

|  |  |               |       |                  | Division of Water                |  |   |            |                  |  |  |
|--|--|---------------|-------|------------------|----------------------------------|--|---|------------|------------------|--|--|
| 1 LOCATION OF W.   |  | Fraction      |       |                  | ources App. Notion Number        |  | Township Numb                                 | Well II    | ange Number      |  |  |
| County:  |  |               |       |                  | J1                               | •  | T S R DE                                      |            |                  |  |  |
| 2 WELL OWNER: La   | ast Name:  | First:        |       | eet or Ru        | ıral Address                     | whe  | re well is located                            |            |                  |  |  |
| Business: direction from nearest town or intersection): If at owner's address, check here:   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Address: Address:  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Address:<br>City:  | State:   | ZIP:          |       |                  |                                  |  |   |            |                  |  |  |
| 3 LOCATE WELL  |  |               | t     |                  |                                  |  |   |            |                  |  |  |
| WITH "X" IN  | 4 DEPTH OF COMPLETED WELL:                                 |               |       |                  |                                  | ,  |   |            |                  |  |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered: 1)                       |               |       |                  | Longitude:                       |  |   |            |                  |  |  |
| N  | WELL'S STATIC WATER LEVEL: ft.                             |               |       |                  | Source for Latitude/Longitude:   |  |   |            |                  |  |  |
|  | ☐ below land surface, measured on (mo-day-yr)              |               |       |                  |                                  | GPS (unit make/model:)   |   |            |                  |  |  |
| NW NE  | above land surface, measured on (mo-day-yr)                |               |       |                  |                                  | (WAAS enabled? ☐ Yes ☐ No)   |   |            |                  |  |  |
|  | Pump test data: Well water was ft. after hours pumping gpm |               |       |                  |                                  | ☐ Land Survey ☐ Topographic Map  |   |            |                  |  |  |
| W X E  |  | 1             |       | ☐ Online Mapper: |                                  |  |   |            |                  |  |  |
| SW   SE  | Well water was ft. after hours pumping gpr                 |               |       |                  |                                  |  |   |            |                  |  |  |
|  | Estimated Yield:   |               | gpm   |                  |                                  | 6 Elevation:ft. Ground Level TOC   |   |            |                  |  |  |
| S  |  |               |       |                  |                                  |  | Source:   Land Survey   GPS   Topographic Map |            |                  |  |  |
| 1 mile  in. to ft.   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Household     Household  | 6. Dewatering: how many wells?                             |               |       |                  |                                  | 11. Test Hole: well ID   |   |            |                  |  |  |
| ☐ Lawn & Garden  | 7. Aquifer Recharge: well ID                               |               |       |                  | ☐ Cased ☐ Uncased ☐ Geotechnical |  |   |            |                  |  |  |
| ☐ Livestock  | 8. Monitoring: well ID                                     |               |       |                  | 12. Geothermal: how many bores?  |  |   |            |                  |  |  |
| 2. Irrigation  | 9. Environmental Remediation: well ID                      |               |       |                  | a) Closed Loop                   |  |   |            |                  |  |  |
| 3. ☐ Feedlot 4. ☐ Industrial   |  |               |       |                  |                                  | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify): |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| 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. to ft.  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Grout Intervals: From  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| Nearest source of possible  ☐ Septic Tank  | e contamination:   Lateral Line                            | es 🔲 Pit Priv | 737   |                  | Livestock Pe                     | ne   | □ Insecti                                     | cide Stora | uge              |  |  |
| Sewer Lines  | ☐ Cess Pool  | ☐ Sewage      |       |                  | Fuel Storage                     |  | ☐ Aband                                       |            |                  |  |  |
| □ Watertight Sewer Lines    □ Seepage Pit    □ Feedyard    □ Fertilizer Storage    □ Oil Well/Gas Well   |  |               |       |                  |                                  |  |   |            |                  |  |  |
| ☐ Other (Specify)  |  |               |       |                  |                                  |  |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            | INC INTERMALC    |  |  |
| 10 FROM TO   | LITHOLOG   | GIC LOG       |       | FROM             | TO                               | LII  | HO. LOG (cont.) o                             | r PLUGGI   | ING INTERVALS    |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
|  |  |               | +     |                  |                                  |  |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
|  |  |               | N     | Notes:           |                                  |  |   |            |                  |  |  |
|  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| 11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION TO THE STATE OF THE STAT |  |               |       |                  |                                  |  |   |            |                  |  |  |
| 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 Con  | tractor's License No                                       | This          | Water | Well Re          | cord was con                     | nple   | ted on (mo-dav-v                              | ear)       | age and belief.  |  |  |
| under the business name  | e of   |               |       |                  |                                  |  |   |            |                  |  |  |
|  | Send one copy to WATER W                                   |               |       |                  |                                  |  |   |            | one 705 207 2575 |  |  |
| 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.  Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  |  |               |       |                  |                                  |  |   |            |                  |  |  |
| . LOLE GO GE HELP.// W W W.KUIICI  |  |               |       |                  |                                  |  |   |            |                  |  |  |