

HEALTH OFFICER DECISION

Application Type: Building Site Application -
Residential

Memo #: 46281
Tax ID #: 5536-000-019-0001
RP ACCT ID: 2498764
Expiration: 03/28/2023

Property Information

38746 BENCHMARK AVE NE
Hansville WA 98340

Contractor of Record

Contractor Name: Dave's Septic Services
Contractor Phone #: (360) 710-2449

Applicant

Bob Disney
5706 BETHEL RD SE Suite 100
PORT ORCHARD WA 98367

Health Officer Decision for Onsite Sewage System

Approved (See Conditions Below)	Name of Inspector: <i>KIMBERLY JONES</i>	Date: <i>03/12/2020</i>

Health Officer Decision for Water Supply

Approved (See Conditions Below)	Name of Inspector: <i>Margo Chang</i>	Date: <i>06/01/2020</i>

Final Decision: Approved



RECEIVED

FEB 27 2020

KITSAP PUBLIC
HEALTH DISTRICT

345 6th 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.
FEB 27 2020	046281	\$810-	BA

BUILDING SITE INFORMATION

Building Site Address – Street, City, Zip Code:

38746 Benchmark Ave NE Hansville 98340

Assessor Tax Account Number:

5536-000-019-0001

Property Size:

.76 Acres

Lot Number:

19

APPLICANT INFORMATION

First & Last Name

Bob Disney

Phone Number:

E-Mail:

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

5706 Bethel RD SE STE 100 Port Orchard WA 98367

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.

Designer/Engineer Stamp



Designer/Engineer Contact Phone Number:

(360) 710-2449

Designer/Engineer E-Mail Address:

Applicant/Agent Signature

Date

02/26/2020

Intake Notes – Health District Use Only

DRINKING WATER & ONSITE SEWAGE SYSTEM SPECIFICATION SHEET

Assessor Tax Account Number:
5536-000-019-0001

A. DRINKING WATER SUPPLY INFORMATION

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

B. SOIL EVALUATION PROFILES

Soil Evaluation Date	SOIL LOG NUMBERS MUST CORRELATE WITH SITE PLAN – INDICATE TOTAL EXCAVATED DEPTH, SOIL TYPES, WATER TABLE LEVEL & DEPTH OF RESTRICTIVE LAYER		
SOIL LOG #1	SOIL LOG #2	SOIL LOG #3	SOIL LOG #4
Downslope Side Measurements 0-17 Brown fine loam to compaction mottled soils. Soil type 4	Downslope Side Measurements 0-17 Brown fine loam to compaction mottled soils. Soil type 4	Downslope Side Measurements 0-17 Brown fine loam to compaction mottled soils. Soil type 4	Downslope Side Measurements <div style="text-align: center;"> RECEIVED FEB 27 2020 KITSAP PUBLIC HEALTH DISTRICT </div>

C. DAILY FLOW – TANKAGE – TREATMENT

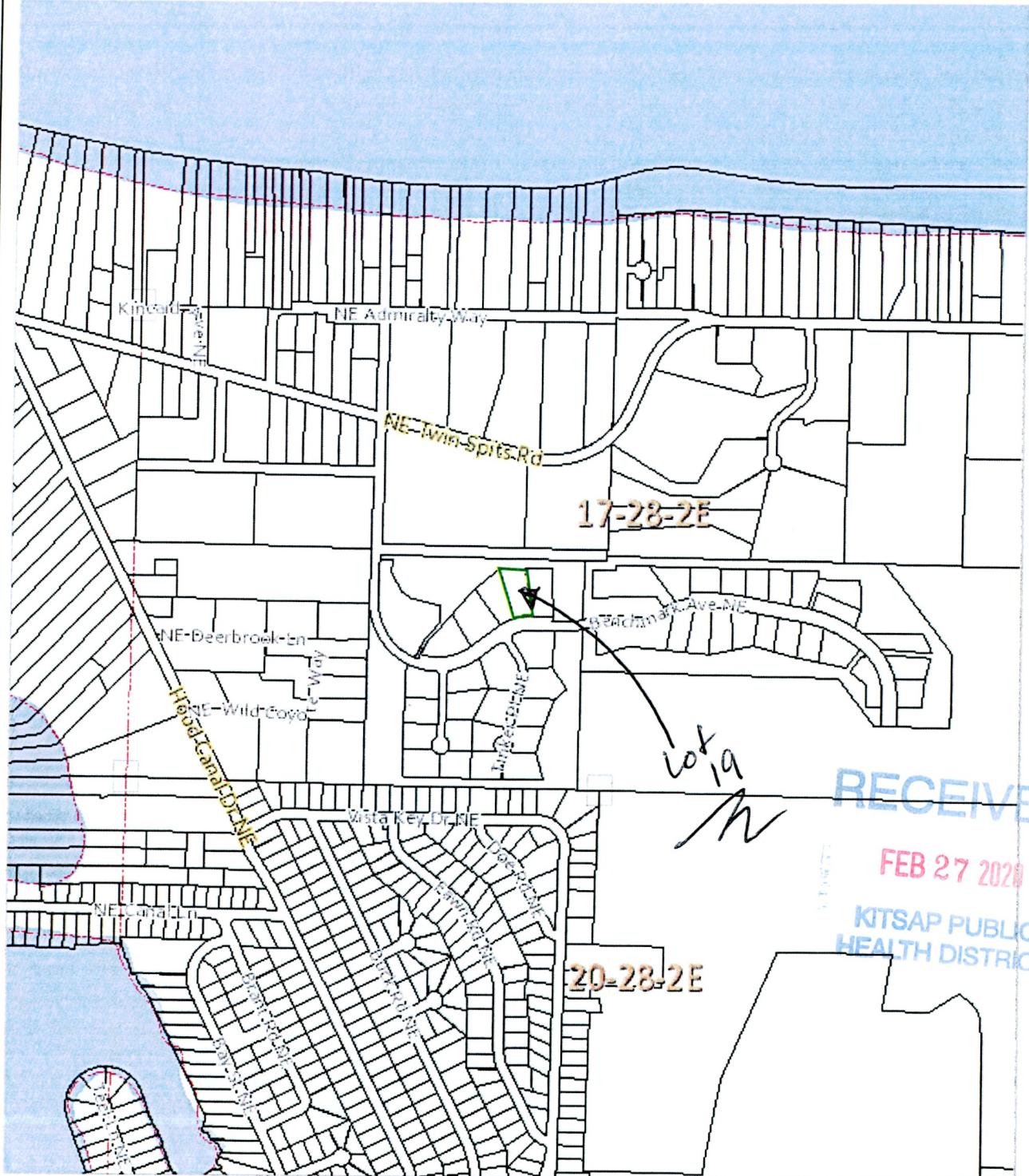
DESIGNED MAX SEWAGE FLOW	TRASH/SEPTIC/PUMP TANKS	ADVANCED TREATMENT INFORMATION															
360 Gallons Per Day	<table border="1"> <tr> <th>Type</th> <th>Size (gal)</th> <th>QTY</th> </tr> <tr> <td><input type="checkbox"/> Trash Tank</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 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: <u>Glendon Biofilters</u> 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 3 Maximum Bedrooms		<div style="text-align: center;"> APPROVED FOR SEWAGE AND WATER ONLY </div>															
PROPOSED TREATMENT LEVEL TL <u>a</u>																	

D. DISPERSAL COMPONENT CONSTRUCTION

DISPERSAL COMPONENT SIZING		TRENCH CONSTRUCTION PROFILE
Hydraulic Loading Rate of Dispersal Area: <u>.6</u> Minimum Dispersal Area (Sq. Ft.) In Primary: <u>600</u> Minimum Linear Feet or Dimensions: _____ DISTRIBUTION METHOD <input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input checked="" type="checkbox"/> Other: <u>Glendon Biofilters</u>		A. Percent Slope in Primary: <u>8-12</u> % B. Maximum Trench Depth: _____ inches (Downslope Side Measurements) C. Vertical Separation: <u>12</u> inches D. Trench Width: _____ inches E. Additional Cover Required: _____ inches

Map Scale: 1 : 10,000

Printed: Thursday, Feb 27, 2020



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

0 500 1000ft



Comments



Kitsap Public Health District

Permit Number: 20-00762

Easements, Buffers and Open Spaces

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

SHOW ALL PROPOSED PROPERTY IMPROVEMENTS

Structures and/or Building Envelopes

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

Wells and 100' Well Radii

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

On-Site Sewage System (OSS) Components

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

Storm/Surfacewater Drainage Systems

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

Roads, Driveways, Parking Areas and Sidewalks

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

Water and Utility Lines

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

QUESTIONS?

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

360) 337-5777; or

The Kitsap Public Health District at

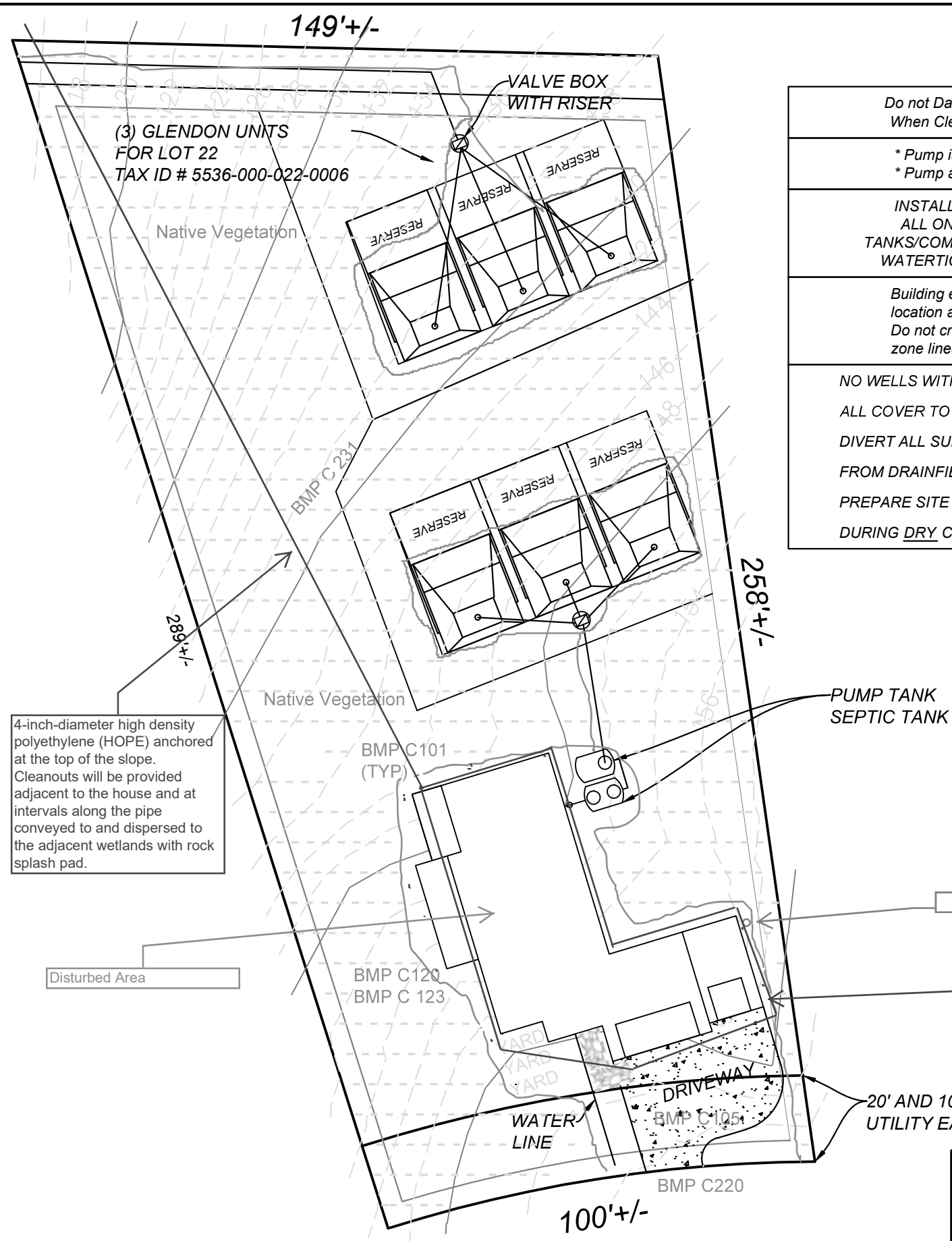
360) 337-5285.

Figure 1: Site Plan Requirements Checklist

All site plans shall be clearly and accurately drawn to 1"=20', 30', 40' or 50' scale on paper no larger than 11" x 17" and must indicate all of the following information. For each item below, mark either "Shown" or "N/A" as appropriate for your project. This checklist must be completed and included on all site plans. Any site plan without this checklist will be rejected and returned to the applicant for correction.

Shown N/A	Parcel Number	
	5536-000-019-0001	
A General Property Information:		
<input checked="" type="checkbox"/>		Tax ID Number and Property Address
<input checked="" type="checkbox"/>		Property lines and dimensions
<input checked="" type="checkbox"/>		Elevations of property and the direction of natural drainage
<input checked="" type="checkbox"/>		Slopes that exceed 15%, including any cut banks greater than 4' in height
<input checked="" type="checkbox"/>		North arrow and site plan scale
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Marine waters, lakes and ponds and their associated high water lines
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Streams, creeks & wetlands and their associated buffer areas
B Existing Property Improvements:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location of all existing structures, including the locations of existing structures on adjacent waterfront properties
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	Location of existing drainage facilities, including all sub-surface infiltration systems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location of all existing and abutting roadways, driveways, easements, buffers and required open spaces
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location of all existing water, sewer and utility lines.
C Proposed Property Improvements:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location and dimensions of all proposed structures or building envelopes in relation to property lines, other structures, etc.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location of all proposed wells, including their 100' well radii and all water lines
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Location and dimensions of all proposed drainage and infiltration systems (I-Pits)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location, dimensions, surfacing materials, and clearing limits of all proposed parking areas, driveways, sidewalks, & road app'rs.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location of all proposed water, sewer and utility lines.

FEB 27



4-inch-diameter high density polyethylene (HOPE) anchored at the top of the slope. Cleanouts will be provided adjacent to the house and at intervals along the pipe conveyed to and dispersed to the adjacent wetlands with rock splash pad.

Disturbed Area

PUMP TANK
SEPTIC TANK

120 LP Tank

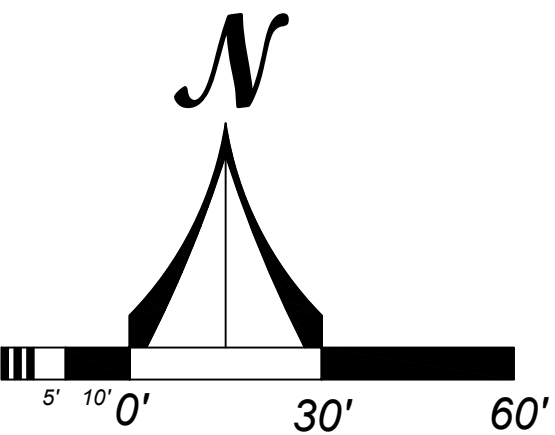
4" solid PVC Tightline

20' AND 10'
UTILITY EASEMENT

Do not Damage Or Disturb Soils When Clearing Drainfield Area	Tank location may vary but must meet K.P.H.D. regulations
* Pump is required * Pump alarm is required	DISCLAIMER This map does not represent a survey nor does it purport to show all easements or encroachments, if any.
INSTALLER TO ENSURE ALL ON-SITE SEWAGE TANKS/COMPONENTS MUST BE WATERTIGHT TO SURFACE	
Building envelope area location and size may vary. Do not cross no building zone lines with buildings	Normal usage must meet the following criteria or be lower
NO WELLS WITHIN 100' ♦ ALL COVER TO BE ≤ 5 MIN/INCH DIVERT ALL SURFACE WATER AWAY FROM DRAINFIELD AREA. PREPARE SITE & INSTALL DRAINFIELD DURING <u>DRY</u> CONDITIONS	Biochemical oxygen demand 130-174 MG/L TSS: 47-71 MG/L FOG: 10-20 MG/L DO: 0-1.0 MG/L PH: 6.5-7.2 TEMP: 48-70* *With microscopic life forms present **Higher waste strengths will result in premature failure of the septic system.
	INSTALLER MAY USE GRAVEL OR SUBSTITUTE WITH INFILTRATORS FOOT FOR FOOT. <u>SEE ATTACHED NOTES!</u>
	STUMP SPLITTING OR STUMP GRINDING IS RECOMMENDED FOR TREES GREATER THAN 12" IN DIAMETER WITHIN DRAINFIELD AREA. PROTECT SOILS WHEN CLEARING

