



To Protect and Promote the Health and the Environment of the People of Kittitas County

Application for Individual Well Site Review

REQUESTED BY:

Property Owners Name: _____

Site Address: _____

City: _____ Zip: _____

Telephone: () _____ Cell: () _____

Requested By: _____

Mailing Address: _____

City: _____ Zip: _____

Well Driller name: _____ Contact phone #: () _____

Applicant Signature: _____

Well Driller requests copy E-mail: _____ Fax#: _____

Homeowner requests copy E-mail: _____ Fax#: _____

SITE:

Parcel Map and Site Plan must be attached

Parcel Number: _____ Lot #: _____

Subdivision Name (if applicable): _____ Acreage Size: _____

Directions to site: _____

TYPE OF PROPOSED WELL: Individual well Shared well

STRUCTURE (CHECK ALL THAT APPLY):

No structure planned at this time

Proposed OR Existing

Single OR Multiple family dwelling

Other (Specify)

Date	\$50 Fee	Receipt #
Fee is non-refundable after service has been provided. Well site review is valid for one year		

Reviewed By: _____	Date: _____	<input type="checkbox"/> Approved
Comments: _____		

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T: 509.962.7515
F: 509.962.7581



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