

93

3

0

4

1

6

59
Ave
S

3

QA REVIEW
16-2-93

DATE

FIELD REVIEW
16-2-93

DATE

37480

27860

991202

Tacoma-Pierce County Health Department
ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT
Environmental Health



SITE ADDRESS 30416 59TH AVE S

Previous Address _____

City/State/Zip ROY WA 98580

Redesign/Final As-Built YES Community System YES

PLEASE PRINT

Parcel Number 0217115010 Subdivision 8904180488 Lot # 3 Permit # 38636

Owner/Applicant R. LOYD Phone # 845-9585

Address 7317 124TH ST E City/State/Zip PUYALLUP WA 98373

Designer ALPHA DESIGN # 174 Phone # 984-7375

Address 11003 NORTHSTAR WAY SW City/State/Zip LAKEWOOD WA 98498

Installation Firm DENNY'S BACKHOF SERV # 16 Phone # 843-9331

Address P.O. BOX 1235 City/State/Zip ROY WA 98580-1235

I hereby certify that the accompanying drawing substantially depicts the on-site sewage disposal system installed at the above-referenced address. I inspected the on-site sewage disposal system prior to backfill and final cover and determined that it appeared to comply with all requirements and restrictions of the approved **RECEIVED** sewage system design.

[Handwritten Signature]

9-29-97

SEP 30 1997

Signature of Designer

Date

Tacoma-Pierce County Health Dept

FOR HEALTH DEPARTMENT USE ONLY

ACCEPTED DATE 10/7/97 EHS Signature M. Schreiner

Hold Date _____ EHS Signature _____

Comments: _____

Hold Date _____ EHS Signature _____

Comments: _____

Please ATTACH 4 (four) SEPARATE AS-BUILT DRAWINGS

3629 South D ST MS:009 Tacoma WA 98408-6897 (206)591-6470 FAX(206)591-7663

HEA 080 (Rev 06/96) WHITE-FILE YELLOW-DESIGNER/INSTALLER PINK-APPLICANT

As-built accepted in lieu of final inspection

Date/Initials

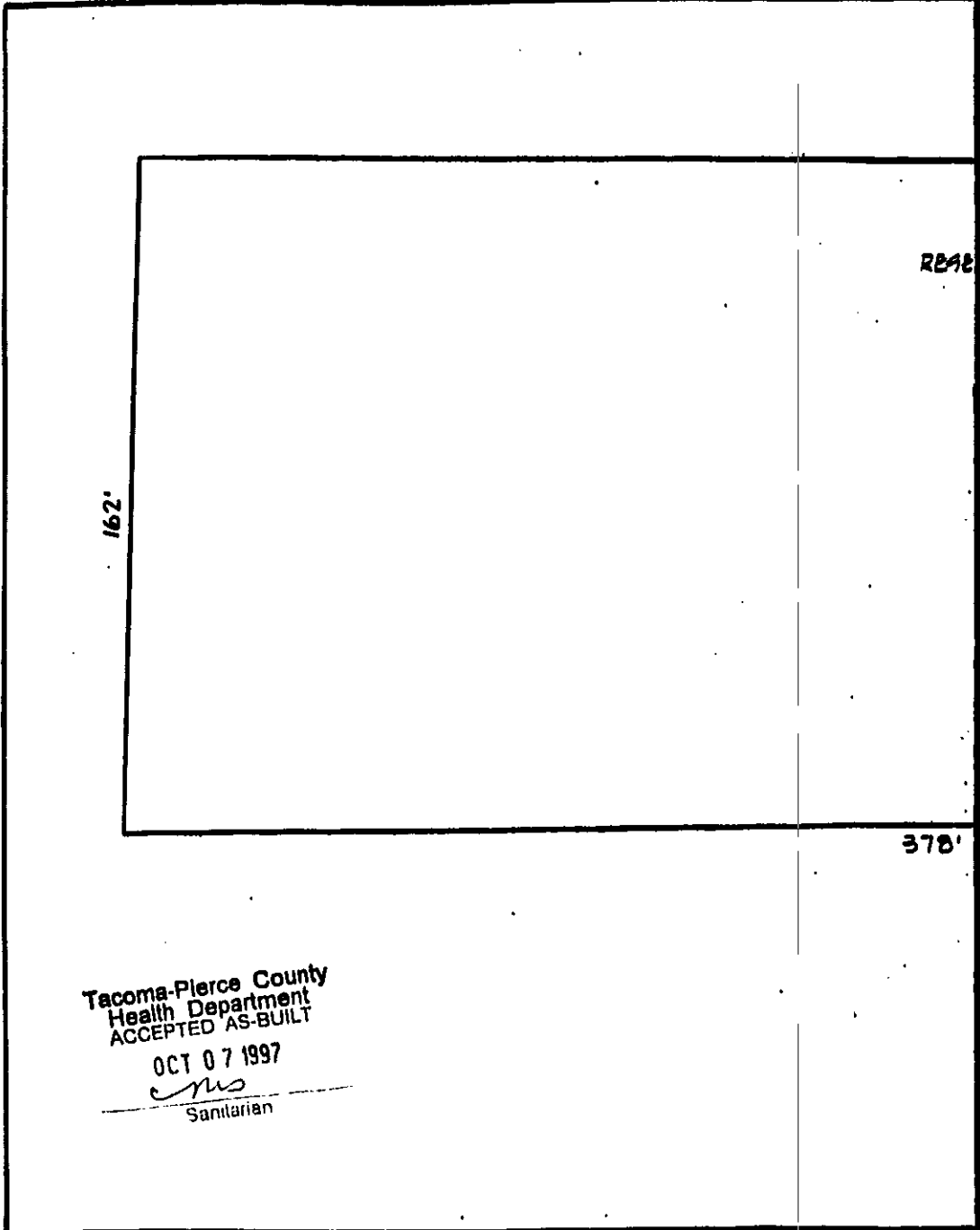
Final inspection

Date/Initials

HOLD for Backfill Verification

ONLY
10/6/97 mw
Date/Initials

① 30416 59th Ave S



REAR

162'

378'

