

Yakima Health District On-Site Sewage System Program

APPLICATION FOR PLAT REVIEW

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 _____

Parcel # _____ Date _____

Owner: _____ Phone: Work _____
Last First MI
 Home _____

Address: _____
Street/# City State Zip

Contact Person _____ Phone Work _____ Other _____

Person completing this form if different than above

Name: _____ Phone: Work _____
Last First MI
 Home _____

Address: _____
Street/ # City State Zip

Location of Plat _____
Address Road/Street City

Fill-in and/or Check Appropriate Box

Lot #	Lot Size	Existing Residence	Individual Well	Community Well	City Water	Other	Individual Septic	Community Septic	City Sewer	Other
1/A										
2/B										
3/C										
4/D										

Describe other alternatives or arrangements for:

Water _____

Sewage _____

Which lots, if any, do you intend to build on as soon as this plat is approved? _____

Is city sewer available or adjacent to this plat? Yes _____ No _____ Unknown _____

Signature _____ Date _____

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.