



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

TOWN OF WOODWAY

SEC.63/GMA Compliance Required? YES NO

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. | 4. Location of Septic Tank and Drainfield, if known. |
| 2. Dimensions of Existing Structures and their distances from Lot Lines. | 5. Roads, Easements, Driveways, Parking and Pavement Areas. |
| 3. Dimensions & Description of Proposed Construction. | 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:** _____

FOR HEALTH DISTRICT USE ONLY

WATER SUPPLY INFORMATION: (If Required By Building Department)

- 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:

- 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: _____