



NORTHEAST TRI COUNTY HEALTH DISTRICT

APPLICATION FOR PLAT REVIEW

The Northeast Tri County Health District reviews parcels of land proposed for subdivision within Stevens, Ferry and Pend Oreille Counties to determine the suitability of the lots to support on-site sewage disposal systems. Not all parcels can be subdivided and some parcels may have restrictions regarding subdivision. You should contact the County or City Planning Office for specific platting requirements that apply to your property prior to submitting this application.

The Northeast Tri County Health District will review lots within proposed subdivisions to determine the suitability of each lot to support an on-site sewage disposal system. Recommendations from the review will be sent to the applicant and to the Planning Department. Additional reviews or permits from other jurisdictions or agencies may be needed for subdivision of land. It is the responsibility of the applicant to acquire these reviews or permits and comply with all applicable rules, regulations and/or ordinances. Final plat approval is the jurisdiction of the County, City or Town Planning Department.

The following must be provided to the Environmental Health Division of the Northeast Tri County Health District prior to scheduling a site review of the proposed plat:

1. **Application**

Submit a complete Application for Plat Review to the Health District. Failure to submit all information required may delay the review of the project.

2. **Plat Review Fee**

Submit the appropriate fee along with the plat application.

Short Plat Fee (1 – 4 Lots) - \$450.00

Long Plat Fee - \$800.00

3. **Site Map**

A map showing the total acreage to be platted, proposed lot lines, existing structures, driveways, roads, etc. must be submitted with the plat review application. All distances and locations must be measured and accurate. For a complete list of items to be included on the site map, refer to Site Map Minimum Information section on page 2.

4. **Test Holes**

Test holes must be dug in accordance with the Northeast Tri County Health District's Guide to Test Holes. A minimum of two test holes must be dug on each of the proposed lots unless approval from the Health District is obtained prior to the site inspection.

5. **Lot Lines**

The perimeter of the property to be platted, proposed lot lines and all lot corners must be marked or flagged.

For more information please contact the Northeast Tri County Health District, Environmental Health Division:

Stevens County:	260 S Oak Street, Colville, WA 99114	509-684-2262 or 1-800-776-6207
Pend Oreille County:	605 Hwy 20, Newport, WA 99156	509-447-3131 or 1-800-873-6162
Ferry County:	P.O. Box 584, Republic, WA 99166	509-775-3111 or 1-800-876-3319

SITE MAP INFORMATION

The site map and information provided with the site map are a very important part of the plat review. All items on the site map must be measured and accurate.

If you feel there is information other than that listed below, that would be helpful to our review of the proposed subdivision, please include it on the site map.

SITE MAP MINIMUM INFORMATION

- Perimeter dimensions of total parcel to be subdivided
- Proposed lot lines and dimensions
- Acreage of each lot
- Existing residential and non-residential structures
- Existing and/or proposed driveway(s)
- Existing on-site sewage systems(s) (septic tank & drainfield) location(s)
(indicate permit number and date sewage system(s) installed)
- Easements for existing or proposed roads, power, water or telephone lines
- Well and water line locations
- Surface water (lakes, streams, rivers, ponds, seasonal creek)
- Test hole locations
- Topography (drainages, rock outcroppings, slopes, etc.)
- Fence lines



NORTHEAST TRI COUNTY HEALTH DISTRICT PLAT REVIEW APPLICATION

APPLICANT INFORMATION

Name _____

Mailing Address _____

City/State _____ Zip Code _____

Phone Number _____ Cell Phone _____

I certify that the information submitted on this application is correct and I understand that additional reviews by other agencies or departments will be required for subdivision of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property for the purposes of application evaluation and any subsequent inspections.

Signature _____ Date _____

PROPERTY INFORMATION

Property Owner Name _____

Legal Description: A copy of the most recent tax statement, a printout from the county assessor office, or a recorded document that verifies ownership of the parcel must be provided with this application.

Rural description or Subdivision Name, Lot & Block Number

Section _____, Township _____, Range _____ Parcel Number _____

DIRECTIONS TO SITE

Provide an accurate map or directions to the site. Mileage from a significant road intersection, landmark or flagging the entrance to the plat is very useful to locate undeveloped property.

*** FOR OFFICE USE ONLY ***

Date Received _____ Fee _____ Receipt # _____

PLAT - GENERAL INFORMATION

The following information must be provided before a site review can be scheduled. Please be sure all information is accurate and complete.

1. **SITE MAP:** An accurate site map showing the total acreage, proposed lots, existing structures, etc., must be provided. All existing and proposed development must be shown and distances and locations must be measured and accurate. See the site map minimum information instructions on the attached sheet for more information.

2. **NUMBER OF LOTS:** # of lots to be created _____ (show acreage of each lot on site map)

3. **LOT USE:** Indicate the proposed use for each of the lots. If there will be a combination of uses, show which lots will be used for each classification on the site map.
 - Single Family Residential
 - Multi-Family Residential
 - Commercial
 - Other _____

4. **WATER SUPPLY:** Indicate the type of water supply proposed for each lot. If well(s) are existing on any of the proposed lots, show the location on the site map. If a community water supply is proposed, provide the water system name and/or ID number.
 - Individual Well
 - Shared Well (2 connection water system)
 - Group B Community Water Supply (ID # or name _____)
 - Group A Community Water Supply (ID # or name _____)

5. **SEWAGE:** Indicate what type of sewage system is proposed for each lot. If on-site sewage systems are existing, list the permit number and/or date of installation on the site map.
 - Individual on-site sewage system for each lot
 - Connection to an existing public or community sewage system.
(Name & ID # _____)
 - Develop a new community sewage system to serve all proposed lots

6. **OTHER:** Please provide the following information if available.
Plat Name or Number: _____
Surveyor Name: _____