



WHITMAN COUNTY ENVIRONMENTAL HEALTH

PULLMAN BRANCH OFFICE
 1205 SE PROFESSIONAL MALL BLVD STE # 203
 PULLMAN, WASHINGTON 99163
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 FAX (509) 334-4517

CENTRAL OFFICE
 310 N. MAIN STREET
 COLFAX, WASHINGTON 99111
 PHONE (509) 397-6280
 FAX (509) 397-6239

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

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

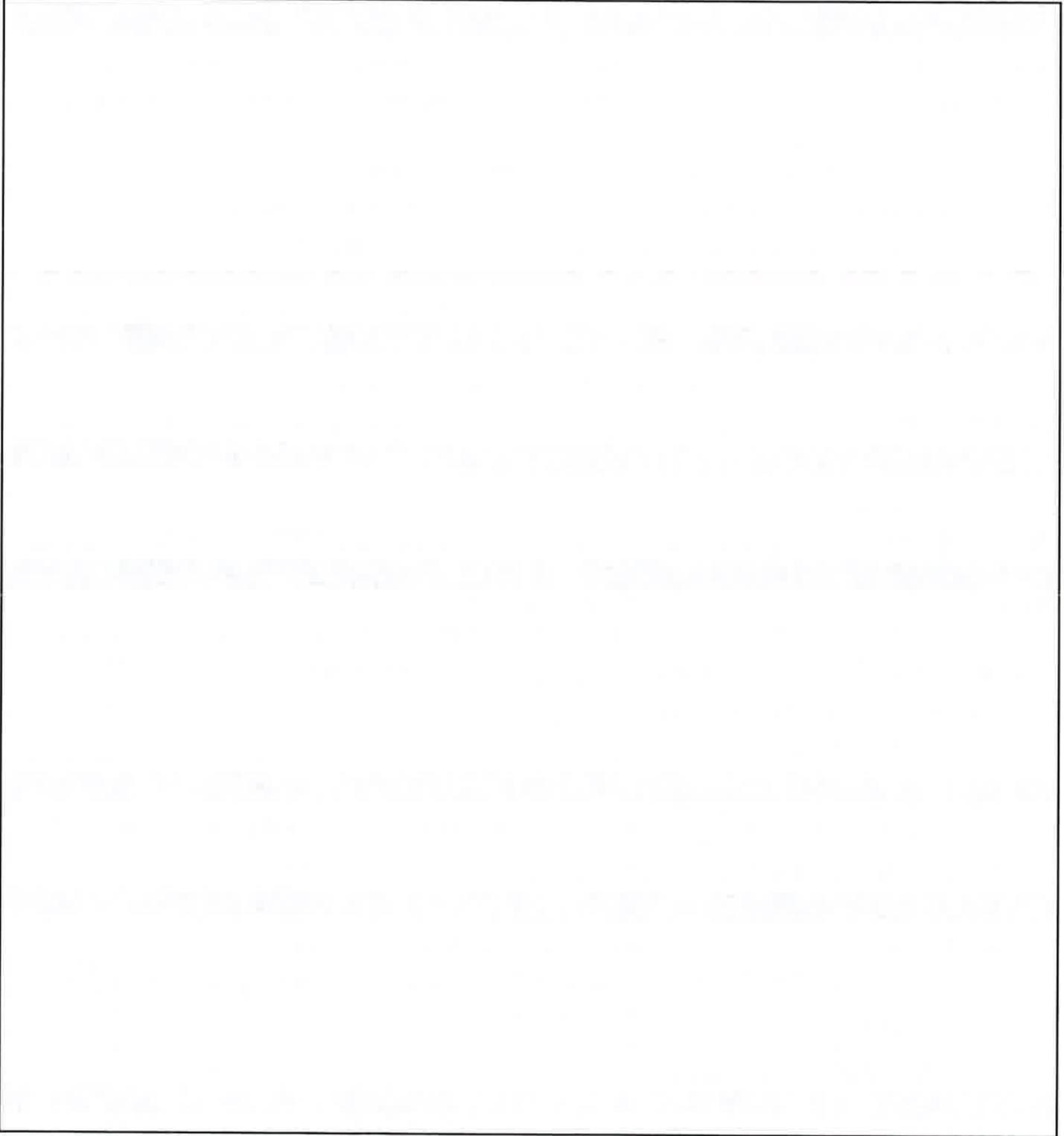
ALL PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE

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:

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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 (existing, surface water, slopes, etc.)
5. Distances setbacks to septic system

SCALE - 1/4" = 10'

