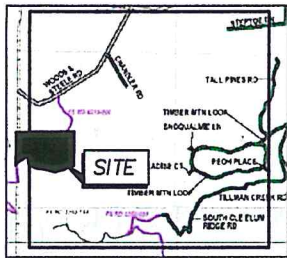


EVERGREEN PARK PLAT
 A PORTION OF THE SW 1/4, OF SEC. 7, T.19N., R.15E., W.M.
 KITTITAS COUNTY, STATE OF WASHINGTON

P-06-13



VICINITY MAP
NTS

APPROVALS

KITTITAS COUNTY DEPARTMENT OF PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 20____

KITTITAS COUNTY ENGINEER

KITTITAS COUNTY HEALTH DEPARTMENT
 I HEREBY CERTIFY THAT THE EVERGREEN PARK PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWAGE AND WATER SYSTEM HEREIN SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.
 DATED THIS _____ DAY OF _____ A.D., 20____

KITTITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE EVERGREEN PARK PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.
 DATED THIS _____ DAY OF _____ A.D., 20____

KITTITAS COUNTY PLANNING DIRECTOR

CERTIFICATE OF KITTITAS COUNTY TREASURER
 I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED. PARCEL NO. 19-15-07000-0028 (17838)
 DATED THIS _____ DAY OF _____ A.D., 20____

KITTITAS COUNTY TREASURER

CERTIFICATE OF KITTITAS COUNTY ASSESSOR
 I HEREBY CERTIFY THAT THE EVERGREEN PARK PLAT HAS BEEN EXAMINED BY ME AND I FIND THE PROPERTY TO BE IN AN ACCEPTABLE CONDITION FOR PLATTING. PARCEL NO. 19-15-07000-0028 (17838)
 DATED THIS _____ DAY OF _____ A.D., 20____

KITTITAS COUNTY ASSESSOR

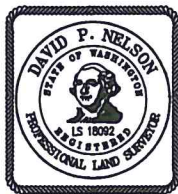
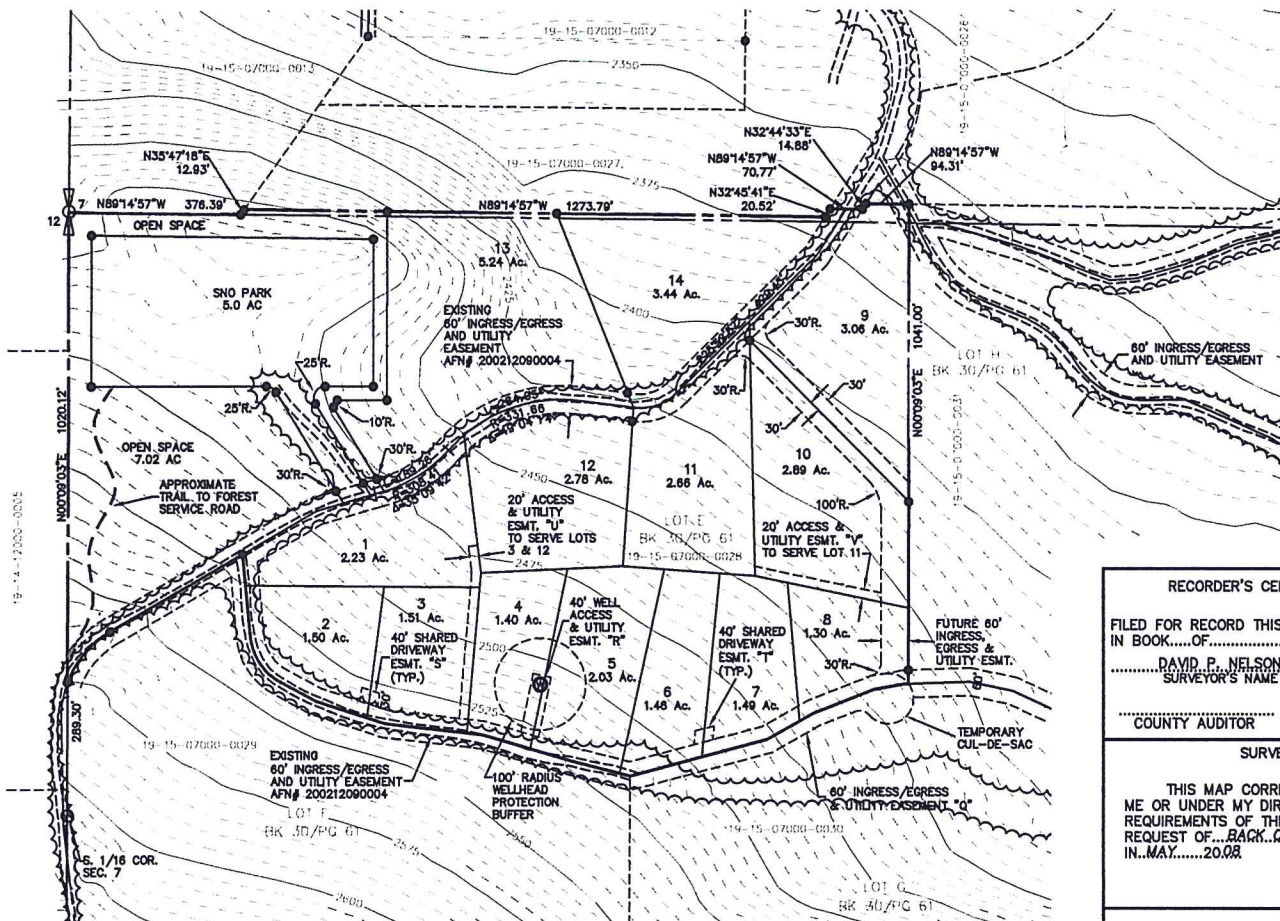
KITTITAS COUNTY BOARD OF COMMISSIONERS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 20____

BOARD OF COUNTY COMMISSIONERS
 KITTITAS COUNTY, WASHINGTON

BY: _____
 CHAIRMAN

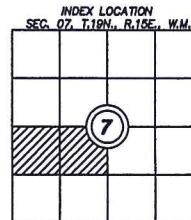
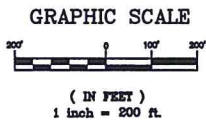
ATTEST: _____
 CLERK OF THE BOARD

NOTICE: THE APPROVAL OF THIS PLAT IS NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.



LEGEND

- SECTION CORNER, AS NOTED
- QUARTER CORNER, AS NOTED
- S. 1/16 CORNER, SEC. 7
- SET 5/8" REBAR
- OPEN SPACE AROUND SNO-PARK



RECORDER'S CERTIFICATE

FILED FOR RECORD THIS.....DAY OF.....20.....AT.....
 IN BOOK.....OF.....AT PAGE.....AT THE REQUEST OF.....
 DAVID P. NELSON
 SURVEYOR'S NAME

..... COUNTY AUDITOR

DEPUTY COUNTY AUDITOR

SURVEYOR'S CERTIFICATE

THIS MAP CORRECTLY REPRESENTS A SURVEY MADE OR UNDER MY DIRECTION IN CONFORMANCE WITH THE REQUIREMENTS OF THE SURVEY RECORDING ACT AT THE REQUEST OF...BARK COUNTRY RESOURCES, LLC.....
 IN...MAY.....2008

..... DAVID P. NELSON DATE
 CERTIFICATE NO....18092....

Encompass
 ENGINEERING & SURVEYING

Western Washington Division
 165 NE Juniper Street, Suite 201 • Issaquah, WA 98027 • Phone: (425) 392-0250 • Fax: (425) 392-0250
 Eastern Washington Division
 108 East 2nd Street • Cle Elum, WA 98922 • Phone: (509) 674-7433 • Fax: (509) 674-7441

EVERGREEN PARK PLAT
 PTN. OF THE SW 1/4, SEC. 7, T.19, R.15E, W.I
 KITTITAS COUNTY, STATE OF WASHINGTON

DWN BY	DATE	JOB NO.
MRN/GW	05/2010	08019
CHKD BY	SCALE	SHEET
D. NELSON	1"=200'	1 OF 1