SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

ADDRESS OF PROPERTY ~~XXXX~~ 16008 Mink Rd. NE

Woodinville (City) 98072 (Zip)

AS-BUILT SEWAGE DISPOSAL PLAN
(Submit in Triplicate)

LEGAL DESCRIPTION: Lot 9002, KCSP #8790 PERMIT NO. 30515

Owner George Alston Address 16020 Mink Rd NE, Wdnvle, 98072 Phone 788-2560

Builder Jon Lee Const./Woods Ent., Inc. Address 14810 NE 145th, Wdnvle, 98072 Phone 483-6018

Designer Charles H. Bent Address 19814-312th Ave. NE, Duvall, 98019 Phone 788-1366

Installer Northrup Concrete Address 8504 - 192nd NE, Redmond, 98053 Phone 885-6767

I hereby certify 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 lastest approved revision thereof) dated 1/22/85 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 Rule, Regulations III & IV or City of Seattle Ordinance No. 90181 whichever is applicable.

006 (CERTIFICATE NO.) Charles H. Bent (SIGNATURE OF DESIGNER) 10/24/84 (DATE)

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

Date Accepted 1-22-85 Date Not Accepted

Signature of Sanitarian Bill Fosty RS (OC)

Remarks: System installation field inspected on 9-27-84 by Caroline Boatsman

INSTRUCTIONS: You may use the reverse side of this form for the drawing or attach separate sheet. Use a scale which will permit the greatest detail and still contain the entire site on one page.

ATTENTION HOME OWNER:

Your septic tank has limitations! It was designed and installed to care for an average-size family. Overloading the septic tank or disturbance of the drainfield may seriously impair satisfactory operation. Points to remember:

1. Have your tank checked periodically to see if pumping is necessary (2½-3 years).
2. Do not channel ground water, surface water, footing drains or downspouts into the tank or drainfield.
3. Do not excavate, fill, place a structure, driveway or patio in, on, or over the drainfield.
4. Limit toilet fixture disposal to sanitary wastes and toilet tissue.
5. Detergents and bleaches used in normal household quantities will not harm the action of the septic tank and disposal field.

