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Date Received
AUG 11 2016

**STATE OF ALASKA  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**APPLICATION FOR ON-SITE WATER AND SEWER  
SYSTEM APPROVAL  
OR  
DOCUMENTATION OF SYSTEM INSTALLATION**

**I. GENERAL INFORMATION**

Legal Description of the Location

Lot 5 Block 1 Birch Lake

Applicant Name: Jim Faiks	Applicant is: (Check one) <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Owner/builder	<input type="checkbox"/> Certified Installer, No. _____ <input type="checkbox"/> Engineer
Mailing Address PO Boc 521152	Type of Residence: <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multi-Family (Duplex)	Total Number Bedrooms 4
City, State, Zip Code Big Lake, AK 99652	Telephone: (907) 892-8482	
Send Approval to: <input type="checkbox"/> Applicant <input type="checkbox"/> Other (Give Name & Address)		

**II. WATER SUPPLY SYSTEM**

Source of Water and Containment (Check all that Apply) <input checked="" type="checkbox"/> Well (Drilled or Driven) <input type="checkbox"/> Roof Catchment <input type="checkbox"/> Holding Tank		Type of Water Supply System <input checked="" type="checkbox"/> Private / Duplex <input type="checkbox"/> Public (Serves more than one family)		Treatment of Water (Check all that Apply) <input type="checkbox"/> None <input type="checkbox"/> Filtration <input type="checkbox"/> Other: _____		<input type="checkbox"/> Chlorination <input type="checkbox"/> Mineral Removal	
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 +100 Feet		Sewer Lines on Lot +25 Feet		Absorption Area on Lot +100 Feet			
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			
If toxic materials are stored on the property, including fuel tanks, paints, lubricants and other petroleum based materials, pesticides, fungicides or herbicides, indicate distance from contaminants to well casing:				On Lot		On Adjacent Lot	
Water Sample Taken by: (Name)				Sampler is: <input type="checkbox"/> Buyer <input type="checkbox"/> Engineer <input type="checkbox"/> Banker <input type="checkbox"/> Government Official			
Address							
Water Sample Results: Attach Copy <input type="checkbox"/> Satisfactory - Date <input type="checkbox"/> Unsatisfactory - Date							
Comments/Recommendations:  Well approval not requested at this time.							
I certify that the above information, and that provided in Section IV, is correct:							
Signature		Typed/Printed Name		Title		Date	

Note: Must be signed by a Certified Installer, Professional Engineer, DEC staff, or Owner/Builder

III. WASTEWATER DISPOSAL		Legal Description: Lot 5 Block 1 Birch Lake	
<input checked="" type="checkbox"/> Septic Tank/Absorption System		<input type="checkbox"/> Package Treatment (Specify Brand Name or Process)	
<input type="checkbox"/> Holding Tank - Specify	Capacity of Tank	Where Waste is Disposed	Frequency of Pumping
<input checked="" type="checkbox"/> Septic Tank Outfall Discharged To: Subsurface drainfield		<input type="checkbox"/> Other (Specify): (Outhouse, Incinerator, etc.)	

**NEW SYSTEM**

Name of Installer <b>Premier Alaska, Inc.</b>		Date Installed <b>04/29/16</b>	
<input type="checkbox"/> Owner/Builder	<input type="checkbox"/> Certified Installer No.	<input checked="" type="checkbox"/> Other: <b>Contractor</b>	Septic Tank Type/Manufacturer <b>Steel/Greer Tank</b>
Septic Tank Size (Gallons) <b>1,500</b>	Number of Compartments <b>2</b>	Soil Type and Rating <b>SP w/GP (150)</b>	
Type Soil Absorption System <b>Absorption bed</b>	Dimensions/Size Soil Absorption System <b>(2) 12' x 25' with 12" under pipes</b>	Type/Quantity Backfill Material Used for Soil Absorption System <b>3/4-1.5" s. rock, 34 cyd</b>	
Percolation Test Results (Attach Copy of Report) <b>N/A - visual</b>		Percolation Test by: (Name) <b>N/A</b>	
Minimum Ground Cover over Absorption Area <b>+4 Feet</b>	Minimum Ground Cover over Septic Tank <b>+4 Feet</b>	Cleanout Pipes/Caps Installed on Septic Tank <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cleanout Pipes/Caps Installed on Absorp. System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Separation Distance To: <b>+100 Feet</b>	Water Supply Source on Lot <b>+100 Feet</b>	Nearest Water Supply Source on Adjacent Lot <b>+100 Feet</b>	Nearest Body of Water <b>+ 100 Feet</b>
Water Table/Bedrock <b>+ 4/+ 6 Feet</b>		Lot Line <b>Feet</b>	

Comments/Recommendations

- Holler Engineering logged a test hole, designed and documented this new duplex septic system.
- A 6" drop exists in pipe from tank to bed manifold.
- Absorption bed drainfield consists of two 12' x 25' cells with a constructed 2' sand berm separator.
- Oversized septic tank installed.

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

Signature	Typed/Printed Name <b>Curtis Holler, PE</b>	Title, Reg./Cert No., Inst. No. <b>CE 9607</b>	Date <b>05/16/16</b>
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*NOTE: Must be signed by a Certified Installer, Professional Engineer, DEC staff, or approved Owner/Builder*

**EXISTING SYSTEM**

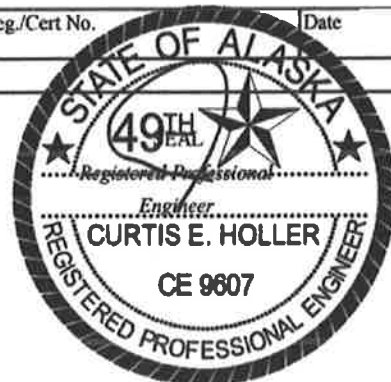
Name of Installer		Date Installed	
<input type="checkbox"/> Owner/Builder	<input type="checkbox"/> Certified Installer No.	<input type="checkbox"/> Other:	Septic Tank Type/Manufacturer
Septic Tank Size (Gallons)	Number of Compartments	Soil Type and Rating	
Type Soil Absorption System	Dimensions/Size Soil Absorption System	Type/Quantity Backfill Material Used for Soil Absorption System	
Adequacy Test Results (Attach Copy of Report) <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Adequacy Test Performed by: (Name)	
Date Septic Tank Pumped (Attach Copy of Receipt)			
Minimum Ground Cover over Absorption Area Feet	Minimum Ground Cover over Septic Tank Feet	Cleanout Pipes/Caps Installed on Septic Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleanout Pipes/Caps Installed on Absorp. System <input type="checkbox"/> Yes <input type="checkbox"/> No
Separation Distance To: <b>Feet</b>	Water Supply Source on Lot <b>Feet</b>	Nearest Water Supply Source on Adjacent Lot <b>Feet</b>	Nearest Body of Water <b>Feet</b>
Water Table/Bedrock <b>Feet</b>		Lot Line <b>Feet</b>	

Comments/Recommendations

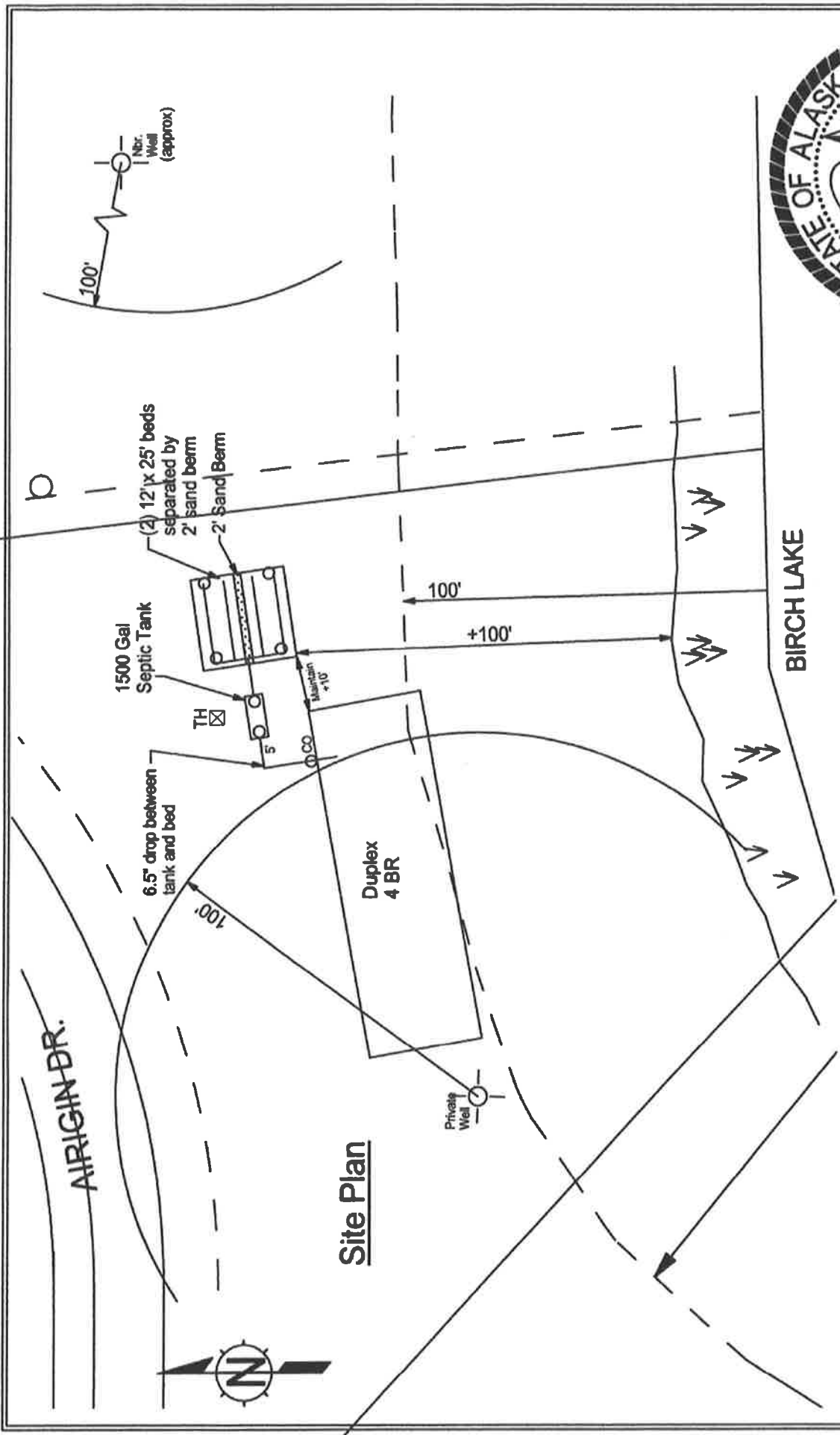
I certify that the above information, and that provided in Section IV, is correct:

Signature	Typed/Printed Name	Title, Reg./Cert No.	Date
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*NOTE: Must be signed by a Professional Engineer.*



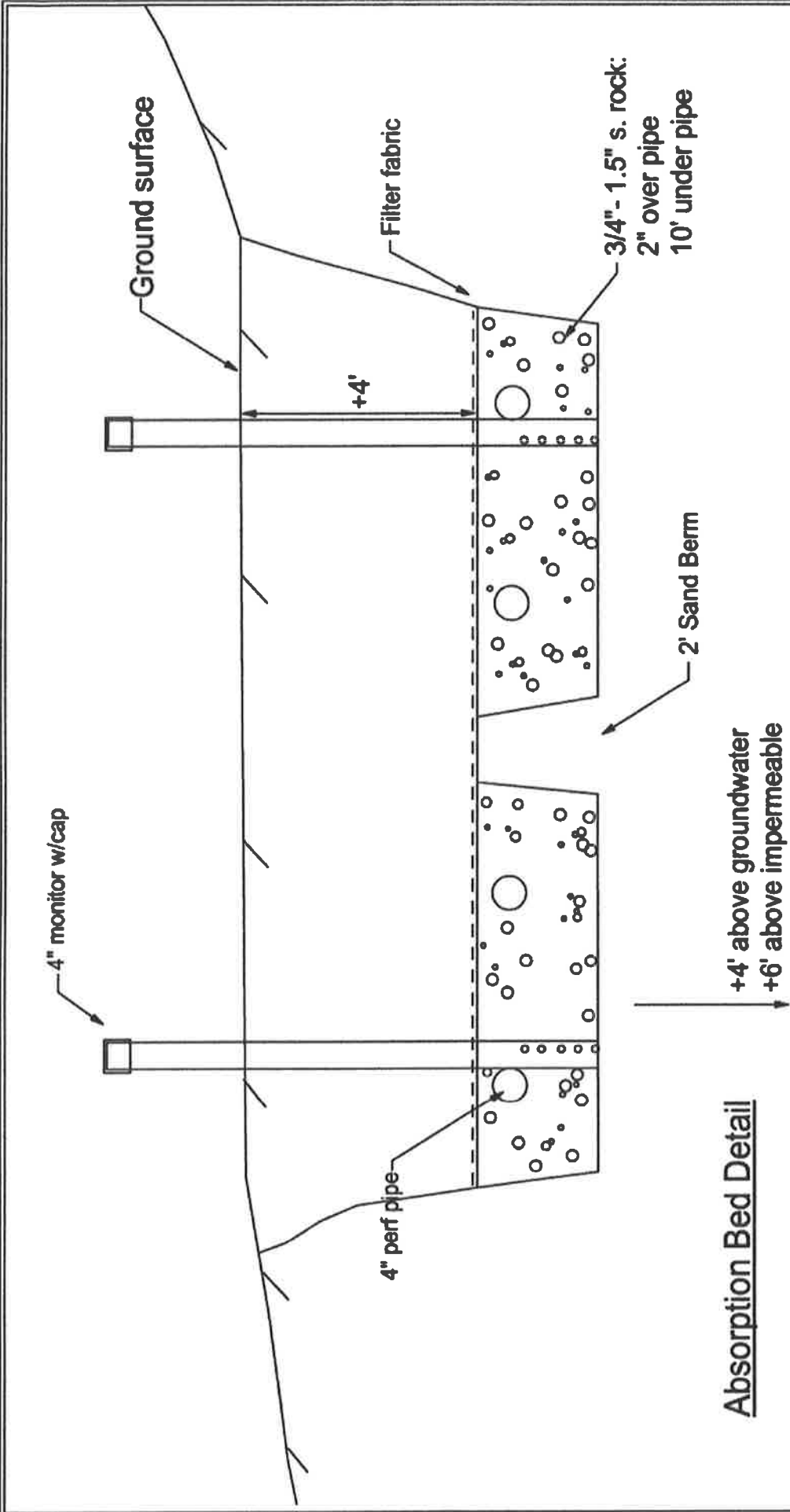
05/16/16



**Notes**

1. This septic system does not lie within the protective radius of any known well.
2. No survey staking provided - lotlines/easements are owner's/developer's responsibility.


Lot 5 Block 1 Birch Lake Sub. Wastewater System Record Drawing		
<b>HOLLER ENGINEERING</b> 3375 N Sams Dr. Wasilla, Alaska 99654		
Job # 16020	05/16/16	no scale



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