Public Health
Seattle & King County

TIME OF SALE OSS INSPECTION REPORT

Application Summary:
Submitted: 9/24/2025 9:23:23 AM
Completed: 9/24/2025 9:23:23 AM

Application No: 161231

Addresses

Applicant's Address

Peter Rusher
Evergreen Sanitation Inc
P.O. Box 259
Lake Stevens, WA 98258

OSM #: 053

Contact Methods

Email: rusher.evergreen@aol.com
Phone: 8004331678

Property Owner

Elizabeth Rogge
12900 182 Ave NE
Redmond, WA 98052

Contact Methods

Email: elizrogge@gmail.com
Phone: 206-949-9676

Property Being Reported Tax Parcel Number

Assessors Parcel Number: 3293200040

Seller's Agent

Contact Methods

Email:

Buyer's Agent

Contact Methods

Email:

Title or Escrow Company

Contact Methods

Email:

Property Address
12900 182ND AVE NE
KING COUNTY, WA

Questions

Overview

Q: Has the house been occupied over the last 24 hours?

A: Yes

Q: The OSS Site Drawing included is

A: Updated

Q: Water Supply

A: Public

Q: Approved bedrooms according to site design

A: 4

Septic System - General

Q: Date tank last pumped (N/A if unknown)

A: 9/9/2025

Gravity Septic Systems

Q: Is the septic system gravity?

A: No

Pressure Distribution Septic Systems

Q: Does the septic system utilize pressure distribution?

A: Yes

Q: Draw-down test result (gallons per minute)

A: 40

On-site Sewage System Failure

Q: Upon arrival, was the septic system failing per King County Board of Health Title 13 definition?

A: No

Q: Did you answer Yes that the septic system is failing per King County Board of Health Title 13 definition, AND were you unable to correct the failure condition?

A: No

OSM Certification

Q: I certify to the best of my knowledge that this inspection report is true, accurate and complete.

A: Yes

Service Summary

Service	Fee
Time of Sale filing fee	$216.00
Processing Fee. NOTE: this charge is from OnlineRME, LLC.	$11.00

Total charges for application: $227.00

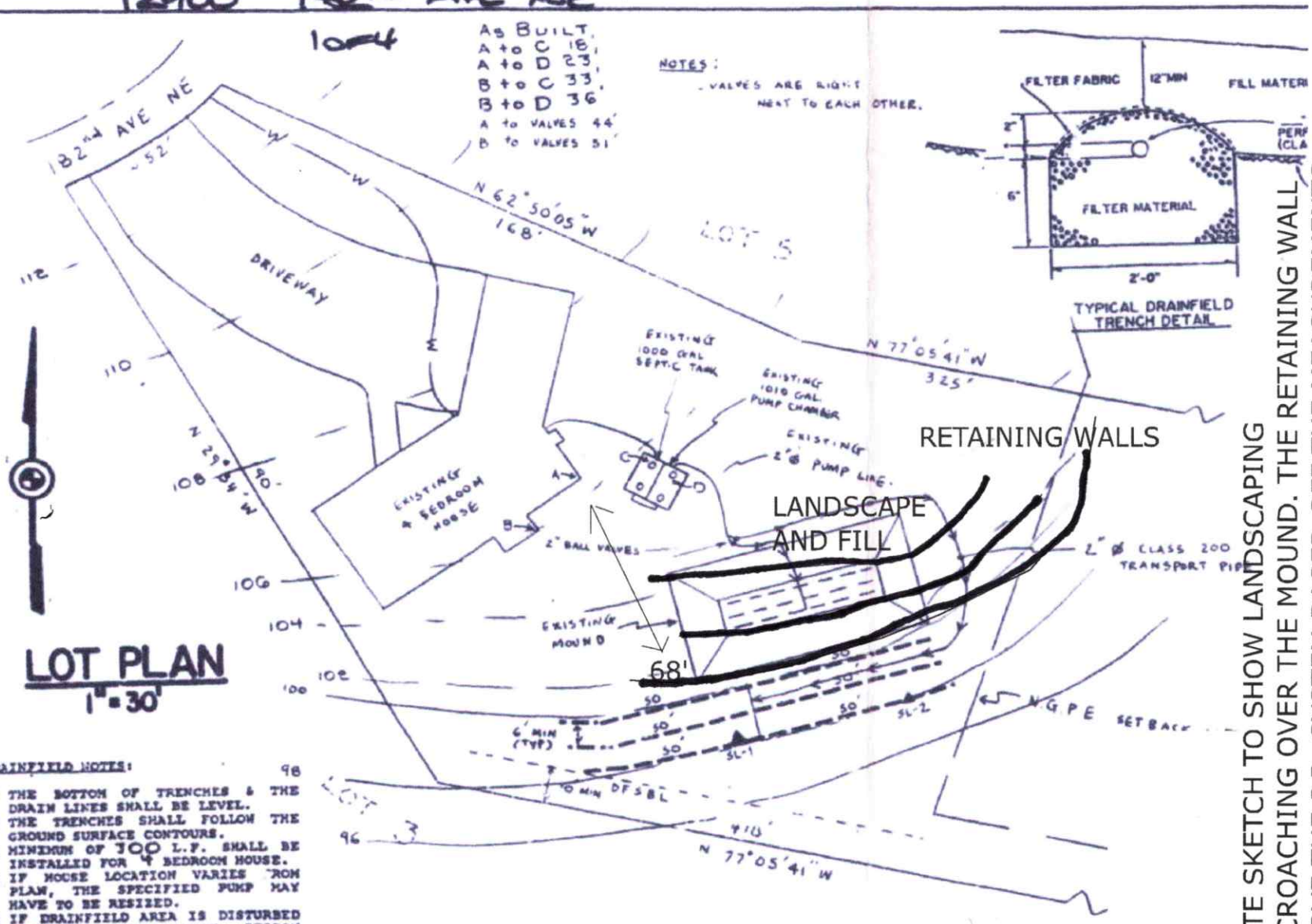
Payment Log

Date	Amount	Description	Bank Response
9/24/2025	$11.00	OnlineRME, LLC Processing Fee	This transaction has been approved.
9/24/2025	$216.00	Application Fee	This transaction has been approved.

Total amount Paid: $227.00

12900 182ND AVE NE

1 of 4



LOT PLAN
1" = 30'

DRAINFIELD NOTES: 98

1) THE BOTTOM OF TRENCHES & THE DRAIN LINES SHALL BE LEVEL.
2) THE TRENCHES SHALL FOLLOW THE GROUND SURFACE CONTOURS.
3) MINIMUM OF 300 L.F. SHALL BE INSTALLED FOR 4 BEDROOM HOUSE.
4) IF HOUSE LOCATION VARIES FROM PLAN, THE SPECIFIED PUMP MAY HAVE TO BE RESIZED.
5) IF DRAINFIELD AREA IS DISTURBED PRIOR TO INSTALLATION, DESIGN MAY BE VOID.
6) ANY CUTS INTRODUCED AROUND DRAINFIELD AREA MAY VOID THIS DESIGN.
7) CONTOUR LINES & ELEVATIONS ARE BASED UPON ASSUMED DATUM AND DO NOT REPRESENT DETAILED FIELD TOPOGRAPHIC SURVEY. THIS INFORMATION IS FOR SEPTIC DESIGN ONLY.
8) PROPERTY LINES ARE SHOWN FOR REFERENCE AND DO NOT REPRESENT AN ACTUAL FIELD SURVEY.

1¼" - Ø PERFORATED PVC PIPE
2" - Ø PVC TRANSPORT PIPE
▲ SOIL LOG LOCATION

TREES (OR STUMPS) GREATER THAN 18 INCHES IN DIAMETER, WHEN MEASURED 2 FEET ABOVE GRADE, SHALL BE LEFT STANDING, CUT AT GROUND LEVEL, BURNED IN PLACE, OR OTHER ACCEPTABLE METHOD TO AVOID DISTURBING THE SOIL.

KESTREL BLUEPRINT INC./ 190318

MODIFIED SITE SKETCH TO SHOW LANDSCAPING AND FILL ENCROACHING OVER THE MOUND. THE RETAINING WALL ARE JUST ABOVE THE P.D. SYSTEM BASED OFF THE MEASUREMENTS FROM THE ASBUILT.

ADDRESS: 12900 182 AVE NE REDMOND, 98052
PARCEL#3293200040
EVERGREEN SANITATION INC
800-433-1678
PETER RUSHER OSM(053) 9/24/2025

Public Health
Seattle & King County

OPERATION / PERFORMANCE MONITORING REPORT

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

Inspection Type: PROPERTY SALE - Correction Status: No corrections made

Tax ID: 3293200040 **Inspection Date: 09/09/2025**

GENERAL SYSTEM TYPE: Pressure Distribution

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: 12900 182ND AVE NE **City:** KING COUNTY

Mail Address: **City:** **Zip:**

OSM Company: Evergreen Sanitation **OSM Name:** Peter Rusher **OSM Tel#:** 8004331678

Submitted 09/24/2025 by:

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

Tanks were pumped 9/9/2025 prior to inspection.
Modified site sketch to show landscaping and fill encroaching over the mound. The retaining wall is just above the pressure drainfield based off the measurement from the house and asbuilt.
I located the ball valves but was unable to turn them from the pressure drainfield to the mound. The mound has been covered with fill material and the yard leveled.
There was no evidence of surfacing in the area of the pressure drainfield when I cycled the pump.

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)	N/A
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):	YES *- Deficient*
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	
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	YES
Record Drawing New	NO
All tanks have risers to grade	YES
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 - 2 Compartment		
This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
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):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	0	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	YES	

TANK: Pump Tank		
This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	YES	
Pump: Effluent Pump		
This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Controls functioning:	YES	
Pump Vault Filter cleaned (N/A = not present):	N/A	
Tested gallons per minute flow:	40	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Media Filter: Mound, Manufacturer= Site Constructed - Gravel Bed		
Manufacturer: Site Constructed Model: Gravel Bed		
This component was:	**Partially Inspected**	
Component appears to be functioning as intended:	YES	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Evidence of vehicular traffic or livestock over drainfield:	NO	
LPD dose gpm, design rate _____ gpm.		
Balancing valves functioning properly (NA = Not Present):	N/A	
LPD dose gpm, monitored rate _____ gpm.		
Purge valves functioning properly (NA = Not Present):	N/A	
Lateral lines jetted:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Drainfield (disposal): Pressure		
This component was:	**Partially Inspected**	
Component appears to be functioning as intended:	YES	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Evidence of vehicular traffic or livestock over drainfield:	NO	
LPD dose gpm, design rate _____ gpm.		
Balancing valves functioning properly (NA = Not Present):	N/A	
Purge valves functioning properly (NA = Not Present):	N/A	
LPD dose gpm, monitored rate _____ gpm.	40	
Observation ports present and accessible:	NO	
A method, such as aeration, was used to reduce clogging of the biomat in this component (If yes, provide detail in comments):	NO	
Lateral lines jetted:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Panel: Alarm - High Water		
This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
Alarm mechanism functioning as intended:	YES	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

P 507
E-5

SK

SEATTLE-KING COUNTY/DEPARTMENT OF PUBLIC HEALTH

Appl. For Approval of Existing On-Site Sewage Disposal System.

Address 12900 182 Ave NE Job # B98A0728

Name: SIR CONST. Date: 3-12-98

****

AS BUILT STATUS

☒ AS-BUILT ON FILE

☒ No Conflict SW (Initials)

☐ Permit proposal conflicts with As-Built _____ (Initials)

How? _____

☐ NO AS-BUILT

Applicant Contacts

Date	Method	Initials	Date
Date	Method	Initials	Date

Site Visits

Initials	Date
SW	4-1-98

Method of Evaluation: as built

****

ACTIONS

4-2-98 SK

☒ RELEASED, Building Department notified 4-1-98 (Date) SW (Initials)

☐ PENDING, noting corrections

Letter to applicant (attach copy) _____ (Date) _____ (Initials)

☐ DISAPPROVED, Building Department notified _____ (Date) _____ (Initials)

Reason(s): _____

****

☐ Approved with Waiver _____ (Date)

Reason: _____

_____
Supervisor's Signature

b:BLDGAP'95

King County
Department of Development
and Environmental Services
900 Oakesdale Avenue S.W.
Renton, Washington 98055-1219

HEAL
REBUILD ENTIRE
ROOF ONLY

SF

Activity No: B98A0728
Project No : *9804039
Page : 1 of 1
Status : PENDING
Date : 03/12/98

* APPLICATION & FEE INVOICE *

Permit Type : RESIDENTIAL ADDITION/ALTERAT'N — Type Code: ADDITION
Title : LOT 4 HIGHGROVE — Valuation: 138,614
Description : FIRE DAMAGE REPAIR PER B98A0562 — Valid. by: JSAG
Occup'y/Type: R3 Class: 434 Bldgs: 0 Units: 0

Location : 12900 182ND AVE NE KC — Zone: RA5
Parcel : 329320-0040 STR: NW,NW,30-26-06 — Block:
Lot : 4 Plat: HIGHGROVE

Applicant : SIR CONSTRUCTION — Phone: (425)823-4248
Appl.Address: 11630 SLATER AVE NE #4
: KIRKLAND, WA 98034

PLEASE NOTE: Fees shown on this invoice at time of application are an estimate only. It is not possible to accurately estimate special fees, per-occurrence fees, or fees collected for other agencies. These additional fees will be added during the permit process. At the time the permit is approved you will be notified of the final fees due.
Fees for inspections will be charged at the rate in effect at the time the permit is issued.

Fee description	Units	Fee/Unit	Ext fee	Data
Total Sq. Ft. of House or Addition>	2774		138614.00	
Total Permit "Valuation" is:			138614.00	
Base Fee for Addition/Alteration >			125.00	
Addition Plan Ck. (Enter Sq.Feet)>	2774		646.86	
Addition/Alteration Permit? (Y/N)>			646.86	Y
State Building Code (Y/N)>			4.50	Y
Septic System Fee (Y/N)>			125.00	Y
*** Fees Required ***		***	Fees Collected & Credits	***

RECEIVED
MAR 13 1998
EASIGATE
HEALTH DEPARTMENT

Fees:	1,548.22		
Adjustments:	.00	Total Credits:	.00
Total Fees:	1,548.22	Total Payments:	1,548.22
		Balance Due:	.00

(Fee detail may continue on next page)

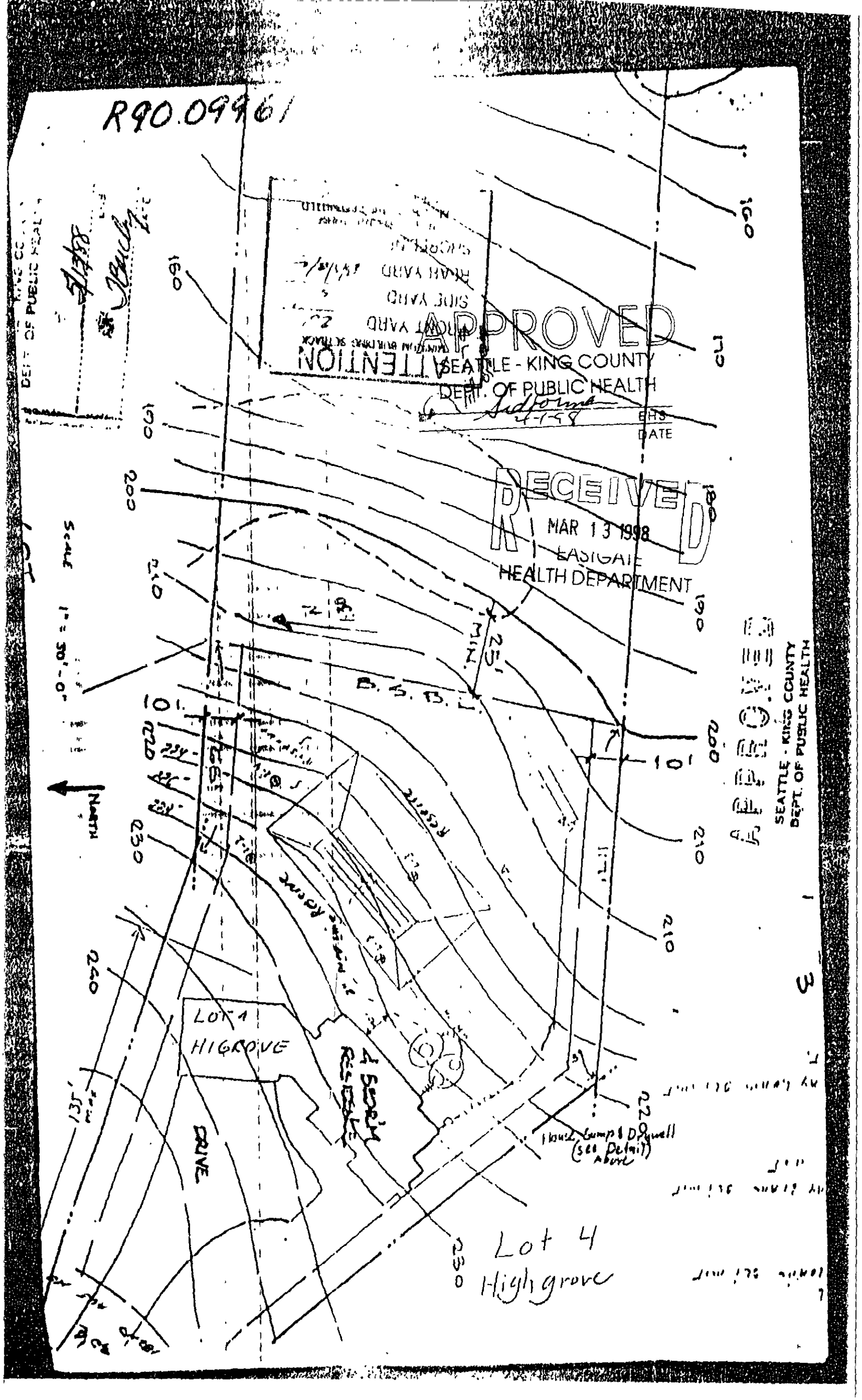
Amount posted this date: 03/12/98 $ 1,548.22

********** CERTIFICATION **********

I certify under penalty of perjury under the laws of the State of Washington that the information furnished by the owner or owner's agent in support of this application is true and correct. I further certify that all applicable King County requirements for the work authorized by this permit, if issued, will be met.

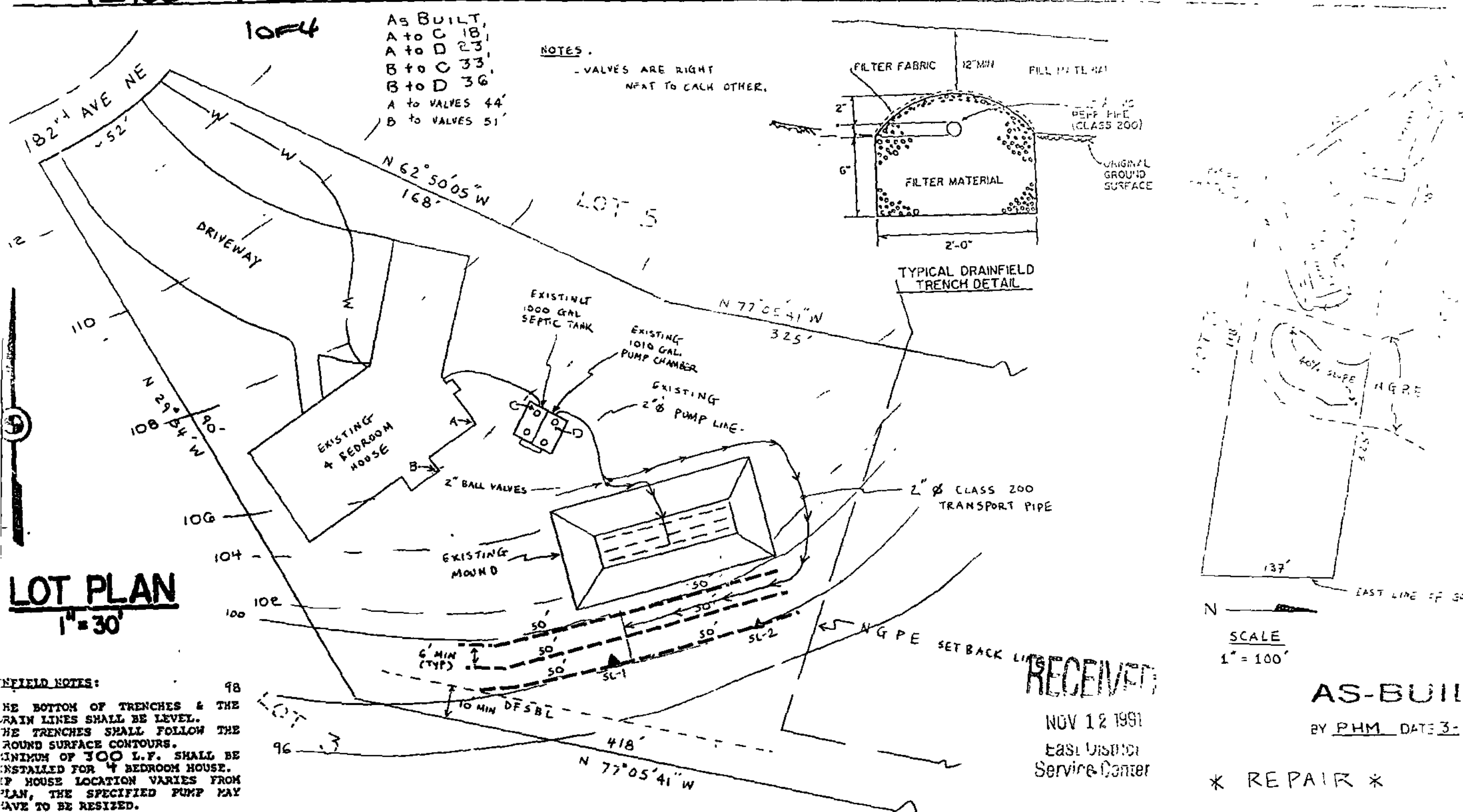
_____ _____ _____
Agent Signature Date Place

R90.0996


APPROVED
SEATTLE - KING COUNTY
DEPT. OF PUBLIC HEALTH
4-1-98
EHS
DATE
RECEIVED
MAR 13 1998
EASTGATE
HEALTH DEPARTMENT
SCALE 1" = 50'-0"
NORTH
LOT 1
HIGROVE
DRIVE
Lot 4
Highgrove

12900 182nd AVE NE

1 OF 4



LOT PLAN
1" = 30'

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—→— 2" Ø PVC TRANSPORT PIPE
▲ SOIL LOG LOCATION

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RECEIVED
NOV 12 1991
East District Service Center

DAVID R. JENSEN
STATE OF WASHINGTON
11-15-90
26105
REGISTERED
PROFESSIONAL ENGINEER

AS-BUIL
BY PHM DATE 3-

* REPAIR *

DRS D.R.STRO
Consulting Engineer
ENGINEERS • PLANNERS • SURVEYORS

ON SITE SEWAGE DISPOSAL REP
HIGHGROVE LOT 4
PARKWOOD HOMES , KING C

DRAWN	BHM	DATE	11/15/90
CHECKED	DRJ	SCALE	AS SHOWN

EL BLUEPRINT INC./ 129316

ADDRESS: 12900 182nd AVE NE

PARCEL#: 329320-0040

ADD-ONS

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

ADDRESS OF PROPERTY 12900 182nd (Street) AVE NE
REDMOND (City) 98052 (Zip)

AS BUILT SEWAGE DISPOSAL PLAN
(Submit in Quadruplicate)

LEGAL DESCRIPTION: HIGH GROVE
LOT 4

PERMIT NO. 1 9 1 P 0 1 1 6

PARCEL #: 3 2 9 3 2 0 0 0 4 0

Owner	PARKWOOD HOMES	Address	7850 159TH AVE NE REDMOND 98052	Phone	455-9779
Designer	D R STRONG ENGINEERS, INC	Address	10602 NE 38TH PL SUITE 101 KIRKLAND 98033	Phone	827-3063
Master Installer	BOLLES CONSTRUCTION	Address	18844 NE 84 ST REDMOND 98052	Phone	868-0866
Associate Installer		Address		Phone	

I hereby certify that the accompanying drawing is an accurate representation of the system installed at the listed address. I further certify all recommendations and restrictions (concerning plumbing stub elevations, maintenance of grades, fills, surface drains, etc.) listed by me on my approved site plan (or latest approved revision thereof) dated 3-8-91 have been compiled with. I further certify that this system meets all requirements of the Rules and Regulations established under King County Board of Health Rules and Regulations 3 or City of Seattle Ordinance No. 90181 (whichever is applicable).

PE117 (CERTIFICATE NO.) David Jensen (SIGNATURE OF DESIGNER) 6-25-91 (DATE)

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

911|3
Date Accepted 13 Nov 91
Date Not Accepted
Signature of Sanitarian Mike Kemp
Remarks:

Actions Subsequent to As-Built Approval

Date	Action	Sanitarian

INSTRUCTIONS TO DESIGNER: YOU MAY USE THE REVERSE SIDE OF THIS FORM FOR THE DRAWING OR ATTACH A SEPARATE SHEET. USE A SCALE OF 1" = 20' OR 1" = 30'. ALSO COMPLETE AND SUBMIT THE AS-BUILT CHECKLIST AND SYSTEM INFORMATION SHEET.

ATTENTION HOME OWNER:

RECEIVED
NOV 12 1991
East District
Service Center

Your septic system has limitations! It was designed and installed to care for an average-sized family. Overloading the septic tank or disturbing the drainfield may cause the system to fail. Points to remember:

1. Have your tank checked every 2-3 years to see if pumping is necessary.
2. Do not channel ground water, surface water, footing drains or downspouts into the septic tank or drainfield area.
3. Do not excavate, fill, place a structure, driveway or patio in, on, or over the drainfield or reserve area.
4. Do not use the toilet for disposal of coffee grounds, cigarette butts, feminine hygiene products, etc.
5. Detergents and bleaches used in normal household quantities will not harm the septic system.

90557.004

CS 13.15.16
REV 8/87

106303 MK

Permit No. H91P0116

Date 3-4-91

Time 4:54

NOTIFICATION OF ~~AS BUILT~~ REPAIR

Designer: DR STRONG (D. JENSON a VANCLEVE)

Permit Address: 12900 182ND NE

Perc Address: SAME

Owner: PARKWOOD Home

Installer: BOLLES

By Susan

LOT 4 HIGHGROVE

93/7

PRESSURE TEST Thurs. 12 NOON 3/7

7 Mar 91

93/7 Asbuilt & PT

O.K.

MTR

C.S. 13.15.56

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES District

AS-BUILT SEWAGE DISPOSAL PLAN
(Submit in Quadruplicate)

ADDRESS OF PROPERTY 12900 182nd AVE NE (Street)
REDMOND (City) 98052 (Zip)

LEGAL DESCRIPTION: SUNRISE VIEW
LOT # 4 (Hilbygrove)

PERMIT NO. 04004

PARCEL #:

Owner	PARKWOOD HOMES	Address	7259 159th PL NE REDMOND	Phone	455-9779
Designer	H. PAUL TOW	Address	P.O. BOX 2065 WOODINVILLE	Phone	483-3201
Master Installer	BOLLES CONST.	Address	18844 NE 84th ST REDMOND	Phone	868-0866
Associate Installer		Address		Phone	

I hereby certify that the accompanying drawing is an accurate representation of the system installed at the listed address. I further certify all recommendations and restrictions (concerning plumbing stub elevations, maintenance of grades, fills, surface drains, etc.) listed by me on my approved site plan (or latest approved revision thereof) dated 2-2-88 have been compiled with. I further certify that this system meets all requirements of the Rules and Regulations established under King County Board of Health Rules and Regulations 3 or City of Seattle Ordinance No. 90181 (whichever is applicable).

52 — CERTIFICATE NO
H Paul Tow — SIGNATURE OF DESIGNER
4/12/89 — DATE

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

Date Accepted 5/9/89
Date Not Accepted
Signature of Sanitarian J. A. Bro[illegible]
Remarks:
This is a design resubmittal - initial submittal disapproved 4/25/89 because of no designer's checklist.

Actions Subsequent to As-Built Approval

Date	Action	Sanitarian

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4. Do not use the toilet for disposal of coffee grounds, cigarette butts, feminine hygiene products, etc.
5. Detergents and bleaches used in normal household quantities will not harm the septic system.

RECEIVED MAY 03 1989

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE
IT IS DUE TO THE QUALITY OF THE DOCUMENT.

Do Not Alter or Deface This Permit — POST OVER STUBOUT Environmental

PERMIT TO INSTALL/REPAIR SEWAGE DISPOSAL SYSTEM

Seattle-King County Department of Public Health—Environmental Health

RECEIVED
MAY 03 1989
EAST DISTRICT SERVICE CENTER

No. 040004 LB

Date Issued 7-5-88. Expires one year from date of issue if work not started. Fee 105.00

Permission is Hereby Granted Bolles Const to Install/Repair X Residential/Commercial XX Paul Tow

sewage disposal system at 12700 182nd Ave NE Lot 4 Hidegrove

for Parkwood Homes **By Director of Public Health per** dc

1. This permit authorizes the installer to undertake and perform work only in accordance with current laws, ordinances, and rules and regulations.
2. Issuance of this permit does not constitute an approval of the site or work contemplated, or a representation that the site or work will meet current standards. Any representations to the contrary are void.
3. All work must be inspected by the health department upon completion and before covering. The work will be inspected for compliance with current standards and the capacity of the system to adequately treat sewage.
4. This permit is not transferable to another installer or to another property.

OK to Cover / Disapproved _____ Date _____ Corrections Required: _____
Designer _____

OK to Cover _____ Disapproved _____ Date _____
Sanitarian _____

Final Cover X Disapproved _____ Date _____
Designer _____

Do not cover until BOTH designer and sanitarian have ok'd to cover.

I have complied with all the restrictions and recommendations as listed by the registered engineer or certified sewage disposal system designer on his approved plan (or latest approved revision thereof) and was physically present during the installation.

Signature of Installer _____ **Dated** 5/1/89

CS 1315.4 Rev. Jan 82

Seattle-King County Department of Public Health

Site Application for On-Site Sewage Disposal System
(Submit 5 copies of application with 4 copies of plans)

OFFICE COPY

H900X186

Site Address: 12900 182nd AVE NE

(Attach a Site Vicinity Map)

Owner: PARKWOOD HOMES — Street Address: 7850 159TH PL NE; City-Zip Code: REDMOND 98052; Phone: 455-9779

Builder: ____ — Street Address: ____; City-Zip Code: ____; Phone: ____

Designer: D.R. STRONG Engineers — Street Address: 10602 NE 38th Place, Suite 101; City-Zip Code: Kirkland, 98033; Phone: (206) 827-3063

PROPERTY INFORMATION:

Section: 30 Township: 26 N Range: 6E Parcel #: 329340 0040

Subdivision Name: HIGHGROVE (SUNRISE VIEW) Lot: 4 Block: ____

Property Size: ~66000 sq. ft.

Distance from property line to nearest sewer: 2111 ft.

Water Supply P (IP) I = Individual P = Public (More than One Connection)

Public Water Supply Name: WATER DISTRICT #104 ID # ____

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

SYSTEM INFORMATION:

Repair (existing) V New System ____

Type of Building SF

(SF/MF/COMM/INST) SF = Single Family MF = Multi-Family COMM = Commercial INST = Institutional

Type of System Proposed: PD (G/GP/M/PD/SF/HT/CT/E/O) G = Gravity GP = Gravity with pump M = Mound

PD = Pressure Distribution SF = Sand Filter HT = Holding Tank CT = Composting Toilet E = Experimental O = Other

Date Soils Logged: 10 29 90 Soil Logs Attached: (Min. 4/lot) Y (Y/N) Detailed Plans Attached: (4 sets): Y (Y/N)

Depth to Watertable or Restrictive Layer: 30 Inches Average Slope in Drainfield/Reserve Area: 10 %

CALCULATIONS:

Number of bedrooms: 4 Total Gallons/Day (430 minimum): 480 gal. Soil Texture Type (1-5): 3

Application Rate: 0.8 gal/sq ft/day Total Absorption Area: * sq. ft.

Total Drainfield Length: 300 ft. Septic Tank Size * gal.

Pump Chamber Size (if needed) * gal. Trench Depth (min/max): 16/16 inches

* SEE DRAIN FIELD NOTES

I understand that failure to comply with King County Board of Health Rules and Regulations #3 may result in the disapproval of the sewage system being proposed in this application. Non-compliance may also lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature: David Jensen I.D. # PE117 Date: 11-11-90

FOR HEALTH DEPARTMENT USE ONLY

APPROVED 3 Dec 90 (date) BY: ____

Comments/Conditions: ____

RECEIVED
NOV 27 1990
East District
Service Center

APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION PROVIDED IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL NOT 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: ____ PAID $125

See attached Site Deficiency Sheet.

Any person aggrieved by any decision or final order of the Health Officer may make written application for appeal to the King County Board of Sewage Review if done so within 60 days.

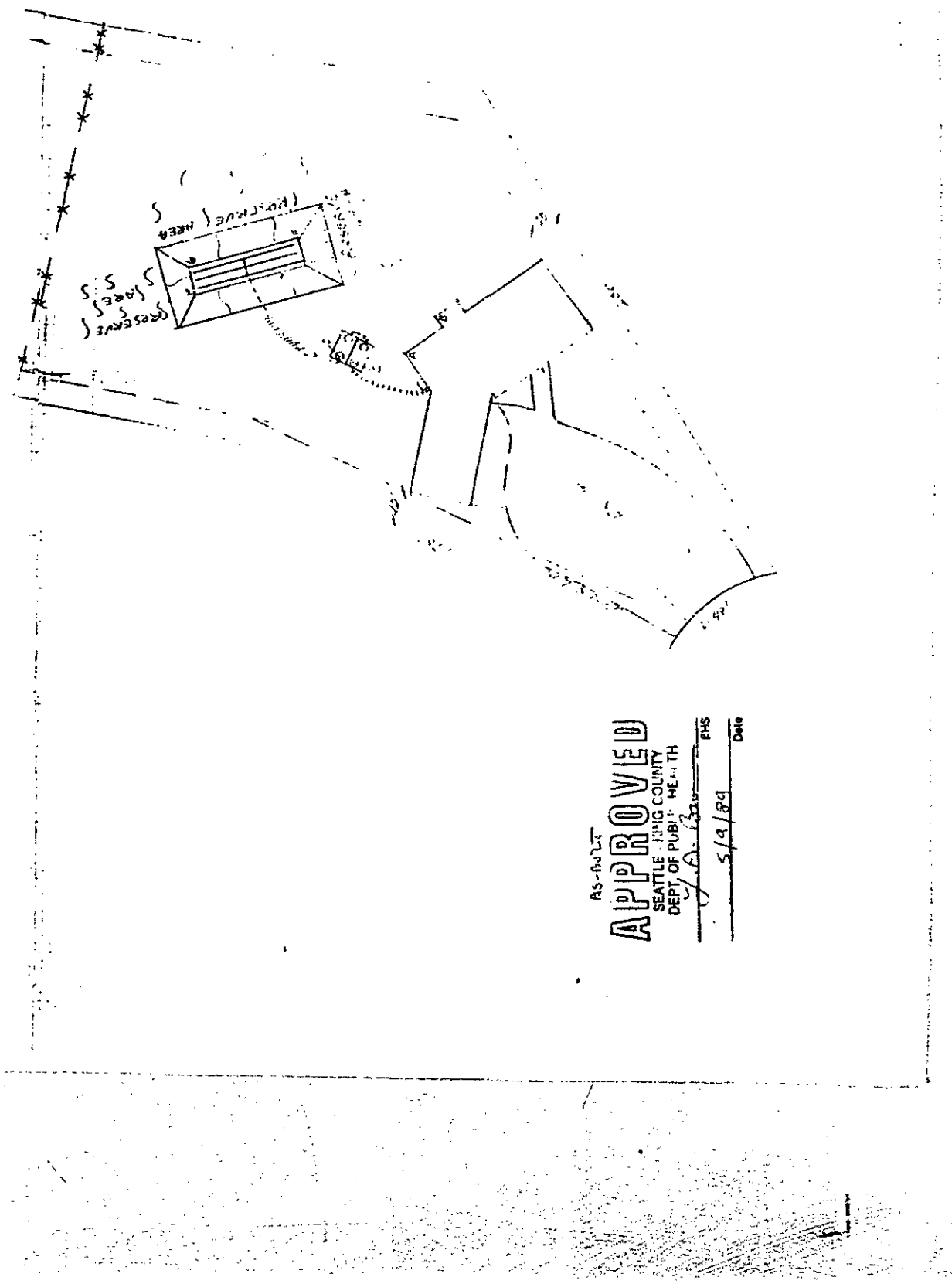
WHITE--DISTRICT/GREEN--AUDIT/YELLOW--DESIGNER/PINK--OWNER/GOLDENROD--LICENSES & PERMITS CS 10 15.97

