

Public Health - Seattle and King County

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

(Submit 5 copies of application with 4 copies of plans)

Record I.D. Number

ON

Department Use Only

Approximate
Site Address:**ATTACH A DETAILED ROUTE/ DIRECTION
MAP FOR LOCATING THE PROPERTY.**

Name and address of property owner

Applicant Name	Street Address	
Last First	City-Zip Code	Phone

Designer	Street Address	
	City-Zip Code	Phone

THIS IS NOT A PERMIT**PROPERTY INFORMATION:**Legal Description Attached ☐

Parcel # (APN) Section: Township: Range:

Subdivision Name: Lot: Block:

Property Size Sq. ft. Acreage: Rural Area ☐ Urban Area ☐

Distance from property line to nearest sewer:

Water Supply (IP) I = Individual Group A Supply Group B Supply

Public Water Supply Name: ID#

Sensitive Area: (Y?N) If yes, specify (L,W,O) L = Landslide W = Wetlands O = Other

SYSTEM INFORMATION:

New System Repair Design Correction of OSS Failure? Y?N Detailed Plans Attached (4 sets) Y?N

Type of Building SF = Single Family MF = Multiple Family COMM = Commercial INST = Institutional

Type of System Proposed: G = Gravity GP = Gravity with pump M = Mound SF = Sand Filter

PD = Pressure Distribution HT = Holding Tank CT = Composting Toilet E = Experimental O = Other

Dates Soils Logged: Soil Logs Data Attached: (Min. 4/lot) Y?N

Depth to Watertable or Restrictive Layer: Inches Maximum Slope in Drainfield/Reserve Area %

CALCULATIONS:

Number of bedrooms: Total Gallons/Day (450 minimum): Gal. Soil Texture Type (1A-5)

Application Rate: Gal/sq ft/day Total Absorption Area: Sq. ft. Trench Width inches

Total Drainfield Length: Ft. Septic Tank Size: Gal. Garbage Grinder Y?N

Pump Chamber Size (if needed) Gal. Trench Depth (min/max): / inches

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 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

RECEIVED