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

SITE REGISTRATION

RECEIVED
JUL 28 2014
IS. CO. PUBLIC HEALTH

RECEIPT # EH-14-01378 SITE REG. # SR2014-203

DATE: 07/30/2014 DESIGNER: MOCH

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.

APPLICANT'S NAME: CHIU TUNG YU

ADDRESS: P.O. BOX 336 CLINTON, WA 98236-0336

OWNER'S NAME (if different from applicant):

PARCEL #: R 32906-250-020 0 PROP. S/P: LOT #:

NAME OF PLAT: DIV. BLOCK LOT

LOCATION OF CONSTRUCTION SITE: GOSS RIDGE RD.

INSTRUCTIONS: Fill out this form completely — both sides. Soil logs should be made per Island County Health Department Rules and Regulations. On the reverse side, a blank space is reserved for a scaled drawing or an accurate plot plan drawn to scale of the site to include soil log holes (numbered), perc holes (numbered), property lines and dimensions, wells, bodies of water, topographical depictions, curtain drains, roads, etc.

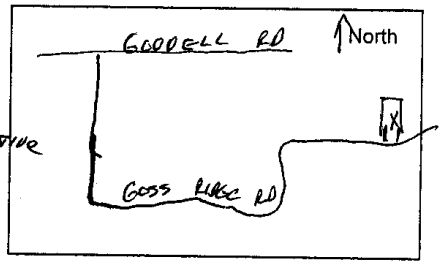
All soil logs or other soil tests made for the purpose of securing a permit to construct a sewage disposal system must be filed with appropriate fees (NON-REFUNDABLE) on forms provided by the Health Department within 20 working days of the date the tests were completed by the designer/installer, professional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

DESIGNER'S COMMENTS: WOODED PARCEL WITH LOGGING SLASH. INITIAL STEEP SLOPES YIELD TO MODERATE SLOPES ALLOWING LARGE AREAS FOR INSTALLATION OF AN ON-SITE SEWAGE DISPOSAL SYSTEM. ALL SOIL LOG LOCATIONS ARE APPROXIMATE AS EXACT LOCATION IS IMPOSSIBLE WITHOUT SURVEY SOIL LOGS #5 & #6 SHOW CONVENTIONAL SOILS, ALL OTHERS ARE ALTERNATIVE

ADDITIONAL WET SEASON COMMENTS:

DATE:

VICINITY MAP



The undersigned Island County Health Department representative has witnessed the following soil logs and finds them to be accurately represented. It appears that this site ~~is~~ 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 ten (10) days of the date of the decision.)

NOTE: Changes to this site such as grading, cuts, filling or clearing could make this certification NULL & VOID.

EHS III — 7/28/2014

SIGNATURE/TITLE OF HEALTH DEPARTMENT REPRESENTATIVE — DATE

DATE INSPECTED BY THE HEALTH DEPARTMENT 7/21/2014

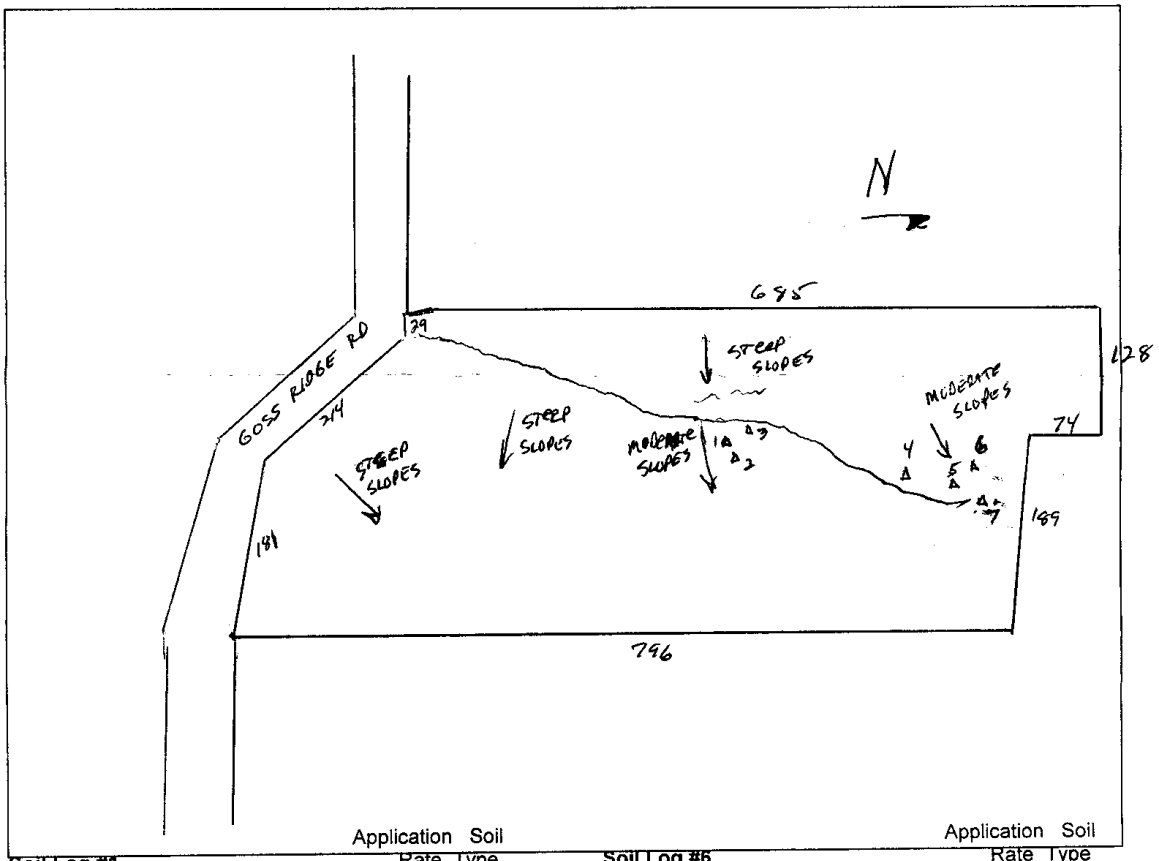
HEALTH DEPARTMENT COMMENTS: SL 1, 2, 3, 4 are alternative
SL 5 & 6 are conventional
Flag soil logs to allow future location

ADDITIONAL WET SEASON COMMENTS:

DATE: INITIALS:

(Revised 6/13/96)

Accurate Plot Plan Drawn to Scale
Soil Logs [Δ] Perc Tests [ ] Parcel # R 32906-250-020 0
Scale Used: 1" = 150' Size: VARIES Acres: 5 Site Reg.# SR 2014-203



Soil Log #1

		Application Rate	Soil Type
0 to 38 In.	BROWN SANDY LOAM	.48	4
38 to 48 In.	OTHER SILT LOAM	.2	6
___ to ___ In.			
___ to ___ In.			

Water Table: _____ Impervious Soil: _____
ROOTS TO 38"

Soil Log #2

		Application Rate	Soil Type
0 to 22 In.	BROWN SANDY LOAM	.48	4
22 to 32 In.	PACKED CLAY LOAM		7
___ to ___ In.			
___ to ___ In.			

Water Table: _____ Impervious Soil: 22"

Soil Log #3

		Application Rate	Soil Type
0 to 28 In.	BROWN SANDY LOAM	.48	4
28 to 32 In.	OTHER SILT LOAM	.2	6
___ to ___ In.			
___ to ___ In.			

Water Table: _____ Impervious Soil: _____

Soil Log #4

		Application Rate	Soil Type
0 to 22 In.	BROWN SANDY LOAM	.48	4
22 to 31 In.	TAN SANDY LOAM	.48	4
31 to 43 In.	OTHER SILT LOAM	.2	6
___ to ___ In.			

Water Table: _____ Impervious Soil: _____
MOTTLES & ROOTS TO 31"

Soil Log #5

		Application Rate	Soil Type
0 to 27 In.	LOAMY MEDIUM SAND	.64	3
27 to 55 In.	MEDIUM SAND	.8	3
55 to 72 In.	COMPACT LOAMY MEDIUM SAND	.6	4
___ to ___ In.			

Water Table: _____ Impervious Soil: _____

Soil Log #6

		Application Rate	Soil Type
0 to 8 In.	DARK BROWN SANDY LOAM	.48	4
8 to 63 In.	LOAMY MEDIUM SAND	.64	3
63 to 65 In.	VERY COMPACT FINE SAND	.2	6
___ to ___ In.			

Water Table: _____ Impervious Soil: _____

Soil Log #7

		Application Rate	Soil Type
___ to ___ In.			
___ to ___ In.			
___ to ___ In.			
___ to ___ In.			

Water Table: _____ Impervious Soil: _____

CERTIFICATION: I hereby certify this information to be correct and the tests were performed by me as prescribed on:

DATE: 7-21-14

5100225
ROBERT M. MOCH
LICENSED DESIGNER
5-5-16

Signature of Licensed Designer, Registered Sanitarian, or Professional Engineer

NOTE: Changes to this site such as grading, cuts, filling, or clearing could make this certification NULL and VOID.