

Public Health Performance Management Centers for Excellence

2014 Quality Improvement Grantees
Learning Congress

September 26, 2014

Existing Septic System Evaluation Process Improvement

Grant County Health District

Presented by Todd Phillips

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Public Health Performance Management Centers for Excellence

Grant County

- Total population: 91,878
- 46% residing in unincorporated areas
- 24.5 FTEs, \$2,263,488 annual budget.
- 4th or 5th QI project, 2nd in Environmental Health



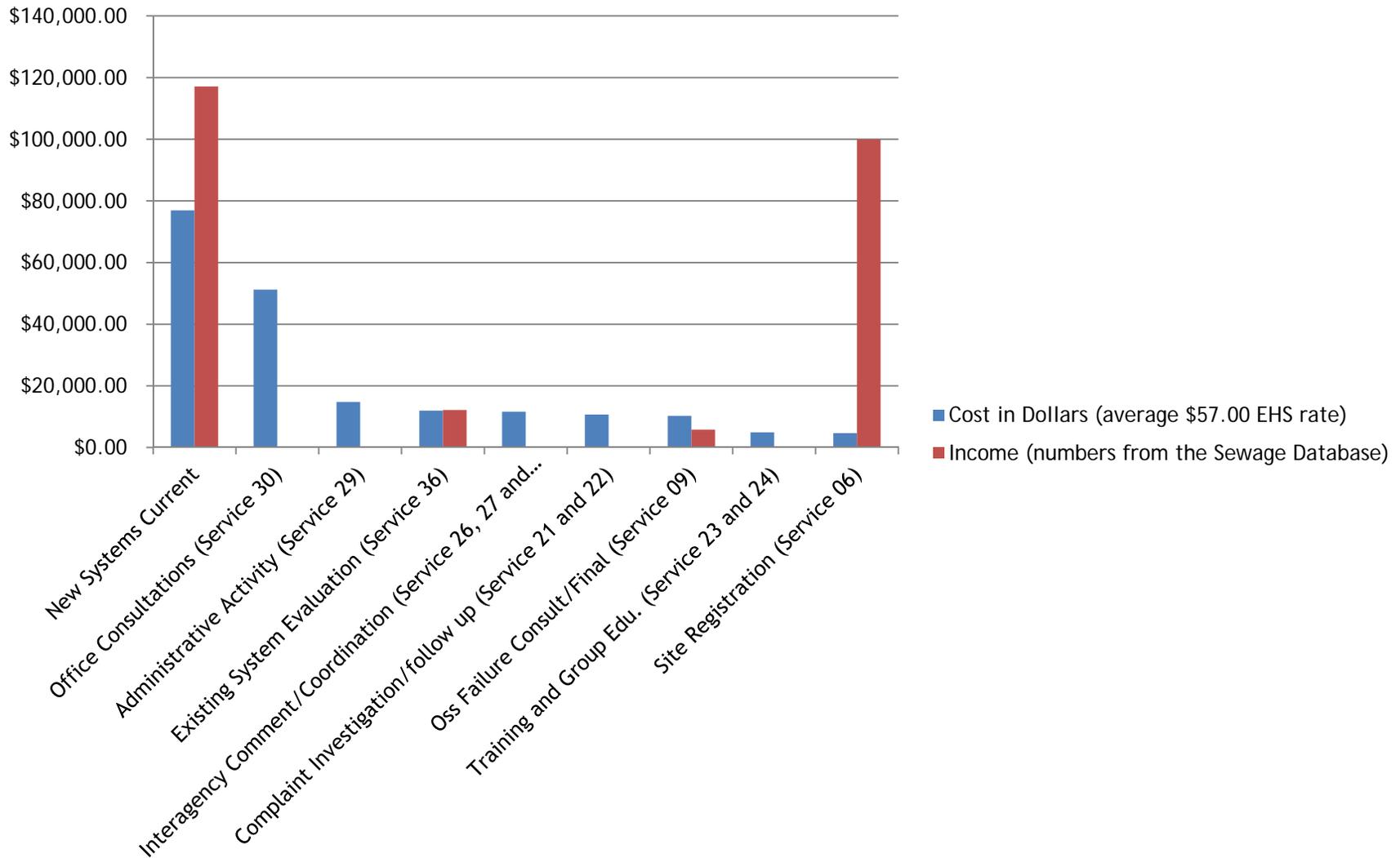
September 26, 2014

Project Team

- *Ryan Brimacombe*, Accountant
- *Darcy Moss*, PHA OSS Lead
- *Jon Ness*, EHS OSS Lead
- *Todd Phillips*, EH Facilitator



Project Identification



We Suspected that We Spent More Time

- During project identification, our data showed that EHS spent 101 minutes per application
- With time tracking improvements data shows that EHS spend 171 minutes per application

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AIM Statement

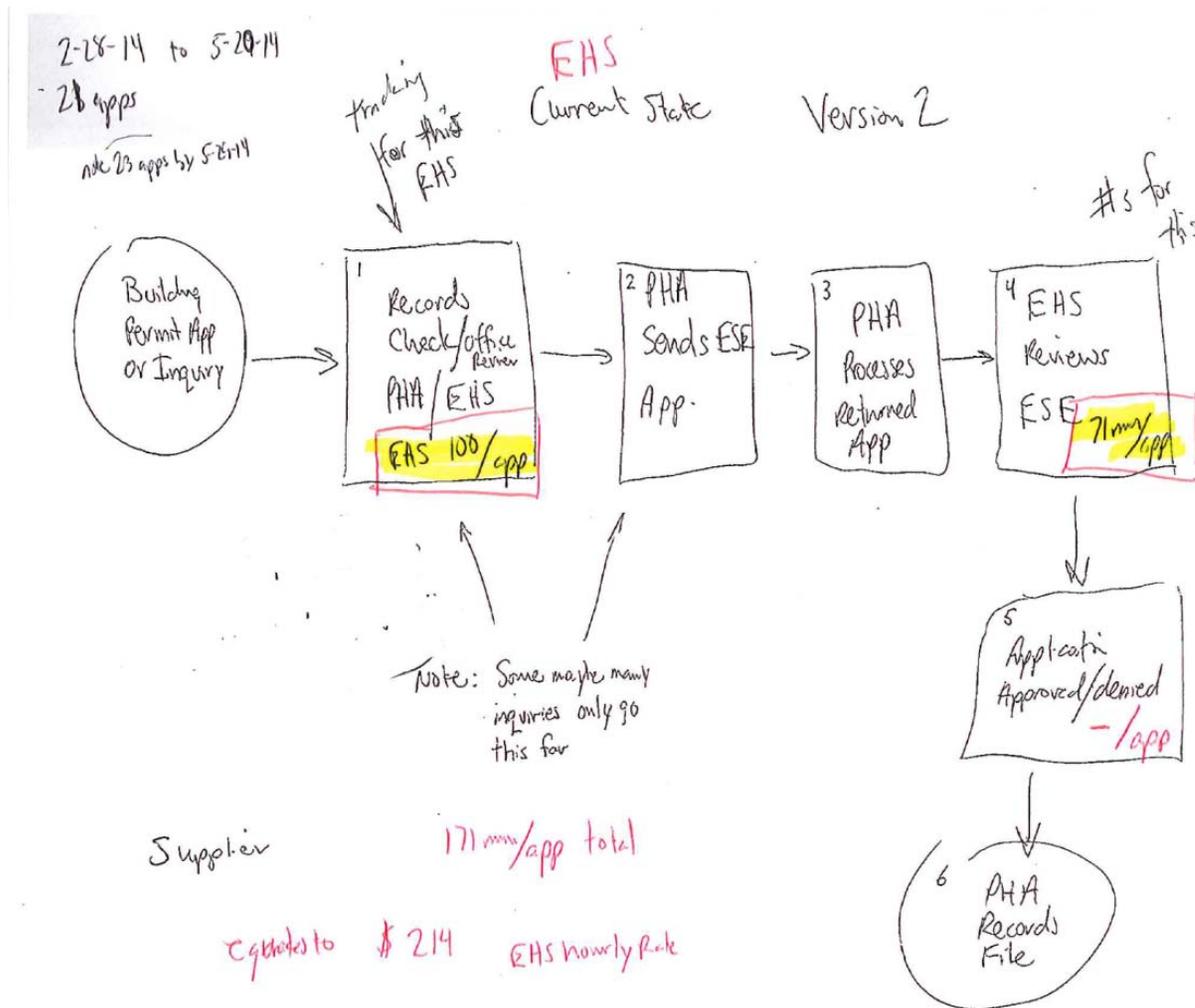
Decrease average # EHS and PHA minutes per Existing System Application from 171 to 162 and 54 to 51 respectively by August 1, 2014.

