

APPLICATION FOR  
HEALTH DEPARTMENT  
REVIEW OF FINAL BOUNDARY  
LINE ADJUSTMENT OR REZONE

**PUBLIC HEALTH – SEATTLE & KING COUNTY  
ENVIRONMENTAL HEALTH DIVISION**

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| RECORD I.D. NUMBER<br><b>S U</b><br>Health Dept. Use Only |
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Complete the following and submit with the appropriate fee.  
([www.kingcounty.gov/ehsfees](http://www.kingcounty.gov/ehsfees))

**SUBMIT APPLICATIONS TO:** Eastgate Environmental Health 14350 SE Eastgate Way, Bellevue, WA 98007-6458 206-477-8050

FINAL Boundary Line Adjustment  Rezone

**Property Information:**

| Lot Number/Letter | Parcel No. (10 Digits) | Street Address | Current Sq. Feet/Acreage | Proposed Sq. Feet/Acreage |
|-------------------|------------------------|----------------|--------------------------|---------------------------|
|                   |                        |                |                          |                           |
|                   |                        |                |                          |                           |
|                   |                        |                |                          |                           |
|                   |                        |                |                          |                           |

Owner: \_\_\_\_\_ Street Address \_\_\_\_\_  
City-Zip Code \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_  
Agent \_\_\_\_\_ Street Address \_\_\_\_\_  
City-Zip Code \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

The Following Information Must be Provided:

**Water Supply:** (Complete Section 1 or 2 below)

- Section 1.  Public Water Supply (Name) \_\_\_\_\_  
D.O.H. Public Water Supply I.D. Number \_\_\_\_\_  
Source of water is located on Parcel # \_\_\_\_\_  
Status: Is the water system in compliance with all applicable laws, sampling requirements, etc.?  Y  N
- Section 2.  Individual Wells (Min. lot size for utilizing an individual well is 5 acres unless the lot was created prior to 5/18/72)  
 Well covenant(s)/ Individual/ Restrictive covenant(s)  
 Well(s) installed (well log documentation attached)

**Sewage Disposal:** Include the Following;

- A map page/plot plan of all affected parcels indicating a north arrow and drawn to scale:
  - Dimensions of lots-identify parcels as Lot A, Lot B, etc. so as to match legal descriptions;
  - Existing and proposed lot lines – dashed lines and highlighted for existing lot lines that are being adjusted and solid lines for proposed new lines;
  - Location of roads, and existing or proposed easements and/or restrictions;
  - Existing structures and distance(s) to property lines;
  - Location of wells, water lines, surface waters, drainage features, 100 year floodplain, floodways;
  - Accurate location of existing on-site sewage systems (e.g., septic tank, pump tank, drainfield, mound system, sandfilter, 100% reserve area)
- Soil log information (for undeveloped lots) including profile descriptions from a minimum of 4 soil log holes per lot per K.C.B.O.H., Title 13. ***This information to be documented by a K.C. Certified Designer or a Professional Engineer (P.E.).***
- Critical Areas Designation letter from Building Official for any vacant lot(s).

**NOTE:** A separate site design may be necessary to demonstrate sufficient room is present for drainfield and reserve area.

**NOTE:** In addition to the above, the following must be indicated for lots with existing homes:

- Is the existing sewage system functioning properly?  Y  N
- Is there an adequate reserve area identified for future sewage system repair/replacement?  Y  N
- Are sewage system horizontal setback requirements met? (e.g., surface water, wells, etc.)  Y  N (Appeal #04-62)

I hereby certify that the information given in this application is a true and accurate representation of the existing conditions on the subject property.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_  
Name of Licensed OSS Designer/P.E. (please print) \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Licensed OSS Designer/P.E. \_\_\_\_\_ Date \_\_\_\_\_

**For Health Department Use Only**

Approved  Disapproved \_\_\_\_\_  
(Date) (Health & Environmental Investigator) (District Supervisor)

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|               |
|---------------|
| Date Received |
|---------------|

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to health officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee)