

					vision of Water sources App. No. Well ID				
		Fraction			urces App. Notion Number			Range Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4 1/4			T S		•	
2 WELL OWNER: La	ast Name:	First:		or Rura	al Address v	where well is located			
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
Address: City:	State:	ZIP:							
3 LOCATE WELL									
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees)				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude: GPS (unit make/model:)				
	below land surface, measured on (mo-day-yr).								
NW NE	above land surface, measured on (mo-day-yr).				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map					
E E	after hours			☐ Online Mapper:					
SW SE	Well water was ft. after hours pumping gpi								
	Estimated Yield:	gpm			6 Elevation:ft. Ground Level TOC				
S					Source: Land Survey GPS Topographic Map Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household	6. Dewatering: how many wells?				11. Test Hole: well ID				
☐ Lawn & Garden	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extract 4. ☐ Industrial ☐ Recovery ☐ Injection					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
8 TYPE OF CASING USED:									
Casing diameter									
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)									
□ 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									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide 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)									
								CINC INTERVALO	
10 FROM TO	LITHOLOG	GIC LOG	FRO	OM	TO 1	LITHO. LOG (cont.)	or PLUGO	JING INTERVALS	
	Notes:								
11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION TO THE STATE OF THE STAT									
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	Water Wel	l Reco	ord was com	pleted on (mo-day-	year)		
under the business name	e of							•••••	
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. W.S. Department of Health and Environment, Pursuin of Water, Coology Section, 1000 SW Jackson St., Suita 420, Topology Venego 66612, 1267, Tolophone 785, 206, 2565.									
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									
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