



# Thurston County Environmental Health

3000 Pacific Avenue SE, Olympia, WA 98501

(360) 867-2626 / (360) 867-2600 (Fax)

TTY/TDD 711 or 1-800-833-6388

<http://www.co.thurston.wa.us/health/ehadm>

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

STAFF USE ONLY	DATE STAMP		
<h1>LABEL</h1> <p>PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>			
	Intake by:	HA/HH Folder RSN:	

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:

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

**Sanitarian Comments:**

ISSUE OPC?            YES \_\_\_\_\_    NO \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_