

| WATER WELL R   |   | ** ** C-3           | 33341      |                                      | ion of Water                                   |   | W 11 ID                               |             |  |
|--|---|---------------------|------------|--------------------------------------|--|---|---------------------------------------|-------------|--|
|  |   | ge in Well Use      |            |                                      | rces App. No.                                  | T 1: N 1  | Well ID                               | NY 1        |  |
| 1 LOCATION OF WA   | Fraction  | 1/ 1/               | Secti      | on Number                            | Township Numb                                  |   | ige Number                            |             |  |
| County:  | 1/4 1/4   | 1/4 1/4             | D          | 1 4 1 1 1                            | T S  | R   | □E □W                                 |             |  |
| 2 WELL OWNER: La<br>Business:  | First:  |                     |            |                                      |  | 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  |   | ft                  | 5 Lotitud  | · ·                                  |  | (desimal desmoss)                               |                                       |             |  |
| WITH "X" IN  |   |                     |            | ,                                    |  |   |                                       |             |  |
| SECTION BOX: Depth(s) Groundwater Encountered: 1)  |   |                     |            |                                      |  |   |                                       |             |  |
| WELL'S STATIC WATER LEVEL:   |   |                     |            |                                      |  |   |                                       |             |  |
| below land surface, measured on (mo-day-y  |   |                     |            | ······ GPS (unit make/model:)        |  |   |                                       |             |  |
| NW NE  | - NW NE above land surface, measured on (mo-day-y   |                     |            |                                      | (WAAS enabled?  Yes No)                        |   |                                       |             |  |
|  | Pump test data: Well water was ft.  |                     |            |                                      | ☐ Land Survey ☐ Topographic Map                |   |                                       |             |  |
| W E  | after hours   |                     |            | Online Mapper:                       |  |   |                                       |             |  |
| SW SE  | Well w  |                     |            |                                      |  |   |                                       |             |  |
|  | after hours pumping gp Estimated Yield:gpm  |                     |            | 6 Elevation:ft. ☐ Ground Level ☐ TOC |  |   |                                       |             |  |
| S  | Bore Hole Diameter: in. to fi   |                     |            |                                      |  |   |                                       |             |  |
| mile   |   |                     | Other      |                                      |  |   |                                       |             |  |
| 7 WELL WATER TO BE USED AS:  |   |                     |            |                                      |  |   |                                       |             |  |
| 1. Domestic:   |   | ter Supply: well ID |            |                                      | 10. □ Oil F                                    | ield Water Supply: 1                            | ease                                  |             |  |
| ☐ Household  | 6. Dewaterin  |                     |            |                                      |  |   |                                       |             |  |
| ☐ Lawn & Garden  | 7. 🗌 Aquifer Re   |                     |            |                                      |  |   |                                       |             |  |
| Livestock  | 8. Monitoring   |                     |            |                                      |  |   |                                       |             |  |
| 2.  Irrigation   | 9. Environmental Remediation: well ID   |                     |            |                                      |  |   |                                       |             |  |
| 3. Feedlot   | ☐ Air Sparge ☐ Soil Vapor Extr  |                     |            |                                      | 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. 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   |                     |            |                                      | uel Storage                                    |   |                                       |             |  |
| ☐ Watertight Sewer Lin   |   |                     |            |                                      |  |   |                                       |             |  |
| Other (Specify)  |   |                     |            |                                      |  |   |                                       |             |  |
| Direction from well?   |   |                     | well?      |                                      |  |   |                                       |             |  |
| 10 FROM TO   | LITHOLOG  | GIC LOG             | FRO        | M                                    | TO LI  | THO. LOG (cont.) o                              | r PLUGGIN                             | G INTERVALS |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     | TAT 4      |                                      |  |   |                                       |             |  |
| Notes:   |   |                     |            |                                      |  |   |                                       |             |  |
|  |   |                     |            |                                      |  |   |                                       |             |  |
| 11 CONTRACTOR'S  | OR LANDOWNED'S  | S CERTIFICATION     | N. This    | water                                | well was $\square$                             | constructed $\square$ rece                      | onstructed                            | or nlugged  |  |
| 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  | tractor's License No  | This V              | Water Well | Reco                                 | rd was comp                                    | leted on (mo-day-y                              | /ear)                                 |             |  |
| 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 Rurson of Water Coology Section 1000 SW Isoland St. Suite 420. Tender Manage 66612, 1267. Telephone 785, 206, 2565. |   |                     |            |                                      |  |   |                                       |             |  |
| RS Department of Health at   | 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