

RECEIVED

RECEIVED

ASBUILT

FEB 27 1996

JAN 30 1996

ISL. CTY. HEALTH DEPT.

ISLAND COUNTY HEALTH DEPARTMENT
P. O. Box 5000 • Coupeville, WA 98239 • (360) 679-7350/321-5111
ISL. CTY. HEALTH DEPT. Dr. • Camano Island, WA 98292 • (360) 387-3443

043-96SF

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

APPLICANT'S NAME: CHRIS E KELLY PHONE: 678 6419

MAILING ADDRESS: 1806 S. SEAVIEW AVE, COUPEVILLE, WA, 98239

OWNER'S NAME (if different from applicant): SAME PHONE: _____

NAME OF WATER SYSTEM (2 or more services): SIERRA

OK
8/15/90

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

Legal Description: PARCEL #: S 8160 - 03 - 17012 OFFSITE DRAINFIELD
S 8160 - 03 - 16 013 NEW HOME SITE REG. #: 85-307A

NAME OF PLAT: SIERRA DIV. 3 BLOCK 17 LOT 12

ADDRESS OF CONSTRUCTION SITE: 735 LA PALADRA ST COUPEVILLE, WA.

TYPE OF PERMIT: New , Expansion [], Alteration [], or Operational [] # of BEDROOMS: 3

TYPE OF USE: Residential , Restaurant [], or Other Commercial [] Designed Peak Flow Rate: _____

LOT WIDTH: 60 ft. LOT DEPTH: 120 ft. AREA: 7920 Acres (square feet) 43560 sq.ft. = acres)

DRAINFIELD: 756 sq.ft. TOTAL LENGTH: 252 ft. WIDTH: 3 ft. TRENCH DEPTH: 10"

TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: 1000 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: HOUSE ON LOT 13 BLK 16, DRAINFIELD ON LOT 12 BLK 17

SANITARIAN'S COMMENTS: AF# 96 003276

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: Robert E Keys DATE: 1-30-96

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 _____

PLAN APPROVED OK PERMIT # 043-96SF RECEIPT # 65952 DATE ISSUED: 2-28-96

PLAN DISAPPROVED _____ DATE: _____ DATE PERMIT EXPIRES: 2-28-99
(Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: 5-12-96 BY: [Signature]

FINAL INSPECTION: APPROVED: X REJECTED: _____ BY: Keys DATE: 1-5-99

Per Sanitary Codc. of Island County, each individual sewage disposal system must be available for Health Department inspection.
(24 HOURS NOTICE REQUIRED — prior to construction)
(Revised 12/31/94)

ASBUILT

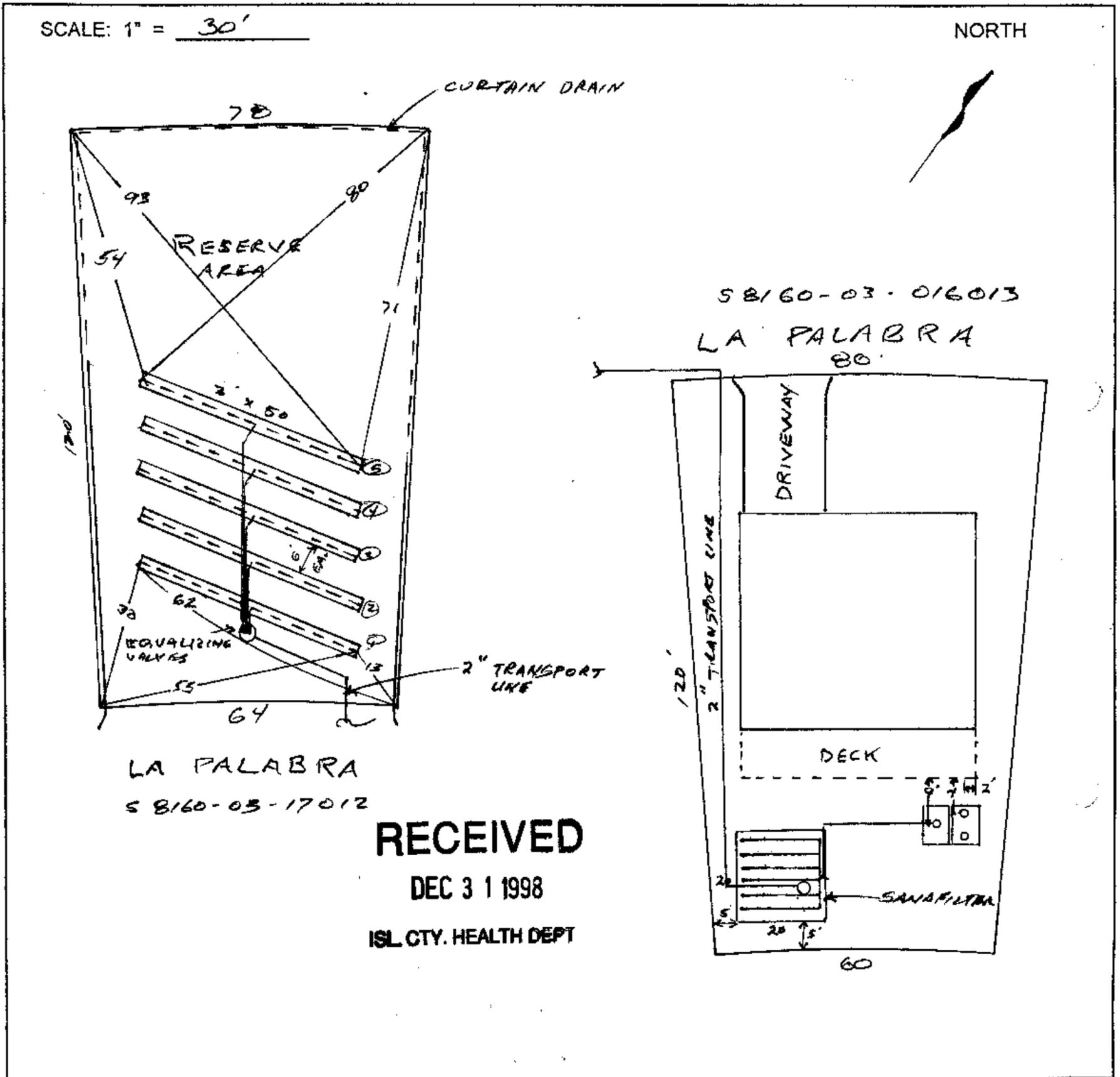
SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS-BUILT"

OWNER'S NAME: CHRIS KELLY

PERMIT # 043-965F PARCEL # SB160-03-16013

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 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.)



RECEIVED
 DEC 31 1998
 ISL. CTY. HEALTH DEPT

Pump Model/HP: HYDROMATIC 1/3 (Pump Chamber-PC) HYDROMATIC 1 1/2 (Sandfilter-SF)
 Pump Cycle Time/Dose: min. 2 sec. 50 (PC) min. 3 sec. 50 (SF) Float Displacement: 2.25 (SF) 5.4 (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: <u>63</u> in. | Residual Head/Orifice Diameter/Number of Orifices | |
| Orifice Diameter: <u>3/16</u> in. | Lat.#1 <u>34</u> in. / <u>3/16</u> in. / <u>17</u> | Lat.#2 <u>34</u> in. / <u>3/16</u> in. / <u>17</u> |
| Number of Orifices: <u>42</u> | Lat.#3 <u>34</u> in. / <u>3/16</u> in. / <u>17</u> | Lat.#4 <u>34</u> in. / <u>3/16</u> in. / <u>17</u> |
| Dose Volume: <u>112.5</u> gals. | Lat.#5 <u>34</u> in. / <u>3/16</u> in. / <u>17</u> | Lat.#6 _____ in. / _____ in. / _____ |
| | Dose Volume: <u>225</u> gals. | |

DRAINFIELD: Total 750 sq.ft. Total Length 250 ft. Width 3 ft. Trench Depth 10"
 Vertical separation between bottom of trench and saturated or impervious soil: 14"
 TANK MANUFACTURER: PACIFIC PRECAST

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. 8.07B.

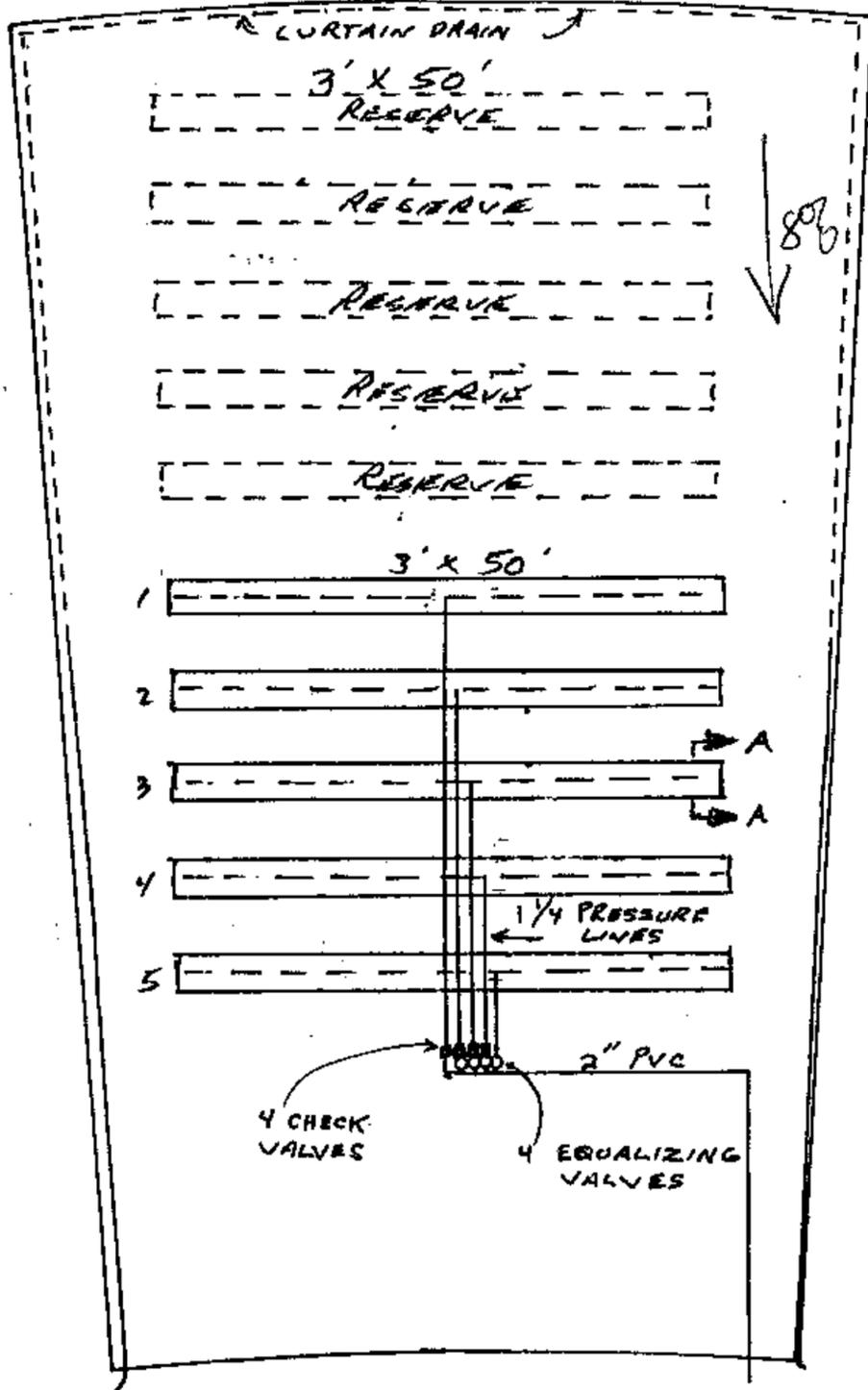
INSTALLER'S SIGNATURE: Robert E. Kelly DATE INSTALLED: 6-15-96
 (Revised 12/31/94) Robert E. Kelly

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 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 USED: 1" = 20'

NORTH



ALTERNATIVE AND PRESSURE SYSTEM INFORMATION

Transport Pipe Diameter: 2"
 Transport Pipe Length: 290'
 Manifold Pipe Diameter: 2"

Elevation from Pump to Drainfield Bed or Lowest Lateral: 14.5'

Orifice Diameter: 3/16

Lateral Diameter: 1 1/4

Lateral Orifice Spacing:

#1 36" #2 36" #3 36"

#4 36" #5 36" #6 36"

Lateral Class/Schedule: 200

Lateral Lengths:

#1 49' #2 49' #3 49'

#4 49' #5 49' #6 49'

Lateral Spacing: 8' O.C.

Lateral Elevations: DETAILLINE ON INSTALL

#1 _____ #2 _____ #3 _____

#4 _____ #5 _____ #6 _____

Bed Size: 3' x 50'

Percent of Slope in Drainfield/Bed Area: 4%

Vertical Separation: 14" MIN.

MOUND INFORMATION:

Total Depth of Fill: _____

Upslope Width of Fill From Bed: _____

Endslope Width: _____

Total Size of Fill: _____

Depth of Fill Under Bed: _____

PUMP INFORMATION:

Dose Volume: 112.5

Doses Per Day: 4

Pump: HP: 1/4 GPM: 29.26

Head: 8.27

Pump Chamber Size(s):

#1 1000 gallons

#2 _____ gallons

SAND FILTER INFORMATION:

Sand Filter Size: 12 x 32

Transport Line Diameter: 2"

Transport Line Length: 15

Manifold Diameter: 2"

Manifold Pipe Length: 9'

Lateral Diameter: 1 1/4

Lateral Lengths: 31'

Number of Laterals: 4

Lateral Spacing: 3' O.C.

