



**Benton-Franklin Health District
Environmental Health Division**
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4200 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
ACCT. #	
HSP #	

Application to Review a Proposed Subdivision

Instructions: Fee: \$700.00 + \$40.00 per lot Code 54.27 + 54.28 Re-Review \$300.00 Code 54.29

- This is an application to review a proposal to subdivide a property into 5 or more parcels where at least one of the parcels is proposed to utilize an on-site sewage system for wastewater disposal.
- Soil profile holes may be required on each proposed lot. These holes shall be ten (10) feet deep and located where requested by the Health District. The applicant and individual excavating holes are responsible for constructing and maintaining the soil profile excavations in a manner to reduce potential for physical injury as required by WAC 296-155 and shall immediately backfill the excavations upon completion of the Health Officer's review. Based on the results obtained, additional testing may be required.
- Based on the findings at the inspection of these holes, and other criteria, the Health Officer may approve the proposal, ask for further information, or restrict the subdivision of the property. Additional activities may include groundwater monitoring which may take up to a year to complete and will be conducted at the applicant's expense.
- Fees: Fees will be charged in accordance with the current fee schedule, and must be submitted with the application.
FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
- **Please attach 2 copies of the proposed plat including:** Boundary lines (existing and proposed), easements, roads, drainage across the property, existing structures, existing wells within 150' of the property, existing sewage disposal systems, slope of the land, indicate all lots with a slope in excess of ten percent, any surface water on and within 150 feet of the property.
- This application and subsequent development are subject to all other applicable laws. It is the applicant's responsibility to comply with said laws.

SECTION 1: INFORMATION FROM APPLICANT ABOUT THE PROPERTY

Date of Application	Domestic Water Source <input type="checkbox"/> Single Family Well <input type="checkbox"/> Public Water Supply	
Site Address	Name of Public Supply:	
Tax Parcel Identification Number	Lot Number	Block Number
Legal Description of Parcel/Subdivision		

SECTION 2: APPLICANT INFORMATION

Only the legal owner of the property or a contract purchaser may be considered the applicant

Applicant Name	Daytime Phone	
Current Mailing Address	City	Zip Code
E-mail Address	Home Phone	Cell Phone

SECTION 3: APPLICATION DETAILS

Current Property Size: <input type="checkbox"/> acres <input type="checkbox"/> square feet	Total Number of Proposed Lots:	
Proposed Largest Lot <input type="checkbox"/> acres or <input type="checkbox"/> square feet	Smallest Lot	<input type="checkbox"/> acres or <input type="checkbox"/> square feet
Current Improvements on the Property: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Outbuildings <input type="checkbox"/> Sewage System <input type="checkbox"/> Well		
Distance From Property Boundary to Nearest Public Sewer Line: _____ Feet	Maximum Slope of Ground: _____	
Proposed Land Use After Platting: <input type="checkbox"/> Single Family Homes <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Dwellings		
Surveyor:	Phone	

SECTION 4: SIGNATURES

Be advised that the ensuing recommendations from this office regarding the restrictions and/or limitations of a proposal will be based upon presently known site conditions. However, should additional adverse site conditions be revealed -- on the mentioned lots as well as other lots -- at a later date, the Health District reserves the right to impose further restrictions and/or limitations. Approval by the Health District shall not constitute the granting of, or guarantee the granting of any permit or any subsequent approval required by law.

I certify, by signature, that I am either the legal owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Signature of Applicant

Printed Name/Date