



WHATCOM COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE SYSTEM
SOIL LOGS

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Tax Parcel # \_\_\_\_\_ Date \_\_\_\_\_ Page No. \_\_\_\_\_

Subdivision Name \_\_\_\_\_ SSS/LSS # \_\_\_\_\_

Owner \_\_\_\_\_ Designer \_\_\_\_\_

Soil Loading Rate

Coarsest Textured Soil \_\_\_\_\_ gal/ft²/day Designed Treatment Level \_\_\_\_\_

Finest Textured Soil \_\_\_\_\_ gal/ft²/day

- DESIGNER -

- HEALTH DEPARTMENT USE ONLY -

# \_\_\_\_\_
[Empty box for hole number]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictive Layer Depth \_\_\_\_\_  
Wet Season Water Table Depth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# \_\_\_\_\_
[Empty box for hole number]

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\_\_\_\_\_

Restrictive Layer Depth \_\_\_\_\_  
Wet Season Water Table Depth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Designer/Engineer Stamp

Soil log holes must conform to Chapter 24.05 WCC. Use additional pages for additional soil log test holes.