



**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 Evaluate an Existing On-Site Sewage System

**Instructions:** Fee: \$275.00 Code 54.10

- This is an application to evaluate an existing sewage system for the acceptance of an activity to occur on the site that may have an impact on the on-site sewage system. **PLEASE NOTE THIS IS NOT A PERMIT.**
- The lids to the septic tank must be unearthed to allow for a proper inspection of the system. 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 in relation to the current proposal and area set aside for replacement of the system in the event of a failure. If deficiencies are revealed they will require correction prior to any approval being granted.
- 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 detailed site plan.**
- This application and any subsequent approval 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

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

#### SECTION 2: APPLICANT INFORMATION

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

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

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

<input type="checkbox"/> New Single Family Home	<input type="checkbox"/> Change or Additional Use	<input type="checkbox"/> Accessory Building (Shop, Garage, Shed)
<input type="checkbox"/> Addition to Existing Home	<input type="checkbox"/> Childcare - Number of Children =	<input type="checkbox"/> Title Elimination
<input type="checkbox"/> Swimming Pool or Spa	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Other Specify:

#### 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	
Number of Employees/Patrons/Residents:		Total Number of Bedrooms/Gallons Per Day:	
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Basement	<input type="checkbox"/> Plumbing Present in Basement
Approximate Age of On-site System	Septic Tank Size	Gallons	Drainfield Size
Date of Septic Tank Pumping:	Pumper:	Contact Number	
Mail Report to:			

#### SECTION 5: SIGNATURES

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 6: FOR OFFICE USE ONLY

<input type="checkbox"/> System Records	<input type="checkbox"/> As-built drawing	<input type="checkbox"/> OSS Permit #	Install Date:	Installer:
<input type="checkbox"/> Baffles present	<input type="checkbox"/> Tank water tight	<input type="checkbox"/> Setbacks maintained	<input type="checkbox"/> System functioning	
<input type="checkbox"/> Replacement area	<input type="checkbox"/> Wastewater strength	<input type="checkbox"/> OSS sized for proposal	<input type="checkbox"/> Proposal compliant	

Comments:

SECTION 7: REQUIRED ITEMS ON SITE PLAN

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

SECTION 8: SITE PLAN

