



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

May 19, 2005

Lynce Cluphf  
23907 96<sup>th</sup> Street E  
Buckley WA 98321

Dear Ms. Cluphf:

Re: Water Right Application No. **G2-30254 for Henry Flatt**

This letter is to acknowledge that the Department of Ecology received your water right application. We have assigned your application the number indicated above. Please include this number in future correspondence regarding your application.

When we begin actively evaluating applications in your area, we will prepare a public notice and send it to you with publication instructions. It will be sometime before we are able to begin working in your area.

The availability of water in Washington State is a serious problem. Much of the water in our state has already been appropriated. The competition for water has escalated with our state's increasing population, conflicting water policy issues, and grave declines in salmon and other fish populations. With the many demands on the state's water resources, a favorable permit decision is not always possible. You may want to consider purchasing all or part of an existing water right.

Please be sure to notify Ecology of changes such as address, property ownership, or variations in your proposed water use plans. If you would like further information on your application, please contact our office at (360) 407-6300.

Sincerely,

*Teresa Hanson*

Teresa Hanson  
Water Resources Program  
Southwest Regional Office

TH:th  
app-new.doc





(Check one)  Well Construction ONLY  
 Well Site Inspection ONLY

SITE ADDRESS 23911 96<sup>th</sup> ST E SEPTIC SYSTEM ENGINEER/DESIGNER AL MIKINKA  
 SECTION 36 TOWNSHIP 20 RANGE 05 PARCEL# 0520368000  
 PROPOSED WATER SUPPLY: (Check) WELL  SPRING \_\_\_\_\_ NEW  EXISTING \_\_\_\_\_ LOT SIZE 2.5 ACZ

THIS APPLICATION MUST BE ACCOMPANIED BY THE SEPTIC DESIGN WITH WELL/SPRING LOCATION AND 100/200 FOOT WELL/SPRING RADIUS AND PIERCE COUNTY CRITICAL AREAS CERTIFICATION. COMPLETE AND ACCURATE DIRECTIONS TO THE SITE MUST BE PROVIDED AND THE EXACT WELL/SPRING SITE LOCATION PROPERLY MARKED.

APPLICANT NAME: HENRY FLATT  
 ADDRESS: 23911 96<sup>th</sup> ST E  
 CITY: Buckley ST WA ZIP 98321

Phone (253) 891-3711  
AL Mikinka  
 (APPLICANT/ENGINEER/DESIGNER SIGNATURE)  
 3625 SOUTH D STREET  
 TACOMA WA 98408

(PLEASE PRINT) THE COMPLETED INSPECTION REPORT FORM WILL BE MAILED TO THE ABOVE ADDRESS

FOR DEPARTMENT USE ONLY

DATE OF INSPECTION 2-18-03 SIGNATURE GP CHECK #1078 \$296.00

	YES	NO
(1) ARE THE MAP AND PLOT PLAN ACCURATE, BASED ON YOUR OBSERVATION AT THE SOURCE SITE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) IS THERE EVIDENCE OF EXISTING SOURCES OF CONTAMINATION WITHIN 100/200 FEET (CIRCLE ONE) OF THE SOURCE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) DOES THE SLOPE OF THE GROUND ENDANGER THE SOURCE FROM POSSIBLE RUN-OFF CONTAMINATION? <i>(Some puddles)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) IF PUBLIC OR PRIVATE ROADS PASS WITHIN 100/200 FEET (CIRCLE ONE) OF THE SOURCE, ARE THEY DITCHED OR OTHERWISE DRAINED IN A MANNER WHICH SAFELY CONDUCTS SURFACE RUN-OFF AWAY FROM SOURCE?	<input type="checkbox"/>	<u>N/A</u>
(5) IF THE SOURCE IS AN EXISTING SOURCE: <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
(A) IS VISIBLE CONSTRUCTION IN SOUND CONDITION (PIPING, ELECTRICAL, FLOOR SLAB, BUILDING, ETC.)?	<input type="checkbox"/>	<input type="checkbox"/>
(B) IS THERE A SUBSTANTIAL CONCRETE SLAB POURED AROUND THE WELL CASING?	<input type="checkbox"/>	<input type="checkbox"/>
(C) DOES CASING EXTEND AT LEAST 6-INCHES ABOVE SLAB AND EXHIBIT A SANITARY SEAL?	<input type="checkbox"/>	<input type="checkbox"/>
(6) IS THE SOURCE SITE WITHIN APPLICABLE PIERCE COUNTY CRITICAL AREAS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(7) START NOTIFICATION NUMBER WE01066 WELL TAG NUMBER AH 194R

(8) WELL CONSTRUCTION INSPECTION COMPLETED? DATE <u>5-29-03</u> SIGNATURE <u>Rudits</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9) SATISFACTORY BACTERIOLOGICAL ANALYSIS COMPLETED? SAMPLE DATE <u>6-16-03</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10) PRIMARY INORGANIC CHEMICAL ANALYSIS COMPLETED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) WATER WELL REPORT AND FLOW TEST COMPLETED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(12) IS THE OVERALL SOURCE SITE SATISFACTORY FOR AN INDIVIDUAL WATER SUPPLY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Don't sign off ADU or primary septic until approved public water system is installed

DATE OF APPROVAL 7-15-03 SIGNATURE Rudits

NEW

RENEW

REDESIGN

DEPARTMENT  
3629 South "D" St., MS: 009  
Tacoma, WA 98418-6813  
(253) 798-6470

MAILED/TO BOX

Site Address:

Street 23907-96 ST.E.  
City: Buckley St: WA Zip: 98321

Designer ID#  
(if Applicable)

Previous Address:

Street 23911-96 ST.E. - Primar  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name:

Last: FLATT First: HENRY

Applicant Phone No: 253 862-1874

TPCHD  
3629 SOUTH D STREET  
TACOMA WA 98408  
12/27/2002 14:52 AM  
Acct: 84807 R-1  
CASH \$352.00

Exp. 12/27/05

This Application expires one year from date of approval.

Applicant Address: 23911 96<sup>th</sup> ST.E. City: Buckley St: WA Zip: 98321  
Section: 05 Township: 20 Range: 36 Field Area: \_\_\_\_\_ Parcel#: 0520368000  
Subdivision Name or Plat Recording #: SP 94-05-16-0291 Lot: 1 Block: \_\_\_\_\_  
Water Supply: 1 (I/P)-Individual P-Public (More than One Connection) Public Water Supply Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Property Size: \_\_\_\_\_ SQ.FT.

Parcel is ( ) or is not (  ) within 300 feet of a public sewer, or within ULID sewer service area, or sewer district.  
Shellfish Sensitive Area: N (Y/N) If yes, specify area: \_\_\_\_\_ Any Lot Restrictions: N (Y/N)  
Type of Building: SF (SF/MF/COMM/FE/INST) If Yes, specify here briefly and show on design.

SF-Single Family MF-Multi-Family COMM-Commercial FE-Food Establishment INST-Institutional

Garbage Disposal Proposed: N (Y/N) Proposed Number of Bedrooms: 2

If this is a Community System, address which system is located at: Community System Name & Address: \_\_\_\_\_

FOR RENEWAL APPLICATIONS ONLY: Renewal Letter Attached? \_\_\_\_\_ (Y/N) Copies of original approved design & application attached? \_\_\_\_\_

FOR REDESIGN APPLICATIONS ONLY: What has been changed? \_\_\_\_\_

SOIL LOGS ATTACHED? Y (Y/N)

Date Soils Logged: 11-30-02 Highest Water Table or Indicators: 21'

CALCULATIONS: Gallons/Day: 422 Application Rate: 0.45 Absorption Area: 1030 Total Length: 362 ft

Tank Size: 1125 gal Maximum Trench Depth: 6'

Designer's Name (printed): AL MIKINKA Designer's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: 12-14-02 Designer's Address: 2403 71<sup>st</sup> St City: Puyallup State: WA Zip: 98375

FOR HEALTH DEPARTMENT USE ONLY

Comments and soil logs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WATER SUPPLY:

APPROVED: \_\_\_\_\_ (date) BY: \_\_\_\_\_

HOLD: 12-31-02 (date) REASON: FOR REVIEW - RRF BY: GAD

ON-SITE DESIGN:

APPROVED: 1-17-03 (date) BY: PC

HOLD: 1-3-03 (date) REASON: KVF BY: PC

DISAPPROVED: \_\_\_\_\_ (date) REASON: \_\_\_\_\_ BY: \_\_\_\_\_

Permits For Septic/Building Construction Will Not Be Issued Until **BOTH**  
Water Supply and On-Site Design Are **APPROVED**.

