PLEASE [redacted] ADDRESS MAP [redacted]

SITE NO. 29688 | OPTS 26325 | AREA: 03 | PA 127 323 40100

BUILDING SITE APPLICATION

THURSTON COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH
2000 LAKERIDGE DR. S.W.
PHONE 786-5455
OLYMPIA, WA 98502

OWNER (PLEASE PRINT) Gregory J. Adamick
STREET 12221 Case Rd SW
CITY Olympia STATE WA ZIP CODE 98512
PHONE 786-1945 / 866-8188

APPLICANT (IF OTHER THAN OWNER) (PLEASE PRINT) Advanced Engineering
STREET 4305 Lacey Blvd SE
CITY Lacey STATE WA ZIP CODE 98503
PHONE 491-4044

MAIL REPORT TO: ☑ OWNER ☐ APPLICANT

SEC. 32 TWNSP. 17 N RANGE 2 W

LEGAL DESCRIPTION:

Sec. 32, 17N, 2W
Tract A

PROJECT DESCRIPTION:
☑ SINGLE-FAMILY
☐ MOBILE HOME
☐ DUPLEX
☐ FOR ON-SITE EVALUATION ONLY

NO. OF BEDROOMS 3

LOT SIZE 14 Ac.

OTHER _____ LOT AREA SQ. FT. 1598ac

BASEMENT PLUMBING ☐ YES ☑ NO

WATER SYSTEM ☐ PUBLIC ☑ SINGLE FAMILY ONLY

NAME _____ I.D. NO. _____

SOIL CLASS: _____

COMMENTS: Install as per approved design. Water line should be double sleeved if located less than 10' from all septic system components.

PRIMARY SEPTIC TANK(S) _____ GAL. PUMP REQ. Y ___ N ___

DISTRIBUTION LINE TOTAL _____ FEET

FILTRATION AREA _____ SQ. FEET

QUANTITY OF APPROVED STONE _____ CU. YD. SAND _____ CU. YD.

OTHER MATERIAL _____ CU. YD.

APPLICATION RATE _____ GAL./SQ. FT./DAY

DESIGN FLOW _____ GALLONS/DAY

MAXIMUM TRENCH DEPTH _____ INCHES

DATE	EXPLANATION	EXPIRATION	AMOUNT	NUMBER
1/29/93	BSA	1/29/96	95-	1383
"	Design		190-	"
"	CP		60-	"
"	TCP		25-	"
3/12/93	OP	"	70.00	# 2970
OP2	PD	Ø		

APPEAL:

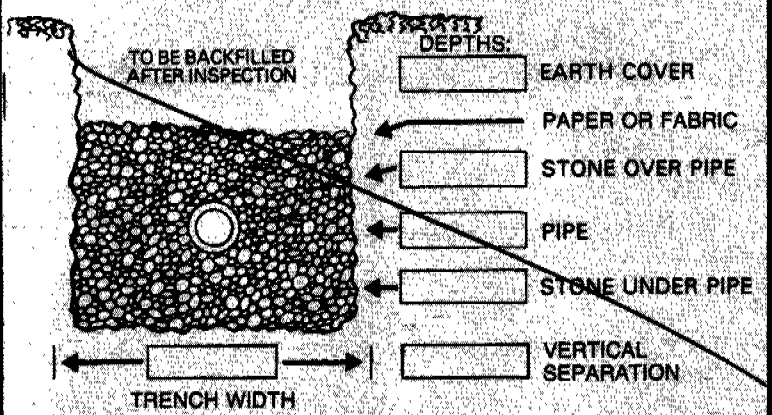
Any person Aggrieved by a decision an inspection, or notice made by the health officer shall have the right to appeal the matter as specified in Article I.

NOTICE: The purpose of this permit or approval and the regulations under which they are issued is only to protect against health hazards to the general public. It is not the purpose of the permit to guaranty that each septic system is constructed or will operate in compliance with regulations or in a successful manner. Issuance of a permit or approval is not a guaranty by the county regarding the adequacy of a site or sewage disposal system.

SEWAGE CONTRACTOR J & M

SYSTEM DESIGNER

REQUIRED TRENCH PROFILE



BUILDING SITE DISAPPROVED

DATE _____ BY _____

BUILDING SITE APPROVED

DATE 3/9/93 BY Walt Tyerman

BUILDING SITE APPLICATION EXPIRES 3/9/96

127323401000 - Page 1 of 1

HEALTH DEPARTMENT -- COUNTY OF THURSTON

~~CORRECTION~~ NOTICE

I have this day inspected the sewage system on this property and have found the following violations of County and/or State laws governing same:

PERMIT NO. 29685

— Installation O.K.

— Need Designer cert. As-built / Pressure

12732340100 Page 2 of 16

You are hereby notified that no more work shall be covered on this property until the above violations are corrected. When corrections have been made, call for re-inspection.

DO NOT REMOVE THIS TAG

DATE 7/30/93

Walt Tyson
INSPECTOR FOR HEALTH DEPT.

BUILDING SITE APPLICATION PROJECT PLAN

PLEASE PRESS HARD

SITE NO. 29088 (This is not a permit) PARCEL NO. 127327340100

INDICATE THE FOLLOWING INFORMATION. LABEL EXISTING OR PROPOSED, IF KNOWN, ON THE DRAWING. DRAW TO SCALE, USING 1 SQUARE TO EQUAL NO MORE THAN 10 FEET.

- ☐ 1. Indicate north arrow.
- ☐ 2. Property boundary lines.
- ☐ 3. Indicate driveway location from nearest intersection or landmark.
- ☐ 4. Major features of property (ravines, seasonal creeks, bodies of water).
- ☐ 5. Proposed septic system location.
- ☐ 6. Wells or drinking water source.
- ☐ 7. Paved surfaces (i.e. driveways and patios).
- ☐ 8. Arrows showing direction of slope. Assume an elevation of 100 feet at one lot corner and indicate the other lot corner elvevations to it.
- ☐ 9. Indicate structures — existing or proposed — and distance from lot lines.
- ☐ 10. Neighbors wells within 150 feet.

Attached
See Design

127327340100 - Page 3 of 16

I UNDERSTAND THAT ANY PERMITS ISSUED BY THE COUNTY CONSISTENT WITH THE ABOVE SITE PLAN ARE VALID ONLY IF ALLOWED BY ALL APPLICABLE LAWS AND CODES. FURTHER, THAT ALL PERMITS ISSUED ARE VALID ONLY IF CONSTRUCTION IS ACCORDING TO THIS PLAN.

SIGNATURE:

DIRECTIONS TO SITE:

PUBLIC WORKS: ACCESS PERMIT ISSUED ____ (date) PERMIT NO. ____

PLANNING & ZONING: PERMITS NECESSARY: ZONING ____ SHORELINE ____ SUBDIVISION ____ SEPA ____ OTHER ____

DATE TO PLANNING 11-29-93

ACCEPTABLE 12-3-93 (initial) (date)

HOLD FOR PERMIT (initial) (date)

PD

OWNER Adamich PARCEL # 12732340100 SITE # 29688

SITE ADDRESS Case Rd. SEC ____ TWNSP ____ RG ____

INSTALLATION DATE 7/28/93 SEWAGE CONTRACTOR ____

SEPTIC TANK SIZE 1200 CUBIC YARDS ROCK 25

20139 ADVANCED

THURSTON COUNTY HEALTH DEPARTMENT 03

2000 LAKERIDGE DR. S.W.
OLYMPIA WA. 98502
PHONE 786-5455

FINAL INSPECTION RECORD

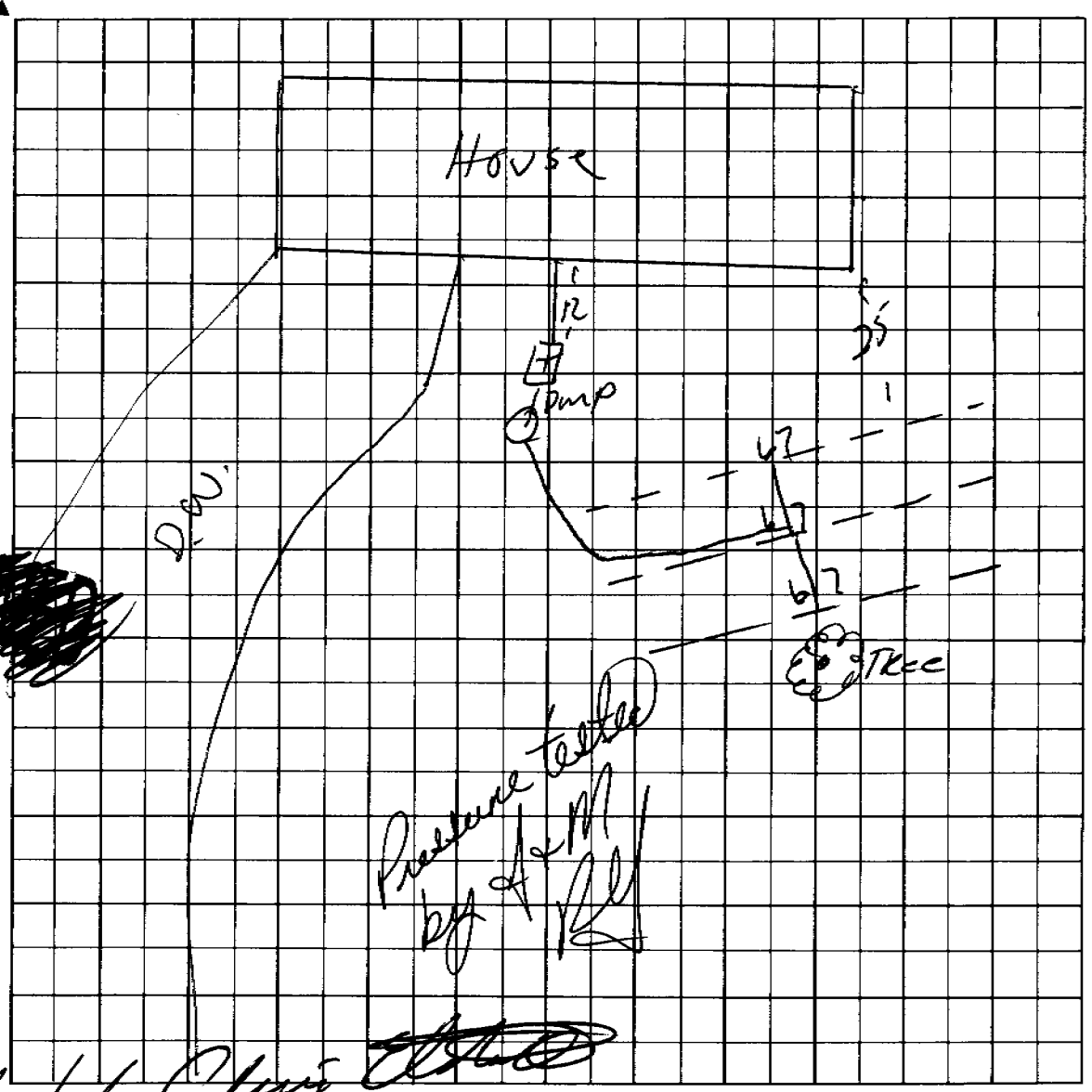
THIS RECORD IS NOT A GUARANTEE OF PERFORMANCE. THE HEALTH DEPARTMENT RECOMMENDS THE SEPTIC TANK SHOULD BE PUMPED AND INSPECTED EVERY THREE TO FIVE YEARS. REDUCTION IN HOUSE WATER USE CAN EXTEND THE DRAINFIELD LIFE.

RECEIVED
AUG 16 1993
ENVIRONMENTAL HEALTH

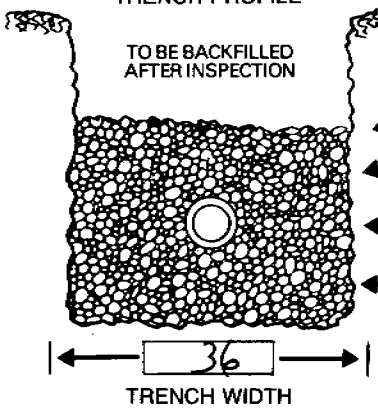
INDICATE THE FOLLOWING INFORMATION ON THE DRAWING:

1. RESIDENCE LOCATION AND DIMENSIONS.
2. PAVED SURFACES (I.E., PATIOS, DRIVEWAYS, ETC.)
3. WELLS OR SURFACE WATER SOURCES.
4. DIRECTIONS OF DRAINAGE.
5. SEPTIC SYSTEM LOCATION.
   TANK LOCATION — FROM HOUSE
   FROM HOUSE CORNER
   DRAINFIELD LENGTH AND LOCATION
   LOCATION & LENGTH OF ALL TIGHT LINES
6. LENGTH, LOCATION & DIMENSIONS OF ALL INTERCEPTOR LINES.
7. LABEL ALL SETBACKS, I.E. FROM WATER, PROPERTY LINES, ROADS, ETC.
8. ASSUME AN ELEVATION OF 100 FEET AT ONE LOT CORNER AND INDICATE THE OTHER LOT CORNER ELEVATIONS.
9. USE ARROWS TO SHOW DIRECTION OF SLOPE.

