



**PUBLIC WORKS & UTILITIES – ENVIRONMENTAL HEALTH**

455 N Main St, 7th Floor, Wichita, KS, 67202  
 PHONE: (316) 268-8351 FAX: (316) 858-7787  
 EMAIL: [waterquality@wichita.gov](mailto:waterquality@wichita.gov)

**REQUEST FOR TITLE TRANSFER INSPECTION**

**Note:** As per **City Code 7.30.040.C**, 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 a refinancing with the same property owner are performed as a service for the requestor.

**All requests must be submitted on this form and cannot be processed until all information is completely provided.**

**FEES**

Title Transfer Inspection - \$125  
 Water Testing Nitrates\* - \$25  
 Water Testing Bacteria\* - \$25  
 Short Notice (Less than 5 days to Closing/Auction) - \$100  
 No Well on Property - \$55 REFUND

**TYPE OF WELL(S)**

Irrigation \_\_\_\_\_  
 Drinking Water \_\_\_\_\_  
 Geo Thermal \_\_\_\_\_  
 Other \_\_\_\_\_

**DOES PROPERTY HAVE:**

PUBLIC WATER SUPPLY YES \_\_\_\_\_ NO \_\_\_\_\_  
 PUBLIC SEWER YES \_\_\_\_\_ NO \_\_\_\_\_  
 PRIVATE SEPTIC SYSTEM/LAGOON YES \_\_\_\_\_ NO \_\_\_\_\_  
 DOGS YES \_\_\_\_\_ NO \_\_\_\_\_  
 IS HOUSE VACANT? YES \_\_\_\_\_ NO \_\_\_\_\_

**PAYMENT IS REQUIRED AT THE TIME OF REQUEST. IF A 3<sup>RD</sup> VISIT TO THE PROPERTY IS REQUIRED – ADDITIONAL INVOICE WILL BE MAILED TO THE RESPONSIBLE PARTY.**

**\*ALLOW FOR A MINIMUM OF 10-BUSINESS DAYS FROM SAMPLE COLLECTION FOR ANALYTICAL RESULTS TO BE AVAILABLE.**

STREET ADDRESS OF PROPERTY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LOCATION OF WELL(S): \_\_\_\_\_

CLOSING/AUCTION DATE: \_\_\_\_\_ REPORT NEEDED BY DATE: \_\_\_\_\_

**CONTACT PERSON: MAY BE CALLED TO MEET INSPECTOR AT PROPERTY IF ACCESS TO THE WELL IS NEEDED. INSPECTOR MUST KNOW LOCATION OF ALL WELLS AND SEWAGE SYSTEMS ON THE PROPERTY. CONTACT PERSON WILL BE E-MAILED OR CALLED WITH RESULTS.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SELLER WILL BE BILLED FOR THE INSPECTION FEES UNLESS THE REQUESTING PARTY STIPULATES OTHERWISE.**

BILL TO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FILL IN NAMES, ADDRESSES AND TELEPHONE NUMBERS. A FAXED OR EMAIL COPY WILL BE SENT TO THE AGENT AND TITLE COMPANY. HARD COPY WILL BE MAILED TO THE SELLER.**

SELLER: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

BUYER: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

AGENT: Name: \_\_\_\_\_  
 (LISTING) Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

LENDER: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**DEPARTMENT USE ONLY**

RECEIVED: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

BILLING AMOUNT: \_\_\_\_\_

REPORTS MAILED/EMAILED/FAXED: \_\_\_\_\_