

Name Hughes

DPA # 73009002004

Description Conditional use

Project # \_\_\_\_\_

| Department Review              | Date Routed | Action | Action Date | Signature | Comments/Notes  |
|--------------------------------|-------------|--------|-------------|-----------|---|
| <b>Planning</b><br>PLM16-00012 | 1/7/16      |        |             |           | OWNER/ parcel error. CONTACTED APP to fix the issue. Issue was fixed 1/6/16 |
| <b>Roads</b>                   |             |        |             |           |   |
| <b>Floodplain</b>              |             |        |             |           |   |
| <b>LADO</b>                    |             |        |             |           |   |
| <b>Building</b>                |             |        |             |           |   |
| <b>Health</b>                  |             |        |             |           |   |
| <b>Addressing</b>              |             |        |             |           |   |

|            |       |                   |  |               |        |                   |        |
|------------|-------|-------------------|--|---------------|--------|-------------------|--------|
| App/Tech   | 45.00 | Septic Eval       |  | Zoning        |        | Rezone            |        |
| State B/C  |       | Septic Install    |  | CARL          |        | Special Use       |        |
| Building   |       | Septic Repair     |  | Road Appr     |        | Variance          |        |
| Plan Check |       | Design Review     |  | Shoreline     |        | Short Plat        |        |
| Mobile     |       | Winter Hold       |  | Floodplain    |        | BLA               |        |
| MHT        |       | Well              |  | LADO          |        | Public Notice     | 195.00 |
| Fire/Life  |       |                   |  | Wetland Delin |        | Addressing        |        |
| Mechanical |       | Plan Revision Fee |  | Cond Use      | 650.00 | Revised Site Plan |        |
| Fireworks  |       | Penalty Fee       |  | SEPA          |        | Copies            |        |

**Fees Received**

| Date Received | Amount |
|---------------|--------|
| 1/7/16        | 885.00 |
|               |        |
|               |        |
|               |        |

Balance Due \_\_\_\_\_ Date Issued \_\_\_\_\_ Issued to \_\_\_\_\_

Notes:



*Pacific County*  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**

BUILDING • ENVIRONMENTAL HEALTH • PLANNING

September 3, 2015

Marty Junge  
2409 Joe Johns Rd.  
Ocean Park, WA 98640

RE: 9-2-15 pre-app meeting

Dear Mr. Junge:

To recap the discussion we had during our pre-application meeting on September 2, 2015 regarding a conditional use permit for a Marijuana cultivation/ processing plant on Stringtown Rd. parcel # 7300900330 the following issues must be addressed.

As we discussed you will need to supply a water availability form and a passing O&M, the building department will need to inspect the building to confirm that the structure meets applicable code requirements, and as we have been discussing over the phone the single family residence on the adjoining lot will need to be addressed in order to move forward with your application. When these issues are addressed and you turn in the water availability and the O&M the following fees will be due to complete the application process.

Application fee: \$40.00  
Tech Fee: \$5.00  
Conditional use: \$650.00  
Public Notice Fee:

If you have any questions please contact me by phone at (360)642-9382 or by email at [chamlin@co.pacific.wa.us](mailto:chamlin@co.pacific.wa.us).

Sincerely,

Will Hamlin  
Pacific County  
Department of Community Development



# Development Permit Application

Pacific County Department of Community Development

Internet Address: [www.co.pacific.wa.us](http://www.co.pacific.wa.us)

| PROPERTY OWNER INFORMATION |                    | <input type="checkbox"/> Contact Person |
|----------------------------|--------------------|---|
| Name:                      | JEREMY HUGHES      |   |
| Mailing Address:           | PO. BOX 336        |   |
| City/State/Zip:            | CHINOOK, WA. 98614 |   |
| Phone:                     | 360-624-7674       | Phone:                                  |
| Email:                     |                    |   |

| APPLICANT INFORMATION |                       | <input checked="" type="checkbox"/> Contact Person |
|-----------------------|-----------------------|--|
| Name:                 | MARTY JUNGE           |  |
| Mailing Address:      | 2409 JOE JOHNS RD.    |  |
| City/State/Zip:       | OCEAN PARK, WA. 98640 |  |
| Phone:                | 503-686-3948          | Phone:   |
| Email:                | MARTY.JUNGE@GMAIL.COM |  |

| DESCRIPTION OF WORK  |
|--|
| CONDITIONAL USE - MARIJUANA CULTIVATION/PROCESSING/PACKAGING |

| JOB SITE INFORMATION AND LOCATION   |                                  |
|---|----------------------------------|
| Job Site Address: #20 STRINGTOWN RD.  | Tax Parcel ID No.: #73009002004  |
| Legal Description: #  | Township/Range/Section 10N11136. |
| Directions to Site: FIRST BUILDING ON EAST END OF STRINGTOWN RD OFF HWY 101 |                                  |

Legal Description and Tax Parcel Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

**Note:** If your property is in a current use program (timber, farm, agricultural, or open space), contact the Assessor before applying, as taxes may be due.

