



## Application for construction of non-public water well

Property owner/Telephone/Present mailing address					
Applicant (if other)/Telephone/Present mailing address					
Proposed Kansas licensed water well contractor/Telephone/Mailing address					

Section-township-range	Acres	Subdivision (if applicable)	Lot	Block	Tract (if applicable)
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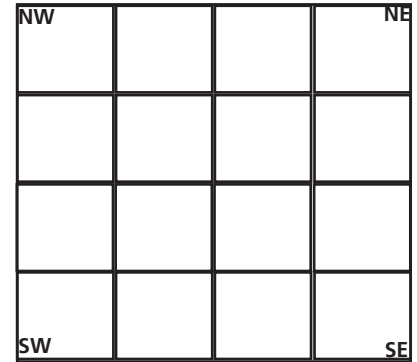
<input type="checkbox"/> Drilled well <input type="checkbox"/> Driven well <input type="checkbox"/> Other	Address (if known)
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<input type="checkbox"/> Existing residence <input type="checkbox"/> New residence <input type="checkbox"/> Future residence <input type="checkbox"/> Irrigation well
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<input type="checkbox"/> Legal description <input type="checkbox"/> Site diagram of building site attached
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Proposed well must meet minimum separation distances as applicable:

<input type="checkbox"/> 150' to chemical storage	<input type="checkbox"/> 100' to feedlot
<input type="checkbox"/> 150' to fertilizer storage	<input type="checkbox"/> 100' to manure storage
<input type="checkbox"/> 150' to liquid fuel storage	<input type="checkbox"/> 50' to building
<input type="checkbox"/> 150' to pesticide storage	<input type="checkbox"/> 50' to septic tank
<input type="checkbox"/> 150' to landfill	<input type="checkbox"/> 50' pressure sewer line
<input type="checkbox"/> 100' to inactive well	<input type="checkbox"/> 50' to orangeburg or clay tile sewer line
<input type="checkbox"/> 100' to septic disposal field	<input type="checkbox"/> 50' to stream, pond, lake
<input type="checkbox"/> 100' to sewage lagoon	<input type="checkbox"/> 50' to areas of surface runoff accumulation
<input type="checkbox"/> 100' to pit privy	<input type="checkbox"/> 25' to property line
<input type="checkbox"/> 100' to abandoned cesspool	<input type="checkbox"/> 15' of buried utility lines
<input type="checkbox"/> 100' to barnyard	<input type="checkbox"/> 10' to PVC or cast iron sewer line



Well location in square-mile section

- I **assume responsibility** for ensuring that this non-public water well is installed according to the approved plan and in conformity with Chapter 4 of the Douglas County Sanitary Code: "Water Supplies."
- 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 relocation may be cause for (1) **revocation of permit**, (2) **suspension of permit** or (3) **denial of final approval of the water well**.
- I **certify** that no easements are located on 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 Lawrence-Douglas County Health Department or its employees any warranty that this water well will function properly.

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

Printed name \_\_\_\_\_ Owner  Agent

FOR HEALTH DEPARTMENT USE ONLY

Comments:			911	S-T-R
Approved by	Date	Permit Number		
Paid by	Date Paid	Amount Paid		