SR 1331

Septic Tank 1000 Gals.	
Disp. Field ~~150~~ 200 L.F.T	
Other D-Box	
(x) New	
( ) Repair	

NORTHEAST TRI-COUNTY HEALTH DISTRICT
Division of Environmental Health

(x) Colville Office, Box 270, Phone 684-2262
( ) Newport Office, Box 490, Phone 447-3131
( ) Republic Office, Box 584, Phone 775-3161

C 9870
Col 107#5
10-32-37

Permit No. C 9870

Fee Paid $200.00

Receipt No. 0911685

Robert & Charlene Thach is hereby authorized to utilize a sewage disposal system at Sec 10 Twp 32 Rng 37 S 300' of the N 630' W660' of Gov Lot 5 ASP 32-94-2 Tax#9 and in accordance with the plans and specifications approved by the District Health Officer on file in this office.

Any major repairs or alterations to the system shall be reported to the Northeast Tri-County Health District (Division of Environmental Health) for approval PRIOR to construction.

This permit is issued and may be revoked by the Northeast Tri-County Health District Health Officer by the authority of WAC 246-272, and Rules and Regulations established by the Board pursuant to RCW 70.05.

Witness my hand and seal this 15th day of June, 1995

Date of Inspection 9-27-95 BJ Morgan

District Health Officer

D.P. Form No. 6134-B

SR 1331

TEST HOLE #	TEST HOLE #	TEST HOLE #	TEST HOLE #
0-18 grav. cobbly stony loam			
18-37 g.c.s sandy l.			
37-72 extremely grav. cobbly & stony mixed sand			

COMMENTS

5-31-95 will call when TH is ready Ea

6/15/95 D-box or stepdown needed (see elevations in d/f area) probably. If stepdown should be no deeper than 24" trench depth since 6' TH. left msg. w/ applicant re: who's installing. Ean

6/16/95 spoke w/ Teachs who said they'd probably install system themselves. Suggested they talk to us re: specs. Ean

7/26/95 Talked w/ Char. Said 200' D/F needed since bldg permit app shows 3 bedroom. Ean

SYSTEM TYPE	MINIMUM REQUIRED	APPROVED
GRAVITY	☑	☑
PUMP/GRAVITY	☐	☐
PRESSURE DIST.	☐	☐
ALTERNATIVE	☐	☐
TREAT. STD. 1	☐	☐
TREAT. STD. 2	☐	☐

DESIGN	MINIMUM REQUIRED	APPROVED
WASTEWATER FLOW	~~240~~ 360 GPD	✓
APPLICATION RATE	0.6 GAL/SQ.FT/DAY	✓
MAX. TRENCH DEPTH	36 INCHES	✓
TRENCH WIDTH	36 INCHES	✓
DRAINFIELD LENGTH	~~180~~ 200 LINEAR FT.	✓
TANK SIZE	900 GAL.	1000
ABSORPTION BED:		
DEPTH	INCHES (struck out)	
AREA	SQ. FT. (struck out)	
DIMENSIONS	FT. x FT. (struck out)	

APPURTENANCES	REQUIRED
DISTRIBUTION BOX	☐
STEP-DOWN(S)	☐
OTHER	☐

maybe one of these

PUMP CHAMBER

REQUIRED ☐ YES ☑ NO

TOTAL VOLUME

DOSE FREQUENCY/DAY ☐ 1 ☐ 2 ☐ 4

DOSE VOLUME

PERMIT INSTRUCTIONS

9-27-95 EJM

AS BUILT DRAWING