

Notice of Pending Building Site Application with Public Water Supply

11/18/2019

Rod & Tania Forsberg  
8078 Wenatchee PI NW  
Silverdale, WA 98383

Tax ID: 4423-014-001-0100  
Site Address: SANDY RD NE  
Memo #: 33038  
Water Source Type: Unknown  
Water System Name: Unknown

Dear Applicant,

This checklist expires on 10 / 17 / 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: Dave's Septic Services



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SEP 13 2019

345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
360-728-2235KITSAP PUBLIC  
HEALTH DISTRICT**BUILDING SITE APPLICATION**

FOR WATER SUPPLY &amp; ONSITE SEWAGE SYSTEM

Submittal Date	Memo Number	Review Fee	S.S.I.
9.18.19	033038	\$810-	DIG

**BUILDING SITE INFORMATION**

Building Site Address – Street, City, Zip Code:

Off Sandy Road NE Bremerton 98312

Assessor Tax Account Number:

4423-014-001-0001 0100

Property Size:

10,000

Lot Number:

**APPLICANT INFORMATION**

First &amp; Last Name

Rod Forsberg

Phone Number:

(360) 271-4808

E-Mail:

Mailing Address – Street, City, State, Zip Code:

8078 Wenatchee Place NW Silverdale WA 98383

**APPLICATION GENERAL PROPOSAL****Application Type:**

- ☒ New  
☐ Repair (no building permit needed)  
☐ Modification (building permit needed)  
☐ Building Clearance with Compliance

**Application Use Type:**

- ☒ Residential  
☐ Multi-Family  
☐ Community  
☐ Commercial

**Application Water Type:**

- ☒ Public Water  
☐ Private Water (residential only)

☐ This is a Redesign (describe what is being changed) OR a Building Clearance with Compliance (describe proposal)

**APPLICANT/AGENT & DESIGNER ACKNOWLEDGEMENT**

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 for which I apply for will be consistent with the plans and specifications contained in this application.

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 applicable Kitsap County Board of Health ordinances and Washington State Department of Health regulations for onsite sewage systems and water supply.

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 as required by the regulations.

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.

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.

Applicant/Agent Signature

Date

09/11/2019

**Designer/Engineer Stamp**

Designer/Engineer Contact Phone Number:

(360) 830-9699

Designer/Engineer E-Mail Address:

Intake Notes – Health District Use Only

Permit Number: 19-05696



# **DRINKING WATER & ONSITE SEWAGE SYSTEM SPECIFICATION SHEET**

Assessor Tax Account Number:

4423-014-001-0001 0100

## **A. DRINKING WATER SUPPLY INFORMATION**

<input type="checkbox"/> Proposed  <input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Public	System Name	System ID
	<input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> 2-Party	ASSESSOR TAX ACCOUNT NUMBERS FOR PROPERTIES SERVED BY WELL Water Connection 1 (Parcel with Well)      Water Connection 2 (Parcel connected to Well)	

## **B. SOIL EVALUATION PROFILES**

Soil Evaluation Date		SOIL LOG NUMBERS MUST CORRELATE WITH SITE PLAN – INDICATE TOTAL EXCAVATED DEPTH, SOIL TYPES, WATER TABLE LEVEL & DEPTH OF RESTRICTIVE LAYER	
SOIL LOG #1	SOIL LOG #2	SOIL LOG #3	SOIL LOG #4
Downslope Side Measurements 0-19" Lt brwon to gray fine sandy loam to compaction soil type 4	Downslope Side Measurements 0-19" Lt brwon to gray fine sandy loam to compaction soil type 4	Downslope Side Measurements 0-19" Lt brwon to gray fine sandy loam to compaction soil type 4	Downslope Side Measurements

## **C. DAILY FLOW – TANKAGE – TREATMENT**

DESIGNED MAX SEWAGE FLOW	TRASH/SEPTIC/PUMP TANKS	ADVANCED TREATMENT INFORMATION															
360 Gallons Per Day	<table border="1"> <tr> <th>Type</th> <th>Size (gal)</th> <th>QTY</th> </tr> <tr> <td><input checked="" type="checkbox"/> Trash Tank</td> <td>1000</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> Septic Tank</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Pump Tank</td> <td>1000</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>	Type	Size (gal)	QTY	<input checked="" type="checkbox"/> Trash Tank	1000	1	<input type="checkbox"/> Septic Tank			<input checked="" type="checkbox"/> Pump Tank	1000	1	<input type="checkbox"/> Other			<input checked="" type="checkbox"/> Proprietary Advanced Treatment Manufacturer: Nuwater BNR-500 Model: _____ <input type="checkbox"/> Non-Proprietary Advanced Treatment Device Type: _____
Type	Size (gal)	QTY															
<input checked="" type="checkbox"/> Trash Tank	1000	1															
<input type="checkbox"/> Septic Tank																	
<input checked="" type="checkbox"/> Pump Tank	1000	1															
<input type="checkbox"/> Other																	
PROPOSED RESIDENTIAL BEDROOMS 3 Maximum Bedrooms																	
PROPOSED TREATMENT LEVEL TL      B																	

## **D. DISPERSAL COMPONENT CONSTRUCTION**

DISPERSAL COMPONENT SIZING		TRENCH CONSTRUCTION PROFILE
Hydraulic Loading Rate of Dispersal Area: .6 Minimum Dispersal Area (Sq. Ft.) In Primary: 600 Minimum Linear Feet or Dimensions: _____ DISTRIBUTION METHOD <input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input checked="" type="checkbox"/> Other: Oscar		A. Percent Slope in Primary: 10-15 % B. Maximum Trench Depth: _____ inches (Downslope Side Measurements) C. Vertical Separation: 12 inches D. Trench Width: _____ inches E. Additional Cover Required: 12-18 inches

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 OCT 12 2019  
 KITSAP PUBLIC HEALTH DISTRICT

Permit Number: 19-05696

Map Scale: 1 : 10,000

Printed: Tuesday, Aug 28, 2018



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



Comments





General Designer Notes

Ref: Rod Forsbeg Off Sandy RD NE Tax# 4423-014-001-0001

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KITSAP PUBLIC  
HEALTH DISTRICT

- #1- Soil logs have been dug on this site and are the responsibility of the property owner or owners agent to have these soil logs buried after the inspection process has been completed.
- #2- If during the construction process, soil conditions are found that may lead to premature failure of the system, construction shall stop immediately and the designer shall be notified. Such soil conditions may include but not limited to ground water, surface water, fill material, clay soil, bedrock, or excessively permeable gravels.
- #3- Any substitutions or deviations from these plans shall be approved by the health department and the designer prior to construction. All changes of the system components shall be documented by the designer on the final as-built drawing.
- #4- Peak design flow is 360 g.p.d., recommended daily flow should not exceed 288 g.p.d. or premature failure may occur.
- #5- Backfill sewage disposal system immediately after final inspection process, cover soils should be loamy sand or better. Seed final cover with grass or shallow rooting ground cover.
- #6- Keep all maintenance access lids and ports accessible to ground surface.
- #7- Installer should rake the finished grade smooth and slope it to divert all surface water runoff away from tank and drainfield areas.
- #8- Setbacks from house foundation to drainfields and reserve areas are 10', septic tanks 5' and transport lines 2' unless otherwise stated within the design.
- #9- Driveways and parking areas must stay 5' from drainfield areas. Tanks may be located within parking areas and driveways if approved for this application.
- #10- Sewage waste strength should meet the following criteria or be lower Bod-5 = 130-174 mg/l, TSS = 47-71 mg/l, FOG = 10-20 mg/l, PH = 6.5-7.2 with microscopic life forms present.
- #11- Installer must adhere to all manufacturer installation requirements for all products used.
- #12- The attached septic design does not represent a survey nor does it purport to show all easements or encroachments, if any. Designer recommends property lines be located prior to any final installation occurs. Surveys may be required to accomplish this.
- #13- Property lines and corners have been represented by owner or owners agent, the designer is not responsible for errors due to inaccurate measurements from property lines or corners that are inaccurate.
- #14- If a curtain drain is required with this design it must meet all health department installation requirements.
- #15- Developers, homeowners and installers, installations of on-site sewage disposal systems should always be installed in dry weather conditions. Irreparable soil damage may occur if systems are installed in wet conditions. Planning the installation of system is very important and should be done as early in the building development stage as possible. Wet weather conditions have caused delays in final approval dates.
- #16- Maintenance is required with all sewage disposal systems. Owners will receive details of this in the designer manual with the final approval of the application.
- #17- Adhere to all designer notes located on design layout page.
- #18- If development exceeds 10,000 square feet of impervious surface a engineered drainage plan may need to be submitted. Options are available to reduce square footage requirements, such

as wagon wheel driveways, contact DCD for further details. Owners are responsible for any fees for redesigns or revisions that may be needed after BSA submittal not due to designer error.

#19- Low flow water fixtures are recommended within the home to help lower the hydraulic load to the system.

#20- Watertight components are a must for all onsite sewage systems. Installers are required to ensure all components are watertight, extreme care should be used during backfilling of these components to prevent settling and or water intrusion issues. If leaking components are not fixed in a timely manor the designers warranty may be void.

#19- Installation of this design must meet all Kitsap county regulations and all adopted policies by Health Department that may apply. Installer is required to be versed in these regulations if any questions contact designer.

#20- All components used must be on state department of health approved products list for use with residential waste.

#21- Installer must inspect all tanks used at time of delivery and any tanks with defects must be rejected and not used. When using any existing tank the installer must due a 24 hour leak test to ensure all tanks used are watertight.

#22- All plumbing must be routed into the new sewage system that has been designed. It is the property owners responsibility to show the designer all plumbing stub outs and all gray and black water discharge points. A plumber may be needed on old homes to ensure that all stub out locations are connected to the new proposed sewage disposal system. An inside pump basin may be needed in some cases where plumbing is located in basements and elevations for a gravity discharge cannot be maintained.

#23- Do not use low profile chambers or the system will be red tagged. All lateral lines must be a minimum of 6" off the infiltrative surface. Lateral ends must be secured at the cleanout and must be in the center of the port.

#24- Gravel trenches are recommended, but Arc 36" chambers are allowed.

Specific Designer Notes :

#1- This application is for a new three bedroom home.

#2- Do not damage or remove any of the native soil conditions.

#3- M/M is required with this proposal.

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HEALTH DISTRICT



Permit Number: 19-05696



## Easements, Buffers and Open Spaces

Indicate the location and dimensions of all easements, buffers and open spaces in relation to property lines, structures and OSS components.

## SHOW ALL PROPOSED PROPERTY IMPROVEMENTS

### Structures and/or Building Envelopes

Indicate the location, dimensions, and clearing limits of all proposed structures and/or building envelopes in relation to property lines, other structures, easements, wells, and OSS components. Include all required setbacks from property lines and other structures.

### Wells and 100' Well Radii

Indicate the location of all proposed wells and their respective 100' well radii. Include all primary and reserve drainfield areas on adjacent properties within the 100' well radius.

### On-Site Sewage System (OSS) Components

Indicate the location and dimensions of all proposed OSS components, including septic tanks, pump tanks, pre-treatment units, primary drainfields and reserve drainfields. Indicate the direction and degree of slopes of the primary and reserve drainfield areas, and identify the 10-foot "no-build" zones surrounding them include at least two reference distances to property lines.

### Storm/Surfacewater Drainage Systems

Indicate the location and dimensions of all proposed infiltration systems, stormwater ponds, drainage ditches, below grade pipes and easements.

### Roads, Driveways, Parking Areas and Sidewalks

Indicate the location, dimensions, surfacing materials, and clearing limits of all proposed roads, driveways, parking areas, sidewalks and easements.

### Water and Utility Lines

Indicate the location of all proposed water lines, sewer lines, and utility lines.

## QUESTIONS?

If you have any questions regarding these Site Plan Requirements, please contact the Kitsap County Department of Community Development, at

(360) 337-5777; or

The Kitsap Public Health District at

(360) 337-5285.

Kitsap County Department of Community Development  
614 Division Street, MS-36  
Port Orchard, WA 98366-4682  
[www.kitsapgov.com/cdm](http://www.kitsapgov.com/cdm)  
Revision Date: 4/19/2012

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" x 17" and must indicate all of the following information. For each item below, mark either "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
	4423-014-001-00010100

#### A General Property Information:

<input checked="" type="checkbox"/>	Tax ID Number and Property Address
<input checked="" type="checkbox"/>	Property lines and dimensions
<input checked="" type="checkbox"/>	Elevations of property and the direction of natural drainage
<input checked="" type="checkbox"/>	Slopes that exceed 15%, including any cut banks greater than 4' in height
<input checked="" type="checkbox"/>	North arrow and site plan scale
<input type="checkbox"/>	Marine waters, lakes and ponds and their associated high water lines
<input type="checkbox"/>	Streams, creeks & wetlands and their associated buffer areas

#### B Existing Property Improvements:

<input type="checkbox"/>	Location of all existing structures, including the locations of existing structures on adjacent waterfront properties
<input type="checkbox"/>	Location of all existing wells and their well radii, including those wells on adjacent properties within 100' of property lines
<input type="checkbox"/>	Location of all existing drainfields, including the 10' "No Build Zone" as well as the locations of existing drainfields on adjacent properties within 100' of any well
<input type="checkbox"/>	Location of existing drainage facilities, including all sub-surface infiltration systems
<input type="checkbox"/>	Location of all existing and abutting roadways, driveways, easements, buffers and required open spaces
<input type="checkbox"/>	Location of all existing water, sewer and utility lines.

#### C Proposed Property Improvements:

<input checked="" type="checkbox"/>	Location and dimensions of all proposed structures or building envelopes in relation to property lines, other structures, etc.
<input type="checkbox"/>	Location of all proposed wells, including their 100' well radii and all water lines
<input checked="" type="checkbox"/>	Location of all proposed septic tanks, pump tanks, pre-treatment units, and drainfields, including the 10' "no build" zone
<input type="checkbox"/>	Location and dimensions of all proposed drainage and infiltration systems (I-Pits)
<input checked="" type="checkbox"/>	Location, dimensions, surfacing materials, and clearing limits of all proposed parking areas, driveways, sidewalks, & road app'rs.
<input checked="" type="checkbox"/>	Location of all proposed water, sewer and utility lines

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KITSAP PUBLIC  
HEALTH DISTRICT

Phone: (360) 337-5777

Fax: (360) 337-4925

Form Number: 2102B

Email: [Kitsap1@co.kitsap.wa.us](mailto:Kitsap1@co.kitsap.wa.us)

Page 2 of 3

Permit Number: 19-05696

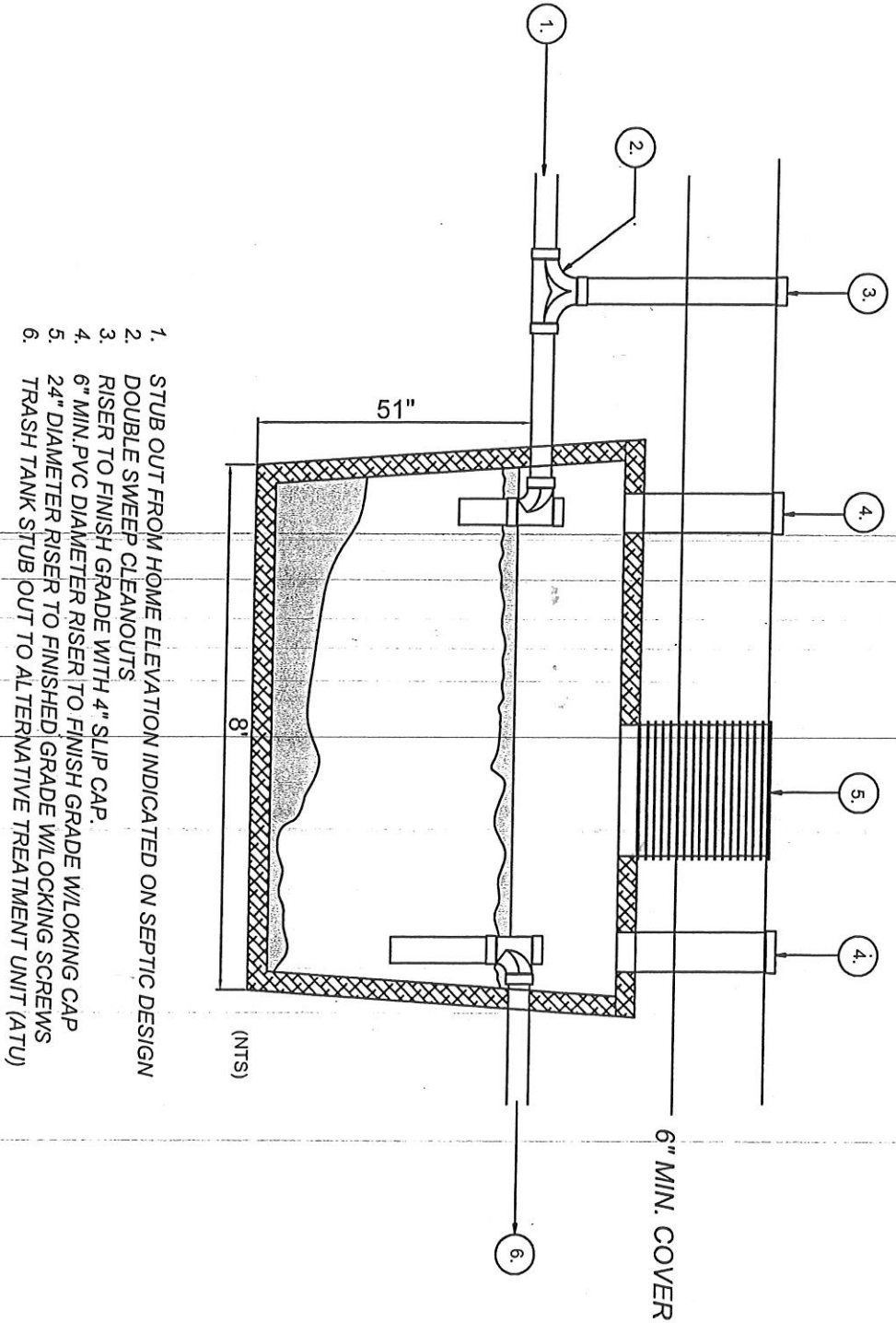


# TYPICAL 1000 GALLON TRASH TANK SYSTEM WORKSHEET

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KITSAP PUBLIC  
HEALTH DISTRICT



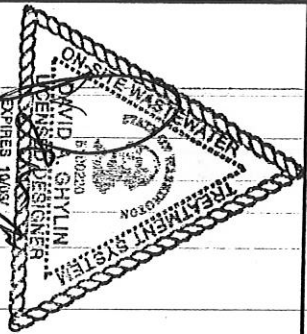
APPLICANTS NAME:

