



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

Community Health & Preparedness: 509/886-6400 • FAX 886-6478

“Always Working for a Safer and Healthier Chelan County and Douglas County”

Site and Soil Evaluations for Onsite Sewage Systems

Onsite sewage system permit applications require a suitable site and soil evaluation. A site and soil evaluation report must be included with detailed design plans and specifications for construction of an onsite sewage system which will meet applicable state and local rules and regulations.

Site and soil evaluations are prepared by either of the two options:

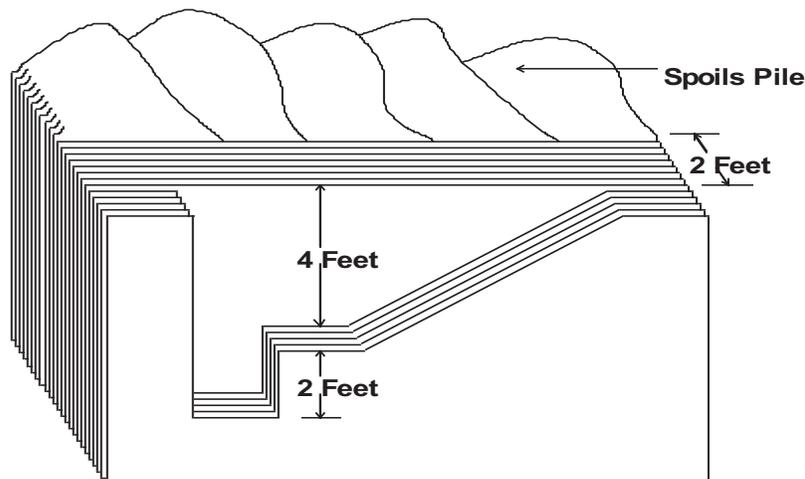
1. Hire a Washington State licensed Onsite Wastewater Treatment System Designer or licensed Professional Engineer or;
2. Contact Chelan-Douglas Health District. This requires completion of a Health District application and fee.

Site and Soil Evaluation Process

The site evaluator prepares a report of the site conditions for conformance with applicable state and local rules and regulations for onsite sewage disposal. This includes a detailed description of soil logs for each soil test hole evaluated.

Soil test holes must be located in the area where the proposed system is to be located. Test holes are typically dug with a backhoe. Arrangements to obtain a backhoe are made by the applicant, not the Health District.

Test hole excavations should be dug to a depth of 6 feet and at least 2 feet wide to access, observe and evaluate the soil's texture, structure, color, compaction, etc. The test hole entrance must be ramped downward at a 45° angle to a depth of 4-feet as illustrated below.





ON-SITE SEWAGE SYSTEM SITE EVALUATION APPLICATION

Fee: \$413
Code: 543

DATE: _____

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

Phone #:

Email:

NAME AND MAILING ADDRESS OF APPLICANT (if different):

Phone #:

Email:

IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: _____

ASSESSOR'S PARCEL NO. _____

PARCEL SIZE: _____

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

DRIVING DIRECTIONS: _____

TYPE OF USE:

Residential (single family).

Number of bedrooms: _____

Proposed Subdivision or Short Subdivision:

Proposed Number of lots: _____

Commercial or Multi-family.

Type and usage description: _____

KNOWN ENCUMBRANCES:

(Neighbor's wells, easements, covenants, flood zones, etc.)

DRINKING WATER SOURCE INFORMATION:

1 or 2 Party Well Water System

Existing

Proposed

Drilled well - DOE Tag # _____

-or-

Public Water System

Name: _____

PWS ID Number: _____

SYSTEM LAYOUT AND LOCATION SKETCH: Please attach or draw a scaled map of the proposed site development. Please include all the items described on the back of this application.

APPLICANT'S STATEMENT: I understand that this review will be based upon the information provided and on an on-site inspection of the property by Health District personnel. I accept responsibility for correctly identifying the locations of the source site, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may invalidate any approval granted for this application. In the event that approval is denied, I understand I have the option of appeal.

Applicant Signature

Please have your backhoe operator call to schedule the appointment.

SITE DEVELOPMENT PLAN:

In the space below, please provide a plan view drawing of the proposed site development. The following items (existing and proposed) must be shown on the plan (include relative elevations if known):

- | | | |
|---|--|--|
| <input type="checkbox"/> Proposed septic system location | <input type="checkbox"/> Water lines, reservoirs, pump houses | <input type="checkbox"/> Other wells, abandoned wells, septic systems, animal enclosures, etc. |
| <input type="checkbox"/> Property lines with dimensions | <input type="checkbox"/> Contours and direction of slope | <input type="checkbox"/> Water source, minimum 50 feet from property lines |
| <input type="checkbox"/> Adjacent streets, roads or driveways | <input type="checkbox"/> Easements, underground utilities | -OR- |
| <input type="checkbox"/> Arrow indicating North | <input type="checkbox"/> Surface water, irrigation ditches, drainage ditches | if serving a new subdivision or short plat: |
| <input type="checkbox"/> Buildings - existing and proposed | | <input type="checkbox"/> Water source, with a 100 feet radius sanitary control area. |

DO NOT WRITE BELOW THIS LINE

SITE EVALUATION REPORT

Soil Log(s):

- This property appears suitable for placement of a conventional gravity system with the following design features. Depths are measured from existing grade.
- Maximum trench depth _____ inches as measured on the UPHILL side of the trench; minimum trench depth _____ inches as measured on the DOWNHILL side of the trench.
- Minimum total trench length _____ feet, if the trench width is at least _____ inches. Other configurations may be applicable. Drainfields must be installed along the contours of the slope (LEVEL).
- This property appears suitable for placement of an alternative system. Please refer to the attached letter for details.
- Please refer to the attached letter.

BY: _____
Environmental Specialist, Environmental Health Division

DATE: _____