SNOHOMISH COUNTY HEALTH DEPARTMENT

Application For An On-Site Sewage System Permit

GENERAL APPLICATION INFORMATION

PROPERTY TAX ACCOUNT #:   **LOT #:**   Sec: Twp: Rg:

☐ New   ☐ Renewal   ☐ Redesign   ☐ Alteration   ☐ Repair   ☐ Waiver Review

Applicant Name: Plat / SP Name:

Mailing Address: City: State: Zip:

Applicant Phone: Applicant Email:

Installation Address: Installation City: Zip:

Water Supply: Individual Well _____   Public _____   Name _____

SEWAGE DISPOSAL SYSTEM DESIGN INFORMATION

Type of Building: ☐ New   ☐ Existing   ☐ SFR   ☐ Duplex   ☐ Commercial   ☐ Other _____   # of Bedrooms_____

Pretreatment Type: ☐ SF   ☐ ATU   ☐ PBF   ☐ TLN   ☐ Other _____

Dispersal Type: ☐ Gravity   ☐ LPD   ☐ SSD   ☐ Mound   ☐ SLB   ☐ Other _____

Lot Size: _____   Operating Capacity: _____ (gallons/day)   Design Flow: _____ (gallons/day)

% Slope in Drainfield Area: _____   Depth to Water Table/Restrictive Layer: _____ (inches)   Soil Texture Type (1-6): _____

Application Rate: _____ (gal/sq ft/day)   Absorption Area: _____ (sq ft)   Installation Depth: _____ (inches)

Septic Tank Size: _____ (gallons)   Pump Chamber Size: _____ (gallons)   Date Soils Logged: _____

Required Cover Soil: Volume: _____ (cubic yards)

DESIGNER INFORMATION

Designer Name (Printed):	Designer Signature:
Address:	License Number:
Email:	Phone:
Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Name (Printed):	Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Signature:

Designer Comments:

This property has a: ☐ Locked gate   ☐ Outdoor pet/animal(s)

HEALTH DEPARTMENT USE ONLY

☐ **APPLICATION APPROVED EHS** _____ **Date** _____ **APPROVAL EXPIRES ON:** _____

Comments/Conditions:

☐ **APPLICATION DISAPPROVED EHS** _____ **Date** _____

Rev.10/17/25

Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250