On-Site Sewage
Record Drawing Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Site Information

Name _____

Address _____

City_____ State _____ Zip _____

Parcel _____

Subdivision _____

Community System: ☐ Yes ☐ No

Community System Address _____

Owner

Name _____

Address _____

City_____ State _____ Zip _____

Phone _____

Lot _____

Community System Name _____

Designer

Name _____

Address _____

City_____ State _____ Zip _____

Phone _____

Installer

Name _____

Address _____

City_____ State _____ Zip _____

Phone _____

REQUIRED FOR ALL RECORD DRAWINGS

We will charge a re-submittal fee for incomplete packages.

- ☐ Record Drawing
- ☐ Copy of Installation Permit signed and dated by both the Designer and Installer
- ☐ Backfill Notification Form signed and dated by the Installer

AS APPLICABLE FOR RECORD DRAWINGS

- ☐ Maintenance or Service Contracts for Aerobic Treatment or proprietary devices
- ☐ Recorded Attenuation Zones or Easements
- ☐ Septic Tank Decommissioning form and pumping receipt
- ☐ Change of Designer form
- ☐ Any supporting documentation required at the time of design approval
- ☐ Payment of outstanding fees
- ☐ Redesign/Final Record Drawing Application and fees

I hereby certify the accompanying Record Drawing depicts the on-site sewage disposal system installed at the address above. I inspected the on-site sewage disposal system prior to backfill and final cover and determined it appears to comply with all requirements and restrictions of the approved on-site sewage system design.

Designer _____ Date _____

HEALTH DEPARTMENT USE ONLY

Accepted Date _____ EHS Signature _____

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