

142734

BOOK 216 PAGE 228

FILED IN RECORD
SKA- WASH
BY Art Bebee

Oct 29 2 59 PM '01

GARY H. CLSON

Return Address:

Art Bebee
4555 SE Mason Lane
Mil. Or. 97222
Cherice Bebee
14680 S.W. Sixth
Beaverton, Or. 97007

Document Title(s) or transactions contained herein:

Permit for Individual Sewage Disposal System

GRANTOR(S) (Last name, first name, middle initial)

Bebee, Art F

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

S.W. Washington Health District

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

NW 4 Section 26, T4N, R7EWM

☐ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04-07-26-2-0-1600-00

☐ Property Tax Parcel ID is not yet assigned☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Southwest Washington Health District

STEVENSON/SKAMANIA COUNTY HEALTH CENTER
961 MILE PC ST - 2nd ST. EXT. - P.O. BOX 162
Stevenson, WA 98648
(509) 427-6138

WHITE SALMON/Klickitat COUNTY HEALTH CENTER
170 N.W. LINCOLN - P.O. BOX 159
White Salmon, WA 98672
(509) 493-1558

GOLDENDALE/Klickitat COUNTY HEALTH CENTER
228 WEST MAIN STREET
Goldendale, WA 98620
(509) 773-4565

THIS PERMIT MUST BE
POSTED ON JOB SITE BE-
FORE WORK IS STARTED

PERMIT

DATE October 10, 2001

INDIVIDUAL SEWAGE DISPOSAL SYSTEM

VOID AFTER 1 YEAR

OWNER Art Be-be
MAILING 182 Trout Creek Rd
ADDRESS Carson, WA 98610

ADDRESS OF THIS SEWAGE SYSTEM 4-7-26-2-0-1600

PERMISSION IS HEREBY GRANTED TO INSTALL AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM AT THIS SITE. TO BE APPROVED, THE FOLLOWING REQUIREMENTS ARE TO BE INCLUDED AND THE SYSTEM MUST BE INSTALLED IN ACCORDANCE WITH REGULATIONS. THE DISPOSAL SYSTEM MUST BE LOCATED IN THE SPECIFICALLY APPROVED AREA. THE FOLLOWING ARE THE MINIMUM DESIGN REQUIREMENTS:

01-100

The following statement shall be included on the property deed at the Assessor's Office:

"Once a water source is connected to this cabin, a drainfield meeting all applicable SWWHD standards shall be designed, permitted, installed and inspected."

SEPTIC TANK PER PLAN _____ GAL. CAPACITY
(add 50% to tank capacity for garbage grinders)

DISTRIBUTION BOXES PER PLAN _____

DISPOSAL FIELD PER PLAN _____ LINES

PER PLAN _____ FEET COMBINED LENGTH

NATIVE ROUND ROCK (WASHED) PER PLAN UNDER PIPE

OTHER **see comments**

BY BRUCE SCHERLING
PUBLIC HEALTH SANITARIAN

A SEPTIC SYSTEM PERMIT DOES NOT ENSURE ALL THAT APPROPRIATE AGENCIES ARE CONTACTED. (

ER COUNTY REQUIREMENTS ARE MET. IT IS RECOMMENDED . PLANNING, PUBLIC WORKS, BUILDING DEPARTMENT.)

BOOK 216 PAGE 230

BOOK 185 PAGE 438

A tract of land lying in the E $\frac{1}{2}$ W $\frac{1}{2}$ of the SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 26,
Township 4 North, Range 7 E.W.M., being more particularly des-
cribed as follows, to-wit:

Beginning at the northeast corner of the E $\frac{1}{2}$ W $\frac{1}{2}$ of the SE $\frac{1}{4}$ NW $\frac{1}{4}$ of section
26,. Township 4 North, Range 7 E.W.M., thence West 330 ft. to the north-
west corner of the said E $\frac{1}{2}$ W $\frac{1}{2}$ of the SE $\frac{1}{4}$ NE $\frac{1}{4}$; thence south 132 feet;
thence east parallel to the northerly line of said E $\frac{1}{2}$ W $\frac{1}{2}$ of the SE $\frac{1}{4}$
NW $\frac{1}{4}$ of Section 26, Township 4 North. Range 7 E.W.M., 330 ft.; thence
north to the point of beginning; said tract containing 1 acre, more
or less.

Gary H. Martin, Skamania County Assessor
Date 1-4-99 Parcel # 4-7-26-2-1600