

## HEALTH OFFICER DECISION

Application Type: Building Site Application -  
Residential

Memo #: 66757  
Tax ID #: 062302-1-002-2007  
RP ACCT ID: 1077536  
Expiration: 10/16/2022

### Property Information

4457 SE SALMONBERRY RD  
Port Orchard WA 98366

### Contractor of Record

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

### Applicant

Levi Henderson  
4457 SE SALMONBERRY RD  
PORT ORCHARD WA 98366

### Health Officer Decision for Onsite Sewage System

<b>Approved</b> (See Conditions Below)	Name of Inspector: <i>Sam Ader</i>	Date: <i>10/10/2019</i>
The septic/waterline crossing must be sleeved IAW KPHD policy #26		

### Health Officer Decision for Water Supply

<b>Approved</b> (See Conditions Below)	Name of Inspector: <i>Sam Ader</i>	Date: <i>11/25/2019</i>
The upper terminal of the well does not meet minimum construction standards. The well casing does not extend at least 6 inches above surrounding grade. This must be corrected prior to final permit approval. Positive drainage away from the wellhead must be maintained.		

**Final Decision: Approved**



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SEP 16 2019

KITSAP PUBLIC  
HEALTH DISTRICT

345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
360-728-2235

## BUILDING SITE APPLICATION

FOR WATER SUPPLY & ONSITE SEWAGE SYSTEM

Submittal Date	Memo Number	Review Fee	S.S.I.
SEP 16 2019	66757	\$1070	mc

### BUILDING SITE INFORMATION

Building Site Address - Street, City, Zip Code:

4457 SE SALMONBERRY RD, PORT ORCHARD 98366

Assessor Tax Account Number:

062302-1-002-2007

Property Size:

221,285

Lot Number:

### APPLICANT INFORMATION

First & Last Name

LEVI HENDERSON

Phone Number:

(360) 434-5291

E-Mail:

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

4457 SE SALMONBERRY RD, PORT ORCHARD, WA 98366

### 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 proposed work)

NEW DRAIN FIELD FOR PROPOSED ADU. PEEL OFF OLD FILL AND INSTALL IN NATIVE SOILS. LARGE DOGS ON PROPERTY. PLEASE CALL (360)434-5291

### 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.

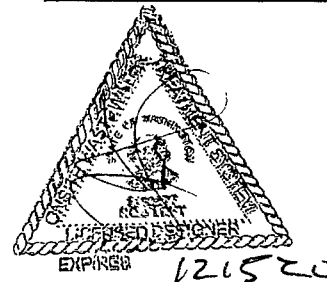
I understand that I have the right to appeal the Health Officer's decision concerning this application pursuant to the regulations, and that approval of this application does not guarantee that a building permit will be issued.

Applicant/Agent Signature

Date

08/07/2019

#### Designer/Engineer Stamp



Designer/Engineer Contact Phone Number:

(360) 698-8488

Designer/Engineer E-Mail Address:

INFO@ACMESEPTIC.COM

Intake Notes - Health District Use Only

# DRINKING WATER & ONSITE SEWAGE SYSTEM SPECIFICATION SHEET

Assessor Tax Account Number:  
062302-1-002-2007

## A. DRINKING WATER SUPPLY INFORMATION

<input type="checkbox"/> Proposed  <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Public	System Name	System ID
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Individual <input checked="" type="checkbox"/> 2-Party	ASSESSOR TAX ACCOUNT NUMBERS FOR PROPERTIES SERVED BY WELL Water Connection 1 (Parcel with Well) 062302-1-002-2007 Water Connection 2 (Parcel connected to Well) 062302-1-002-2007	

## B. SOIL EVALUATION PROFILES

Soil Evaluation Date <b>08/07/2019</b>	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  SOIL TYPE 4  0" - 27" REDDISH BROWN LOAMY SAND  27" - 57" GRAY FINE TO MEDIUM SAND	<b>SOIL LOG #2</b> Downslope Side Measurements  SOIL TYPE 4  0" - 14" OLD FILL  14" - 60" REDDISH BROWN LOAMY SAND	<b>SOIL LOG #3</b> Downslope Side Measurements  SOIL TYPE 4  0" - 36" REDDISH BROWN LOAMY SAND	<b>SOIL LOG #4</b> Downslope Side Measurements  APPROVED FOR SEWAGE AND WATER ONLY

