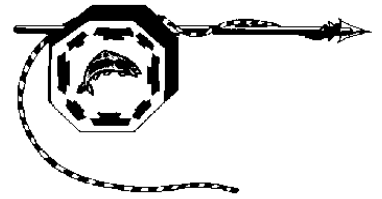


# SWINOMISH INDIAN TRIBAL COMMUNITY

## OFFICE OF PLANNING & COMMUNITY DEVELOPMENT

11430 Moorage Way • La Conner, WA 98257

Phone 360-466-7280 FAX 360-466-1615



### ON-SITE SEPTIC PERMIT APPLICATION POLICIES

1. All designs for on-site sewage systems shall be prepared and submitted by a civil or sanitary engineer, certified designer, or registered sanitarian. A resident owner of an existing or proposed single-family residence may design or repair a conventional gravity system for that residence, if such a system meets or exceeds all the requirements in "Design Standards for On-Site Sewage Systems," as published and amended from time to time by the Washington State Department of Health or in "Criteria for Sewage Works Design", as published and amended from time to time by the Washington State Department of Ecology.
2. All designs for on-site sewage systems **MUST** clearly identify the following elements on the submitted site plan:
  - a. Property boundary lines
  - b. Location of all surface water
  - c. Location of active and decommissioned wells
  - d. Location of any existing sewage disposal systems
  - e. Location of water supply line(s)
  - f. Location of all structures
  - g. Location of shoreline(s)
  - h. Location of all soil test holes
3. Soil tests **MUST** be performed by a civil or sanitary engineer, certified designer, soil scientist, or registered sanitarian.
4. Soil logs shall have a minimum depth of **60 inches** or reach ground water, whichever distance is less, and shall note the texture, appearance, and type of soil according to the most recent "Soil Survey of Skagit County Area, Washington" as published by the United States Department of Agriculture.
5. The person evaluating the soil and site shall record the following:
  - a) A minimum of two soil logs at each proposed disposal and reserve site(s)
  - b) The ground water conditions, date of the observation, and the anticipated maximum height of the ground water table
  - c) The general topography of the site by drawing arrows on the site plan indicating the direction of slope;
  - d) The drainage characteristic of the site

#### FOR STAFF USE ONLY

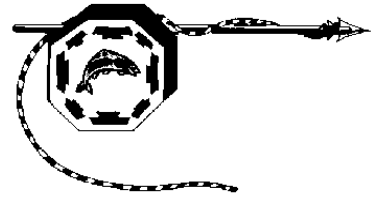
##### Attached Supporting Documents

\_\_\_\_ Site Plan (2 copies)

\_\_\_\_ Soil Log (2 copies)

\_\_\_\_ System Design Drawings (2 copies)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**



**ON-SITE SEPTIC PERMIT APPLICATION**

LAND OWNER INFORMATION	PERMIT INFORMATION		
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Property Owner: _____ Site Address: _____ Mailing Address (if different) : _____ _____ Home #: (____) _____ Work #: (____) _____	<b>PERMIT TYPE</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Design Only <input type="checkbox"/> Repair: <input type="checkbox"/> Entire Systems <input type="checkbox"/> Tank Only <input type="checkbox"/> Drainfield	<b>DESIGN TYPE</b> <input type="checkbox"/> Conventional <input type="checkbox"/> Pressurized <input type="checkbox"/> Mound <input type="checkbox"/> Sand filter <input type="checkbox"/> Innovative <input type="checkbox"/> Other (Describe): _____	<b>SITE EVALUATION</b> <input type="checkbox"/> Existing Lot <input type="checkbox"/> Proposed Lot <hr/> <b>DESIGN STATUS</b> <input type="checkbox"/> New Design <input type="checkbox"/> Redesign <input type="checkbox"/> No Design Submitted
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PARCEL / LOT INFORMATION	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL
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Parcel No. _____ Assessor's Account No. _____ Allotment No. 122- _____ Existing Plat Name or No. _____ Lot No. _____ Parcel and/or lot size _____ Section: _____, Township: _____ N, Range: <u>2</u> E	No. of bedrooms: _____ Total Daily Flow: _____	No. of Occupants: _____ Gal/Day/Occupant: _____ Total Daily Flow: _____
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SITE EVALUATOR (If different from Installer/Designer)
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Name / Company: _____ Work #: (____) _____ Fax # (____) _____ Registration No. _____
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INSTALLER INFORMATION	SYSTEM DESIGNER (If different from Installer/Evaluator)
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Name / Company: _____ Registration No.: _____ Registration Expiration Date _____ / _____ / _____ Mailing Address: _____ _____ Work #: (____) _____ Fax #: (____) _____	Name / Company: _____ Work #: (____) _____ Fax # (____) _____ Registration No. _____
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SIGNATURE BLOCK
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Application is hereby made for a permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the Swinomish Indian Tribal Community the right to enter the above-described location to inspect the proposed or completed work.	_____ Date: _____ <b>Signature of Applicant (REQUIRED)</b>
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