### Lewis County Public Health & Social Services Environmental Services Division

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • Fax: (360) 740-1245

#### SEPTIC PERMIT

| Project Description:    Residential   | mercial [                           | A 1' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |  |
|---|-------------------------------------|--|--|
| Tax Parcel Number: 035145001003   |                                     | Application Expiration: Incomplete applications or applications that do not result in permit issuance shall expire one (1) year from the date of application as specified in Lewis County Code |  |
| Site Address: 153 Burl Lane, Packwood WA 98361  |                                     |  |  |
| Owners Name: Ryan Walters Phone Number: 253.441.0032  |                                     |  |  |
| Owner's Mailing Address: 4402 20th St E, Fife WA 98424  |                                     | Chapter 8.40.140(4)(e) Right to Appeal:  |  |
| Applicant Information: Same as Owner Authorized   | Agent                               | Any person aggrieved by a decision of an inspection or notice made by  |  |
| Name: Phone Number:   |                                     | the health officer shall have the right to appeal the matter as specified in   |  |
| Mailing Address:  |                                     | Lewis County Code 8.40.360   |  |
| Project Information: Loca   | tion of Proper                      | ty:  |  |
| Acreage: .76 Number of Bedrooms: 3  | ccess Blocked b                     | y Gate? 🗸 Yes 🗌 No   |  |
| ☐ New Construction/Expansion Detail   | led Directions                      | to Site: Access is required  |  |
| Repair/Alteration Tak   | e I-5 to 68 for US 12 E toward      |  |  |
| Soil Evaluation Lot 1 of 3  | rton/Yakima. Turn right onto        |  |  |
| Operation/Maintenance Sny   | nyder Rd. Turn left on Hideaway Ln. |  |  |
| Connect/ Reconnect to #:  | urn left onto Burl Ln.              |  |  |
| Other:  |                                     |  |  |
| Water Source  |                                     |  |  |
| ☐ Individual Well ☐ Shared Well ☑ Public/Municipal/ID #:  |                                     | Other:   |  |
| Acknowledgment and Permission to Enter I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed. |                                     |  |  |
| Further I understand that County regulations require permission to County personnel to enter private property to conduct inspections.   |                                     |  |  |
| By my signature below, permission is granted for representatives of Environmental Services to enter and remain on and about the property for the sole purposed of performing required inspections relating to this permit.                            |                                     |  |  |
| By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document, I take full responsibility for the lawful actions that this document allows.                       |                                     |  |  |
| Prior notification of the date of inspections will take place is: Required Not Required   |                                     |  |  |
| (_253)441-0032  | Permit Numbe                        | or.  |  |
| Ci  |                                     | eview:   |  |
| Signature: Ryan Walters Date: 5/8/23  Owner Authorized Agent  | Date Received:                      |  |  |
| Owner Authorized Agent  |                                     |  |  |
|   |                                     |  |  |

# Lewis County Public Health & Social Services Environmental Services Division

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • Fax: (360) 740-1245

#### SEPTIC PERMIT

| Project Description: Residential Command Tax Parcel Number: 035145001003  Site Address: 153 Burl Lane, Packwood WA 98361  Owners Name: Ryan Walters Phone Number: 2  Owner's Mailing Address: 4402 20th St E, Fife WA 9842  Applicant Information: Same as Owner Authorized Name: Phone Number: | 253.441.0032 4 Agent               | pplication Expiration: complete applications or opplications that do not result in ermit issuance shall expire one (1) ear from the date of application as occified in Lewis County Code thapter 8.40.140(4)(e)  Right to Appeal:  ny person aggrieved by a decision of an inspection or notice made by the health officer shall have the right of appeal the matter as specified in |  |
|---|------------------------------------|--|--|
| Mailing Address:  | Le                                 | ewis County Code 8.40.360  |  |
| Project Information: Location of Property:  |                                    |  |  |
| Acreage: .70 Number of Bedrooms: 3  | ccess Blocked by                   | Gate? 🗸 Yes 🗌 No   |  |
| ☐ New Construction/Expansion Detail   | led Directions to                  | Site: Access is required   |  |
| Repair/Alteration Take  | ce I-5 to 68 for US 12 E toward    |  |  |
| Soil Evaluation Lot 2 of 3  | orton/Yakima. Turn right onto      |  |  |
| Operation/Maintenance Sny   | yder Rd. Turn left on Hideaway Ln. |  |  |
| Connect/ Reconnect to #: Tur  | urn left onto Burl Ln.             |  |  |
| Other:  |                                    |  |  |
| Water Source  |                                    |  |  |
| ☐ Individual Well ☐ Shared Well ✔ Public/Municipal/ID #:  |                                    | Other:   |  |
| Acknowledgment and Permission to Enter I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed.   |                                    |  |  |
| Further I understand that County regulations require permission to County personnel to enter private property to conduct inspections.   |                                    |  |  |
| By my signature below, permission is granted for representatives of Environmental Services to enter and remain on and about the property for the sole purposed of performing required inspections relating to this permit.  |                                    |  |  |
| By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document, I take full responsibility for the lawful actions that this document allows.   |                                    |  |  |
| Prior notification of the date of inspections will take place is:   | ✓ Required                         | Not Required   |  |
| (_253)441-0032  | Permit Number                      |  |  |
| Signatural Prince (1) after 5/8/23  |                                    | ew:  |  |
| Signature: <u>Ryan Walters</u> Date: <u>5/8/23</u> Owner Authorized Agent   | Date Received:                     |  |  |
| Owner Authorized Agent  |                                    |  |  |
|   |                                    |  |  |

# Lewis County Public Health & Social Services Environmental Services Division

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • Fax: (360) 740-1245

#### SEPTIC PERMIT

| Project Description:  Residential Con   | nmercial                            |  |  |  |
|---|-------------------------------------|--|--|--|
| Tax Parcel Number: 035145001003   |                                     | Application Expiration:  |  |  |
|   |                                     | Incomplete applications or applications that do not result in                |  |  |
| Site Address: 153 Burl Lane, Packwood WA 98361  | (ZIp Code)                          | permit issuance shall expire one (1)   |  |  |
| Owners Name: Ryan Walters Phone Number:   | 253.441.0032                        | year from the date of application as<br>specified in Lewis County Code       |  |  |
| Owner's Mailing Address: 4402 20th St E, Fife WA 9842   | 4                                   | Chapter 8.40.140(4)(e) Right to Appeal:                                      |  |  |
| Applicant Information: Same as Owner Authorized   | l Agent                             | Any person aggrieved by a decision of an inspection or notice made by        |  |  |
| Name: Phone Number:   |                                     | the health officer shall have the right to appeal the matter as specified in |  |  |
| Mailing Address:  |                                     | Lewis County Code 8.40.360   |  |  |
| Project Information: Location of Property:  |                                     |  |  |  |
| Acreage: 2.53 Number of Bedrooms: 3   | ccess Blocked k                     | oy Gate? 🗸 Yes 🗌 No  |  |  |
| ☐ New Construction/Expansion Detail   | led Directions                      | to Site: Access is required  |  |  |
| Repair/Alteration Take  | ke I-5 to 68 for US 12 E toward     |  |  |  |
| Soil Evaluation Lot 3 of 3  | orton/Yakima. Turn right onto       |  |  |  |
| Operation/Maintenance Sny   | nyder Rd. Turn left on Hideaway Ln. |  |  |  |
| Connect/ Reconnect to #:  | urn left onto Burl Ln.              |  |  |  |
| Other:  |                                     |  |  |  |
| Water Source  |                                     |  |  |  |
| ☐ Individual Well ☐ Shared Well ✔ Public/Municipal/ID #:  |                                     | Other:   |  |  |
| Acknowledgment and Permission to Enter I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed. |                                     |  |  |  |
| Further I understand that County regulations require permission to County personnel to enter private property to conduct inspections.   |                                     |  |  |  |
| By my signature below, permission is granted for representatives of Environmental Services to enter and remain on and about the property for the sole purposed of performing required inspections relating to this permit.                            |                                     |  |  |  |
| By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document, I take full responsibility for the lawful actions that this document allows.                       |                                     |  |  |  |
| Prior notification of the date of inspections will take place is:   | ✓ Required                          | Not Required   |  |  |
| (_253)_441-0032   |                                     |  |  |  |
|   |                                     | er:  |  |  |
| Signature: Ryan Walters Date: 5/8/23  | 1                                   | eview:   |  |  |
| Signature: Ryan Walters Date: 5/8/23  Owner Authorized Agent  | ı                                   |  |  |  |
|   |                                     |  |  |  |