September 26, 2014

Project Activities

- Time tracking data and application #'s
- Determine ESE process as focus
- High level flow of process, Cause and Effect (Fishbone) diagram
- Fishbone helps determine Root Cause
- Put theoretical improvement of root causes into practice and evaluate going forward

Quality Tools - Root Cause



Quality Tools - Root Cause

GRANT COUNTY HEALTH DISTRICT

P.O. BOX 37 EPHRATA, WA 98823
(509) 754-6060

EXISTING SYSTEM/WATER AVAILABILITY EVALUATION REQUEST FORM

MAKE CHECKS PAYABLE TO GRANT COUNTY HEALTH DISTRICT

FEES: SEWAGE SYSTEM EVALUATION\$ 110.00
 WATER AVAILABILITY..... \$ 100.00
 WATER AND SEWAGE..... \$ 170.00

*Please fill out this form in full.

Name of Applicant _____ Phone # _____
 Mailing Address, City, State, Zip Code _____
 System Address, City, State, Zip Code _____
 Subdivision _____ Div. _____ Blk. _____ Lot _____
 Tax Parcel # _____ Section _____ Twp. _____ Range _____

SEPTIC:

The month and year the septic system was installed _____
 The name of the property owner at the time the septic system was installed _____
 The size of the septic tank _____ Number of compartments _____ Size of the drainfield _____ sq. ft.
 Number of years since septic tank was pumped _____ If system is 5 yrs or older system must be pumped
 Number of bedrooms in the previous dwelling _____ A copy of your septic tank pumping receipt is required.
 Number of bedrooms in the new dwelling _____ For manufactured homes please include a copy of floor plans.

PLEASE COMPLETE ENTIRE APPLICATION - FRONT & BACK

WATER SUPPLY: (check one and complete)

- 1) Multiple Homes Connected
 If the water source is an approved community water source, please submit the following information:
 a) Name of system _____ State ID # _____
 b) No. of approved connections _____ No. of existing connections _____
 c) Is water available for this parcel of land? Yes No
 d) _____
 Signature of purveyor _____ Date _____
- 2) One Home Connected/Two Homes Connected
 If the water source is an individual well, please submit the following information with your application:
 a) Include a copy of your well log. Month/Year Drilled _____
 b) Include a certified water lab report for both coliform (bacteria) and nitrate samples.
 c) Submit a drawing including everything within 200 feet around the well.
 d) Users on a two connection well should develop a water user's agreement between the parties.

My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

APPLICANTS SIGNATURE _____ DATE _____

*****FOR OFFICE USE ONLY*****
 Water Approval Date _____ By _____ Amt. Received _____ Date _____ Initial _____
 Septic Approval Date _____ By _____ Receipt # _____ Date Bldg. Dept. Notified _____

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2/25/2010

Draw a road map showing directions to the building site. *Maps are necessary - applications without a map will be returned.* Show at least two crossroads on the map, and mark your property clearly with an "X".

 Make a drawing that encompasses 300 feet around the existing septic system. Please include adjacent properties. Some items to include in your drawing are listed below.

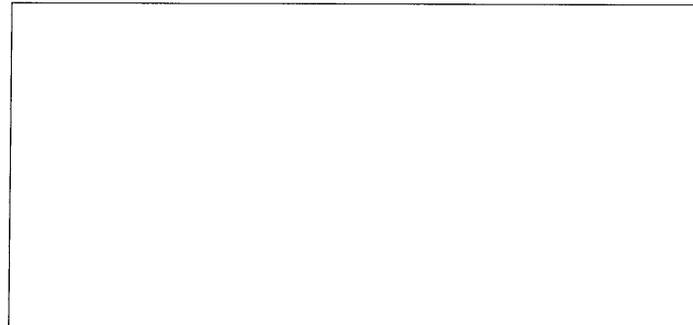
Mark with an "X" or N/A (not applicable)

- 1) Property line
- 2) Buildings
- 3) Driveways, Patios, Decks
- 4) All Water Sources, Piping
- 5) Sewage system
- 6) Replacement drainfield area
- 7) Surface Water
- 8) Slope of lot & direction
- 9) Adjacent roads
- 10) All other drainfields
- 11) All easements
- 12) Utility locations
- 13) Trees (including type)
- 14) Soil Test Holes

Can you meet the minimum setbacks from the proposed drainfield location? Circle all exceptions!

- 1. Surface water 100 feet
- 2. Wells 100 feet
- 3. Waterlines 10 feet
- 4. Irrigation ditches 100 feet
- 5. Cut/banks 50 feet
- 6. Intercept ditches 30 feet
- 7. Property lines 5 feet
- 8. Building 10 feet

PLOT PLAN



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2/25/2010

Quality Tools - Improvement

Grant County Health District
 P.O. Box 37 Ephrata, WA 98823 (509) 754-6060
 1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960
 www.granthealth.org

WATER AVAILABILITY..... \$100.00

Determining if a water system is a private or a public water system

WATER AVAILABILITY REVIEW

*Please fill out this form in full and submit all requested information, failure to do so will delay building permits.

Name of Applicant _____ Phone # _____
 Mailing Address, City, State, Zip Code _____
 Location Address, City, State, Zip Code _____
 Subdivision _____ Div. _____ Bk. _____ Lot _____
 Tax Parcel # _____ Section _____ Twp. _____ Range _____

WATER SUPPLY: (check one and complete)

1) Three or more structures using water connected; or a Connection that requires a Public Water System

Submit the following information from the public water system water facility inventory form:

- a) Name of system _____ State ID # _____
 b) Number of approved connections _____ Number of existing connections _____
 c) Is water available for this building application on this parcel of land? Yes No
 d) Signature of purveyor _____ Date _____

2) One/Two Single Family Homes (as defined in WAC 246-291-010(62)); a Same Farm system (as defined in WAC 246-290-020(1)); or a Connection that does not require a Public Water System.

If the water source is an individual well, please submit the following information with your application:

- a) Include a copy of your well log.
 b) Include a certified water lab report for both coliform (bacteria) and nitrate samples.
 c) Wells serving more than one property must have legal control of well, such as a water user's agreement between the parties, and appropriate easements. Submit appropriate recorded documents.
 d) Submit a drawing including everything within 200 feet around the well/proposed well. (All buildings, all utilities, easements, surface waters, etc.)

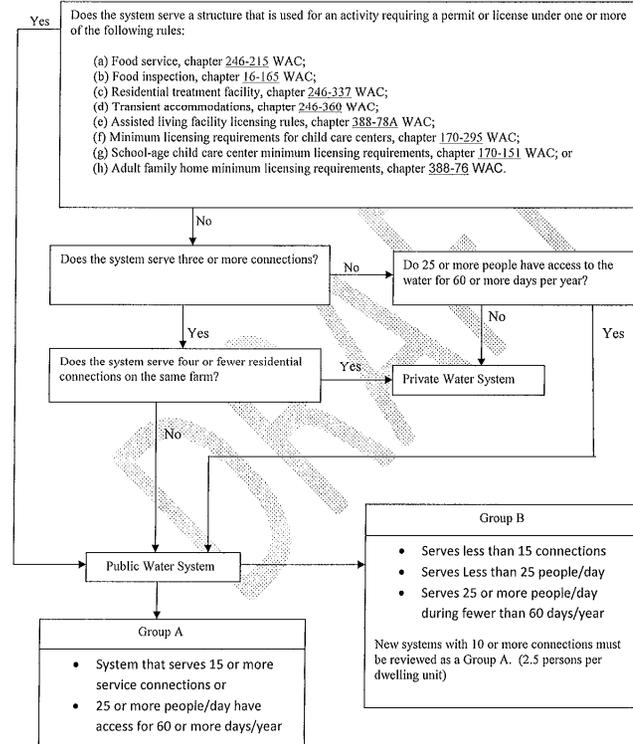
My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that the evaluation of the Health District of the water supply is limited to a review of the documents and tests I provide. It is my responsibility under RCW 19.27.097 to certify my water source to the building official. I also understand this is not a review of legal availability under RCW 90.44.050. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

APPLICANTS SIGNATURE _____ DATE _____

*****FOR OFFICE USE ONLY*****
 Approved/Denied (circle) By: _____ Date: _____

Amount Received _____ Date _____ Initial: _____ Receipt # _____ Date Bldg. Dept. Notified _____

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C:\Users\tphillips\Desktop\WaterAvailabilitydraft082013.doc 8/13/2014

Quality Tools - Improvement

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SEWAGE SYSTEM EVALUATION ...\$110.00

EXISTING SEPTIC SYSTEM EVALUATION REQUEST FORM

*Please fill out this form completely. Incomplete applications will be returned.

Name of Applicant _____ Phone # _____
 Mailing Address, City, State, Zip Code _____
 System Address, City, State, Zip Code _____
 Subdivision _____ Div. _____ Blk. _____ Lot _____
 Tax Parcel # _____ Section _____ Twp. _____ Range _____

If the proposed system is 5 yrs old or older the system must be pumped. A copy of your septic tank pumping receipt is required.

The month and year the septic system was installed _____
 The name of the property owner at the time the septic system was installed _____
 The size of the septic tank _____ Number of compartments _____ Size of the drainfield _____ sq. ft.
 Number of years since septic tank was pumped _____ Number of bedrooms in the previous dwelling _____
 Number of bedrooms in the new dwelling _____ (Not applicable for non-residential reviews)
 For manufactured homes, include copy of floor plans.

On separate paper, make a drawing that encompasses 150' feet around the existing septic system (See "Example Plot Plan" below). Please include adjacent properties. Some items to include in your drawing are listed below.

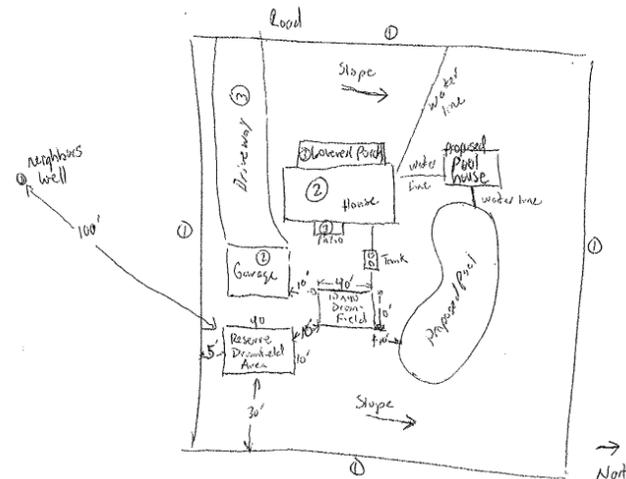
Mark with an "X" or N/A (not applicable)

- | | |
|-----------------------------------|----------------------------------|
| ____ 1) Property line | ____ 9) Slope of lot & direction |
| ____ 2) Buildings | ____ 10) Adjacent roads |
| ____ 3) Driveways, Patios, Decks | ____ 11) All other drainfields |
| ____ 4) All Water Sources, Piping | ____ 12) All easements |
| ____ 5) Septic Tank | ____ 13) Utility locations |
| ____ 6) Drainfield | ____ 14) Trees (including type) |
| ____ 7) Reserve drainfield area | ____ 15) Soil Test Holes |
| ____ 8) Surface Water | |

Example Plot Plan

Can you meet the minimum setbacks from the proposed drainfield location? Circle all exceptions!

- | | | | | | |
|------------------|----------|-----------------------|----------|-------------------|---------|
| 1. Surface water | 100 feet | 4. Irrigation ditches | 100 feet | 7. Property lines | 5 feet |
| 2. Wells | 100 feet | 5. Cut/banks | 50 feet | 8. Buildings | 10 feet |
| 3. Waterlines | 10 feet | 6. Intercept ditches | 30 feet | 9. In-ground Pool | 10 feet |

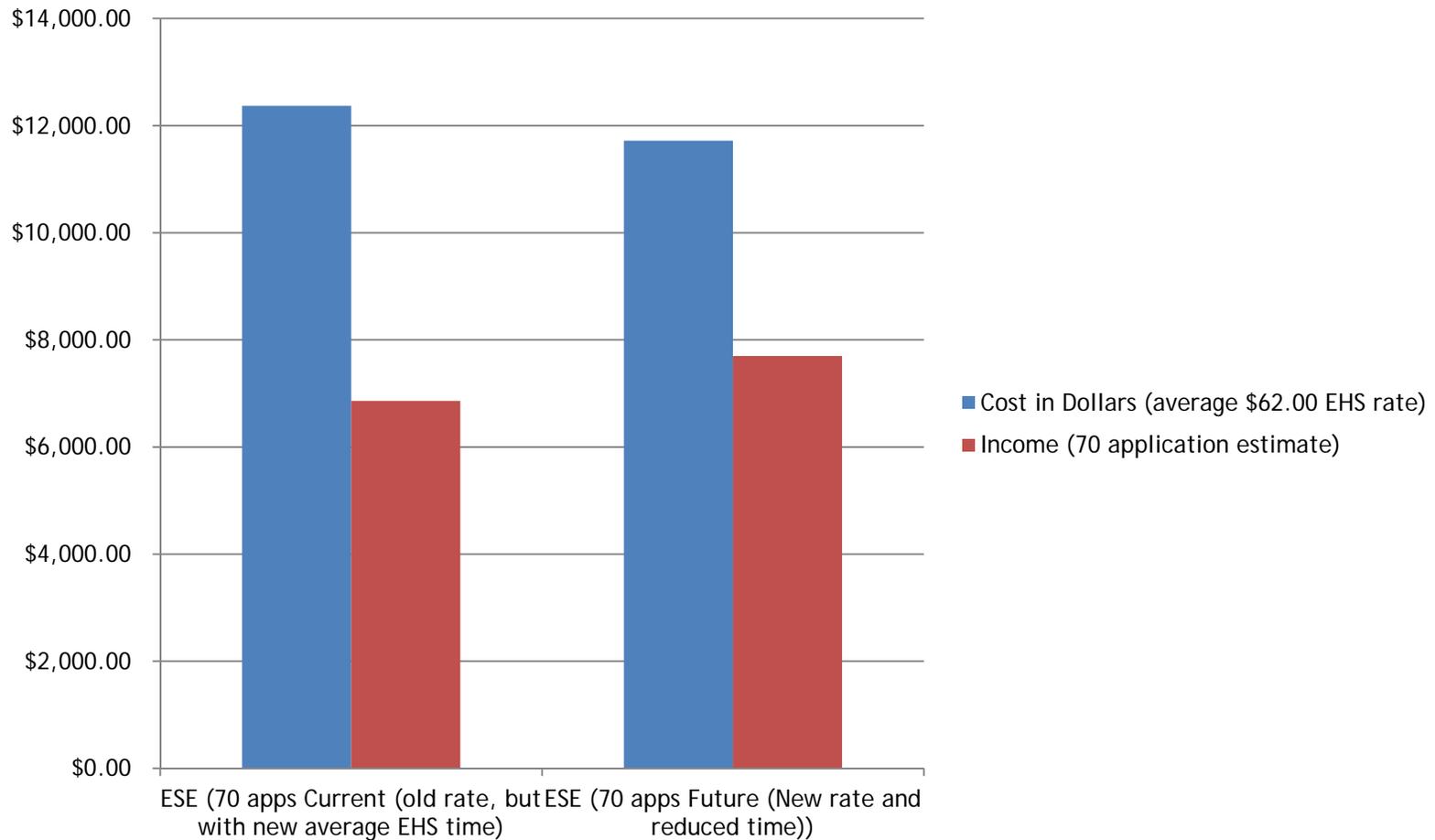


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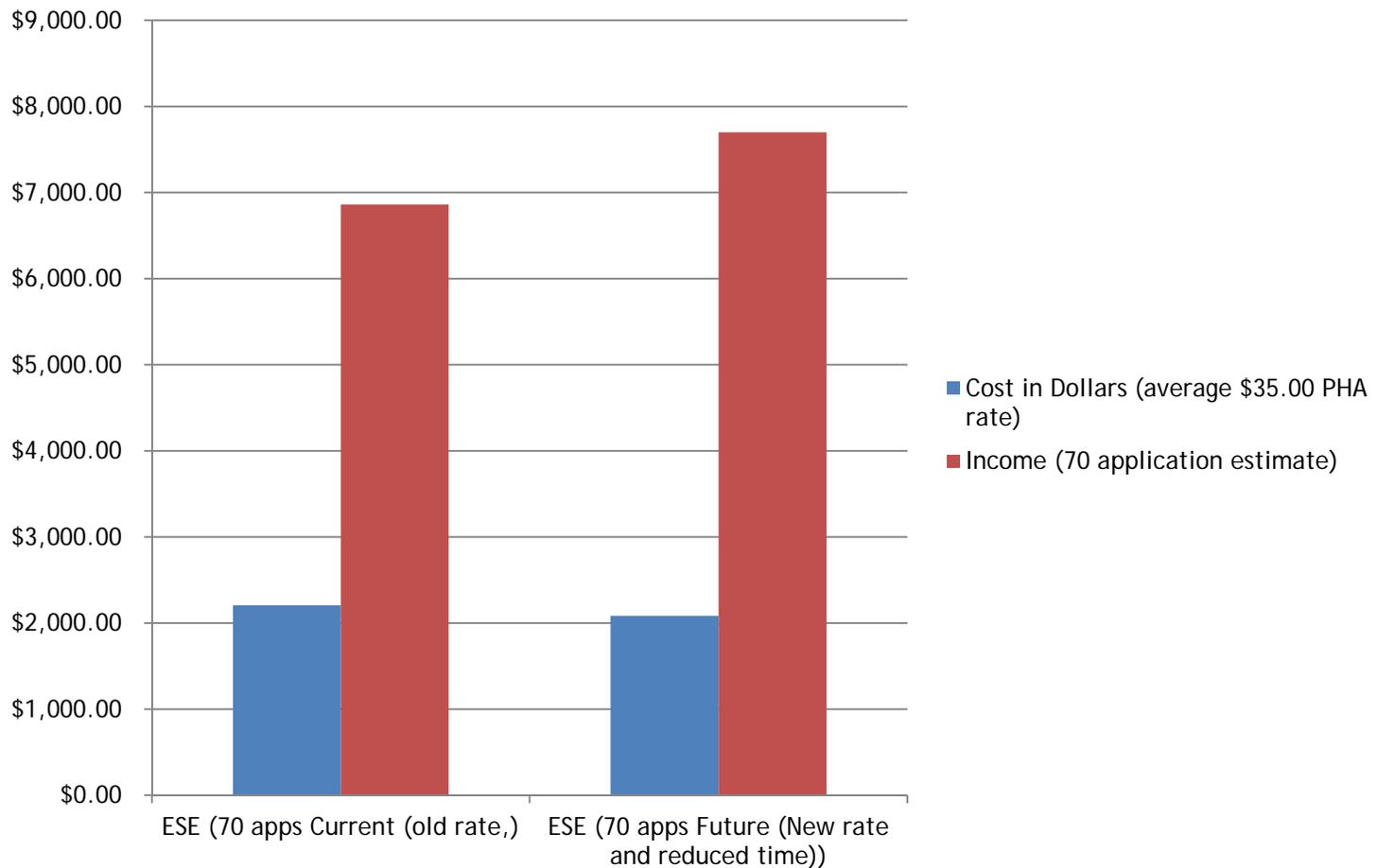
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 PLOT PLAN

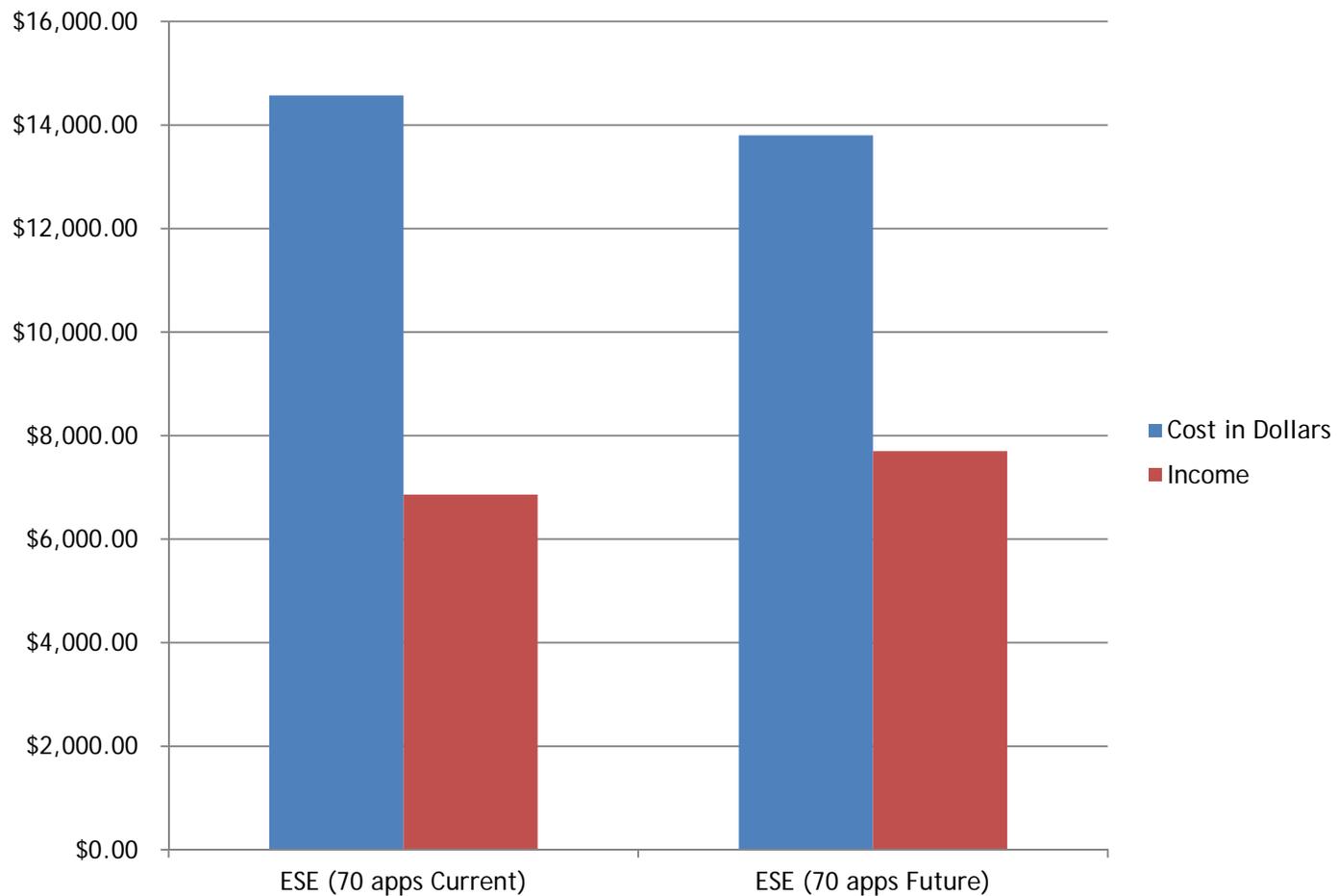
Results - Comparison EHS



Results - Comparison PHA



Results - Comparison Combined



Next Steps

- Continue to track PHA and EHS times in the ESE process
- Look for reduction in time per application for both PHA and EHS
- Ensure that complete applications are being accepted
- Work on clarification of our policy
- If no or small reduction in time (cost) then re-evaluate

Public Health Performance Management Centers for Excellence

For more information, contact:

Todd Phillips RS EH Program

(509) 766-7960

tphillips@granthealth.org

www.granthealth.org

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HEALTHIER WASHINGTON