



**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 EHS: _____ Date: _____
<input type="checkbox"/> Guest house proposed	<input type="checkbox"/> WAC Waiver required: _____ Waiver class: _____	
<input type="checkbox"/> Shop w/connection proposed	<input type="checkbox"/> Within Urban Growth Boundary City of: _____	<b>Staking:</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory EHS: _____ Date: _____
<input type="checkbox"/> Winter evaluation	<input type="checkbox"/> Within sewer district	
<input type="checkbox"/> Geologic hazard area (s) <input type="checkbox"/> Landslide area	<input type="checkbox"/> Within CRGNSA	<b>Design Approval</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory EHS: _____ Date: _____
<input type="checkbox"/> Steep slope, _____%	<input type="checkbox"/> Elevated nitrate area of concern	
<input type="checkbox"/> Severe erosion	<input type="checkbox"/> Abandon drywell/septic tank	
<input type="checkbox"/> GeoTech required	<input type="checkbox"/> Existing septic tank ok if _____gal, concrete, good condition, H2O test	
<input type="checkbox"/> Shoreline designation area	<input type="checkbox"/> Complete septic tank upgrades of: Outlet baffle filter _____ New risers _____	
<input type="checkbox"/> Method II required	<input type="checkbox"/> Pump chamber to have new riser	
<input type="checkbox"/> Property Line adjust required		
<input type="checkbox"/> Survey property lines required		
<input type="checkbox"/> All items reviewed none observed.		

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



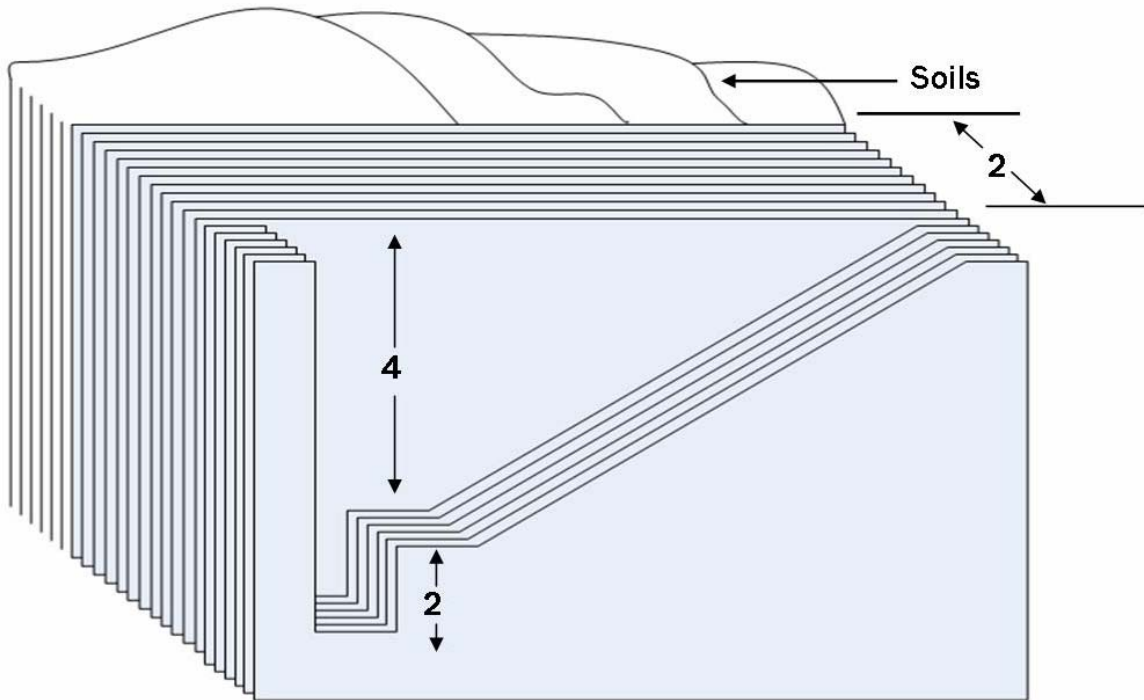
**CLARK COUNTY PUBLIC HEALTH**  
1601 E. Fourth Plain Blvd. • P.O. Box 9825  
Vancouver, WA 98666-8825  
Phone (360) 397-8428 • Fax (360) 397-8091

## **SOIL EVALUATION APPLICATION REQUIREMENTS**

### **Test Hole Construction**

1. All sites *must* be clearly marked with blue ribbon to identify the entry to the site, the test holes, and the route to the test holes. Blue ribbon may be obtained at our counter.
2. **Two test holes must be provided in the primary drainfield area, and two additional holes must be provided in the reserve area.** Additional holes may be dug in other areas of the site that could potentially be considered for drainfield locations. This may create more options for locating the system and structures on the property, and may create more options for locating the system and structures on the property, and may also discover soils that would accommodate a less costly system. Field staff will log up to 8 profile holes during the site inspection.
3. Test holes must not be less than 50 feet apart, nor more than 75 feet apart.
4. **Test Hole Dimensions**  
Test holes must be dug approximately 5-6 feet deep and 3 feet wide. In order to comply with safety requirements of the Washington State Department of Labor and Industries, test holes must be constructed as follows:
  - Each hole must have a ramped entry of approximately 45° to allow safe access.
  - For holes deeper than 4 feet, scoop out a portion from the floor to gain the additional depth needed to observe up to 6 feet of soil profile (see sketch).
  - Place the excavated soil no closer than two feet from the excavation.
  - Clark County Code 24.17 requires that each hole be dug at least 3 feet wide and to a depth 3 feet deeper than the anticipated bottom of the disposal component. Adequate hole depth is necessary to identify restrictive layers in the soil profile and to assure that the drainfield can be installed with acceptable vertical separation. For example, for conventional systems, 36 inches of soil must exist between the restrictive layer and the trench bottom.
  - Shallower profile holes may be allowed if a clear restrictive layer or standing water is encountered at a shallower depth.
  - However, if shallower profile holes are prepared, and no restrictive layers are encountered, **the restrictive layer will be called at the depth of the profile hole.**
5. If holes are not properly constructed and/or if site is not adequately flagged; the site may be denied. *An additional fee may be required before the site is re-visited.*

## Profile Hole Side View



1. For a conventional system on a flat site without a cap, the profile hole depth of 5 feet would be required, if a restrictive layer was not encountered.
2. A cap system (gravity flow) can be permitted on a flat site when no restrictive layer is encountered in a 48" profile hole.
3. A four foot deep profile hole on a 20% slope would require a pressure distribution system.
4. A conventional (gravity) system can be permitted on a 20+% slope if a restrictive layer is not encountered in a 72" profile hole. The maximum trench depth would be 36".



# CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd.  
P.O. BOX 9825 - Vancouver, WA 98666-8825  
(360) 397-8428 • Fax (360) 397-8084

*For Office Use Only*

## On-Site Sewage Application Plot Plan for Individual Lot

### TO BE INCLUDED ON PLOT PLAN:

- Building: size and location
- Driveways and patios
- Water system and pipes
- Domestic drinking water supplies within 100' of property
- Bodies of water within 100' of property (including seasonal)
- Property size, property lines
- Adjacent roads, (including names)
- Surface drainage (show direction of slope)
- Location of septic system with initial and reserve area
- Location of test holes (Proposed drainfield area)

APPLICANT NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

TAX PARCEL # \_\_\_\_\_

SCALE USED: 1" = \_\_\_\_\_ ft.

I ACKNOWLEDGE THAT I HAVE READ THE REVERSE SIDE OF THIS SHEET & THAT THE PLOT PLAN INFORMATION WAS COMPLETED BY ME AND IS CORRECT:

Signature: \_\_\_\_\_

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

## NOTICE

The Clark County Health Department (CCHD) will process this application for the purpose of ascertaining whether, at the time of evaluation, an on-site sewage system can be located on your property in accordance with state law. By processing this application, the CCHD does not intend to convey information to any person upon which that person can rely in making any decision or taking any action concerning the property in question. Site evaluations are valid for one year from the site evaluation approval date. If the site is approved, a permit must be obtained within one year of the site evaluation approval date. An issued permit is valid for five (5) years, unless otherwise stated on the permit. Upon application for permit reissue, the CCHD may determine that a different type or configuration of on-site sewage system may be necessary to comply with state standards. In that event the reissued permit will require the installation of the system found to be proper at that time. At the time of permit reissue, it may also be determined that an on-site sewage system is not appropriate for the property in question. In that event no permit will be issued.

### SAFETY NOTICE

*Caution: SAFETY CONCERNS FOR TEST HOLES*

1. The excavation area shall be cordoned off or barricaded to discourage small children, animals, or other site visitors from entering or falling into the holes.
2. The excavated soil from the hole must be at least 2 feet from the edge of the test hole.
3. The hole must have a ramped entry of approximately 45° to allow safe entry and exit. Holes deeper than 4 feet must have a step at 4 feet. (See "Test Holes" memo for additional details).

### RE-EVALUATIONS

1. Internal consultations may be requested at any time that an Environmental Health Specialist (EHS) determines that additional expertise or judgment is needed. No additional fees will be charged for this service.
2. Applicants wishing to have results of a site evaluation reconsidered by the Supervisor or Director may request such a re-evaluation in writing. Justification for this re-evaluation request shall include:
  - Relevant technical data from a licensed designer, consultant, or soil scientist.
  - Additional information not previously available.
3. New sites will require an additional site evaluation fee if:
  - More than a total of 8 test holes per application are evaluated, or
  - Additional site evaluation(s) are necessary due to improper flagging or improperly dug test holes.
4. Applicants wishing to contest site evaluation test results must contact the CCHD within 90 days of notification of test results. Contesting after 90 days will result in additional site evaluation fees.

### ADMINISTRATIVE HEARING

To promote speedy, uncomplicated remedies, Administrative Hearings may be scheduled by or through one of the following:

1. The Liquid Waste Program Supervisor; or
2. Director of Environmental Health; or
3. CCHD Health Officer.

### CCHD REGULATION NO. 90-01, CHAPTER III – NOTICE OF APPEAL

Any person deeming himself, herself, or itself aggrieved by any action of the CCHD to grant or deny any permit or any variance in connection with any permit shall have the right to appeal that decision by filing a written request to appeal the decision. Such request need not be in any particular form. It shall be filed with the Executive Director of the CCHD or his or her secretary. It shall be filed within thirty (30) days of the date of the decision from which the appeal is made. If the appeal is delivered by mail to the executive director, it shall be deemed filed on the date it was deposited in the mails of the United States of America with first class postage prepaid. In this regard, postmark on the envelope containing the request for the appeal shall be conclusive evidence of the date of mailing.



# CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd.  
P.O. BOX 9825 - Vancouver, WA 98666-8825  
(360) 397-8428 • Fax (360) 397-8084

For Office Use Only

## On-Site Sewage Application Plot Plan for Individual Lot

### TO BE INCLUDED ON PLOT PLAN:

- Building: size and location
- Driveways and patios
- Water system and pipes
- Domestic drinking water supplies within 100' of property
- Bodies of water within 100' of property (including seasonal)
- Property size, property lines
- Adjacent roads, (including names)
- Surface drainage (show direction of slope)
- Location of septic system with initial and reserve area
- Location of test holes (Proposed drainfield area)

