



# ENVIRONMENTAL HEALTH SERVICES

Physical Address: 223 East 4<sup>th</sup> Street, RM 130 ♦  
Mailing Address: 111 East 3<sup>rd</sup> Street ♦ Port Angeles, WA 98362-3015  
Tele: 360-417-2506 ♦ FAX: 360-417-2313

## PRELIMINARY SITE REGISTRATION (SOIL TESTING)

FEE: \$397 PER LOT

SIR# \_\_\_\_\_

DESIGNER: \_\_\_\_\_

RECEIPT# \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK# \_\_\_\_\_

INSTRUCTIONS: Please fill out the form completely. An application must be submitted for each property (lot) to be evaluated. Soils logs shall be made per Clallam County Health Division Rules and Regulations.

APPLICANT'S NAME: \_\_\_\_\_

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

OWNER'S NAME (if different from applicant): \_\_\_\_\_

PARCEL #: \_\_\_\_\_

LOCATION OF SITE: \_\_\_\_\_

PREVIOUS OR EXISTING SITE REGISTRATION(S): \_\_\_\_\_

IS THIS PROPERTY LOCATED WITHIN 200 FT OF CRITICAL AREAS, SHORELINE, OR WETLANDS? YES \_\_\_\_\_ NO \_\_\_\_\_

### ATTACH A CRITICAL AREAS MAP AND IDENTIFY THE LOT TO BE EVALUATED.

We request that a site evaluation inspection be made by the Clallam County Health Division at the above-described property. Submission of a signed application grants permission for the Health Department to enter the referenced property and witness and/or verify soil logs with a licensed sewage disposal system designer or professional engineer. The undersigned is responsible for receiving required permission from the legal property owner to enter and evaluate the property.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner or agent

ENVIRONMENTAL HEALTH COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Appointment Date/Time: \_\_\_\_\_