



MASON COUNTY COMMUNITY SERVICES

Public Health (Community Health/Environmental Health)
360-427-9670, ext. 400 or 360-275-4467, ext. 400
415 N. 6th Street - Shelton, WA 98584

DATE RECEIVED:	
AMOUNT RECEIVED:	RECEIVED BY:
SWG _____ - _____	

ASSESSOR'S PARCEL NUMBER: _____
 SUBDIVISION NAME _____
 DIVISION _____
 BLOCK _____
 LOT _____

ON-SITE SEWAGE SYSTEM APPLICATION

APPLICANT		PHONE	
MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE			
SITE ADDRESS - STREET, CITY, ZIP CODE			
NAME OF DESIGNER		PHONE	
NAME OF INSTALLER		PHONE	
PERMIT TYPE <i>(select one)</i> <input type="checkbox"/> RESIDENTIAL OSS <input type="checkbox"/> COMMUNITY OSS <input type="checkbox"/> COMMERCIAL OSS		DRINKING WATER SOURCE <input type="checkbox"/> PRIVATE INDIVIDUAL WELL <input type="checkbox"/> PRIVATE TWO-PARTY WELL <input type="checkbox"/> PUBLIC WATER SYSTEM _____	
TYPE OF WORK <i>(select one)</i> <input type="checkbox"/> NEW CONSTRUCTION / UPGRADES <input type="checkbox"/> REPAIR / REPLACEMENT		OTHER DETAILS <i>(select all that apply)</i> <input type="checkbox"/> TABLE IX REPAIR <input type="checkbox"/> SURFACING SEWAGE <input type="checkbox"/> EXISTING FAILURE <input type="checkbox"/> SHORELINE	
SUBMITTALS <input type="checkbox"/> DESIGN FORM (REQUIRED) <input type="checkbox"/> SEPTIC DESIGN (REQUIRED) <input type="checkbox"/> WAIVER(S) (IF APPLICABLE)		BEDROOMS	LOT SIZE
DIRECTIONS TO SITE AND SITE CONDITIONS: <i>(ex. locked gate)</i>			
SITE MUST BE FLAGGED FROM MAIN ROAD AND TEST HOLES MUST BE FLAGGED WITH TEST HOLE NUMBERS.			

OFFICIAL USE ONLY BELOW THIS LINE

UPGRADE / FAILURE SOURCE (for reporting purposes) <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MAINTENANCE/PUMPING <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> HOME SALE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER: _____			
INSPECTOR SOIL LOGS		COMMENTS / CONDITIONS	
SOIL CODES: V = VERY G = GRAVELLY S = SAND L = LOAM Si = SILT C = CLAY E = EXTREMELY R = ROOTS		RECORD DRAWING AND INSTALLATION REPORT REQUIRED FOR FINAL APPROVAL.	
INSPECTOR SIGNATURE	DATE	APPLICATION EXPIRATION DATE	APPLICATION APPROVED/ ISSUED BY
			DATE