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### Installation of Holding Tanks for RV

Holding tanks for Recreational Use Vehicles are permitted through a state and local waiver process. A Mason County Certified Installer must install the RV holding tank. The tank must be on the Washington State Department of Health approved products list and be at least 1200 gallons. The tank must be installed with audio & visual alarms and risers.

Additional requirements and steps for obtaining a permit for installing RV holding tanks are listed below: (forms included)

- 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
- Submit completed State and Mason County Waiver forms.  
Complete Section I on the State Form and Part 1 on the Mason County Form.
- Submit a letter from the property owner stating that the owner agrees to have the tank pumped as needed, minimum once annually.
- After the waiver has been approved you will be notified.
- To complete the application process, please submit a copy of a recorded *NOTICE TO FUTURE PROPERTY OWNERS OF RECREATIONAL USE HOLDING TANK* on property deed. 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. Please contact the Mason County Auditor's office for current recording fee; 360-427-9670, extension 468. A recording fee is required by the Auditor's office.
- 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.co.mason.wa.us](http://www.co.mason.wa.us), then select *Forms & Brochures*, then *Environmental Health*, then scroll down to *On-site Sewage Systems*, then *Septic System Installers*. You may also pick up a current list at Mason County Building #3 at 415 N 6<sup>th</sup> Street in Shelton or request that a list be mailed to you.
- The installer will call when installation is completed for a final inspection and will complete a Record Drawing (Asbuilt) form.

Fees:

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

State and Local waiver review: \$181.00

# 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) <i>(see instructions)</i>	
Address:			
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 —0240		<b>Holding tank for permanent uses, limited to controlled part-time use</b>	<b>Recreational vehicle use with holding tank</b>
Subsection: (2) (a)			
Justification <i>(mitigation measures to be provided)</i> : (7)			
1) 1,200 gallon approved septic tank with audio and visual alarms, 2) Installation by Mason County Certified Installer, 3) Letter stating owner agrees to regular pumping, 4) <i>Notice to Future Property Owners of Recreational Use of Holding Tank</i> recording to deed, 5) Tracking on Mason County Operation and Maintenance Database.			
<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 checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C — Request DOH review <u>before</u> granting?    Yes ___ No <input checked="" type="checkbox"/>			
Neighbor Notification: (12)			
Required? Yes ___ No <input checked="" type="checkbox"/> <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.			
[ ] <b>Denied</b> [ ] <b>Approved / Granted</b> —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.

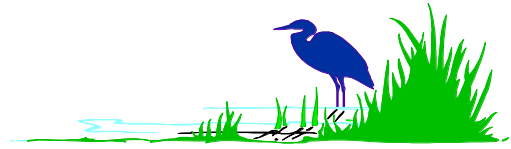
Most items in each Section are followed by a number in ( ). The instructions below are listed by these numbers:

- (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) 236-3041 / John Eliasson



PO BOX 1666, SHELTON, WA, 98584  
Shelton (360) 427-9670, ext 400  
Belfair (360) 275-4467, 400  
Elma (360) 482-5269, 400  
FAX (360) 427-8442

## 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 the health department for review.

### PART 1: Applicant/Parcel Identification

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

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

### PART 2: Nature of Waiver/Appeal

- |   |   |
|---|---|
| <input type="checkbox"/> <i>On-Site Sewage Requirements</i>               | <input type="checkbox"/> <i>Water Adequacy Requirements</i>           |
| <input type="checkbox"/> <i>Food Sanitation Requirements</i>              | <input type="checkbox"/> <i>On-Site Standards</i>                     |
| <input type="checkbox"/> <i>Building permit review policies</i>           | <input type="checkbox"/> <i>Enforcement Timelines</i>                 |
| <input type="checkbox"/> <i>Solid Waste Requirements</i>                  | <input type="checkbox"/> <i>Contractor certification requirements</i> |
| <input type="checkbox"/> <i>Location, WAC 246-272-0950</i>                | <input type="checkbox"/> <i>Departmental Determinations</i>           |
| <input checked="" type="checkbox"/> <i>Holding tank WAC 246-272A-0240</i> | <i>(Installer, Pumper, O&amp;M Specialist)</i>                        |
| <input type="checkbox"/> <i>Group B Water System Requirements</i>         | <input type="checkbox"/> <i>Other</i>                                 |

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

**RV use with holding tank**

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

**PART 3: Health Department Evaluation (Staff Use Only)**

1. Type of Determination Required: Type of Onsite Waiver (if applicable):  
 Appeal  Waiver  None required  Class A  Class B  Class C
2. Identification of Specific Code /Standard/Determination (include date of determination or latest code/standard revision):

**246-272A-0240 (2) (a)**

3. Nature of Appeal:

**Holding tank for RV use**

4. Hearing Official Board of Health

- |  |  |
|--|--|
| <input type="checkbox"/> Pollution Control Hearing Board   | <input type="checkbox"/> Health Officer                          |
| <input type="checkbox"/> Certified Contractor Review Board | <input checked="" type="checkbox"/> Environmental Health Manager |

5. Mitigating Factors:

- **1,200 gallon tank with audio and visual alarms**
- **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**

6. I have reviewed this waiver/variance requires. It is complete, and mitigation required by state and local policy has been submitted.

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4: Determination of the Hearing Official**

- The hearing official has determined that the approval of this request will not adversely affect public health and is hereby **granted**. This decision is based on the following findings and conditions:

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- The hearing official has determined that the approval of this request could potentially have an adverse affect on public health and is hereby **denied**. This decision is based on the following findings.

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Hearing official: \_\_\_\_\_ Date: \_\_\_\_\_



# ONSITE SEWAGE SYSTEM APPLICATION

**RECORD DRAWING (ASBUILT)**

*Mason County Public Health*

## 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? ( <i>circle one</i> ) .....	<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 $\pm 1$ 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 $\geq 24$ 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"/>

**RECORD DRAWING**

**CHECKLIST**

- Drainfield & manifold orientation & layout
- Trench/bed dimensions and critical distances within layout
- Septic/pump tank placement
- Location of buildings
- Observation port & clean-out location
- Location of wells & roads
- Undisturbed native soil between trenches
- North arrow

*CAUTION: Minor adjustments to septic tank location and drainfield orientation made in the field by the installer are generally acceptable to both the department and the designer, but could in certain cases compromise the viability of the system. It is the installer's responsibility to obtain prior written approval from either the health department or the designer before making any deviations from the design that affect the system viability. Any deviations from the approved design must be shown above.*

**CERTIFICATION OF INSTALLATION**

**Installer:** Check a box from Row "A" and "B", sign and date the certification

- A.**  I certify that I installed the system without any deviation from the design stamped "APPROVED" by MCPH  I certify that all deviations from the design stamped "APPROVED" by MCPH are shown above.
- B.**  I certify that I contacted the designer and left the system open for inspection up to 48 hrs prior to cover.  I did not contact the designer prior to final cover because the designer waived the notification requirement.

I further certify that all information contained on this form is accurate. I understand that if the information contained herein is not accurate, there will be just cause for immediate suspension of my installer certification.

\_\_\_\_\_  
Signature of Installer Date

The undersigned approves this installation on behalf of Mason County Public Health.

\_\_\_\_\_  
Environmental Health Specialist Date