*Rod Forsberg*

TAX ID #

*0100*

*4423-014-001-0001*



**DAVE'S SEPTIC SERVICES INC.**

**P.O. Box 826**

**Seabeck, WA 98380**

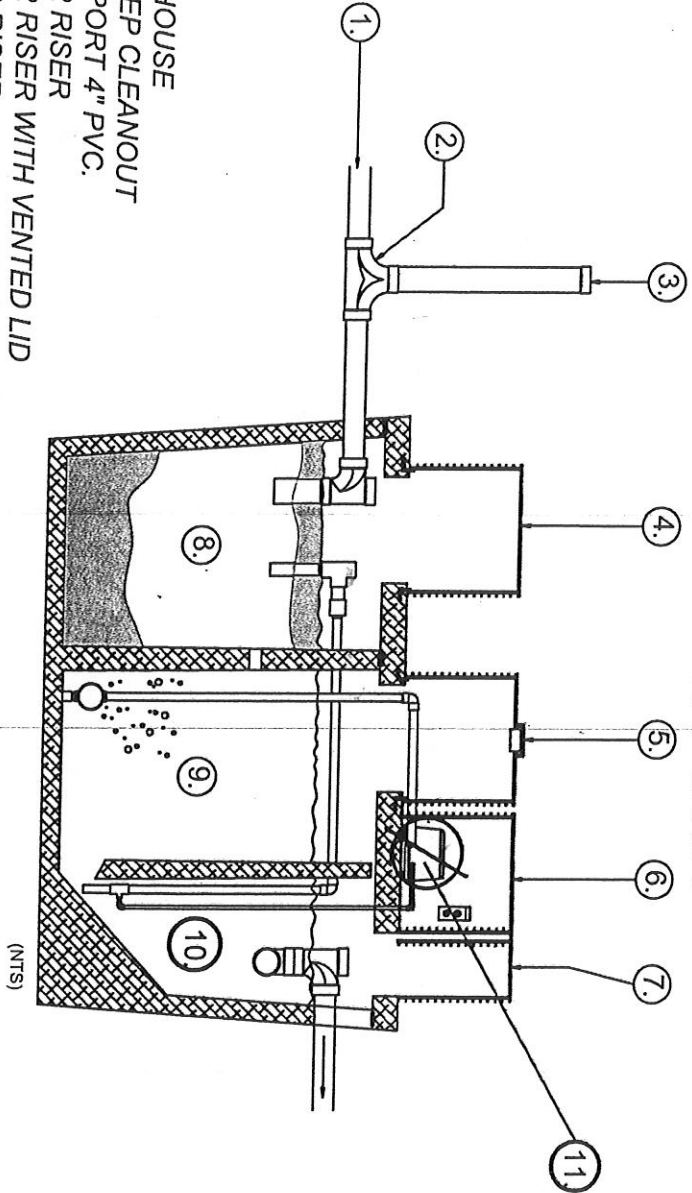
**(360) 830-9699**



# NuWater BNR-500 GPD TREATMENT UNIT

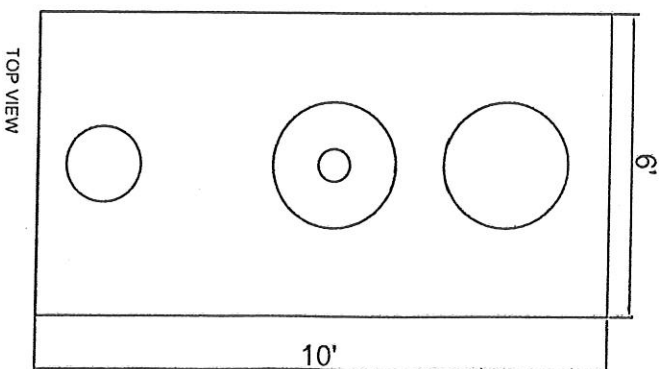
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1. INLET FROM HOUSE
2. DOUBLE SWEEP CLEANOUT
3. INSPECTION PORT 4" PVC.
4. 24" DIAMETER RISER
5. 24" DIAMETER RISER WITH VENTED LID
6. 24" DIAMETER RISER
7. TRASH CHAMBER
8. DIGESTER CHAMBER
9. CLARIFIER CHAMBER
10. OUT TO DRAINFIELD OR PUMP CHAMBER
11. AIR MOTOR TO BE LOCATED NEXT TO HOME IN DRY RISER LOCATION WITH VENTED CHAMBER.

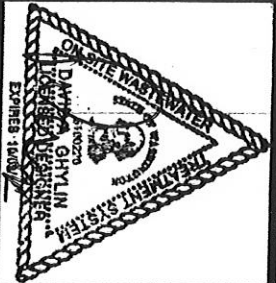
(NTS)



OWNER:

*Red Forsberg*

TAX ID: 4423-014-001-6001



DAVE'S SEPTIC SERVICES INC.

