

BELLINGHAM-WHATCOM COUNTY DISTRICT
DEPARTMENT OF PUBLIC HEALTH
509 GIRARD STREET
BELLINGHAM, WASHINGTON 98225
PHONE: 384-1565 - 676-6724

14338

PERMIT **No 10262**

DATE 3/3 1981

FEE _____

RECEIVED BY _____

SCANNED

390112 382450

SEWAGE DISPOSAL PERMIT

Williams, David

Expires in Three Years

Name of Owner Scott, Jim Septic Tank Size 750 gals.
Last First Initial

Present Mailing Address 2601 Grandview Rd - Fernside Tile Field Length 10'x24' Bed ft.

Installation Address Same Phone 366-5857

Directions: N SE W side of Grandview Rd. 1/10 mile(s) N SE W Vista Rd.

Property Index Lot _____ Blk _____ Div _____ Subdivision _____ Sec 12 Twn 39N Range 1E

Lot Size 3/4 Acre Type of Structure Mobile Split/Tri-level _____ No./Bedrooms 2

Sq.ft. 1st floor 24'x60' Sq.ft. 2nd floor _____ Sq.ft. basement _____

If the lot size is less than 9,600 sq. ft., please complete the following building sizes:

Sq.ft. accessory bldgs./patio _____

Water Source Pvt. Well Private or community well within 200 ft. (show on map) Show

Is the depth to the house sewer more than 12 inches below finished grade? NO

Sewage Disposal Installer: _____ Sewage Disposal Designer: Jeff Johnson

Soil logs (type of soil to 4 feet)

Absorption trench length based on the percolation rate of the final test period, which is one inch per 5 minutes.

Wet Season Water Table Depth 36'

0-36 - Light loam with silt -

S
A
N
P

It is hereby agreed that this installation shall comply with all requirements of the Bellingham-Whatcom County District Board of Health including **INSPECTION BEFORE COVERING**.

Issuance of a sewage disposal permit does NOT imply or signify fulfillment or satisfaction of any other legal requirement, such as building codes or zoning ordinances. Permit holders are cautioned that compliance with other agency permit requirements should be accomplished prior to commencement of any construction.

I have read and understand the above statements

High System - 12' of fill

COMMENTS: over Bed area extending 5' Beyond Bed.

Jeff Johnson
Signature of Owner or Agent

NOTICE: A septic tank sewage disposal system is a temporary method of sewage disposal. periodic maintenance is necessary to ensure its satisfactory operation.

Final Inspection By _____ Issued By Dred Suland
Environmental Health Specialist Environmental Health Specialist

Date _____

BELLINGHAM-WHATCOM COUNTY DISTRICT
DEPARTMENT OF PUBLIC HEALTH
Phones: 676-6724 or 384-1565
P.O. Box 935
Bellingham, Washington 98225

FEE 50.00 #348 RECEIVED BY R DATE 19 Feb 19 81

2/23/81

SEWAGE DISPOSAL APPLICATION
INFORMATION TO BE COMPLETED BY DESIGNER
Approval Expires in One Year

Name of Owner Scott Jimi Phone 366-5857

Present Mailing Address Last First Initial
2601 Grandview Ferndale

Installation Address Same

N SE W side of Grandview Rd. 1/4 miles N SE W of Vista Rd.

Property Index Lot X Block X Div. X Subdiv. NO Sec. 12 Twp. 39N Range 1E

Segregated Lot Size 3 Acres No. of other dwellings on Lot None

Type of Structure Mobile 24x60 Split or Tri-level X No. of bedrooms 2

Sq. ft. main floor 1440 Sq. ft. 2nd floor X Sq. ft. Basement X

If lot size is less than 9,600 square feet, please complete the following:

Sq. ft. accessory bldgs., patio, deck N/A

Is the land area adequate for a 3 bedroom system? yes

Water Source well Private or community well within 200' (show on map) Shown

Is the depth to the house sewer more than 12 inches below finished grade? No

Presoaking
Date _____
Time _____ to _____

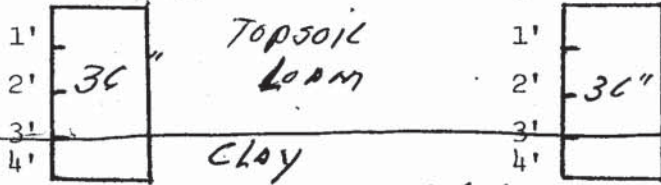
Percolation Test
Date 19 Feb
Time 4⁰⁰ to 5⁰⁰

Hole # 1
1 inches per 4 min. depth 17
1 inches per 4 min. depth 18
1 inches per 4 min. depth 19
1 inches per 4 min. depth 20
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____

Hole # 2
1 inches per 5 min. depth 16
1 inches per 5 min. depth 17
1 inches per 5 min. depth 18
1 inches per 5 min. depth 19
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____
_____ inches per _____ min. depth _____

Absorption trench length based on the percolation rate of the final test period, which is one inch per 5 minute.

