Private Water System Plot Plan

Washington County
Department of Health & Human Services
Environmental Health

Stamp Date Submitted:

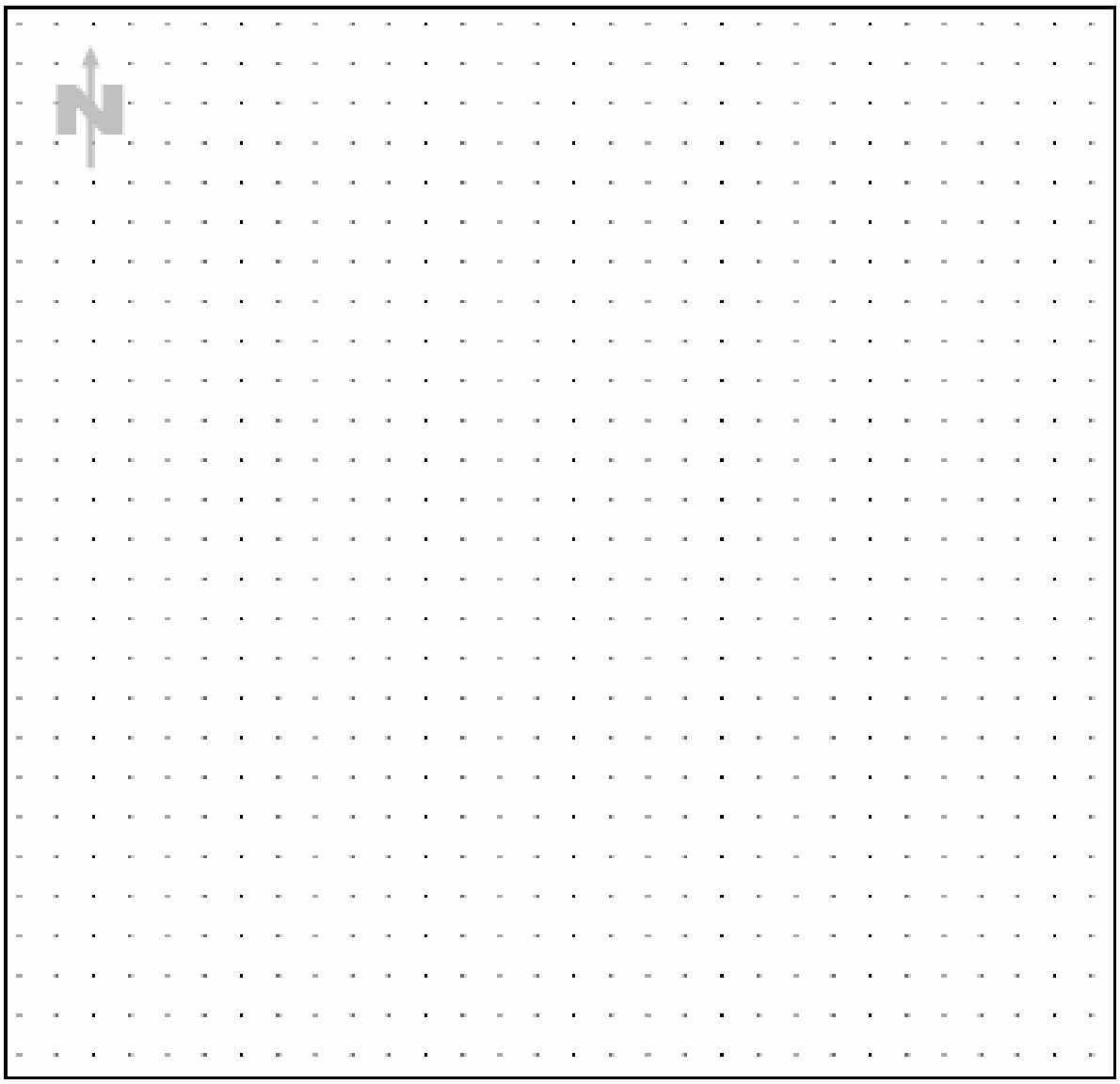
Plot Plan

Name of Property Owner: _____

Site Address: _____ **City:** _____

Township: _____ **Range:** _____ **Section:** _____ **Tax Lot:** _____

Acres: _____ **Subdivision:** _____ **Lot:** _____ **Block:** _____



This information is accurate and complete to the best of my knowledge and is based on actual measurements and conditions on the site.

Name (please print):_____ I am the: ☐ Owner ☐ Authorized Agent

Signature:_____ Date:_____