

Septic Tank 1000 Gals.
 Disp. Field 200 L.F.T.
 Other _____
 (X) New _____
 () Repair _____

0N0016326 36
NORTHEAST TRI-COUNTY HEALTH DISTRICT
Division of Environmental Health
 () Colville Office, Box 270, Phone 684-2262
 () Newport Office, Box 490, Phone 447-3131
 (X) Republic Office, Box 584, Phone 775-3111

Permit No. 10516

Fee Paid \$225.00

Receipt No. 0001424

Empire Engineering & Development Co. is hereby authorized to utilize a sewage disposal

system at Sec. 34, Twp. 39, Rge. 33 (3-39-34-43-00010-00) PT S2 SE4 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 29th day of July, 19 96

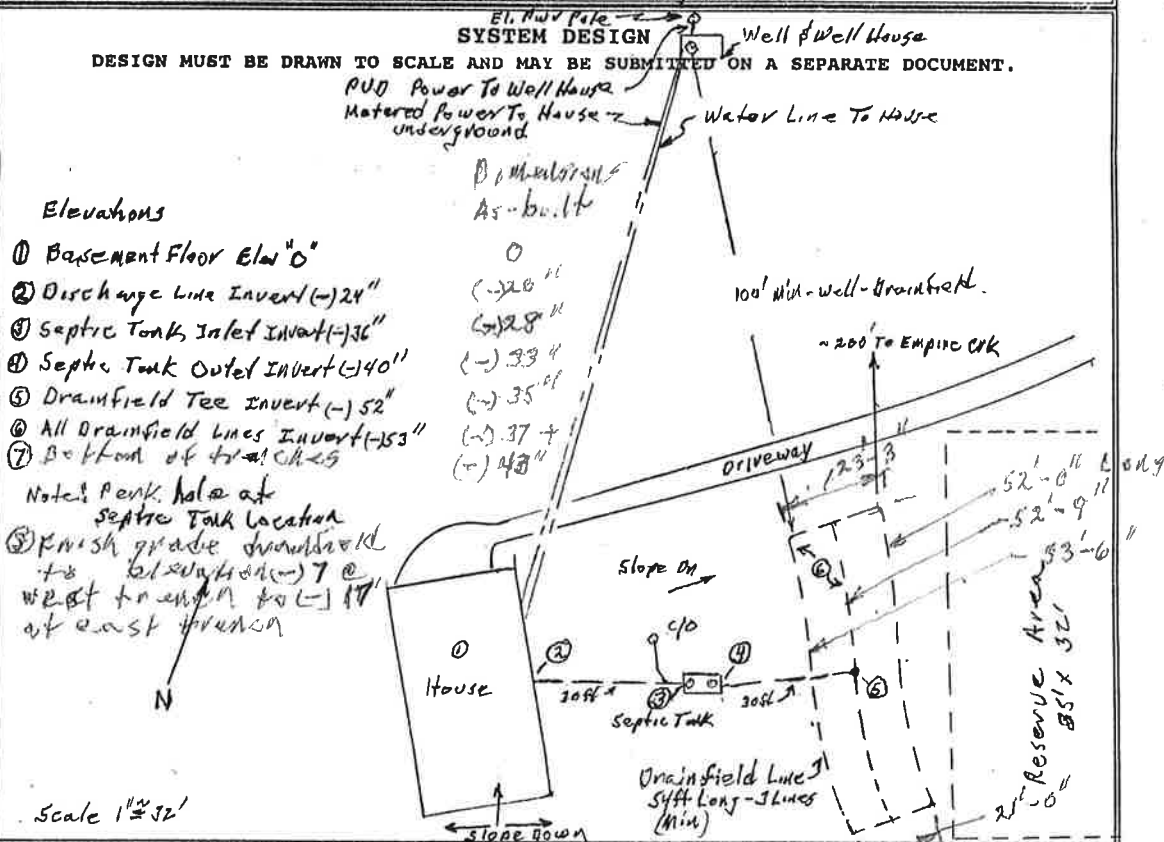
Date of Inspection 10-28-96 DAJ
 D.P. Form No. 6134-B

[Signature]
 District Health Officer

APPLICANT NAME HOWDEN, GaryPROPERTY OWNER NAME Empire Engineering & Development Co.LEGAL DESCRIPTION PT S2 SEC 4SECTION 34 TOWNSHIP 39 RANGE 33 PARCEL # 3-39-34-43-0000-00

TYPE OF SYSTEM: ☒ NEW ☐ REPAIR/REPLACEMENT ☐ EXPANSION ☐ EXISTING ☐ ALTERATION
 SYSTEM DESIGN: ☒ GRAVITY ☐ PUMP/GRAVITY ☐ PRESSURE DISTRIBUTION
☐ ALTERNATIVE (TYPE _____)
 APPURTENANCES:
 DESIGN CRITERIA: # BEDROOMS 3 TANK SIZE 900 gal DRAINFIELD LENGTH 200 LF

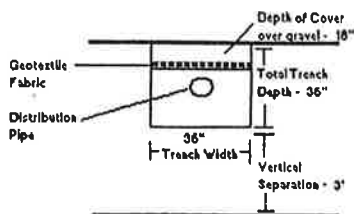
DESIGN MUST BE DRAWN TO SCALE AND MAY BE SUBMITTED ON A SEPARATE DOCUMENT.



VERTICAL CROSS SECTION

(STANDARD TRENCH)

System is designed to meet the standard trench dimensions as shown in this vertical cross section. ☒ Yes ☐ No



*PERFORATED PIPE MUST BE INSTALLED LEVEL

VERTICAL CROSS SECTION

(NON STANDARD TRENCH)

System is designed to meet the trench dimensions as shown in this vertical cross section. (Fill in dimensions for deepest and shallowest trench in inches.)

Depth of cover over gravel

deepest _____

shallowest _____

Total trench depth

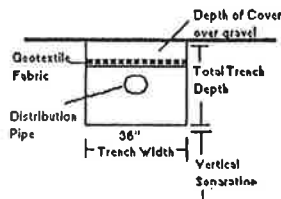
deepest _____

shallowest _____

Vertical separation

deepest _____

shallowest _____



Top of highest water table, restrictive soil, bedrock, or Type 1A soil.

*PERFORATED PIPE MUST BE INSTALLED LEVEL

SYSTEM DESIGNED BY: ☒ RESIDENT OWNER ☐ CERTIFIED DESIGNER ☐ ENGINEERDESIGNER NAME G.F. Howden

CERTIFICATE # _____

DESIGNER SIGNATURE Gary F. HowdenDATE 7/22/96

NAME OF CERTIFIED INSTALLER _____

INSTALLER CERTIFICATE NUMBER _____

(If you use someone to install all or part of the on-site sewage system, including any excavation work, they must have a current sewage installer certificate issued by the Northeast Tri County Health District.)