

REQUEST FOR SERVICES

SEWAGE SYSTEM SITE EVALUATION

Tower Designs, Inc.

P.O. Box 2022
Leavenworth, WA 98826
509-548-4496; 509-548-2373 fax
keith@towerdesigns.com
zach@towerdesigns.com

Requested Services & Estimated Fees

- Site evaluation \$380 (standard evaluation) (<\$1000 gallons per day)
- 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.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Type of Use

- Residential
Number of bedrooms: _____
- Commercial
Describe use: _____

Property Description

County: _____

Assessor Parcel #: _____

Legal Description (Lot, Subdivision): _____

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 property lines, existing and proposed buildings, driveways, wells, neighbors wells (if known), and all other improvements that are planned for the property. If a plat map of the property is available, please include this. The preferred location for the tanks and drainfield should be indicated also.

I agree to pay Tower Designs, Inc. the fees discussed and estimated above 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.

Name

Date

Notes: