

**YAKIMA HEALTH DISTRICT  
PUBLIC WATER SUPPLY SYSTEM ASSISTANCE APPLICATION**

1210 Ahtanum Ridge Drive, Union Gap, Washington 98903

If you need help or have questions, contact  
Environmental Health at:  
(509) 249-6508  
(800) 535-5016 ext. 508  
FAX (509) 575-4362

FOR OFFICE USE ONLY	
Date Received	_____
Amount Paid	_____
Staff Initials	_____
Check #	_____
Receipt #	_____
Comments	_____

**PLEASE PRINT CLEARLY**

**APPLICANT INFORMATION**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Phone:      Home                      Work

**LAND OWNER INFORMATION**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Phone:      Home                      Work

- Well Site Location: \_\_\_\_\_  
(Street/Road) (City)
- Well Site Tax Parcel #: \_\_\_\_\_ Short Plat #: \_\_\_\_\_ Lot #: \_\_\_\_\_
- Service Requested: 2-Party Well Approval: \_\_\_\_\_ Well Site Approval: \_\_\_\_\_ Group B Assistance: \_\_\_\_\_  
Same Farm Exemption Review: \_\_\_\_\_ Other (specify): \_\_\_\_\_
- Water System Name: \_\_\_\_\_
- Current # of Connections: \_\_\_\_\_ Total Proposed Number of Connections: \_\_\_\_\_
- List all tax parcel numbers of current and future lots served by the system: \_\_\_\_\_

7. Well(s): Existing: Proposed: Service Type: Residential: Commercial:

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make studies and/or inspections required by the review process.

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 a delay or prohibit approval. Additional costs may also be incurred as a result of misinformation.

Applicant's Signature: \_\_\_\_\_ Date : \_\_\_\_\_