



## Cowlitz County Health & Human Services Departments

Environmental Health Unit  
207 Fourth Avenue North, Kelso, WA 98626  
TEL (360) 414-5599 FAX (360) 425-7531  
[www.co.cowlitz.wa.us/hhs](http://www.co.cowlitz.wa.us/hhs)

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# PROCEDURES FOR ON-SITE SEWAGE SYSTEM (OSS) EVALUATIONS, DESIGN REVIEWS, AND PERMITS

## 1. SOIL EVALUATION

- Licensed Washington Wastewater Treatment System Designers or Professional Engineers\* perform soil evaluations.
- This is an analysis of the soils and site to determine a site's capability to meet minimum requirements for an on-site sewage disposal system, as per WAC 246-272A.
- Lot size requirements are determined by the soil type, water source, and zoning.
- Soil Evaluations require a fee to the Health Department - EHU.
- Soil evaluations may be submitted to the Health Department - EHU for review, but do not constitute a design review or adequate information for permit application.
- Prior to permit application, a design review is required.
- Soil Evaluations are good for five years from the date of evaluation provided no changes are made to the site.

### **SOIL EVALUATIONS DO NOT GUARANTEE BUILDING, PLANNING OR ENVIRONMENTAL APPROVAL FOR LAND DEVELOPMENT**

## 2. DESIGN REVIEW

- The Health Department - EHU will complete a design review for the on-site sewage system.
- A licensed Washington Wastewater Treatment System Designer or Professional Engineer\* prepares this design.
- Any discrepancies found during the design review are addressed directly to the designer/engineer for correction or modification and copied to the applicant or OSS owner. The licensed individual completing the design must stamp all designs.
- The type of system proposed for the property determines the department's design review fee. The fee is due at the time of application. The design must have the designer cover sheet attached to the front of the design.
- A design approval is required prior to issuance of a septic permit.
- Design approvals are good for five years from the date of approval.

## 3. SEPTIC PERMIT

- This is the construction permit. This permit is required for the installation or modification of any treatment system component: New, Repair, Replacement, or Alteration. This permit is required to be on site prior to beginning construction on an On-Site Sewage System (OSS).
- The permit fee is due at the time of application and may include additional fees for Critical Areas Determination and an Environmental Planning review.
- A list of installers certified by Cowlitz County is available in the Health Department - EHU.
- Submit a completed master application form. Fee is due with the application.
- Information needed on application form:
  - Applicant's name, address, telephone no.: The applicant is the proposed buyer, developer or owner of the property. Realtors, sellers, or contractors should have written permission from the owner before applying.
  - Property owner: As recorded in the assessor's office.

For more information, contact [OMseptic@co.cowlitz.wa.us](mailto:OMseptic@co.cowlitz.wa.us). Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.

- Project address: A site address will be assigned, if needed, as a part of the design review permit. Fill in road/street name and city. Addressing fee is due with the application.
- Legal description: This information may be obtained from the owner, tax statement, plat maps, assessor's office, or earnest money agreement.
- Lot size: State size of the entire parcel to be evaluated in acres or square feet. If part of a larger parcel, indicate on the Assessor's plat map where the smaller parcel is located within the larger parcel.
- Project description: Indicate the type of dwelling or commercial use building to be placed on the parcel. If a dwelling, indicate the number of bedrooms in the space provided. For commercial uses, state the number of people per day and the nature of business.

#### **4. APPROVALS**

- When a parcel has an approved septic design and all "Prior to Issuance" requirements are met including the fee, a permit will be issued.
- The permit is valid for two years only, there are no renewals.
- The system must be installed according to the approved design and permit specifications in the approved area. All paid installers must be certified.
- Final inspection will take place once the designer and installer have submitted the required paperwork.

#### **5. SYSTEM VERIFICATION**

- System verifications are required for reconnecting/connecting older systems to new dwellings or when adding bedrooms on to existing structures.
- System verifications are required to determine that septic systems are functioning in a manner that is protective of human health and the environment.
- System verifications require that a designer evaluate the currently installed system. The designer must evaluate the current system for:
  - Trench depth as installed
  - Soil profile immediately adjacent to the drainfield
  - Tank size
  - Tank condition
  - Reserve area
  - Operating condition of current system
- The evaluation must be submitted to the Health Department - EHU for review along with an application and the corresponding fee.
- If the system is found to be failing, or inadequate for the size of the dwelling, a design for a new system will be required.

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**6. MINIMUM DISTANCE REQUIREMENTS (SETBACKS)**

Items Requiring Setback	From edge of disposal component and reserve area	From septic tank, holding, tank, containment vessel, pump chamber, and distribution box	From building sewer collection, and non-perforated distribution line
Non-public well or suction line	100 ft.	50 ft.	50 ft.
Public drinking water well	100 ft.	100 ft.	100 ft.
Public drinking water spring	200 ft.	200 ft.	100 ft.
Spring or surface water used as drinking water source	100 ft.	50 ft.	50 ft.
Pressurized water supply line	10 ft.	10 ft.	10 ft.
Properly decommissioned well	10 ft.	N/A	N/A
Surface water			
Marine water	100 ft.	50 ft.	10 ft.
Fresh water	100 ft.	50 ft.	10 ft.
Building Foundation	10 ft.	5 ft.	2 ft.
Property or easement line	5 ft.	5 ft.	N/A
Interceptor/curtain drains/drainage ditches			
Down-gradient	100 ft.	5 ft.	N/A
Up-gradient	10 ft.	N/A	
Down-gradient cuts or banks with <b>at least 5 ft.</b> of original, undisturbed soil above a restrictive layer due to a structural or textural change	25 ft.	N/A	N/A
Down-gradient cuts or banks with <b>less than 5 ft.</b> of original, undisturbed, soil above a restrictive layer due to a structural or textural change.	50 ft.	N/A	N/A

Sewage disposal systems **SHALL**:

- Be free from encroachment by buildings, driveways, vehicular traffic, accumulated water, rain gutter diversions, and water diversion ditches or other drainage pipes.
- Be installed in a state flood control zone only with a permit from the Washington State Department of Ecology under RCW Chapter 86.16.

The applicant may appeal this Department’s determination to the Hearings Examiner. The appeal must be made in writing and filed with the Department within 21 calendar days from the date on which the decision was issued (CCC 15.42- Notice of decision – Adjudication proceeding).

\* Questions, comments, or concerns regarding designers or engineers designing wastewater systems may be directed to the Washington State Department of Licensing (DOL) at 360-664-1568, or by accessing the DOL website at: <http://www.wa.gov/dol/bpd/onsitefront.htm>.



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## EHU MASTER APPLICATION

**Applicant:** Please print in ink or type. A Staff Member will review this application at intake for completeness.

### Property Information

Project Address \_\_\_\_\_ City \_\_\_\_\_ Parcel # \_\_\_\_\_

### Application Type (check one)

Septic	Water Availability	Other
<input type="checkbox"/> New Septic <sup>1</sup> <input type="checkbox"/> Site/Soil Evaluation <sup>1</sup> <input type="checkbox"/> Repair <input type="checkbox"/> Tank Placement <input type="checkbox"/> Verification	Well (check sub-type) <input type="checkbox"/> Individual <input type="checkbox"/> 2-party Shared <sup>1,2</sup> <input type="checkbox"/> Conversion (Individual → 2-party) <input type="checkbox"/> Public Water Verification	<input type="checkbox"/> Temporary Campground <input type="checkbox"/> Solid Waste Facility <input type="checkbox"/> _____
<sup>1</sup> If part of a subdivision, please indicate:	<sup>2</sup> Well will share with location:	
Subdivision # _____, Lot # _____	Address _____, Parcel # _____, Lot # _____	

### Applicant/Owner Information

Applicant/Authorized Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### Project Description

Please provide a brief description of your project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### Office Use Only

Permit # \_\_\_\_\_ Date \_\_\_\_\_ Accepted By \_\_\_\_\_

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