

Land Use Proposal Application



GRANT COUNTY HEALTH DISTRICT
 1038 West Ivy, Moses Lake, WA 98837 (509)766-7960
www.granthealth.org

Date _____
Amt Received _____
Receipt # _____
PHA _____
Eval By _____
Mail/E-mail Date _____

Land Use Proposal Application

In response to a request from the Grant County Planning Department for comment on availability of potable water and appropriateness of sewer disposal in connection with a proposed land use application (Project) being processed by that department per RCW 58.17.150. The Grant County Health District does not review this proposed plat or other land use permits for the legal availability of water nor for compliance with RCW Chapter 19.27 (building permits). This application is to be filled out completely.

Application Type (put an "X" in the box to the right of the type):

Prelim. Subdivision (Long Plat) \$616.00	Short Subdivision (Short Plat) \$411.00	Binding Site Plan \$616.00	Conditional Use Permit \$205.00	
Discretionary Use Permit \$205.00	Reasonable Use Exception \$77.00	Plat Alteration \$308.00	Site Plan Review \$77.00	
Planning Variance \$155.00	Boundary Line Adj. \$155.00	Shoreline Permit (Currently no fee)		

Subdivision/Project Name: _____ S _____ T _____ R _____

Name of Applicant: _____ Phone _____

Mailing Address, City, State, Zip: _____

Project Address: _____

City, State, Zip: _____ Parcel#: _____

Client E-mail Address: _____ Agent Email _____

Is this project within the Urban Growth Area of a City? Yes _____ No _____

Submit a map of your project. If applicable, submit proposed subdivision map and sheets.

Submit a short description of your project and your reason for this application.

Sewer: Attach a description of the proposed means of sewage disposal and a site plan or map

Is any property line within 200' of a public sewer line? Yes _____ No _____

Planned sewage disposal: (SEE WAC 246-272A-0025 (5) for public sewer requirement) (check all that apply)

_____ Existing septic system (s) (must be approved for proposed use, all septic components tank(s), drainfield(s) and reserve drainfield(s) need to be shown on all plat maps)

_____ New septic systems (submit at least one Site Registration and appropriate fees or NRCS soil map and soil description. Each lot will need a completed Site Registration before final plats can be signed excluding, in most cases, lots with existing homes and septic systems)

_____ Existing Public Sewer (i.e. lagoons, municipal sewer and multi-connection septic, see next section)

_____ Other, _____

If Existing Public Sewer system (to be completed by the sewer system operator/owner)

Number of sewer connections planned in this proposal _____

I certify that there is enough capacity and capability in the _____ sewer system to accommodate the proposal.

Parcel number of the multi-connection septic system, if permitted by GCHD _____

Signature of Sewer System Owner/Operator _____ Date: _____

If public sewer is from a non-municipality, include a letter or other document from the appropriate agency (DOH or Ecology) verifying capacity.

Potable Water:

The Grant County Coordinated Water System Plan requires new developments to seek water service from established water systems if the development is either within the water system service area, or within ¼ mile of the service area (see <http://grantcountywa.maps.arcgis.com/home/index.html> for water service areas, information is also available at the GCHD office)

- Is this development within, or within ¼ mile of an established water system service area? Yes _____ No _____
- Is any property line within 200’ of a public water system water line? Yes _____ No _____
- Is the source of water (domestic or otherwise) that you have proposed for use in this development based on obtaining a Quincy Basin Permit from the Department of Ecology? Yes _____ No _____ (If yes, contact Planning Department)

Planned Water source (s):

____ Individual wells (Multiple wells planned but none meet the definition of a Group A or Group B water system, (see “Determining if a water system is a private or a public water system” page 6)

____ New Group A or Group B (See WAC 246-290; 246-291 and GCHD Ordinance 13-3)*

____ Existing Group A or Group B (See WAC 246-290; 246-291 and GCHD Ordinance 13-3 and next section)

____ Same Farm Exempt (A copy of a filed “Same Farm Affidavit” is needed)

____ No potable water needed for this project

*If the project is planned to have a new public drinking water system (See WAC 246-290 and 246-291 and Grant County Health District Ordinance 13-3), the water system will need to be designed, approved, constructed and approved before the final plat can be signed (see Grant County Code 22.04.450 for possible exceptions). The water system approval process is variable and can sometimes take months.

If Existing Group A or Group B (to be completed by the water system purveyor):

Water System Name _____ PWS ID# _____

Existing water connections: _____ Number of approved water connections: _____

Current Number of vacant lots to be served by this water system: _____

Number of water connections planned in this proposal: _____

I certify that this water system has enough capacity and approved connections to serve this proposed project.

