KSA 82a-1212 ID No. Range Number Township Number Section Number Distance and direction from nearest town or city street address of well if legated within city? WATER WELL OWNER: Board of Agriculture, Division of Water Resources RR#, St. Address, Box # Application Number: City, State, ZIP Code 1.5 ft. ELEVATION: 150 ft. 3 , \_\_\_\_\_ft. 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF C AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1. Pump test data: Well water was ...... ft. after ...... hours pumping ...... gpm Est. Yield ...... gpm: Well water was ...... ft. after ...... hours pumping ...... gpm - NE 8 Air conditioning 11 Injection well WELL WATER TO BE USED AS: 5 Public water supply 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feedlot Domestic (lawn & garden) 10 Monitoring well ..... 2 Irrigation 4 Industrial W Was a chemical/bacteriological sample submitted to Department? Yes ....... No ..., If yes, mo/day/yrs sample was sub-SE Water Well Disinfected? Yes TYPE OF BLANK CASING USED: CASING JOINTS: Glued ...... Clamped ...... 5 Wrought iron 8 Concrete tile Welded ..... Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) **[2]**PVC 4 ABS 7 Fiberglass Threaded ..... ..... 25° ft., Dia ......in. to ......ft., Dia .....in. to .....ft. Blank casing diameter ....... Casing height above land surface ...... TYPE OF SCREEN OR PERFORATION MATERIAL: **OPVC** 10 Asbestos-Cement 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) ...... 1 Steel 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 10 Other (specify) ......ft. 7 Torch cut 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: From .. ......ft., From ......ft. to ......ft. **GRAVEL PACK INTERVALS:** From ...... ft. to ..... ft., From ..... ft. to ..... ft. 2 cement grout 1 Neat cement 3 Bentonite 4 Other..... ft., From ............ft. to .............ft., From ............ft. to ............ft. What is the nearest source of possible contamination: 14 Abandoned water well 10 Livestock pens 1 Septic tank 15 Oil well/Gas well 4 Lateral lines 7 Pit privy 11 Fuel storage Sewer lines 5 Cess pool 16 Other (specify below) 8 Sewage lagoon 12 Fertilizer storage 3 Watertight sewer lines 6 Seepage p 9 Feedyard 13 Insecticide storage Direction from well? How many feet? **FROM** TO FROM PLUGGING INTERVALS TO completed on (mo/dav/vear)...... Water Well Contractor's Licence No ....... by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PAINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your

records. Fee of \$5.00 for each constructed well.