ONE SQUARE EQUALS 10 FEET



DRAINFIELD TRENCH PROFILE



DEPTHS:

12 Fill	EARTH COVER
	PAPER OR FABRIC
3	STONE OVER PIPE
1 ¼	PIPE
6	STONE UNDER PIPE

LOU

DATE 8-11-93 CERTIFIED BY R.L. Johnson

12732340100 Page 1 of 1

RECEIVED BY THURSTON COUNTY ENV. HEALTH
DATE 10/27/93

WHITE-OFFICE COPY CANARY-CONTRACTOR COPY PINK-HOMEOWNER COPY

127 32340100

SITE NO. 29088	OPTS 26325	AREA: 03	PARCEL NO. ~~127 32 4 30000~~

DATE	RECORD OF ACTION	OPTS	BY
1/29/93	ready, design rec'd, to TCP / no existing paperwork	✓	CA
2/11	returned from TCP, to 03	✓	DS
2/24	on-site		WT
3/9	Reviewed plans – Approvable – As per designer justification the initial system will be allowed within 90' of Seasonal drainage		WT
3/10	approvable, file to Dian to prepare packet	✓	DS
3/11/93	OP fee paid. Copies released and file to O+M	✓	RCBN
7-29-93	Final	✓	cvt
7-30-93	on-site Installation O-K. Need As-Built		cvt
8/3	Final Optd. Refiled in Closed	✓	DKP
8.19	Asbt attached, to Area 3.	✓	DKP
10/5	Need designer cert on As-built		cvt
10/8	Ltr sent: need designer cert	✓	DKP
10/21	Designer signed of asbt, to 03.	✓	DKP
10/27/93	Designer cert As-built – Approved		cvt
10/28	Asbt apvd, copies rlsd. File to O+M	✓	DKP
11-1-93	O+M Complete	DKP	TW

127 32340100 Page 5 of 16

PAGE

THURSTON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE PERMIT #107385

TAX PARCEL #12732340100

FILE COPY - PAGE 1

OS14 SINGLE FAMILY ON-SITE 4 YEAR PERMIT

BSA: 29688 CATEGORY: SINGLE FAMILY EXPIRATION DATE: 07/28/1997

AUDITOR FILE NUMBER: SANITARIAN: 67382 SEC 32 TWN 17 RNG 2W

SYSTEM TYPE: PRESSURE DIST GPD: 360 ERU: 1.0 DENSITY: N

GSA DESCRIPTION:

COMMENT:

THIS PERMIT IS GRANTED UNDER PROVISIONS OF RCW 70.05, WAC 248-96, AND ARTICLE IV, THURSTON COUNTY SANITARY CODE THIS DATE OF 07/29/1993.

TO: GREGORY & SUSAN ADAMICH
12221 CASE RD SW
OLYMPIA, WA 98512

LEGAL DESCRIPTION: E2 W2 LY S OF FOL LN COM E LN SW TR
12225 CASE RD SW
OLYMPIA, WA 98512

THE PERMITTEE IS HEREBY ISSUED AN OPERATION AND MAINTENANCE PERMIT FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM ON THE ABOVE DESCRIBED PROPERTY WHICH IS SUBJECT TO THE FOLLOWING CONDITIONS:

* ALL INSPECTIONS, MAINTENANCE COMMENTS, RECORDINGS AND REPAIRS SHALL BE KEPT IN A LOG BOOK; A COPY OF WHICH SHALL BE SUBMITTED TO THURSTON COUNTY ENVIRONMENTAL HEALTH PRIOR TO EXPIRATION OF THIS PERMIT.

* THE SEPTIC TANK(S) MUST BE PUMPED BY A LICENSED PUMPER DURING THE LAST SIX MONTHS PRIOR TO THE PERMIT EXPIRATION DATE, UNLESS OTHERWISE AUTHORIZED BY THE HEALTH OFFICER.

* WRITTEN EVIDENCE FROM A LICENSED SEPTIC TANK PUMPER THAT THE TANK(S) AND\OR PUMP CHAMBER HAVE BEEN PUMPED MUST BE PRESENTED TO THE ENVIRONMENTAL HEALTH DIVISION PRIOR TO THE EXPIRATION OF THIS PERMIT. THERE SHALL ALSO BE A STATEMENT FROM THE PUMPER REGARDING THE CONDITION OF THE SEPTIC TANK AND\OR PUMP CHAMBER.

* DRAINFIELD AREAS AND/OR INSPECTION PORT(S) MUST BE VISUALLY INSPECTED EACH SPRING. RESULTS OF THE INSPECTIONS MUST BE NOTED IN THE INSPECTION LOG BOOK.

* THE PUMP CHAMBER MUST BE INSPECTED EVERY TIME THE SEPTIC TANK IS PUMPED. CHECK THE CONDITION AND PROPER PERFORMANCE OF THE SWITCH, PUMP/SIPHON, SCREEN AND ALARMS. ELECTRICAL COMPONENTS AND CONDUITS SHOULD BE CHECKED FOR CORROSION. BUILD-UP OF SLUDGE IN THE CHAMBER SHOULD BE MONITORED AND PUMPED IF NEEDED.

* THE PUMP CHAMBER SHOULD BE INSPECTED EVERY SIX (6) MONTHS. THE CONDITION OF THE PUMP CHAMBER SHOULD BE NOTED.

STATEMENT OF RECORD

Tax Parcel #12732340100

Legal Description: E2 W2 LY S OF FOL LN COM E LN SW TR
A SURVEY 10/4

An Operation and Maintenance Permit #107385 has been issued on this parcel of property. This permit is required by Article IV of the Thurston County Sanitary Code to insure proper operation and maintenance of the on-site sewage disposal system located on the above described property. This permit shall be obtained and kept current by the owner of such property.

This document shall run with the land and shall be binding on all parties, their successors in interest and assigns, having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall insure to the benefit of each owner thereof.

For information regarding specific permit conditions, contact Thurston County Environmental Health, Operation and Maintenance permit section, at 754-3348.

GREGORY & SUSAN ADAMICH

Legal Owner's Printed Name

Tammy Anderson 10-29-93

Health Inspector's Signature Date

FOR AUDITOR'S USE ONLY

THURSTON COUNTY
OLYMPIA, WA
10/29/93 1:41 PM
REQUEST OF: 107385
Sam S. Reed, AUDITOR
BY: ALAN, DEPUTY
$7.00 EHSRD
Vol: 2176 Page: 156
File No: 9310290247

THURSTON COUNTY HEALTH DEPARTMENT
ENVIRONMENT HEALTH DIVISION
ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE PERMIT #107385

TAX PARCEL #12732340100

BILLING STATEMENT

OS14 SINGLE FAMILY ON-SITE 4 YEAR PERMIT

ERU: 1.0

GREGORY & SUSAN ADAMICH
12221 CASE RD SW
OLYMPIA, WA 98512

BILLING DATE: 07/29/1993
PAYMENT DUE DATE: 08/28/1993
PERMIT EXPIRATION DATE: 07/28/1997

Fee Calculations For Current Year

07/29/1993	Operational Permit Administration Fee	$33.00	
07/29/1993	Auditor Filing Fee	$7.00	
07/29/1993	Water Quality Monitoring Fee	$30.00	
Balance Due			$70.00

Anticipated Future Fees*

07/29/1994	Water Quality Monitoring Fee	$30.00	
07/29/1995	Water Quality Monitoring Fee	$30.00	
07/29/1996	Water Quality Monitoring Fee	$30.00	
07/29/1997	Field Inspection Fee	$60.00	
Anticipated Future Fees for this Permit			$150.00
Total Estimated Fees for this Permit			$220.00

* Fees subject to change for inflation, etc, as allowed in Article I of Thurston County Sanitary Code

****
MINIMUM AMOUNT DUE PER THIS STATEMENT: $70.00
****

CHECKS PAYABLE TO: ENVIRONMENTAL HEALTH

MAILING ADDRESS: THURSTON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
2000 LAKERIDGE DRIVE SW, BUILDING 1
OLYMPIA, WA 98502

THURSTON COUNTY
WASHINGTON
SINCE 1852

COUNTY COMMISSIONERS
Judy Wilson
District One
Diane Oberquell
District Two
Dick Nichols
District Three

PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT

Patrick M. Libbey, Director
Diana T. Yu, MD, MSPH
Health Officer

October 6, 1993

Johnson & Maddox
2209 93rd Ave SW
Olympia, WA 98502

SUBJECT: AS-BUILTS
BUILDING SITE APPLICATION # 29688, 29700, 29049
TAX PARCEL # 12732340100, 09180014003, 79070001800

Dear Johnson & Maddox:

Review of the above mentioned as-built drawings reveals deficiencies that should be corrected before the sewage system receives approval by this Department, designer certification is needed for each of these as-builts.

Please submit a revised drawing on the as-built form. The sewage system records will be reviewed for final approval upon receiving the revision.

If you have any further questions regarding this matter, please contact me at (206) 754-2964.

Sincerely,

Walt Tysinger
Environmental Health Specialist

/dkp

cc: Wayne Sandy; PO Box 205; Rochester, WA 98579
Michael's Construction; PO Box 685; East Olympia, WA 98540
Gregory Adamich; 12221 Case Road SW; Olympia, WA 98512
Goode & Associates; PO Box 854;Centralia, WA 98531
Advanced Septic Designs; 4305 Lacey Blvd; Lacey, WA 98503
Johnson & Maddox, Installer file

A-29049/area3/dkp

ADVANCED ENGINEERING
4305 LACEY BLVD. S.E.
LACEY, WA 98503
PHONE: 491-4044
FAX: 493-0431

1-29-93

Don Moulton, Gary Duvall
Thurston Co. Env. Health

Re: TP # 12732430000 (Greg Adamich)

Dear Don / Gary,

Attached is the septic system design for the above referenced site. The primary drainfield is proposed in the deepest free-draining soil available at this site. Although a seasonal drainage course runs ±90' from the proposed d.f., the ground slopes away from the drainage. This, combined with the excellent dispersion of the pressurized system, should ensure that there will be no adverse effect on the local public or environmental health. Thus, a ±10' setback reduction from the 100' setback requirement from surface water is requested. Please review ASAP, Thank You, Chris E.

⊙ SOIL LOGS

1) 0-30" SA.LM & GR
   30-40" STAINED SA.LM. & GR.
   40-55" MOTT. SILT/CLAY
   55"+ TILL
   H_2O @ 38"

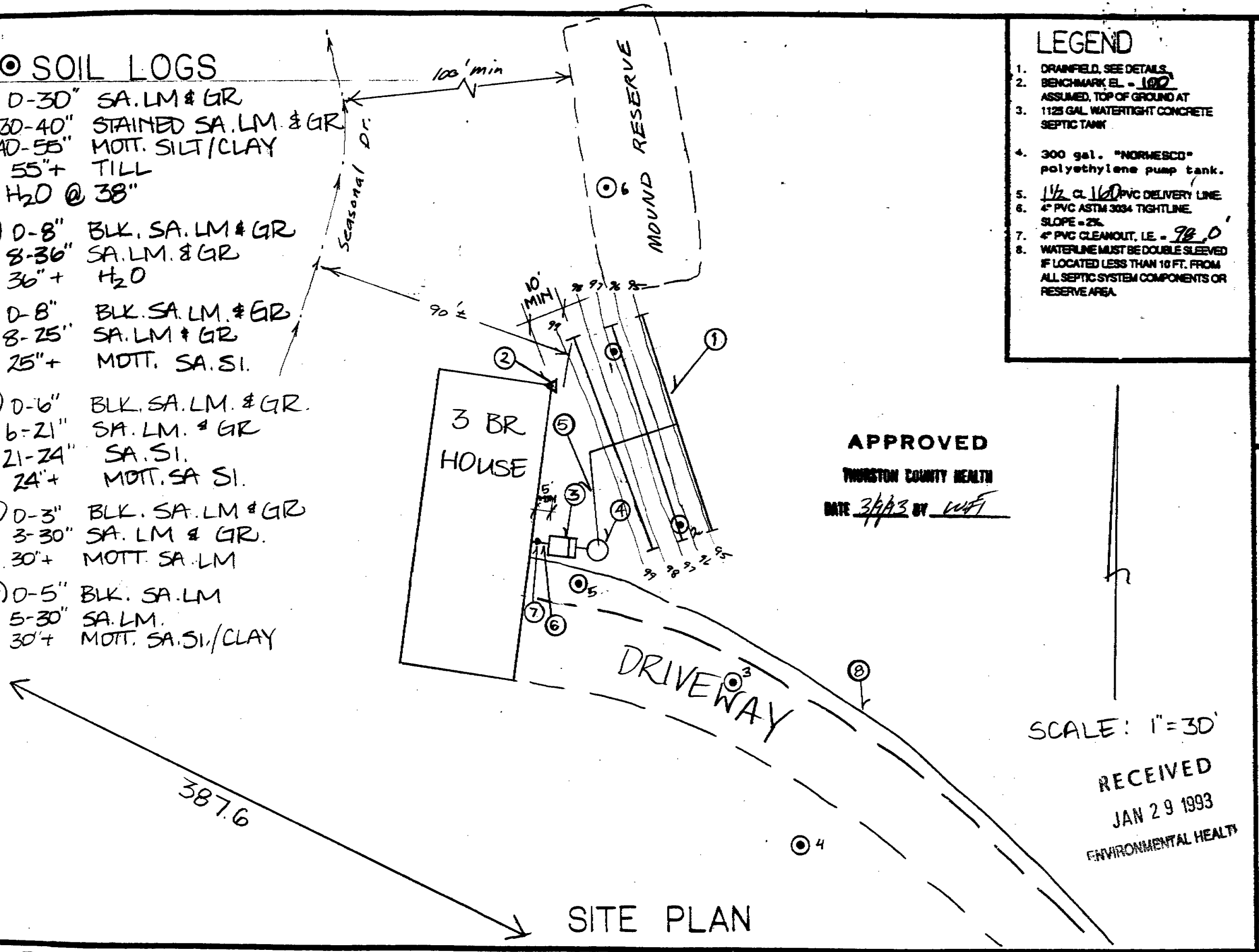
2) 0-8" BLK. SA.LM & GR
   8-36" SA.LM. & GR
   36" + H_2O

3) 0-8" BLK. SA.LM. & GR.
   8-25" SA.LM & GR
   25"+ MOTT. SA.SI.

4) 0-6" BLK. SA.LM. & GR.
   6-21" SA.LM. & GR
   21-24" SA.SI.
   24"+ MOTT. SA SI.

5) 0-3" BLK. SA.LM & GR
   3-30" SA. LM & GR.
   30"+ MOTT. SA.LM

6) 0-5" BLK. SA.LM
   5-30" SA.LM.
   30'+ MOTT. SA.SI./CLAY



SITE PLAN

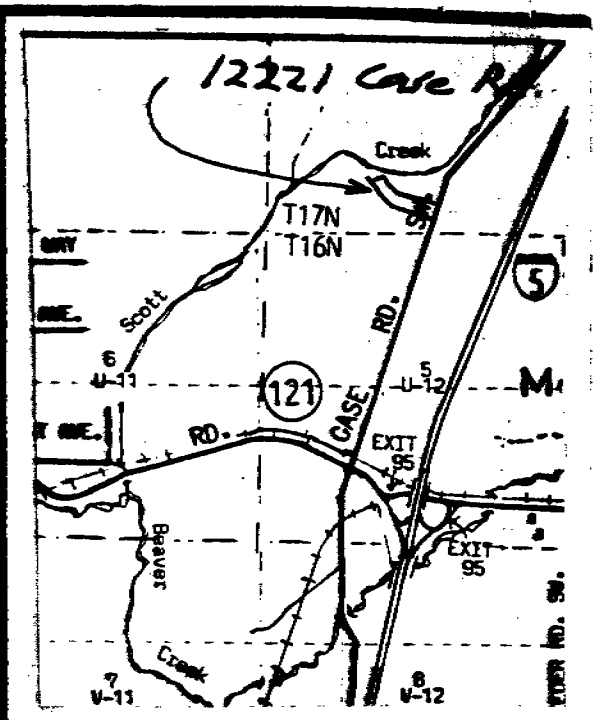
LEGEND

1. DRAINFIELD, SEE DETAILS.
2. BENCHMARK EL. = 100 ASSUMED, TOP OF GROUND AT
3. 1125 GAL. WATERTIGHT CONCRETE SEPTIC TANK
4. 300 gal. "NORWESCO" polyethylene pump tank.
5. 1½ CL 160 PVC DELIVERY LINE.
6. 4" PVC ASTM 3034 TIGHTLINE. SLOPE = 2%.
7. 4" PVC CLEANOUT, I.E. = 98.0'
8. WATERLINE MUST BE DOUBLE SLEEVED IF LOCATED LESS THAN 10 FT. FROM ALL SEPTIC SYSTEM COMPONENTS OR RESERVE AREA.

APPROVED
THURSTON COUNTY HEALTH
DATE 3/4/93 BY [illegible]

SCALE: 1"=30'

RECEIVED
JAN 29 1993
ENVIRONMENTAL HEALTH



VICINITY MAP

DESIGN CRITERIA:

3 BEDROOM RESIDENCE - 360 G.P.D. (PRIMARY)
450 G.P.D. (RESERVE)

DRAINFIELD REQUIRED:

$\frac{360 \text{ G.P.D.}}{0.6 \text{ G.P.D./S.F.}} \div 3 = 200$ LF (PRIMARY)

$\frac{450 \text{ G.P.D.}}{0.6 \text{ G.P.D./S.F.}} = 750$ SF (RESERVE)

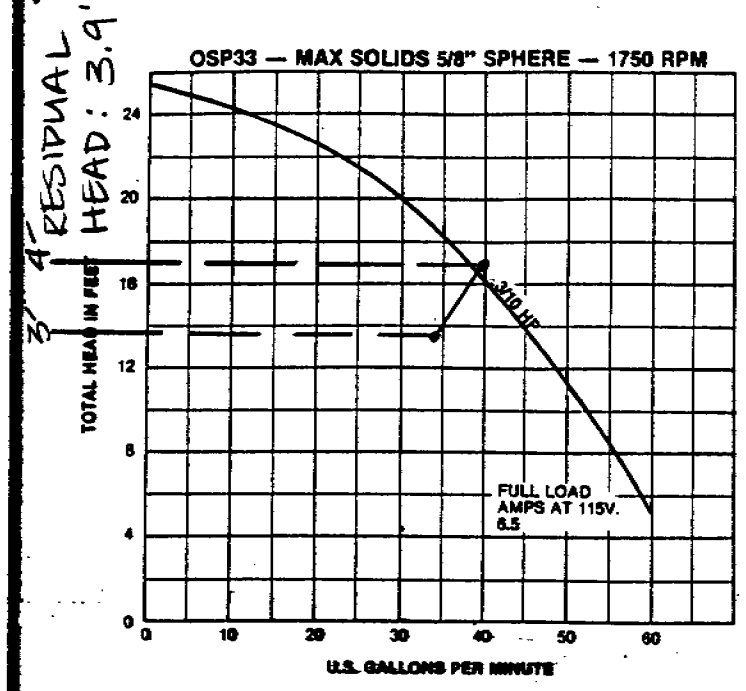
OWNER:
GREGORY J. ADAMICH
12221 CASE RD. SW
OLYMPIA, WA 98512

LEGAL DESCRIPTION:

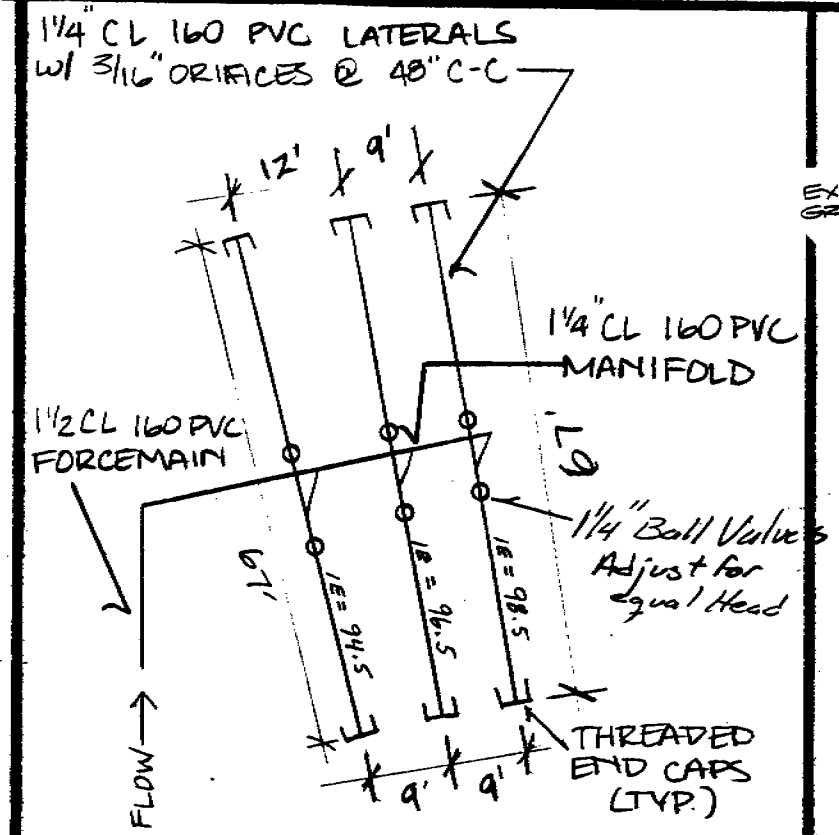
T.P.# ~~12732430000~~

B.S.A.# 12732340100

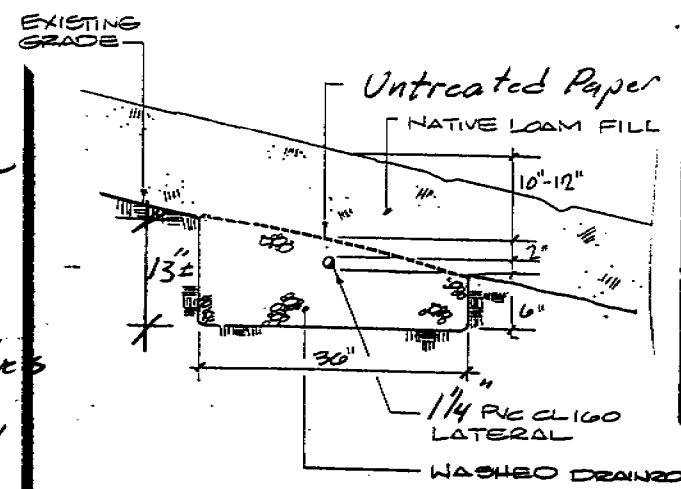
ADVANCED ENGINEERING	4305 LACEY BLVD. SE LACEY, WA 98503 491-4044	DRAWING NAME ADAMICH	DRAWING TITLE SEPTIC SYSTEM DESIGN	93007 JCB NUMBER 26 JAN 93 DATE SHT 1 OF 3



PUMP CURVE



NETWORK DETAIL



TRENCH DETAIL

GENERAL NOTES

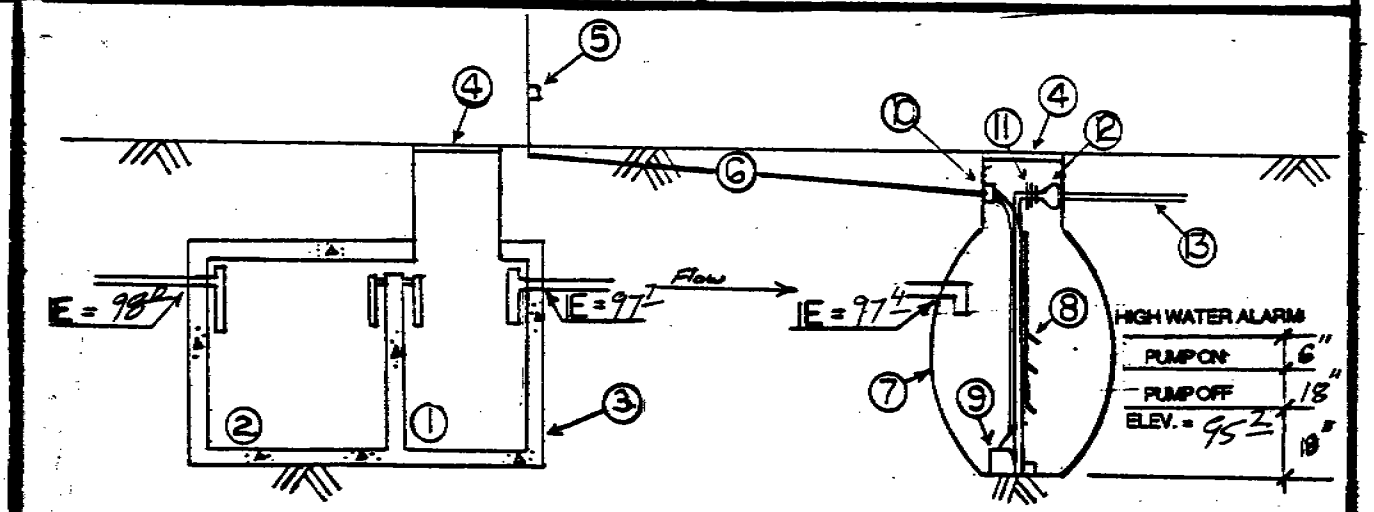
1. THIS IS A SPECIAL DESIGN DUE TO ADVERSE SOIL CONDITIONS, GROUNDWATER TABLE AND/OR TOPOGRAPHY! *ADVANCED SEPTIC DESIGNS* HAS DESIGNED THIS SYSTEM IN ACCORDANCE WITH ALL CURRENT STATE AND COUNTY HEALTH DEPARTMENT REQUIREMENTS AND ASSUMES NO RESPONSIBILITY FOR ITS USE OR LONGEVITY; THE OWNER THEREFORE AGREES TO MAINTAIN AND MAKE ALL NECESSARY REPAIRS TO THE SYSTEM AT NO COST TO *ADVANCED SEPTIC DESIGNS*.
2. THE CONTRACTOR SHALL BE CERTIFIED AND APPROVED BY THE COUNTY TO INSTALL SEPTIC SYSTEMS.
3. THE CONTRACTOR SHALL FIELD VERIFY ALL CONTOURS, STUB OUT ELEVATIONS, AND TRENCH DEPTHS IN DRAINFIELD AREAS PRIOR TO CONSTRUCTION.
4. ALL CONSTRUCTION MATERIALS AND INSTALLATION SHALL CONFORM TO ALL APPLICABLE STATE AND COUNTY HEALTH DEPARTMENT REQUIREMENTS.
5. IT SHALL BE THE INSTALLER'S RESPONSIBILITY TO HAVE A COPY OF THIS DESIGN ONSITE AT ALL TIMES DURING CONSTRUCTION.
6. IT SHALL BE THE OWNER'S AND/OR INSTALLER'S RESPONSIBILITY TO NOTIFY *ADVANCED SEPTIC DESIGNS* AND COUNTY HEALTH DEPARTMENT FOR THE REQUIRED INSPECTIONS PRIOR TO BACKFILLING.
7. ALL REQUIRED TESTS SHALL BE SUCCESSFULLY RUN PRIOR TO CALLING *ADVANCED SEPTIC DESIGNS* FOR FINAL INSPECTION. ALL COMPONENTS, INCLUDING ALL TANK ACCESS LIDS MUST BE ACCESSABLE FOR INSPECTION. CONTRACTOR SHALL BE RESPONSIBLE FOR COSTS OF RETURN INSPECTIONS DUE TO FAILED TESTS OR INACCESSABLE COMPONENTS.
8. ANY VARIATIONS TO THIS DESIGN SHALL FIRST BE APPROVED BY *ADVANCED SEPTIC DESIGNS* AND THE COUNTY HEALTH DEPARTMENT.
9. OWNER/INSTALLER SHALL NOT REMOVE ANY TOP SOIL IN D.F. AREA. REMOVAL OF TOP SOIL COULD RENDER THE SITE UNUSABLE.
10. EXISTING UTILITIES SHOWN ON THE PLANS HAVE BEEN PLOTTED FROM THE BEST INFORMATION AVAILABLE TO THE DESIGNER. ACCURACY AND COMPLETENESS ARE NOT GUARANTEED.

```
* 1. HAZEN & WILLIAMS  C = 140
===  L A T E R A L   D A T A  ===
* 2. LATERAL LENGTH        33.5  feet   * 6. LATERAL DIAMETER      1.25  inch
* 3. LATERAL SPACING        9.0  feet   * 7. ORIFICE SPACING       4.0  feet
* 4. PIPE SCHEDULE/CLASS   160          * 8. ORIFICE DIAMETER      3/16  inch
  5. NUMBER OF LATERALS      5          * 9. ORIFICES/LATERAL
===  M A N I F O L D   D A T A  ===
*10. MANIFOLD LENGTH        18.0  feet  *12. MANIFOLD DIAMETER     1.25  inch
*11. PIPE SCHEDULE/CLASS    160         *13. MANIFOLD TYPE          CENTRAL
===  F O R C E M A I N   D A T A  ===
*14. FORCE MAIN LENGTH      100.0  feet  *18. SWING CHECK VALVES     1
*15. PIPE SCHEDULE/CLASS    160         *19. GATE VALVES            1
*16. FORCE MAIN DIAMETER      1.5  inch  *20. OTHR.VEL.HDS.LOST      0
*17. 90 DEGREE BENDS           .2
===  S Y S T E M   H E A D - F L O W   D A T A  ===
*21. CALCULATE 10 VALUES OF PRESSURE AND FLOW AT THE PUMP USING  1.0 FOOT
     MINIMUM PRESSURE ON THE LAST ORIFICE AND INCREMENTING THE
     PRESSURE ON THE LAST ORIFICE BY 1 FEET.
*22. DRAINFIELD ELEVATION ABOVE PUMP  =  3.8 FEET

S U M M A R Y   O F   H E A D - D I S C H A R G E   D A T A
```

