



Septic Permit Application

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

SW24-0260
07.18.2024 MW

Septic permits are issued by Skagit County Public Health. Submit your application for processing at the Planning & Development Services permit counter, or by mail with the appropriate fee and attachments.

Project & Property Information

Tell us about your project and its proposed location.

Site Address	63254 High Ridge Dr	City	Marblemount	Zip	98267
Parcel No(s)	63965				

Attachments

- ☐ Design (if required)
☒ Soil Evaluation (if required)

Prerequisites Unless one of the boxes below are checked, items 1-3 are required:

- ☒ Site evaluation with no design
☐ Repair with no expansion of footprint
☐ Permit inside city/town limits/ tribal jurisdiction and I have provided or attached written authorization from the city/town/ tribe to install or repair a septic system

PDS-use
only ↓

Planning & Development Services staff are available to help you complete and explain these requirements.

- 1. Lot of Record Certification** is required for all development.¹ Check one of the boxes that applies below. If you do not have lot certification, apply for lot certification with Planning & Development Services.
- ☐ Lot certification is recorded under Auditor's File Number _____. Nothing further required.
- ☐ The lot has an existing dwelling unit that was constructed prior to July 1, 1990, according to Assessor records, but lot certification was not recorded. Lot certification file number is _____.
- ☐ The lot was properly platted and approved by Skagit County on or after March 1, 1965, and has no restriction barring future development, but lot certification was not recorded. Lot certification file number is _____.
- ☐ The lot has an approved but unrecorded lot certification. Lot certification number _____.
- Recording fee is required.**

- 2. Critical Areas Review** is required for septic permits. If you have not previously completed critical areas review for your parcel, apply at Planning & Development Services and attach your approval letter. Your application will be rejected if critical areas review is not complete for your location. Critical Area File number _____.

- 3. Ag-NRL Siting Criteria.** Is this project in the Agricultural-Natural Resource Land zone?
- ☐ No. Nothing further required.
- ☐ Yes. Please note:
- Location of the septic system must comply with the siting criteria in SCC 14.16.400(6) and the Administrative Official Interpretation March 16, 2010.
 - On a parcel larger than 1 acre, you must demonstrate three years of income from your own commercial agricultural production on the parcel averaging at least \$100 per acre per year for the last three years in order to construct a residence.

Fees

Site evaluation	<input checked="" type="checkbox"/> Site evaluation (\$300 for up to two evaluations at the same site) <input type="checkbox"/> Additional evaluations at same site (\$110 x ____ additional evaluations)		
Design review	<input type="checkbox"/> New design (\$550)	<input type="checkbox"/> New tank (\$240)	<input type="checkbox"/> Repair (\$375)
	<input type="checkbox"/> Redesign (\$375)	<input type="checkbox"/> Renewal (\$225)	<input type="checkbox"/> Table 9 Repair (\$375)
Recording fees	<input type="checkbox"/> Lot certification (\$204.50)		
Total fees submitted	300	Make check payable to Skagit County Planning & Development Services	

Permit Details

History	Any previous site evaluations or designs for this site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
	What year was work done?			
	Name or project file number:			
Site evaluation	<input checked="" type="checkbox"/> Existing lot <input type="checkbox"/> Proposed lot			
Design type	<input type="checkbox"/> Aerobic/Drip	<input type="checkbox"/> Glendon	<input type="checkbox"/> Packed Bed Filter	
	<input type="checkbox"/> Aerobic/Mound	<input type="checkbox"/> Gravel Filter	<input type="checkbox"/> Sand Filter	
	<input type="checkbox"/> Aerobic/Pressure	<input type="checkbox"/> Gravity with Pump	<input type="checkbox"/> Sand Lined	
	<input checked="" type="checkbox"/> Conventional/Gravity	<input type="checkbox"/> Mound	<input type="checkbox"/> Other, describe:	
	<input type="checkbox"/> Conventional/Pressure	<input type="checkbox"/> Oscar		
System use	<input type="checkbox"/> Residential →	# of bedrooms:	# gal/day/bedroom:	total daily flow:
	<input type="checkbox"/> Non-residential →	# of occupants:	# gal/day/occupant:	total daily flow:
Proposed subdivision	<input checked="" type="checkbox"/> No subdivision proposed <input type="checkbox"/> Short subdivision (2-4 lots) <input type="checkbox"/> Long subdivision (5 or more lots); lot # ___ of ___ lots Proposed subdivision name: Lot size (acres):			

Staff Use Only Below This Line

Inspections

Site evaluation	_____ / _____	Design review	_____ / _____
Soil/site preparation	_____ / _____	Above/below ground devices	_____ / _____
Open trenches	_____ / _____	Pressure test	_____ / _____
Self-inspection	_____ / _____	Installed as designed	_____ / _____
Final inspection	_____ / _____		

¹ SCC 14.06.090(1)(b)



Contact Information & Signature Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

Received by:

Attach this form to an application that requires it. An application will not be accepted without this form.

By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

Applicant/Contact

Name Trinity Blessings Property LLC Mailing Address 3354 Inverness St
City, State Mount Vernon, Wa Zip 98273 Phone 206-823-7773
Email joy.steen69@gmail.com

Property Owner

☒ Same as applicant ☐ Multiple owners (attach additional page)

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____
Email _____

Contractor/Designer/Installer

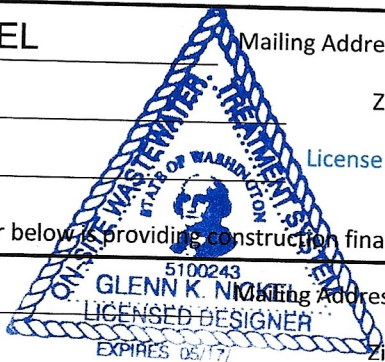
☐ None ☐ Same as applicant ☐ Same as property owner

Name GLENN NICKEL Mailing Address 2128 STARVEOUT CREEK RD
City, State AZALEA, OR Zip 97410 Phone 360-708-4805
Email _____ License # 5100243 Expires 5-17-26

Financing¹

☐ None ☐ Lender below is providing construction financing ☐ Firm below has issued payment bond

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____



Signature

- ☐ I am the owner of the subject property and I grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application
- ☐ I have attached the Agent Authorization Form(s). Owner's have given their consent (SCC 14.06.090).
- ☒ This is a fire suppression permit, mechanical/plumbing permit, on site septic permit, or pre-development/pre-app meeting request; the property owner's authorization is not required.

Signature(s):

Date: 7-18-24

Printed Name:

GLENN NICKEL

Title:




DESIGNER

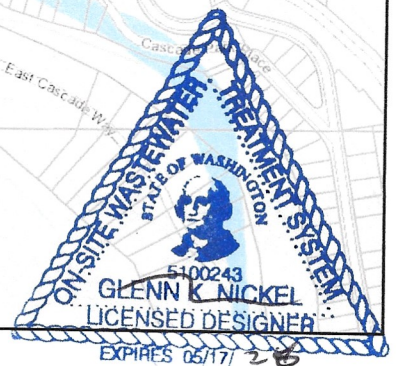
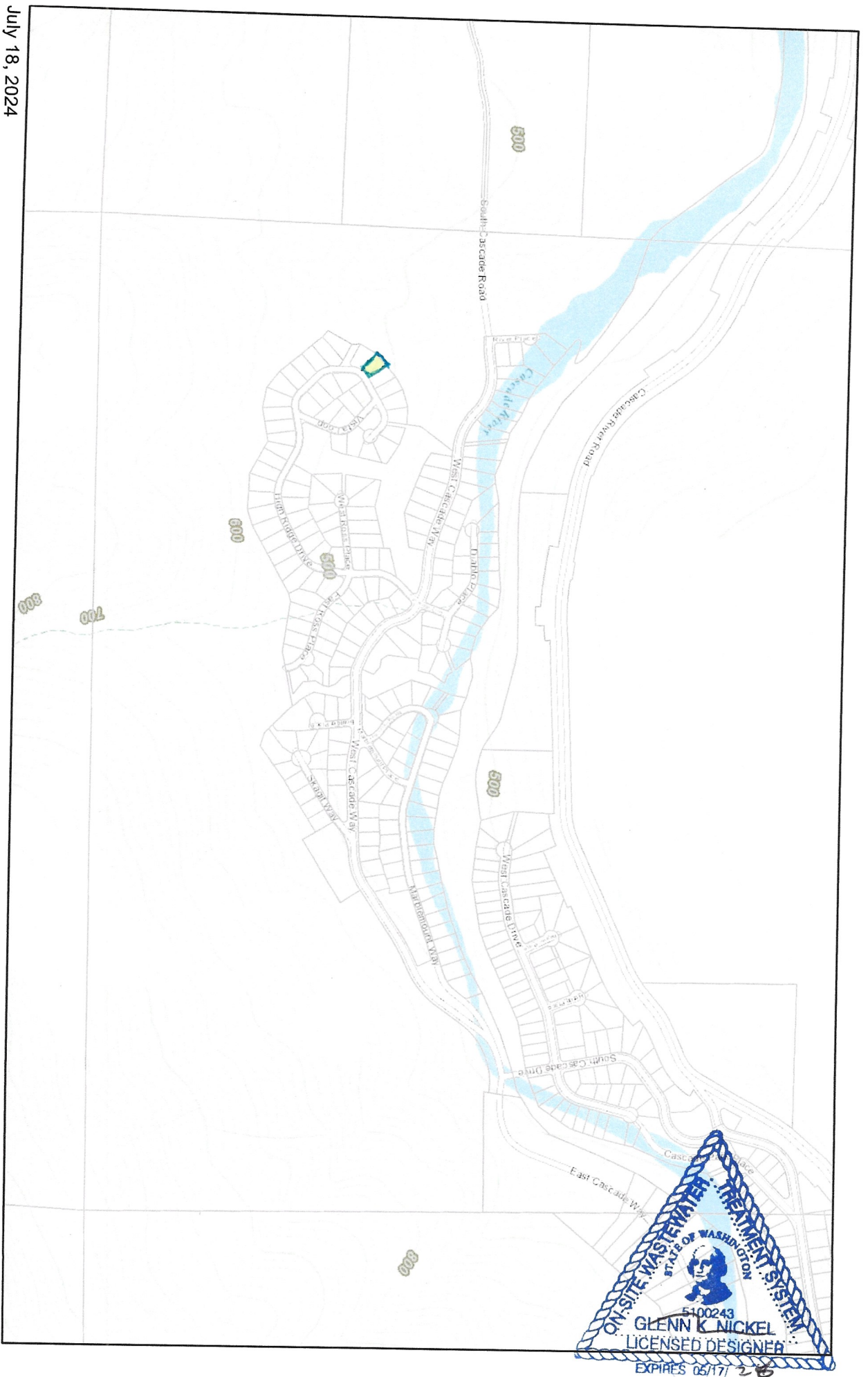
Company:

