Receipt # 160090 As Built # 799-06C

Island County Health Department
PO Box 5000 Coupeville WA 98239

ASBUILT

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

799-06C

Applicant Name: DARRYL JONES Phone #: 360-239-4713

Owner Name:

Mailing Address: 4131 SE CAMANO CT. 98282

Tax Parcel Number: R23114-242-3480 Twp: Rge: Sec:

Off-site Drainfield Parcel Number (if applicable):

Address of Construction Site: CIRCLE DR

Property Length: ~~385~~ 319' Property Width: 135 Area:

Name of Water System: CAMANO CITY WATER Private Well [ ]

Are there any critical areas within 100 feet of the property? [~~X~~] No Yes [ ] (attach report)
Are there any bluffs or banks within 100 feet of the project? [~~X~~] No Yes [ ] (attach report)
Is property in an archeologically significant area? [~~X~~] No Yes [ ] (attach report)
Is property within 800 feet of protected species area or on the shoreline? [~~X~~] No Yes [ ] (attach report)

Type of Use: Residential: [ ] Restaurant [ ] Other: (attach narrative)

Number of Bedrooms: 3 Projected Gallons per day: 450

Soil Type: 4 Site Registration # C93-35

Drainfield Size: 1126 sq feet Length: 51.2 ft Width: 22 ft

Trench Depth: 6 in Septic Tank Size: 1000 EXISTING gal Pump Chamber Size: 1000 EXISTING gal

Designer Comments:
EXISTING HOME DRIP SYSTEM/ ATU ADDED TO REPLACE/LOCATE SAND FILTER AND DRAINFIELD FOR FUTURE BLA

Health Department Comments:

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SEP 2006
Island County Health Dept
Camano

We understand that changes to this site such as grading, filling or clearing, or any deviation from the original plan (as depicted on back) such as, but not limited to : (a) dwelling location, (b) placement of wells, drainfields, curtain drains, tanks, etc. without first receiving approval from the Island County Health Department, may void this permit.

Owner Signature: Date:

Designer's / Agents Signature: LL# 100251 Date: 9/6/06

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 sewage disposal system.

A permit to construct a sewage disposal system shall be valid for three years from the date of issuance. Permits are transferable with property ownership provided the new owners accept the permitted plan. If the system is not installed within three years, a new permit may be applied for based on current standards and requirements.

For Health Department Use Only

System Type: Conventional [ ] Alternative [✓] Commercial / Community [ ]

Water Approved? No [ ] Yes [ ] By: EXISTING Restrictive Covenant: No [ ] Yes [ ] AF#

Drainfield Easement: No [ ] Yes [ ] AF# O&M Required: No [ ] Yes [✓] AF# 490003

Plan Approved ~~Plan Disapproved~~ Date: 10/23/06

Permit Number: 799-06C Expiration Date: 10/23/09

System Installed by: Olsen Construction inspection date(s): 11/20/06

Final Inspection: Approved: Rejected: Date:

As-Built Approval: Approved: Rejected: Date: 1/17/07

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Property Owner: Darryl Jones As-Built #: 799-ac

Island County Health Department
PO Box 5000 Coupeville WA 98239

Parcel # R23119-242-3480

Septic System As-Built

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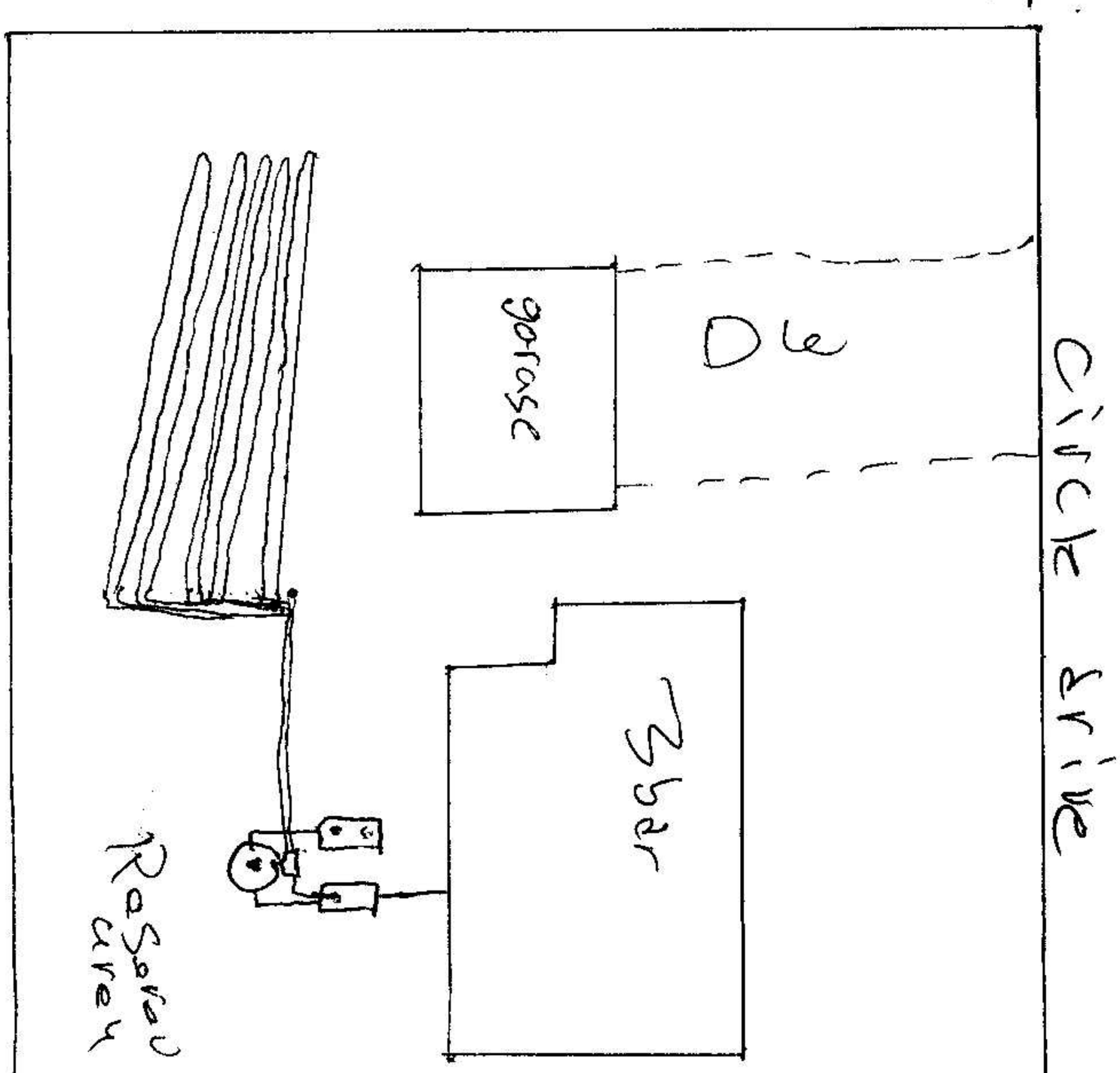
Provide Accurate Plot Plan to Scale Including but not Limited to:
Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

Scale 1 inch = 30 ft

North Arrow



Lead Pump

Time Dosed: [X] yes [ ] no
Pump Model: ~~SS~~ timer
HP: 1/2
Run Time: .5 min
Off Time: 2hr
Volume: 450 day gal

Secondary Pump

Time Dosed: [ ] yes [ ] no
Pump Model:
HP:
Run Time:
Off Time:
Volume: gal

Pressure, Drip and Mound Info

Lateral length(s):
#1 ~~114~~ #2 114 #3 114
#4 114 #5 114 #6
Orifice Size: 3/16 in
Head/Pressure: in / lbs.
# of Orifices/Emitters: 570

Sand Filter Information

Square Feet:
Residual Head: in
Orifice Size: in
Number of Orifices:

Aerobic Treatment Info

Brand: Whitewater
Model: DFSC
Disinfection: [X] UV [ ] Other

Glendon Info

Basel Area: sq ft
Final Dimension:

Tank Information

Manufacturer: Bore
Septic Tank Size: 100 gal
Pump Tank Size: 100 gal

Drainfield Info

Square Feet: [redacted] 1144
Length: [redacted] 52 ft
Width: 22 ft
Depth: 6 in

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JAN 12 2007
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Comments:

I, the undersigned, personally inspected this On-site Sewage Disposal system and certify that it was installed in accordance with the approved design, including all requirements deemed necessary by all proprietary devises and this system fully complies with all conditions of I.C.C 8.07.

Installers Signature: _____ Date Installed: 11-14-06

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