All permits shall be picked up within 30 days of notification by the Department of Community Development that the permit is ready for issuance. Failure to pick up the outstanding permit(s) and pay all outstanding fees within the specified timeframe shall result in the forfeiture of all permit documentation and all application fees paid to date on that project. Any subsequent permitting on the same parcel by the same property owner requires the submittal of new permit application materials and the payment of all new fees at the time of application.

I authorize employees and officials of Pacific County and/or the Flood Control Zone District No. 1 of Pacific County the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

- I have read and examined this development application, as well as the County site-plan checklist and have documented all applicable requirements on the site plan.
- The information provided in this application contains no misstatement of fact.
- I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
- I understand this permit is subject to all other local, state, and federal regulations.

**Note:** This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If Pacific County and/or the Flood Control Zone District No.1 of Pacific County has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.

Printed Name: MARTIN JUNGE

|                       |                    |
|-----------------------|--------------------|
| Authorized Signature: | Date: JUL 5 - 2015 |
|-----------------------|--------------------|

**SOUTH BEND OFFICE**  
P.O. Box 68

South Bend, WA 98586

(360) 875-9356 FAX (360) 875-9304

**LONG BEACH OFFICE**

7013 Sandridge Rd.

Long Beach, WA 98631

(360) 642-9382 FAX (360) 642-9387

Revised 02/27/2014

| OFFICE USE ONLY |  |
|-----------------|--|
| PERMIT FEES:    |  |
| Issued Date:    | RECEIVED<br>JAN - 6 2016<br>Dept. of Community Development<br>Pacific County, Long Beach, WA                                     |
| Issued By:      | RECEIVED<br>AUG 5 2015<br>Pre-App<br>Dept. of Community Development<br>Pacific County, Long Beach, WA                            |
|                 | RECEIVED<br>DEC 9 2015<br>Incorrect Parcel # owner corrected<br>Dept. of Community Development<br>Pacific County, Long Beach, WA |



**Land Use Planning Permit Application**  
 Pacific County Department of Community Development  
 Internet Address: [www.co.pacific.wa.us](http://www.co.pacific.wa.us)

| OFFICE USE ONLY |
|-----------------|
|                 |

| PROJECT/PROPERTY INFORMATION       |
|------------------------------------|
| Tax Parcel ID #: <u>7300900330</u> |
| Project Value: <u>\$ 36,000</u>    |

| OWNER/APPLICANT INFORMATION                          |
|--|
| Owner: <del>MARTY JUNGE</del> / <u>JEREMY HUGHES</u> |
| Applicant: <u>MARTY JUNGE</u>                        |
| Contractor:  |

**PLANNING INFORMATION - Failure to provide complete information will lead to a rejection of your permit application.**

|   |
|---|
| 1. List existing improvements, structures, and dimensions: <u>STEEL BUILDING - 60' X 100' - 24' TO EAVES</u>  |
| 2. Is the proposed development one phase of a larger project or larger development?<br>If yes, describe the entire project in detail: <u>NO</u>   |
| 3. Is there any surface water body on or in the immediate vicinity of the proposed site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. Name of water and/or wetlands within which development is proposed:  |
| 5. Does the property have an existing driveway?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |
| 6. Will fill material be placed near or within a drainage way (ditch, swale, channel, etc.)?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 7. Are activities adjacent to unstable soils or slopes?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 8. Will activities alter man-made or natural drainage features?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 9. Indicate amount of new impervious areas (areas covered by buildings, pavement, concrete, rock, etc.): <u>NO NEW</u>  |
| 10. Does the project involve any clearing, filling, grading, paving, surfacing and/or dredging?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>If Yes, answer the following. If No, go to number 11.               |
| A. If activities include clearing and grading greater than 5,000 sq. ft. Indicate SF:   |
| B. If activities include new landscaping, yard maintenance, or gardening greater than 7,500 sq. ft. Indicate SF:  |
| C. Will activities involve placing fill materials? YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| 1. If fill materials exceed 1 foot in depth. Indicate Depth:  |
| 2. If fill materials exceed 50 cubic yards. Indicate Cubic Yards:   |
| D. If activities involve earth removal exceeding 2 feet in depth (Excluding foundation excavations). Indicate FT:   |
| E. If activities add more than 10,000 sq. ft. of impervious area (Road projects only). Indicate SF:   |
| F. If activities add 5,000 sq. ft. of impervious area (All other projects). Indicate SF:  |
| 11. Has proposed site been flagged/staked? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If No, contact DCD office when flagged/staked.   |

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PACIFIC COUNTY  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
PLANNING • ENVIRONMENTAL HEALTH • BUILDING

## Conditional Use Application

A Conditional Use is a use permitted in one or more Land Use Districts, as defined by the Pacific County Ordinance 162, Zoning, but because of certain characteristics peculiar to it or because of size, technological processes or type of equipment, or because of exact location with reference to surrounding streets and existing improvements or demands upon public facilities, requires a special degree of control to make the use consistent with, and compatible to, other existing or permissible uses, and to ensure that the use is not detrimental to the public interest.

DIRECTIONS: This Conditional Use Permit Application shall accompany a completed Development Permit Application, a completed Critical Areas/Shorelines Application, a SEPA Checklist, and a completed and accurate site plan. Provide all of the requested information and answer the questions as thoroughly as possible. Attach supporting information as necessary to support the application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED.

1. Property Owner. JEKEMY RUGHES Applicant/Agent. MARTIN JUNGE
2. Legal Description. PARCEL # 7300900330 - A PORTION OF TRACTS OF JOHNSON'S SUBDIVISION - 10N/10W/SEC31/
3. Project Description. WASHINGTON STATE I-502 - TIER 1 PRODUCER / PROCESSOR - MARIJUANA CULTIVATION
4. Describe the requested conditional use. MARIJUANA CULTIVATION / PROCESSING / PACKAGING
5. Describe how the proposed conditional use is compatible with the character and appearance of existing or proposed development in the vicinity and with the physical characteristics of the subject property. SITE IS INDUSTRIAL WITH NO RESIDENTIAL IN THE VICINITY. THE INDOOR GROW IS NOT VISIBLE. THE SITE PROVIDES SECURITY AND MEETS ALL THE CRITERIA FOR GRANTING A CONDITIONAL USE PERMIT
6. Describe the infrastructure which will serve the proposed conditional use, including but not limited to roads, fire protection, water, wastewater disposal, and stormwater control. THE SITE IS SERVED BY STRINGTOWN RD. AND HWY 101. A 50,000+ GALLON WATER RESERVOIR PROVIDES WATER FOR THE SITE - AND ALSO FOR CHINOOK FIRE DEPT. THROUGH A 4" STANDPIPE. WASTE WATER DISPOSAL IS WITH A SEPTIC SYSTEM. STORMWATER DISSIPATES THROUGH SAND ON A RELATIVELY FLAT SITE.
7. Describe the location, size, and height of all existing and proposed buildings, structures, signage, walls, fences, and screening vegetation of the proposed project. Will the location, size and height of buildings, structures, walls

and fences, and screening vegetation for the conditional use hinder or discourage the permitted development or use of the properties in the immediate vicinity of the conditional use? THE SITE HAS A STEEL (BUTLER TYPE) BUILDING - 60' x 100' - DESIGNED FOR INDUSTRIAL PURPOSES. IT IS 20' TALL TO THE EAVES. VEGETATION IS MINIMAL IN THE IMMEDIATE VICINITY - PROVIDING OPEN SECURE SPACE. NOTHING AT THE SITE WILL HINDER OR DISCOURAGE DEVELOPMENT OR USE IN THE IMMEDIATE VICINITY.

8. Describe any noise, smoke, dust, fumes, vibrations, odors, outdoor lights or other impacts that will be generated by the proposed conditional use. How will these factors be mitigated? UNDER I-502 RULES - THE ODOR FROM CANNABIS CULTIVATION IS MITIGATED BY CARBON FILTERS. INDOOR CULTIVATION HAS NO IMPACTS OF NOISE, SMOKE, DUST, VIBRATIONS OR EXCESSIVE OUTDOOR LIGHTS.

9. Describe the pedestrian and vehicular traffic, and the parking areas, associated with the conditional use. Will the proposed conditional use impact any existing or anticipated traffic in the immediate vicinity? THE TRAFFIC FROM AND ON STRINGTOWN RD IS MINIMAL. THIS PROPOSED CONDITIONAL USE PERMIT WILL HAVE NO EFFECT ON EXISTING OR ANTICIPATED TRAFFIC.

10. Describe how granting the conditional use permit will not be materially detrimental to the public health, safety, welfare, use or interest, or injurious to property or improvements in the vicinity. THE SITE IS INDUSTRIAL AND THE PROPOSED CONDITIONAL USE WILL NOT MATERIALLY AFFECT PUBLIC HEALTH, SAFETY, WELFARE OR USE AND INTEREST OF THE PUBLIC. PROPERTY IMPROVEMENTS IN THE VICINITY ARE NOT EFFECTED OR DAMAGED BY GRANTING THIS CONDITIONAL USE.

