



507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509.962.7515 F: 509.962.7581
www.co.kittitas.wa.us/health/

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

Request for Well Sampling

Please complete form below and submit with \$385 + cost of water test.

After fees are collected you will be contacted by the Inspector to schedule inspection appointment.

TYPE OF WELL (check one): <input type="checkbox"/> INDIVIDUAL WELL <input type="checkbox"/> SHARED WELL <input type="checkbox"/> GROUP A <input type="checkbox"/> GROUP B
Water System Name (if public): _____
Location of Water System: _____
Directions to Property: _____ _____
Map Number: _____ Subdivision: _____
Owner Name: _____
Address: _____ _____
Contact Phone Number: _____
Name of owner or representative that will be present during inspection: _____

Fees must be paid prior to sample collection

Please make checks payable to Kittitas County Health Department and mail to:

Kittitas County Public Health
507 N Nanum Street Suite 102
Ellensburg, WA 98926

Requested By: _____ Date: _____