

## HEALTH OFFICER DECISION

Application Type: Building Site Application - New

Memo #: 111624  
Tax ID #: 122601-4-033-2004  
RP ACCT ID: 2406650  
Expiration: 08/10/2022

### Property Information

LINCOLN RD NE  
Poulsbo WA 98370

### Contractor of Record

Contractor Name: INDIGO DESIGN & MAINTENANCE  
SPECIALISTS  
Contractor Phone #: (360) 779-5233

### Applicant

PO BOX 573  
POULSBO WA 98370

### Waivers

Waiver Type	Memo #	Notes
Waiver Class L	45494	Lot size waiver.

### Health Officer Decision for Onsite Sewage System

<b>Approved</b> (See Conditions Below)	Name of Inspector: KIMBERLY JONES	Date: 07/26/2019

### Health Officer Decision for Water Supply

<b>Approved</b> (See Conditions Below)	Name of Inspector: KIMBERLY JONES	Date: 07/26/2019

**Final Decision: Approved**

## BUILDING SITE APPLICATION

FOR WATER SUPPLY & ONSITE SEWAGE SYSTEM

Submittal Date	Memo Number	Review Fee	S.S.I.
JUL 10 2019	111624	\$1070	BA

### BUILDING SITE INFORMATION

Building Site Address – Street, City, Zip Code:

OFF LINCOLN RD NE, POULSBO WA 98370

Assessor Tax Account Number:

122601-4-033-2004

Property Size:

36,155

Lot Number:

### APPLICANT INFORMATION

First & Last Name

JASON & ASHLEY HEDSTROM

Phone Number:

E-Mail:

JASONANDASHLEYHEDSTROM@GMAIL.COM

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

PO BOX 573 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

  
Jason Hedstrom (Jul 8, 2019)

Date

07/08/2019

#### Designer/Engineer Stamp



Designer/Engineer Contact Phone Number:

(360) 779-5233

Designer/Engineer E-Mail Address:

BRANDON@INDIGODESIGNINC.COM

Intake Notes – Health District Use Only

# RECEIVED

## DRINKING WATER & ONSITE SEWAGE SYSTEM SPECIFICATION SHEET

Assessor Tax Account Number:  
122601-4-033-2004

### A. DRINKING WATER SUPPLY INFORMATION

<input checked="" type="checkbox"/> Proposed  <input 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) 122601-4-003-2000 Water Connection 2 (Parcel connected to Well) 122601-4-033-2004	

### B. SOIL EVALUATION PROFILES

Soil Evaluation Date 06/13/2019	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	Downslope Side Measurements	Downslope Side Measurements	Downslope Side Measurements	
SOIL TYPE: 4	SOIL TYPE: 4	SOIL TYPE: 4	SOIL TYPE: 4	
0-4" DARK BROWN LOAM	0-4" DARK BROWN LOAM	0-4" DARK BROWN LOAM	0-4" DARK BROWN LOAM	
4"-28" BROWN LOAMY FINE SAND	4"-28" BROWN LOAMY FINE SAND	4"-22" BROWN LOAMY FINE SAND	4"-28" BROWN LOAMY FINE SAND	
			28-30" MOTTLED	

### C. DAILY FLOW – TANKAGE – TREATMENT

DESIGNED MAX SEWAGE FLOW	TRASH/SEPTIC/PUMP TANKS			ADVANCED TREATMENT INFORMATION	
360 Gallons Per Day	Type	Size (gal)	QTY	<input checked="" type="checkbox"/> Proprietary Advanced Treatment	<b>APPROVED</b> FOR SEWAGE AND WATER ONLY
PROPOSED RESIDENTIAL BEDROOMS	<input checked="" type="checkbox"/> Trash Tank	1,000	1	Manufacturer: NUWATER	
3 Maximum Bedrooms	<input type="checkbox"/> Septic Tank			Model: BNR500	
PROPOSED TREATMENT LEVEL	<input checked="" type="checkbox"/> Pump Tank	1,000	1	<input type="checkbox"/> Non-Proprietary Advanced Treatment	
TL B	<input type="checkbox"/> Other			Device Type:	

### 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: 200	A. Slope in Primary 0-5 % E. Additional Cover Required 14 inches D. Trench Width 36 B. Maximum Trench depth 10 inches C. Vertical Separation 12 inches Restrictive Layer OR Highest Seasonal Water Table	
DISTRIBUTION METHOD <input type="checkbox"/> Gravity Distribution <input checked="" type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other:	A. Percent Slope in Primary: 0-5 % B. Maximum Trench Depth: 10 inches C. Vertical Separation: 12 inches D. Trench Width: 36 inches E. Additional Cover Required: 14 inches	



KITSAP PUBLIC  
HEALTH DISTRICT

Environmental Health  
345 6th Street, Suite 300  
Bremerton, WA 98337  
360-728-2235

Memo #: 045494  
Date Applied: JUL 23 2019  
Fee paid: \$145  
Clerks initials: vg

**DRINKING WATER / ONSITE SEWAGE WAIVER REQUEST FORM**

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

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

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

- (1) Name: JASON & ASHLEY HEDSTROM  
(2) Site Address: OFF LINCOLN RD POULSBO  
(3) Tax Parcel No.: 122601-4-033-2004  
(4) Regulatory Requirement: 1 ACRE MIN. LOT SIZE REQUIRED FOR A SIGLE FAMILY RESIDENCE WITH TYPE 4 SOILS AND PRIVATE WATER .  
(5) Waiver Requested: REDUCTION TO .83 ACRES  
(6) Waiver Justification and Mitigation: NO OTHER WAIVERS REQUESTED. LOT IS EXISTING.

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JUL 23 2019

KITSAP PUBLIC  
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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: Existing lot of record. No other waivers required.  
(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 KCB OH 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:

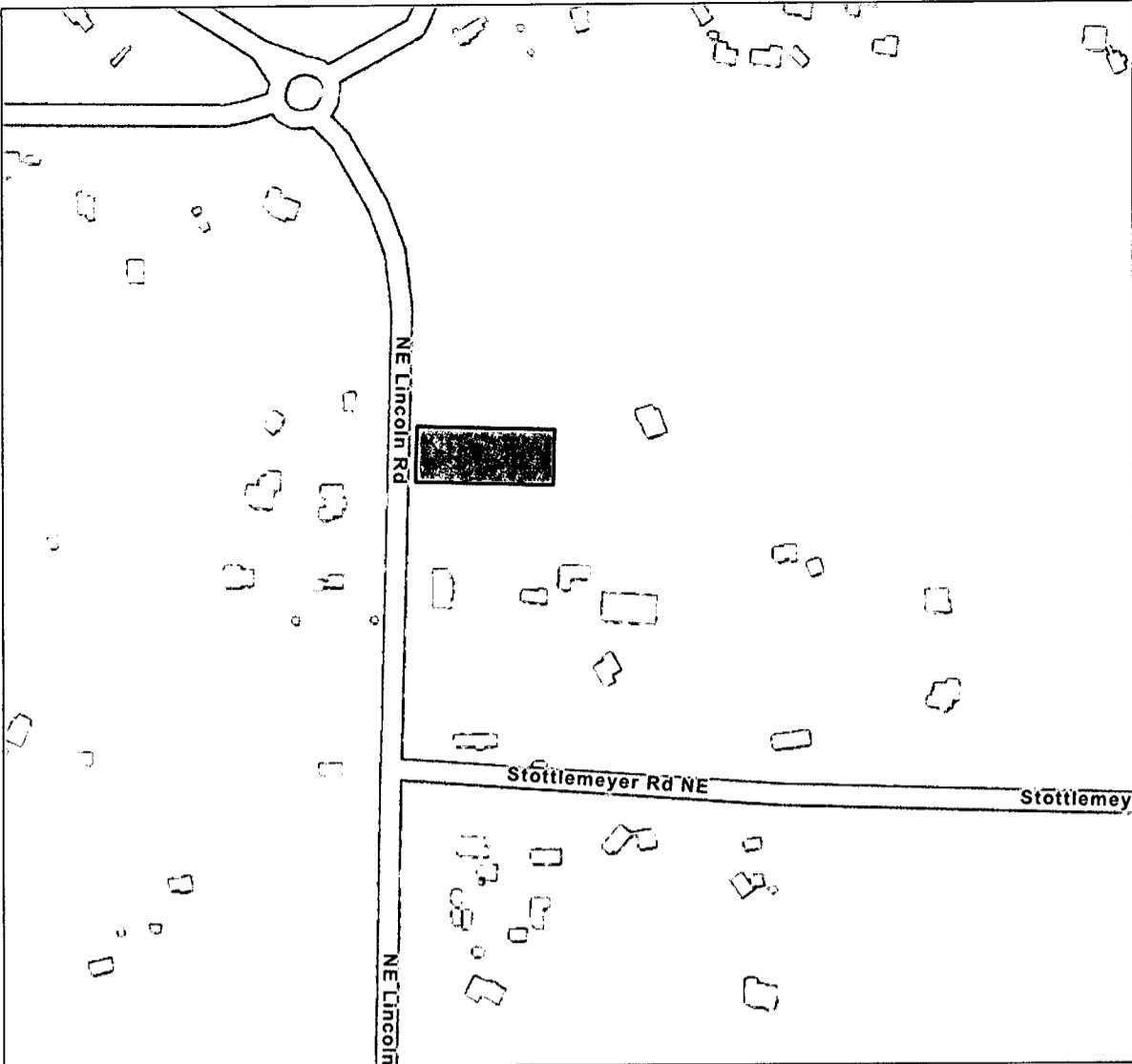
Date: 7/24/19

KPHD Health Officer Name:

Permit Number: 20-01074

GENERAL NOTES

- CONSTRUCTION NOTES, DISCLAIMERS, AND HOMEOWNER INSTRUCTIONS. THESE NOTES, DISCLAIMERS AND INSTRUCTIONS ARE BINDING UPON THE SEPTIC DESIGN AND THE CLIENT (HEREAFTER REFERRED TO AS "CLIENT") OF THE PROPERTY ON WHICH THE SEPTIC DESIGN IS DONE. NO SUBSTITUTIONS CAN BE MADE WITHOUT THE DESIGNER'S APPROVAL.
1. AVOID INSTALLING ANY LATERAL THROUGH OLD GROWTH STUMPS OR OTHER LARGE TREES. IF TREES ARE MARKED ON THE SITE PLAN, DO NOT USE THEM AS BENCHMARKS. INSTALLER IS RESPONSIBLE TO AVOID INSTALLING DRAINFIELD LATERALS THROUGH LARGE TREES OR LARGE STUMPS. STUMPS MAY BE CUT OR GROUND DOWN BELOW FINAL GRADE FOR AESTHETIC CONSIDERATIONS. SECOND GROWTH STUMPS THAT ARE PARTIALLY DECAYED OR ROTTEN, HAVING BEEN LEFT IN THE GROUND FOR A NUMBER OF YEARS, MAY BE REMOVED AT THE INSTALLER'S DISCRETION. CALL THE DESIGNER IF THERE IS A CONCERN ABOUT DAMAGING THE DRAIN FIELD AREA.
  2. ALL POTABLE WATER LINES MUST BE AT LEAST TEN FEET AWAY FROM SEPTIC COMPONENTS OR BE SLEEVED IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS.
  3. WASTE STRENGTHS NOT TO EXCEED NORMAL STRENGTHS FOR RESIDENTIAL APPLICATIONS. NORMAL RESIDENTIAL SEWAGE WASTE STRENGTHS ARE AS FOLLOWS: CBOD5=125 mg/L, TSS=80 mg/L, AND OIL & GREASE=20 mg/L, OR MEET THE EFFLUENT QUALITY CRITERIA OF THEIR RESPECTIVE TREATMENT LEVEL REQUIRED FOR THEIR SITE.
  4. ACTUAL FLOWS SHOULD NOT EXCEED 60% OF MAXIMUM DESIGN FLOW ON A REGULAR BASIS.
  5. LOCATION OF SEPTIC TANK OR PUMP TANK MAY CHANGE DEPENDING UPON AESTHETIC CONSIDERATIONS, DECKS, ENTRANCES, ETC., AND SUBJECT TO ALL HEALTH DISTRICT REGULATIONS.
  6. FOR ALL STRUCTURES TO BE CONNECTED TO THE O.S.S., INSTALLER AND CLIENT MUST VERIFY THE LOCATION OF ALL EXISTING PLUMBING STUB-OUTS BEFORE DETERMINING TANK INSTALLATION DEPTHS. PLUMBING STUBOUT(S) SHOWN ASSUMED UNLESS OTHERWISE STATED ON SITE PLAN.
  7. DO NOT ENCROACH UPON OR DISTURB DRAIN FIELD AREAS DURING CONSTRUCTION PHASE.
  8. DO NOT MAKE ANY CUTS, FOR DRIVEWAY OR OTHERWISE, GREATER THAN 5' IN HEIGHT/DEPTH, WITHIN 50' DOWN SLOPE OF DRAIN FIELD. LAYOUT OF LATERALS MAY VARY SOMEWHAT DURING CONSTRUCTION PHASE. THE LENGTH MAY CHANGE, THE NUMBER OF LATERALS MAY CHANGE, THE ANGLE OF LATERALS MAY CHANGE WHEN THE LOT IS CLEARED AND FINAL TOPOGRAPHICAL FEATURES ARE EXPOSED.
  10. ALL NEW IRRIGATION LINES MUST HAVE DOUBLE CHECK BACK-FLOW PREVENTERS.
  11. ALL ACCESS ENCLOSURE LIDS MUST REMAIN AT SURFACE AT FINAL GRADE.
  12. DO NOT USE SOIL LOGS AS A BENCHMARK-- SOIL LOGS SIMPLY DEFINE SOIL PROFILES. INSTALLER RESPONSIBLE FOR VERIFYING PROPERTY LINE LOCATIONS BEFORE EXCAVATING FOR SEPTIC COMPONENTS.
  13. ALL KNOWN WELLS THAT IMPACT THE SUBJECT PROPERTY ARE SHOWN TO THE BEST OF OUR KNOWLEDGE AND THE KNOWLEDGE OF THE SUBJECT PROPERTY OWNER.
  14. A NEW DESIGN MAY BE REQUIRED IF HOUSE FOOTPRINT AND DRAIN FIELD FOOTPRINT ARE NOT COMPATIBLE. IF VERTICAL SEPARATION CANNOT BE MAINTAINED, OR IF SOILS IN DRAIN FIELD AREA ARE DISTURBED OR ENCROACHED UPON.
  15. TOPOGRAPHY SHOWN PER PUBLICLY AVAILABLE G.I.S. DATA. 5' CONTOUR INTERVALS SHOWN.
  16. ANY SITE PLAN SHOWN IN THIS DESIGN IS NOT A SURVEY, NOR DOES IT PURPORT TO REPRESENT ANY SURVEY INFORMATION. FIELD MEASUREMENTS TAKEN WITH LASER MEASUREMENT EQUIPMENT FROM EXISTING CORNER MARKERS PLACED BY OTHERS.
  17. IF EASEMENTS EXIST AND ARE NOT SHOWN, IT IS THE RESPONSIBILITY OF THE CLIENT TO DISCLOSE EASEMENT LOCATIONS AND THE CLIENT ASSUMES LIABILITY FOR ANY DAMAGES RESULTING FROM THEIR ABSENCE ON THIS DESIGN.
  18. THE LOCATION OF ALL PROPERTY LINES AND CORNERS ARE SHOWN PER INFORMATION PROVIDED TO INDIGO DESIGN INC. BY THE CLIENT, AND/OR PUBLICLY AVAILABLE G.I.S. DATA AND REVIEWED BY THE JURISDICTION (AHL). CLIENT ASSUMES ALL LIABILITY FOR INCORRECT PROPERTY BOUNDARY INFORMATION.
  19. STORM WATER INFILTRATION SYSTEMS, IF REQUIRED, ARE THE RESPONSIBILITY OF THE CLIENT.
  20. FOR PROPOSED GRAVITY SYSTEMS, A PUMP AND PUMP TANK MAY BE REQUIRED EVEN IF NOT SPECIFIED HEREIN, IF THE FINAL STUB-OUT IS LOWER THAN THE INVERT OF THE LATERALS. THE COST OF A PUMP, PUMP TANK AND ALL OTHER COSTS ASSOCIATED WITH THIS REVISION IS SOLELY ASSUMED BY THE CLIENT.
  21. IF VERTICAL SEPARATION CANNOT BE MAINTAINED AS OUTLINED IN THE APPROVED DESIGN, AT THE TIME OF INSTALLATION, A NEW DESIGN MAY BE REQUIRED AT THE EXPENSE OF THE CLIENT.
  22. DURING INSTALLATION, CONSTRUCTION PRACTICES MUST ADHERE TO ALL STATE AND LOCAL CODES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE STABILIZING OF SLOPES AND SOILS FOR DRAIN FIELD COMPONENTS INCLUDING, BUT NOT LIMITED TO PLACEMENT OF SAND FILTER BOXES, TANKS, AEROBIC DEVICES, ETC... THE DESIGNER IS LIKEWISE NOT HELD RESPONSIBLE FOR ANY EROSION CONTROL PROBLEMS THAT MAY AFFECT THE DRAIN FIELD OR COMPONENTS. INSTALLATION OF ALL PROPRIETARY PRODUCTS AND/OR TREATMENT DEVICES MUST FOLLOW THE MANUFACTURER'S GUIDELINES CAREFULLY. IF ANY CONFLICT EXISTS BETWEEN THOSE GUIDELINES AND THIS DESIGN, CONTACT DESIGNER OF RECORD.
  24. INDIGO DESIGN IS NOT RESPONSIBLE FOR ANY TREES, SHRUBS, ORNAMENTAL OR OTHERWISE, OR LANDSCAPING REMOVED AND/OR DAMAGED DURING INSTALLATION. THE DESIGNER IS NOT RESPONSIBLE FOR ANY ROOT DAMAGE DURING ANY PHASE OF INSTALLATION OR CONSTRUCTION.
  25. ALL SURFACE WATER MUST BE DIRECTED AWAY FROM THE DRAIN FIELD AREA IF AT ALL POSSIBLE. INSURE THAT FINAL GRADE OF DRAIN FIELD AREA DIRECTS WATER AWAY FROM DRAIN FIELD AREA.
  26. NO WETLANDS WERE FLAGGED, DELINEATED, OR OTHERWISE IDENTIFIED, UNLESS SHOWN ON SITE PLAN.
  27. COVER MUST BE SAND OR TYPE 3 SOIL AND MUST BE SEED AT THE TIME OF INSTALLATION.
  28. CURTAIN DRAINS OR INTERCEPTOR DRAINS MAY BE REQUIRED OR DESIRED AT THE TIME OF INSTALLATION EVEN IF NOT SHOWN ON THE DESIGN. ANY COST ASSOCIATED WITH THIS, INCLUDING RE-DESIGN COSTS IF NECESSARY, IS THE RESPONSIBILITY OF THE CLIENT.
  29. SEPTIC TANK CONNECTIONS MUST BE WATERTIGHT. DIRECT ALL SURFACE WATER AWAY FROM SEPTIC TANKS IF AT ALL POSSIBLE.
  30. DOWN-SLOPE FOOTING DRAINS MUST BE 30' AWAY FROM DRAIN FIELD.
  31. DRAIN FIELD INSTALLATION AND SITE WORK TO BE DONE DURING DRY CONDITIONS.
  32. POST-WEATHER INSPECTIONS, PRE-CONSTRUCTION MEETINGS, CONSTRUCTION MEETINGS, CERTIFICATION SET-UP, RECORD OF CONSTRUCTION DRAWINGS, AND OTHER INSPECTIONS ARE NOT INCLUDED IN DESIGN FEES.
  33. ALL COMPONENTS MUST BE SECURED WITH STAINLESS STEEL SCREWS/BOLTS (IF APPLICABLE) AND EASILY ACCESSIBLE FOR SERVICE/AT FINAL-GRADE, INCLUDING THE ENDS OF PRESSURE LATERALS, OBSERVATION PORTS, PUMP TANK LIDS, SEPTIC TANK LIDS, AND ANY COMPONENTS AS SHOWN ON THE SITE PLAN AND/OR DETAIL SHEETS.
  34. THIS SYSTEM IS NOT DESIGNED FOR USE WITH A GARBAGE DISPOSAL. INDIGO DESIGN IS NOT RESPONSIBLE FOR ANY DAMAGE THAT MAY RESULT.
  35. CLIENT ASSUMES RESPONSIBILITY FOR FILLING IN SOIL LOGS AFTER ALL NECESSARY INSPECTIONS MADE BY THE AHL.
  36. BURNING, VEHICULAR TRAFFIC, OR ENCROACHMENT OF ANY KIND OVER-TOP OF THE DRAIN FIELD OR TANK AREAS WILL VOID ANY AND ALL WARRANTIES.
  37. SEPTIC TANK OUTLET FILTER OR VAULT SCREEN TYPE FILTER IS REQUIRED IF SHOWN ON DESIGN SHEETS. INDIGO DESIGN IS NOT RESPONSIBLE FOR ANY DAMAGE THAT MAY RESULT FROM LACK OF FILTRATION.
  38. THIS SYSTEM REQUIRES A CERTAIN DEGREE OF MAINTENANCE. CERTIFICATION AND INSTALLATION APPROVALS DO NOT GUARANTEE TROUBLE-FREE USE.
  39. USE OF ANY SEPTIC SYSTEM ADDITIVES MAY RESULT IN DAMAGE, AND CLIENT AND INSTALLER MUST ADHERE TO ALL REGULATIONS PERTAINING TO ON-SITE SEPTIC SYSTEM AS SET FORTH BY THE STATE AND LOCAL AHL.
  41. AVOID DISPOSING OF HOUSEHOLD GARBAGE OR OTHER MATERIALS INTO THE SEPTIC SYSTEM. ONLY TOILET PAPER AND HUMAN WASTE SHOULD BE FLUSHED DOWN THE TOILET. MISUSE WILL RESULT IN DAMAGE TO YOUR SYSTEM AND WILL VOID ANY AND ALL WARRANTIES.
  42. THIS DESIGN DOES NOT GUARANTEE THAT A BUILDING PERMIT WILL BE ISSUED BY THE AHL.
  43. CONTACT DESIGNER OF RECORD WITH ANY PROPOSED MODIFICATIONS TO THIS DESIGN, OR WITH ANY QUESTIONS REGARDING IMPLEMENTATION.
  44. ALL OTHER CONSTRUCTION NOTES INCLUDED IN THIS DESIGN, ARE A BINDING PART OF THIS DESIGN AND SHOULD BE READ CAREFULLY.



PROJECT VICINITY MAP

(N.T.S.)



CLIENT:

JASON & ASHLEY  
HEDSTROM

TAX ID. #

122601-4-033-2004

SITE ADDRESS:

LINCOLN RD NE  
POULSBORO, WA 98370

SHEET ID:

G-001

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KITSAP PUBLIC  
HEALTH DISTRICT

INDIGO  
DESIGN INC.

