

## HEALTH OFFICER DECISION

Application Type: Building Site Application - New

Memo #: 45167  
Tax ID #: 082501-2-051-2002  
RP ACCT ID: 2065001  
Expiration: 06/21/2022

### Property Information

NW WESTGATE RD  
Silverdale WA 98383

### Contractor of Record

Contractor Name: ACME Septic Design & Maintenance  
Contractor Phone #: (360) 698-8488

### Applicant

Karl & Jenesis Palm  
PO BOX 193  
KEYPORT WA 98345

### Waivers

Waiver Type	Memo #	Notes
Waiver Unassigned	45168	

### Health Officer Decision for Onsite Sewage System

<b>Approved</b> (See Conditions Below)	Name of Inspector: <i>RICHARD BAZZELL</i>	Date: <i>06/11/2019</i>

### Health Officer Decision for Water Supply

<b>Approved</b> (See Conditions Below)	Name of Inspector: <i>Dee Guzman</i>	Date: <i>07/02/2019</i>

**Final Decision: Approved**



**KITSAP PUBLIC  
HEALTH DISTRICT**

345 6<sup>TH</sup> STREET, SUITE 300  
BREMERTON, WA 98337-1866  
(360) 337-5235

**Building Site Application (BSA) Residential  
For Onsite Sewage System and Water Supply**

Official Use Only	Submittal Date: <b>MAY 23 2019</b>	Memo #: <b>045167</b>
	Fee: <b>\$810</b>	SSI: <b>roy</b>

**A. BUILDING SITE INFORMATION**

Building Site Address - Street, City, Zip Code: <b>NW WESTGATE RD SILVERDALE 98383</b>	Total Proposed Bedrooms: <b>4</b>	Total Proposed Sewage Flow (Gallons): <b>600</b>
Assessor Tax Account No.: <b>082501-2-051-2002</b>	Lot No.: <b>A</b>	Short Plat No.: <b>5120</b>
		Property Size (SqFt): <b>98,881</b>

**B. OWNER/APPLICANT INFORMATION**

Name: <input checked="" type="checkbox"/> Current Property Owner - OR - <input type="checkbox"/> Applicant <b>Karl &amp; Jenesis Palm</b>	Phone #:	E-Mail:
Owner/Applicant Mailing Address - Street, City, State, Zip Code: <b>P.O. BOX 193 KEYPORT WA 98345</b>		

**APPROVED  
FOR SEWAGE AND WATER ONLY**

**C. APPLICATION TYPE SUMMARY** (Check all fields that apply)

Use/System Type	Application Type:	Type of Structures:
<input checked="" type="checkbox"/> <b>Single Family</b> <input type="checkbox"/> Standard <input checked="" type="checkbox"/> <b>Alternative</b> <input type="checkbox"/> <b>Multi Family</b> <input type="checkbox"/> Standard <input type="checkbox"/> <b>Alternative</b> <input checked="" type="checkbox"/> <b>Waiver(s) Proposed</b>	<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> Re-Design <input type="checkbox"/> Modification/Expansion <input type="checkbox"/> Repair <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Other (Describe Below)	<input checked="" type="checkbox"/> <b>Primary Residence</b> <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Guest House <input type="checkbox"/> Other: <input type="checkbox"/> Non-Habitable Structures with Plumbing (describe below)
		<b>CLASS B WAIVER</b> <b>EXTREME CAUTION WHEN CLEARING TREES</b>


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HEALTH DISTRICT**

**D. WATER SUPPLY DETAIL** (Attach Water Availability Letter if available)

<input checked="" type="checkbox"/> <b>Proposed</b> <input type="checkbox"/> <b>Existing</b>	<input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/> Individual <input type="checkbox"/> 2 Party	System Name: <b>SILVERDALE WATER # 16</b>	System ID: <b>05136A</b>
		Assessor Tax Account Numbers for Properties Served by Well	
		Water Connection 1 (Parcel with Well):	Water Connection 2 (Parcel connected to Well):

**E. OWNER, APPLICANT OR AGENT AND DESIGNER ACKNOWLEDGEMENT**

<p>I certify that (1) the information contained in this application is true and accurate to the best of my knowledge; (2) the application represents my intended use of this property; and (3) any related building permits that I apply for will be consistent with the plans and specifications contained in this application.</p> <p>I acknowledge and understand that I, along with my contractors, are responsible for adhering to the conditions of approval of this application, and are responsible for conforming to Kitsap County Board of Health regulations for onsite sewage systems (Ordinance 2008A-01) and water supply (Ordinance 1999-6).</p> <p>I acknowledge and understand that the design, location, and construction of my onsite sewage system and/or well is/are critical and of a sensitive nature, and I agree to protect these areas required by the regulations.</p> <p>I understand that once this application is submitted and/or approved, any changes to, or variations from, the information or conditions related to this plan may require a revised application submittal and/or could result in the revocation, denial, or suspension of this application or a related building permit and that this application will fully expire within 3 (three) years and 30 (thirty) days from the original date of application submittal.</p> <p>I understand that I have the right to appeal the Health Officer's decision concerning this application pursuant to the regulations, and that approval of this application does not guarantee that a building permit will be issued.</p>	<p>Designer/Engineer Stamp</p>  <p>Designer/Engineer Contact Phone Number: <b>ROD LEFT 360-698-8488</b></p> <p>Designer/Engineer E-Mail Address: <b>INFO@ACMESEPTIC.COM</b></p>
Signature: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> <b>Agent</b>	Date: <b>05-2019</b>

**F. RETURN CORRESPONDENCE** (For Incomplete Applications Returned to Designer/Engineer)

Returned to Designer Date:	Application Re-submittal Date:
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**Permit Number: 19-04652**



# Onsite Sewage System Specification Sheet For Residential Systems

Tax ID: 082501-2-051-2002

Owner/Applicant: JENESIS PALM

## G. SOIL EVALUATION PROFILES

Soil Evaluation Date: 05-2019		Soil Log Numbers Must Correlate With Site Plan - Indicate Total Excavated Depth, Soil Types, Water Table Level & Depth of Restrictive Layer	
<b>Soil Log #1</b> - Downslope Side Measurements -	<b>Soil Log #2</b> - Downslope Side Measurements -	<b>Soil Log #3</b> - Downslope Side Measurements -	<b>Soil Log #4</b> - Downslope Side Measurements -
SOIL TYPE 4 0" - 30" REDDISH BROWN SANDY LOAM WITH LOTS OF PEBBLES	SOIL TYPE 4 0" - 30" REDDISH BROWN SANDY LOAM WITH LOTS OF PEBBLES	SOIL TYPE 4 0" - 27" REDDISH BROWN SANDY LOAM WITH LOTS OF PEBBLES	SOIL TYPE 4 0" - 28" REDDISH BROWN SANDY LOAM WITH LOTS OF PEBBLES
<b>APPROVED</b> FOR SEWAGE AND WATER ONLY		<b>RECEIVED</b>  <b>KITSAP PUBLIC HEALTH DISTRICT</b>	

## H. DAILY FLOW - TANKAGE - TREATMENT

Design Flow	Tankage			Advanced Treatment
Total Proposed Sewage Flow/Day: 600 Gallons	Type	Size (gal)	QTY	<input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Sand Filter (includes bottomless) <input type="checkbox"/> Other: _____ Model/Size (Optional): _____ Manufacturer (Optional): _____
Minimum Treatment Level	<input checked="" type="checkbox"/> Septic Tank	1500	1	
Proposed Treatment Level: E	<input type="checkbox"/> Trash Tank			
	<input checked="" type="checkbox"/> Pump Tank	1500	1	

## I. DISPERSAL COMPONENT CONSTRUCTION

<b>Dispersal Component Sizing</b>  Hydraulic Loading Rate of Dispersal Area: 0.6  Minimum Dispersal Area (Sq. Ft.) In Primary: 1000  Minimum Linear Feet or Dimensions: 335'  <b>Distribution</b> <input type="checkbox"/> Gravity Distribution <input checked="" type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other: _____		<b>Trench Construction Profile</b>  A. Percent Slope In Primary: 0 Percent  B. Maximum Trench Depth: 10 inches - Downslope Side Measurements -  C. Vertical Separation: 18 inches  D. Trench Width: 36 inches  E. Additional Cover Required: 8 inches
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## J. SITE WATER MITIGATION

☐ Curtain Drain Designated ☐ Storm Water Control Designated

Permit Number: 19-04652



Environmental Health  
345 6th Street, Suite 300  
Bremerton, WA 98337  
360-337-5235

Memo #:	045168
Date Applied:	MAY 23 2019
Fee paid:	\$145
Clerks initials:	mg

### DRINKING WATER / ONSITE SEWAGE WAIVER REQUEST FORM

Waiver Request From (Please check the following in regard to which Regulations are the subject of the waiver):

- ☒ Local Septic Regulations (KCBOH Ordinance No. 2008A-1)  
☐ Local Drinking Water Regulations (KCBOH Ordinance No. 1999-6)

#### Section I. (Completed by Applicant)

- (1) Name: Karl + Jenesis Palm
- (2) Site Address: NW Westgate Rd. Silverdale
- (3) Tax Parcel No.: 082501-2-051-2002
- (4) Regulatory Requirement: Table VI for soils type 3-6. 24" of vertical time dosed pressure
- (5) Waiver Requested: 18" vertical separation using pressure time dose.
- (6) Waiver Justification and Mitigation: No wells or bodies of water within 200' downslope of proposed drain fields. M & M will be provided.

#### Section II. (Completed by Kitsap Public Health Officer)

- (7) Review Criteria: \_\_\_\_\_
- (8) Mitigation Measures (in addition to those proposed in Section I.): \_\_\_\_\_
- (9) Comments/Conditions of Approval: Timed dosing required. Maintenance monitoring required. No wells/surface H<sub>2</sub>O w/in 200 feet of drainfield.
- (10) Type of Waiver: ☐ Class A ☒ Class B ☐ Class C ☐ Local

#### Section III. (Completed by Kitsap Public Health Officer)

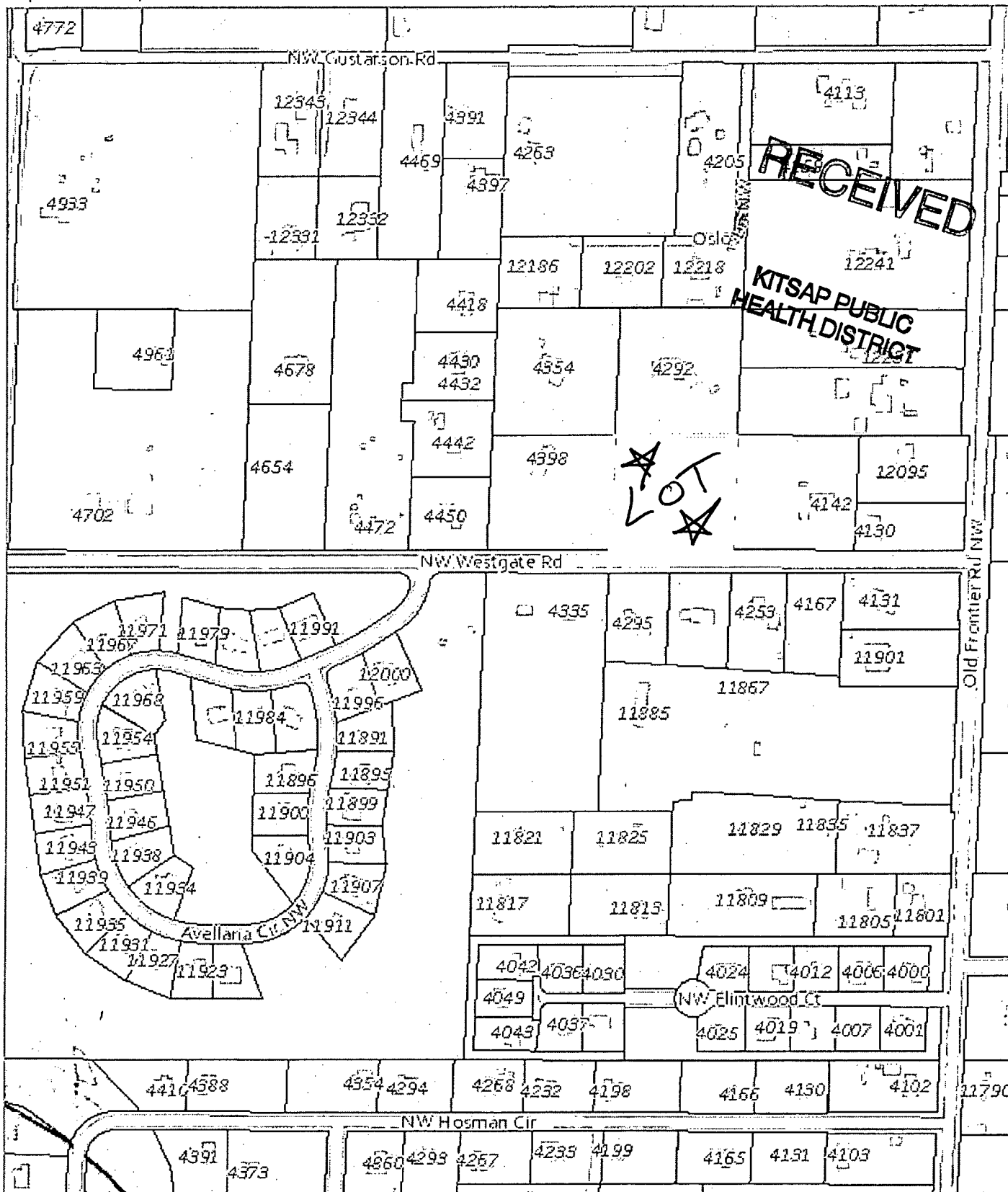
This Waiver Request has been reviewed according to the applicable provisions of Chapter 246-272 WAC or KCBOH Ordinance No. 2008A-1 or 1999-6. The review criteria applied, and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by the regulations.

This Waiver Request is: ☒ Approved/Granted (Subject to the above Conditions of Approval)  
☐ Denied  
☐ Accepted for Non-Conforming Onsite Sewage System

KPHD Health Office Signature: [Signature] Date: 6/11/19  
KPHD Health Officer Name: KAREN YAMDA



Printed: Tuesday, Jul 3, 2018



**\*\* This map is not a substitute for field survey \*\***

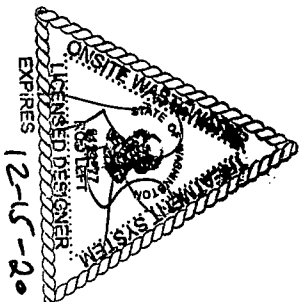
A horizontal number line with tick marks at 0, 200, and 400ft.



Comments

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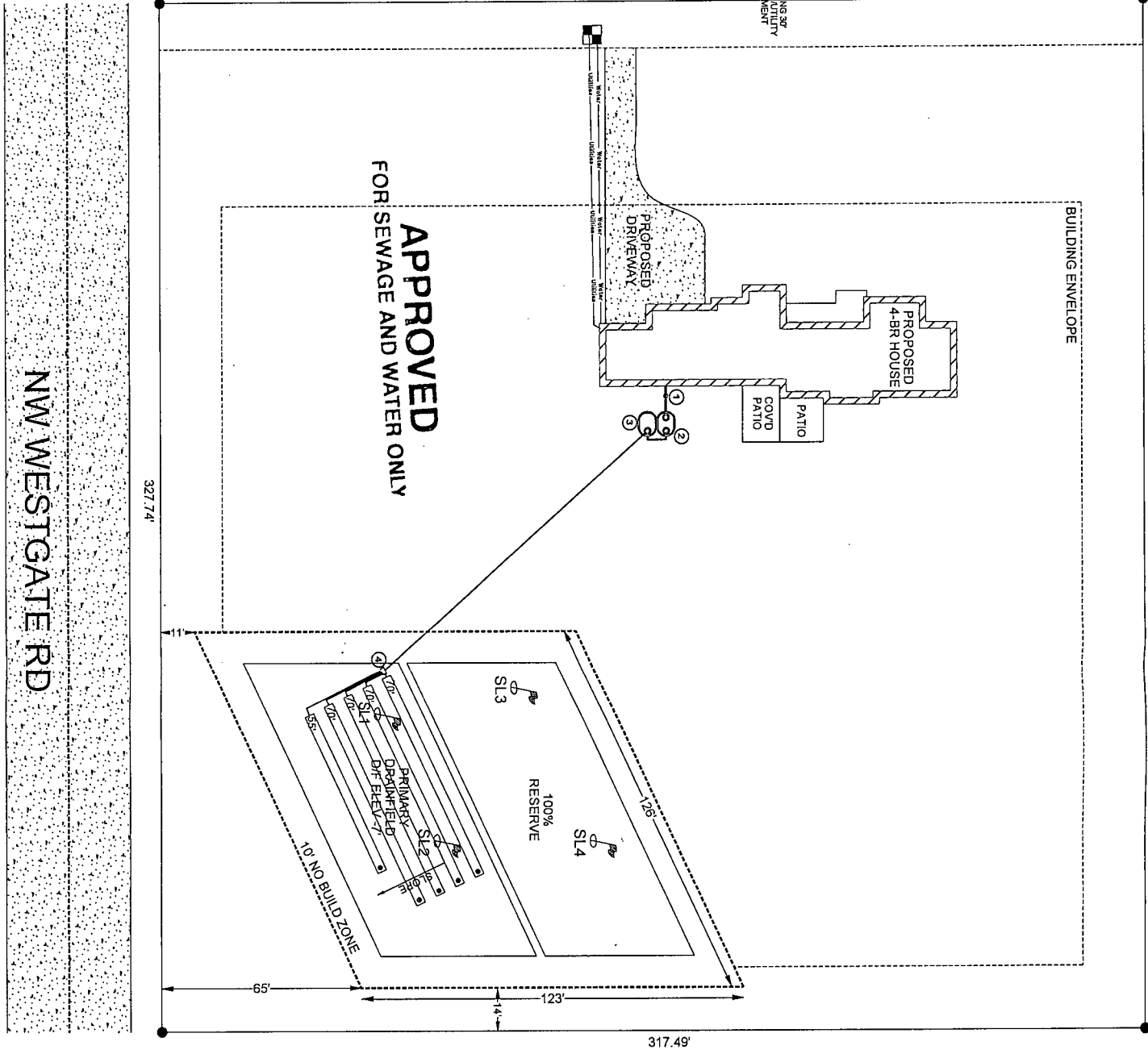
KITSAP PUBLIC  
HEALTH DISTRICT



PROPERTY OWNER NOTE:  
Carefully review ALL aspects of this septic design. ANY costs incurred due to changes to this design shall be the responsibility of the property owner.

**THIS IS NOT A SURVEY. ALL PROPERTY LINES/BOUNDARIES HAVE BEEN DEMONSTRATED BY THE OWNER(S) AND/OR THEIR AGENT(S).**

- INSTALLER MUST VERIFY THAT WATER LINE LOCATION AT TIME OF INSTALL MEETS ALL CODES/SETBACKS**
- \* IT IS THE RESPONSIBILITY OF OWNER/REPRESENTING AGENT TO PROVIDE TO AGCM IN WRITING ANY AND ALL INFORMATION PERTINENT TO THE DEVELOPMENT OF SEPTIC FEASIBILITY AND/OR DESIGN INCLUDING ALL GRAY/BLACK WATER STUB OUTS, UTILITY LOCATIONS, PROPERTY DIMENSIONS DIMENSIONS, EASEMENTS, BUFFERS AND SETBACKS REQUIRED BY GOVERNING OR REGULATING ENTITIES
  - \* DRY WEATHER INSTALLATION AND SITE PREP REQUIRED.
  - \* PROTECT PRIMARY AND RESERVE DRAINFIELD AREAS FROM ANY VEHICLE TRAFFIC.
  - \* NO FOUNDATION SPOILS OR BURNING ON DRAINFIELD AREAS.
  - \* DUE TO UNFORESEEN WATER TABLES, A CURTAIN DRAIN MAY BE REQUIRED.
  - \* DEPENDING UPON FINAL ELEVATIONS, A PUMP MAY BE REQUIRED.
  - \* DIRECT ALL DOWNSPOUT/SURFACE WATER AWAY FROM DRAINFIELD AREAS.
  - \* IF OF LATERALS OR MODULES ARE DEPICTED, THEY ARE APPROXIMATE AND MAY VARY.
  - \* PROVIDED THEY REMAIN IN THE DELINEATED OF AREA.
  - \* ALL WELLS WITHIN 100 FEET OF PROP. BOUNDARIES HAVE BEEN SHOWN (200' FOR CLASS-B WAIVER).
  - \* EXCEPT FOR THE DISPERSAL COMPONENT, ALL SEPTIC COMPONENTS MUST BE WATERTIGHT TO SURFACE.
  - \* WATER LINE MUST BE A MINIMUM OF 10' FROM ANY SEPTIC COMPONENT.
  - \* MAINTAIN A MINIMUM 50' SETBACK DOWNSLOPE OF 1-PITS, MINIMUM OF 10' SETBACK UPSLOPE OF 1-PITS.
  - \* SEED AND MULCH FINAL DRAINFIELD COVER IMMEDIATELY UPON COMPLETION.
  - \* DEPENDING ON THE TYPE OF ATU USED, A TRASH TRAP MAY BE REQUIRED.
  - \* LATERALS MAY BE NO CLOSER THAN 5' ON CENTER.
  - \* IF WATER AND SEWER LINES CROSS, THEY MUST BE CONSTRUCTED IAW STATE & COUNTY CODE.



PROPOSED 4-BR HOUSE WITH A 5-BR OSS  
USE SJE RHOMBUS PANEL MODEL TDW914H4D8AC21E  
OR IFS11W114HAD8AC17J AND FLOATS.  
\*INSTALLER MAY FIND TREE REMOVAL NECESSARY

LEGEND

- SOIL LOG
- NO BUILD ZONE
- CLEARING LIMITS
- LOW AREAS
- TREES > 12" DIA
- CLEAN OUT
- 1500-GAL SEPTIC TANK
- 1500-GAL PUMP TANK
- SPLITTER

Figure 1. Site Plan Requirements Checklist		
All site plans shall be clearly and accurately drawn to 1"=20', 30', 40', or 50' scale on paper no larger than 11"x17", and must indicate all of the following information. For each item below, mark "Shown" or "N/A" as appropriate for your project. This checklist must be completed and included on all site plans. Any site plan without this checklist will be rejected and returned to the applicant for correction.		
SHOWN	N/A	PARCEL NUMBER 082501-2-051-2002
A. General Property Information:		
X		Property lines and dimensions
X		Elevations of property and direction of natural drainage
X		Slopes that exceed 15%, including all cut banks greater than 4' in height
X		North arrow and site plan scale
X		Marine waters, lakes, & ponds, and their associated high water marks
X		Streams, creeks, wetlands, and their associated buffer areas
B. Existing Property Improvements:		
X		Location of all existing structures, to include locations of existing structures on adjacent waterfront properties
X		Location of all existing wells and their well radii, including those wells on adjacent properties within 100' of property lines
X		Location of existing all drainfields, including the 10' "No-Build Zone", as well as the locations of existing drainfields on adjacent properties within 100' of any well
X		Location of existing drainage facilities, including all sub-surface infiltration filtration systems
X		Location of all existing and abutting roadways driveways, easements, buffers, and required open spaces
X		Location of all existing water, sewer, and utility lines
C. Proposed Property Improvements:		
X		Location and dimensions of all proposed structures or building envelopes in relation to property lines, other structures, etc.
X		Location of all proposed wells, including their 100' well radii, and all water lines
X		Location of all proposed septic tanks, pump tanks, pre-treatment units, and drainfields, including the 10' "No-Build Zone"
X		Location and dimensions of all proposed drainage and infiltration systems
X		Location, dimensions, surfacing materials, and clearing limits of all proposed parking areas, driveways, sidewalks, and road approaches
X		Location of all proposed water, sewer, and utility lines

ACME DESIGN

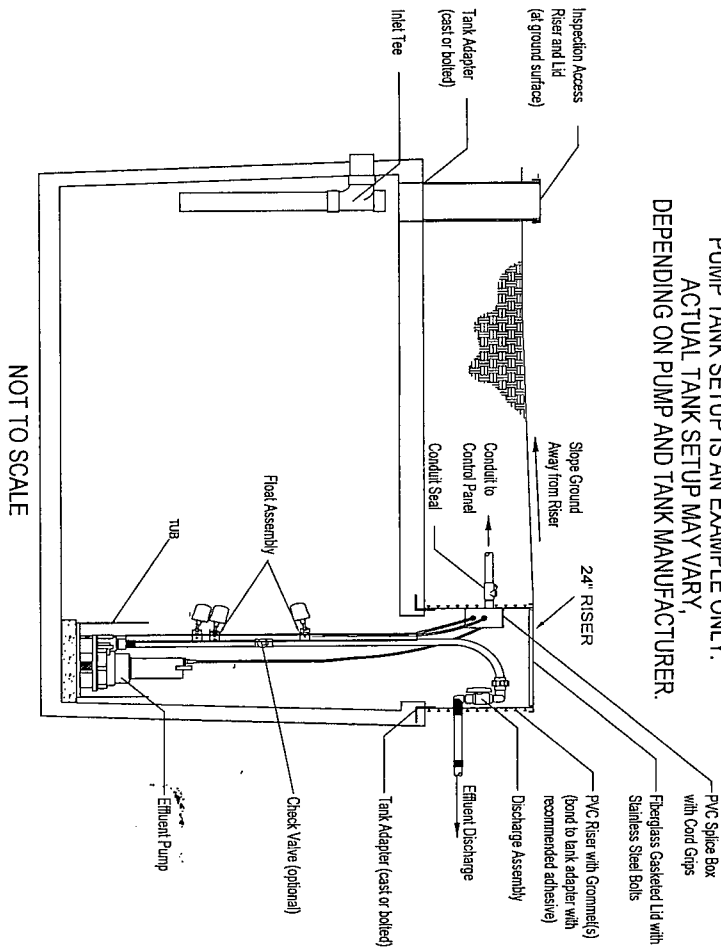
DATE-	21 MAY 2019
NAME-	PALM
TAX ID-	082501-2-051-2002
STREET-	NW WESTGATE RD
SCALE: 1"=50'	SITE PLAN

P.O. BOX 2954  
SILVERDALE, WA  
98383  
TEL. 360-698-8488  
ROD@ACMESEPTIC.COM

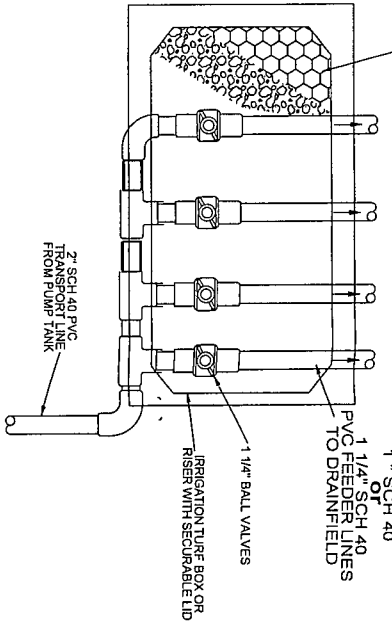


1,500-GALLON CONCRETE PUMP CHAMBER CROSS SECTION

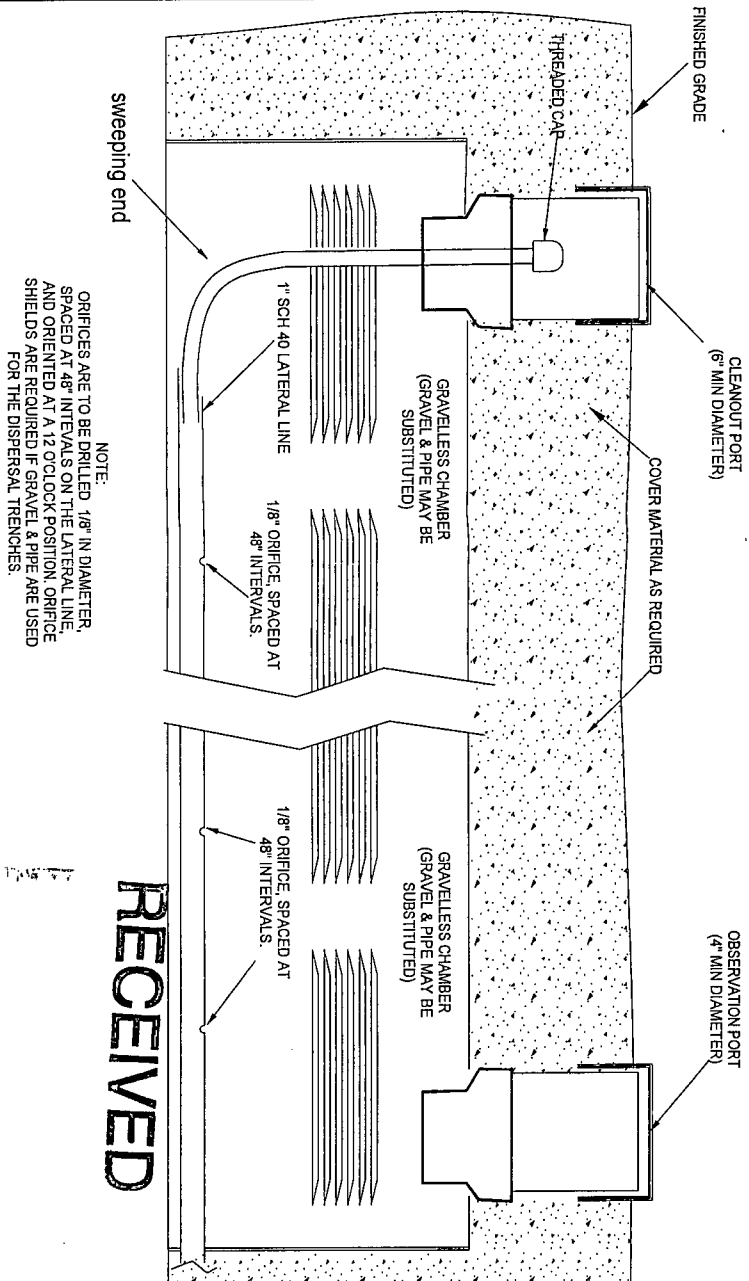
PUMP TANK SETUP IS AN EXAMPLE ONLY.  
ACTUAL TANK SETUP MAY VARY,  
DEPENDING ON PUMP AND TANK MANUFACTURER.



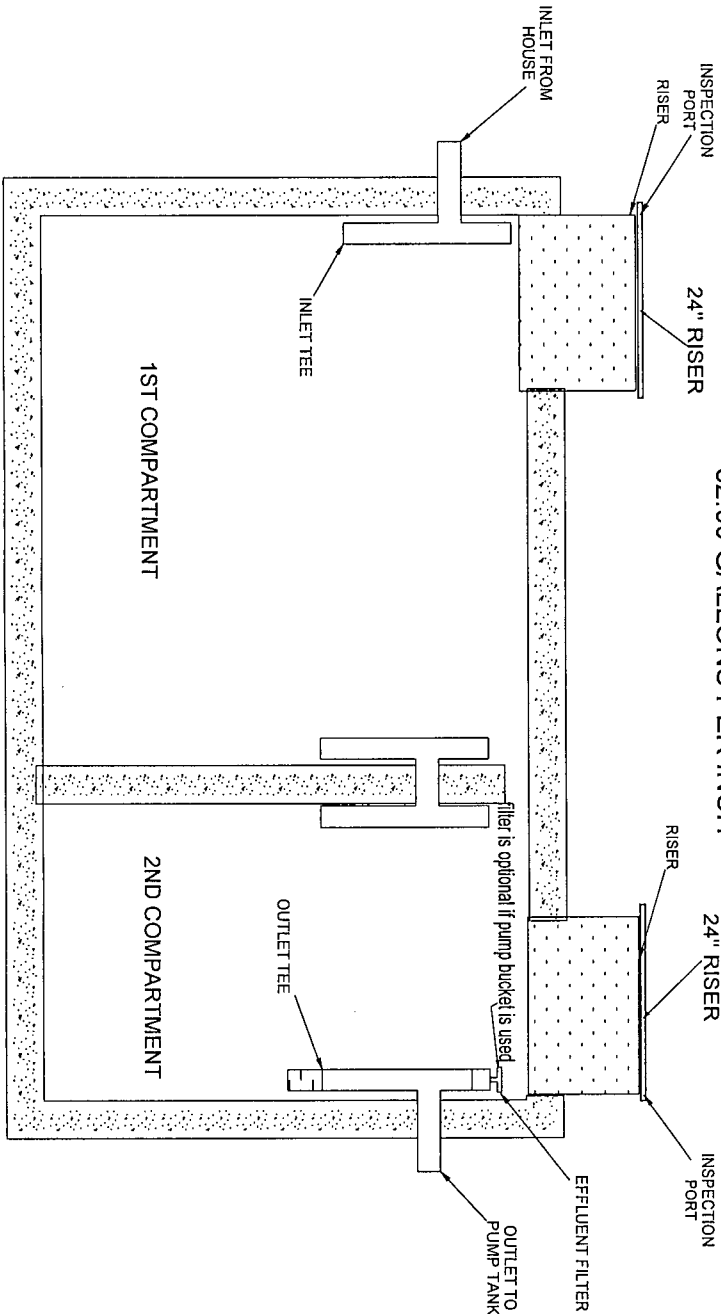
PRESSURE MANIFOLD DETAIL  
BOTTOM OF MANIFOLD RISER BOX  
TO BE LINED W/ GRAVEL AND WIRE MESH  
PER POLICY 18



CLEANOUT AND MONITORING PORT DETAIL



1,500-GALLON CONCRETE SEPTIC TANK CROSS-SECTION  
32.00 GALLONS PER INCH



\*NOTE\*  
SEPTIC TANK SETUP IS TYPICAL,  
AND MAY VARY DEPENDING  
ON SITE REQUIREMENTS AND MANUFACTURER

CONSTRUCTION NOTES

1. ACME DESIGN CO. HAS ATTEMPTED TO SHOW ALL EXISTING UNDERGROUND UTILITIES, SEPTIC SYSTEMS, AND SUBSTRUCTURES. APPEARANCE ON THESE PLANS, HOWEVER, DOES NOT GUARANTEE THE ACCURACY AND/OR COMPLETENESS OF THE LOCATION OR EXISTENCE OF THESE UTILITIES OR SUBSTRUCTURES. THE INSTALLER IS REQUIRED TO VERIFY THE LOCATION AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO CONSTRUCTION. UTILITIES SHOWN OR NOT, PRIOR TO EXCAVATION IN ANY AREA.
2. THE ATTACHED SEPTIC DESIGN DOES NOT REPRESENT A SURVEY, NOR DOES IT PURPORT TO SHOW ALL EASEMENTS OR ENCROACHMENTS. IF ANY ACME DESIGN CO. PROJECT INVOLVES AN ENCROACHMENT, THE INSTALLER SHALL BE RESPONSIBLE TO OBTAIN THE NECESSARY EASEMENTS AND PROPERTY LINES HAVE BEEN DEMONSTRATED BY THE PROPERTY OWNER/AGENT. ACME DESIGN CO. IS NOT RESPONSIBLE FOR ERRORS ARISING FROM MEASUREMENTS THAT ARE TAKEN FROM PROPERTY LINES OR CORNERS THAT ARE INACCURATE.
3. ALL WORKMANSHIP AND MATERIALS USED FOR THE INSTALLATION OF THIS SEPTIC SYSTEM MUST MEET WASHINGTON STATE DEPARTMENT OF HEALTH AND COUNTY HEALTH DEPARTMENT CODE.
4. A PRECONSTRUCTION MEETING SHALL BE HELD WITH THE DESIGNER PRIOR TO THE START OF THE SYSTEM INSTALLATION.
5. FINAL SYSTEM INSPECTION IS REQUIRED TO BE PERFORMED BY ACME DESIGN CO. PRIOR TO THE FINAL SYSTEM COVER. ACME DESIGN CO. IS RESPONSIBLE FOR THE AS-BUILT DRAWING AT THIS INSPECTION.
6. A SMALL PORTION OF THE SYSTEM, INCLUDING THE RISER, INSPECTION PORT, AND LOT INSPECTION WILL BE REQUIRED AT THE TIME OF FOUNDATION STAKING OR CONSTRUCTION.
7. ACME DESIGN CO. SHALL BE NOTIFIED PRIOR TO DRAINFIELD INSTALLATION BETWEEN THE MONTHS OF OCTOBER AND APRIL FOR WET WEATHER INSTALLATION APPROVAL.
8. THE DESIGNER SHALL BE NOTIFIED A MINIMUM OF 3 BUSINESS DAYS IN ADVANCE OF ANY REQUIRED INSPECTIONS OF THE SYSTEM. INSPECTIONS SHALL BE SCHEDULED AT ACME DESIGN CO. AT 360.898.8488 TO SCHEDULE ALL MEETINGS AND INSPECTIONS.
9. LOCATIONS OF EXISTING UTILITIES SHOWN ON THE SITE PLAN ARE AS ACCURATE AS POSSIBLE. HOWEVER, THE INSTALLER IS FULLY RESPONSIBLE FOR THE LOCATION AND PROTECTION OF ALL EXISTING UTILITIES. THE INSTALLER SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION. THE INSTALLER SHALL BE RESPONSIBLE FOR THE LOCATION AND PROTECTION OF ALL EXISTING UTILITIES. VISIT [HTTP://WWW.CALL911.COM](http://www.call911.com) FOR MORE INFORMATION.
10. EROSION CONTROL MEASURES SHALL BE TAKEN BY THE INSTALLER DURING CONSTRUCTION TO PREVENT INFILTRATION OF EXISTING AND PROPOSED STORMWATER DRAINAGE FACILITIES AND ROADWAYS.
11. IT SHALL BE THE RESPONSIBILITY OF THE INSTALLER TO HAVE A COPY OF THIS APPROVED SEPTIC DESIGN ON THE CONSTRUCTION SITE DURING WORK HOURS.
12. ANY CHANGES TO THIS SEPTIC DESIGN SHALL BE REVIEWED AND APPROVED BY ACME DESIGN CO. AND THE KITSAP COUNTY HEALTH DEPARTMENT.
13. PRIOR TO BACKFILL, ALL SEPTIC COMPONENTS SHALL BE INSPECTED AND APPROVED BY ACME DESIGN CO. BEFORE ANY HEALTH DEPARTMENT INSPECTIONS TAKE PLACE.
14. APPROVAL SHALL NOT RELIEVE THE INSTALLER OF THE RESPONSIBILITY TO CORRECT ANY DISCREPANCIES, AND/OR THE RESPONSIBILITY TO NOTIFY ACME DESIGN CO. AND THE HEALTH DEPARTMENT FOR ALL REQUIRED INSPECTIONS.
15. IF THE INSTALLER ENCOUNTERS ANY DISCREPANCIES BETWEEN THE DESIGN, CALCULATIONS, SPECIFICATIONS, AND/OR EXISTING CONDITIONS, THE INSTALLER SHALL IMMEDIATELY NOTIFY ACME DESIGN CO. AT 360.898.8488.
16. PRESCRIPTIVE FLOW CONTROL MEASURES (IF REQUIRED) ARE TO BE DESIGNED BY LICENSED INDIVIDUALS WITH APPLICABLE STATE AND COUNTY CODES. THE DEVIATION OF FLOWS ON THIS SEPTIC DESIGN SHALL BE THE RESPONSIBILITY OF THE INSTALLER. IT SHALL NOT BE CONSIDERED AS A FINAL SOLUTION FOR STORMWATER MANAGEMENT FOR THIS PARCEL.

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HEALTH DISTRICT

SEPTIC SYSTEM CONSTRUCTION NOTES:

1. NO HOUSE FOUNDATION SPOILS ARE TO BE PLACED ON THE DRAINFIELD AREAS.
2. NO VEHICULAR TRAFFIC IS ALLOWED ON THE DRAINFIELD AREAS AT ANY TIME.
3. NO BURNING ON ANY DRAINFIELD AREA.
4. NO CUTS GREATER THAN 4 FEET IN HEIGHT ARE ALLOWED WITH 50 FEET DOWN SLOPE OF ANY DRAINFIELD.
5. NO FOOTING DRAINS ARE ALLOWED WITHIN 30 FEET DOWNSLOPE OF ANY DRAINFIELD.
6. ALL DOWNSPOUTS/SURFACE WATER MUST BE DIRECTED AWAY FROM DRAINFIELDS.
7. DUE TO UNOBTAINED WATER TABLES, A CURTAIN DRAIN MAY BE REQUIRED TO PROTECT THE DRAINFIELD AREAS.
8. USE CAUTION TO NOT REMOVE SOILS WHEN CLEARING DRAINFIELD AREA. IT IS STRONGLY RECOMMENDED THAT THE DRAINFIELD AREA BE CLEARED BY THE INSTALLER.
9. GRAVEL AND PIPE ARE RECOMMENDED FOR THE DISPERSAL COMPONENT. HOWEVER, THE USE OF GRAVELLESS CHAMBERS IS ACCEPTABLE.
10. SEED AND MULCH THE INSTALLED DRAINFIELD IMMEDIATELY UPON COMPLETION.
11. DEPENDING ON THE FINAL HOUSE ELEVATIONS, A PUMP MAY BE REQUIRED FOR THE SEPTIC SYSTEM.
12. EXCEPT FOR THE DISPERSAL COMPONENT, ALL COMPONENTS OF THE SEPTIC SYSTEM MUST BE WATERTIGHT TO THE SURFACE.
13. ALL WATER LINES MUST BE A MINIMUM OF 10 FEET AWAY FROM THE INSTALLED DRAINFIELD.
14. WATER AND SEWAGE TRANSPORT LINE CROSSINGS MUST BE CONSTRUCTED IN ACCORDANCE WITH ALL CURRENT STATE AND COUNTY DEPARTMENT OF HEALTH CODES, REGULATIONS, AND POLICIES.
15. DRAINFIELD LATERALS MAY BE NO CLOSER THAN 5' ON CENTER.

ACME DESIGN CO.

DATE- 21 MAY 2019

NAME- PALM

TAX ID- 082501-2-051-2002

STREET- NW WESTGATE RD

P.O. BOX 2954  
SILVERDALE, WA  
98383

TEL. 360.275-4723  
R0D@ACMESEPTIC.COM

# Pump Selection for a Pressurized System - Single Family Residence Project

PALM / 082501-2-051-2002

## Parameters

Discharge Assembly Size	200	inches
Transport Length	112	feet
Transport Pipe Class	40	
Transport Line Size	200	inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	76	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	5	
Lateral Length	70	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.00	inches
Orifice Size	1/8	inches
Orifice Spacing	4	feet
Residual Head	5	feet
Flow Meter	None	inches
'Add-on' Friction Losses	0	feet

## Calculations

Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	90	
Total Flow Rate per Zone	39.8	gpm
Number of Laterals per Zone	5	
% Flow Differential 1st/Last Orifice	7.9	%
Transport Velocity	3.8	fps

## Frictional Head Losses

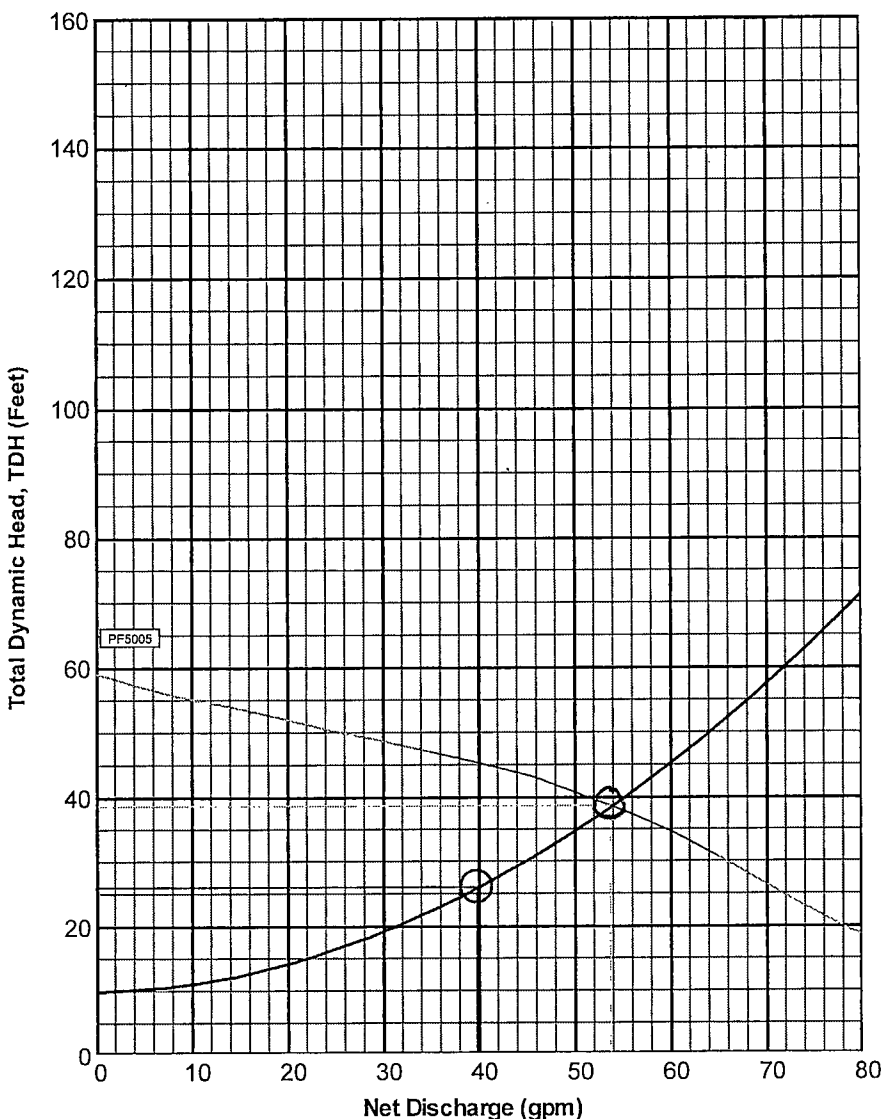
Loss through Discharge	3.2	feet
Loss in Transport	2.9	feet
Loss through Valve	0.0	feet
Loss in Manifold	3.9	feet
Loss in Laterals	0.9	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

