

96

1

7

55813



Power
RD
NW

Tacoma-Pierce County Health Department

ON-SITE SEWAGE DISPOSAL SYSTEM AS-BUILT

#4701

Environmental Health

SITE ADDRESS 10427 POWELL RD NW

Previous Address _____

City/State/Zip GIG HARBOR, WA 98335

Redesign/Final/As-Built YES

Community System YES

PLEASE PRINT

Parcel Number 01-21-21-4-080 **Subdivision** _____ **Lot #** _____ **Permit #** 36834
Owner/Applicant Lawrence weaver **Phone #** 884-2030
Address 15812 50th ST KPN **City/State/Zip** LAKEABAY WA 98349
Designer SANDRA SMITH **#** 348 **Phone #** 851-2178
Address PO BOX 1444 **City/State/Zip** GIG HARBOR WA 98335
Installation Firm CHRISTENSEN CONST **#** 948 **Phone #** 265-3445
Address 10402 POWELL RD NW **City/State/Zip** 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.

Sandra R. Smith 1-16-97
Signature of Designer **Date**

RECEIVED
JAN 17 1997
Tacoma-Pierce County
Health Department

- FOR HEALTH DEPARTMENT USE ONLY -

ACCEPTED DATE 3/26/97 **EHS Signature** M. Schreiner

Hold Date _____ **EHS Signature** _____

Comments: _____

Hold Date _____ **EHS Signature** _____

Comments: _____

Please ATTACH 4 (four) SEPARATE AS-BUILT DRAWINGS

3629 South D ST MS:009 Tacoma WA 98408-6897 (206)591-6470 FAX(206)591-7663

HEA 000 (Rev 04/96)

WHITE FILE

YELLOW-DESIGNER/INSTALLER

PINK-APPLICANT

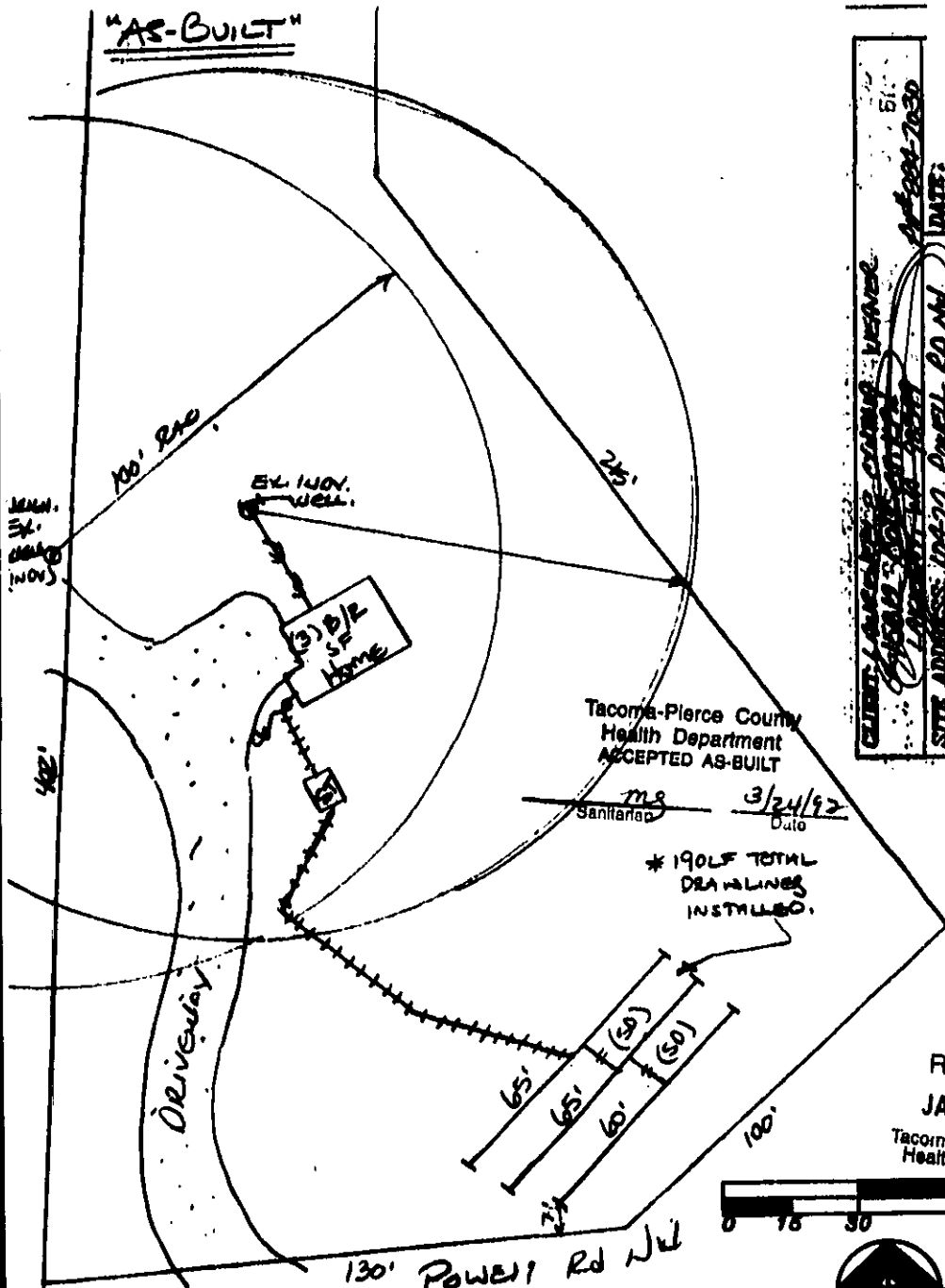
☐ As-built
accepted in
lieu of final
inspection

☒ Final
Inspection
12/19/96 CM
Date/Initials

☒ HOLD for
Backfill
Verification
ONLY

1/23/97 M

"AS-BUILT"



Tacoma-Pierce County
Health Department
ACCEPTED AS-BUILT

CLIENT: LARSEN, 2000 W. WENDE	DATE: 10-20-70-30
PROJECT: 2000 W. WENDE	DATE: 10-20-70-30
PARCEL # 104-217 POWER RD NW	REV. DATE: 10-20-70-30
PENINSULA SEPTIC DESIGNS	
SANDRA E. SMITH	
P.O. BOX 1444, 1000 W. WENDE, WA 98335	
PH. 1 (206) 851-3178	

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JAN 17 1997

Tacoma-Pierce County
Health Department



PLAN
1"=30'

WARNING: DO NOT ADD A GARBAGE DISPOSAL
WE AT PENINSULA SEPTIC DESIGNS HAVE SEEN SEVERAL
PREMATURE FAILURES WITH GARBAGE DISPOSALS INSTALLED.
YOUR SYSTEM WAS NOT DESIGNED FOR A DISPOSAL.

FINAL INSPECTION

DATE: 12/6/96

SITE: 10427 Powell Rd NW

APPL: Weaver

CALLER: S

DESIGNER: Smith

INSTALLER: Christensen

comments: 40-FL-36-Powell

- ☒ Final OK, Hold for Asbuilt
☐ Accept Asbuilt in Lieu of Final
☐ Red-Tagged

date: 12/9/96 Ints: CME

BP# 55813 RLA J
SEWAGE SYSTEM PERMIT
 TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
 3629 - South "D" Street, EHD 009, Tacoma, WA 98408 (591-6470)



Permit # 36854
 Install Repair
 Commercial Residential

INSTALLER Christensen
 LOCATION 10427 - Powell Rd. NW

OWNER Weaver
 All work must be performed in accordance with current laws, ordinances, resolutions and rules and regulations.

DESIGNER/APPLICANT S. Smith

DO NOT COVER SYSTEM PRIOR TO APPROVAL

Date Accepted 12-4-96 Disapproved _____
 Designer Paul R. Smith Date 12-4-96

O.K. to Cover _____ Disapproved _____
 Sanitarian T

O.K. to cover 3 working days after accepted date unless otherwise indicated by the Sanitarian.

RECEIVED
JAN 17 1997

I 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.

INSTALLER Paul R. Smith DATE 11-26-96

TO BE POSTED ON SITE — DO NOT ALTER OR DEFACE

✓
55813 BACK

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

INSTALLER BACKFILL NOTIFICATION / VERIFICATION

(PLEASE PRINT)

SITE ADDRESS:

10427 Powell Rd N.W.

CITY:

Grig Harbor WA 98335

INSTALLATION PERMIT NUMBER: 36034

BUILDING PERMIT NUMBER:

N.A.

