



ADAMS COUNTY HEALTH DEPARTMENT

425 E MAIN STE 700, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031
108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315

THIS IS NOT A PERMIT

SITE REGISTRATION SHEET

Property Owner's Name: _____ Phone: _____

Applicant's Name: _____ Phone: _____

Mailing Address: _____

Location Address: _____

Parcel Number(s): _____ Section: _____ Township: _____ Range: _____ Farm Unit: _____

Subdivision: _____ Lot#: _____ Size of Lot: _____

This form is to be used for any action, which requires that soil information be submitted to the Health Department, including applications for sewage permit, land segregations, conditional use permits, etc. This form must be completed and signed by a Licensed Designer, Soil Scientist, or Professional Engineer registered with the state of Washington. This form may be used to apply for a sewage permit by submission of the Sewage Permit Application and design for sewage system meeting all applicable statutes, ordinances, rules and regulations, or guideline, as well as any applicable fees. **THIS IS NOT A PERMIT.** The findings made here may be voided by any disruption of the drainfield area (clearing, grading, etc.), By drilling a well within 100' of the drainfield area, by changes in regulation which result in no approvable drainfield site on the property or by site conditions proving during the construction to differ from those represented here. This sheet may be amended without further fees. This sheet will be filled permanently by the Health Department and does not require renewal by the applicant at any time.

SOIL LOG #1

SOIL LOG #2

Water Table _____ Water Table _____

Please Provide a scale drawing on the reverse side of this sheet.
This form must be completed prior to filing

PROFESSIONAL
STAMP

I find this property suitable for an on-site sewage disposal system and reserve area.

Signature of Designer/Engineer/Soil Scientist Date

Comments: _____

*****DO NOT WRITE BLOW THIS LINE*****

Site Registration Accepted Site Registration with Conditions Site Registration Denied

Health Dept. Comments _____

Signature _____ Date _____

Date: _____ Fee: _____ / N/C already on file Receipt #: _____ Site Registration #: _____