

☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water Resources App. No. Well ID					
	<u> </u>	Fraction			tion Numbe		Township Numb	Well ID	nge Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4 1	4	ion rumber		T S	R		
2 WELL OWNER: La	First:		t or Rur	al Address	where	- ~				
2 WELL OWNER: Last Name: First: 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: Address:										
City:	State:	ZIP:								
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees)					
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27					
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	☐ below land surface, measured on (mo-day-yr)					GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water wasft. afterhours pumpinggpm				☐ Land Survey ☐ Topographic Map					
E E	Well w			☐ Online Mapper:						
SW SE	after hours									
	Estimated Yield:	OI		6 Elevation:ft. Ground Level TO						
S	Bore Hole Diameter:		nd	Source: Land Survey GPS Topographic Map						
1 mile in. to ft.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
Household Household	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID					
☐ Lawn & Garden	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop					
3. ☐ Feedlot 4. ☐ Industrial	☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ 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:										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter										
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. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible Septic Tank	e contamination: Lateral Line	es 🔲 Pit Priv	737		Livestock Per	ne	□ Insecti	cide Storage		
Sewer Lines	☐ Cess Pool	Sewage □ Sewage			Fuel Storage			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well										
☐ Other (Specify)										
									IC INTERNAL C	
10 FROM TO	LITHOLOG	GIC LOG	F	ROM	ТО	LITH	O. LOG (cont.) or	PLUGGIN	GINTERVALS	
	Notes:									
11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION: The second of the second										
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)										
Kansas Water Well Con	tractor's License No	This	Water W	ell Rec	ord was con	nplete	d on (mo-day-v	ear)	ge and bener.	
under the business name	of								•••••	
	Send one copy to WATER W								. 705 207 2575	
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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										
. Ioit ao at ittp://www.Kuller	LOISO 1/ WATER WOLL/ HIGEALIUM							12)	J O = 0 1 1 1 1 1	