Any person aggrieved by any decision or final order of the Health Officer may within 30 days make written application for appeal to this Department.

RECEIVED  
DEC 27 2002  
Tacoma-Pierce County  
Health Dept.

# DESIGN

## ON-SITE SYSTEM DESIGN APPLICATION

ADU



TACOMA-PIERCE COUNTY  
HEALTH  
DEPARTMENT  
3629 South "D" St., MS. 009  
Tacoma, WA 98418-6813  
(253) 798-6470

FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD	H20 1/22	1/25/05
APPROVAL/DISAPPROVAL		
MAILED/TO BOX		

NEW  RENEW  REDESIGN

**Site Address:** Street 23907-96 ST. E.  
 City: PULLMAN St: WA Zip: 98521

**Previous Address:** Street 23911-96 ST. E. - Primary  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Name:** Last: FLAT First: HENRY **Applicant Phone No:** 361-3711

Designer ID# (If Applicable)

TPOHD  
3629 SOUTH D STREET  
TACOMA WA 98408  
12/27/2002 9:32 AM  
Rcpt: 84807 R-1

CASH \$352.00  
Exp. 12/27/05

This Application expires one year from date of approval.

Applicant Address: 23921 117th St E City: PULLMAN St: WA Zip: 98521  
 Section: 09 Township: 20 Range: 36 Field Area: \_\_\_\_\_ Parcel#: 0520368000  
 Subdivision Name or Plat Recording #: SP9405160791 Lot: 1 Block: \_\_\_\_\_

Water Supply: I (I/P)-Individual P-Public (More than One Connection) Public Water Supply Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Property Size: 108,862 SQ.FT.  
 Parcel is ( ) or is not (  ) within 300 feet of a public sewer, or within ULID sewer service area, or sewer district.  
 Shellfish Sensitive Area: N (Y/N) If yes, specify area: \_\_\_\_\_ Any Lot Restrictions: N (Y/N)  
 Type of Building: SF (SF/MF/COMM/FE/INST) If Yes, specify here briefly and show on design.

SF-Single Family MF-Multi-Family COMM-Commercial FE-Food Establishment INST-Institutional

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If this is a Community System, address which system is located at: Community System Name & Address: \_\_\_\_\_

FOR RENEWAL APPLICATIONS ONLY: Renewal Letter Attached? \_\_\_\_\_ (Y/N) Copies of original approved design & application attached? \_\_\_\_\_

FOR REDESIGN APPLICATIONS ONLY: What has been changed? \_\_\_\_\_

SOIL LOGS ATTACHED? Y (Y/N)

Date Soils Logged: 11-20-02 Highest Water Table or Indicators: 21'

CALCULATIONS: Gallons/Day: 477 Application Rate: 0.45 Absorption Area: 1370 Total Length: 263 ft

Tank Size: 1175 gal Maximum Trench Depth: 6'

Designer's Name (printed): AL MICHAELSON Designer's Signature: \_\_\_\_\_ Phone #: 361-7777

Date: 12-19-02 Designer's Address: 243 21st St City: PULLMAN State: WA Zip: 99137

### FOR HEALTH DEPARTMENT USE ONLY

Comments and soil logs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WATER SUPPLY:

APPROVED: \_\_\_\_\_ BY: \_\_\_\_\_

HOLD: 12-31-02 (date) REASON: Final well approval RRF BY: GXP

ON-SITE DESIGN: APPROVED: 1-17-03 (date) BY: PC

HOLD: 1-3-03 (date) REASON: RRF BY: EC

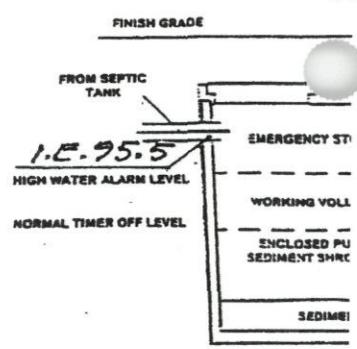
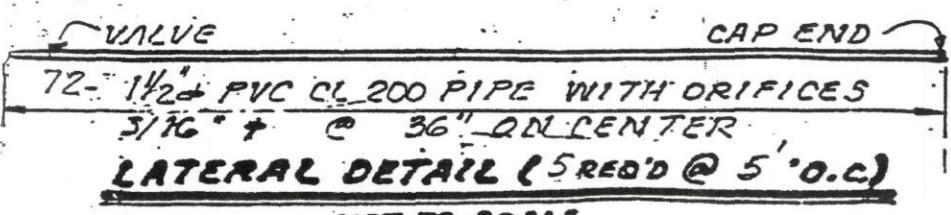
DISAPPROVED: \_\_\_\_\_ (date) REASON: \_\_\_\_\_ BY: \_\_\_\_\_

Permits For Septic/Building Construction Will Not Be Issued Until **BOTH** Water Supply and On-Site Design Are **APPROVED**.

Any person aggrieved by any decision or final order of the Health Officer may within 30 days make written application for appeal to this Department.

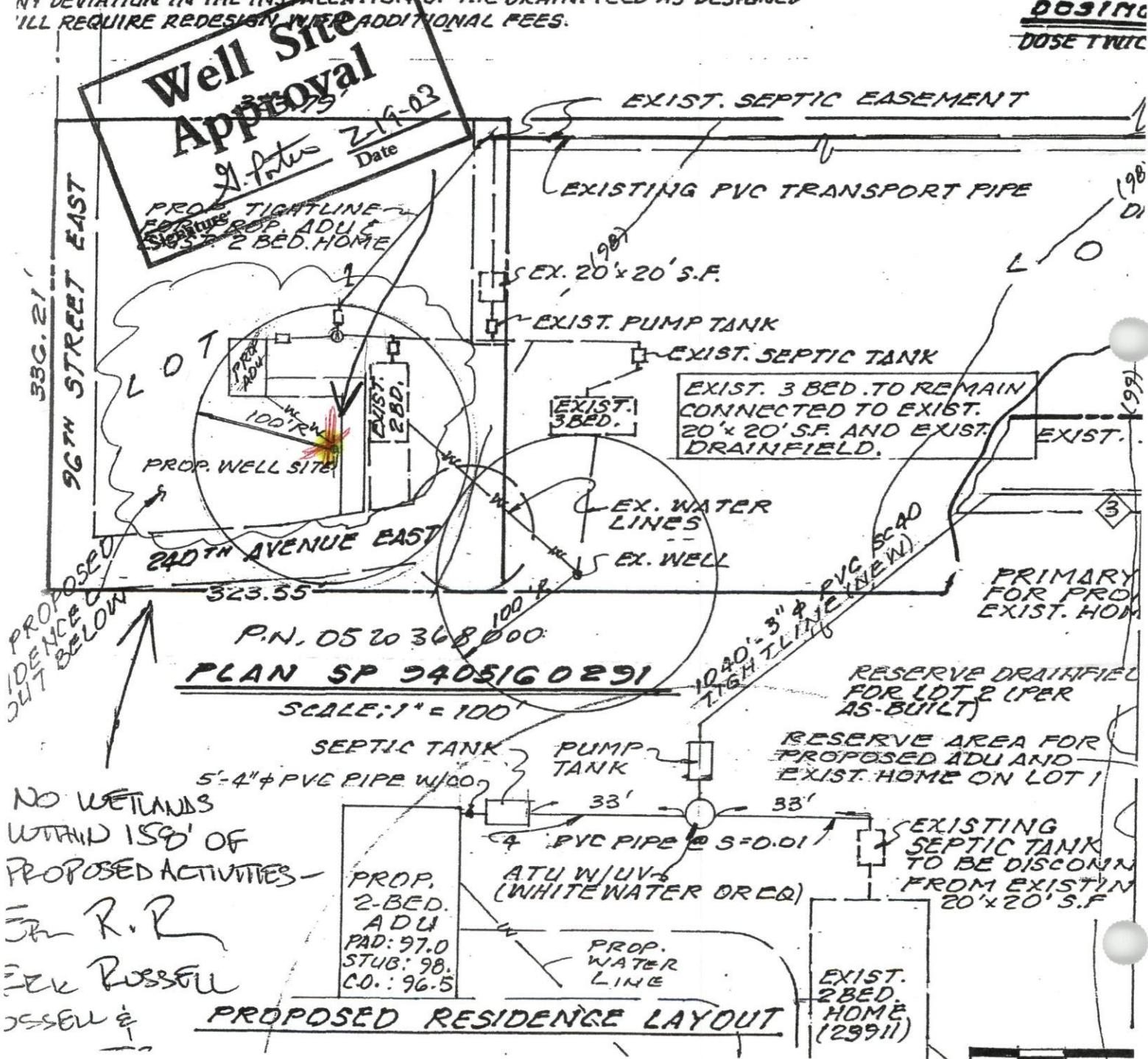
RECEIVED  
DEC 27 2002  
Tacoma-Pierce County  
Health Dept.

AW DUV P



**GENERAL NOTES:**  
 CONFORM TO ALL TPCWD STANDARDS.  
 DRAINFIELD LATERALS TO BE INSTALLED LEVEL.  
 THE SYSTEM IS DESIGNED FOR 360 GPD AT 0.45 GPD/FAC. FACTOR.  
 ALL "DEAD-END" RUNS TO BE CAPPED.  
 THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.  
 INSTALLER TO VERIFY UNDERGROUND UTILITIES PRIOR TO EXCAVATION.  
 DRAINFIELD TO BE STAKED OUT PRIOR TO PERMIT RELEASE.  
 SYSTEM TO BE PRESSURE TESTED PRIOR TO PERMIT SIGNOFF.  
 ANY DEVIATION IN THE INSTALLATION OF THE DRAINFIELD AS DESIGNED  
 WILL REQUIRE REDESIGN WITH ADDITIONAL FEES.

SYSTEM D  
 SUGGESTED  
 DOSE TWT





Pierce County Assessor-Treasurer  
electronic Property  
Information Profile (e-PIP)



Ken Madsen  
Assessor-Treasurer



[Pierce County Home](#) [Assessor-Treasurer Home](#) [Parcel Search](#) [Sales Search](#) [Recorded Documents](#) [Permit Summary](#) [Taxes/Values](#) [Land](#) [Buildings](#) [Sales](#) [Map](#)

### Parcel Summary for 0520368000

05/10/

<b>Taxpayer Details</b> <b>Taxpayer Name:</b> FLATT HENRY R & JOLENE M <b>Mailing Address:</b> 23911 96TH ST E BUCKLEY WA 98321-7482	<b>Property Details</b> <b>Parcel Number:</b> 0520368000 <b>Site Address:</b> 23911 96TH ST E <b>Account Type:</b> Real Property <b>Category:</b> Land and Improvements <b>Use Code:</b> 1155-MH TITLE ELIM
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<b>Appraisal Details</b> <b>Value Area:</b> PI Year 2 <b>Appr Acct Type:</b> Residential <b>Business Name:</b>	<b>Tax/Assessment</b> <b>Current Tax Year:</b> 2005 <b>Taxable Value:</b> 147,300 <b>Assessed Value:</b> 147,300
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**Related Parcels**

Group Account Number: n/a

Mobile/MFG Home and Personal Property parcel(s) located on this parcel: n/a

Real parcel on which this parcel is located: n/a

**Tax Description**

Section 36 Township 20 Range 05 Quarter 43 : L 1 SP 94-05-16-0291 EASE OF REC OUT OF 4-000 SEG G0120 MD 8/1992 FLTWD WOODLAND PARK 27X58 #WAFLN31A10328WP (50000-61830) 8/02 VR AFN 200208120715 TITLE ELIM GOLDEN WEST - MODEL - OAKWOOD - YEAR - 2004 - SERIAL - GOOR23N27723 - TPO - +284772 AFN#2005042900: 05/06/05 (P5555513952) 2005 VALUATION FOR 2006 TAX YEAR

**I acknowledge and agree to the prohibitions listed in RCW 42.17.260(9) against releasing and/or using lists of individual commercial purposes.** Neither Pierce County nor the Assessor-Treasurer warrants the accuracy, reliability or timeliness of any information system, and shall not be held liable for losses caused by using this information. Portions of this information may not be current or accurate. Any person or entity who relies on any information obtained from this system, does so at their own risk. **All critical information should be independently verified.**

Pierce County Assessor-Treasurer  
 Ken Madsen  
 2401 South 35th St Room 142  
 Tacoma, Washington 98409  
 (253)798-6111 or Fax (253)798-3142  
[www.piercecountywa.org/atr](http://www.piercecountywa.org/atr)

(c) 2005 Pierce County Assessor-Treasurer

- 6 -



Application Number \_\_\_\_\_

# SINGLE-FAMILY WETLAND CERTIFICATION

Review Fee \$100.00

Planning and Land Services Department

Tacoma Pierce County Health Department

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

- This Certification is only to be used for septic, one-family dwellings, and associated activities.
- The Certification form shall not to be used for violations.
- A to-scale site plan must accompany all certification forms, including drainfield review, which clearly shows property lines, existing and proposed improvements, clearing limits, and any wetlands, streams, and/or their buffers on site or within 158 feet of the proposal, if applicable (see example attached).  
*Site plan must be signed and dated by the wetland biologist.*
- The \_\_\_\_\_ *N STATE WETLANDS IDENTIFICATION AND DELINEATION MANUAL* is to be used \_\_\_\_\_, Development Regulations – General Provisions.

1. APPLICANT: HANK FLATT  
 Address: 2242 113TH ST E City BUCKLEY State WA Zip 98321  
 Phone: 253-891-3711

2. WETLAND SPECIALIST: ERIC RUSSELL  
 Company: RUSSELL & ASSOCIATES  
 Address: 1414 MCCORMICK RD City OLYMPIA State WA Zip 98501  
 Phone: 360-789-3607

3. LOCATION OF PROJECT:  
 Address: 23911 96TH ST E City BUCKLEY State WA Zip 98321  
 Quarter — Section 36 Township 20 Range 5 Tax Parcel Number: 0520368000  
 Size of Property: 2.5 ACRES  
 Directions to property: SR 410 TO 233<sup>RD</sup> AVE E, NORTH ON  
233<sup>RD</sup> TO 96TH ST E, EAST ON 96TH TO SITE AT  
CORNER OF 240TH AVE & 96TH ST E.

4. PROJECT DESCRIPTION:

List all regulated activities proposed per Section 18E.20.020 of Title 18E Development Regulations - Critical Areas:

2 BEDROOM A.D.U., WELL, AND ASSOCIATED  
ON-SITE SEPTIC SYSTEM.

5. CERTIFICATION:

I, ERIC RUSSELL of RUSSELL & ASSOCIATES  
(Name) (Company)

hereby certify that no jurisdictional wetland is located within 158 feet of any proposed regulated activity associated with this single-family development, as indicated on the attached site plan and as submitted as part of the building permit or Tacoma-Pierce County Health Department application for the above-referenced property.

OR

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Company)

hereby certify that a jurisdictional wetland is present within 158 feet of a proposed regulated activity associated with this single-family development, as indicated on the attached site plan and as submitted as part of the building permit or Tacoma-Pierce County Health Department application for the above-referenced property. The wetland is a Category \_\_\_\_\_ wetland as determined using Appendix A to Chapter 18E.30, Pierce County Development Regulations (a description of the wetland category, according to Appendix A, is attached). I also certify that all proposed regulated activities will be outside of the wetland, the required \_\_\_\_\_ foot buffer, and 8-foot building setback, as indicated on the enclosed site plan.

6. ACCEPTANCE:

I, NAWK FLATT understand that Pierce County reserves the right to  
(Property Owner)

enter the above-referenced property, further understand that the County reserves the right to deny acceptance of incorrect or inaccurate certifications from wetland specialists, and further understand that I am responsible for limiting all regulated activity to areas outside of wetland and buffer areas.

Signatures: Eric R. Russell Nancy R. Flatt  
(Wetland Specialist) (Property Owner)

Date Signed: 1/27/03 Julene M Flatt