



OKANOGAN COUNTY PUBLIC HEALTH

PROCEDURES FOR PERMITTING & INSTALLING CONVENTIONAL ON-SITE-SEWAGE DISPOSAL SYSTEMS

PROCEDURE FOR OBTAINING DISPOSAL SYSTEM PERMITS

1. Complete application form and submit to Okanogan County Public Health with the required fee.
 - A) **Fees:** **\$355.00** for new permits and **\$235.00 for repair permits**, the fee includes up to two (2) site visits. Privy permits are \$180.00 and community system connection permits are \$180.00, the fee includes one site visit. **Additional site visits will be billed at \$80.00 per visit. Fees must be paid when application is turned in, FAXED applications will not be accepted.**
 - B) **Directions:** Provide clear and concise directions with sufficient detail to locate your property.
 - C) **Attachments:**
 - Copy of the assessor's printout or your tax statement for the parcel of land the sewage system is to be installed on
 - Site plan : Must be completed with all applicable requirements listed at bottom of site plan sheet.. **Any change in building location or sewage disposal plans or location invalidates this permit unless prior approval is obtained from Okanogan County Public Health.**
 - D) **Expiration Dates:** The application expires one (1) year from date of purchase, (if permit is not issued). If permit is issued, it expires one (1) year from date of issuance. Permit may be extended one (1) year for an additional fee, if renewed prior to expiration. Denied permits may be appealed to the director within 15 days of the denial date.
2. Provide at least one soil evaluation hole, **at least six feet in depth, and 3 feet wide**, (sloped or stepped at one end for safe entry & exit), excavated in the area intended for the drainfield placement. Notify Public Health when the test hole is ready for inspection.
3. The local health official will make a site visit in which the criteria for your on-site sewage system and type will be determined. **NOTE:** Approval of a septic tank permit will not assure approval of a building permit.

Proposed septic tank and drain field locations on your property must be reviewed and approved by the Okanogan County Office of Planning & Development for compliance with zoning, shoreline and critical area regulations. **Do not install your septic tank and drain field until after you have obtained site plan review from the office of planning and development. To do so may result in unnecessary expense and you may be required to relocate the septic tank and drain field.**
4. Once the health official has made the site visit, a design must be submitted before a On Site Sewage permit will be issued. (Examples of design are attached). All items must be completed. Any variation from the design must receive approval from the designer and Okanogan County Public Health.

PROCEDURE FOR INSTALLING A DISPOSAL SYSTEM

1. When you receive the signed permit from Okanogan County Public Health, the sewage system may be installed
2. A conventional on-site sewage system may be installed by the resident property owner with or without the assistance of a licensed installer. (Home owner must be the person operating equipment for excavation of On Site Sewage System). The resident owner may not contract or hire a person, or company, to perform this work unless that person or company is licensed with Okanogan County Public Health. Alternative systems must be constructed by a licensed installer.
3. Copies of our "Construction Standards for Conventional On-Site Sewage Disposal Systems" are available upon request at the front counter of Public Health or at <http://okanogancounty.org/ochd/envirohealth.html> . The homeowner and the installer must follow these standards.
4. Public Health must be notified a minimum of 48 hours in advance of the final inspection. The on-site sewage system must be approved by Okanogan County Public Health prior to covering any components.
5. An "as built" drawing must be submitted after the final inspection is complete. For alternative systems, the designer or engineer must also supply a Certificate of Completion verifying that the system meets the design specifications.

**PLEASE NOTIFY OKANOGAN COUNTY PUBLIC HEALTH 48 HOURS IN ADVANCE OF FINAL INSPECTION BY
CALLING (509) 422-7140**

APPEALS: Applicants have the right to appeal the Public Health decisions. Appeals must be requested in writing to:
Administrator, Okanogan County Public Health, P.O. Box 231, Okanogan, WA 98840. A hearing date will be set after receipt of the request, with a formal review to follow.

Refunds: Must be requested within 90 days from the date of application. A \$80.00 administrative fee will be charged. If field work has been done, the fee is not eligible for refund.



Okanogan County Public Health

1234 South 2nd Ave.
 PO Box 231, Okanogan, WA 98840
 (509) 422-7140 ~ FAX (509) 422-7142
 TDD 800-833-6388

| For Office Use Only | |
|---------------------|-------|
| Permit #: | _____ |
| Date Received: | _____ |
| Fee Paid: | _____ |
| Receipt #: | _____ |
| Ext'n Date: | _____ |
| Ext Fee Paid: | _____ |
| Ext Receipt #: | _____ |
| Good Thru: | _____ |

ON SITE SEWAGE DISPOSAL APPLICATION

This application expires one (1) year from date of receipt (if permit is not issued). If permit is issued ** it expires one (1) year from date of issuance. Permit may be extended one (1) year for an additional fee, if renewed prior to expiration. Denial of the permit may be appealed to the director within 15 days of the denial date.

*Please complete and return to the address above along with the correct fee below. **Fees must be paid when application is turned in, FAXED applications will not be accepted.***

Property Owner: _____

Test hole ready:

Applicant Name: _____

Will call when test hole is ready:

Applicant Phone #: _____

| System Type | Fee |
|---|-------|
| <input type="checkbox"/> New | \$355 |
| <input type="checkbox"/> Repair/Replacing | \$235 |
| <input type="checkbox"/> Privy/Composting/Incinerator | \$180 |
| <input type="checkbox"/> Community Sewage System | \$180 |
| <input type="checkbox"/> Other | \$180 |

| PERMIT MAILING INFORMATION |
|----------------------------|
| Mail to: _____ |
| Mailing Address: _____ |
| City/State/Zip: _____ |

| |
|-----------------------------|
| Parcel#: _____ |
| Lot Size: _____ Lot#: _____ |
| acres |
| # Bedrooms: _____ |

| PROJECT LOCATION INFORMATION |
|------------------------------|
| Street Address: _____ |
| City/State/Zip: _____ |
| _____ |
| Subdivision/Short Plat |

| Water System | |
|---|---------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Public |
| <input type="checkbox"/> No water on site | |
| _____ | |
| Public Water System Name | |

Installer: _____

Designer: _____

Attach a copy of Assessor's printout or tax statement for the parcel of ground the sewage system is to be installed on, **and a site plan.**

Any change in building location or sewage disposal plans or locations invalidates this permit unless prior approval is obtained from public health.

Applicant or Agent Signature

Date

Note: If applicant is not owner, a note of permission is needed from legal property owner.



Okanogan County Public Health
P.O. Box 231
1234 South 2nd Avenue
Okanogan, WA 98840
FAX#: (509) 422-7142

