

Letter of Transmittal

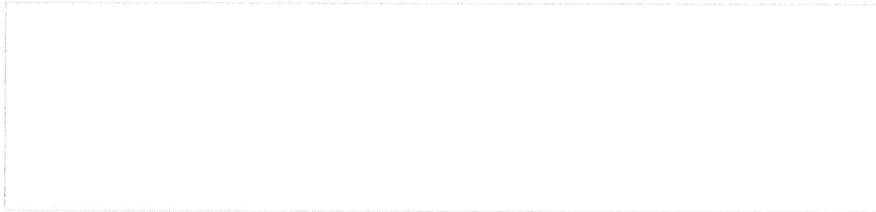
June 2, 2014



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

x.

Consultant: N/A

Consultant: N/A

x.

x.

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:

- 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.

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: tnc system application submitted 5/23/14
- System Approved on:
- 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

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.