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 www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY
Accepted By: _____
Permit #: _____
Date Processed: _____
Receipt #: _____

APPLICATION FOR SITE EVALUATION

Property Owners Name: _____
 Site Address: _____
 City: _____ Zip: _____
 Phone Number: _____
 Property Owner Email: _____
Requested By: _____ Phone: _____
 Requester Mailing Address: _____
 City: _____ Zip: _____
 Requester Email: _____
Designers Name: _____ Phone: _____
 Designer Email: _____
 Signature of owner or agent: _____

EMAIL RESULTS TO:

Owner Requester Designer

SITE (PARCEL MAP MUST BE ATTACHED)

Map Parcel Number _____ Lot #: _____
 Subdivision: _____ Gate Code: _____ Acreage Size: _____
 Directions to site: _____

Go Online to <https://www.co.kittitas.wa.us/health/> to Schedule your Inspection

STRUCTURE (CHECK ALL THAT APPLY):

Proposed OR Existing Repair OR Alteration
 Single Family Residence OR Commercial Application
 Number of bedrooms: _____ Number of permanent occupants: _____
 Other (Specify) _____ Expected Daily Design Flow _____

WATER SUPPLY:

Public Water System (3+ connections) - Name of system: _____
 Private well Shared well (2 connections)
 Cistern Well is drilled and located on attached Map Well not drilled

\$725.00 Site Evaluation fee is non-refundable after service has been provided.

Site Evaluation is valid for five years.

Please Note: The Owner/Requester is responsible for the digging of the test holes.

It is the responsibility of the requesting party to have established boundary lines prior to any work being conducted on the parcel.

OSS SITE EVALUATION - TEST HOLE DATA & PARCEL INFORMATION


File Last Name: _____

Parcel Number: _____

SOIL LOG # PRIMARY			
Depth	Texture	Structure	Color
Feet			
1 -			
-			
2 -			
-			
3 -			
-			
4 -			
-			
5 -			
-			
6 -			

SOIL LOG # RESERVE			
Depth	Texture	Structure	Color
Feet			
1 -			
-			
2 -			
-			
3 -			
-			
4 -			
-			
5 -			
-			
6 -			

Soil Profile		Field Observations:
C = Clay	CO = Cobbles	
S = Sand	BKR = Broken Rock	
Si = Silt	HP = Hard Pan	
L = Loam	H2O = Water	
GR = Gravel	MOT = Mottling	
RL = Root Line		

Minimum Setbacks:	APP Rate:	Parcel Map/Soil log Location
<input type="checkbox"/> Surface Water (100') <input type="checkbox"/> Wells (100') <input type="checkbox"/> Water Lines (10') <input type="checkbox"/> Cut banks (25' + 5' or 50' +5') <input type="checkbox"/> Interceptor Ditches (10' up or 30') <input type="checkbox"/> Property Lines (5') <input type="checkbox"/> Buildings (10') <input type="checkbox"/> Cuts or fills? Slope: _____ (Percent & Direction)	<input type="checkbox"/> .2 <input type="checkbox"/> .4 <input type="checkbox"/> .6 <input type="checkbox"/> .8 <input type="checkbox"/> 1.0 <input type="checkbox"/> Unsuitable <input type="checkbox"/> Restrictive Layer Depth: _____ Additional Soil Comments:	

Comments or Waivers: _____

Staff Signature: _____ Date: _____