

WATER					0210		sion of Wate			W 11 FD			
Original			e in Well				irces App. N		T 1: N 1	Well ID	NY 1		
		ATER WELL:	Fraction		1/ 1/	Secti	ion Numbe	er	Township Numb	l l	nge Number		
County: 2 WELL OWNER: Last Name:			1/4	1/4	1/4 1/4	D	1 4 11	1	T S	R	□ E □ W		
Business:)WNER: La	ast Name:	First:						here well is located (if unknown, distance and				
Address:		direction	rection from nearest town or intersection): If at owner's address, check here:										
Address:													
City:		State:	ZIP:										
3 LOCATE	WELL	IDI ETE	PLETED WELL: ft.				5 I otitudo: (desired deserve)						
WITH "X	Encountered: 1) ft.												
SECTION BOX: 1 2) ft 2						Longitude:							
			TER LEVEL: ft.				Source for Latitude/Longitude:						
below land surface □			measured	d on (mo-da	y-yr)		GPS (unit make/model:)						
			e, measured on (mo-day-yr)			• • • • • • •			WAAS enabled?				
Pump test data: Well			vater was ft.				☐ Land Survey ☐ Topographic Map						
w		hours pumping gpm				☐ Online Mapper:							
SW		Vell water was ft. nours pumping gpm											
	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TO			d Level 🔲 TOC				
			in. to ft. and				Source: Land Survey GPS Topographic Ma						
			in. to ft.				Other						
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. ☐ Public Water Supply: well ID													
☐ Household 6. ☐ Dewaterin													
			echarge: well ID										
☐ Livestock 8. ☐ Monitoring							12. Geothermal: how many bores?						
2. Irrigation 9. Environmenta							a) Closed Loop						
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				Soil Vapor	Extraction	1	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:													
Water well disinfected?													
8 TYPE OF CASING USED: Steel PVC Other													
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)													
SCREEN OF		ATION OPENINGS AI	RE:	_	` 1	ŕ							
☐ Continu			auze Wrap						Other (Specify)				
		☐ Key Punched ☐ W					one (Open H						
		ED INTERVALS: From								ft. to			
		CK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft., From ft. to ft.													
Grout Interval	ls: From	tt. toe contamination:	. ft., From	1	ft. to		ft., From	• • • • • •	ft. to	ft.			
Septic T		E contamination: ☐ Lateral Line	. г	☐ Pit Privy		Πт	ivestock Pe	ne	□ Insectio	cide Storage	.		
☐ Sewer Li		☐ Cess Pool		☐ Sewage L	agoon		Fuel Storage			oned Water			
	ght Sewer Lin			☐ Feedyard			ertilizer Sto			ll/Gas Well			
☐ Other (S	pecify)												
	n well?		Dis	tance from	well?								
10 FROM	TO	LITHOLOG	GIC LOG	:	FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
					1								
	Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged													
under my iur	risdiction an	d was completed on (m	o-dav-ve	ear) Par)	1111S	water and th	wen was L his record i	_ co	nsuucieu, 🔝 IECC ie to the best of m	nisu ucted, v knowled	or □ prugged ge and helief		
Kansas Wate	er Well Con	tractor's License No	y-yC	This W	/ater Wel	l Reco	ord was cor	nple	ted on (mo-day-ve	ear)			
under my jurisdiction and was completed on (mo-day-year)													
WC D	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.												
KS Departme	ent of Health ai	nu Environment, Bureau of V	vater, Geolo	ogy Section,	luuu SW Ja	ckson S	t., Suite 420,	1 ope	ka, Kansas 66612-136	 relephon 	e 185-296-3565.		