



Liquid Waste Program

# Application for On-Site Sewage System

|                                                                                                                                                                                                                                                                                                                         |              |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|
| Site Address:                                                                                                                                                                                                                                                                                                           |              | Parcel #:              |
| # of Bedrooms:                                                                                                                                                                                                                                                                                                          | Parcel Size: | Lot/Block/Subdivision: |
| Legal Property Owner:                                                                                                                                                                                                                                                                                                   |              | Phone Number:          |
| Legal Property Owner Mailing Address:                                                                                                                                                                                                                                                                                   |              |                        |
| City:                                                                                                                                                                                                                                                                                                                   | State:       | Zip Code:              |
| Legal Property Owner Email:                                                                                                                                                                                                                                                                                             |              |                        |
| Applicant Name:                                                                                                                                                                                                                                                                                                         |              | Phone Number:          |
| Applicant Mailing Address:                                                                                                                                                                                                                                                                                              |              |                        |
| City:                                                                                                                                                                                                                                                                                                                   | State:       | Zip Code:              |
| Applicant Email Address:                                                                                                                                                                                                                                                                                                |              |                        |
| Property Use: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Commercial: <input type="checkbox"/> Other:                                                                                                                                                                                   |              |                        |
| Is the property within the boundaries of a recognized sewer utility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                          |              |                        |
| Licensed Design Professional:                                                                                                                                                                                                                                                                                           |              | Phone Number:          |
| Design Professional Mailing Address:                                                                                                                                                                                                                                                                                    |              |                        |
| System Type: <input type="checkbox"/> New System <input type="checkbox"/> Existing - Failure <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |              |                        |
| Project Type: <input type="checkbox"/> Complete System <input type="checkbox"/> Replacement <input type="checkbox"/> Modification <input type="checkbox"/> Expansion <input type="checkbox"/> Building Sewer<br><input type="checkbox"/> Holding Tank <input type="checkbox"/> Exposure <input type="checkbox"/> Other: |              |                        |
| Brief description of project:                                                                                                                                                                                                                                                                                           |              |                        |
| Source of Water: <input type="checkbox"/> Well <input type="checkbox"/> Shared Well Existing Public Water Source, Water System Name:                                                                                                                                                                                    |              |                        |
| Directions to site:                                                                                                                                                                                                                                                                                                     |              |                        |
| Gate code (if applicable):                                                                                                                                                                                                                                                                                              |              |                        |

In accordance with Chapter 246-272A WAC, this application shall be signed by the property owner, the contract purchaser of the property, or the property owner's authorized agent. Please contact your licensed Design Professional regarding submittal requirements for the system design. Electronic submittals may be emailed to [liquidwaste@srhd.org](mailto:liquidwaste@srhd.org). This application will not be processed until all applicable fees have been paid. If you need assistance completing this application, please contact the Liquid Waste Program at 509-324-1560, ext. 1. If you are dissatisfied with the decision of the Health District, you may appeal to the Health Officer within ten (10) days of denial of this application.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

Office Use Only

SRHD App #

Invoice for:  App Fee  Permit Fee  Water Review Fee