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NORTH
Shore
Blvd.

F.I.

01-00148



Hps01-05282



(0000)

DN0081486

(8)

Tacoma-Pierce County Health Department
ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT

Environmental Health



SITE ADDRESS 273 Northshore Blvd FI

Previous Address _____

City/State/Zip Fox Island WA 98333

Redesign/Final/As-Built YES Community System YES

PLEASE PRINT

Parcel Number 5970000810 Subdivision Fox Island Villa Tracts Lot # _____ Permt # 1020105282

Owner/Applicant Joseph Gerhardt Phone # 206 241-5085

Address 11400 Arroya Beach Place SW City/State/Zip Seattle WA 98146

Designer Eric Davidson # 159 Phone # 851-4011

Address 16000 Willow Rd SE City/State/Zip Port Orchard WA 98367

Installation Firm Earthworks # 394 Phone # 549-6472

Address PO Box 2646 City/State/Zip Fox Island Gig Harbor WA 98335

I hereby certify that the accompanying drawing substantially depicts the on-site sewage disposal system installed at the above-referenced address. I inspected the on-site sewage disposal system prior to backfill and final cover and determined that it appeared to comply with all requirements and restrictions of the approved on-site sewage system design.

Eric Davidson _____ 9-3-01 _____
 Signature of Designer Date

- FOR HEALTH DEPARTMENT USE ONLY -

ACCEPTED DATE 10/3/01 EHS Signature Carol McNeill

Hold Date 9-06-01 EHS Signature ms

Comments: no permit required

Hold Date _____ EHS Signature _____

Comments: _____

Please ATTACH 4 (four) SEPARATE AS-BUILT DRAWINGS

3629 South D ST MS:009 Tacoma WA 98408-6897 (253) 798-6470 FAX (253) 798-7663

HEA 080 (Rev. 0898) WHITE FILE YELLOW DESIGNER/INSTALLER PINK APPLICANT

RECEIVED

SEP 05 2001

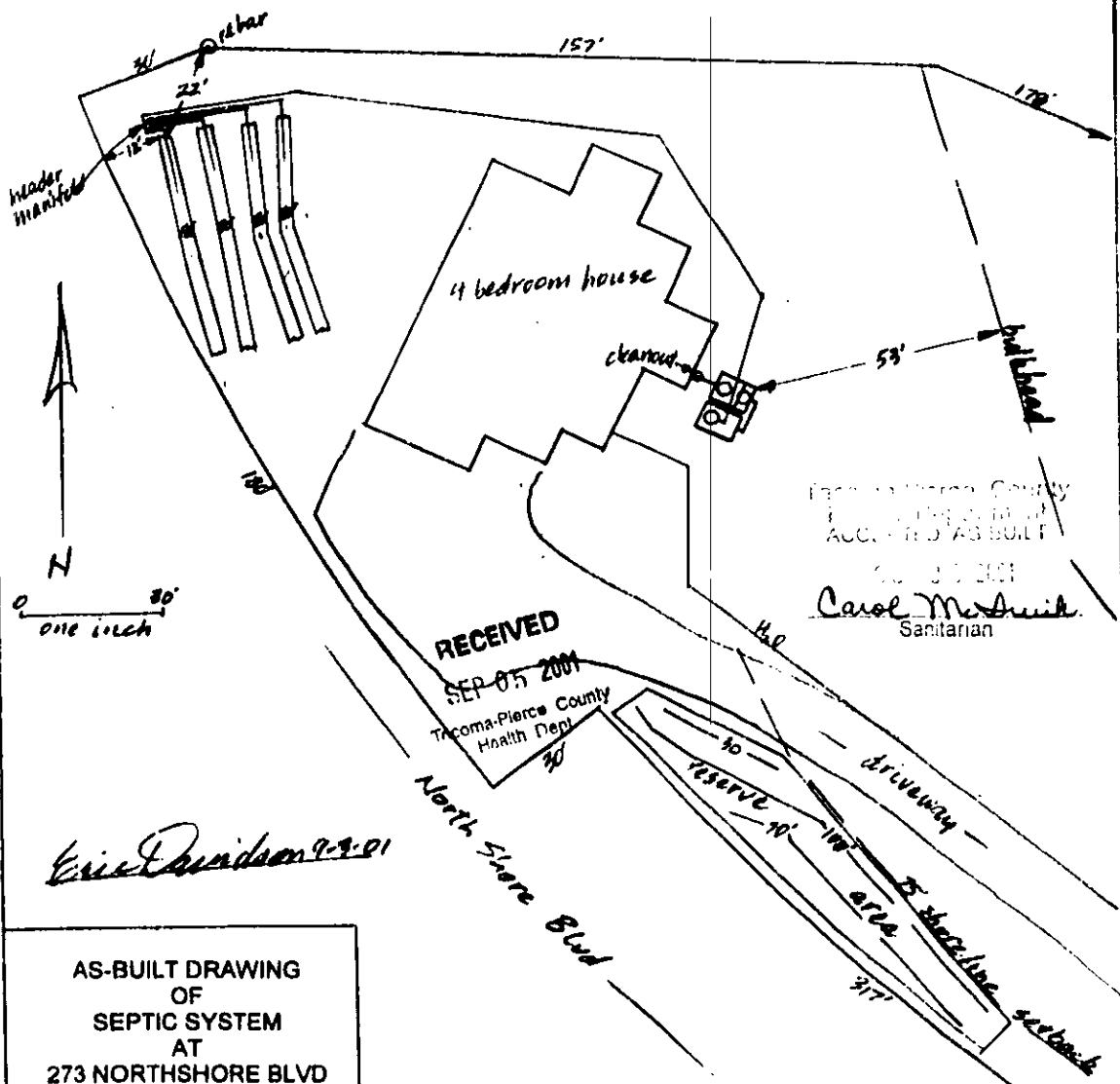
Tacoma-Pierce County Health Dept

- As-built accepted in lieu of final inspection
- Final Inspection
- HOLD for Backfill Verification ONLY

Date/Initials
10-3-01

ce.94-01 ✓

273 - NORTH SHORE BLVD FA.



Tricoma-Pierce County
 HEALTH DEPARTMENT
 ACCIDENTS AS BUILT
 303 303
Carol McAnick
 Sanitarian

RECEIVED
 SEP 05 2001
 Tricoma-Pierce County
 Health Dept.

Eric Davidson 9-9-01

AS-BUILT DRAWING
 OF
 SEPTIC SYSTEM
 AT
 273 NORTHSORE BLVD
 pn 3970000310

Installer:
 Earthworks
 Date installed:
 8/5/01
 Designer:
 Eric Davidson

- 200' of 3' wide trench, pressure-distribution.
- Design flow: 480 gpd (4 bedrooms) maximum.
- Hydromatic SP50H pump.
- Not designed for garbage disposal.
- Pump test = 38"
- Drawdown test = 2"/min

FINAL INSPECTION *pa*

DATE: 6-15-01

SITE: 273 North Spine

APPL: Glehardt ^{Block #1}

CALLER: Eric

DESIGNER: Eric Davison

INSTALLER: Earthworks

Comments: _____

Final OK, Hold for Asbuilt

Accept Asbuilt in Lieu of Final

Red-Tagged

date: 6/20/01 into: mls

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

INSTALLER BACKFILL NOTIFICATION / VERIFICATION

(PLEASE PRINT)

SITE ADDRESS: 223 North Shore Blvd

CITY: Fox Island

INSTALLATION PERMIT #: HDS 01-05282 BUILDING PERMIT #: _____ (Optional)

OWNER: Joseph Gerhardt

ADDRESS: _____

DESIGNER: Eric Davidson # _____ (Please Print)

INSTALLER: Jon Kermack # _____ (Please Print)

Employed by: Earth Works Inc # 394
(Name of Installation Firm)

I, [Signature] # 704
(SIGNATURE of Installer)

(Check one)
 9 Was present at this site during backfill and cover
 9 Supervised/delegated placement of backfill and cover

on the date indicated and certify compliance with all requirements regarding backfill and grade of system, (WAC 246-272).

