



Environmental Health Division, 14350 SE Eastgate Way, Bellevue, WA 98007, Tel. (206) 477-8050

Inspection Type: PROPERTY SALE - Correction Status: All corrections made

Tax ID: 5701700040 **Inspection Date: 09/24/2020**

GENERAL SYSTEM TYPE: ATU-Drip

This is not the complete report necessary for a property transfer in King County. Please see the Time of Sale report, with the cover page and system drawing, located under the menu Site Work History, Application History.

Site Address: 17417 NE 131ST ST City: KING COUNTY
 Mail Address: _____ City: _____ Zip: _____
 OSM Company: A Wesco Septic OSM Name: John Roberts (087) OSM Tel#: 360-668-6561

Submitted 09/28/2020 by:

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Were Noted: Corrections were made to resolve the deficiencies.

The septic tank was pumped out at the time of inspection. The outlet line from the ATU to the pump tank was found settled. The installer from Northlake Concrete made the repair to the line. The septic system was operational at the time of inspection. The septic tank should be pumped out every 2-3 years.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
All Components accessible for maintenance, secure and in good condition:	YES
If a dye test was performed, did the dye surface? (N/A if no dye test)	NO
Effluent leaking onto the surface of the ground from any component? (If yes, explain in comments)	NO
Improper encroachment (roads, buildings, etc.) onto component(s):	NO
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	N/A
Site maintenance required (e.g. Landscape maintenance) If yes, describe in comments:	NO
Occupant compliance problem (occupant not operating the system properly). If YES, describe in notes:	NO
Structures connected to onsite sewage system occupied. If NO explain in comments:	YES
Alterations made to the OSS (valves adjusted, timer settings modified, ports installed, etc.) (If YES, describe in notes):	NO
Risers and lids secured:	YES
OSS Working Properly	YES
Pre-failing Signs	NO
Record Drawing Modified	NO
Record Drawing New	NO
All tanks have risers to grade	NO
At the time of this inspection, were any risers or monitoring ports installed?	NO
Upon evaluation of the system were any repairs made? (If yes, please explain in comments)	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment		
This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Effluent Filter Cleaned (N/A = Not Present):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	6	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Pumping needed:	YES	Corrected
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

TANK: Pump Tank		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	1	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Pump: Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Pump Vault Filter cleaned (N/A = not present):	N/A	
Tested gallons per minute flow:	7.5	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Aerobic Treatment Unit: ATU, Manufacturer= Delta Environmental Products, Inc. - ECOPOD-N E60-N		
Manufacturer: Delta Environmental Products, Inc. Model: ECOPOD-N E60-N		
This component was:	Fully Inspected	
Component settling problems observed:	NO	
Effluent Filter Cleaned (N/A = Not Present):	N/A	
Percent settleable solids (if tested):	10	
Pumping needed:	NO	
Was the tank pumped?	NO	
Turbidity result less than 20 NTU	N/A	
Dissolved Oxygen result between 2-6 mg/L	N/A	
pH result between 6.8 - 7.6	N/A	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Disinfection: Ultra Violet, Manufacturer= Salcor Engineering - 3G		
Manufacturer: Salcor Engineering Model: 3G		
This component was:	Fully Inspected	
UV bulb cleaned:	YES	
UV bulb replaced:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Drainfield (disposal): Drip Irrigation		
This component was:	Fully Inspected	
Drip system flushed:	NO	
Drip system auto-flush working properly:	N/A	
Filters function properly:	YES	
Surface water, downspouts diverted away from drainfield:	YES	
Pre-filter pressure reading Before Cleaning:	N/A	
Evidence of vehicular traffic or livestock over drainfield:	NO	
Supply line air release valves functioning properly (N/A = not present):	N/A	
Return line air release valves functioning properly (N/A = not present):	YES	
Post-filter pressure reading Before Cleaning:	N/A	
Pre-filter pressure reading After Cleaning:	N/A	
Check valves in system functioning properly:	YES	
Flow meter reading (in gallons):	N/A	
Post-filter pressure reading AfterCleaning:	N/A	
Effluent Discharge Meter Reading:	N/A	
Root inhibitor cartridge replacement date:	N/A	
Post Regulator Pressure Gauge reading PSI (if present):	N/A	
Dripline flushes properly	YES	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Panel: Control - 1 Pump		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: Arrival on minutes (override in parentheses - if present):	7.55	
Pump 1: Arrival off hours (override in parentheses - if present):	2	
Pump 1: Arrival gallons per dose (override in parentheses - if present):	7.5	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 1: Timer setting adjustments were required (if yes indicate new timer settings below - state reason in comments):	NO	
Pump 1: New gallons per dose (override in parentheses - if present):	N/A	
Pump 1: New off hours (override in parentheses - if present):	N	
Pump 1: New on minutes (override in parentheses - if present):	N/A	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

Northlake Concrete Products, Inc.

P O Box 1064
Woodinville WA 98072
360-668-8500

Invoice

Date	Invoice #
9/28/2020	33371

Bill To
Roy Mcintosh 17417 NE 131st Street Redmond, WA 98052-2170

P.O. No.	Terms	Project
371	Due on receipt	

Quantity	Description	Rate	Amount
	17417 NE 131 Street Redmond, WA 98052-2170		
	SERVICE CALL	300.00	300.00T
	Sales Tax	10.00%	30.00
		Total	\$330.00



A WESCO SEPTIC SERVICE, INC.

16607 SR 9 S.E. • SNOHOMISH, WA 98296

(360) 668-6561 • FAX (425) 645-7860

Email - info@awescoseptic.com

INVOICE 70151

DATE: 9-24-2020

NAME: ROY MACINTOSH HM: _____ CELL: 425 881 5203

ADDRESS: 17417 NE 131ST ST CITY: REDMOND ZIP: 98052

BILLING ADDRESS: _____ CITY: _____ ZIP: _____

OWNER'S EMAIL: _____

REALTOR: _____ CELL: _____

REALTOR'S EMAIL: _____

SERVICED BY
SR-6450
CODE

Check # _____

Septic Tank Pumped

Extra Gallons Pumped PUMPING 490 =

Baffles K/C INSP. 525 =

Drainfield _____

NEXT APPOINTMENT:
Date _____
Day _____
Time _____

This System Should be Pumped Every: 1 yr. 2 yrs. 3 yrs.

Filter Cleaning: 3-6 Months 6-12 Months

Recommendations / Extra Labor: K/C PUMP & INSPECT.

PUMP, FITTINGS & MANHOLE FUNCTION.

OUTLET LINE FROM ATU TO

PUMP TANK HAS SETTLED &

GASKETS FOR VENT HAS

COME OFF PARTIALLY. QUOTE

\$1,683 = TAX FOR REPAIRS w/MINI.

C.C.# _____ Exp. 1 SEC# _____

FILING FEE	
FUEL SURCHARGE	<u>9</u> =
SUB TOTAL	<u>1,059</u> =
<u>10.0%</u> TAX	<u>105</u> 90
C.C. FEE	
TOTAL	<u>1,164</u> 90

No discounts unless invoices are paid at time of service. Any invoice not paid within 5 days of service will incur a \$50 late fee.

Owner agrees and acknowledges that A WESCO SEPTIC SERVICE, INC. is not liable for any underground utilities damaged and/or property damage, and hereby releases and discharges A WESCO SEPTIC SERVICE, INC., its agents and employees from any and all liability arising from services commenced on the above date. **IT IS OWNER'S RESPONSIBILITY TO CALL IN LOCATE OF UTILITIES 3 DAYS PRIOR TO SERVICE.** A WESCO SEPTIC SERVICE, INC. is not responsible for any permits needed. It is the owners responsibility to hire a licensed electrician for any electrical work including the installation of pumps. Not responsible for backfilling of any holes that may have been dug. Not responsible for any change of grade in landscape. All pumping quotes are quoted up to 1000 gallons, unless otherwise specified.

Payment is due upon completion of job. On invoices not so paid there shall be imposed a service charge & interest charged at 24% annually. Return check fee of \$50.00. In the event it shall be necessary for the seller to retain the services of an attorney for the purpose of enforcing any of the terms and conditions of this invoice, seller shall be entitled to recover from buyer all cost of collection and/or suit, including reasonable attorneys fees, in addition to all other rights and remedies seller might have.

All sales are final. Any and all payments made are non-refundable. This notice is given to you as the owner or reputed owner of the above described property in compliance with the laws of the State of Washington RCW 60.04.020. This notice is to inform you that we have or will provide professional services, materials, or equipment for the improvement of your property. We expect to be paid by the person who ordered our services, but if we are not paid, we have the right to enforce our claim by filing a construction lien against your property.

Thank You

Print Name: _____

Signature: [Signature]

Owner:

Owner's Agent:

I have read and accept all terms & conditions on front and back of this invoice.

A WESCO SEPTIC IS NOT RESPONSIBLE FOR ANY DAMAGE CAUSED BY OUR TRUCKS OR EQUIPMENT TO DRIVEWAYS. Homeowner assumes all liability for any damage done to driveways. A WESCO SEPTIC is not responsible for damage caused to underground pipes, wires, utilities, roadway, sidewalks, landscapes, etc. The homeowner is responsible for calling in of utilities locate. The homeowner is responsible for any and all landscape repair or replacement.

**ON-SITE SEWAGE SYSTEMS (OSS)
RECORD DRAWING CERTIFICATION
OF COMPLETION** (Submit in Triplicate)

ADDRESS OF PROPERTY 17417 NE 131ST ST
REDMOND (City) 98052 (Zip)
(Street)

SYSTEM TYPE ATU-DRIP

OPERATIONAL CAPACITY 360 (gals/day) PERMIT NO.

O	N	0	1	6	4	2	6	5
---	---	---	---	---	---	---	---	---

 APN (PARCEL #)

5	7	0	1	7	0	0	0	4	0
---	---	---	---	---	---	---	---	---	---

No. of Bedrooms designed for 4 LEGAL DESCRIPTION MOUNT CLARE ESTATES

Owner ROY MCINTOSH Address 17417 NE 131ST ST, REDMOND, 98052 Phone 425-881-5203

Designer Craig A. Whalen, Whalen Designs LLC Address P.O. Box 262, Monroe, 98272 Phone 360-794-5506

Master Installer Northlake Concrete Products Address PO Box 1064, Woodinville, 98072 Phone 360-668-8500

INSTRUCTIONS TO (OSS) DESIGNER → ATTACH A SEPARATE SHEET FOR THE RECORD DRAWING PLAN(S). USE A SCALE OF 1"=20' OR 1"=30' (max. paper size 11x17"). ALSO: INCLUDE THE INSTALLATION PERMIT, DOCUMENTATION OF FINAL COVER, PERFORMANCE DEMONSTRATION REPORT FORM, AND OTHER DOCUMENTS APPLICABLE TO THE SYSTEM (See Title 13 – Sections 13.56.050/13.56.054)

STATUS OF RECORD DRAWING

This Record Drawing is **UNSATISFACTORY** for the following reason(s): _____

See attached comments/explanation

I hereby certify that the accompanying drawing and support documents accurately represent the system installed at the address/parcel indicated above, and that all requirements and conditions (concerning plumbing stub elevations; maintenance of grades; fills; surface drains; etc.) indicated on the approved site design (or latest approved revision thereof) dated 12/28/2017, have been complied with. I further certify that this system meets all requirements of the King County On-Site Sewage Code, Title 13, Code of the King County Board of Health.

[Signature]
SIGNATURE OF LICENSED DESIGNER OR P.E.

6/28/2018
DATE

5100378
CERTIFICATION NUMBER

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

APPROVED 7/13/18 BY: [Signature]
(Date) (Health Official)

DISAPPROVED _____ BY: _____
(Date) (Health Official)

Comments: _____

RECEIVED

RECEIVED

JUN 29 2018

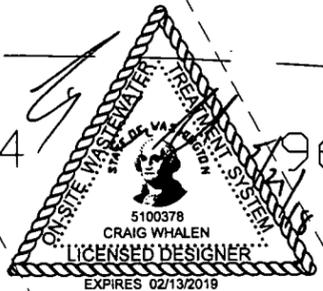
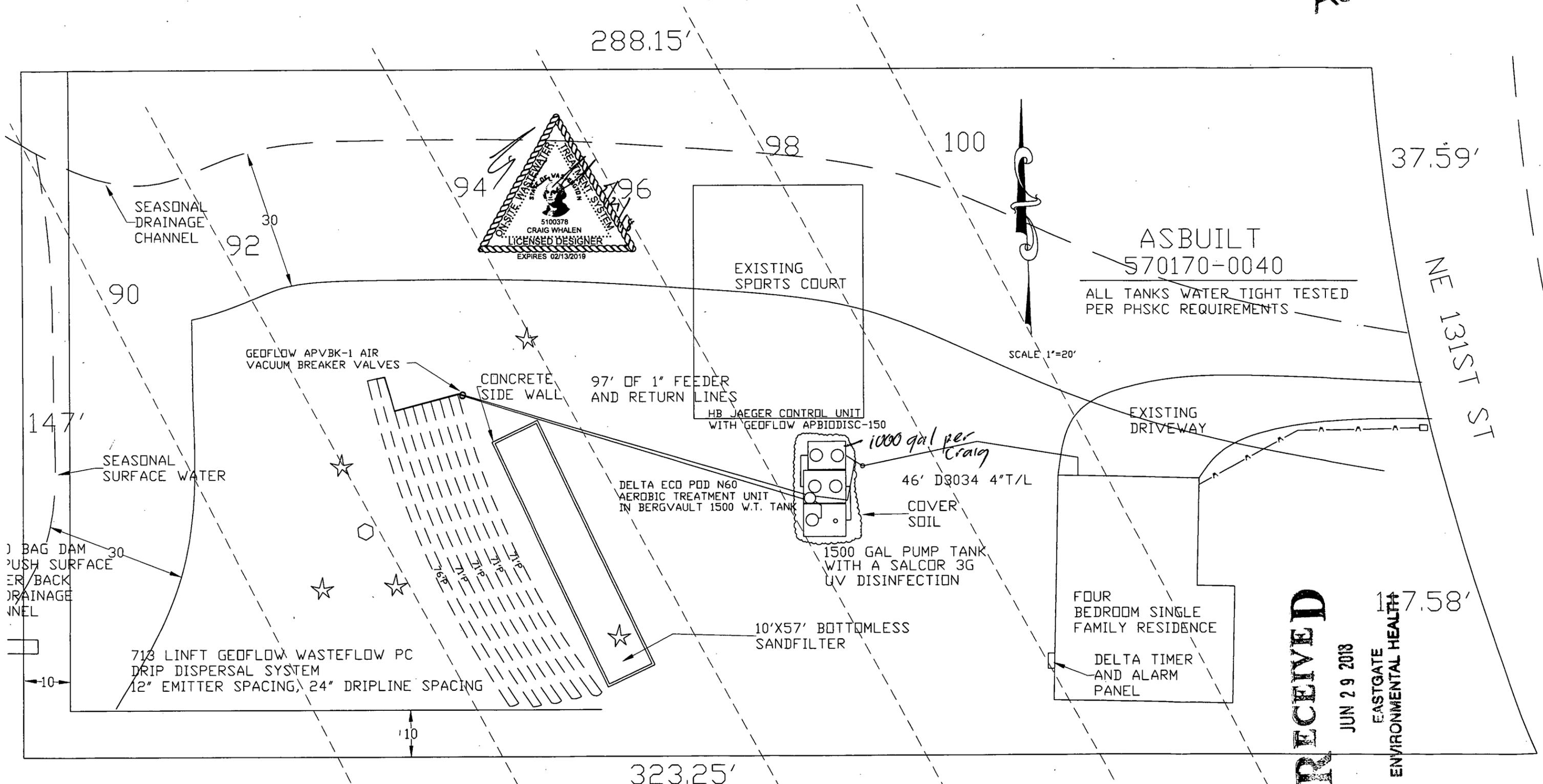
EASTGATE ENVIRONMENTAL HEALTH

NEW CONSTRUCTION: UNLAWFUL TO OCCUPY PREMISES WITHOUT HEALTH DEPARTMENT APPROVAL OF THE OSS/SEPTIC SYSTEM RECORD DRAWING CERTIFICATION

INSTRUCTIONS TO THE OSS OWNER/SYSTEM USER:
Please refer to your OSS owner's operating maintenance and technical specifications manual and Notice on title pertaining to the OSS. Your OSS has limitations! Refer to the Operational Capacity of the System established by the OSS designer. Overloading it or disturbing the soil absorption system (SAS) or treatment device (e.g. drainfield, mound, sand filter, ATU, etc.) may cause the system to prematurely fail. For further information, contact your Health Department Service Center (206) 296-4932

7/13/18 - AS built
OK.
A English

AS BUILT



ASBUILT
570170-0040
ALL TANKS WATER TIGHT TESTED
PER PHSKC REQUIREMENTS

RECEIVED

JUN 29 2018

EASTGATE
ENVIRONMENTAL HEALTH

17.58'

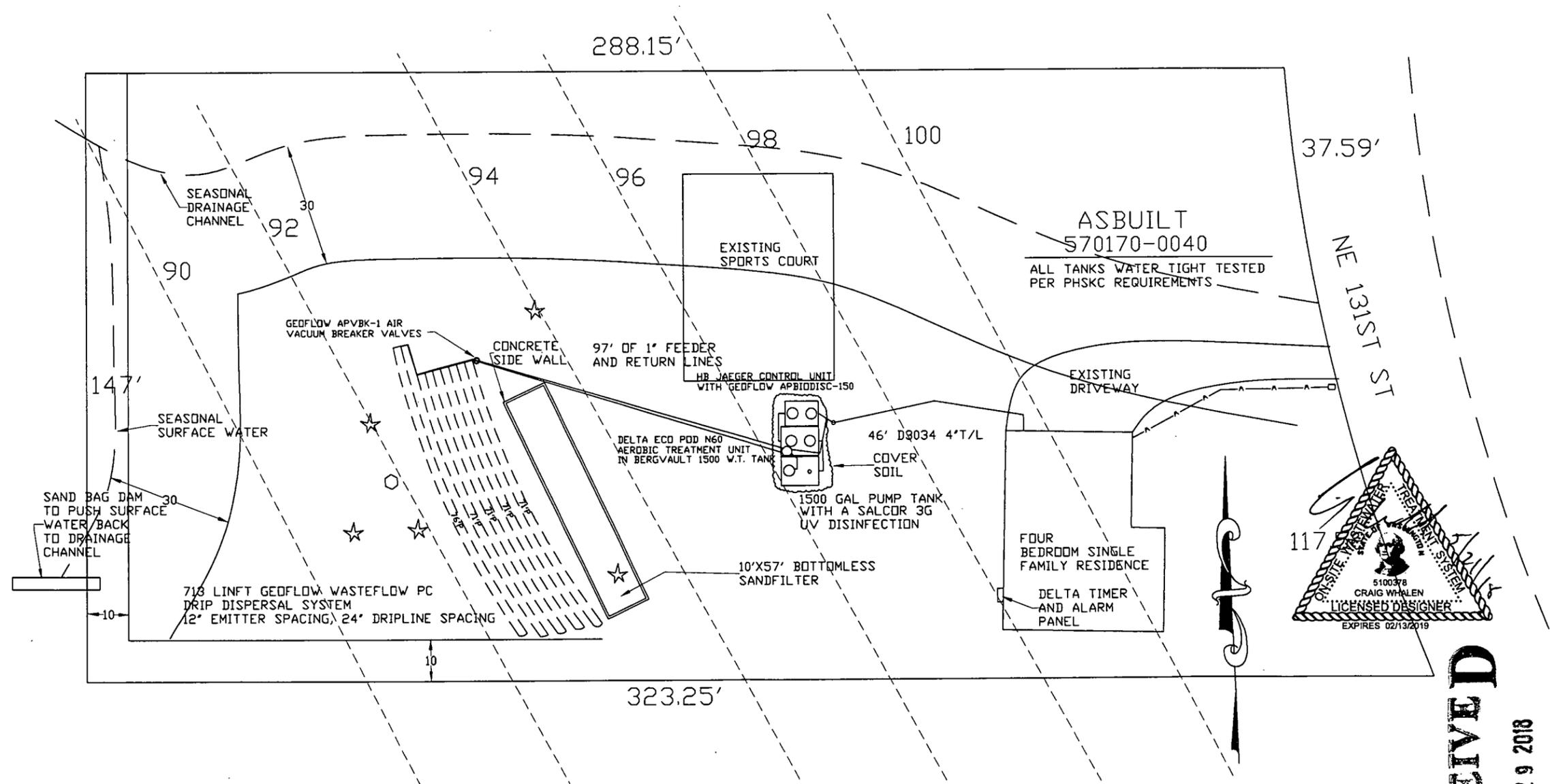
NE 131ST ST

288.15'

37.59'

323.25'

SCALE 1"=20'



RECEIVED

JUN 29 2018

EASTGATE ENVIRONMENTAL HEALTH

PERMIT FOR ON-SITE SEWAGE SYSTEM REPLACEMENT

System Type	ATU-Drip Irrigation	Const. Type	O
Owner Name	MCINTOSH ROY H+LINDA K	Valid By	EE0100094
Bldg. Type	Single Family	Lot Number	
Parcel No	5701700040		
Location	17417 NE 131ST ST		
Plat Name			

Additional info: (360)668-8500

Installer **KIENS, ROBERT** MI093

Designer: **WHALEN, CRAIG** 5100378

- The installer must perform all work in accordance with Title 13 (Board of Health Rules and Regulations #3)
- Issuance of this permit does not constitute an approval of the site or work contemplated or performed.
- OCCUPANCY OF THE BUILDING AND USE OF THE SEWAGE DISPOSAL SYSTEM ARE PROHIBITED UNTIL AN AS-BUILT PLAN IS SUBMITTED TO AND APPROVED BY THE HEALTH DEPARTMENT.

