

Application Number:

Depth(s) Groundwater Encountered 1 14 ft. 2 ft. 3 ft.

WELL'S STATIC WATER LEVEL 12.06 ft. below TOC measured on mo/day/yr 02/08/10

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter 10 in. to 20 ft. and in. to ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well		
1 Domestic	3 Feed lot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No ☒

5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____ Flush _____

Blank casing diameter **4** in. to **5** ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface	0	in., weight	lbs./ft. Wall thickness or gauge No.	SCH. 40
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TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **5** ft. to **20** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 4 ft. to 20 ft. From _____ ft. to _____ ft.

	From	ft. to		ft. From	ft. to	ft.
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals From 1 ft. to 4 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/ Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well?

How many feet?

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 02/22/10 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **03/10/10**

under the business name of **Geotechnical Services Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.