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Description automatically generatedApplication for Sewage Tank Registration

**General Requirements for Submittal**

This application must be completed for new registrations of prefabricated on-site sewage tanks. The application must be  
reviewed and approved by the Washington State Department of Health (DOH) before the tank can be included in the List of Registered Sewage Tanks. All on-site sewage tanks must be on this list before they can be used in Washington, as required by Chapter 246-272C WAC.

The application must be filled out completely. All submitted material must be legible. Hand-written responses to the application questions or hand-written notes or other documents that are not legible may result in rejection of the application.

**Registration Requirements**

Manufacturers that want to sell a prefabricated on-site sewage tank in Washington State MUST (1) ensure the tank meets design requirements outlined in Chapter 246-272C WAC **and** (2) obtain department review and approval of the tank design. Once approved, the tank will be included on the Washington State Department of Health List of Registered Sewage Tanks. Tank registration expires on December 31st of the third year after registration. The design of a tank that will be built at the site must be submitted to DOH along with the design for the entire on-site system.

**For initial registration you must include the following:**

If there is a manufacturer’s agent, the agent’s information and a statement from them, signed and dated, verifying their status with the manufacturer.

A signed and dated statement from the manufacturer or agent certifying the sewage tank is watertight at the point of manufacture.

A description of the water-tightness test method and (1) the name of the person performing the test, **or** (2)  
the facility testing certification from the National Precast Concrete Association.

A full set of design drawings and structural calculations prepared and stamped by a licensed professional engineer.

A signed and dated statement from the design engineer certifying the tank meets all standards and requirements in Chapter 246-272C-0200 through 246-272C-0250 WAC. You may use the form on the next page.

Siting and installation instructions, including maximum burial depth and any limitations.

A description of the function of the sewage tank along with any known limitation on its use.

If the tank is used with a proprietary product listed with the department, a signed and dated statement from the proprietary product manufacturer stating the tank was found acceptable for use with the specified proprietary product.

**For registration renewal:**

All prefabricated tank registrations expire on December 31st of the **third** year after registration. Manufacturers who want to continue their tank registration(s) must apply for renewal by submitting DOH Form 337-131 Renewal Application and Verification Affidavit for Sewage Tank Registration which is found at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/337-131.doc> by October 31 of the expiration year.

**Completing this form electronically:**

1. Before you begin filling in the form, be sure and save it to your hard drive. **If you close the form without saving it to your hard drive all the information you entered will be lost.**
2. Fill in the grey boxes and save your file again.
3. Print the completed form and obtain the required signatures.
4. Pay required fees (see page 4)
5. Make a copy for your records and mail the original to:

DOH - Wastewater Management Section

PO Box 1099

Olympia, WA 98507-1099

**Engineer’s Certification**

I certify that I represent (insert manufacturer's name), and that I am authorized to certify structural integrity for the tank(s) presented in this application. The tank(s) presented in this application meets all the design and construction requirements of Chapter 246-272C-0200 through 246-272C-0250 WAC. I attest, under penalty of law, that this information is true, accurate, and complete.

|  |  |
| --- | --- |
| Signature | Date |
| Printed Name | PE License # & State |

|  |
| --- |
| Engineer’s Seal: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | Date of Application: | |  | |
| Manufacturer Name: | |  | | | | |
| Address: |  | | | | | |
| City: |  | | State: |  | Zip: |  |
| Phone: |  | | Fax: |  | | |
| Email: |  | | Website: |  | | |
| **Agent Information** *If different from Manufacturer:* | | | | | | |
| Agent Name: |  | | | | | |
| Address: |  | | | | | |
| City: |  | | State: |  | Zip: |  |
| Phone: |  | | Fax: |  | | |
| Email: |  | | Website: |  | | |

**Agent Certification**

I certify that I represent (insert manufacturer's name) and I am authorized to prepare or direct the preparation of this Application for Sewage Tank Registration. I attest, under penalty of law, that this document and all attachments are true, accurate, and complete.

|  |  |
| --- | --- |
| Signature | Date |
| Printed Name | Title |

**Tank Information** (complete a separate page for each tank model submitted)

|  |  |  |
| --- | --- | --- |
| Model Number or Name: | | |
| Tank Type (all that apply) | | Tank Material (select one) |
| Single or | Multiple Compartment Septic | Concrete |
| Single or | Multiple Compartment Pump | Fiberglass |
| Single or | Multiple Compartment Grease Interceptor | Polyethylene |
| Holding Tank | | Other (specify): |
| Trash Tank | |  |
| Proprietary Product Tank | |
| Other (specify): | | |

**Manufacturer’s Certification**

I certify that the above tank meets all the requirements of Chapter 246-272C WAC including water-tightness at the point of manufacturing and structural integrity. I attest, under penalty of law, that this document and all attachments are true, accurate, and complete.

|  |  |
| --- | --- |
| Signature | Date |
| Printed Name | Title |

**Fees (WAC 246-272-4000)**

Fees for on-site sewage tank registration are established by Washington Administrative Code (WAC 246-272-4000). The base fee is required at the time of application. Any fees for additional review time must be paid in full before the product will be registered. Please make check payable to Washington State Department of Health.

Category: Base Fee Hourly Fee

Product Registration $408.00 $102.00 per hour for more than 4 hours of review time

**For Department of Health Revenue Use Only**

0597267065 $408.00 initial application fee

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).