

On-Site Sewage Development Guide

Use this on-site sewage development guide to help you submit a complete application. We will review your proposed development application to ensure that 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:

- Application filled out and signed.
- Application fee (see current fee schedule).
- Four copies of design site plan; three copies of basic site plan.
- Community System Record Drawing (if applicable).

The following applications will 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 six 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? 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 only replacement/additions 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 six 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 one year of application submittal date.

Residential field visit

- Inspection completed by a Certified Septic Service Company within one year of application submittal date.
- Test hole (test hole should also be indicated 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 one 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 (test hole should also be indicated 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 or (253) 798-6470.
- To check your status online, visit <https://eco.tpchd.org/>.

On-Site Sewage Development Application



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 _____

Validation

Application Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> New Development with Design | <input type="checkbox"/> Repair | <input type="checkbox"/> Remodel with Design |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> With Design <input type="checkbox"/> Tank Replacement Only | <input type="checkbox"/> Residential Remodel |
| <input type="checkbox"/> With Redesign <input type="checkbox"/> Without Redesign | <input type="checkbox"/> High Winter Water Table Review | <input type="checkbox"/> Field Visit <input type="checkbox"/> Office <input type="checkbox"/> Medical Hardship |
| <input type="checkbox"/> Redesign | <input type="checkbox"/> Consultation | <input type="checkbox"/> Commercial Remodel |
| <input type="checkbox"/> Community System Design | <input type="checkbox"/> Community System Connection | <input type="checkbox"/> Field Visit <input type="checkbox"/> 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 _____

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