

WHATCOM COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE SYSTEM CONSTRUCTION PERMIT

509 Girard Street Bellingham, WA 98225 Telephone: 360-676-6724 Fax: 360-676-6771

Parcel # 400230 140437			Permit Approval Date	: 12/0	12/03/2012		
Name Crabtree, Jerry				Permit Expiration Dat	e: <u>12/</u> 0	03/2015	
Site Address	Last 2405 Bi	irch Bay Lynden R	First oad	Phone Number			
Installer				Installer Number			
Called for Insp	pection:						
Sewage Con	itrol Regulation	installation of this Cons. A CONSTRED BEFORE COVE	RUCTION IN	nply with all applicable req ISPECTION BY THE V	uirements of WC VHATCOM CO	C 24.05 On-Site JNTY HEALTH	
Issuance of an OSS 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, such as obtaining a land disturbance permit from Whatcom County Planning and Development Services, should be accomplished prior to commencement of any construction.							
Operation and Maintenance (O&M) is required for every OSS. Attached are the O&M requirements for this OSS.							
OSS TO BE INSTALLED ONLY BY LICENSED INSTALLER. HOMEOWNER MAY NOT INSTALL OSS WITHOUT PRIOR APPROVAL FROM HEALTH DEPARTMENT.							
I have read ar	nd understand	the above statemen	ts.				
	Name and Sig	nature of Fee Simple	e Owner, Cor	ntract Purchaser, or Owner	's Authorized Age	ent.	
Print F	obin M.	Hitz	Signature	EMAS.	Date	7/26/13	
OSS TYPE:	Convent	ional Gravity	☐ Press	sure Distribution	☐ Mound		
	☐ Drip Irrig	ation	☐ ATU w/ Pressure Distribution		☐ ATU w/ Mound		
	☐ ATU w/ [Drip Irrigation	☐ Sand	Filter w/ Pressure Dist.	☐ Sand Filter w/ Mound		
	☐ Biofilter		□ Septi	c Tank Only	☐ Holding Tan	k	
	□ Other						
Comments /	Conditions:_						
		•					
Construction Inspection By				Date			
Final Approved By					Date		
					VE ADLVI	1	
	IMPORT	ANT: Clean you	ur outlet fil	Iter and/or pump scre	en YEAKLY!!	!	
Office Use O	nly:						

Amount Paid___

Received By__



WHATCOM COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE SYSTEM PERMIT APPLICATION

509 Girard Street Bellingham, WA 98225 Telephone: 360-676-6724 Fax: 360-676-6771

Тах Parcel # 400230 14D434	Date11/28/12
Owner Jerry Crabtree	Applicant SAME
Address 2286 E Badger Rd	Address
Everson WA 98247	
Phone (360) 966-4314	Phone
Site Address 2405 Birch Bay Lynden Rd	Lot Size 2.49 Acres
N (§ E W side of Birch Bay Lynden Rd.	0.1 Miles N S 🛱 W of Dean Rd.
Subdivision Name Audra Short Plat 2002-002	Lot 3 Blk NA Div NA
No. of Bedrooms 4 GPD 480 Wat	er Supply Private Public
Property is within the boundaries of a recognized sewer util	lity ■ No □ Yes
APPLICATION TYPE: ■ New Construction □ F	Repair Expansion As-built Operational
SEWAGE TYPE: ■ Residential □ Commercial	☐ Food Service ☐ Other
DESIGNER/ENGINEER Burr McPhail Print Name	
COMMENTS: Conventional Gravity	
	رة ا ا
Name and Signature of Fee Simple Owner, Co	ontract Purchaser, or Owner's Authorized Agent. re
	ion you may request that the decision be reviewed. See Whatcom
★ Application Reviewed & Design Approved	Date 12-03-12
OSS Permit Type Conventional Gravity	3
Conditions	Marine Control of the
☐ Application Not Approved	Date
Reasons	



WHATCOM COUNTY HEALTH DEPARTMENT **FILE NOTES**

509 Girard Street Bellingham, WA 98225 Telephone: 360-676-6724 Fax: 360-676-6771

Address _	2405 Bir	ch Bay Lynden Rd	Page #
Tax Parcel# _		140437	•
Date	Inspector	Notes	
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	SUSSECUE AND THE SECOND		
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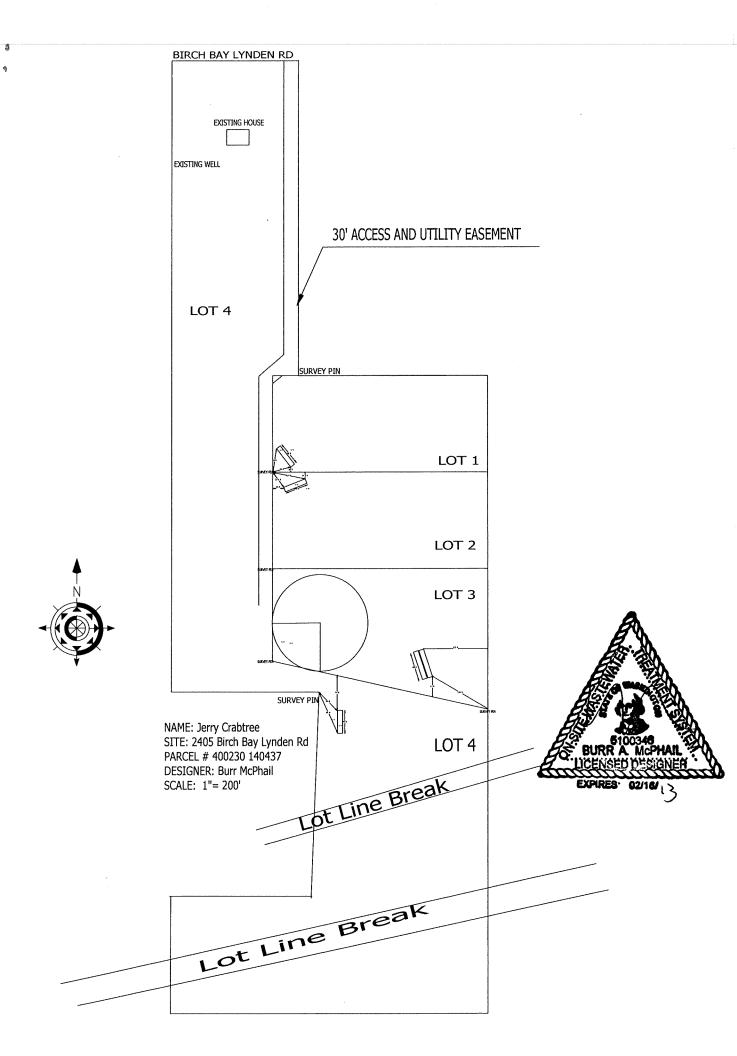


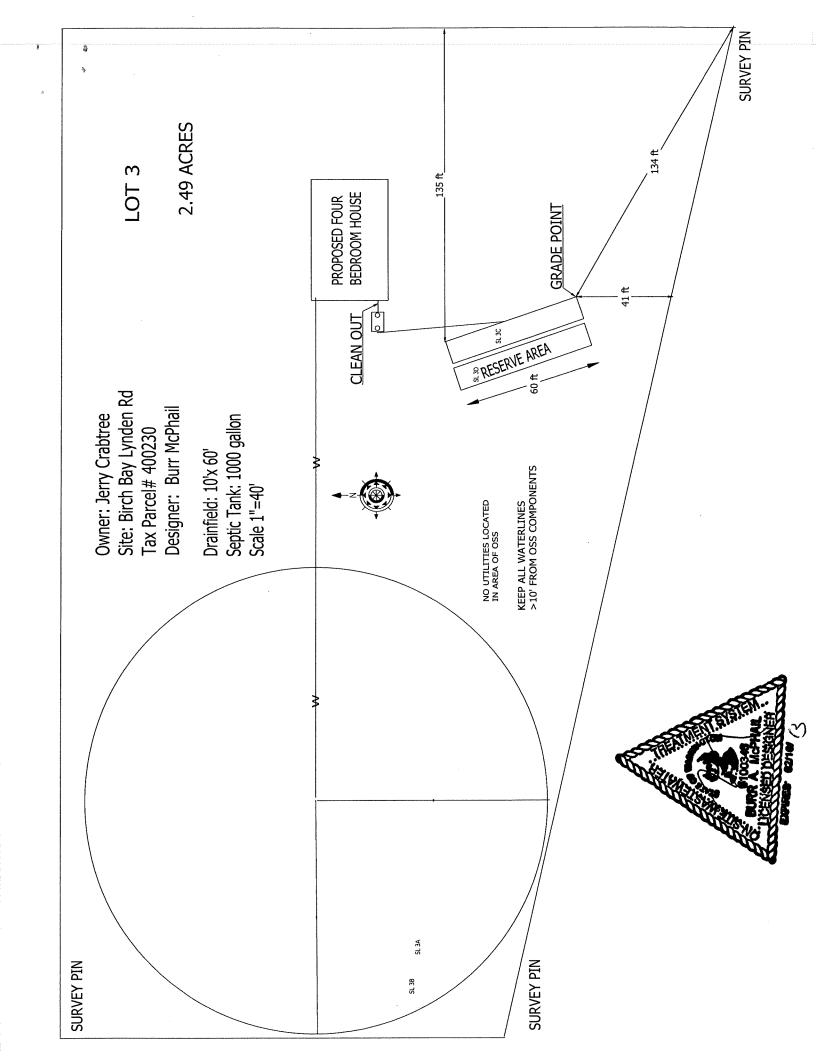
WHATCOM COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE SYSTEM SOIL LOGS

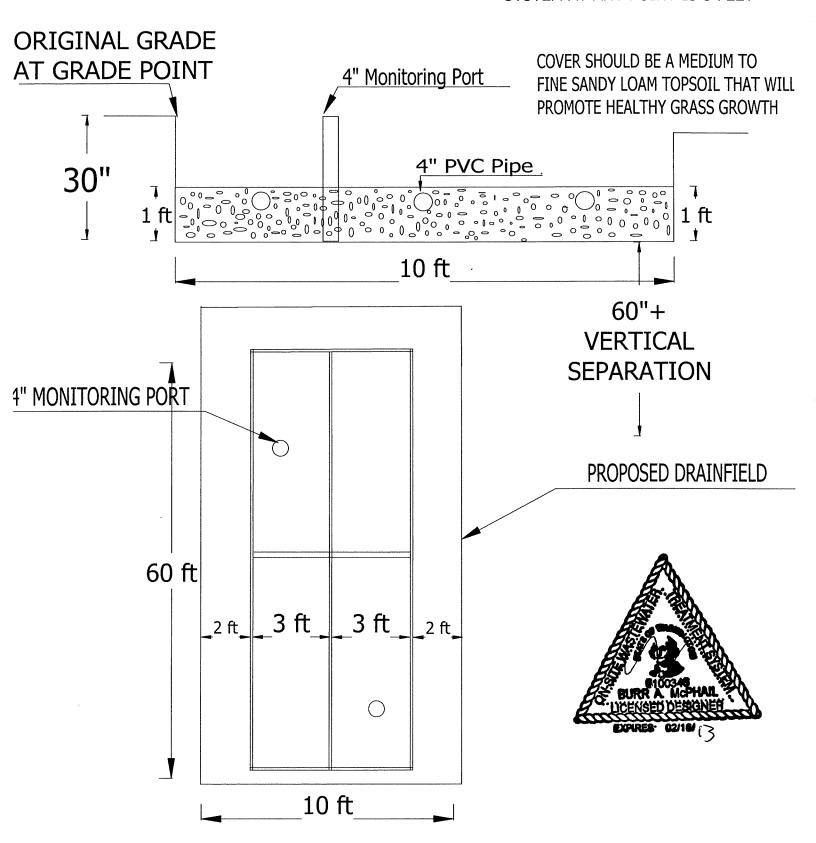
509 Girard Street Bellingham, WA 98225 Telephone: 360-676-6724 Fax: 360-676-6771

Tax Parcel #400230 140437	Date 11/28/12	Page No					
Subdivision Name Audra Short Plat	SSS/LSS #						
Owner Crabtree, Jerry	DesignerBurr McPhail						
Soil Loading Rate							
Coarsest Textured Soil 0.8 gal/ft²/day Designed Treatment Level E							
Finest Textured Soilgal/ft²/day							
- DESIGNER -	- HEALTH DEPARTM	MENT USE ONLY -					
# SL3C	11-30-12 Pm: SL-3C						
0-6" DANN Brow lote	Soils as Stated						
6-30" Brown study lot	dry to bottom						
30-84" Medium SAND							
		A A A A A A A A A A A A A A A A A A A					
Restrictive Layer Depth >84"		, , , , , , , , , , , , , , , , , , ,					
Wet Season Water Table Depth <u>>& у "</u>							
# <u>SL3D</u>	11-30-12 Pm: 56-30						
0-11 DANK Brown John	Soils as stated						
11-24" Brown Study loten	dry to bottom						
24-84" Median Stad							
Restrictive Layer Depth >84"		,					
Wet Season Later Table Depth <u>794''</u>							
BURR A MOPHAIL							
Professional Cosignature States Control Communication Comm							
Soil log holes must conform Chapter 24.05 WCC. Use additional pages for additional soil log test holes.							





MAXIMUM DEPTH OF INSTALLED SYSTEM AT ANY POINT IS 3 FEET

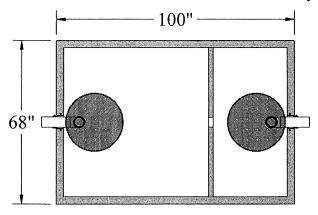




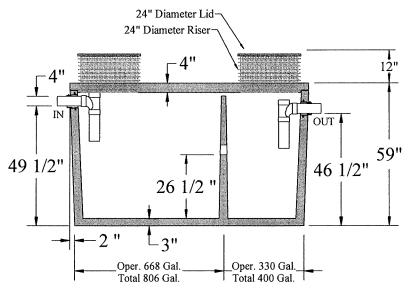
BODE'5

PRECAST CONCRETE





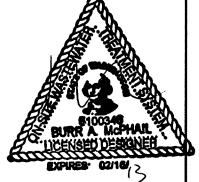
TOP VIEW



SIDE VIEW

General Notes

Standard inlet and outlet is 4" diameter - custom penetrations are available Pipe penetrations are flexible watertight seals with clamps for pipe Inlet and outlet tee baffles are to be 4" diameter pvc, abs or approved Typical access holes are 24" diameter ribbed pipe with screwed watertight gasketed lids Joint between the tank and tank top is sealed with Con-Seal CS-665 mastic rope or equal Concrete shall be 4000 psi within 28 days Rebar shall meet ASTM A 615 grade 60 specifications Wire mesh shall meet ASTM A-185 grade 65 specifications



BODE'S PRECAST, INC.

Fibermesh reinforcing shall meet ASTM C1116

1861 East Pole Rd. Everson, Wa. 98247 (360) 354-3912

1000 Gallon Septic Tank

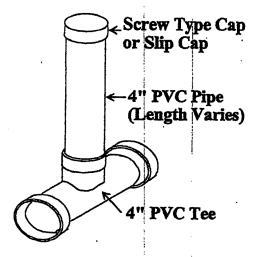
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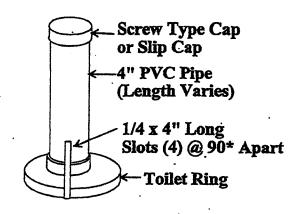
Model Number: S1000-2

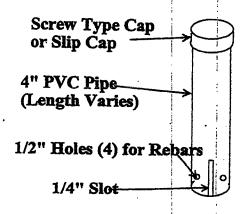
Date Issued:

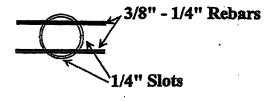
November 2010

Figure 9 – Inspection / Monitoring Ports









END VIEW (BOTTOM)



CLEAN OUT CROSS SECTION