¹ Required by RCW 19.27.095(2)(d) for building permit applications.

July 18, 2024

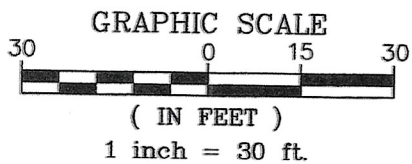
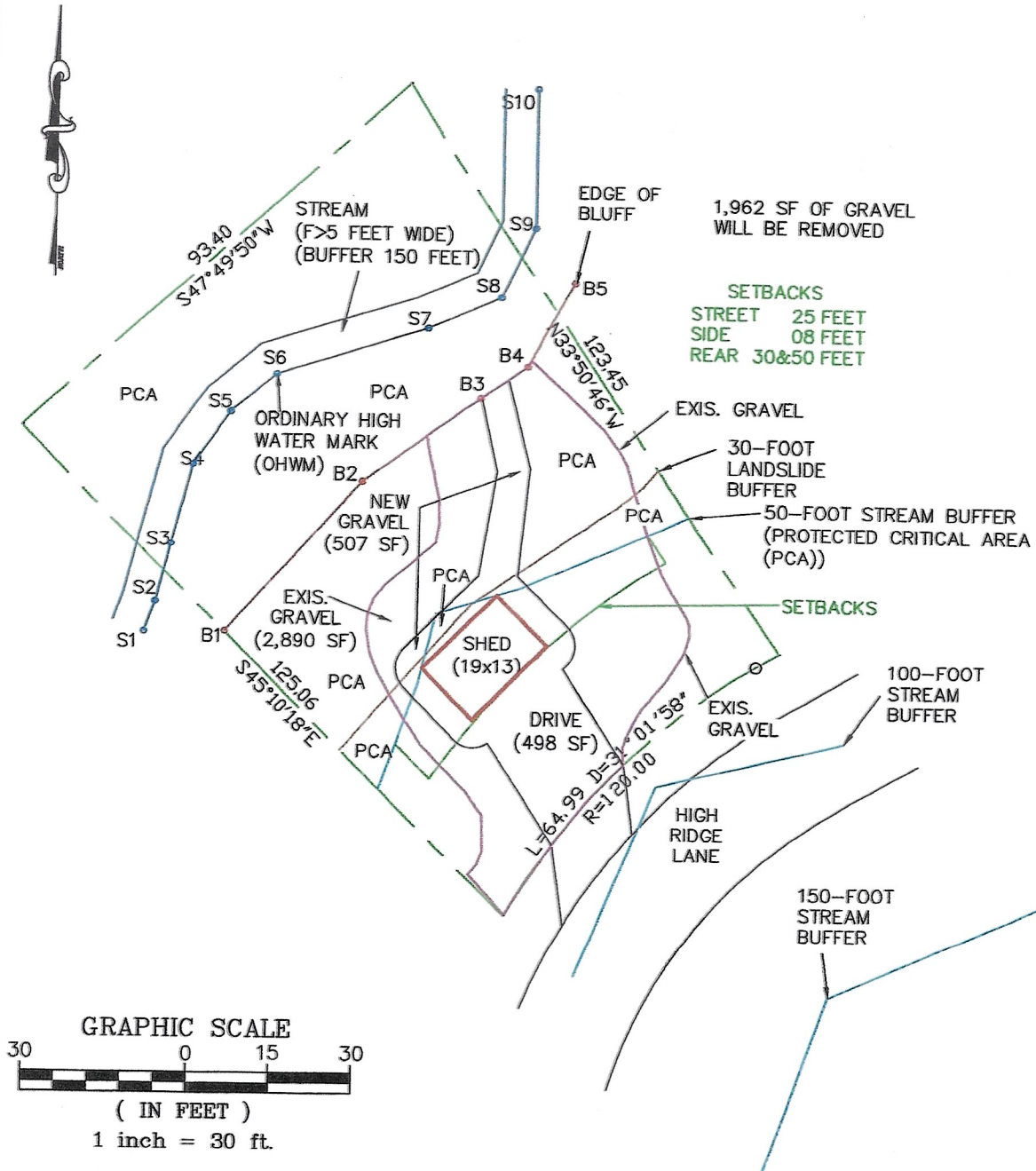
Legend

-  County Boundary
-  Tax Parcels
-  Pre Tax Account Property



Data Accuracy Warning: All GIS data was created from available public records and existing map sources. Map features have been adjusted to achieve a best-fit registration. While great care was taken in this process, maps from different sources rarely agree as to the precise location of geographic features. Map discrepancies can be as great as 300 feet.

CRITICAL AREA SITE PLAN



Owners: Jason and Joy Cory
 Address: 63254 High Ridge Dr.
 Parcel: P63965
 Permit: PL24-0015
 Preparer: Edison Engineering
 Date: March, 2024
 File: 224006

This drawing was created with
 a compass and tape measure
 and is approximate
 NOT A SURVEY



SOILS INFO

OWNER: TRINITY BLESSINGS PROPERTY LLC
BY: NICKEL / CAMPBELL
TAX#: 3873-000-092-0007
PARCEL#: 63965
PAGE _____ OF _____

SOIL LOG # 1

0 TO 3" DRK BRN ORG MAT

3 TO 54" BRN SNDY LM WITH BOULDERS

—
—
—

ANTICIPATED WATER TABLE 54 +

SOIL LOG #3

—
—
—
—
—

ANTICIPATED WATER TABLE: +

RECOMMENDED RATE OF WASTEWATER APPLICATION : .6 / .8 SOIL TYPE: 4 / 3

SOIL LOG #2

0 TO 4" DRK BRN ORG MAT

4 TO 54" BRN SNDY LM WITH BOULDERS

ANTICIPATED WATER TABLE 54 +

SOIL LOG#4

ANTICIPATED WATER TABLE:

SURFACE WATER CLOSER THAN 20'
SEWER MAIN CLOSER THAN 200'

YES
X

NO

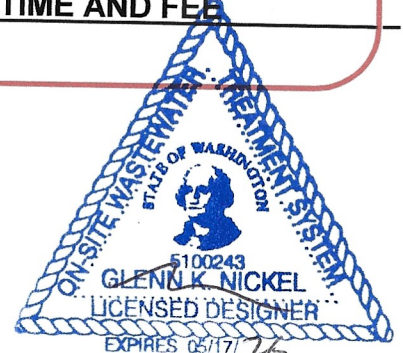
X

GAL/DAY/SQ.FT.

VEGETATION : FERNS
VERTICAL SEPERATION 36" @ 18"

SITE, DESIGN AND CONSTRUCTION REQUIREMENTS NOT SPECIFICALLY MENTIONED HERE SHALL CONFORM TO APPLICABLE COUNTY AND STATE STANDARDS

CODE REQUIRES 4 INSPECTIONS DURING THE PROGRESS OF THIS CONSTRUCTION, CONTACT DESIGNER CONCERNING TIME AND FEE





NAME: TRINITY BLESSINGS PROPERTY L
TAX#: 3873-000-092-0007
PARCEL#: 63965
BY: NICKEL CAMPBELL
SCALE: 1" = 20'

