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FOR OFFICIAL USE ONLY
Accepted By:
Permit #:
Date Processed:
Receipt #:

Group B Public Water System Expansion Form

(Serving 3 to 9 Connections)

Group B Water System Name:	
Location of Water System:	
Directions to Property:	
Parcel Number:	Subdivision:
Name of Purveyor:	
Address:	
Contact Phone Number:	
<p>At a minimum the following information must be included with your request:</p> <ul style="list-style-type: none"> An updated bacteriological and nitrate test. A letter from the water system purveyor approving/agreeing to the system expansion. A completed Water Facilities Inventory Form. A diagram showing the locations of the desired new connections. A hydraulic analysis of the water system by a Professional Engineer and justification that the water system can provide 30 psi to each connection. 	

Applicant understands that additional items may be required in addition to the above mentioned list and approval cannot be granted until all requirements of KCPHD are satisfied.

Please make checks payable to Kittitas County Public Health Department (KCPHD)
Fee is \$690

Requested By:	Date:
Fee:	Date: