



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/Gravity (\$440.00)
- Homeowner Gravity Design (\$1265)
- Pressure (\$635.00)
- Alternative (\$730.00)
- Commercial (\$730.00)

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 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: _____

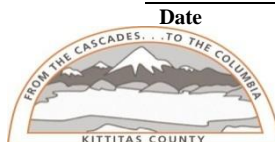
INSTALLER'S NAME: _____

Fees are non-refundable

Application Reviewed: ____/____/____

Approval to Issue Permit: _____

**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/

Date: _____ Fee: _____ Receipt: _____

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