



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 TANK ONLY APPLICATION

APPLICANT		PHONE	
MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE			
SITE ADDRESS - STREET, CITY, ZIP CODE			
NAME OF DESIGNER		PHONE	
NAME OF INSTALLER		PHONE	
TYPE OF WORK <i>(select one)</i> <input type="checkbox"/> NEW CONSTRUCTION / UPGRADES <input type="checkbox"/> REPAIR / REPLACEMENT		DRINKING WATER SOURCE <input type="checkbox"/> PRIVATE INDIVIDUAL WELL <input type="checkbox"/> PRIVATE TWO-PARTY WELL <input type="checkbox"/> PUBLIC WATER SYSTEM _____	
COMPONENT(S) TO BE REPLACED/ INSTALLED <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> PUMP TANK <input type="checkbox"/> RV HOLDING TANK <input type="checkbox"/> OTHER _____		BEDROOMS	LOT SIZE
OTHER DETAILS <i>(select all that apply)</i> <input type="checkbox"/> SURFACING SEWAGE <input type="checkbox"/> EXISTING FAILURE <input type="checkbox"/> SHORELINE		TANK(S) SETBACK CHECKLIST <input type="checkbox"/> 100FT+ PUBLIC/ COMMUNITY WELLS <input type="checkbox"/> 50FT+ PRIVATE WELLS, SURFACE WATERS, STREAMS, RIVERS <input type="checkbox"/> 10FT+ DRINKING WATER SUPPLY LINES <input type="checkbox"/> 5FT+ PROPERTY/ EASEMENT LINES, FOUNDATIONS, FOOTINGS	
SUBMITTALS <input type="checkbox"/> PLOT PLAN (REQUIRED) <input type="checkbox"/> TANK CROSS SECTION (REQUIRED) <input type="checkbox"/> PUMP DETAILS (IF APPLICABLE) <input type="checkbox"/> WAIVER(S) (IF APPLICABLE)			
PLOT PLAN CHECKLIST <input type="checkbox"/> PROPERTY LINES AND EASEMENTS <input type="checkbox"/> EXISTING/ PROPOSED STRUCTURES <input type="checkbox"/> EXISTING/ PROPOSED OSS COMPONENTS AND LINES <input type="checkbox"/> WELLS WITHIN 100FT <input type="checkbox"/> WATER SUPPLY LINES <input type="checkbox"/> DRIVEWAYS/ PARKING <input type="checkbox"/> SURFACE WATERS, STREAMS, RIVERS, ETC... <input type="checkbox"/> DIRECTION OF SLOPE/ CONTOURS <input type="checkbox"/> PERIMETER/ CURTAIN DRAINS <input type="checkbox"/> NORTH ARROW <input type="checkbox"/> SCALE BAR			
DIRECTIONS TO SITE AND SITE CONDITIONS: <i>(ex. locked gate)</i>			

OFFICIAL USE ONLY BELOW THIS LINE

UPGRADE / FAILURE SOURCE <i>(for reporting purposes)</i> <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: _____			
COMMENTS / CONDITIONS			
SEWAGE TANKS MUST BE LISTED UNDER DOH "LIST OF REGISTERED SEWAGE TANKS". TANKS MUST MEET CURRENT MINIMUM SIZE REQUIREMENTS, EQUIPPED WITH RISERS AND LIDS TO SURFACE, AND INCLUDE AN EFFLUENT FILTER (IF APPLICABLE). RECORD DRAWING AND INSTALLATION REPORT REQUIRED FOR FINAL APPROVAL.			
INSPECTOR SIGNATURE	DATE	APPLICATION EXPIRATION DATE	APPLICATION APPROVED/ ISSUED BY
			DATE