DATE BACKFILLED 7/10, 20 01
(Placement of final cover)

Instructions:

CERTIFIED INSTALLER:

- 1) You must place, be physically present or delegate supervision for placement of final cover material on the sewage disposal system;
- 2) This form shall be used to certify that you have placed or supervised/delegated final cover placement
- 3) Send via. 1) FAX - (253) 798-7663;
 2) MAIL - 3629 South D St - MS 009 Tacoma WA 98418-6813. OR
 3) TO DESIGNER to be included in as-built package submittal

DESIGNER / P.E.

- 1) This completed form MUST be included with the as-built package submittal if received from the installer

NOTE: COVER VERIFICATION IS REQUIRED FOR ACCEPTANCE OF AS BUILT

OR RECEIVE
JUL 16 2001
TPCHD.



**SEWAGE SYSTEM INSTALLATION
PERMIT**

TACOMA PIERCE COUNTY HEALTH DEPARTMENT * 300 South 17th Street * TACOMA WA 98408 * (253) 798-9170

Expiration Date 05/14/02
Permit # HOS01-05282

Site Address 273 Northshore Blvd
Parcel # 3970000310
Subdivision
Lot & Block

Pierce County Building Permi _____

Installation Firm Earthworks, Inc
P.O. Box 2646
Gig Harbor, WA 98335

RECEIVED
SEP 05 2001
Tacoma-Pierce County
Health Dept. \$180.00

TFCMD
3629 SOUTH D STREET
TACOMA WA 98408
05/14/2001 11:05 AM
Rec'd: 36912 R-5

All work must be performed in accordance with current laws, ordinances, resolutions, and rules and regulations
SYSTEM IS NOT APPROVED FOR USE UNTIL AN ASBUILT IS SUBMITTED AND ACCEPTED

DESIGNER
Eric Davidson
10000 Willow Road SE
Port Orchard WA 98367

OWNER/APPLICANT
Joseph Gerhardt
11400 Arroyo Beach Place SW
Seattle, WA 98146

Date Accepted 6-8-01
Date Disapproved _____

Date O.K. to Cover _____
Date Disapproved _____

X Eric Davidson
Designer Signature
Or to cover 3 working days after accepted date unless
otherwise indicated by the Sanitarian

X _____
Sanitarian Signature

38" Ø Head
2" Draw down limit time

have complied with all restrictions and requirements as listed and designed by the Certified Sewage Disposal System
Designer as indicated on the approved plan (or latest revision thereof) and have complied with the Tacoma-Pierce County
Codes on Sewage Disposal System Installation.

Please Print Installer Name
Don Kenny
Installer Signature

Installer Certificate Number
6/5/01
Date of Installation

TO BE POSTED ON SITE - DO NOT ALTER OR DEFACE

200110050494 3 pg
10-5-2001 12:33 PM \$10.00
PIERCE COUNTY, WASHINGTON

 **COPY**

→→→→ Do Not Write or Mark Outside This Box ←←←←

ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE PERMIT

Return Address: *Tacoma-Pierce County Health Department
3629 South D Street, MS:009
Tacoma WA 98408-6897*

This agreement between the Tacoma-Pierce County Health Department, (ATPCHDs) and

Joseph Gerhardt (A Owner) concerns:

Property Address: 273 Northshore Blvd

City, State, Zip: FOX ISLAND WA 98333

Parcel Number: 3970000810

Abbreviated Legal Description:

35-21-01 N10W

On-Site System Information (Circle all that apply)

Gravity	Holding Tank
<u>Pressure Distribution</u>	Substandard Repair
Sand Filter	Multifamily
Mound	Food Establishment
Vault Privy	Commercial
Aerobic Unit	Garbage Grinder
Temp. Structure	<u>Residential</u>
Disinfection Equip.	Community System
Experimental	Institutional
Other (Specify):	