RECEIVED
DEC 10 1984

CS 11.15.16 REV. 3/82

SEWAGE DISPOSAL DESIGN AND PLOT PLAN

OWNER/APPLICANT: George Alston
16020 Mink Rd NE
Woodinville, 98072
788-2530

LOCATION: Approx 16010 Mink Rd NE

LEGAL DESCRIPTION: Lot 9002, KCSP #6790

DESIGNER: Charles H. Rost
19014-312th Ave NE
Duvall, 98019
788-1566

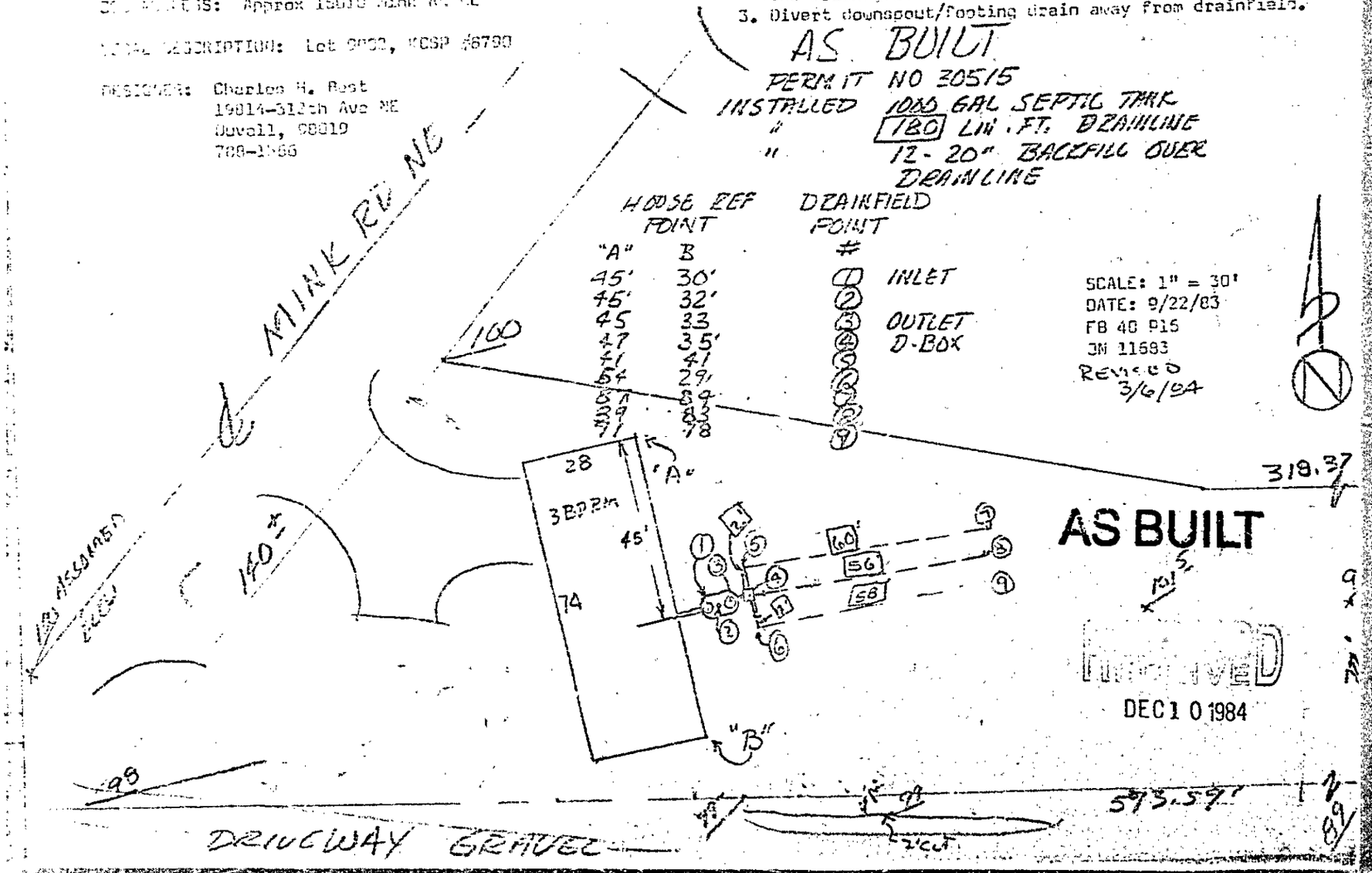
CONSTRUCTION SPECIFICATIONS

1. Install 1000 gal septic tank, 175 lin ft of 24" wide drainfield at 24" depth in the original soil, all per King Co. Health Code.
2. Install in shaded area/any deviation may subject the drainfield to be disapproved.
3. Divert downspout/footing drain away from drainfield.

AS BUILT
PERMIT NO 30515
INSTALLED 1000 GAL SEPTIC TANK
" 180 LIN. FT. DRAINLINE
" 12-20" BACKFILL OVER DRAINLINE

HOUSE REF POINT "A"	HOUSE REF POINT B	DRAINFIELD POINT #	
45'	30'	1	INLET
45'	32'	2	
45	33	3	OUTLET
47	35'	4	D-BOX
41	41	5	
54	29	6	
64	84	7	
89	83		
71	78		

SCALE: 1" = 30'
DATE: 9/22/83
FB 40 P15
JM 11683
REVISED 3/6/84



Environmental

Do Not Alter or Deface This Permit — POST O[illegible]n STUBOUT

PERMIT TO INSTALL/REPAIR SEWAGE DISPOSAL SYSTEM

Seattle-King County Department of Public Health—Enviromental Health

No. 30515

Date Issued 9-13-84. Expires one year from date of issue if work not started. Chuck Best Fee $90.00

Permission is Hereby Granted Northrup Concrete Products to Install/~~XXXXX~~ Residential/~~XXXXXXX~~

sewage disposal system at 16008 Mink Rd. NE

for Jon Lee Constr. By Director of Public Health per mf

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 _____ Disapproved _____ Date _____

Designer _____

RECEIVED EAST DISTRICT SEPTIC CENTER SEP 14 1984

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 _____

CS 1315.4 Rev. Jan 82

eh

DATE 9/27/84

AS-BUILT

DESIGNER Ref Northrup

INSTALLER Jon Lee

PERC ADDRESS 16010 Mink Rd NE

PERMIT ADDRESS 16008 " " "

OWNER George Alston

PERMIT NO 30515

REMARKS:

Re design
OK to cover
Bateman
9-27-84

file

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

SITE APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

(Submit in Quadruplicate)

(This accompanies the building permit application and is prerequisite to the issuance of the Individual Sewage Disposal System Permit.)

NOTE If the property is within the boundaries of a sewer service area it will be necessary to obtain written permission from the sewering authority allowing use of an individual sewage disposal system.

Location of Property—Street Address Approx. 16811 Hink Rd. NE., Woodinville

Addition or Subdivision [illegible] Lot [illegible] Block _____
(Or attach legal description) Sewer Service Area Yes ___ No X

Type of Building: New ☒ Single Family Residence ☒ (No. Bedrooms 3)
Existing ☐ Other ☐ (Specify)

North End	1600 N.E. 150th 98155	363-4765
Eastside	2424 156 N.E., Bellevue 98004	885-1278 or 747 1760
Southeast	3001 N.E. 4th Street, Renton 98055	228-2620
Southwest	10821 8th S.W. 98146	244-6400
Central	1002 Public Safety Bldg. 98104	625 2763

Owner George Alston
Street Address 16049 Hink Rd NE
City-Zip Code Wdnvl, 98072 Phone 788-2550
Builder Same as above
Street Address _____
City Zip Code _____ Phone _____
Designer Charles H. Burt
Street Address 10614-312th Ave SE
City-Zip Code Duvall, 98019 Phone 788-1446

Soil Log Tests (Describe soils encountered preferably by SCS soil classification system). Minimum depth 48 inches.

Hole No. 1 0-24"gravelly sandy loam,24-48"sand and gravel
Hole No. 2 same as above
Hole No. 3 0-40"gravelly sandy loam,40-44"silty sand,44-48"silt
Hole No. 4 0-24"gravelly sandy loam,24-48"sand and gravel

Evidence of seasonal Water Table. (Probable minimum distance from ground surface) _____

Source of Domestic Water Supply KCWD #88 104

Percolation Tests (Fall in minutes per inch, bottom 6 inches of test hole) 4

	Depth	Average Rate	Length of Time Soaked
Hole No. 1	26"	3 min/in	4 hours
Hole No. 2	22		4
Hole No. 3	23	2.2	4
Hole No. 4	23	1.5	4
Hole No. 5	19	5.4	4
Hole No. 6	24	6	4

(For additional remarks or comments attach letter in triplicate or utilize unused spaces around drawing on reverse side of application.)

Signature – Designer Charles H Burt Date of testing Sept. 22, 1983

DO NOT WRITE BELOW THIS LINE. (To be filled in by Health Department)

Accepted X 3/14/84 CBoardman
Not Accepted _____
(Date) (District Sanitarian)

EAST DISTRICT (DEXTER CENTER U)
RECEIVED
MAR 9 1984

S-AP-118 Rev 9-10-78 (S 13 15 2

16088 Hink Rd. N.E.

SEWAGE DISPOSAL DESIGN AND PLOT PLAN

OWNER/BULDER: George Alston
16020 Mink Rd NE
Woodinville, 98072
788-2560

JOB ADDRESS: Approx 16010 Mink Rd NE

LEGAL DESCRIPTION: Lot 9002, KCSP #8790

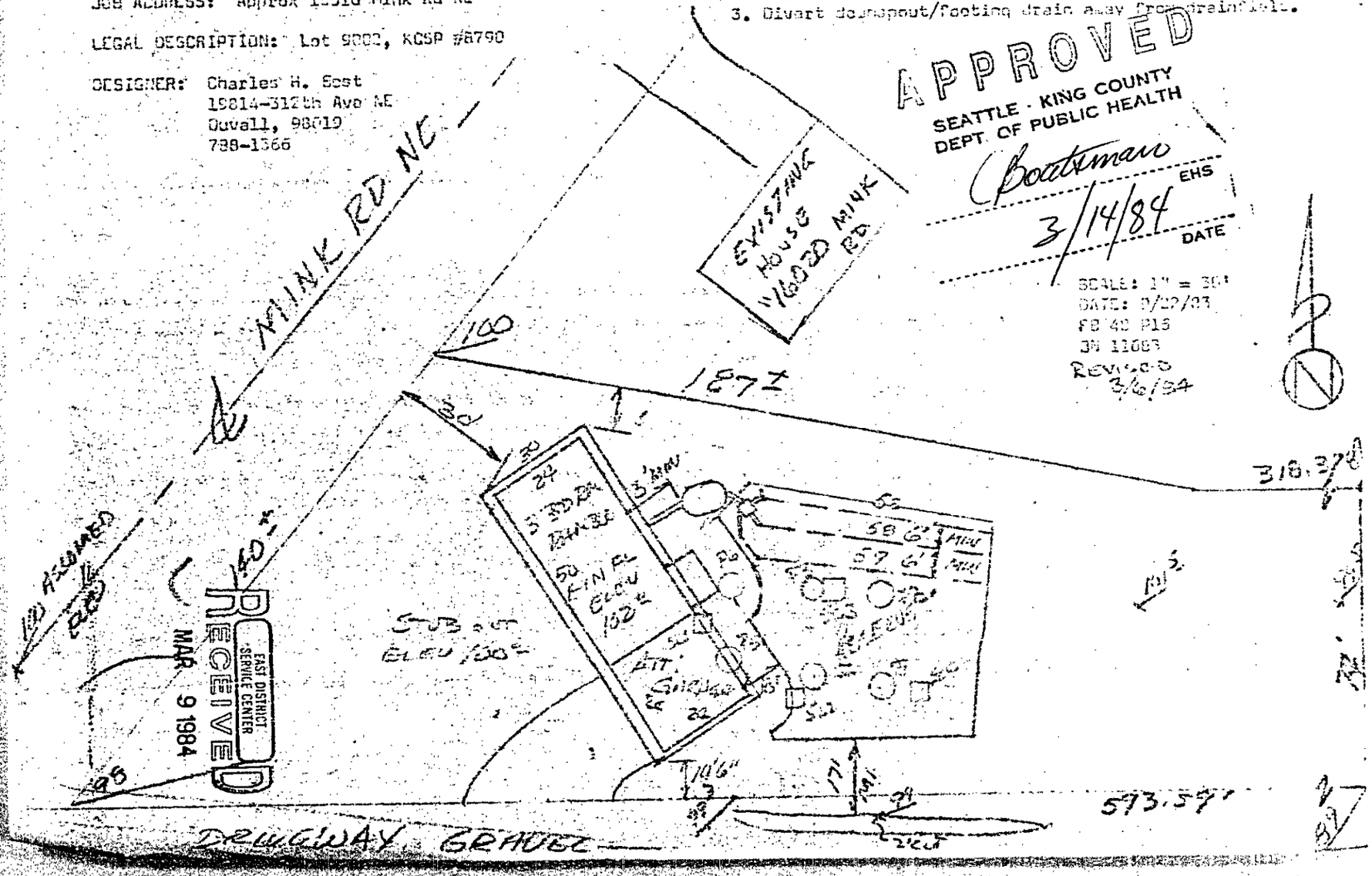
DESIGNER: Charles H. Sost
19814-312th Ave NE
Duvall, 98019
788-1366

CONSTRUCTION SPECIFICATIONS

1. Install 1000 gal septic tank, 175 lin ft of 24" wide drainfield at 24" depth in the original soil, all per King Co. Health Code.
2. Install in shaded area/any deviation may subject the drainfield to be disapproved.
3. Divert downspout/footing drain away from drainfield.

