

WATER WELL I		** ** C-3	73220		ion of Water		W 11 ID			
		ge in Well Use			rces App. No.	T 1: N 1	Well ID	NY 1		
1 LOCATION OF V	Fraction	1/ 1/	Secti	on Number	Township Numb		ige Number			
County:	1/4 1/4	1/4 1/4	D	1 4 1 1 1	T S	R	□E □W			
2 WELL OWNER: 1 Business:	Last Name:	First:								
Address:	direction from nearest town or intersection): If at owner's address, check here:							meck nere:		
Address:										
City:	State:	ZIP:								
3 LOCATE WELL	 	ft	5 Lotitud	··		(daaimal daamaa)				
WITH "X" IN										
SECTION BOX: Depth(s) Groundwater Encountered: 1)										
WELL'S STATIC WATER LEVEL:										
X □ below land surface, measured on (mo-day-y				······ GPS (unit make/model:)						
above land surface, measured on (mo-day) (WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
W E	after hours			Online Mapper:						
SW SE	Well v									
	after hours pumping				6 Elevation:ft. ☐ Ground Level ☐ TOC					
S										
mile					Other					
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
☐ Household										
☐ Lawn & Garden										
Livestock		8. Monitoring: well ID				mal: how many bore				
2. Irrigation										
3. Feedlot Air Sparge Soil Vapor Ext				n	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?										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter										
Casing height above land surface										
☐ 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	es			uel Storage		oned Water V			
☐ Watertight Sewer L					ertilizer Storag		ell/Gas Well	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Other (Specify)										
Direction from well?			n well?							
10 FROM TO	LITHOLOG	GIC LOG	FRO	M	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS		
			NT.A.							
Notes:										
11 CONTRACTOR'	S OR LANDOWNED'S	S CERTIFICATION	ON: This	water v	well was \square	constructed \square reco	onstructed	or nlugged		
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 Co	ntractor's License No	This	Water Wel	l Reco	rd was comp	leted on (mo-day-y	ear)			
under the business nam	ne of									
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	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