

CONNECTION TO A PUBLIC SEWER SYSTEM



This application is required to show that you have an approved connection to a public sewer system. **Please fill this application out completely and submit it with the applicable fee (\$25).** Every place where people congregate or reside shall be provided a means of sewage disposal approved by the Health Officer.

PLEASE NOTE: The top part of this application must be filled out by you, the applicant. The bottom part is to be filled out by your sewer system purveyor. This application must be returned to the Klickitat County Health Department for review.

PROPERTY INFORMATION

Parcel Number: _____ **Lot Size:** _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

APPLICANT CONTACT INFORMATION

Name: _____ **Phone:** _____

Mailing Address: _____

City: _____ **Sate:** _____ **Zip:** _____

Email: _____

THE SECTION BELOW IS TO BE FILLED OUT BY YOUR SEWER PURVEYOR

Sewer System Name: _____

- The above-mentioned public sewer system is capable and willing to provide sewer service to the proposed connection(s). The sewer system facilities necessary to adequately provide such service has been reviewed and approved in accordance to WAC 173-208.

- The above mention public sewer system is not able to provide sewer service to the proposed connection(s).

Sewer Purveyor: _____ **Phone:** _____

Sewer Purveyor Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Goldendale Office
115 W. Court St
MS-CH 103
Goldendale, WA 98620
509-773-4565

Klickitat County Health Department

White Salmon Office
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White Salmon, WA 98672
509-493-1558