

**Department of Health and Human Services**  
**Environmental Health Program**  
 155 N First Ave, MS 5, Suite 170  
 Hillsboro, OR 97124  
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 WashCoSeptic.com



## SITE EVALUATION PLOT PLAN

Name of Property Owner:

Site Address: (include city)

Township:

Range:

Section:

Tax Lot:

Acres:

Subdivision:

Lot:

Block:

Scale: 1 Square = Feet \_\_\_\_\_

PLEASE SEE INSTRUCTIONS FOR REQUIRED INFORMATION

N

I certify that the above information is accurate and complete to the best of my knowledge. This system is based on actual measures and conditions on the site.

**License Applicant Signature:**

I am the:  Owner  Authorized Agent

**Printed Name:**

**Date:**

DO NOT WRITE IN THE SPACE BELOW

Received By:

Date: