



SNOHOMISH  
HEALTH  
DISTRICT

**ENVIRONMENTAL HEALTH DIVISION**  
Water & Wastewater Section  
3020 Rucker Suite 104  
Everett WA 98201-3900  
425.339.5250 Fax: 425.339.5254

REQUEST FOR A HEALTH DISTRICT CONSTRUCTION CLEARANCE AND/OR WATER SUPPLY  
**COMMITMENT**  
**REVISED SITE PLAN**

NAME \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

TAX ACCOUNT # \_\_\_\_\_ LOT # \_\_\_\_\_

PDS FILE# \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING PROJECT DESCRIPTION \_\_\_\_\_

PDS  
FROM: \_\_\_\_\_

PLEASE SEE THE ATTACHED REVISED SITE PLAN.

\_\_\_\_\_ The site plan has been revised by the applicant.

\_\_\_\_\_ The site plan has been revised due to SHD requirements.

\_\_\_\_\_ The site plan has been revised due to requirements by PDS

\_\_\_\_\_ Phone revision approved by SHD:

Date: \_\_\_\_\_ SHD Name: \_\_\_\_\_

**FOR HEALTH DISTRICT USE ONLY**

**WATER SUPPLY INFORMATION: (If Required By Building Department)**

\$100 GMA Drinking Water Determination Fee

Appears to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 of Growth Management Act (GMA).

Does not appear to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 Growth Management Act (**see attached sheet for deficiencies**).

**ONSITE SEWAGE DISPOSAL SYSTEM:**

\$210 Field Review

\$105 Office Review

APPROVED  DISAPPROVED BY \_\_\_\_\_ See Letter Dated \_\_\_\_\_  
Initial and Date

CONDITIONAL APPROVAL: *Conditions To Be Typed On Building Permit*

**DO NOT FINAL STRUCTURE WITHOUT PRIOR SNOHOMISH HEALTH DISTRICT FINAL APPROVAL**

OTHER \_\_\_\_\_

**BUILDING CLEARANCE APPROVED:** BASED UPON REVIEW OF THE ONSITE SEWAGE DISPOSAL SYSTEM INFORMATION AND, WHEN APPLICABLE, THE WATER SUPPLY INFORMATION.

REVIEWING SANITARIAN: \_\_\_\_\_ DATE: \_\_\_\_\_