## C. DAILY FLOW - TANKAGE - TREATMENT

DESIGNED MAX SEWAGE FLOW <b>240</b> Gallons Per Day PROPOSED RESIDENTIAL BEDROOMS <b>2</b> Maximum Bedrooms PROPOSED TREATMENT LEVEL <b>TL E</b>	TRASH/SEPTIC/PUMP TANKS Type <input type="checkbox"/> Trash Tank <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Pump Tank <input type="checkbox"/> Other	ADVANCED TREATMENT INFORMATION <input type="checkbox"/> Proprietary Advanced Treatment Manufacturer: Model: <input type="checkbox"/> Non-Proprietary Advanced Treatment Device Type:
Size (gal) <b>1000</b> QTY <b>1</b>		

## D. DISPERSAL COMPONENT CONSTRUCTION

<b>DISPERSAL COMPONENT SIZING</b> Hydraulic Loading Rate of Dispersal Area: <b>0.6</b> Minimum Dispersal Area (Sq. Ft.) In Primary: <b>400</b> Minimum Linear Feet or Dimensions: <b>135'</b> <b>DISTRIBUTION METHOD</b> <input checked="" type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other:		<b>TRENCH CONSTRUCTION PROFILE</b> A. Percent Slope in Primary: <b>5-10</b> % B. Maximum Trench Depth: <b>7</b> inches (Downslope Side Measurements) C. Vertical Separation: <b>36</b> inches D. Trench Width: <b>36</b> inches E. Additional Cover Required: <b>11</b> inches
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Kitsap Public Health District

Permit Number: 19-02196

KITSAP PUBLIC HEALTH DISTRICT





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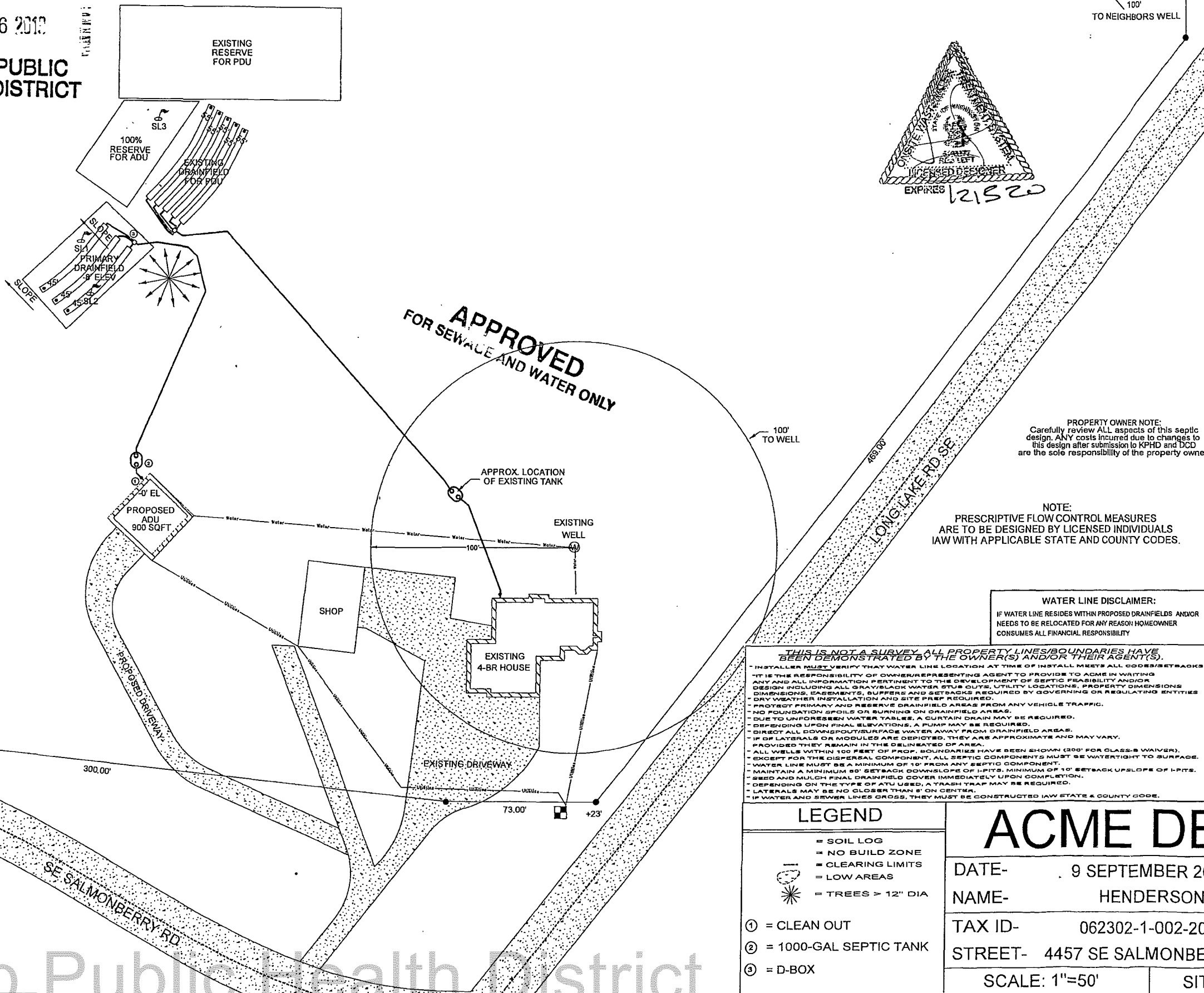


Figure 1. Site Plan Requirements Checklist

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 062302-1-002-2007

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

PROPERTY OWNER NOTE:  
Carefully review ALL aspects of this septic design. ANY costs incurred due to changes to this design after submission to KPHD and DCD are the sole responsibility of the property owner.

NOTE:  
PRESCRIPTIVE FLOW CONTROL MEASURES ARE TO BE DESIGNED BY LICENSED INDIVIDUALS IAW WITH APPLICABLE STATE AND COUNTY CODES.

WATER LINE DISCLAIMER:  
IF WATER LINE RESIDES WITHIN PROPOSED DRAINFIELDS AND/OR NEEDS TO BE RELOCATED FOR ANY REASON HOMEOWNER CONSUMES ALL FINANCIAL RESPONSIBILITY

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 INSTALLATION MEETS ALL CODES/SETBACKS  
- IT IS THE RESPONSIBILITY OF OWNER/REPRESENTING AGENT TO PROVIDE TO ACME 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, 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 UNFORSEEN 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 (300' FOR CLASS B WAIVER).  
- EXCEPT FOR THE DISPERAL 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 1:10. MINIMUM OF 10' SETBACK UPSLOPE OF 1:10.  
- 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 8" ON CENTER.  
- IF WATER AND SEWER LINES CROSS, THEY MUST BE CONSTRUCTED IAW STATE & COUNTY CODE.

LEGEND

- = SOIL LOG
- = NO BUILD ZONE
- = CLEARING LIMITS
- = LOW AREAS
- = TREES > 12" DIA
- ① = CLEAN OUT
- ② = 1000-GAL SEPTIC TANK
- ③ = D-BOX

ACME DESIGN CO.

DATE- 9 SEPTEMBER 2019

NAME- HENDERSON

TAX ID- 062302-1-002-2007

STREET- 4457 SE SALMONBERRY RD

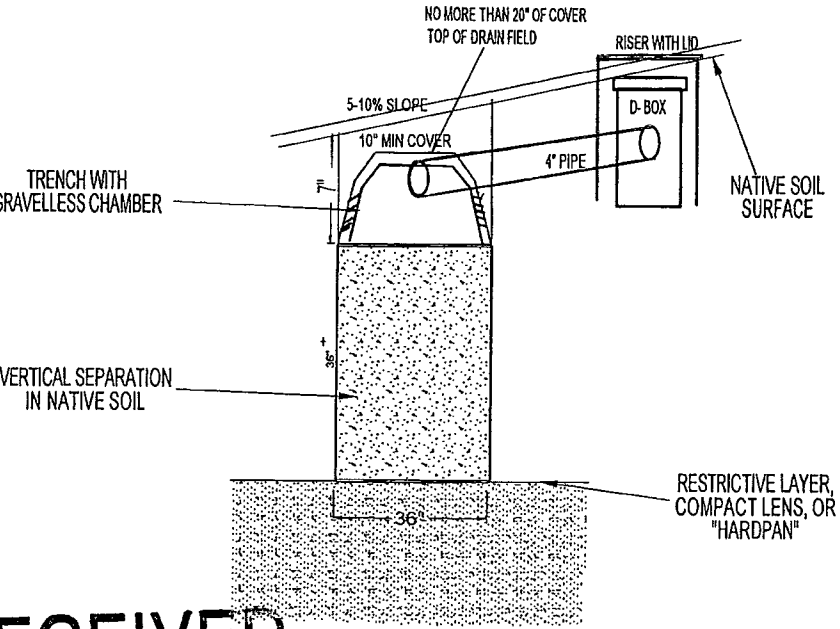
SCALE: 1"=50'

