

# Request for Second Opinion of On-Site Sewage Application



Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parcel Number \_\_\_\_\_  
Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Validation

Designer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

**Specific Reason for Requesting Second Opinion** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designer Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR HEALTH DEPARTMENT USE

Result  Approved  
 Denied

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Department Representative \_\_\_\_\_ Date \_\_\_\_\_

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