



South Whidbey Fire/EMS

5579 Bayview Road • Freeland, WA 98260
360/321-1533 • Fax 360/321-9385 • www.swfe.org

Commissioners:
Larry Metz
Mike Noblet
Frank Mestemacher

Vendor,

South Whidbey Fire/EMS (SWFE) is seeking competitive bids for three year SEPTIC SYSTEM, inspection, preventative maintenance service, repair contract, and emergency service for six of our properties (see below for detailed service locations). Services will be provided at all of our facilities listed below starting January 1, 2020 and run through December 31, 2023. All bids must include 8.7% Island County sales tax and any applicable prevailing wages. All bids and required documentation must be received no later than 4:00 PM on Wednesday September 9th, 2020. Final contract award will be made at the September 10th, Board of Fire Commissioners meeting. See attached bidding document for specifics.

BID information for this request:

ANNUAL Service Locations:

Station 31
5535 Cameron Road
Freeland, WA 98249

Station 35
3982 Saratoga Road
Langley, WA 98236

Station 36
5579 Bayview Road
Langley, WA 98260 (new 2019)

2021 Service Location:

Station 32
6435 Central Avenue
Clinton, WA 98236

2023 Service Location:

Station 33
3405 French Road
Clinton, WA 98236

2022 Service Locations:

Maintenance Facility
2874 Verlane Street
Langley, WA 98260

Scope of requested services for each and all locations listed above for all facilities unless noted otherwise:

- Perform preventative maintenance inspection and report for each facility as required by Island County.
- Perform pump-out services as required based on previous three year history.

Continued to Page 2

Serving the communities of Bayview - Clinton - Freeland - Langley - Maxwelton – Saratoga
Our mission: "To protect and prepare the South Whidbey community through service and education."

Septic Service Bid Continued from Page 1

- **Complete online Island County reporting of each inspection. A electronic COPY of test results must be provided with each invoice.**
- **Vendor will state applicable Island County prevailing wage labor rate for scheduled repairs, to include travel costs (labor, mileage and ferry costs) to the station farthest from their location and state hours of such scheduled repairs.**
- **Vendor will state applicable labor rate for unscheduled repairs, to include all travel costs (labor, mileage and ferry costs) to the station farthest from their location and state hours of such unscheduled service or repairs.**
- **Vendor will state applicable labor rate for after hour's emergency repairs, to include all travel costs (labor, mileage and ferry costs) to the station farthest from their location and state hours of such emergency service or repairs.**
- **Vendor shall be responsible for ensuring all necessary Federal, State or Local permits for work being performed are obtained prior to commencement of any unplanned work. Example; L&I Electrical Permit, Island County Health Dept. Permit.**
- **Provide reports on any special conditions found, suggestions for future care or change in scope.**
- **Successful vendor will be responsible to provide all necessary equipment, supplies, tools, parts, gauges, and rags at all locations.**
- **Vendor will be required to fill out a building access form for each employee who will be entering any facility.**
- **Successful bidder must comply with any and all applicable Washington State, Island County prevailing wages and provide proof of such intent to pay within required State time frames and provide such documentation to SWFE with each invoice.**
- **Successful bidder shall provide proof of bonding documentation with bid. Successful bidder will be required to provide proof of insurance naming South Whidbey Fire/EMS as an additional insured at time of contract award.**
- **Successful bidder will be required to provide invoices for work performed by the 4th of each month following the service.**
- **Vendor shall be required to obtain and provide a copy of their license to perform such work as issued by Island County Department of Health at time of application.**

Septic Service Bid Continued from Page 2

TERMS:

South Whidbey Fire/EMS requires Net 30 for payment terms and will not consider payment on invoice until services are received and/or completed. Applicable credit forms (if required) must be submitted with your bid.

Each bid should address these requirements and qualifications. South Whidbey Fire/EMS identifies that: price-costs, ability, capacity, experience, quality of previous performance, compliance with statutes and rules relating to prevailing wage, reputation, and responsiveness to customer's obligations are significant factors and should be addressed in each bid. The combination of these significant factors will form the criteria by which bids are evaluated by SWFE.

Bid must be received by: - email to bids@swfe.org, - or mail at South Whidbey Fire/EMS, 5579 Bayview Road, Langley, WA 98260, - or FAX at 360-321-9385, - or in person at the office of South Whidbey Fire/EMS, 5579 Bayview Road, Langley, WA no later than 4:00 P.M. on Wednesday September 9, 2020. Questions about bids should be directed to Deputy Chief Jon Beck at 360-321-2147 or resource@swfe.org.

It is the intent of the District to award the services September 10, 2020 for a start date of January 1, 2021.

All documents are subject to applicable public disclosure laws and may be shared with other vendors and the public. South Whidbey Fire/EMS reserves the right to accept or reject any or all bids and waive any formalities.



Receipt # EH-13-01012 As Built # _____

Island County Health Department
PO Box 5000 Coupeville WA 98239

PERMIT TO REPAIR A SEWAGE DISPOSAL SYSTEM

RECEIVED

Applicant Name: SOUTH WHIDBEY FIRE/EMS Phone #: 360-321-1533

JUN 06 2013

Owner Name: SAME

Mailing Address: 5535 CAMERON ROAD, FREELAND, WA 98026

IS CO HEALTH DEPT.

Tax Parcel Number: S 8290-00-00023-5 Twp: _____ Rge: _____ Sec: _____

Off-site Drainfield Parcel Number (if applicable): _____

Address of Construction Site: 5535 CAMERON RD

Name of Water System: FREELAND WATER Private Well ☐

Is property in an archeologically significant area? ☐ No ☐ Yes ☐ (attach report)

Soil Log #1	Soil Type	Soil Log #2	Soil Type
_____ to _____ Inches: _____		_____ to _____ Inches: _____	
_____ to _____ Inches: _____		_____ to _____ Inches: _____	
_____ to _____ Inches: _____		_____ to _____ Inches: _____	
_____ to _____ Inches: _____		_____ to _____ Inches: _____	
Water Table: _____ Inches Impervious Soil: _____ Inches		Water Table: _____ Inches Impervious Soil: _____ Inches	

Type of Use: Residential: ☐ Restaurant ☐ Other: _____ (attach narrative)

Number of Bedrooms: _____ Projected Gallons per day: _____ Prior As-built #: 532-DIP

Drainfield Size: EXISTING sq feet Length: _____ ft Width: _____ ft

Trench Depth: _____ in Septic Tank Size: 1250 gal Pump Chamber Size: 1250 gal

Cause of failure and/or solutions (if known):

PLASTIC TANKS, DEEP BURY.

Designer Comments:

TANK ONLY. NEW TANKS TO BE TRAFFIC RATED W/ 24" PEK RISER. BOELLER EFFLUENT SCREEN REQUIRED. INSTALL NEW FLOATS AND 1/2 HP PUMP. VERIFY SIZING AT INSTALLATION.

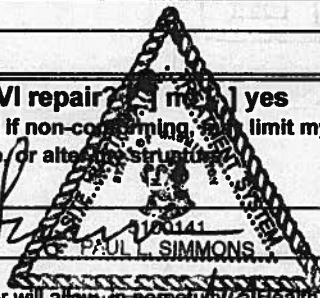
Health Department Comments:

Is this a Table VI repair ☒ yes ☐ no

I, the undersigned, understand that this permit if non-complying, may limit my ability to add bedrooms, living space, or alter the structure.

Owner Signature: _____ Date: 6/6/13

Designer's / Agents Signature: _____ Date: 4/6/13



This permit is issued with the understanding that the property owner will allow a Health Department representative to enter onto this property during reasonable hours, for the sole purpose of monitoring the performance of the sewage disposal system.

For Health Department Use Only

System Type: Conventional ☐ Tank only Alternative ☐ Commercial / Community ☒

Drainfield Easement: No ☒ Yes ☐ AF# _____ O&M Required: No ☐ Yes ☒ AF# _____

Plan Approved ☒ Plan Disapproved _____ Date: 6/10/2013

Permit Number: PT2013-204 Expiration Date: 12/10/2013

System Installed by: _____ Construction inspection date(s): _____

Final Inspection: Approved: _____ Rejected: _____ Date: _____

Not within a bald eagle habitat area: NA

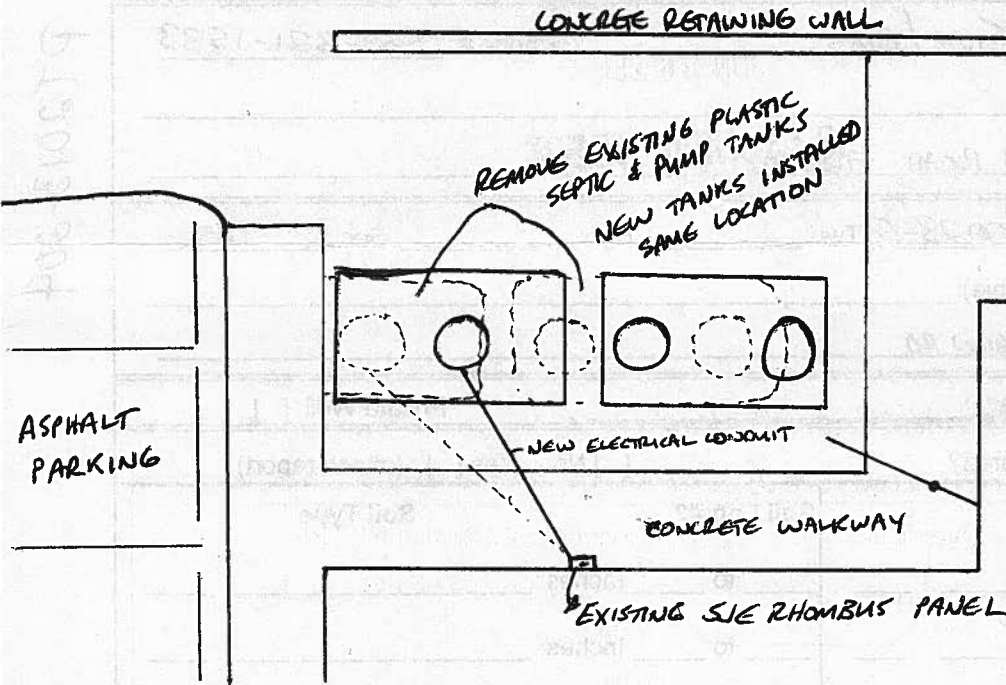
PT2013-204

Provide Accurate Plot Plan and Cross-section drawn to Scale Including, but not Limited to:

Location of drainfields, dry wells, tanks, wells, banks, buildings, utilities, easements, property lines, critical areas, etc.

