12/10 04 2 1 3 1 S ADAMS ST 65

O&M

04-06890

12-10-07 3 yrs

(0605) SR0100519
EXPIRED

ON Tacoma Sewer

RRF - Ltr (ON VI Ltr)
w/ follow up
1/11/12
LGS

RRF 9-24-12

Decommissioned Tanks

connected to sewer

REPAIR

REPAIR FOR ON-SITE SEWAGE PROGRAM

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 South "D" St., MS: 009
Tacoma, WA 98418-6813
(253) 798-6470

O+M
ON 0117720

TPCHD
3629 SOUTH D STREET
TACOMA WA 98408
12/10/2004 12:49 PM
Rcpt: 52984 R-5
CHECK #9110 $381.00

Site Address: Street 2131 S. ADAMS ST.
City: TACOMA St: WA Zip: 98405

270
Designer ID# (If Applicable)

Previous Address: Street
City: St: Zip:

Applicant Name: Last: HETTER First: FRED

Applicant Phone No: 759-6853

This Application expires one year from date of approval.

Applicant Address: 913 POWELL ST. City: STEILACOOM St: WA Zip: 98388
Section: 12 Township: 20 Range: 02 Field Area: ____ Parcel#: 0220121039
Subdivision Name: — Lot: — Block: —
Water Supply: P (I/P)I-Individual P-Public Class: ____
Public Water Supply Name: TACOMA ID#: 86800N
Property Size: 41,085 +/- SQ.Ft. ____ Within ULID: N (Y/N)
Flood Zone: N (Y/N) Basin 12: N (Y/N)
Shellfish Sensitive Area: N (Y/N) If yes, specify area: ____ (B/F/M/R/O) (B-Burley Lagoon F-Fulicy Bay M-Minter Bay R-Rocky Bay O-Other)
Type of Building: SF (SF/MF/COMM/FE/INST) Number of Units 1
SF-Single Family MF-Multi-Family COMM-Commercial FE-Food Establishment INST-Institutional
Garbage Disposal Proposed: N (Y/N) Proposed Number of Bedrooms: 4
Initial installation date, if known: ____/?/____
If system has been repaired before, Please indicate Number of repairs: ?
Plot plan attached? Y
Soil logs attached? Y
Minimum trench depth: 33" Maximum trench depth: 33" PENETRATE FILL ON SITE
Designer's Signature (if applicable): GOODMAN #270

Tanks Decommissioned 8/2008
Connected to Sewer

FOR HEALTH DEPARTMENT USE ONLY

Water Supply: ✓ approved 12/21/04
____ hold
By: ____ Date: ____

RECEIVED
DEC 10 2004
Tacoma-Pierce County Health Dept

ULID: ____ ok for on-site
____ hold for sewer
By: ____ Date: ____

Circle Possible reasons for failure: (multiple entries ok)

1) Poor soil quality 2) High seasonal water table 3) Inadequate drainfield
4) Lack of grease trap 5) Inadequate or lack of pumping septic tank ____
6) Excessive water usage 7) Physical damage to system 8) Unable to determine 9) Other

Comments: ____

FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD		
APPROVAL/DISAPPROVAL	12/21	GS
MAILED/TO BOX		

APPROVED: 12/20/04 (date) BY: ____ E.H.S.
HOLD: ____ (date) REASON: ____ BY: ____ E.H.S.
DISAPPROVED: ____ (date) REASON: ____ BY: ____ E.H.S.

Any person aggrieved by any decision or final order of the Health Officer may within 30 days make written application for appeal to this Department.

IMPORTANT NOTICE:
This is not a survey. The information and locations shown herein are derived from public records, owner statements, and field observations. No warranty is expressed or implied as to accuracy. We recommend that when questions exist, the owner obtain the services of a licensed professional land surveyor prior to construction or reliance on this information. This information is only intended for the purposes of septic system construction and as-built locating.

SEPTIC SYSTEM REPAIR DESIGN	
CLIENT NAME Fred Hetter	
SITE ADDRESS 2131 S. Adams St.	
PARCEL NO. 0220121039	
NORTH ↑	SCALE 1"=20'

Page 1 of 2 pages

DESIGNS BY ROBERT E. GOODMAN
10910 MEADOW ROAD SW
LAKEWOOD, WA 98499
(253) 584-1794

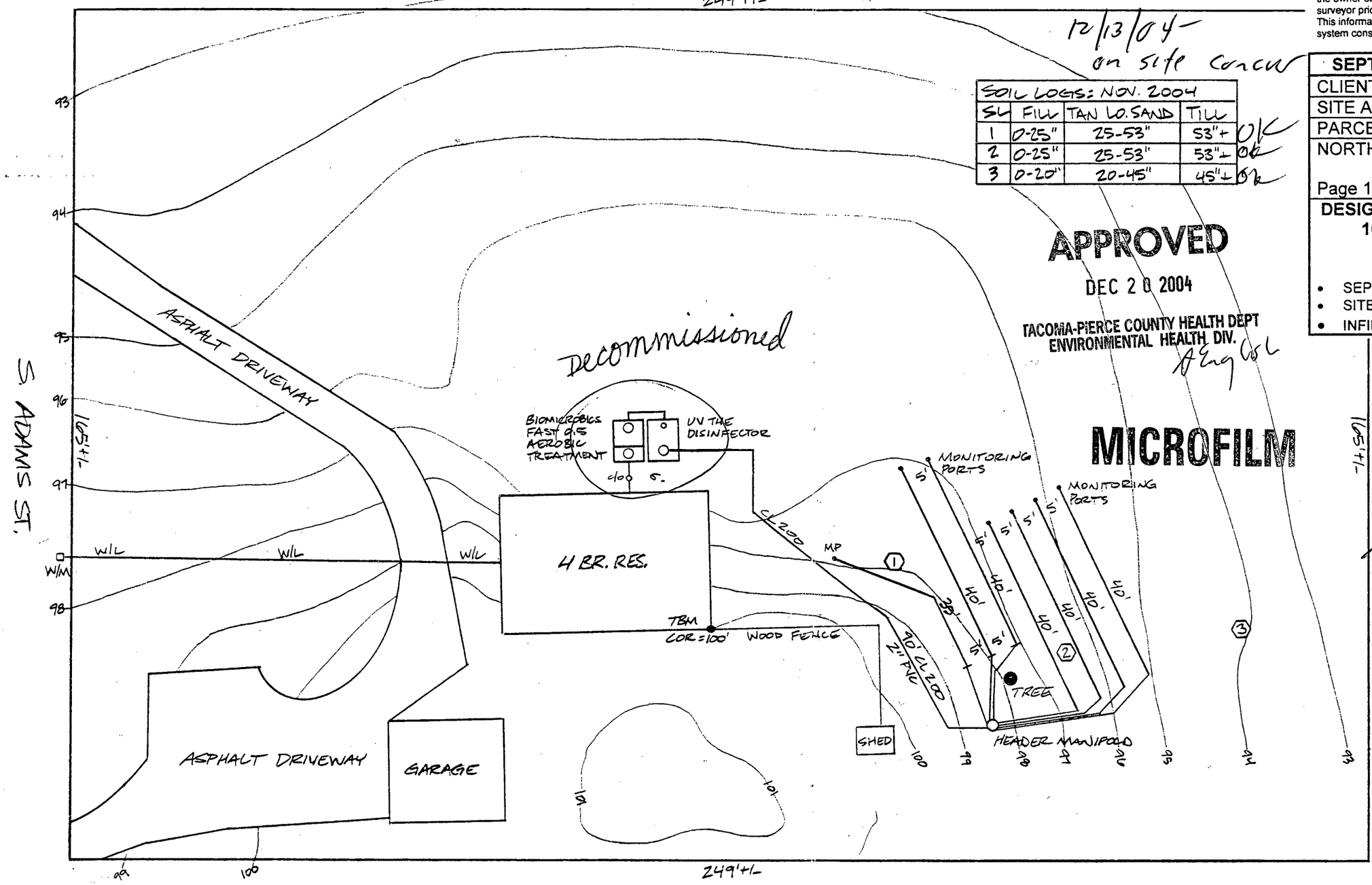
- SEPTIC SYSTEM DESIGNS
- SITE AND SOIL EVALUATIONS
- INFILTRATION DESIGNS

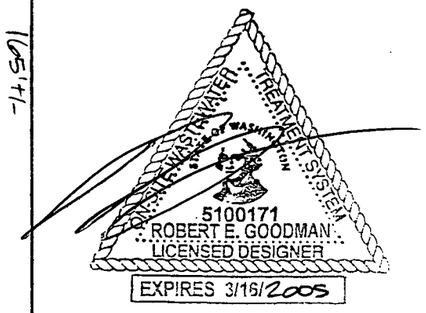
12/13/04 – on site concw

SOIL LOGS: NOV. 2004				
SL	FILL	TAN LO. SAND	TILL	
1	0-25"	25-53"	53"+	O/C
2	0-25"	25-53"	53"+	O/C
3	0-20"	20-45"	45"+	O/C

APPROVED
DEC 20 2004
TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.
A Eng Cert

MICROFILM





RECEIVED
DEC 10 2004
Tacoma-Pierce County
Health Dept.

SANITATION RECORD

BUILDING ADDRESS: 2131 S ADAMS ST

SAP NUMBER: 400000 119517 DATE ISSUED: 8/29/08

CITY OF TACOMA - Construction Division

SIDE SEWER DRAWING

CONTRACTOR: N WEST

INSPECTED BY: TERENCE TRENT

DATE INSPECTED: 8/29/08

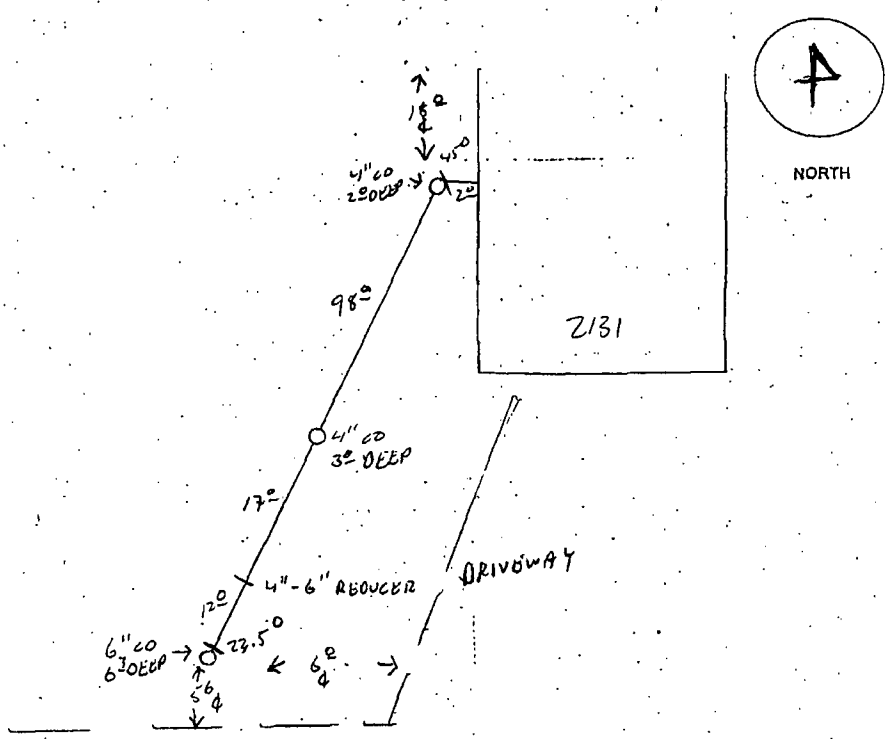
COMMENTS:

STATUS:

( ) NEW

(X) REPAIR

( ) OTHER



RECEIVED
DEC 21 2011
Tacoma-Pierce County Health Dept.

NORTHWEST CASCADE, INC.
P.O. BOX 73399
Puyallup, WA 98373
PUY: (253) 848-2371
SEA: (253) 838-2359
FAX: (253) 848-2545
WEB: www.nwcascade.com

PROPOSAL AND CONTRACT

Job #: P003389
Customer's Name Cust #: 14444

Date 08/25/08

Phone 253-759-6853

FRED HEADER
913 POWELL ST

STEILACOOM, WA 98388

Job Address FRED HEADER
2131 ADAMS ST S
TACOMA, WA 98405

Price $ (See below) Plus tax and permits

Dear Sir or Madam:

We propose to furnish all materials and perform all labor necessary to complete the following work:

Install approximately 140-feet of new pvc side sewer pipe from single plumbing stub on north side of house to existing side sewer connection at property line. Price includes pumping and decommissioning of existing tanks per health department requirements. 2,860.00

CONDITIONS & EXCLUSIONS:
Permits and fees by others.
No grass or landscape restoration. Rough machine backfill only.
Erosion control by others.
Engineering, if required, by others.
No export of spoils.
Backfill to be native material only.
Clear access to site by others.
Dewatering, if required, is not included.
NWC is not reponsible for unmarked utilities.
BID GOOD FOR 60 DAYS.

NOW ON Sewer

Total: 2,860.00

8-26-08
Mailed

Note: Retroactive backcharges will not be allowed as a credit on this contract.

Respectfully submitted,
NORTHWEST CASCADE, INC.

Contractor's registration expires Oct 2009

By: Tom Rogers C 253-377-6335

ACCEPTANCE

Northwest Cascade, Inc. is hereby authorized to furnish all materials and labor required to complete the work described above for the price and upon the terms and conditions stated above and upon those ADDITIONAL TERMS that are printed on the REVERSE SIDE of this proposal. Customer acknowledges having read and understood the ADDITIONAL TERMS (which include an INDEMNITY PROVISION relating to HAZARDOUS SUBSTANCES) as well as the statutory NOTICE TO CUSTOMER that is also printed on the REVERSE SIDE.

X
Customer Date

Acceptance of changes, if any, made by Customer:
Northwest Cascade, Inc.

By: _____

Date: _____