



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: \_\_\_\_\_

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	Fee	Receipt #
<i>Fee is non-refundable after service has been provided. Well site review is valid for one year</i>		

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

**Kittitas County  
Public Health Department**  
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Ellensburg, WA 98926  
T: 509.962.7515  
F: 509.962.7581



[www.co.kittitas.wa.us/health/](http://www.co.kittitas.wa.us/health/)

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