



**ENVIRONMENTAL HEALTH DIVISION - ONSITE SEPTIC**

**Onsite Septic Permitting Process**

**Step 1. Soil & Site Evaluation**

Complete the front page of the **OSS Site Evaluation Checklist** and schedule an appointment with an Environmental Health Specialist. The applicant is responsible for digging test holes according to L&I standards. Site evaluation results will identify any restrictions, and will determine the size and type of system allowed and/or required at the site

**Step 2. Design Application**

Contract with a Washington State Licensed OSS Designer or Professional Engineer if required. Complete the **OSS Permit Application**. All sections are required for approval. Submit the appropriate permit fee with application. A **Construction Permit** will be issued once it has been approved and paid for.

**Step 3. Installation, Inspection, And Record Drawing**

Contact a Whitman County Licensed Installer if required. Homeowners may be approved to do the system install under certain circumstances (see below). When installation is complete, schedule a final inspection BEFORE covering the system. At the final inspection, the installer shall provide an as-built record drawing of the system. An **Operational Permit** will be issued once the OSS is inspected and as-built drawing is submitted.

**Step 4. Operation & Maintenance**

Contact a Whitman County Licensed Installer if required. Homeowners may be approved to do the system install under certain circumstances (see below). When installation is complete, schedule a final inspection BEFORE covering the system. At the final inspection, the installer shall provide an as-built record drawing of the system. An **Operational Permit** will be issued once the OSS is inspected and as-built drawing is submitted.

PERMIT	DESCRIPTION	FEE
<b>Residential Gravity</b>	A new or replacement residential system that is standard gravity or pump to gravity. Includes site evaluation, design review, and final inspection.	<b>\$800</b>
<b>Homeowner Install</b>	A new or replacement residential standard gravity system (no pumps), installed by the homeowner. Fee is added to baseline permit cost.	<b>\$150</b>
<b>Residential Alternative</b>	A new or replacement alternative system for a residence. Requires a licensed designer and licensed installer. Includes site evaluation, design review, and final inspection.	<b>\$900</b>
<b>Commercial Gravity</b>	A new or replacement system for a commercial property that is standard gravity or pump to gravity. Requires a licensed designer and licensed installer. Includes site evaluation, design review, and final inspection.	<b>\$900</b>
<b>Commercial Alternative</b>	A new or replacement alternative system for a commercial property. Requires a licensed designer and licensed installer. Includes site evaluation, design review, and final inspection.	<b>\$1100</b>
<b>Simple Repair or Expansion</b>	Includes replacement, or repair of a component of the drainfield area (tank, d-box, drainfield leg), or expansion of existing drainfield, without changing its location or orientation. Does not include replacement of the entire drainfield. Requires existing permit and as-built drawing on file, or a system assessment to establish current condition. Existing system must be brought up to code. Includes design review and final inspection.	<b>\$250</b>
<b>Site Evaluation</b>	If an additional site evaluation is required or requested, standalone fee applied	<b>\$200</b>

**\*\*Alternative systems include alternating drainfield, dosing gravity, holding tank, intermittent sand filter, mound, pressure distribution, recirculating gravel filter, sand lined trench, stratified sand filter, subsurface drip, water conserving systems, and any other systems other than gravity or pump to gravity permissible under WAC 246-272A.**

**If printed and completed by hand, email form to [eh@whitmancounty.net](mailto:eh@whitmancounty.net)**

# Onsite Sewage Design & Permitting Application

## Property Information

Site Address \_\_\_\_\_ Date \_\_\_\_\_  
Parcel Number \_\_\_\_\_ Parcel Size \_\_\_\_\_ Within 200 feet of sewer?  Yes  No  
Drinking Water System  Private Well/Spring  Public Group A  Public Group B  
# of connections  2 or less  3 to 15  1 Public System Name \_\_\_\_\_

## Property Owner's Information

Owners Name \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

## Applicant/Designer's Information

Designer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Licensed Engineer  WA Licensed OSS Designer  Homeowner  
Installer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Whitman County Licensed Installer  Homeowner  Other \_\_\_\_\_

## Design Use & Parameters

Design Use  Residential System Number of bedrooms \_\_\_\_\_ Daily Flow (# of beds x 120 gpd) \_\_\_\_\_  
 Commercial System Type \_\_\_\_\_ Commercial Flow (gpd) \_\_\_\_\_  
Distribution Method  Standard Gravity  Pump to Gravity  Alternative System \_\_\_\_\_

