WATER WELL PERMIT APPLICATION

\$50.00

STAFFORD COUNTY ENVIRONMENTAL SERVICES P.O. Box 95, 400 S. Exchange St. John, KS 67576-0095

Office – (620) 549-3594 Fax – (620) 549-3499 Email – rwitt@staffordcounty.org

Owner:	Home Phone #				
Address:	Cell Phone #				
	E-mail				
WE	LL INFORMATION				
Property Address:					
Legal Description: ¼ Section:	Section:Townsh	ip:	_ Range:		
Use of Well: Domestic Lawn/Gard If Other, please explain:					
Will the Well be Upslope from Potential So Does the Well Location meet the County's If NO to either of the above questions, plea	Separation Requirements? se explain:	Yes			
Well Driller: Phone:					
Construction cannot begin without	prior approval, per co	unty and sta	te sanitary codes.		
The Stafford County Environmental/Sanitary Code ground surface. A state certified sanitary seal with					
Please submit a copy of the Well Driller's WWC-5 must comply with Article 30 of Kansas Administra		vell is drilled. We	ell construction		
This application is valid for 12 months from the da	te of approval.				
Applicant Signature:		Date:			
Approved by:	oumental Services	Date:			
A final inspection after construction is required to validate well permit.					
Final Inspection Completed: Ini	tialed:	Date:			

STAFFORD COUNTY MINIMUM SEPARATION DISTANCES FOR WATER WELL:

Property Line	25'
Residence/Outbuildings	50'
Septic Tank/Absorption Field	50'
Waste Stabilization Pond (Lagoon)	50'
Sewer Lines	50'
Barnyards, Stables, Animal Pens	50'
Surface Water (Streams, Lakes, Ponds)	50'
Pit Privy	50'

Draw your plan here: Include Wastewater Systems, Water Wells, Streams, Ponds, Buildings, Pens and any other potential source of contamination. Show Dimensions, Ground Slope, Property Lines and Distances between locations (if known).					

For Office Use Only

Final Inspection Requirements

Meets Code and KAR 30 requirements	Yes	No	Comments:
Vented and sealed with KDHE approved seal	Yes	No	
Casing 12" above ground surface	Yes	No	
Water sample taken	Yes	No	