



Health & Community Services
San Juan County

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

REPAIR SEWAGE DESIGN APPLICATION

Design No: _____

This application is to be used for any activity requiring a Sewage Design per SJCC 8.16. When numbered, signed, and dated, this becomes a Sewage Design. Please fill out the form completely, or it will not be accepted. Sewage Designs are valid for five years from the date of issuance. Applicant may appeal any decision pertinent to this design with the San Juan Co. Health Officer. An approved design is required before the issuance of a new installation permit.

PROPERTY INFORMATION:

Tax Parcel Number: _____ Property Size (acres/square feet): _____ Island: _____
Property Address/ Directions to Property: _____

APPLICANT INFORMATION:

Name of Applicant(s): _____ Telephone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Existing Failed System Type (✓ one)

- Gravitory Distribution
Pressure Distribution
Mound
Sand Filter
Community System
Other (specify): _____

Existing Water Supply (✓ one)

- Individual Well (serves up to 2 parcels)
Community Water Supply
*Water System Name: _____
Other (specify): _____

Proposed Repair System Type (✓ one)

- Gravitory Distribution
Pressure Distribution
Mound
Sand Filter
Tank-Only Replacement
Other (specify): _____

Existing System Design Number: _____ Proposed Number of Bedrooms: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions or laws and ordinances governing this project will be complied with whether specified herein or not. I understand that the granting of this design does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or land or shoreline use.

Signature of Applicant

Date

Signature of Designer

Date

Note: Designers must either stamp design with an approved valid seal or attach a copy of their state designer license to each design. Designers may file their state license with the department instead of attaching a copy to each design.

FOR OFFICIAL USE ONLY

CONDITIONS FOR APPROVAL:

DCD Comments:

- 1. If during the excavation or development of the site, any area of potential archaeological significance is uncovered, all activity in the immediate vicinity of the find must be halted immediately and the county's inadvertent discovery plan must be followed.
2. Certification of compliance with Stormwater Best Management Practice: Minimum Requirements 1-12 is a condition of approval
3. _____

H&CS Comments:

- 1. The attached environmental health covenant needs to be recorded prior to the issuance of the installation permit.
2. A signed proprietary service agreement needs to be submitted prior to the issuance of the installation permit.
3. Written verification from the O&M provider that they will complete four (4) complementary semi-annual inspections in the first two (2) years of use, needs to be submitted prior to the issuance of the installation permit.
4. The attached Class A Waiver mitigation measures must be followed by the installer and verified by the Designer.
5. If the installed curtain drain fails to lower the water table, the owner is required to install a system that meets DOH's vertical separation requirements (curtain drain shall be monitored by the Designer in Jan. & Mar. in the 1st & 2nd years after installation to determine if it is working).

DCD Review: _____ Date: _____ Design Approved: _____ Date: _____

Included Design Elements:

- | | |
|--|---|
| <input type="checkbox"/> Sewage Design Application Checklist | <input type="checkbox"/> Cross-Section Sketch and Elevation Sketch |
| <input type="checkbox"/> Soil Test Hole Information | <input type="checkbox"/> Design Specifications |
| <input type="checkbox"/> Scaled Plot Plan | <input type="checkbox"/> Additional Documents (e.g.: Environmental Covenant, tank schematic, curtain drain schematic, sleeving schematic, O&M Manual, etc...) |
| <input type="checkbox"/> Scaled Detailed Drawing | |

In order to ensure a proper repair is designed and installed, a determination on why the original system failed is critical. To help facilitate the process a list of common reasons why systems fail are listed below. Please check all applicable reasons.

- System Hydraulically Overloaded..... Yes No
 - Sewage surfacing on ground Inundation from ground/surface water Leaky septic tank Usage exceeds design capacity
- System Receiving High Strength Waste Yes No
 - Results of lab test for BODs, TSS, Oils & Grease: _____ Cause of high strength waste: _____
- System Damage..... Yes No
 - Lack of on-going Operation and Maintenance Vehicle Traffic Other: _____
- Other Reasons (list): _____

Soil Information:

Soil Log #1	Soil Log #2	Soil Log #3	Soil Log #4
Soil App. Rate:	Soil App. Rate:	Soil App. Rate:	Soil App. Rate:
Restrictive Layer:	Restrictive Layer:	Restrictive Layer:	Restrictive Layer:
Slope:	Slope:	Slope:	Slope:
Soil Log #5	Soil Log #6	Soil Log #7	Soil Log #8
Soil App. Rate:	Soil App. Rate:	Soil App. Rate:	Soil App. Rate:
Restrictive Layer:	Restrictive Layer:	Restrictive Layer:	Restrictive Layer:
Slope:	Slope:	Slope:	Slope:

Sanitarian who evaluated test holes: _____ Date: _____

PLEASE CHECK:

- Is any part of the project within 200 feet of the shoreline?..... Yes No
- Is any part of the project within the service area (L.I.D or town limits) of a sewer utility? Yes No
 - a) If yes, attach letter from sewer utility that service is not available.
- Is the water source an individual well?..... Yes No
 - a) If yes, has the well already been drilled Yes No
 - If the answer to question 3a is no, a well driller must sign plot plan*
- Is the drainfield located within 50 feet of the neighboring property line? Yes No
 - a) If yes, is the neighbor property served by an individual well? Yes No
 - b) If yes, was neighbor notification completed? (attach letter & certified mail receipt)..... Yes No
- Does project include a curtain drain? Yes No

Note: Should archaeological materials (e.g. bones, shell, stone tools, beads, ceramics, old bottles, hearths, etc.) be observed during project activities, all work in the immediate vicinity shall stop and the State Department of Archaeology and Historic Preservation (360-586-3065), the County planning office, and the affected Tribe(2) shall be contacted immediately. If any human remains are observed, all work shall cease and the immediate area secured. Local law enforcement, the County coroner (360-378-4101), State Physical Anthropologist, Department of Archaeology and Historic Preservation (360-586-3534), the County planning office, and the affected Tribe(s) shall be contacted immediately. Compliance with all applicable laws pertaining to archaeological resources (RCW 27.53.27.44 and WAC 25-48) and human remains (RCW 68.50) is required. Failure to comply with this requirement could constitute a Class C Felony.