11. Is there anything else you would add which supports your application? SEVERAL I-502 GROW OPERATIONS ARE SUCCESSFULLY OPERATING IN NORTH PACIFIC COUNTY. THIS SMALLER TIER 1 CONDITIONAL USE SUPPORTS SOUTH COUNTY AND HAS THE SUPPORT OF THE COUNTY COMMISSIONER FROM DISTRICT #2.

EXPIRATION: Any variance, special use permit, or conditional use permit granted pursuant to Pacific County Ordinance No. 162, Zoning, or any amendments thereto, becomes null and void if not exercised within the time specified in such permit or, if no date is specified, within one (1) year from the effective date of approval of said permit or variance.

#### ACKNOWLEDGEMENT

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application packet may result in this permit being null and void.

Aug 5 - 2015  
DATE

  
APPLICANT'S SIGNATURE

SR# 12656-1

**ALS Environmental**  
1317 S. 13th Avenue • Kelso, WA 98626

### COLIFORM BACTERIA ANALYSIS

|  |  |                          |
|--|--|--------------------------|
| Date Sample Collected<br><u>11</u> / <u>51</u> / <u>2015</u><br>Month Day Year   | Time Sample Collected<br><u>1:30</u><br><input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | County<br><u>PACIFIC</u> |
| Type of Water System (check only one box)<br><input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Private Household<br><input type="checkbox"/> Other _____ |  |                          |
| Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):<br>ID# _____  |  |                          |
| System Name: _____   |  |                          |
| Contact Person: <u>MARTY JUNGE</u>   |  |                          |
| Day Phone: ( <u>360</u> ) <u>686-3945</u>  | Cell Phone: ( <u>509</u> ) <u>686-3948</u>   |                          |
| Even. Phone: ( ) _____   | FAX: ( ) _____   |                          |
| Email: <u>MARTY.JUNGE@GMAIL.COM</u>  |  |                          |
| Send results to: (Print full name, address and zip code)<br><u>OK FILE</u>   |  |                          |

### SAMPLE INFORMATION

|   |  |  |
|---|--|--|
| Sample collected by (name):<br><u>MARTY JUNGE</u>   |  |  |
| Specific location where sample collected:<br><u>24 STRIMTOWN RD.<br/>CHINOOK WA.</u>  | Special instructions or comments:<br>_____   |  |
| Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)  |  |  |
| #1. <input checked="" type="checkbox"/> Routine Distribution Sample<br>Chlorinated: Yes _____ No <input checked="" type="checkbox"/><br>Chlorine Residual: Total _____ Free _____   | #2. Repeat Sample (after unsat. routine)<br><input type="checkbox"/> Distribution System<br><input type="checkbox"/> Source Groundwater Rule (GWR)<br>(Population of 1,000 or less)<br>Unsatisfactory routine lab number:<br><u>0 1 7</u><br>Unsatisfactory routine collect date:<br>_____<br>Chlorinated: Yes _____ No _____<br>Chlorine Residual: Total _____ Free _____ |  |
| #3. Raw Water Source Sample<br><input type="checkbox"/> E.coli – GWR source sample<br><input type="checkbox"/> Fecal – Surface, GWI, some springs<br><input type="checkbox"/> Other<br><table border="1" style="width: 100px; height: 20px;"><tr><td style="text-align: center;">S</td></tr></table><br><small>Public systems must provide source number from WFI</small> | S  | #4. <input type="checkbox"/> Sample Collected for Information Only<br>Investigative _____ Construction / Repairs _____ Other _____ |
| S   |  |  |

|  |  |              |
|--|--|--------------|
| LAB USE ONLY   | <b>DRINKING WATER RESULTS</b>                    | LAB USE ONLY |
| <input type="checkbox"/> Unsatisfactory Total Coliform Present and<br><input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent | <input checked="" type="checkbox"/> Satisfactory |              |

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_  
 Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E.coli \_\_\_\_\_ /100ml.  
Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

|   |  |
|---|--|
| Method Code:<br>MICR- <u>SM 9 2 2 3 b</u>                               | Date, Time and Temp Received:<br><u>11/6/15 1555</u> |
| Date Analyzed<br><u>11/5/15</u>   | Date Reported:<br><u>11/6/15</u>                     |
| Sample Number (DOH number plus five digits)<br><u>0 1 7 - 2 6 5 6 1</u> | Lab Use Only:<br><u>011/6/15</u>                     |

### INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

#### REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

#### SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

#### UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

#### TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results. "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

#### RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)  
Insufficient volume. (Sample must be at least 100 ml)  
If not tested, a new sample must be submitted for analysis.

#### FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.