

On-Site Sewage Record Drawing Application



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

Incomplete packages will be assessed a re-submittal fee.

- Record Drawing (four copies stamped by the certified Designer or Professional Engineer)
- 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

Designer Stamp

I hereby certify that the accompanying Record Drawing depicts the on-site sewage disposal system installed at the above-referenced address. I inspected the on-site sewage disposal system prior to backfill and final cover and determined that 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.