



**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 for a Review and Report on an On-Site Sewage System or Single Family Well

Instructions:

- This is an application to review an existing sewage system or single family well for compliance with current accepted standards, and report on said compliance and condition of the system or well. These reviews are completed generally to satisfy the requirements of a lending institution in the process of obtaining financing.
- If the septic tank has not been pumped within the last four years it must be pumped when a BFHD representative can be present as part of this review.
- This inspection will evaluate the existing system(s) in relation to the current standards. If deficiencies or limitations are revealed they will be noted in the report, should a failure be revealed correction will be required in accordance with District rules.
- 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.

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

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

SECTION 3: PURPOSE OF REVIEW—TO BE COMPLETED BY APPLICANT

5418 <input type="checkbox"/> On-site Sewage System (\$250.00)	5420 <input type="checkbox"/> On-Site Sewage System and Single Family Well (\$300.00)
5419 <input type="checkbox"/> Single Family Well (\$250.00)	5421 <input type="checkbox"/> Re-inspection (\$200.00)

SECTION 4: APPLICATION DETAILS

Type of Existing Structure: <input type="checkbox"/> Site Built <input type="checkbox"/> Pre-Manufactured		Property size: <input type="checkbox"/> acres <input type="checkbox"/> square feet	
Year House Built:	Is Home Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Date Vacated:	Number of Bedrooms:
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Other Water Treatment	Type: <input type="checkbox"/> Basement
Date of Last Septic Tank Pumping:	Sewage System Repairs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Septic Tank Size	Gallons
Person to Contact for Appointment:		Daytime Phone	Cell Phone

Mail Report to:

SECTION 5: SIGNATURES

Signature of Applicant	Printed Name/Date
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SECTION 6: FOR OFFICE USE ONLY

<input type="checkbox"/> System Records	<input type="checkbox"/> As-built drawing	<input type="checkbox"/> OSS Permit #	Install Date:	Installer:
System Approved For Bedrooms/GPD		System Functioning <input type="checkbox"/> Yes <input type="checkbox"/> No		Encumbrances <input type="checkbox"/> Yes <input type="checkbox"/> No
If Tank Pumped <input type="checkbox"/>	Baffles Present <input type="checkbox"/>	Water Tight <input type="checkbox"/>	Setbacks maintained <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Area <input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitary Seal <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Setbacks	Bacteriological Sample Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No		Sample #:

Comments: