

WATER WELL RE		// // C-3	3331	L		on of Water		W 11 ID			
		e in Well Use				ces App. No.		Well ID	N. 1		
1 LOCATION OF WAT	Fraction	1/		ectic	on Number	Township Numb		ge Number			
County:	1/4 1/4	1/4	1/4) 1	A 11	<u>T</u> S	R	□ E □ W			
2 WELL OWNER: Last Business:	First:		Street or Rural Address where well is located (if unknown, distant limits of the property of the street of the str								
Address:	direction from nearest town or intersection): If at owner's address, check here:								neck nere:		
Address:											
City:	State:	ZIP:									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					ft	5 Lotitud	0.		(daaimal daamaaa)		
WITH "A" IN	Depth(s) Groundwater Encountered: 1)										
SECTION BOA: $\begin{array}{c} 1 \\ 2 \\ \end{array}$ ft or $\begin{array}{c} 4 \\ \end{array}$											
WELL'S STATIC WATER LEVEL:											
□ below land surface, measured on (mo-day-yr					GPS (unit make/model:)						
NW NE	o-day-y	r)	(WAAS enabled? \(\subseteq \text{ Yes} \(\subseteq \text{No} \)								
	Pump test data: Well water was ft				☐ Land Survey ☐ Topographic Map				·		
W E	after hours pumpinggpr				Online Mapper:						
SW SE	Well water was ft.										
	after hours pumping gpr Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC						
	Bore Hole Diameter: in. to fi										
mile	in. to fi				Other						
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 Recharge: well ID						d Uncased				
☐ Livestock	8. Monitoring: well ID						mal: how many bore				
2. Irrigation	9. Environmental Remediation: well ID										
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext						b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (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 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 Line					vestock Pens		cide Storage			
☐ Sewer Lines	Cess Pool	☐ Sewa				el Storage		oned Water V	Well		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)											
Direction from well?	••••••	Distance fr	 om wel	 19			ft				
10 FROM TO	LITHOLOG		OIII WCI	FROM			ITHO. LOG (cont.) o		GINTERVALS		
10 TROM 10	LITHOLOG	JIC EGG		TROM		10 12	IIIO. LOG (cont.) o	I Le Gon (SITTERTIES		
					1						
					1						
No.						Notes:					
]							
	<u> </u>										
11 CONTRACTOR'S O	R LANDOWNER'S	S CERTIFICAT	rion:	This wa	ter w	vell was 🗌	constructed, reco	onstructed,	or plugged		
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Contra	ictor's License No	Thi	is Wat	er well R	ecor	a was comp	pieted on (mo-day-y	ear)	•••••		
Sen	under the business name of										
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