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Existing System Questionnaire - Large On-site Sewage System

This questionnaire is used to determine if your system meets the definition of a large on-site sewage system (“LOSS” – see definition below). Recent legislation requires all LOSS owners to obtain an annual operating permit from Department of Health (DOH).

To help us determine if your system is a LOSS, we ask that you provide us with some basic information about your system. Following is a short questionnaire. Please complete this and return it to us as soon as you can. If we determine you need a permit, we’ll send you an application.

**What is a LOSS?**

A LOSS is a wastewater treatment system for domestic sewage with a peak daily design flow between 3,500 and 100,000 gallons per day that discharges to a subsurface drainfield or dripfield. This includes systems with mechanical treatment or lagoons prior to the drainfield.

**What is a LOSS operating permit?**

Permits specify under what conditions the owner may operate a LOSS, so that public health and the environment are protected. There is a permit fee, and the permit is valid for one year. Owners must submit annual maintenance and monitoring reports prior to renewing their permit.

**Who is required to obtain an operating permit?**

LOSS owners in Washington must have a DOH-issued operating permit. This includes systems installed prior to July 1, 1984 that were previously exempt from the operating permit requirements.

**Who may complete this form?**

You may complete the questionnaire yourself or hire a licensed engineer to do it for you. We may contact you for more information.

**Will I need to upgrade my LOSS?**

Most owners won’t be asked to upgrade their LOSS if it meets minimum standards and is not failing or unsafe. We may require you or your engineer to demonstrate the LOSS is meeting these standards as a condition of the operating permit.

**Where can I find a copy of the LOSS rule?**

Official Code Reviser’s copy: <http://app.leg.wa.gov/WAC/default.aspx?cite=246-272B>

**Whom do I contact if I have questions?**

Large On-site Sewage System (LOSS) Program

Washington State Department of Health

Phone: 360-236-3330

Email: [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov)

[www.doh.wa.gov/LOSS](http://www.doh.wa.gov/LOSS)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

**Can I submit the questionnaire electronically?**

Yes, the questionnaire may be submitted directly in an email.

Some of the information you provide now may be used in your application, so be sure and make a copy before sending us the completed form.

**Completing This Questionnaire**

1. Before you begin filling in the questionnaire, be sure and save it to your hard drive.   
   **If you close the file without saving it to your hard drive your changes will be lost.**
2. Fill in the questionnaire using your tab key to go to the next box or shift/tab to reverse.
3. **Save your file.** If sending electronically, email to [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov).
4. If mailing, print the completed questionnaire and make a copy for your records. Mail the original to:

DOH – LOSS Program, PO Box 47824, Olympia, WA 98504-7824

**SECTION A: General Information**

**1. System Owner Information**

(Name of Legal Owner)

(Mailing Address)

           

(City) (State) (Zip Code) (County)

(Authorized Representative, if different from owner) (Title)

(Daytime Phone Number) (Fax Number) (Email)

**2. System Operator**

(Name of System Operator, if different from owner)

(Mailing Address)

(City) (State) (Zip Code) (County)

(Daytime Phone Number) (Fax Number) (Email)

**3. Facility Served**

(Name of Development, Subdivision, Business Park, School, Church, Community or Other)

(Facility Location if different from owner or operator address)

(City) (State) (Zip Code) (County)

**4. Type of Wastewater Service** (*Please select one option.*)

The development is served by one on-site sewage system.

The development is served by multiple on-site sewage systems. Please fill out a separate Section B for each on-site sewage system that serves your property or development.

Other: Please explain

**SECTION B: System Information**

**1. Type of Facility Served:** Identify all facilities discharging to this system.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type**  **of Unit** | **Single Family**  **Homes** | **Apartments**  **or**  **Condominiums** | **Mobile Home or RV Park**  (# Spaces) | **Restaurant**  (# of Seats) | **Business**  (explain and list # of people or units served) | **Institutions**  (such as schools, churches, camps) |
| Number of units served |  |  |  |  |  |  |

Please list any other facilities served by your on-site sewage system:

**Other:**

**2. Water Source Information**

What is the water source serving the facilities? (Please provide the name of your public water system, or note if individual wells are being used.)

Current Water Usage (gallons/day)

Is there a well on your property?  Yes  No

**3. State or Local Permits or Approvals:** Attach copies of any permits or approvals you have for the on-site sewage system. You may include any explanation. *Label as Attachment B.3.*

**NOTE:** This information is being requested to help us establish the system’s capacity. There is no penalty if you don’t have existing permits as long as you obtain an operating permit for any LOSS you own at this time.

Permit copies attached?  Yes  No

Agency that issued the Permit or Approval

**4.** **Basic System Drawing or Flow Diagram:** Attach a drawing of your on-site sewage system (as-built, engineering plans, or owner prepared). *Label as Attachment B.4.*

Drawing attached?  Yes  No

**5. Other System Documentation:** Please attach any of the following information you may have about your on-site sewage system. Check all that are attached. If you believe these are already in a county or state agency file, please let us know. Label as Attachment B.5.

Engineering Report  Environmental Review

Operation and Maintenance Manual  Construction Certification

**6. System Information:** (Please fill out to the best of your ability.)

Peak daily design flow (*gallons/day*)

Date the sewage system was constructed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **System Component** | **Number** | **Capacity**  **(Size)** | **Make and Model** | **Comments** |
| Septic Tanks |  |  |  |  |
| Pump or Siphon Tanks |  |  |  |  |
| Grease Interceptor |  |  |  |  |
| Drainfield |  |  |  |  |
| Electrical Panel |  |  |  |  |
| Other Treatment |  |  |  |  |

**7. Drainfield Site Information:** (Please fill out to the best of your ability.)

What type of drainfield do you have?  Gravity  Pressure  I don’t know

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Soil type (USDA NRCS Soil Classification System) |  |  | Soil depth (to a restrictive layer or water table) |  |
| Constructed drainfield area (square feet) |  |  | Distance from drainfield to nearest surface water |  |
| Depth to groundwater |  |  | Distance to nearest well |  |

**8. Drainfield Assessment:** In the owner or evaluator’s opinion, is this system adequate and safe for the current use or are repairs or improvements needed? List any recommendations below.

**NOTE:** The above requested information may be provided by the owner or a qualified licensed engineer.  
If we determine that your on-site sewage system is a large on-site sewage system (LOSS), we will send you an application for a Department of Health operating permit.

I certify that this document and all attachments were prepared under my direction or supervision. Based on my personal knowledge or my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Owner Signature Date

If used:

Professional Engineer Signature

Date Affix Seal