

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

Request for Well Site Inspection \$645

Please complete the form below and attach an 8 ½ by 11-inch parcel or plat map.

Office Use Only	Group A	COMM	NTNC	Group B
Date received:	¼:	¼:	S:	T:N
Date Inspected:				
Inspected by:		R:E	County:	

TYPE OF PROPOSED SYSTEM (check one):	GROUP A:	GROUP B:
Water System Name (proposed or existing):		
Location of Water System:		
Directions to the Property:		
Parcel Number:	Subdivision:	
Owner Name:		
Address:		
Name of owner or representative that will be present during inspection:		
Contact Phone Number:		
<p>Fees must be paid before the inspection Please make checks payable to the Kittitas County Public Health Department (KCPHD)</p> <p>After fees are collected you will be contacted by the inspector to schedule an inspection appointment.</p>		
Requested By:	Date:	