SKAGIT COUNTY PERMIT CENTER

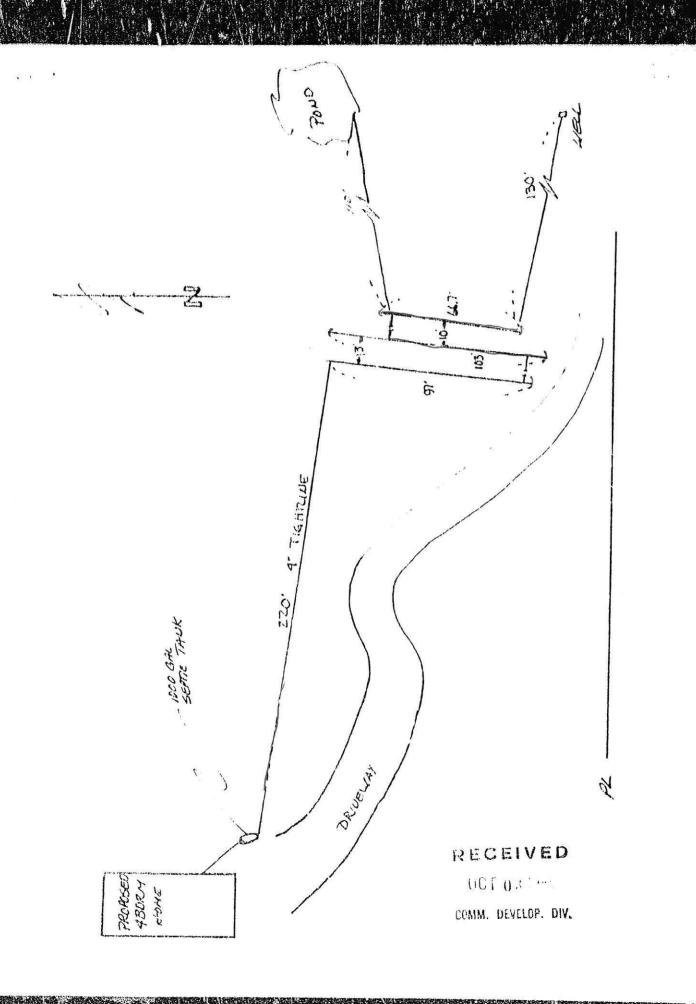
P20170

County Administration Building - Room 228 - Mount Vernon, Wa. 98273
Phone (205) 336-9410

	PERMIT VILLES
ERANK HAMIER	630 SIEHILLER ANACORTS
Property Owner	Address
DV COUDHNUSON Dontgoer	TOYK GUDMUUSOU
Legal Description: SEE TESIGN	And the state of t
Address of Site: 1386 "C" GIBRALIER	(Palm Lane)
Alter or Repair Bedroom	People Tank Liquid Copacity
Type of Absorption System TREUCH	Disposel Trench: 800 eq. ft.
Gravel Used: 30 Cubic Yards	RECEIVED
Gravel Used Below Tile: Cubic Yards	001 03 244
Drainage, lopography and Relevency:	COMM. DEVELOP. DIV.
1. Was disposal field site well drained? VES 1. Any water course (stream, drainage ditch, right) 2. Any heavy slopes in absorption area? VO 4. Has present topsoil in absorption area been re	If yes, how much?
installed? (A) 5. Was any fill material used in the absorption of	aren? NO
6. Were there any wells in this area: K septic system?	
7. Any ground water encountered before reaching 8. Any particular problems with installing this or installer problems)? 160	depth of five feet? NO system according to plan (i.e. builder
i hereby certify that Information recorded on both a lithat I personally inspected and approved this series with the signature of the series o	quitement-
Reviewed by	bat.
Remarks	
CANADA CONTRACTOR OF CONTRACTOR STATES AND	The same of the sa

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Skagit County Planning & Community Development

