

| Original Pagerd | | e in Well Use | | | | on of Water | | | Well ID | | | |
|---|--|------------------|------------|-----------------|--|---|---------------------|---|------------|----------------------|--|--|
| | | | | | | ces App. N | | F 1. ' . N 1 | | NT1 | | |
| 1 LOCATION OF WA | AIEK WELL: | Fraction 1/4 1/4 | 1/4 | | secue | on Number | r 1 | Γownship Numbe T S | r Ran R | ge Number □ E □ W | | |
| 2 WELL OWNER: La | First: | | | Rural | l Δddress v | where | e well is located (| | | | | |
| Business: | st maine. | riist. | | | | | | intersection): If at owner's address, check here: | | | | |
| Address: | | | | | | | | | леск пеге. | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | | |
| 3 LOCATE WELL | 1/LIBETH OR COMPLETED WELL. | | | | | ft. 5 Latitude:(decimal degrees) | | | | | | |
| WITH "X" IN | H "X" IN Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| SECTION BOX: N 2) | | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | ft. Source for Latitude/Longitude: | | | | | | | |
| | below land surface, measured on (mo-day-yr | | | | | G12 (and make) model | | | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | (************************************** | | | | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | | |
| W E | after hours pumpingg Well water was ft. | | | | | Online Mapper: | | | | | | |
| X - SW SE | W CE | | | s pumping gpm | | | | | | | | |
| | gpm | | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | | |
| S | in. to ft. and | | | | Source: Land Survey GPS Topographic Map | | | | | | | |
| mile | | | | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | Public Wa | | | | | 10. 🔲 Oil | Field | Water Supply: lea | se | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | | | |
| | Lawn & Garden 7. Aquifer Recharge: wel | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | |
| Livestock | 8. Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext | | | | ••• | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | | extraction | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 diameter | | | | | | | | | | | | |
| 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. ft. to ft. | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIA | | | | | | | | | | | | |
| Grout Intervals: From | | ft., From | | ft. to | | . ft., From . | | ft. to | ft. | | | |
| Nearest source of possible Septic Tank | contamination: Lateral Line | D:+ I | Dadis | | Πт: | rranto als Dan | • • | □ Inggotici | da Ctamana | | | |
| Sewer Lines | ☐ Cess Pool | es | | | | vestock Per iel Storage | 18 | ☐ Insectici ☐ Abandor | | | | |
| ☐ Watertight Sewer Line | | | | | | ertilizer Sto | rage | ☐ Abandor | | WCII | | |
| Other (Specify) | | | | | | orumeer stor | uge | _ on wen | Gus Wen | | | |
| Direction from well? | | | | | | | | ft. | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | | FROM | [| TO | LITH | O. LOG (cont.) or I | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
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| N | | | | | | Notes: | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| under my jurisdiction an Kansas Water Well Cont | u was completed on (m | io-day-year) | hie Wa | a ter Wall I | nu th | is record is | s true | eto the best of my | Knowledg | ge and benef. | | |
| under the husiness name | of | 1 | ıns wa | ici well l | NCCOI | u was coll | тртете | a on (mo-day-yea | ш <i>)</i> | | | |
| 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