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 www.co.kittitas.wa.us/health/

<b>FOR OFFICIAL USE ONLY:</b>
Accepted By: _____
Tracking #: _____
Date Processed: _____
Receipt #: _____

## Request for Well Site Inspection

Please complete form below and attach 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 (if public):			
Location of Water System:			
Directions to the Property:			
Parcel Number:		Subdivision:	
Owner Name:			
Address:			
Contact Phone Number:			
Name of owner or representative that will be present during inspection:			
<p>Fees must be paid prior to the inspection          Please make checks payable to Kittitas County Public Health Department (KCPHD)</p> <p>After fees are collected you will be contacted by the inspector to schedule inspection appointment.  <b><u>Well site inspection fee is \$690.00</u></b></p>			
Requested By: _____ Date: _____			
Fee: \$ _____ Date: _____			