



ICHD Date Stamp

## Island County Public Health

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### APPLICATION FOR SITE EVALUATION (SOIL TESTING) Fee Required Before Site Visit

RECEIPT # \_\_\_\_\_ SITE REGISTRATION # \_\_\_\_\_

INSTRUCTIONS: Please fill out the form completely and submit with the current fee. An application must be submitted for **each** property to be evaluated. Soil log excavation shall be made per Island County Public Health Rules and Regulations.

TYPE OF SITE REGISTRATION: [  ] NEW SITE REGISTRATION [  ] WINTER WATER CHECK

IS THIS FOR A REPAIR OF A FAILED SEPTIC SYSTEM? (**REQUIRED**) [  ] YES [  ] NO

IF NOT A REPAIR, REASON FOR SITE REGISTRATION: \_\_\_\_\_

SEPTIC DESIGNER/PROFESSIONAL ENGINEER (**REQUIRED**): \_\_\_\_\_

PARCEL # (**REQUIRED**): \_\_\_\_\_

LOCATION OF CONSTRUCTION SITE (**REQUIRED**): \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ EMAIL (REQ'D): \_\_\_\_\_

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

OWNERS' NAME (if different from applicant): \_\_\_\_\_

PREVIOUS OR EXISTING SITE REGISTRATION (S): **REQUIRED FOR A WINTER WATER CHECK:**

Submission of a signed application grants permission for Island County Public Health representative to enter the reference property and witness and/or verify soil logs with a licensed sewage disposal system designer or professional engineer. The undersigned is responsible for receiving required permission from the legal property owner to enter and evaluate the property.

Signature

Print Name

Date

INTERNAL USE ONLY

ARCH AREA [  ] NO [  ] YES

LANDFILL [  ] NO [  ] YES

IF YES TO ANY OF THE ABOVE, EMAIL DESIGNER. DATE DESIGNER WAS EMAILED: \_\_\_\_\_