



Ford County Planning, Zoning, and Environmental Health

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Residential Water Well Permit Application

Office Use Only

Parcel #: 029-

Permit #:

Location of Proposed Well Section Township Range

Owner Information

Name of applicant _____
 Mailing address _____
 City State Zip code _____
 Telephone # Email address _____

Applicant Information *Check Here if same as Owner ()*

Name of applicant _____
 Mailing address _____
 City State Zip code _____
 Telephone # Email address _____

Intended Use (circle applicable use)

Domestic Other _____
 Stock If Stock, how many head? _____
 Lawn If Lawn, how many acres? _____
 Monitor

Draw plan here. Include dimensions, ground slope, wastewater systems, water wells, natural bodies of water, corrals, outbuildings, and other potential sources of contamination. Please include an arrow indicating north:

Well Information

Well location (street address): _____
 Distance of well from property lines:
 _____ ft. from N, _____ ft. from S, _____ ft. from E, _____ ft. from W
 If less than 200 feet from natural body of water how many feet: _____
 river _____ stream _____ pond _____ lake
 Natural ground slope (direction): _____
 # _____ abandoned wells present
 # _____ feet from septic system
 Well driller name: _____
 Well driller address: _____
 Driller phone #: _____

Your Responsibilities:

1. Drill well AFTER an application has been approved.
2. Chlorinate well before final assembly.
3. Well permit is not transferrable. Fees are non-refundable.
4. The application is good for one year from date of application.
5. Construct well according to applicable county sanitary code and KS Article 30. If not, it will be plugged at applicant's expense.
6. You may be prosecuted under state and county laws for failure to comply with the laws governing this application.
7. The issuance of permit does not guarantee the well will satisfactorily operate.
8. This application does not relieve you from responsibility to other federal, state, or local agency's requirements.
9. **Contact this office within 30 days** after construction to submit a Well Driller's Log (WWC-5), and we will complete a final inspection.
10. If well falls into disuse, becomes unserviceable, or a safety/health hazard, it is your responsibility to plug the well.

Owner statement: I certify the information presented to Ford 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, the requirements of the county sanitarian and the county environmental code. In addition, the county sanitarian 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.

Owner/Applicant signature: _____

Date: _____

This application and the attached plan are approved for construction. This application expires after one year.

Ford County Sanitarian signature: _____

Date: _____

Final Inspection	Y / N	Comments	Water test results			
			Test	Test Range	MCL	Method RESULTS Safe / Unsafe*
Meets code & article 30 requirements?			Chlorine (Cl2)	Presence	NA	DPD-1
KDHE approved seal?			Coliform Bact.	Only +/-	Neg	Collilert
Casing 12" above surface?			Fecal Coliform	Only +/-	Neg	Collilert
Water sample taken?			Nitrate (NO3 N)	0 to 30.0 mg/L*	10 mg/L	
Well approved?			MCL is the EPA maximum recommended contaminate level.			
Inspected by:			*Consult our office for methods of treating unsafe water.			
Comments:						
Well:		Latitude				Longitude
Driveway:		Latitude				Longitude
Septic:		Latitude				Longitude