

Jefferson County Public Health  
615 Sheridan St., Port Townsend WA 98368  
360-385-9444

Fee: \$ \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
OTH \_\_\_\_\_

### WET SEASON EVALUATION APPLICATION

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LEGAL DESCRIPTION: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

PARCEL NO: \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Division \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

SITE LOCATION/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Address of Adjacent Property \_\_\_\_\_

SEWAGE DISPOSAL PERMIT ISSUED: Yes \_\_\_\_\_ No \_\_\_\_\_

**This evaluation does not constitute a guarantee of approval of an on-site sewage disposal permit.**

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Hole 1: \_\_\_\_\_ Hole 5: \_\_\_\_\_ Hole 9: \_\_\_\_\_

Hole 2: \_\_\_\_\_ Hole 6: \_\_\_\_\_ Hole 10: \_\_\_\_\_

Hole 3: \_\_\_\_\_ Hole 7: \_\_\_\_\_ Hole 11: \_\_\_\_\_

Hole 4: \_\_\_\_\_ Hole 8: \_\_\_\_\_ Hole 12: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_

Hole 1: \_\_\_\_\_ Hole 5: \_\_\_\_\_ Hole 9: \_\_\_\_\_

Hole 2: \_\_\_\_\_ Hole 6: \_\_\_\_\_ Hole 10: \_\_\_\_\_

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Comments: \_\_\_\_\_