



CLARK COUNTY PUBLIC HEALTH
 1601 E. Fourth Plain Blvd.
 P.O. Box 9825 ♦ Vancouver, WA 98666-8825
 Phone (360) 397-8428 ♦ Fax (360) 397-8091

For Office Use Only

ON-SITE APPLICATION

Applicant Name & Mailing Address: _____
City/State/Zip: _____ **Phone # :** _____
ADDRESS OF SITE: _____ **City:** _____ **Zip:** _____
Detailed Directions to Site: _____

Applicant Signature: _____ **Date:** _____
Name of Legal Owner & Mailing Address: _____
Phone # : _____
Legal Description: Qtr. ____ Sec. ____ Twn. ____ Range ____ Lot # ____ Lot Size ____ Tax Serial # ____
Water Supply: Public ____ Spring ____ Well ____ **Number of Homes Served:** ____
Residence Yes No **Mobile Home** Yes No **Total # of Bedrooms:** ____
Number of Occupants: ____ **Within Sewer District** Yes No **Prior ID #'s / Prior Owners:** _____

***** Please Complete Or Provide The Following Checked Items (Checked By CCPH Staff Only) *****

<input type="checkbox"/> Tax Lot Map of Site	<input type="checkbox"/> Flag Site	<input type="checkbox"/> Uncover Septic Tank	<input type="checkbox"/> Uncover Pump Chamber	<input type="checkbox"/> Uncover D-Box
<input type="checkbox"/> 12 Month Water Records	<input type="checkbox"/> Plot Plan	<input type="checkbox"/> Letter of Intent	<input type="checkbox"/> Pumping Receipt	<input type="checkbox"/> Repair Form
<input type="checkbox"/> Maintenance Inspection	<input type="checkbox"/> Provide Test Holes	<input type="checkbox"/> Sewer Availability	<input type="checkbox"/> UGB Waiver	<input type="checkbox"/> Other: _____

***** For CCPH Use Only *****

Soil & Site Application	Design/Permit Application	TYPE	
Date _____	Date _____	New Site <input type="checkbox"/>	Temp. Hardship <input type="checkbox"/>
AR: _____	AR: _____	Repair <input type="checkbox"/>	Verification <input type="checkbox"/>
INV: _____	INV: _____	Vol. Replacement <input type="checkbox"/>	Concurrency <input type="checkbox"/>
SR: _____	SR: _____	Expansion <input type="checkbox"/>	Other <input type="checkbox"/>
EHA: _____	EHA: _____	Tank Only <input type="checkbox"/>	

To be completed by EHS:

<u>Evaluation Conclusions / Conditions:</u>	<u>Evaluation Recommendations:</u>
<input type="checkbox"/> 100' from wells	<input type="checkbox"/> Winter Evaluation
<input type="checkbox"/> 100' from surface water	<input type="checkbox"/> Pre-Installation Meeting Required
<input type="checkbox"/> Table VI Repair / Vol. Replace.	<input type="checkbox"/> Stake Site: Basic ____ Detailed ____
<input type="checkbox"/> 5' From Prop. Lines	<input type="checkbox"/> Existing septic tank if ____ gal., concrete, good condition, H ₂ O test
<input type="checkbox"/> 50' to banks / road cuts	<input type="checkbox"/> Pump Required
<input type="checkbox"/> Env. Sensitive Area (s)	<input type="checkbox"/> Abandon Dry Well / Septic Tank
<input type="checkbox"/> Method II Req., ____ Prop. line Adj.	<input type="checkbox"/> Complete septic tank upgrades of: outlet baffle filter ____ new risers ____
<input type="checkbox"/> SPWS Required, ____ Aband. well	<input type="checkbox"/> Pump chamber to have new riser
<input type="checkbox"/> Within ZOC, ____ Within CRGNSA	<input type="checkbox"/> Survey Property Lines required
<input type="checkbox"/> Within Urban Growth Boundary	<input type="checkbox"/> Title Declaration Required
<input type="checkbox"/> Guest House Proposed	
<input type="checkbox"/> Shop with Connection Proposed	
	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	Connect to Public Sewer <input type="checkbox"/> Hardship <input type="checkbox"/>
	WAC Waiver Required <input type="checkbox"/> Waiver Class _____
	Vertical Separation _____ Soil Type: _____
	SCS Map _____ Page# _____

