



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# _____

**YAKIMA HEALTH DISTRICT
 ADEQUATE WATER DETERMINATION APPLICATION**

Requires a well log* OR 4 hour draw down AND an acceptable bacteria test (collected within 6 mths) and NO3 test (collected within 12 months).

Well logs can be found at <https://fortress.wa.gov/ecy/waterresources/map/WCLSWebMap/default.aspx>

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): _____ _____			

1. Tax Parcel No _____
2. Well Site Location _____
3. Existing Well? _____ OR Proposed New Well? _____
4. Type of Use: Residential _____ Commercial _____
5. Name of Water System (if applicable) _____ ID# _____
6. Current No. of connections used _____ Total No. of connections approved _____
7. 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			
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 _____

OFFICE ONLY PAGE

Parcel #	Date of application:		
<p><i>For Office Use Only:</i></p> <p><i>This page serves as the approval document for Adequate Water Determination (AWD)</i></p>			
Required steps	yes	no	Comments
Well log is provided to show > 5 gpm OR 4 hour draw down is provided to show > 5 gpm			
Nitrate test is < 10 mg/L and within 12 month?			
Bacteria test is negative and within 6 month?			
Data entered into Accela			Initials:
<p>Approval of AWD _____ Date _____</p> <p style="text-align: center;">EH Staff signature and initials</p> <p>By my signature above I verify that this well meets adequacy and potability for residential domestic water use as per Yakima County Code Chapter 12.08.050 (B)(2) and (C)(2).</p>			
<p>Determination of adequacy and potability does not confer or guarantee any right to withdraw or divert water on the property, nor does it indicate compliance with any other section of ordinance 12.08.</p>			
<p>This project does not meet requirements for AWD due to</p> <p>_____</p> <p>_____</p>			
<p>Denial of AWD _____ Date _____</p> <p style="text-align: center;">EH Staff signature and initials</p>			