



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 | N Whidbey 360-240-5554

Email: publichealth@islandcountywa.gov | www.islandcountywa.gov

SEPTIC INSTALLER STATEMENT OF COMPLIANCE WITH PERMIT CONDITIONS AND LICENSURE

Date:

Permit number:

Parcel number:

Site address:

Septic designer of record:

Installers name:

Bond number:

Contractor's license number:

Contact information:

- Phone:
- Email:
- Physical/Mailing address:
- Business name:

8.07D.070(A) Licensing

It shall be unlawful for any individual to practice or offer to practice the design of on-site wastewater treatment systems unless licensed in accordance with Chapter 18.210 RCW or licensed as a professional engineer under Chapter 18.43 RCW. It shall be unlawful for any person to install, repair or perform maintenance on sewage waste disposal systems in Island County who does not possess a valid license issued from the Health Department.

8.07D.070(M)(2) License types

The installer shall be qualified to construct or install sewage disposal systems. Qualifying testing and experience must demonstrate abilities and knowledge in regard to sewage system construction. Sewage system installation of approved and permitted designs is permitted under this license. **An installer's license does not authorize its holder to perform any sewage system design work or to install un-permitted sewage system components.**

I _____ personally installed this on-site sewage disposal system and certify that it was installed in accordance with the approved design, including all requirements deemed necessary by proprietary devices, all permit conditions, and that this system fully complies with the conditions of ICC 8.07D.

Septic Installers Signature: _____

Date Installed: _____