DATE 10-25-89

ISLAND COUNTY HEALTH DEPARTMENT

RECEIPT # 2173

SITE REGISTRATION SHEET

SR # 89-764 *

INSTALLER Warner

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: Richard & Carolyn Reed ADDRESS: 955 S. Kenyon

CITY/ZIP: Seattle, 98108

PARCEL # S8110-00-110060

NAME OF PLAT Scatchet Head DIV. 1 BLOCK 11 LOT 6

SHORT PLAT # _____ S/P LOT NUMBER _____

LOCATION OF CONSTRUCTION SITE: George 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.

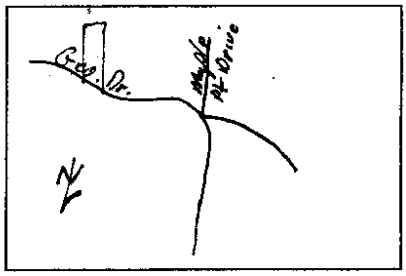
All soil logs or other soil tests made for the purpose of securing a permit to construct a sewage disposal system must be filed with appropriate fees (NON-REFUNDABLE) on forms provided by the health department within 20 working days of the date the tests were completed by the designer/installer, professional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

INSTALLER'S COMMENTS:

In areas tested there are steep slopes up to 50°. All so road cuts cause set backs leaving limited room for septic system.

16617-12TH SE
Renton WA
98058

VICINITY MAP



The undersigned Island County Health Department representative has witnessed these soil logs and finds them to be accurately represented. It appears that this site (see comments) 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.

Jack McNeil
Signature of Health Dept. Representative

11/14/89
Date

EHS II
Title

Wetland ____ Shoreline ____ Unstable ____

DATE INSPECTED BY THE HEALTH DEPARTMENT 7/3/89

HEALTH DEPARTMENT COMMENTS:

* STEEP SLOPES & CUTS OFFER VERY LIMITED AREA WHICH MAY MEET CODE - SETBACKS FROM CUTS IS 15' PLUS THE HEIGHT OF CUT
SUFFICIENT AREA MEETING CODE MUST BE DEMONSTRATED FOR THE ORIGINAL AND RESERVE AREA.

RECEIVED
OCT 24 1989
ISLAND COUNTY HEALTH DEPT