



Thurston County Environmental Health

3000 Pacific Avenue SE, Olympia, WA 98501

(360) 867-2673 / (360) 867-2660 (Fax)

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

www.co.thurston.wa.us/health/ehadm

TIME OF TRANSFER APPLICATION

Evaluation of Existing Septic System

STAFF USE ONLY	DATE STAMP
<p>STAFF USE ONLY</p> <p>LABEL</p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	

Resubmission to receive an updated report? ☐ Yes ☐ No | Resubmission must be within twelve months of last issue date

Applicant Information:

Applicant Name: _____ Phone Number: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Site Information:

Tax Parcel Number: _____
Property Address: _____ City: _____ State: _____ Zip: _____
Legal Owner: _____ Phone Number: _____

Type of Structure: ☐ Single-Family ☐ Multi-Family: # of Units _____ ☐ Commercial ☐ Food Service ☐ Institutional

Number of bedrooms within the residence: _____

Septic System Information:

Was the system installed within the last twelve months? ☐ Yes ☐ No
Do all plumbing fixtures, including laundry drain, go to the septic system? ☐ Yes ☐ No
Are there any other structures connected to the septic system? ☐ Yes ☐ No | If yes, identify the structure(s): _____
Are there additional septic systems located on the property? ☐ Yes ☐ No | If yes, a separate application must be submitted for each system

Required Documentation from Septic System Professional:

Septic System Inspection Report filed electronically with Online RME ☐ Yes ☐ No
Septic Tank Pumping Report filed electronically with Online RME ☐ Yes ☐ No
Pumper Sketch of Septic System Attached ☐ Yes ☐ No - Record drawing found in permit archive database

If a record drawing cannot be found in the permit archive database, the pumper must prepare a sketch of the system at the time of inspection. The sketch must accompany the Time of Transfer Application for review. Encroachments onto septic system components (i.e. structures, driveway, etc.) must be noted on the inspection report and on the sketch.

Report Distribution Information:

☐ Email: _____
☐ Call for Pick Up: _____ ☐ Mail to Applicant Address

I certify that the information on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

All fields must be completed. An incomplete application will not be accepted for processing.