



Operational Survey Application

On-Site Sewage System and/or Water Supply

Service Requested:	<input type="checkbox"/> Sewage System Survey	<input type="checkbox"/> Water System Survey (includes one resample if needed with lab fee)
	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Sewage and Water System Survey

** Refer to fee schedule for applicable fees**

Name of Applicant:		Contact #:	
Contact Name for Property Access:		Contact #:	
Physical Address of Property to be Inspected:			# of Bedrooms in Home:
Parcel #:	Section:	Township:	Range:
Current Owner:		Original Owner:	
Directions to Property:			
Send Report to:			Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail
Mailing address:			
Fax #:	Email:		

Complete for On-Site Sewage System Survey	
Date Sewage System Installed:	House Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date house was vacated:
On-Site Sewage System Permit #:	
Does System Consist of Septic Tank and Drainfield? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (list):	
Date of Last Pumping (submit verification from pumper):	
Please note: Access to septic tank lids is required for the survey. If the septic tank has not been pumped within the last three years, arrangements must be made to have the septic tank evaluated by a certified pumper, and if necessary, pumped at the conclusion of the survey. The pumper's findings must be submitted to this office. If there is significant snow cover over the drainfield area, the survey may not be completed until weather conditions change.	

Complete for Water System Survey	
Type of Water System:	<input type="checkbox"/> Private Water System <input type="checkbox"/> Public Water System – (name of system):
For Private Water Systems, Source of Water: <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Spring <input type="checkbox"/> Other:	
If Private Water System, # of Homes Served by System:	Water Treatment (if any):
Please note: Should a production test be necessary, the applicant is advised to contact a licensed well driller or specialist.	

This application is made to authorize the activities described herein. I certify that I am familiar with the information contained in the application and that to the best of my knowledge, such information is true, complete, and accurate. I grant permission to allow representatives of the Health Officer to enter this property for the purposes of the application evaluation and any subsequent inspections. All fees and required paperwork must be received prior to operational survey being scheduled. Fees are non-refundable.

Applicant Signature: _____ Date: _____

For Office Use Only		
Date Application Received	Fee Received	Receipt #

Stevens County	Pend Oreille County	Ferry County
240 E. Dominion Colville, WA 99114 Phone: (509)684-2262 Option 2 Fax: (509)684-8506	605 Highway 20 Newport, WA 99156 Phone: (509)447-3131 Fax: (509)447-5644	PO Box 584/ 147 N. Clark, Ste 1 Republic, WA 99166 Phone: (509)775-3111 Fax: (509)775-2858
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