MASON COUNTY
Public Health & Human Services

Permitting and Installation of RV Holding Tank

Holding tanks for Recreational Use Vehicles are permitted in Mason County through a state and local waiver process. The lot must meet minimum land area requirements per WAC246-272A-0320 (5)(e)(iii) in order to qualify for this waiver. A Mason County Certified Installer must install the RV holding tank. The tank must be on the Washington State Department of Health approved products list and be at least 1200 gallons. The tank must be installed with an audio & visual alarm and fitted with at least 1 riser.

Additional requirements and steps for obtaining a permit for installing RV holding tanks are listed below: *(forms attached)*

- Submit an Onsite Sewage Application form
  This application must include a scaled plot plan showing the following
  - ☐ Property and easement lines
  - ☐ Existing and proposed wells within 100 of property lines
  - ☐ Roads and road easements and parking areas
  - ☐ Location of tank
  - ☐ Location of banks, streams, wetlands, high water lines for surface water like lakes, marine shorelines
  - ☐ North arrow
  - ☐ Scale bar
- Submit completed State and Mason County Waiver forms.
  Complete Section I on the State Form and Part 1 on the Mason County Form.
- Submit a letter from the property owner stating that the owner agrees to have the tank pumped as needed, minimum once annually.
- Submit approved RV holding tank cross section (attached).
- After the waiver has been approved you will be notified.
- To complete the application process, please submit a copy of a recorded *NOTICE TO FUTURE PROPERTY OWNERS OF RECREATIONAL USE HOLDING TANK* on property deed. See Recommendations for Recorded Documents and Permits (attached) for further information on how to record document. A copy of the recorded document must be submitted to Mason County Public Health prior to permit approval. Please contact the Mason County Auditor's office for current recording fee; 360-427-9670, extension 468. A recording fee is required by the Auditor's office.
- Once the permit is approved, the RV Holding tank may be installed. A Mason County Certified Installer must install the tank. A current list of certified installers is available on the Mason County Web page at *https://masoncountywa.gov/forms/Env_Health/installers.pdf*
  You may also pick up a current list at Mason County Building #3 at 415 N 6th Street in Shelton or request that a list be mailed to you.
- The installer will call when installation is completed for a final inspection and will complete a Record Drawing (Asbuilt) form.

Fees Required for Permit Process: See current EH Fee Schedule

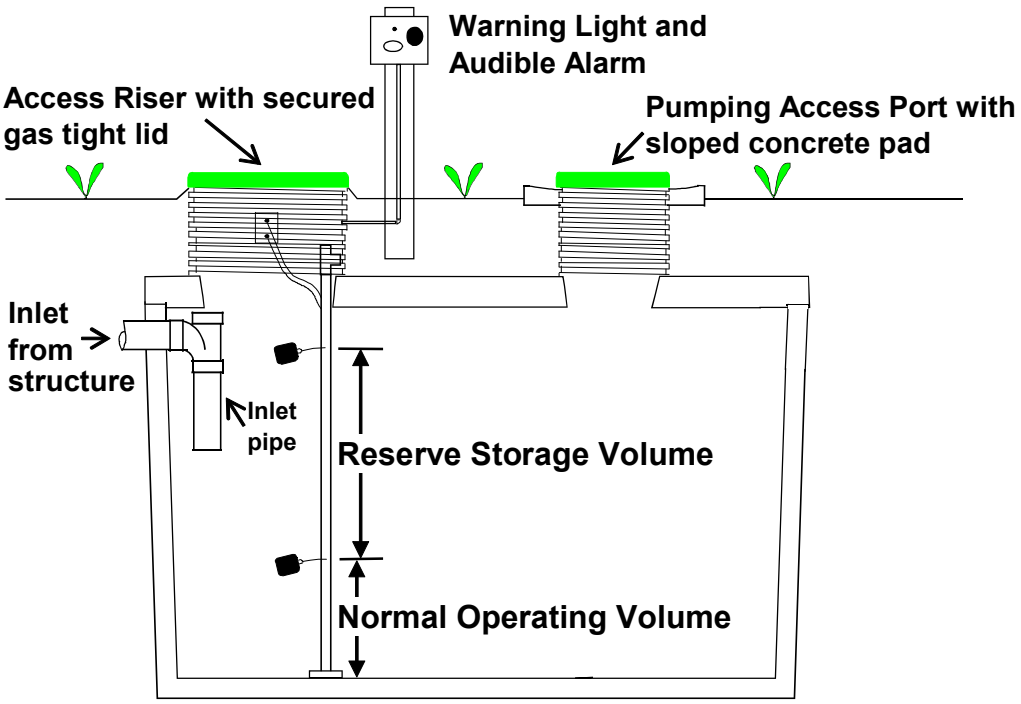
- Onsite Sewage System Application for RV Tank Only
- State and Local waiver review

Introduction

A Holding Tank Sewage System (HTSS) is an alternative to a conventional on-site sewage system with very special and limited applications. Simply, the HTSS provides a means to collect and temporarily store sewage from a facility or dwelling, for subsequent removal and transport to an approved treatment and disposal site. Depending upon the facility served or the particular set of circumstances surrounding the use of a HTSS, the expense of sewage pumping, hauling, and disposal at an approved facility can be very costly, especially on a long-term basis. In addition, the potential for operational/management problems with resulting public exposure to raw sewage is significant. For this reason, use of a HTSS must be closely regulated by the local health agency.

A HTSS is an on-site sewage system that incorporates a holding tank, the services of a sewage pumper/hauler, and the off-site treatment and disposal of the sewage generated at the site served by the HTSS.

Figure 1. Longitudinal-Section of Typical Holding Tank Sewage System.



***Septic tanks with plugged outlets are not allowed. Tank must not have an outlet.**

MASON COUNTY
Public Health & Human Services
415 N. 6th St. Shelton, WA 98584
(360) 427-9670 ext. 400

OFFICIAL USE ONLY

DATE RECEIVED:	
AMOUNT RECEIVED:	RECEIVED BY:
SWG _____ – _____	

ASSESSOR'S PARCEL NUMBER: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

SUBDIVISION NAME _____ DIVISION ___ BLOCK ___ LOT ___

ON-SITE SEWAGE TANK ONLY APPLICATION

APPLICANT	PHONE
MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE	
SITE ADDRESS - STREET, CITY, ZIP CODE	
NAME OF DESIGNER	PHONE
NAME OF INSTALLER	PHONE

TYPE OF WORK *(select one)*
☐ NEW CONSTRUCTION / UPGRADES ☐ REPAIR / REPLACEMENT

COMPONENT(S) TO BE REPLACED/ INSTALLED
☐ SEPTIC TANK ☐ PUMP TANK ☐ RV HOLDING TANK
☐ OTHER _____

DRINKING WATER SOURCE
☐ PRIVATE INDIVIDUAL WELL ☐ PRIVATE TWO-PARTY WELL
☐ PUBLIC WATER SYSTEM _____

BEDROOMS | LOT SIZE

OTHER DETAILS *(select all that apply)*
☐ SURFACING SEWAGE ☐ EXISTING FAILURE ☐ SHORELINE

SUBMITTALS
☐ PLOT PLAN (REQUIRED) ☐ TANK CROSS SECTION (REQUIRED)
☐ PUMP DETAILS (IF APPLICABLE) ☐ WAIVER(S) (IF APPLICABLE)

TANK(S) SETBACK CHECKLIST
☐ 100FT+ PUBLIC/ COMMUNITY WELLS
☐ 50FT+ PRIVATE WELLS, SURFACE WATERS, STREAMS, RIVERS
☐ 10FT+ DRINKING WATER SUPPLY LINES
☐ 5FT+ PROPERTY/ EASEMENT LINES, FOUNDATIONS, FOOTINGS

PLOT PLAN CHECKLIST
☐ PROPERTY LINES AND EASEMENTS ☐ EXISTING/ PROPOSED STRUCTURES ☐ EXISTING/ PROPOSED OSS COMPONENTS AND LINES
☐ WELLS WITHIN 100FT ☐ WATER SUPPLY LINES ☐ DRIVEWAYS/ PARKING ☐ SURFACE WATERS, STREAMS, RIVERS, ETC...
☐ DIRECTION OF SLOPE/ CONTOURS ☐ PERIMETER/ CURTAIN DRAINS ☐ NORTH ARROW ☐ SCALE BAR

DIRECTIONS TO SITE AND SITE CONDITIONS: *(ex. locked gate)*

OFFICIAL USE ONLY BELOW THIS LINE

UPGRADE / FAILURE SOURCE (for reporting purposes)
☐ VOLUNTARY ☐ MAINTENANCE/PUMPING ☐ BUILDING PERMIT ☐ HOME SALE ☐ COMPLAINT ☐ OTHER: _____

COMMENTS / CONDITIONS

SEWAGE TANKS MUST BE LISTED UNDER DOH "LIST OF REGISTERED SEWAGE TANKS". TANKS MUST MEET CURRENT MINIMUM SIZE REQUIREMENTS, EQUIPPED WITH RISERS AND LIDS TO SURFACE, AND INCLUDE AN EFFLUENT FILTER (IF APPLICABLE). RECORD DRAWING AND INSTALLATION REPORT REQUIRED FOR FINAL APPROVAL.

INSPECTOR SIGNATURE DATE	APPLICATION EXPIRATION DATE	APPLICATION APPROVED/ ISSUED BY DATE

THIS FORM MAY BE SCANNED AND AVAILABLE FOR PUBLIC VIEW ON THE MASON COUNTY WEBSITE

MASON COUNTY
Public Health & Human Services

PO Box 1666, 415 N 6th Street, Bldg 8, Shelton WA 98584,
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400
FAX (360) 427-7787

Application for Waiver/Appeal

Amount Paid: _____

Receipt Number: _____

CLEAR FORM

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 Identification

Name of Applicant _____ Telephone _____

Mailing Address of Applicant _____

City _____ State _____ Zip _____

12-digit Tax Parcel No. ___ ___ ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___ ___

Site Address _____

Subdivision Name and Lot_____

PART 2: Nature of Waiver/Appeal

- ☐ Class B Reduction in Vertical Separation
- ☐ Building Permit Review Policies
- ☐ Location, WAC 246-272A-0210
- ☑ Holding Tank WAC 246-272A-0240
- ☐ Mason County Onsite Standards
- ☐ Contractor Certification Requirements (Installer, Pumper, O&M Specialists)
- ☐ Food Sanitation Requirements
- ☐ Group B Water System Regulations
- ☐ Water Adequacy Requirements
- ☐ Enforcement Timelines
- ☐ Departmental Determinations
- ☐ Other

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

Install Holding Tank for Recreational/ Part-time Use (RV)

Meets RSnGs for Holding Tank Design and is on state approved list.
Tracking of maintenance through Mason County maintenance database, Carmody Inc.

Applicant Signature: _____ Date: _____

Revised 12/12/2014

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-0240(2)

3. Nature of Appeal:

   ALLOW HOLDING TANK FOR RECREATIONAL (RV) - PART-TIME USE

4. Hearing Official:

   - ☐ Board of Health
   - ☐ Pollution Control hearing Board
   - ☐ Certified Contractor Review Board
   - ☐ Health Officer
   - ☐ Public Health Director
   - ☑ Environmental Health Manager

5. Mitigating Factors:

   1. 1200 GALLON TANK, ON WASHINGTON STATE APPROVED LIST OF SEWAGE TANKS
   2. INSTALLATION BY A MASON COUNTY CERTIFIED INSTALLER
   3. LETTER FROM OWNER AGREEING TO REGULAR PUMP OUTS
   4. NOTIFICATION TO FUTURE OWNERS RECORDED ON PROPERTY/PARCEL
   5. HIGH WATER AUDIO/VISUAL ALARM, RISERS TO SURFACE, WATER-TIGHT FITTINGS

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:

_____

Hearing Official Signature: _____ Date: _____

Revised 12/12/2014

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

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

CLEAR FORM

Section I.	*(completed by applicant)*
Name: ***(1)***	Local Health Department / District ***(2)*** *(see instructions)*
Address:	
Telephone: ( )	
Signature:	
Property Identification: ***(3)***	

