



Sedgwick County... working for you

# Wichita-Sedgwick County Metropolitan Area Building and Construction Department

## County Request for Property Title Transfer Inspection

Fax completed form to 316-383-7502

For information call 316-660-1840

Address: \_\_\_\_\_

Please indicate your answer by circling or writing in the appropriate response.

Property occupied? Yes No Length of vacancy: \_\_\_\_\_

Systems to inspect: Water Well(s) # Wells \_\_\_\_\_ Wastewater: Lagoon Septic Advanced Septic

Sample drinking water well regardless of construction? Yes No Anticipated Closing Date: \_\_\_\_\_

Samples to collect: Coliform Bacteria Nitrates Nitrites Lead Other (specify)

Special Instructions: \_\_\_\_\_

### Buyer's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

### Seller's Information

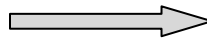
Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

A domestic water well system inspection shall include a report on the above grade condition of the well, sample collection of the water for contaminants requested for analysis, and required corrective action for conditions not in compliance with current state and local code. A private wastewater system inspection shall identify the type of system and any permit history, if ascertainable, and any sanitation code violations observed.

It is a violation of the Sanitation Code to sell, use, lease or rent any property located in the unincorporated areas of Sedgwick County with a private well or wastewater systems which does not comply with the Code.

Current inspection fees as of August 1, 2006 are:



- Lab charges will be added to the inspection fee to determine your final cost.
- Company or individual requesting the inspection is responsible for payment of inspection and lab fees.

**PAYMENT REQUIRED AT THE TIME OF OR PRIOR TO INSPECTION.**

Inspection of Wastewater System Only	\$60.00
Inspection of Water Well Only	\$50.00
Inspection of Both Systems	\$100.00*
Lab Fees (Nitrates & Bacteria)	\$45.00

Inspection requested by: Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Company/Individual Phone# Fax# email

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Signature Date

COMPLETE

SIGN