

NOTE: Please remember that access must be provided to all features to be inspected (e.g., well house must be open, storage tanks must be accessible for inspection if in the house, etc.). Please tether dogs if they may be a problem.

DOGS PRESENT? YES\_\_\_ NO\_\_\_

PLEASE COMPLETE ALL SPACES:

Request is for sewage only \_\_\_\_\_ (\$382 fee)

Request is for water only \_\_\_\_\_ (\$382 fee)

Applies to individual private water system/supply

Request for sewage & water (both) \_\_\_\_\_ (\$546 fee)

Fee must accompany application. Make checks payable to: SKCDPH

Address of Property \_\_\_\_\_

Street Address

City

Zip

Legal description (attach copy if lengthy) \_\_\_\_\_

Parcel Number (Tax lot account number)

Grid for parcel number: | | | | | | | | | |

Applicant's name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Day Phone

Applicant's mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner's name \_\_\_\_\_ Day Phone \_\_\_\_\_

Average number of occupants - last 2 years \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Is house occupied? \_\_\_\_\_ If not, approximate date vacated? \_\_\_\_\_

SEWAGE SYSTEM (If applicable):

Approximate date(s) septic tank was pumped (attached receipts) \_\_\_\_\_

All plumbing drains operate normally (i.e., no slow draining or backups) Yes  No  Don't Know

Additions or major landscape changes since house was constructed (examples: added family room, bedrooms, garage, Patio, deck, etc; major fills or excavations done in landscaping):

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

Additions or repairs to sewage system (give date(s) and describe briefly) \_\_\_\_\_

\_\_\_\_\_

Other information which would be helpful in evaluating the sewage system (e.g., is there a garbage disposal?)

\_\_\_\_\_

WATER SYSTEM (if applicable):

Parcel number / APN where water system is located: | | | | | | | | | |

System supplies water to one residence/connection – individual water supply

Is well house open for inspections? \_\_\_\_\_ If not, provide name of the person to contact for access \_\_\_\_\_

Phone number of contact person (\_\_\_\_\_) \_\_\_\_\_ Date water system was last disinfected \_\_\_\_\_

Other information, which would be helpful in evaluating the water system: \_\_\_\_\_

PLEASE ATTACH ALL COPIES OF WELL LOG, WELL COVENANTS, CHEMICAL / BACTERIOLOGICAL SAMPLE REPORTS, ETC.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

NOTE: TO ASSIST US IN LOCATING THIS PROPERTY, PLEASE ATTACH AN ACCURATE ROUTE MAP. Please indicate the color of the house / building.

\_\_\_\_\_

SUBMIT APPLICATION AND FEE TO: Black River Environmental Health 900 Oakesdale Ave, SW Suite 100 Renton, WA 98057-5212 Phone (206) 296-4932

Date Received