

17-16-1440-0024-00

KITTITAS COUNTY HEALTH DEPARTMENT

507 N. Nanum Street • Ellensburg, Washington 98926 • (509) 962-7515

Permit to Install or Alter a Sewage Disposal System

Name LARRY JAMMES Date 3/12/92
 Address and Location RT 1 BOX 10440 END OF PAVED
MANASTASH RD S. UP HILL 2ND CABIN TO THE END
 Installer PRECISION EX Soil tester-designer PRECISION EX
 No. Bedrooms 2 Type of bldg. FRAME New or existing REPAIR
 Septic Tank Capacity 1000 Existing gals. Sq. ft. of absorption area 400 + B-D
 Comments INSTALL AS DESIGNED 491 Mitchell Rd

Issued by JOHN

This Permit expires one year from date of issuance. The above specifications are minimum. Changes in specifications shall be approved before construction. Health Department Regulation requires that all new or altered sewage disposal systems be inspected and approved before covering. Twenty four hours advance notice required for inspections.

Reason for Disapproval: _____ Date _____
 Approved by: [Signature] Date 3/12/92

O.S.D.S. INSPECTION FORM

NAME: LARRY JAMES
ADDRESS: END OF MANASTASH RD
PAVED SIDE UP HILL

DATE: 3/12/92
TIME: _____

LINE 1 _____ LINE 2 _____ LINE 3 _____

DISTANCES

ELEVATIONS

MISCELLANEOUS

LINE SEPARATION: _____

TIGHT LINE: _____

PERF LINE: _____

TRENCH WIDTH: _____

CAPPED END: _____

MIDDLE: _____

TIGHT LINE/PERF: _____

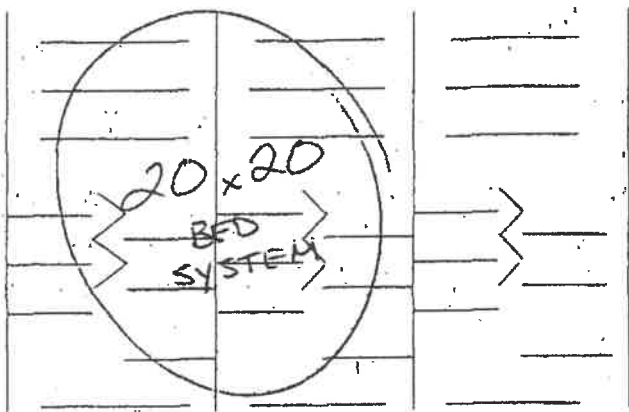
LINE FALL: _____

D-BOX OUTLET: _____

D-BOX INLET: OK TOTAL PERF LINE LENGTH: 20 FT.

EXISTING TANK OUTLET: 20' OF FALL TRENCH WIDTH: X 20 FT.

TANK INLET: FROM TANK TO D BOX DRAIN FIELD: 400 SQ.FT.



CROSS-SECTION SATISFACTORY? YES NO

DISTANCES SATISFACTORY? YES NO

ELEVATIONS SATISFACTORY? YES NO

INSTALLATION CONFORMS WITH DESIGN? YES NO

COMMENTS: INSTALLED TEE IN OUTLET OF TANK
70' 1 1/2" FPF

APPROVED BY: _____

ROAD

DRIVENWAY

DECK

HOME
A FRAME
DECK

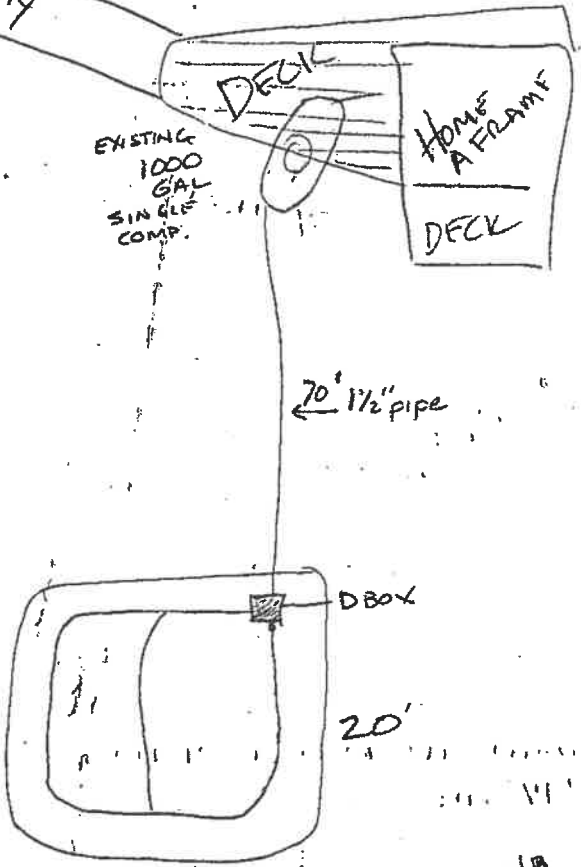
EXISTING
1000
GAL
SINGLE
COMP.

70' 1/2" pipe

DBOX

20'

20'



KILLITAS COUNTY

Health

DEPARTMENT

507 Nanum Street, Ellensburg, WA 98926-2896 | Telephone: (509) 962-7515

Annex:

505 Power Street, Cle Elum, WA 98922-1047 | Telephone: (509) 674-5513

SITE EVALUATION REQUEST / PERMIT APPLICATION

SITE EVALUATION AND/OR PERMIT APPLICATION INFORMATION

REQUESTED BY:

Name: Precision Excavating
 Mailing Address: HC-61 Box 317
Cle Elum, WA
 Telephone: (509) 674-5895
 Signature: [Signature]
 Owner, if different than above:
 Name: Larry JAMES
 Mailing Address: Rt. 1, Box 1044D
 Telephone: () 962-6261

SITE:

Subdivision: _____
 Division: _____ Block: _____ Lot: _____
 Legal description, if not in a subdivision: _____
 Section: _____ Township: _____ Range: _____
 Assessor's Parcel (Card) Number: _____
 Directions to site: S. END OF MAWATTS RD.

STRUCTURE:

single or _____ multiple family dwelling
 on-site constructed or _____ mobile home
 other: _____
 _____ proposed or existing
 Number of bedrooms: 1 per dwelling unit
 Number of (intended) permanent occupants: 2
 Maximum number of occupants in 24 hours: 2

WATER SUPPLY:

_____ public or private: well or _____ spring

SEWAGE SYSTEM DESIGN INFORMATION

Soil log: _____

 Date: 1/1 Obtained by: _____
 Perc Rate (ONLY IF PERFORMED): _____
 Depth of seasonal high water table: > 6'
 Date & How determined: 1/1

Method proposed to obtain required separation from water table: None Needed
 Proposed disposal area cut and/or fill: NA

Permit: _____ New Repair _____ Renewal _____ Privy _____
 Septic Tank: 1000 gallons _____ new existing _____
 Liquid waste: 240 gallons per day anticipated
 Absorption area: 400 square feet (.66 gpd/sq. ft.)
 Designer's Signature: [Signature] 3 11/192
 Date

Installer: Precision Excavating

ON THE REVERSE, DRAW AND DESIGNATE THE FOLLOWING:

- 1) property lines (w/dimensions), roads, driveways, fences, utility lines, easements
- 2) topography - banks, swales, cuts and fills, drainage ways, ground slope (%), North axis
- 3) proposed and existing dwellings, barns, corrals, pump houses, garages, etc.
- 4) surface waters (w/in 300 ft.) - creeks, lakes, ponds, irrigation ditches, interceptor drain(s) & outlet(s).
- 5) domestic water source(s) and water lines (including neighbors' w/in 300 ft.)
- 6) proposed system (w/dimensions), replacement area, existing systems (w/in 300 ft.), location of soil log hole and/or perc test holes

FOR DEPARTMENTAL USE ONLY

Date	Activity	Fee	Receipt
3/12/92	Repair Permit	100.00	037274

SITE: _____ suitable _____ unsuitable _____ conditional
 checked: 1/1 by _____

Flood Plain / Way: D.O.E. Permit _____ req'd _____ not req'd.

DESIGN: final review pending: _____

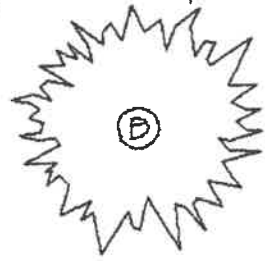
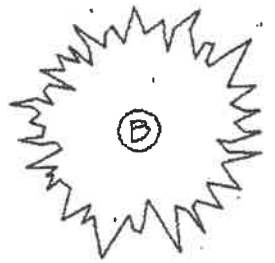
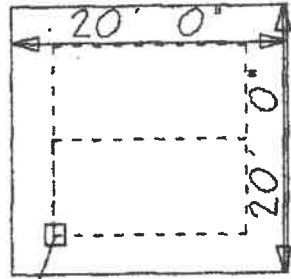
Rev'd. 1/1 by _____ Appvd. 1/1 by _____

INSTALLATION: final approval pending: _____

Insp'd. 1/1 by _____ Appvd. 1/1 by _____

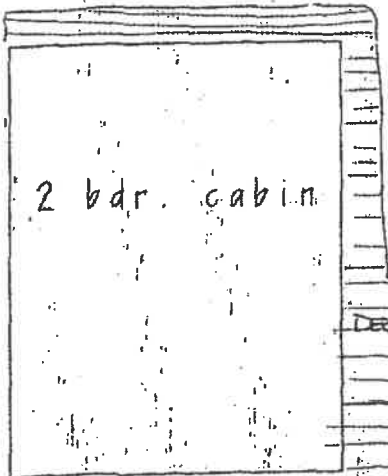
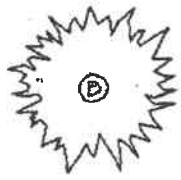
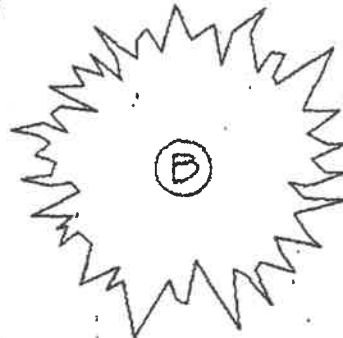


20%
SLOPE



1.5' transmission line

70'



1000 GAL SINGLE COMP
existing tank

DRIVEWAY

DRAIN

17-16-1440-0064

KITYTAS COUNTY HEALTH DEPARTMENT

507 N. Nanum Street • Ellensburg, Washington 98926 • Phone 925-1485

Permit to Install or Alter a Sewage Disposal System

Name Larry James Date 9/24/86

Address and Location Manastash Canyon Road, Pct 1, Box 10440

Installer D. P. Dickel Soil tester-designer Same

No. Bedrooms 1 Type of bldg. Cabin New or existing

Septic Tank Capacity 1000 gals. Sq. ft. of absorption area 300

Comments.....

Issued by D. Mark Selton

This Permit expires one year from date of issuance. The above specifications are minimum. Changes in specifications shall be approved before construction. Health Department Regulation requires that all new or altered sewage disposal systems be inspected and approved before covering. Twenty four hours advance notice required for inspections.

Reason for Disapproval.....

Approved by D. M. Sakuma Date 9/29/86

**CERTIFICATION BY COUNTY-BONDED CONTRACTOR
IN LIEU OF HEALTH DEPARTMENT INSPECTION AND APPROVAL**

I hereby certify that the sewage system at the above address was installed or altered in accordance with all pertinent rules, regulations and laws governing the installation of such systems and meets or exceeds the specifications indicated.

Signature _____ for _____ Company

Date _____

O.S.D.S. INSPECTION FORM

NAME: Larry James DATE: 9/29/86
 ADDRESS: _____ TIME: _____

LINE 1 _____ LINE 2 _____ LINE 3 _____

DISTANCES	LINE SEPARATION:	<u>40</u>		
	TIGHT LINE:	_____	_____	_____
	PERF LINE:	<u>50'</u>	<u>50'</u>	_____
ELEVATIONS	TRENCH WIDTH:	<u>3'</u>	<u>3'</u>	_____
	CAPPED END:	<u>74 1/2</u>	<u>83 3/4</u>	_____
	MIDDLE:	<u>75 7/8</u>	<u>82 3/8</u>	_____
	TIGHT LINE/PERF:	<u>72 1/2</u>	<u>82 3/8</u>	_____
	LINE FALL:	_____	_____	_____
	D-BOX OUTLET:	<u>69 3/8</u>	<u>69 1/2</u>	_____
	D-BOX INLET:	_____	TOTAL PERF LINE LENGTH:	<u>100 FT.</u>
TANK OUTLET:	_____	TRENCH WIDTH:	<u>X</u> FT.	
TANK INLET:	_____	DRAIN FIELD:	_____ SQ. FT.	

MISCELLANEOUS
 CROSS-SECTION SATISFACTORY? YES NO
 DISTANCES SATISFACTORY? YES NO
 ELEVATIONS SATISFACTORY? YES NO
 INSTALLATION CONFORMS WITH DESIGN? YES NO
 COMMENTS: _____

APPROVED BY: _____

KITITAS COUNTY HEALTH DEPARTMENT

No 004306

507 Nantum St.
Ellensburg, WA 98926
(509) 862-8011 Ext. 108

DATE 9/26 1986

RECEIVED FROM Rossano Construction

THE SUM OF DOLLARS \$ 240.00

FOR OSS Paid for Larry Jammes, Mayeshock Rd

AMOUNT OF ACCOUNT \$

AMOUNT PAID . . . \$

BALANCE DUE . . . \$

CASH CHECK M.O.

Thank You!

BY

YJS

KITITAS COUNTY HEALTH DEPARTMENT

507 Nanum Street, Ellensburg, WA 98926-2898 | Telephone: (509) 962-6811, ext. 109
 505 Power Street, Cle Elum, WA 98922-1047 | Telephone: (509) 674-5513

ON-SITE SEWAGE SYSTEM

SITE EVALUATION REQUEST / PERMIT APPLICATION

SITE EVALUATION AND/OR PERMIT APPLICATION INFORMATION	SEWAGE SYSTEM DESIGN INFORMATION
REQUESTED BY: Name: <u>Larry Jammer</u> Mailing Address: <u>DRY 1 Bx 1044 D</u> <u>Ellensburg WA 98924</u> Telephone: () <u>962-6261</u> Signature: _____ Owner, if different than above: Name: _____ Mailing Address: _____ Telephone: () _____ SITE: Subdivision: _____ Division: _____ Block: _____ Lot: _____ Legal description, if <u>not</u> in a subdivision: _____ _____ Section: _____ Township: _____ Range: _____ Assessor's Parcel (Card) Number: <u>17-16-1440-0024-00</u> Directions to site: <u>End of Manastash Rd</u> <u>turn left - about 800 ft</u> STRUCTURE: <input checked="" type="checkbox"/> single or _____ multiple family dwelling <input type="checkbox"/> on-site constructed or _____ mobile home other: _____ <input checked="" type="checkbox"/> proposed or _____ existing Number of bedrooms: <u>1</u> per dwelling unit Number of (intended) permanent occupants: <u>1</u> Maximum number of occupants in 24 hours: <u>5</u> WATER SUPPLY: <input checked="" type="checkbox"/> public or _____ private: _____ well or _____ spring	Soil log: _____ _____ _____ _____ Date: <u>9/10/86</u> Obtained by: _____ Perc Rate (ONLY IF PERFORMED): _____ Depth of seasonal high water table: <u>none</u> Date & How determined: <u> / /</u> _____ Method proposed to obtain required separation from water table: _____ Proposed disposal area cut and/or fill: _____ _____ Permit: <input checked="" type="checkbox"/> New _____ Repair _____ Renewal _____ Privy _____ Septic Tank: <u>1500</u> gallons _____ new _____ existing Liquid waste: _____ gallons per day anticipated Absorption area: <u>300</u> square feet (_____ gpd/sq. ft.) Designer's Signature: <u>Delmer Nichell</u> <u>9/10/86</u> _____ Date Installer: <u>Delmer Nichell</u> ON THE REVERSE, DRAW AND DESIGNATE THE FOLLOWING: 1) property lines (w/dimensions), roads, driveways, fences, utility lines, easements 2) topography - banks, swales, cuts and fills, drainage ways, ground slope (%), North axis 3) proposed and existing dwellings, barns, corrals, pump houses, garages, etc. 4) surface waters (w/in 300 ft.) - creeks, lakes, ponds, irrigation ditches, interceptor drain(s) & outlet(s) 5) domestic water source(s) and water lines (including neighbors' w/in 300 ft.) 6) proposed system (w/dimensions), replacement area, existing systems (w/in 300 ft.), location of soil log hole and/or perc test holes

FOR DEPARTMENTAL USE ONLY

Date	Activity	Fee	Receipt
<u>9/26/86</u>	<u>perc</u>	<u>200</u>	<u>4306</u>

SITE: suitable unsuitable conditional

checked / / by _____

Flood Plain / Way: D.O.E. Permit req'd. not req'd.

DESIGN: final review pending: _____

Rev'd. / / by _____ Appvd. / / by _____

INSTALLATION: final approval pending: _____

Inspd. / / by _____ Appvd. / / by _____

