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JAN 17 1990
ISLAND COUNTY HEALTH DEPT

DATE 10-25-89

ISLAND COUNTY HEALTH DEPARTMENT

RECEIPT # 2173

SITE REGISTRATION SHEET

SR # 89-1765

INSTALLER Weiner

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, Wa. 98108

PARCEL # S8110-00-110070

NAME OF PLAT Scatchet Head DIV. 1 BLOCK 11 LOT 7

SHORT PLAT # _____ S/P LOT NUMBER _____

LOCATION OF CONSTRUCTION SITE: George Drive PCA 1404

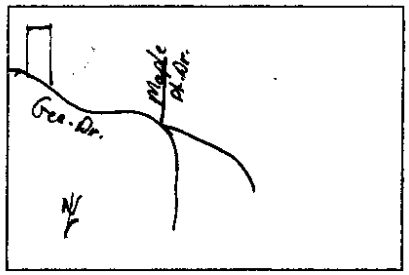
INSTRUCTIONS: Fill out this form completely - both sides. Soil logs and percolation rate determinations should be made per Island County Health Department Rules and Regulations. On the reverse side, a blank space is reserved for a scale drawing of the site to include soil log holes (numbered), perc holes (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:

Limited room on west side of lot. East side of lot can not be used because of fill in this area.

VICINITY MAP



Whidbey Const. Co. Inc.
PO Box 274
Langeley, Wa 98260
321-4253
~~321-8634 Home~~

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

David M. Crimmins
Signature of Health Dept. Representative

1/17/90
Date

EHS
Title

Wetland ____ Shoreline ____ Unstable ____

DATE INSPECTED BY THE HEALTH DEPARTMENT 7/3/89

HEALTH DEPARTMENT COMMENTS: Type III soils, limited area due to cuts, fill & slope may limit bedroom number. See installer comments. Must maintain setbacks to cuts, not use fill area. Accurate to scale plot plan required.

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OCT 24 1989
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SRFORM DLW 5/89