



PUBLIC WORKS & UTILITIES – ENVIRONMENTAL HEALTH

455 N Main, 7th Floor, Wichita, KS, 67202

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

EMAIL: 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 3RD 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: _____