



Environmental Health Division
 345 6th Street, Suite 300
 Bremerton, WA 98337-1866

On-Site Sewage / Drinking Water Records Request

Requestor Name	Phone Number	Today's Date	
Mailing Address	City	State	Zip Code
Email Address			

- Records Requested:**
- On-Site Sewage Records Only
 - Drinking Water Records Only
 - On-Site Sewage AND Drinking Water Records

As-Built Information (required):

Current Homeowner
Current Property Address

As-Built Information (if known):

Tax ID#	Development/Lot
Original Owner/Builder	Year Septic Installed
Previous Address (if applicable)	

NOTE: Washington state law prohibits the Health District from providing a list of individuals for a commercial use.

Requesting photocopies of the records?

*There is a charge for photocopies that must be paid before the copies are released.
 If records to be picked up, must be picked up within 30 days of notification of availability.*

Or

Requesting to inspect the records at the District's offices?

Records must be inspected within 30 days of notification of availability.

Signature of Requestor	Date/Time of Request
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FOR HEALTH DISTRICT USE ONLY

**ACTION ON REQUESTS FOR PUBLIC RECORDS MUST BE TAKEN
WITHIN FIVE (5) BUSINESS DAYS (SEE R.C.W. 42.17.320)**

1. Request received by: _____ **Date:** _____

2. Action taken:

- Request granted.
- Acknowledgment of receipt of request.
- Estimated response date provided.
- Request denied.
- Record withheld in part.

Need for additional time. How long? _____

3. Notification to requestor of action taken: Date of notification: _____
Date of notification (additional time needed): _____
Date of notification (additional time needed): _____

4. Request forwarded to prosecuting attorney for review: Yes Date forwarded: _____
 No

5. If additional time needed, explain why: _____

6. If request denied or record withheld in part, name the exemption contained in Chapter 42.56 that authorizes withholding or denial: _____

7. If request denied or record withheld in part, explain how the exemption applies to this record: _____

DOCUMENTS PROVIDED:

Date: _____

- Mailed
- Emailed
- Faxed
- Picked Up

Number of pages provided: _____
Standard copy charge @ \$0.15 per page: \$ _____
Other copy charges (see current Fee Schedule): \$ _____
Postage: \$ _____
TOTAL FEES DUE: \$ _____