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

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

ON-SITE SEWAGE PROGRAM License Application Form

On-Site Sewage Disposal System Installer (\$130.00 annual fee)

Installers License is Valid June 1st to May 31st of each calendar year, fee will be prorated to the quarter license is issued.

1. Please complete the entire application. Payment will not be processed without an application attached.
Incomplete applications will not be accepted.
2. Remit fee with completed application to above address.
3. Make checks payable to: Kittitas County Public Health Department.
4. If the annual operating permit is renewed after the expiration date but before one month has passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed within one month of its expiration date, a late fee of 40% shall be assessed. Operations will be suspended if the annual operating permit renewal is delinquent beyond 35 days.

Business Name _____
 Owners Name _____
 Mailing Address _____
 Business Phone _____ Cell Phone _____
 Email Address (required) _____

Master Installers* – complete the following:

Names of associate installers who will be engaging in the installation of On-Site Sewage disposal systems.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

***If you are the Owner/Contractor in Kittitas County you are required to be licensed as a master installer, and all your employees who install OSS systems are required to be licensed as associate installers, if you do not directly supervise each installation. See Kittitas County code 13.04.050 for additional reference. Please make immediate arrangements for Kittitas County Installer Testing, if needed.**

License from KCPHD shall be issued only after applicant has:

- a. Satisfactorily completed an exam.
- b. Demonstrated and secured financial responsibility in the amount determined by WA state L&I's Minimum Bond requirements.
- c. Copy of their valid contractor's license
- d. Copy Certificate of liability insurance.

Do You Provide Operation and Maintenance Services? Yes ___ No ___

Would you like to be on an O & M Providers List? Yes ___ No ___

Signed _____ Date: _____

Amount Paid \$ _____ Receipt #: _____

Fee is non-refundable.

EH	Version: 3	Supersedes: 2	Date Adopted: 1/01/24	Modified/Created By: EM	Approval By: JC
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