



RECEIVED Partial Asbuilt

Island County Public Health
FEB 26 2019 Coupeville Annex PO Box 5000 Coupeville WA 98239
Camano Annex 121 NE Camano Dr. Camano Island WA 98282
Whidbey 360-679-7350 Camano Island 360-678-8261
Is Co Public Health

ICPH Date Stamp

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM - PAGE 1

Receipt Number: EH-19-00462 Permit/Asbuilt Number: PT2019-091 193

Parcel Number: R13218-467-0180
Address of Construction Site: West Beach Rd City: OAK HARBOR
Property Length: +-241 Property Width: +-181 Area: 0.7a
Off-site Drainfield Parcel Number (if applicable): R13218-419-0190 AF#: 4426906

Name of Water System: Hide-Away Water Private Well [] Res. Covenant [] Yes [] No AF#

Permit Type (Check all that apply)
[] New Construction [] Tank Only [] Single Family Residence
[] Redesign [] Auxiliary Building [] Commercial
[] Alteration [] Community [] Owner/Installer
[] Repair [] Table IX Repair (non-conforming) Cause of Repair:

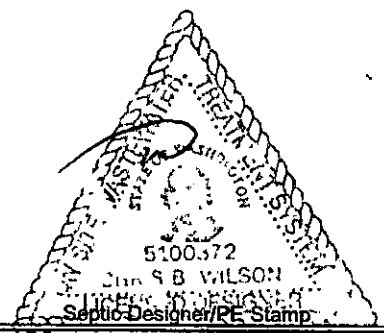
Onsite Sewage System Type: [] Conventional [] Alternative

Onsite Sewage System Components (Check all that apply)
[] Bottomless Sandfilter [] Aerobic Treatment Unit [] Low Pressure Distribution
[] Intermittent Sandfilter [] Drip Distribution [] Gravity
[] Sandlined Sandfilter [] Trench [] Bed
[] Recirculating Filter [] Mound [] Conv. Pump to D-Box
[] Packed Bed Filter [] Other

Inspection Frequency: [] Every Three Years (Conventional Gravity) [] Annual (All Others)

Number of Bedrooms: 3 Design Flow: 360 Operating Flow: 270
Soil Class/Type: SL / IV Loading Rate: .48 Site Registration #: SR2009-425
Drainfield Required: Size: 750 ft², Length 250, Width 3
Drainfield Reduction: Size: ft², Length, Width, Percentage Reduction 0%
Trench Depth: 12-14 In Septic/Trash Tank Size: gal Pump Chamber Size: gal

Septic Designers Comments:
Conditional Approval Subject to Right-of-Way permit PW19-0067.
An approved Water Availability Verification (WAV) will be required prior to building permit issuance.



Public Health Comments: At time of approval, no Shoreline Exemption had been applied for. As such, issuance of this permit is limited to ONLY that portion of installation which does NOT require Shoreline Exemption. (AKA: The transport line and the drain field.) A tank-only permit will be required at time of home construction.

Septic Installer is required to call in a Start Card A minimum of 24 hours in advance.

Water Approved: [] Yes [] No By: HK Other Covenant(s): [] Yes [] No AF#
Permit Approved: [] Permit Disapproved: Date: 10/12/2020 Waiver Attached: []
Permit Number: PT2019-091 Expiration Date: 10/12/2023
System Installed by: Justin's Excavating Construction Inspection date(s): 10/28/2022
Final Inspection: MWP for MG Rejected: Date: 11/10/2022
As-built Approval: Approved: TG for MG Rejected: Date: 10/13/2023

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NOV 10 2022



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SEPTIC SYSTEM ASBUILT

Asbuilt Number: PT2019-091 293

Property Owner Name: Schlosser, David & Anne Parcel Number: R13218-467-0180

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

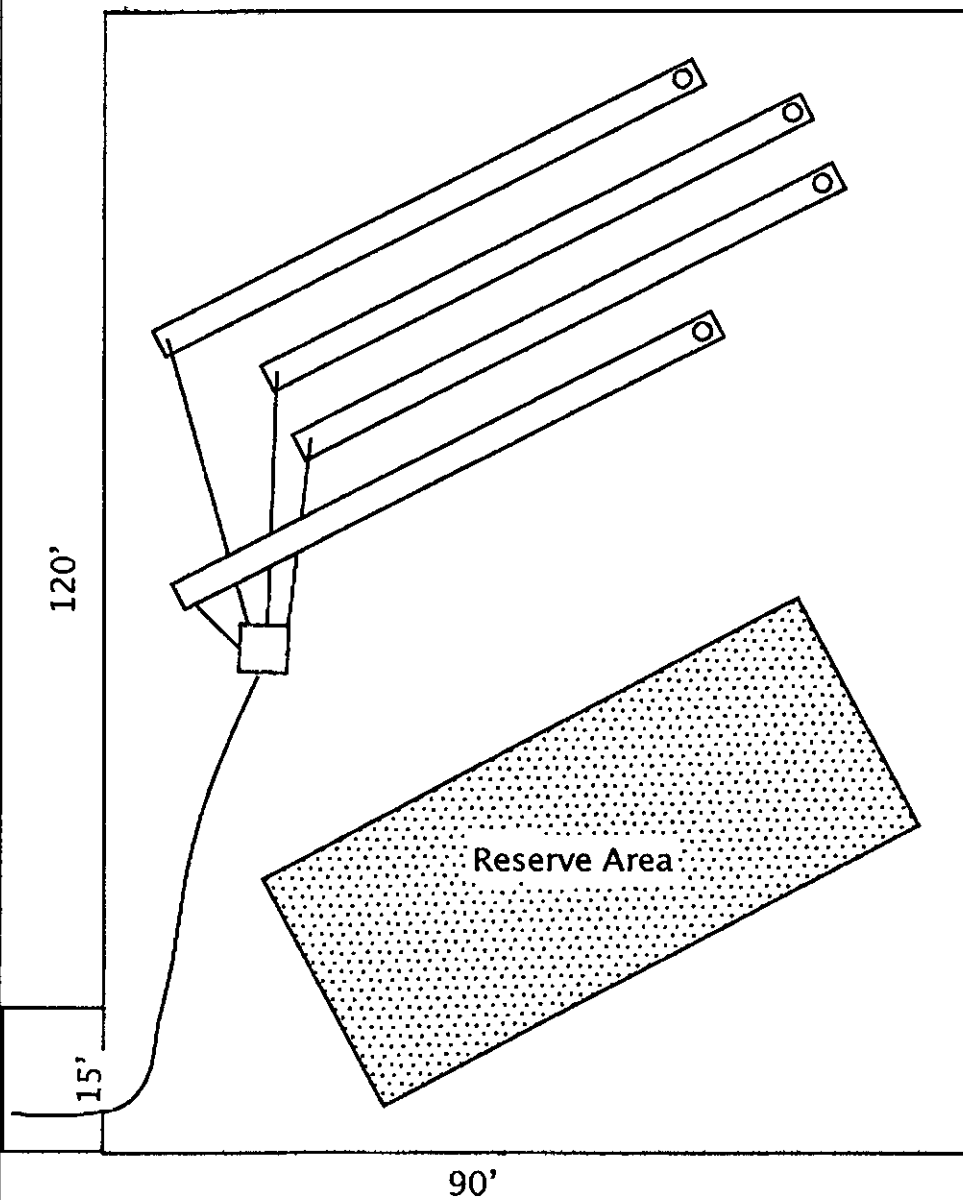
Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

Scale 1 inch = 20 ft

(Indicate North)



The transport line and drainfield will be installed at this time. Tank only permit will be required to finish installation. **Additional Permitting Required**



Lead Pump	
Time Dosed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pump Model:	_____
HP:	_____
Run Time:	_____
Off Time:	_____
Volume:	_____ gal
Secondary Pump	
Time Dosed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pump Model:	_____
HP:	_____
Run Time:	_____
Off Time:	_____
Volume:	_____ gal
Pressure, Drip and Mound Info	
Lateral length(s):	_____
#1	<u>63'</u>
#2	<u>63'</u>
#3	<u>63'</u>
#4	<u>63'</u>
#5	_____
#6	_____
Orifice Size:	<u>3/16</u> in
Head/Pressure:	_____ in / lbs.
# of Orifices/Emitters:	<u>44</u>
Sand Filter Information	
Square Feet:	_____
Residual Head:	_____ in
Orifice Size:	_____ in
Number of Orifices:	_____
Aerobic Treatment Info	
Brand:	_____
Model:	_____
Disinfection:	<input type="checkbox"/> UV <input type="checkbox"/> Other
Glendon Info	
Basal Area:	_____ sq ft
Final Dimension:	_____
Tank Information	
Manufacturer:	_____
Septic Tank Size:	_____ gal
Pump Tank Size:	_____ gal
Drainfield Info	
Square Feet:	<u>750</u>
Length:	<u>250</u> ft
Width:	<u>3</u> ft
Depth:	<u>12</u> in

Comments:

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: [Signature] JUSTIN'S EXCAVATING

Date Installed: 11-8-22

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SEPTIC SYSTEM ASBUILT

Asbuilt Number: PT2019-091 383

Property Owner Name: Schlosser, David & Anne Parcel Number: R13218-467-0180

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