

Site Design Application Form for Individual On-Site Sewage System (OSS)

THIS IS NOT A PERMIT

ON Record ID:

**For Office
Use Only**

Payment Date:

Approximate Site Address:

Applicant Information

Name:

Mailing Address:

Phone Number:

Email:

Designer Information

Name:

Address:

Email:

Designer Phone Number:

DOL Certification No:

Property Information

Parcel # (APN):

Lot:

Block:

Subdivision Name:

Type of Area: Rural

Urban

Property Size (Sq. ft.):

Acreage:

Distance from property line to a public sewer is > 200? Yes

No

Design Type: New

Replacement to support major alteration/new building/additional bedrooms

Replacement of a failed system

If replacement, Non-conforming:

Water Supply: Public Water System - Group A

Proposed Private Individual Well

Rainwater catchment System

Public Water System - Group B

Private Spring

Other

Existing Private Individual Well

Water System Name:

Water System ID:

Dwelling Type: Single Family

Non-Single Family:

System Information

Septic Tank Size (in Gal.):

Septic Tank Material: Concrete

Non-Concrete

Pump Tank size (in Gal.):

Pump Tank Material: Concrete

Non-Concrete

Drainfield Type: Pressure

Subsurface Drip

Sand Lined Trench/Bed

Glendon

Gravity (no Pump)

Mound

OSCAR Coils

Pump to gravity

None - Only holding tank

If Drainfield Type is OSCAR Coils, OSCAR Coil size: OS-50 (5 feet)

OS-100(7 feet)

Drainfield Material: Gravel

Gravelless

Not Applicable

Nibbler:

Distribution Product Manufacturer and Model (If applicable):

Site Design Application Form for Individual On-Site Sewage System (OSS)

ON Record ID:	For Office Use Only
Payment Date:	

THIS IS NOT A PERMIT

Treatment Type:

- | | | |
|--|---|--------------------------|
| No advanced treatment (only septic tank) | Proprietary Treatment Product (ATU, etc.) | Intermittent Sand Filter |
| Mound | Recirculating Sand Filter | Sand Lined Trench/Bed |
| Stratified Sand Filter | Composting or Incinerating Toilet | Holding Tank |

Proprietary treatment product:

- | | | | | |
|-----------------------------|-----------|--------------|------------------------------|---------------------------------|
| FAST (MicroFAST, RetroFAST) | Advan Tex | ECOPOD | Fusion | Multi-Flo |
| NuWater | Aqua Aire | Eljen | Glendon | Nayadic |
| BioBarrier MBR | Aqua Safe | Enviro-Flo | Jet Inc. | LOWeFLOW |
| Singular | AIRR | Enviro-Guard | Hydro-Kinetic | SepticTech |
| Whitewater | Busse MBR | Fuji Clean | Puraflo Peat Fiber Biofilter | TDR (Advanced Septic Treatment) |

Proprietary Treatment Product Model:

Disinfection: If Disinfection, Model:

Calculations:

- | | |
|---|--|
| Number of bedrooms: | Total Gallons/Day (450 minimum) (Gal): |
| Soil Texture Type (1-5): | Application Rate (Gal/sq. ft./day): |
| Total Absorption Area (sq. ft.): | Date Soils Logged: |
| Drainfield Length(ft.): | Trench Width(inches): |
| Trench Depth Minimum (inches): | Trench Depth Maximum (inches): |
| Garbage Disposal: | Max. Slope in drainfield/Reserve Area (%): |
| If encountered, provide depth to the restrictive layer in Inches. (If not, leave it blank): | Basement Plumbing: |

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in the disapproval of the sewage system being proposed in this application. Non-compliance may also lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature: _____ K.C. ID#

--	--	--	--	--

 Date: _____

FOR HEALTH DEPARTMENT USE ONLY:

NOTE: SYSTEM MUST BE INSTALLED BY A KING COUNTY CERTIFIED INSTALLER UNLESS OTHERWISE PROVIDED BY CODE

APPROVED (date): _____ **BY:** _____

Comments _____

Pre-construction meeting required between designer, installer, builder prior to permit issuance

APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION PROVIDED IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE PROPOSED SEWAGE DISPOSAL SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL **NOT** BE CONSIDERED AN ASSURANCE, EITHER EXPRESSED OR IMPLIED, THAT DEVELOPMENT PERMITS FOR THE SITE WILL BE ISSUED.

THIS APPLICATION EXPIRES TWO YEARS FROM DATE OF APPROVAL.

DISAPPROVED (date): _____ **BY:** _____

See attached Site Deficiency Sheet.

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to the Health Officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee). CS 13.15.97 Rev.7/21/00

