ONSITE SEWAGE SYSTEM APPLICATION

MASON COUNTY PUBLIC HEALTH

415 N 6th STREET, PO BOX 1666
SHELTON, WA 98584
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Belfair: (360) 275-4467 Ext. 400
Elma: (360) 482-5269 Ext. 400
Fax (360) 427-7787

Official use only

PERMIT NUMBER: SWG _____

DATE RECEIVED: _____

AMOUNT RECEIVED: $_____

Assessor's Twelve-Digit Parcel Number: __ __ __ __ __ __ __ __ __ __ __ __

Subdivision Name: _____ Division: _____ Block: _____ Lot _____

APPLICANT	DATE
MAILING ADDRESS	DAYTIME PHONE
CITY	STATE ZIP
SITE ADDRESS	
NAME OF DESIGNER	PHONE NUMBER
NAME OF INSTALLER	
NUMBER OF BEDROOMS	LOT SIZE: ACRES FT X FT

CHECK APPLICABLE ITEMS

- ☐ NEW SYSTEM
- ☐ REPAIR SYSTEM
- ☐ TABLE 9 REPAIR
- ☐ TANK REPLACEMENT
- ☐ RV HOLDING TANK ONLY (requires waiver)
- ☐ SINGLE FAMILY
- ☐ OTHER

Please describe: _____

Note:
Record Drawing (Asbuilt) required for all installations.

DRINKING WATER SOURCE

- ☐ PRIVATE INDIVIDUAL WELL
- ☐ PRIVATE TWO-PARTY WELL
- ☐ COMMUNITY/PUBLIC WATER SYSTEM

SYSTEM WFI #: _____
SYSTEM NAME: _____

SPECIFIC DIRECTIONS FOR LOCATING SITE.

Site must be flagged from main road and test holes must be flagged with test hole numbers

Official use only below this line

SOIL LOGS	COMMENTS/CONDITIONS
SOIL TEXTURE CODES: V = very G = gravelly S = sand L – loam Si = silt C = clay E = extremely	

INSPECTOR SIGNATURE DATE	DESIGN EXPIRATION DATE	DESIGN APPROVED BY DATE