

Department of Health and Human Services
Environmental Health Program
 155 N First Ave, MS 5, Suite 170
 Hillsboro, OR 97124
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 WashCoSeptic.com



SYSTEM DESIGN

Name of Property Owner:

Site Address: (include city)

Township:

Range:

Section:

Tax Lot:

Acres:

Subdivision:

Lot:

Block:

Scale: 1 Square = Feet _____

PLEASE SEE PROCEDURE & CRITERIA FOR REQUIRED INFORMATION

N

I certify that the above information is accurate and complete to the best of my knowledge. This system is based on actual measures and conditions on the site.

License Applicant Signature:

I am the: Owner Authorized Agent

Printed Name:

Date:

DO NOT WRITE IN THE SPACE BELOW

Received By:

Date: