PUBLIC HEALTH – SEATTLE & KING COUNTY ENVIRONMENTAL HEALTH DIVISION APPLICATION FOR FINAL SUBDIVISION REVIEW Complete the following and submit with the appropriate fre: www.kingcounty.gov/eh/sfees APPLICATION MUST BE SUBMITTED BY A LICENSED SEPTIC SYSTEM DESIGNER OR PROFESSIONAL ENGINEER SUBMIT APPLICATION FOR FINAL SUBDIVISION REVIEW Complete the following and submit with the appropriate fre: www.kingcounty.gov/eh/sfees Phone: 206-477-8050 SUBMIT APPLICATIONS TO: Eastgate Environmental Itealth 14350 SE Eastgate Way, Bellevue, WA 98007-6458 Phone: 206-477-8050 APPROXIMATE STREET ADDRESS
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LEGAL DESCRIPTION
PARCEL #
NUMBER OF ACRES NUMBER OF LOTS TO BE REVIEWED SMALLEST LOT SIZE 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) Image showing new lot lines OWNER ADDRESS PHONE# ADDRESS PHONE# PHONE# AGENT ADDRESS PHONE# PHONE# D.O.H. Public Water Supply 1.D. Number (Name) D.O.H. Public Water Supply 1.D. Number 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 Y/N
NUMBER OF ACRES BE REVIEWED BE REVIEWED 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 Following INFORMATION MUST BE PROVIDED: (Name) D.O.H. Dublic Water Supply I.D. Number Other Supply Received Final Approval Section 1. Charles Supply Received Final Approval Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.? Y/N
HAVE LOT LINES BEEN ADJUSTED SINCE PRELIMINARY APPROVAL WAS GRANTED? (Y/N) If Yes, attach revised plat map showing new lot lines OWNERADDRESSPHONE# AGENTADDRESSPHONE# THE FOLLOWING INFORMATION MUST BE PROVIDED: WATER SUPPLY: Section 1.
OWNER ADDRESS PHONE#
AGENTADRESSPHONE# THE FOLLOWING INFORMATION MUST BE PROVIDED: WATER SUPPLY: Section 1. Public Water Supply
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Section 1. Public Water Supply
(Name) D.O.H. Public Water Supply I.D. Number Date Water Supply Received Final Approval Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.?
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Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.?
If Yes, attach a copy of letter from Water Utility, which states that system has been installed and
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; four (4) 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 critical 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? 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/AgentDate
Signature of Owner/Agent Date Name of Licensed OSS Designer/P.E. (please print) License #
Signature of OSS Designer/P.EDate
DISAPPROVED (Date) (Health & Environmental Investigator) (District Supervisor)
(Date) (Health & Environmental Investigator) (District Supervisor) COMMENTS/CONDITIONS

APPLICATION FOR FINAL SUBDIVISION

RECORD I.D. NUMBER

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