

Log #	
Receipt #	
<b>Fee</b> : \$75.00	
Date: Paid	d:

## PRIVATE WELL WATER SUPPLY APPLICATION

Application Type: □New	Replacement	☐ Repair (of existing system	only)	
Private Well Service Type (che	□An irrigati □Livestock	nily dwelling with bedroon well to serve less than 2 acre	s	
Name of Applicant:	Contact Number:			
Mailing Address:	(Street)	(City)	(State)	(Zip)
Email Address:				
Well Site Address / PID:				
Parcel Size:(Ac	eres)			
Licensed Contractor Name:				
Contact Number:		Email:		

\*ALL work must be performed by a State of Kansas Licensed Water Well Contractor.

Please indicate the proposed location of the well. Note – may need to change based on findings. To the best of you ability, show distance from property lines, and use arrows to indicate direction and percent grade of slope. Show
location of any of the following within 100 ft of well, if known.
☐Existing Wastewater System
☐ Existing and proposed structures
☐ Existing and proposed wells
□Water lines
□Ponds, lakes, rivers, wetlands, etc.
□Easements, driveways, and road
SITE PLAN
Comments:
☐ I've read and understand the Rules and Regulations
Signature of Applicant: Date:

Riley County Planning and Development will not accept incomplete applications.