

3

3

9
SES

QA REVIEW	FIELD REVIEW
9/17/93 CIV	11-8-93 172
signature	date
	signature

(6)

36743



951202

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



SITE ADDRESS 30514 59TH AVE S

Previous Address _____

City/State/Zip ROY WA 98580

Redesign/Final/As-Built YES Community System YES

PLEASE PRINT

Parcel Number 0217115013 Subdivision 8904180486 Lot # 1 Permit # 38635

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 NORTHESTAR WAY SW City/State/Zip LAKEWOOD, WA 98498

Installation Firm DENNY'S BACKHOE 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 on-site sewage system design.

Signature of Designer [Signature] Date 9-29-97

FOR HEALTH DEPARTMENT USE ONLY

ACCEPTED DATE 11/12/97 EHS Signature [Signature]

Hold Date 10/9/97 EHS Signature [Signature]

Comments: Show Southern wells radius.

Date/Initials

Date/Initials

Hold Date _____ EHS Signature _____

Comments: _____

Date/Initials

Date/Initials

Please ATTACH 4 (four) SEPARATE AS-BUILT DRAWINGS

3629 South D ST MS:009 Tacoma WA 98408-8897 (206)591-8470 FAX (206)591-8470

HEA 080 (Rev. 08/98) WHITE FILE YELLOW-DESIGNER/INSTALLER PINK-APPLICANT

- As-built accepted in lieu of final inspection
- Final inspection
- HOLD for Backfill Verification ONLY

COPY

RECEIVED
SEP 30 1997
Tacoma-Pierce County Health Department

2 copies out at counter

①

30514-59 AVE S

397.45'

15' MIN

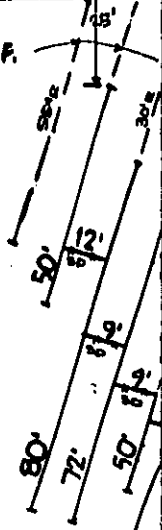
RESERVE D.P.

150.00'

Tacoma-Pierce County
Health Department
ACCEPTED AS-BUILT

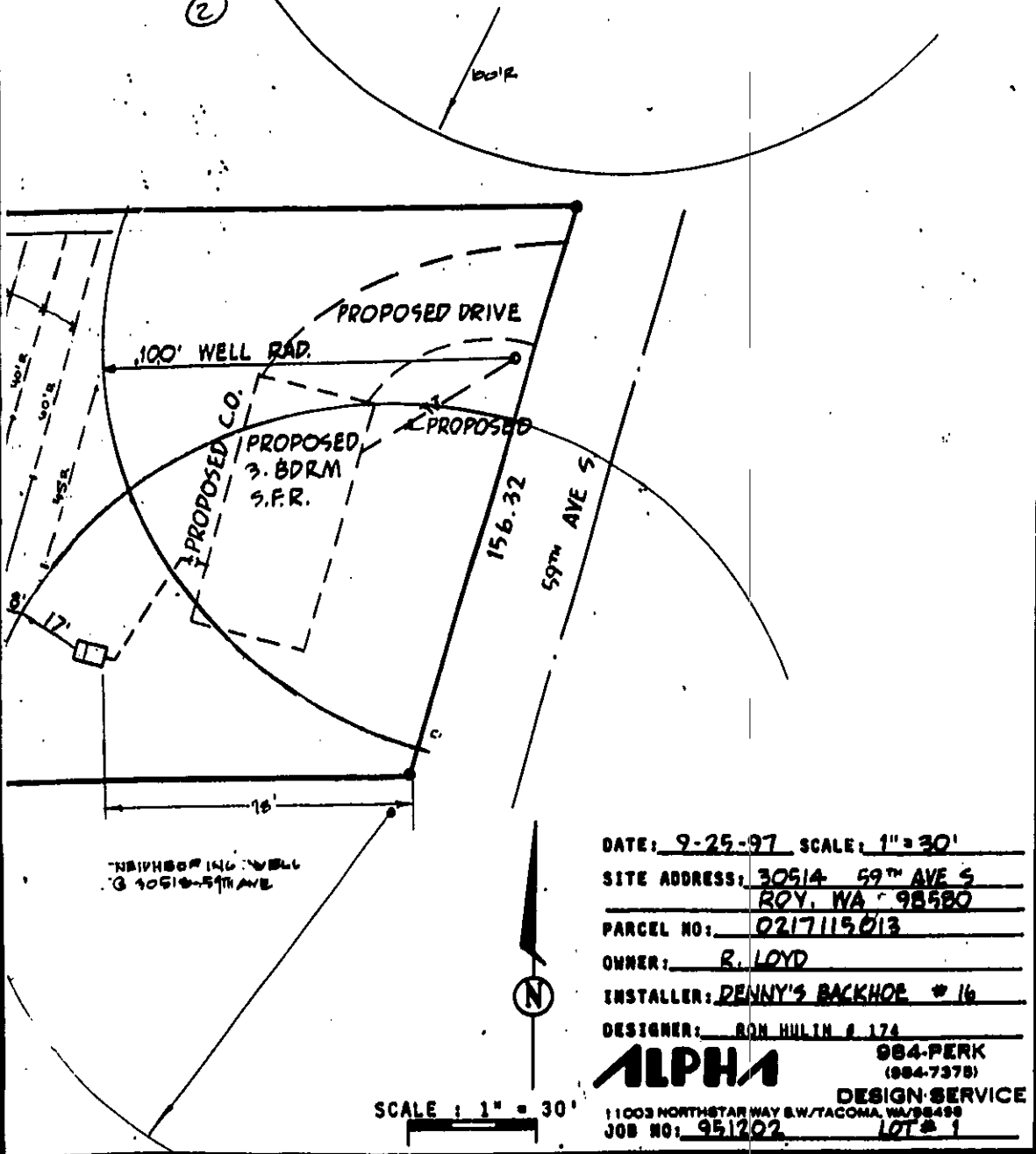
NOV 11 1997

ms
Sanitarian



309.01'

② **ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT**



DATE: 9-25-97 SCALE: 1" = 30'
 SITE ADDRESS: 30514 59th AVE S
ROY, WA 98580
 PARCEL NO.: 0217115013
 OWNER: R. LOYD
 INSTALLER: DENNY'S BACKHOE # 16
 DESIGNER: RON HULTIN # 174

ALPHA 984-PERK (884-7378)
 DESIGN SERVICE
 11003 NORTHSTAR WAY S.W./TACOMA, WA 98448
 JOB NO: 951202 LOT # 1

SCALE : 1" = 30'

FINAL INSPECTION

DATE: 9-24-97

SITE: 30514 59th Ave So.

APPL: Lloyd

CALLER: _____

DESIGNER: Ron Hulin

INSTALLER: Denny's Backhoe

comments: _____

Final OK, Hold for Asbuilt

Accept Asbuilt in Lieu of Final

Red-Tagged

date: 9/29/97 Ints: cmc

38635

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



Permit # _____
Install Repair _____
Commercial _____ Residential

INSTALLER Denny's

LOCATION 30514 - 59 AV. S.

OWNER Lloyd

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

DESIGNER/APPLICANT R. Hulin

VALIDATION
7-18-97
7567 - \$150.00
Expires one year from Validation date

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 _____ Date _____
O.K. to cover 3 working days after accepted date unless otherwise indicated by the Sanitarian.	

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 [Signature] 233-016 DATE 9-9-97

TO BE POSTED ON SITE — DO NOT ALTER OR DEFACE

3674385PM

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

INSTALLER BACKFILL NOTIFICATION / VERIFICATION RECEIVER

(PLEASE PRINT)

SITE ADDRESS: 30514 59 Ave So

OCT 06 1997

CITY: Rain

INSTALLATION PERMIT NUMBER: 38635 BUILDING PERMIT NUMBER:

OWNER: (Optional)

ADDRESS:

DESIGNER: R. Hutin #

INSTALLER: Dennis Deneu # 016

Employed by: Dennys # 233
(Name of Installation Firm)

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, (VAC 246-272).

