

## Request for Well Site Inspection

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

<b>Office Use Only</b>	
Date received:	_____
Date Inspected:	_____
Inspected by:	_____

Group A		COMM		NTNC		Group B	
¼	¼	S	T: N	R: E	County		

TYPE OF PROPOSED SYSTEM(check one):		GROUP A <input type="checkbox"/>	GROUP B <input type="checkbox"/>
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

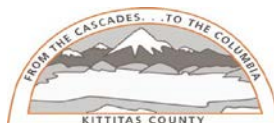
Please make checks payable to Kittitas County Health Department

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

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_

Kittitas County  
Public Health Department  
507 N. Nanum Street, Suite 102  
Ellensburg, WA 98926  
T: 509.962.7515  
F: 509.962.7581



[www.co.kittitas.wa.us/health/](http://www.co.kittitas.wa.us/health/)

Environmental  
Health Services  
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