

ASBUILT

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DEC - 9 1999

ISL. CITY. HEALTH DEPT.

ISLAND COUNTY HEALTH DEPARTMENT
P. O. Box 5000 • Coupeville, WA 98239 • (360) 679-7350/321-5111
121 N. East Camano Dr. • Camano Island, WA 98292 • (360) 307-3443

553-99
Redesign

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

SEWER CO. 293-4884

APPLICANT'S NAME: MR. STEVE MILLER PHONE: 293-4884

MAILING ADDRESS: 627 - SUMMIT PARK RD, ANACORTES 98221

OWNER'S NAME (if different from applicant): Richard and Wendy Audette PHONE: _____

NAME OF WATER SYSTEM (2 or more services): CEDAR VIEW OK 12/22/99 OUS

SINGLE-FAMILY SERVICE CONNECTION WELL: X (locate on reverse side)

Legal Description: PARCEL #: R 32801-345-4300 SITE REG. #: 99-155

NAME OF PLAT: CEDAR VIEW DIV. _____ BLOCK _____ LOT A

ADDRESS OF CONSTRUCTION SITE: CEDAR VIEW DRIVE, GLENDALE

TYPE OF PERMIT: New ☒ Expansion ☐ Alteration ☐ or Operational ☐ # of BEDROOMS: 3
TYPE OF USE: Residential ☒ Restaurant ☐ or Other Commercial ☐ Designed Peak Flow Rate: 450 gpd
LOT WIDTH: Varies ft. LOT DEPTH: Varies ft. AREA: 12.7 Acres (square feet / 43560 sq.ft. = acres)
DRAINFIELD: 750 sq.ft. TOTAL LENGTH: 250 ft. WIDTH: 3 ft. TRENCH DEPTH: 18"
TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: _____ gals. MINIMUM LAND AREA MET: Yes ☐ No ☐
INTERCEPTOR DRAIN: Yes ☐ No ☒ (Island Co. Assumes No Responsibility For Re-Direction Of Drainage Water)

DESIGNER'S COMMENTS: _____

SANITARIAN'S COMMENTS: _____

We understand that changes to this site such as grading, filling or clearing, or any deviation from the original plan (as diagrammed on the reverse side) such as, but not limited to: (A) Location of home on lot; (B) Size of home; (C) Placement of septic tank or sewage disposal drainfield, without first obtaining written approval from the Island County Health Department, automatically voids this permit.

OWNER'S SIGNATURE: _____ DATE: _____

NOTE: SELF-INSTALLER PERMITS ARE NOT TRANSFERABLE AND ARE ALLOWED FOR CONVENTIONAL GRAVITY SYSTEM DESIGNS ONLY.

DESIGNER'S SIGNATURE: [Signature] DATE: 7 DEC 99

WA DE 14592 SEE OTHER Installed By: Ken Knutsen
END 20 JUL '00 SIDE FOR SIGNATURE

This permit is issued with the understanding that the property owner will allow, in perpetuity, a Health Department representative to enter onto this property during reasonable hours, for the sole purpose of monitoring the performance of the on-site sewage disposal facility.

A permit to construct or alter a sewage disposal system shall be valid for three (3) years from the date of issuance. Permits are transferable with property ownership, provided new owners accept the permitted plan by written notification to the Health Officer or by the proposal of a new plan which conforms to these regulations. If the system is not installed within the three year period, a new permit may be applied for based upon current standards by submitting completed current forms with the current fee.

FOR HEALTH DEPARTMENT USE ONLY:

Conventional Gravity ☒ Conventional Pressure _____ Alternative _____ Community _____ Commercial < 500 _____

Requires annual operating permit: YES ☐ NO ☒ If YES, see attached Operation & Maintenance Agreement conditions.

PLAN APPROVED RWA PERMIT # 553-99 RECEIPT # 100920 DATE ISSUED: 12-10-99

PLAN DISAPPROVED _____ DATE: _____ DATE PERMIT EXPIRES: 12-10-2002

(Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: 8-1-00 8-3-00 RWA

FINAL INSPECTION: APPROVED: X REJECTED: _____ BY: RWA DATE: 2-16-01

Per Sanitary Code of Island County, each individual sewage disposal system must be available for Health Department inspection. (24 HOURS NOTICE REQUIRED — PRIOR TO CONSTRUCTION)

Eagles - No per T.L.M.

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FEB 13 2001

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ISL QTY HEALTH DEPT

SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS-BUILT"

OWNER'S NAME:

Richard Auchette

PERMIT #

553-99

PARCEL #

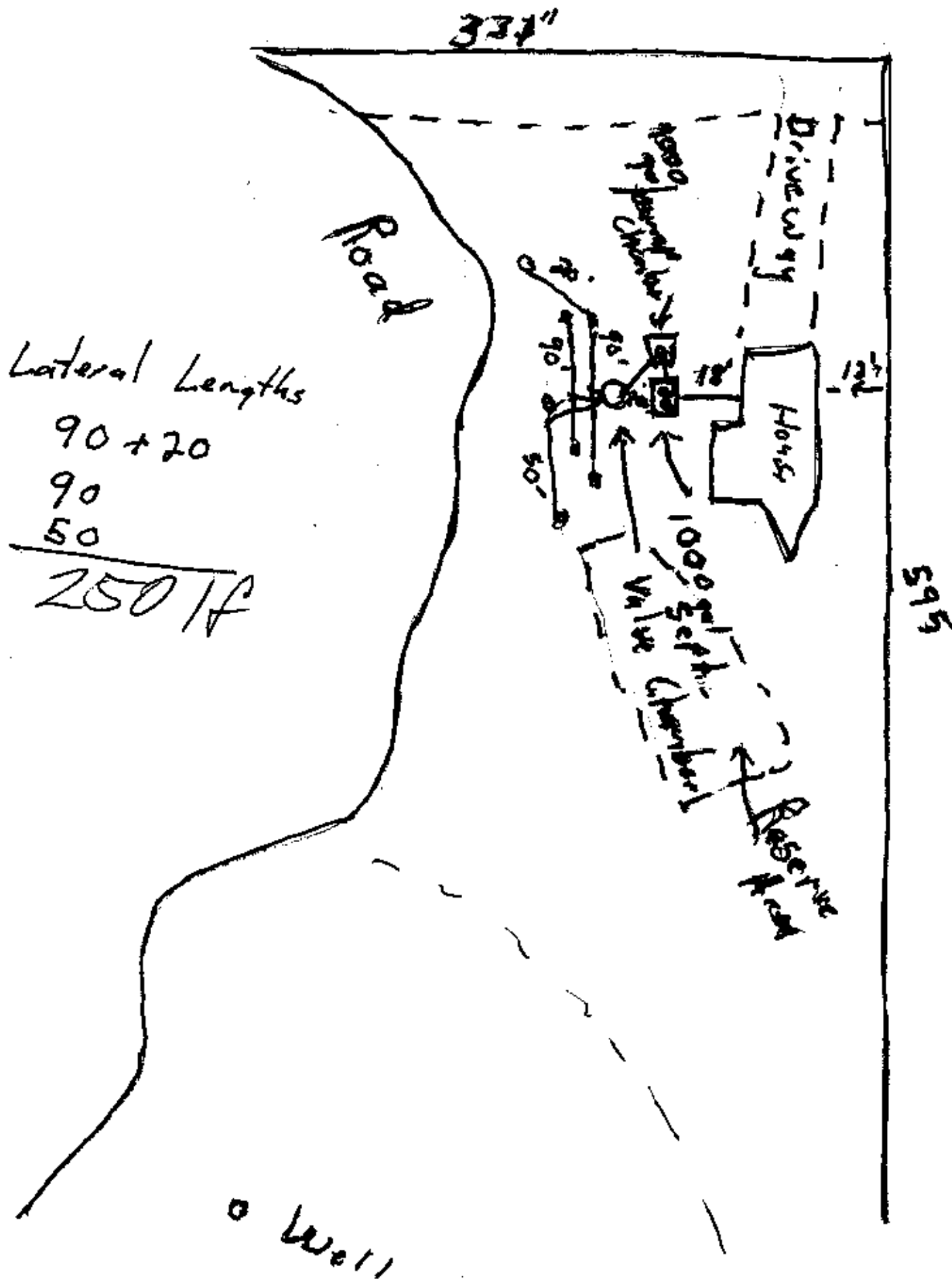
R 32801-345-4300

ACCURATE PLOT PLAN DRAWN TO SCALE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- a. Location of building(s) (i.e., distance from roads, etc.)
- b. Size of building(s)
- c. Location of septic tank(s) and pump or siphon chamber(s), if applicable (i.e., distance from building, etc.)
- d. Location of drainfields (i.e., distance from house, septic tank, property lines, wells, banks, water of the State, french drain(s), roads, driveways, large trees, etc.)

SCALE: 1" = 100'

NORTH



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Pump Model/HP: EF 33 1/3 (Pump Chamber-PC)

(Sandfilter-SF)

Pump Cycle Time/Dose: min. 6 sec. 150(PC) min. sec. (SF) Float Displacement: (SF) (PC)

Float setting and pressure test completed after wiring and Labor & Industry's inspection: YES ☐ NO ☒

SAND FILTER	PRESSURE DISTRIBUTION SYSTEM or MOUND	
Residual Head: _____ in.	Residual Head/Orifice Diameter/Number of Orifices	
Orifice Diameter: _____ in.	Lat.#1 <u>4'</u> in./ <u>3/16</u> in./ <u>18±3</u>	Lat.#2 <u>4'</u> in./ <u>3/16</u> in./ <u>7</u>
Number of Orifices: _____	Lat.#3 <u>4'</u> in./ <u>3/16</u> in./ <u>18</u>	Lat.#4 _____ in./ _____ in./ _____
Dose Volume: _____ gals.	Lat.#5 _____ in./ _____ in./ _____	Lat.#6 _____ in./ _____ in./ _____
	Dose Volume: <u>150</u> gals.	

DRAINFIELD: Total 750 sq.ft. Total Length: 250 ft. Width 3 ft. Trench Depth 12"

Vertical separation between bottom of trench and saturated or impervious soil: 3'

TANK MANUFACTURER: Williams Tank

COMMENTS:

I personally inspected this On-Site Sewage Disposal System and certify that it was installed in accordance with the approved design and complies with the conditions noted on the permit and with I.C.C. 8.07C.

INSTALLER'S SIGNATURE:

DATE INSTALLED: 8/2/00

(Revised 6/13/96)