APPROVED
FOR SEWAGE AND WATER ONLY

RECEIVED
FEB 27 2020
KITSAP PUBLIC
HEALTH DISTRICT



OWNER: THE RIDGE AT BUCK LAKE BOB DISNEY LOT 19 TAX ID: 5536-000-019-0001		DAVE'S SEPTIC SERVICES INC. P.O. BOX 301 SEABECK, WA 98380 (360) 830-710-2449	SCALE: 1" = 30' DATE: 3-14-2019 REVISION: 1-17-2020 REVISION: 2-6-2020
--	--	--	---

RECEIVED

General Designer Notes

FEB 27 2020

Ref: Bob Disney 38746 Benchmark Ave NE

KITSAP PUBLIC
HEALTH DISTRICT

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

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

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

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

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

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

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

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

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

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

Specific Designer Notes :

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

#2- Do not damage or remove the native soil conditions in any proposed drainfield areas.

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

#4- Glendon Biofilters are proposed and a certified Glendon installer is required.

RECEIVED

FEB 27 2020

KITSAP PUBLIC
HEALTH DISTRICT



Kitsap Public Health District

Permit Number: 20-00762

GRAVITY ON-SITE SEWAGE SYSTEM WORKSHEET

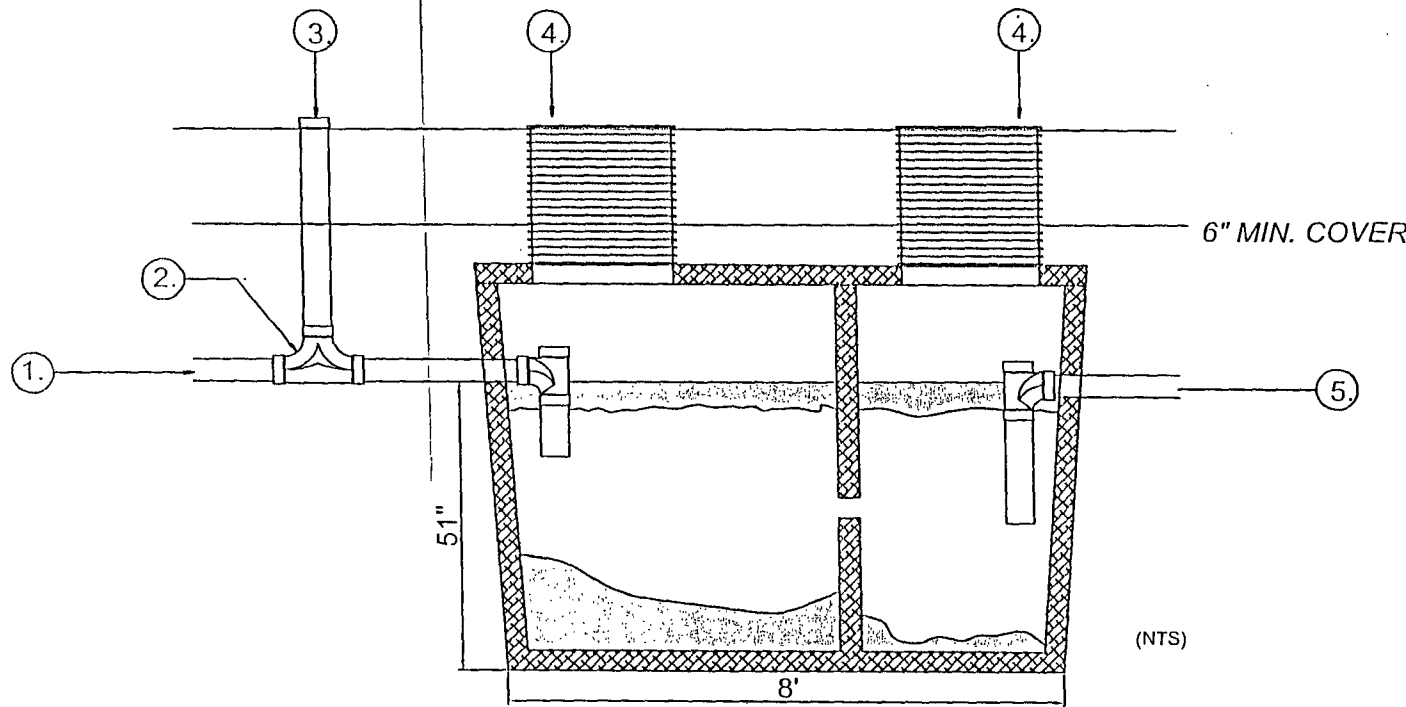
TYPICAL TWO CHAMBER SEPTIC TANK

MINIMUM TANK SIZE FOR PROJECT 1,000 GALLONS

RECEIVED

FEB 27 2020

KITSAP PUBLIC
HEALTH DISTRICT



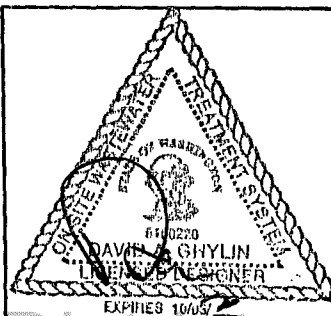
1. STUB OUT FROM HOME ELEVATION INDICATED ON SEPTIC DESIGN
2. DOUBLE SWEEP CLEANOUT
3. RISER TO FINISH GRADE WITH SLIP CAP
4. 24" DIAMETER RISER TO FINISHED GRADE W/LOCKING SCREWS
5. SEPTIC TANK STUB OUT TO ALTERNATIVE TREATMENT UNIT (ATU) / PUMP TANK OR DRAINFIELD

APPLICANTS NAME:

Bob Disney

TAX ID #

5536-000-019-0001



DAVE'S SEPTIC SERVICES INC.

