

| WATER WELL RI  |  | W W C-3             | 33134          |  | ion of Water   |                        | W 11 ID      |   |  |
|--|--|---------------------|----------------|--|--|------------------------|--------------|---|--|
|  |  | e in Well Use       |                |  | rces App. No.  | T 1: N 1               | Well ID      | NY 1                                    |  |
| 1 LOCATION OF WA   | Fraction   | 1/ 1/               | Secti          | on Number  | Township Numb  |                        | ige Number   |   |  |
| County:  |  | 1/4 1/4             | D              | 1 4 1 1 1  | T S  | R                      | □E □W        |   |  |
| 2 WELL OWNER: La Business:   | st Name:   | First:              |                | 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:   |                     |                |  |  |                        |              | ineck nere:                             |  |
| Address:   |  |                     |                |  |  |                        |              |   |  |
| City:  | State:   | ZIP:                |                |  |  |                        |              |   |  |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:   |  |                     |                |  | 5 Letitud  | ··                     |              | (desimal desmoss)                       |  |
| WITH "X" IN  |  |                     |                | ,  |  |                        |              |   |  |
| SECTION BOX:   |  |                     |                |  |  |                        |              |   |  |
|  | WELL'S STATIC WATER LEVEL:   |                     |                |  |  |                        |              |   |  |
|  | The series of th |                     |                |  | ······· GPS (unit make/model:)   |                        |              |   |  |
| NW   NE  | above land surface, measured on (mo-day-yr   |                     |                |  | ······ (WAAS enabled? ☐ Yes ☐ No)  |                        |              |   |  |
|  | Pump test data: Well water was ft.   |                     |                |  | ☐ Land Survey ☐ Topographic Map  |                        |              |   |  |
| W E  | after hours  |                     | Online Mapper: |  |  |                        |              |   |  |
| SW SE  | Well w   |                     |                |  |  |                        |              |   |  |
|  | after hours pumping gp Estimated Yield:gpm   |                     |                | 6 Elevation:ft. ☐ Ground Level ☐ TOC                                   |  |                        |              |   |  |
| S  | Bore Hole Diameter:  | ft. and             |                |  |  |                        |              |   |  |
| 1 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. Monitoring  |                     |                |  |  |                        |              |   |  |
| 2. Irrigation  | 9. Environmenta  |                     |                |  |  |                        |              |   |  |
| 3. Feedlot   |  |                     |                |  | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (specify): |                        |              |   |  |
| 4. Industrial  | Recovery   | ☐ Injection         |                |  |  |                        |              |   |  |
| 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       □ Fiberglass       □ 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  |  |                     |                |  |  |                        |              |   |  |
| 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 Line   |                     |                |  | ivestock Pens  |                        | cide Storage |   |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  |  |                     |                |  |  |                        |              |   |  |
| □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Oil Well/Gas Well   |  |                     |                |  |  |                        |              |   |  |
| Direction from well?   |  | Distance from       | <br>well?      |  |  | ft                     | ·.           |   |  |
| 10 FROM TO   | LITHOLOG   |                     | FRO            |  |  | THO. LOG (cont.) o     |              | G INTERVALS                             |  |
|  |  |                     |                |  |  | , , , ,                |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  | Notes:   |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
|  |  |                     |                |  |  |                        |              |   |  |
| 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)   |  |                     |                |  |  |                        |              |   |  |
| under the husiness name  | tractor's License No   | 1 nis V             | water wel      | i Kecoi  | ru was comp  | ietea on (mo-day-y     | еаг)         | •••••                                   |  |
| Sincer the business halle  | Send one copy to WATER W   | ELL OWNER and retai | in one for vo  | ur record  | ds. Fee of \$5.00  | for each constructed w | ell.         | • |  |
| 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 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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