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JUN 27 2024

ASBUILT

Is Co Public Health

Island County Public Health  
Mailing Address: NE 7th Street Coupeville WA 98239  
Physical Address: NE 6th Street Coupeville WA 98239  
Camano Annex 121 NE Camano Dr. Camano Island WA 98282  
Whidbey 360-679-7350 Camano Island 360-678-8261

ICPH Date Stamp

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM - PAGE 1

Receipt Number: WA-24-01354

Permit/Asbuilt Number: PT2024-349 182

|                                                          |                                                                                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Applicant Name: <u>Wally Mattson</u>                     | Parcel Number: <u>S8075-00-08078-0</u>                                                                                 |
| Address of Construction Site: <u>8051 Sandy Hook Dr.</u> | City: <u>Clinton</u>                                                                                                   |
| Property Length: <u>irreg.</u>                           | Property Width: _____ Area: <u>0.43 acre</u>                                                                           |
| Off-site Drainfield Parcel Number (if applicable): _____ | AF# _____                                                                                                              |
| Name of Water System: <u>Sandy Hook Yacht Club Est</u>   | Private Well <input type="checkbox"/> Res. Covenant <input type="checkbox"/> Yes <input type="checkbox"/> No AF# _____ |

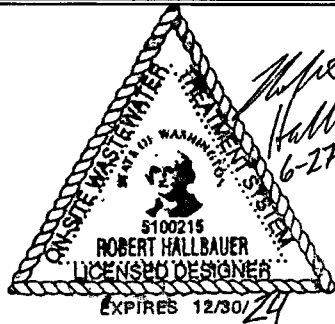
| Permit Type (Only check one in each of the two columns below) |                                                             | Check if Applicable                                                              |
|---------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> New Installation                     | <input checked="" type="checkbox"/> Single Family Residence | <input type="checkbox"/> Repair Permit <input type="checkbox"/> Tank Only Repair |
| <input type="checkbox"/> Redesign                             | <input type="checkbox"/> Commercial                         | <input type="checkbox"/> Table IX Repair (non-conforming)                        |
| <input type="checkbox"/> Alteration                           | <input type="checkbox"/> Community                          | Cause of failure: _____                                                          |
| <input checked="" type="checkbox"/> Tank Only - New           |                                                             |                                                                                  |
| <input type="checkbox"/> Auxiliary Building Connection        |                                                             | <input type="checkbox"/> Owner/Installer (additional fee required)               |

Onsite Sewage System Type: ☐ Conventional ☒ Alternative

| Onsite Sewage System Components (Check all that apply) |                                                            |                                                                         |
|--------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Bottomless Sandfilter         | <input checked="" type="checkbox"/> Aerobic Treatment Unit | <input checked="" type="checkbox"/> Low Pressure Distribution           |
| <input type="checkbox"/> Intermittent Sandfilter       | <input type="checkbox"/> Drip Distribution                 | <input type="checkbox"/> Gravity                                        |
| <input type="checkbox"/> Sandlined Sandfilter          | <input type="checkbox"/> Oscar                             | <input type="checkbox"/> Trench <input checked="" type="checkbox"/> Bed |
| <input type="checkbox"/> Recirculating Filter          | <input type="checkbox"/> Glendon                           | <input type="checkbox"/> Conv. Pump to D-Box                            |
| <input type="checkbox"/> Packed Bed Filter             | <input type="checkbox"/> Mound                             | <input type="checkbox"/> Other _____                                    |

Inspection Frequency: ☐ Every Three Years (Conventional Gravity) ☒ Annual (All Others)

Number of Bedrooms: 2 Design Flow: 240 Operating Flow: 180  
Soil Class/Type: \_\_\_\_\_ / \_\_\_\_\_ Loading Rate: \_\_\_\_\_ Site Registration #: 88-596  
Drainfield Required: Size: \_\_\_\_\_ ft<sup>2</sup>, Length \_\_\_\_\_, Width \_\_\_\_\_  
Drainfield Reduction: Size: \_\_\_\_\_ ft<sup>2</sup>, Length \_\_\_\_\_, Width \_\_\_\_\_, Percentage Reduction \_\_\_\_\_ %  
Trench Depth: \_\_\_\_\_ in Septic/Trash Tank Size: 750 gal Pump Chamber Size: 1,000 gal

|                                                                                                                                                                                                                                                                       |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Septic Designers Comments: Traffic-rated lids on all tanks, 15" minimum cover;<br>See attached waivers for setbacks to carport support post and potable<br>water line. NuWater BNR500 pretreatment tank.<br><br><u>see asbuilt PT 2019-281 for drainfield details</u> | <br>Septic Designer/PE Stamp |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

Public Health Comments: ① Shoreline review performed under SHE 277-19-comply with all conditions of approval. ② Installer to comply with all mitigations associated with Class-A Waiver (WA2024-065). Mitigations will be inspected at final-leave uncovered. See attached Public Works memo. ③ Drainfield-surface water setbacks approved under PT2019-281 and WA2019-070.

SEPTIC INSTALLER IS REQUIRED TO CALL IN A START CARD A MINIMUM OF 24 HOURS IN ADVANCE

Water Approved: ☒ Yes ☐ No By: Existing Other Covenant(s): ☐ Yes ☐ No AF# \_\_\_\_\_  
Permit Approved: TG Permit Disapproved: \_\_\_\_\_ Date: 9/18/2024 Waiver Attached: ☒ 2  
Permit Number: PT2024-349 Expiration Date: 09/18/2027  
System Installed by: Allan Warada Construction Inspection date(s): 11/18/2024  
Final Inspection: TG Rejected: \_\_\_\_\_ Date: 11/26/2024  
As-built Approval: Approved: MPG Rejected: \_\_\_\_\_ Date: 12/10/2024

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SEPTIC SYSTEM ASBUILT

Asbuilt Number: PT2024-349

282

Property Owner Name: Mattson

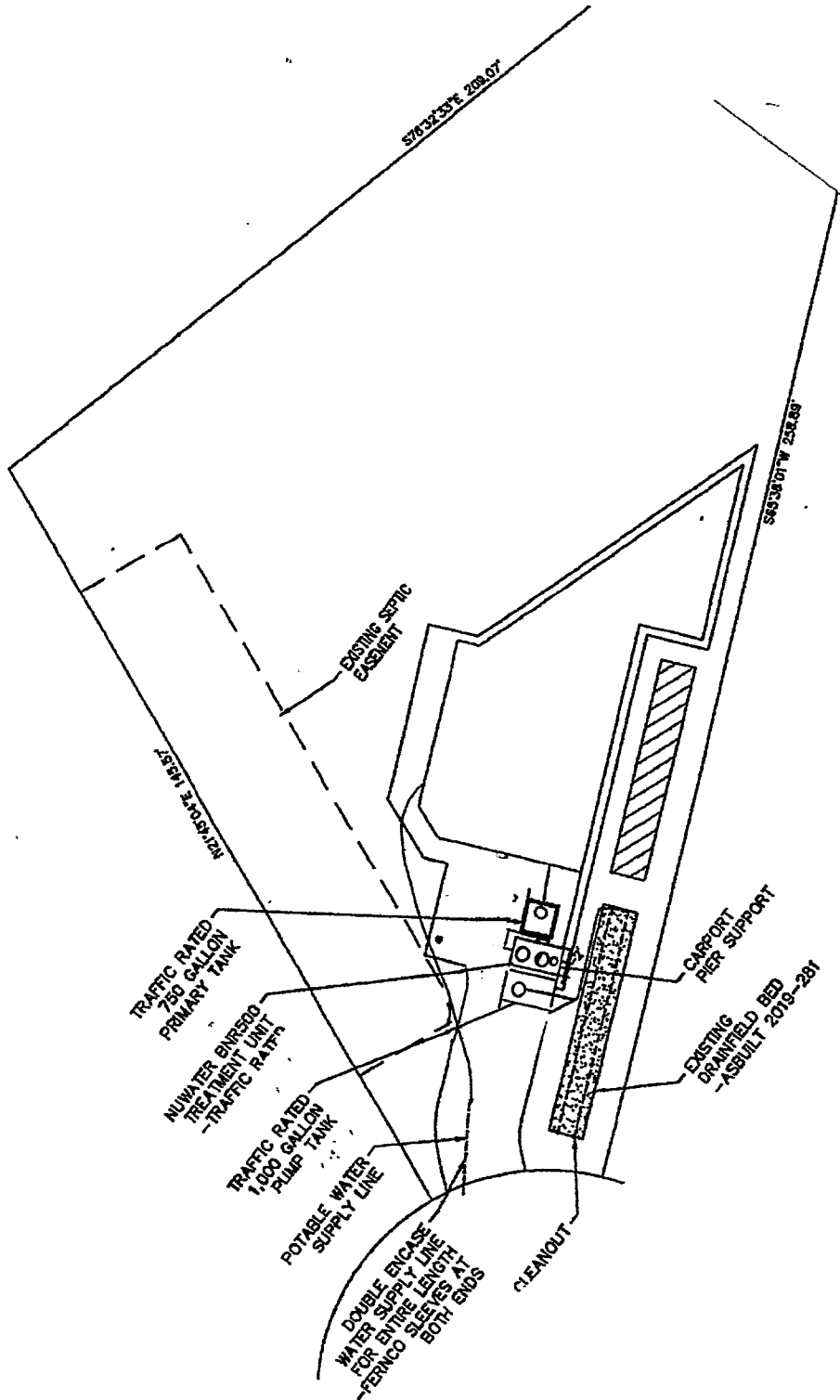
Parcel Number: S8075-00-08078-0

Provide accurate plot plan to scale including but not limited to:

Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

Scale 1 inch = 30 ft

(Indicate North)



Lead Pump

Time Dosed: ☒ Yes ☐ No

Pump Model: Liberty 280

HP: .5

Run Time: 1.3 min

Off Time: 6 hrs

Volume: 45 gal

Secondary Pump

Time Dosed: ☐ Yes ☐ No

Pump Model:

HP:

Run Time:

Off Time:

Volume: gal

Pressure, Drip and Mound Info

Lateral length(s):

#1 40 #2 40 #3

#4 #5 #6

Orifice Size: 3/16 in

Head/Pressure: in / lbs.

# of Orifices/Emitters: 40

Sand Filter Information

Square Feet:

Residual Head: in

Orifice Size: in

Number of Orifices:

Aerobic Treatment Info

Brand: NuWater

Model: BNR500

Disinfection: ☐ UV ☐ Other

Glendon Info

Basal Area: sq ft

Final Dimension:

Tank Information

Manufacturer: Berg Vault

Septic Tank Size: 750 gal

Pump Tank Size: 1000 gal

Drainfield Info

Square Feet: 240

Length: 40 ft

Width: 6 ft

Depth: 22" in

Comments:

2 Bedroom system, risers on all components at time of installation. Traffic tanks used in driveway.

I, the undersigned, personally inspected this On-site Sewage Disposal system and certify that it was installed in accordance with the approved design, including all requirements deemed necessary by all proprietary devices and this system fully complies with all conditions of I.C.C 8.07.

Installers Signature: Allan Wavada

Date Installed: 11-26-24