Clallam County Department of Health Division of Environmental Health 223 East 4th Street Permit No._ Port Angeles, WA 98362 (206) 452-7831, Ext. 332 Receipt No.___ ON SITE SEWAGE DISPOSAL PERMIT This Permit expires one year from date of issue. Renewal for one year requires application within 30 days before expiration. NAME: DATE: CHECK APPLICABLE ITEMS ADDRESS: Installing New System PHONE: Repairing Old System CITY: STATE: Expanding System ZIP: Single Family SPECIFIC DIRECTIONS FOR LOCATING SITE: Mobile Home Commercial WATER SUPPLY Private Well Surface Water Public Water Supply System Name LOT SIZE: NO. OF BEDROOMS: Signature of Applicant 466 acres DRAW A SCALED OR DIMENSIONAL PLOT PLAN INCLUDING ALL ITEMS LISTED ON THE BACK OF THIS FORM. Compass Direction Any change in building or sewage disposal plans or location invalidates this permit unless prior approval is obtained from the Health Department. OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE. COMMENTS: Drainfield Length Trench Width Trench Depth Septic Tank Size (gal.) two compartment SOIL LOG: Depth to Groundwater Approved Date Approved Date PenPrint, Inc. WHITE-Office Copy YELLOW-Owner's Copy PINK-Installer's Copy