Division of Water Resources App. No.
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Latitude:
from nearest town or intersection: If at owner's address, check here Latitude:
Longitude: (in decimal degrees) Elevation:
Elevation:
Datum: WGS 84, NAD 83, NAD 2/
2 WATER WELL OWNER: \Q \Q \(\frac{1}{2} \tau \tau \Q \(\tau \tau \tau \tau \tau \tau \tau \tau
RR#, Street Address, Box #: GPS unit (Make/Model:)
City, State, ZIP Code : Digital Map/Photo, Topographic Map, Land Survey
3 LOCATE WELL
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL
SECTION BOX: Depth(s) Groundwater Encountered (1)
Pump test data: Well water wasft. after
EST. YIELD SO. gpm. Well water was
W E Bore Hole Diameter ./. 2in. toft., andin. toft.
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
SW - SE -
Was a chemical/bacteriological sample submitted to Department? Yes X No
S If yes, mo/day/yr sample was submitted
water went distincted. We res 100
5 TYPE OF CASING USED: Steel PVC Other
Casing diameter in, to 30 ft. Diameter in to ft. Diameter in to ft.
Casing diameter in to in
TYPE OF SCREEN OR PERFORATION MATERIAL:
Steel Stainless Steel Other (Specify)
SCREEN OR PERFORATION OPENINGS ARE:
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From \$2,
From
GRAVEL PACK INTERVALS: From SQ. ft. to ft., From ft. to ft.
From ft. to ft., From ft. to ft.
Grout Intervals: From 3 ft. to 20 ft., From ft. to ft. ft. ft.
What is the nearest source of possible contamination:
Septic tank
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
Direction from well Jack. Distance from well 40
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS
3 30 Clas
20 40 med-Coarse Sport
7 CONTRACTORS OF LANDOWNERS OF PRIVING ATTON
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's Libense No This Water Well Record was completed on (mo/day/year)
under the business name of
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PLINT</u> clearly. Please fill in blanks and check the correct answers. Send three copie (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us a
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212