

| VVAIER VVELL K | | ge in Well Use | | | vision of Wate | | 」 _{Well ID} | | | |
|--|---|----------------------------|---------------------------------|--|--|----------------------------------|----------------------|-----------------------|--|--|
| | | | | | ources App. N | | | NT1 | | |
| 1 LOCATION OF WA | AIER WELL: | Fraction 1/4 1/4 | 1/4 | 1/4 Se | ction Numbe | 1 | nber Ka S R | nge Number □ E □ W | | |
| 2 WELL OWNER: La | First: | | | ıral Address | | | | | | |
| Business: | ist ivallie. | riist. | | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: | | | | | | | | спсек пеге. | | |
| Address: | | | | | | | | | | |
| City: | State: | ZIP: | | | <u> </u> | | | | | |
| 3 LOCATE WELL | | | | | | ft. 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN | "A" IN Denth(s) Groundwater Encountered: 1) | | | | | | | | | |
| SECTION BOX: | ft or 4) | | | | Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | |
| 1 | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: | | | | | |
| | below land surface, measured on (mo-day-yr | | | | | Grade (mane) modern | | | | |
| NW NE X | above land surface, measured on (mo-day-yr) | | | | ((| | | | | |
| | Pump test data: Well w | | ☐ Land Survey ☐ Topographic Map | | | | | | | |
| W E | after hours | om | | ☐ Online Mapper: | | | | | | |
| SW SE | | ter was ft. bumping gpm | | | | | | | | |
| | gpm | | | 6 Eleva | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | |
| S | in. to ft. and | | | Source | Source: Land Survey GPS Topographic Map | | | | | |
| mile | in. to ft. | | | | ☐ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | iter Supply: well I | | | | Field Water Supply: | lease | | | |
| ☐ Household | 6. ☐ Dewatering: how many wells? | | | | | | | | | |
| ☐ Lawn & Garden | | ge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| Livestock | _ & | | | | | | | | | |
| 2. Irrigation | | | | | | | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Soil Vapor Extraction☐ Injection | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | |
| | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft. | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft., From ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| Septic Tank | Lateral Line | | | | Livestock Per | | ticide Storag | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | | |
| Direction from well? | | | | | | | ft. | | | |
| 10 FROM TO | LITHOLOG | | | FROM | | LITHO. LOG (cont.) | | NG INTERVALS | | |
| | | | | | | | | | | |
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| | | | | | Notes: | | | | | |
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| | | | | | | | | | | |
| 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) | | | | | | | | | | |
| 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. | | | | | | | | | | |