

COWLITZ COUNTY HEALTH DEPARTMENT

EXISTING ON-SITE SEPTIC SYSTEM (OSS) RECONNECTIONS

System verifications are required for reconnecting / connecting older permitted systems to new dwellings to determine that septic systems are functioning in a manner that is protective of human health and the environment.

The evaluation, based on the age of the existing OSS (see below), must be submitted to the Cowlitz County Health Department for review along with an application and site plan. Additionally, a fee is required for all verifications of systems installed prior to 2004. This fee covers a review of the evaluation and a field inspection conducted by the Environmental Health Unit.

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.

FOR PERMITTED OSS INSTALLED PRIOR TO 2004:

*Please see information on reverse side that must be included in this system evaluation.

SYSTEMS WITHOUT PERMIT INFORMATION & SYSTEMS INSTALLED WITHOUT A PERMIT:

- ☒ A *licensed designer or professional engineer* must prepare a new design for a new OSS meeting all current code requirements.
- ☒ The OSS must be installed and given final approval by the EHU prior to occupancy.
- ☒ Record an O&M contract with the Auditor's Office if applicable. An inspection is required *every three years* for conventional gravity systems and *every year* for all other systems, unless more frequent inspections are specified by the Department. A copy of the signed, notarized, and recorded contract, if required, must be provided to the Cowlitz County Health Department.

FOR PERMITTED OSS WHERE THE NEW HOME HAS A LARGER DAILY DESIGN FLOW THAN THE INSTALLED SYSTEM (daily design flow is based on the total number of bedrooms):

- ☒ A *licensed designer or professional engineer* must prepare a design that addresses the flow change.
- ☒ The design must also address any aspects of the OSS that do not meet the current code, including setting aside a designated reserve area.
- ☒ Record an O&M contract with the Auditor's Office if applicable. An inspection is required *every three years* for conventional gravity systems and *every year* for all other systems, unless more frequent inspections are specified by the department. A copy of the signed, notarized, and recorded contract, if required, must be provided to the Cowlitz County Health Department.

***FOR PERMITTED OSS INSTALLED PRIOR TO 2004:**

- ☒ A *licensed designer or professional engineer* must inspect the OSS and provide a detailed evaluation of the system, based on WAC 246-272A-0200.

The following information **MUST** be included in the evaluation of an existing permitted OSS (installed prior to 2004) by a licensed designer / professional engineer:

BACKGROUND INFORMATION

- Was a **permit issued** for the system from Cowlitz County?
- The **year** the system was **originally installed**.
- The **# of bedrooms** of the **installed** system.
- The **# of bedrooms** of the proposed reconnection.
- If known, who **designed** and **installed** the original system.
- Was the system installed under the **5 acre exemption**? If so, is the parcel still at least 5 acres?

EXISTING OSS TANK INFORMATION

- Septic tank **size** and **material**.
- Number of compartments in existing septic tank
- Are there **baffles** or **tees** installed in the septic tank? If so, what is their **condition**?
- If applicable, is there an effluent filter in outlet tee
- If applicable, the pump chamber **size** and **material**.

EXISTING OSS DRAINFIELD INFORMATION

- **Drainfield square feet, # of laterals installed**, and the **length & width** of each lateral
- At least **one soil evaluation** adjacent to existing drainfield. *Test hole must remain open until a verification of the soil log can be conducted by Cowlitz County Environmental Health.*
- Cross section of existing trench showing depth to **deepest infiltrative surface** and **vertical separation**
- The end of at least one trench must be uncovered to verify the depth. *Trench end must remain open until a verification can be conducted by Cowlitz County Environmental Health.*

CONDITION OF EXISTING OSS SYSTEM

- Is this system currently **in use**? If the system is not in use, how long has it been since the system has been used?
- Are there any signs of **surfacing effluent** or of **effluent moving either horizontally or vertically upwards**?
- Is there **excessive biomat formation** in any of the laterals? If so, which laterals show excessive biomat formation?
- Is there **greater than 6"** of **ponding** above the infiltrative surface?

RESERVE AREA INFORMATION

- A **reserve area** has been designated and protected
- Reserve area includes a **soil evaluation** (if pre-2004 or if existing reserve area has been disturbed). *Two test holes must remain open until a verification of the soil logs can be conducted by Cowlitz County Environmental Health.*
- Type and size of replacement system

- ☒ Record an O&M contract with the Auditor's Office if applicable. An inspection is required **every three years** for conventional gravity systems and **every year** for all other systems unless more frequent inspections are specified by the Department. A copy of the signed, notarized, and recorded contract, if required, must be provided to the Cowlitz County Health Department.



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

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 ¹ <input type="checkbox"/> Site/Soil Evaluation ¹ <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 ^{1,2} <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"/> _____
¹ If part of a subdivision, please indicate:	² 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 _____

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