



Island County Public Health
 Coupeville Annex PO Box 5000 Coupeville WA 98239
 Camano Annex 121 NE Camano Dr. Camano Island WA 98282
 Whidbey 360-679-7350 Camano Island 360-678-8261

ICHD Date Stamp

**APPLICATION FOR SITE EVALUATION
 (SOIL TESTING)**

DATE: _____

RECEIPT#: _____

FEE REQUIRED BEFORE SITE VISIT

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

IF NOT REPAIR, REASON FOR SITE REGISTRATION: _____

SITE REGISTRATION FEE: [] \$460 **SITE REGISTRATION** [] \$145 **WINTER WATER CHECK**
 [] \$110 **MINOR REVISION OF AN EXISTING SITE REGISTRATION**

INSTRUCTIONS: Please fill out the form completely. 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.

SEPTIC DESIGNER/PROFESSIONAL ENGINEER (REQUIRED): _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

OWNERS' NAME (if different from applicant): _____

PARCEL #: _____ **PROP. S/P:** _____ **LOT #:** _____

NAME OF PLAT: _____ **DIV:** _____ **BLOCK:** _____ **LOT** _____

LOCATION OF CONSTRUCTION SITE: _____ **City:** _____

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

IS THIS PROPERTY LOCATED WITHIN 200 FEET OF THE SHORELINE?

YES _____ NO _____

ARE THERE ANY WETLANDS ON OR NEAR THE PROPERTY?

YES _____ NO _____

Submission of a signed application grants permission for Island County Public Health representative to enter the reference property and witness and/or verify soils 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