Section II.	*(completed by applicant)*	
WAC Number**:** ***(4)***	WAC Requirement: ***(5)***	Waiver Sought: ***(6)***
246-272A — 0240(2)	holding tank used for pernament commercial uses	holding tank used for part-time recreational use for RV
Subsection:		
Justification *(mitigation measures to be provided)*: ***(7)*** see local waiver form for full outline of mitigation measures:		
1. Design criteria consistent with RSnGs for Holding Tank Sewage Systems		
2. Tracking through Online RME (Mason County OSS maintenance database)		

Section III.	*(completed by health officer)*
Review Criteria: ***(8)***	Mitigation Measures *(in addition to those proposed)*: ***(9)***
Comments / Conditions: ***(10)***	
Type of Waiver: ***(11)*** [ ] Class A [ ] Class B [ ] Class C — Request DOH review before granting? Yes ___ No ___	
Neighbor Notification: ***(12)*** Required? Yes ___ No ___ *If needed, are agreements, easements, etc. properly filed?* Yes ___ No ___	

Section IV.	*(completed by health officer)*

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.

[ ] Denied **[ ] Approved / Granted** —Subject to all comments, conditions and requirements noted in Sections II and III.

Local Health Officer ***(13)*** _____ **Date:** _____

RV HOLDING TANK SITE PLAN:

- ☐ PROPERTY LINES & EASEMENTS
- ☐ DRIVEWAYS & ACCESS ROADS
- ☐ EXISTING & PROPOSED WELLS
- ☐ SURFACE WATER SOURCES (LAKES, SALT WATER)
- ☐ CRITICAL AREAS (STEEP SLOPES, CREEKS, WETLANDS)
- ☐ EXISTING & PROPOSED STRUCTURES
- ☐ EXISTING WATERLINES
- ☐ PROPOSED HOLDING TANK LOCATION
- ☐ APPROXIMATE RV LOCACTION
- ☐ NORTH ARROW & SCALE BAR

REFERENCED SETBACKS PER WAC246-272A-0210:

TANK TO SURFACE WATER AND/OR PRIVATE WELL - 50FT
TANK TO COMMUNITY WELL - 100FT
TANK TO CRITICAL AREA - CONTACT PLANNING DEPT.
TANK TO BUILDING FOUNDATION - 5FT
TANK TO PROPERTY OR EASEMENT LINE - 5FT
TANK TO WATERLINES - 10FT

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) ___ ___ ___ ___ ___ - ___ ___ - ___ ___ ___ ___ ___

NOTICE TO FUTURE PROPERTY OWNERS OF RECREATIONAL USE OF HOLDING TANK

I (We), the undersigned grantor, hereby place this notice on record that the described real estate situated in Mason County, State of Washington; to wit the described real estate has a holding tank installed on this lot for sewage disposal for recreational use only.

The approval and permits of the holding tank was conditional to the mitigation required by the state and county waiver process. Failure to maintain the holding tank in the manner required by Mason County Public Health is a violation of these conditions under which the holding tank permit was issued. This could result in abandonment of the holding tank and vacating the property until such time another suitable method of sewage disposal is approved.

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.

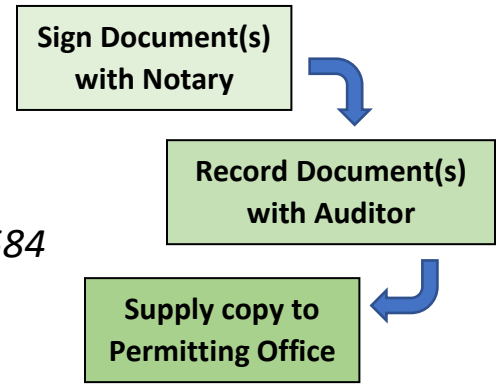
_____
Notary Public in and for the State of Washington,
residing at _____
My commission expires: _____

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. 5th 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. 6th Street
Shelton, WA 98584
360-427-9670, ext. 400

