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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

**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:

[] 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 _____

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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: _____

Final As-built: 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 Emmitters: _____	
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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