

THIS IS NOT A SEWAGE DISPOSAL PERMIT NOR A GUARANTEE ONE WILL BE ISSUED -
THIS SITE REGISTRATION IS FOR ONE BUILDING SITE ONLY - ANY OTHER PERMITS OR
FURTHER SUBDIVISIONS WILL REQUIRE ADDITIONAL SITE REGISTRATION FEES AT THAT
TIME.

OWNERS NAME: VIRGINIA COBURN ADDRESS: 17016 8th AVE. N.E.
CITY/ZIP: SEATTLE, WA 98155

PARCEL # S6215-02-00012

NAME OF PLAT BUSH POINT SHORES DIV. 2 BLOCK LOT 12

SHORT PLAT # S/P LOT NUMBER

LOCATION OF CONSTRUCTION SITE: PRIVATE ACCESS OFF SUSANNA DRIVE

INSTRUCTIONS: Fill out this form completely - both sides. Soil logs and percolation rate determinations should be made per Island County Health Department Rules and Regulations. On the reverse side, a blank space is reserved for a scale drawing of the site to include soil log holes (numbered), perc holes (numbered), property lines and dimensions, wells, bodies of water, topological depictions, curtain drains, roads, etc.

All soil logs or other soil tests made for the purpose of securing a permit to construct a sewage disposal system must be filed with appropriate fees (NON-REFUNDABLE) on forms provided by the health department within 20 working days of the date the tests were completed by the designer/installer, professional engineer, registered sanitarian, or home owner who performed the tests.

VICINITY MAP

INSTALLER'S COMMENTS: ALL OF LOT

12 TO BE USED FOR ORIGINAL

E RESERVE DRAINFIELD AREA

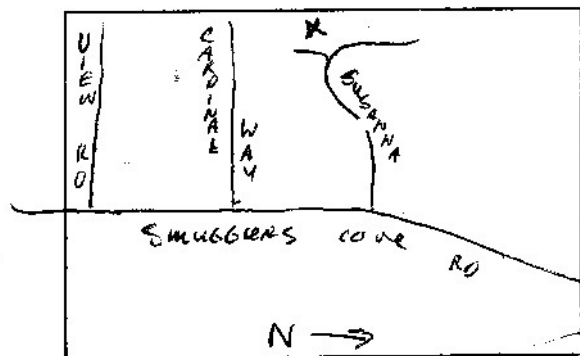
50' TO 90' EAST OF HIGH BANK -

SOIL LOGS 5 & 6 - FOR ORIGINAL

DRAINFIELD SIZED AT 250 SQ. FEET

PER BEDROOM, SOIL TYPE LIMITS

HOUSE SIZE TO TWO BEDROOMS



The undersigned Island County Health Department representative has witnessed these soil logs and finds them to be accurately represented. It appears that this site (*) capable of supporting an on-site sewage disposal system for a single family residence meeting CURRENT Island County Health Department policies and regulations, subject to any of the above comments and restrictions. (Any person may appeal this decision in writing within thirty (30) days of the date of the decision.)

NOTE: Changes to this site, such as grading, cuts, filling or clearing could make this certification null and void.

David M. Cummings
Signature of Health Dept. Representative

12/11/85
Date

EHS
Title Wetland Shoreline Unstable

DATE INSPECTED BY THE HEALTH DEPARTMENT 11/14/85

HEALTH DEPARTMENT COMMENTS: (*) See installer's comments