ON-SITE SEWAGE PERMITS

PERMIT NUMBER: 85-229

APPLICANT'S NAME: HamitER, FRANK

ASSESSOR'S ACCOUNT NUMBER: 083402-3-010-0101

SKAGIT COUNTY PERMIT CENTER RECEIVED County Administration Building - Room 228 - Mount Vernon, Wa. 98273RECEIVED Phone (206) 336-9410 JUL 2 5 1985 JUL 2 5 1985 ON-SITE SEWAGE SYSTEM APPLICATION COMM. DEVELOP. DIV. Permits Expire 5 Years from Date of Design Approval COMM. DEVELOP. DIV. FRAUK HAMITER 630 SIEMILIER ANACORTES 793-4995 Property Owner Mailing Address Phone 08340Z-3-010-0101 PTU OF SEC 8 TUP 34 RZ Assessor's Account Plat, Division, Block, Lot's) Lot Size E GIBRALIUR SEE MAD Site Address (at least name of road) AND Complete Directions to Site (or draw map & atrach) Are there any other residences on property? 1. 2. Do you own any adjoining parcels of land? VIS 3. Description of proposed structure. If residence state number of bedrooms/square footage of floor area (excluding garage). 3BDRM (Roe Redesign to 4 Bedroom PLEASE CHECK ALL APPROPRIATE BOXES: (X) Stage 1 - Application for all newsewage disposal systems for site/design review. Type of system: (x)Conventional ()Sand Filter ()Pressure Distribution Soil/Site Consultation ()Other Proposed Subdivision Lot # () Repair () Without Design () Application/Design/Site Review () With Design () Approval to construct () Variance ***NOTE***Soil tests, site plan, and sewage system design must accompany this application (see details on back). ***Permit number required prior to construction. COUNTY USE BELOW THIS LINE () Floodway Zoning approved by Date: Amount Pd 16 Amount Pd. Received b Received by HEALTH UNIT APPROVALS For Single-Family Residence: Approval to begin preparation Approved for maxiof site for fill and mum of experimental system rooms with a maximum Above & below ground level 200 sq. ft. treatment and storage floor area. devices -- empty Fill Material Pressure Test Final Inspection Repair Application Proposed Subd. Lot # System Installed by Installed per design? (Rev. 0385) Perform soil tests and site evaluation and construction plans in the manner prescribed in Skagit County Rules and Regulations for On-site Sewage Disposal, Ordinance #10136.

SOIL LOG #1

O to 16 in. LT.BR SL NED

SOIL LOG #2

D to 6 in. DK.BR SI

to in.	to 384in. GR-BL LS	
to in. Anticipated water table 40 inches	to in. Anticipated water table 38	inches.
SOIL LOG #3	SOIL LOG #4	
0 to 3 in. OK. BR SL	toin.	
3 to 40 in. LT.RD.BK SL	toin	
40 to 44 in. GR-BR LS	to in.	
to in	to in	inches.
Anticipated water table 40 inches	. Anticipated water table	Inches.
Recommended Rate of Wastewater Applic	eation:	
	gal/day/sq. ft.	
	eal a determination by the staff or requirements found in Ordinance #101 te Code 12.04. See Section 110 for	136
PEFINITION OF BEDROOM: Bedroom shall mean	any room normally used for sleepin	
cated as such on building plans. The minifloor area (basement, first and second) sh	mum number of bedrooms per square f	g and indi- ootage of
floor area (basement, first and second) sh	mum number of bedrooms per square f all be:	g and indi- ootage of
floor area (basement, first and second) sh 0 - 150	<pre>mum number of bedrooms per square f all be: 00 sq. ft. = 1 or 2 bedrooms</pre>	g and indi- ootage of
floor area (basement, first and second) sh $0 - 150$ $1500 - 200$	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms	g and indi- ootage of
floor area (basement, first and second) sh 0 - 150 1500 - 200 Every additional 50	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms	g and indi- ootage of
floor area (basement, first and second) sh 0 - 150 1500 - 200 Every additional 50 or portion then	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft.	g and indi- ootage of
The first and second) shape of the first and second shape of the f	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom	ootage of
The undersigned certifies that he/she	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N REVISED the above tests on (date)	22 NUL 85
The undersigned certifies that he/she has	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVICED ormed the above tests on (date)	72 WL 85
The undersigned certifies that he/she has these tests procedures and that the sewage	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVED Truly and accurately recorded the resystem design and site plan to the	72 WL 85 results by best of
The undersigned certifies that he/she has these tests procedures and that the sewage his/her knowledge meets all Skagit County	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVED Truly and accurately recorded the resystem design and site plan to the	72 WL 85 results by best of
The undersigned certifies that he/she has these tests procedures and that the sewage his/her knowledge meets all Skagit County individual sewage treatment.	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVED Truly and accurately recorded the resystem design and site plan to the	2 NL 85 results by best of s for
The undersigned certifies that he/she has these tests procedures and that the sewage his/her knowledge meets all Skagit County	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVED Truly and accurately recorded the r system design and site plan to the and State of Washington requirement NORTHWEST SEPTIC P. O. Box 1341 DATE DATE	72 WL 85 results by best of
The undersigned certifies that he/she has these tests procedures and that the sewage his/her knowledge meets all Skagit County individual sewage treatment.	mum number of bedrooms per square fall be: 00 sq. ft. = 1 or 2 bedrooms 00 sq. ft. = 3 bedrooms 00 sq. ft. reof shall = 1 bedroom 1 C A T I O N RVICED ormed the above tests on (date)	2 W 85 esults by best of

NORTHWEST SEPTIC P.O. BOX 1341 MT. VERNON, WA. 98273 CONTR. # NO-RT-HS-*205LE

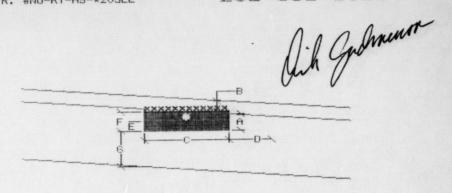
FOR HAMITER
JOB # 85265
206-336-6121

PROGRAM BY M.D. MITCHELL, P.E.

Sik Gudmenor

NON-PRESSURE DRAINFIELD DESIGN

THE SYSTEM IS FOR A 3 BEDROOM HOME. EACH BEDROOM IS ASSUMED TO USE 120 GALLONS PER DAY, SO THE TOTAL IS 360 GALLONS PER DAY. THE SOIL IS LOADED AT THE RATE OF .6 GALLONS PER SQUARE FOOT PER DAY. HENCE THE SYSTEM HAS 600 SQUARE FEET OF BOTTOM AREA. THE SLOPE AT THE SITE IS 10 PERCENT AND THE NATIVE SOIL IS 38 INCHES DEEP. THEREFORE THE VERTICAL SEPARATION IS 24 INCHES. THE SYSTEM IS DESCRIBED AS FOLLOWS:
IT CONSISTS OF A SERIES OF 3 TRENCHES EACH 3 FEET WIDE. EACH TRENCH IS 66.7 FEET LONG AND THEY ARE 6 FEET APART. THE OVERALL WIDTH OF THE SYSTEM IS 21 FT.



TRENCH DETAIL

A.	DEPTH IN NATIVE SOIL10	INCHES
B.	COVER6	INCHES
	TRENCH WIDTH	INCHES
D	WALL TO WALL SPACING	FEET
E,	GRAVEL UNDER PIPE6	INCHES
-	TRENCH DEPTH12	INCHES
G	VERTICAL SEPARATION24	INCHES
4	That's I do not the second at the second and the se	

INSTALLATION NOTES

1) BEFORE DIGGING THE TRENCHES:

REMOVE ALL TREES AND BRUSH WITHIN 10 FEET OF THE TRENCHES.
TRENCHES MUST AVOID WATER, DWELLINGS AND BOUNDARIES. MAKE
SURE ALL LOCAL RULES GOVERNING THIS ARE COMPLIED WITH.
DRAW THE SYSTEM ON THE GROUND BEFORE YOU START DIGGING.

2) WHILE DIGGING THE TRENCHES:

TRENCH BOTTOMS MUST BE LEVEL (+/- 1 INCH).
FOLLOW THE CONTOUR OF THE SLOPE TO DO THIS. USE A BUILDERS
LEVEL TO VERIFY THIS. THE TRENCHES NEED NOT BE STRAIGHT,
BUT THEY SHOULD BE AS SHALLOW AS THE DESIGN PERMITS. IN NO
CASE SHOULD THE TRENCH BOTTOM BE MORE THAN 36 INCHES BELOW
THE FINISHED GRADE. IF SMEARING OF SIDE WALL OR BOTTOM
OCCURS THEN HAND RAKE THE TRENCH 1 INCH DEEP.

3) WHILE FILLING THE TRENCHES:

USE ONLY CLEAN DRAINROCK WITH AT LEAST 40% VOID VOLUME. IT SHOULD BE COVERED WITH 2 INCHES OF COMPACT STRAW, TYPAR 3401 OR EQUIVALENT. NEWSPAPER IS NOT ACCEPTABLE. DRAIN TILE SHOULD BE 4 INCH PERFORATED PVC PER ASTM 2729.

CONTR. #NO-RT-HS-*205LE 206-336-6121

4) COVERING THE TRENCHES:

COVER SHOULD BE AS SHALLOW AS LOCAL RULES PERMIT. THIS MAXIMIZES THE DXYGEN THAT CAN GET TO THE TRENCH BOTTOM.

5) CONNECTING THE TRENCHES AND THE SEPTIC TANK:

THE PIPING SHOULD BE PVC PER ASTM 3034 SDR 35. IT SHOULD SLOPE DOWNWARD A MINIMUM OF 1/8 INCH/FOOT. IF A DISTRI-BUTION BOX IS USED, IT SHOULD BE CAREFULLY WATER LEVELED.

RESPONSIBILITY AND COST NOTES

IF NORTHWEST SEPTIC OR ANY OF ITS EMPLOYEES IS TO BE RE-SPONSIBLE FOR THIS DRAINFIELD THEN THE FOLLOWING INSPECTIONS ARE REQUIRED:

1) BEFORE DIGGING THE TRENCHES:

NWS MUST APPROVE THE SOIL MOISTURE CONTENT AND SITE IMMEDIATELY BEFORE CONSTRUCTION BEGINS.

2) BEFORE FILLING THE TRENCHES:

NWS MUST OBSERVE ALL TRENCH BOTTOMS BEFORE GRAVEL IS ADDED.

3) BEFORE BACKFILLING OR COVERING:

NWS MUST OBSERVE ALL PIPING BETWEEN THE SEPTIC TANK. THE DISTRIBUTION BOX. AND THE TRENCHES BEFORE THEY ARE COVERED. NWS MUST OBSERVE ALL TRENCHES WITH TYPAR OR STRAW IN PLACE PRIOR TO BACKFILLING OR COVERING. NWS MUST THOROUGHLY INSPECT THE INSIDE OF THE SEPTIC TANK. IT MUST BE UNCOVERED TO DO THIS.

4) AFTER BACKFILLING:

NWS MUST INSPECT THE SYSTEM AFTER COMPLETION. IT IS THE RESPONSIBILITY OF THE INSTALLER TO PROVIDE NWS WITH A COMPLETE AND NEAT AS-BUILT DRAWING FOR USE WITH THE FINAL INSPECTION.

ON SYSTEMS NWS DOESN'T INSTALL

NWS REQUIRES 24 HOUR NOTICE FOR ALL INSPECTIONS. THEY ARE NOT PRE-PAID. NWS CHARGES FOR INSPECTIONS. IN RE-QUESTING INSPECTIONS. YOU ARE AGREEING TO PAY FOR THEM!!

P. O. Box 1341 P. O. Box 1341 VERNON, WASHINGTON 98273 (206) 336-6121 C.L. #NO-RT-HS-*205LE

SHEET NO.

CALCULATED BY

CHECKED BY

4 OF ___

DATE 1

ALL BEARINGS SHOWN ARE MAGNETIC D SOIL LOG X ELDER L'TAGGED)

THIS IS NOT SUFFICIENTLY DETAILED FOR ALL PHASES OF INSTALLATION. SEE ATTACHED FOR DETAILS

ALL WELL TO BE 100' FROM DRANDFIELD AND 50' FROM SEPTIC TANK

PROPRIETARY NOTICE

This document contains information proprietary to Northwest Septie & for its suppliers. It may not be disclosed to others for any purpose nor used for installation purposes without the written permission of Northwest Septic.

330 SUPE BREAK PROPOSED 4 BORM SEPTIC TANK AUCS 40 ME 4" ASTM 3034 SDR 35" GRAVEL RD -

*900' TO GATE

10% 74° __

ALL BEARINGS SHOWN ARE MAGNETIC ELDER LTAGGED) 0 SOIL LOG PROPRIETARY NOTICE IS NOT SUFFICIENTLY DETAILED This document contains information proprietary to FOR ALL PHASES OF INSTALLATION. SEE Northwest Septic &for its suppliers. It may not ATTACHED FOR DETAILS be disclosed to others for any purpose nor used for installation purposes without the written per-WELL TO BE 100' FROM DRANDFIELD 50' FROM SEPTIC TANK mission of Northwest Septic. 330 SUPE BREAK PROPOSED 3BDRM 189074° __ SEPTIC TANK ARCS HOME 4" ASTM 3034 SDR 35-GRAVEL RD

P. O. Box 1341 VERNON, WASHINGTON 9827: (206) 336-6121 C.L. #NO-RT-HS-*205LE

SHEET NO.

