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 www.co.kittitas.wa.us/health/

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.

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:

Site Address: _____

Mailing Address: _____

Owner Phone: _____

Owner Email: _____

REQUESTED BY:

Requester Phone: _____

Requester Email: _____

SITE INFORMATION:

Assessor's Parcel Number: _____

Parcel Size: _____

Directions to site: _____

Subdivision: _____

Block: _____

Lot: _____

DESIGNER'S NAME: _____

INSTALLER'S NAME: _____

DESIGNER'S EMAIL: _____

INSTALLER'S EMAIL: _____

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): _____
- Number of (intended) permanent occupants: _____

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:	TYPE OF SYSTEM:	PREFERRED NOTIFICATION METHOD:
<input type="checkbox"/> New	<input type="checkbox"/> Conventional/Gravity (\$590.00)	<input type="checkbox"/> Pick up (Public Health front desk)
<input type="checkbox"/> Repair	<input type="checkbox"/> Homeowner Gravity Design (\$2,500.00)	<input type="checkbox"/> Mail
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pressure (\$725.00)	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Redesign	<input type="checkbox"/> Alternative (\$855.00)	<input type="checkbox"/> No copy requested at this time
<input type="checkbox"/> Tank Placement (\$655.00)	<input type="checkbox"/> Commercial (\$1,250.00)	

SEPTIC TANK:

(Must be from state approved list)

- New
- Existing
- Gallons: _____

PUMP CHAMBER:

- New
- Existing
- Gallons: _____

DRAIN FIELD CALCULATIONS

Gallons per day: _____ GPD
 Application Rate: _____ Gals/Sq.Ft./Day
 Reduction Factor: _____ %
 Drain Field Area: _____ Sq.Ft.
 Reserve DF Area: _____ Sq.Ft.

DESIGNER STAMP HERE: