Request for Second Opinion of On-Site Sewage Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Validation

Site Address _____

City _____ State _____ Zip _____

Parcel Number _____

Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Designer _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Specific Reason for Requesting Second Opinion _____

_____

_____

Designer Signature _____ Date _____

FOR HEALTH DEPARMENT USE

Result ❑ Approved

❑ Denied

Comments _____

_____

_____

Health Department Representative _____ Date _____

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