

**ON-SITE SEWAGE SYSTEMS (OSS)  
RECORD DRAWING CERTIFICATION  
OF COMPLETION** (Submit in Triplicate)

ADDRESS OF PROPERTY 12205 757TH AVE NE  
SKYKOMISH (City) 98288 (Zip)

SYSTEM TYPE ATU-DRIP

OPERATIONAL CAPACITY 270 (gals/day) PERMIT NO. ON0226830 APN (PARCEL #) 8649400750

No. of Bedrooms designed for 3 LEGAL DESCRIPTION TIMBERLANE VILLAGE DIV 1

Owner KRIS GRANSTROM Address PMB #C-7 621 SR 9 NE LAKE STEVENS WA 98258 Phone 425-238-1094

Designer CRAIG WHALEN Address P.O. BOX 262 MONROE 98272 Phone 360-794-5506

Master Installer BRAD ELLEDGE Address 14911 CHAIN LAKE RD PMB 435 MONROE WA 98272 Phone 425-471-5770

**INSTRUCTIONS TO (OSS) DESIGNER** → ATTACH A SEPARATE SHEET FOR THE RECORD DRAWING PLAN(S). USE A SCALE OF 1"=20' OR 1"=30' (max. paper size 11x17"). ALSO: INCLUDE THE INSTALLATION PERMIT, DOCUMENTATION OF FINAL COVER, PERFORMANCE DEMONSTRATION REPORT FORM, AND OTHER DOCUMENTS APPLICABLE TO THE SYSTEM (See Title 13 – Sections 13.56.050/13.56.054)

**STATUS OF RECORD DRAWING**

This Record Drawing is **UNSATISFACTORY** for the following reason(s): \_\_\_\_\_

See attached comments/explanation

I hereby certify that the accompanying drawing and support documents accurately represent the system installed at the address/parcel indicated above, and that all requirements and conditions (concerning plumbing stub elevations; maintenance of grades; fills; surface drains; etc.) indicated on the approved site design (or latest approved revision thereof) dated 12/21/2020, have been complied with. I further certify that this system meets all requirements of the King County On-Site Sewage Code, Title 13, Code of the King County Board of Health.

[Signature]  
SIGNATURE OF LICENSED DESIGNER OR P.E.

08/21/2023  
DATE

5100378  
CERTIFICATION NUMBER

**TO BE FILLED IN BY HEALTH DEPARTMENT ONLY**

APPROVED 10/05/2023 BY: [Signature]  
(Date) (Health Official)

DISAPPROVED \_\_\_\_\_ BY: \_\_\_\_\_  
(Date) (Health Official)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECEIVED  
Received  
Sept 15, 2023  
Eastgate Environmental  
Health  
By DAVID ENGLISH

**NEW CONSTRUCTION: UNLAWFUL TO OCCUPY PREMISES WITHOUT HEALTH DEPARTMENT APPROVAL OF THE OSS/SEPTIC SYSTEM RECORD DRAWING CERTIFICATION**

**INSTRUCTIONS TO THE OSS OWNER/SYSTEM USER:**  
Please refer to your OSS owner's operating, maintenance and technical specifications manual and Notice in title pertaining to the OSS. Your OSS has limitations! Refer to the Operational Capacity of the System established by the OSS designer. Overloading it or disturbing the soil absorption system (SAS) or treatment device (e.g. drainfield, mound, sand filter, ATU, etc.) may cause the system to prematurely fail. For further information, contact your Health Department Service Center (206) 477-8058

Permit No **ON0226830**  
 Date Issued **06/28/2023**  
 Expires **06/28/2025**

PERMIT TO INSTALL NEW ON-SITE SEWAGE SYSTEM

System Type	Subsurface Drip	Const. Type	N
Owner Name	GOLDMARK ENTERPRISES INC	Valid By	EE0100119
Bldg. Type	Single Family	Lot Number	
Parcel No	8649400750		
Location	12205 757TH AVE NE		
Plat Name			

Additional info: (425)471-5770

Installer **ELLEDEGE, BRAD** **MI217**  
 Designer: **WHALEN, CRAIG** **5100378**

- The installer must perform all work in accordance with Title 13 (Board of Health Rules and Regulations #3)
- Issuance of this permit does not constitute an approval of the site or work contemplated or performed.
- OCCUPANCY OF THE BUILDING AND USE OF THE SEWAGE DISPOSAL SYSTEM ARE PROHIBITED UNTIL AN AS-BUILT PLAN IS SUBMITTED TO AND APPROVED BY THE HEALTH DEPARTMENT.

Mound Sys. Site Prep	_____	Designer	_____	Date	_____
Mound Sys. Bed Prep	_____	Designer	_____	Date	_____
Pressure Test	<u>5/8/58/30</u>	Designer	<u>CW</u>	Date	<u>8/4/23</u>

Do Not BACKFILL (Cover) system until BOTH Designer and Health Department (E.H.S.) have approved (OK'd) to BACKFILL.

OK To Backfill	<u>OK</u>	Disapproved	_____	Date	<u>8/4/23</u>
Designer	<u>CW</u>				
OK To Backfill	<u>Engle</u>	Disapproved	_____	Date	<u>8/4/23</u>
E.H.S.	<u>Engle</u>				
Final Cover (Approved)	<u>OK</u>	Disapproved	_____	Date	<u>8/1/23</u>
Designer	<u>CW</u>				

Corrections Required OK to cover

(See reverse side for more corrections)

I, Brad Elledge, (Master/Associate) Installer was present at the above property supervising placement of final cover. Time 10:00 Date 8-11-23

I have complied with all the restrictions and recommendations as listed by the system designer, and certify that either I, or A Certified Installer employed by me, was present AT ALL TIMES during the installation.

Name of Master Installer (please print) Brad Elledge  
 Signature of Master Installer Brad Elledge Date 8-4-23

# OSS Performance Demonstration Report

All systems are to be tested with permanent wiring and permanent power. This form is to be included with the final As-built submission.

Fill out the following boxes according to system type:  
 Gravity 1, 2, 3, 9 Pump to Gravity 1, 2, 3, 4, 9 PD 1,2,3,4,5,6,7, 8, 9  
 Mound 1, 2, 3, 4, 5, 6, 7, 8, 9 Sand filter 1,2,3,4,5,6,7,8,9,10,11,12,13  
 Sand filter to Mound 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

**1 System Type:** Gravity PD Mound Sand Filter = SF/M, SF/PD, SF/Gravity Other specify ATU-DRIP

2 Permit Address 18551 250TH AVE NE REDMOND 98053 Designer CRAIG WHALEN / WHALENDESIGNS LLC  
 Installation Permit No. H ON0224876 Installer BRAD ELLEDGE  
 Parcel No. 0225069044 Date system tested/inspected 04/24/23

3 **Septic Tank:** Size 1000 GALLONS Manufacturer CUZ CONCRETE Approval No. \_\_\_\_\_  
 Screened Outlet Baffle  Yes  No Make and Model No. 4 IN TREIT  
 Water tight Test Satisfactory  Yes  No

4 **Pump Tank:** Size 1500 GALLON Manufacturer CUZ CONCRETE Approval No. \_\_\_\_\_  
 Pump Chamber gals/inch 28 Pump make/model /HP ZOELLER 6 STAGE TURBINE voltage 115  
 Water tight Test Satisfactory  Yes  No

**5 Pump System Performance:**  
 Dose Volume (gallons) 48 Draw down per cycle (inches) 1.7"  
 Doses per Day 12 Method: Residual Head Squirt Height 42 PSI  
 Pump run time per cycle (min) 7.5 MIN GPM discharge 8

**6 Timer:**  
 Timed Dosing  Yes  No Control Panel make/model NUWATER TIMER  
 Time pump ON 8 min, \_\_\_\_\_ sec. Time pump OFF 1 HR 54 MIN specify time increments  
 Timed dosing to (circle one) PD, Mound, SF, other DRIP DISPERSAL

7 Lateral Diameter \_\_\_\_\_ Check valves (manifold)  Yes  No Monitoring ports in place \_\_\_\_\_  
 Orifice Size \_\_\_\_\_ Flow control valves  Yes  No Lateral Clean-outs in place \_\_\_\_\_  
 Orifice Spacing \_\_\_\_\_ Anti-siphon device  Yes  No Gravelless chambers  Yes  No  
 Orifice Orientation: \_\_\_\_\_ Orifice shields  Yes  No Alarm location WALL BY TANKS  
 Manifold Diam. \_\_\_\_\_ Manifold Length \_\_\_\_\_

8 System drains between cycles  Yes  No Variation in orifice discharge rate over entire system < 15% Yes No  
 System meets performance standards on the design  Yes  No

Laterals	1	2	3	4	5	6	7	8
Lateral Length								
Orifice Spacing			DRIP	DISPERSAL				
No. of Orifices								
Residual Head								

As the Installer of record I have verified all data in box #8 and it accurately represents the work that was performed at the site. Licensed Installers Signature Brad Elledge Date 05/18/2023

9 I have inspected the installed OSS and conducted a performance test in accordance with the current DOH design standards and this system has passed the performance test and As-built inspection. All information accurately represents what I observed at the site.  
 Designer/Engineer Signature [Signature] Date 05/18/2023  
 I request final inspection from the Health Department

Note: failure to supply adequate information to evaluate system performance is grounds for rejecting the performance test and disapproving the installation.

Performance Demonstration Report Form  
Page 3 for Subsurface Drip Systems

Pack bed/ drip  Sandfilter/ drip  ATU/drip  Other \_\_\_\_\_

PRODUCT TYPE

Geoflow  Netafim  Other   
All dripline components are from the same manufacturer and are compatible with the product line  
Used, Verified by Designer/PE  Master Installer **BRAD ELLEDGE**

INSTALLATION

Number of Driplines is 11 Total lineal feet is ~~713~~ **563**  
Dripline Spacing (2-ft min) is 2 Orifice Spacing is 1  
Dripline Depth (inches) is 6 Number of zones 1  
Cover Depth (inches) is 12

COMPONENTS

Air/ Vacuum Relief Valves: # 2 Diameter 1in  
Flow Meter:  yes  
Flush Valves: Automated  yes Manual  or Continuous   
Chemical Injector Port  yes  
Pressure gauge  yes  
Filter:  yes Type/size 1"130 MICRON ARKAL

DOSING

Number of doses/ day 12 Time pump ON 6MIN / Time pump OFF 1HR 54 MIN  
Pump Make and Model ZOELLER TURBINE  
Control Panel Make/ Model NUWATER TIMER

TESTING/ INSPECTION

Initial operating pressure of system (PSI) 21  
Flush line pressure (PSI) 48  
Initial measured system flow rate (GPM) 8  
Total Flow for system (GPM) 8  
System Water Tight: YES  NO

As the installer of record I have verified all data in above and it accurately represents the work that was performed at the site.

Licensed Installers Signature Brad Elledge Date 05/18/2023

I have performance tested this system in accordance with the current Guideline for use of SSDS and this system has passed the performance test and As-built inspections. All information supplied accurately represents what was observed at the site.

Designer Signature GWR Date 05/18/2023

RETURN ADDRESS

9010 Market PL PMB 502  
Lake Stevens, WA 98258

Please print neatly or type information

Document Title(s)

Notice of On-Site Sewage System Operation  
and Maintenance Requirements

Reference Number(s) of related documents

Additional Reference #'s on page \_\_\_\_\_

Grantor(s) (Last, First, and Middle Initial)

Granstrom, Kristian C.  
President Goldmark Enterprises  
Inc.

Jeanine M. Granstrom  
Secretary Goldmark Enterprises  
Inc.

Additional grantors on page \_\_\_\_\_

Grantees(s) (Last, First, Middle Initial)

**THE PUBLIC**

Additional grantees on page \_\_\_\_\_

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Lot 75 of Timber Lane Village Division No 1 as per  
plat recorded in volume 86 of plats, page(s) 46 through 48,  
inclusive, records of King County, WASHINGTON.  
Assessor's Property Tax Parcel/Account Number  
864940075004

Additional legal is on page \_\_\_\_\_  
Additional parcel #'s on page \_\_\_\_\_

**NOTICE OF ON-SITE SEWAGE SYSTEM  
 OPERATION AND MAINTENANCE REQUIREMENTS**

Assessor's Tax Parcel ID#: 864940075004

1. I/We (print) Goldmark Enterprises, Inc., are the owners of real property within King County, which is legally described as follows:  
Lot 75 of Timber Lane Village Division No. 1,  
As per plat recorded in volume 86 of plats page(s) 46  
through 48, inclusive, records of King County,  
Washington
2. The above-described real property is served by an on-site sewage system ("OSS").
3. The Code of the King County Board of Health, Section 13.60.005 establishes certain responsibilities of the OSS owner with respect to the operation and maintenance of an On-site Sewage System, as follows:
  - A. The OSS owner is responsible for the continuous proper operation and maintenance of the OSS, and shall:
    1. Determine the level of solids and scum in the septic tank at least once every three (3) years for residential system with no garbage grinder and once every year if a garbage grinder is installed and, unless otherwise provided in writing by the health officer, once every year for commercial systems.
    2. Employ an approved pumper to remove the septage from the tank when the level of solids and scum indicates that removal is necessary.
    3. Cause preventive maintenance/system performance monitoring inspections to be conducted and any indicated service to be performed by an approved person at a minimum frequency in accordance with Table 13.60-1 unless otherwise established by the health officer or the sewage review committee.

**Table 13.60-1  
 Minimum Frequency of Preventive Maintenance/Performance Monitoring**

	Gravity Systems	Public Domain Technology <sup>2</sup>	Proprietary Technology <sup>3,5</sup>	Commercial and Food Establishments	Non-Discharging Toilets <sup>6</sup>
Initial Inspection:	6 months	6 months	45 days	45 days	N/A
Regular Inspection Frequency	Every 3 years	Annually	Every 6 months	Annually or Every 6 months	Annually
Who May Perform the Inspection	Owner, Licensed Maintainer or Licensed OSS Pumper	Licensed Maintainer	Licensed Maintainer	Licensed Maintainer	Owner

**Table 13.60-1 Explanatory Notes**

1. The initial inspection is to be performed at the time interval indicated following occupancy.
2. Public domain technology includes such systems as: mounds, intermittent sand filters and pressure distribution.
3. Proprietary Technology includes such systems as: ATUs, Giendon up-flow filters, Advantex pack bed filters and subsurface drip.
4. At least an annual septic tank maintenance check is required if the structure served is equipped with a garbage grinder waste disposal unit. If a screened outlet baffle is present an annual check is recommended. Pumpers shall report each pumping event to the health officer in accordance with BOH chapter 13.68.

5. Table 13.60-1 specifies the minimum required monitoring frequency. A more stringent monitoring frequency shall be used if recommended by the manufacturer.  
6. This monitoring is in addition to that required for the OSS receiving the building's non-toilet liquid waste.  
(KCBOH)

**Note about Monitoring Frequency:** The above table reflects the King County BOH Title 13 code dated September 2008. The King County BOH Title 13 code is subject to change.

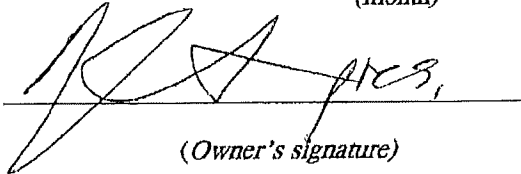
4. Operate and maintain all OSS in accordance with this title, with pertinent alternative system guidelines issued by the DOH [State of Washington Department of Health] and with the approved OSS owner's operating and maintenance instruction manual.
5. Protect the OSS area including the reserve area from:
  - a. Cover by structures or impervious material;
  - b. Surface drainage;
  - c. Soil compaction, for example, by vehicular traffic or livestock; and
  - d. Damage by soil removal and grade alteration.
6. Maintain the flow of sewage to the OSS at or below the approved design both in quantity and waste strength.
7. Direct drains, such as footing or roof drains away from the area where the OSS is located.

B. The owner shall not allow:

1. Use or introduction of strong bases, strong acids or organic solvents into an OSS for the purpose of system cleaning;
2. Use of a sewage system additive unless it is specifically approved by the DOH; or
3. Use of an OSS to dispose of waste components atypical of residential wastewater, for example, but not limited to, petroleum products, paints, solvents, or pesticides.

4. **Note about Operation and Maintenance Program Fee:** Rules and Regulations 02-01, amendment to the Code of the King County Board of Health, states, "At the time of sale or transfer of property ownership, the buyer or transferee of a property served by an OSS shall forward to the health officer a fee as set forth in the fee schedule and submit a signed copy of the notice on title as set forth in Section 13.56.054A." This fee is \$40.00 per the Rules and Regulations 02-01, effective June 17, 2002.

Dated this 1 day of June, 2023.  
(month) (year)

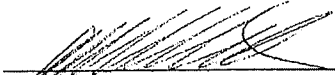
  
(Owner's signature)

\_\_\_\_\_  
(Owner's signature)

Snohomish ) ss  
COUNTY OF ~~KING~~ ✓ )

On this 1<sup>st</sup> day of June, 2023, before me personally  
(month) (year)  
appeared Kristian Graastad and \_\_\_\_\_, to me  
known to be the individual(s) described herein and who executed the foregoing instrument as  
his/her/their free and voluntary act and deed for the uses and purposes herein stated.

Given under my hand and official seal this 1<sup>st</sup> day of June, 2023.  
(month) (year)

  
NOTARY PUBLIC in and for the State of Washington  
Notary Public in and for the State of Washington  
Residing at Snohomish Co.  
My Commission Expires 03-20-2027

Notary Public  
State of Washington  
Kayleen M Clark  
Commission No. 180792  
Commission Expires 03-20-27

UNRECORDED COPY



# O&M SERVICE CONTRACT

This agreement is intended to facilitate quality control assurance for onsite sewage systems. By maintaining a high level of design and construction standards most of the causes of system failure can be eliminated. System usage and maintenance are the final items that will determine system performance and longevity, which are items that are ultimately the responsibility of the property owner to address. Therefore, the following is offered.

This agreement is made between The Septic Group (“Provider”) and property owner (“Customer”). Provider makes no warranties, express or implied.

## **Provider:**

The Septic Group  
P.O. Box 1179  
Lake Stevens, WA 98258  
425-397-7771  
[info@thesepticgroup.com](mailto:info@thesepticgroup.com)

## **Customer:**

Name: Gold Mark Enterprises  
Mailing Address: PMB #C-7 621 SR 9 NE, Lake Stevens, WA 98258  
Phone: (425) 238-1094  
Email: [kgran200@gmail.com](mailto:kgran200@gmail.com)  
System Address: 12205 757<sup>th</sup> Ave NE, Skykomish, WA 98288  
System Type: NuWater BNR500-SSDS  
Tax Account / Parcel Number: 8649400750  
Contract Term (begin and end dates): 05/26/2023-05/26/2025  
Inspection Frequency: 45-Days After Startup, Then Semi-Annually Thereafter  
Inspection Cost: \$320.00 plus current King County Filing fee, fuel, and tax.

All inspections will be conducted per RS&G guidelines and current county requirements. The inspection frequency described above is in accordance with regulations set forth by the Washington State Department of Health, King County Board of Health Title 13.60, and Snohomish County Chapter 8 Health Codes. Customer agrees to pay a fee for each site inspection performed by Provider at the time the service is provided. Customer must expressly authorize each and every site visit; no inspections will be scheduled without confirmation from Customer. The following is an all-inclusive list of items that will be addressed and evaluated during each inspection, according to the specific system type listed on this agreement:

### **Septic Tank:**

Check inlet and outlet baffle, pull and clean outlet filter, check risers and lids to ensure they are secure and not a safety hazard, check for signs of ground water intrusion, check for structural integrity of the tank, determine whether mainline and outline are level and allowing proper flows, measure levels to determine whether pumping is necessary.

### **Pump Tank:**

Check inlet baffle, check risers and lids to ensure they are secure and not a safety hazard, check for signs of ground water intrusion, check for structural integrity of tank, examine pump plumbing, measure levels to determine whether pumping is necessary.

### **Pump / Controls / Panels:**

Test pump and record draw down measurements, test on/off controls and alarm controls, test alarm to ensure both audible and visual functions are operating correctly, verify timer settings are correct.

Gravity Drainfield:

Observe area for signs of surfacing or sponginess, identify whether any vehicular or animal activity is present in the area, test to ensure drainfield accepts effluent as designed, inspect distribution box.

Pressurized Drainfield / Sand Filter / Mound:

Open and inspect monitoring ports for signs of ponding, test flows to make sure that there is no evidence of clogged orifices, inspect manifold, adjust valves and balance as necessary. For sand filters, test pump and alarm for functionality.

Subsurface Drip Drainfields:

Backflush drip lines, identify any breaks or punctures in tubing, clean spin filter, readjust drip line operating pressure as needed, and ensure appropriate ground cover is in place.

LOWeFLOW-OSCAR / OSCAR II / ATUs / Glendons / Other Proprietary Technologies:

All components will be evaluated and information will be recorded according to manufacturer's specifications. Some system specifications, such as timer settings and dose volumes, may be proprietary information. This information will not be recorded on the inspection report to protect trade secrets.

All inspection reports will be electronically filed with the county health department as prescribed by state and local regulations. Copies of the inspection reports will be furnished to the Customer as well.

This agreement covers routine inspections and maintenance items **only**. Any other periodic service or maintenance, such as tank pumping, lateral cleanings, component repair or replacement, wastewater sampling, etc will be addressed as needed according to the recommendations of the inspector. All services related to the septic system with the exception of electrical wiring and design shall be provided by The Septic Group. If complimentary inspections are offered as part of an installation package and maintenance schedule is not adhered to, complimentary inspections may be rescinded and warranty status may be affected. Express authorization by the Customer is required to schedule any necessary follow up work.

In order to facilitate a thorough investigation of septic system condition, adequate access to each component is required. The Customer is responsible for maintaining such access, in the form of risers with locking lids to grade, valve box accesses flush to grade, inspection/monitoring ports flush to grade, as well as managing landscaping so that the septic system is not obstructed by an overgrowth of vegetation. Customer also agrees to preserve access by refraining from constructing any structures, decks, patios, or other impermeable surfaces over any area of the septic system. Provider reserves the right to determine what constitutes an inhibition of access.

Customer agrees to hold Provider and its employees and agents harmless from liability for any damage to the property resulting from access, egress, or inspection and service activities. This includes but it not limited to driveways, walkways, utilities/irrigation, underground wiring, and landscaping.

Customer acknowledges receipt of septic system ownership information and agrees to operate the system in a manner consistent with the guidelines set forth by state and local governments. Customer agrees to refrain from disposing of any hazardous or toxic materials, unused medications, paint, oils, drain cleaners, household chemicals in excess of normal cleaning use, condoms, feminine hygiene products, disposable wipes, food wastes, cooking grease, or any other foreign contaminant into their septic system. Should such items be observed, the tanks may require pumping to remove any harmful contents.

This agreement shall be in effect for a period of thirty (30) days after written notification of cancellation from either party to the other party. Provided all fees and costs are paid current and Customer is not otherwise in default under any of the terms of this agreement, the agreement is transferable to a grantee of the property should it be sold during the term of validity. The new homeowner must sign a new O&M Service Contract within thirty (30) days of the transfer of the real property, otherwise the transfer of rights under this agreement are void. It is the responsibility of the Customer to notify the Provider of said title conveyance. In the event that fees are not paid by the date required on the invoice, this agreement can be considered void until such time as all fees are paid in full; provided, however, notwithstanding any contrary provision in this agreement. If these fees (or any other costs or fees to be paid by the Customer according to the terms of this agreement, including payment of legal fees if Provider has to retain an attorney to enforce the provisions of this agreement) are not paid within thirty (30) days of the invoice date for such costs or fees, this entire agreement can be considered void. The waiver of Provider of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, or condition on any subsequent breach of the same or any other term, covenant, or condition herein contained. Any provision of this agreement which shall prove to be invalid, void, or illegal shall in no way affect, impair, or invalidate any other provision and such other provision shall remain in full force and effect. In the event either party retains an attorney to enforce any term or condition in this agreement, the prevailing party shall be entitled to recover all costs and expenses, including the fees of its attorneys in such action or proceeding (this includes fees and costs incurred prior to filing suit and fees and costs even if no suit is brought) prior to arbitration or mediation, and fees incurred if there is any appeal. This agreement shall be governed by the laws of the State of Washington. Venue shall be in Snohomish County Superior Court, Snohomish County Washington, and the parties agree to the personal jurisdiction of said court. This agreement contains all of the agreements of the parties with respect to any matter covered or mentioned in this agreement and no prior agreements or understanding pertaining to any such matters shall be effective for any purpose. No provision of this agreement may be amended, added to, or stricken except by an agreement in writing signed by the parties hereto or their respective successors in interest. This agreement shall not be binding on any party unless fully executed by all parties.

By signing this agreement, the parties agree to all its terms and conditions.


PROVIDER:

The Septic Group

Chelsey Eaton-Jones  
By: Chelsey Eaton-Jones (May 30, 2023 10:05 PDT)  
Its O&M Program Coordinator

05/30/23  
Date

OWNER: Gold Mark Enterprises (Chris Granstrom)

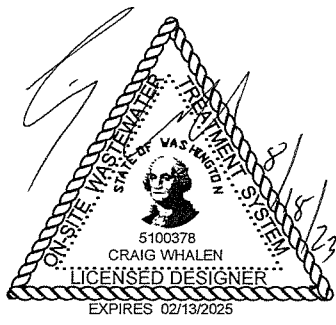
  
Kris Granstrom (May 30, 2023 09:37 PDT)  
Signature

Kris Granstrom  
Print Name

05/30/23  
Date

# Record Drawing

Septic record drawing approved/ D English/ KCPHD/  
OCT 5, 2023



SCALE 1"=20'

ASBUILT  
864940-0750

ALL TANKS WATER TIGHT TESTED  
PER PHSKC REQUIREMENTS