Conditions of Approval: _____

Other Notes: _____

Environmental Health Specialist Signature: _____ **Date:** _____



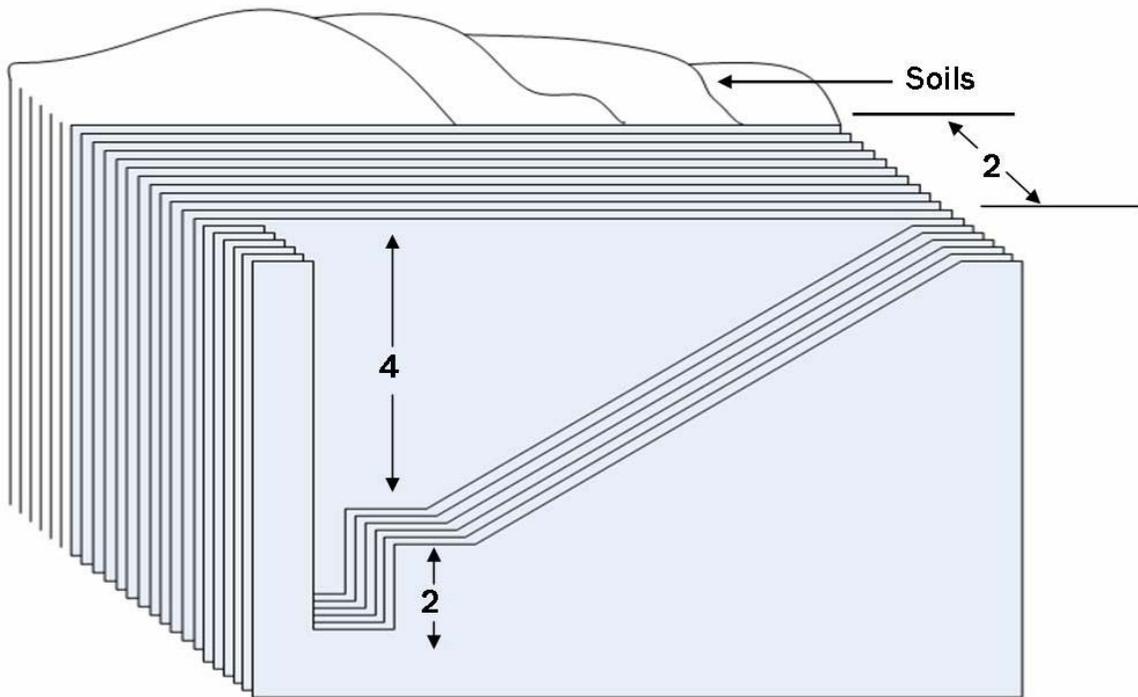
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SOIL EVALUATION APPLICATION REQUIREMENTS

Test Hole Construction

1. All sites *must* be clearly marked with blue ribbon to identify the entry to the site, the test holes, and the route to the test holes. Blue ribbon may be obtained at our counter.
2. **Two test holes must be provided in the primary drainfield area, and two additional holes must be provided in the reserve area.** Additional holes may be dug in other areas of the site that could potentially be considered for drainfield locations. This may create more options for locating the system and structures on the property, and may create more options for locating the system and structures on the property, and may also discover soils that would accommodate a less costly system. Field staff will log up to 8 profile holes during the site inspection.
3. Test holes must not be less than 50 feet apart, nor more than 75 feet apart.
4. **Test Hole Dimensions**
Test holes must be dug approximately 5-6 feet deep and 3 feet wide. In order to comply with safety requirements of the Washington State Department of Labor and Industries, test holes must be constructed as follows:
 - Each hole must have a ramped entry of approximately 45° to allow safe access.
 - For holes deeper than 4 feet, scoop out a portion from the floor to gain the additional depth needed to observe up to 6 feet of soil profile (see sketch).
 - Place the excavated soil no closer than two feet from the excavation.
 - Clark County Code 24.17 requires that each hole be dug at least 3 feet wide and to a depth 3 feet deeper than the anticipated bottom of the disposal component. Adequate hole depth is necessary to identify restrictive layers in the soil profile and to assure that the drainfield can be installed with acceptable vertical separation. For example, for conventional systems, 36 inches of soil must exist between the restrictive layer and the trench bottom.
 - Shallower profile holes may be allowed if a clear restrictive layer or standing water is encountered at a shallower depth.
 - However, if shallower profile holes are prepared, and no restrictive layers are encountered, **the restrictive layer will be called at the depth of the profile hole.**
5. If holes are not properly constructed and/or if site is not adequately flagged; the site may be denied. *An additional fee may be required before the site is re-visited.*

Profile Hole Side View



1. For a conventional system on a flat site without a cap, the profile hole depth of 5 feet would be required, if a restrictive layer was not encountered.
2. A cap system (gravity flow) can be permitted on a flat site when no restrictive layer is encountered in a 48" profile hole.
3. A four foot deep profile hole on a 20% slope would require a pressure distribution system.
4. A conventional (gravity) system can be permitted on a 20+% slope if a restrictive layer is not encountered in a 72" profile hole. The maximum trench depth would be 36".



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On-Site Sewage Application Plot Plan for Individual Lot

TO BE INCLUDED ON PLOT PLAN:

- Building: size and location
- Driveways and patios
- Water system and pipes
- Domestic drinking water supplies within 100' of property
- Bodies of water within 100' of property (including seasonal)
- Property size, property lines
- Adjacent roads, (including names)
- Surface drainage (show direction of slope)
- Location of septic system with initial and reserve area
- Location of test holes (Proposed drainfield area)

APPLICANT NAME:

SITE ADDRESS:

TAX PARCEL # _____

SCALE USED: 1" = _____ ft.

I ACKNOWLEDGE THAT I HAVE READ THE REVERSE SIDE OF THIS SHEET & THAT THE PLOT PLAN INFORMATION WAS COMPLETED BY ME AND IS CORRECT:

Signature:

Date:

NOTICE

The Clark County Health Department (CCHD) will process this application for the purpose of ascertaining whether, at the time of evaluation, an on-site sewage system can be located on your property in accordance with state law. By processing this application, the CCHD does not intend to convey information to any person upon which that person can rely in making any decision or taking any action concerning the property in question. Site evaluations are valid for one year from the site evaluation approval date. If the site is approved, a permit must be obtained within one year of the site evaluation approval date. An issued permit is valid for five (5) years, unless otherwise stated on the permit. Upon application for permit reissue, the CCHD may determine that a different type or configuration of on-site sewage system may be necessary to comply with state standards. In that event the reissued permit will require the installation of the system found to be proper at that time. At the time of permit reissue, it may also be determined that an on-site sewage system is not appropriate for the property in question. In that event no permit will be issued.

SAFETY NOTICE

Caution: SAFETY CONCERNS FOR TEST HOLES

1. The excavation area shall be cordoned off or barricaded to discourage small children, animals, or other site visitors from entering or falling into the holes.
2. The excavated soil from the hole must be at least 2 feet from the edge of the test hole.
3. The hole must have a ramped entry of approximately 45° to allow safe entry and exit. Holes deeper than 4 feet must have a step at 4 feet. (See "Test Holes" memo for additional details).

RE-EVALUATIONS

1. Internal consultations may be requested at any time that an Environmental Health Specialist (EHS) determines that additional expertise or judgment is needed. No additional fees will be charged for this service.
2. Applicants wishing to have results of a site evaluation reconsidered by the Supervisor or Director may request such a re-evaluation in writing. Justification for this re-evaluation request shall include:
 - Relevant technical data from a licensed designer, consultant, or soil scientist.
 - Additional information not previously available.
3. New sites will require an additional site evaluation fee if:
 - More than a total of 8 test holes per application are evaluated, or
 - Additional site evaluation(s) are necessary due to improper flagging or improperly dug test holes.
4. Applicants wishing to contest site evaluation test results must contact the CCHD within 90 days of notification of test results. Contesting after 90 days will result in additional site evaluation fees.

ADMINISTRATIVE HEARING

To promote speedy, uncomplicated remedies, Administrative Hearings may be scheduled by or through one of the following:

1. The Liquid Waste Program Supervisor; or
2. Director of Environmental Health; or
3. CCHD Health Officer.

CCHD REGULATION NO. 90-01, CHAPTER III – NOTICE OF APPEAL

Any person deeming himself, herself, or itself aggrieved by any action of the CCHD to grant or deny any permit or any variance in connection with any permit shall have the right to appeal that decision by filing a written request to appeal the decision. Such request need not be in any particular form. It shall be filed with the Executive Director of the CCHD or his or her secretary. It shall be filed within thirty (30) days of the date of the decision from which the appeal is made. If the appeal is delivered by mail to the executive director, it shall be deemed filed on the date it was deposited in the mails of the United States of America with first class postage prepaid. In this regard, postmark on the envelope containing the request for the appeal shall be conclusive evidence of the date of mailing.



