



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# _____

SHARED WELL APPROVAL APPLICATION

PARCEL # _____ **Well Site Location:** _____

Documents Required: Nitrate and Bacteria results (NO3 w/in 12 months and bacteria w/in 12 months) Site Plan Well Log Recorded well users agreement

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

1. Existing Well? _____ OR Proposed New Well? _____
2. Type of Use: Residential _____ Commercial _____
3. Name of Water System (if applicable) _____ ID# _____
4. Current No. of connections used _____ Total No. of connections approved _____
5. List tax parcel No. for lots served and proposed to be served by this water system:

Service and Fees			
Clearly mark your selection in the right column			
FIRST STEP: Well site Approval	\$140	H_H2O009	
SECOND STEP: 2-Party Well Approval (requires well site approval)	\$140	H_H2O001	

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** _____ revised 08232018