



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY

243 Israel Road SE • PO Box 47824 • Olympia, Washington 98504-7824  
(360) 236-3330 • TTY Relay Service: 1-800-525-0127 (TTY 711)

**LARGE ON-SITE SEWAGE SYSTEM OPERATING PERMIT**

March 28, 2018

Dear LOSS Owner:

Enclosed is your large on-site sewage system **annual operating permit**. Your operating permit is valid from April 1, 2018 to March 31, 2019.

Please do the following **immediately upon receipt**:

- Read the permit standard requirements (page 2)
- Read the system specific permit conditions (page 3 and 4)
- Give your operator a copy of the permit.

Also enclosed is a **generic maintenance and monitoring report form**. Your next report shall cover February 1, 2018 to January 31, 2019. Provide this form (or a form specific to your system covering a **minimum** of the same information) and a copy of your current permit to your operator. This will tell them what maintenance must be done and recorded. Your operator must sign the completed report. It must be completed and submitted with your permit renewal application and fee by March 1, 2019.

Reminders

- You must report to us within 30 days if you change operators.
- You must report to us any change in ownership **at least 30 days prior** to the change.
- You must report to us any failure within one business day.

If you have questions, please contact us at 360-236-3330 or [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov).

Sincerely,

A handwritten signature in cursive script that reads "Laura Homan".

Laura Homan  
LOSS Compliance Manager

Enclosures

Print Date: **March 26, 2018**  
Effective Date: **April 01, 2018**  
Expiration Date: **March 31, 2019**

## Large On-site Sewage System (LOSS) OPERATING PERMIT

Issued by:  
STATE OF WASHINGTON DEPARTMENT OF HEALTH  
Office of Environmental Health & Safety  
Olympia, Washington

In compliance with the provisions of  
Chapter 70.118B Revised Code of Washington, Large on-site sewage disposal systems,  
and  
Chapter 246-272B Washington Administrative Code

Authorizes  
**LCU, Inc**  
**PO Box 394**  
**Cle Elum, Washington 98922**

To operate your LOSS in accordance with the standard and special conditions that follow:

System Name	Roslyn Ridge Community Sewer
System ID	KTT011
Peak Design Capacity	14500 gallons per day
County Name	Kittitas County Health Department
System Location	154-332 Vinegar Bend Rd, Cle Elum, Washington 98922
System Status	Active
Treatment Description	Pressure Distribution



A handwritten signature in black ink, appearing to read 'Rick F. Porso'.

Rick F. Porso, RS, REHS  
Director, Office of Environmental Health & Safety  
Washington State Department of Health

**SYSTEM SPECIFIC PERMIT CONDITIONS**

No System Specific Permit Conditions – see page 4 for Monitoring Requirements





# LOSS Annual Maintenance and Monitoring Report

List operating problems, repairs, and replacements on the back.

System Information: Permit Number: \_\_\_\_\_ System Name: \_\_\_\_\_

System Component / Maintenance Task	Minimum Frequency	Insert date or measurement when task is completed											
		Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019
<b>Sewage Tanks</b>													
Measure and Record Sludge Level	Semi-Annual												
Measure and Record Scum Level	Semi-Annual												
Remove Sludge from Tanks	As Needed												
Check / Clean Effluent Filters	Semi-Annual												
Check Inlets / Outlets	Semi-Annual												
<b>Pump and Pump Chamber</b>													
Visual Inspection	Monthly												
Check / Clean Screen(s)	Semi-Annual												
Test / Run Pumps	Semi-Annual												
Check Float Switch Operation	Semi-Annual												
<b>Pump Controls and Electrical Panel</b>													
Manually Operate Controls	Semi-Annual												
Check for Moisture & Corrosion	Semi-Annual												
Test Alarm(s)	Semi-Annual												
<b>Drainfields</b>													
Inspect Monitor Ports	Monthly												
Inspect Drainfields for Ponding; Mow Grass & Remove Brush	Monthly												
Inspect and Exercise Valves	Semi-Annual												
Rotate Drainfield Sectors	Semi-Annual												
<b>Average Daily Flows (gpd) →</b>													
	Monthly												

I hereby certify that the information on this form is true, complete, and accurate.

System Operator (Print): \_\_\_\_\_ Company/Title: \_\_\_\_\_

System Operator's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail signed original with renewal application, fee, and other required paperwork. Keep a copy for your records for a minimum of three (3) years.



## LOSS Annual Maintenance and Monitoring Report FAQ Sheet

**All owners are required to submit an annual maintenance and monitoring report with their annual operating permit renewal application, and permit fee.** We expect you to perform, and report on, all maintenance and monitoring listed in your Department of Health-approved Operation and Maintenance (O&M) Manual, Monitoring and Reporting Plan, and operating permit.

This form was developed for the most common treatment system components: septic tank, pump chamber, pressure drainfield. It may not cover the scope of the O&M activities for your LOSS or reporting required in your operating permit. Also, list significant repairs or replacements you accomplished during your reporting cycle and any operating problems.

### Do I have to use the DOH form?

No. You can create your own form to report the basic monitoring and maintenance your system needs through the year. You must report on items required in your current operating permit, as well as describe any operating problems, and repairs and replacements.

### Who may complete this form?

The owner or your operator may complete this form, but it must be signed by your LOSS operator or your O&M provider. **The permit renewal application must be signed by the owner.**

### How do I calculate and report Average Daily Flows?

This should be included in your O&M manual or you can check with your design engineer. DOH also has information on our website. For guidance using a

Dose Counter: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-118.pdf> or

Elapsed Time Meter: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-119.pdf>.

### To fill out this form on the computer:

This form can be found at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-049-Q1.doc>

Before you begin filling in the form, be sure and save it. **If you close the form without saving it to your computer, your changes will be lost.** Be sure to report average daily flow data in gallons per day (gpd). Once you are finished, save, print, and sign the completed form. You will want to keep a copy for your records.

Scan and email, or mail the original signed form with your annual operating permit renewal application, renewal fee, and all other required documents as instructed on the renewal application and in your operating permit.

### Can I submit this form electronically?

No, not directly, this form requires an original signature. You can scan and email it, or mail this together with your other operating permit renewal paperwork.

### Whom do I contact if I have questions?

Washington State Department of Health  
Office of Environmental Health & Safety  
Wastewater Management Section  
LOSS Program

Phone: 360-236-3330

E-mail: [wastewaterrgmt@doh.wa.gov](mailto:wastewaterrgmt@doh.wa.gov)

Web: [www.doh.wa.gov/LOSS](http://www.doh.wa.gov/LOSS)