



## Yakima Health District

1210 Ahtanum Ridge Drive  
Union Gap, Washington 98903  
Phone (509) 575-4040  
<http://www.yakimahealthdistrict.org>  
[YHD.Help.Desk@co.yakima.wa.us](mailto:YHD.Help.Desk@co.yakima.wa.us)

For Office Use:

CASE # \_\_\_\_\_

Date \_\_\_\_\_ Initial \_\_\_\_\_

Amt \_\_\_\_\_ Check# \_\_\_\_\_

Rec# \_\_\_\_\_

## ON-SITE SEWAGE SYSTEM PERMIT APPLICATION

**PARCEL #** \_\_\_\_\_ **Site Location (address):** \_\_\_\_\_

**Applicant Name Information:**

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

**Property Owner Name (if different):**

Owner Name:
Address:
City, State, Zip:
Phone:
Email Address:

**Service and Fees**

Clearly mark your selection in the right column

Test Holes Ready?  Yes  No Request Appointment\*?  Yes  No

*Appointment not required for evaluation and may delay scheduling. If test holes not ready, call (509) 249-6508 when ready.*

Site and Soil Evaluation	\$410	H_HOS019
Existing System Evaluation	\$410	H_HOS019
Repair Permit (failing septic system)	\$673	H_HOS002
Alteration Permit (no signs of failure)	\$673	H_HOS002
NEW SYSTEM Conventional Permit	\$1195	H_HOS011
NEW SYSTEM Pressurized Permit	\$1344	H_HOS012
NEW SYSTEM Alternative Permit	\$1868	H_HOS010
Existing Test Hole Discount (S&S done in past)	(\$410)	H_HOS007
New System Permit Cost - \$410		
All types renew permit	\$149	H_HOS005, H_HOS017, H_HOS015
Hourly Rate <input type="checkbox"/> Gopher Repair <input type="checkbox"/>	\$149	H_HOS009
Homeowner Design (in addition to permit fee)	\$270	H_HOS008
Holding Tank Permit <input type="checkbox"/> Septic Tank Replacement <input type="checkbox"/>	\$149	H_HOS013
Septic Clearance (existing systems only)	\$149	H_HOS004

1. Lot Size (dimensions) \_\_\_\_\_
2. Building Type (check one): Single Family Residence  Commercial
3. Number of Bedrooms \_\_\_\_\_ Number of people using the system in 24 hours \_\_\_\_\_
4. Is this a Day Care facility? no  yes  (# children \_\_\_\_\_ #workers \_\_\_\_\_)
5. Is there a basement? yes  no  (is there plumbing in the basement?) yes  no
6. Source of water: individual well  Community well  2-Party Well   
If on a community well, provide ID#, name of water system \_\_\_\_\_
7. 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 \_\_\_\_\_

Revised May 2021