



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 valid repair sewage design. Please fill out the form completely, or it will not be accepted. Repair sewage designs are valid for one year from the date of issuance. Applicant may appeal any decision pertinent to this design with the San Juan County Board of Health.

PROPERTY INFORMATION:

Tax Parcel Number: \_\_\_\_\_ Property Size (acres/square feet): \_\_\_\_\_
Island: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_
Property Address/ Directions to Property: \_\_\_\_\_

APPLICANT INFORMATION:

Names(s) of Applicants: \_\_\_\_\_ Telephone: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Existing Failed System Type (✓ one)

- Gravty Distribution
Pressure Distribution
Mound
Sand Filter
Aerobic Unit
Other (specify): \_\_\_\_\_

Existing Water Supply (✓ one)

- Individual Well (serves only 1 house)
Community Water Supply
Water System Name: \_\_\_\_\_
Other (specify): \_\_\_\_\_

Proposed Repair System Type (✓ one)

- Gravty Distribution
Pressure Distribution
Mound
Sand Filter
Aerobic Unit
Other (specify): \_\_\_\_\_

Existing System Design Number: \_\_\_\_\_

Existing Number of Bedrooms: \_\_\_\_\_

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

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 copy to each design.

FOR OFFICIAL USE ONLY

Conditions for Approval: \_\_\_\_\_

CD&P Review: \_\_\_\_\_ Date: \_\_\_\_\_ Design Approved: \_\_\_\_\_ Date: \_\_\_\_\_

## DESIGN

**Plot Plan:** Attach a scaled plot plan showing the location of the proposed septic system, including the septic tank, pump chamber, treatment component(s) and drainfield, in relation to house(s), property lines, wells, streams, lakes, ditches, wetlands, curtain drains and embankments. Provide a scale bar and indicate north with an arrow.

### Design Checklist:

<b>Plot Plan (show distances to components):</b> <input type="checkbox"/> Scale <input type="checkbox"/> North arrow <input type="checkbox"/> Test hole location <input type="checkbox"/> Well(s), include any neighboring wells within 100' of proposed system. <input type="checkbox"/> Property lines <input type="checkbox"/> Water bodies, include streams, lakes, marine, and wetlands  <input type="checkbox"/> Slope (direction and percent) <input type="checkbox"/> Location of septic tank, treatment component, drainfield & reserve area	<input type="checkbox"/> Existing or proposed waterlines <input type="checkbox"/> Roads & driveways  <b>Calculations:</b> <input type="checkbox"/> Lateral length <input type="checkbox"/> Orifice spacing & total # of orifices  <input type="checkbox"/> Orifice size <input type="checkbox"/> Total dynamic head and gallons per dose  <b>Specifications:</b> <input type="checkbox"/> Pipe material, include both the size and type	<input type="checkbox"/> Filter media <input type="checkbox"/> Required pump(s), screens & timers  <b>Cross Sections:</b> <input type="checkbox"/> Mound <input type="checkbox"/> Sand Filter  <input type="checkbox"/> Curtain drain <input type="checkbox"/> Trench depth from original grade, show up-slope & down-slope depths on slopes >5% <input type="checkbox"/> Depth of backfill <input type="checkbox"/> Clean-out; Riser & Inspection Port Detail(s)
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### Failure Diagnosis:

In order to insure 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.

1. System Hydraulically Overloaded.....  Yes  No  
 Inundation from surface water     Inundation from ground water     Leaky septic tank     Usage exceeds design capacity
2. System Receiving High Strength Waste .....  Yes  No  
 Results of lab test for BOD<sub>5</sub>, TSS, Oils & Grease: \_\_\_\_\_     Cause of high waste strength: \_\_\_\_\_
3. System Damage.....  Yes  No  
 Lack of on-going Operation and Maintenance     Vehicle Traffic     Other: \_\_\_\_\_
4. Other Reasons (list): \_\_\_\_\_

### Soil Information:

Soil Log #1	Soil Log #1	Soil Log #1	Soil Log #1
Soil App. Rate: _____			
Water Table: _____	Water Table: _____	Water Table: _____	Water Table: _____

**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 should stop and the State Department of Archaeology and Historic Preservation (360-586-3065), the County planning office, and the affected Tribe(s) should be contacted immediately. If any human remains are observed, all work should 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) should 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.