

						vision of Water cources App. No. Well ID					
1 LOCATION OF W		Fraction			sources App. I ection Number		Township Numl		Range Number		
County:					CI	-	T S R $\square$ E $\square$ W				
2 WELL OWNER: La	ast Name:	First:		eet or Ri	ıral Address	whe	re well is located				
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address: Address:											
City:	State:	ZIP:									
3 LOCATE WELL											
WITH "X" IN	4 DEPTH OF COMPLETED WELL:					,					
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Longitude:					
N	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr)				<del>Source</del>	GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
W E		11		☐ Online Mapper:							
SW   SE	Well water was ft. after hours pumping gpm										
	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft				Sourc	Source:					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
☐ Household	6. ☐ Dewaterin		11. Test Hole: well ID								
Lawn & Garden	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical						
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2.  Irrigation	9. Environmental Remediation: well ID					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial	□ Feedlot       □ Air Sparge       □ Soil Vapor Extraction         □ Industrial       □ Recovery       □ Injection						13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE?  \[ \sqrt{Yes} \] No If yes, date sample was submitted:											
Water well disinfected? $\square$ Yes $\square$ No											
8 TYPE OF CASING USED: Distel PVC Other											
Casing diameter in. to											
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											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic Tank	Lateral Line	es 🔲 Pit Priv	vv	Г	Livestock Pe	ens	☐ Insecti	cide Stora	age		
☐ Sewer Lines	☐ Cess Pool	☐ Sewage	e Lagooi	n 🗆	Fuel Storage	•	☐ Aband	oned Wat	er Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM TO	LITHOLOG			FROM	ТО				ING INTERVALS		
10 1110111 10		010 20 0		1110111	10	211	110, 200 (сопи) о	. 12000	11(011(1211(1122		
			$\rightarrow$	NT 4							
	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)											
Kansas Water Well Con	ntractor's License No	This	Water	Well Re	cord was co	mple	ted on (mo-day-y	ear)			
under the business name	Send one convite WATER W	JELL OWNED and re	tain one f	for vour ea	cords Fac of the	5 00 f	or each constructed	 e11			
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.											
Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212											