DATE BACKFILLED 10-6 19 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) 591-7663, 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

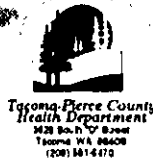
CERTIFIED DESIGNER/P.E./R.S.:

- 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

Site Address: Street 30514 59 AVE S
City: ROY St: WA Zip: 98580

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

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

FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD	<u>CC</u>	<u>4/22/95</u>
APPROVAL/DISAPPROVAL	<u>Y</u>	<u>ML</u>
MAILED TO BOX	<u>119</u>	<u>ml</u>

Health-Environmental	TACOMA PIERCE COUNTY	TOTAL
0076	00.00	
11 0076	90.00	CHECK
00001	01-04-95	TIC: 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#: 0217115013

Subdivision Name or Plat Recording #: 8904180486 Lot: 1 Block: _____

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

Property Size: 49535 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. 30' BLDG SETBACK

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

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

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: 8-7-93 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 Trench Depth: 12'

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

Date: 3-9-94 Designer's Address: 2403 21 ST SE City: PUYALLUP State: WA Zip: 98374

Comments and soil logs: _____

FOR HEALTH DEPARTMENT USE ONLY

NEW DESIGNER OF RECORD

174

RA

2-27-94

RECEIVED

DEC 30 1994

WATER SUPPLY: APPROVED 8-19-94 BY [Signature]

HOLD 1/11/95 REASON Valid water letter BY [Signature]

ON-SITE DESIGN: APPROVED 2/22/95 BY [Signature]

HOLD _____ REASON _____

DISAPPROVED _____ REASON _____

EXTENSION GRANTED

Expires 08/22/96

MB/ML

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

3

①

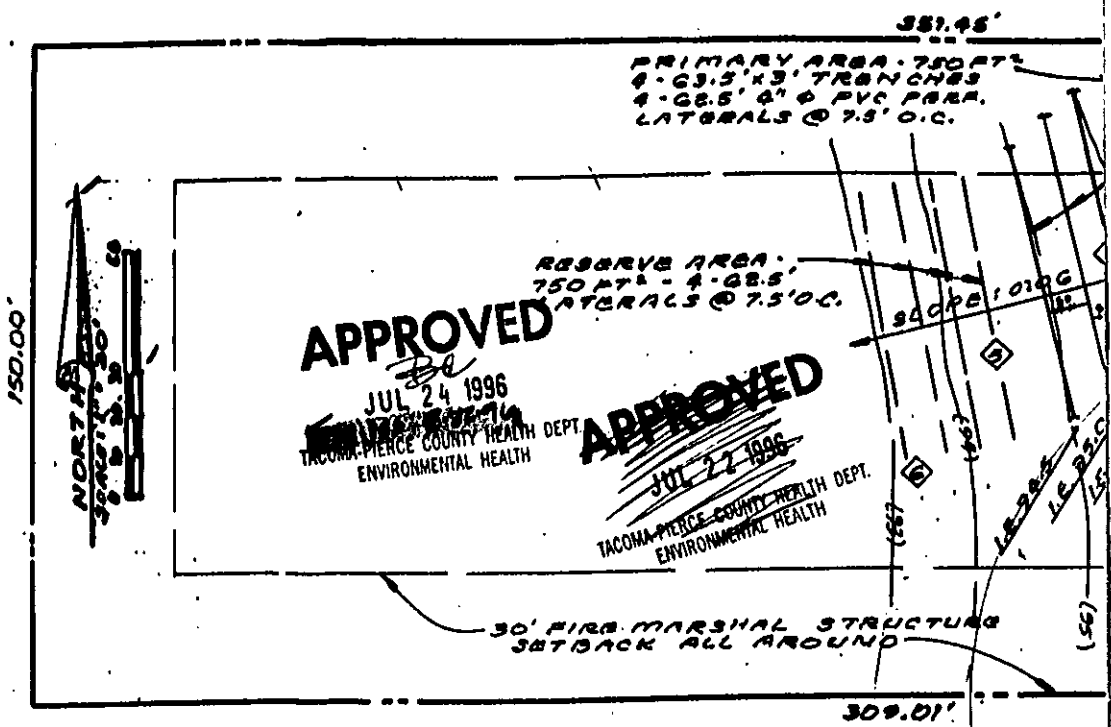
30514-59 AVES



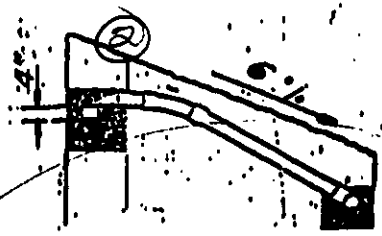
VICINITY MAP
NOT TO SCALE

GENERAL NOTES:

1. CONFORM TO ALL TRADE STANDARDS.
2. DRAINFIELD LATERALS TO BE INSTALLED LEVEL.
3. THE SYSTEM IS DESIGNED FOR 250 GPD AT 0.1 G/G/FT².
4. ALL "DEAD END" LINES TO BE CAPPED.
5. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRIND INSTALLATION TO VERIFY UNDERGROUND UTILITIES PRIOR TO INSTALLATION TO BE STAKED PRIOR TO STUMOUT.
6. ANY DEVIATION IN THE INSTALLATION OF THE DESIGN REDESIGN WITH ADDITIONAL DESIGN AND COUNTY APPROVAL.

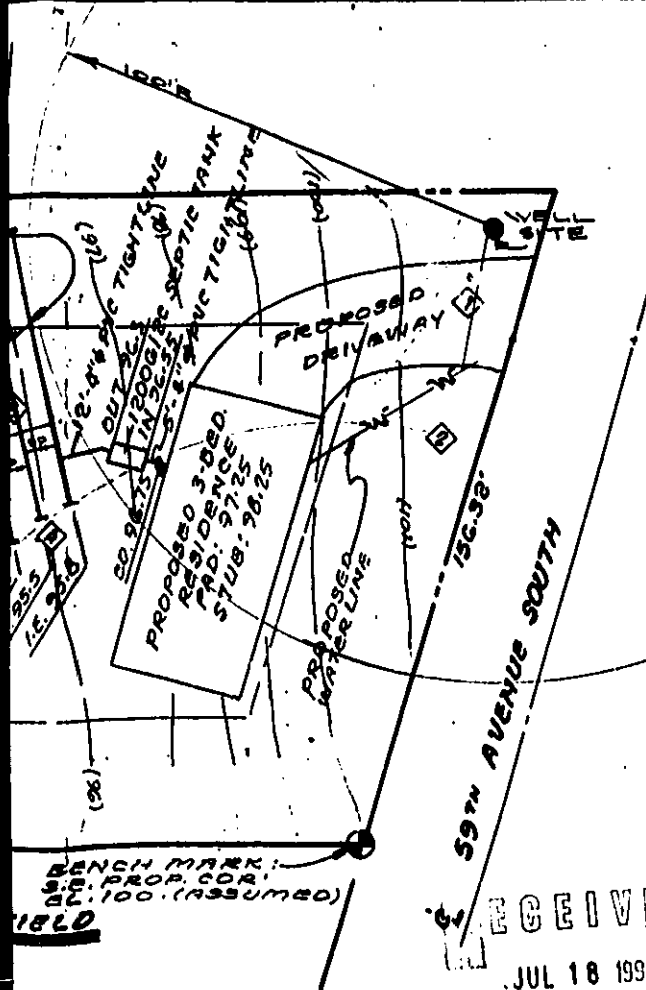


PLAN - PROPERTY AND DRAINAGE

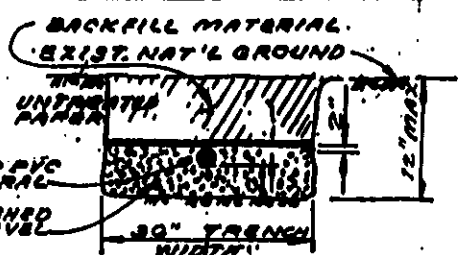


RELIEF LINE DETAIL
NOT TO SCALE

ACTOR.
OR
TO EXCAVATION
CITY
WIRE
1988.



	1	2	3	4	5	6
DEBRIS			0.8	0.3	0.2	0.3
3GL/FOOT			7.29	1.28	1.32	1.34
3GL			29.43	28.49	34.71	34.89
MOTEL'S			88	28	33	
WATER						



TRENCH DETAIL
NOT TO SCALE

PIPING REQUIREMENTS
 LATERALS : 4" PVC 40 PERFORATED PIPE x 250 (4.5 G.P.C.)
 TIGHTLINE : 4" PVC PIPE x 17'
 DRAINFIELD LENGTH : 250'
 LATERAL SPACING : 7.5' G.C.

