



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

PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Receipt Number: _____

Permit/Asbuilt Number: _____

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 _____ Date _____

OSS Inspection Frequency: [] Every Three Years (Conventional Gravity) [] Annual (All Others)

Applicant Name: _____ Parcel Number: _____

Address of Construction Site: _____ City: _____

Property Length: _____ Property Width: _____ Area: _____

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

Name of Water System: _____ [] 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	Check if Applicable
[] New Installation	[] Commercial Type 1
[] Redesign of issued permit	[] Commercial Type 2
[] Alteration to existing OSS	[] Commercial Holding Tank
[] Auxiliary Building Connection	[] Tank Only - New construction
	[] Tank Only - Repair

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: _____ Maximum Building Sq Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²

If applicable, Bedroom Affidavit: [] AF# _____ Max 500 ft² - Administrative waiver required

Design Flow: _____ Operating Flow: _____ Minimum Required Treatment Level: _____

Soil Class/Type: _____ / _____ Loading Rate: _____ Site Registration(s) #: _____ Asbuilt#: _____

Drainfield Required Size: _____ ft², Length: _____, Width: _____

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:	<input type="checkbox"/> Preconstruction meeting required <input type="checkbox"/> Dry conditions installation only - sensitive site with limited soils <input type="checkbox"/> Permit subject to the conditions of the IC IDP for all ground-disturbing activities <input type="checkbox"/> Permit subject to the conditions of attached memos/permits _____

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

Permit Approved: _____ Permit Disapproved: _____ Date: _____

Permit Number: _____ Expiration Date: _____

System Installed by: _____ Construction Inspection date(s): _____

Final Inspection: _____ Rejected: _____ Date: _____

As-built Approval: Approved: _____ Rejected: _____ Date: _____



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Parcel Number	Permit Number:
Minimum Permit Requirements	
Designer- Indicate applicability and completion [X]	
[<input type="checkbox"/>] Building setback/buffer for both primary and reserve	
[<input type="checkbox"/>] Trench/bed cross-section - show vertical separation	
[<input type="checkbox"/>] Dimensioned reserve area	
[<input type="checkbox"/>] % Slope for both primary and reserve	
[<input type="checkbox"/>] Water line location	
[<input type="checkbox"/>] System hydraulic calculations	
[<input type="checkbox"/>] Glendon calculation - cross section	
[<input type="checkbox"/>] Oscar calculations - cross section	
[<input type="checkbox"/>] Mound calculations - cross section	
[<input type="checkbox"/>] Design narrative for all commerical systems	
[<input type="checkbox"/>] Pump curve - with pump indicated	
[<input type="checkbox"/>] Curtain drain installation details	
[<input type="checkbox"/>] Water & Sewerline crossings details	
[<input type="checkbox"/>] All setbacks to demonstrated or waived	
[<input type="checkbox"/>] Plot plans to show all system components	
[<input type="checkbox"/>] Tank-only permits - show drainfield location	
Cut sheets are NOT required. Please use the table below for component specifications	
Components	Manufacturer/Model
2-Comp Tank	
Pump Tank	
Trash Tank	
ATU	
Combo Tank	
Panel	
Pump	
Filter	
D-box	
UV Disinfection	
Drip Line	
Drip Headworks	
Pump Basin	
Aux. Pump	
External Review	
SHE _____	
SHE-LR _____	
RUD _____	
CUP _____	
CGP _____	
ROW _____	
SHP/PLP _____	
SVAR _____	
HYDRO _____	
OTHER _____	
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Pump Information	
Lead Pump Dose Timed: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
HP: _____ Total Head: _____ ft	
GPM: _____	
Auxiliary Pump Information	
HP: _____ Total Head: _____ ft	
GPM: _____	
Theoretical [<input type="checkbox"/>] Actual [<input type="checkbox"/>] Timer Settings	
ON: _____ OFF: _____	
Dose Volume: _____ gal GPM	
Low-pressure Distribution	
Transport Line Diameter: _____ in	
Transport Line Length: _____ ft	
Transport Line Material: _____	
Total Elevation Difference: _____ ft	
Manifold Diameter: _____ in	
Lateral Lengths:	
#1 _____ #2 _____ #3 _____	
#4 _____ #5 _____ #6 _____	
Lateral Diameter: _____ in	
Lateral Material: _____	
Orifice Spacing: _____ ft	
Orifice Diameter: _____ in	
Number of Orifices: _____	
Minimum Residual head _____	
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 Emitters: _____	
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 [<input type="checkbox"/>] M32 [<input type="checkbox"/>] Basin Volume _____	
Basin Length: _____ ft	
Basin Width: _____ ft	
Basin Depth: _____ ft	
Finished Dimensions: L _____ ft x W _____ ft	
Oscar	
OS-50 coils [<input type="checkbox"/>] OS-100 coils [<input type="checkbox"/>]	
Oscar II [<input type="checkbox"/>] Oscar III [<input type="checkbox"/>] Oscar XO2 [<input type="checkbox"/>]	
Minimum Shoulder: _____	
Number of coils: _____	



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Plot Plan

Parcel Number: _____ Permit Number: _____

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

Scale 1 inch = _____ ft.

(Indicate North)



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