

| WATER WELL RI  |  | ** ** C-3                        | 33091          |  | ion of Water   |                        | W 11 ID      |            |  |  |
|--|--|----------------------------------|----------------|--|--|------------------------|--------------|------------|--|--|
|  |  | ge 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                          | D              | 1 4 1 1 1  | T S  | R                      | □E □W        |            |  |  |
| 2 WELL OWNER: La Business:   | st Name:   | First:                           |                |  |  |                        |              | <u> </u>   |  |  |
| Address:   | direction from nearest town or intersection): If at owner's address, check here: |                                  |                |  |  |                        |              | meck nere: |  |  |
| Address:   |  |                                  |                |  |  |                        |              |            |  |  |
| City:  | State:   | ZIP:                             |                |  |  |                        |              |            |  |  |
| 3 LOCATE WELL  | •  | ft. 5 Latitude:(decimal degrees) |                |  |  |                        |              |            |  |  |
| WITH "X" IN  |  |                                  |                |  |  |                        |              |            |  |  |
| SECTION BOX:   | 1 2) # 3) # 0 # 1) 1   |                                  |                |  |  |                        |              |            |  |  |
| N  | WELL'S STATIC WATER LEVEL:   |                                  |                |  |  |                        |              |            |  |  |
|  | □ below land surface, measured on (mo-day-yr                                     |                                  |                |  | ······ GPS (unit make/model:)  |                        |              |            |  |  |
| above land surface, measured on (mo-day-   |  |                                  |                | (WAAS enabled? \( \subseteq \text{ Yes} \( \supseteq \text{ No} \) |  |                        |              |            |  |  |
|  | Pump test data: Well water was ft.   |                                  |                |  | ☐ Land Survey ☐ Topographic Map  |                        |              |            |  |  |
| W E  | after hours  |                                  |                | Online Mapper:   |  |                        |              |            |  |  |
| SW   SE  | Well w   |                                  |                |  |  |                        |              |            |  |  |
|  | after hours pumping gp Estimated Yield:gpm                                       |                                  |                | 6 Elevation:ft. ☐ Ground Level ☐ TOC                               |  |                        |              |            |  |  |
| S  | Bore Hole Diameter:  | ft and                           |                |  |  |                        |              |            |  |  |
| 1 mile   |  |                                  | 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   | ☐ Air Sparge ☐ Soil Vapor Extr   |                                  |                |  | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify): |                        |              |            |  |  |
| 4. Industrial  | ☐ Recovery   |                                  |                |  |  |                        |              |            |  |  |
| 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)   |  |                                  |                |  |  |                        |              |            |  |  |
| 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 contamination:  |  |                                  |                |  |  |                        |              |            |  |  |
| ☐ Septic Tank  | ☐ Lateral Line   |                                  |                |  | ivestock Pens  |                        | cide Storage |            |  |  |
| ☐ Sewer Lines  | Cess Pool  | Sewage                           |                |  | uel 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 from                    | <br>. well?    |  |  | ft                     |              |            |  |  |
| 10 FROM TO   | LITHOLOG   |                                  | FRO            |  |  | THO. LOG (cont.) o     |              | GINTERVALS |  |  |
| 10 110.11  | EIIIOEO  | 310 200                          | TRO            |  | 10 21  | THO. EOG (Conc.) O     | r Le Gon (   | SHVIERVIES |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  | Notes:   |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
|  |  |                                  |                |  |  |                        |              |            |  |  |
| 11 CONTRACTOR'S  | OR LANDOWNER'S   | S CERTIFICATION                  | ON: This       | water v  | well was 🔲 o   | 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 Wel      | i Keco   | rd was comp  | ieted on (mo-day-y     | ear)         | •••••      |  |  |
| under the business halle   | end one copy to WATER W  | ELL OWNER and reta               | ain one for vo | ur record  | 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 Visit us at http://www.kdheks.gov/waterwell/index.html