

Northwest Local Environmental Protection Group (NWLEPG)

350 S Range, Ste #4, Colby, KS 67701

Ph: 785-462-8636 Fax: 785-462-8637

Shirley 785-443-2505 Steve 785-443-2503

Shirley: nwlepg@st-tel.net

Steve: nwlepg3@st-tel.net

Serving: Cheyenne, Decatur, Gove, Greeley, Lane, Logan, Norton, Rawlins, Scott, Sheridan, Sherman, Thomas, Trego, Wallace Wichita

LATITUDE _____

LONGITUDE _____

Domestic Private Water Well Permit

This Water Well Permit requires a **\$100.00 fee** to be paid to the Northwest Local Environmental Protection Group (NWLEPG) office and this form shall be completed **prior** to drilling a well. The fee may be paid by the owner or by the Licensed Well Driller as agreed by those parties.

This Form & the Fee is good for ONE (1) year from the Permit Date listed below. Failure to complete the well in the ONE year period will require Owner/Contractor to re-file this Form and the Fee, **NO EXCEPTIONS!!!**

Permit Date: _____ Proposed Date: _____ Site Acreage or Lot Size _____

Legal: _____ Tract: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Sect: _____ Twsp: _____ Rnge: _____ County: _____
2.5 ac 10 ac 40 ac 160 ac

County/Town/Subdiv: _____ Lot: _____ Block: _____

Owner's-Name: _____ Phone: _____

Addr: _____ City/ST/Zip: _____

Site Address (if different from Owner's): _____

Directions to well site from town: _____

Driller-Name: _____ Phone: _____

Addr: _____

Driller Licensed Number _____

Construction of new water wells must meet minimum separation distances from pollution sources as required in the County Environmental Sanitary Code and State requirements listed in "Article 30 Water Well Construction Guideline." County codes may be more stringent than the State regulations. Please refer to the applicable County Code. Copies may be obtained from the NWLEPG.

I understand and agree that the issuance of this permit to develop a non-public water supply shall not be construed or interpreted as imposing or interfering with the Laws of the State of Kansas relating to the authority of the Chief Water Engineer.

Neither is there any warranty implied or inferred that this water well will function properly. **Landowner assumes responsibility** for ensuring that this non-public water well is drilled and installed by a water well driller who is licensed to work in Kansas. This water well will be drilled according to regulation in **Article 30-"Water Well Contractor's License Water Well Construction and Abandonment**, regulating the construction, reconstruction, treatment and plugging of water wells and sets forth procedures for the licensing of water well contractors as required by K.S.A. 82a-1201 to 82a 1215 and amendments thereto.

Owner Signature _____

Date _____

Owner (Printed name) _____

Upon agreement and signature by landowner or agent, permit is hereby granted.

Submit this form to the: NWLEPG(address above) 10 days prior to well construction. If you should encounter an emergency you must call us before drilling.



Preliminary Proposed Site Sketch of: House, Buildings, Water Well(s), Waste Water System, Property Lines
This includes neighboring wells and wastewater systems. (WWC-5 form will be attached when complete).

[Large blank area for site sketch, overlaid with faint, illegible text from the reverse side of the page.]

*****These Are Minimum Distant Requirments In The Local Codes. These Must All Be Checked Off.**

- Fuel, fertilizer or pesticides storage 50'
- Streams, lakes or ponds 50'
- Barnyards, stables, manure piles or animal pens 50'
- Well to Property Line, Easements, Right-a-ways 25'
- Well to Septic tank and sewer lines 50' and Well to neighbors Septic Tank 50'
- Well to Leach Field 100' and Well to Neighbor's Leach Field 100'
- Request Waiver if the above distances cannot be met (Waiver must be approved before drilling)

*****A FREE bacteria & nitrate water test will be taken when the well is complete.**

Office Use Only:

NWLEPG Information & Comments:				Date Well Permit. Received: _____	
<input type="checkbox"/> Well Permit by Phone	<input type="checkbox"/> By Site Evaluation	<input type="checkbox"/> By Office Visit	<input type="checkbox"/> By Fax	<input type="checkbox"/> By Mail	
<input type="checkbox"/> Well Permit fee PAID by: _____		CK # - Cash: _____		Date: _____	
Inspection Date: _____					