

## HEALTH OFFICER DECISION

Application Type: Building Site Application -  
Residential

Memo #: 46064  
Tax ID #: 312402-4-002-1001  
RP ACCT ID: 2338366  
Expiration: 01/11/2023

### Property Information

23583 W LUDVICK LAKE DR  
Seabeck WA 98380

### Contractor of Record

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

### Applicant

Drew Wheeler & Alyssa Fink  
1469 NE Paulson Rd  
POULSBO WA 98370

### Waivers

Waiver Type	Memo #	Notes
Waiver Class B	46065	

### Health Officer Decision for Onsite Sewage System

<b>Approved</b> (See Conditions Below)	Name of Inspector: RICHARD BAZZELL	Date: 02/18/2020

### Health Officer Decision for Water Supply

<b>Approved</b> (See Conditions Below)	Name of Inspector: RICHARD BAZZELL	Date: 04/01/2020
Final Permit (Installation) approval will not be granted until a Sanitary Survey of the Group B Water System has been completed.		

**Final Decision: Approved**



# RECEIVED

DEC 12 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.
DEC 12 2019	046064	\$010	ng

### BUILDING SITE INFORMATION

Building Site Address – Street, City, Zip Code:

WEST LUDVICK LAKE DRIVE, SEABECK, WA 98380

Assessor Tax Account Number:

312402-4-002-1001

Property Size:

860,746

Lot Number:

### APPLICANT INFORMATION

First & Last Name

DREW WHEELER & ALYSSA FINK

Phone Number:

E-Mail:

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

1469 NE PAULSON ROAD, POULSBO, WA 98370

### 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)

**APPROVED**  
**FOR SEWAGE AND WATER ONLY**

### 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.

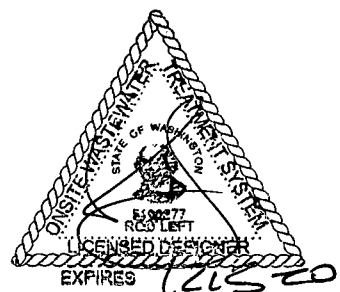
I understand that I have the right to appeal the Health Officer's decision concerning this application pursuant to the regulations, and that approval of this application does not guarantee that a building permit will be issued.

Applicant/Agent Signature

Date

11/07/2019

#### 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:  
312402-4-002-1001

## A. DRINKING WATER SUPPLY INFORMATION

<input checked="" type="checkbox"/> Proposed  <input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Public	System Name <b>JEANNE HANSON</b>	System ID <b>AA556M</b>
	<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 <b>11/05/2019</b>	SOIL LOG NUMBERS MUST CORRELATE WITH SITE PLAN – INDICATE TOTAL EXCAVATED DEPTH, SOIL TYPES, WATER TABLE LEVEL & DEPTH OF RESTRICTIVE LAYER		
SOIL LOG #1 <i>Downslope Side Measurements</i>	SOIL LOG #2 <i>Downslope Side Measurements</i>	SOIL LOG #3 <i>Downslope Side Measurements</i>	SOIL LOG #4 <i>Downslope Side Measurements</i>
SOIL TYPE 4  0"- 38" REDDISH BROWN LOAMY SAND WITH LOTS OF GRAVELS AND PEBBLES	SOIL TYPE 4  0"- 32" REDDISH BROWN LOAMY SAND WITH LOTS OF GRAVELS AND PEBBLES	SOIL TYPE 4  0"- 28" REDDISH BROWN LOAMY SAND WITH LOTS OF GRAVELS AND PEBBLES	<div style="border: 1px solid black; padding: 10px; transform: rotate(-5deg);"> <b>RECEIVED</b>   <b>DEC 12 2019</b>   <b>KITSAP PUBLIC HEALTH DISTRICT</b> </div>

## C. DAILY FLOW – TANKAGE – TREATMENT

DESIGNED MAX SEWAGE FLOW	TRASH/SEPTIC/PUMP TANKS	ADVANCED TREATMENT INFORMATION															
<b>360</b> Gallons Per Day	<table border="1"> <tr> <th>Type</th> <th>Size (gal)</th> <th>QTY</th> </tr> <tr> <td><input type="checkbox"/> Trash Tank</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Septic Tank</td> <td>1000</td> <td>1</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 type="checkbox"/> Trash Tank			<input checked="" type="checkbox"/> Septic Tank	1000	1	<input checked="" type="checkbox"/> Pump Tank	1000	1	<input type="checkbox"/> Other			<input type="checkbox"/> Proprietary Advanced Treatment Manufacturer:  Model:  <input type="checkbox"/> Non-Proprietary Advanced Treatment Device Type:
Type	Size (gal)	QTY															
<input type="checkbox"/> Trash Tank																	
<input checked="" type="checkbox"/> Septic Tank	1000	1															
<input checked="" type="checkbox"/> Pump Tank	1000	1															
<input type="checkbox"/> Other																	
PROPOSED RESIDENTIAL BEDROOMS  <b>3</b> Maximum Bedrooms		<div style="border: 1px solid black; padding: 10px; transform: rotate(-5deg);"> <b>APPROVED</b>  <b>FOR SEWAGE AND WATER ONLY</b> </div>															
PROPOSED TREATMENT LEVEL  <b>TL E</b>																	

## D. DISPERSAL COMPONENT CONSTRUCTION

DISPERSAL COMPONENT SIZING		TRENCH CONSTRUCTION PROFILE
Hydraulic Loading Rate of Dispersal Area: <b>0.6</b>  Minimum Dispersal Area (Sq. Ft.) In Primary: <b>600</b>  Minimum Linear Feet or Dimensions: <b>200</b>		A. Percent Slope in Primary: <b>3-6</b> %  B. Maximum Trench Depth: <b>12</b> inches (Downslope Side Measurements)  C. Vertical Separation: <b>18</b> inches  D. Trench Width: <b>36</b> inches  E. Additional Cover Required: <b>6</b> inches
DISTRIBUTION METHOD <input type="checkbox"/> Gravity Distribution <input checked="" type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other:		



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

Memo #:	046065
Date Applied:	DEC 12 2019
Fee paid:	\$145
Clerks initials:	g

### 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: Drew Wheeler & Alyssa Fink  
(2) Site Address: West Ludvick Lake Drive Seabeck  
(3) Tax Parcel No.: 312402-4-002-1001  
(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.

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#### 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: No wells / surface H<sub>2</sub>O w/in 200' lat. MM required. Thined dosing required.  
(10) Type of Waiver: ☐ Class A ☒ Class B ☐ Class C ☐ Local

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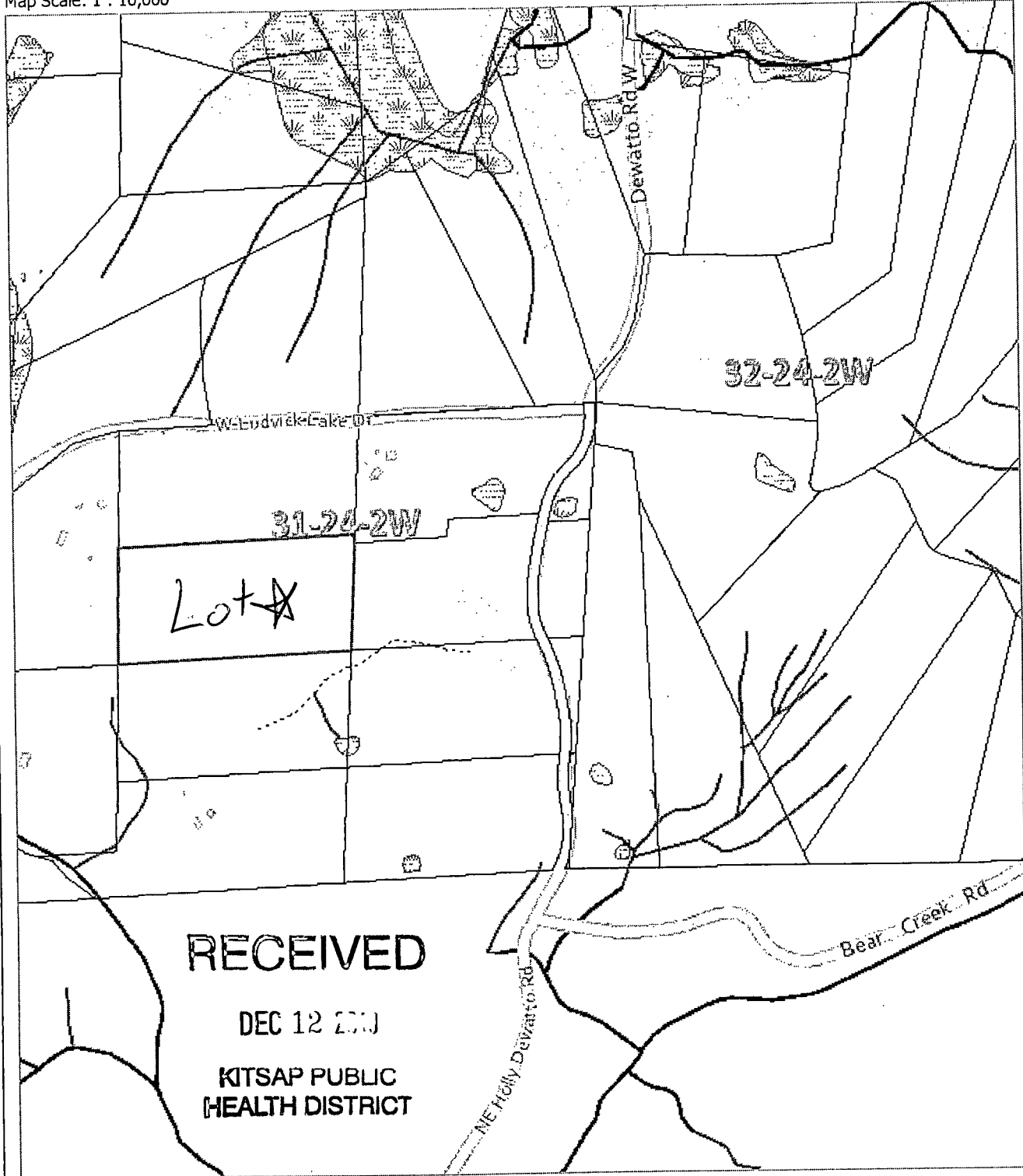
#### Section III. (Completed by Kitsap Public Health Officer)

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: 2/18/20  
KPHD Health Officer Name: [Signature]

Map Scale: 1 : 10,000



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

0 500 1000ft



Comments



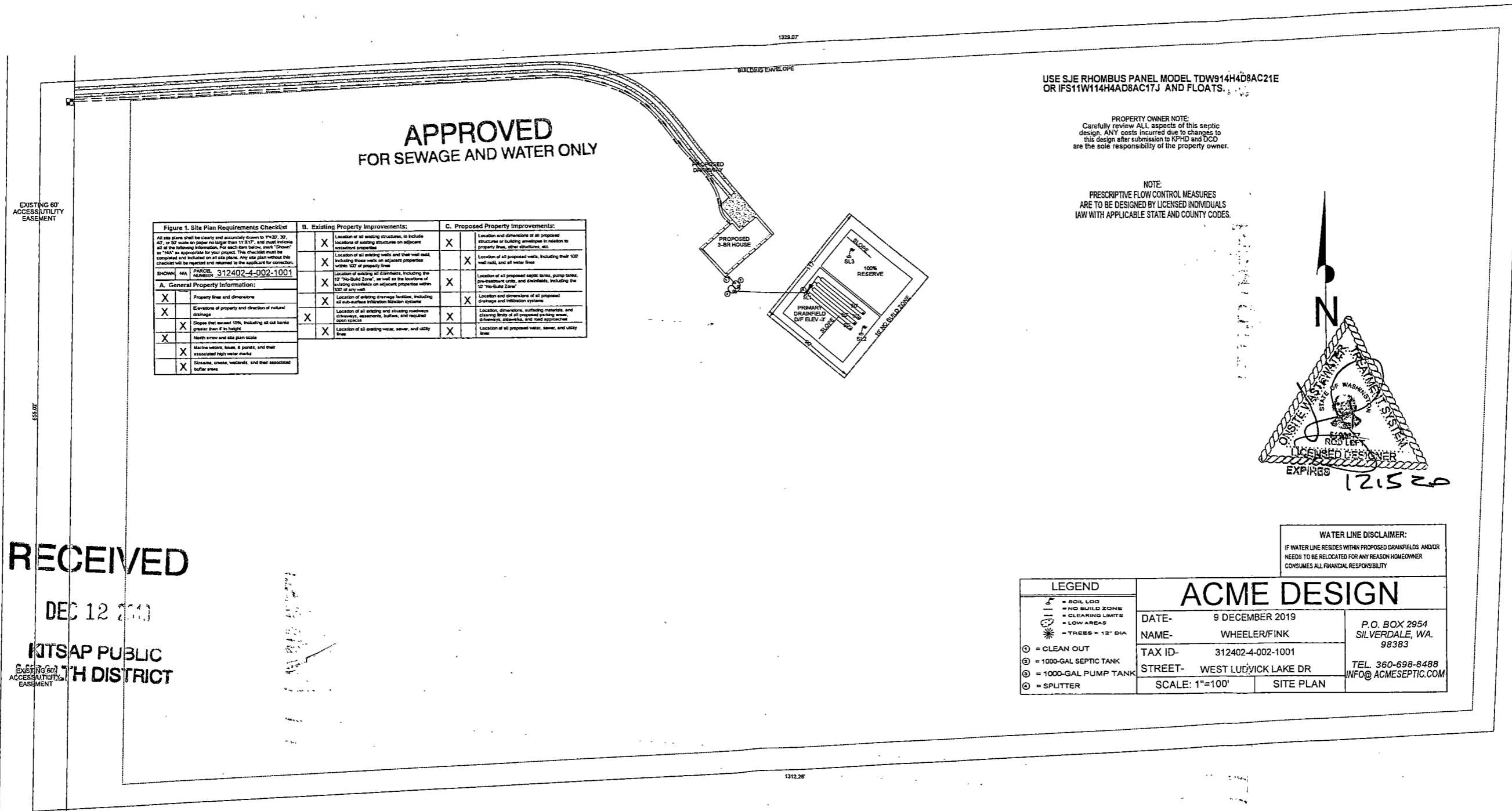
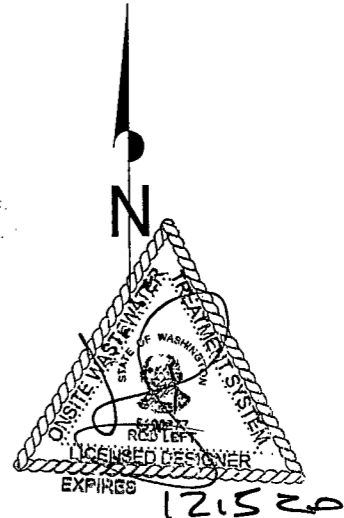


Figure 1. Site Plan Requirements Checklist		B. Existing Property Improvements:	C. Proposed Property Improvements:
All site plans shall be clearly and accurately drawn to 1/4"=30', 30', 42', or 50' scale on paper no larger than 11x17", and must include all of the following information. For each item below, mark "Shown" or "Not" as appropriate for your project. The checklist must be completed and included on all site plans. Any site plan without the checklist will be rejected and returned to the applicant for correction.			
SHOWN	NA	PANEL NUMBER 312402-4-002-1001	
A. General Property Information:			
X		Property lines and dimensions	
X		Divisions of property and direction of natural drainage	
X		Slopes that exceed 15%, including all cut banks greater than 4 ft in height	
X		North arrow and site plan scale	
X		Machine vectors, labels, & points, and their associated high water marks	
X		Streams, creeks, wetlands, and their associated buffer areas	
		Location of all existing structures, to include locations of existing structures on adjacent lots and structures	
		Location of all existing wells and their well rods, including those made on adjacent properties within 100' of property lines	
		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	
		Location of existing drainage facilities, including all sub-surface infiltration filtration systems	
		Location of all existing and existing roadways, driveways, easements, buffers, and required open spaces	
		Location of all existing water, sewer, and utility lines	
		Location and dimensions of all proposed structures or building envelopes in relation to property lines, other structures, and	
		Location of all proposed wells, including their 100' well rods, and all water lines	
		Location of all proposed septic tanks, pump tanks, pre-treatment units, and drainfields, including the 10' "No-Build Zone"	
		Location and dimensions of all proposed drainage and infiltration systems	
		Location, dimensions, surfacing materials, and clearing limits of all proposed parking areas, driveways, easements, and road approaches	
		Location of all proposed water, sewer, and utility lines	

USE SJE RHOMBUS PANEL MODEL TDW814H4D8AC21E OR IFS11W114H4AD8AC17J AND FLOATS.

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 DCO 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

LEGEND		ACME DESIGN	
1" = 30'	SOIL LOG	DATE-	9 DECEMBER 2019
---	NO BUILD ZONE	NAME-	WHEELER/FINK
---	CLEARING LIMITS	TAX ID-	312402-4-002-1001
---	LOW AREAS	STREET-	WEST LUDVICK LAKE DR
12" DIA	TREES	SCALE: 1"=100'	SITE PLAN
1	CLEAN OUT	P.O. BOX 2954 SILVERDALE, WA. 98383 TEL. 360-698-8488 INFO@ACMESEPTIC.COM	
2	1000-GAL SEPTIC TANK		
3	1000-GAL PUMP TANK		
4	SPLITTER		

EXISTING 60'  
ACCESS/UTILITY  
EASEMENT



**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 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, 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 DF LATERALS OR MODULES ARE DEPICTED, THEY ARE APPROXIMATE AND MAY VARY.
- \* PROVIDED THEY REMAIN IN THE DELINEATED DF 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 I-PITS. MINIMUM OF 10' SETBACK UPSLOPE OF I-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.

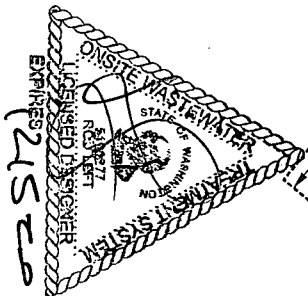
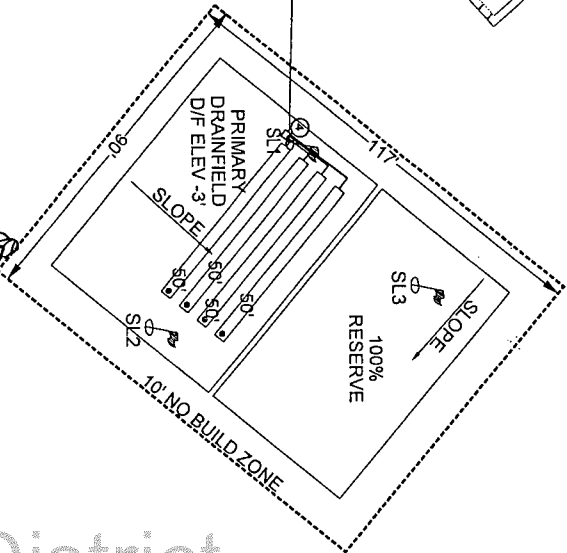
BUILDING ENVELOPE

APPROVED  
FOR SEWAGE AND WATER ONLY

PROPOSED  
DRAINFIELD

PROPOSED  
3-BR HOUSE

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KITSAP PUBLIC  
HEALTH DISTRICT



LEGEND

- ⌘ = SOIL LOG
- = NO BUILD ZONE
- = CLEARING LIMITS
- = LOW AREAS
- ☼ = TREES > 12" DIA
- ① = CLEAN OUT
- ② = 1000-GAL SEPTIC TANK
- ③ = 1000-GAL PUMP TANK
- ④ = SPLITTER

ACME DESIGN

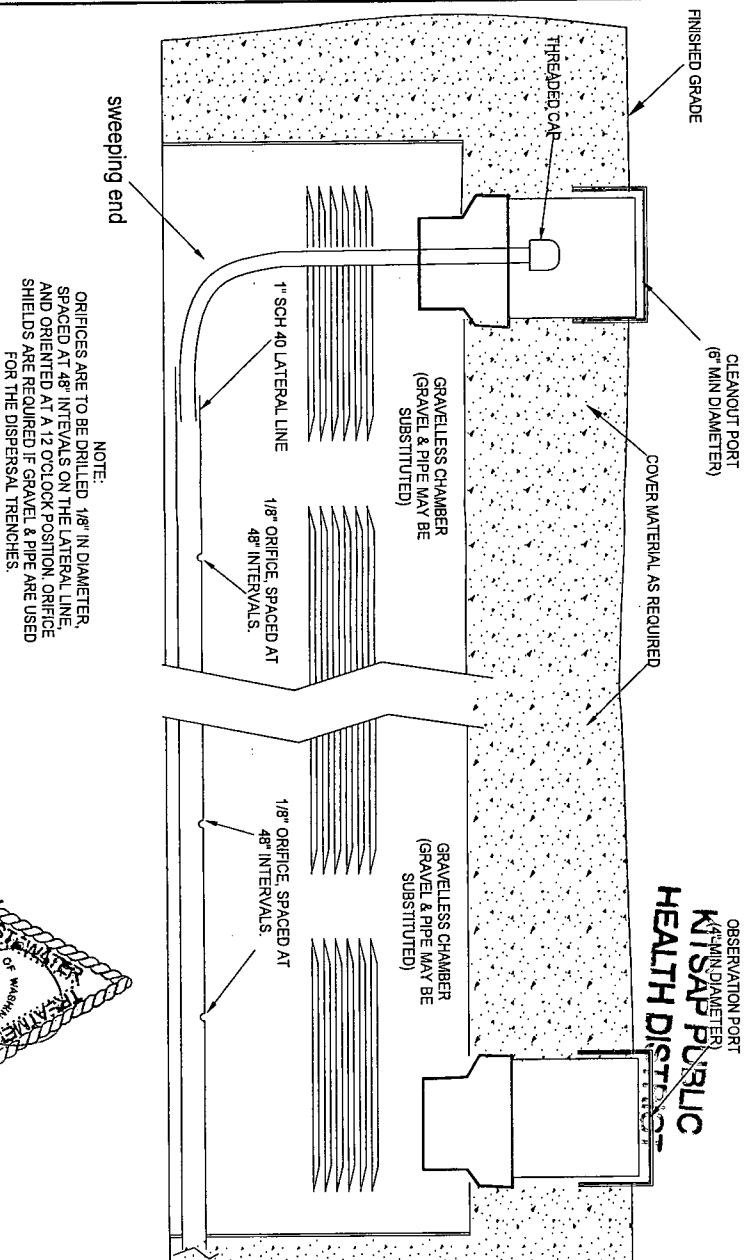
DATE-	9 DECEMBER 2019	P.O. BOX 2954 SILVERDALE, WA. 98383
NAME-	WHEELER/FINK	
TAX ID-	312402-4-002-1001	
STREET-	WEST LUDVICK LAKE DR	TEL. 360-698-8488 INFO@ACMESEPTIC.COM
SCALE:	1"=50'	INSET

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DEC 12 2019

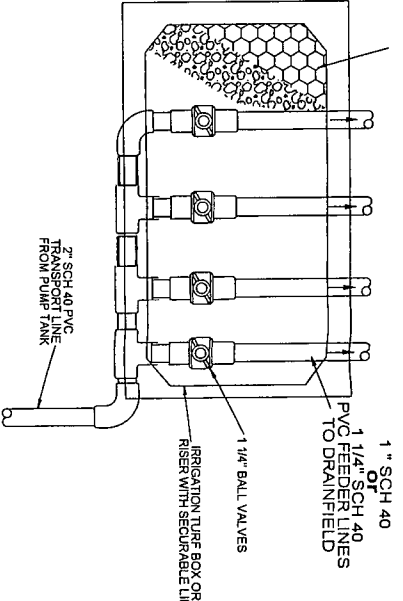
OBSERVATION PORT  
KITSAP PUBLIC  
HEALTH DISTRICT

CLEANOUT AND MONITORING PORT DETAIL



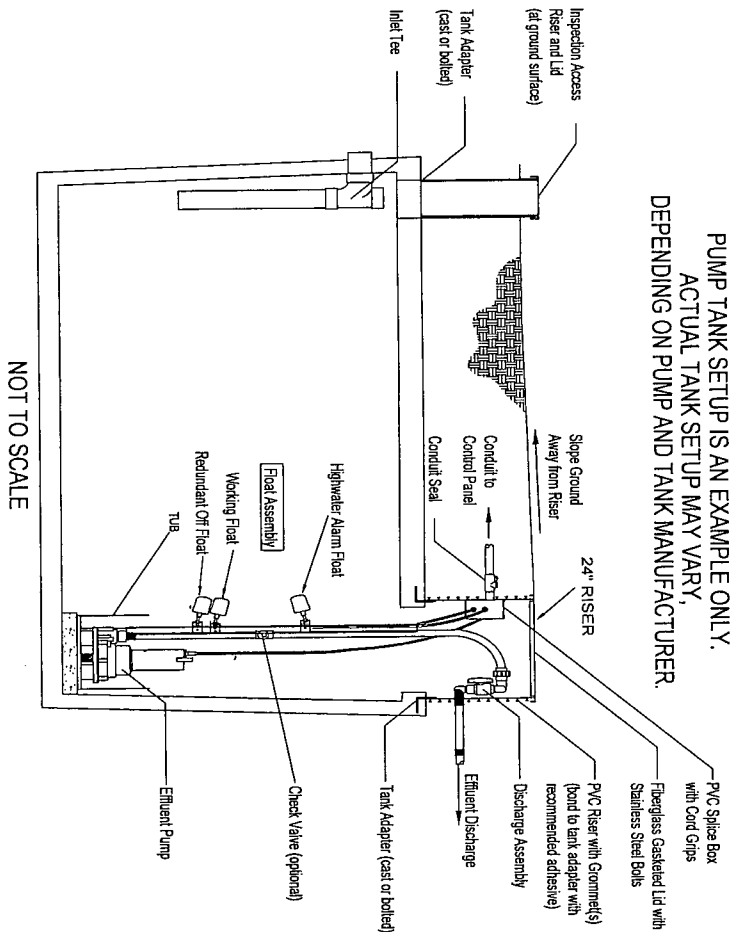
NOTE:  
ORIFICES ARE TO BE DRILLED 1/8" IN DIAMETER,  
SPACED AT 48" INTERVALS ON THE LATERAL LINE,  
AND ORIENTED AT A 12 O'CLOCK POSITION. ORIFICE  
SHIELDS ARE REQUIRED IF GRAVEL & PIPE ARE USED  
FOR THE DISPERSAL TRENCHES.

PRESSURE MANIFOLD DETAIL



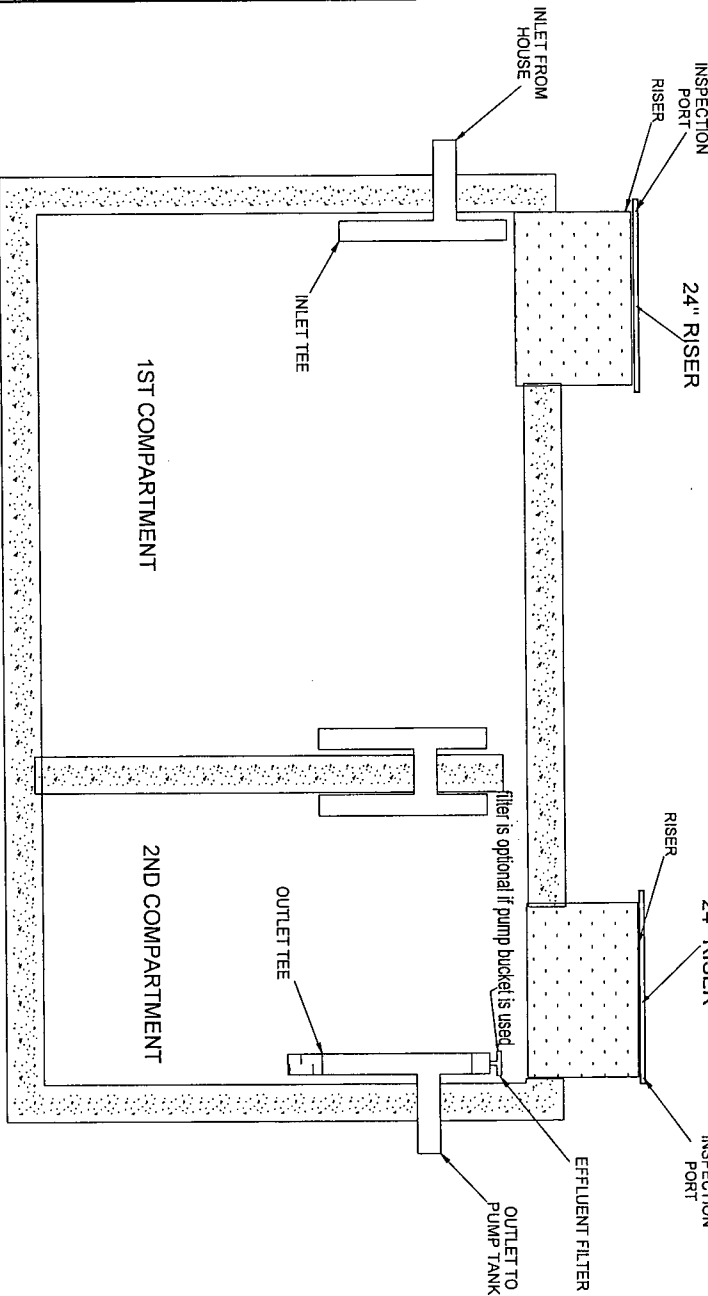
1,000-GALLON CONCRETE PUMP CHAMBER CROSS SECTION

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



NOT TO SCALE

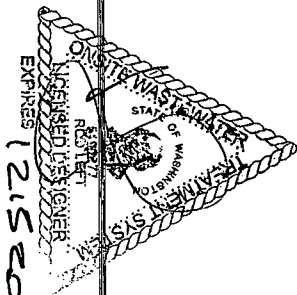
1,000-GALLON CONCRETE SEPTIC TANK CROSS-SECTION  
20,00 GALLONS PER INCH



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

CONSTRUCTION NOTES

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 EXISTENCE OR LOCATION OF ANY 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 GUARANTEE THE LOCATION OR DEPTH OF ANY 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.
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 S.F. 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. 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.
14. 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.
15. 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.
16. PRESCRIPTIVE FLOW CONTROL MEASURES (IF REQ'D) ARE TO BE DESIGNED BY LICENSED INDIVIDUALS IN ACCORDANCE WITH APPLICABLE STATE AND COUNTY CODES. THE DEPICTION OF LIFTS 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 UNFOUNSEEN 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 6" ON CENTER.

ACME DESIGN

DATE- 9 DECEMBER 2019

NAME- WHEELER/FINK

TAX ID- 312402-4-002-1001

STREET- WEST LUDVICK LAKE DR

P.O. BOX 2954  
SILVERDALE, WA  
98383

TEL. 360.698-8488  
INFO@ACMESEPTIC.COM

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

WHEELER/FINK / 312402-4-002-1001

## Parameters

Discharge Assembly Size	200	inches
Transport Length	63	feet
Transport Pipe Class	40	
Transport Line Size	200	inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	49	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.00	inches
Number of Laterals per Cell	4	
Lateral Length	50	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	52	
Total Flow Rate per Zone	227	gpm
Number of Laterals per Zone	4	
% Flow Differential 1st/Last Orifice	3.1	%
Transport Velocity	22	fps

