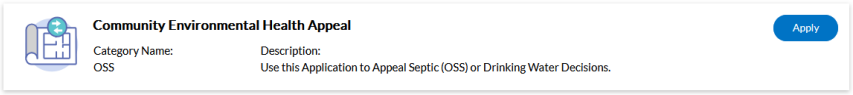
PUBLIC HEALTH — SEATTLE & KING COUNTY

INSTRUCTIONS FOR PREPARING AN APPEAL TO THE HEALTH OFFICER VIA THE KING COUNTY SEWAGE REVIEW COMMITTEE (SRC) PROCESS

NOTE: Applications for appeal shall be filed with the health officer not later than 5:00 p.m. of the ninetieth (90th) calendar day following the date of the decision or order that is the subject of the appeal. Applications received later than the above time period will be returned to the applicant as unaccepted. (Reference: The Code of the King County Board of Health, Title 13, Chapter 13.12)

In order to make a timely and appropriate review of your request for reconsideration, the following documents are the minimum which should be submitted. Submit the application packet to **King County Public Health Permit Center – available online at:** https://kingcountywa-energovweb.tylerhost.net/apps/selfservice#/home. The name of the Application is ***Community Environmental Health Appeal***.

To create an account and get guidance on the system, see Public Health Permit Center.



All documents and support materials must be legible.

☐ 1. The appeal shall cite the decision or order appealed from and shall contain a statement of the reason for the appeal and what relief is sought. The appeal shall be accompanied by any technical reports or other exhibits, prepared at the appellant's own expense, which the appellant wishes the committee and the health officer to consider. Please include an explanation of why application of King County Board of Health Code will cause undue and/or unnecessary hardship.

☐ 2. An explanation of why the waiver of a portion of the code will not jeopardize public health and safety or interfere with the rights of others in the comfortable enjoyment of their life or property. Provide technical justification for each specific waiver request.

☐ 3. Reference the specific chapter and section (from the Code of the King County Board of Health Title 13) you are requesting be waived or modified. If the appeal involves a formal policy & procedure, reference the document number.

☐ 4. Photocopies of all documentation involving the formal decision or order issued by the District Health and Environmental Investigator. With each application set, include copies of disapproved plot plans and all specifications associated with the proposed/existing sewage system.

☐ 5. Any additional evidence you may wish to include demonstrating why waiver or modification of the code will not result in an inadequate system. This may consist of geologist's reports, engineer's reports, manufacturer's literature, sewer district letters, photographs, or anything else which has a bearing on the application and will provide information to the Committee.

☐ 6. For fee amount refer to current On-site Sewage System (OSS) Program fee schedule at: www.kingcounty.gov/ehsfees – **Sewage Review Committee**

☐ 7. Attach an accurate route and direction map for locating the subject property. (If the appeal involves property with an existing structure, indicate the color of building or mobile home.)

☐ 8. Notify all owners of property located within 300 feet of the subject property or the owners of the nearest 15 properties whichever is greater, concerning the nature of your appeal. (See further instructions on the attached form.)

☒ 9. Complete this checklist and submit it with your application to the Public Health Permit Center.

APPLICATION PACKET FOR RECONSIDERATION OF DECISION/ORDER KING COUNTY SEWAGE REVIEW COMMITTEE (Process)

Following the receipt of the completed application, a meeting of the Committee will be scheduled to consider your request. In order that you may be notified of the date, times, and location of the meeting, please provide an address and telephone number where you may be contacted during working hours. If applicable provide a fax number, e- mail address, and the names and mailing addresses of any additional persons to be notified of the future meeting.

APPLICATION FACE PAGE

Name of Applicant

Applicant's Mailing Address

Applicant's Phone Number

Name of Owner

Address of Subject Property

Parcel Number (APN)

Legal Description of Property: (for lengthy descriptions provide this information on a supplemental page)

The following information is intended to assist the Sewage Review Committee in evaluating your appeal. You may attach additional pages if necessary. The applicant's name and/or address of the subject property should be indicated at the top of each supplemental page or exhibit.

1. Description of Waiver Request: Reference the portions of the code and/or policies of which you are requesting a waiver or modification. If necessary, attach additional pages and/or **narrative** to clarify your request(s).

Code Section / Policy #	Brief Description

2. Will your neighbors or the owners of any nearby property or subsequent owners of your property be harmed in any way by the variance you have requested? Give reasons (e.g. technical justification) for your answer.

3. NOTIFY ALL OWNERS OF PROPERTY LOCATED WITHIN 300 FEET OF YOUR LAND OR OWNERS OF THE NEAREST 15 PROPERTIES, WHICHEVER IS GREATER. SPECIFIC INSTRUCTIONS ARE ON THE ATTACHED FORM.

4. IF APPLICABLE, ATTACH EXHIBITS TO SUPPORT YOUR APPEAL. EXHIBITS SHOULD CLEARLY SHOW THE REASONS CITED BY THE DISTRICT SERVICE CENTER FOR DISAPPROVAL. IF NECESSARY TO ESTABLISH REASONS, YOU SHOULD ALSO ATTACH SUPPORTING DATA. THIS MAY CONSIST OF GEOLOGIST'S REPORTS, MANUFACTURER'S LITERATURE, ENGINEER'S REPORTS, PHOTOGRAPHS OR OTHER PERTINENT DATA.

KING COUNTY SEWAGE REVIEW COMMITTEE (SRC)
Community Environmental Health Services
14350 SE Eastgate Way
Bellevue WA 98007

LIST OF OWNERS OF NEIGHBORING PROPERTY
Instructions:

As the applicant in a case before the Sewage Review Committee, you are responsible for notifying **the owners of all property within three hundred (300) feet of your lot or owners of the nearest fifteen (15) properties, whichever is greater**, using the "Dear Neighboring Property Owner" form letter.

The names and addresses of those owners can be obtained via the web at: www.kingcounty.gov/parcelviewer.

Currently, the typical point and click sequence is: **Parcel Viewer---- Advanced Tools (buffering)---- Buffer Distance (300 feet)**. Use the Export function to create a list of properties. Applicants are advised that a mailing address will generally not appear in the case of parcel numbers ending with four identical numbers (e.g. 5555 or 7777). Such parcels cannot be considered part of the count for the notification of appeal mailing list. If additional clarification is required, applicants may contact the Assessor's Office at (206) 296-7300 or via the internet at: https://kingcounty.gov/en/dept/assessor.

At the minimum, the following must be sent to each property owner or owner group identified:

- A copy of the "Dear Neighboring Property Owner" form letter.
- A copy of your application face page (i.e. indicating the applicants name, parcel number, legal description, etc.) If the legal description of your property or the answers to items 1 or 2 on the appeal cover sheet extends onto other pages, you must include those pages.
- A copy of the health officer decision/deficiency letter.
- A copy of the applicant's narrative regarding the request for waiver.

The names, mailing addresses, and corresponding parcel numbers should be listed in the preferred format that appears below. Please note that the applicant need not send copies of exhibits, maps, charts, studies, and photographs, etc. to property owners being notified.

The applicant must send notification to all neighboring property owners within two weeks of the date the complete application is filed. When depositing the notices in the mail, a copy of a completed version of the form appearing below (i.e. with names, tax account numbers, mailing addresses and mailing dates) must also be forwarded to the Review Committee at the above address. **No meeting of the committee will be scheduled (to consider the appeal) prior to this step being completed, and submission of this form/information to the address indicated above.**

Failure to properly notify property owners could invalidate your appeal, or subject you to a lawsuit. Therefore, it is advised that applicants consider sending the notifications by certified mail, return receipt requested. Please include a scan or photograph of the certified mail documentation.

	Name of Property Owner and Tax Lot Account Number(s)	Mailing Address	Date Notice Was Mailed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Date:_____

Dear Neighboring Property Owner:

I/We have filed an appeal for reconsideration of a decision or order issued by the King County Health Officer. The appeal pertains to the following subject property:

Address of the Subject Property:_____

Parcel Number(s):_____

An appellant is responsible for providing notice regarding the nature of the appeal to all owners of property located within three hundred feet (300') of the subject property or to the owners of the nearest fifteen (15) properties, whichever is greater. Enclosed are copies of the application face sheet and information describing my appeal.

If you would like to become a party of record for this appeal (i.e. to receive additional communication regarding the appeal and/or comment on the appeal), forward your **written correspondence** to the address or email indicated below. Be sure to reference the parcel number, or the address of subject property, or (if known) the appeal file number.

King County Sewage Review Committee

Public Health — Seattle & King County

Community Environmental Health Services
14350 SE Eastgate Way
Bellevue WA 98007

Phone Number: (206) 477-8050
Email: Lynn.Schneider@KingCounty.gov

If you would like to schedule an appointment to review the entire file relative to my appeal or ask questions, please contact the health department at (206) 477-8050.

Sincerely,

Signature of Applicant:_____Date:_____