

**Island County Public Health**

Mailing Address: 1 NE 7th 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

On-site Sewage Systems (ICC 8.07D)**Request For Administrative Waiver From Island County Regulations**

Receipt Number: _____ Waiver Number: _____

SECTION I

COMPLETED BY APPLICANT

Applicant Name (Please Print): _____

Mailing Address: _____ City: _____ State _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Property Identification: _____

SECTION II

COMPLETED BY APPLICANT

ICC Number:

807.D _____

Subsection: _____

ICC Requirement:

Waiver Sought:

Justification (Mitigation measures to be provided):

_____**SECTION III**

COMPLETED BY HEALTH OFFICER

Review Criteria:

Comments / Conditions:

_____Neighbor Notification: Required? ☐ Yes ☐ No If needed, are agreements, easements, etc. properly filed? ☐ Yes ☐ No**SECTION IV**

COMPLETED BY HEALTH OFFICER

This Request for Waiver From Island County Regulations has been reviewed according to the provisions of 8.07D Onsite Sewage Systems. The review criteria applied and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this chapter ICC.

☐ Denied ☐ Approved - Subject to all comments, conditions and requirements noted in Section II and III.

Public Health Officer: _____ Date: _____ Exp. Date: _____