Kittitas County
Public Health
Department

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

SANITARY PRIVY / COMPOST TOILET PERMIT APPLICATION

1. Sanitary privies or vault toilets may be used in areas where no suitable domestic water supply is available, or in combination with an approved On-site grey water system
2. No privy or vault toilet may be constructed and/or located on any property without having first obtained a written permit from the health officer, in accordance with WAC 246-272A-0200 and Kittitas County Code
3. All sanitary privies shall use a sealed vault and be constructed and maintained to have the waste receptacle contents inaccessible to rodents, vermin, and vectors.
4. No privies are allowed in the floodway.
5. In floodplain areas, contact the CDS Planning Department for information relating to Shoreline Management Plan.
6. The Declaration of Covenant (attached) must be completed, recorded with the Kittitas County Auditor's Office and a copy of the recorded document must be submitted with this application.

PLEASE COMPLETE THE FOLLOWING SECTION

REQUESTED BY:
Name:_____
Mailing Address:_____
City: _____ State:_____Zip:_____
Site Address: _____
Telephone: (___)_____
Signature:_____

TYPE OF UNIT:
_____ Vault Privy _____Composting Toilet
Make and Model _____
(Please provide a specification sheet from manufacturer)

STRUCTURE:
_____ proposed dry cabin or _____existing dry cabin
_____ on-site construction or _____mobile/manufactured
_____other: _____
# of Bedrooms:_____ # of Occupants:_____
Type of Sealed Vault:_____
Volume of Tank:_____

SITE:
Assessor's Parcel Number:_____
Parcel Size: _____
Directions to site:_____
_____
_____
Subdivision:_____
Block:_____Lot:_____
Legal description, if not in a subdivision:
_____

WATER SUPPLY:
No domestic water supplied to structure.
No plumbing within structure.

Application is hereby made for privy installation Permit issued for the hereon described site. Payment of the permit fee of $385.00 is due at time of application. Fee is non-refundable.

Application Reviewed: ____/____/_____ Date Fee Receipt
Permit Issued: ____/____/_____ _____

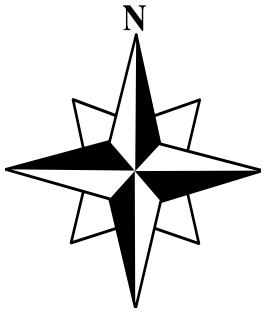
Kittitas County
Public Health Department
507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509.962.7515
F:509.962.7581

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

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

DRAW AND DESIGNATE THE FOLLOWING:

1) Property lines (with dimensions), roads, driveways, fences, utility lines, easements
2) Topography - banks, swales, cuts and fills, drainage ways, ground slope (%)
3) Proposed and existing dwellings, garages, pump house, outbuildings, etc.
4) Surface waters (within 300 feet) - creeks, ponds, irrigation ditches, interceptor drain
5) Proposed privy
6) Neighboring domestic water source (with 100´ radius, if any)



Scale: 1" = _____

PUBLIC HEALTH DEPARTMENT

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DECLARATION OF COVENANT

We, the undersigned, owners in fee simple of the following described property: _____, Kittitas County, Washington, hereby declare the following covenant: no domestic water shall be provided to any structure on the aforementioned property.

This covenant shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in the above described property. This covenant shall be filed as an attachment to the title of the property with the Kittitas County Auditor and may only be removed with concurrence of the Kittitas County Environmental Health Department.

Such covenant and statement are hereby declared by the affixing of the following signatures:

_____
Signature

_____
Printed Name

_____
Signature

_____
Printed Name

Witnessed this _____ day of _____, 19 _____ .

State of Washington)
County of _____) ss

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _____ day of _____ , 20_____, personally appeared before me _____ to be me known to be the individual (s) described in and who executed the within instrument, and acknowledged that he/she/they signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year last written above.

Signature _____

(Notary Public in and for the State of Washington residing at _____.)

SEAL