SITE PLAN

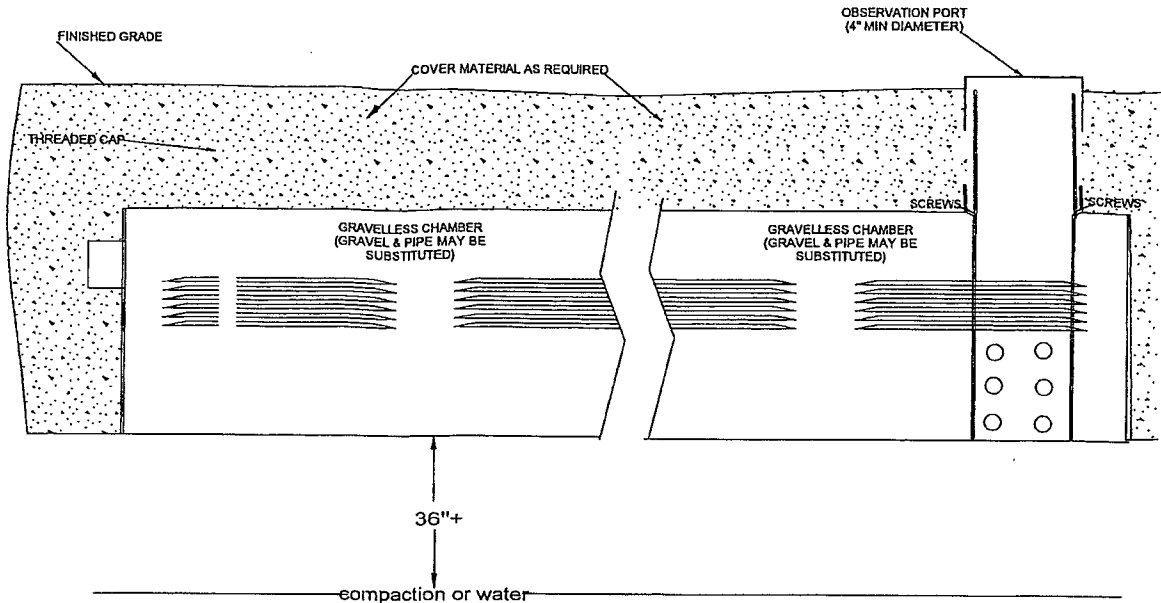
P.O. BOX 2954  
SILVERDALE, WA.  
98383

TEL. 360-698-8488  
INFO@ACMESEPTIC.COM

GRAVITY DISTRIBUTION TRENCH CROSS SECTION



I RECOMMEND GRAVEL AND PIPE TRENCHES  
CLEANOUT AND MONITORING PORT DETAIL

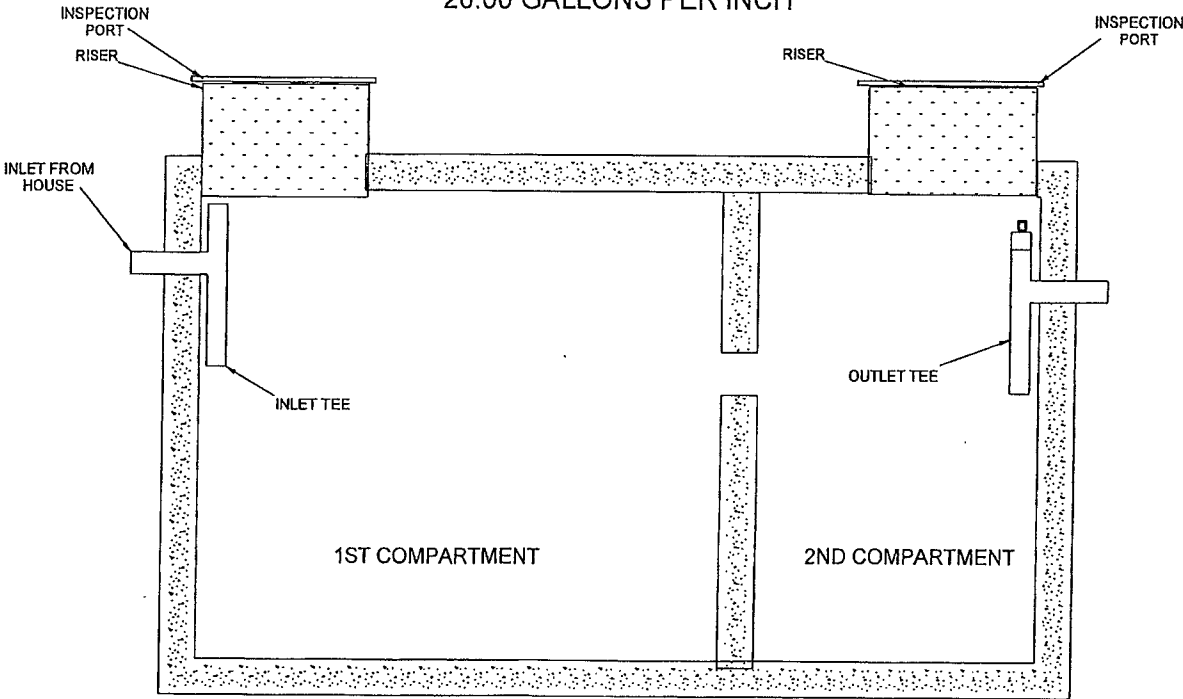


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1,000-GALLON CONCRETE SEPTIC TANK CROSS-SECTION  
20.00 GALLONS PER INCH



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

CONSTRUCTION NOTES

GENERAL 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 TAKE ALL PRECAUTIONARY STEPS NECESSARY TO LOCATE AND PROTECT ALL EXISTING UTILITIES AND SUBSTRUCTURES, WHETHER 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. RECOMMENDS THAT PROPERTY LINES BE LOCATED OR SURVEYED PRIOR TO SYSTEM INSTALLATION. ALL 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/CRITICAL LOT INSPECTION AND LETTER OF APPROVAL ARE REQUIRED FOR LOTS SMALLER THAN 12,500 SQ FT IN SIZE, OR ANY LOTS WHERE RESTRICTIVE SITE CONDITIONS DICTATE. THE SMALL/CRITICAL 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 5 BUSINESS DAYS IN ADVANCE OF ANY REQUIRED INSPECTIONS OF THE SYSTEM, SOME EXCEPTIONS MAY APPLY. PLEASE CONTACT ACME DESIGN CO. AT 360.698.8488 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 SYSTEM INSTALLATION BY CALLING THE UNDERGROUND UTILITY LOCATE LINE - 811. VISIT [HTTP://WWW.CALL811.COM](http://www.call811.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. APPROVAL SHALL NOT RELIEVE THE INSTALLER OF THE RESPONSIBILITY TO CORRECT ANY DEFICIENCIES AND/OR FAILURES AS DETERMINED BY SUBSEQUENT TESTING AND INSPECTIONS. IT SHALL BE THE INSTALLER'S RESPONSIBILITY TO NOTIFY ACME DESIGN CO. AND THE HEALTH DEPARTMENT FOR ALL REQUIRED INSPECTIONS.
14. IF THE INSTALLER ENCOUNTERS ANY DISCREPANCIES BETWEEN THE DESIGN, CALCULATIONS, SPECIFICATIONS, AND/OR EXISTING CONDITIONS ENCOUNTERED, THE INSTALLER SHALL IMMEDIATELY NOTIFY ACME DESIGN CO. AT 360.698.8488.
15. PRESCRIPTIVE FLOW CONTROL MEASURES (IF REQ'D) ARE TO BE DESIGNED BY LICENSED INDIVIDUALS IAW WITH APPLICABLE STATE AND COUNTY CODES. THE DEPICTION OF I-PITS ON THIS SEPTIC DESIGN IS FOR ILLUSTRATIVE PURPOSES ONLY, AND SHALL NOT BE CONSTRUED AS A FINAL SOLUTION FOR STORMWATER MANAGEMENT FOR THIS PARCEL.

