

WATER WELL RI		VV VV C-3			ion of Water		777 II ID		
		e in Well Use		Resources App. No.			Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number		Township Numb		ge Number	
County: 2 WELL OWNER: Last Name:				n .	1 4 1 1 1	T S	R	□ E □ W	
Business:	st Name:	First:				Address where well is located (if unknown, distance and			
Address:	direction from nearest town or intersection): If at owner's address, check here:							illeck liele.	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude :(decimal degrees)					
WITH "X" IN SECTION BOX:					ft. Longitude:(decimal degrees)				
	N 2) ft. 3) ft., or 4) \square					□ WGS 84 □ NA			
	WELL'S STATIC WATER LEVEL:					or Latitude/Longitude			
	below land surface, measured on (mo-day-y				()				
NW -X NE	□ above land surface, measured on (mo-da Pump test data: Well water was			• • • • • •		(WAAS enabled? ☐ Yes ☐ No)			
$ \mathbf{w} $	after hours		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
	Well w			Оппис маррет.					
SW SE	after hours	gpm		6 Florestions 6 G County I and G TOC					
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S 1 mile					Other				
1 mile in. to ft. Uther									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household									
☐ Lawn & Garden	echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitoring			12. Geothermal: how many bores?					
2. Irrigation	ation 9. Environmental Remediation: well ID.					ed Loop Horizon			
3. Feedlot Air Sparge Soil Vapor Ex					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									
					ft. to ft., From ft. to ft.				
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible		10., 1 10111	11. 10	• • • • • • • •	10, 110111				
☐ Septic Tank	☐ Lateral Line	es 🔲 Pit Privy		☐ Li	ivestock Pens	☐ Insection	cide Storage		
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well							Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLOG		FRON			THO. LOG (cont.) or		GINTERVALS	
TO TROM TO	LITHOLOG	JIC LOG	TROP	VI	TO LI	THO. LOG (cont.) of	LUGGIIV	OINTERVALS	
Notes:									
11 CONTRACTORS OR LANDOWNERS CERTIFICATION: This makes and the second of									
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 Contractor's License No									
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 <u>constructed</u> 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.									
NS Department of Health ar	ia Environment. Bureau of V	vater, Geology Section.	LUUU 5 W Jacl	kson St	t., Suite 420. To	peka, Kansas 66612-136)/. Telephone	785-296-3565.	