

Grant County Health District 1038 W. Ivy · Moses Lake WA 98837 · (509)766-7960

SITE REGISTRATION SHEET THIS IS <u>NOT</u> A PERMIT

Property Owner's Name:				_ Phone:	
Applicant's Name:				Phone:	
Mailing Address:					
Location Address:					
Parcel Number(s):	Section	Township	Range	Farm Unit	
Subdivision	conditional use permits, etc egistered with the state of plication and design for sewa ees. THIS IS NOT A PERMIT ling a well within 100' of the site conditions proving duri	information be sub- . This form must Washington. Thi- ge system meeting . The findings mac- tie drainfield area, ng construction to	be completed s form may be all applicable st le here may be by changes in r differ from tho	Health District, including ap and signed by a Licensed used to apply for a Sewa atutes, ordinances, rules & r voided by any disruption of regulation which result in r use represented here. This ot require renewal by the ap	Designer, Songe Permit by egulations, on the drainfield approvable sheet may be
SOIL LOG #1	SOIL LOG	#2	<u>STAMP</u>	<u>L</u>	
			I find this prope system and reser	rty suitable for an on-site sewag rve area.	e disposal
WATER TABLE:	WATER TABLE:		Signature of De	signer/ Engineer/ Soil Scientist	Date
Please provide a scale drawing on	the reverse side of this sh	eet. This form m	ust be comple	ted prior to filing.	
Comments:					
********	******DO NOT WRITE	BELOW THIS L	INE*****	******	*****
Site Registration Accepted	☐ Site Registration Ac	cepted with Cond	ditions	Site Registration De	
Health District Comments:					
Signature			Da	ate	
Date: Fee: /	N/C already on file Re	eceipt #:	Site	Registration #:	