



# Skamania County Community Development Department

Building/Fire Marshal ♦ Environmental Health ♦ Planning

Skamania County Courthouse Annex

Post Office Box 1009

Stevenson, Washington 98648

Phone: 509-427-3900 Inspection Line: 509-427-3922

## ON-SITE SEWAGE SYSTEM DESIGN REVIEW AND PERMIT APPLICATION INTAKE CHECKLIST

(This checklist must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted.)

STAFF    APPLICANT

- |                          |                          |                                                                                                                                                                                                                           |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete On-site Sewage System Design Review and Permit Application and <i>non-refundable</i> fee(s) (payable to Skamania County Treasurer). <b>Fees are subject to change by resolution of the County Commissioners.</b> |
|                          | <input type="checkbox"/> | New System                                                                                                                                                                                                                |
|                          | <input type="checkbox"/> | < 1000 gallons per day - \$195 <i>non-refundable</i> fee                                                                                                                                                                  |
|                          | <input type="checkbox"/> | ≥ 1000 gallons per day - \$265 <i>non-refundable</i> fee (not exceeding 3,500 gpd)                                                                                                                                        |
|                          | <input type="checkbox"/> | Repaired System                                                                                                                                                                                                           |
|                          | <input type="checkbox"/> | < 1000 gallons per day - \$510 <i>non-refundable</i> fee                                                                                                                                                                  |
|                          | <input type="checkbox"/> | ≥ 1000 gallons per day - \$720 <i>non-refundable</i> fee (not exceeding 3,500 gpd)                                                                                                                                        |
|                          | <input type="checkbox"/> | Expansion/Replacement System                                                                                                                                                                                              |
|                          | <input type="checkbox"/> | < 1000 gallons per day - \$510 <i>non-refundable</i> fee                                                                                                                                                                  |
|                          | <input type="checkbox"/> | ≥ 1000 gallons per day - \$720 <i>non-refundable</i> fee (not exceeding 3,500 gpd)                                                                                                                                        |
|                          | <input type="checkbox"/> | Septic Tank/Pump Tank Replacement - \$200 <i>non-refundable</i> fee                                                                                                                                                       |
|                          | <input type="checkbox"/> | Minor Expansion/Replacement of a single component - \$200 <i>non-refundable</i> fee                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | OSS Design. An original copy of the OSS Design signed and stamped by the OSS Designer or Professional Engineer must be submitted.                                                                                         |

Reviewed by: \_\_\_\_\_ Complete: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_



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## On-Site Sewage (OSS) System Design Review and Permit Application

- \* **Attach a copy of the original on-site septic (OSS) system design, signed and stamped by the septic designer or professional engineer.**

### APPLICATION TYPE

New System     Repaired System     Expanded and/or Replacement System

### APPLICANT AND SITE INFORMATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Owner Name (Complete if different from the applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Detailed directions to the site: \_\_\_\_\_

List any access restrictions (gates, dogs, cattle, etc.). Access problems restrict the ability to evaluate property in a timely manner: \_\_\_\_\_

List any known encumbrances on this property (i.e., neighbor's well, easement, flood zones, etc.): \_\_\_\_\_

Description of Proposal: \_\_\_\_\_

**SOURCE OF SEWAGE/USE**

Residential       Multi-family       Commercial       Food Service

Other - If "Other" explain: \_\_\_\_\_

No. of Bedrooms Proposed: \_\_\_\_\_ Garbage Disposal:  Yes     No

Existing System: No. of Existing Bedrooms: \_\_\_\_\_ Proposed Additional Bedrooms: \_\_\_\_\_

**WATER SUPPLY**

Existing     New     Future

SOURCE:  Spring     Individual Well     Shared Well

No. of Homes Served: \_\_\_\_\_

Public Water System: System Name: \_\_\_\_\_

**ON-SITE SEWAGE (OSS) SYSTEM DESIGNER**

Name of Designer: \_\_\_\_\_

Designer Phone Number: \_\_\_\_\_

WA. State Licensed OSS Designer       WA. State Professional Engineer

**ON-SITE SEWAGE (OSS) SYSTEM INSTALLER**

Name of Installer: \_\_\_\_\_

Installer Phone Number: \_\_\_\_\_

**SYSTEM DETAILS**

Number of Gallons/day: \_\_\_\_\_ Soil Type: \_\_\_\_\_ (Attach soil log)

Application Rate: \_\_\_\_\_ gal./sq.ft/day    Drainfield Length: \_\_\_\_\_ Feet

Trench Width: \_\_\_\_\_ Feet    Trench/Bed Depth: \_\_\_\_\_ Inches

Septic Tank Size: \_\_\_\_\_ Gallons    Pump Chamber Size: \_\_\_\_\_ Gallons

Type of System: \_\_\_\_\_

**DISCLAIMER:** This application is for an OSS System that meets that State and County standards in effect on the date of application. This application for an OSS System DOES NOT assure you of any other County approvals. For example, it DOES NOT GUARANTEE that you will later obtain permission to build a permanent residence or other structure on this parcel. Any future application will be separately judged by the rules and laws in effect at that time.

**OWNER/APPLICANT STATEMENT:** I will comply with the rules and regulations of the Skamania County Community Development Department (SCCDD) for on-site sewage systems in the installation and maintenance of this system. I understand that any alterations of the building size or location, or any filling or grading in or below the drainfield area may invalidate any approval granted for this application. I further understand that in order to process my application, I hereby grant SCCDD access to the site for inspection purposes and that additional inspections will be required where any part of the installation is performed by someone other than an person licensed by the State of Washington.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

<b>For Department Use Only:</b>	
Date received:	Fee:
File No.	Receipt #: