

Clallam County Department of Health and Human Services  
Environmental Health Division  
SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "RECORD DRAWING"

APPLICANT NAME \_\_\_\_\_ SEP # \_\_\_\_\_ Installer \_\_\_\_\_ Date Installed \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Blk/Div \_\_\_\_\_)

Please indicate location of septic tank, pump chamber, drainfield, and other system components in relation to the house, property lines or other permanent objects. Note any change from the approved plans here or on the back of this form.

Scale 1" = \_\_\_\_\_

NORTH

This On-Site Sewage Disposal System was inspected and was installed in accordance with the approved design and complies with the conditions noted on the permit and with WAC246-272A

Designer \_\_\_\_\_ Date \_\_\_\_\_