

Septic Permit Saved 06/27/2000 8:26 AM

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ASBUILT

ISLAND COUNTY HEALTH DEPARTMENT  
ISL. CTY. HEALTH DEPT. O. Box 5000  
Coupeville, WA 98239

392-935F

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

OWNER'S NAME: James + Charlene Hutton PHONE #: \_\_\_\_\_  
MAILING ADDRESS: P.O. Box 231202 Anchorage AK ZIP: 99523

NAME OF WATER SYSTEM (2 or more services): OK 7-19-93 SMN  
SINGLE FAMILY SERVICE CONNECTION WELL: X (locate on reverse side)

Legal Desc.: PARCEL #: R23432-040-0860 SITE REG. #: 91-278A

NAME OF PLAT: \_\_\_\_\_ DIV. \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

ADDRESS OF CONSTRUCTION SITE: 4841 N Jones Rd.

TYPE OF USE: COMMERCIAL DESIGNED FLOW RATE: \_\_\_\_\_ RESIDENTIAL # OF BDRMS: 3  
LOT WIDTH: 271 ft. LOT DEPTH: 514 ft. AREA: 4 (SQUARE FEET/ACRES)  
DRAINFIELD: SQ. FT. 750 TOTAL LENGTH: 250 WIDTH: 7 TRENCH DEPTH: 12"  
TANK SIZE: 1000 PUMP CHAMBER SIZE: 550 INTERCEPTOR DRAIN\*: YES( ) NO(\*)  
\*Island Co. Assumes No Responsibility For The Re-Direction Of Drainage Water.\*

INSTALLER'S COMMENTS: \_\_\_\_\_

SANITARIAN'S COMMENTS: 91-278A for additional soil log info. Drive for Tank & S&S - see S&S. Do not drive over drainfield area. Alternative system installed.

We 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 Dept., automatically voids this permit.

*Installed by Reed Tacia*

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Self-Installer Permits are NOT TRANSFERABLE

DESIGNER/INSTALLER'S SIGNATURE: [Signature] DATE: 6/11/93

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.

AC 4.80

A 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 the three year period, a new permit may be applied for based upon current standards by submitting completed current forms with the current fee.

FOR HEALTH DEPARTMENT USE ONLY:

STANDARD D/F \_\_\_\_\_ COMMUNITY D/F \_\_\_\_\_ COMMERCIAL < > 500 \_\_\_\_\_ ALTERNATIVE D/F ✓

PLAN APPROVED MM PERMIT # 392-935F RECEIPT # 39743 DATE ISSUED: 8-5-93

PLAN DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ (Any Person May Appeal This Decision, In Writing, Within Ten (10) Days Of The Date Of The Decision)

CONSTRUCTION INSPECTIONS: DATE: \_\_\_\_\_ BY: \_\_\_\_\_

FINAL INSPECTION: APPROVED: [Signature] REJECTED: \_\_\_\_\_ BY: Tacia DATE: 1-6-77

Per Sanitary Code Of Island County,  
Each Individual Sewage Disposal System  
Must Be Available For Health Department  
Inspection. (24 HOURS NOTICE REQUIRED)  
(10/1/92)

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