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BSA Extension

For On-Site Sewage Disposal & Water Supply

Submittal Date	Memo Number	Review Fee	S.S.I.

A. APPLICANT AND PROPERTY INFORMATION

Property Owner Name on BSA		Contact Phone #	E-mail Address	
Current Mailing Address	Street	City	State	Zip Code
Installation Address	Street	City	Assessors Account Number	Lot
Licensed Designer/Professional Engineer		Contact Phone #	E-mail Address	
The proposed building site and soil conditions remain the same as when the Building Site Application was approved on:				Date:

B. PROPOSED METHOD OF WATER SERVICE

Public Water Supply	Public Water System Name		Water system ID number	
	Water Availability Letter Attached:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Individual Water Supply	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Spring	<input type="checkbox"/> Surface Water <input type="checkbox"/> Dug Well
Private 2 Party Water Supply	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Property Address of Existing Well		
		Property Address of 2nd Connection		

C. SIGNATURE AND ACKNOWLEDGMENT

I certify that all of the information provided is accurate to my best knowledge, and that I agree to all of the conditions set forth on the BSA Extension and BKCHD Ordinances No. 1996-8 and 1999-6. The proposed primary and reserve drainfield areas have not been compromised by any of the following:

1. ANY soil removal
2. Wells or surface water development within 100 feet.
3. Construction of any structures.
4. Construction of any driveways, roads, parking area or water lines.
5. Cut banks created within 50 feet.
6. Curtain drains installed.
8. New easements or property line adjustments.
9. Compacted soils by driving over or other means.
10. Any activity that would adversely impact the proposed drainfield areas.

Owner/Applicant Signature:	Date:
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D. HEALTH DISTRICT REVIEW

OSS/Water Quality Review	The proposal: <input type="checkbox"/> Conforms <input type="checkbox"/> Does Not Conform.		
<input type="checkbox"/> Denied	Reason		Inspector
Date			
<input type="checkbox"/> Approved	Approval Date	Extend to Date	Inspector
Drinking Water Review	The proposal: <input type="checkbox"/> Conforms <input type="checkbox"/> Does Not Conform.		
<input type="checkbox"/> Denied	Reason		Inspector
Date			
<input type="checkbox"/> Approved	Date	Inspector	