

Application for Winter Water Table Review (WWTR)

Submit 3 application sets with required fee (\$819.00)

Record I.D. Number
<b>ON</b>
Department Use Only

Approximate Site Address: \_\_\_\_\_

ATTACH A DETAILED ROUTE/ DIRECTION MAP FOR LOCATING THE PROPERTY.

Name and address of property owner \_\_\_\_\_

Applicant Name	Street Address	_____	
	City-Zip Code	_____	Phone _____
	Last	First	

Designer	Street Address	_____	
	City-Zip Code	_____	Phone _____
E-mail address	_____		Fax _____

**THIS IS NOT A SITE DESIGN APPLICATION OR APPLICATION FOR PERMIT**

**PROPERTY INFORMATION:** Parcel # (APN) \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Size \_\_\_\_\_ Sq. ft. Acreage: \_\_\_\_\_ Rural Area  Urban Area

Sensitive Area:  (Y?N) If yes, specify \_\_\_\_\_ (L,W,O) L = Landslide W = Wetlands O = Other \_\_\_\_\_

Legal Description Attached

Reason(s) for Requesting a WWTR

Soil morphology indicates suspected high water table

Previously identified high water tables

Determination of suitability base on system type proposed, soil depth required = \_\_\_\_\_

Mitigation Measure(s) used to lower water table to acceptable levels

Other: \_\_\_\_\_

**SOILS INFORMATION**

Date(s) Soils Logged \_\_\_\_\_  Soil Log Profile Data Attached: (Min. 2/lot)

Critical Soil Depth to Water table or Restrictive Layer: \_\_\_\_\_ Inches

**MONITORING PLAN**

Total Number of Monitoring ports installed \_\_\_\_\_ Number of Crest Gauges Installed \_\_\_\_\_

Number of post holes \_\_\_\_\_

Planned Monitoring Frequency \_\_\_\_\_

Monitoring period will be from \_\_\_\_\_ to \_\_\_\_\_

Other attachments

Detailed Vicinity Map

Dimensioned Plot plan of lot to be monitored

Fee for WWTR per above

Name(s) and Locations of local rain source station(s) \_\_\_\_\_

Identify who will be collecting water table data: \_\_\_\_\_

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in non acceptance of the proposed application.

Designer's Signature: \_\_\_\_\_ Certification # or PE License Number \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY:**

The Monitoring Plan is  Satisfactory  Unsatisfactory

REVIEWED BY: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECEIVED
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