

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

OWNER'S NAME: VIRGINIA H. COBURN PHONE #: 368-8979
MAILING ADDRESS: 17016 8th N.E. SEATTLE WA ZIP: 98155
OR MH 10/8/91NAME OF WATER SYSTEM [2 OR MORE SERVICES] BUSH POINT SHORES
SINGLE FAMILY SERVICE CONNECTION WELL: _____ [LOCATE ON REVERSE SIDE]LEGAL DESC.: PARCEL #: S6215-02-00011 SITE REGISTRATION # 82-903NAME OF PLAT: BUSH POINT SHORES DIV. 2 BLOCK _____ LOT 11 & 12
comb 10/91

ADDRESS OF CONSTRUCTION SITE: _____

TYPE OF USE: COMMERCIAL DESIGNED FLOW RATE: _____ RESIDENTIAL # OF BDRMS: 3
LOT WIDTH: 105 FEET LOT DEPTH: 160 AREA: 16800 [SQUARE FEET/ACRES]
DRAINFIELD: SQUARE FEET: 250 TOTAL LENGTH: 250 WIDTH: 3 DEPTH: 24"
TANK SIZE: 1000 PUMP CHAMBER SIZE: NO INTERCEPTOR DRAIN*: YES [] NO [X]
ISLAND COUNTY ASSUMES NO RESPONSIBILITY FOR THE RE-DIRECTION OF DRAINAGE WATER.

INSTALLER'S COMMENTS:

LOT 11 COMBINED WITH LOT 12 ALLOWING RESIDENCE
CONNECTION ON LOT 11 USING ALL OF LOT 12 FOR
SANITARIAN'S COMMENTS: DRAINFIELD 100% ROSENA
Drainfield laterals minimum spacing 9' on
center*****
WE UNDERSTAND THAT CHANGES TO THIS SITE, SUCH AS CUTS, GRADING, FILLING OR
CLEARING, OR ANY DEVIATION FROM THE ORIGINAL PLAN (AS DIAGRAMMED ON THE REVERSE
SIDE) SUCH AS, BUT NOT LIMITED TO; (A) LOCATION OF HOME ON LOT; (B) SIZE OF HOME;
(C) PLACEMENT OF SEPTIC TANK, OR SEWAGE DISPOSAL DRAINFIELD, WITHOUT FIRST
OBTAINING WRITTEN APPROVAL OF THE ISLAND COUNTY HEALTH DEPARTMENT, AUTOMATICALLY
VOIDS THIS PERMIT.

OWNER'S SIGNATURE: _____ DATE: _____

NOTE: SELF INSTALLER PERMITS ARE NOT TRANSFERABLEDESIGNER/INSTALLER'S SIGNATURE: G. H. Moe DATE: 9-30-91THIS PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE PROPERTY OWNER WILL ALLOW,
IN PERPETUITY, A HEALTH DEPARTMENT REPRESENTATIVE TO ENTER ONTO THIS PROPERTY
DURING REASONABLE HOURS, FOR THE SOLE PURPOSE OF MONITORING THE PERFORMANCE OF THE
ON-SITE SEWAGE DISPOSAL FACILITY.A PERMIT TO CONSTRUCT OR ALTER A SEWAGE DISPOSAL SYSTEM SHALL BE VALID FOR THREE
(3) YEARS FROM THE DATE OF ISSUANCE. PERMITS ARE TRANSFERABLE WITH PROPERTY
OWNERSHIP, PROVIDED NEW OWNERS ACCEPT THE PERMITTED PLAN BY WRITTEN NOTIFICATION
TO THE HEALTH OFFICER OR BY THE PROPOSAL OF A NEW PLAN WHICH CONFORMS TO THESE
REGULATIONS. IF THE SYSTEM IS NOT INSTALLED WITHIN THAT THREE YEAR PERIOD, A NEW
PERMIT MAY BE APPLIED FOR BASED ON CURRENT STANDARDS SUBMITTED ON CURRENT FORMS
WITH THE CURRENT FEE.*****
FOR HEALTH DEPARTMENT USE ONLY: WETLANDS _____ SHORELINE _____ UNSTABLE _____STANDARD D.F. ☒ COMMUNITY D.F. _____ COMMERCIAL < > 450 _____ ALTERNATIVE D.F. _____PLAN APPROVED AT PERMIT # 583-91 RECEIPT # 18658 DATE ISSUED: 11/18/91PLAN DISAPPROVED _____ [ANY PERSON MAY APPEAL THIS DECISION, IN WRITING, WITHIN 30
DAYS OF THE DATE OF THE DECISION]

CONSTRUCTION INSPECTIONS:

DATE: _____ BY: _____

FINAL INSPECTION: APPROVED: CS REJECTED: _____ BY: MOCH DATE: 10-11-94*****
PER SANITARY CODE OF ISLAND COUNTY, EACH
INDIVIDUAL SEWAGE DISPOSAL SYSTEM MUST BE
AVAILABLE FOR HEALTH DEPARTMENT INSPECTION