



ICHD Date Stamp

Island County Public Health

Mailing Address: 1 NE 7th Street, Coupeville, WA 98239

Physical Address: 1 NE 6th Street, Coupeville, WA 98239

Ph: Whidbey 360-679-7350 | Camano 360-678-8261 | N Whidbey 360-240-5554

Email: publichealth@islandcountywa.gov | www.islandcountywa.gov

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: _____