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

Updated 10/6/2021

PARCEL IDENTIFICATION

Permit Number SWG _____ Assessor Parcel # _____

Applicant Name _____ Subdivision (Name/Div/Block/Lot)

Applicant Address _____ _____

City, State, Zip _____ Installer Name _____

Site Address _____ Designer Name _____

INSTALLATION CHECKLIST

☐ Full System Installation ☐ Tank(s) Only ☐ Drainfield Only ☐ Repair ☐ Other _____

System Type _____ Pretreatment Type _____

SEPTIC TANK

	N/A	YES	NO
>5 ft. from foundation?	☐	☐	☐
>50 ft. from wells?	☐	☐	☐
>50 ft. from surface water?	☐	☐	☐
Cleanout between building and tank?	☐	☐	☐
Tank baffles present?	☐	☐	☐
24" access risers over each compartment?	☐	☐	☐
Effluent filter installed?	☐	☐	☐

Septic tank size _____gal Manufacturer _____

D-BOX/ MANIFOLD

	N/A	YES	NO
D-box water level and speed levelers used?	☐	☐	☐
Manifold/D-box accessible from surface?	☐	☐	☐
Check valves installed?	☐	☐	☐

Transport Line Size _____ Schedule/Class _____

DRAINFIELD

Bedrooms installed (check one) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Commercial/Other

	N/A	YES	NO
>10 ft. from foundation?	☐	☐	☐
>100 ft. from wells?	☐	☐	☐
>100 ft. from surface water?	☐	☐	☐
>10 ft. from potable water lines?	☐	☐	☐
> 5 ft. from property lines and easements?	☐	☐	☐
> 30 ft. from downgradient curtain/foundation drains?	☐	☐	☐
Drainfield level and observation ports present	☐	☐	☐

☐ Graveless chambers **or** ☐ Clean gravel used? (check one)

Proper cover installed over drainfield?	☐	☐	☐

PUMP / PUMP TANK

	N/A	YES	NO
Pump tank setbacks consistant with septic tank?	☐	☐	☐

Pump tank size _____gal Manufacturer _____

24" access riser(s) and accessible from surface?	☐	☐	☐
Alarm or Control Panel Installed?	☐	☐	☐
Control Panel equipped with Timer / ETM / Counter	☐	☐	☐

Pump installed in ☐ Bucket **or** ☐ On Block **or** ☐ Other _____

Pump Make/Model _____ ☐ Floats **or** ☐ Transducer

Tank draw down _____in/min Pump capacity _____gpm Squirt Height _____ft

Pump on time _____ Pump off time _____ Daily flow set at _____gpd

Assessor Parcel #_____

RECORD DRAWING

- ☐ Drainfield & manifold orientation & layout w/dimensions for re-location.
- ☐ Trench/bed dimensions and critical distances within layout
- ☐ Septic/pump tank placement
- ☐ Location of buildings existing/proposed
- ☐ Observation ports, clean-out locations, & manifolds/d-boxes
- ☐ Location of wells, surface water, roads, & waterlines.
- ☐ Reserve area(s)
- ☐ North Arrow

If the designer or installer feel the need for additional information/comments, it may be attached.

Record drawing may also be on a seperate page attached. No. Pages Attached _____

CERTIFICATION OF INSTALLATION

INSTALLER

I certify that I installed the system in accordance with the septic design stamped "APPROVED" by Mason County Public Health and that any deviations shown here have been cleared/approved by both the designer and Mason County Public Health and meet all State and Mason County Codes.

I further certify that all information contained on this form and attached Record Drawing is accurate.

_____

Signature of Installer *Date*

_____

Printed Name of Signee

MASON COUNTY PUBLIC HEALTH

The undersigned approves this Installation Report and Record Drawing on behalf of Mason County Public Health:

_____

Signature of Environmental Health Specialist *Date*

DESIGNER

I certify that the system has been installed in accordance with the septic design stamped "APPROVED" by Mason County Public Health and that any deviations shown here have been cleared/approved by both myself and Mason County Public Health and meet all State and Mason County Codes

I further certify that all information contained on this form and attached Record Drawing is accurate.

(designer's stamp, signature and date)