



Cowlitz County Health and Human Services

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WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

EHU MASTER APPLICATION

Applicant: Please print in ink or type. A Staff Member will review this application at intake for completeness.

Property Information

Project Address _____ City _____ Parcel # _____

Application Type (check one)

Septic	Water Availability	Other
<input type="checkbox"/> New Septic ¹ <input type="checkbox"/> Site/Soil Evaluation ¹ <input type="checkbox"/> Repair <input type="checkbox"/> Tank Placement <input type="checkbox"/> Verification	Well (check sub-type) <input type="checkbox"/> Individual <input type="checkbox"/> 2-party Shared ^{1,2} <input type="checkbox"/> Conversion (Individual → 2-party) <input type="checkbox"/> Public Water Verification	<input type="checkbox"/> Temporary Campground <input type="checkbox"/> Solid Waste Facility <input type="checkbox"/> _____
¹ If part of a subdivision, please indicate:	² Well will share with location:	
Subdivision # _____, Lot # _____	Address _____, Parcel # _____, Lot # _____	

Applicant/Owner Information

Applicant/Authorized Agent _____

Mailing Address _____ City _____ State _____ Zip Code _____

Daytime Telephone _____ Email Address _____

Property Owner _____

Mailing Address _____ City _____ State _____ Zip Code _____

Daytime Telephone _____ Email Address _____

Project Description

Please provide a brief description of your project:

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Applicant Signature _____ Date _____

Printed Name _____

Office Use Only		
Permit # _____	Date _____	Accepted By _____