

CLARK - SEPT. 1974
COWLITZ - NOV. 1968



Printed By: Floyd Fesler
On: 05/21/1998 At: 02:35 pm

RECEIPT

Department of Ecology (4610)
PO Box 5128
Lacey, WA 98509-5128
(360) 407-7095

Receipt Number **98-207627**

Current Document Number **461A0993CJ** Date **05/22/1998**

Remitter Name **MEYER, RICHARD**
HI-TIDE HAVEN

Receipt Name

Check/Draw Number **5013**
Document Amount **$10.00**
Method of Payment **Check**
Comment Description **WATER RIGHTS**

Ref Doc Nr	Ref Doc Sfx	Inv Nr	Id Nr	Prgm Cd	T C	R	Fund	Maj Grp	Maj Src	Sub Src	Cnty	Work Cls	PIC	AI	Org	Prj	Sub Prj	Prj Phs	Sub Obj	Sub Sub Obj	Var GL	Sub Sid Dr	Sub Sid Cr	Alloc Amt
				H00	001		001	02	85	000010														$10.00