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

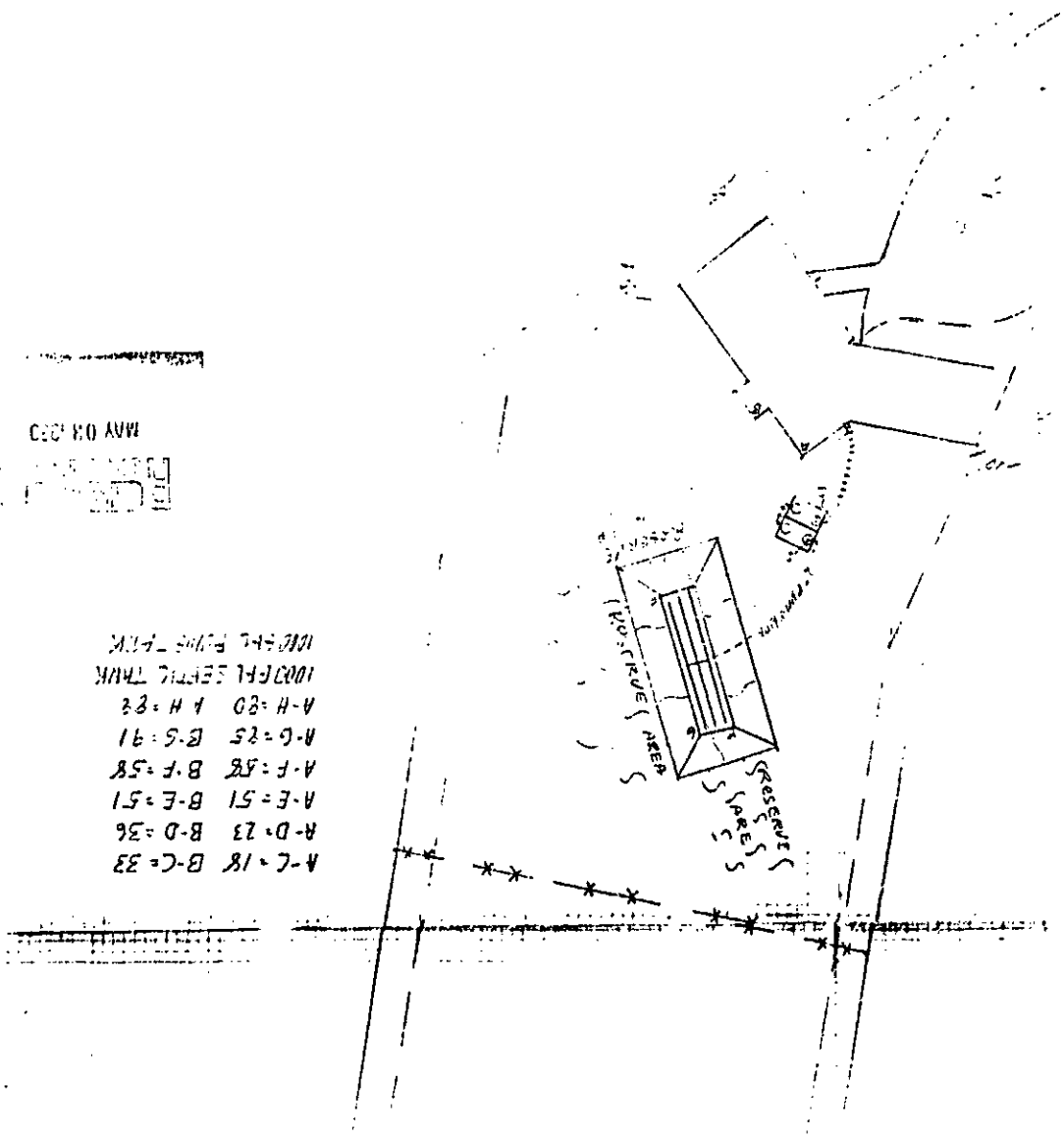
90-557

12900 182nd Ave NE

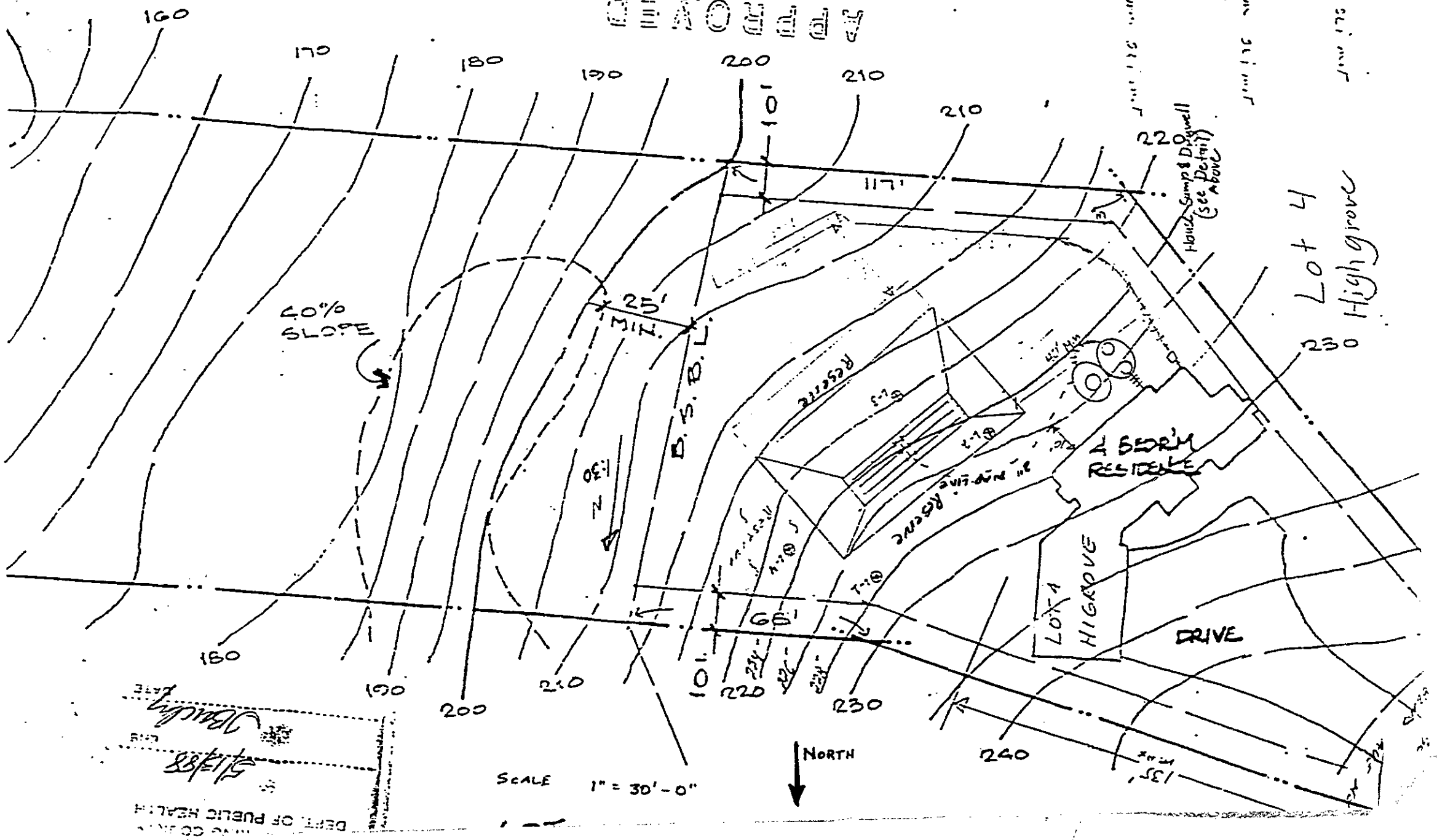
NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.



AS-BUILT
APPROVED
SEATTLE - KING COUNTY
DEPT. OF PUBLIC HEALTH
EHS
5/9/89
Date


RESERVE AREA
RESERVE AREA

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.



90557.004
HIGHRIDGE

Environme... Health Division

H 91 P 3116

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT CHECK LIST

Address: 12900 182ND AVE NE REDMOND

Parcel #: 3,2,9,3,2,0,1-0,0,4,0

TO BE COMPLETED BY THE DESIGNER/ENGINEER:

AS-BUILT CHECKLIST: The following items must be checked off below and be included on the detailed as-built plot plan or the plan will be considered incomplete and will not be accepted. Additional information may be required pursuant to Title 13, the Code of the King County Board of Health.

GENERAL

01	Dimensioned plot plan to scale 1" = 20' or 1" = 30'	✓
02	Setbacks indicated (cuts, banks, lakes, streams wells, springs, driveways, water lines, walks, fills, pavement, etc.)	✓
03	Location, direction, of flow, and discharge point of all interceptor and/or curtain drains	—
04	Location, size and shape of all buildings as related to septic system, include underground storage tanks	✓
05	Property and easement lines	✓
06	Utility lines	✓
07	North Direction Arrow	✓

WATER SUPPLY

08	Location of private water source or name of public water supply	✓
09	Location of water lines	✓

10	Septic tank and septic tank pumpout lid	✓
11	Plumbing stub outlet(s)	✓
12	Closed-joint (solid) line between building and septic tank	✓
13	Closed-joint (solid) line between septic tank and distribution box or drainfield	✓
14	The distribution box (if required)	—
15	Drainfield lines and length of each	✓
16	Drainfield stepdowns (if present)	—
17	Boundaries of permeable cover added and amount of cover added after installation	—
18	Reserve area boundary	✓

PUMP SYSTEMS ONLY:

19	Dosing tank (chamber) and dosing tank (chamber) lid	—
21	Effluent and electrical lines	✓
22	Alarm system design and alarm location	✓

SEPTIC SYSTEM INFORMATION:

System Type: PRESSURE DIST REPAIR

Drainfield marker or detection tape in place: Y (Y/N)

If not, Name of Licensed Surveyor: —

Downspout and Footing Drains Diverted: N (Y/N)

Locking cover on Septic Tank (if required): N (Y/N)

Septic Tank Size: 1000 gallons

Total Drainfield Area: 600 sq. ft.

Total Drainfield Length: 300 linear feet

Cover over Septic Tank: 12 inches

Cover over Drainfield (min/max): 12 18 inches

Final cover in place: Y (Y/N)

RECEIVED
NOV 12 1991
East District
Service Center

Dosing tank (chamber) size: 1000 gallons

Pump Brand Name: HYDRONATIC

Model: SP 50 H

Pump Size: 1/2 HP

Pump Cycle Duration: 4.5 minutes

Dose: 242 gallons/cycle

Pump Tested: Y (Y/N)

Date Pump Tested: 11/7/91

Date System Pressure Tested: 11/7/91

Alarm Operational: Y (Y/N)

Monitoring Required: N (Y/N)

Alarm Control Location: KITCHEN SINK

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

David Jensen — (Designer's Signature)

PE 117 — (ID Number)

6-25-91 — (Date)

DISTRICT HEALTH CENTERS

ALDER SQUARE
1404 Central Ave. S. Ste.101
KENT WA 98032

EAST
2424 156th Ave. N. E.
BELLEVUE WA 98008

CENTRAL
172 20th Ave.
SEATTLE WA 98122

NORTH
10501 Meridian Ave. N.
SEATTLE WA 98133

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

7752 4 Highgrove

Seattle-King County
Department of Public Health
Environmental Health Division

<90557.004>

Permit No. : N9190111
Project No. : 9002396?
Page : 1 of 1
Date Issued : 02 01 91
Expires : 01 31 92

Unlawful to Alter or Deface this Permit — **POST ON JOB SITE**
PERMIT IS NON-TRANSFERABLE

ISSUED PERMIT TO INSTALL [illegible] DISPOSAL SYSTEM

RECEIVED
NOV 12 1991
East District
Service Center

Permit Type : INSTALLATION/REPAIR PERMIT
System Type : PRESSURE DISTRIBUTION
Bldg. Type : SINGLE FAMILY
Owner Name : CHAMPLIN JOEL E/KELLY K
Location : 12900 182ND AVE NE RC
Plat Name : HIGHGROVE

Const. Type: ALT
Valid. Type: DCAN
Parcel : 329320 0040
Lot Number : 4

Applicant : BOLLES CONST
Phone :

INSTALLER : MAGGARD, ANDREW O. — Lic. I M1076 — 868 0866
P-ENGINEER : JENSEN, DAVID R — Lic. P PE117 — 827-3063

1. The installer must perform all work in accordance with Title 13(Board of Health Rules and Regulations #3)
2. Issuance of this permit does not constitute an approval of the site or work contemplated or performed.
3. 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 : ✗ Designer D Van Cl[illegible] Date 3-7-91
E.H.S. [illegible signature] Date 3-7-91

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

OK To Backfill ✗ Disapproved Date 3-7-91 Corrections Required
Designer D Van [illegible]
OK To Backfill ✗ Disapproved Date 3-7-91
✓ E.H.S. Mike [illegible]
Final Cover ✓ Disapproved Date 6/10/91
(Approved) Designer Don Prado [illegible]
(See reverse side for more corrections)

I Andy Maggard, (Master/Associate) Installer was present at the above property supervising placement of final cover. Time Date 3-5-91

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) ANDY MAGGARD

Signature of Master Installer Andy Maggard Date 2-28-91

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

* REPAIR *

D.R. STRONG Consulting Engineers Inc.
10602 N.E. 38TH PLACE, SUITE 101 • KIRKLAND, WA 98033 (206) 827-3063
• TOLL FREE (Washington State) 1-800-962-1402
• FAX NUMBER (206) 827-2423

JOB # 90-557

SITE ADDRESS: 12900 182nd AVE NE
HIGHGROVE
LOT 4

SOIL TEXTURE TYPE: 3

CLIENT: PARKWOOD HOMES

DATE SOILS LOGGED: 10 / 2 / 90

SOIL LOG [1] 0-7" fill
7-36" BROWN SANDY LOAM
36"(+) MEDIUM SAND

SOIL LOG [2] 0-28"(+) LIGHT BROWN LOAMY SAND WITH GRAVELS.

SOIL LOG [ ]

SOIL LOG [ ]

SOIL LOG [ ]

SOIL LOG [ ]

* REPAIR *

D. R. STRONG
CONSULTING ENGINEERS INC.
10602 NE 38TH PLACE, SUITE 101
KIRKLAND, WA 98033
(206) 827-3063
1-800-962-1402 (WA)
FAX: (206) 827-2423

JOB # 90-557

CALCULATED BY: ZHM DATE: 11/15/90
CHECKED BY: DAT DATE: 11-17-90

SCALE: AS SHOWN

PRESSURE DISTRIBUTION CALCULATION WORKSHEET

BASED ON DSHS GUIDELINES FOR PRESSURE DISTRIBUTION, SEPT. 1984

A) REQUIRED ABSORPTION AREA:

* SOIL TYPE: 3
* APPLICATION RATE: 0.8 GAL/FT^2/DAY
* NUMBER OF BEDROOMS: 4
* TOTAL DAILY WASTEWATER FLOW: 480 GALLONS

* ABSORPTION AREA = $\frac{480 \text{ GALLONS}}{0.8 \text{ GAL/FT}^2\text{/DAY}}$ = 600 FT^2

* LINEAL FEET OF 2 - FOOT WIDE TRENCH:
* LINEAL FEET = 300 FEET.

B) NETWORK CONFIGURATION:

* LATERAL DIAMETER 1 1/4 -INCH DIAMETER CL 200 PVC
* LATERAL LENGTH 50 FEET
* NUMBER OF LATERALS 6
* LATERAL SPACING 6 FEET
* MANIFOLD LENGTH 12 FEET
* TRANSPORT PIPE 175 FEET OF 2 -INCH DIAMETER CL 200 PVC

C) ORIFICE SPACING:

* SOIL TYPE 3
* ORIFICE SPACING 3 FEET
* ORIFICE DIAMETER: 3/16 -INCH DIAMETER
* NUMBER ORIFICES PER LATERAL: 15

D) CHECK - LATERAL DESIGN TABLE A1-1:

* MAXIMUM ALLOWABLE LATERAL LENGTH 69 FEET

E) MANIFOLD DIAMETER SELECTION:

* LATERAL DISCHARGE RATE WITH 2 FEET RESIDUAL HEAD: 0.59 GPM

DISCHARGE = [15 ORIFICES / 1 LATERAL] [0.59 GPM / ORIFICE] = 8.9 GPM/LATERAL

* FROM TABLE 1 FOR A (√) CENTRAL ( ) END MANIFOLD SYSTEM WITH 12 FOOT MANIFOLD LENGTH, A 2 -INCH DIAMETER PVC MANIFOLD IS APPROPRIATE.

RECEIVED
NOV 27 1990
East District
Service Center

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

PRESSURIZATION SYSTEM DESIGN

A) DOSE VOLUME CALCULATION:

* SOIL TYPE: 3 --- 2 DOSES/DAILY

DOSE VOLUME = 480 GAL/DAY ÷ 2 DOSES/DAY = 240 GAL/DOSE

* PIPE VOLUME RATIO:

VOLUME MANIFOLD -

V_M = (.189 GAL/FT.) (12 FT.) = 2.3 GALLONS

VOLUME LATERALS -

V_L = (.092 GAL/FT.) (300 FT.) = 27.6 GALLONS

VOLUME TRANSPORT LINE - (IF IT DRAINS INTO MANIFOLD ONLY)

V_T = (.189 GAL/FT.) (175 FT.) = 33.1 GALLONS

* DAILY DOSE VOLUME: (ONLY IF DRAINS TOWARD MANIFOLD)

DAILY DOSE = $7(V_M + V_L) + V_T$

DAILY DOSE = 7 (2.3 + 27.6) + 33.1 = 242.4 GAL/DOSE

* SOIL TYPE DOSE VOLUME: 240 GALLONS
* PIPE VOLUME DOSE VOLUME: 242.4 GALLONS

CHOOSE LARGER DOSE VOLUME: 242.4 GALLONS/DOSE

B) SYSTEM DISCHARGE:

DISCHARGE = (# ORIFICES) (GPM) (# LATERALS) / (LATERAL) (ORIFICE)

DISCHARGE = (15 ORIFICES)(0.59 GPM)(6 LATERALS) / (LATERAL) (ORIFICES)

DISCHARGE = 53.4 GPM

C) FRICTION LOSSES IN SYSTEM:

* TRANSPORT PIPE: f = (175)(53.4 / 315.2) 1.85 = 6.6 FEET

* MANIFOLD PIPE: f = (12/3)(53.4/ 315.2) 1.85 = 0.15 FEET

* LATERAL PIPE: f = (50/3)(12 /122.9) 1.85 = 0.23 FEET

* MANIFOLD FITTINGS: f = 1.5 FEET
* 1" BALL VALVES: f = 1.0 FEET

RESIDUAL HEAD: = 2 FEET

D) TOTAL ELEVATION LIFT: EL. = 6 FEET

E) TOTAL DYNAMIC HEAD: TDH. = 17.5 FEET
TDH = RESIDUAL + LOSSES (FRICTION) + ELEVATION LIFT

F) PUMP CHOSEN: SP 50 H WITCH GIVES 28 FT OF HEAD AT 53.4 GPM

PRESSURE DISTRIBUTION CALCULATION WORKSHEET

C5:\O\CALC-SHT.DOC

MK

Seattle-King County
Department of Public Health
Environmental Health Division

Permit No : H91P011c
Project No : *9023961
Page : 1 of 1
Date Issued: 02-01-91
Expires : 01-31-93

Unlawful to Alter or Deface this Permit — POST ON JOB SITE
PERMIT IS NON-TRANSFERABLE

ISSUED PERMIT TO INSTALL/REPAIR SEWAGE DISPOSAL SYSTEM

Permit Type: INSTALLATION/REPAIR PERMIT
System Type: PRESSURE DISTRIBUTION
Bldg. Type : SINGLE FAMILY
Owner Name : CHAMPLIN JOEL E+KELLY K
Location : 12900 182ND AVE NE KC
Plat Name : HIGHGROVE

Const. Type: ALT
Valid. Type: DOAN

Parcel : 329320 0040
Lot Number: 4

Applicant : BOLLES CONST Phone :

INSTALLER : MAGGARD, ANDREW D. Lic. I MI076 868-0866
P-ENGINEER : JENSEN, DAVID R Lic. P PE117 827-3063

1. The installer must perform all work in accordance with Title 13(Board of Health Rules and Regulations #3)
2. Issuance of this permit does not constitute an approval of the site or work contemplated or performed.
3. 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 : ..... Designer ..... Date .....
E.H.S ..... Date .....

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

OK To Backfill .. Disapproved .. Date .. Required .....
Designer .....
OK To Backfill .. Disapproved .. Date .....
E.H.S. .....
Final Cover .. Disapproved .. Date .....
(Approved) Designer .....

EAST DISTRICT SERVICE CENTER RECEIVED FEB 05 1991

(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 Certifed Installer employed by me was present AT ALL TIMES during the installation.

Name of Master Installer (please print) .....

Signature of Master Installer ..... Date .....

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

90557.094

D.R. STRONG
Consulting Engineers Inc.
ENGINEERS • PLANNERS • SURVEYORS

10602 N.E. 38TH PLACE, SUITE 101 • KIRKLAND, WA 98033 • (206) 827-3063
TOLL FREE WASHINGTON STATE 1-800-562-1402

STUB-OUT RELEASE - ON-SITE SEWAGE DISPOSAL SYSTEM

Debbie - For some reason Kaufman wrote in 329340 instead of 329320 for design. This plat is 329320 Thanks Dave

To Be Completed by the Designer:

*Site Application Activity Number H9008186

) Parcel # 3 2 9 3 [redacted] - 1 0 1 0 4 1 0

OR) Lot # 4 Block # _____ Division # _____

) Subdivision # or name Highgrove

Site Address 12900 182nd Ave NE
(as appears on-site application)

Owner's Name Parkwood Homes
(please print)

Designer Name David Jensen K.C.I.D.# PE117
(please print) (Not Company Name)

Installer Name Bolles Construction

Type of System to be installed pressure distribution (repair)

Stub-out inspection requested on 1-18 1991

On 1-21 1991, I conducted a pre-installation inspection on the above site (property). Based upon this inspection, the site is acceptable and meets the criteria of the original design.

Installation Conditions:

☐ Installation must not be attempted on this site during wet conditions.

REPAIR

David Jensen 1-21-91
(Designer's Signature) Date

*Site applications approved prior to February 1990 do not have assigned activity numbers.

FOR HEALTH DEPARTMENT USE ONLY

Remarks

Date Received

Activity Number for permit #

SEATTLE-KING COUNTY ENVIRONMENTAL HEALTH DIVISION.

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH

SEWAGE DISPOSAL SYSTEM FAILURE REPORT - Revised 10/22/90

1. District Office East
2. Date Health Department learned of failure 11/12/90 (month/day/year)
3. Tax lot # 3293400040
4. Address 12900 182 Ave NE Redmond 98052
Street Address (not P.O. Box) City Zip Code
5. Owner Champlin Joel
Last First

System History

6. When did system fail? ?/10/90 (month/day/year)
7. As-built on file for system which failed? ☐ Yes ☒ No If no, approximate age ______
8. Date of most recent as-built (before failure) __/__/__ (month/day/year)
9. Failed type (circle): Gravity Pump to Gravity (Mound) In Ground Mound SF PD Other______
10. Repair type (circle): Gravity Pump to Gravity Mound In Ground Mound SF (PD) Other______
11. Date repaired (current repair) Design Only By D.R. Stang
14. Soil type? (#1-6) 4 under Mound - 3 in repair area
15. Approximate lot size (sq ft) 60,600
16. Is public sewer available? ☐ Yes ☒ No
17. Failure due to: (Check one)
☐ Inadequate soils/high water table ☐ Inadequate drainfield ☒ Other (specify in "Comments")
☐ Damage to drainfield ☐ Poor maintenance/Plugging of drainfield
18. Problems noted: (Check all appropriate boxes)

Construction	Siting	Operation/Maintenance
☐ Inadequate cover	☐ Inadequate drainfield	☐ Excessive water use/excessive occupancy
☐ Tilted D-box	☐ High seasonal water table	☒ Grading over drainfield
☐ Improper grading/backfilling	☐ Surface water within 100'	☐ Vehicles over drainfield
☐ Excessive cover over drainfield	☐ Excessive slope in drainfield	☐ Animals over drainfield
☐ Drainage onto drainfield	☐ Slide in/over drainfield	☐ Tank not pumped
☐ Soil compacted during construction	☐ Excavation downslope of drainfield	☐ Broken baffle
☐ Dirty gravel	☐ Slowly permeable soil	☐ Broken stepdown
☐ Other installation problem (specify in "Comments")	☐ Other siting problem (specify in "Comments")	☐ Structure over drainfield
		☐ Roots clogged
		☐ Garbage disposal
		☐ Other operation/maintenance problem (specify in "Comments")

19. Number of previous repairs ______
20. Failure type (e.g., back-up into house, leak at mound toe, etc.) ______
21. Name of person completing form: ______
22. COMMENTS: (e.g., adequacy of repair, impact of failure, drainfield on easement, etc.)

item 7- Paul Tow As built disapproved by Larry Brown
item 16- Mat in Drain Field area - Peeled + Raw out Cap
item 18- Cap size reduced several inches - (Approx 6") by landscapers
Observation ports Missing

Describe failure in detail if an alternative system has failed.

/hd/sewage/form29/10-23-90

12900 - 182nd ave NE

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Seattle-King County Department of Public Health

Environmental Health Division

TO BE COMPLETED BY THE DESIGNER:

AS-BUILT CHECKLIST: The following items must be checked off below and be included on the detailed as-built plot plan or the plan will be considered incomplete and will not be accepted. Additional information may be required pursuant to King County Board of Health Rules and Regulations #3.

GENERAL

01	Dimensioned plot plan to scale 1" = 20' or 1" = 30'	✓
02	Setbacks indicated (cuts, banks, lakes, streams, wells, springs, driveways, water lines, walks, fills, pavement, etc.)	
03	Location, direction of flow, and discharge point of all interceptor and/or curtain drains	
04	Location, size and shape of all buildings as related to the septic system. Include underground storage tanks.	✓
05	Property and easement lines	✓
06	Utility lines	✓
07	North Direction Arrow	✓

WATER SUPPLY

08	Location of private water source or name of public water supply	
09	Location of water lines	✓

SEWAGE SYSTEM

10	Septic tank and septic tank pumpout lid	
11	Plumbing stub outlet(s)	
12	Closed-joint (solid) line between building and septic tank	
13	Closed-joint (solid) line between septic tank and distribution box or drainfield	
14	The distribution box (if required)	
15	Drainfield lines and length of each	
16	*Drainfield stepdowns (if present)*	
17	Boundaries of permeable cover added and amount of cover added after installation	

ALTERNATIVE SYSTEM (if utilized)

18	Pump chamber and access lid	
19	Effluent and electrical lines	
20	Alarm system design and alarm location	

SEPTIC SYSTEM INFORMATION:

Drainfield markers or detection tape in place [Y] (Y/N)

If not, Name of Licensed Surveyor [ ]

Downspout and Footing Drains Diverted [Y] (Y/N)

Locking cover on Septic Tank (if required) [Y] (Y/N)

Septic Tank Size [1,000] gallons

Total Drainfield Area [mound] sq. ft.

Total Drainfield Length [mound] linear feet

Cover over Septic Tank [9] inches

Cover over Drainfield (min/max) [12] [18] inches

Final cover in place [Y] (Y/N)

RECEIVED
MAY 03 1989
SEPTIC SYSTEM SECTION

PUMP SYSTEMS ONLY:

Pump Brand Name [Hydromatic]

Model [OSP 40]

Pump Size [1/3]

Pump Cycle Duration [1.0] minutes

Dose [242] gallons/cycle

Pump tested [Y] (Y/N)

Date Pump Tested [10,1,88]

Date System Pressure Tested [mound]

Alarm Operational [ ] (Y/N)

Monitoring Required [Y] (Y/N)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Designer's Signature)	(ID Number)	(Date)
J. Paul Lam	52	4/29/89

DISTRICT HEALTH CENTERS

CENTRAL	SOUTHWEST	SOUTHEAST	EAST	NORTH
172 - 20th Avenue	10821-8th Ave. S.W.	3001 N.E. 4th	2424-156th Ave. N.E.	10501 Meridian Ave. N.
SEATTLE 587-4632	SEATTLE 344-6000	RENTON 344-6708	BELLEVUE 344-6891	SEATTLE 363-4765

CS 13.15.96

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

MK

Seattle-King County / DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR APPROVAL OF EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM

ADDRESS: 12900 182 AVE NE JOB # R9009961

NAME: Joel CHAMPLIN DATE: 10-30-90

AS BUILT STATUS

☒ AS-BUILT ON FILE 5/9/89

☒ No Conflict MTV
Initials

☐ Permit proposal conflicts with As-Built _____
Initials

How? _____

☐ NO AS-BUILT

Applicant Contacts

Date	Method	Initials

Site Visits

Initials	Date

Method of Evaluation: _____

ACTIONS

☒ RELEASED, Building Department notified 1 NOV 90 MTV
Date Initials

☐ DISAPPROVED, noting corrections -

Ltr. to applicant (attach copy) _____ _____
Date Initials

☐ DISAPPROVED, Building Department notified _____ _____
Date Initials

Reason(s): _____

☐ APPROVED WITH WAIVER _____
Date

Reason: _____

_____
Public Health Signature

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

12900 182nd Ave NE

King County
Building & Land Development Division
Parks, Planning and Resources Department
3600 - 136th Place Southeast
Bellevue, Washington 98006-1400

TO HEALTH MK

Activity No: B9009961
Project No : *9021971
Page : 1 of 1
Status : PENDING
Date : 10/30/90

* APPLICATION FEE RECEIPT *

Permit Type : RESIDENTIAL BLDG ADDN/ALTER   Type Code: SFRES
Title : LOT 4 HIGHGROVE   Valuation: 66,737
Description : FINSH EXISTING BASEMENT,CFE,FAMRM,EXEP   Valid. by: CTPE
Occup'y/Type: R-3   Class: 474   Bldgs: 0   Units: 0

Location : 12900 192ND AVE NE   Zone: SEP
Parcel: 329320 0040 STR: NW,NW,30-26-06   Block:
Lot: 4   Plat: HIGHGROVE
Water Source: Sewer Source:

Applicant : CHAMPLIN, JOEL   Phone number:
Appl.Address: 12900 192ND AVE NE
REDMOND, WA. 98052   455-9991

FEE DETAIL & SUMMARY

Fee description	Units	Fee/Unit	Ext fee	Date
** Permit "Valuation" Calculation:			66737.00	
Total Sq. Ft. of House or Addition>	1426.00		66737.00	
Total Permit "Valuation" is:				
** Residential Bldg Permit Fees:			272.26	
Subtotal- Residential Plan Ck Fees:			116.99	
Subtotal of Bldg Permit Fees:			75.00	Y
Septic System Fee (YES/NO)			4.50	
Subtotal of State Fees:			75.00	
Subtotal of Other Related Fees:				

*** Fees Required ***   *** Fees Collected & Credits ***

Fees:	449.75	Total Credits:	.00
Adjustments:	.00	Total Payments:	449.75
Total Fees:	449.75	Balance Due:	.00

EAST DISTRICT SERVICE CENTER
RECEIVED
OCT 31 1990

CERTIFICATION

I [illegible] under [illegible] the laws of the State of Washington [illegible] information [illegible] in support of this application is true [illegible]. I [illegible] certify that all applicable King County requirements for the [illegible] authorized by this permit, if issued, will be met.

Joel Champlin   10-30-90

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

City of Seattle
Charles Royer, *Mayor*

King County
Tim Hill, *Executive*

Seattle-King County Department of Public Health
Bud Nicola, M.D., M.H.S.A., *Director*

Parkwood Homes
7850 159th Pl NE
Redmond, Wa. 98052

Date: April 25, 1989

RE: Completion of On-Site Sewage System at 12900 182nd Ave NE, Lot 4, Higharove

In accordance with King County Board of Health Rules and Regulations No. 3, the referenced sewage disposal system installation and as-built submission has been disapproved because of the following:

Designer's checklist not submitted with as-built.

King County Board of Health Rules and Regulations No.3 state that when the Health Officer disapproves of the system, the owner, the designer, and the installer shall be notified in writing, **and it shall then remain unlawful to use such system.**

You are hereby notified that the subject on-site sewage disposal system installation and as-built plan is not approved, and is unlawful to use this disposal system until final approval is granted. It is suggested that you contact Paul Tow, your designer, as soon as possible, regarding acceptable means of correction. Failure to have the system approved within 30 days will result in further action being taken by this office. This action may include civil penalties being levied against the property.

If you have any further questions please contact Larry Brown (Tues. - Fri.), District Environmental Health Specialist, at 296-4932 between 8:00 and 9:00 A.M.

Sincerely,

James Henriksen, Supervisor
Environmental Health Services
East District Service Center

JH:jrh

cc: Installer-Bolles Const.
Designer-Paul Tow
OCCUPANT of Property

East Public Health Center 14224 Ninth Avenue N.E. Bellevue, Washington 98005 (206) 296-4932

12900 182 AV NE

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

ADDRESS: 12900 182 AVE NE

PARCEL #

ADD-ON

City of Seattle
Charles Royer, *Mayor*

King County
Tim Hill, *Executive*

Seattle-King County Department of Public Health

Bud Nicola, M.D., M.H.S.A., *Director*

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Sincerely,

James Henriksen, Supervisor
Environmental Health Services
East District Service Center

JH:jrh

cc: Installer-Bolles Const.
Designer-Paul Tow
OCCUPANT of Property

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

District

ADDRESS OF PROPERTY 12900 182nd AVE NE (Street)

REDMOND (City) 98052 (Zip)

AS-BUILT SEWAGE DISPOSAL PLAN
(Submit in Quadruplicate)

LEGAL DESCRIPTION: SUNRISE VIEW (Highland Dell) LOT # 4

PERMIT NO. 040004

PARCEL #:

Owner	PARKWOOD HOMES	Address	7450 159th PL NE REDMOND	Phone	455-9779
Designer	H. PAUL TOW	Address	P.O. BOX 2065 WOODINVILLE	Phone	483-3701
Master Installer	BOLLES CONST.	Address	15844 NE 84th ST REDMOND	Phone	868-0866
Associate Installer		Address		Phone	

I hereby certify that the accompanying drawing is an accurate representation of the system installed at the listed address. I further certify all recommendations and restrictions (concerning plumbing stub elevations, maintenance of grades, fills, surface drains, etc.) listed by me on my approved site plan (or latest approved revision thereof) dated 2-2-88 have been complied with. I further certify that this system meets all requirements of the Rules and Regulations established under King County Board of Health Rules and Regulations 3 or City of Seattle Ordinance No. 90181 (whichever is applicable).

52 (CERTIFICATE NO) — H Paul Tow (SIGNATURE OF DESIGNER) — 4/12/89 (DATE)

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

Date Accepted [redacted]

Date Not Accepted 4/25/89

Signature of Sanitarian [signature]

Remarks: Designer's checklist not submitted

Actions Subsequent to As-Built Approval		
Date	Action	Sanitarian

INSTRUCTIONS TO DESIGNER: YOU MAY USE THE REVERSE SIDE OF THIS FORM FOR THE DRAWING OR ATTACH A SEPARATE SHEET. USE A SCALE OF 1" = 20' OR 1" = 30'. ALSO COMPLETE AND SUBMIT THE AS-BUILT CHECKLIST AND SYSTEM INFORMATION SHEET.

ATTENTION HOME OWNER:

Your septic system has limitations! It was designed and installed to care for an average-sized family. Overloading the septic tank or disturbing the drainfield may cause the system to fail. Points to remember:

1. Have your tank checked every 2-3 years to see if pumping is necessary.
2. Do not channel ground water, surface water, footing drains or downspouts into the septic tank or drainfield area.
3. Do not excavate, fill, place a structure, driveway or patio in, on, or over the drainfield or reserve area.
4. Do not use the toilet for disposal of coffee grounds, cigarette butts, feminine hygiene products, etc.
5. Detergents and bleaches used in normal household quantities will not harm the septic system

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APR 13 1989

17102 NE 130th

Environmental

Do Not Alter or Deface This Permit — POST OVER STUBOUT

PERMIT TO INSTALL/REPAIR SEWAGE DISPOSAL SYSTEM

Seattle-King County Department of Public Health—Environmental Health

4741

No. 040034

LB

Date Issued ________ Expires one year from date of issue if work not started.

Fee ________

Permission is Hereby Granted ________ to Install/Repair Residential/Commercial

sewage disposal system at ________

for ________ By Director of Public Health per ________

1. This permit authorizes the installer to undertake and perform work only in accordance with current laws, ordinances, and rules and regulations.
2. Issuance of this permit does not constitute an approval of the site or work contemplated, or a representation that the site or work will meet current standards. Any representations to the contrary are void.
3. All work must be inspected by the health department upon completion and before covering. The work will be inspected for compliance with current standards and the capacity of the system to adequately treat sewage.
4. This permit is not transferable to another installer or to another property.

OK to Cover X Disapproved ________ Date ________ Designer ________

OK to Cover ________ Disapproved ________ Date ________ Sanitarian ________

Final Cover ________ Disapproved ________ Date ________ Designer ________

Corrections Required: ________

RECEIVED APR 13 1989 EAST DISTRICT SERVICE CENTER

Do not cover until BOTH designer and sanitarian have ok'd to cover.

I have complied with all the restrictions and recommendations as listed by the registered engineer or certified sewage disposal system designer on his approved plan (or latest approved revision thereof) and was physically present during the installation.

Signature of Installer ________ Dated 10/7/88

1315.4 Rev. Jan 82

LB

Seattle-King County / **DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR APPROVAL OF EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM

ADDRESS: 12900 182nd AVE NE JOB # R8811519

NAME: PARKWOOD Homes DATE: 9-7-88

****

AS-BUILT STATUS

/ / AS-BUILT ON FILE

/ / No Conflict ______ Initials

/ / Permit proposal conflicts with As-Built ______ Initials

How? ______

down 10 ft. off ground, but first story post & block / cot 4 [illegible]

/X/ NO AS-BUILT

Applicant Contact: (CAB) 1/19/89 - Talked with Julie, Parkwood; (CAB) 1/20/89 Talked with Julie. Parkwood will be turning in as-built

Site Visits

Date	Method	Initials	Date
		(CAB)	3/31/89

Method of Evaluation: Site inspection — pump & S.T. were covered, but based on location of building corners & pump electrical lines uncovered, tanks should be > 5 ft. [illegible] [illegible], [illegible] is split level, this [illegible] is actually 2nd story, thus even less setback would be required. (outside post line)

****

ACTIONS

/✓/ RELEASED, Building Department notified 4/4/89 Date CAB Initials (Released to Debbra)

/ / DISAPPROVED, noting corrections -

Ltr. to applicant (attach copy) ______ Date ______ Initials

/ / DISAPPROVED, Building Department notified ______ Date ______ Initials

Reason(s): ______

****

/ / APPROVED WITH WAIVER ______ Date

Reason: ______

______
Supervisor's Signature

12900 182nd AVE NE

Earl 1-10

King County
Building & Land Development Division
Parks, Planning and Resources Department
3600 - 136th Place Southeast
Bellevue, Washington 98006-1400

TO Health
Larry Brown

PAGE 1 OF 1
09/07/88 07:56

ACTIVITY NO : R8811519
Status : PENDING

This type : RESIDENTIAL BLDG/ADDN/ALT

Parcel number :
Group-occup/use: R3-M1

Project No : AU001338
Validated by : TKEN
Inspector area:
Date Applied : 09/07/88
Date Approved :
Date Issued :
Date Expires :

RECEIVED
JAN 09 1989

Owner :
Applicant : PARKWOOD HOMES
Applicant Addr : 7850 159TH PL NE REDMOND, WA 98052
Phone number : 881-6600
Location : 12900 182ND AVE NE KC
Lot number :
Plat no/name :
Class code : 434
Valuation : 3,744
Construction : ADD
Permit to do : DECK ADD TO PERMIT 523619

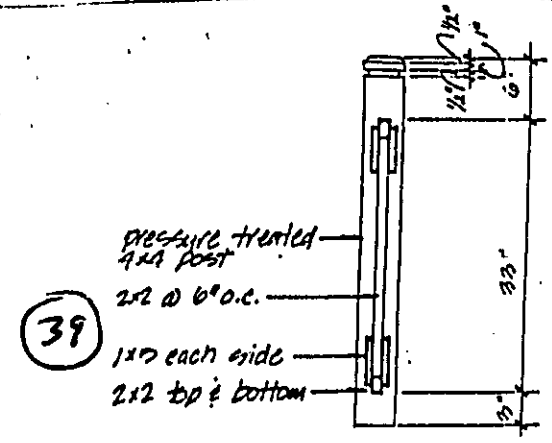
Block number :

Contractor2:PARKWOOD HOMES Lic. C NO PARKWHI1318K
This type : SFRES

Fee description	Units	Fee/unit	Ext fee	Date
Base Processing Fee			40.00	
Subtotal of all Bldg. Fees to Date:			93.48	
Subtotal of Other Fees:			58.50	

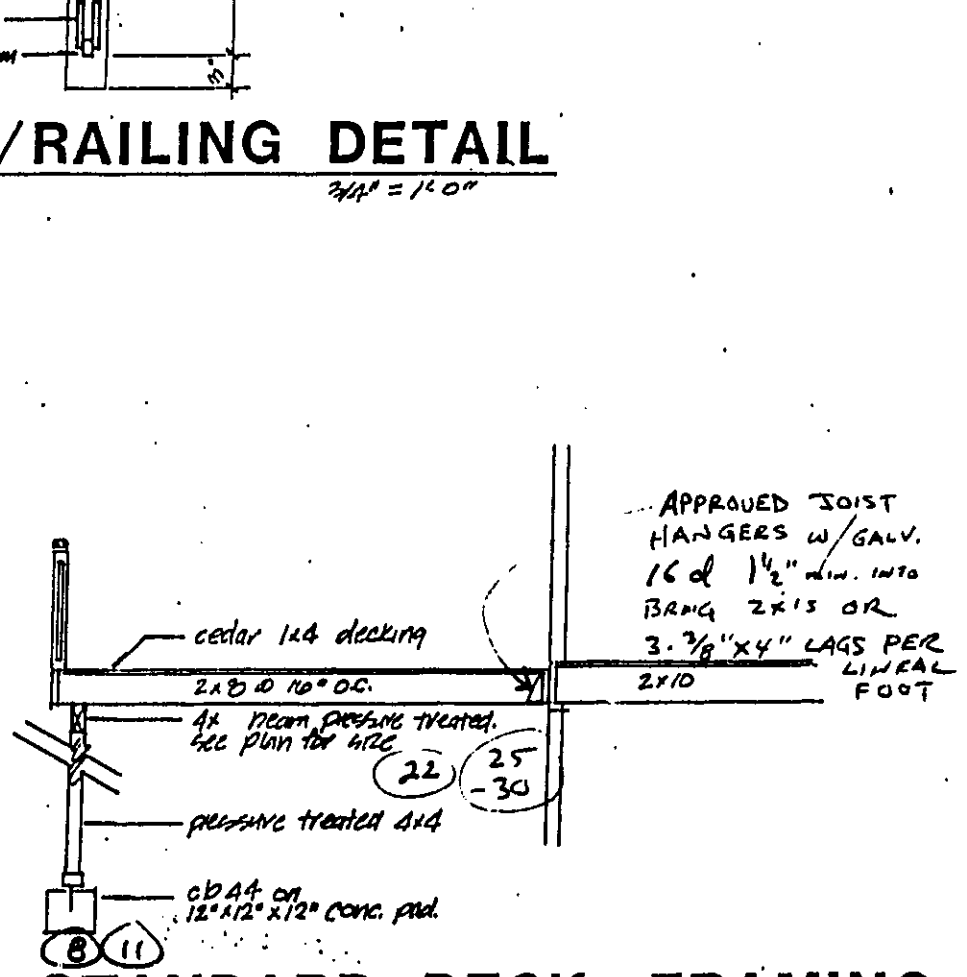
*** Fees Required ***		*** Fees Collected & Credits ***	
Total Fees:	151.98	Total Payments:	.00
		Balance Due:	151.98

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.



POST/RAILING DETAIL

3/4" = 1'-0"



STANDARD DECK FRAMING

1/4" = 1'-0"

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

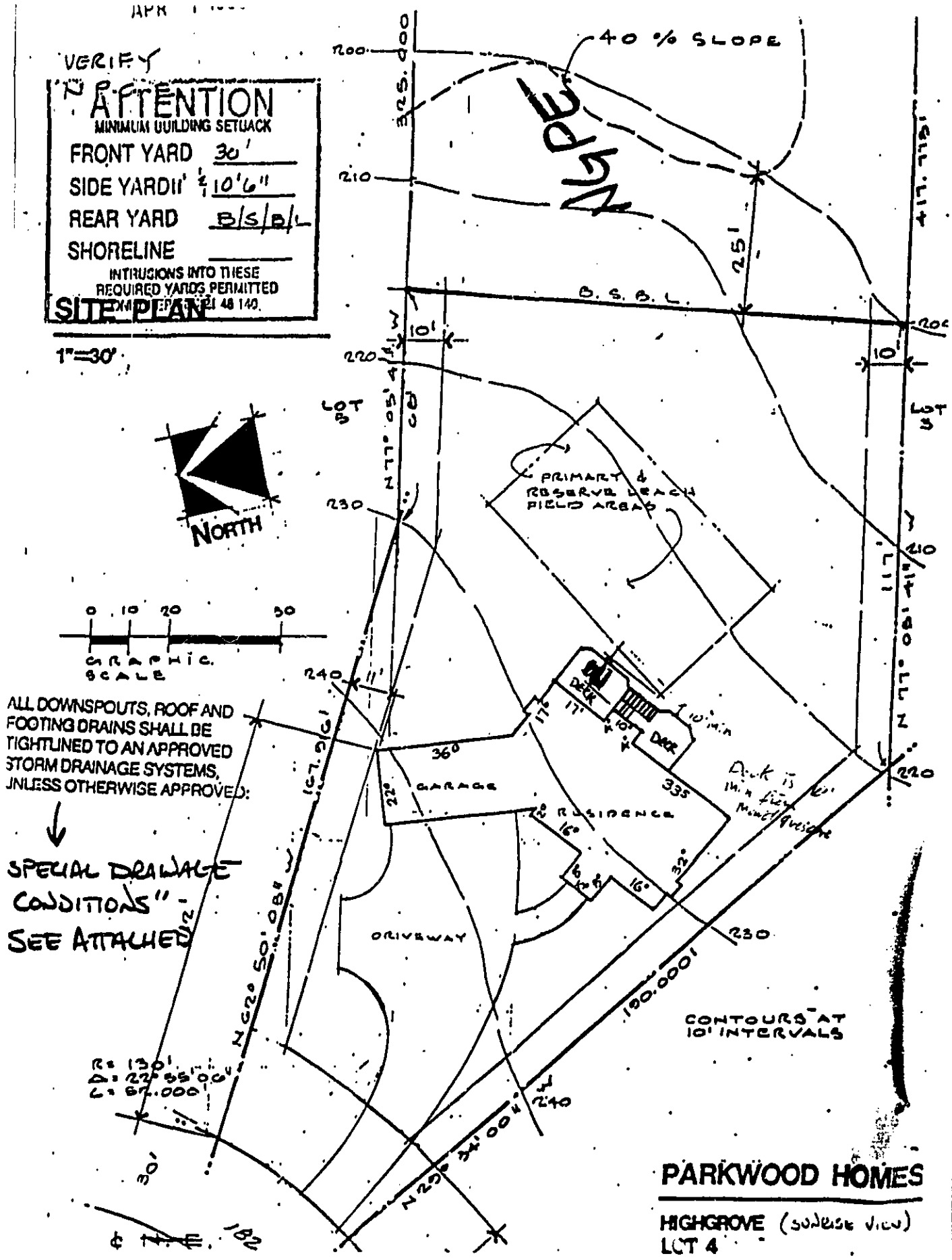
APN [illegible]

VERIFY

ATTENTION
MINIMUM BUILDING SETBACK
FRONT YARD 30'
SIDE YARDS 1/1 10'6"
REAR YARD B/S/B/L
SHORELINE _____
INTRUSIONS INTO THESE REQUIRED YARDS PERMITTED EXCEPTION: 21 48 140.

SITE PLAN

1"=30'



ALL DOWNSPOUTS, ROOF AND FOOTING DRAINS SHALL BE TIGHTLINED TO AN APPROVED STORM DRAINAGE SYSTEMS, UNLESS OTHERWISE APPROVED:

↓

SPECIAL DRAINAGE CONDITIONS" - SEE ATTACHED

PARKWOOD HOMES

HIGHGROVE (SOUTHEAST VIEW)
LOT 4

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

King County
Building & Land Development Division
Parks, Planning and Resources Department
3600 - 136th Place Southeast
Bellevue, Washington 98006-1400

Health
(2nd. submittal)

09/07/88 07:56

ACTIVITY NO : 8811519
Status : PENDING

This type : RESIDENTIAL BLDG/ADDN/ALT

Parcel number :
Group-occup/use: R3-M1

Owner :
Applicant : PARKWOOD HOMES
Applicant Addr : 9850 159TH PL NE REDMOND, WA 98052
Phone number : 881-6600
Location : 12900 182ND AVE NE KC
Lot number :
Plat no/name : Block number :
Class code : 434
Valuation : 3,744
Construction : ADD
Permit to do : DECK ADD TO PERMIT 523619

Project No : AU001338
Validated by : JKEN
Inspector area:
Date Applied : 09/07/88
Date Approved :
Date Issued :
Date Expires :

Contractor2: PARKWOOD HOMES
This type : SFRES
Lic. C NO PARKWHI131BK

Fee description	Units	Fee/unit	Ext fee	Date
Base Processing Fee			40.00	

Subtotal of all Bldg. Fees to Date: 93.48

Subtotal of Other Fees: 58.50

*** Fees Required ***		*** Fees Collected & Credits ***	
Total Fees:	151.98	Total Payments:	.00
		Balance Due:	151.98

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JAN 13 1989

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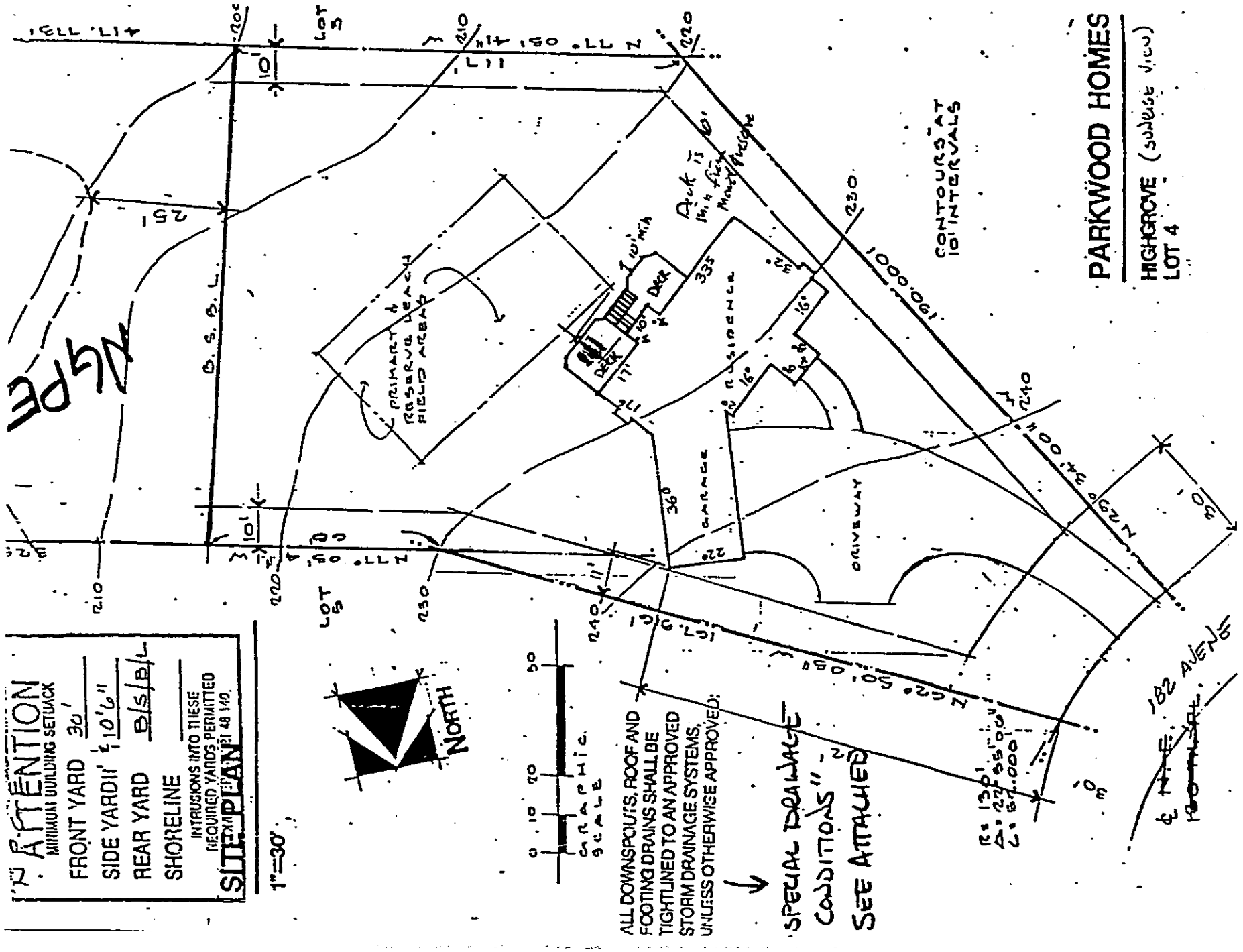


Do Not Alter or Deface This Permit — POST OVER STUBOUT

Environmental

PERMIT TO INSTALL/REPAIR SEWAGE DISPOSAL SYSTEM

Seattle-King County Department of Public Health—Enviromental Health

No. 040004

Date Issued 7-5-88 Expires one year from date of issue if work not started. Fee 105.00

Permission is Hereby Granted Bolles Const to Install/XXXX Residential/XXXXXXXX Paul Tow

sewage disposal system at 12900 182nd Ave NE Lot 4 Highgrove

for Parkwood Homes By Director of Public Health per dc

1. This permit authorizes the installer to undertake and perform work only in accordance with current laws, ordinances, and rules and regulations.
2. Issuance of this permit does not constitute an approval of the site or work contemplated, or a representation that the site or work will meet current standards. Any representations to the contrary are void.
3. All work must be inspected by the health department upon completion and before covering. The work will be inspected for compliance with current standards and the capacity of the system to adequately treat sewage.
4. This permit is not transferable to another installer or to another property.

OK to Cover ______ Disapproved ______ Date ______
Designer ______

OK to Cover ______ Disapproved ______ Date ______
Sanitarian ______

Final Cover ______ Disapproved ______ Date ______
Designer ______

Do not cover until BOTH designer and sanitarian have ok'd to cover.

I have complied wi...

Corrections Required:

EAST DISTRICT SERVICE CENTER RECEIVED JUL 8 1988

~~11/4/88 No permit at site (ok to cover when signed)~~

~~11/4/88 Advised Andy (Bolles) that: H.O. needs a permit.~~

...d by the registered engineer or certified sewage disposal system ...was physically present during the installation.

Also to correct middle baffle sanitary T. It is in backwards (i.e. T portion is in 2nd compartment)

Dated

CS 1315.4 Rev. Jan 82

Permit No. 040004 OB

Date 11/1/88

Time 7[00]

NOTIFICATION OF AS BUILT

Designer: ______

Permit Address: 12900-182 Ave NE

Perc Address: 18102-130 NE

Owner: Parkwood

Installer: Bolles

By P. Tow

pressure test OK

CS 13 15 56

Seattle-King County Department of Public Health
Environmental Health Division

Site Application for On-Site Sewage Disposal System
(Submit 5 copies of application with 3 copies of plans)

Owner Parkwood Homes — Street Address 7850 159th NE Red. City-Zip Code 98052 Phone 453-9771

Builder Same — Street Address City-Zip Code Phone

Designer Paul Tow — Street Address Box 8665 Woodinville City-Zip Code 98072 Phone 453-3201

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

THIS APPLICATION EXPIRES TWO YEAR FROM DATE OF APPROVAL

Approximate Location of Property — Street Address 18102 NE 130 ST

Section: 9 Township: 26N Range: 6E Parcel #:

Subdivision Name: Sunrise View Lot: 11 Block:

Water Supply: P (I/P) I=Individual P=Public (More than One Connection) Public Water Supply Name: Woodinville ID #: 104

Property Size: 60,600 (approx) SQ FT Proposed Number of Bedrooms: 4

Type of Building: SF (SF/MF/COMM/FE/INST) SF=Single Family MF=Multi-Family COMM=Commercial FE=Food Establishment INST=Institutional

Flood Zone: N (Y/N) If yes, attach copy of flood zone permit.

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

Distance from property line to nearest sewer. 1 mile + Repair (existing) ____ New System X

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

Site Vicinity Map Attached N (Y/N)

Date Soils Logged: 11/21/87 Soil Logs Attached: (Minimum 3/lot): Y (Y/N) Detailed Plans Attached: (3 sets): Y (Y/N)

Depth to Watertable or Restrictive Layers: 24" 26" Average Slope in Drainfield/Reserve Area: ____ %

CALCULATIONS:

Number of bedrooms: 4 Total Gallons/Day (450 minimum): 480 gal. Soil Texture Type (1-5): 4

Application Rate: .6 gal/sq ft/day Total Absorption Area: 900 sq ft Total Drainfield Length: 100 ft

Septic Tank Size 1000 gal Pump Chamber Size (if needed) 1000 gal Trench Depth (min/max): mound ____ / ____ in

I understand that failure to comply with King County Board of Health Rules and Regulations #3 may result in disapproval of the sewage system being installed under this application. Non-compliance may also lead to revocation of your Designer's Certificate of Competency and appropriate legal action by this department.

Designer's Signature: Paul Tow Phone: 453-3201 Date: ~~11/87~~ 2/21/88

FOR HEALTH DEPARTMENT USE ONLY

Water Supply: ____ approved By: ____ Date: ____

APPROVED 3/3/88 (date) By: J Burley

DISAPPROVED ____ (date) By: ____

Comments/Conditions: Notify HD & designer of site prep & pressure test. No bldg

revision 5/13/88

EAST DISTRICT SERVICE CENTER RECEIVED MAR 2 1988

12900 182 AVE NE Lot 4

Any person aggrieved by any decision or final order of the Health Officer may within 60 days make written application for appeal to the King County Board of Sewage Review.

WHITE OFFICE / YELLOW DESIGNER / PINK OWNER / GOLDENROD FILE

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

1. Select a site which meets the criteria in Tables 1 & 2 and Section VI.

2. Design the system for the site. (See Section VI and the examples.)

3. Check the moisture content of the soil at 7-8 inches deep. If it is too wet, smearing and compaction will result, thus reducing the infiltration capacity of the soil. Soil moisture can be determined by rolling a soil sample between the hands. If it rolls into a ribbon, the site is too wet to prepare. If it crumbles, site preparation can proceed. If the site is too wet to prepare, do not proceed until it dries out.

4. Stake out the fill area on this site so that the bed runs perpendicular to the direction of the slope. Reference stakes offset from the corner stakes are recommended in case corner stakes are disturbed during construction.

5. Measure the average ground elevation along the upslope edge of teh bed or the upper trench and reference this to a benchmark for future use. Thia is necessary to determine the bottom elevation of the bed.

6. Determine where the pipe from the pumping chamber connects to the distribution system in the fill. The location and size of this transport pipe is determined from the pressure distribution guideline.

7. Trench and lay the effluent pipe from the plumbing chamber to the fill. Cut and cap the pipe one ft. beneath the ground surface. Lay pipe below frost line or sloping uniformly back to the pumping chamber so that it drains after dosing.

8. Cut trees to ground level, remove excess vegetation by mowing. Prepare the site using a moldboars plow and plowing perpendicular to the slope. The site should be plowed in a direction so that the plow throws the soil upslope. Use a plow with as many bottoms as possible to reduce the number of driven in furrows which result in the compaction of the subsoil. Chisel plowing may be used if a moldboard plow is not available. Rototilling must not be done. The important point is that a rough, unsmeared surface should be left in fine textured soils. The fill material will intermingle between the clods of soil, which should improve the infiltration rate into the natural soil by minimizing the layering which occurs (Fig. 10).

   If stumps remain, care must be taken in preparing the site The sod layer should be broken up, yet the top soil should not be pulverized. The objective of this step Is to break up any surface mat that could impede the vertical flow of liquid into the native soil.

Immediate construction after plowing is desirable. Avoid rutting or compaction of the plowed area by traffic. If it rains after the plowing is completed, wait until the soil dries out before continuing construction (Fig. 11)

9. Reset the corner stakes, if necessary, using the off-set reference stakes and locate the bed or trench areas by staking their boundaries.

10. Extend the effluent pipe from the pump chamber which had previously been cut off to several feet above the ground surface.

11. Place the fill material which has been properly selected around the edge of the plowed area. Keep the wheels of trucks off plowed areas. Minimize traffic on the downslope side of the fill system. Work from the end and upslope sides (Fig.11). This will avoid compacting the soils on the downslope side, which, if compacted, would affect lateral movement away from the fill and possibly cause the surface seepage at the toe of the fill.

12. Move the fill material into place using a small track type tractor with a blade. Do not use a tractor/backhoe having tires. Always keep a minimum of 6 inches of fill material beneath tracks to prevent compaction of the natural soil.

13. Place the fill material to the required depth, i.e., to the top of the bed. Shape sides to the desired slope.

14. With the blade of the tractor form the bed. Hand level the bottom of the bed to within + 1/2 inch. (Fig. 13 & 14)

15. Place the coarse aggregate in the bed. It should be 1/2-2 inches, nondeteriorating, clean aggregate. This is the same aggregate as recommended for the conventional system. Level the aggregate to the design depth (Fig. 15).

16. Place the distribution pipes, as determined from the Pressure Distribution Guideline, on the aggregate. Connect the manifold to the pipe from the plumbing chamber. Slope the manifold to the effluent pipe. Lay the laterals fairly level, removing large rises and dips (Fig. 16).

17. Pressure test the distribution system for uniformity of flow.

18. Place 2 in. of aggregate over the distribution pipe (Fig. 16).

19. Install one or more standpipes (4 inch PVC with the bottom foot perforated). At least one shall be in the downslope portion of the fill with the bottom at the original surface and the top extending above final grade where it

can be capped. Another could be located in the bed extending only from the bottom of the bed to above the final grade. The standpipes allow observations to be made of the water levels.

This can be done now at this point in the installation, digging the hole with an auger, or be anchored in place after the original surface has been plowed and before the fill material has been placed.

20. Place 8-10 inches of uncompacted straw or marsh hay or a synthentic filter fabric or the equivalent over the aggregate. Filter fabric is preferred.

21. Place the soil for the cap and topsoil on the top of the bed. This may be a subsoil or a topsoil. An initial depth of 18 inches in the center and 12 inches at the outer edge of the bed is desired. This creates a slope which assists the surface run-off of precipitation. Also, this layer provides some frost protection. Do not drive over the top of the bed as the distribution system may be damaged (Fig. 17).

22. Landscape, seed or sod the fill system (Fig. 18).

FILL WORKWHEET AND/OR CHECKLIST

_____ A. DAILY WASTEWATER FLOW

Daily wastewater flow = # bedrooms X ~~150~~ 120 gal/day/bedrooms

= 4 X ~~150~~ 120 gal/day/bedroom

= 480 gal

_____ B. DESIGN OF THE ABSORPTION AREA

1. Size the absorption area

a. Fill material selected: medium sand

b. Infiltration rate of the selected fill material: 1.2 gal/ft^2/day

c. Bottom area of bed = $\frac{\text{Daily wastewater flow}}{\text{Infiltration rate of fill material}}$

$= \frac{480 \text{ gal/day}}{1.2 \text{ gal/ft}^2\text{/day}}$

= 400 ft^2

2. Bed configuration

a. Bed width (A) = 10 ft

b. Bed length (B) = $\frac{\text{Bottom area of bed}}{\text{Width of bed}} = \frac{\text{Bed area}}{\text{A}}$

$= \frac{400 \text{ ft}^2}{10 \text{ ft}}$

= 40 ft

C. DESIGN THE ENTIRE FILL

1. Fill height

a. Fill depth

1) Depth at upslope edge of bed (D) = 1 to 2 ft depending on fill and original soil

= 1.5 ft

2) Depth at downslope edge of bed (E)

= Depth at upslope edge of bed + (% slope expressed as decimal X bed width)

= D + (% slope expressed as decimal X A)

= 1.5 ft + (.11 X 10 ft)

= 2.6 ft

b. Bed depth (F) = 0.75 ft (usually for 1 in. laterals)

= .75 ft.

c. Cap and topsoil

1) Depth at bed center (H) = 1.5 ft final depth (2 ft initially placed)

2) Depth at bed edges (G) = 1 ft final depth (1.3 ft initially placed)

2. Fill length

a. Endslope width (K) = Total fill depth at bed center X horizontal gradient of sideslope

$= (\frac{D + E}{2} + F + H)$ X horizontal gradient of sideslope

$= (\frac{1.5 + 2.6}{2}$ ft + .75 ft + 2 ft) X 3

= 4.8 ft X 3

= 14.40 ft

b. Fill length (L) = Bed length + (2 X endslope width)

= B + 2K

= 40 ft + (2 X 14.40 ft)

= 68.80 ft

3. Fill width

a. Upslope width (J) = Fill depth at upslope edge of bed X Horizontal gradient of Sideslope X Slope correction factor

= (D + F + G) X Horizontal gradient X Slope correction factor

= (1.5 ft + .75 ft + 1.3 ft) X 3 X .76

= 3.55 ft X 3 X .76

= 8.09 ft

b. Downslope width (I) = Fill depth at downslope edge of bed X Horizontal gradient of sideslope X Slope correction factor

= (E + F + G) X Horizontal gradient X Slope correction factor

= (2.5 ft + .75 ft + 1.3 ft) X 3 X 1.51

= 4.05 ft X 3 X 1.51

= 21.06 ft

c. Fill width (W) = Upslope width + Bed width + Downslope width

= J + A + I

= 8.09 ft + 10 ft + 21.06 ft

= 39.15 ft

4. Check the basal area

a. Basal area required = $\frac{\text{Daily rate}}{\text{Infiltration rate of original soil}}$

= 480 gal/day
.6 gal/ft²/day
= 800 ft²

b. Basal area available - Is it sufficient? ✓ YES _____ NO

1) Sloping site = Bed length X (Bed width + Downslope width)

= B X (A + I)

= 40 ft X (10 ft + 21.06 ft)

= 40 ft X 31.06 ft

= 1242.40 ft

2) Level site = Fill length X Fill width

= L X W

= _____ ft X _____ ft

= _____ ft

_____ D. DESIGN OF THE DISTRIBUTION SYSTEM

1. Select the orifice spacing = 30 in.
2. Select the orifice diameter = 3/16 in.

3. Lateral length = ½ of bed length - 0.5 ft

= ½B - 0.5 ft

= (½ X 40 ft) - 0.5 ft

= 19.5 ft

4. # of orifices/lateral = $\frac{\text{Lateral length}}{\text{Spacing between orifices}}$

= 19.5 ft

2.5 ~~in~~ FT

= 7.8

5. Lateral diameter = 1 in.

6. Lateral spacing: # of laterals 6 ft

Distance between laterals 3 ft

Distance from outer laterals and edge of bed 2 ft

7. Transport pipe diameter = 2 in.

8. Transport pipe length = 60 ft

9. Manifold diameter = 2 in.

10. Manifold length = 6 ft

_____ E. DESIGN THE PUMPING SYSTEM

1. Dosing frequency/volume

a. Dose volume based on type of EXIT material = 240 gal

b. 10 times the interior volume of the part of the distribution system that drains after each cycle:

Volume = 10 (# of laterals X Length of lateral X Volume/ft of pipe)

= 10 (6 X 19.5 ft X .041 gal/ft)

= 10 X 4.8 gal

= 48 gal

c. Choose larger of volumes in a or b above: 240 gal

2. Pump chamber size = 1000 gal

3. Pump selection

a. Required pump capacity = Orifice discharge rate X # of laterals X # of orifices/lateral

= .59 gal/min X 6 X 7.8

= 27.61 gal/min

b. Pump head = Elevation difference + 2 ft residual head + Friction losses

= 4 ft of elevation difference

\+ 2 ft residual head desired

\+ 1.02 friction loss in transport pipe in ft (See below)

\+ 0.6 ft of friction loss in distribution system

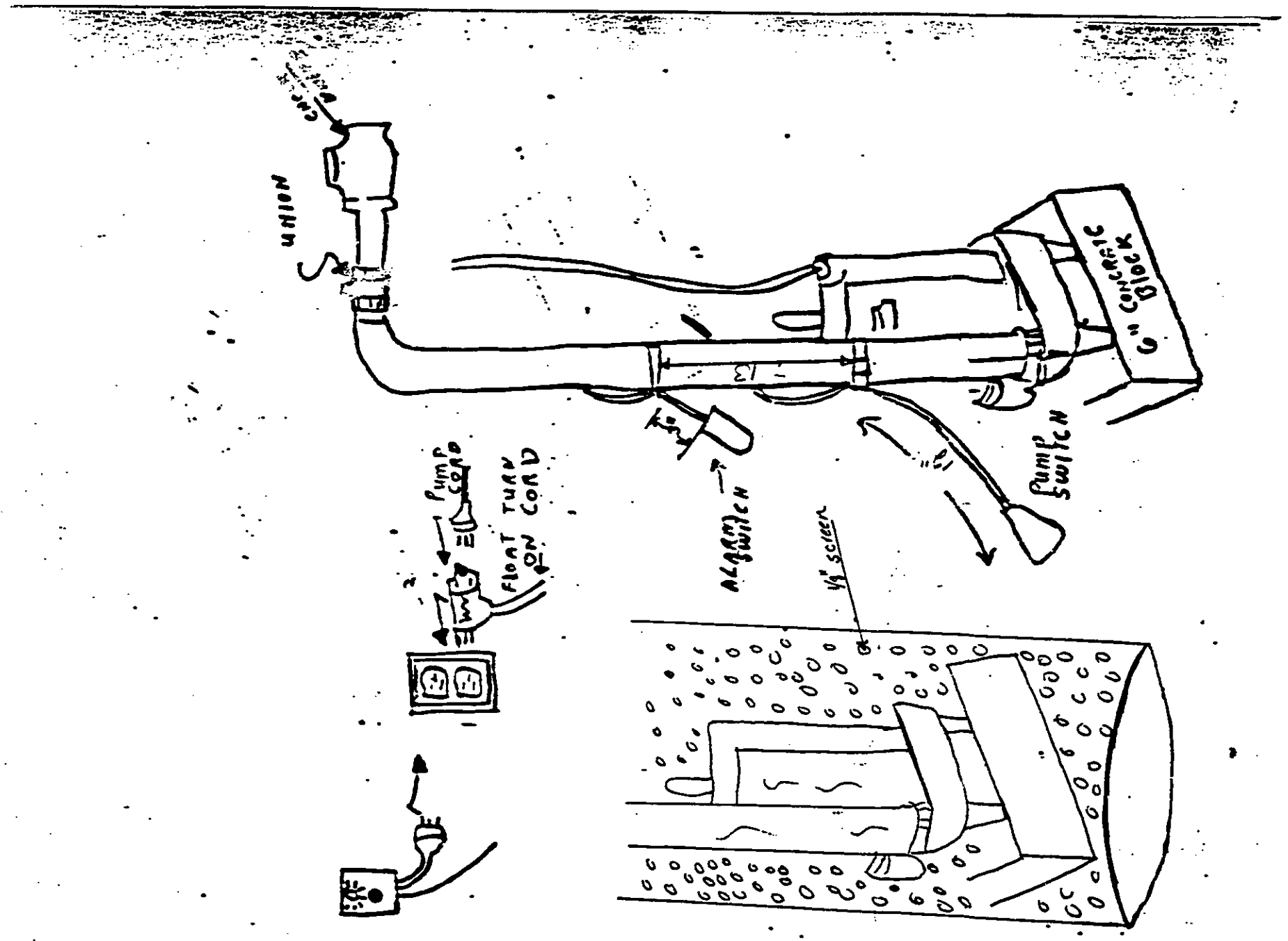
7.62 ft of total head against which the pump must pump

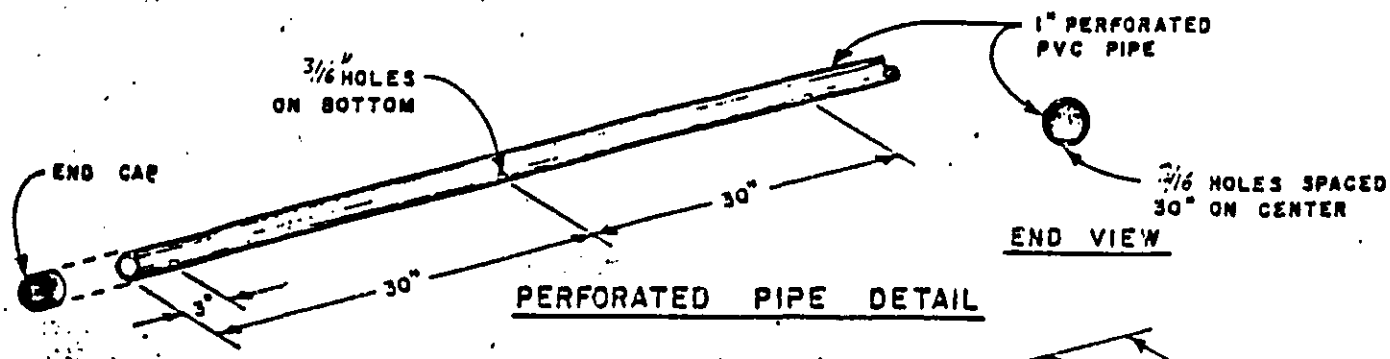
For friction loss:

Diameter/Material	Length	Flow through Segment	Friction loss/ 100 ft	Friction Loss/Segment
2 PVC	60	27.61	1.7	7.62

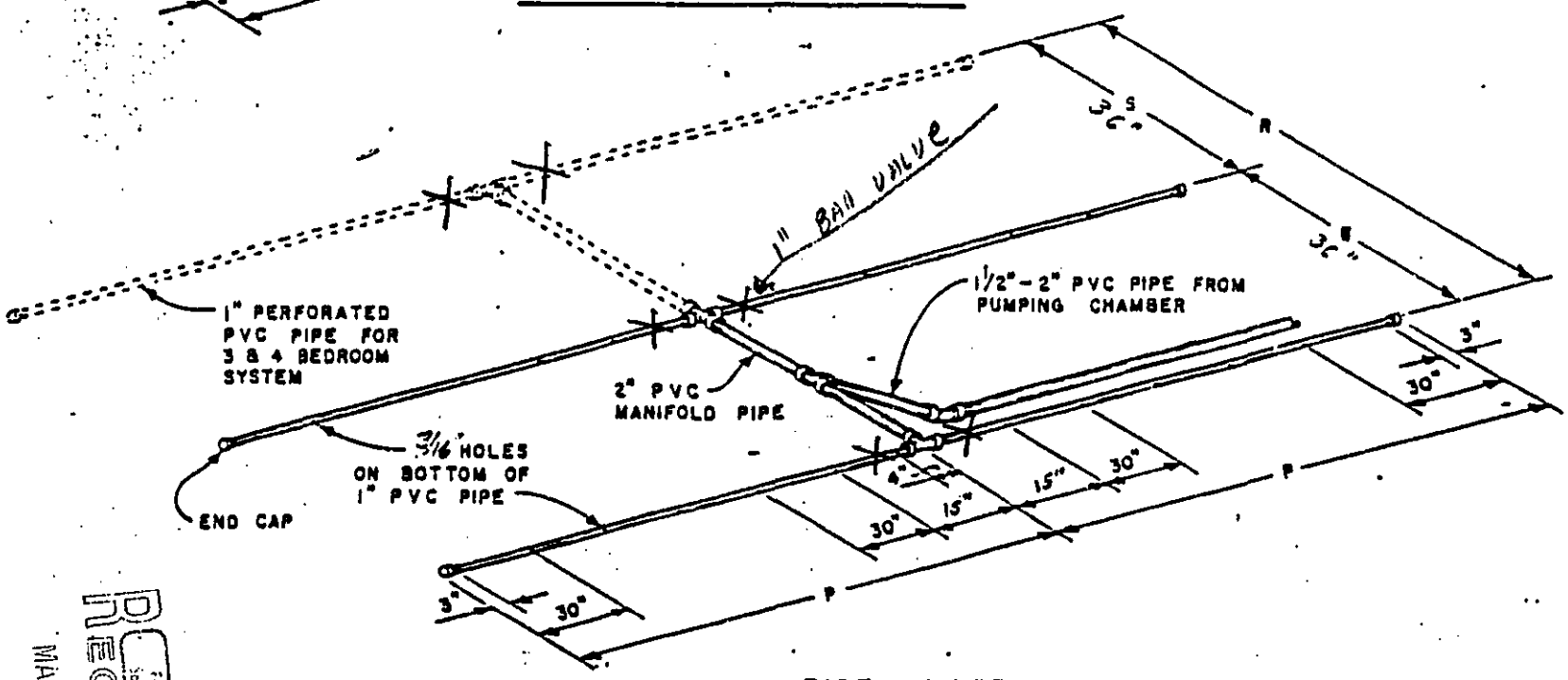
4. Select a pump that pumps the required flow at the calculated head:

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.





PERFORATED PIPE DETAIL



PIPE LATERAL LAYOUT

FIG. A-1. DISTRIBUTION FOR THE MOUNDS FOR A 1, 2, 3 OR 4 BEDROOM HOME

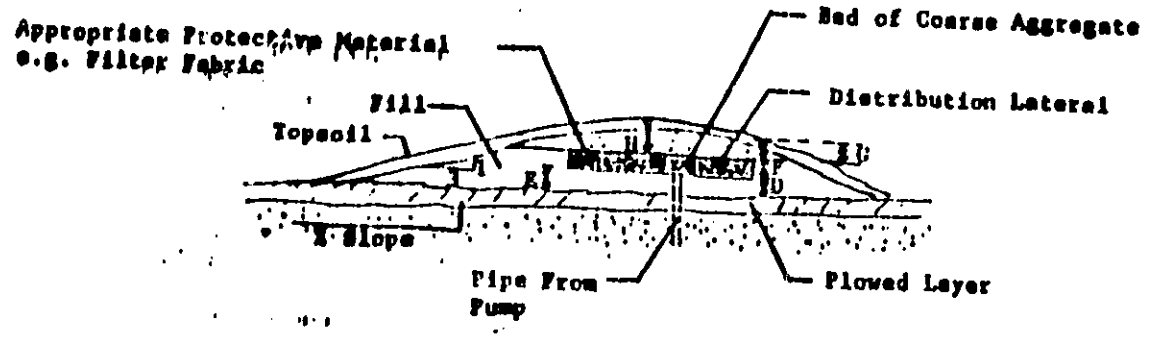


Fig. 5 - Detailed cross-section of fill.

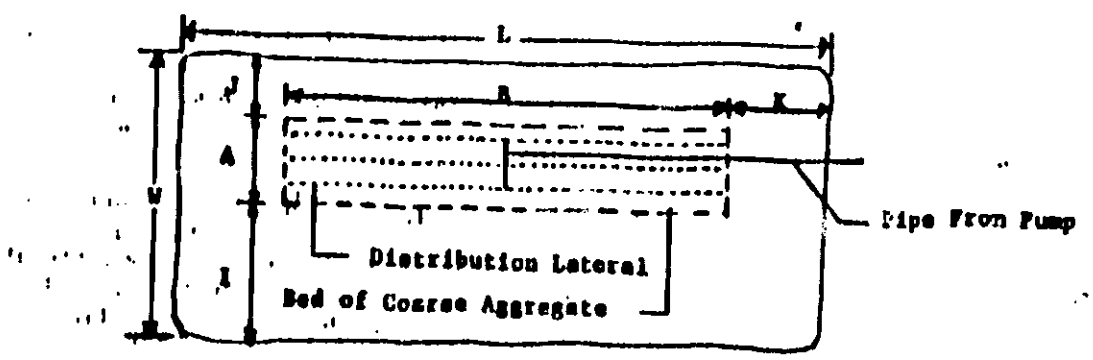
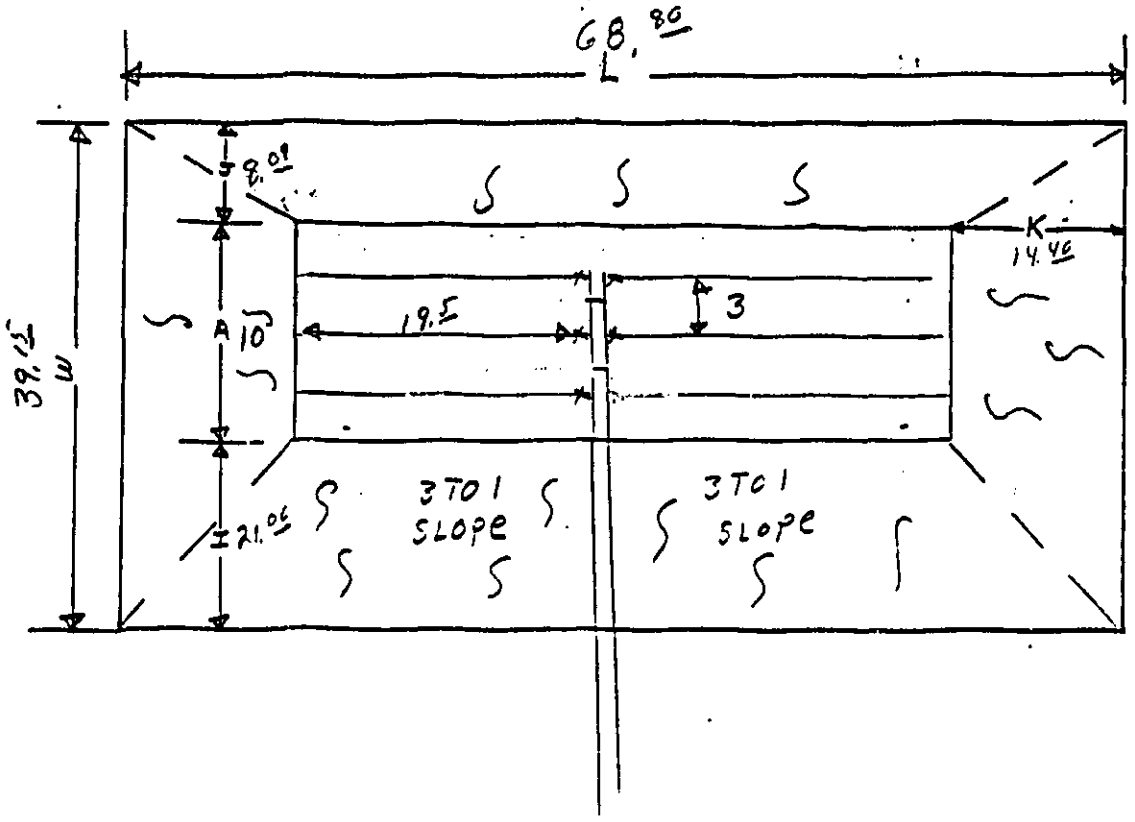


Fig. 6 - Detailed plan view of fill.

NOT TO SCALE



mound

Seattle-King County Department of Public Health
Environmental Health Division

Site Application for On-Site Sewage Disposal System
(Submit 5 copies of application with 3 copies of plans)

Owner Parkwood Homes — Street Address 7850 159th NE Rd. — City-Zip Code 98052 — Phone 455-9779

Builder Same — Street Address — City-Zip Code — Phone

Designer Paul Tow — Street Address Box 2065 Woodinville — City-Zip Code 98072 — Phone 413-3201

APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION WRITTEN IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL NOT 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

Approximate Location of Property--Street Address 18102 NE 130 ST (APPROX)

Section: 9 Township: 26N Range: 6E Parcel #:

Subdivision Name: Sunrise View Lot: 4 Block:

Water Supply: P (I/P) I=Individual P=Public (More than One Connection) Public Water Supply Name: Woodinville ID #: 164

Property Size: 60,600 (approx) SQ FT Proposed Number of Bedrooms: 4

Type of Building: SF (SF/MF/COMM/FE/INST) SF=Single Family MF=Multi-Family COMM=Commercial FE=Food Establishment INST=Institutional

Flood Zone: N (Y/N) If yes, attach copy of flood zone permit.

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

Distance from property line to nearest sewer: 1mile + Repair (existing)____ New System X

Type of System Proposed: PD (G/GP/M/PD/SF/HT/CT/O) G=Gravity GP=Gravity with pump M=Mound

PD=Pressure Distribution SF=Sand Filter HT=Holding Tank CT=Composting Toilet E=Experimental O=Other

Site Vicinity Map Attached N (Y/N)

Date Soils Logged: 11/21/87 Soil Logs Attached:(Minimum 3/lot): Y (Y/N) Detailed Plans Attached:(3 sets): Y (Y/N)

Depth to Watertable or Restrictive Layers: 30" Average Slope in Drainfield/Reserve Area: 4 %

CALCULATIONS:

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

Application Rate: .6 gal/sq ft/day Total Absorption Area: 900 sq ft Total Drainfield Length: 400 ft

Septic Tank Size 1000 gal Pump Chamber Size(if needed) 1000 gal Trench Depth(min/max): 9" / 9" in

I understand that failure to comply with King County Board of Health Rules and Regulations #3 may result in disapproval of the sewage system being installed under this application. Non-compliance may also lead to revocation of your Designer's Certificate of Competency and appropriate legal action by this department.

Designer's Signature: Paul Tow Phone: 483-3201 Date: 11/87

FOR HEALTH DEPARTMENT USE ONLY

Water Supply:____ Approved By:____ Date:____

APPROVED (date) BY:

DISAPPROVED (date) BY:

Comments/Conditions:

EASTSIDE SERVICE CENTER RECEIVED JAN 18 1988

Any person aggrieved by any decision or final order of the Health Officer may within 60 days make written application for appeal to the King County Board of Sewage Review.

WHITE: OFFICE / YELLOW: DESIGNER / PINK: OWNER / GOLDENROD: FILE / [illegible]

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

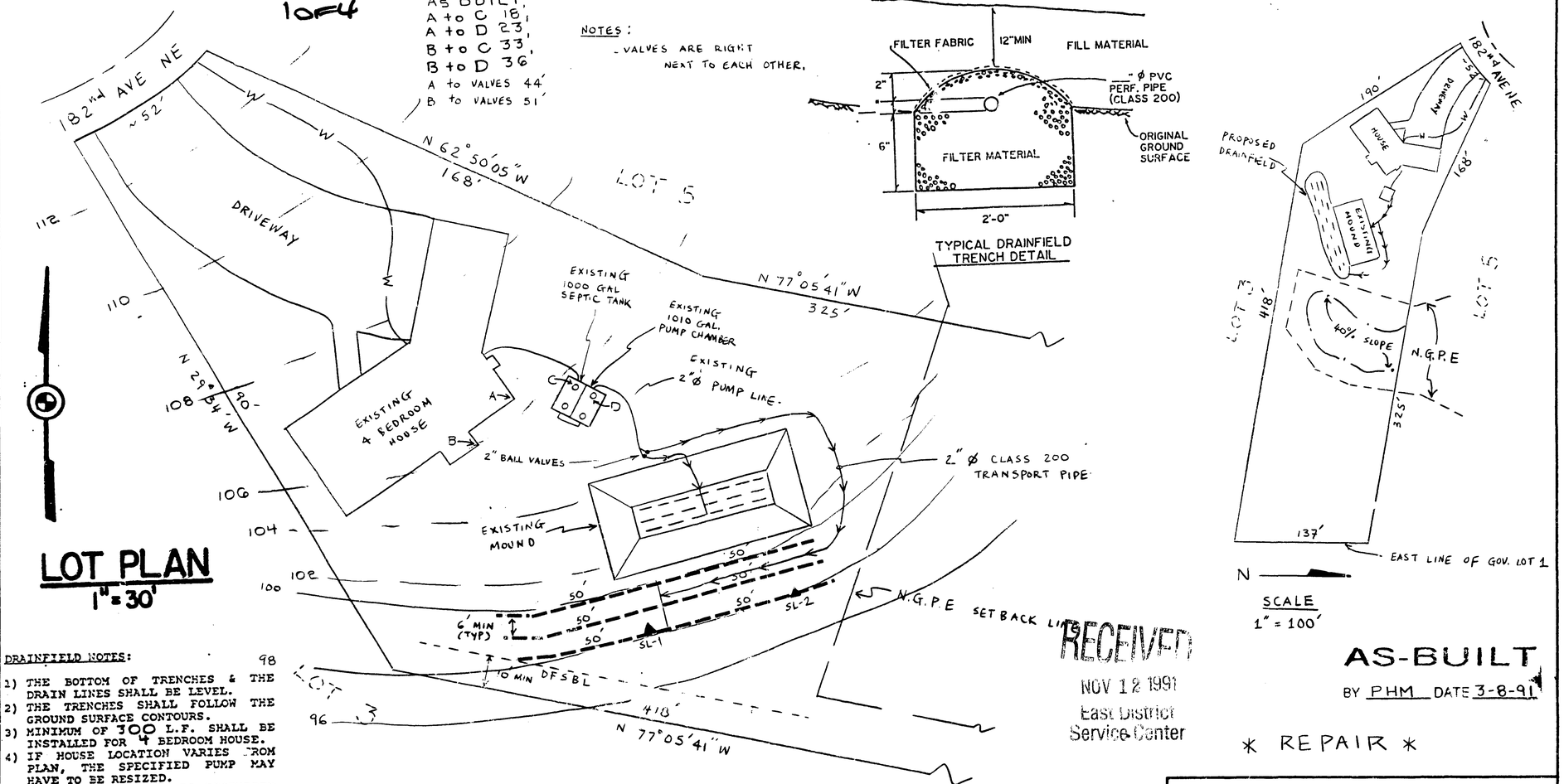
12900 182nd AVE NE

10F4

As Built,
A to C 18'
A to D 23'
B to C 33'
B to D 36'
A to VALVES 44'
B to VALVES 51'

NOTES:
- VALVES ARE RIGHT NEXT TO EACH OTHER.

TYPICAL DRAINFIELD TRENCH DETAIL



LOT PLAN
1" = 30'

SCALE
1" = 100'

AS-BUILT
BY PHM DATE 3-8-91

* REPAIR *

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NOV 12 1991
East District
Service Center

DRAINFIELD NOTES: 98

1) THE BOTTOM OF TRENCHES & THE DRAIN LINES SHALL BE LEVEL.
2) THE TRENCHES SHALL FOLLOW THE GROUND SURFACE CONTOURS.
3) MINIMUM OF 300 L.F. SHALL BE INSTALLED FOR 4 BEDROOM HOUSE.
4) IF HOUSE LOCATION VARIES FROM PLAN, THE SPECIFIED PUMP MAY HAVE TO BE RESIZED.
5) IF DRAINFIELD AREA IS DISTURBED PRIOR TO INSTALLATION, DESIGN MAY BE VOID.
6) ANY CUTS INTRODUCED AROUND DRAINFIELD AREA MAY VOID THIS DESIGN.
7) CONTOUR LINES & ELEVATIONS ARE BASED UPON ASSUMED DATUM AND DO NOT REPRESENT DETAILED FIELD TOPOGRAPHIC SURVEY. THIS INFORMATION IS FOR SEPTIC DESIGN ONLY.
8) PROPERTY LINES ARE SHOWN FOR REFERENCE AND DO NOT REPRESENT AN ACTUAL FIELD SURVEY.

1¼ - Ø PERFORATED PVC PIPE
2 - Ø PVC TRANSPORT PIPE
▲ SOIL LOG LOCATION

TREES (OR STUMPS) GREATER THAN 18 INCHES IN DIAMETER, WHEN MEASURED 2 FEET ABOVE GRADE, SHALL BE LEFT STANDING, CUT AT GROUND LEVEL, BURNED IN PLACE, OR OTHER ACCEPTABLE METHOD TO AVOID DISTURBING THE SOIL.

DAVID R. JENSEN
STATE OF WASHINGTON
11-11-90
26105
REGISTERED
PROFESSIONAL ENGINEER

D.R. STRONG
Consulting Engineers Inc.
10802 N.E. 38th PLACE, SUITE 101 • KIRKLAND, WA. 98033 (206) 827-3063
ENGINEERS • PLANNERS • SURVEYORS (206) 652-9334

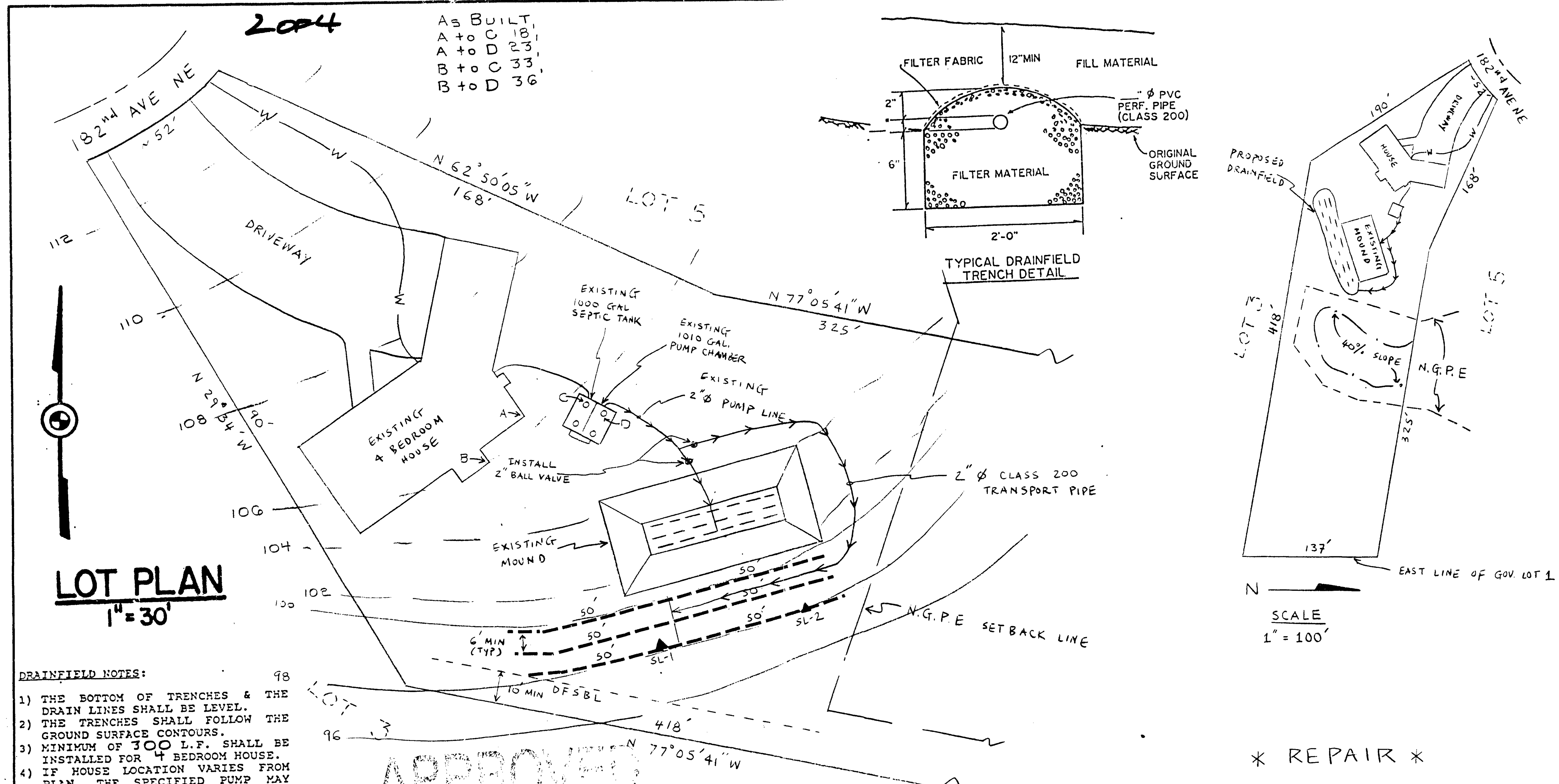
ON SITE SEWAGE DISPOSAL REPAIR
HIGHGROVE LOT 4
PARKWOOD HOMES , KING COUNTY-

DRAWN PHM	DATE 11/15/90	DRAWING NO. 90557	
CHECKED DRJ	SCALE AS SHOWN	SHEET 1	OF 2

KESTREL BLUEPRINT INC./ 139318

12900 182nd AVE NE

2 of 4



LOT PLAN
1" = 30'

DRAINFIELD NOTES:

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8) PROPERTY LINES ARE SHOWN FOR REFERENCE AND DO NOT REPRESENT AN ACTUAL FIELD SURVEY.

APPROVED

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NOV 27 1990
East District Service Center

1¼" Ø PERFORATED PVC PIPE
2" Ø PVC TRANSPORT PIPE
SOIL LOG LOCATION

TREES (OR STUMPS) GREATER THAN 18 INCHES IN DIAMETER, WHEN MEASURED 2 FEET ABOVE GRADE, SHALL BE LEFT STANDING, CUT AT GROUND LEVEL, BURNED IN PLACE, OR OTHER ACCEPTABLE METHOD TO AVOID DISTURBING THE SOIL.

DAVID R. JENSEN
STATE OF WASHINGTON
11-15-90
26105
REGISTERED
PROFESSIONAL ENGINEER

* REPAIR *

DRS D.R.STRONG Consulting Engineers Inc.
10602 N.E. 38th PLACE, SUITE 101 • KIRKLAND, WA. 98033 (206) 827-3063 (206) 852-9334
ENGINEERS • PLANNERS • SURVEYORS

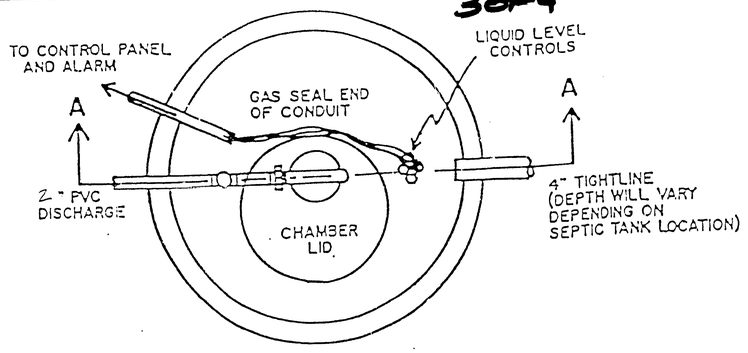
ON SITE SEWAGE DISPOSAL REPAIR
HIGHGROVE LOT 4
PARKWOOD HOMES, KING COUNTY

DRAWN	ZHM	DATE	11/15/90	DRAWING NO.	90557
CHECKED	DRJ	SCALE	AS SHOWN	SHEET	1 OF 2

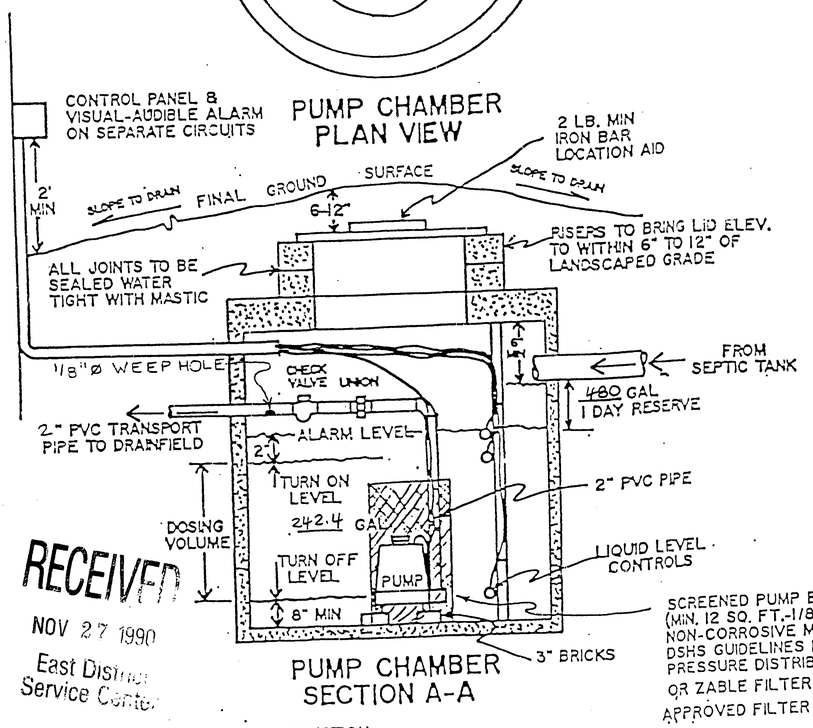
KESTREL BLUEPRINT INC./ 139318

12900 182nd AVE NE

3 of 4

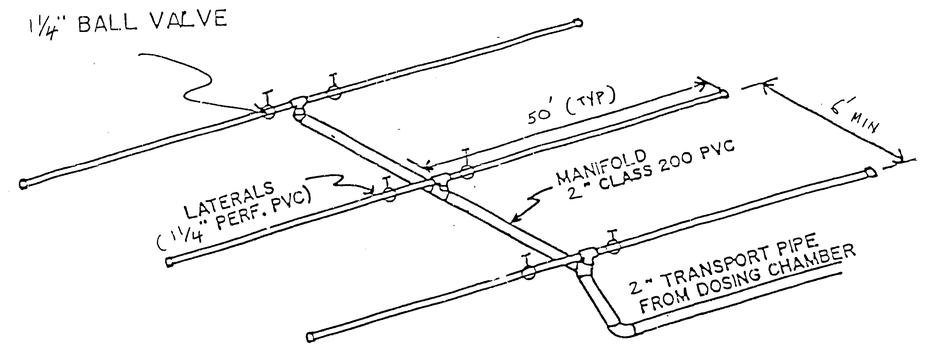


PUMP CHAMBER PLAN VIEW



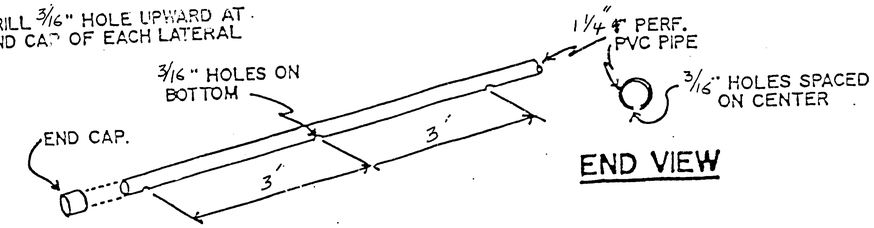
PUMP CHAMBER SECTION A-A

1. ALL MATERIALS & CONSTRUCTION TECHNIQUES SHALL BE COUNTY APPROVED
2. ALL PUMP CHAMBER PIPING SHALL BE SCHEDULE 40
3. CONTROL-ALARM PANEL SHALL BE OUTDOOR APPROVED OR WEATHER PROTECTED & READILY ACCESSIBLE
4. PUMP IS A HYDR-O-MATIC TYPE SP 50 H OR EQUIVALENT SUBMERSIBLE PUMP THAT GIVES 28 FEET OF HEAD AT 53.4 GPM



ALL DRAINFIELD PIPE TO BE CLASS 200 PVC

PIPE LATERAL LAYOUT



END VIEW

PERFORATED PIPE DETAIL

* REPAIR *.

