



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

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APPLICATION FOR ENVIRONMENTAL HEALTH REVIEW

<u>Permit Number</u>	<u>Payment Information</u>	<u>Type of Review</u>
CRT _____	Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Date of Payment _____	<input type="checkbox"/> Septic and Water \$360 <input type="checkbox"/> Septic \$205 <input type="checkbox"/> Water \$215 (Individual and Two Party) <input type="checkbox"/> Group B WS \$80.00 (+\$80.00/hour beyond 1 hour) <input type="checkbox"/> Property Evaluation \$295 <input type="checkbox"/> Resample \$27 lab fee

Instructions: Complete Parts 1, 2, and 3 completely and accurately. With the application form, please submit the appropriate fee and the necessary documents such as a septic system maintenance report. If the application is for a property evaluation for septic, be sure the test holes have been dug and the location is clearly marked at the site.

PART 1. APPLICANT AND PARCEL IDENTIFICATION

Name of Applicant _____ Phone _____

Mailing Address of Applicant _____

City _____ State _____ Zip _____

12-digit Tax Parcel No. _____

Site Address _____

Brief Legal Description _____

Driving Directions _____

PART 2: TYPE OF REVIEW

Septic System

- Age of system _____
- Age of house _____
- Number of bedrooms _____
- Name of last owner _____
- Is house currently occupied? YES NO
- If not occupied, how long has it been vacant? _____

Water System

- Number of service connections on the water system? _____
- If a public water system, name of system _____
- WFI number _____

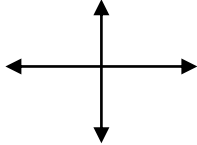
Property Evaluation (soil logs)

Property evaluations provide, in general terms, the suitability for a parcel for septic system placement. THIS DOES NOT GUARANTEE FUTURE SEPTIC SYSTEM APPROVAL.

- Describe the intended use of the property and the reason for requesting the review.
- _____

PART 3: PLOT PLAN

Use the space below to draw a detailed plot plan, or attach a detailed plot plan to this application. The plot plan should include the following: North Arrow, Location of Test Holes, Location of Existing Septic System, Dimensions of Property, Location of any Drinking Water Sources (wells, springs, etc.) Roads, Easements, Surface Water, and Buildings on the property. (skip Part 3 for Group B water system review)

	<u>LOT SIZE</u> _____ X _____ _____ Acres
	<u>COMPASS</u> 

Applicant's Signature: _____ Date _____

PART 4: HEALTH DEPARTMENT FINDINGS – OFFICIAL USE ONLY

Septic System

Yes No

- The septic system was inspected by an appropriate maintenance provider and the submitted report is current.

- Records for this property contain a septic permit, design, final approval and as as-built drawing.

- The site was inspected and the system location appears to be consistent with recorded documents.

- The area of the on-site system appears to be maintained in an acceptable manner.

- Was Operation and Maintenance a condition of permit approval?

- Is a copy of a current Operation and Maintenance report attached?

Water System

Yes No

Individual Water System

- A water sample was taken by Public Health staff. Total coliform bacteria were determined to be absent. Laboratory results are attached to this report.

- The well cap was inspected. The sanitary seal appears satisfactory.

- The well casing was inspected. The casing projected above ground and the ground sloped away from the casing.

- The well site was inspected. No septic systems, chemical storage facilities, manure pile, animal feedlots or other obvious sources of contamination appeared within a 100-foot radius of the well.

Yes No

Public Water System

- Records indicate water-sampling requirements are being satisfied.

- Records indicate the Water Facility Inventory form is current.

- Department files contain water system design and letter of approval.

Soil Conditions

Test Hole #1	Test Hole #2	Test Hole #3
Soil Type: _____	Soil Type: _____	Soil Type: _____
Restrictive layer: _____	Restrictive layer: _____	Restrictive layer: _____
Slope: _____	Slope: _____	Slope: _____
Distance to Shoreline: _____	Distance to Shoreline: _____	Distance to Shoreline: _____

PART 5: HEALTH DEPARTMENT OBSERVATIONS – FOR OFFICIAL USE ONLY

Primary Drainfield

Yes No

The system appears to be functioning adequately at the time of the inspection. (Only applicable if system has been in use on a regular basis for the last 6 months.)

Sanitary survey? Pass Fail Suspect Not applicable

Water System

Yes No

The water source consists of an individual (or a two-party) well that appears to be a satisfactory source of potable water for a single-family (or two single family) residence(s). The water was sampled and coliform bacteria were absent.

The water source is a public water system that appears to be in compliance with applicable regulations.

Well Construction Permit Pass Fail

PART 6: Comments

Inspector _____ Date _____

Important Notice: Findings & determinations of this review reflect observed conditions as they exist on the day the evaluation was performed. Absolutely no claim is made by this office, expressed or implied concerning the future success, failure or permit approval of the system and site evaluated.