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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 INFORMATION: _____
Site Address: _____	Assessor's Parcel Number: _____
_____	Parcel Size: _____
Mailing Address: _____	Directions to site: _____
_____	_____
Owner Phone: _____	Subdivision: _____
Owner Email: _____	Block: _____
REQUESTED BY: _____	Lot: _____
Requester Phone: _____	_____
Requester Email: _____	_____
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: \$200 (fees are non-refundable)

PERMIT APPLIED FOR:	TYPE OF SYSTEM:	PREFERRED NOTIFICATION METHOD:
<input type="checkbox"/> New	<input type="checkbox"/> Conventional/Gravity	<input type="checkbox"/> Pick up (Public Health front desk)
<input type="checkbox"/> Repair	<input type="checkbox"/> Homeowner Gravity Design	<input type="checkbox"/> Mail
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pressure	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Redesign	<input type="checkbox"/> Alternative	<input type="checkbox"/> No copy requested at this time
<input type="checkbox"/> Tank Placement	<input type="checkbox"/> Commercial	

SEPTIC TANK: (Must be from state approved list)	PUMP CHAMBER:	DRAIN FIELD CALCULATIONS	DESIGNER STAMP HERE:
<input type="checkbox"/> New	<input type="checkbox"/> New	Gallons per day: _____ GPD	
<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	Application Rate: _____ Gals/Sq.Ft./Day	
Gallons: _____	Gallons: _____	Reduction Factor: _____ %	
		Drain Field Area: _____ Sq.Ft.	
		Reserve DF Area: _____ Sq.Ft.	