

| WATER WELL RI  |  | ** ** C-3                      | 3090       |  | ion of Water                       |                      | W 11 ID      |             |  |
|--|--|--------------------------------|------------|--|------------------------------------|----------------------|--------------|-------------|--|
|  |  | ge in Well Use                 |            |  | rces App. No.                      | E 1: N 1             | Well ID      | N. 1        |  |
| 1 LOCATION OF WA   | Fraction   | 17 17                          | Section    | on Number  | Township Numb                      |                      | ge Number    |             |  |
| County:  |  | 1/4 1/4                        | D1         | 1 4 1 1 1  | T S                                | R                    | □ E □ W      |             |  |
| 2 WELL OWNER: La Business:   | ist Name:  | First:                         |            | treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: |                                    |                      |              |             |  |
| Address:   | direction from hearest town of intersection): If at owner's address, check here: |                                |            |  |                                    |                      |              | nieck neie. |  |
| Address:   |  |                                |            |  |                                    |                      |              |             |  |
| City:  | State:   | ZIP:                           |            |  | 1                                  |                      |              |             |  |
| 3 LOCATE WELL  | 4 DEPTH OF COM   | PLETED WELL:                   | ·          | ft. 5 Latitude:(decimal degrees)   |                                    |                      |              |             |  |
| WITH "X" IN  | Depth(s) Groundwater Encountered: 1)   |                                |            |  | 8,                                 |                      |              |             |  |
| SECTION BOX:   | SECTION BOX: 2) ft. 3) ft., or 4)  |                                |            |  |                                    |                      |              |             |  |
| 1  | WELL'S STATIC WATER LEVEL:   |                                |            |  | ft. Source for Latitude/Longitude: |                      |              |             |  |
| below land surface, measured on (mo-day-yr   |  |                                |            | (  |                                    |                      |              |             |  |
| above land surface, measured on (mo-day-y  |  |                                |            | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10   |                                    |                      |              |             |  |
|  | Pump test data: Well water was ft.   |                                |            |  | ☐ Land Survey ☐ Topographic Map    |                      |              |             |  |
| WX E   | Well w   |                                |            | Online Mapper:   |                                    |                      |              |             |  |
| SW   SE  | after hours  |                                |            |  |                                    |                      |              |             |  |
|  | Estimated Yield:gpm  |                                |            | 6 Elevation:ft. ☐ Ground Level ☐ TOC   |                                    |                      |              |             |  |
| S  | Bore Hole Diameter:  | ft. and                        |            |  |                                    |                      |              |             |  |
| mile   | 1  |                                |            |  |                                    |                      |              |             |  |
| 7 WELL WATER TO BE USED AS:  |  |                                |            |  |                                    |                      |              |             |  |
| 1. Domestic:   |  | ter Supply: well ID            |            |  |                                    | ield Water Supply: 1 |              |             |  |
| Household  | 6. Dewaterin   |                                |            |  |                                    |                      |              |             |  |
| ☐ Lawn & Garden ☐ Livestock  |  | echarge: well ID<br>g: well ID |            |  |                                    |                      |              |             |  |
| 2. Irrigation  | 9. Environmenta  |                                |            |  |                                    |                      |              |             |  |
| 3. ☐ Feedlot   | ☐ Air Sparge   | r Extraction                   |            | 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 JOINTS: Glued Clamped Welded Threaded  |  |                                |            |  |                                    |                      |              |             |  |
| 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 ft. to ft., From ft., From ft., From ft.   |  |                                |            |  |                                    |                      |              |             |  |
| 9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other   |  |                                |            |  |                                    |                      |              |             |  |
| Grout Intervals: From  |  |                                |            |  |                                    |                      |              |             |  |
| Nearest source of possible contamination:  |  |                                |            |  |                                    |                      |              |             |  |
| ☐ Septic Tank  | Lateral Line   |                                |            |  | ivestock Pens                      |                      | cide Storage |             |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well |  |                                |            |  |                                    |                      |              |             |  |
| □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well       □ Other (Specify)     □ Other (Specify)                   |  |                                |            |  |                                    |                      |              |             |  |
| Direction from well?   |  | Distance from                  | <br>well?  |  |                                    | ft                   |              |             |  |
| 10 FROM TO   | LITHOLOG   |                                | FROI       |  |                                    | THO. LOG (cont.) o   |              | G INTERVALS |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                | Notes      | <u> </u>   |                                    |                      |              |             |  |
| 110105.  |  |                                |            |  |                                    |                      |              |             |  |
|  |  |                                |            |  |                                    |                      |              |             |  |
| 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 Cont   | tractor's License No   | This V                         | Vater Well | Reco   | rd was comp                        | leted on (mo-day-y   | ear)         |             |  |
| 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.                                    |  |                                |            |  |                                    |                      |              |             |  |
| 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.              |  |                                |            |  |                                    |                      |              |             |  |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html