Cowlitz County Health and Human Services

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VERIFICATION OF EXISTING OSS CHECKLIST

Project Address: _____ Parcel No.: _____ Parcel Size: _____

Name: _____ Choose one: ☐ Owner ☐ Applicant ☐ Authorized Agent

Designer: _____ #Bedrooms: _____ Water Supply: ☐ Public ☐ Well (choose one)

Existing Drainfield Type: _____

Pre-treatment: ☐ Yes ☐ No - If yes, type of pre-treatment: _____

DESIGNER INITIAL		STAFF INITIAL
	1. Completed EHU Master Application, including parcel # and address	
	2. A Cowlitz County Planning Certification form had been completed (please circle: YES or NO)	
	3. The Designer Evaluation meets the submittal requirements of WAC 246-272A-0200.	
	4. Name & Address of property owner and applicant on each page of submission. [WAC 246-272A-0200(2)(a)(i)]	
	5. Each page of submission is stamped, signed, and dated by a Washington State Professional Engineer or Onsite Wastewater Designer [RCW 18.210.130, WAC 196-33-500] (The Soil Log/Evaluation Report may be completed by a soil scientist)	
	6. A site plan is attached and shows general topography and /or slope are shown on the parcel for the applicable areas.	
	7. Site plan showing test hole locations, primary and reserve areas, and the well with 100' radius (if applicable)	
	8. Numbered Soil Log/Evaluation Report dated and attached with texture, structure, and other soil characteristics	
	9. The site is ready for inspection: • Clear and concise directions to inspection site are provided (if necessary) • Entrance to property is clearly marked • Primary and reserve areas are flagged* • Test hole location and identification number matches the soils evaluation report with one test hole open for EHU inspection adjacent to an existing drainline and two test holes open in the reserve area (if applicable)	N/A

Comments:

_____

Permit Number (For official use) _____

* If the site is constricted and horizontal setback are in question, we reserve the right to have the designer stake the area.