PRIVATE WELL PERMIT APPLICATION HARVEY COUNTY ENVIRONMENTAL DEPARTMENT

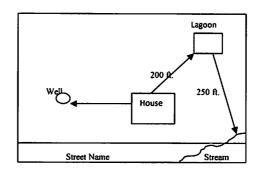
Property Owner:	Permit #	
Address:		
	Phone #	
WELL INFORMATION		
Property Address: Legal Description: Section: Use of Well: Domestic Is Well location in a Flood Plain? Yes	Township: Range: Map # Lawn/Garden Livestock	
Will the Well be upslope from potential sources of contamination? Yes No Does the Well location meet the stated Separation Requirements? Yes No If NO to either of the above questions, please explain:		
Well Driller:	Phone:	
Well Installer:	Phone:	
The Harvey County Sanitary Code states that the well casing must extend at least one foot above ground surface. Also, a state-certified sanitary seal with a screened well vent turned down at a 180 degree return bend is required to top the well casing. Please submit a copy of the Well Driller's WWC-5 report to this office after the Well is drilled. Well construction must comply with Article 30 of Kansas Administrative Regulations (KAR).		
	TION IS REQUIRED TO VALIDATE WELL PERMIT.	
Date:	Applicant Signature:	
Modifications, if any, to proposed system or location based on site evalutaion:		
Date: Director	s Signature: Harvey County	
Final Inspection Completed: D	ate: Initials:	

Separation Requirements in Harvey County	Feet
Public Water Supply	400
House	25
Property Line	25
Sewer Systems	100
Sewer Lines	50
Barnyards, Stables, Animal Pens	100
Streams, Lakes, Ponds	50
Pit Privy	100

BELOW, PLEASE MAKE A DRAWING

of the lot showing the location of the Proposed System, Road Names, Well Location(s), Property Lines, House and Surface Water. Please show distances in feet (if known) between locations.

See Example on Right



Note: Drawing or Aerial Map showing locations and distances required.

