

| WATER WELL RI | | VV VV C-3 | 00700 | | ion of Water | | W 11 ID | | |
|---|--|--------------------------|--|--|--|--------------------|------------------------------|----------------|--|
| | | ge in Well Use | 1 | | rces App. No. | E 1: N 1 | Well ID | N. 1 | |
| 1 LOCATION OF WATER WELL: | | Fraction | 1/ 1/ | Section | on Number | Township Numb | | ge Number | |
| County: | 1/4 1/4 First: | 1/4 1/4 | . D1 | 1 A 1 1 1 | T S | R | □E □W | | |
| 2 WELL OWNER: La Business: | st Name: | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| 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 | ٠. | | (decimal decuses) | | | |
| WITH "X" IN | | | 3, | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | ···· GPS (unit make/model:) | | | | |
| NW NE | NW NE above land surface, measured on (mo-day-yr | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well w | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours pumping gpr Estimated Yield:gpm | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | |
| S | Bore Hole Diameter: | ft. and | | | | | | | |
| mile | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| ☐ Household | 6. ☐ Dewaterin | | | | | | | | |
| ☐ Lawn & Garden | 7. 🗌 Aquifer Re | | | | | | | | |
| Livestock | 8. Monitorin | | | | | | | | |
| 2. Irrigation | 9. Environmenta | | | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extra | | | | 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 □ PVC □ Other (Specify) | | | | | | | | | |
| ☐ Steel ☐ Steinless 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., From ft. to ft. | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic Tank☐ Sewer Lines | Lateral Line | | | | ivestock Pens uel Storage | | cide Storage oned Water ' | | |
| ☐ Watertight Sewer Line | ☐ Cess Pool es ☐ Seepage Pit | ☐ Sewage l ☐ Feedyard | | | uei Storage ertilizer Storag | | | weii | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | |
| Direction from well? | | Distance from | well? | | | ft | | | |
| 10 FROM TO | LITHOLOG | | FRO | | | THO. LOG (cont.) o | | G INTERVALS | |
| | | | | | | | | | |
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| | Notes: | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRA CERCE | OD I ANDOUSED' | ODDOTELO | NI. mi | | .11 | | | | |
| 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 Con | u was completed on (m tractor's License No | no-day-year) This V | | anu in Reco | rd was comp | leted on (mo-day v | ıy Kilowiedş ear) | ge and belief. | |
| under the business name | of | 1 1115 V | · · · · · · · · · · · · · · · · · · · | | | ua on (mo-day-y | ···· | | |
| 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. | | | | | | | | | |

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