

| WATER WELL   |                                      |   | •••C-5                               | 20    | 0959  |  | sion of Wate   |   |                        |              |             |  |
|--|--------------------------------------|---|--------------------------------------|-------|---|--|--|---|------------------------|--------------|-------------|--|
|  |                                      |   | e in Well Use                        |       |   | Resources App. No.   |  |   |                        |              |             |  |
| 1 LOCATION OF WATER WELL:  |                                      |   | Fraction $\frac{1}{4}$ $\frac{1}{4}$ | 4 1/4 | Section Numb  |  | er Township Number<br>T S  |   | er Ran<br>R            | Range Number |             |  |
| County:     1/4     1/4     1/4       2 WELL OWNER: Last Name:     First:  |                                      |   |                                      |       |   | $\begin{array}{c c c c c c c c c c c c c c c c c c c $                           |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   | lirection from nearest town or intersection): If at owner's address, check here: |  |   |                        |              |             |  |
| Address:   |                                      |   |                                      |       |   |  |  |   | section). If at o when | 5 uuuress, v |             |  |
| Address:   | Address:<br>City: State: ZIP:        |   |                                      |       |   |  |  |   |                        |              |             |  |
| <b>3 LOCATE WELL</b>   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL:   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered: 1) |   |                                      |       |   |  | Long   | Longitude:  |                        |              |             |  |
| N 2) ft. 3) ft., or 4)<br>WELL'S STATIC WATER LEVEL:   |                                      |   |                                      |       |   |  |  | Datum: WGS 84 NAD 83 NAD 27<br>Source for Latitude/Longitude: |                        |              |             |  |
|  |                                      | below land surface, measured on (mo-day-yr) |                                      |       |   |  |  |   | unit make/model:       |              | )           |  |
| $\square$ above land surface, measured on (mo-day-   |                                      |   |                                      |       |   |  |  | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map |                        |              |             |  |
|  | Pump test data: Well water was ft.   |   |                                      |       |   |  |  |   |                        |              |             |  |
| W E  | E after hours pumping                |   |                                      |       |   |  |  | Online Mapper:  |                        |              |             |  |
| SW SE  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  | gpm                                  |   |                                      |       | 6 Elevation:ft. □ Ground Level □ TOC<br>Source: □ Land Survey □ GPS □ Topographic Map |  |  |   |                        |              |             |  |
| S  |                                      | in. to ft. and                              |                                      |       |   |  |  |   |                        |              |             |  |
| 1 mile  in. to ft. □ Other   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| 7 WELL WATER TO BE USED AS:     1. Domestic:   5.      Public Water Supply: well ID     10.      Oil Field Water Supply: lease   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| □ Household  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Lawn & Garden  | - 6 5                                |   |                                      |       |   |  |  |   |                        |              |             |  |
| Livestock  | 8. Monitoring: well ID               |   |                                      |       |   |  |  |   | al: how many bores     |              |             |  |
| 2. Irrigation  |                                      |   |                                      |       |   |  | a) Closed Loop 🗌 Horizontal 🗌 Vertical                                     |   |                        |              |             |  |
| 3. Feedlot Air Sparge Soil Vapor Ext   4. Industrial Recovery Injection  |                                      |   |                                      |       |   |  | b) Open Loop □ Surface Discharge □ Inj. of Water<br>13. □ Other (specify): |   |                        |              |             |  |
| Was a chemical/bacteriological sample submitted to KDHE?   Yes   In general field of the sample was submitted:   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Water well disinfected? Yes No   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| □ Steel   □ Fiberglass   □ PVC   □ Other (Specify)     □ Brass   □ Galvanized Steel   □ Concrete tile   □ None used (open hole)  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)<br>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 ft. to ft., From ft. to ft., From ft. to ft.   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| GRAVEL PACK INTERVALS: From  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Nearest source of possi  |                                      |   | п., гюш                              | ••••• | . 11. 10  | • • • • • • • •  | II., FIOIII  | •••••   | 11. 10                 | II.          |             |  |
| Septic Tank  |                                      | eral Lines                                  | Pit Pr                               | ivy   |   | 🗆 I  | Livestock Pe   | ens   | ☐ Insectic             | ide Storage  |             |  |
| Sewer Lines  |                                      | s Pool                                      | □ Sewa                               |       |   |  | Fuel Storage   |   | Abando                 |              | Well        |  |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)   |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| Direction from well?   |                                      |   |                                      |       |   |  |  |   | ft.                    |              |             |  |
| 10 FROM TO   |                                      | HOLOG                                       |                                      |       | FRO   |  | TO   |   | HO. LOG (cont.) or     | PLUGGIN      | G INTERVALS |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       | Notes   | :  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
| 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) and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No  |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |
|  | 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.<br>Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 |                                      |   |                                      |       |   |  |  |   |                        |              |             |  |