



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

August 10, 2017

Sheila Jones
21342 E State Route 3
Belfair, WA 98528

RE: FACTS & FINDINGS FOR ONSITE SEWAGE SYSTEM INSPECTION & EVALUATION FOR PROPERTY OWNERSHIP CONVEYANCE

Property Address: 12800 Oakridge Dr SW, Port Orchard, WA 98367
Tax ID Number: 47330000480000
Application Memo#: 40362

Dear Applicant,

Pursuant to Section 13.D of Kitsap County Board of Health Ordinance 2008A-01, Onsite Sewage System (OSS) and General Sewage Sanitation Regulations, The Kitsap Public Health District completed a field inspection and record evaluation for the onsite sewage system serving the above referenced property, and presents the following facts and findings:

GENERAL FACTS & FINDINGS:		
1.	OSS Approved:	3 Bedrooms, 04/04/1984
2.	Record Drawing or Record of Construction available?	Yes
3.	Contracted for Monitoring & Maintenance:	Not Required
4.	Last Tank Pumping/Inspection date:	05/03/2016
5.	Date Property Vacated:	12/2016

To learn more about septic systems, see the "Homeowner's Manual" on the Health District's website at www.kitsappublichealth.org/environment/files/homeownersguide.pdf

At the time of the Health District's site inspection and evaluation conducted on 08/09/2017, there were no apparent signs of system malfunction. For questions or comments regarding this report, please contact the Health District at 360-728-2235.

Report prepared by:

Richard Bazzell
Onsite Sewage Program

To view inspection reports or septic records for this property, visit www.onlinerme.com

These remarks do not constitute approval, denial or guarantee of the functionality of the reviewed onsite sewage system, but are a statement of the facts and findings observed through the evaluation process.

4733-000-048-0000
12800 Oakridge

12800 OAKRIDGE DR SW, Port Orchard

CHRONOLOGICAL CONTROL SHEET

Property Conveyance Inspection

Applicant: **Sheila Jones**

TaxID: 47330000480000 Lot: N/A

Memo: 40362

BP:

DCD-LU:

Contractor:

RECEIVED ON	INITIALS	ACTION TAKEN / COMMENTS	ROUTE TO	DATE
8/7/2017	AW	Online. Vacated 12/2016. Records attached. Pump report in ORME.	RB	08/07/2017
		inspected 5/3/16 - "no mounting posts found", listing 3 bed, permit - 3 bed 4/4/84		
08/09/17	RB	Site visit, old (had removed) fence primary (dist. 507), otherwise no apparent problems		
08/10/17	RB	email letter - ok to proceed		
8/10/17	AW	Processed		



May 27, 2016

Properties NW of Gig Harbor
P.O. Box 188
Gig Harbor, WA 98335

RE: FACTS & FINDINGS FOR ONSITE SEWAGE SYSTEM INSPECTION & EVALUATION FOR PROPERTY OWNERSHIP CONVEYANCE

Property Address: 12800 Oakridge DR SW, Port Orchard, WA
Tax ID Number: 47330000480000
Application Memo#: 25092

Dear Applicant,

Pursuant to Section 13.D of Kitsap County Board of Health Ordinance 2008A-01, Onsite Sewage System (OSS) and General Sewage Sanitation Regulations, The Kitsap Public Health District completed a field inspection and record evaluation for the onsite sewage system serving the above referenced property, and presents the following facts and findings:

12800 Oakridge / 4733-000-048-0000

GENERAL FACTS & FINDINGS:

1.	<i>OSS Approved:</i>	3 Bedroom OSS Approved on 4-4-1984
2.	<i>Record of Construction available?</i>	Yes
3.	<i>Last Tank Pumping date:</i>	5-3-2016
4.	<i>Date Property Vacated:</i>	4-2016

To learn more about septic systems, see the "Homeowner's Manual" on the Health District's website at www.kitsappublichealth.org/environment/files/homeownersguide.pdf

At the time of the Health District's site inspection and evaluation conducted on 5-26-2016, there were no apparent signs of system malfunction.

For questions or comments regarding this report, please contact the Health District at 360-337-5235.

Report prepared by:

Onsite Sewage Program
Environmental Health Division

To view inspection reports or septic records for this property, visit www.onlinerme.com

These remarks do not constitute approval, denial or guarantee of the functionality of the reviewed onsite sewage system, but are a statement of the facts and findings observed through the evaluation process.



RECEIVED
MAY 25 2016
KITSAP PUBLIC HEALTH DISTRICT

345 6TH STREET, SUITE 300
BREMERTON, WA 98337-1866
(360) 337-5235

EVALUATION OF ONSITE SEWAGE SYSTEM FOR PROPERTY OWNERSHIP CONVEYANCE

KPHD USE ONLY		
Memo No: 025092	Fee's Paid: \$ 202.00	Submittal Date: MAY 25 2016

APPLICATION TYPE

<input checked="" type="checkbox"/> Evaluation of Onsite Sewage System ONLY	\$202.00
<input type="checkbox"/> Evaluation of Onsite Sewage System With Bacteriological Water Sample	\$222.00
<input type="checkbox"/> Evaluation of Onsite Sewage System With Bacteriological & Nitrate Water Sample	\$250.00
<input type="checkbox"/> Evaluation of Onsite Sewage System Re-Application - Site Visit Required	\$109.00
<input type="checkbox"/> Evaluation of Onsite Sewage System Re-Application - No Site Visit Required	\$75.00

IMPORTANT - INCOMPLETE INFORMATION MAY RESULT IN THE NEED FOR RE-APPLICATION

The following information must be completed prior to submitting the Evaluation of Onsite Sewage System for Property Ownership Conveyance:

- ✓ **Contract is up to date (For Alternative Onsite Sewage Systems only).**
- ✓ **Record of Onsite Sewage System Approval is available (If not a Record Drawing must be created and attached).**
- ✓ **Site Inspection Reports are current and up to date - Copies of KPHD Pump Reports should be attached.**
 - If it is a Gravity Onsite Sewage System, the tank must be inspected and pumped if necessary every 3 years.
 - If it is an Alternative Onsite Sewage System, the Contract Inspection Reports must be up to date and satisfactory
- ✓ **The septic system drainfield is clear or lightly vegetated to facilitate a complete inspection.**
- ✓ **Applications with water sample requests: If the water is off - a re-inspection fee will apply.**

PROPERTY INFORMATION Occupied? If Not - Date Vacated: April 2016

Dogs or other constraints are present, preventing access to the septic system area (including tanks).

Property Address - Street, City, Zip Code: 12800 Oakridge Drive SW Port Orchard, WA. 98367		
Assessor Tax Account No.: 47330000480000	Number of Bedrooms: 3	Year Home Built: 1984
If the current owner is not the original owner OR the the address has changed please provide the following:		
Original (first) Property Owner: N/A	Original (first) Property Address: N/A	
Directions to the property (please begin from a major road) You May Attach A Map		
South on Glenwood, R@ Lake Helena, Left @ Oakridge		

PROPERTY OWNER INFORMATION Contact Person

Name: Properties NW of Gig Harbor	Phone #: 253 851-2511
Owner Mailing Address - Street, City, State, Zip Code: PO Box 188 Gig Harbor, WA. 98335	

EVALUATION REPORT RECIPIENT INFORMATION Contact Person

The Evaluation Report will be mailed or held for pick-up as indicated below	
<input checked="" type="checkbox"/> Recipient information is the same as owner information (if different complete below)	
Recipient Name:	Recipient Phone #:
Recipient Mailing Address - Street, City, State, Zip Code:	
<input type="checkbox"/> Please contact me for pickup	

IF DOGS OR ACCESS CONSTRAINTS ARE IDENTIFIED AN INSPECTOR WILL SCHEDULE AN APPOINTMENT

12800 OAKRIDGE DR SW, Port Orchard

CHRONOLOGICAL CONTROL SHEET

Property Conveyance Inspection

Applicant: Properties NW of Gig Harbor

TaxID: 47330000480000 Lot: N/A

Memo: 25092

BP:

DCD-LU:

Contractor:

RECEIVED ON INITIALS ACTION TAKEN / COMMENTS ROUTE TO DATE

RECEIVED ON	INITIALS	ACTION TAKEN / COMMENTS	ROUTE TO	DATE
5/25/2016	SP	Via mail. Vacant.		05/25/2016
		<i>Revised on 5-3-2016</i>		
5/26/16	NW	<i>666 Vinb House not occupied D. Farea o.k.</i>	<i>NH</i>	<i>5/26</i>
5/31/16	aw	<i>Ⓜ marled letter</i>	<i>MM</i>	<i>5/27/16</i>

**Bremerton ❖
Kitsap County
Health District**

Willa A. Fisher, MD, MPH, Director
109 Austin Drive
Bremerton, WA 98312
Environmental Health Division
(360) 478-5285
FAX (360) 478-2091

4733-000-048-0000
HEWITT
12800 OAKRIDGE
31 23 1E

MEMO # 15978

REPORT ON INDIVIDUAL SEWAGE DISPOSAL and/or WATER SYSTEM

NA LYONS OR
HON

SELLER: HEWITT
REPORT ON: SEWAGE
PROPERTY LOCATION: 12800 OAKRIDGE
PORT ORCHARD

THESE REMARKS DO NOT CONSTITUTE APPROVAL OR DENIAL BUT FINDINGS OF FACT.

ON-SITE SEWAGE DISPOSAL SYSTEM FINDINGS:

1. Our records indicate that the on-site individual sewage treatment system was installed in accordance with the applicable regulations in effect at the time of installation. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection.* Only the accessible yard area surrounding the home was inspected.
2. On-site septic system approved for 3 bedrooms. Date approved 4-4-84. Number of bedrooms indicated on health letter application 3.
3. Our files have been searched and no record of approval of the on-site individual sewage disposal system was found. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection*. Only the accessible yard area surrounding the home was inspected.
4. The residence has been vacant longer than thirty (30) days and in accordance with Board of Health Policy we cannot field evaluate at this time.
 Records on file indicate that the on-site individual sewage system was installed in accordance with applicable regulations in effect at the time of installation.
 No records on the system were found.
5. It is required that the septic tank be inspected and pumped, if necessary, every three years.
6. Operation, Maintenance & Monitoring required (Board of Health Resolution 1995-14): The on-site sewage disposal system serving this dwelling or facility utilizes an alternative method of sewage disposal. A regularly scheduled level of maintenance and monitoring is required for this alternative system to function properly.
 This alternative system is; is not; in compliance with this requirement.
 Maintenance Specialist: _____ Contract expiration date: _____
7. Because of item(s) _____ listed above, and/or comments written below, this sewage disposal system is currently out of compliance with the conditions of the septic permit issued on _____.

WATER SYSTEM FINDINGS:

1. Laboratory analysis of the water reveals that the water system meets recommended coliform bacterial standards for drinking water. (The water quality can change over time. Your drinking water should be checked at least once per year. The approximate well capacity may be determined by referring to well drilling reports filed with the Department of Ecology.)
2. Laboratory analysis of the water reveals that the water system DOES NOT meet recommended coliform bacterial standards for drinking water.

COMMENTS: The residence was not occupied at the time of inspection on 9-11-97
The house was vacated 8-17-97 and the occupants. It is recommended the mainfield area be
located, carefully cleared (by a licensed installer) and planted with grass

*This report indicates operating conditions of the above on-site sewage disposal system on the date of inspection. It does not guarantee that it will continue to function satisfactorily

Tom Wofford
Environmental Health Specialist

9-11-97
Date

Called 9-16-97
9/22/97 Donna Lyons

lc

APPLICATION FOR SEWAGE PERMIT

612
issue date 4/12/84

Johanson + Maddox 2201 93rd Ave S.W. Oly. Wa.
Name of installer address

Sewage Permit # ~~27613~~

Building Permit # 27613

Single Family Res. \$ _____

Alteration* " " \$ _____

Additional inspection. \$ _____

Plan Review & Permit \$ _____

Other systems:
Hourly rate: #hr _____ x\$ _____ /hr=\$ _____

Reid-Cooper Const 3330 Kitsap Way Bremerton Wn.
Name of owner address

Reid-Cooper Const. / Rudy Johnson March 19, 1984
Name on building site application and date approved

LT 48 WICKS LAKE RANCHETTES end of OAK RIDGE
Location of Property: Street Address and Directions for locating.

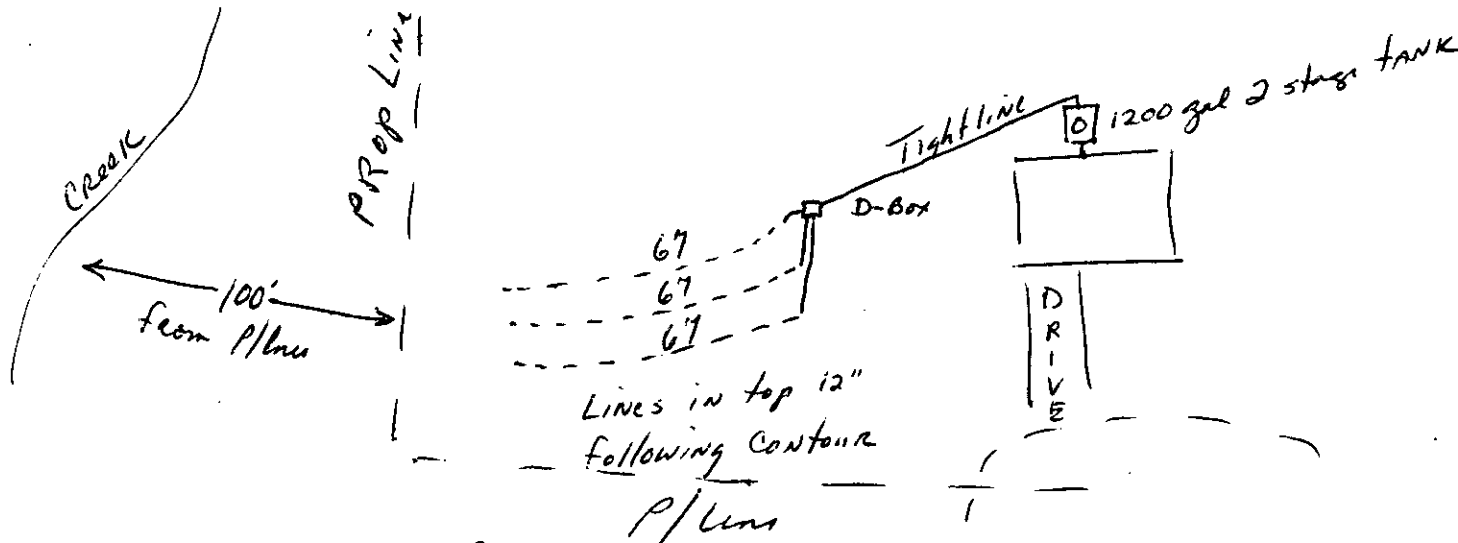
memo

New Building Existing _____ Multi. Fam _____ Single Fam No. Units _____
Type of Occupancy: Coml. _____ Residence _____ No Bedrooms 3
Per unit _____

I hereby agree to comply with all the requirements of Kitsap Co. Board of Health relating to sewage disposal. *A construction plan is required.

Rudy Johnson
signature of owner or firm making application, (the applicant has the right to appeal decisions of the health department)

INSTALLATION PLAN/ FIELD DRAWING



Kitsap Public Health District

Installation inspected by: Randy E. Carr date 4-4-84 "As Built" Requested: Yes No

BREMERTON-KITSAP COUNTY HEALTH DISTRICT
109 AUSTIN DRIVE, BREMERTON, WA 98312 PHONE (206) 478-5285

Memo	
Date	9-8-97
Paid	110-R8

ALL FEES ARE NON-REFUNDABLE PER BREMERTON-KITSAP COUNTY BOARD OF HEALTH
RESOLUTION NO. 13-1990

Application for Report on Individual Sewage system.....	\$110.00	(X)
Report on Individual Water System, (Includes Lab Fee \$15.00).....	\$125.00	()
Report on Individual Water System and Sewage System.....	\$125.00	()
Report on Individual Water System and Record Search.....	\$125.00	()
Record Search (No field inspection if vacant over 30 days).....	\$ 50.00	()

NOTE: Detailed Vicinity Map to locate property must be drawn on reverse side.

Address: 12800 OAKRIDGE POINT ORCHARD, WA 98366
Street City Zip

Owners name Hewitt Phone _____ Purchaser Hall

Number of bedrooms 3 Year House built 1984 Builders name Reid-Cooper Construction?

Assessors Tax # 47330000480000 Subdivision Wicks Ck Lot # _____
Div 2

Home Occupied? NO Vacant _____ Date vacated 8/17/97 New/never occupied _____

Septic tank pumped? YES Date pumped 8/1/93 By Whom? _____

Date original system installed 84? or Date repaired _____

Original owner's name or name when repairs were made Reid-Cooper Construction

Previous property address (if changed) _____

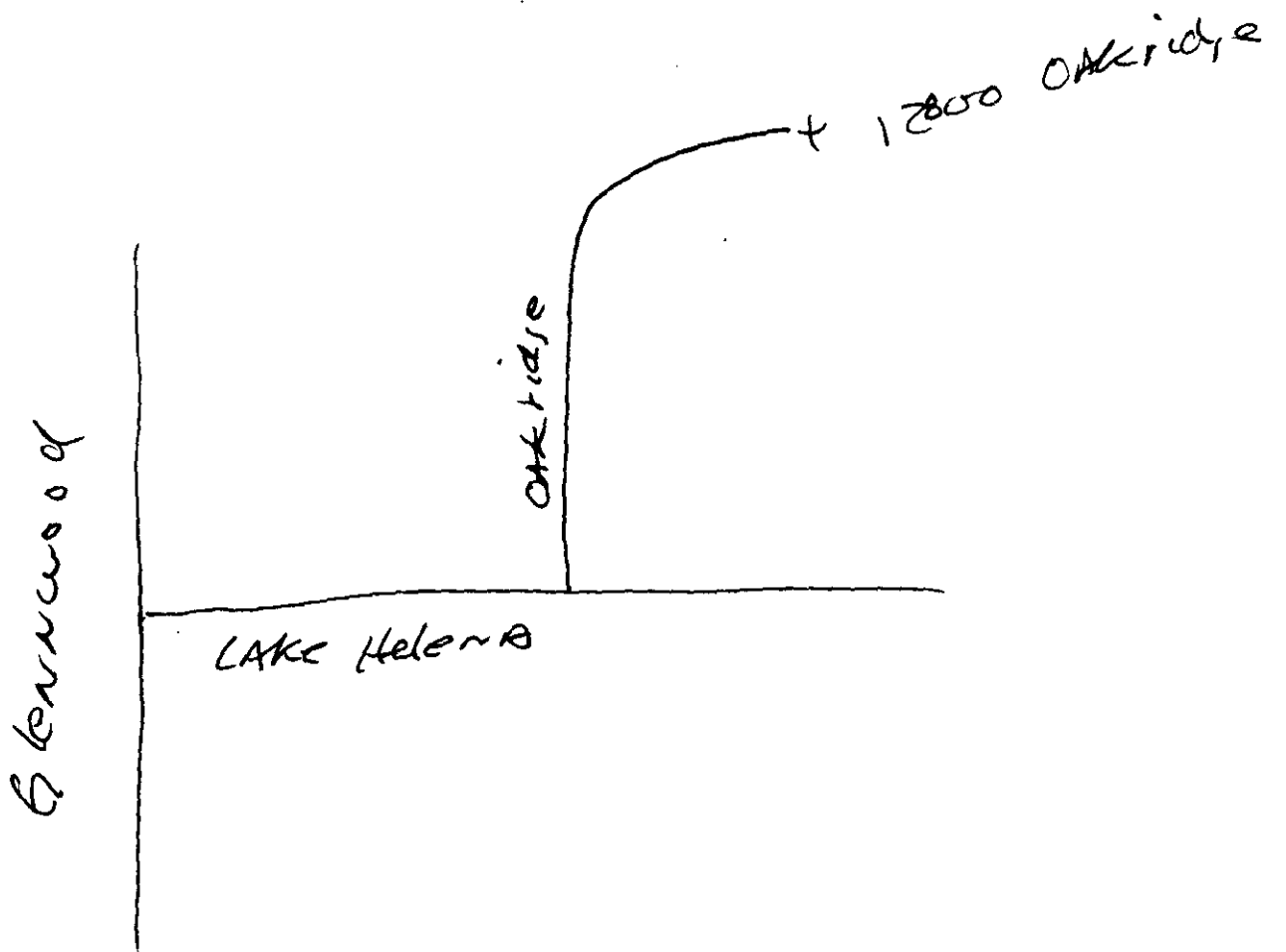
WATER SUPPLY SECTION
 The property is served by: Dug Well _____ Drilled Well _____ Spring _____
 Public Supply _____ by the name of _____ serving _____ # of homes

DO NOT MAIL HEALTH LETTER. Contact name/phone for pick up: DONNA LYONS
OR MIKE ROCKON 876-6560

____ MAIL HEALTH LETTER TO:

Person or Lending Institution _____	Realtor, if applicable _____
Address _____	Phone _____
City _____ Zip _____ Phone _____	

NOTE: Septic tank pumping is recommended, **NOT** required. If vacant longer than 30 days, field inspection will **NOT** be made.



BREMERTON-KITSAP COUNTY HEALTH DISTRICT

WILLA A. FISHER, M.D., M.P.H., DIRECTOR

MEMO 66322

REPORT ON INDIVIDUAL SEWAGE DISPOSAL and/or WATER SYSTEM

SELLER SCHLETZBAUM BUYER _____

PROPERTY LOCATION: 12800 OAKRIDGE DR SW PORT ORCHARD

number street city

SEND TO: _____ REPORT ON: _____

SEWAGE: XXXX

WATER: _____

RECORD SEARCH: _____

THESE REMARKS DO NOT CONSTITUTE APPROVAL OR DENIAL BUT FINDINGS OF FACT.

ON-SITE SEWAGE DISPOSAL SYSTEM FINDINGS:

- 1. X Our records indicate that the on-site individual sewage treatment system was installed in accordance with the applicable regulations in effect at the time of installation. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection. Only the accessible yard area, surrounding the home was inspected.
- 2. _____ Our files have been searched and no record of approval of the on-site individual sewage disposal system was found. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection. Only the accessible yard area surrounding the home was inspected.
- 3. _____ The residence has been vacant longer than thirty (30) days and in accordance with Board of Health Policy we cannot field evaluate at this time.
 _____ Records on file indicate that the on-site individual sewage system was installed in accordance with applicable regulations in effect at the time of installation.
 _____ No records on the system were found.
- 4. X It is recommended that the septic tank be pumped unless it has been pumped within 5 years.

WATER SYSTEM FINDINGS:

Laboratory analysis of the water reveals that the water system meets recommended coliform bacterial standards for drinking water. (The water quality can change over time, Your drinking water should be checked at least once per year. The approximate well capacity may be determined by referring to well drilling reports filed with the Department of Ecology.)

REMARKS: _____

JUL - 8 1992

Tim Quirk
 Environmental Health Specialist
 Department of Environmental Health

7-7-92
 Date PLU

Schletzbaum Dr Sw go

4733-000-048-0000 HEWITT ROBERT H & RHONDA K 12800 OAKRIDGE 31 23 1E SW

BREMERTON-KITSAP COUNTY HEALTH DISTRICT
DIVISION OF ENVIRONMENTAL HEALTH
109 Austin Drive, Bremerton WA 98312
478-5285

66322
JUN 16 1992
pd. 75⁰⁰ / *lm*

ALL FEES ARE NON-REFUNDABLE PER BREMERTON-KITSAP COUNTY
BOARD OF HEALTH RESOLUTION NO. 13 (1990)

Application for Report on Individual Sewage System.....	\$75.00	<input checked="" type="checkbox"/>
Report on Individual Water System, (Includes Lab Fee \$15.00)..	90.00	<input type="checkbox"/>
Report on Individual Water System and Sewage System.....	90.00	<input type="checkbox"/>
Report on Individual Water System and Record Search.....	90.00	<input type="checkbox"/>
Record Search (No field inspection if vacant over 30 days).....	41.00	<input type="checkbox"/>

TO BE COMPLETED BY APPLICANT: (PLEASE DRAW LOCATION MAP ON REVERSE SIDE)

Address: 12800 Oakridge Dr Sw Port Orchard 98366
Street City Zip

Legal Description: Wicks Lake Div #2 Lot 48

Owner Denis L. Schletzbaum Phone 876-1619

Purchaser _____

Home Is Occupied House is Vacant _____ Date Vacated: _____ New, Never Occupied _____

Septic Tank Pumped? Yes _____ No Date _____ By Whom? _____

Original System Installed (Date) 5/84 System Repairs? Yes _____ Date _____

Year House Built 1984 Builder: Reid Cooper #Bedrooms 3

Owner's name when original sewage system installed or alterations were made: Denis L. Schletzbaum

Previous Property Address? (if changed) _____
Route and Box Number _____

WATER INFORMATION

The property is served by a ? Dug Well _____ Drilled Well _____ Spring _____

Public Supply _____ by the name of _____ Serving _____ #Homes (if known)

Attn: _____
Name of Lending Firm Requesting Letter _____ Realtor (if applicable) _____

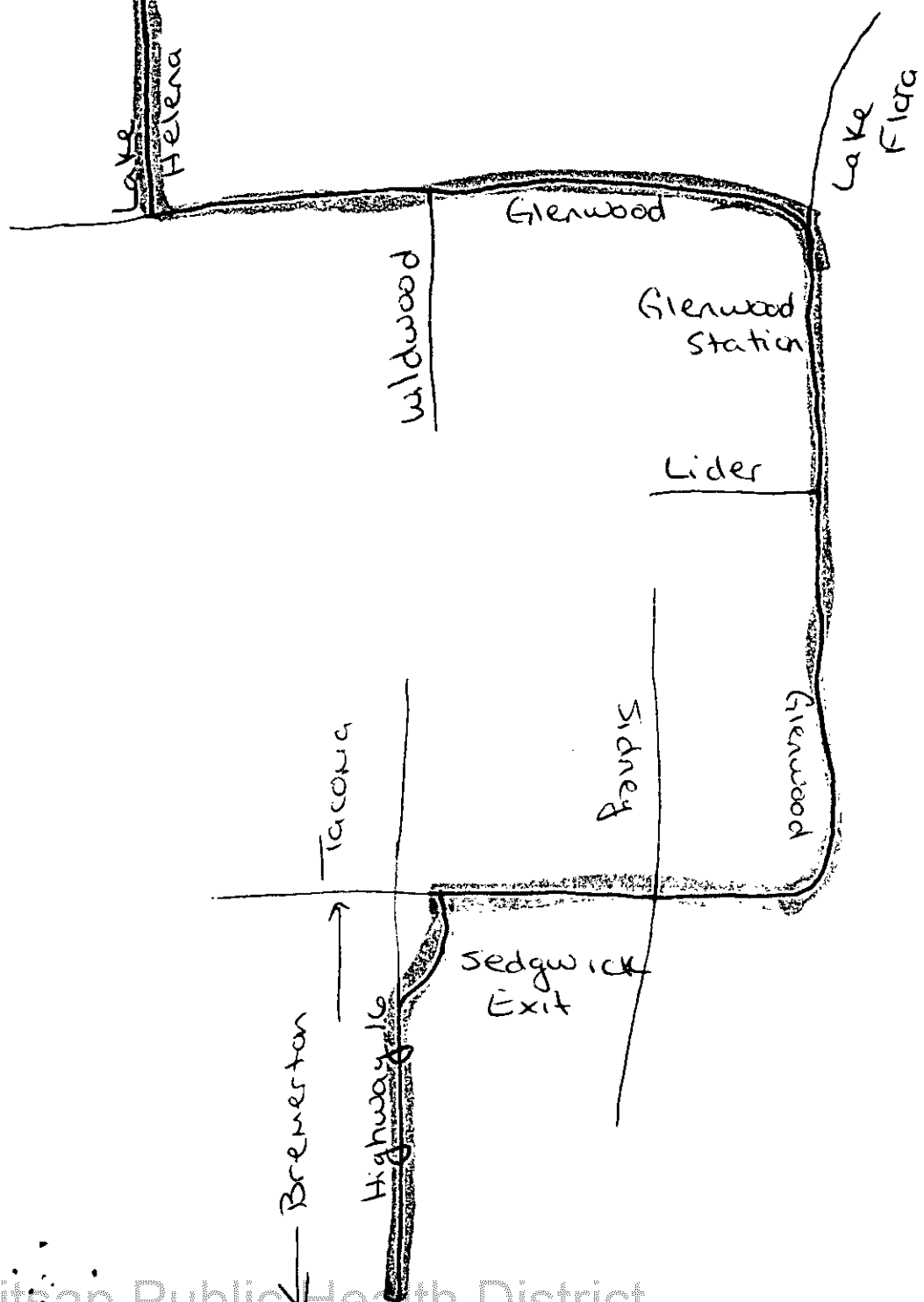
Address (where to send letter) _____ Phone 876-1619

Phone 876-1619 Lorna Schletzbaum

Signature of Applicant [Signature]

NOTE: *If the home has been vacant longer than thirty days, a field inspection cannot be made.

**Septic tank pumping is recommended, NOT required.
LOANFORM 12-27-90 Health District



BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT

WILLA A. FISHER, M.D., M.P.H., DIRECTOR

Environmental Health
478-5285

109 Austin Drive
Bremerton, Washington 98310

Clinic Services
478-5246

REPORT ON INDIVIDUAL SEWAGE DISPOSAL and/or WATER SYSTEM INSPECTION

REQUESTED BY: Continental, Inc. P.O. Box 2466 Silverdale 98383

PROPERTY LOCATION: 12800 Oakridge Drive SW P.O.
number street city

SELLER: Schletzbaum, Dennis PURCHASER: Refinance

FHA VA XXX FmHA CONV. CASE #

SEWAGE ONLY: WATER ONLY: WATER AND SEWAGE: RECORD SEARCH ONLY

THESE REMARKS DO NOT CONSTITUTE APPROVAL OR DENIAL BUT JUST OUR FINDINGS OF FACT.

- Our records indicate that the on-site individual sewage disposal system was installed in accordance with the applicable regulations in effect at the time of installation. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection.
- Our files have been searched and no record of approval of the on-site individual sewage disposal system was found. A visit to the site at time of occupancy (or within thirty (30) days of prior occupancy) revealed no apparent system malfunction at the time of inspection.
- The residence has been vacant longer than thirty (30) days and we cannot field evaluate at this time:

Records on file indicate that the on-site individual sewage system was installed in accordance with applicable regulations in effect at the time of installation.

No records on the system were found.

- It is recommended that the septic tank be pumped prior to occupancy unless it has been pumped within 2 - 5 years. The septic tank was pumped most recently on _____.
- A visit to the site and laboratory analysis of the water reveals that the water system meets recommended standards for _____ construction, _____ location, _____ coliform bacterial levels. Since water quality can change over time, your drinking water should be checked at least once per year. (Approximate well capacity may be determined by referring to well drilling report filed with the Department of Ecology.)
- Other:

Paul Smith
Environmental Health Specialist
Department of Environmental Health

9/23/86
Date

12800 Oakridge Dr. SW.

BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

109 Austin Drive, Bremerton, WA 98312

Account #
SEP 23 1986 *pd 8.30.86*

BREMERTON KITSAP COUNTY HEALTH DEPARTMENT

Application for report on Individual Sewage Disposal System.....
and/or report on Individual Water System, (add lab fee \$9.00 =)..... 72.00
Report on Record Search (No field inspection)..... 30.00

TO BE COMPLETED BY APPLICANT: (PLEASE PUT VICINITY MAP ON REVERSE SIDE)

Address: 12800 OAKRIDGE DRIVE SW PORT ORCHARD, WA 98366
Street City Zip

Legal Description: LOT 48 WICKS LAKE RANCHES DIVISION #2 RKCW

Owner or Seller: N/A PH# Refinance or Purchaser: DENNIS SCHLETZBAUM PH# 876-1619

FHA VA xxx FmHA Conventional Case # 76685-K

House occupied? YES House Vacant Date Vacated: New, Never Occupied

Septic tank pumped? Yes No XX Date by whom?

Original system installed (date) 5/84 System repairs? Yes No Date

Year House Built 1984 Builder: Reid Cooper # of Bedrooms 3 bdrm

Owner's name on when original sewage system installed or alterations were made:
REID COOPER CONSTRUCTION

(This information can be obtained from the title company.)

Previous property address?
route and box number

Report on Individual Water System: Community - ^{WATER} ~~Harder~~ SYSTEM OF GIB HARDER

Dug well Drilled Well Spring Supply Other

Approximate dates of water bacteriological samples, if any

CONTINENTAL, INC.
Name of lending firm requesting letter
P.O. BOX 2466
address
SILVERDALE, WA 98383

N/A
Realtor

Telephone

* PLEASE NOTE: *
* The results of our findings will be *
* forwarded to the lending agency when *
* completed. The more complete the form *
* the sooner we can complete the report. *
* Please answer all questions or it will *
* be returned for lack of information. *

Linda Schopflin
Signature of applicant LINDA SCHOPFLIN
LOAN PROCESSOR

NOTE:
* If the home has been vacant longer than thirty (30) days, a field inspection cannot be made.
** Septic tank pumping is recommended NOT required.

Re-design 3280

BUILDING SITE APPLICATION

MAR 19 1984

BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT

***NOTE: ALL DESIGNS MUST HAVE THE BUILDER AND HOMEOWNER OR AGENTS SIGNATURE. ISSUANCE OF THE FINAL SEWAGE DISPOSAL PERMIT AND OCCUPANCY AUTHORIZATION WILL BE WITHHELD IF INSTALLATION AND PLACEMENT OF THE DRAINFIELD AND/OR DWELLING IS NOT IN ACCORDANCE WITH THE ACCEPTED BUILDING SITE APPLICATION FROM THE HEALTH DEPARTMENT.

OWNER: REID-COOPER CONST. LEGAL: LOT 48 Wicks LAKE RANCHETTES
 ADDRESS: 3330 KITSAP WAY BREMERTON, WA. - OFFERIDGE

Single Fam. Resid. No. of Bedrooms 3 New Constr. Mobile Home
 Multi-fam. Resid. No. of Units Exist. Bldg. Basement
 Commercial Other Moved Bldg. Replace Mobile Home

PRIMARY AREA			
#1 SOIL TYPE	inches	#2 SOIL TYPE	inches
Brown silty loam	1"	Brown silty sandy loam	1"
		Gray silty clay	14"
	32"		
Compact		Compact	35"
	-48"		-48"

RESERVE AREA 1A, 2A, 3A			
#1 SOIL TYPE	inches	#2 SOIL TYPE	inches
Gray silty loam	1"	Gray/brown fine sandy loam gravel	1"
		2A	32"
	35"	3A	35"
		1A	36"
Compact		Compact	
	-48"		-48"

PERC TEST #	Min/in	Depth	Saturation time
#1	2	12"	30 min
#2	8	12"	" "
#3	9	12"	" "

PERC TEST #	Min/in	Depth	Saturation time
#1	20	12"	std. perc.
#2	18	"	" "
#3	8	18"	" "

ARE INDICATORS OF WATER TABLE PRESENT? YES NO DEPTH TO ANTICIPATED MAXIMUM SEASONAL WATER TABLE 32"

WELLS OR SURFACE WATER WITHIN 100 FEET OF PROPOSED DRAINFIELD & RESERVE AREA? YES NO IF YES, DISTANCE 75' + (SUBMIT WELL LOG IF AVAILABLE) 1. PLOT PLAN AND DESIGN ON REVERSE Attached

2. AVERAGE PERC RATES REQUIRES MINIMUM OF 195 FEET OF DRAINFIELD INSTALLED AS STANDARD TRENCH OR SERIAL DISTRIBUTION OTHER
 3. COVER REQUIRED DEPTH 18"
 4. CURTAIN DRAIN REQUIRED No; RECOMMENDED
 5. FILL REQUIRED Reverse DEPTH
 6. ELEVATIONS: PLUMBING STUB -8'; FINISHED FLOOR -6'; DRAINFIELD 0'
 7. 3% SLOPE IN DRAINFIELD AREA 5-1080 DISTANCE TO BANKS IF GREATER THAN 30% >100'
 8. DATE TEST CONDUCTED 2/7/84 SUBMITTED TO HEALTH DEPARTMENT 2/8/84
 9. DISTANCE TO PUBLIC SEWER SYSTEM >200'
- Builder and Homeowner or Agents signature: [Signature]
 Licensed Designer signature & address: [Signature] 830-4169

PROPOSED BUILDING SITE TO BE SERVED WATER FROM: PRIVATE SUPPLY (one family only)
 PUBLIC SUPPLY (2 or more residences)
 name of public supply: Harbor H₂O
 Signature of Water System Representative: [Signature]

HEALTH DEPARTMENT ACTION

SEWAGE DISPOSAL

WATER SYSTEM

ACCEPTED

ACCEPTED

DIVERT ALL SURFACE DRAINAGE, FOOTING DRAINS, DOWNSPOUTS, AND CURTAIN DRAINS AWAY FROM DRAINFIELD AREA

3-20-84
date

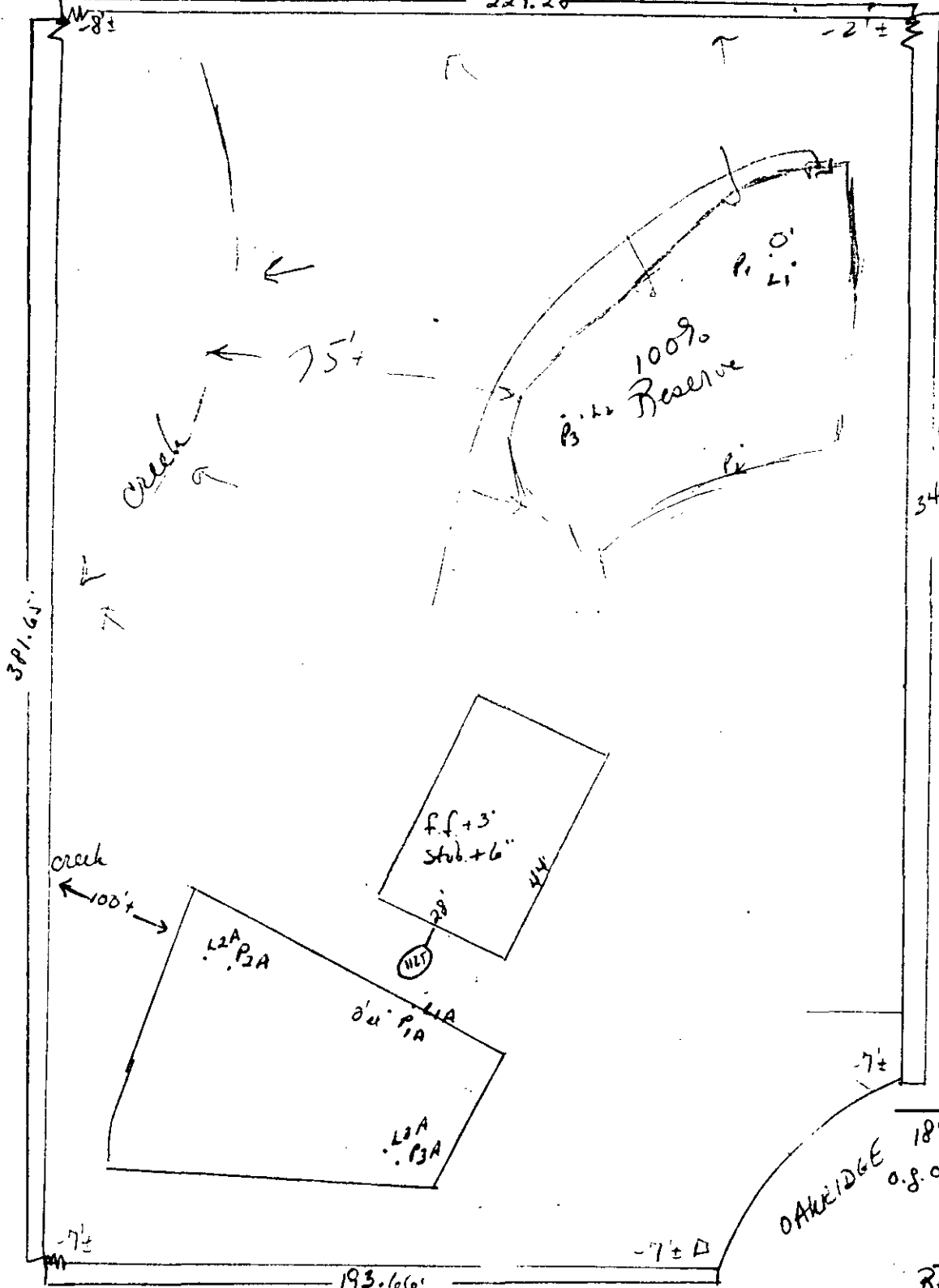
[Signature]
Environmental Health Specialist or Technician

LOT 48 Wicks LAKE BANCHETTES

229.28'

N
1:30'

- Reserve may require fill
- Recommend grass on d.f. area ASAP after installation.



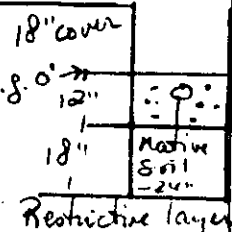
391.65'

creek
100'

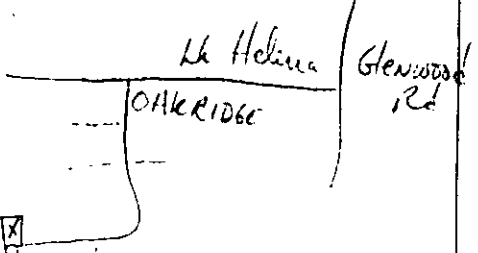
7.5' x 3'
5'6\"/>

7'

OAKRIDGE



- All cover to be ≤ 5 in/ft
- No wells or d.f. $\leq 100'$ \nearrow
- Request variance for d.f. to be 75' + ^{nearby}
- from creek as it slopes opposite d.f. area.
- Diameter to follow columns



42,381 50 SHEETS 5 SQUARE
42,382 100 SHEETS 5 SQUARE
42,383 200 SHEETS 5 SQUARE
NATIONAL

BUILDING SITE APPLICATION

BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT

***NOTE: ALL DESIGNS MUST HAVE THE BUILDER AND HOMEOWNER OR AGENTS SIGNATURE. ISSUANCE OF THE FINAL SEWAGE DISPOSAL PERMIT AND OCCUPANCY AUTHORIZATION WILL BE WITHHELD IF INSTALLATION AND PLACEMENT OF THE DRAINFIELD AND/OR DWELLING IS NOT IN ACCORDANCE WITH THE ACCEPTED BUILDING SITE APPLICATION FROM THE HEALTH DEPARTMENT.

OWNER: REID-COOPER CONST. LEGAL: LOT 48 WICKS LAKE RANCHETTES - OAKRIDGE
 ADDRESS: 3330 KITSAP WAY BREMERTON, WA.
 Single Fam. Resid. No. of Bedrooms 3 New Constr. Mobile Home
 Multi-fam. Resid. No. of Units Exist. Bldg. Basement
 Commercial Other Moved Bldg. Replace Mobile Home

PRIMARY AREA			
#1 SOIL TYPE	inches	#2 SOIL TYPE	inches
Brown silty sandy loam	1"	Brown silty sandy loam	1"
	32"	gray silty clay	14"
compact		compact	35"
	-48"		-48"

RESERVE AREA			
#1 SOIL TYPE	inches	#2 SOIL TYPE	inches
gray silty loam	1"		1"
	35"		
compact			
	-48"		-48"

PERC TEST #1	Min/in	Depth	Saturation time
#1	<u>3</u>	<u>12"</u>	<u>30 min</u>
#2	<u>8</u>	<u>12"</u>	<u> </u>
#3	<u>9</u>	<u>12"</u>	<u> </u>

PERC TEST #1	Min/in	Depth	Saturation time
#1	<u>20</u>	<u>12"</u>	<u>std. placed</u>
#2	<u>18</u>	<u> </u>	<u> </u>

ARE INDICATORS OF WATER TABLE PRESENT? YES NO DEPTH TO ANTICIPATED MAXIMUM SEASONAL WATER TABLE 32"
 WELLS OR SURFACE WATER WITHIN 100 FEET OF PROPOSED DRAINFIELD & RESERVE AREA? YES NO IF YES, DISTANCE 75' (SUBMIT WELL LOG IF AVAILABLE) , 1. PLOT PLAN AND DESIGN ON REVERSE Attached
 2. AVERAGE PERC RATES REQUIRES MINIMUM OF 195 FEET OF DRAINFIELD INSTALLED AS STANDARD TRENCH OR SERIAL DISTRIBUTION ; OTHER , 3. COVER REQUIRED DEPTH 18"
 4. CURTAIN DRAIN REQUIRED No; RECOMMENDED , 5. FILL REQUIRED None DEPTH
 6. ELEVATIONS: PLUMBING STUB -8'; FINISHED FLOOR -6'; DRAINFIELD 0'
 7. % SLOPE IN DRAINFIELD AREA 5-10% DISTANCE TO BANKS IF GREATER THAN 30% 2100'
 8. DATE TEST CONDUCTED 2/7/84; SUBMITTED TO HEALTH DEPARTMENT 2/8/84
 9. DISTANCE TO PUBLIC SEWER SYSTEM >200'
 ** [Signature] 830-4169
 Builder and Homeowner or Agents signature Licensed Designer signature & address

PROPOSED BUILDING SITE TO BE SERVED WATER FROM: PRIVATE SUPPLY (one family only)
 PUBLIC SUPPLY (2 or more residences) Harbor City
 name of public supply
[Signature]
 Signature of Water System Representative

HEALTH DEPARTMENT ACTION

SEWAGE DISPOSAL

WATER SYSTEM

ACCEPTED

ACCEPTED

*INSTALL SYSTEM SHALLOW.
 MAINTAIN SYSTEM A MIN. OF 75'
 FROM CREEK.*

2-9-84
 date

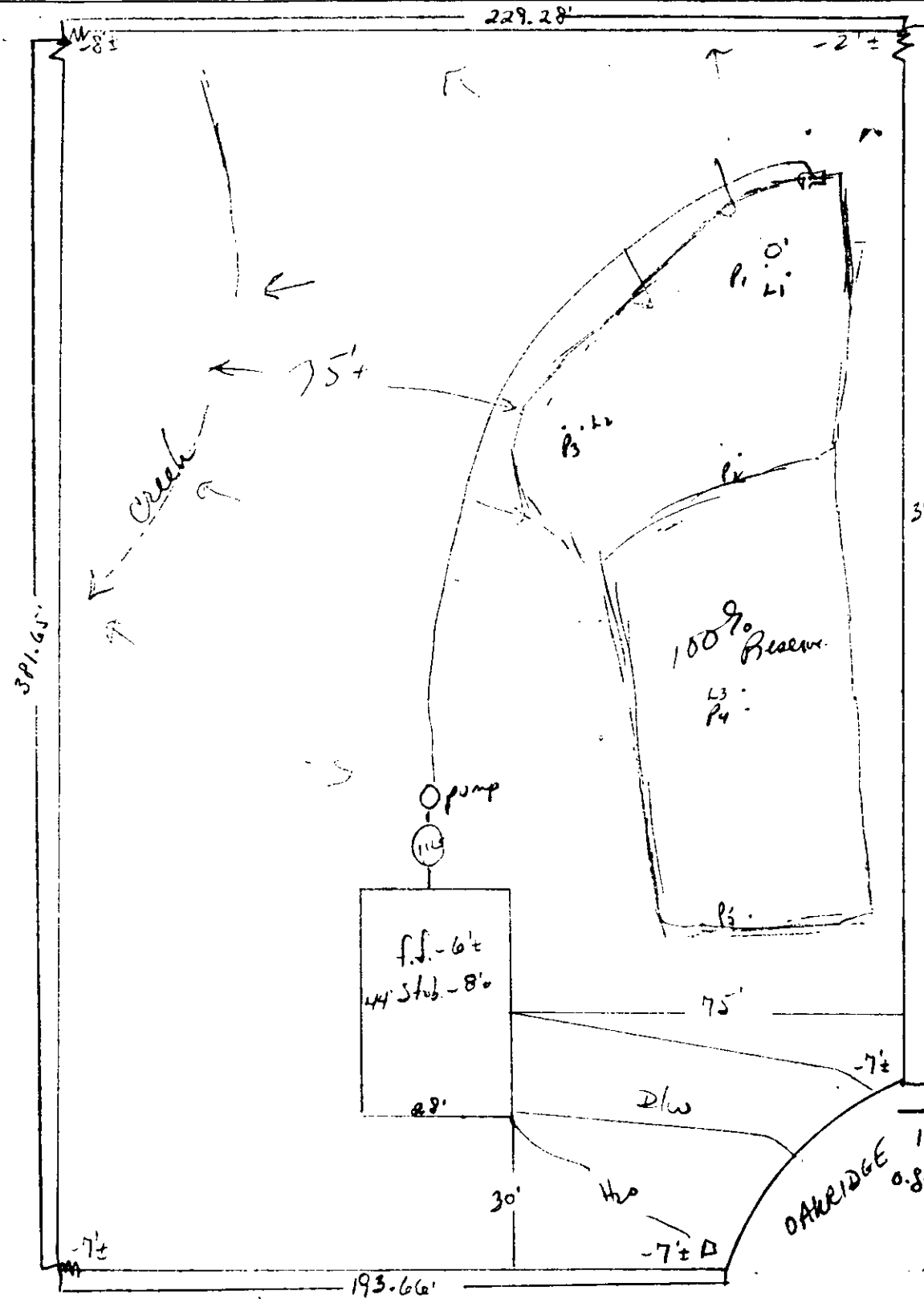
[Signature]
 Environmental Health Specialist or Administrator

DIRECT ALL SURFACE DRAINAGE, FOOTING DRAINS, DOWNSPOUTS, AND CURTAIN DRAINS AWAY FROM DRAINFIELD AREA

REID-COOPER CONST., LOT 48 WICK LAKE RANCHETTES

LOT 48 Wicks LAKE BARNHETTES

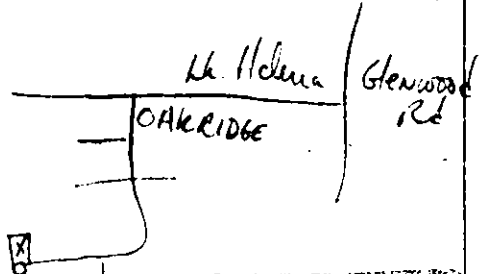
42,381 50 SHEETS 5 SQUARE
 42,382 100 SHEETS 5 SQUARE
 42,383 100 SHEETS 5 SQUARE
 NATIONAL



N
 1:30'

- Reserve may require fill
 - Recommend grass on d.f. area ASAP after installation.

- All cover to be ≤ 5mm/fin
 - No wells or d.f. within 10' of
 Request variance for d.f. to be 75'±
 from creek as it flows opposite d.f. area.
 Don't hold to better conditions.



ACCEPTED

MEMORANDUM

Division of Environmental Health
Department of Public Health
Bremerton-Kitsap County

MEMO NUMBER _____

Received by: W Date received: 4-4-84

Letter _____ In person _____ Phone _____ Time received: _____

Reported by: Johnson + Maddox Phone _____

Address Olympia

Name: Reid-Cooper Const Phone _____

Address lot 48 Wick Lake Ranch

Complaint/Request Regarding: Sew/insp - permit is on the way.

Investigation and Action by Sanitarian: _____

Environmental Health Specialist
Division of Environmental Health

27613

