



Whitman County Environmental Health

PULLMAN BRANCH OFFICE
 1205 SE PROFESSIONAL MALL BLVD STE # 3
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On-site Sewage System (OSS) Permit Process and Fees

Houses that are more than 200 feet from a sewer system, and do not wish to connect to a sewer system, must have a permit for an On-site Sewage System. On-site Sewage Permit fees will vary depending on the evaluation of the site and the system's design.

FEES

	Standard System	Engineered System	Replacement System	Homeowner Design/Install
Site Evaluation	\$350.00	\$350.00	\$350.00	\$350.00
Design and Permit	\$475.00	\$580.00	\$355.00	\$625.00
O&M Fee	\$45.00	\$45.00	\$45.00	\$45.00
Total	\$870.00	\$975.00	\$750.00	\$980.00

STEP I. SOIL & SITE EVALUATION

- Complete the front page of the **On-site Sewage Site Evaluation Application** and return it to Whitman County Public Health (WCPH) and schedule a site evaluation. The property owner/applicant is responsible for digging test holes according to L&I standards while WCPH is on site (see insert).
- The fee for the site evaluation is: \$350.00
- Based on the results of the site evaluation and the location of the system, either a standard gravity system or an engineered pump system may be approved.

STEP II. PERMIT APPROVAL

Design

- If required (due to site/soil restrictions or system sizing) contract with a Washington State licensed designer or engineer, to design a site appropriate OSS system based on the site evaluation from WCPH.
- Fill out ALL portions of the **On-site Sewage permit Application**. The design portion of the permit is to be done by the designer/engineer. All sections including the material specification sheets are required before approval.
- Pay the WCPH permit fee: Make checks payable to : Whitman County Public Health
- Obtain approval of the system design before installation.

****ADDITIONAL FEES MAY APPLY FOR IMPROPERLY INSTALLED SYSTEMS OR REPEAT INSPECTIONS. Any system installed before submitting plans or securing approval, will result in DOUBLE the fees, AND non-issuance of Certificate of Occupancy until all fees are paid and permits completed. ****

Installation/Inspection

- Contract with a WCPH licensed installer. A list of licensed installers can be obtained from WCPH.
- When installation is complete, contact WCPH for a final inspection BEFORE covering the system.

Record Drawing/As-built

- After final inspection is approved, an as-built drawing by the licensed installer must be submitted to WCPH *and* the property owner. If the as-built is not returned to WCPH within one month of the final inspection a \$55 collections fee will apply. A permit cannot be issued until Whitman County Public Health receives a final as-built.

STEP III.

MAINTENANCE

- Every three (3) years a system assessment performed by a Whitman County approved assessor and an **ONSITE SEWAGE SYSTEM EVALUATION** returned to Whitman County Public Health. WAC 246-272A-0270(d).

Items Requiring Setback	From edge of drain field and reserve area	From Septic tank and d-box	From building sewer & nonperforated distribution pipe
Well or suction line	100 ft.	50 ft.	50 ft.
Public drinking water well	100 ft.	100 ft.	100 ft.
Public drinking water spring, measured from the ordinary high water mark	200 ft.	200 ft.	100 ft.
Spring or surface water used as a public drinking water source, measured from the ordinary high water mark*	100 ft.	50 ft.	50 ft.
Pressurized water supply line	10 ft.	10 ft.	10 ft.
Decommissioned well	10 ft.	N/A	N/A
Surface water, measured from the ordinary high water mark	100 ft.	50 ft.	10 ft.
Building foundation or in-ground swimming pool	10 ft.	5 ft.	2 ft.
Property or easement line	5 ft.	5 ft.	N/A
Interceptor/curtain drains/foundation drains/drainage ditches			
Down-gradient**	30 ft.	5 ft.	N/A
Up-gradient**	10 ft.	N/A	N/A
Other site features that may allow effluent to surface			
Down-gradient**	30 ft.	5 ft.	N/A
Up-gradient**	10 ft.	N/A	N/A
Down-gradient cuts or banks, with at least 5 ft. of original, undisturbed soil above a restrictive layer due to a structural or textural change	25 ft.	N/A	N/A
Down-gradient cuts or banks, with less than 5 ft. of original, undisturbed soil above a restrictive layer due to a structural or textural change	50 ft.	N/A	N/A
Other adjacent soil dispersal components/subsurface storm water infiltration systems	10 ft.	N/A	N/A



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Date of Service:
Date Recd:
Inv. #
Recpt#
NOTES:

ONSITE SEWAGE SITE EVALUATION APPLICATION

PROPERTY INFORMATION

Physical Address _____ City: _____ State: WA Zip: _____
 Parcel Number _____ Township: _____ Section: _____ Range: _____ Acreage: _____
 Water Source Private Well/Spring Public Water System
 Nearest Sewer System: _____

PROPERTY OWNER'S INFORMATION

Name: _____ Phone: _____
 Mailing/Email Address: _____ City _____ State _____ Zip _____
Property owner is responsible for calling 811 and having utilities marked before the onsite evaluation.

APPLICANT/DESIGNER INFORMATION

Name: _____ Phone: _____
 Mailing/Email Address: _____ City _____ State _____ Zip _____

Proposed Use: New Residential Commercial: Type of business _____

Evaluation Fee:

\$350.00 Site Evaluation (New system, Replacement, or Undeveloped Land Sale)
 \$255.00 For Each Additional Onsite System On Property
 # of sites _____ @ \$255.00 each _____
 TOTAL: _____

Directions to Property: _____

All information included in this Onsite Evaluation Application is accurate to the best of your knowledge and you give Whitman County Public Health permission to enter the above mentioned property to be evaluated so services can be provided. This site evaluation is for the current property any changes outlined in WAC 246-272A-210 (5) will void this evaluation and require a new site evaluation before permitting. This is **NOT** a sewage disposal permit, nor a guarantee a permit will be issued for this property.

Property Owner's Signature: _____ **Date:** _____

FOR OFFICIAL USE

Purpose: Site Development Selling of Undeveloped Property (Building Location(s) Unknown During Inspection)
 Date of Site Evaluation: _____ Site Evaluation performed by: _____
 Approved for On-site Sewage System
 Approved for On-site Sewage System - With conditions (see comments)
 Disapproved for On-site Sewage System
 Comments: _____

SITE EVALUATION MAP FOR OFFICIAL USE ONLY

- 1. Indicate North arrow
- 2. Property lines
- 3. Building location
- 4. Paved areas (driveway, parking lot, etc.)
- 5. Well location (existing or proposed)
- 6. Proposed septic system location (original & replacement)
- 7. Property features (ravines, seasonal surface water, slopes, etc.)
- 8. Neighboring wells within 150 feet of property
- 9. Existing or proposed structures

Evaluation Map (not to scale):

For Official Use
Only

Test Hole #1			Test Hole #2		
Depth	Description	Type	Depth	Description	Type
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
Comments			Comments		
_____			_____		
_____			_____		

Test Hole #3			Test Hole #4		
Depth	Description	Type	Depth	Description	Type
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
_____ to _____	_____	_____	_____ to _____	_____	_____
Comments			Comments		
_____			_____		
_____			_____		

FOR OFFICIAL USE

SITE EVALUATION DATA

Test Hole #5

Depth	Soil Description	Soil Type
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Comments: _____

Test Hole #6

Depth	Soil Description	Soil Type
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

Comments: _____

Test Hole #7

Depth	Soil Description	Soil Type
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____
_____ to _____ in.	_____	_____

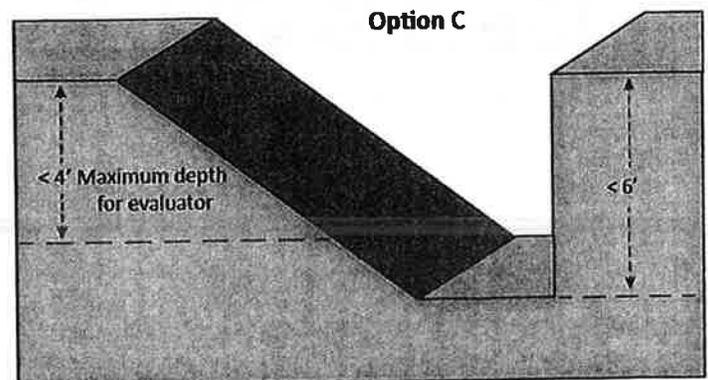
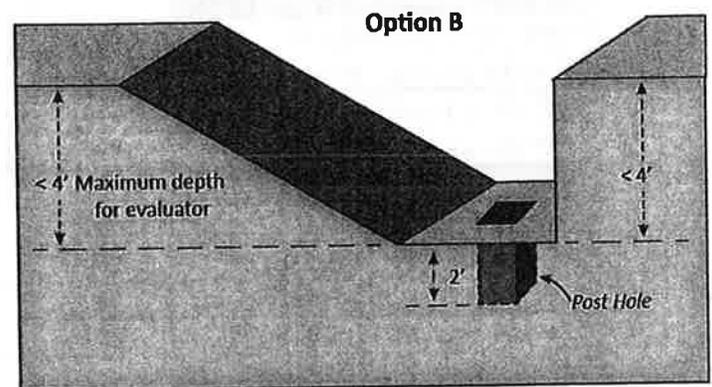
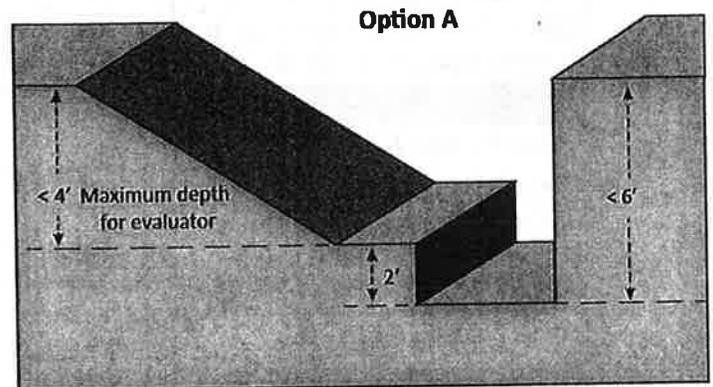
Comments: _____

Guidelines for Test Pit Construction for On-site Sewage Systems

Safety and soil characterization are both important when constructing a test pit for an on-site sewage system soil review. The three test pit options in this guidance will meet the Washington State Labor and Industries (L&I) safety requirements in Chapter 296-155 WAC. The three options can be used for all soil types listed in On-Site Sewage Systems Chapter 246-272A WAC and Chapter 246-272B WAC except as noted below. Local Health Jurisdictions may have more specific guidance for their local area. The reviewing agency should be consulted before test pits are constructed.

Test Pit Construction

- Call 811 to locate underground utilities prior to digging.
- All test pits must be evaluated for stability by a competent person per WAC 296-155-657. Test pits shall not be entered if deemed unstable.
- Use the least stable soil for evaluating test pit stability when there is a layered soil profile.
- Regardless of soil type, a test pit that shows distress such as fissures or cracks is deemed unstable.
- Benching for test pit stability can only be done in unsaturated soils with greater than 15% fines (silt and clay). This means some DOH Type 1, Type 2, and Type 3 soils and soils seeping freely may not qualify for Test Pit Option A.
- The three test pit options do not allow an evaluator to enter the test pit to a depth greater than 4 feet. To enter to a depth greater than 4 feet, additional requirements in WAC 296-155-657 must be followed.
- Every test pit must have a ramp that provides for entry and exit into the test pit without the need of aid.
- All spoils must be placed at least 2 feet from the edge of the test pit.
- All equipment within 20 feet of the test pit should be shut down when a person is in the test pit.
- For Large On-site Sewage Systems (LOSS) an excavator must be on site.
- Test pits shall not be left open for an extended period unless properly barricaded per L&I regulation. An example of a properly barricaded test pit is orange construction fencing surrounding the entire test pit and secured by metal fence posts.



For more information contact Washington State Department of Labor and Industries, your local health jurisdiction, or the Washington State Department of Health.

Drain Field Sizing Chart

Number of Bedrooms	1	2	3	4	5	6
Gallons per Day - GPD	240	240	360	480	600	720
Soil Type 1						
Total Trench Area - ft.	240	240	360	480	600	720
3' wide trench - total lin. ft.	80	80	120	160	200	240
2.5' wide trench - total lin. ft.	96	96	144	192	240	288
2' wide trench - total lin. ft.	120	120	180	240	300	360
Soil Type 2						
Total Trench Area - ft.	240	240	360	480	600	720
3' wide trench - total lin. ft.	80	80	120	160	200	240
2.5' wide trench - total lin. ft.	96	96	144	192	240	288
2' wide trench - total lin. ft.	120	120	180	240	300	360
Soil Type 3						
Total Trench Area - ft.	300	300	450	600	750	900
3' wide trench - total lin. ft.	100	100	150	200	250	300
2.5' wide trench - total lin. ft.	120	120	180	240	300	360
2' wide trench - total lin. ft.	150	150	225	300	375	450
Soil Type 4						
Total Trench Area - ft.	400	400	600	800	1000	1200
3' wide trench - total lin. ft.	134	134	200	267	334	400
2.5' wide trench - total lin. ft.	160	160	240	320	400	480
2' wide trench - total lin. ft.	200	200	300	400	500	600
Soil Type 5						
Total Trench Area - ft.	600	600	900	1200	1500	1800
3' wide trench - total lin. ft.	200	200	300	400	500	600
2.5' wide trench - total lin. ft.	240	240	360	480	600	720
2' wide trench - total lin. ft.	300	300	450	600	750	900
Soil Type 6						
Total Trench Area - ft.	1200	1200	1800	2400	3000	3600
3' wide trench - total lin. ft.	400	400	600	800	1000	1200
2.5' wide trench - total lin. ft.	480	480	720	960	1200	1440
2' wide trench - total lin. ft.	600	600	900	1200	1500	1800

****Note: 2' and 2.5' trenches not to be used with graveless system.**



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ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION

PROPERTY INFORMATION

Physical Address _____ City: _____ State: WA Zip: _____
 Parcel Number _____ Township: _____ Section: _____ Range: _____ Acentage: _____
 Water System New Existing
 Private Well/Spring* Public Water System
 Number of connections to Private Well/Spring: _____ Public Systems Name: _____
 Systems with two or more conections need to be reviewed. Public Systems ID#: _____
 *Applicants with private water systems may be required to test water sources for Nitrate and Coliform and provide results to Whitman County prior to permit approval.

PROPERTY OWNER'S INFORMATION

Name: _____ Phone: _____
 Mailing/Email Address: _____ City _____ State _____ Zip _____

APPLICANT/DESIGNER INFORMATION

Name: _____ Phone: _____
 Mailing/Email Address: _____ City _____ State _____ Zip _____

ON-SITE SEWAGE DESIGN USE AND PARAMETERS

Design use: New Repair/Replacement
 Residential Commercial/Other- Description _____
 Design Parameters: Soil Type: _____ Distribution Method: Gravity
 Number of Bedrooms (Residential Use): _____ Pressure
 Daily Flow (Commercial Use): _____

GRAVITY SYSTEM REQUIREMENTS

Minimum Tank Size: _____ gallons Pump used: Yes (Engineer Design Required)
 Minimum Total Trench Length: _____ lin. ft. No

PRESSURE SYSTEM REQUIREMENTS

Pump Chamber Size: _____ Orifice Diameter/Spacing: _____ in. _____ in.

	HP	GPM	Total Head	Dose Volume	# of Doses	Timer	Demand
Primary Pump							
Secondary Pump							

PERMITS AND FEES

\$475.00 Standard New System Permit Fee \$580.00 Engineered New System Permit Fee
 \$355.00 Repair/Replacement System Permit Fee \$625.00 Homeowner Design/Install

Updated: 8/1/15

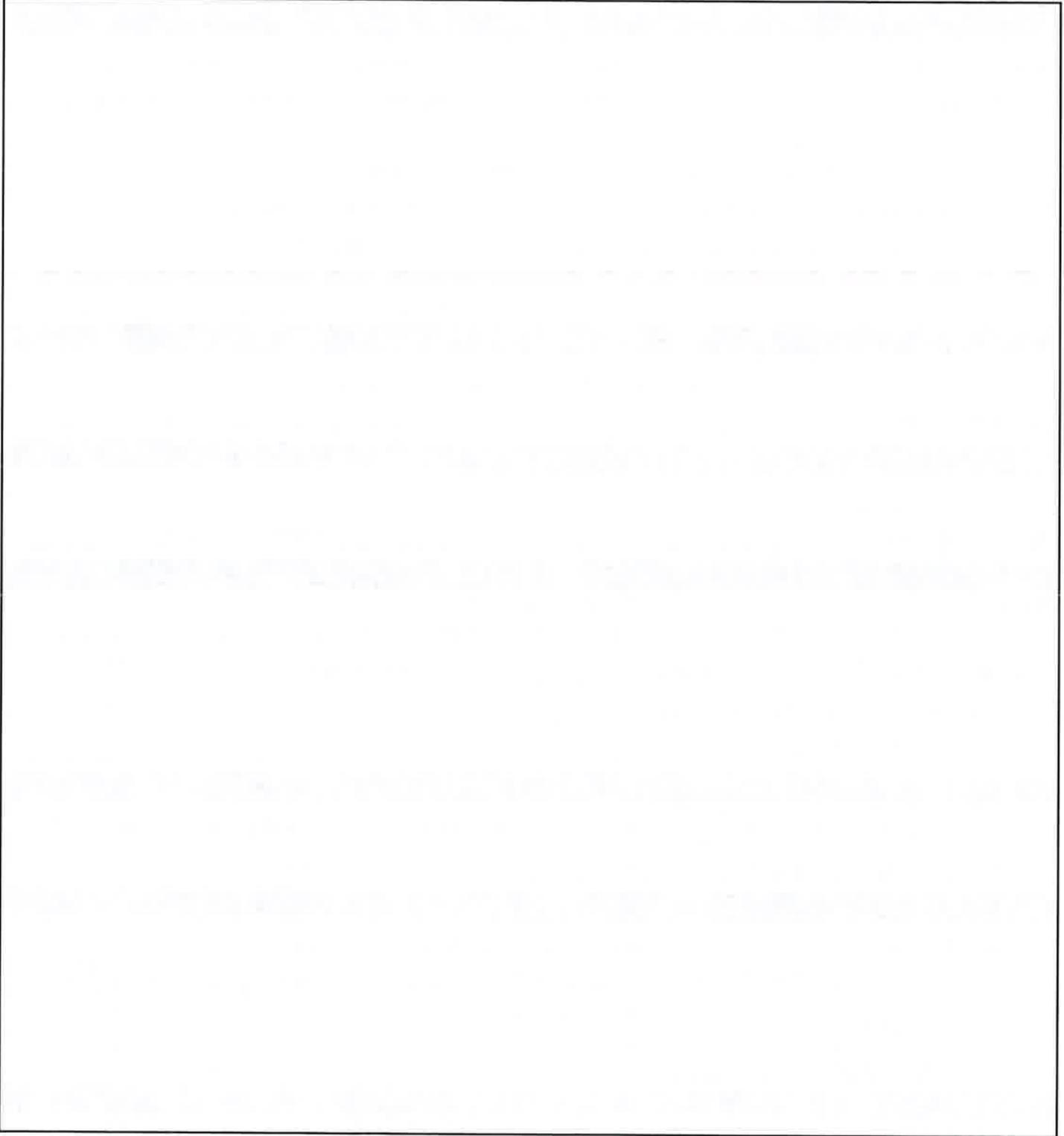
ALL PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE

SCALED SEPTIC SYSTEM DRAWING

Please include the following information (drawn to scale):

1. Indicate North arrow
2. Drain field orientation and layout (with setbacks)
3. Drain field dimensions (l,w,d of trenches, sq. ft., etc)
4. Location of tank and pump chamber
5. Location of all monitoring ports
6. Location of cleanouts
7. Orifice placement (if applicable)
8. Location of pump controls & alarms (if applicable)
9. Location of pretreatment (if applicable)

Use the space below for scaled drawing of the septic system:



I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan, and all other conditions of this permit are followed.

Designer's Signature

Date

Owner's Signature

Date

SCALED CROSS SECTION DRAWING

Please include the following information (drawn to scale):

- 1. All tanks
- 2. Trenches, including the following:
 - a. Depth of cover & material
 - b. Depth of trenches
 - c. Depth of gravel (if applicable)
 - d. Depth of dome chambers (if applicable)
- 3. Monitoring ports
- 4. Cleanouts
- 5. Tank risers

***Please note: All depth measurements should be referenced to the *final* grade.**

Use the space below for scaled drawing of the septic system:

I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan, and all other conditions of this permit are followed.

WAC 246-272A-0270

Operation, monitoring, and maintenance — owner responsibilities.

- (1) The OSS owner is responsible for operating, monitoring, and maintaining the OSS to minimize the risk of failure, and to accomplish this purpose, shall:
 - (a) Obtain approval from the local health officer before repairing, altering or expanding an OSS;
 - (b) Secure and renew contracts for periodic maintenance where required by the local health jurisdiction;
 - (c) Obtain and renew operation permits if required by the local health jurisdiction;
 - (d) Assure a complete evaluation of the system components and/or property to determine functionality, maintenance needs and compliance with regulations and any permits:
 - (i) At least once every three years for all systems consisting solely of a septic tank and gravity SSAS;
 - (ii) Annually for all other systems unless more frequent inspections are specified by the local health officer;
 - (e) Employ an approved pumper to remove the septage from the tank when the level of solids and scum indicates that removal is necessary;
 - (f) Provide maintenance and needed repairs to promptly return the system to a proper operating condition;
 - (g) Protect the OSS area and the reserve area from:
 - (i) Cover by structures or impervious material;
 - (ii) Surface drainage, and direct drains, such as footing or roof drains. The drainage must be directed away from the area where the OSS is located;
 - (iii) Soil compaction, for example by vehicular traffic or livestock; and
 - (iv) Damage by soil removal and grade alteration;
 - (h) Keep the flow of sewage to the OSS at or below the approved operating capacity and sewage quality;
 - (i) Operate and maintain systems as directed by the local health officer;
 - (j) Request assistance from the local health officer upon occurrence of a system failure or suspected system failure; and
 - (k) At the time of property transfer, provide to the buyer, maintenance records, if available, in addition to the completed seller disclosure statement in accordance with chapter 64.06 RCW for residential real property transfers.
- (2) Persons shall not:
 - (a) Use or introduce strong bases, acids or chlorinated organic solvents into an OSS for the purpose of system cleaning;
 - (b) Use a sewage system additive unless it is specifically approved by the department; or
 - (c) Use an OSS to dispose of waste components atypical of sewage from a residential source.

Designer's Signature

Date

Owner's Signature

Date

Instructions for Filling Out Sewage Permit Application

1. All sections MUST be filled out completely. Property information, such as parcel number, can be obtained from the Assessor's office if needed.
2. Whitman County allows individual homeowners to design and install their own systems ONLY IF the system is a simple gravity feed system. Final approval on these systems is still completed by Whitman County Environmental Health (WCEH).
3. ANY on-site sewage system, other than a simple gravity system, is required to be designed by a Washington State licensed Sewage System Designer or an Engineer licensed by the State of Washington. A list of licensed designers can be obtained by contacting the Washington State Department of Licensing.
4. All designs must be approved by WCEH before any construction can begin.
5. A final "as-built" drawing must be submitted to WCEH before final approval of the system will be given.

Samples of Required Drawings

SCALED SITE PLAN

Please include the following information (drawn to scale):

Critical Setbacks:

Distance from Septic Tank to:
 Dwelling Foundation: 10 ft. Disposal Area: 23 ft. Nearest Well: 35 ft. Surface Water: 170 ft.
 Distance from Drain field to:
 Dwelling Foundation: 48 ft. Septic Tank: 24 ft. Nearest Well: 35 ft. Surface Water: 130 ft.
 Property Lines: North: 90 ft. South: 56 ft. East: 183 ft. West: 65 ft.

Use the area below for scaled drawing. Please include the following information:

1. Well location
2. All structures (existing and proposed)
3. Proposed area (proposed, surface water, slopes, etc.)
4. Property lines (original, surface water, slopes, etc.)
5. Distance setbacks to septic system

SCALE - 1/4" = 10'

[Signature] Designer Signature Date: 9/5/04

[Signature] Property Owner Signature Date: 9/5/09

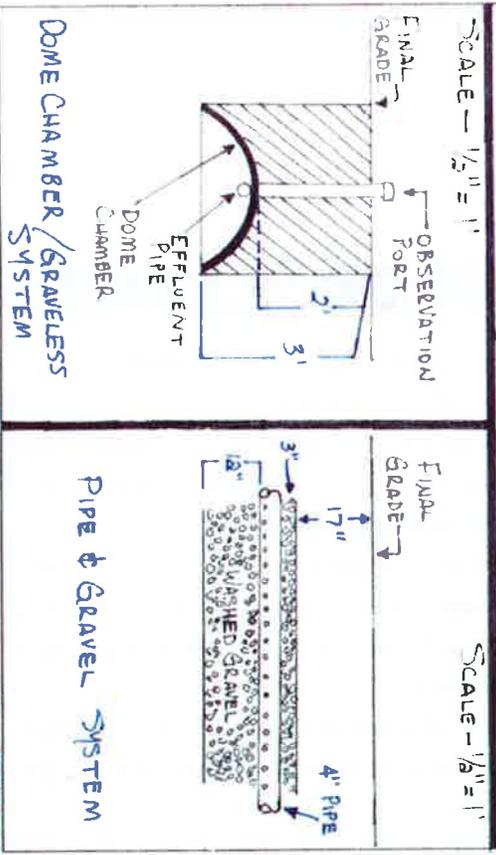
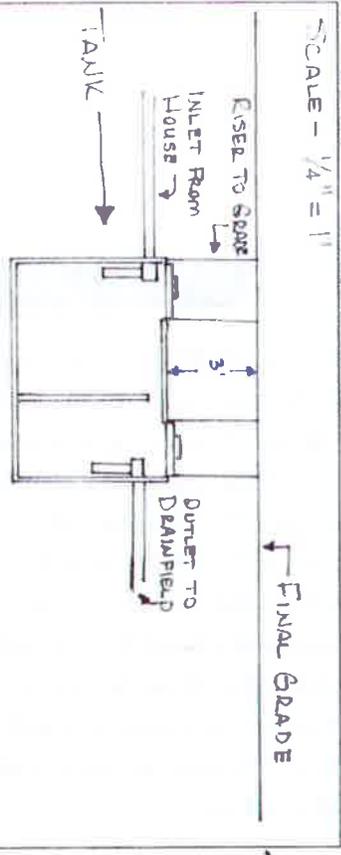
I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan, and all other conditions of this permit are followed.

SCALED CROSS SECTION DRAWING

Please include the following information (drawn to scale):

- All tanks
- Trenches, including the following:
 - Monitoring ports
 - Cleanouts
 - Depth of trench
 - Location of tanks and pump chamber
 - Location of all monitoring ports
- Depth of gravel (if applicable)
- Depth of dome chamber (if applicable)

Use the space below for scaled drawing of the septic system:



I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan, and all other conditions of this permit are followed.

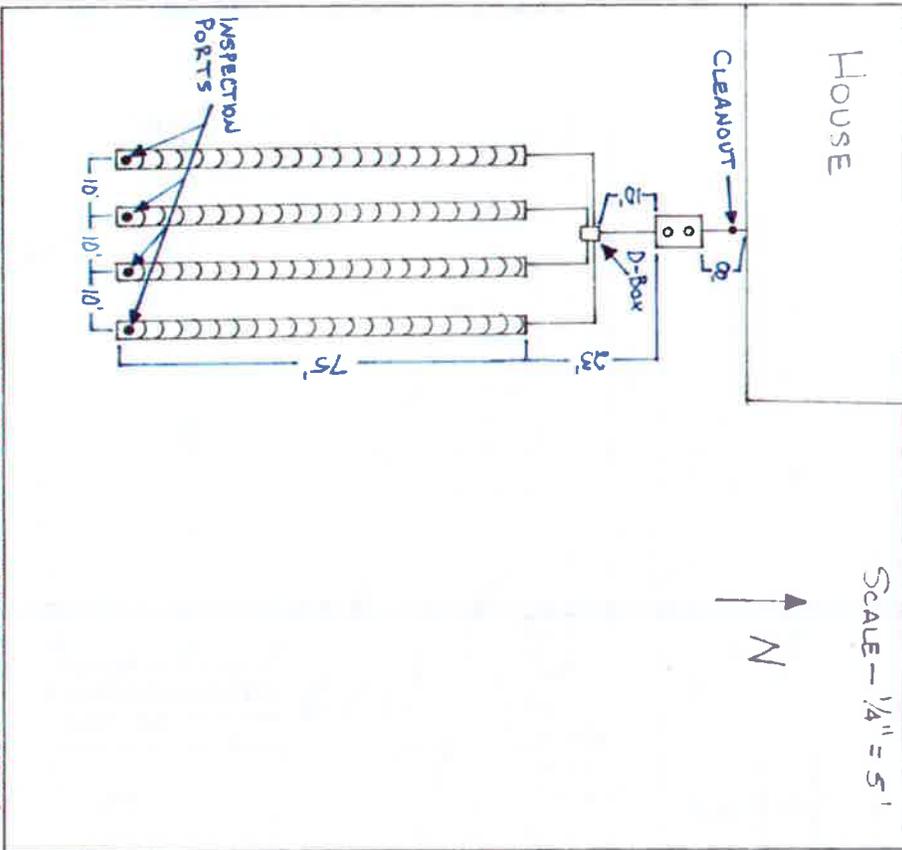
REKOLL 9/5/09
 Date
 REKOLL 9/5/09
 Property Owner Signature

SCALED SEPTIC SYSTEM DRAWING

Please include the following information (drawn to scale):

- Monitor depth trench
- Clean line dimensions and layout (with setbacks)
- Clean line dimensions (width of trench, sq. ft., etc.)
- Location of tanks and pump chamber
- Location of all monitoring ports
- Location of cleanouts
- Order placement (if applicable)
- Location of pump controls & alarm (if applicable)
- Location of pretreatment (if applicable)

Use the space below for scaled drawing of the septic system:



I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan, and all other conditions of this permit are followed.

REKOLL 9/5/09
 Date
 REKOLL 9/5/09
 Property Owner Signature



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WAC 246-272A-0265

Requirements for As-Built Drawing

Upon completion of the new construction, alteration or repair of the OSS, a complete and detailed record drawing shall be submitted to both the health officer and the OSS owner that includes at a minimum the following:

1. Measurements and directions accurate to +/- 1/2 foot, unless otherwise determined by the local health officer, to assure the following parts of the OSS can be easily located:
 - a. All sewage tank openings requiring access
 - b. The ends, and all changes in direction, of installed and found buried pipes and electrical cables that are part of the OSS
 - c. Any other OSS component which, in the judgment of the health officer or the designer, must be accessed for observation, maintenance, or operation
2. Location and dimensions of reserve area
3. Record that materials and equipment meet the specifications contained in the design
4. Initial settings of electrical or mechanical devices that must be known to operate the system in the manner intended by the designer or installer
5. For proprietary products, manufacturer's standard product literature, including performance specifications and maintenance recommendations needed for operation, monitoring, maintenance or repair of the OSS

Additional information or variations in original approved plans:

No Permit Can Be Issued Until As-Built Is Submitted

SCALED AS-BUILT

Please include the following information (drawn to scale):

Critical Setbacks:

Distance from Septic Tank to:

Dwelling Foundation-_____ft. Disposal Area-_____ft. Nearest Well-_____ft. Surface Water-_____ft.

Distance from Drain field to:

Dwelling Foundation-_____ft. Septic Tank-_____ft. Nearest Well-_____ft. Surface Water-_____ft.

Property Lines: North-_____ft. South-_____ft. East-_____ft. West-_____ft.

Use the area below for scaled drawing. Please include the following information:

- | | |
|--|--|
| 1. Indicate North arrow | 4. Well location |
| 2. All structures (existing and proposed) | 5. Septic system location (original and replacement) |
| 3. Paved areas (driveway, parking lot, etc.) | 6. Property features (ravines, surface water, slopes, etc.), showing setbacks to septic system |

I (the undersigned) understand that any permit issued by Whitman County, consistent with the above as-built, is valid ONLY if construction is according to this drawing, and all other conditions of this permit are followed.

Installer Signature Date



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NOTES:

Septic Tank - Simple Replacement Application

SITE INFORMATION

Physical Address:	City:	State:	Zip:
Parcel #:	Township:	Range:	Acreage:
Water Source (Well/Spring or Public Water System):			
Nearest Sewer System:			

PROPERTY OWNER INFORMATION

Name:			
Mailing address:	City:	State:	ZIP:
Email Address:			
Company Address:			
Phone:	Fax:		

TANK INFORMATION

Old Tank Size + Material:	Tank Risers (Y/N)
New Tank Size + Material:	Tank Baffles (Y/N)
Old Tank Model:	Traffic Rated Tank (Y/N):
New Tank Model:	Old Tank Removed/Demolished:

TANK REPLACEMENT SITE MAP

Tank Replacement Site Map: Include nearby buildings, North arrow, location of old tank, new tank, tank risers, depth of tank and cover material.

Simple Septic Tank Replacement Permit: \$125.00, make payable to Whitman County Dept of Public Health.

Updated: 8/1/15

Signature: _____ Date: _____



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Whitman County Environmental Health Use Only
 Date Received: _____
 Follow up needed: Yes No
 Reviewed by: _____
 updated 7-28-2015

GRAVITY ONSITE SEWAGE SYSTEM EVALUATION

PROPERTY INFORMATION

Property Owner: _____
 Property Address: _____ Parcel Number: _____

SYSTEMS OPERATION AND MAINTENANCE

Currently Occupied Yes No Signs of Root Intrusion Yes No
 Kitchen Grinder/Macerator Used Yes No Use of System Treatments Yes No
 Number of Bedrooms _____ **Required:** Tank pumped today or within last two years (Date) _____

TANK EVALUATION
 Capacity: _____ Gallons _____ Compartments
Tank Risers + Lid Secure: Yes No
 Tank Type: Concrete Poly Other _____
 Tank Pumped for Inspection Yes No
 Baffles Undamaged and Cleaned Yes No
 Signs of Sewage Levels Above/Below _____
 Tank Outlet? (explain in comments) Yes No
 Effluent Returning from Drainfield Yes No
 Tank Status: Satisfactory Needs improvement (explain in comments)

DRAINFIELD EVALUATION
 Observation Ports Present Yes No
 Signs of Sewage Surfacing Yes No
 Primary and Reserve Drainfield areas protected (No soil compaction, building, livestock etc.) Yes No
 Distribution Device Working Properly Yes No NA
 Well, Spring, or Surface Water within 100' Yes No
 Number of Legs _____
 Length of Legs _____

SYSTEM LOCATION DIAGRAM OR ATTACH AS BUILT

Blank area for system location diagram or attach as built.

