

| WATER WELL RI | | | | , 101 | | sion of Water | | | W-11 ID | | |
|--|--|--------------|---|----------------|--------------------------------|--|-------------------|-------------------------|-----------------------|------------------|--|
| Original Record 1 LOCATION OF WA | | e in Well | | | | irces App. N | | Tourship Numb | Well ID | nga Numbar | |
| County: | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | r | Township Numb | er Ka R | nge Number □ E □ W | | |
| 2 WELL OWNER: La | | /4 / | | r Duro | 1 Addross v | whor | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | T | | | | | |
| 3 LOCATE WELL | | ft | 5 Latitu | ıde. | | | (decimal degrees) | | | | |
| WITH "X" IN | L Donth(a) (Proundwater Engountered: 1) | | | | | | | | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: | | | | | | |
| | below land surface, | y-yr) | | | | ınit make/model: | |) | | | |
| NW NE | ☐ above land surface, | | | | (V | VAAS enabled? | Yes 🔲 | No) | | | |
| | Pump test data: Well water was | | | | | | | Survey Topographic Map | | | |
| WE | | | | | | Oı | Online Mapper: | | | | |
| SW SE | | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| | | | | | | | | | | | |
| S | Bore Hole Diameter: | ft. and | Source: Land Survey GPS Topographic Map | | | | | | | | |
| 1 mile | in. to ft. | | | | | 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 Recharge: well ID | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extra | | | | | 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) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible | | ŕ | | | | , | | | | | |
| ☐ Septic Tank | Lateral Line | | ☐ Pit Privy | | | ivestock Per | | | cide Storag | | |
| ☐ Sewer Lines | ☐ Cess Pool | | ☐ Sewage L | | | uel Storage | | | oned Water | | |
| ☐ Watertight Sewer Line | | | ☐ Feedyard | | ☐ F | ertilizer Stor | rage | ☐ Oil We | ll/Gas Wel | l | |
| ☐ Other (Specify) | | | | | | | | | | | |
| | | | | | | | | | | IC INTERNAL C | |
| 10 FROM TO | LITHOLOG | alc LOG | - | FRO | M | TO | LIII | HO. LOG (cont.) or | PLUGGI | GINTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | Notes | 7. | | | | | | |
| Notes: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | |
| under my jurisdiction an | d was completed on (m | no-dav-ve | ear) | 14. 11119 | and th | is record is | s tru | e to the best of m | v knowlea | ige and belief. | |
| Kansas Water Well Cont | ractor's License No | | This W | ater Wel | Reco | ord was con | nplet | ted on (mo-day-y | ear) | | |
| 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. | | | | | | | | | | |
| KS Department of Health ar | a Environment, Bureau of V | vater, Geolo | ogy Section, l | LUUU SW Jac | ekson S | t., Suite 420, ' | 1 opeł | ka, Kansas 66612-136 | 7. Telephor | ie /85-296-3565. | |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html