



**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 months) 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 \_\_\_\_\_



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Step 3

YCWRS Well Application/Permit

WRS \_\_\_\_\_

**OFFICE USE ONLY**

Parcel #:	Date of Application:
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***For Office Use Only:  
 This page serves as the approved document for  
 Adequate Water Determination (AWD)***

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 months?			
Bacteria test is negative and within 6 months?			
Data entered into Accela			Initials

Approval of AWD \_\_\_\_\_ Date: \_\_\_\_\_  
 EH Staff signature and initials

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).

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.

This project does not meet requirements for AWD due to:

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Denial of AWD \_\_\_\_\_ Date: \_\_\_\_\_  
 EH Staff signature and initials