

WATER WELL RI		** ** C-3	00702	ווע	rision of Water				
		e in Well Use			ources App. No		Well ID	NY 1	
1 LOCATION OF WA	Fraction	1/		ction Number	Township Numb		ige Number		
County:	1/4 1/4	1/4	1/4	1 A 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:							ineck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					5 Lotitue	lo:		(daaimal daamaa)	
WITH "X" IN									
SECTION BOX:	1 2) ## 3) ## 0# ///								
N	WELL'S STATIC WATER LEVEL:								
	□ below land surface, measured on (mo-day-yr					S (unit make/model:)	
above land surface, measured on (mo-day-yr					(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
WE	after hours	m	☐ Online Mapper:						
SW SE	Well w	m							
	after hours pumping gpi Estimated Yield:gpm				6 Elevation :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to ft								
mile	in. to ft.				Other				
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 Recharge: well ID								
Livestock	8. Monitoring								
2. Irrigation	9. Environmental Remediation: well ID								
3. Feedlot					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?									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface									
☐ 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 Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage									
Sewer Lines	☐ Cess Pool				Fuel Storage				
☐ Watertight Sewer Line									
Other (Specify)									
Direction from well?			m well?						
10 FROM TO	LITHOLOG	GIC LOG		FROM	TO I	ITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
				Notore					
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my iurisdiction an	d was completed on (m	no-day-vear)		and	this record is	true to the best of m	ny knowleds	ge and belief.	
under my jurisdiction and was completed on (mo-day-year)									
under the business name	of								
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. WE Department of Health and Environment Purpose of Water Coolings Section 1000 SW Isoland St. Svite 420. Toroke Various 66612, 1267. Talanhan 785, 206, 2565.									
No Department of Health ar	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.								

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html