



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

Website: https://www.co.walla-walla.wa.us/government/health_department/index.php

Email: health@co.walla-walla.wa.us

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362 • Main Telephone: (509) 524-2650 • Main Fax: (509) 524-2677

SITE EVALUATION FOR ON-SITE SEWAGE DISPOSAL

TYPE OF EVALUATION [] New System [] Replacement (total system or drainfield) [] Shop up to 100ft [] Single Bedroom Addition [] Other, Specify: _____

Name of Applicant: _____ Phone #: _____ Cell #: _____

Mailing Address: _____ Email Address: _____

Property Owner: _____ Phone #: _____

Site Location: _____ Lot Size: _____

Parcel Number: _____ Directions to the Property: _____

Location to meet: _____

Special conditions for site (gate locks, codes, etc): _____

When scheduling, please allow us at least 14 business days upon receipt of application to contact you to coordinate the site evaluation. Proposed site evaluation time and date: _____

- One or more test holes may be required on each building site. See Guidelines for Test Pit Construction by the Washington State Department of Health for more information.
➤ Evaluations will only be performed after utilities are located. Call 811 to locate services.
➤ The fee for soil and site evaluation for new systems, bedroom additions, and accessory dwelling units, or shops is \$200 and must be submitted with this application.
➤ Evaluations for systems being completely replaced or in failure have no fee.

Fees paid are non-refundable and if ownership is transferred or septic location is moved, an additional site evaluation and fee may be required.

By signing this site evaluation form you are granting permission for staff from the Walla Walla County Department of Community Health to enter your property to evaluate site conditions that pertain to the installation of an Onsite Sewage System. This includes, but not limited to soil test holes, well locations, surface water location, building structures or anything else that might hinder the installation of an Onsite Sewage system.

Property Owner's Signature: _____ Date: _____

This portion is to be filled out by Environmental Health Staff

When reviewing the site look for the following:

Sources of Water: Wells, Irrigation Canals, Springs, Surface Water

Limiting Features: Slopes, vegetation, fill material, location of building structures

Form with columns for Testhole # and a large empty box for notes.