

Grant County Health District

P.O. Box 37 Ephrata, WA 98823 (509) 754-6060
1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960

This Application is to be used for any activity requiring a Sewage Permit per WAC 246-272 and/or Grant County Code. When numbered, signed, and dated, this becomes a Sewage Permit. **Please fill out the form completely, or it will not be accepted. Sewage Permits are valid for one year from date of issuance.** Applicant may appeal any decision pertinent to this permit to the Grant County Board of Health. Permitter has right of entry at any reasonable hour to determine function of sewage disposal system.

SEWAGE PERMIT APPLICATION

Property Owners Name: _____ Daytime Phone: _____

Mailing Address: _____

Location Address: _____ Size of Lot _____ Lot # _____

Parcel Number(s): _____ Section _____ Township _____ Range _____ Subdivision _____

Proposed Installer (To Receive Permit by Mail) _____

APPLICATION FOR:

- New Residential Septic Tank/Drainfield
- No. of Bedrooms _____ Maximum number of occupants _____
- New non-residential Septic Tank/Drainfield #of Employees _____
- Proposed use _____ Estimated daily water use _____
- Repair
- No. of bedrooms _____ Maximum number of occupants _____
- Alteration
- No. of bedrooms _____ Maximum number of occupants _____
- Connection to community system
- Privy
- No record of existing system on file

WATER SUPPLY:

- Private Well (Serving no more than one house)
- Community System
- Name: _____
- No water under pressure to structure
- Farm Exempt Well
- Two-Connection Well

- Do any underground drains exist within 50 ft. of the proposed drainfield area?
- Yes No
- Is any part of project within the service area (L.I.D or town limits) of a sewer utility?
- Yes No
- Is application for single family residence for Applicant's own use?
- Yes No

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with what her specified herein or not. I understand that he granting of this permit does not presume to give authority to violate or cancel provisions of any other state or local law re gulating construction or land or shoreline use. Any changes to the site which cause non-compliance with any applicable law or regulation will void this permit.

PROFESSIONAL STAMP

Signature of Designer/Engineer **Date**
 Homeowner as Designer (Gravity Only)
 Drainfield Size in Square Feet _____
 Septic Tank Size _____
 Max Trench Depth _____
 Pump Chamber Volume _____
Waiver Requested By Designer Yes No

Signature of Applicant Date

PERMIT #: _____ SITE REGISTRATION #: _____ FEE: _____ RECEIPT #: _____ DATE: _____

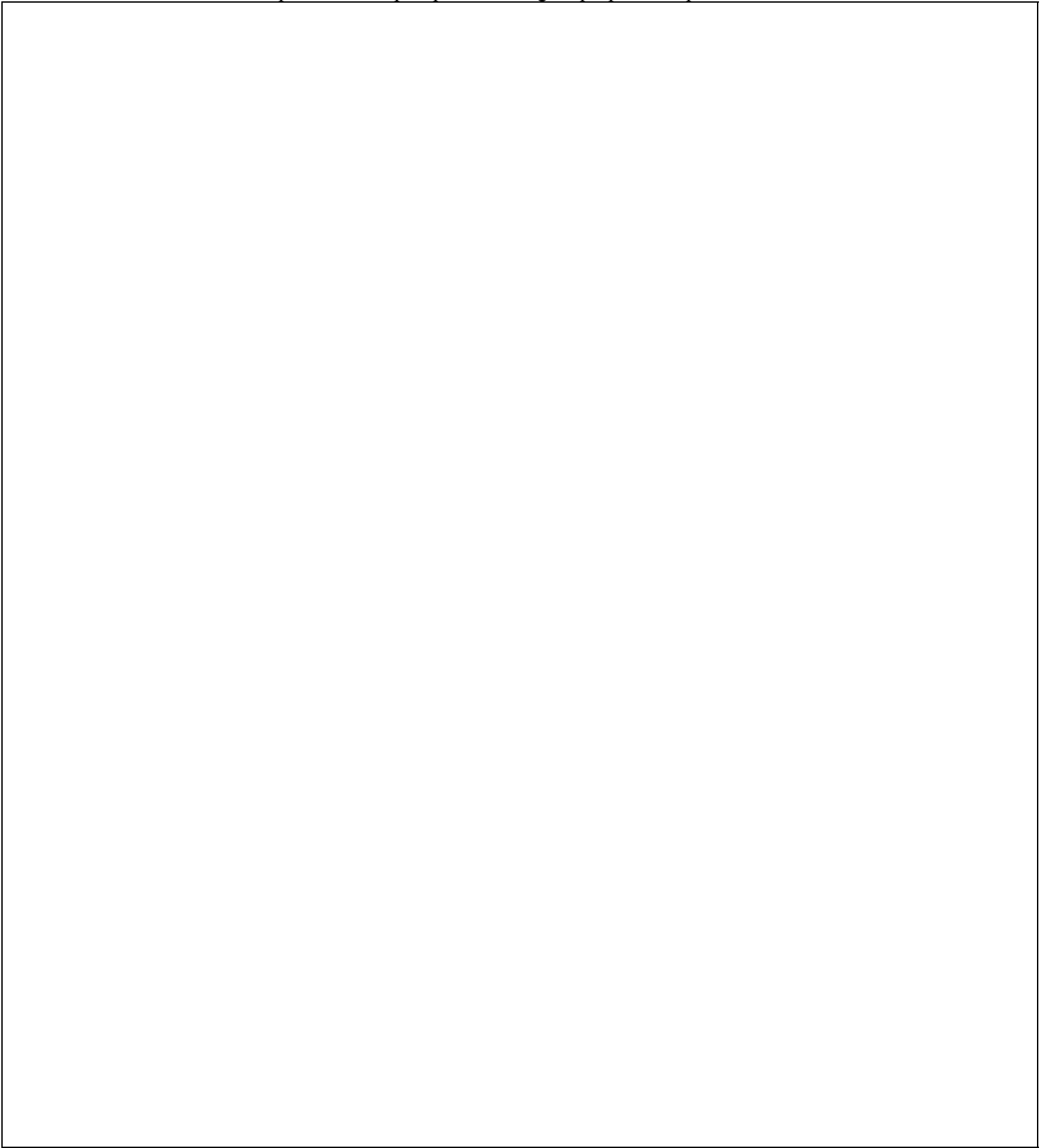
EH Inspector Assigned: _____ Approved copies sent/faxed to: _____ Date Sent: _____

Permit Approval: _____ Date: _____ System Type: _____

Final Inspection: _____ Date: _____ Installed By: _____

Date As-Built In File: _____ Health District Comments: _____

Prepare a scaled plot plan showing all proposed improvements



Scale _____