

# Carlyon Beach Homeowners Association

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## Time Of Transfer Application

### Evaluation of Existing Holding Tank and Septic Systems

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Site Information:

Tax Parcel Number \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Structure  Single-Family  Vacant Lot with an existing system

Number of bedrooms within the residence \_\_\_\_\_

#### Septic System Information:

Was the system installed within the last twelve month?  Yes  NO

Do all plumbing fixtures, including laundry drain, go to the septic system?  Yes  No

Are there any other structures connected to the septic system?  Yes  No

If yes, identify the structure(s): \_\_\_\_\_

Are there additional septic systems located on the property?  Yes  No

#### Required Documentation from Septic System Professional:

Septic System Inspection Report filed electronically with Online RME  Yes  No

Septic Tank Pumping Report filed electronically with Online RME  Yes  No

Pumper Sketch of Septic System Attached  Yes  No

I certify that the information on this application is true and correct to the best of my knowledge

Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_