



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

SEWAGE INSTALLATION PERMIT
TO INSTALL, REPAIR OR ALTER AN ON-SITE SEWAGE SYSTEM

Unlawful to Alter or Deface this Permit
POST ON JOB SITE
NON-TRANSFERABLE

Permit No.: _____
Design No.: _____
Fee: _____ Date Paid: _____
Date Permit Issued: _____
Expires: 90 days from date issued

PARCEL TAX NUMBER: -

Applicant's Name: _____ Phone: _____
Site Address: _____
Designer: _____ Phone: _____

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1. The installer must perform all work in accordance with San Juan County Code.
 2. **Occupancy of the building and use of the sewage disposal system are prohibited until an as-built is submitted to and approved by the health department. Note to contractors and homeowners – a copy of the approved as-built must be on-site prior to the building department conducting a final occupancy inspection. Final occupancy will not be granted until the as-built as been approved.**
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System Site Prep: Designer: _____ Date: _____
Mound Bed Prep: Designer: _____ Date: _____
Pressure Test: Designer: _____ Date: _____
E. H. S. _____ Date: _____

DO NOT BACKFILL (COVER) SYSTEM UNTIL BOTH DESIGNER AND THE HEALTH DEPARTMENT (E.H.S.) HAVE (OK'd) TO BACKFILL.

OK To Backfill _____ Disapproved _____ Date _____ Corrections Required _____
Designer _____
OK To Backfill _____ Disapproved _____ Date _____
E.H.S. _____

I _____, Installer was present at the above property supervising placement of the final cover. Time _____ Date _____

I have complied with all the restrictions and recommendations as listed by the system designer. I certify that all work was done under my supervision and according to prevailing community standards of workmanship.

Name of Licensed Installer (Please Print) _____

Installer Signature: _____

Date _____

AS-BUILT

Plot Plan: Attach or draw in the space provided below a scaled plot plan that indicates a diagram showing location of system (septic tank, pump chamber, treatment component(s) and drainfield) in relation to house(s), property lines, wells, streams, ditches, curtain drains, and embankments. Use a north seeking arrow. Note any deviations from the original design. SCALE FROM 1 - 20 TO 1 - 50.

Parcel Number: _____ - _____

Name: _____

Installer As-Built Checklist:

		Yes	No	N/A
A.	Septic Tank and Pump Chamber			
1.	The septic tank baffles and partition wall are intact and in working order?	___	___	___
2.	Septic tank size (gallons): _____ Pump Chamber (gallons): _____			
3.	An effluent filter or pump screen (circle one) was installed? Make: _____	___	___	___
4.	Risers installed on both compartments of septic tank, over effluent filter and pump chamber?	___	___	___
B.	Drainfield - <input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution			
1.	Drainfield trench or bed bottom installed level and raked?	___	___	___
2.	Distribution box water leveled?	___	___	___
3.	Distribution box bedded in concrete or sand (circle one)?	___	___	___
4.	Observation ports installed?	___	___	___
5.	Total Dynamic Head in Feet (if applicable): _____			
C.	Treatment Component - <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____			
1.	Timer Installed?	___	___	___
2.	Timer settings: Pump on (seconds): _____ Pump off (mins or hrs): _____			
3.	Total Dynamic Head in Feet (if applicable): _____			

THIS FORM IS REQUIRED TO PROPERLY FILLED OUT AND SUBMITTED TO SAN JUAN COUNTY HEALTH AND COMMUNITY SERVICES WITHIN TEN (10) DAYS OF COMPLETING ANY INSTALLATIONS (SJC 8.16.110). I hereby certify that I have read the information submitted in this document and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not.

INSTALLER SIGNATURE: _____

DATE: _____

APPROVED DISAPPROVED: _____

DATE _____