

BUILDING SITE APPLICATION

FOR WATER SUPPLY & ONSITE SEWAGE SYSTEM

Submittal Date	Memo Number	Review Fee	S.S.I.

BUILDING SITE INFORMATION

Building Site Address – Street, City, Zip Code:

Assessor Tax Account Number:

Property Size:

Lot Number:

APPLICANT INFORMATION

First & Last Name

Phone Number:

E-Mail:

Mailing Address – Street, City, State, Zip Code:

APPLICATION GENERAL PROPOSAL

Application Type:

- New
 Repair (no building permit needed)
 Modification (building permit needed)
 Building Clearance with Compliance

Application Use Type:

- Residential
 Multi-Family
 Community
 Commercial

Application Water Type:

- Public Water
 Private Water (residential only)

This is a Redesign (describe what is being changed) OR a Building Clearance with Compliance (describe proposal)

APPLICANT/AGENT & DESIGNER ACKNOWLEDGEMENT

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 for which I apply for will be consistent with the plans and specifications contained in this application.

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 applicable Kitsap County Board of Health ordinances and Washington State Department of Health regulations for onsite sewage systems and water supply.

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 as required by the regulations.

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.

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.

Designer/Engineer Stamp

Designer/Engineer Contact Phone Number:

Applicant/Agent Signature

Date

Designer/Engineer E-Mail Address:

Intake Notes – Health District Use Only

DRINKING WATER & ONSITE SEWAGE SYSTEM SPECIFICATION SHEET

Assessor Tax Account Number: _____

A. DRINKING WATER SUPPLY INFORMATION			
<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Public	<i>System Name</i> _____	<i>System ID</i> _____
	<input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> 2-Party	ASSESSOR TAX ACCOUNT NUMBERS FOR PROPERTIES SERVED BY WELL	
		<i>Water Connection 1 (Parcel with Well)</i>	<i>Water Connection 2 (Parcel connected to Well)</i>

B. SOIL EVALUATION PROFILES				
<i>Soil Evaluation Date</i> _____	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	
<i>Downslope Side Measurements</i>	<i>Downslope Side Measurements</i>	<i>Downslope Side Measurements</i>	<i>Downslope Side Measurements</i>	

C. DAILY FLOW – TANKAGE – TREATMENT			
DESIGNED MAX SEWAGE FLOW	TRASH/SEPTIC/PUMP TANKS		ADVANCED TREATMENT INFORMATION
Gallons Per Day	Type	Size (gal) QTY	<input type="checkbox"/> Proprietary Advanced Treatment <i>Manufacturer:</i> _____ <i>Model:</i> _____ <input type="checkbox"/> Non-Proprietary Advanced Treatment <i>Device Type:</i> _____
PROPOSED RESIDENTIAL BEDROOMS	<input type="checkbox"/> Trash Tank	_____	
Maximum Bedrooms	<input type="checkbox"/> Septic Tank	_____	
PROPOSED TREATMENT LEVEL	<input type="checkbox"/> Pump Tank	_____	
TL	<input type="checkbox"/> Other	_____	

D. 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: _____ % B. Maximum Trench Depth: _____ inches (Downslope Side Measurements) C. Vertical Separation: _____ inches D. Trench Width: _____ inches E. Additional Cover Required: _____ inches
DISTRIBUTION METHOD		
<input type="checkbox"/> Gravity Distribution <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other: _____		