

Revision

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ISLAND COUNTY HEALTH DEPARTMENT
PO BOX 5000
COUPEVILLE, WA 98239-5000

515-89P

JUN 13 1991 PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

OWNER'S NAME: Society of Jay Blair PHONE #: 321-4810
MAILING ADDRESS: P.O. Box 147 Freeland, WA ZIP: 98249

NAME OF WATER SYSTEM [2 OR MORE SERVICES] Lagoon Pt. OK 10/20/89
SINGLE FAMILY SERVICE CONNECTION WELL: _____ [LOCATE ON REVERSE SIDE]
LEGAL DESC.: PARCEL #: 57310-04-00001 SITE REGISTRATION # 89-731

NAME OF PLAT: Lagoon Point DIV. 4 BLOCK _____ LOT 1
ADDRESS OF CONSTRUCTION SITE: 3637 S. Steelhead Drive - Greenbank

TYPE OF USE: COMMERCIAL DESIGNED FLOW RATE: _____ RESIDENTIAL # OF BDRMS: 2
LOT WIDTH: _____ FEET LOT DEPTH: _____ AREA: 7000 [SQUARE FEET/ACRES]
DRAINFIELD: SQUARE FEET: 250 TOTAL LENGTH: 25 WIDTH: 10 DEPTH: 24
TANK SIZE: 1000+ PUMP CHAMBER SIZE: 500+ INTERCEPTOR DRAIN*: YES [] NO [X]
ISLAND COUNTY ASSUMES NO RESPONSIBILITY FOR THE RE-DIRECTION OF DRAINAGE WATER.

INSTALLER'S COMMENTS: Redraw of permit # 515-89 P
SANITARIAN'S COMMENTS: Affidavit AF# 91009884

I UNDERSTAND THAT CHANGES TO THIS SITE, SUCH AS CUTS, GRADING, FILLING OR CLEARING, OR ANY DEVIATION FROM THE ORIGINAL PLAN (AS DIAGRAMMED ON THE REVERSE SIDE) SUCH AS, BUT NOT LIMITED TO; (A) LOCATION OF HOME ON LOT; (B) SIZE OF HOME; (C) PLACEMENT OF SEPTIC TANK, OR SEWAGE DISPOSAL DRAINFIELD, WITHOUT FIRST OBTAINING WRITTEN APPROVAL OF THE ISLAND COUNTY HEALTH DEPARTMENT, AUTOMATICALLY VOIDS THIS PERMIT.

OWNER'S SIGNATURE: _____ DATE: _____
NOTE: SELF INSTALLER PERMITS ARE NOT TRANSFERABLE
DESIGNER/INSTALLER'S SIGNATURE: Jerry Stenlund DATE: 6/10/91

THIS PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE PROPERTY OWNER WILL ALLOW, IN PERPETUITY, A HEALTH DEPARTMENT REPRESENTATIVE TO ENTER ONTO THIS PROPERTY DURING REASONABLE HOURS, FOR THE SOLE PURPOSE OF MONITORING THE PERFORMANCE OF THE ON-SITE SEWAGE DISPOSAL FACILITY.

PERMIT TO CONSTRUCT OR ALTER A SEWAGE DISPOSAL SYSTEM SHALL BE VALID FOR THREE (3) YEARS FROM THE DATE OF ISSUANCE. PERMITS ARE TRANSFERABLE WITH PROPERTY OWNERSHIP, PROVIDED NEW OWNERS ACCEPT THE PERMITTED PLAN BY WRITTEN NOTIFICATION TO THE HEALTH OFFICER OR BY THE PROPOSAL OF A NEW PLAN WHICH CONFORMS TO THESE REGULATIONS. IF THE SYSTEM IS NOT INSTALLED WITHIN THAT THREE YEAR PERIOD, A NEW PERMIT MAY BE APPLIED FOR BASED ON CURRENT STANDARDS SUBMITTED ON CURRENT FORMS WITH THE CURRENT FEE.

FOR HEALTH DEPARTMENT USE ONLY: WETLANDS _____ SHORELINE _____ UNSTABLE _____

STANDARD D.F. _____ COMMUNITY D.F. _____ COMMERCIAL < > 450 _____ ALTERNATIVE D.F. _____

PLAN APPROVED 1/2 B PERMIT # 515-89P RECEIPT # 3567 DATE ISSUED: 11-9-89

PLAN DISAPPROVED _____ [ANY PERSON MAY APPEAL THIS DECISION, IN WRITING, WITHIN 30 DAYS OF THE DATE OF THE DECISION]

CONSTRUCTION INSPECTIONS:
DATE: _____ BY: _____

FINAL INSPECTION: APPROVED: JM REJECTED: _____ BY: Installer DATE: 4-17-92

PER SANITARY CODE OF ISLAND COUNTY, EACH

715-875

- INDICATE LOCATION OF THE FOLLOWING: (On both proposed and asbuilt drawings)
- a. Location of buildings (distance from roads, etc.)
 - b. Size of building
 - c. Location of septic tank (distance from building, etc.)
 - d. Location of drainfields (distance from house, septic tank, property lines, wells, banks, water of the State, french drain, roads, driveways, large trees, etc.)

SCALE DRAWING: Proposed Design [] Asbuilt

ICHD #4.1 10/88

SCALE USED: 1"=20'

Alternative & Pressure System Information:

TRANSPORT PIPE DIAMETER: 2"
 LENGTH: 30'
 MANIFOLD PIPE DIA: 2"

ELEVATION FROM PUMP TO DRAINFIELD BED, OR LOWEST LATERAL: 5'

LATERAL DIA: 1"
 LATERAL(S) LENGTH: #1 12.5 #2 12.5 #3 12.5 #4 12.5 #5 12.5 #6 12.5
 LATERAL SPACING: 2.5'

LATERAL ELEVATIONS:
 #1 level #2 on #3 site
 #4 _____ #5 _____ #6 _____
 ORIFICE DIA: 3/16"
 ORIFICE SPACING: LATERAL
 #1 30" #2 30" #3 30"
 #4 30" #5 30" #6 30"

BED SIZE: 10' x 25'

DEPTH OF FILL UNDER BED: _____

VERTICAL SEPARATION: 52'

TOTAL DEPTH OF FILL: _____

UPSLOPE WIDTH OF FILL FROM BED: _____ ENDSLOPE

WIDTH: _____

TOTAL SIZE OF FILL: _____

PERCENT OF SLOPE IN DRAIN-FIELD/BED AREA: _____

DOSE VOLUME: _____

DOSES PER DAY: _____

PUMP SIZE: GPM: 40 (SJM myers)
HEAD: 9'

SAND FILTER SIZE: _____

TRANSPORT LINE DIA: _____

TRANSPORT LINE LENGTH: _____

MANIFOLD

DIA: _____ MANIFOLD PIPE

LENGTH: _____ LATERAL DIA:

_____ LATERAL LENGTHS:

_____ # OF LATERALS:

_____ LATERAL

SPACING: _____ ORIFICE

DIAMETER: _____ ORIFICE

SPACING _____

ELEVATION FROM PUMP TO SAND

FILTER: _____ PUMP SIZE:

GPM: _____ HEAD: _____ DOSE

VOLUME: _____ DOSES PER DAY:

_____ PUMP

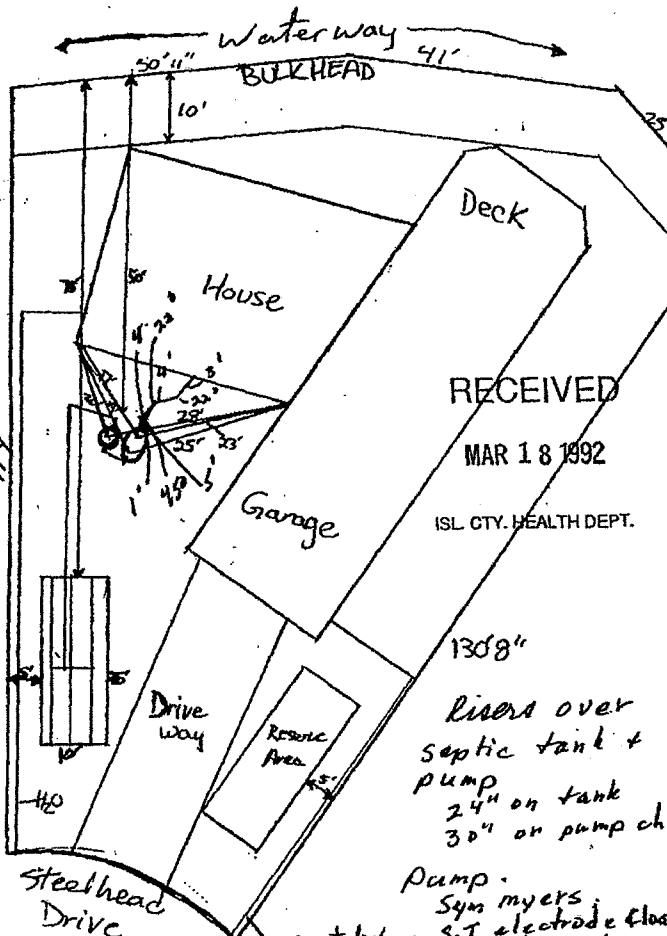
CHAMBER SIZE(S):

#1 500 GALLONS

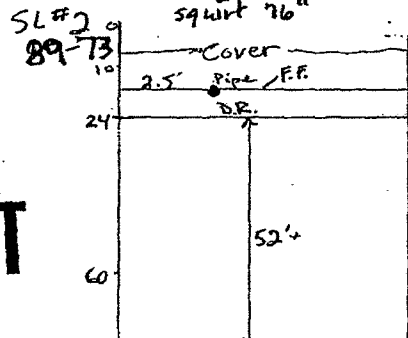
#2 _____ GALLONS

SPECIAL FEATURES OR

CONDITIONS: _____



2 bedroom
 125 sqft/bedroom
 250 sqft



AS-BUILT

ASBUILT DATA: Name Jay Blain Permit #515-89
 Drainfield: Square Feet 250 Total Length 25' Width 10' Depth 24"
 Parcel #57310-04-00001

VERTICAL SEPARATION BETWEEN BOTTOM OF TRENCH OR BED AND SATURATED OR IMPERVIOUS SOIL: 52'
 TANK MANUFACTURER Everett Bros. (coated)

COMMENTS: _____

Jerry Stenning
 Installer's Signature
 Date 1/14/92

ASBUILT

441-98R

ISLAND COUNTY HEALTH DEPARTMENT

P. O. Box 5000 o Coupeville, WA 98239 o (360) 679-7350/321-5111
121 N. East Camino Dr. e Carnano Island, WA 98292 e (360) 387-3443

SEP 10 1998

ISLAND APPLICATION TO REPAIR A SEWAGE DISPOSAL SYSTEM

SEE ASD # 515-89P (REVISION 7/3/91) SR # 89-731

APPLICANT'S NAME: Jay Blain %M.O.C. Attn LeRoy Olsen PHONE: 321-3605

MAILING ADDRESS: P.O. Box 277 Freeland, WA 98249

OWNER'S NAME (if different from applicant): PHONE:

Individual well: or Public Water System: Lagoon Point existing

LEGAL DESCRIPTION: PARCEL # S7310-04-00001 D

NAME OF PLAT: Lagoon Point DIV. 4 BLOCK _____ LOT 1

ADDRESS OF CONSTRUCTION SITE: 3637 S. Steelhead Drive

SITE INFORMATION: TYPE OF USE: SFD # of BEDROOMS: 2

LOT WIDTH: irreg. ft. LOT DEPTH: irreg. ft. AREA: 2 Acres (square feet / 43580 sq. ft. = acres)

Soil Log #1	Application Soil Rate Type	Soil Log #2	Application Soil Rate Type
0 to _____ in. <u>Lenses Md-Fn Sn W/Grvl</u>	<u>1.0 IIB</u>	_____ to _____ in.	_____
_____ to _____ in.	_____	_____ to _____ in.	_____
_____ to _____ in.	_____	_____ to _____ in.	_____
_____ to _____ in.	_____	_____ to _____ in.	_____
Water Table: _____	<u>Impervious Soil:</u>	Water Table: _____	<u>Impervious Soil:</u>

PROPOSED REPAIRS: Type of System: Sn Lined Bed WAC 246-272 Table VI Repair: Yes No

DRAINFIELD: 310 sq. ft. TOTAL LENGTH: Street ft. WIDTH: 7-10 ft. TRENCH DEPTH: 44"

TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: 500 gals. MINIMUM LAND AREA MET: Yes No

MOUND FILL: LENGTH: _____ ft. WIDTH: _____ ft. DEPTH: _____

INTERCEPTOR DRAIN: Yes No (Island Co. Assumes No Responsibility For Re-Direction Of Drainage Water)

DESIGNER'S COMMENTS: Sand lined bed with 24" of ASTM C-33 sand to make a 44" deep trench, see x-section. Orenco type controls, to include dose timer, elapsed run-time clock and event counter. Septic tank and dose tank to be made water tight to surface.

SANITARIAN'S COMMENTS: double encase H₂O line

EXISTING SYSTEM INFORMATION: APPROXIMATE AGE: 6 years ASBUILT FILE # 515-89P

TANK SIZE: 1000 gals. LENGTH OF DRAINFIELD: 500 ft. NUMBER OF LINES: bed

CAUSE OF FAILURE: High waste strength, excessive water use?, impervious material over bed, depth of bed from surface.

OWNER'S SIGNATURE: _____ DATE: _____

DESIGNER'S SIGNATURE: David M. ... DATE: September 10, 1998

FOR HEALTH DEPARTMENT USE ONLY:
Requires annual operating permit: YES NO If YES, see attached Operation & Maintenance Agreement conditions.

PLAN APPROVED SN PERMIT # 441-98R RECEIPT # 86874 DATE ISSUED: 9/21/98

PLAN DISAPPROVED _____ DATE: _____ DATE PERMIT EXPIRE: 12/21/98
(Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: _____ BY: _____

FINAL INSPECTION: APPROVED: SN REJECTED: _____ BY: SN DATE: 12/23/2000

Per Sanitary Code of Island County, each individual sewage disposal system must be available for Health Department inspection. (24 HOURS NOTICE REQUIRED - prior to construction) (Revised 6/13/96)

I.C. protocol for potential Archaeological Sites
Employee: Kelly Diefert 9/16/98 Eagles Yes/No
To planning for Engle ck 9/16/98 X 9/16/98
Eagles pending 1/1 Arch. O.K. Yes/No

OWNER'S NAME: Jay Blain

PERMIT #441-98R

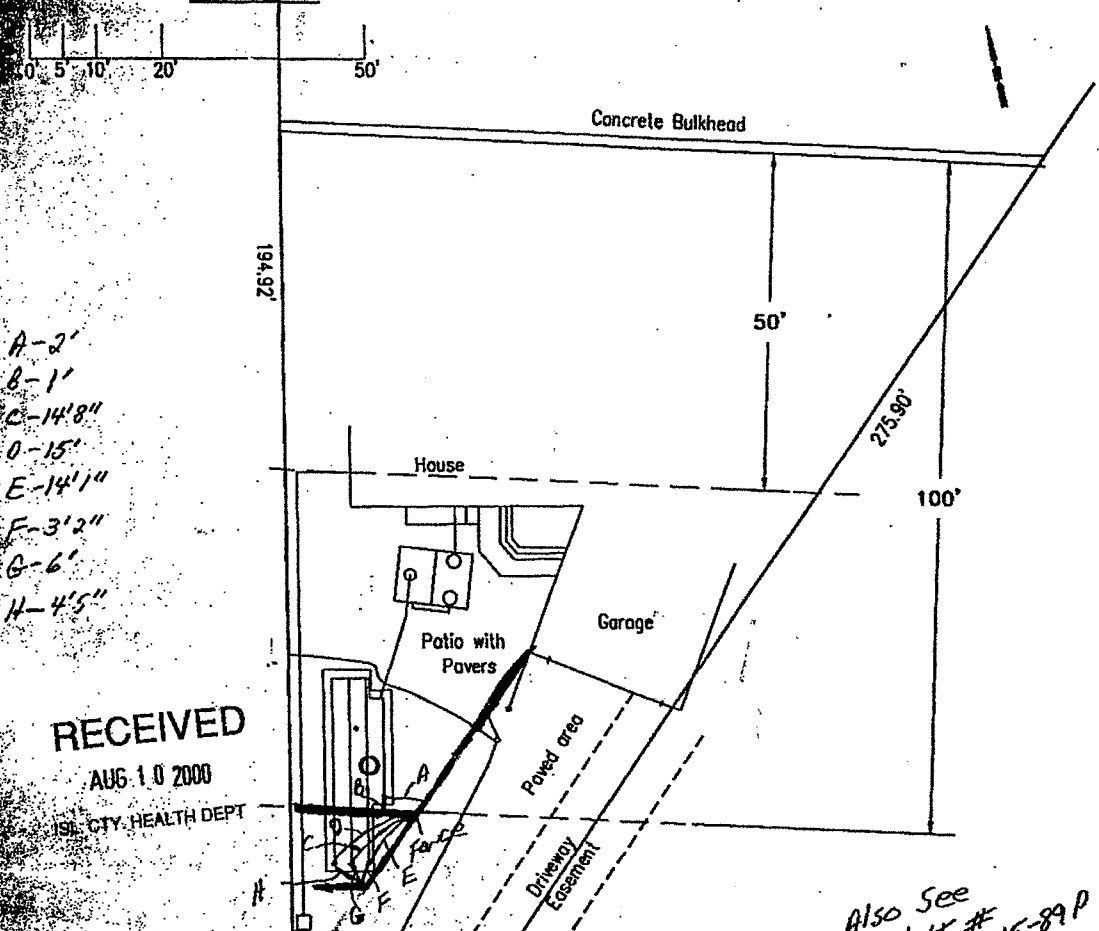
PARCEL #S7310-04-00001-0

ACCURATE PLOT PLAN DRAWN TO SCALE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- a. Location of building(s) (i.e., distance from roads, etc.)
- b. Size of building(s)
- c. Location of septic tank and pump or siphon chamber(s), if applicable (i.e., distance from building, etc.)
- d. Location of drainfields (i.e., distance from house, septic tank, property lines, wells, banks, water of the State, french drain(s), roads, driveways, large trees, etc.)

SCALE: 1" = 20'

NORTH



A-2'
 B-1'
 C-14'8"
 D-15'
 E-14'11"
 F-3'2"
 G-6'
 H-4'5"

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AUG 10 2000

CITY HEALTH DEPT

Also See Asbitt # 515-89P

Pump Model/HP: Steel 30' Pump Chamber-PC (Sandfilter-SF)
 Pump Cycle Time/Dose: min. 30 sec. 1 min. 1 sec. (SF) Float Displacement: 1 (SF) 1 (PC)
 Float setting and pressure test completed after wiring and Labor & Industry's inspection: YES [] NO []

SAND FILTER	PRESSURE DISTRIBUTION SYSTEM or MOUND			
Residual Head: _____ in.	Residual Head/Orifice Diameter/Number of Orifices			
Orifice Diameter: _____ in.	Lat.#1 _____ in. <u>3/16</u> in. <u>17</u>	Lat.#2 _____ in. <u>3/16</u> in. <u>17</u>		
Number of Orifices: _____	Lat.#3 _____ in. <u>3/16</u> in. <u>17</u>	Lat.#4 _____ in. <u>3/16</u> in. <u>9</u>		
Dose Volume: _____ gals.	Lat.#5 _____ in. _____ in. _____	Lat.#6 _____ in. _____ in. _____		
	Dose Volume: _____ gals.			

DRAINFIELD: Total 310 sq.ft. Total Length 120 ft. Width 10 ft. Trench Depth 44"

Vertical separation between bottom of trench and saturated or impervious soil: 36"

TANK MANUFACTURER: Willbros Precast

COMMENTS:

I personally inspected this On-Site Sewage Disposal System and certify that it was installed in accordance with the approved design and complies with the conditions noted on the permit and with I.C.C. 8.07C.

INSTALLER'S SIGNATURE: M.O.C. Excavating

DATE INSTALLED: Nov 98

(Revised 8/13/96)

[Handwritten Signature]