Applicant: _____ Parcel Number: _____

Directions to project site (attach map if available): _____

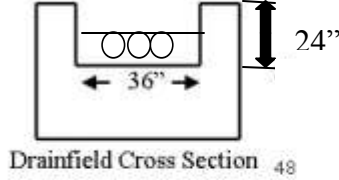
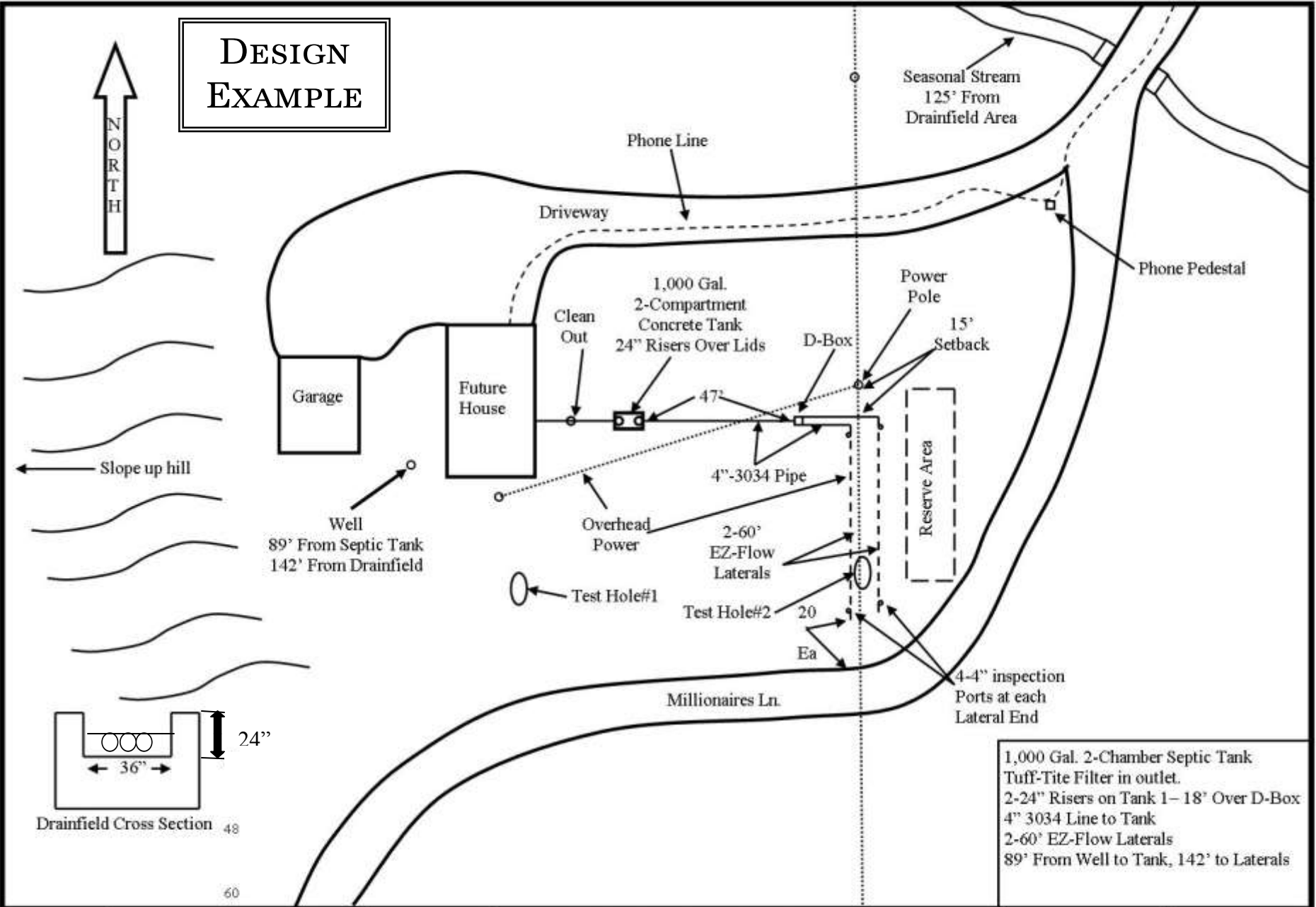
SITE PLAN



Site plan must include the following features as applicable (show distances between each):

1. Size, configuration, and dimensions of the parcel.
2. Location of existing and proposed structures.
3. Location of proposed septic tank, drainfield, and reserve (replacement) area.
4. Existing septic systems on the property.
5. Location of test hole(s).
6. Location of wells (including neighboring wells) and water lines.
7. Location of driveways (existing and/or proposed).
8. Easements or rights-of-way (roads, water, utilities, access, etc.).
9. Location of surface waters (lakes, streams, creeks, wetlands, etc.).
10. Topography (slopes, benches, cuts, etc.) and vegetation.

**DESIGN
EXAMPLE**



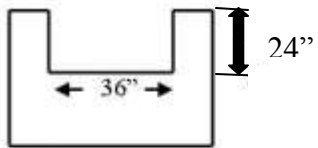
1,000 Gal. 2-Chamber Septic Tank
Tuff-Tite Filter in outlet.
2-24" Risers on Tank 1- 18' Over D-Box
4" 3034 Line to Tank
2-60" EZ-Flow Laterals
89' From Well to Tank, 142' to Laterals

| | | | | |
|---------------------------------|--|---|----------------------------------|--------------------------------|
| <p>Date: 3-10-10</p> | | <p>Owner: Mr. & Mrs. New Home Owner Location: 2 Millionaires Ln. Parcel# 1555121200 Phone: 509-555-5555</p> | <p>Design Example</p> | <p>Page: 1 of 1</p> |
|---------------------------------|--|---|----------------------------------|--------------------------------|



HOME OWNER'S
DESIGN

Material List



Drainfield Cross Section 48

60

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|--|
| |
|--|

| | | | | |
|--------------|-------------------|--|---------------|------------------------|
| Date: | Installer: | Owner: Location: Parcel# 1 Phone: | Scale: | Page: 1 of 1 |
|--------------|-------------------|--|---------------|------------------------|