An in-home child care application is to assure that the drinking water supply is safe and the septic system is functioning properly.

**Initial Review for your Septic System and Drinking Water**

1. Call the Environmental Health Division at (253) 649-1421 Operation & Maintenance Line. Leave a message stating that you want to apply for an in-home child care review. Leave your name, property address, and phone number. We will search for your septic system records and may call you for additional information to determine the capacity of your septic system.

2. An application packet with a checklist will be mailed to you if it is determined that your septic system can support additional use as an in-home child care. You will need to contact our Drinking Water Program at (253) 649-1420 to ensure water supply approval.

3. After your application and fee have been submitted, a member of our field staff will visit your property to review the septic system. You do not need to uncover any parts of your septic system for our review.

4. Upon successful review of your application the Health Department will issue a report indicating required Operation & Maintenance (O&M) inspection frequency and any further requirements. To keep your license active with Health Department your system must be inspected either annually or every three years depending on system type.

**Renewal Process**

We will send you a notification letter reminding you that an inspection of your system by a certified O&M firm is due. The O&M firm will include the Health Department fee as part of their bill.

The notification letter will also ask for the number of residents and the number of child care children in your home. When we receive this information we will reevaluate your system capacity. As part of our process we will locate the inspection report at [www.onlineRME.com](http://www.onlineRME.com). We will issue a report renewing your in-home child care approval. You can provide this report to your licensor. If we have questions or need more information we will call you.
### In-Home Child Care Application

**Validation**

<table>
<thead>
<tr>
<th>O&amp;M Number (office use only)</th>
<th>SR Number (office use only)</th>
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<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Business Name</th>
<th>Site Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Email</th>
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<table>
<thead>
<tr>
<th>Licensor Name</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Parcel Number</th>
<th>Lot</th>
<th>Subdivision</th>
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</thead>
</table>

**Locked Gates**  
- [ ] Yes  
- [ ] No

**Dogs**  
- [ ] Yes  
- [ ] No

<table>
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<tr>
<th>Lot Size</th>
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**Building Type:**  
- [ ] Single Family Residence  
- [ ] Multi Family Residence  
- [ ] Mobile Home Park

**Water Supply:**  
- [ ] Public Water  
  - Company __________________________  
  - ID __________________________  
- [ ] Individual

**System Information:**  
- Current number of occupants __________  
- Maximum number of child care children __________  
- Garbage Disposal?  
  - [ ] Yes  
  - [ ] No

<table>
<thead>
<tr>
<th>Number of bedrooms</th>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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**HEALTH DEPARTMENT USE ONLY**

**Water Approved**  
- __________________________  
  - Date __________________________

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<th>Comments</th>
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**Septic Approved**  
- __________________________  
  - Date __________________________

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<tr>
<th>Comments</th>
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</table>

| Approved for _______________ residents and _______________ child care children |

**Record Drawing Search**

**O&M PE**  
- __________________________  
- Renewal period __________________________

**O&M Status**  
- [ ] R  
- [ ] S

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<tr>
<th>Justification</th>
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Information submitted is subject to Public Records Act, Chapter 42.56 RCW.
In-Home Child Care Application

Component codes __________ Soil Log ____________________________

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

Environmental Health  In-Home Child Care  tpchd.org
3629 S. D St. MS 1035 Tacoma WA 98418  Page 3 of 4

(253) 649-1421
In-Home Child Care Checklist

Applicant ____________________________ Owner ____________________________

Name of Business ____________________________

Site Address ____________________________

City ____________________________ State __________ Zip __________

Phone ____________________________ Fax ____________________________

Email ____________________________

Name of Licensor ____________________________ Phone ____________________________

Requirements

- Yes   No  Complete Application for Review with fee $ _________________

- Yes   No  Operational & Maintenance Inspection (see Septic System Service Companies list)

- Yes   No  Basic Site Plan

- Yes   No  Soil Test hole to establish septic system reserve area?

- Yes   No  Return the Facility Worksheet with your application.

- Yes   No  Four months of water usage records for the residence.

Health Department Representative ____________________________ Phone Number ____________________________
Applicant Name ___________________________ Business Name ___________________________

Site Address ____________________________________________________________

City ___________________________ State ___________________________ Zip ____________

Phone ___________________________ Fax ___________________________

Parcel Number ___________________________ Lot _______ Subdivision ___________________________

HEALTH DEPARTMENT USE ONLY

On-Site Sewage System (OSS) Documentation

Capacity of the OSS established from:

____ Design flow stated on record drawing

____ Presumed flow based on number of bedrooms shown on Pierce County Assessor Treasure website

Capacity of the OSS is 120 gallons per bedroom unless otherwise documented.

Total capacity of the OSS ____________ gallons (use this number in the calculation below)

Reserve area indicated ____________ O&M Inspection Satisfactory  □ Yes  □ No

On-Site Sewage (OSS) Capacity Worksheet

Residential Usage

Number of residents ____________ x 60 = ____________ gallons per day

or

Water use documentation submitted: current usage _______ gallons per day

Child care Usage

Number of children (not including residents) _______ x 10 = ____________ gallons per day

Proposed Flow

(add residential usage to child care usage) _______ gallons per day

Capacity of OSS ____________ - proposed flow ____________ = ____________ available capacity (gallons per day)

Determined Risk Assessment:  □ Moderate  □ High  □ System Modification Required

Renewal Interval:  □ 1 year  □ 3 Year

Comments ____________________________________________________________

______________________________________________________

Reviewed by ___________________________ Date ___________________________