



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
NON-CONFORMING REPAIR

Receipt Number : _____ Permit/Asbuilt Number: _____

Statement of limitations: This repair does not meet the minimum standards of the state code. Every attempt to meet the intent of the code was applied to this project. Limitations require care and attention to ensure the system maintains function in the future. The applicant holds Island County harmless regarding any future performance of the system.

Owner/Applicant Signature _____ Designer Signature _____ Date _____

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

Permit Type	System Limitations	Reason for Failure
[] Single Family Residence	[] No reserve area	[] High water table
[] Commercial Type 1	[] Limited area for drainfield installation	[] Shallow soils
[] Commercial Type 2	[] Reduced setback to surface water	[] Hydraulic failure
[] Emergency Holding tank	[] Reduced setback to drinking water source	[] Organic loading failure
	[] Reduced drainfield installed	[] Age of drainfield - unknown

Onsite Sewage System Components		
[] Low-Pressure Trench	[] Oscar _____	[] ATU _____
[] Low Pressure Bed	[] Glendon _____	[] UV disinfection (Shoreline TLA)
[] Drip Distribution	[] Low Pressure Mound	[] Protective curtain drain
[] Sand-lined bed/trench	[] Packed Bed Filter	[] Other _____

Annual OSS Inspection Required for all Non-Conforming Repairs

Number of Bedrooms: _____ Design Flow: _____ Operating Flow: _____
Maximum Redevelopment Building Square Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²
[] Development exceeds the design capacity of the OSS per stated design standards.
Soil Class/Type: _____ / _____ Loading Rate: _____ Site Registration #: _____ Asbuilt #: _____
Drainfield Required: Size: _____ ft², Length: _____, Width: _____
Drainfield Installed: Size: _____ ft², Length: _____, Width: _____, Percentage Reduction: _____%Trench
Depth: _____ in. Sand-lined Trench Depth: _____ Depth of ASTM C-33 Sand: _____

Public Health Comments:	Septic Designer/PE Stamp
[] Preconstruction meeting required	
[] Island County Inadvertent Discovery Plan applies to all ground-disturbing activities	
[] Dry conditions installation only - sensitive site with limited soils	
[] Permit subject to all conditions of attached memos or permits _____	

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



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Parcel Number _____ Permit Number: _____

Minimum Permit Requirements		Pump Information	
Designer- Indicate applicability and completion [X]		Lead Pump Dose Timed: [] Yes [] No	
<div><input type="checkbox"/> Building setback/buffer for both primary and reserve</div> <div><input type="checkbox"/> Trench/bed cross-section - show vertical separation</div> <div><input type="checkbox"/> Dimensioned reserve area</div> <div><input type="checkbox"/> % Slope for both primary and reserve</div> <div><input type="checkbox"/> Water line location</div> <div><input type="checkbox"/> System hydraulic calculations</div> <div><input type="checkbox"/> Glendon calculation - cross section</div> <div><input type="checkbox"/> Oscar calculations - cross section</div> <div><input type="checkbox"/> Mound calculations - cross section</div> <div><input type="checkbox"/> Design narrative for all commerical systems</div> <div><input type="checkbox"/> Pump curve - with pump indicated</div> <div><input type="checkbox"/> Curtain drain installation details</div> <div><input type="checkbox"/> Water & Sewerline crossings details</div> <div><input type="checkbox"/> All setbacks to demonstrated or waived</div> <div><input type="checkbox"/> Plot plans to show all system components</div> <div><input type="checkbox"/> Tank-only permits - show drainfield location</div>		HP: _____ Total Head: _____ ft	
		GPM: _____	
		Auxiliary Pump Information	
		HP: _____ Total Head: _____ ft	
		GPM: _____	
		Theoretical [] Actual [] 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 Emmiters: _____			
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: _____			
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			
Septic Designer/PE Stamp	External Review		
	SHE _____		
	SHE-LR _____		
	RUD _____		
	CUP _____		
	CGP _____		
	ROW _____		
	SHP/PLP _____		
	SVAR _____		
	HYDRO _____		
OTHER _____			



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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)

Septic Designer/PE Stamp