

**Tank Placement Permit**  
ON-SITE SEWAGE CONSTRUCTION PERMIT

ENVIRONMENTAL HEALTH SERVICE  
Physical: 223 E Fourth St, Room 130  
Mailing: 111 East Third Street  
PORT ANGELES, WA 98362  
(360) 417-2506

SIR#
SEP#

Parcel #  
Subdiv/plat  
Vol.  
Page  
Lot  
Blk/Div

**APPLICANT INFORMATION (Property Title Owner)\***

NAME:  
FIRST MI LAST

CURRENT ADDRESS:  
CITY:  
PHONE:

Denial or approval of an On-Site Sewage Disposal Permit may be appealed to the Health Officer within 15 days of the decision date.

**This construction permit expires 3 years from date of issuance. Repair Permits are valid for 6 months only.**  
Any change in building or sewage disposal plans or location invalidates this permit unless prior approval is obtained from the Environmental Health Division and Designer.

I hereby acknowledge that I have read this application and state that the information supplied is correct. I agree to comply with all County and State laws regulating activities covered by this permit.  
No refund available after plan review completed.  
\*Purchaser may also be listed here:

APPLICANT SIGNATURE DATE

By Designer:  
Name:  
Address:

**PROJECT INFORMATION**  
DIRECTIONS TO PROJECT SITE (from Courthouse):

PROJECT ADDRESS:

LOT SIZE (A) ZONING #BEDROOMS

WATER SYSTEM:

PROJECT DESCRIPTION:  
**(NEW ~ EXPANSION ~ REPAIR)**

**PLOT PLAN**  
NORTH

Draw a scaled or dimensioned plot plan of the proposed site. Include all applicable items listed in instructions.

SCALE: 1=

\_\_\_\_\_  
Designer Signature

\_\_\_\_\_  
Environmental Health Signature

Approved Denied Date

Expiration Date \_\_\_\_\_

Installer \_\_\_\_\_

\_\_\_\_\_  
FINALED BY DATE  
(\_\_\_/\_\_\_) INSPECTED (\_\_\_/\_\_\_) AS BUILT

ELEVATIONS:

SYSTEM TYPE:  
Community SYSTEM NAME:  
NUMBER OF CONNECTIONS:  
SYST USE:  
Gal/Day:  
App Rate:  
Tank Size:  
Drainfield:  
Length  
Width  
Depth  
Total Fees  
Date Received / /  
Receipt # Ck #