



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: _____