Kittitas County Public Health Department

To Protect and Promote the Health and the Environment of the People of Kittitas County

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. A one year renewal permit may be applied for prior to expiration.

REQUESTED BY:

Name:_____

Site Address: _____

_____

Mailing Address: _____

_____

Telephone: _____

E-Mail:_____

SITE:

Assessor's Parcel Number: _ _ - _ _ - _ _ _ _ _ - _ _ _ _

Parcel Size: _____

Directions to site: _____

Subdivision: _____

Block: _____ Lot: _____

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

❑ Cistern

PERMIT APPLIED FOR:

❑ New

❑ Repair/Alteration

❑ Redesign

❑ Tank Placement

TYPE OF SYSTEM

❑ Conventional ($445.00)

❑ Pressure ($485.00)

❑ Alternative ($555.00)

❑ Commercial ($640.00)

PREFERRED NOTIFICATION METHOD

❑ Pick up (Public Health front desk)

❑ Mail

❑ E-Mail

❑ No copy requested at this time

SEPTIC TANK **PUMP CHAMBER**

(Must be from State approved list)

❑ New ❑ New

❑ Existing ❑ Existing

Gallons:_____ 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

DESIGNER'S NAME: _____ **INSTALLER'S NAME:** _____

Fees are non-refundable

Application Reviewed: _____/_____/_____

Approval to Issue Permit: _____ **Date**

Fee _____ **Receipt** _____

Kittitas County
Public Health Department
507 N. Nanum St, Suite 102
Ellensburg, WA 98926
T: 509.962.7515
F:509.962.7581

FROM THE CASCADES. . . TO THE COLUMBIA
KITTITAS COUNTY

Environmental Health Services
507 N. Nanum St, Suite 102
Ellensburg, WA 98926
T: 509.933.8262
F: 509.962.7581

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