CLALLAM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

Tank Placement Permit

ON-SITE SEWAGE CONSTRUCTION PERMIT

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

SIR#

SEP#

APPLICANT INFORMATION (Property Title Owner)*

NAME:

FIRST MI LAST

CURRENT ADDRESS:

CITY:

PHONE:

Denial or approval of an On-Site Sewage Disposal Permit may be appealed to the Health Officer within 15 days of the decision date.

This construction permit expires 3 years from date of issuance.
Repair Permits are valid for 6 months only.
Any change in building or sewage disposal plans or location invalidates this permit unless prior approval is obtained from the Environmental Health Division and Designer.

I hereby acknowledge that I have read this application and state that the information supplied is correct. I agree to comply with all County and State laws regulating activities covered by this permit.
No refund available after plan review completed.
*Purchaser may also be listed here:

APPLICANT SIGNATURE DATE

By Designer:

Name:

Address:

PROJECT INFORMATION

DIRECTIONS TO PROJECT SITE (from Courthouse):

PROJECT ADDRESS:

LOT SIZE (A) ZONING #BEDROOMS

WATER SYSTEM:

PROJECT DESCRIPTION:

(NEW ~ EXPANSION ~ REPAIR)

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

PLOT PLAN

NORTH

Draw a scaled or dimensioned plot plan of the proposed site. Include all applicable items listed in instructions.

SCALE: 1=

ELEVATIONS:

SYSTEM TYPE:
Community SYSTEM NAME:
NUMBER OF CONNECTIONS:
SYST USE:
Gal/Day:
App Rate:
Tank Size:
Drainfield:
Length
Width
Depth
Total Fees
Date Received / /
Receipt # Ck #

_____
Designer Signature

_____
Environmental Health Signature

_____
Approved Denied Date

Expiration Date _____

Installer_____

_____ _____
FINALED BY DATE

(___/___) INSPECTED (___/___) AS BUILT