Report of System Status Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Validation

O&M record (*Office Use*) | RSS application (*Office Use*) | Closing date

Mail to information:

Name
Address
City | State | Zip
Phone

Site information:

Owner name
Parcel number
Site address
City | State | Zip

Lot number | Subdivision | Number of buildings | Lot size in sq. ft

Building type:
Single Family ☐ Multi-Family ☐ Mobile home park ☐ Food service ☐ Commercial ☐ Institutional ☐

Water supply:
☐ Public water Company _____ ID _____
☐ Individual well ☐ Spring

System information:

1. Number of occupants _____

2. Vacant? ☐ Yes, If vacant how long? _____ ☐ No

3. Garbage disposal? ☐ Yes ❑ No

4. Number of bedrooms _____

5. Have any septic system malfunctions occurred while you've owned this property? ☐ Yes ☐ No

6. Have any alterations or repairs been made to the septic system while you've owned this property? ☐ Yes ☐ No

If you answered Yes to question 5 or 6 you must provide a brief description below.

I certify the information on this application is true and correct to the best of my knowledge. I understand I can be held liable for making false statements. I am authorized by the legal property owner to request inspection for this location. I grant consent to employees of the Tacoma-Pierce County Health Department to allow access to this property for inspection related to this application.

Signature | Date

Fax Number | Attention

Email Address

Additional information: Dogs? ☐ Yes ☐ No **Locked Gates?** ☐ Yes **Gate code** _____ ☐ No

Directions/comments _____

_____

HEALTH DEPARTMENT USE ONLY

90 Day Conditional: If yes, verify applicant attached cost estimate and contract.
❑ Yes ❑ No
Cost estimate attached: ❑
Contract agreement or addendum attached: ❑

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.