

SITE REGISTRATION

RECEIPT # 94453

DATE: 4/28/99

RECEIVED

APR 20 1999

ISLAND COUNTY HEALTH DEPT.

SITE REG. # 99-155

DESIGNER: Stonebridge

This is NOT a sewage disposal permit nor a guarantee one will be issued. This site registration is for ONE building site only. Any other permits or further subdivisions will require additional site registration fees at that time.

APPLICANT'S NAME: Dick and Wendy Aulette (907)-457-3433

ADDRESS: 251 Snowy-Owl Lane Fairbanks Alaska
99712

OWNER'S NAME (if different from applicant): Del Brim

PARCEL #: R 32801-345-4300 PROP. S/P: _____ LOT #: _____

NAME OF PLAT: Cedar View DIV. _____ BLOCK _____ LOT A

LOCATION OF CONSTRUCTION SITE: Cedar View Dr.

INSTRUCTIONS: Fill out this form completely — both sides. Soil logs should be made per Island County Health Department Rules and Regulations. On the reverse side, a blank space is reserved for a scaled drawing or an accurate plot plan drawn to scale of the site to include soil log holes (numbered), perc holes (numbered), property lines and dimensions, wells, bodies of water, topographical depictions, curtain drains, roads, etc.

All soil logs or other soil tests made for the purpose of securing a permit to construct a sewage disposal system must be filed with appropriate fees (NON-REFUNDABLE) on forms provided by the Health Department within 20 working days of the date the tests were completed by the designer/installer, professional engineer, or registered sanitarian who performed the tests.

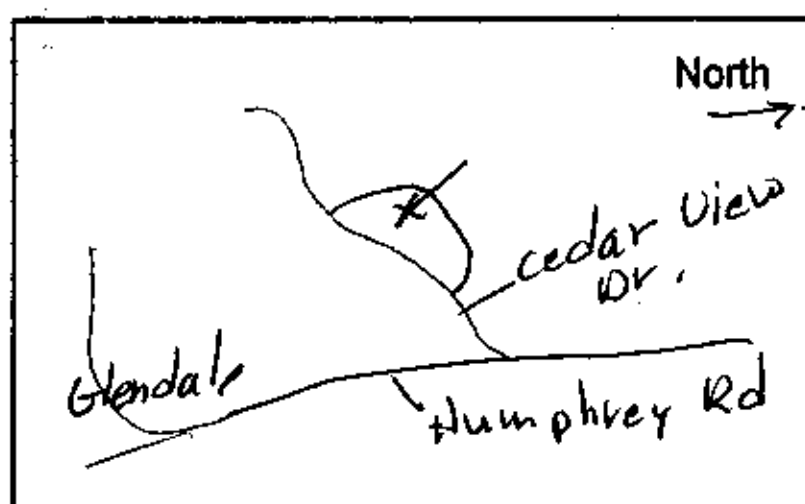
DESIGNER'S COMMENTS: old S.R. 82-319 only

2 soil log 250 sq. ft/bedroom
pressure distribution

ADDITIONAL WET SEASON COMMENTS: _____

DATE: _____

VICINITY MAP



The undersigned Island County Health Department representative has witnessed the following soil logs and finds them to be accurately represented. It appears that this site is capable of supporting an on-site sewage disposal system for a single family residence meeting CURRENT Island County Health Department policies and regulations, subject to any of the above comments and restrictions. (Any person may appeal this decision in writing within ten (10) days of the date of the decision.)

NOTE: Changes to this site such as grading, cuts, filling or clearing could make this certification NULL & VOID.

[Signature]
SIGNATURE/TITLE OF HEALTH DEPARTMENT REPRESENTATIVE

4-28-99
DATE

DATE INSPECTED BY THE HEALTH DEPARTMENT 4-6-99

HEALTH DEPARTMENT COMMENTS: _____

ADDITIONAL WET SEASON COMMENTS: _____

DATE: _____ INITIALS: _____

Accurate Plot Plan Drawn to Scale

Soil Logs [] Perc Tests [] Parcel #

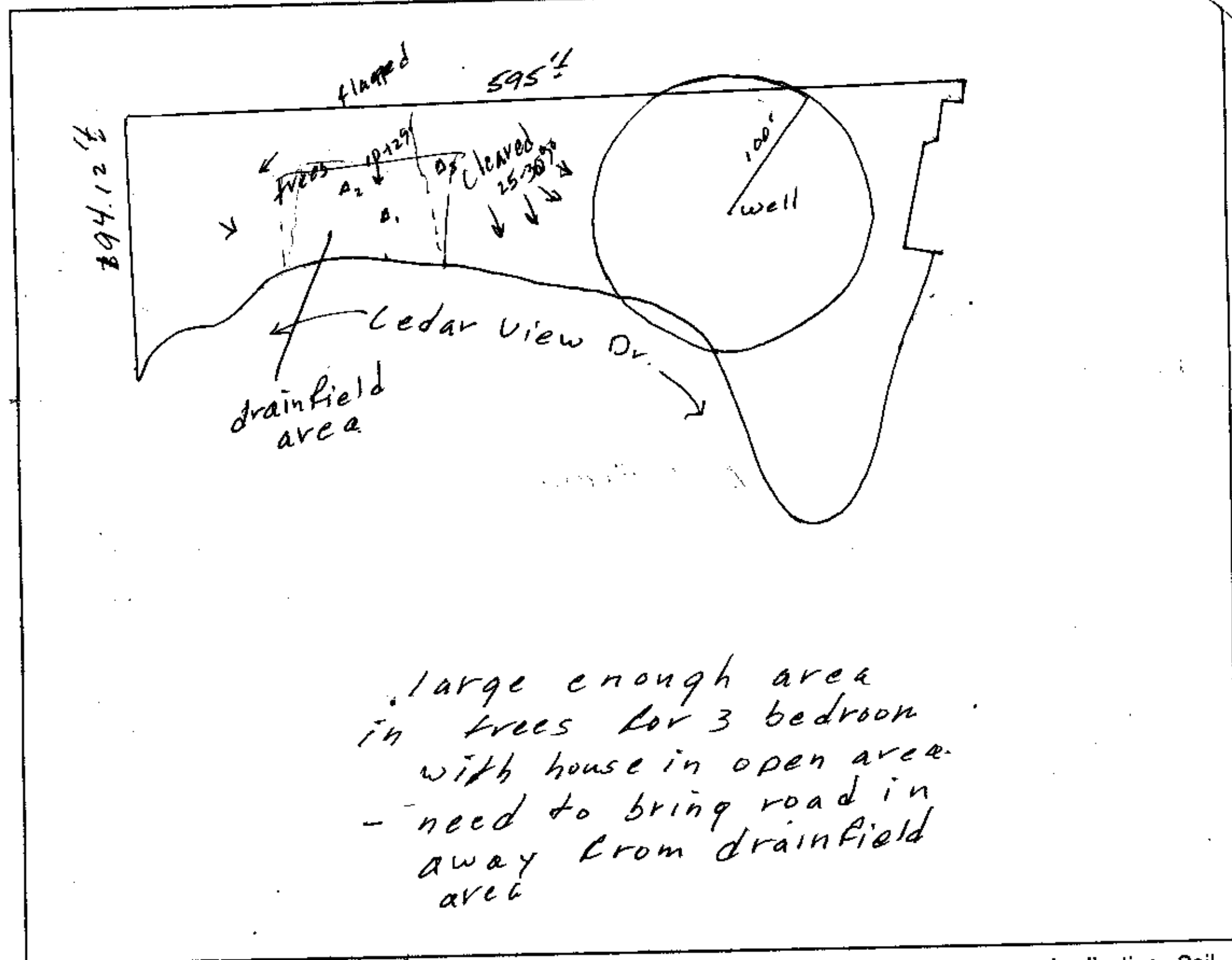
Scale Used: 1" = 117.65'

Size:

Acres: 2.75

Site Reg. #

99-13



Soil Log #1

Depth (In.)	Soil Type	Application Rate	Soil Type
0 to 54	pk Snlm	0.60	IV
54 to 62	br Sn damp	0.60	IV
62 to 70	En Sn	0.60	IV

Water Table: sat at 65" Impervious Soil: 70"

Soil Log #2

Depth (In.)	Soil Type	Application Rate	Soil Type
0 to 70	Snlm	0.60	IV

Water Table: sat at 64" Impervious Soil:

Soil Log #3

Depth (In.)	Soil Type	Application Rate	Soil Type
0 to 5	Br L	0.60	IV
5 to 15	Sn L	0.60	IV
15 to 32	En Sn	0.60	IV
32 to 70	Sn (med + fine)	0.80	III

Water Table: 10 N₂O Impervious Soil:

Soil Log #4

Depth (In.)	Soil Type	Application Rate	Soil Type
to In.			
to In.			
to In.			
to In.			

Water Table: Impervious Soil:

Soil Log #5

Depth (In.)	Soil Type	Application Rate	Soil Type
to In.			
to In.			
to In.			
to In.			

Water Table: Impervious Soil:

Soil Log #6

Depth (In.)	Soil Type	Application Rate	Soil Type
to In.			
to In.			
to In.			
to In.			

Water Table: Impervious Soil:

Soil Log #7

Depth (In.)	Soil Type	Application Rate	Soil Type
to In.			
to In.			
to In.			
to In.			

Water Table: Impervious Soil:

CERTIFICATION: I hereby certify this information to be correct and the tests were performed by me as prescribed on:

DATE: 4/6/99

Signature of Licensed Designer, Registered Sanitarian, or Professional Engineer

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