



Island County Public Health
Coupeville Annex PO Box 5000 Coupeville WA 98239
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Whidbey 360-679-7350 Camano Island 360-678-8261

ICPH Date Stamp

Unknown On-site Septic System (OSS) Evaluation

Parcel Number: Permit Number:

Property Owners Name: Receipt Number:

This document is created for the purpose of locating and describing the existing "unknown on-site sewage system" to determine if the OSS is a "public health threat"

Information contained in this document may limit or restrict the ability to obtain building permits.

Owner/Applicant Signature _____ Date: _____

WAC 246-272-028(1)(e) Repair of Failures

Evaluate all unpermitted sewage discharges to determine if they pose a public health threat. If determined by the local health officer to be a public health threat, the local health officer shall require a compliance schedule.

WAC 246-272-028 Definitions

"Unknown OSS" means an OSS that was installed without the knowledge or approval of the local health jurisdiction, including those that were installed before such approval was required

"Unpermitted sewage discharge" means the discharge of sewage or treated effluent from an unknown OSS

Island County Statement of Purpose

Island County will require a complete evaluation of the undocumented OSS by a licensed septic designer, whereby all septic components shall be located, and the site conditions assessed to determine if the OSS provides adequate sewage disposal based on conventional standards. A site registration will be required to evaluate the soils in the drainfield.

Septic System Details

Stated number of bedrooms _____ Approximate existing drainfield square footage: _____

Required square footage based on soils type for stated number of bedrooms: _____

Existing tanks/pumps/components _____

Septic System Evaluation

[] Plot plan demonstrates all required minimum setbacks for located septic components.

[] Soil type identified in the drainfield area _____ SR# _____

[] Adequate vertical separation, greater than 36' _____

[] Minimum required drainfield square footage identified for the stated number of bedrooms

[] No indication of a high water table - 36" of vertical separation in the drainfield.

[] Drainfield is setback 100' to a drinking water source.

[] Drainfield is setback 100' to surface water / shoreline / wetlands.

[] Area available for a conforming reserve drainfield

[] Drainfield trench installation depth is NOT greater than three feet.

[] All septic components were located and meet operational standards.

[] Designer narrative required

Public Health Comments:

Septic Designer/PE Stamp

Final Determination of Undocumented OSS Conformance to Minimum State Standards

[] OSS is a Public Health Threat - a repair, remediation, or replacement is required

[] OSS is NOT a Public Health Threat and provides documented adequate sewage disposal

Designer Signature: _____ Date: _____

Reviewed by ICPH Sanitarian: _____ Date: _____