

WATER WELL RI		<b>** ** C-3</b>	1001		ion of Water		W 11 ID		
		ge in Well Use			rces App. No		Well ID	ge Number	
1 LOCATION OF WATER WELL: County:		Fraction	/ <sub>4</sub> 1/ <sub>4</sub>	Secu	on Number	Township Numb	R R		
2 WELL OWNER: Last Name:		First:		r Rura	1 Address w				
Business:	st Ivanic.	1 115t.	First: Street or Rural Address where well is located (if unknown, disdirection from nearest town or intersection): If at owner's address, che						
Address:					,	,	_		
Address:	C4-4-4	ZID.							
City:  3 LOCATE WELL	State:	ZIP:							
WITH "X" IN	4 DEPTH OF COM								
SECTION BOX: Depth(s) Groundwater Encountered: 1)									
2) ft. 3) ft., or 4) [ WELL'S STATIC WATER LEVEL:				5					
	measured on (mo-day-yr)			Source for Latitude/Longitude:  GPS (unit make/model:)					
NW   NE	, measured on (mo-day-yr)			(WAAS enabled?  Yes No)					
	rater was ft.			☐ Land Survey ☐ Topographic Map					
W E	after hours			Online Mapper:					
SW SE - 🗙	Well v								
	after hours pumping gpr Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to f				Source: Land Survey GPS Topographic Map				
1 mile  in. to ft.					☐ Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID				Field Water Supply: 10			
☐ Household☐ Lawn & Garden	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								
Livestock		g: well ID							
2. Irrigation	9. Environment			12. Geothermal: how many bores?					
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext				ı	b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	☐ Recovery	☐ Injection			13. 🗌 Oth	er (specify):	• • • • • • • • • • • • • • • • • • • •		
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									
Casing height above land surface									
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. to ft. from ft. to ft. ft. o ft. ft. o ft. ft. from ft. ft. from ft. ft. from ft. ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. f									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank	☐ Lateral Line				ivestock Pens		cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewage L			uel Storage		oned Water V	Well	
□ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well       □ Other (Specify)     □ Other (Specify)									
Direction from well?		Distance from v	 well?			ft			
10 FROM TO	LITHOLO		FRO			ITHO. LOG (cont.) or		G INTERVALS	
			Mata						
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)									
Kansas Water Well Con	tractor's License No	This W	ater Well	Reco	rd was com	oleted on (mo-day-y	ear)		
under the business name	O1	/FLI OWNER and retain	one for you	ir record	ds Fee of \$5.0	0 for each constructed we		• • • • • • • • • • • • • • • • • • • •	
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.									

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html