SEPTIC TANK REQ'TS:
 CAPACITY : 1200 G/20 MIN.
 INLET EL. : 92.35
 OUTLET EL. : 96.30

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

PARCEL NO. 1021215013
 S.P. 8904100486 LOT 1
 OWNER: MS. R. LOYD
 7317 124TH ST. E., PUY., WA. 98573
 645-5585
 SITE ADDRESS:
 30514 - 59th AVENUE S., ROY, WA. 98660
 30514

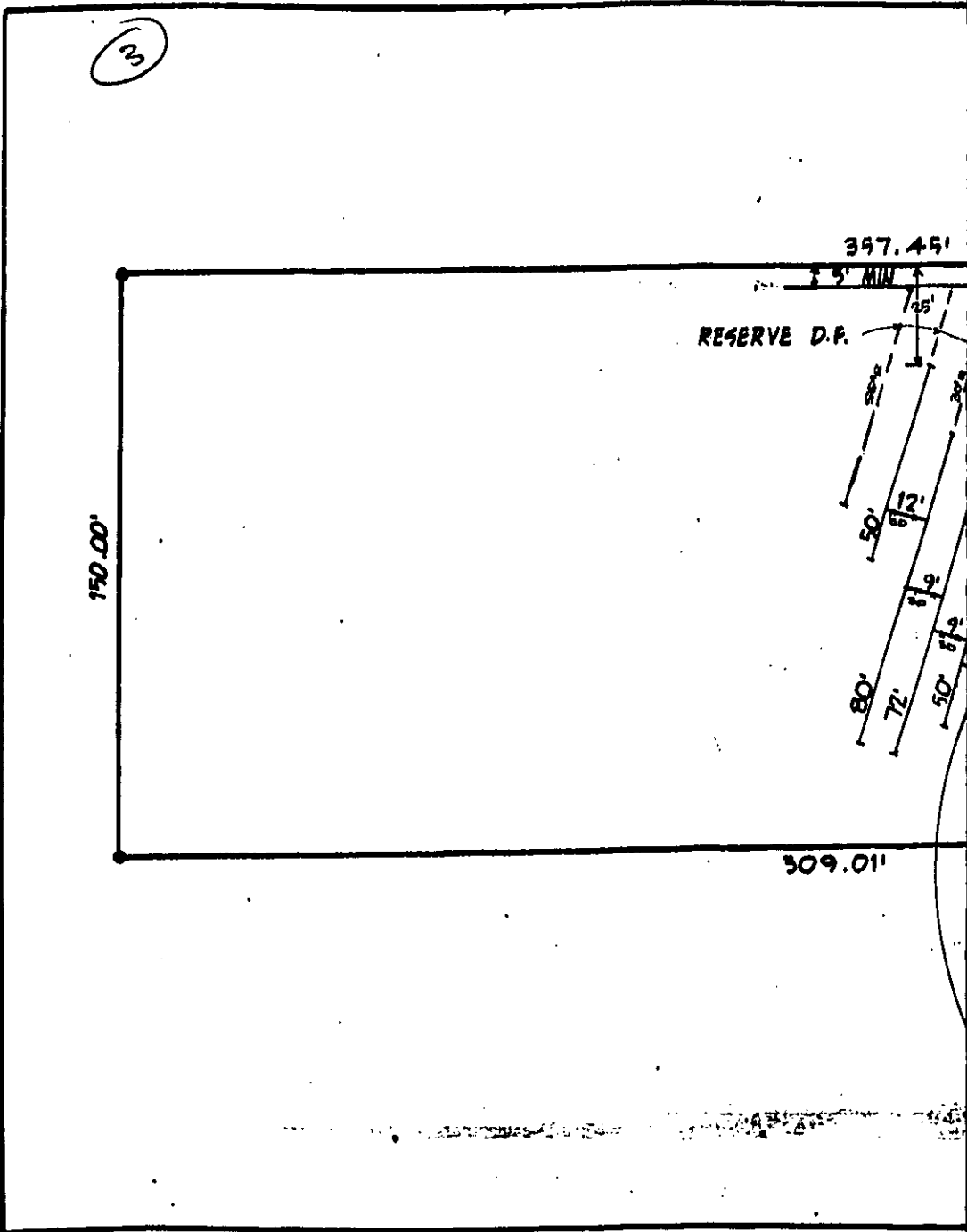
BENCH MARK:
 S.E. PROP. COR.
 EL. 100. (ASSUMED)
 1880

RECEIVED
 JUL 18 1995

REV. 7-17-95 LOCATION OF NEIGHBORING WELL MOVES PRIMA...

ALPHA
 DESIGN SERVICE
 11003 NORTHSTAR WAY S.W./TACOMA, WA/98408

(3)



357.45'

5' MIN

RESERVE D.P.

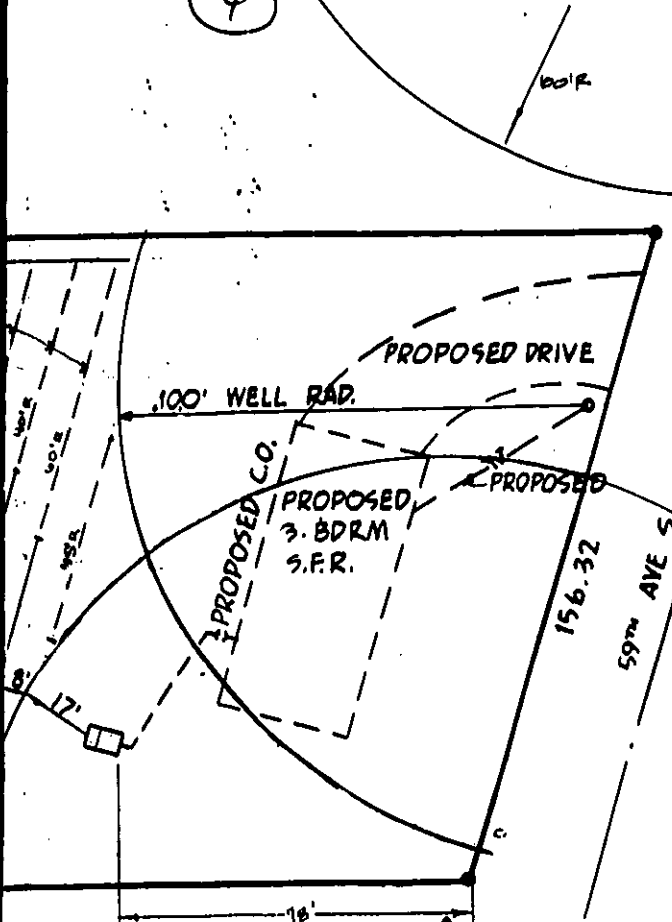
150.00'



309.01'

4

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT



NEIGHBORING WELL
G 90514-59th AVE

DATE: 9-25-97 SCALE: 1" = 30'
 SITE ADDRESS: 30514 59th AVE S
ROY, WA 98580
 PARCEL NO.: 0217115013
 OWNER: R. LOYD
 INSTALLER: DENNY'S BACKHOE # 16
 DESIGNER: RON HULIN # 174

ALPHA

984-PERK
(984-7378)
DESIGN SERVICE

11003 NORTHSTAR WAY SW/TACOMA, WA 98408
JOB NO: 951202 LOT # 1

SCALE: 1" = 30'

32
16
16
16
16
16
16



INDIVIDUAL WATER SOURCE SITE INSPECTION

4/30/96
FEB 6

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

402

SITE ADDRESS 3051A-59TH AVE S. SEPTIC SYSTEM ENGINEER/DESIGNER ROD

SECTION 11 TOWNSHIP 17 RANGE 2 PARCELS 0217115013

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

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

APPLICANT NAME: RAQUEL LOYD Phone

ADDRESS: 7317-124TH ST. E.

CITY: PUYALLUP ST. ST. ZIP 98373

(APPLICANT SIGNATURE)

(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 GP

- | | YES | NO |
|--|-----|-----|
| (1) ARE THE MAP AND PLOT PLAN ACCURATE, BASED ON YOUR OBSERVATION AT THE SOURCE SITE? | --- | --- |
| (2) IS THERE EVIDENCE OF EXISTING SOURCES OF CONTAMINATION WITHIN 100/200 FEET (CIRCLE ONE) OF THE SOURCE? | --- | --- |
| (3) DOES THE SLOPE OF THE GROUND ENDANGER THE SOURCE FROM POSSIBLE RUN-OFF CONTAMINATION? | --- | --- |
| (4) IF PUBLIC OR PRIVATE ROAD 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? | --- | --- |
| (5) IF THE SOURCE IS AN EXISTING SOURCE: | | |
| (A) IS VISIBLE CONSTRUCTION IN SOUND CONDITION (PIPING, ELECTRICAL, FLOOR SLAB, BUILDING, ETC.)? | --- | --- |
| (B) IS THERE A SUBSTANTIAL CONCRETE SLAB POURED AROUND THE WELL CASING? | --- | --- |
| (C) DOES CASING EXTEND AT LEAST 6-INCHES ABOVE SLAB AND EXHIBIT A SANITARY SEAL? | --- | --- |
| (6) IS THE SOURCE SITE WITHIN APPLICABLE PIERCE COUNTY CRITICAL AREAS? | --- | --- |
| (7) START NOTIFICATION NUMBER <u>W071935</u> WELL TAG NUMBER <u>ABA 635</u> | | |
| (8) WELL CONSTRUCTION INSPECTION COMPLETED? DATE <u>7-25-96</u> SIGNATURE <u>Mark Jaly</u> | ✓ | --- |
| (9) SATISFACTORY BACTERIOLOGICAL ANALYSIS COMPLETED? SAMPLE DATE <u>8-2-96</u> | ✓ | --- |
| (10) PRIMARY INORGANIC CHEMICAL ANALYSIS COMPLETED? | --- | --- |
| (11) WATER WELL REPORT AND FLOW TEST COMPLETED? | --- | --- |
| (12) IS THE OVERALL SOURCE SITE SATISFACTORY FOR AN INDIVIDUAL WATER SUPPLY? | ✓ | --- |

COMMENTS: Richardsons Drilling

SEALANT MATERIAL MUST BE APPLIED AROUND SUBSURFACE FITLESS ADAPTOR.

DATE OF APPROVAL 8-19-96 SIGNATURE Mark Jaly

**Tacoma-Pierce County Health Department
On-site Sewage Program**

**Waiver/Variance To Tacoma-Pierce County Board
of Health - On-site Sewage Regulations or
On-site Sewage Program Policy**

APPLICANT RACHEL LOYD
 ADDRESS 7317 124th ST.E.
 CITY PUYALLUP, WA. 98373 ST ZIP
Please Print Clearly

PHONE 845-9585

SITE ADDRESS: 22514- 59th AVE. SO. 98580
 DESIGNER: RON HULIN

RECEIVED
FEB 27 1996

TACOMA-PIERCE CO. HEALTH DEPT.
 ENVIRONMENTAL HEALTH DIVISION
 For Deposit Only:
 TPCND Tacoma Wash
 9331 80.00 TOTAL
 11 9331 80.00 CHECK
 000001 02-27-96 T11117
 (14.15.220)

** Appropriate fee must accompany
this Application

Request: Six month extension to the one year period to secure water source approval after on-site system approval.

I the undersigned applicant understand that this is a onetime six month extension. All documentation and testing required for water source approval must be submitted to the Tacoma-Pierce County Health Department for review prior to the expiration of the extension period.

Applicant Signature Rachel C. Loyd Date 2-18-96

Justification: (Attach additional justification or required documentation)

-SEE ATTACHED LETTER-

(Do not write below this line)

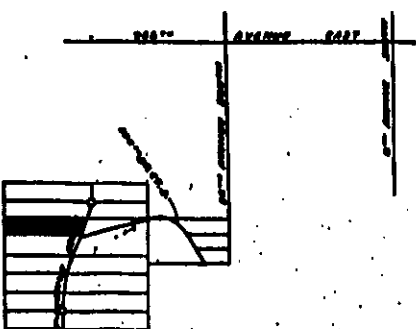
Approved Disapproved Additional Justification Required (see comments below)

Comments: water approval required by 8-22-96

EXTENSION GRANTED
 Expires 08/22/96
 H.O. MB/LWA

Sanitarian Signature: M. Blaine

Date 3-5-96



VICINITY MAP
NOT TO SCALE

30514 - 59 AVE'S

①

GENERAL NOTES:

1. CONFORM TO ALL TRENCH STANDARDS.
2. DRAINFIELD LATERALS TO BE INSTALLED LEVEL.
3. THE SYSTEM IS DESIGNED FOR 250 GPD AT 0.1 G/FT² FAC.
4. ALL "DEAD-END" RUNS TO BE CAPED.
5. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.
6. INSTALLER TO VERIFY UNDERGROUND UTILITIES PRIOR.
7. DRAINFIELD TO BE STAKED PRIOR TO STUBOUT.
8. ANY DEVIATION IN THE INSTALLATION OF THE DRAINFIELD WILL REDESIGN WITH ADDITIONAL DESIGN AND COUNTY PERMITS.

APPROVED

DEC 09 1993

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

Salvo V016
SEE RES 40

357.45'

PRIMARY AREA: 750 FT²
4 - 63.5' x 3' TRENCHES
4 - 62.5' 4" Ø PVC PERF.
LATERALS @ 7.5' O.C.

RESERVE AREA:
750 FT² - 4 - 62.5'
LATERALS @ 7.5' O.C.

Col 3 ?

ML
12-8-93
6/12

150.00'



③ 40' Bon Rd 6LS

④ 20' Bon Rd 6LS
40' 6LS

⑤ "

30' FIRE MARSHAL STRUCTURE
SETBACK ALL AROUND

⑥ "

RECEIVED

SEP 14 1993

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

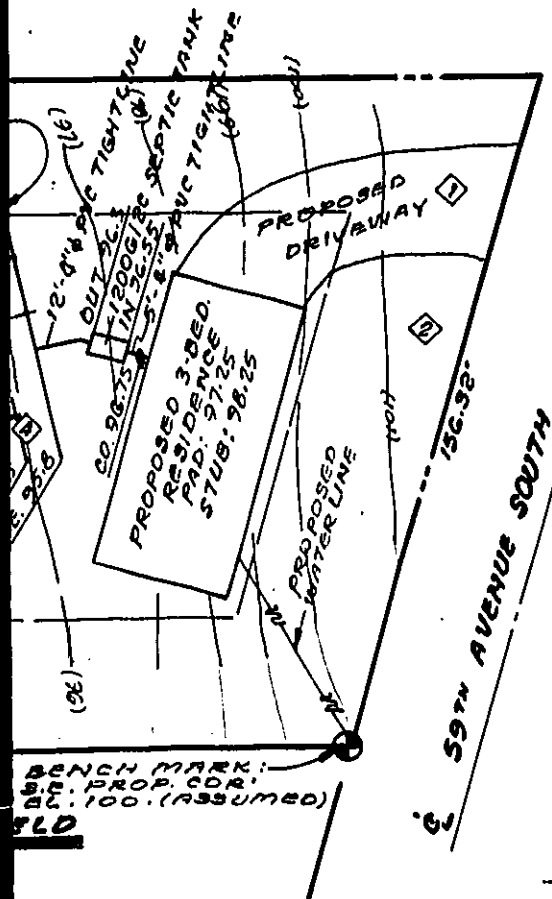
309.01'

PLAN - PROPERTY AND DRAINFI.

FOR
TO EXCAVATION
LATERAL LINE



BELIEF LINE DETAIL
NOT TO SCALE

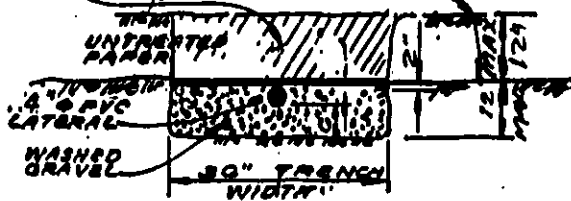


BENCH MARK:
S.P. PROP. COR.
EL.: 100. (ASSUMED)

SOIL LOGS 18-7-68

	1	2	3	4	5	6
DEARIS 30L/FOOT			0-2	0-3	0-5	0-3
30L			7-29	8-28	8-32	8-36
30L			29-45	28-49	36-51	36-48
MOVLG WATER			20	28	33	1-29

BACKFILL MATERIAL
EXIST. NAT'L GROUND



TRENCH DETAIL
NOT TO SCALE

PIPING REQUIREMENTS:

LATERALS: 4" 40 PVC PERFORATE
PIPE x 250 (4 @ 62.5')
TIGHTLINE: 4" PVC PIPE x 17'
DRAINFIELD LENGTH: 250'
LATERAL SPACING: 7.5' O.C.

SEPTIC TANK REQ'TS:

CAPACITY: 1200 G/20 MIN.
INLET EL.: 92.95
OUTLET EL.: 90.30

MINIMUM SETBACKS:

FDN. TO TANK: 5'
FDN. TO LATERAL: 11.5'
PROP. LINE TO LAT'L: 6.5'

PARCEL NO.: 0217115013

S.P. 8904100486 LOT 1

OWNER: MR. R. LOYD

7317 124TH ST. S., PUY., WA. 98373
895-5585

SITE ADDRESS:

5614 59TH AVENUE S., ROY, WA. 98580

CONSTRUCTION SERVICES

By: A. MARTIN
Date: 8-29-68
Scale: 1/4" = 1'-0"
CART. NO. 300

1408 E 1st STREET SOUTHWEST, PUYALLUP, WA. 98364
(206) 848-0798