

**WASHINGTON COUNTY PERMIT
FOR MINOR REPAIRS**

APPLICATION INFORMATION - PLEASE PRINT

Repair Permit # _____
Tax Key # _____

Property Owner's Name _____ Phone _____

Property Address _____

Type of repair/replacement: (check all appropriate) - Note: Only materials approved by DSPS, may be used.

May be performed by homeowner or licensed plumber/pumper (County fee and inspection required if homeowner performs work):

- 1) _____ manhole cover (chain and lock required for all exposed covers) (warning label required for all covers)
- 2) _____ tank riser (if adding riser results in an exposed cover, the chain and lock must be added)
- 3) _____ tank vent/cleanout
- 4) _____ field vent/observation pipe

May only be performed by licensed plumber/pumper (County fee or inspection not required):

- 5) _____ baffles
- 6) _____ replace outlet filter or similar units to be installed inside the existing tank

May only be performed by licensed plumber (County fee or inspection not required):

- 7) _____ effluent pump
- 8) _____ sewer pipe between tanks
- 9) _____ force main/solid pipe from septic tank/pump chamber to edge of drainage field/cell(s), at-grade or mound system

May only be performed by licensed plumber (County fee and inspection required) (Soil borings may be required for items 10 and 11 if the system was installed prior to the start of the CST program in 1975 or if there are extenuating circumstances.):

- 10) _____ force main/solid pipe to D-box/header within the drainage field/cell(s), at-grade or mound system
- 11) _____ D-box/header
- 12) _____ septic tank cover

Other (explain) _____

NOTE: When a licensed person performs the work outlined in Items 1 through 9, this repair permit must be filled out and submitted to the Planning and Parks Department within 30 days to update the County permit file. Items 10 through 13 require submittal before the repair unless it is an emergency situation. In either case, arrange for an inspection with the inspector for the area. A State sanitary permit application is required to replace tanks and repair or replace below-grade absorption fields, cell(s), at-grade, mounds and other approved systems (soil borings may be required).

RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for the minor repair of the private onsite wastewater treatment system referenced above and as indicated on an attached plot plan or by the written explanation provided concerning the work done.

Applicant's Name: (Print) _____ Signature: _____
MP/MPSRW No. or licensed pumper (#5 & 6) OR owner, (#1 - 4)

Address (Street, City, State, Zip, Phone): _____

COUNTY USE ONLY

Legal Description _____ 1/4 _____ 1/4 Section _____ Municipality _____

Sanitary Permit # _____ Issue Date _____

Type of System _____ Installation Date _____

_____ Approved _____ Disapproved _____ County Repair Permit Fee (if required)

Date Reviewed/Issued _____ Agent Signature _____

CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL: _____