

| WATER WELL R ☐ Original Record ☐ | | 77 77 C-3 | 000 | - I | | on of Water | l l | | Well ID | | | |
|--|--|--|---------|-----------|---|--|------------|-----------------|--------------|--------------------------|--|--|
| | | e in Well Use Fraction | | | | ces App. No | | achin Mumb | | aga Numbar | | |
| 1 LOCATION OF WATER WELL: County: | | | | 1/4 | Section Number | | | Township Number | | r Range Number R □ E □ W | | |
| 2 WELL OWNER: La | First: | | - | Duro1 | al Address where well is located (if unknown, distance and | | | | | | | |
| Business: | | om nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | ı | 1 | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COMPLETED WELL: | | | | | ft. 5 Latitude :(decimal degrees) | | | | | | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) | | | | . 10. | Longitude: | | | | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) 🗆 I | | | | Ory Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: | | | | | | | |
| 17 | WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| | | | | | | GPS (unit make/model:) | | | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | •••• | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | | |
| W E | after hours pumping gp. Well water was ft. | | | | | ☐ Online Mapper: | | | | | | |
| SW SE | after hours pumping gp | | | | | | | | | | | |
| | Estimated Yield: | | · · · · | | 6 Elevation:ft. Ground Level TOC | | | | | | | |
| S | Bore Hole Diameter: in. to | | | | . and Source: Land Survey GPS Topographi | | | | | | | |
| mile | · | | | | | | ☐ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | ter Supply: well | | | | | | | | | | |
| Household | 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | | |
| ☐ Lawn & Garden ☐ Livestock | | | | | | | | | | | | |
| 2. Irrigation | 8. Monitoring: well ID | | | | | | | | | | | |
| 3. ☐ Feedlot | 9. Environmental Remediation: Well ID Air Sparge Soil Vapor Ext | | | | ••• | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial | ☐ Recovery | | - | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| | | | | | | | | (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 | | | | | | | | | | | | |
| Nearest source of possible | | 10., 1 10111 | 1 | | ••••• | . 10., 1 10111 . | | . 11. 10 | 11. | | | |
| ☐ Septic Tank | ☐ Lateral Line | s 🔲 Pit Pi | rivy | | ☐ Li | vestock Pen | .S | ☐ Insection | cide Storage | ; | | |
| ☐ Sewer Lines | ☐ Cess Pool | ☐ Sewa | | | | iel Storage | | ☐ Abando | oned Water | Well | | |
| | ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| | | | om we | | | | | | | CINTEDIALC | | |
| 10 FROM TO | LITHOLOG | JIC LUG | | FROM | | TO 1 | LITHO. L | OG (cont.) of | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
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| | | | | Notes: | | <u>L</u> | | | | | | |
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| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my jurisdiction an | nd was completed on (m | no-day-year) | | aı | nd thi | is record is | true to th | ne best of m | v knowled | ge and belief. | | |
| Kansas Water Well Con | tractor's License No | Th | is Wat | er Well F | Recor | d was com | pleted on | (mo-day-y | ear) | | | |
| 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. | | | | | | | | | | | |

