



# South Central Public Health District

Prevent. Promote. Protect.

## INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

OWNER/APPLICANT NAME:	LEGAL DESCRIPTION: T    R    S    Q SEC	PARCEL #: <b>RP</b>
MAILING ADDRESS:		QUARTER SECTION:
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) \$	Receipt #	Received By:	Date:
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### Test Hole Information

### Site Diagram

T/H #	Depth	Soil Profile

COMMENTS:

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REHS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY:                      REHS#