



## MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N. 6<sup>th</sup> STREET, SHELTON WA 98584  
SHELTON: 360-427-9670, ext 400  
BELFAIR: 360-275-4467, ext. 400  
ELMA: 360-482-5269, ext. 400  
FAX: 360-427-7798

### Onsite Class B State Waiver Request Packet

#### Description:

WAC246-272A-0230, Table VI outlines the vertical separation requirements for types of Onsite Sewage Systems (OSS). Mason County has received State Department of Health approval to reduce these vertical separation requirements if specific conditions are met.

#### Forms Required (attached):

1. Mason County Waiver Form
2. Washington State DOH Waiver Form
3. Class B Waiver Checklist
4. Copy of Recorded Declaration of Covenant for OSS Attenuation Zone (*Property owners must sign with notary, Record with Mason County Auditor, Supply copy of recorded document*)

#### Septic Design Requirements:

1. Lateral trenches only, no bed layouts.
2. 50ft downslope Attenuation Zone (from lowest primary lateral) shown
3. All wells within 200ft of drainfield anchored and shown
4. All surface waters within 300ft of drainfield anchored and shown.

#### Fees Required:

*Please see the Mason County Environmental Health Fee Schedule for current fees.*

1. Waiver/Variance, DOH fee (*State Waiver*)



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## Application for Waiver or Appeal

Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

WAI \_\_\_\_\_ - \_\_\_\_\_

### Instructions:

1. Complete Parts 1 and 2. No determination can be made until these parts are fully completed.
2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

### PART 1. Applicant & Parcel Information

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parcel No. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Site Address \_\_\_\_\_

Subdivision Name and Lot \_\_\_\_\_

### PART 2: Nature of Waiver/Appeal

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class B Reduce Vertical Separation                                 | <input type="checkbox"/> Food Sanitation Requirements     |
| <input type="checkbox"/> Building Permit Review Policies   | <input type="checkbox"/> Group B Water System Regulations |
| <input type="checkbox"/> Location, WAC 246-272A-0210   | <input type="checkbox"/> Water Adequacy Requirements      |
| <input type="checkbox"/> Holding Tank WAC 246-272A-0240  | <input type="checkbox"/> Enforcement Timelines            |
| <input type="checkbox"/> Mason County Onsite Standards   | <input type="checkbox"/> Departmental Determinations      |
| <input type="checkbox"/> Contractor Certification Requirements<br>(Installer, Pumper, O&M Specialists) | <input type="checkbox"/> Other                            |

Description of Waiver/Appeal (include justification, additional material may be attached.):

REDUCE VERTICAL SEPARATION FOR CONVENTIONAL GRAVITY OR PRESSURE OSS

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CLASS B WAIVER CHECKLIST

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RECORDED DECLARATION OF ATTENUATION ZONE

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 8/21/2017

**This form may be scanned and available for public view on the Mason County Web site.**

**PART 3: Public Health Evaluation (Staff Use Only)**

- 1. Type of Determination Required:  Appeal  Waiver  None required      Type of Onsite Waiver (if applicable)  
 Class A  Class B  Class C
  
- 2. Identification of Specific Code/ Standard/ Determination (include date of determination or latest Code/ Standard revision): WAC246-272A-0230, TABLE VI
  
- 3. Nature of Appeal:  
REDUCE VERTICAL SEPARATION REQUIREMENTS FOR CONVENTIONAL GRAVITY OR  
PRESSURE OSS.
  
- 4. Hearing Official:  
 Board of Health       Health Officer  
 Pollution Control hearing Board       Public Health Director  
 Certified Contractor Review Board       Environmental Health Manage
  
- 5. Mitigating Factors:  
CLASS B WAIVER CHECKLIST (MEETS ADDITIONAL REQUIREMENTS OUTLINED WITHIN)  
RECORDED DECLARATION COVENANT FOR OSS ATTENUATION ZONE (AFN \_\_\_\_\_)
  
- 6. I have received this waiver/appeal request. It is complete and mitigation required by the state and local policy has been submitted.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4: Determination of the Hearing Official**

- The hearing official has determined that approval of this request will not adversely affect public health and is hereby **granted**. This decision is based on the following findings and conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- The hearing official has determined that approval of this request could potentially adversely effect public health and is hereby **denied**. This decision is based on the following findings and conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# MASON COUNTY PUBLIC HEALTH CLASS B WAIVER WORKSHEET

(State and Local waiver forms required)

APPLICANT NAME \_\_\_\_\_ WAIVER PERMIT NUMBER WAI

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_ PROPOSED DRAINFIELD TYPE  CONVENTIONAL GRAVITY  CONVENTIONAL PRESSURE

### 1. SOIL SERIES:

The soil series must be Alderwood, Harstine, Hoodspport, Shelton, or Sinclair Gravelly Sandy Loam.

- Alderwood Gravelly Sandy Loam .....
- Harstine Gravelly Sandy Loam .....
- Hoodspport Gravelly Sandy Loam .....
- Shelton Gravelly Sandy Loam .....
- Sinclair Gravelly Sandy Loam .....
- Other .....

### 2. SOIL TYPE:

Soil types must be Medium Sand, Loamy Sand, or Sandy Loam. Gravel percent must be less than or equal to 35%.

- Medium Sand .....
- Loamy Sand .....
- Sandy Loam .....
- Percent Gravel:
  - Less than or equal to 35% .....
  - Greater than 35% .....

### 3. SOIL DRAINAGE:

Soils must be moderately well drained to well drained.

- Well Drained .....
- Moderately Well Drained .....
- Other .....

### 4. DRAINFIELD SLOPE:

Slopes must be between 3% to 30%. Gravity is only allowed on slopes from 3% to 15%. Pressure is allowed on 3% to 30%.

- Less than 3% .....
- 3% to 15% .....
- 16% to 30% .....
- Greater than 30% .....

Health Department Use Only

### 5. VERTICAL SEPARATION:

Up-slope vertical separation must be greater than 18" for gravity and greater than 12" for pressure.

- Greater than 12" .....
- Greater than 18" .....
- Determined by:**
  - Depth to hardpan .....
  - Depth to mottling .....
  - Both .....

### 6. WATER TABLE LEVEL:

If test holes show evidence of a seasonal water table above restrictive layer, a curtain drain may be required

- Evidence of seasonal water table:**
  - Yes .....
  - No .....
- Curtain Drain required:**
  - Yes .....
  - No .....

### 7. HORIZONTAL SETBACKS:

Primary Drainfield must maintain 200' from down-gradient marine shorelines, surface waters, and wells.

- Are increased horizontal setbacks met:**
  - Yes .....
  - No .....

### 8. ATTENUATION ZONE

A 50 foot horizontal attenuation zone is required down-gradient of the primary drainfield.

- Is there 50 ft or greater between the down gradient side of primary drainfield and property boundary:**
  - Yes .....
  - No .....

Health Department Use Only

The 50 foot horizontal attenuation zone is required to be recorded on the deed of the property as unbuildable prior to design approval. The attenuation zone is not to be used for the construction of roads, decks, patios, parking areas, vehicular traffic, or other similar such uses. The owner must agree to all these conditions. AFN: \_\_\_\_\_ Proof of Recording: \_\_\_\_\_

## On-Site Sewage Systems (Chapter 246-272A WAC) Request for Waiver from State Regulations

<b>Section I.</b>		<i>(completed by applicant)</i>	
Name: (1)		Local Health Department / District (2)	
Address:		<i>(see instructions)</i>	
Telephone: ( )			
Signature:			
Property Identification: (3)			
<b>Section II.</b>		<i>(completed by applicant)</i>	
WAC Number: (4)	WAC Requirement: (5)	Waiver Sought: (6)	
246-272A — 0230	24" OF V/S FOR PRESSURE (OR)	12" OF V/S FOR PRESSURE OSS (OR)	
Subsection: TABLE VI	36" OF V/S FOR GRAVITY	18" OF V/S FOR GRAVITY OSS	
Justification <i>(mitigation measures to be provided)</i> : (7) COMPLETED CLASS B WAIVER CHECKLIST ATTACHED, (OUTLINING ADDITIONAL REQUIREMENTS MET). RECORDED DECLARATION OF COVENANT FOR ATTN. ZONE (AFN: _____)			
<b>Section III.</b>		<i>(completed by health officer)</i>	
Review Criteria: (8)		Mitigation Measures <i>(in addition to those proposed)</i> : (9)	
Comments / Conditions: (10)			
Type of Waiver: (11) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C — Request DOH review <u>before</u> granting?    Yes ___ No ___			
Neighbor Notification: (12) Required? Yes ___ No ___ <i>If needed, are agreements, easements, etc. properly filed?</i> Yes ___ No ___			
<b>Section IV.</b>		<i>(completed by health officer)</i>	
This Request For Waiver From State Regulations has been reviewed according to the provisions of Chapter 246-272A WAC On-Site Sewage Systems. The review criteria applied, and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this chapter WAC.			
<input type="checkbox"/> Denied <input type="checkbox"/> Approved / Granted — Subject to all comments, conditions and requirements noted in Sections II and III.			
Local Health Officer (13) _____		Date: _____	

Return To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grantor(s):** (1) \_\_\_\_\_, (2) \_\_\_\_\_

**Grantee(s):** (1) PUBLIC

**Legal Description** (1) \_\_\_\_\_

*(Abbreviated form: i.e. lot, block, plat or section, township, range)*

**Assessor's Tax Parcel:** (1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DECLARATION OF COVENANT FOR ON-SITE SEWAGE ATTENUATION ZONE**

I (We) the grantor(s) herein, am (are) the owners in fee simple of (an interest in) the described real estate situated in Mason County, State of Washington; hereby declare this covenant & place the same on record;

to wit the described real estate on which the grantor(s) owns and operates an on-site sewage disposal system which has been granted a Class B State Waiver to reduce the Minimum Vertical Separation requirements and grantor(s) is (are) required to maintain a 50-foot horizontal attenuation zone down gradient of the on-site sewage system to facilitate treatment of the sewage effluent.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of the grantor(s) land which might encumber the land set aside for further sewage treatment and disposal.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) (their) heirs, successors and assigns will not construct or install any trench, channel, ditch, road cut, utility chase, or other structure of excavation what would intercept or serve as a conduit for migrating ground water.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Grantor(s):

(1) \_\_\_\_\_, (2) \_\_\_\_\_

State of Washington )

County of Mason )

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ,

\_\_\_\_\_ personally appeared before me, who is known to be signer of the above instrument, and acknowledged that he (she) (they) signed it.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington,

residing at \_\_\_\_\_

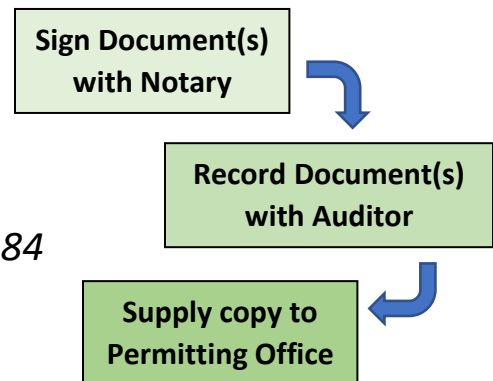
My commission expires: \_\_\_\_\_

## Recommendations for Recorded Documents and Permits

County supplied recording documents are formatted to meet state and county requirements. Mason County staff are not responsible for how these documents are altered by the owner, applicant, or contractors.

- Do not alter scale when printing document(s). Print on 8.5x11 paper only.
- Do not write or stamp within the margins.
- Do not cut or fax the document(s).
- Prior to submitting completed document(s) back to permitting office, record with/at:

*Mason County Auditor  
PO Box 400 – Shelton, WA 98584  
411 N. 5<sup>th</sup> Street - Shelton, WA 98584  
460-427-9670, ext. 467*



- Make sure all pages are recorded, most of the county supplied documents are now 2 pages to meet format requirements.
- Recording fees will apply to record document. Contact the Auditors office for current fees, or visit their website:  
<https://masoncountywa.gov/auditor/index.php>
- After documents are recorded, return a copy with AFN recording number to the permitting office requesting the document(s):

### Public Health

415 N. 6<sup>th</sup> Street  
Shelton, WA 98584  
360-427-9670, ext. 400

### Permit Assistance Center

615 W. Alder Street  
Shelton, WA 98584  
360-427-9670, ext. 352