CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd.
P.O. Box 9825 ♦ Vancouver, WA 98666-8825
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For Office Use Only

ON-SITE APPLICATION

Applicant Name & Mailing Address: _____

City/State/Zip:_____ **Phone # :**_____

ADDRESS OF SITE:_____ **City:**_____ **Zip:**_____

Detailed Directions to Site:_____

_____

Applicant Signature:_____**Date:**_____

Name of Legal Owner & Mailing Address: _____

Phone # :_____

Legal Description: Qtr. ____ **Sec.**____ **Twn.**_____ **Range**_____ **Lot #**_____ **Lot Size**_____ **Tax Serial #** _____

Water Supply: Public ____ **Spring** ____ **Well**____ **Number of Homes Served:**____

Residence ☐**Yes** ☐ **No** **Mobile Home** ☐**Yes** ☐**No** **Total # of Bedrooms:**____

Number of Occupants:____ **Within Sewer District** ☐**Yes** ☐ **No** **Prior ID #'s / Prior Owners:**_____

****** Please Complete Or Provide The Following Checked Items (Checked By CCPH Staff Only) ******

☐ **Tax Lot Map of Site**	☐ **Flag Site**	☐ **Uncover Septic Tank**	☐ **Uncover Pump Chamber**	☐ **Uncover D-Box**
☐ **12 Month Water Records**	☐ **Plot Plan**	☐ **Letter of Intent**	☐ **Pumping Receipt**	☐ **Repair Form**
☐ **Maintenance Inspection**	☐ **Provide Test Holes**	☐ **Sewer Availability**	☐ **UGB Waiver**	☐ **Other:**_____

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Soil & Site Application	**Design/Permit Application**	**TYPE**	
Date _____	Date _____	New Site ☐	Temp. Hardship ☐
AR: _____	AR: _____	Repair ☐	Verification ☐
INV: _____	INV: _____	Vol. Replacement ☐	Concurrency ☐
SR: _____	SR: _____	Expansion ☐	Other ☐
EHA: _____	EHA: _____	Tank Only ☐	

To be completed by EHS:

Evaluation Conclusions / Conditions:

__ 100' from wells
__ 100' from surface water
__ Table VI Repair / Vol. Replace.
__ 5' From Prop. Lines
__ 50' to banks / road cuts
__ Env. Sensitive Area (s)
__ Method II Req., __Prop. line Adj.
__ SPWS Required, __ Aband. well
__ Within ZOC, __ Within CRGNSA
__ Within Urban Growth Boundary
__ Guest House Proposed
__ Shop with Connection Proposed
__ Winter Evaluation
__ Pre-Installation Meeting Required
__ Stake Site: Basic___ Detailed___
__ Existing septic tank if _____ gal., concrete, good condition, H_2O test
__ Pump Required
__ Abandon Dry Well / Septic Tank
__ Complete septic tank upgrades of: outlet baffle filter___new risers____
__ Pump chamber to have new riser
__ Survey Property Lines required
__ Title Declaration Required

Evaluation Recommendations:

Satisfactory ☐ Unsatisfactory ☐

Connect to Public Sewer ☐ Hardship ☐

WAC Waiver Required ☐ Waiver Class _____

Vertical Separation _____ Soil Type:_____

SCS Map _____ Page#_____

Conditions of Approval: _____

_____

Other Notes:_____

_____

Environmental Health Specialist Signature: _____ **Date:**_____