



**Yakima Health District**  
 1210 Ahtanum Ridge Dr.  
 Union Gap, WA 98903  
 Phone (509)575-4040  
 Fax (509)575-7894  
<http://www.yakimahealthdistrict.org>

For office use:	
Case # _____	
Date _____	Initial _____
Amt _____	Check # _____
Code _____	Rec# _____

**YAKIMA HEALTH DISTRICT  
 ADEQUATE WATER DETERMINATION APPLICATION**

**Required to submit with this application:**

- Well Log OR 4 Hour Draw-Down**
- Coliform/Bacteria Test Results**
- Nitrate Test Results**

**PARCEL #** \_\_\_\_\_ **Well Site Location:** \_\_\_\_\_

Applicant Name Information:		Property Owner Name (if different):	
<b>Applicant Name:</b>	_____	<b>Owner Name:</b>	_____
<b>Address:</b>	_____	<b>Address:</b>	_____
<b>City, State, Zip:</b>	_____	<b>City, State, Zip:</b>	_____
<b>Phone:</b>	_____	<b>Phone:</b>	_____
<b>Email Address:</b>	_____	<b>Email Address:</b>	_____
<b>Contact information (if different from above):</b>			
_____			

- Existing Well \_\_\_\_\_ OR Proposed Well \_\_\_\_\_
- Type of Use \_\_\_\_\_ Residential OR \_\_\_\_\_ Commercial
- Name of Water System (if on a community system) \_\_\_\_\_ ID # \_\_\_\_\_
- Current Number of Connections \_\_\_\_\_ Total Approved Number of Connections \_\_\_\_\_
- List Tax Parcel Numbers for lots served by this well/water system \_\_\_\_\_

Service and Fees			
Clearly mark your selection in the right column			
Adequate Water Determination (for new exempt well use)	\$80	H_H2O011	
Hourly Rate for extended services	\$140	H_H2O007	

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** \_\_\_\_\_