



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: [ ] Every Three 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            |
| [ ] 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 ft<sup>2</sup>; 3 bed = 3,000 ft<sup>2</sup>; 4 bed = 4,000 ft<sup>2</sup>

If applicable, Bedroom Affidavit: [ ] AF# \_\_\_\_\_ Max 500 ft<sup>2</sup> - Administrative waiver required

Design Flow: \_\_\_\_\_ Operating Flow: \_\_\_\_\_ Minimum Required Treatment Level: \_\_\_\_\_

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

Drainfield Required Size: \_\_\_\_\_ ft<sup>2</sup>, Length: \_\_\_\_\_, Width: \_\_\_\_\_

Type of Reduction: Gravelless Chambers [ ] or TLC [ ] **Drainfield not installed** \_\_\_\_\_ ft<sup>2</sup>

Drainfield Reduction: Size: \_\_\_\_\_ ft<sup>2</sup>, Length: \_\_\_\_\_, Width: \_\_\_\_\_, Percentage Reduction: \_\_\_\_\_ %

Trench Depth: \_\_\_\_\_ Sand-lined Trench Depth: \_\_\_\_\_ Depth of ASTM C-33 Sand: \_\_\_\_\_

Public Health Comments:

[ ] 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 \_\_\_\_\_

Septic Designer/PE Stamp

### 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: \_\_\_\_\_



**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

## PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

| Parcel Number   | Permit Number:     |
|---|--------------------|
| <b>Minimum Permit Requirements</b>  |                    |
| <b>Designer- Indicate applicability and completion [ X ]</b>  |                    |
| [ <input type="checkbox"/> ] Building setback/buffer for both primary and reserve                                   |                    |
| [ <input type="checkbox"/> ] Trench/bed cross-section - show vertical separation                                    |                    |
| [ <input type="checkbox"/> ] Dimensioned reserve area   |                    |
| [ <input type="checkbox"/> ] % Slope for both primary and reserve   |                    |
| [ <input type="checkbox"/> ] Water line location  |                    |
| [ <input type="checkbox"/> ] System hydraulic calculations  |                    |
| [ <input type="checkbox"/> ] Glendon calculation - cross section  |                    |
| [ <input type="checkbox"/> ] Oscar calculations - cross section   |                    |
| [ <input type="checkbox"/> ] Mound calculations - cross section   |                    |
| [ <input type="checkbox"/> ] Design narrative for all commerical systems  |                    |
| [ <input type="checkbox"/> ] Pump curve - with pump indicated   |                    |
| [ <input type="checkbox"/> ] Curtain drain installation details   |                    |
| [ <input type="checkbox"/> ] Water & Sewerline crossings details  |                    |
| [ <input type="checkbox"/> ] All setbacks to demonstrated or waived   |                    |
| [ <input type="checkbox"/> ] Plot plans to show all system components   |                    |
| [ <input type="checkbox"/> ] Tank-only permits - show drainfield location   |                    |
| <b>Cut sheets are NOT required. Please use the table below for component specifications</b>                         |                    |
| Components  | Manufacturer/Model |
| 2-Comp Tank   |                    |
| Pump Tank   |                    |
| Trash Tank  |                    |
| ATU   |                    |
| Combo Tank  |                    |
| Panel   |                    |
| Pump  |                    |
| Filter  |                    |
| D-box   |                    |
| UV Disinfection   |                    |
| Drip Line   |                    |
| Drip Headworks  |                    |
| Pump Basin  |                    |
| Aux. Pump   |                    |
| <b>External Review</b>  |                    |
| SHE _____   |                    |
| SHE-LR _____  |                    |
| RUD _____   |                    |
| CUP _____   |                    |
| CGP _____   |                    |
| ROW _____   |                    |
| SHP/PLP _____   |                    |
| SVAR _____  |                    |
| HYDRO _____   |                    |
| OTHER _____   |                    |
| Septic Designer/PE Stamp  |                    |
| Lead Pump Dose Timed: [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No                              |                    |
| HP: _____ Total Head: _____ ft  |                    |
| GPM: _____  |                    |
| Auxiliary Pump Information  |                    |
| HP: _____ Total Head: _____ ft  |                    |
| GPM: _____  |                    |
| <b>Theoretical [ <input type="checkbox"/> ] Actual [ <input type="checkbox"/> ] Timer Settings</b>                  |                    |
| ON: _____ OFF: _____  |                    |
| Dose Volume: _____ gal GPM  |                    |
| <b>Low-pressure Distribution</b>  |                    |
| 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 _____   |                    |
| <b>Drip</b>   |                    |
| 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: _____   |                    |
| <b>Mound</b>  |                    |
| 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  |                    |
| <b>Glendon</b>  |                    |
| M31 [ <input type="checkbox"/> ] M32 [ <input type="checkbox"/> ] Basin Volume _____                                |                    |
| Basin Length: _____ ft  |                    |
| Basin Width: _____ ft   |                    |
| Basin Depth: _____ ft   |                    |
| Finished Dimensions: L _____ ft x W _____ ft  |                    |
| <b>Oscar</b>  |                    |
| OS-50 coils [ <input type="checkbox"/> ] OS-100 coils [ <input type="checkbox"/> ]                                  |                    |
| Oscar II [ <input type="checkbox"/> ] Oscar III [ <input type="checkbox"/> ] Oscar XO2 [ <input type="checkbox"/> ] |                    |
| Minimum Shoulder: _____   |                    |
| Number of coils: _____  |                    |



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

## 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 |
|--------------------------|