

Group B Public Water System Expansion Form (3 to 9 connections)

Office Use Only

Date received: _____

Date Approved: _____

Fee: contact KCPHD

Group B

EDEN ID: _____

Group B Water System Name: _____

Location of Water System: _____

Directions to Property: _____

Parcel Number: _____ Subdivision: _____

Name of Purveyor: _____

Address: _____

Contact Phone Number: _____

At a minimum the following information must be included with your request:

- 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.

Please make checks payable to Kittitas County Public Health Department

****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.**

Requested By: _____ **Date:** _____

Fees: _____ **Date:** _____ **Receipt:** _____