Tacoma-Pierce County
Health Department
ACCEPTED AS-BUILT

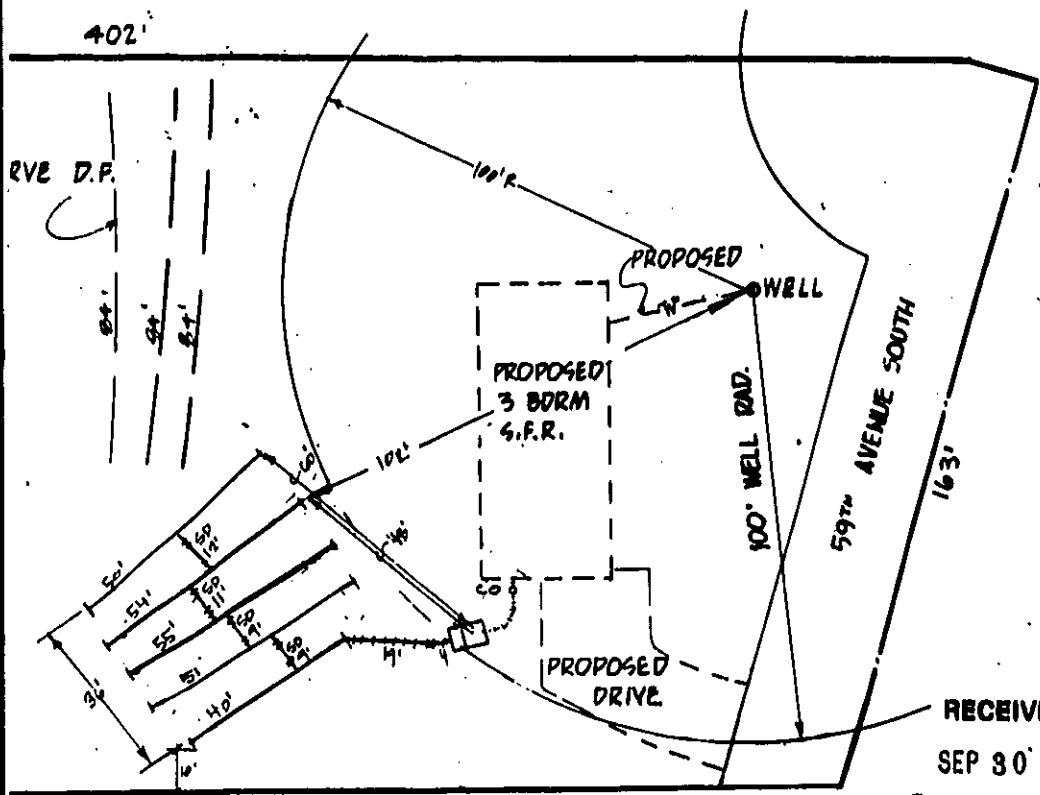
OCT 07 1997

ms

Sanitarian

2

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT



RECEIVED

SEP 30 1997

Tacoma-Pierce County Health Dept.



DATE: 9-25-97 SCALE: 1" = 30'
 SITE ADDRESS: 30416 99TH AVE S,
ROY, WA 98580
 PARCEL NO: 0217115010
 OWNER: R. LOYD
 INSTALLER: DENNY'S BACKHDE # 16
 DESIGNER: RON HULIN # 174

ALPHA

984-PERK
(984-7378)

DESIGN SERVICE

11003 NORTHSTAR WAY SW/TACOMA, WA/98408
JOB NO: 951202 LOT # 3

SCALE : 1" = 30'



4/0 Marica

38636

SEWAGE SYSTEM PERMIT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 - South "D" Street, SHD 009, Tacoma, WA 98408 (891-6470)

Permit # Install Repair
Commercial Residential

HEALTH DEPARTMENT
16

INSTALLER Denmap
LOCATION 30416 - 39 AV. S.

VALIDATION 7-18-97 LG3
#17566 - \$150.00
Expires one year from Validation date

OWNER Lloyd
All work must be performed in accordance with current laws, ordinances, resolutions and rules and regulations.

DESIGNER/APPLICANT R. Hulien
DO NOT COVER SYSTEM PRIOR TO APPROVAL

Date Accepted <u>8-27-97</u> Disapproved _____	O.K. to Cover _____ Disapproved _____
Designer <u>[Signature]</u> Date _____	Installation <u>RECEIVED</u> Date _____
O.K. to cover 8 working days after accepted date unless otherwise indicated by the Sanitarian.	<u>SEP 30 1997</u>

I have complied with all restrictions and requirements as listed and designed by the Tacoma-Pierce County Sewage Disposal System Designer as indicated on the approved plan (or latest revision thereof), and have complied with the Tacoma-Pierce County Codes on Sewage Disposal System Installation.

INSTALLER [Signature] DATE 10-27-97

TO BE POSTED ON SITE - DO NOT ALTER OR REPLACE

NSA-1034

Denmap
Please sign Installer: _____ and
send back to TPCHD fax 798-7663. 4/0 Marica
Thanks.
marica 10/22/97

10-22-97 WED 09:48 FAX 208 691 7883

TPCHD WATER RESOURCES

001

*Call
Mick
629*

38636

SEWAGE SYSTEM PERMIT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3439 - South "D" Street, BHD 009, Tacoma, WA 98408 (509-6470)

Permit # Install Repair
Commercial Residential

HEALTH
DEPT
16

INSTALLER Denny
LOCATION 30416 - 39 AV. S. #3

VALIDATION
9-18-97 *CS*
#7566 - \$150.00
Expires one year from Validation date

OWNER Lesgal
All work must be performed in accordance with current laws, ordinances, resolutions and rules and regulations.

DESIGNER/APPLICANT R. Hubin
DO NOT COVER SYSTEM PRIOR TO APPROVAL

Date Accepted <u>9-22-97</u> Disapproved _____	O.K. to Cover _____ Disapproved _____
Designer <u>[Signature]</u> Date _____	Sanitarian <u>RECEIVED</u> Date _____
O.K. to cover 5 working days after accepted date unless otherwise indicated by the Sanitarian.	<u>SEP 30 1997</u>

I have complied with all restrictions and requirements as listed and designed by the Tacoma-Pierce County Health Department Designer as indicated on the approved plan (or latest revision thereof), and have complied with the Tacoma-Pierce County Code on Sewage Disposal System Installation.

INSTALLER [Signature] DATE 10-22-97
TO BE POSTED ON SITE - DO NOT ALTER OR REMOVE

*Denny, **
Please sign Installer: _____ and
send back to TPCHD fax 798-7663.
Thanks.
maria 10/22/97

RECEIVED
OCT 23 1997
Tacoma-Pierce County
Health Dept.

SEWAGE SYSTEM PERMIT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
 3629 - South "D" Street, EHD 009, Tacoma, WA 98408 (591-6470)

38636



Permit # Install Repair
 Commercial Residential

INSTALLER Denny's
 LOCATION 30416 - 59 AV. S. #3

VALIDATION
 7-18-97 493
#7566 - \$150.00
 Expires one year from Validation date

OWNER Loyd
 All work must be performed in accordance with current laws, ordinances, resolutions and rules and regulations.

DESIGNER/APPLICANT R. Hulie

DO NOT COVER SYSTEM PRIOR TO APPROVAL

Date Accepted 9-23-97 Disapproved _____
 Designer [Signature] Date _____
 O.K. to cover 3 working days after accepted date unless otherwise indicated by the Sanitarian.

O.K. to Cover _____ Disapproved _____
 Sanitarian **RECEIVED** Date _____
SEP 30 1997
 Tacoma-Pierce County Health Dept.

I have complied with all restrictions and requirements as listed and designed by the Certified Sewage Disposal System Designer as indicated on the approved plan (or latest revision thereof), and have complied with the Tacoma-Pierce County Codes on Sewage Disposal System Installation.

INSTALLER _____

DATE _____

HEA-1034

TO BE POSTED ON SITE - DO NOT ALTER OR DEFACE

FINAL INSPECTION

DATE: 9-24-97

SITE: 30416 59th Ave So.

APPL: Loyd

CALLER: _____

DESIGNER: Ron Hulie

INSTALLER: Denny's Builders

comments: _____

- Final OK, Hold for Asbuilt
- Accept Asbuilt In Lieu of Final
- Red-Tagged

date: 9/29/97 Ints: CMC

37480LS

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

INSTALLER BACKFILL NOTIFICATION / VERIFICATION

(PLEASE PRINT)

SITE ADDRESS: 3046 59 Ave So RECEIVED

CITY: Roy OCT 06 1997

INSTALLATION PERMIT NUMBER: 30636 BUILDING PERMIT NUMBER: (Optional) Health Dept

OWNER: _____

ADDRESS: _____

DESIGNER: R. Hulin # _____

INSTALLER: Dennis Hansen # 016

Employed by: Dennis # 233

I, [Signature] # 016

(SIGNATURE of Installer)

(Check one)

- was present at this site during backfill and cover
supervised/delegated placement of backfill and cover

on the date indicated and certify compliance with all requirements regarding backfill and grade of system, (WAC 246-272)

DATE BACKFILLED 10-6-97

(Placement of final cover)

Instructions:

CERTIFIED INSTALLER:

- 1) You must place, be physically present or delegate supervision for placement of final cover material on the sewage disposal system;
2) This form shall be used to certify that you have placed or supervised/delegated final cover placement
3) Send via: 1) FAX - (206) 891-7863, OR 2) MAIL - 3629 South D St -MS 009 Tacoma, WA 98408-6897, OR 3) TO DESIGNER to be included in as-built package submittal

CERTIFIED DESIGNER/P.E./R.S.:

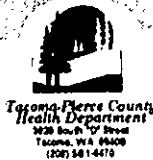
- 1) This completed form MUST be included with the as-built package submittal if received from the installer

NOTE: COVER VERIFICATION IS REQUIRED FOR ACCEPTANCE OF AS BUILT

DESIGN

ON-SITE SYSTEM DESIGN APPLICATION

NEW RENEW REDESIGN



FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD		
APPROVAL/DISAPPROVAL		
MAILED TO BOX	1/2	KA

Site Address: Street 30416 59 AVE S
City: ROY St: WA Zip: 98580

300
Developer By
14/1/1994

Previous Address: Street _____
City: _____ St: _____ Zip: _____

Applicant Name: Last: LOYD First: R Applicant Phone No: 845-9585

Health-Environmental Div.	For Deposit Only	TFCHD Tacoma Wash	TOTAL
11 0075	90.00		CHF 90
000001	01-04-95		7:00:00

This Application expires one year from date of approval.

Applicant Address: 7317 124 ST E City: PUYALLUP St: WA Zip: 98373

Section: 11 Township: 17 Range: 02 Field Area: 3 Parcel#: 0217115010

Subdivision Name of Plat Recording #: 8904180488 Lot: 3 Block: _____

Water Supply: PF Individual P-Public (More than One Connection) Public Water Supply Name: PENDING ID#: _____

Property Size: 63180 SQ.FT.

Parcel is () or is not () within 300 feet of a public sewer, or within ULID sewer service area, or sewer district.

Shellfish Sensitive Area: N (Y/N) If yes, specify area: _____

Any Lot Restrictions: Y (Y/N)

Type of Building: SE (SF/MF/COMM/FE/INST)

If Yes, specify here briefly and show on design.

SF: Single Family MF: Multi-Family COMM: Commercial FE: Food Establishment INST: Institutions

Garbage Disposal Proposed: N (Y/N) Proposed Number of Bedrooms: 3

30' BLDG SETBACK

If this is a Community System, address which system is located at: Community System Name & Address: _____

FOR RENEWAL APPLICATIONS ONLY: Renewal Letter Attached? Y (Y/N) Copies of original approved design & application attached? Y

FOR REDESIGN APPLICATIONS ONLY: What has been changed? _____

SOIL LOGS ATTACHED? Y (Y/N)

Date Soils Logged: 10-4-93 Highest Water Table or Indicators: 24"

CALCULATIONS: Gallons/Day: 450 Application Rate: 0.6 Absorption Area: 750 Total Length: 250 ft

Tank Size: 1200 gal Maximum Penetration Depth: 13

Designer's Name (printed): AL MIKANKA Designer's Signature: [Signature] Phone #: 848-0795

Date: 12/30/94 Designer's Address: 2403 21 ST SE City: PUYALLUP State: WA Zip: 98374

FOR HEALTH DEPARTMENT USE ONLY

Comments and soil logs: _____

WATER SUPPLY: APPROVED 8-2-96 BY [Signature]

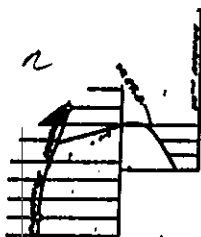
HOLD 1-12-95 REASON: Valid HO LETTER BY: [Signature] COMA-PEROL CO HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION

ON-SITE DESIGN: APPROVED 3-9-95 BY [Signature]

HOLD 2-17-95 REASON: RRR EXTENSION GRANTED Expires 09/09/96 BY: [Signature]

DISAPPROVED _____ REASON: _____ BY: _____

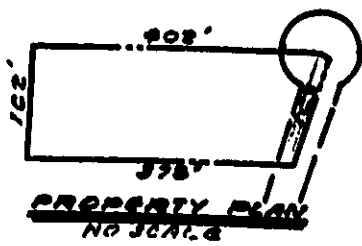
Permits For Septic/Building Construction Will Not Be Issued Until **BOIH** Water Supply and On-Site Design Are **APPROVED**.