P.O. BOX 163  
POULSBORO, WASHINGTON 98370  
360-779-5233

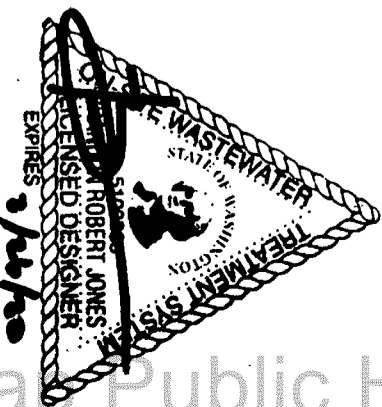
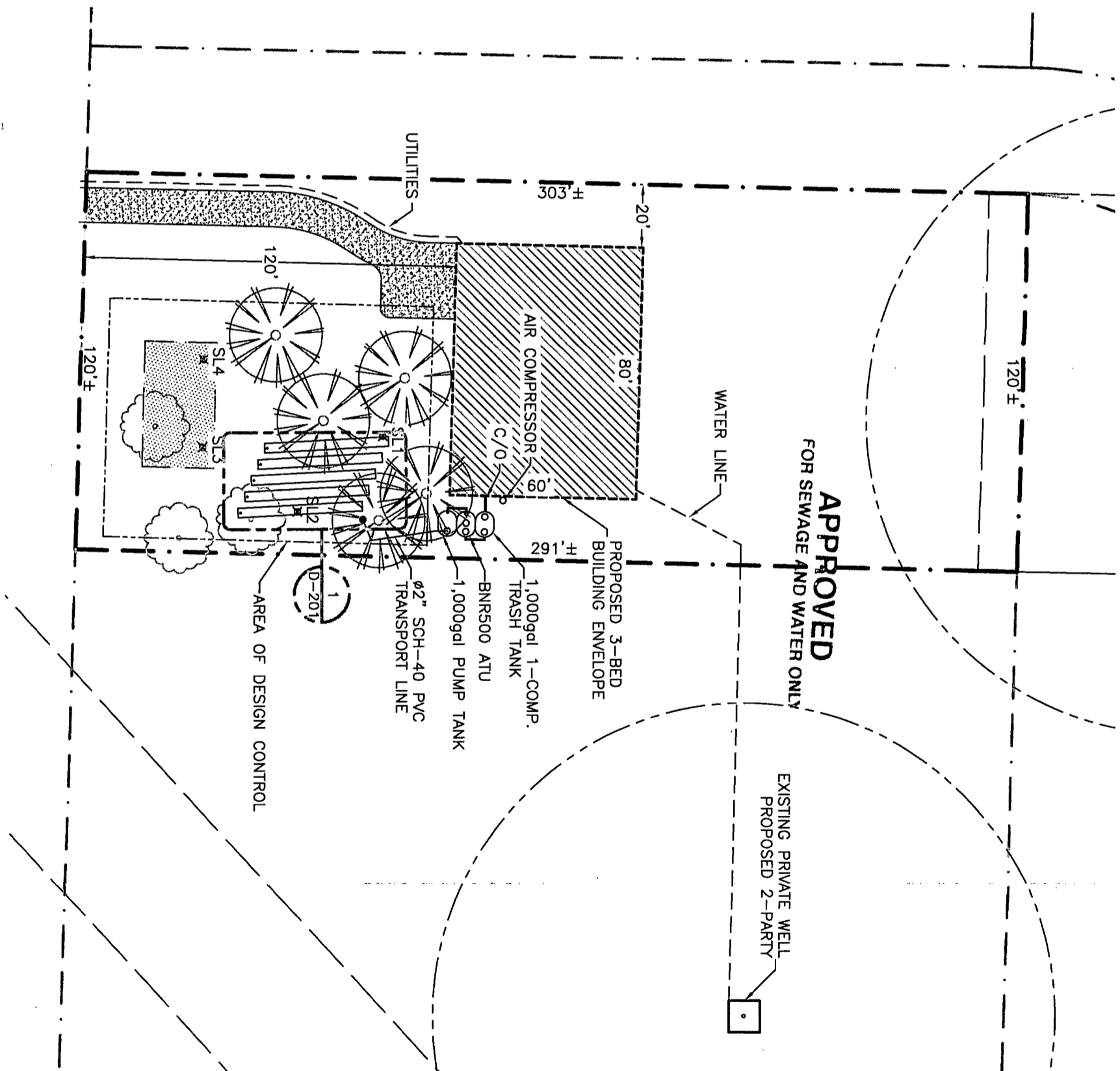
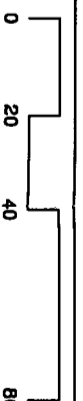


Figure 1: Site Plan Requirements Checklist	
All site plans shall be clearly and accurately drawn to 1"=20', 30', 40' or 50' scale on paper no larger than 11" x 17" and must indicate all of the following information. For each item below, mark either "Shown" or "N/A" as appropriate for your project. This 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	Parcel Number
A General Property Information:	
<input type="checkbox"/>	Tax ID Number and Property Address
<input type="checkbox"/>	Property lines and dimensions
<input type="checkbox"/>	Elevations of property and the direction of natural drainage
<input type="checkbox"/>	Slopes that exceed 15%, including any cut banks greater than 4' in height
<input 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 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 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 type="checkbox"/>	Location, dimensions, surfacing materials, and clearing limits of all proposed parking areas, driveways, sidewalks, & road app'rs.
<input type="checkbox"/>	Location of all proposed water, sewer and utility lines.



PLAN - DETAIL



CLIENT:

JASON & ASHLEY  
HEDSTROM

TAX ID. #

122601-4-033-2004

SITE ADDRESS:

LINCOLN RD NE  
POULSBORO, WA 98370

SHEET ID:

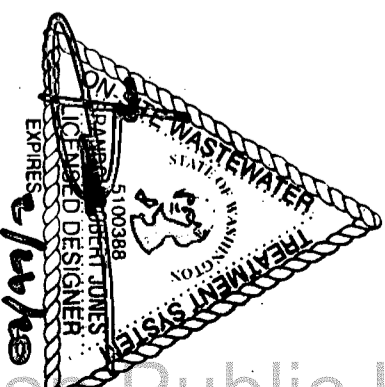
S-02

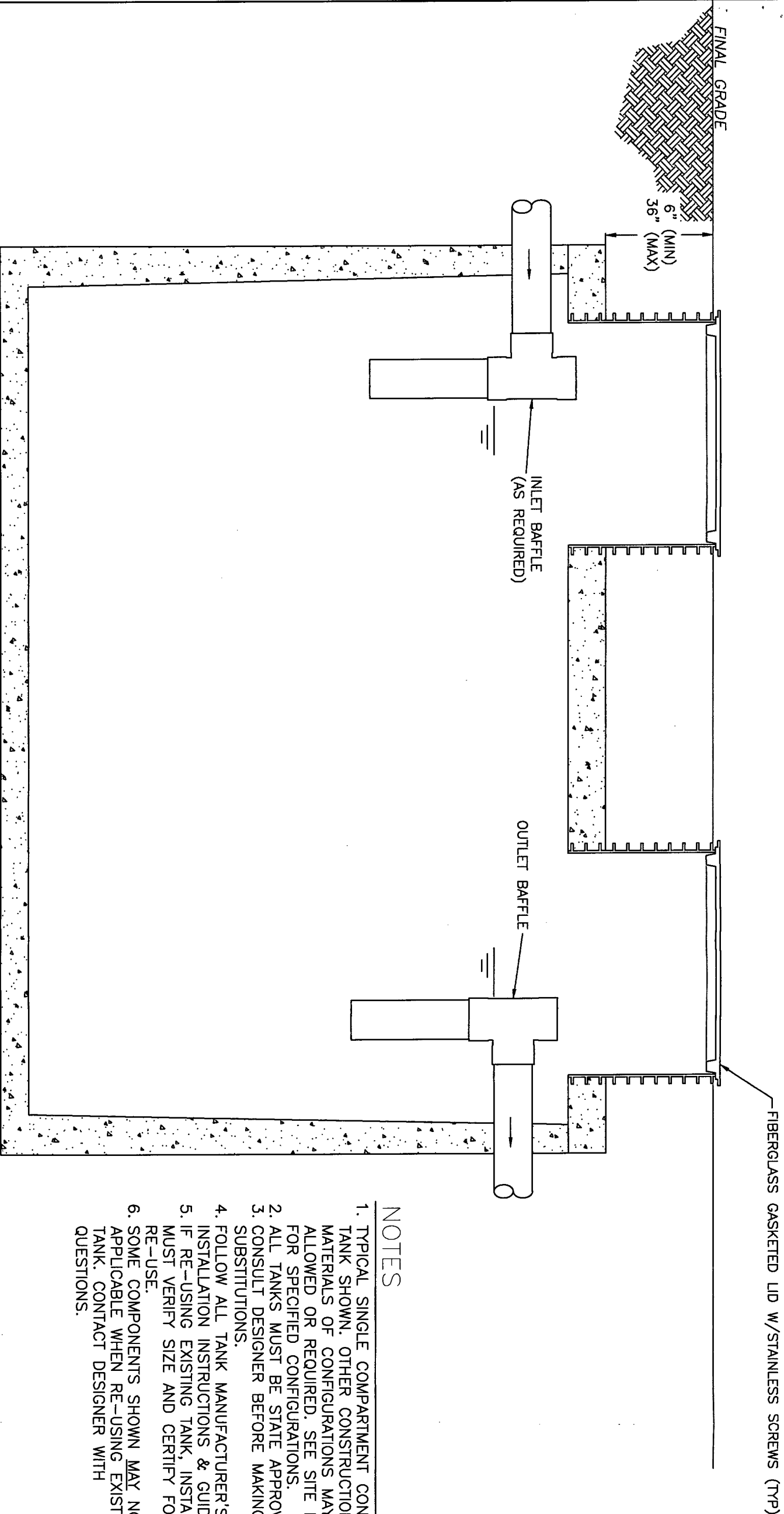
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360-779-5233





- NOTES
1. TYPICAL SINGLE COMPARTMENT CONCRETE TANK SHOWN. OTHER CONSTRUCTION MATERIALS OF CONFIGURATIONS MAY BE ALLOWED OR REQUIRED. SEE SITE PLAN FOR SPECIFIED CONFIGURATIONS.
  2. ALL TANKS MUST BE STATE APPROVED
  3. CONSULT DESIGNER BEFORE MAKING SUBSTITUTIONS.
  4. FOLLOW ALL TANK MANUFACTURER'S INSTALLATION INSTRUCTIONS & GUIDELINES.
  5. IF RE-USING EXISTING TANK, INSTALLER MUST VERIFY SIZE AND CERTIFY FOR RE-USE.
  6. SOME COMPONENTS SHOWN MAY NOT BE APPLICABLE WHEN RE-USING EXISTING TANK. CONTACT DESIGNER WITH QUESTIONS.

CLIENT:  
JASON & ASHLEY  
HEDSTROM

TAX ID. #  
122601-4-033-2004

SITE ADDRESS:  
LINCOLN RD NE  
POULSBORO, WA 98370

SHEET ID:  
T-200

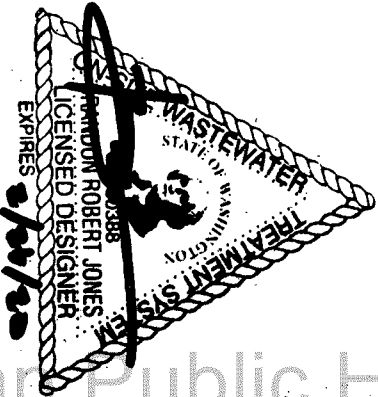
REVISIONS:

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KITSAP PUBLIC  
HEALTH DISTRICT

INDIGO  
DESIGN INC.

P.O. BOX 163  
POULSBORO, WASHINGTON 98370  
360-778-5233



CLIENT:

JASON & ASHLEY  
HEDSTROM

TAX ID. #

122601-4-033-2004

SITE ADDRESS:

LINCOLN RD NE  
POULSBORO, WA 98370

SHEET ID:

T-203

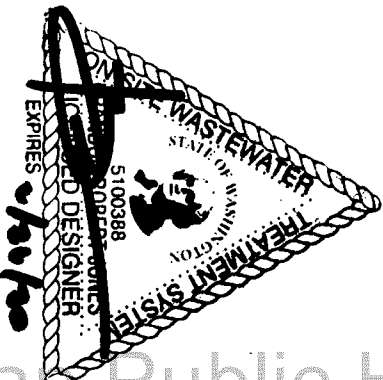
REVISIONS:

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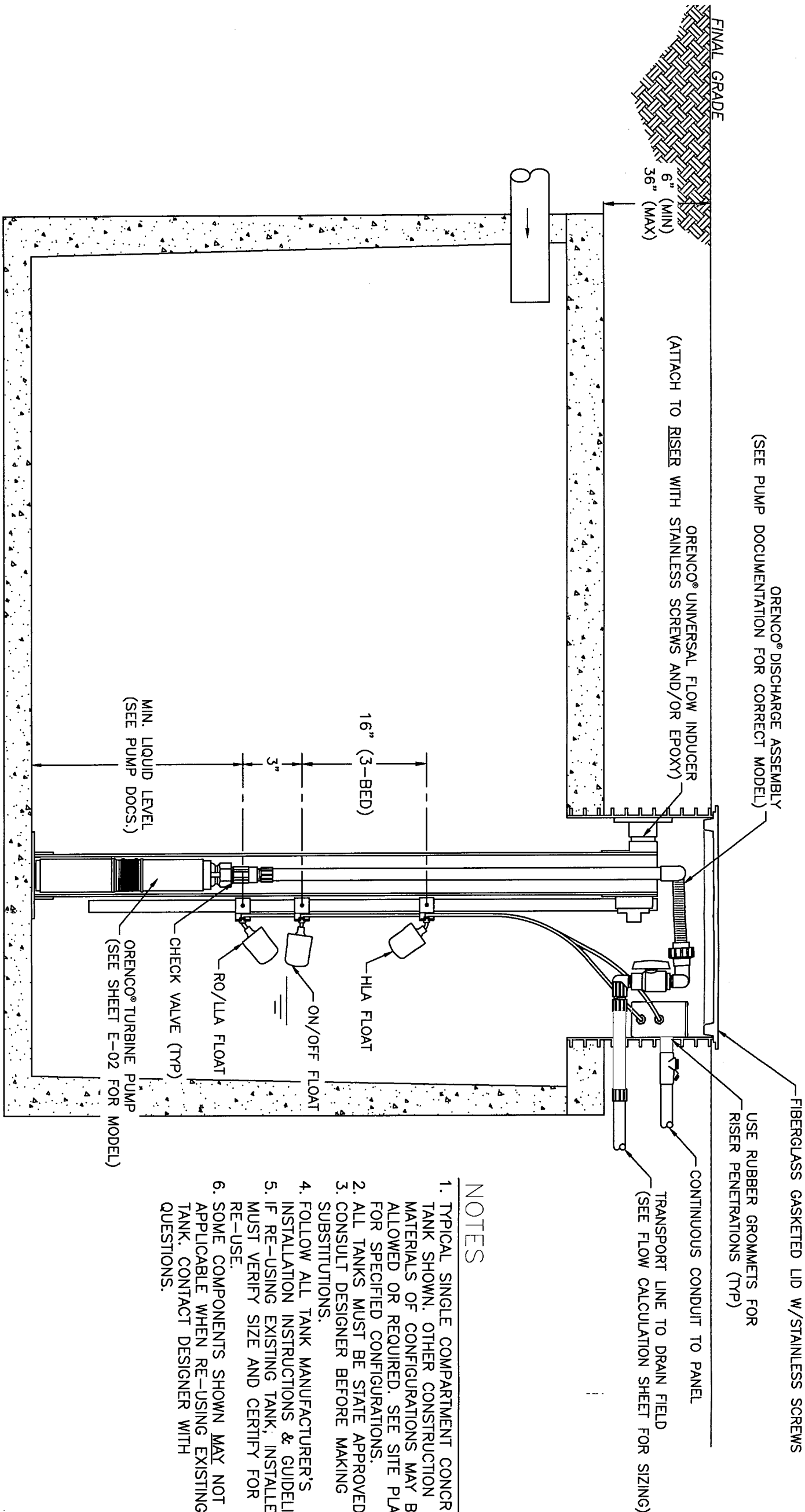
KITSAP PUBLIC  
HEALTH DISTRICT

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DESIGN INC.

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1,000 GALLON PUMP TANK (TYPICAL)

(N.T.S.)

Pump Selection for a Pressurized System - Single Family Residence Project

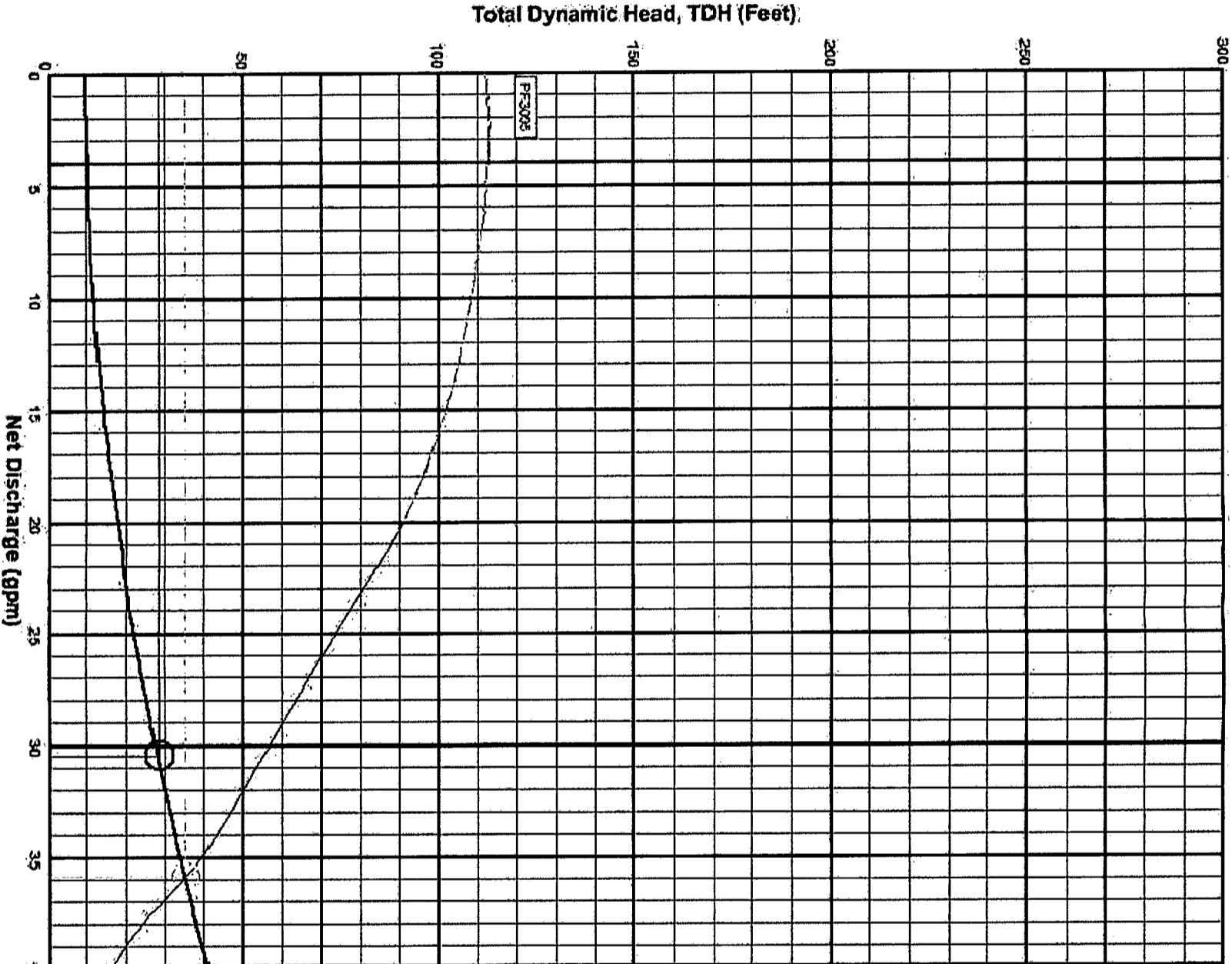
Parameters		
Discharge Assembly Size	1.25	inches
Transport Length	75	feet
Transport Pipe Class	40	
Transport Line Size	2.00	inches
Distributing Valve Model	None	
Max Elevation Lift	10	feet
Manifold Length	5	feet
Manifold Pipe Class	40	
Manifold Pipe Size	1.25	inches
Number of Laterals per Cell	5	
Lateral Length	40	feet
Lateral Pipe Class	40	
Lateral Pipe Size	1.00	inches
Orifice Size	1/8	inches
Orifice Spacing	3	feet
Residual Head	5	feet
Flow Meter	None	inches
Add-on Friction Losses	5	feet

Calculations		
Minimum Flow Rate per Orifice	0.43	gpm
Number of Orifices per Zone	70	
Total Flow Rate per Zone	30.5	gpm
Number of Laterals per Zone	5	
% Flow Differential 1st/Last Orifice	2.9	%
Transport Velocity	2.9	fps

Frictional Head Losses		
Loss through Discharge	6.5	feet
Loss in Transport	1.2	feet
Loss through Valve	0.0	feet
Loss in Manifold	0.2	feet
Loss in Laterals	0.4	feet
Loss through Flowmeter	0.0	feet
Add-on Friction Losses	5.0	feet

Pipe Volumes		
Vol of Transport Line	13.1	gals
Vol of Manifold	0.4	gals
Vol of Laterals per Zone	8.9	gals
Total Volume	22.4	gals

Minimum Pump Requirements		
Design Flow Rate	30.5	gpm
Total Dynamic Head	28.2	feet



NOTES

1. CONTACT DESIGNER WITH ANY QUESTIONS, SUBSTITUTIONS, OR REGARDING ANY DISCREPANCIES.

PUMP SPECIFIED:  
ORENCO PF3005

System Curve:	-
Pump Curve:	-
Pump Optional Range:	-
Operating Point:	○
Design Point:	○

CLIENT:  
JASON & ASHLEY  
HEDSTROM

TAX ID. #  
122601-4-033-2004

SITE ADDRESS:  
LINCOLN RD NE  
POULSBO, WA 98370

SHEET ID:

E-202

REVISIONS:

RECEIVED

KITSAP PUBLIC  
HEALTH DISTRICT

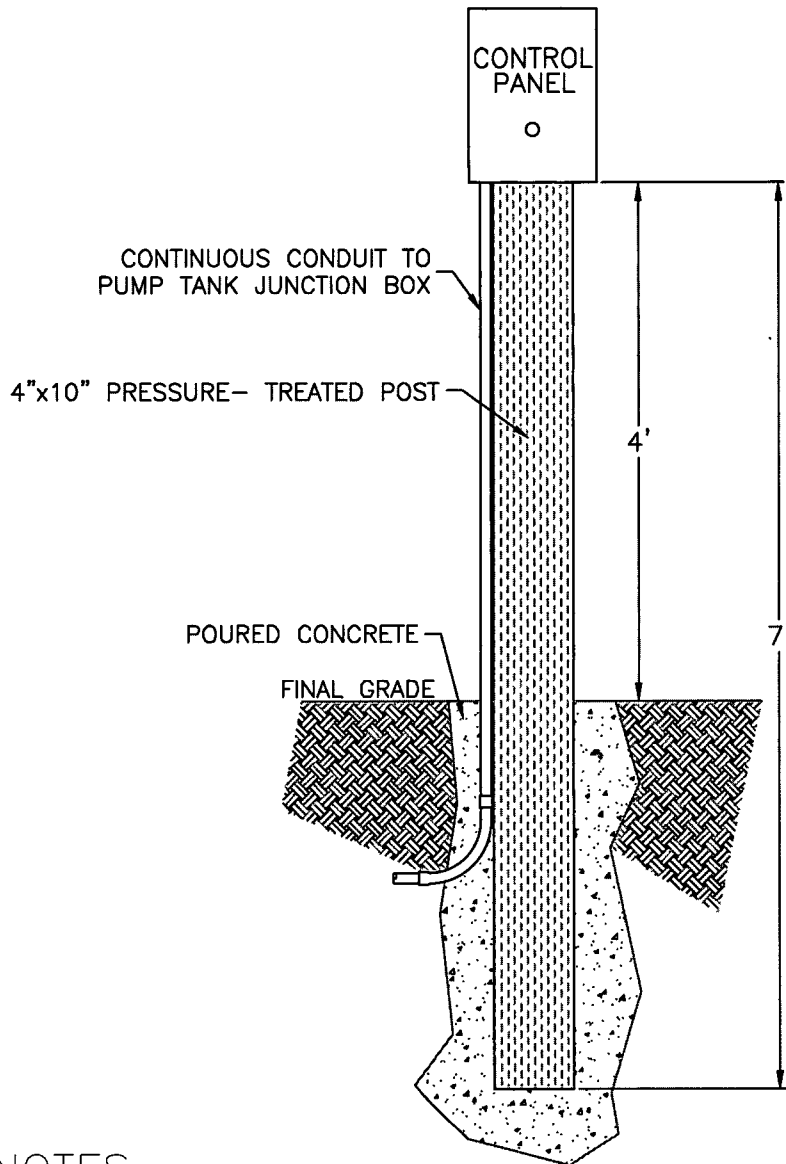
INDIGO  
DESIGN INC

P.O. BOX 163  
POULSBO, WASHINGTON 98370  
360-779-5233



DOSE PUMP CALCULATIONS

(N.T.S.)

