



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# _____

ON-SITE SEWAGE SYSTEM – SEPTIC CLEARANCE PERMIT APPLICATION

Please attach a complete site plan with structures and measurements clearly represented

Yakima Co. Building Permit Case #: _____

PARCEL # _____ **Project Description** _____

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

| | | | |
|--|-------|----------|--------------------------|
| Septic Clearance – Document Review FIRST STEP IN BLD CASE CLEARANCE PROCESS IF RECORDS ARE AVAILABLE, INVOLVES IN-HOUSE REVIEW OF SITE PLAN AND SEPTIC RECORDS | \$40 | H_HOS033 | <input type="checkbox"/> |
| Septic Clearance – Site Visit SECOND STEP IN BLD CASE CLEARANCE PROCESS IF SEPTIC RECORDS ARE NOT AVAILABLE, INVOLVES ONSITE INSPECTION DETERMINING SITE LOCATION | \$109 | H_HOS034 | <input type="checkbox"/> |
| Existing System Evaluation REQUIRES UNCOVERING OF LATERAL ENDS, TANK AND DISTRIBUTION BOX WITH PUMPING RECORDS PROVIDED. DETERMINES THE EXISTING SYSTEM CAPACITY AND LOCATION | \$410 | H_HOS019 | <input type="checkbox"/> |

1. Lot Size (dimensions) _____

2. Building Type (check one): Single Family Residence Addition Outbuilding/slab

3. Number of Bedrooms _____ Number of people using the system in 24 hours _____

4. Source of water: individual well Community well 2-Party Well

If on a community well, provide ID#, name of water system _____

5. Is City Sewer available? yes no How far away? _____ (feet)

Allow 7 to 10 working days for clearance approval.

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. Onsite evaluations may extend the time for final approval.

Applicant Signature _____

Date _____