



# Skagit County Department of Public Health

**Jennifer Johnson, Director**  
**Howard Leibrand, M.D., Health Officer**

*"Always working for a safer and  
healthier Skagit County"*

## Fillable Forms

The following document is a fillable form. You may complete all fields in the form electronically or you may print the form and complete it manually. We require an actual signature on all forms. If you are able to sign using an electronic device please do so in the designated area, otherwise you will need to print the form to sign.

Completed and signed forms can be submitted via:

- E-mail to [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us)
- Fax to 360-419-3408
- Mail to Environmental Public Health, 1800 Continental Place, Mount Vernon, WA 98273

You may save a copy of your completed form electronically but if you leave this website your changes within the webform will not be saved.

Incomplete forms will be returned to the applicant and not processed.

If you have questions regarding this form please contact us by phone at 360-416-1555 or via e-mail at [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us).



**Department of Public Health**  
 Environmental Public Health Division  
 1800 Continental Place • Mount Vernon, WA 98273  
 Office (360) 416-1555 Fax (360) 419-3408

<b>Date Stamp</b>
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<b>Required for Septic Design:</b> Lot Certification _____ Zoning _____ Critical Area _____ Flood _____	<b>Fee</b> \$ _____
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**Do Not Write Above This Line. For Office Use Only.**

<b>Owner or Agent's Signature</b>	<b>Date</b>
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**Application**

<b>Property Owner (last, first, mi.)</b>		<b>Phone # ( )</b>
<b>Mailing Address</b>		<b>Zip Code</b>
<b>Assessor's Account Number(s)</b>	<b>P - Number</b>	<b>Sec / Twp / Rge</b>
<b>Existing Plat Name or No.</b>	<b>Lot #</b>	<b>Lot Size (acres)</b>
<b>Location and/or Site Address</b>		
<b>Site Evaluator / Phone #</b>	<b>Designer / Phone #</b>	<b>Contractor's #</b>
<b>Any previous site evaluations/designs for this site?</b>	<b>Name or Project File?</b>	<b>What year was work done?</b>
<b>PERMIT TYPE</b>	<input type="checkbox"/> Site Evaluation & Design	<input type="checkbox"/> Design Only
	<input type="checkbox"/> Site Evaluation only	
<b>SITE EVALUATION:</b>	<input type="checkbox"/> Existing Lot	<input type="checkbox"/> Proposed Lot
<b>DESIGN STATUS Submitted</b>	<input type="checkbox"/> New Design	<input type="checkbox"/> Redesign
	<input type="checkbox"/> No Design submitted	<input type="checkbox"/> Table 6 Repair
<b>DESIGN TYPE:</b>	<input type="checkbox"/> Conventional	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Aerobic/Mound
	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Aerobic/Drip
		<input type="checkbox"/> Mound
		<input type="checkbox"/> Sand-lined Trench
		<input type="checkbox"/> Other- Describe:
<b>SYSTEM USE</b>	<b>Residential</b>	<b>Non-Residential- Recreational</b>
	# of bedrooms	# of occupants
	gal/day/bdrm	gal/day/occupant
	total daily flow	total daily flow

# Tracking Permit

(Print Last Name, First above this line)

Proposed Plat	<input type="checkbox"/> Short Plat (2 - 4 lots) Review <input type="checkbox"/> Long Plat (5 or more lots) lot # ____ of ____ lots.	Proposed Plat Name or No.?
		Lot Size (acres)

## DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

### NOTES:

### INSPECTIONS:

Site Evaluation	_____ / _____	Design Review	_____ / _____
Soil/Site Preparation	_____ / _____	Above/below Grnd Devices	_____ / _____
Open Trenches	_____ / _____	Pressure Test	_____ / _____
Self-Inspection	_____ / _____	Installed as Designed	_____
Final Inspection	_____ / _____		