

REQUEST FOR SERVICES

SEWAGE SYSTEM SITE EVALUATION-SUBDIVISION

Tower Designs, Inc.
P.O. Box 2022
Leavenworth, WA 98826
509-548-4496
zach@towerdesigns.com
nelly@towerdesigns.com

Requested Services

Site evaluation (see fee schedule for approx. cost)

Backhoe

Yes. Please arrange for a backhoe.

No thank you. I will arrange for the backhoe.

Note: Backhoe fee is in addition to the site evaluation fee

In order to perform your site evaluation accurately, the following information is necessary before the work can be scheduled. Please complete this form and [email](#) or mail it to the address listed above with the site plan and plat map.

Billing Information

Name: _____

Address: _____

City,State,Zip: _____

Phone: _____

Email: _____

Property Information

County: _____

Assessor Parcel #: _____

Legal Description (Lot, Subdivision): _____

Property Street Address: _____

Directions: _____

Source of Drinking Water

Private well

Surface water

Public Source

System name: _____

Please submit a copy of the report to the Health District

Please attach a site plan showing the proposed division showing any existing houses, drain fields, well, etc. If a preliminary map from your surveyor is available, please include this.

I agree to pay Tower Designs, Inc. the fee (from the fee schedule) for the services requested as soon as the work is completed and invoices are presented for payment. I further agree to pay the backhoe operator's fees if they are arranged by Tower Designs, Inc. It is applicants responsibility to obtain permission from property owner to dig test holes if property is not owned by applicant. The Chelan Douglas Health District will be notified when test holes are scheduled and my be present on site.

Name

Date

Notes: