



Chelan-Douglas Health District
 200 Valley Mall Parkway
 East Wenatchee, WA 98802
 (509) 886-6450

PERMIT APPLICATION FOR ON-SITE SEWAGE SYSTEM

	2013 Fees	
<input type="checkbox"/> Conventional Gravity	\$581	546
<input type="checkbox"/> Pressure/Alternative	\$581	546
<input type="checkbox"/> Intermediate (≥ 1000 gpd)	\$817	807
<input type="checkbox"/> Repair (Major) *	\$502	399
<input type="checkbox"/> Repair (minor) *	\$138	557
<input type="checkbox"/> Other		
* Single-family residential only		

DATE: _____

NAME AND MAILING ADDRESS OF APPLICANT:

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

ON-SITE SEWAGE SYSTEM (OSS) DESIGNER:

NAME: _____

SYSTEM DESIGNER QUALIFICATION:

- WA. STATE LICENSED OSS DESIGNER
- WA. STATE PROFESSIONAL ENGINEER
- HOMEOWNER-RESIDENT

INSTALLER (Name): _____

PROPERTY IDENTIFICATION:

COUNTY: _____

ASSESSOR'S PARCEL NO. _____

PARCEL SIZE: _____

LEGAL DESCRIPTION (Subdivision or Short Plat Name, Block, and Lot):

STREET ADDRESS: _____

DRIVING DIRECTIONS: _____

TYPE OF USE:

- Residential (single family).
 Number of Bedrooms: _____
- Commercial or Multi-family. Describe number of bedrooms, employees, units, shifts, type of business, etc.

KNOWN ENCUMBRANCES. Neighbor's wells, easements, covenants, flood zones, power lines (call PUD), irrigation lines, etc. Attach legal access documents for components not located on the lot where the sewage is generated.

Is the property within the boundaries of a recognized public sewer utility? (If so, give name of utility)

- NO Yes _____

DESIGN: On the following two pages please provide a plan view and an elevation view drawing of your proposed septic system. Please include a copy of the Site Evaluation.

DRINKING WATER SUPPLY:

- Public. (more than two homes)

System name: _____
 (Attach copy of *Water Availability Checklist*)

- Private. Please attach copy of private water system review.

APPLICANT'S STATEMENT: 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 alterations 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 will be required where any part of the installation is performed by someone other than a person licensed under the above regulation.

 (Signature)

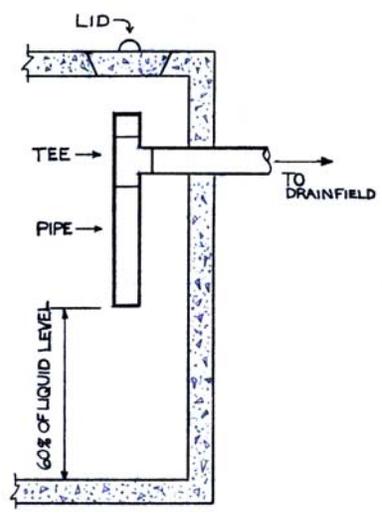
Private home owners are limited to designing and installing one conventional gravity onsite septic system for their own personal single family residence within a 12 month period. All other work related to the design, installation, maintenance, operation, and repair of all conforming and non-conforming onsite septic systems shall only be completed by an appropriately licensed and/or certified professional.

DESIGN: In the space above, and on the following page, please provide a plan view and an elevation view drawing of your proposed septic system, as described in the attached explanation sheet. Some typical details are given. Please add additional details as needed. If a more detailed plan is to be used, please attach it to the first page of this application. The plot plan must be drawn to a suitable scale, such as 1 inch = 30 ft. or 1 inch = 50 ft. The plan must be detailed and accurate enough so that additional instructions to your installer will not be needed. The following items must be shown on the plan:

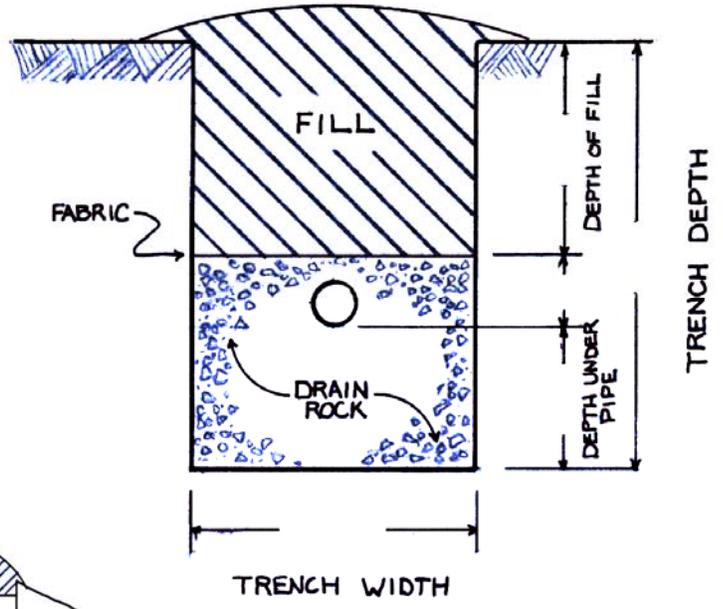
- | | |
|--|--|
| -----Property lines with dimensions. | -----Septic tank and drain-field layout, including trench lengths. |
| -----Adjacent streets and roads | -----An area for future drainfield replacement. (Reserve area) |
| -----Buildings - existing and proposed | -----Surface water, irrigation ditches, drainage ditches |
| -----Driveways and parking areas | -----Direction of slope |
| -----Water lines and/or wells, including neighbor's wells and abandoned wells. | -----Easements |
| -----Interceptor or curtain drains | -----Cuts, banks, fills, irrigation ditches, rock outcrops |
| -----Arrow indicating North | -----Underground utilities |

↑ VERTICAL CROSS-SECTION. SHOW EXISTING AND PROPOSED CUT, FILL AND OTHER SLOPES ↑

↓ PLEASE FILL OUT DETAILS BELOW: TRENCH DIMENSIONS AND SEPARATIONS, SEPTIC TANK VOLUME ↓



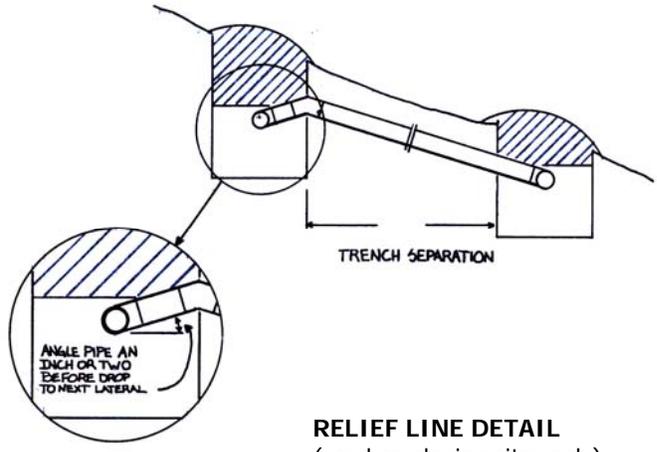
SEPTIC TANK OUTLET DETAIL



Maximum trench depth (uphill side): _____

Minimum trench depth (downhill side): _____

SEPTIC TANK VOLUME (gal): _____



RELIEF LINE DETAIL
(used on sloping sites only)