



# Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

## ON-SITE SEWAGE SYSTEM PERMIT TRANSFER

Fee \$ 180 Code 1020

Date of Application:	Name Of Applicant	Contact Phone Number	Contact Email Address:
Mailing Address:	City:	State:	Zip Code:
Name of permit originally issued to:		Name of permit to be transferred to:	
Address:		Address:	
Permit Number:		Permit Number:	
<p>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.</p> <p>Applicant's Statement: I will comply with the rules and regulations of Chelan Douglas Health District for on-site sewage systems in the installation and maintenance of this system. I understand that any alterations of building size or location, misrepresentation or concealment of material fact, or any filling or grading in or below the drain field 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.</p>			
Applicant's Signature:		Date:	