



## Application For An On-Site Sewage System Permit

**GENERAL APPLICATION INFORMATION**

<b>PROPERTY TAX ACCOUNT #:</b> _____		<b>LOT #:</b> _____	<b>Sec:</b> _____	<b>Twp:</b> _____	<b>Rg:</b> _____
<input type="checkbox"/> New <input type="checkbox"/> Expedited <input type="checkbox"/> Renewal <input type="checkbox"/> Redesign <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Waiver Review					
Applicant Name: _____			Plat / SP Name: _____		
Mailing Address: _____			City: _____		State: _____
Applicant Phone: _____			Applicant Email: _____		
Installation Address: _____			Installation City: _____		Zip: _____
Water Supply:    Individual Well _____    Public _____    Name _____					

**SEWAGE DISPOSAL SYSTEM DESIGN INFORMATION**

Type of Building: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> SFR <input type="checkbox"/> Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____            # of Bedrooms _____					
Pretreatment Type: <input type="checkbox"/> SF <input type="checkbox"/> ATU <input type="checkbox"/> PBF <input type="checkbox"/> N/A <input type="checkbox"/> Other _____					
Dispersal Type: <input type="checkbox"/> Gravity <input type="checkbox"/> LPD <input type="checkbox"/> SSD <input type="checkbox"/> Mound <input type="checkbox"/> SLB <input type="checkbox"/> Other _____					
Lot Size: _____            Operating Capacity: _____ (gallons/day)            Design Flow: _____ (gallons/day)					
% Slope in Drainfield Area: _____            Depth to Water Table/Restrictive Layer: _____ (inches)            Soil Texture Type (1-6): _____					
Application Rate: _____ (gal/sq ft/day)		Absorption Area: _____ (sq ft)		Installation Depth: _____ (inches)	
Septic Tank Size: _____ (gallons)		Pump Chamber Size: _____ (gallons)		Date Soils Logged: _____	
Required Cover Soil: Volume: _____ (cubic yards)					

**DESIGNER INFORMATION**

Designer Name (Printed): _____		Designer Signature: _____	
Address: _____		License Number: _____	
Email: _____		Phone: _____	
Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Name (Printed): _____		Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Signature: _____	

Designer Comments: \_\_\_\_\_

**HEALTH DISTRICT USE ONLY**

<input type="checkbox"/> APPLICATION APPROVED EHS _____ Date _____ APPROVAL EXPIRES ON: _____	
Comments/Conditions: _____	
<input type="checkbox"/> APPLICATION DISAPPROVED EHS _____ Date _____	

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**Environmental Health Division**

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