

| ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | Division of Water Resources App. No. Well ID | | | | | |
|---|--|--------------------------------|---|----------------------------------|---|------------------|-------------|-------------------|-------------------------------|--|
| 1 LOCATION OF W. | | Fraction | | | tion Number | | | Vell ID | ge Number | |
| County: | | | | | | T | S | R DE DW | | |
| 2 WELL OWNER: La | ast Name: | First: | | or Rura | al Address v | where well is lo | | | | |
| 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 COM | | | 5 Latitude:(decimal degrees) | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | Longitude: | | | | | |
| N | WELL'S STATIC WA | Dry w | | | for Latitude/Lor | | , UN | (AD 27 | | |
| | below land surface, measured on (mo-day-yr). | | | | GPS (unit make/model:) | | | | | |
| NW NE | above land surface, | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | Pump test data: Well w | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W A E | after hours Well w | | | Online Mapper: | | | | | | |
| SW SE | after hours | | | | | | | | | |
| | Estimated Yield: | | | 6 Elevation:ft. Ground Level TO | | | | | | |
| S | Bore Hole Diameter: in. to | | | | 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 | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | 9. Environmenta | l ID or Extractio | | a) Closed Loop | | | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Air Sparge☐ Recovery | n | 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 🔲 Pit Privy | 7 | Пτ | Livestock Pen | | Insecticide | Storage | | |
| Sewer Lines | ☐ Cess Pool | ☐ Sewage | | | Fuel Storage | | Abandoned | | | |
| Seware Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | |
| | | | | | | | | LICCIN | CINTEDVALC | |
| 10 FROM TO | LITHOLOG | GIC LOG | FRO | OM | TO 1 | LITHO. LOG (c | ont.) or PL | UGGIN | G INTERVALS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | Note | 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 CEKTIFICATI(no-day-vear) | UN: 1 his | water | well was L | j constructed, [| reconst | ructed, nowled | or ∐ plugged ge and belief | |
| Kansas Water Well Con | tractor's License No | This | Water Wel | l Reco | ord was com | pleted on (mo- | day-year) | | 50 and ocher. | |
| under the business name | e of | | | | | | | | ••••• | |
| | Send one copy to WATER W | | | | | | | Folgt | 795 207 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 | | | | | | | | | | |
| . Ioit as at ittp://www.kullel | LOISO 1/ WATER WOII/ HIGEALIUM | | | | | | | 111 | O-u 1-1-1- | |