



Yakima Health District

1210 Ahtanum Ridge Drive
 Union Gap, Washington 98903
 Phone (509) 575-4040
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<http://www.yakimahealthdistrict.org>

For Office Use:	
CASE # _____	
Date _____	Initial _____
Amt _____	Check# _____
Code _____	Rec# _____

MORTGAGE REVIEW REQUEST

PARCEL NO. _____

APPLICANT INFORMATION

PROPERTY OWNER (If different)

_____		_____	
(Name)		(Name)	
_____		_____	
(Address)		(Address)	
_____		_____	
(City, State, Zip)		(City, State, Zip)	
Phone: _____	Email Address _____	Phone: _____	Email Address _____
Contact information (if different from above):			

SITE ADDRESS: _____

MAP: Draw a map on additional paper showing directions to the site with two cross roads.

The following information must be provided to allow processing of this application:

HOUSE:

Number of Bedrooms: _____ Year Built: _____

SEWAGE SYSTEM:

Year Installed: _____ Date Last Pumped: _____
 (Must provide record within 6 mths.)

WATER SYSTEM:

Private Well: _____ Spring: _____ Community Well: _____

Other Type of Source (list): _____

Depth and Type of Well: _____
 (i.e. drilled, driven, dug, etc.)

Service and Fees			
Clearly mark your selection in the right column			
Water Only Review	\$190	H_H20010	
Water and Sewage Review	\$224	H_HOS023	

Please keep in mind that this program is not required or regulated by law, but is a service provided to the public. Also, be sure that the legal owner has signed and dated the attached "Property Owners Statement".

Signature _____

Date _____

PROPERTY OWNERS STATEMENT

YAKIMA COUNTY TAX PARCEL NUMBER: _____

TO WHOM IT MAY CONCERN:

SEWAGE DISPOSAL SYSTEM (if applicable):

As the legal owner(s) of the property listed above, I state to the best of my knowledge that:

1. The sewage disposal system serving this property is functioning satisfactorily.
2. All wastewater drain pipes flow freely and are discharged into a septic tank, and a subsurface absorption system. The sewage disposal system is not connected to nor flows into any other underground drain pipe.
3. The sewage disposal system is entirely within the boundaries of the property / lot containing the home under review or has legal documentation allowing for easement access to system components outside of property boundaries.
4. Sewage effluent is not currently nor has it in the past surfaced on the ground, and does not flow into a stream, lake, pond, ditch or any other open body of water.
5. Only this property and no other property (or dwelling) is connected to this sewage system.

Last date of septic tank pumping: _____

(Include a copy of the pumpers report)

Please list any factors that affects the operation and/or maintenance of the sewage disposal system (if there are no factors, please indicate NONE).

DOMESTIC WATER WELL SYSTEM (if applicable): _____

As the legal owner(s) of the above listed property, I state to the best of my knowledge that the domestic well located on this property serves only this residence and no others.

On the reverse side of this document or on an attached sheet of paper, I have drawn a plot plan (lot layout) of the property showing true dimensions, locations, and distances from property lines to the well, house, out buildings, sewage disposal system, and other lot improvements, structures and/or encumbrances.

PROPERTY OWNER'S SIGNATURE: