

| WATER WELL RI | | VV VV C-3 | 000010 | | ion of Water | | W 11 ID | | |
|--|--|------------------|----------------|----------------|---|------------------------|--------------|-------------|--|
| | | e in Well Use | | | rces App. No. | T 1: N 1 | Well ID | NY 1 | |
| 1 LOCATION OF WA | Fraction | 1/ 1/ | Secti | on Number | Township Numb | | ige Number | | |
| County: | 1/4 1/4 | 1/4 1/4 | | 1 4 1 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: Las Business: | st Name: | First: | | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | ineck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | L : | ft | 5 I otitud | ·· | | (daaimal daamaa) | | | |
| WITH "X" IN | | | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | |
| | The series of th | | | | ···· GPS (unit make/model:) | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | (WAAS enabled? \(\subseteq \text{Yes} \subseteq \text{No} \) | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours pumping | | | | 6 Elevation | n: ft | . Ground | Level 🗆 TOC | |
| S | | | | | | | | | |
| mile | in. to f | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | |
| ☐ Lawn & Garden | 7. 🗌 Aquifer Re | | | | | | | | |
| ☐ Livestock | 8. Monitoring | | | | mal: how many bore | | | | |
| 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: | | | | | | | | | |
| ☐ 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. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | | | ivestock Pens | | cide Storage | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewage | | | uel Storage | | oned Water | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | GINTERVALS | |
| TO TROM | LITHOLOG | JIC LOG | TIC | 7171 | 10 11 | THO. LOG (cont.) o | LUGGIIV | SHYLKYALS | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| No | | | | | Notes: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTIFICAT | ION: This | water | well was 🗌 | constructed, rec | onstructed, | or plugged | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| Kansas Water Well Cont | ractor's License No | This | Water We | I Reco | rd was comp | leted on (mo-day-y | ear) | | |
| under the business name | end one copy to WATED W | FILOWNER and ret | ain one for vo | ur recor | ds Fee of \$5.00 | for each constructed w | | | |
| 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 Visit us at http://www.kdheks.gov/waterwell/index.html