

| WATER WELL RI | | ** ** C-3 | 00074 | | 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: | l . | 1/4 1/4 | . D | 1 4 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: La Business: | st Name: | First: | | | | | where well is located (if unknown, distance and | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | ineck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | : | ft | 5 Lotitud | · · | | (daaimal daamaa) | | | |
| WITH "X" IN | | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | |
| □ below land surface, measured on (mo-day-yr | | | | ······ GPS (unit make/model:) | | | | | |
| above land surface, measured on (mo-day-y | | | |) (WAAS enabled? ☐ Yes ☐ 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: in. to f | | | | | | | | |
| mile | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | nter Supply: well ID . | | | 10. □ Oil F | ield Water Supply: 1 | ease | | |
| ☐ Household | 6. Dewaterin | | | | | | | | |
| ☐ Lawn & Garden | 7. 🗌 Aquifer R | | | | | | | | |
| Livestock | 8. Monitorin | | | | mal: how many bore | | | | |
| 2. Irrigation | 9. Environmenta | | | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extr | | | | 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? | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| ☐ 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 contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage | | | | | | | | | |
| Sewer Lines | ☐ Cess Pool | es ☐ Pit Privy ☐ Sewage 1 | | | uel Storage | | | | |
| □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| Direction from well? | | | well? | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FRO | M | TO L | THO. LOG (cont.) o | r PLUGGIN | G INTERVALS | |
| | | | | | | | | | |
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| | | | | | | | | | |
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| | | | NT.4- | | | | | | |
| Notes: | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNED'S | S CERTIFICATION | N. This | water | well was \square | constructed \square reco | onstructed | or nlugged | |
| under my iurisdiction an | d was completed on (m | no-day-vear) | >140 IIII9 | and th | nis record is t | rue to the best of m | ny knowleds | ge and belief. | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| under the business name | of | | | | | | | | |
| 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. WE Department of Health and Environment Rurrow of Water Coology Section 1000 SW Isoland St. Svite 420. Tender Marrow 66612 1267. Telephone 785 206 2565. | | | | | | | | | |
| As Department of Health ar | 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