

WATER WELL RI		VV VV C-3	173433		sion of Water		W 11 ID		
		e in Well Use			irces App. No.	T 1: N 1	Well ID	NY 1	
1 LOCATION OF WA	Fraction	1/ 1		ion Number	Township Numb		ige Number		
County:	1/4 1/4		4   D	-1 A 1 1 1	T S	R	□E □W		
2 WELL OWNER: Las Business:	First:	· ·							
Address:	direction from nearest town or intersection): If at owner's address, check her							meck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					5 Lotitud	· ·		(daaimal daamaa)	
WITH "X" IN				,					
SECTION BOX:  Depth(s) Groundwater Encountered: 1)									
WELL'S STATIC WATER LEVEL:									
	□ below land surface, measured on (mo-day-yr				······ GPS (unit make/model:)				
above land surface, measured on (mo-day-y				) (WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W E	after hours			Online Mapper:					
SW SE	Well w								
	after hours pumping			n 6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to f								
mile	in. to f				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household	6. ☐ Dewaterin								
☐ Lawn & Garden	7. Aquifer Re								
☐ Livestock	8. Monitoring				mal: how many bore				
2.  Irrigation	9. Environmenta								
3. ☐ Feedlot					b) Open Loop				
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? ☐ Yes ☐ No									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
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 ft. to ft., From ft., From ft., From ft.									
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank	Lateral Line				Livestock Pens		cide Storage		
Sewer Lines	Cess Pool	☐ Sewag			Fuel Storage		oned Water V	Well	
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Oil Well/Gas Well									
Direction from well?	•••••	Distance fro	m well?			ft			
10 FROM TO	LITHOLOG			ROM		THO. LOG (cont.) o		GINTERVALS	
10 11(0.11	EIIIOEO	310 200		10111	10 21	THO. EOG (Conc.) O	I I Le Goli (	SHVIERVIES	
Not					otes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged									
under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Cont	ractor's License No	This	s water W	en Reco	ord was comp	ieted on (mo-day-y	ear)	•••••	
under the business halle	end one conv to WATER W	ELL OWNER and re	etain one for	vour recor	ds. Fee of \$5.00	for each constructed w	ell.	•••••	
under the business name of  Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.									

KSA 82a-1212