

Office Use Only  
 Date 6-6-01  
 Fee \$100.00  
 Recpt 28425  
 Check 2609  
 Case # 92-379

**Evaluation of an Existing Onsite Sewage System**

Attach plot plan showing location of: Structures, Drainfield, Septic Tank, Well, etc  
**ALL SPACES MUST BE FILLED IN EXCEPT AS NOTED. Indicate in space if information is not available (NV) or not applicable (NA).**

**Type of Evaluation**

- Evaluation of on-site sewage system
- Evaluation of Drinking Water
- Evaluation of on-site sewage & Drinking Water

**Reason for Evaluation**

- Routine O & M Inspection
- Real Estate Transaction
- Complete a Permit # \_\_\_\_\_
- Building Permit Review and/or no septic permit on file
- Other

Date of this inspection 6/13/01 Inspected by SUSAN PORTO 437-2278  
 Owner or representative, report to: Name/Address/Phone Kathy Larkin  
9522 OAK BAY ROAD, PORT TOWNSEND WA 98368  
 Current owner PETER BRADEN Site Address 42 MAXVIEW DRIVE  
 Owner Phone # 437-9317 Previous property owner name (S) if known \_\_\_\_\_  
 Parcel # 721-093-030 Subdivision, division, block and lot(s) Lot 4 Deputy Short Plat  
 Permitted System 1 yes \_\_\_\_\_ no Permit/case # 92-0379 TANK TO COMMUNITY SYSTEM  
 Date system installed 7/1/93 Age of dwelling 1995  
 # bedrooms 2 House occupied ✓ yes \_\_\_\_\_ no, vacant how long? \_\_\_\_\_  
 Designer NWT NTI Installer Sheld

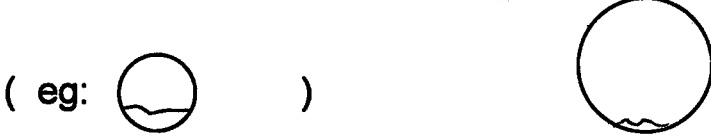
**Water supply**

Sample was taken Yes X No \_\_\_\_\_ Sample Results \_\_\_\_\_  
 Well casing 12" above ground Yes \_\_\_\_\_ No \_\_\_\_\_ Sanitary Seal in place Yes \_\_\_\_\_ No \_\_\_\_\_  
 Public: \_\_\_\_\_ offsite \_\_\_\_\_ onsite. Name of System \_\_\_\_\_  
 Individual: \_\_\_\_\_ offsite \_\_\_\_\_ onsite  
 Is well more than 100' to drainfield/disposal component \_\_\_\_\_ yes \_\_\_\_\_ no, if not, distance \_\_\_\_\_  
 Is well more than 50' to tanks and effluent transport line \_\_\_\_\_ yes \_\_\_\_\_ no, if not, distance \_\_\_\_\_

**ONSITE SEWAGE SYSTEM**

**#1 - Septic Tank**

Tank size 1000 gal. \_\_\_\_\_ single compartment X two compartment CONCRETE material  
 Riser to grade on inlet \_\_\_\_\_ yes X no. Riser to grade on outlet \_\_\_\_\_ yes X no  
 Condition of tank X good \_\_\_\_\_ needs repair, describe \_\_\_\_\_  
 1st comp. Scum (top layer) 2 1/4 in. sludge (bottom layer) \_\_\_\_\_ in.  
 2nd comp. scum 3 1/4 in. sludge \_\_\_\_\_ in.  
 Was ground water observed leaking into tank? \_\_\_\_\_ yes X no  
 If yes, where was water observed? \_\_\_\_\_  
 Condition of baffles: Inlet X good \_\_\_\_\_ needs repair \_\_\_\_\_ material (PVC, Concrete)  
 Outlet: X good \_\_\_\_\_ needs repair \_\_\_\_\_ material (PVC, concrete)  
 Screened Outlet X no \_\_\_\_\_ yes, condition \_\_\_\_\_ clean \_\_\_\_\_ clogged/dirty  
 Septic tank needs to be pumped (per Jefferson County code 8.15.150 (1) (b)) X yes \_\_\_\_\_ no  
 Effluent level at outlet (mark level on circle)



If effluent is below the outlet, indicate when tank was last pumped:  
 \_\_\_\_\_

Parcel # 721093030 Owner Name BRADEN

Does system include a pump?  yes  no If yes, complete the next section.

