

GARFIELD COUNTY HEALTH DEPARTMENT

Permit No. _____
 Bldg. Permit No. _____

189 11th Street / 843-3412
 P.O. Box 130
 POMEROY, WASHINGTON 99347

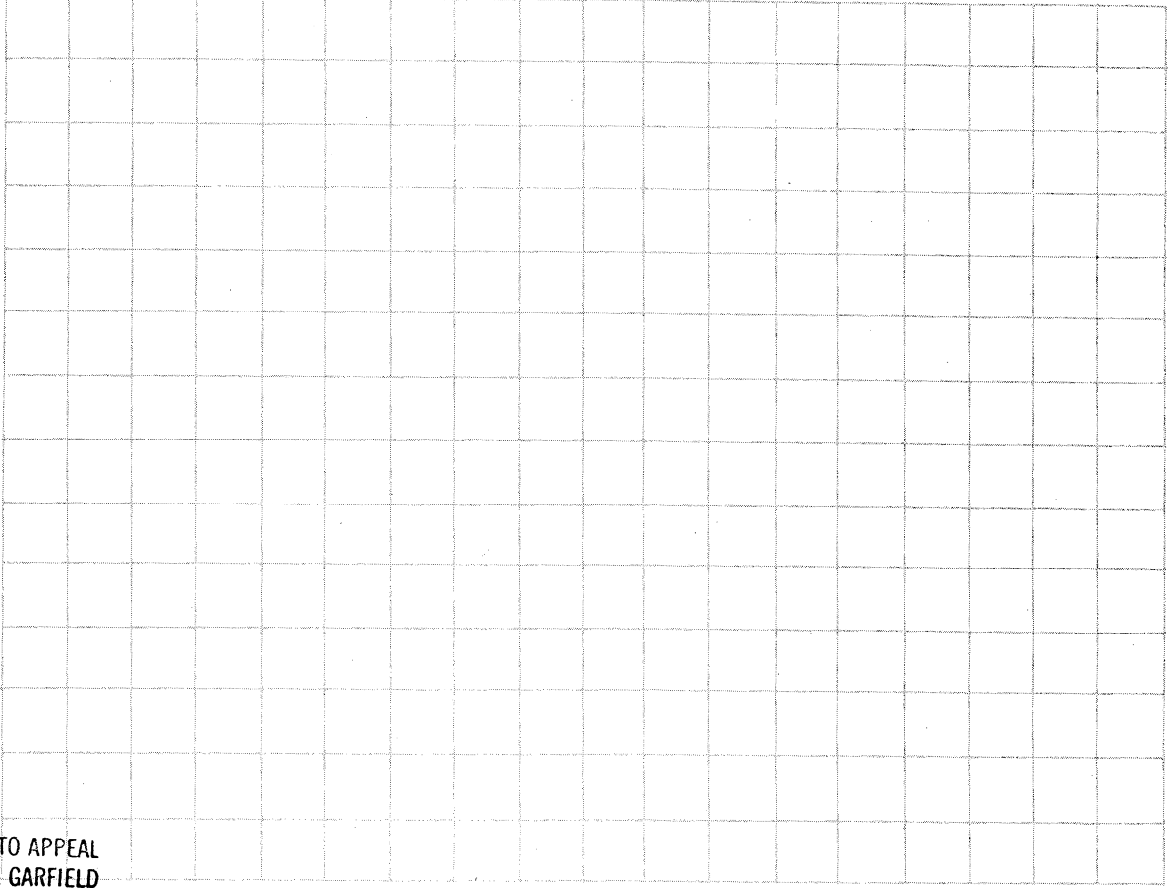
Date _____
 Permit Fee Paid _____
 Receipt No. _____

APPLICATION FOR SEWAGE DISPOSAL PERMIT

PROPERTY OWNER			ADDRESS		
APPLICANT'S NAME			ADDRESS		
LOCATION OF PROPERTY, INCLUDING: ADDRESS					
DIRECTIONS TO PROPERTY:					
PROPERTY SIZE		TYPE OF BUILDING (RESIDENCE, DUPLEX, COMMERCIAL, Etc.)			
NO. OF BEDROOMS	BASEMENT	NEW INSTALLATION	REPLACEMENT	WATER SUPPLY (CITY, WELL, SPRING)	DEPTH TO SEASONAL HIGH WATER TABLE
SOIL DESCRIPTION TO SIX (6) FEET				SEPTIC TANK CAPACITY	DRAINFIELD LENGTH
TRENCH WIDTH	DRYWELL		AND / OR OTHER SYSTEMS		
SYSTEM INSTALLED BY				APPLICANT'S SIGNATURE	

- INDICATE ON SKETCH**

 - 1) Property lines
 - 2) Buildings
 - 3) Driveways & Patios
 - 4) Water System, Pipes
 - 5) Sewage System
 - 6) Replacement Area
 - 7) Streams within 100'
 - 8) Slope of lot
 - 9) Adjacent Roads
 - 10) Other drainfields



SOIL LOG:

Surface _____

1' _____

2' _____

3' _____

4' _____

5' _____

6' _____

NOTE: YOU HAVE THE RIGHT TO APPEAL THIS DETERMINATION TO THE GARFIELD COUNTY BOARD OF HEALTH.

TWIN CITY PRINTING

COMMENTS _____

Application Approved _____

FINAL INSPECTION DATE _____ COUNTY SANITARIAN _____ DATE _____