

|   | ange in Well                                 |                |           | Dagan                                  | on of Wate                                   |  |               |  |  |  |  |
|---|--|----------------|-----------|--|--|--|---------------|--|--|--|--|
|   |  |                |           |  | rces App. N                                  |  | 1             |  |  |  |  |
| 1 LOCATION OF WATER WELL: County:   | Fraction 1/4                                 | n<br>1/4 1/2   | 4 1/4     | Secti                                  | ion Numbe                                    | 1  | mber<br>E □ W |  |  |  |  |
| 2 WELL OWNER: Last Name:  | First:                                       | 74 /-          |           | r Rura                                 | 1 Address                                    | where well is located (if unknown, distance                  |               |  |  |  |  |
| Business: direction from nearest town or intersection): If at owner's address, check here:  |  |                |           |  |  |  |               |  |  |  |  |
| Address:  |  |                |           |  |  | ,  |               |  |  |  |  |
| Address:  |  |                |           |  |  |  |               |  |  |  |  |
| City: State:  | ZIP:   |                |           |  | 1  |  |               |  |  |  |  |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:  |  |                |           | ft.                                    | 5 Latitu                                     | de:(decima   | l degrees)    |  |  |  |  |
| SECTION BOX: Depth(s) Groundwater Encountered: 1)   |  |                | ft.       |  |  |  |               |  |  |  |  |
| 2) ft.  | 2) ft. 3) ft., or 4) $\square$ $\square$     |                |           | Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 |  |  |               |  |  |  |  |
| WELL'S STATIC V   | WELL'S STATIC WATER LEVEL:                   |                |           |  | Source for Latitude/Longitude:               |  |               |  |  |  |  |
|   | below land surface, measured on (mo-day-yr). |                |           |  | Grad (unit matter model)                     |  |               |  |  |  |  |
|   | above land surface, measured on (mo-day-yr). |                |           | •••••                                  | (11111111111111111111111111111111111111      |  |               |  |  |  |  |
|   | Pump test data: Well water was               |                |           |  | ☐ Land Survey ☐ Topographic Map              |  |               |  |  |  |  |
|   | after hours pumping gpm Well water was ft.   |                |           |  | ☐ Online Mapper:                             |  |               |  |  |  |  |
| I I CW I CE I I   | after hours pumping gpm                      |                |           |  |  |  |               |  |  |  |  |
|   | Estimated Yield:gpm                          |                |           |  | 6 Elevation:ft. Ground Level TOC             |  |               |  |  |  |  |
| S Bore Hole Diameter  | Bore Hole Diameter: in. to ft. a             |                |           |  | Source:   Land Survey GPS Topographic Map    |  |               |  |  |  |  |
|   | in. to ft.                                   |                |           |  |  |  |               |  |  |  |  |
| 7 WELL WATER TO BE USED AS:   |  |                |           |  |  |  |               |  |  |  |  |
| 1. Domestic: 5. $\square$ Public  |  |                |           |  |  | Field Water Supply: lease                                    |               |  |  |  |  |
|   |  | nany wells?    |           |  |  | ole: well ID   |               |  |  |  |  |
|   | 7. Aquifer Recharge: well ID                 |                |           |  |  |  |               |  |  |  |  |
|   | 8. Monitoring: well ID                       |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  | b) Open Loop Surface Discharge Inj. of Water |  |               |  |  |  |  |
| 4. Industrial Recovery Injection 13. Other (specify):   |  |                |           |  |  |  |               |  |  |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:  |  |                |           |  |  |  |               |  |  |  |  |
| Water well disinfected? $\square$ Yes $\square$ No  |  |                |           |  |  |  |               |  |  |  |  |
| 8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |  |                |           |  |  |  |               |  |  |  |  |
| Casing diameter   |  |                |           |  |  |  |               |  |  |  |  |
| Casing height above land surface  |  |                |           |  |  |  |               |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)  |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  |  |                |           |  |  |  |               |  |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)   |  |                |           |  |  |  |               |  |  |  |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  |  |                |           |  |  |  |               |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From   |  |                |           |  |  |  |               |  |  |  |  |
| GRAVEL PACK INTERVALS: From   |  |                |           |  |  |  |               |  |  |  |  |
| 9 GROUT MATERIAL:       Neat cement       Cement grout       Bentonite       Other         Grout Intervals:       From       ft., From       ft. to       ft. ft. |  |                |           |  |  |  |               |  |  |  |  |
| Nearest source of possible contamination:   |  |                |           |  |  |  |               |  |  |  |  |
| Septic Tank   |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well   |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  |  |                |           |  |  |  |               |  |  |  |  |
| ☐ Other (Specify)   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  | TDMALC        |  |  |  |  |
| 10 FROM TO LITHOL   | OGIC LOG                                     | 7              | FRO       | IVI                                    | TO   | LITHO. LOG (cont.) or PLUGGING INT                           | EKVALS        |  |  |  |  |
|   |  |                | +         |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                | Notes     | •                                      |  |  |               |  |  |  |  |
|   | 110105.                                      |                |           |  |  |  |               |  |  |  |  |
|   |  |                |           |  |  |  |               |  |  |  |  |
|   |  |                | _         |  |  |  |               |  |  |  |  |
| 11 CONTRACTOR'S OR LANDOWNE   | R'S CERT                                     | IFICATIO       | N: This v | water                                  | well was F                                   | constructed, ☐ reconstructed, or ☐                           | plugged       |  |  |  |  |
| 11 CONTRACTOR'S OR LANDOWNE under my jurisdiction and was completed on  | (mo-day-ye                                   | ear)           |           | and th                                 | nis record i                                 | true to the best of my knowledge and                         | belief.       |  |  |  |  |
| under my jurisdiction and was completed on<br>Kansas Water Well Contractor's License No   | (mo-day-y                                    | ear)<br>This W | ater Well | and the Reco                           | nis record i<br>ord was con                  | true to the best of my knowledge and pleted on (mo-day-year) | belief.       |  |  |  |  |
| under my jurisdiction and was completed on<br>Kansas Water Well Contractor's License No<br>under the business name of   | (mo-day-yo                                   | ear)<br>This W | ater Well | and the Reco                           | nis record i<br>ord was con                  | true to the best of my knowledge and pleted on (mo-day-year) | belief.       |  |  |  |  |

KSA 82a-1212