

| WATER WELL RI | | | | , 10, | | sion of Water | | | W-11 ID | | |
|--|---|-----------|--------------|----------------|--|--|---------------|---------------------------|--------------|----------------|--|
| | | e in Well | | | | rces App. N | | T 1 N 1. | Well ID | N 1 | |
| 1 LOCATION OF WA | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | | nge Number | | |
| County: | 1/4 | 1/4 1/ | | D. | 1 4 1 1 | | T S | R | □ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if u Business: direction from nearest town or intersection): If at owner's a | | | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | | 5 Tatitu | .d., | | | (1 : 11) | |
| WITH "X" IN | Denth(c) Groundwater Engountered: 1) | | | | | | | | | | |
| SECTION BOX: | SECTION BOA: ft or 4) | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | . ft. Source for Latitude/Longitude: | | | | | | |
| | □ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) | | | | | | PS (u | ınit make/model: | |) | |
| NW NE | | | | | | | | VAAS enabled? | | · · | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| WE | after hours pumping | | | | | Online Mapper: | | | | | |
| SW SE | Well water was ft. after hours pumping g | | | | | | | | | | |
| | Estimated Yield: | •••••• | . gpm | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | Bore Hole Diameter: in. to fi | | | | | | | | | | |
| 1 mile | | | | Other | | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| ☐ Lawn & Garden | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. Feedlot | | | | | | 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? ☐ 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: | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot | | | | | | | | | | | |
| □ 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 | | | | | | | | | | | |
| Nearest source of possible | contamination: | | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | ☐ Pit Privy | | | ivestock Per | | | cide Storage | | |
| Sewer Lines | Cess Pool | | Sewage La | | | uel Storage | | | oned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | | |
| Direction from well? | | | | | | | | ft | | | |
| 10 FROM TO | LITHOLOG | | | FRO | | | | HO. LOG (cont.) 01 | | C INTEDVALS | |
| 10 PROM TO | LITHOLOG | ole rog | | TRO | IVI | 10 | LIII | 110. LOG (cont.) of | LUUUIN | O INTERVALS | |
| | | | | | | | | | | | |
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| | | | | Notes | <u> </u> | <u> </u> | | | | | |
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| | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTI | FICATIO | N: This | water | well was | co | nstructed, \square reco | onstructed, | or plugged | |
| under my jurisdiction and | d was completed on (m | no-day-ye | ar) | | and th | nis record is | s tru | e to the best of m | y knowled | ge and belief. | |
| Kansas Water Well Cont | tractor's License No | | This W | ater Well | Reco | rd was com | nplet | ted on (mo-day-y | ear) | | |
| under the business name | ord one copy to WATER W | ELL OWN | ED and mate: | one for v | | de Fee ef ¢ f | 00 f- | or anah annat matad | | | |
| | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 Visit us at http://www.kdheks.gov/waterwell/index.html