



## Island County Public Health

Mailing Address: 1 NE 7<sup>th</sup> Street, Coupeville, WA 98239  
Physical Address: 1 NE 6th Street, Coupeville, WA 98239  
Ph: Whidbey 360-679-7350 | Camano 360-678-8261 | N Whidbey  
360-240-5554 Email: [publichealth@islandcountywa.gov](mailto:publichealth@islandcountywa.gov) |  
[www.islandcountywa.gov](http://www.islandcountywa.gov)

### Homeowner Septic Training (HOST) Exam Registration Form

Complete the registration form and mail/submit with course fee to the Coupeville Public Health counter at least ten business days prior to your preferred HOST exam date. Registration is on a first-come-first-serve basis. Refunds will not be issued for missed exams; however the parcel will be credited for future exam sessions.

Property Owner Name (Last, First, Middle) \_\_\_\_\_

Property Owner Mailing Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Property Address [ ] (Check if same as above)

(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Property Parcel Number (Include all dashes and characters) \_\_\_\_\_

Asbuilt # \_\_\_\_\_

Contact Information (PH) \_\_\_\_\_ email: \_\_\_\_\_

System type (Circle one):      Conventional Gravity      Conventional Pressure      Alternative (HOST ineligible)

Exam Period (Circle one – Exam dates are posted on the County HOST 201 website)

Winter

Spring

Summer

Autumn

By signing my name below, I certify that I am the owner of the above property, that I am not a resident of a County-designated sensitive area (Penn Cove, South Holmes Harbor, or Maxwelton Creek watershed), and that I have truthfully answered all questions to the best of my ability. My signature also certifies my understanding of and agreement with the requirements stipulated in Island County Code (ICC) 8.07D.280. I further acknowledge that a failure to accurately report system conditions or adhere to inspection intervals and procedures outlined in ICC 8.07D.280 may result in the revocation of my HOST certification. I hereby grant Island County Health Department Staff access to my property for the express purpose of remediating discrepancies identified in the review of my onsite septic system evaluation reports.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_