



Island County Public Health
 Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
 Physical Address: 1 NE 6th Street, Coupeville, WA 98239
 Ph: Whidbey 360-679-7350 | Camano 360-678-8261

ICPH Date Stamp

PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM
NON-CONFORMING REPAIR

Receipt Number : _____ Permit/Asbuilt Number: _____

Statement of limitations: This repair does not meet the minimum standards of the state code. Every attempt to meet the intent of the code was applied to this project. Limitations require care and attention to ensure the system maintains function in the future. The applicant holds Island County harmless regarding any future performance of the system.

Owner/Applicant Signature _____ Designer Signature [Signature] Date _____

Applicant Name: Katie Bonn Parcel Number: S7310-00-9A007-0
 Address of Construction Site: 3661 Shorewood Ave City: Greenbank
 Property Length: 210 Property Width: 60' Area: 12,600
 Off-site Drainfield Parcel Number (if applicable): _____ AF# _____

Name of Water System: Existing Lagoon Pt. Water Dist. Private Well Group A Group B 2-Party

Permit Type	System Limitations	Reason for Failure
<input checked="" type="checkbox"/> Single Family Residence	<input checked="" type="checkbox"/> No reserve area	<input type="checkbox"/> High water table
<input type="checkbox"/> Commercial Type 1	<input checked="" type="checkbox"/> Limited area for drainfield installation	<input type="checkbox"/> Shallow soils
<input type="checkbox"/> Commercial Type 2	<input type="checkbox"/> Reduced setback to surface water	<input checked="" type="checkbox"/> Hydraulic failure
<input type="checkbox"/> Emergency Holding tank	<input type="checkbox"/> Reduced setback to drinking water source	<input type="checkbox"/> Organic loading failure
	<input checked="" type="checkbox"/> Reduced drainfield installed	<input checked="" type="checkbox"/> Age of drainfield - unknown

Onsite Sewage System Components		
<input type="checkbox"/> Low-Pressure Trench	<input type="checkbox"/> Oscar _____	<input checked="" type="checkbox"/> ATU <u>NuWater BNR500</u>
<input checked="" type="checkbox"/> Low Pressure Bed	<input type="checkbox"/> Glendon _____	<input type="checkbox"/> UV disinfection (Shoreline TLA)
<input type="checkbox"/> Drip Distribution	<input type="checkbox"/> Low Pressure Mound	<input type="checkbox"/> Protective curtain drain
<input type="checkbox"/> Sand-lined bed/trench	<input type="checkbox"/> Packed Bed Filter	<input type="checkbox"/> Other _____

Annual OSS Inspection Required for all Non-Conforming Repairs

Number of Bedrooms: 3 Design Flow: 360 Operating Flow: 270
 Maximum Redevelopment Building Square Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²
 Development exceeds the design capacity of the OSS per stated design standards.
 Soil Class/Type: MS / 3 Loading Rate: 0.8 Site Registration #: SR2025-260 Asbuilt #: none
 Drainfield Required: Size: 450 ft², Length: 50', Width: 9'
 Drainfield Installed: Size: 378 ft², Length: 42', Width: 9, Percentage Reduction: 16 % Trench
 Depth: 16-18 in. Sand-lined Trench Depth: 48" Depth of ASTM C-33 Sand: 32"

Public Health Comments:

 Preconstruction meeting required
 Island County Inadvertent Discovery Plan applies to all ground-disturbing activities
 Dry conditions installation only - sensitive site with limited soils
 Permit subject to all conditions of attached memos or permits _____



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A START CARD IS REQUIRED TO BE SUBMITTED A MINIMUM OF 24 HOURS IN ADVANCE

Permit Approved: _____ Permit Disapproved: _____ Date: _____
 Permit Number: _____ Expiration Date: _____
 System Installed by: _____ Construction Inspection date(s): _____
 Final Inspection: _____ Rejected: _____ Date: _____
 Final As-built: Approved: _____ Rejected: _____ Date: _____




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PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Parcel Number S7310-00-9A007-0

Permit Number: _____

Minimum Permit Requirements		Pump Information	
Designer- Indicate applicability and completion [X]		Lead Pump Dose Timed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Building setback/buffer for both primary and reserve <input checked="" type="checkbox"/> Trench/bed cross-section - show vertical separation <input type="checkbox"/> Dimensioned reserve area <input type="checkbox"/> % Slope for both primary and reserve <input checked="" type="checkbox"/> Water line location <input checked="" type="checkbox"/> System hydraulic calculations <input type="checkbox"/> Glendon calculation - cross section <input type="checkbox"/> Oscar calculations - cross section <input type="checkbox"/> Mound calculations - cross section <input type="checkbox"/> Design narrative for all commercial systems <input checked="" type="checkbox"/> Pump curve - with pump indicated <input type="checkbox"/> Curtain drain installation details <input type="checkbox"/> Water & Sewerline crossings details <input type="checkbox"/> All setbacks to demonstrated or waived <input checked="" type="checkbox"/> Plot plans to show all system components <input checked="" type="checkbox"/> Tank-only permits - show drainfield location		HP: <u>1/2</u> Total Head: <u>~15</u> ft GPM: <u>43.2</u>	
		Auxiliary Pump Information	
		HP: _____ Total Head: _____ ft GPM: _____	
		Theoretical [] Actual [] Timer Settings	
		ON: <u>~1 min.</u> OFF: <u>4 hours</u> Dose Volume: <u>45</u> gal GPM <u>~43</u>	
		Low-pressure Distribution	
		Transport Line Diameter: <u>1.5</u> in Transport Line Length: <u>~40</u> ft Transport Line Material: <u>PVC Sch 40</u> Total Elevation Difference: <u>(tank) 6</u> ft Manifold Diameter: <u>1.5</u> in Lateral Lengths: #1 <u>20'</u> #2 <u>20'</u> #3 <u>20'</u> #4 <u>20'</u> #5 <u>20'</u> #6 <u>20'</u>	
Cut sheets are NOT required. Please use the table below for component specifications		Lateral Diameter: <u>1.25</u> in Lateral Material: <u>PVC Sch 40</u> Orifice Spacing: <u>2</u> ft Orifice Diameter: <u>3/16</u> in Number of Orifices: <u>60</u> Minimum Residual head <u>3</u>	
Components	Manufacturer/Model		
2-Comp Tank			
Pump Tank	1000 gal Infiltrator CM1060		
Trash Tank	Use Existing ~900 single compartment		
ATU	NuWater BNR600 in Infiltrator IM1060		
Combo Tank			
Panel	SJE Rhombus TD series		
Pump	Existing Goulds EP05 (or equivalent)		
Filter	No		
D-box			
UV Disinfection			
Drip Line			
Drip Headworks			
Pump Basin			
Aux. Pump			
Chambers	Infiltrator Quick4 Plus low profile (or equivalent)		
Valve Box	Plastic accessible at surface, ball valves		
<div style="text-align: center;">  <p>Septic Designer/PE Stamp</p> </div>		External Review	
		SHE _____	
		SHE-LR _____	
		RUD _____	
		CUP _____	
		CGP _____	
		ROW _____	
		SHP/PLP _____	
		SVAR _____	
		HYDRO _____	
OTHER _____			
		Drip	
		Transport Line Diameter: _____ in Transport Line Length: _____ ft Total Elevation Difference: _____ ft Line Lengths: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____	
		Total Dripline Length: _____ Dripline Spacing: _____ Number of Emitters: _____	
		Mound	
		Depth of Sand Under Bed: _____ in Upslope Fill Length: _____ ft Downslope Fill Length: _____ ft Endslope Fill Length: _____ ft Finished Dimensions: L _____ ft x W _____ ft	
		Glendon	
		M31 <input type="checkbox"/> M32 <input type="checkbox"/> Basin Volume: _____ Basin Length: _____ ft Basin Width: _____ ft Basin Depth: _____ ft Finished Dimensions: L _____ ft x W _____ ft	
		Oscar	
		OS-50 coils <input type="checkbox"/> OS-100 coils <input type="checkbox"/> Oscar II <input type="checkbox"/> Oscar III <input type="checkbox"/> Oscar XO2 <input type="checkbox"/> Minimum Shoulder: _____ Number of coils: _____	

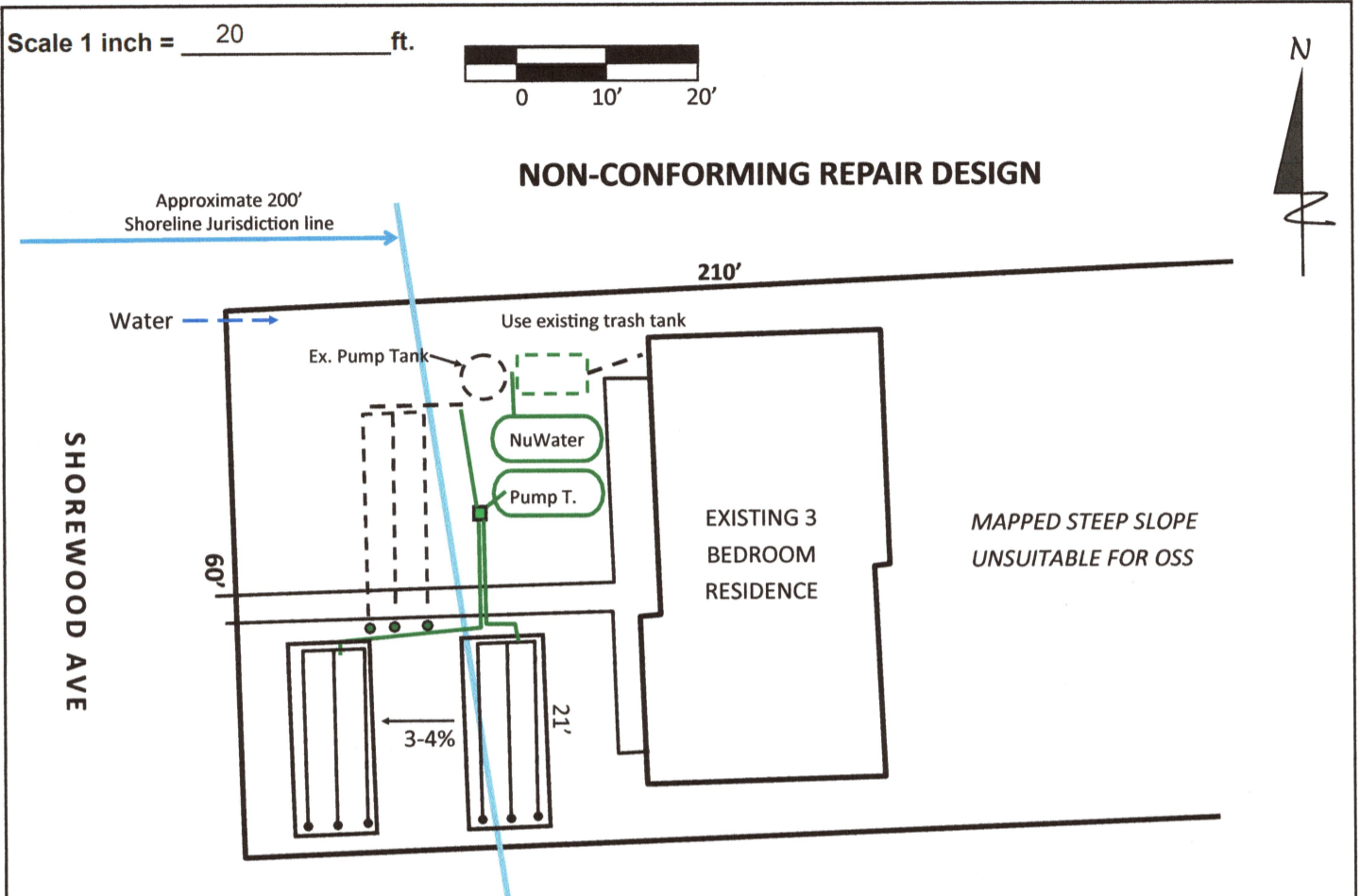


Plot Plan

Parcel Number: S7310-00-9A007-0

Permit Number: _____

Plot plan drawn to scale to include all required information as in Island County Code 8.07D.130 Soil and Site Evaluation



Use existing trash tank (~1000 gal)

Abandon Pump tank per ICC 8.07D 310

Install NuWater BNR600

Install Infiltrator CM1060 pump tank—Use existing pump

Install SJE Rhombus Timed Dosing Panel

Install Valve box with ball valves:

Three lines to serve the new beds and the old drainfield.
 Existing drainfield to rest with valve closed but could be utilized in the future with 2 beds dosed at the same time.

Install two sand-lined pressure bed beds ~9' x 21'

Sand-lined beds:

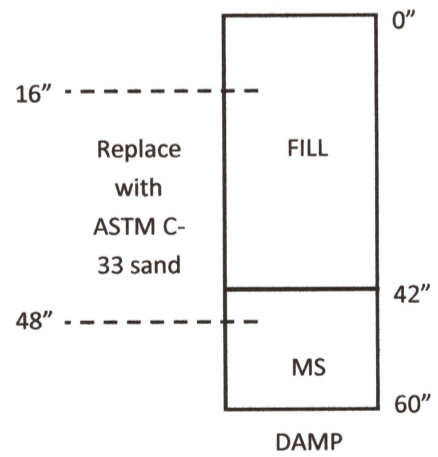
Remove approximately 48" of fill and replace with 30" ASTM C-33 sand and a couple inches of drainrock (to keep chambers from settling) to 16–18" below grade.

1.25" laterals with 3/16" orifices and 2' spacing
 (10 orifices per lateral, 30 orifices per bed)

Use low-profile chambers, 15 per bed = 30 total
 Place laterals on upslope side of divided void space.

Use imported sandy loam for cover
 (existing fill material is unsuitable for cover)

Soil Log ①



This site map was developed using onsite measurements & existing resources. This map does not represent a legal survey.



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Parcel Number: S7310-00-9A007-0

Permit Number: _____

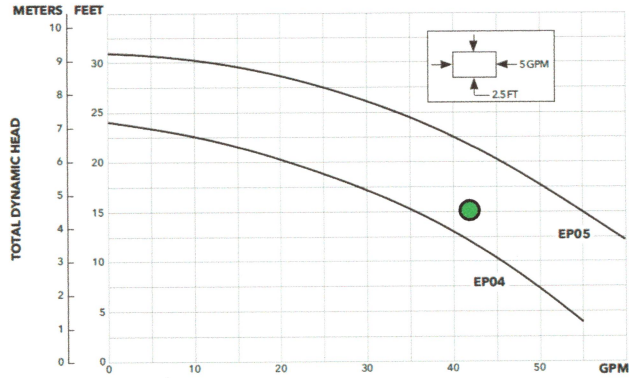
Design Specifications

- Transport pipe: 1.5"
- Laterals: 1.25", 6 @ 20' L.
- Orifice spacing: 2 ft
- Orifice diameter: 3/16 inch
- Total No. of holes: 60
- Gallons per minute: 43.2 (60 holes x .72)

