7/19/89
Late PM

WHATCOM COUNTY HEALTH DEPARTMENT

Telephone: 676-6724
384-1563

34407

SCANNED

Date 7/19/89

PERMIT NO: 13605

FEE $7.00 RECEIPT NO. B 6615

Received By Susan

SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 390108 826085

Expires in Three Years

OWNER ~~Tree of Life~~ Campbell land Corp. Telephone:
Last

Installation Address 4212 Aldergrove

(S E W Side of Aldergrove Rd. ¼ Miles N S E) Kickerville Rd.

Designer J. Ross Installer J Ross

It is hereby agreed that this installation shall comply with all requirements of the Whatcom County Health Department including INSPECTION BEFORE COVERING.

Issuance of a sewage disposal permit does NOT imply or signify fulfillments 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 should be accomplished prior to commencement of any construction.

I have read and understand the above statements

Signature of Owner or Agent

SPECIAL CONDITIONS: 3' + fill

Issued By Bob Klein
Environmental Health

Final Inspection By Al Fahlbeck
Environmental Health

Date 7-19-89

NOTICE: Home owners who construct their own septic tank system should contact the health department for instructions. Septic tanks should be pumped every 3 to 5 years. An alternating valve, if installed, should be switched once a year.

5/89

Fee _____

Receipt No. _____

Date _____

By _____

BELLINGHAM-WHATCOM COUNTY DISTRICT
DEPARTMENT OF PUBLIC HEALTH
509 Girard Street, P.O. Box 935
Bellingham, Washington 98227

SEWAGE DISPOSAL APPLICATION
DESIGN APPROVAL

Name TRE Oil Tools, Inc.
Last
Address P.O. Box 2355
Ferndale, WA
Telephone
Address of Site 412/12 ALDERGROVE Tax Parcel No. _____

S E W Side of ALDERGROVE Rd. 1/4 Miles N S E Of Lost KUKKEWIRE Rd.

Property Index Lot _____ Blk _____ Div. _____ Subdivision _____ Sec. _____ Twp. _____ Rge. _____

Segregated Lot Size 1/4 Ac. No.Existing Dwellings 0 Type New Dwelling Final/Mobile

No. of Bedrooms _____ Sq.Ft. Main Floor _____ 2nd Floor _____ Basement _____

Is depth to house sewer more than 12 inches below grade? _____

Water Source 1/Private Private or Community Well within 200' (Show on map) _____

Percolation rate of final test period is 1 inch per 1.5 minute.

Soil logs (soil horizons to 4') S.C.S. soil type WA. Winter water table depth 12-16

0 — 24" SILT LOAM

24" — 48" SILT LOAM

Comments 412/12 AS PER DEC'S DESIGNS. 10-26-88 NEW LOCATIONS
APPROX 60' NORTH AND 40' WEST OF ABANDONED SITE.

I hereby certify that the information is correct and the design complies with all requirements of the Bellingham-Whatcom County District Department of Public Health.

Designer's Signature James A Rost Date 7-17-89

- HEALTH DEPARTMENT USE ONLY -

Field Notes _____

☐ Soil meets minimum standards By _____ Date _____

☒ Soil and design are approved By Robert Miller Date 7/17/89

☐ Application not approved By _____ HHS Date _____

Reasons _____

A new design or a different location on the property might be approved. Consult with your sewage disposal system designer.

ANY OWNER HAS THE RIGHT TO APPEAL A DENIAL OF A PERMIT TO THE BOARD OF APPEALS.

Please make this request by letter and include names and addresses of all property owners within 300 feet of your property, excluding public right-of-ways. A fee is charged.

10-82

SEWAGE SYSTEM DISPOSAL DESIGN

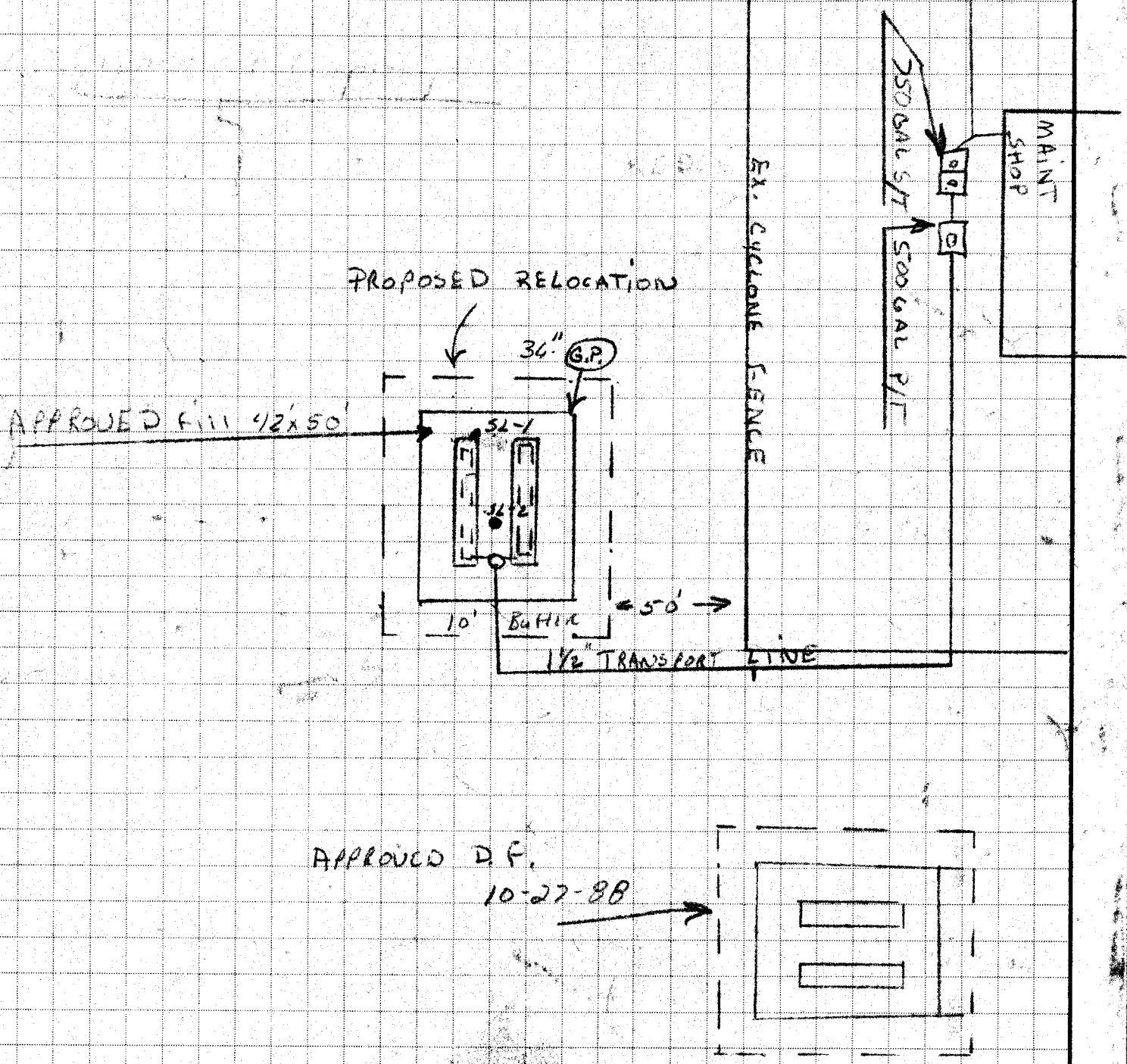
Name of Owner TRE OIL IND LTD. Tank size 250 Gallons
Installation Address 4242 ALDERGROVE Field L__ W__ D__
Designer J. Ross Date of Design 7-17-89 Bed L 30 W 6 D 2
Scale 40' per 1 inch. Alternating Syst. (2) X L__ W__ D__

