CLALLAM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICE
ENVIRONMENTAL HEALTH SERVICES

WATER TABLE MONITORING

ENVIRONMENTAL HEALTH SERVICES
Physical: 223 E Fourth Street, Room 130
Mailing: 111 East Third Street
PORT ANGELES, WA 98362
(360) 417-2332

WTM_____

SIR _____

VICE

APPLICANT INFORMATION (Property Title Owner)*

NAME:

FIRST MI LAST

CURRENT ADDRESS:

CITY :

PHONE:

Fees: 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:

Name:

PROJECT INFORMATION

DIRECTIONS TO PROJECT SITE (from Nearest County Road):

PROJECT ADDRESS :

LOT SIZE (A)/SF ZONING

WATER SYSTEM:

PROJECT DESCRIPTION:

Soils

PLOT PLAN please note location of monitoring ports

NORTH

SCS Soil Class: _____

Perched (inches): _____
(SCS Table 15)

Depth to Groundwater (inches)

Port # & Inspector Initials	Port Height Above Ground (subtract for actual depth)	Date	Weather						

Parcel #

Subdiv/plat

Vol.

Page

Lot

Blk/Div