



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY

**Chelan-Douglas Health District**  
200 Valley Mall Parkway, East Wenatchee, WA 98802  
**Personal Health:** 509/886-6400 \* FAX 886-6478  
**Environmental Health:** 509/886-6450 \* FAX 886-6449

**Fee: \$91**  
Code: 500

## On-Site Sewage System (Oss) Permit EXTENSION APPLICATION

An OSS permit expires 3 years from the expiration date. The expiration date may be extended an additional 2 years upon approval of this application. Expired permits will not be reactivated or extended.

**Permit Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_  
**Property Address/Location:** \_\_\_\_\_  
\_\_\_\_\_

**This Permit was originally issued to:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Current Property Owner:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**If applicant is different than property owner please fill in information below:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to the conditions and requirements of this permit. I understand that any changes to the design or conditions of this permit will require a review and approval by the health district and may require a new permit application, all subject to current fees.

I will comply with the Chelan-Douglas Health District rules and regulations for on-site sewage systems in the installation and maintenance of this system. I understand that any alteration of the building size or location, or any filling or grading in or below the drainfield area may invalidate any approval granted for this appeal. I also understand that additional inspections will be required where any part of the installation is performed by someone other than the person licensed under the above regulation.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**APPROVED** \_\_\_\_\_  
 **NOT APPROVED**    **Expiration Date** \_\_\_\_\_    **EHS** \_\_\_\_\_    **Date** \_\_\_\_\_

**Revisions or Additional Requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_