



## Operating Permit Annual Renewal Application Large On-Site Sewage System (LOSS)

The application form on the back of this page has been preprinted from our database. Please update and/or fill in any missing information in the application, sign the application, and return the original to the address below. You should make a copy for your own records.

You must submit all of the following items to us in order to renew your operating permit:

- Original signed Operating Permit Annual Renewal Application  
*(The application must be signed by the owner, a principal executive officer, or a ranking elected official. For state facilities, this is typically a program manager.)*
- Annual Report (LOSS Maintenance Log and Annual Reporting Form or equivalent), signed by system operator
- Operating Permit Fee of \$282.00 {**\$150.00 + (13,200 gpd x \$0.01/gpd)**}.  
The check should be made out to “**Department of Health**”
- All other documents and information required by your current permit.

Please mail all of the above items to:

**LOSS Program  
Washington State Department of Health  
PO Box 1099  
Olympia, WA 98507-1099**

If you have any questions, please contact our Olympia office at:  
(360) 236-3330 or [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov).



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## SAMPLE OPERATING PERMIT

Permit #	IMA-000	Date Op. Began	01/01/0000	County	IMAGINE	Design Flow gpd	13,200
System Name: Dee Company LOSS							

Contact Information							
System Owner				Primary Contact			
Dee Doe Company				Don Doe			
Dee Doe				2345 Doe Company Lane			
1234 Doe Drive				TheirCity		WA	98000
YourCity		WA	98000	(000) 222-3333		(000) 222-4444	
(000) 123-4567		(000) 123-4568		Don.Doe@email.com			
Dee.Doe@email.com							
Management Agency				Certified Operator			
Agency for LOSS, Inc.				LOSS Operators, Inc			
Agent Brown				Joe Operator			
4567 Address Street				7891 Address Road			
TheCity		WA	98000	ThatCity		WA	98000
(000) 111-2222		(000) 111-3333		(000) 777-8888		(000) 777-9999	
Agent.Brown@email.com				Joe.Operator@email.com			

Waste Characteristics							
Waste Strength							
<input type="checkbox"/> Commercial High		<input type="checkbox"/> Commercial Medium		R Residential		<input type="checkbox"/> Seasonal	
Units Served							
55	SFR	Apartment Units	Condominium Units	Mobile Home Units			
	ERUs	Camp Sites	RV dump stations	Commercial Units			
	RV spaces	Non-residential Units (Cabins/Hotel/Motel)		Restroom / Shower Units			
Other:							

Required Treatment									
<input type="checkbox"/> HQE	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N10	<input type="checkbox"/> N20	<input type="checkbox"/> P	<input type="checkbox"/> Other	

Treatment Train																					
Technology						Disinfection			Drainfield/Distribution												
Intermittent Sand Filter	MBR	Mound	Proprietary Treatment	Recirculating Gravel Filter	Sand-lined Trenches/Beds	Other	Chlorine	Ozone	UV	Beds	Trenches	Chambers	Conventional Gravity	Dosed Gravity (Pump)	Dosed Gravity (siphon)	Other Gravelless Technology	Pressure Distribution (pump)	Pressure Distribution (siphon)	Subsurface Drip	Other	
						<b>X</b>					<b>X</b>						<b>X</b>				

I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there are penalties for submitting false information such as fines, revocation of the operating permit, or other enforcement action.

<i>Dee Doe</i>	1/4/2014	Owner, Dee Doe Company
Owner Signature	Date	Title