

| WATER WELL R | | // // C-3 | 3328 | D | ivision of | | | W 11 ID | | | |
|---|---|--------------------|----------------|--|---|-----------------------------|----------------------------|----------------|----------------|--|--|
| | | e in Well Use | | | sources A | | T 1: N 1 | Well ID | NY 1 | | |
| 1 LOCATION OF WA | Fraction 1/4 1/4 1/4 1/4 | | | Section Number | | Township Numb | | | | | |
| County: | 1/4 1/4 | 1/4 | | 1 A 11 | 1. | T S | R | □E □W | | | |
| 2 WELL OWNER: La Business: | First: | | | al Address where well is located (if unknown, distance and | | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address | | | | | | | r s address, c | meck nere: | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | ft. 5 Latitude :(decimal degrees) | | | | | | |
| WITH "X" IN | Depth(s) Groundwater 1 | | | Longitude: | | | | | | | |
| SECTION BOX: | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| | below land surface, measured on (mo-day-yr | | | | | ····· GPS (unit make/model: | | | | | |
| NW NE | NE above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? \(\subseteq \text{ Yes} \(\subseteq \text{ No} \) | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W XE | after hours Well w | | Online Mapper: | | | | | | | | |
| SW SE | | | | | | | | | | | |
| | after hours pumping gpr Estimated Yield:gpm | | | piii | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | Bore Hole Diameter: in. to fi | | | | and Source: Land Survey GPS Topographic M | | | | pographic Map | | |
| mile | in. to ft | | | | ☐ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | | ter Supply: well I | | | | ☐ Oil Fi | eld Water Supply: 1 | ease | | | |
| Household | Dewaterin | | | | | | | | | | |
| Lawn & Garden | 7. Aquifer Re | | | | ☐ Uncased ☐ | | | | | | |
| Livestock | 8. Monitoring | | | | | | | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext. | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | | |
| 4. ☐ Industrial | Recovery Injection | | | | 13. Other (specify): | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \[\sqrt{Yes} \] No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | |
| Water well distributed? Yes No No S 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) | | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Septic Tank | Lateral Line | s 🔲 Pit Pr | ivv | Г | Livestoc | k Pens | ☐ Insecti | cide Storage | | | |
| Sewer Lines | | | | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | |
| | | | om wel | | | | | | C DIFFERILL C | | |
| 10 FROM TO | LITHOLOG | FIC LOG | | FROM | ТО | LI. | THO. LOG (cont.) or | r PLUGGINO | GINTERVALS | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | - | | | | | | |
| | | | | | | | | | | | |
| | | | | Notes: | 1 | | | | | | |
| | | | | 1,5000 | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S | OR LANDOWNER'S | S CERTIFICAT | TION: | This wat | ter well w | as 🔲 c | onstructed, \square reco | onstructed, | or plugged | | |
| under my jurisdiction an | d was completed on (m | no-day-year) | | an | d this reco | ord is tr | ue to the best of m | y knowleds | ge and belief. | | |
| Kansas Water Well Con | tractor's License No | Thi | s Wate | er Well Ro | ecord was | comple | eted on (mo-day-y | ear) | | | |
| under the business name of | | | | | | | | | | | |
| 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