Exhibit 6 Sample Application Forms

Public Health
Seattle & King County

Food Establishment Plan Review Coversheet

Please place this coversheet on top of the plans or on the outside of a set of plans. This coversheet will help you prepare a complete plan review application. All of the following items must be included in the following order. Incomplete plans will not be accepted until all information is received. Only completed plans will be processed and reviewed. Submit two (2) plan review completed packets with the required plan review application fee. Plan review fees are non-refundable.

Name of Business:		Phone:	
Site Address:	City:		Zip
Contact Person (Applicant or Agent) Names:		Phone:	
Mailing Address:	City:	State:	Zip:
Applicant's email:		For City of Seattle Only – DPD Project Number (if already assigned)	

√	Item Number	Item	Description	Page Sheet/Number	Office Use Only
☐	1	Plan Review Application	Complete the Food Plan Review Application		
☐	2	Plan Review Fee	• New: $888 (4 hour base) • Remodel: $666 (3 hour base) • Multiple plan review: $666 (3 hour base) • Resubmitted plan: $222 per hour *Hourly rate of $222 charged after the base time		
☐	4	Site Plan	Provide a site plan. Show the facility in relation to wells (if applicable), septic systems (if applicable), streets, sidewalks, parking, and garbage areas.		
☐	5	Menu	Provide a detailed menu of all the food and beverages you will be serving or a list of food and beverages you will be selling.		
☐	7	Floor Plan	Provide a floor plans of the entire facility. Floor plan must show location of all equipment (sinks, refrigeration, countertop appliances, cooking equipment, hot water heater, etc.), restrooms, storage areas, etc. *Refer to the "Plan Review and Permitting Guidelines" for details		
☐	8	Equipment List or Schedule	Provide the make and model number of all equipment such as refrigeration units, hot water tanks, including countertop appliances, etc.		
☐	9	Finish Schedule	Provide the materials used for all floors, walls, and ceilings in all areas.		
☐	10	Seating Arrangements	Show the placement of chairs and tables for both indoor and outdoor seating.		

SAMPLE REPORT

OFFICE USE ONLY			
Administrative Review:		Date:	
Reviewed by:	Date:	Time:	Activity min:

Alternative formats available upon request

Environmental Health | Food Protection Program
- Downtown Chinook: 401 5th Avenue, Ste 1100, Seattle, WA 98104 | Main number: 206-263-9566
- Bellevue Eastgate: 14350 SE Eastgate Way, Bellevue, WA 98007 | Main number: 206-477-8050

Plan Review Application for (REQUIRED)
Permanent Food Service Establishments
Environmental Health | Food Protection Program

Public Health
Seattle & King County

Downtown Chinook: 401 5th Avenue, Ste 1100, Seattle, WA 98104 | (206) 263-9566
Bellevue Eastgate: 14350 SE Eastgate Way, Bellevue, WA 98007 | (206) 477-8050

Alternative formats available upon request.

(If you are proposing a mobile food business or Limited Food Service business, use the ***Mobile*** Plan Review Application)

Make checks payable to: "SKCDPH". NOTE: Plan review fees are non-refundable and plan review time beyond the base time will be charged at the rate of $222 per hour. You will pay a separate annual permit fee before opening.

TYPE OF PLAN REVIEW (Check Applicable Box)	
☐ $888 – New construction (4 hour base time)	Constructing a new kitchen OR re-permitting an existing kitchen that has not been used for one (1) year or more.
☐ $666 – Remodel (3 hour base time)	Changing or remodeling an existing food service establishment.
☐ $666 – Multiple permitted establishment (3 hour base time)	In a large facility with multiple food service operations (hotel, grocery, etc.) each operation requires a separate plan review (and eventually a separate permit)
☐ $222 – Resubmitted plan review (Hourly rate)	Once the plans have been approved, an hourly rate will be charged for subsequent changes to the equipment floor plans.

GENERAL INFORMATION		
Project Scope (describe project; if applicable the length of time the business has been closed and former name):		
Is this project in "Unincorporated King County?: ☐ Yes ☐ No	Parcel Number:	For City of Seattle, DPD Project #:
Water supply: (Check one) ☐ Public ☐ Private water supply Name of Water District:	**Sewage Disposal: (Check one)** ☐ Sewer ☐ Onsite septic system Name of Sewer District:	Hot water tank size:

FACILITY/PROPERTY INFORMATION (Service Request)		
Name of Business:		
Site address:	Any specialized menu processes (sous vide, vacuum packaging, etc.)?:	
City	Zip Code:	Seat Count (inside and if any outside):

BUSINESS OWNER INFORMATION (Requestor)		
Owner/Requestor Name:		
Mailing address:		
City:	State:	Zip:
Email:	Phone Number:	

APPLICANT/CONTACT INFORMATION - If not the business owner (Plan Check)		
Contact Person (Applicant or Agent) Names:		
Mailing address:		
City:	State:	Zip code:
Email:	Phone Number:	

OFFICE USE ONLY		
Date submitted:	Risk Classification:	SR #:
Date approved:	Reviewer:	PR#
Notes:		

Notice: By signing this form, you attest to the accuracy of the information provided in this application.

Signature: _____ Print: _____ Date: _____

SAMPLE REPORT

Public Health
Seattle & King County

Mobile and Limited Plan Review Cover Sheet

Please place this cover sheet on top of the plans or on the outside of a set of plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received**. Only completed plans will be processed and reviewed.

Establishment Name: _____ Phone: _____

Site Address: _____
Street City Zip

Applicant/Contact Person for Plans _____ Phone: _____

Mailing Address: _____
Street City State Zip

Fax: _____ Email: _____

For City of Seattle only – DPD Project Number (if already assigned) _____

Page number in plans or specifications should be noted below.

★New Business

Please Check if Item included	Item	Information Required	Location in Plans (page number)	Public Health Notes
☐	Plan Review Application	Application must be complete (Appendix B)		
☐	Plan Review Fee	-New: $888 (4 hr base) -Changes to Mobile and Limited Food Service Establishments $444 (2 hr base) -Resubmitted Plans: $222/hr **Hourly rate of $222 charged after the base time*		
☐	Mobile Food Unit Design	-Detailed drawings of mobile food unit -Photos of mobile food unit -Photo of L & I sticker (if occupied vehicle)		
☐	Limited Food Service	-Detailed drawings of Limited Food Service		
☐	Water System Design	-Detailed drawings of water system		
☐	Commissary Information	-Permission Letter (Appendix C) -Drawing of commissary		
☐	Site/Itinerary Information	-Restroom Use Agreement (Appendix E) -Site or Route Information Form (Appendix F)		
☐	Menu and Food Preparation Steps	-List of food and beverage items to be prepared and served. - Food preparation Flow Chart (Appendix D)		
☐	Operating Procedures	-Hours of operation - Water & waste water tank maintenance - Cleaning schedule		

★ Change of ownership and/or change of commissary

☐	Use of Commissary / Shared Kitchen Agreement		
☐	Use of Restroom Agreement		
☐	Mobile Food Unit Contact Information for Route or Site Location		

For the City of Seattle, please provide a copy of this stamped document to the City as proof that plans have been submitted to Public Health Seattle-King County.

For Office Use Only: Administrative review: _____ Date: _____
Reviewed by: _____Date:_____Time:_____Activity min: _____

SAMPLE REPORT

Public Health
Seattle & King County

Plan Review Application for a

Mobile Food Service Unit

Operation Information (Please Print) ❖Service Request

Operation Name (Doing Business As):_____
Mobile Unit Operating Location: ☐Single Site ☐Multiple Sites/Route (Include all locations with plan submittal.)
Single Site Address: _____City:_____Zip:_____
Scope (Briefly describe operation/menu style):_____
Former Name: _____ **Unit Type**: ☐Cart☐Vehicle☐Trailer☐Movable Building
Required Information: **WA License Plate #** _____ **VIN #** _____ **WA L & I Sticker #**_____

❖*Plan Check N.O.S. # 2*

Plan Review Submittal Fee (Make checks payable to: "SKCDPH"). The Plan Review Fee is nonrefundable.

☐New Operation ($888 + $222/hr after 4 hours) (S602) ☐Mobile changes ($444 + $222/hr after 2 hours) (S611)
☐Resubmitted Plan ($222/hr) (S605) ☐Cost of Service ($222/hr) (H009)

Ownership Information ❖*Requestor*

Are you the new owner? Yes☐ **No**☐
Name(s):First_____M.I._____Last_____
Business Name (Corp, LLC, etc):_____
Mailing Address: _____City:_____State:_____Zip:_____
Phone No.'s_____
Fax (Optional): Email (Optional):

Applicant Information (If different from owner) ❖*Plan Check*

Contact Person (Applicant or Agent) Name(s):
First_____M.I._____Last_____
Business Name (Corp, LLC, etc):_____
Mailing Address: _____City:_____State:_____Zip:_____
Phone No.'s_____
Fax (Optional): Email (Optional):

Commissary Information ❖*Property Information*

Business Name: _____
Location/Address: _____City:_____State:_____Zip:_____
Commissary Owner/Contact Person: _____ Phone No.:_____
Fax (Optional): Email (Optional): Sewage: ☐Sewer ☐ Septic System

Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)

❖*SR Info Add Comment Sec.*

Business Name: _____
Location/Address: _____City:_____State:_____Zip:_____
Business Owner/Contact Person: _____ Phone No.: _____
Fax (Optional): Email (Optional): Sewage: ☐Sewer ☐Septic System

❖Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
Facility Account FA#:_____ Account Receivable AR#:_____ Invoice IN#:_____
Variance SR#:_____ Permit Record PR#: _____ DPD/DDES #: _____
Approval Date: _____Review Time: _____ Reviewer: _____ Mobile Sticker #_____
Notes:_____

PLAN REVIEW APPLICATION SUBMITTAL

DISTRICT HEALTH CENTERS

DOWNTOWN
401 5th Ave, 11th Floor
Seattle, WA 98104
206-263-9566

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050

SAMPLE REPORT

Public Health
Seattle & King County

2019 - School Plan Review Guide

Please complete the information below:

CONSTRUCTION PERMIT (check one) Make checks payable to: *SKCDPH*

☐ **New School Construction**, $402.00 base fee for the first two hours of service payable at the time of application, plus $201.00 per hour for service after two hours, payable at the time of final approval.

☐ **School Renovation**, $402.00 base fee for the first two hours of service payable at the time of application, plus $201.00 per hour for service after two hours, payable at the time of final approval.

☐ **Plan re-submittal**, $201.00 per hour, payable at the time of final approval.

BRIEF DESCRIPTION OF PROPOSAL

_____
_____
_____

PROJECT INFORMATION

School Facility
Name_____

School Facility Site Address _____ City _____ State___ Zip _____

Ownership
Owner/School District_____

Address _____ City _____ State___ Zip _____

Contact Person_____Phone_____Email_____

Architect/Engineer
Business Name_____Phone (____) _____

Address _____ City _____ State ___ Zip _____

Contact Person_____Phone_____Email_____

OFFICE USE ONLY
Permit Record ID (PR#)_____ SR# _____
Classification_____ **Building** Dept Tracking # _____
Date Submitted _____ Reviewer _____ Review Time _____
Approval Date _____
Action Taken: ☐ Approved ☐ Disapproved ☐ Corrections sent ☐ Pending ☐ Other
_____

CONTACT LOG
Date Discussion

_____ _____
_____ _____
_____ _____
_____ _____

SAMPLE REPORT

If you have questions, please contact the plan reviewer below.
Hours are from 8 to 4pm…8to 3:30 for payments at counter or on the phone.

For schools located within the cities of Burien, Seattle, Mercer Island, Shoreline, Vashon Island, and Unincorporated King County (Skyway and White Center only), please contact:

Pat Murphy: (206) 263-8484 or (206) 263-9566

John Shin: (206) 263-8531 or (206) 263-9566

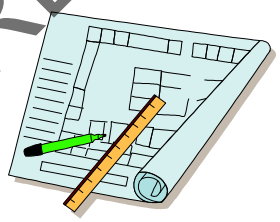
For schools located elsewhere in King County – Bellevue, (eastside cities not listed above) and in Unincorporated King County, please contact:

Mike Bratcher: (206) 477-8050

Diane Agasid: (206) 263-2157 or (206) 477-8050

SAMPLE REPORT

BE SURE PLANS ARE OF PROFESSIONAL QUALITY (TO SCALE AND IN DETAIL).



INCLUDE THE PLAN REVIEW BASE FEE
The Plan Review Fee Is Not Refundable

PROVIDE A MINIMUM OF TWO SETS OF PLANS

THIS IS A GUIDELINE TO THE REQUIREMENTS FOR PLAN REVIEW OF SCHOOLS, KINDERGARTEN TO TWELFTH GRADE.

THE WASHINGTON STATE BOARD OF HEALTH, PRIMARY AND SECONDARY SCHOOL REGULATION, WASHINGTON ADMINISTRATIVE CODE 246-366, HTTP://APPS.LEG.WA.GOV/WAC/DEFAULT.ASPX?CITE=246-366 REGULATES SCHOOL DESIGN AND CONSTRUCTION.

THE "HEALTH AND SAFETY GUIDE FOR K-12 SCHOOLS IN WASHINGTON", HTTP://WWW.K12.WA.US/SCHFACILITIES/PUBLICATIONS/PUBDOCS/COMPLETESAFETY&HEALTHMANUAL2002-2003.PDF JOINTLY PUBLISHED BY THE STATE DEPARTMENT OF HEALTH AND OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION, PROVIDES GUIDANCE FOR SCHOOL DESIGN, CONSTRUCTION AND OPERATION.

PLEASE CONTACT THE PLAN REVIEWER, LISTED ABOVE, IF YOU HAVE QUESTIONS.

DISTRICT HEALTH CENTERS

DOWNTOWN	**EASTGATE**
401 5th Ave, 11th Floor	14350 S.E. Eastgate Way
Seattle, WA 98104	Bellevue, WA 98007
206-263-9566	(206) 477-8050

DOCUMENTS REQUIRED WITH PLAN SUBMITTAL

I. THE ARCHITECT, ENGINEER, OR SCHOOL REPRESENTATIVE MAY SUBMIT A DOCUMENT VERIFYING THE SITE ASSESSMENT WAS COMPLETED STATING "*NO HEALTH HAZARDS EXIST*" FOR ITEMS 1-5 BELOW. PUBLIC HEALTH – SEATTLE & KING COUNTY MAY CONDUCT A SITE REVIEW WHEN INCOMPLETE DATA IS RECEIVED OR SITE REVIEW DOCUMENTS HAVE NOT BEEN COMPLETED. ALL ITEMS BELOW MUST BE INCLUDED.

1. Toxic contamination, air, soil, surrounding businesses
   - Submit document stating a site assessment showed no heath hazards for the above issues, **or**
   - Plan reviewer will conduct site review.
2. Site noise from traffic, air conditioner or other noise sources WAC 246-366-110 (2)
   - Submit document stating a site assessment showed no heath hazards for the above issues, **or**
   - Plan reviewer will conduct site review.
3. Natural or topographical hazards (cliffs, water, woods, etc.)
   - Submit document stating a site assessment showed no heath hazards for the above issues, **or**
   - Plan reviewer will conduct site review.
4. Water Supply WAC 246-366-060 [2]
   - Wells must be approved; specify approving agency, permit numbers and date of approval.
5. On Site Sewage Disposal WAC 246-366-070
   - Public Health-Seattle & King County must approve on site disposal systems, specify permit numbers and date of approval.

II. BUILDING REQUIREMENTS THAT WILL BE APPROVED AT PREOCCUPANCY INSPECTION

1. School grounds/play area fencing shall be designed to keep children in, animals and strangers out, and as protection from vehicular traffic.
   - Reviewed and approved at preoccupancy inspection
2. Sufficient lighting intensities, sun and glare control, WAC 246-360-050(9) and WAC 246-360-120
   - Reviewed and approved at preoccupancy inspection
3. Stage safety-warning strips
   - Reviewed and approved at preoccupancy inspection
4. Ventilation and other mechanical noise sources shall be installed to conform to noise limits, WAC 246-366-110 [1]
   - Noise limits reviewed and approved at preoccupancy inspection

III. BUILDING DESIGN REQUIREMENTS BELOW MUST BE INCLUDED ON PLANS AND /OR SPECIFICATIONS. PLANS AND SPECIFICATIONS ORGANIZED INTO ONE SECTION OR PAGES BY THE OWNER OR ARCHITECT WILL EXPEDITE PLAN REVIEW BY PUBLIC HEALTH SEATTLE & KING COUNTY, KEEPING THE COST OF SERVICE TO A MINIMUM.

PAGE NUMBER IN PLANS OR SPECIFICATIONS SHOULD BE NOTED BELOW.

Applicability	Code Section	Component	Information Required	Location on Plans	Public Health Notes
	WAC 246-366-050 (2)	Ceiling Projections	Indicate no projections from ceiling are less than seven feet from finished floor		
	WAC 246-366-050 (2)	Ceiling Height	Indicate clear vertical distance of eight feet from finished floor to finished ceiling in instructional areas		
	WAC 246-366-050 (4)	Floor Surface	Indicate type of cleanable floor surface		
	WAC 246-366-050 (7)	Storage Areas	Indicate storage areas for outdoor clothing, plan and instructional equipment are sufficient, easily accessible, well-lighted, heated and ventilated.		

SAMPLE REPORT

Applicability	Code Section	Component	Information Required	Location on Plans	Public Health Notes
	WAC 246-366-050 (3)	Classroom windows	Indicate sufficient windows to permit students to see outside in rooms occupied by students for more than 50% of the day.		
	WAC 246-366-060 (4)(a)	Showers	Indicate showers provided for grades 9 and above.		
	WAC 246-366-060 (4) (b,c)	Shower floor and wall	Indicate impervious, non-skid floor finish.		
	WAC 246-366-060 (4) (b,c)	Shower wall	Indicate impervious wall finish up to the shower head height.		
	WAC 246-366-060 [4] [b,c]	Locker room	Indicate washable wall surface.		
	WAC 246-366-060 [4] [b,c]	Locker room	Indicate floor drains.		
	Health and Safety Guide K-12	Roof vent and air intake	Indicate location and that air intake is down wind of exhaust with separation preventing exhaust from reentering the building.		
	WAC 246-366-100	Room temperature controls	Indicate automatic room controls.		
	Health and Safety Guide K-12	Gym backboard	Indicate padded walls behind backboards and that wall projections behind backboards are padded.		
	Health and Safety Guide K-12	Health/nurse room visibility	Indicate patients in the school health or nurse's room are visible to office staff (or another person) at all times.		
	Health and Safety Guide K-12	Play equipment	Indicate structures, location, surfacing, fall hazards, and visibility meet specification in the most current versions of U.S. Consumer Product Safety Commission "Handbook for Public Playground Safety" and ASTM 1487 "Standard Consumer Safety Performance Specifications for Playground Equipment for Public use."		
	WAC 246-366-140 [2]	Science Lab	Indicate location of emergency eyewash, shower stations, and hand washing. NOTE: recommend following Labor and Industry requirements www.lni.wa.gov.		
	Health and Safety Guide K-12	Storage for cleaning chemicals	Indicate location of emergency eyewash, shower stations, and hand washing. NOTE: recommend following Labor and Industry requirements www.lni.wa.gov		
	Health and Safety Guide K-12	Storage for Science Lab chemicals	Indicate location of emergency eyewash, shower stations, and hand washing. NOTE: recommend following Labor and Industry requirements www.lni.wa.gov		
	WAC 246-366-140 [2]	Vocational (auto, wood shop, art/ photography rooms, etc.)	Indicate location of emergency eyewash, shower stations, and hand washing. NOTE: recommend following Labor and Industry requirements www.lni.wa.gov		

SAMPLE REPORT

APPLICATION TO OPERATE A PERMANENT FOOD SERVICE ESTABLISHMENT

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

FOOD SERVICE NAME AND LOCATION	MAILING ADDRESS

Please print clearly and fill in all blanks

BUSINESS NAME: _____ NAME: _____

OWNER NAME: _____ ADDRESS: _____

STREET: _____ CITY _____ STATE: _____ ZIP: _____

CITY _____ ZIP: _____ BUSINESS PHONE: _____

Email: _____ DAY TIME PHONE: _____

Check all that apply

☐ New Permit ☐ Permit Renewal ☐ Change of Ownership ☐ Change of mailing address

☐ Classification Change New Classification: 67__ __

☐ Change of Business Name_____ Previous Business Name: _____

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

A "Chain Food Establishment" is one of at least 15 establishments within the United States doing business under the same name, collectively having at least $1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, regardless if under the same ownership or type of ownership.

Does your establishment qualify as a "Chain Food Establishment"? ☐ Yes ☐ No

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

Call (206) 263-9566 if you do not receive a renewal application by February 28th Be sure to renew your permit before it expires.

PAYMENT INFORMATION

See back of form for fee schedule, refund policy, and where to submit this application.

New! Now you can renew online at www.kingcounty.gov/health/portal

Check if applicable:

New operation, date opening _____

Seasonal operation:

Date of opening _____

Date of closing _____

Seating capacity (if seating is provided) _____

Permit Fee	$_____
Late Fee	$_____
Field Plan Review Fee	$_____
Seasonal Fee	$_____
Total Due	**$**_____

Check or Money Order, Payable to: **SKCDPH**

OFFICE USE ONLY

PR_____ FA _____ PE _____ PLAN REVIEW SR _____

VARIANCE SR _____ CHECK NUMBER _____ DATE FACILITY OPENED _____

INSPECTOR NAME (print)_____ SIGNATURE _____ DATE _____

SAMPLE REPORT

Food Establishment Categories and Permit Fees 2019 Effective 1/1/19 – 12/31/19

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - $392	6702 - $595	6703 - $846
General Food Service- 13-50 seats	6711 - $392	6712 - $635	6713 - $896
General Food Service- 51-150 seats	6721 - $392	6722 - $635	6723 - $978
General Food Service- 151-250 seats	6731 - $392	6732 - $778	6733 - $1,083
General Food Service- over 250 seats	6741 - $403	6742 - $849	6743 - $1,196
Limited Food service- no permanent plumbing	6757 - $392	NA	NA
Bakery- no seating	6751 - $467	6752 -$558	6753 -$821
Bed and Breakfast	6761 - $391	NA	NA
Grocery Store- no seating	6765 - $383	6766 - $709	NA
Caterer	6771 - $509	6772 - $661	6773 - $821
Meat/Fish Market	NA	NA	6777 - $854
Vending Machine	6775 - $361	NA	NA
Mobile Food Unit	6781 - $536	6782 - $857	6783 - $1,105
Nonprofit Institution - unlimited seating	6735 - $392	6736 - $595	6737 - $846
School Lunch Program	NA	6792 - $597	NA

*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee ($888) + $222/hr after 4 hours
Remodel	3 hour base fee ($666) + $222/hr after 3 hours
Multiple plan review in one facility	3 hour base fee ($666) + $222/hr after 3 hours
Resubmitted plan review-billable	$222/hr
Subsequent preoccupancy or field plan review	2 hour base fee ($444) + $222/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	$444 +$222/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

"Seasonal food establishment" means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	$25

MISCELLANEOUS FEES

Duplicate permit	$25
Facility Name Change (with no other changes)	$25
Request for variance	$222/hr
Check returned by bank	$35
Processing a refund	$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of $25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO: **SKCDPH**

MAIL TO: **Public Health – Seattle & King County**
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: **206-263-9566 Fax- 206-296-0189**
WEBSITE: **http://www.kingcounty.gov/health/foodsafety**

SAMPLE REPORT

Public Health
Seattle & King County

APPLICATION TO OPERATE A MOBILE FOOD UNIT/COMMISSARY

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Name of Mobile Unit: _____

Owner Name: _____

Mailing Address: _____ City: _____ ZIP Code: _____

Daytime Phone: _____ Email: _____

Name of Commissary: _____

Commissary Address: _____ City: _____ ZIP Code: _____

Mobile Unit Operating Location: _____ City: _____ ZIP Code: _____

Check all that apply:

☐ New Permit ☐ Permit Renewal ☐ Change of Ownership ☐ Change of mailing address

Classification Change: 67_____ Permit Number: PR_____

Change of Commissary ($25 fee) Previous Commissary Name/Address _____

Change of Business Name/ Previous Business Name: _____

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

Call (206) 263-9566 if you do not receive a renewal application by February 28th. Be sure to renew your permit before it expires.

SAMPLE REPORT

PAYMENT INFORMATION

See back of form for fee schedule, refund policy, and where to submit this application.

Check if applicable:

New operation, date opened _____

Seasonal operation:

Date of opening _____

Date of closing _____

Date of commissary change _____

Seating capacity_____

Check or Money Order, Payable to: **SKCDPH**

Permit Fee	$_____
Late Fee	$_____
Field Plan Review Fee	$_____
Change of Commissary	$ _____
Total Due	**$**_____

OFFICE USE

Mobile PR_____ FA_____ PE_____ PLAN REVIEW SR_____ MOBILE STICKER #_____

Commissary PR_____ FA_____ PE_____ VARIANCE SR_____ DATE FACILITY OPENED_____

INSPECTOR NAME (print)_____ SIGNATURE_____ DATE _____

Food Establishment Categoriesand Permit Fees 2019 **Effective 1/1/19 – 12/31/19**

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - $392	6702 - $595	6703 - $846
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Bakery- no seating	6751 - $467	6752 -$558	6753 -$821
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Grocery Store- no seating	6765 - $383	6766 - $709	NA
Caterer	6771 - $509	6772 - $661	6773 - $821
M eat/Fish Market	NA	NA	6777 - $854
Vending M achine	6775 - $361	NA	NA
Mobile Food Unit	6781 - $536	6782 - $857	6783 - $1,105
Nonprofit Institution - unlimited seating	6735 - $392	6736 - $595	6737 - $846
School Lunch Program	NA	6792 - $597	NA

*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

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Remodel	3 hour base fee ($666) + $222/hr after 3 hours
Multiple plan review in one facility	3 hour base fee ($666) + $222/hr after 3 hours
Resubmitted plan review-billable	$222/hr
Subsequent preoccupancy or field plan review	2 hour base fee ($444) + $222/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	$444 +$222/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

"Seasonal food establishment" means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	$25

MISCELLANEOUS FEES

Duplicate permit	$25
Facility Name Change (with no other changes)	$25
Request for variance	$222/hr
Check returned by bank	$35
Processing a refund	$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of $25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO: **SKCDPH**

MAIL TO: **Public Health – Seattle & King County**
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: **206-263-9566 Fax- 206-296-0189**
WEBSITE: **http://www.kingcounty.gov/health/foodsafety**

SAMPLE REPORT

FOOD PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Permits are non-transferrable from one owner to another.

Incomplete forms may be returned or rejected

FOOD SERVICE NAME AND LOCATION

NEW FACILITY NAME: _____

PREVIOUS FACILITY NAME: _____

NEW OWNER NAME: _____

FACILITY STREET: _____

CITY: _____ ZIP: _____

PERMIT NUMBER: PR _____

NEW OWNER MAILING INFORMATION *REQUIRED*

OWNER NAME*: _____

BUSINESS NAME: _____

ADDRESS*: _____

CITY*: _____ STATE*: ____ ZIP*: _____

EMAIL: _____

DAYTIME PHONE*: _____ - _____ - _____

Has there been a:

Change in Menu?	☐ Yes	☐ No
Change of Seating?	☐ Yes	☐ No
Change of Equipment?	☐ Yes	☐ No
Change in Layout?	☐ Yes	☐ No

When was the previous business closed?

- ☐ Less than 90 Days
- ☐ 90 Days to 1 Year
- ☐ 1 Year +
- ☐ Unknown

Notice: By submitting this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

New owner may begin operation, once payment has been received PROVIDED THAT no changes have been made in the facility (i.e. menu change, equipment, seating, layout etc.) and it has been less than 90 days since previous operations ended.

If a facility has been closed more than 90 days OR a facility's menu, seating, equipment, or layout has changed; you must obtain approval from a health inspector prior to operating.

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

Complete if applicable:

Date opened _____

Seasonal operation:

Date of opening _____

Date of closing _____

Seating capacity (if seating is provided) _____

Permit Fee	$ _____
Late Fee	$ _____
Field Plan Review Fee	$ _____
Seasonal Fee	$ _____
Total Due	**$** _____

Check or Money Order, Payable to: **PHSKC**

OFFICE USE ONLY

PR _____ FA _____ PE _____ PLAN REVIEW SR _____ VARIANCE SR _____

CHECK NUMBER _____ CREDIT CARD APPROVAL _____ DATE FACILITY OPENED ____ / ____ / ____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE ____ / ____ / ____

APPEND? ☐ REVERSED PREVIOUS OWNER CHARGE? ☐ PREVIOUS OWNER OUTSTANDING BALANCE? ☐ PRIOR OWNER LAST INVOICE # _____

SAMPLE REPORT

Effective 1/1/19 – 12/31/19

Food Establishment Categories and Permit Fees 2019

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - $392	6702 - $595	6703 - $846
General Food Service- 13-50 seats	6711 - $392	6712 - $635	6713 - $896
General Food Service- 51-150 seats	6721 - $392	6722 - $635	6723 - $978
General Food Service- 151-250 seats	6731 - $392	6732 - $778	6733 - $1,083
General Food Service- over 250 seats	6741 - $403	6742 - $849	6743 - $1,196
Limited Food service- no permanent plumbing	6757 - $392	NA	NA
Bakery - no seating	6751 - $467	6752 -$558	6753 -$821
Bed and Breakfast	6761 - $391	NA	NA
Grocery Store- no seating	6765 - $383	6766 - $709	NA
Caterer	6771 - $509	6772 - $661	6773 - $821
Meat/Fish Market	NA	NA	6777 - $854
Vending Machine	6775 - $361	NA	NA
Mobile Food Unit	6781 - $536	6782 - $857	6783 - $1,105
Nonprofit Institution - unlimited seating	6735 - $392	6736 - $595	6737 - $846
School Lunch Program	NA	6792 - $597	NA

*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee ($888) + $222/hr after 4 hours
Remodel	3 hour base fee ($666) + $222/hr after 3 hours
Multiple plan review in one facility	3 hour base fee ($666) + $222/hr after 3 hours
Resubmitted plan review-billable	$222/hr
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LATE FEES

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MAKE CHECKS PAYABLE TO: **SKCDPH**

MAIL TO: **Public Health – Seattle & King County**
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: **206-263-9566 Fax- 206-296-0189**
WEBSITE: **http://www.kingcounty.gov/health/foodsafety**

SAMPLE REPORT

Public Health
Seattle & King County

TEMPORARY EVENT BLANKET PERMIT
FOOD VENDOR APPLICATION

COMPLETE ALL SECTIONS, BOTH PAGES. TYPE OR PRINT LEGIBLY. TURN IN TO EVENT COORDINATOR. EVENT COORDINATOR MUST SUBMIT ALL VENDOR APPLICATIONS AT LEAST 14 DAYS PRIOR TO EVENT.

Blanket event BO#_____
Note: Event coordinator will have this number

1. Event Name: _____ Event Coordinator: _____

Event Coordinator Email: _____ Phone: _____

Event Location: _____ City: _____ ZIP: _____

Event Start Date: _____ Event End Date: _____ Start Hour: _____ End Hour: _____

2. Name of Booth: _____Contact Person: _____

Email: _____ Phone: _____

3. Prep Kitchen. All advance food preparation, cooling, and storage must be done in an approved kitchen facility.

Kitchen Name: _____ Kitchen Contact Person: _____ Phone: _____

Address: _____ City: _____ ZIP:_____

Completing this application does not constitute approval to operate.

Please submit your food vendor application and menu to the blanket event coordinator. The coordinator will submit all applications as a packet. Once the application is approved, no changes may be made without approval. Do not submit your individual application to Public Health.

SAMPLE REPORT

EASTGATE
14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

Available in alternative format upon request

Blanket Event Food Vendor Application **Event Name** _____ **Name of Booth** _____

4. Food Preparation and Menu

LIST ALL FOODS Include beverages and condiments (indicate if bought packaged)	Purchased raw or pre-cooked?	Produce washing location	Where prepared (sliced, mixed, etc.)	Cooking/reheating equipment used? Final cook/reheat temperature?	Method used if cooling (kitchen only)	Transported hot or cold? Type of equipment used to transport?	Cold holding equipment used at event? (41°F or below)	Hot holding equipment used at event? (135°F or above)
Example: Hamburger	*Raw*	☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event: *grill, 155°F*		*Ice chest*	*Ice Chest*	*Grill*
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				

NOTE: Use a separate sheet of paper if all of your menu items do not fit onto this form.

Temperatures to know: cold hold 41°F or below; hot hold 135°F or above; reheat for hot holding 165°F or above; final cook: eggs, fish, meat 145°F; ground meat 155°F; poultry 165°F

SAMPLE REPORT

Temporary Event Blanket Permit Application

Application and deposit must be submitted at least 30 days before event. Completed vendor applications must be received at least 14 days before.

For Office Use Only:

Booth #: _____

AR #: _____

Invoice #: _____

Payment Date: _____

District Code: _____

Event

Event Name _____

Event Date(s) _____

Hours of Operation _____

Event Address _____

City _____ State _____ Zip _____

Number of Anticipated Food Vendor Booths _____

☐ **Attach list of all anticipated vendors (required)**

☐ **Required Non-refundable $222 Deposit** (covers travel, processing, first 10 minutes of coded time)
Additional fees of $222 per hour will be assessed for all time spent by Public Health - Seattle & King County staff to conduct inspections, consultations, travel and administrative services. The blanket permit coordinator will be billed after the event. The blanket permit coordinator agrees to follow all Health Department blanket permit requirements.

SAMPLE REPORT

Coordinator

Event Coordinator Name _____

Party Responsible for Billing _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

A map of vendor booths AND completed vendor applications must be submitted at least 14 days prior to the event. Provide a packet with all completed application forms. Vendors may not submit individual applications.

_____	_____	_____
Event Coordinator Signature	Event Coordinator Name	Date

Please submit your application and deposit to:

EASTGATE
14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

Public Health
Seattle & King County

TEMPORARY/FARMERS FOOD MINIMAL FOOD SERVICE APPLICATION

Apply on-line at www.kingcounty.gov/health/portal

COMPLETE ALL ITEMS. TYPE OR PRINT LEGIBLY. DUE AT LEAST 14 DAYS PRIOR TO EVENT.

1. Before the event, are all of the potentially hazardous foods packaged in a facility under permit? ☐ Yes ☐ No
2. At the event, are all foods served packaged, including packaged samples? ☐ Yes ☐ No

   ***If question 1 or 2 above is answered NO, complete the Moderate or Complex permit application.**

→ Select the permit you would like to purchase below (include late fees, if applicable):

1. Permit type	Fee	Office code
☐ Minimal Food Handling - Single Temporary Permit	$124	6240
☐ Minimal Food Handling - Unlimited Temporary Permit (valid for a single calendar year)	$244	6241
☐ Late fee, application made 3-5 days prior to event	$50	S620
☐ Late fee, application made 1-2 days prior to event; submit in person; requires approval	$100	S620
→ **Total:**		

1. FIRST Event or Market Name*: _____ Event Coordinator: _____

Event Coordinator Email: _____ Phone: _____

Event Location: _____ City: _____ Zip: _____

Event Start Date: _____ Event End Date: _____ Start Hour: _____ End Hour: _____

**For the minimal unlimited permit, include the name of first market or event you will be attending*

2. Name of Booth: _____ Contact Person: _____

Email: _____ Phone: _____

Home Address: _____ City: _____ ZIP: _____

Permit Start Date: _____ Permit End Date: _____ **Unlimited permit end date: 12/31/2019*

3. Menu:

List all potentially hazardous foods	Agency that permits the packaging of the food?	Cold holding equipment used at event? (41°F or below)	Hot holding equipment used at event? (135°F or above)
Example: Cheese	*WSDA*	*Ice Chest*	

Completing this application does not constitute approval to operate. An inspector will contact you prior to issuing a permit.

There is a $25 refund processing fee for approved refunds, and a $35 fee for returned checks.

Please submit your application to:

EASTGATE
14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

For Office Use Only:
Event ID: _____
Event Start Date: _____
Booth ID #: _____
AR #: _____
Invoice #: _____
Payment Date: _____
District Code: _____

Available in alternative format upon request

SAMPLE REPORT

Public Health
Seattle & King County

TEMPORARY/ FARMERS FOOD MODERATE OR COMPLEX FOOD SERVICE APPLICATION

Apply on-line at www.kingcounty.gov/health/portal

COMPLETE ALL SECTIONS, BOTH PAGES. TYPE OR PRINT LEGIBLY. DUE AT LEAST 14 DAYS PRIOR TO EVENT.

1. Will food be cooked from raw animal products or will animal products be served raw? ☐ Yes ☐ No
2. Will any foods be cooked and then cooled (cooling not allowed in booth)? ☐ Yes ☐ No

***If question 1 or 2 above is answered YES, apply for the Complex Permit.**

→ Select the permit you would like to purchase below (include late fees, if applicable):

Moderate - Sampling potentially hazardous foods; reheating commercially made foods (USDA/WSDA); hot holding unpackaged

Permit type	Fee	Office code
☐ Moderate Single Event	$299	6242
☐ Moderate Multiple* - First of 5 permits	$661	6243
☐ Moderate Multiple Additional * - Permits 2 to 5	$0	6244
☐ Moderate Unlimited* - First permit	$774	6245
☐ Moderate Unlimited Additional * – Permits 2+	$0	6246
☐ **Late Fee,** application made 3-5 days prior to the event	$50	S620
☐ **Late Fee**, application made 1-2 days prior to event, submitted in-person and requires approval	$100	S620

Complex - Food cooked from raw animal products; serving raw animal products; foods cooked and cooled

Permit type	Fee	Office code
☐ Complex Single Event	$361	6247
☐ Complex Multiple* - First of 5 permits	$723	6248
☐ Complex Multiple Additional * – Permits 2 to 5	$0	6249
☐ Complex Unlimited* - First permit	$878	6250
☐ Complex Unlimited Additional * - Permits 2+	$0	6251
☐ **Late Fee,** application made 3-5 days prior to the event	$50	S620
☐ **Late Fee**, application made 1-2 days prior to event, submitted in-person and requires approval	$100	S620

*You must have a **Certified Booth Operator** for your food business to purchase a Multiple or Unlimited permit package. Permit packages are only valid during a single calendar year.

Total	$

1. Event or Market: _____ Coordinator: _____

Coordinator Email: _____ Coordinator Phone: _____

Location: _____ City: _____ Zip: _____

Start Date: _____ End Date: _____ Start Hour: _____ End Hour: _____

2. Name of Booth: _____ Contact Person: _____

Email: _____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Certified Booth Operator ID number, REQUIRED if applying for multiple or unlimited permit (CI + 7 digits): _____

3. Prep Kitchen. All advance food preparation, cooling, and storage must be done in an approved kitchen facility.

Kitchen Name: _____ Kitchen Contact Person: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Completing this application does not constitute approval to operate. An inspector will contact you prior to issuing a permit.

ONCE THE APPLICATION IS APPROVED, NO CHANGES MAY BE MADE WITHOUT APPROVAL. TEMPORARY FOOD VENDORS WITH FAILED INSPECTIONS, FOUND TO HAVE ONE OR MORE IMMINENT HEALTH HAZARDS, WILL BE ASSESSED A $165 REINSPECTION FEE. IF THE VIOLATIONS CAN BE CORRECTED THE BOOTH MAY REOPEN AND CONTINUE TO OPERATE FOR THE REST OF THE MARKET OR EVENT.

There is a $25 refund processing fee for approved refunds, and a $35 fee for returned checks.

Please submit your application to:

EASTGATE
14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

For Office Use Only:
Booth ID #: _____
AR #: _____
Invoice #: _____
Payment Date: _____
District Code: _____

Available in alternative format upon request 1.14.2019

SAMPLE REPORT

4. Food preparation and menu

If this is an application for a multiple or unlimited permit where the initial application has already been approved, only complete the menu section if you have additional menu items.

LIST ALL FOODS Include beverages and condiments (indicate if bought packaged)	Purchased raw or pre-cooked?	Produce washing location	Where prepared (sliced, mixed, etc.)	Cooking/reheating equipment used? Final cook/reheat temperature?	Method used if cooling (kitchen only)	Transported hot or cold? Type of equipment used to transport?	Cold holding equipment used at event? (41°F or below)	Hot holding equipment used at event? (135°F or above)
Example: Hamburger	*Raw*	☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event: *grill, 155°F*		*Ice chest*	*Ice Chest*	*Grill*
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				
		☐ Kitchen ☐ Event	☐ Kitchen ☐ Event	Kitchen: Event:				

NOTE: Use a separate sheet of paper if all of your menu items do not fit onto this form.

Temperatures to know: cold hold 41°F or below; hot hold 135°F or above; reheat for hot holding 165°F or above; final cook: eggs, fish, meat 145°F; ground meat 155°F; poultry 165°F

SAMPLE REPORT

Public Health
Seattle & King County

FARMERS MARKET APPLICATION

→ Select the permit you would like to purchase below (include late fees, if applicable):

☐ Tier 1 - 0-5 permitted farmers market temporary food establishments	$805	Office Use: 6280
☐ Tier 2 - 6-15 permitted farmers market temporary food establishments	$991	Office Use: 6281
☐ Tier 3 - 16 or more permitted farmers market temporary food establishments	$1,239	Office Use: 6282

☐ **NEW FARMERS MARKET FIELD PLAN REVIEW FEE - $415**

RETURN THIS FORM TO HEALTH DEPARTMENT OFFICE THIRTY *(30) DAYS BEFORE MARKET START DATE*

By providing the following information, you will assist in identifying potential problems that might occur during your market. Notify the food booth participants that the Farmers Market Temporary Food Permit application must be received no later than TWO (2) WEEKS PRIOR TO THE MARKET.

Vendors exempt from permit must have a copy of their Exemption Form on site.

SAMPLE REPORT

1. **Market Name** _____ **Day of the Week** _____

   Start Date _____ **End Date** _____

2. **Market Location** _____ **New Market Location** ☐ **Yes** ☐ **No**

3. **Market set up time:** _____ **Market start time:** _____ **Market end time:** _____

4. **Market Coordinator/Contact Person:**

Name	Email	Phone #

5. **Attach a list of anticipated food vendors.**

6. **Food worker restroom facilities with hot water for handwash are required within 200 feet of booth. Portable hand wash may be approved.**

   Location: _____

7. **Location of equipment/utensil washing facilities, if provided:**

   _____

8. **If produce will be sampled, produce washing facilities are required and must be available during the time the market is open.**

   Location: _____

9. **Location of waste water disposal sink:** _____

   If the common facilities are located at a food service not under direct market control, complete the commissary agreement letter.

_____ _____

Signature ***Date***

Please submit your application to:

EASTGATE
14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

Available in alternative format upon request

Environmental Health Services Division
401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818
206-263-9566 Fax 206-296-0189
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

WATER RECREATION FACILITY PLAN REVIEW APPLICATION – 2019

Please complete the information below and submit with Plans and a completed *Water Recreation Facilities* checklist to the district office listed below.

CONSTRUCTION PERMIT (check one) **Make checks payable to: *SKCDPH***

☐ **New Pool Construction**, $888.00 base fee for the first four hours of service payable at the time of application, plus $222.00 per hour for service after four hours, payable at the time of final approval.

☐ **Renovation**, $444.00 base fee for the first two hours of service payable at the time of application, plus $222.00 per hour for service after two hours, payable at the time of final approval. Renovation includes extensive changes in equipment, piping, barriers, walking surfaces, pool appurtenances, filtration equipment, mechanical equipment or pool structure.

☐ **Preoccupancy inspection subsequent to the initial preoccupancy inspection**, $444.00 base fee for the first two hours of service payable at the time of application, plus $222.00 per hour for service after two hours, payable at the time of final approval.

LIST All PROPOSED CHANGES_____

PROJECT INFORMATION (Check the box of the party to be billed for any time not covered by base fee.)

☐ **Pool Facility Name** _____ email address_____

Pool Facility Site Address _____ City_____ State___ Zip _____

Mailing Address (if different)_____ City_____ State___Zip_____

☐ **Name of Property Owner** _____ Business Name_____

Contact Person _____ email address _____ Phone_ (____)_____

Owner's Mailing Address _____ City _____ State_____ Zip _____

☐ **Architect/Engineer Name**_____ email address_____

Architect/Engineer Business Name _____ Phone (____) _____

Mailing Address _____ City_____ State___ Zip _____

☐ **Pool Construction Company Contact** _____ email address_____

Pool Construction Company Business Name _____ Phone (____) _____

Address_____ City _____ State ___ Zip _____

Facility Type: ☐Pool ☐Spa ☐Wading Pool ☐Spray Pool ☐Water Park ☐Temporary ☐Other: _____
Operation Location: ☐Indoor ☐Outdoor
Operation Period: ☐Year-Round ☐Seasonal Proposed Months of Operation: _____

OFFICE USE ONLY
Permit Record ID SR _____ PR _____ FA _____ Classification _____

Date Submitted _____ Reviewer _____ AR _____ IN _____

If you have questions, please contact plan review:

DOWNTOWN ENVIRONMENTAL HEALTH
401 5th Avenue, Suite 1100
Seattle, WA 98104
206.263.9566

SAMPLE REPORT

Pool Data Form Instructions

Complete the Pool Data Form and submit it along with a Plan Review Application, application fee and two copies of all required plans, cut sheets, calculations and any testing reports - one pool per form. Pool renovation information should reflect proposed changes. Leave the cover installation dates and signature information sections blank at the time of application. Upon completion of the construction, an "as built" version of the Pool Data Form (printed as a two sided, legal size form) must be submitted along with the Construction Report.

Pool – List the name of the pool or facility where the pool is located. If there are multiple pools of the same type at the address, include some type of identifier e.g. Main Apartments west pool.
Year Built – List the year that the pool was built.
Permit Number – If this is an existing pool, use the permit number on the Public Health Operating Permit. If this is new construction, a service request number will be provided during the review process.
Variance – Check the box if a variance has been **approved** for the pool.
Pool Owner/Address – List the name and address of the individual, business or association that owns the pool.
Type – Check one of the five boxes to indicate the type of pool.
Feature – If the pool has a slide, water toy or other features, list them here.
Pool Shape – List the shape that best describes the pool.
Width/Length or Diameter – List the pool width and length or diameter in feet, as applicable.
Total Surface Area, Area < 5ft deep, > **5ft deep**, and **Depth range –** List the pool surface area in square feet. List minimum and maximum depths in feet, for the depth range.
Pool Capacity – List the number of gallons of water the pool holds.
Maximum Turnover Rate – List the maximum number of minutes required for the pool volume to recirculate. This would be when the filter is dirty, right before backwashing.
Bather Load – List the maximum bather load.

SAMPLE REPORT

Box 1

Disinfectant – Check the box for the type of disinfectant. Use the blank space for types not listed, including supplemental UV and ozone. Also check the box for the applicable form.
Filters – List the number of filters, the make and model and the area of one filter in square feet. Check the box for the type of filter and if the filters are NSF approved check that box.
Overflow System – Provide the applicable information and write NA for anything that does not apply to the pool. List the number of skimmers, the percent of flow thru the skimmers, the weir length and height in inches, the number of equalizer outlets, the equalizer outlet cover make and model, the diameter of the skimmer line pipe in inches and the diameter of the equalizer line pipe in inches. OR List the gutter capacity in gallons, the gutter slope per foot and the percent of flow thru the gutter system.
List the capacity of the surge tank in gallons or NA if no tank.
Remote water level controller – List the make and model of the controller or NA if none.
Hydrostatic relief valve – List the location of the hydrostatic relief valve or NA if none.
Safety Vacuum Release System-SVRS – List the make and model of the SVRS or NA if none.
Audible alarm – Check the box if there is an audible alarm and list the systems that the alarm is connected to (e.g. SVRS, manual shut).

Box 2

The following information needs to be provided for each pump system in the pool e.g. recirculation, jets.

Pumps –
List the number of pumps, the make and model and the horse power (HP).
List the maximum and minimum flows in gallons per minute and the total dynamic head (TDH).
To determine maximum flow rate, minimum flow rate and total dynamic head:

- Approved Engineering Plans: If a copy of the approved engineering plans is available, they should provide flow information. If the pumps have been replaced since construction of the pool and a pump different than the approved plans specified was used, an engineer will need to evaluate the existing pump systems.
- Engineer Design Analysis: If a copy of approved engineering plans cannot be obtained, an engineer may provide an analysis of the current pumps and pump systems to determine the maximum and minimum flow rates. Engineering calculation may include:
  - -Determination of total dynamic head (TDH) for the system
  - -Determination of simplified TDH calculation. This method finds the maximum system flow rate using hydraulic calculation based on the lowest possible total dynamic head for a circulation system.

- Field Test Methods. See ***American National Standard for Suction Entrapment Avoidance in Swimming Pools, Wading Pools, Spas, Hot Tubs, and Catch Basins, ANSI/APSP-7 2006*** for field methods for determining maximum flow rate of the system. These field methods include calculations with pressure and vacuum readings; using the maximum pump flow rate specified by the manufacturer; and, measuring flow with a 5-gallon bucket and stopwatch.

Drains –
List the number of drains and indicate if they are located on the pool floor or wall. If jet or other outlet pipes are in drains already listed, indicate this e.g. same drains as recirculation.
Indicate with a yes or no if the drains are connected in series. Unless this is new construction, which will get a piping inspection, there will likely need to be some testing to demonstrate that drains are not connected in series. In some cases photographs may be adequate.

List the diameter, in inches, of the outlet pipe in the sump. If there is more than one pipe in each sump for a given system (e.g. jets, water feature), list the number of pipes followed by the diameter e.g. two – 2.5".

List the shortest distance from the top of the outlet pipe to the bottom of the drain cover, in inches. There should be a measurement for each sump. A sketch or pictures showing pipe locations, for sumps with more than one pipe, will be required if plans are not required.

List the distance from the center of the manifold tee to the pipe end in the sump for each side of the manifold, to the nearest half inch e.g. 24.5"and 24".

Covers –
List the make, model and size of the drain covers.
List the inches of open area on a single cover.
Indicate, per manufacturer information, if the cover is rated for floors, walls or floors and walls and the corresponding flow ratings.
Indicate, per manufacturer information, if the cover is rated for single and/or multiple drains.
List the make and model of the frame or collar that the cover will attach into or NA if there isn't one.

Sumps –
List the make, model and size of the sumps. If the sump is field built write field built and indicate the diameter or length and width.

Box 3

This information is to be added to the form after the covers are installed. The following information needs to be provided for all submerged suction outlet covers in the pool. List the information for each pump system and equalizer outlets as applicable.

List the dates that the covers and frames were installed. If there are no frames indicate by NA.
List the dates that the cover and frames will need to be replaced by. This is determined by using information supplied by the cover/frame manufacturer regarding replacement.

List the name and address of the company that installed the covers.

The signature information is to be completed after all the construction work has been completed on the pool and the covers have been installed.
The form needs to be signed, stamped and dated by the responsible engineer or architect that has verified the work and information **if** this is a new pool and for renovations where structural changes were made to the pool or significant piping changes were made. The engineer or architect's name, company name and address should also be provided. **If** there were no structural changes or significant piping changes, the responsible cover installer that has verified the work and information should sign and date the form. The installer's name and the name and address of their company should also be provided.

Print the form as a two-sided form on legal size paper. **Submit the completed form with original signature and engineer/architect seal where applicable, to Public Health**. A copy should be provided to the facility, to be kept on site for future reference and use. The owner should also keep a copy of the supporting information including cover details from the manufacturer, confirmation that drains are not in series and flow rate calculations.

The information on the back of the form is to be used when covers are replaced in the future.

Follow the applicable instructions above when completing the information on the back of the form at the time of cover replacement.

SAMPLE REPORT

Pool Data Form

Public Health
Seattle & King County

Pool _____ Year Built _____ Permit Number _____ ☐ Variance _____

Pool Location Address _____ City _____ Zip _____

Pool Owner _____ Address _____

Type ☐ Swimming ☐ Wading ☐ Spa ☐ Spray ☐ Water Contact Features _____

Pool Shape _____ Width _____ ft and Length _____ ft or Diameter _____ ft

Total surface area _____ ft^2 Area<5ft deep _____ ft^2 Area >5ft deep _____ ft^2 Depth range ___ ft-___ ft

Pool Capacity _____ gallons Maximum Turnover Rate _____ minutes@ ____ GPM Bather Load ___

Disinfectant	**Type** - ☐ Chlorine ☐ Bromine ☐ _____ **Form-** ☐ Solid ☐ Liquid	
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ ft^2 **Type** - ☐ DE ☐ Sand ☐ Cartridge ☐ DE Vacuum ☐ _____	
Overflow System	**#Skimmers** _____ **Flow thru Skimmers** ____ % **weir length** _____ in **weir height** _____ in **#Equalizer outlets** ____ Equalizer outlet **cover make, model, size** _____ **Skimmer line pipe diameter** _____ in **Equalizer line pipe diameter** _____ in	
	or **Gutter capacity** _____ gallons **Slope** _____ /ft **Flow thru** ___ %	**Tank capacity** _____ gallons
Remote water level controller make, model		Hydrostatic relief valve location
SVRS make, model _____		☐ Audible alarm _____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		
# **Drains** and location (floor or wall)		
Are drains connected in series?		
Outlet pipe diameters in the sump		
Distances from top of outlet pipes to bottom of **each** drain cover		
Distance between drain cover centers		
Distances manifold center to **each** pipe end (,)		
Cover make,model, and size		
- inches of open area/ one cover		
- indicate if rated for floor/ sidewall + max flow ratings		
- indicate if rated for single or multiple drains		
- frame/collar make,model		
Sump make, model, and length x width x depth		

	Recirculation	Equalizer			
Cover Installed Date					
Frame Installed Date					
Cover Replace By Date					
Frame Replace By Date					

Cover installation company _____ Address _____

The undersigned verified that all installed submerged suction outlet covers are compliant with ANSI/APSP-16 2011, were installed with required fasteners in a manner compliant with ANSI/APSP-16 2011 on compatible sumps compliant with ANSI/APSP-16 2011 and all information on this form is accurate. Additional entrapment prevention equipment, if required, was installed compliant with ANSI/APSP-16 2011. Engineer/Architect signature and seal required for new pools, and if pool structural changes or significant piping changes were made.

Engineer/Architect Seal

Name _____ Signature _____

Company _____ Address _____ Date _____

SAMPLE REPORT

Facility Name and Address	PR

Disinfectant	**Type -** ☐ Chlorine ☐ Bromine ☐ _____ **Form-** ☐ Solid ☐ Liquid
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ ft^2 **Type -** ☐ DE ☐ Sand ☐ Cartridge ☐ DE Vacuum ☐ _____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		

Fill in applicable areas to show changes.
Engineer/Architect seal with signature required. Contact Public Health for exceptions.

Engineer/Architect Seal

Name _____ Signature _____

Company _____ Address _____ Date _____

****

Disinfectant	**Type -** ☐ Chlorine ☐ Bromine ☐ _____ **Form-** ☐ Solid ☐ Liquid
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ ft^2 **Type -** ☐ DE ☐ Sand ☐ Cartridge ☐ DE Vacuum ☐ _____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		

Fill in applicable areas to show changes.
Engineer/Architect seal with signature required. Contact Public Health for exceptions.

Engineer/Architect Seal

Name _____ Signature _____

Company _____ Address _____ Date _____

****

Disinfectant	**Type -** ☐ Chlorine ☐ Bromine ☐ _____ **Form-** ☐ Solid ☐ Liquid
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ ft^2 **Type -** ☐ DE ☐ Sand ☐ Cartridge ☐ DE Vacuum ☐ _____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		

Fill in applicable areas to show changes.
Engineer/Architect seal with signature required. Contact Public Health for exceptions.

Engineer/Architect Seal

Name _____ Signature _____

Company _____ Address _____ Date _____

****

Disinfectant	**Type -** ☐ Chlorine ☐ Bromine ☐ _____ **Form-** ☐ Solid ☐ Liquid
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ ft^2 **Type -** ☐ DE ☐ Sand ☐ Cartridge ☐ DE Vacuum ☐ _____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		

Fill in applicable areas to show changes.
Engineer/Architect seal with signature required. Contact Public Health for exceptions.

Engineer/Architect Seal

Name _____ Signature _____

Company _____ Address _____ Date _____

SAMPLE REPORT

Plan Review Application

Pet Related Business -Mobile Grooming

Public Health
Seattle & King County

Desired Opening Date ___/____/____ Plan review applications must be submitted a minimum of 30 days prior to opening..

Plan Review Fees : ☐ New Operation (Base Permit) $184.80

☐ Multiple Permits $184.80 (for more than one permit at this location of the same business owner)

Plan reviews taking more than one hour of service will be charged our hourly rate of **$184.80** after the first hour. You will receive a bill for this additional service which must be paid before a permit will be issued. Permit fees are separate from plan review fees.

Type of services to be provided *(check all that apply):*

☐ Mobile Pet Grooming - **4531** **# Vehicles _____**

Facility/ Business Information **Facility name and information*

Name of Business/Facility _____

Address _____

City _____ State _____ Zip code _____

Business phone _____ Business Fax _____

Business Owner Information **Requestor*

Requestor Name _____

Business Name and Address (if different from facility name) _____

Requestor phone number _____ Requestor email _____

Contact Person *(if different from requestor)* **** Plan Check***

Contact Person _____

Contact phone _____ Contact email _____

* for office use only these are the required fields to be completed in for data entry.

Payment Information

Payment Amount $_____

☐ **Check or Money Order (**Payable to SKCDPH) ☐ **VISA** ☐ **MasterCard** ☐ **Discover** ☐ **Cash (In-person only. Do not mail cash)**

Credit Card Billing Info Address _____

City _____ **State** _____**Zip** _____

Card Number _____ **Card Expires** ___ ___ / ___ ___ **3 Digit Code** ___ ___ ___

Required Signature (as on Credit card) _____ **Date** _____

Return completed forms and plans with payment to:

Public Health – Seattle & King County, Environmental Health Services, 401 – 5th Avenue, Suite 1100, Seattle, WA 98104

Office Use Only

SR# _____ **PE#** _____ **PR#** _____

Date plans received _____ **Date plans approved** _____

Inspector assigned to _____

SAMPLE REPORT

PLEASE PRINT
Plan Review Template

Public Health
Seattle & King County

Pet Related Business Plan Review Submittal

PET MOBILE GROOMING

Cover Sheet - *REQUIRED*

Please place this cover sheet on top of the plans or on the outside of a set of plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received**. Only completed plans will be processed and reviewed. For questions please contact Leah Helms at leah.helms@kingcounty.gov or 206-263-8450.

Establishment Name: _____Phone: _____

Site Address: _____
Street City Zip

Applicant/Contact Person for Plans _____ Phone: _____

Mailing Address: _____
Street City State Zip

Fax: _____ Email: _____

Page number in plans or specifications should be noted below.

Please Check if Item included	Item	Information Required	Location in Plans (page #)	Public Health Notes
☐	Plan Review Application	Application must be complete		
☐	Plan Review Fee	-New: $184.80 (1 hour base) -Remodel: $184.8 (1 hour base) -Resubmitted Plans: $184.80 hr **Hourly rate of $184.80 charged after the base time*		
☐	Infection Control Plan	Template can be downloaded from www.kingcounty.gov/healthservices/health/ehs/petbusinesses.aspx		
☐	Vehicle Make	Vehicle Make and Model, license plate, specifications		
☐	Floor Plan ***Can be hand drawn***	Lay out of the interior of the vehicle. Include barriers, walls, locations of animal enclosures and entry/exit of the vehicle. Include locations of restrooms, all plumbing fixtures including sinks , tubs, tables, equipment. All equipment should be clearly labeled on the site plan with its common name.		
☐	Equipment Schedule	List the make and model of all equipment (kennels, dryers, primary animal enclosures). Include any custom built enclosures/ equipment or cut sheets if available. Include capacity of fresh and waste water.		
☐	Finish Schedule	List the finish of the floors, walls and ceilings in all areas.		

SAMPLE REPORT

PLEASE PRINT

Instructions:
This template is provided as guidance; you can fill out the template or submit the information in your own format. Attach a drawing of your site plan. If you are going to submit information in a format other than this template; make sure that all items listed in this guidance are included. If something does not apply to your business, mark it as NA.

General Operational Information:

Business Name: _____

Hours of Operation: _____

Types of animals to be groomed.
Check all that apply.

	Cats
	Dogs
	Rabbits
	Other:

Laundry Facilities (Describe where laundry will be conducted):

_____

Fresh water fill and waste water disposal type and locations:
Sewer type: Public ___ Septic/Private ____

Water supply: Public ___ Well/Private ____

Waste water disposal plan (describe where waste water will be disposed):
No wastewater containing animal excrement or chemicals may drain into a storm drain or on the ground.
_____

Fresh Water Capacity in Gallons : _____

Waste Water Capacity in Gallons: _____

Make and Model of Mobile Grooming Vehicle (attach supplemental descriptions and diagrams)

_____

VEHICLE LICENSE PLATE:

_____

VEHICLE REGISTERED TO:

_____

SAMPLE REPORT

PLEASE PRINT

Interior Finish Schedule. Indicate which type of material will be used in the following areas. If something does not apply to your business, mark it as NA. If you have more than what is listed on this sheet or you have something that is not covered please write it on a separate sheet of paper.

	Floors	Walls	Base/Cove	Comments
Example:	*slip resistant truck bed lining*	*Epoxy painted from floor seam to three feet high on the wall*	*Vinyl base cove with silicone sealant at base and seams*	
Bathing / Grooming area				
Other:				

Describe type of interior heating and cooling. _____

_____

Describe type of lighting. _____

_____

Describe ventilation in the vehicle

_____

_____

SAMPLE REPORT

The following materials and substances are considered **water resistant**: painted or sealed wood, sealed concrete block, stainless steel, vinyl flooring, glass, treated or sealed paneling, fiberglass, tile, tile block and other materials as approved by the director.

Animal Enclosures. Indicate all that apply. If something does not apply to your business, write NA.

	Quantity	Type of material	Comment/Notes
Crates			

PLEASE PRINT

Plumbing Schedule. Indicate all plumbing connections applicable to the facility. If something does not apply to your business, write NA.

	Quantity	Comments
Chemical dispensers *Example: Automatic disinfectant dispensers*		
Floor drains		
Bathing tubs		
Sink		
Water Heater(s) *(Indicate size & recovery rate)*		
Other:		

Equipment Schedule. Indicate all equipment used.
If something does not apply to your business, write NA.

	Quantity	Manufacturer	Model #	Comment/Notes
Tub				
Grooming Tables				
Dog drying machines Cage and kennel dryers				
Other:				

SAMPLE REPORT

Notice of Intent to Operate Under Terms and Conditions for Solid Waste Permit Exemption

Chapter 173-350 WAC, Solid Waste Handling Standards

Identification Number (For official use only)

Use F11 to move between fields in Word version.

PART 1. General Information

Name of Facility:	Date:
☐ Currently operating. Date operations started: _____ ☐ Plan to start operations on _____	Contact information is for (check one): ☐ Facility owner ☐ Facility operator ☐ Facility owner/operator
Company Name or Government Entity: Contact Name and Position in Company or Government Entity: Contact Mailing Address: Contact phone: E-mail:	Facility address (if different than mailing address): County where facility is located: Facility phone: Facility website:
Describe how close the operation will be to surface water and approximate depth to groundwater (if known):	

PART 2. Type of Exemption

In accordance with chapter 70.95 RCW, *Solid Waste Management – Reduction and Recycling*, the activities listed herein are exempt from solid waste handling permitting. An owner or operator that does not comply with the terms and conditions for exemption must obtain a permit from the jurisdictional health department and comply with applicable requirements for the solid waste handling activity. In addition, RCW 70.95.315 authorizes penalties for failure to meet the terms and conditions of exemption.

Continued on next page…

SAMPLE REPORT

Mark all solid waste handling activities/facilities that are included in this notification of exemption. If the activity/facility does not fit the description below in its entirety, do not fill out this form. Please contact the Washington Department of Ecology to determine what, if any, solid waste regulations apply (phone numbers are at the end of this form).

☐ **Recycling or material recovery** of commingled or segregated brick, cured concrete, or asphaltic materials. Facility will have up to 250 cubic yards but no more than 2,000. WAC 173-350-210 Table 210-A(2)

☐ **Recycling or material recovery** of commingled or segregated brick, cured concrete, or asphaltic materials. Facility will have between 250-2,000 cubic yards in outdoor piles and have either a water quality sand and gravel or construction stormwater general permit. WAC 173-350-210 Table 210-A(2)

☐ **Recycling or material recovery** of source-separated recyclable materials. WAC 173-350-210 Table 210-A(3)

☐ **Piles of wood waste, wood-derived fuel, and nonferrous metals.** Facility will have up to 250 cubic yards but no more than 2,000 cubic yards. WAC 173-350-320 Table 320-A(3)

☐ **Moderate risk waste** (MRW) handling using a mobile system(s), collection event(s), or limited MRW facility. WAC 173-350-360(2) Table 360(A)

☐ **Composting** of feedstocks that may include all organic feedstocks. Composting facility will have greater than 25 but no more than 250 cubic yards of all materials on-site at any one time, not to exceed 1,000 cubic yards feedstocks processed in a calendar year. WAC 173-350-220 Table 220-A(2)

☐ **Composting** of yard debris, crop residue, manure and bedding and/or bulking agents. Composting facility will have greater than 25 but no more than 500 cubic yards of all materials on-site at any one time, not to exceed 2,500 cubic yards feedstocks processed in a calendar year. WAC 173-350-220 Table 220-A(3)

☐ **On-farm composting** of agricultural wastes, yard debris and/or bulking agents. Composting facility will have greater than 25 but no more than 1,000 cubic yards of agricultural wastes and bulking agents on-farm at any one time, and up to 50% of organic materials on-farm may be yard debris. Composting facility will manage more than 25 cubic yards of imported yard debris on-site at any one time or if managing only agricultural waste will distribute materials off-farm. WAC 173-350-220 Table 220-A(4)

☐ **On-farm, or on-site for zoos, composting** of agricultural wastes, manure and bedding from zoos and/or bulking agents. Composting facility will have greater than 25 cubic yards of all materials on-farm, or on-site for zoos, at any one time. Composting facility will distribute composted materials off-farm, or off-site for zoos. WAC 173-350-220 Table 220-A(5)

☐ **Vermicomposting** that may include all organic feedstocks. Vermicomposting facility will have greater than 25 but no more than 250 cubic yards of material generated on- or off-site, or up to 1,000 cubic yards of material generated on-site at any one time. WAC 173-350-225 Table 225-A(2)

☐ **Vermicomposting** of preconsumer vegetative food waste, yard debris, crop residue, manure and bedding and/or bulking agents. Vermicomposting facility will have greater than 25 but no more than 1,000 cubic yards of all materials on-site at any one time. WAC 173-350-225 Table 225-A(3)

☐ **Other conversion technologies** that may include all organic feedstocks. Facility will have greater than 5,000 but no more than 50,000 gallons of liquid or semi-solid material on-site at any one time or greater than 25 but no more than 250 cubic yards of nonliquid material on-site at any one time. WAC 173-350-225 Table 225-A(4)

☐ **Anaerobic digesters** that may include all organic feedstocks. Facility will have greater than 5,000 but no more than 50,000 gallons of liquid or semi-solid material on-site at any one time or greater than 25 but no more than 250 cubic yards of nonliquid material on-site at any one time. The facility will receive organic materials from off-site or distribute them off-site. WAC 173-350-250 Table 250-A(2)

☐ **Anaerobic digesters** that include livestock manure from on- or off-site and organic feedstocks that are not from municipal, commercial or residential solid waste collection programs. Imported organic feedstocks will be preconsumer and if likely to contain animal by-products, will be source separated at a facility licensed to process food by applicable regulatory agencies. Imported organic feedstocks that contain bovine processing waste will be derived from animals approved by the USDA and not contain any specified risk material. Imported organic feedstocks will not contain sheep carcasses or sheep processing waste. At least 50% of feedstock volume will be livestock manure and imported, nonmanure feedstocks will be no more than 30% of total feedstock volume processed. WAC 173-350-250 Table 250-A(3)

SAMPLE REPORT

PART 3. Facility Details

Provide the information below for each activity/facility included in this notification of exemption. You may attach a separate document or, if using this form in Word version, provide the information following each numbered item.

