

| WATER WELL REC | | // // C-3 | 100 | 1 | | on of Water | | W 11 ID | | | |
|--|--|-------------------------|----------|-------------|--|--|--|-------------|-------------------|--|--|
| | | e in Well Use | | | | ces App. No | | Well ID | N. 1 | | |
| 1 LOCATION OF WATI | Fraction | 1/ | l l | Section | on Number | Township Numb | | ge Number | | | |
| County: | | 1/4 1/4 | 1/4 | 1/4 | D1 | A 11 | <u>T</u> S | R | □E □W | | |
| 2 WELL OWNER: Last N Business: | | | | | al Address where well is located (if unknown, distance and | | | | | | |
| Address: | direction | | | | | from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | ft | 5 I otitud | lo: | | (daaimal daamaaa) | | |
| WITH "A" IN | Donth(s) Crowndy yeter Engoyntared (1) | | | | | | | | | | |
| SECTION BOX: (2) ft (3) ft or (4) | | | | | | | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| below land surface, measured on (mo-day- | | | | | | | S (unit make/model: | |) | | |
| NW NE | measured on (me | neasured on (mo-day-yr) | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| | | er was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | 1/2 | | | | | | Online Mapper: | | | | |
| SW N- SE | Well water was afterhours pumping | | | | | | | | | | |
| 1 1 . 1 . 1 1 | after nours p Estimated Yield: | | | | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | |
| | S Bore Hole Diameter: in. to | | | ft and | | | | | | | |
| mile | | | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & Garden | | | | | | | | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. Feedlot | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. 🗌 Industrial | Recovery | ☐ Injecti | on | | | 13. ☐ Othe | er (specify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ 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 in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | |
| 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. 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 ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | | | |
| Direction from well? | | Distance fr | om wa | | | | ft | | | | |
| 10 FROM TO | LITHOLOG | | OIII WC | FROM | | | ITHO. LOG (cont.) o | | GINTERVALS | | |
| 10 TROM 10 | EIIIGEG | JIC ECC | | TROM | | 10 1 | 11110. Eo G (cont.) o | <u> </u> | SHYPERYPES | | |
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| | | | | | | | | | | | |
| No. | | | | | | Notes: | | | | | |
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| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR | LANDOWNER'S | S CERTIFICA | TION | : This wa | ater v | vell was 🗌 | constructed, rec | onstructed, | or plugged | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | |
| Kansas Water Well Contrac | tor's License No | Th | ıs Wa | ter Well F | kecor | d was comp | pieted on (mo-day-y | ear) | | | |
| unuel the business flame of | one copy to WATER W | FILOWNER and | retain o | ne for your | record | s Fee of \$5.0 | 0 for each constructed w | ell | | | |
| under the business name of | | | | | | | | | | | |

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