



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 & START-UP PERMIT**

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 record drawing. All work must be completed in accordance with San Juan County Code. Sewage Installation Permits are valid for six (6) months from the date of issuance. The record drawing must be submitted to SJCH&CS within sixty (60) days of completing any installations. System start-up verification is required to verify all system components have been properly plumbed, wired and are functional.

**Please Note: Occupancy of the building and use of the sewage disposal system are prohibited until the record drawing and start-up verification is submitted to and approved by the health department. A copy of the approved Installation and Start-up Verification permit must be on-site prior to the building department conducting a final occupancy inspection.**

**INSTALLATION PERMIT INFORMATION:**

Tax Parcel Number: \_\_\_\_\_ Design Number: \_\_\_\_\_  
 Installation Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Designer Name: \_\_\_\_\_ Designer Phone #: \_\_\_\_\_  
 Installer Name: \_\_\_\_\_ Installer Phone #: \_\_\_\_\_  
 O&M Provider (Proprietary Systems) \_\_\_\_\_ O&M Provider \_\_\_\_\_

**REQUIRED INSPECTIONS AND APPROVALS:**

**DO NOT BACKFILL (cover) system until the designer and/or H&CS have approved the drainfield/mound preparation and pressure test.**

Inspection	Inspector/Signer	Signature	Date
Pre-Installation Meeting with Designer	Designer		
Watertight Testing (new tanks)	Installer		
Watertight Testing (existing tanks)	Designer/H&CS		
Drainfield/Mound Preparation (infiltration surface level/ok)	Designer/H&CS		
Pressure Test (if applicable)	Designer/H&CS		
Curtain Drain Wet Season Inspections (2x's yearly/2 yrs)	Designer		
System Installation Complete	Designer/H&CS		
Proprietary Device Installation (if applicable)	Designer		
System Start-up (Proprietary Systems)	Designer		
System Start-up (Non-Proprietary Systems)	Installer/Designer		

Corrections Required: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Installation & Record Drawing Approved: \_\_\_\_\_ DATE: \_\_\_\_\_

System Start-up Verification & Final Approval: \_\_\_\_\_ DATE: \_\_\_\_\_