## Pipe Volumes

Vol of Transport Line	19.5	gals
Vol of Manifold	5.9	gals
Vol of Laterals per Zone	15.7	gals
Total Volume	41.1	gals

## Minimum Pump Requirements

Design Flow Rate	39.8	gpm
Total Dynamic Head	26.0	feet



## Pump Data

PF5005 High Head Effluent Pump  
50 GPM, 1/2 HP  
115/230V 1Ø 60Hz, 200/230V 3Ø 60Hz

## Legend

System Curve	—
Pump Curve	- - -
Pump Optimal Range	—
Operating Point	○
Design Point	○



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KITSAP PUBLIC  
HEALTH DISTRICT

Kitsap Public Health District

Permit Number: 19-04652





*Our Community • Our Water • Our Future*

5300 NW Newberry Hill Rd Ste 100 Silverdale, WA 98383 (360) 447-3500 [www.swd16.org](http://www.swd16.org) [info@swd16.org](mailto:info@swd16.org)

SENT VIA EMAIL

[Jenesisdawn15@yahoo.com](mailto:Jenesisdawn15@yahoo.com)

June 26, 2019

Karl & Jenesis Palm  
PO Box 193  
Keyport, WA 98345

**Re: Water and Fire Flow Availability Application No. 2019.048.02**

Dear Karl & Jenesis,

In response to your request for water and fire flow availability, the described project and property is located within the service area boundaries of Silverdale Water District, Washington State System Identification Number 793006:

Project Name:	<i>Palm Residence</i>
Proposed Use:	<i>Single Family Residence</i>
Classification:	<i>Residential</i>
Fire Flow Requirement:	<i>500 GPM for 30-minutes</i>
Property Address:	<i>NW Westgate Rd</i>
Tax Parcel Account No.:	<i>082501-2-051-2002</i>

Silverdale Water District has adequate capital facilities and source to provide water service to the property and water service shall be available subject to the following conditions:

- **Kitsap County Comprehensive Plan:** Compliance with the "Comprehensive Land Use Plan" for Kitsap County.

If you have any questions or need additional information, please do not hesitate to call me.

Sincerely,

Morgan Johnson  
General Manager

RECEIVED

JUL 02 2019

KITSAP PUBLIC  
HEALTH DISTRICT

**Notice of Pending Building Site Application with Public Water Supply**

06/11/2019

Karl & Jenesis Palm  
PO BOX 193  
KEYPORT, WA 98345

Tax ID: 082501-2-051-2002  
Site Address: NW WESTGATE RD  
Memo #: 45167  
Water Source Type: Public  
Water System Name: Silverdale Water

Dear Applicant,

This checklist expires on 4/21/2022.

Your Building Site Application has been reviewed and a determination made that the soils and/or septic system plans have been given preliminary approval. However, the items listed below need to be submitted for review prior to final approval of your application may be granted. Your application has been placed in our pending files.

1. A current, three-year water availability letter from an approved public water system must be submitted. The water availability letter must be for a **Binding** commitment for water service, and must not expire 90 days prior to the building site application expiration date.

Please be aware that further review of your application cannot proceed until these items are submitted to the Health District. Additional information may be requested in the future based upon continued review.

You may track the status of your application online at [www.kitsappublichealth.org](http://www.kitsappublichealth.org); click on the "Application status" button on the bottom of the page.

If you have any questions regarding this pending letter you may contact me at (360) 728-2308 or [richard.bazzell@kitsappublichealth.org](mailto:richard.bazzell@kitsappublichealth.org).

Thank you for your cooperation.

Sincerely,



Richard Bazzell, RS  
Senior Environmental Health Specialist  
Drinking Water and Onsite Sewage Program

cc: ACME Septic Design & Maintenance

**NW WESTGATE RD Silverdale**

## CHRONOLOGICAL CONTROL SHEET

## Building Site Application - New

**Applicant: Karl & Jenesis Palm**

**Tax ID: 082501-2-051-2002**

**Memo: 45167**

BP: N/A

DCD-LU: N/A

**Contractor: ACME Septic Design & Maintenance**

RECEIVED ON	INITIALS	ACTION TAKEN/COMMENTS	ROUTE TO	DATE
05/23/2019	NG	Received OTC - no records.	pb	05/23/2019
5/29/19	RB	Site visit, soil eval - ok, contours - ok, silv H <sub>2</sub> O (public) & water		
6/11/19	RB	Review: 4 bed, lot size - ok, H <sub>2</sub> O - public (silv. water), dispersal/french drains - ok, tankage - ok, step plan - ok, spec sheet - ok & water		
		OSS approved, DW - no wells within 100' - needs BWAL - ok to process to BR pending BWAL	RB	6/11/19
6/11/19	BA	Mailed checklist. Filed in BR pending under "PALM"		
7.2.19	DLG	BWAL ok. Approved. OK to process	BR	7.2.19
7.3.19	BA	(P)	SCAN	7.3.19