

Large On-Site Sewage Online Payment Guide

www.doh.wa.gov/LOSS

Online payment options for Large On-Site Sewage System (LOSS) invoices is now available. System owners and their designees may now pay project and operating permit fees online with an electronic check (free) or by debit or credit card (2% processing fee applied).

If you have an existing SAW account, skip to step 7 for instructions to log in and sign up for online payment services.

LOSS payments

Online payments are made through Secure Access Washington (SAW).

Step 1: Get started at https://secureaccess.wa.gov/

Step 2: Select SIGN UP!

THE STATE OF WASHINGTON OF THE STATE OF THE	WELCOME to your login for Washington state.
Becure Access Washington	SIGN UP! GET HELP TIPS ON
LOGIN	ON BEHALF OF
USERNAME	WASHINGTON STATE
SUBMIT Forgot your username? Forgot your pa	AGENCIES

Step 3: Enter your personal information, create a password and select I'm not a robot. Choose the verification images, select **VERIFY**, then select **Create my account**.

Not sure if you already have an account? CI	HECK NOW	
-Name and Email-		
First Name		
rist name		
Last Name		
Primary Email		
— Optional Contact Information—	Select all images with	
Provide additional contact information to receive security codes and reduce the chance of losing access to your account. You can add or edit additional contact information later in your SAW account settings.	cars	5
Additional Email		
Mobile Phone	AND THE REAL PROPERTY.	
Message and data rates may apply. A message will only be sent when you request it. View our Mobile Terms of Service or <u>Privacy Policy</u> for more information.	A CARLER AND	
	Series Line and Line	and the
Username and Password		
	1/1/10	
	11/	
PASSWORD REQUIREMENTS	and the state	
Add at least 10 more characters Add a special character or a lower		
case letter or an uppercase letter or a number		
Password	/	- Charge
	a 0 a	
Confirm Password	C 🔒 🛈	VE

Privacy Notice Create my account

Step 4: Check your email account to activate your new SAW account.



CHECK YOUR EMAIL

An activation link has been sent to your email. You must click the link to activate your account before you can login.

Step 5: Select the link in the email message: To activate your account, please click.

SecureAccess Washington : Welcome to SecureAccess Washington

secureaccess@cts.wa.gov <secureaccess@cts.wa.gov> To: daffymouse@yahoo.com

You are almost finished, Daffy...

Thank you for signing up with Secure Access Washington.

Your username is: dmouse

To activate your account, please click: https://secureaccess.wa.gov/public/saw/pub/regConfirmdo?s=6524&userid=dmouse

For questions or concerns about your SecureAccess Washington account, please visit https://secureaccess.wa.gov/public/saw//pub/help.do

Thank you, The Secure Access Washington Team

Step 6: Select LOGIN



Not sure if you already have an account? CHECK NOW

ACCOUNT ACTIVATED!

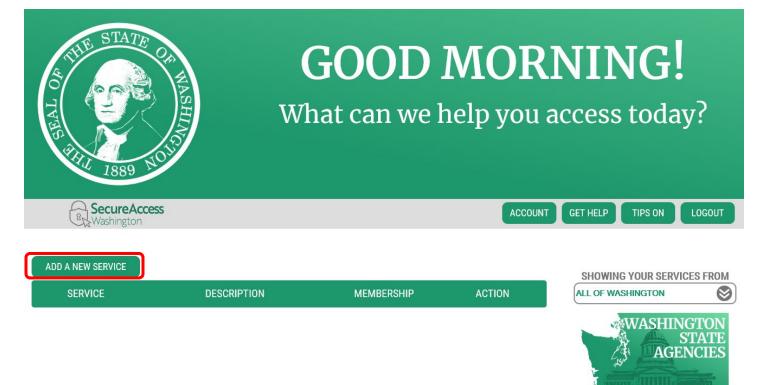
Your account is activated and you can now log in. Please note: If you do not log in to this account at least once every 24 months, it will be automatically deleted.



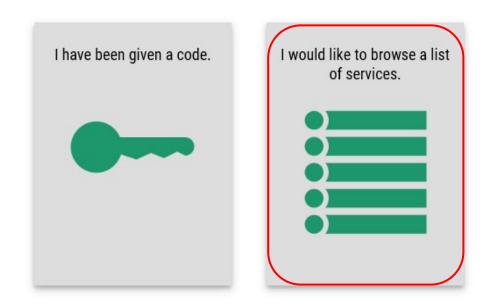
Step 7: Enter the user ID and password vou just created. Select SUBMIT.



Step 8: After logging in, select ADD A NEW SERVICE.



Step 9: Select I would like to browse a list of services. ADD A NEW SERVICE



Step 10: Click on Department of Health to expand the list, select ENVIRONMENTAL HEALTH PAYMENT SYSTEM and click APPLY.

A THE STATE OF THE	GOOD MORNING! What can we help you access today?
SecureAccess	HOME ACCOUNT TIPS ON GET HELP LOGOUT
	ADD A NEW SERVICE
Department of Early Lea	ming
Department of Ecology	
Department of Financial	Institutions
Department of Fish and	Wildlife
Department of Health	
THE STATE OF MASHING	GOOD MORNING! What can we help you access today?
Secure Access Washington	HOME ACCOUNT TIPS ON GET HELP LOGOUT
	SERVICES FROM DOH
Washington State F	CARE COORDINATOR SYSTEM
Washington State D Hea	111
Пеи	
	The CHIF data system partners with the WA Medicaid agency to identify a child or youth who has special health care needs in order for Apple Health to offer care coordination and other services. CHIF access is limited to NDCs and LHJs.
	ENVIRONMENTAL HEALTH PAYMENT SYSTEM
	Online payment system for Environmental Public Health invoices and services

Step 11: You will see the REGISTRATION COMPLETE page. Select OK



REGISTRATION COMPLETE

This service has been added to your list and is ready for you to start

accessing.



Step 12: Click on ACCESS NOW

Secure Access Washington	ACCOUNT GET HELP TIPS ON LOGOUT	
ADD A NEW SERVICE	SHOWING YOUR SERVICES FROM	
Environmental Health Payment System provided by Department of Health	Access Now)
Online payment system for Environmental Public Health invoices and services	WASHINGTON	
Contact OLPS help desk Remove from my list	STATE	
	AGENCIES	

Step 13: Click CONTINUE to be routed to the Department of Health Environmental Health Online Payment System page



Step 14: Follow each step to ensure you complete your payment successfully.

To get started, click on the Environmental Health and Safety tab, select LOSS Permit on the drop-down list or under Quick Links on the left side.

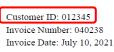


Step 15: Enter your Permit Number, Customer ID, or Invoice Number. Click Search

Water of Barrier State Department of Environmental Public Health Online Payment System							
Division of Environmental Public Health	Home	Drinking Water	Radiation Protection	Environmental Health and Safety			
LOSS Invoice Payment * Please enter your Customer ID, System	1D, or the Invoic	e Number as shown on you	ur invoice.				
* If you want to pay for multiple systems,	enter only your (Customer ID in order to see	all invoices associated with your	organization.			
* For billing questions or assistance with System ID:	online payments,	Customer ID:	Management or call (360) 236-33	30. Invoice Number:			

NOTE: If you own more than 1 (one) LOSS enter ONLY your Customer ID (found on your invoice, next to your to see all payments due at the same time.

ACCOUNTS PAYABLE OWNER ADDRESS CITY, WA 98000



Due Date: August 31, 2021

Washington State Depart Healt	Environmental Public Health Online Payment System								
Division of Environmen	tal Public Health Home Drinking Water	Radiation Protectio	on Environmental H	ealth and Safety					
LOSS Invoice Payment									
	stomer ID, System ID, or the Invoice Number as shown								
	multiple systems, enter only your Customer ID in orde.								
* For billing questions of	r assistance with online payments, please email <u>Waste</u>	<u>ewater Management</u> or call (36	0) 236-3330.						
System ID: aso001 Customer ID: Invoice Number: Search Cancel									
Select Invoice(s) to make a payment									
System ID	System Name	Owner Name	Invoice Type	Invoice Year	DueDate	Invoice Total Amount	Balance Due		
□ ASO001	Cherry Hill Mobile Home Park	Curtis Sutton	Operating Permit	2020	01/31/2021	\$ 568.50	\$ 568.50		

Step 16: Click check box and Continue

Environmental Public Health Online Payment System								
Division of Environment	tal Public Health Home Drink	ing Water Radiation Protection	Environmental	Health and Safety				
LOSS Invoice Payment * Please enter your Customer ID, System ID, or the Invoice Number as shown on your invoice.								
* If you want to pay for I	multiple systems, enter only your Customer	ID in order to see all invoices associated w	ith your organization.					
* For billing questions of	r assistance with online payments, please e	mail <u>Wastewater Management</u> or call (360)	236-3330.					
System ID:	System ID: aso001 Customer ID: Invoice Number:							
			Search Can	cel				
Select Invoice(s) to	o make a payment							
System ID	System Name	Owner Name	Invoice Type	Invoice Year	DueDate	Invoice Total Amount	Balance Due	
ASO001	Cherry Hill Mobile Home Park	Curtis Sutton	Operating Permit	2020	01/31/2021	\$ 568.50	\$ 568.50	
Continue								

Step 17: Click Pay Now

Washington State E	Department of 1th	nent System						
Division of Environm	nental Public Health	Home	Drinking Water	Radiation Protection	Environme	ental Health and Safety		
The following er	ntities are selected	l for payment	. Click 'Pay Now' to pi	oceed to payment port	l.			
Entity ID	Entity Name			Invoice	Year	Invoice DueDate	Invoice Total Amount	Balance Due
ASO001	Cherry Hill Mo	bile Home Pa	ırk	2020		01/31/2021	\$ 568.50	\$ 568.50
Invoice(s) Amount Due: \$ 568.50								

Step 18: You will be directed to the payment site "**PayPoint**" Follow instructions and complete payment.



NOTE:

- 1) There is a 2% fee charged if you select the "Pay by credit card" option.
- 2) You may pay with a debit card by selecting credit card and using debit card information, the 2% charge still applies.

Step 19: Choose **method of payment** and **Next**; follow instructions and complete payment. Click **Next** again.

	* Indicates required field
** U. I	Billing Address
* Indicates required field	Use Business Name
Chasses method of novement	*First Name:
Choose method of payment	M.I.:
	*Last Name:
Pay by electronic check	*Street Line 1:
· · ·	Street Line 2:
	*City:
* Account Type: Personal 🗸	*State: Select State
	*Zip:
O Pay by credit card	*Country: UNITED STATES V
	Phone:
	E-Mail:
VISA Response	
	Payment Details
Back Next Exit	*Payment Amount: 1424.00 USD
	Convenience Fee: 0.00 USD
	Your account will be debited in 1 to 3 days from the date identified. If your payment
	date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 6:00 PM ET will be executed on
Note: Credit card option, including debit	the next valid banking day.
	Payment Method
cards, (a 2% fee will be applied); Electronic	Payment Method
Check (No Fee applied).	*Name On Account:
Check (No i ee applied).	*Account Number: What's This?
	*Re-Type Account Number:
	*Routing Number: What's This?
	*Account Type: Checking Savings
	*Driver License Number:
	*Driver License State: Select State 🗸

Back Next

Step 20: Click 'I Agree' checkbox and 'Pay Now'. Wait for payment confirmation

	Address	
	Billing Address: Daffy Duck 1111 Test Address Test City, WA 98123	
	Payment Method	
	Electronic Check Checking ×1111 121000358	
	Payment Amount	
	Amount: 1424.00 USD	
	Convenience Fee: 0.00 USD	
	Total: 1424.00 USD	
	Today, being 11/10/2020, by entering my routing and account number above and clicking "Pay Now," I authorize my payment in the amount indicated above to be processed as an electronic funds transfer (EFT) or draft drawn from my checking or savings account as indicated above and, if necessary, to have my account electronically credited to correct erroneous debits. I understand that my payment will be processed within 1-3 banking days. I understand that this authorization will remain in full force and effect until I notify you that I wish to revoke it and allow you reasonable opportunity to act on my notice. PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.	
	Back Pay Now, Exit	
Once yourselect ' <u>Pay Now</u> ' please wait for confirmation	of your payment. If you leave this page, the processing of your payment may no	t be completed.
☑ I Agree		

Step 21: WAIT for confirmation of your payment. If you leave the page, the processing of your payment may **NOT** be completed.

Environmental Public Health Online Payment System Health Division of Environmental Public Health Drinking Water Home **Radiation Protection** Environmental Health and Safety Entity ID: KIN042 Entity Name: Wellington Elementary The following entities are selected for invoice payment. Entity ID Entity Name Invoice DueDate Invoice Total Balance Due Invoice Year KIN042 Wellington Elementary 03/01/2021 \$ 637.50 2020 \$ 637.50 Invoice(s) Total Amount Paid: \$637.50 Convenience Fee: \$ 0.00 Transaction Status: PaymentSuccess Transaction Date: 11/25/2020 Confirmation Number: 20112512587575 Return to Invoice Search Print

Step 22: Payment receipt available for print