

ISLAND COUNTY HEALTH DEPARTMENT  
P.O. BOX 700  
COUPEVILLE, WASHINGTON 98239

614-78X

PERMIT TO CONSTRUCT, ALTER, OR REPAIR A SEWAGE DISPOSAL SYSTEM

Owner's name: Mike Dalton Realty (Don Walker) Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of construction site: Langley Road Sec 14

Legal: PARCEL A. N100' of S200' of W 165' of N-1/2 - N-1/2 - SW-1/4 - SW-1/4 RGE 3E  
Section 14, Twn 29 R3E W.M. except West 30' thereof for Langley Road.

PARCEL B. S 100' - W 165' of N-1/2 - N-1/2 - SW-1/4 - SW-1/4  
Section 14 Twn 29N R 3E W.M. except W. 30' thereof. NOTE: DID NOT  
SUBDIVIDE AS  
ORIGINALLY PLANNED

SITE INFORMATION

Lot Width: 165 ft. Lot Depth: 200 ft. Area: 33,000 (sq. ft.)

Type of use: Residential No. of bedrooms: 3

Source of drinking water: Private:  Public:  Name of system \_\_\_\_\_

Well information: Depth: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_ Date of fill: \_\_\_\_\_

Average percolation rate: 5.25 minutes per inch

Soil data: (type and depth at which encountered: i.e. 0"-24" sand, 4"-72" sandy clay loam, etc.)  
a. 0-12" Sandy Loam b. 12-72" Brown Sand c. \_\_\_\_\_ d. \_\_\_\_\_

CERTIFICATION

I hereby certify that this permit was issued for the sewage disposal system diagramed on the reverse side. We also certify that to deviate from original plan, such as (a) location of home lot; (b) size of home; (c) placement of septic tank inlet without first obtaining written approval of the Island County Health Department and the Installer, automatically VOIDS this permit.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Installer's signature: Gabelein Bros. (initials) Date: \_\_\_\_\_

Builder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HEALTH DEPARTMENT USE ONLY

Plan approved: T.A. Permit No. 348-78 Receipt No: 3152 Date: 4/20/78

Final Inspection: Approved: J.P.S. Rejected: \_\_\_\_\_ By: \_\_\_\_\_ Date: 8/27/78

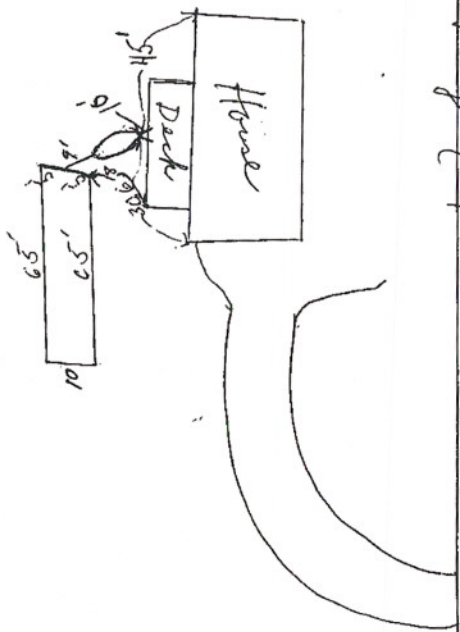
Site information sheet submitted: yes  no

Per Sanitary Code of Island County each Individual Sewage Disposal System  
MUST BE INSPECTED BY THE HEALTH DEPARTMENT  
(24 hours advance notice is required)

Permit Expires One Year From Date Issued

64-78

Fongloy Rd



RECEIVED  
APR 19 1978  
ISLAND COUNTY  
HEALTH DEPARTMENT