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APPLICANT NAME:

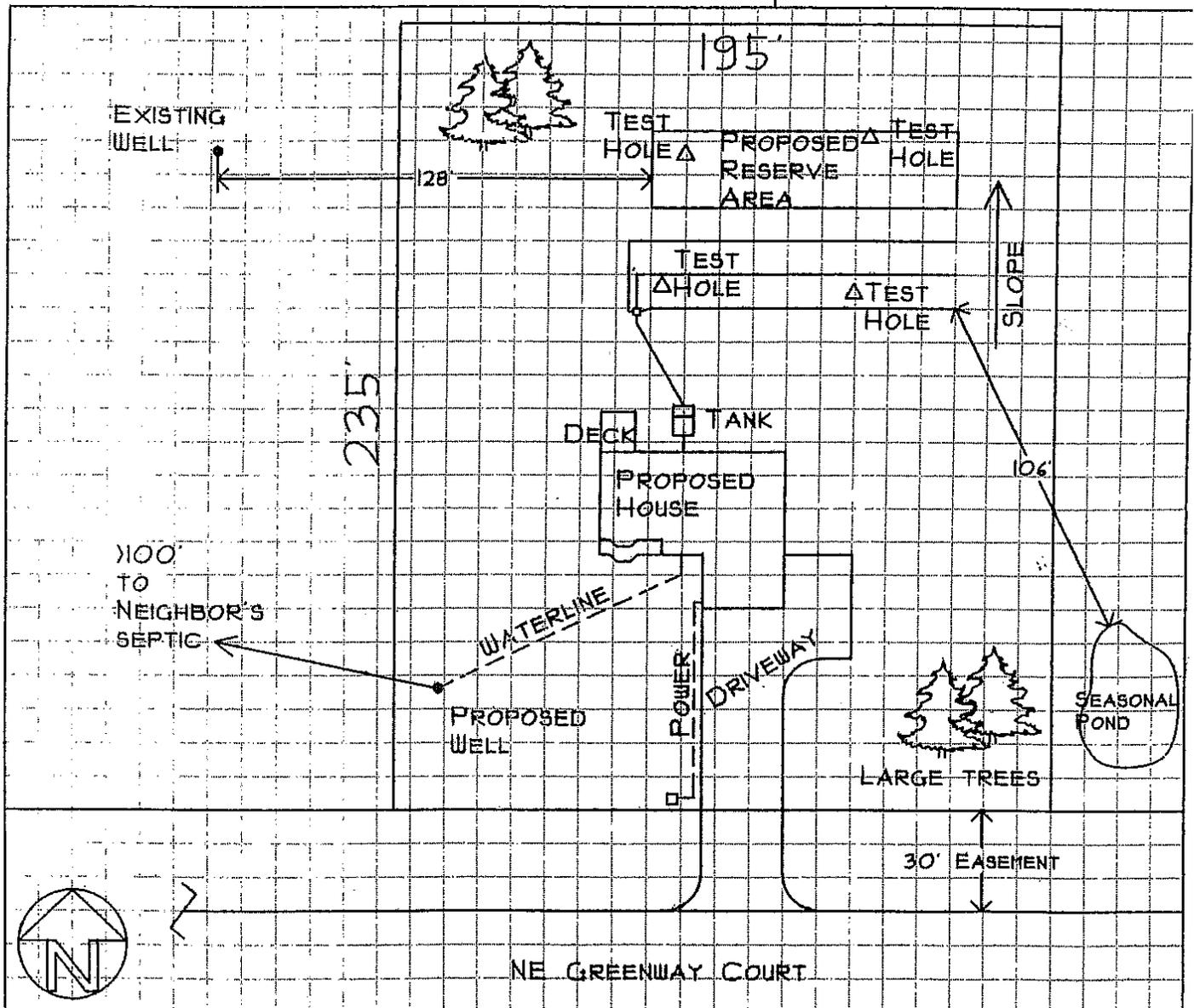
Jane Jones

SITE ADDRESS:

123 NE GREENWAY COURT

TAX PARCEL # 986754-000

SCALE USED: 1" = 50 ft.



I ACKNOWLEDGE THAT I HAVE READ THE REVERSE SIDE OF THIS SHEET & THAT THE PLOT PLAN INFORMATION WAS COMPLETED BY ME AND IS CORRECT:

Signature: *Jane Jones*

Date: 1-27-2005



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REPORTING FORM – REPAIRS

DATE: _____

NAME _____ Sec. _____ T _____ R _____

ADDRESS _____ Phone _____

Last date septic tank was pumped prior to present problem _____

Age of house _____ Age of septic system _____

Septic tank is : Concrete Steel Fiberglass Other (explain) _____

Drainfield is made with: Perforated pipe Drywells Clay tiles Gravel pit
 Other (explain) _____

Symptoms that indicate a repair is necessary: _____

To be completed by EHS

Type of repair: Conventional Drywells 3-ft. trenches
 Other (explain) _____

Reason for type of repair _____

Soil type _____ Possible high winter table: YES NO

Suspected reason for failure:

Not maintained Soil/winter water tables Old Undersized Too deep
 Poor construction Damaged Built over Unknown(explain) _____

Encroachments on standard setbacks _____

Inspection date: _____ Installer: _____

Nearest sewer district _____ Area 1 2 3

Attach copy of Application _____ Mapped _____