



DEPARTMENT OF ENVIRONMENTAL SERVICES

1900 E. NINTH ST. N., WICHITA, KS 67214

PHONE: (316) 268-8351 FAX: (316) 858-7787

EMAIL: WATERQUALITY@WICHITA.GOV

REQUEST FOR TITLE TRANSFER INSPECTION

Note: A "title transfer inspection" by this department is required before the transfer of ownership of any property within the City of Wichita that has any type of existing water well, regardless of whether a loan is actually involved or not. Inspections for properties outside the City of Wichita or for refinancing with the same property owner are performed as a service for the requestor.

Requests must be submitted on this form and cannot be processed until all necessary information is completely provided.

The fee for a Title Transfer Inspection is **\$125.00** Water testing and multiple rechecks are additional (one recheck is provided at no cost, if required). Analytical testing for bacteria and nitrates is required for all personal use wells at a minimum fee of **\$50**. An inspection may be provided within 5 business days of request for an additional fee of **\$100.00**

The seller will be billed for the inspection fees unless the requesting party stipulates otherwise.

STREET ADDRESS OF PROPERTY: _____

WICHITA [] **COUNTY** [] **OTHER CITY** [_____] **SALE** [] **REFINANCE** []

PROPERTY TAX KEY NUMBER _____

DOES A PRIVATE SEWAGE SYSTEM SERVE THE PROPERTY?

NO [] **YES** [] **SEPTIC SYSTEM** [] **WASTE STABILIZATION POND/LAGOON** []

IS THE PROPERTY SERVED BY A PUBLIC WATER SUPPLY?

NO [] **YES** [] **CITY** _____ **RURAL WATER DISTRICT #** _____

HOW MANY WATER WELLS ARE ON THE PROPERTY?

NONE [] **PERSONAL USE** [] **IRRIGATION** [] **OTHER** [_____]

LOCATION OF WELL(S): _____

CLOSING DATE, IF KNOWN: _____

CONTACT PERSON: WILL BE CALLED TO MEET INSPECTOR AT PROPERTY AND PROVIDE ENTRY TO HOME. MUST KNOW LOCATION OF ALL WELLS AND SEWAGE SYSTEM. THIS IS THE ONLY PERSON WHO WILL BE CALLED WITH VERBAL INSPECTION RESULTS.

NAME: _____ **PHONE:** _____

BILL TO: _____ **City:** _____ **St:** _____ **Zip:** _____

FILL IN NAMES AND ADDRESSES FOR COPIES OF INSPECTION REPORT. PLEASE PLACE AN "R" BY THE NAME OF THE PERSON RESPONSIBLE FOR THE PAYMENT OF THIS INSPECTION.

SELLER: Name: _____
Street: _____
City: _____
Phone: _____

BUYER: Name: _____
Street: _____
City: _____
Phone: _____

LENDER OR TITLE CO: _____

PHONE: _____ **FAX:** _____

REALTOR OR OTHER: _____

PHONE: _____ **FAX:** _____

DEPARTMENT USE ONLY

RECEIVED DATE: _____ TIME: _____

INVOICE # _____

PERMIT: NA, NOF _____

BILL TO: # _____ AMT. \$ _____

REPORTS MAILED? _____