RECEIVED
07/06/2026
Island County Public Health
ICPH Date 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

ASBUILT

PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Receipt Number : EH-26-01347 Permit/Asbuilt Number: PT2026-377

It is the responsibility of the building contractor and owner to ensure that the entire proposed primary and reserve drainfield area is carefully cleared and is protected from grading, cutting or filling, vehicular traffic, stockpiling materials, burning, and any ground-disturbing activities.

Owner/Applicant Signature Joseph P. Meehan Date 06/30/2026

OSS Inspection Frequency: [ ] **EveryThree Years (Conventional Gravity)** [X] **Annual (All Others)**

Applicant Name: Joseph & Davene Meehan Parcel Number: S6305-00-00031-0

Address of Construction Site: 4489 Alamo Way City: Oak Harbor

Property Length: ~128' Property Width: ~85' Area: 0.2489 Acres

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

Name of Water System: CampO Hacienda [ ] Private Well [X] Group A [ ] Group B [ ] 2-Party

Water source reviewed: [ ] * this does not guarantee WAV approval; WAV # _____

Administrative Waiver(s) [ ] _____ State Waiver(s) [ ] _____ (MLA)

Permit Type

- [ ] New Installation
- [X] Redesign of issued permit
- [ ] Alteration to existing OSS
- [ ] Auxiliary Building Connection
- [ ] Commercial Type 1
- [ ] Commercial Type 2
- [ ] Commercial Holding Tank
- [ ] Tank Only - New construction
- [ ] Tank Only - Repair

Check if Applicable

- [X] Conforming Repair permit with conforming reserve area indentified
- [ ] **Owner/Installer - ICPH notification is required before installation. Additional requirements apply.**

Onsite Sewage System Components

- [ ] Gravity Trench
- [ ] Low-Pressure Trench
- [ ] Low-Pressure Bed
- [ ] Conv. Pump to D-Box
- [ ] Drip Distribution
- [X] Sand-lined Pressure Bed
- [ ] Sand-lined Trench
- [ ] Oscar _____
- [ ] Glendon _____
- [ ] Low-Pressure Mound
- [ ] ATU _____
- [ ] UV Disinfection
- [ ] Protective Curtain Drain
- [ ] Gravelless Chambers
- [ ] Gravel

OSS SIZING: Based on the stated number of bedrooms or building square footage, whichever is greater

Number of Bedrooms: 2 Maximum Building Sq Footage: 2 bed = 2,000 ft²; 3 bed = 3,000 ft²; 4 bed = 4,000 ft²

If applicable, Bedroom Affidavit: [ ] AF# _____ Max 500 ft² - Administrative waiver required

Design Flow: 240 Operating Flow: 180 Minimum Required Treatment Level: E

Soil Class/Type: Med Sd / 3 Loading Rate: 0.8 Site Registration(s) #: SR2026-140 Asbuilt #: PT-1071-79

Drainfield Required Size: 300 ft², Length: 30 ft², Width: 10 ft² Type of

Reduction: Gravelless Chambers [X] or [ ] [ ] **infield not installed** _____ **ft²** Drainfield

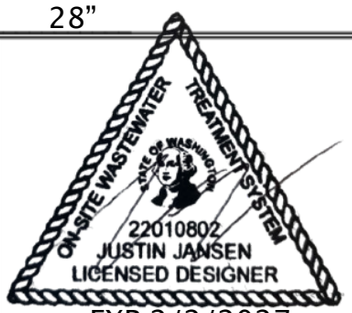
Reduction: Size: _____ ft², Length: _____, Width _____, Percentage Reduction: _____%Trench Depth:

18" Sand-linded Trench Depth: 46" Depth of ASTM C-33 Sand: 28"

Public Health Comments:

This permit is a redesign of an approved permit that was pivoted during an install. PT2026-275

- [ ] Preconstruction meeting required
- [ ] Dry conditions installation only - sensitive site with limited soils
- [ ] Permit subject to the conditions of the IC IDP for all ground-disturbing activities
- [ ] Permit subject to the conditions of attached memos/permits _____



EXP 2/2/2027
Septic Designer/PE Stamp

A START CARD IS REQUIRED TO BE SUBMITTED A MINIMUM OF 24 HOURS IN ADVANCE

Permit Approved: Mychal Cohen For MG Permit Disapproved: _____ Date: 7/29/26

Permit Number: PT2026-377 Expiration Date: 12/9/26

System Installed by: Justin Jansen Construction Inspection date(s): 7/29/2026

Final Inspection: MC for MRG Rejected: _____ Date: 7/29/20256

As-built Approval: Approved: AL for MRG Rejected: _____ Date: 9/2/2026

06/03/25

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PERMIT TO CONSTRUCT AN ON-SITE SEWAGE DISPOSAL SYSTEM

Parcel Number S6305-00-00031-0 **Permit Number:** PT2026-377

Minimum Permit Requirements

Designer- Indicate applicability and completion [X]

X	Building setback/buffer for both primary and reserve
	Trench/bed cross-section - show vertical separation
X	Dimensioned reserve area
X	% Slope for both primary and reserve
X	Water line location
X	System hydraulic calculations
	Glendon calculation - cross section
	Oscar calculations - cross section
	Mound calculations - cross section
	Design narrative for all commerical systems
	Pump curve - with pump indicated
	Curtain drain installation details
	Water & Sewerline crossings details
X	All setbacks to demonstrated or waived
X	Plot plans to show all system components
	Tank-only permits to drainfield location

Cut sheets are NOT required. Please use the table below for component specifications

Components	Manufacturer/Model
2-Comp Tank	1000 Gallon Berg Vault
Pump Tank	1000 Gallon Berg Vault
Trash Tank	
ATU	
Combo Tank	
Panel	SJE Rhombus
Pump	Champion CPE4
Filter	4"
D-box	
UV Disinfection	
Drip Line	
Drip Headworks	
Pump Basin	
Aux. Pump	

ON-SITE WASTEWATER TREATMENT SYSTEM
STATE OF WASHINGTON
22010802
JUSTIN JANSEN
LICENSED DESIGNER

EXP 2/2/2027
Septic Designer/PE Stamp

External Review

SHE _____
SHE-LR _____
RUD _____
CUP _____
CGP _____
ROW _____
SHP/PLP _____
SVAR _____
HYDRO _____
OTHER _____

Pump Information

Lead Pump Dose Timed: [X] Yes [ ] No
HP: 4/10 Total Head: ~18 ft
GPM: 36

Auxiliary Pump Information
HP: _____ Total Head: _____ ft
GPM: _____

Theoretical [ ] Actual [X] Timer Settings
ON: 0.64 Mins OFF: 4 Hrs
Dose Volume: 30 gal GPM 50

Low-pressure Distribution

Transport Line Diameter: 2 in
Transport Line Length: ~11 ft
Transport Line Material: SCH 40 PVC
Total Elevation Difference: ~2 ft
Manifold Diameter: 2 in
Lateral Lengths:
#1 30' #2 30' #3 30'
#4 30' #5 _____ #6 _____
Lateral Diameter: 1.25 in
Lateral Material: SCH 40 PVC
Orifice Spacing: 2.4 ft
Orifice Diameter: 3/16 in
Number of Orifices: 50
Minimum Residual head 60"

Drip

Transport Line Diameter: _____ in
Transport Line Length: _____ ft
Total Elevation Difference: _____ ft
Line Lengths:
#1 _____ #2 _____ #3 _____
#4 _____ #5 _____ #6 _____
Total Dripline Length: _____
Dripline Spacing: _____
Number of Emmiters: _____

Mound

Depth of Sand Under Bed: _____ in
Upslope Fill Length: _____ ft
Downslope Fill Length: _____ ft
Endslope Fill Length: _____ ft
Finished Dimensions: L ____ ft x W ____ ft

Glendon

M31 [ ] M32 [ ] Basin Volume_____
Basin Length: _____ ft
Basin Width: _____ ft
Basin Depth: _____ ft
Finished Dimensions: L ____ ft x W ____ ft

Oscar

OS-50 coils [ ] OS-100 coils [ ]
Oscar II [ ] Oscar III [ ] Oscar XO2 [ ]
Minimum Shoulder_ _____
Number of coils_____

JUSTIN'S EXCAVATING

ASBUILT

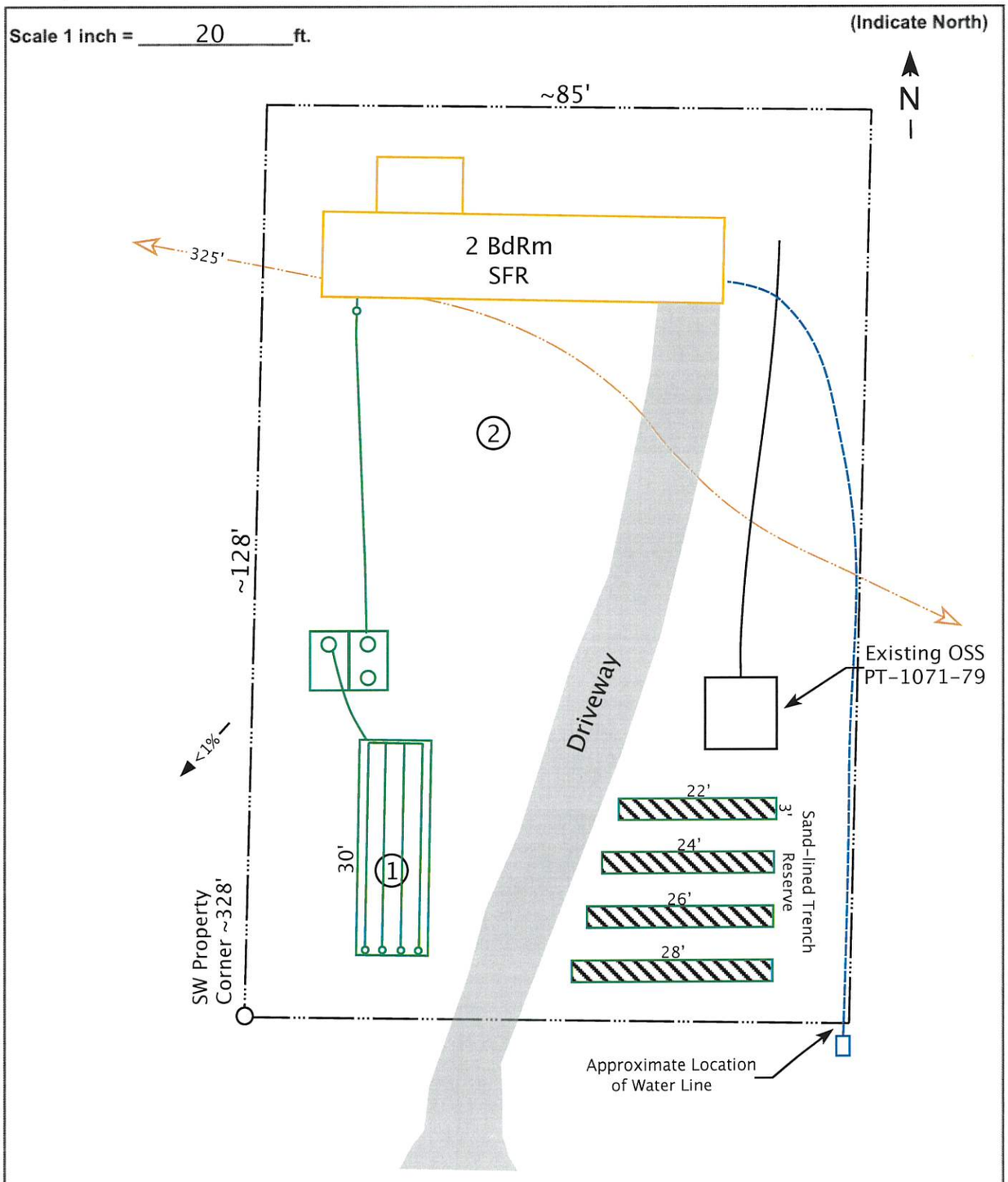
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Plot Plan

Parcel Number: S6305-00-00031-0 Permit Number: PT2026-377

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 = 20 ft.



—This site map was developed by using existing resources and onsite measurements. It is not a legal survey.

ON-SITE WASTEWATER TREATMENT SYSTEM
STATE OF WASHINGTON
22010802
JUSTIN JANSEN
LICENSED DESIGNER
EXP 2/2/2027
Septic Designer/PE Stamp

03/26/25

JUSTIN'S EXCAVATING

PT2026-377

ASBUILT

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SEPTIC INSTALLER STATEMENT OF COMPLIANCE WITH PERMIT CONDITIONS AND LICENSURE

Date: 06/26/2026

Permit number: PT2026-275

Parcel number: S6305-00-00031-0

Site address: 4489 Alamo Way, Oak Harbor, WA, 98277

Septic designer of record: Justin Jansen

Installers name: Justin Jansen

Bond number: LSM1943814

Contractor's license number: JUSTIEL832D8 X

Contact information:

- Phone: 564-230-1465
- Email: justinsexcavating@gmail.com
- Physical/Mailing address: Oak Harbor, WA
- Business name: Justin's Excavating LLC

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 Justin Jansen 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: 06/26/2026