

| WATER WELL | | | ••••C-3 | 125 | | | ion of Wate | | | XX7 11 TT | | | | |
|--|---|---|---------------------------|-----------------|--------------------------------------|---------|--|-----------------|--|--|---------------|--|--|--|
| Original Record Correction Change I LOCATION OF WATER WELL: | | | e in Well Use Fraction | | Resources App. No. Section Number | | | Township Number | | Well ID Image Number Range Number Image Number | | | | |
| County: | | 1/ | | secu | | 71 | T S | R | $\Box E \Box W$ | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | | | | | | |
| Business: | Giro | | | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | | | |
| WITH "X" IN | | 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) 2) | | | | | | | | | | | | |
| Ν | | WELL'S STATIC WATER LEVEL: | | | | | | | WGS 84 | | NAD 27 | | | |
| | | below land surface, measured on (mo-day-yr | | | | | GPS (unit make/model: | | | | | | | |
| X - NW NE | above 🗌 | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? 	Ves 	No) | | | | | | | |
| | - | Pump test data: Well water was ft. | | | | | Land Survey Topographic Map | | | | р | | | |
| W | E after | after hours pumping gpm | | | | | | | e Mapper: | | | | | |
| SW SE | SE Well water was ft. after fpm gpm | | | | | | | | | | | | | |
| | Estimated Yield:gpm | | | | | | 6 Elevation:ft. Ground Level TOC | | | | | | | |
| S | | Bore Hole Diameter: in. to | | | | | t. and <u>Source</u> : Land Survey | | | | | | | |
| 1 mile | | in. to | | | | | □ Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | |
| 1. Domestic: | 5. Public Water Supply: well ID | | | | | | | | | | | | | |
| Household | | 6. Dewatering: how many wells? | | | | | | | | | | | | |
| □ Lawn & Garden □ Livestock | | 7. Aquifer Recharge: well ID | | | | | | | Uncased G al: how many bores | | | | | |
| 2. Irrigation | | 8. Monitoring: well ID | | | | | | | | | | | | |
| 3. Feedlot | | ☐ Air Sparge ☐ Soil Vapor Ext | | | | ••• | a) Closed Loop 🔲 Horizontal 🔲 Vertical b) Open Loop 🔲 Surface Discharge 📋 Inj. of Water | | | | | | | |
| 4. 🗌 Industrial | □ Recovery □ Injection | | | | | | 13. Other (specify): | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | |
| | | | | | | | | | | ••••• | | | | |
| | □ 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | |
| Nearest source of pos | | | | | | — · · | | | | | | | | |
| ☐ Septic Tank ☐ Sewer Lines | | Lateral Line Cess Pool | es 🗌 Pit I | rivy | | | ivestock Pe uel Storage | | ☐ Insectic | | | | | |
| ☐ Sewer Lines ☐ Watertight Sewer | | Seenage Pit | ☐ Sew □ Fee | age La dvard | agoon | | ertilizer Sto | rage | | | | | | |
| Other (Specify) | | | | | | | | ruge | | | | | | |
| Direction from well? . | | | Distance | | | <u></u> | | | | | | | | |
| 10 FROM TO | | LITHOLO | GIC LOG | | FROM | [| TO | LIT | HO. LOG (cont.) or | PLUGG | ING INTERVALS | | | |
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| | | | | | Notes: | | | | | | | | | |
| | | | | | inotes: | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged | | | | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) | | | | | | | | | | | | | | |
| under the business n | ame of | | | | ····· | | · · · · · · · · · · · · · · · · · · · | | ••••• | <u></u> | | | | |
| 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | | | |