



South Central Public Health District

Prevent. Promote. Protect.

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

OWNER/APPLICANT NAME:		LEGAL DESCRIPTION:		PARCEL #:	
MAILING ADDRESS:		T	R	S	Q SEC
CITY/STATE/ZIP:		SUBJECT PROPERTY STREET/GRID ADDRESS:			
SEND RESULTS TO:		CITY/STATE/ZIP:			
MAILING ADDRESS:		SUBDIVISION:		LOT:	BLOCK:
CITY/STATE/ZIP:		LOT SIZE:			
PHONE:	FAX/CELL:				

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate. **NOTE: This survey in no way guarantees trouble-free operation of the subsurface sewage disposal system.**

Signature:

Date:

Fee (Non-refundable or transferable) \$ 150.00	Receipt #	Received By:	Date:
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Test Hole Information

Site Diagram

T/H #	Depth	Soil Profile



COMMENTS:

REHS SIGNATURE: _____ DATE: _____

COUNTY: _____ REHS# _____