APPLICATION FOR FINAL SUBDIVISION

(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)

RECORD I.D. NUMBER
S U
HEALTH DEPT. USE ONLY

PUBLIC HEALTH – SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR FINAL SUBDIVISION REVIEW

SUBMIT APPLICATIONS TO:
COMMUNITY ENVIRONMENTAL HEALTH
900 OAKESDALE AVENUE SW, SUITE 100
RENTON, WA 98057-5212
(206) 296-4932

Complete the following and submit with the appropriate fee.
Fee…$1,214 Plus $175 per lot
Check Appropriate Box: SUBDIVISION ❑ SHORT SUBDIVISION ❑

APPROXIMATE STREET ADDRESS_____

NAME AND/OR NUMBER OF D.D.E.S. APPLICATION_____

LEGAL DESCRIPTION_____

PARCEL # | | | | | | | --- | | | | |

NUMBER OF ACRES | | | NUMBER OF LOTS TO BE REVIEWED | | | | SMALLEST LOT SIZE | | | | | | Sq. Ft.

Preliminary Health Department Subdivision Report Approved? | | (Y/N) Existing Record I.D. Number or Activity Number | |

HAVE LOT LINES BEEN ADJUSTED SINCE PRELIMINARY APPROVAL WAS GRANTED? | | (Y/N) If Yes, attach revised plat map showing new lot lines

OWNER_____ ADDRESS_____ PHONE#_____

AGENT_____ ADDRESS_____ PHONE#_____

THE FOLLOWING INFORMATION MUST BE PROVIDED:

ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

WATER SUPPLY (Complete Section 1 or 2 below):

Section 1. ❑ Public Water Supply_____
(Name)

D.O.H. Public Water Supply I.D. Number | | | | | | |

Date Water Supply Received Final Approval | | | | | | | Agency _____

Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.? | | Y/N

If Yes, attach a copy of letter from Water Utility, which states that system has been installed and approved or that a contract or bond assures completion of system.

Section 2. ❑ Individual Wells (Minimum lot size required for individual well is 5 acres)
- ❑ Demonstration of adequate water availability attached or statement on "face of plat" that an adequate water supply has not been demonstrated.
- ❑ Recorded covenant(s) attached

SEWAGE DISPOSAL (Complete Section 1 or 2 below):

Section 1. ❑ Public Sewer System_____
(Name)

Attach a copy of letter from Sewer Utility, which states that system has been installed and approved or a contract or bond assures completion of system.

Section 2. ❑ Individual On-Site Sewage Systems

Attach Soil Log Descriptions including soil type designation; three (3) soil logs per lot in Drainfield/Reserve areas
Attach a Plot Plan – Show drainfield area, 100% reserve area, lot line, easement lines, road locations, wells, surface waters, drainage features, and sensitive areas (if applicable)

Attach a Site Design to demonstrate sufficient room for Drainfield and Reserve area (upon request of Health Officer)

For Existing Home(s) with Individual On-Site Systems(s): Address(es) _____
[(Attach plot plan to show location of OSS system(s)]
Is the Existing Sewage System Functioning Properly? ☐ **Y** ☐ **N**

Is an adequate Reserve Area available? | | **Y/N** **Are Setback requirements met?** | | **Y/N**

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.
Signature of Owner/Agent _____ Date _____

Name of Licensed OSS Designer/P.E. (*please print*) _____ License # _____

Signature of OSS Designer/P.E._____ Date _____

❑ APPROVED
❑ DISAPPROVED _____ _____ _____
(Date) (Health & Environmental Investigator) (District Supervisor)

COMMENTS/CONDITIONS _____

_____

_____

Any person aggrieved by any decision or final order of the Health Officer may file a written application appeal to health officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee).

DATE RECEIVED