

CLALLAM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICE  
 ENVIRONMENTAL HEALTH SERVICE  
**SITE REGISTRATION**

ENVIRONMENTAL HEALTH SERVICE  
 Physical: 223 E Fourth Street, Room 130  
 Mailing: 111 East Third Street  
 PORT ANGELES, WA 98362  
 (360) 417-2506

SIR#

**APPLICANT INFORMATION (Property Title Owner)\***

NAME: \_\_\_\_\_

FIRST                      MI                      LAST

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Fees **\$397.00**    Receipt #                      Date

\*The purpose of this evaluation is to provide the applicant with information as to whether or not a piece of property will generally support an on-site sewage disposal system. In no way should this form be used in lieu of nor does it constitute an on-site disposal permit. The site/soils will be evaluated using regulation in effect at the time of this evaluation. If changes occur in the State or Local regulations governing on-site sewage disposal systems requirements, they will be enforced at the time of application for an on-site sewage disposal permit. No refund available after site work performed.

APPLICANT                                      DATE

By Designer: \_\_\_\_\_

**PROJECT INFORMATION**  
 DIRECTIONS TO PROJECT SITE (from Nearest County Road):

PROJECT ADDRESS: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_                      (A)/SF ZONING: \_\_\_\_\_

WATER SYSTEM: \_\_\_\_\_

PROJECT DESCRIPTION: **Single Family Residence**

**PLOT PLAN**

The undersigned Clallam County Health Department representative has witnessed the following soil logs and finds them to be accurately represented. It appears that this site \_\_\_\_\_ capable of supporting an on-site sewage disposal system for a single family residence meeting all current Clallam County Health department policies and regulations, subject to any of the above comments and restrictions. (Any person may appeal this decision in writing within (10) days of the date of this decision.)

Note: Changes to this site, such as grading, cuts, filling, or clearing could make this certification NULL and VOID.

| SITE VERIFICATION            | CONDITIONS |
|------------------------------|------------|
| Sanitarian: _____ Date _____ | _____      |
| Designer: _____ Date _____   | _____      |

Parcel #                      Subdiv/plat                      Vol.                      Page                      Lot                      BIK/Div