Soil Logs (type of soil to 4 feet)



Winter Water Table Depth 36"

Septic Tank Size 750"

Tile Field Length 10x24'x24"

Comments: 12" Soil Cover
ON DFE Res

I hereby certify that the information is correct and the design complies with all requirements of the Bellingham-Whatcom County District Board of Health.

By [Signature] Date 19 Feb 81
Designer

Field Notes

Heavy platy - Blocky soils - Water at 30' in West
holes - perhaps look at again when dryer -
Soft probe to 3' - 2/24/81 - J.P.W.

☐ Soil meets minimum standard _____ Date _____
Environmental Health Specialist

☐ Soil and Design are Approved _____ Date _____
Expires in one year Environmental Health Specialist

Application Not Approved By _____ Date _____
Environmental Health Specialist

Reasons _____

A new design or a different location on the property might be approved. Consult with your sewage disposal system designer.

ANY OWNER HAS THE RIGHT TO APPEAL A DENIAL OF A PERMIT TO THE BOARD OF APPEALS.

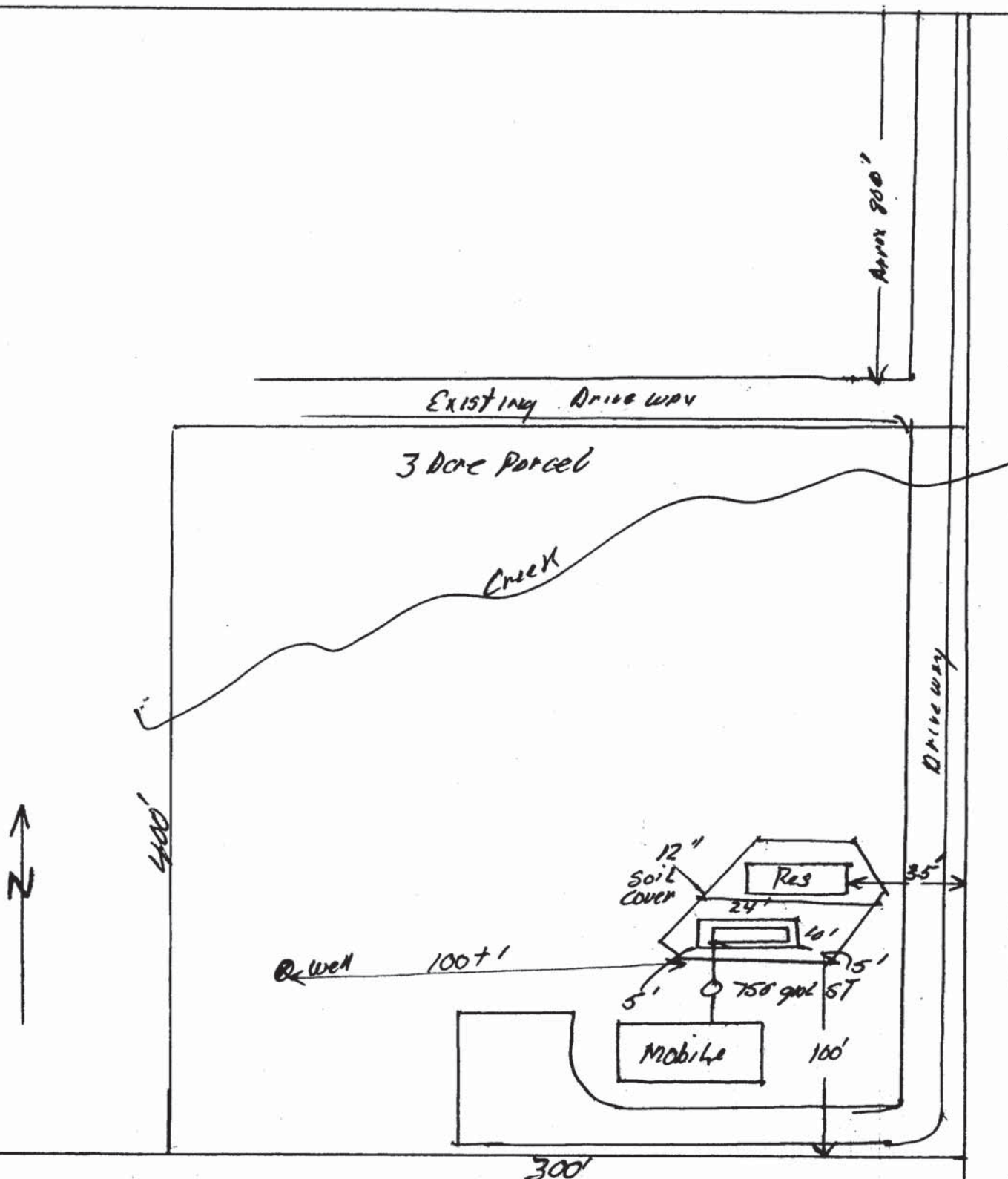
Please make this request by letter and include names and addresses of all property owners within 300 feet of your property, excluding public right of ways.

20 Feb 1981

Jim Scott
2601 Grandview
Ferndale

366-5857

Grandview Rd



JEFF JOHNSON EXCAVATION

1237 Shaner Lane
Ferndale, WA 98248
733-2853 384-6636
Gen. Lic. #JO-HN-SE#22207