## Frictional Head Losses

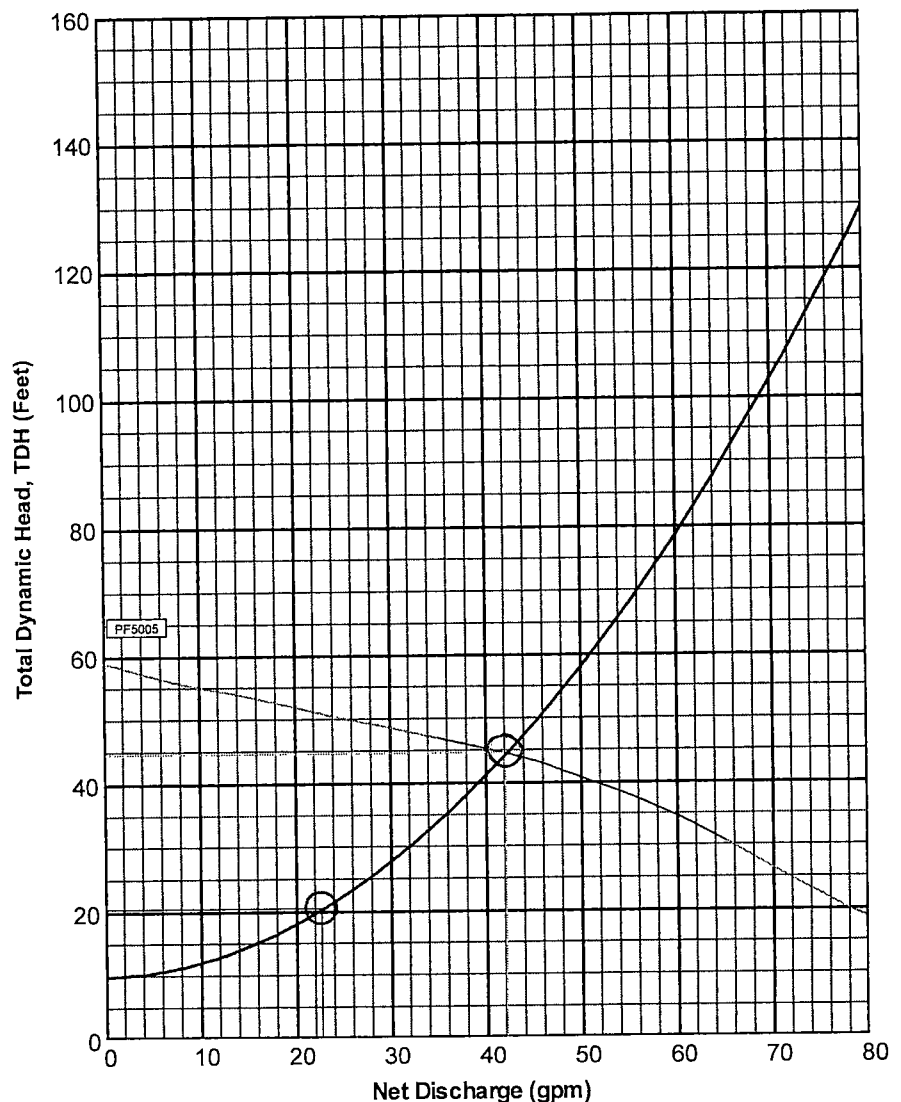
Loss through Discharge	1.0	feet
Loss in Transport	0.6	feet
Loss through Valve	0.0	feet
Loss in Manifold	3.4	feet
Loss in Laterals	0.4	feet
Loss through Flowmeter	0.0	feet
'Add-on' Friction Losses	0.0	feet

## Pipe Volumes

Vol of Transport Line	10.9	gals
Vol of Manifold	22	gals
Vol of Laterals per Zone	8.9	gals
Total Volume	222	gals

## Minimum Pump Requirements

Design Flow Rate	227	gpm
Total Dynamic Head	204	feet



## PumpData

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

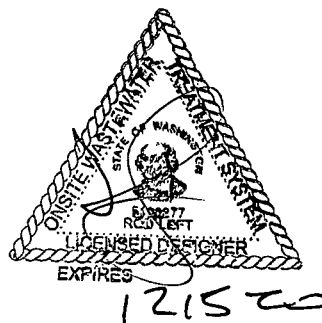
## Legend

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

RECEIVED

DEC 12 2019

KITSAP PUBLIC  
HEALTH DISTRICT



Kitsap Public Health District

Permit Number: 20-01497

## BINDING WATER AVAILABILITY LETTER

***This form must be completed by the water purveyor, operations manager, water commissioner, or their designee.***

For each commitment for a water hook-up, please complete the section below. Verbal approval over the phone and completion by any other person other than the authorized personnel for the water supply will not be accepted.

The Public Water System Hanson, Jeannie

State ID No. AA556M, is capable of supplying, and will supply water to

(property owner) Matt Broderick for 1 connection(s) located

at: 312402-4-002-1001  
(Assessors account number or property address)

- ☒ This connection is to be used for Single Family Residence (project description)
- ☐ This connection is for commercial or industrial purposes, see attached for specific project description/conditions of this letter.

The above Public Water Supply is approved by the Washington State Department of Health or the Kitsap County Health District for 6 connections/ERUs and currently serves 4 connections/ERUs.

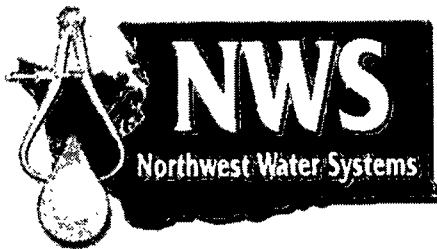
This Availability Letter is valid for 3 years (3 year minimum for Building Site Applications).

Purveyor's Name (please print): Katthe Hoag C/O NW Water Systems

Signature: Katthe Hoag Title: \_\_\_\_\_

Mailing Address: PO Box 123 Phone: 360-876-0958 X 106

Date: 10-29-18 Port Orchard, WA 98366



Planning • Management • Engineering

P.O. Box 123 • Port Orchard, WA 98366 • office 360-876-0958 • fax 360-876-4196

[www.nwwatersystems.com](http://www.nwwatersystems.com)

## Request for a Determination of Water Adequacy (Water Availability Letter)

A \$78.49 (6.2018) fee for researching availability, updating the WFI, and issuing the Determination of Water Adequacy is due for each request prior to beginning work on issuing the Determination of Water Adequacy. This fee includes up to one hour of effort. Failure to provide adequate information as requested below may result in additional research time and additional charges at the current NWS "other services" rate.

Name of Water System: Jeannie Hansen Water System

Contact Person: Matthew Broderick Signed: [Signature] Date: 10/29/18

Phone(s): 360-895-0898 e-mail: matt.broderick@gmail.com

Address: 3096 Harvey Rd SE Port Orchard, WA 98366

Parcel # Requesting Service: 312402-4-002-1001 Parcel Owner: Matt Broderick

Address, lot number, legal descr. (if available): \_\_\_\_\_

Documentation of Authorization to issue the connection (must attach)

- ☐ Written approval of the water system owner or governing body
- ☐ Copy of a water connection purchase and sale agreement
- ☐ If the water system has no governing body, signed statements from a majority of current owners
- ☐ Copy of document recorded to title providing the system with a right to water

(note: a Notice to title that a water system is approved for or is intended to serve a particular property does not necessarily mean that said property has a right to that water system)

How would you like the Determination of Water Adequacy Sent to You?

US Mail (to address: 3096 Harvey St SE Port Orchard, WA 98366)

e-mail (to: \_\_\_\_\_)

fax (to: \_\_\_\_\_)

\$78.49 fee is enclosed: ☒ Check Payable to: Northwest Water Systems ☐ Cash ☐

Northwest Water Systems will process your request within one week of receiving this form with the associated fee, unless prevented from doing so based on circumstances outside of their control. Rush service (typically 1-2 business days) can be provided at the current NWS "other services" hourly rate, not less than \$120.

Office Use Only

Date Received: 10.29.18 Payment Received: 78.49 Received By: [Signature]

Kitsap Public Health District

Permit Number: 20-01497

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

02/18/2020

Drew Wheeler & Alyssa Fink  
1469 NE Paulson Rd  
POULSBO, WA 98370Tax ID: 312402-4-002-1001  
Site Address: 23583 LUDVICK LAKE  
Memo #: 46064  
Water Source Type: Public  
Water System Name: Hanson, Jeannie

Dear Applicant,

This checklist expires on 01 / 11 / 2023.

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. Health District Drinking Water Supply Regulations requires that all Group B water systems complete a sanitary survey every 5-10 years. Review of Health District files indicate the last Sanitary Survey for the Hanson, Jeannie Water System was completed in 2003. Applications for sanitary surveys can be found at [https://kitsappublichealth.org/environment/water\\_forms.php](https://kitsappublichealth.org/environment/water_forms.php), and submitted in person, or by mail.

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

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**Notice of Pending Building Site Application**

01/09/2020

Drew Wheeler & Alyssa Fink  
1469 NE Paulson Rd  
POULSBORO, WA 98370

Tax ID: 312402-4-002-1001  
Site Address: 23583 W LUDVICK LAKE  
Memo #: 46064  
Water Source Type: Public  
Water System Name: Jeannie Hanson

Dear Applicant,

The Health District has conducted a preliminary review of your Building Site Application with respect to Kitsap County Board of Health Ordinance No. 2008A-01, Rules and Regulations Governing Onsite Sewage Systems, and has determined that the following information is needed to continue our review:

1. No access to property due to site constraints (gate). Please contact the Health District to schedule a site visit, or provide a gate code for access to the site.

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

# 23583 W LUDVICK LAKE DR Seabeck

## CHRONOLOGICAL CONTROL SHEET Building Site Application - Residential (Pg 1)

Applicant: Drew Wheeler & Alyssa Fink

Tax ID: 312402-4-002-1001

Memo: 46064

BP: N/A

DCD-LU: N/A

Contractor: ACME Septic Design & Maintenance

RECEIVED ON	INITIALS	ACTION TAKEN/COMMENTS	ROUTE TO	DATE
12/12/2019	NG	Received OTC, expired BSA in LF.	PP	12/12/2019
		Holly → Dumb to RD W → Ludwick		
1/8/20	RB	Site visit, no gate code, call to R. left - no answer		
		9886		
1/13/20	RB	Inclement weather.		
1/22/20	RB	Heavy rain last 72 hrs, lot flooded, call to applicant w/ update		
2/6/20	RB	Heavy rain in last 24 hrs - no inspection		
2/12/20	RB	Site visit, soil eval OK, contours OK		
2/14/20	RB	Review: lot size OK, public H <sub>2</sub> O - Group B - needs S Survey, truck OK & spread/trench call OK, PP - Chris Bumer, site plan - OK, Spec sheet - OK, OSS - needs owner approval DW - no wells when WOT, needs Sanitary Survey.		
2/18/20	RB	Under approval, pending letter sent for Sanitary Survey - OK to proceed	BR	2/18/20
2-19-2020	DLB	Pending letter mailed.	Pending	2-19-2020
4/1/20	RB	OK per MR to move forward w/ S Survey, will condition @ permit (install) phase.		

4/2/2020 ng → SDEN  
approved - OK to proceed