

☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water Resources App. No. Well ID					
1 LOCATION OF W.		Fraction			ion Number		ownship Numb	Well ID	nge Number	
County:			½ ½	BCCL	1		•	R DE DW		
2 WELL OWNER: La	ast Name:	First:		reet or Rural Address where well is located (if unknown, distance a						
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address: Address:										
Address: City:	State:	ZIP:								
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees)					
SECTION BOX:	1 2) # 3) # or 4) 1				Longitude:					
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude: GPS (unit make/model:) (WAAS enabled? Yes No)					
X NW NE	above land surface, measured on (mo-day-yr).									
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map						
E E	after hours Well w			☐ Online Mapper:						
SW SE	after hours									
	Estimated Yield:	gpm			6 Elevation:ft. Ground Level TOC					
S			in. to ft. and			Source: Land Survey GPS Topographic Map				
1 mile in. to ft.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
☐ Household	6. ☐ Dewatering: how many wells?									
Lawn & Garden	7. ☐ Aquifer Re									
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?					
2. Irrigation	9. Environmenta			a) Closed Loop Horizontal Vertical						
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extract 4. ☐ Industrial ☐ Recovery ☐ Injection					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter										
Casing height above land surface										
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										
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 Septic Tank	e contamination: Lateral Line	es		Пι	Livestock Per	ne	□ Insectio	ide Storage		
Sewer Lines	☐ Cess Pool	☐ Sewage L	agoon		Fuel Storage			ned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well										
☐ Other (Specify)										
									CINTEDVALC	
10 FROM TO	LITHOLOG	GIC LOG	FRO	M	TO	LITHO	D. LOG (cont.) or	PLUGGIN	GINTERVALS	
			Notes	s:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction an	OK LANDOWNER'S od was completed on (n	5 CEKTIFICATIO no-dav-vear)	inis i	water and t	well was L	」const	uructed, 🔲 fect to the best of m	nistructed, v knowled	or □ plugged ge and belief	
Kansas Water Well Con	tractor's License No	This W	/ater Well	Reco	ord was com	npleted	d on (mo-day-ve	ear)		
under the business name	e of									
	Send one copy to WATER W								705 207 2575	
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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										
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