

OSS DESIGNER CHECKLIST

EO-1

Project Address _____ Parcel # _____ Parcel Size _____

Name _____ Owner / Applicant / Authorized Agent (indicate one)

Designer _____ #Bedrooms _____ Water Supply Public / Well (indicate one)

Installation (indicate one) New Table XI Repair Modification Expansion

Treatment Level (indicate one) A B C D E N

Supplemental Requirement(s) (indicate all that apply) Subsurface Drip Commercial Method II DOH Waiver
 Multi-Family High Strength Waste Large Flow (1000-3500gpd) Winter Water Test County Waiver

DESIGNER INITIAL		B & P INITIAL
	1. Cowlitz County Planning Clearance completed.	
	2. Name & Address of the property owner and applicant on each page of submission [WAC 246-272A-0200(1)(a)(i)].	
	3. Each page of submission is stamped / signed / dated by a Washington State Professional Engineer or Onsite Wastewater Designer, excluding un-modified cut sheets [RCW 18.210.130, WAC 196-33-500].	
	4. Vicinity map with clear and concise directions to site or County approved site plan attached.	
	5. Soil Log / Evaluation Report dated and attached with texture, structure, and other soil characteristics using USDA classification system [WAC 246-272A-0220].	
	6. Proposed site is ready for EHU <u>Design Review Site Visit</u> [CC Policy 120.38].	
	7. Test hole location and identification number matches the soils evaluation report with at least two soil logs within / immediately adjacent to the primary and reserve area.	
	8. Well is shown with 100' sanitary boundary and utilities delineated.	
	9. Components are shown (septic tank, pump chamber, transmission main, etc).	
	10. General topography and/or slope are shown on the parcel for the applicable areas.	
	11. If applicable, the existing septic system shown (tank & drainfield).	
	12. Applicable worksheets are attached (i.e. sand mounds, SDS, Glendon pods, etc).	

Comments _____

Permit Number (For official use) _____

