



Health & Community Services  
**San Juan County**

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250  
Phone: (360) 378-4474 Fax: (360) 378-7036

**SEWAGE INSTALLATION PERMIT**

Permit No.: \_\_\_\_\_

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

This application is to be used for any activity requiring an Installation Permit per SJCC 8.16. When numbered, signed and dated this becomes a valid installation and as-built. All work must be completed in accordance with San Juan County Code. Sewage Installation Permits are valid for **90 days** from the date of issuance. The completed form and as-built drawing must be submitted to SJCH&CS within **ten (10) days** of completing any installations (SJCC 8.16.110).

**Please Note: Occupancy of the building and use of the sewage disposal system are prohibited until an as-built is submitted to and approved by the health department. Note to contractors and homeowners – a copy of the approved as-built must be on-site prior to the building department conducting a final occupancy inspection. Final occupancy will not be granted until the as-built as been approved.**

**PROPERTY & APPLICANT INFORMATION:**

Tax Parcel Number: \_\_\_\_\_ Island: \_\_\_\_\_

Design Number: \_\_\_\_\_

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

Designer Name: \_\_\_\_\_ Designer Phone: \_\_\_\_\_

**INSPECTION INFORMATION & SIGNATURES:**

Proprietary System: \_\_\_\_\_ Designer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Mound Bed Prep: \_\_\_\_\_ Designer: \_\_\_\_\_ Date: \_\_\_\_\_

Pressure Test: \_\_\_\_\_ Designer: \_\_\_\_\_ Date: \_\_\_\_\_

H&CS: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT BACKFILL (COVER) SYSTEM UNTIL DESIGNER OR THE HEALTH DEPARTMENT HAVE APPROVED THE INSTALLATION FOR BACKFILL.**

OK To Backfill \_\_\_\_\_ Date \_\_\_\_\_ Corrections Required \_\_\_\_\_

(Designer)

OK To Backfill \_\_\_\_\_ Date \_\_\_\_\_

(EHS)

Operation & Maintenance Provider (Required for Proprietary System – First 2 years): \_\_\_\_\_

(Print Name & Initial)

I hereby certify that I have read the information submitted in this document and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not.

Installer Name (Please Print): \_\_\_\_\_

INSTALLER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Installation & As-Built Approved: \_\_\_\_\_ DATE \_\_\_\_\_

# AS-BUILT

**Plot Plan:** Attach or draw in the space provided below a scaled plot plan that indicates a diagram showing location of system (septic tank, pump chamber, treatment component(s) and drainfield) in relation to house(s), property lines, wells, streams, ditches, curtain drains, and embankments. Use a north seeking arrow. Note any deviations from the original design. SCALE FROM 1 - 20 TO 1 - 50.

Parcel Number: \_\_\_\_\_  
 Design #: \_\_\_\_\_  
 Name: \_\_\_\_\_

A.	Septic Tank and Pump Chamber	Yes	No	N/A
1.	The septic tank baffles and partition wall are intact and in working order? .....	___	___	___
2.	Septic tank size (gallons): _____ Pump Chamber (gallons): _____			
3.	An effluent filter or pump screen (circle one) was installed? Make: .....	___	___	___
4.	Risers installed on both compartments of septic tank, over effluent filter and pump chamber? .....	___	___	___
B.	Drainfield - <input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution			
1.	Drainfield trench or bed bottom installed level and raked? .....	___	___	___
2.	Distribution box water leveled? .....	___	___	___
3.	Distribution box bedded in concrete or sand (circle one)? .....	___	___	___
4.	Observation ports installed? .....	___	___	___
5.	Total Dynamic Head in Feet (if applicable): _____			
C.	Treatment Component - <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____			
1.	Timer Installed? .....	___	___	___
2.	Timer settings: Pump on (seconds): _____ Pump off (mins or hrs): _____			
3.	Total Dynamic Head in Feet (if applicable): _____			