WELL INSTALLATION PERMIT APPLICATION
City of Derby, Kansas

DATE:_____ FEE $_____25.00

A PLOT PLAN MUST BE ATTACHED PRIOR TO ACCEPTANCE OF APPLICATION. (Plot plan must clearly show the proposed location and distances from adjacent property lines and any structure within 50 feet).

LOCATION OF WELL: _____
Address City Zip

OWNERS NAME: _____

LOT # _____ BLOCK # _____ ADDITION: _____

I / We understand and agree to follow the provisions of Ordinance No. 1797, especially as it pertains to the following construction and connection requirements:

The property owner and any water well contractor acting on behalf of the property owner shall be responsible for meeting the following minimum requirements:

1. All active, inactive, or abandoned water wells are to meet all current City and State construction, reconstruction, location, and plugging standards.
2. The separation distance between wells and soils or foundations, which have been treated or pretreated with a subsurface pressurized application of a termiticide, shall be a minimum of 25 feet.
3. Pressure Water Line and Sewer Line Requirements:
    a. The sewer line is to be two or more feet below the waterline, or;
    b. If a sewer line is within ten feet of a water line, the sewer line is to be constructed of cast iron pipe with fitted joints or approved plastic pipe with solvent weld joints.
4. No water well shall be constructed in any public easement or right-of-way.
5. The separation distance between wells and sewer lines shall be a minimum of 25 feet. When sewer lines are constructed of cast iron, plastic, or other equally tight material, the minimum separation distance shall be 10 feet.
6. It is the responsibility of the applicant to provide the owner with a copy of this agreement.
7. Applicant shall notify the City within 72 hours of completion of a well so that the well may be inspected.

AN INSPECTION OF THIS PROJECT WILL BE CONDUCTED

APPLICANTS NAME/COMPANY: _____

ADDRESS OF APPLICANT:_____
Address City Zip

PHONE NUMBER: _____ FAX NUMBER:_____

SIGNATURE:_____ ☐ Owner ☐ Agent or Contractor

OFFICIAL USE ONLY:
PERMIT NUMBER:_____DATE: _____

REVIEWED BY: _____APPROVED☐ DENIED☐

FINAL INSPECTION
INSPECTED BY:_____DATE: _____

REASON FOR FAILURE:_____PASS ☐ FAIL☐