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 tanks, 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 , 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 6th 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: $205.00
State and Local waiver review: $230.00

Updated 2/26/2015
# On-Site Sewage Systems (Chapter 246-272A WAC)
## Request for Waiver From State Regulations

### Section I. (completed by applicant)
- **Name:** (1)
- **Address:**
- **Telephone:** ( )
- **Signature:**
- **Property Identification:** (3)

### Section II. (completed by applicant)
- **WAC Number:** (4)
- **WAC Requirement:** (5)
- **Waiver Sought:** (6)
  - 246-272A-0240: Holding tank for permanent uses, limited to controlled part-time use
  - Recreational vehicle use with holding tank
- **Subsection:** (2) (a)
- **Justification (mitigation measures to be provided):** (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. Notice to Future Property Owners of Recreational Use of Holding Tank recording to deed
  5. Tracking on Mason County Operation and Maintenance Database

### Section III. (completed by health officer)
- **Review Criteria:** (8)
- **Mitigation Measures (in addition to those proposed):** (9)
- **Comments / Conditions:** (10)

### Section IV. (completed by health officer)
- **Type of Waiver:** (11) [X] Class A [ ] Class B [ ] Class C — Request DOH review before granting? Yes ___ No [X]
- **Neighbor Notification:** (12) Required? Yes ___ No [X] If needed, are agreements, easements, etc. properly filed? Yes ___ No ___

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.

[ ] Denied [ ] Approved / Granted —Subject to all comments, conditions and requirements noted in Sections II and III.

**Local Health Officer** (13) ___________________________ **Date:** __________

Revised 3/12/2014
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

Revised 3/12/2014
Application for Waiver/Appeal

Amount Paid: ____________  Receipt Number: ____________

WA# ____________

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

☐ Class B Reduction in Vertical Separation
☐ Building Permit Review Policies
☐ Location, WAC 246-272A-0210
☐ Holding Tank WAC 246-272A-0240
☐ Mason County ONSite Standards
☐ Contractor Certification Requirements (Installer, Pumper, O&M Specialists)

☐ Food Sanitation Requirements
☐ Group B Water System Regulations
☐ Water Adequacy Requirements
☐ Enforcement Timelines
☐ Departmental Determinations
☐ Other

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Applicant Signature: __________________________ Date: ____________

This form may be scanned and available for public view on the Mason County Web site.
PART 3: Public Health 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):
   
3. Nature of Appeal:
   
4. Hearing Official:
   - [ ] Board of Health  [ ] Health Officer
   - [ ] Pollution Control hearing Board  [ ] Public Health Director
   - [ ] Certified Contractor Review Board  [ ] Environmental Health Manager

5. Mitigating Factors:
   
   
   
6. I have received this waiver/appeal request. It is complete and mitigation required by the state and local policy has been submitted.

   Staff Signature: ___________________________ Date: ____________

PART 4: Determination of the Hearing Official

- [ ] The hearing official has determined that approval of this request will not adversely affect public health and is hereby *granted*. This decision is based on the following findings and conditions:
  
  
  
- [ ] The hearing official has determined that approval of this request could potentially adversely affect public health and is hereby *denied*. This decision is based on the following findings and conditions:
  
  
  
Hearing Official Signature: ___________________________ Date: ____________

*This form may be scanned and available for public view on the Mason County Web site.*
# Onsite Sewage System Application

**Mason County Public Health**

415 N 6th STREET, PO BOX 1666  
SHELTON, WA 98584  
Shelton: (360) 427-9670, Ext. 400  
Belfair: (360) 275-4467 Ext. 400  
Elma: (360) 482-5269 Ext. 400  
Fax (360) 427-8442

<table>
<thead>
<tr>
<th>Official use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMIT NUMBER: SWG</td>
</tr>
<tr>
<td>DATE RECEIVED:</td>
</tr>
<tr>
<td>AMOUNT RECEIVED: $</td>
</tr>
</tbody>
</table>

### Applicant Information

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Daytime Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Designer</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Installer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Lot Size:</th>
<th>Acres</th>
<th>Ft X Ft</th>
</tr>
</thead>
</table>

Specific directions for locating site.

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

---

<table>
<thead>
<tr>
<th>Official use only below this line</th>
</tr>
</thead>
</table>

SOIL LOGS

| Soil Texture Codes:  
| V = very | G = gravelly | S = sand | L = loam | Sl = silt | C = clay | E = extremely |

Soil Texture Codes:

- V = very
- G = gravelly
- S = sand
- L = loam
- Sl = silt
- C = clay
- E = extremely

Inspector Signature | Date | Design Expiration Date | Comments/Conditions |
|--------------------|------|------------------------|---------------------|

Design Approved By: Date:  

Revised 12/29/2009
**Record Drawing (Asbuilt) pg. 1**

**Parcel Identification**

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>SWG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Applicant Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Site Address</td>
<td></td>
</tr>
<tr>
<td>Assessor Parcel #</td>
<td></td>
</tr>
<tr>
<td>Subdivision (Name/Div/Block/Lot)</td>
<td></td>
</tr>
<tr>
<td>Installer Name</td>
<td></td>
</tr>
<tr>
<td>Designer Name</td>
<td></td>
</tr>
</tbody>
</table>

**Installation Checklist**

<table>
<thead>
<tr>
<th>System Type</th>
<th>Pretreatment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full System Installation</td>
<td>Tank(s) Only</td>
</tr>
<tr>
<td>Drainfield Only</td>
<td>Repair</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEPTIC TANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;5 ft. from foundation?</td>
</tr>
<tr>
<td>&gt;50 ft. from wells?</td>
</tr>
<tr>
<td>&gt;50 ft. from surface water?</td>
</tr>
<tr>
<td>Cleanout between building and tank?</td>
</tr>
<tr>
<td>Tank baffles present?</td>
</tr>
<tr>
<td>24&quot; access risers over each compartment?</td>
</tr>
<tr>
<td>Septic tank size</td>
</tr>
<tr>
<td>Manufacturer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D-BOX/ MANIFOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-box water level and speed levelers used?</td>
</tr>
<tr>
<td>Manifold/D-box accessible from surface?</td>
</tr>
<tr>
<td>Check valves installed?</td>
</tr>
<tr>
<td>Transport Line Size</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRAINFIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedrooms installed (check one)</td>
</tr>
<tr>
<td>&gt;10 ft. from foundation?</td>
</tr>
<tr>
<td>&gt;100 ft. from wells?</td>
</tr>
<tr>
<td>&gt;100 ft. from surface water?</td>
</tr>
<tr>
<td>&gt;10 ft. from potable water lines?</td>
</tr>
<tr>
<td>&gt;5 ft. from property lines and easements?</td>
</tr>
<tr>
<td>&gt;30 ft. from downgradient curtain/foundation drains?</td>
</tr>
<tr>
<td>Drainfield level and observation ports present</td>
</tr>
<tr>
<td>Graveless chambers or Clean gravel used? (check one)</td>
</tr>
<tr>
<td>Proper cover installed over drainfield?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PUMP / PUMP TANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump tank setback consistent with septic tank?</td>
</tr>
<tr>
<td>Pump tank size</td>
</tr>
<tr>
<td>Manufacturer</td>
</tr>
<tr>
<td>24&quot; access riser(s) and accessible from surface?</td>
</tr>
<tr>
<td>Alarm or Control Panel Installed?</td>
</tr>
<tr>
<td>Control Panel equipped with Timer / ETM / Counter</td>
</tr>
<tr>
<td>Pump installed in Bucket or On Block or Other</td>
</tr>
<tr>
<td>Pump Make/Model</td>
</tr>
<tr>
<td>Pump on time</td>
</tr>
<tr>
<td>Pump off time</td>
</tr>
<tr>
<td>Daily flow set at</td>
</tr>
</tbody>
</table>

*Updated 2/12/2014*
## RECORD DRAWING

- [ ] Drainfield & manifold orientation & layout
- [ ] Trench/bed dimensions and critical distances within layout
- [ ] Septic/pump tank placement
- [ ] Location of buildings
- [ ] Observation ports & clean-out locations
- [ ] Location of wells, surface water, & roads
- [ ] Undisturbed native soil between trenches
- [ ] North Arrow

If the designer or installer feel the need for additional information/comments, it may be attached.
Record drawing may also be on a separate page attached.

No. Pages Attached ________

## CERTIFICATION OF INSTALLATION

### INSTALLER

I certify that I installed the system in accordance with the septic design stamped "APPROVED" by Mason County Public Health and that any deviations shown here have been cleared/approved by both the designer and Mason County Public Health and meet all State and Mason County Codes.
I further certify that all information contained on this form and attached Record Drawing is accurate.

Signature of Installer

Date

Printed Name of Signee

### DESIGNER

I certify that the system has been installed in accordance with the septic design stamped "APPROVED" by Mason County Public Health and that any deviations shown here have been cleared/approved by both myself and Mason County Public Health and meet all State and Mason County Codes.
I further certify that all information contained on this form and attached Record Drawing is accurate.

Signature of Environmental Health Specialist

Date

(Designer's stamp, signature and date)

---

THIS FORM MAY BE SCANNED AND AVAILABLE FOR PUBLIC VIEW ON THE MASON COUNTY WEB SITE

Updated 12/12/2014
NOTICE TO FUTURE PROPERTY OWNERS
OF RECREATIONAL USE OF HOLDING TANK

I (We), the undersigned, hereby place this notice on record that the following described real estate situated in Mason County, State of Washington; to wit: (Division and Lot Number or Range/ Township/ Section Number. Note: Range, township, section numbers are the 1st 5 digits of the parcel number)

Subdivision  Division  Lot  OR  Range  Township  Section

and having the Tax Parcel Number of: _________  -  _________  -  _________  -

has a holding tank installed on this lot for sewage disposal for recreational use only. The approval and permits of the holding tank was conditional to the mitigation required by the state and county waiver process. Failure to maintain the holding tank in the manner required by Mason County Public Health is a violation of these conditions under which the holding tank permit was issued. This could result in abandonment of the holding tank and vacating the property until such time another suitable method of sewage disposal is approved.

WITNESS _______ hand this day of _________, 20__.

Signature

Signature

State of Washington  )
County of Mason  )

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _______ day of _________, 20__, _______ personally appeared before me, who is known to be signer of the above instrument, and acknowledged that he (she) (they) signed it.

GIVEN under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington, residing at

My commission expires: _____________________