SCALE USED: 1" = 10 FEET

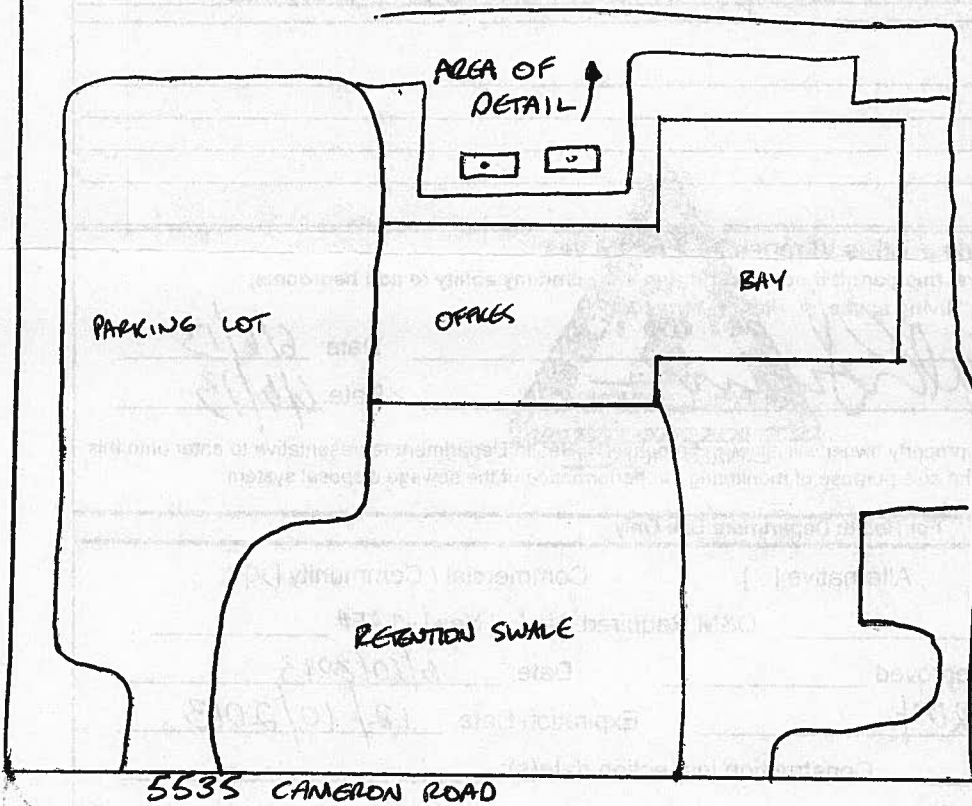
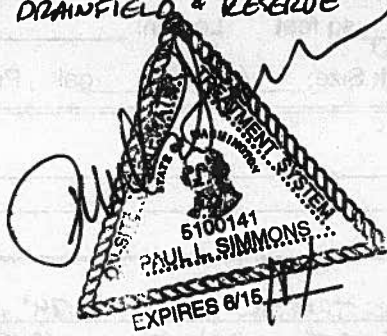
NORTH
ARROW



Pump Information	
Lead Pump	
Dose timed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
HP: 1	Total Head: _____ ft
GPM: _____	Dose Vol: _____ gal
*TO BE VERIFIED & INSTALLED	
Secondary Pump	
Dose timed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HP: _____	Total Head: _____ ft
GPM: _____	Dose Vol: _____ gal
Pressure / Drip Info	
Transport Line Diameter: <u>EXISTING</u> in	
Transport Line Length: _____ ft	
Transport Line Material: _____	
# of 90 degree bends: _____	
Total Elevation Difference: _____ ft	
Manifold Length: _____ ft	
Manifold Diameter: _____ in	
Lateral Lengths:	
#1 _____	#2 _____ #3 _____
#4 _____	#5 _____ #6 _____
Lateral Diameter: _____ in	
Orifice/Emitter Spacing: _____ ft	
Orifice Diameter: _____ in	
Number of Orifices/Emitters: _____	
Filter Model: _____	
Head-Works Model: _____	
Drip-Line Model: _____	
Mound Information	
Depth of Sand Under Bed: _____ in	
Upslope Fill Length: _____ ft	
Downslope Fill Length: _____ ft	
Endslope Fill Length: _____ ft	
Finished Dimensions: _____ ft	
Total Number of Orifices: _____	
Sand-Filter Information	
Sand-Filter Dimensions: _____	
Transport Line Length: _____ ft	
Transport Line Diameter: _____ in	
Manifold Diameter: _____ in	
Manifold Length: _____ ft	
Lateral Diameter: _____ in	
Lateral Length: _____ ft	
Number of Laterals: _____	
Orifice Diameter: _____ in	
Orifice Spacing: _____ ft	
Total Number of Orifices: _____	
Glendon Information	
Basin Length: _____ ft	
Basin Width: _____ ft	
Basin Depth: _____ ft	
Basal Area Length: _____ ft	
Basal Area Width: _____ ft	
Finished Dimensions: _____ ft	
Slope In Drainfield Area: _____ %	
ATU Information	
Brand: _____	
Model #: _____	
Disinfection: <input type="checkbox"/> UV <input type="checkbox"/> Other	

NOT TO SCALE

SEE ASBUILT # 532-01P
FOR DRAINFIELD & RESERVE



Plan approved: _____

Onsite Construction LLC

PO Box 1464

360-410-0488

Langley, WA 98260

Mail To: ISLAND COUNTY FIRE DIST 3
5535 CAMERON RD
FREELAND, WA
98249

PROPERTY INFORMATION

SWFEMS Sta. 31

Location: 5545 CAMERON RD

FREELAND

Tax ID: S8290-00-00023

Use:

GENERAL SYSTEM TYPE: Asbuilt # 532-01P

Owner: ISLAND COUNTY FIRE DIST 3

ON ID: S8290-00-00023-5
County Area: WHIDBEY ISLAND

Fold
Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT**Inspected: 05/01/2013 - Inspection Type: ROUTINE - Correction Status: All corrections made**

Company: Certification - Level 3

Work Performed By:

Submitted 02/05/2014 by:

Onsite Construction LLC

Jimmy Berto

Jimmy Berto

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES**No Deficiencies Noted**

Both septic and pump tank were Norwesco plastic tanks at time of inspection, since replaced.

Pump and Panel info based on existing at time of inspection, pump was to be changed when new tanks installed and time settings adjusted accordingly.

Cleanouts for laterals located in wooden box.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO
Structures connected to onsite sewage system occupied. If NO explain in comments:	YES
OSS Components, structures and appurtenances located per as-built/record drawing (If NO, describe in notes). If no as-built exists or changes made, state NO and provide record to Health Dept:	YES
Reserve area intact - If NO state observations in comments:	YES

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 2 Compartment, Manufacturer= Local Manufacturer - Concrete Krieg Concrete****Manufacturer: Local Manufacturer Model: Concrete**

This component was:	Not Inspected	
Effluent level within operational limits (if NO explain in comments):		
Effluent Screen in place and Cleaned (N/A Not Required)		
Compartment 1 Scum accumulation (Inches, if other specify):		
Compartment 1 Sludge accumulation (Inches, if other specify):		
Compartment 2 Scum accumulation (Inches, if other specify):		
Compartment 2 Sludge accumulation (Inches, if other specify):		
Pumping recommended:		
If pumped, how many gallons?		
All required baffles in good condition (N/A = No baffles required):		

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Krieg Concrete**Manufacturer: Local Manufacturer Model: Concrete**

This component was:	Not Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):		
Compartment 1 Sludge accumulation (Inches, if other specify):		
Pumping recommended:		
If pumped, how many gallons?		
All required baffles in good condition (N/A = No baffles required):		

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

Pump: Effluent Pump		
Manufacturer: Unknown		
This component was:	Not Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	1.5"/min	
Panel: Control - 1 Pump		
Manufacturer: SJE Rhombus		
This component was:	Not Inspected	
Panel functioning (including alarm):	YES	
Pump 1: Arrival gallons per dose (override in parentheses - if present):		
Pump 1: Arrival off hours (override in parentheses - if present):	2hrs 40min	
Pump 1: ETM hours (override in parentheses - if present):		
Pump 1: Arrival on minutes (override in parentheses - if present):	2min 40sec	
Pump 1: Cycle Count (override in parentheses - if present):		
Pump 1: Timer setting adjustments were required (if yes indicate new timer settings below - state reason in comments):		
Pump 1: New gallons per dose (override in parentheses - if present):		
Pump 1: New off hours (override in parentheses - if present):		
Pump 1: New on minutes (override in parentheses - if present):		
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
Drainfield: Pressure Gravel		
This component was:	Fully Inspected	
Lateral lines flushed:	YES	
Average squirt height (if performed) (feet, if other specify):	24" top cap	
Ponding present? If YES explain in comments:	N/A	



Island County Public Health
Onsite Operation & Maintenance Program
P.O. Box 5000 Coupeville, WA 98239
Phone: (360) 679-7350 Fax: (360) 679-7390
From South Whidbey (360) 321-5111 x7350
From Camano (360) 629-4522 x7350
Website: <http://www.islandcountypeh.org>

ICPH Date Stamp Only

On-Site Sewage System Evaluation - Form D

Inspection Type: ☐ Property Sale/Transfer ☒ Routine Reporting ☐ Monitoring or Maintenance

Date of Inspection: May 10, 2012 Tax Parcel #: S8290-00-00023-5

Owner/Contact Name: South Whidbey Fire/EMS Phone Number: 360-321-1533

Tenant's Name (if different) or Unit Space #: _____

Site Address: 5545 Cameron Rd City: Freeland State: WA Zip: 98249

Is structure occupied: ☒ Yes ☐ No ☐ Part-time If vacant, how long: _____

Record Drawing (Asbuilt) or Asbuilt Cert on File: ☒ Yes (Record Drawing Number): 532-01P ☐ None

On-Site Sewage (OSS) Source: ☐ Residential ☐ Community ☐ Food Service ☒ Commercial ☐ Mobile Home Park ☐ Other _____

OVERALL SYSTEM STATUS:

☒ Acceptable, no corrections needed ☐ Acceptable, corrections made
☐ Acceptable, corrections recommended ☐ Corrections needed ☐ Failure

PRIMARY TANK:

☒ Acceptable, no corrections needed; Acceptable: ☐ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure

Type of Tank: ☒ Septic ☐ Recirculation/Septic ☐ Grinder ☐ Holding ☐ Multiple (attach Form D-1) ☐ Grease ☐ Trash

Number of compartments: ☐ Single ☒ Double ☐ Other: _____

Estimated tank volume: 1250 Gallons

Tank construction material: ☐ Concrete ☐ Fiberglass ☐ Metal ☐ Wood ☐ Other: Plastic

1st Compartment:

Surface access to the inlet: ☒ Yes ☐ No - how deep to access? _____ inches

Evidence of water infiltration or sewage leak: ☐ Yes; where? _____ ☒ No

Abnormal water level above invert of inlet pipe: ☒ Acceptable ☐ Corrections needed. What? _____

Depth of scum in: Inlet ~6 inches

Depth of sludge in: Inlet ~12 inches

Inlet baffle condition: ☒ Acceptable ☐ Corrections needed. What? _____ ☐ None

2nd Compartment: ☐ N/A - Single Compartment Tank; skip next 5 questions.

Surface access to the outlet: ☒ Yes ☐ No

Evidence of water infiltration or sewage leak: ☐ Yes; where? _____ ☒ No

Depth of scum in: Outlet ~1 inches

Depth of sludge in: Outlet ~10 inches

Center wall condition: ☒ Acceptable ☐ Corrections needed. What? _____

Outlet baffle condition: ☒ Acceptable ☐ Corrections needed. What? _____

Evidence of water level above invert of outlet pipe: ☒ Acceptable ☐ Corrections needed. What? _____

Effluent baffle screen condition: ☒ Acceptable ☐ Corrections needed. What? _____ ☒ None

Operational water depth (invert of outlet pipe): 52 inches

Does the tank need pumping: ☐ Yes ☐ Pumped ☒ No

Tank, risers and lids condition: ☒ Acceptable ☐ Corrections needed. What? _____ ☐ None

External filter checked: ☐ Acceptable ☐ Corrections needed. What? _____ ☒ None

COMMENTS: _____

SECONDARY TANK: ☐ N/A

☒ Acceptable, no corrections needed; Acceptable: ☐ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure

Type of Tank: ☐ Septic ☒ Pump ☐ Siphon Tank ☐ Other _____

Surface access: ☒ Yes ☐ No - how deep to access? _____ inches

Tank, risers and lids condition: ☒ Acceptable ☐ Corrections needed

Evidence of water infiltration or sewage leak: ☐ Yes; where? _____ ☒ No

Depth of solids in pump chamber: Scum = 0 inches Sludge = ~3 inches

Does the tank need pumping: ☐ Yes ☐ Pumped ☒ No

Inlet baffle condition: ☒ Acceptable ☐ Corrections needed. What? _____ ☐ None

Vault screen condition: ☐ Acceptable ☐ Corrections needed. What? _____ ☒ None

COMMENTS: _____

PUMP CONTROL: ☐ N/A☒ **Acceptable, no corrections needed; Acceptable:** ☐ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure

Panel Manufacturer: SJE Rhombus

OR ☐ No Panel

Pump controlled by:

☒ Dose Timer☐ Demand☐ N/APump controlled by: ☒ Floats☐ Pressure Transducer☐ Other

Is control panel and junction box water/gas tight?

☐ Yes☒ NoElectrical, timer, and alarm working properly: ☒ Acceptable ☐ Corrections needed. What?☐ NoneFloats/Transducer functioning properly: ☒ Acceptable ☐ Corrections needed. What?☐ N/A

Pump draw down at time of inspection: 3 / 2 Inches per minute

Timer settings at time of inspection: 2min2sec Min. On 2hrs24min Min. Off **OR** Gallons/minute

COMMENTS: no check valve, intial drawdown 3", after line empties 2" net drawdown/min.

AEROBIC TREATMENT UNIT: ☒ N/A☐ **Acceptable, no corrections needed; Acceptable:** ☐ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure

ATU Manufacturer:

Alarm(s) working:

☐ Acceptable☐ Corrections needed. What?

Solid levels:

☐ Acceptable☐ Corrections needed. What?☐ None

Air pump and alarm working:

☐ Acceptable☐ Corrections needed. What?☐ None

Spin filter:

☐ Acceptable☐ Corrections needed. What?☐ None

COMMENTS:

MEDIA FILTER COMPONENT: ☒ N/A☐ **Acceptable, no corrections needed; Acceptable:** ☐ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure**Type:** ☐ Intermittent Sand Filter ☐ Recirculating Gravel ☐ Textile Filter ☐ OtherElectrical components, pump, timer, floats, alarm ok: ☐ Acceptable ☐ Corrections needed. What?Is there solid material building up in pump/catch basin? ☐ Yes☐ No☐ Insufficient access to determineAverage residual head pressure: inches. **OR** ☐ Gravity Distribution **OR** ☐ Insufficient access to determine

Is the pressure:

☐ Acceptable☐ Corrections needed. What?☐ N/A

Equal distribution:

☐ Yes☐ No☐ Insufficient access to determine

Abnormal ponding in filter:

☐ Yes☐ No☐ Insufficient access to determine

COMMENTS:

DISINFECTION UNIT: ☒ N/A

Type of Disinfection:

☐ Chlorine☐ UV☐ Ozone☐ Other

If UV:

☐ Bulb operating☐ Bulb inoperable☐ Bulb/Unit Missing

COMMENTS:

DRAINFIELD:☐ **Acceptable, no corrections needed; Acceptable:** ☒ corrections made ☐ corrections recommended; ☐ Corrections needed; ☐ Failure**Type:** ☐ Gravelless ☐ Trench ☐ Gravity ☐ Pump to D-Box ☐ Sand-Lined ☐ Mound
☒ Gravel-Filled ☒ Bed ☒ Pressure ☐ Drip Irrigation ☐ Bottomless Sandfilter ☐ Glendon

Is the drainfield located offsite:

☒ No☐ Yes – Located on Parcel #

Sewage Surfacing:

☐ Yes☒ No

Surface access to D-Box:

☐ Yes☐ No☒ None

D-Box Condition:

☐ Acceptable☐ Corrections needed☐ Insufficient access☒ None

Monitoring ports accessible:

☒ Yes☐ No☐ None

Equal distribution in absorption system:

☐ Insufficient access to determine☒ Yes☐ No

Abnormal ponding in drainfield:

☐ Insufficient access to determine☐ Yes (Explain in comments)☒ No

Surface access to pressure lateral cleanout:

☒ Yes☐ No☐ NoneAverage residual head pressure: top cap 44 inches. **OR** ☐ Gravity Distribution **OR** ☐ Insufficient access to determineIs the residual head pressure: ☒ Acceptable☐ Corrections needed. What?☐ N/AHead works box and spin filter: ☐ Acceptable☐ Corrections needed. What?☒ None

Drainfield pods rotated:

☒ Single field only☐ Yes☐ NoDrainfield protection (downspouts diverted, evidence of vehicle traffic, encroachment, ect.) ☒ Acceptable☐ Corrections needed

Reserve area protected:

☒ Yes☐ No☐ No Reserve

COMMENTS: Flushed laterals with pump, partially blocked upon initial squirt. All lines cleared.

Disclaimer: An on-site sewage system evaluation is a report by a maintenance service provider based only on the system components inspected on the day noted in the report. The evaluation is offered by the maintenance service provider who is an independent contractor. Island County Public Health assumes no responsibility for the accuracy of the information provided. No claim is made by Island County Public Health or the undersigned maintenance service provider, either expressed or implied, concerning future success or failure of the on-site sewage system evaluated above.

Jimmy Berto

Print name of MSP/Certified Homeowner

ONSITE CONSTRUCTION, LLC

Name of Company/Homeowner Certification Number

Signature of MSP/Certified Homeowner

Date

Signature of Owner (Optional)

Date

RECEIVED

ASBUILT



JUN 2 2012

Receipt #

205948

As Built # PT2012-235

Island County Health Department
PO Box 5000 Coupeville WA 98239

PERMIT TO REPAIR A SEWAGE DISPOSAL SYSTEM

Applicant Name: SOUTH WHIDBEY FIRE/EMSPhone #: 360-321-1533Owner Name: sameMailing Address: 5535 CAMERON RD, FREELAND, WA 98249Tax Parcel Number: S6380-00-03013-0 Twp: _____ Rge: _____ Sec: _____Off-site Drainfield Parcel Number (if applicable): N/AAddress of Construction Site: 6435 CENTRAL AVE, CLINTON, WA 98236Name of Water System: CLINTON WATER

Private Well []

Is property in an archeologically significant area?

[X] No Yes [] (attach report)

Soil Log #1

Soil Type

_____ to _____ Inches: _____
 _____ to _____ Inches: _____
 _____ to _____ Inches: _____
 _____ to _____ Inches: _____

Water Table: _____ Inches Impervious Soil: _____ Inches

Soil Log #2

Soil Type

_____ to _____ Inches: _____
 _____ to _____ Inches: _____
 _____ to _____ Inches: _____
 _____ to _____ Inches: _____

Water Table: _____ Inches Impervious Soil: _____ Inches

Type of Use: Residential: [] Restaurant [] Other: FIRE STATION (attach narrative)Number of Bedrooms: _____ Projected Gallons per day: _____ Prior As-built #: 50-68Drainfield Size: EXISTING sq feet Length: _____ ft Width: _____ ftTrench Depth: _____ in NEW Septic Tank Size: 1000 gal Pump Chamber Size: _____ gal

Cause of failure and/or solutions (if known):

REPEATED VEHICULAR TRAFFIC CRACKED TANK LID. REPLACEMENT INCLUDES
TRAFFIC RATED SEPTIC TANK.

Designer Comments:

TANK ONLY.

Health Department Comments:

① Traffic Rated lids required
② outlet baffle filter
③ risers
④ see as built # 50-68 for drainfield details

Is this a Table VI repair or no [] yes

I, the undersigned, understand that this permit if not conforming, may limit my ability to add bedrooms,
 living space, or alter my structure.

Owner Signature: _____

Date: 6/24/12

Designer's / Agents Signature: _____

Date: 6/24/12

This permit is issued with the understanding that the property owner will allow, in perpetuity, a Health Department representative to enter onto this
 property during reasonable hours, for the sole purpose of monitoring the performance of the sewage disposal system.

EXPIRES 6/15/13

For Health Department Use Only

System Type: Conventional [] tank ☒ Alternative [] Commercial / Community []Drainfield Easement: No ☒ Yes [] AF# _____ O&M Required: No [] Yes ☒ AF# _____Plan Approved M Plan Disapproved _____ Date: 7/3/2012Permit Number: PT2012-235 Expiration Date: 1/3/2013System Installed by: Paul Simmons Construction inspection date(s): 7/9/12, 7/10/12Final Inspection: Approved: M Rejected _____ Date: 8/7/2013

Not within a bald eagle
 habitat area: NA

ASBUILT

SEP-1100110

Property Owner: SOUTH WHIDBEY FIRE/EMS As-Built #: 2012-235



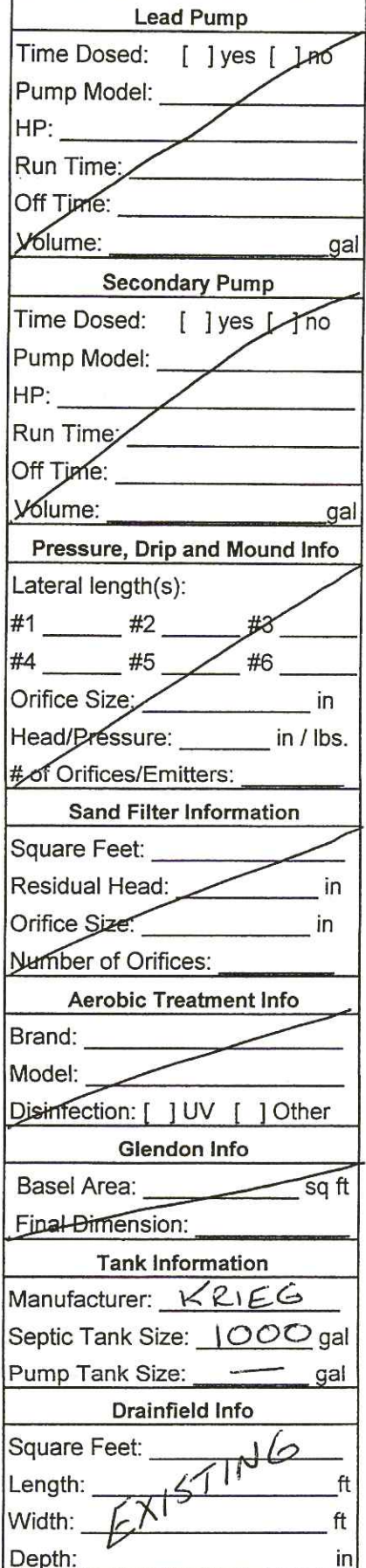
PO Box 5000 Coupeville WA 98239

Parcel # S 6380-00-03013-0

Septic System As-Built

Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

North Arrow



NEW CONCRETE SEPTIC TRAFFIC RATED W/ STEEL RING & COVERS.
MONITORING PORT INSTALLED IN EXISTING DRAINFIELD. REPLACED OLD
CRACKED SEPTIC TANK. ZOELLER OUTLET FILTER.

Installers Signature:

ASBUILT

Date Installed: 7/2012

\$5.00 fee
for permit

IS. AD COUNTY HEALTH DEPARTMENT
Postoffice Box 218, Coupeville, Washington

Phone ORange 8-4008

330-68

330-68

APPLICATION FOR PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM.

Applicant's name: Island County Fire Dist #3

Mailing address: Rt #1 Clinton Phone: EV2-5209

Location of construction site:

Street number

Distance to nearest cross road

Legal description: Lot Sec. 33 Twp. 29 Blk. Rge. 3 Addition

Type of use Fire Hall No. of bedrooms No. of restrooms 2 restrooms

Lot width: 125 ft. Lot depth: 130 ft. 16,250 sq. ft.

Source of drinking water: Public supply Private Well ☒

1. Dig a hole at least 4 feet deep in the disposal field area. After the hole is dug record the soil conditions at the following depths:
(record as sand, gravel, clay, packed sand, loam, etc.)

12 inches Loam 24 inches Loam 36 inches Packed Sand 48 inches

2. Furnish sketch on reverse side hereof, or attach plot plan of premises showing -

- a. Distances between property lines and sewage system.
- b. Distance to any well, spring, creek or other body of water.
- c. Show direction and approximate slope of lot.
- d. Show the location and layout of the septic tank system.
- e. List size of septic tank, inside length, inside width, water depth capacity in gallons.
- f. Width, length and depth of drain lines, amount of gravel under tile, amount of gravel over tile, type of tile used.
- g. Location of buildings and driveways, swimming pools, etc.

3. Percolation test made Date Result:

I hereby state that the information above and on the reverse side hereof, or attached hereto is correct and true to the best of my knowledge. I understand that the permit must be obtained before any construction is begun, either on the building or the sewage disposal system, and a satisfactory inspection of system is required before the sewage disposal system may be back-filled, or put to use.

Signed: Island Co. Fire Protection Dist. No. 3 M. E. Hunter Date: 12 June 1968

Signed: Island County Contractor Date: 5-12-68

Plan approved: 1968 Permit No. 21146 Receipt No. 1975 Date 6/12/68

Final inspection approved Rejected By: Ind 765 Date 10-2-68

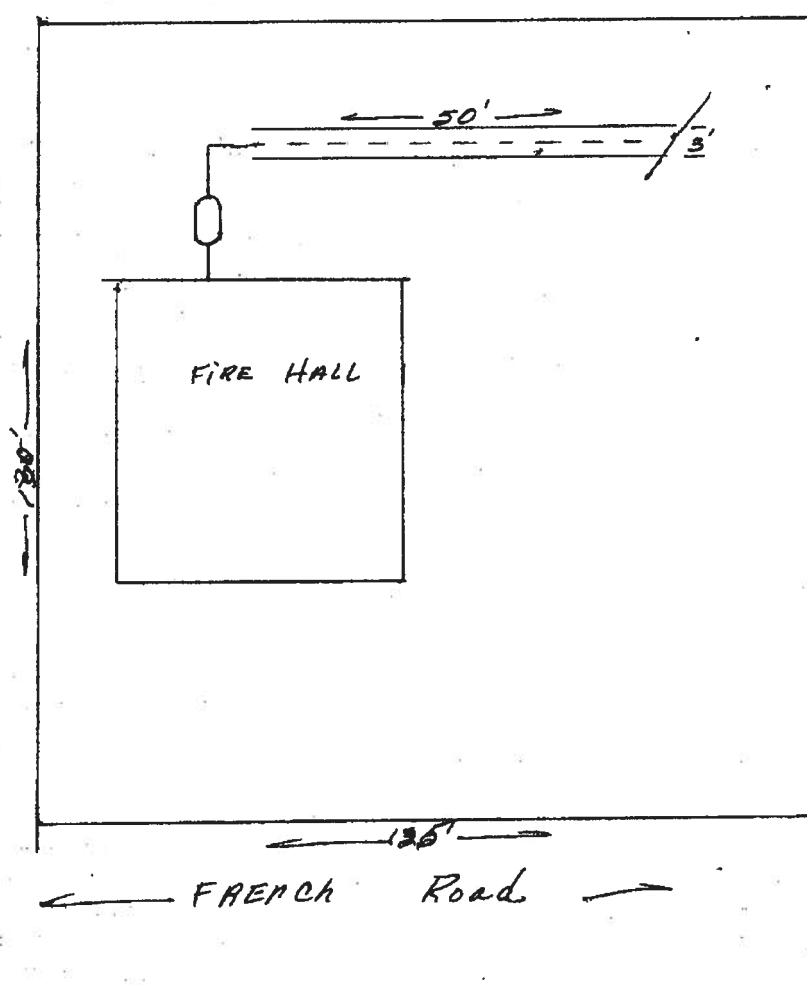
Remarks:

330-68

Tank: Inside Inside Water Gallons
 Length Width Depth Capacity 750

Field Total
 Drain: Length 50' Width 3' Depth 2' No. of lines 1

Gravel: Size: 1 Overtile 2 inches, Undertile 6 inches.



RECEIVED

ASBUILT

020-99

JAN 13 1999

ISL. CTY. HEALTH DEPT

ISLAND COUNTY HEALTH DEPARTMENT

P. O. Box 5000 • Coupeville, WA 98239 • (360) 678-7350/321-5111
121 N. East Camano Dr. • Camano Island, WA 98292 • (360) 387-3443

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

Island County
 APPLICANT'S NAME: FIRE DIST # 3 PHONE: 321-1533
 MAILING ADDRESS: 2874 E Verlane St, Langley WA 98260
 OWNER'S NAME (if different from applicant): _____ PHONE: _____
 NAME OF WATER SYSTEM (2 or more services): SARATOGA WATER DIST OK DS 2/1/99
 SINGLE FAMILY SERVICE CONNECTION WELL: _____ (locate on reverse side)

Legal Description: PARCEL #: S-2085-00-00001-2 SITE REG. #: 97-435

NAME OF PLAT: SARATOGA DIV. _____ BLOCK D LOT 1-2

ADDRESS OF CONSTRUCTION SITE: _____ Map 881

TYPE OF PERMIT: New ☒ Expansion ☐ Alteration ☐ or Operational ☐ # of BEDROOMS: FIRE HALL
 TYPE OF USE: Residential ☐ Restaurant ☐ or Other Commercial ☐ Designed Peak Flow Rate: 300 GAL P.D.
 LOT WIDTH: 343 ft LOT DEPTH: 320 ft AREA: _____ Acres (square feet / 43560 sq. ft. = acres)
 DRAINFIELD: 300 sq. ft. TOTAL LENGTH: 100 ft WIDTH: 3 ft TRENCH DEPTH: 24"
 TANK SIZE: 1000 gals. PUMP CHAMBER SIZE: _____ gals. MINIMUM LAND AREA MET: Yes ☒ No ☐
 INTERCEPTOR DRAIN: Yes ☐ No ☒ (Island Co. Assumes No Responsibility For Re-Direction Of Drainage Water)

DESIGNER'S COMMENTS: IF DRAIN FIELD CAN NOT BE KEPT IN TOP 24" OF SOIL USE A PUMP, & A PUMP CHAMBER, OTHERWISE A GRAVITY SYSTEM IS OK

SANITARIAN'S COMMENTS: _____

We understand that changes to this site such as grading, filling or clearing, or any deviation from the original plan (as diagrammed on the reverse side) such as, but not limited to: (A) Location of home on lot; (B) Size of home; (C) Placement of septic tank or sewage disposal drainfield, without first obtaining written approval from the Island County Health Department, automatically voids this permit.

OWNER'S SIGNATURE: _____ DATE: _____

NOTE: SELF-INSTALLER PERMITS ARE NOT TRANSFERABLE AND ARE ALLOWED FOR CONVENTIONAL GRAVITY SYSTEM DESIGNS ONLY.

DESIGNER'S SIGNATURE: Harold Hasslund DATE: 12/18/98

This permit is issued with the understanding that the property owner will allow, in perpetuity, a Health Department representative to enter onto this property during reasonable hours, for the sole purpose of monitoring the performance of the on-site sewage disposal facility.

A permit to construct or alter a sewage disposal system shall be valid for three (3) years from the date of issuance. Permits are transferable with property ownership, provided new owners accept the permitted plan by written notification to the Health Officer or by the proposal of a new plan which conforms to these regulations. If the system is not installed within the three year period, a new permit may be applied for based upon current standards by submitting completed current forms with the current fee.

FOR HEALTH DEPARTMENT USE ONLY:

Conventional Gravity ☒ Conventional Pressure _____ Alternative _____ Community _____ Commercial < > 500 _____

Requires annual operating permit: YES ☐ NO ☒ If YES, see attached Operation & Maintenance Agreement conditions.

PLAN APPROVED RJA PERMIT # 020-99 RECEIPT # 91264 DATE ISSUED: 2/1/99

PLAN DISAPPROVED _____ DATE: _____ DATE PERMIT EXPIRES: 2/1/2002
 (Any person may appeal this decision, in writing, within ten (10) days of the date of this decision.)

CONSTRUCTION INSPECTIONS: DATE: 3-12-01 BY: RJA

FINAL INSPECTION: APPROVED: X REJECTED: _____ BY: RJA DATE: 10-3-01

Sanitary Code of Island County, each individual sewage disposal system must be available for Health Department inspection.
 YOUR NOTICE REQUIRED — PRIOR TO CONSTRUCTION
 (Revised 6/13/96)

ASBUILT

I.C. Protocol for potential Arc. sites

Employee: Kelly D. 1/8/99 Eagles? Y/N

To Png. for Eagle ck. 1/1 O.K. 1/1

Eagles pending 1/1 Arch. O.K.? Y/N

SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS-BUILT"

OWNER'S NAME: ISLAND COUNTY FIRE DIST. #3

PERMIT # 020-99 PARCEL # S 8085-00-DD001-2

ACC/

a.
b.
c.
d.

FIRE STATION

WATER LINE

RATOGA ROAD

RECEIVED

MAY 29 2001

ISL. CTY. HEALTH DEPT

J & D WALLACE
GENERAL CONTRACTORS INC.
P.O. Box 907
Langley, WA 98280
(360) 730-4478

Pump Model/HP: GRUNDFOS EF 302 (Pump Chamber-PC) _____ (Sandfilter-SF)
Pump Cycle Time/Dose: min. _____ sec. _____ (PC) min. _____ sec. _____ (SF) Float Displacement: _____ (SF) 4" (PC)
Float setting and pressure test completed after wiring and Labor & Industry's inspection: YES ☐ NO ☐

SAND FILTER		PRESSURE DISTRIBUTION SYSTEM or MOUND			
Residual Head: _____ in.		Residual Head/Orifice Diameter/Number of Orifices			
Orifice Diameter: _____ in.		Lat. #1 _____ in./ _____ in./ _____		Lat. #2 _____ in./ _____ in./ _____	
Number of Orifices: _____		Lat. #3 _____ in./ _____ in./ _____		Lat. #4 _____ in./ _____ in./ _____	
Dose Volume: _____ gals.		Lat. #5 _____ in./ _____ in./ _____		Lat. #6 _____ in./ _____ in./ _____	
		Dose Volume: _____ gals.			

DRAINFIELD: Total 300 sq.ft. Total Length 100 ft. Width 3 ft. Trench Depth 24"

Vertical separation between bottom of trench and saturated or impervious soil: 36"

TANK MANUFACTURER: WCP

COMMENTS:

I personally inspected this On-Site Sewage Disposal System and certify that it was installed in accordance with the approved design and complies with the conditions noted on the permit and with I.C.C. 8.07B.

INSTALLER'S SIGNATURE: _____

DATE INSTALLED 2-17-01

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

652-76
y

PERMIT TO CONSTRUCT, ALTER, OR REPAIR A SEWAGE DISPOSAL SYSTEM

Owner's name: ISLAND COUNTY FIRE DIST. NO. 3 Phone: _____

Mailing address: CLINTON WA. Zip Code: _____

Location of construction site: 844 So. KRAMER RD. Bayview CLINTON

NAME OF PLAT _____ Division: _____ Block _____ Lot: _____

OR Short Plat No.: _____ Parcel: _____

OR Tax Lot: 64 Section: 17 Township: 29 Range: 3E

OR Meets and Bounds: _____

SITE INFORMATION

Lot Width: 142 ft. Lot Depth: 140 ft. Area: _____ (sq. ft.)

Type of use: FIRE HALL No. of bedrooms: 4 WATER CLOSETS
1 SHOWER

Source of drinking water: Private: ☐ Public: ☒

Fill information: Depth: _____ Width: _____ Length: _____ Date of fill: _____

Average percolation rate: 2 minutes per inch

Soil data: (type and depth at which encountered: i. e. 0"-24" sand, 4"-72" sandy clay loam, etc)

a. SAND 0-12" b. SAND + GRAVEL 12-72" c. _____ d. _____

CERTIFICATION

We certify that this permit was issued for the sewage disposal system diagrammed on the reverse side. We also certify that to deviate from original plan, such as (a) location of home; (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: RALPH LEIDHOLM Date: 10-3-76

Installer's signature: Ralph Leidholm Date: _____

Builder's signature: _____ Date: _____

FOR HEALTH DEPARTMENT USE ONLY

Plan approved: 700 Permit No: 459-76 Receipt No: 9300 Date: 6-30-76

Final Inspection: Approved: 700 Rejected: _____ By: _____ Date: 10-11-76

Site information sheet submitted: yes ☒ no ☐

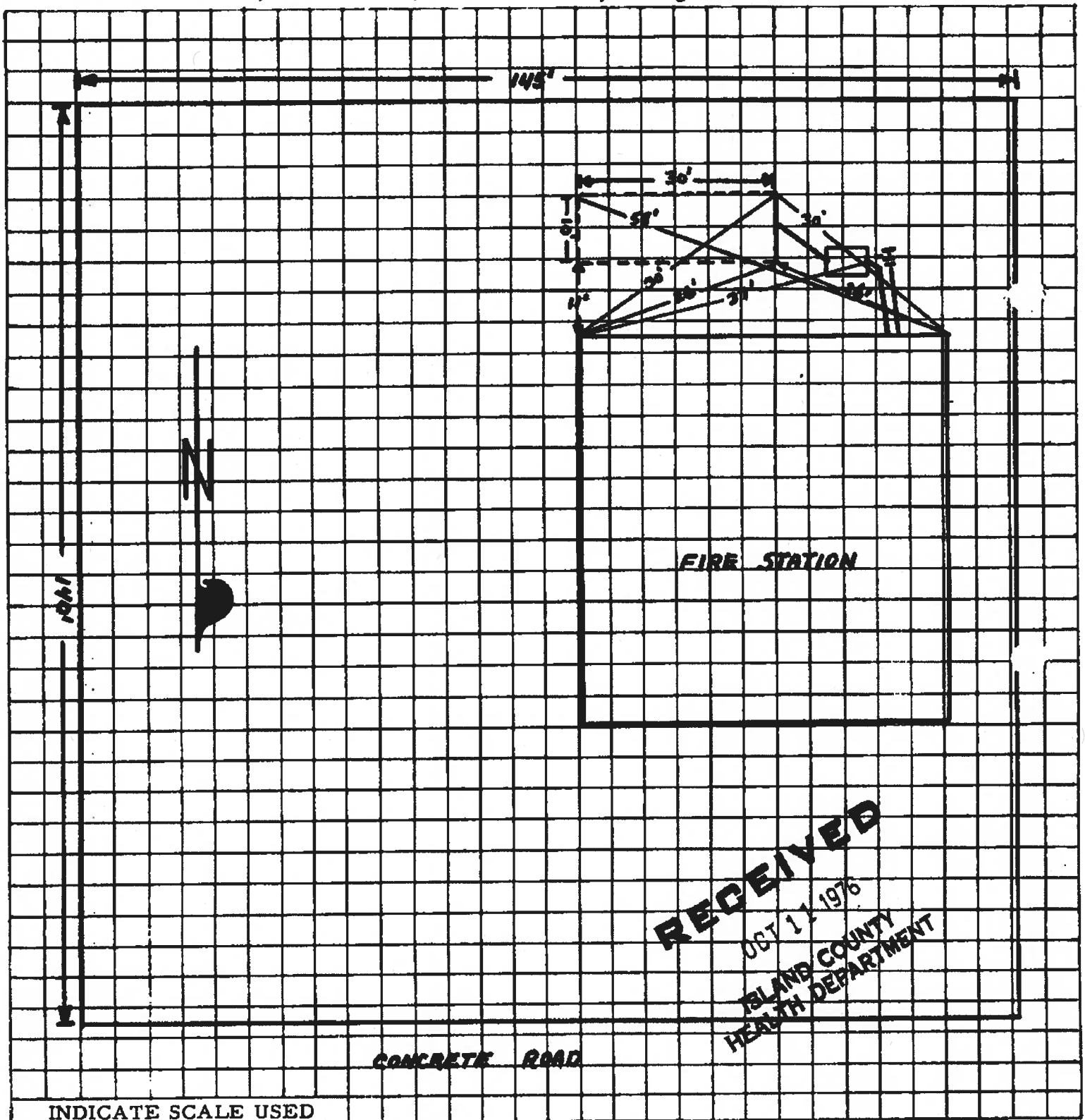
Per Sanitary Code of Island County each Individual Sewage Disposal System
MUST BE INSPECTED BY THE HEALTH DEPARTMENT
(24 hours advance notice is required)

Permit Expires One Year From Date Issued

652-76

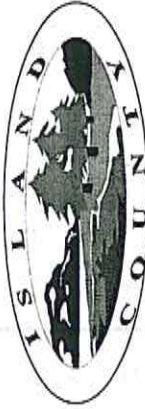
INDICATE LOCATION OF THE FOLLOWING:

- a. Location of buildings (distance from roads, property lines)
- b. Size of building
- c. Location of septic tank (distance from building & edge of building)
- d. Location of drainfields (distance from house, septic tank, property lines, wells, banks, water of the State, french drain, roads, driveways, large trees.



INDICATE SCALE USED

USE ACCURATE DIMENSIONS.



Receipt # 205968 As Built # _____

Island County Health Department
PO Box 5000 Coupeville WA 98239

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

Applicant Name: South Whidbey Fire/EMS Phone # 360 321-1533

Owner Name: ATTN: HL PALMER, FIRE CHIEF

Mailing Address: 5535 Cameron Road FREEDOM, WA 98249

Tax Parcel Number: R 32908-023-0420 Twp: _____ Rge: _____ Sec: _____

Off-site Drainfield Parcel Number (if applicable): _____

Address of Construction Site: 5579 BARNHART ROAD

Property Length: 1086 Property Width: 1086 Area: ~ 4.4 AC

Name of Water System: VISTAIRE Private Well ☐

Are there any critical areas within 100 feet of the property? ☒ No Yes ☐ (attach report)

Are there any bluffs or banks within 100 feet of the project? ☒ No Yes ☐ (attach report)

Is property in an archeologically significant area? ☒ No Yes ☐ (attach report)

Is property within 800 feet of protected species area or on the shoreline? ☒ No Yes ☐ (attach report)

Type of Use: Residential: ☒ Restaurant ☐ Other: _____ (attach narrative)

Number of Bedrooms: N/A Projected Gallons per day: AVG 334 MAX 500

Soil Type: TV 6 gd/sq ft Site Registration # SR 2011-281

Drainfield Size: 834 sq feet Length: 278 ft Width: 3 ft

Trench Depth: 21"-22" in Septic Tank Size: 2-1500 gal Pump Chamber Size: 2-1000 gal

Designer Comments:

THIS PERMIT HAS 5 SHEETS. THIS SYSTEM IS REQUIRED TO BE MONITORED ANNUALLY.

Health Department Comments:

(1) Install exactly as designed

(2) Tanks must be water tested w per design

(3) No garbage disposal allowed

(4) Aquatic dose timer required

(5) Drainfield must be protected from vehicular traffic

We understand that changes to this site such as grading, filling or clearing, or any deviation from the original plan (as depicted on back) such as, but not limited to: (a) dwelling location, (b) placement of wells, drainfields, curtain drains, tanks, etc. without first receiving approval from the Island County Health Department, may void this permit.

Owner Signature: [Signature] Date: 7/11/12

Designer's / Agents Signature: [Signature] Date: 7- -2012

This permit is issued with the understanding that the property owner will allow in perpetuity, a Health Department representative to enter onto this property during reasonable hours, for the sole purpose of monitoring the performance of the sewage disposal system.

A permit to construct a sewage disposal system shall be valid for three years from the date of issuance. Permits are transferable with property ownership provided the new owners accept the permitted plan. If the system is not installed within three years, a new permit may be applied for based on current standards and requirements.

For Health Department Use Only

System Type: Conventional ☐ Alternative ☐ Commercial / Community ☒

Water Approved? No ☐ Yes ☒ By: _____ Restrictive Covenant: No ☒ Yes ☐ AF# _____

Drainfield Easement: No ☒ Yes ☐ AF# _____ O&M Required: No ☐ Yes ☒ Annual

Plan Approved [Signature] Plan Disapproved _____ Date: 7/30/2012 Waiver Attached ☐

Permit Number: PT2012-253 Expiration Date: 7/30/2015

System Installed by: _____

Construction inspection date(s): _____

Final Inspection: Approved: _____ Rejected: _____ Date: _____

As-Built Approval: Approved: _____ Rejected: _____ Date: _____

Not within a bald eagle
habitat area: [Signature]

PT2012-253

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JUL 11 2012

IS. CO. HEALTH DEPT

PT2012-253 285

Provide Accurate Plot Plan and Cross-section drawn to Scale Including, but not Limited to:

Version 6/03

Location of drainfields, dry wells, tanks, wells, banks, buildings, utilities, easements, property lines, critical areas, etc.

SCALE USED: 1" = FEET

NORTH
ARROW

The following is the basis and reasoning for the design of the septic system for Island county fire district #3's new central fire house in Bayview. Per capita use volumes were taken from the EPA Onsite Wastewater Treatment Systems Manual, EPA/625/R-00/008. The manual does not specifically address fire stations so I utilized references with like uses.

Proposed water use.

There will be 4 full time live in fire fighters each day. Table 3-4 cites apartment houses having a use range per person of 40 – 80 gal/day with a typical use of 50 gal/day/person.
Max use would be 4 fire fighters X 80g/d/each = 320 gal/day
Typical use would be 4 fire fighters X 50 g/d/ea = 200 gal/day

There will be 8 daily office staff present. Table 3-4 cites office employees having a use range per person of 7-16 gal/day with a typical use of 13 gal/d/ea. maximum use would be 8 employees X 16 gal/day/each = 128 gal/day
Typical use would be 8 employees X 13 gal/day/each = 104 gal/day

There will be 1 monthly drill meeting with 50 people present. Table 3-5 cites an assembly hall with use per person having a range of 2-4 gal/person with a typical use of 3 gal/person.
Maximum use would be 50 people X 4 gal/person = 200 gals.
Typical use would be 50 people X 3 gal/person = 150 gals.

There will be 3 social events throughout the year with 75-100 people in attendance. Table 3-6 cites picnic/park with restrooms as having a use range of 5-10 gal/person/event with a typical use of 8 gal/person.
Maximum use would be 100 people X 10 gal/event = 1000 gallons.
Typical use would be 100 people X 8 gal/event = 800 gallons.

Design Flow.

I utilized the maximum daily flows of 320 gal fire fighters + 128 gal office staff = 448gal total. I added a 10% safety factor of 45 gal to equal a total of 493 gal/day rounded to a design total of 500 gallons per day.

Dosing.

Dose timer settings will be account for the typical flows. 200 gal fire fighters + 104 gal office staff = 304 gal/day. I added 10% 30 gal additional volume to handle the surge periods of the monthly meetings and 3 yearly events. The timer will be set to dose 6 times per day. 334 gal ÷ 6 doses/day = 56 gal/dose. At the typical flow rate and 6 doses/day it would take 5 days to disperse the additional monthly meeting effluent and approximately 30 days to disperse the large event effluent.

An Aquaworx data logger dose timer will be installed to meter the doses and rest periods and log the events.

Surge volumes and tank capacity.

Septic tank.

Given the daily maximum use of 448 gal + an event on Sunday 1000 gal + the monthly meeting on Monday night 200 gal, there could be a potential for approximately 1648 gal use in a matter of a few days. To allow for this potential surge and for settling time, two 1500 gallon septic tanks will be installed end to end to provide detention time and settling of the sewage if all events transpired near each other. Each tank will have an Orenco biotube outlet baffle filter.

Pump tank.

Pump tanks are normally sized to accommodate the daily design flow 448 gal + 75% 336 gal + the space for pump blocks and solids to settle 120gal = 904 gallon capacity. To accommodate the potential surge of the large event 2 1000 gallon pump chambers will be set and connected at the bottom. The pump tanks will have cast in boots to provide water tight seals. The pump tanks shall be filled with water and tested for 24 hours before backfill to insure the water tight seal.

Drainfield.

500 gal/day ÷ .6 gal/sq.ft./day (fine sand) = 833.3 sq.ft. of drainfield required. Utilizing gravelless chambers 660 sq.ft. to be installed = an ~ 20% reduction.

Pump Information.

660sq.ft. ÷ 3' wide trench = 220LF ÷ 4 trenches = 55'/trench. Given the flush cap sweeps there will be 54' of pipe for orifice drilling. Orifice spacing fine sand = 36"oc. 54' ÷ 3' = 18 orif/at X 4 lats = 72 orifices total. 1/8" orf with a min residual head of 5' = 11.79 X .015625 X 2.236 = .41199gal/min/orf X 72 orf = 29.65 = 30gpm.

Ground elevation difference 52' + 5' res head + 6' tanks depth + 9' friction loss = 72' total head.

Pump Information	
35mm TURBO 2	Lead Pump
HP: 34	Total Head: 72 ft
GPM: ~30	Dose Vol: 56 gal
Secondary Pump	
HP: _____	Total Head: _____ ft
GPM: _____	Dose Vol: _____ gal
Pressure System Information	
Transport Line Diameter: 2	in
Transport Line Length: ~700	ft
Transport Line Material: PVC 200 PSI	
# of 90 degree bends: 2?	
Total Elevation Difference: 58	ft
Manifold Length: ~1'	ft
Manifold Diameter: 2	in
Lateral Lengths:	
#1 55	#2 55
#3 55	#4 55
#5	#6
Lateral Diameter: 1 1/4	in
Orifice Spacing: 3	ft
Orifice Diameter: 1/8	in
Total Number of Orifices: 72	



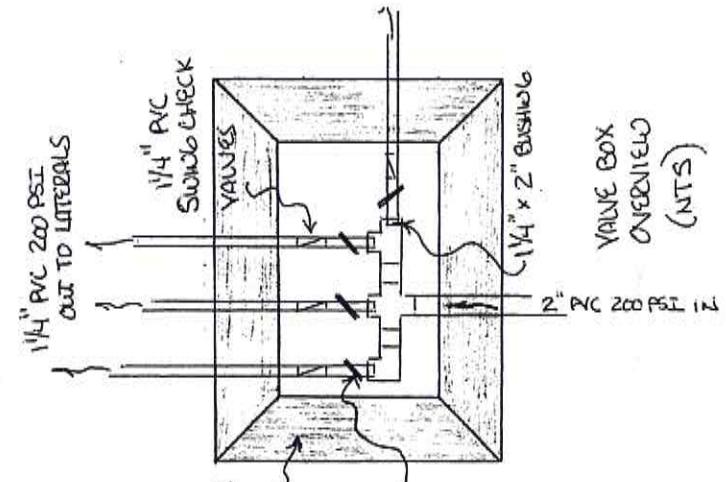
PT2012-253
485

REED'S CONSTRUCTION, INC.

1759 FAWN-DROP ROAD
OAK HARBOR, WA 98277
(360) 675-0269 Ph & Fax
Contractors Lic# REEDSC189R3
Designers Lic# 5100187

Parcel No# R32908-023-0420
Owner: Is. Co. Fire Dist #3
Septic Permit

500gpd/.6gpd/sq.ft. = 834 sq.ft. of drainfield required for type IV soils.
Utilizing infiltrators 660sq.ft. to be installed = a ~20% reduction.

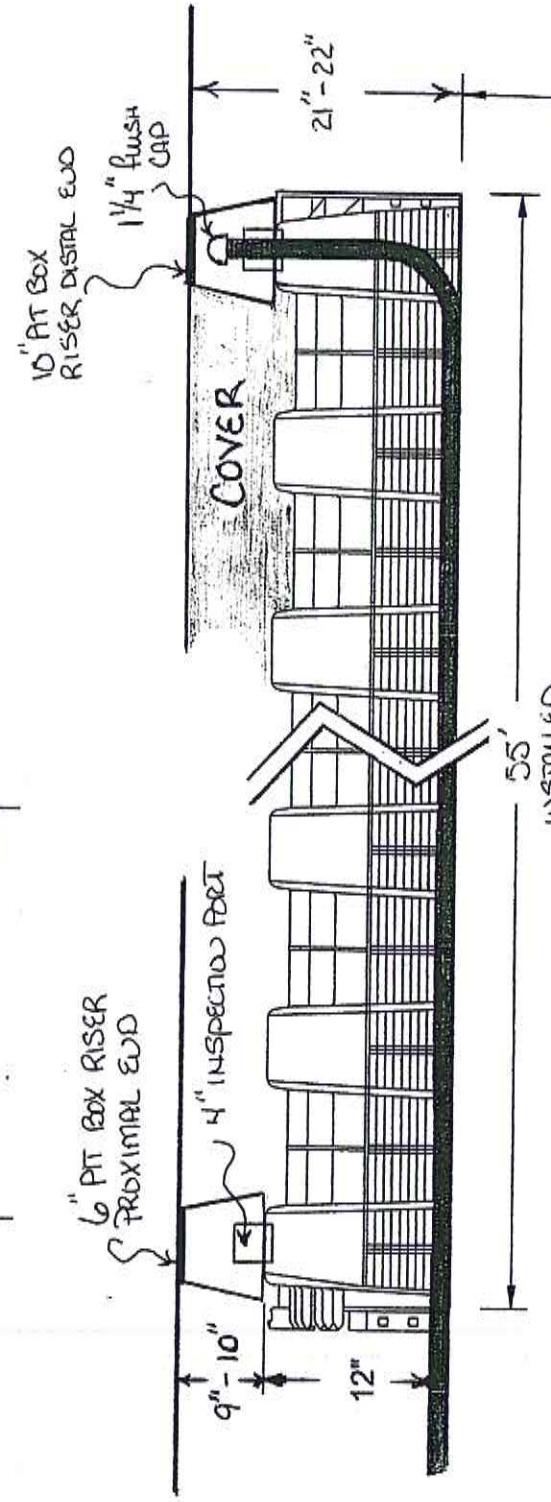
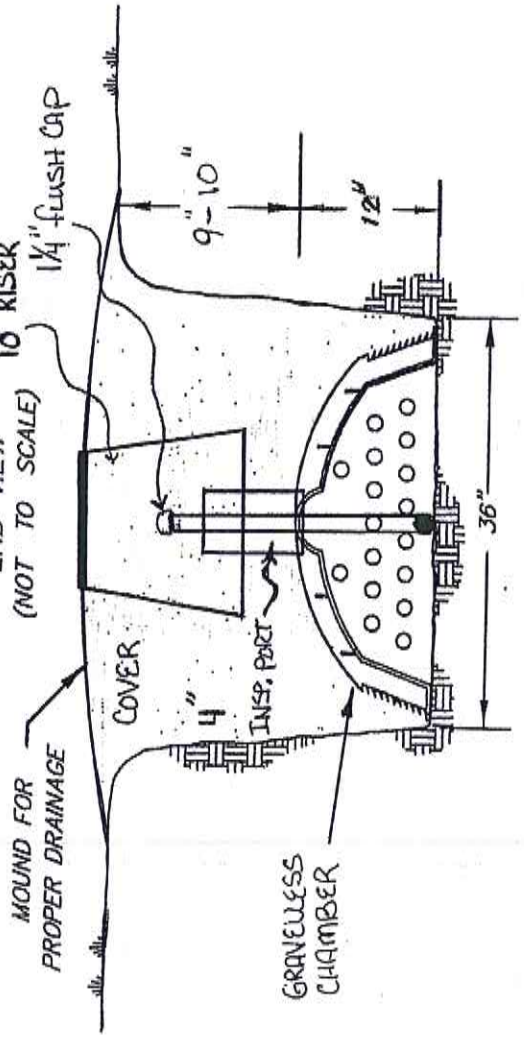


STANDARD METER BOX
WITH A UD THAT READS
"SEWER".

1" PVC
BALL VALVES

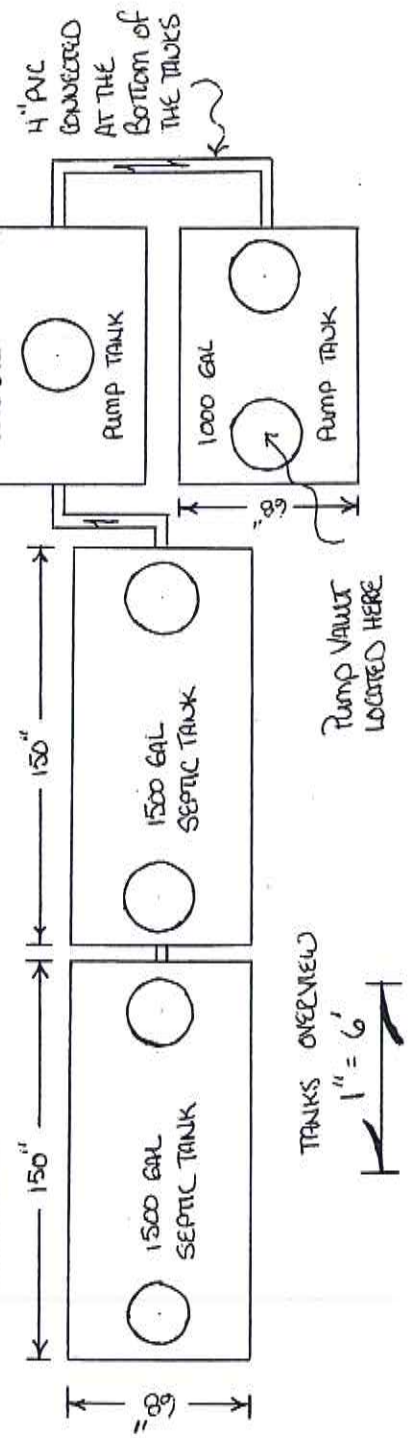
TRENCH DETAIL

END VIEW
(NOT TO SCALE)



TYPE IV
.6 G/sq.ft/DAY

55'
INSTALLED
TO OVERALL



TANKS OVERVIEW
1" = 6'

PUMP VALVE
LOCATED HERE

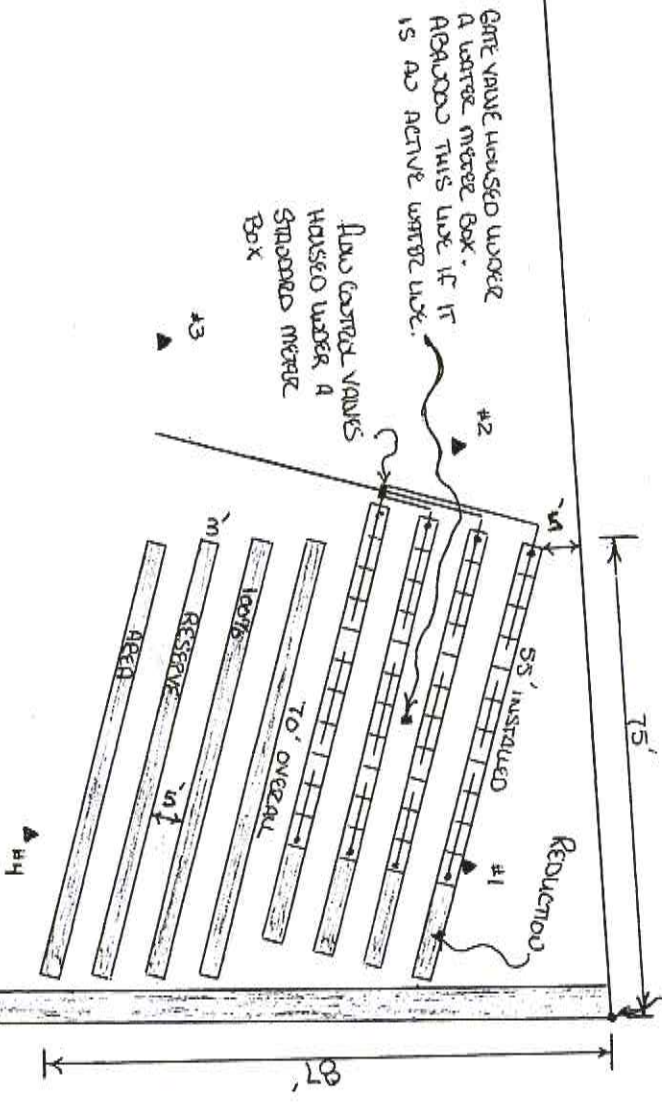
PT2012-253
385

Reed's Construction, Inc.
1759 Fawn Drop Road
Oak Harbor, Wa 98277
(360) 675-0269 Ph & Fax
Contractors Lic# REEDSC189R3
Designers Lic# 5100187

Owner: Is. Co. Fire District #3
Parcel # R32908-023-0420
Scale 1" = 30'

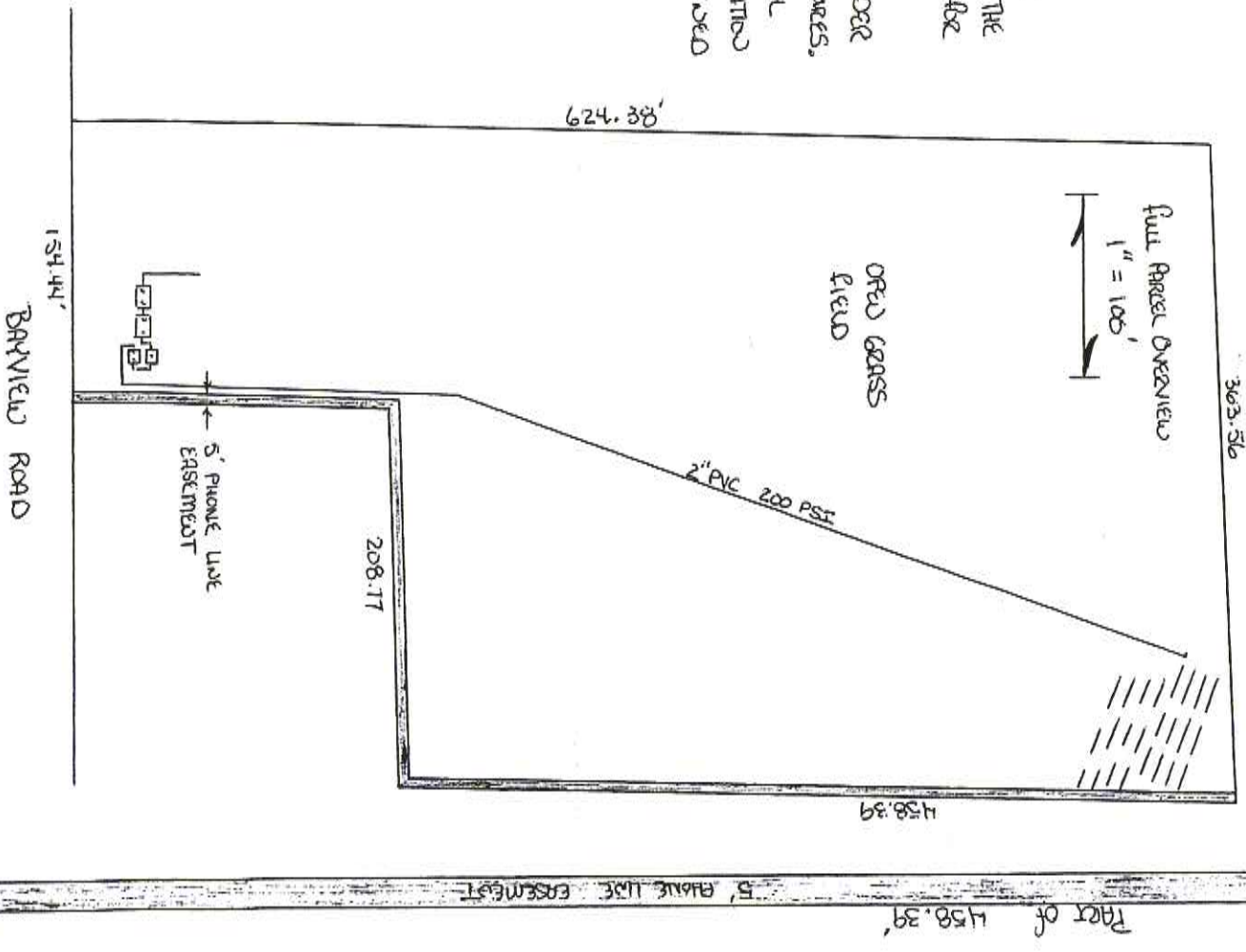


PAVED REAR
AND DRP



Full Parcel Overview
1" = 100'

- NOTE:
- NO SPECIFIC STRUCTURE SEWER OUTFALL LOCATION AT THIS TIME. THE TANKS CAN BE SHIFTED TO ALLOW FOR THE SEWER LINE CONNECTIONS.
 - THE TRANSDUCER LINE CAN BE ADJUSTED TO ACCOMMODATE OUR SITE FEATURES. CONTACT THE DESIGNER FOR FINAL HYDRAULICS AND THE LINE LOCATION AND CONFIGURATION IS DETERMINED



Reed's Construction, Inc.

1759 Fawn Drop Road
Oak Harbor, Wa 98277
(360) 675-0269 Ph. & Fax
Contractors Lic# REEDSC189R3
Designers Lic# 5100187

Is. Co. Fire District #3

Parcel no# R32908-023-0420

RE: SEPTIC SYSTEM DESIGN NOTES, CAUTIONS AND INSTALLATION INSTRUCTIONS.

NOTES:

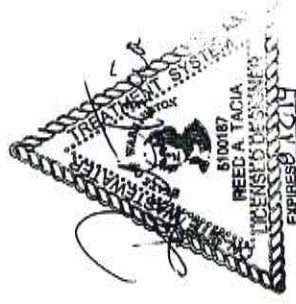
- Only a licensed designer or engineer may alter this permit and permission for changes must be acknowledged by Island County Health Department.
- This system is complex and sensitive. The system should be operated at a maximum average of <334 gal./day with no peak or emergency flows to exceed 500 gal./day. The effluent strength must not exceed BOD5 230mg/l, Total Suspended Solids (TSS) 150mg/l and Fats, Oils and Greases (FOG) less than 20mg/l.
- This system is required by State and Local codes to be monitored annually. Contact the designer prior to occupancy for a system review and monitoring schedule.
- Contact the designer if the ownership or use changes.
- Refer to the owner's manual for operators (owners) system use recommendations and responsibilities.

CAUTIONS:

- Observe all septic setbacks; do not encroach in these areas.
- **Do Not** place any of the building excavation spoils on to the primary or reserve drainfield areas.
- **Do Not** burn in the primary or reserve area, this will damage the soils and void the permit.
- **Do Not** drive on the septic system.
- Direct all surface and storm waters away from the tanks and drainfield areas.
- **Do Not** connect your footing, downspout or any other storm drains to the septic system.
- Insure if an irrigation system is installed that the appropriate setbacks to a septic system are observed.
- All piping from the structure to the tanks, tanks to tanks and tanks to drainfield must be installed on native undisturbed soils to prevent sagging. If they must be installed in fill then the fill shall be compactable and backfilled and compacted in 6" lifts.
- **Do Not** connect your water softener discharge to the septic system. The softener discharge can be dispersed in the storm drain network.

INSTALLATION:

- A clean out must be installed within 24" of the structure in the sewer line from the building to the septic tank.
- Install two Krieg Concrete Products 1500 gal. septic tanks.
- Install two Krieg Concrete Products 1000 gal. pump chambers to be tied together at the bottom.
- All access lids to all tanks, filters and inspection ports must have risers to ground surface level.
- A Biotube effluent filter with 1/16" mesh must be installed in the outlet baffle of each septic tank.
- The turbine pump will be housed inside of a filtered pump vault.
- A flexible 2" PVC hose valve assembly with a check valve, union and ball valve must be installed on the pump riser inside the pump vault. This assembly must be easily accessible.
- Verify the pump size once actual transport line distances, fittings kinds and quantities, and actual elevations are known.
- An Aquaworx control panel must be installed to dose the system. The transducer must be mounted on a float tree bracket.
- The bottom of each lateral excavation must be level +/- 1/2 inch.
- Install gravelless chambers in each trench. See design plot plan for appropriate reductions.
- The drainfield laterals must have flush caps and risers to the surface on each lateral distal ends and inspection ports and risers on the proximal ends.
- The drainfield must be covered with breathable topsoil containing no more than 10 percent organic content.
- Complete an accurate, to scale, ASBUILT that references system configuration, component location, control panel type, dose volumes, dose frequencies, gallons per minute, pump sizes, run times, draw downs, residual head, total dynamic head and any other details that will assist the owner operate the system and the monitoring and maintenance technician service the network.



ISLAND COUNTY HEALTH DEPARTMENT
P. O. Box 5000 • Coupeville, WA 98239 • (360) 679-7350/321-5111
121 N. East Camano Dr. • Camano Island, WA 98292 • (360) 387-3443

SITE REGISTRATION
RECEIVED

RECEIPT # 203162
DATE: 1/18/2012

SITE REG. # SR2011-281

JAN 11 2012

DESIGNER: RECEIVED

IS. CO. HEALTH DEPT.

This is **NOT** a sewage disposal permit nor a guarantee one will be issued. This site registration is for ONE building site only. Any other permits or further subdivisions will require additional site registration fees at that time.

APPLICANT'S NAME: ISLAND COUNTY FIRE DISTRICT #3

ADDRESS: 5535 CAMERON RD FREEDOM, WA 98249

OWNER'S NAME (if different from applicant): _____

PARCEL #: R32908-023-0426 PROP. S/P: _____ LOT #: _____

NAME OF PLAT: _____ DIV. _____ BLOCK _____ LOT _____

LOCATION OF CONSTRUCTION SITE: 5579 BARNHILL ROAD

INSTRUCTIONS: Fill out this form completely — both sides. Soil logs should be made per Island County Health Department Rules and Regulations. On the reverse side, a blank space is reserved for a scaled drawing or an accurate plot plan drawn to scale of the site to include soil log holes (numbered), perc holes (numbered), property lines and dimensions, wells, bodies of water, topographical depictions, curtain drains, roads, etc.

All soil logs or other soil tests made for the purpose of securing a permit to construct a sewage disposal system must be filed with appropriate fees (NON-REFUNDABLE) on forms provided by the Health Department within 20 working days of the date the tests were completed by the designer/installer, professional engineer, or registered sanitarian who performed the tests.

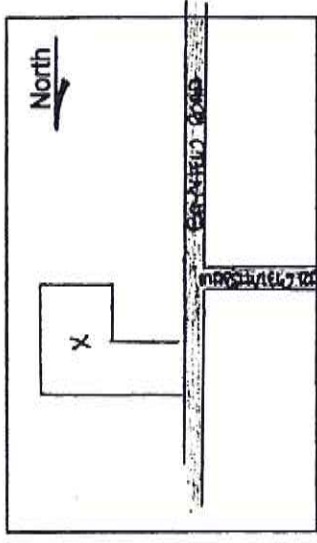
DESIGNER'S COMMENTS: STANDARD SYSTEM SOILS

TYPE IV Silt SAND LOESSIAL SOIL, LOGGED PER
SQUARE FOOT PER DAY

ADDITIONAL WET SEASON COMMENTS: _____

DATE: _____

VICINITY MAP



The undersigned Island County Health Department representative has witnessed the following soil logs and finds them to be accurately represented. It appears that this site IS capable of supporting an on-site sewage disposal system for a single family residence meeting **CURRENT** Island County Health Department policies and regulations, subject to any of the above comments and restrictions. (Any person may appeal this decision in writing within ten (10) days of the date of the decision.)

NOTE: Changes to this site such as grading, cuts, filling or clearing could make this certification NULL & VOID.

SIGNATURE: Heather Waver GASSILL DATE: 1/17/2012

TITLE OF HEALTH DEPARTMENT REPRESENTATIVE

DATE INSPECTED BY THE HEALTH DEPARTMENT 12/20/2011

HEALTH DEPARTMENT COMMENTS: Excellent consistent conventional soils

ADDITIONAL WET SEASON COMMENTS: _____

(Revised 6/13/96)

DATE: _____ INITIALS: _____

Accurate Plot Plan Drawn to Scale
Soil Logs [✓] Perc Tests []
Scale Used: 1" = 100'

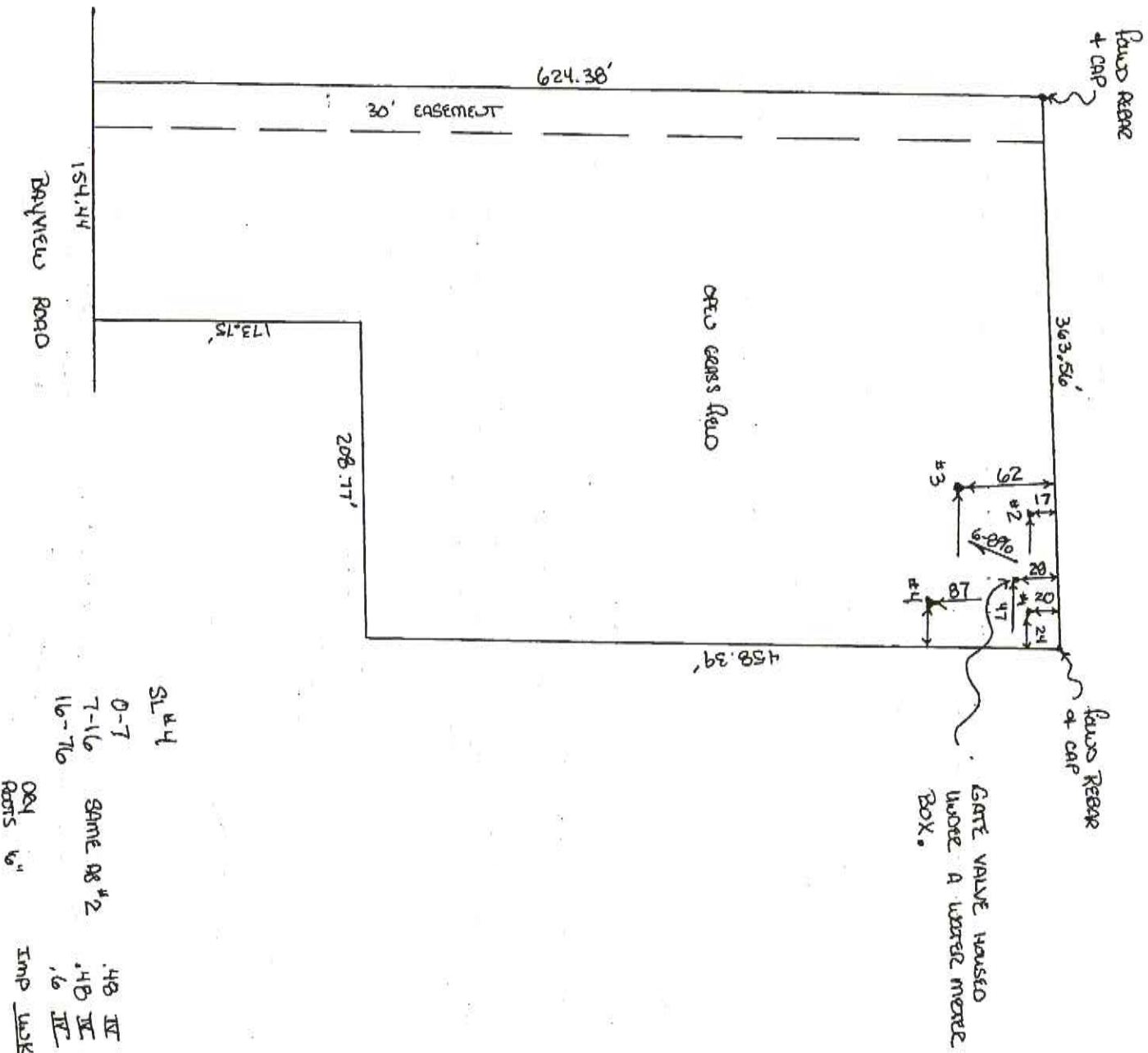
Parcel # R 32908-023-0420
Size: Acres:

Site Reg. # SR2011-281



NORTH

2082



Soil Log #1
0 to 7 in. oek GRD S um .48 IV
7 to 16 in. TN/IT GRD GRD um PS .48 IV
16 to 60 in. TN MIXED RD + ms .16 IV
60 to 71 in. GRD MORT RD + ms .16 IV
Water Table: DEPT Impervious Soil: LMK
Roots 14"

Soil Log #2
0 to 7 in. oek GRD S um .48 IV
7 to 21 in. TN/IT GRD GRD um PS .48 IV
21 to 71 in. TN MIXED RD + ms .16 IV
Water Table: DEPT Impervious Soil: LMK
Roots 21

Soil Log #3
0 to 7 in. SAME PG #2 .48 IV
7 to 18 in. SAME PG #2 .48 IV
18 to 72 in. .16 IV
Water Table: DEPT Impervious Soil: LMK
Roots 18

SL #4
0-7 Same PG #2 .48 IV
7-16 .48 IV
16-76 .16 IV
DEPT Imp LMK
Roots 6"

CERTIFICATION: I hereby certify this information to be correct and the tests were performed by me as prescribed on:

DATE: 12-20-2012

Signature of Licensed Designer, Registered Sanitarian, or Professional Engineer

(redo's)
root

NOTE: Changes to this site such as grading, cuts, filling, or clearing could make this certification NULL and VOID.



RECEIVED
ASBUILT

JAN 23 2020

Is Co Public Health

ICPH Date Stamp

Island County Public Health
Coupeville Annex PO Box 5000 Coupeville WA 98239
Camano Annex 121 NE Camano Dr. Camano Island WA 98282
Whidbey 360-679-7350 Camano Island 360-678-8261

SEPTIC SYSTEM ASBUILT

Parcel Number: R32908-020-0660

Asbuilt Number: PT2017-120 233

Provide accurate plot plan to scale including but not limited to:

Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

Scale 1 inch = 20 ft

(Indicate North)



* *Run times / dose volumes
are based on a operating flow
of 334 GPD. System
designed for 500 PEAK

Lead Pump

Time Dosed: ☒ Yes ☐ No

Pump Model: Zoeller JX 189

HP: 2HP / 208V 3PH

Run Time: 1 min 30 sec

Off Time: 4 hrs

Volume: 56 gal

Secondary Pump

Time Dosed: ☐ Yes ☐ No

Pump Model: _____

HP: _____

Run Time: _____

Off Time: _____

Volume: _____ gal

Pressure, Drip and Mound Info

Lateral length(s):

#1 55' #2 55' #3 55'

#4 55' #5 _____ #6 _____

Orifice Size: 1/8 in

Head/Pressure: 87 in / lbs.

of Orifices/Emitters: 72

Sand Filter Information

Square Feet: _____

Residual Head: _____ in

Orifice Size: _____ in

Number of Orifices: _____

Aerobic Treatment Info

Brand: _____

Model: _____

Disinfection: ☐ UV ☐ Other

Glendon Info

Basal Area: _____ sq ft

Final Dimension: _____

Tank Information

Manufacturer: Berg Vault

Septic Tank Size: 1500X2 gal

Pump Tank Size: 1000X2 gal

Drainfield Info

Square Feet: 660

Length: 220 ft

Width: 3 ft

Depth: 22 in

- Two - 1500 gallon septic tanks in series.
- Orenco Biotube filter on outlet of each 1500 gallon septic tank.
- Two - 1000 gallon pump tanks interconnected at bottom

1/27/2020 - explosion proof pump & close timer

Comments: This Onsite Sewage Disposal System must be operated and maintained in accordance with ICC 8.07D, and WAC 246-272A. This system should be inspected annually by qualified personnel to determine an appropriate maintenance schedule. Pressure trench system.

I, the undersigned, personally inspected this On-site Sewage Disposal system and certify that it was installed in accordance with the approved design, including all requirements deemed necessary by all proprietary devices and this system fully complies with all conditions of I.C.C 8.07.

Installers Signature: _____

VALDEZ CONSTRUCTION

Date Installed: 2/5/2019

Page 2 of 3

ASBUILT



ASBUILT

JAN 23 2020

Is Co Public Health
ICHD Date Stamp

Island County Public Health
Coupeville Annex PO Box 5000 Coupeville WA 98239
Camano Annex 121 NE Camano Dr. Camano Island WA 98282
Whidbey 360-679-7350 Camano Island 360-678-8261

SEPTIC SYSTEM ASBUILT

Parcel Number: R32908-020-0660

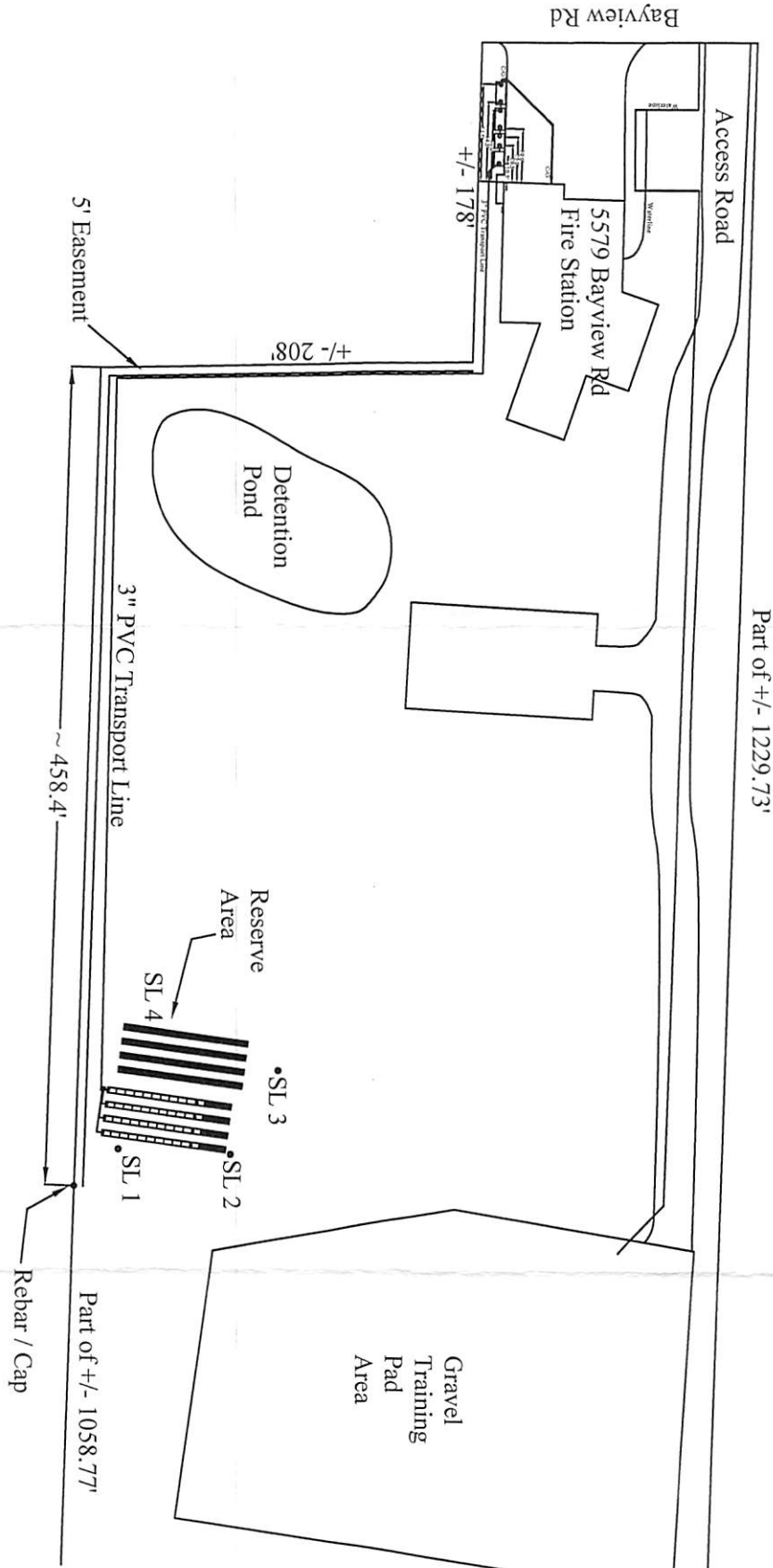
Asbuilt Number: PT2017-120 323

Provide accurate plot plan to scale including but not limited to:

Drainfields, wells, tanks, banks, buildings, roads, utilities, easements, property lines, critical areas, etc.

Scale 1 inch = 100 ft

(Indicate North)



ASBUILT