



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 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 four years from the date of issuance. Applicant may appeal any decision pertinent to this design with the San Juan County 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: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Property Address/ Directions to Property: \_\_\_\_\_

**APPLICANT INFORMATION:**

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

- |                                        |                                |                          |                                       |                          |                        |                                            |                        |                          |                     |
|----------------------------------------|--------------------------------|--------------------------|---------------------------------------|--------------------------|------------------------|--------------------------------------------|------------------------|--------------------------|---------------------|
| <b><u>Application Type (✓ one)</u></b> |                                |                          | <b><u>Water Supply (✓ one)</u></b>    |                          |                        | <b><u>Proposed System Type (✓ one)</u></b> |                        |                          |                     |
| <input type="checkbox"/>               | New Residential                | <input type="checkbox"/> | Individual Well (serves only 1 house) | <input type="checkbox"/> | Gravity Distribution   | <input type="checkbox"/>                   | Pressure Distribution  | <input type="checkbox"/> | Mound               |
| <input type="checkbox"/>               | New Non-residential/Commercial | <input type="checkbox"/> | Community Water Supply                | Water System Name: _____ |                        | <input type="checkbox"/>                   | Sand Filter            | <input type="checkbox"/> | Aerobic Unit: _____ |
| <input type="checkbox"/>               | Revision                       | <input type="checkbox"/> | Other (specify): _____                | <input type="checkbox"/> | Other (specify): _____ | <input type="checkbox"/>                   | Other (specify): _____ |                          |                     |
| <input type="checkbox"/>               | Original Design #: _____       |                          |                                       |                          |                        |                                            |                        |                          |                     |
| <input type="checkbox"/>               | Connection to Community System |                          |                                       |                          |                        |                                            |                        |                          |                     |
| <input type="checkbox"/>               | Privy                          |                          |                                       |                          |                        |                                            |                        |                          |                     |
| <input type="checkbox"/>               | Other (specify): _____         |                          |                                       |                          |                        |                                            |                        |                          |                     |

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 copy to each design.

**FOR OFFICIAL USE ONLY**

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

Community Development & Planning 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 feet 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)

Soil Information:			
Soil Log #1	Soil Log #2	Soil Log #3	Soil Log #4
Soil App. Rate: _____			
Water Table: _____	Water Table: _____	Water Table: _____	Water Table: _____

Attach separate sheet(s) for additional soil logs. Attach separate sheets for calculations, specifications & cross sections if necessary.

1. Is any part of the project within 200 feet of the shoreline? .....  Yes  No
2. 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.
3. 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*
4. 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? .....  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 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.