

PERMIT
MAR 25 1998
ISLAND COUNTY HEALTH DEPARTMENT

ASBUILT

ISLAND COUNTY HEALTH DEPARTMENT
P. O. Box 5000 • Coupeville, WA 98239 • (360) 679-7350/321-5111
121 N. East Camino Dr. • Camano Island, WA 98292 • (360) 387-3443

125-98R

APPLICATION TO REPAIR A SEWAGE DISPOSAL SYSTEM

APPLICANT'S NAME: Ron Davis PHONE: 360-856-6566
MAILING ADDRESS: P.O. Box 616, Clearlake, WA, 98235

OWNER'S NAME (if different from applicant): _____ PHONE: _____
Individual well: _____ or Public Water System: City of Oak Harbor

LEGAL DESCRIPTION: Parcel # ~~R13326-051-2830~~ R13326-051-2830

NAME OF PLAT: _____ DIV: _____ BLOCK: _____ LOT: _____
ADDRESS OF CONSTRUCTION SITE: 1751 N.E. Goldie Rd. - Old Electron bld.

SITE INFORMATION: TYPE OF USE: Commercial - 2 units only # of BEDROOMS: 200 gal/day
LOT WIDTH: _____ R. LOT DEPTH: _____ R. AREA: Irregular Acres (square feet / 43560 sq. ft. = acres)

Soil Log #1	Application Soil Rate Type
0 to 2 in. <u>BLV loose SNLGM</u>	<u>16 Y</u>
to 21 in. <u>TN Film FULMSN</u>	<u>16 Y</u>
to 60 in. <u>BR loose m-ss sube 1.2 2.0</u>	<u>18 Z</u>
to _____ in.	

Soil Log #2	Application Soil Rate Type
0 to 3 in. <u>BR loose SNLGM</u>	<u>16 Y</u>
3 to 23 in. <u>TN Film (MSN)</u>	<u>16 Y</u>
23 to 94 in. <u>TN Comp EN SN</u>	<u>18 Z</u>
94 to 55 in. <u>Comp Lmsprgr</u>	<u>16 Y</u>

Water Table: Damp Impervious Soil: _____

PROPOSED REPAIRS: Type of System: Commercial Gravity WAC 248-272 Table VI Repair: Yes [] No []
DRAINFIELD: 192 sq. ft. TOTAL LENGTH: 2864 ft. WIDTH: 3 ft. TRENCH DEPTH: 24"
TANK SIZE: Exs. gals. PUMP CHAMBER SIZE: N/A gals. MINIMUM LAND AREA MET: Yes [] No []
MOUND FILL: LENGTH: _____ ft. WIDTH: _____ ft. DEPTH: _____ ft.

INTERCEPTOR DRAIN: Yes [] No [] (Island Co. Assumes No Responsibility For Re-Direction Of Drainage Water)

DESIGNER'S COMMENTS: Limited area for repair, will flush out existing 500 feet of drainfield and add 2864 sq ft with 20% reduction over 28-Z soil change to type 3. We will add another trench. 2 units ave. 200 gal/day max by using meter readings. Buildings to an City Sewer in next 2 yrs. 20% reduction with inhibitors

DESIGNER'S COMMENTS: 240 ft² required minimum size 240ft x .8 reduction = 240x.8 = 192ft²

EXISTING SYSTEM INFORMATION: APPROXIMATE AGE: 25 ASBUILT FILE # Unknown
TANK SIZE: 1000 gals. LENGTH OF DRAINFIELD: 166 ft. NUMBER OF LINES: 1

CAUSE OF FAILURE: Age, possible chemicals poured down drain when building was a manufacturing plant

OWNER'S SIGNATURE: _____ DATE: _____

DESIGNER'S SIGNATURE: [Signature] DATE: 3-25-98

FOR HEALTH DEPARTMENT USE ONLY:
Requires annual operating permit: YES [] NO [X] IF YES, see attached Operation & Maintenance Agreement conditions.

PLAN APPROVED: [X] PERMIT # 125-98R RECEIPT # 81624 DATE ISSUED: 4-6-98

PLAN DISAPPROVED _____ DATE: _____ DATE PERMIT EXPIRES: 7-6-98
(Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: _____ BY: _____

FINAL INSPECTION: APPROVED: [X] REJECTED: _____ BY: Trask DATE: 6-2-98

Per Sanitary Code of Island County, each individual sewage Eagles-NO disposal system must be available for Health Department inspection.
(24 HOURS NOTICE REQUIRED - prior to construction ASBUILT)
(Revised 1/18/95) SE _____ Shoreline: NO
Arch. Site: _____

REI.C. Protocol for potential Archaeological Sites

Employee: Carol Lewis 3-26-98

Shoreline: NO

Arch. Site: _____

PERMIT EXPIRES 90 DAYS FROM DATE

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SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS-BUILT"