85/65

DATE

DATE ____

NORTHWE5T SEPTIC
P. O. Box 1341
MT. VERNON, WASHINGTON 98273
(206) 336-2050
C.L. #NO-RT-HS-*205LE

HAMTER	85265			
SHEET NO		5_ or_	• •	
CALCULATED BY		DATE_		
CHECKED BY	SEPTIC	TANK	STAND	ARDS

A Ø C 6

1000 GALLON SEPTIC TANK

MINIMUM STANDARDS OF MEG & INSTALLATION

INLET: MINIMUM SLOPE 1/8 PER FOOT, MAXIMUM 1/4" PER FOOT WITHIN 10 FEET

SOLVENT WELDED FITTINGS BONDED TO TANK INLET & OUTLET

OUT LET: MINIMUM SLOPE 1/8 PER FOOT

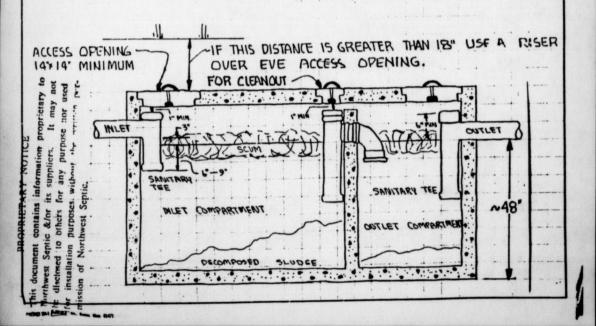
TWO COMPARTMENTS REGID : INLET 500 TO 666 GALLONS

OUTLET 333 TO 500 GALLONS

LEVEL: SET THE TANK SO THE BOTTOM IS LEVEL.

MAT'L: REINFORCED CONCRETE, APPROVED BY LOCAL HEALTH DEPT.
THE TANK MUST BE WATER TIGHT AS INSTALLED. THAT
MEANS NO CRACKS.

LAYOUT: THE TANK SHOULD BE LAID OUT AS SHOWN BELOW



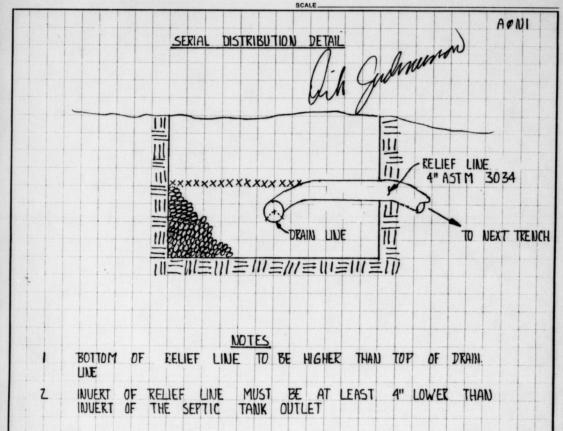
NORTHWEST SEPTIC

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SKAGIT COUNTY PERMIT CENTER

County Administration Building - Room 228 - Mount Vernon, Wa. 98273
Phone (206) 336-9410

PERMIT # 779-85 SIEMILIFR AN ACORTS FRANK HAMITER Address Property Owner GUDMUUSON DKK DICK GUDHUUSOU Installer Designer Legal Description: SEE DESIGN Address of Site: 1386 "C" CIBRATER

New Construction # Bedrooms # People Tank Liquid Capacity Alter or Repair Type of Absorption System TRENCH Disposal Trench: BCD sq. ft. Gravel Used: 30 Cubic Yards RECEIVED Gravel Used Below Tile: 15 Cubic Yards OCT 03 1985 COMM. DEVELOP. DIV. Drainage, Topography and Relevency: 1. Was disposal field site well drained? VES

2. Any water course (stream, drainage ditch, river, etc.) through or near site: VES (POND +110')

3. Any heavy slopes in absorption area? VC If yes, how much?

4. Pas present topsoil in absorption area been removed or graded before field tiles were installed? 5. Was any fill material used in the absorption area? 6. Were there any wells in this area: No If yes, how far from any part of septic system? 7. Any ground water encountered before reaching depth of five feet? NO 8. Any particular problems with installing this system according to plan (i.e. builder or installer problems)? No I hereby certify that information recorded our both sides of this sheet is true and accurate and that I personally inspected and approved this system on Dece NOV Z & Signature Del Judimenson Reviewed by

Remarks .