APPROVED
SEATTLE - KING COUNTY
DEPT. OF PUBLIC HEALTH
Boatsman EHS
3/14/84 DATE

SCALE: 1" = 30'
DATE: 3/12/84
FB 40 P15
JN 11083
Revised 3/6/84



File

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

SITE APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

(Submit in Quadruplicate)

(This accompanies the building permit application and is prerequisite to the issuance of the Individual Sewage Disposal System Permit.)

NOTE: If the property is within the boundaries of a sewer service area, it will be necessary to obtain written permission from the sewering authority allowing use of an individual sewage disposal system.

Location of Property – Street Address Approx. 16010 Mink Rd. NE., Woodinville

Addition or Subdivision KCSP #8790 Lot 9002 Block _____
(Or attach legal description) Sewer Service Area Yes ___ No X

Type of Building: New ☒ Single Family Residence ☒ (No. Bedrooms 3)
Existing ☐ Other ☐ (Specify)

North End	1600 N.E. 150th 98155	363-4765
Eastside	2424 156 N.E., Bellevue 98004	885-1278 or 747-1760
Southeast	3001 N.E. 4th Street, Renton 98055	228-2620
Southwest	10821 8th S.W. 98146	244-6400
Central	1002 Public Safety Bldg. 98104	625-2763

Owner George Alston — Street Address 16020 Mink Rd NE; City-Zip Code Wdnvl, 98072; Phone 788-2560

Builder Same as above — Street Address ____; City-Zip Code ____; Phone ____

Designer Charles H. Boat — Street Address 19814-312th Ave NE; City-Zip Code Duvall, 98019; Phone 788-1366

Soil Log Tests (Describe soils encountered preferably by SCS soil classification system). Minimum depth 48 inches.

Hole No. 1 0-24"gravelly sandy loam,24-48"sand and gravel
Hole No. 2 same as above
Hole No. 3 0-40"gravelly sandy loam,40-44"silty sand,44-48"silt
Hole No. 4 0-24"gravelly sandy loam,24-48"sand and gravel

Evidence of seasonal Water Table. (Probable minimum distance from ground surface) _____

Source of Domestic Water Supply KCWD XXX 104

Percolation Tests (Fall in minutes per inch, bottom 6 inches of test hole) 4

	Depth	Average Rate	Length of Time Soaked
Hole No. 1	28"	3 min/in	4 hours
Hole No. 2	22	2	4
Hole No. 3	23	2.2	4
Hole No. 4	23	1.6	4
Hole No. 5	19	5.4	4
Hole No. 6	24	6	4

(For additional remarks or comments attach letter in triplicate or utilize unused spaces around drawing on reverse side of application.)

Signature – Designer Charles H Boat — Date of testing Sept. 22, 1983

RECEIVED SEATTLE-KING COUNTY HEALTH SERVICE

DO NOT WRITE BELOW THIS LINE. (To be filled in by Health Department)

Accepted X 10-24-83 Bill Trolly RS
Not Accepted ☐ (Date) (District Sanitarian)

(District Office Use) 3

S-AP-118 Rev. 8-10-78 CS 13.15.2

16010 Mink Rd. NE

SEWAGE DISPOSAL DESIGN AND PLOT PLAN

OWNER/BULDER: George Alston
16020 Mink Rd NE
Woodinville, 98072
788-2560

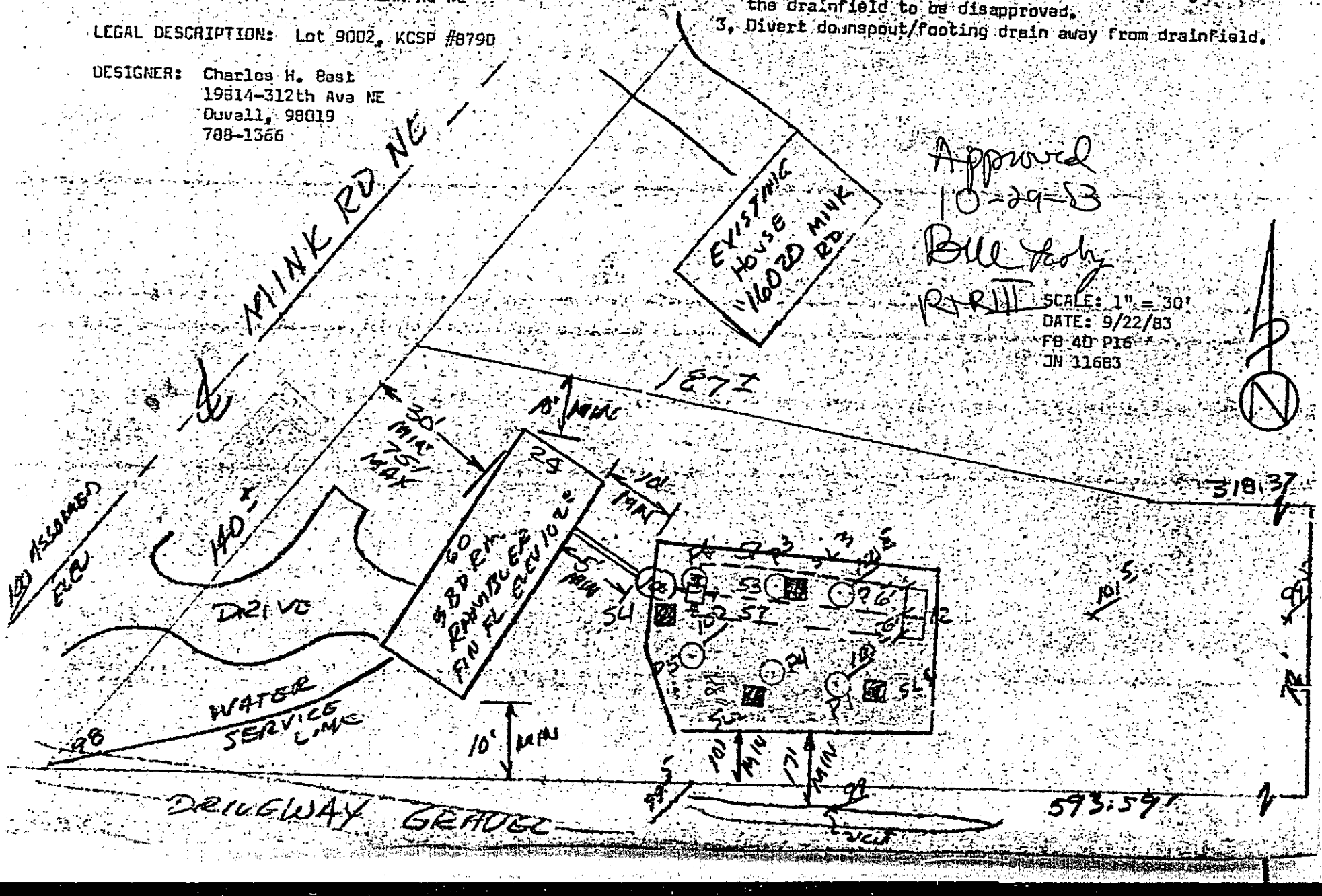
JOB ADDRESS: Approx 16010 Mink Rd NE

LEGAL DESCRIPTION: Lot 9002, KCSP #8790

DESIGNER: Charles H. Best
19814-312th Ave NE
Duvall, 98019
788-1366

CONSTRUCTION SPECIFICATIONS

1. Install 1000 gal septic tank, 175 lin ft of 24" wide drainfield at 24" depth in the original soil, all per King Co. Health Code.
2. Install in shaded area/any deviation may subject the drainfield to be disapproved.
3. Divert downspout/footing drain away from drainfield.



16010 Mink Rd NE

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

SITE APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

(Submit in Quadruplicate)

(This accompanies the building permit application and is prerequisite to the issuance of the Individual Sewage Disposal System Permit.)

NOTE: If the property is within the boundaries of a sewer service area, it will be necessary to obtain written permission from the sewering authority allowing use of an individual sewage disposal system

Location of Property – Street Address Approx. 16010 Mink Rd. NE., Woodinville

Addition or Subdivision KCSP #1793 Lot 2002 Block ____
(Or attach legal description) Sewer Service Area Yes ____ No X

Type of Building: New ☒ Single Family Residence ☒ (No. Bedrooms 3)
Existing ☐ Other ☐ (Specify)

North End	1600 N.E. 150th 98155	363-4765
Eastside	2424 156 N.E., Bellevue 98004	885-1278 or 747-1760
Southeast	3001 N.E. 4th Street, Renton 98055	228-2620
Southwest	10821 8th S.W. 98146	244-6400
Central	1002 Public Safety Bldg. 98104	625-2763

Owner George Alston — Street Address 16020 Mink Rd NE — City-Zip Code Wdvl, 98072 — Phone 788-2560

Builder Same as above — Street Address ____ — City Zip Code ____ — Phone ____

Designer Charles H. Bush — Street Address 19814-312th Ave NE — City-Zip Code Duvall, 98019 — Phone 788-1366

Soil Log Tests (Describe soils encountered preferably by SCS soil classification system). Minimum depth 48 inches.

Hole No. 1 0-24"gravelly sandy loam,24-48"sand and gravel
Hole No. 2 same as above
Hole No. 3 0-40"gravelly sandy loam,40-44"silty sand,44-48"silt
Hole No. 4 0-24"gravelly sandy loam,24-48"sand and gravel

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Hole No. 4	23	1.6	4
Hole No. 5	19	5.4	4
Hole No. 6	24	6	4

(For additional remarks or comments attach letter in triplicate or utilize unused spaces around drawing on reverse side of application.)

Signature – Designer Charles H Bush — Date of testing Sept. 22, 1983

RECEIVED
EAST DISTRICT SERVICE CENTER
MAR 9 1984

DO NOT WRITE BELOW THIS LINE. (To be filled in by Health Department)

Accepted ~~X~~ 3/14/84 (Date) Boatsmear (District Sanitarian)

Not Accepted ☐

S-AP-118 Rev. 8-10-78 CS 13.15 2

APPLICATION FOR REPORT ON
INDIVIDUAL SEWAGE DISPOSAL OR WATER SYSTEM

Seattle-King County
Department of Public Health
Environmental Health Division

Note: Please remember that access must be provided to all features to be inspected (e.g. well house must be open, storage tanks must be accessible for inspection if fr the house, etc.). Please tie up dogs if they may be a problem.

RECEIVED
FEB 27 1987

PLEASE COMPLETE ALL SPACES:

Request is for sewage only XX ($55.00 fee); water only ___($35.00); both___($75.00).

Address of property 16008 MINK ROAD WOODINVILLE, WA. 98072

Legal description (attach copy if lengthy) ATTACHED

Applicant's name FIRST MUTUAL BANK Day Phone 453-5300

Applicant's mailing address P. O. BOX 1647 BELLEVUE, WA. 98009-1647

Owner's name SCOTT AND JANE NICHOLLS Day Phone HER WK 883-7788 HIS 771-9331 HOME PHONE 788-5257

Owner's Address SAME AS PROPERTY

Is house occupied? YES If not, approximate date vacated?

