



ENVIRONMENTAL HEALTH SERVICES

Physical Address: 223 East 4th Street, RM 130 ♦
Mailing Address: 111 East 3rd Street ♦ Port Angeles, WA 98362-3015
Tele: 360-417-2506 ♦ FAX: 360-417-2313

PRELIMINARY REPAIR SOILS

NO FEE (REPAIR)

SIR# _____

DESIGNER: _____

DATE: _____

OWNERS'S NAME: _____

SITE ADDRESS: _____

MAILING ADDRESS (if different): _____

PARCEL #: _____

DIRECTIONS TO SITE: _____

PROPERTY OCCUPIED: _____

DATE FAILURE FOUND: _____

NATURE OF FAILURE: _____

SYSTEM TYPE: _____

ORIGINAL SEPTIC PERMIT #: _____

ADDITIONAL DETAILS ABOUT FAILURE OR EXISTING SYSTEM:

IS THIS PROPERTY LOCATED WITHIN 200 FT OF CRITICAL AREAS, SHORELINE, OR WETLANDS? YES _____ NO _____

We request that a site evaluation inspection be made by the Clallam County Health Division at the above-described property. Submission of a signed application grants permission for the Health Department to enter the referenced 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.

Date

Signature of property owner or agent

ENVIRONMENTAL HEALTH COMMENTS: _____

Appointment Date/Time: _____