



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

For Office Use:

CASE # _____
 Date _____ Initial _____
 Amt _____ Check# _____
 Rec# _____

ON-SITE SEWAGE SYSTEM PERMIT APPLICATION

PARCEL # _____ **Site Location (address):** _____

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):	

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)		
New System Permit Cost - \$410		H_HOS007	
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	

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