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JUN 09 2025
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Is Co Public Health

Island County Public Health
Mailing Address: 1 NE 6th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
Ph: Whidbey 360-679-7350 | Camano 360-678-8261

ICPH Date Stamp

PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Receipt Number : CH-25-01101

Permit/Asbuilt Number: PT2025-285 124

It is the responsibility of the building contractor and owner to ensure that the entire proposed primary and reserve drainfield area is carefully cleared and is protected from grading, cutting or filling, vehicular traffic, stockpiling materials, burning, and any ground-disturbing activities.

Owner/Applicant Signature See attached Date _____

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

Applicant Name: Andrew Palmer Parcel Number: S6010-03-00118-0

Address of Construction Site: 195 Perry Dr. City: Coupeville

Property Length: irregular Property Width: irregular Area: 15,690.08

Off-site Drainfield Parcel Number (if applicable): _____ AF# _____

Name of Water System: existing Admirals Cove Water ☐ Private Well ☐ Group A ☐ Group B ☐ 2-Party

Water source reviewed: ☐ * this does not guarantee WAV approval; WAV # _____

Administrative Waiver(s) ☐ State Waiver(s) ☐ (MLA)

Permit Type

- | | |
|---|---|
| ☐ New Installation | ☐ Commercial Type 1 |
| ☐ Redesign of issued permit | ☐ Commercial Type 2 |
| ☒ Alteration to existing OSS <u>PT-185-91</u> | ☐ Commercial Holding Tank |
| ☐ Auxiliary Building Connection | ☐ Tank Only - New construction |
| | ☐ Tank Only - Repair |

Check if Applicable

- ☒ Conforming Repair permit with conforming reserve area identified PT-185-91
- ☐ Owner/Installer - ICPH notification is required before installation. Additional requirements apply

Onsite Sewage System Components

- | | | |
|--|--|---|
| ☐ Gravity Trench | ☐ Sand-lined Pressure Bed | ☐ ATU _____ |
| ☐ Low-Pressure Trench | ☐ Sand-lined Trench | ☐ UV Disinfection |
| ☒ Low-Pressure Bed | ☐ Oscar _____ | ☐ Protective Curtain Drain |
| ☐ Conv. Pump to D-Box | ☐ Glendon _____ | ☐ Gravelless Chambers |
| ☐ Drip Distribution | ☐ Low-Pressure Mound | ☐ Gravel |

OSS SIZING: Based on the stated number of bedrooms or building square footage, whichever is greater

Number of Bedrooms: 2 Maximum Building Sq Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²
SEE PT-185-91
If applicable, Bedroom Affidavit: ☐ AF# _____ Max 500 ft² - Administrative waiver required
Design Flow: _____ Operating Flow: OLD 300 NEW 240 Minimum Required Treatment Level: _____
Soil Class/Type: _____ / _____ Loading Rate: _____ Site Registration(s) #: _____
Drainfield Required Size: _____ ft², Length: _____ ft², Width: _____ ft²
Type of Reduction: Gravelless Chambers ☐ or TLC ☐ Drainfield not installed _____ ft²
Drainfield Reduction: Size: _____ ft², Length: _____, Width _____, Percentage Reduction: _____ %
Trench Depth: _____ Sand-lined Trench Depth: _____ Depth of ASTM C-33 Sand: _____

Public Health Comments:

- ☐ Preconstruction meeting required
- ☐ Dry conditions installation only - sensitive site with limited soils
- ☐ Permit subject to the conditions of the IC IDP for all ground-disturbing activities
- ☒ Permit subject to the conditions of attached memos/permits Pub works & Crit Area



A START CARD IS REQUIRED TO BE SUBMITTED A MINIMUM OF 24 HOURS IN ADVANCE

Permit Approved: Mcfer M26 Permit Disapproved: _____ Date: 7/2/25
Permit Number: PT2025-285 Expiration Date: 01/02/2026
System Installed by: Neal Anderson. Construction Inspection date(s): 7/22/2025
Final Inspection: Nancy Nelson Rejected: _____ Date: 8/21/2025
As-built Approval: Approved: MRO Rejected: _____ Date: 8/29/2025

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PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Parcel Number S6010-03-00118-0

