

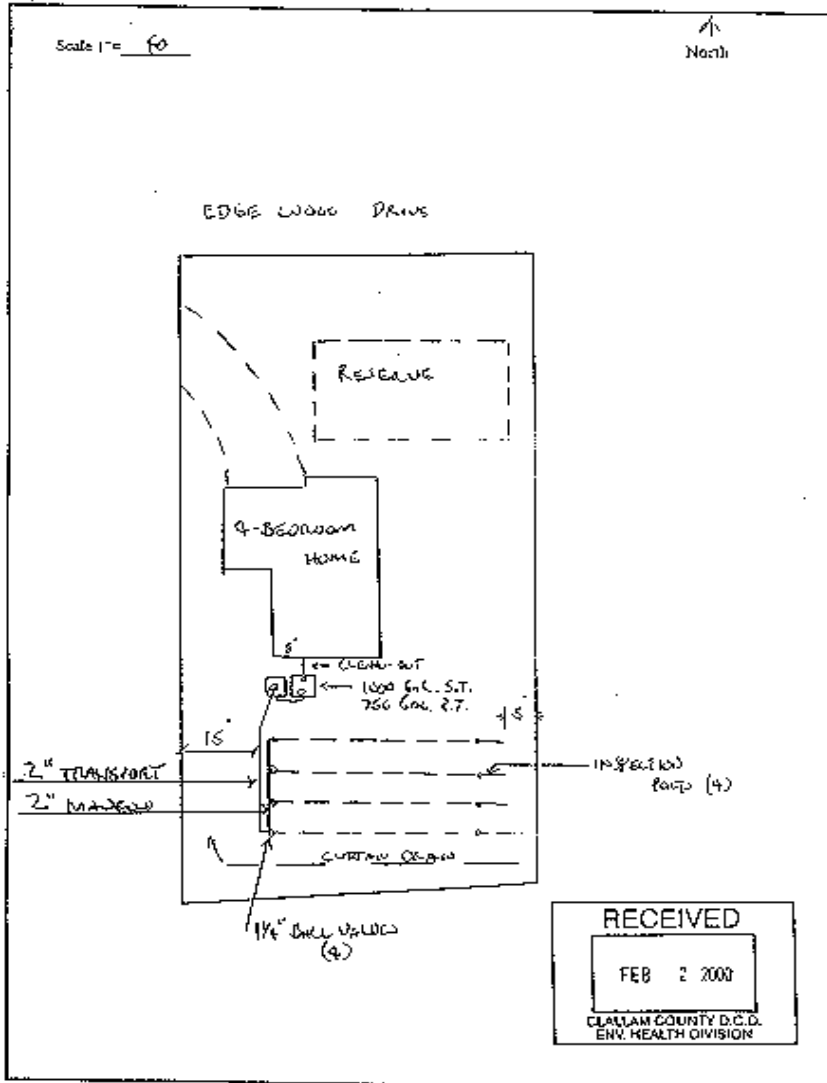
Clallam County Department of Community Development
 Environmental Health Division
SEPTIC SYSTEM INSTALLATION CERTIFICATION AND "AS BUILT"

Received _____

APPLICANT NAME [Redacted] SEP # _____ Installer [Redacted] Date installed 1-4-08

PARCEL NUMBER [Redacted] (Subdivision [Redacted] Lot [Redacted])

Please indicate location of septic tank, pump chamber, drainfield, and other system components in relation to the house, property lines of other pertinent objects. Note any change from the approved plans here or on the back of this form.



I personally inspected this On-Site Sewage Disposal System and certify that it was installed in accordance with the approved design and complies with the conditions noted on the permit and with WAC 248-96.

Designer [Signature]

Date 2-1-08

RECEIVED
 FEB 2 2008
 CLALLAM COUNTY D.C.D.
 ENV. HEALTH DIVISION