

| WATER WELL R | | ** ** C-3 | 2313 | | ion of Water | | W 11 ID | | |
|--|--|----------------------|--|--|--|----------------------|--------------|--------------|--|
| | | ge in Well Use | 1 | | rces App. No. | T 1: N 1 | Well ID | NY 1 | |
| 1 LOCATION OF WA | Fraction | 1/. 1/. | Secti | on Number | Township Numb | | ige Number | | |
| County: | | 1/4 1/4 | D | 1 4 1 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: La Business: | ist Name: | First: | Street or Rural Address where well is located (if unknown, dis | | | | | | |
| Address: | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | meck nere. | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | • | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WELL | • | ft. 5 Latitude:(decimal degrees) | | | | | |
| WITH "X" IN | Depth(s) Groundwater | | | | | | | | |
| 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 | | | | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | |
| | Pump test data: Well water wasft. after hours pumpinggg | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | Well w | | | Online Mapper: | | | | | |
| X - SW SE | after hours | | | | | | | | |
| | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: | ft. and | and Source: Land Survey GPS Topographic Map | | | | | | |
| mile | in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ter Supply: well ID. | | | | ield Water Supply: 1 | | | |
| Household | 6. Dewaterin | | | | | | | | |
| ☐ Lawn & Garden ☐ Livestock | 7. ☐ Aquifer Ro 8. ☐ Monitorin | | | | | | | | |
| 2. Irrigation | | al Remediation: well | | | | ed Loop | | | |
| 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 | | C □ Other | C | ASINO | G JOINTS: 1 | ☐ Glued ☐ Clampe | d ∏ Welded | d □ 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) | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| 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 | Lateral Line | | | | ivestock Pens | | cide 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) □ Oil Well/Gas Well | | | | | | | | | |
| Direction from well? | | Distance from | well? | | | ft | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | G INTERVALS | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | NI.4. | | | | | | |
| Notes: | | | | | | | | | |
| | | | | | | | | | |
| 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) | | | | | | | | | |
| 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. | | | | | | | | | |
| 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. | | | | | | | | | |
| runnion of ficulti at | Dureau Of V | , coolog, beetion, | -000 D 11 Jac | | , 20 120, 10 | | rerephone | | |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html