



APPLICATION FOR:

CONSTRUCTION OF A NON-PUBLIC WATER WELL

Property Owner: _____ Telephone: _____

Present Mailing Address: _____

Applicant (if other): _____ Telephone: _____

Present Mailing Address: _____

Proposed Kansas-Licensed Water Well Contractor: _____

Telephone: _____ Present Mailing Address: _____

Drilled well Driven well Other Section: ____ Township: ____ Range: ____ Township Name: _____

Acres: ____ Subdivision (if applicable): _____ Lot: ____ Block: ____ Tract: ____

Site Address (911 Preferable): _____

Existing Residence New Residence
 No Residence Water for irrigation only
 Well location within square mile section:

The proposed well must be located to meet these minimum separation requirements, if applicable:

150 feet	<input type="checkbox"/> chemical storage <input type="checkbox"/> fertilizer storage <input type="checkbox"/> liquid fuel storage <input type="checkbox"/> pesticide storage <input type="checkbox"/> landfill
100 feet	<input type="checkbox"/> inactive well <input type="checkbox"/> septic system lateral field <input type="checkbox"/> lagoon <input type="checkbox"/> pit privy <input type="checkbox"/> abandoned cesspool <input type="checkbox"/> barnyard <input type="checkbox"/> feedlot <input type="checkbox"/> manure storage
50 feet	<input type="checkbox"/> building <input type="checkbox"/> septic tank <input type="checkbox"/> pressure sewer line <input type="checkbox"/> orangeburg or clay tile sewer line <input type="checkbox"/> stream, pond, lake <input type="checkbox"/> areas where surface runoff accumulates
25 feet	<input type="checkbox"/> property line
15 feet	<input type="checkbox"/> gas or electric utility lines
10 feet	<input type="checkbox"/> PVC or cast iron sewer line

LEGAL DESCRIPTION SITE DIAGRAM o f building site included on back of application form and \$100.00 Permit Fee

- I assume responsibility for ensuring that this non-public water well is installed according to the approved plan and in conformity with Chapter 3 of the Franklin County Environmental/Sanitary Code.
- I understand that the location of the water well shall not be moved from the specific area designated without prior approval from the Health Department. Unauthorized movement may be cause for (1) revocation permit, (2) suspension of permit, or (3) denial of final approval of the water well.
- I certify that no easements are located upon the land designated for construction of the water well.
- I understand that the issuance of this permit shall not be construed or interpreted as imposing upon the Franklin County Health Department or its employees any warranty that this water well will function properly.

Signature: _____
Agent

Date: _____ Owner

FOR ENVIRONMENTAL HEALTH DEPARTMENT USE ONLY:

Comments: _____

Approved by: _____

Permit Number: _____

Signature: _____

Date: _____