(Optional)

OWNER:

Lawrence Weeven

ADDRESS:

15812 50th St KPN

DESIGNER:

Sandra Smith

348

INSTALLER

Christensen Construction

(Please Print)

948

(Please Print)

Employed by:

Christensen Construction

948

I, _____

Dale A. Christensen

(Name of Installation Firm)

618

(SIGNATURE of Installer)

(Check one)



was present at this site during backfill and cover



supervised/delegated placement of backfill and cover

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MAR 21 1997

Tacoma-Pierce County

Health Dept

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

DATE BACKFILLED

12-16

19 96

(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 - (206) 591-7663, OR
2) MAIL - 3629 South D St -MS:009 Tacoma, WA 98408-6897, OR
3) TO DESIGNER to be included in as-built package submittal

CERTIFIED DESIGNER/P.E./R.S.:

- 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

REPAIR

Tacoma-Pierce County
Health Department

NIF

REPAIR FOR ON-SITE SEWAGE PROGRAM

3629 South "D" Street EH3125
Tacoma, WA 98408
(206) 591-6470

Site Address: 10427 POWELL RD NW
GIG HARBOR, WA 98335 Designer ID# 348
(if applicable)

Previous Address:

Applicant Name: WEAVER, LAWRENCE & CYNTHIA
Last First Applicant Phone No. 884-2030
#4701

Health-Environment Health
For Deposit Only,
TPCHD Tacoma Wash
8961 235.00 TOTAL
11 8961 235.00 CHECK
000001 10-16-96 T12154

This Application expires one year from date of approval.

Applicant Address: 15812 50TH ST. KPN City: LAKEWAY St: WA Zip: 98349
Section: 21 Township: 21 Range: 1E Field Area: R. H. VIAD Parcels: 01-21-21-4-080
Subdivision Name: _____ Lot: _____ Block: _____
Water Supply: _____ (I/P) Individual P-Public Class: _____
Public Water Supply Name: _____ ID#: _____
Property Size: 43,100± SQ. Ft. Within ULID: N (Y/N)
Flood Zone: N (Y/N) Basin 12: N (Y/N)
Shellfish Sensitive Area: N (Y/N) If yes, specify area: _____ (B/F/M/R/O) (B-Burley Lagoon F-Fuller Bay M-Miller Bay R-Rocky Bay O-Other)
Type of Building: SE (SF/MF/COMM/FE/INST) Number of Units: _____
SF Single Family MF Multi-Family COMM Commercial FE Food Establishment INST Institutional
Garbage Disposal Proposed: N (Y/N) Proposed Number of Bedrooms: 3
Initial Installation date, if known: 1980±
If system has been repaired before, Please indicate Number of repairs: 0
Plot plan attached? Y
Soil logs attached? Y
Minimum trench depth: 18" Maximum trench depth: 18"
Designer's Signature (if applicable): Danah R. Smith

9661 91 130
RECEIVED

FOR HEALTH DEPARTMENT USE ONLY

Water supply: ☒ approved ☐ hold
By: MC Date: 10-22-96 ULID: _____ ok for on-site
hold for sewer
By: _____ Date: _____

Circle Possible reasons for failure: (multiple entries ok)

- 1) Poor soil quality
- 2) High seasonal water table
- 3) Inadequate drainfield
- 4) Lack of grease trap
- 5) Inadequate or lack of pumping septic tank
- 6) Excessive water usage
- 7) Physical damage to system
- 8) Unable to determine
- 9) Other

Comments:

finished 10/9/96
David M. Smith

FOR OFFICE USE ONLY	DATE	INIT
SUBMITTAL		
HOLD		
APPROVAL/DISAPPROVAL	<u>10/22</u>	<u>h/L</u>
MAILED TO BOX	<u>10/22</u>	<u>m/L</u>

APPROVED: 10-21-96 BY: Don Howard E.H.S.

HOLD: _____ REASON: _____ BY: _____ E.H.S.

DISAPPROVED: _____ REASON: _____ BY: _____ E.H.S.

10427 POWER RD NW

APPROVED

OCT 21 1996 RST

TACOMA PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.



WATER SERVICE-KEEP 10' (MIN.) FROM ALL DRAINFIELD TRENCHES AND SEPTIC COMPARTMENTS OR ENCASE WITH SCH 40 PIPE. ALSO PROVIDE CRUSH PROOF PIPE SLEEVE UNDER DRIVING SURFACES.

10422
124/1534

EXIST. WELL

EXIST. WELL

EXISTING SER OF HOME

EXIST. SEPTIC TAN

BENCHMARK: GROUND • EASTERLY
POST 10' ELEV. - 56.5 (REL.)
POST 2' ELEV. - 56.5 (REL.)
POST 3' ELEV. - 56.5 (REL.)
POST 4' ELEV. - 56.5 (REL.)
POST 5' ELEV. - 56.5 (REL.)
POST 6' ELEV. - 56.5 (REL.)
POST 7' ELEV. - 56.5 (REL.)
POST 8' ELEV. - 56.5 (REL.)
POST 9' ELEV. - 56.5 (REL.)
POST 10' ELEV. - 56.5 (REL.)

EXISTING SEPTIC

TANK

OWNED BY LICENSED

PUMP

TO VENTILATE (S) OF TANK

AND THEREBY REPLACE A BENCH

EXISTING TANK

2' DIA. W/ SAND COVER LID

190 LF REPAIR
DRAINFIELD

NOTE: FOOTING DRAINS INSTALLED MUST BE USED IN CONJUNCTION WITH INFILTRATION TRENCHS WHICH MUST MAINTAIN A 50FT (MIN.) SETBACK FROM ALL DRAINFIELD COMPONENTS

NOTE: ROOF TOP DRAINS INSTALLED MUST EITHER DAYLIGHT INTO THE STREET OR MUST BE USED IN CONJUNCTION WITH AN INFILTRATION TRENCH, MAINTAINING 50FT (MIN.) SETBACKS FROM ALL SP COMPONENTS.

2

INVERT ELEVATIONS

FIN. FL.	= 72.5	} EXIST.
STUB OUT	= 70.0	
SEPTIC IN	= 69.75	
OUT	= 69.5	

UPPER LAT. I.E. = 59.5



PLAN
1" = 30'

TH#1
0'-31"
31'-00" FINE BR. SAND
FINE GR. SAND

TH#2
0'-27"
27'-00" SAME. *Consistent with design*
ON-site 10-21-96 1251H

RECEIVED
OCT 16 1996
PIERCE COUNTY HEALTH DEPT
1500 1ST AVE SE
TACOMA, WA 98402

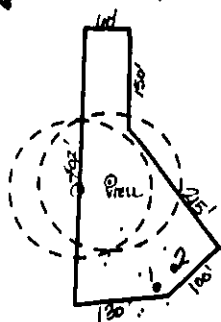
NOTE TO HOMEOWNER / BUILDER / OR DEVELOPER:
* Clearing in the drainfield area to be done under the SUPERVISION of the INSTALLER.
* Minimum home setbacks to be verified by the Bldg. Dept. We assume no liability if greater setbacks are required.

THIS DESIGN IS NOT A SURVEY !!

ALL PROPERTY LINES AND DIMENSIONS, AS SHOWN, ARE FROM INFORMATION SUPPLIED BY THE CLIENT OR COUNTY OFFICE. WE ASSUME NO LIABILITY FOR VARIATIONS ASCERTAINED BY ACTUAL OR MORE RECENT SURVEYS.

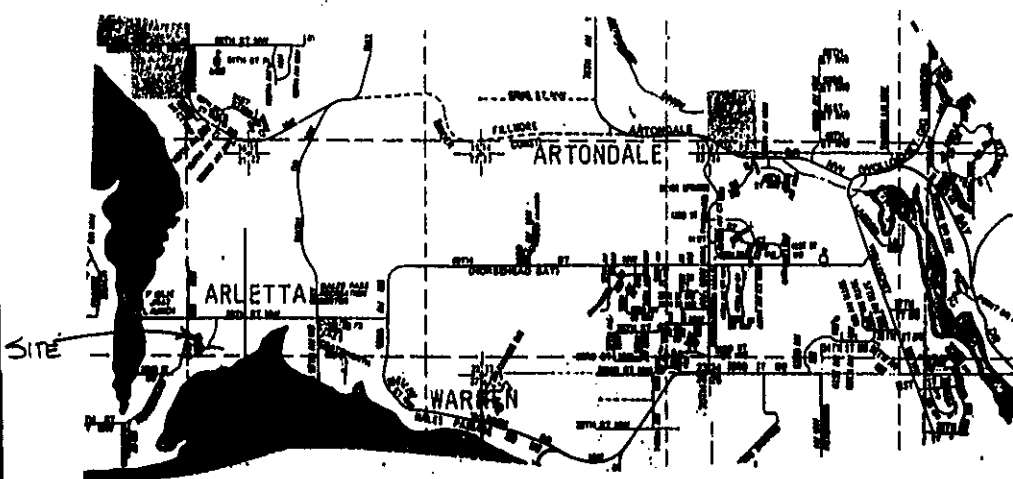
CLIENT: LAURENCE & CYNTHIA WEAVER 15812 50TH ST. NW LAKEWAY, WA 98049		PH# 894-2030
SITE ADDRESS: 10427 POWELL RD NW		DATE: 10-3-96
PARCEL #: 01-21-21-4-000		REV. DATE: —
PENINSULA SEPTIC DESIGNS SANDRA R. SMITH P. O. BOX 1444, GIG HARBOR WA 98335 PH # (206) 851-2178		

WEAVER #4701 PG 1 OF —



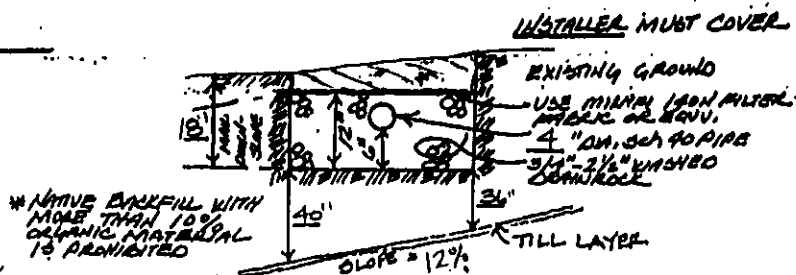
(3)

↑ LOT DETAIL
(1" = 200')

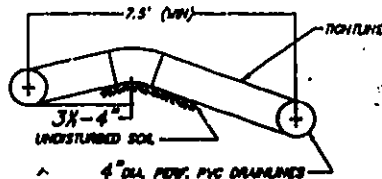


↑ VICINITY MAP
(NO SCALE)

(4)



TYPICAL DRAINFIELD TRENCH



STEP-DOWN DETAIL (S.D.)

NOTES:

1. ASCERTAIN LOCATION OF UNDERGROUND UTILITIES BEFORE DIGGING.
2. THIS DESIGN IS BASED UPON 3 BR. SE. HOME DAILY USAGE: 150 GAL/BR/DAY. APPLICATION RATE: 2.00 GAL/SF/DAY.
3. INSTALL 190 L.F. (MIN) 4" DIA. PERFORATED PVC DRAIN PIPE IN 3/4" WIDE DRAINFIELD TRENCH.
4. DRAINFIELD LINES MAY BE MOVED AS NEEDED TO ACCOMMODATE EXISTING SLOPE AND TREES. MAINTAIN MIN. 7.5' SPAC.
5. DRAINFIELD LINES ARE TO BE LAND LEVEL.
6. PROVIDE 1125441. 2 COMPARTMENT SEPTIC TANK WITH RISERS 12" FROM FINISH GRADE AND A PERMANENT MARKER MUST BE INSTALLED.
7. ALL SURFACE WATER RUNOFF FROM PAVED AREAS AND ROOF DRAINS SHALL BE DIRECTED AWAY FROM DRAINFIELD.
8. IF POOR SOILS ARE ENCOUNTERED DURING CONSTRUCTION, NOTIFY ENGINEER BEFORE CONTINUING.
9. MINIMUM GRADING WILL BE DONE IN DRAINFIELD AREA TO PROTECT PERCOLABLE SOIL.
10. NO HEAVY EQUIPMENT OR VEHICULAR TRAFFIC SHALL BE ALLOWED OVER THE DRAINFIELD AREA ONCE CONSTRUCTED.
11. NOT DESIGNED FOR GARBAGE DISPOSAL.
12. NO VERTICAL CUT UNDER 5' SHALL BE ALLOWED WITHIN 15' OF DRAINFIELD AREA. AND NO VERTICAL CUT GREATER THAN 5' SHALL BE ALLOWED WITHIN 50 FT. OF DRAINFIELD AREA.

REGISTERED
OCT 16 1996

PENINSULA SEPTIC DESIGNS
SANDRA R. SMITH
ENVIRONMENTAL DESIGN CO.

CLIENT: LAURENCE & CYNTHIA WEAVER 15812 50TH ST. NW LAKEWAY, WA 98349			PH# 884-2030
SCALE: 1" = 30'	SITE: 01-21-21-4-080	DRAWN BY: SP5	
DATE: 10-3-96	10427 POWELL RD NW	REVISED: _____	
PENINSULA SEPTIC DESIGNS SANDRA R. SMITH P.O. BOX 1444, OLD HARBOR WA 98335		PH# 851-2178	
ON SITE SEPTIC DESIGN		JOB NO. 4701	

Sandra R. Smith