Continued on next page…

☐ **Recycling and material recovery facilities** per WAC 173-350-210(2) Table 210-A(2) or (3)

Provide the information below. The Washington Department of Ecology will use the information to decide if the facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. List specific types of solid waste accepted at the facility.
2. Except for facilities handling only commingled brick, cured concrete, or asphaltic materials, describe how operators will ensure they accept only source separated recyclable materials.
3. Except for facilities handling only commingled brick, cured concrete, or asphaltic materials, describe how operators will ensure they accept no more than five percent (in weight or volume) of incidental or accidental residual per year or per load, whichever is more stringent.
4. Except for facilities handling only commingled brick, cured concrete, or asphaltic materials, describe how operators will prevent the attraction of vectors.
5. Describe how operators will store, sort, consolidate, recycle (if applicable) and market each material.
6. If stored outside, indicate how long materials will be stored. NOTE: Piles stored outside may be subject to solid waste permitting under the WAC 173-350-320, Piles used for storage or treatment.
7. Describe how operators will recycle or ship for recycling at least fifty percent of all incoming material annually.
8. Describe how operators will record amount and type of materials received, recovered or recycled and disposed (in tons). The facility will need to report these figures annually on a form the Department of Ecology will send to you.
9. For facilities handling commingled or segregated brick, cured concrete, or asphaltic materials in outdoor piles between 250-2,000 cubic yards on-site at any one time, specify either the water quality sand and gravel or construction stormwater general permit number and expiration date, or attach the permit.
10. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in either WAC 173-350-210(2) Table 210-A(2) or (3).

☐ **Piles used for storage or treatment** per WAC 173-350-320(2) Table 320-A(3)

Provide the information below. The Washington Department of Ecology will use the information to decide if the facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. List specific types of solid waste accepted at the facility.
2. Specify the maximum amount of waste that will be on-site at any one time.
3. Describe how operators will record annual quantities and types of material handled by the facility, including amounts received, amounts removed and where it went, and the amount of waste remaining at the facility at year's end, in cubic yards. The facility will need to report these figures annually on a form that the Department of Ecology will send to you.
4. Describe how operators will ensure the removal of at least fifty percent of all materials handled within the calendar year. For example: A facility begins the calendar year with 300 CY of wood waste on hand. The facility accepts 400 CY during the calendar year. In order to meet this condition, at least 50% of 700 CY (300 + 400) or 350 CY, must be removed from the facility by the end of the calendar year, leaving no more than 350 CY on hand.
5. Describe how operators will prevent fugitive dust and the attraction of vectors.
6. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-320(2).

☐ **Moderate risk waste (MRW) handling** per WAC 173-350-360(2) Table 360-A

Provide the information below. The Washington Department of Ecology will use the information to decide if the activity will meet terms and conditions for permit exemption. Please answer thoroughly.

1. Is the activity an ☐ MRW mobile system, ☐ MRW collection event, ☐ limited MRW facility
2. For collection event(s), list anticipated date(s).
3. For mobile system or collection event(s) list anticipated location(s).
4. List specific types of MRW accepted.
5. List source of MRW accepted (household, conditionally exempt small quantity generators, other).
6. Describe how operators will ensure that MRW is handled in a manner that prevents spills or release of a hazardous substance to the environment.

Continued on next page…

SAMPLE REPORT

7. Describe how operators will ensure that MRW is handled in a manner that prevents exposure to the public of a hazardous substance.
8. Describe how operators will ensure that incompatible waste are not allowed to come into contact with each other.
9. While not actively being used, describe how operators will ensure containers of MRW are closed in a manner to prevent spillage if overturned.
10. Describe how operators will mark containers to identify the type of MRW within.
11. Describe what training is provided to operators about the chemical nature of materials handled and mitigating action in case of a release.
12. Describe what measures will be in place to control public access.
13. Describe the type of secondary containment operators will use for containers and tanks capable of storing fifty-five gallons or more of liquid MRW.
14. Describe how operators will record amount and type of MRW received, number of households or conditionally exempt small quantity generators served (except limited MRW facilities), and type of final disposition. The facility will need to report these figures annually on a form the Department of Ecology will send to you.
15. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-360(2).

☐ **Composting** per WAC 173-350-220(2) Table 220-A(2), (3), (4) or (5)

Provide the information below. The Washington Department of Ecology will use the information to decide if your facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. Briefly describe how operators will store and process materials, including structures used (storage pad, leachate collection, etc.).
2. List specific types of feedstocks to be composted.
3. List the source(s) of each type of feedstock.
4. Specify the maximum volume (cubic yards) of materials that may be on-site at any one time, which includes feedstocks, active composting, curing piles and composted materials.
5. For facilities other than those under WAC 173-350-220 Table 220-A(4), specify the maximum volume (cubic yards) of feedstocks to be composted in a calendar year.
6. For dairies, describe how composting is part of the dairy nutrient management plan required by chapter 90.64 RCW.
7. For farms other than dairies, describe how composting is part of a farm management plan written in conjunction with a conservation district, a qualified engineer, or other agricultural professional able to certify that the plan meets applicable conservation practice standards in the USDA *Washington Field Office Technical Guide*, code 37, produced by the Natural Resource Conservation Service.
8. Specify where composted materials will be used (used on-site or on-farm, distributed off-site or to other farms, etc).
9. For facilities that distribute composted materials off-site or off-farm, list specific parameters operators will test to analyze composted materials to demonstrate it meets compost quality standards of WAC 173-350-220(6) Table 220-B before distribution. Specify how often operators will test materials and describe how operators will obtain representative samples for analysis.
10. For facilities that distribute composted materials off-site or off-farm, describe how operators will manage the operation to reduce pathogens to meet limits set by WAC 173-350-220(6) Table 220-B.
11. Describe how operators will manage materials to prevent nuisance odors and the attraction of vectors.
12. Describe how operators will record amount and type of feedstock received, amount of compost produced and amount used or distributed. Attach form or computer printout if available. The facility will need to report these figures annually on a form the Department of Ecology will send to you.
13. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-220(2) Table 220-A(2), (3), (4), or (5).

SAMPLE REPORT

☐ **Vermicomposting** per WAC 173-350-225 Table 225-A(2) or (3)

Provide the information below. The Washington Department of Ecology will use the information to decide if your facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. Briefly describe how operators will store and process materials, including structures used (storage pad, containers, etc.).
2. List specific types of solid waste accepted at the facility.
3. List the source(s) of each type of solid waste accepted.
4. Specify the maximum volume (cubic yards) of materials that may be on-site at any one time, which includes feedstocks, active vermicomposting materials and final vermicomposting material.
5. Specify where materials will be used (used on-site or distributed off-site).
6. Describe how operators will manage materials to prevent nuisance odors, the attraction of vectors and migration of agricultural pests.
7. For facilities that distribute material off-site, describe how operators will record amount and type of solid waste received, material produced, and material used or distributed. Attach form or computer printout if available. The facility will need to report these figures annually on a form the Department of Ecology will send to you.
8. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-225(2) Table 225(2) or (3).

☐ **Other conversion technologies** per WAC 173-350-225 Table 225-A(4)

Provide the information below. The Washington Department of Ecology will use the information to decide if your facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. Briefly describe how operators will store and process materials, including structures used (storage pad, tanks, etc.).
2. List specific types of liquid, semi-solid or nonliquid material accepted at the facility.
3. List the source(s) of each type of material accepted.
4. Specify the maximum amount (gallons or cubic yards) of materials that may be on-site at any one time, which includes feedstocks, actively processing materials and final materials.
5. Specify where materials will be used (used on-site or distributed off-site).
6. For facilities that distribute materials off-site:
   - List specific parameters operators will test to analyze final material to demonstrate it meets compost quality standards of WAC 173-350-220(6) Table 220-B before distribution, and specify how often operators will test materials; or
   - Demonstrate how materials meet the conditions for a commercial fertilizer as applicable in chapter 15.54 RCW; or
   - Provide names of compliant permitted or conditionally exempt compost facilities where operators will send materials for further treatment to meet compost quality standards; or
   - Demonstrate how operators will land apply material in accordance with WAC 173-350-230, land application; or
   - Show that the material will be used in accordance with WAC 173-350-200, beneficial use permit exemptions; or
   - Explain processing or management of material in an alternate matter approved by the Department of Ecology or the jurisdictional health department.
7. Describe how operators will manage materials to prevent nuisance odors, the attraction of vectors and migration of agricultural pests.
8. Describe how operators will record will record amount and type of feedstock received, material produced, and material used or distributed. Attach form or computer printout if available. The facility will need to report these figures annually on a form the Department of Ecology will send to you.
9. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-225(2) Table 225(4).

☐ **Anaerobic digesters** per WAC 173-350-250(2) Table 250-A(2) or (3)

Provide the information below. The Washington Department of Ecology will use the information to decide if your facility will meet terms and conditions for permit exemption. Please answer thoroughly.

1. Briefly describe how operators will store and process materials, including structures used (storage pad, tank, lined or unlined surface impoundment, etc.).
2. List specific types of liquid, semi-solid or nonliquid material accepted at the facility.
3. List the source(s) of each type of material accepted.

Continued on next page…

SAMPLE REPORT

4. Specify the maximum amount (gallons or cubic yards) of materials that may be on-site at any one time, which includes feedstocks, digesting materials and final materials.
5. Specify where materials will be used (used on-site or distributed off-site).
6. For manure digester in compliance with Table 250-A(3)
   - Describe how organic materials will be received and stored in a structure(s) that:
     - Complies with the Natural Resource Conservation Service's Practice Standard Code 313 in effect as of July 26, 2009, or other approved storage construction standard approved by the Department of Ecology or jurisdictional health department; and
     - Is certified by a representative of the Natural Resources Conservation Service to be effective at protecting surface or groundwater; or
     - Meets applicable construction industry standards adopted by the American Concrete Institute or the American Institute of Steel Construction in effect as of July 26, 2009.
   - Describe how the anaerobic digester will be designed and operated in accordance with standards in the Natural Resources Conservation Service's Conservation Practice Standard, Code 366, in effect as of July 26, 2009.
   - If accepting imported organic feedstocks likely to contain animal by-products, explain how operators will ensure it is source separated at a facility licensed to process food by the U.S. Department of Agriculture, the U.S. Food and Drug Administration, the Washington State Department of Agriculture, or other applicable regulatory agency. For example, operators will obtain a copy of the USDA, FDA or WSDA license for that feedstock and retain for your records and agency review.
   - If accepting imported organic feedstocks containing bovine processing waste, explain how operators will ensure the waste is derived from animals approved by the U.S. Department of Agriculture Food Safety and Inspection Service and not contain specified risk material. For example, employees will obtain a copy of the USDA approval for that feedstock and retain for your records and agency review.
   - Explain how operators will prevent the acceptance of sheep carcasses or sheep processing waste.
   - Describe how operators will manage materials to prevent nuisance odors, the attraction of vectors and migration of agricultural pests.
   - Specify the length of time between receipt of imported organic feedstocks and when operators will feed those materials into the digester.
   - For digestate returned to dairies, describe how the dairy nutrient management plan (DNMP) required by chapter 90.64 RCW includes elements addressing management and use of digestate. Digestate managed at the dairy in accordance with the DNMP is no longer a solid waste. For example, provide confirmation from the Conservation District or Washington State Department of Agriculture that each dairy's DNMP addresses use of digestate.
7. For facilities that distribute digestate off-site:
   - List specific parameters operators will test to analyze digestate solids to demonstrate it meets compost quality standards of WAC 173-350-220(6) Table 220-B before distribution, and specify how often operators will test materials; or
   - Demonstrate how digestate liquids or nonseparated digestate will meet the conditions for a commercial fertilizer as applicable in chapter 15.54 RCW; or
   - Provide names of compliant permitted or conditionally exempt compost facilities where operators will send digestate for further treatment to meet compost quality standards; or
   - Demonstrate how operators will land apply material in accordance with WAC 173-350-230, land application; or
   - Show that the material will be used in accordance with WAC 173-350-200, beneficial use permit exemptions; or
   - Explain processing or management of material in an alternate matter approved by the Department of Ecology or the jurisdictional health department.
8. Describe how operators will manage materials to prevent the attraction of vectors and migration of agricultural pests.
9. Describe how operators will record amount and type of feedstock received, digestate produced, digestate used or distributed and, if applicable, results of digestate analysis. Attach form or computer printout if available. The facility will need to report these figures annually on a form the Department of Ecology will send to you.
10. Verify that you have read and understand the terms and conditions for a solid waste permit exemption in WAC 173-350-250(2) and Table 250-A(2) or (3).

SAMPLE REPORT

Preparer's Name (printed):	Title/Company:		
Preparer's Signature:	Phone:	E-mail:	Date:

Submit this notice and any attachments to both:

The Ecology regional office for the county in which the facility is located, provided below, and the jurisdictional health agency for the area in which the facility is located.

Southwest Regional Office, (360) 407-6300
Solid Waste Management Program
P.O. Box 47775, Olympia, WA 98504-7775

Northwest Regional Office, (425) 649-7000
Solid Waste Management Program
3190 - 160th Ave. SE, Bellevue, WA 98008-5452

Central Regional Office, (509) 575-2490
Solid Waste Management Program
1250 W Alder Street, Union Gap, WA 98903-0009

Eastern Regional Office, (509) 329-3400
Solid Waste Management Program
4601 N Monroe, Spokane, WA 99205-1295

To request ADA accommodation for disabilities, or printed materials in a format for the visually impaired, call Ecology at 360-407-6000 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.

SAMPLE REPORT

Seattle/King County Waste Characterization Form

WC # _____

Type or print in ink: Initial _____ Renewal _____ Previous # _____

A. WASTE GENERATOR

Company: _____ Phone #: _____

Contact: _____ Email: _____

WAD/EPA ID #: _____ Fax #: _____

Address of Waste Characterization: _____ City: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Preferred communication: ☐ Phone ☐ E-mail ☐ Fax ☐ Mail

B. CONSULTANT (IF APPLICABLE)

Company: _____ Phone #: _____ Fax #: _____

Contact: _____ E-mail: _____

C. WASTE HAULER

Company: _____ Phone #: _____ Fax #: _____

Contact: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Waste packaging: ☐ Drum ☐ Bulk Solid ☐ Other: _____

D. WASTE STREAM INFORMATION

Name of waste: _____

Process generating waste: _____

Annual amount in pounds or tons: _____ Estimated amount per delivery: _____

Frequency of disposal: ☐ One-time only ☐ Weekly ☐ Monthly ☐ Other: _____

Special handling instructions/supplemental information:

Public Health
Seattle & King County

SAMPLE REPORT

E. PHYSICAL CHARACTERISTICS OF WASTE (SEE INSTRUCTIONS)

1. Color: _____

2. Does the waste have a strong incidental odor? ☐ No ☐ Yes, if so, describe: _____

3. Physical state: ☐ Solid ☐ Liquid ☐ Semi-Solid ☐ Powder ☐ Other: _____

4. Free liquids: ☐ No ☐ Yes - Volume: _____ %

5. pH: ☐ <2 ☐ >2-4 ☐ 4-7 ☐ 7 ☐ 7-10 ☐ 10 - <12.5 ☐ ≥12.5 ☐ N/A

6. Flash Point : ☐ N/A ☐ <140°F/60°C ☐ 140-199°F/60-93°C ☐ ≥ 200°F/93°C

F. CHEMICAL COMPOSITION

1.

	RANGE (MIN-MAX)
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
_____	_____ - _____ %
TOTAL:	_____ %

2. Does the waste contain any of the following?

NO	LESS THAN	ACTUAL
☐ PCBs	☐ <50 ppm	ppm
☐ Cyanides	☐ <30 ppm	ppm
☐ Sulfides	☐ <500 ppm	ppm

3. Method used to determine composition: ☐ Analytical ☐ Data ☐ MSDS ☐ Other: _____

G. SAMPLING INFORMATION (IF APPLICABLE)

1. Source of sample (e.g. drum, stockpile, sump/catch basin; tank): _____

2. Sampling method: ☐ Composite ☐ Discrete/grab ☐ Other: _____

3. Number of samples: _____

SAMPLE REPORT

H. GENERATOR CERTIFICATION

By signing this Waste Characterization Form, the Generator certifies:

1. This waste is not a "Hazardous Waste" as defined by USEPA and/or the state.
2. This waste does not contain regulated radioactive materials or regulated concentrations of PCBs (Polychlorinated Biphenyls).
3. All information provided is a true and accurate description of the waste material. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed.
4. This waste complies with the regulations of the Seattle-King County Department of Public Health and the local solid waste division.
5. The analytical data presented herein, attached hereto, or otherwise submitted for the purpose of completing or supplementing any or all of the information on this form were derived from testing a representative sample taken in accordance with 40 CFR 261.20(c) or equivalent rules.
6. If any changes occur in the character of the waste (e.g., physical characteristics, chemical composition, process of generation, etc.), the Generator shall notify the Seattle-King County Department of Public Health.

7. Signature: _____ 8. Title: _____
(Not necessary if submitted electronically)

9. Name: _____ 10. Date: _____
Type or print

SAMPLE REPORT

Waste Clearance instructions on the following page....

Public Health
Seattle & King County

WASTE CHARACTERIZATION FORM INSTRUCTIONS

Information on this form, is used to determine if questionable wastes may be disposed as solid waste in a legal, safe, and environmentally sound manner. Answers must be provided for all sections of this form, and must be printed in ink or typed. A response of "NONE", or "NA" (not applicable) can be made if appropriate. If additional space is needed, indicate on the Waste Characterization Form and attach. If you have questions concerning this form, please contact the Waste Characterization Program at (206) 263-8528.

PARTS A. – C.

Enter appropriate contact information. If you have waste generator ID number issued by the USEPA or Washington Department of Ecology, enter it in section A.

PART D. WASTE STREAM INFORMATION

Name of Waste - Enter the name generally descriptive of this waste (e.g., paint sludge, contaminated soil, sharps)

Process Generating Waste - List the specific process/operation or source that generates the waste (e.g., spray painting, spill clean up, process wastewater treatment, building maintenance).

Annual Amount - Enter the amount of waste that will be generated and transported annually (expressed in pounds, or tons). If this waste is going directly to a transfer station or landfill enter an estimate of the amount to be delivered per trip.

Frequency of Disposal - Enter how often this waste will be removed from the site.

Special Handling Instructions/Supplemental Information - For all wastes, describe any special handling requirements and any additional information that you feel would assist in determining the proper method(s) for transportation, treatment, storage, and disposal of the waste.

In addition, for the following wastes include the information specified:

- **Biomedical Waste** (as defined by local ordinance): Describe the type of biomedical waste and the treatment method used.
- **Empty drums or other containers:** List the number, size of containers, materials they contained.
- **Food Products/Containerized Liquids:** Describe the products or containerized liquids (e. g., beef jerky, beer, shampoo). List the number and size of containers for any containerized liquids.

For the wastes listed above, skip Parts E, F and G. However, Part H must be completed.

PART E. PHYSICAL CHARACTERISTICS OF WASTE

1. Color - Describe the color of the waste (e.g., blue, transparent, varies).
2. Odor - DO NOT SMELL THE WASTE. If the waste has a known incidental odor check "Yes" and describe it (e.g., acrid, pungent, solvent, sweet).
3. Physical State - Check the appropriate box for the physical state of the waste. Include a description if "other" is chosen (e.g., gas).
4. Free Liquids - Check "Yes" if liquid is usually present when packaging for shipment and estimate the percentage of liquid. Check "No" if there are no free liquids as determined by the Paint Filter Test (Method 9095 of SW-846) or direct observation.
5. pH - Check the appropriate box for the pH of the liquid portion of the waste. For solid or organic liquid wastes, indicate the pH of 10% aqueous solution of the waste, if applicable. Check "NA" for non-water soluble materials (e.g., foundry sand).

SAMPLE REPORT

6. Flash Point - Check the appropriate box for the flash point of the waste and the method used to obtain the flash point, if applicable.

PART F. CHEMICAL CONCENTRATION

1. If known, list all organic and/or inorganic components of the waste using specific chemical names. If trade names are used, attach Material Safety Data Sheets or other documents which adequately describe the composition of the waste. For each component, estimate the range (in percents) in which the component is present. The total of the maximum values of the components must be greater than or equal to 100% including water, earth, etc.
2. If this waste contains PCBs, cyanides, or sulfides, indicate the concentration(s). If this waste does not contain these constituents, indicate by checking the "NO" box(es) which apply. If the concentration of these constituents is unknown, please indicate "UNK" under "ACTUAL".
3. Indicate the method(s) used to determine composition and attach supporting documents.

PART G. SAMPLING INFORMATION

1. Indicate where the sample of the waste was obtained.
2. Check the appropriate box indicating the method of sampling.
3. Indicate the number of samples taken.

PART H. GENERATOR CERTIFICATION

By signing this Waste Characterization Form, the Generator certifies that the statements in numbers 1, 2, 3, 4, 5 and 6 are true and accurate with respect to the waste streams listed.

7. Signature - An authorized employee of the Generator must sign this form.
8. Title - Enter employee's title.
9. Name - Enter employee's name.
10. Date - Enter the date signed.

Send the completed application to:

Public Health – Seattle & King County
Waste Characterization Program
401 5th Ave, Suite 1100
Seattle, WA. 98104

You may also fax the form to (206) 296-0189

SAMPLE REPORT

Questions? Contact Waste Characterization at (206) 477-0184; E-mail: wc@kingcounty.gov

Online at: www.kingcounty.gov/ehs/solid-waste

Public Health
Seattle & King County

Environmental Health Services Division
401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818
206-205-4394 Fax 206-296-0189
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

PLUMBING PERMIT APPLICATION INSTRUCTIONS

Project Location: *List the site address of the installation. Please include unit or suite numbers if applicable.*
Property Owner Name (s) and Phone: *The person or firm that owns the property and the phone number for them.*
Parcel Number: *The 10 digit property parcel number listed by the King County Assessor. This information should be on your latest property tax statement. If you do not know the number, you may contact the Assessor's office.*
Building Type: *Single family is a single home/residence on a property that may also include an attached or detached garage or other accessory building on the property. Multi-family is any building containing multiple living units, such as a duplex, apartment or condominium. Buildings that do not contain living spaces are considered commercial. For buildings with mixed occupancies, such as retail spaces on one floor and living spaces on another are also considered commercial.*
Building Phase: *New buildings are considered new construction. Additions and remodels are considered alterations. A change-out of a fixture that requires a permit is considered an alteration (such as replacing a 2-compartment restaurant sink with a 3-compartment sink).*
Contractor Name, Phone & Registration Number: *If you are the contractor, please include your company name, phone and registration number. Staff will check for current contractor registration prior to permit issuance. If you are the owner and you intend to perform the work yourself you need only include your name or "same as above" to indicate such. (See "Signature of Applicant" below.)*
Fixture Description: *If you do not see the specific fixture listed in the table, you write it in the blank spaces. Components of the installation, such as hose bibs and control valves do not need to be listed, only fixtures or appliances.*
Applicant Name and Mailing Address: *This is the signature of the person who has filled out the application. By signing the application you are thus indicating that you are either the owner, contractor or the authorized agent of the owner or contractor..*
Signature of Applicant: *This is for the signature of the person identified under "Applicant Name." By signing the application, the applicant is thereby indicating that they understand and will adhere to the rules and regulations governing contractor registration and plumber certification. For instance, if you are a property owner and you are paying for someone to perform the work, they must have a valid contractor registration and the person(s) installing plumbing inside a structure must meet the plumbing certification requirements. If you have any questions regarding these regulations, you may contact the Washington State Department of Labor and Industries or you can find more information on-line at http://www.lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp.*

SAMPLE REPORT

Public Health
Seattle & King County

For Office Only

Service Req. ID _____ Permit Fee _____

Processed by _____ Date _____

Permits can be purchased on-line at www.kingcounty.gov/health/portal or at the permit counters.
For office locations and hours go to www.kingcounty.gov/health/plumbing
Telephone: (206) 263-9566

Application for Plumbing Permit

Project Location: _____
Street Address Unit # City Zip Code

Property Owner Name (s): _____ Phone: ( ) _____

Parcel Number | | | | | | | | | | |

Building Type: ☐ Commercial ☐ Single Family ☐ Multi-Family

Building Phase: ☐ New Construction ☐ Alteration/Addition/Remodel
(NOTE: A separate permit is required for each building)

Contractor/Company: _____ Phone: _____

State Labor & Industries Contractor Registration Number: _____ Check # _____

Permit Fees

1 Fixture …… $140 2-3 Fixtures …….. $210 4-6 Fixtures …….. $298
7-10 Fixtures …….. $333 Over 10 Fixtures ……. $333 plus $8 per each outlet thereafter

Fixture Description	Fixture Count	Fee
WATER CLOSET (Toilet)		
BATHTUB/SHOWER		
WASH BASIN/HAND SINK		
KITCHEN SINK		
DISHWASHER		
HOT WATER TANK		
LAUNDRY WASHER/TRAY		
FLOOR DRAIN/FLOOR SINK/INDIRECT DRAIN		
URINAL		
ROOF DRAIN (Rain Leader)		
DRINKING FOUNTAIN		
SUMP/EJECTOR		
RESTAURANT SINK (Single or Multiple Compartment)		
GREASE TRAP OR INTERCEPTOR		
SAND AND/OR OIL INTERCEPTOR		
MOVE-ON (Manufactured Structures)		
TOTAL FIXTURES AND PERMIT FEE		

Application Name: _____ Phone: _____
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: _____

Signature of Applicant: _____ Date: _____

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).

SAMPLE REPORT

Environmental Health Services Division
401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818
206-263-9566 Fax 206-296-0189
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

GAS PIPING PERMIT APPLICATION INSTRUCTIONS

Project Location: List the site address of the installation. Please include unit or suite numbers if applicable.

Property Owner Name (s) and Phone: The person or firn2 that owns the property and the phone number for them.

Parcel Number: The 10 digit property parcel number listed by the King County Assessor. This information should be on your latest property tax statement. If you do not know the number, you may contact the Assessor's Office or visit King County's Parcel Viewer website then enter in the full or partial street address in the field in the upper left corner of the website and pressing the Search button. This will display a clickable map outlining the property's boundaries. Next, click on the property highlighted in yellow to display basic information about the site including its Parcel Number.

Building Type: Single family is a single home/residence on a property that may also include an attached or detached garage or other accessory building on the property. Multi-family is any building containing multiple living units, such as a duplex, apartment or condominium. Buildings that do not contain living spaces are considered commercial. For buildings with mixed occupancies, such as retail spaces on one floor and living spaces on another are also considered commercial.

Building Phase: New buildings are considered new construction. Additions and remodels are considered alterations. A change-out of a fuel-gas appliance or converting from electric to gas appliances is considered a retrofit.

Contractor Name, Phone & Registration Number: If you are the contractor, please include your company name, phone and registration number. Staff will check for current contractor registration prior to permit issuance. If you are the owner and you intend to perform the work yourself you need only include your name or "same as above" to indicate such. (See "Signature of Applicant" below.) Outlet Description: If you do not see the specific outlet listed in the table, you write it in the blank spaces. Components of the installation, such as control or regulator valves do not need to be listed, only the appliances.

Applicant Name and Mailing Address: This is the signature of the person who has filled out the application. By signing the application you are thus indicating that you are either the owner, contractor or the authorized agent of the owner or contractor.

Signature of Applicant: This is for the signature of the person identified under "Applicant Name." By signing the application, the applicant is thereby indicating that they understand and will adhere to the rules and regulations governing contractor registration and plumber certification. For instance, if you are a property owner and you are paying for someone to perform the work, they must have a valid contractor registration and the person(s) installing plumbing inside a structure must meet the plumbing certification requirements. If you have any questions regarding these regulations, you may contact the Washington State Department of Labor & Industries or you can find more information online at www.lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp. For gas piping installations within the City of Seattle only, except for the property owner, anyone who installs gas piping must hold a valid Seattle Gas Piping Installer License (see Seattle Municipal Code Section 6.430).

SAMPLE REPORT

Public Health
Seattle & King County

For Office Only

Service Req. ID _____ Permit Fee _____

Processed by _____ Date _____

Permits can be purchased on-line at www.kingcounty.gov/health/portal or at the permit counters.
For office locations and hours go to www.kingcounty.gov/health/plumbing
Telephone: (206) 263-9566

Application for Gas Piping Permit

Project Location: _____
Street Address Unit # City Zip Code

Property Owner Name (s): _____ Phone: (_____) _____

Parcel Number | | | | | | | | | | |

Building Type: ☐ Commercial ☐ Single Family ☐ Multi-Family

Building Phase: ☐ New Construction ☐ Alteration/Addition/Remodel ☐ Retrofit

Fuel Gas Type: ☐ Natural Gas ☐ LPG ☐ Other
(NOTE: A separate permit is required for each building)

Contractor/Company: _____ Phone: _____

State Labor & Industries Contractor Registration Number: _____ Check # _____

Permit Fees

1-4 Outlets …… $140 5-6 Outlets …… $175 7-9 Outlets …… $210
10 Outlets …… $245 Over 10 Outlets ……. $245 plus $10 per each outlet thereafter

Outlet Description	Outlet Count	Fee
FURNACE		
RANGE		
WATER HEATER		
LOG LIGHTER		
STOVE TOP		
CONVERSION BURNER		
BBQ		
UNIT HEATER		
BOILER		
CLOTHES DRYER		
AC UNIT		
FIREPLACE		
GAS LOG		
PLUMBING FOR WATER HEATER (retrofit only)		
TOTAL OUTLETS AND PERMIT FEE		

Application Name: _____ Phone: _____
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: _____

Signature of Applicant: _____ Date: _____

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27).

SAMPLE REPORT

Public Health
Seattle & King County

Site Design Application Form for Individual On-Site Sewage System (OSS)

ON Record ID: _____ **For Office Use Only**
Payment Date: _____

THIS IS NOT A PERMIT

Approximate Site Address: _____

Applicant Information

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Designer Information

Name: _____

Address: _____ Designer Phone Number: _____

Email: _____ DOL Certification No: _____

Property Information

Parcel # (APN): _____ Lot: _____ Block: _____

Subdivision Name: _____ Type of Area: Rural ___ Urban ___

Property Size (Sq. ft.): _____ Acreage: _____

Distance from property line to a public sewer is > 200? Yes ___ No ___

Design Type: New ___ Replacement to support major alteration/new building/additional bedrooms ___

Replacement of a failed system ___ If replacement, Non-conforming: ___

Water Supply: Public Water System - Group A ___ Proposed Private Individual Well ___ Rainwater catchment System ___
Public Water System - Group B ___ Private Spring ___ Other ___
Existing Private Individual Well ___

Water System Name: _____ Water System ID: _____

Dwelling Type: Single Family ___ Non-Single Family: ___

System Information

Septic Tank Size (in Gal): _____ Septic Tank Material: Concrete ___ Non-Concrete ___

Pump Tank size (in Gal.): _____ Pump Tank Material: Concrete ___ Non-Concrete ___

Drainfield Type: Pressure ___ Subsurface Drip ___ Sand Lined Trench/Bed ___ Glendon ___ Gravity (no Pump) ___
Mound ___ OSCAR Coils ___ Pump to gravity ___ None - Only holding tank ___

If Drainfied Type is OSCAR Coils, OSCAR Coil size: OS-50 (5 feet) ___ OS-100(7 feet) ___

Drainfield Material: Gravel ___ Gravelless ___ Not Applicable ___

Nibbler: ☐

Distribution Product Manufacturer and Model (If applicable): _____

SAMPLE REPORT

Public Health
Seattle & King County

Site Design Application Form for Individual On-Site Sewage System (OSS)

THIS IS NOT A PERMIT

ON Record ID: _____ **For Office Use Only**
Payment Date: _____

Treatment Type:

No advanced treatment (only septic tank) ___ Proprietary Treatment Product (ATU, etc.) ___ Intermittent Sand Filter ___
Mound ___ Recirculating Sand Filter ___ Sand Lined Trench/Bed ___
Stratified Sand Filter ___ Composting or Incinerating Toilet ___ Holding Tank ___

Proprietary treatment product:

FAST (MicroFAST, RetroFAST) ___	Advan Tex ___	ECOPOD ___	Fusion ___	Multi-Flo ___
NuWater ___	Aqua Aire ___	Eljen ___	Glendon ___	Nayadic ___
BioBarrier MBR ___	Aqua Safe ___	Enviro-Flo ___	Jet Inc. ___	LOWeFLOW ___
Singular ___	AIRR ___	Enviro-Guard ___	Hydro-Kinetic ___	SepticTech ___
Whitewater ___	Busse MBR ___	Fuji Clean ___	Puraflow Peat Fiber Biofilter ___	TDR (Advanced Septic Treatment) ___

Proprietary Treatment Product Model: _____

Disinfection: ☐ If Disinfection, Model: _____

Calculations:

Number of bedrooms: _____ Total Gallons/Day (450 minimum) (Gal): _____

Soil Texture Type (1-5): _____ Application Rate (Gal/sq. ft./day): _____

Total Absorption Area (sq. ft.): _____ Date Soils Logged: _____

Drainfield Length(ft.): _____ Trench Width(inches): _____

Trench Depth Minimum (inches): _____ Trench Depth Maximum (inches): _____

Garbage Disposal: ☐ Max. Slope in drainfield/Reserve Area (%): _____

If encountered, provide depth to the restrictive layer in Inches. (If not, leave it blank): _____ Basement Plumbing: ☐

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in the disapproval of the sewage system being proposed in this application. Non-compliance may also lead to revocation of my Designer's Certificate of Competency and/or appropriate legal action by the Health Department.

Designer's Signature: _____ K.C. ID# | | | | | | Date: _____

FOR HEALTH DEPARTMENT USE ONLY: **NOTE:** SYSTEM MUST BE INSTALLED BY A KING COUNTY CERTIFIED INSTALLER UNLESS OTHERWISE PROVIDED BY CODE

APPROVED (date): _____ **BY:** _____

Comments _____

☐ ***Pre-construction meeting required between designer, installer, builder prior to permit issuance***

APPROVAL OF THIS DESIGN APPLICATION IS BASED SOLELY ON INFORMATION PROVIDED IN THIS APPLICATION AND DOES NOT CONSTITUTE PERMISSION TO BEGIN CONSTRUCTION OF THE PROPOSED SEWAGE DISPOSAL SYSTEM OR ANY OTHER IMPROVEMENTS ON THE SITE. THIS APPROVAL SHALL *NOT* BE CONSIDERED AN ASSURANCE, EITHER EXPRESSED OR IMPLIED, THAT DEVELOPMENT PERMITS FOR THE SITE WILL BE ISSUED.

THIS APPLICATION EXPIRES TWO YEARS FROM DATE OF APPROVAL.

DISAPPROVED (date): _____ **BY:** _____

See attached Site Deficiency Sheet.

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to the Health Officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee). CS 13.15.97 Rev.7/21/00

RECEIVED

SAMPLE REPORT

Public Health
Seattle & King County

REPORT OF WASTEWATER TANK ABANDONMENT

Return completed form to Public Health – Seattle & King County, Environmental Health Division, 14350 SE Eastgate Way, Bellevue, WA, 98007, Tel. (206) 296-4932. Faxed copies will not be accepted due to data entry purposes.

PARCEL (APN): | | | | | | | | | | |

DATE: / /

Instructions for completing form: This form is to be completed by any persons permanently removing a septic tank, seepage pit, cesspool, or other on-site sewage system wastewater tanks from service. Complete and submit this report to the health officer within thirty (30) days of the abandonment. Authority: Chapter 13.04.054, the Code of King County Board of Health, Title 13.

General Information (Please print):

Name of Owner/Occupant of Property: _____
Address: _____
_____

Wastewater Tank Data:

Type of Sewage Tank: ___ Septic Tank ___ Pump Tank ___ Holding Tank ___ Other: _____
Number of Compartments Pumped: _____
Number of Gallons Pumped: _____

Checklist Item	Yes	No	Not Applicable	Comments
Septage removed by an approved pumper?*				
Tank lid removed or destroyed?				
Tank void filled with compacted soil or gravel?				

*OSS Pumper Name: _____
King County Certification Number: _____

Reason for wastewater tank abandonment:

___ Property being served by public sewers ___ Property being served by replacement tank

___ Structure being demolished

Comments:

SAMPLE REPORT

Public Health
Seattle & King County

OPERATION / PERFORMANCE MONITORING REPORT

Environmental Health Division, 14350 SE Eastgate Way, Bellevue, WA 98007, Tel. (206) 477-8050

Tax ID: 1212121212 **Inspection Date:**

GENERAL SYSTEM TYPE: Gravity

Customer / Property Owner Name: _____

Site Address: _____ **City:** _____

Mail Address: _____ **City:** _____ **Zip:** _____

OSM Company: _____ **OSM Name:** _____ **OSM Tel#:** _____

SAMPLE REPORT

COMMENTS & GENERAL INSPECTION NOTES

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
All Components accessible for maintenance, secure and in good condition:	YES
If a dye test was performed, did the dye surface? (N/A if no dye test)	NO
Effluent leaking onto the surface of the ground from any component? (If yes, explain in comments)	NO
Improper encroachment (roads, buildings, etc.) onto component(s):	NO
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	unknown
Site maintenance required (e.g. Landscape maintenance) If yes, describe in comments:	NO
Occupant compliance problem (occupant not operating the system properly). If YES, describe in notes:	NO
Structures connected to onsite sewage system occupied. If NO explain in comments:	YES
Alterations made to the OSS (valves adjusted, timer settings modified, ports installed, etc.) (If YES, describe in notes):	NO
Risers and lids secured:	YES
OSS Working Properly	YES
Pre-failing Signs	NO
Record Drawing Modified	NO
Record Drawing New	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment, Manufacturer= Local Manufacturer - Fiberglass 1000 gallon

Manufacturer: Local Manufacturer Model: Fiberglass

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Effluent Filter Cleaned (N/A = Not Present):	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	2"	
Compartment 1 Sludge accumulation (Inches, if other specify):	4"	
Compartment 2 Scum accumulation (Inches, if other specify):	0"	
Compartment 2 Sludge accumulation (Inches, if other specify):	4"	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

Distribution: D-Box

This component was:	Fully Inspected	
Component appears to be functioning as intended:	YES	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

Drainfield: Gravity		
This component was:	Fully Inspected	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Load test performed with satisfactory results (N/A = Not Performed):	YES	
Evidence of vehicular traffic or livestock over drainfield:	NO	
Observation ports present and accessible:	N/A	
A method, such as aeration, was used to reduce clogging of the biomat in this component (If yes, provide detail in comments):	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

SAMPLE REPORT

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

Public Health
Seattle & King County

Send Application and Fee to:
Public Health – Seattle & King County
Environmental Health Division
14350 SE Eastgate Way, Bellevue WA 98007
Phone Number: (206) 477-8050

APPLICATION FOR CERTIFICATE OF COMPETENCY ☐ MASTER OR ☐ ASSOCIATE INSTALLER OF ON-SITE SEWAGE SYSTEMS (OSS)

Check one: ☐ **Certification Renewal Application** ☐ **Initial Certification Exam Application** ☐ **Exam Application**

Name of Applicant _____

Name of Master Installer _____ **Name of Business**

Business Address of Applicant _____ **(City)** **(Zip)**

Business Telephone (____) _____ **Fax #. if applicable** (____) _____

E-mail address _____

Place of business known as _____

Residence Address _____ **(City)** **(Zip)**

Residence Telephone (____) _____

Washington State Contractor Registration Number _____ **(Provide Copy)**

Continuing Education Training during the year 2019

Continuing Education Training (Title 13.20.030, C, 3, B)
List training courses/sessions attended during the year 2019 APPLICANTS MUST ATTACH A COPY OF THE CERTIFICATE(S) OR OTHER PROOF OF TRAINING COURSE ATTENDANCE. If more than two courses/sessions were attended, please list these on an additional page.

Date	Course/Training	Location

ATTACH A COPY OF THE / YOUR CURRENT WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES GENERAL OR SPECIALTY CONTRACTOR'S REGISTRATION

Attach your $320.00 renewal fee for certification. (25% LATE FEES APPLY AFTER JANUARY 15, 2020)

PLEASE NOTE:
IT IS YOUR RESPONSIBILITY AS A CERTIFIED COMMERCIAL INSTALLER OF OSS, TO LET THIS DEPARTMENT KNOW ANY ADDRESS CHANGES. ALL NOTICES OF INFORMATIONAL/ EDUCATIONAL MEETINGS, ETC. WILL BE SENT TO THE BUSINESS ADDRESS LISTED ON THIS FORM UNLESS OTHERWISE SPECIFIED IN WRITING BY YOU.

_____ _____
(Applicant's Signature) **(Date)**

For Health Department Use Only:
Date Fee Paid _____ ☐ Approved ☐ Disapproved

By _____ **Date** _____
Wastewater Program Supervisor

Comments: _____

SAMPLE REPORT

ON-SITE SYSTEM MAINTAINER (OSM) AND MASTER / ASSOCIATE INSTALLER CERTIFICATION RENEWAL CHECKLIST

√	ITEM
☐	Completely filled out and signed renewal application
☐	Evidence of at least one continuing education unit credit (CEU) earned during the previous calendar year (copy of class certificate): "Continuing Education Unit (CEU)" means eight (8) contact hours of participation annually in an organized educational experience, under responsible sponsorship, capable direction and qualified instruction acceptable to the health officer pertaining to on-site sewage treatment and disposal (Title 13, Section 13.08.085)
☐	Copy of proof of performance bond (i.e. specialty or general contractor's license): Contact information: Department of Labor and Industries Contractor Registration Section P.O. Box 44450 Olympia, WA 98504-4450 Phone: (360) 902-5226 Fax: (360) 902-5228
☐	OSM & Master Installer Certificate of Competency renewal fee: Renewal application received January 15th or before: $ 320.00 Renewal application received after January 15th: $ 400.50 Associate Installer Certificate of Competency renewal fee: Renewal application received January 15th or before: $ 121.00 Renewal application received after January 15th: $ 151.25

NOTE: Complete OSM renewal Packets received after January 31st are subject to both the late fee and retaking the exam.

SAMPLE REPORT