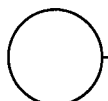


## NOTES

1. LOCATE CONTROL PANEL WITHIN VIEW OF PUMP TANK ACCESS LID.
2. CONTROL PANEL MAY ALSO BE INSTALLED ON EXTERIOR WALL IF INSULATORS ARE USED TO DAMPEN POSSIBLE MOTOR CONTACTOR NOISE.
3. INSTALL CONTROL PANEL IN AN EASILY ACCESSIBLE AND SHADY AREA (IF POSSIBLE) TO AVOID TEMPERATURE EXTREMES WHICH CAN BE DETRIMENTAL TO ELECTRICAL COMPONENTS.

CONTROL PANEL MODEL SPECIFIED:

**NuWATER PANEL**



CONTROL PANEL (TYP)

(N.T.S.)

CLIENT:

JASON & ASHLEY  
HEDSTROM

TAX ID. #

122601-4-033-2004

SITE ADDRESS:

LINCOLN RD NE  
POULSBRO, WA 98370

SHEET ID:

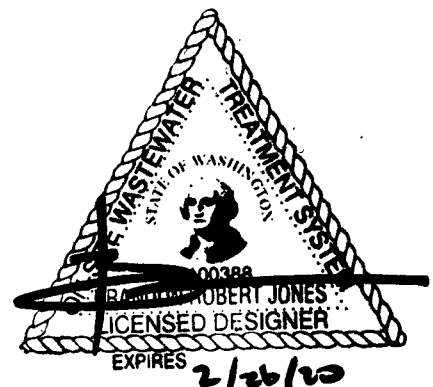
**E-201**

REVISIONS:

**RECEIVED**

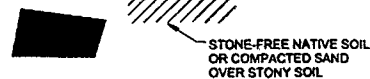
KITSAP PUBLIC  
HEALTH DISTRICT  
INDIGO  
DESIGN INC.

P.O. BOX 163  
POULSBRO, WASHINGTON 98370  
360-779-5233

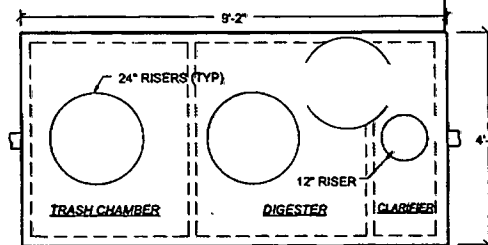


RECEIVED  
JUL 19 2019

1. CONSULT DESIGNER BEFORE MAKING SUBSTITUTIONS.
2. FOLLOW ALL TANK MANUFACTURER'S INSTALLATION INSTRUCTIONS & GUIDELINES.



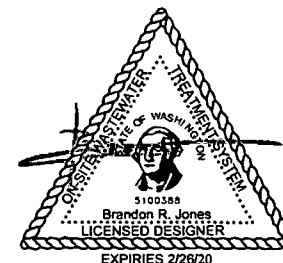
- 1) Excavate tank hole with vertical walls to 1 foot larger than tank on all sides.
- 2) If bottom of hole is stony, install 3" of compact sand & level out with screed.
- 3) Install tank in center of hole, keeping 1 ft. void space on all sides.
- 4) As tank is filling with water, fill in void space with compact granular (sandy) soil free of large clumps of clay.
- 5) Install rest of system, & affix risers to adapters with waterproof adhesive.
- 6) Perform watertightness test in field as required by local jurisdiction.
- 7) Upon approval to backfill, carefully backfill with native soils over top of tank.
- 8) Final grade the surface to avoid channelling surface water toward tank.



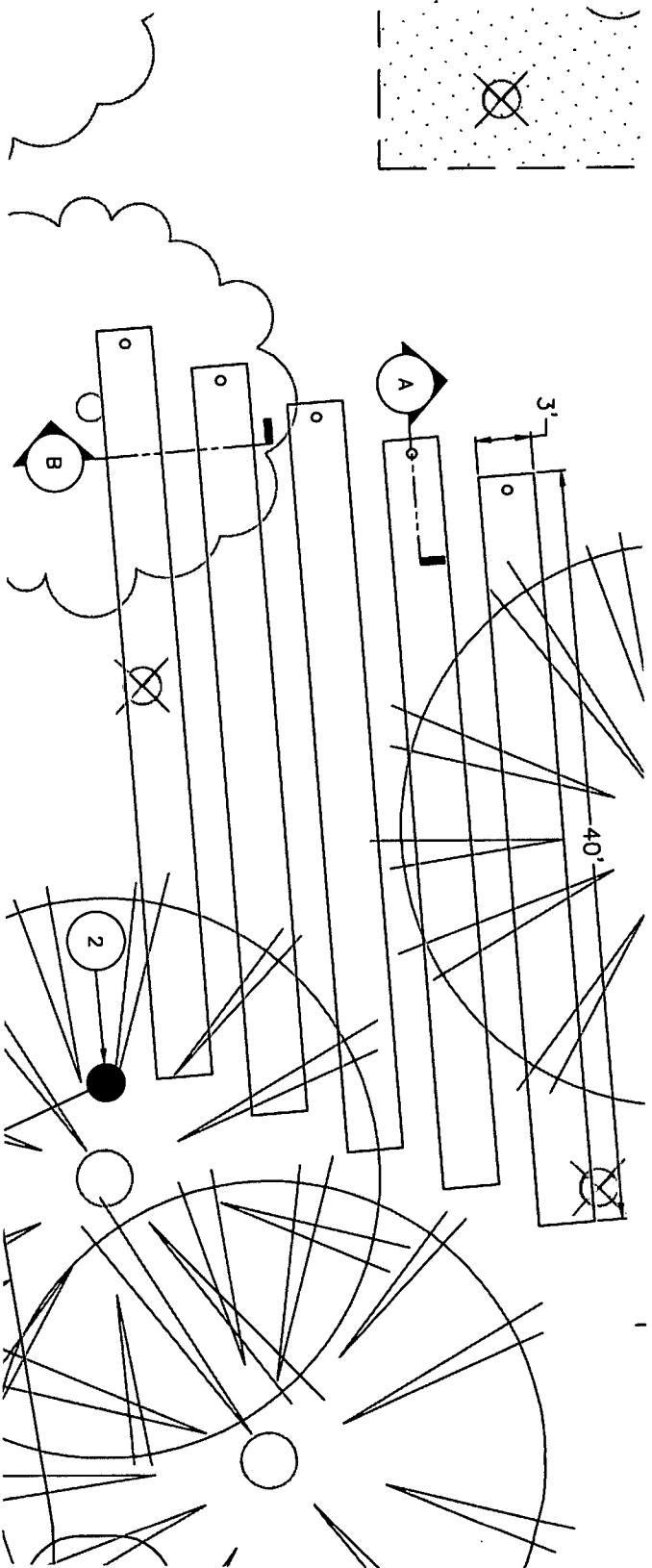
NUWATER BNR500 ATU (TYPICAL)

(N.T.S.)

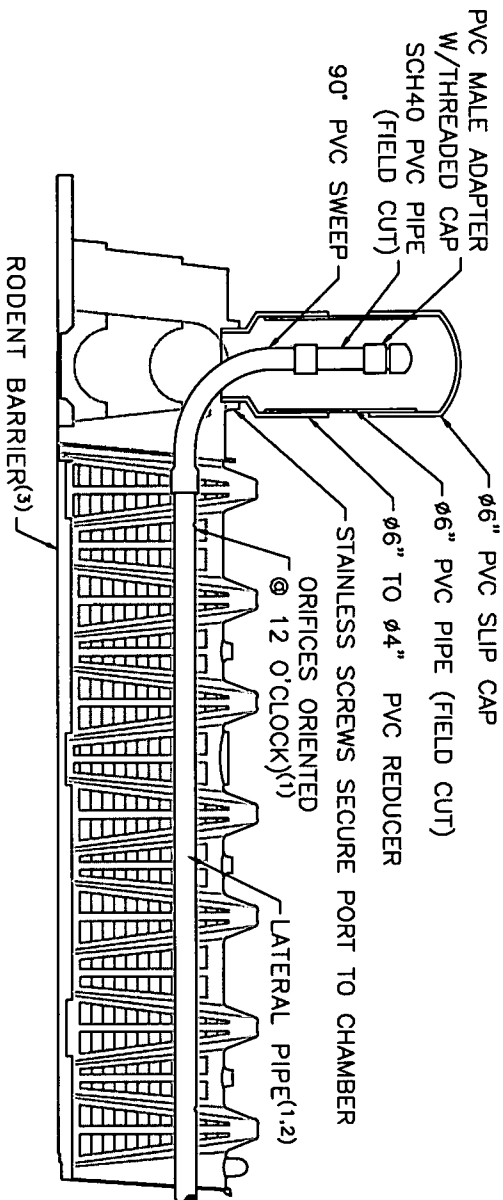
P.O. BOX 163  
POULSBORO, WASHINGTON 98370  
360-779-5233



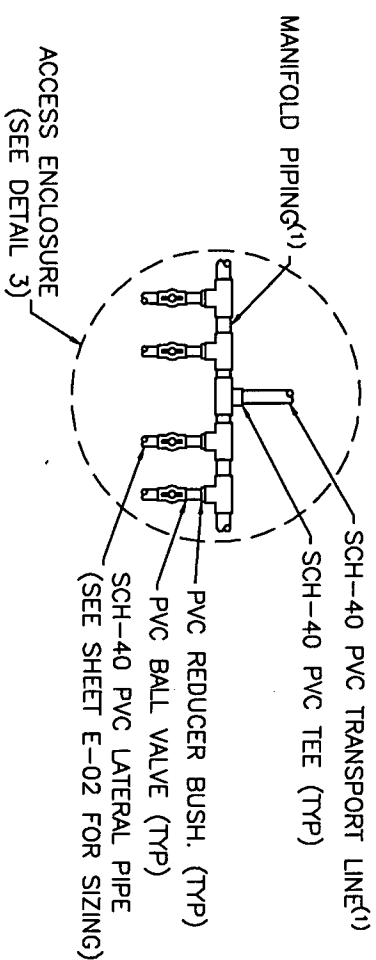
SHEET # OF SHEETS



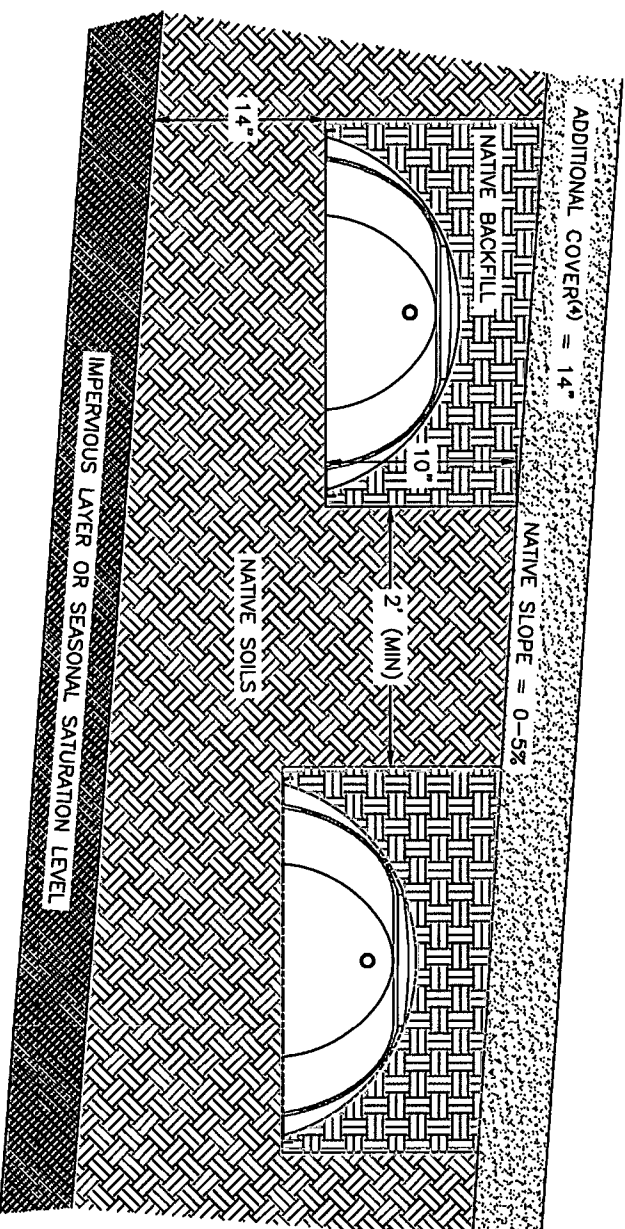
1 PLAN - DRAIN FIELD  
REF. SHEET S-02



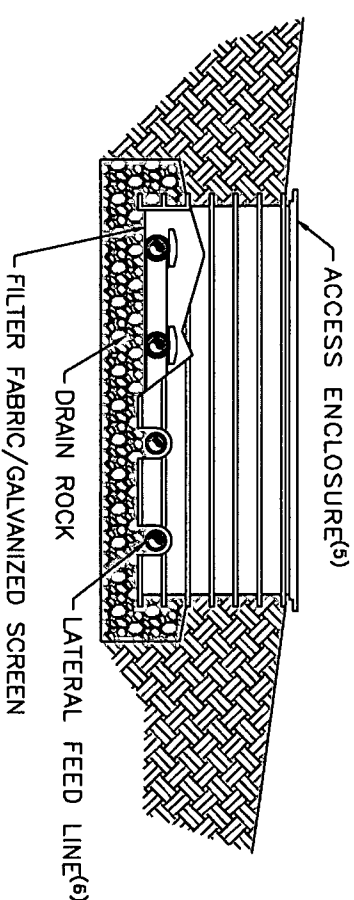
A SECTION - LATERAL END



2 DETAIL - FLOW SPLITTER (TYP)



B SECTION - TRENCH



3 DETAIL - ACCESS ENCLOSURE (TYP)

- NOTES**
1. SEE SHEET E-202 FOR PIPE/COMPONENT SIZING & CONFIGURATION.
  2. HANG LATERAL PIPES FROM TOP OF CHAMBER USING 100# POLY TIES.
  3. FOLLOW ALL MANUFACTURER RECOMMENDATIONS & GUIDELINES.
  4. INSTALL GALVANIZED STEEL HARDWARE SCREEN BELOW GRAVELLESS CHAMBER, TO PREVENT POTENTIAL RODENT INFILTRATION. SEE MANUFACTURER'S SPECIFICATIONS FOR RECOMMENDATIONS.
  5. MINIMUM OF 6\"/>

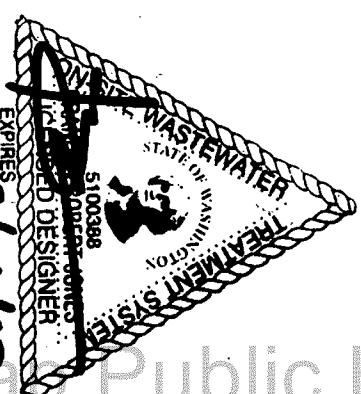
**CLIENT:**  
JASON & ASHLEY  
HEDSTROM

**TAX ID. #**  
122601-4-033-2004

**SITE ADDRESS:**  
LINCOLN RD NE  
POULSBORO, WA 98370

**SHEET ID:**  
D-201

**REVISIONS:**  
1. RECEIVED  
Kitsap Public Health District  
INDIGO DESIGN INC.  
P.O. BOX 163  
POULSBORO, WASHINGTON 98370  
360-779-5233








# HEDSTROM\_bsa

Final Audit Report

2019-07-08

Created:	2019-07-04
By:	Indigo Design Office (Brandon@indigodesigninc.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAATpvOzQobHs2iHpr_1ppUDIMivgL1wEUG

## "HEDSTROM\_bsa" History

-  Document created by Indigo Design Office (Brandon@indigodesigninc.com)  
2019-07-04 - 4:32:18 PM GMT- IP address: 63.224.57.84
-  Document emailed to Jason Hedstrom (jasonandashleyhedstrom@gmail.com) for signature  
2019-07-04 - 4:35:00 PM GMT
-  Email viewed by Jason Hedstrom (jasonandashleyhedstrom@gmail.com)  
2019-07-04 - 4:35:17 PM GMT- IP address: 66.249.84.248
-  Document e-signed by Jason Hedstrom (jasonandashleyhedstrom@gmail.com)  
Signature Date: 2019-07-08 - 6:01:47 PM GMT - Time Source: server- IP address: 174.216.14.251
-  Signed document emailed to Indigo Design Office (Brandon@indigodesigninc.com) and Jason Hedstrom (jasonandashleyhedstrom@gmail.com)  
2019-07-08 - 6:01:47 PM GMT

RECEIVED  
KING COUNTY PUBLIC  
HEALTH DISTRICT

When recorded return to:  
Ashley Nicole Hedstrom and Jason Lee Hedstrom  
PO Box 573  
Poulsbo, WA 98370

Filed for record at the request of:



**Fidelity National Title**

COMPANY OF WASHINGTON, INC.

9619 Levin Rd NW  
Silverdale, WA 98383

Document SerialID: 02XXXXX197311117149XX53231612578

Wednesday, July 31, 2019

Time: 09:01:25 PST

Digitally Certified By: Zach Reyes, Deputy Clerk, Kitsap (Auditor), Washington State

Escrow No.: 611198120(3)

**DOCUMENT TITLE(S)**

**2-PARTY SHARED WELL WATER USERS AGREEMENT**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR**

Bryan D. Garoutte, Personal Representative of The Estate of Norman Garoutte

☐ Additional names on page \_\_\_\_\_ of document

**GRANTEE**

Ashley Nicole Hedstrom and Jason Lee Hedstrom, a married couple

☐ Additional names on page \_\_\_\_\_ of document

☐ Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Portion SE SE, 12 26N 01E

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

122601-4-033-2004

## **2-PARTY SHARED WELL WATER USERS AGREEMENT**

**Serves Parcel Number: 122601-4-003-2000**

**Legal: Lot A, Short Plat No. 1953, Kitsap County AF #7908280147, more particularly described on Exhibit "A" attached ("First Property")**

**Physical Address: 3078 NE Lincoln Road, Poulsbo, WA 98370**

**AND**

**Parcel Number: 122601-4-033-2004**

**Legal: Portion of Resultant Parcel 1 of Boundary Line Adjustment, Kitsap County AF #200212060366, more particularly described on Exhibit "B" attached ("Second Property")**

**Physical Address: Vacant Land**

**WHEREAS, Bryan D. Garoutte, Personal Representative of the Estate of Norman (Shorty) D. Garoutte, deceased, hereinafter First Party, has entered into an agreement for the sale of the above described Second Property to Ashley Nicole Hedstrom and Jason Lee Hedstrom, a married couple, hereinafter Second Party, and**

**WHEREAS, said parties are desirous of having a binding and recorded agreement for the purpose of sharing the water source and well now located and operating on the First Property, it is hereby agreed as follows:**

### **Ownership of the Well and Waterworks**

It is agreed by the parties that each of said parties shall be and is hereby granted an undivided one-half interest in and to the use of the well and water system that is currently constructed and existing on First Property. Each party shall be entitled to receive a supply of water for one residential dwelling and shall be furnished a reasonable supply of potable and healthful water for domestic purposes.

### **Cost of Water System Construction**

Second Party herein agrees to be fully responsible for the cost incurred in well site approval for a shared well by any regulatory or health authority, well modification and/or installation of the waterworks equipment necessary for connection and construction of lines to the Second Property, the pump house and water distribution pipes, and initial well water quality tests. Further, Second Party agrees to provide for and pay for the installation of a separate power (electric) meter for the well pump and any well house fixtures at the time of connection and construction.

### **Easement of Well Site and Pump House**

There shall be an easement for the purpose of maintaining or repairing the well and appurtenances thereto, within 30 feet of the well site in any direction. Said easement shall allow the installation of well house, pumps, water storage reservoirs, pressure tanks, and anything necessary to the operation of the water system.

**Cost of Maintenance of Water System**

Each party hereto covenants and agrees that they shall equally share the maintenance and operational costs of the well and water system herein described after modification and construction for creation of the shared well connection. The expense of water quality sampling as required by the State of Washington and Kitsap County shall be shared equally by both parties.

**Water Line Easements**

First Party, the Estate of Norman (Shorty) D. Garoutte, deceased, owner of First Property, hereby grants and conveys for the benefit of Second Property, an easement for the use and purpose of conveying water from the well to the property of Second Party, Ashley Nicole Hedstrom and Jason Lee Hedstrom, a married couple.

Said easement shall be five (5) feet in width and shall extend on, over, across, and underneath said strip of land from designated well site to shared property line. No new permanent type of building shall be allowed to be constructed upon the water line easement except as needed for the operation of the well and water system.

**Maintenance and Repair of Pipelines**

All pipelines in the water system shall be maintained so that there will be no leakage or seepage, or other defects which may cause contamination of the water, or injury, or damage to persons or property. Cost of repairing or maintaining common distribution pipelines shall be born equally by both parties. Each party in this agreement shall be responsible for the maintenance, repair, and replacement of pipe supplying water from the common water distribution piping to their own particular dwelling and property. Water pipelines shall not be installed within 10 feet of a septic tank or sewage disposal drain field lines.

**Prohibited Practices**

The parties herein, their heirs, successors and/or assigns, will not construct any potential source of contamination, maintain or suffer to be constructed or maintained upon the said land and within 100 feet of the well herein described, so long as the same is operated to furnish water for two-party domestic use. Any potential source of contamination may include but is not limited to: septic tanks and drain fields, sewer lines, underground storage tanks, feed stations and/or grazing animals pens where manure can accumulate, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste or garbage of any kind. New structures and/or barns shall meet required setbacks and not harbor any potential source of contamination. The parties will not cross connect any portion or segment of the water system with any other water source or waste water disposal outlet without prior written approval of the Kitsap County Public Health Department and/or other appropriate governmental agency.

**Provisions for Continuation of Water Service**

The parties agree to maintain a continuous flow of water from the well and water system, herein described in accordance with water supply requirements of the State of Washington and Kitsap County. In the event that the quality or quantity of water from the well becomes unsatisfactory the parties shall develop a new source of water. Each undivided interest and/or party shall share equally in the cost of developing the new source of water and installing the necessary equipment associated with the new source.

**Restriction on Furnishing Water to Additional Parties**

It is further agreed by the parties hereto that they shall not furnish water from the well and water system herein above described to any other persons, properties, or dwelling without prior consent of both property owners and written approval from the Kitsap County Public Health Department.

**Restriction on Water Use**

State water right laws prohibit this system from using more than 5000 gallons of water for indoor domestic use on any day without first obtaining a permit from the Washington State Department of Ecology. Also, each parcel may irrigate no more than 1/2 acre of noncommercial lawn or garden. In order to remain in compliance, each proposed First Property and Second Property is prohibited from using more than 2500 gallons of water on any given day for indoor domestic use. Further, the total amount of yard, garden and other irrigation used by each property cannot exceed 1/2 acre or 21,780 square feet.

**Termination of this Agreement**

This agreement may be revoked at any time; however, it may not be revoked without each property obtaining a sufficient acceptable potable water source and prior consent of both property owners. Termination of this agreement shall require the property owners to provide: 1) proof of a notarized revocation of this agreement and 2) proof of the potable water source for each property to the Kitsap County Health Department for review and approval. After, review and approval by the health department the property owners shall then file: 1) the notarized revocation of this agreement and 2) proof of the potable water source approved by the health department for each property at the Kitsap County Auditor's Office as a recorded document that runs with the title of the land.

**Enforcement of Agreement**

If a dispute arises out of or relates to this agreement, or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Commercial Mediation Procedures before resorting to arbitration, litigation, or some other dispute resolution procedure.

**Heirs, Successors, and Assigns**

These covenants and agreements shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof and it shall pass to and be for the benefit of each owner thereof.

Dated this \_\_\_\_\_ day of December, 2018.


**FIRST PARTY:**

The Estate of Norman (Shorty) D. Garoutte, deceased

By 

Bryan D. Garoutte, Personal Representative

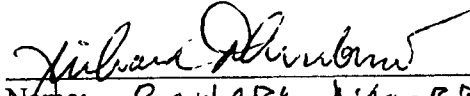
**SECOND PARTY:**

  
Ashley Nicole Hedstrom

  
Jason Lee Hedstrom

State of Washington  
County of Kitsap

I certify that I know or have satisfactory evidence that **Bryan D. Garoutte** is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the Personal Representative of the Estate of Norman (Shorty) D. Garoutte, deceased, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: DECEMBER 10, 2018Name: RICHARD D'AMBRUOSO

Notary Public in and for the State of Washington

Residing in: POULSBO, WAMy Commission Expires: 09/22/2020State of Washington  
County of KITSAP

<p>NOTARY PUBLIC STATE OF WASHINGTON RICHARD D'AMBRUOSO COMMISSION EXPIRES 09-22-2020</p>
---

I certify that I know or have satisfactory evidence that Ashley Nicole Hedstrom and Jason Lee Hedstrom is/are the person(s) who appeared before me and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

DATED DECEMBER 11, 2018Name: RICHARD D'AMBRUOSO

Notary Public in and for the State of Washington

Residing in: POULSBO, WAMy Commission Expires: 09/22/2020

<p>NOTARY PUBLIC STATE OF WASHINGTON RICHARD D'AMBRUOSO COMMISSION EXPIRES 09-22-2020</p>
---

**EXHIBIT "A"**  
**FIRST PROPERTY**

That portion of the Southeast quarter of Section 12, Township 26 North, Range 1 East, W.M., in Kitsap County, Washington, described as follows:

BEGINNING at the Southeast corner of Section 12, thence North  $88^{\circ}14'36''$  West 660.82 feet; Thence North  $1^{\circ}32'39''$  East 30 feet to the True Point of Beginning;

Thence continuing North  $1^{\circ}32'39''$  East 303.04 feet;

Thence South  $88^{\circ}16'43''$  East 315.13 feet;

Thence South  $1^{\circ}29'24''$  West 303.24 feet to the Northerly right-of-way margin of Lincoln Road;

Thence West along said Northerly right-of-way margin of Lincoln Road 315.41 feet to the True Point of Beginning;

(Being Lot A of Short Plat Number 1953 recorded under Recording No. 7908280147)

**EXHIBIT "B"**  
**SECOND PROPERTY**

The East 120 feet of the South half of the South half of the West half of the Southeast quarter of the Southeast quarter of Section 12, Township 26 North, Range 1 East, W.M., in Kitsap County, Washington;

Except the South 30 feet for Lincoln Road NE;

(Being a portion of Resultant Lot 1 of Boundary Line Adjustment recorded under Recording No. 200212060366).

Wednesday, July 31, 2019

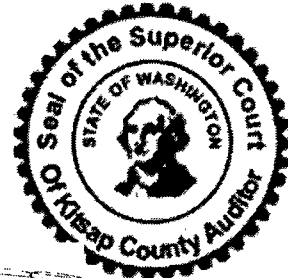
Time: 09:01:25 PST

Digitally Certified By: Zach Reyes, Deputy Clerk, Kitsap (Auditor), Washington State

**I, Mary Lucke Kitsap (Auditor) County Auditor for Kitsap (Auditor) County  
in the State of Washington, certify that the document**

**SerialID: 02XXXXX197311117149XX53231612578 containing 7 pages that was  
transmitted is a true and correct copy of the original that is of record in my  
office and that this image of the original has been transmitted pursuant to  
statutory authority under RCW 5.52.050. In Testimony whereof, I have  
electronically certified and attached the Seal on this date.**

County Auditor Mary Lucke



*Zach Reyes*

Zach Reyes

**Date** Wednesday, July 31, 2019

**Instructions to recipient:**

**If you wish to verify the authenticity of the certified document that was transmitted electronically by the Auditor, Sign on to [www.ClerkePass.com](http://www.ClerkePass.com), and Login as "User" & enter SerialID: 02XXXXX197311117149XX53231612578. If you want to present this document to others, please ask them to Register & Login as "Viewer". The copy associated with this number will be displayed by the Auditor.**

---

**Notice of Pending Building Site Application**

07/16/2019

Jason & Ashley Hedstrom  
PO BOX 573  
POULSBO, WA 98370Tax ID: 122601-4-033-2004  
Site Address: LINCOLN RD NE  
Memo #: 111624  
Water Source Type: Private Two-Party  
Water System Name: N/A

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. Lot size waiver (lot less than one acre with a private water supply)
2. Nuwater cut sheets

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) 728-2222 or [kimberly.jones@kitsappublichealth.org](mailto:kimberly.jones@kitsappublichealth.org).

Thank you for your cooperation.

Sincerely,

Kimberly Jones, RS  
Senior Environmental Health Specialist  
Drinking Water and Onsite Sewage Program

cc: INDIGO DESIGN &amp; MAINTENANCE SPECIALISTS

**Gresham Pump & Drilling, Inc**

Date: 11/6/18

P.O. BOX 1600  
Poulsbo, WA 98370

(360) 779-9323 Fax: (360) 779-6077

Well ID #: N/A

**PUMP TEST LOG**

Owner: Jason Hedstrom  
Address: NE Lincoln Rd, Poulsbo  
Well at: 3078 NE Lincoln Rd, Poulsbo  
Well Depth: 158'  
Size of Casing: 6"  
Top of Screen: N/A  
Amount of Screen: N/A  
Comments:

Location 1 / 4 1 / 4  
Sec. T R WM  
Static Level: 116.0'  
Casing Stickup: 8"  
Amount of casing: N/A  
Approx. GPM When Bailed / Pumped: 10  
Pump Used: 1 HP  
Size of Discharge: 3/4"  
Pump Setting: 153'

Clock Time	Elapsed time Since Pumping Start / Stop (Min)	Depth to Water Below Measuring Point (FT)	Drawdown or Recovery	Pumping Rate GPM	Remarks
8:00	0	116.0	0	0	Begin pump test
8:05	5	133.1	17.1	10.	
8:10	10	135.4	19.4	10.0	
8:15	15	136.7	20.7	10.0	
8:20	20	137.4	21.4	10.0	
8:25	25	138.2	22.2	10.0	Stabilized
8:30	30	138.2	22.2	10.0	
8:35	35	138.2	22.2	10.0	
8:40	40	138.2	22.2	10.0	
8:45	45	138.2	22.2	10.0	
8:50	50	138.2	22.2	10.0	
8:55	55	138.2	22.2	10.0	
9:00	60	138.2	22.2	10.0	
9:05	65	138.2	22.2	10.0	
9:10	70	138.2	22.2	10.0	

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KITSAP PUBLIC  
HEALTH DISTRICT

Kitsap Public Health District

Permit Number: 20-01074

9:15	75	138.2	22.2	10.0	
9:20	80	138.2	22.2	10.0	
9:25	85	138.2	22.2	10.0	End pump test Begin recovery
9:30	5	122.1	+16.1	0	
9:35	10	120.7	+1.5	0	Full recovery in 15 minutes
9:40	15	116.0	+22.2	0	

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JUL 29 2019

KITSAP PUBLIC  
HEALTH DISTRICT

# PRIVATE WATER SUPPLY DESIGN

System design for: Jason Hedstrom located at (property address or legal description) NE Lincoln Rd, Poulsbo 122601-40-033-2004 Well @ 3078 Lincoln Rd NE

This design is for (check one) a ☐ single-family residence or a ☒ two-party private well.

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KITSAP PUBLIC HEALTH DISTRICT

Source pump:

Pump rate 10 gpm. If less than required daily production of 400 gallons per day (gpd) for a single-family residence or 800 gpd for a two-party private supply, the booster pump and storage section must be completed.

Required pump head:

Well head	
(S.W.L. + Drawdown)	<u>138.2</u>
System elevation	<u>10</u>
Headlosses	<u>4.38</u>
Residual (30 psi)	<u>69.21</u>
Total	<u>221.79</u>

Pump selected: Attach pump curve/table

Type, e.g., Goulds	<u>Goulds</u>
Horsepower	<u>1HP</u>
Model No.	<u>10CS10</u>
Depth of Pump Setting	<u>153'</u>

Booster Pump:

If the capacity of the water supply is less than the required daily production of 400 gpd for a single-family residence or 800 gpd for a two-party private supply, complete this section as well as the storage reservoir section.

Booster pump rate	<u>          </u>
Required pump head	<u>          </u>
System elevation	<u>          </u>
Headlosses	<u>          </u>
Residual (30 psi)	<u>          </u>
Total	<u>          </u>

Pump selected: Attach pump curve/table

Type, e.g., Goulds	<u>          </u>
Horsepower	<u>          </u>
Model No.	<u>          </u>

Storage reservoir: Must be completed if a booster pump is required.

- Single-family residence: 400 gallons unless otherwise documented. Attach manufacturers specifications.
- Two-party private: 800 gallons unless otherwise documented. Attach manufacturers specifications.

Pressure tank sizing:

Selected tank size 82  
2-FL28

One gallon of working storage per one gpm pump capacity, e.g., a 5 gpm pump will require 5 gallons of working or usable storage which computes to a 19-gallon (total volume) pressure tank. When a booster pump is required, size the pressure tank according to the booster pump, not the well pump.

Distribution system:

Services	Pipe Type	Pipe diameter	Pipe length	Peak flow	Headloss per 100 ft	Headloss in feet
1	PVC	1"	120	5	1.75	2.1
2	PVC	1"	250	5	1.75	4.38

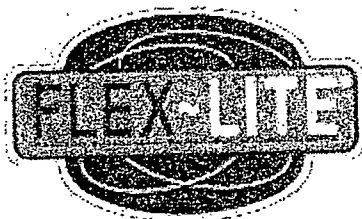
Completed by: 

Date: 11/7/18

Kitsap Public Health District

Permit Number: 20-01074

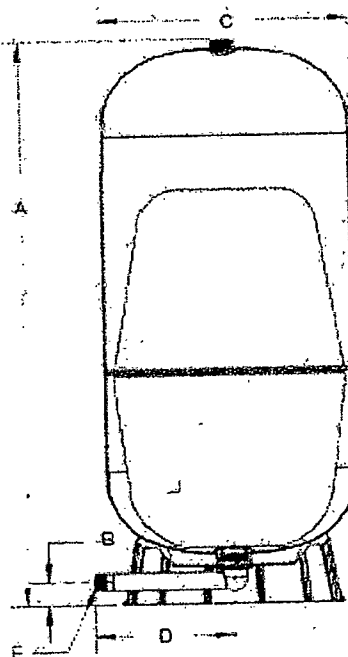




# FL/CAD-2

## MATERIALS OF CONSTRUCTION.

- Top and bottom dome: Injection molded copolymer polypropylene
- Shell: Extruded copolymer polypropylene
- Outer shell: Fiberglass-wound, coated with epoxy resin
- Water chambers: Top diaphragm is 100% butyl rubber, lower water chamber is copolymer polypropylene
- Base: Copolymer polypropylene
- Connection: Rigid Schedule 80 PVC
- Air valve: Brass valve with o-ring seal
- Warranty: 5 year limited



## COMPOSITE TANK DIMENSIONS

Model	Total Tank Volume		A		B		C		D		E	Total Weight	
	gal	liters	in	cm	in	cm	in	cm	in	cm		lbs	kilos
FL 5	15	56.8	25.6	64.0	1.75	4.4	16.5	41.9	0.4	23.9	1" NPT	19.0	8.6
FL 7	22	83.3	34.1	84.3	1.75	4.4	16.5	41.9	0.4	23.9	1" NPT	24.0	10.9
FL 12	35	132.5	46.9	120.7	1.75	4.4	16.5	41.9	0.4	23.9	1" NPT	33.5	15.2
FL 13SQ	38	143.8	29.75	74.7	2.25	5.7	24.2	61.5	11.9	30.2	1 1/4" RCH 60	38.0	15.9
FL 17	50	189.3	45.5	109.9	2.25	5.7	21.4	54.4	11.9	30.2	1 1/4" NPT	47.0	21.3
FL 22	65	246.0	61.5	129.3	2.25	5.7	21.4	54.4	11.9	30.2	1 1/4" NPT	58.0	26.3
FL 28	82	310.4	64.7	163.5	2.25	5.7	21.4	54.4	11.9	30.2	1 1/4" NPT	69.5	31.5
FL 30	90	340.7	57.0	143.8	2.25	5.7	24.2	61.5	13.4	34.0	1 1/4" NPT	77.0	34.9
FL 40	119	450.4	72.1	182.3	2.25	5.7	24.2	61.5	13.4	34.0	1 1/4" NPT	99.5	45.1

Maximum working pressure 125 psig. Maximum working temperature, internal & external 120° F. Tank pre-charge 36 psig.

## QUICK SIZING CHART

Model	Total Tank Volume		20/40		Total Drawdown* 30/50		40/60	
	gal	liters	gal	liters	gal	liters	gal	liters
FL 5	15	56.8	8.00	24.1	5.1	20.4	4.4	17.7
FL 7	22	83.3	8.80	32.2	7.5	27.2	6.5	23.8
FL 12	35	132.5	14.10	52.3	11.9	44.2	10.3	38.3
FL 13SQ	38	143.8	13.89	51.8	11.8	44.0	10.5	39.4
FL 17	50	189.3	20.10	76.4	17.0	64.6	14.7	56.0
FL 22	65	246.0	26.10	100.5	22.1	85.0	19.1	73.6
FL 28	82	310.4	33.00	120.7	27.9	102.0	24.1	88.4
FL 30	90	340.7	36.20	136.7	30.6	115.6	28.5	100.1
FL 40	119	450.4	47.90	181.0	40.5	153.0	35.0	132.5

\*Total drawdown assumes tank pre-charge set at 2 psi below cut-in pressure. Drawdown can be affected by many factors, including temperature, pressure, and elevation.



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<b>SPECTRA Laboratories – Kitsap</b> 26276 Twelve Trees Lane, Suite C, Poulsbo, WA 98370 (360) 779-5141		
<b>COLIFORM BACTERIA ANALYSIS</b>		
Date Sample Collected 11/6/18	Time Sample Collected 9:20 AM	County Kitsap
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# _____		
System Name: Jason Hedstrom		
Contact Person: Gresham Pump & Drilling Inc		
Day Phone: (360) 779-9322	Cell Phone: ( ) _____	
Eve. Phone: _____	Fax: ( ) _____	
Email Address: info@greshampd.com		
Send results and invoices to: (Print full name, address and zip code) GRESHAM PUMP & DRILLING INC 2078 NE Lincoln Rd Poulsbo, WA 98370		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): Gresham Pump & Drilling Inc		
Specific location where sample collected: base camp		Special instructions or comments: count
Type of Sample (must check only one box of #1 through #5 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		2. Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____
3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
4. <input type="checkbox"/> Surface or GW Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal    Filtered Yes _____ No _____		<input checked="" type="checkbox"/> S
5. <input checked="" type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Private Residence <input checked="" type="checkbox"/> Other _____		
<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		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Requested/Flagged: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____		
Bacterial Density Results: Total Coliform <1 /100ml. E. coli <1 /100ml. Fecal Coliform _____ /100ml. HPC _____ /1 ml.		
Date/Time Received 11/6/18 3:10	Lab Reference Number 182782-01	
Date/Time in Incubator 11/6/18	Method Code 9223B	
Date/Time Out Incubator 11/7/18	Receipt Temp C° (Raw Water)	
DOH Lab Sample# 010- 78201	Remarks: Not 11/7 HK	

# SPECTRA Laboratories - Kitsap LLC

26276 Twelve Trees Lane, Suite C Poulsbo, WA 98370 Telephone (360) 779-5141 FAX (360) 779-5150

## Complete Inorganic Chemistry

### Report of Analysis

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HEALTH DISTRICT

Date Collected: 11/06/18  
Water System ID No: Private  
Lab / Sample Number: 01078202  
Sample Location: 3078 NE Lincoln Rd  
Sample Purpose: O  
Sample Composition: S  
Send Report To: Gresham Pump & Drilling  
P.O. Box 1600  
Poulsbo, WA 98370

System Group Type: Private  
System Name: Jason Hedstrom  
County: Kitsap  
Source Numbers:  
Date Received: 11/6/2018  
Date Reported: 11/9/2018  
Sample Type: Pre-treatment/Raw  
Collected By: GPD  
Phone Number: 360-779-9323  
Bill To: Gresham Pump & Drilling  
P.O. Box 1600  
Poulsbo, WA 98370

### ANALYTICAL RESULTS

DOH#	Analyte	Data Qualifier	Results	SDRL	Trigger	MCL	Units	Exceed MCL? (X if Yes)	Date Analyzed	Method/Initials
20	Nitrate-N		ND	0.5	5	10	mg/L		11/08/18	EPA 300.0 (KW)
21	Chloride		ND	20		250 <sup>1</sup>	mg/L		11/08/18	EPA 300.0 (KW)
16	Conductivity		159	70		700 <sup>1</sup>	µS/cm		11/08/18	SM 2510 B (HE)
8	Iron		ND	0.1		0.3 <sup>1</sup>	mg/L		11/07/18	EPA 200.7 (KW)
10	Manganese		0.05	0.01		0.05 <sup>1</sup>	mg/L		11/07/18	EPA 200.7 (KW)

\*Confirmation: Include the original lab number, sample number, and collection date of the original sample in either comment section.

--: No existing trigger or MCL value.

<sup>1</sup> Secondary MCL (Established for aesthetic purposes, not health based).

<sup>2</sup> TDS is required to be run if conductivity exceeds the MCL.

Analyte: The name of the analyte being tested.

Data Qualifier: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

Exceeds MCL: (Maximum Contamination Level) Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

Method/Initials: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: Milligrams per liter or parts per million.

NTU: Nephelometric turbidity units..

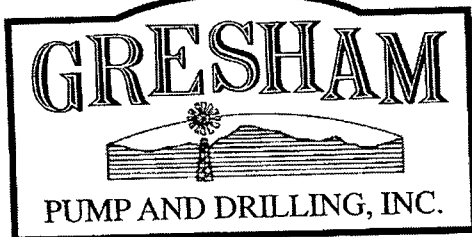
Result: The laboratory reported result.

SDRL: (State Detection Reporting Limit) The minimum reporting detection of an analyte as established by the department.

Trigger: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND: (Not Detected) Indicates that this compound was analyzed for and not detected at a level greater than or equal to the SDRL.

µmhos/cm: Micro ohms per centimeter. One micro ohm per centimeter is equivalent to one micro Siemen per centimeter (µS/cm).



Invoice # 01811047  
Date: 11/7/2018

JASON & ASHLEY HEDSTROM  
16420 VIKING WAY NW  
POULSBO, WA 98370

REF:

PUMP TEST, SAMPLES & DESIGN AT NE LINCOLN RD,  
POULSBO  
PARCEL 122601-4-033-2004 WELL LOCATED AT 3078 NE  
LINCOLN RD  
122601-4-003-2000

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KITSAP PUBLIC  
HEALTH DISTRICT

360-509-8795 CELL 360-509-7687 CELL

jasonandashleyhedstrom@gmail.com

TERMS: NET DUE UPON RECEIPT OF INVOICE / VISA/MC ACCEPTED (3% Processing Fee)

Qty	Description	Price	Unit	Price	Tax
1	Pump Test, Bacteria, K-5 samples with Design	\$690.00	EACH	\$690.00	X

	SUBTOTAL	\$690.00
SALES TAX	9.0% (1800)	\$62.10
	TOTAL	\$752.10
	PAID TO DATE	\$0.00
	BALANCE DUE	\$752.10

12%

INTEREST PER MONTH CHARGED ON PAST DUE ACCOUNTS

P.O. Box 1600, Poulsbo, WA 98370 (360) 779-9323 Fax (360) 779-6077

Cont. #GRESHPD871B8 / GRESHPD877W8  
www.greshampd.com

Permit Number: 20-01074

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

07/26/2019

JASON & ASHLEY HEDSTROM  
PO BOX 573  
POULSBO, WA 98370

Tax ID: 122601-4-033-2004  
Site Address: LINCOLN RD NE  
Memo #: 111624  
Water Source Type: Private Two Party  
Water System Name: N/A

Dear Applicant,

This checklist expires on 8 / 10 / 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:

1. Results of a constant rate pumping test.
2. 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.
3. Results for a chemical analysis for the following: iron, manganese, nitrate, chloride, and conductivity. Analysis must have been **within three years** prior to the application date. 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.
4. 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.
5. A copy of a signed, notarized and recorded declarative covenant is required to protect the 50-ft. well radius. Covenant templates and instructions for completion are available at:  
[www.kitsappublichealth.org/environment/water\\_forms.php](http://www.kitsappublichealth.org/environment/water_forms.php)

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) 728-2222 or [kimberly.jones@kitsappublichealth.org](mailto:kimberly.jones@kitsappublichealth.org).

Thank you for your cooperation.

Sincerely,



Kimberly Jones, RS  
Senior Environmental Health Specialist  
Drinking Water and Onsite Sewage Program

cc: INDIGO DESIGN & MAINTENANCE SPECIALISTS

# LINCOLN RD NE Poulsbo

## CHRONOLOGICAL CONTROL SHEET

### Building Site Application - New

Applicant: HEDSTROM, JASON & ASHLEY

Tax ID: 122601-4-033-2004

Memo: 111624

BP: N/A

DCD-LU: N/A

Contractor: INDIGO DESIGN & MAINTENANCE SPECIALISTS

RECEIVED ON	INITIALS	ACTION TAKEN/COMMENTS	ROUTE TO	DATE
07/10/2019	BSJ	Received otc		07/10/2019
7.11.19	EE	next to 3078-will share this well	KJ	
	KJ	Site visit - soils as described.		
		Can't find driveway for 3078 to		
		look @ well. Call Brandon.		
		Check lot size (lot less than 1 acre)		
		Needs lot size waiver		
		3070		
		& Bryan <sup>Georgiutte</sup> → (206) 972-2823 (well)		
7/16/19	KJ	1st OK - 2 homes on this lot? - no.		
		no well log found.		
		pending NW water cut sheets & lot size		
		waiver. Sent letter.		
7/19/19	KJ	received cut sheets. Still pending waiver.		
7/26/19	KJ	waiver approved by city.		
		OSS approved.		
		On pending Checklist.	BR	7/26/19

7/26/19 BR Mailed checklist. Filed to BR pending under "HEDSTROM."

7/30/19 KJ received well info. OK  
pending covenants.

BR 7/30/19

Printed: 7/11/2019 7:53 AM

7/31/19 KJ received well agreement w/100' covenants. Permit Number: 20-01074 Approved.

BR 7/31/19

