



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# _____

APPLICATION FOR LICENSE/CERTIFICATE WITH THE YAKIMA HEALTH DISTRICT

DATE: _____

SEPTIC SYSTEM INSTALLER () H_HOS024 New Installer \$449. , H_HOS025 Renew Installer \$188.

SEPTIC TANK PUMPING () H_HOS026 New Pumper \$449., H_HOS027 Renew Pumper \$224.

PLEASE PRINT OR TYPE AND FILL OUT COMPLETELY

Firm

FIRM NAME _____ PHONE # _____

Owner

OWNER'S NAME _____ PHONE # _____

FIRM ADDRESS _____

OWNER'S ADDRESS _____

IF DIFFERENT THAN FIRM'S

E-MAIL ADDRESS _____

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ALL – ENCLOSE PROOF OF BOND

Proof of Bond is required to process the application. If your Bond is not included with this application, your permit cannot be issued or renewed.

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 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, permit revocation, and/or additional costs.

Applicant Signature _____

Date _____

PERSONS AUTHORIZED TO SIGN SEWAGE PERMITS ON BEHALF OF THE COMPANY (INSTALLERS ONLY)

	NAME (PRINTED)	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		

EQUIPMENT USED FOR PUMPING (PUMPERS ONLY)

	MAKE	YEAR	LICENSE#	COLOR	CAPACITY
1.					
2.					
3.					
4.					
5.					
6.					