



APPLICATION FOR FIELD INSPECTION OPERATIONAL CERTIFICATE RENEWAL OF NON-CONFORMING ON-SITE SEWAGE SYSTEM

STAFF USE ONLY	DATE STAMP			
<h1 style="font-size: 48px; margin: 0;">LABEL</h1> <p style="font-size: 18px; margin: 10px 0 0 0;">PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Intake by:</td> <td style="width: 20%; padding: 5px;">HA/HH Folder RSN:</td> <td style="width: 20%;"></td> </tr> </table>	Intake by:	HA/HH Folder RSN:	
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Parcel # _____

Property Address: _____ City _____ Zip _____

Directions To Property: _____

Current Legal Owner: _____ Phone Number _____

Applicant Information:

Name: _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Are there any hazards that the inspector should be advised about? (I.E. Dogs, alarms, locked gates, etc) Yes No

If yes, what? _____

Where is the on-site sewage system located? See as-built/record drawing If no as-built/record drawing, describe on the next line...

Type of Structure: Single Family; Multi-Family--How many units? _____ Other _____

Number of Bedrooms (per unit for multi-family) _____ Year Septic System Installed _____

Do all plumbing fixtures, including the laundry drain, go to the septic system? Yes No

Required Information:

Inspection Report Filed Electronically with ONLine RME Yes No

Septic Tank Pump/Service Report Filed Electronically with ONLine RME Yes No

****If you would like your operational certificate emailed please provide your email address:

SIGNATURE OF APPLICANT _____ **DATE** _____

(By signing this form, the applicant certifies that Environmental Health staff are authorized to visit the property, the septic tank inlet and outlet lids are exposed, and that the legal owner and residents or occupants of the property are aware of this request.)

FOR COUNTY STAFF USE ONLY

Field inspection to verify inspection and pumper reports

SYSTEM STATUS: System functioning as designed

The following need correction per Thurston County Sanitary Code:

	Deficiencies noted in pumper / inspection reports
	Noted deficiencies corrected? Yes _____ No _____
	<i>If no, See comments below.</i>
	Additional deficiencies observed. See comments below.
	System use not consistent with approved permit / design
	System is failing

Sanitarian Comments:

ISSUE OPC? YES _____ NO _____

INSPECTION DATE: _____ INSPECTED BY: _____