

# Letter of Transmittal

June 10, 2014



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.  
cds@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 4<sup>th</sup> 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:

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

|                           |                                  |  |                                |  |              |  |
|---------------------------|----------------------------------|--|--------------------------------|--|--------------|--|
| <b>ALL FACILITY TYPES</b> | 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 : |  |

|   |   |  |                             |
|---|---|--|-----------------------------|
| <b>RESIDENTIAL CARE FACILITIES ONLY</b> | 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: |

|              |   |
|--------------|---|
| <b>NOTES</b> | Installation of 4-12 person Valley Manufactured Home, Model 5227 FAS units. |
|--------------|---|

**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:**

**- Permit Issued/ Plan Review Complete -**

The construction documents for your project have been reviewed per Chapter 246-359 WAC Temporary Worker Housing Construction Standard and found acceptable. The stamped approved copy of the documents shall be kept available for the licensing staff on site.

**For Permitting**, please note the following:

- **The Department of Health, Construction Review Services (CRS), is responsible for building construction permitting and occupancy. Prior to starting construction, please submit the appropriate Construction Permit Fee to CRS within one (1) year of the Plan Approval date. Upon receipt of the required Construction Permit Fee, CRS will issue a Construction Permit.**
- **Once the permit is issued, the applicant is responsible for contacting CRS to schedule inspections at least 48 hours prior to the requested inspection date. (For example, if you want to pour a concrete foundation on Saturday, you will need your footings and foundation forms approved by Friday. Therefore, you will need to call by Wednesday to arrange for the inspection.)**
- **Temporary Worker Housing Construction Standard regulations do not allow occupancy of the completed project area until the construction documents have been accepted and a certificate of occupancy has been issued by the Department of Health.**

Upon completion of all of the above, we will close your project file and notify the Migrant Farmworker Housing program that you have completed the review process.

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](http://www.doh.wa.gov/crs).

**Plan Review Comments:**

Comment ID #  
Approved  
Not Approved

- 1  **Copies of the following permits issued by the local AHJ must be received before Authorization to Begin Construction can be issued:**
- Septic System Installation** **Permit#2014-11811, 2014-11812, 2014-1183, and 2014-11808**
- Issued by: Kittitas County Health Department
- Issued on: 5/07/14**
- System Approved on:
- Electrical Work Permit** **Permit #2375994E**
- Issued by: Washington State Department of Labor and Industries, Electrical Permitting
- Issued on: 5/27/14**
- Work Approved on:
- Water System Operations Permit** **System ID #: AD176**
- Application submitted to: Washington State Department of Health, Office of Drinking Water, Russell Mau, Regional Engineer
- Application submitted for: Group A TNC system application submitted 5/23/14
- System Approved on: 5/30/14**
- Site Plan Reviewed for Height/Set-back**
- Accepted by: Kittitas County Commissioners
- Accepted on: 4/01/14**
- Site Plan Reviewed for Road Access**
- Accepted by: Kittitas County
- Accepted on: 4/10/14**

- 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
- Approved 5/27/14 per receipt of site map and directions to the site. sai**
- 3  Valley Manufactured Home, Model 5227 have been reviewed and approved as preapproved Master Plans. sai
- 4  On 5/08/2014 DOH/CRS – TWH Construction Specialist received and entered into the record 4 on-site sewage installation permits; permit #2014-11811, 2014-11812, 2014-11813, and 2014- 11808, issued on 5/07/2014 by the Kittitas County Health Department. sai
- 5  On 5/27/14 DOH/CRS – TWH Construction Specialist received documentation of application for an Electrical Work Permit, dated 5/27/14, and site map and directions to the site. TWH Building Permit can be issued. sai
- 6  **On 5/30/14 DOH/CRS – TWH Construction Specialist received an e-mail confirmation that the Group A – TNC water system for the Burbank Water System had been approved, by WA DOH/ODW – ERO. sai**
- 7  **On 6/03/14 DOH/CRS – TWH Construction Field Inspector conducted the initial site inspection. Site can meet minimum site requirements for Section 246-350-150 WAC. sai**

*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.*