Public Health
Seattle & King County

ON-SITE SEWAGE SYSTEMS (OSS) RECORD DRAWING CERTIFICATION OF COMPLETION (Submit in Triplicate)

OFFICE COPY

ADDRESS OF PROPERTY 16008 Mink Road NE (Street)

Woodinville (City) 98077 (Zip)

SYSTEM TYPE Gravity REPAIR

OPERATIONAL CAPACITY _____ (gals/day) PERMIT NO. ON 008565 8 APN (PARCEL #) 1726069232

No. of Bedrooms designed for 3 LEGAL DESCRIPTION _____

Owner Jose & Janet Pantoja Address Same Phone 206-910-6205

Designer _____ Address _____ Phone _____

Master Installer Stuth Co. - Bill Stuth Address PO Box 950 Maple Valley WA 98038 Phone 425-255-3546

INSTRUCTIONS TO (OSS) DESIGNER → ATTACH A SEPARATE SHEET FOR THE RECORD DRAWING PLAN(S). USE A SCALE OF 1"=20' OR 1"=30' (max. paper size 11x17"). ALSO: INCLUDE THE INSTALLATION PERMIT, DOCUMENTATION OF FINAL COVER, PERFORMANCE DEMONSTRATION REPORT FORM, AND OTHER DOCUMENTS APPLICABLE TO THE SYSTEM (See Title 13 – Sections 13.56.050/13.56.054)

STATUS OF RECORD DRAWING

☐ This Record Drawing is **UNSATISFACTORY** for the following reason(s): _____

☐ See attached comments/explanation

☑ I hereby certify that the accompanying drawing and support documents accurately represent the system installed at the address/parcel indicated above, and that all requirements and conditions (concerning plumbing stub elevations; maintenance of grades; fills; surface drains; etc.) indicated on the approved site design (or latest approved revision thereof) dated 5-5-09, have been complied with. I further certify that this system meets all requirements of the King County On-Site Sewage Code, Title 13, Code of the King County Board of Health.

SIGNATURE OF LICENSED ~~DESIGNER OR P.E.~~ Installer	DATE	CERTIFICATION NUMBER
[signature]	6-26-08	MI 060

TO BE FILLED IN BY HEALTH DEPARTMENT ONLY

APPROVED 6-29-09 (Date) BY: Ken Elliott (Health Official)

DISAPPROVED _____ (Date) BY: _____ (Health Official)

Comments: Repair by shifting OSS to accomodate bldg. addn. #ON0085955

RECEIVED
JUN 29 2009
BLACK RIVER EH

☐ NEW CONSTRUCTION: UNLAWFUL TO OCCUPY PREMISES WITHOUT HEALTH DEPARTMENT APPROVAL OF THE OSS/SEPTIC SYSTEM RECORD DRAWING CERTIFICATION

