



Northeast Tri County Health District Environmental Health Division

Land Development Application

The Northeast Tri County Health District reviews parcels of land proposed for subdivision and other land development within Stevens, Ferry and Pend Oreille Counties to determine the suitability of the development to support on-site sewage disposal systems. Not all parcels can be subdivided, and some parcels may have restrictions regarding subdivision and development. 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 proposed land development projects to determine suitability of the proposed land use to support on-site sewage disposal systems. 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 land development. It is the responsibility of the applicant to acquire these reviews or permits and comply with all applicable rules, regulations and/or ordinances. Final project approval is the jurisdiction of the county or city 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 land development:

1. Application

Submit a complete application to the Health District. Applications may be submitted in person, mail or email (EHmail@netchd.org). Failure to submit all information required may delay review of the project. Northeast Tri County Health District Land Development Applications can be obtained from any of the environmental health offices or can be downloaded from the Health District website: www.netchd.org

2. Fees

Short Plat (1-4 Lots)	\$545.00
Long Plat	\$8.00 per Lot- \$960.00 minimum
Binding Site Plan <1800 gpd	\$500.00
Binding Site Plan >1800 gpd	\$8.00 per 450 gpd- \$960.00 minimum
Land Development Review (office review only)	\$150.00 (determination made at time application submitted)
Additional Land Development Field Review	\$185.00 for 1 hour on-site, hourly rate thereafter

3. Site Map

A site map showing the proposed land development is required. 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 (if required)

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.

Stevens County	Pend Oreille County	Ferry County
240 E. Dominion Colville, WA 99114 Phone: (509)684-2262 Option 2 Fax: (509)684-1002	605 Highway 20 Newport, WA 99156 Phone: (509)447-3131 Fax: (509)684-1002	PO Box 584/ 147 N. Clark, Ste 1 Republic, WA 99166 Phone: (509)775-3111 Fax: (509)509-684-1002
Website: www.netchd.org		Email : EHMAIL@NETCHD.ORG

SITE MAP INFORMATION

The site map and information provided with the site map are a very important part of the land development 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 project, please include it on the site map.

PLAT SITE MAP MINIMUM INFORMATION

- Perimeter dimensions of total parcel to be subdivided or developed
- 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), sewage 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

BINDING SITE PLAN MIMINUM INFORMATION

- Total acreage
- Perimeter dimensions of total parcel
- Existing structures including the current and proposed use
- Proposed structures including the proposed use
- Proposed lot lines & dimensions (if applicable)
- Existing and proposed easements for wells, water lines, roads, driveway, access, power, and telephone lines.
- Existing on-site sewage systems(s) (septic tank & drainfield location(s), sewage permit number(s) and date sewage system(s) installed)
- Test hole locations
- Topography (drainages, rock outcroppings, slopes, etc.)
- Surface water (lakes, streams, rivers, ponds, seasonal creek)
- Well(s) and water line locations



NORTHEAST TRI COUNTY HEALTH DISTRICT LAND DEVELOPMENT REVIEW APPLICATION

Short Plat
 Long Plat
 Binding Site Plan

Applicant Information			
Name:			
Mailing Address:			
City:	State:	Zip:	
Phone #:		Cell Phone:	
Email:			

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 #: _____			
Section:	Township:	Range:	Parcel #:

Directions to Site
<p style="text-align: center;">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.</p>

***** FOR OFFICE USE ONLY *****				
Date Received	Fee Received	Invoice #	Received By	SU#

General Information

The following information applicable to the land development project 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 will be required. See the site map minimum information instructions on the attached sheet for the minimum information needed to review the proposed land development.
- 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 community water supply is proposed, provide the water system name and/or ID number.
 - Individual Well
 - Shared Well (2connection 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 this development. If existing on-site sewage systems are located within the proposed project, list the permit number and date of installation on the site map.
 - Individual On-Site Sewage System
 - Are test holes dug and ready for inspection? Yes No
 - Are any existing dwellings currently served by an existing on-site sewage system? Yes No
 - 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.
Project Name or Number: _____
Surveyor Name: _____

I certify that I am familiar with the information contained in the application, and that to the best of my knowledge and belief, such information is true complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I certify that I grant permission to allow the Health Officer and/or representatives to enter said property for the purposes of this application. I understand that requests to be present for inspections must be made at least 72 hours in advance and appointments are scheduled as a multi-hour time slot based on staff availability.

Signature: _____ Date: _____