



**Septic Subdivision Review Application**

\_\_\_\_ Subdivision (5 or greater lots):       Preliminary (54AG / 54AH)       Final (54AK)       Redesign (54AI)

\_\_\_\_ Short Subdivision (4 or less lots):       Preliminary (Method A) (54AM / 54AN)       Final (54AO / 54AP)       Redesign (No Fee)

<b>Plat Name:</b>		PDS File #:		
Property Tax Account #:		Sec:	Twp:	Rg:
Site Address:		City:		
Number of Acres:		Minimum Lot Size: (sq.ft.)		
<b>Number of Lots:</b>	Subdivision located 1,000 feet or greater from a landfill: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Water Supply:**    \_\_\_\_ Individual Wells  
                           \_\_\_\_ Public Water      Name of Water System: \_\_\_\_\_

<b>Owner Name:</b>	Phone:	Email:		
Address:	City:	State:	Zip:	
<b>Agent Name:</b>	Phone:	Email:		
Address:	City:	State:	Zip:	
<b>Designer / Engineer Name:</b>	Phone:	Email:		
Address:	City:	State:	Zip:	

Refer to Snohomish County Health Department Sanitary Code, Chapter 5.05 *On-Site Sewage Disposal Regulations WAC 246-272A* and Chapter 5.20 *Land Division Review* for subdivision requirements and process.

I hereby certify that the information given in this application is a true and accurate representation of the existing conditions on this subdivision.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Licensed Designer / Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

Rev121019rso

**Environmental Health Division**

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250