

| WATER WELL R ☐ Original Record ☐ | | ** ** C-3 | 0010 | D. | ivision of V | | | Well ID | | |
|--|---|---|---|---|----------------|--|----------------------|--------------|------------------------|--|
| | <u> </u> | ge in Well Use Fraction | | | sources Ap | _ | Township Numb | | aga Numbar | |
| 1 LOCATION OF WATER WELL: County: | | 1/4 1/4 1/4 | | 1/4 | Section Number | | Township Numb | | Range Number R □ E □ W | |
| 2 WELL OWNER: La | | | | | | al Address where well is located (if unknown, distance and | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WEL | ī.: | | ft 5 L | atitude | | | (decimal degrees) | |
| WITH "X" IN | Depth(s) Groundwater I | | ft. 5 Latitude: | | | | | | | |
| SECTION BOX: | 2) ft. 3 | Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27 | | | | | | | | |
| 17 | WELL'S STATIC WA | ft. | ft. Source for Latitude/Longitude: | | | | | | | |
| | ☐ below land surface, | | [| ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| NW NE | above land surface, |) | | | | | | | | |
| | Pump test data: Well w | | ☐ Land Survey ☐ Topographic Map | | | | | | | |
| W X E | after hours Well w |)III | l l | ☐ Online Mapper: | | | | | | |
| SW SE | after hours | nm | | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | Estimated Yield: | ,,,,, | | | | | | | | |
| S | Bore Hole Diameter: | ft. and | and Source: Land Survey GPS Topographic M | | | | | | | |
| mile | | ft. | | ☐ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | ter Supply: well II | | | | | eld Water Supply: 16 | | | |
| Household | 6. Dewaterin | | | | | | | | | |
| ☐ Lawn & Garden ☐ Livestock | 7. Aquifer Re | | | | | | | | | |
| 2. Irrigation | Monitoring Environmenta | | | | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge | traction | | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial | ☐ Recovery | | - | | | | (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 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | es 🔲 Pit Priv | / y | | Livestoc | k Pens | ☐ Insection | cide Storage | | |
| ☐ Sewer Lines | ☐ Cess Pool | ☐ Sewage | | | ☐ Fuel Sto | | | oned Water | Well | |
| | ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | |
| | | | n well | | | | | | CINTEDIALC | |
| 10 FROM TO | LITHOLOG | JIC LUG | \rightarrow | FROM | TO | LI. | ΓΗΟ. LOG (cont.) or | PLUGGIN | JINTERVALS | |
| | | | + | | | | | | | |
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| | | | | Notes: | l . | I | | | | |
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| 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 | Wate | r Well Re | ecord was | compl | eted on (mo-day-y | ear) | | |
| under the business name | 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. | | | | | | | | | |
| 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. | | | | | | | | | | |