

YAKIMA HEALTH DISTRICT
1210 Ahtanum Ridge Drive, Union Gap, WA 98903

ON-SITE SEWAGE SYSTEM – PERMIT APPLICATION

If you need help or have questions,
contact Environmental Health at:
(509) 249-6508
(800) 535-5016 ext 508
Fax (509) 576-7416
<http://www.yakimapublichealth.org>

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY			
Date _____	Amount/Code _____	_____	
Receipt # / Initials _____	Ck # _____	_____	
Test Holes Ready	yes _____	no _____	n/a _____
Comments _____	_____		

APPLICANT INFORMATION

(Name)

(Address)

(City, State, Zip)

Phone: Home _____ Work _____

LAND OWNER INFORMATION

(Name)

(Address)

(City, State, Zip)

Phone: Home _____ Work _____

1. Building Site Location: _____
(Street/Road) _____ (City) _____
2. Site Tax Parcel # _____ Short Plat # _____ Lot # _____
3. Service Requested: Site & Soil Evaluation _____ New System _____ Existing System Evaluation _____
Repair _____ Alteration _____ Other (please specify) _____
4. Lot Size / Dimensions: _____
5. Building Type: Single Family _____ Multi-Family _____ Commercial _____
6. Number of Bedrooms: _____ Maximum number of people using the system in 24 hrs: _____
7. Plumbing in the Basement? No _____ Yes _____ No Basement _____
8. Do You Plan to Enlarge the House in the Future? Yes _____ No _____
9. Water Service: Individual Well _____ Community Well _____ 2-Party Well _____ City Water _____
(ID# / Well Name / # of connections)
10. Is City Sewer Available? No _____ Yes _____ How Many Feet Away? _____

- NOTE:** A map to the proposed plat site is required to complete this application. To easily obtain a map:
1. Go to the Yakima County Assessors web page at <http://www.pan.co.yakima.wa.us/assessor/assessor.htm>.
 2. Select Parcel Mapping
 3. Enter your parcel number without any spaces or dashes.
 4. Print out the map and attach it to this application.
 5. Be sure the 2 closest cross streets/roads are labeled on the map and indicate north.

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of the public record.

I understand that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays in completing your requests, permit revocation, and/or additional costs.

Applicants Signature _____ Date _____