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

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

RENEWAL ON SITE SEWAGE INSTALLATION PERMIT APPLICATION

A renewed permit expires 1 year from the month of issuance and cannot be renewed again. Any new development plans and resulting sewage system design changes can, with Environmental Health Staff approval, be incorporated at the time of permit renewal.

Please be advised that the Environmental Health Staff is not obligated to renew an Installation Permit in the event of:

- 1) Significant changes in site development plans for which the Permit was initially issued.
- 2) Discovery of false, incomplete or misleading information presented in the initial application for the Permit.
- 3) Establishment, of new regulations governing, or related to, on-site sewage systems.

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

OSS Renewal Fee: \$460 (fees are non-refundable)

PERMIT APPLIED FOR:

- New
- Repair
- Alteration
- Redesign
- Tank Placement

TYPE OF SYSTEM:

- Conventional/Gravity
- Homeowner Gravity Design
- Pressure
- Alternative
- Commercial

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: _____

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: