

- Personal & Family Health
- Community Health
- Environmental Health

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ENVIRONMENTAL HEALTH DIVISION - ONSITE SEPTIC

Site Evaluation Checklist

Complete the following checklist prior to scheduling a site evaluation. Site evaluations may be billed at the time of the evaluation, unless the evaluation is associated with an open project. Fees are assessed based on the purpose of site evaluation.

Contact Information

Your Name: E	mail:
Mailing/Billing Address: P	Phone(s):
Preferred method of contact: • Call • Text • E-mail • Other :	
Are you the property owner?: • Yes • No (if yes, skip to property information)	
If no, what is your relationship to the project:	
Do you have permission from the owner to do a site evaluation? • Yes •	No
Legal property owner: Email/phone:	
Who should the site evaluation results go to?	
Property Information	
Site Address: P	Parcel #:
Water Source: © Domestic/Private Well © Public system, name:	
Is sewer or public wastewater system within 200ft of property?	Yes 🛛 No 🖓 Unknown
Parce Size (acres): Are there existing easements/en	ncumbrances? • Yes • No
If yes, describe:	
Project Information	
Purpose of site eval: • New system • Replacement system	Expansion/Repair
Land use/Planning review Other:	
This site evaluation and project is associated with (check all that apply):	
Short Plat Rural Housing Certificate Building Permit Property	Transfer • Failure of existing septic
o Other:	
Property Use: © Residential: # of bedrooms : © Con	nmercial: Type :
Have you contacted County Planning to discuss the project?	Yes 🛛 No 🖓 Unknown
According to County Planning, is this property in a critical area?	Yes 🛛 No 🖓 Unknown
If yes, describe: • Wetland • Floodplain • Palouse Prairie	0 Other:
Have you called 811 to locate all utilities? • Yes • No • N/	A (no utilities on site)
Site Evaluation Information	
A backhoe/excavator and experienced operator will be onsite during site eval	□ Yes □ No
The backhoe/excavator is equipped to dig several 6-8' deep, 3-4' wide test hold	es º Yes º No
Backhoe Operator is a Whitman County Licensed Installer	□ Yes □ No
Backhoe Operator has read the Site Evaluation Excavation Instructions	□ Yes □ No
Billing Information	
Your Name: E	mail:
	Phone(s):