

Application for Winter Water Table Review (WWTR)

Submit 3 application sets with required current fee

<http://www.kingcounty.gov/ehs-fees.aspx>

Record I.D. Number
ON
Department Use Only

Approximate Site Address:

ATTACH A DETAILED ROUTE/ DIRECTION MAP FOR LOCATING THE PROPERTY.

Name and address of property owner

Applicant Name	Street Address		Phone	
	Last	First	City-Zip Code	

Designer	Street Address		Phone	
	City-Zip Code		Fax	

E-mail address

THIS IS NOT A SITE DESIGN APPLICATION OR APPLICATION FOR PERMIT

PROPERTY INFORMATION: Legal Description Attached

Parcel # (APN) Section: Township: Range:

Subdivision Name: Lot: Block:

Property Size Sq. ft. Acreage: Rural Area Urban Area

Sensitive Area: (Y?N) If yes, specify (L,W,O) L = Landslide W = Wetlands O = Other

- Reason(s) for Requesting a WWTR
- Soil morphology indicates suspected high water table
 - Previously identified high water tables
 - Determination of suitability base on system type proposed, soil depth required =
 - Mitigation Measure(s) used to lower water table to acceptable levels
 - Other:

SOILS INFORMATION

Date(s) Soils Logged Soil Log Profile Data Attached: (Min. 2/lot)

Critical Soil Depth to Water table or Restrictive Layer: Inches

MONITORING PLAN

Total Number of Monitoring ports installed Number of Crest Gauges Installed

Number of post holes

Planned Monitoring Frequency

Monitoring period will be from to

- Other attachments
- Detailed Vicinity Map
 - Dimensioned Plot plan of lot to be monitored
 - Fee for WWTR per above

Name(s) and Locations of local rain source station(s)

Identify who will be collecting water table data:

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in non acceptance of the proposed application.

Designer's Signature: Certification # or PE License Number Date:

FOR HEALTH DEPARTMENT USE ONLY:

REVIEWED BY: Date

Comments:

