



**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
 1900 E. NINTH ST. N., WICHITA, KS 67214  
 PHONE: (316) 268-8351 FAX: (316) 858-7787

**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" BY THE NAME OF THE PERSON REQUESTING THIS INSPECTION.

<b>SELLER:</b>	Name:	_____	<b>BUYER:</b>	Name:	_____			
	Street:	_____		Street:	_____			
	City:	_____		City:	_____			
	Phone:	_____		Phone:	_____			
<b>LENDER OR TITLE CO:</b>	_____	<b>REALTOR OR OTHER:</b>	_____	_____	_____			
	_____		_____	_____				
	_____		_____	_____				
	_____		_____	_____				
	PHONE:	_____	FAX:	_____	PHONE:	_____	FAX:	_____

**DEPARTMENT USE ONLY**

RECEIVED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

PERMIT: NA, NOF \_\_\_\_\_

BILL TO: # \_\_\_\_\_ AMT. \$ \_\_\_\_\_

REPORTS MAILED? \_\_\_\_\_