OWNER'S NAME: Ron Davis

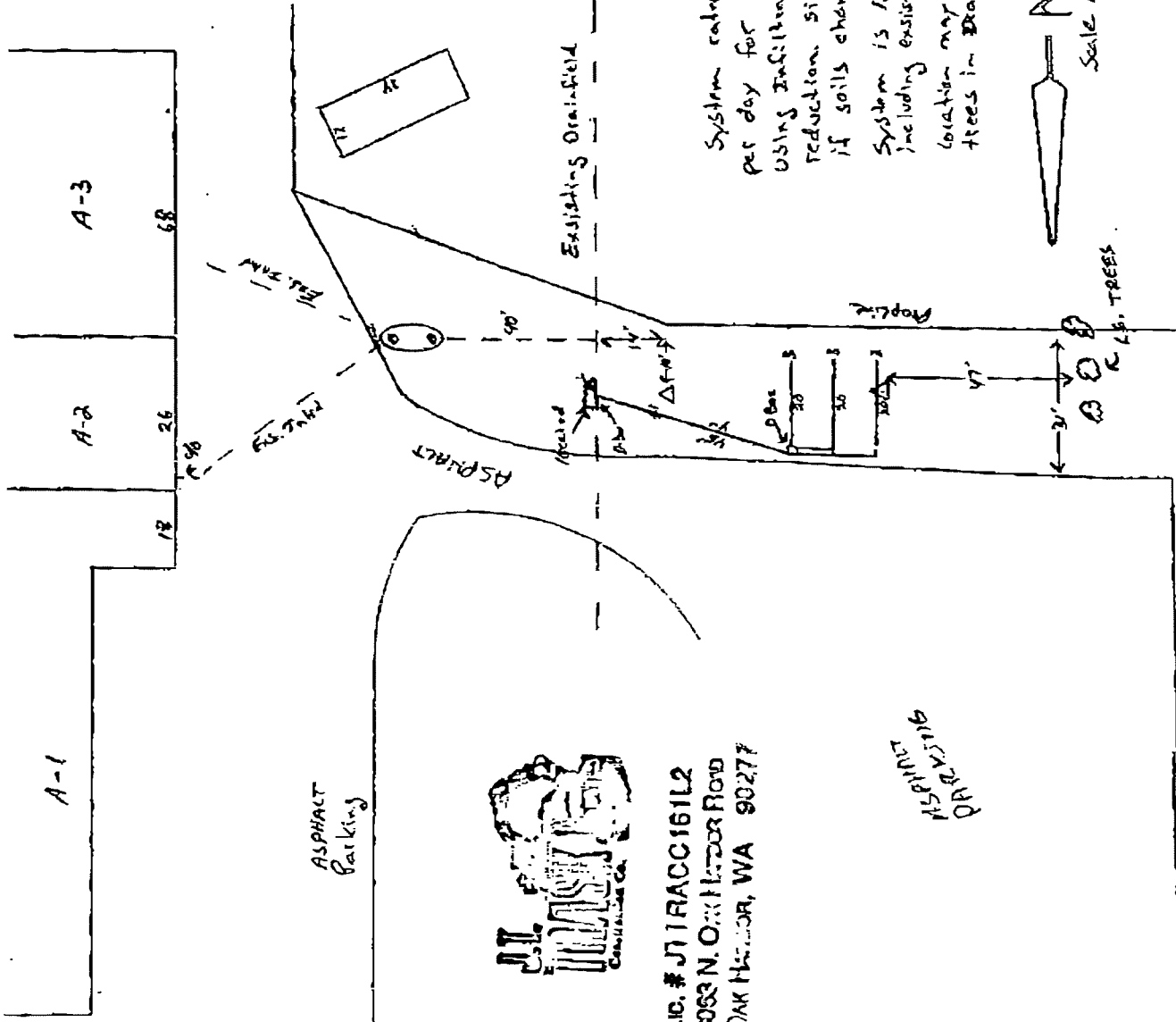
PERMIT # 125-98R PARCEL # R13326-051-2830

ACCURATE PLOT PLAN DRAWN TO SCALE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- Location of building(s) (i.e., distance from roads, etc.)
- Size of building(s)
- Location of septic tank(s) and pump or siphon chamber(s), if applicable (i.e., distance from building, etc.)
- Location of drainfields (i.e., distance from house, septic tank, properly lined, wells, banks, water of the State, french drain(s), roads, driveways, large trees, etc.)

RECEIVED

SCALE: 1" = _____ NORTH
 APR 17 1998
 ISL. CTY. HEALTH DEPT.



LIC. # J11RACC161L2
 3053 N. OAK HAZARD ROAD
 OAK HARBOR, WA 98277

CONSULTING
 ORGANIZATION

RECEIVED
 APR 17 1998
 ISL. CTY. HEALTH DEPT

DRAINFIELD: Total 180 sq.ft. Total Length 60 ft. Width 3 ft. Trench Depth _____
 Vertical separation between bottom of trench and saturated or impervious soil: 36"

COMMENTS: RETAIN DRAIN AS DESIGNED WITH GRABBY INFILTRATORS
 I personally inspected this On-Site Sewage Disposal System and certify that it was installed in accordance with the approved design and complies with the conditions noted on the permit and with I.C.C. 8.07B.

INSTALLER'S SIGNATURE: _____ DATE INSTALLED: 4-3-98
 (Revised 12/31/94)