Orifice Diameter: 3/16

Orifice Spacing: 2.5'

Elevation from Pump to Sand Filter:

6

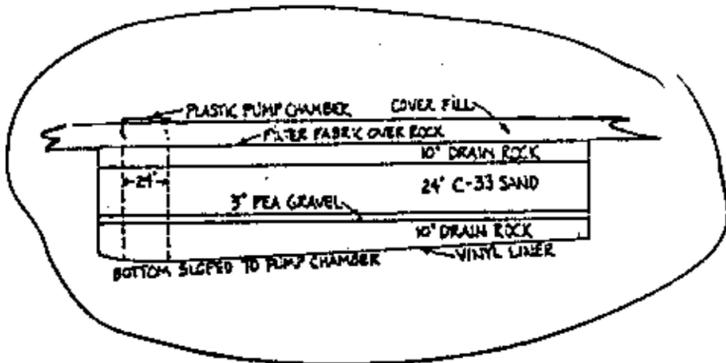
Pump: HP: 1/2 GPM: 47.79

Head: _____

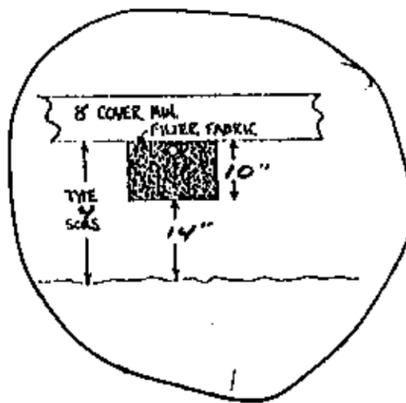
Dose Volume: 225

Doses Per Day: 2

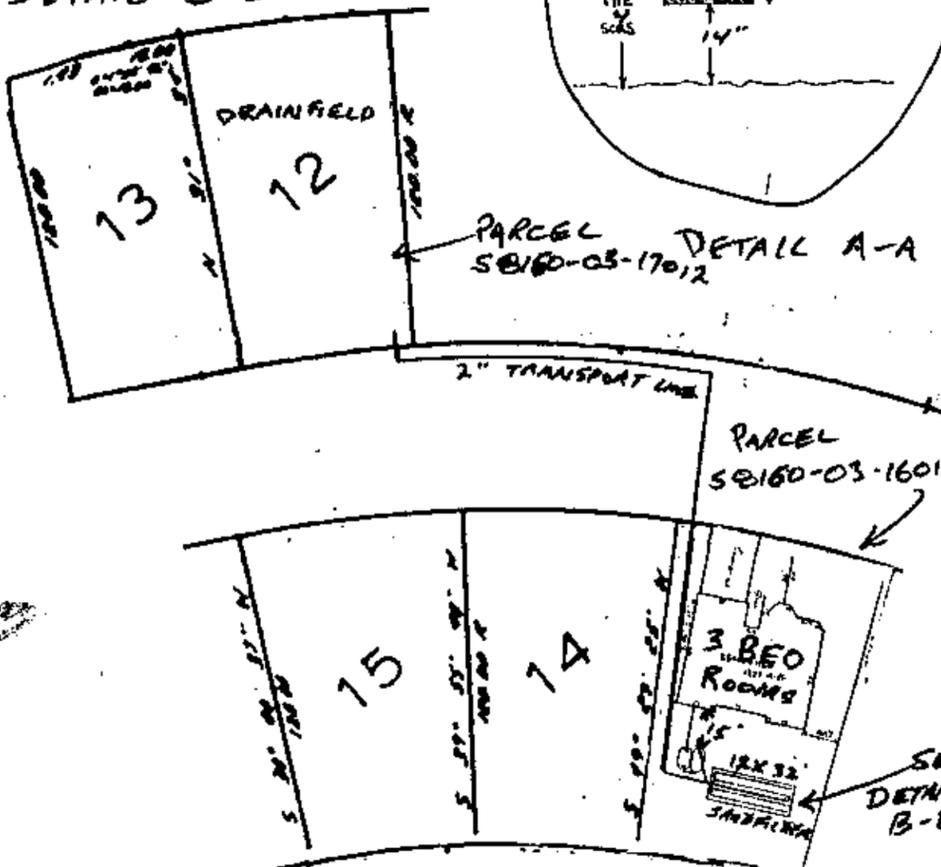
Special Features or Conditions: _____



DETAIL B-B



DETAIL A-A



SEE DETAIL B-B