

20-14-3552-0079

KITITAS COUNTY HEALTH DEPARTMENT

507 N. Nanum Street • Ellensburg, Washington 98926 • Phone 925-1465

Permit to Install or Alter a Sewage Disposal System

Name JOSEPH OJUROVICH Date 7.7.88
Address and Location SUN COUNTRY III LOT 79
1131 Oakmont Dr
Installer BLUE DOT Soil tester-designer BLUE DOT
No. Bedrooms ^{SIZED FOR} (1) Type of bldg BATH HOUSE 10x14 ☒ New or existing
Septic Tank Capacity 1000 gals. Sq. ft. of absorption area 300
Comments INSTALL AS DESIGNED. KEEP 3' SEPARATION FROM
BOTTOM OF TRENCH TO GROUNDWATER
Issued by JOHN J. WOLPER III

This Permit expires one year from date of issuance. The above specifications are minimum. Changes in specifications shall be approved before construction. Health Department Regulation requires that all new or altered sewage disposal systems be inspected and approved before covering. Twenty four hours advance notice required for inspections.

Reason for Disapproval _____

Approved by JOHN J. WOLPER III Date 7.21.88

KITTITAS CO. CDS
RECEIVED
09/20/2024

P 500 - 6228 - M1 - 06

**CERTIFICATION BY COUNTY-BONDED CONTRACTOR
IN LIEU OF HEALTH DEPARTMENT INSPECTION AND APPROVAL**

I hereby certify that the sewage system at the above address was installed or altered in accordance with all pertinent rules, regulations and laws governing the installation of such systems and meets or exceeds the specifications indicated.

Signature

for

Company

Date

KITTITAS COUNTY HEALTH DEPARTMENT

507 N. Nanum Street • Ellensburg, Washington 98926 • Phone 925-1465

Permit to Install or Alter a Sewage Disposal System

Name JOSEPH OSUROVICH Date 7-7-88

Address and Location SUN COUNTRY III LOT 79

Installer BLUE DOT Soil tester-designer BLUE DOT

No. Bedrooms 5 ^{1200 SQ FT} (1) Type of bldg BATH HOUSE 10x10 ☒ New or existing

Septic Tank Capacity 1000 gals. Sq. ft. of absorption area 300

Comments INSTALL AS DESIGNED. KEEP 3' SEPERATION FROM BOTTOM OF TRENCH TO GROUNDWATER

Issued by JOHN T. WILKINS III

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Signature _____ for _____
Company

Date _____

KITTITAS COUNTY HEALTH DEPARTMENT

507 Nanum Street
Ellensburg, Washington 98926
(509) 962-6811 Ext. 109

No 013236

DATE July 7 19 88

RECEIVED FROM BLUE DOT FOR JOSEPH QIVROVICH

THE SUM OF _____ DOLLARS \$ 260.00

FOR SITE EVAL/NEW PERMIT SUN COUNTRY III Lot 79

AMOUNT OF ACCOUNT \$ _____

AMOUNT PAID.....\$ _____

BALANCE DUE.....\$ _____

☐ CASH ☒ CHECK ☐ M.O.

Thank You!

BY JW III

O.S.D.S. INSPECTION FORM

NAME: Joe OTUROVICHDATE: 7.21.88ADDRESS: SUN COUNTRY II
LOT 79

TIME: _____

LINE 1 W LINE 2 E LINE 3 _____

DISTANCES

LINE SEPARATION: _____

TIGHT LINE: _____

PERF LINE: _____

TRENCH WIDTH: _____

ELEVATIONS

CAPPED END: _____

MIDDLE: _____

TIGHT LINE/PERF: _____

LINE FALL: _____

D-BOX OUTLET: _____

D-BOX INLET: 631TOTAL PERF LINE LENGTH: 100 FT.TANK OUTLET: 612TRENCH WIDTH: X 3 FT.

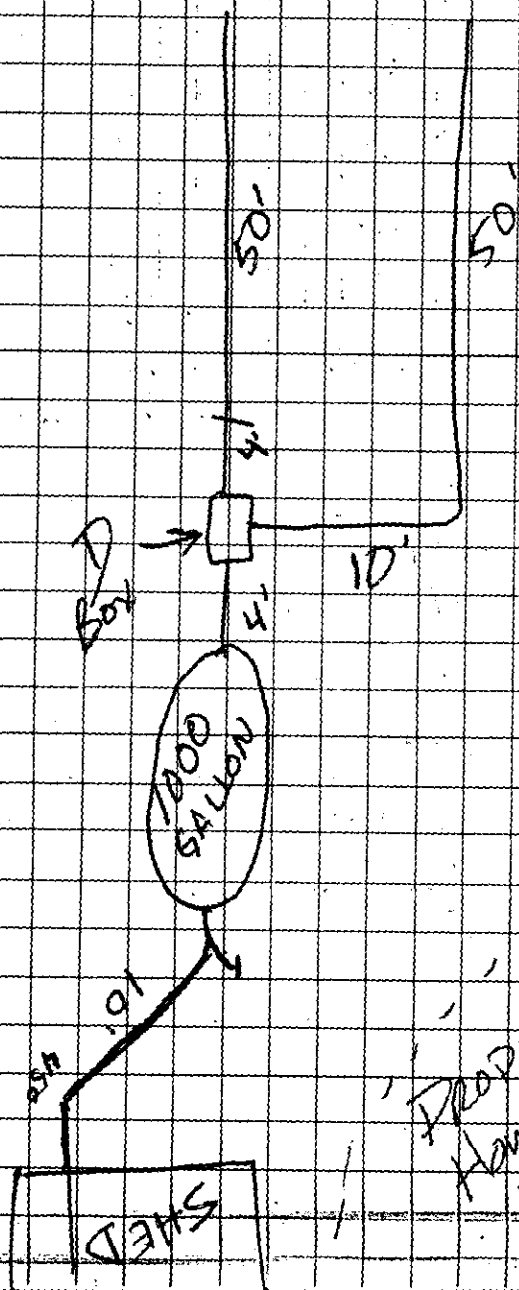
TANK INLET: _____

DRAIN FIELD: 300 SQ. FT.

MISCELLANEOUS

CROSS-SECTION SATISFACTORY? X YES _____ NODISTANCES SATISFACTORY? X YES _____ NOELEVATIONS SATISFACTORY? X YES _____ NOINSTALLATION CONFORMS WITH DESIGN? X YES ^{close} _____ NOCOMMENTS: _____

APPROVED BY: _____



PROPOSED
HOME
SITE

KITTITAS COUNTY HEALTH DEPARTMENT

507 Nanum Street, Ellensburg, WA 98926-2898 | Telephone: (509) 962-6811, ext. 109

505 Power Street, Cle Elum, WA 98922-1047 | Telephone: (509) 674-5513

ON-SITE SEWAGE SYSTEM

SITE EVALUATION REQUEST / PERMIT APPLICATION

SITE EVALUATION AND/OR PERMIT APPLICATION INFORMATION

REQUESTED BY:

Name: Joseph Djurcovich

Mailing Address: 5166 So. 146th

Seattle, WA 98188

Telephone: (206) 246 7975

Signature: _____

Owner, if different than above:

Name: _____

Mailing Address: _____

Telephone: () _____

SITE:

Subdivision: Sno County

Division: III Block: _____ Lot: 29

Legal description, if not in a subdivision: _____

Section: _____ Township: _____ Range: _____

Assessor's Parcel (Card) Number: _____

Directions to site: _____

STRUCTURE:

☒ single or _____ multiple family dwelling

☒ on-site constructed or _____ mobile home

other: Bath House

☒ proposed or _____ existing

Number of bedrooms: _____ per dwelling unit

Number of (intended) permanent occupants: _____

Maximum number of occupants in 24 hours: _____

WATER SUPPLY:

☒ public or ☒ private: ☒ well or _____ spring

SEWAGE SYSTEM DESIGN INFORMATION

Soil log: _____

Date: 1 / 1 Obtained by: _____

Perc Rate (ONLY IF PERFORMED): _____

Depth of seasonal high water table: _____

Date & How determined: 1 / 1

Method proposed to obtain required separation from water table: _____

Proposed disposal area cut and/or fill: _____

Permit: ☒ New _____ Repair _____ Renewal _____ Privy

Septic Tank: 1000 gallons ☒ new _____ existing

Liquid waste: 120 gallons per day anticipated

Absorption area: 300 square feet (_____ gpd/sq. ft.)

Designer's Signature: Tom Delle Date: July 15, 1988

Installer: Blue Dot

ON THE REVERSE, DRAW AND DESIGNATE THE FOLLOWING:

- 1) property lines (w/dimensions), roads, driveways, fences, utility lines, easements
- 2) topography - banks, swales, cuts and fills, drainage ways, ground slope (%), North axis
- 3) proposed and existing dwellings, barns, corrals, pump houses, garages, etc.
- 4) surface waters (w/in 300 ft.) - creeks, lakes, ponds, irrigation ditches, interceptor drain(s) & outlet(s)
- 5) domestic water source(s) and water lines (including neighbors' w/in 300 ft.)
- 6) proposed system (w/dimensions), replacement area, existing systems (w/in 300 ft.), location of soil log hole and/or perc test holes

FOR DEPARTMENTAL USE ONLY

Date	Activity	Fee	Receipt
7-7-88	PERMIT	260	013236

SITE: ☒ suitable _____ unsuitable _____ conditional

checked 1 / 1 by _____

Flood Plain / Way: D.O.E. Permit _____ req'd. ☒ not req'd.

DESIGN: final review pending: _____

Rev'd. 1 / 1 by _____ Appvd. 1 / 1 by _____

INSTALLATION: final approval pending: _____

Inspd. 1 / 1 by _____ Appvd. 1 / 1 by _____

Sunc Country Lot 79

