



# CHELAN-DOUGLAS HEALTH DISTRICT

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Mail: P.O.Box 429, Wenatchee, WA 98807-0429

## ON-SITE SEWAGE SYSTEM PERMIT TRANSFER

Permit # \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

This permit originally issued to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I request this permit be transferred to:

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to the conditions and requirements of this permit. I understand any changes to the design or conditions of this permit will require a review and approval by the Health District and may require a new permit application, all subject to current fees.**

I will comply with the rules and regulations of the Chelan-Douglas Health District for on-site sewage systems in the installation and maintenance of this system. I understand that any alteration of the building size or location, or any filling or grading in or below the drainfield area may invalidate any approval granted for this application. In the event my permit is denied, I understand I have the option of appeal. I also understand that additional inspections are required when someone who is not licensed under the above Regulation performs any part of the installation.

\_\_\_\_\_  
New Owner/Applicant's signature

\_\_\_\_\_  
Date