

NCKLEPG PRIVATE WELL CONSTRUCTION PERMIT

Serving the Counties of: Jewell, Mitchell, Osborne, Phillips, Republic, Rooks and Smith

SMITH COUNTY HEALTH DEPARTMENT

119 S MAIN

SMITH CENTER, KS 66967 OFFICE 785-282-6656 FAX 785-282-3301

DATE _____

PERMIT # _____

NAME _____

ADDRESS _____

PHONE _____

CITY, STATE & ZIP CODE

DRILLER _____

ADDRESS _____

PHONE _____

LICENSE # _____

DATE OF PROPOSED CONSTRUCTION _____

LEGAL DESCRIPTION _____

TYPE OF WELL DRILLED DRIVEN DUG OTHER

WHERE WILL THE WELL BE LOCATED? _____

WHERE WILL THE PUMP BE LOCATED? _____

IS THE WELL TYING INTO AN EXISTING SYSTEM? YES NO

ARE THERE ARE ANY ABANDONED HOLES? YES NO

HAVE ABANDONED HOLES BEEN PLUGGED IN ACCORDANCE WITH ARTICLE 30? YES NO

WELL WILL BE USED FOR: STOCK DOMESTIC MONITORING OTHER

ON ATTACHED SHEET: OBTAIN AN AERIAL PHOTO OF THE SECTION TO SHOW THE LOCATION OF PROPOSED WELL

1. Location of well in relation to wastewater system, feedlots, house and other sources of potential contamination.
2. Show distances to property lines and general slope of the ground.

PERMIT FEE \$210 PAYABLE TO SMITH COUNTY HEALTH DEPARTMENT

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APPLICANT'S STATEMENT

I hereby submit this application for an individual water supply system and certify the above information to be factual and true. The Health Department will be notified for a final inspection and upon inspection a permit number will be assigned.

Owner _____

Date _____

The application and attached plans are approved for construction.

Sanitarian _____

Date _____