

| WATER WELL R | | ** ** C-3 | 3020 | | ion of Water | | W 11 ID | | |
|--|---|----------------------------------|----------------|--|---|--------------------|--------------|---------------|--|
| | | ge in Well Use | | | rces App. No. | | Well ID | N. 1 | |
| 1 LOCATION OF WA | Fraction | 1/4 1/4 | Section | on Number | Township Numb | | ge Number | | |
| County: | | 1/4 1/4 | D | 1 4 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: | | | | | | | meck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | | ft. 5 Latitude:(decimal degrees) | | | | | | | |
| WITH "X" IN | | | 11. | - · · · · · · · · · · · · · · · · · · · | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | |
| | ☐ below land surface, measured on (mo-day-yr | | | | | | | | |
| NW NE | | | | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours | | Online Mapper: | | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours pumping gpi Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: | ft and | | | | | | | |
| 1 mile | | | Other | | | | | | |
| 1 mile in. to ft. Uther | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | | |
| Household | 6. ☐ Dewaterin | | | | | | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer Re | | | | | | | | |
| Livestock | 8. Monitorin | | | | | | | | |
| 2. ☐ Irrigation | Environmenta | | | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extr | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | ☐ Recovery | ☐ Injection | | | 13. ☐ Othe | r (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? | | | | | | | | | |
| Water well disinfected? ☐ Yes ☐ No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| Casing diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | |
| 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. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| Septic Tank | | | | | | | | | |
| ☐ Sewer Lines | ☐ Cess Pool | ☐ Sewage L | agoon | | uel Storage | | oned Water V | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| | | | | | | | | G DIFFEDUAL C | |
| 10 FROM TO | LITHOLOG | FIC LOG | FRO | M | TO LI | THO. LOG (cont.) o | r PLUGGINO | J INTERVALS | |
| | | | | | | | | | |
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| | | | Notes | • | | | | | |
| 110005 | | | | | | | | | |
| | | | | | | | | | |
| 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 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, Burgan of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone 785-296-3565. | | | | | | | | | |
| The Department 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