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 TELEPHONE (509) 488-2031
 108 W. MAIN, RITZVILLE, WASHINGTON 99169
 TELEPHONE (509) 659-3315

SEWAGE PERMIT APPLICATION

This Application is to be used for any activity requiring a Sewage Permit per WAC 246-272A and/or Adams County Health Department Ordinance. When numbered, signed, and dated, the design has been approved. A Start Permit will need to be issued to an approved installer before installation may begin. **Please fill out all pages of the form completely, or it will not be accepted. Sewage Permits are valid for one year from date of issuance.** Applicant may appeal any decision pertinent to this permit to the Adams County Board of Health. Permittee has right of entry at any reasonable hour to evaluate the site for the proposed application.

Property Owner/Applicant Name: _____ Email: _____

Mailing Address: _____ City/Zip: _____ Daytime Phone: _____

Location Address: _____ City: _____ Size of Lot: _____ Lot # _____

Parcel Number(s): _____ Section: _____ Township: _____ Range: _____ Subdivision _____

Proposed Installer (To Receive Permit by Mail) _____ Installer's Phone _____

APPLICATION TYPE:

RESIDENTIAL

- New Septic Tank/Drainfield Connection to a community system
- Repair Alteration No record of existing system
- Renewal of Existing Permit -- Issued Permit # _____
- Revision of Approved Design -- Issued Permit # _____

No. of Bedrooms _____ **Maximum number of occupants** _____
Design Flow _____

NON-RESIDENTIAL

- New Septic Tank/Drainfield Repair Alteration Holding Tank
- Vault/Pit Toilet Connection to a community system
- No record of existing system
- Renewal of Existing Permit -- Issued Permit # _____
- Revision of Approved Design -- Issued Permit # _____

Proposed use _____ **Design Flow** _____

Is any part of project within the service area (L.I.D or town limits) of a sewer utility?
 Yes No If yes, submit letter from utility stating sewer is not available.

Is there municipal sewer within 200 ft. of property line?
 Yes No If yes, submit a letter from the city stating sewer is not available.

Is application for a single-family residence for the Applicant's own use?
 Yes No

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 this 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. **Any changes to the site which cause non-compliance with any applicable law or regulation will void this permit.**

WATER SUPPLY:

PLEASE FILL OUT WATER AVAILABILITY FORM

- Private System (Doesn't meet public system definition)
- Public System Name: _____
- Farm Exempt Well
- No water under pressure to structure

PROFESSIONAL STAMP

Signature of Designer/Engineer _____ Date _____

Homeowner as Designer (Gravity Only)

Drainfield Size in Square Feet _____

Septic Tank Size _____

Max Depth Drainrock/Chamber _____

Pump Chamber Volume _____

Treatment Level _____

Waiver Requested By Designer Yes No

Designer requests copy of permit Yes No

Building Permit Application# _____

Designer's email _____

Designer's Phone _____

Signature of Applicant (or agent) _____ Date _____

This form is not a permit. A permit, and design will be sent to the proposed installer upon approval.

PERMIT #:	FEE(S):	RECEIPT #:	DATE:	INITIALS:	
Approved copies delivered via: Mail	In Person	Homeowner	Installer	Designer	Planning
Permit Approval:	Date:		System Type:	Date Completed:	
Final Inspection	Date:		Installed By:		
Date As-Built In File:	Health Department Comments/Conditions:				

**Adams County Health Department (ACHD) Sewage Permit Application
Design Checklist (to be completed by the system designer)**

Minimum items to include

Site Address

Site Parcel #

	Yes	No	NA
SEWAGE PERMIT APPLICATION FORM			
The form is filled out completely and accompanied by the appropriate fee.			
Stamps of Designer or PE on the application			
Stamps of Designer or PE on Drawings and calculations page			
Proposed licensed installer is indicated (if there is not a listed installer, a start permit will not be issued until ACHD is notified of the proposed installer)			
VICINITY MAP			
Provided maps to the site			
Included written directions from last labeled street			
SITE PREP			
Lot is labeled with applicants name at the site			
SOIL AND SITE EVALUATION			
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			
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				
	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			
	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 of:				
	Footing drains			
	Curtain drains			
	Interceptor drains			
PRESSURE DOSING SYSTEM SPECIFICATIONS				
	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				
	Category of drinking water supply is indicated on the first page of this application form			
ECIB				
	Drains located and identified on site plan			
	Easements identified on site plan			
OTHER				
	The design is prepared with intent to meet applicable rules, guidelines and/or Health District 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			

THIS IS NOT A PERMIT

The findings noted here may be voided by any disruption of the drainfield area (clearing, grading, etc.) by drilling a well within 100' of the drainfield area, by changes in the regulation which result in no approvable drainfield site on this property or by site conditions proved during construction to differ from those represented here. This sheet may be amended without further fees. This sheet will be filed permanently with Adams County Health Department and does not require renewal by the applicant at any time.

SOIL LOG #1

SOIL LOG #2

Water Table:

Water Table:

SOIL LOG #3

SOIL LOG #4

Water Table:

Water Table:

COMMENTS:

Please Email **COMPLETED** Form to:

Timmt@co.adams.wa.us

Francisof@co.adams.wa.us

PAYMENT OPTIONS:

1. ONLINE: <https://client.pointandpay.net/web/adamscountyenvironmentalhealth>
2. Mail check to 'ACHD' c/o Temporary Food Permit, 425 Main, Ste 700, Othello, WA 99344
3. Bring exact change to: Adams County Health Department, 425 Main St, Othello, WA OR 108 W. Main, Ritzville, WA