P.O. BOX 826  
SEABECK, WA 98380  
(360) 830-9699

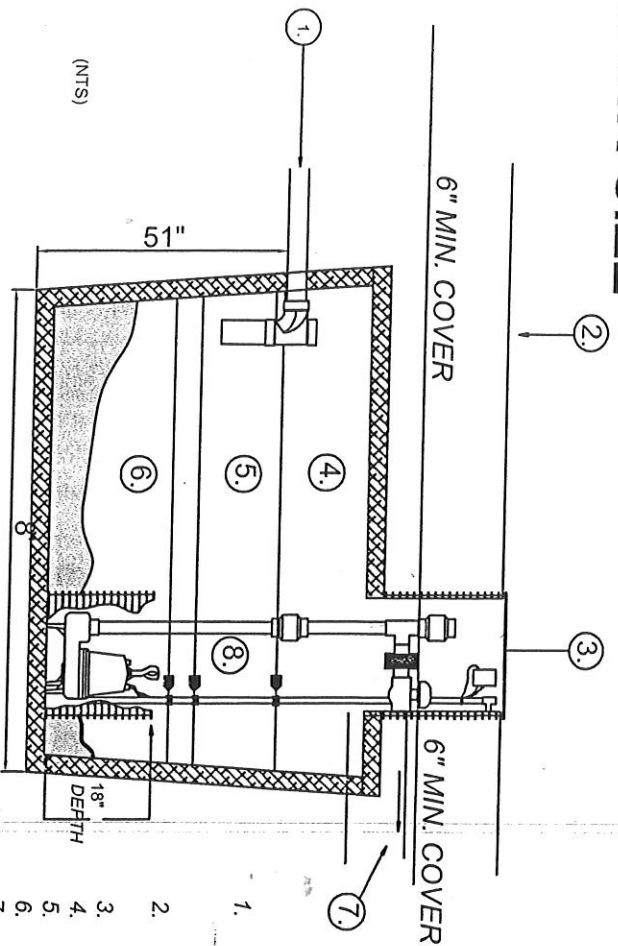
SCALE:

NTS

DATE:

7-11-2018

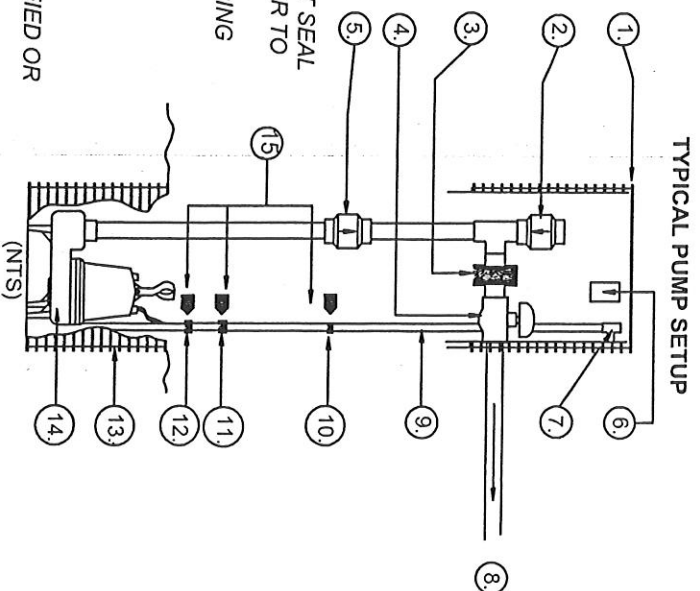
# TYPICAL 1000 GALLON PUMP TANK REVIEW SEPTIC DESIGN FOR TANK SIZE



1. INLET FROM SEPTIC TANK OR ALTERNATIVE UNIT (ATU)
2. FINAL COVER OVER TANK NOT TO EXCEED 36" FROM TOP OF TANK
3. PUMP CHAMBER ACCESS
4. EMERGENCY STORAGE AREA IN TANK
5. NORMAL WORKING VOLUME AND ON/OFF LEVEL
6. SEDIMENT AREA IN PUMP CHAMBER
7. PRESSURE PIPE TO DRAINFIELD OR ALTERNATIVE UNIT
8. ALL FLOATS TO BE SET BY DESIGNER

RECEIVED

KITSAP PUBLIC HEALTH DISTRICT

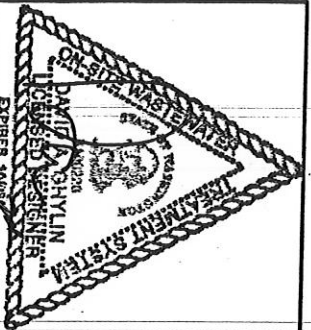


1. SECURE LID WITH GAS TIGHT SEAL
2. 24" DIAMETER ACCESS RISER TO FINISH GRADE
3. ANTI SIPHON VALVE IF PUMPING DOWNHILL.
4. THREADED UNION
5. SERVICE VALVE
6. CHECK VALVE
7. ELECTRIC BOX
8. FLOAT TREE ANCHOR
9. PRESSURE FLOW TO DRAINFIELD OR ALTERNATIVE SYSTEM
10. FLOAT TREE
11. HIGH WATER ALARM
12. ON/OFF FLOAT
13. REDUNDANT OFF FLOAT (optional).
14. ENCLOSED PUMP SEDIMENT SHROUD
15. SUBMERSIBLE CENTRIFUGAL PUMP
16. ALL FLOATS TO BE SET BY DESIGNER

APPLICANTS NAME:

TAX ID #

*Bob Forsburg*  
4423-014-001-0001  
0100



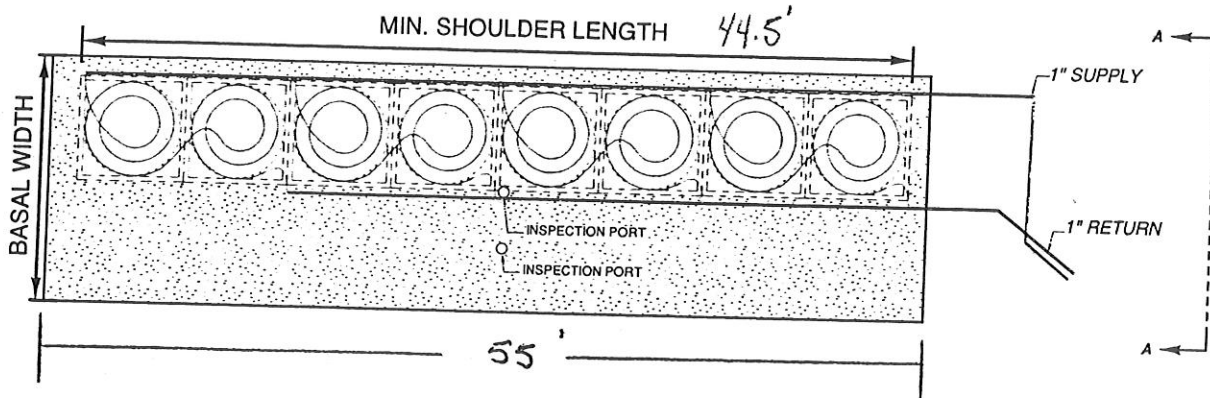
**DAVE'S SEPTIC SERVICES INC.**  
P.O. Box 826  
Seabeck, WA 98380  
(360) 830-9699



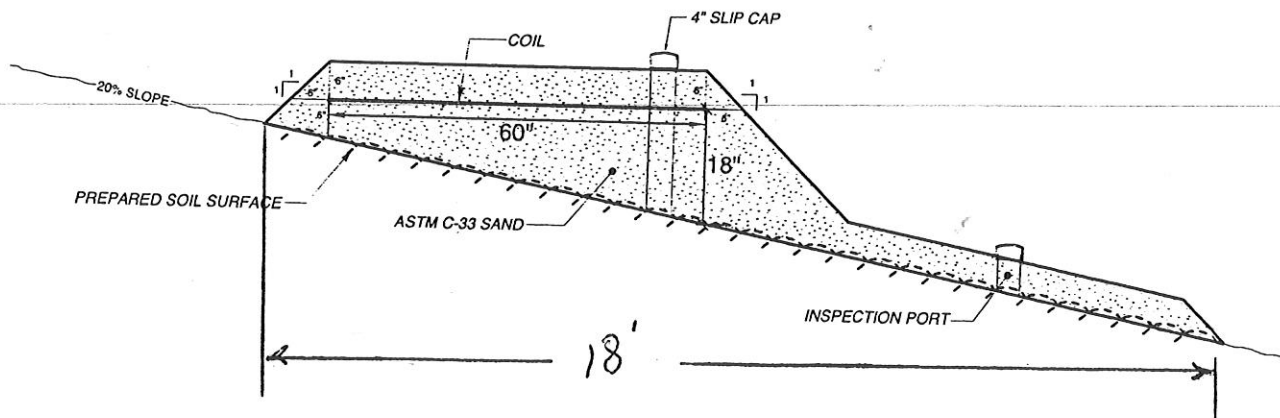
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OS-360-5S

