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**FOR OFFICIAL USE ONLY**

Accepted By:

Permit #:

Date Processed:

Receipt #:

**Group B Workbook Application Form \$1,410**Complete the entire application. **Incomplete applications will not be accepted.****SECTION I: Site & Contact Information**

Water System Name:

Plat Name:

Location of System:

Mailing Address (City, State, Zip):

Phone:

Fax:

System Contact Person:

Email:

Section/Township/Range:

Parcel #:

Satellite Management Agency:

**SECTION II: Type of Water System**

Year Installed:

Number of Service Connections:

Permanent or Daily Population:

Please Check All That Apply:

☐ Temporary☐ Seasonal☐ Residential☐ Recreational☐ Rural**SECTION III: Water System Specifications**Well Site Inspection: ☐ Yes ☐ No

GMP Rate:

Well Depth:

Pressure Tank(s) Info:

Casing Diameter:

Number of Tanks:

Gallons Per Minute

Capacity:

Pump Specifications

Working Storage:

Horsepower:

ASME Approved: ☐ Yes ☐ No

Booster Pump Specs:

Storage Tank Capacity:

Pump Rate:

Type of Treatment:

**SECTION IV: Water Quality Measures**Bacteriological Test: ☐ Yes ☐ NoInorganic Test: ☐ Yes ☐ NoNitrate Test: ☐ Yes ☐ No

Date Taken:

Date Taken:

Date Taken:

Test Results:

Test Results:

Test Results:

Parameters Out of Compliance:

*Application is hereby made for a Group B Water System. My Signature below denotes my intent to comply with all applicable state and local regulations*

Signature:

Date: