

APPLICATION FOR SEWAGE DISPOSAL PERMIT  
Bremerton-Kitsap County Health Department

Phone: Es- 7-4461 Extension 29  
6th. and Marion, Bremerton, Wn.

PERMIT NO. 8489  
DATE ISSUED 10/2/68  
BY: JS

NAME OF OWNER MARVIN I KENNARD ADDRESS P.O. Box 3 KENT WA.

NAME OF APPLICANT C.W. MARTIN ADDRESS P.O. Box 98 SEABECK WA 98580

Location of property (detailed directions for locating) \_\_\_\_\_

HOOD CANAL VISTA - GAULS BAY ROAD -

MINNIES TREE FARM

New building  Existing building \_\_\_\_\_ Type of occupancy RES

No. of BEDROOMS 3 No. of BATHROOMS 1 BASEMENT \_\_\_\_\_

For issuing each permit.....\$ 2.00

Single family dwelling sewage disposal system \$15.00 each installation  
15.00

Commercial and all other sewage disposal systems  
\$25.00 each installation

Alteration to sewage disposal system or waste water disposal  
\$7.50 each installation

Sewer connection.....\$7.50 each installation

Privy permit.....\$2.00 each installation

TOTAL..\$ 17.00

I hereby agree to comply with all the requirements of Kitsap County relating to sewage disposal

C.W. Martin  
Signature of owner or firm making application

APPROVED BY: H. M. P. [Signature] DATE: 10/15/68

6755 B

# 299  
10/8/68  
10/2/68 - [unclear]  
10/15/68 - [unclear]  
at + 150 ft of [unclear]  
relocated - [unclear]

Kennard, M.I.

LOT #1 HOOD CANAL VISTA

10/9/68

100 yds of  
150 ft of

drainage - outside to settling  
pit in driveway

10/15/68 - drive now impossible  
over beyond drainage field

15 ft  
cbs

5' 8"

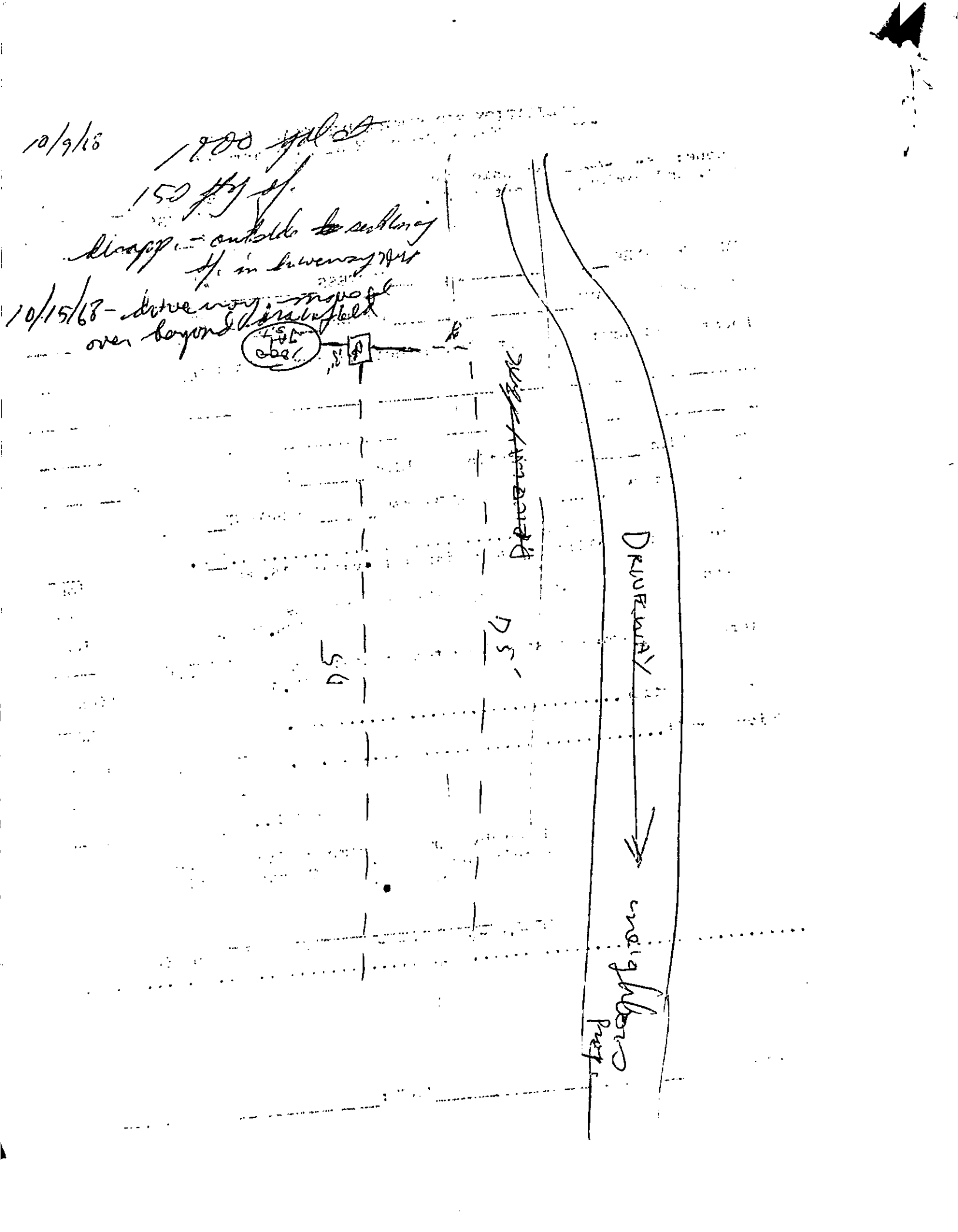
~~DRIVEWAY~~

75'

50'

DRIVEWAY

→  
neighborhood  
pits



APPLICATION FOR BUILDING SITE APPROVAL  
(Submit in triplicate to Health Dept.)

OWNER MARVIN E KENNARD ADDRESS HOOD CANAL VISTA SEABECK WA

BUILDER SAME ADDRESS P.O. Box 3 KENT, WA.

SEWAGE DISPOSAL SYSTEM DESIGNER C.W. MARTIN ADDRESS P.O. Box 38 SEABECK WA

RETURN APPLICATION TO: C.W. MARTIN ADDRESS P.O. Box 38 SEABECK WA.

Location of property, street, or rural address HOOD CANAL VISTA  
MUNNIE TREE FARM

Legal Description: LOT 1 SEC 27 TWP 25 RGE 2W  
Name of Plat HOOD CANAL VISTA Zone \_\_\_\_\_

Type of building: Commercial \_\_\_\_\_ Single or family residence \_\_\_\_\_  
Multi-family dwelling \_\_\_\_\_

No. of bedrooms 2 Basement \_\_\_\_\_ Ground level \_\_\_\_\_ Below ground level \_\_\_\_\_

No. of bathrooms 1 Plumbing in basement \_\_\_\_\_

If building is to be connected to public sewer, the following need not  
be completed: Soil log hole No. 1 SAND & GRAVEL  
Soil log hole No. 2 SAND & GRAVEL

Percolation test hole No. 1: Average time of fall per inch in bottom of  
6" of hole 3 Percolation hole No. 2 6  
Percolation test hole No. 3 4

Elevation of water table, if encountered (Distance from ground surface)

UNDETERMINED

Place drawing on reverse of this application or use separate sheets.  
(Must be in triplicate) Section 7, Item 14C as amended, must be fully  
complied with on the drawing or this application cannot be accepted.

The above soil log tests and percolation tests were performed by me or  
an employee of my company!

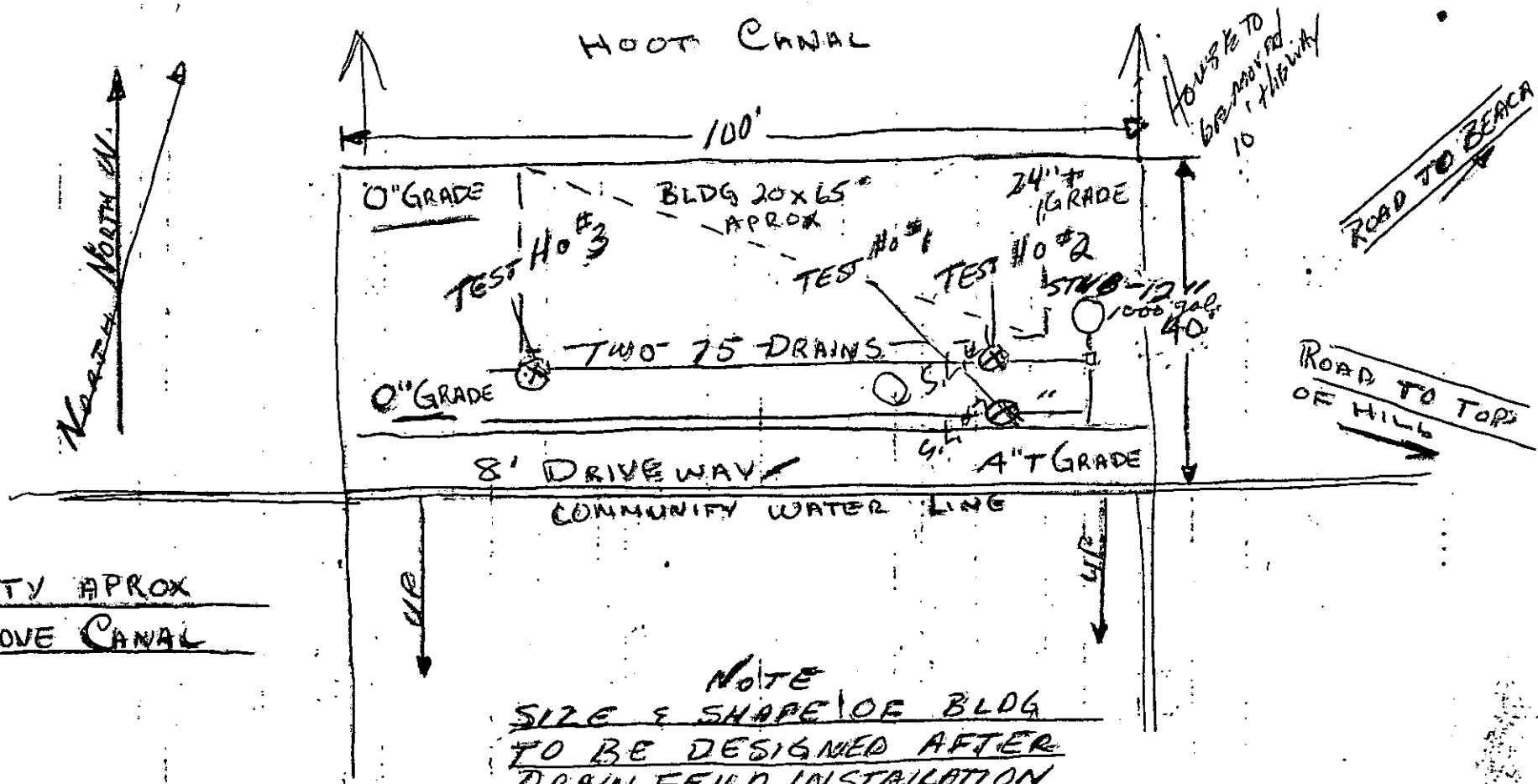
Date 8-18-68 Designer's Signature C.W. Martin

Date submitted 10/1/68 Action taken: Returned \_\_\_\_\_ Denied \_\_\_\_\_

Accepted

Date resubmitted \_\_\_\_\_ Returned \_\_\_\_\_ Denied \_\_\_\_\_ Accepted \_\_\_\_\_

C. W. [Signature]  
Sanitarian's Signature



NOTE  
SIZE & SHAPE OF BLDG  
TO BE DESIGNED AFTER  
DRAIN FIELD INSTALLATION

SCALE 1" = 20'