



Columbia County Public Health

270 E. Main St.
Dayton, WA 99328
Phone: 509 382-2181 Fax: 509 382-2942

APPLICATION FOR ON-SITE SEWAGE DISPOSAL PERMIT 2019

TYPE OF PERMIT

- New System \$395.00
 Replacement/Repair/Addition \$220.00
 Site/Soil Evaluation Only \$175.00
 Connection \$220.00
 Multiple Lots \$175.00 & 100.00

Owner/Applicant Information		
Owner's Name	Address	Phone #
Applicant's Name (if different)	Address	Phone#

Property Information	
Property Address _____	Parcel# _____
Name of Subdivision/Short Plat _____	Block# _____ Lot# _____
Property Size (Sq. Feet/Acres) _____	Distance to Public Sewer System _____ Ft.
Water Supply: <input type="checkbox"/> Individual Well <input type="checkbox"/> Spring <input type="checkbox"/> Public System (name) _____	
Directions to Property _____	

Planning Department Approval (needed for new installations only)	
Approved Site Plan: Yes No	Approval Date: _____
Signed By: _____ Title: _____	

Building Information	
If Single Family Home: <input type="checkbox"/> Built Onsite <input type="checkbox"/> Prefabricated <input type="checkbox"/> Mobile Home	
Number of Bedrooms _____ (To determine living capacity of the home)	
Name of Building Contractor _____	Phone# _____
If Other Than a Single Family Home: Type of Structure _____	
Number of Persons/Day or Gallons of Sewage/Day _____	

Sewage System Will be Installed By: <input type="checkbox"/> Property Owner <input type="checkbox"/> Licensed Installer _____	
<p>I understand if this application is denied, I have the right to request an appeal hearing before the Health Officer. I understand this request for hearing must be made in writing within 30 days of notification of denial, and that a hearing will be set within 30 days of the receipt of my request for hearing. I further understand that if the appeal to the Health Officer is not successful, I have the right to appeal that decision to the County Board of Health.</p>	
Applicant's Signature: _____	Date: _____

Permit# _____
Amount Paid _____
Receipt# _____
Public Health Initials _____