REQUEST FOR SEPTIC SYSTEM AS-BUILT

Environmental Health Services ♦ 223 East 4th Street, Suite 14 Room 130 ♦ Port Angeles, WA 98362
Tele: 360-417-2332 ♦ FAX: 360-417-2313

Please provide as much of this information as possible.
This is particularly important for older septic systems.

Tax Parcel Number (12-16 digits):_____

Physical address:_____

Year house built or system installed:_____

Owner at time of installation:_____

Requested by:_____ Today's Date:_____

Mailing Address:_____
Street or P O Box

_____
City State Zip

Email address:_____telephone:_____Fax#:_____

Request is for (please check one): ☐ property transfer ☐ septic system repair ☐ Owner Maintenance ☐ building/development permit
(describe)_____

Please check one: _____I will pick-up _____fax _____email _____mail to above address

*****For Office Use Only*****

Date Received:_____

Completed by:_____
Initials

As-Built/records found: _____Yes _____No

Date:_____