



Wahkiakum County Health and Human Services
 42 Elochoman Valley Rd / PO Box 696
 Cathlamet, WA 98612
 Phone 360-795-6207 Fax 360-795-6224

On-Site Sewage Disposal Application

Property Information	
Address:	
City/State/Zip:	
Property ID:	Geographic ID:
Section:	Township: Range: Lot Size:
Applicant Information Primary Contact <input type="checkbox"/>	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
Owner Information Primary Contact <input type="checkbox"/>	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
Project Information	
System Use: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> # of Bedrooms:	
Failed System: YES <input type="checkbox"/> NO <input type="checkbox"/> Building Occupied: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Failed, describe failure:	
Water Supply:	
Call for Pickup Name:	Phone:

Office Use Only
Date Received:
Receipt Number:
Permit Number:

Project Type	
Soil Evaluation	
Septic Permit	
Septic Design Review	
Tank Replacement	
Connect To Existing Septic	

This application does not constitute permission to begin installation and shall not be considered an assurance that development permits for the site will be issued. Submission of detailed plans and specifications may be required in order to process this application in accordance with WAC 246-272A.

I authorize employees and officials of Wahkiakum County the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

Signature: _____

Print: _____ **Date:** _____



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Water Availability Form

Service Address: _____ City: _____

Applicant Name: _____ Phone Number: _____

PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOUR SOURCE OF POTABLE WATER

Section A- exempt ground water source- Individual Well

- Individual Well- The water supply for this building will be obtained from a source which does not require a water right permit. Less than 5000 gallons per day of water will be used from the well and less than one half-acre will be irrigated. (RCW 90.44.050)

Attach copies of:

- Well driller log
- Flow Test
- Bacteriological Analyses

Section B- Water Right (Surface Water or non-exempt ground water)

- The Washington State Department of Ecology has issued a water right permit or certificate for:
 Surface Water (lake, river, pond, or spring) Ground Water (well)

Water Right, Permit, or Certificate Number _____

Attach copies of:

- Well Driller Log
- Flow test
- Bacteriological Analyses

If your potable water source is rain water, please also attach a copy of your engineered system.

Section C- Public Water System

- Group A or B Public Water Purveyor
 A copy of a recent utility bill from a utility purveyor accompanies this form
 Group A or B Public Water Purveyor Statement of service is completed below:

Statement of service- To be completed by water system owner or legal representative.

The public water system _____ State I.D. # _____, is capable of and will supply water to the project/short plat _____ for _____ connection(s) located at _____.

- This is a new connection to serve this site/ project
 This is an existing approved connection serving this site/project

Purveyor: _____

Address: _____

Title: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____ Date: _____

Site Evaluation Procedure for Sewage Disposal

1. A Site/Soil evaluation is necessary to develop any home site that is not served by approved public water and/or sewer. On-site sewage (OSS) disposal systems must be approved by Wahkiakum County and meet the requirements of WAC 246-272A. If the directions given are followed, this process can be completed easily. **We highly recommend that you work with an approved designer or installer (see attached list) at this time to help you through the approval process.**
2. In order to get a site evaluation you will need to fill out completely an On-site Sewage Application and Plot Plan (attached). The plot plan for your site shall be drawn at a scale of 1 in = 40 ft and shall have as a minimum the following features:
 - a. Lot dimensions and property lines.
 - b. Directional arrow indicating North.
 - c. Road location and any existing or proposed driveways.
 - d. All proposed and existing structures, their dimensions and distance to each other, to property lines and to centerline of road drawn to scale.
 - e. Location of test holes (flagged), proposed drainfield and reserve areas and their distances to proposed structures or projects.
 - f. Location and distance to any surface water, rivers, streams, springs, and drainage ditches.
 - g. Locations and distance to any proposed or existing wells.
 - h. Location and distance to cuts, banks, steep hills, fills, and landslide areas.
 - i. Indicate all easements, right-of-ways, and adjacent property addresses and uses.
3. Upon the proposed on-site sewage disposal site make 3-4 test holes constructed in accordance with the Washington State Department of Health "*Guidelines for Test Pit Construction for On-Site Sewage Systems*" (attached). The holes should be spaced 75 feet apart in the shape of a triangle/square. Mark each hole by placing a stake with a survey ribbon or other flag at each of the test holes. Two test holes may be adequate for a "repair" replacement of a failing OSS system.
4. Call or visit the county building department and obtain an address. Mark the property access from the nearest road with a flagged stake.
5. **Once you have fully completed the instruction given in steps 1-4 above, return the completed on-site sewage application and plot plan along with the current survey or tax map to the health department and pay the site evaluation fee.**
6. An inspection date will be set and the inspection made. The Environmental Health Specialist will complete the evaluation report and email results to the person named on the application.
7. The property owner may apply for an OSS Construction Permit for the approved site on the property after obtaining an approved on-site sewage system site/soil evaluation. **A permit must be paid prior to construction of an on-site sewage system. A conforming OSS system design with a Design Review Fee must be submitted by an approved designer (see attached), and be reviewed and approved prior to construction permit release.**
8. **All requirements in WAC 246-272A for on-site sewage system approval must be met. All lots must have an adequate reserve area (100%) for a repair system should failure occur.**
9. An application for a waiver of State Codes may be submitted to the Health Officer for review if it meets the criteria specified in WAC 246-272A-0420.



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 Toll Free (888) 452-0326
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THIRD PARTY RELEASE OF INFORMATION AUTHORIZATION

Wahkiakum County property owners may ask third parties, such as a contractor, family or non-family member, or any other person to represent the property owner's particular issue, question, or concerns related to any matter under Wahkiakum County Health Department purview.

The Health Department will work with any third party that the property owner, as shown on the property's title or other legal documentation, designates as long as the property owner provides the Health Department with explicit written permission.

To provide permission, please complete, sign, and return this document to the Health Department at the above address.

RELEASE

I, _____ am the owner of the property
 (property owner name)

at _____
 (address or parcel number)

I give permission for _____ to *receive* information
 (third party authorized agent, name, or company)

from the Health Department regarding the following matter:

- On-Site Septic System(s)
- Other: _____
- If the box to the left is checked, I also permit the above named person or company to *speak and negotiate* for me regarding the matter described above.

This release will be effective upon the date of signature below and will continue until:

- The matter before the Health Department is completed.
- Date: _____
- Other: _____

I understand that I may also revoke this release, or any part of it, at any time by notifying the Health Department.

This is not a medical release. This release does not grant permission for the Health Department to give to the Third Party any medical information I may have given the Health Department about myself and is limited to information about the matter described above.

 Property Owner (signature)

 Date