Mound Sys. Site Prep	_____	Designer	_____	Date	_____
Mound Sys. Bed Prep	_____	Designer	_____	Date	_____
Pressure Test	<u>40 PSI</u>	Designer	<u>CW</u>	Date	<u>5-18-18</u>

Do Not BACKFILL (Cover) system until BOTH Designer and Health Department (E.H.S.) have approved (OK'd) to BACKFILL.

OK To Backfill	<u>OK</u>	Disapproved	_____	Date	<u>5-18-18</u>
Designer	<u>CW</u>				
OK To Backfill	_____	Disapproved	_____	Date	<u>5/18/18</u>
E.H.S.	<u>Disapproved</u>				
Final Cover (Approved)	<u>OK</u>	Disapproved	_____	Date	<u>5/25/18</u>
Designer	<u>CW</u>				

Corrections Required OK to cover

(See reverse side for more corrections)

I, _____, (Master/Associate) Installer was present at the above property supervising placement of final cover. Time _____ Date _____

I have complied with all the restrictions and recommendations as listed by the system designer, and certify that either I, or A Certified Installer employed by me, was present AT ALL TIMES during the installation.

Name of Master Installer (please print) Robert Kiens

Signature of Master Installer [Signature]

Date May 10 2018

19166287

OSS Performance Demonstration Report

All systems are to be tested with permanent wiring and permanent power. This form is to be included with the final As-built submission.

Fill out the following boxes according to system type:
 Gravity 1, 2, 3, 9 Pump to Gravity 1, 2, 3, 4, 9 PD 1,2,3,4,5,6,7, 8, 9
 Mound 1, 2, 3, 4, 5, 6, 7, 8, 9 Sand filter 1,2,3,4,5,6,7,8,9,10,11,12,13
 Sand filter to Mound 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,12,13

1 System Type: Gravity PD Mound Sand Filter = SF/M, SF/PD, SF/Gravity Other specify ATU-DRIP

2 Permit Address 17417 NE 131ST ST REDMOND Designer CRAIG WHALEN / WHALENDESIGNS LLC
 Installation Permit No. H ON0164265 Installer ROBERT KIENS
 Parcel No. 5701700040 Date system tested/inspected 05/18/2018

3 Septic Tank: Size 1500 GALLONS Manufacturer CUZ CONCRETE Approval No. _____
 Screened Outlet Baffle Yes No Make and Model No. 4 IN TREIT
 Water tight Test Satisfactory Yes No

4 Pump Tank: Size 1500 GALLON Manufacturer CUZ CONCRETE Approval No. _____
 Pump Chamber gals/inch 23 Pump make/model /HP ZOELLER 6 STAGE TURBINE voltage 115
 Water tight Test Satisfactory Yes No

5 Pump System Performance:
 Dose Volume (gallons) 48 Draw down per cycle (inches) 12.1"
 Doses per Day 12 Method: Residual Head Squirt Height 40 PSI
 Pump run time per cycle (min) 7.5 MIN GPM discharge 6.5 MIN

6 Timer:
 Timed Dosing Yes No Control Panel make/model RHOMBUS IFS
 Time pump ON 7 min. 30 sec. Time pump OFF 1 HR 52 MIN 30 SEC specify time increments
 Timed dosing to (circle one) PD, Mound, SF, other

7 Lateral Diameter _____ Check valves (manifold) Yes No Monitoring ports in place _____
 Orifice Size _____ Flow control valves Yes No Lateral Clean-outs in place _____
 Orifice Spacing _____ Anti-siphon device Yes No Gravelless chambers Yes No
 Orifice Orientation: _____ Orifice shields Yes No Alarm location WALL BY TANKS
 Manifold Diam. _____ Manifold Length _____

8 System drains between cycles Yes No Variation in orifice discharge rate over entire system < 15% Yes No
 System meets performance standards on the design Yes No

Laterals	1	2	3	4	5	6	7	8
Lateral Length								
Orifice Spacing								
No. of Orifices								
Residual Head								

As the Installer of record I have verified all data in box #8 and it accurately represents the work that was performed at the site. Licensed Installers Signature _____ Date _____

9 I have inspected the installed OSS and conducted a performance test in accordance with the current DOH design standards and this system has passed the performance test and As-built inspection. All information accurately represents what I observed at the site.
 Designer/Engineer Signature [Signature] Date 10/24/2016
 I request final inspection from the Health Department

Note: failure to supply adequate information to evaluate system performance is grounds for rejecting the performance test and disapproving the installation.

Performance Demonstration Report Form

Page 3 for Subsurface Drip Systems

Pack bed/ drip _____ Sandfilter/ drip _____ ATU/drip Other _____

PRODUCT TYPE

Geoflow Netafim _____ Other _____
All dripline components are from the same manufacturer and are compatible with the product line
Used. Verified by Designer/PE CRAIG WHALEN Master Installer ROBERT KIENS

INSTALLATION

Number of Driplines is 5 Total lineal feet is 713
Dripline Spacing (2-ft min) is 2.0' Orifice Spacing is 1'
Dripline Depth (inches) is 6" Number of zones 1
Cover Depth (inches) is 12"

COMPONENTS

Air/ Vacuum Relief Valves: # 2 Diameter 1"
Flow Meter: YES
Flush Valves: Automated Manual YES or Continuous
Chemical Injector Port YES
Pressure gauge YES
Filter: YES Type/size VORTEX AP4E75

DOSING

Number of doses/ day 12 Time pump ON 7MIN 30SEC / Time pump OFF 1HR 52 MIN
Pump Make and Model ZOELLER 6 STAGE TURBINE
Control Panel Make/ Model RHOMBUS TD1

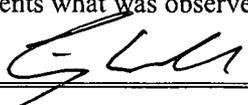
TESTING/ INSPECTION

Initial operating pressure of system (PSI) 40
Flush line pressure (PSI) 20
Initial measured system flow rate (GPM) 15
Total Flow for system (GPM) 7.5 GPM
System Water Tight: YES x NO _____

As the installer of record I have verified all data in above and it accurately represents the work that was performed at the site.

Licensed Installers Signature _____ Date _____

I have performance tested this system in accordance with the current Guideline for use of SSDS and this system has passed the performance test and As-built inspections. All information supplied accurately represents what was observed at the site.