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 AREA.
6. ALL DOWNSPOUTS/SURFACE WATER MUST BE DIRECTED AWAY FROM DRAINFIELDS.
7. DUE TO UNFORSEEN 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.
16. PROPERTY OWNER IS RESPONSIBLE FOR SOIL LOGS TO BE FILLED UPON COMPLETION
17. INSTALLER MAY FIND TREE REMOVAL NECESSARY

ACME DESIGN

DATE- 9 SEPTEMBER 2019

NAME- HENDERSON

TAX ID- 062302-1-002-2007

STREET- 4457 SE SALMONBERRY RD

P.O. BOX 2954  
SILVERDALE, WA.  
98383

TEL. 360-698-8488  
ROD@ACMESEPTIC.COM



**File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy**

# WATER WELL REPORT

## STATE OF WASHINGTON

Application No. ...

Permit No. . . . . MAXIMUM DURATION OF LIFE

(1) OWNER: Name Kenneth Bauer Address Long Lake Rd SE  
(2) LOCATION OF WELL: County Kitsap - SE 1/4 NE 1/4 Sec. 6 T. 23 N., R. 2 E. W. M.

**Bearing and distance from section or subdivision corner**

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐  
Irrigation ☐ Test Well ☐ Other ☐

**(4) TYPE OF WORK:** Owner's number of well  
(if more than one).....

New well	<input checked="" type="checkbox"/>	Method: Dug	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>	Cable	<input checked="" type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>	Rotary	<input type="checkbox"/>	Jetted	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.  
 Drilled 10 ft. Depth of completed well 10 ft.

**(6) CONSTRUCTION DETAILS:**

Casing installed: 6" Diam. from 0 ft. to 103 ft.  
Threaded ☐ " Diam. from " ft. to " ft.  
Welded ☒ " Diam. from " ft. to " ft.

Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: yes ☒ No ☐ 5/

Manufacturer's Name. JOHNSON  
Type SS Model No. \_\_\_\_\_  
Diam. 6 Slot size 1.5 from 10.3 ft. to 10.8 ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft

Material used in seal. \_\_\_\_\_  
 Did any strata contain unusable water? Yes ☐ No ☐  
 Type of water? \_\_\_\_\_ Depth of strata. \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name.....  
Type:..... HF

(8) **WATER LEVELS:** Land-surface elevation above mean sea level. . . . .  
 Static level 51 ft. below top of well Date. 3/1/84  
 Artesian pressure      lbs. per square inch Date.       
 Artesian water is controlled by      (Cap. valve, etc.)

**(9) WELL TESTS:** Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? .....

Yield: gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

[illegible]

Date of test .....  
 Boiler test 6 gal./min. with 35 ft. drawdown after 4 hrs  
 Artesian flow .....  
 Temperature of water ..... g.p.m. Date .....  
 Was a chemical analysis made? Yes ☐ No ☒

**(10) WELL LOG:**

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Brown top	0	5
Brown sandy clay	5	28
Blue clay	28	45
Blue sand (seeps)	45	46
Blue clay	46	51
Sand & Gravel w/B	51	53
Blue clay	53	91
Blue sand	91	92
Blue sandy clay	92	98
Sand & Gravel w/B	98	108

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Work started Feb 21, 1984. Completed March 1, 1984

**WELL DRILLER'S STATEMENT:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Stoican Olsen Drilling  
(Person, firm, or corporation) (Type or print)  
Address 1598 SE Oregon St Portland Ore 97202

[Signed] Karrey P. Ober  
(Well Driller)

License No. 1216 Date March 2, 1984

(USE ADDITIONAL SHEETS IF NECESSARY)

