SPOKANE REGIONAL HEALTH DISTRICT

PERMIT FOR ON-SITE SEWAGE SYSTEM

Environmental Public Health Division
1101 West College Avenue
Spokane, WA 99201-2095

Application No. 07-9390
Area Tract: M
Date of Application: 06/29/2007
Inspection Call In: 324-1560
Daily Inspection Announcement: 324-1581

Site Address / Legal Description of Property / Town:	Parcel #:	Lot/Block/Subdivison	Property Size:
29020 N HARDESTY ROAD CHATTAROY WA 99003	**38135.9030**	**L B**	**21.6AC**

Legal Owner of Property:	Owner Address:	Owner Phone:
GREGORY & DEBORAH TAYLOR	**29024 N HARDESTY ROAD CHATTAROY, WA 99003**	**(509) 238-6678**

Property Use: **Single Family Residence** **No. of Bedrooms: 3** **Additional bedrooms will require a larger system**
New System: **Yes** What is proposed? **Septic Tank** No. 1 Size: **1000**
Source of Water: **New Well** **2929 Applies** Property Located In: **/**
Replacement/Alteration **No** Public sewer svc area? **No**

Contact: **GREGORY & DEBORAH TAYLOR** Mail Correspondence to: **29024 N HARDESTY ROAD**
Phone No.(s) **(509) 238-6678** **CHATTAROY WA 99003**
Signature of Authorized Representative:

ATTACHED PLOT PLAN DESIGNED BY:

PERMIT POST ON JOB

MINIMUM SPECIFICATIONS REQUIRED **Flow rate:** 360 **gal/day** _____ **dosage vol** _____ **gal/cycle**

TREATMENT FACILITY:

- ☐ Septic Tank Size: 1000 gals No. 1
- ☐ Grease Trap Size _____ gals No. _____
- ☐ Pump Chamber Sz _____ gals No. _____
- ☐ Sand Filter Bed: Flow Rate / 1.2 gals = _____ sq. ft.
- ☐ Holding Tank: _____ gals No. _____
- ☐ Building Sewer ☑ Dist. Box ☐ Other: _____
- ☐ See Approved Design

*****MUST FOLLOW APPROVED PLOT PLAN***

DISPOSAL FACILITY:

- ☒ Drainfield size: Flow rate/(Soil loading rate 0.4 gals/sq ft X 36 inches trench width) = 300 linear feet
- ☐ Leachbed: Flow rate / Soild loading rate _____ gals/sq ft. = _____ sq. ft.
- ☑ See approved design

Alternative: ☐ Mound ☐ Pressure Dist. SSAS
☐ Sand Filter ☐ Other: _____

See Alternative System Specs. Attached

Sewage Maintenance Agreement Required?: ☐ Yes ☑ No Segregation Date: _____
100' setback required?: ☐ Yes ☑ No Easement required: ☐ Yes ☑ No Easement Rec'd date _____

PERMIT IS ONLY VALID WHEN THE APPROPRIATE SIGNATURE IS ENTERED UNDER "APPLICATION APPROVAL" and "PERMIT ISSUED" DATE IS COMPLETE

TESTHOLE APPROVAL SIGNATURE AND DATE: 7-19-07

APPLICATION APPROVAL SIGNATURE AND DATE: 7-27-07 Expires

PERMIT ISSUED DATE AND INITIALS: 7/31/08 Expires

Other Agency Approval/Date: _____
Building Department Release Date plus Initials

HEALTH OFFICER REPRESENTATIVE APPROVAL
Operational Permit Approved by
Approval Date 10-5-07 ✓

Comments