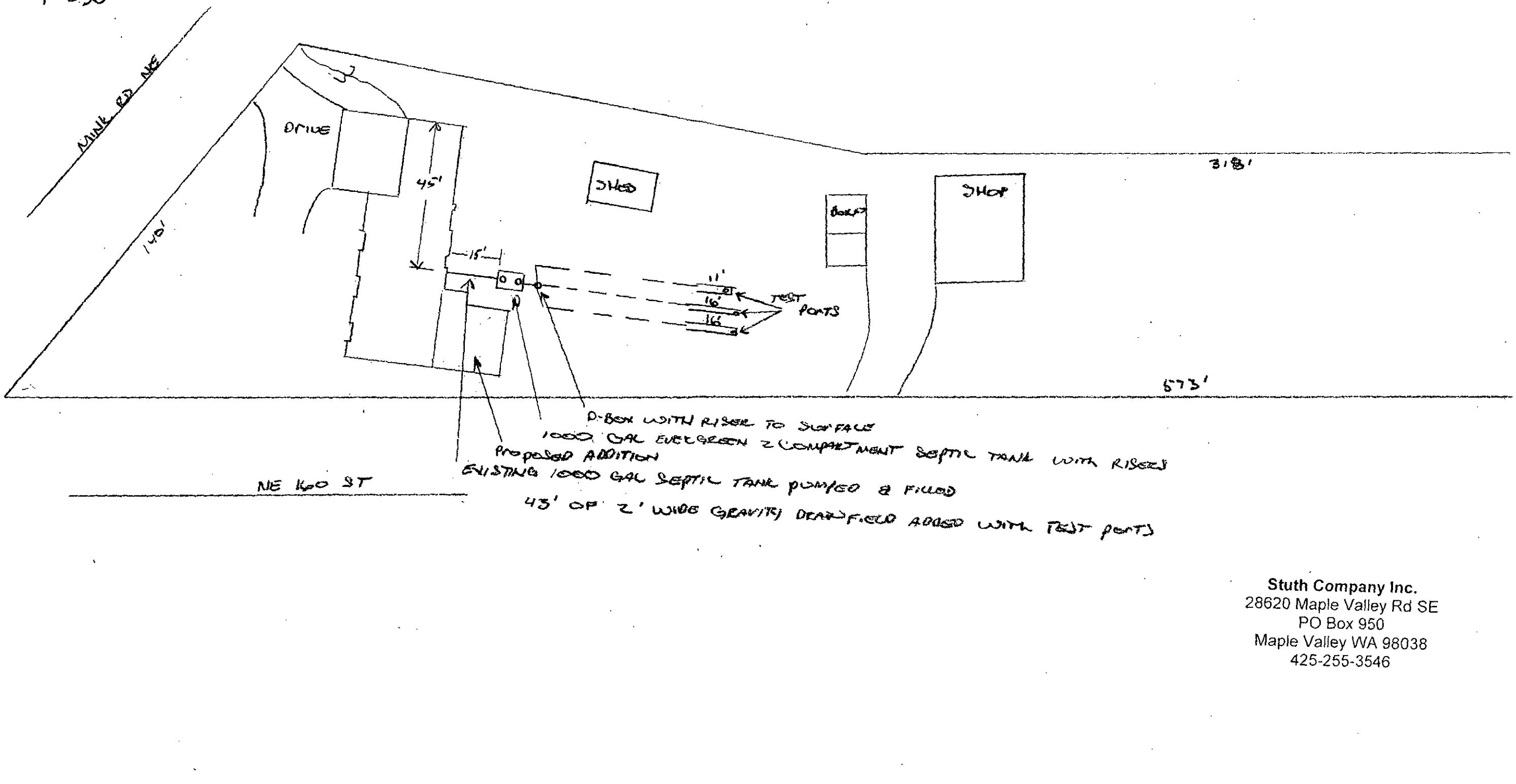
INSTRUCTIONS TO THE OSS OWNER/SYSTEM USER:

Please refer to your OSS owner's operating maintenance and technical specifications manual and Notice on title pertaining to the OSS. Your OSS has limitations! Refer to the Operational Capacity of the System established by the OSS designer. Overloading it or disturbing the soil absorption system (SAS) or treatment device (e.g. drainfield, mound, sand filter, ATU, etc.) may cause the system to prematurely fail. For further information, contact your Health Department Service Center (206) 296-4932

Revised March 2009

REMODEL ADDOLT FOR
16008 MINK RD N.E.
PARCEL# 1726069232
PERMIT# EH0085658

1" = 30'



Stuth Company Inc.
28620 Maple Valley Rd SE
PO Box 950
Maple Valley WA 98038
425-255-3546

Public Health
Seattle & King County
Environmental Health Division

Permit No ON0085658
Date Issued 06/01/2009
Expires 05/05/2011

Unlawful to Alter or Deface this Permit — POST ON JOB SITE
PERMIT IS NON-TRANSFERABLE

PERMIT TO REPAIR ON-SITE SEWAGE SYSTEM

System Type	Gravity		
Owner Name	PANTOJA JOSE G+JANET L		
Bldg. Type	Single Family	Const. Type	R
Parcel No	1726069232	Valid By	EE0100089
Location	16008 MINK RD NE	Lot Number	
Plat Name			

(425)255-3546

Installer STUTH, BILL MI060

Designer:

1. The installer must perform all work in accordance with Title 13 (Board of Health Rules and Regulations #3)
2. Issuance of this permit does not constitute an approval of the site or work contemplated or performed.
3. OCCUPANCY OF THE BUILDING AND USE OF THE SEWAGE DISPOSAL SYSTEM ARE PROHIBITED UNTIL AN AS-BUILT PLAN IS SUBMITTED TO AND APPROVED BY THE HEALTH DEPARTMENT.

