



Reply to: (785) 296-1843 FAX (785)296-5509  
Bureau of Water – Geology Section  
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Topeka, Kansas 66612-1367

**INVENTORY REPORT FOR CLASS V WELL(S)  
RECEIVING MOTOR VEHICLE AND/OR SANITARY WASTES**

<b>FACILITY NAME:</b>		
<b>MAILNG ADDRESS:</b>	<b>LOCATION OF CLASS V WELL(S)</b> (Street address or legal description):	
	<b>COUNTY:</b>	
<b>CONTACT PERSON:</b>	<b>TELEPHONE NO.:</b>	
	<b>E-MAIL ADDRESS:</b>	
<b>CLASS V WELL(S) DESIGN AND NUMBER OF EACH WELL DESIGN:</b>		
<input type="checkbox"/> Septic tank connected to leachfield	<input type="checkbox"/> Leachfield only	<input type="checkbox"/> Well only
<input type="checkbox"/> Septic tank connected to drywell	<input type="checkbox"/> Drywell only	<input type="checkbox"/> Other
<input type="checkbox"/> Septic tank connected to seepage pit	<input type="checkbox"/> Cesspool	
<input type="checkbox"/> Septic tank connected to well		
<b>TOTAL DEPTH BELOW GROUND SURFACE OF SEEPAGE PIT, DRYWELL, CESSPOOL OR WELL</b> (Does not apply to septic tank or leachfield):		
<b>DIAMETER OF SEEPAGE PIT, DRYWELL CESSPOOL OR WELL</b> (Does not apply to septic tank or leachfield):		
<b>TYPE OF CASING OR LINING MATERIAL IN THE SEEPAGE PIT, DRYWELL, CESSPOOL OR WELL</b> (Does not apply to septic tank of leachfield):		
<b>NUMBER OF YEARS THE CLASS V WELL(S) HAVE BEEN IN OPERATION:</b>		
<b>TYPE OF WASTES DIRECTED TO CLASS V WELL(S):</b>		
<input type="checkbox"/>	Sanitary wastes only (these are wastes originating primarily from kitchen, bathroom, and laundry sources, including wastes from food preparation, dishwashing, garbage grinding, toilets, baths, showers and sinks).	
<input type="checkbox"/>	Motor vehicle waste only. This includes floor drains, sinks, etc. receiving or having the potential to receive industrial wastes.	
<input type="checkbox"/>	Sanitary and motor vehicle wastes.	

**ESTIMATED GALLONS PER DAY OF WASTE DIRECTED TO THE CLASS V WELL(S):**

Gallons – Sanitary

Gallons – Motor Vehicle Waste

**DESCRIBE ALL OF THE WASTES DIRECTED TO THE CLASS V WELL(S): (for motor vehicle wastes, describe the work and/or service activities conducted at the facility, provide MSDS for chemicals used and analyses of the wastes if available.)**

**ARE THERE FLOOR DRAINS, SINKS, ETC. THAT DIRECT OR HAVE THE POTENTIAL TO DIRECT MOTOR VEHICLE WASTES, INCLUDING ANY SPILLAGE OR LEAKAGE, TO THE CLASS V WELL?**

Yes

No

**Explain and describe location in building:**

**IF THE CLASS V WELL RECEIVES SANITARY WASTE, PROVIDE THE ESTIMATED NUMBER OF PEOPLE SERVED BY THE CLASS V WELL PER DAY:**

**IS THERE A WATER WELL LOCATED AT THIS FACILITY?**

Yes

No

**Distance and direction of water well from the Class V well is:**

**COMMENTS:**

**PRINTED NAME OF PERSON SIGNING:**

**SIGNATURE:**

**TITLE:**

**DATE:**