Attachment D: On-Site Septic System

(This form is **only** for establishments connected to a septic system; if the establishment will be connected to a sewer system, submit a copy of a sewer bill.)

This food establishment will be connected to (choose one of the following options):

☐ **An existing on-site septic system for which there <u>are</u> records.**

Please complete the following information**:**

Tax parcel number of property: __ __ - __ __ __ __ - __ __ __

Name on septic permit: _____ Month/year installed:_____

Estimated gallons per day (gpd) of sewage produced by FE: _____gpd

Grease trap present (or will be installed): yes no If yes, what capacity? _____gal

**If septic system is older than one year, please include a copy of a record showing the septic tank has been evaluated within the last 12 months by an authorized person/company.*

☐ **An existing on-site septic system for which there are no records**.
Must proceed as if new; contact Health District for more information.

☐ **A new on-site septic system-**Estimated gallons/day sewage flow: _____gpd
If 3,500gpd or less, contact a certified septic system designer and/or this office to begin septic system permit process.

*Systems 3,500 gpd to 14,500 gpd contact Washington State Dept. of Health, LOSS Program
*Systems over 14,500 gpd contact Washington State Dept. of Ecology, Water Quality Program

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(Read and sign below.)

<u>Operation and Maintenance</u>

An operation and maintenance program is required for all food establishments connected to an on-site septic system. The program must include, at a minimum, an **annual inspection and evaluation** of the septic system performed by a licensed septic system pumper, installer or other person authorized by the Grant County Health District.

The food service license for this establishment can only be renewed at the end of each year once this office receives a copy of a septic system evaluation done by an authorized person during the calendar year. Problems noted in the report may also need to be corrected before the food service license is renewed.

Please sign below to acknowledge that you understand the above statement and agree to comply with this requirement.

_____ _____
(Signature of owner/manager) (date)