



**Island County Public Health**  
**PO Box 5000 / 1 NE 6<sup>th</sup> Street**  
**Coupeville, WA 98239**  
**(360) 679-7350 ph (360) 679-7390 fax**

## FAX COVER SHEET

To: Pete of CB-Koe-Hwy 20

Fax Number 888-205-2966

TOTAL PAGES Sent: 3 (including cover sheet)

DATE: 8.20

Site Registration / Soil Logs

Asbuilt  
58050.00.14 D01.1

Comments/ RE:

RECEIVED

ASBUILT

NOV 22 1995

ISLAND COUNTY HEALTH DEPARTMENT  
P. O. Box 5000 • Coupeville, WA 98239 • (360) 679-7350/321-6111  
121 N. East Camano Dr. • Camano Island, WA 98292 • (360) 387-3443 583-95 SFM

ISL. CTY. HEALTH DEPT.

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

APPLICANT'S NAME: Fred Mason PHONE: 675 9209  
MAILING ADDRESS: 600 Spitfire Lane OAK HARBOR WA  
OWNER'S NAME (if different from applicant): \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME OF WATER SYSTEM (2 or more services): Rolling Hills 11/22/95  
SINGLE FAMILY SERVICE CONNECTION WELL: \_\_\_\_\_ (locate on reverse side)

Legal Description: PARCEL # 58050-00-14001-1 SITE REG. #: 95-233A

NAME OF PLAT: Rolling Hills DIV. 1 BLOCK 14 LOT 1-1

ADDRESS OF CONSTRUCTION SITE: 174 1/2 Stephen Street

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: 105 ft. LOT DEPTH: 189 ft. AREA: \_\_\_\_\_ Acres (square feet / 43560 sq. ft. = acres)  
DRAINFIELD: 375 sq. ft. TOTAL LENGTH: 50 ft. WIDTH: 7 1/2 ft. TRENCH DEPTH: \_\_\_\_\_  
TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: 700 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: Fred W. Mason DATE: 11/22/95  
NOTE: SELF-INSTALLER PERMITS ARE NOT TRANSFERABLE AND ARE ALLOWED FOR CONVENTIONAL GRAVITY SYSTEM DESIGNS ONLY.

DESIGNER'S SIGNATURE: Bruce J. Seltveit DATE: 11-22-95

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  PERMIT # 583-95 SFM RECEIPT # 61869 DATE ISSUED: 11-29-95

PLAN DISAPPROVED  DATE: \_\_\_\_\_ DATE PERMIT EXPIRES: 11-29-96  
(Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: \_\_\_\_\_ BY: \_\_\_\_\_

FINAL INSPECTION: APPROVED:  REJECTED:  BY: Seltveit DATE: 1-14-96

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) (Revised 12/31/84)

ASBUILT

ISLAND COUNTY HEALTH DEPARTMENT  
P. O. Box 5000 • Coupeville, WA 98238 • (360) 678-7350/321-5111  
121 N. East Camano Dr. • Camano Island, WA 98292 • (360) 387-3443

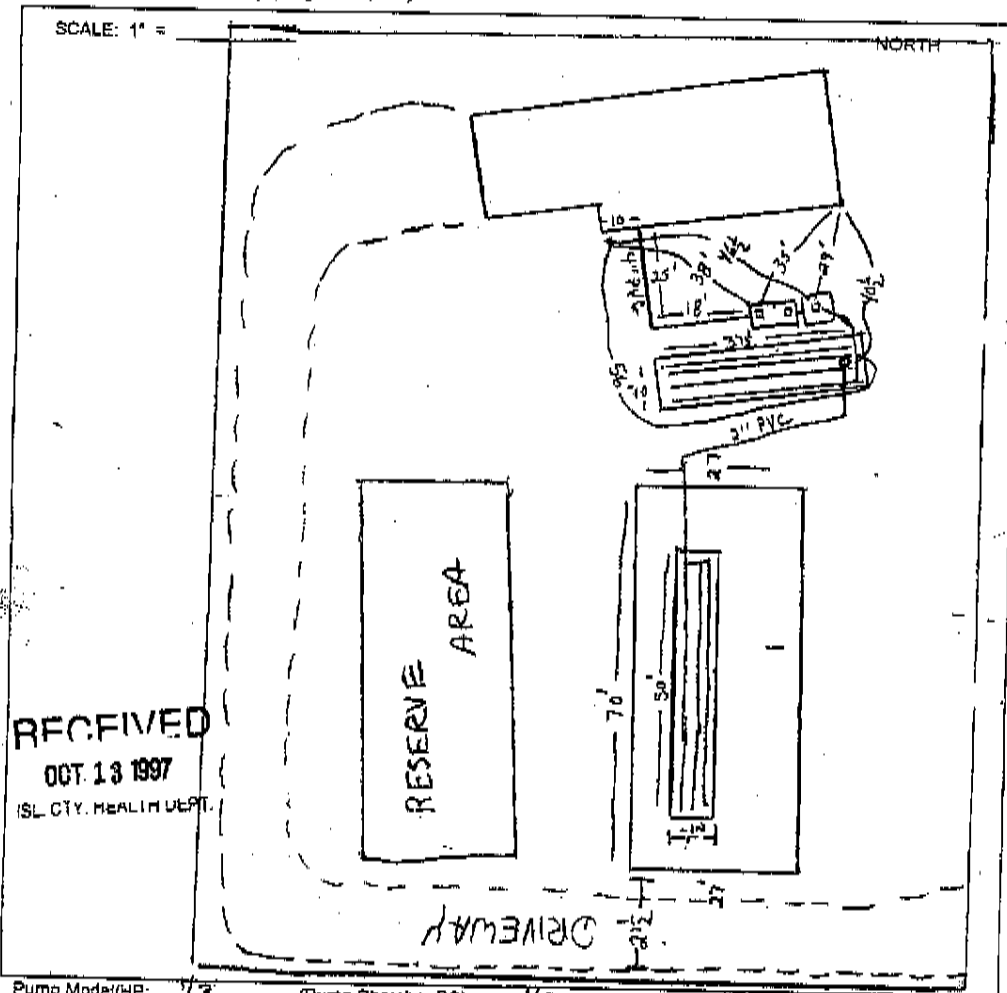
SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS-BUILT"

OWNER'S NAME: FRED MASON

PERMIT # 583-955FM PARCEL # 58050-00-14001-1

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.)



RECEIVED  
OCT 13 1997  
ISL. CTY. HEALTH DEPT.

Pump Model/HP: 1/3 (Pump Chamber-PC) 1/3 (Sandfilter-SF)  
 Pump Cycle Time/Dose: min. 2 sec. (PC) min. 2 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: <u>24"</u> in.	Residual Head/Orifice Diameter/Number of Orifices
Orifice Diameter: <u>3/16</u> in.	Lat.#1 <u>24</u> in./ <u>3/16</u> in./ <u>23</u>
Number of Orifices: <u>73</u>	Lat.#3 <u>24</u> in./ <u>3/16</u> in./ <u>25</u>
Dose Volume: <u>1.2</u> gals.	Lat.#4 _____ in./ _____ in./
	Lat.#5 _____ in./ _____ in./
	Lat.#6 _____ in./ _____ in./
	Dose Volume: _____ gals.

DRAINFIELD: Total 375 sq.ft. Total Length 50 ft. Width 7 1/2 ft. Trench Depth in mound  
 Vertical separation between bottom of trench and saturated or impervious soil: \_\_\_\_\_

COMMENTS: 22  
 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. 8.078.

INSTALLER'S SIGNATURE: [Signature] DATE INSTALLED: Sept 10-97  
 (Revised 12/31/94)

TANK MANUFACTURER: Krieg Concrete