N W. E S

Vicinity Map

REDESIGN

SIZING: AS PER DESIGN BY DELL BEILINGER 10-27-88



Approved by EDK Not Approved by _____ E.H.S. Date 7/17/1989
11-82

Fee 86.00

Receipt No. 86498

Date 2-23-99

By Jason

permit paid + 86498 $81.00

BELLINGHAM-WHATCOM COUNTY DISTRICT
DEPARTMENT OF PUBLIC HEALTH
509 Girard Street, P.O. Box 935
Bellingham, Washington 98227

SEWAGE DISPOSAL APPLICATION
DESIGN APPROVAL

Name Tree Art Tech LTD

Address PO Box 379 Ferndale Wash 98248

Telephone

Address of Site 4242 Aldergrove Rd Ferndale Parcel # _____

(R) E W Side of Aldergrove Rd. Rd. ___ Miles N S (R) of Kickerville Rd. Rd.

Property Index Lot ___ Blk ___ Div ___ Subdivision ___ Sec 8 Twp 39 Rge 1E

Segregated Lot Size 3.4 Acres No. Existing Dwellings 0 Type New Dwelling Frame Shed

No. of Bedrooms 0 Sq. Ft. Main Floor ___ 2nd Floor ___ Basement ___

In depth to house sewer more than 12 inches below grade?

Water Source Well Private or Community Well within 200' (Show on map) ___

Organic Effluent Application Rate 1.2 gpd/sq. ft.

Soil Logs (soil horizons to 4') S.C.S. soil type Lab. Winter water table depth 12-16

Comments 8-15 employees - approved Bill area - 42x30'

I hereby certify that the information is correct and the design complies with all requirements of the Bellingham-Whatcom County District Department of Public Health.

Designer's Signature [signature] Date 11-26-99

- HEALTH DEPARTMENT USE ONLY -

Field Notes

Soil meets minimum standards By _____ Date _____

☒ Soil and design are approved By [signature] Date 12/23/98

Application not approved By _____ REH Date _____

Reasons _____

A new design or a different location on the property might be approved. Consult with your sewage disposal system designer.

ANY OWNER HAS THE RIGHT TO APPEAL A DENIAL OF A PERMIT TO THE BOARD OF APPEALS.

Please make this request by letter and include names and addresses of all property owners within 300 feet of your property, excluding public right-of-ways. A fee is charged.

10-82

PHILIP H. JONES, M.D., M.P.H.
Health Officer

Phone 676-6720
Env. Health 676-6724
County 364-1320

BELLINGHAM & WHATCOM COUNTY DISTRICT DEPARTMENT OF PUBLIC HEALTH

Community Health Center – 509 Girard Street
P. O. Box 936
Bellingham, Washington 98225

LETTER OF INTENT
for
SEPTIC TANK SYSTEM FILL SOIL

Name Tree Oil Ind. Ltd. Date_____
Last First
Installation Address 4247 Aldergrove
(NE) N W Side of Aldergrove Rd. .25 miles N S (E) of Kickerville Road

A sewage disposal permit will be issued after the following:

(1) A depth of 7 ft feet of approved soil fill over an area of 42 feet by 5 feet plus a permeable soil trench with a width of 10 feet must be placed as shown on the plan by Tree Oil Ind.

(2) After the fill has been placed, an inspection by our department is required.

Issuance of sewage disposal permit does NOT imply or simply fulfillment of satisfaction of any other legal requirement, such as building codes or zoning ordinances. Permit holders are cautioned that compliance with other agency permit requirements should be accomplished prior to commencement of any construction.

OK for redesign by J. Kadd – C.H. Fobes
7/11/89 OK – Same design different area ok – Environmental Health Specialist

ALTERNATING DRAINFIELD SYSTEM

Your septic tank system has an alternating drainfield which should greatly extend the life of the system. The following maintenance should be performed.

(1) The cover to the alternating valve must be visible and the valve changed once a year. This allows each field to dry out and recover.

(2) The septic tank should be pumped every three to five years. This will vary depending on the amount of sludge buildup.

325 SF final permit recd. CH
7/11/89 fill ok CH

2-11-80