

### Request for Well Site Inspection

Please complete form below and attach 8 1/2 by 11 parcel or plat map.

**Office Use Only**

Date received: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Group A		COMM		NTNC		Group B
¼	¼	S	T: N	R: E	County	

**TYPE OF SYSTEM INTENDED (check one):**    **GROUP A**                       **GROUP B**                       **INDIVIDUAL WELL**

Water System Name (if public): \_\_\_\_\_

Location of Water System: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

\_\_\_\_\_

Parcel Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of owner or representative that will be present during inspection: \_\_\_\_\_

Fees must be paid in advance

Please make checks payable to Kittitas County Health Department

**\*\*After fees are collected you will be contacted by the inspector to schedule inspection appointment.**

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fees:**   \$200   **Date:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