Designer Signature  Date 06/20/2018



9226 84th Street NE, Arlington, WA 98223
 Ph: (360) 659-7077 – Fax: (360) 651-8471

OPERATION & MAINTENANCE INSPECTION AGREEMENT

For Bio-Microbics, Inc. Authorized Technician.

It is hereby agreed this 9th day of February, 2018 by and between Tri County Monitoring & Septic Services, LLC and Roy McIntosh of 17417 NE 131st Street Redmond, WA 98053 that in consideration of the payments provided for herein, Tri County Monitoring & Septic Services, LLC. will provide the services of a factory-trained representative that is a licensed installer, designer or professional engineer to perform a Preventative Maintenance Inspection of the equipment described herein on the frequency shown below.

The inspection of the Eco-Pod system equipment will consist of one visit 6 months after occupancy and 2 visits annually. **These visits will be scheduled automatically by office management and a courtesy notice will be given by phone or email prior to.** These inspections will consist of checking, where applicable, the aerobic unit, septic tank, pumps tanks, UV light, drainfield, electrical panels, floats and pumps. See Maintenance & Monitoring Schedule & Procedure form for details. The inspection shall be followed by an electronic report filed with King County Health Department, and the Purchaser, if so requested. The inspection report will describe the operational status of the onsite sewage system (OSS). It will also include recommendations for any preventative maintenance deemed necessary by the inspector as well as a list of any replacement parts needed.

It is understood that it is the homeowner's responsibility for on-going maintenance and monitoring for the life of the system. This agreement will automatically transfer upon the sale of the subject property. The new homeowner will assume the terms and conditions of this agreement and the Purchaser shall have no further responsibilities or obligations to the service provider.

The agreement does not assume any responsibilities or obligations which are normally the responsibilities of Purchaser (if applicable) as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this agreement (i.e., power failure, breakers or system manually turned off, etc.). If a service call is requested, a service fee and any and all parts will be billed to the homeowner.

Billings for inspection trips shall be paid upon receipt at the rate of \$250.00 plus tax per inspection plus Filing Fee

A certified technician can only supply parts or labor after receipt of Purchaser's consent.

In no event shall Tri County Monitoring & Septic Services, LLC be responsible for special or consequential damages, including but not limited to, loss of time, injury to person, injury to property, incidental or economic loss due to equipment failure or for any other reason whatsoever.

This agreement shall remain in force for a period of 2 years, effective upon occupancy.

Equipment Covered Under This Agreement

NOMENCLATURE	SERIAL NUMBER	# TRIPS PER YEAR	ANNUAL RATE
Eco-Pod			\$500.00 plus Tax

Sign: *Roy H McIntosh*
 Print: Roy H McINTOSH
 Date: 2-16-18
 Address: 17417 NE 131st Street
 Address: Redmond, WA 98053
 Phone: (425) 881-5203
 Email: roym132180@aol.com

Sign: Curtis Johnson
 Print: Tri County Monitoring & Septic Services, LLC. /Curtis Johnson
 Date: 02/09/2018
 Address: 9226 84th Street NE
 Address: Arlington, WA 98223
 Phone: (360) 659-7077
 Fax: (360) 651-8471

TAX IDENTIFICATION NUMBER: 570170-0040

Record Date:2/20/2018 4:39 PM

Electronically Recorded King County, WA

Recording
20180220001543

RETURN ADDRESS

R H MCINTOSH
17417 NE 131st STREET
REDMOND, WA 98052

Please print neatly or type information

Document Title(s)

NOTICE ON TITLE (OSSM)

Reference Number(s) of related documents

Additional Reference #'s on page _____

Grantor(s) (Last, First, and Middle Initial)

McIntosh, Roy
McIntosh, Linda

Additional grantors on page _____

Grantees(s) (Last, First, Middle Initial)

THE PUBLIC

Additional grantees on page _____

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Township 26, Range 05 Lot 4 Mount Clare Estates

Additional legal is on page _____

Assessor's Property Tax Parcel/Account Number

570170-0040

Additional parcel #'s on page _____

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the documents to verify the accuracy or completeness of the indexing information provided herein.

NOTICE: This is an unofficial copy.

**NOTICE OF ON-SITE SEWAGE SYSTEM
 OPERATION AND MAINTENANCE REQUIREMENTS**

Assessor's Tax Parcel ID#: 5701700040

1. I/We (print) LINDA & ROY MCINTOSH are the owners of real property within King County, which is legally described as follows:

TOWNSHIP 26, RANGE 05, LOT 4
MOUNT CLARE ESTATES
See legal description attached

2. The above-described real property is served by an on-site sewage system ("OSS").

3. The Code of the King County Board of Health, Section 13.60.005 establishes certain responsibilities of the OSS owner with respect to the operation and maintenance of an On-site Sewage System, as follows:

A. The OSS owner is responsible for the continuous proper operation and maintenance of the OSS, and shall:

1. Determine the level of solids and scum in the septic tank at least once every three (3) years for residential system with no garbage grinder and once every year if a garbage grinder is installed and, unless otherwise provided in writing by the health officer, once every year for commercial systems.
2. Employ an approved pumper to remove the septage from the tank when the level of solids and scum indicates that removal is necessary.
3. Cause preventive maintenance/system performance monitoring inspections to be conducted and any indicated service to be performed by an approved person at a minimum frequency in accordance with Table 13.60-1 unless otherwise established by the health officer or the sewage review committee.

Table 13.60-1
 Minimum Frequency of Preventive Maintenance/Performance Monitoring

	Gravity System	Public Domain Technology ₂	Proprietary Technology ₃	Commercial and Food Establishments	Non-Discharging Toilets
Initial Inspection	6 months	6 months	45 days	45 days	N/A
Regular Inspection Frequency	Every 3 years	Annually	Every 6 months	Annually or Every 6 months	Annually
Who May Perform the Inspection	Owner, Licensed Maintainer or Licensed OSS Pumper	Licensed Maintainer	Licensed Maintainer	Licensed Maintainer	Owner

Table 13.60-1 Explanatory Notes

1. The initial inspection is to be performed at the time interval indicated following occupancy.
2. Public domain technology includes such systems as: mounds, intermittent sand filters and pressure distribution.
3. Proprietary Technology includes such systems as: ATUs, Glendon up-flow filters, Advantex pack bed filters and subsurface drip.
4. At least an annual septic tank maintenance check is required if the structure served is equipped with a garbage grinder waste disposal unit. If a screened outlet baffle is present an annual check is recommended. Pumpers shall report each pumping event to the health officer in accordance with BOH chapter 13.68.

5. Table 13.60-1 specifies the minimum required monitoring frequency. A more stringent monitoring frequency shall be used if recommended by the manufacturer.
6. This monitoring is in addition to that required for the OSS receiving the building's non-toilet liquid waste.
(KCBOH)

Note about Monitoring Frequency: The above table reflects the King County BOH Title 13 code dated September 2008. The King County BOH Title 13 code is subject to change.

4. Operate and maintain all OSS in accordance with this title, with pertinent alternative system guidelines issued by the DOH [State of Washington Department of Health] and with the approved OSS owner's operating and maintenance instruction manual.
 5. Protect the OSS area including the reserve area from:
 - a. Cover by structures or impervious material;
 - b. Surface drainage;
 - c. Soil compaction, for example, by vehicular traffic or livestock; and
 - d. Damage by soil removal and grade alteration.
 6. Maintain the flow of sewage to the OSS at or below the approved design both in quantity and waste strength.
 7. Direct drains, such as footing or roof drains away from the area where the OSS is located.
- B. The owner shall not allow:
1. Use or introduction of strong bases, strong acids or organic solvents into an OSS for the purpose of system cleaning;
 2. Use of a sewage system additive unless it is specifically approved by the DOH; or
 3. Use of an OSS to dispose of waste components atypical of residential wastewater, for example, but not limited to, petroleum products, paints, solvents, or pesticides.
4. **Note about Operation and Maintenance Program Fee:** Rules and Regulations 02-01, amendment to the Code of the King County Board of Health, states, "At the time of sale or transfer of property ownership, the buyer or transferee of a property served by an OSS shall forward to the health officer a fee as set forth in the fee schedule and submit a signed copy of the notice on title as set forth in Section 13.56.054A." This fee is \$40.00 per the Rules and Regulations 02-01, effective June 17, 2002.

Dated this 15 day of February, 2018
(month) (year)



(Owner's signature)



(Owner's signature)

COUNTY OF KING) ss
)

On this 15th day of February, 2018, before me personally
appeared Roy McIntosh (month) and Linda R. McIntosh (year), to me
known to be the individual(s) described herein and who executed the foregoing instrument as
his/her/their free and voluntary act and deed for the uses and purposes herein stated.

Given under my hand and official seal this 15th day of February, 2018.
(month) (year)



Brenda K. Drake
NOTARY PUBLIC in and for the State of Washington
Notary Public in and for the State of Washington
Residing at Redmond
My Commission Expires 10-29-2021

UNOFFICIAL COPY

OSS NOTIFICATION FORM

For HD office use only

Date received **5/14/2018** Tracking # **D051401**

Time called in **3:25PM**

Notification of start of construction

Request of performance test

Permit Number **ON0164265**

Activity Number **ON0162809**

Parcel number **5701700040**

Permit address **17417 NE 131st Street**

Site app address **Same**

Designer **Craig Whalen**

Installer **Robert Kiens**

Called In by: **Richard**

Group **N C S**

Date and time for inspection request **Friday, May 18, 2018 at 11:00AM**

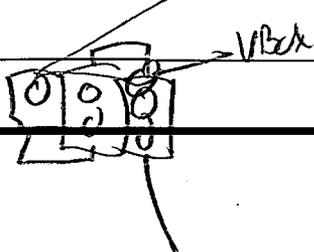
Received by: **DAW**



Notes:

*5/18/18 - on site w/
Shalini - OK to cover
A English*

*2/ PSI
pre filter 40
post filter 40
return → 22*



Send To: Public Health Seattle & King County - Environmental Health Division
14350 SE Eastgate Way, Bellevue, WA 98007
Telephone (206) 296-4932 Fax (206) 296-9792

Designer: also send copy to Master Installer

FROM: CRAIG WHALEN/WHALEN DESIGNS Phone # (360)-794-5506 Fax (360)-794-6349

**DESIGNER'S OSS PRE-INSTALLATION INSPECTION REPORT
(FOR STUB-OUT RELEASE)**

To Be Completed by the Designer:

Site Design Application Activity Number Building permit # EXISTING

Record ID Number

ON	0	1	6	2	8	0	9
----	---	---	---	---	---	---	---

 (i.e. for new construction)

Site Address 17417 NE 131ST ST REDMOND 98052 Owner's Name ROY MCINTOSH
(as appears on site design application)

Parcel #

5	7	0	1	7	0
---	---	---	---	---	---

 -

0	0	4	0
---	---	---	---

 Lot # 4 Block # Division #
Subdivision # or name MOUNT CLARE ESTATES

Designer's/PE's Name CRAIG WHALEN State I.D.# 5100378
(please print) (Not Company Name)

Master Installer's Name ROBERT KIENS

Specify the type of OSS to be installed ATU-DRIP

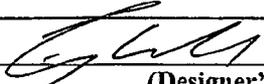
Designer's pre-installation inspection requested on , 20

Does the approved design specify that a pre-construction meeting is required?
 Yes: Meeting conducted on , 20 No

Water Supply
 Public: water service line to the parcel/property line is installed, operational, and approved.
 Individual Private Well:
 source location conform with design
 Provide legible copies of the following:
• water quality test results for *Bacteria, Nitrate and Arsenic*
• construction report (well log)

On FEBRUARY 28, 20 18, I conducted a pre-installation inspection on the above site (property). Based upon this inspection, the site complies with the criteria of the approved design and Title 13.

Installation Conditions:
 Installation must not be attempted on this site during wet conditions.
Other:

 03/01/2018
(Designer's/ PE's Signature) (Date)

* Applies to designs submitted after 4/19/99.

For Health Department Use Only	RECEIVED
Remarks <u> </u>	MAR 19 2018
	ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH

Public Health - Seattle and King County
Site Design Application Form for Individual On-Site Sewage System (OSS)
 (Submit 5 copies of application with 4 copies of plans)

Record I.D. Number
ON 0162809
 Department Use Only

Approximate Site Address: **17417 NE 131ST ST, REDMOND, 98052**

ATTACH A DETAILED ROUTE/ DIRECTION MAP FOR LOCATING THE PROPERTY.

Name and address of property owner **ROY MCINTOSH 17417 NE 131ST ST, REDMOND, 98052**

Applicant Name **MCINTOSH, ROY** Street Address **17417 NE 131ST ST**
 City-Zip Code **REDMOND, 98052** Phone **425-881-5203**

Designer **Craig A. Whalen, Whalen Designs LLC** Street Address **P.O. Box 262**
 City-Zip Code **Monroe, 98272** Phone **360-794-5506**

OFFICE COPY
THIS IS NOT A PERMIT

PROPERTY INFORMATION:

Legal Description Attached

Parcel # (APN) **5 7 0 1 7 0 0 0 4 0** Section: **2 5** Township: **2 6** Range: **0 5**

Subdivision Name: **MOUNT CLARE ESTATES** Lot: **4** Block: **1**

Property Size **4 3 5 6 0** Sq. ft. Acreage: **1.0** Rural Area Urban Area

Distance from property line to nearest sewer: **> 3 0 0**

Water Supply (IP) I = Individual Group A Supply Group B Supply

Public Water Supply Name: **WOODINVILLE WATER** ID# **1 1 1 1 1 1 1 1 1 1**

Sensitive Area: **N** (Y?N) If yes, specify (L,W,O) L = Landslide W = Wetlands O = Other

SYSTEM INFORMATION:

New System Repair Design Correction of OSS Failure? **Y** Y?N Detailed Plans Attached (4 sets) **Y** Y?N

Type of Building **S F** SF = Single Family MF = Multiple Family COMM = Commercial INST = Institutional

Type of System Proposed: **O** — **O** G = Gravity GP = Gravity with pump M = Mound SF = Sand Filter

PD = Pressure Distribution HT = Holding Tank CT = Composting Toilet E = Experimental O = Other **ATU=DRIP**

Dates Soils Logged: **1 0 2 1 1 7** Soil Logs Data Attached: (Min. 4/lot) **Y** Y?N

Depth to Watertable or Restrictive Layer: **2 0** Inches Maximum Slope in Drainfield/Reserve Area **3** %

CALCULATIONS:

Number of bedrooms: **4** Total Gallons/Day (450 minimum): **5 7 0** Gal. Soil Texture Type (1A-5) **4**

Application Rate: **.6** Gal/sq ft/day Total Absorption Area: **1 4 2 5** Sq. ft. Trench Width **.50** inches

Total Drainfield Length: **7 1 3** Ft. Septic Tank Size: **1 5 0 0** Gal. Garbage Grinder **N** Y?N

Pump Chamber Size (if needed) **1 5 0 0** Gal. Trench Depth (min/max): **6** / **6** inches

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in the disapproval of the sewage system being proposed in this application. Non-compliance may lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature: *[Signature]* K.C. ID# **5100378** Date: **11/24/2017**

FOR HEALTH DEPARTMENT USE ONLY:

NOTE: SYSTEM MUST BE INSTALLED BY A KING COUNTY CERTIFIED INSTALLER UNLESS OTHERWISE PROVIDED BY CODE

APPROVED (date): **12/28/17** BY: *[Signature]*

Comments

SIGNED O & M SERVICE CONTRACT and A RECORDED NOTICE ON THE TITLE IS REQUIRED AT STUB RELEASE

RECEIVED (contforms)

Pre-construction meeting required between designer, installer, builder prior to permit issuance
 APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION PROVIDED IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE PROPOSED SEWAGE DISPOSAL SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL BE CONSIDERED AN ASSURANCE, EITHER EXPRESSED OR IMPLIED, THAT DEVELOPMENT PERMITS FOR THE SITE WILL BE ISSUED.
THIS APPLICATION EXPIRES TWO YEARS FROM DATE OF APPROVAL.

RECEIVED
DEC 15 2017
 EASTGATE ENVIRONMENTAL HEALTH

DISAPPROVED (date): **12/28/17** REASON: **SEPTIC SYSTEM**

See attached Site Deficiency Sheet. Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to the Health Officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 - Sewage Review Committee) CS 13.15.97 Rev.7/21/00

APPROVED **This is NOT a Permit.**

English, David

From: English, David
Sent: Friday, November 17, 2017 1:11 PM
To: 'Craig Whalen'
Subject: Mcintosh 17417 NE 131 st

Good afternoon,
A few things on this site:

1. Drainage on West and south sides not shown.
2. Loil log findings: SL 1: 0-6 duff, water 6"// SL #2: 0-8" fill, 8-24" BSL/ water at 24"// SL #3: 0-22 " BSL, water 22"// SL #4:: 06" duff, 6-15" BSL, water 15"

Tough site.

David L. English/ R.S.
King County Public Health
Eastgate Center
206-477-8590/ david.english@kingcounty.gov
1-800-325-6165/

12415 + 1725

Public Health - Seattle and King County
Site Design Application Form for Individual On-Site Sewage System (OSS)
(Submit 5 copies of application with 4 copies of plans)

Record I.D. Number
ON 0162829
Department Use Only

Approximate Site Address:

17417 NE 131ST ST, REDMOND, 98052

ATTACH A DETAILED ROUTE/ DIRECTION MAP FOR LOCATING THE PROPERTY.

Name and address of property owner

ROY MCINTOSH 17417 NE 131ST ST, REDMOND, 98052

Applicant Name

MCINTOSH, ROY

Last First

Street Address
City-Zip Code

17417 NE 131ST ST

REDMOND, 98052

Phone 425-881-5203

Designer

Craig A. Whalen, Whalen Designs LLC

Street Address
City-Zip Code

P.O. Box 262

Monroe, 98272

Phone 360-784-5506

THIS IS NOT A PERMIT

PROPERTY INFORMATION:

Legal Description Attached

Parcel # (APN) 5 7 0 1 7 0 0 0 4 0 Section: 2 5

Township: 2 6 Range: 0 5

Subdivision Name: MOUNT CLARE ESTATES

Lot: 4 Block: . . .

Property Size 4 3 5 6 0 Sq. ft. Acreage: 1.0

Rural Area Urban Area

Distance from property line to nearest sewer: > 3 0 0

Water Supply (IP) I = Individual Group A Supply Group B Supply

Public Water Supply Name: WOODINVILLE WATER ID#

Sensitive Area: N (Y?N) If yes, specify (L,W,O) L = Landslide W = Wetlands O = Other

SYSTEM INFORMATION:

New System Repair Design Correction of OSS Failure? Y Y?N Detailed Plans Attached (4 sets) Y Y?N

Type of Building S F SF = Single Family MF = Multiple Family COMM = Commercial INST = Institutional

Type of System Proposed: P D G = Gravity GP = Gravity with pump M = Mound SF = Sand Filter
PD = Pressure Distribution HT = Holding Tank CT = Composting Toilet E = Experimental O = Other

Dates Soils Logged: 1 0 2 1 1 7 Soil Logs Data Attached: (Min. 4/lot) N Y?N

Depth to Watertable or Restrictive Layer: 3 6 Inches Maximum Slope in Drainfield/Reserve Area 3 %

CALCULATIONS:

Number of bedrooms: 4 Total Gallons/Day (450 minimum): 5 7 0 Gal. Soil Texture Type (1A-5) 4

Application Rate: .6 Gal/sq ft/day Total Absorption Area: 9 5 0 Sq. ft. Trench Width 36 inches

Total Drainfield Length: 3 1 7 Ft. Septic Tank Size: 1 5 0 0 Gal. Garbage Grinder N Y?N

Pump Chamber Size (if needed) 1 5 0 0 Gal. Trench Depth (min/max): 9 / 9 inches

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in the disapproval of the sewage system being proposed in this application. Non-compliance may lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature: [Signature] K.C. ID# 5100378 Date: 10/27/2017

FOR HEALTH DEPARTMENT USE ONLY:

NOTE: SYSTEM MUST BE INSTALLED BY A KING COUNTY CERTIFIED INSTALLER UNLESS OTHERWISE PROVIDED BY CODE

APPROVED (date): BY:

Comments

Pre-construction meeting required between designer, installer, builder prior to permit issuance

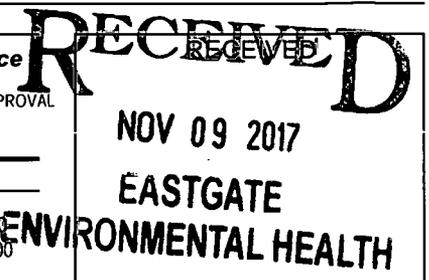
APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION PROVIDED IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE PROPOSED SEWAGE DISPOSAL SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL BE CONSIDERED AN ASSURANCE, EITHER EXPRESSED OR IMPLIED, THAT DEVELOPMENT PERMITS FOR THE SITE WILL BE ISSUED.

THIS APPLICATION EXPIRES TWO YEARS FROM DATE OF APPROVAL.

