



**Benton-Franklin Health District**  
**Environmental Health Division**  
 7102 W. Okanogan Pl. • Kennewick, WA 99336  
 (509) 460-4205 or (800) 814-4323  
 www.bfhd.wa.gov

#### For Office Use Only

App Accepted By: \_\_\_\_\_

Other Materials: ☐ ESA ☐ SEPA

☐ SLS ☐ SL

Code: \_\_\_\_\_

## School Site Review Application

### SECTION 1: CONTACT INFORMATION

*Note: District Main Office Mailing Address will be the "Address of Record" for all communication mailed from this Department.*

<b>Date of Application</b>	Application must be approved before beginning construction, operation, or implementing changes		
<b>School District Name</b>	<b>Telephone Number</b> ( )	<b>Fax Number</b> ( )	
<b>District Main Office Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Billing and Invoice Contact Name &amp; Title</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	
<b>Billing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>School Name</b>	<b>Telephone Number</b> ( )	<b>Fax Number</b> ( )	
<b>School Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Construction Project Manager Name &amp; Title</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	
<b>Project Consultant Name &amp; Title, If Applicable</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	

### SECTION 2: SCHOOL INFORMATION

*Note: A Site Sound Level Survey is Required Unless Waived by Benton-Franklin Health District.*

<b>Type of School</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____	<b>Grades Served</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> K-12 <input type="checkbox"/> Other: _____
<b>Parcel #</b>	<b>Sewage Disposal</b> <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-site Septic System <input type="checkbox"/> Other: _____
<b>Projected Enrollment</b>	<b>Maximum Occupancy</b>
<b>Water Supply</b> <input type="checkbox"/> Public Water <input type="checkbox"/> On-site-well <input type="checkbox"/> Other: _____	<b>Date of last sanitary survey, if applicable:</b> _____

### SECTION 3: PROJECT SUBMITTAL REQUIREMENTS

<b>All relevant surveys (e.g., ESA, SEPA, Sound level survey)</b> If yes, please list documents attached: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site layout showing the location of the school on the parcel</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 4: PROJECT LOGISTICS

<b>Date of Expected Occupancy</b>	<b>D-5 Deadline</b>	<b>D-7 Deadline</b>
<b>Funding:</b> Is this project going through OSPI funded D process?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Phases:</b> Is this a phased project?	If yes, how many phases? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### SECTION 5: POTENTIAL HAZARDS IDENTIFICATION

Describe any known potential hazards or health concerns that are applicable to the project including: vehicular concerns such as high use roads, airports, or train tracks; any natural hazards such as cliffs, wetlands, ponds or rivers; any manmade hazards such as landfills; neighboring businesses of concern such as nail salons, crematorium, industry or factories.

#### SECTION 6: SIGNATURE

I certify that I grant permission to allow the Health Officer and/or representatives to enter this school at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand that review of these plans is based upon the rules and regulations of the State Board of Health for Environmental Sanitation for Primary and Secondary Schools, WAC 246-366.

*Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before opening the school listed on this application.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Phone Number