



ISLAND COUNTY PUBLIC HEALTH

Environmental Health

PO Box 5000
Coupeville, WA 98239
P: 360.679.7350 F: 360.679.7390

Homeowner Septic Training (HOST) Exam Registration Form

Complete the registration form and mail/submit with course fee to the Coupeville Public Health counter at least ten business days prior to your preferred HOST exam date. Registration is on a first-come-first-serve basis. Refunds will not be issued for missed exams, however the parcel will be credited for future exam sessions.

Property Owner Name (Last, First, Middle) _____

Property Owner Mailing Address (Street) _____ (City) _____ (State) _____

Property Address [] (Check if same as above)

(Street) _____ (City) _____ (State) _____

Property Parcel Number (Include all dashes and characters) _____

Asbuilt # _____

Contact Information (PH) _____ email: _____

System type (Circle one): Conventional Gravity Conventional Pressure **Alternative (HOST ineligible)**

Exam Period (Circle one – Exam dates are posted on the County HOST 201 website)

Winter Spring Summer Autumn

By signing my name below, I certify that I am the owner of the above property, that I am not a resident of a County-designated sensitive area (Penn Cove, South Holmes Harbor, or Maxwellton Creek watershed), and that I have truthfully answered all questions to the best of my ability. My signature also certifies my understanding of and agreement with the requirements stipulated in Island County Code (ICC) 8.07D.280. I further acknowledge that a failure to accurately report system conditions or adhere to inspection intervals and procedures outlined in ICC 8.07D.280 may result in the revocation of my HOST certification. I hereby grant Island County Health Department Staff access to my property for the express purpose of remediating discrepancies identified in the review of my onsite septic system evaluation reports.

Applicant Signature _____ Date _____