Seattle-King County Health Department
APPLICATION FOR PUBLIC WATER SYSTEM PLAN REVIEW
Fee per King County Board of Health Rules and Regs 05-05,Sec 90: \$1583.00

Service Request Number:

Department Use Only

Source Site Parcel #	Source Site Re	eview Service Requ	iest #			
Proposed Public Water System			ID #			
Approximate Site		ATTACH A DETA MAP FOR LOCA				N
Applicant Name Last First	Street Address					
	City-Zip		Phone	,		
Last First	Street Address					
	City-Zip		Phone	,		
SYSTEM INFORMATION:						
New System Upgrade of Existing	Detailed Pla	ans Attached	(Y/N))		
Source Type: Well Spring	Surface	Oth	er			
PROPERTY INFORMATION:						
Section Township	Range					
Subdivision Name:	Lot:		Bloc	k:		
Property Size: Sq.	ft.	Acreage:				
Distance from property line to nearest public w	ater supply	ft.				
Within Public Water Supply Service Area?	(Y/N)					
Name of this Public Water Supply?	V	Vater Supply ID	#			
Sensitive Area (Y/N) If yes, specify	(L,W, O) (L=L	_andslide, W=We	tlands, O=0	Other)
Parcel Number of Connections (up to 9 parcels	s):					
I understand that failure to comply with the Code of King the water system being proposed in this application. No Certificate of Competency and/or appropriate legal action	n-compliance may	also lead to revoca				of
Designer's Signature	K.C.	ID#	Date			
FOR HEALTH DEPARTMENT USE ONLY				Received		
PLANS APPROVED						
BY:			-			
PLANS DISAPPROVED BY						
THIS APPLICATION EXPIRES 2 YEARS FROM DATE Public Hea 900 Oakesdale Ave	alth Seattle & King Coun SW Suite #100, Renton,	ity WA 98057		PROVE	ED.	
Phone (206) 296-4932 Fax (206) 2	296-4919 www.kin	igcounty.gov/healthse	ervices			