

**Building Site Application (BSA) Residential
For Onsite Sewage System and Water Supply**

Official Use Only	Submittal Date:	Memo #:
	Fee:	SSI:

A. BUILDING SITE INFORMATION

Building Site Address - Street, City, Zip Code:		Total Proposed Bedrooms:	Total Proposed Sewage Flow (Gallons):
Assessor Tax Account No.:	Lot No.:	Short Plat No.:	Property Size (SqFt):

B. OWNER/APPLICANT INFORMATION

Name: <input type="checkbox"/> Current Property Owner - OR - <input type="checkbox"/> Applicant	Phone #:	E-Mail:
Owner/Applicant Mailing Address - Street, City, State, Zip Code:		

C. APPLICATION TYPE SUMMARY (Check all fields that apply)

Use/System Type	Application Type:	Type of Structures:
<input type="checkbox"/> Single Family <input type="checkbox"/> Standard <input type="checkbox"/> Alternative	<input type="checkbox"/> New <input type="checkbox"/> Re-Design <input type="checkbox"/> Modification/Expansion	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Guest House
<input type="checkbox"/> Multi Family <input type="checkbox"/> Standard <input type="checkbox"/> Alternative	<input type="checkbox"/> Repair <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Other (Describe Below)	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Non-Habitable Structures with Plumbing (describe below):
<input type="checkbox"/> Waiver(s) Proposed		

D. WATER SUPPLY DETAIL (Attach Water Availability Letter if available)

<input type="checkbox"/> Proposed	<input type="checkbox"/> Public	System Name:	System ID:
<input type="checkbox"/> Existing	<input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> 2 Party	Assessor Tax Account Numbers for Properties Served by Well	
		Water Connection 1 (Parcel with Well):	Water Connection 2 (Parcel connected to Well):

E. OWNER, APPLICANT OR AGENT AND DESIGNER ACKNOWLEDGEMENT

<p>I certify that (1) the information contained in this application is true and accurate to the best of my knowledge; (2) the application represents my intended use of this property; and (3) any related building permits that I apply for will be consistent with the plans and specifications contained in this application.</p> <p>I acknowledge and understand that I, along with my contractors, are responsible for adhering to the conditions of approval of this application, and are responsible for conforming to Kitsap County Board of Health regulations for onsite sewage systems (Ordinance 2008A-01) and water supply (Ordinance 1999-6).</p> <p>I acknowledge and understand that the design, location, and construction of my onsite sewage system and/or well is/are critical and of a sensitive nature, and I agree to protect these areas required by the regulations.</p> <p>I understand that once this application is submitted and/or approved, any changes to, or variations from, the information or conditions related to this plan may require a revised application submittal and/or could result in the revocation, denial, or suspension of this application or a related building permit and that this application will fully expire within 3 (three) years and 30 (thirty) days from the original date of application submittal..</p> <p>I understand that I have the right to appeal the Health Officer's decision concerning this application pursuant to the regulations, and that approval of this application does not guarantee that a building permit will be issued.</p>	Designer/Engineer Stamp
Signature: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Agent _____ Date _____	Designer/Engineer Contact Phone Number: _____
	Designer/Engineer E-Mail Address: _____

F. RETURN CORRESPONDENCE (For Incomplete Applications Returned to Designer/Engineer)

Returned to Designer Date:	Application Re-submittal Date:
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Onsite Sewage System Specification Sheet For Residential Systems

Tax ID: _____

Owner/Applicant: _____

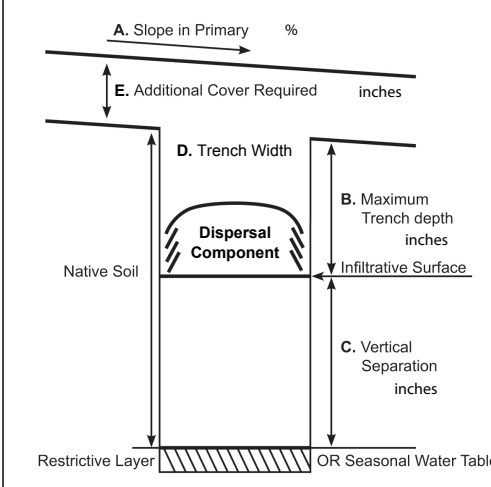
G. SOIL EVALUATION PROFILES

Soil Evaluation Date: _____	Soil Log Numbers Must Correlate With Site Plan - Indicate Total Excavated Depth, Soil Types, Water Table Level & Depth of Restrictive Layer		
Soil Log #1	Soil Log #2	Soil Log #3	Soil Log #4
- Downslope Side Measurements -	- Downslope Side Measurements -	- Downslope Side Measurements -	- Downslope Side Measurements -

H. DAILY FLOW - TANKAGE - TREATMENT

Design Flow	Tankage			Advanced Treatment
Total Proposed Sewage Flow/Day: _____ Gallons	Type	Size (gal)	QTY	<input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Sand Filter (includes bottomless) <input type="checkbox"/> Other: _____ Model/Size (Optional): _____ Manufacturer (Optional): _____
Minimum Treatment Level	<input type="checkbox"/> Septic Tank	_____	_____	
Proposed Treatment Level: _____	<input type="checkbox"/> Trash Tank	_____	_____	
	<input type="checkbox"/> Pump Tank	_____	_____	

I. DISPERSAL COMPONENT CONSTRUCTION

Dispersal Component Sizing		Trench Construction Profile
Hydraulic Loading Rate of Dispersal Area: _____ Minimum Dispersal Area (Sq. Ft.) In Primary: _____ Minimum Linear Feet or Dimensions: _____		A. Percent Slope In Primary: _____ Percent B. Maximum Trench Depth: _____ inches - Downslope Side Measurements - C. Vertical Separation: _____ inches D. Trench Width: _____ E. Additional Cover Required: _____ inches
Distribution <input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other: _____		

J. SITE WATER MITIGATION

<input type="checkbox"/> Curtain Drain Designated	<input type="checkbox"/> Storm Water Control Designated
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