

|  |  |                    |             |  | vision of Water   |                        |                     |             |                |  |
|--|--|--------------------|-------------|--|---|------------------------|---------------------|-------------|----------------|--|
| 1 LOCATION OF W  |  | Fraction           |             | _  | urces App. Nation Number  |                        | chin Numbe          | Well ID     | nge Number     |  |
| County:  |  | 1/4 1/4            | 1/4 1/4     |  | iioii ivuiiioci   |                        | Township Number T S |             | R DE DW        |  |
| 2 WELL OWNER: La   | ast Name:  | First:             |             | or Rur   | al Address v  |                        |                     |             |                |  |
| 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 COM   |                    |             | 5 Latitude:(decimal degrees)                         |   |                        |                     |             |                |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered: 1)                                   |                    |             |  | Longitude:  |                        |                     |             |                |  |
| N  | WELL'S STATIC WATER LEVEL:   |                    |             |  | Source for Latitude/Longitude:  |                        |                     |             |                |  |
|  | 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 E  | after hours Well w   |                    |             | ☐ Online Mapper:                                     |   |                        |                     |             |                |  |
| SWX SE   | after hours  |                    |             |  |   |                        |                     |             |                |  |
|  | Estimated Yield:gpm  |                    |             |  | 6 Elevation:ft. Ground Level TOC  |                        |                     |             |                |  |
| S  | Bore Hole Diameter:  |                    | 1           | Source:   Land Survey   GPS   Topographic Map  Other |   |                        |                     |             |                |  |
| 1 mile  in. to ft. Uother  |  |                    |             |  |   |                        |                     |             |                |  |
| 7 WELL WATER TO BE USED AS:<br>  1. Domestic:   5. □ Public Water Supply: well ID  |  |                    |             |  |   |                        |                     |             |                |  |
| ☐ Household  | 6. ☐ Dewatering: how many wells?                                       |                    |             |  | 11. Test Hole: well ID  |                        |                     |             |                |  |
| Lawn & Garden  | 7. 🗌 Aquifer R   |                    |             | .   Cased Uncased Geotechnical                       |   |                        |                     |             |                |  |
| Livestock  | 8. Monitoring: well ID   |                    |             |  | 12. Geothermal: how many bores?   |                        |                     |             |                |  |
| 2. ☐ Irrigation 3. ☐ Feedlot   | 9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extra |                    |             |  | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |                        |                     |             |                |  |
| 4. 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?  Yes No  |  |                    |             |  |   |                        |                     |             |                |  |
| 8 TYPE OF CASING USED:  Steel PVC Other  |  |                    |             |  |   |                        |                     |             |                |  |
| Casing diameter in. to ft., Diameter ft., Diameter ft.   |  |                    |             |  |   |                        |                     |             |                |  |
| Casing height above land surface   |  |                    |             |  |   |                        |                     |             |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |                    |             |  |   |                        |                     |             |                |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)   |  |                    |             |  |   |                        |                     |             |                |  |
| 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      | 'V          | ПΙ   | Livestock Per   | ıs                     | ☐ Insectic          | ide Storage | ;              |  |
| ☐ Sewer Lines  | ☐ Cess Pool  | ☐ Sewage           | Lagoon      |  | Fuel Storage  |                        | ☐ Abando            | ned Water   | Well           |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well   |  |                    |             |  |   |                        |                     |             |                |  |
| ☐ Other (Specify)  |  |                    |             |  |   |                        |                     |             |                |  |
| 10 FROM TO   | LITHOLOG   |                    | FR          |  |   |                        |                     | PLUGGIN     | G INTERVALS    |  |
| 10 1110111 10  | LITHOLOG   | GIC EGG            |             | 3111   | 10  | EIIIIO. EO             | G (cont.) or        | Lecon       | GHTERTIES      |  |
|  |  |                    |             |  |   |                        |                     |             |                |  |
|  |  |                    |             |  |   |                        |                     |             |                |  |
|  |  |                    |             |  |   |                        |                     |             |                |  |
|  |  |                    |             |  |   |                        |                     |             |                |  |
|  |  |                    | NT 4        |  |   |                        |                     |             |                |  |
|  | Notes:   |                    |             |  |   |                        |                     |             |                |  |
|  |  |                    |             |  |   |                        |                     |             |                |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged   |  |                    |             |  |   |                        |                     |             |                |  |
| under my jurisdiction ar   | nd was completed on (m   | no-dav-vear)       |             | . and t  | his record is   | s true to the          | e best of my        | knowled     | ge and belief. |  |
| Kansas Water Well Con  | tractor's License No   | This               | Water We    | ll Reco  | ord was com   | npleted on             | (mo-day-ye          | ar)         |                |  |
| under the business name  | Send one conv to WATER W   | /FII OWNED and not | gin one for | nur reco   | rds Faa of \$5  | 00 for each a          | onetructed well     | 11          |                |  |
| 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   |  |                    |             |  |   |                        |                     |             |                |  |