## System Details

Tank Volume \_\_\_\_\_ gallons Compartments \_\_\_\_\_ Pump Used?  Yes  No (Licensed Designer/Installer Required)  
Total Drain Field Area \_\_\_\_\_ sqft Trench Width \_\_\_\_\_ ft Trench Length \_\_\_\_\_ ft # trenches \_\_\_\_\_

## Permit Type & Billing

Permit Type  Residential Gravity  Residential Alternative  Homeowner Install (standard gravity only)  
 Commercial Gravity  Commercial Alternative  Simple Repair/Expansion (see required attachments)  
Billing Info Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

## Signatures

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Whitman County Environmental Health has 30 days to review OSS designs. Construction Permits will be issued after all permit fees are submitted and designs are approved. Construction Permits must be received before installation begins.

**ALL PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE**

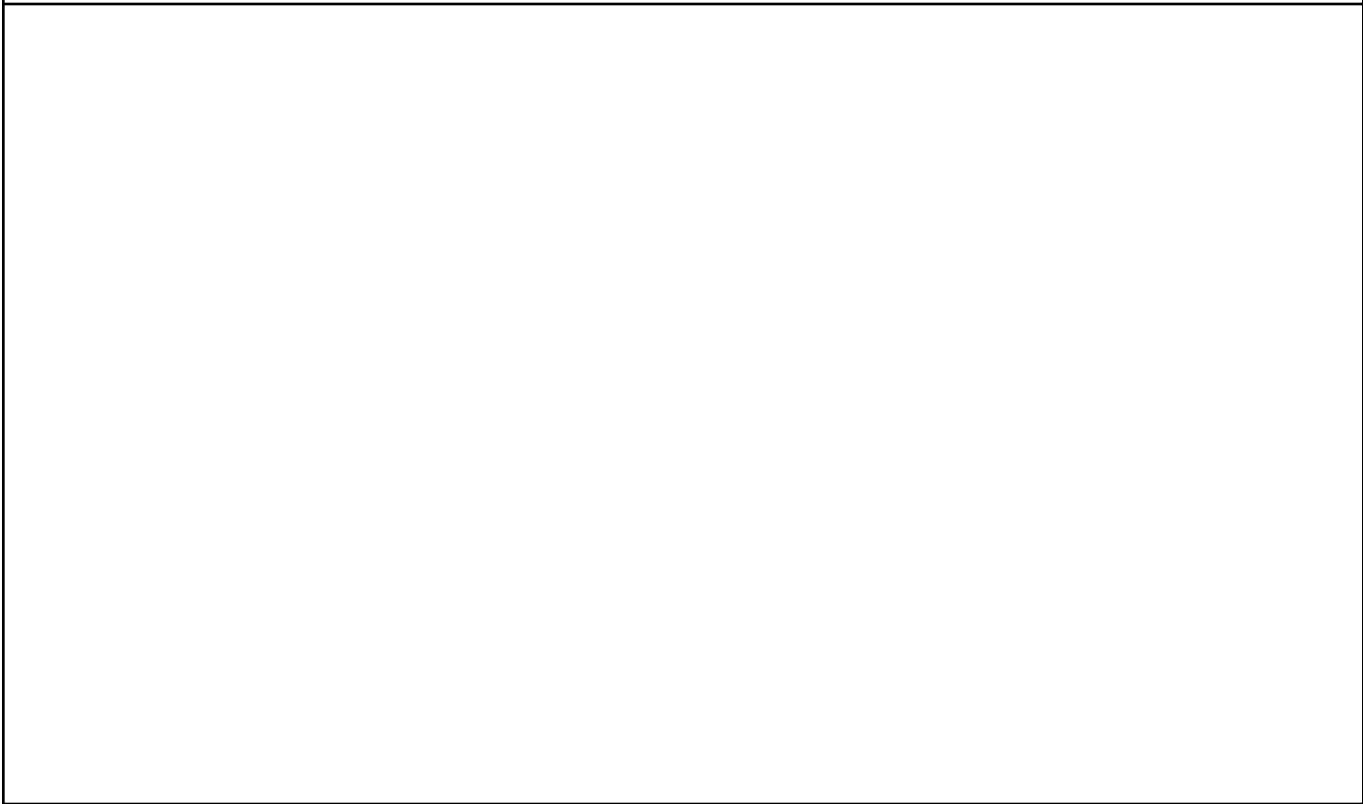
Property Address \_\_\_\_\_

Name \_\_\_\_\_


### Site Plan

Using the space below (or attached sheet), indicate the initial system, reserve area, and those areas immediately adjacent that contain characteristics impacting the design including:

- Proposed initial system and reserve area
- Dimensions of drainfield (length, width)
- OSS components (tank, d-box, monitoring ports, cleanouts, etc)
- All critical setbacks adjacent to proposed system location
- North Arrow
- Location of utilities & drinking water source
- Location of test holes
- General topography, slope, drainage



Using the space below (or attached sheet), provide a cross-sectional drawing indicating the depth of soil dispersal components of the proposed OSS and depth of cover material



I (the undersigned) understand that any permit issued by Whitman County, consistent with the above site plan, is valid ONLY if construction is according to this plan and all other conditions of this permit are followed.

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

Name \_\_\_\_\_

<b>Design Attachments And Acknowledgements</b>	
<b>All Designs *REQUIRED*</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached the site evaluation performed at this site specific to this project.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached any existing or proposed encumbrances affecting the system placement (as applicable), including legal access documents if any component of the OSS is not on the lot where the sewage is generated
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that an As-Built record drawing is required at the time of the final inspection.
<b>Standard Gravity Designs</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached the tank specs outlining volume and manufacturer.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that septic tank access for maintenance and inspection at finished grade is required. If effluent filters are used, access to the filter at finished grade is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that all access must be designed to allow for monitoring and maintenance and shall be secured to minimize injury or unauthorized access.
<b>Pump to Gravity Designs</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached all calculations related to the system operating capacity (as applicable) including design flow, soil type, hydraulic loading rate, pump specs, pump curve.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached a copy of all applicable equipment specs including pump, tank, float stem, controls, and all related equipment.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that service access and monitoring ports at finished grade are required for all system components, including septic tanks, effluent filters, pump chambers, and soil dispersal components.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that clearly accessible controls and warning devices are required, including process controls, diagnostic tools, and audible/visual alarms as outlined in WAC 246-272A-0238.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that a licensed designer and licensed installer are required for this project.
<b>Alternative System Designs</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached all calculations related to the system operating capacity (as applicable) including design flow, soil type, hydraulic loading rate, pump specs, pump curve, float settings, orifice size and spacing.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached a copy of the all applicable equipment specs including pump, siphon, piping, tank, float stem, controls, and all dosing equipment.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that an O&M manual is required for this system, and will provide a copy to Whitman County with the As-Built record drawing.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that service access and monitoring ports at finished grade are required for all system components, including septic tanks, effluent filters, pump chambers, pretreatment units, disinfection units and soil dispersal components.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that a licensed designer and licensed installer are required for this project.
<b>Commercial/Non-Residential Systems</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached information to show the sewage at this location is not industrial wastewater.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached information regarding the sewage quality and identifying chemicals found in the sewage that are not typically found in sewage from a residential source.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached a site-specific design providing the treatment level equal to that required of sewage from a residential source.
<b>Simple Repairs/Expansions</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have attached the existing permit on file and as-built drawing OR I have attached the most recent system assessment with a system location.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I acknowledge that any additions, modifications, expansions or repairs of a system require the existing system be brought up to current code.

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Qualified OSS Designers</b>			
Anacline Engineering, PLLC	Lewiston, ID	208-791-8055	anacline@aol.com
Metro Engineering - Joel G. Lee, P.R.	Spokane, WA	509-642-9351	jlee@metroengineering.org
Palouse River Rock	Colfax, WA	509-397-3556	ben.palouseriverrock@gmail.com
Reliant Engineering	Pullman, WA	509-334-5745	evan@reliantengr.com
<b>2022 Whitman County Licensed Evaluators</b>			
Ball + Ball LLC dba Roto Rooter	Lewiston, ID	208-746-4282	rotorooterjessica@gmail.com
Chad Boyd	Pullman, WA	509-336-3669	boydchad221@gmail.com
H&R Complete	Newman Lake, WA	509-228-9955	hrcomplete@msn.com
Palouse Valley Septic	Potlatch, ID	208-596-6016	septiccleaner@gmail.com
Roach Construction Company	Genesee, ID	208-285-1411	rcc@roachconstruction.biz
<b>2022 Whitman County Licensed Installers</b>			
Ball + Ball LLC dba Roto Rooter	Lewiston, ID	208-746-4282	rotorooterjessica@gmail.com
Boyd and Boyd Construction LLC	Pullman, WA	509-336-3669	boydchad221@gmail.com
H&R Complete	Newman Lake, WA	509-228-9955	hrcomplete@msn.com
H+S Construction LLC	Spokane Valley, WA	509-926-8964	vhritsco@msn.com
MGC Enterprises Inc	Deary, ID	208-877-1392	mgcdana@msn.com
Millwrights Northwest Inc	Rosalia, WA	509-222-4158	goykemnw.inc@gmail.com
Motley-Motley, Inc.	Pullman, WA	509-872-3511	office@motleymotley.com
Palouse Hills Excavators	Garfield, WA	509-595-1813	palouse_excavators@hotmail.com
Palouse River Rock	Colfax, WA	509-397-3556	ben.palouseriverrock@gmail.com
Palouse Valley Septic	Potlatch, ID	208-596-6016	septiccleaner@gmail.com
Roach Construction Company	Genesee, ID	208-285-1411	rcc@roachconstruction.biz
Wexler Trucking	Pullman, WA	509-595-0687	wexlertrucking@yahoo.com
<b>2022 Whitman County Licensed Pumpers</b>			
Ball + Ball LLC dba Roto Rooter	Lewiston, ID	208-746-4282	rotorooterjessica@gmail.com
H&R Complete	Newman Lake, WA	509-228-9955	hrcomplete@msn.com
King's Thrones & Pumping Service	Lewison, ID	208-798-8283	kingsthrones@cableone.net
Palouse Valley Septic	Potlatch, ID	208-596-6016	septiccleaner@gmail.com
Roach Construction Company	Genesee, ID	208-285-1411	rcc@roachconstruction.biz
Tri County Septic Co LLC	Spokane, WA	509-926-9361	tricountysepticllc@gmail.com

## Table IV - Minimum Horizontal Separations

Items Requiring Setback	From edge of soil dispersal component and reserve area	From sewage take and distribution box	From building sewer and non-perforated distribution pipe
Well or suction line	100 ft.	50 ft.	50 ft.
Public drinking water well	100 ft.	100 ft.	100 ft.
Public drinking water spring measured from the ordinary high water mark	200 ft.	200 ft.	100 ft.
Spring or surface water used as drinking water source measured from the ordinary high water mark <sup>1</sup>	100 ft.	50 ft.	50 ft.
Pressurized water supply line	10 ft.	10 ft.	10 ft.
Decommissioned well (decommissioned in accordance with chapter 173-160 WAC)	10 ft.	N/A	N/A
Surface water measured from the ordinary high water mark	100 ft.	50 ft.	10 ft.
Building foundation/in-ground swimming pool	5 ft.	N/A	2 ft.
Property or easement line	5 ft.	5 ft.	N/A
Interceptor/curtain drains/foundation drains/drainage ditches			
Down-gradient <sup>2</sup> :	30 ft.	5 ft.	N/A
Up-gradient <sup>2</sup> :	10 ft.	N/A	N/A
Other site features that may allow effluent to surface			
Down-gradient <sup>2</sup> :	30 ft.	5 ft.	N/A
Up-gradient <sup>2</sup> :	10 ft.	N/A	N/A
Down-gradient cuts or banks with at least 5 ft. of original undisturbed soil above a restrictive layer due to a structural or textural exchange	25 ft.	N/A	N/A
Down-gradient cuts or banks with less than 5 ft. of original undisturbed soil above a restrictive layer due to a structural or textural exchange	50 ft.	N/A	N/A
Other adjacent soil dispersal components/subsurface storm water infiltration systems	10 ft.	N/A	N/A

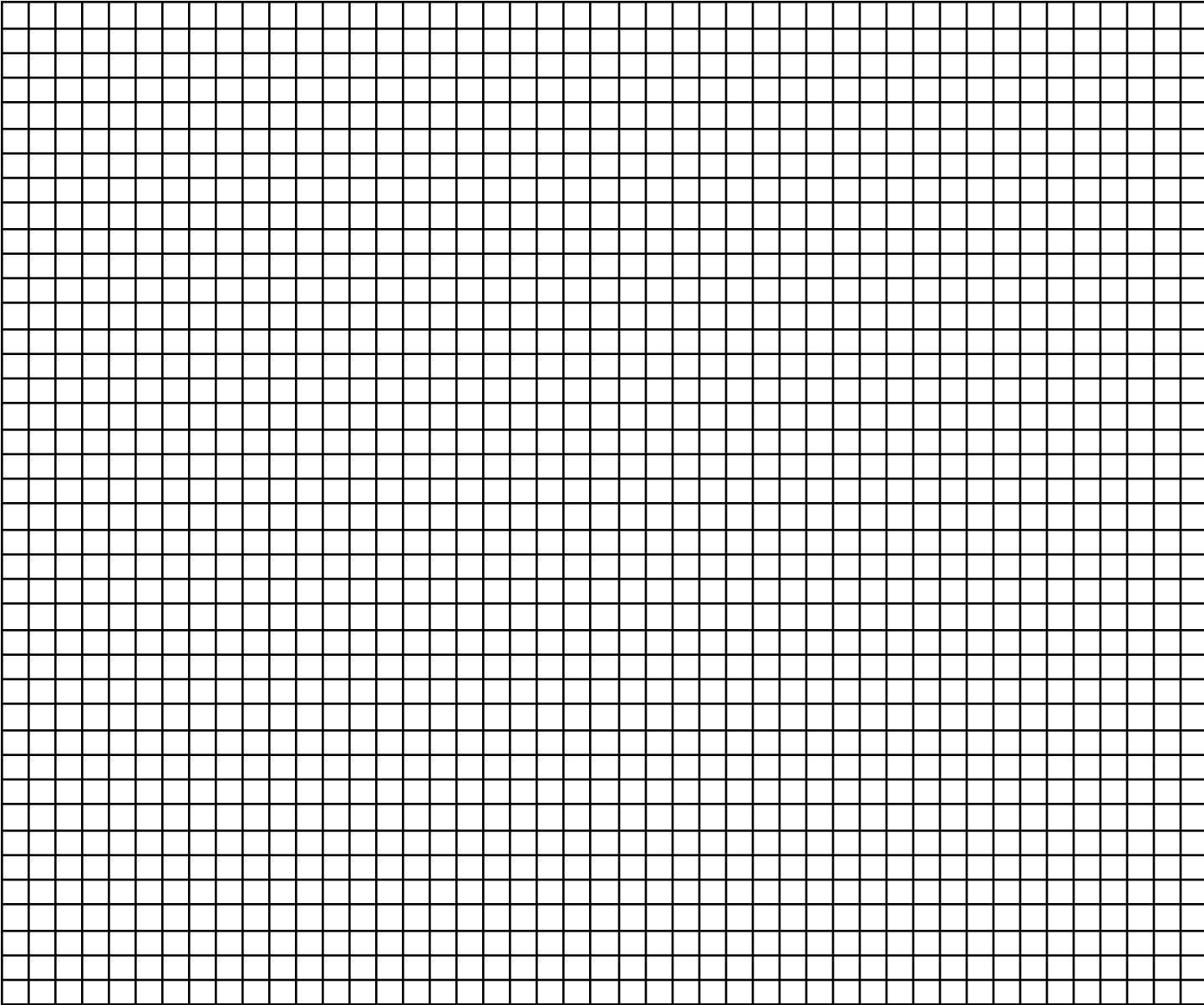
<sup>1</sup> If surface water is used as a public drinking water supply, the designer shall locate the OSS outside of the required source water protection area.

<sup>2</sup> The item is down-gradient when liquid will flow toward it upon encountering a water table or restrictive layer. The item is up-gradient when liquid will flow away from it upon encountering a water table or restrictive layer.

**As-built Record Drawing**

**Property Address** \_\_\_\_\_ **Property Owner** \_\_\_\_\_  
**Designer Name** \_\_\_\_\_ **Installer Name** \_\_\_\_\_  
**Design Use:**    New System    Replacement/Expansion    Simple Repair  
**Property Type:**    Residential    Commercial/Other   **Daily Flow:** \_\_\_\_\_ **(gpd)**  
**Distribution Type:**    Standard Gravity    Pump to Gravity    Alternative \_\_\_\_\_

**INSTRUCTIONS FOR SUBMITTAL:** Using the below space (or attached document), draw a map of the installed septic system with precise measurements drawn to scale including: all sewage tank openings requiring access, all installed and buried components of the OSS, any components which must be accessed for observation, maintenance or operation, location and dimensions of reserve area. ATTACH record that materials and equipment meet the specifications contained in design, initial settings of electrical devices that must be known to operate the system, and any necessary operation and maintenance specifications per WAC 246-272A-0265.



**NOTE:** As-built to be completed by the installer. No operational permit will be issued without as-built submittal. I (the undersigned) understand that any permit issued by Whitman County, consistent with the above as-built, is valid ONLY if construction is according to this drawing, and all other conditions of this permit are followed.

**Installer Signature** \_\_\_\_\_ **Submittal Date** \_\_\_\_\_  
**E.H Specialist Signature** \_\_\_\_\_ **Final Inspection Date** \_\_\_\_\_