On-Site Sewage Development Guide

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Use this on-site sewage development guide to help submit a complete application. We will review your proposed development application to ensure it meets requirements of Washington State Board of Health Chapter 246-272A WAC and Tacoma-Pierce County Health Department Environmental Health Code, On-Site Sewage Chapter 2. **Incomplete submittals may result in delay of approval and additional fees.**

All application submittal packages **must include** the following:

- Complete, signed application.
- Application fee (see current fee schedule at www.tpchd.org/fees).
- Design or basic site plan.
- Community System Record Drawing (if applicable).

The following applications require information in addition to the items listed above:

New development designs should also include:

- Water availability letter (public water).
- Critical area checklist and associated approvals within 6 months of application submittal date.
- Copy of recorded plat.

Renewals should also include:

- Renewal letter from designer.
  - Have site conditions changed? If so, what changed? Are soil logs still open?
- Copy of previous design/approval.
- Water availability letter (public water).
- Critical area checklist and associated approvals less than 5 years old.
- All design site plans must meet current code**.**

Tank Repair/Replacements should also include:

- Basic site plan is allowed instead of design site plan.

Remodel with design should also include:

- Critical area checklist and associated approvals within 6 months of application submittal date.

Remodel without design (residential applications may use basic site plan) and should also include:

Residential office review

- Inspection completed by a Certified Septic Service Company within 1 year of application submittal date.

Residential field visit

- Inspection completed by a Certified Septic Service Company within 1 year of application submittal date.
- Test hole (Indicate test hole on site plan).

Commercial office review

- Justification from a licensed On-Site Septic Designer/Professional Engineer for a change in commercial use.
- Inspection completed by a Certified Septic Service Company within 1 year of application submittal date.

Commercial field visit

- Justification from a licensed On-Site Septic Designer/Professional Engineer for a change in commercial use.
- Inspection completed by a Certified Septic Service Company within one year of application submittal date.
- Test hole (Indicate test hole on site plan).

Individual Well Site application is eligible for reduced fee only if submitted with On-Site Sewage Development application.

Questions?

- Contact us at EHSepticSystems@tpchd.org.
- Check your status online at http://www.tpchd.org/applicationstatus.

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

On-Site Sewage Development Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Validation

Site Address _____

❑ Prior Site ❑ ADU ❑ Primary Address _____

City _____ State _____ Zip _____

Parcel Number _____ Lot Size_____ (sq. ft.) Lot Number _____

Subdivision Name _____

Plat Recording Number _____

Applicant _____ Phone _____

Applicant Email _____

❑ Same as Site Address
Mailing Address _____

City _____ State _____ Zip _____

Designer _____ Designer ID Number _____

Application Type:

❑ New Development with Design
❑ Repair ❑ Partial Repair
❑ Remodel with Design
❑ Renewal
❑ With Redesign ❑ Without Redesign
❑ Tank Repair/Replacement
❑ High Winter Water Table Review
❑ Residential Remodel
❑ Field Visit ❑ Office ❑ Medical Hardship
❑ Redesign
❑ Consultation
❑ Commercial Remodel
❑ Community System Design
❑ Community System Connection
❑ Field Visit ❑ Office

Proposed Use (check all that apply):

❑ Single Family Residence ❑ Additional Residence ❑ Multi Family Residence, number of units _____

❑ Commercial, if food establishment check one: ❑ New ❑ Existing

❑ Community System Name _____
Community System Address _____

Project Description _____

_____

_____

Date soil logs recorded _____ Design Flow (GPD)_____

Bedrooms: Existing _____ Proposed _____Total _____

Garbage Disposal? ❑ Yes ❑ No Dogs? ❑ Yes ❑ No Locked Gates? ❑ Yes, Code_____ ❑ No

Water Supply:

❑ Individual Well Check one: ❑ New ❑ Existing

❑ Public Water System Name _____ System ID _____

"I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct. I hereby grant Tacoma-Pierce County Health Department access to this property for inspection(s) related to this application."

Print	Signature	Date

HEALTH DEPARTMENT USE ONLY

Geo Search _____ ON Number _____ Compliance Records _____

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