

SUB-DIVISION PRE-APPLICATION REPORT
(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)
ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

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

**PUBLIC HEALTH — SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION
REQUEST FOR SUBDIVISION PRE-APPLICATION REVIEW**

APPLICATION MUST BE SUBMITTED BY A
LICENSED SEPTIC SYSTEM DESIGNER OR
PROFESSIONAL ENGINEER

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

SUBMIT APPLICATIONS TO: Eastgate Environmental Health 14350 Eastgate Way, Bellevue, WA 98007-6458

Phone: (206) 477-8050

APPROXIMATE STREET ADDRESS _____

NAME AND/OR NUMBER OF D.P.E.R. APPLICATION _____

LEGAL DESCRIPTION _____

PARCEL # _____

NUMBER OF ACRES _____ NUMBER OF LOTS TO BE REVIEWED _____ SMALLEST LOT SIZE _____ SQ. FT.

OWNER _____ ADDRESS _____ PHONE# _____

AGENT _____ ADDRESS _____ PHONE# _____

THE FOLLOWING INFORMATION MUST BE PROVIDED:

WATER SUPPLY (Complete Section 1 or 2 below):

Section 1. Existing Public Water Supply _____
Attach Certificate of Water Availability (Name)

Section 2. Proposed Public Water Supply _____
(Name)

Copy of Well Source Site Review Letter

Copy of Declaration of Covenant(s) Recording # _____, or
To be recorded with final approval

Copy of Restrictive Covenant(s) (if applicable) Recording # _____, or
To be recorded with final approval

SEWAGE DISPOSAL (Complete Section 1, 2 or 3 below):

Section 1. Existing Sewer System _____
Attach Certificate of Sewer Availability (Name)

Section 2. Individual On-Site Sewage Systems (OSS)
 Critical Area Review from the Building Official
 Attach Soil Log Descriptions including soil type designation; (Minimum 2 per lot) and
 Plot Plan (to include lot lines, lot sizes, location of existing sewage system(s) and soil log holes)

Section 3. Community/Larger On-Site Sewage System (Attach Preliminary Report)

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 Licensed 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 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).

FORM 1_A_Rev 3.13.13 - Previous Versions are Obsolete

DATE RECEIVED