



Island County Public Health
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
Ph: Whidbey 360-679-7350 | Camano 360-678-8261

ICPH Date Stamp

PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Receipt Number : _____ Permit/Asbuilt Number: _____

It is the responsibility of the building contractor and owner to ensure that the entire proposed primary and reserve drainfield area is carefully cleared and is protected from grading, cutting or filling, vehicular traffic, stockpiling materials, burning, and any ground-disturbing activities.

Owner/Applicant Signature _____ Date _____

OSS Inspection Frequency: [] EveryThree Years (Conventional Gravity) [] Annual (All Others)

Applicant Name: _____ Parcel Number: _____

Address of Construction Site: _____ City: _____

Property Length: _____ Property Width: _____ Area: _____

Off-site Drainfield Parcel Number (if applicable): _____ AF# _____

Name of Water System: _____ [] Private Well [] Group A [] Group B [] 2-Party

Water source reviewed: [] * this does not guarantee WAV approval; WAV # _____

Administrative Waiver(s) [] _____ State Waiver(s) [] _____ (MLA)

Permit Type		Check if Applicable
[] New Installation	[] Commercial Type 1	<div>[] Conforming Repair permit with conforming reserve area indentified</div> <div>[] Owner/Installer - ICPH notification is required before installation. Additional requirements apply.</div>
[] Redesign of issued permit	[] Commercial Type 2	
[] Alteration to existing OSS	[] Commercial Holding Tank	
[] Auxiliary Building Connection	[] Tank Only - New construction	
	[] Tank Only - Repair	

Onsite Sewage System Components

[] Gravity Trench	[] Sand-lined Pressure Bed	[] ATU _____
[] Low-Pressure Trench	[] Sand-lined Trench	[] UV Disinfection
[] Low-Pressure Bed	[] Oscar _____	[] Protective Curtain Drain
[] Conv. Pump to D-Box	[] Glendon _____	[] Gravelless Chambers
[] Drip Distribution	[] Low-Pressure Mound	[] Gravel

OSS SIZING: Based on the stated number of bedrooms or building square footage, whichever is greater

Number of Bedrooms: _____ Maximum Building Sq Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²

If applicable, Bedroom Affidavit: [] AF# _____ Max 500 ft² - Administrative waiver required

Design Flow: _____ Operating Flow: _____ Minimum Required Treatment Level: _____

Soil Class/Type: _____ / _____ Loading Rate: _____ Site Registration(s) #: _____ Asbuilt#: _____

Drainfield Required Size: _____ ft², Length: _____, Width: _____

Type of Reduction: Gravelless Chambers [] or TLC [] Drainfield not installed _____ ft²

Drainfield Reduction: Size: _____ ft², Length: _____, Width: _____, Percentage Reduction: _____%

Trench Depth: _____ Sand-lined Trench Depth: _____ Depth of ASTM C-33 Sand: _____

Public Health Comments:	Septic Designer/PE Stamp
[] Preconstruction meeting required	
[] Dry conditions installation only - sensitive site with limited soils	
[] Permit subject to the conditions of the IC IDP for all ground-disturbing activities	
[] Permit subject to the conditions of attached memos/permits _____	

A START CARD IS REQUIRED TO BE SUBMITTED A MINIMUM OF 24 HOURS IN ADVANCE

Permit Approved: _____ Permit Disapproved: _____ Date: _____

Permit Number: _____ Expiration Date: _____

System Installed by: _____ Construction Inspection date(s): _____

Final Inspection: _____ Rejected: _____ Date: _____

As-built Approval: Approved: _____ Rejected: _____ Date: _____



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Parcel Number _____ Permit Number: _____

Minimum Permit Requirements		Pump Information
Designer- Indicate applicability and completion [X]		Lead Pump Dose Timed: [] Yes [] No
		HP: _____ Total Head: _____ ft
		GPM: _____
		Auxiliary Pump Information
		HP: _____ Total Head: _____ ft
		GPM: _____
		Theoretical [] Actual [] Timer Settings
		ON: _____ OFF: _____
		Dose Volume: _____ gal GPM _____
		Low-pressure Distribution
		Transport Line Diameter: _____ in
		Transport Line Length: _____ ft
		Transport Line Material: _____
		Total Elevation Difference: _____ ft
		Manifold Diameter: _____ in
		Lateral Lengths:
		#1 _____ #2 _____ #3 _____
		#4 _____ #5 _____ #6 _____
		Lateral Diameter: _____ in
		Lateral Material: _____
		Orifice Spacing: _____ ft
		Orifice Diameter: _____ in
		Number of Orifices: _____
		Minimum Residual head _____
		Drip
		Transport Line Diameter: _____ in
		Transport Line Length: _____ ft
		Total Elevation Difference: _____ ft
		Line Lengths:
		#1 _____ #2 _____ #3 _____
		#4 _____ #5 _____ #6 _____
		Total Dripline Length: _____
		Dripline Spacing: _____
		Number of Emitters: _____
		Mound
		Depth of Sand Under Bed: _____ in
		Upslope Fill Length: _____ ft
		Downslope Fill Length: _____ ft
		Endslope Fill Length: _____ ft
		Finished Dimensions: L _____ ft x W _____ ft
		Glendon
		M31 [] M32 [] Basin Volume _____
		Basin Length: _____ ft
		Basin Width: _____ ft
		Basin Depth: _____ ft
		Finished Dimensions: L _____ ft x W _____ ft
		Oscar
		OS-50 coils [] OS-100 coils []
		Oscar II [] Oscar III [] Oscar XO2 []
		Minimum Shoulder: _____
		Number of coils: _____
External Review		
SHE _____		
SHE-LR _____		
RUD _____		
CUP _____		
CGP _____		
ROW _____		
SHP/PLP _____		
SVAR _____		
HYDRO _____		
OTHER _____		
Septic Designer/PE Stamp		



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Plot Plan

Parcel Number: _____ Permit Number: _____

Plot plan drawn to scale to include all required information as in Island County Code 8.07D.130 Soil and Site Evaluation

Scale 1 inch = _____ ft.

(Indicate North)

Septic Designer/PE Stamp