



Application for On-Site Sewage System

Site Address:		Parcel #:		
Lot/Block/Subdivision:	Parcel Size:	# of Bedrooms:		
Legal Property Owner:		Phone Number:		
Legal Property Owner Mailing Address:				
City:		State:	ZIP Code:	
Legal Property Owner Email:				
Applicant Name:		Phone Number:		
Applicant Mailing Address:				
City:		State:	ZIP Code:	
Applicant Email Address:				
Property Use	Single Family/Residential:	Commercial:	Other:	
Is the property within the boundaries of a recognized sewer utility?		Yes:	No:	
Will this project cross property lines?		Yes:	No:	
Are there any easements, restrictive covenants or wetlands associated with the project?		Yes:	No:	
Licensed Design Professional:		Phone Number:		
Design Professional Email Address:				
System Type	New System:	Existing System:	Failing System:	Shared System:
Project Type	Complete System:	Replacement:	Modification:	Expansion:
	Building Sewer Connection:	Holding Tank:	Exposure:	Other:
Description of Project				
Water Source	Private Well:	Shared Well:	Public Water Source:	
		Location of Well:	Water System Name:	
Directions to Site or Gate Code (If Applicable)				

In accordance with Chapter 246-272A WAC, this application shall be signed by the property owner, the contract purchaser of the property, or the property owner's authorized agent. Please contact your licensed design professional regarding submittal requirements for the system design.



Liquid Waste Program

Application for On-Site Sewage System

Submit this form in one of the following ways: (1) email to liquidwaste@srhd.org, (2) fax to 509.324.3603, (3) mail or (4) come in person to the Spokane Regional Health District (SRHD) Liquid Waste Program at 1101 W. College Ave., Spokane, WA 99201.

This application will not be processed until all applicable fees have been paid. If you need assistance completing this application, please contact the Liquid Waste Program at 509.324.1560, ext. 1. SRHD's Environmental Public Health division accepts MasterCard, Visa, Discover, checks, or cash. A 3.25% service fee will be added to all credit and debit card transactions. SRHD accepts other methods of payment that do not incur a fee, including cash or check made payable to SRHD-EPH.

If you are dissatisfied with the health district's decision, you may appeal to the health officer within ten (10) days of denial of this application.

SIGNATURE

PRINTED NAME

DATE:

