



Island County Public Health
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
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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
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Applicant Name (Please Print): _____

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

Telephone: _____ Email: _____

Signature: _____ Date: _____

Property Identification: _____

SECTION II	COMPLETED BY APPLICANT
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ICC Number: 807.D _____	ICC Requirement:	Waiver Sought:
Subsection: _____		

Justification (Mitigation measures to be provided):

SECTION III	COMPLETED BY HEALTH OFFICER
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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
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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: _____