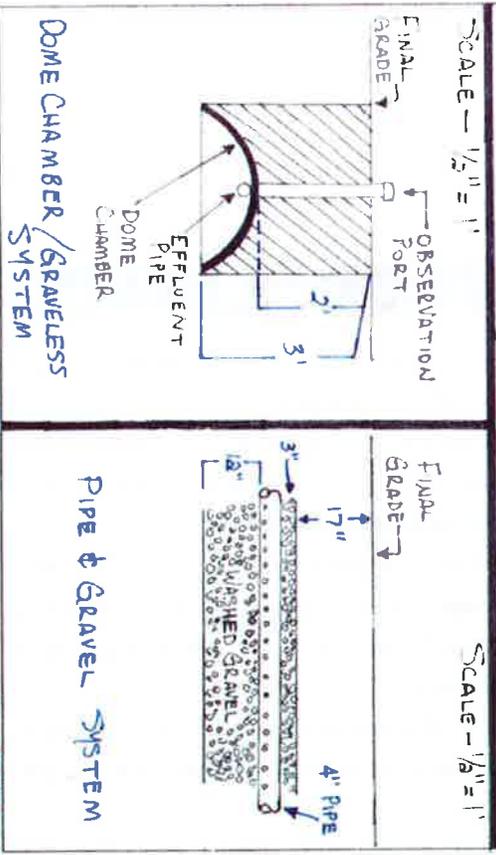
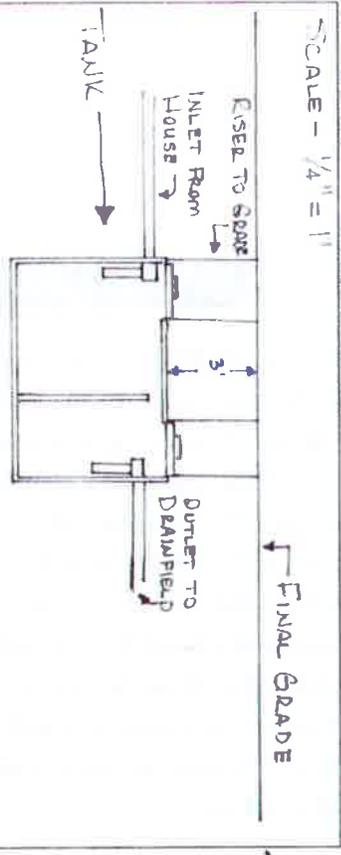
Designer Signature: R. E. Koll Date: 9/5/04

Property Owner Signature: R. E. Koll Date: 9/5/04

! (The undersigned) understands 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:

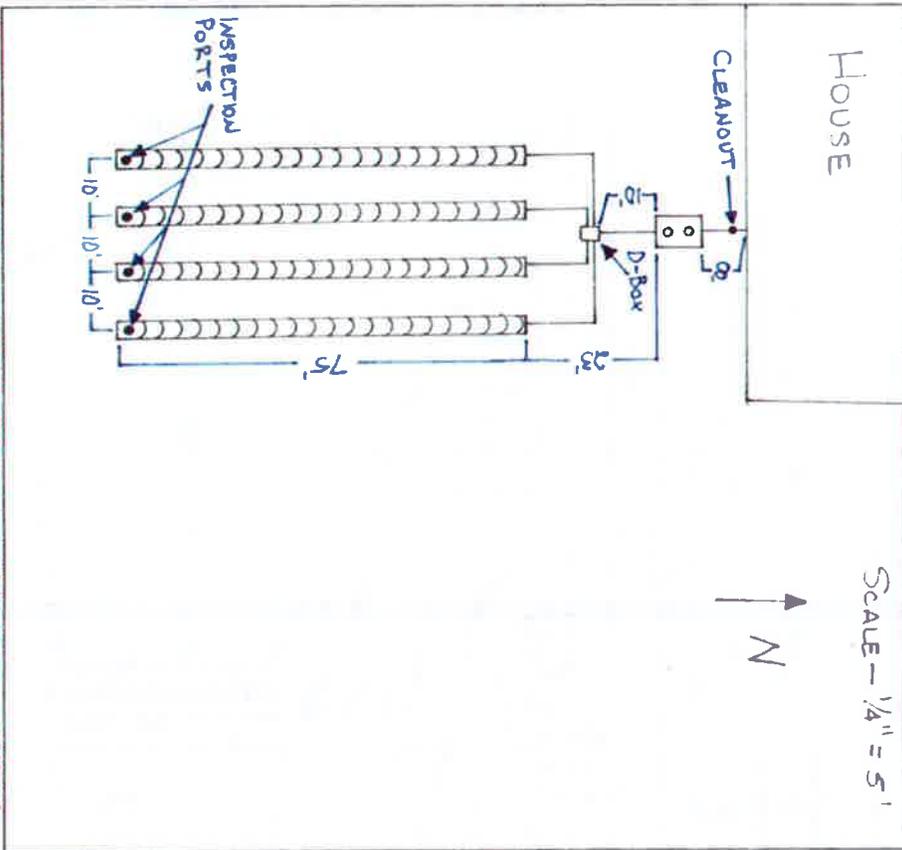


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REKOLL 9/5/09
 Date
 REKOLL 9/5/09
 Property Owner Signature

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 (L, W, 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