Signature of Water Purveyor _____ Date: _____

Answer the following questions by putting an “X” in the column “Yes” or “No” as they pertain to the proposed project	Yes	No
Are there any drainfield, proposed drainfield which has been approved by a health authority, and reserve drainfield areas. within 100 feet of any well or proposed well?		
Are there any septic tanks, septic holding tanks, septic containment vessels, septic pump chambers or septic distribution boxes within 50 feet of any well or proposed well?		
Are there any manure lagoons within 100 feet of any well or proposed well?		
Are there any sewage lagoons within 100 feet of any well or proposed well?		
Are there any industrial lagoons within 100 feet of any well or proposed well?		
Are there any landfills within 1000 feet of any well or proposed well?		
Are there any hazardous waste sites within 100 feet of any well or proposed well?		
Are there any chemical and petroleum storage areas (i.e. Shops that are used to store chemicals or petroleum) within 100 feet of any well or proposed well?		
Are there any pipelines used to convey materials with contamination potential within 100 feet of any well or proposed well?		
Are there any livestock barns or livestock feed lots within 100 feet of any well or proposed well?		
Are there any public roads within 100 feet of any well or proposed well?		
Are any 100 foot wellhead protection zones outside the boundary of the applicant’s property?		
If yes, are there legal agreements between the property owners to protect the area within 100 feet of the well(s)?		
Are there any sea/salt intrusion areas within 100 feet of any well or proposed well?		
Are there any building sewers, public sewers, sewer collection or non-perforated sewer distribution lines within 50 feet of any well or proposed well?		
Are there any existing building structures or building projections within 5 feet of any well or proposed well?		
Are there any wells located in a garage, barn, storage building or dwelling?		
Are there any wells located in a floodway?		
Are there any wells that are located in an area that is subject to ponding?		
Are there any wells that are not protected from a one hundred year flood?		
Are there any wells that are subject to surface or subsurface drainage that is capable of impairing the quality of the groundwater supply?		
Are there any Easements and or Right of Ways that allow for potential sources of contamination within 100 feet of any well or proposed well? i.e. USBR right of way, sewer easement.		

There may be other sources as determined by the Health Officer.

If wellhead protection zones surrounding existing wells are compromised by potential sources of contamination, then:

1. Configuration of each lot to allow a one hundred-foot radius water supply protection zone to fit within the lot lines, or
2. The existing well needs to be properly decommissioned and a new well without potential sources of contamination within the wellhead protection zone will need to be drilled, or
3. Establishment of a one hundred-foot protection zone around each existing and proposed well site. The existing well(s) and proposed well(s) needs to be legally protected from potential sources of contamination by way of covenants or plat restrictions. If it is not possible to restrict uses in the wellhead protection zone it may be possible to receive a variance. The Washington State Department of Ecology has the authority to approve or deny the variances to setbacks (see WAC 173-160-106).

It is up to the applicant to determine which course of action is best for their project.

All wells and wellhead protection zones (100 ft radius around wellheads) must be shown on all maps, if the proposed lot that is less than 10 acres. GCHD may request potential wells and wellhead protection zones on lots

equal to or larger than 10 acres if containment of a wellhead protection zone within the lot lines is questionable. Wellhead protection zones must be free from potential sources of contamination (see page 3).

Subdivision Details (complete if subdivision or short subdivision application):

Current property size: _____ Number of Proposed lots: _____ Largest Proposed Lot size: _____
 Smallest Proposed Lot size: _____ Proposed land use after dividing (residential, commercial, etc.) (list all that apply): _____

You must apply for Method 2 if you are proposing lot sizes that are smaller than the minimum required for Method 1 in WAC 246-272A-0320; see the table below. If you are applying for Method 2, an additional application fee is required.

**Minimum Land Area Requirement for Method 1
 Single-Family Residence or Unit Volume of Sewage**

Type of Water Supply	Soil Type (defined by WAC 246-272A-0220)					
	1	2	3	4	5	6
Public	0.5 acre	12,500 sq. ft.	15,000 sq. ft.	18,000 sq. ft.	20,000 sq. ft.	22,000 sq. ft.
Individual, on each lot	1.0 acre	1 acre	1 acre	1 acre	2 acres	2 acres

➤ Will you be applying for Method 2? Yes _____ No _____ (if yes there is an additional fee)

➤ Land Surveyors name: _____ Phone: _____
 Email: _____

My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 10 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in application denial and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

Signature of Applicant _____ **Date** _____

*****This page is for GCHD use only*****

WATER AVAILABILITY

- Evidence of availability of a source of potable water for this Project appears to be established by the proposed source from:
 - Existing public system
 - New Group A or Group B water system
 - Well(s)-Configuration of each lot to allow a one hundred-foot radius water supply protection zone to fit within the lot lines.
 - Well(s)-Establishment of a one hundred-foot protection zone around each existing and proposed well site.
- Evidence of availability of a source of potable water for this Project appears not to be provided.

SEWER AVAILABILITY

- Evidence of general suitability for on-site sewer system installation or availability of a connection to a sewer system for this Project appears to be appropriate per:
 - District on-site tests per WAC Chapter 246-272A
 - Other means acceptable under GCHD standards
 - Washington State Dept of Health approved system
 - Washington State Dept of Ecology approved system
- Evidence of availability of adequate sewer disposal for this Project appears not to be provided.

District on-site tests provide a general determination of soil types and probable on-site sewer systems available for use. Specific configuration of lots and locations of other features such as wells and buildings will determine the actual availability of on-site septic systems for each lot of this Project.

Other than District on-site tests, the information provided herein is based on information available to the District from others and the District cannot and does not certify the accuracy of that information.

Health District Representative Signature: _____ Date: _____

Project Name: _____ Parcel #: _____

Determining if a water system is a private or a public water system