Mound Sys.Site Prep	_____	Designer	_____	Date	_____
Mound Sys. Bed Prep	_____	Designer	_____	Date	_____
Pressure Test	_____	Designer	_____	Date	_____

Do Not BACKFILL (Cover) system until BOTH Designer and Health Department (E.H.S.) have approved (OK'd) to BACKFILL.

OK To Backfill	_____	Disapproved	_____	Date	_____
Designer	_____				
OK To Backfill	OK	Disapproved	_____	Date	6-29-09
E.H.S.	K. Elliott				
Final Cover (Approved)	_____	Disapproved	_____	Date	_____
Designer	_____				

Corrections Required _____

(See reverse side for more corrections)

I, _____, (Master/Associate) Installer was present at the above property supervising placement of final cover. Time _____ Date _____

I have complied with all the restrictions and recommendations as listed by the system designer, and certify that either I, or A Certified Installer employed by me, was present AT ALL TIMES during the installation.

Name of Master Installer (please print) B. H STUTH

Signature of Master Installer B. H Stuth Date 6-11-09

REPORT OF WASTEWATER TANK ABANDONMENT	PUBLIC HEALTH SEATTLE & KING COUNTY

Instructions for completing form: This form is to be completed by any persons permanently removing a septic tank, seepage pit, cesspool, or other on-site sewage system wastewater tanks from service. Complete and submit this report to the health officer within thirty (30) days of the abandonment. Authority: Chapter 13.04.054, the Code of King County Board of Health, Title 13.

Return Completed Form to the Following Address:
Eastgate Public Health Center
14350 SE Eastgate Way
Bellevue, WA 98007 **Phone (206) 296-4932**

Date Received:

General Information (Please print):

Name of Owner/Occupant of Property: Jose & Janet Pantoja
Address: 16008 Mink Road NE, Woodinville
Telephone: 206-910-6205
Date of Report: 6/17/09

Wastewater Tank Data:

Type of Sewage Tank: X Septic Tank ___ Pump Tank ___ Holding Tank ___ Other: ___
Number of Compartments Pumped: 2
Number of Gallons Pumped: 1000

Checklist Item	Yes	No	Not Applicable	Comments
Septage removed by an approved pumper?*	✓			
Tank lid removed or destroyed?	✓			
Tank void filled with compacted soil?	✓			

*OSS Pumper Name: Benson Hill Septic Tank Service
King County Certification Number: H-17 KCHD-79

Reason for wastewater tank abandonment:

___ Property being served by public sewers X Property being served by replacement tank

Comments:

Signature: [signature] **Date:** 6/26/09

Make payments payable to:

BENSON HILL SEPTIC TANK SERVICE

P.O. BOX 6191, Federal Way, WA 98063-6191

(253) 631-7979 (253) 874-4496

(425) 432-9344

INVOICE

7783

Date: 6-17-09 Terms: Bill

Service Delivered:	Job Site:	
Name: Stuth Company	Name: Job	
Address: P.O. Box 9501	Address: 16008 Mink Rd NE	
City, State, Zip: Maple Valley, WA 98038	City, State, Zip: Woodenville 98077	
Phone:	Phone:	AMOUNT
Pump: Pumped Septic tank for Dema		350 -
Dig:		
Water		
kc Tax Percent: 9.5	TAX	Resale
	TOTAL	350 -

RECEIVED
STUTH CO INC
JUN 22 2009

CK 34983
6/22/09

Sewage Tank Data (Check/Circle all that apply):

Type of Sewage Tank: Septic Tank: ✓ Pumptank: _____ Holding tank: _____ Other: _____

Number of Compartments Pumped: Two

Number of Gallons Pumped: 1000 Last Pumped _____ System Age _____

Checklist Item	Measurement	Satisfactory	Unsatisfactory	Not Applicable	Action Taken
Depth of Scum 1st Compartment:	(in.)				
Depth of Sludge 1st Compartment:	(in.)				
Depth of Scum 2nd Compartment:	(in.)				
Depth of Sludge 2nd Compartment:	(in.)				
General Tank Condition					
Locking-type lid(s)					
Riser(s) at Grade		N/A			
Inlet Baffle Condition					
Outlet Baffle Condition					
Effluent Baffle Screen Condition					
Effluent Baffle Screen Cleanliness					
Tank Leakage					
Groundwater infiltration					
Surface Runoff Infiltration					