P.O. Box 826

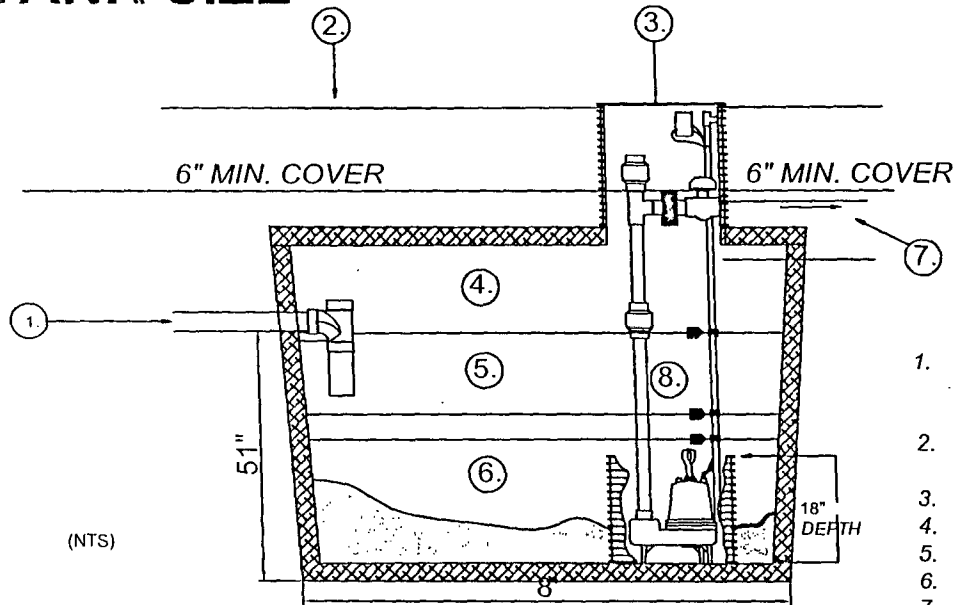
Seabeck, WA 98380

(360) 830-9699

Kitsap Public Health District

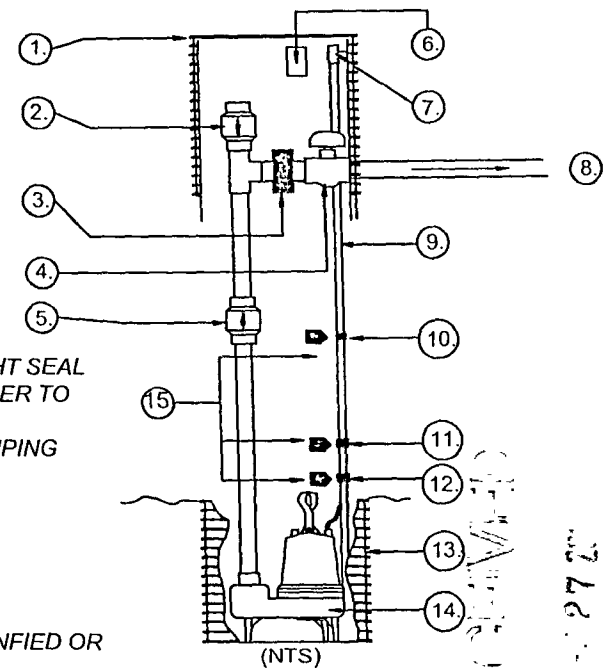
Permit Number: 20-00762

TYPICAL 1000 GALLON PUMP TANK REVIEW SEPTIC DESIGN FOR TANK SIZE



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

TYPICAL PUMP SETUP

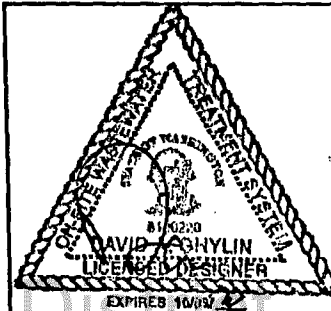


1. SECURE LID WITH GAS TIGHT SEAL -24" DIAMETER ACCESS RISER TO FINISH GRADE
2. ANTI SIPHON VALVE IF PUMPING DOWNHILL.
3. THREADED UNION
4. SERVICE VALVE
5. CHECK VALVE
6. ELECTRIC BOX
7. FLOAT TREE ANCHOR
8. PRESSURE FLOW TO DRAINFIELD OR ALTERNATIVE SYSTEM
9. FLOAT TREE
10. HIGH WATER ALARM
11. ON/OFF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

APPLICANTS NAME:

Bob Disney
TAX ID #

5536-000-019-0001



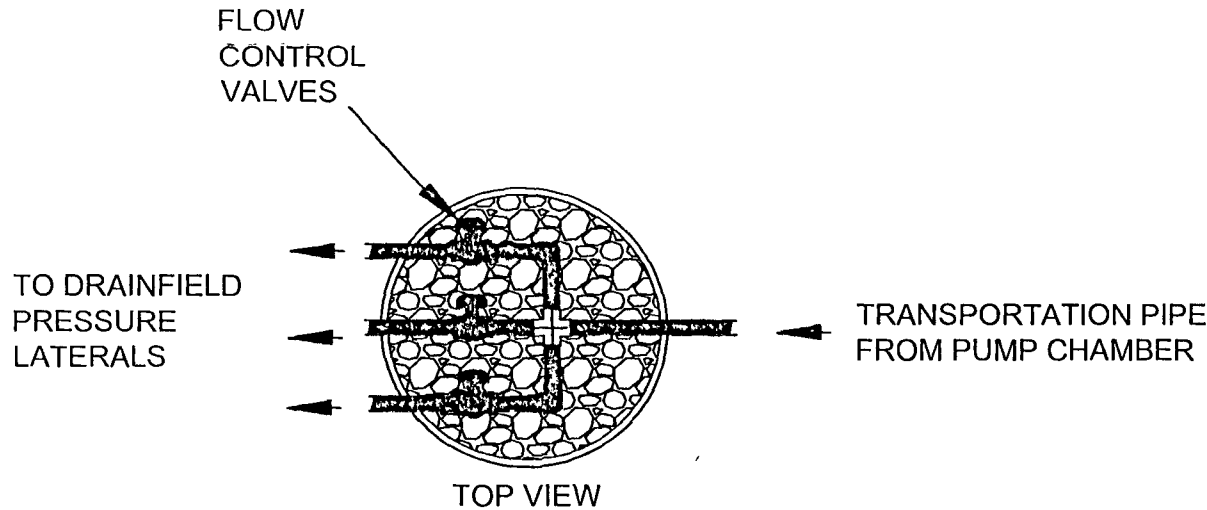
DAVE'S SEPTIC SERVICES INC.
P.O. Box 826
Seabeck, WA 98380
(360) 830-9699

Kitsap Public Health District

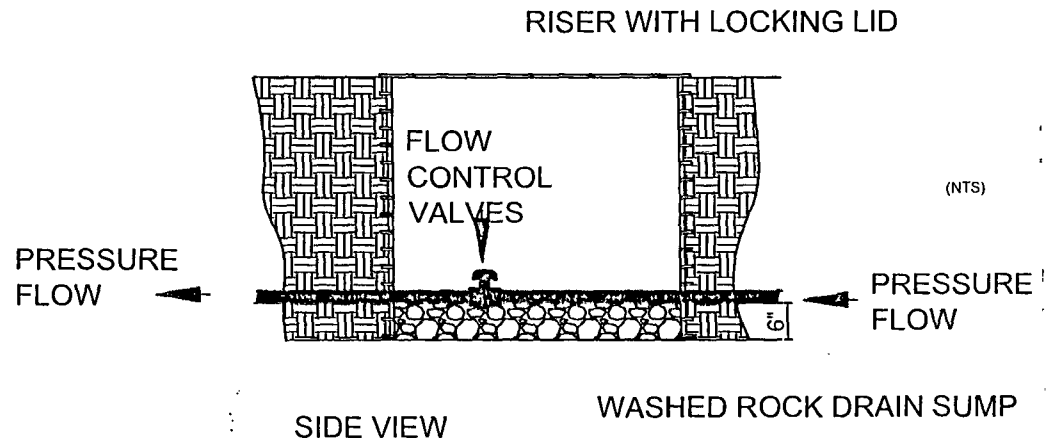
Permit Number: 20-00762

1-2018

TYPICAL HEADER MANIFOLD AND VALVE BOX



*NUMBER OF PIPES FROM VALVE BOX
MAY VARY SEE DESIGN FOR DETAILS.



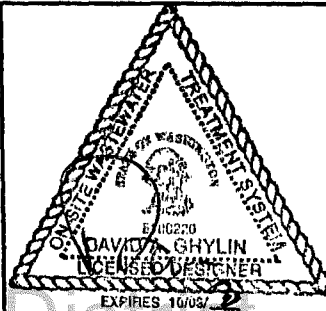
RECEIVED
FEB 27 2020
KITSAP PUBLIC
HEALTH DISTRICT

APPLICANTS NAME:

Bob Disney

TAX ID #

5536-000-019-0001



DAVE'S SEPTIC SERVICES INC.

P.O. Box 826

Seabeck, WA 98380

(360) 830-9699

Kitsap Public Health District

1-2018

Permit Number: 20-00762

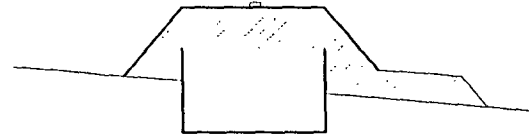
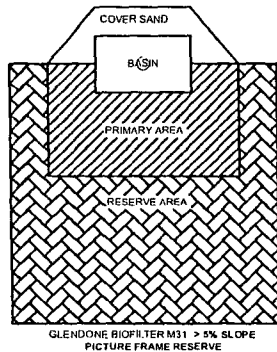
Glendon® Biofilter Model M31 Worksheet

Slopes > 5 - ≤30%

Basin Capacity, GPD: 120

Basin Dimensions: 10' L 6' W 5.5' D

Soil Absorption Rate, gal/ft²/day: .6



Rim required = 120 GPD x $\frac{1}{4}$ GPD = 30 LF

Rim available = 32

Basin volume required = 120 GPD x 2.2 ft.³/GPD = 264 CF

Basin volume available = 330

Absorption area required = 120 GPD / .6 Gal/ft²/day = 200 ft.²

* USE ORENCO 10 gpm TURBINE PUMP WITH AQUAWORKS FOATLESS CONTROL PANEL.

Primary area calculations:

$$16' \times 17' = 280 \text{ sq. ft.}$$

$$-77 \text{ sq. ft. Lost area}$$

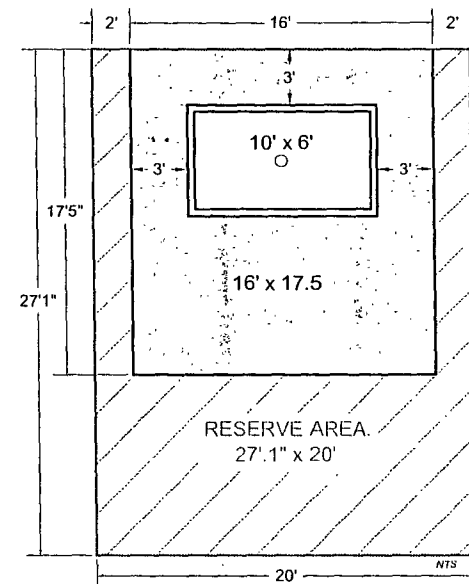
$$203 \text{ sq. ft. Area available}$$

Reserve area calculations:

$$2' \times 17'.5" = 70 \text{ sq. ft. Picture fram}$$

$$9'.6" \times 20' = +192 \text{ sq. ft.}$$

$$262 \text{ sq. ft.}$$

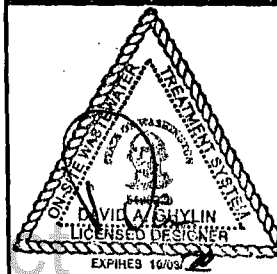


Glendon Model M31

APPLICANT NAME:

Bob Disney

TAX ID # 5536-000-019-0001



DAVE'S SEPTIC SERVICES INC.

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

SCALE:

NTS

DATE:

4-21-2018

Return Address:

Disney and Associates, Inc.

5706 Bethel Road SE Suite 100

Port Orchard, WA 98367

DISNEY AND ASSOCIATES INC

Notice To Title Rec Fee: \$ 103.50

05/07/2020 09:46 AM

Paul Andrews, Kitsap Co Auditor

202005070065

Page: 1 of 1

"NOTICE TO TITLE"

FILED FOR THE RECORD AT THE REQUEST OF KITSAP PUBLIC HEALTH DISTRICT

NOTICE FOR MONITORING AND MAINTENANCE REQUIREMENT

KCBOH ORDINANCE 2008A-01 AND WAC 246-272A

DATE 3/27/20 **TAX ASSESSOR'S ACCOUNT #** 5536-000-019-0001

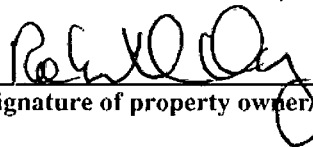
LEGAL DESCRIPTION:

LOT 019, STERLING HIGHLANDS, ACCORDING TO THE PLAT RECORDED IN VOLUME 32 OF PLATS, PAGE(S) 118 - 128, INCLUSIVE, RECORDS OF KITSAP COUNTY, WASHINGTON; SITUATE IN KITSAP COUNTY, WASHINGTON.

Additional Legal Description Can Be Found On Page ____ Of Document

ON-SITE SEWAGE SYSTEM: MONITORING & MAINTENANCE REQUIREMENT OF THE KITSAP PUBLIC HEALTH DISTRICT.

The residence or facility on this property utilizes an alternative method of sewage disposal, which requires regularly scheduled monitoring and maintenance. Monitoring and maintenance is required to be performed by a person certified by the Health District as specified in the Kitsap County Board of Health Ordinance 2008A-01 and WAC 246-272A.


Signature of property owner/grantor

Robert T. Disney
Print name

Signature of property owner/grantor

Print name

Signature of person recording notice to title/grantor

Print name or company name

Additional Signatures Can Be Found On Page ____ of This Document

RECEIVED

MAY 13 2020

**KITSAP PUBLIC
HEALTH DISTRICT**

OSS_NTT_O&M_12-2011.dotx

Kitsap Public Health District

Permit Number: 20-00762

Notice of Pending Building Site Application

02/28/2020

DISNEY & ASSOCIATES
5706 BETHEL RD SE Suite 100
PORT ORCHARD, WA 98367

Tax ID: 5536-000-019-0001
Site Address: 38746 BENCHMARK
Memo #: 46281
Water Source Type: Public
Water System Name: North Peninsula

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. Design & recorded easements for Lot #22

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; 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.

Thank you for your cooperation.

Sincerely,



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

cc: Dave's Septic Services

RECEIVED

JUN 01 2020

KITSAP PUBLIC UTILITY DISTRICT #1**P.O. BOX 1989 - POULSBO, WA 98370****(360) 779-7656****KITSAP PUBLIC
HEALTH DISTRICT****BINDING WATER AVAILABILITY LETTER**

System:	(04,08,09)North Peninsula, State ID No. 051220; has a "U" designation, currently serves	5511
Service Address:	38746 Benchmark Ave NE Hansville, WA 98346	Type: Residential
Tax Lot #:	5536-000-019-0001	Street Lts: NO Area:

This Binding Water Availability Letter guarantees water service to the subject property.**This Binding Water Availability Letter has no expiration date.**

Capital Facilities Charge :	ERU's	1	\$6,000.00
Service Install Fee:	Meter Size	5/8"	\$375.00
Square Footage Payback	SF of Lot		\$0.00
Bainbridge Island Utility Tax (6%)		NO	0.00
Sub Total:			\$6,375.00
		NO	\$0.00
Total Charges :			\$6,375.00

Owner Name :	Disney and Associates	bob@disneyandassociates.net
Owner Mailing Address:	5706 Bethel Road SE Suite 100 Port Orchard, WA 98367	
Owner Phone: Home :	Work 360 895-7747	Alternate: Bob cell 253 569-2536

Having received the PUD Customer Information pamphlet the undersigned property owner hereby agrees to comply with all rates, rules and regulation as approved by the Commissioners of Kitsap PUD relative thereto.		
It is understood and agreed that any unpaid charges shall become a lien on the property served. The PUD shall not be responsible for the pressure nor the volume of flow greater or less than normal to the tap location.		
NO	YES / NO : This connection has or plans to install an irrigation or sprinkler system. The District Must be notified prior to installation of any irrigation or sprinkler system. Failure to notify the District of such installation may result in termination of water service.	
	Service installation may require up to 60 working days.	
	Service is requested as soon as service installation has been completed.	
X	Service will be locked off until owner requests initiation of service. Locked off services are subject to a "Ready to Serve" charge. Should the lock be removed and/or water used prior to notifying the District to initiate service, billing will become retroactive to date of this binding letter and charges will be billed to the party signing this letter regardless of circumstances which resulted in unapproved use of service.	
NO	There is an existing well on the property. The owner is required to either decommission the well <u>OR</u> have it approved for use by the Health District.	
Signature:	Michael J Flaherty	Agent : Mike Flaherty Payment Amt : \$6,375.00
Check # :	14436	Date : 6/1/2020 Signature:

RECEIVED

KITSAP PUBLIC UTILITY DISTRICT #1

P.O. BOX 1989 - POULSBO, WA 98370

(360) 779-7656

~~JUN 01 2020~~

KITSAP PUBLIC HEALTH DISTRICT 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

(04,08,09)North Peninsula, State ID No. 051220; has a "U" designation, currently serves

5511

is capable of supplying, and will supply water to:

Disney and Associates

bob@disneyandassociates.net

for 1 (one) connection located at:

5536-000-019-0001

This connection is to be used for:

Residential

This Binding Water Availability Letter has no expiration date.

Agent's Name:

Mike Flaherty

Signature:

Michael J Flaherty

Title: Utility Manager

Date

6/1/2020



KITSAP PUBLIC UTILITY DISTRICT
1431 FINN HILL RD
PO Box 1989
POULSBORO, WA 98370
OFFICE 360-779-7656
FAX 360-779-3284

Binding Water Availability Letter Application Form

Date: 02/20/20

Applicant Information

Print Name: Disney and Associates
Mailing Address: 5706 Bethel Road SE Suite 100
Port Orchard, WA 98367
E-Mail Address: bob@disneyandassociates.net
Home Phone: _____
Work Phone: 360-895-7747
Cell Phone: 253-569-2536

RECEIVED
JUN 01 2005
KITSAP PUBLIC UTILITY DISTRICT
1431 FINN HILL RD
PO BOX 1989
POULSBORO, WA 98370

Property Information

Tax Parcel #: 5536-000-019-0001 LOT 19
Service Address: 38746 Benchmark Ave NE
Hansville, WA 98340

Is there an existing well on the property? YES ___ NO X

Do you have or plan on installing an irrigation or sprinkler system? YES ___ NO X

From date of purchase, all accounts will be charged a Ready To Serve (RTS) fee.
Currently the RTS Fee is half of the basic monthly fee.

Once installed, water service will be locked off (RTS) until customer requests account activation:

Service installation requires a minimum of 60 working days.

Notice of Pending Building Site Application with Public Water Supply

03/12/2020

DISNEY & ASSOCIATES
5706 BETHEL RD SE Suite 100
PORT ORCHARD, WA 98367

Tax ID: 5536-000-019-0001
Site Address: 38746 BENCHMARK
AVE NE

Memo #: 46281
Water Source Type: Public
Water System Name: North Peninsula

Dear Applicant,

This checklist expires on 03 / 28 / 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. A current, three-year water availability letter from an approved public water system must be submitted. The water availability letter must be for a **Binding** commitment for water service, and must not expire 90 days prior to the building site application expiration date.

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

You may track the status of your application online at www.kitsappublichealth.org; 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.

Thank you for your cooperation.

Sincerely,



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

cc: Dave's Septic Services

38746 BENCHMARK AVE NE Hansville

CHRONOLOGICAL CONTROL SHEET Building Site Application - Residential

Parcel Notes

*Parcel Alert SLI completed by KJ/EE on 2/27/2019. Feb 28 2019 9:03AM

Applicant: **DISNEY & ASSOCIATES**

Tax ID: **5536-000-019-0001**

Memo: **46281**

BP: **N/A**

DCD-LU: **N/A**

Contractor: **Dave's Septic Services**

RECEIVED ON	INITIALS	ACTION TAKEN/COMMENTS	ROUTE TO	DATE
02/27/2020	BH	Received OTC. Records attached.	TQ	02/27/2020
2/28/2020	KJ	took second look @ soils w/ Dave & Crystal on 2/10/2020. Type 4 soils - are very wet - soils dry.		
		OSS OK. pending design & easements for lot 22. sent letter		
3/2/2020	KJ	easements for lot 22 recorded.		
		OSS Approved.		
		Per pending BUAL	KJ	3/2/2020
3/12/20	mc	marked checklist and filed to be pending.		
5/1/20	mc	BUAL valid. Approved. @, sent to running. Marked applicant & designer copies.		