

WATER WELL RI		** ** C-3			ion of Water		W 11 ID			
		ge in Well Use			rces App. No.	T 1: N 1	Well ID	NY 1		
1 LOCATION OF WA	Fraction		Section	on Number	Township Numb		ige Number			
County:		/4 1/4	D1	1 A 1 1 1	T S	R	□E □W			
2 WELL OWNER: La Business:	st Name:	First:		treet or Rural Address where well is located (if unknown, distance and						
Address:	direction from nearest town or intersection): If at owner's address, check here:							ineck nere:		
Address:										
City:	State:	ZIP:								
3 LOCATE WELL	4 DEPTH OF COM	(PI FTFD WFI I •		ft	5 Letitud	··		(daaimal daamaa)		
WITH "X" IN	Depth(s) Groundwater		11.	. ft. 5 Latitude:						
SECTION BOX:	SECTION BOX: 2)									
WELL'S STATIC WATER LEVEL:										
	□ below land surface, measured on (mo-day-yr				····· GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr									
	Pump test data: Well water wasft. afterhours pumpinggp				☐ Land Survey ☐ Topographic Map					
W E	Well w			Online Mapper:						
SW SE	after hours									
	Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	ft. and								
mile	in. to ft.				Other					
7 WELL WATER TO BE USED AS:										
1. Domestic:		iter Supply: well ID				ield Water Supply: 1				
Household	6. Dewaterin									
☐ Lawn & Garden ☐ Livestock	7. ☐ Aquifer Ro 8. ☐ Monitorin									
2. ☐ Irrigation	9. Environmenta									
3. ☐ Feedlot	☐ Air Sparge	Extraction		a) Closed Loop						
4. ☐ Industrial	☐ Recovery					(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 in. Weight lbs./ft. Wall thickness or gauge No										
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 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 v	vell?			ft				
10 FROM TO	LITHOLOG		FRON			THO. LOG (cont.) o		G INTERVALS		
						` ,				
Notes:										
11 CONTDACTOD'S OD I ANDOWNED'S CEDTIFICATION. This wester well was Described in the contract of the contract										
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 Contractor's License No										
under the business name	of					on (ino day y				
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 ar	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