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HEALTH DISTRICT



Plan View  
NTS



Section A  
NTS

Permit Number: 19-05696

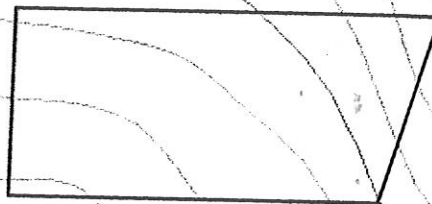


Map Scale: 1 : 10,000

Printed: Tuesday, Aug 28, 2018

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HEALTH DISTRICT**



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

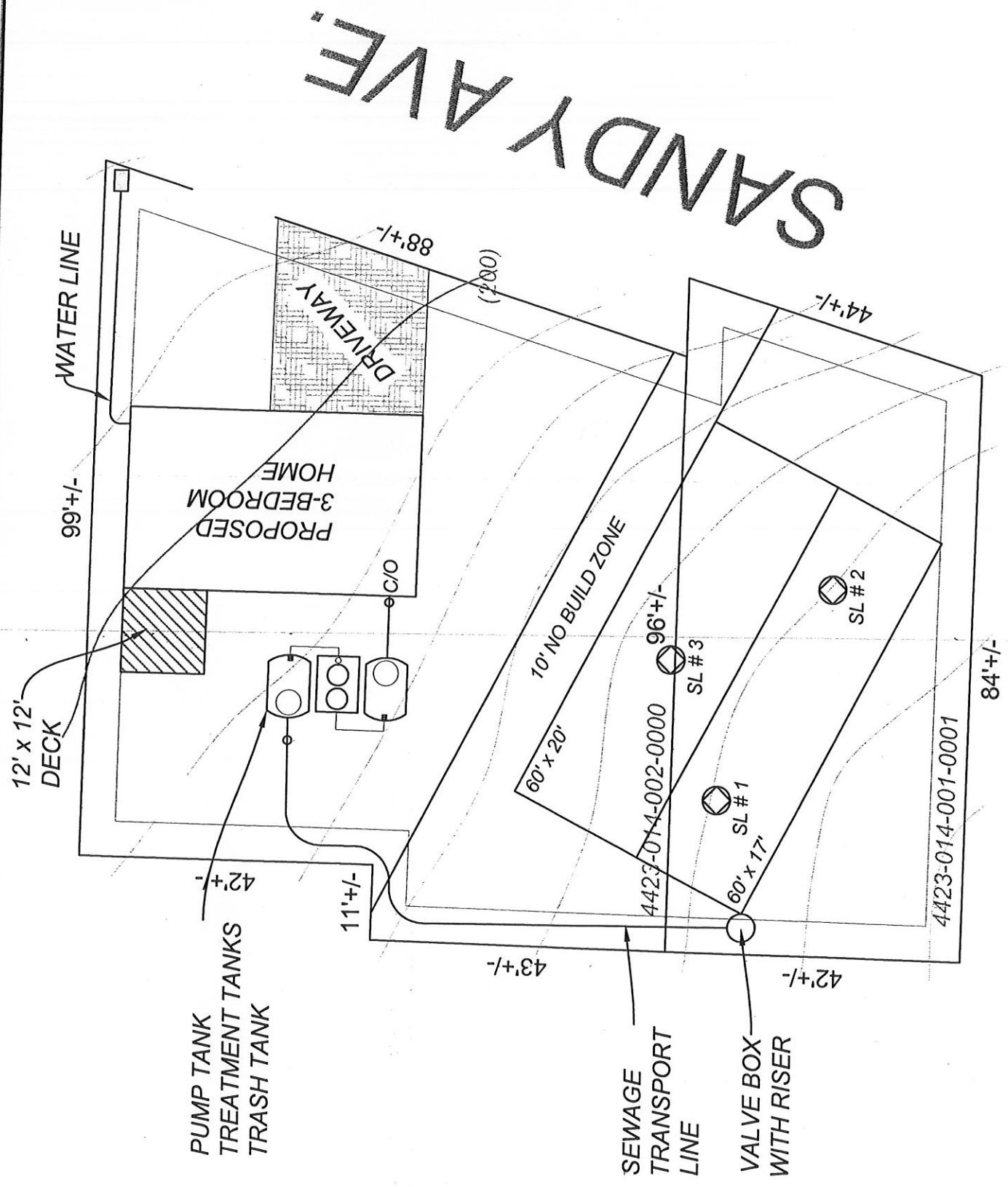
0 20 40ft



Comments







Do not Damage Or Disturb Soils When Clearing Drainfield Area

\* Pump is required  
\* Pump alarm is required

INSTALLER TO ENSURE ALL ON-SITE SEWAGE TANKS/COMPONENTS MUST BE WATERTIGHT TO SURFACE

Tank location may vary but must meet K.P.H.D. regulations

DISCLAIMER  
This map does not represent a survey nor does it purport to show all easements or encroachments, if any.

Additional Drains May Be Required To Divert Surface Or Subsurface Water Problems

INSTALLER MAY USE GRAVEL OR SUBSTITUTE WITH INFILTRATORS FOOT FOR FOOT. SEE ATTACHED NOTES!

STUMP SPLITTING OR STUMP GRINDING IS RECOMMENDED FOR TREES GREATER THAN 12" IN DIAMETER WITHIN DRAINFIELD AREA. PROTECT SOILS WHEN CLEARING	Building envelope area location and size may vary. Do not cross no building zone lines with buildings
NO WELLS WITHIN 100' ♦	
ALL COVER TO BE ≤ 5 MIN/INCH	
DIVERT ALL SURFACE WATER AWAY FROM DRAINFIELD AREA.	
PREPARE SITE & INSTALL DRAINFIELD DURING DRY CONDITIONS	
Normal usage must meet the following criteria or be lower	
Biochemical oxygen demand	130-174 MG/L
TSS:	47-71 MG/L
FOG:	10-20 MG/L
DO:	0-1.0 MG/L
PH:	6.5-7.2
TEMP:	48-70*
*With microscopic life forms present **Higher waste strengths will result in premature failure of the septic system.	

RECEIVED

KITSAP PUBLIC HEALTH DISTRICT

OWNER:  
ROD FORSBERG  
TAX ID: 4423-014-001-00001

DAVE'S SEPTIC SERVICES INC.  
P.O. BOX 826  
SEABECK, WA 98380  
(360) 830-9699

SCALE: 1" = 20'  
DATE: 9-7-2018  
REVISED DATE: 11-9-2018

