

| WATER WELL R | | vv vv C-3 | 4100 | | ion of Water | | W 11 ID | | |
|--|--|----------------------|--|----------------|--|------------------------|--------------|-------------|--|
| | | ge in Well Use | | | rces App. No. | E 1: N 1 | Well ID | N. 1 | |
| 1 LOCATION OF W. | Fraction | 1/ | Section | on Number | Township Numb | | ge Number | | |
| County: | | 1/4 1/4 | D | 1 4 1 1 1 | T S | R | □ E □ W | | |
| 2 WELL OWNER: La Business: | First: | | Street or Rural Address where well is located (if unknown, distance and | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | :neck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | | ft | 5 Letitud | ٠. | | (daaimal daamaaa) | | | |
| WITH "X" IN | 4 DEPTH OF COM | | | | | | | | |
| 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-ye | | | | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W X E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours | gpm | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | | | |
| S | Estimated Yield: Bore Hole Diameter: | ft and | | | | | | | |
| mile | | | Other | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| Household | 6. ☐ Dewaterin | | | | | | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer Re | | | | | | | | |
| Livestock | 8. Monitorin | | | | | | | | |
| 2. Irrigation | Environmenta | | | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extr | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | ☐ Recovery | ☐ Injection | | | 13. \square 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 in. to ft., Diameter ft., Diameter ft. | | | | | | | | | |
| 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 Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | |
| Direction from well? | | Distance from | well? | | | ft | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | GINTERVALS | |
| 10 1110111 | 2111020 | 210 200 | 11101 | - | 10 22 | 1110, 200 (60111) 0 | 11200011 | <u> </u> | |
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| | Notes: | | | | | | | | |
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| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| Lunder the business name | tractor's License No | I his W | ater Well | Kecoi | ru was comp | ieted on (mo-day-y | ear) | ••••• | |
| sincer the business name | Send one copy to WATER W | ELL OWNER and retain | n one for you | r record | ls. 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