

| WATER WELL R | | VV VV C-3 | 19399 | | ion of Water | | W 11 ID | | |
|---|--|----------------|--------------------------------------|---|--|-----------------------|--------------|-------------|--|
| | | ge in Well Use | | | rces App. No. | | Well ID | N. 1 | |
| 1 LOCATION OF WA | Fraction | 1/. 1/. | Secti | on Number | Township Numb | | ge 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: | | Street 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: | | | | | | | :neck nere: | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | • | ft | 5 Letitud | n• | | (daaimal daamaaa) | | | |
| WITH "X" IN | Depth(s) Groundwater 1 | | | | | | | | |
| SECTION BOX: | NBOA: $\begin{bmatrix} 1 & 2 \\ 2 & 1 \end{bmatrix}$ ft or $\begin{bmatrix} 4 \\ 1 \end{bmatrix}$ | | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | _ | or Latitude/Longitude | | AD 21 | |
| | □ below land surface, measured on (mo-day-yr | | | | | | | | |
| - NW NE | | | | | | | | | |
| | Pump test data: Well water was | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| | after hours | gpm | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | Estimated Yield: Bore Hole Diameter: | ft and | | | | | | | |
| 1 mile | | | Other | | | | | | |
| 1 mile in. to ft. Uniter | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| ☐ Household | 6. ☐ Dewaterin | | | | | | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer Re | | | | | | | | |
| Livestock | 8. Monitorin | | | | | | | | |
| 2. Irrigation | Environmenta | | | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extra | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | ☐ Recovery | ☐ Injection | | | 13. ☐ Othe | r (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 ☐ 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 I | | | uel Storage | | oned Water V | Well | |
| □ 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 | | GINTERVALS | |
| | | | | | - | | | | |
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| | Notes: | | | | | | | | |
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| 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 | nactor's License No | 1 mls V | valer well | Reco | iu was comp | ieteu on (mo-day-y | ear) | ••••• | |
| 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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