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State of Alaska
Department of Environmental Conservation
Documentation of Construction

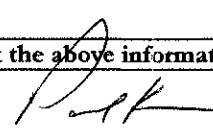
ADEC Review Date and Initial

8/24/16 BBP

Part I. General Information

Legal Description	T 5N R 11W SEC 13 SEWARD MERIDIAN KN 2003068 POWERS SUB GLONEK ADDN LOT 4B		
Street Address	37382 Wanda Gail Street	Tax/Parcel ID #05553049	
Submitted By	<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Approved Homeowner	<input checked="" type="checkbox"/> Certified Installer No. 2016-23-1182
Installer Name Mailing Address, Email, & Phone	Paul Keen, Alaska Scrap & Recycling LLC 42115 Kalifornsky Beach Rd, Ste C, Soldotna, AK 99669 kvelie@alaskascrap.com 907-262-5761 ext 201		

Part II. Wastewater Disposal

Onsite Wastewater System Serves	<input checked="" type="checkbox"/> Single Family # of bedrooms <u>3</u> <input type="checkbox"/> Duplex Total # of bedrooms _____ <input type="checkbox"/> Small Commercial Facility with Estimated Design Flow of less than 500 gpd. - show calcs below		
<input checked="" type="checkbox"/> New System	<input type="checkbox"/> Repair / Replace Existing Components (describe):		
System Installed By:	<input checked="" type="checkbox"/> Certified Installer	Installation Notification Date <u>JUNE 24 2016</u>	
<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Inspection by a Registered Engineer	Date Installed <u>06/30/2016</u>	
<input type="checkbox"/> Approved Homeowner (attach approval letter)			
Septic Tank	Size <u>1000</u>	# of Compartments <u>2</u>	Material <u>steel</u>
	Manufacturer <u>Dtu</u>	Lift Station Manufacturer _____	Alarms <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Soil Absorption System	<input checked="" type="checkbox"/> Deep Trench <input type="checkbox"/> Shallow Trench <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Bed <input type="checkbox"/> Mound <input type="checkbox"/> Infiltrators (# of Units _____ Unit Area _____ sq. ft.) <input type="checkbox"/> Other _____		
Soils	Classification <u>SP</u>	Rating - sq ft/bedroom <u>150</u>	
Soil Absorption Area	Field Dimensions (Length <u>45</u> ft Width <u>4</u> ft Thickness/Depth of Rock <u>5</u> ft)		
	Effective Absorption Area <u>45 X 5</u> Size of Rock <u>1 1/2" - 3"</u>		
Perc Test Results	Minutes per Inch _____	Application Rate _____ sq ft / bedroom	
	Performed By _____ (Attach results - sealed and signed by a registered engineer)		
Ground Cover Over	Septic Tank <u>4</u> ft	Absorption Area <u>5</u> ft	Sewer Pipes <u>4-5</u> ft
	Insulation Thickness _____ in	Insulation Thickness _____ in	Insulation Thickness _____ in
Cleanout Pipes/Caps	# Cleanout(s) <u>2</u>	# Septic Tank Vents <u>2</u>	# of Leach Field Monitor Tubes <u>1</u>
Separation Distances from septic tank or absorption area, whichever is closest, to all nearby			
Public drinking water sources <u>NONE</u> ft. Class _____		Private drinking water sources <u>100+</u> ft	
Nearest water bodies (see 18 AAC 72.020(b)) <u>NONE</u> ft		Lot Line <u>10+</u> ft	
Separation Distances from OnLot Sewer Lines to Drinking Water Sources - Public <u>NONE</u> Private <u>100+</u>			
Separation Distances from Bottom of Distribution Rock to - Groundwater Table <u>4+</u> Impermeable Soils <u>6+</u>			
Separation Distance from Absorption Area to Slope exceeding 25% <u>NO SLOPES</u>			
Comments / Recommendations / Criteria used to size commercial facility:			Seal Registered Professional Engineer
I certify that the above information, and that provided in Section III, is correct:			
Signature 	Printed Name <u>Paul Keen</u>		
Title, Reg/Cert No, Inst No. <u>2016-23-1182</u>	Date <u>07/01/2016</u>		

NOTE: Must be signed by a Certified Installer, 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. Do not modify this form.

Part III. DIAGRAM OF SYSTEM(S)
INSTRUCTIONS FOR DIAGRAM

1. In a PLAN VIEW, locate and identify each of the following:

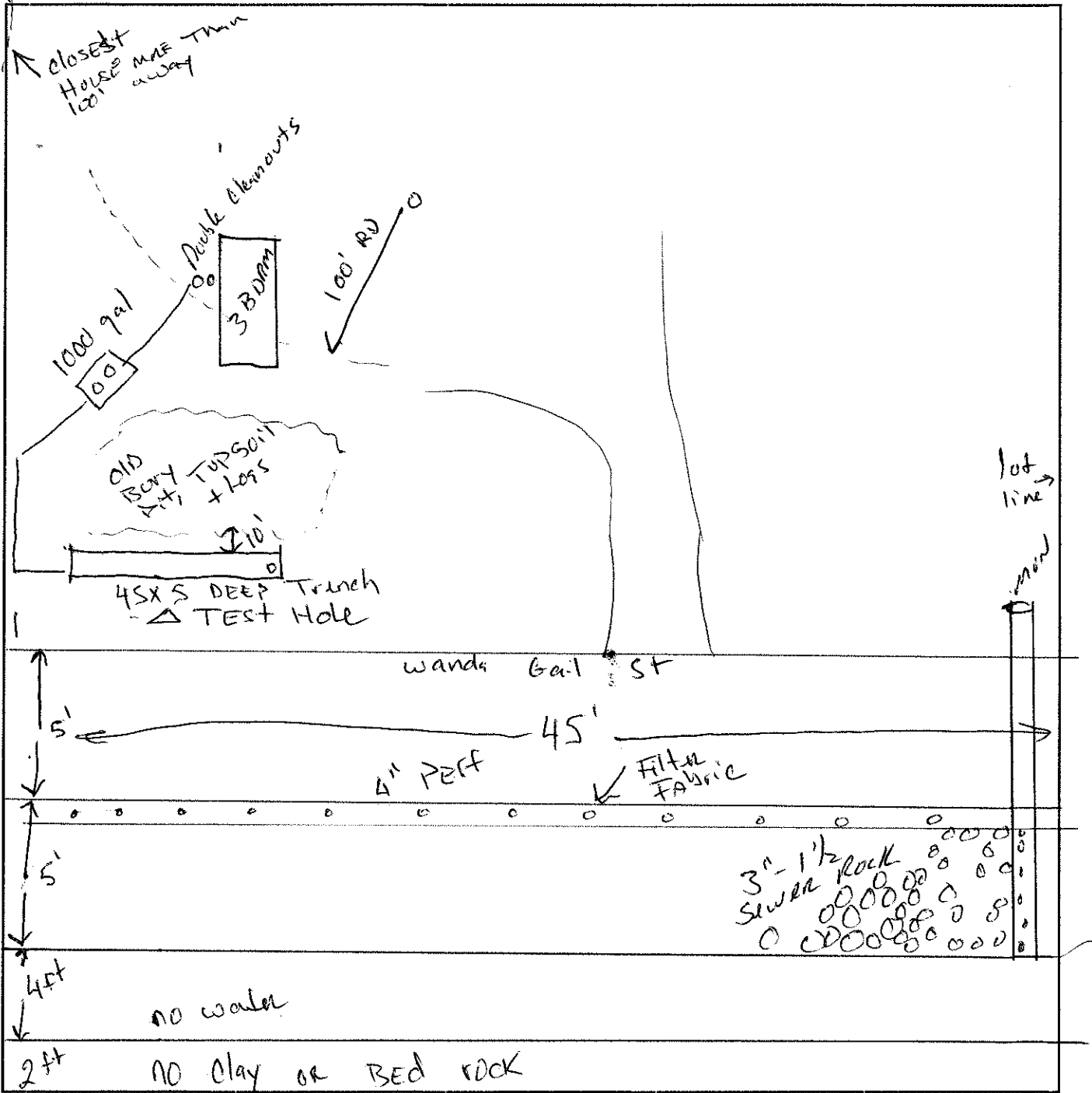
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Well | <input type="checkbox"/> All Structures | <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Soil Absorption System
<i>(Include dimensions)</i> |
| <input type="checkbox"/> Surface Water | <input type="checkbox"/> Test hole location(s) | <input type="checkbox"/> Property Line | <input type="checkbox"/> Closest septic tank on an adjacent property |
| <input type="checkbox"/> Closest well on adjacent property | | <input type="checkbox"/> All cleanouts and monitor tubes | <input type="checkbox"/> Slopes greater than 25%
and 10' or more high. |
| <input type="checkbox"/> Closest edge of an absorption field on adjacent property | | | |

2. Show distances between the well and each part of the onsite system 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:

- | | | | | | |
|---|--|--|--|---|-------------------------------------|
| <input type="checkbox"/> Soil Cover | <input type="checkbox"/> Absorption Material | <input type="checkbox"/> Water Table | <input type="checkbox"/> Bedrock/impermeable | <input type="checkbox"/> Discharge pipe | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Original Grade | <input type="checkbox"/> Final Grade (include if original & final grade are different) | <input type="checkbox"/> Filter Fabric | | | |



TESTHOLE LOG

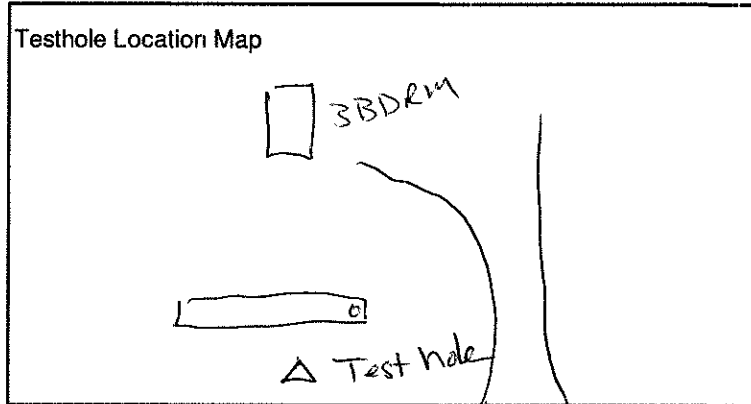
Legal Description: T 5N R 11W SEC. 13 SEWARD MERIDIAN KN 2003068 POWERS SUB GLONEK ADDN LOT 4B

Date: 6-30-16

Inspected By: Paul KEEN

Ground level

1ft	organic
2ft	
3ft	CL
4ft	
5ft	
6ft	
7ft	
8ft	
9ft	
10ft	
11ft	
12ft	
13ft	
14ft	
15ft	SP
16ft	
17ft	
18ft	
19ft	
20ft	

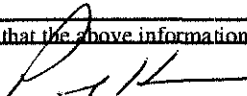


Comments:

Total Depth of Testhole 18 ft.

Groundwater/Seeps Encountered? Y / (N) At _____ ft.

Impermeable Soil (Silt/Clay/Bedrock) Encountered? Y / (N) At _____ ft.

IV. WATER SUPPLY SYSTEM		(SECTION IV IS OPTIONAL)	
Source of Water and Containment (Check all that Apply)		Type of Water Supply System	Treatment of Water (Check all that Apply)
<input type="checkbox"/> Well (Drilled or Driven)	<input type="checkbox"/> Surface (Identify)	<input type="checkbox"/> SF/Duplex	<input type="checkbox"/> None
<input type="checkbox"/> Roof Catchment	<input type="checkbox"/> Other (Identify)	<input type="checkbox"/> Public	<input type="checkbox"/> Filtration
<input type="checkbox"/> Holding Tank			<input type="checkbox"/> Chlorination
			<input type="checkbox"/> Mineral Removal
			<input type="checkbox"/> Other: _____
Well Data		Is the height of the well casing more the 12" above the ground?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is a sanitary seal or well cap installed on the well casing?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is drainage directed away from or around the casing within a radius of 10 feet of the well casing?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is well wire enclosed in conduit?	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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		Sewer Lines on Lot	Absorption Area on Lot
Feet		Feet	Feet
Closest Septic/Holding Tank on Adjacent Lot		Closest Sewer Lines on Adjacent Lot	Closest Edge of an Absorption Area on Adjacent Lot:
Feet		Feet	Feet
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	On Adjacent Lot
		Feet	Feet
Water Sample Taken by: (Name)		Sampler is:	
		<input type="checkbox"/> Buyer <input type="checkbox"/> Engineer	
Address		<input type="checkbox"/> Banker <input type="checkbox"/> Government Official	
Water Sample Results:		<input type="checkbox"/> Satisfactory - Date <input type="checkbox"/> Unsatisfactory - Date	
Attach Copy			
Comments/Recommendations:			
I certify that the above information and that provided in Section IV is correct:			
Signature	Typed/Printed Name	Title	Date
	Paul Keen	Certified Installer	07/01/2016

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.