



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY

**Chelan-Douglas Health District**

200 Valley Mall Parkway, East Wenatchee, WA 98802  
**Environmental Health:** (509) 886-6400 | FAX 886-6449  
**Email:** EHSupport@cdhd.wa.gov

Office Only: Reviewed By: \_\_\_\_\_ 2021 Application

<input type="checkbox"/> New Construction (<1000 gpd)	\$655	INTERNAL 546
<input type="checkbox"/> Intermediate (1000-10000 gpd)	\$928	INTERNAL 549
<input type="checkbox"/> Private Water Review	\$275	INTERNAL 520
<input type="checkbox"/> Repair	\$566	INTERNAL 399
<input type="checkbox"/> Tank Replacement Only	\$156	INTERNAL 557
<input type="checkbox"/> Project Review/ OSS-Misc	\$91/hr	INTERNAL 547
<input type="checkbox"/> Re-Design	\$208	INTERNAL 1003
<input type="checkbox"/> CDHD Site Evaluation	\$466	INTERNAL 543
<input type="checkbox"/> Connecting to Existing System	\$156	INTERNAL 554
<input type="checkbox"/> Permit Reactivation	\$103	INTERNAL 500

Date: \_\_\_\_\_

Name & Mailing Address of Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Licensed Installer (If Known): \_\_\_\_\_

Property Identification: County: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_

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

City: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Septic Permit Number: \_\_\_\_\_

Building Permit Number (If Applicable): \_\_\_\_\_

**TYPE OF USE:**

- Residential (single Family)-No of Bedrooms: \_\_\_\_\_
- Commercial or Multi-family. Describe number of bedrooms, employees, units, shifts, type of business, etc.
- Vacation Rental: Max Capacity \_\_\_\_\_

- Connecting to Existing System:** Connecting new plumbing from a new or connected structure to existing and permitted septic system
- Project Review:** Changes to a structure(s) or property served by an existing and permitted septic permit

**Provide Description of Proposal Below**

Site Plan Attached

**SOIL INFORMATION:**

Your parcel must have reliable soils information to approve a septic system construction permit or to use an unpermitted or undocumented septic system. **If not on file at the Health District or attached, a soils evaluation by a licensed septic system designer or professional engineer or Health District will be required.**

- Designer/Engineer soil report attached
- Health District to conduct evaluation (fee required)

**Septic System Design**

If your project can be approved for a gravity drain field septic system based on a soil/site evaluation, please refer to the handout for system requirements or attach a gravity drain field design package by a licensed designer/engineer.

**Pressure septic systems and all repairs** must be designed by a state licensed designer or professional engineer:

- Design Package Attached

**Drinking Water Supply: Required to submit with application**

- Public** (three or more homes)  
System Name: \_\_\_\_\_  
(New Construction- Attach copy of Water Availability Checklist from Water Purveyor)
- Private** (serving one to two homes)
  - New Construction** projects to determine potable water adequacy (**RCW 19.27.097**) please attach copy of:
    - Well Log or Pump Test
    - Nitrate and Coliform bacteria lab test results
    - Joint Use Agreement (IF shared well with neighbor)
    - Restrictive Covenant (IF well is within 50' of property line)
    - Water Right (IF drawing water from a lake/stream)
    - Septic System Repairs:** If we have no record on file of your well water source please indicate the following information about your drinking water source:
      - Dug Well       Surface Water       Spring
      - Drilled Well \_DOE tag #): \_\_\_\_\_
      - Shared Well with neighboring property(s)

**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.

Signature \_\_\_\_\_