



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  
[www.islandcountywa.gov](http://www.islandcountywa.gov)

ICPH Date Stamp

## SITE REGISTRATION FOR A ON-SITE SEWAGE SYSTEM

Receipt Number : \_\_\_\_\_ Site Registration Number: \_\_\_\_\_

Parcel Number: _____	Wet season evaluation: [ <input type="checkbox"/> ]
Property Owner Name: _____	
Applicant Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Location of Construction Site ( <i>please include city</i> )	
Location : _____	City: _____

**This is NOT a sewage disposal permit, nor a guarantee one will be issued.**

**This document serves as a record of the soil and site conditions at the time of observation.**

**Any change in site conditions may nullify this permit and render the site unsuitable for septic.**

If this site registration is part of a subdivision, please complete the following information:

Proposed Short Plat Number: \_\_\_\_\_ Proposed Lot Number: \_\_\_\_\_

Are there any previous Site Registrations or Asbuilt?: (list numbers) \_\_\_\_\_

Designers Comments:

### Vicinity Map

Septic Designer/PE Stamp

The undersigned Island County Public Health Department Representative has witnessed the following soil and site evaluation to be accurately represented. It appears this site \_\_\_\_\_ capable of supporting an **on-site sewage disposal system** for a single family residence meeting **CURRENT** Island County Public Health policies and regulations, subject to any listed comments and restrictions. (Any person may appeal this decision within ten (10) days of the date of the decision).

Signature/Title of Island County Public Health Representative \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) of soil and site evaluation: \_\_\_\_\_

**Island County Public Health Department Comments:**

<input type="checkbox"/> Alternative soils	<input type="checkbox"/> Conventional soils	<input type="checkbox"/> Rejected	<input type="checkbox"/> Needs wet season evaluation
<input type="checkbox"/> Approved for a fill system only <input type="checkbox"/> Curtain drain required			
<input type="checkbox"/> Rejected for a <b>CONFORMING REPAIR</b> - approved for <b>NON-CONFORMING</b> repair			
<input type="checkbox"/> <b>Limited soils - all clearing should be performed during dry conditions and by a licensed installer.</b>			
<input type="checkbox"/> Rejected pending and approved design			



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  
[www.islandcountywa.gov](http://www.islandcountywa.gov)

## SITE REGISTRATION

Parcel Number: \_\_\_\_\_

Site Registration Number: \_\_\_\_\_

**Soils shall be described as in Island County Code 8.07D.130 (5) Table V.**

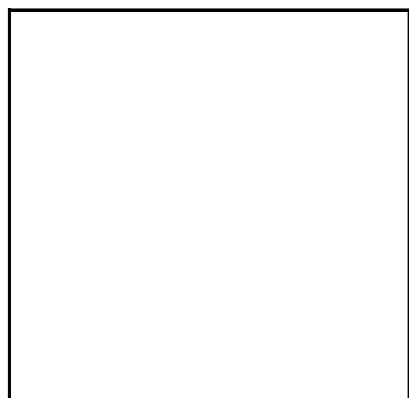
Soil Log # 1	Soil Description	Soil Type	Application Rate	Soil Log # 6	Soil Description	Soil Type	Application Rate
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
Water Table: _____	Impervious Soil: _____			Water Table: _____	Impervious Soil: _____		
Soil Log # 2	Soil Description	Soil Type	Application Rate	Soil Log # 7	Soil Description	Soil Type	Application Rate
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
Water Table: _____	Impervious Soil: _____			Water Table: _____	Impervious Soil: _____		
Soil Log # 3	Soil Description	Soil Type	Application Rate	Soil Log # 8	Soil Description	Soil Type	Application Rate
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
Water Table: _____	Impervious Soil: _____			Water Table: _____	Impervious Soil: _____		
Soil Log # 4	Soil Description	Soil Type	Application Rate	Soil Log # 9	Soil Description	Soil Type	Application Rate
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
Water Table: _____	Impervious Soil: _____			Water Table: _____	Impervious Soil: _____		
Soil Log # 5	Soil Description	Soil Type	Application Rate	Soil Log # 10	Soil Description	Soil Type	Application Rate
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
____ to ____ in.	_____	_____	_____	____ to ____ in.	_____	_____	_____
Water Table: _____	Impervious Soil: _____			Water Table: _____	Impervious Soil: _____		

I, the undersigned licensed Onsite Septic Designer or Professional Engineer certify that this information is correct and the tests were performed by me on the following date(s):

---

Signature

Date(s): \_\_\_\_\_



### Septic Designer/PE Stamp



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
--------------------------