



WATER WELL PERMIT APPLICATION

INFORMATION TO BE FILLED OUT BY APPLICANT

ADDRESS OF WELL _____

OWNER:

NAME _____
E-MAIL _____
MAILING ADDRESS _____

PHONE & FAX _____

DRILLING CONTRACTOR:

NAME _____
ADDRESS _____

PHONE/FAX/E-MAIL _____
CITY REG# / STATE LIC# _____

LEGAL DESCRIPTION

LOT _____ BLOCK _____ ADDITION _____ GRID _____
Quarter Section Township Range

GENERAL INFORMATION - CHECK THE APPROPRIATE SPACE:

BUILDING USE: COMMERCIAL _____ RESIDENTIAL _____ PUBLIC WATER SOURCE AVAILABLE: N/A _____ CITY _____ RWD# _____
PUBLIC WATER USED: YES _____ NO _____ PUBLIC SEWER AVAILABLE: YES _____ NO _____ PUBLIC SEWER USED: YES _____ NO _____
SURFACE WATER WITHIN 50FT: N/A _____ POND _____ CREEK _____ RIVER _____ PROPERTY LOCATED IN FLOODPLAIN: YES _____ NO _____
WELL INFORMATION: PERSONAL USE _____ LAWN & GARDEN _____ OTHER _____ WELL TYPE: CASSED _____ DRIVEN _____

IMPORTANT: PROVIDE A SITE PLAN SKETCH ON THE BACK OR ATTACH TO THIS FORM, ILLUSTRATING WELL LOCATION AND LABEL DISTANCES FROM PROPERTY LINES, STRUCTURES, EXISTING WELLS, SEWER LINES, SEPTIC TANK AND LATERALS, ANIMAL PENS, SURFACE WATERS, CHEMICAL STORAGE, AND ANY POTENTIAL SOURCE OF CONTAMINATION WITHIN 50FT OF THE PROPOSED WELL. IF FOR ANY REASON, THE WELL IDENTIFIED IN THIS SITE PLAN SHOULD CHANGE, THE APPLICANT MUST NOTIFY THE CITY OF THE WELL LOCATION ALTERATION AND REVISE THE SITE PLAN PRIOR TO PERMIT AUTHORIZATION.

APPLICANT'S STATEMENT: I hereby submit this application for a water well and certify the above information to be factual and true. I further certify that if the application is approved, the well will be constructed and operated with the approved plans, the requirements of the Health Officer and with all applicable laws, codes and regulations of the City of Wichita adopted or authorized by ordinance of the City Council and with all applicable laws and regulations of the State of Kansas, and that the Health Officer will be called for inspection upon installation of the well. I authorize the release of this application to any registered Well Contractor listed on this application.

This application approval **expires within six months** from the date approved by the Health Officer and is not transferable to any owner of the location applied for other than the applicant who signed the applicant's statement.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION APPROVED BY ENVIRONMENTAL HEALTH OFFICER _____ DATE _____

FEES RECEIVED: TYPE _____ BY _____ DATE _____ AMOUNT _____ RECEIPT# _____

LOCATION IN IDENTIFIED GW CONTAMINATION AREA: Yes _____ No _____
INSPECTOR COMMENTS:

The City of Wichita-Division of Environmental Health hereby releases to the owner, identified on this document, this **PERMIT** and authorizes the use of the approved water well. **THE ISSUANCE OF THIS PERMIT DOES NOT PROVIDE A WARRANTY BY THE HEALTH OFFICER OF SATISFACTORY OPERATION, BUT DOES REQUIRE THE OWNER TO BE RESPONSIBLE FOR PROPER OPERATION AND MAINTENANCE AND, IF NEEDED, MODIFICATIONS OF THE WELL OR OTHER ACTIONS TO ASSURE THE CONTINUOUS SATISFACTORY OPERATION.** The owner shall notify the Health Officer at time of listing the property for sale where this well is located; and this well shall be inspected prior to change of ownership of said property.

WELL INSPECTED AND APPROVED BY ENVIRONMENTAL HEALTH OFFICER _____ DATE _____