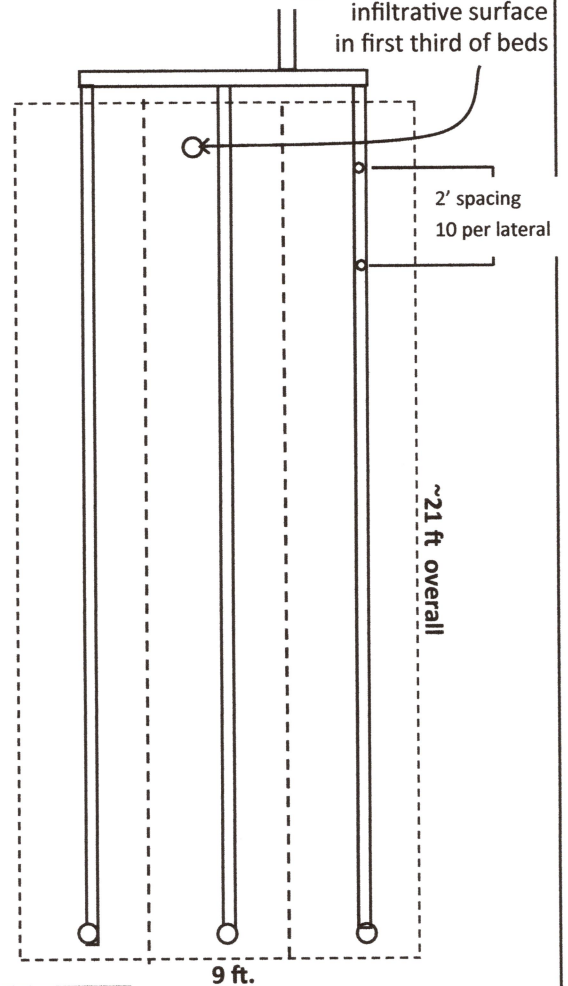
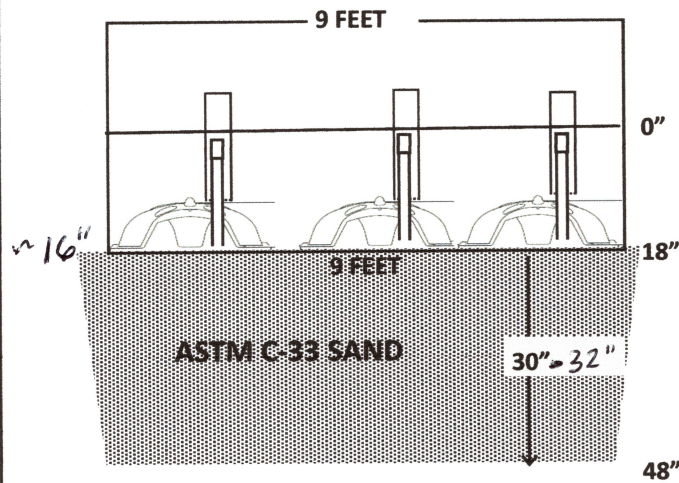
Estimated Friction Loss:

- Elevation Difference 6'
- Distal Pressure: 3'
- Transport pipe: 4'
- Misc. (laterals, fittings): 2'
- Total Dynamic Head: ~ 15'**

Existing Gould's EP05 (or equivalent)



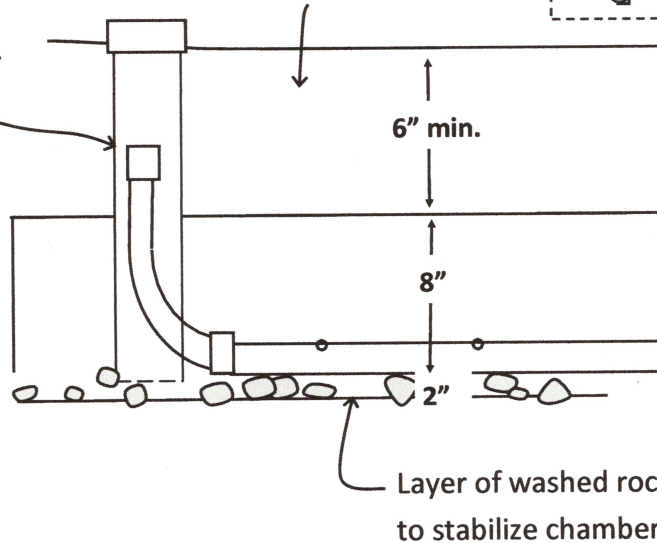
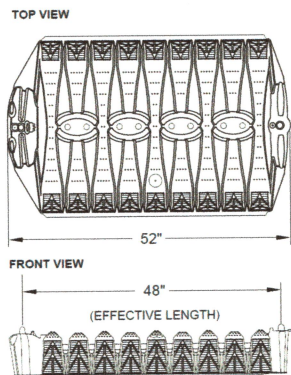
4-6" inspection port to monitor infiltrative surface in first third of beds



Clean-out/Monitoring ports at lateral ends

Screw on cap—do not glue.

Cover with imported sandy loam.



Layer of washed rock to stabilize chambers

LOW PROFILE GRAVELLESS CHAMBERS: 5 PER ROW = 30 TOTAL, PLUS END CAPS

Site, design and construction requirements not specifically mentioned herein shall conform to applicable State and County Codes

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