

Date Received

STATE OF ALASKA
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DOCUMENTATION OF CONSTRUCTION

I. GENERAL INFORMATION

Legal Description of the Location

LOT 25, SUNRISE NO. 1 OUT OF
TL-3002, SEC 30, TIN-RIW, FM
495 SUN WAY

Submitted by: (Check one)

- Certified Installer
- Approved Homeowner
- Registered Engineer

Installer Name:

Ken Mendes

Mailing Address

1253 RISE RD
FBKS AK 99209

Onsite Wastewater System Serves:

- Single Family. Number of Bedrooms _____
- Duplex. Number of Bedrooms 2
- Small Commercial Facility With Estimated Design Flow of less than 500 GPD.

II. WATER SUPPLY SYSTEM

(SECTION II IS OPTIONAL)

Source of Water and Containment (Check all that Apply)

- Well (Drilled or Driven)
- Roof Catchment
- Holding Tank
- Surface (Identify)
- Other (Identify)

Type of Water Supply System

- SF/Duplex
- Public

Treatment of Water (Check all that Apply)

- None
- Filtration
- Other:
- Chlorination
- Mineral Removal

Well Data

Is the height of the well casing more the 12" above the ground? N/A Yes No

Is a sanitary seal or well cap installed on the well casing? N/A Yes No

Is drainage directed away from or around the casing within a radius of 10 feet of the well casing? Yes No

Is well wire enclosed in conduit? Yes No

Date Drilled

Depth of Well (Feet)

Static Water Level (Feet)

Yield (If available)

Pump Rate (If available)

Separation Distance from the Well Casing to each of the Following Sources of Contamination:

Septic/Holding Tank on Lot	Feet	Sewer Lines on Lot	Feet	Absorption Area on Lot	Feet
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Closest Septic/Holding Tank on Adjacent Lot	Feet	Closest Sewer Lines on Adjacent Lot	Feet	Closest Edge of an Absorption Area on Adjacent Lot:	Feet
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Indicate separation distance from toxic materials including fuel tanks, paints, lubricants and other petroleum based materials, pesticides, fungicides or herbicides to well casing:	On Lot	Feet	On Adjacent Lot	Feet
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Water Sample Taken by: (Name)

Sampler is:

- Buyer
- Engineer
- Banker
- Government Official

Address

Water Sample Results:

Attach Copy Satisfactory - Date Unsatisfactory - Date

Comments/Recommendations:

I certify that the above information and that provided in Section IV is correct:

Signature

Typed/Printed Name

Title

Date

Ken Mendes

Ken Mendes

OWNER

8-26-05

Note: 1. This section should be signed by a Certified Installer, Professional Engineer, DEC staff, or Owner/Builder

2. All public water systems must receive ADEC plan approval prior to construction. See 18 AAC 80 State of Alaska Drinking Water

Regulations for specific requirements.

Jonis Clarke 374-8787

II. WASTEWATER DISPOSAL		Legal Description: <u>Surprise Sub No. 1 Lot 25</u>	
Type of Wastewater System:			
<input checked="" type="checkbox"/> Septic Tank with Conventional Soil Absorption System	<input type="checkbox"/> Package Treatment Plant (requires engineered design)		
<input type="checkbox"/> Holding Tank: Material Type: _____ Size in Gallons: <u>1000 Gal</u> Manufacturer: _____			
<input type="checkbox"/> Other - Specify Type _____	<input type="checkbox"/> Alternate Onsite (requires engineered design)		
<input type="checkbox"/> Small Commercial System (< 500 GPD) With Estimated Daily Wastewater Flow of: _____ Gallons Per Day (GPD)			
Criteria Used to Estimate Daily Wastewater Quantity: _____			

<input type="checkbox"/> NEW SYSTEM	<input checked="" type="checkbox"/> MODIFICATION TO SYSTEM	Certified Installer Installation Notification Date: <u>05-30-05</u>	
Name of Installer: <u>Ken Winkles</u>		Date Installed: <u>08-028-05</u>	
System Installed:	<input type="checkbox"/> By a Registered Engineer	<input checked="" type="checkbox"/> With Inspection by a Registered Engineer	
<input type="checkbox"/> By Approved Homeowner (attach copy of approval letter)		<input checked="" type="checkbox"/> By a Certified Installer/Installer Number <u>05-30-025</u>	
Septic Tank: Material: <u>Plastic</u>	Manufacturer: <u>MWM</u>	Size (Gallons): <u>1000</u>	Number of Compartments: <u>2</u>
Type of Soil Absorption System:	<input type="checkbox"/> Deep Trench	<input type="checkbox"/> Shallow Trench	<input type="checkbox"/> Seepage Pit
	<input type="checkbox"/> Mound	<input type="checkbox"/> Other, Specify _____	<input checked="" type="checkbox"/> Bed

Soil Classification: <u>SM</u>	Soil Rating: <u>275-30/bedroom</u>	Dimensions/Size of Absorption Area: <u>12 x 50 = 600 SF</u>	
Grading/Size of Distribution Rock: <u>3/4" - 1 1/2"</u>	Thickness/Depth of Distribution Rock: <u>1'</u>		
Percolation Test Results, Attach Copy of Report: <u>N/A</u>	Percolation Test Performed by: <u>N/A</u>		
Minutes per Inch _____	Sq. ft. per bedroom _____	percolation test results must be sealed/signed by a registered engineer	
Minimum ground cover in feet over:	Septic Tank _____	Absorption Area <u>4' +</u>	Sewer Pipes <u>4' +</u>
Amount Pipes/Caps Installed: <u>YES</u>	Foundation Cleanout:	Septic Tank: _____	Monitor Tubes: <u>YES</u>

Indicate separation distances from septic tank or absorption area, whichever is closest, to all nearby:

Public drinking water sources within 200 feet: <u>200' +</u>	Private drinking water sources within 100 feet: <u>100' +</u>
Near rest water bodies (see 18 AAC 72.020(b)): <u>NONE</u>	Lot line: <u>10' +</u>
Separation Distance from Onlot Sewer Lines to: _____	Public Drinking Water Sources: <u>200' +</u> Private Sources: <u>100' +</u>
Separation Distance From Bottom of Distribution Rock to: _____	Groundwater Table: <u>4' +</u> Bedrock: <u>10' +</u>
Separation Distance from Absorption Area to Slope exceeding 25%: <u>NONE SEEN</u>	<u>50' +</u>

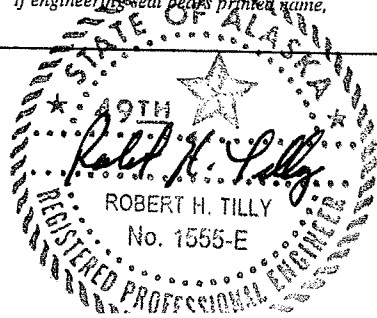
Comments/Recommendations

Per Request, I installed a bed system AFTER THE existing NEW LEACH PIT - TANK & LEACH TANK WAS INSTALLED BY HOME OWNER LAST YEAR. ENGINEER ON SITE BOB TILLY.

Signature: <u>Robert H. Tilly</u>	Typed/Printed Name: <u>ROBERT H. TILLY</u>	Title, Reg./Cert No., Inst. No.: <u>PE 1555-E</u>	Date: <u>8-30-05</u>
Signature: <u>Ken Winkles</u>	Typed/Printed Name: <u>Ken Winkles</u>	Title, Reg./Cert No., Inst. No.: <u>05-30-025</u>	Date: <u>8-28-05</u>

* Must be signed by a Certified Installer, Professional Engineer, DEC staff, or Approved Homeowner. If engineering seal bears printed name, registration number, and is signed, those blocks need not be completed for engineered submittals.

SEAL
Registered Professional
Engineer



**IV. DIAGRAM OF SYSTEM(S)
INSTRUCTIONS FOR DIAGRAM**

1. In a plan view, locate and identify each of the following:
 - a) Well
 - b) All Structures
 - c) Septic Tank
 - d) Soil Absorption System
(Include dimensions)
 - e) Surface Water
 - f) Sources of contamination
 - g) Property Line
 - i) Closest septic tank on an adjacent property
 - h) Closest well on adjacent property
 - j) Closest edge of an absorption field on adjacent property
 - k) All cleanouts and monitor tubes
2. Show distances between the well and each of the sources of contamination listed in 1.
3. Show distances between water bodies and each part of the onsite system listed in 1.
4. In a cross section view of the soil absorption area, identify each component and show the depth (thickness) of the following:
 - a) Soil Cover
 - b) Absorption Material
 - c) Water Table
 - d) Bedrock
 - e) Discharge pipes
 - f) Insulation

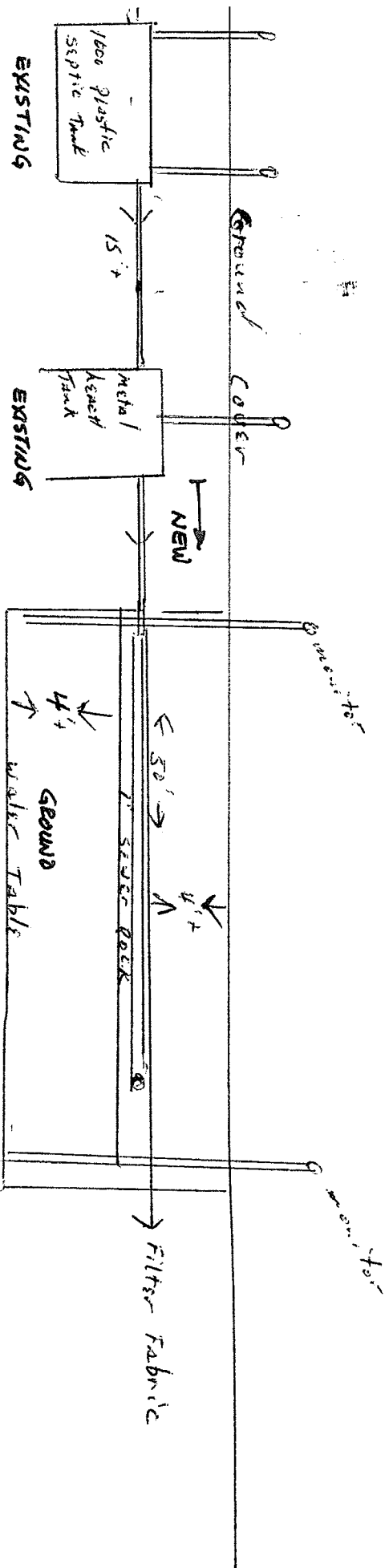
SEE ATTACHED

Javis Clark
495 Seaway
374-8759

Cross Section View

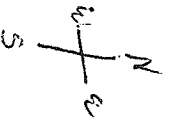
WASTEWATER SYSTEM REPAIR

(ACTUAL REUSED)
LABOUR



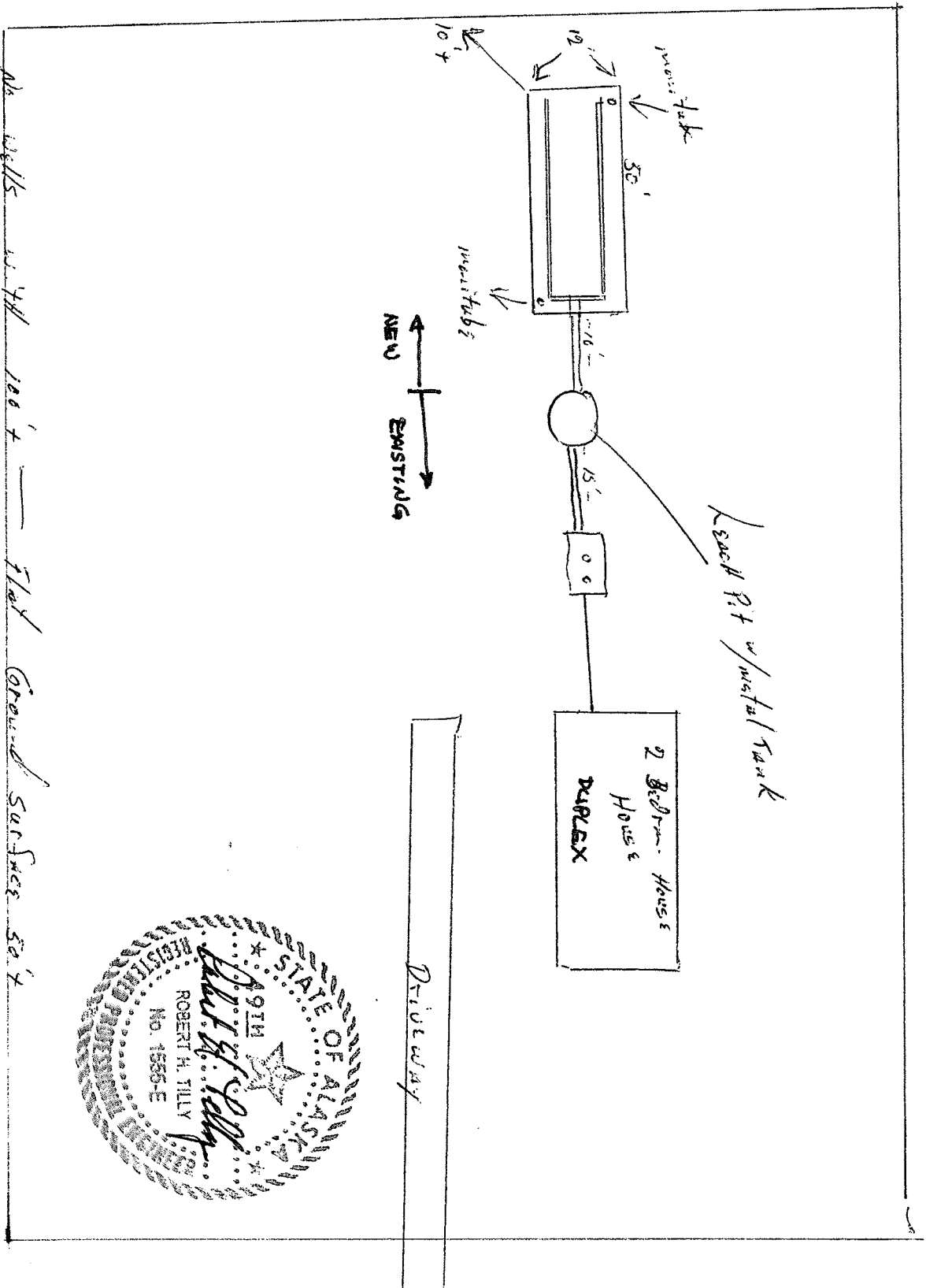
Test Hols = SEE

Singer Consulting Ser
Report
Bob Tilly Civil Engineer



Laurie Clarke
455 Sun Way
394-5959
Over Head View

WASTE WATER SYSTEM
REPAIR
(ACTUAL REVISED)
(LAYOUT)



All wells in 44 lot + Flat Ground surface so?