Average number of occupants last 2 years 3 Number of bedrooms 3

SEWAGE SYSTEM (if applicable):

Approximate dates septic tank was pumped (attached receipts)

Additions or major landscape changes since house was constructed (examples: add family room, bedrooms, garage, patio, deck, etc.; major fills or excavations done in landscaping):

Additions or repairs to sewage system (give date and describe briefly)

Other information which would be helpful in evaluating the sewage system

WATER SYSTEM (if applicable): Private ☐ Public (2 or more connections) ☐

Name of Public Supply Number of connections

Date water system last disinfected (if applicable):

Is well house open for inspection? If not, who should be contacted for access:

Name Phone

Other information which would be helpful in evaluating the water system

PLEASE ATTACH ALL COPIES OF WELL LOGS, WELL COVENANTS, CHEMICAL/BACTERIOLOGICAL SAMPLE REPORTS, ETC.

DISTRICT HEALTH CENTERS

CENTRAL	SOUTHWEST	SOUTHEAST	EAST	NORTH
172 - 20th Avenue	10821 - 9th 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 344-6882	SEATTLE 363-4765

95007

M/NICHOLLS 8600

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

SURVEY AND REPORT FORM

SEWAGE DISPOSAL XX WATER SUPPLY ____ LOCATION 16008 Mink Rd.

SURVEYED BY Gerald Cox DISTRICT East DATE March 2, 1987

As-Built on File January 22, 1985 (Date) Repairs on File _____ (Date)

House Occupied XX House Unoccupied ____

SEWAGE:

____ Sewage System malfunctioning at the time of inspection. (Owner to be notified of required corrections).

XX Sewage System appears to be functioning at time of inspection.

Observations made at time of field inspection (results do not signify either rejection or approval of this system by this department):

We recommend preventive maintenance every 3 to 5 years (removing sludge by pumping tank [if necessary], checking condition of septic tank baffles and tank integrity, doing pump maintenance, etc.).

An adequate reserve area appears to be available for repairs, if needed.

Septic system was designed for 3 bedrooms.

Supervisor James Henriksen, R.S. Phone (206)344-6882

CS 12.15.21

kb

SEWAGE OPERATIONAL CHECKLIST

Address 6008 Vilsack Rd

Surveyed by G.B.Cox

Date of Report 3/2/87

Date of As-Built 1-22-85

Repairs on File —

House Occupied X House Unoccupied ___

___ Sewage system malfunctioning at the time of inspection (Owner to be notified of required corrections).

X Sewage system appears to be functioning at time of inspection.

10. Functioning status of system cannot be determined because house has been vacant for more than 2 weeks.

11. Septic tank was last pumped out by _____ on _____; verified by receipt.

12. Septic tank was reportedly pumped _____, but not verified by receipt.

13. There is no record of maintenance (pumping) on system.

(14) We recommend preventive maintenance every 3 to 5 years (removing sludge by pumping tank [if necessary], checking condition of septic tank baffles and tank integrity, doing pump maintenance, etc.).

15. There appears to be a portion ( ) of drainfield located under _____. This may contribute to a premature failure due to lack of aeration and/or physical damage to the drainfield.

16. This septic tank appears to be located under _____. Access (is__; is not__) provided for pumping.

(17) An adequate reserve area appears to be available for repairs, if needed.

18. There appears to be very little reserve area available for repairs, if needed.

19. The roof drains discharge into the drainfield area.

20. The site conditions indicate a probable high seasonal water table.

21. Depth of soil cover over drainfield appears to be greater than 24 inches, which reduces aeration to the trenches.

22. No as-built drawing on file. The exact type and location of the sewage system is unknown.

(23) Septic system was designed for 3 bedrooms.

24. There are wetland plants in the drainfield area which can indicate poor drainage conditions.

25. Drainfield is located in an easement area.

26. Public sewer is available from the _____ Sewer District.

27. Past malfunctions within a two block radius include: _____.

28. House is served by a community on-site sewage disposal system managed by _____.

29. Lush grass growth is present over drainfield area. This may be indicative of a prefailure condition.

30. No recorded malfunctions on file for the immediate vicinity.

31. The sewage system is equipped with a pump.

9

OTHER: _____