

Letter of Transmittal

May 7, 2014



Washington State Department of
Health
Construction Review Services
111 Israel Rd. SE
Tumwater, WA 98501

PO Box 47852
Olympia, Washington 98504-7852

www.doh.wa.gov/crs
tel. 360-236-2944
fax. 360-236-2321

Project Info:

CRS# 60465860
Burbank Ranch Housing
Chapter 246-359 WAC Temp. Worker Housing
4 FAS 12 Man Housing Units

Project location: 1121 Burbank Creek Rd
Yakima, WA 98901-8352

Local Permit #:

Key People:

Assigned DOH Reviewer: Stan Iwagoshi, CBI, RS
stan.iwagoshi@doh.wa.gov

Facility Administrator: Burbank Ranch Housing
John Cornell
PO Box 70
Selah, WA 98942-0070
(509) 697-7208 x.
jcornell@sagefruit.com

Facility Contact: Burbank Ranch Housing
David Jacques
PO Box 70
Selah, WA 98942-0070
(509) 969-2576 x.
djacques@sagefruit.com

Architect / Engineer: N/A

Local AHJ: Kittitas County Community Dev Services
Kirk Holmes, Building Official
411 N Ruby St., Ste. 2
Ellensburg, WA 98926
(509) 962-7506 x.
cde@co.kittitas.wa.us

Consultant: N/A

Consultant: N/A

Contact: Kittitas County Health Department
Joe Gilbert, Onsite Sewage Specialist
507 N. Nanum St., Ste. 102
Ellensburg, WA 98926
(509) 933-8262 x.
joe.gilbert@co.kittitas.wa.us

Contact: WA DOH- Office of Drinking Water
Russell Mau, Regional Engineer
1500 W 4th Ave., Ste. 305
Spokane, WA 99204
(509) 329-2116 x.
russell.mau@doh.wa.gov

Copies To:

- Local AHJ: Kittitas County Community Dev Services
- Architect / Engineer: N/A
- Consultant: N/A
- Consultant: N/A
- Contact: Kittitas County Health Department
- Contact: WA DOH- Office of Drinking Water
- CRS File

- DOH Child Birth Center Licensing
- DOH Office of Accommodations & Res. Care Survey
- DOH Office of Investigations & Inspections
- DSHS, , Div. Of Alcohol & Substance Abuse
- DSHS, , Aging & Adult Services Admin.
- L&I, Bill Eckroth, Electrical Section
- L&I, John Harvey, Factory Assembled Structures

Facility Data Certificate:

Facility Name: Burbank Ranch Housing	Licensee UBI#: 601134847
Site Address: 1121 Burbank Creek Rd Yakima, WA 98901-8352	Critical Access Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Estimated Date of Occupancy: 08/15/2014	

ALL FACILITY TYPES	Occupancy Group:	Construction Type:	Applicable Code:			
	Number of Beds:	Current:	Added:	Removed:	Total:	
	Automatic Fire Sprinkler System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type			
	Automatic Fire Alarm System:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Compartmentation req'd:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Control System Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Special Delayed Egress Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:			
	Certificate of Need Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CON Approval Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CON Number :	

RESIDENTIAL CARE FACILITIES ONLY	Number of units:	Private occupancy:	Two person occupancy:
	Based on size of rooms used for sleeping	Residents	
	Based on size of common rooms	Residents	
	Maximum allowable licensable beds:	_____	
	Qualifies for Assisted Living Funding Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of qualifying units:

NOTES	Installation of 4-12 person Valley Manufactured Home, Model 5227 FAS units.
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The data above is based on the information presented to CRS. Any change in the facility or facility program that causes the above information to be incorrect is subject to review by CRS. Approval for construction is not approval for licensure. A copy of the facility data certificate will be sent to the licensing agency.

Project Status:

- In Review / Permit Pending -

The construction documents for your project have been reviewed per Chapter 246-359 WAC Temporary Worker Housing Construction Standard. The project will not be Authorized to Begin Construction until:

- The comments labeled as “not approved” have been resolved by providing a written response to each of the comments.
 - Please include your CRS number on all communications to Construction Review Services.
 - All documents submitted will be retained in our office until all the construction documents have been received, reviewed, and accepted.
- When the project is authorized to begin construction, a complete package of accepted documents will be stamped and signed by the department. One copy will be returned to the facility administrator to be kept on-site for the duration of construction and one copy will be retained for our records.

If you have any questions please feel free to contact Construction Review Services at (360) 236-2944.

Please take a few moments and fill out our online survey at www.doh.wa.gov/crs.

Plan Review Comments:

Comment ID #

Approved

Not Approved

- | | |
|---|--|
| 1 | <input checked="" type="checkbox"/> Copies of the following permits issued by the local AHJ must be received before Authorization to Begin Construction can be issued: |
| | <input checked="" type="checkbox"/> Septic System Installation Permit#
Issued by: Kittitas County Health Department
Issued on:
System Approved on: |
| | <input checked="" type="checkbox"/> Electrical Work Permit Permit #
Issued by: Washington State Department of Labor and Industries, Electrical Permitting
Issued on:
Work Approved on: |
| | <input checked="" type="checkbox"/> Water System Operations Permit System ID #:
Application submitted to: Washington State Department of Health, Office of Drinking Water
Application submitted on:
System Approved on: |
| | <input checked="" type="checkbox"/> Site Plan Reviewed for Height/Set-back
Accepted by: Kittitas County
Accepted on: |
| | <input checked="" type="checkbox"/> Site Plan Reviewed for Road Access
Accepted by: Kittitas County
Accepted on: |

- 2 **Provide a site map and plans for this camp. Include a copy of the Assessor's map number 15-19-27000-0002, and directions to get to the site. sai**

- 3 **Valley Manufactured Home, Model 5227 have been reviewed and approved as preapproved Master Plans. sai**

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Compliance with the comments above provided by the Department of Health, Construction Review Services, are necessary for this facility to meet the requirements of the applicable licensing regulations found in the Washington State Administrative Code and associated references. These comments do not relieve the facility from the responsibility to meet the requirements of any other applicable federal, state or local regulations. In the event of conflicts between other jurisdictions and these written comments, the most stringent shall apply.