



GRANT COUNTY HEALTH DISTRICT

1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960

www.granthealth.org

### EXISTING SEPTIC SYSTEM EVALUATION APPLICATION

*\*Please fill out this form completely and submit requested information. Incomplete applications will be returned.*

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address, City, State, Zip Code \_\_\_\_\_

System Address, City, State, Zip Code \_\_\_\_\_

Subdivision \_\_\_\_\_ Div. \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Section \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_

**If the system proposed for use is 5 years old or older the system must be pumped. A copy of your septic tank pumping receipt is required.**

The month and year the septic system was installed \_\_\_\_\_

The name of the property owner at the time the septic system was installed \_\_\_\_\_

The size of the septic tank \_\_\_\_\_ Number of compartments \_\_\_\_\_ Size of the drainfield \_\_\_\_\_ sq. ft.

Number of years since septic tank was pumped \_\_\_\_\_ Number of bedrooms in the previous dwelling \_\_\_\_\_

Number of bedrooms in the new dwelling \_\_\_\_\_ (Not applicable for non-residential reviews)

**\*Include a copy of the building floor plan. Include description of proposed system use if non-single family.**

(Include number of employees who will be using the system, etc.) In some cases, a septic designer/engineer will be needed.

**On separate paper**, make a drawing of your property showing the **existing septic system** (See “Example Plot Plan” next page). Include adjacent property items. Some items to include in your drawing are listed below.

Mark with an “X” or N/A (not applicable)

- \_\_\_\_ 1) Property line
- \_\_\_\_ 2) Buildings
- \_\_\_\_ 3) Driveways, Patios, Decks
- \_\_\_\_ 4) All Water Sources, Piping
- \_\_\_\_ 5) Septic Tank
- \_\_\_\_ 6) Drainfield
- \_\_\_\_ 7) Reserve drainfield area (Reserve)
- \_\_\_\_ 8) Surface Water
- \_\_\_\_ 9) Slope of lot & direction
- \_\_\_\_ 10) Adjacent roads
- \_\_\_\_ 11) All other drainfields
- \_\_\_\_ 12) All easements
- \_\_\_\_ 13) Utility locations
- \_\_\_\_ 14) Trees (including type)
- \_\_\_\_ 15) Soil Test Holes

#### Important setbacks

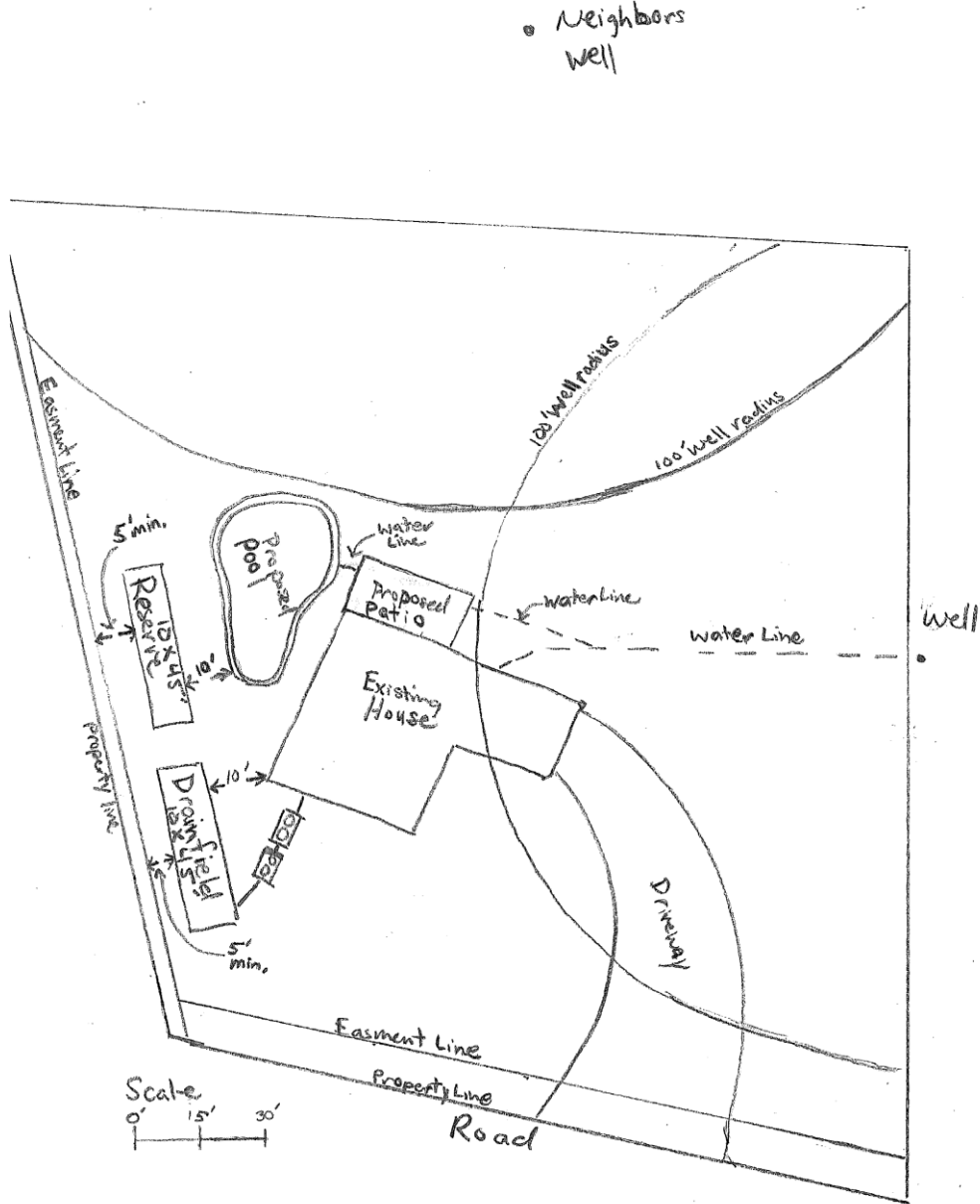
**Can you meet the minimum setbacks from the drainfield and proposed reserve location? Circle all exceptions. If you have circled exceptions, supply details in writing on a separate sheet.**

- |                         |      |                       |      |                         |     |
|-------------------------|------|-----------------------|------|-------------------------|-----|
| 1. Surface water        | 100' | 7. In-ground Pool     | 10'  | 13. Seasonal Irrigation |     |
| 2. All wells            | 100' | 8. Trees              | 50'  | ditches                 | 50' |
| 3. Waterlines           | 10'  | 9. Reserve-drainfield | 10'  |                         |     |
| 4. Cut/banks            | 50'  | 10. PWS Spring        | 200' |                         |     |
| 5. Other ditches/drains | 30'  | 11. Property lines    | 5'   |                         |     |
| 6. Buildings            | 10'  | 12. Easement lines    | 5'   |                         |     |

**Can you meet the minimum setbacks from the septic tanks and distribution box? Circle all exceptions. If you have circled exceptions, supply details in writing on a separate sheet.**

- |                     |      |                         |      |                         |     |
|---------------------|------|-------------------------|------|-------------------------|-----|
| 1. Surface water    | 50'  | 5. Other ditches/drains | 5'   | 9. Property lines       | 5'  |
| 2. Public Wells     | 100' | 6. Buildings            | 5'   | 10. Easement lines      | 5'  |
| 3. Non Public Wells | 50'  | 7. In-ground Pool       | 5'   | 11. Seasonal Irrigation |     |
| 4. Water lines      | 10'  | 8. PWS Spring           | 200' | ditches                 | 50' |

# Example Plot Plan



My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 10 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ EHS(Signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Amt. Received \_\_\_\_\_ Initial \_\_\_\_\_ Receipt # \_\_\_\_\_ Paid date \_\_\_\_\_ Date Bldg. Dept. Notified \_\_\_\_\_