



# 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): \_\_\_\_\_

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 later 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

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

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: \_\_\_\_\_