RESIDUAL HEAD AT LAST ORIF (feet)	FLOW PER LATERAL (gal/min)	DELTA FLOW IN LATERAL (10% ok	HEAD AT DISTAL LATERAL (feet)	HEAD AT FORCE MAIN (feet)	DELTA HEAD IN MANIFOLD (10% ok	TOTAL SYSTEM FLOW (gal/min)	TOTAL SYSTEM HEAD (feet)
1.00	3.32	0.6	1.00	1.03	2.7	19.9	7.2
2.00	4.70	0.6	2.00	2.04	1.7	28.2	10.4
3.00	5.75	0.6	3.00	3.04	1.2	34.5	13.5
4.00	6.64	0.5	4.00	4.03	0.8	39.9	16.6
5.00	7.43	0.5	5.00	5.02	0.5	44.6	19.7
6.00	8.14	0.5	6.00	6.01	0.3	48.8	22.7
7.00	8.79	0.5	6.99	7.00	0.1	52.7	25.7
8.00	9.39	0.5	7.99	7.99	-0.1	56.4	28.7
9.00	9.96	0.5	8.99	8.97	-0.2	59.8	31.8
10.00	10.50	0.5	9.99	9.95	-0.4	63.0	34.8

Manifold Volume 10.2
Force Main Volume 12.8
Total System Volume 38.8 gallons



1. 375 Gal. Chamber
2. 750 Gal. Chamber
3. 1125 Gal. Septic Tank
4. "ORENCO" 24" WATERTIGHT RIBBED PVC RISER WITH LID (Grouted on)
5. SWITCH AND ALARM PANEL ON HOUSE
6. POWER LINE
7. 300 gal. "NORWESCO" PE PUMP CHAMBER WITH WATERTIGHT RISER AND LID. IF DIFFERENT PUMP CHAMBER IS USED, THE MERCURY FLOAT SWITCH SETTINGS WILL CHANGE. DOSE VOLUME = 180 GALS. ±
8. MERCURY FLOAT SWITCHES. ATTACH TO SECURED PVC FORCEMAIN AND SET FOR PUMP CYCLE.
9. EFFLUENT PUMP - HYDROMATIC OSP33 OR EQUAL
10. "ORENCO" WATER PROOF JUNCTION BOX.
11. THREADED UNION.
12. CHECK VALVE.
13. 1½" CL 160 PVC FORCEMAIN.

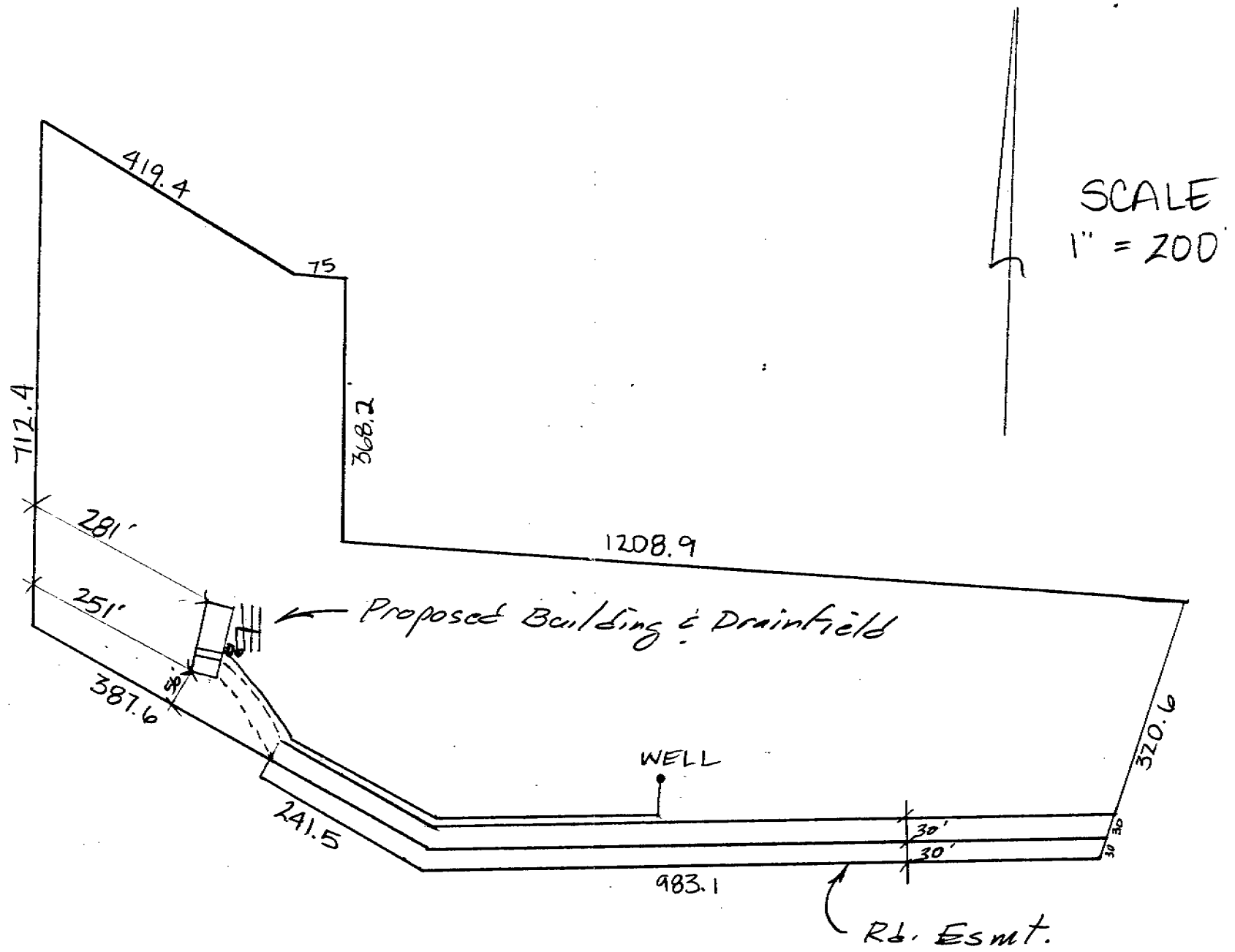
TANK DETAIL

ADVANCED ENGINEERING
4305 LACEY BLVD.
LACEY, WA 98503
491-4044

DRAWING NAME: ADAMICH

DRAWING TITLE: SEPTIC SYSTEM DESIGN

93007 JOB NUMBER
26 JAN 93 DATE
SHT 2 OF 3



SCALE
1" = 200'

