



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

Office Use Only
Date received: _____
Received By: _____

Request for Well Site Inspection

Please complete form below and attach 8 1/2 by 11 parcel or plat map.

TYPE OF PROPOSED SYSTEM (check one): GROUP A [] GROUP B [] INDIVIDUAL WELL []
Water System Name (if public): _____
Location of Water System: _____
Directions to Property: _____
Parcel 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 inspection

Please make checks payable to Kittitas County Health Department

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

Requested By: _____ Date: _____

Fee: _____ Date: _____ Receipt: _____

