



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

ICPH Date Stamp

SITE REGISTRATION FOR A ON-SITE SEWAGE SYSTEM

Receipt Number : _____ Site Registration Number: _____

Parcel Number: _____ Wet season evaluation: []

Property Owner Name: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location of Construction Site (please include city)

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 Asbuilts?: (list numbers)_____

Designers Comments:

Septic Designer/PE Stamp

Vicinity Map

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:

- [] Alternative soils [] Conventional soils [] Rejected [] Needs wet season evaluation
- [] Approved for a fill system only [] Curtain drain required
- [] Rejected for a **CONFORMING** REPAIR - approved for **NON-CONFORMING** repair
- [] **Limited soils** - all clearing should be performed during dry conditions and by a licensed installer.
- [] 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

SITE REGISTRATION

Parcel Number: _____ Site Registration Number: _____

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

Soil Description	Soil Type	Application Rate
Soil Log # 1		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 6		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 2		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 7		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 3		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 8		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 4		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 9		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

Soil Description	Soil Type	Application Rate
Soil Log # 5		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Water Table: _____ Impervious Soil: _____

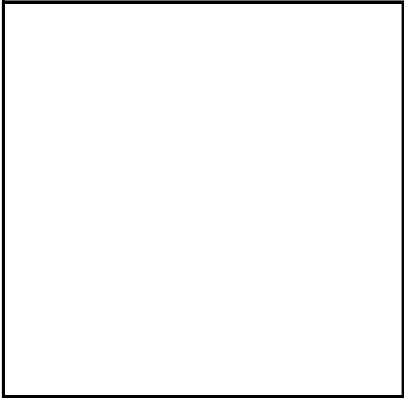
Soil Description	Soil Type	Application Rate
Soil Log # 10		
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

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