Health Department Use Only

Date System Installed: 6-15-01
Design Capacity(gpd): 480
Date O&M Permit Issued: 10-4-01
Date O&M Permit Expires: 10-4-04

Application Type (Circle One)

BSA/BSR RPA
RMA HLA

Permit Class 3

20089027

DESIGN

ON-SITE SYSTEM DESIGN APPLICATION



FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD		
APPROVAL/DISAPPROVAL		
MAILED TO BOX	1/10	

NEW RENEW REDESIGN

Site Address: Street 273 North Shore Blvd FE
 City: Fox Island St: WA Zip: 98333

Professional Address: Street _____
 City: _____ St: _____ Zip: _____

Applicant Name: Last: Berhardt First: Joseph Phone: 206-241-5085

This Application expires one year from date of approval

Applicant Address: 11400 Arroyo Beach Place SE City: Seattle St: WA Zip: 98146
 Section: 35 Township: 21N Range: 1E Field Area: FE Parcel#: 3970000810

Subdivision Name or Plat Recording #: _____ Lot: _____ Block: _____

Water Supply: P (I/P)-Individual P-Public (More than One Connection) Public Water Supply Name: Fox Island MUDs

Property Size: 64000± SQ. FT.

Parcel is () or is not () within 300 feet of a public sewer, or within ULID sewer service area, or sewer district.

Shellfish Sensitive Area: N (Y/N) If yes, specify area: _____ Any Lot Restrictions: Y (Y/N)

Type of Building: SE (SF/MF/COMM/FE/INST) If Yes, specify here briefly and show on design.

SF Single Family MF Multi-Family COMM-Commercial FE Food Establishment INST Institutional
 Garbage Disposal Proposed: N (Y/N) Proposed Number of Bedrooms: 4
shoreline setback

If this is a Community System, address which system is located at: Community System Name & Address: _____

FOR RENEWAL APPLICATIONS ONLY: Renewal Letter Attached? _____ (Y/N) Copies of original approved design & application attached? _____

FOR REDESIGN APPLICATIONS ONLY: What has been changed? _____

SOIL LOGS ATTACHED? Y (Y/N)

Date Soils Logged: 12-26-00 Highest Water Table or Indicators: 40" in preliminary

CALCULATIONS: Gallons/Day: 480 Application Rate: 0.9 Absorption Area: 600 Total Length: 200 ft

Tank Size: 1000+ gal Maximum Trench Depth: 10"

Designer's Name (printed): Eric Davidson Designer's Signature: Eric Davidson Phone #: 361-4011

Date: 1-5-01 Designer's Address: 16000 Willow Ridge City: Port Orchard State: WA Zip: 98362

FOR HEALTH DEPARTMENT USE ONLY

Comments and soil logs: _____

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JAN 05 2001

Tacoma-Pierce County Health Department

WATER SUPPLY APPROVED 1/8/01 BY [Signature]

HOLD _____ REASON _____ BY _____

ON-SITE DESIGN APPROVED 2-8-01 BY [Signature]

HOLD 1-19-01 REASON REF BY [Signature]

DISAPPROVAL _____ REASON _____ BY _____

Permits For Septic/Building Construction Will Not Be Issued Until BOTH Water Supply and On-Site Design Are APPROVED.

SPECIFICATIONS

1. Pressure distribution septic tank/drainfield system.
2. Sized for 480 gpd (4 bedrooms x 120 gpd/bedroom), using application rate = 0.8 gal/ft²-day).
3. 1000+ gallon septic tank. Access to both compartment and outlet must be at finish grade. Install an inline filter.
4. 1000+ gallon pump tank. Set turnoff at 24" above tank floor, set dose at 120 gallons (4/day). Access to pump must be at finish grade.
5. Hydromatic SP50H pump or equivalent, set on a 3" block. Produces 39 gpm @ 35' TDH in this system.
6. 175' of 2" Sch 40 PVC transport pipe.
7. Header manifold: Use 2" PVC pipe. Connect to lateral pipes with 1 1/4" Sch 40 PVC pipe. Install higher than D lateral pipe. Install check valves in A, B and C connector pipe.
8. Four 49' - 1 1/4" Sch 40 PVC lateral pipes, each with 13 - 3/16" holes spaced 49' apart, one in each end, all facing up with orifice shields. Adjust pressure in each pipe to 3'.
9. Four 50' x 3' wide trenches, 10" deep with 9" loamy sand cover, 7' apart center to center.

Note: Pump and drawdown tests must be conducted, with necessary adjustments to the valves, before final approval.

SOIL LOGS (12/26/00):

- SL1
0-30 gravelly brown loamy sand
30-40 bound medium sand
40+ faintly mottled medium sand
- SL2
0-17 brown loamy sand
17-41 gravelly medium sand
41-60+ medium sand
- SL3
0-14 gravelly brown loamy sand
14-50+ gravelly medium sand
- SL4
0-21 brown loamy sand
21-38 gravelly loamy sand
38-47+ gray loam
- SL5
0-12 brown sandy loam
12-33 brown loamy sand
33-36 gray loamy sand
36-46+ brown sandy loam

ELEVATIONS:

Top of pump tank	-13'
Pump tank turnoff level	-19.0'
A pipe	+1.8'
LIFT	+17.8'
Septic tank outlet invert	-13.8'
Septic tank inlet invert	-13.5'
Stubout invert	-13.2'+

Information on property lines, dimensions and corners as shown, was provided by the applicant and/or Pierce County, and the designer is not liable for its correctness.

Eric Davidson 1-B-01
add well

SEPTIC SYSTEM DESIGN
AT
273 NORTH SHORE BLVD FI
pn 3970000810
FOR
JOSEPH GERHARDT

DESIGNER:
ERIC DAVIDSON
16000 WILLOW RD SE
PORT ORCHARD, WA 98367
253-851-4011

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Q: PIERCE COUNTY Q:
: Form: SUPPROP3 PC: DEVELOPMENT CENTER :WED, DEC 20, 2000, 8:10 AM
: Operator: LMILL-C dc300CA:*****
: *** PARCEL DATA ***
: Site address: NORTSHORE BLVD NE OF FOX 206 2415085 Parcel #: 3970000810
: Taxpayer: GERHARDT JOSEPH W & MABEL G RTSQQ: 01213522
:
: 11400 ARROYO BEACH PL SW ULID1:
: SEATTLE WA 98146 ULID2:
:
: Display: Applications: YES Units/bus: NO Alerts: NO
: (to display, select A, U, or L and then press ENTER)
:
: Source of water public: Number on public water: 0
: Sptic service: Health on by
: Power district: X not specified N (Tacoma City Light grid)
: No. of buildings: Zoning: R10
:
: Shoreline environment: RR Current land use: Flood zone: YES
: Basin (N/R/C/F/M/R/O): Sensitive area: N Sewage Disposal: X
:
: Page down for CRITICAL HAZARD AREAS .....
: Critical Hazard Area Y/N/X Comments
:
: Landslide/Erosion X VERIFY SITE PLAN W/CONTOURS
: Seismic N
: Mines N
: Aquifer Recharge N
: Volcanic N
: Fish/Wildlife N
: Wetlands - Atlas Y ASSOC WITH WATER
: (NOT ALL WETLANDS ARE MAPPED, THUS WETLANDS MAY EXIST EVEN WHEN NOT INDICATED)
: Environmental Constraints:
: Hydric Soils N 16C SOILS
: Nat'l Wetlands Inv. Y WETLAND REVIEW REQD FOR DEV W/IN 158' OF INDICATOR
: Flood ('B' Zone) Y
: Geotechnical Assmt X TO BE DETERMINED WITH SITE PLAN REVIEW
: Geotechnical Report X "
: Hydrogeologic Assmt N
: Other 273 NORTSHORE BLVD PI
:
: File last updated 20001220 by MILLER LORI user-id: ( )
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253 853-5541

RECEIVED
 JAN 05 2001
 Tacoma-Pierce County
 Health Department