



507 N. Nanum Street, Suite 102
 Ellensburg, WA 98926
 T: 509.962.7515 F: 509.962.7581
 www.co.kittitas.wa.us/healthy

RECEIVED
 AUG 07 2025
 Kittitas County CDS

| FOR OFFICIAL USE ONLY | |
|-----------------------|--|
| Accepted By: | |
| Permit #: | |
| Date Processed: | |
| Receipt #: | |

ON SITE SEWAGE INSTALLATION PERMIT APPLICATION

A "Permit to Install a Sewage System" allows the Landowner to install or to contract a licensed OSS installer to install an on-site septic system according to the design approved by the Health Officer. Development other than that described on the permit application and approved design, may without advanced approval of the Health Officer invalidate the Permit.

A sewage system installation permit expires one year from the month of issuance, and must be complete before final inspection. A one-year renewal permit may be applied for prior to expiration.

It is the responsibility of the requesting party to have established boundary lines prior to any work being conducted on the parcel.

PARCEL OWNER: JILL JOHNSON
 Site Address: 951 MCDONALD ROAD

Mailing Address: _____
 Owner Phone: _____
 Owner Email: JMJOHNSON60@MSN.COM

REQUESTED BY: MARK NELSON
 Requester Phone: 509-304-9062
 Requester Email: MCN.ELLENSBURG@GMAIL.COM

SITE INFORMATION:
 Assessor's Parcel Number: 525135
 Parcel Size: 1.58 ACRES
 Directions to site: _____

 Subdivision: _____
 Block: _____
 Lot: _____

Designer's name: MARK NELSON
 Installer name: _____

Designer's email: MCN.ELLENSBURG@GMAIL.COM
 Installer's email: _____

*301' From curv of Septic
 please call
 DAN SUGGS
 public Health
 509-962-7506
 "he measured"*

STRUCTURE (check all that apply):
 Proposed OR Existing
 On-site construction OR Manufactured
 Single OR Multiple family dwelling
 Other: _____
 Number of bedrooms (per dwelling unit): 4
 Number of (intended) permanent occupants: 8

DRINKING WATER SUPPLY:
 Public Group A
 Name of system: _____
 Public Group B
 Name of system: _____
 Private well
 Shared well (Max 2 Connections)
 Cistern

Fee Information (fees are non-refundable)

PERMIT APPLIED FOR:
 New
 Repair
 Alteration
 Redesign
 Tank Placement (\$350.00)

TYPE OF SYSTEM:
 Conventional/Gravity (\$590.00)
 Homeowner Gravity Design (\$2,500.00)
 Pressure (\$725.00)
 Alternative (\$855.00)
 Commercial (\$1,250.00)

PREFERRED NOTIFICATION METHOD:
 Pick up (Public Health front desk)
 Mail
 E-Mail
 No copy requested at this time

SEPTIC TANK: _____
(Must be from state approved list)
 New
 Existing
 Gallons: 1000

PUMP CHAMBER: _____
 New
 Existing
 Gallons: 1000

DRAIN FIELD CALCULATIONS
 Gallons per day: 480 GPD
 Application Rate: .6 Gals/Sq.Ft./Day
 Reduction Factor: 40 %
 Drain Field Area: 480 Sq.Ft.
 Reserve DF Area: 800 Sq.Ft.

DESIGNER STAMP HERE:

Mark Nelson
 8/6/24