

WATER WELL RI		<b>** ** C-3</b>	+3370		ion of Water		W 11 ID		
		ge in Well Use			rces App. No.		Well ID	NY 1	
1 LOCATION OF WA	Fraction	1/ 1/	Secti	on Number	Township Numb		ige Number		
County:	l .	1/4 1/4			T S	R	$\Box E \Box W$		
2 WELL OWNER: La	st Name:	First:		treet or Rural Address where well is located (if unknown, distance and					
Business: Address:	direction from nearest town or intersection): If at owner's address, check here:							eneck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPTH OF COM	PI FTFD WFI I	•	ft	5 Lotitud	·•		(desimal desmoss)	
WITH "X" IN	Depth(s) Groundwater			ft. 5 Latitude:					
SECTION BOX:	SECTION BOX: 2)								
WELL'S STATIC WATER LEVEL:									
below land surface, measured on (mo-day-yi				GPS (unit make/model:)					
above land surface, measured on (mo-day-y				` /					
	Pump test data: Well water was ft.  after hours pumping gg				☐ Land Survey ☐ Topographic Map				
W E	Well w			☐ Online Mapper:					
SWXE	after hours								
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to f				t. and Source: Land Survey GPS Topographic Map				
mile	in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		iter Supply: well ID.				ield Water Supply: 1			
Household	<ul><li>6. ☐ Dewatering: how many wells?</li><li>7. ☐ Aquifer Recharge: well ID</li></ul>								
☐ Lawn & Garden ☐ Livestock	7. ☐ Aquifer Ro 8. ☐ Monitorin								
2. Irrigation									
3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extr				b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	☐ Recovery					r (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
Water well disinfected?  \[ Yes \] No									
		C $\square$ Other	C	ASINO	G JOINTS: 1	☐ Glued ☐ Clampe	d ∏ Welded	d □ Threaded	
8 TYPE OF CASING USED:  Steel PVC Other									
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)									
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 contamination:									
Septic Tank	Lateral Line				ivestock Pens		cide Storage		
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Oil Well/Gas Well									
Direction from well?		Distance from	 well?			ft	·.		
10 FROM TO	LITHOLOG		FRO			THO. LOG (cont.) o		G INTERVALS	
			<b>N</b> 7 4						
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my jurisdiction an	d was completed on (m	no-day-year)		and th	is record is t	rue to the best of m	ny knowledg	ge and belief.	
Kansas Water Well Cont	tractor's License No	This V	Water Well	Reco	rd was comp	leted on (mo-day-y	/ear)		
under the business name	of								
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, Burgay of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone 785-296-3565.									
res reparament of Health at	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