



## 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:

### 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

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"/>

- Lot Size (dimensions) \_\_\_\_\_
- Building Type (check one): Single Family Residence ☐ Addition ☐ Outbuilding/slab ☐
- Number of Bedrooms \_\_\_\_\_ Number of people using the system in 24 hours \_\_\_\_\_
- 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)

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 \_\_\_\_\_