



**CLARK COUNTY PUBLIC HEALTH**

1601 E. Fourth Plain Blvd.  
P.O. Box 9825 ♦ Vancouver, WA 98666-8825  
Phone (360) 397-8428 ♦ Fax (360) 397-8091

*For Office Use Only*

**ON-SITE SEWAGE APPLICATION**

**\*\*\*To Be Completed By Customer\*\*\***

**Site Address** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PARCEL # \_\_\_\_\_ QTR \_\_\_\_\_ SEC \_\_\_\_\_ TWN \_\_\_\_\_ RANGE \_\_\_\_\_ LOT # \_\_\_\_\_

Detailed directions to site, gate code, animals or special instructions: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ Phone # \_\_\_\_\_

Property owner mailing address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant/representative name: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant/representative mailing address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ E-mail : \_\_\_\_\_

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

**SERVICE TYPE:** Prior ON # \_\_\_\_\_

New Site      Concurrency  Yes  No       Renewal\*      Date \_\_\_\_\_

*\*Site renewals require completion of a new application*

Verification    Expansion    Tank Only    Hardship    Repair    Other \_\_\_\_\_

SFR, new construction, # of bedrooms \_\_\_\_\_      Surfacing Sewage  Yes  No

SFR, voluntary replacement, # of bedrooms \_\_\_\_\_      SFR, repair system, # of bedrooms \_\_\_\_\_

Commercial/non-residential, # of occupants \_\_\_\_\_      Hardship, total # of bedrooms \_\_\_\_\_, # of occupants \_\_\_\_\_

Accessory dwelling unit, # of bedrooms \_\_\_\_\_      Guest house, # of bedrooms \_\_\_\_\_

**WATER SUPPLY:**

Public Water      Individual Well:  Drilled    Dug       Spring/Surface Water

Shared well: provide address of well location or well owner's name \_\_\_\_\_

**Other wells:** identify on the property \_\_\_\_\_

**DESIGN SUBMITTAL:** If any of the above owner, representative, or address information has changed, please identify those changes in the space provided below. Changes to the previously approved OSS location will require a new application and review.

\_\_\_\_ No changes to the above information.

Prior ID#'s \_\_\_\_\_

To be completed by Customer Service

Soil & Site App	Design/Permit App	NTT	Site Renewal
Date _____	Date _____	Date _____	Date _____
AR _____	AR _____	AR _____	AR _____
INV _____	INV _____	INV _____	INV _____
SR _____	SR _____	SR _____	SR _____
EHA _____	EHA _____	EHA _____	EHA _____

To be completed by EHS

Evaluation Conclusions (Check all that apply to the site)

<input type="checkbox"/> <100' from wells	<input type="checkbox"/> Well abandonment required	Active complaint number: _____
<input type="checkbox"/> <100' surface water	<input type="checkbox"/> Within ZOC/ Special Protection Area	
<input type="checkbox"/> <5' from property line	<input type="checkbox"/> Pre—installation meeting required	<b>Soil &amp; Site Evaluation:</b> Soil type: _____ SCS series: _____ Depth to restrictive layer: _____
<input type="checkbox"/> <50' to banks/road cuts	<input type="checkbox"/> Stake Site: Basic <input type="checkbox"/> Detailed <input type="checkbox"/>	
<input type="checkbox"/> Table IX repair	<input type="checkbox"/> Title declaration required (other than alt notification)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> Guest house proposed	<input type="checkbox"/> WAC Waiver required: _____ Waiver class: _____	EHS: _____
<input type="checkbox"/> Shop w/connection proposed	<input type="checkbox"/> Within Urban Growth Boundary City of: _____	Date: _____
<input type="checkbox"/> Winter evaluation	<input type="checkbox"/> Within sewer district	<b>Staking:</b>
<input type="checkbox"/> Geologic hazard area (s) <input type="checkbox"/> Landslide area	<input type="checkbox"/> Within CRGNSA	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> Steep slope, _____%	<input type="checkbox"/> Elevated nitrate area of concern	EHS: _____
<input type="checkbox"/> Severe erosion	<input type="checkbox"/> Abandon drywell/septic tank	Date: _____
<input type="checkbox"/> GeoTech required	<input type="checkbox"/> Existing septic tank ok if _____gal, concrete, good condition, H2O test	<b>Design Approval</b>
<input type="checkbox"/> Shoreline designation area	<input type="checkbox"/> Complete septic tank upgrades of: Outlet baffle filter _____ New risers _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> Method II required	<input type="checkbox"/> Pump chamber to have new riser	EHS: _____
<input type="checkbox"/> Property Line adjust required		Date: _____
<input type="checkbox"/> Survey property lines required		
<input type="checkbox"/> All items reviewed none observed.		

EHS: \_\_\_\_\_  
Date: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_