

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: _____ Fraction _____ Section Number _____ Township No. _____ Range Number _____ Elevation: _____ Longitude: _____ Latitude: _____ Datum: _____ Collection Method: _____ GPS unit (Make/Model): _____ Accuracy: _____ Est. Accuracy: _____ ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey ☒ WGS 84, ☐ NAD 83, ☐ NAD 27 Unknown (in decimal degrees) -98.867828 38.371244 Global Positioning System (GPS) information:		2 WATER WELL OWNER: Phil Martin RR#, Street Address, Box #: 67 NW 50th Ave. City, State, ZIP Code : Great Bend, KS 67530	
3 LOCATE WELL SECTION BOX: WITH AN "X" IN S --SW-- --SE-- N --NW-- --NE-- E			
4 DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered (1) ft. _____ (2) ft. _____ (3) ft. _____ Well's Static Water Level ft. below land surface measured on mo/day/yr 09/04/14 ft. _____ Pump test data: Well water was not checked ft. after _____ gpm pumping hours pumping gpm EST. YIELD Bore Hole Diameter 9 in. to _____ gpm. Well water was ft., and _____ ft. after _____ hours pumping gpm WELL WATER TO BE USED AS: ☐ Public water supply ☐ Oil field water supply ☐ Domestic irrigation ☐ Industrial ☐ Feedlot ☐ Irrigation Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water well disinfected? ☒ Yes ☐ No			
5 TYPE OF CASING USED: Casing diameter _____ in. to _____ ft., Diameter _____ in., Weight _____ lbs./ft., Wall thickness or gauge No. _____ Casing joints: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded ☐ Other (Specify) _____ Type of screen or perforation material: Steel ☒ PVC ☐ Stainless steel ☐ Brass ☐ Galvanized steel ☐ None used (open hole) Screen or perforation openings are: ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Gauge wrapped ☐ Mill slot ☒ Continuous slot SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. Grout intervals: From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Sewage lagoon ☐ Scepage pit ☐ Feedyard ☐ Livestock pens ☐ Fuel storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/gas well Direction from well _____ Distance from well _____			
6 GROUT MATERIAL: Neat cement ☐ Cement grout ☒ Bentonite ☐ Other (Specify) _____ Grout intervals: From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Sewage lagoon ☐ Scepage pit ☐ Feedyard ☐ Livestock pens ☐ Fuel storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/gas well Direction from well _____ Distance from well _____			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 09/04/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ Clarke Well & Equipment, Inc. by (signature) _____ Date: 09/16/14 Instructions: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.			