Description of other Service and / or Recommendations: New system being installed

Signature of Certified OSS Pumper: Steven R. Otteson

H-17 KCHD-79

APPENDIX 7.6

REPAIR PROPOSAL FORM FOR ON-SITE SEWAGE SYSTEM (OSS)
Public Health Seattle-& King County - Environmental Health Division

RECEIVED
Date Received:
APR 29 2009
BLACK RIVER EH

SUBMIT COMPLETED FORM TO:
Eastgate Public Health Center
14350 S.E. Eastgate Way
Bellevue, WA 98007-6458
(206) 296-4932

ON00085658

NOTE: This form is not an application for a repair permit. Application for a repair permit should occur after the district Environmental Health Specialist (E.H.S.) has reviewed this information and given written authorization for the repair proposal. Based on the complexity of the site/system, a site application/repair design may be required.

SECTION I – PROPERTY INFORMATION

Parcel Number 1726069232 Property Address 16008 MINK RD NE
Owner occupied ☒ Yes ☐ No Owners name: PANTOJA
Telephone (425) 788-1783 Mailing Address
(if different from above) WOODINVILLE ZIP CODE 98077

Note: If proposal involves only a limited repair, proceed to Section III.

As-built Available? ☒ Yes ☐ No Age of System 25 years
Number of bedrooms in house 3 Number of persons living in building 2
Availability of Public Sewer? NO Type of OSS System Serving Building? GRAVITY
Water supply: ☐ Individual Supply (well/spring)
☒ Public Water Supply (Name)

SECTION II – REASONS FOR REPAIR

☐ Correction of a system failure/malfunction (Attach Failure Information Sheet, Appendix 7.6, pages 2 & 3)
☒ Modify/Alter OSS to support building proposal (e.g. remodel, expansion, addition, site improvements, etc.)
☐ Modify non-failing system

SECTION III – REPAIR CATEGORY **Note: Non Single Family Repairs = $570.00**

☐ Limited repair (Example: - replacement or installation of building sewer, sewage tank lid, inspection/"D" box, conveyance pipes that precede absorption component, effluent pump for sewage tanks, etc.) **PERMIT FEE=$212.00**	☐ Repair goes beyond a limited repair but does not include correcting the soil absorption component (e.g., tank replacement, repair of treatment component) **PERMIT FEE=$596.00**	☐ Repair includes fixing/replacing the soil absorption component (e.g., drainfield, mound) Fee based on complexity of repair ☐ $596 ☐ $665 ☐ $772

SECTION IV–REPAIR PROPOSAL (Indicate specific details of repair and attach plot plan Appendix 7.6 Pg. 4
(Plot plan not required for limited repair, unless specified by district E.H.S.)

ABANDON EXISTING SEPTIC TANK AND PORTION OF EXISTING DF
INSTALL NEW TANK AND ADD ON TO ENDS OF DF LINE

Name of person submitting repair proposal Bill Stutz (Please Print) Phone: 425-255-3546 Fax Number 425-432-4461 e-mail

☑ Master Installer ☐ Certified Designer/P.E. ☐ Certified OSS Maintainer ☐ OSS Pumper ☐ Resident Homeowner

Certification Number (if applicable) M1060 Signature

HEALTH DEPARTMENT ONLY

The repair proposal is:
☒ Satisfactory – Application for the permit to repair the system may proceed.
☐ Unsatisfactory – See comments below or attached deficiency list:
☐ Insufficient information submitted to support the repair proposal (See remarks/comments below).
☐ Based on the complexity of the site, a site application is required.

District Health & Environmental. Investigator. Ken Elliott Date 5-5-09

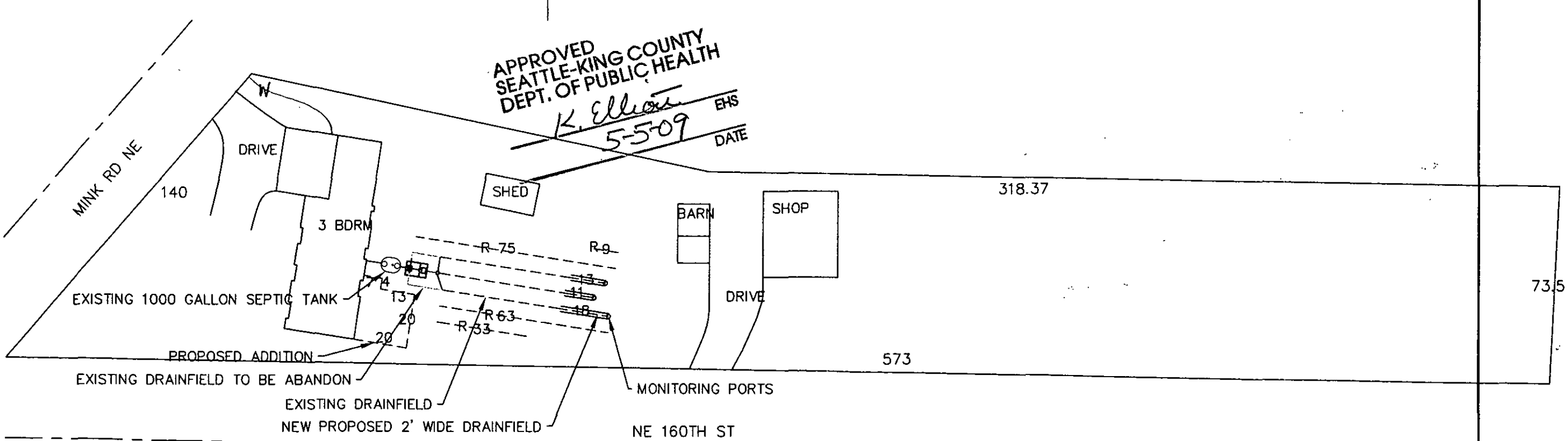
Remarks/Comments:

REPAIR PROPOSAL

1. ABANDON EXISITING SEPTIC TANK, D-BOX AND PORTION OF EXISTING SYSTEM AS SHOWN.
2. INSTALL NEW 1000 GALLON TANK AND ADD ON ENDS OF EXISTING DRAIN LINES AS SHOWN
3. INSTALL RISERS TO SURFACE ON NEW TANK AND D-BOX AND INSTALL MONITORING PORTS AT END OF EACH LINE.
4. REPAIR PROPOSAL IS TO ALLOW NEW ADDITION TO MASTER BEDROOM AND BATHROOM
5. HOME IS 3 BEDROOMS NOW AND WILL STAY 3 BEDROOMS.
6. EXISTING SEPTIC SYSTEM IS 180 LINEAL FEET OF 2' WIDE GRAVITY, SEE ATTACHED ASBUILT.



APPROVED
SEATTLE-KING COUNTY
DEPT. OF PUBLIC HEALTH
K. Ellison EHS
5-5-09 DATE



DATE	04-09
DRAWN	M TOOLEY
DWG. NO	0409-051
SCALE	1" = 30'
SHEET	1 OF

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
Ouvall, 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.

AS BUILT '84
PERMIT NO 30515
INSTALLED 1000 GAL SEPTIC TANK
" 180 LIN. FT. DRAINLINE
" 12-20" BACKFILL OVER DRAINLINE

HOUSE REF POINT "A"	B	DRAINFIELD POINT #	
45'	30'	1	INLET
45'	32'	2	
45	33	3	OUTLET
47	35'	4	D-BOX
51	41	5	
54	29'	6	
66	54	7	
69	55	8	
71	78	9	

SCALE: 1" = 30'
DATE: 9/22/83
FB 40 P16
JN 11683
REVISED 3/6/84

RECEIVED
JUN 29 2009
KING COUNTY
DEPARTMENT OF PUBLIC HEALTH

RECEIVED
EAST DISTRICT
DEC 10 1984

BLACK RIVER EH

MINK RD NE

100

140'

28

3 BDRM

45'

74

"A"

"B"

318.37'

593.57'

60'

56

58

10'

ASSUMED REC