

| WATER WELL RI | | // // C-3 | 1234 | 1 | | on of Water | | W 11 ID | | | |
|--|---|--------------------|--|------------------|--|---------------------------------|---|----------------------|----------------|--|--|
| | | e in Well Use | | | | rces App. No | | Well ID | N. 1 | | |
| 1 LOCATION OF WA | Fraction | 1/ | | Section | on Number | Township Numb | | ge Number | | | |
| County: | 1/4 1/4 | 1/4 | 1/4 | | | T S | R | \Box E \Box W | | | |
| 2 WELL OWNER: Las | First: | | Street or Rural Address where well is located (if unknown, dista | | | | | | | | |
| Business: Address: | direction from nearest town or intersection): If at owner's address, check | | | | | | | | neck nere: | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL | | ft | 5 Lotitud | 0. | | (daaimal daamaa) | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | . ft. 5 Latitude: | | | | | | |
| SECTION BOX: $(1, 2)$ ft (3) ft or (4) | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| | t Colow land surface, measured on (mo day)1 | | | | | GPS (unit make/model:) | | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | | ` / | | | | | |
| | Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours pumping gpr Well water was ft. | | | | | ☐ Online Mapper: | | | | | |
| SW SE | after hours pumping gpi | | | | | | | | | | |
| | 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: | | ter Supply: well | | | | | Field Water Supply: 1 | | | | |
| Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | | | | | | | | |
| ☐ Livestock 2. ☐ Irrigation | 8. Monitoring: well ID | | | | | | | | | | |
| 3. ☐ Feedlot | | | | | | | | | | | |
| 4. ☐ Industrial | ☐ Recovery | ☐ Inject | | | | | 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 in. to | | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to 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 | □ Lateral Line | | | | | vestock 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 f | rom we | 119 | | | ft | | | | |
| 10 FROM TO | LITHOLOG | | TOIII WC | FROM | | | ITHO. LOG (cont.) o | | GINTERVALS | | |
| | | | | | | - | (, , , , , , , , , , , , , , , , , , , | | | | |
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| Notes: | | | | | | | | | | | |
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| 11 CONTRA CONTRA | OD 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | CERTIFIC C | mrc - | | | ., — | | | | | |
| 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 Cont | u was completed on (m ractor's License No | io-uay-year) Ti | nis Wa | aı ter Well E | iiu (III) Recor | is record is | uue to tile best of m sleted on (mo-day si | ıy Kilowiedş ear) | ge and bellet. | | |
| under the business name | of | | | | | | on (mo-uay-y | | | | |
| under the business name of | | | | | | | | | | | |
| 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. | | | | | | | | | | | |

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