DISAPPROVED (date): BY:

See attached Site Deficiency Sheet.

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to the Health Officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 - Sewage Review Committee). CS 13.15.97 Rev.7/21/00



Whalendesigns@hotmail.com

From: English, David <David.English@kingcounty.gov>
Sent: Thursday, December 07, 2017 8:24 AM
To: Craig Whalen
Subject: RE: McIntosh at 17417 NE 131St St

Craig,

\$184.80. thanks.

David L. English/ R.S.
King County Public Health
Eastgate Center
206-477-8590/ david.english@kingcounty.gov
1-800-325-6165/

From: Craig Whalen [<mailto:whalendesigns@hotmail.com>]
Sent: Wednesday, December 06, 2017 3:35 PM
To: English, David <David.English@kingcounty.gov>
Subject: RE: McIntosh at 17417 NE 131St St

Dave,

Guess there was some miss communication on this one, I apologize for that. We did talk about a fee and you said if I could get it back quick then there was no fee, and the way we talked about just sliding everything up higher around the good hole I didn't think you wanted more soil logs, so my fault for assuming, sorry. We will get back out there and dig a couple new holes and bring it back in with fee. What will the fee be? Thanks

Craig

From: English, David [<mailto:David.English@kingcounty.gov>]
Sent: Wednesday, December 06, 2017 8:56 AM
To: Craig Whalen
Subject: McIntosh at 17417 NE 131St St

Back to this one. They've got one good soil log - I can't approve a primary and reserve area with just one good hole - more will need to be dug - preferably above SL 3. A one hour fee is required for the resubmittal going from pressure to ATU to drip. There was a sticky note on the resub about no fee? Did we discuss fees? Or resub without fees? Almost every time a site has a change of system types there's a fee associated with that resubmittal. Thanks.

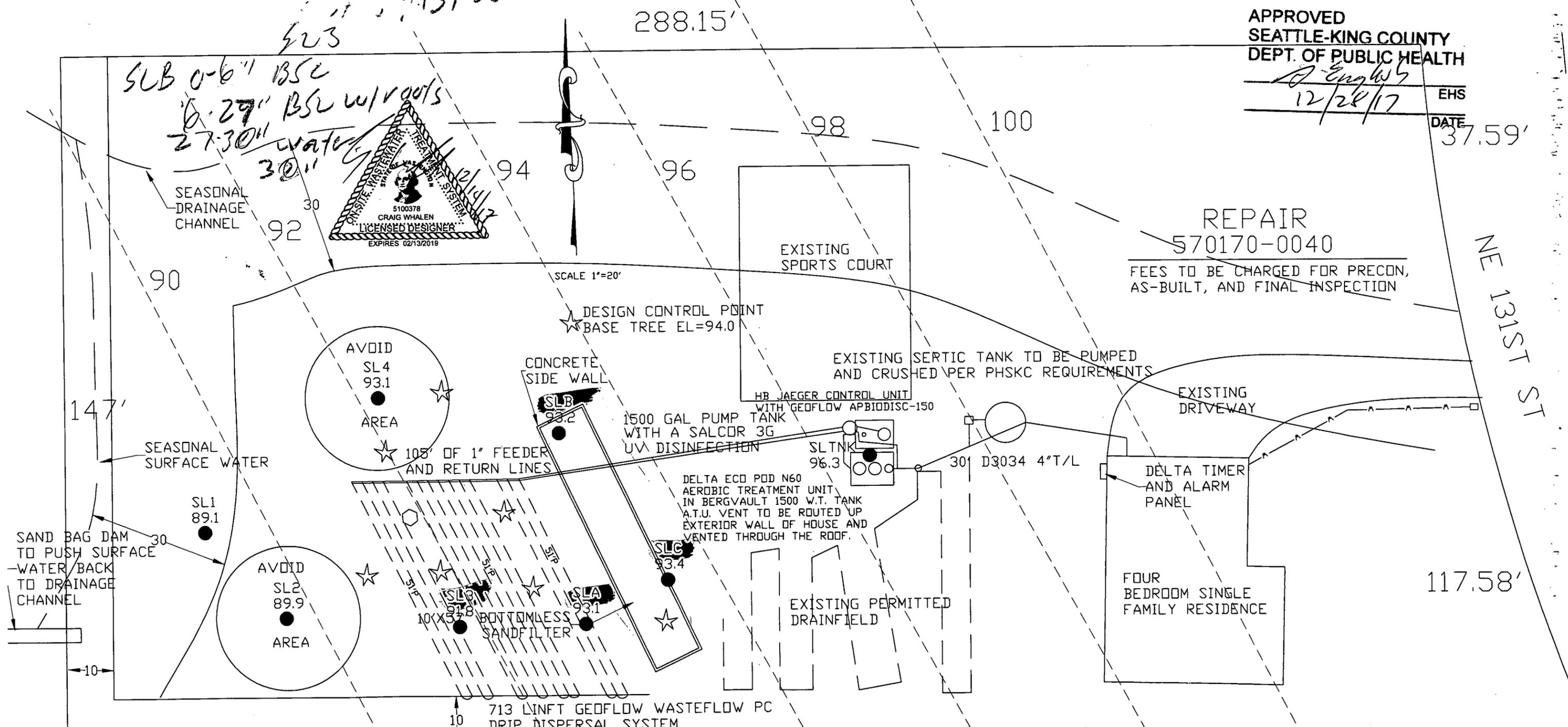
David L. English/ R.S.
King County Public Health
Eastgate Center
206-477-8590/ david.english@kingcounty.gov
1-800-325-6165/

SLA 0-7" FIV
 7-26" BSL 26-30" mottled water 30"
 SL C 0-22" FIV
 22-34" BSL
 34-36" mottled water 36"

OFFICE COPY

APPROVED
 SEATTLE-KING COUNTY
 DEPT. OF PUBLIC HEALTH

[Signature]
 12/28/17
 EHS
 DATE



REPAIR
 570170-0040

FEES TO BE CHARGED FOR PRECON, AS-BUILT, AND FINAL INSPECTION

37.59'

117.58'

RECEIVED

DEC 15 2017
 EASTGATE
 ENVIRONMENTAL HEALTH

SLB 0-4" FIV
 4-30" BSL w/ roots
 30-36" mottled water 36"

323.25'

SOIL LOGS FOR 5701700040

17417 NE 131ST ST, REDMOND, 98052

SL 1 0-7" DISTURBED
7-32" SANDY LOAM
32"+ MOTTLED

SL 2 0-7" DISTURBED
7-48" SANDY LOAM
48"+ MOTTLED

SL 3 0-2" DISTURBED
2-36" SANDY LOAM
36"+ MOTTLED

SL 4 0-2" DISTURBED
2-38" SANDY LOAM
39"+ MOTTLED

SL TANK 0-21" FILL
21-32" SANDY LOAM
32"+ MOTTLED

SL A 0-6" DISTURBED
6-26" SANDY LOAM
27"+ WATER

SL B 0-3" DISTURBED
3-21" SANDY LOAM
22"+ MOTTLED

SL C 0-17" FILL
18-36" SANDY LOAM
36"+ MOTTLED