Letter of Transmittal

July 21, 2014



Construction Review Services 111 Israel Rd. SE nwater, WA 98501

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			Tumwater, WA 9850
			PO Box 4785 Olympia, Washington 98504-785
			www.doh.wa.gov/cr tel. 360-236-294 fax. 360-236-232
Project Info:			
CRS#	60465860	Project	1121 Burbank Creek Rd
Burba	ink Ranch Housing	location:	Yakima, WA 98901-8352
Chapt	ter 246-359 WAC Temp. Worker Housing		
4 FAS	S 12 Man Housing Units	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 x.	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
	x.		х.
Contact:	Kittatas 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 th Ave., Ste. 305 Spokane, WA 99204 (509) 329-2116 x. russell.mau@doh.wa.gov
☐ Architect / En☐ Consultant: 1☐ Consultant: 1☐ Consultant: 1☐ Contact: Kitt	N/A	□ DOH Office of A □ DOH Office of I □ DSHS, , D □ DSHS, , A □ L&I, Bill Eckrot	h Center Licensing Accommodations & Res. Care Survey Investigations & Inspections Div. Of Alcohol & Substance Abuse Aging & Adult Services Admin. th, Electrical Section acek, Factory Assembled Structures

☐ CRS File

	F	acility 1	Data Certific	eate:						
Fa	cilit	y Name:	Burbank Ranch	Housing			Licens	see UBI#:	6011348	47
Site Address:		ddress:	1121 Burbank Creek Rd Yakima, WA 98901-8352		Critical Access Facility:		Yes	⊠ No		
Es	tim	ated Date	of Occupancy: 08/	15/2014						
70		cupancy oup:		Construction Type:			Applicable (Code:		
TY TYPES	Number of Current: Added: Beds:				Removed:		Total:			
	Αι	tomatic Fi	re Sprinkler System	: Yes	☐ No	Type	1			
ILI	Αυ	tomatic Fi	re Alarm System:	Yes	☐ No					
ALL FACILITY			Smoke (Control System	m Provided:	Yes	□No			
	Sp	ecial Delay	red Egress Control:	Yes Yes	□No	Location	1:			
		rtificate of	Need Required:	Yes	□No	CON Ap	oproval Grant umber :	ed:	Yes	□No
		Number o	of unite:	Drivate (occupancy:		Two	person occup	2000111	
RE	ζX		size of rooms used			esidents	1 wo p	erson occup	bancy.	
CA	ON		size of common ro	1 0		esidents				
RESIDENTIAL CARE	FACILITIES ONLY	Maximun	n allowable licensal	ole beds:						
DE	III	Qualifies	for Assisted Living	Funding Progra	am [Yes [No Numbe	er of qualify	ing units:	
RESI	FAC									
	Ins	tallation of	4-12 person Valle	y Manufactured	Home, Mo	del 5227 I	FAS units.			
NOTES										
8 8										
Th	The data above is based on the information presented to CRS. Any change in the facility or facility program that				gram 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

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:

区 Electrical Work Permit

Permit #2375994E

Issued by: Washington State Department of Labor and Industries, Electrical Permitting

Issued on: 5/27/14

Work Approved on: Service approved 7/14/14

⊠ 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: 6/04/14

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	X	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	X	Valley Manufactured Home, Model 5227 have been reviewed and approved as preapproved Master Plans. sai
4	X	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	X	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	X	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	X	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
8	X	On 6/10/14 DOH/CRS – TWH Construction Field Inspector received and entered into the record a copy of the Approval of the Group A-TNC approval package. sai
9	\boxtimes	On 6/24/14 DOH/CRS – TWH Construction Field Inspector conducted the setting and anchoring of 2-12 person Valley Manufactured Home, Model 5227 FAS units. L&I 150T tag numbers: 5227W145778 A&B, and 5227W145779 A&B recorded. No new comments identified. sai
10	X	On 7/08/14 DOH/CRS – TWH Construction Field Inspector conducted a pre-final inspection for the installation of 2-12 person Valley Manufacture Home, Model 5227 FAS units. No new comments identified. Final inspection scheduled for 7/17/14. sai
11		On 7/17/14 DOH/CRS – TWH Construction Field Inspector conducted the Final construction inspection to set 2-12 person Valley Manufactured Home, Model 5227 FAS units. Construction completed and approved. Issuance of CoO on Hold pending the receipt of septic system installation approval by Kittitas County Health Department. 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.