

ISLAND COUNTY HEALTH DEPARTMENT
P.O. BOX 700
COUPEVILLE, WASHINGTON 98239

0749-79

APPLICATION TO CONSTRUCT, ALTER, OR REPAIR A SEWAGE DISPOSAL SYSTEM

LEGAL DISCRIPTION

NAME OF PLAT: _____ Division: _____ Block: _____ Lot: _____
OR Short Plat No: _____ Parcel: _____
OR Tax Lot: _____ Section: _____ Township: _____ Range: _____
OR Meets and Bounds Lot 4 - That portion of SE1/4 of Section 6, Twp 29N, Rge 3E

Location of Construction Site: _____

OWNER'S NAME McNeil PHONE: _____
ADDRESS _____

ENTRY PERMIT No. _____

NAME OF WATER SYSTEM _____

SITE INFORMATION

Lot Width: _____ ft. Lot Depth: _____ ft. Area: 5-1/3 acres (sq. ft.)
Type of use: Residential No. of bedrooms 4
Fill information: Depth: 18" Width: _____ Length: _____
Date of fill: _____

Average percolation rate: 9 minutes per inch
Soil data: (type and depth at which encountered: i.e. 0" - 24" sand, 4" - 72" sandy clay
loam, etc.)
0- Black Loam; 8-24" Brown Sandy Loam; 24-42" Sandy Gravel; 42-60" Sandy Clay;
a. _____ b. _____ c. _____ d. 60-72" Claypan

CERTIFICATION

We certify that this permit was issued for the sewage disposal system diagramed on the reverse side. We also certify that to deviate from original plan, such as (a) location of home on lot; (b) size of home; (c) placement of septic tank inlet without first obtaining written approval of the Island County Health Department and the Installer, automatically VOIDS this permit.

OWNER'S SIGNATURE: _____ Date: _____
INSTALLER'S SIGNATURE: Ralph Leidholm Date: 2-23-79
BUILDER'S SIGNATURE: _____ Date: _____

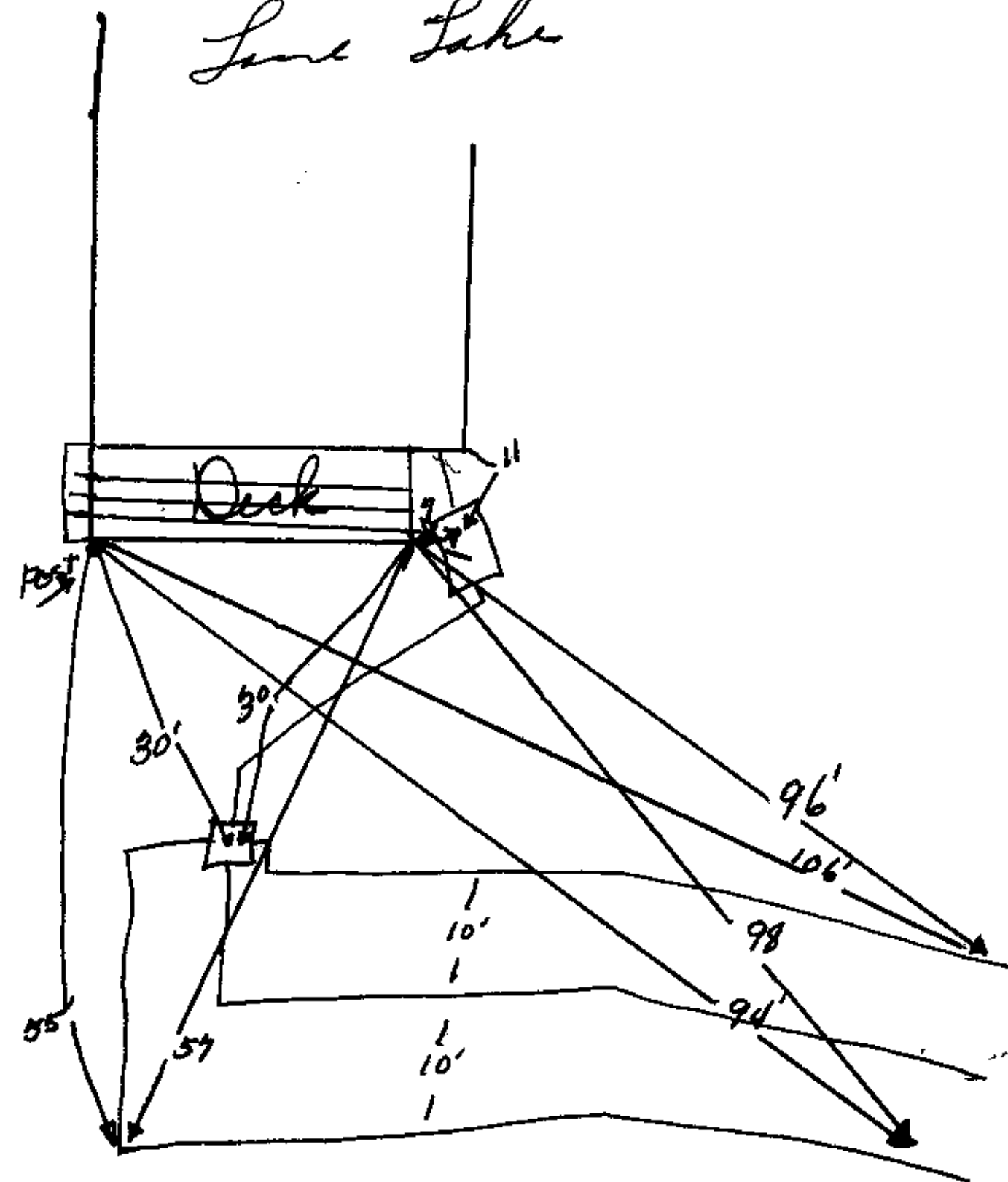
FOR HEALTH DEPARTMENT USE ONLY

Plan approved _____ Permit No: 0749-79 Receipt No: 0749 Date: 2/28/79
Plan disapproved _____
Final Inspection: Approved: _____ Rejected: _____ By: _____ Date: _____

PER SANITARY CODE OF ISLAND COUNTY EACH INDIVIDUAL SEWAGE DISPOSAL SYSTEM MUST
BE AVAILABLE FOR HEALTH DEPARTMENT INSPECTION (24 HOURS ADVANCE NOTICE IS
REQUIRED)

PERMIT EXPIRES ONE YEAR FROM DATE ISSUED

Scott McNeil
Lone Lake



Ralph Laidlaw