**#2 - Pump Chamber**

Tank size \_\_\_\_\_ gal. \_\_\_\_\_ Material. Riser to grade?  yes  no  
Condition of tank \_\_\_\_\_ good \_\_\_\_\_ needs repair, describe \_\_\_\_\_  
Solids in Tank (see 8.15.150) \_\_\_\_\_ yes \_\_\_\_\_ no scum \_\_\_\_\_ in. sludge \_\_\_\_\_ in.  
Was Ground water observed leaking into tank ? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, where was water observed? \_\_\_\_\_

**Electrical Components**

Pump operating  yes  no, describe \_\_\_\_\_  
High water alarm functions \_\_\_\_\_ yes \_\_\_\_\_ no, if no, describe \_\_\_\_\_  
Elec. Panel condition \_\_\_\_\_ good \_\_\_\_\_ needs repair, describe \_\_\_\_\_  
Pump cycle drawdown \_\_\_\_\_ inches. Time for pump cycle \_\_\_\_\_ min/sec.  
Timer Settings \_\_\_\_\_ min/sec on \_\_\_\_\_ min/hrs off Floats secured \_\_\_\_\_ yes \_\_\_\_\_ no

**#3 - Drainfield** COMMUNITY

Appropriate Vegetation in area  yes \_\_\_\_\_ no. Describe vegetation \_\_\_\_\_  
Indications of surfacing sewage \_\_\_\_\_ yes, if yes, describe and diagram on plot plan  
 no \_\_\_\_\_ overgrown/ not observable

Signs of parking/driving in area \_\_\_\_\_ yes  no  
Ground settling or erosion \_\_\_\_\_ yes  no \_\_\_\_\_ overgrown/not observable

**Monitoring Port Observations:**

Residual Head \_\_\_\_\_ yes, \_\_\_\_\_ # of inches \_\_\_\_\_ no  
Ponding in trench \_\_\_\_\_ yes, \_\_\_\_\_ # of inches of ponded effluent \_\_\_\_\_ no

Repair area is \_\_\_\_\_ adequate \_\_\_\_\_ limited \_\_\_\_\_ none available, describe \_\_\_\_\_

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Complete this section if system is permitted but did not receive an OK to cover or final approval OR there was no septic permit on file.

Describe materials observed in drainfield construction:

D-box present \_\_\_\_\_ yes \_\_\_\_\_ if yes, material \_\_\_\_\_ no  
Drainlines \_\_\_\_\_ rigid PVC \_\_\_\_\_ corrugated flex pipe \_\_\_\_\_ clay tile  
\_\_\_\_\_ concrete tile \_\_\_\_\_ seepage pit or cesspool \_\_\_\_\_ other

Drainfield dimensions \_\_\_\_\_ length \_\_\_\_\_ width \_\_\_\_\_ # of drain lines

Do observations coincide with permitted system requirements/conditions? \_\_\_\_\_ yes \_\_\_\_\_ no

Comments:

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Parcel # 721-093-030 Owner Name BRADEN

**#4 - Treatment Unit (Sandfilter, Proprietary Device, etc)**

Appropriate Vegetation in area  yes  no. Describe vegetation \_\_\_\_\_

Indications of surfacing sewage  yes, if yes, describe and diagram on plot plan  
 no  overgrown/not observable

Riser to grade?  yes  no

Signs of parking/driving in area  yes  no

Ground settling or erosion  yes  no  overgrown/not observable

Monitoring ports in good condition  yes  no  none present/no port found

**Monitoring Port Observations**

Residual Head  yes,  if yes, # of inches \_\_\_\_\_ no. If no, notify Owner immediately

Ponding in trench  yes,  if yes, # of inches of ponded effluent \_\_\_\_\_ no

**Electrical Components**

Pump operating  yes  no, if no, describe \_\_\_\_\_

High water alarm functions  yes  no, if no, describe \_\_\_\_\_

Elec. Panel condition  good  needs repair, describe \_\_\_\_\_

Pump cycle drawdown \_\_\_\_\_ inches. Time for pump cycle \_\_\_\_\_ min/sec.

Timer Settings \_\_\_\_\_ min/sec on \_\_\_\_\_ min/hrs off Floats secured  yes  no

**COMMENTS**

RISERS TO GRADE OVER INLET & OUTLET OF SEPTIC TANK WILL BE REQUIRED PRIOR TO NEXT INSPECTION. PER JEFF. CO. CODE 8.15, TABLE 1, THIS SYSTEM MUST BE MONITORED EVERY 3 YEARS.

Was a System Problem Identified? Yes \_\_\_\_\_ if yes, what section #. \_\_\_\_\_ No X

I certify that the information provided is based on a review of County records and my direct observations at the time of inspection

Dusan Porto  
Name/Signature

6/14/01  
Date

No guarantee of future performance is implied or granted based on the information contained in this report. This report constitutes a summary of findings only.

BRADEN, PETER & DAWN

JEFFERSON COUNTY ENVIRONMENTAL HEALTH  
SEPTIC PERMIT APPLICATION  
615 Sheridan, Port Townsend, Wa. 206-385-9444

SEP92-0379  
FOR OFFICE USE  
RECEIPT #11659  
AMT. PD. 170.00  
DATE 10-13-92

RECEIVED

OCT 13 1992

JEFF. COUNTY  
HEALTH DEPT

OWNER NAME Peter & Dawn Braden

MAILING ADDRESS 20371 1<sup>st</sup> ave NE D-12  
Poulsbo, WA 98370

PHONE 779-8084

SITE ADDRESS (Directions) 42 Maxview Rd Pt. Ludlow  
(South Point Road, (L) on Blue Jay Lane, (E) (L) on Maxview  
-immediate & after Blue Jay (ATTACH MAP)

TYPE OF STRUCTURE Single Family  
TYPE OF WORK

NEW - Tank only - Community Drainfield  
 REPAIR  
 PARTIAL (tank or drainfield)  COMPLETE

Number Basem<sup>t</sup> 2

Site Prev<sup>W</sup> no  
Water public  
all other, \_\_\_\_\_

ATT contacted prior to installation of septic tank & pump chamber to approve requirements.  
2) Tanks require inspection by Jeff. Co. Health Dept.

community drainfield - Sula Properties  
Drainfield Width \_\_\_\_\_  
Number of Lines \_\_\_\_\_

Soil type \_\_\_\_\_ Infiltration Rate \_\_\_\_\_ gal/sq.ft/day  
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THE UNDERSIGNED ACKNOWLEDGES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT FALSE INFORMATION WILL NEGATE AND INVALIDATES THE APPLICATION AND/OR THE SUBSEQUENT PERMIT. THE PROPERTY OWNER WILL BE RESPONSIBLE FOR THE ACCURATE LOCATION OF ALL PROPERTY LINES.

Signature Pennis M Kelley Date 10/13/92

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OFFICE USE ONLY

10-19-92  
APPROVED

PARTIAL

LATHES  
7-1-93  
FINAL

RENEWED

RENEWED

OWNER Peter Braden  
Legal Description: Section 16 Township 27 Range 01E  
Subdivision Name Reputy Short Plat Division \_\_\_\_\_ Block \_\_\_\_\_ Lot 4  
PARCEL NUMBER 721-093-030

FOR OFFICE USE ONLY FOR FINAL INSPECTION INFORMATION AND APPROVAL

SYSTEM INSTALLED BY John Shold (Duke)

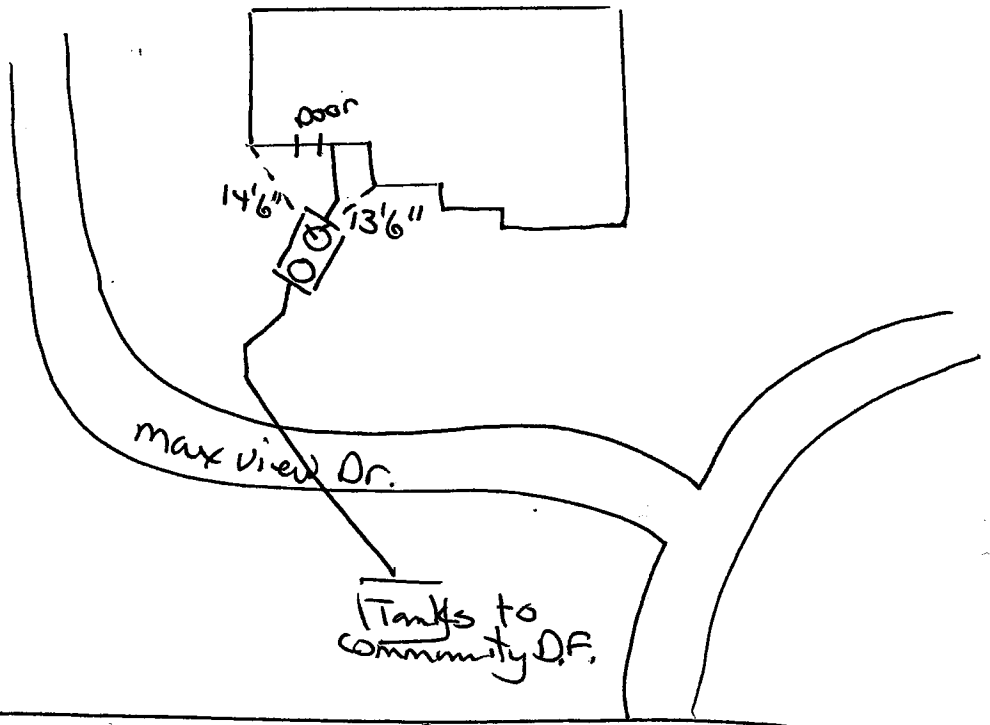
ABSORPTION AREA:

DRAINFIELD LENGTH            TRENCH WIDTH            TRENCH DEPTH            TANK SIZE 1005gal

PRESSURE TEST OBSERVED NA DATE           

APPROVED yes SPECIALIST Linda Atkins DATE 7-1-93

COMMENTS As built submitted by installer. covered prior to inspection.



NAME

Braden, Peter

South Pt Rd

PERMIT NUMBER

92-0379.

**SEWAGE DISPOSAL PERMIT**  
JEFFERSON COUNTY HEALTH DEPARTMENT  
615 SHERIDAN STREET  
PORT TOWNSEND, WASHINGTON 98368  
(206) 385-9444

PERMIT NUMBER: SEP92-0379

ISSUE DATE: October 19, 1992

DATE RECEIVED/REVISED: OCTOBER 13, 1992

Permit issued to CONSTRUCT, ALTER, REPAIR OR MODIFY AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM IN JEFFERSON COUNTY, WASHINGTON

ISSUED TO: **PETER AND DAWN BRADEN**

LEGAL DESCRIPTION: Section 16, Township 27, Range 1E  
DEPUTY SHORT PLAT, LOT 4

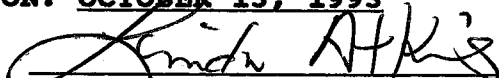
(Permit valid at this address ONLY)

PARCEL NUMBER: 721-093-030

SYSTEM DESIGNED BY: NORTHWESTERN TERRITORIES, INC.

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THIS PERMIT IS ISSUED FOR A PERIOD OF ONE YEAR (UNLESS OTHERWISE STATED BELOW) IN ACCORDANCE WITH JEFFERSON COUNTY RULES AND REGULATIONS FOR ON-SITE SEWAGE DISPOSAL SYSTEMS, ORDINANCE NO. 1-83.

DATE OF EXPIRATION: OCTOBER 13, 1993



Jefferson Co. Environmental Health Specialist

*The property owner will be responsible for the accurate location of all property lines. Any removal of or major disturbance of soil in the primary or reserve drainfield area may create site conditions that are unacceptable for the installation of a sewage disposal system. Any change in building or sewage disposal plans (including plumbing stubout location) and/or location of house or drainfield invalidates this permit unless prior approval is obtained from the Jefferson Co. Health Dept. HEALTH DEPARTMENT MUST BE CALLED FOR FINAL INSPECTION.*

TYPE OF SYSTEM: OFFSITE COMMUNITY DRAINFIELD--COYLE PENINSULA PROPERTIES

NO. OF BEDROOMS 2

Drainfield

Trench

Trench

Tank Size

Length \_

Width \_

Depth \_

1000 gallons

CONDITIONS

1. NTI, Inc. and Jefferson County PUD #1 to be contacted prior to installation of septic tank and pump chamber to approve location and verify pump requirements.
2. Tank requires inspection by Jefferson County Health Department prior to covering.

cc: owner 10-19-92