



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

=====

**(ALL – ENCLOSE PROOF OF BOND)**

BONDING COMPANY \_\_\_\_\_ EXPIRES \_\_\_\_\_

BONDING AGENT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BONDING AGENT ADDRESS \_\_\_\_\_

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. \_\_\_\_\_