

☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water Resources App. No. Well ID					
		Fraction			urces App. N tion Numbe		Fownship Numb	Well ID	nge Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4 1/4		ion rumber		T S	R	□ E □ W	
2 WELL OWNER: La	ast Name:	First:		or Rur	al Address v	where	e well is located			
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:	N:         Depth(s) Groundwater Encountered: 1)				Longitude:         (decimal degrees)           Datum:         WGS 84         NAD 83         NAD 27					
N	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr).				□ GI	GPS (unit make/model:)				
NW NE	above land surface,			(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map						
W X E	after hours Well w			☐ Online Mapper:						
SW   SE	after hours									
	Estimated Yield:	gpm				6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter: in. to			d	Source: Land Survey GPS Topographic Map					
1 mile  in. to ft.										
7 WELL WATER TO BE USED AS:   1. Domestic:   5.   Public Water Supply: well ID   10.   Oil Field Water Supply: lease   10.   Oil Field Water Supply: lease										
☐ Household	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID					
Lawn & Garden	7. Aquifer Recharge: well ID				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	OII	13.  Other (specify):								
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):										
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)										
☐ 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										
Grout Intervals: From										
Septic Tank	Lateral Line	es 🔲 Pit Priv	vV		Livestock Per	ns	□ Insecti	cide Storag	e	
☐ Sewer Lines	☐ Cess Pool	☐ Sewage	Lagoon	□ 1	Fuel Storage			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG			OM					NG INTERVALS	
10 1110111		010 200	11.	01/1	10	21111		1200011	<u> </u>	
			NT 4							
	Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ 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 best of m	v knowled	ge and belief.	
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of										
under the business name	Send one conv to WATER W	/FII OWNED and ===	ain one for	Our reco	rde Faa of ¢ =		each constructed ···			
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										