## ISLAND COUNTY HEALTH DEPARTMENT P. O. BCX 700 COUPEVILLE, WASHINGTON 98239

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APPLICATION TO CONSTRUCT, ALTER, OR REPAIR A SEWAGE DISPOSAL SYS	EM

OWNER'S NAME BOB BOSIN CONST PHONE: 675-1864
ADDRESS 1075 W. Crosby Rd. Oak Harbor War 98277
WAME OF WATER SYSTEM Shirowa. WETER SUBTEM
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IEGAL DESCRIPTION SR#181-1452
PARCEL NUMBER
NAME OF PLAT: Shirona DIVISION: / BLOCK: LOT: 42
OR Short Plat No:Parcel:
OR Tax Lot: Section: Township:Range:
C Meets and Bounds
Location of Construction Site: DARVIK P. INSHIRONG PLAT CFF HETIF LAKE REP
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SITE INFORMATION
Lot Width: 99 ft. Lot Depth: 140 ft. Area: 13860 (sq. ft.)
Type of use: Resultance No. of Bedrooms 3
Fill Information: Depth: Width: Length: Date:
SOIL TYPES DEPTH AVERAGE PERC RATE: 2
DATE OF SOIL LOGS 1/-3/-79  DEPTH OF GROUNDWATER
L. SAND + BRANC 15 78 DEPTH OF IMPERVIOUS SOIL -
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CERTIFICATION
We certify that this permit was issued for the sewage disposal system diagramed on the reverse side. We also certify that to deviate from original plan, such as (a) location of home or lot;
(b) size of home; (c) placement of septic tank inlet without first obtaining written approval of the Island County Health Department and the Installer, automatically VOIDS this permit.
OWNER'S SIGNATURE: Date:
INSTALLER'S SIGNATURE: Ufwild Date: 11-21-39
BUILDER'S SIGNATURE:  Date:
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FOR HEALTH DEPARTMENT USE ONLY
Plan approved Permit No.: 1706-79 Receipt No: 1706 Date: 27/19
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Plan Disapproved  Final Inspection: Approved: Approved: Rejected: By: Date: 33/60  ***********************************
PER SANITARY CODE OF ISLAND COUNTY EACH INDIVIDUAL SEWAGE DISPOSAL SYSTEM MUST BE AVAILABLE FOR

PERMIT EXPIRES ONE YEAR FROM DATE ISSUED

HEALTH DEPARTMENT INSPECTION ( 24 HOURS NOTICE IS REQUIRED)

TANK CAP, 1000. DRAINFIRD S& FOOT \_\_ 300 LONGTH 30' GRANT UNDERTITO 108". 1706-79

But But

WENT WITH 19.04% 108" UNDERTILE FOUND COURSE SAND FROM 12" TO LANDSCAPPING OF LOT DRIVE DARVICPIACE ST.

> RECEIVED MAR 27 1980

HEALTH DEPARTMENT