



**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 Boundary Line Adjustment

Instructions: Fee: \$300.00 Code 54.29

- This is an application to review a proposal to adjust property lines between 2 or more properties where at least one of the parcels is to utilize an on-site sewage system for wastewater disposal.
- Soil profile holes may be required on each 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 use the reverse side of the application to develop a scaled plan for the boundary adjustment or attach on a separate sheet.
- 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 Parcel A		Tax Parcel Identification Number Parcel B	
Legal Description of Parcel/Subdivision Parcel A		Legal Description of Parcel/Subdivision Parcel B	

Attach additional parcel numbers and legal descriptions on a separate page

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

Total Land area: <input type="checkbox"/> acres <input type="checkbox"/> square feet	Total Number of parcels Included in Adjustment:
Number of Lots Increasing in Size:	Number of Lots Decreasing in Size:
Current Improvements on the Properties: <input type="checkbox"/> Single Family Homes <input type="checkbox"/> Outbuildings <input type="checkbox"/> Sewage System <input type="checkbox"/> Well	
Distance From Properties to Nearest Public Sewer Line: Feet	Maximum Slope of Ground:
Proposed Land Use After Adjustment: <input type="checkbox"/> Single Family Homes <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Dwellings	
Consultant:	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

SECTION 5: REQUIRED ITEMS ON SITE PLAN

<input type="checkbox"/> Property dimensions	<input type="checkbox"/> Road and street names	<input type="checkbox"/> Easements on the properties
<input type="checkbox"/> Existing property lines	<input type="checkbox"/> Proposed property lines	<input type="checkbox"/> Existing buildings (size and location)
<input type="checkbox"/> Water lines	<input type="checkbox"/> Ponds, canals, rivers within 100 feet of the site	<input type="checkbox"/> Wells on and within 150 feet of the property
<input type="checkbox"/> Direction of slope across the site	<input type="checkbox"/> Existing sewage system locations	<input type="checkbox"/> Designated reserve system locations

SECTION 6: SITE PLAN

Blank area for the site plan drawing.