### APPLICANT NAME:

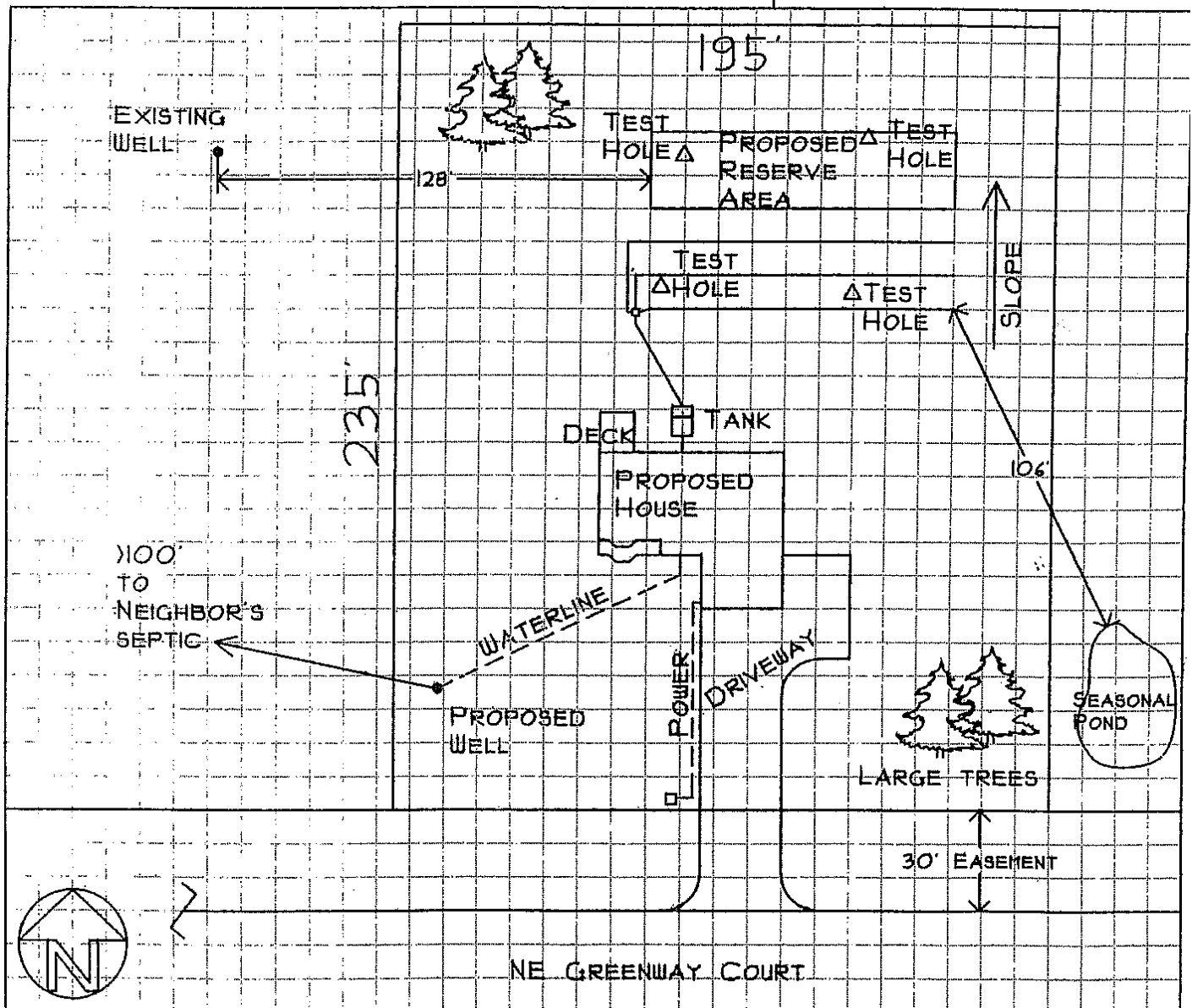
Jane Jones

### SITE ADDRESS:

123 NE GREENWAY COURT

TAX PARCEL # 986754-000

SCALE USED: 1" = 50 ft.



I ACKNOWLEDGE THAT I HAVE READ THE REVERSE SIDE OF THIS SHEET & THAT THE PLOT PLAN INFORMATION WAS COMPLETED BY ME AND IS CORRECT:

Signature: *Jane Jones*

Date: 1-27-2005



**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

**REPORTING FORM – REPAIRS**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ Sec. \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

Last date septic tank was pumped prior to present problem \_\_\_\_\_

Age of house \_\_\_\_\_ Age of septic system \_\_\_\_\_

Septic tank is :  Concrete  Steel  Fiberglass  Other (explain) \_\_\_\_\_

Drainfield is made with:  Perforated pipe  Drywells  Clay tiles  Gravel pit  
 Other (explain) \_\_\_\_\_

Symptoms that indicate a repair is necessary: \_\_\_\_\_

\_\_\_\_\_

---

---

*To be completed by EHS*

Type of repair:  Conventional  Drywells  3-ft. trenches  
 Other (explain) \_\_\_\_\_

Reason for type of repair \_\_\_\_\_

\_\_\_\_\_

Soil type \_\_\_\_\_ Possible high winter table:  YES  NO

Suspected reason for failure:

Not maintained  Soil/winter water tables  Old  Undersized  Too deep  
 Poor construction  Damaged  Built over  Unknown(explain) \_\_\_\_\_

\_\_\_\_\_

Encroachments on standard setbacks \_\_\_\_\_

\_\_\_\_\_

Inspection date: \_\_\_\_\_ Installer: \_\_\_\_\_

Nearest sewer district \_\_\_\_\_ Area 1 2 3

Attach copy of Application \_\_\_\_\_ Mapped \_\_\_\_\_