



To Protect and Promote the Health and the Environment of the People of Kittitas County

Application for Individual Well Site Review

REQUESTED BY:

Property Owners Name: _____

Site Address: _____

City: _____ Zip: _____

Telephone: (_____) _____ Cell:(_____) _____

Requested By: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Well Driller name: _____ Contact phone #: (_____) _____

Applicant Signature: _____

Well Driller requests copy E-mail: _____ Fax#: _____

Homeowner requests copy E-mail: _____ Fax#: _____

SITE:

Parcel Map and Site Plan must be attached. The Unified Site Plan guidelines must be followed. The Unified Site Plan can be found at <http://www.co.kittitas.wa.us/cds/building.asp>. Site plans that do not follow the Unified Site Plan guidelines will be returned.

Parcel Number: _____ Lot #: _____

Subdivision Name (if applicable): _____ Acreage Size: _____

Directions to site: _____

TYPE OF PROPOSED WELL: Individual well Shared well

STRUCTURE (CHECK ALL THAT APPLY):

- No structure planned at this time
- Proposed OR Existing
- Single OR Multiple family dwelling
- Other (Specify) _____

PURPOSE OF PROPOSED WELL:

- New Residential/Domestic Use
- Replacement
- Stock watering or industrial
- Irrigation of half acre non-commercial lawn or garden
- Other (Specify) _____

_____	_____	_____
Date	Fee	Receipt #

Fee is non-refundable after service has been provided. Well site review is valid for one year

Reviewed By: _____ Date: _____ Approved

Comments: _____