Evaluator's System Assessment
 Satisfactory Corrective Action Needed Failure

Evaluator Comments (Use Back of Form for Additional Comments)

EVALUATOR

Evaluator's Name + Company: _____ Signature: _____ Date: _____
 Whitman County Licensed Installer Whitman County Licensed Designer Washington State Licensed Engineer

I hereby certify with my signature that my observations recorded on this form are accurate as of the date of this inspection.

Onsite Sewage System Installers

BUSINESS	NAME	ADDRESS	CITY/STATE	PHONE	Permitted
Ah Hi Excavation	Lake Ah Hi	1916 4th Ave	Clarkston, WA 99403	208-790-0707	2015
Bare Backhoe & Excavating	Tate Bare	9003 South Sherman Rd	Spokane, WA 99224	509-844-1762	2015
Boyd + Boyd Construction	Chad Boyd	452 Sand Rd	Pullman, WA 99163	509-336-3669	2015
Clearwater Excavating	Delvin Rauch	522 Burrell Ave	Lewiston, ID 83501	509-751-6466	2015
Fiber Net, Inc.	Jed Hereford	1902 Cashup Flat Rd.	Thornton, WA 99176	509-478-3083	2015
J&J Excavation	Jarrod Mangum	839 Floyd Alley	Orofino ID 83544	208-827-0868	2015
Jim Simpson Excavating	Jim Simpson	1270 NW Davis Way	Pullman, WA 99163	509-334-1333	2015
Johns Const. & Excavation	Doug Johns	519 State St.	Juliaetta, ID 83535	208-276-3161	2015
Johnson Excavation Serv	Tony Johnson	PO Box 9064	Moscow, ID 83855	208-882-5466	2015
King's Throne	Terry Ragains	629 Thain Rd.	Lewiston, ID 83501	208-798-8283	2015
Mangum's Concrete Forming	Lew Mangum	3454 Highway 12	Orofino, ID 83544	208-476-5647	2015
Motley-Motley, Inc.	Frank S. Motley	6901 State Route 270	Pullman, WA 99163	509-872-3511	2015
Nagle Construction	Jack P. Nagle	1545 Rock Creek Rd.	Potlatch, ID 83855	208-875-0490	2015
Palouse River Rock	Justin Morgan	1754 Long Hollow Rd.	Colfax, WA 99111	509-595-3368	2015
Palouse Valley Septic Service	Tyson Koehn	PO Box 367	Potlatch, ID83855	208-875-1350	2015
Riddco, Inc.	Lee Riddle	PO Box 10784	Pullman, WA 99163	509-575-0489	2015
Roto-Rooter Service	Chris B. Ball	2924 Hatwai Rd.	Lewiston, ID 83501	208-746-4282	2015



Whitman County Septic Tank Pumpers

BUSINESS	NAME	ADDRESS	CITY/STATE	PHONE	Permitted
Roto-Rooter Service	John Ball	2924 Hatwai Rd.	Lewiston, ID 83501	208-746-4282	2015
H & R Complete, Inc.	Herb Dollar	PO Box 749	Newman Lake, WA 99025	509-228-9955	2015
Kings Thrones, Inc.	Terry Ragains	629 Thain Ave.	Lewiston, ID 83501	208-798-8283 800-525-5351	2015
Palouse Valley Septic Service, LLC	Tyson Koehn	PO Box 367	Potlatch, ID 83855	208-875-1350	2015

Onsite Sewage System Designers & Engineers

BUSINESS	NAME	ADDRESS	CITY/STATE	PHONE	Permitted
Anacine Engineering	C. Ryan Fiske, PE	4025 Eagle Ct.	Lewiston, ID 83501	208-791-8055	2015
B K Engineering	Ben Kovanda, PE	20511 SR 194	Pullman, WA 99163	509-592-5887	2015
Belsby Engineering	Brian C. Belsby, PE	1325 W 1st Ave	Spokane, WA 99201	509-747-6790	2015
Metro Engineering	Joel G. Lee, PE	3929 E. Boone Ave	Spokane, WA 99202	509-624-9351	2015
Reliant Engineering	Evan Laubach, PE	248 NW Sunrise Dr.	Pullman, WA 99163	509-334-5745	2015
Simpson Engineering	Ed Simpson, PE	909 N. Argonne Rd.	Spokane, WA 99212	509-926-1322	2015
Stacey & Associates	Jerry Stacey, PE	801 W Bernhill Rd.	Spokane, WA 99208	509-467-3162	2015

Onsite Sewage System Evaluators

BUSINESS	NAME	ADDRESS	CITY/STATE	PHONE	Permitted
Roto-Rooter Service	John Ball	2924 Hatwai Rd.	Lewiston, ID 83501	208-746-4282	2015
H & R Complete, Inc.	Herb Dollar	PO Box 749	Newman Lake, WA 99025	509-228-9955	2015
Palouse Valley Septic Service, LLC	Tyson Koehn	PO Box 367	Potlatch, ID 83855	208-875-1350	2015

* Installer/Pumper list will be updated regularly. Newest Updated Version can be found at www.whitmancounty.org/environmentalhealth