



Chelan-Douglas Health District  
 200 Valley Mall Parkway  
 East Wenatchee, WA 98802  
 (509)886-6450

# APPLICATION FOR RECORD REVIEW

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME AND MAILING ADDRESS OF APPLICANT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE (Days): \_\_\_\_\_

<sup>τ</sup>  
IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_

PARCEL SIZE: \_\_\_\_\_

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DRIVING DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>τ</sup>  
DRINKING WATER SUPPLY:

Public. (more than two homes)  
 System name: \_\_\_\_\_

Private.       Existing  
                           Proposed

CURRENT USE OF PROPERTY:

- Undeveloped
- Residential (single family). Number of Bedrooms: \_\_\_\_\_
- Commercial or Multi-family. Describe number of bedrooms, employees, units, shifts, type of business, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>τ</sup>  
KNOWN ENCUMBRANCES. Neighbor's wells, easements, covenants, flood zones, etc. Attach legal access documents for components not located on the lot where the sewage is generated.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the property within the boundaries of a recognized public sewer or water utility? (If so, give name of utility)

NO     Yes

\_\_\_\_\_

<sup>τ</sup>  
Describe the questions you wish this review to answer.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>τ</sup>  
APPLICANT'S STATEMENT: I understand that this review will be based upon the information provided, and on a review of the records on file at the Chelan-Douglas Health District. I understand that I will need to make a separate application if I wish an inspection to be made of the property. I accept responsibility for correctly identifying the locations of water sources, septic system components, buildings, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may void any statements or comments made by the Health District as a result of this application.

\_\_\_\_\_  
 (Signature)