



**SNOHOMISH HEALTH DISTRICT**  
 3020 Rucker #104  
 Everett WA 98201-3900  
 Water/Wastewater Section 425.339.5250

**FOR PDS USE ONLY**

PDS PLAN CHECK # \_\_\_\_\_

SEC.63/GMA Compliance Required? YES  NO

PDS NAME: \_\_\_\_\_ Completion Date: / /

**REQUEST FOR A HEALTH DISTRICT CONSTRUCTION CLEARANCE AND/OR WATER SUPPLY COMMENT**

Property Tax Account Number

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

SITE LEGAL DESCRIPTION AND LOT #: \_\_\_\_\_ SP #/Plat name \_\_\_\_\_

Is Septic System/Drainfield:  INSTALLED/EXISTING\*  PROPOSED  NOT APPLICABLE

\*If installed/existing, approximate year of installation \_\_\_\_\_

Has a new onsite sewage disposal system application been made to the Snohomish Health District in conjunction with this proposed building project?  **yes**  **no**.

Indicate source of water:  INDIVIDUAL WATER SUPPLY  PUBLIC WATER SYSTEM

Has an individual water supply application been made to the Snohomish Health District in conjunction with this building project?  
 **yes**  **no**.

Explain building project and its use (SFR, addition, shed, etc.): \_\_\_\_\_

Is plumbing for any structures:  EXISTING  PROPOSED  BOTH EXISTING/PROPOSED

Indicate total number of bedrooms before and after construction: \_\_\_\_\_ / \_\_\_\_\_

**ATTACH A COPY OF PLOT PLAN** - 8 1/2" x 11" minimum showing:

- 1. Dimensions of Property Lines.
- 2. Dimensions of Existing Structures and their distances from Lot Lines.
- 3. Dimensions & Description of Proposed Construction.
- 4. Location of Septic Tank and Drainfield, if known.
- 5. Roads, Easements, Driveways, Parking and Pavement Areas.
- 6. Location of Water Well.
- 7. North Arrow.

**NOTICE: A Review Fee May Be Payable Upon Issuance of the Building Permit**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**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: \_\_\_\_\_