



# WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362 • Telephone: (509) 524-2650  
Fax: (509) 524-2677 • [https://www.co.walla-walla.wa.us/government/health\\_department/index.php](https://www.co.walla-walla.wa.us/government/health_department/index.php)

## APPLICATION FOR ONSITE SEWAGE DISPOSAL INSTALLATION PERMIT

<b>TYPE OF PERMIT</b>	<input type="checkbox"/> New System \$900.00	<input type="checkbox"/> Drainfield Replacement \$500.00	<input type="checkbox"/> Tank Replacement only \$150.00	<input type="checkbox"/> Shop up to 100 ft. \$250.00
	<input type="checkbox"/> Single Bedroom Addition \$250.00			
	<input type="checkbox"/> Holding Tank \$350.00	<input type="checkbox"/> Other: Specify _____		Fee: _____

For all on-site sewage permits, a site evaluation will be required. The site evaluation is an additional \$200.00 and requires the property owner to dig test holes in the area where the drainfield will be located. The fee will be waived for replacement applications. See site evaluation form for more detail.

### Property Information

Property Address/Road Name:		Parcel #
Subdivision/Short Plat #		Lot #
Size of Property (Acres/Sq. Feet)	Distance to City Sewer:	

### Owner/Applicant Information

Owners Name:		Address:	
Phone Number:		Email:	
Applicant Name:		Address:	
Phone Number		Email	

### Building Information

<input type="checkbox"/> Single Family Home				<input type="checkbox"/> Multi-Family Residential				<input type="checkbox"/> Commercial				<input type="checkbox"/> Accessory Dwelling			
Number of Bedrooms:				For replacements number of bedrooms listed on Assessor's website:											
Commercial Applications:		Employees:		Maximum Number of Visitors per 24 hours:				Estimated Gallons per day:							

### Sewage System Design and Site Plan

A detailed design of the onsite sewage system developed by a Professional Engineer or Licensed Onsite Sewage Treatment System Designer is required. Designs must include locations of all structures (proposed and existing), utilities, wells, surface water, easements, slopes, driveways and onsite sewage system and reserve locations. Designs must also details supporting the system design and vertical cross sections of each component.

**NOTE: The Health Officer may develop designs for simple gravity flow replacements.**

Sewage System Designer:		Phone Number:
Sewage System will be Installed by: <input type="checkbox"/> Resident Owner <input type="checkbox"/> Licensed Installer:		

### Water Supply

<b>Water Source:</b>	<input type="checkbox"/> Private individual well (Private wells must include a copy of a well log/drillers report)	
	<input type="checkbox"/> Group B or Group A public water supply	Name and ID #

Public water system users must supply written approval from the water system

Please note that this is an application for a permit and no construction related to the onsite sewage system shall take place until a permit has been issued

RCW 70.05.074 The local health officer must respond to the applicant for an onsite septic system permit within 30 days after receiving a fully completed application. The local health officer must respond that application is either approved, denied, or pending. I understand that if this application is denied, I have the right to request an appeal hearing before the Health Officer. I understand this request for hearing must be made in writing within 30 days of notification of denial, and that a hearing will be set within 30 days of the receipt of my request for hearing. I further understand that if the appeal to the Health Officer is not successful, I have the right to appeal that decision to the County Board of Health.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only			
Site Eval date:	Date received:	Paid:	Receipt #