VICINITY MAP
NOT TO SCALE

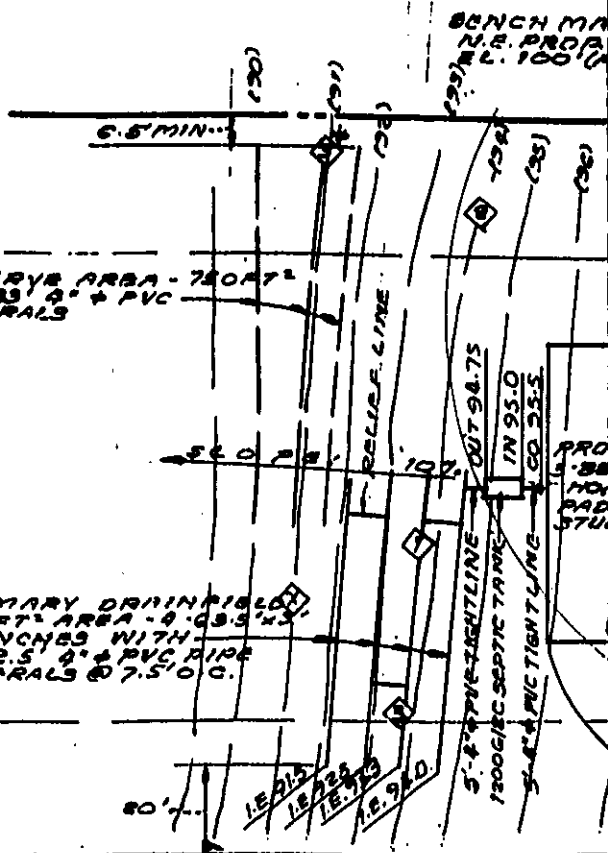
GENERAL NOTES:

1. CONFORM TO ALL TASH'S STANDARDS.
2. DRAINFIELD LATERALS TO BE INSTALLED LEVEL.
3. THE SYSTEM IS DESIGNED FOR 250 GPD AT 0.1 C @ 10' FA
4. ALL "DEAD" END LATERALS TO BE CAPED.
5. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.
6. INSTALLED TO VERIFY UNDERGROUND UTILITIES PRIOR.
7. DRAINFIELD TO BE STAKED PRIOR TO STUBOUT.
8. ANY REVISION IN THE INSTALLATION OF THE DRAINFIELD TO BE MADE WITH ADDITIONAL DESIGN AND COUNTY PERMITS.



RESERVE AREA - 750 FT²
3" Ø 3.33' Ø" PVC
LATERALS

PRIMARY DRAINFIELD
750 FT² AREA - 8" Ø 3.33' Ø"
TRENCHES WITH
4" Ø 2.5' Ø" PVC PIPE
LATERALS @ 7.5' O.C.



BENCH MARK
N.E. PROJ.
E.L. 100'

EXPIRES
9-9-96

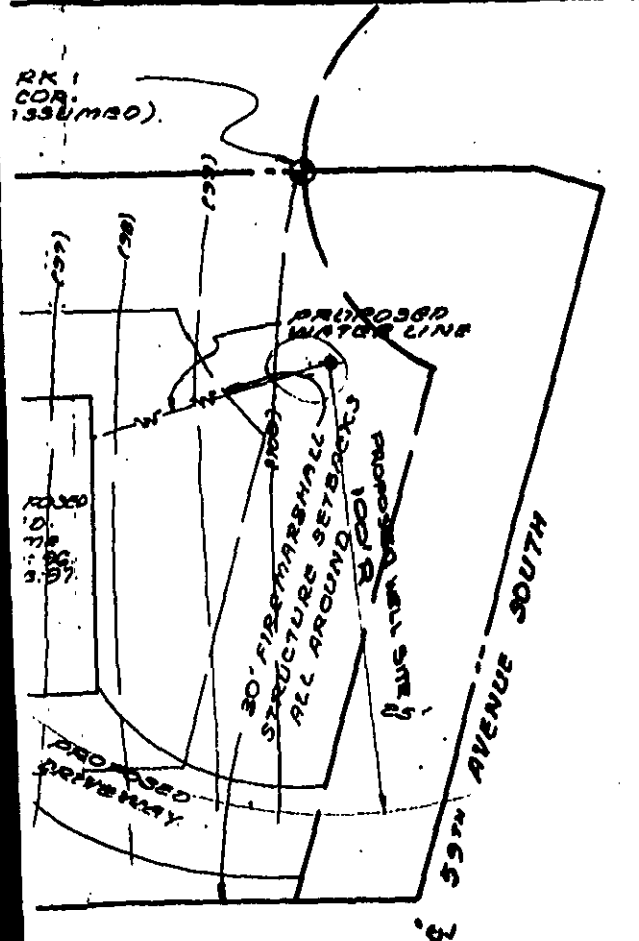
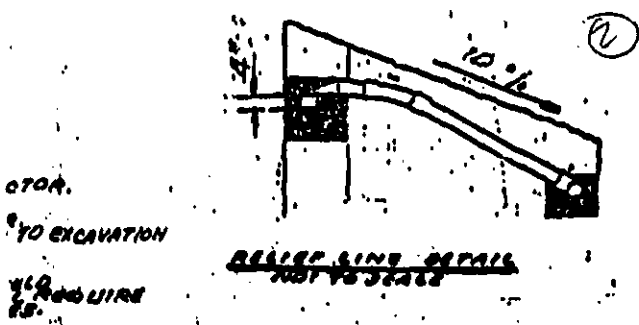
JW

APPROVED

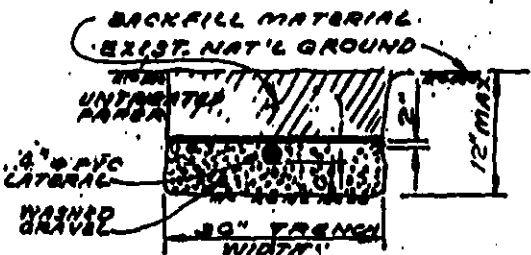
JUN 12 1996

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

DRAINFIELD DETAIL



	1	2	3*	3	4
DEBRIS	0-2	0-2	0-2	0-2	0-2
SOIL/ROOT	8-23	8-23	8-23	8-23	8-23
SOIL	25-44	25-44	25-44	25-44	25-44
MOT'L G	24	24	24	24	24
WATER	-	-	-	-	-



TRENCH DETAIL
NOT TO SCALE

PIPING REQUIREMENTS:
 LATERALS: 4" PSC 80 PVC PERFORATED
 PIPE X 2.5' (4 RAY'D)
 TIGHTLINE: 4" PVC PIPE X 10'
 DRAINFIELD LENGTH: 250.0'
 LATERAL SPACING: 7.5'

RECEIVED
 JUN 04 1996
 Tacoma-Pierce County Health Department

SEPTIC TANK REQ'T:
 CAPACITY: 1200 G/20 MIN.
 INLET EL.: 53.0
 OUTLET EL.: 54.75

MINIMUM SETBACKS:
 FON. TO TANK: 5'
 FON. TO LAT'L: 11.5'
 PROP. LINE TO LAT'L: 6.5'

PARCEL NO. 10212115010
 S.P. 8904180488 LOT 3

OWNER: MR. R. LOYD
 7517 126th ST. S., PUY., WA. 98573
 895-9385

SITE ADDRESS:
 30910 59th AVE. S., ROY, WA. 98580

RENEWAL 12-30-94

ALPHA
 DESIGN SERVICE

11003 NORTHSTAR WAY S.W./TACOMA, WA 98448



INDIVIDUAL WATER SOURCE SITE INSPECTION

4/30/96
\$105700
4550
4/24/96

- (Check one)
- Well Site Inspection and Well Construction
 - Well Construction ONLY
 - Well Site Inspection ONLY

SITE ADDRESS 30416-55TH AVE S SEPTIC SYSTEM ENGINEER/DESIGNER BOB JAHNKE

SECTION 11 TOWNSHIP 17 RANGE 2 PARCELS 0217115010

PROPOSED WATER SUPPLY: (Check) WELL SPRING NEW EXISTING LOT SIZE 63.2

THIS APPLICATION MUST BE ACCOMPANIED BY THE SEPTIC DESIGN WITH WELL/SPRING LOCATION AND WELL/SPRING RADIUS AND PIERCE COUNTY CRITICAL AREAS CERTIFICATION. COMPLETE AND ACCURATE NOTATIONS TO THE SITE MUST BE PROVIDED AND THE EXACT WELL/SPRING SITE LOCATION PROPERLY MARKED.

APPLICANT NAME: RACHEL LEYD

Phone 845-9966

ADDRESS: 7317-124TH ST. E.

CITY: PRYALLUT ST. NO. ZIP 98573

(APPLICANT/ENGINEER/DESIGNER SIGNATURE) [Signature]
HEALTH-ENVIRONMENTAL HEALTH
FOR DEPOSIT ON FILE WITH
TACOMA HEALTH DEPARTMENT

(PLEASE PRINT) THE COMPLETED INSPECTION REPORT FORM WILL BE MAILED TO THE ABOVE ADDRESS

FOR DEPARTMENT USE ONLY

DATE OF INSPECTION 5-17-96 SIGNATURE [Signature]

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| (1) ARE THE MAP AND PLOT PLAN ACCURATE BASED ON YOUR OBSERVATION AT THE SOURCE SITE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (2) IS THERE EVIDENCE OF EXISTING SOURCES OF CONTAMINATION WITHIN 100/200 FEET (CIRCLE ONE) OF THE SOURCE? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) DOES THE SLOPE OF THE GROUND ENDANGER THE SOURCE FROM POSSIBLE RUN-OFF CONTAMINATION? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) IF PUBLIC OR PRIVATE ROADS PASS WITHIN 100/200 FEET (CIRCLE ONE) OF THE SOURCE. ARE THEY DITCHED OR OTHERWISE DRAINED IN A MANNER WHICH SAFELY CONDUCTS SURFACE RUN-OFF AWAY FROM SOURCE? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) IF THE SOURCE IS AN EXISTING SOURCE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (A) IS VISIBLE CONSTRUCTION IN SOUND CONDITION (PIPING, ELECTRICAL, FLOOR SLAB, BUILDING, ETC.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) IS THERE A SUBSTANTIAL CONCRETE SLAB POURED AROUND THE WELL CASING? | <input type="checkbox"/> | <input type="checkbox"/> |
| (C) DOES CASING EXTEND AT LEAST 6 INCHES ABOVE SLAB AND EXHIBIT A SANITARY SEAL? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) IS THE SOURCE SITE WITHIN APPLICABLE PIERCE COUNTY CRITICAL AREAS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7) START NOTIFICATION NUMBER <u>W071928</u> WELL TAG NUMBER <u>436-625</u> | | |
| (8) WELL CONSTRUCTION INSPECTION COMPLETED? DATE <u>5/11/96</u> SIGNATURE <u>[Signature]</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (9) SATISFACTORY BACTERIOLOGICAL ANALYSIS COMPLETED? SAMPLE DATE <u>7/1/96</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (10) PRIMARY INORGANIC CHEMICAL ANALYSIS COMPLETED? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (11) WATER WELL REPORT AND FLOW TEST COMPLETED? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (12) IS THE OVERALL SOURCE SITE SATISFACTORY FOR AN INDIVIDUAL WATER SUPPLY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS [Signature]

PLANT MATERIAL MUST BE APPLIED ABOVE SUBSURFACE PITLESS ADAPTER

REC'D
APR 27 1996
Tacoma Health Department

DATE OF APPROVAL 5/17/96 SIGNATURE [Signature]