



## Installation of Holding Tanks for Recreational Vehicles

Holding tanks for Recreational Use Vehicles are permitted through a state and local waiver process.

Requirements for waiver include:

- **1,200 gallon tank with audio and visual alarms**
- **Tank must be listed on the Washington State Department of Health list of Registered Sewage Tanks**
- **Installation by a Mason County Certified Installer**
- **Letter stating you agree to regular pumping**
- **Notice to Future Property Owners of Recreational Use Holding Tank Recording to Deed**
- **Tracking on Mason County Operation & Maintenance Database**

Follow these steps to apply for an RV Holding Tank Permit. (forms included)

1. Submit an Onsite Sewage Application form.  
This application must include a scaled plot plan showing the following:
  - Property and easement lines
  - Existing and proposed wells within 100 of property lines
  - Roads and road easements and parking areas
  - Location of tank
  - Location of banks, streams, wetlands, high water lines for surface water like lakes, marine shorelines
  - North arrow
  - Scale bar
2. Submit completed State and Mason County Waiver forms.  
Complete Sections I and II on the On-site Sewage Systems Request for Waiver from State Regulations form and Parts 1 and 2 on the Mason County Public Health Application for Waiver/Appeal form.
3. Submit a letter from you (the owner) that states the tank will be pumped annually or as needed.
4. You will be notified when the waivers have been approved.
5. To complete the application process, please submit a copy of a recorded *NOTICE TO FUTURE PROPERTY OWNERS OF RECREATIONAL USE HOLDING TANK*. This form must be completed, notarized, and recorded with the Mason County Auditor. A copy of the recorded document must be submitted to Mason County Public Health prior to permit approval.
6. Once the permit is approved, the RV Holding tank may be installed. A Mason County Certified Installer must install the tank. A current list of certified installers is available on the Mason County Web page at [www.HealthyMasonCounty.org](http://www.HealthyMasonCounty.org) Click on *On-site Sewage Systems* under Environmental Health, then click on *Mason county Certified Installers*. You may also pick up a current list at Mason County Building #8 at 415 N 6<sup>th</sup> Street in Shelton or request that a list be mailed to you.
7. The installer will call Mason County Public Health when installation is completed for a final inspection and will submit a Record Drawing (Asbuilt) form.

Fees: Onsite Sewage System Application for RV Tank Only: \$175.00

State and Local waiver review: \$181.00

Mason County Public Health  
415 N 6<sup>th</sup> Street, Bldg 8, Shelton WA 98584,  
Shelton: (360) 427-9670 ext 400, Belfair: (360) 275-4467 ext 400, Elma: (360) 482-5269 ext 400



PO Box 1666, 415 N 6<sup>th</sup> Street, Bldg 8, Shelton WA 98584,  
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FAX (360) 427-7787

### Application for Waiver/Appeal

Amount Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

#### Instructions

1. Complete Parts 1 and 2. No determination can be made until these parts are fully completed.
2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

#### PART 1. Applicant/Parcel Identification

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12-digit Tax Parcel No.    \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  --  \_\_\_  \_\_\_  --  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_

Site Address \_\_\_\_\_

Subdivision Name and Lot \_\_\_\_\_

#### PART 2: Nature of Waiver/Appeal

- |  |   |
|--|---|
| <input type="checkbox"/> Class B Reduction in Vertical Separation                                      | <input type="checkbox"/> Food Sanitation Requirements     |
| <input type="checkbox"/> Building Permit Review Policies   | <input type="checkbox"/> Group B Water System Regulations |
| <input type="checkbox"/> Location, WAC 246-272A-0210   | <input type="checkbox"/> Water Adequacy Requirements      |
| <input type="checkbox"/> Holding Tank WAC 246-272A-0240  | <input type="checkbox"/> Enforcement Timelines            |
| <input type="checkbox"/> Mason County Onsite Standards   | <input type="checkbox"/> Departmental Determinations      |
| <input type="checkbox"/> Contractor Certification Requirements<br>(Installer, Pumper, O&M Specialists) | <input type="checkbox"/> Other                            |

Description of Waiver/Appeal (include justification, additional material may be attached.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## On-Site Sewage Systems (Chapter 246-272A WAC) Request for Waiver from State Regulations

<b>Section I.</b>		<i>(completed by applicant)</i>	
Name: (1)		Local Health Department / District (2)	
Address:		<i>(see instructions)</i>	
Telephone: (    )			
Signature:			
Property Identification: (3)			
<b>Section II.</b>		<i>(completed by applicant)</i>	
WAC Number: (4)	WAC Requirement: (5)	Waiver Sought: (6)	
246-272A —			
Subsection:			
Justification <i>(mitigation measures to be provided)</i> : (7)			
<b>Section III.</b>		<i>(completed by health officer)</i>	
Review Criteria: (8)		Mitigation Measures <i>(in addition to those proposed)</i> : (9)	
Comments / Conditions: (10)			
Type of Waiver: (11) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C — Request DOH review <u>before</u> granting?    Yes ___ No ___			
Neighbor Notification: (12) Required? Yes ___ No ___ <i>If needed, are agreements, easements, etc. properly filed?</i> Yes ___ No ___			
<b>Section IV.</b>		<i>(completed by health officer)</i>	
This Request For Waiver From State Regulations has been reviewed according to the provisions of Chapter 246-272A WAC On-Site Sewage Systems. The review criteria applied, and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this chapter WAC.			
<input type="checkbox"/> Denied <input type="checkbox"/> Approved / Granted —Subject to all comments, conditions and requirements noted in Sections II and III.			
Local Health Officer (13) _____		Date: _____	

## Instructions for Completion

Sections I and II are to be completed by the Applicant.

Sections III and IV are to be completed by the local health officer or his/her authorized representative.

Most items in each Section are followed by a number in ( ). The instructions below are listed by these numbers:

- (1) Individual requesting waiver. (Presumed to be property owner..., indicate if not.) Be sure to include mailing address and phone number.
- (2) Local Health Department. Usually this will be "filled in" by the local health agency office.
- (3) Property Identification: Provide the address, parcel number, permit application number or other identifying description of the property for which a waiver is being requested. A full legal description is not required.
- (4) WAC Number. Specify the particular WAC number from Chapter 246-272A WAC for which a waiver is being sought, such as "WAC 246-272A-0210(1)".
- (5) WAC Requirement. State the requirement in the specified WAC for which a waiver is being sought, such as "100 foot setback from soil dispersal component to a well".
- (6) Waiver Sought. Briefly describe the waiver sought, such as "Reduction of setback to 70 feet".
- (7) Justification. Provide the rationale for the waiver request. What site conditions, system design characteristics, etc. mitigate the concerns that resulted in the requirements in the WAC? Technical justification should include supporting data, plat plans, device or treatment methodology proposed, possible mitigating site characteristics, gross land area, other options explored, and any other pertinent data. Possible mitigation measures may include system design, site requirements, or administrative approaches. Attach additional pages, if necessary to provide the local health officer adequate information upon which to make an informed decision.
- (8) Review Criteria. Indicate when specific criteria were used in the review of the proposed waiver and mitigation measures.
- (9) Mitigation Measures. Indicate any mitigation measures required in addition to those proposed by the applicant.
- (10) Comments / Conditions. Briefly describe any concerns or issues regarding the waiver request, mitigation measures, or related issues.
- (11) Type of Waiver. Indicate which category of waivers this particular request is in. For Class C Waivers, indicate if DOH review is to be requested before a decision is made to grant the request.
- (12) Neighbor Notification. Are there any aspects of this waiver request for which notification to and/or permission by, adjoining or nearby property owners / dwellers would be appropriate?
- (13) Local Health Officer. This is where the local health officer, or his/her authorized representative, by checking the appropriate box and signing, grants or denies the requested waiver.

Assistance for applicants requesting a "Waiver From State Regulations" may be obtained from the Local Health Department or District.

Local Health Department / District Health Officers may obtain assistance from the Washington State Department of Health in their review of proposed "Waiver From State Regulations":  
(360) 236-3043 / Leslie Turner





PARCEL IDENTIFICATION			
Permit Number	SWG --	Assessor's Parcel #	_____ (Twelve-Digit Number)
Applicant's Name	_____	Subdivision	_____ (Name/Division/Block/Lot)
Applicant Address	_____	Installer's Name	_____
City, State, Zip	_____	Designer's Name	_____

INSTALLER CHECKLIST			
	N/A	Yes	Prior to Completion
<b>I. SEPTIC TANK</b>			
>5 ft. From foundation?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50 ft from wells? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50 ft surface water? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building stubout to septic tank: cleanout if not 1-2%? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baffles intact and clean?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividing wall intact?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risers installed for access?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen basket or effluent filter installed? (circle one) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank size: _____ gal.; Manufacture: _____			
<b>II. D-BOX</b>			
Leveled with water? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed leveler used? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. DRAINFIELD</b>			
>10 ft from foundation?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 5 ft from property lines and easement lines? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 100 ft from wells?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 100 ft from surface water? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>10 ft from potable water lines? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laterals level to ±1 inch & end caps present if not looped? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravelless chambers utilized? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravel clean, properly sized, and proper depth?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRESSURE SYSTEMS</b>			
Sand quality ASTM C-33? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head height uniform ≥24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean-outs and observation ports present?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mound: Side Slope 3:1? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner informed electrical connections must be made by owner or licensed electrician and inspected by L&I? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. PUMP/PUMP CHAMBER</b>			
Pump make _____; Pump model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber size _____ gal; Manufacture _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height of pump off bottom of pump chamber _____ inches			
Pump chamber draw-down _____ gallons per inch per minute			
Pump capacity _____ gallons per minute			
Pump controls: Timer, Elapsed Time Meter, Counter? (Circle all that apply). If timer: Pump On _____ Pump Off _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser installed for access?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm installed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

