

## Kittitas County On-Site Sewage System (OSS) Permitting Guidelines:

- For each application, all components must be present at the time of submittal.
  - Please follow the checklists below to ensure you meet the application requirements.
  - Incomplete applications will not be accepted and will be returned to the applicant. All applicable fees may be non-refundable.
- Step 1: Site Evaluation**
    - Submit a Site Evaluation Application to KCPHD with applicable fees.
    - Applicant or representative must request site evaluation online at <https://www.co.kittitas.wa.us/health/septic-inspection.aspx>.
    - Once the site evaluation has been completed, results will be sent to applicant or contact identified on site evaluation application.
  - Step 2: Permit application and design**
    - Submit a sewage system installation permit application with applicable fees and an on-site sewage system design prepared by a Washington State licensed OSS designer.
    - The OSS system application and design will be reviewed and approved by KCPHD staff.
    - KCPHD will mark design approved in permitting software utilized by multiple County departments. (Note: this is not an issuance of the installation permit)
  - Step 3: Installation Permit**
    - When the applicant is ready to install the approved OSS, the Kittitas County licensed OSS installer must request the OSS system permit to be issued. Requests for permits can be made at the public health front desk or emailed to [publichealth@co.kittitas.wa.us](mailto:publichealth@co.kittitas.wa.us).
    - Once the request is received, KCPHD staff will issue an installation permit upon request that is valid for one year from the date of issuance.
    - A sewage system installation permit renewal application may be submitted before the expiration date of the original installation permit for a one-year extension.
  - Step 4: Inspection**
    - All OSS systems must be inspected by an Environmental Health Specialist from KCPHD prior to final approval.
    - All inspection requirements, including as-built and electrical components (if applicable), must be completed and submitted to KCPHD **prior** to scheduling a final inspection.
    - OSS final inspections must be requested online at : <https://www.co.kittitas.wa.us/health/septic-inspection.aspx>
    - Once the inspection is complete and approved by KCPHD, staff will finalize and archive the permit in the permitting software and notification of permit approval will be sent to the permit contact.



507 N. Nanum Street, St. 102 · Ellensburg, WA 98926

T: 509.962.7515 · F: 509.962.7581

[www.co.kittitas.wa.us/health/](https://www.co.kittitas.wa.us/health/)

EH	Version:1	Supersedes: 0	Date Adopted: 06/15/2021	Modified by: EM	Approval By: Jesse Cox
----	-----------	---------------	--------------------------	-----------------	------------------------



507 N. Nanum Street, Suite 102  
 Ellensburg, WA 98926  
 T: 509.962.7515 F: 509.962.7581  
 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, 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:** \_\_\_\_\_

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: \_\_\_\_\_

Designer's email: \_\_\_\_\_

Installer name: \_\_\_\_\_

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:**

- New
- Repair
- Alteration
- Redesign
- Tank Placement (\$195)

**TYPE OF SYSTEM:**

- Gravity (\$835)
- Pressure (\$965)
- Alternative (\$835)
- Commercial (\$1,220)
- Community (\$965)
- Homeowner Gravity Design (\$2,445)
- Homeowner Pressure (\$2,510)
- Homeowner Alternative (\$2,635)

**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:**

Parcel/Map Number: \_\_\_\_\_

Parcel Owner: \_\_\_\_\_

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



A large grid area for drawing or design, consisting of a 30x30 grid of squares.



\_\_\_\_\_  
Signature and Name of Designer (required only if changes to design\*)

\_\_\_\_\_  
Signature and Name of Installer

\*Substantial changes such as modification of design components, site plan deviation, or removal of design components.