

| WATER WELL R | | ** ** C-3 | 13123 | | ion of Water | | W 11 ID | | |
|---|--|--------------------------------|---------------------------------|--|------------------------------------|----------------------|--------------|----------------|--|
| | | ge in Well Use | | | rces App. No. | E 1: N 1 | Well ID | N. 1 | |
| 1 LOCATION OF WA | Fraction | 1/ 1/ | 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: | | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | direction from nearest town of intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | • | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WELL: | <u>:</u> | ft. 5 Latitude:(decimal degrees) | | | | | |
| WITH "X" IN | Depth(s) Groundwater 1 | | | Longitude: | | | | | |
| SECTION BOX: | SECTION BOX: 2) ft. 3) ft., or 4) | | | | | | | | |
| 1 | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | |
| | below land surface, measured on (mo-day-yr | | | | | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | ` / | | | | |
| | 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: | 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 | | echarge: well ID g: well ID | | | | | | | |
| 2. Irrigation | 9. Environmenta | | | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge | r Extraction | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. from 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 | | |
| ☐ Watertight Sewer Lin | □ 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) | | | | | | | | | |
| Direction from well? | | Distance from | well? | | | ft | • | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FRO | M | TO LI | THO. LOG (cont.) o | r PLUGGIN | G INTERVALS | |
| | | | | | | | | | |
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| | | | Notes | | | | | | |
| 110115. | | | | | | | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction an | d was completed on (m | no-day-year) | | and th | is record is t | rue to the best of m | y knowleds | ge and belief. | |
| Kansas Water Well Con | tractor's License No | This V | Vater Well | Reco | rd was comp | leted on (mo-day-y | ear) | | |
| 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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. | | | | | | | | | |

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