



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 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, incorporated into the approved design and specified on the Permit will, without advance approval of the Health Officer, invalidate the Permit. A sewage system installation permit expires one year from date of issuance. A one year renewal permit may be applied for prior to the expiration date. If a permit is not renewed before the expiration date, a new system fee must be submitted with the expired permit. A completed site evaluation form and parcel map must be attached to this application.

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
 Pressure
 Alternative
 Commercial

PREFERRED NOTIFICATION METHOD

Pick up (Public Health front desk)
 Mail
 E-Mail
 No copy requested at this time

SEPTIC TANK

(Must be from State approved list)
 New
 Existing
 Gallons: _____

PUMP CHAMBER

New
 Existing
 Gallons: _____

DRAIN FIELD CALCUALTIONS:

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: _____

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



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

Fee _____ Receipt _____

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