Large On-Site Sewage System (LOSS) Project Submittal Form

Please fill in all the information for your large on-site sewage system (LOSS) project and check all boxes that apply below.

Make sure you have included your check for the **project base fee listed with the project type** ([WAC 246-272B-3000](https://app.leg.wa.gov/wac/default.aspx?cite=246-272-3000)). Project review will not begin until we receive payment. If you would like to pay online, please let us know when submitting the form. Once we have received the form, we will send an invoice and instructions.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| (Project Name) |  | (County) |
|       |  |       |  |  |
| (Large On-site Sewage System Name) |  | LOSS ID#, if existing. |  |       |
|  |  |  |  | (Design Engineer) |
|       |  |       |
| (System Owner) |  | (Engineering Firm) |
|       |  |       |
| (Street)  |  | (Street) |
|       |  |       |  |       |  |       |
| (City) |  | (State/Zip) |  | (City) |  | (State/Zip) |
|       |  |       |  |       |  |       |
| (Daytime Phone Number) |  | (Email) |  | (Daytime Phone Number) |  | (Email) |
|  |  |  |  |  |
|       |  |       |  |       |       |
| (Project Contact--if different than above) |  | (Daytime Phone Number) |  | (Evening Phone Number) | (Email) |
|       |  |       |  |       |       |
| (Billing Contact Name--required if not the System Owner) |  | (Billing Phone Number) |  | (Billing Fax Number) | (Email) |
|       |  |       |  |       |       |
| (Billing Address) |  | (City) |  | (State/Zip) | (Email) |

**DESIGN FLOW** *(after project completion)*:

[ ]  14,500 gallons per day or less [ ]  More than 14,500 gallons per day – up to 100,000 gallons per day

**PROJECT DESCRIPTION**:

**AREA SERVED** *(name of subdivision, site address, parcel numbers, etc.)*:

**TYPE OF PROJECT & Base Fees**:

1. [ ]  New LOSS ($848)
2. [ ]  LOSS modification/expansion –MAJOR ($848)
3. [ ]  LOSS modification/expansion –MINOR ($424)
4. [ ]  LOSS Repair – billed hourly, do not prepay.

*NOTE: Additional fees will be assessed for review time exceeding the base fee. Hourly review fee is $106 per hour.*

**ADDITIONAL PROJECT INFORMATION:**

Is this a Reclaimed Water Project? [ ]  YES [ ]  NO

Is this project in response to an Enforcement or Operating Permit Condition? [ ]  YES [ ]  NO

Is this for an existing LOSS with no prior DOH approval or operating permit? [ ]  YES [ ]  NO

Other information. Please explain:

**Return completed form with payment enclosed to:**

**For Department of Health Revenue Use Only**

0597267020

Department of Health, Accounts Receivable
PO Box 1099, Olympia, WA 98507-1099

**Email project documents to:** **wastewatermgmt@doh.wa.gov****.** Contact us if files are too large.

DOH 337-055 October 2024

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.