



ASOTIN COUNTY PUBLIC HEALTH DISTRICT

102 FIRST ST / PO BOX 306 ASOTIN, WA 99402
EH (509) 552-4529 | OFFICE (509) 243-3344 | FAX (509) 243-3345

OFFICIAL USE ONLY	
Rec'd Date:	
Rec'd By:	
Scan'd Date:	
Scan'd To:	
Scan'd By:	

**Homeowner MUST have valid permit prior to any work being performed on OSS.
WAC allows Health District 30 days to review completed & signed OSS application.
MUST complete all fields and all pages of application packet LEGIBLY. If field not applicable, write N/A.**

ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION

Check 1 New Replacement System Modification/Minor Repair Tank Replacement

PROPERTY INFORMATION

PHYSICAL ADDRESS		CITY	STATE	ZIP
PARCEL NUMBER *required		SIZE OF PARCEL	IN SEWER UTILITY BOUNDARY? <input type="checkbox"/> NO <input type="checkbox"/> YES, _____ FT AWAY	
DRINKING WATER SYSTEM <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> PRIVATE WELL/SPRING* <input type="checkbox"/> PUBLIC WATER SYSTEM				
START DATE:	SCHEDULED TANK PLACEMENT DATE:	EST COMPLETION DATE:		

PROPERTY OWNER INFORMATION

NAME		PHONE #	EMAIL	
MAILING ADDRESS		CITY	STATE	ZIP

OSS USE AND PARAMETERS

<input type="checkbox"/> RESIDENTIAL SYSTEM	BEDROOMS	DAILY FLOW (# bedrms x 120 gpd)	MIN LINEAR FT MIN. SQFT of DF
<input type="checkbox"/> COMMERCIAL SYSTEM	TYPE OF BUSINESS	COMMERCIAL FLOW	

OSS DESIGNER AND INSTALLER INFORMATION

SOIL EVALUATOR NAME: _____ PHONE: _____ <input type="checkbox"/> ACHD E.H. <input type="checkbox"/> LICENSED ENGINEER <input type="checkbox"/> WA OSS LICENSED DESIGNER	SOIL TYPE	LOADING RATE	EVALUATION DATE	
SYSTEM DESIGNER NAME: _____ PHONE: _____ <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> LICENSED ENGINEER <input type="checkbox"/> WA OSS LICENSED DESIGNER	DISTRIBUTION METHOD D-Box <input type="checkbox"/> Yes <input type="checkbox"/> No		PUMP USED?	LINEAL FEET
SYSTEM INSTALLER NAME: _____ PHONE: _____ <input type="checkbox"/> HOMEOWNER (requires pre-approval) <input type="checkbox"/> ACHD LICENSED INSTALLER	Serial <input type="checkbox"/> Yes <input type="checkbox"/> No Other:		MIN. SQFT of DF	

I (the undersigned) understand the following shall be strictly enforced:
1) That all permit fees must be paid in full before a Construction Permit will be issued,
2) Fine will be assessed if project is started prior to Construction Permit being issued,
3) Valid ONLY if construction is according to this plan
4) Final inspection is completed before tank is covered or **FINE WILL BE ASSESSED**
5) Final As-Built SHALL be provided to Health District before a final Operation Permit will be issued,
6) All other conditions of this permit MUST be followed.

I hereby certify the information I have submitted to be true and accurate and that the property owner aware of their responsibilities for maintaining and operating an OSS as stated in WAC 246-272A-0270. All approved and permitted plans are valid for 1 year from the date of approval.

ALL SIGNATURES REQUIRED FOR PERMIT TO BE ISSUED

_____ Homeowner Name	_____ Homeowner's Signature	_____ Date
_____ Licensed Designer	_____ Licensed Designer's Signature	_____ Date
_____ Installer Name (Must be Permitted with ACHD)	_____ Installer's Signature	_____ Date
_____ ACHD E.H. Specialist	_____ ACHD E.H. Signature	_____ Date



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OSS PROPOSED SITE PLAN

PHYSICAL ADDRESS

PROPERTY OWNER

PLOT PLAN AND SEPTIC SYSTEM SKETCH REQUIRE ALL 9 ITEMS BELOW:

- | | | |
|--|---|---|
| 1. All structures (existing and proposed) | 4. Property lines and easements | 7 Pumps, or pretreatment location (if applicable) |
| 2. Paved areas (driveway, parking lot, etc.) | 5. Drainfield location, orientation, dimensions | 8. Reserve Area location |
| 3. Well location, public water hookup, utility lines | 6. Tank, D-box, Monitoring ports, Cleanouts | 9. All critical setback distances from OSS |

A large rectangular area filled with a fine grid, intended for drawing the plot plan and septic system sketch. A north arrow is located in the top right corner of this grid area.

All signatures and stated terms on ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION apply to this form.



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OSS COMPONENT SHEET & VERTICAL CROSS SECTION

PROPERTY INFORMATION

PARCEL #				PROPERTY OWNER			
PHYSICAL ADDRESS				CITY		STATE	ZIP
DAILY FLOW (GPD)	SOIL TYPE	SQ FT OF DF	LINEAL FEET	TANK SIZE	COMPARTMENTS		PUMP?

CROSS SECTIONAL TRENCH DIAGRAM SKETCH REQUIRE ALL 4 ITEMS BELOW:

1. Depth of cover and material 2. Depth of trenches 3. Depth of gravel or dome chambers 4. Vertical Separation

Draw Sketch Here (example on back) - * NOTE: ALL DEPTH MEASUREMENTS SHOULD BE REFERENCED TO THE FINAL GRADE.

PRESSURE SYSTEM REQUIREMENTS (if applicable)

Pump Chamber Size: _____ Orifice Diameter / Spacing: _____ inches _____ inches

	HP	GPM	Total Head	Dose Vol	# Doses	Timer	Demand
Primary Pump							
Secondary Pump							

*** Attach the specification sheets for the products used in the system OR fill in below

	MANUFACTURER	MODEL NUMBER
SEPTIC TANK		
PUMP/PUMP TANK		
DISTRIBUTION DEVICE		
DRAIN FIELD MATERIAL		
OTHER PRODUCT		

All signatures and stated terms on ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION apply to this form.

Homeowner Name

Homeowner Signature

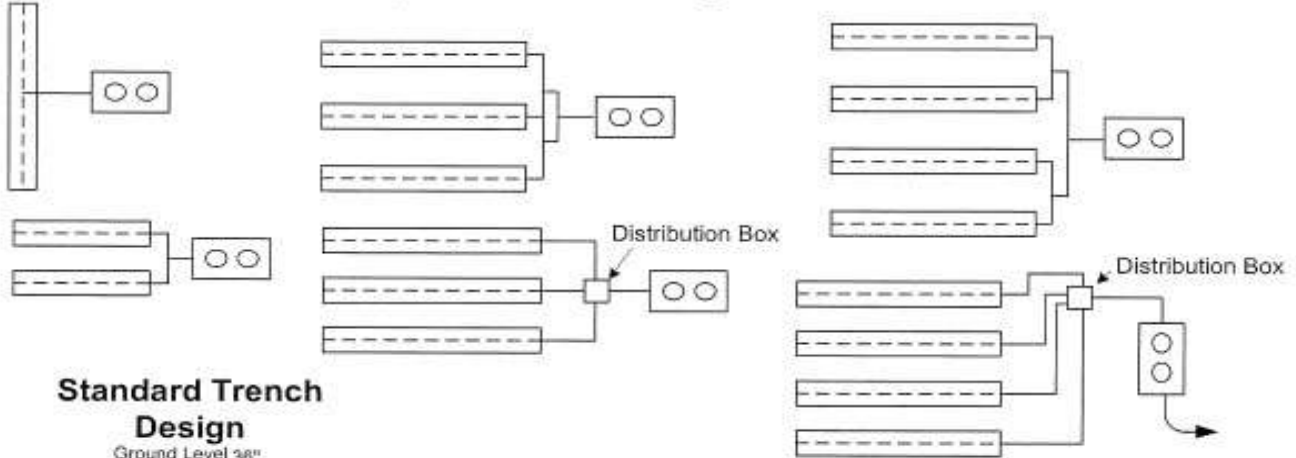
Date

Installer Name

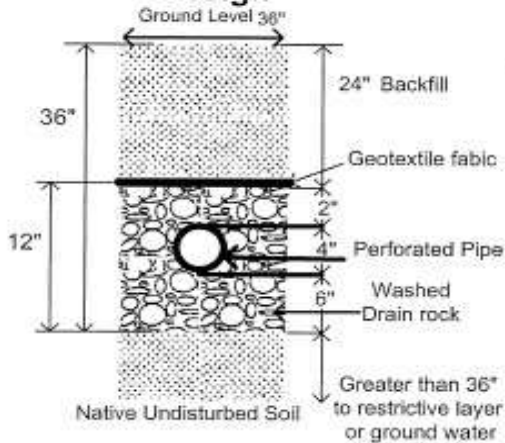
Installer Signature

Date

Examples of Drainfield Designs

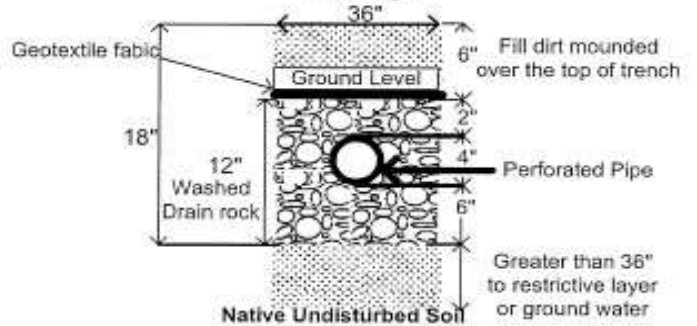


Standard Trench Design

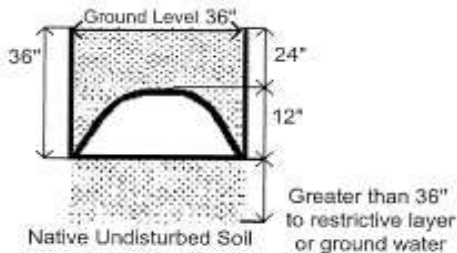


Washed rock must be $\frac{1}{2}$ - 2 $\frac{3}{4}$ " in diameter

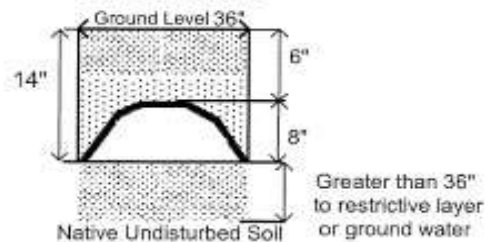
Shallow Trench Design



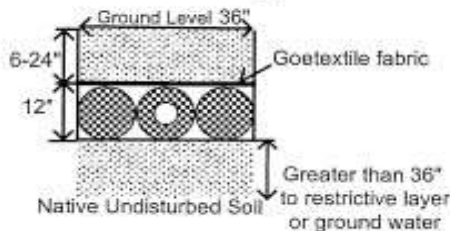
Standard Trench Depth with Infiltrators



Shallow Trench using low profile Infiltrators



EZ Flow Design



Only Ez-Flow 1003-H, 1003-T, 1203-H, 1003H-Geo, 1003T-Geo, 1203H-Geo are approved for use in Washington State