



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N. 6th STREET, SHELTON WA 98584
SHELTON: 360-427-9670, ext 400
BELFAIR: 360-275-4467, ext. 400
ELMA: 360-482-5269, ext. 400
FAX: 360-427-7798

Onsite Class B State Waiver Request Packet

Description:

WAC246-272A-0230, Table VI outlines the vertical separation requirements for types of Onsite Sewage Systems (OSS). Mason County has received State Department of Health approval to reduce these vertical separation requirements if specific conditions are met.

Forms Required (attached):

1. Mason County Waiver Form
2. Washington State DOH Waiver Form
3. Class B Waiver Checklist
4. Copy of Recorded Declaration of Covenant for OSS Attenuation Zone (*Property owners must sign with notary, Record with Mason County Auditor, Supply copy of recorded document*)

Septic Design Requirements:

1. Lateral trenches only, no bed layouts.
2. 50ft downslope Attenuation Zone (from lowest primary lateral) shown
3. All wells within 100ft of property lines and 200ft of drainfield anchored and shown
- 4.

Fees Required:

Please see the Mason County Environmental Health Fee Schedule for current fees.

1. Waiver/Variance, DOH fee (*State Waiver*)

Revised 8/21/2017

This form may be scanned and available for public view on the Mason County Web site.

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Application for Waiver or Appeal

Amount Paid: _____ Receipt Number: _____

WAI _____ - _____

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 Information

Name of Applicant _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip _____

Parcel No. _____ -- _____ -- _____

Site Address _____

Subdivision Name and Lot _____

PART 2: Nature of Waiver/Appeal

- | | |
|--|---|
| <input checked="" type="checkbox"/> Class B Reduce 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
(Installer, Pumper, O&M Specialists) | <input type="checkbox"/> Other |

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

REDUCE VERTICAL SEPARATION FOR CONVENTIONAL GRAVITY OR PRESSURE OSS

CLASS B WAIVER CHECKLIST

RECORDED DECLARATION OF ATTENUATION ZONE

Applicant Signature: _____ Date: _____

Revised 8/21/2017

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PART 3: Public Health Evaluation (Staff Use Only)

1. Type of Determination Required: Appeal Waiver None required Type of Onsite Waiver (if applicable): Class A Class B Class C
2. Identification of Specific Code/ Standard/ Determination (include date of determination or latest Code/ Standard revision): WAC246-272A-0230, TABLE VI
3. Nature of Appeal: REDUCE VERTICAL SEPARATION REQUIREMENTS FOR CONVENTIONAL GRAVITY OR PRESSURE OSS.
4. Hearing Official: Board of Health Pollution Control hearing Board Certified Contractor Review Board Health Officer Public Health Director Environmental Health Manage
5. Mitigating Factors: CLASS B WAIVER CHECKLIST (MEETS ADDITIONAL REQUIREMENTS OUTLINED WITHIN)
RECORDED DECLARATION COVENANT FOR OSS ATTENUATION ZONE (AFN _____)
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 effect public health and is hereby **denied**. This decision is based on the following findings and conditions:

Health Official Signature: _____ Date: _____



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MASON COUNTY PUBLIC HEALTH CLASS B WAIVER WORKSHEET

(State and Local waiver forms required)

APPLICANT NAME _____ WAIVER PERMIT NUMBER WAI

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SITE ADDRESS _____ CITY _____

TAX PARCEL NUMBER _____ PROPOSED DRAINFIELD TYPE CONVENTIONAL GRAVITY CONVENTIONAL PRESSURE

1. SOIL SERIES:

The soil series must be Alderwood, Harstine, Hoodsport, Shelton, or Sinclair Gravelly Sandy Loam.

- Alderwood Gravelly Sandy Loam
- Harstine Gravelly Sandy Loam
- Hoodsport Gravelly Sandy Loam
- Shelton Gravelly Sandy Loam
- Sinclair Gravelly Sandy Loam
- Other _____

2. SOIL TYPE:

Soil types must be Medium Sand, Loamy Sand, or Sandy Loam. Gravel percent must be less than or equal to 35%.

- Medium Sand
- Loamy Sand
- Sandy Loam
- Percent Gravel:
 - Less than or equal to 35%
 - Greater than 35%

3. SOIL DRAINAGE:

Soils must be moderately well drained to well drained.

- Well Drained
- Moderately Well Drained
- Other _____

4. DRAINFIELD SLOPE:

Slopes must be between 3% to 30%. Gravity is only allowed on slopes from 3% to 15%. Pressure is allowed on 3% to 30%.

- Less than 3%
- 3% to 15%
- 16% to 30%
- Greater than 30%

Health Department Use Only

5. VERTICAL SEPARATION:

Up-slope vertical separation must be greater than 18" for gravity and greater than 12" for pressure.

- Greater than 12"
- Greater than 18"
- Determined by:**
 - Depth to hardpan
 - Depth to mottling
 - Both

6. WATER TABLE LEVEL:

If test holes show evidence of a seasonal water table above restrictive layer, a curtain drain may be required

- Evidence of seasonal water table:**
 - Yes
 - No
- Curtain Drain required:**
 - Yes
 - No

7. HORIZONTAL SETBACKS:

Primary Drainfield must maintain 200' from down-gradient marine shorelines, surface waters, and wells.

- Are increased horizontal setbacks met:**
 - Yes
 - No

8. ATTENUATION ZONE

A 50 foot horizontal attenuation zone is required down-gradient of the primary drainfield.

- Is there 50 ft or greater between the down gradient side of primary drainfield and property boundary:**
 - Yes
 - No

Health Department Use Only

The 50 foot horizontal attenuation zone is required to be recorded on the deed of the property as unbuildable prior to design approval. The attenuation zone is not to be used for the construction of roads, decks, patios, parking areas, vehicular traffic, or other similar such uses. The owner must agree to all these conditions. AFN: _____ Proof of Recording: _____

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

Section I.	<i>(completed by applicant)</i>	
Name: (1)	Local Health Department / District (2) <i>(see instructions)</i>	
Address:		
Telephone: ()		
Signature:		
Property Identification: (3)		
Section II.	<i>(completed by applicant)</i>	
WAC Number: (4)	WAC Requirement: (5)	Waiver Sought: (6)
246-272A — 0230	24" OF V/S FOR PRESSURE (OR)	12" OF V/S FOR PRESSURE OSS (OR)
Subsection: TABLE VI	36" OF V/S FOR GRAVITY	18" OF V/S FOR GRAVITY OSS
Justification <i>(mitigation measures to be provided)</i> : (7) COMPLETED CLASS B WAIVER CHECKLIST ATTACHED,		
(OUTLINING ADDITIONAL REQUIREMENTS MET). RECORDED DECLARATION OF COVENANT FOR ATTN.		
ZONE (AFN: _____)		
Section III.	<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 ___		
Section IV.	<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: _____

