



Yakima Health District

1210 Ahtanum Ridge Drive
 Union Gap, Washington 98903
 Phone (509) 575-4040
 Fax (509) 575-7894

<http://www.yakimahealthdistrict.org>

For Office Use:

CASE # _____
 Date _____ Initial _____
 Amt _____ Check# _____
 Code _____ Rec# _____

ON-SITE SEWAGE SYSTEM – PERMIT APPLICATION NEW/REPAIR/ALT

IF YOU NEED AN APPOINTMENT FOR AN INSPECTION PLEASE CALL (509) 249-6508

****Until you call for an inspection, your project will not be placed on the inspection list****

Site Tax Parcel No.

APPLICANT INFORMATION

PROPERTY OWNER (If different)

(Name)	(Name)
(Address)	(Address)
(City, State, Zip)	(City, State, Zip)

Phone: _____ Email Address _____

Phone: _____ Email Address _____

Service and Fees

Clearly mark your selection in the right column

Site and Soil Evaluation	\$410	H_HOS019	
Test Holes Ready? ___Yes ___No			
Existing System Evaluation	\$410	H_HOS019	
Repair/Alteration	\$673	H_HOS002	
Septic Clearance (existing systems only)	\$149	H_HOS004	
NEW SYSTEM Conventional	\$1195	H_HOS011	
NEW SYSTEM Pressurized	\$1344	H_HOS012	
NEW SYSTEM Alternative	\$1868	H_HOS010	
Existing Test Hole Discount (S&S done in past)	(\$410)	H_HOS007	
New system cost - \$410			
All types renew permit	\$149	H_HOS005, H_HOS017, H_HOS015	
Hourly Rate	\$149	H_HOS009	
Homeowner Design (in addition to permit fee)	\$270	H_HOS008	
Privy/Holding Tank	\$149	H_HOS013	

- Building Site Location: _____ (address)
- Lot Size (dimensions) _____
- Building Type (check one): Single Family Residence Commercial
- Number of Bedrooms _____ Number of people using the system in 24 hours _____
- Is this a Day Care facility? no yes (# children _____ #workers _____)
- Is there a basement? yes no (is there plumbing in the basement?) yes no
- Source of water: individual well Community well 2-Party Well
If on a community well, provide ID#, name of water system _____
- Is City Sewer available? yes no How far away? _____ (feet)

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 and 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.

Applicant Signature _____

Date _____