



Supplemental Application ONSITE EVALUATION

STAFF USE ONLY	DATE STAMP
<h1 style="font-size: 48px; margin: 0;">LABEL</h1> <p style="margin: 10px 0;">PLEASE NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	<p style="margin: 0;">Intake by: _____</p>

This application cannot be submitted alone. In addition to this form, a complete package includes:

Applicant Use	SUBMITTAL CHECKLIST	Staff Use Only
<input type="checkbox"/>	Master Application.	<input type="checkbox"/>
<input type="checkbox"/>	Site Plan (If applicable - see attached checklist).	<input type="checkbox"/>
<input type="checkbox"/>	Supplemental Checklist.	<input type="checkbox"/>
<input type="checkbox"/>	Applicable processing fees. <i>Refer to current fee schedules. Depending on the adopted fee structure, additional fees may occur if base hours/fees at intake are exhausted.</i>	<input type="checkbox"/>

TYPE OF PROJECT:

On Site Evaluation Only (include a Site Plan.)

Private Project Review within city limits (include a Site Plan.) City of: _____

Review of Existing Onsite Sewage System

Onsite Program Review of Food Establishment Application

Onsite Program Review of School Plan Application

WATER SUPPLY:

Single Family well
 Two Party well
 Existing
 Other ID# _____

Group A
 Group B
 Proposed

ACCESS:

Existing Access
 Proposed Access
 Private Driveway
 Shared Driveway

Private Road _____ (list name of road, if applicable)

Public Road _____ (list name of road, if applicable)

PROPERTY INFORMATION:

Water on or within 300' of the property: None Salt River/Creek Lake/Pond Wetland Ditch

Name of body of water: _____

Has the property ever flooded? No Do not know Yes, when? _____

(If yes, show area on site plan)

Slopes greater than 20%? No Yes

APPEAL: Any person aggrieved by a decision, an inspection, or notice made by the Health Officer shall have the right to appeal the matter as specified in Article 1 of the Thurston County Sanitary Code.

This application shall contain and/or address the following in a clear, accurate and intelligible form. Submit this checklist with your application. Check the box for each item addressed. Please provide an explanation for any unchecked item.

Applicant Use	SUPPLEMENTAL CHECKLIST	Staff Use Only
SITE PLAN:		
<input type="checkbox"/>	1. Site plan (11" X 17" maximum size), 1"=20' or 1"=30' scale.	<input type="checkbox"/>
<input type="checkbox"/>	2. A north arrow, map scale, date, site address and directions to the site.	<input type="checkbox"/>
<input type="checkbox"/>	3. The boundaries, including dimensions, of the property proposed to be developed.	<input type="checkbox"/>
<input type="checkbox"/>	4. Test hole locations.	<input type="checkbox"/>
<input type="checkbox"/>	5. The location of all existing on-site sewage systems, sewer lines, water lines, wells and springs.	<input type="checkbox"/>
<input type="checkbox"/>	6. The location of any area protected by covenant on the project site for water supply sources.	<input type="checkbox"/>
<input type="checkbox"/>	7. Existing location, flow direction and name of drainage/surface water on-site, including storm water facilities.	<input type="checkbox"/>
<input type="checkbox"/>	8. The location of any existing critical areas or buffers including shorelines, wetlands, streams, flood zones and steep slopes.	<input type="checkbox"/>
<input type="checkbox"/>	9. Topographic information for the entire property based on available county two (2) foot contour maps.	<input type="checkbox"/>
<input type="checkbox"/>	10. Vicinity sketch showing the relationship of the proposed development to major roads and highways.	<input type="checkbox"/>

ADDITIONAL REQUIREMENTS:

A. The project site must be identified in the field by posting an identification sign visible from the access road and by flagging the property corners and the center of the driveway/road access location. The purpose of the sign is for project identification rather than public notification. The sign and flagging are provided by Thurston County and can be obtained at the Permit Assistance Center.

- B. The following **test hole location** requirements must be met:
- Test pits must be six (6) feet deep, but excavation may stop at a depth where the water table or restrictive layer is encountered;
 - Test pits must be large enough and ramped for easy and safe access. The applicant is responsible for constructing and maintaining test pits in a manner so as to prevent injury to people;
 - A cleared and marked path through any brush, fences or obstacles to all test pits must be provided;
 - Each test pit must be numbered by a painted or flagged stake.

BILLING INVOICES

The base application fee charged at the time of application covers base hours listed on the fee schedule. When the base hours by a Department are used, a monthly billing invoice will be generated for additional hours at the hourly rate listed on the fee schedule. Should review of the project exceed the base hours allotted, billing invoices shall be mailed to:

Owner Applicant Point of Contact