WHITMAN COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
Public Service Building
310 North Main Street Colfax, WA 99111
(509)397-6280

KEYED

1202

ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION

Property Owner: Gary Porter
phone #

Property Owner Address: 15012 S. Keeney Rd., Spokane 99224

Applicant: Linda Porter
phone #

Applicant Address: Same

Legal Description: Lot 13, Block 11, Rosalia Original, 1-1575-00-11-13-0000
section township range parcel #

Directions to Property: W. 417 7th, Rosalia.
West on 7th St to top of hill

Permit Type: ☐ New System --- requirements: ___water certificate ☒ Replacement system
___building permit
___CZC approval

System will Serve: ☒ A single family home
type of structure 3 bedroom

Water supply: ☐ Private well ☒ Community Water System Rosalia
system name

System installed by: ☒ Property Owner ☐ Licensed Installer

Linda Porter by JP 8-2-02
Applicant's Signature Date

$125.00 Permit Fee

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Specifications and Schematic Diagram of O.S.S.D. System

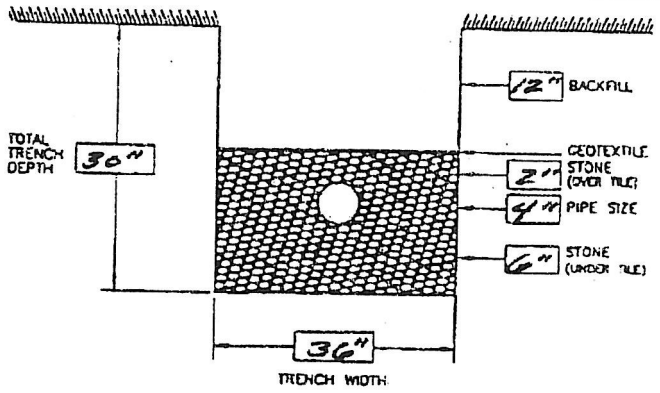
Property Owner Gary Carter

Applicant Linda Carter phone #

Comments: Gravel-less Chamber System may be substituted phone #

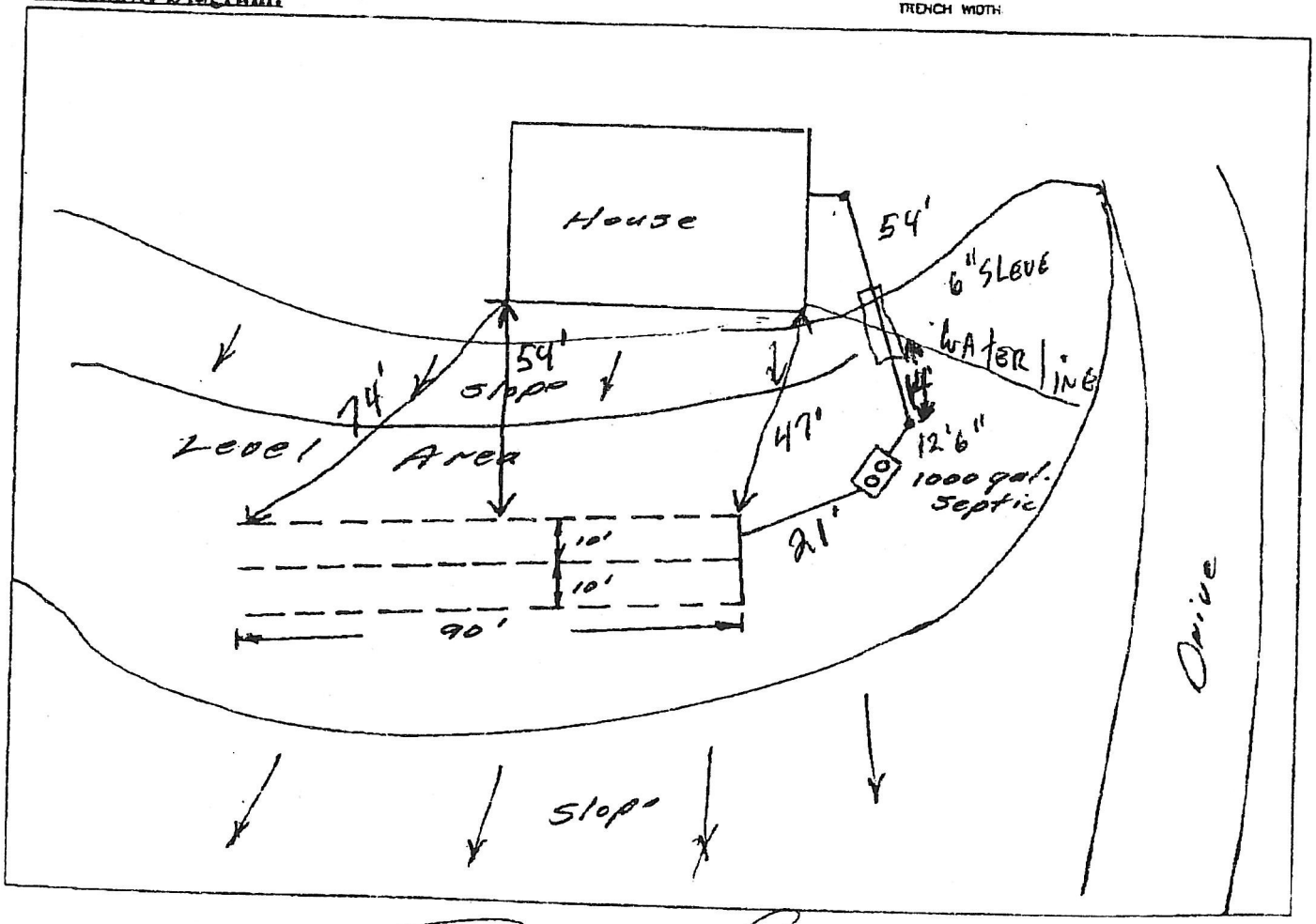
Specifications:

Soil Textural Class 5-silt loam
SCS Soil Series Palouse
% Slope Level
Septic Tank Capacity 1000
Total Drainfield length 270'



FINAL INSPECTION REQUIRED BEFORE BACKFILLING

Schematic Diagram:



Application Approved _____ 8-5-02

Environmental Health Specialist Date

POST ON-SITE

WHITMAN COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

310 NORTH MAIN STREET
COLFAX, WA 99111
PHONE: (509) 397-6280
FAX: 509-397-6239

INDIVIDUAL ON-SITE SEWAGE DISPOSAL PERMIT

This permit is to be used for the construction of an individual on-site sewage disposal system and is required by WAC 246-272 and Whitman County Code. Please fill out the permit completely or it will not be accepted. On-site sewage disposal permits are valid for one (1) year from their date of issuance. If a permit expires before an on-site system is completed, the Whitman County Department of Public Health reserves the right to charge the applicant for a new permit and/or additional site visits. An Applicant may appeal any decision pertinent to this permit to the Whitman County Board of Health. The Permitter has the right of entry at any reasonable time to inspect the sewage disposal system. The Permitter reserves the right to revoke any permit because of inadequate construction, unauthorized site modification and/or alterations in systems design.

Applicant's Name: Linda Ponter Daytime Phone: _____

Mailing Address: 15012 S. Keeney Rd., Spokane 99224

Site Address: W. 417 7th, Rosalia, WA

Parcel Number: 1-1575-00-11-13-0000 Section: _____ Township _____ Range: _____

Lot 13, Block 11, Rosalia Origina

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not. I understand that the granting of this permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction and/or land use. Any changes to the site which cause non-compliance with any applicable law or regulation will void this permit.

Signature of Applicant: X _____ Date: _____, 20____

Permit Approved By: [signature] Date: 8-5-02

Final Inspection By: [signature] Date: 8-10-02

Permit Number: 1202 Fee Paid: Billed Date: 8-6-02

System Installed By: Applicant Phone Number: _____

DO NOT COVER SYSTEM BEFORE APPROVAL BY ENVIRONMENTAL HEALTH

PERMIT VALID FOR ONE (1) YEAR FOR DATE OF ISSUANCE

Specifications and Schematic Diagram of O.S.S.D. System

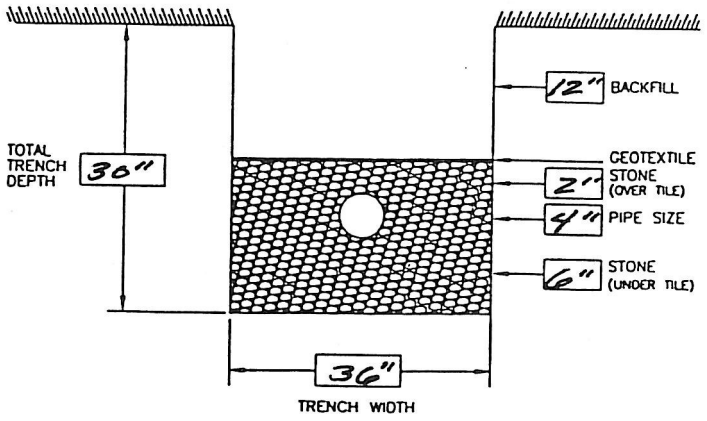
Property Owner Gary Panter

Applicant Linda Panter phone #

Comments: Gravel-less Chamber System may be substituted phone #

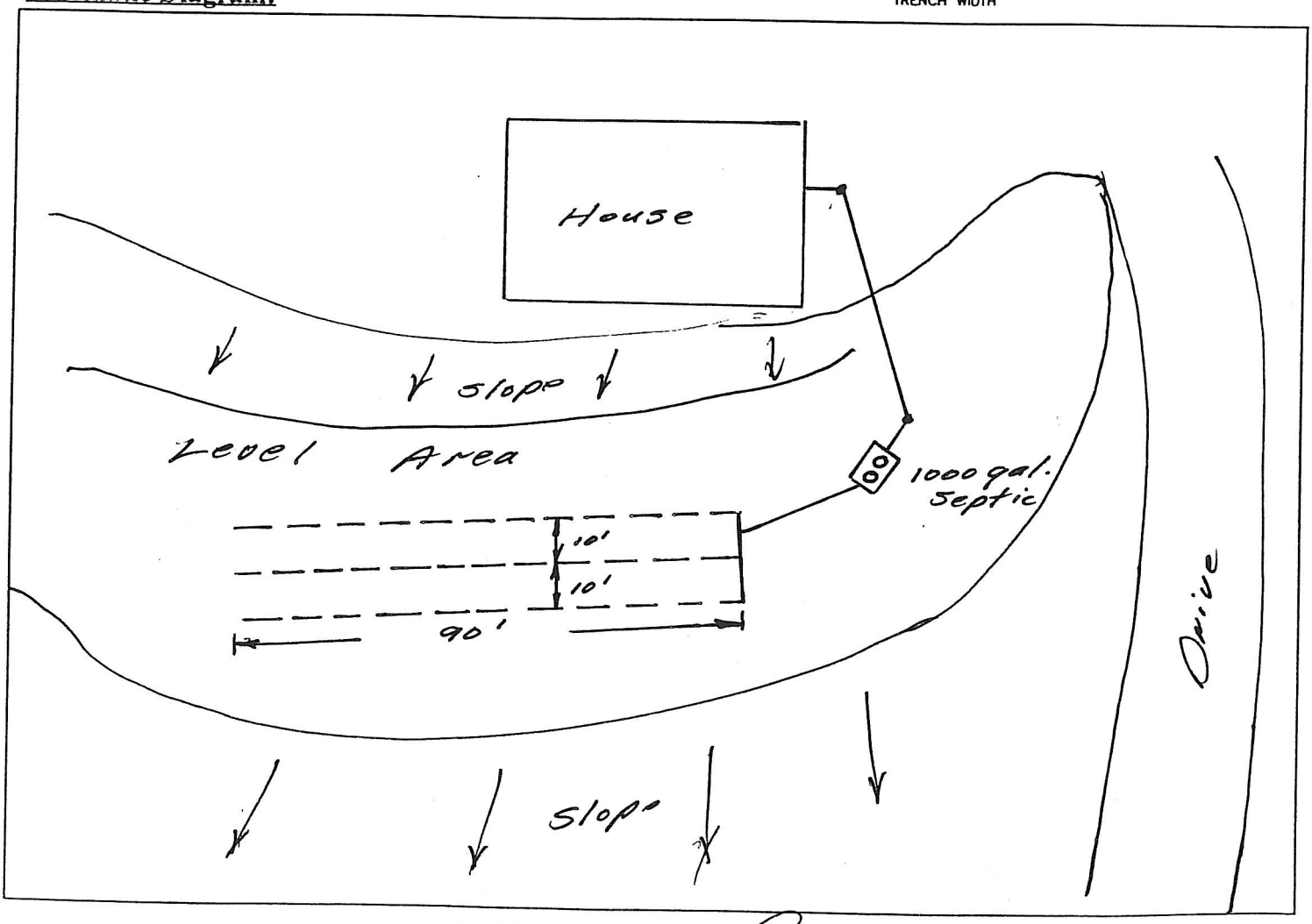
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Application Approved _____ 8-5-02

Environmental Health Specialist — Date