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NOV 22 2019

KITSAP PUBLIC  
HEALTH DISTRICT

## NICHOLSON DRILLING INC.

### PUMP TEST

NAME:

Levi Henderson

SITE:

4457 SE Salmonberry RD  
Shrd W/ ADU  
Port Orchard, WA

DATE

October 30, 2019

TIME

WELL DEPTH

Feet

WELL DIAMETER

inches

PUMP MAKE

PUMP MODEL

TANK MAKE

TANK MODEL

Time 11:00AM	Depth To Water	Draw Down	Rate gpm
Static	57.1	0.0	
1	64.8	7.7	
2	70.7	13.6	
3	76.3	19.2	
4	81.4	24.3	
5	85.4	28.3	
6	89.3	32.2	
7	92.9	35.8	
8	96.2	39.1	
9	x		
10	x		
11	x		
12	x		
13	x		
14	93.2	36.1	
15	93.2	36.1	5.0
20	92.5	35.4	
25	92.0	34.9	
30	91.4	34.3	
35	91.0	33.9	

Time	Depth to Water	Draw Down	Rate gpm
40	91.0	148.1	
45	90.7	33.6	
50	90.5	33.4	
60	90.3	33.2	5.0
70	90.1	33.0	
80	89.9	32.8	
90	89.9	32.8	
100	90.0	32.9	
120	90.0	32.9	
150	89.8	32.7	5.0
180	89.8	32.7	
210		0.0	
240		0.0	
270		0.0	
300		0.0	
360		0.0	
420		0.0	
480		0.0	
540		0.0	
600		0.0	

Time	Depth to Water	Draw Down	Rate gpm
660		0.0	
720		0.0	
780		0.0	
840		0.0	
900		0.0	
960		0.0	
1020		0.0	
1080		0.0	
1140		0.0	
1200		0.0	
1260		0.0	
1320		0.0	
1380		0.0	
1440		0.0	
1500		0.0	
1560		0.0	
1620		0.0	
1680		0.0	
1740		0.0	
1800		0.0	

### RECOVERY

Time	Depth to Water	Draw Down
1	84.5	27.4
2	80.1	23.0
3	78.2	21.1
4	75.8	18.7
5	73.7	16.6
6	71.6	14.5
7	69.5	12.4
8	67.3	10.2
9	65.3	8.2
10	63.1	6.0

Time	Depth to Water	Draw Down
11	61.2	4.1
12	59.0	1.9
13	58.6	1.5
14	58.2	1.1
15	57.8	0.7
20	57.1	0.0
25		0.0
30		0.0
35		0.0
40		0.0

Time	Depth to Water	Draw Down
45		0.0
50		0.0
60		0.0
70		0.0
80		0.0
90		0.0
100		0.0
120		0.0
150		0.0
180		0.0

SIGNED BY:

  
Alan Myette - Pump Supervisor





**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected <b>10 / 30 / 19</b> Month Day Year		Time Sample Collected <b>11:00 AM</b> AM PM	County <b>Kitsap</b>
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other			
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <b>Levi Henderson</b> System Name: <b>4457 SE Salmonberry RD, Port Orchard</b>			
Contact Person: <b>Nicholson Drilling</b>			
Day Phone: <b>(360)876-4421</b>		Cell Phone:	
Email:		Eve. Phone:	
Send results to: (Print full name, address and zip code or e-mail) <b>Brittany.nicholsondrilling@gmail</b> <b>Andrew.nicholsondrilling@gmail.com</b> <b>Nicdrilling@gmail.com</b>			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name):			
Specific location where sample collected:		Special instructions or comments:	
Type of Sample (check only one box)			
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>	
3. Source Ground Water Rule Sample <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment			
4. Enumeration Source Water Sample <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal- Surface, GWL Springs: Filtered Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>			
5. <input checked="" type="checkbox"/> Sample Collected for Information Only: <b>BSA</b>			
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent			
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/>			
Bacterial Density Results: Total Coliform _____ /100ml. E. coli _____ /100ml. Fecal Coliform _____ /100ml. HPC _____ /1 ml.			
Lab ID Number <b>110669-01</b>		Date and Time Received <b>OCT 31 2019</b> <b>0954</b>	
Method Code: <b>SM 9223 B</b>		Date and Time Incubated <b>OCT 31 2019</b>	
Date Analyzed: <b>NOV 01 2019</b>		Date Reported: <b>NOV 01 2019</b>	
DOH Lab-Sample# <b>225. 66901</b>		Lab Use Only:	

DOH Form #331-319 (effective 04/15) - If you need this publication in an alternative format, call 800 525 0127 (TDD/TTY call 711). This and other publications are available at [www.doh.wa.gov/publications](http://www.doh.wa.gov/publications).

RECEIVED

KITSAP PUBLIC  
HEALTH DISTRICT

**Notice of Pending Building Site Application with a Private 2-Party Water Supply**

10/10/2019

Levi Henderson  
4457 SE SALMONBERRY RD  
PORT ORCHARD, WA 98366

Tax ID: 062302-1-002-2007  
Site Address: 4457 SE  
Memo #: SALMONBERRY RD  
66757

Water Source Type: Private  
Water System Name: N/A

Dear Applicant,

This checklist expires on 10 / 16 / 2022.

Your Building Site Application has been reviewed and a determination made that the soil conditions and well site location meet current requirements of Local Board of Health Ordinances 2008A-1 and 2018-01. Please note:

- Licensed Well Drillers may be found on the Washington State Department of Ecology website.
- Construction start of any private or public water well, inspection of well sealing activities, and any well decommissioning requires at least 24-hour prior notice to the Health District. To provide the 24-hour notification, your well driller must call the Health District's well driller hotline at (360) 728-2221, with start date, approximate start time/time of seal installation, Ecology NOI number, driller name/license number, and Health District application memo number.

The following items must be submitted to the Health District for review of the existing 2-party well prior to Building Site Application approval:

- ☒ Results for a bacteriological sample that has been analyzed **within one year** prior to the date of application. All water samples must be collected by a licensed well driller, pump contractor, registered sanitarian, professional engineer, or Kitsap County water system designer and analyzed by a State-certified laboratory.
- ☒ Completion of the private two-party water system design form by a well driller, pump contractor, registered sanitarian, professional engineer, or Kitsap County water system designer. Do not install pump components, storage, booster pump, or water lines prior to application approval. *→ adding storage*
- ☒ \*Please note: Pump test from 3/1/17 noted 7 GPM.
- ☒ The upper terminal of the well does not meet minimum construction standards. The well casing does not extend at least 6 inches above surrounding grade. This must be corrected prior to final permit approval. Positive drainage away from the wellhead must be maintained.

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) 728-2315 or [sam.ader@kitsappublichealth.org](mailto:sam.ader@kitsappublichealth.org).

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Ader".

Sam Ader, RS  
Environmental Health Specialist  
Drinking Water and Onsite Sewage Program

cc: ACME Septic Design & Maintenance

# 4457 SE SALMONBERRY RD Port Orchard

## CHRONOLOGICAL CONTROL SHEET Building Site Application - Residential

Applicant: Levi Henderson

Tax ID: 062302-1-002-2007

Memo: 66757

BP: N/A

DCD-LU: N/A

Contractor: ACME Septic Design & Maintenance

RECEIVED ON	INITIALS	ACTION TAKEN/COMMENTS	ROUTE TO	DATE
09/16/2019	MC	Received online. Records attached.	SA	09/16/2019
10/8/19	SA	<p>✱ Adding ADU to Property (Existing Well)</p> <p>Proposed Gravity &amp; Conversion to 2-Party Well</p> <p>Lot = <math>221,285 \text{ ft}^2</math> <math>\div</math> <math>240/0.6/3 = 135 \text{ ft}</math></p> <p>Trach = 7", Vert = 26", Head = 43"</p>		
		Well: Pump Test ✱ 96PM → Need Storage,		
		IOC,		
		✱ Need 2-Party Design (w/ Storage), updated		
		Bac-T (Minute OK, from 3/1/17)		
		- Sols as described		
		- wellhead ~ 4" above grade, fill		
10/10/19	SA	OSS: Approved		
		DW: Pending Drill Checklist	BR	10/10/19
10.10.19	BR	Checklist mailed	BR	10.10.19
		Well info received, Approved, ready to process	BR	11/25/19

11.25.19 PM (P) → SCAN