

ASBUILT

441-01 SF

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

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

APPLICANT'S NAME: MICHAEL HORVATH PHONE: 679-2206

MAILING ADDRESS: 221 NW COLUMBIA DR. OAK HARBOR WA 98271

OWNER'S NAME (if different from applicant): And Ligaya Horvath PHONE: _____

NAME OF WATER SYSTEM (2 or more services): _____

SINGLE FAMILY SERVICE CONNECTION WELL: ☒ (locate on reverse side)

Legal Description: PARCEL #: R13217-265-2400 SITE REG. #: 97-324A

NAME OF PLAT: _____ DIV. _____ BLOCK _____ LOT _____

ADDRESS OF CONSTRUCTION SITE: HARBO RD. #0139

TYPE OF PERMIT: New ☒, Expansion ☐, Alteration ☐ or Operational ☐ # of BEDROOMS: 3

TYPE OF USE: Residential ☒, Restaurant ☐, or Other Commercial ☐ Designed Peak Flow Rate: 450

LOT WIDTH: 1006 ft. LOT DEPTH: 1150 ft. AREA: 15+ Acres MIN. LAND AREA MET: Yes ☒ No ☐

DRAINFIELD: 375 sq.ft. TOTAL LENGTH: 125 ft. WIDTH: 3 ft. TRENCH DEPTH: 104"

SEPTIC TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: 700 gals. TRASH TANK SIZE: N/A gals.

ATU TYPE: N/A ATU SIZE: N/A gals. DISINFECTION UNIT TYPE: N/A

INTERCEPTOR DRAIN: Yes ☐ No ☒ (Island Co. Assumes No Responsibility For Re-Direction of Drainage Water)

DESIGNER'S COMMENTS: DEEP TRENCH SYSTEM. AQUARIUM INTER PANEL, BIOLOGIC OUTLET PUMP.
THIS SYSTEM WILL REQUIRE PERIODIC MAINTENANCE + MAINTENANCE PLEASE CONTACT THE DESIGNER OR
QUALIFIED LICENSED INSTALLER FOR SCHEDULE + DETAILS.

SANITARIAN'S COMMENTS: _____

We understand that changes to this site such as grading, filling, clearing, burning in the primary or reserve area, 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 and other vessels if required or sewage disposal drainfield, without first obtaining written approval from the Island County Health Department, automatically **VOIDS** this permit.

OWNER'S SIGNATURE: _____ DATE: _____

NOTE: SELF-INSTALLER PERMITS ARE NOT TRANSFERABLE AND ARE ALLOWED FOR CONVENTIONAL GRAVITY SYSTEM DESIGNS ONLY.

DESIGNER'S SIGNATURE: Rachel Atacia (Reed's Coast) DATE: 8-11-01

This 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 that conforms to these regulations. If the system is not installed within the three-year period, a new permit may be applied for based upon current standards by submitting completed current forms with the current fee.

FOR HEALTH DEPARTMENT USE ONLY:
Conventional Gravity _____ Conventional Pressure _____ Alternative ☒ Community _____ Commercial < 500 _____

Requires annual operating permit: YES ☐ NO ☐ If YES, see attached Operation & Maintenance Agreement conditions.

PLAN APPROVED ☒ PERMIT # 441-01 SF RECEIPT # 115793 DATE ISSUED: 8-24-01

PLAN DISAPPROVED ☐ DATE: _____ DATE PERMIT EXPIRES: 8/24/2004

(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 ☒ REJECTED ☐ BY: Installer DATE: 5-2-06

Per Sanitary Code of Island County, each individual sewage disposal system must be available for Health Department inspection. (24 HOURS NOTICE REQUIRED - PRIOR TO CONSTRUCTION) Eagles - O.K.
(Revised 6/13/96) RIE, Twp 32N, Sec 17, SW 1/4 Arch - O.K.

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