OVERALL SITE PLAN

ADVANCED ENGINEERING	4305 LACEY BLVD., SUITE 4 LACEY, WA 98503 491-4044	DRAWING NAME ADAMICH	DRAWING TITLE SEPTIC SYSTEM DESIGN	93007 JOB NUMBER 26 JAN 93 DATE SHT 3 OF 3

32-17-2W

T-17-2W SHEET 9

THURSTON COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2000 LAKERIDGE DR. S.W. • OLYMPIA, WA 98502
PHONE 753-8073

Site No. 8014

Parcel No. 12732-3401

DESIGN CHECKLIST

The following items are required to be addressed in sewage system design. **Items circled are not required** for this design submission.
The design should include the following items:

1. Scale 1″ = 20′ preferred, 1″ = 30′ maximum. Other scales by approval of health officer
2. North arrow
3. Location of property corners
4. Location, size, shape and placement of all buildings on the site
5. Locations of all wells on the property and adjacent properties within 100 feet of the proposed sewage disposal system
6. Location, size and shape of drainfield and reserve area
7. Location and size of septic tank and manufacturer's name
8. Location and distance from the drainfield, reserve area and septic tank to the following items:
   a. Wells on the property and adjacent properties within 100 feet
   b. Water supply lines and utilities
   c. Property lines
   d. Easements
   e. Open ditches, cuts, banks
   f. Surface waters
   g. Buildings
   h. Crests of slopes, fills
   i. Surfaced areas
9. Location, direction of flow and discharge point of all surface water and/or interceptor drains. (May require groundwater discharge points.)
10. Location of soil log holes to a minimum of four feet. At least two soil log holes are required in the drainfield area and one or more in the reserve area.
11. Location and depth of percolation tests
12. Results of percolation tests including date run
13. Location and depth of soil sieve samples
14. Topography lines (2′ up to 10% and 5′ over 10% slope)
15. Reference bench mark and stated elevations
16. Elevations of the following:
    a. Plumbing stubout
    b. Septic tank inlet
    c. Drainfield pipe invert
17. Results of all required soil logs
18. Calculations for drainfield requirements and septic tank size
19. Cross section detail of the drainfield trench and interceptor trench and pertinent construction details and methods
20. Backfill requirements (material, depth, method placed, cover planting, etc.)
21. Pump specifications and pump chamber size, if required
22. Special treatment devices (aeration tank, up-flow filter, chlorinator) if required (In conformance with state guidelines)
23. Check to see if community water is approved
24. If mound or pressure system — in conformance with state guidelines. Fill out mound worksheet or attach your calculations.
25. Owner/resident designs require a copy of the property deed or real estate contract as proof of ownership.
26. Trees and obstacles to be removed from drainfield area (marked on map and flagged on site) and method of removal
27. Site preparation specifications or instructions
28. Elevation differences from water bodies and drainfield, if needed

☐ 29. Does the design propose a reduction in standards or D.S.H.S. guidelines?
Is justification provided?

☐ 30. The following items require resolution prior to building site application approval and release:
   a. Signed and notarized Hold Harmless form
   b. Easements if required
   c. Operational Permit and covenant if required
   d. Flood Control Permit if required
   e. Any other permits or approval as required by law

10/29/81
DATE

P. Daniel Cochran
ENVIRONMENTAL HEALTH SECTION

THURSTON COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2000 LAKERIDGE DR. S.W. ~ OLYMPIA, WA 98502
PHONE 753-8073

Site No. 8014 Parcel No. 127-32-3401

EVALUATION PROCESS FOR ON-SITE SEWAGE DISPOSAL

Check marks indicate items that are acceptable or resolved. See comments section for items not checked.

A. Office and Preliminary Determinations

- [x] 1. Plot plan complete enough to start review
- [x] 2. Application complete enough to start review
- [x] 3. Plot plan cleared other departments
- [x] 4. Public sewer availability
- [ ] 5. Flood Control Zone required No [x] Yes [ ] Permit OK [ ]
- [x] 6. Water Supply Approved [ ] SINGLE FAMILY WELL PROPOSED
- [x] 7. Design Flow Under 1200 GPD [x] 1200 GPD or Greater [ ]
- [x] 8. Geologically sensitive area [ ] NO
- [x] 9. Operational Permit required [ ] NO
- [x] 10. Is design required by information now available? Yes [x] No [ ]

B. Field Evaluation

- [x] 11. Compare plat plan to site
- [x] 12. Locate proposal and test holes on plat plan and site
- [x] 13. Soil Evaluation

	1	2	3
14. Test hole depth	± 36" / 36"	± 42"	
15. Depth to standing water			
16. Depth to mottling	NONE OBSERVED / 36"	FAINT AT 42" / EST 42"	
17. Depth to winter high water table	—	—	
18. Depth to impermeable layer			

- [x] 19. Soil Texture 1. BEN GRAVELLY SILTY SAND LOAM / WATER
  2. "
  3.
- [x] 20. SCS Soil Type ALDERWOOD
- [x] 21. Soil stratification
- [x] 22. Soil structure
- [x] 23. Soil shrink/swell factor
- [x] 24. Has the soil been disturbed NO, filled NO
- [x] 25. Are there water table indicating plants?
- [ ] 26. Is permeable soil deep enough to obtain three foot separation with standard system? NO
- [x] 27. Soil Class CLASS III
- [ ] 28. Aquifer protection ??
- [ ] 29. Distance to water table ??
- [ ] 30. Flooding or extreme high water table in wet years
- [x] 31. Topography
  - [x] Swales
  - [ ] Depressions
  - [ ] Excessive slope
  - [x] Crest of Slope
  - [ ] Toe of Slope
  - [ ] Other
  - [ ] Hummocky
- [ ] 32. Distances from proposed drainfield and reserve area to:
  - [x] 1. Surface Water
  - [ ] 2. Wells
  - [ ] 3. Cuts
  - [ ] 4. Banks
  - [ ] 5. Ditches
  - [ ] 6. Intercepter Ditches
  - [ ] 7. Waterlines
  - [ ] 8. Buildings
  - [ ] 9. Property Lines
- [ ] 33. Conditions or combinations of conditions that would cause a health hazard DRAINFIELD INSTALLED INTO WATER TABLE (Explain), disposal problem FLOODED DRAINFIELD AND SURFACING EFFLUENT, or code violation
- [ ] 34. Proposal approvable as submitted NO
  Proposal approvable with revisions —
- [ ] 35. Is a modified proposal approvable on this site? Explain —
- [ ] 36. Comments: A DESIGNED ON-SITE SEWAGE SYSTEM WILL BE CONSIDERED FOR THIS SITE.

10/29/81
DATE

S. Darrell Cochran
ENVIRONMENTAL HEALTH SECTION