

☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water Resources App. No. Well ID					
		Fraction			tion Number		wnship Numbe	Well ID	nge Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4 1/4	Secti	T Township		•	$\begin{bmatrix} Range   Valider \\ S & R & \Box E \Box W \end{bmatrix}$		
2 WELL OWNER: La	ast Name:	First:		or Rura	al Address v	where w	vell 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 COM			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:						tude/Longitude:		AD 21	
	below land surface, measured on (mo-day-yr).				GPS (unit make/model:)					
NW NE	above land surface,			(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map						
W E	after hours Well w			☐ Online Mapper:						
SW   SE	after hours									
	Estimated Yield:	gpm				6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter:		Į.	Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other						
1 mile  in. to ft. Uother										
7 WELL WATER TO BE USED AS:   1. Domestic:   5. □ Public Water Supply: well ID										
☐ Household	6. Dewatering: how many wells?									
Lawn & Garden	7. 🗌 Aquifer Re			.   Cased Uncased Geotechnical						
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?					
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extrac				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial								(specify):		
Was a chemical/bacteriological sample submitted to KDHE?  \[ \sqrt{Yes} \] No If yes, date sample was submitted:										
Water well disinfected?  Yes No										
8 TYPE OF CASING USED:  Steel PVC Other										
Casing diameter in. to 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)										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination:   Septic Tank										
☐ Sewer Lines	☐ Cess Pool	☐ Sewage	Lagoon	□ I	Fuel Storage		☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG		FRO						G INTERVALS	
10 11011 10	LITHOLOG	GIC EOG	1100	7171	10	LITIIO.	LOG (cont.) or	TECCONT	G II (TEIC (TEE)	
	-									
			Note	s:						
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 We	l Reco	ord was com	npleted	on (mo-day-ye	ear)		
under the business name	e of Send one copy to WATER W	ZELL OWNER 1			uda E 005	00	ah aanst 1	11		
									e 785-296-3565.	
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212										