

APPLICATION FOR
HEALTH DEPARTMENT
REVIEW OF FINAL BOUNDARY
LINE ADJUSTMENT OR REZONE

**PUBLIC HEALTH – SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION**

RECORD I.D. NUMBER S U Health Dept. Use Only

Complete the following and submit with the appropriate fee.
(www.kingcounty.gov/ehsfees)

SUBMIT APPLICATIONS TO: Eastgate Environmental Health 14350 SE Eastgate Way, Bellevue, WA 98007-6458 206-477-8050

- PRELIMINARY Boundary Line Adjustment FINAL Boundary Line Adjustment Rezone

(The applicant shall obtain the health officer's PRELIMINARY review before submitting the development proposal to the building official when infrastructure such as water lines, roads, stormwater, etc. are not already built. Please use current fee schedule to identify applicable fee.)

(The applicant shall obtain the health officer's FINAL review before submitting the development proposal to the building official when infrastructure such as water lines, roads, stormwater, etc. is existing. Please use current fee schedule to identify applicable fee.)

Property Information:

Lot Number/Letter	Parcel No. (10 Digits)	Current Sq. Feet/Acreage	Proposed Sq. Feet/Acreage

Owner: _____ Street Address _____
City-Zip Code _____ Daytime Phone (____) _____
Agent _____ Street Address _____
City-Zip Code _____ Daytime Phone (____) _____

The Following Information Must be Provided:

Water Supply: (Complete Section 1 or 2 below)

- Section 1. Public Water Supply (Name) _____
D.O.H. Public Water Supply I.D. Number _____
Source of water is located on Parcel # _____
Status: Is the water system in compliance with all applicable laws, sampling requirements, etc.? Y N
- Section 2. Individual Wells (Min. lot size for utilizing an individual well is 5 acres unless the lot was created prior to 5/18/72)
 Well covenant(s)/ Individual/ Restrictive covenant(s)
 Well(s) installed (well log documentation attached)

Sewage Disposal: Include the Following;

- A map page/plot plan of all affected parcels indicating a north arrow and drawn to scale:
 - Dimensions of lots-identify parcels as Lot A, Lot B, etc. so as to match legal descriptions;
 - Existing and proposed lot lines – dashed lines and highlighted for existing lot lines that are being adjusted and solid lines for proposed new lines;
 - Location of roads, and existing or proposed easements and/or restrictions;
 - Existing structures and distance(s) to property lines;
 - Location of wells, water lines, surface waters, drainage features, 100 year floodplain, floodways;
 - Accurate location of existing on-site sewage systems (e.g., septic tank, pump tank, drainfield, mound system, sandfilter, 100% reserve area)
- Soil log information (for undeveloped lots) including profile descriptions from a minimum of 4 soil log holes per lot per K.C.B.O.H., Title 13. ***This information to be documented by a K.C. Certified Designer or a Professional Engineer (P.E.)***
- Critical Areas Designation letter from Building Official for any vacant lot(s).

NOTE: A separate site design may be necessary to demonstrate sufficient room is present for drainfield and reserve area.

NOTE: In addition to the above, the following must be indicated for lots with existing homes:

- Is the existing sewage system functioning properly? Y N
- Is there an adequate reserve area identified for future sewage system repair/replacement? Y N
- Are sewage system horizontal setback requirements met? (e.g., surface water, wells, etc.) Y N (Appeal #04-62)

I hereby certify that the information given in this application is a true and accurate representation of the existing conditions on the subject property.

Signature of Owner/Agent _____ Date _____
Name of Licensed OSS Designer/P.E. (please print) _____ License # _____
Signature of Licensed OSS Designer/P.E. _____ Date _____

For Health Department Use Only

Approved Disapproved _____ (Date) _____ (Health & Environmental Investigator) _____ (District Supervisor)

Comments/Conditions: _____

Date Received

Any person aggrieved by any decision or final order of the Health Officer may file a written application for 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)