

NON-PUBLIC OR SEMI-PUBLIC WATER SUPPLY WELL APPLICATION

FEE REQUIRED TO ISSUE PERMIT - \$60.00

Barton County Environmental Management Division, 1400 Main Street – Room 208, Great Bend, Kansas 67530

Phone – (620) 796-4300 \ Fax – (620) 793-1807

Email(s): jgoreham@bartoncounty.org or mcooper@bartoncounty.org

PERMIT NUMBER _____ COUNTY USE ONLY _____

| | |
|---|--|
| REQUIRED – PROPERTY LOCATED | 1/4 _____ Sec _____ Township _____ Range _____ |
| CHECK ONE BOX ONLY FOR PROPERTY LOCATION: <input type="checkbox"/> Rural – Unincorporated area of Barton County | |
| OR, WITHIN THE INCORPORATED CITY LIMITS OF | |
| <input type="checkbox"/> Albert <input type="checkbox"/> Claflin <input type="checkbox"/> Ellinwood <input type="checkbox"/> Galatia <input type="checkbox"/> Great Bend <input type="checkbox"/> Hoisington <input type="checkbox"/> Pawnee Rock <input type="checkbox"/> Susank | |

| | |
|--|------------------------|
| APPLICANT'S NAME: | PROPERTY OWNER'S NAME: |
| TELEPHONE #: | TELEPHONE #: |
| MAILING ADDRESS: | MAILING ADDRESS: |
| CITY, ST, ZIP: | CITY, ST, ZIP: |
| DRIVING DIRECTIONS TO FACILITY FROM BARTON COUNTY COURTHOUSE: | |
| | |
| | |
| PRESENCE OF NATURAL BODY OF WATER WITHIN 200 FEET: (RIVER, STREAM, POND, LAKE) | |
| | |
| NATURAL GROUND SLOPE: _____ | |
| ABANDONED WELLS PRESENT? YES _____ NO _____ # PRESENT _____ | |
| INTENDED USE OF WELL : DOMESTIC STOCK MONITOR OILFIELD LAWN OTHER | |
| NAME OF DRILLER: | |

| |
|---|
| APPLICANT'S STATEMENT: I certify the information presented, along with the \$60.00 permit fee, to Barton County on this application to be factual and true. I further certify, if this application is approved, this well will be constructed in accordance with the system's permit requirements and the Barton County, or the applicable city therein, Environmental Code. In addition, Barton County will be called for final inspection within a month of the completion of construction. I will plug this well if it falls into disuse, becomes unserviceable or becomes a safety or health hazard. |
| SIGNATURE OF PROPERTY OWNER _____ DATE _____ |

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| APPROVAL STATEMENT - THIS APPLICATION AND THE ATTACHED PLAN ARE APPROVED FOR CONSTRUCTION. EXPIRES AFTER 1 YEAR. |
| BARTON COUNTY _____ DATE _____ |

YOUR LEGAL RESPONSIBILITIES

1. The well must be constructed according to the Barton County, or the applicable City, Sanitary Code and Kansas Article 30.
2. The well cannot be drilled without an approved application.
3. The well must be chlorinated before final assembly.
4. Barton County must be called for final inspection within 30 days of the completion of construction.
5. The well permit is not transferable and fees are not refundable.
6. The application is good for one full year from the date of application.
7. If the well is not drilled in accordance with the requirements of this permit, it will be plugged at the applicant's expense.
8. You may be prosecuted under state law and County regulations for failure to comply with the laws governing this application.
9. A copy of the *Well Driller's Log* (WWC-5) must be submitted to this office within 30 days of drilling the well.
10. The issuance of a permit does not guarantee the well will satisfactorily operate.
11. This application does not relieve you from responsibility to other federal, state or local agency's requirements.
12. You are required to plug this well if it falls into disuse, becomes unserviceable or becomes a safety or health hazard.

DRAW YOUR PLAN HERE (REQUIRED) INCLUDE: WASTEWATER SYSTEMS, WATER WELLS, STREAMS, PONDS, BUILDINGS, CORRALS, OUTBUILDINGS, AND OTHER POTENTIAL SOURCES OF CONTAMINATION. SHOW DIMENSIONS, GROUND SLOPE AND AN ARROW INDICATING NORTH. PLEASE DRAW NEATLY.

| FINAL INSPECTION | YES | NO | COMMENTS |
|--|--------------------------|--------------------------|----------|
| MEETS CODE AND ARTICLE 30 REQUIREMENTS | <input type="checkbox"/> | <input type="checkbox"/> | |
| KDHE APPROVED SEAL | <input type="checkbox"/> | <input type="checkbox"/> | |
| CASING 12" ABOVE SURFACE | <input type="checkbox"/> | <input type="checkbox"/> | |
| WATER SAMPLE TAKEN | <input type="checkbox"/> | <input type="checkbox"/> | |
| WELL APPROVED | <input type="checkbox"/> | <input type="checkbox"/> | |

INSPECTED BY _____ DATE _____

YOUR WATER TEST RESULTS

| Test Name | Test Range | MCL | Method Used | YOUR RESULTS | Safe | Unsafe * |
|-------------------------------|-----------------|---------|-------------------|--------------|------|----------|
| Chloride (Cl) | 0 to 20 mg/L | NA | Digital Titration | | | |
| Chlorine (Cl ₂) | Presence | NA | DPD-1 | | | |
| Coliform Bacteria | Only +/- | Neg. | Colilert | | | |
| Fecal Coliform ² | Only +/- | Neg. | Colilert | | | |
| Nitrate, (NO ₃ -N) | 0 to 30.0 mg/L* | 10 mg/L | Color Wheel | | | |

MCL is the EPA. maximum recommended contaminate level.

* Consult Barton County for methods of treating unsafe water.

PAID DATE _____ CHECK NUMBER _____ RECEIPT NUMBER _____