Permit Number: PT2025-285

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Minimum Permit Requirements		Pump Information	
Designer- Indicate applicability and completion [X]		Lead Pump Dose Timed: ☒ Yes ☐ No	
		HP: 4/10 Total Head: ~10 ft	
		GPM: 50	
		Auxiliary Pump Information	
		HP: 4/10 Total Head: ~10 ft	
		GPM:	
		Theoretical [] Actual [] Timer Settings	
		ON: 1 minute OFF: 6 hours	
		Dose Volume: 50 gal GPM 50	
		Low-pressure Distribution	
		Transport Line Diameter: 2 in	
		Transport Line Length: intercepted by tank ft	
		Transport Line Material:	
		Total Elevation Difference: lift 10' & pump 8' ft	
		Manifold Diameter: existing in	
		Lateral Lengths:	
		#1 existing 93' #2 existing 93' #3 center fed	
		#4 center fed #5 #6	
		Lateral Diameter: existing 1.5 in	
		Lateral Material:	
		Orifice Spacing: existing 4 ft	
		Orifice Diameter: existing 3/16 in	
		Number of Orifices: ~47	
		Minimum Residual head 3' squirt	
		Drip	
		Transport Line Diameter: in	
		Transport Line Length: ft	
		Total Elevation Difference: ft	
		Line Lengths:	
		#1 #2 #3	
		#4 #5 #6	
		Total Dripline Length:	
		Dripline Spacing:	
		Number of Emmitters:	
		Mound	
		Depth of Sand Under Bed: in	
		Upslope Fill Length: ft	
		Downslope Fill Length: ft	
		Endslope Fill Length: ft	
		Finished Dimensions: L ft x W ft	
		Glendon	
		M31 ☐ M32 ☐ Basin Volume	
		Basin Length: ft	
		Basin Width: ft	
		Basin Depth: ft	
		Finished Dimensions: L ft x W ft	
		Oscar	
		OS-50 coils ☐ OS-100 coils ☐	
		Oscar II ☐ Oscar III ☐ Oscar XO2 ☐	
		Minimum Shoulder	
		Number of coils	
ON-SITE WASTE WATER TREATMENT SYSTEM 5100392 NANCY J. NELSON LICENSED DESIGNER EXPIRES 10-27-25 Septic Designer/PE Stamp		External Review	
		SHE	
		SHE-LR	
		RUD	
		CUP	
		CGP	
		ROW	
		SHP/PLP	
		SVAR	
		HYDRO	
		OTHER	

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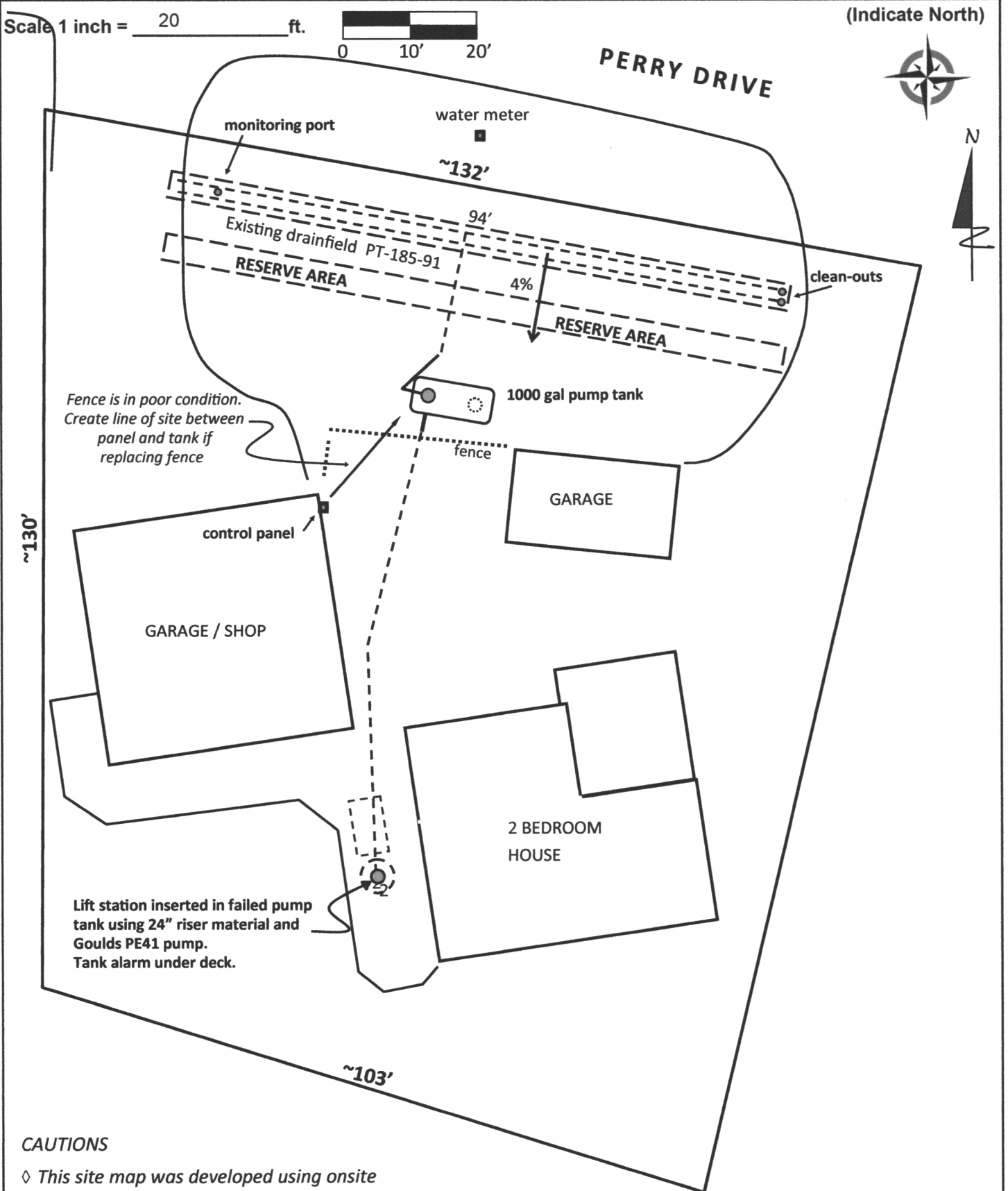
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Plot Plan

Parcel Number: S6010-03-00118-0

Permit Number: PT 2025-285 394

Plot plan drawn to scale to include all required information as in Island County Code 8.07D.130 Soil and Site Evaluation



CAUTIONS

- ◇ This site map was developed using onsite measurements & existing resources. Features shown are approximate.
- ◇ This map does not represent a legal survey.
- ◇ Water piping was not encountered during system repair activities and location to house was not identified.

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Septic Designer/PE Stamp

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SEPTIC INSTALLER STATEMENT OF COMPLIANCE WITH PERMIT CONDITIONS AND LICENSURE

Date: 8-5-2025

Permit number: PT2025-285

Parcel number: 56010-03-00118-0

Site address: 195 Perry Dr, Coupeville

Septic designer of record: Nancy Nelson

Installers name: Neal Anderson

Bond number: 101167822

Contractor's license number: 604-344-552

Contact information:

- Phone: 360-914-7699
- Email: nealssitework@gmail.com
- Physical/Mailing address: 1805 Swantown Rd, Oak Harbor
- Business name: Neal's Site Work

8.07D.070(A) Licensing

It shall be unlawful for any individual to practice or offer to practice the design of on-site wastewater treatment systems unless licensed in accordance with Chapter 18.210 RCW or licensed as a professional engineer under Chapter 18.43 RCW. It shall be unlawful for any person to install, repair or perform maintenance on sewage waste disposal systems in Island County who does not possess a valid license issued from the Health Department.

8.07D.070(M)(2) License types

The installer shall be qualified to construct or install sewage disposal systems. Qualifying testing and experience must demonstrate abilities and knowledge in regard to sewage system construction. Sewage system installation of approved and permitted designs is permitted under this license. **An installer's license does not authorize its holder to perform any sewage system design work or to install un-permitted sewage system components.**

I Neal Anderson personally installed this on-site sewage disposal system and certify that it was installed in accordance with the approved design, including all requirements deemed necessary by proprietary devices, all permit conditions, and that this system fully complies with the conditions of ICC 8.07D.

Septic Installers Signature: Neal Anderson

Date Installed: 8-5-25