



DEPARTMENT OF ENVIRONMENTAL SERVICES

1900 E. NINTH ST. N., WICHITA, KS 67214
PHONE: (316) 268-8351 FAX: (316) 268-8390

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). 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 [] or WASTE STABILIZATION POND/LAGOON []

IS THE PROPERTY SERVED BY A PUBLIC WATER SUPPLY? NO [] YES [] CITY _____ or 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" IN THE BOX BY THE NAME OF THE PERSON REQUESTING THIS INSPECTION.

SELLER: Name: _____ Street: _____ City: _____ St: _____ Zip: _____ Phone: _____

BUYER: Name: _____ Street: _____ City: _____ St: _____ Zip: _____ Phone: _____

LENDER OR TITLE CO: _____

REALTOR OR OTHER: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

DEPARTMENT USE ONLY

RECEIVED DATE: _____ TIME: _____

BILL TO: # _____ AMT. \$ _____

PERMIT: NA, NOF _____

INVOICE # _____

REPORTS MAILED?