



GRANT COUNTY HEALTH DISTRICT

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

SEWAGE PERMIT APPLICATION

FOR GCHD USE ONLY

Date _____ Amt Rcvd \$ _____

Receipt # _____

THIS APPLICATION IS NOT A PERMIT

Owner or Applicant Name:					Phone:				
Email:									
Mailing Address:					City/Zip:				
Location Address:					City:				
Subdivision:			Lot #:			Size of Lot:			
Section	Township		Range	Parcel Number(s):					
If Applicable, Building Permit Application Number:									
Is application for a single-family residence for the resident owner's own use?								Yes	No
Is the property within the boundaries of or within 200 feet of a recognized sewer utility?								Yes*	No
Is the property within an Urban Growth Area (UGA)?								Yes*	No
*If yes, you must submit a letter from the utility or city stating sewer is not available.									
PROPOSED INSTALLER (If there is not an approved installer, a start permit will not be issued.)									
Installer Name:					Phone:				
POTABLE WATER SUPPLY									
Individual well		Same farm exempt well		Shared Well		No water under pressure to structure			
Public Water System Name and Number:									
APPLICATION TYPE									
New		Repair		Alteration		RESIDENTIAL		NON-RESIDENTIAL	
Holding Tank				Vault/Pit		Number of Bedrooms:		Proposed Use:	
Connection to a community system				System Name:		Design Flow (gal/day):		Design Flow (gal/day):	
Revision of Approved Design				Issued Permit#		Maximum # of Occupants:		Maximum # of Users:	
Renewal of Existing Permit									
No record of existing system									
DESIGN DETAILS (Signature and Professional Stamp of Designer must be on submitted design)									
Designer Name:					Email:				
Phone:									
Septic Tank Size:		Pump Tank Size:			Timed Dose?		Yes	No	
Drainfield Size in Square Feet:				Max Depth Drainrock/Chamber:			Treatment Level:		
Waiver Requested?		Y	N	Designer Requests Copy of Start Permit?				Y	N

A start permit and approved design will be sent to the approved installer. Septic systems cannot be installed without a valid start permit. Permits expire one year after issuance. Any changes to the site which cause non-compliance with any applicable law, regulation, or the approved design will void any issued permit. Applicant may appeal any decision related to this application following procedures in GCHD Ordinance 15-1. GCHD has right of entry at any reasonable hour to evaluate the site for the proposed application.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or land or shoreline use. Supplying incorrect and/or incomplete information may result in permit revocation and/or additional cost may be incurred.

Printed Name of Owner or Authorized Agent

Signature

Date

Grant County Health District

Sewage Permit Application Design Checklist

(to be completed by the system designer)

Property Owner Name _____

Site Parcel # _____ Site Address _____

SEWAGE PERMIT APPLICATION FORM	Yes	No	NA
The form is filled out completely and accompanied by the appropriate fee.			
Stamps of Designer or PE on submitted design			
Proposed licensed installer is indicated (if there is not a listed installer, a start permit will not be issued until GCHD is notified of the proposed installer)			
VICINITY MAP	Yes	No	NA
Provided site plan			
Included written directions from last labeled street			
SITE PREP	Yes	No	NA
Lot is labeled with applicant's name at the site			
SOIL AND SITE EVALUATION	Yes	No	NA
Soil Logs-properly located, sized, constructed and maintained (to preclude safety hazards)			
A minimum of one soil log per area to characterize the drainfield and reserve areas are included (If a previous Site Registration was completed but test holes are not in the planned drainfield and reserve area, additional test holes are required.)			
An accurate description of the soil is provided (If not, test holes are required and a revisit fee will be charged.)			
Texture, structure, compaction and effect on treatment and water movement potential is indicated			
All encumbrances affecting OSS placement have been identified:			
Wells, other water sources, Water supply lines			
Surface water (6 months or greater)			
Seasonal water (<6months of the year)			
Seasonal irrigation ditches (only run during irrigation season)			
Abandoned and decommissioned wells			
Restrictive soil or outcrops			
Existing buildings, property lines			
Drainage structures (i.e. footing drains, curtain drains, drainage ditches)			
Any cuts, banks, fills			
Driveways and parking areas			
Existing OSS			
Easements/Rights of way			
Underground utilities			
Others not listed			

PLOT PLAN	Yes	No	NA
A 1"=20' scale or larger is used. The paper size is 11"X17" or smaller			
The location and description of design control point(s) are indicated			
Property and easement lines are shown (specific lengths are indicated)			
Topographical contours at 2'(elevation) intervals are shown (for areas impacting design)			
Direction of the surface drainage is shown			
Size of building is indicated			
The maximum building footprint area(s) is/are shown			
The plan shows existing structures present (on site)			
Plan shows the location of wastewater tank(s)			
Primary and reserve drainfield are shown on the plot plan			
The boundaries of the drainfield detail drawing are indicated			
All soil logs are shown on plan			
The plan shows the location of existing or proposed potable water source (s)			
Critical areas are incorporated into the drawing along with associated buffers and Setbacks			
Habitat Conservation Areas shown, with associated buffers and setbacks			
If present, neighboring wells within 100 feet of property lines; and other water sources within 200 feet of property lines are shown			
All items discovered in the soil and site evaluation are shown			

CONSTRUCTION PLANS AND SPECIFICATIONS	Yes	No	NA
The plumbing stub elevation is indicated			
Required Treatment Media specifications are provided			
Cross sectional detail drawings are provided			
The Dimensions of wastewater tank (s) details are provided			
Maximum depth of cover to be placed over tank(s) is indicated			
The seasonal groundwater table elevation at the tank location acceptable (below the inverts)			
Treatment Level and specifications provided			
Minimum and maximum drainfield depth specified			
Vertical separation is indicated			
The amount of cover material and details for placement is indicated			
Other OSS components to be constructed at the site are included			
Construction plans show pre-installation protection of areas designated for OSS components and any down slope effluent absorption area			
Construction specifications are included for sand-based treatment system on non-level/restricted site			
Bedding of sewer transport lines is indicated.			

DETAILED DRAWING OF THE OSS	Yes	No	NA
The drawing uses/represents a 1"=20' scale. Maximum paper size is 11"x17"			
Design control point(s) located within the designated drainfield area			
The drawing shows the location and dimensions of all components of the primary and reserve systems			
Trench lengths and widths are shown			
Horizontal separations are indicated			

DETAILED DRAWING OF THE OSS Continued...	Yes	No	NA
Slopes in primary and reserve areas and of location proposed for sand-based treatment component (e.g. sand filter) are indicated			
The design includes specifications for reserve components (i.e. when the proposed elevation of the reserve area is above the septic outlet)			
The drawing specifies setbacks to proposed or existing water lines			

PROPOSED NON-WASTEWATER DRAINS (include construction details and location in design if applicable):	Yes	No	NA
Footing drains			
Curtain drains			
Interceptor drains			

PRESSURE DOSING SYSTEM SPECIFICATIONS	Yes	No	NA
All pump chamber specifications are indicated and calculations are shown			
All pump chamber dosing specifications are indicated and calculations are shown			
Control Panel location shown in line of sight to pump tank			
Control panel for pressure systems specified in design			

WATER SUPPLY	Yes	No	NA
Category of drinking water supply is indicated on the first page of this application form			

OTHER	Yes	No	NA
The design is prepared with intent to meet applicable rules, guidelines and GCHD policy and procedure (See applicable RS&G's)			
If a waiver is requested, the form is filled out completely and appropriate fee is included			
The sewage entering the OSS meets the criteria as non-industrial Wastewater			
The OSS effluent contacting the infiltrative surface will have typical residential characteristics (WAC 246-272A and USEPA Onsite Wastewater Treatment Systems Manual)			
If a repair design for a failing OSS, included information on why the system failed			
Maximum design flow is indicated			
Design calculations are included (Flow, application rate, system sizing, etc.)			
Tank is from an approved source (watertight)			
Plans for system operation monitoring and maintenance are included and have been distributed to the prospective system owner			