DAVID R. JENSEN STATE OF WASHINGTON 11-15-90 25105 REGISTERED PROFESSIONAL ENGINEER

DRS D.R.STRONG Consulting Engineers Inc.

10002 N.E. 38th PLACE, SUITE 101 • KIRKLAND, WA. 98033 (206) 827-3043

ENGINEERS • PLANNERS • SURVEYORS (206) 883-9234

ON SITE SEWAGE DISPOSAL REPAIR.

HIGHGROVE PARKWOOD HOMES — LOT 4 KING COUNTY

DRAWN PHM	DATE 11/15/90	DRAWING NO 90557
CHECKED DRJ	SCALE NA	SHEET 2 OF 2

12900 182nd AVE NE
4 of 4

OPERATION AND MAINTENANCE OF PRESSURE DISTRIBUTION ONSITE SEWAGE DISPOSAL SYSTEM

The waste water from your home is treated and disposed into the soil within your lot using an pressure distribution trench septic system. Your on-site wastewater disposal system consists of the following components:

Septic Tank: The septic tank is a 1000 gal. two compartment tank that is buried near the sewage pipe outlet of the house. The first compartment is 2/3 of the gallonage of the tank with the second compartment containing the remaining 1/3. The septic tank provides the primary treatment of the sewage through settling of the solids, separation of the greases and bacteria breakdown of the solids.

Pump Chamber: The clarified effluent from the septic tank then flows into a second buried tank which contains the pump which delivers the effluent to the drainfield. This pump is controlled by floats which activate the pump based on liquid levels within the tank. There is also an alarm float system which will activate a visual and audio alarm if the liquid levels reach a certain level indicating that the pump is not operating properly. The pump is designed for sewage and has been sized to provide the necessary pressure and flow to make your system operational.

Pump Protection Screening: The pressure distribution lines are protected from receiving any solids that might pass through the septic tank by either a filter attached to the outlet of the second chamber of the septic tank (inside the tank) or a screen around the pump. Please note which method was used by the note on the as-built dimensions table on sheet 1 of the as-built plans.

Pressure Distribution System: The pressure distribution system is the final step in the disposal of the effluent. The pressure distribution trench system uses shallow trenches filled with gravel and small diameter perforated pipe to evenly distribute the effluent in the trench. The effluent then filters through the original soil where it is treated and disposed of. The system is dosed by the pumping system two to three times a day. The system is covered with a soil layer to protect the system from damage.

MAINTENANCE ITEMS:

Septic Tank: The septic tank should be pumped a minimum of every three years unless there are long periods of little or no use. This pumping shall be done by a licensed septic tank pumper. Contact the King County Health Department for a list of pumpers. During the pumping the structural integrity of the tank should be visually inspected and inlet pipes checked for solidity.

WARNING: ENTERING A SEPTIC OR DOSING TANK IS HAZARDOUS AND SHOULD NEVER BE ATTEMPTED BY AN UNQUALIFIED TECHNICIAN.

ONLY A QUALIFIED TECHNICIAN FAMILIAR WITH THE SAFETY REGULATIONS OF FEDERAL, STATE AND LOCAL AGENCIES SHOULD ENTER A SEPTIC OR DOSING PUMP TANK, AND ONLY AFTER PROPER VENTILATION AND WITH PROPER SAFETY EQUIPMENT AND PRACTICES IN PLACE.

THE CONFINED SPACES OF THESE TANKS MAY CONTAIN GASES WHICH COULD BE EXPLOSIVE, TOXIC OR CAUSE ASPHYXIATION. USE EXTREME CAUTION WHEN WORKING WITH ELECTRICAL DEVICES AMONG THESE TANKS AND DISCONNECT PUMP AND CONTROLS FROM POWER SOURCE BEFORE HANDLING AS NECESSARY TO AVOID ELECTRICAL SPARKS.

Pump Chamber: When the septic tank is pumped the pump chamber should also be inspected. If there is an accumulation of solids in the chamber have the chamber pumped. Raise and lower the dosing float and check that the pump shuts on and off in a normal range. Check to see that the float is not tangled but is firmly attached to the support pipe. Raise the alarm float and check that the alarm is activated both visual and audio. If the pump has been off for an extended period of time due to a pump system breakdown or power outage of over 4-6 hours the pump should be disconnected from the automatic floats and the pump chamber either pumped or the drainfield manually dosed by plugging in the pump for three minutes then leaving the pump off for one hour then repeating the process until the pump chamber level is at the level that the pump control float is hanging at a downward level.

Pump Protection Screening: During the pumping of the septic tank, and checking of the pump chamber the screen or filter protecting the pump should be cleaned. If a filter is used disassemble the filter and hose the unit off into the tank. If a screen is used hose the screen off into the tank. Reassemble the protective screening to its original condition.

Drainfield: Periodically walk around the drainfield site. Look for any spots of wetness or mushiness in the drainfield area. Try to maintain vegetation growth on the drainfield area. This will prevent erosion of the cover soil and help in the treatment process. Grasses and other shallow rooted plants are recommended as plants with long root systems may damage the system.

General: Slope all surface drainage away from the components of the septic system. Infiltration of storm water into the system may cause an overload of the system.

Keep all traffic off of the components of the system. Damage to the system may result from heavy loading on any part of the system. Do not disturb or have heavy traffic over the designated reserve area as this area may be required in the future for drainfield installation.

If problems do arise contact the King County Health Department, D.R. Strong Consulting Engineers, and/or the installer as shown on the as-built approval form. Any of these would be pleased to provide you with more information to contribute to the continued service of your septic system.

The mound system can be placed in service by the use of the valves. The mound should be allowed to rest between uses. The mound should be allowed to rest at least nine months before being placed in service for the first time. Both drainfields should not be in use at the same time. The mound should not be in continuous usage for longer than three months. If possible the mound should only be used in the summer months. Alternation of the drainfields should increase the life of both drainfields by allowing the biological degradation of the biological mat that forms in drainfields.

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NOV 12 1991
District
Service Center

DAVID R. JENSEN
STATE OF WASHINGTON
3-18-91
26105
REGISTERED
PROFESSIONAL ENGINEER

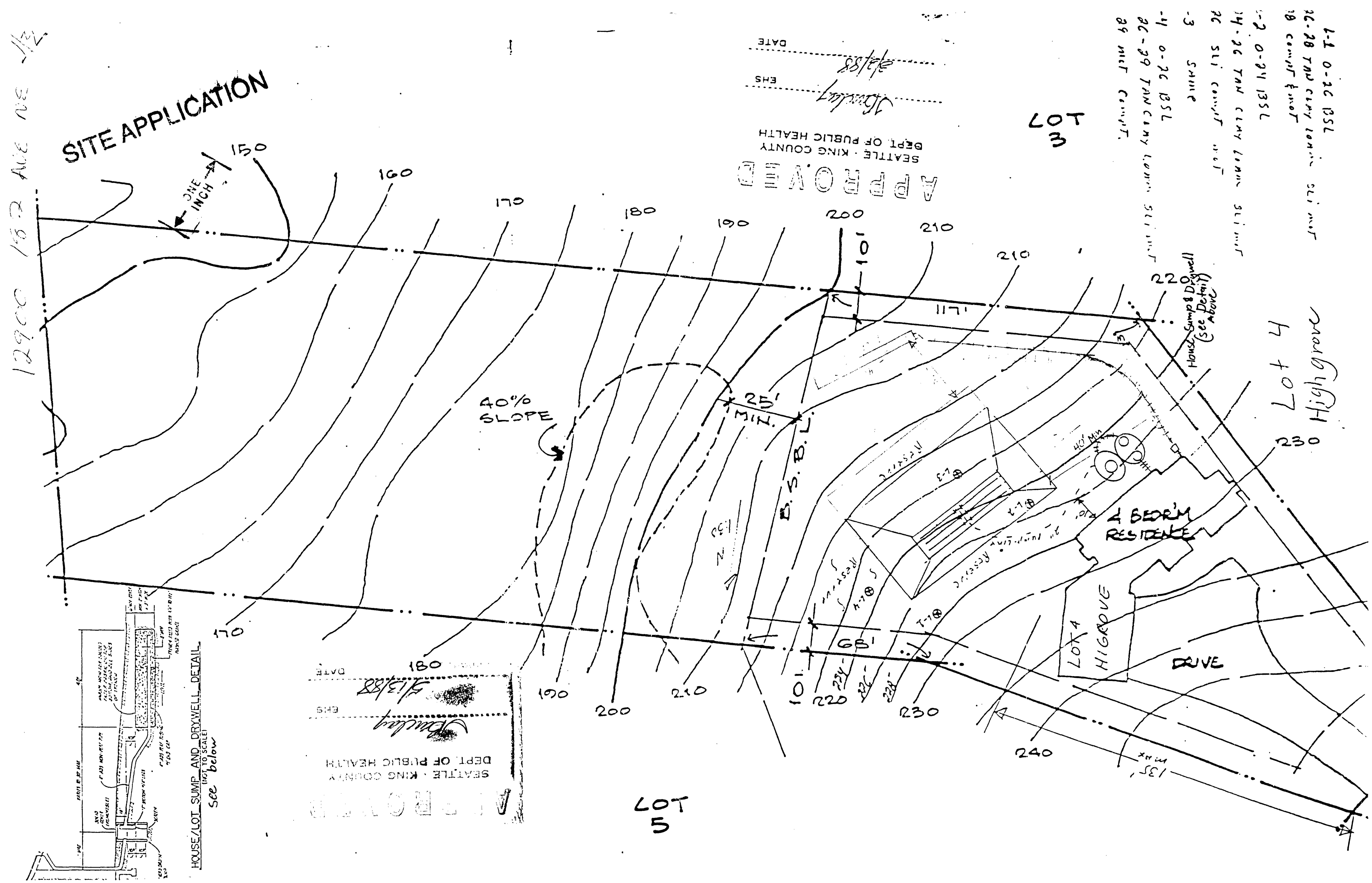
DRS D.R.STRONG
Consulting Engineers Inc.

10002 NE 38th PLACE, SUITE 101 • KIRKLAND, WA. 98033 (206) 827-3063
ENGINEERS • ANNERS • SURVEYORS (206) 882-9334

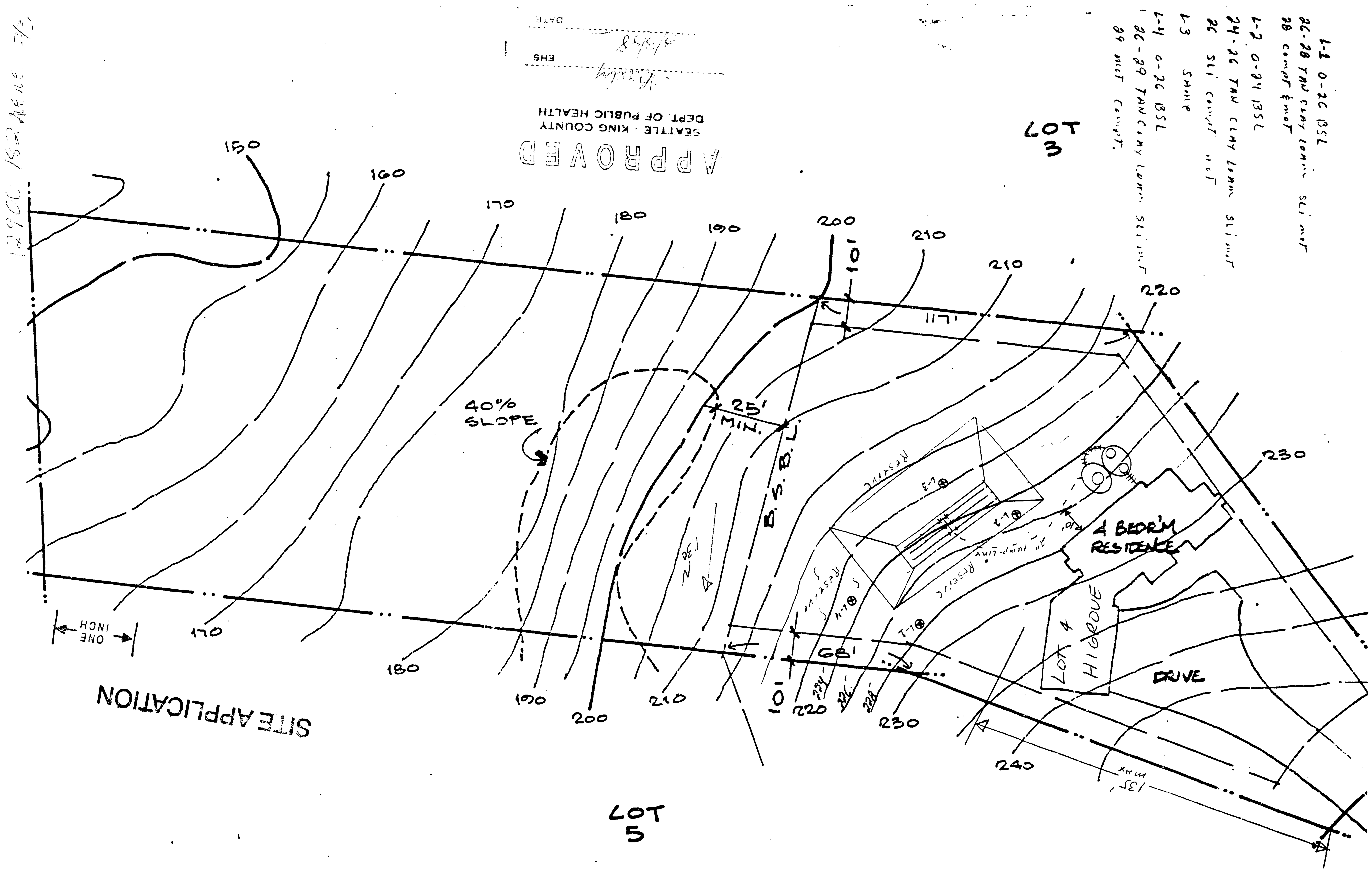
ON SITE SEWAGE DISPOSAL REPAIR
HIGHGROVE LOT 4
PARKWOOD HOMES KING COUNTY

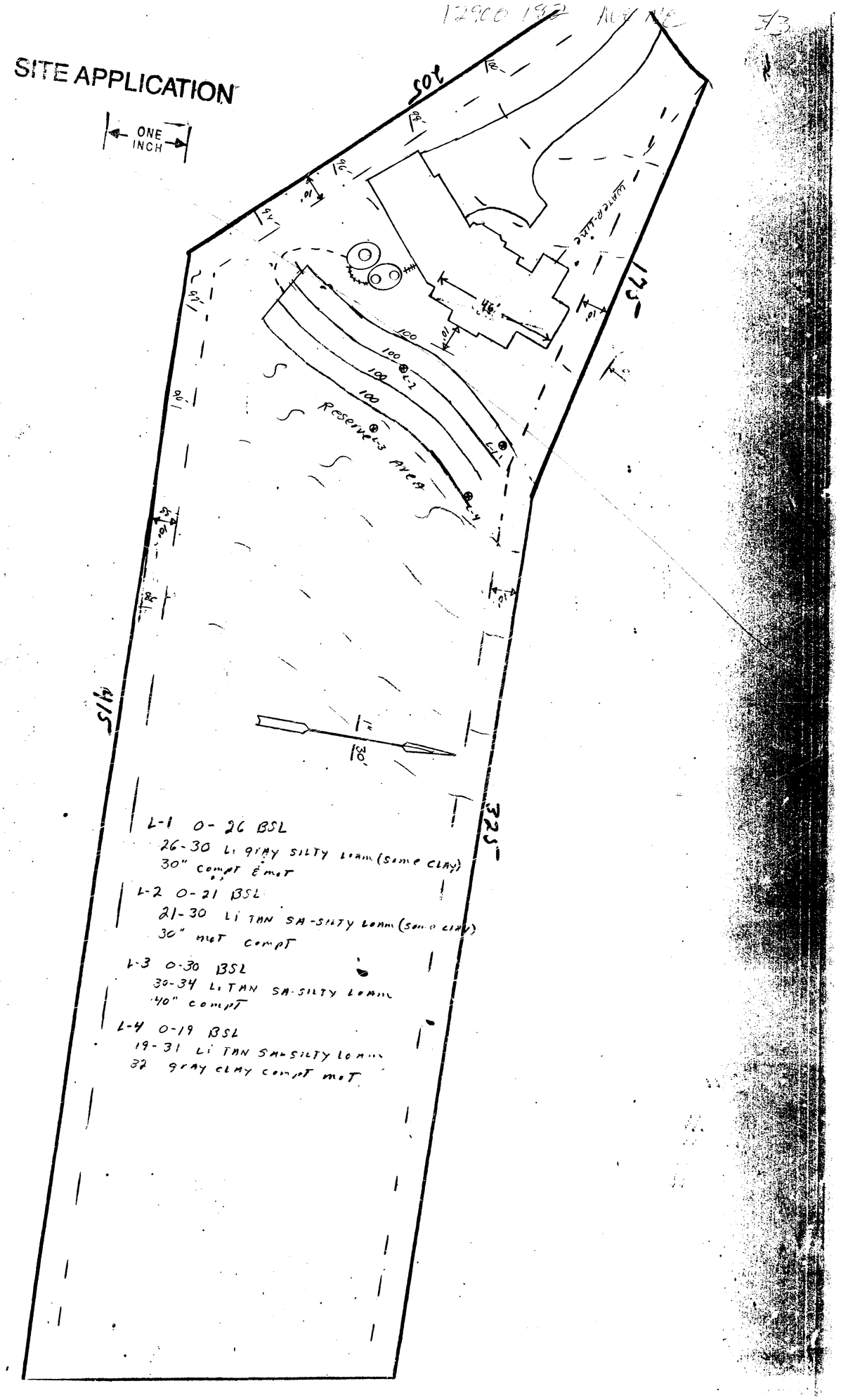
DRAWN	PHM	DATE	3/7/91	DRAWING NO	90 557
CHECKED	DRJ	SCALE	NA	SHEET	1 OF 1

KESTREL BLUEPRINT INC./ 136207



SITE APPLICATION
ONE INCH
150
160
170
180
190
200
210
220
230
240
40% SLOPE
25' MIN.
B.S.B.L.
10'
68'
LOT 3
Lot 4 Highgrove
LOT 5
4 BEDR'M RESIDENCE
LOT 4 HIGROVE
DRIVE
House Sump & Drywell (see Detail above)
HOUSE/LOT SUMP AND DRYWELL DETAIL (NOT TO SCALE)
see below
APPROVED
SEATTLE - KING COUNTY DEPT. OF PUBLIC HEALTH
EHS
DATE


SITE APPLICATION
APPROVED
SEATTLE · KING COUNTY
DEPT. OF PUBLIC HEALTH
EHS
DATE
LOT 3
LOT 5
40% SLOPE
25' MIN.
B.S.B.L.
4 BEDR'M RESIDENCE
LOT 4 HIGROVE
DRIVE
ONE INCH
L-1 0-26 BSL
L-3 SAME
L-4 0-26 BSL
150
160
170
180
190
200
210
220
230
240


SITE APPLICATION
ONE INCH
50'
175'
415'
325'
100
100
100
Reserve L-3 AREA
L-1 0-26 BSL
26-30 Li gray SILTY Loam (some CLAY)
30" compt & mst
L-2 0-21 BSL
21-30 LI TAN SA-SILTY Loam (some CLAY)
30" mst compt
L-3 0-30 BSL
30-34 LI TAN SA-SILTY Loam
40" compt
L-4 0-19 BSL
19-31 LI TAN SAL-SILTY Loam
32 gray CLAY compt mst