

**WAHKIAKUM COUNTY HEALTH DEPARTMENT**  
**42 Elochoman Valley Rd ~ PO BOX 696**  
**CATHLAMET, WASHINGTON 98612**  
**360.795.6207 or TOLL FREE 888.452.0326**

**SHORT PLAT/SUBDIVISION APPLICATION**

**DATE:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Parcel # or SSA # \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

**WATER SUPPLY**

**SQUARE FOOTAGE**

Existing Public Water Supply  
Name: \_\_\_\_\_

Lot 1: \_\_\_\_\_

Proposed Public Water Supply  
Name: \_\_\_\_\_

Lot 2: \_\_\_\_\_

Individual Wells (private)

Lot 3: \_\_\_\_\_

Lot 4: \_\_\_\_\_

Soil logs and site have been properly prepared.

Lot 5: \_\_\_\_\_

Lot 6: \_\_\_\_\_

Will call the Health Department when ready.

(attach additional sheet if necessary)

Map noting proposed lot boundaries with soil log hole locations attached.

~~~~~ **OFFICIAL USE ONLY** ~~~~~

**WATER SUPPLY**

Public Water Supply: Water Adequacy~ Yes  No

Letter with Intent~ Yes  No  Source Location ~ Covenants and Easements-Acceptable

**SEWAGE DISPOSAL SYSTEM AND LOT SIZE**

Soil Depth Acceptable  Lot size acceptable

By: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**Approval of this plat does not guarantee that permits for on-site sewage disposal will be issued.**